

2021 COMMUNITY HEALTH NEEDS ASSESSMENT

Rapides Parish, Louisiana

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TABLE OF CONTENTS

INTRODUCTION	3
PROJECT OVERVIEW	4
SUMMARY OF FINDINGS	11
Key Data Findings	11
Significant Trends & Summary Tables	15
Summary of Key Informant Perceptions	29
DATA CHARTS & KEY INFORMANT INPUT	30
COMMUNITY CHARACTERISTICS	31
Population Characteristics	31
Social Determinants of Health	33
HEALTH STATUS	37
Overall Health	37
Mental Health	39
DEATH, DISEASE & CHRONIC CONDITIONS	46
Leading Causes of Death	46
Cardiovascular Disease	47
Cancer	54
Respiratory Disease	60
Coronavirus Disease (COVID-19)	63
Injury & Violence	66
Diabetes	72
Kidney Disease	76
Septicemia	78
Potentially Disabling Conditions	79
BIRTHS	87
Birth Outcomes & Risks	87
Family Planning	88
MODIFIABLE HEALTH RISKS	91
Nutrition	91
Physical Activity	92
Weight Status	98
Substance Abuse	102
Tobacco Use	109
Sexual Health	114
ACCESS TO HEALTH CARE	117
Lack of Health Insurance Coverage	117
Difficulties Accessing Health Care	118
Primary Care Services	122
Oral Health	124
LOCAL RESOURCES	127
Perceptions of Local Health Care Services	127
Resources Available to Address the Significant Health Needs	128
QUALITY OF LIFE	133
Quality of Life in the Parish	133
Volunteering & Assistance	134





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 Rapides Parish as part of a larger study conducted by The Rapides Foundation. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

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

This assessment was conducted on behalf of The Rapides Foundation by 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

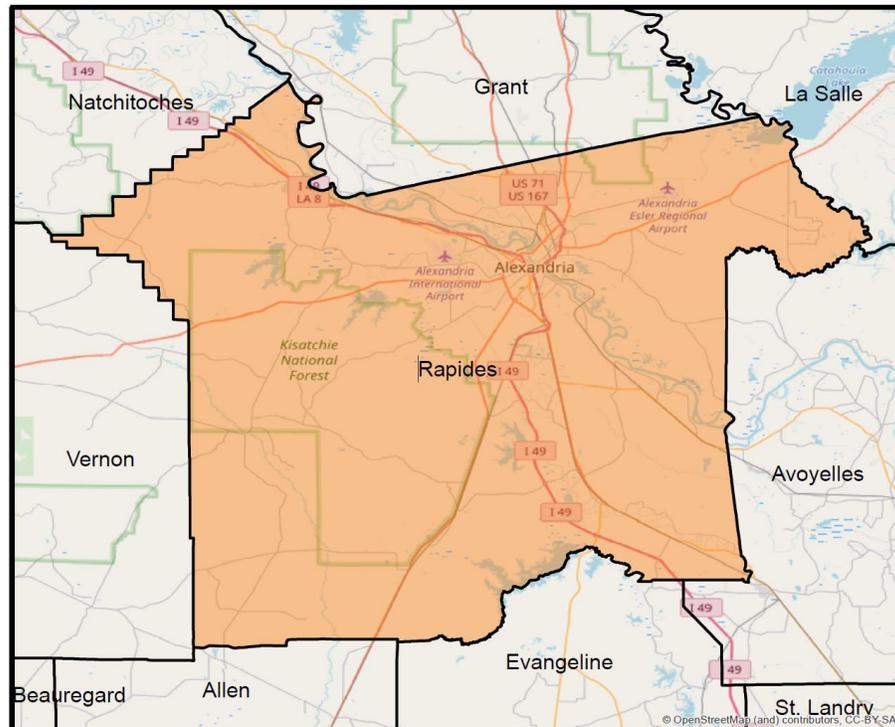
Survey Instrument

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 Rapides Parish, Louisiana.





Sample Approach & Design

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

The sample design used for this effort consisted of a random sample of 751 individuals age 18 and older in Rapides 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 751 respondents is $\pm 3.5\%$ at the 95 percent confidence level.

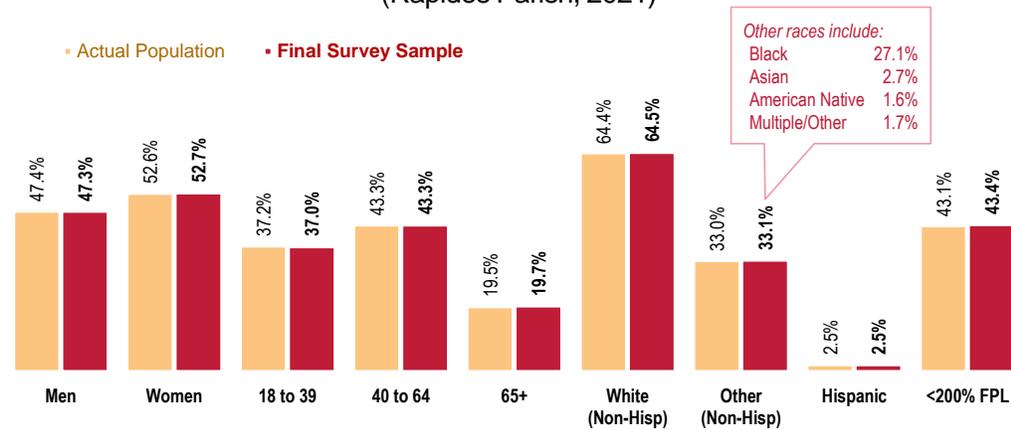
Sample Characteristics

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

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



Population & Survey Sample Characteristics (Rapides 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, 80 community



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

- Access Health Louisiana
- Alexandria Museum of Art
- Arts Council of Central Louisiana
- Cenla Medication Access Program
- Central Louisiana Arts & Healthcare
- Central Louisiana Community Foundation
- Central Louisiana Economic Development Alliance
- Central Louisiana Human Services District
- Central Louisiana Technical Community College
- CHRISTUS St. Frances Cabrini Hospital
- City of Alexandria
- CLASS
- Cleco Corporation
- Community Health WoRx
- Congregation Gemiluth Chassodim
- Evergreen Life Services
- Families Helping Families at the Crossroads of Louisiana
- First United Methodist Church Pineville
- Food Bank of Central Louisiana
- Fostering Community
- Friendship House Adult Day Services
- Front Porch Communities and Services
- Gilchrist Construction
- Global Impact Ministries
- Goodwill Industries of North Louisiana
- Higher Heights Outreach Ministries
- Hope House of Central Louisiana
- I-Walked-In Outreach Program
- Inner City Revitalization Corporation
- Keller Williams Realty
- Kisatchie Bicycle Club
- Kisatchie-Delta Regional Planning & Development
- Kiwanis Club of Alexandria
- Lingleaf Hospital
- Louisiana Baptist Collegiate Ministries
- Louisiana College
- Louisiana Dept. of Health–Region 6
- Louisiana Physical Therapy Association
- Louisiana State University–Alexandria
- Med Express Ambulance Service
- Montessori Educational Center
- Mt. Olive Baptist Church
- Mt. Zion Development Corporation
- Northwestern State University Nursing
- Office of Public Health-Region VI
- Pineville Junior High
- Rapides High School
- Rapides Parish Library
- Rapides Regional Medical Center
- Rapides Station Community Ministries
- Rapides Symphony Orchestra
- Region 6 Office of Aging and Adult Services
- Renaissance Home for Youth
- Retired State Employees Association
- Salvation Army
- Sickle Cell Anemia Foundation
- Southern Forest Heritage Museum
- St. James Episcopal Day School
- St. Mary's Residential Training School
- T.R.E.E. House
- The ARC Rapides, Inc.
- The Extra Mile
- The Food Bank of Central LA
- The Louisiana Campaign for Tobacco Free Living
- The Orchard Foundation
- Tioga Historical Society, Inc.
- Town of Ball
- Town of Woodworth
- United Way of Central Louisiana
- Village of McNary
- Williams Grimble Spiritual Enrichment Foundation
- Winn Community Health Center
- Workforce Operations Department
- YWCA

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 Rapides 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 Rapides 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 Rapides 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 Rapides Parish in 2002.

Health Status

Overall Health Status



20.5% of adults characterize their overall health as “fair” or “poor” — this is significantly higher than reported nationally (12.6%) and is similar to that first recorded in Rapides Parish in 2002 (17.5%).

Activity Limitations

30.1% of Rapides Parish adults are limited in some way in some activities because of a health-related issue. This is significantly above what is found nationally (24.0%) and much higher than first found in 2002 (19.4%).

Mental Health

39.6% of Rapides 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 28.7% first reported in 2002. A total of 24.6% have been diagnosed with a depressive disorder by a healthcare professional (compared to 20.6% nationwide). Overall, 23.3% of the population are currently being treated for a mental health condition (compared to 16.8% nationally), and 7.8% report a time in the past year when they needed such services but were unable to get them.

Death & Chronic Disease

Causes of Death



Cardiovascular disease (heart disease and stroke) and cancers are leading causes of death in Rapides Parish. Compared to US rates, age-adjusted death rates for most leading causes of death are higher in Rapides Parish than nationwide (including heart disease, COVID-19, lung disease, Alzheimer’s disease, stroke, pneumonia/influenza, septicemia, kidney disease, and HIV/AIDS).

Heart Disease & Stroke

7.7% of Rapides Parish adults report having heart disease, and 5.3% have ever suffered from a stroke.

Cancer

9.2% of adults have ever been diagnosed with cancer.

Diabetes

15.1% of Rapides Parish adults have been diagnosed with diabetes. This has increased considerably from the 10.1% reported in 2002.



Lung Disease

11.6% of Rapides Parish residents have been diagnosed with chronic obstructive pulmonary disease (which includes chronic bronchitis and emphysema), a prevalence that is significantly above what is found nationally (6.4%).

Overweight & Obesity

Based on reported heights and weights, a clear majority of Rapides Parish adults (72.3%) are overweight, including 42.3% who are obese. The prevalence of obesity in the parish is higher than found nationally (31.3%) and has increased significantly since 2002 (28.3%).

Infant Health & Family Planning

Birth Outcomes & Risks



Of all births in Rapides Parish, 11.4% are low-weight (under 2500g), which is a high proportion when compared to the 8.2% nationally. Additionally, the parish experiences an infant mortality rate of 6.8 deaths for every 1,000 live births (deaths of infants before their first birthday).

Teen Births

The teen birth rate in Rapides Parish is high, with 38.5 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 much higher than reported nationally (a rate of 80.2, versus 51.6 nationally).

Violence

Rates of violent crime are considerably higher in Rapides Parish than they are nationwide (rate of 972.3 versus 416.0 nationally); 4.0% of Rapides Parish adults report experiencing violent crime in the area in the past five years, and 5.0% report experiencing domestic violence in the past 5 years.

Modifiable Health Risks



Nutrition

Only 26.7% of Rapides Parish adults get the recommended 5 or more servings of fruits and vegetables per day, similar to what was first measured with this survey (22.4%). It is important to recognize, however, that 40.6% of parish adults do not live within ½ mile of a grocery store or supermarket (compared to 22.2% nationally).

Physical Activity

Currently, only 17.7% of Rapides Parish adults meet physical activity guidelines. Further, 34.2% of parish adults report not engaging in any type of physical activity outside of work in the month before the survey interview.

Blood Pressure & Cholesterol

In comparison to the nation, Rapides Parish exhibits a significantly high proportion of adults reporting high blood pressure (47.2% versus 36.9% across the US). This is significantly above what was first reported in 2002. A total of 31.7% of Rapides Parish adults report having high blood cholesterol.



Tobacco Use

17.0% of Rapides Parish adults currently smoke cigarettes, similar to what is found nationally (17.4%). Another 5.7% use smokeless tobacco, and 9.0% use electronic cigarettes or vaping devices.

Cardiovascular Risk

A very high percentage of Rapides Parish adults (90.1%) present one or more risk factors or behaviors for heart disease and stroke (including smoking, not getting physical activity, being overweight, or having high blood pressure or cholesterol), which is much higher than the 84.6% found nationally.

Substance Abuse

Regarding alcohol use, 18.1% 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 2.5% of Rapides Parish adults report illicit drug use in the past month (use of illegal drugs or improper use of prescription drugs). A total of 19.6% 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 (79.5%) have been to a doctor or clinic for a routine checkup in the past year, much better than reported in 2002 (69.6%).

Cancer Screenings

Cancer screening levels in Rapides Parish are fairly good, including for: *female breast cancer* (83.0% of women age 50-74 have had a mammogram in the past 2 years, compared to 76.1% nationally); *cervical cancer* (75.0% of women age 21-65 have had a Pap smear in the past 3 years, compared to 73.8% nationally); and *colorectal cancer* (77.7% of all adults age 50-75 have had appropriate screening, compared to 77.4% nationally). Note, however, that cervical cancer screening has declined since 2002 (85.6%).

Dental Care

A relatively low proportion of adults in Rapides Parish (55.4%) have received dental care in the past year (compared to 62.0% nationally). This is also much lower than reported in Rapides Parish in 2002 (62.0%).

Vision Care

A total of 59.1% of Rapides Parish adults have had a comprehensive eye exam in the past two years.

Access

Health Insurance Coverage

A total of 7.8% of Rapides 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 (25.4%). Still, cost remains a barrier, preventing residents from getting medical care (12.5% 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 43.3% of Rapides 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, difficulty finding physicians, and cost of physician visits are the barriers impacting the greatest shares of adults in Rapides Parish.



Cost of Prescriptions

A total of 14.7% of Rapides Parish adults have gone without a needed prescription in the past year because they could not afford it.

Emergency Room Utilization

The proportion of Rapides Parish adults who have used a local emergency room more than once in the past year (13.0%) is similar to that found nationwide (10.1%) and 2002 findings (13.7%).

Perceptions of Key Informants

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



- Substance Abuse (71.8% said this is a “major problem” in Rapides Parish)
- Mental Health (68.4% “major problem”)
- Diabetes (60.5% “major problem”)
- Injury & Violence (58.2% “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	<ul style="list-style-type: none"> • Lack of Healthcare Coverage • Barrier to Care: Cost (Doctor Visit) • Barrier to Care: Cost (Prescriptions) • Specific Source for Ongoing Care • Routine Checkups (Adults) • Routine Eye Exams (Adults) 	<ul style="list-style-type: none"> • Internet is Main Source of Healthcare Info
CANCER	<ul style="list-style-type: none"> • Cancer Deaths • Colorectal Cancer Screening (Age 50-75) 	<ul style="list-style-type: none"> • Prevalence of Cancer • Cervical Cancer Screening (Age 21-65)
DIABETES	<ul style="list-style-type: none"> • Diabetes Deaths • Taking Action to Control Diabetes 	<ul style="list-style-type: none"> • Prevalence of Diabetes • Blood Sugar Testing
HEART DISEASE & STROKE	<ul style="list-style-type: none"> • Stroke Deaths • Taking Action to Control High Blood Cholesterol • 1+ Cardiovascular Risk Factors 	<ul style="list-style-type: none"> • Heart Disease Deaths • Prevalence of Stroke • Hypertension Screenings • Action to Control Hypertension
HOUSING & EMPLOYMENT	<ul style="list-style-type: none"> • Unemployment Rate 	<ul style="list-style-type: none"> • Availability of Affordable Housing • Condition of Neighborhood Homes
INJURY & VIOLENCE	<ul style="list-style-type: none"> • Seat Belt Usage (Adults) 	<ul style="list-style-type: none"> • Unintentional Injury Deaths • Homicides • Intimate Partner Violence (Ever)
MENTAL HEALTH		<ul style="list-style-type: none"> • Symptoms of Chronic Depression • Suicide Deaths • Receiving Treatment for Mental Health
NUTRITION, OVERWEIGHT & PHYSICAL ACTIVITY	<ul style="list-style-type: none"> • Attempts to Lose Weight (Overweight) • Told That Child Is Overweight (Parents) • Overweight/Obesity (Child Age 5-17) 	<ul style="list-style-type: none"> • Overweight/Obesity (Adults)
ORAL HEALTH		<ul style="list-style-type: none"> • Routine Dental Visits (Adults) • Routine Dental Visits (Children)
POTENTIALLY DISABLING CONDITIONS		<ul style="list-style-type: none"> • 4+ Days of Limited Activities • Prevalence of Activity Limitations • Alzheimer's Disease Deaths
RESPIRATORY DISEASE	<ul style="list-style-type: none"> • Pneumonia Vaccines (Age 65+) 	
SUBSTANCE ABUSE	<ul style="list-style-type: none"> • Excessive Drinking Levels • Use of Prescription Opioids 	<ul style="list-style-type: none"> • Cirrhosis/Liver Disease Deaths • Drinking and Driving • Riding With a Drunk Driver • Unintentional Drug-Related Deaths
TOBACCO USE	<ul style="list-style-type: none"> • Current Smokers • Smoke in the Home 	<ul style="list-style-type: none"> • Current Use of Vaping Products



Comparisons With Benchmark Data

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

Reading the Summary Tables

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

■ ■ The columns to the right of the Rapides 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 Rapides Parish compares favorably (☀️), unfavorably (🌪️), or comparably (🤝) to these external data.

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

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	Rapides Parish	RAPIDES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
Linguistically Isolated Population (Percent)	1.1	 0.7	 1.7	 4.3		
Population in Poverty (Percent)	19.6	 21.0	 19.2	 13.4	 8.0	
Population Below 200% FPL (Percent)	39.9	 43.0	 39.0	 30.9		
Children Below 200% Poverty (Percent)	48.9	 50.8	 48.6	 40.1	 8.0	
Unemployment Rate, Percent (Jan 2022)	3.1	 3.5	 4.3	 4.4		 7.2
No High School Diploma (Age 25+, Percent)	14.5	 16.6	 14.8	 12.0		
% "Fair/Poor" Condition of Neighborhood Homes	24.8	 27.1				 15.1
% "Fair/Poor" Availability of Affordable Housing	46.2	 53.4				 40.1
% Displaced From Housing in Past 2 Years	14.4	 16.0				 15.0

 better
  similar
  worse

OVERALL HEALTH	Rapides Parish	RAPIDES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
% "Fair/Poor" Overall Health	20.5	 21.2	 22.8	 12.6		 17.5
% 3+ Days Poor Physical Health in Past Month	31.2	 31.1				 34.9

 better
  similar
  worse

ACCESS TO HEALTH CARE	Rapides Parish	RAPIDES PARISH vs. BENCHMARKS				
		vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
% [Age 18-64] Lack Health Insurance	7.8	 8.9	 14.4	 8.7	 7.9	 25.4
% Difficulty Accessing Health Care in Past Year (Composite)	43.3	 44.0		 35.0		 43.5
% Cost Prevented Physician Visit in Past Year	12.5	 12.9	 14.8	 12.9		 17.4
% Cost Prevented Getting Prescription in Past Year	14.7	 14.4		 12.8		 24.6
% Difficulty Getting Appointment in Past Year	19.4	 21.1		 14.5		 17.8
% Inconvenient Hrs Prevented Dr Visit in Past Year	12.1	 14.8		 12.5		 13.5
% Difficulty Finding Physician in Past Year	13.7	 15.2		 9.4		 13.2
% Transportation Hindered Dr Visit in Past Year	11.4	 11.6		 8.9		 11.0
% Difficulty Getting Child's Health Care in Past Year	1.4	 5.4		 8.0		 2.7
Primary Care Doctors per 100,000	104.6	 72.1	 79.2	 101.3		
% Have a Specific Source of Ongoing Care	74.6	 76.0		 74.2	 84.0	 69.0
% Have Had Routine Checkup in Past Year	79.5	 75.2	 80.1	 70.5		 69.6
% Child Has Had Checkup in Past Year	78.2	 83.2		 77.4		 81.3
% Two or More ER Visits in Past Year	13.0	 13.7		 10.1		 13.7
% Eye Exam in Past 2 Years	59.1	 55.8		 61.0	 61.1	 40.9
% Rate Local Health Care "Fair/Poor"	17.3	 21.1		 8.0		 15.1

ACCESS TO HEALTH CARE (continued)	Rapides Parish	RAPIDES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
% Internet is the Primary Source for Healthcare Information	20.1	 20.8				 8.4

 better
 similar
 worse

CANCER	Rapides Parish	RAPIDES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
Cancer (Age-Adjusted Death Rate)	162.0	 178.4	 165.7	 146.5	 122.7	 193.6
Lung Cancer (Age-Adjusted Death Rate)	40.6	 47.7	 42.0	 33.4	 25.1	
Prostate Cancer (Age-Adjusted Death Rate)	16.4	 18.3	 19.5	 18.5	 16.9	
Female Breast Cancer (Age-Adjusted Death Rate)	22.0	 22.3	 22.1	 19.4	 15.3	
Colorectal Cancer (Age-Adjusted Death Rate)	19.6	 19.7	 15.5	 13.1	 8.9	
Cancer Incidence Rate (All Sites)	475.8	 477.8	 482.4	 448.6		
Female Breast Cancer Incidence Rate	113.9	 109.8	 127.4	 126.8		
Prostate Cancer Incidence Rate	148.4	 130.8	 134.7	 106.2		
Lung Cancer Incidence Rate	61.9	 68.6	 64.6	 57.3		
Colorectal Cancer Incidence Rate	48.9	 52.5	 44.9	 38.0		
% Cancer	9.2	 8.0	 12.3	 10.0		 5.5
% [Women 50-74] Mammogram in Past 2 Years	83.0	 78.2	 82.7	 76.1	 77.1	 82.3

		RAPIDES PARISH vs. BENCHMARKS				
CANCER (continued)	Rapides Parish	vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
% [Women 21-65] Cervical Cancer Screening	75.0	79.0	85.1	73.8	84.3	85.6
% [Age 50-75] Colorectal Cancer Screening	77.7	75.1	69.8	77.4	74.4	67.9

better similar worse

		RAPIDES PARISH vs. BENCHMARKS				
DIABETES	Rapides Parish	vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
Diabetes (Age-Adjusted Death Rate)	9.9	20.0	28.8	22.6		16.8
% Diabetes/High Blood Sugar	15.1	16.1	12.6	13.8		10.1
% Borderline/Pre-Diabetes	8.9	9.1		9.7		6.5
% [Diabetics] Taking Action to Control Diabetes	99.7	95.0				92.3
% [Non-Diabetics] Blood Sugar Tested in Past 3 Years	43.9	46.5		43.3		55.0

better similar worse

		RAPIDES PARISH vs. BENCHMARKS				
HEART DISEASE & STROKE	Rapides Parish	vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
Diseases of the Heart (Age-Adjusted Death Rate)	300.0	274.2	213.8	164.4	127.4	251.0
% Heart Disease (Heart Attack, Angina, Coronary Disease)	7.7	8.4	7.3	6.1		6.7
Stroke (Age-Adjusted Death Rate)	49.9	50.8	45.8	37.6	33.4	58.1
% Stroke	5.3	5.1	4.5	4.3		1.9

HEART DISEASE & STROKE (continued)	Rapides Parish	RAPIDES PARISH vs. BENCHMARKS				
		vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
% Blood Pressure Checked in Past 2 Years	91.6	 92.2		 85.0		 95.3
% Told Have High Blood Pressure	47.2	 45.6	 39.7	 36.9	 27.7	 32.8
% [HBP] Taking Action to Control High Blood Pressure	86.3	 87.7		 84.2		 87.5
% Cholesterol Checked in Past 5 Years	84.3	 82.4		 80.7		 81.9
% Told Have High Cholesterol	31.7	 33.7		 32.7		 27.1
% [HBC] Taking Action to Control High Blood Cholesterol	80.4	 85.3		 83.2		 68.3
% 1+ Cardiovascular Risk Factor	90.1	 91.0		 84.6		 93.0

 better
  similar
  worse

INFANT HEALTH & FAMILY PLANNING	Rapides Parish	RAPIDES PARISH vs. BENCHMARKS				
		vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
Low Birthweight Births (Percent)	11.4	 10.4	 10.7	 8.2		
Infant Death Rate	6.8	 6.4	 7.7	 5.5	 5.0	 6.3
Births to Adolescents Age 15 to 19 (Rate per 1,000)	38.5	 41.9	 32.1	 20.9	 31.4	

 better
  similar
  worse

INJURY & VIOLENCE	Rapides Parish	RAPIDES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
Unintentional Injury (Age-Adjusted Death Rate)	80.2	 68.1	 66.8	 51.6	 43.2	 52.6
Motor Vehicle Crashes (Age-Adjusted Death Rate)	20.9	 21.4	 16.7	 11.4	 10.1	
% "Always" Wear Seat Belt	83.4	 80.0				 67.6
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	86.0	 88.8		 90.2		 80.6
[65+] Falls (Age-Adjusted Death Rate)	40.9	 33.0	 41.1	 67.1	 63.4	
Firearm-Related Deaths (Age-Adjusted Death Rate)	22.5	 20.7	 23.3	 12.5	 10.7	
Homicide (Age-Adjusted Death Rate)	15.9	 12.2	 16.0	 6.1	 5.5	 9.8
Violent Crime Rate	972.3	 633.1	 562.3	 416.0		
% Victim of Violent Crime in Past 5 Years	4.0	 3.8		 6.2		 3.5
% Victim of Intimate Partner Violence (Ever)	21.0	 21.0		 13.7		 12.4
% Victim of Intimate Partner Violence in Past 5 Years	5.0	 5.0				 4.8

 better
  similar
  worse

KIDNEY DISEASE	Rapides Parish	RAPIDES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
Kidney Disease (Age-Adjusted Death Rate)	23.9	 19.7	 19.9	 12.8		 22.1
% Kidney Disease	5.0	 5.0	 3.9	 5.0		 3.6

 better
  similar
  worse

MENTAL HEALTH	Rapides Parish	RAPIDES PARISH vs. BENCHMARKS				
		vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
% "Fair/Poor" Mental Health	17.8	 21.5		 13.4		 14.6
% 3+ Days Poor Mental Health in Past Month	36.8	 39.7				 32.1
% Diagnosed Depression	24.6	 29.1	 23.9	 20.6		 26.7
% Symptoms of Chronic Depression (2+ Years)	39.6	 41.4		 30.3		 28.7
Suicide (Age-Adjusted Death Rate)	17.7	 18.0	 14.6	 13.9	 12.8	 13.5
Mental Health Providers per 100,000	219.2	 141.8	 134.9	 119.9		
% Have Ever Sought Help for Mental Health	35.9	 38.2		 30.0		 39.4
% Taking Rx/Receiving Mental Health Trtmt	23.3	 23.5		 16.8		 15.8
% Unable to Get Mental Health Svcs in Past Yr	7.8	 8.2		 7.8		 5.9

 better
 similar
 worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Rapides Parish	RAPIDES PARISH vs. BENCHMARKS				
		vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
Population With Low Food Access (Percent)	40.6	 33.8	 26.4	 22.2		
% 5+ Servings of Fruits/Vegetables per Day	26.7	 23.3		 32.7		 22.4
% Child [Age 2-17] 5+ Servings of Fruits/Vegetables per Day	55.2	 56.8		 36.9		 51.2
% Medical Advice on Diet/Nutrition in Past Year	34.9	 36.8				 38.8

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	Rapides Parish	RAPIDES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
% No Leisure-Time Physical Activity	34.2	31.9	31.9	31.3	21.2	33.7
% Meeting Physical Activity Guidelines	17.7	18.5	19.7	21.4	28.4	19.1
% Child [Age 2-17] Physically Active 1+ Hours per Day	44.3	48.3		33.0		52.8
% Walk Regularly (5+ Times Per Week for >10 Minutes)	35.3	41.2				38.3
% Medical Advice on Exercise in Past Year	40.8	40.1				40.8
% [Child Age 2-17] 3+ Hours per Day of Screen Time	38.7	40.4				
% "Often" See Others in Community Being Physically Active	47.1	40.5				50.2
% "Fair/Poor" Local Physical Activity Opportunities	30.9	38.5				28.7
% Overweight (BMI 25+)	72.3	74.3	70.9	61.0		65.8
% Obese (BMI 30+)	42.3	42.8	35.9	31.3	36.0	28.3
% Medical Advice on Weight in Past Year	24.6	25.4				22.8
% [Overweights] Trying to Lose Weight Both Diet/Exercise	36.0	34.2				27.7
% Have Been Told That Child [<18] is Overweight	4.4	6.0				8.0
% Children [Age 5-17] Overweight (85th Percentile)	37.7	38.7		32.3		54.8
% Children [Age 5-17] Obese (95th Percentile)	25.7	25.3		16.0	15.5	38.9

better
 similar
 worse

		RAPIDES PARISH vs. BENCHMARKS				
ORAL HEALTH	Rapides Parish	vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
% Have Dental Insurance	63.0	 67.2		 68.7	 59.8	
% [Age 18+] Dental Visit in Past Year	55.4	 52.4	 58.1	 62.0	 45.0	 62.0
% Child [Age 2-17] Dental Visit in Past Year	74.5	 76.4		 72.1	 45.0	 87.2

 better
  similar
  worse

		RAPIDES PARISH vs. BENCHMARKS				
POTENTIALLY DISABLING CONDITIONS	Rapides Parish	vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
% 3+ Chronic Conditions	33.9	 33.6		 32.5		
% 4+ Days Health Prevented Usual Activities	24.3	 24.8				 17.0
% Activity Limitations	30.1	 30.4		 24.0		 19.4
% Arthritis	28.6	 29.3		 20.6		 31.2
Alzheimer's Disease (Age-Adjusted Death Rate)	62.9	 55.2	 43.1	 30.9		 51.8
% Caregiver to a Friend/Family Member	31.2	 30.4		 22.6		

 better
  similar
  worse

RESPIRATORY DISEASE	Rapides Parish	RAPIDES PARISH vs. BENCHMARKS				
		vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
CLRD (Age-Adjusted Death Rate)	54.4	 63.0	 41.1	 38.1		 54.0
Pneumonia/Influenza (Age-Adjusted Death Rate)	29.8	 23.7	 14.0	 13.4		 28.3
COVID-19 (Age-Adjusted Death Rate)	131.2	 137.5	 118.0	 85.0		
COVID-19 Fully Vaccinated, Percent (March 2022)	60.7	 57.3	 61.9	 72.8		
% [Age 65+] Flu Vaccine in Past Year	67.2	 64.4	 60.8	 71.0		 69.4
% [Age 65+] Pneumonia Vaccine Ever	79.0	 74.3		 71.6		 63.1
% COPD (Lung Disease)	11.6	 10.5	 8.6	 6.4		 9.9

 better
  similar
  worse

SEPTICEMIA	Rapides Parish	RAPIDES PARISH vs. BENCHMARKS				
		vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
Septicemia (Age-Adjusted Death Rate)	23.7	 20.4	 20.2	 9.8		 21.6

 better
  similar
  worse

SEXUAL HEALTH	Rapides Parish	RAPIDES PARISH vs. BENCHMARKS				
		vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
HIV/AIDS (Age-Adjusted Death Rate)	4.4	 3.1	 3.9	 1.9		
HIV Prevalence Rate	488.3	 418.2	 541.0	 372.8		
Chlamydia Incidence Rate	805.9	 724.3	 774.8	 539.9		
Gonorrhea Incidence Rate	382.1	 270.4	 257.1	 179.1		

 better
  similar
  worse

SUBSTANCE ABUSE	Rapides Parish	RAPIDES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	11.4	 11.7	 9.8	 11.9	 10.9	 7.6
% Excessive Drinker	18.1	 19.6	 20.8	 27.2		 22.7
% Drinking & Driving in Past Month	5.9	 4.6				 3.7
% Rode w/ Drunk Driver in Past Month	7.8	 6.4				 3.2
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)	36.3	 24.7	 29.2	 21.0		 9.9
% Illicit Drug Use in Past Month	2.5	 3.1		 2.0	 12.0	 2.0
% Used a Prescription Opioid in Past Year	19.6	 20.2		 12.9		 26.2
% Ever Sought Help for Alcohol or Drug Problem	5.0	 5.1		 5.4		 3.5

 better
  similar
  worse

TOBACCO USE	Rapides Parish	RAPIDES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
% Current Smoker	17.0	 22.6	 21.9	 17.4	 5.0	 21.6
% Someone Smokes at Home	13.7	 15.6		 14.6		 22.5
% [Household With Children] Someone Smokes in the Home	17.8	 18.2		 17.4		 21.9
% [Smokers] Have Quit Smoking 1+ Days in Past Year	49.7	 52.3	 61.6	 42.8	 65.7	 45.8
% [Smokers] Received Advice to Quit Smoking	72.7	 62.2		 59.6	 66.6	 65.3

TOBACCO USE (continued)	Rapides Parish	RAPIDES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
% Use Smokeless Tobacco	5.7	 8.3				 4.3
% Currently Use Vaping Products	9.0	 10.3	 4.5	 8.9		 6.3
% Aware of Smoking/Vaping Cessation Services/Programs	34.1	 28.4				
% Community Believes Adults Should Not Vape	41.5	 34.0				

 better
 similar
 worse

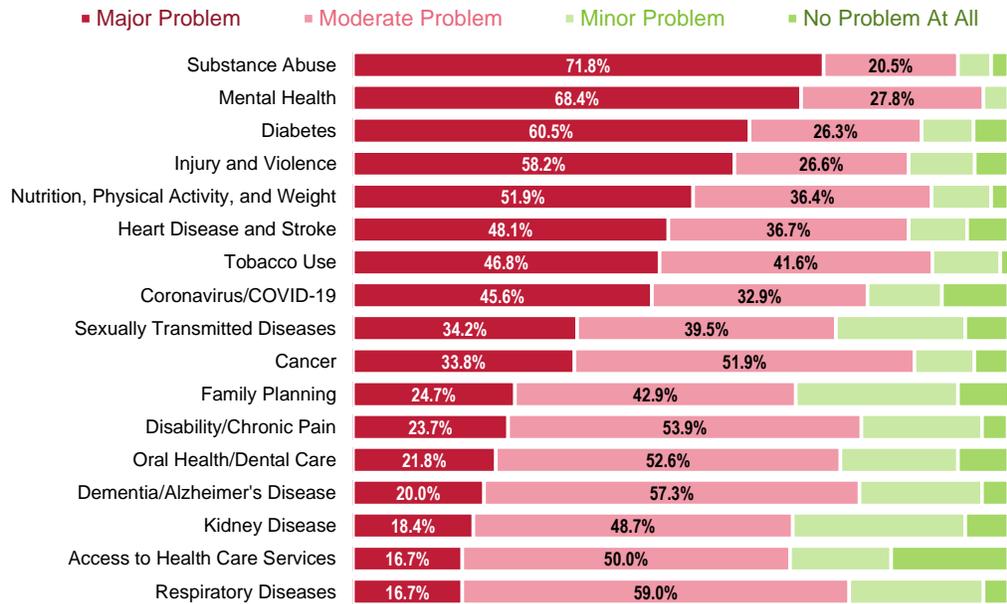
QUALITY OF LIFE	Rapides Parish	RAPIDES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
% Child [Age 5-17] Has Discussed School's Health Ed Activities	47.6	 44.8				 59.6
% "Fair/Poor" Overall Quality of Life in Central Louisiana	32.6	 35.6				 23.0
% Parish Life: Wrong Track and Getting Worse	26.6	 23.8				 12.7
% "Frequently/Sometimes" Volunteer	38.8	 38.0				 41.9
% Have Received Charitable Assistance in Past Year	7.5	 8.9				 5.4
% Know 10+ People Benefiting from Charities	29.0	 35.0				 37.2

 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.

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





DATA CHARTS & KEY INFORMANT INPUT

The following sections present data from multiple sources, including the 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)
Rapides Parish	130,970	1,320.34	99.19
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.

Total Population by Age Groups
(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 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.

Total Population by Race Alone (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 2018-2020 via SparkMap (sparkmap.org).

Hispanic Population (2010-2020)



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.

Population in Poverty
(Populations Living Below 100% of the Poverty Level; 2015-2019)
Healthy People 2030 = 8.0% or Lower



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:

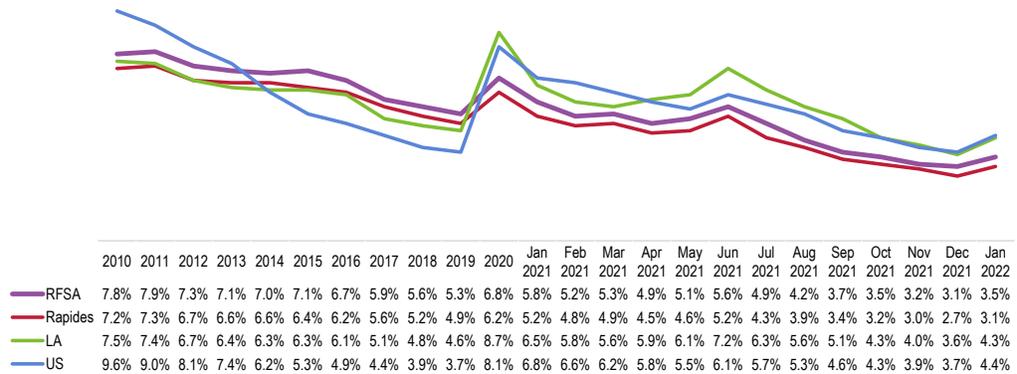
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.



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

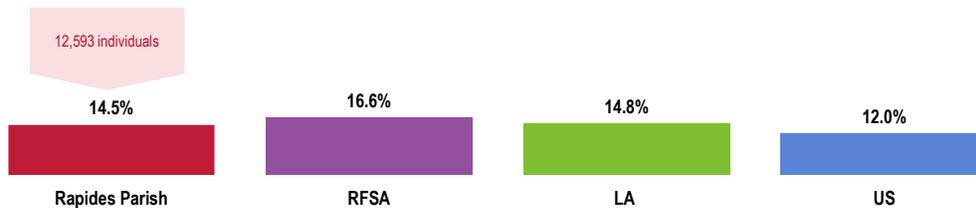


Sources: • US Department of Labor, Bureau of Labor Statistics. Retrieved March 2022 via SparkMap (sparkmap.org).

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.

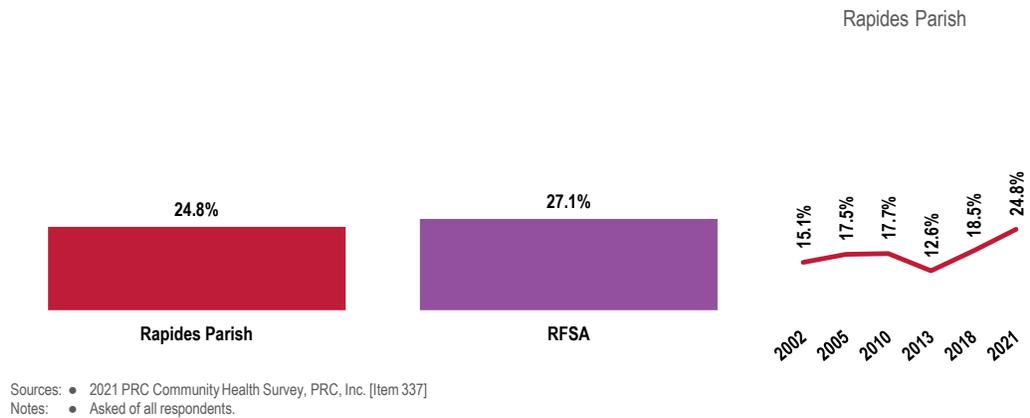


Housing

Housing Conditions

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

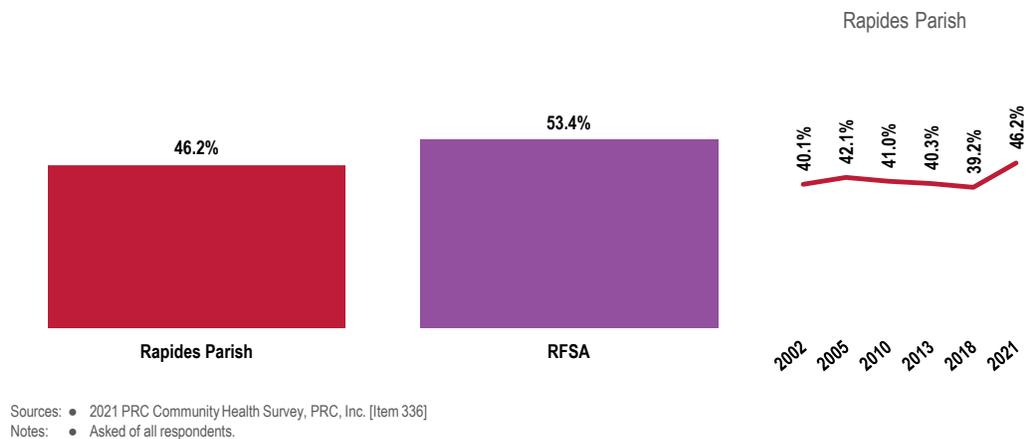
Perceive the Condition of Neighborhood Homes to be “Fair” or “Poor”



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”

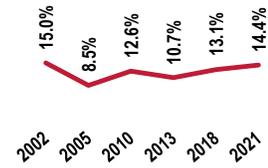
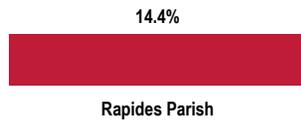


Housing Instability

“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)

Rapides Parish



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 321]

Notes: • Asked of all respondents.

Among key informants discussing social determinants of health in the parish, these comments were recorded:

Social Determinants

Social determinants of health are fundamental to all of our health issues. – Public Health Representative (Rapides Parish)

Poverty and Low Educational Attainment

Poverty and low educational attainment. – Public Health Representative (Rapides Parish)



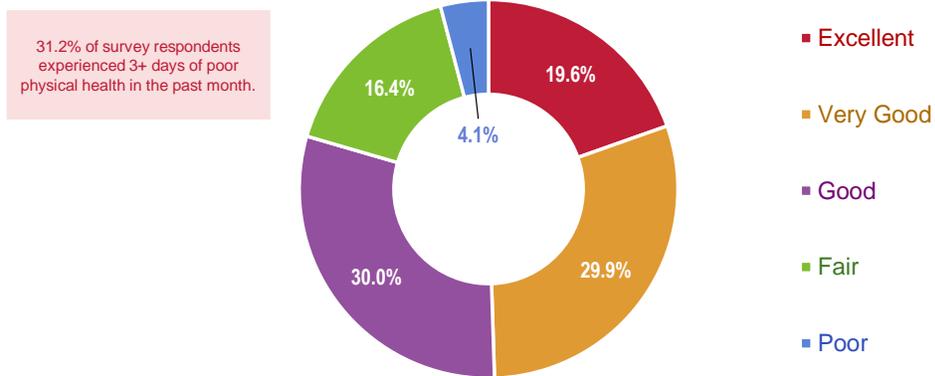
HEALTH STATUS

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?”

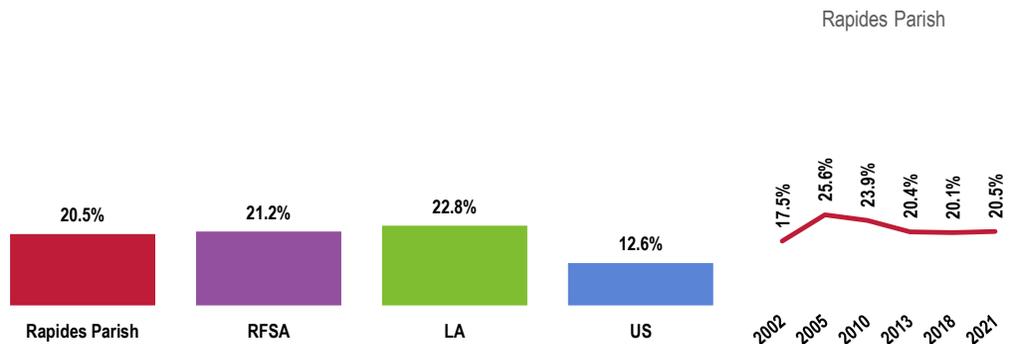
Self-Reported Health Status
(Rapides Parish, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 5, 154]
Notes: • Asked of all respondents.

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

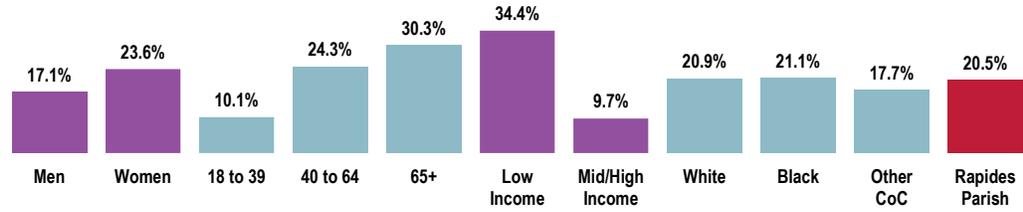
Experience “Fair” or “Poor” Overall Health



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 (Rapides 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.

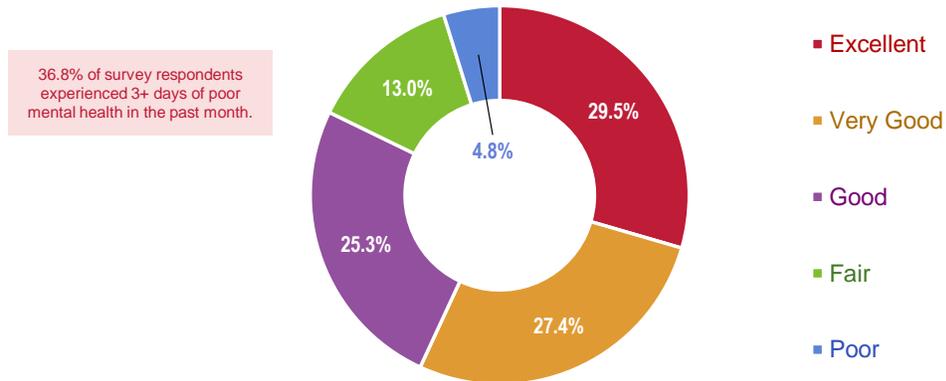
– Healthy People 2030 (<https://health.gov/healthypeople>)

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?”

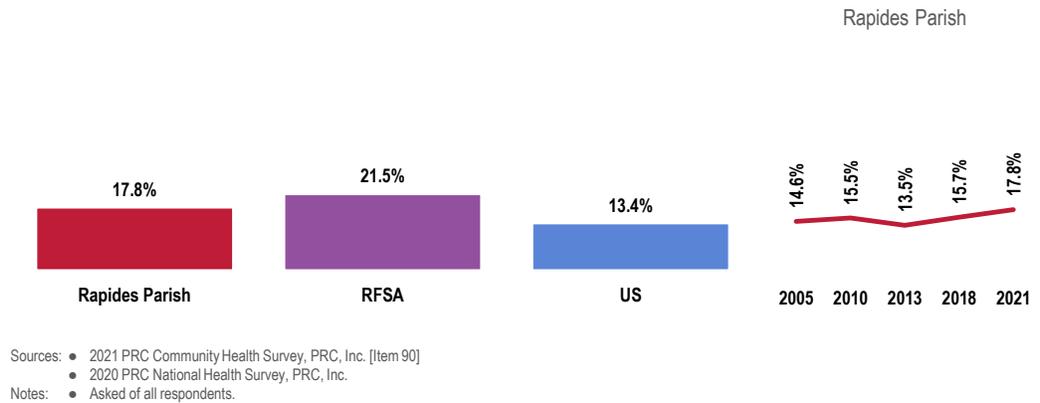
Self-Reported Mental Health Status
(Rapides Parish, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 90, 155]
Notes: • Asked of all respondents.



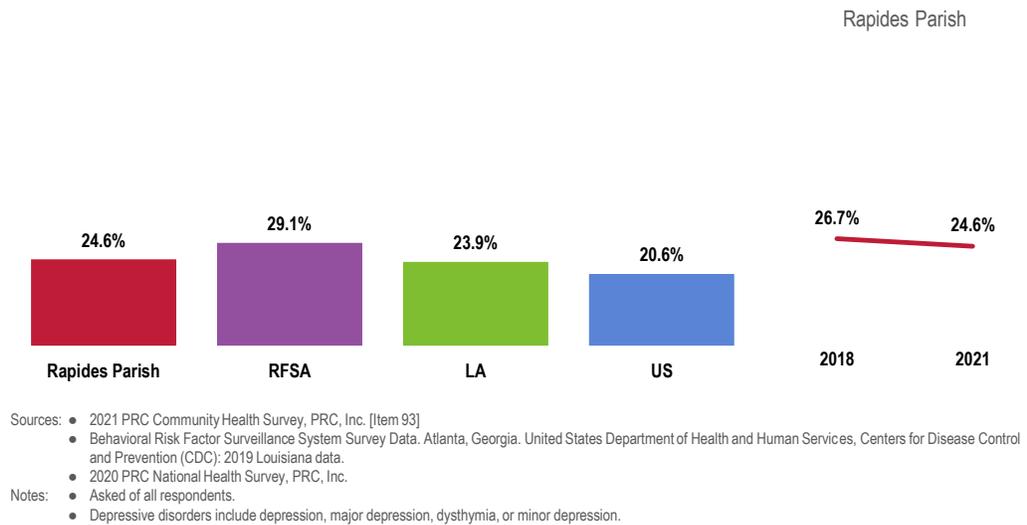
Experience “Fair” or “Poor” Mental Health



Depression

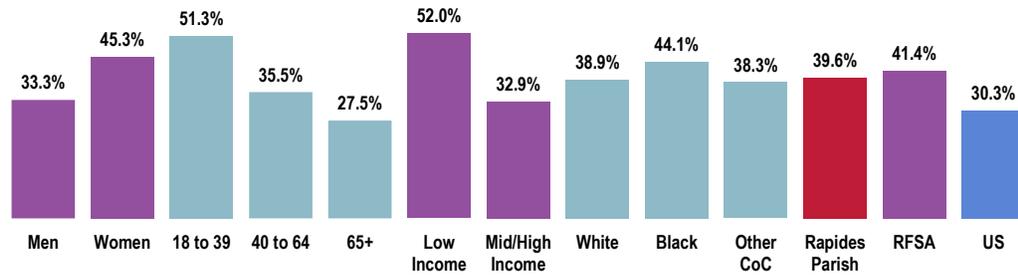
DIAGNOSED DEPRESSION ▶ “Has a doctor, nurse, or other health professional ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?”

Have Been Diagnosed With a Depressive Disorder



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 (Rapides Parish, 2021)

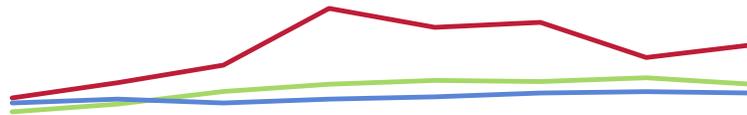


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 91]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

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



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

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.

Access to Mental Health Providers
(Number of Mental Health Providers per 100,000 Population, 2021)



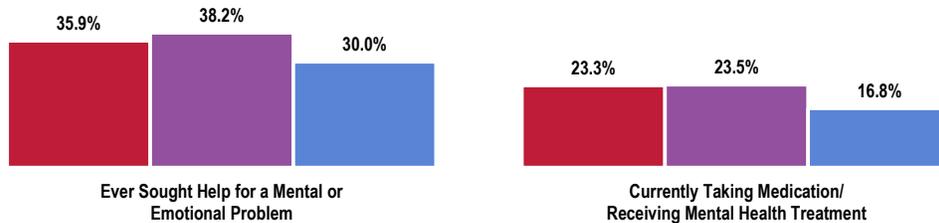
- Sources:
- University of Wisconsin Population Health Institute, County Health Rankings.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the rate of the county population 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?”

Mental Health Treatment

■ Rapides Parish ■ RFSA ■ US

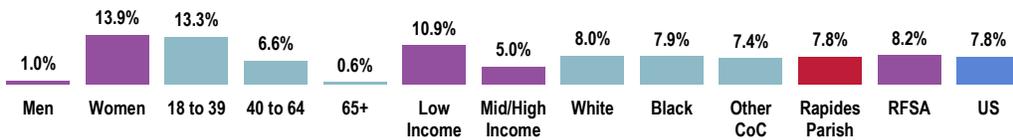


- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Items 94, 331]
 - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Reflects the total sample of respondents. Foundation Service Area.



“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 (Rapides 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.

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

Contributing Factors

- Lack of services, self-medicating with illegal drugs, homelessness. – Social Services Provider (Rapides Parish)
- Not enough facilities and services for their needs, too many mentally ill folks being treated as criminals and in jails, homelessness. – Social Services Provider (Rapides Parish)
- There are many but the biggest challenge is: The lack of beds available for treatment. The lack of long-term programs and residency programs. The lack of training by law enforcement to handle these issues. Loved ones have difficulty getting someone help because of HIPAA issues. It is often difficult for people who suffer with mental disabilities to stay on an ongoing medication regimen - Social Services Provider (Rapides Parish)
- Very few resources and usually arrests or left on streets. – Social Services Provider (Rapides Parish)
- Economy. Access to care. Collapse of society. Technology. Lack of work ethic. – Social Services Provider (Rapides Parish)
- Lack of resources, homeless population and those with dual diagnosis. – Other Health Professional (Rapides Parish)



Poor access to outpatient psychiatric services. Social stigma. Drug use. – Physician (Rapides Parish)

Lack of understanding and acceptance of mental health issues as DISEASE process and NOT willful behavioral dysfunction. Lack of access to affordable, high-quality, consistent, long term care-to include housing and food. Lack of school/job opportunities for those with mild dysfunction. – Public Health Representative (Rapides Parish)

The stigma of having mental health issues and lack of insurance coverage for treatment. – Community Leader (Rapides Parish)

Mental illness is still seen as a weakness and underreported in many cases. People have a hard time understanding how something in your head just can't be overcome. Very few affordable resources in our area to assist. – Community Leader (Rapides Parish)

The lack of mental health services, especially for low-income people is appalling. The limited amount of beds leaves law enforcement often with no choice but to house people that need treatment for mental health who have historically not been criminals, with criminals. This is one of the biggest issues facing our society and links directly with the crime rate and violence. – Social Services Provider (Rapides Parish)

Affordable counseling; mental health treatments. Places to live, places to work, easily available drugs. – Community Leader (Rapides Parish)

Affordability of treatment, access to care for those who are homeless. – Social Services Provider (Rapides Parish)

There is a lack of mental healthcare providers in this area that accept Medicaid. There is our CLHSD that provides mental health counseling through its behavioral health clinic Caring Choices, but for many individuals transportation to and from the clinic is an issue. There are a few other agencies providing mental health support and case management, but most of them are overworked and understaffed creating a difficulty in providing quality care to those suffering with mental health issues. Additionally, drug use is a widespread issue in our area, especially among those that suffer with mental health issues, and it can become difficult to get those individuals to regularly access the care that they need. – Social Services Provider (Rapides Parish)

This is a tough one. Lack of medication compliance. Homelessness. No personal support system. Ties into crime, drug abuse, homelessness. – Community Leader (Rapides Parish)

Poverty, lack of mental health services. – Community Leader (Rapides Parish)

Getting help for their illnesses or willingness to get help. No affordable community based inpatient facilities available for treatment. – Public Health Representative (Rapides Parish)

Access to provider (transportation). Lack of proper providers, especially doctors. Good means of educating the people. – Social Services Provider (Rapides Parish)

Access to Care/Services

Lack of access to high quality therapy and psychotherapy services and treatment. It's completely unaffordable. – Community Leader (Rapides Parish)

Lack of access to treatment due to closure of, or lack of funding, for facilities that treat mental health disorders. – Other Health Provider (Rapides Parish)

There are no resources for mentally ill people and the burden falls on hospitals to treat or find help. – Other Health Provider (Rapides Parish)

Lack of treatment facilities and the closure of the state hospitals designed to treat mental illness. – Social Services Provider (Rapides Parish)

Access to mental health providers. – Other Health Provider (Rapides Parish)

Resources to address those with mental health issues. – Community Leader (Rapides Parish)

Anyone in Central Louisiana that has a mental disorder has only two clinics to stay for only a few days to get medicated, then they are turned out onto the streets or sent back into the same situation. – Social Services Provider (Rapides Parish)

It appears as though there are a lack of services. More mentally ill and homeless mentally ill are on the street. – Social Services Provider (Rapides Parish)

Awareness/Education

First, educating the local community on what is available. Second, ensuring proper follow up care to those seen in Urgent Cares and ED. We need an Urgent Care for mental health needs that has the ability to assess and render care immediately, then follow up care. – Other Health Provider (Rapides Parish)

What I see happening is they are unsure where to go and find counseling help or they are unable to secure the medications needed to correct their behavior. – Community Leader (Rapides Parish)

Lack of understanding and options to assistance/recovery. Many try to label/ treat mental health issues in large groups rather than understanding the disability of each individual. – Community Leader (Rapides Parish)



Healthy Coping Skills

Stress - if we don't learn to deal with our challenges, stressors, problems, etc., we will continue to turn to substances whether that be food or drugs or isolation and non-activity which also leads to mental health problems, which are unhealthy coping behaviors. Without other coping solutions, people see their cigarettes, drugs, alcohol, sex, eating junk food, etc. as their own way to feel good. – Community Leader (Rapides Parish)

Denial/Stigma

Realizing that they need help. Central Louisiana State Hospital is an excellent resource. – Social Services Provider (Rapides Parish)

COVID-19

Mental health illness increasingly high during pandemic. Dual diagnosis of individual as well. – Social Services Provider (Rapides Parish)

Follow-Up/Support

Lack of support system and inadequate treatment and necessary follow up to ensure sustained wellbeing and success. – Social Services Provider (Rapides Parish)

Incidence/Prevalence

Mental health affects 1/5 people in the US and Central Louisiana is no exception. – Public Health Representative (Rapides Parish)

Teenage help beyond school classrooms. – Social Services Provider (Rapides Parish)

Veterans

Care for PTSD in veterans, although that may be covered under mental health. – Community Leader (Rapides Parish)

Alcohol/Drug Use

Drugs. – Social Services Provider (Rapides Parish)



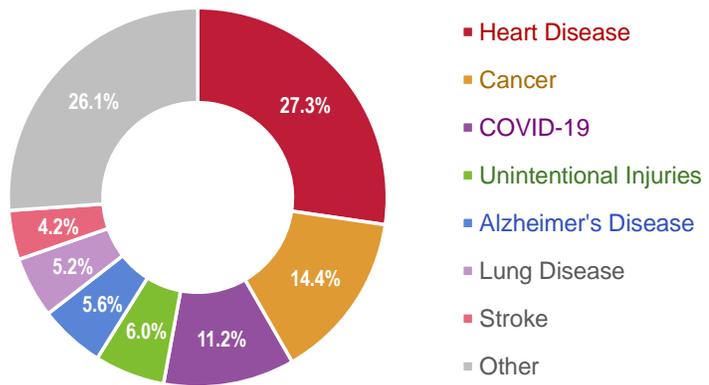
DEATH, DISEASE & CHRONIC CONDITIONS

Leading Causes of Death

Distribution of Deaths by Cause

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

Leading Causes of Death
(Rapides Parish, 2020)



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 Rapides 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)

	Rapides Parish	LA	US	HP2030
Diseases of the Heart	300.0	213.8	164.4	127.4*
Malignant Neoplasms (Cancers)	162.0	165.7	146.5	122.7
Coronavirus Disease/COVID-19 [2020]	131.2	118.0	85.0	—
Unintentional Injuries	80.2	66.8	51.6	43.2
Alzheimer's Disease	62.9	43.1	30.9	—
Chronic Lower Respiratory Disease (CLRD)	54.4	41.1	38.1	—
Cerebrovascular Disease (Stroke)	49.9	45.8	37.6	33.4
Falls [Age 65+]	40.9	41.1	67.1	63.4
Unintentional Drug-Related Deaths	36.3	29.2	21.0	—
Pneumonia/Influenza	29.8	14.0	13.4	—
Kidney Disease	23.9	19.9	12.8	—
Septicemia	23.7	20.2	9.8	—
Firearm-Related	22.5	23.3	12.5	10.7
Motor Vehicle Deaths	20.9	16.7	11.4	10.1
Intentional Self-Harm (Suicide)	17.7	14.6	13.9	12.8
Homicide/Legal Intervention	15.9	16.0	6.1	5.5
Cirrhosis/Liver Disease	11.4	9.8	11.9	10.9
Diabetes	9.9	28.8	22.6	—
HIV/AIDS (2011-2020)	4.4	3.9	1.9	—

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.

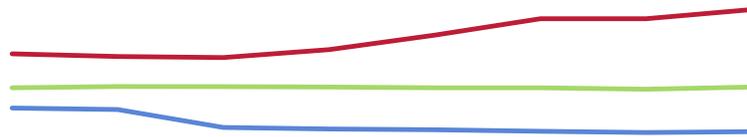
– Healthy People 2030 (<https://health.gov/healthypeople>)



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
— Rapides Parish	251.0	247.7	246.7	255.6	271.7	289.8	289.8	300.0
— 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

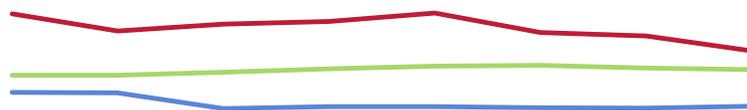
Sources:

- 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
— Rapides Parish	58.1	54.3	55.9	56.4	58.3	54.0	53.2	49.9
— 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>

Notes:

- The Healthy People 2030 Stroke target is adjusted to account for all diseases of the heart.



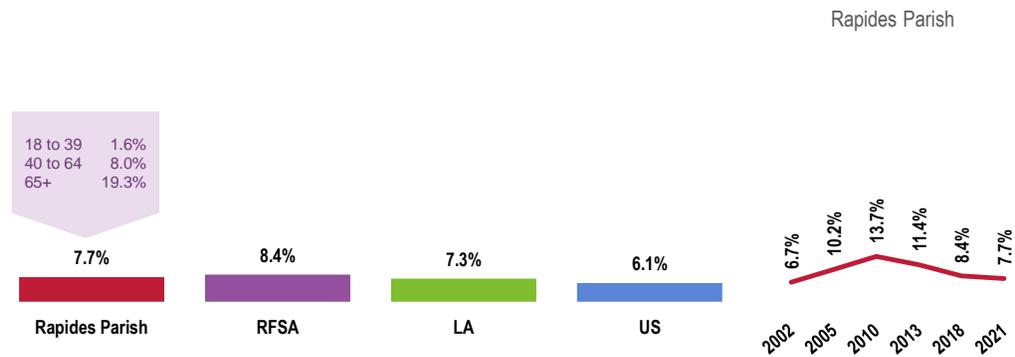
Prevalence of Heart Disease & Stroke

“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

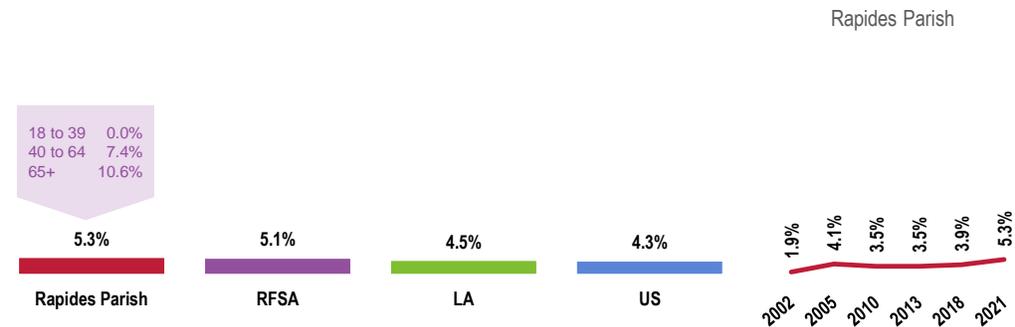


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 114]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
 • 2020 PRC National Health Survey,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

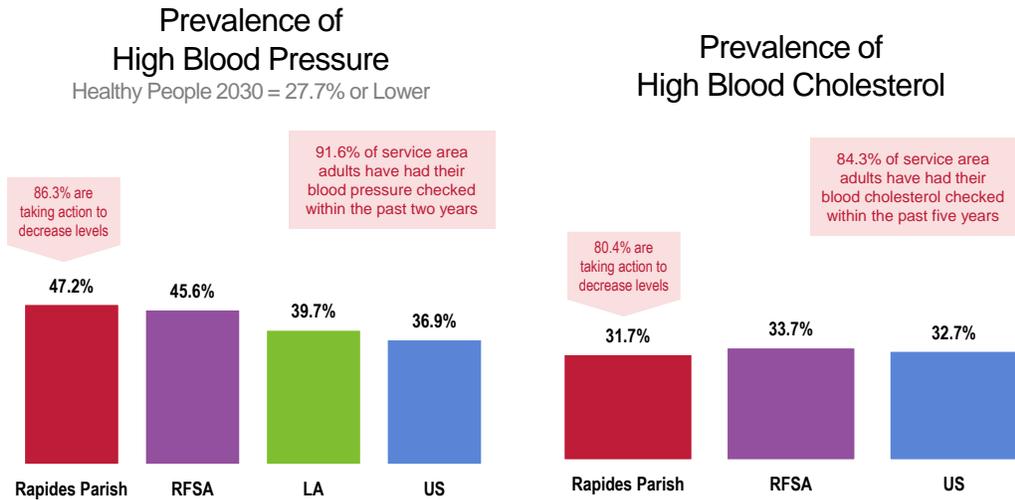
[Those with high blood pressure] **“Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?”**

“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?”



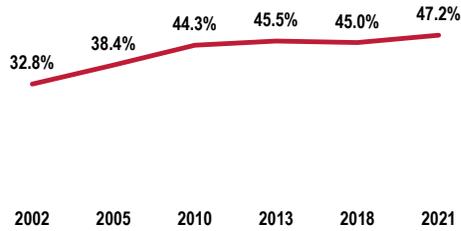
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 35-36, 309-312]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
• 2020 PRC National Health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

Notes: • Asked of all respondents.

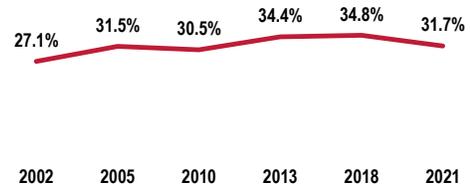


Prevalence of High Blood Pressure (Rapides Parish)

Healthy People 2030 = 27.7% or Lower



Prevalence of High Blood Cholesterol (Rapides 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

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

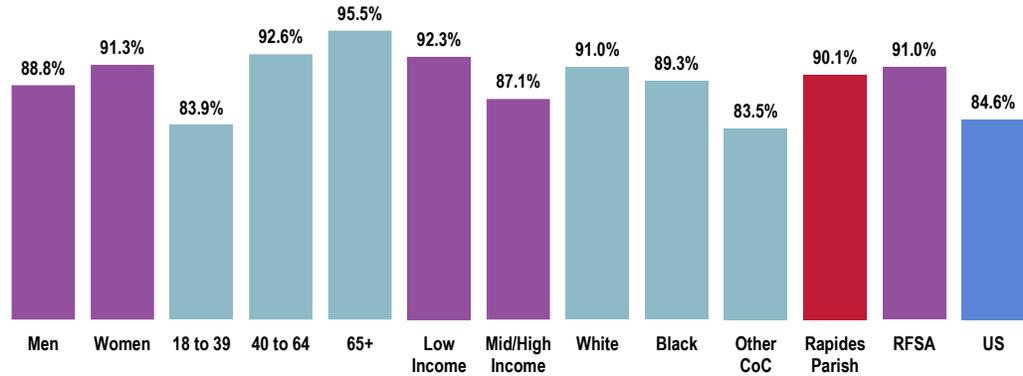
Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

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

The following chart reflects the percentage of adults in Rapides 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 (Rapides 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.

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

Contributing Factors

- Poor diet and exercise. Poverty. Lack of education. – Community Leader (Rapides Parish)
- Unhealthy diet, high rate of smoking. Limited access to good health care and affordable medication. – Social Services Provider (Rapides Parish)
- Fast food and stress from daily struggles and COVID. – Community Leader (Rapides Parish)
- Very poor diet, alcohol consumption, morbid obesity and lack of understanding of connection between eating, exercise and ability to change risk for heart disease and stroke. – Physician (Rapides Parish)
- Poor diet, stress, continuum care, other diseases. – Public Health Representative (Rapides Parish)
- Poor diets/lack of adequate exercise. – Social Services Provider (Rapides Parish)
- The number of people overweight and smoking, as well as not having a workout facility with aerobics classes in the early morning presents a problem. – Other Health Provider (Rapides Parish)



There are a few reasons why people have heart disease and strokes. 1. Genetics. 2. They may be smokers. 3. They do not/cannot exercise. 4. They do not have access to doctors and proper medication. – Social Services Provider (Rapides Parish)

Incidence/Prevalence

Heart disease and strokes have plagued our community for many years. – Social Services Provider (Rapides Parish)

Admissions to hospital with stroke and heart disease increased. – Other Health Provider (Rapides Parish)

Large number of people who get the disease. – Social Services Provider (Rapides Parish)

Research from local resources (hospitals, The Rapides Foundation, etc.). – Social Services Provider (Rapides Parish)

Access to Care/Services

In central Louisiana, between the two hospitals, there are only four heart specialists and stroke specialists. – Social Services Provider (Rapides Parish)

Access to quality health care providers. Our region has lost several quality practitioners. – Community Leader (Rapides Parish)

Nutrition

Eating habits in the community are poor. – Social Services Provider (Rapides Parish)

Eating habits that lead to the development/enhancement of risk factors (high blood pressure, high cholesterol levels, diabetes, etc.) that may lead to heart disease or strokes. – Other Health Provider (Rapides Parish)

Income/Poverty

Many individuals in lower income communities suffer from both diseases. – Social Services Provider (Rapides Parish)

Lifestyle

Lifestyle choices: smoking, fast food/other poor nutrition, lack of movement/exercise, sedentary, not addressing sleep or stress. – Community Leader (Rapides Parish)

So many individual habits contributing to these two diseases. – Community Leader (Rapides Parish)

Access to Affordable Healthy Food

Again, the heart healthy foods are so expensive no one can afford them. – Social Services Provider (Rapides Parish)

Co-Occurrences

We have huge levels of hypertension and diabetes that result in heart disease and stroke. – Public Health Representative (Rapides Parish)

Affordable Care/Services

Limited access to affordable healthcare and medication. – Social Services Provider (Rapides Parish)

Obesity

Due to obesity and lack of physical exercise. – Community Leader (Rapides Parish)



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 Rapides Parish.

Cancer: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 122.7 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Rapides Parish	193.6	191.1	182.1	171.6	171.6	167.5	168.8	162.0
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 Rapides Parish.

Age-Adjusted Cancer Death Rates by Site (2018-2020 Annual Average Deaths per 100,000 Population)

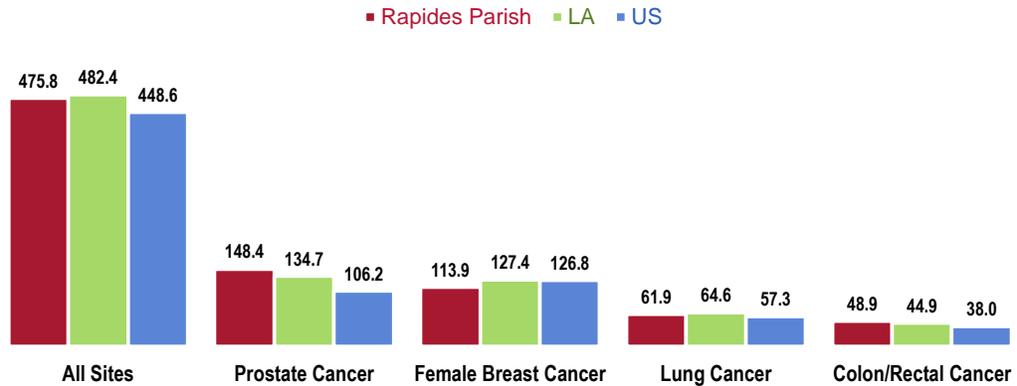
	Rapides Parish	LA	US	HP2030
ALL CANCERS	162.0	165.7	146.5	122.7
Lung Cancer	40.6	42.0	33.4	25.1
Female Breast Cancer	22.0	22.1	19.4	15.3
Colorectal Cancer	19.6	15.5	13.1	8.9
Prostate Cancer	16.4	19.5	18.5	16.9

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>

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.

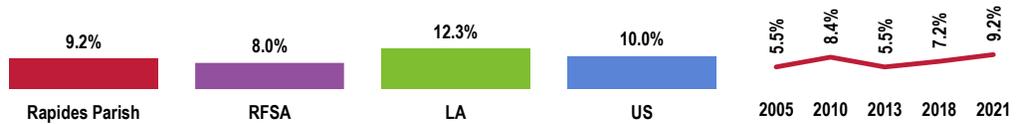


Prevalence of Cancer

“Have you ever suffered from or been diagnosed with cancer?”

Prevalence of Cancer

Rapides Parish



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

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.

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).

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?”



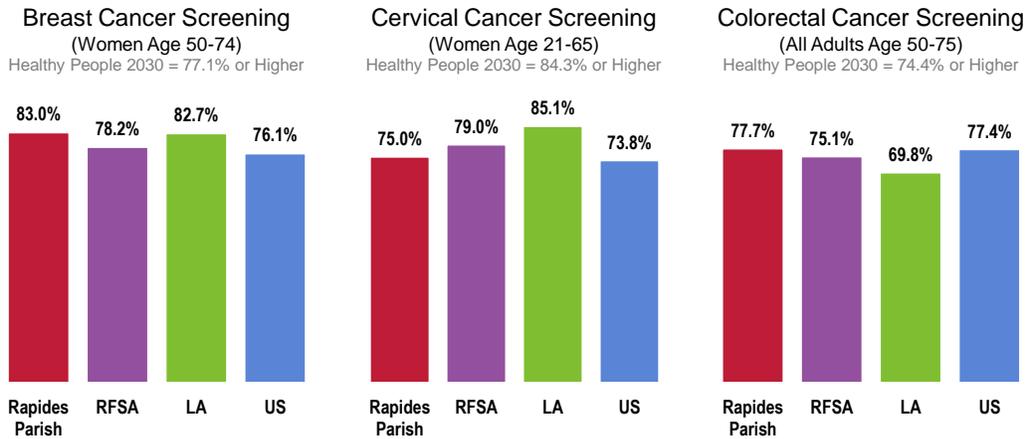
“Have you ever had a hysterectomy?”

“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.

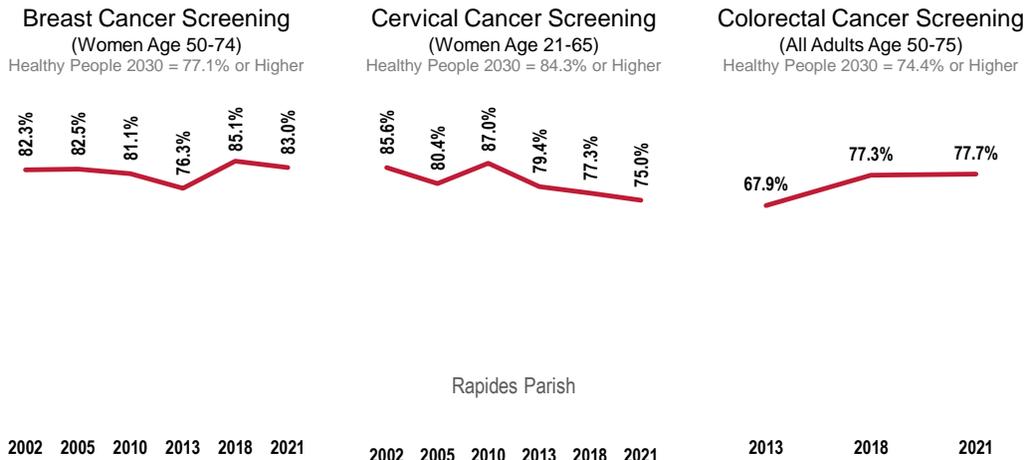
COLORECTAL CANCER SCREENING ▶ “Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. How long has it been since your last sigmoidoscopy or colonoscopy?”

“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.

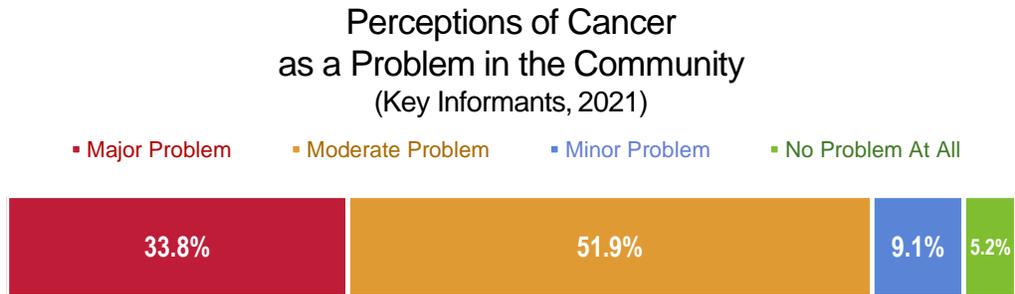


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 116-118]
 • US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>
 Notes: • Each indicator is shown among the gender and/or age group specified.



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:

Contributing Factors

Many individuals are diagnosed as having cancer of various types annually. In many instances the cancer is at an advanced stage when diagnosed due to delayed/late access to diagnosis and treatment. – Other Health Provider (Rapides Parish)

The high number of persons diagnosed with the disease and the number of patients seeking out of town or state medical professionals and facilities for treatment. – Social Services Provider (Rapides Parish)

Cancer of all types is prevalent in the Rapides community. Treatment is available with early detection, but the underlining cause is a major factor. – Community Leader (Rapides Parish)

Even though the numbers are better now than they were, there are still many people in our area who use tobacco and tobacco products. In addition, access to low cost or free health screenings may contribute to the high rates of cancer in our area. – Social Services Provider (Rapides Parish)

I think cancer is a problem because of major risk factors that residents engage in; smoking, vaping, poor diet and lack of exercise. – Community Leader (Rapides Parish)

Too many lose their lives to something that should be treatable or at least discovered sooner to have chance for adequate treatment. Education on causes of cancer. – Social Services Provider (Rapides Parish)

Several people have acknowledged a battle with cancer in some form. Unhealthy environmental practices in residential areas affect the health of community residents. – Social Services Provider (Rapides Parish)

Poor surveillance measures for underinsured. Mammography/colonoscopy. – Physician (Rapides Parish)

Incidence/Prevalence

It seems there are so many forms of cancer affecting so many in our community. – Social Services Provider (Rapides Parish)

Cancer rates seem to be increasing. – Social Services Provider (Rapides Parish)

Large number of people who get the disease. – Social Services Provider (Rapides Parish)

Seems Louisiana has a high cancer rate. This is worrisome to some. – Social Services Provider (Rapides Parish)

The incidence of people diagnosed seems to be increasing. – Social Services Provider (Rapides Parish)

It just seems like we have a lot of cancer issues in our area. – Social Services Provider (Rapides Parish)

Lack of Providers

There are no doctors to treat cancer in this area (medically, we do have surgeons). – Other Health Provider (Rapides Parish)

We need more specialists to deal with skin cancers, whereas there is more than one opinion. – Social Services Provider (Rapides Parish)

Prevention/Screenings

Lack of early detection. – Social Services Provider (Rapides Parish)



A form of cancer seems to be present, in some capacity, within every family. Being in a rural area, we do not have access to proactive screening methods that would catch this earlier and lessen the impact. – Community Leader (Rapides Parish)

Denial/Stigma

Denial, failure to get annual/preventive screenings. – Social Services Provider (Rapides Parish)

Diagnosis/Treatment

Many patients have been wrongly diagnosed and have to seek medical care elsewhere. – Social Services Provider (Rapides Parish)

Access to Care/Services

People seem to always go out of town for treatment. – Community Leader (Rapides 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.

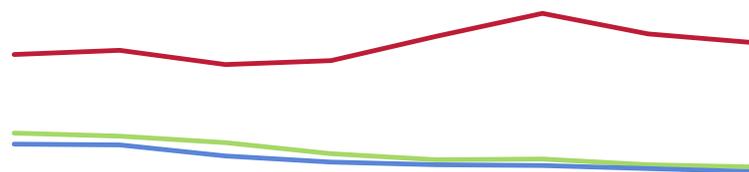
CLRD: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Rapides Parish	54.0	59.4	59.4	57.4	57.5	58.0	56.5	54.4
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)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Rapides Parish	28.3	28.8	27.0	27.5	30.6	33.5	30.9	29.8
LA	18.3	17.9	17.1	15.7	14.9	15.0	14.3	14.0
US	16.9	16.8	15.4	14.6	14.3	14.2	13.8	13.4

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.

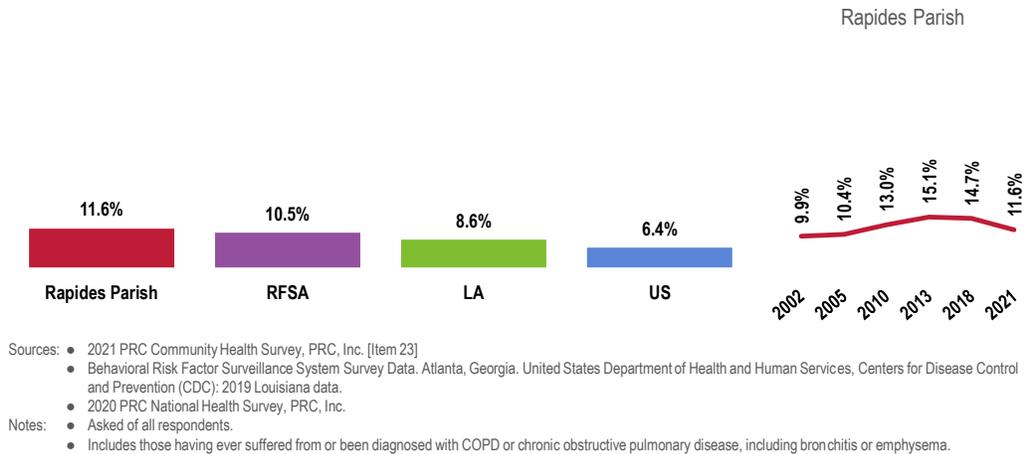


Prevalence of Respiratory Disease

Chronic Obstructive Pulmonary Disease (COPD)

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

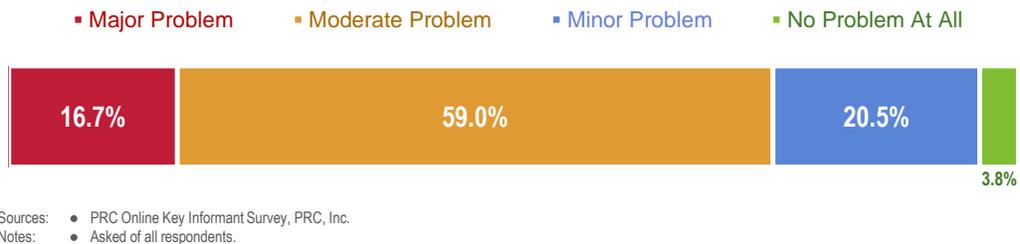
Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



Key Informant Input: Respiratory Disease

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

Perceptions of Respiratory Diseases as a Problem in the Community (Key Informants, 2021)



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

Tobacco Use

- Asthma and COPD are problems and may be attributed to our high rate of smokers. – Social Services Provider (Rapides Parish)
- Smoking and vaping is still prevalent. – Community Leader (Rapides Parish)
- Smoking. – Social Services Provider (Rapides Parish)
- Smoking. Obesity. – Social Services Provider (Rapides Parish)



Incidence/Prevalence

I see many folks with oxygen tanks or with COPD. Again, I think it's a culmination of the fact that many times one physical issue can lead to others. – Community Leader (Rapides Parish)

Due to the number of patients on respiratory medications. – Public Health Representative (Rapides Parish)

Lack of Providers

We do not have any pulmonologists in our community. – Other Health Provider (Rapides Parish)

Affordable Medications/Supplies

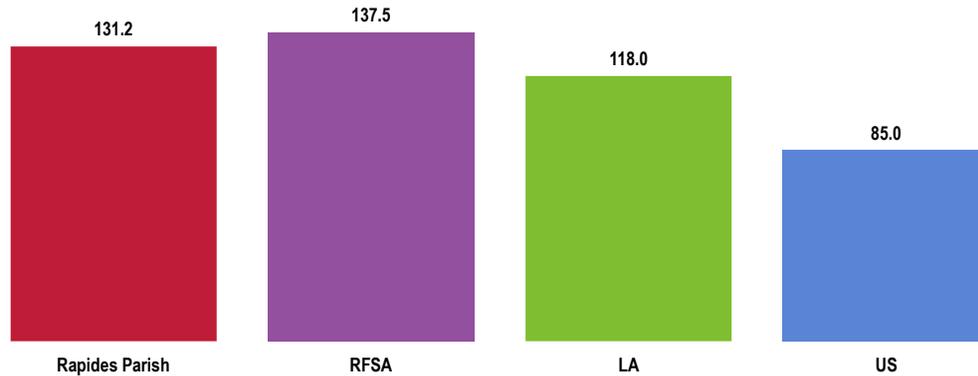
COPD has many causes and varieties of treatment, most are high-cost medication. – Social Services Provider (Rapides Parish)

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.

COVID-19: Age-Adjusted Mortality
(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.



COVID-19 Vaccination

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

COVID-19 Vaccination
(Percentage of Adults Who Are Fully Vaccinated; by Parish)



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:

Perceptions of Coronavirus Disease/COVID-19
as a Problem in the Community
(Key Informants, 2021)



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

Infection rate and resistance to vaccine. – Social Services Provider (Rapides Parish)

We have some of the lowest rates of vaccination in the nation, especially among the young, and there is a high degree of resistance to vaccination. – Community Leader (Rapides Parish)

Because people are not getting vaccinated and the hospital statistics for non-vaccinated individuals. – Public Health Representative (Rapides Parish)

The age group that is currently the highest percentage of unvaccinated individuals are millennials that doubt the severity of the virus. – Social Services Provider (Rapides Parish)

Low vaccination rates and a general resistance to preventive care in general. – Public Health Representative (Rapides Parish)



- Low number of people receiving the vaccination and people not taking the pandemic seriously. – Social Services Provider (Rapides Parish)
- Because the rate of vaccinations in this community is still rather low. – Social Services Provider (Rapides Parish)
- Refusal to take the vaccine. Less than 50% Parish wide. – Community Leader (Rapides Parish)

Public Health Mitigation Measures

- Low vaccine numbers and lack of compliance with masking mandates. – Other Health Provider (Rapides Parish)
- Lack of adherence to prevention, e.g. vaccination, mask-wearing and social distancing. – Public Health Representative (Rapides Parish)
- Coronavirus disease is a major problem due to some refusing to be tested, get vaccinated or wear masks in public spaces. – Social Services Provider (Rapides Parish)
- CDC guidelines not properly followed. – Social Services Provider (Rapides Parish)
- People refuse to mask up and take precautions or even be vaccinated to help curb the spread of the virus. – Social Services Provider (Rapides Parish)
- Not enough people are wearing a mask, social distancing, nor getting vaccinated. – Social Services Provider (Rapides Parish)
- No one wears a mask and people are afraid to vaccinate. – Community Leader (Rapides Parish)

Awareness/Education

- Misinformation. – Social Services Provider (Rapides Parish)
- There are still many unknowns in COVID prevention and mitigation. – Community Leader (Rapides Parish)
- Very poor healthcare literacy and political climate that fights government regulation or recommendations for masking or vaccination. – Physician (Rapides Parish)
- Misinformation regarding the effectiveness of the COVID vaccine, resulting in a large number of individuals not vaccinated. – Other Health Provider (Rapides Parish)
- Skepticism/distrust of science. – Social Services Provider (Rapides Parish)

Incidence/Prevalence

- The number of people hospitalized reduces the number of available Intensive Care Unit beds for patient transfer. It also drives the nursing costs up for the region because the hospital requires more staff. – Other Health Provider (Rapides Parish)
- The numbers tell the tale. – Social Services Provider (Rapides Parish)
- Large number of people who get the disease. – Social Services Provider (Rapides Parish)

Cultural/Personal Beliefs

- For some in our community I believe it is due to a cultural fear of hospitals, doctors, vaccines, and medication. For others, I believe that in some way the Coronavirus became a part of the political agenda for some so the facts regarding the benefits of vaccinations to communities somehow got lost in the crossfire between candidates. This has led to a polarization of communities. Some people get vaccinated while others are vehemently against it. – Social Services Provider (Rapides Parish)

Impact on Quality of Life

- The positivity rates have gone down recently. But far too many people have been impacted by COVID-19. Too many deaths. Hesitancy toward getting the vaccine. – Social Services Provider (Rapides Parish)

Contributing Factors

- Lack of vaccines. Education. Politically motivated. – Social Services Provider (Rapides Parish)
- Lack of people getting vaccinated and the amount of people that believe "fake news" over science. – Other Health Professional (Rapides Parish)

Lifestyle

- Everyone is acting like it's not an issue. Employers are not protecting their employees. Most of the region seems to have abdicated their obligations to take personal responsibility. – Community Leader (Rapides Parish)

Nutrition

- Poor eating and lifestyle habits, prevalent smoking. – Community Leader (Rapides 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>)



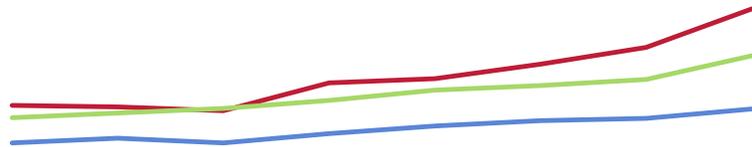
Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

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

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

Healthy People 2030 = 43.2 or Lower



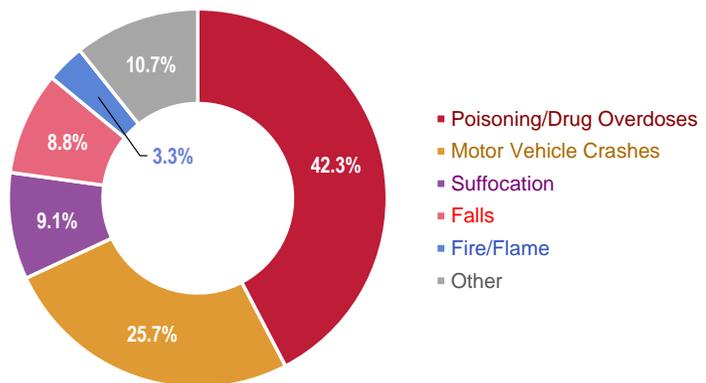
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Rapides Parish	52.6	52.2	51.1	59.0	60.2	64.4	69.2	80.2
LA	49.1	50.4	51.7	54.0	57.0	58.3	60.0	66.8
US	41.9	43.3	41.9	44.6	46.7	48.3	48.9	51.6

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

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

Leading Causes of Unintentional Injury Deaths (Rapides Parish, 2018-2020)



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.

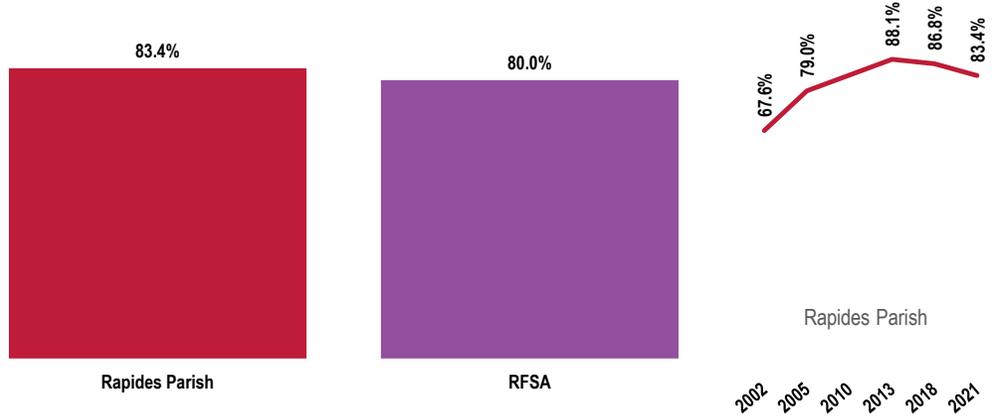
RELATED ISSUE
For more information about unintentional drug-related deaths, see also *Substance Abuse* in the **Modifiable Health Risks** section of this report.



Motor Vehicle Safety

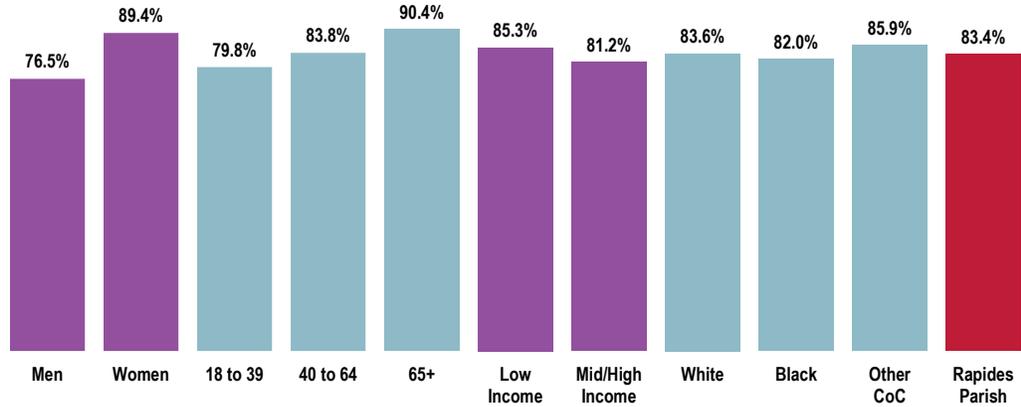
“How often do you use seat belts when you drive or ride in a car?”

“Always” Wear a Seat Belt When Driving or Riding in a Vehicle



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 (Rapides Parish, 2021)

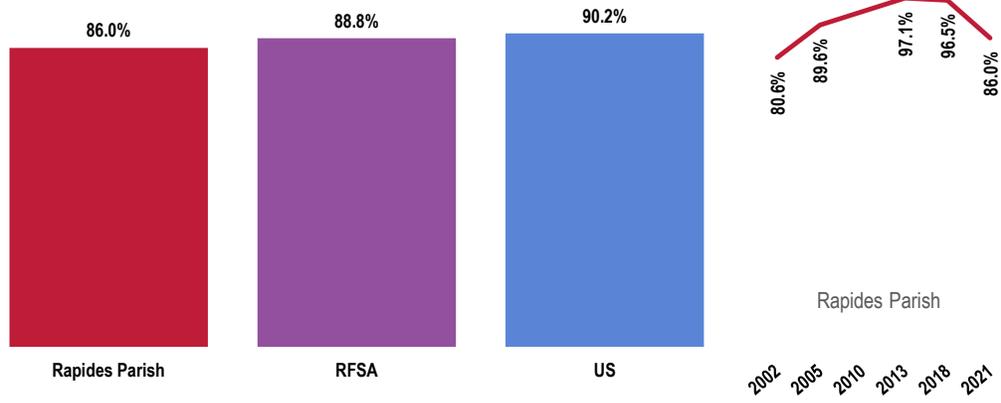


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 313]
Notes: • Reflects all respondents.



[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 (Rapides 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)

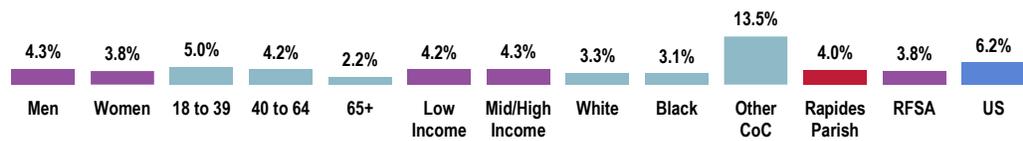


Sources: • Federal Bureau of Investigation, FBI Uniform Crime Reports
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
 Notes: • This indicator reports the rate of violent crime offenses reported by the 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
(Rapides Parish, 2021)

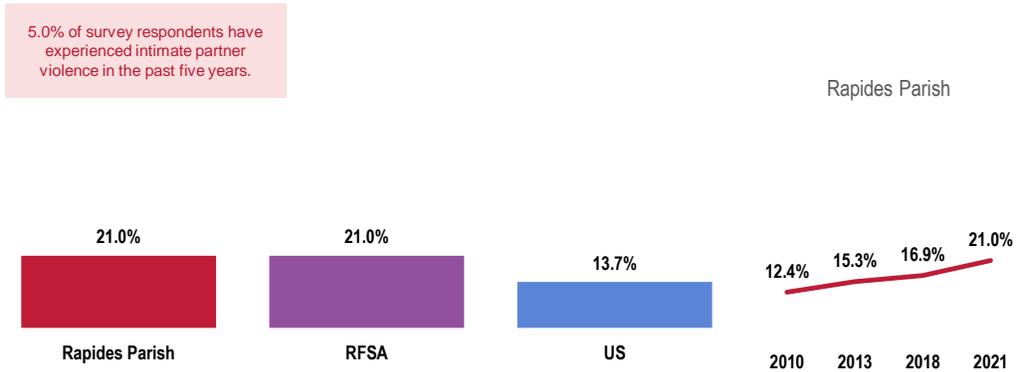


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 38]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

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?”

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



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 39, 314]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.



Key Informant Input: Injury & Violence

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

Perceptions of Injury and Violence as a Problem in the Community (Key Informants, 2021)

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



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:

Incidence/Prevalence

Violent crime is up. – Social Services Provider (Rapides Parish)

The rate of violent crime in the U.S. has gone up over 29% in the last year. The rate of violent crime in Alexandria, LA has gone up dramatically more than that over the last year. Crime, particularly violent crime, is one of the largest issues in our community. This is constantly echoed by the residents of Alexandria and is covered on an almost nightly basis by our local new station (KALB). To date (9/28/21) there have been significantly more murders in 2021 than occurred in all of 2020. – Social Services Provider (Rapides Parish)

Because violent crime is on the rise. – Social Services Provider (Rapides Parish)

The growing crime rate/Emergency Room visits for related. – Social Services Provider (Rapides Parish)

Based on statistics released for Rapides Parish, specifically Alexandria. Murders or shootings every day in addition to robberies. – Public Health Representative (Rapides Parish)

The increase in the number of homicides and other forms of violence that have occurred in the region over the past year. – Other Health Provider (Rapides Parish)

Based on what is in the news and what I hear from employees of the Emergency Rooms and local law enforcement here, weapon violence in the poorer communities is a problem. – Community Leader (Rapides Parish)

Very high crime rate. – Social Services Provider (Rapides Parish)

Crime continues to be an issue within Central Louisiana. – Community Leader (Rapides Parish)

Crime rates are high and the violence continues to rise. Alexandria rates as one of the most dangerous cities. – Social Services Provider (Rapides Parish)

High number of violent crimes occurring in Alexandria and the surrounding communities. – Social Services Provider (Rapides Parish)

Too many cases of injury and violence in the news. – Community Leader (Rapides Parish)

The increase in violent crimes in our area. – Other Health Professional (Rapides Parish)

Every day there is something on the news about someone being murdered or some violent act occurring in our neighborhoods. – Social Services Provider (Rapides Parish)

There seems to be a killing or robbery every day in central LA. – Social Services Provider (Rapides Parish)

Alexandria, Louisiana has a very high crime rate. Weekly shootings for almost a year now. – Social Services Provider (Rapides Parish)

Contributing Factors

Incidents of violence has increased significantly in recent years. Perhaps training programs to prepare for employment may help. – Social Services Provider (Rapides Parish)

Police Force is depleted, discord between mayor/some council members, personal agendas, etc. Drug use. Overcrowded jail. Criminals working the system. – Community Leader (Rapides Parish)

Lack of police. Lack of discipline in the home. Complacency of the public. Out of touch public officials. – Social Services Provider (Rapides Parish)



Substance abuse (meth, opioids, etc.) and poverty. – Public Health Representative (Rapides Parish)
Crime rates, injury and death are escalating in our area. I believe that much of it can be contributed to street drug sales and use. This affects everyone in a community either directly or indirectly. – Social Services Provider (Rapides Parish)
Unemployment and lack of education. – Community Leader (Rapides Parish)
Poverty and control issues in relationships. Lack of understanding of what a healthy relationship and boundaries are. – Community Leader (Rapides Parish)
There are no recreational buildings or activity due to fear of violence. Drugs play a vital part, because of no police involvement until trouble. – Social Services Provider (Rapides Parish)

Gun Violence

Number of guns shot and stabbing victims in the area. – Other Health Provider (Rapides Parish)
There are shootings virtually every day. – Other Health Provider (Rapides Parish)
News reports of many more shootings recently. I have also heard, anecdotally, about assaults throughout the community. – Social Services Provider (Rapides Parish)
Too many guns and poor people who shoot each other for \$100. – Community Leader (Rapides Parish)
Crime rate per capita is one of the highest in the nation. I hear gunshots in my garden district neighborhood on a regular basis. Reports on home invasions continually on the rise. Reaction to the climate created by Trump administration. – Social Services Provider (Rapides Parish)

Safety

Not enough police patrols around the community. – Social Services Provider (Rapides Parish)
Too much crime! Not enough police. Too many drug problems. Unsafe intersections and roundabouts. Speeding drivers with minimal oversight. – Physician (Rapides Parish)

Access to Care/Services

Shortage of officers and not enough programs for our teenagers to be involved. – Social Services Provider (Rapides Parish)

COVID-19

Violent crimes statistics are much higher during pandemic and in recent years. – Social Services Provider (Rapides Parish)

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.

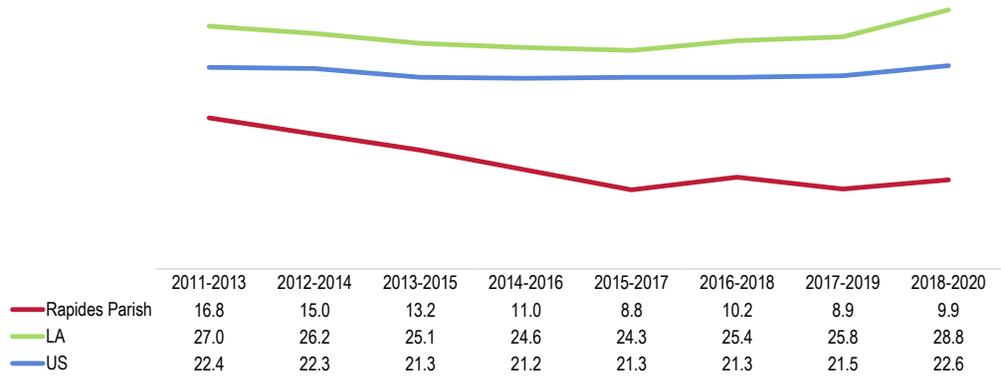
– Healthy People 2030 (<https://health.gov/healthypeople>)



Age-Adjusted Diabetes Deaths

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

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



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

Prevalence of Diabetes

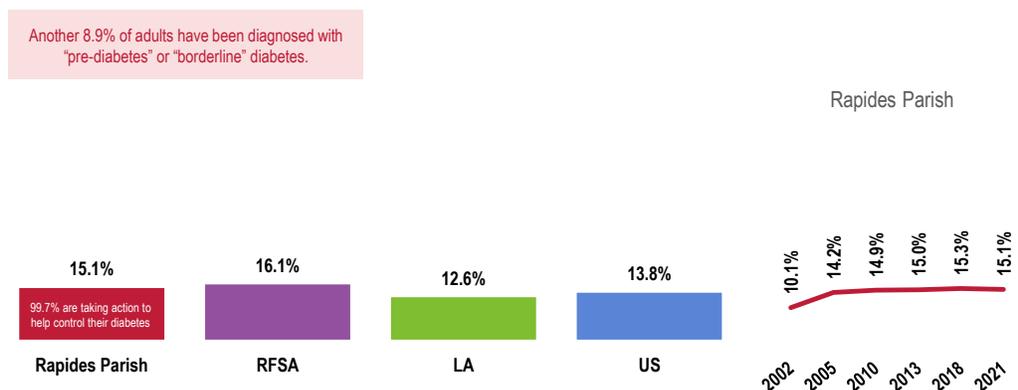
“Have you ever been told by a doctor, nurse, or other health professional that you have diabetes? (If female, add: not counting diabetes only occurring during pregnancy?)”

“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?”**

Prevalence of Diabetes



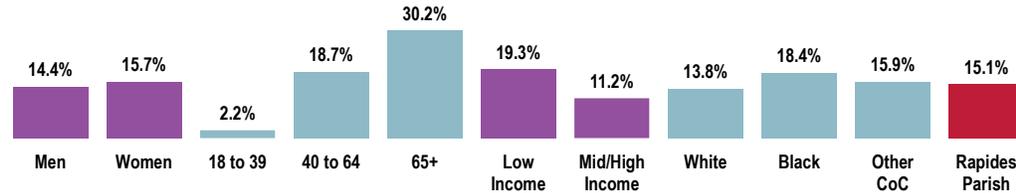
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 121, 308]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
• 2020 PRC National Health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

Notes: • Asked of all respondents.



Prevalence of Diabetes (Rapides Parish, 2021)

Note that among adults who have not been diagnosed with diabetes, 43.9% report having had their blood sugar level tested within the past three years.



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:

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

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



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:

Contributing Factors

Diet and lack of exercise. Preventative care and education. – Community Leader (Rapides Parish)

The biggest challenge that I see is the access to good nutrition and exercise. Many people do not have adequate transportation to get to grocery stores. Exercise is not a priority or people have no one to encourage them to do so. – Social Services Provider (Rapides Parish)

Diet, eating habits, and laziness. – Social Services Provider (Rapides Parish)

Nutrition. Knowing what foods should and should not be eaten, but also the cost and availability of nutritious foods. – Social Services Provider (Rapides Parish)

Diet and exercise. – Social Services Provider (Rapides Parish)

Proper nutrition and exercise. – Other Health Provider (Rapides Parish)

Poor diets/lack of adequate exercise. – Social Services Provider (Rapides Parish)

Education regarding the importance of diet and medication regimen. Access to and affordability of proper foods; affordability of medications. – Social Services Provider (Rapides Parish)

Lack of education and resources to provide healthy food options. – Social Services Provider (Rapides Parish)

Lack of education on how to control disease, testing supplies are expensive, and peoples' desire to keep disease under control not where it should be and then consequences lead to bigger health issues. – Other Health Professional (Rapides Parish)



Dietary food is too expensive; therefore, it is hard to manage diabetes when junk/fat foods are cheaper than healthy. That is why there are so many obese people in the community and doctors want to do nothing but load people up on medications. – Social Services Provider (Rapides Parish)

Obesity. Noncompliance. Expensive medications. General indifference to preventive care. – Public Health Representative (Rapides Parish)

Lack of local endocrinologist or diabetic teaching. Health care literacy around diabetes. Access to medications for diabetes. – Physician (Rapides Parish)

To be able to afford healthy lifestyle and afford proper nutrition and exercise. The ability to afford medication to treat the diabetes. Lifestyle, nutrition, medication. – Public Health Representative (Rapides Parish)

Diabetes impacts many people. In turn, many who have been diagnosed with the disease do not take it seriously. This leads to many more complications and deaths. – Social Services Provider (Rapides Parish)

Awareness/Education

Just in my workplace, I see many folks with Type 2 diabetes. I think our health system is quick to prescribe drugs and not educate them that Type 2 diabetes in many cases can be eliminated with proper diet and exercise, stressing less. – Community Leader (Rapides Parish)

Learning to eat healthy. – Social Services Provider (Rapides Parish)

Education about dining, care, meds, and exercise options. – Community Leader (Rapides Parish)

Community outreach is working for the adult population. However, a greater need exists for educating children on eating and exercise habits. – Community Leader (Rapides Parish)

Self care and education. – Social Services Provider (Rapides Parish)

Proper health and nutrition, start early with education. – Community Leader (Rapides Parish)

Lifestyle

Too many younger individuals are diagnosed with a very treatable disease because of unhealthy habits. – Social Services Provider (Rapides Parish)

Breaking old habits. – Social Services Provider (Rapides Parish)

Motivation to change behavioral triggers. – Community Leader (Rapides Parish)

People who don't care for themselves and don't get themselves tested and the meds are so expensive. – Community Leader (Rapides Parish)

Nutrition

Eating unhealthy foods. – Social Services Provider (Rapides Parish)

Following dietary restrictions. – Community Leader (Rapides Parish)

Access to Care/Services

Alexandria nor Pineville Louisiana have an endocrinologist to properly treat diabetic patients. The diabetic patients have to rely on their General Care doctors or travel hours away for treatment. – Social Services Provider (Rapides Parish)

Delayed treatment. – Other Health Provider (Rapides Parish)

Cultural/Personal Beliefs

Cultural eating habits. – Social Services Provider (Rapides Parish)

Access to Care for Uninsured/Underinsured

Some people do not have insurance or visit a doctor regularly. Others that know of a diagnosis of diabetes do not have adequate resources to pay for their medication. – Social Services Provider (Rapides Parish)

Obesity

High obesity rates, lack of movement and exercise, poor dietary choices. – Community Leader (Rapides Parish)

Affordable Medications/Supplies

Access to affordable medication and insulin. – Social Services Provider (Rapides Parish)

Diagnosis/Treatment

Consistent comprehensive care. – Social Services Provider (Rapides Parish)

Disease Management

Understanding how to manage diabetes and the severity of it. – Social Services Provider (Rapides Parish)



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.

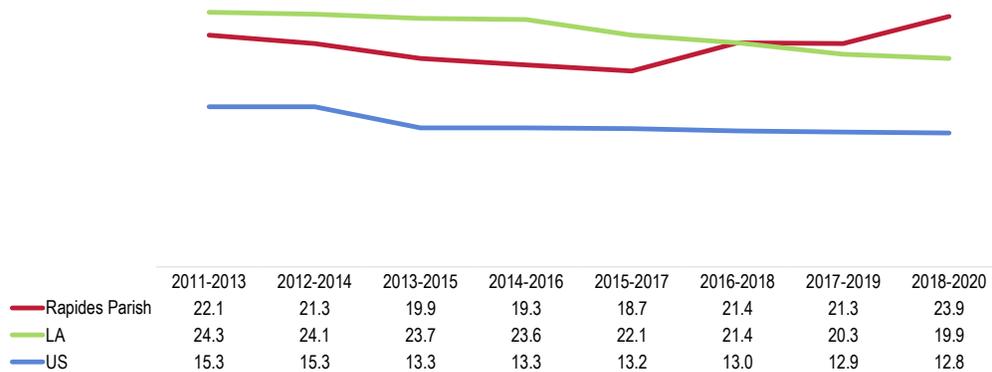
Recommended tests can help identify people with CKD to make sure they get treatments and education that may help prevent or delay kidney failure and end-stage kidney disease (ESKD). In addition, strategies to make sure more people with ESKD get kidney transplants can increase survival rates and improve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

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



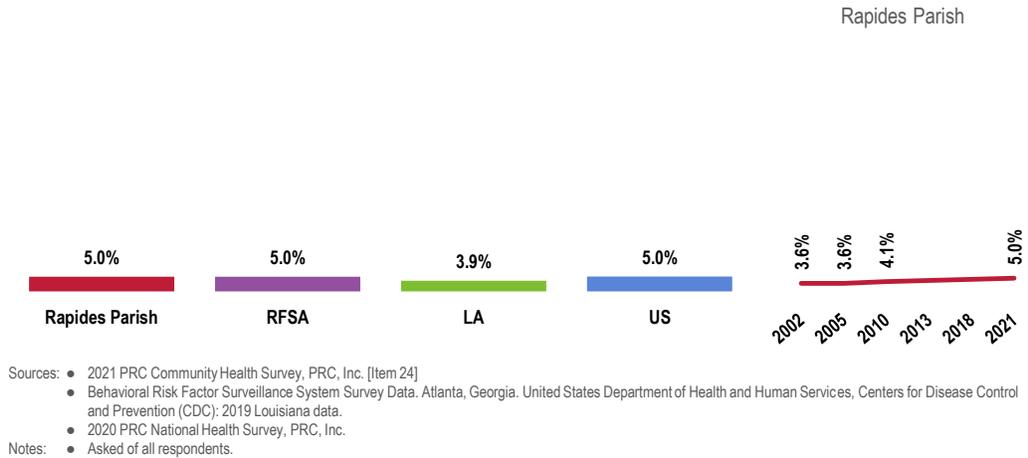
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.



Prevalence of Kidney Disease

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

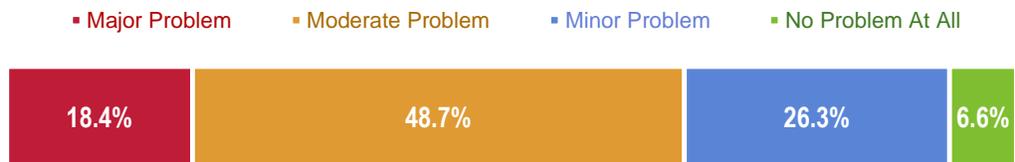
Prevalence of Kidney Disease



Key Informant Input: Kidney Disease

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

Perceptions of Kidney Disease as a Problem in the Community (Key Informants, 2021)



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:

Co-Occurrences

- Related to poor diabetic control. – Physician (Rapides Parish)
- Because of the number of people who are diabetics. – Public Health Representative (Rapides Parish)
- This also depends on the level of hypertension in the community. – Public Health Representative (Rapides Parish)
- Due to high levels of diabetes and consuming too many energy drinks. – Community Leader (Rapides Parish)

Contributing Factors

- Poor diet, lack of information, diabetes, and access to medical assistance. – Community Leader (Rapides Parish)
- Shakes hands with diet. Obesity and high blood pressure. – Social Services Provider (Rapides Parish)



Access to Care/Services

We have one of the best kidney doctors here, but for surgeries/transplants one has to travel out of town. – Social Services Provider (Rapides Parish)

Incidence/Prevalence

I see dialysis locations popping up and I hear more folks having kidney issues. – Community Leader (Rapides Parish)

Alcohol/Drug Use

Alcohol and drugs. – Community Leader (Rapides Parish)

Septicemia

Age-Adjusted Septicemia Deaths

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

Septicemia: 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
Rapides Parish	21.6	21.4	22.6	23.5	23.5	22.3	23.1	23.7
LA	18.0	18.5	19.0	19.4	19.7	20.0	20.4	20.2
US	12.9	13.1	10.9	10.9	10.8	10.5	10.1	9.8

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.



Potentially Disabling Conditions

Multiple Chronic Conditions

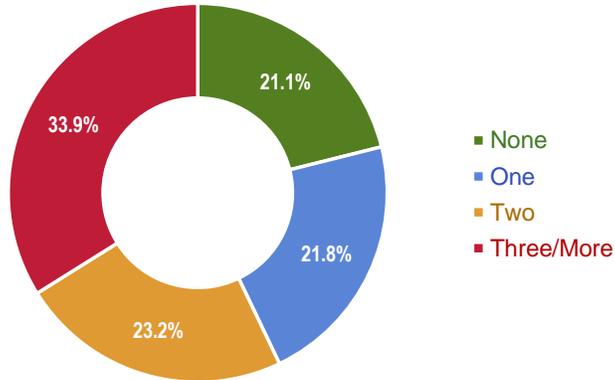
The following charts outline the prevalence of multiple chronic conditions among surveyed adults, taking into account all of the various conditions measured in the survey.

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

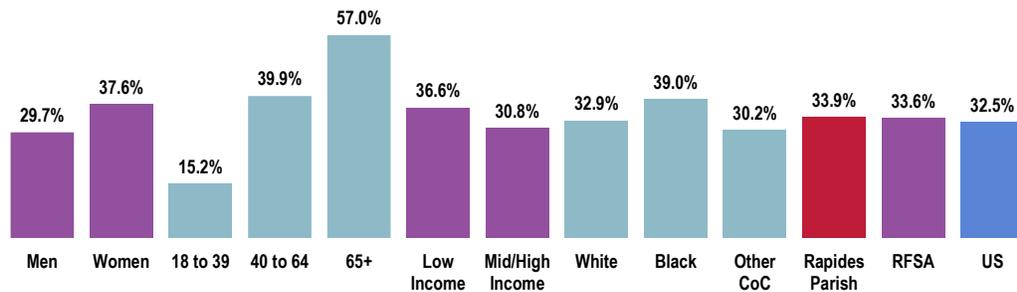
Multiple chronic conditions are concurrent conditions.

Number of Current Chronic Conditions
(Rapides 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
(Rapides 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.

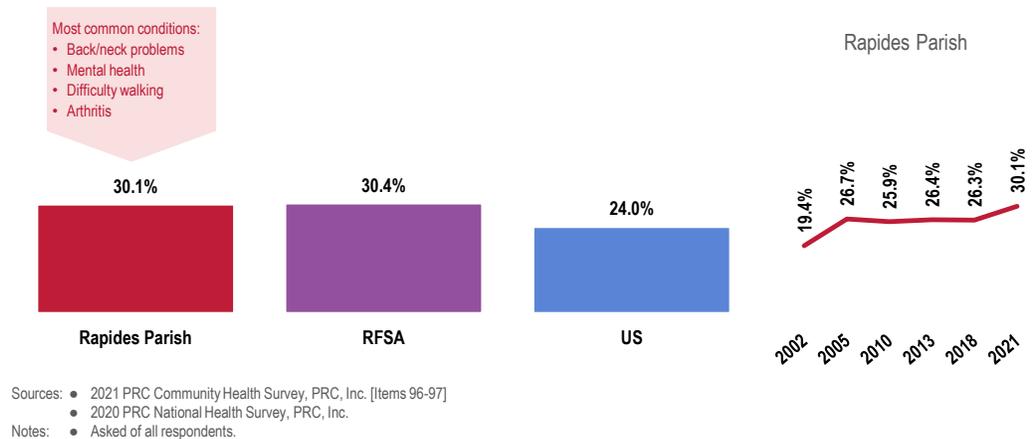
In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life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

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

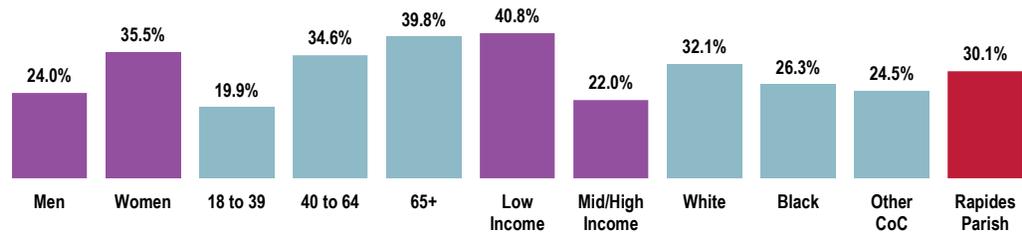
“Are you limited in any way in any activities because of physical, mental, or emotional problems?”

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

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



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



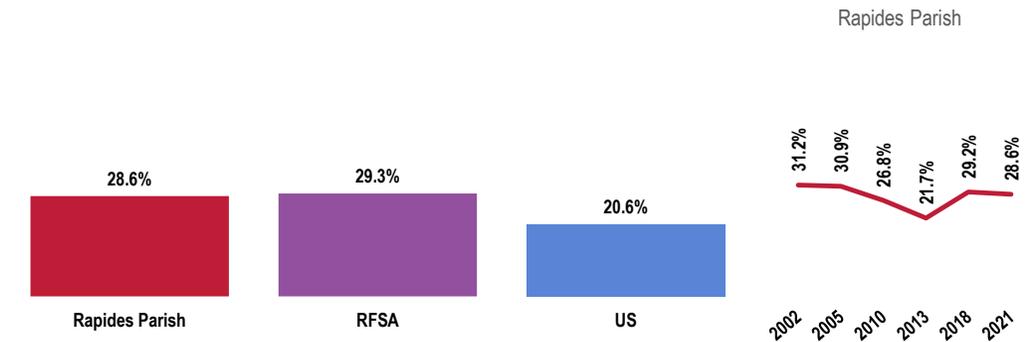
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 156]
Notes: • Asked of all respondents.



Arthritis

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

Prevalence of Arthritis/Rheumatism

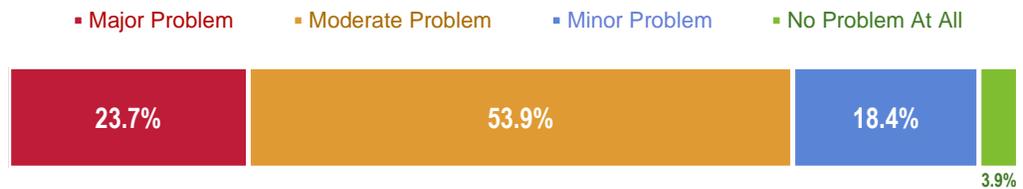


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 307]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

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:

Perceptions of Disability & Chronic Pain as a Problem in the Community (Key Informants, 2021)



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:

Incidence/Prevalence

The state in general has a high per capita of persons on SSDI for issues related to chronic pain and/or addiction to meds used to treat chronic pain. – Social Services Provider (Rapides Parish)

High level of people on disability and those on medications for chronic pain, causes of addiction. – Public Health Representative (Rapides Parish)

Access to Care/Services

Without access to high quality health care, people don't treat minor issues until they become urgent/chronic issues. This leads to impaired workforce within the community and misery for the individual. – Community Leader (Rapides Parish)

Alexandria and Pineville Louisiana only have two or three doctors who specialize in chronic pain disorders. A patient has to wait months until they can see a doctor. – Social Services Provider (Rapides Parish)

Chronic pain and illness may be a result of not having proper healthcare and access to proper nutrition. – Social Services Provider (Rapides Parish)

Obesity

Due to the high rates of obesity, there are high rates of disability and chronic pain. This can lead to additional issues with prescription pain medications. – Social Services Provider (Rapides Parish)

Obesity causes stress to joints and thereby creates pain. – Community Leader (Rapides Parish)

Contributing Factors

Obesity and lack of exercise. – Social Services Provider (Rapides Parish)

There are a huge number of debilitated adults. A history of obesity and poor exercise habits lead to osteoarthritis. Plus, there is a lot of abuse of pain killers. – Public Health Representative (Rapides Parish)

Work Related

Unsafe working practices. – Social Services Provider (Rapides Parish)

Awareness/Education

Pain meds are prescribed too easily for chronic pain patients. Educating about healthier ways to treat are needed. – Social Services Provider (Rapides Parish)

Access to Care for Uninsured/Underinsured

Knees and back problems not being serviced due to inadequate insurance coverage. – Social Services Provider (Rapides Parish)

Learning Disabilities for Children

Dyslexia and learning disabilities for children. – Community Leader (Rapides Parish)

Alcohol/Drug Use

Many individuals use opiates to assist with pain. – Social Services Provider (Rapides Parish)



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.

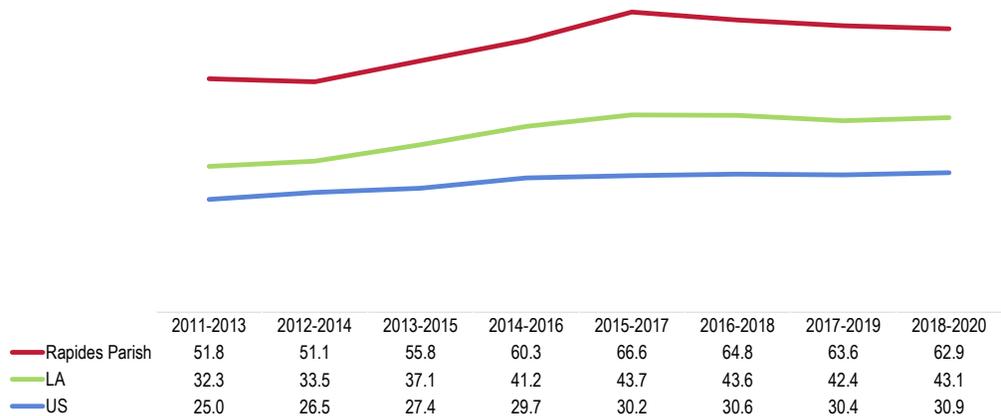
While there's no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address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

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

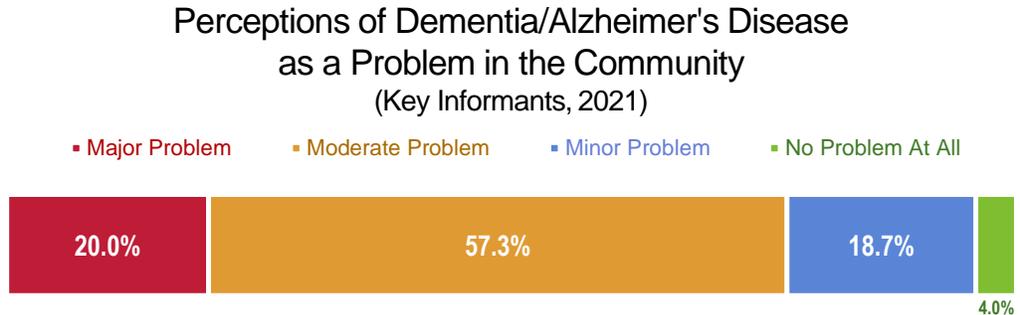


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.



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.

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

Contributing Factors

- Disease is rampant and so hard on family. – Social Services Provider (Rapides Parish)
- The prevalence of the disease and the lack of adequate diagnosis and treatment locally. – Social Services Provider (Rapides Parish)
- Aging population and lack of resources to address need. – Other Health Professional (Rapides Parish)
- This is another area that continues to impact seniors and their families. Resources seem to be limited. – Social Services Provider (Rapides Parish)

Incidence/Prevalence

- I know many senior adults struggling with dementia. – Community Leader (Rapides Parish)

Access to Care/Services

- Many doctors here do not know about this disease and patients have to go elsewhere for diagnosis and or treatment. – Social Services Provider (Rapides Parish)

Family Support

- I have noticed over the years that children take less responsibility for the well-being of their parents. In addition, have no local facilities to care for those who are dealing with this issue. I would love to see an investment into a local facility that would provide care and would have a provision for the family to take part in the day-to-day care. – Community Leader (Rapides Parish)

Affordable Care/Services

- We don't have any free elder care services for in home, day/night drop off, or related supportive services that support families and caregivers, not nearly enough respite care either. – Community Leader (Rapides Parish)

Affordable Insurance

- Lack of affordable insurance programs result in many not getting enough treatment soon enough. – Social Services Provider (Rapides Parish)

Diagnosis/Treatment

- No cure. – Social Services Provider (Rapides Parish)

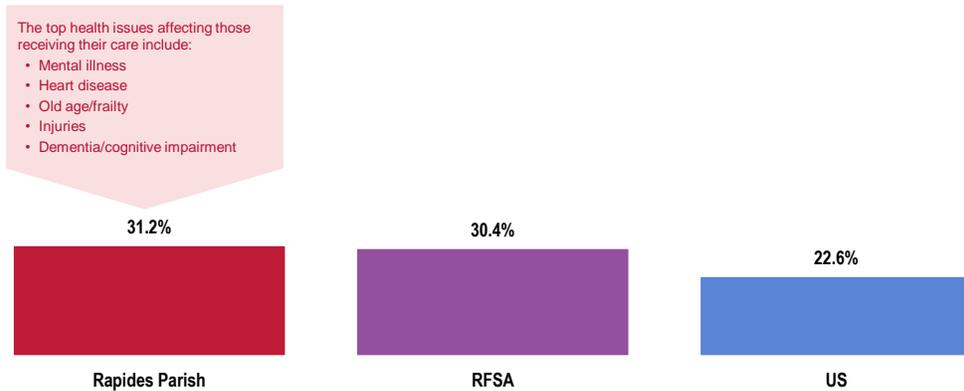


Caregiving

“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?”

Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability



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>)

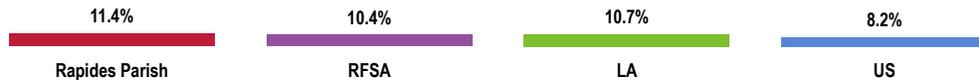
Birth Outcomes & Risks

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.

Infant Mortality Trends
(Annual Average Infant Deaths per 1,000 Live Births)
Healthy People 2030 = 5.0 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
— Rapides Parish	6.3	5.7	6.1	6.0	5.6	6.0	6.1	6.8
— LA	8.4	8.3	8.3	7.9	7.6	7.5	7.5	7.7
— US	6.0	5.9	5.9	5.9	5.8	5.7	5.6	5.5

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 three-year 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.

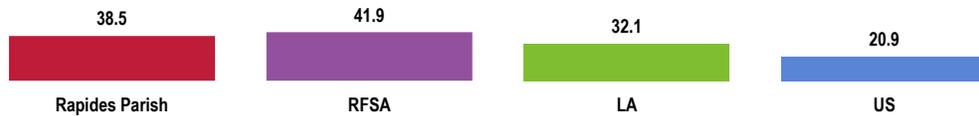
– Healthy People 2030 (<https://health.gov/healthypeople>)



Births to Adolescent Mothers

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

Teen Birth Rate (Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2013-2019) Healthy People 2030 = 31.4 or Lower

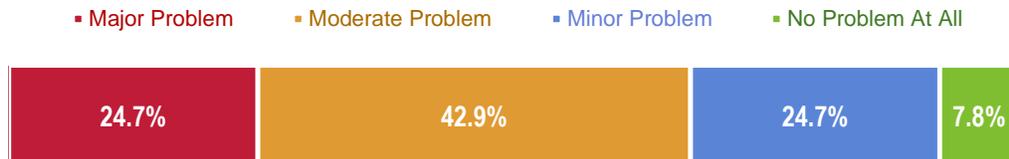


- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
 - US Department of Health and Human Services. Healthy People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

Perceptions of Infant Health and Family Planning as a Problem in the Community (Key Informants, 2021)



- 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:

Contributing Factors

Our community has extremely limited access to family planning agencies. This lack of access to services is further compounded by the religious culture of our community and creates a situation that is difficult to deal with. It leads to lack of access to accurate and useful information for those that need it the most. Many of our young people are not educated about the options that exist for proper family planning and don't have the adequate support to properly handle an unexpected or unplanned pregnancy. Additionally, our community often doesn't seek appropriate prenatal care during the early parts of pregnancy leading to less than ideal health outcomes for children in our region. – Social Services Provider (Rapides Parish)



I believe that for many it is a cultural norm to have several children and often at an early age. There is also a lack of education regarding birth control as well as access to birth control. Many children do not receive proper health care at an early age. This is critical for healthy development. – Social Services Provider (Rapides Parish)

Access to Care/Services

No access to prenatal care, access is slim to other alternatives. – Social Services Provider (Rapides Parish)

Poverty

With the rate of poverty, low income jobs, the need for infant health and family planning is critical. – Social Services Provider (Rapides Parish)

Birthing Options

Too many C-sections instead of doctors and medical staff being patient for natural births. – Social Services Provider (Rapides Parish)

Awareness/Education

Lack of education and understanding of the long term responsibility of having a child. – Community Leader (Rapides Parish)

Incidence/Prevalence

The number of children entering CASA and the Foater home system. – Social Services Provider (Rapides Parish)

Nutrition

Nutrition for infants and toddlers are critical during formative years. – Community Leader (Rapides Parish)

Teen Pregnancy

High rate of teen pregnancy. – Social Services Provider (Rapides Parish)

Unplanned Pregnancy

Too many unwanted children. – Community Leader (Rapides Parish)



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?”

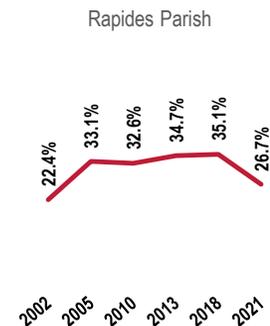
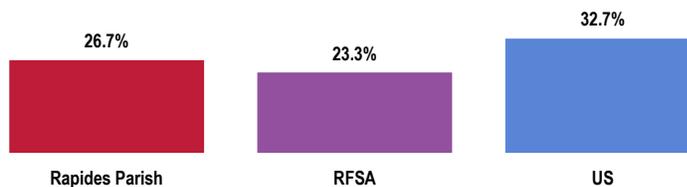
“How many servings of vegetables did you have yesterday?”

“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



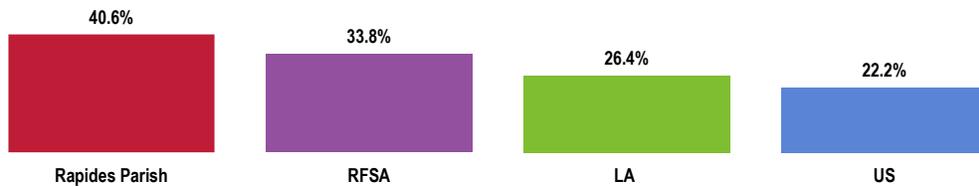
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 125, 323]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● For this issue, respondents were asked to recall their food intake on the previous day.



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?”

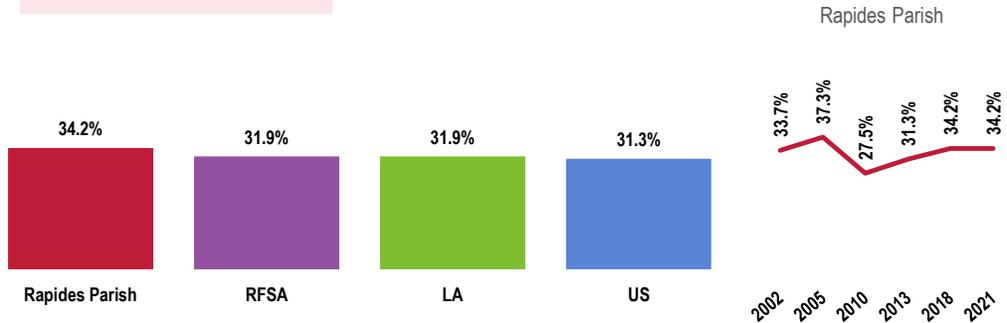
“During the past 12 months, has a doctor, nurse, or other health professional asked you about or given you advice regarding physical activity or exercise?”



No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.2% or Lower

40.8% 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.



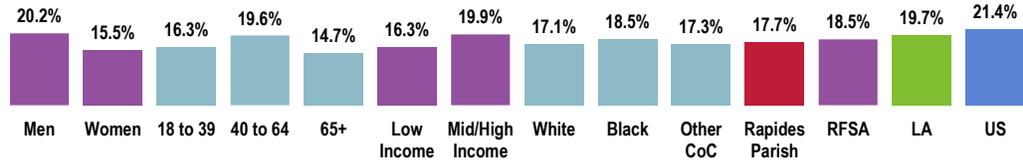
Respondents were also asked about strengthening exercises:

“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 both aerobic and strengthening activity:

- Aerobic activity is at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous physical activity, or an equivalent combination of both;
- Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.

Meets Physical Activity Recommendations (Rapides 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:

- 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. [Items 159]
 Notes: • Asked of all respondents.

Children’s Physical Activity

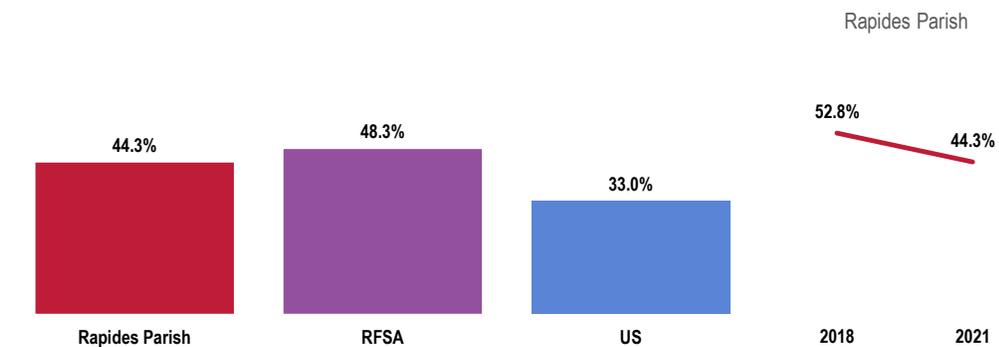
CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

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)



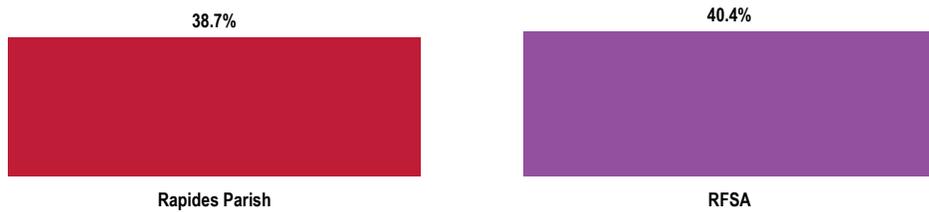
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 109]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children age 2-17 at home.
 • Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.



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 (Rapides Parish Children Age 2-17; 2021)

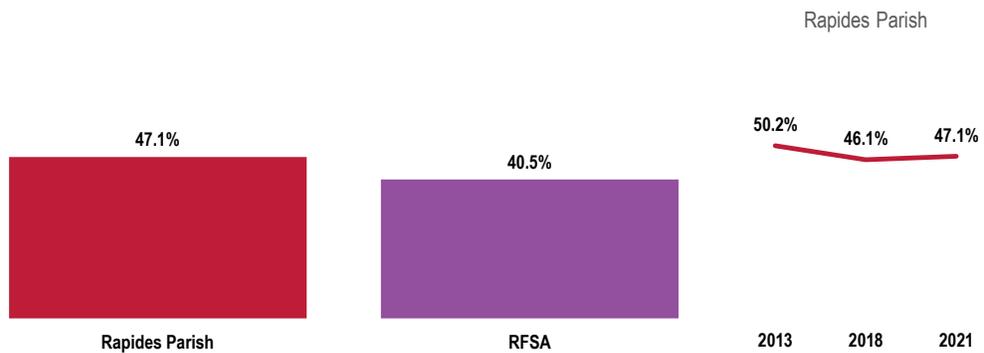


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 349]
 Notes: • Asked of all respondents with children age 2-17 at home.
 • In this case, the term “screens” includes TV programming, video games, cell phones, and other electronic devices.

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

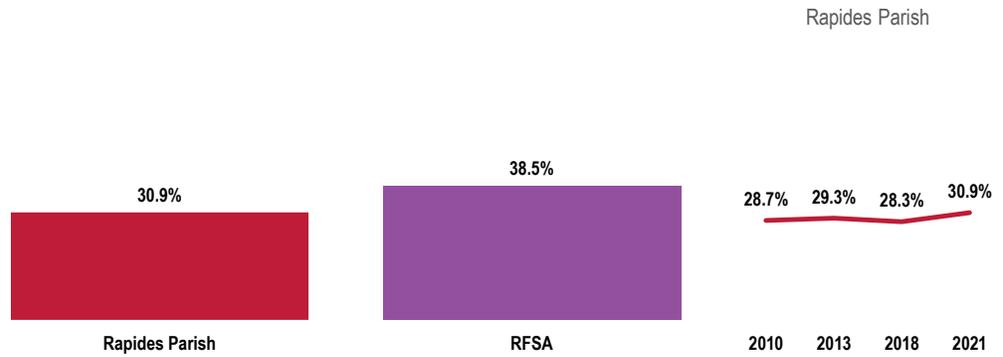


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 325]
 Notes: • Asked of all respondents.



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

“Fair” or “Poor” Evaluations of the Availability of Opportunities to Participate in Physical Activity in the 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 (m²). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m² and obesity as a BMI ≥30 kg/m². The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m². The increase in mortality, however, tends to be modest until a BMI of 30 kg/m² is reached. For persons with a BMI ≥30 kg/m², mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m².

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

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?”**



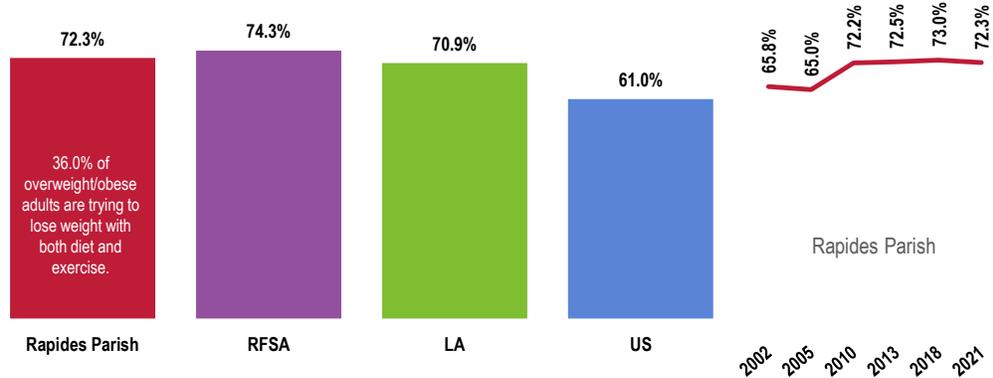
“Are you now trying to lose weight?”

“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?”

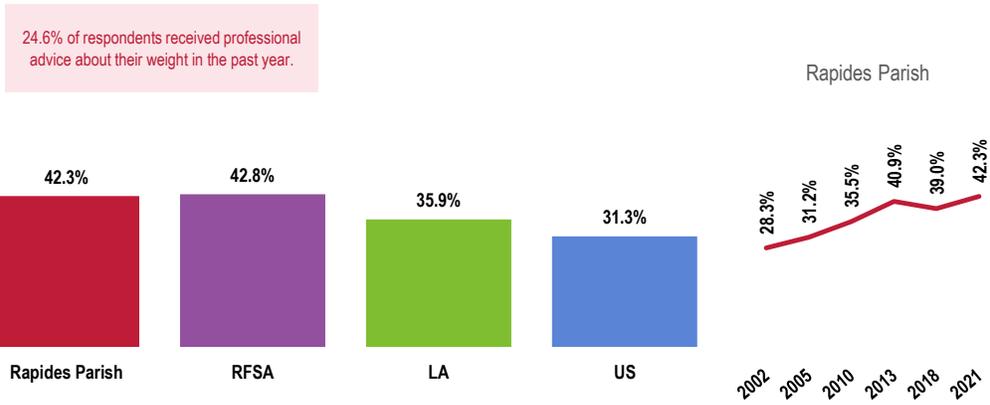
Prevalence of Total Overweight (Overweight and Obese)



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



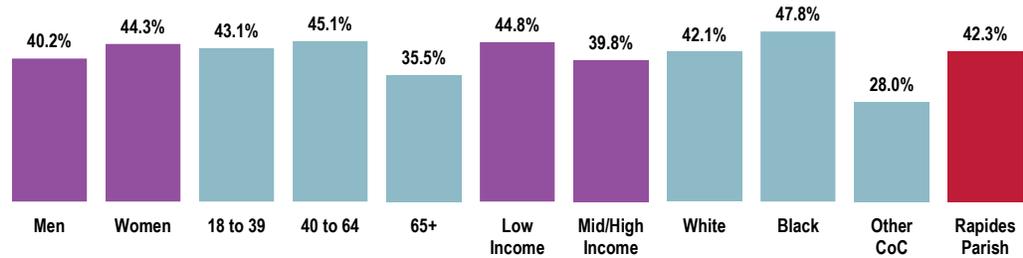
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 128, 330]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
• 2020 PRC National Health 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 (Rapides Parish, 2021)

Healthy People 2030 = 36.0% or Lower



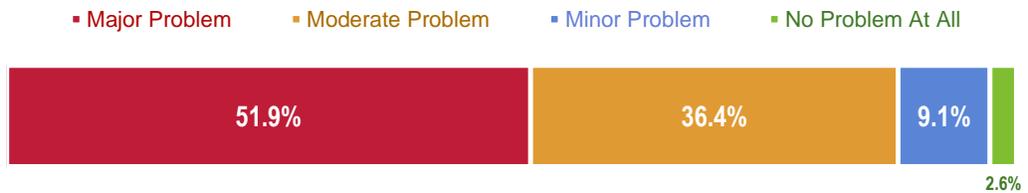
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 128]
 • US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>

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.

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

Contributing Factors

Lack of personal concern about nutrition, physical activity and weight, lack of resources to purchase healthy food, family history and experience. – Social Services Provider (Rapides Parish)

Fast foods, lack of education, lack of recreation. – Community Leader (Rapides Parish)

Fast food is everywhere and easy to access but is not good for you. Good nutrition often requires transportation to stores that may be out of “walking” area. Good nutrition often takes a little more work like in meal planning and cooking. Exercise for many is not a high priority. Many don't know what to do and often even walking outside is a challenge for some and may not be a safe thing to do. – Social Services Provider (Rapides Parish)

Prepared healthy food options easily available, limited recreation and exercise offerings for adults, work life balance. – Social Services Provider (Rapides Parish)

Affordable healthy foods, personal motivation, lack of exercise. – Public Health Representative (Rapides Parish)



The culture of Louisiana. Foods available. Laziness. Cultural acceptance of obesity. Lack of self-respect. – Social Services Provider (Rapides Parish)

This problem exists for the whole of our community. Our culture exists around food and much of that food isn't exactly nutritious. This combined with excessive poverty rates and inadequate access to healthy foods leads many of our residents to a life of obesity and other nutrition related health problems (diabetes, heart disease, stroke). There is also a lack of access to outdoor recreational activities in our area. We have a few walking tracks and there are parks with playgrounds, but many people don't feel particularly safe in those places. There has always been a severe lack of variety and a lack of amenities that I often see in other places when I visit. More outdoor activities should be provided to our youth so that they can create a lifestyle surrounded by physical activity (public rock climbing wall, bike paths or mountain bike parks, public kayaking or paddling, public swimming areas, and many, many more). – Social Services Provider (Rapides Parish)

Culture and lack of recreational activities that require or encourage movement. – Social Services Provider (Rapides Parish)

Lack of education, unemployment, poverty, poor diet. – Community Leader (Rapides Parish)

Lack of motivation and access to nutritious food. The cost of nutritious food vs foods high in sodium. Eating out convenience vs home cooked meals. – Community Leader (Rapides Parish)

Weather. Community support. Education. – Social Services Provider (Rapides Parish)

The climate makes it very difficult to walk exercise outside for 8 months out of the year. The few parks do not have particular attractions to draw people there - just large, unshaded open spaces. Also, there are many, many fast food restaurants that sell unhealthy foods, but affordable for people that are concerned about budget. – Social Services Provider (Rapides Parish)

Nutrition

Food deserts and lifestyles that do not include adequate nutrition and or exercise regimes. – Other Health Provider (Rapides Parish)

Nutrition. Too much fast food, not enough fruits/veggies/protein, lack of education/awareness. Physical activity: sedentary lifestyles, too busy/tired, think it has to be overdone to be effective. Weight; high obesity and overweight individuals. – Community Leader (Rapides Parish)

People eat too much and exercise too little. – Social Services Provider (Rapides Parish)

Poor diet and lack of exercise. All you can eat mentality. – Social Services Provider (Rapides Parish)

Obesity

A high percentage of people in our area are overweight and lack of interest to control issue until it is too late. – Other Health Professional (Rapides Parish)

Obesity and inactivity. – Other Health Provider (Rapides Parish)

Obesity. – Social Services Provider (Rapides Parish)

Thirty percent overweight, 30% obesity. – Public Health Representative (Rapides Parish)

Obesity statistics and limited access to healthy choices. – Social Services Provider (Rapides Parish)

Access to Affordable Healthy Food

Availability of fresh fruits and vegetables. There are no supermarkets in the low-income areas and small towns. Their residents have to resort to convenient stores and Dollar General stores. – Social Services Provider (Rapides Parish)

Most of the city doesn't have access to fresh fruits and veggies. – Community Leader (Rapides Parish)

The ability of low-income families to provide nutritious meals. Costs are a factor. – Social Services Provider (Rapides Parish)

Cultural/Personal Beliefs

Cultural. – Physician (Rapides Parish)

Our great Louisiana culture is built around food and alcohol, festivals etc., If you live a sedentary lifestyle this way of life catches up. Healthy unprocessed foods are expensive, so with our median income level people develop poor eating habits at a young age. – Community Leader (Rapides Parish)

Awareness/Education

Education and will power. – Social Services Provider (Rapides Parish)

Lifestyle

Unhealthy lifestyles. – Social Services Provider (Rapides Parish)

Lack of desire on the part of the person to take responsibility for their own health. – Community Leader (Rapides Parish)



Substance Abuse

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.

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>)

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 10.9 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
— Rapides Parish	7.6	9.2	9.6	9.5	9.8	9.6	10.7	11.4
— LA	8.7	9.4	10.0	10.0	10.1	9.7	9.6	9.8
— US	10.0	10.4	10.6	10.8	10.8	10.9	11.1	11.9

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 2020. <http://www.healthypeople.gov>



Excessive Drinking

“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?”

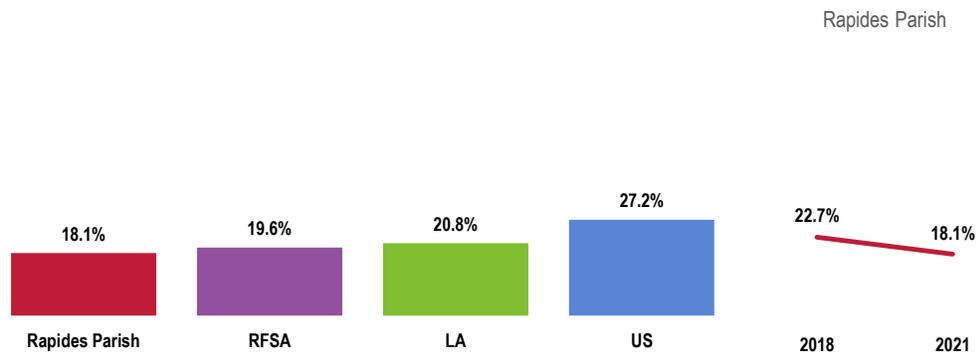
“On the day(s) when you drank, about how many drinks did you have on the average?”

“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 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.

Excessive Drinkers



Sources:

- 2021 PRC Community Health Survey, PRC, Inc. [Item 136]
- 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.
- 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.

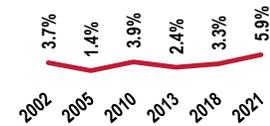
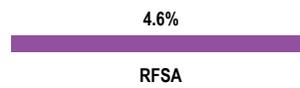
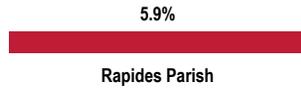


“During the past 30 days, how many times have you driven when you’ve had perhaps too much to drink?”

“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

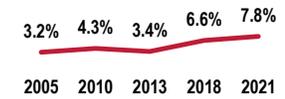
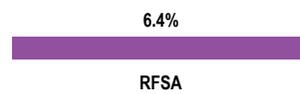
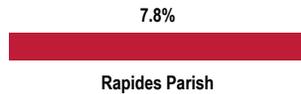
Rapides Parish



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

Rapides Parish



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

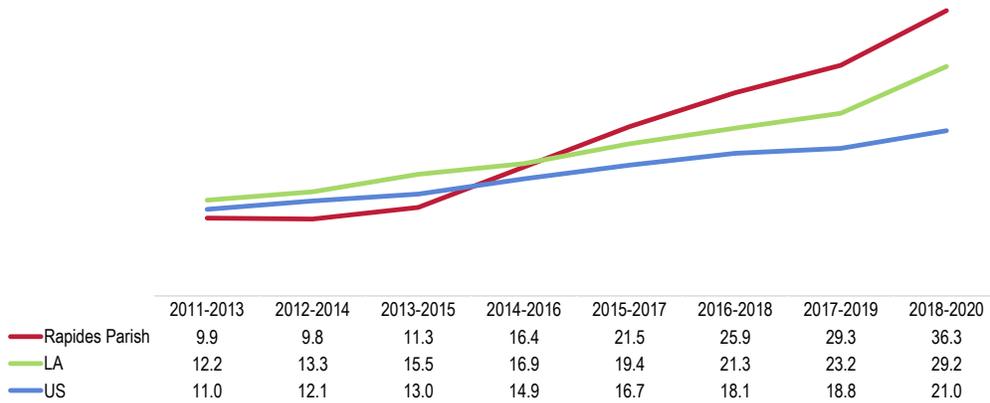


Drugs

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
(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

“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

Rapides 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.

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.

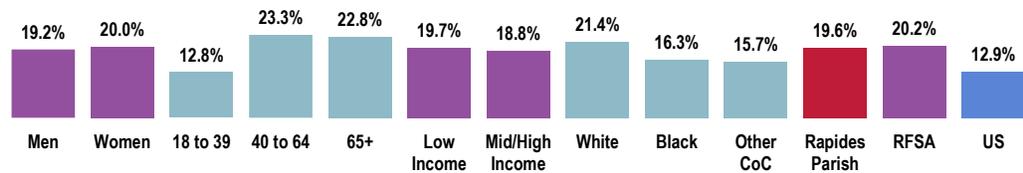


Use of Prescription Opioids

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 (Rapides Parish, 2021)



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

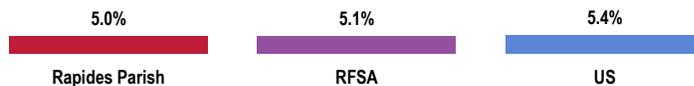
Notes: • Asked of all respondents.

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

Rapides 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:

Perceptions of Substance Abuse as a Problem in the Community (Key Informants, 2021)



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:

Contributing Factors

- No facilities and easy access to drugs. – Community Leader (Rapides Parish)
- Lack of treatment facilities and unwillingness of individuals suffering from substance abuse to seek treatment. In addition, no one seems to be addressing the number of substance abusers now on the streets of Alexandria, especially in downtown Alexandria, the Bolton Avenue area, Jackson Street extension, and the low-income areas of the community. We seem to be content in letting individuals suffering from substance abuse just roam the streets. – Other Health Provider (Rapides Parish)
- Lack of resources and peoples' desire to get help. – Other Health Professional (Rapides Parish)
- Lack of ease identifying and locating services for those mentally capable of understanding and responding.
- Training needed for police and other community service workers related to identifying and appropriate response and communication techniques for getting the individual needed services. WAY too easy access to obtaining the drugs. (Unlimited supply, seemingly!) - Public Health Representative (Rapides Parish)
- Cost, admitting that there is a problem and actually wanting to get treatment. – Social Services Provider (Rapides Parish)
- Cost and inability to change their lifestyle. – Community Leader (Rapides Parish)
- Longleaf Hospital is the best resource. They provide MAT treatment inpatient and outpatient. The barrier is getting people to seek treatment. Longleaf had a national patient satisfaction ranking of 91% in 2020, so patients who are treated there tend to find sobriety from alcohol and substances long-term. – Other Health Provider (Rapides Parish)
- Stigma toward those who suffer from substance use disorder. Lack of beds at in-patient treatment settings. Lack of support for families of those with the disease. Lack of training with law enforcement when handling issues with people with SUD. Lack of empathy by health care providers - Social Services Provider (Rapides Parish)
- Transportation and knowledge of help available. – Social Services Provider (Rapides Parish)
- It seems to be so prevalent that I'm not sure any one program could address it. The normalization of marijuana is a major long-term issue that will have far-reaching impact on people's lives. Aside from illicit drugs, there seems to be a large number of people on prescription pain killers. All of this creates a lack of ambition and productivity, which leads to joblessness, which leads to more despair. This might be the biggest challenge of all. – Social Services Provider (Rapides Parish)
- Lack of funds, unemployment, uneducated, poverty. – Community Leader (Rapides Parish)
- This issue isn't specific to our area or community. The nationwide success rate for all treatment programs falls somewhere between 5 and 10%. Most of the issues raised in this survey are exacerbated by our heightened levels of poverty found throughout Central Louisiana. There is a stigma surrounding mental health and substance abuse treatment both in our area and nationwide. – Social Services Provider (Rapides Parish)

Awareness/Education

- Mentorship by continuation. – Social Services Provider (Rapides Parish)
- Education. Support. Mental illness. – Social Services Provider (Rapides Parish)
- We need substance abuse classes in our schools, as well as our colleges. – Social Services Provider (Rapides Parish)



I think the main barrier is lack of education on how to seek help, the signs you need help, and again a lower economic community seems to gravitate to drug use. – Community Leader (Rapides Parish)

Lack of awareness, lack of compliance to treatment, lack of desire to get treatment, do not know how to stop drug use. – Community Leader (Rapides Parish)

Access to Care/Services

Accessibility. – Social Services Provider (Rapides Parish)

Adequate drug treatment facilities and resources, including education. – Social Services Provider (Rapides Parish)

Finding a bed in a treatment facility in a timely fashion in order to do intervention. – Social Services Provider (Rapides Parish)

Lack of resources. – Other Health Provider (Rapides Parish)

There are not enough places for treatment and very few insurances pay for inpatient treatment. – Other Health Provider (Rapides Parish)

Follow-Up/Support

I wish I had a good answer. So many factors lead to substance abuse. One area of concern is the attempt to assimilate, or easy them back into society. We have a group that meets each Monday, and the program has grown tremendously and now averages around 75 in attendance. They have approached me about an additional program to house and prepare these individuals for reintroducing them into society. The village of McNary would provide the land and utilities and this group would provide management and leadership if an agency could provide the capital to build such a facility. – Community Leader (Rapides Parish)

Denial/Stigma

The stigma associated with it and people not really wanting to get help. – Other Health Provider (Rapides Parish)

Personal responsibility. Stigma/stereotyping. – Social Services Provider (Rapides Parish)

Unwillingness of the abuser to seek help or treatment. – Social Services Provider (Rapides Parish)

Affordable Care/Services

No affordable resources available for addictive disorders. – Public Health Representative (Rapides Parish)

Cost, availability. – Community Leader (Rapides Parish)

Lifestyle

Lack of interest in accessing needed substance abuse treatment. – Social Services Provider (Rapides Parish)

Lack of interest and not enough revenue to support. – Physician (Rapides Parish)

Easy Access

Continued access to drugs and alcohol. – Community Leader (Rapides Parish)

Access. – Other Health Provider (Rapides Parish)

Incidence/Prevalence

High levels of abuse and overdose deaths. – Public Health Representative (Rapides Parish)

Alcohol. – Community Leader (Rapides Parish)

Social Norms/Community Attitude

Substance abuse is more and more acceptable by society, no shame, break down in the traditional family values!
- Community Leader (Rapides Parish)

Diagnosis/Treatment

The quickness to medicate patients, the lack of treatment and inability to recognize substance abuse. – Social Services Provider (Rapides Parish)

Insurance Issues

Poor health insurance and the cost of treatment. – Social Services Provider (Rapides Parish)



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.

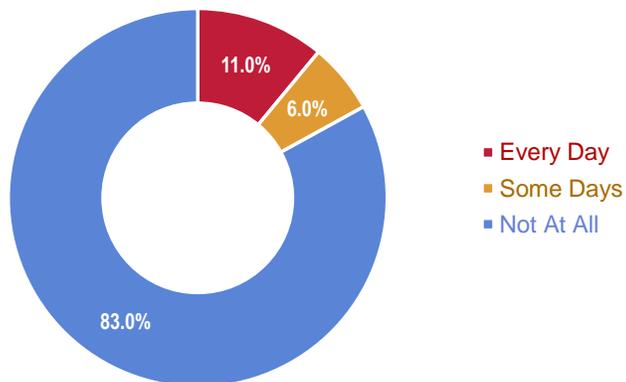
– Healthy People 2030 (<https://health.gov/healthypeople>)

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
(Rapides Parish, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 40]
Notes: • Asked of all respondents.

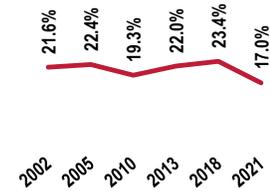
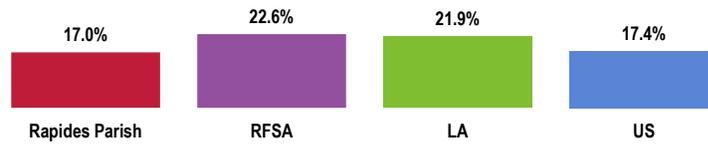


Current Smokers

Healthy People 2030 = 5.0% or Lower

34.1% of respondents are aware of local services, programs, or classes to help people quit using tobacco or vaping products.

Rapides 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).

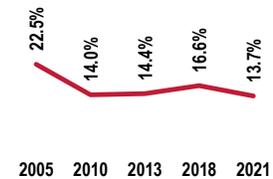
Environmental Tobacco Smoke

“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

Rapides Parish



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

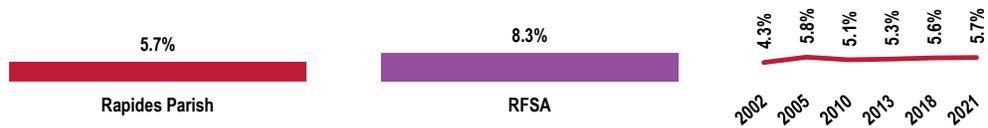
“Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?”

“Current use” includes use “every day” or on “some days.”

Use of Smokeless Tobacco

Healthy People 2030 = 0.2% or Lower

Rapides Parish



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”?”

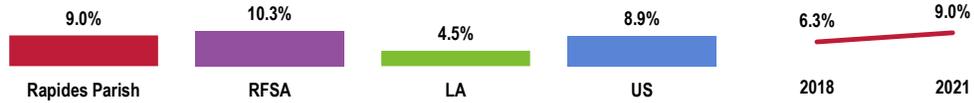
“Current use” includes use “every day” or on “some days.”

“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)

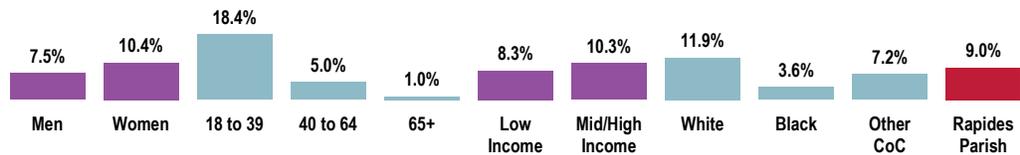
Rapides Parish



- 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 (Rapides Parish, 2021)

41.5% of respondents indicate that "most people in the community believe that adults definitely should not vape."



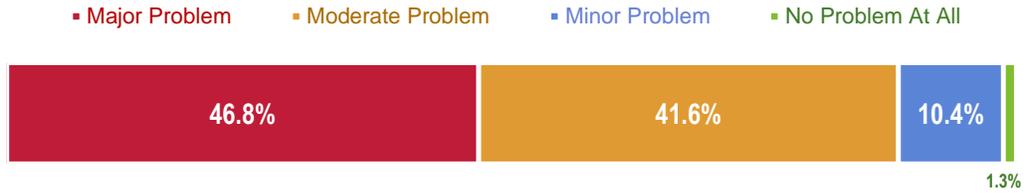
- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Items 135, 316]
- Notes:
- Asked of all respondents.
 - Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).



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.

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

Incidence/Prevalence

- High percentage of smokers. – Social Services Provider (Rapides Parish)
- Too many smokers. – Community Leader (Rapides Parish)
- High rates of tobacco use. – Public Health Representative (Rapides Parish)
- Because most adults in our facility smoke to cope. – Social Services Provider (Rapides Parish)
- I still see a lot of people smoking everywhere. – Social Services Provider (Rapides Parish)
- See way too many people smoking, vaping or using chewing tobacco. – Social Services Provider (Rapides Parish)

Contributing Factors

- It is a major problem everywhere and a major contributor to the cost of health insurance coverage. – Social Services Provider (Rapides Parish)
- Low education status, low income levels, lack of family structures. – Community Leader (Rapides Parish)
- Easy to obtain. Based upon cases of lung disease, heart problems, and respiratory issues. – Public Health Representative (Rapides Parish)

Teen/Young Adult Usage

- I see many people smoking when out and about the community, especially among young adults. The reason I believe it's a problem is there is a magnitude of information out there about the health detriments to smoking and yet people still smoke. – Community Leader (Rapides Parish)

Easy Access

- Easily available. – Social Services Provider (Rapides Parish)
- Too easily available. – Community Leader (Rapides Parish)

Impact on Quality of Life

- It appears to be a carcinogen and does not promote individual health. – Community Leader (Rapides Parish)
- People continue to smoke in spite of the risks. – Physician (Rapides Parish)

E-Cigarettes

- More students have been vaping as well as cigarette smoking lately. – Social Services Provider (Rapides Parish)

Awareness/Education

- Education. – Social Services Provider (Rapides Parish)

Alcohol/Drug Use

- High drug use promotes high smoker rate. – Other Health Provider (Rapides Parish)



Cultural/Personal Beliefs

Louisiana has a culture of accepted tobacco use. – Other Health Provider (Rapides Parish)

Lifestyle

People smoke and or use tobacco products and don't want to quit until too late. – Other Health Professional (Rapides Parish)

Sexual Health

HIV

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).

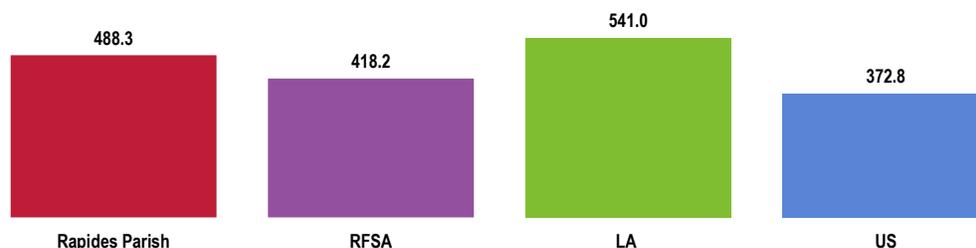
Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

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>)

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

HIV Prevalence
(Prevalence Rate of HIV per 100,000 Population, 2018)



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.



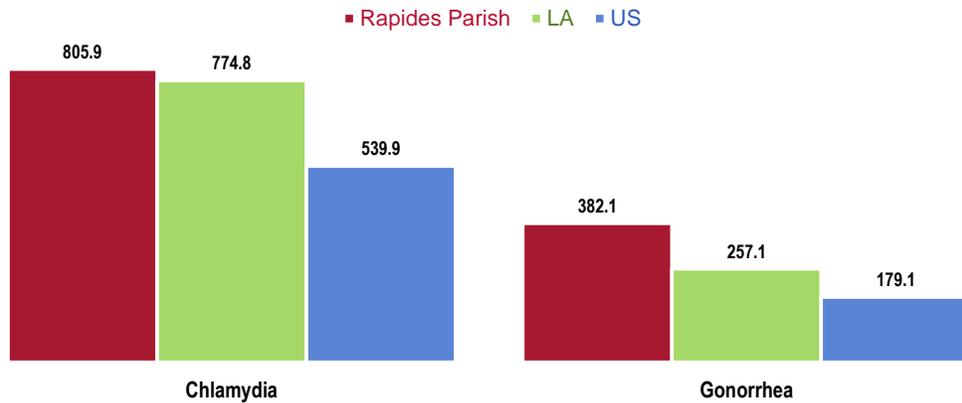
Sexually Transmitted Infections (STIs)

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.

Chlamydia & Gonorrhea Incidence
(Incidence Rate per 100,000 Population, 2018)



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).

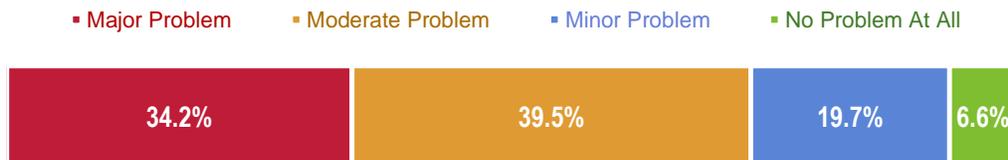
Notes:

- 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:

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



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:

Awareness/Education

Not enough education for after school age adults that do not attend college, they are left alone. – Social Services Provider (Rapides Parish)

There are resources in the community attempting to alleviate some of the sexual health issues in our community, but these issues start long before they are receiving these services. There is a lack of access to adequate sexual education in schools, many people don't receive the appropriate information at home, and due to the religious nature of our area many people aren't comfortable seeking out this information. Additionally, because of the close-knit culture of this region, people fear that their family will discover their sexual health issues if they seek care or treatment for them. This has long been an issue for our area, and it's one that will take a long time to remedy. – Social Services Provider (Rapides Parish)

Lack of education at young age. – Social Services Provider (Rapides Parish)

STD's are rampant, people are not informed or choose to not be informed about sexual health and how to stay safe. – Social Services Provider (Rapides Parish)

Not a lot of sex/health education happening and increase in STDs. – Other Health Professional (Rapides Parish)

Incidence/Prevalence

Stats from LDH Region six indicate that this is a tremendous issue for Rapides parish with specific corridors along Main Street in Pineville and then in Wardville having some of the highest rates. – Social Services Provider (Rapides Parish)

Because we have very high rates of sexually transmitted diseases. – Social Services Provider (Rapides Parish)

High levels of syphilis, chlamydia, HIV. – Public Health Representative (Rapides Parish)

Based on statistics from Louisiana Office of Public Health. – Public Health Representative (Rapides Parish)

Central Louisiana ranks very high nationally for STDs. – Community Leader (Rapides Parish)

Highest rate of syphilis in the state. – Community Leader (Rapides Parish)

High rate of STDs. – Social Services Provider (Rapides Parish)

Diagnosis/Treatment

Our area has a high rate of STDs, including Hep C and HIV. Many people do not realize that they have the disease until they show symptoms. – Social Services Provider (Rapides Parish)

Access to Care/Services

STDs are very high in our community with very limited access for treatment other than the health unit. – Other Health Provider (Rapides Parish)

LGBTQ Population

Important due to LGTBQ population and being sequestered during the pandemic. – Social Services Provider (Rapides Parish)

Cultural/Personal Beliefs

Lack of morality. Influence of popular culture, i.e. hip hop. – Social Services Provider (Rapides Parish)



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.

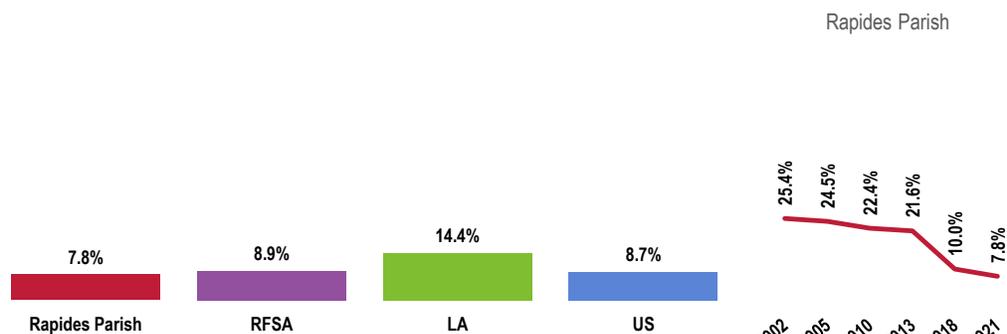
“Do you have any government-assisted healthcare coverage, such as Medicare, Medicaid (or another state-sponsored program), or VA/military benefits?”

“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).

Lack of Health Care Insurance Coverage (Adults Age 18-64)

Healthy People 2030 = 7.9% or Lower

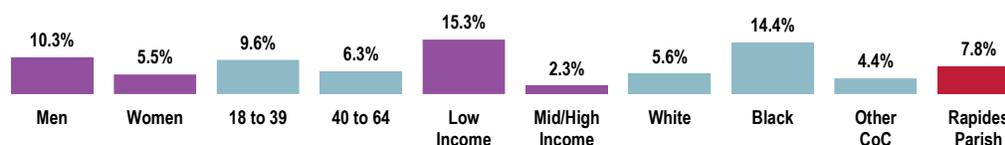


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 137]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
 • 2020 PRC National Health Survey, 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; Rapides 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?”

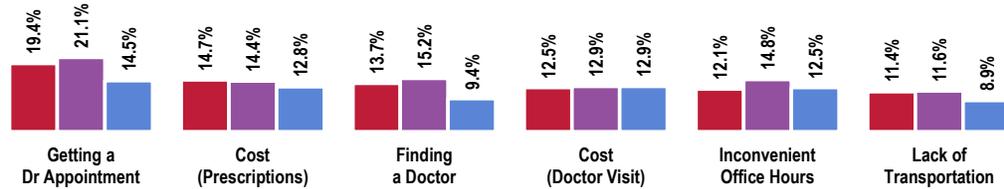
“Was there a time in the past 12 months when you needed a prescription medicine, but did not get it because you could not afford it?”

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

■ Rapides Parish ■ RFSA ■ US



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.

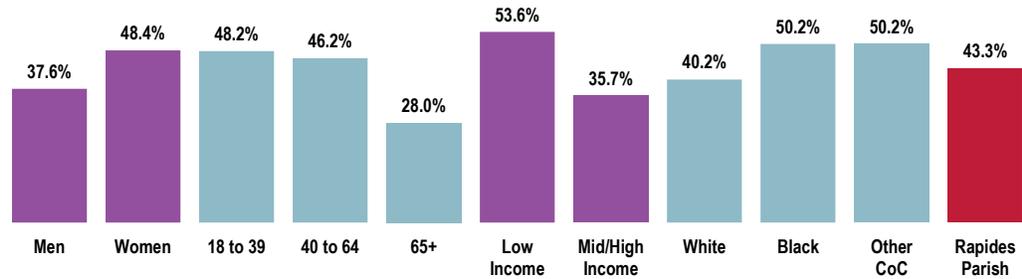
Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



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 (Rapides 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)

Rapides Parish



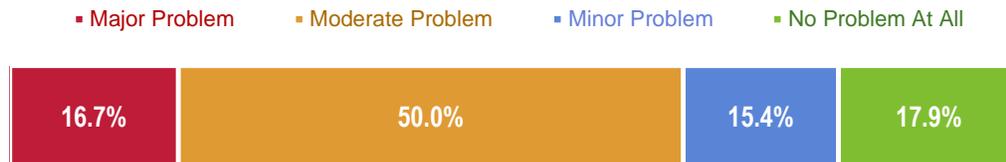
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 104]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.



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:

Perceptions of Access to Health Care Services as a Problem in the Community (Key Informants, 2021)



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:

Contributing Factors

No rural medical facilities outside of Rapides Parish. Transportation to the facilities. Cost for both, as underinsured drain the system and insured are unable to meet high deductibles. – Community Leader (Rapides Parish)

I believe that the lack of low-cost medical, dental, vision as well as mental health providers is a challenge. Transportation to health care providers is also an issue. For those who do not receive state funded medical insurance, deductibles and out of pocket costs are often costly. – Social Services Provider (Rapides Parish)

Transportation is an issue, particularly with the elderly. Prescription drug prices are astronomical and places a great burden on low income and marginalized people. – Social Services Provider (Rapides Parish)

Awareness of available services. Preventive care. Health insurance options. – Community Leader (Rapides Parish)

Preventive health and reliable transportation. – Social Services Provider (Rapides Parish)

There aren't enough doctors here and the price for insurance is so expensive. – Community Leader (Rapides Parish)

Affordable Care/Services

Health care is expensive and there are no affordable or even free services for people who cannot afford insurance to utilize. – Social Services Provider (Rapides Parish)

Access to health care, especially for low-income people is a huge problem. The number of providers that accept Medicaid limits access even further. – Social Services Provider (Rapides Parish)

Access to Care/Services

Lack of facilities in area, there are empty buildings that could be torn down and an Urgent Care facility put there. – Social Services Provider (Rapides Parish)

Insurance Issues

Local health providers not being members of many of the health insurance provider groups, making it hard for local patients to not have to pay larger out of pocket expenses when using local doctors, surgery centers, pharmacies, etc. – Social Services Provider (Rapides Parish)

Lack of Specialty Care

Gastrointestinal care in our region. Insufficient number of practitioners, resulting in insufficient access to diagnosis and treatment. – Community Leader (Rapides 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.

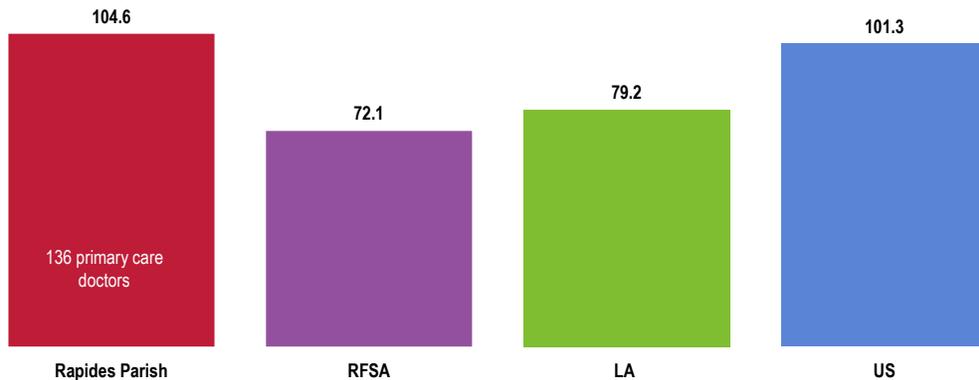
Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

– 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.

Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2021)



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.

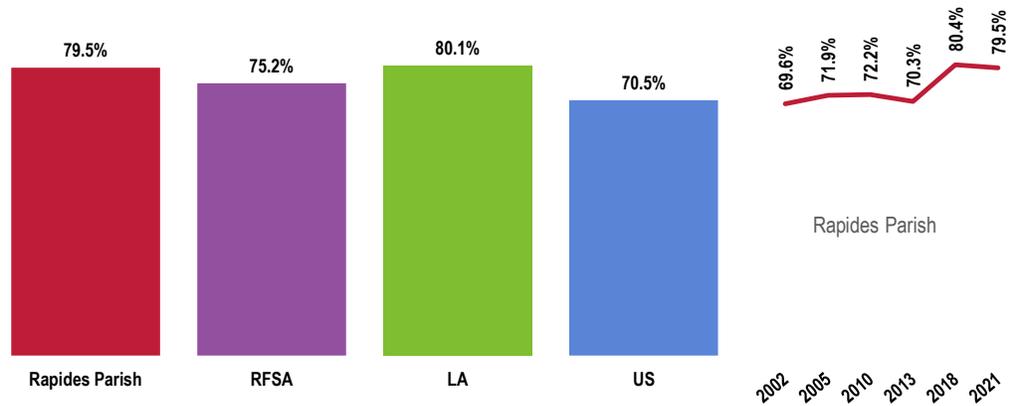


Utilization of Primary Care Services

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?”

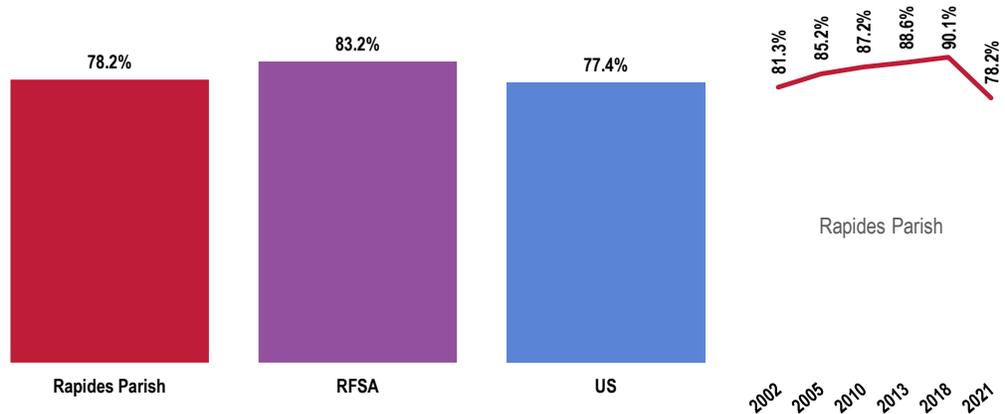
Have Visited a Physician for a Checkup in the Past Year



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.

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



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.

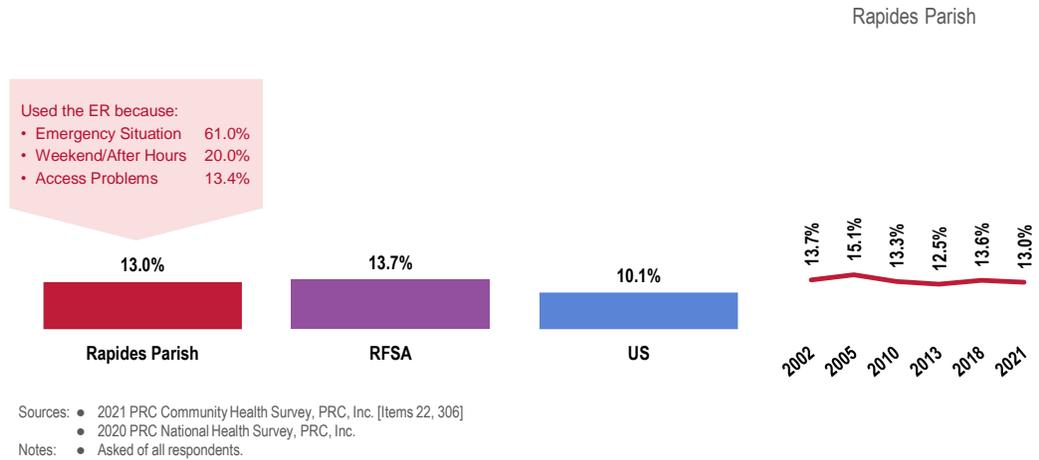


Utilization of Emergency Services

“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?”

Have Used a Hospital Emergency Room More Than Once in the Past Year



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>)



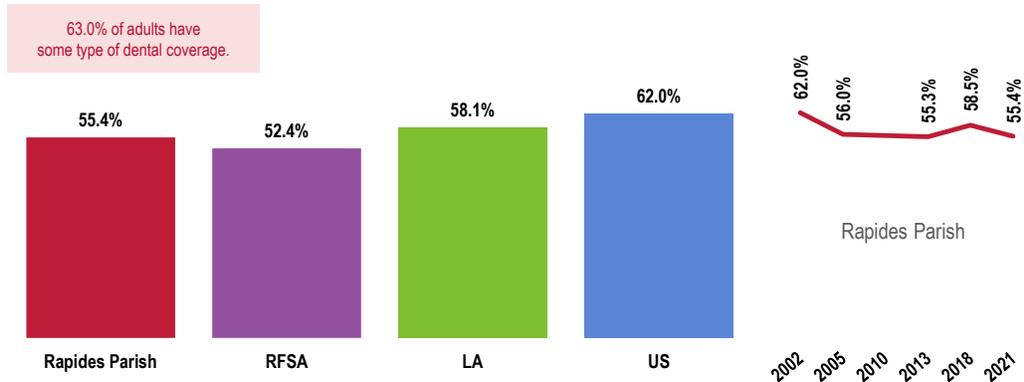
Dental Care

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

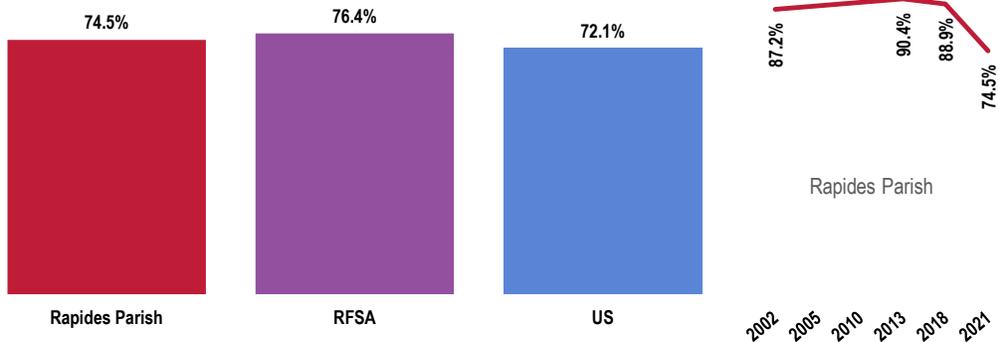


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 20, 21]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Louisiana data.
 • 2020 PRC National Health 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



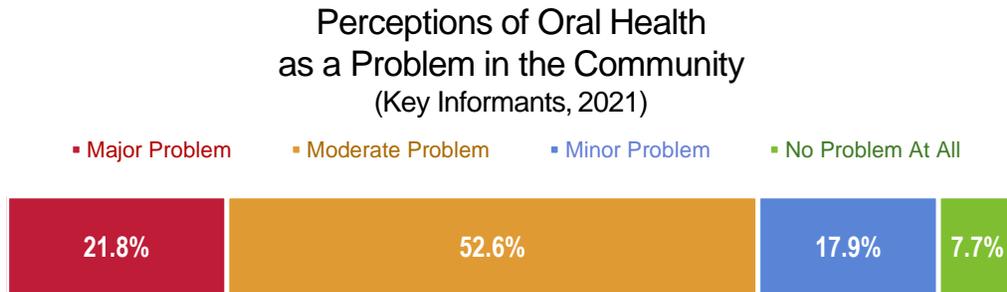
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 108]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

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.

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

Contributing Factors

Money. Education. – Social Services Provider (Rapides Parish)

This is part of a larger issue with overall health. There are a number of factors that contribute to this, most of which can be attributed to poverty. Many people in our area don't understand the connection between oral health and overall health. – Social Services Provider (Rapides Parish)

Many people, even those with health insurance cannot afford dental insurance and it is often expensive with limited advantages. It is often difficult to find a dentist locally who will just pull a tooth. Patients are often referred to a specialist for this service. Elementary school teachers often report that many of their students suffer from poor oral health. – Social Services Provider (Rapides Parish)

Access for Medicare/Medicaid Patients

Medicaid and the Veterans Administration does not pay for the majority of dental work needed. People cannot afford the high cost of dental care. Due to unaffordability, people delay getting dental care until they have a major problem. – Public Health Representative (Rapides Parish)

Medicaid doesn't cover preventive maintenance on health plans. No cleanings, x-rays or cavities fillings are covered. Only an exam for adult dentures is covered. – Social Services Provider (Rapides Parish)

Access to Care for Uninsured/Underinsured

People don't have dental insurance and even those that do, don't routinely use. – Other Health Professional (Rapides Parish)

Most low-income adults don't have dental insurance, therefore they are treated at clinics on an emergency basis, which often end in tooth extraction and not annual screenings and cleanings. – Social Services Provider (Rapides Parish)

Awareness/Education

Lack of education or understanding of the importance of oral health beginning at a young age. – Social Services Provider (Rapides Parish)

Access to Care/Services

Poor access. – Physician (Rapides Parish)

Affordable Insurance

Lack of low-cost health insurance. – Social Services Provider (Rapides Parish)

Affordable Care/Services

Dental care is too expensive, so people go without fixing their teeth. – Community Leader (Rapides Parish)



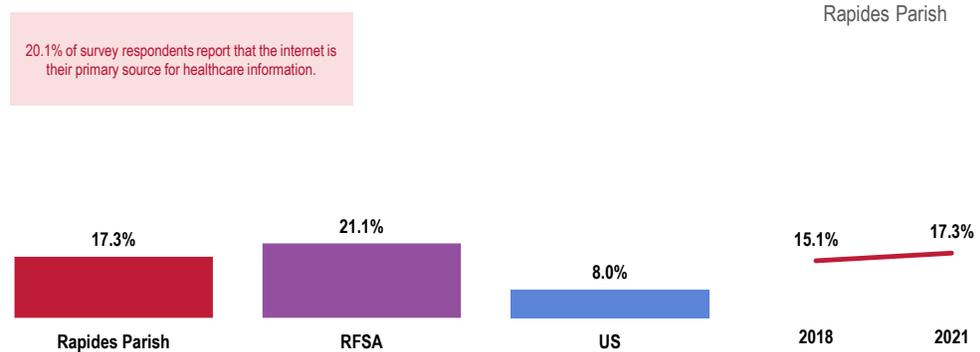
LOCAL RESOURCES

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?”

Perceive Local Health Care Services as “Fair/Poor”



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 Health Care Services

- Cabrini Health Center
- Cabrini Hospital
- CHRISTUS Health Systems
- CLASS
- Community HealthWorx
- Doctor's Offices
- Federally Qualified Health Centers
- Freedman Clinic
- Health Department
- Health Unit
- Higher Heights Outreach
- Hospitals
- Huey P. Long Clinic
- Incarinate Word
- Longleaf Behavioral Hospital
- Louisiana Healthcare Connections
- Office of Public Health
- Public Transit System
- Rapides Primary Health Care
- Rapides Regional Medical Center
- Re-Entry Solutions
- Urgent Care Center
- VA Hospital

Cancer

- American Cancer Society
- Cabrini Cancer Center
- Cabrini Hospital
- Cancer Center
- CHRISTUS St. Frances Cabrini Hospital
- Doctor's Offices
- Health Department
- Hospitals
- Huey P. Long Clinic
- LSU Feist-Weiller
- Rapides Breast Center
- Rapides Foundation
- Rapides Foundation Healthy Lifestyles Program
- Rapides Parish Health Unit
- Rapides Regional Cancer Center

- Rapides Regional Medical Center
- School System
- Susan B. Komen Breast Cancer Association
- Tobacco Free Living

Chronic Kidney Disease

- CHRISTUS Health Systems
- Community Clinics
- Community HealthWorx
- Dialysis Center
- Doctor's Offices
- Federally Qualified Health Centers
- Fresenius
- Hospitals
- Incarinate Word
- Rapides Regional Medical Center

Coronavirus

- American Heart Association
- Central Louisiana Human Services District
- CHRISTUS Health Systems
- CHRISTUS St. Frances Cabrini Hospital
- Churches
- Community Clinics
- Community HealthWorx
- Community Leaders
- CVS
- Department of Health and Hospitals
- Doctor's Offices
- Education and Awareness
- Federally Qualified Health Centers
- Health Department
- Health Unit
- Hospitals
- Huey P. Long Clinic
- Louisiana Department of Health
- LSU Strike Team
- Masks are Sold Everywhere
- Media
- National Guard
- Office of Public Health
- Parish Health Facilities



- Parks and Recreation
- Pharmacies
- Physical Therapy
- Rapides Foundation
- Rapides Parish Health Unit
- Rapides Primary Health Care
- Rapides Regional Medical Center
- Religious Organizations
- Resources for Individuals and Families
- School System
- Sleeve's Up Avoyelles
- State Vaccine Equity Project
- Testing Sites
- The Power Coalition
- TREE House
- United Way of Central Louisiana
- Urgent Care Center
- Vaccinations
- Walgreens

- Huey P. Long Clinic
- Incarinate Word
- LDH Well-Ahead Well-Spots Program
- Legacy Clinic
- Library
- Longleaf Behavioral Hospital
- MLK Healthcare Clinic
- Parks and Recreation
- Rapides Foundation
- Rapides Foundation Healthy Lifestyles Program
- Rapides Parish Health Unit
- Rapides Primary Health Care
- Rapides Regional Medical Center
- Red Cross
- Religious Organizations
- Urgent Care Center
- VA Hospital
- YWCA

Dementia/Alzheimer's Disease

- Alzheimer's Association
- Alzheimer's Care Facilities
- Churches
- Day Programs
- Doctor's Offices
- Library
- NARFE Alzheimer's Research Program
- Nursing Homes
- Rapides Regional Medical Center

Disabilities

- Caring Choices
- Central Louisiana Human Services District
- Community Clinics
- Community HealthWorx
- Covered by Medicare and Secondary Insurance
- Doctor's Offices
- Federally Qualified Health Centers
- Hospitals
- Medicaid
- Opioid Coordinator
- Pain Management Clinic
- Rehab Centers
- Spas/Massage Salons
- YWCA

Diabetes

- American Diabetes Association
- Cabrini Health Center
- Cabrini Hospital
- CHRISTUS Health Systems
- CHRISTUS St. Frances Cabrini Hospital
- CMAP
- Community Clinics
- Community Health Center
- Community HealthWorx
- Diabetes Association
- Doctor's Offices
- Federally Qualified Health Centers
- Fitness Centers/Gyms
- Food Bank
- Freedman Clinic
- Good Food Project
- Health Department
- Health Unit
- Healthy Lifestyle
- Hospitals

Heart Disease

- American Heart Association
- American Heart Society
- Cabrini Hospital
- CHRISTUS Health Systems
- CHRISTUS St. Frances Cabrini Hospital
- Community Clinics
- Community HealthWorx
- Doctor's Offices
- Education and Awareness
- Farmer's Market
- Federally Qualified Health Centers
- Fitness Centers/Gyms
- Freedman Clinic
- Health Department



- Healthy Community Coalitions
- Healthy Lifestyle
- Hospitals
- Incarnate Word
- MLK Healthcare Clinic
- Parish Health Initiatives
- Parks and Recreation
- Rapides Foundation
- Rapides Foundation Healthy Lifestyles Program
- Rapides Regional Medical Center
- Wellness Centers

- Mayors and City Councils
- Mental Health Services
- Mentor Program
- Methadone Clinics
- Neighborhood Associations
- Neighborhood Groups
- Neighborhood Watch Programs
- Police Department
- Private Security
- Psychiatric Hospitals
- Rapides Foundation
- Rapides Parish Domestic Violence Office
- Rapides Parish School System
- Rapides Parish Sheriff's Office
- Rapides Regional Medical Center
- Rapides Urgent Care
- Re-Entry Program
- Re-Entry Solutions
- Salvation Army
- School System
- Stop the Violence
- Substance Abuse Services
- The Last Adam Initiative
- Trauma Center
- Urgent Care Center
- VOA
- Youth Centers
- YWCA

Infant Health and Family Planning

- Bureau of Family Health
- CASA
- Central Louisiana Aids Support Services
- Central Louisiana Pregnancy Center
- Community HealthWorx
- Doctor's Offices
- Education and Awareness
- Family Court
- Family Justice Center
- FEMIR - Health Department
- Fostering Families
- Health Department
- Health Unit
- Rapides Parish Health Unit
- Welfare and Housing Programs
- WIC

Mental Health

- Behavioral Health Court
- Cabrini Hospital
- Cabrini House
- Caring Choices
- Central Louisiana Counseling Service
- Central Louisiana Human Services District
- Central Louisiana State Hospital
- Choices of Louisiana
- Churches
- Compass Hospital
- Counselors
- Crossroads
- Doctor's Offices
- Federally Qualified Health Centers
- Health Department
- Homeless Coalition Resource Center
- Hope House
- Hospitals
- Longleaf Behavioral Hospital
- Louisiana Spirit Crisis Counseling
- Manna House
- Mental Health Services

Injury and Violence

- 911
- AA/NA
- Alexandria Emergency Hospital
- Alexandria Police Department
- Alpha Phi Alpha Fraternity, Inc
- At-Risk Youth Organizations
- Cabrini Hospital
- Caring Choices
- Central Louisiana Advocacy Network
- Central Louisiana Human Services District
- CHRISTUS Health Systems
- Churches
- Community Health Center
- Community Meetings
- Community Outreach Programs
- Council Meetings
- Drug Court
- Education and Awareness
- Hospitals
- Huey P. Long Clinic
- Law Enforcement



- Merakey
- Oasis
- Oceans Behavioral Health
- Psychiatric Hospitals
- Rapides Primary Health Care
- Red River Treatment Center
- Religious Organizations
- Rivers
- Salvation Army
- School System
- State Run Programs
- The Extra Mile
- University Counselors
- VA Hospital
- We Care Behavioral Health
- WellSpring

Nutrition, Physical Activity, and Weight

- Advertisements
- AMoA
- CHRISTUS Health Systems
- City of Alexandria Recreation Department
- Community Sports Programs
- Courtyard Health Club
- Crossroads Soccer Association
- Dixie Youth Basketball
- Doctor's Offices
- Farmers
- Farmer's Market
- Federally Qualified Health Centers
- Fitness Centers/Gyms
- Food Bank
- Foundation
- Good Food Project
- Grocery Stores
- Healthy Lifestyle
- Hospitals
- Incarname Word
- La SNAP
- Louisiana Athletic Club
- LSU Ag Center
- MLK Healthcare Clinic
- Nutrition Services
- Parks and Recreation
- Rapides Foundation
- Rapides Foundation Healthy Lifestyles Program
- Rapides Regional Medical Center
- Wellness Centers
- YWCA

Oral Health

- Affordable Dentures
- AG Family Dentistry, LLC
- Alexandria Dental
- Bear Family Dentistry
- Community HealthWorx
- Dentist's Offices
- Federally Sponsored Dental Clinic
- Health Department
- Rapides Primary Health Care
- Red River Dental

Respiratory Diseases

- Community Clinics
- Community HealthWorx
- Doctor's Offices
- Health Department
- Healthy Lifestyle
- Hospitals
- Outreach Programs
- Public Health Facilities
- Tobacco Free Living

Sexual Health

- Acadiana Cares
- Caring Choices
- Churches
- CLASS
- Community Clinics
- Community HealthWorx
- Doctor's Offices
- Family/Friends
- Federally Qualified Health Centers
- Health Department
- Health Unit
- Hospitals
- Huey P. Long Clinic
- Office of Public Health
- Pregnancy Center
- Rapides Parish Health Department
- Rapides Parish Health Unit
- Rapides Primary Health Care
- School System
- Tulane Medical Group



Substance Abuse

AA/NA
Beacon Behavioral Health
CADA
Caring Choices
Celebrate Recovery
Central Louisiana Human Services District
Central Louisiana State Hospital
Churches
CLASS
Compass Hospital
DARE Program
Detox Centers
Doctor's Offices
Drug Court
Edgefield Recovery Center
Federally Qualified Health Centers
Health Department
Homeless Coalition Resource Center
Hospitals
Law Enforcement
Longleaf Behavioral Hospital
Louisiana Spirit Crisis Counseling
Methadone Clinics
Narcan
No Limit for Recovery Clubhouse
Office of Public Health
Police Department
Private Programs
Rapides Drug Court Treatment
Rapides Primary Health Care
Recovery Mission
Red River Treatment Center
Religious Organizations
Salvation Army
School System
State Run Programs
Substance Abuse Services
The Extra Mile
WellSpring

Tobacco Use

American Cancer Society
Anti-Tobacco Campaigns
Central Louisiana Human Services District
CMAP
DARE Program
Doctor's Offices
Federally Qualified Health Centers
Healthy Lifestyle
Hospitals
Insurance Companies
Legislation, Smoke-Free Ordinances
Medicaid
Nicotine Patches/Gum
Rapides Foundation
School System
Smoke-Free Facilities
Tobacco Free Living

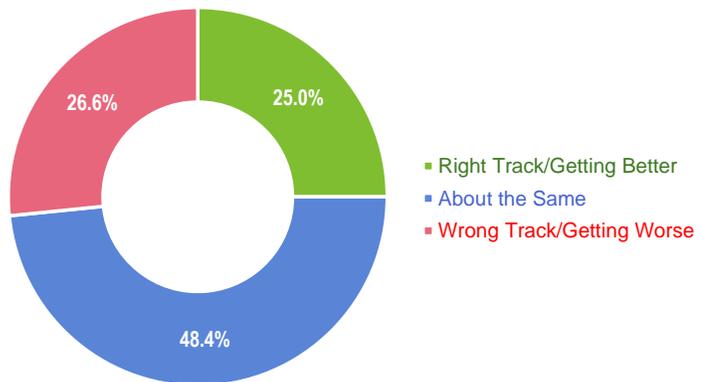


QUALITY OF LIFE

Quality of Life in the Parish

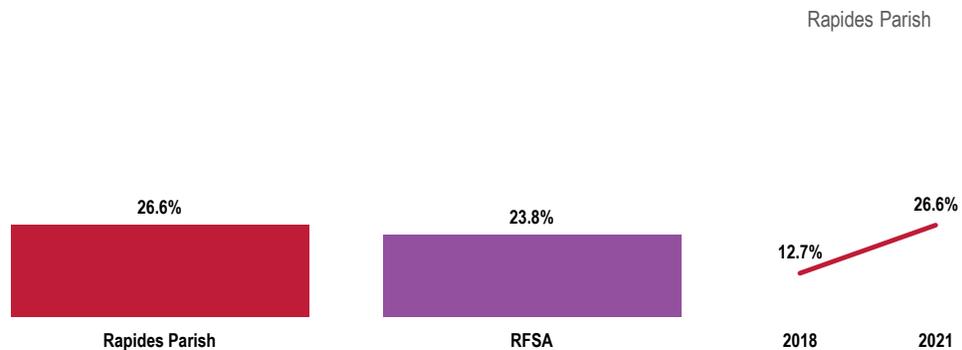
“Overall, would you say that the quality of life in your parish is on the right track and getting better, staying about the same, or on the wrong track and getting worse?”

Rating of Quality of Life in the Parish
(Rapides Parish, 2021)



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

Quality of Life in the Parish is on the Wrong Track and Getting Worse



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?”

“Frequently/Sometimes” Volunteer



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.)

Received Assistance from a Local Program, Church, or Charitable Organization in the Past Month



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

