

2002 PRC Community Health Assessment

Allen Parish, Louisiana

Community Report *Prepared for The Rapides Foundation*

*... Never doubt that a small group of thoughtful, committed citizens
can change the world; indeed, it's the only thing that ever has.*
—Margaret Mead

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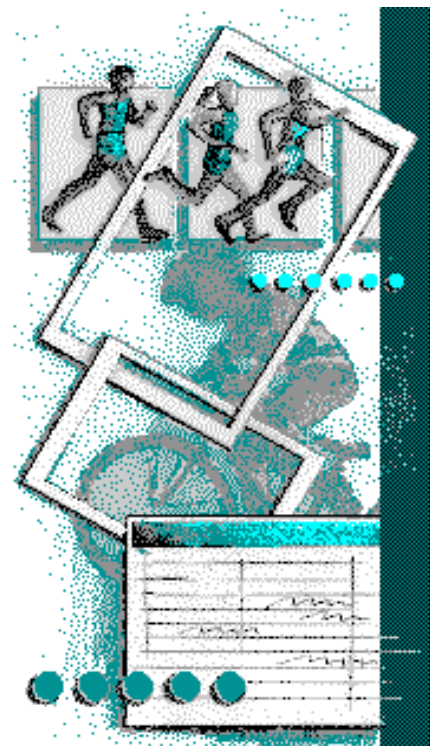


Table of Contents

SUMMARY OF ASSESSMENT FINDINGS

1

| | |
|------------------|---|
| Key Points | 2 |
|------------------|---|

INTRODUCTION

7

PROJECT OVERVIEW

8

| | |
|--|---|
| Project Goals | 8 |
| Community Defined for This Assessment..... | 9 |

METHODOLOGY

10

| | |
|---|----|
| Community Health Survey | 10 |
| <i>Sample Design</i> | 10 |
| <i>Sampling Error</i> | 11 |
| <i>Sample Characteristics</i> | 11 |
| Existing Data..... | 14 |
| <i>Public Health, Vital Statistics and Other Data</i> | 14 |
| <i>Statewide Risk Factor Data</i> | 14 |
| <i>Nationwide Risk Factor Data</i> | 14 |
| <i>Healthy People 2010 Targets</i> | 15 |
| Community Health Panels | 16 |

SELF-REPORTED HEALTH STATUS

17

PHYSICAL HEALTH STATUS

18

| | |
|---|----|
| Self-Reported Physical Health..... | 18 |
| <i>Overall Health Status</i> | 18 |
| <i>Days of Poor Physical Health</i> | 20 |
| <i>Days Felt Healthy and Full of Energy</i> | 20 |
| <i>Missed Days of Work</i> | 21 |

MENTAL HEALTH STATUS

22

| | |
|--|----|
| Self-Reported Mental Health Status | 22 |
| <i>Days of Poor Mental Health</i> | 22 |
| Depression | 24 |
| <i>Days of Depression</i> | 24 |

| | |
|---|----|
| <i>Prolonged Depression</i> | 24 |
| Stress..... | 26 |
| <i>Stress Levels</i> | 26 |
| <i>Sleep & Rest</i> | 27 |
| Utilization of Mental Health Services | 29 |

| | |
|---|-----------|
| LEADING CAUSES OF DEATH & DISABILITY | 31 |
|---|-----------|

| | |
|--------------------------------|-----------|
| LEADING CAUSES OF DEATH | 32 |
|--------------------------------|-----------|

| | |
|--|----|
| Leading Causes of Death..... | 32 |
| Age-Adjusted Death Rates for Selected Causes | 33 |

| | |
|-------------------------------|-----------|
| CARDIOVASCULAR DISEASE | 35 |
|-------------------------------|-----------|

| | |
|--|----|
| Cardiovascular Disease Deaths..... | 35 |
| <i>Heart Disease Deaths</i> | 37 |
| <i>Stroke Deaths</i> | 38 |
| Self-Reported Prevalence of Heart Disease & Stroke | 39 |
| <i>Response to Symptoms of Heart Attack</i> | 40 |
| Cardiovascular Risk Factors..... | 41 |
| <i>Hypertension (High Blood Pressure)</i> | 41 |
| <i>High Blood Cholesterol</i> | 44 |
| Cardiovascular Risk Behavior..... | 47 |
| <i>Prevalence of Cardiovascular Risk Factors/Behaviors</i> | 47 |
| <i>Overweight Prevalence</i> | 48 |
| <i>Nutrition</i> | 52 |
| <i>Physical Activity</i> | 56 |
| <i>Tobacco Use</i> | 64 |

| | |
|----------------|-----------|
| CANCERS | 70 |
|----------------|-----------|

| | |
|---|----|
| Leading Cancer Diagnoses by Site..... | 70 |
| Cancer Deaths..... | 71 |
| <i>Cancer Deaths by Site</i> | 72 |
| Self-Reported Prevalence of Cancers | 74 |
| Cancer Risk | 75 |
| Cancer Screenings | 75 |
| <i>Colorectal Cancer Screening</i> | 75 |
| <i>Female Breast Cancer Screening</i> | 78 |
| <i>Cervical Cancer Screening</i> | 80 |
| <i>Prostate Cancer</i> | 82 |
| <i>Testicular Cancer</i> | 83 |

| | |
|-----------------------------|-----------|
| RESPIRATORY DISEASES | 85 |
|-----------------------------|-----------|

| | |
|--|----|
| Chronic Obstructive Pulmonary Disease Deaths | 85 |
| Pneumonia/Influenza Deaths..... | 87 |

| | |
|---|------------|
| <i>Flu Shots Among Seniors</i> | 88 |
| <i>Pneumonia Vaccination Among Seniors</i> | 89 |
| Self-Reported Asthma & Chronic Lung Disease Prevalence..... | 90 |
| <i>Asthma</i> | 90 |
| <i>Chronic Lung Disease</i> | 91 |
| INJURY | 92 |
| Unintentional Injury Deaths..... | 92 |
| <i>Leading Causes of Accidental Deaths</i> | 92 |
| <i>Motor Vehicle-Related Deaths</i> | 93 |
| <i>Injury Control</i> | 94 |
| <i>Work-Related Injuries</i> | 97 |
| <i>Adolescent Injury & Violence</i> | 97 |
| <i>Substance Abuse</i> | 98 |
| Intentional Injury Deaths..... | 108 |
| <i>Homicide</i> | 108 |
| <i>Suicide</i> | 109 |
| DIABETES | 111 |
| Diabetes Deaths..... | 111 |
| Self-Reported Diabetes Prevalence | 114 |
| <i>Diabetes Prevalence</i> | 114 |
| <i>Needs of Diabetics</i> | 115 |
| INFECTIOUS & CHRONIC DISEASE | 116 |
| TUBERCULOSIS | 117 |
| Tuberculosis Incidence..... | 117 |
| HIV/AIDS | 118 |
| AIDS Death Rates..... | 118 |
| HIV/AIDS Rates | 120 |
| Persons Living With HIV/AIDS..... | 123 |
| HIV Testing & Perceived Risk..... | 124 |
| Children & HIV/AIDS Education | 125 |
| SEXUALLY TRANSMITTED DISEASES | 127 |
| Syphilis..... | 127 |
| Gonorrhea | 129 |
| Chlamydia..... | 130 |
| Hepatitis B..... | 131 |

VACCINE-PREVENTABLE DISEASE INCIDENCE 132

| | |
|----------------|-----|
| Measles..... | 132 |
| Mumps..... | 132 |
| Rubella..... | 132 |
| Pertussis..... | 133 |

ENTERIC DISEASE INCIDENCE 134

| | |
|----------------------|-----|
| Enteric Disease..... | 134 |
| Hepatitis A..... | 135 |

SELF-REPORTED CHRONIC ILLNESS 136

| | |
|---|-----|
| Self-Reported Prevalence of Chronic Illness | 136 |
| Activity Limitations | 138 |

BIRTHS 141

BIRTH RATE 142

PRENATAL CARE 143

| | |
|--------------------------------|-----|
| Adequacy of Prenatal Care..... | 143 |
|--------------------------------|-----|

BIRTH OUTCOMES 145

| | |
|---------------------------------|-----|
| Low-Weight Births | 145 |
| Infant Mortality | 147 |
| <i>Neonatal Mortality</i> | 148 |

BIRTHS TO TEENAGE MOTHERS 149

| | |
|---|-----|
| Percentage of Births to Teen Mothers..... | 149 |
|---|-----|

PREVENTIVE HEALTH CARE 151

PRIMARY MEDICAL CARE 152

| | |
|-----------------------------|-----|
| Routine Physician Care..... | 152 |
| Dental Care | 154 |
| Vision Care..... | 157 |

CHILDHOOD IMMUNIZATION 158

| | |
|---|-----|
| Public Clinic Immunization Assessments..... | 158 |
|---|-----|

ACCESS TO HEALTH CARE SERVICES 159

ACCESS TO PRIMARY CARE SERVICES 160

| | |
|--|-----|
| Regular Use of Physicians' Offices/Clinics | 160 |
| Emergency Room Utilization | 162 |

HEALTH INSURANCE COVERAGE 164

| | |
|--|-----|
| Insurance Coverage by Type..... | 164 |
| Lack of Health Insurance Coverage..... | 165 |

BARRIERS TO PRIMARY CARE 167

| | |
|--|-----|
| Overview of Health Care Barriers..... | 167 |
| Cost of Health Services | 169 |
| <i>Cost of Prescriptions</i> | 169 |
| <i>Cost of Physician Care</i> | 171 |
| Appointment Availability..... | 173 |
| Inconvenient Office Hours | 175 |
| Lack of Physician Availability..... | 177 |
| Lack of Transportation to Health Care Services | 179 |

IMPLICATIONS OF POOR ACCESS 181

PERCEPTIONS OF HEALTH CARE SERVICES 183

LOCAL HEALTH CARE SERVICES 184

| | |
|---|-----|
| Satisfaction With Local Health Care | 184 |
|---|-----|

CRIME & HOUSING ISSUES 186

CRIME 187

| | |
|--|-----|
| Index Crime Rates | 187 |
| <i>Violent Crime Rate Trends</i> | 188 |
| Victimization..... | 189 |
| Family Violence | 190 |
| <i>Domestic Violence</i> | 190 |

HOUSING 192

| | |
|----------------------|-----|
| Type of Housing..... | 192 |
|----------------------|-----|

| | |
|---|-----|
| Housing Condition..... | 193 |
| Perceived Affordability of Local Housing..... | 195 |
| Housing Displacement | 197 |

| | |
|--|------------|
| HEALTH EDUCATION & OUTREACH | 199 |
|--|------------|

| | |
|----------------------------------|------------|
| HEALTH EDUCATION SERVICES | 200 |
|----------------------------------|------------|

| | |
|--|-----|
| Sources of Health Care Information | 200 |
| Health Promotion Activities..... | 202 |

| | |
|---------------------------------|------------|
| COORDINATION OF SERVICES | 204 |
|---------------------------------|------------|

| | |
|--|-----|
| Community Involvement and Cooperative Services | 204 |
|--|-----|

| | |
|-------------------------------------|------------|
| NEEDS OF SPECIAL POPULATIONS | 205 |
|-------------------------------------|------------|

| | |
|--------------|------------|
| YOUTH | 206 |
|--------------|------------|

| | |
|--|-----|
| Children’s Education | 206 |
| Supporting Parenting..... | 207 |
| Community Perceptions of Adolescent Health Issues..... | 208 |

| | |
|----------------|------------|
| SENIORS | 210 |
|----------------|------------|

| | |
|---------------------------|-----|
| Senior Health Needs | 210 |
|---------------------------|-----|

| | |
|-------------------|------------|
| APPENDICES | 211 |
|-------------------|------------|

| | |
|--|------------|
| SUMMARY TABLES OF QUANTITATIVE FINDINGS | 212 |
|--|------------|

| | |
|------------------------------------|-----|
| Findings by Health Topic | 212 |
| Summary of Findings by Issue | 216 |

SUMMARY OF ASSESSMENT FINDINGS

Summary of Findings

Key Points

HEALTH STATUS

There are many indicators of health status in Allen Parish that are comparable to or better than national benchmarks. For example, in Allen Parish, the age-adjusted cancer death rate, pneumonia/influenza death rate, and homicide death rate, as well as the neonatal death rate are all significantly more favorable than national rates. The incidence of chlamydia, gonorrhea, hepatitis A, and tuberculosis cases are significantly lower than the U.S. rates. The prevalence of having more than one day per month of poor mental health, and of having more than three days per month of feeling sad, blue or depressed, are significantly lower than found across the U.S. Further, the percentage of respondents reporting missing more than one workday per year due to illness is more favorable than the national percentage. With regard to violence, the rape and robbery rates, as well as the percentage of respondents who report being victims of domestic violence in the past five years, all compare favorably to U.S. rates.

However, in comparison to national benchmarks, health status in Allen Parish is below average in many regards:

Self-Reported Health Status. A significantly greater share of Allen Parish adults report having generally “fair” or “poor” physical health in the past month. More specifically, a significantly greater percentage of adults said they had more than one day of poor physical health in the past month.

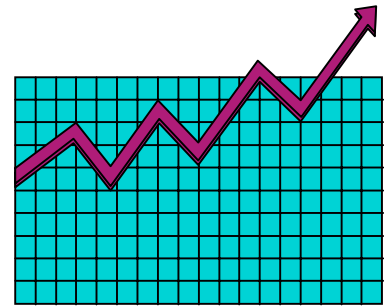
Activity Limitations. The prevalence of activity limitations is particularly high in Allen Parish, as is the proportion of those with activity limitations reporting that this is attributed to a work-related injury.

Unhealthy Weight. Over 25% of Allen Parish adults are obese, and over two-thirds are of an unhealthy weight. These levels are significantly higher than reported nationwide.

Mental Health. Less than 30% of depressed persons in Allen Parish have sought help for their depression, significantly lower than found nationwide.

Causes of Death. Compared to U.S. rates, age-adjusted death rates for most leading causes of death are higher in Allen Parish than nationwide, particularly for respiratory disease, diabetes mellitus, heart disease, motor vehicle accidents, stroke, and suicide (keep in mind that age-adjusted rates account for any difference in the ages of the populations compared). Furthermore, Allen Parish death rates fail to satisfy *Healthy People 2010* targets for all but one (homicide) of the selected causes examined in this report.

Sexually Transmitted Diseases. The latest incidence rates for hepatitis B and syphilis are well above the national rates, and the syphilis incidence rate does not satisfy the *Healthy People 2010* targets.



Chronic Illness. In terms of self-reported illnesses, a greater percentage of Allen Parish adults report suffering from arthritis/rheumatism, deafness/trouble hearing, diabetes, blindness/trouble seeing, and chronic lung disease than found nationwide.

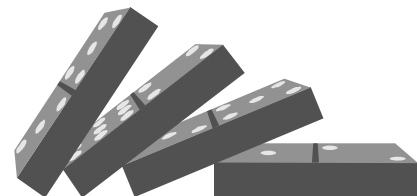
HIV/AIDS Incidence. The percentage of 18 to 64 year-olds who perceive their chances of getting HIV/AIDS as “high” is significantly higher than the nationwide percentage.

Infant Health. Indicators of infant health compare unfavorably to national indicators and *Healthy People 2010* targets, including births to teenagers, low-weight births and infant mortality.

Violence. Rates of the violent crimes homicide and aggravated assault are higher in Allen Parish than nationwide.

MODIFIABLE HEALTH RISKS

In comparison to national averages, positive findings relating to modifiable health risk behavior in Allen Parish include a lower proportion of adults who use alcohol or who report illegal or prescription drug abuse. The percentage of current drinkers in Allen Parish meets the *Healthy People 2010* target.



However, risk behaviors that compare unfavorably to national averages include:

Cardiovascular Risk. A high percentage of Allen Parish adults (96.1%) present one or more risk factors or behaviors for heart disease and stroke.

Nutrition. Allen Parish adults more often report eating diets high in fat, and less often report eating enough vegetables and/or fruits.

Physical Activity. A high percentage of Allen Parish adults report not engaging in any type of physical activity outside of work.

Tobacco Use. Compared to national findings, a significantly higher percentage of Allen Parish adults use smokeless tobacco.

Substance Abuse. The percentage of those who say they have sought needed help for a drug or alcohol problem is significantly lower than the U.S. average.

Blood Pressure & Cholesterol: In comparison to the nation as a whole, Allen Parish exhibits significantly high proportions of adults reporting high blood pressure.

PREVENTION

Regarding preventive care measures, a greater share of Allen Parish women report performing monthly breast self-exams. The percentage of women aged 40 and older who have had a mammogram in the past two years does not differ significantly from the national average, and is similar to the goal set by *Healthy People 2010*. Additionally, the percentage of children under 24 months of age who are current on their immunizations is significantly more favorable than the national average, and meets the *Healthy People 2010* target.

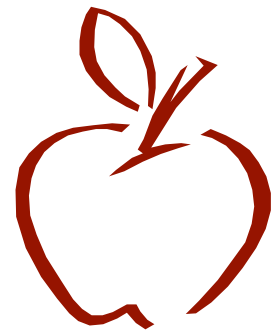
Areas for which Allen Parish compares unfavorably to national benchmarks include:

Dental Care. A low percentages of adults report having visited a dentist or dental professional in the past year.

Vision Care. A lower percentage of Allen Parish adults said they have had an eye exam within the past year, compared to national findings.

Colorectal Cancer Screening. The proportion of Allen Parish adults aged 50 and older who have had a digital rectal exam in the past year is below the U.S. finding. Further, a significantly lower percentage of men aged 40 and older said they have had a prostate-specific antigen screening *or* a digital rectal exam in the past two years.

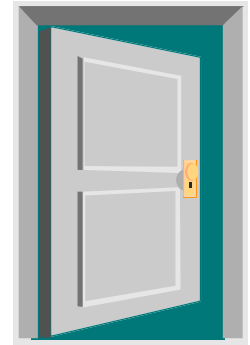
Testicular Cancer Screening. A relatively low proportion of men have ever had a testicular exam by a physician. In addition, a significantly high percentage of men said they do not know how to perform a testicular self-exam.



Seat Belt Usage. A low proportion of Allen Parish adults report that they “always” wear a seat belt when driving or riding in an automobile.

ACCESS

Access is a key issue for communities across the country. Barriers such as cost, transportation, insurance acceptance, physician and appointment availability, and inconvenient office hours are prohibitive factors for many residents. For most of these items, the important analysis is how these barriers impact various subsegments of the population, particularly low-income and minority residents.



Some indicators of access for children compare favorably to national benchmarks. Specifically, the percentage of Allen Parish respondents with children who said that cost prevented a child’s medical care in the past year, as well as those who said inconvenient office hours prevented a child’s physician visit in the past year, were both found to be significantly lower than national averages.

Health Insurance Coverage. More than one out of five Allen Parish adults between the ages of 18 and 64 is without any type of insurance coverage for health care. This is significantly worse than the national average and far from reaching the *Healthy People 2010* goal of universal coverage.

Transportation. Lack of transportation to health care services impacts a greater share of adults in Allen Parish than found nationally.

Cost of Physician Care. Compared to the national average, a significantly higher portion of Allen Parish adults said that cost prevented them from seeing a physician in the past year.

Cost of Prescriptions. Nearly one out of four Allen Parish adults has gone without a needed prescription in the past year because they could not afford it, more than twice the national average.

Inconvenient Office Hours. Compared to national findings, inconvenient office hours prevented a significantly higher percentage of Allen Parish adults from visiting a physician in the past year.

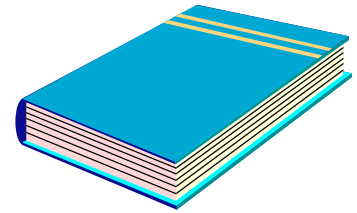
Availability of Physicians. A relatively high percentage of Allen Parish adults report difficulty finding a physician for themselves in the past year.

Emergency Room Utilization. A relatively high percentage of Allen Parish adults have used a local emergency room more than once in the past year.

Health Care. Significantly lower percentages of Allen Parish adults said they would rate their local health care as “excellent” or “very good,” compared to U.S. benchmarks.

EDUCATION & OUTREACH

Throughout the community health panels, participants stressed that education is crucial to improving the community’s health status — whether that is health education through the schools, disseminating information to the public, or increased communication and coordination of services among providers. Furthermore, health panel members emphasized the need to involve the entire community in health improvement efforts.



YOUTH

Risk Behaviors. In comparison to national data, some of the key findings from the 1997 Central Louisiana Youth Risk Factor Survey conducted for The Rapides Foundation by the Tulane School of Public Health and Tropical Medicine include:

- High youth tobacco use
- High binge drinking and drinking and driving
- High percentage trying inhalants and steroids
- Low seat belt usage
- High prevalence of physical fighting
- Poor nutrition
- Low proportion who have been taught about HIV/AIDS

Top Perceived Issues. Adult survey respondents in 2002 identified the following as the most significant adolescent health problems facing Allen Parish: **youth tobacco use, alcohol use, drug use, teen pregnancy, and drinking and driving.**

INTRODUCTION

Project Overview

The Rapides Foundation, dedicated to improving the quality of life in Central Louisiana, is one of the largest grant-making foundations per capita in the Southeast. The Foundation contracted with Professional Research Consultants, Inc., to conduct a community health assessment in its service area to better inform their grant-making decisions based on current, valid, and parish-specific data. The *2002 Community Health Assessment* is designed to build on the work begun by The Rapides Foundation in 1997 with assistance from the Tulane School of Public Health and Tropical Medicine.

Project Goals

The *2002 Community Health Assessment* is a systemic, data-driven approach to determining the health status, behaviors and needs of residents in Central Louisiana. The *Community Health Assessment* provides the information needed to consider when developing effective interventions so that communities and parishes may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status.

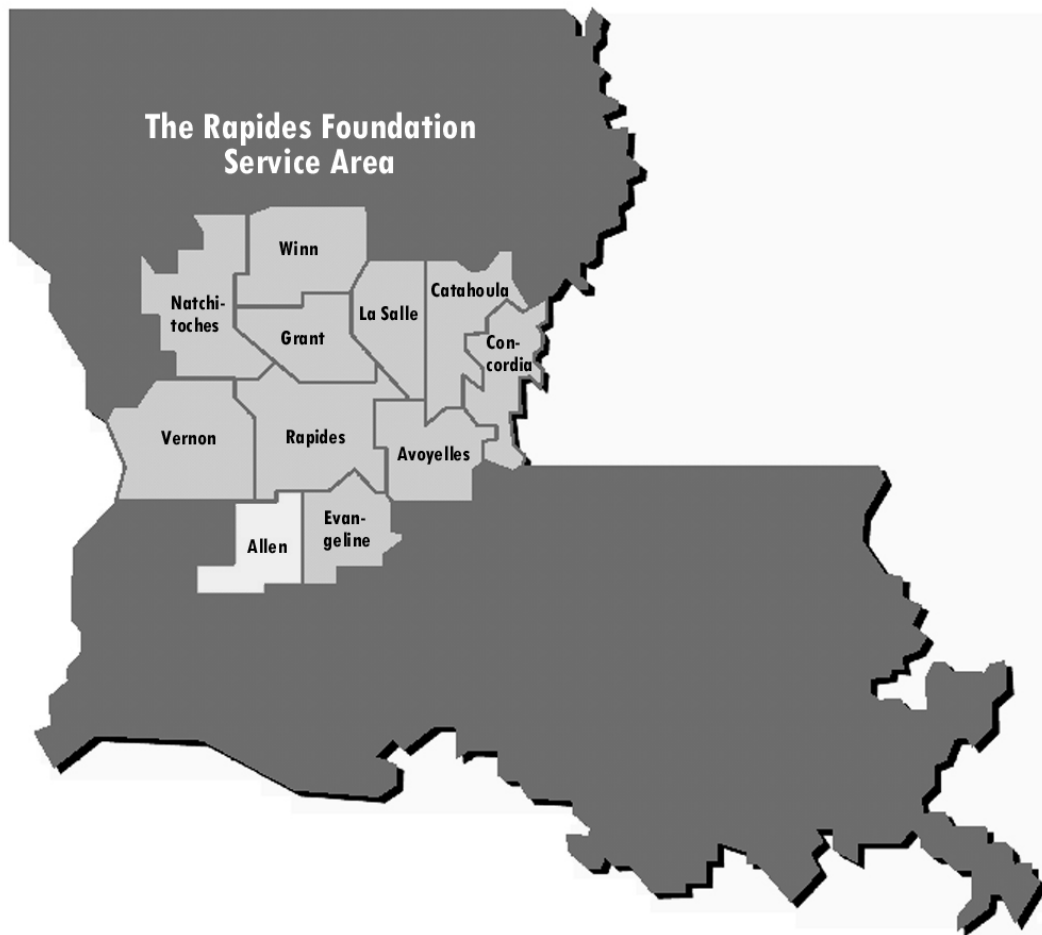
This *Community Health Assessment* will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.



Community Defined for This Assessment

This report focuses on the health findings in Allen Parish, Louisiana.



This assessment is part of a larger assessment addressing the needs throughout an 11-parish area in Central Louisiana that makes up the Rapides Foundation Service Area. These include Allen, Avoyelles, Catahoula, Concordia, Evangeline, Grant, LaSalle, Natchitoches, Rapides, Vernon and Winn Parishes.

Methodology

There are three components that are essential in rendering a complete picture of the health of a community: the community health survey (primary quantitative data); existing data (secondary quantitative data); and community health panels (primary qualitative data).

- The **PRC Community Health Survey** developed for Allen Parish gives us a remarkably complete and accurate view of the health status of area residents through a randomized telephone survey of the health and behaviors of community members.
- **Existing data** — especially public health data and statewide and nationwide risk assessments — complement the survey process and, in some cases, provide a benchmark against which the results of the survey may be compared.
- **Community Health Panels** offer a unique perspective by gathering, in a focus group setting, individuals who are leaders of or have special insight to different segments of the population.

Community Health Survey

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the **2002 PRC Community Health Survey**. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random selection capabilities.

Sample Design

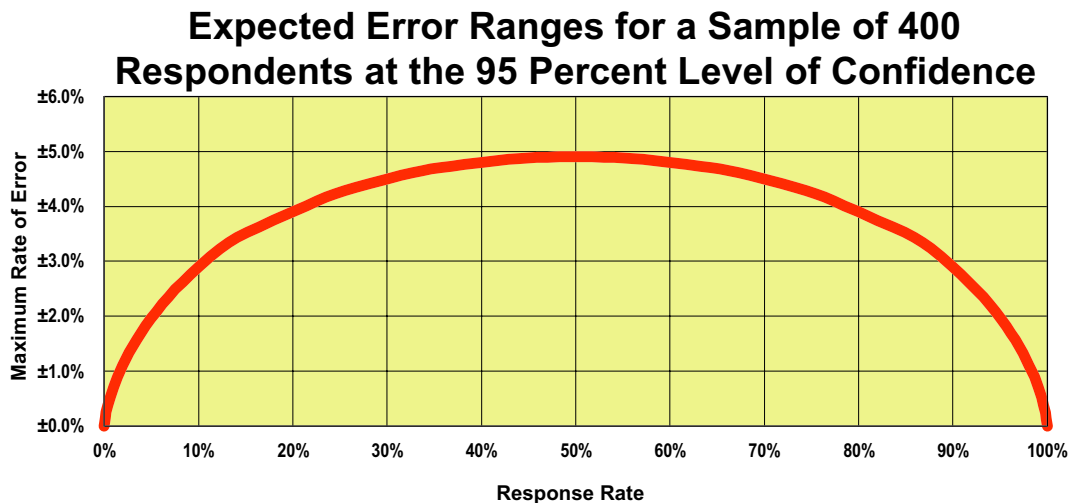
The sample design utilized for this effort consists of a random sample of 400 individuals aged 18 and older in Allen Parish. The interviews were conducted in proportion to the actual population distribution at the ZIP Code level. ZIP Code populations were based on the latest census projections of adults aged 18 and over provided in the **2000 CACI Census Update**. Parishwide, these correspond very closely to Census 2000 populations.



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

Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 400 respondents is $\pm 4.9\%$ at the 95 percent level of confidence.



Note: The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Example 1: For example, if 10% of the sample of 400 respondents answered a certain question with a "yes," it can be asserted that between 7.1% and 12.9% ($10\% \pm 2.9\%$) of the total population would offer this response.

Example 2: If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 45.1% and 54.9% ($50\% \pm 4.9\%$) of the total population would respond "yes" if asked this question.

In addition, for further analysis, keep in mind that each percentage point recorded among the total sample of survey respondents is representative of approximately 182 residents aged 18 and older in Allen Parish (based on current population estimates). Thus, in a case where 3.4% of the total population responds to a survey question, this is representative of nearly 620 people and therefore must not be dismissed as too small to be significant.

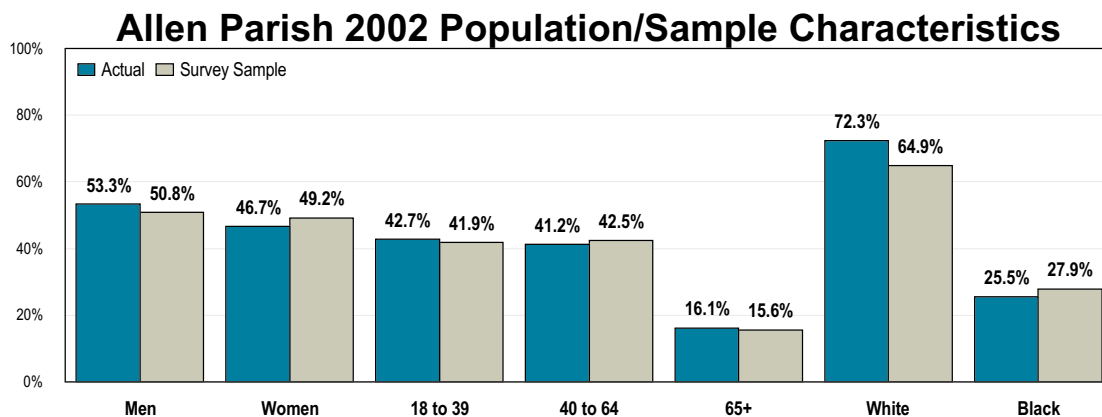
Sample Characteristics

To accurately represent the population studied, it was necessary to constantly monitor the demographic composition (e.g., age, gender, household location) of the community sample throughout the data collection process. PRC strives to minimize bias through application of

a proven telephone methodology and random-selection techniques. And, 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 demographic characteristics of the population surveyed, so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, income and ZIP Code) and a statistical application package applies weighting variables which produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual’s responses is maintained, one respondent’s responses may contribute to the whole the same weight as 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents aged 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.]



Sources: 1. CACI 2000 Census Update.
2. 2002 PRC Community Health Survey, Professional Research Consultants

Further note that the poverty descriptions and segmentation used in this report are based on 2001 administrative poverty thresholds determined by the U.S. Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2001 guidelines place the poverty threshold

for a family of four at \$17,650 annual household income or lower). In sample segmentation: “< Poverty” refers to community members living in a household with defined poverty status; “100% to 200% Poverty” refers to households living just above the poverty level, earning up to twice the poverty threshold; and “>200% Poverty” refers to households with incomes more than twice the poverty threshold defined for their household size.

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 Allen Parish with a high degree of confidence.

Existing Data

Public Health, Vital Statistics and Other Data

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

- *Census 2000 & CACI 2000 Census Update*
- *National Center for Health Statistics*
- *Centers for Disease Control & Prevention*
- *State of Louisiana, Department of Health and Hospitals, Office of Public Health*
- *State of Louisiana, Department of Justice*
- *United States Department of Justice*



Statewide Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local findings. These data are reported in the *BRFSS (Behavioral Risk Factor Surveillance System) Summary Prevalence Report (Years 1998 – 2000)* published by the Centers for Disease Control and Prevention and the U.S. Department of Health & Human Services.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2000 PRC National Health Survey*. The methodological approach for the national study is identical to that employed in this assessment. Therefore, PRC assures that these data may be generalized to the U.S. population with a high degree of confidence.

Healthy People 2010 Targets



**Understanding and
Improving Health**

Healthy People 2010: Understanding and Improving Health is part of the Healthy People 2010 initiative that is sponsored by the U. S. Department of Health and Human Services. Healthy People 2010 outlines a comprehensive, nationwide health promotion and disease prevention agenda. It is designed to serve as a roadmap for improving the health of all people in the United States during the first decade of the 21st century.

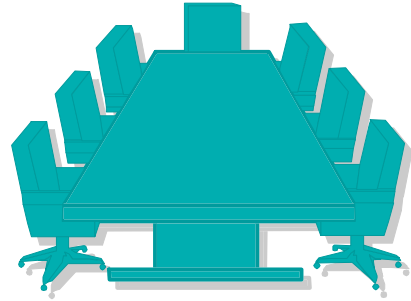
With [specific] health objectives in 28 focus areas, Healthy People 2010 will be a tremendously valuable asset to health planners, medical practitioners, educators, elected officials, and all of us who work to improve health. Healthy People 2010 reflects the very best in public health planning—it is comprehensive, it was created by a broad coalition of experts from many sectors, it has been designed to measure progress over time, and, most important, it clearly lays out a series of objectives to bring better health to all people in this country. — Donna E. Shalala, Secretary of Health & Human Services

Like the preceding Healthy People 2000 initiative—which was driven by an ambitious, yet achievable, 10-year strategy for improving the Nation's health by the end of the 20th century—Healthy People 2010 is committed to a single, overarching purpose: promoting health and preventing illness, disability, and premature death.

Community Health Panels

As part of the community health assessment process, a community health panel was held in Allen Parish among key informants within the parish, including health care providers, social services providers, and other community leaders.

A list of prospective participants for the health panels was provided by Rapides Foundation. 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.



Health Panel candidates were first contacted by letter to request their participation. Follow-up phone calls were then made to ascertain whether or not they would be able to attend. Confirmation calls were placed the day before the group was scheduled to ensure a reasonable turnout. Final participation is outlined below.

| <u>Date</u> | <u>Time</u> | <u>Group</u> | <u>Participants</u> |
|----------------|--------------------|-----------------------------|---------------------|
| March 19, 2002 | 12:00 pm – 2:00 pm | Allen Parish Key Informants | 20 Attendees |

The health panel sessions were recorded on audio tapes from which verbatim comments in the report are taken. There are no names connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

Note: *These findings represent qualitative rather than quantitative data. The groups were designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.*

SELF-REPORTED HEALTH STATUS

Physical Health Status

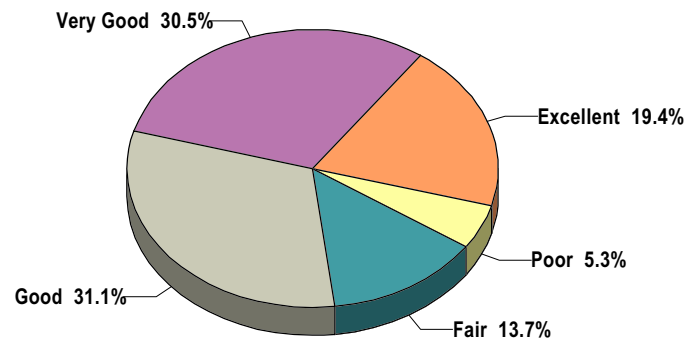
This section describes various self-reported measures of the general physical health among Allen Parish residents.

Self-Reported Physical Health

Overall Health Status

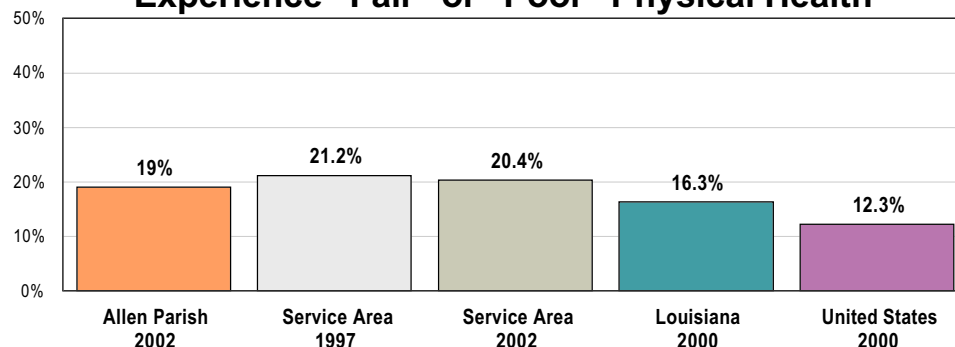
- **One-half (49.9%) of Allen Parish adults participating in the 2002 Community Health Survey view their overall physical health as “excellent” or “very good.”**
- **19.0% of Allen Parish adults say that their overall physical health is overall “fair” or “poor.”**
 - Similar to statewide findings.
 - Similar to Rapides Foundation Service Area findings (20.4%).
 - Less favorable than nationwide findings (12.3%).

Self-Reported Health Status
(Allen Parish 2002)



Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Asked of all respondents.

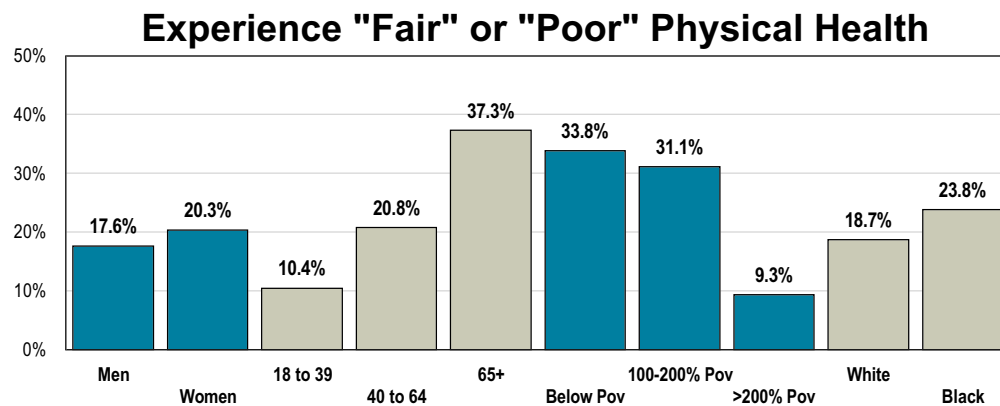
Experience "Fair" or "Poor" Physical Health



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
3. 2000 PRC National Health Survey, Professional Research Consultants
4. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.
Note: Asked of all respondents.

The following chart further examines self-reported health status by various demographic characteristics.

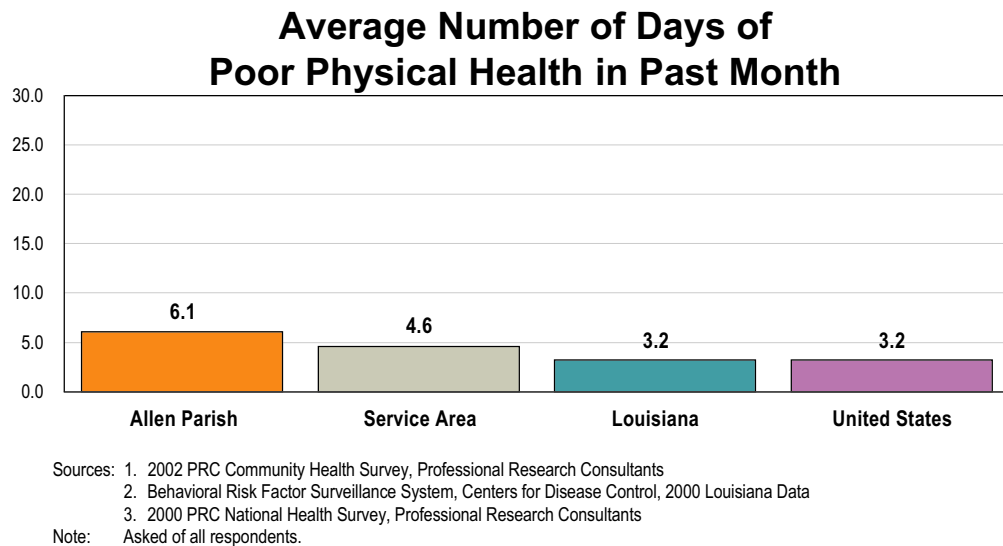
- As might be expected, indications of “fair” or “poor” health increase with age; that is, older residents much more often report their health as “fair” or “poor.”
- There is a very strong negative correlation with income.
- Black respondents more often report “fair/poor” health than White respondents.



Source: 2002 PRC Community Health Survey, Professional Research Consultants
Notes: 1. Demographic breakouts are among findings in Allen Parish.
2. Asked of all respondents.

Days of Poor Physical Health

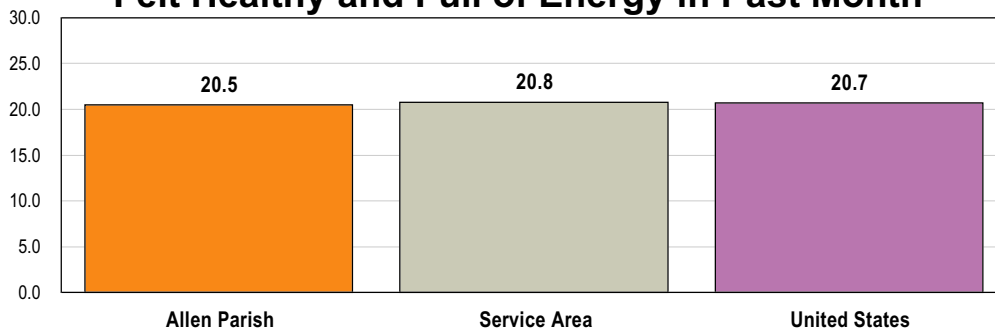
- **Allen Parish adults report an average 6.1 days in the past month on which their physical health was not good.**
 - Similar to the Rapides Foundation Service Area average.
 - Less favorable than the statewide average (3.2 days/month).
 - Less favorable than the national average (3.2 days/month).



Days Felt Healthy and Full of Energy

- **Allen Parish adults report an average of 20.5 days in the last month on which they felt very healthy and full of energy.**
 - Similar to the Rapides Foundation Service Area average and the national average.

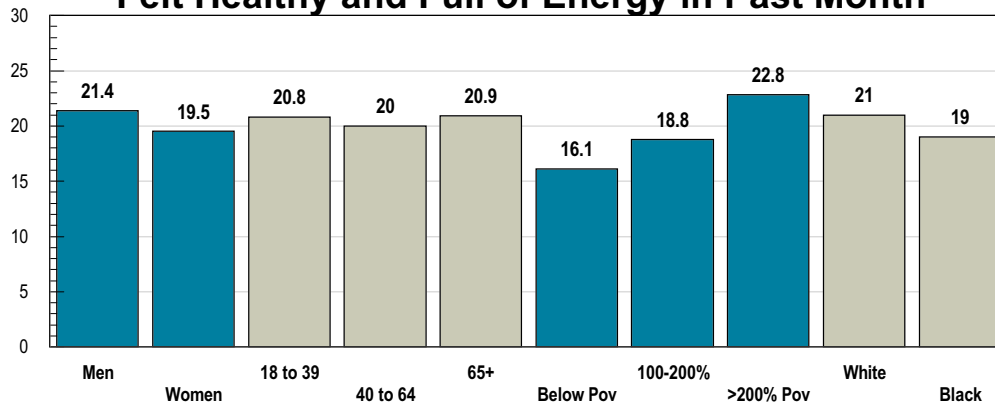
Average Number of Days Felt Healthy and Full of Energy in Past Month



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Note: Asked of all respondents.

- Self-reported number of healthy days increases considerably with income level.

Average Number of Days Felt Healthy and Full of Energy in Past Month



Source: 2002 PRC Community Health Survey, Professional Research Consultants
Notes: 1. Demographic breakouts are among findings in Allen Parish.
2. Asked of all respondents.

Missed Days of Work

- Allen Parish adults who are currently employed report missing an average of 5.6 days of work in the past year due to personal illness.**
 - This compares to an average 3.8 days/year nationwide.

Mental Health Status

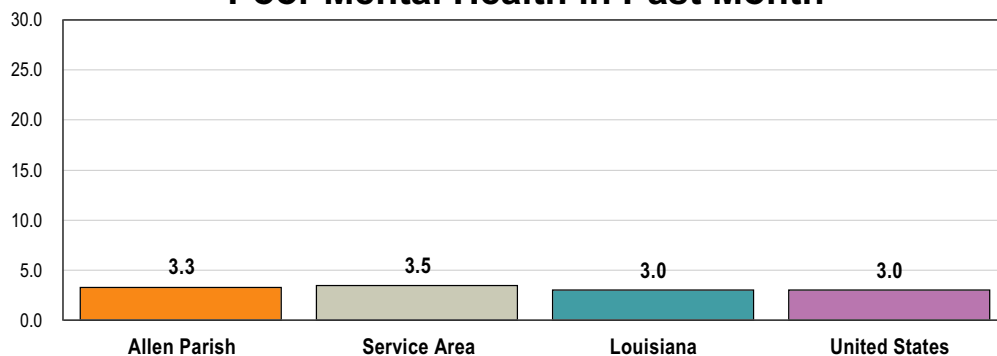
The following section outlines general assessments of the prevalence of depression among area residents, along with the number of people seeking professional help for problems with depression, stress and emotions.

Self-Reported Mental Health Status

Days of Poor Mental Health

- **Allen Parish adults report an average of 3.3 days in the last month on which their mental health was not good.**
 - Similar to the Rapides Foundation Service Area, statewide and national averages.

**Average Number of Days of
Poor Mental Health in Past Month**



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
3. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
Note: Asked of all respondents.

Community Health Panel Findings*

“We don’t have enough counselors, and we also need mental health programs for acute cases. We hold patients in the hospital for three to six days waiting for a bed somewhere in the entire state of Louisiana to open up. The state is lacking mental health facilities.”

** The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.*

“There isn’t a facility in this parish to handle mental patients, and the largest population of people who are in need of critical care are indigents, so I don’t know where they go for care.”

“We are getting ready to open a school-based health center here. We will have a counselor there as part of the services that will be provided. It should be opened within a few weeks. We are going to start out in the middle, alternative and high schools. Then if we can arrange transportation, we would like to pick up the Head Start program in the elementary school.”

“We have one mental health care unit that sees youths, and we have another one for adults. There is a program for the children in counseling where they can go for behavior modification.”

“We need counselors badly. We had counseling out of Lake Charles on a federal grant for three to four years; but that money went to another parish, and we are very short on counselors.”

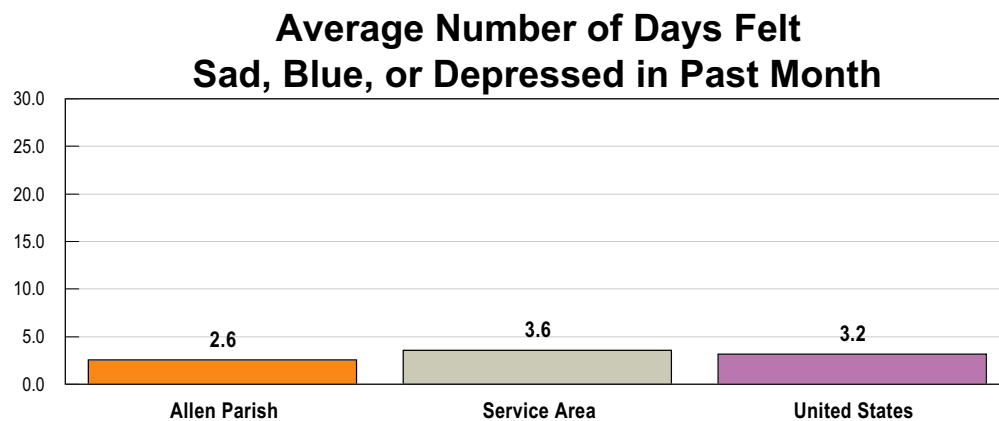
“Mental health services is one of the most needed things in this parish. We almost lost our mental health center last year because of the state budget cuts. We need to expand what we have immediately.”

Depression

Depression is a serious illness affecting many in the population, whether occasionally or, in many cases, for prolonged periods of time.

Days of Depression

- **In the past month, adults in Allen Parish reported an average of 2.6 days on which they felt sad, blue or depressed.**
 - Similar to the Rapides Foundation Service Area and national averages.

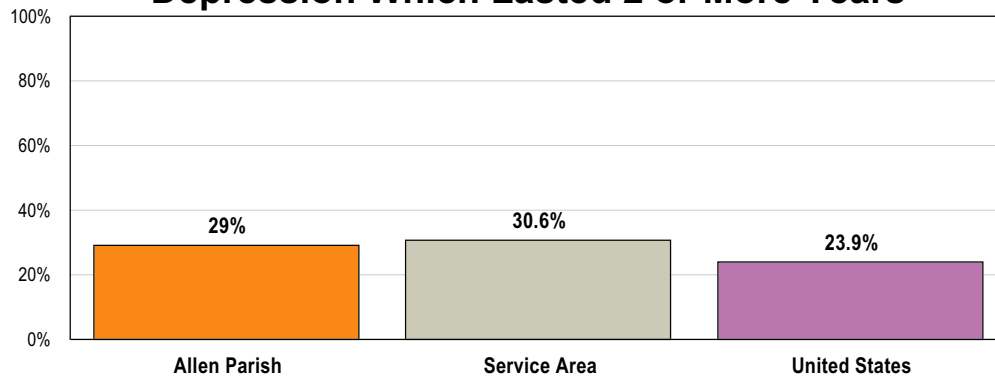


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

Prolonged Depression

- **29.0% of Allen Parish adults report that they have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes.**
 - Similar to that found throughout the Rapides Foundation Service Area.
 - Similar to that found nationally (23.9%).
 - This represents nearly 5,300 adults in Allen Parish who have faced or are facing prolonged bouts with depression.

Have Experienced Periods of Depression Which Lasted 2 or More Years

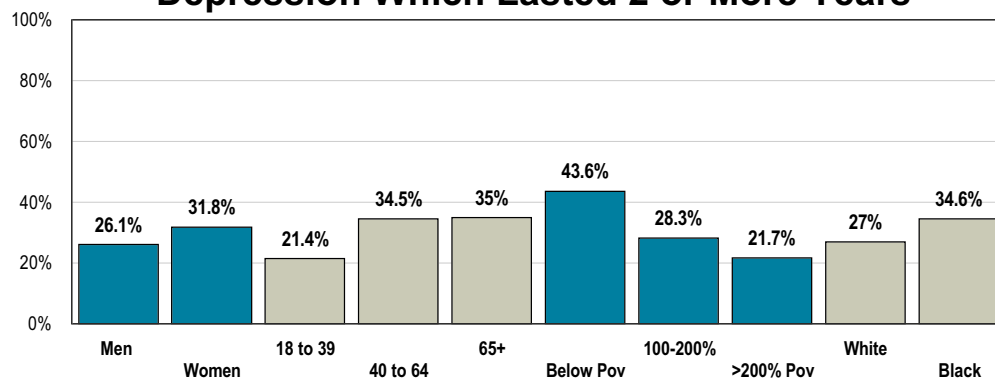


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of all respondents.
 2. State data not available.

Reported bouts of prolonged depression in Allen Parish are notably higher among:

- Respondents living below the poverty threshold.
- Adults aged 40 and older.
- Women.
- Black respondents.

Have Experienced Periods of Depression Which Lasted 2 or More Years



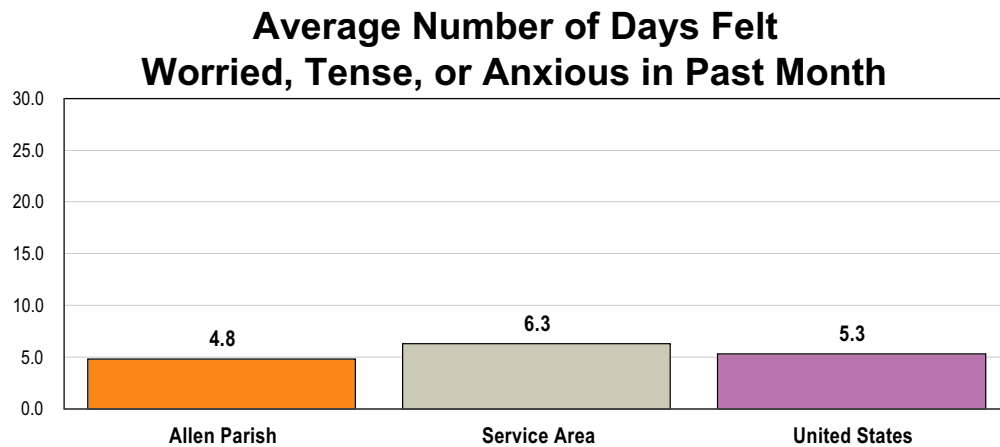
Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Allen Parish.
 2. Asked of all respondents.

Stress

Stress Levels

Excessive stress can be a detriment to one's mental health, and can have significant physical ramifications, as well.

- **Adults in Allen Parish report an average of 4.8 days in the past month on which they felt worried, tense or anxious.**
 - Similar to the Rapides Foundation Service Area average.
 - Similar to the national average (5.3 days/month).

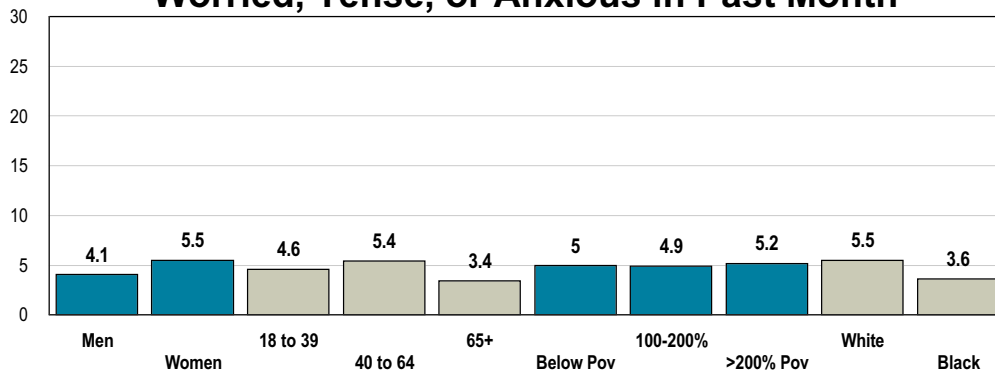


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Note: Asked of all respondents.

Those reporting a greater number of stressful days per month in Allen Parish:

- Middle-aged adults.
- White respondents.
- Women.

Average Number of Days Felt Worried, Tense, or Anxious in Past Month

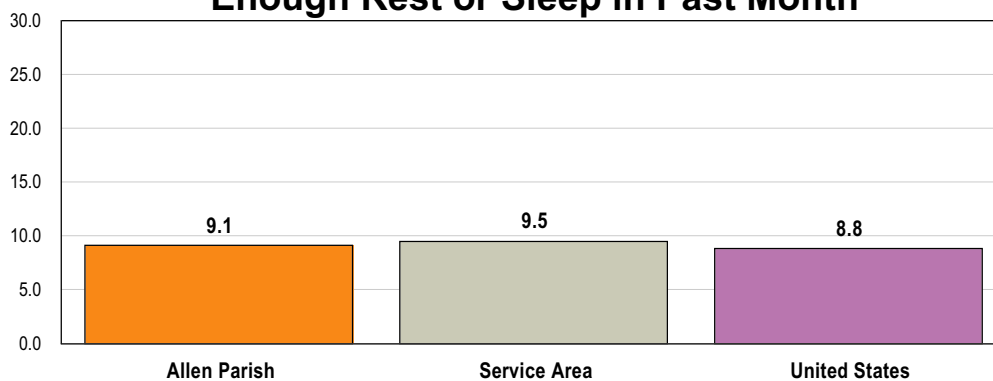


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Allen Parish.
 2. Asked of all respondents.

Sleep & Rest

- **Adults in Allen Parish report an average of 9.1 days in the past month on which they did not get enough rest or sleep.**
 - Similar to Rapides Foundation Service Area findings.
 - Similar to that found nationwide (8.8 days/month).

Average Number of Days Without Enough Rest or Sleep in Past Month

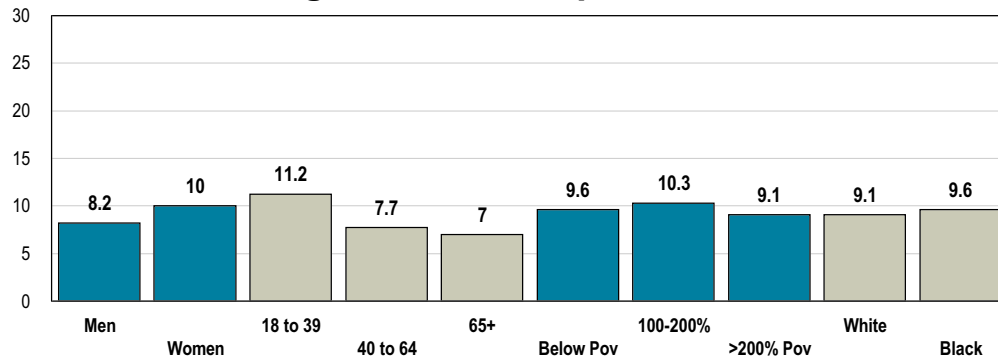


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Note: Asked of all respondents.

Those reporting a greater number of days of poor rest or sleep per month include:

- Younger adults.
- Middle-income respondents.
- Women.

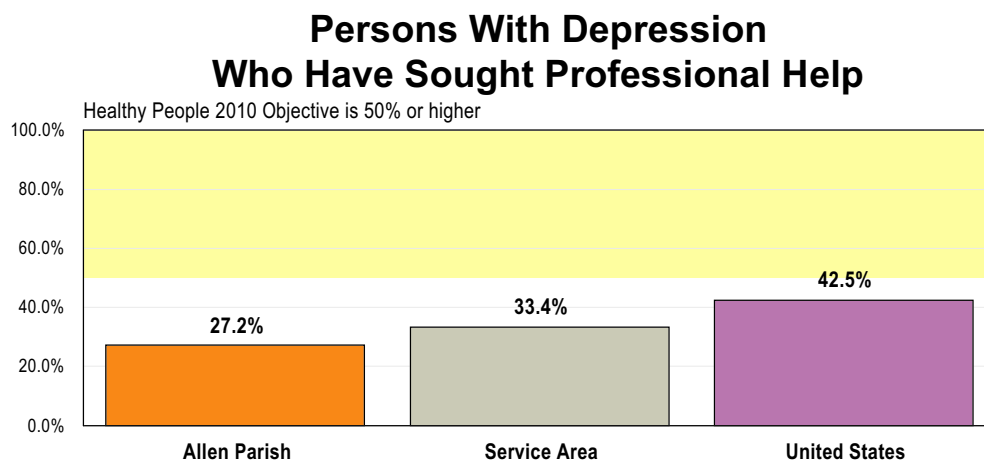
**Average Number of Days Without
Enough Rest or Sleep in Past Month**



Source: 2002 PRC Community Health Survey, Professional Research Consultants
Notes: 1. Demographic breakouts are among findings in Allen Parish.
2. Asked of all respondents.

Utilization of Mental Health Services

- **27.2% of Allen Parish respondents who have experienced bouts of prolonged depression report that they have sought professional help for a mental or emotional problem.**
 - Significantly less favorable than the nationwide proportion.
 - Significantly lower than the Rapides Foundation Service Area overall (33.4%).
 - Fails to satisfy the *Healthy People 2010* target (50% or higher).



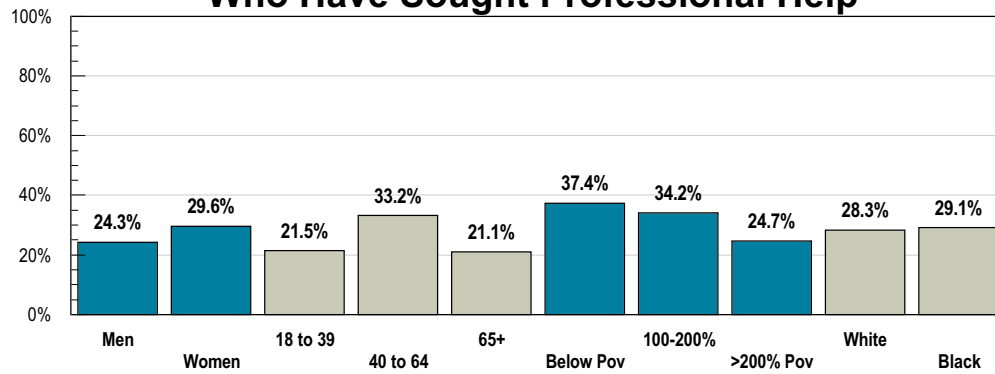
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Notes: 1. Asked of respondents who have experienced 2 or more years of depression.
2. State data not available.

Among persons reporting depression, utilization of mental health services is higher among:

- Middle-aged adults (40 to 64 years old).
- Those at lower income levels.
- Women.

Persons With Depression Who Have Sought Professional Help



Source: 2002 PRC Community Health Survey, Professional Research Consultants

- Notes:
1. Demographic breakouts are among findings in Allen Parish.
 2. Asked of all respondents.

LEADING CAUSES OF DEATH & DISABILITY

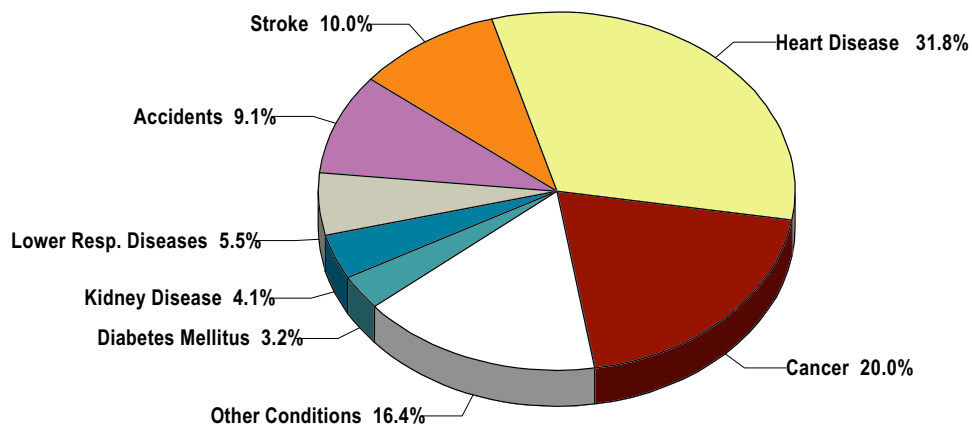
Leading Causes of Death

Leading Causes of Death

Together, the top seven causes of death account for 83.6% of all 1999 deaths in Allen Parish:

- **Heart disease** is the leading cause of death in Allen Parish, accounting for 31.8% of all 1999 deaths.
- **Cancers** are the second leading cause of death in Allen Parish, accounting for 20.0% of all deaths in 1999.
- Cerebrovascular disease, or **stroke**, is the third leading cause of death in Allen Parish, accounting for 10.0% of all 1999 deaths.
- Other leading causes include **accidental injury, lower respiratory disease, kidney disease** and **diabetes**.

Leading Causes of Death
Allen Parish 1999



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health, Death Records.
Note: 1999 deaths are coded using ICD-10 codes.

Age-Adjusted Death Rates for Selected Causes

In order to compare mortality in Allen Parish with other localities (in this case, the Rapides Foundation Service Area, 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 normative or benchmark data, as well as *Healthy People 2010* targets.

NOTE: It is important to understand that the procedure used to calculate age-adjusted death rates was extensively revised beginning with 1999 deaths, when the adjustment standard was changed from the 1940 U.S. standard population to the 2000 U.S. standard population. Because of this revision, 1999 cause-specific death rates appear to be drastically higher than 1998 and earlier years' rates (as are presented later in this report for trending purposes). This large increase is an artifact of the changes in the rate calculation methodology, rather than a true increase in rate. Thus, the 1999 rates presented here are not comparable to earlier years' calculated rates.

Another factor limiting comparability between 1999 and earlier rates is that, beginning in 1999, deaths are coded using the *Tenth Revision International Classification of Disease* (ICD-10), replacing ICD-9 classifications used prior to 1999.

The following chart outlines 1999 age-adjusted death rates per 100,000 population for selected causes of death.

- **In 1999, Allen Parish fails to satisfy the outlined Healthy People 2010 targets for: *heart disease, cancer, stroke, diabetes, motor vehicle accidents, and suicide*. However, Allen Parish does meet the goal for *homicide*.**
- **Allen Parish compares unfavorably to Louisiana death rates for *stroke, chronic lower respiratory disease, and motor vehicle accidents*.**

- Allen Parish compares unfavorably to U.S. death rates for several of the selected causes, including: *chronic lower respiratory disease, diabetes, heart disease, motor vehicle accidents, stroke, and suicide*. The Parish findings were found to be significantly more favorable than U.S. death rates for cancer, homicide, and pneumonia/influenza.
- Allen Parish death rates are also notably higher than the Rapides Foundation Service Area median rates for *stroke, chronic lower respiratory diseases, and motor vehicle accidents* (meaning the Allen Parish age-adjusted death rates are among the highest in the 11-parish Rapides Foundation Service Area for these causes).

Age-Adjusted Death Rates for Selected Causes

1999 Deaths per 100,000 2000 U.S. Standard Population

| | Allen Parish | Service Area Median | Louisiana | United States | HP2010 |
|------------------------------------|--------------|---------------------|-----------|---------------|--------|
| Diseases of the Heart | 312.7 | 344.9 | 306.6 | 267.8 | 213.7* |
| Malignant Neoplasms (Cancers) | 192.8 | 251.0 | 232.8 | 202.7 | 159.9 |
| Cerebrovascular Disease (Stroke) | 99.9 | 69.0 | 69.1 | 61.8 | 48.0 |
| Diabetes Mellitus | 30.6 | 29.4 | 42.4 | 25.2 | 15.1* |
| Chronic Lower Respiratory Diseases | 53.9 | 47.2 | 40.8 | 45.8 | |
| Influenza/Pneumonia | 18.1 | 33.6 | 25.9 | 23.6 | |
| Motor Vehicle Accidents | 33.7 | 28.3 | 21.5 | 15.5 | 9.0 |
| Septicemia | 12.9 | 16.8 | 18.2 | 11.3 | |
| Intentional Self-Harm (Suicide) | 12.7 | 10.3 | 12.0 | 10.7 | 5.0 |
| Assault (Homicide) | 0.0 | 4.9 | 10.7 | 6.2 | 3.0 |

Sources: 1. State of Louisiana, Department of Health and Hospitals, Office of Public Health, Death Records; 1999 data.

2. U.S. Department of Health and Human Services; Health in the United States, 2001.

3. Healthy People 2010: National Health Promotion and Disease Prevention Objectives for the Nation, US Public Health Services.

Notes: 1. Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Million and coded using ICD-10 codes.

2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

3. Healthy People 2010 Heart Disease target is adjusted to account for all diseases of the heart; the Healthy People 2010 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- Subsequent discussions as to leading causes of death and disability build on data considered in the 1997 Rapides Foundation Service Area assessment conducted by the Tulane School of Public Health and Tropical Medicine.

Cardiovascular Disease

Heart disease and stroke are the principal components of cardiovascular disease. About 950,000 Americans die of cardiovascular disease each year, which amounts to one death every 33 seconds. Although cardiovascular disease is often thought to primarily affect men and older people, it is also a major killer of women and people in the prime of life.

A consideration of deaths alone understates the burden of cardiovascular disease. About 61 million Americans (almost one-fourth of the population) live with this disease. Heart disease is a leading cause of disability among working adults. Stroke alone accounts for disability among more than 1 million Americans. Almost 6 million hospitalizations each year are due to cardiovascular disease.

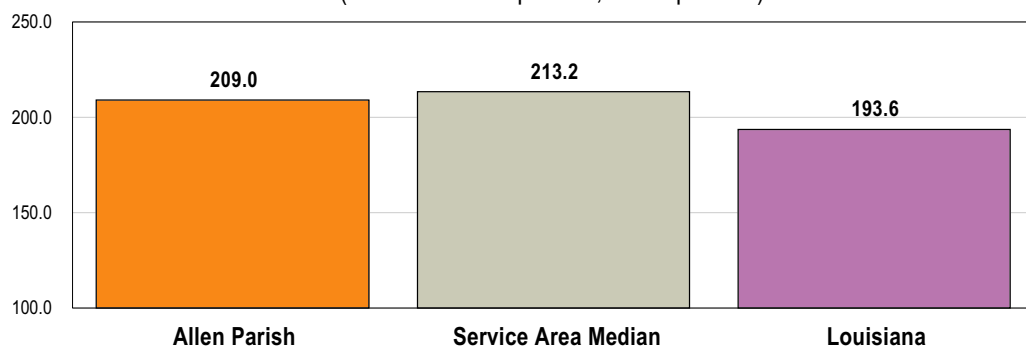
The economic impact of cardiovascular disease on the U.S. health care system continues to grow as the population ages. The estimated cost of cardiovascular disease in the United States in 2001 is \$298 billion, including health care expenditures and lost productivity (National Center for Chronic Disease Prevention and Health Promotion).

Cardiovascular Disease Deaths

- **The age-adjusted cardiovascular death rate in Allen Parish is higher than the corresponding Louisiana death rate.**
 - Similar to the Rapides Foundation Service Area median age-adjusted death rate (i.e., the rate among the 11 parishes for which one-half of rates fall above, and one-half fall below).

Age-Adjusted Mortality: Cardiovascular Disease

(1996-98 Deaths per 100,000 Population)



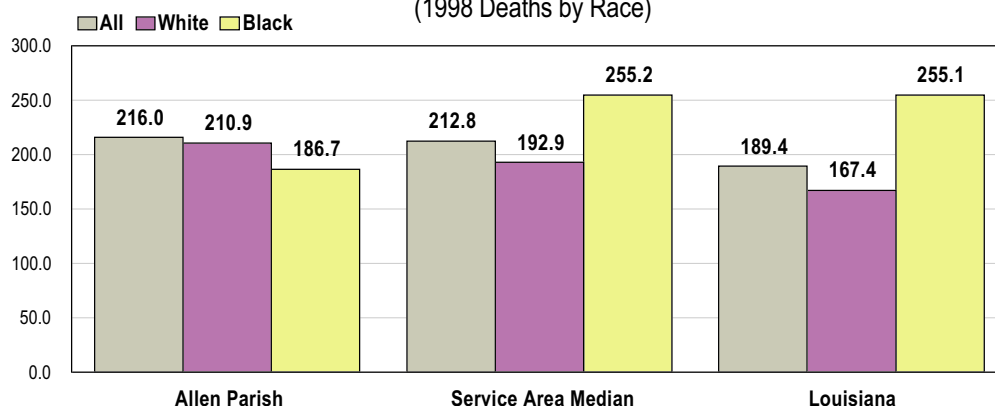
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- Blacks experience a lower age-adjusted cardiovascular death rate than Whites (186.7 versus 210.9 deaths per 100,000 in Allen Parish in 1998).

Age-Adjusted Mortality: Cardiovascular Disease (1998 Deaths by Race)



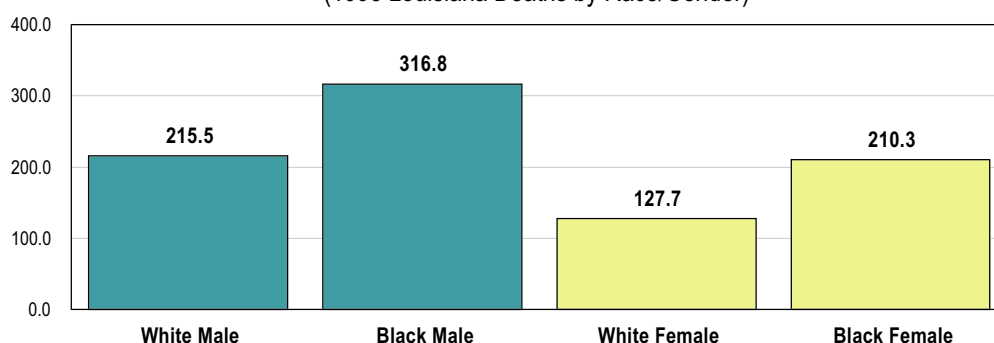
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- In looking at 1998 Louisiana age-adjusted cardiovascular death rates by race and by gender, we see significantly higher rates among Black males (316.8/100,000), followed by White males (215.5/100,000) and Black females (210.3/100,000) with similar rates. White females exhibit the lowest rate (127.7/100,000).

Age-Adjusted Mortality: Cardiovascular Disease (1998 Louisiana Deaths by Race/Gender)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

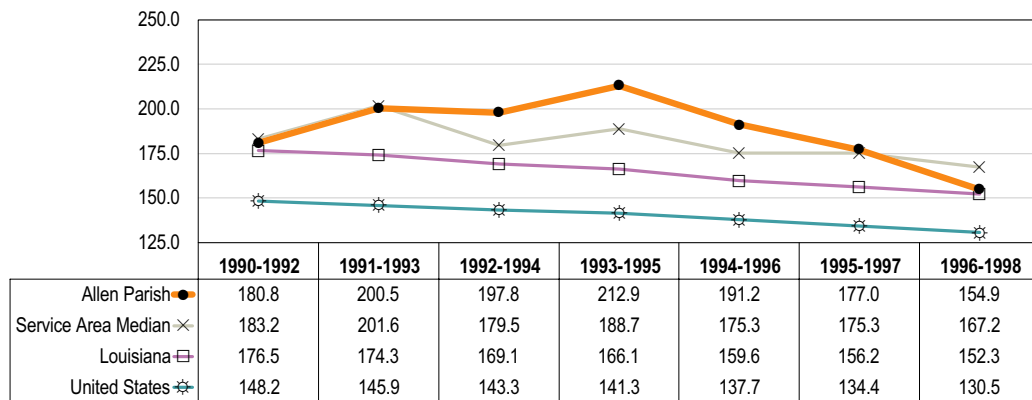
Heart Disease Deaths

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

- **The age-adjusted heart disease death rate in Allen Parish tracked higher than the corresponding Louisiana rate for much of the 1990-98 period, though the 1996-1998 average is similar to the state rate and is below the service area median.**
- **Nationally and statewide, heart disease deaths have been declining consistently.**

Age-Adjusted Mortality: Heart Disease

(Deaths per 100,000 Population; Three-Year Averages)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

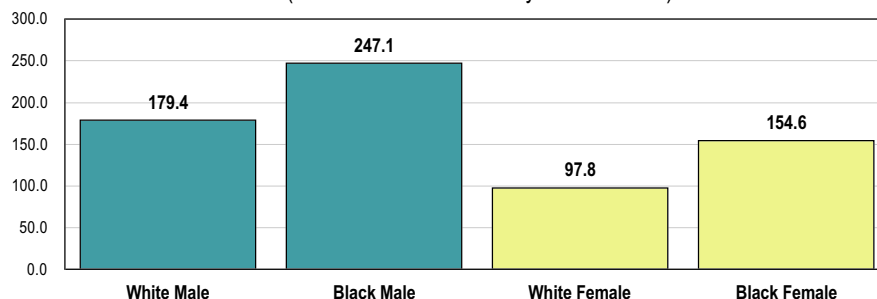
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- Again, Black males exhibit a much higher age-adjusted mortality rate for cardiovascular disease statewide (247.1/100,000), followed by White males (179.4/100,000) and Black females (154.6/100,000). White females exhibit the lowest rate by race and gender (97.8/100,000).

Age-Adjusted Mortality: Heart Disease

(1998 Louisiana Deaths by Race/Gender)

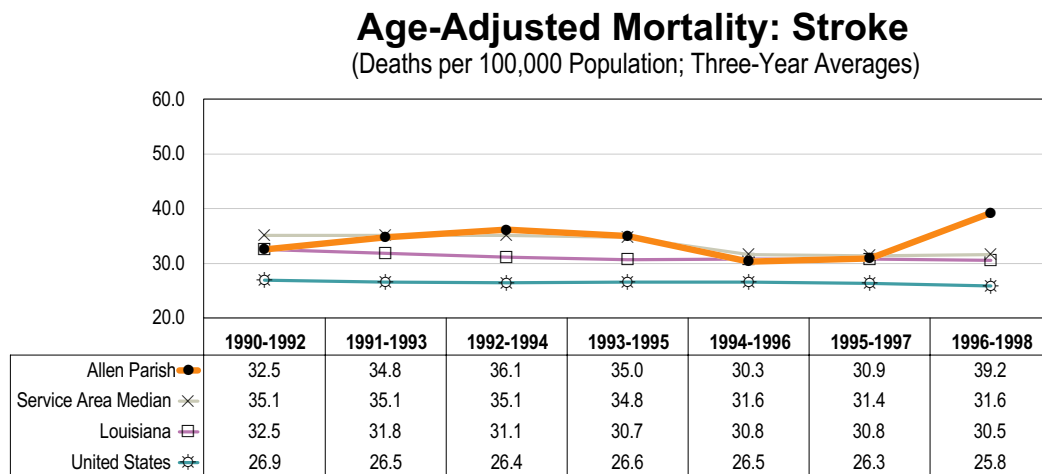


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

Stroke Deaths

- The Allen Parish age-adjusted death rate for cerebrovascular disease has risen considerably higher than statewide and nationwide rates in recent years.

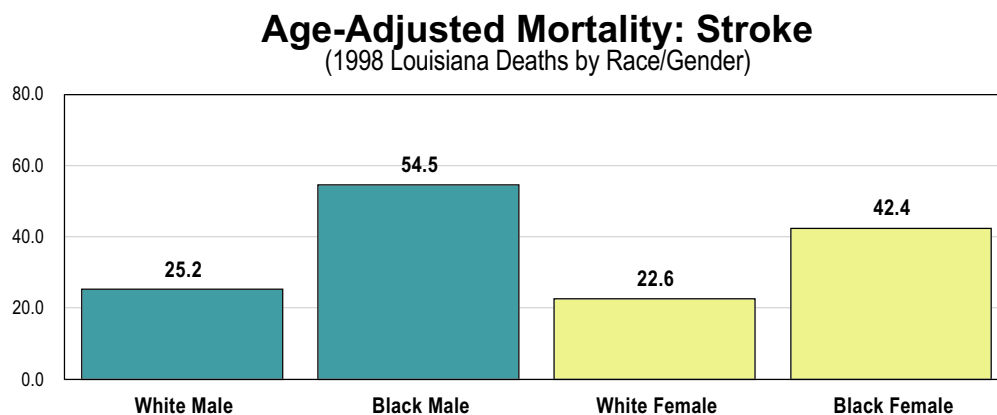


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- Statewide, Black males experience markedly higher age-adjusted death rates due to stroke (54.5/100,000), followed by Black females (42.4/100,000), and White males and females (25.2/100,000 and 22.6/100,000, respectively).



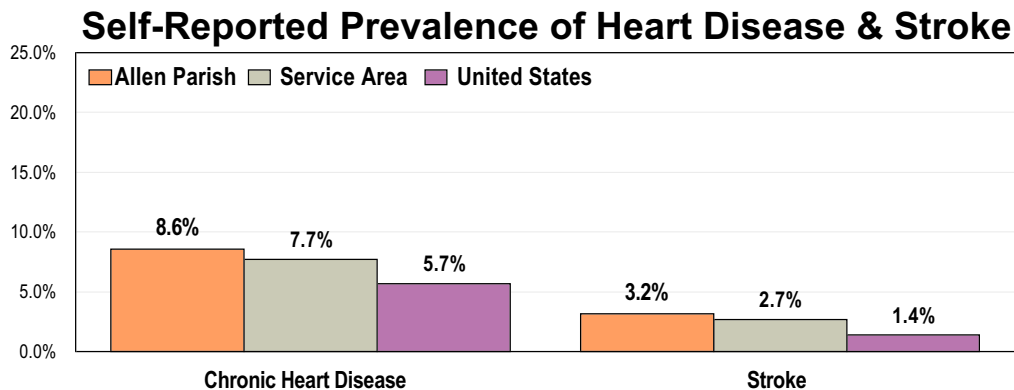
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

Self-Reported Prevalence of Heart Disease & Stroke

From the 2002 Community Health Survey:

- **8.6% of Allen Parish adult respondents report that they have suffered from or been diagnosed with heart disease, such as congestive heart failure, angina or a heart attack.**
 - Statistically similar to the Rapides Foundation Service Area and national prevalences.
- **3.2% of Allen Parish respondents report that they have suffered from or been diagnosed with a stroke.**
 - Statistically similar to the Rapides Foundation Service Area and national prevalences.



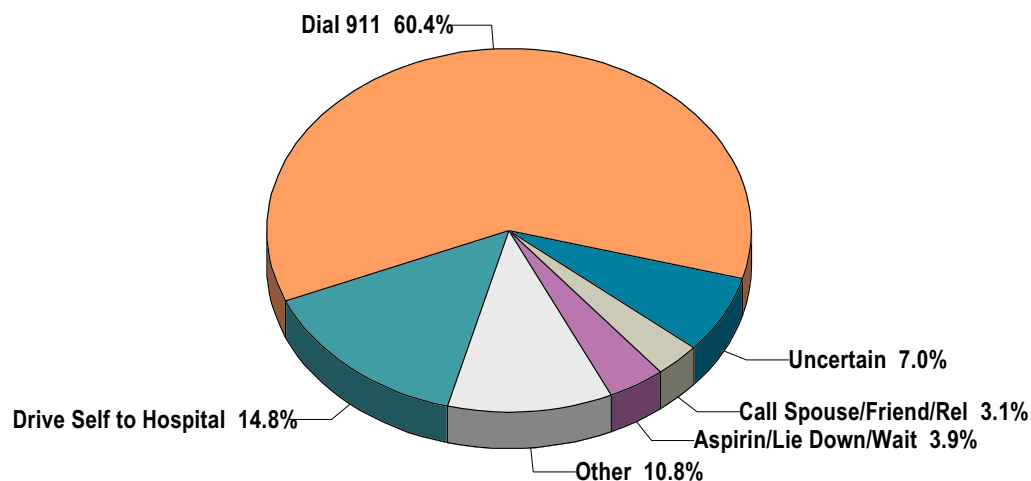
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

Response to Symptoms of Heart Attack

Survey respondents were asked what their response would be if they or someone in their household experienced symptoms of a heart attack.

- Nearly two-thirds (60.4%) of Allen Parish adults would *call 911* upon symptoms of a heart attack.
- 14.8% say they would *drive themselves to the hospital*.
- 3.9% say they would *take aspirin, lie down and see if the symptoms subsided*.
- 3.1% say they would *call a spouse, friend or relative*.
- 10.8% identified a wide variety of other responses (none receiving more than 3% of responses), including go to the hospital, call doctor or HMO nurse.

Action Taken if Someone in the Household Had Symptoms of a Heart Attack
(Allen Parish)



Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Asked of all respondents.

Cardiovascular Risk Factors

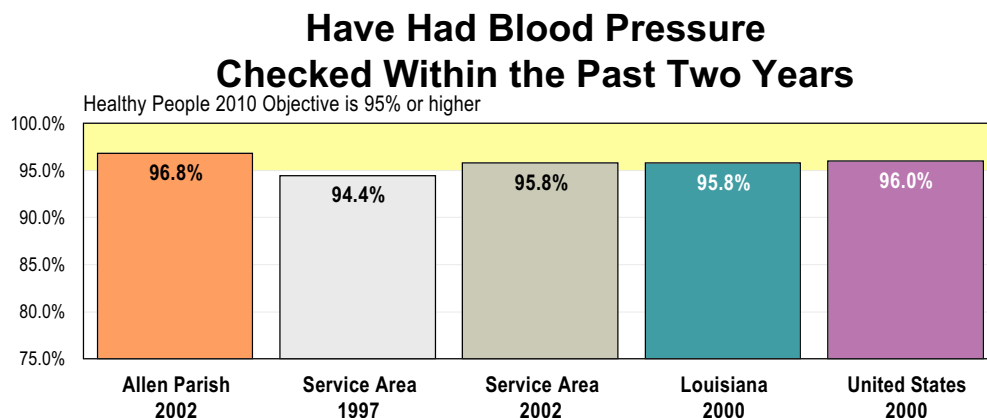
Hypertension (High Blood Pressure)

Hypertension, or high blood pressure, is a condition wherein one's systolic blood pressure is equal to or greater than 140 mm Hg and/or his or her diastolic blood pressure is equal to or greater than 90 mm Hg. Hypertension prevalence increases with age, and women and Blacks are generally at higher risk.

The implications of hypertension are great, placing an individual at increased risk for a variety of health problems, including coronary heart disease, stroke, congestive heart failure, kidney failure, and peripheral vascular disease. However, high blood pressure can often be controlled through medication and/or behavior modification. The health risks associated with high blood pressure can be greatly reduced through weight reduction, increased physical activity, and reduced alcohol consumption. It is also recommended that hypertensive patients eliminate tobacco use and reduce intake of saturated fat and cholesterol since these compound the risk for coronary heart disease and stroke.

Blood Pressure Testing

- **96.8% of adults in Allen Parish have had their blood pressure tested within the past two years.**
 - Statistically similar to Rapides Foundation Service Area, Louisiana, and US.
 - Satisfies the *Healthy People 2010* target (95% or higher).

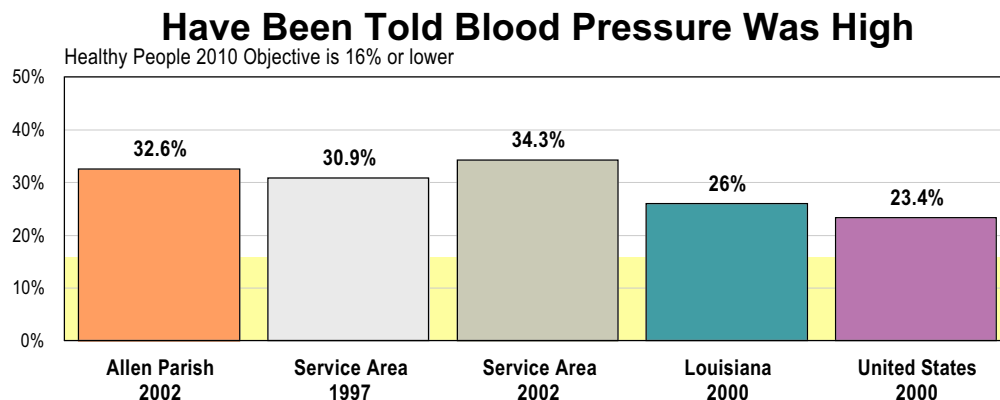


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data
3. 2000 PRC National Health Survey, Professional Research Consultants
4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
5. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.

Note: Reflects the total sample of respondents.

High Blood Pressure Prevalence

- **32.6% of Allen Parish adults have been told at some point that their blood pressure was high.**
 - Similar to that found in the Rapides Foundation Service Area.
 - Significantly higher than found statewide (26.0%).
 - Significantly higher than found nationwide (23.4%).
 - Fails to satisfy the Healthy People 2010 target (16% or lower).
- **26.4% of Allen Parish adults have been told more than once that their blood pressure was high.**

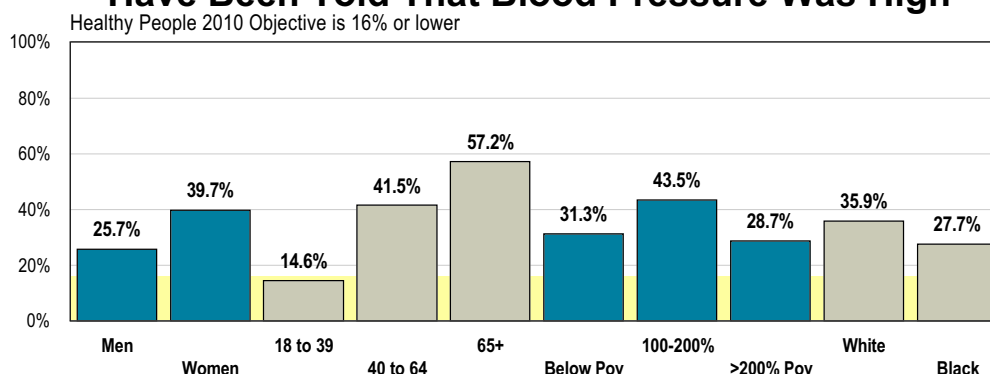


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data
3. 2000 PRC National Health Survey, Professional Research Consultants
4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
5. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.
Note: Reflects the total sample of respondents.

As shown in the following chart:

- In looking at age cohorts, hypertension rates in Allen Parish vary widely between adults under 40 and those 65 and older.
- Women experience a higher prevalence than men.
- Adults in the middle-income bracket show the highest levels of hypertension.
- White respondents have a higher prevalence than Black respondents.

Have Been Told That Blood Pressure Was High



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Allen Parish.

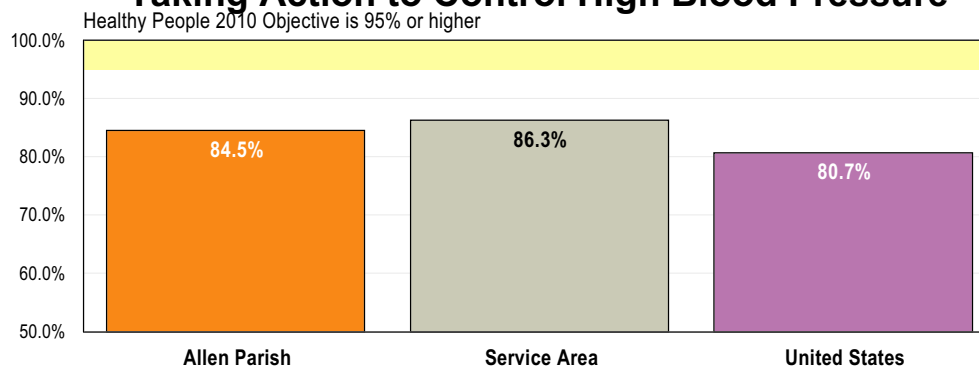
2. Reflects the total sample of respondents.

Controlling High Blood Pressure

Medication is one means of controlling high blood pressure; other means involve behavior modification such as dietary control and regular exercise.

- **84.5% of Allen Parish adults who have been told that their blood pressure was high report that they are currently taking actions to control it.**
 - Similar to Rapides Foundation Service Area findings.
 - Similar to the prevalence reported nationwide (80.7%).
 - Falls short of meeting the *Healthy People 2010* target (95% or higher).

Taking Action to Control High Blood Pressure



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. 2000 PRC National Health Survey, Professional Research Consultants

3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Notes: 1. Asked of respondents with high blood pressure.

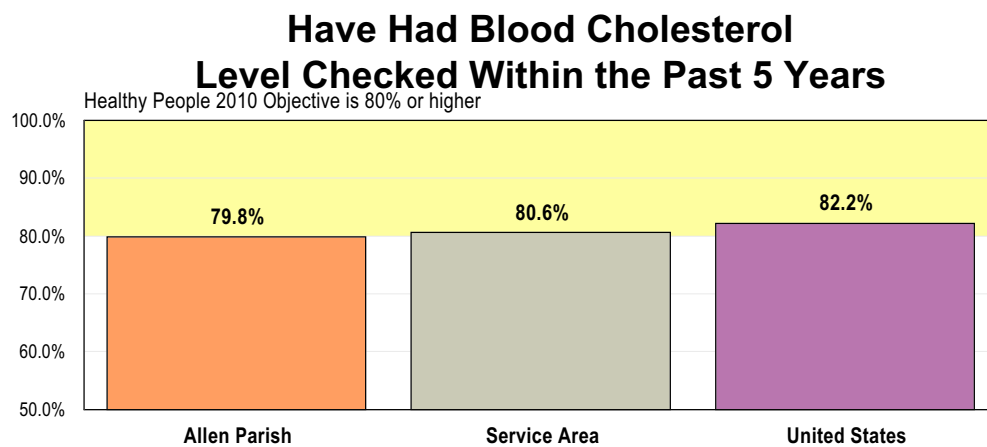
2. State data not available.

High Blood Cholesterol

High blood cholesterol is one of the major risk factors for coronary heart disease (along with cigarette smoking, high blood pressure and physical inactivity). High cholesterol is defined as having a serum total cholesterol level of 240 mg/dL or greater.

Blood Cholesterol Testing

- **79.8% of adults in Allen Parish have had a blood cholesterol screening within the past 5 years.**
 - Similar to the level throughout the Rapides Foundation Service Area and nationwide.
 - Similar to the *Healthy People 2010* target (80% or higher).



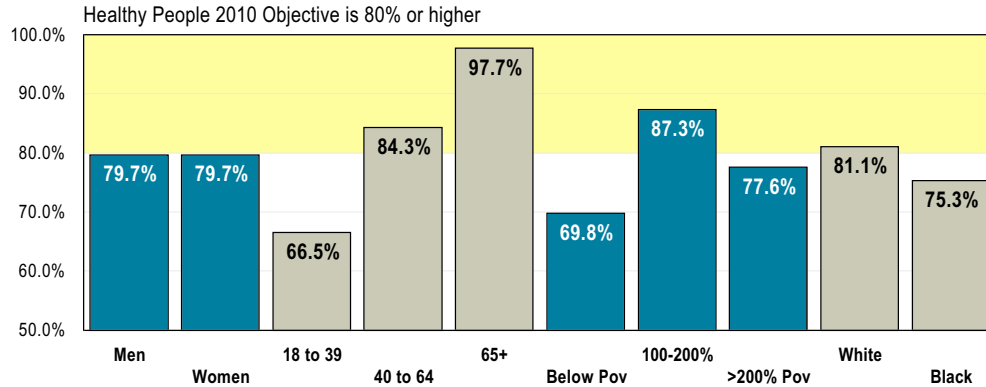
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data
3. 2000 PRC National Health Survey, Professional Research Consultants
4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Note: Reflects the total sample of respondents.

Further note in the following demographic breakout:

- Prevalence of recent cholesterol screenings increase considerably with age.
- Screening levels are notably higher among those in the middle income category (100%-200% of poverty) and among White respondents.

Have Had Blood Cholesterol Level Checked Within the Past 5 Years



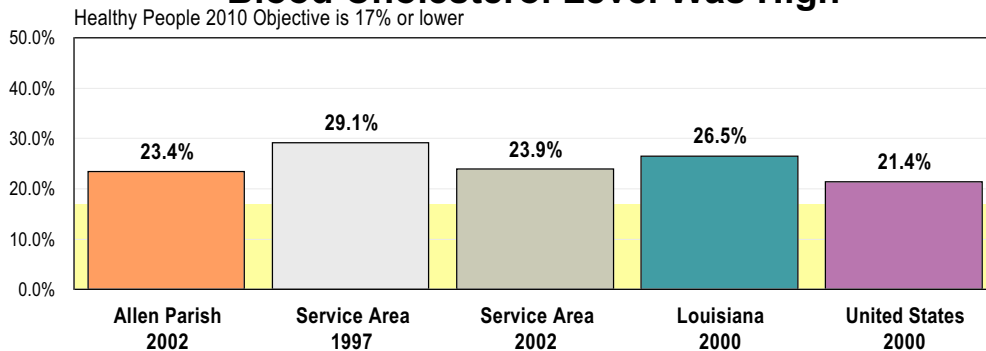
Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Allen Parish.
2. Reflects the total sample of respondents.

High Blood Cholesterol Prevalence

- **23.4% of adults in Allen Parish have been told by a health professional that their cholesterol level was high.**
 - Statistically similar to the Rapides Foundation Service Area and statewide prevalence levels.
 - Statistically similar to the prevalence found nationwide (21.4%).
 - Fails to satisfy the Healthy People 2010 target (17% or lower).

Have Been Told That Blood Cholesterol Level Was High



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data

3. 2000 PRC National Health Survey, Professional Research Consultants

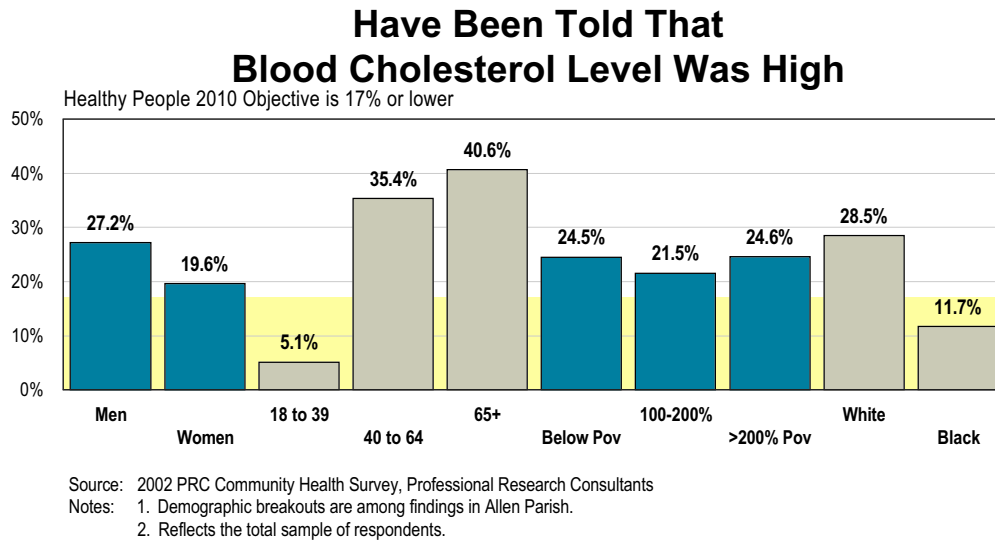
4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

5. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.

Note: Reflects the total sample of respondents.

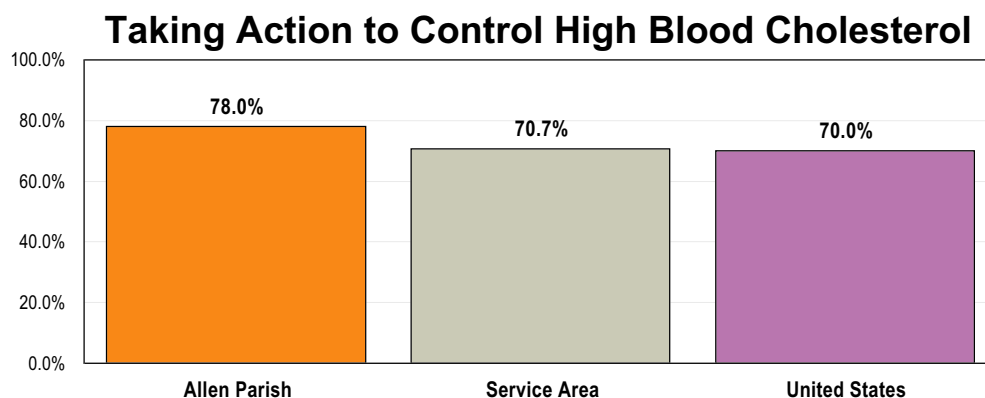
As shown in the following chart:

- High cholesterol increases dramatically with age.
- White respondents report having been told they have high blood cholesterol more often than Black respondents.



Controlling High Blood Cholesterol

- **78.0% of adults in Allen Parish with high blood cholesterol levels are taking some type of action to control their condition.**
 - Similar to the Rapides Foundation Service Area and nationwide findings.



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of respondents with high blood cholesterol.
 2. State data not available.

Cardiovascular Risk Behavior

Three health-related behaviors contribute markedly to cardiovascular disease (National Center for Chronic Disease Prevention and Health Promotion):

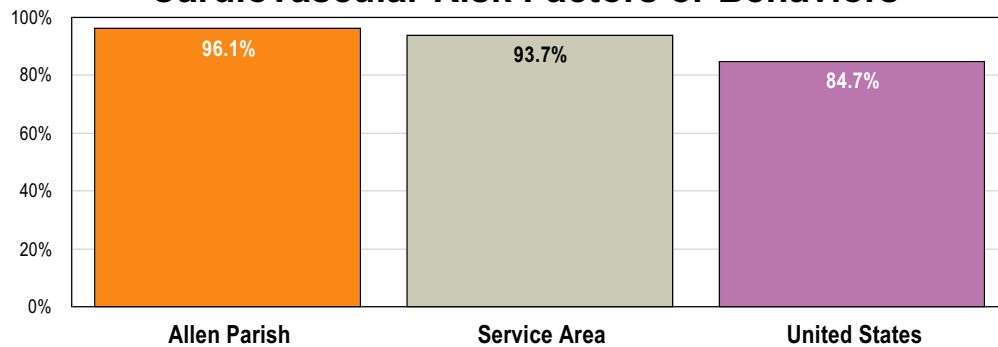
- **Poor nutrition.** People who are overweight have a higher risk for cardiovascular disease. Almost 60% of U.S. adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.
- **Lack of physical activity.** People who are not physically active have twice the risk for heart disease of those who are active. More than half of U.S. adults do not achieve recommended levels of physical activity.
- **Tobacco use.** Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the U.S.

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

Prevalence of Cardiovascular Risk Factors/Behaviors

- **96.1% of Allen Parish adults present one or more cardiovascular risk factors or behaviors, including overweight prevalence, cigarette smoking, high blood pressure, high cholesterol, or a lack of physical activity.**
 - Similar to that found throughout the Rapides Foundation Service Area.
 - Significantly worse than found nationwide (84.7%).

Present One or More Cardiovascular Risk Factors or Behaviors

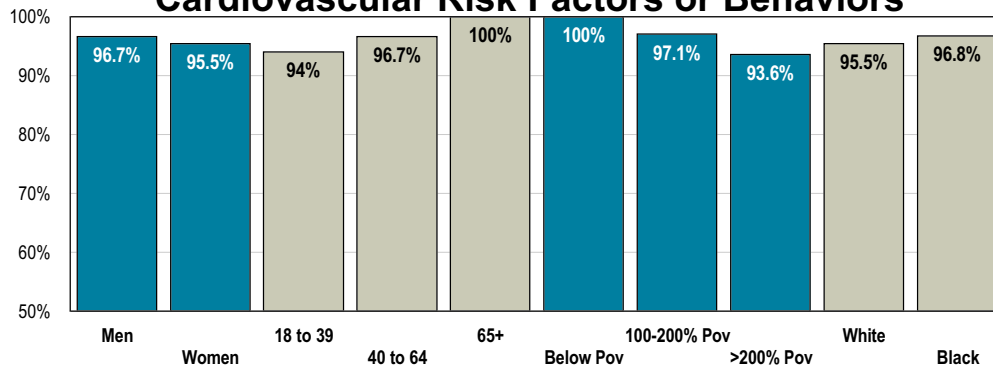


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants

Note: Includes respondents reporting any of the following: overweight, cigarette smoking, high blood pressure, high cholesterol, or physical inactivity.

- Cardiovascular risk factors are highest among older adults and among those in the lower income bracket.
- Little difference is detectable by gender or race.

Present One or More Cardiovascular Risk Factors or Behaviors



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Allen Parish.

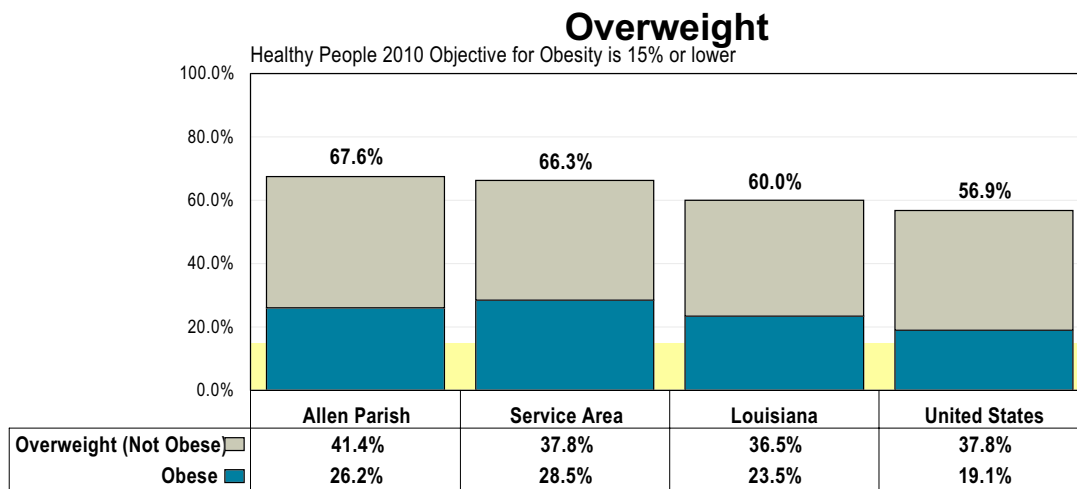
2. Includes respondents reporting any of the following: overweight, cigarette smoking, high blood pressure, high cholesterol, or physical inactivity.

Overweight Prevalence

Being overweight afflicts a considerable portion of the U.S. population and carries significant health risks. Individuals who are overweight are at increased risk for high blood pressure, high blood cholesterol, coronary heart disease and stroke, as well as diabetes, atherosclerosis, gall bladder disease, some types of cancer, and osteoarthritis.

One of the more precise measurements of being overweight is body mass index (BMI), a ratio of weight to height (kg/m^2). One is considered to be overweight with a BMI greater than or equal to 25.0, and one is considered obese with a BMI greater than or equal to 30.0. The rationale for these thresholds is that it is believed that these are where actual increased risk for overweight co-morbidities (such as high blood pressure, high cholesterol, heart disease, etc.) occur.

- **67.6% of Allen Parish adults are overweight (BMI \geq 25), based on self-reported heights and weights.**
 - Similar to that found throughout the Rapides Foundation Service Area.
 - Significantly worse than found statewide (60.0%).
 - Significantly worse than found nationwide (56.9%).
- **26.2% of Allen Parish adults are obese (BMI \geq 30).**
 - Similar to that found throughout the Rapides Foundation Service Area.
 - Similar to that found statewide (23.5%).
 - Significantly worse than found nationwide (19.1%).
 - Fails to satisfy the *Healthy People 2010* target (15% or lower).

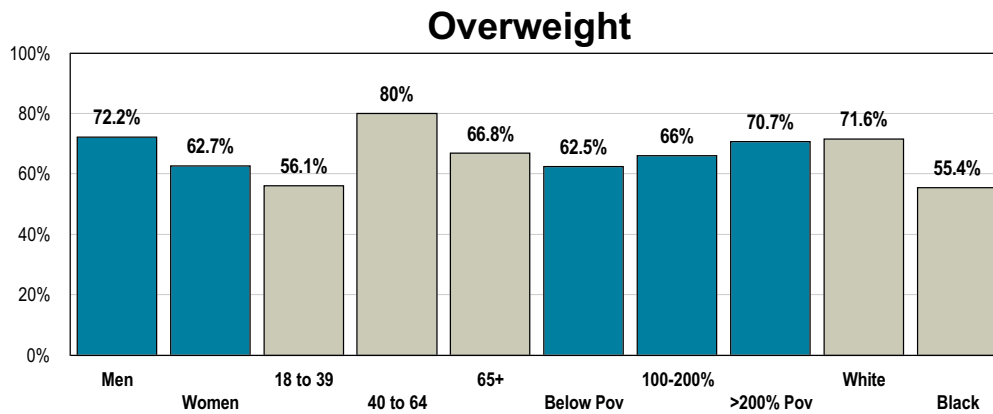


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Notes: 1. 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.
 2. Asked of all respondents.

Overweight prevalence is significantly higher in Allen Parish among:

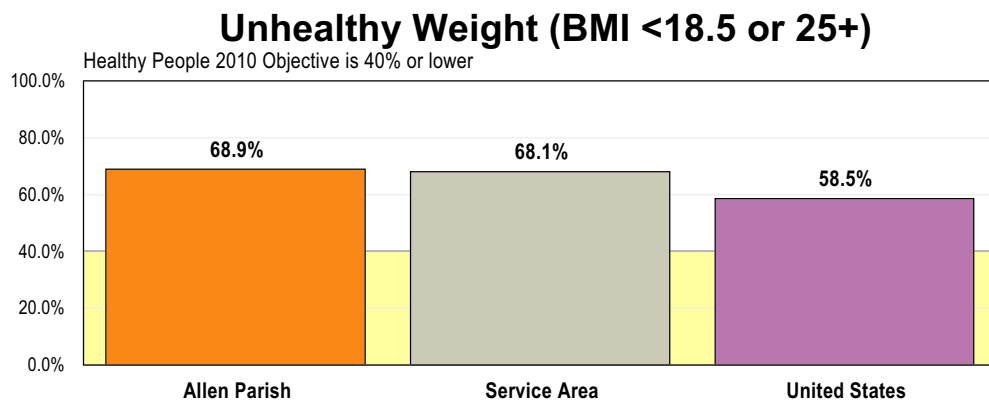
- Men.
- Middle-aged adults (40 to 64 years old).
- White respondents.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

- Notes:
1. 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.
 2. Asked of all respondents.

- **68.9% of Allen Parish adults are of an unhealthy weight (including overweight and the small percentage of adults who are underweight).**
 - Similar to the Rapides Foundation Service Area proportion.
 - Significantly worse than found nationwide (58.5%).
 - Far from reaching the *Healthy People 2010* target (40% or lower).



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. 2000 PRC National Health Survey, Professional Research Consultants

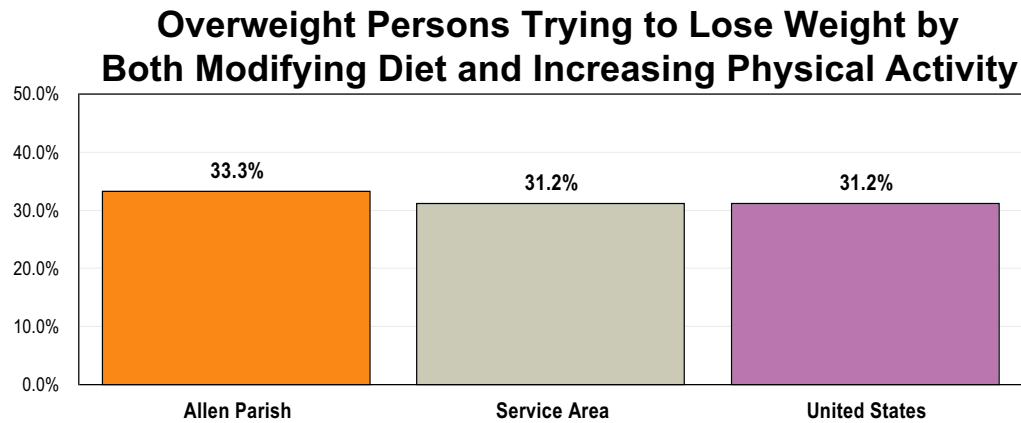
3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

- Notes:
1. The definition as outlined in Healthy People 2010 is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), lower than 18.5 or higher than 25.0.
 2. Asked of all respondents.

Weight Control

Among surveyed adults who are overweight:

- **33.3% of surveyed adults who are overweight are using a combined regimen of diet and exercise as a means to lose weight.**
 - Similar to Rapides Foundation Service Area and national findings.



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants

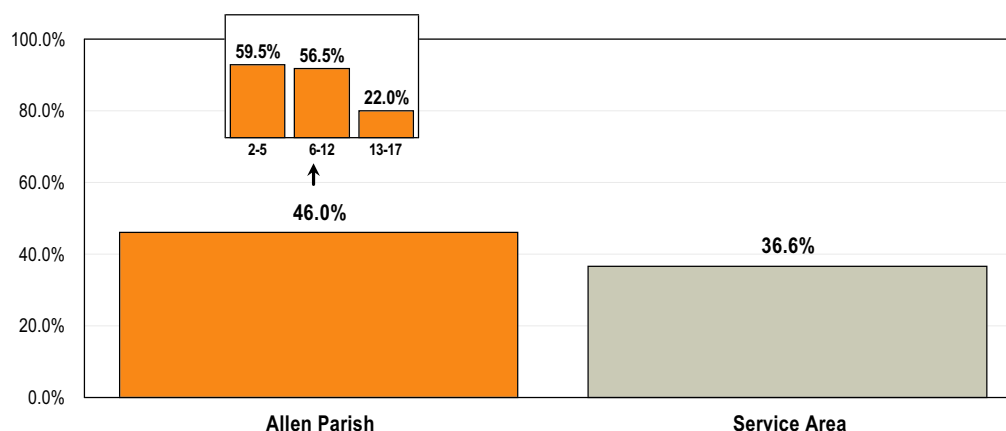
Notes: 1. Asked of all overweight respondents.
2. State data not available.

Overweight Children

Survey respondents were also asked to report heights and weights of children aged two or older in their households. From this information, a BMI was calculated for each child and compared against overweight thresholds (based on status above the 95 percentile of U.S. growth charts for the child's age).

- **46.0% of Allen Parish children between the ages of 2 and 17 are overweight.**
- Overweight prevalence is noted particularly among younger children and decreases with age.
 - Higher than found throughout the Rapides Foundation Service Area.

Child Overweight



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Asked of all respondents with children under 18 at home.

2. Overweight among children is estimated based on children's Body Mass Index status above the 95th percentile of U.S. growth charts.

Nutrition

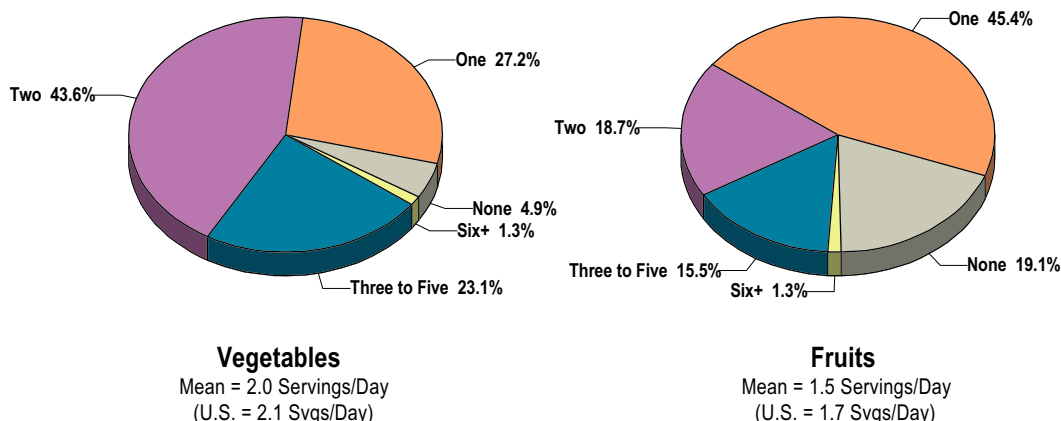
Diet is a key component of good health. In fact, dietary habits have been linked to five of the 10 leading causes of death in the United States, including coronary heart disease, some types of cancer (colorectal, breast and prostate), stroke, noninsulin-dependent diabetes mellitus and atherosclerosis. A well-balanced, low-fat diet can also help limit the risks associated with excessive weight, high blood pressure and high blood cholesterol.

Whereas nutrient deficiencies may have once been a primary concern, the greatest problems today involve the excesses and imbalances of some foods in the American diet. Ideally, one's diet should: be low in fat, saturated fat and cholesterol; include plenty of vegetables, fruits and grain products; contain moderate amounts of sugars, salt and sodium; and include alcohol use in moderation if at all.

Dietary Habits: Fruits & Vegetables

- Residents of Allen Parish report eating an average of 2.0 servings of vegetables per day and an average of 1.5 servings of fruits per day.

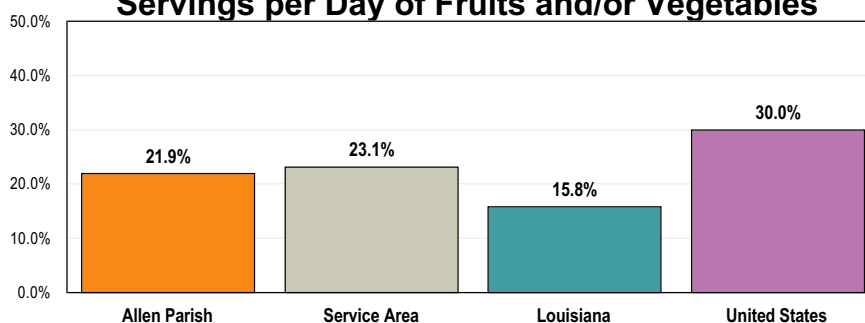
Self-Reported Daily Servings of Fruits and Vegetables



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Community Health Survey, Professional Research Consultants
Note: Asked of all respondents.

- **Only 21.9% of Allen Parish adults eat the recommended five or more servings per day of fruits and/or vegetables.**
 - Similar to that found throughout the Rapides Foundation Service Area.
 - Significantly better than found statewide (15.8%).
 - Significantly worse than found nationwide (30.0%).

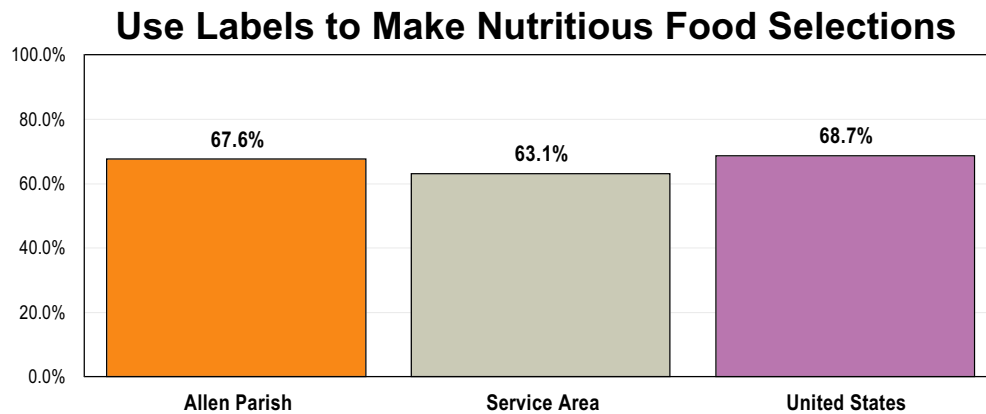
Eat the Recommended 5 or More Servings per Day of Fruits and/or Vegetables



Source: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
3. 2000 PRC National Health Survey, Professional Research Consultants
Note: Asked of all respondents.

Use of Food Labels

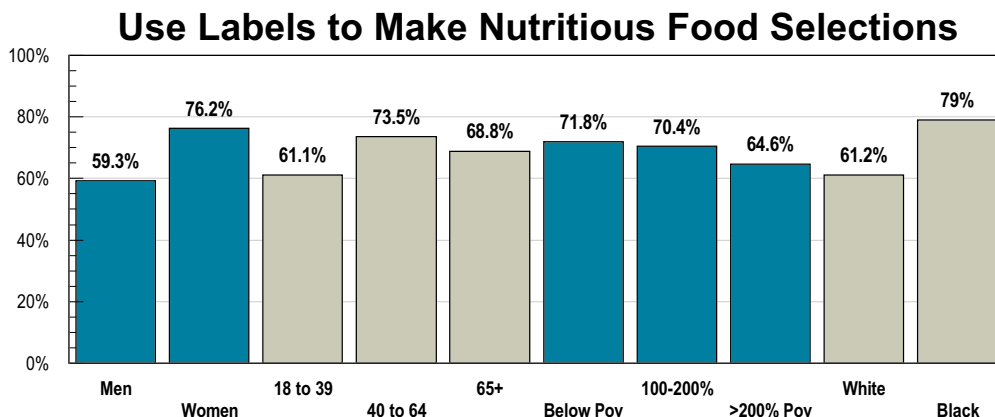
- **67.6% of Allen Parish adults report reading food labels when shopping for groceries in order to make more nutritious food selections.**
 - Similar to Rapides Foundation Service Area findings.
 - Similar to that found nationwide (68.7%).



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of all respondents.
 2. State data not available.

Use of food labels is notably higher among:

- Women.
- Middle-aged adults.
- Black respondents.
- Lower- and middle-income respondents.

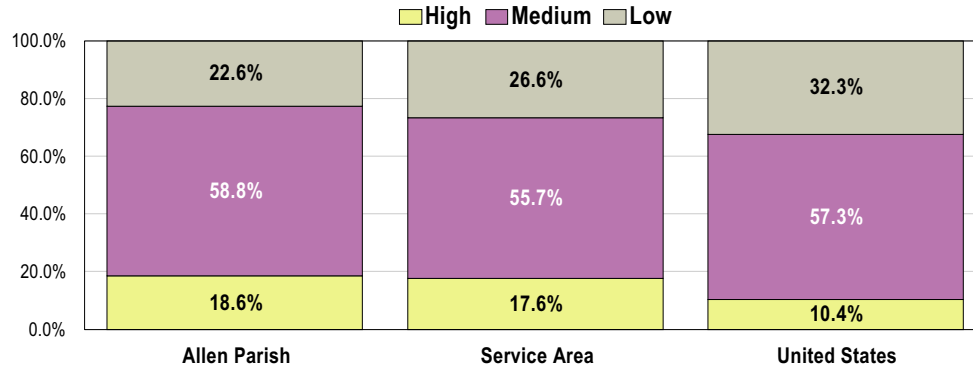


Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Allen Parish.
 2. Asked of all respondents.

Dietary Fat Content

- **18.6% of Allen Parish adults report eating a diet that they characterize as “high” in fat.**
 - Similar to the proportion found throughout the Rapides Foundation Service Area.
 - Significantly worse than found nationwide (10.4%).

Self-Reported Dietary Fat Content

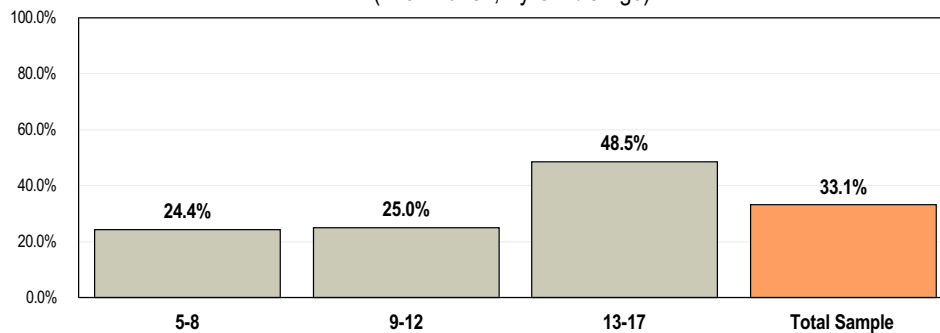


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Community Health Survey, Professional Research Consultants
 Note: Asked of all respondents.

Children & Fast Food

- **33.1% of Allen Parish parents report that their child eats three or more of his/her meals per week from a fast-food restaurant.**
- Frequent fast food meals are more common among older children, especially teens.

Child Eats Three or More Fast Food Meals per Week (Allen Parish; By Child's Age)



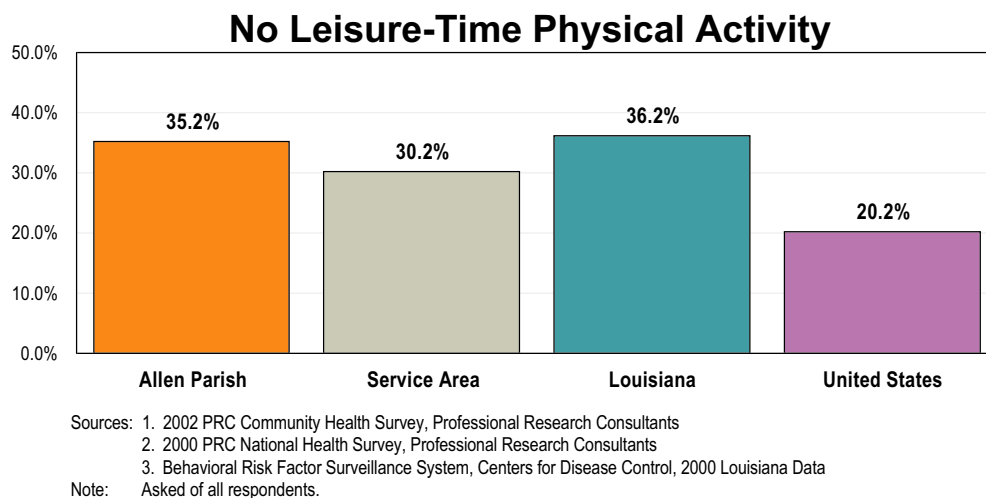
Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Note: Asked of all respondents with children aged 5 and older.

Physical Activity

Regular physical activity contributes to a longer and healthier life. The health benefits of exercise are irrefutable; it has been asserted that employing regular physical activity toward cardiorespiratory fitness can prevent or limit one's risk for such afflictions as coronary heart disease, hypertension, noninsulin-dependent diabetes mellitus, osteoporosis, obesity, depression, colon cancer, stroke and back injury.

No Leisure-Time Physical Activity

- **35.2% of Allen Parish adults have not participated in any type of physical activity outside work during the past month.**
 - Similar to statewide findings.
 - Slightly higher than found throughout the Rapides Foundation Service Area (30.2%).

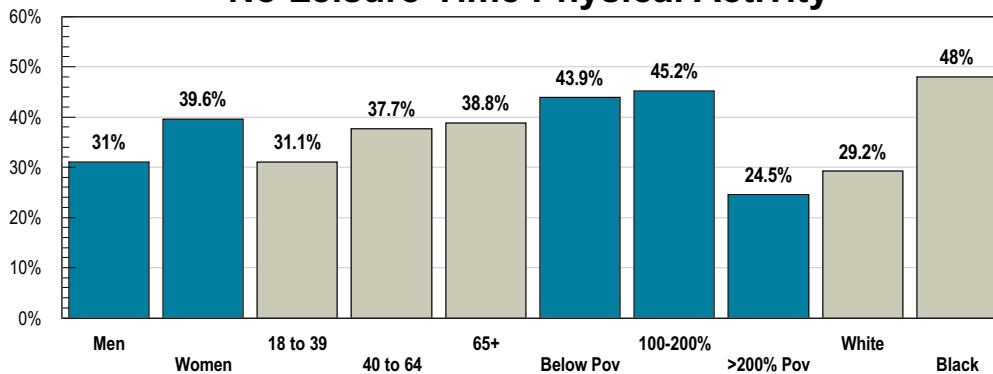


- Significantly worse than found nationwide (20.2%).

The following chart segments levels of inactivity by various demographic characteristics. As shown, a lack of leisure-time physical activity is found among a greater share of:

- Persons living at middle and lower income levels.
- Older adults.
- Women.
- Black respondents.

No Leisure-Time Physical Activity



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Allen Parish.

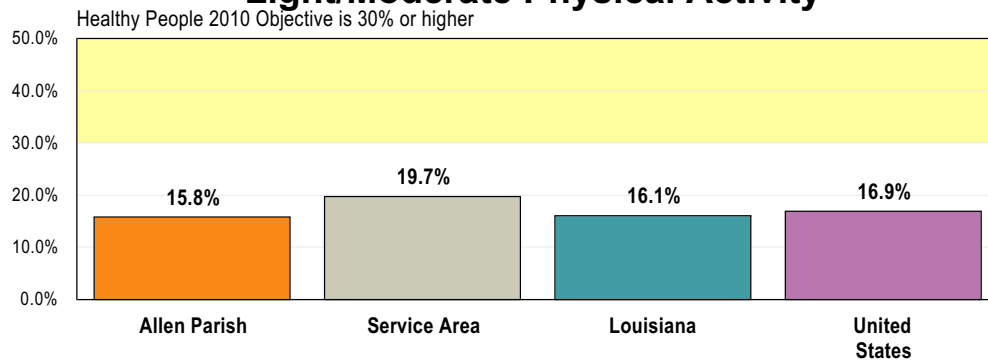
2. Asked of all respondents.

Light/Moderate Physical Activity

“Light/moderate” physical activity is defined as activities that cause only light sweating or a slight to moderate increase in breathing or heart rate.

- **15.8% of Allen Parish adults report taking part in “light” or “moderate” physical activity at least five times per week for at least 30 minutes at a time.**
 - Significantly lower than Rapides Foundation Service Area.
 - Similar to statewide and national findings.
 - Fails to satisfy the *Healthy People 2010* target (30% or higher).

Light/Moderate Physical Activity



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1998 Louisiana Data

3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

4. 2000 PRC National Health Survey, Professional Research Consultants

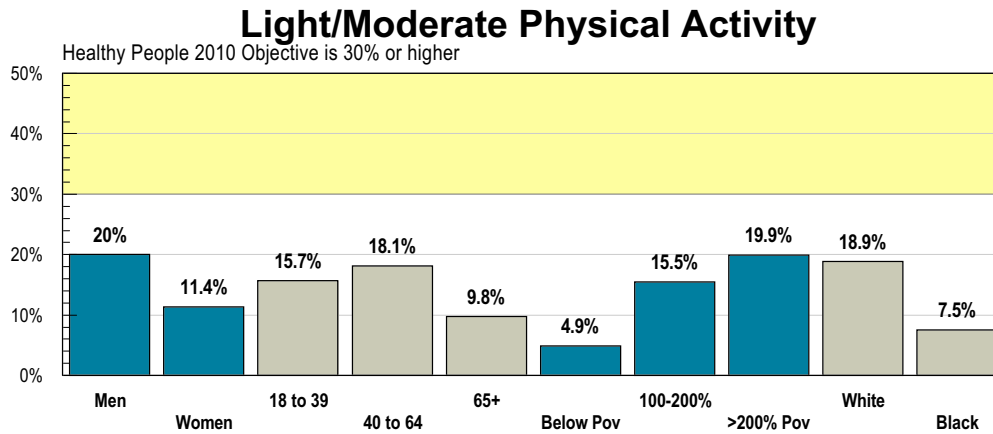
Notes: 1. Asked of all respondents.

2. Takes part in "light/moderate physical activity" (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time.

3. The Healthy People 2010 goal is to increase to at least 30% the proportion of people who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes per day.

Moderate physical activity is lowest among:

- Adults aged 65 and older.
- Persons living below the poverty threshold.
- Women.
- Black respondents.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Asked of all respondents.

2. Takes part in "light/moderate physical activity" (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time.

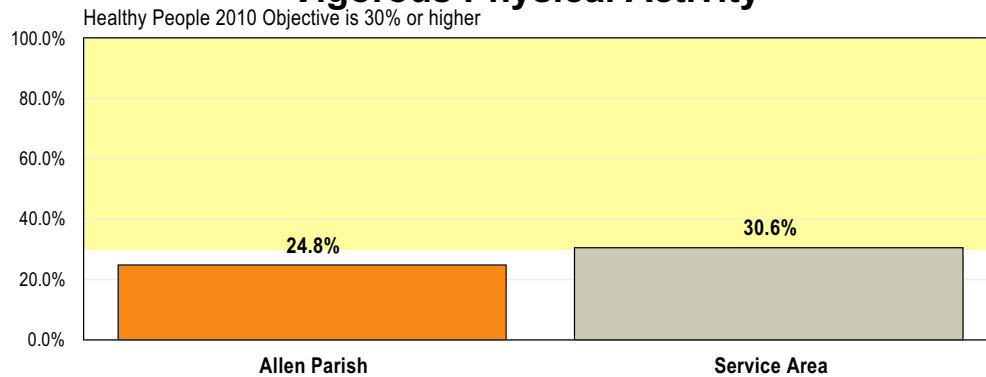
3. The Healthy People 2010 goal is to increase to at least 30% the proportion of people who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes per day.

Vigorous Physical Activity

“Vigorous” physical activity is defined as activities that cause heavy sweating or large increases in breathing or heart rate.

- **24.8% of Allen Parish adults report taking part in vigorous physical activity at least three times a week for at least 20 minutes at a time.**
 - Significantly lower than found throughout the 11-parish Rapides Foundation Service Area.
 - Does not satisfy the *Healthy People 2010* target (30% or higher).

Vigorous Physical Activity



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Notes: 1. Asked of all respondents.

2. Takes part in "vigorous physical activity" (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

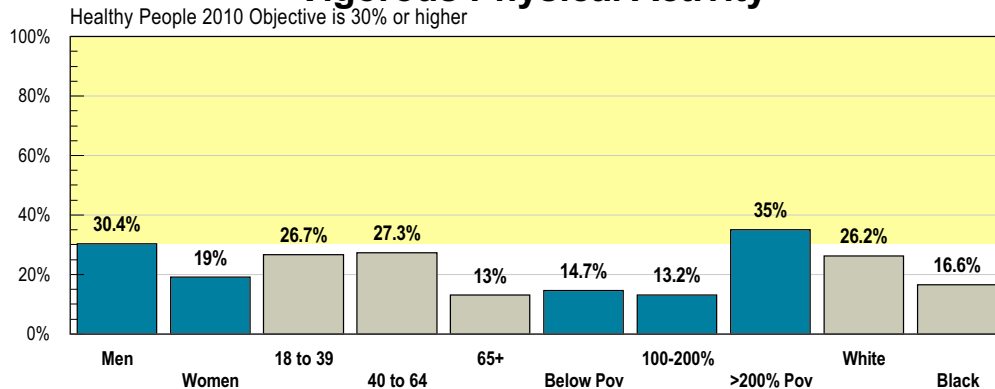
3. The Healthy People 2010 goal is to increase to at least 30% the proportion of people who engage regularly, preferably 3 times or more weekly, in vigorous physical activity for at least 20 minutes per exercise session.

4. State and U.S. data not available.

Vigorous physical activity levels are lowest among:

- Middle- and lower-income adults.
- Those aged 65 or older.
- Women.
- Black respondents.

Vigorous Physical Activity



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Allen Parish.

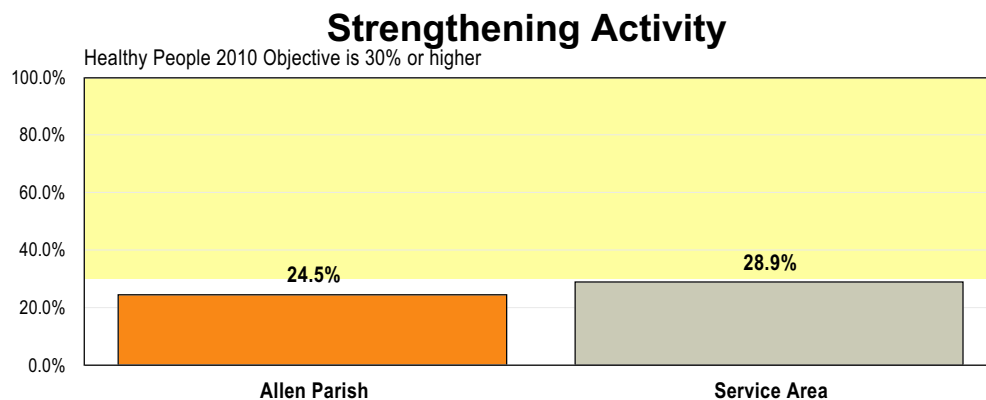
2. Asked of all respondents.

3. Takes part in "vigorous physical activity" (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Strengthening Activity

“Strengthening activities” are activities specifically designed to strengthen muscles, such as lifting weights or doing calisthenics.

- **24.5% of Allen Parish adults report taking part in strengthening activities at least twice a week.**
 - Similar to Rapides Foundation Service Area findings.
 - Falls short of satisfying the *Healthy People 2010* target (30% or higher).



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Notes: 1. Asked of all respondents.

2. In this case, "strengthening activity" refers to performing any activity which enhances and maintains strength and endurance at least twice a week.

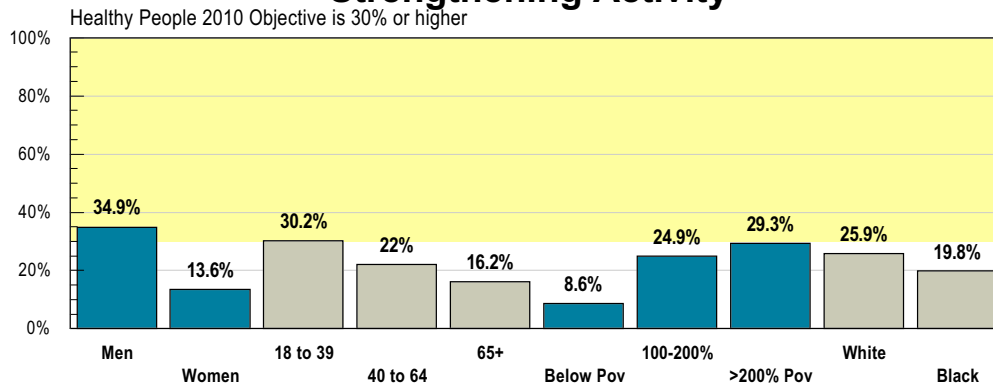
3. The Healthy People 2010 goal is to increase to at least 30% the proportion of people who engage in activity which enhances and maintains strength and endurance at least two times weekly.

4. State and national data not available.

Strengthening activity levels are lowest among:

- Those aged 65 or older.
- Lower-income adults.
- Women.

Strengthening Activity



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Allen Parish.

2. Asked of all respondents.

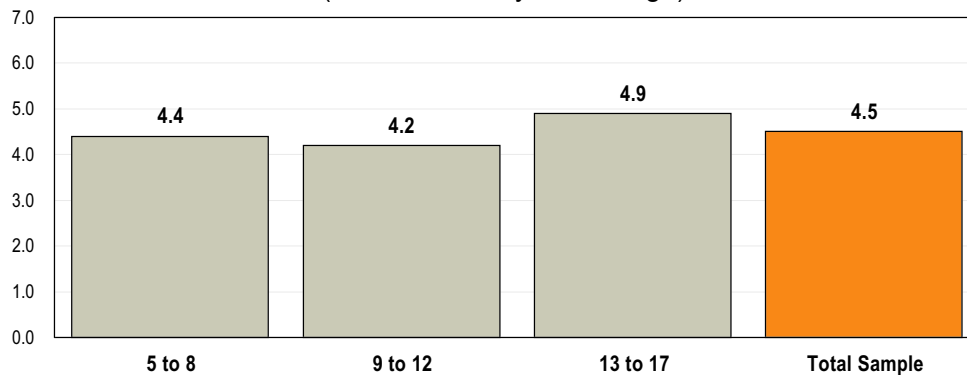
3. In this case, "strengthening" refers to performing exercise which enhances and maintains strength and endurance at least twice weekly.

Physical Activity in Children

Allen Parish parents report that their children take part in physical activity lasting 20 minutes or more on an average 4.5 days per week.

- Little difference in responses is noted among parents of children in various age groupings.

Average Days per Week on Which Child Participates in Physical Activity Lasting 20+ Minutes (Allen Parish; By Child's Age)



Source: 2002 PRC Community Health Survey, Professional Research Consultants

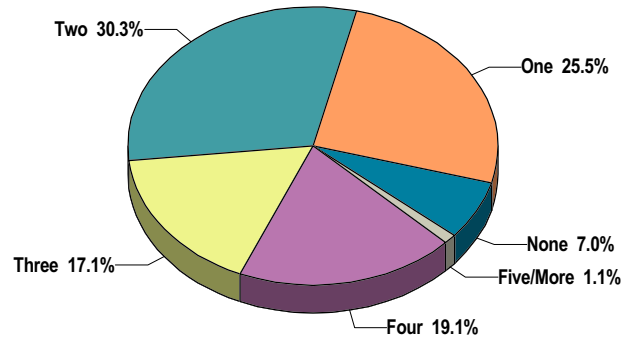
Notes: 1. Asked of all respondents with children under 18 at home.

2. In this case, the term "physical activity" refers to exercise that causes the child to sweat or breathe hard.

Television watching is a leading sedentary behavior in children. Survey respondents with children between the ages of 5 and 17 were asked how much television their child watches on a typical school day.

- **47.4% of Allen Parish parents report that their child watches television an average of two to three hours on a typical school day.**
- **20.2% of Allen Parish parents report that their child watches television an average of four or more hours on a typical school day.**

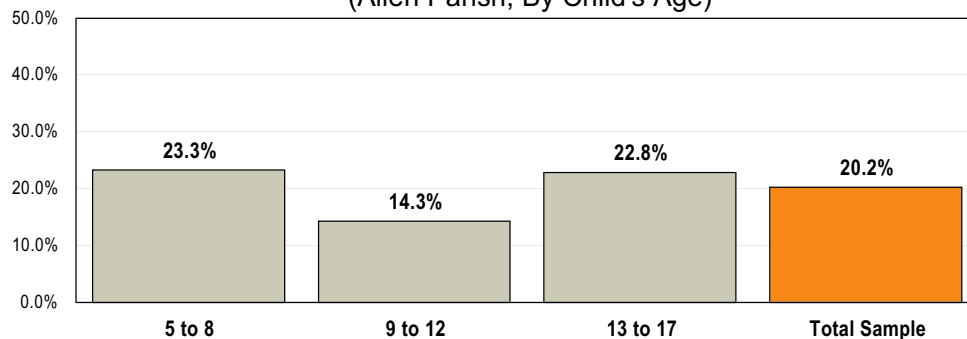
Hours Child Watches Television on a Typical School Day



Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Note: Asked of all respondents with children under 18 at home.

- Young children (5 to 8 years old) and teenagers (13 to 17 years old) appear to spend a greater amount of time in front of the television on a typical school day than children ages 9 to 12.

Child Watches Four or More Hours of Television on a Typical School Day
 (Allen Parish; By Child's Age)

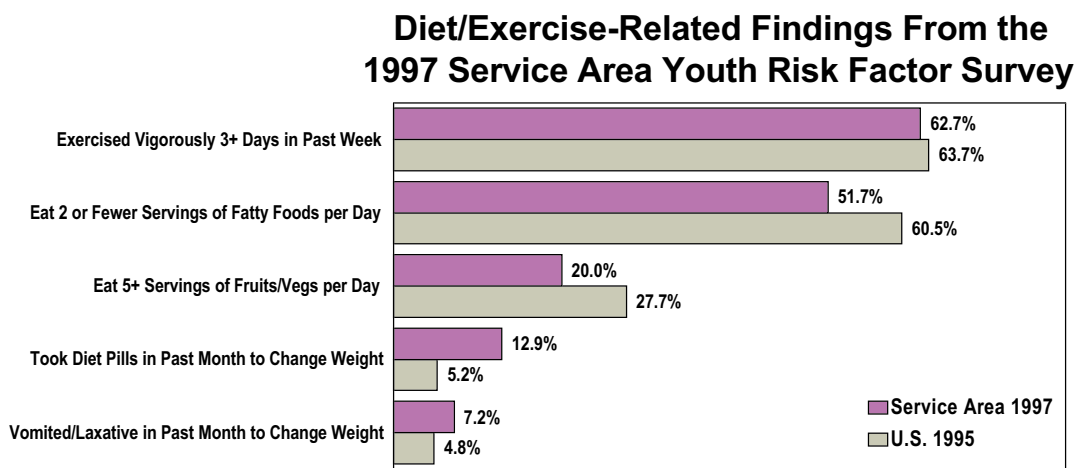


Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Note: Asked of all respondents with children under 18 at home.

Adolescent Nutrition & Exercise

In 1997, the Tulane School of Public Health and Tropical Medicine administered a youth risk factor survey to high school students in the Rapides Foundation Service Area. Note the following findings in comparison to 1995 national survey data:

- **Service area youth reported fewer servings per day of fruits/vegetables and reported a greater share of daily meals with fatty foods.**
- Service area youth reported higher usage of diet pills and laxatives/vomiting to lose weight.



Source: Tulane School of Public Health and Tropical Medicine.

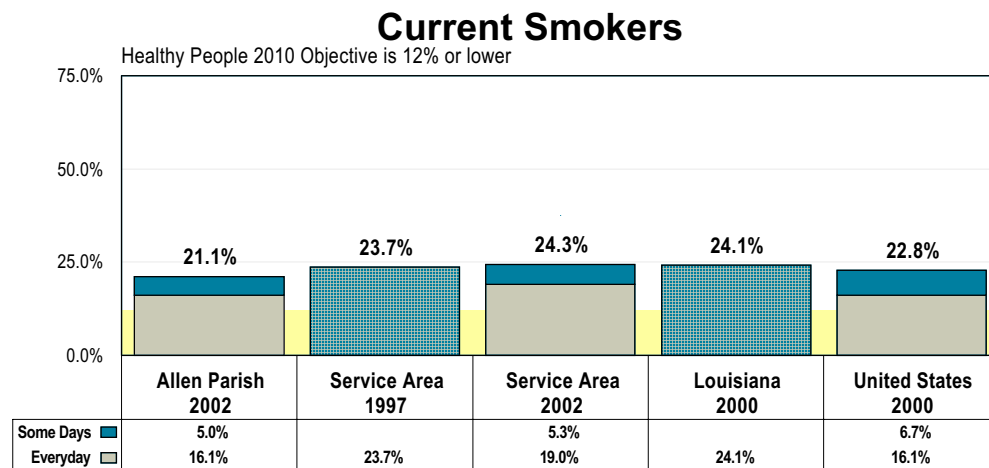
Tobacco Use

Tobacco use remains the leading preventable cause of death in the United States, causing more than 400,000 deaths each year and resulting in an annual cost of more than \$50 billion in direct medical costs. Each year, smoking kills more people than AIDS, alcohol, drug abuse, car crashes, murders, suicides, and fires — combined.

Nationally, smoking results in more than 5 million years of potential life lost each year. Approximately 80% of adult smokers started smoking before the age of 18. Every day, nearly 3,000 young people under the age of 18 become regular smokers. More than 5 million children living today will die prematurely because of a decision they will make as adolescents — the decision to smoke cigarettes. (Center for Disease Control and Prevention).

Cigarette Smoking Prevalence

- **21.1% of Allen Parish adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).**
 - Statistically similar to service area, national and statewide prevalence levels.
 - Far from reaching the *Healthy People 2010* target (12% or lower).

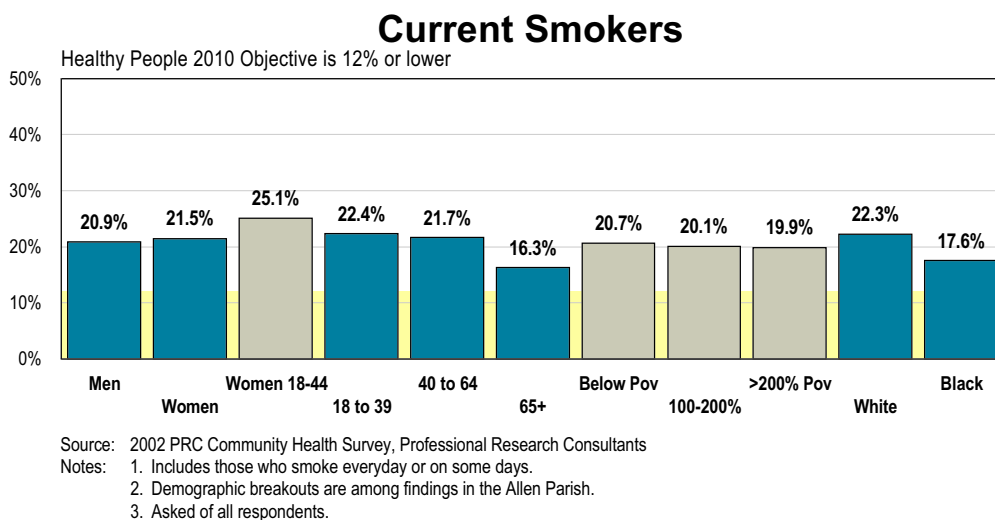


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
3. 2000 PRC National Health Survey, Professional Research Consultants
4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
5. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.

Notes: 1. Includes regular and occasional smokers (everyday and some days).
2. 1997 parish and service area data and 1999 state data do not distinguish between, but include both, regular and occasional smokers.

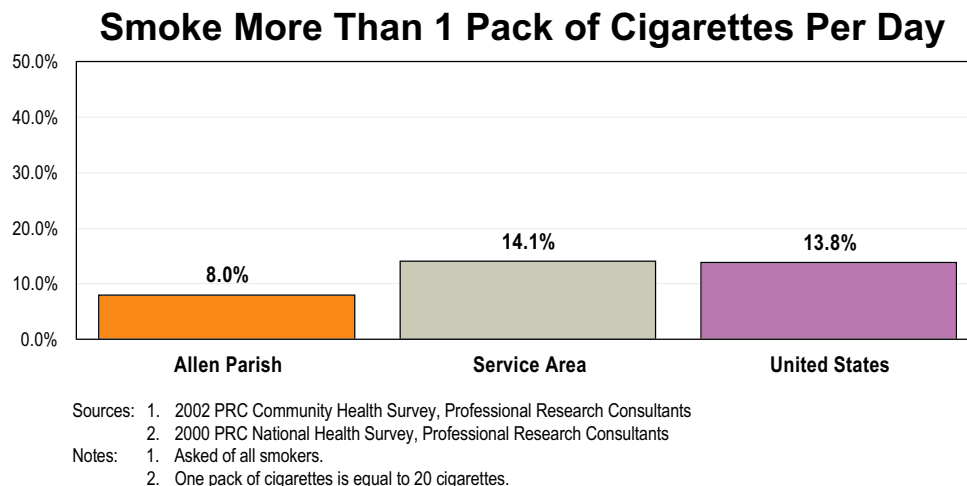
Cigarette smoking is higher among:

- Young and middle-aged adults.
- White respondents.
- Little variation is noted by income level.
- Smoking is also higher among women of child-bearing age (ages 18 to 44). This is notable, given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth and low birthweight for women who smoke during pregnancy.



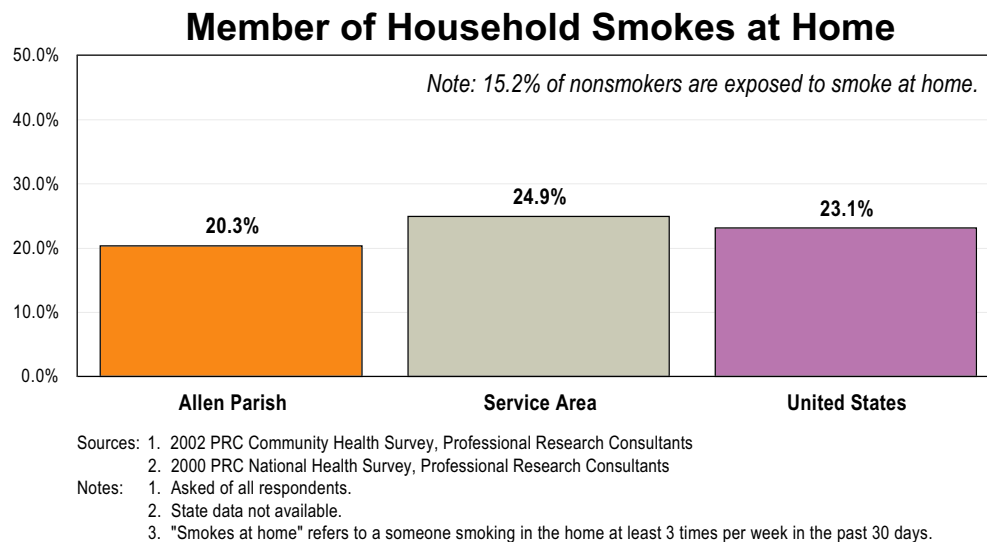
Number of Cigarettes Smoked per Day

- 8.0% of smokers report smoking more than one pack per day.
- Similar to Rapides Foundation Service Area and national findings.

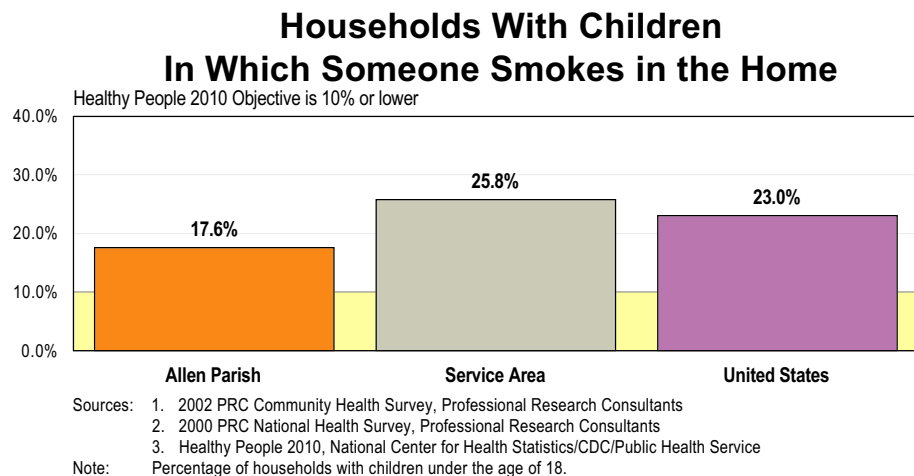


Exposure to Second-Hand Smoke

- **20.3% of Allen Parish adults report that a member of their household smokes at home on three or more days per week.**
 - Similar to Rapides Foundation Service Area and national findings.
- **15.2% of nonsmokers live with someone who smokes in the home.**

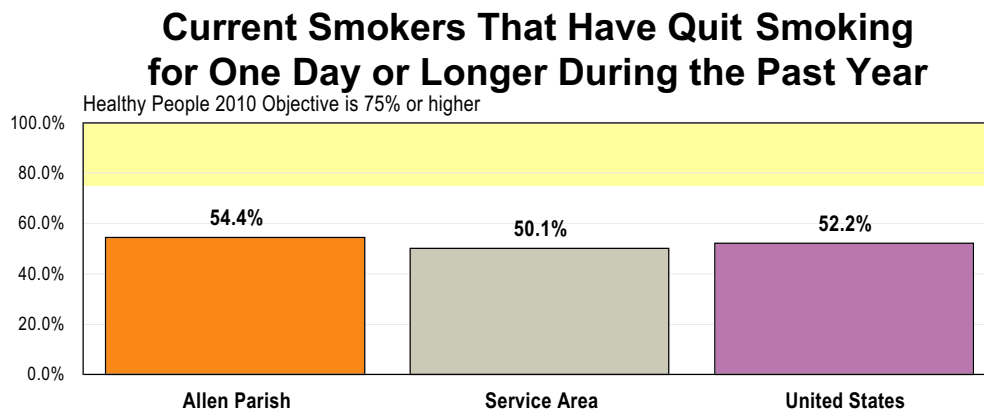


- **17.6% of Allen Parish households with children have someone who smokes in the home three or more days per week.**
 - Similar to Rapides Foundation Service Area and national findings.
 - Fails to satisfy the *Healthy People 2010* target (10% or lower).



Smoking Cessation Attempts

- **54.4% of Allen Parish adults who currently smoke every day report that they have stopped smoking for one day or longer in the past year in an effort to quit smoking altogether.**
 - Statistically similar to that found among smokers throughout the 11-parish Rapides Foundation Service Area and nationwide.
 - Far from reaching the *Healthy People 2010* target (75% or higher).



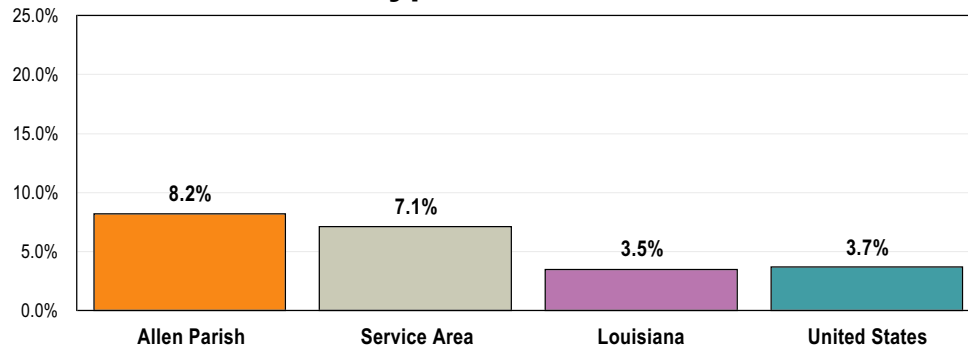
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Notes: 1. Asked of regular (everyday) smokers.
2. State data not available.

Smokeless Tobacco

- **8.2% of Allen Parish adults report using smokeless tobacco, such as chewing tobacco or snuff.**
 - Significantly less favorable than Louisiana and national findings.
 - Similar to that found throughout the Rapides Foundation Service Area (7.1%).

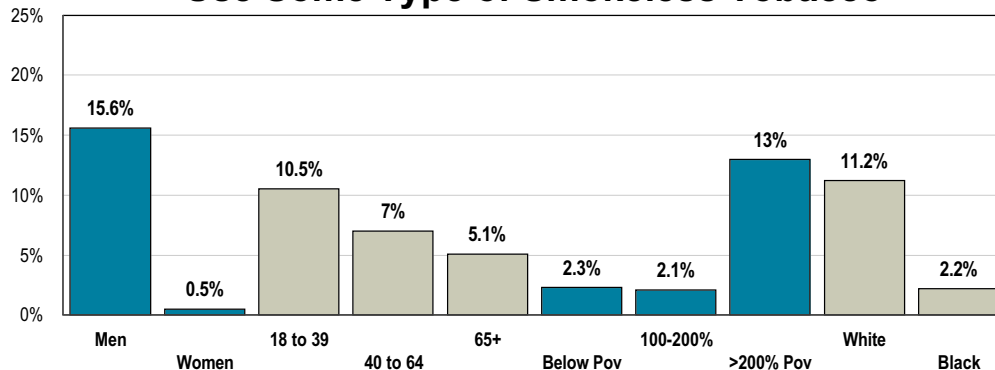
Use Some Type of Smokeless Tobacco



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of all respondents.

- **15.6% of Allen Parish men currently use smokeless tobacco products.**

Use Some Type of Smokeless Tobacco

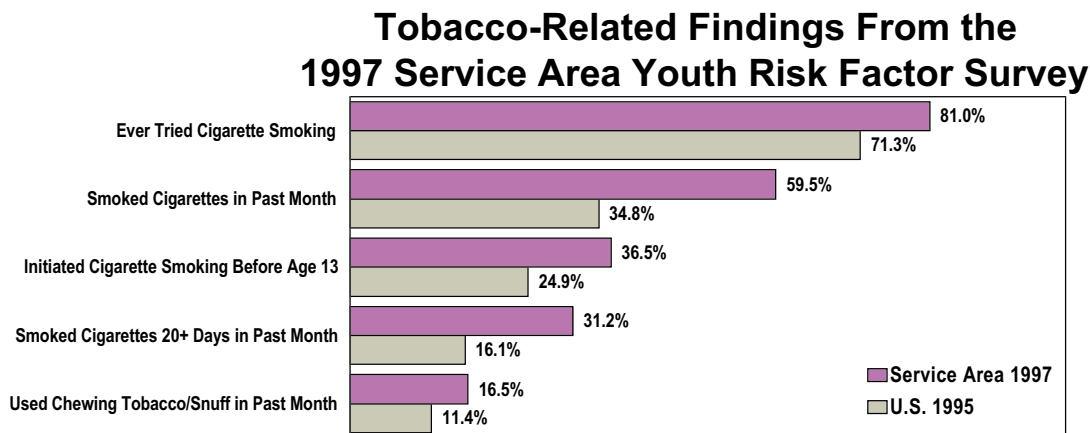


Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Allen Parish.
 2. Reflects the total sample of respondents.

Adolescent Tobacco Use

Note the following comparisons between the 1997 Central Louisiana Youth Risk Factor Survey findings and 1995 national data:

- **Rapides Foundation Service Area high school students report a much higher prevalence of cigarette smoking, both in terms of the percentage of students who smoked at all in the 30 days preceding the interview and the percentage of students who smoked on 20 or more days of the 30 days preceding the interview.**
- **A greater share of service area youth report trying cigarettes before the age of 13.**
- **Service area youth report a higher prevalence of using chewing tobacco or snuff.**



Source: Tulane School of Public Health and Tropical Medicine.

Cancers

Cancer is a group of diseases characterized by uncontrolled growth and spread of abnormal cells. If the spread is not controlled, it can result in death. Cancer is caused by both external factors (tobacco, chemicals, radiation, and infectious organisms) and internal factors (inherited mutations, hormones, immune conditions, and mutations that occur from metabolism).

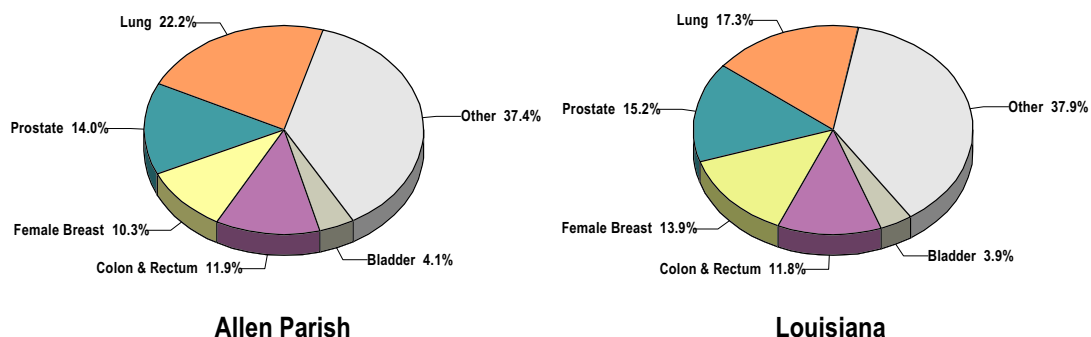
Causal factors may act together or in sequence to initiate or promote carcinogenesis. Ten or more years often pass between exposures or mutations and detectable cancer. Cancer is treated by surgery, radiation, chemotherapy, hormones, and immunotherapy (American Cancer Society).

Leading Cancer Diagnoses by Site

Between 1994 and 1998, the leading cancer diagnoses in Allen Parish were for:

- Lung cancer (22.2% of diagnoses)
- Prostate cancer (14.0%)
- Colorectal cancer (11.9%)
- Female breast cancer (10.3%)

Leading Types of Cancer Cases by Site (1994-98)

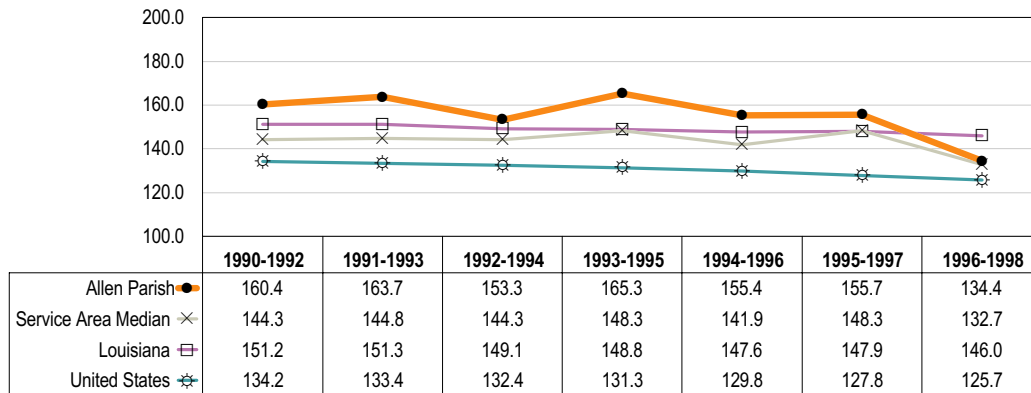


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

Cancer Deaths

- Age-adjusted death rates for cancer in Allen Parish have decreased in recent years, falling below the statewide average of 146.0 in 1996-1998.

Age-Adjusted Mortality: Cancers (Deaths per 100,000 Population; Three-Year Averages)



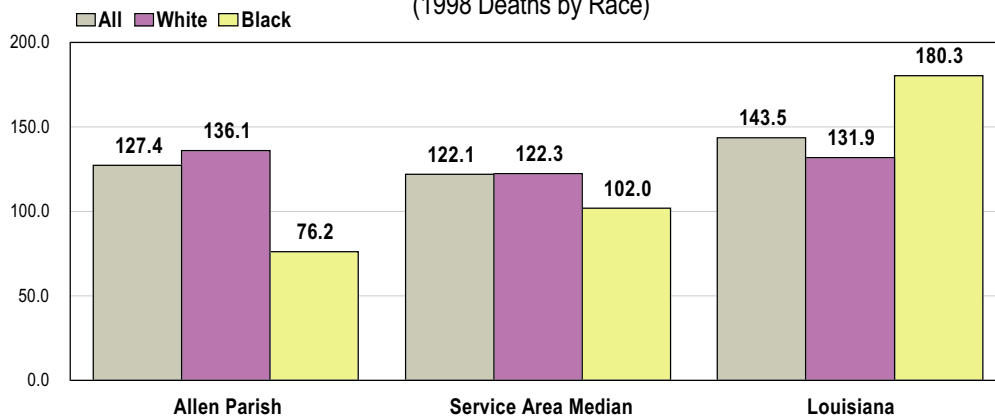
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- In 1998, Whites exhibit higher age-adjusted cancer death rates than Blacks in Allen Parish. However, Blacks exhibit a notably higher cancer death rate than Whites statewide during the same period.

Age-Adjusted Mortality: Cancers (1998 Deaths by Race)



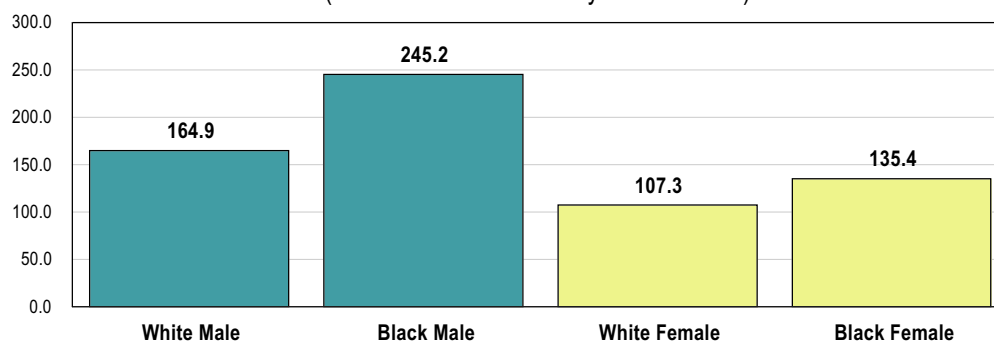
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- Statewide in 1998, Black males had the highest cancer death rate by gender and race (245.2/100,000), followed by White males (164.9/100,000), Black females (135.4/100,000) and White females (107.3/100,000).

Age-Adjusted Mortality: Cancers (1998 Louisiana Deaths by Race/Gender)



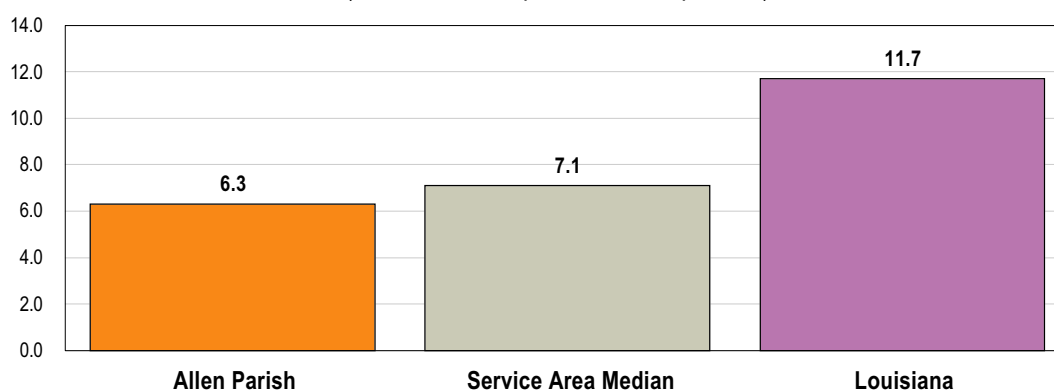
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).
Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

Cancer Deaths by Site

Note that the following rates include the very small portion of breast cancer deaths that occur among males.

- The 1996-98 Allen Parish breast cancer death rate is lower than the statewide rate and is comparable to the Rapides Foundation Service Area.

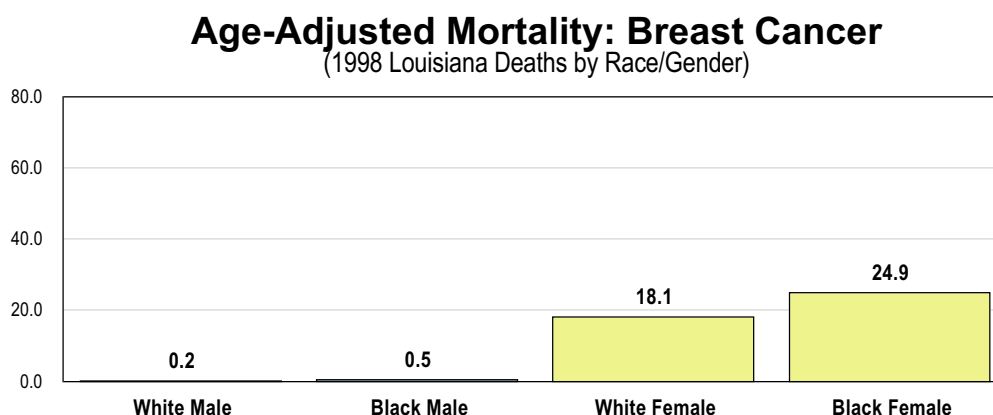
Age-Adjusted Mortality: Breast Cancer (1996-98 Deaths per 100,000 Population)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

- Notes:
- Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.
 - Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).
 - Includes both male and female breast cancer.

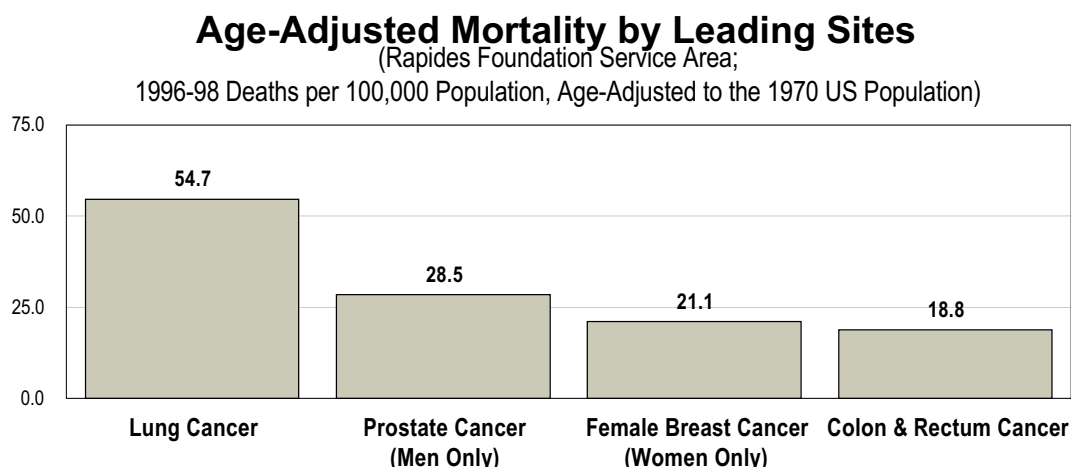
- **Statewide, Black females experience a higher age-adjusted breast cancer death rate (24.9/100,000) than do White females (18.1/100,000).**



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).
Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

NOTE: While cancer death rates by site (other than breast cancer) are not typically tracked in state vital statistics records, some death rate data are available through the Louisiana Tumor Registry. However, these death rates use an alternative age-adjusting method (adjusted to the 1970 US Standard Population), and are thus not comparable to death rates outlined elsewhere in this report. Further, individual parish data for these are not available.

- **Of the leading cancer sites, lung cancer yields the highest death rate in the Rapides Foundation Service Area (54.7 age-adjusted deaths per 100,000 population), nearly twice the rate of the second leading cancer death site, prostate cancer (28.5/100,000). These death rates are followed by female breast cancer (21.1/100,000) and colon and rectum cancer (18.8/100,000).**

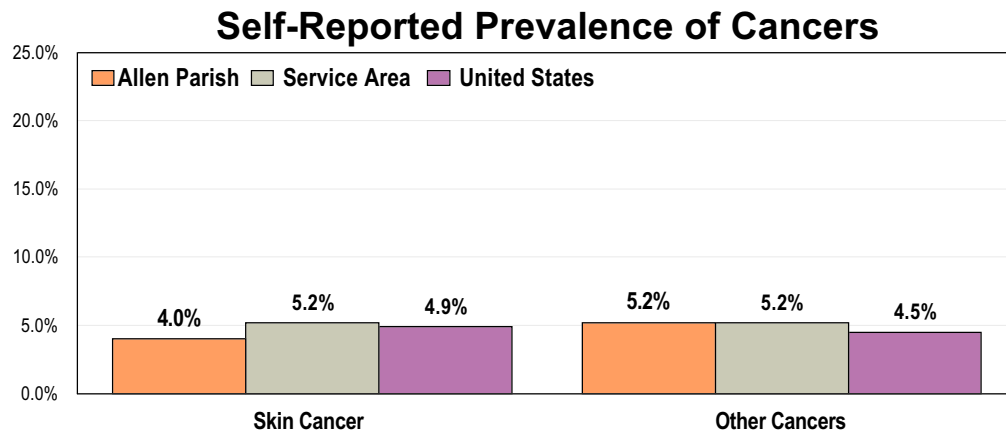


Source: Louisiana Tumor Registry, Department of Public Health & Preventive Medicine.
Note: Rates are per 100,000 population, age-adjusted to the 1970 U.S. Standard Million.

Self-Reported Prevalence of Cancers

From the 2002 Community Health Survey:

- **4.0% of Allen Parish adults report that they have suffered from or been diagnosed with skin cancer.**
 - Similar to the Rapides Foundation Service Area and national prevalence levels.
- **5.2% of Allen Parish adults report that they have suffered from or been diagnosed with cancer other than skin cancer.**
 - Identical to the Rapides Foundation Service Area and similar to national prevalence levels.



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

Cancer Risk

The risk for many cancers can be significantly reduced by practicing preventive measures. The National Cancer Institute estimates that:

- **Tobacco accounts for 30% of cancers.**
 - See also Cardiovascular Risk Behaviors: Tobacco Use.
- **Dietary factors account for 35% of cancers.**
 - See also Cardiovascular Risk Behaviors: Nutrition.

Community Health Panel Findings*

“We see a lot of cancers in this area - a lot of prostate, breast, lung, throat, liver and pancreatic cancer. I am hearing more about cancer than I have ever before. This whole area around the Mississippi River has a lot of cancer-related problems. They don’t know if it is the petrochemical industry or all of the contaminants that start way up at the top of the Mississippi and roll down through the delta. They are still researching this problem to see if genetics have something to do with it; but they do know that this part of Louisiana and this whole area through the south of us has a higher incidence of cancer than the rest of the United States.”

Cancer Screenings

Many forms of cancer are preventable, and some, if detected and treated early, are curable. Thus, the greatest potential for reducing cancer prevalence in years to come lies in stronger prevention strategies, improved means of early detection, and wider use of screening techniques.

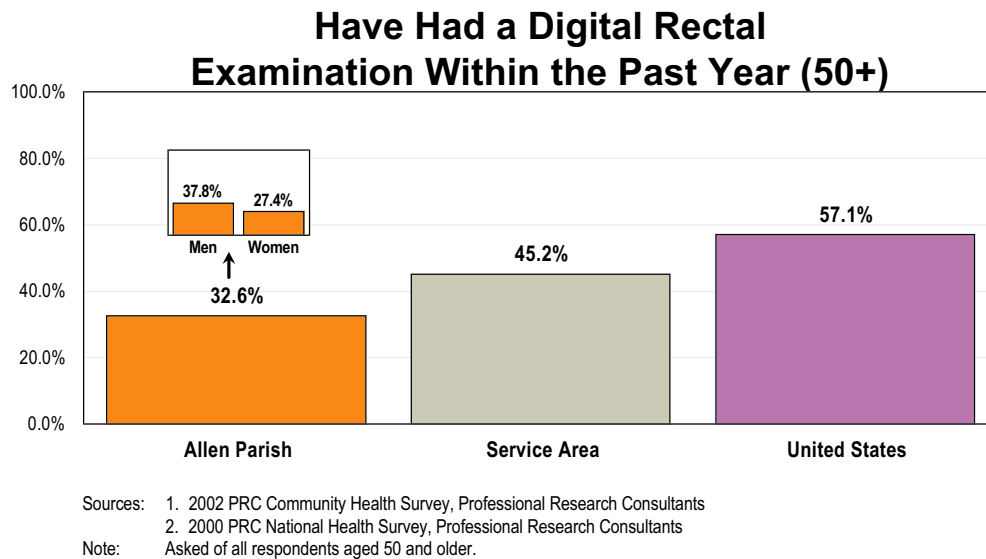
Colorectal Cancer Screening

Digital Rectal Examination

A *digital rectal exam* is a screening procedure in which a physician or other health professional inserts a finger into the rectum to check for colorectal cancer and other health problems.

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

- **32.6% of Allen Parish adults aged 50 and older have had a digital rectal examination within the past year.**
 - Higher among men than women (digital rectal examination is also used as a screening procedure for prostate cancer in men).
 - Significantly lower than Rapides Foundation Service Area findings.
 - Significantly lower than the testing prevalence found nationwide among adults in this age group (57.1%).



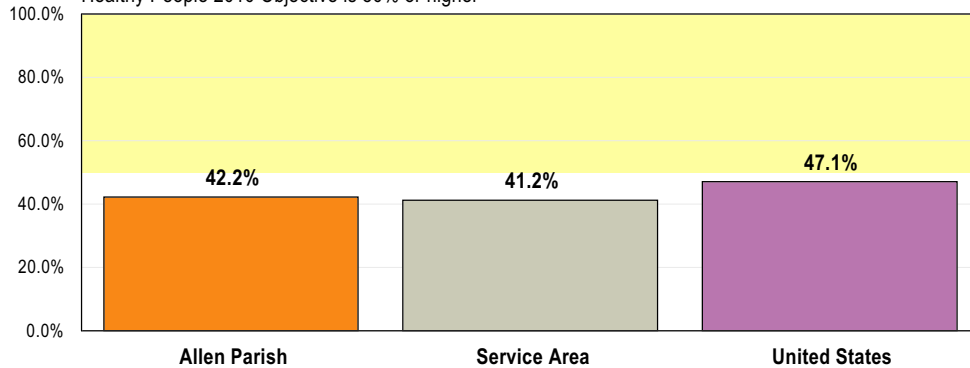
Sigmoidoscopy/Colonoscopy

Another method of screening for colorectal cancer is the *sigmoidoscopy/colonoscopy examination*, in which a tube is inserted in the rectum.

- **40.9% of Allen Parish adults aged 50 or older have ever had a sigmoidoscopy/colonoscopy examination.**
 - Similar to service area, state and national testing prevalence levels.
 - Does not satisfy the *Healthy People 2010* target (50% or higher).

Have Had a Blood Stool Test in Past 2 Years (50+)

Healthy People 2010 Objective is 50% or higher



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
 Notes: 1. Asked of respondents aged 50 and older
 2. State data not available.

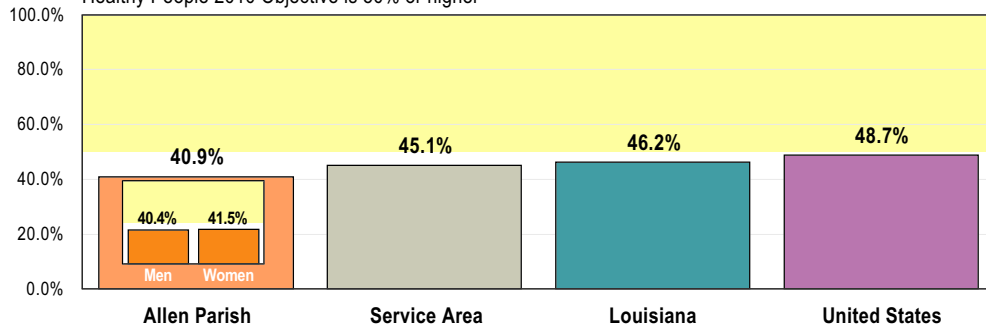
Blood Stool Test

A blood stool test tests the bowel movement for blood and is administered by a physician or using a home testing kit.

- **42.2% of Allen Parish adults aged 50 or older have had a blood stool test in the past two years.**
 - Similar to Rapides Foundation Service Area and national findings among adults in this age group.
 - Falls short of the *Healthy People 2010* target (50% or higher).

Have Ever Had a Sigmoidoscopy/Colonoscopy Examination (50+)

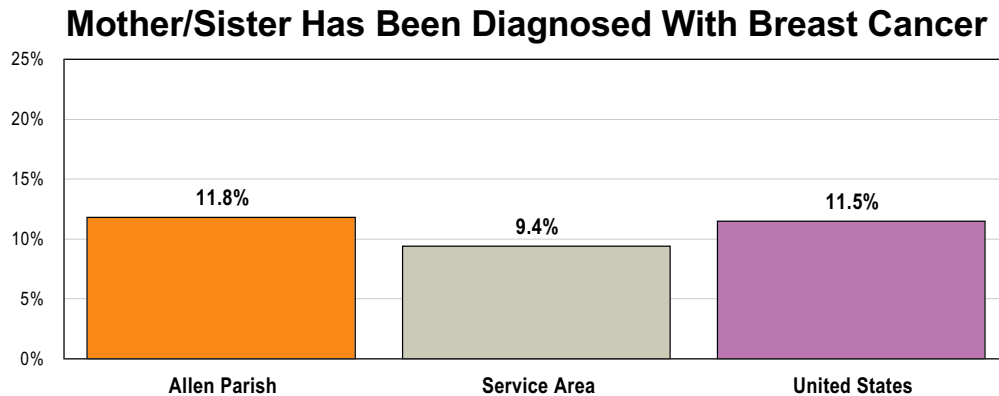
Healthy People 2010 Objective is 50% or higher



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
 Note: Asked of all respondents aged 50 or over.

Female Breast Cancer Screening

- **11.8% of Allen Parish women have had a mother or sister who was diagnosed with breast cancer.**
 - Similar to Rapides Foundation Service Area and national findings.

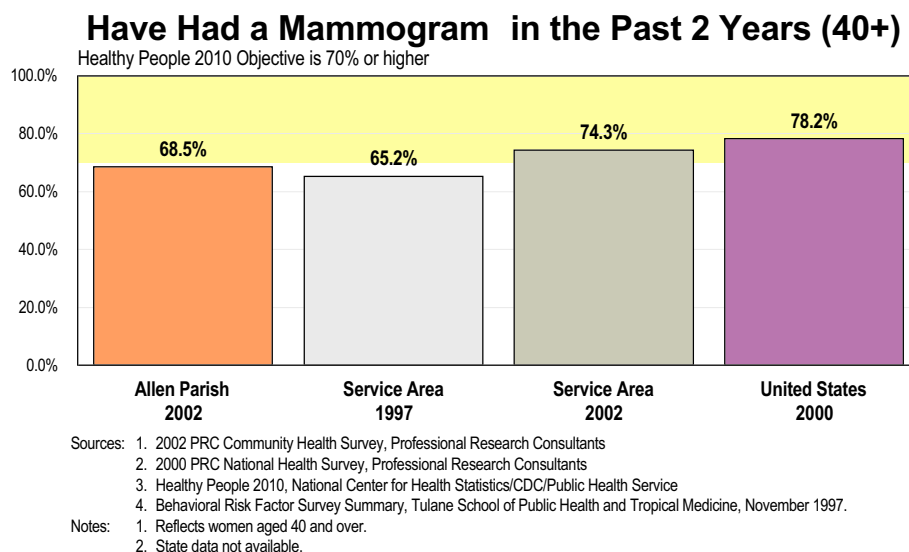


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of all female respondents.
2. State data not available.

Mammography & Breast Examination

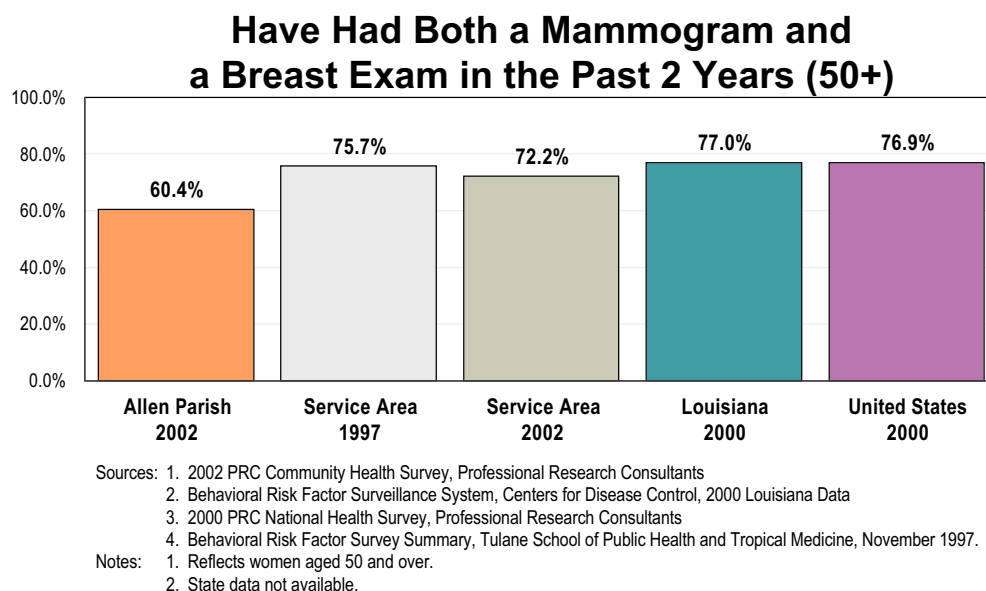
One of the most effective screening tools for breast cancer is the **mammogram**, an x-ray of the breast; women over the age of 40 should have a mammogram annually.

- **68.5% of Allen Parish women aged 40 and older have had a mammogram in the past two years.**
 - Statistically similar to findings throughout the Rapides Foundation Service Area, and nationwide.
 - Nearly satisfies the *Healthy People 2010* target (70% or higher).



Another method of screening for breast cancer is the **clinical breast exam**; this is when a physician, nurse or other health professional feels the breast for lumps. Used in conjunction with one another, a mammogram and clinical breast exam are a woman's best defense against breast cancer, given that early detection and treatment bring the best chances for survival.

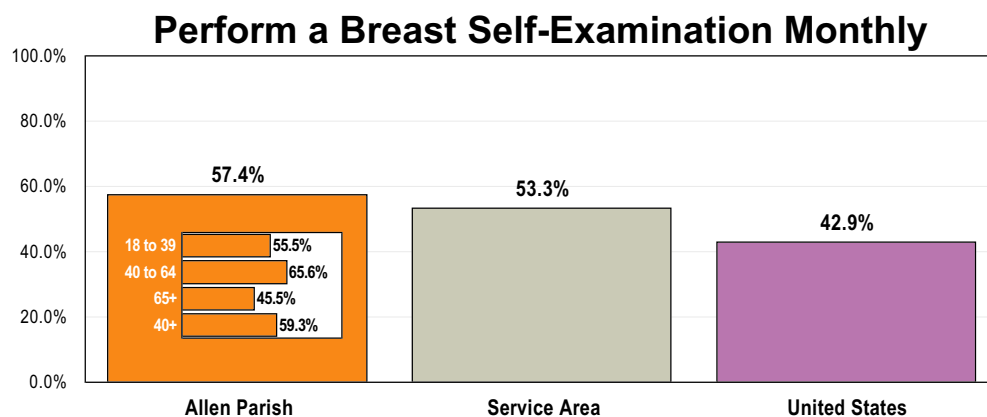
- **60.4% of Allen Parish women aged 50 and older have had both a mammogram and a clinical breast exam in the past two years.**
 - Significantly less favorable than service area, state and national findings.



Breast Self-Examination

As a further means of early detection, it is recommended that women examine their own breasts each month to check for potentially cancerous lumps.

- **3.2% of Allen Parish women do not know how to perform a breast self-exam.**
- **57.4% of Allen Parish women perform a breast self-exam monthly.**
 - Similar to Rapides Foundation Service Area findings.
 - Better than found nationwide (42.9%).
- **59.3% of Allen Parish women aged 40 and older perform a breast self-exam monthly.**



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of all female respondents.

2. State data not available.

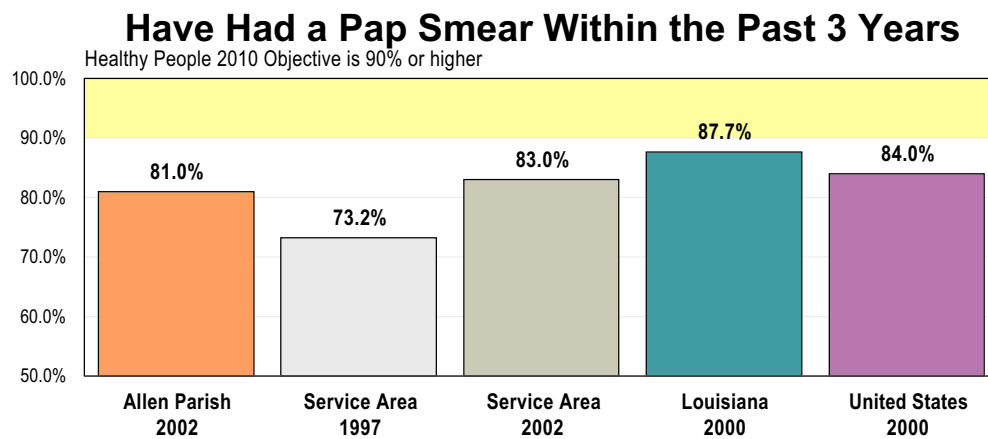
Cervical Cancer Screening

Pap Smear Testing

The most effective means of detecting cervical cancer in women is through a **Pap smear** test. Women over the age of 18 should undergo a Pap smear test regularly. Early detection of cervical cancer through a Pap smear can dramatically increase a woman's probability of long-term survival.

- **81.0% of Allen Parish women have had a Pap smear test in the past three years.**
 - Similar to Rapides Foundation Service Area findings.
 - Lower than statewide findings (87.7%).
 - Similar to national findings (84.0%).

- Fails to satisfy the *Healthy People 2010* target (90% or higher).

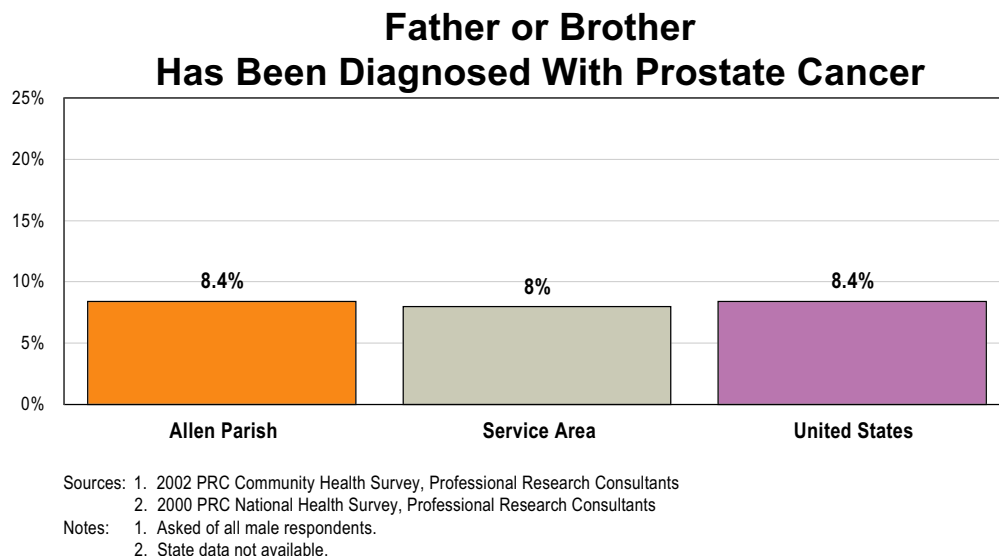


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
 5. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.

Notes: 1. Asked of all female respondents.
 2. State data not available.

Prostate Cancer

- **8.4% of Allen Parish men have a father or brother who has been diagnosed with prostate cancer.**
 - Similar to Rapides Foundation Service Area and national findings.



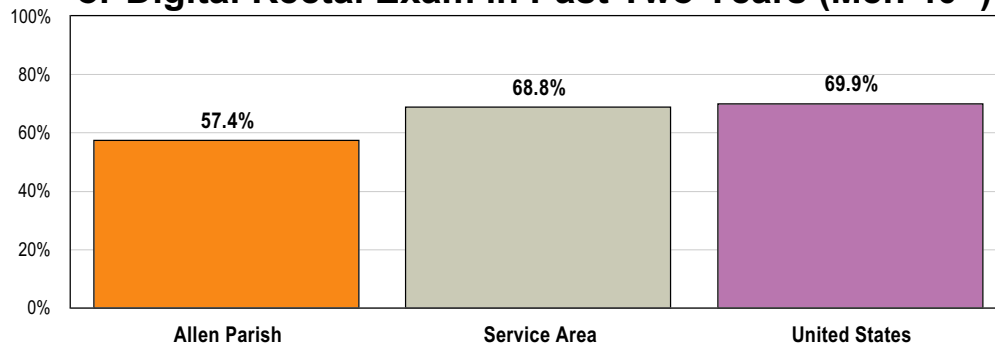
Prostate-Specific Antigen & Digital Rectal Examination

Prostate-specific antigen (PSA) is a “tumor marker,” a substance produced by cancer cells and sometimes normal cells that can be found in large amounts in the blood or urine of some patients with cancer. PSA is the only marker currently used for screening and is specific for prostate disease. The American Cancer Society recommends discussing with your doctor the decision to use this test to screen for prostate cancer if you are between 50 and 70 because doctors are not yet sure that the use of this test will lower the morbidity and mortality from this disease, and the treatment of prostate cancer has many side effects.

Digital rectal examination is a screening procedure in which a physician or other health professional inserts a finger into the rectum to check for prostate cancer.

- **57.4% of Allen Parish men and 40 or older have had either a PSA test or a digital rectal exam in the past two years.**
 - Significantly lower than Rapides Foundation Service Area and national findings.

Had Either a Prostate-Specific Antigen (PSA) Test or Digital Rectal Exam in Past Two Years (Men 40+)



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Reflects male respondents aged 40 and older.
 2. State and national data not available.

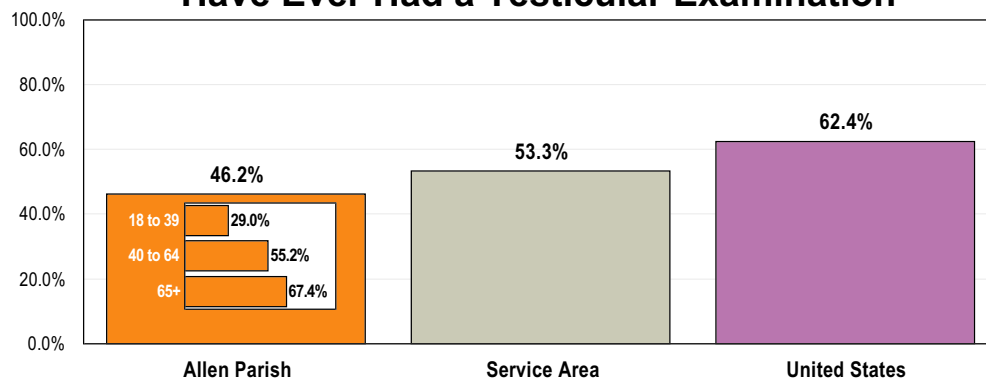
Testicular Cancer

Testicular cancer is a disease which often strikes men in late adolescence to early adulthood. However, if detected and treated early, testicular cancer has a very high cure rate.

Clinical Testicular Examination

- **46.2% of Allen Parish men have ever had a testicular examination by a physician.**
 - Similar to that found throughout the Rapides Foundation Service Area.
 - Lower than found nationwide (62.4%).
 - Only 29.0% of Allen Parish men between the ages of 18 and 39 have ever had a clinical testicular).

Have Ever Had a Testicular Examination

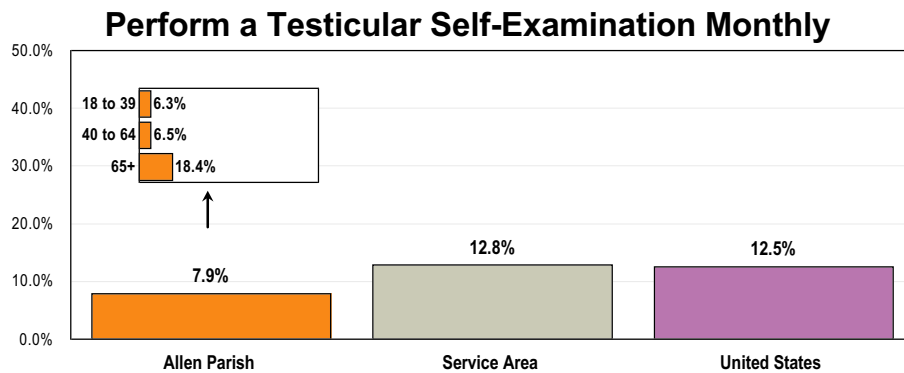


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of all male respondents.
 2. State data not available.

Testicular Self-Examination

Men should know how to examine themselves for lumps on the testicles which may be cancerous. It is recommended that men perform a testicular self-examination monthly.

- **Only 7.9% of Allen Parish men perform a testicular self-examination monthly.**
 - Similar to national findings.
 - 6.3% of Allen Parish men between the ages of 18 and 39 perform a testicular self-examination monthly.



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of all male respondents.
2. State data not available.

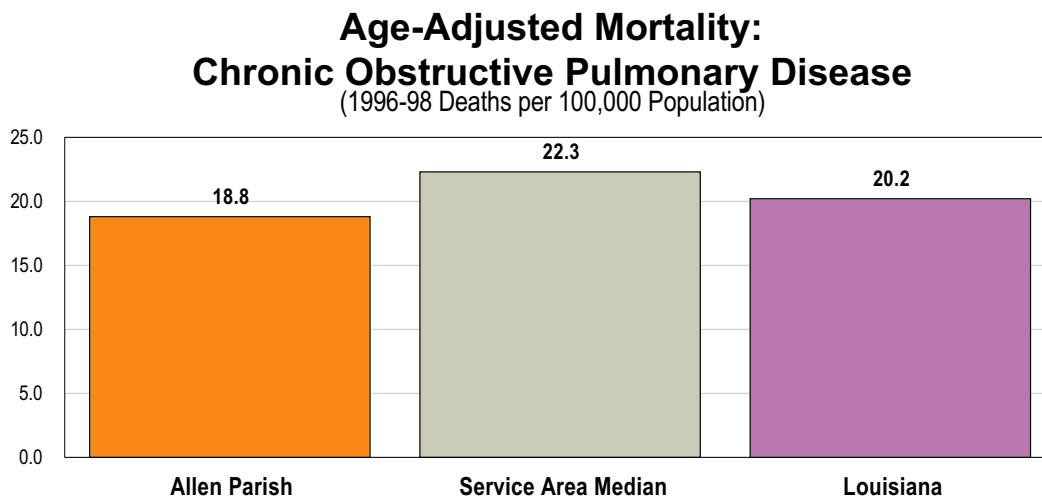
Respiratory Diseases

Respiratory diseases include a variety of diseases that can impact the lung and respiratory system, such as chronic obstructive pulmonary disease (which includes emphysema and chronic bronchitis), asthma, influenza and pneumonia.

Chronic Obstructive Pulmonary Disease Deaths

Chronic obstructive pulmonary disease (COPD) includes emphysema and chronic bronchitis — diseases that are characterized by obstruction to air flow.

- The 1996-98 age-adjusted COPD death rate in Allen Parish is lower than the median rate for the 11-parish area, and also is slightly lower than the corresponding statewide rate.



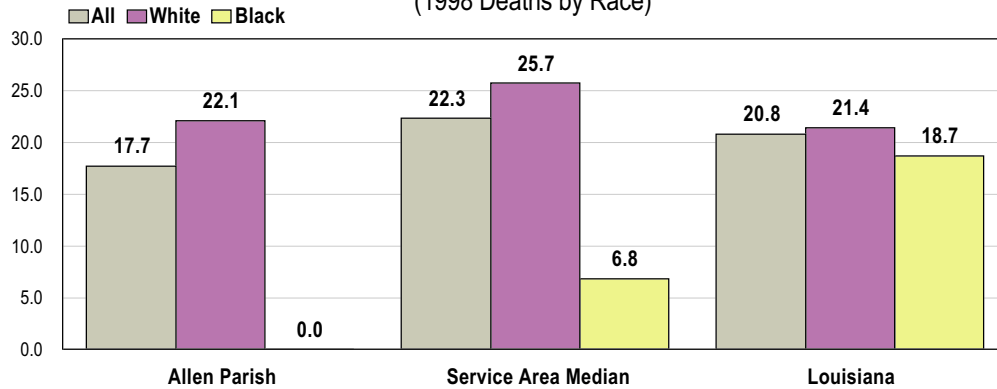
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- In 1998, Whites in Allen Parish experienced a markedly higher death rate due to COPD than did Blacks; this disparity is not nearly as pronounced in the statewide data (which produce more stable rates year to year due to a larger number of cases).

Age-Adjusted Mortality: COPD (1998 Deaths by Race)



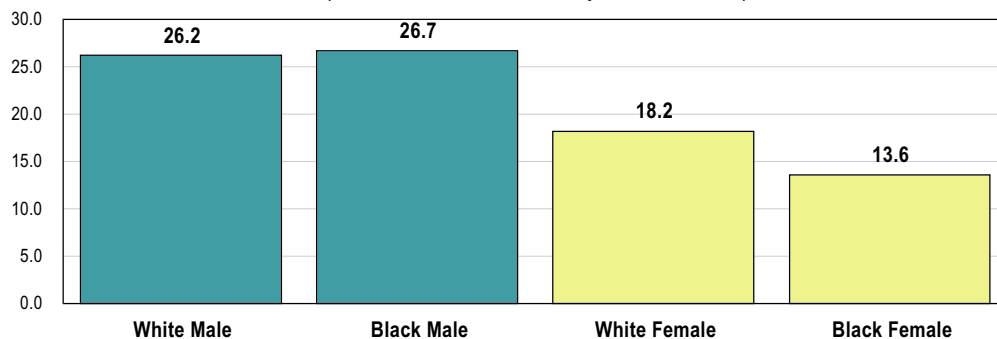
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- Statewide in 1998, both Black and White males experienced much higher age-adjusted death rates (26.7/100,000 and 26.2/100,000, respectively) than did White females (18.2/100,000) or Black females (13.6/100,000).

Age-Adjusted Mortality: COPD (1998 Louisiana Deaths by Race/Gender)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

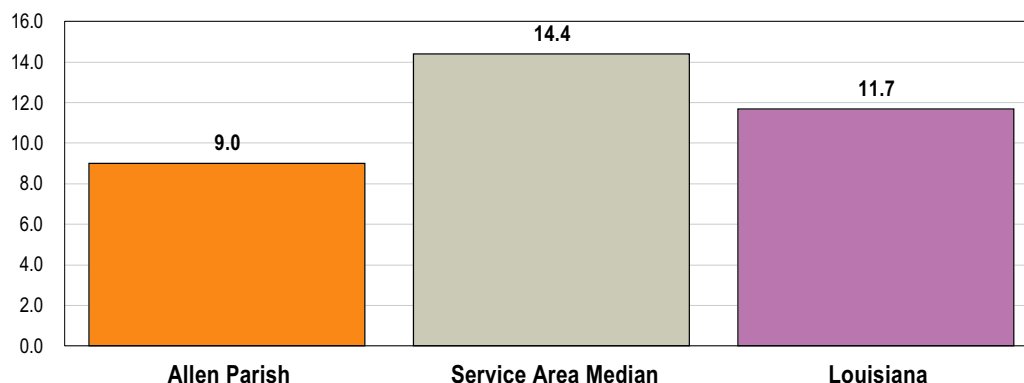
Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

Pneumonia/Influenza Deaths

- The 1996-98 age-adjusted pneumonia/influenza death rate in Allen Parish is lower than the Rapides Foundation Service Area median rate, as well as the statewide rate.

Age-Adjusted Mortality: Pneumonia/Influenza

(1996-98 Deaths per 100,000 Population)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

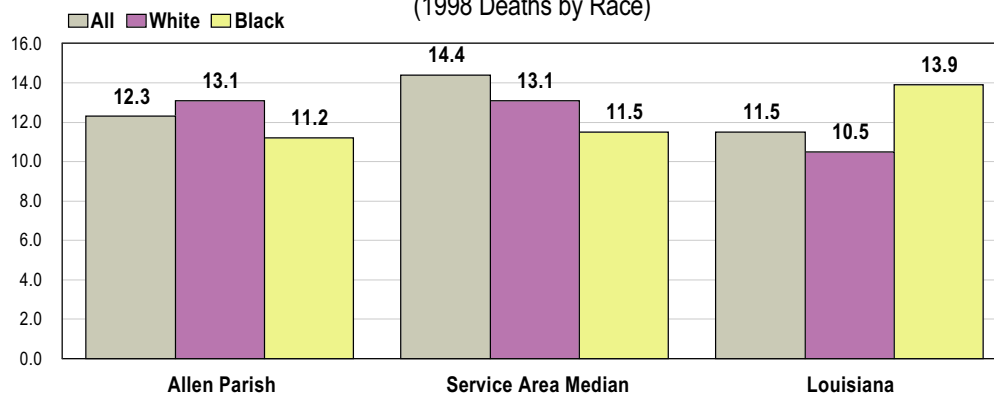
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- In Allen Parish in 1998, Blacks experienced a lower age-adjusted pneumonia/influenza death rate than did Whites.

Age-Adjusted Mortality: Pneumonia/Influenza

(1998 Deaths by Race)

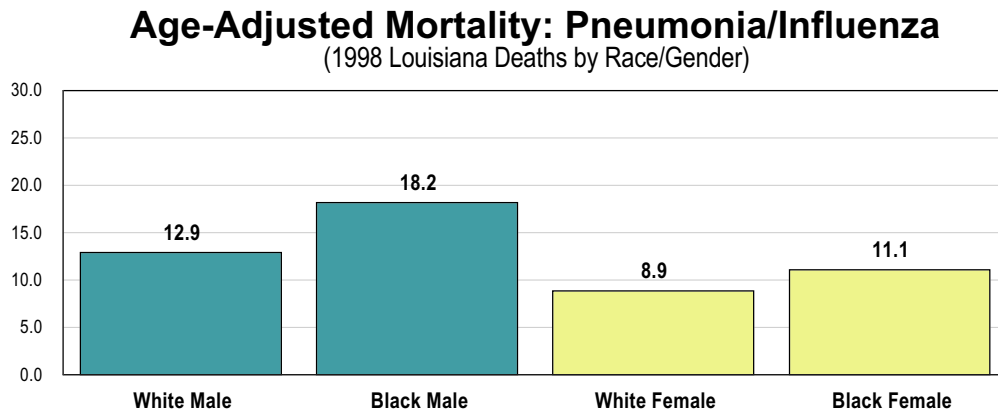


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- Statewide, Black males exhibited the highest age-adjusted death rate due to pneumonia/influenza in 1998 (18.2/100,000), followed by White males (12.9/100,000), Black females (11.1/100,000) and White females (8.9/100,000).

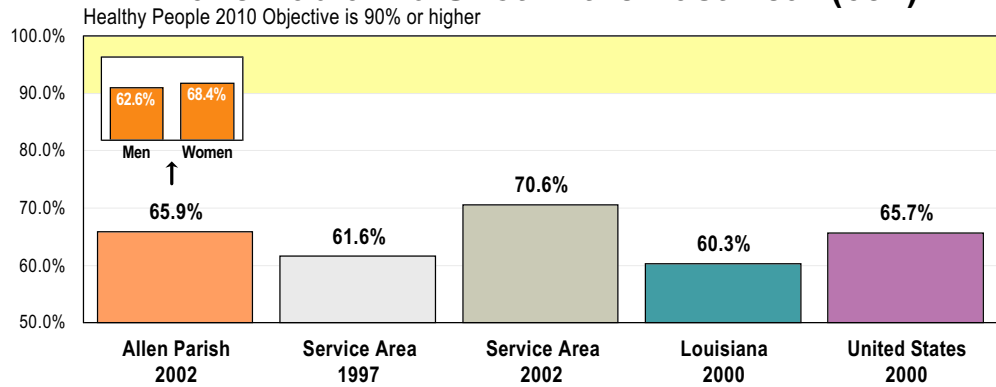


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).
Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

Flu Shots Among Seniors

- **65.9% of Allen Parish seniors aged 65 and older have had a flu shot in the past year.**
 - Similar to current Rapides Foundation Service Area and national findings.
 - Similar to Louisiana findings (60.3%).
 - Fails to satisfy the *Healthy People 2010* target (90% or higher).
 - Slightly higher in Allen Parish among women aged 65 or older.

Have Had a Flu Shot in the Past Year (65+)

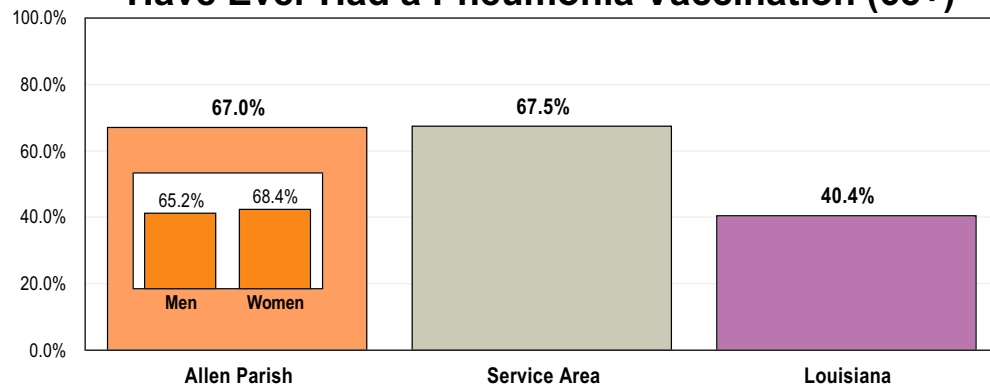


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, CDC, 1999 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.
 Note: Asked of respondents aged 65 and older.

Pneumonia Vaccination Among Seniors

- **67.0% of Allen Parish seniors aged 65 and older have ever had a pneumonia vaccination.**
 - Similar to Rapides Foundation Service Area finding.
 - Significantly higher than found statewide in 1999 (40.4%).

Have Ever Had a Pneumonia Vaccination (65+)

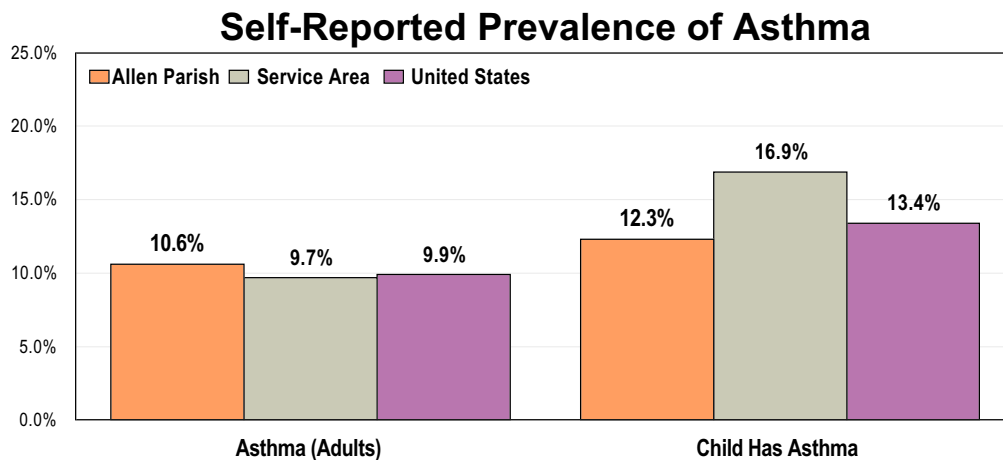


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data
 Notes: 1. Asked of respondents aged 65 and older.
 2. National data not available.

Self-Reported Asthma & Chronic Lung Disease Prevalence

Asthma

- **10.6% of Allen Parish adults report suffering from or having been diagnosed with asthma.**
 - Similar to the Rapides Foundation Service Area and national findings.
- **12.3% of Allen Parish parents report that their child has been diagnosed by a doctor or health professional with asthma.**
 - Similar to Rapides Foundation Service Area findings.
 - Statistically similar to the nationwide finding (13.4%).



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

Community Health Panel Findings*

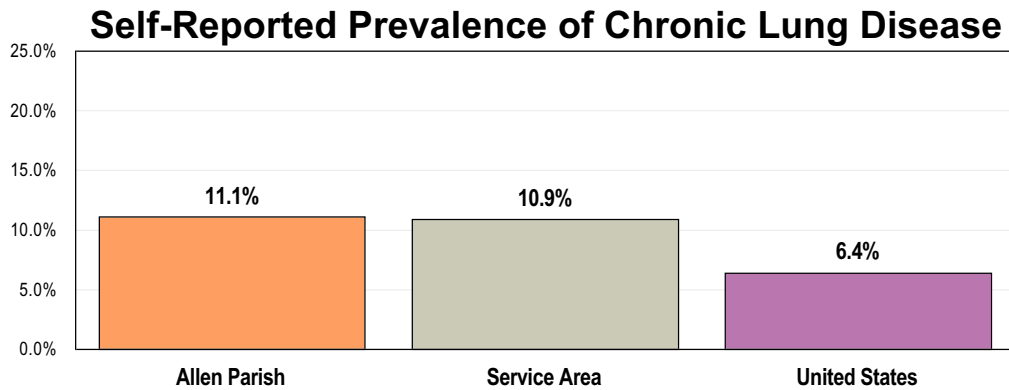
Asthma is seen as a significant problem, particularly among children. Focus group participants pointed out possible environmental causes or contributors.

“We also have a big problem with asthma in children. A lot of young kids use inhalers on a daily basis. We still use pesticides around here, especially in the rice fields.”

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

Chronic Lung Disease

- **11.1% of Allen Parish adults report suffering from or having been diagnosed with chronic lung disease.**
 - Similar to Rapides Foundation Service Area findings.
 - Significantly higher than found nationwide (6.4%).



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

Injury

Injury is a serious public health problem because of its impact on the health of Americans, including premature death, disability, and the burden on our health care system. Nationwide, injury is the leading cause of death and disability among children and young adults.

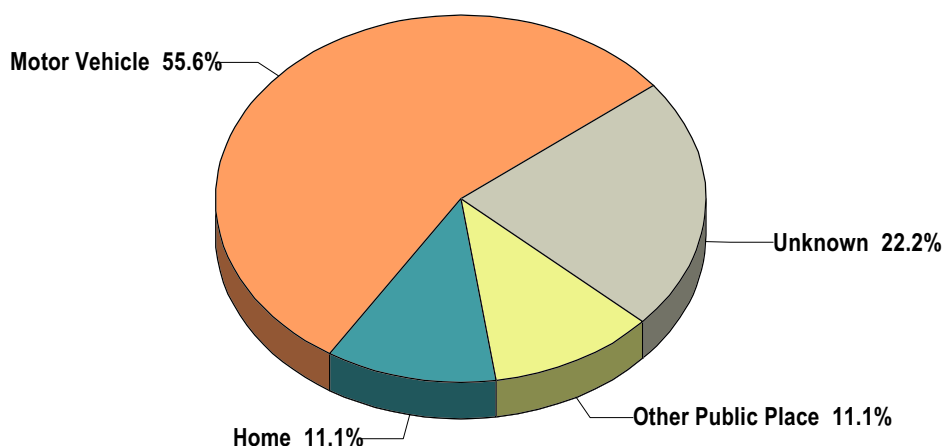
Like diseases, injuries do not occur at random and are preventable. Injury prevention strategies focus primarily on environmental design (e.g., road construction that permits optimum visibility), product design, human behavior, education, and legislative and regulatory requirements that support environmental and behavioral change.

Unintentional Injury Deaths

Leading Causes of Accidental Deaths

- **55.6% of unintentional injury deaths in Allen Parish in 1998 were the result of motor vehicle accidents.**
- **11.1% of unintentional injury deaths in Allen Parish in 1998 occurred in the home.**

Leading Causes of Accidental Death (Allen Parish, 1998)



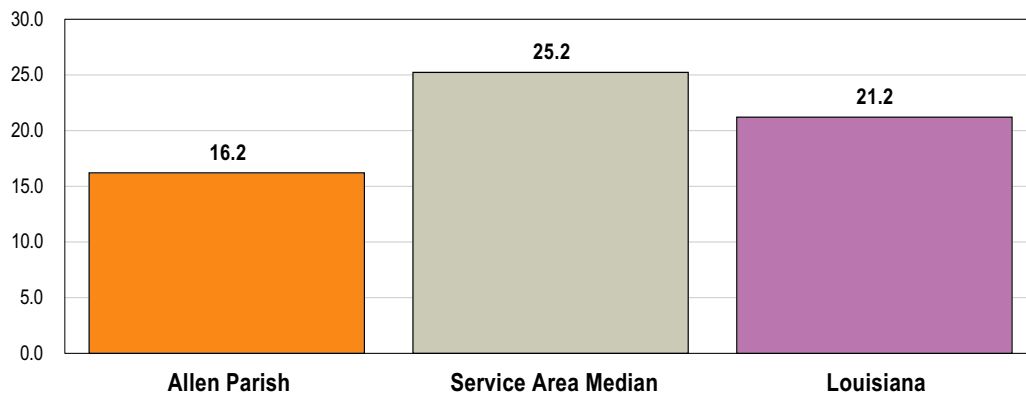
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

Motor Vehicle-Related Deaths

- The 1996-98 age-adjusted death rate for motor vehicle accidents in Allen Parish is below the statewide rate and lower than found in most parishes throughout the Rapides Foundation Service Area.

Age-Adjusted Mortality: Motor Vehicle Accidents

(1996-98 Deaths per 100,000 Population)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

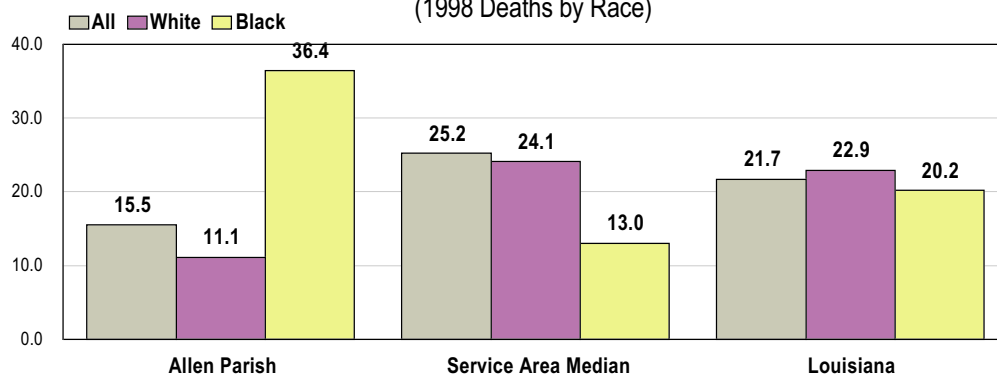
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- In 1998, the motor vehicle accident death rate in Allen Parish was exceptionally high among Blacks (36.4/100,000) in comparison to Whites (11.1/100,000). However, this difference in rates is not evident statewide (where the greater numbers of deaths produce more reliable single-year rates).

Age-Adjusted Mortality: Motor Vehicle Accidents

(1998 Deaths by Race)

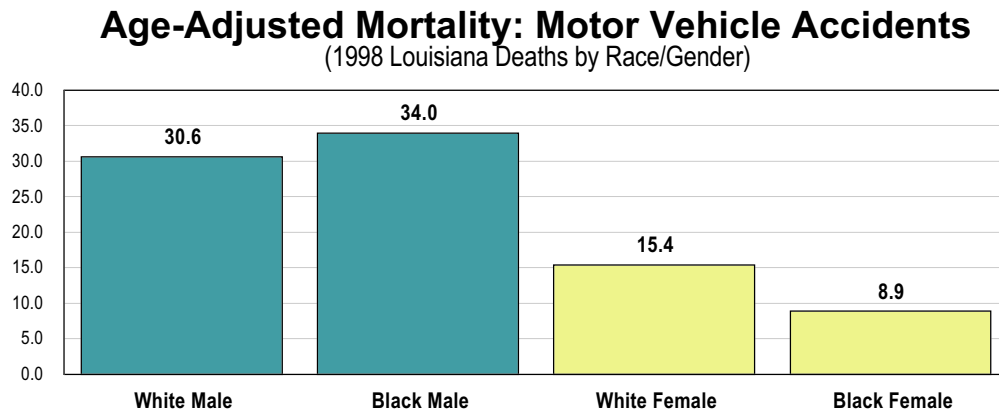


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- In 1998 Louisiana data, motor vehicle accident death rates are markedly higher among males, regardless of race (34.0/100,000 among Black males and 30.6/100,000 among White males) than among females (15.4/100,000 among White females and 8.9/100,000 among Black females).



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).
Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

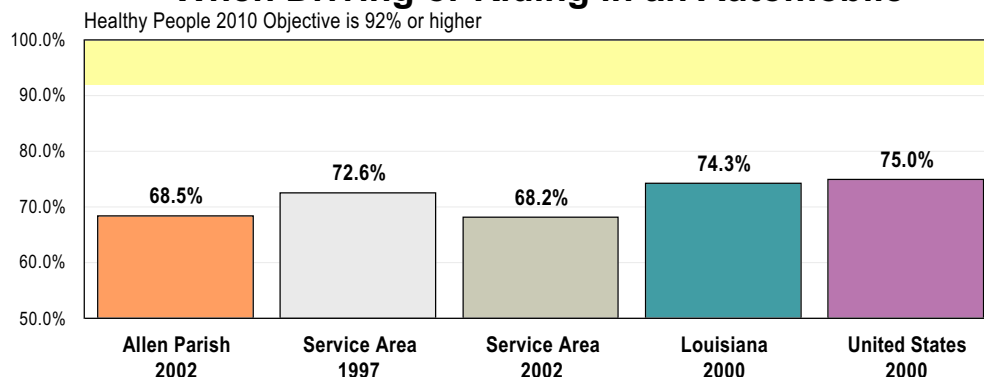
Injury Control

Motor Vehicle Safety

In recent years, mandatory safety belt use laws in many states and the design of occupant protection systems by auto manufacturers have greatly increased seat belt usage and consequently saved lives. Seat belts for adults and older children and child safety seats or booster seats (appropriate to the child's age and size) are the greatest means of protection against bodily injury in the event of a crash.

- **68.5% of Allen Parish adults report “always” wearing a seat belt when driving or riding in an automobile.**
 - Similar to current Rapides Foundation Service Area findings.
 - Significantly worse than the statewide prevalence (74.3%).
 - Significantly worse than the national prevalence (75.0%).
 - Far from reaching the *Healthy People 2010* target (92% or higher).

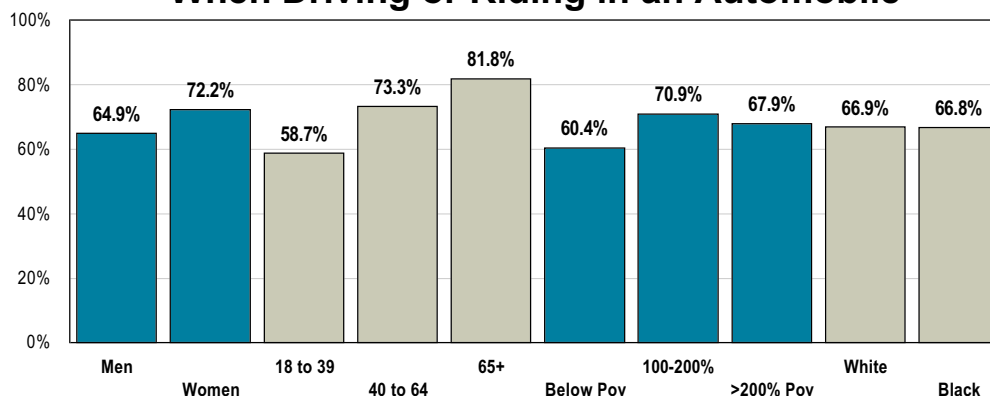
Always Wear a Seat Belt When Driving or Riding in an Automobile



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1997 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
 5. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.
 Note: Asked of all respondents.

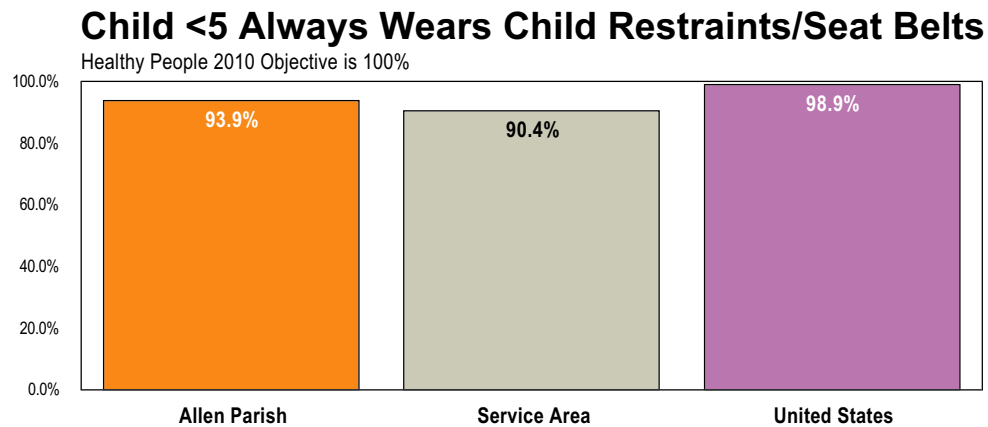
- There is a strong correlation with seat belt usage and age, with younger adults reporting much lower usage.
- Men less often report “always” wearing a seat belt than women.
- Those living below poverty report a lower prevalence of “always” wearing a seat belt.

Always Wear a Seat Belt When Driving or Riding in an Automobile



Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Allen Parish.
 2. Asked of all respondents.

- **93.9% of Allen Parish parents with children under the age of 5 years report that their child “always” wears a seat belt or uses an appropriate child safety seat when riding in an automobile.**
 - Similar to that found throughout the Rapides Foundation Service Area (90.4%).
 - Similar to that found nationwide (98.9%).
 - Does not meet the *Healthy People 2010* target (100%).



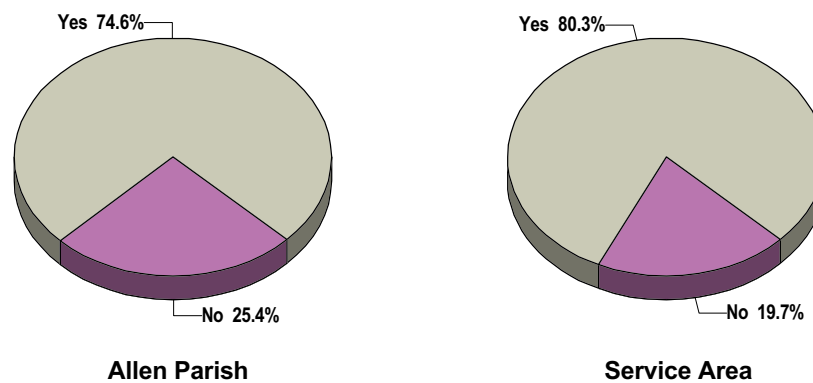
Source: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Note: Asked of respondents with children under the age of 5.

Fire Safety

- **74.6% of Allen Parish respondents report having at least one working smoke detector on each floor of their homes.**
 - Significantly lower than Rapides Foundation Service Area findings.

Have at Least One Working Smoke Detector on Each Floor of Home



Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Asked of all respondents.

Work-Related Injuries

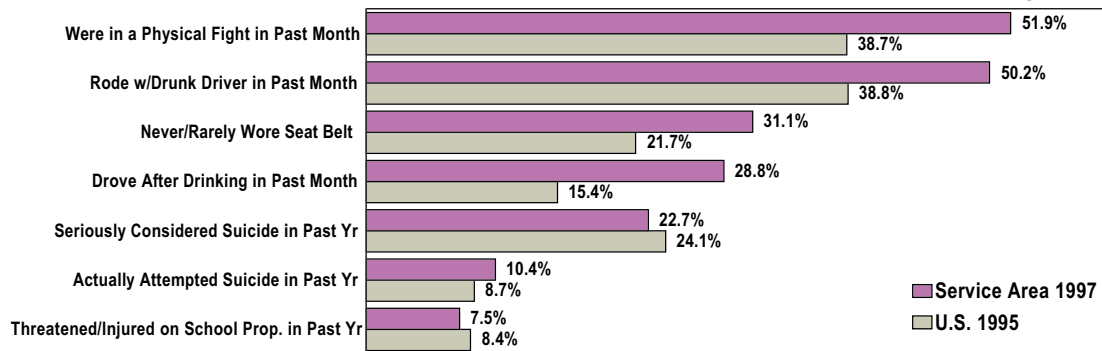
- See *“Self-Reported Chronic Illness: Activity Limitations.”*

Adolescent Injury & Violence

The 1997 Central Louisiana Youth Risk Factor Survey conducted by the Tulane School of Public Health and Tropical Medicine points out notable differences in findings relative to 1995 national youth risk data:

- **Service area youth much more often reported being in a physical fight in the month preceding the interview (51.9%) than did youth nationwide (38.7%).**
- **Service area youth much more often reported having driven with a drunk driver (50.2%) or driving drunk themselves (38.8%) in the month preceding the interview.**
- **31.1% of service area youth report “rarely” or “never” wearing a seat belt when driving or riding in an automobile, much higher than national findings.**

Violence/Injury-Related Findings From the 1997 Service Area Youth Risk Factor Survey



Source: Tulane School of Public Health and Tropical Medicine.

Substance Abuse

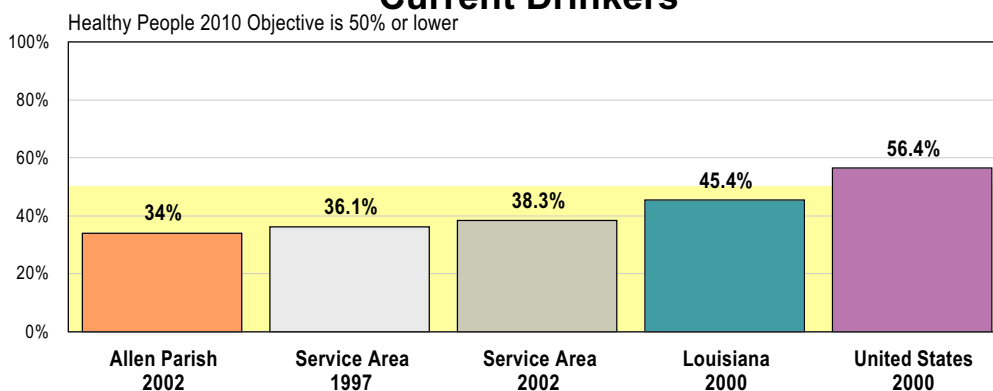
The misuse of alcohol and other drugs is associated with several health risks (injury-related death and disability to HIV transmission) and has tremendous societal and economic costs, as well. Alcohol/drug use is implicated in nearly one-half of all deaths from motor vehicle accidents and intentional injuries (including homicides and suicides).

Current Drinkers

Alcohol abuse has also been linked to heart disease and stroke, and is the primary contributor to cirrhosis of the liver.

- **34.0% of Allen Parish adults are “current drinker,” meaning that they have had at least one drink of alcohol (one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail or one shot of liquor) in the past month.**
 - Similar current service area findings.
 - Significantly better than found statewide (45.4%).
 - Significantly better than found nationwide (56.4%).
 - Satisfies the *Healthy People 2010* target (50% or lower).

Current Drinkers

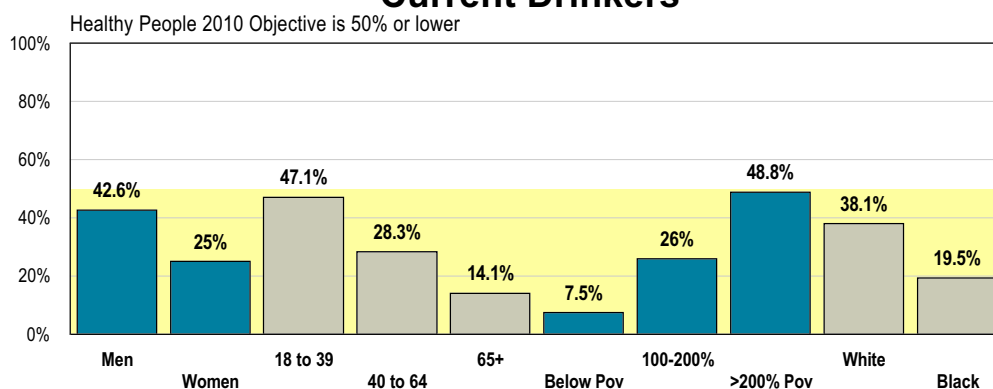


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, State Survey Data, 1999
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
 5. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.

Notes: 1. Current drinkers are defined as those who have had any alcoholic beverages during the past month.
 2. Reflects the total sample of respondents.

- Men much more often report alcohol use than women.
- There is a negative correlation with age, with young adults demonstrating markedly higher usage.
- There is a positive correlation with income, with those at higher income levels demonstrating higher usage of alcohol.
- Whites more often report current drinking than Blacks.

Current Drinkers

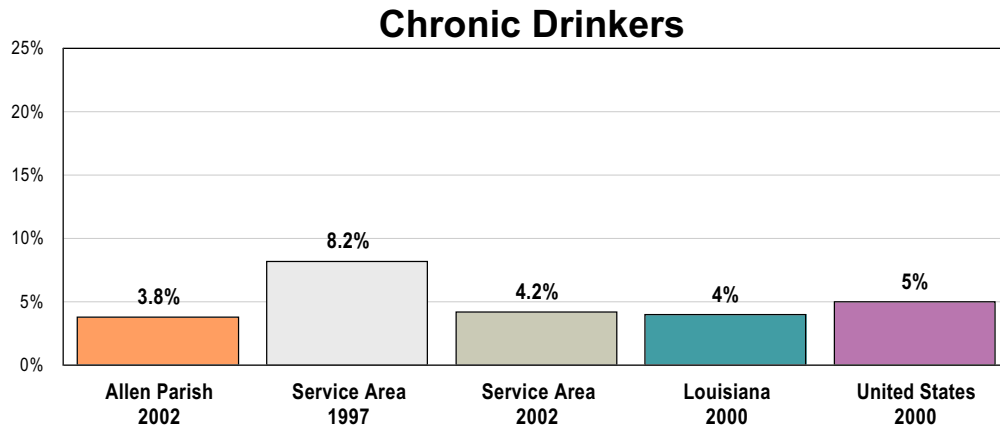


Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Allen Parish.
 2. Reflects the total sample of respondents.
 3. Current drinkers are defined as those who have had any alcoholic beverages during the past month.

Chronic Drinkers

- **3.8% of Allen Parish adults are “chronic drinkers,” meaning that they average two or more drinks of alcohol per day (60 drinks within the past month).**
 - Similar to current Rapides Foundation Service Area, statewide and national findings (4.2%).
 - This translates to approximately 690 adults in Allen Parish.

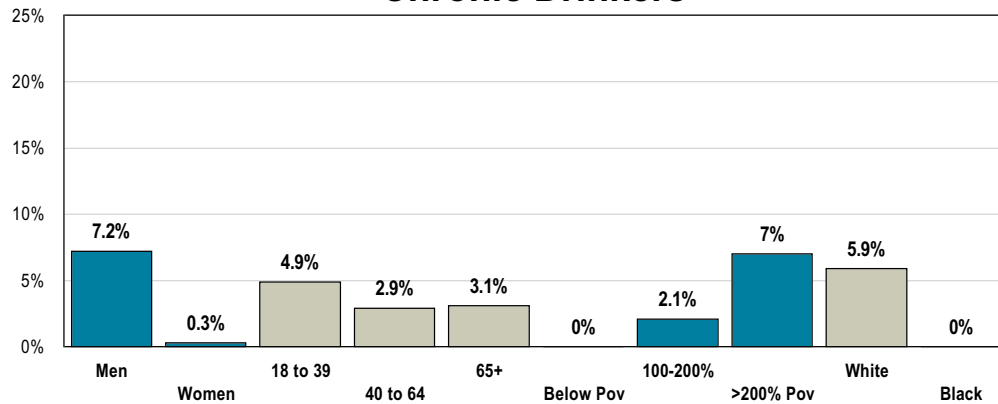


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, State Survey Data, 1999
3. 2000 PRC National Health Survey, Professional Research Consultants
4. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.

Notes: 1. Chronic drinkers are defined as those who have had at least 60 drinks of alcoholic beverages during the past month.
2. Reflects the total sample of respondents.

- Chronic drinking is much more prevalent among men.
- Young adults (18 to 39) report the highest prevalence of chronic drinking.
- Chronic drinking is more prevalent at higher income levels.
- A higher percentage of white respondents are chronic drinkers than are Black respondents.

Chronic Drinkers



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Allen Parish.

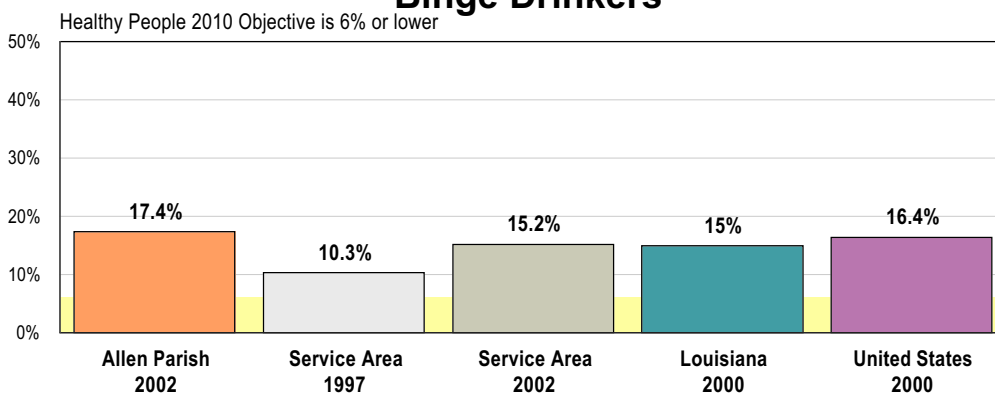
2. Reflects the total sample of respondents.

3. Chronic drinkers are defined as those who have had at least 60 drinks of alcoholic beverages during the past month.

Binge Drinkers

- **17.4% of Allen Parish adults are “binge drinkers,” meaning that they have had five or more alcoholic beverages on any one occasion in the past month.**
 - Similar to current Rapides Foundation Service Area, statewide and national findings (15.2%, 15.0%, and 16.4%, respectively).
 - Fails to satisfy the *Healthy People 2010* target (6% or lower).

Binge Drinkers



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data

3. 2000 PRC National Health Survey, Professional Research Consultants

4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

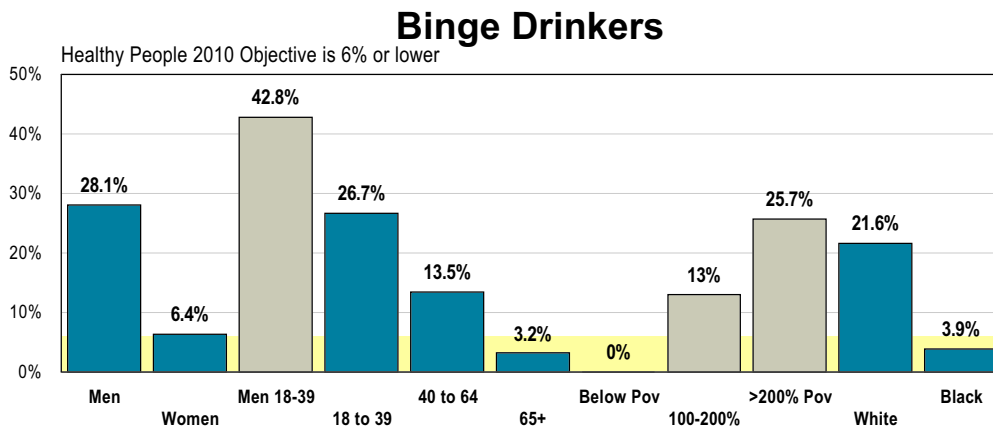
5. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.

Notes: 1. Binge drinkers are those who have had 5 or more alcoholic drinks on any one occasion at least once during the past month.

2. Reflects the total sample of respondents.

Binge drinking is more prevalent among:

- Men aged 18 to 39.
- Persons at higher income levels.
- White respondents.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Allen Parish.

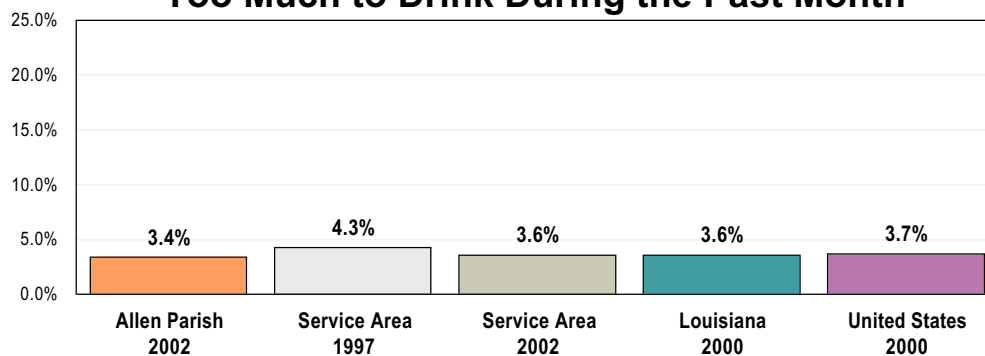
2. Reflects the total sample of respondents.

3. Binge drinkers are those who have had 5 or more alcoholic drinks on any one occasion at least once during the past month.

Drinking & Driving

- **3.4% of Allen Parish adults admit to driving during the past month after they had perhaps too much alcohol to drink.**
 - Similar to current service area, state and national findings.
 - This translates to nearly 620 adults in Allen Parish who acknowledge driving after having too much to drink in the past month.

Have Driven After Having Had Too Much to Drink During the Past Month

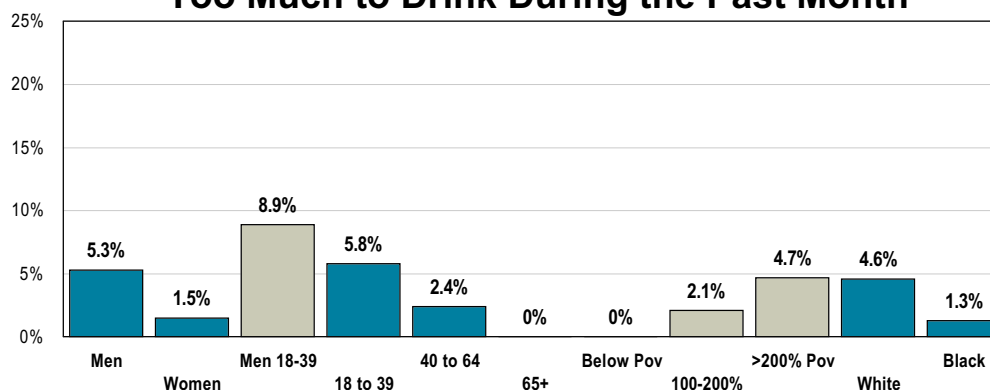


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.
 Note: Asked of all respondents.

Drinking and driving is more prevalent among:

- Men aged 18 to 39.
- Persons at higher income levels.
- White respondents.

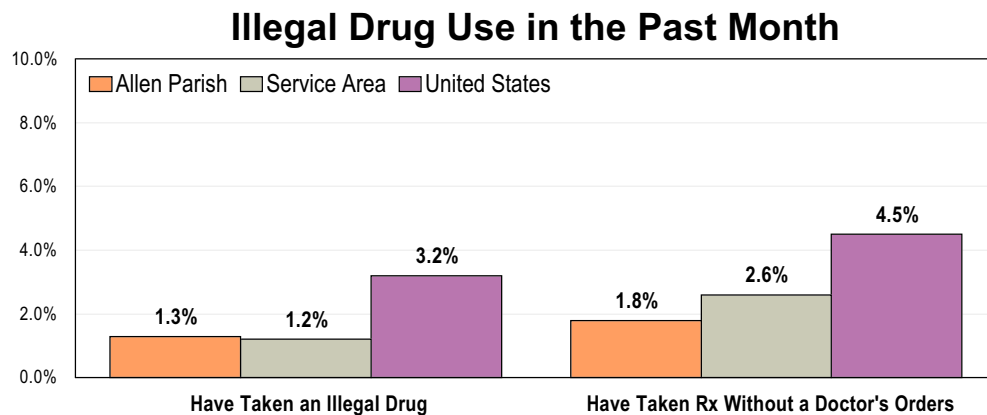
Have Driven After Having Had Too Much to Drink During the Past Month



Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Allen Parish.
 2. Reflects the total sample of respondents.

Other Drug Abuse

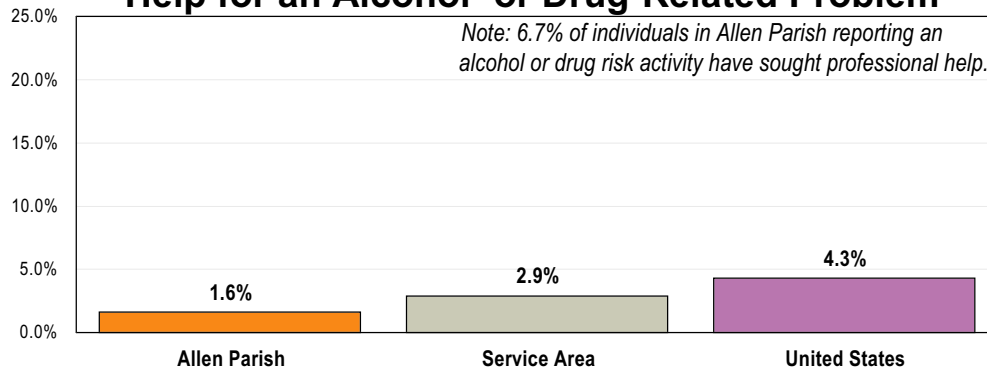
- **1.3% of Allen Parish adults report having taken an illegal drug in the past year.**
 - Similar to Rapides Foundation Service Area findings.
 - Significantly lower than reported nationwide (3.2%).
- **1.8% of Allen Parish adults report having taken a prescription drug without a doctor's orders in the past year.**
 - Similar to Rapides Foundation Service Area findings.
 - Significantly lower than reported nationwide (4.5%).



Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Asked of all respondents.

- **1.6% of Allen Parish adults have ever sought help for an alcohol- or drug-related problem.**
 - Similar to Rapides Foundation Service Area, but significantly lower than national findings (4.3%).
- **6.7% of Allen Parish adults reporting one or more drug or alcohol risk activity report that they have sought help for dependency or addiction.**

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



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants

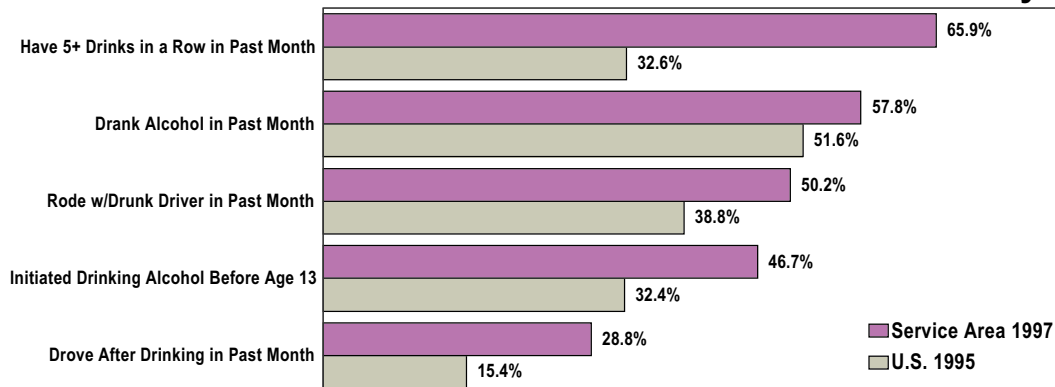
Notes: 1. Asked of all respondents.
2. Alcohol/drug risk activities include prescription abuse, illegal drug use, drunk driving, or chronic or binge drinking.

Adolescents, Alcohol & Drug Use

In comparison to national findings, service area youth report a much higher prevalence of key alcohol-related risk behaviors in the 1997 Central Louisiana Youth Risk Factor Survey:

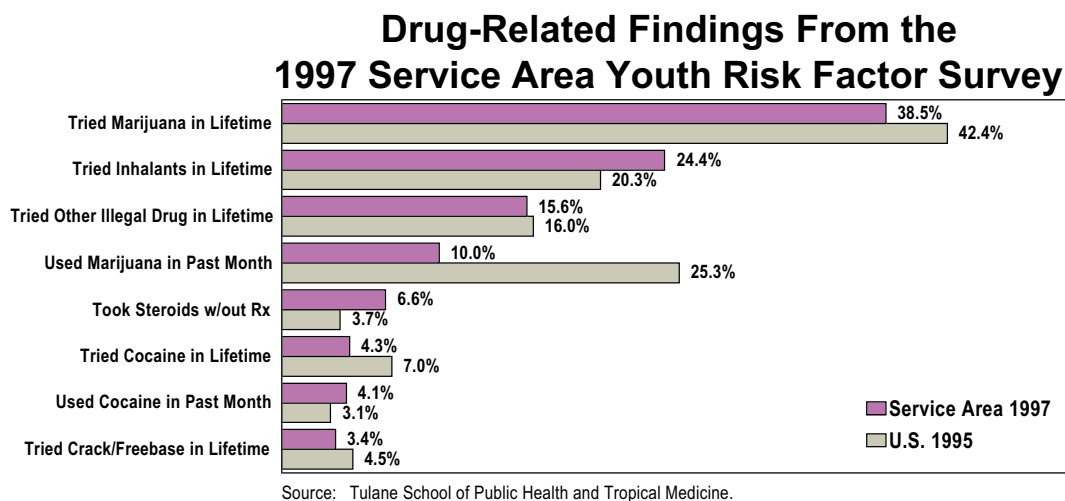
- Prevalence of binge drinking is twice as high among service area youth (65.9%) than among youth nationwide (32.6%).
- Service area youth much more often reported having driven with a drunk driver (50.2%) or driving drunk themselves (38.8%) in the month preceding the interview.
- Service area youth much more often report having first tried alcohol before the age of 13 (46.7% vs. 32.4% nationwide).

Alcohol-Related Findings From the 1997 Service Area Youth Risk Factor Survey



Source: Tulane School of Public Health and Tropical Medicine.

- Service area youth report lower use of marijuana (38.5% have tried marijuana, 10.0% have used marijuana in the past month) in comparison to youth nationwide (42.4% and 25.3%, respectively).
- Service area youth report a higher prevalence of having ever tried inhalants to get high (24.4%) in comparison to national findings (20.3%).
- Service area youth report a higher prevalence of having ever taken steroids without a doctor's prescription (6.6%) in comparison to national findings (3.7%).
- Service area youth less often report having ever tried cocaine (4.1%) in comparison to youth nationwide (7.0%).



Community Health Panel Findings*

Focus group participants identified substance abuse as a major concern for Allen Parish.

“I think that, percentage-wise, we are probably very high in life-threatening incidents due to substance abuse. It is a problem in every age and social economic group.”

“We have a lot of teen-agers using Ecstasy - if they can get it. I think they go out of the parish to get it; but I see a lot of it in the pre-delinquency program. I see a lot of drug use in this program.”

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

“I heard that the kids are also using prescription medicines, that they mix it with cocktails. There is a particular cough syrup with codeine that they seem to like; they use it as the base for the cocktail and just keep adding stuff to it. We had a couple who almost died from drinking this stuff. They don’t have any idea of what they are drinking, and they end up in the hospital.”

“In the local newspaper almost every week, they have something about cocaine in powder and in crack rock form.”

Focus group participants cited difficulties for local residents to access rehabilitation services due to the distance and availability/waiting time of services.

“We have a substance abuse program here for adults and youths. It is an outpatient program; but if they need to be hospitalized, they have to wait. We have the treatment, but not inpatient capabilities.”

“We don’t have a proactive program in place to treat substance abuse people. We can treat them after they have an acute episode, but we don’t have anything in place that is effective in a proactive way instead of a reactive one.”

“We are treating youths 12 to 17 years old at the Allen Innovative Youth Care Center. We have a program to treat substance abuse. It is downstairs in the hospital building.”

Participants also pointed out the shortcomings of youth drug prevention programs.

“The schools have a D.A.R.E. program in middle school, in the fifth grade. It is a very good program; but the problem is that by the time the kids get to high school, they forget everything they learned in the D.A.R.E. program.”

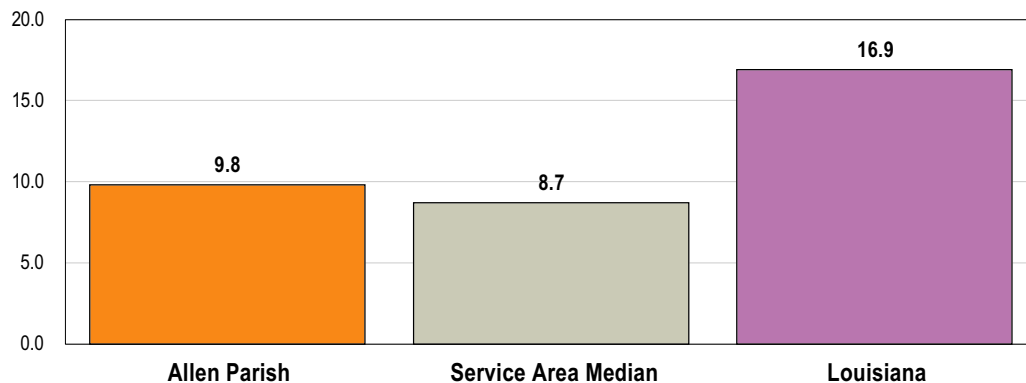
Intentional Injury Deaths

Homicide

- The 1996-98 age-adjusted homicide death rate in Allen Parish is well below the statewide rate for the same period.

Age-Adjusted Mortality: Homicide

(1996-98 Deaths per 100,000 Population)



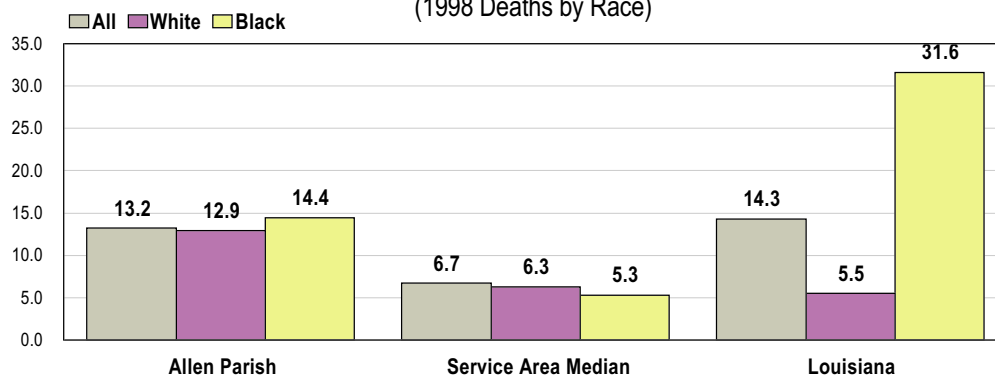
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

- Notes:
1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.
 2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).
 3. Includes homicide and legal intervention deaths.

- The Allen Parish homicide death rate in 1998 was slightly higher among Blacks (14.4/100,000) in comparison to Whites (12.9/100,000). This discrepancy is even more evident in the 1998 statewide data.

Age-Adjusted Mortality: Homicide

(1998 Deaths by Race)

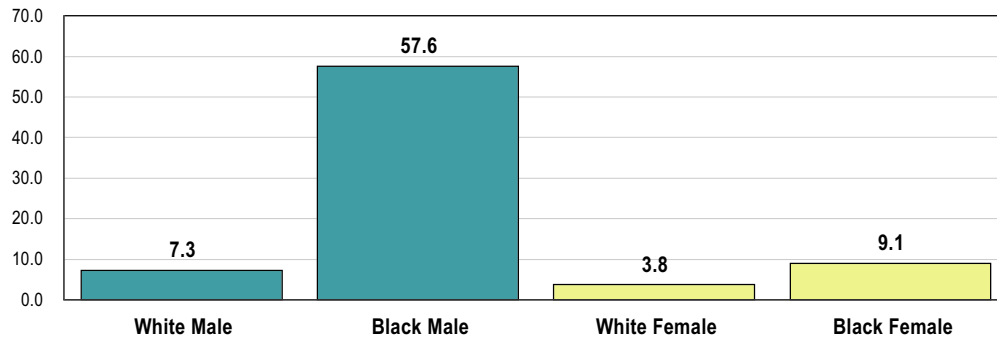


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

- Notes:
1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.
 2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).
 3. Includes homicide and legal intervention deaths.

- Statewide, Black males experience a dramatically higher age-adjusted homicide death rate (57.6/100,000) in comparison to White men (7.3/100,000) or Black or White females (9.1/100,000 and 3.8/100,000, respectively).

Age-Adjusted Mortality: Homicide (1998 Louisiana Deaths by Race/Gender)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

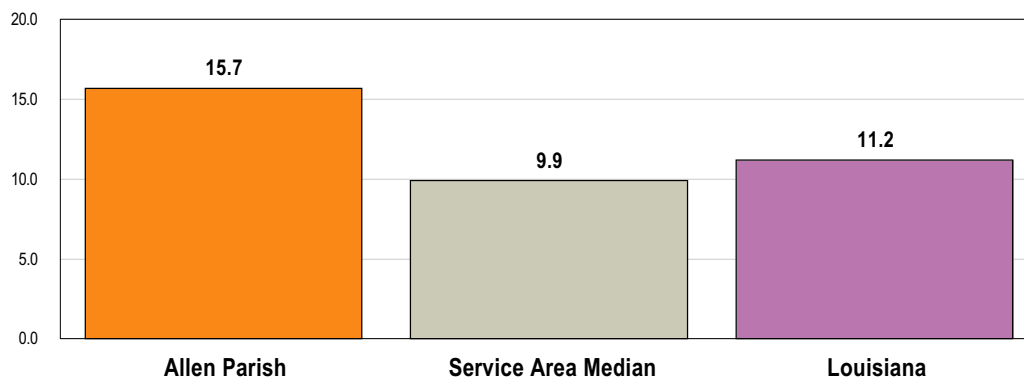
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. Includes homicide and legal intervention deaths.

Suicide

- The 1996-98 age-adjusted suicide death rate in Allen Parish is above the corresponding Louisiana rate and is higher than most parishes in the Rapides Foundation Service Area.

Age-Adjusted Mortality: Suicide (1996-98 Deaths per 100,000 Population)



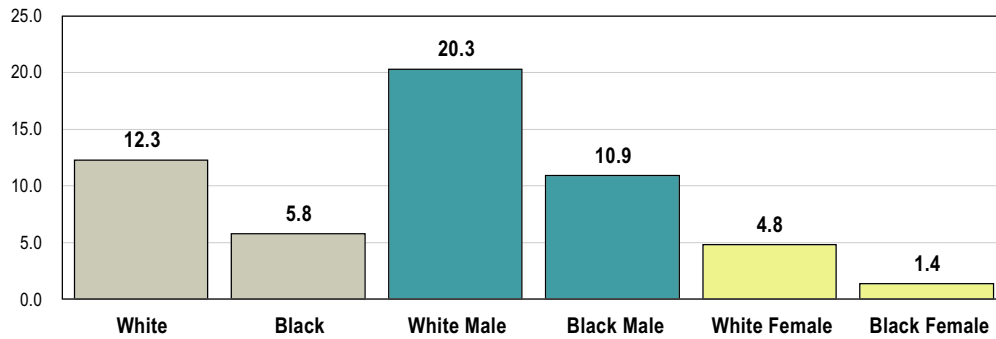
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- Statewide, White males have a much higher age-adjusted suicide death rate (20.3/100,000) than Black males (10.9/100,000) or White or Black females (4.8/100,000 and 1.4/100,000, respectively).

Age-Adjusted Mortality: Suicide (1998 Louisiana Deaths by Race/Gender)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.
2. Includes homicide and legal intervention deaths.

Diabetes

Diabetes mellitus is a disease caused by a deficiency of insulin, which is a hormone secreted by the pancreas. Diabetes is classified into two main types: type 1 and type 2. Type 1 diabetes (insulin-dependent), affects 5%-10% of those with diabetes and most often occurs during childhood or adolescence. Type 2 diabetes (non-insulin-dependent) is the more common type, affecting 90%-95% of those with diabetes. Type 2 diabetes usually occurs after age 40.

Diabetes and its complications occur among Americans of all ages and racial/ethnic groups, but the elderly and certain racial/ethnic groups are more commonly affected by the disease. About 18% of Americans 65 years of age and older have diabetes. Diabetes patients risk debilitating complications such as blindness, kidney disease, and lower-extremity amputations.

Cardiovascular disease is two to four times more common among persons with diabetes; the risk of stroke is two to four times higher; 60%-65% have high blood pressure; and 60%-70% have mild to severe diabetic nerve damage.

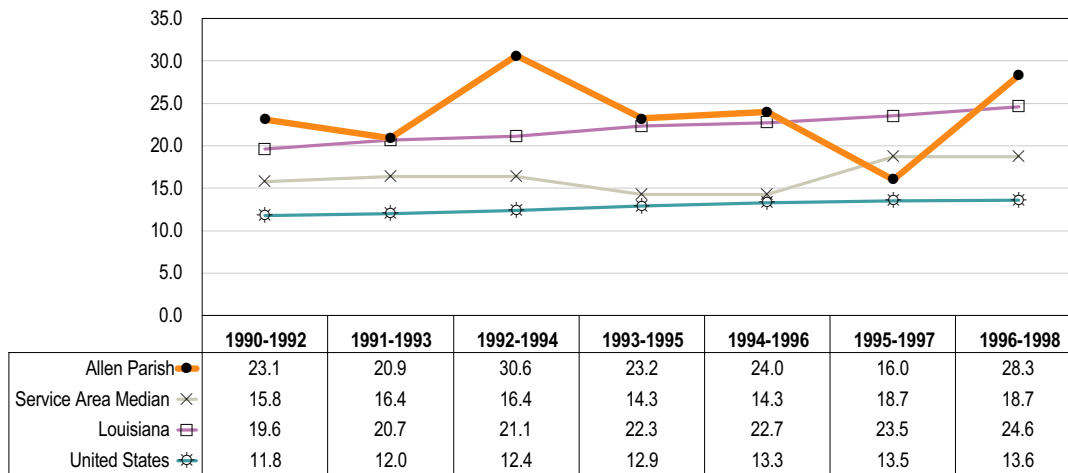
About 16 million Americans have diabetes, but only about 10 million have been diagnosed. Approximately 798,000 new cases of diabetes are diagnosed annually in the United States. Nationwide, the number of persons diagnosed with diabetes has increased sixfold, from 1.6 million in 1958 to 10 million in 1997 (National Diabetes Fact Sheet, Centers for Disease Control and Prevention).

Diabetes Deaths

- **In Allen Parish, age-adjusted deaths due to diabetes have largely remained at or above statewide and national rates. However, in 1995-1997, the Allen Parish figure (16.0) drops below the service area median (18.7) and the statewide rate (23.5). This is followed by a sharp increase in the Allen Parish rate in 1996-1998 (28.3), as shown below.**

Age-Adjusted Mortality: Diabetes

(Deaths per 100,000 Population; Three-Year Averages)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

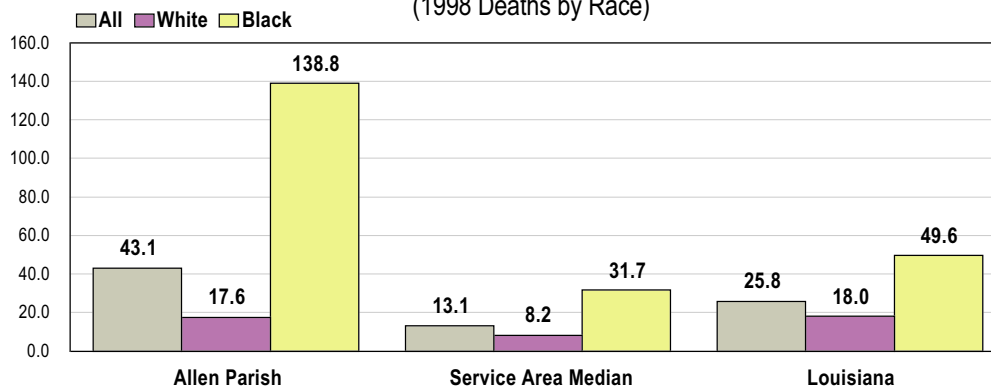
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- Blacks experience much higher age-adjusted death rates attributed to diabetes than Whites, both in Allen Parish and statewide in 1998.

Age-Adjusted Mortality: Diabetes

(1998 Deaths by Race)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

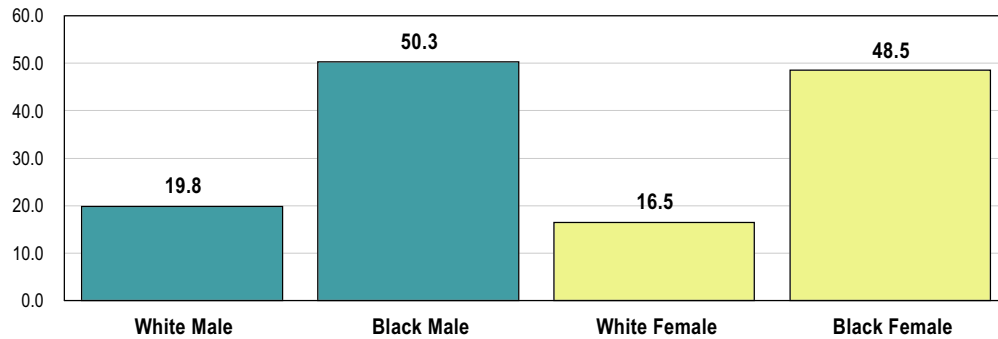
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- Statewide, age-adjusted death rates attributed to diabetes are equally high among Black males (50.3/100,000) and Black females (48.5/100,000) in comparison to White males (19.8/100,000) or White females (16.5/100,000).

Age-Adjusted Mortality: Diabetes

(1998 Louisiana Deaths by Race/Gender)



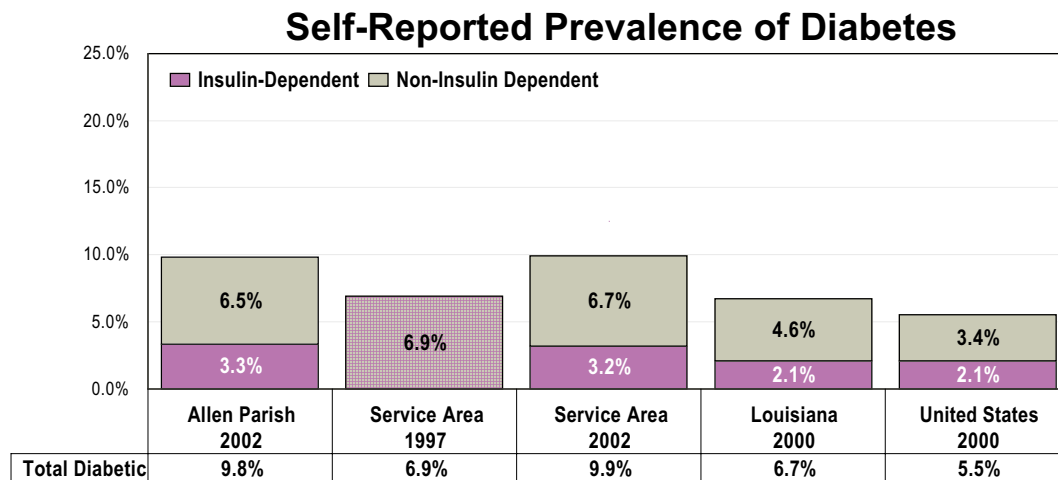
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

Self-Reported Diabetes Prevalence

Diabetes Prevalence

- **9.8% of Allen Parish adults report suffering from or having been diagnosed with diabetes.**
 - Statistically similar to current Rapides Foundation Service Area findings.
 - Significantly higher than found statewide (6.7%).
 - Significantly higher than found nationwide (5.5%).
 - It is estimated that more than one-third of diabetes cases nationwide remain undiagnosed.



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
 4. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.

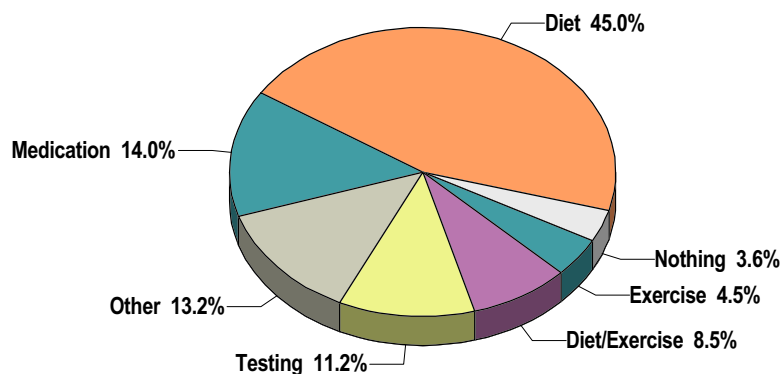
Notes: 1. Asked of all respondents.
 2. 1997 data does not distinguish between insulin-dependent and non-insulin dependent diabetes.

See also “Cardiovascular Risk Behavior: Overweight Prevalence.”

Needs of Diabetics

- 45.0% of diabetics surveyed in Allen Parish report that their greatest need in managing their diabetes is diet.

Self-Perceived Greatest Need for Controlling Diabetes (Among Allen Parish Diabetics)



Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Asked of all respondents with diabetes.

Community Health Panel Findings*

Education is seen as key to reducing risk among the local diabetic population.

“We have a very high incidence of diabetes. We even have diabetes classes. We do a lot of teaching for diabetics. A lot of these classes are for the elderly, but they won’t turn anybody away because of their age. The problem is that all of these classes are given during the day, so kids can’t attend the classes.”

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

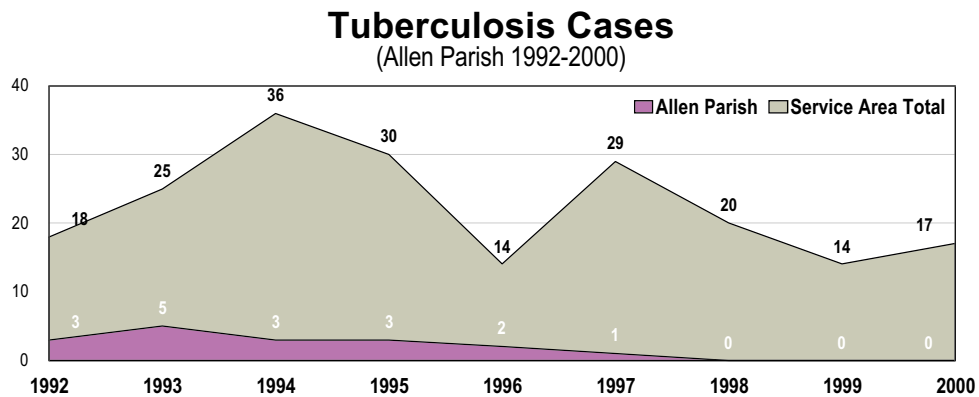
INFECTIOUS & CHRONIC DISEASE

Tuberculosis

Tuberculosis (TB) is spread from person to person through the air. TB usually affects the lungs, but can also affect other parts of the body, such as the brain, kidneys, or spine.

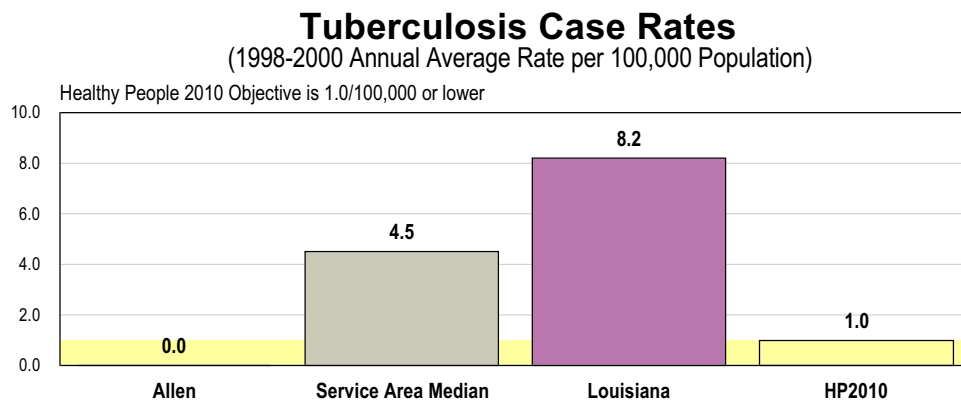
Tuberculosis Incidence

- Between 1992 and 2000, a high of 5 cases were diagnosed in Allen Parish in 1993. Since that time, there has been a downward trend, with no cases diagnosed in 1998, 1999 or 2000.



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

- Between 1998 and 2000, there were no cases of tuberculosis diagnosed in Allen Parish per 100,000 population.
 - Below the statewide 1998-2000 annual average case rate (8.2/100,000).
 - Satisfies the *Healthy People 2010* target (1.0/100,000 or lower).



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

HIV/AIDS

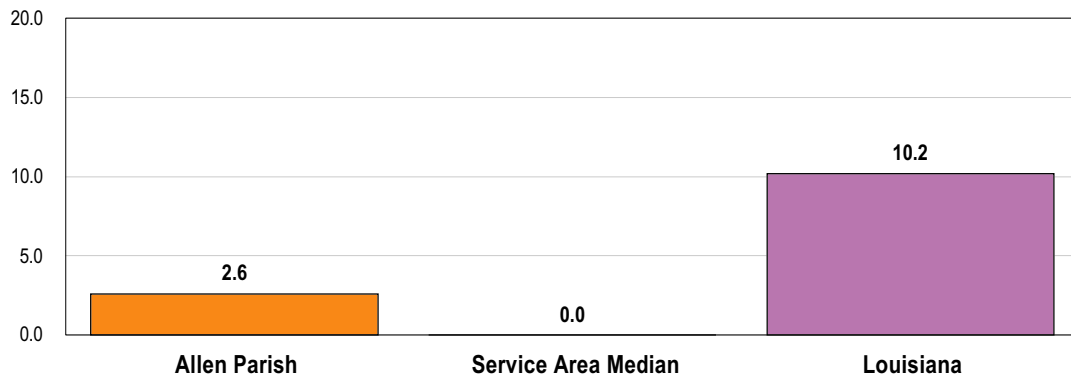
The AIDS (acquired immunodeficiency syndrome) epidemic is a problem of national and international importance, a disease for which there is as of yet no cure. Although there is no cure or vaccine, recent advances in human immunodeficiency virus (HIV) treatment can slow or halt the progression from HIV infection to AIDS. Prevention of HIV infection is complex, requiring targeted behavioral-based, culture- and age-specific risk reduction programs.

AIDS Death Rates

- The 1996-98 Allen Parish age-adjusted AIDS death rate is below the corresponding Louisiana rate, but is among the highest in the Rapides Foundation Service Area.

Age-Adjusted Mortality: AIDS

(1996-98 Deaths per 100,000 Population)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

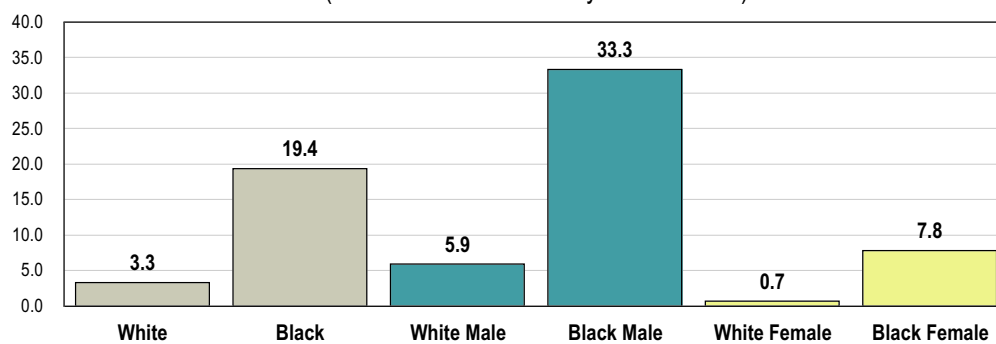
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- The Louisiana age-adjusted AIDS death rate is much higher among Blacks than among Whites: it is particularly high among Black males (33.3/100,000 in 1998), followed by Black females (7.8/100,000).

Age-Adjusted Mortality: AIDS

(1998 Louisiana Deaths by Race/Gender)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.
2. Includes homicide and legal intervention deaths.

HIV/AIDS Rates

Note the following findings from the *2000 Louisiana HIV/AIDS Annual Report*:^{*}

- There are persons living with HIV in every parish in Louisiana, and this number continues to increase each year, largely due to more effective drug therapies.
- Although the number of newly-detected HIV/AIDS cases has decreased in recent years, this decline may not reflect a true decrease in HIV transmission.
- Since 1996, the number of new AIDS cases and deaths of persons with AIDS has decreased dramatically, coinciding with the widespread use of more effective treatments. However, data from 2000 indicate a leveling of these declines, which may be due to factors such as late testing behaviors, limited access to or use of health care services, and limitations of current therapies.
- The HIV detection rates for African-Americans continue to be disproportionately high. In 2000, 75% of newly-detected HIV cases and 76% of newly-diagnosed AIDS cases were in African-Americans. The HIV detection rates for African-Americans are over six times higher than those among whites.
- The percentage of newly-detected HIV/AIDS cases reported among women in Louisiana has steadily been increasing, and women represented 34% of new HIV/AIDS cases in 2000. Although HIV/AIDS rates have been declining in men since 1993, rates in African-American women have remained stable.
- Although the number of women living with HIV in Louisiana has risen, perinatal transmission rates have dropped dramatically from over 25% in 1993 to only 6% in 1999, due to screening programs for pregnant women and increased use of antiretroviral therapy in pregnant women and their infants.
- Among African-Americans, high-risk heterosexual contact has been the predominant mode of exposure since 1996. Among whites, the predominant exposure remains men who have sex with men (MSM), although the number of cases has declined substantially since 1993.

^{*} *Louisiana HIV/AIDS Annual Report, 2000.* Louisiana Department of Health and Hospitals, Office of Public Health, HIV/AIDS Program

Interpretation of HIV Detection Data

Because antiretroviral treatment regimens are initiated much earlier in the course of HIV infection than previous treatments, effective therapies postpone and/or prevent the onset of AIDS, resulting in a decrease in AIDS incidence. Consequently, recent incident AIDS data can no longer provide the basis of HIV transmission estimates and trends, and the dissemination of surveillance data has moved toward placing heavier emphasis on the representation of HIV-positive persons. Typically, AIDS data are depicted by characteristics at year of AIDS diagnosis under the 1993 AIDS case definition, whereas HIV data are characterized at year of HIV detection (earliest positive test reported to the health department).

HIV detection data are not without limitations. Although HIV detection is usually closer in time to HIV infection than is an AIDS diagnosis, data represented by the time of HIV detection must be interpreted with caution. Unlike AIDS data where the date of diagnosis is relatively precise for monitoring AIDS incidence, HIV detection trends do not accurately depict HIV transmission trends. This is because HIV detection data represent cases who were reported after a positive result from a confidential HIV test, which may first occur several years after HIV infection. In addition, the data are under detected and under reported because only persons with HIV who choose to be tested confidentially are counted. HIV detection counts do not include persons who have not been tested for HIV and persons who only have been tested anonymously.

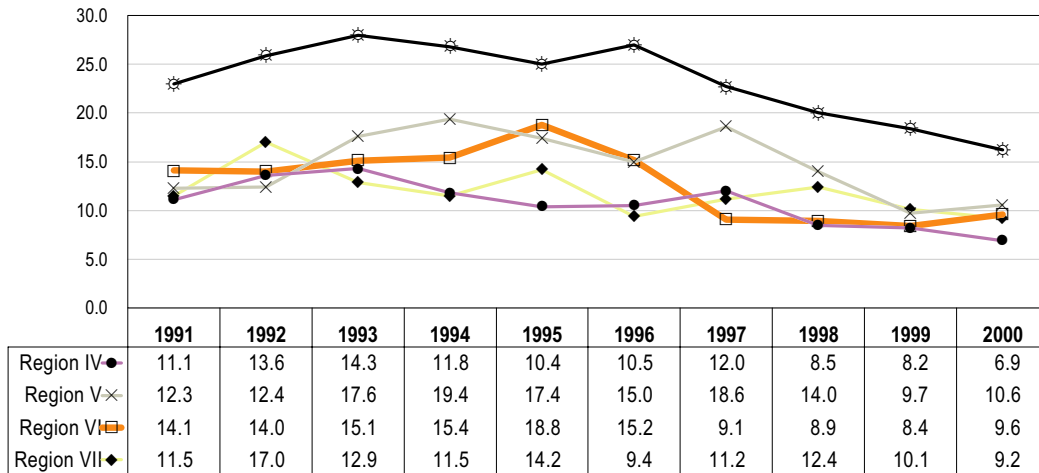
Therefore, HIV detection data do not necessarily represent characteristics of person who have been recently infected with HIV, nor do they provide true HIV incidence. Demographic and geographic subpopulations are disproportionately sensitive to differences and changes in access to health care, HIV testing patterns, and targeted prevention programs and services. All of these issues must be carefully considered when interpreting HIV data.

With this in mind:

- **AIDS case rates followed a general decline in the latter half of the 1990s.**
 - However, Public Health Region V (which includes Allen Parish) realized a slight increase in case rates in 2000.

AIDS Case Rates

(Rates of New AIDS Cases per Year per 100,000 Population; By Public Health Region)



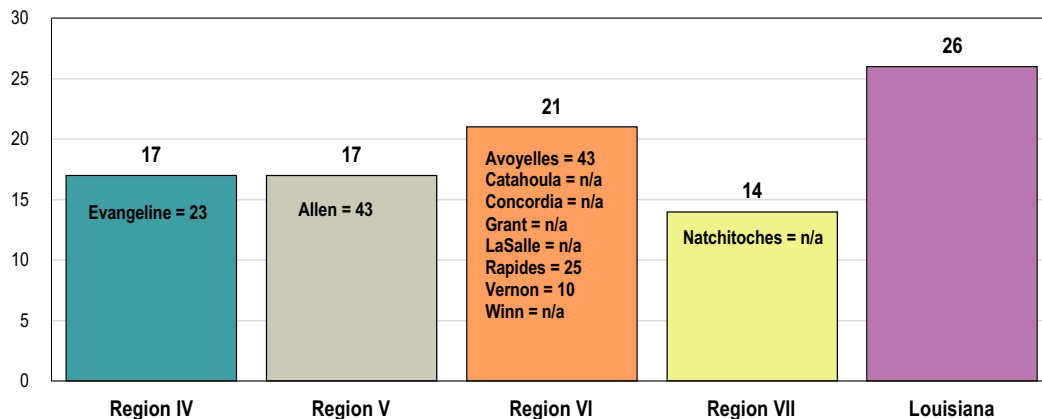
Source: Louisiana HIV/AIDS Annual Report, 2000. Louisiana Department of Health and Hospitals, Office of Public Health, HIV/AIDS Program.

- Notes:
1. Public Health Region IV includes Evangeline Parish and six other parishes in and around Lafayette, Louisiana.
 2. Public Health Region V includes Allen Parish and four other parishes in and around Lake Charles, Louisiana.
 3. Public Health Region VI includes Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon and Winn Parishes.
 4. Public Health Region VII includes Natchitoches and eight other parishes in and around Shreveport, Louisiana.

- **In Public Health Region V (which includes Allen Parish), there was an annual HIV/AIDS detection rate of 17 cases per 100,000 population (43/100,000 in Allen Parish - a high rate partially attributable to local correctional facilities) in 2000.**
 - The Public Health Region V rate is well below the rate reported statewide (26/100,000).
 - The Public Health Region V rate is lower than the Region VI rate, but above the Region VII rate.

HIV/AIDS Detection Rates

(Rates of New HIV Diagnoses in 2000; By Public Health Region)



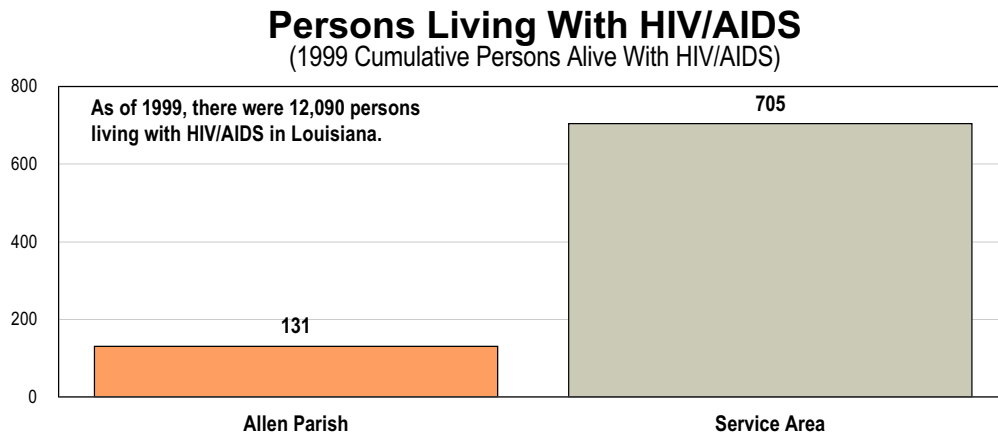
Source: Louisiana HIV/AIDS Annual Report, 2000. Louisiana Department of Health and Hospitals, Office of Public Health, HIV/AIDS Program.

- Notes:
1. Public Health Region IV includes Evangeline Parish and six other parishes in and around Lafayette, Louisiana.
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 3. Public Health Region VI includes Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon and Winn Parishes.
 4. Public Health Region VII includes Natchitoches and eight other parishes in and around Shreveport, Louisiana.
 5. Includes AIDS diagnoses for persons first detected with HIV at an AIDS diagnosis. Rates are unstable and not available (n/a) for parishes with low case counts.

Persons Living With HIV/AIDS

While new developments in treatment in recent years have greatly expanded the life expectancy and quality of life of AIDS patients, the treatments are extremely costly and they bring rise to new issues for a growing population of persons living with AIDS.

- **As of 1999, there were 131 persons living with AIDS in Allen Parish, 705 throughout the Rapides Foundation Service Area.**

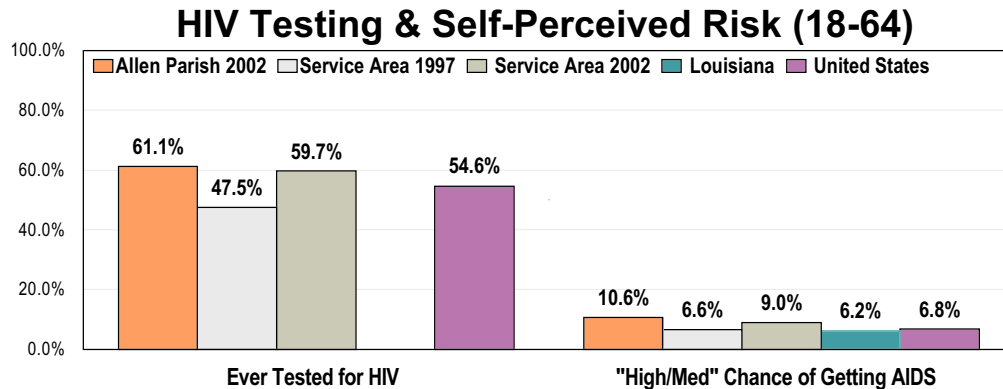


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

- **In 2000, three parishes in the Rapides Foundation Service Area had greater than 300 persons living with HIV per 100,000 population: Allen Parish, Avoyelles Parish and Winn Parish. *These and many other parishes with disproportionate HIV/AIDS prevalence rates house correctional facilities which have reported large numbers of HIV/AIDS cases.***

HIV Testing & Perceived Risk

- **61.1% of Allen Parish adults between the ages of 18 and 64 report that they have been tested for HIV at some time in the past (not counting tests they may have had when donating blood).**
 - Similar to current Rapides Foundation Service Area and national findings.
- **10.6% of Allen Parish adults between the ages of 18 and 64 believe themselves to be at “high” or “medium” risk for getting AIDS.**
 - Similar to current Rapides Foundation Service Area, but higher than statewide and national findings.



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
 4. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.

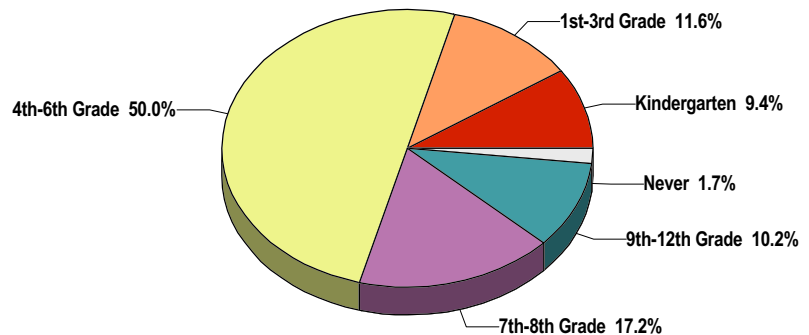
Note: Reflects respondents aged 18 through 64.

Children & HIV/AIDS Education

- **71.0% of Allen Parish adults between the ages of 18 and 64 believe children should begin receiving HIV/AIDS education in school during elementary school years (K-6).**
- **Only 1.7% of Allen Parish adults between the ages of 18 and 64 believe HIV/AIDS education should not be taught in school at all.**

Grade in Which Children Should Begin AIDS/HIV Education

(Allen Parish; 18-64)

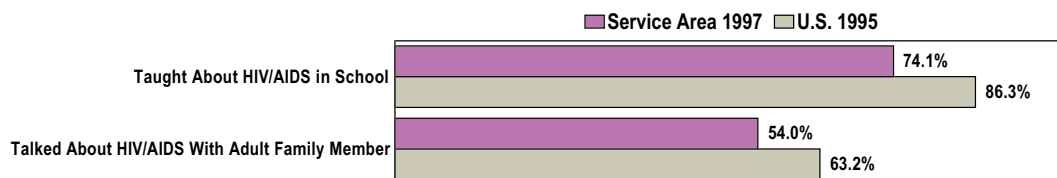


Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Asked among respondents aged 18 through 64.

In the 1997 Central Louisiana Youth Risk Factor Survey:

- **74.1% of service area youth report that they had been taught about HIV/AIDS in school, lower than found nationwide (86.3%).**
- **54.0% of service area youth report that they had talked about HIV/AIDS with an adult family member, lower than found nationwide (63.2%).**

HIV/AIDS-Related Findings From the 1997 Service Area Youth Risk Factor Survey



Source: Tulane School of Public Health and Tropical Medicine.

Community Health Panel Findings*

“We really don’t see many cases of HIV/AIDS. Maybe people go elsewhere for their health care needs if they are diagnosed. The health unit does have an HIV/AIDS program.”

** The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.*

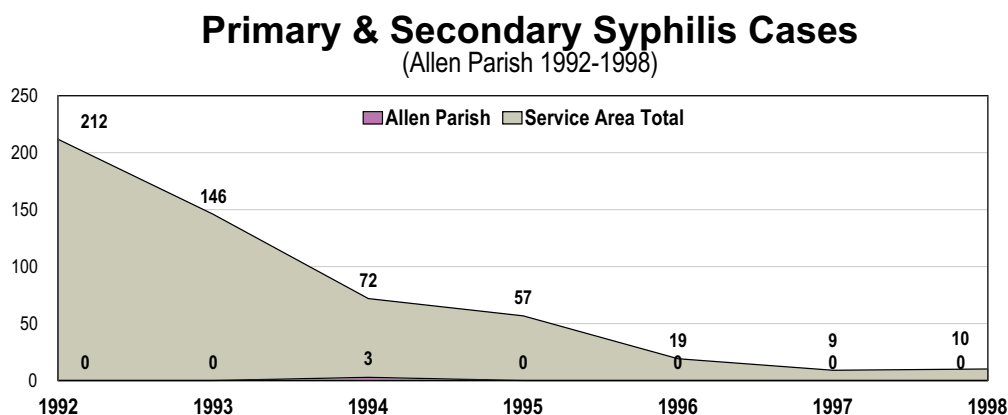
Sexually Transmitted Diseases

In the United States, more than 65 million people are currently living with an incurable sexually transmitted disease (STD). An additional 15 million people become infected with one or more STDs each year, roughly half of whom contract lifelong infections. Yet, STDs are one of the most under-recognized health problems in the country today. Despite the fact that STDs are extremely widespread, have severe and sometimes deadly consequences, and add billions of dollars to the nation's healthcare costs each year, most people in the United States remain unaware of the risks and consequences of all but the most prominent STD—the human immunodeficiency virus or HIV.

While extremely common, STDs are difficult to track. Many people with these infections do not have symptoms and remain undiagnosed. Even diseases that are diagnosed are frequently not reported and counted. These “hidden” epidemics are magnified with each new infection that goes unrecognized and untreated (Centers for Disease Control and Prevention).

Syphilis

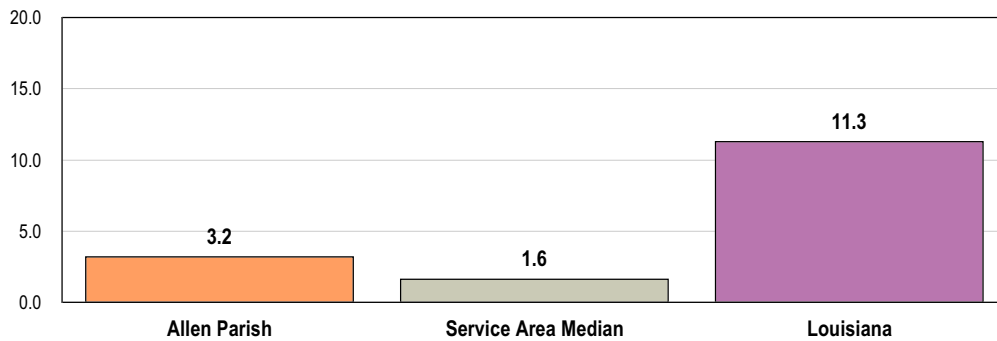
- Between 1992 and 1998, primary and secondary syphilis cases in Allen Parish have remained very low, with a high of 3 diagnosed cases in 1994.



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

- **Between 1998 and 2000, there was an annual average of 3.2 cases of primary or secondary syphilis in Allen Parish per 100,000 population.**
 - Well below the statewide case rate (11.3/100,000).
 - Higher than in most Rapides Foundation Service Area parishes (median = 1.6/100,000).

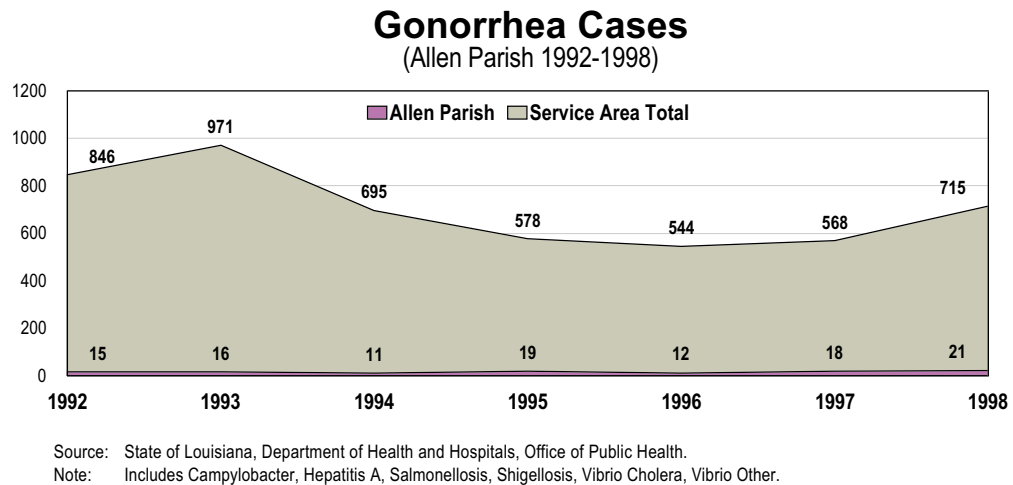
Primary & Secondary Syphilis Case Rates (1998-2000 Annual Average Rate per 100,000 Population)



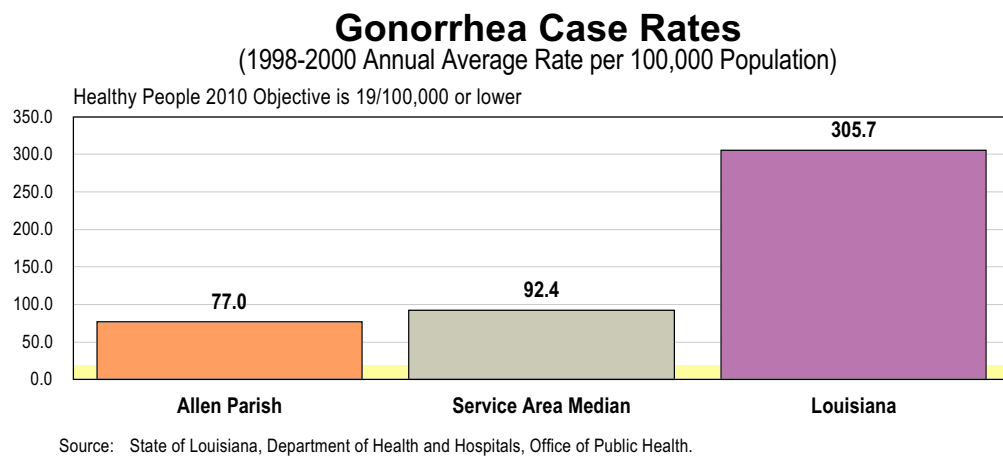
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

Gonorrhea

- Between 1992 and 1998, gonorrhea cases in Allen Parish fluctuated with a high of 21 cases in 1998 to a low of 11 cases in 1994.

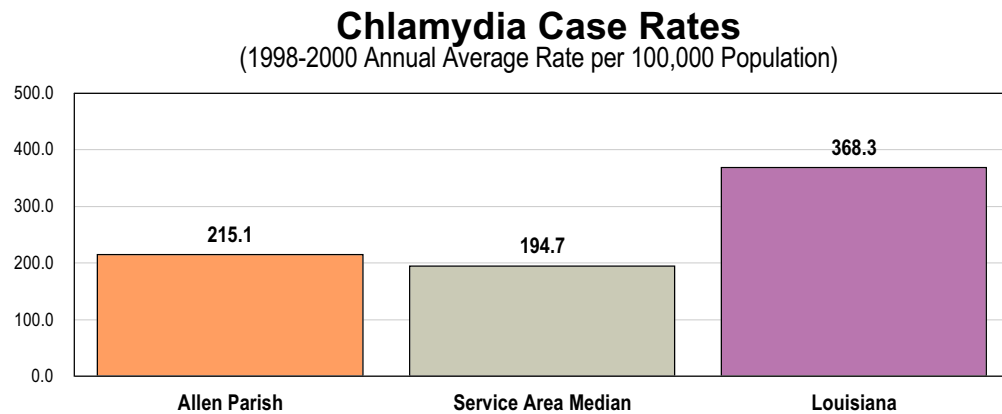


- Between 1998 and 2000, there was an annual average of 77 newly diagnosed gonorrhea cases per 100,000 population in Allen Parish.
 - Lower than in most Rapides Foundation Service Area parishes (median = 92.4/100,000).
 - Below the statewide annual average case rate (305.7/100,000).



Chlamydia

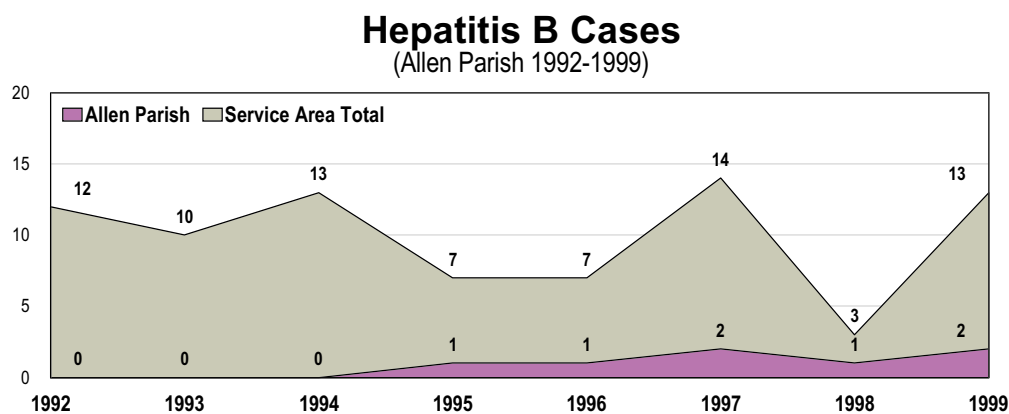
- Between 1998 and 2000, there was an annual average of 215.1 newly diagnosed cases of *chlamydia trachomatis* per 100,000 population in Allen Parish.
 - Slightly higher than in most Rapides Foundation Service Area parishes (median = 194.7 cases/100,000).
 - Well below the annual average case rate statewide (368.3/100,000).



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

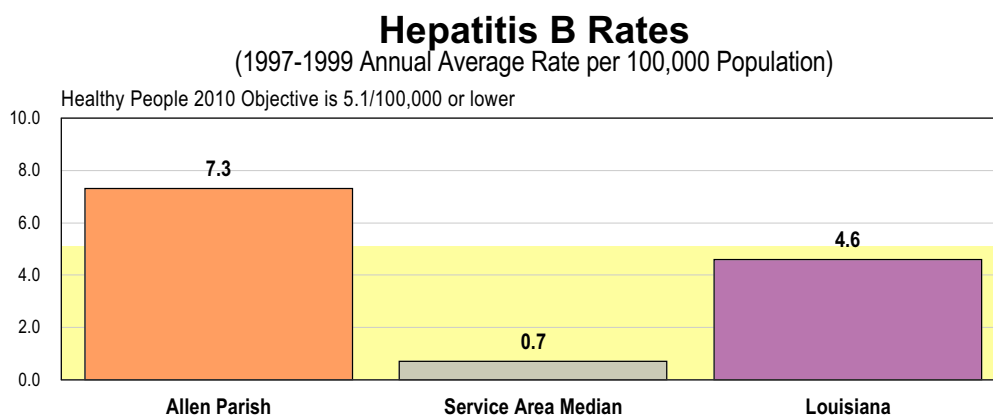
Hepatitis B

- Between 1992 and 1999, hepatitis B cases diagnosed in Allen Parish remained low, ranging from zero cases in 1992 and 1993 to 2 cases each in 1997 and 1999.



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

- Between 1997 and 1999, there was an annual average case rate of 7.3 hepatitis B cases per 100,000 population in Allen Parish.
 - Higher than in most Rapides Foundation Service Area parishes (median = 0.7 cases/100,000).
 - Higher than the statewide annual average case rate (4.6/100,000).



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

Vaccine-Preventable Disease Incidence

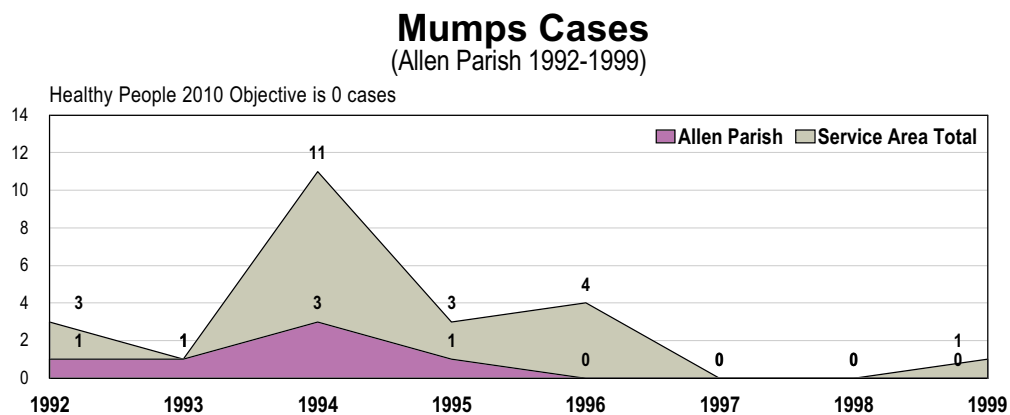
Examples of diseases which are preventable through vaccination include measles, mumps, rubella and pertussis.

Measles

- Between 1992 and 1999, there were no reported cases of measles in Allen Parish.

Mumps

- Between 1992 and 1999, there were 7 reported cases of mumps in Allen Parish.



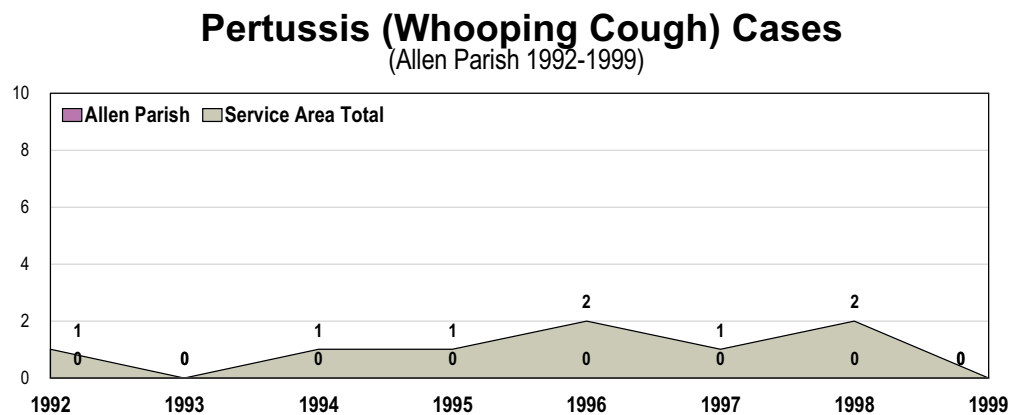
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

Rubella

- Between 1992 and 1999, there were no reported cases of rubella in Allen Parish.

Pertussis

- Between 1992 and 1999, there were no reported cases of pertussis (whooping cough) in Allen Parish.



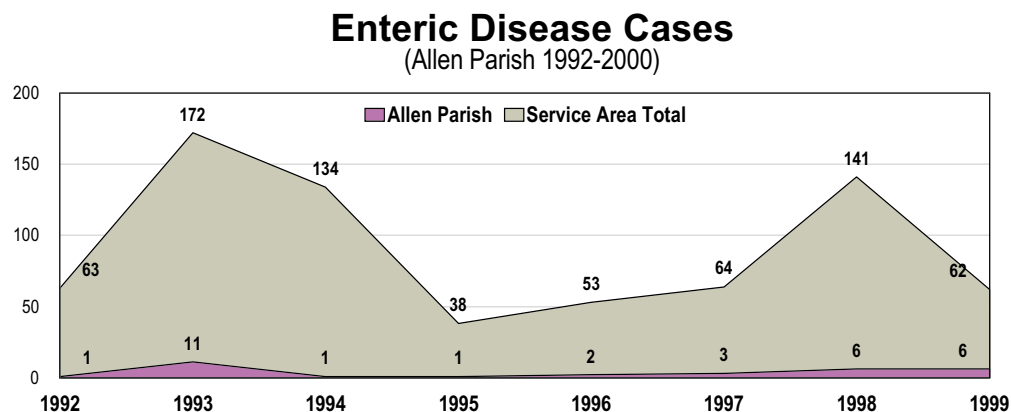
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

Enteric Disease Incidence

Enteric diseases are gastrointestinal illnesses caused by bacteria, parasites or viruses. Transmission from person to person is via hand-to-mouth. A person must actually ingest the organism in order to become infected. Enteric diseases are among the most frequently reported diseases. They include such known and lesser-known diseases as campylobacteriosis, salmonellosis, shigellosis, hepatitis A, vibrio cholera and vibrio other.

Enteric Disease

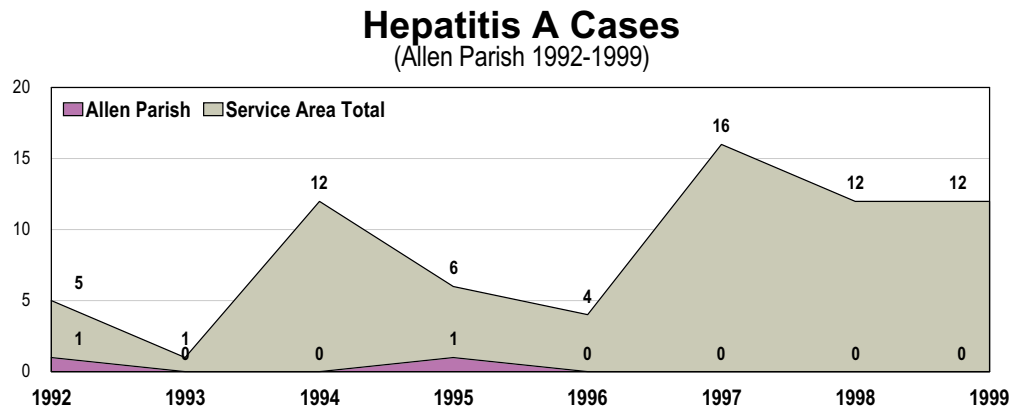
- The incidence of enteric disease is prone to localized outbreaks. Between 1992 and 1999, Allen Parish experienced relatively high-case years in 1993, 1998 and 1999.



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.
Note: Includes Campylobacter, Hepatitis A, Salmonellosis, Shigellosis, Vibrio Cholera, Vibrio Other.

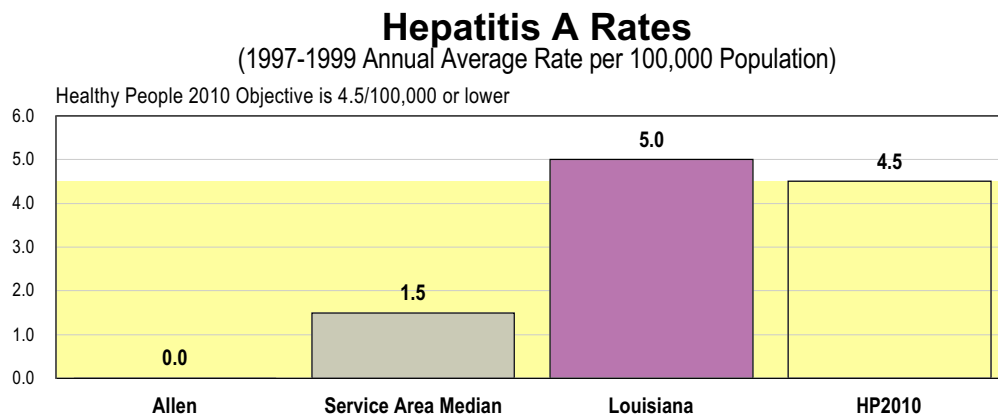
Hepatitis A

- Between 1992 and 1999, Allen Parish experienced 2 case of hepatitis A, 1 case in 1992 and 1 case in 1995.



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

- Between 1997 and 1999, there were no hepatitis A cases in Allen Parish per 100,000.
 - Lower than in most Rapides Foundation Service Area parishes (median = 1.5 cases/100,000).
 - Lower than the statewide annual average case rate (5.0/100,000).
 - Satisfies the *Healthy People 2010* target (4.5/100,000 or lower).



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

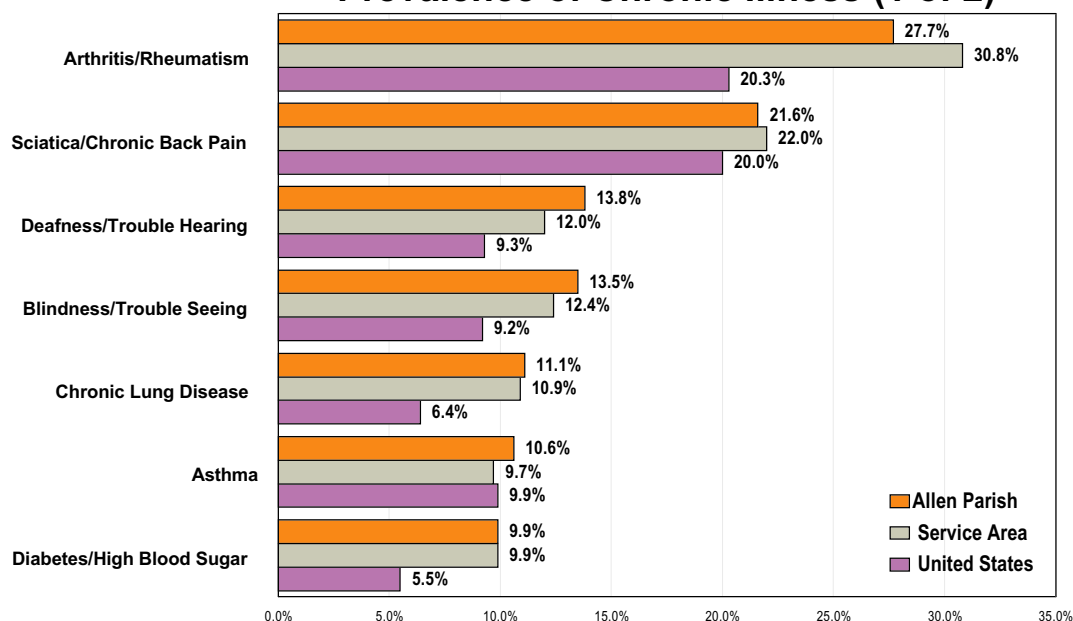
Self-Reported Chronic Illness

Self-Reported Prevalence of Chronic Illness

As part of the 2002 Community Health Survey, Allen Parish adults were asked to report the prevalence of any of 13 chronic conditions. Many of these conditions are largely age-related; keep in mind that these data are not age-adjusted in order to show estimates of true prevalence levels in the area.

- **Arthritis/rheumatism, sciatica/chronic back pain, deafness/trouble hearing blindness/trouble seeing, chronic lung disease and asthma were the most prevalent conditions reported, each affecting more than one out of 10 adults in Allen Parish.**
- **Four of the tested conditions are significantly more prevalent in Allen Parish than nationwide:**
 - 27.7% of Allen Parish adults report suffering from **arthritis or rheumatism** (compared to 20.3% nationwide).
 - 13.8% of Allen Parish adults report suffering from **deafness or trouble hearing** (compared to 9.3% nationwide).
 - 13.5% of Allen Parish adults report suffering from **blindness/trouble seeing** (compared to 9.2% nationwide).
 - 11.1% of Allen Parish adults report suffering from **chronic lung disease, including bronchitis or emphysema** (compared to 6.4% nationwide).

Prevalence of Chronic Illness (1 of 2)

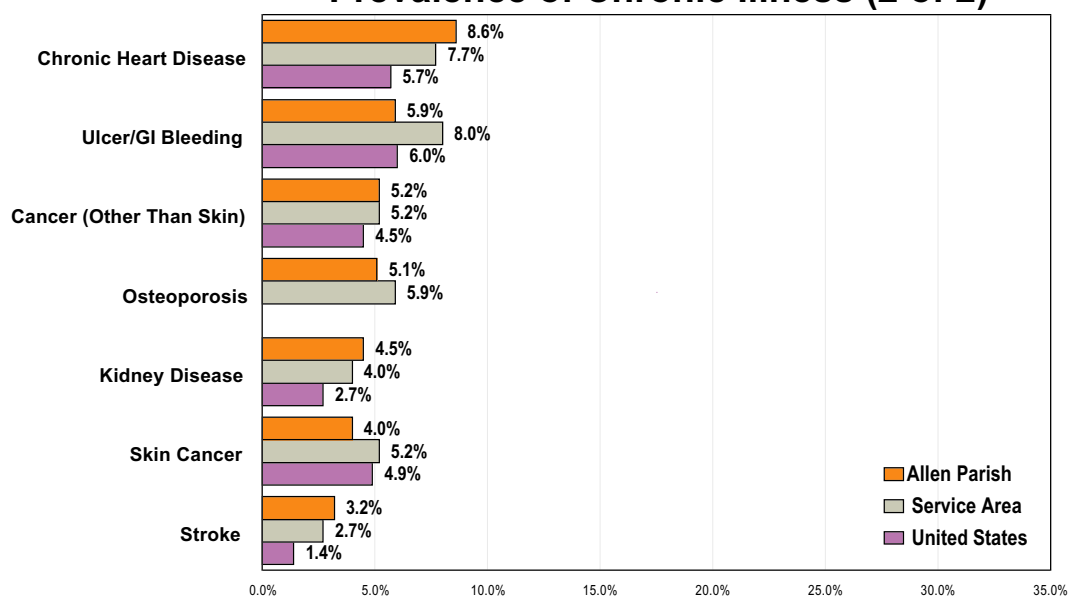


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. 2000 PRC National Health Survey, Professional Research Consultants

Note: Asked of all respondents.

Prevalence of Chronic Illness (2 of 2)



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. 2000 PRC National Health Survey, Professional Research Consultants

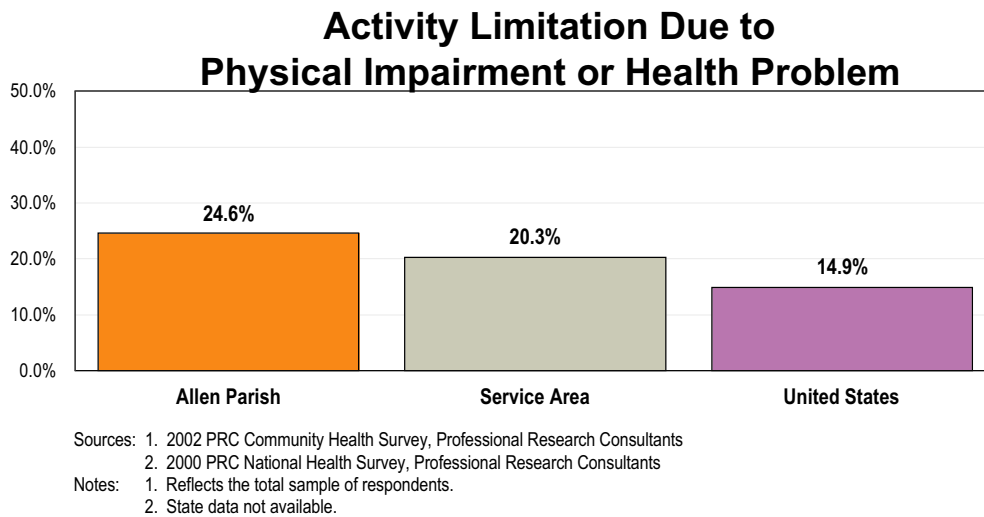
Notes: 1. Asked of all respondents.

2. A national prevalence for osteoporosis is not available.

Keep in mind that each percentage point above represents approximately 182 adults in Allen Parish.

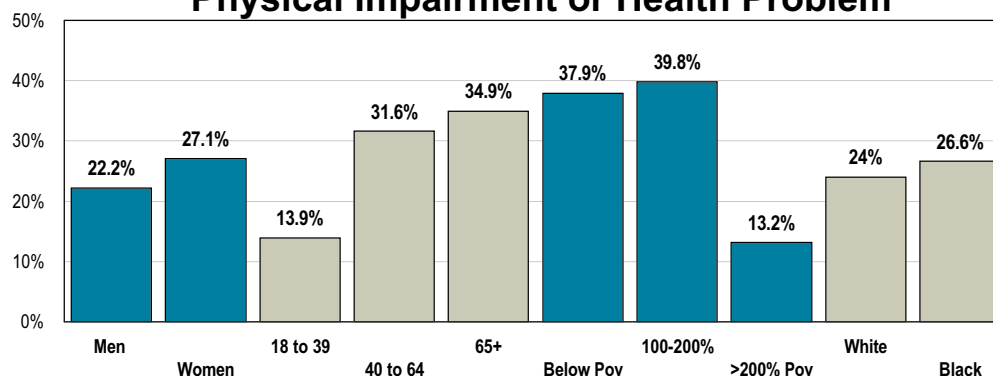
Activity Limitations

- **24.6% of Allen Parish adults report being limited in some way in some activity because of a physical impairment or health problem.**
 - Similar to Rapides Foundation Service Area findings.
 - Significantly higher than found nationwide (14.9%).
 - This represents nearly 4,500 adults in Allen Parish.



- Activity limitations are closely tied to age, and impact a significant share of those aged 65 or older.
- Activity limitations are also more prevalent among those at lower and middle income levels.
- Women more often report experiencing activity limitations than men.

Activity Limitation Due to Physical Impairment or Health Problem



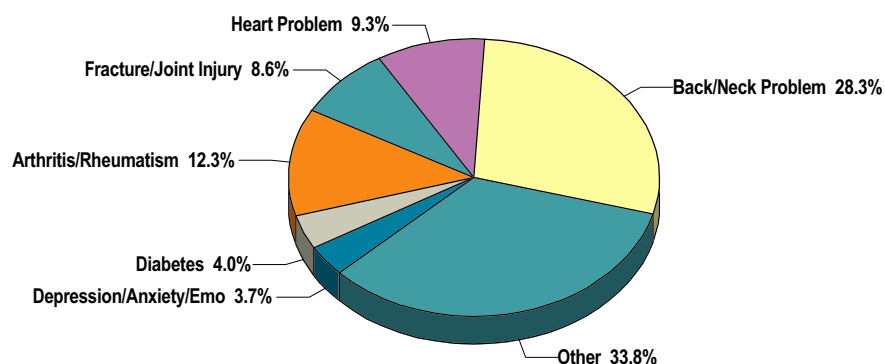
Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Allen Parish.
2. Reflects the total sample of respondents.

- The top three impairments that limit Allen Parish respondents include back/neck problems, arthritis/rheumatism and heart problems.

Type of Impairment Which Limits Activities

(Among Those Reporting Activity Limitations; Allen Parish)

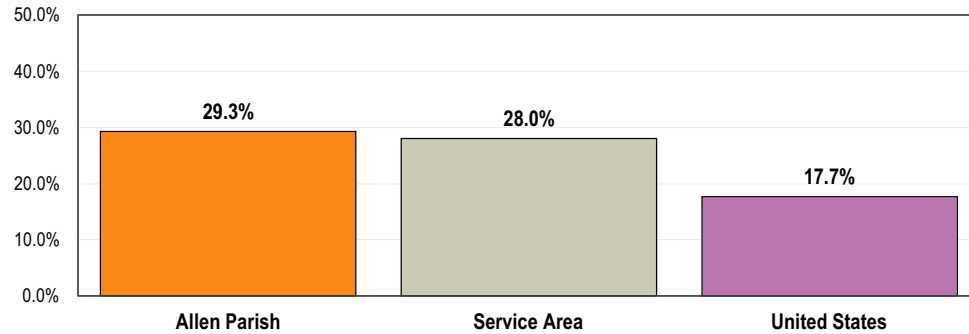


Source: 2002 PRC Community Health Survey, Professional Research Consultants

Note: Reflects those respondents who experience activity limitations.

- 29.3% of Allen Parish adults who currently suffer an illness or health impairment that limits their activities report that this illness or impairment is the result of a work-related injury.
 - Statistically similar to Rapides Foundation Service Area findings.
 - Significantly higher than found nationwide (17.7%).

Impairment That Limits Activities Is the Result of a Work-Related Illness/Injury (Among Those Experiencing Activity Limitations)



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Note: Reflects those respondents who experience activity limitations.

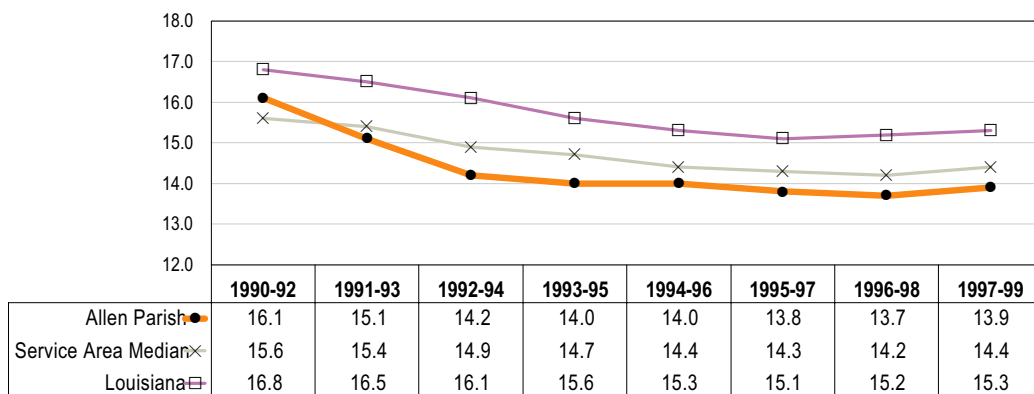
BIRTHS

Birth Rate

- **Between 1997 and 1999, there was an annual average of 13.9 births in Allen Parish per 1,000 population.**
 - Slightly lower than the annual average statewide birth rate for the same period (15.3/1,000).
- **The Allen Parish birth rate declined in the first half of the 1990s, then remained steady during the second half of the decade.**

Crude Birth Rates

(Three-Year Averages; Births per 1,000 Population)



Source: Louisiana Department of Health and Hospitals, Office of Public Health.

Notes: 1. Rates represent live births per 1,000 population.

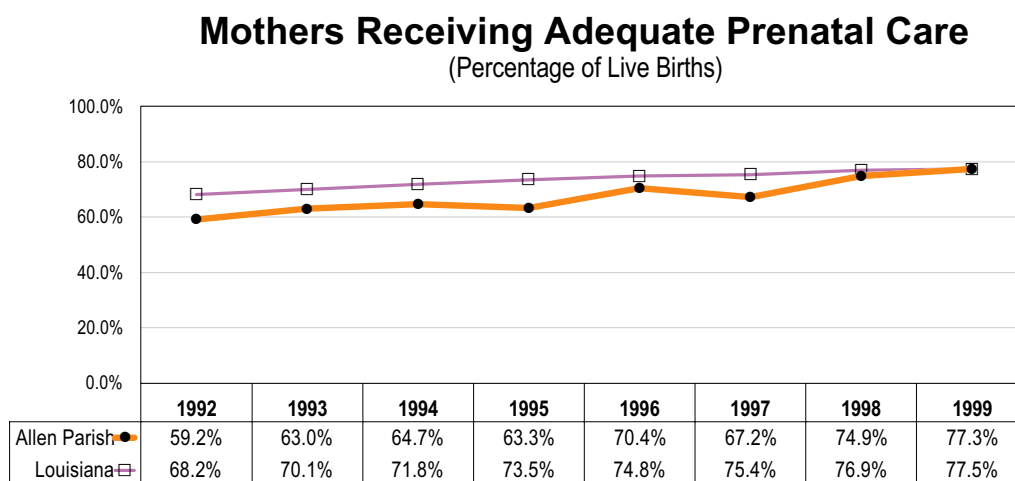
2. Service Area Median is the median birth rate among the 11 parishes included in this assessment (one-half of the parish birth rates fall below this rate, and one-half fall above).

Prenatal Care

Adequacy of Prenatal Care

Early and continuous prenatal care is the best assurance of infant health. Adequacy of prenatal care is measured by a modified Kessner Index, which defines prenatal care as adequate if the first prenatal visit occurred in the first trimester of pregnancy and if the total number of visits was appropriate to the gestational age of the baby at birth.

- **In 1999, 77.3% of Allen Parish mothers received adequate prenatal care.**
 - Similar to the percentage statewide (77.5%).
- **Since the early 1990s, the proportion of mothers receiving adequate prenatal care has been slowly improving in Allen Parish, as it has statewide.**
- **Still, 22.7% of Allen Parish mothers received care that was less than adequate in 1999.**

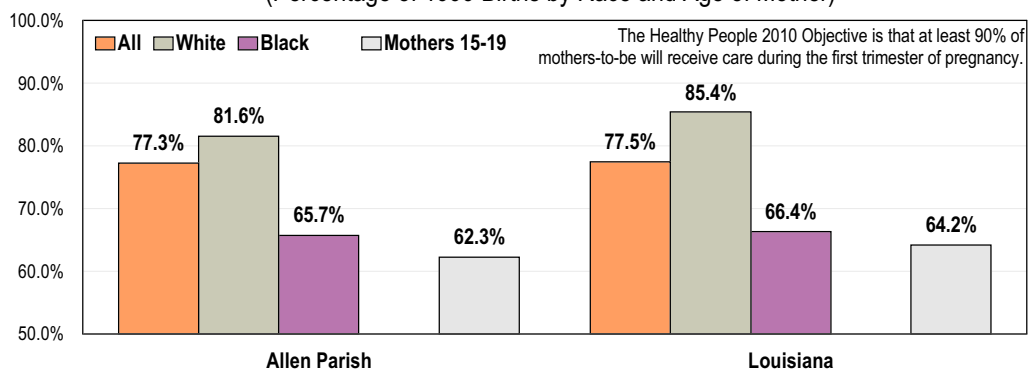


Source: Louisiana Department of Health and Hospitals, Office of Public Health.

Note: Adequate prenatal care is measured by a modified Kessner Index, which defines prenatal care as adequate if the first prenatal visit occurred in the first trimester of pregnancy and if the total number of visits was appropriate to the gestational age of the baby at birth.

- **A considerably lower proportion of Black mothers (65.7%) received adequate prenatal care in comparison to White mothers (81.6%) in Allen Parish in 1999.**
- **Only 62.3% of teenage mothers (age 15 to 19) in Allen Parish in 1999 received adequate prenatal care.**

Mothers Receiving Adequate Prenatal Care (Percentage of 1999 Births by Race and Age of Mother)



Source: Louisiana Department of Health and Hospitals, Office of Public Health.

Note: Adequate prenatal care is measured by a modified Kessner Index, which defines prenatal care as adequate if the first prenatal visit occurred in the first trimester of pregnancy and if the total number of visits was appropriate to the gestational age of the baby at birth.

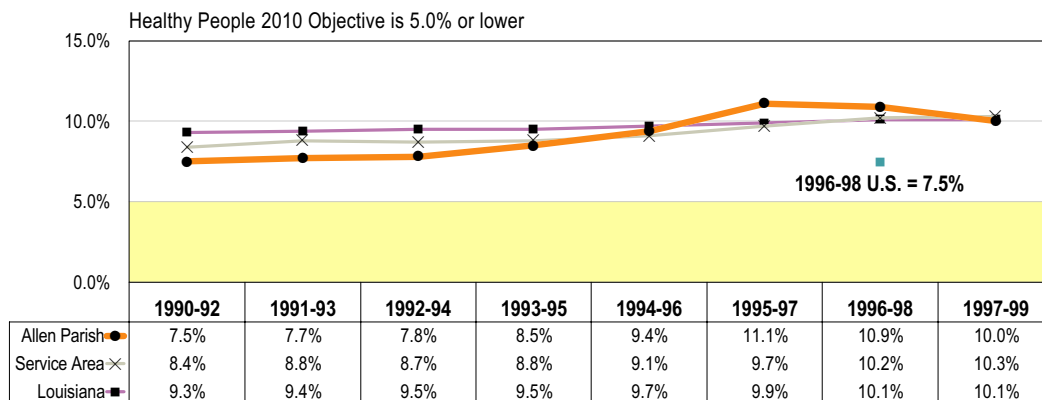
Birth Outcomes

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 infant 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.

- In 1997-99, 10.0% of Allen Parish births were of low birthweight.
 - Fails to satisfy the *Healthy People 2010* target (5% or lower).
- Allen Parish low-weight births increased through much of the 1990s.
- Both parish and state proportions of low-weight births are higher than found nationwide.

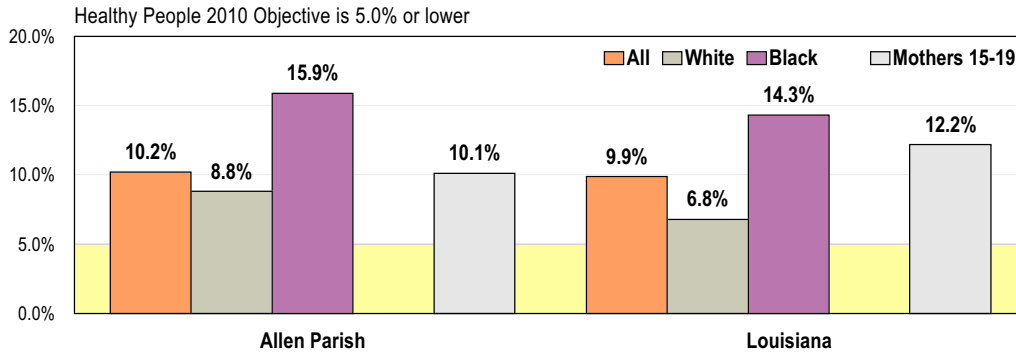
Low-Weight Birth Trends
(Low-Weight Births as a Percentage of Live Births)



- Sources: 1. Louisiana Department of Health and Hospitals, Office of Public Health.
 2. Healthy People 2010: National Health Promotion and Disease Prevention Objectives for the Nation, United States Public Health Services.
- Notes: 1. Numbers represent low-weight births as a percentage of all live births.
 2. Low birthweight includes infants less than 2,500 grams at birth (approximately 5 pounds, 8 ounces).
 3. Allen Parish 1995 data is not available.

- Between 1994 and 1998, 15.9% of births to Black mothers in Allen Parish were low birthweight, compared to a lower 8.8% of births to White mothers.
- Between 1994 and 1998, 10.1% of births to teenaged mothers in Allen Parish were low birthweight.

Low-Weight Births as a Percentage of Live Births (1994-1998 Averages by Race and Age of Mother)



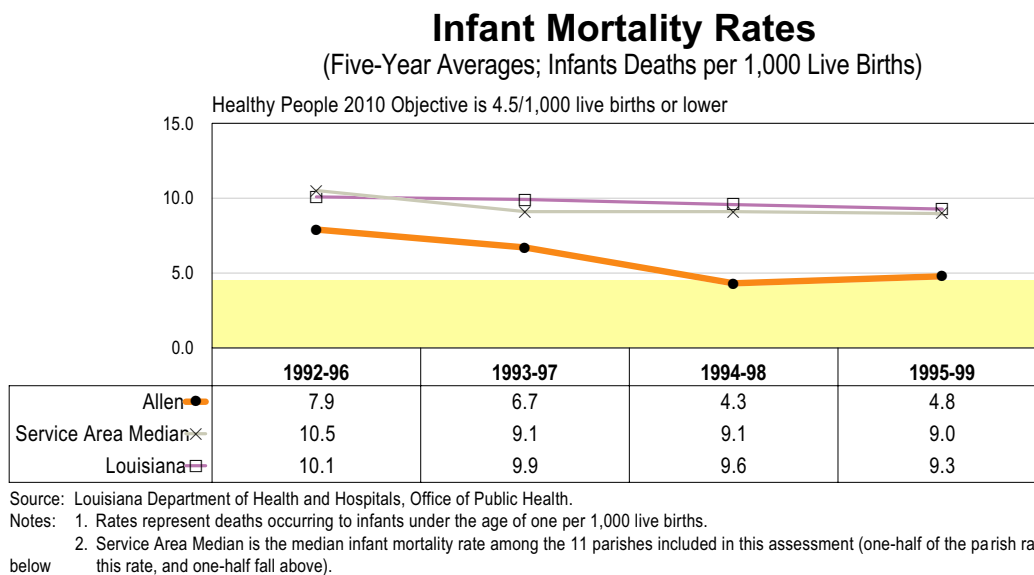
Sources: 1. Louisiana Department of Health and Hospitals, Office of Public Health.
 2. Healthy People 2010: National Health Promotion and Disease Prevention Objectives for the Nation/United States Public Health Svcs.

Notes: 1. Numbers represent the five-year average percentages of low-weight births.
 2. Low birthweight includes infants less than 2,500 grams at birth (approximately 5 pounds, 8 ounces).

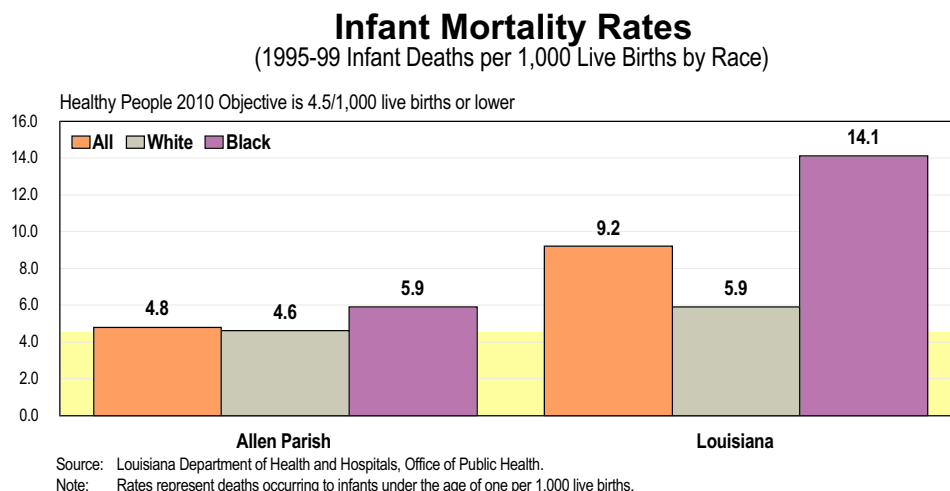
Infant Mortality

Infant death is the death of a child less than one year old. This issue was identified as a key concern in the 1997 Tulane study.

- Between 1995 and 1999, there was an annual average of 4.8 infant deaths per 1,000 live births in Allen Parish. This represents a slight decline from rates in the early 1990s.
 - Lower than the 1995-99 statewide annual average rate (9.3/1,000).



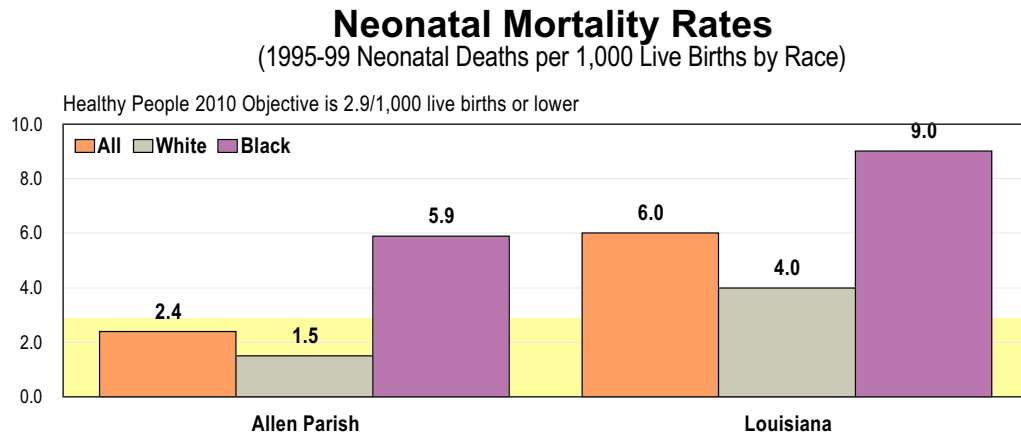
- Infant mortality is slightly higher among Blacks in Allen Parish (5.9/1,000 annual average 1995-99) than among Whites (4.6/1,000).



Neonatal Mortality

Neonatal death is the death of a child during the first 28 days of life.

- **Between 1995 and 1999, there was an annual average of 2.4 neonatal deaths per 1,000 live births in Allen Parish.**
 - Lower than the statewide annual average rate for the same period (6.0/1,000).
- Neonatal mortality is much higher among Blacks in Allen Parish (5.9/1,000 annual average 1995-99) than among Whites (1.5/1,000).



Source: Louisiana Department of Health and Hospitals, Office of Public Health.

Note: Represent the rates of death occurring to newborns within the first 28 days of life per 1,000 live births.

Births to Teenage Mothers

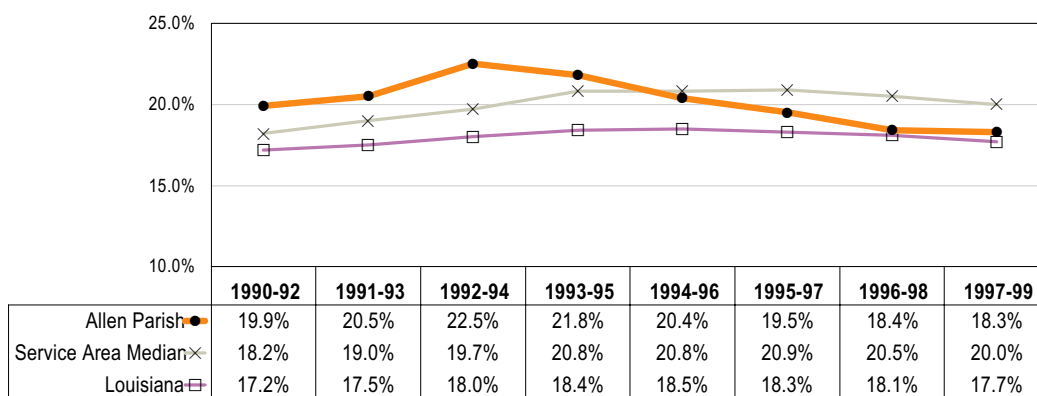
Teenage mothers are often at higher risk of problems associated with improper or inadequate prenatal care, especially in minority and lower socio-economic populations. They have a higher-than-average chance of suffering pregnancy complications, are less likely to ever complete a high school education, and earn about half the lifetime income of women who first give birth in their 20s.

The following examination of teen births in Allen Parish builds on prior research in 1997 by the Rapides Foundation and Tulane School of Public Health.

Percentage of Births to Teen Mothers

- **Between 1997 and 1999, 18.3% of Allen Parish births were to mothers between the ages of 15 and 19 years old.**
 - Slightly higher than statewide (17.7%).
 - Much higher than nationwide (12.3%).
- **The proportion of Allen Parish births to teenage mothers trended upward during the early 1990s and trended downward in the mid- and later 1990s, falling to just above the statewide proportion.**
 - The Allen Parish rate has tracked fairly closely with the median percentage among parishes in the Rapides Foundation Service Area.

Percentage of Births to Teenage Mothers (15-19)
(Three-Year Averages; Percentage of Live Births)

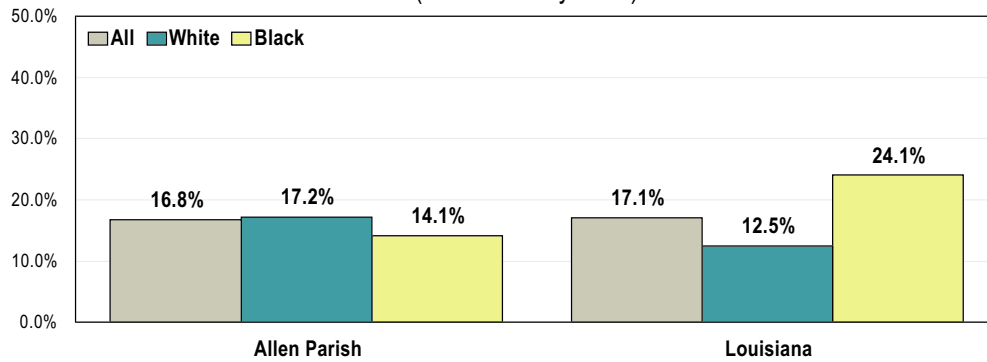


Source: Louisiana Department of Health and Hospitals, Office of Public Health.

Note: Represent teen births (births to mothers aged 15 to 19) as a percentage of all live births.

- 14.1% of 1999 Allen Parish births among Blacks were to teenage mothers, compared to 17.2% among Whites.

Percentage of Births to Teenage Mothers (15-19) (1999 Births by Race)



Source: Louisiana Department of Health and Hospitals, Office of Public Health.

Note: Represent teen births (births to mothers aged 15 to 19) as a percentage of all live births within each population.

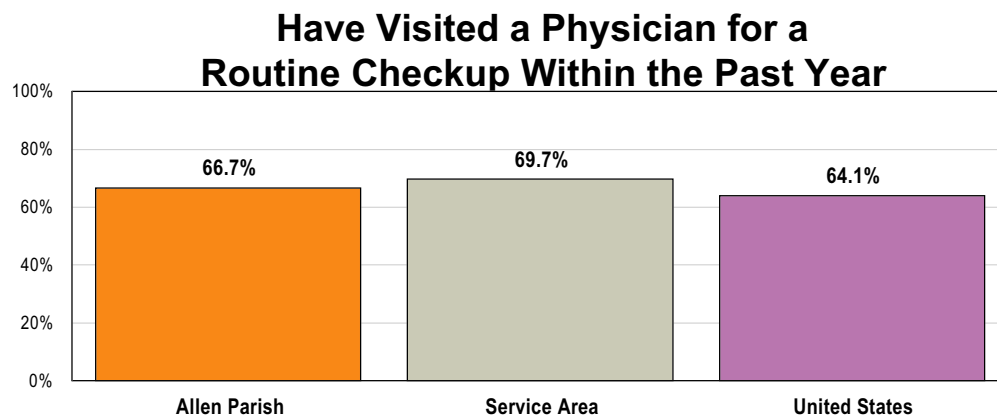
PREVENTIVE HEALTH CARE

Primary Medical Care

Regular medical care is a key component of preventive medicine. The following section examines community members' use of medical, dental and vision care services.

Routine Physician Care

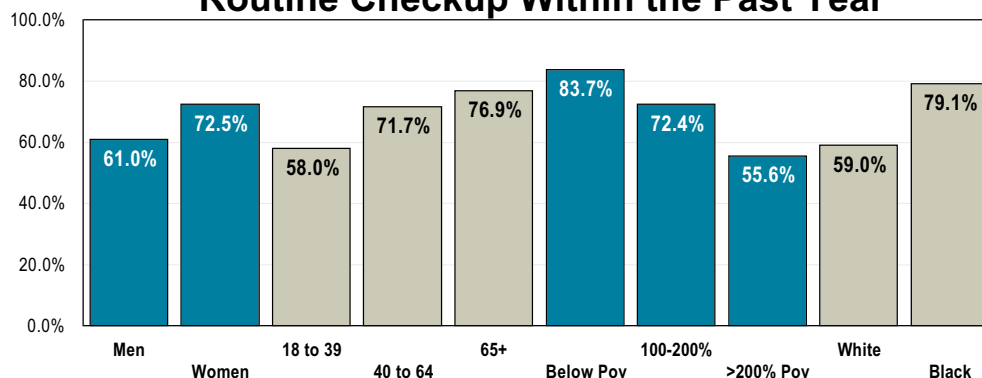
- **66.7% of Allen Parish adults report that they have visited a physician for a routine checkup in the past year.**
 - Similar to that found throughout the Rapides Foundation Service Area.
 - Similar to that found nationwide (64.1%).



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

- Persons living in the highest income bracket show the lowest incidence of routine physician care in the past year.
- Men, young adults, and white respondents demonstrate lower levels of routine physician care.

Have Visited a Physician for a Routine Checkup Within the Past Year



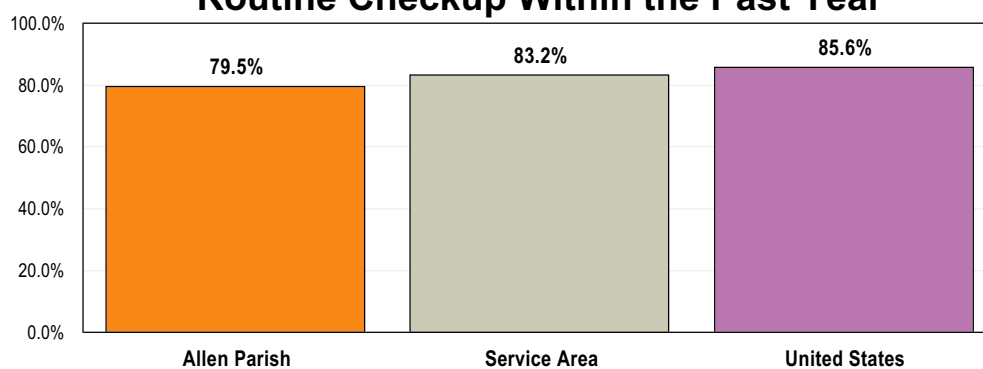
Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Allen Parish.

2. Asked of all respondents.

- **79.5% of Allen Parish parents report that their child has visited a physician for a routine checkup in the past year.**
 - Similar to Rapides Foundation Service Area and national findings.

Child Has Visited a Physician for a Routine Checkup Within the Past Year



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

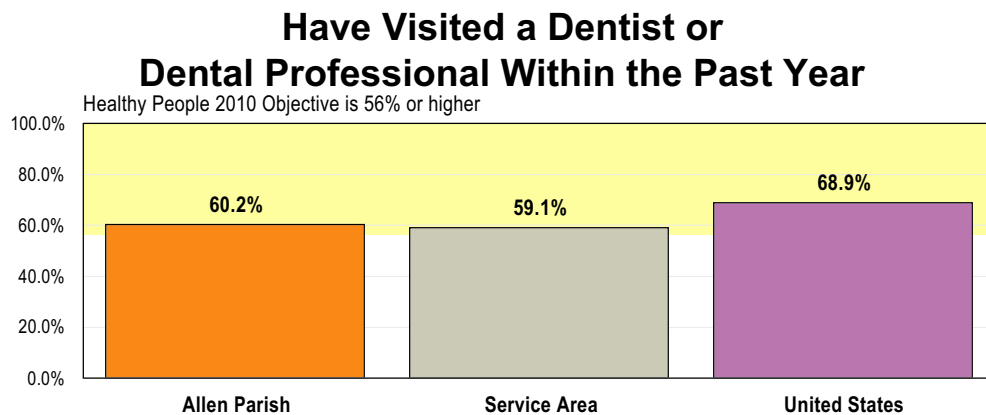
2. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of respondents with children under the age of 18.

2. State data not available.

Dental Care

- **60.2% of Allen Parish adults have been to a dentist or dental clinic in the past year.**
 - Similar to that found throughout the 11-parish Rapides Foundation Service Area.
 - Significantly lower than found nationwide (68.9%).
 - Satisfies the *Healthy People 2010* target (56% or higher).



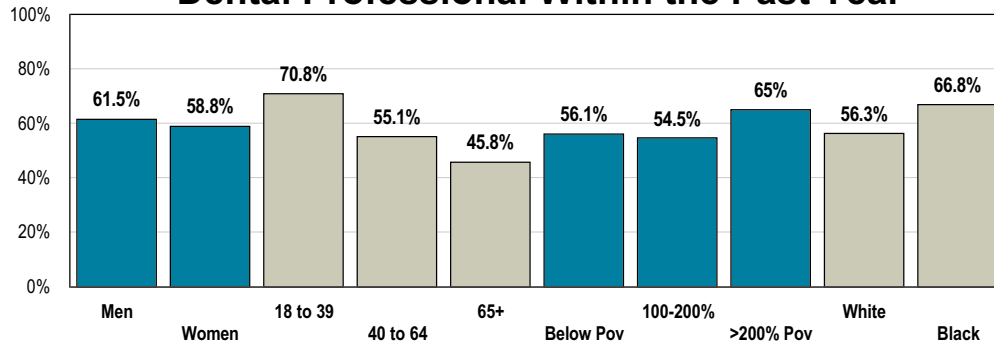
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Notes: 1. Asked of all respondents.
 2. State and U.S. data not available.
 3. Includes dentists, orthodontists, oral surgeons and dental hygienists.

Recent dental care is particularly low among:

- Those aged 65 and older.
- Those living in the middle and lower income brackets.
- White respondents.

Have Visited a Dentist or Dental Professional Within the Past Year



Source: 2002 PRC Community Health Survey, Professional Research Consultants

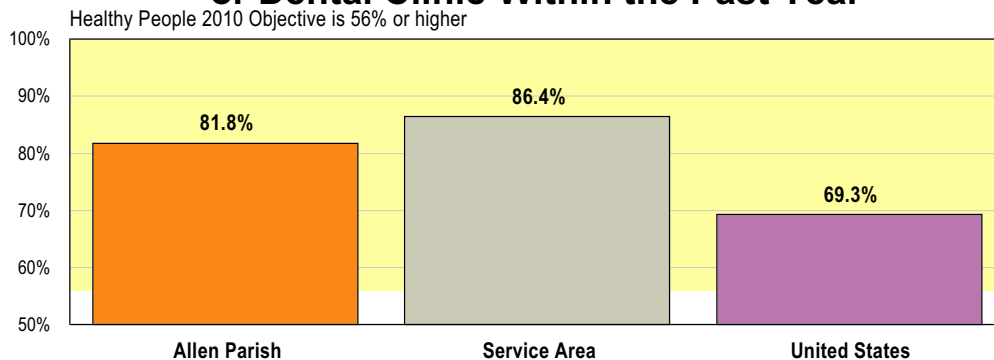
Notes: 1. Demographic breakouts are among findings in Allen Parish.

2. Asked of all respondents.

3. Includes dentists, orthodontists, oral surgeons and dental hygienists.

- **81.8% of Allen Parish parents report that their child has visited a dentist or dental clinic in the past year.**
 - Similar to Rapides Foundation Service Area findings (86.4%).
 - Significantly higher than found nationwide (69.3%).
 - Satisfies the *Healthy People 2010* target (56% or higher).

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



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. 2000 PRC National Health Survey, Professional Research Consultants

3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Notes: 1. Asked of respondents with children aged 4 through 17.

2. State data not available.

Community Health Panel Findings*

The cost of services is a leading contributor to poor access to dental care.

“The people on Medicaid get dental care; but once they don’t receive Medicaid, then the problem starts. Most insurance plans don’t cover dental care, so you basically have to pay for it. When you are paying out of your pocket, you tend to let it slide. I think that you can look around our friends and neighbors and see that there are a lot of people with periodontal disease. Preventive dental care is a huge need in this parish.”

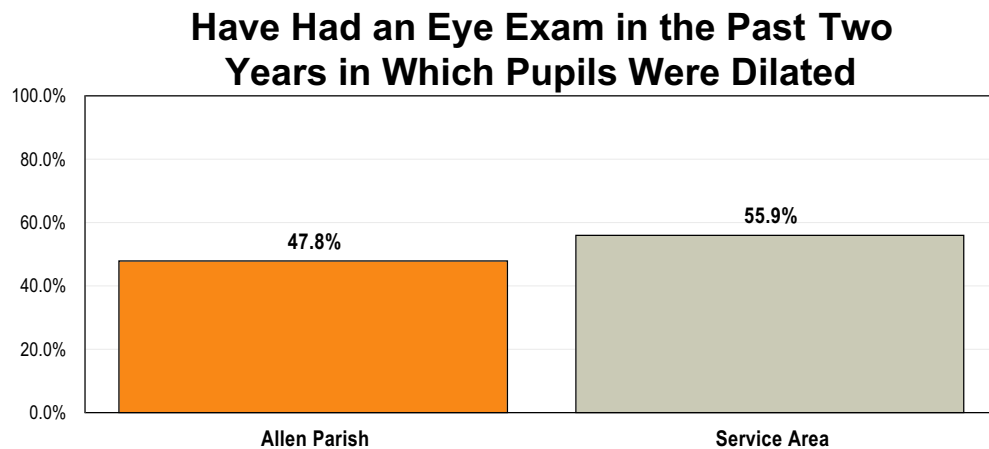
“Our kids cannot use the Medicaid card to get dental care. We don’t have any dentists in this area that would do it for free. I work with the Head Start kids, and we don’t have a local dentist to help them.”

“In our school-based health center that we are getting ready to open; one of our local dentists is going to donate some time to do some dental screenings for our kids. The problem is that once the screening is done and the child needs dental services, where do we send them?”

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

Vision Care

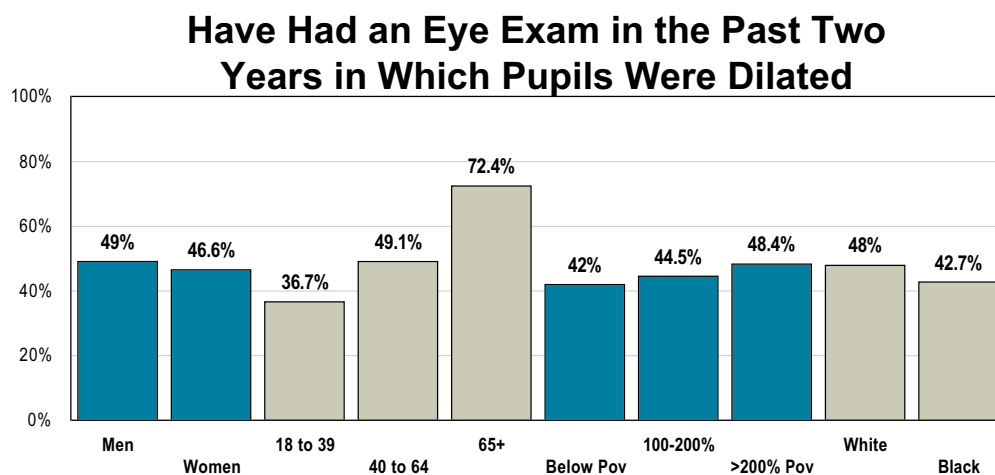
- **47.8% of Allen Parish adults have had an eye exam in which their pupils were dilated in the past two years.**
 - Significantly lower than Rapides Foundation Service Area findings.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Asked of all respondents.
2. State and U.S. data not available.

- As might be expected, prevalence of recent eye exams increases considerably with age.
- There is some correlation with income, with low-income respondents less often having had an eye exam in the past two years.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Allen Parish.
2. Asked of all respondents.

Childhood Immunization

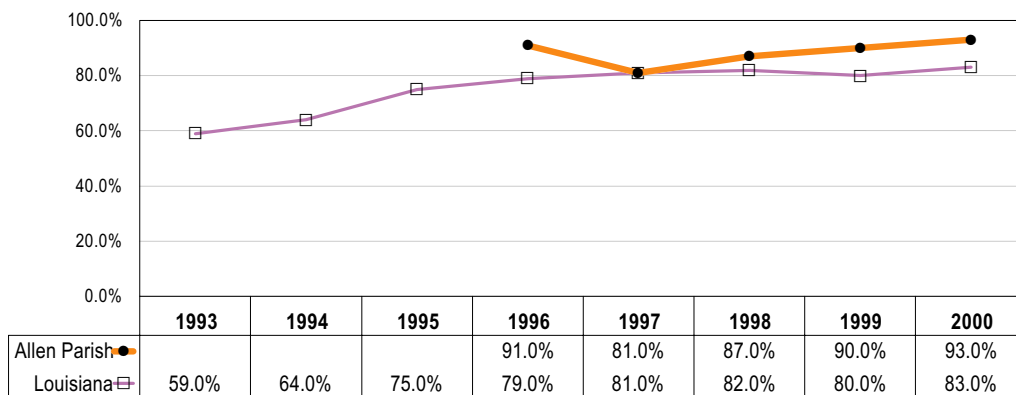
Immunization is the best line of defense against many infectious diseases, and childhood immunizations are an essential component to community health. Immunization may even lead to the complete eradication of such diseases as tetanus and diphtheria.

Public Clinic Immunization Assessments

While immunization data covering the total child population is lacking, immunization levels among children seen at public clinics gives some indication of immunization levels in the Allen Parish.

- **93.0% of toddlers seen at public clinics in Allen Parish in 2000 were up to date for immunizations at age 24 months.**
- Public clinic assessment immunization levels in Allen Parish have generally remained above statewide percentages.

Percent of Children 24 to 35 Months Who Were Up-to-Date for Immunizations At Age 24 Months
(Results of Public Clinic Assessments)



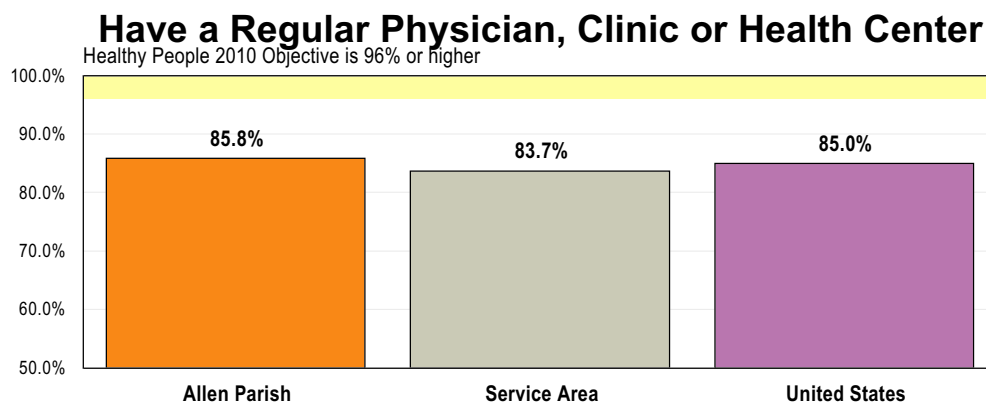
Source: Louisiana Department of Health and Hospitals, Office of Public Health.
Note: Represent children seen at public clinics.

ACCESS TO HEALTH CARE SERVICES

Access to Primary Care Services

Regular Use of Physicians' Offices/Clinics

- **85.8% of Allen Parish adults have a regular physician, clinic or health center that they go to if they are sick or need advice about their health.**
 - Similar to Rapides Foundation Service Area and national findings.
 - Fails to satisfy *Healthy People 2010* target (96.0%).

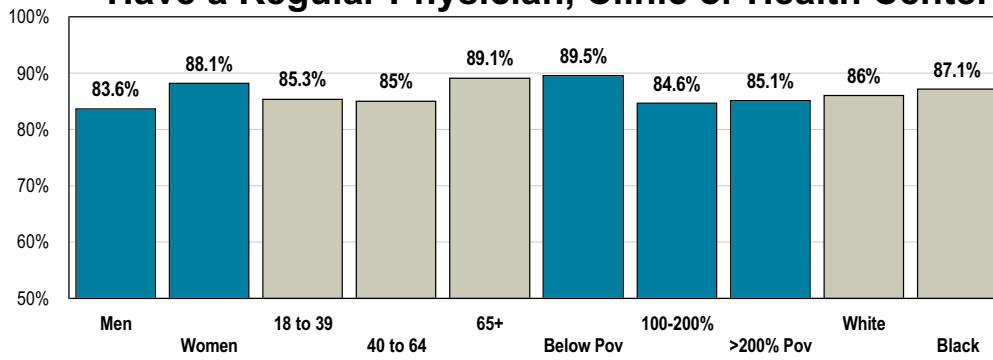


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
Notes: 1. Asked of all respondents.
2. State data not available.

The following demographic groups demonstrate a low incidence of having a usual source of medical care:

- Persons living above the poverty threshold.
- Young adults.
- Men.

Have a Regular Physician, Clinic or Health Center

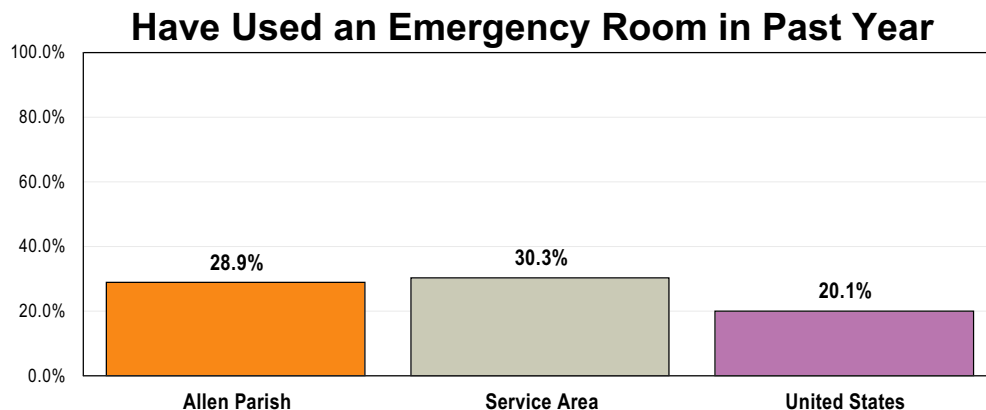


Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Allen Parish.
2. Asked of all respondents.

Emergency Room Utilization

- **28.9% of Allen Parish adults have gone to an emergency room in the past year about their own health.**
 - Similar to Rapides Foundation Service Area findings.
 - Higher than found nationwide (20.1%)
- **12.6% of Allen Parish adults have gone to an emergency room more than once in the past year about their own health.**
 - Similar to Rapides Foundation Service Area findings.
 - Significantly higher than found nationwide. (5.6%).
- **37.1% of uninsured respondents in Allen Parish have gone to an emergency room in the past year, versus 27.5% of insured respondents.**

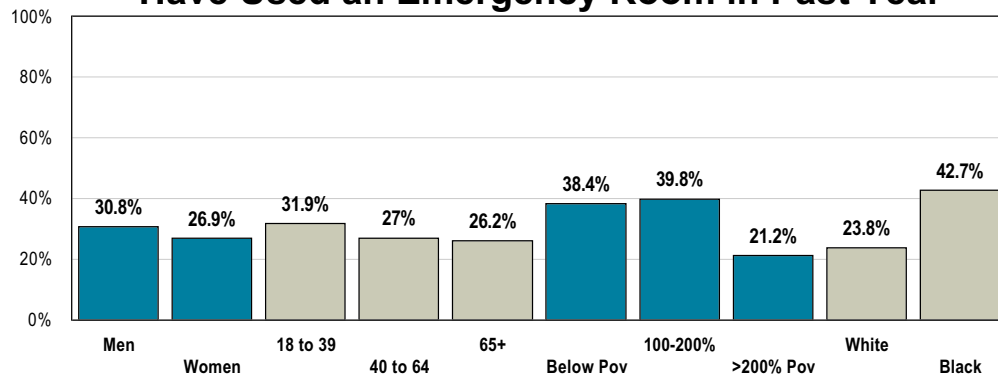


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of all respondents.
 2. State data not available.

Emergency room utilization is higher among:

- Persons living below and at 100% to 200% the poverty threshold (high utilization among low-income populations might suggest ER utilization for primary care needs).
- Young adults.
- Black respondents.
- Men.

Have Used an Emergency Room in Past Year



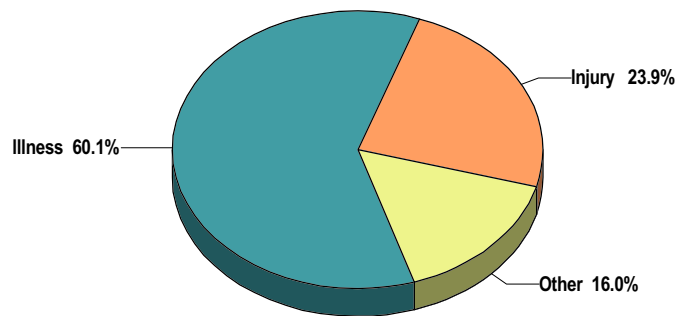
Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Allen Parish.

2. Asked of all respondents.

- **60.1% of Allen Parish adults visiting an emergency room in the past year say this was to treat an illness, and 23.9% say this was to treat an injury.**

Reason for Recent ER Visit



Source: 2002 PRC Community Health Survey, Professional Research Consultants

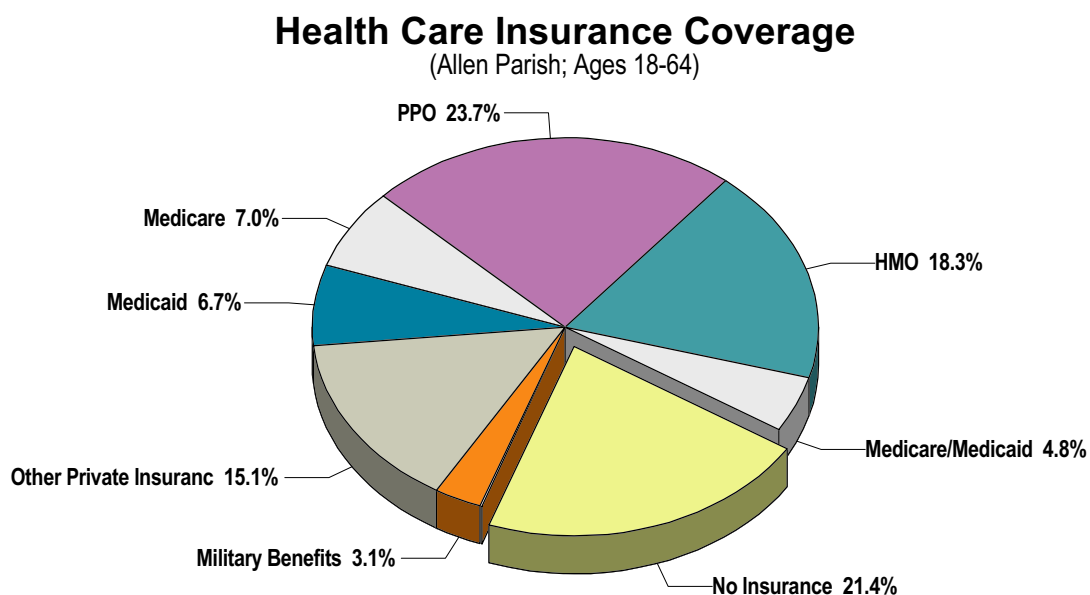
Note: Asked of those respondents who received recent medical care in an emergency room.

Health Insurance Coverage

Along with enhancing quality and moderating costs, improving the accessibility of health care services is one of the principal hopes for the American health care system and a key element in any preventive approach to community health. Certainly one of the various barriers to access is a lack of insurance coverage for many Americans.

Insurance Coverage by Type

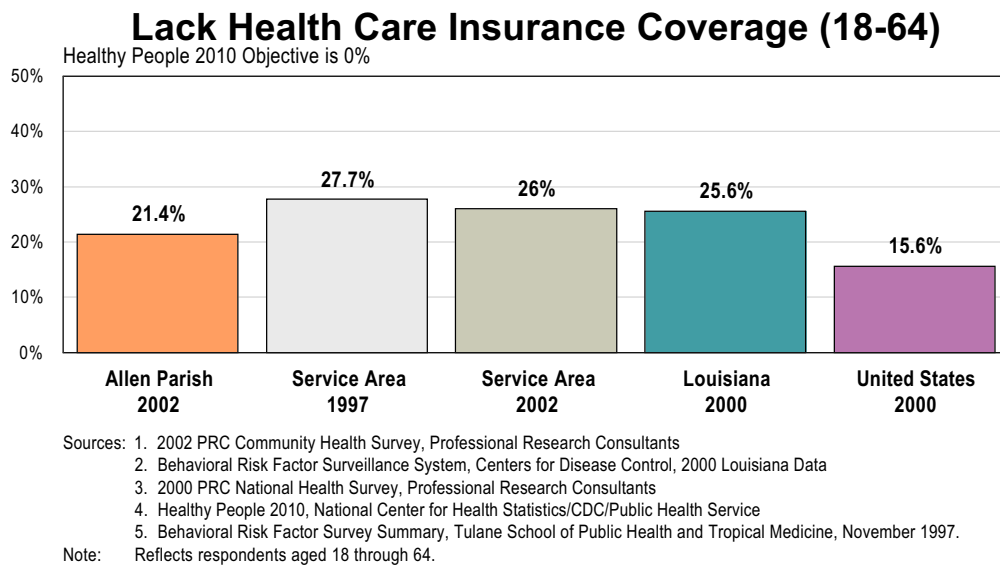
- **78.6% of Allen Parish adults aged 18 to 64 currently have some type of health insurance coverage.**
- **42.0% of Allen Parish adults aged 18 to 64 have health care coverage through an HMO (health maintenance organization) or PPO (preferred provider organization); 15.1% have other private health insurance coverage.**
- **13.7% of Allen Parish adults aged 18 to 64 have Medicaid and/or Medicare.**
- **3.1% have CHAMPUS or veteran's benefits.**



Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Reflects respondents aged 18 to 64.

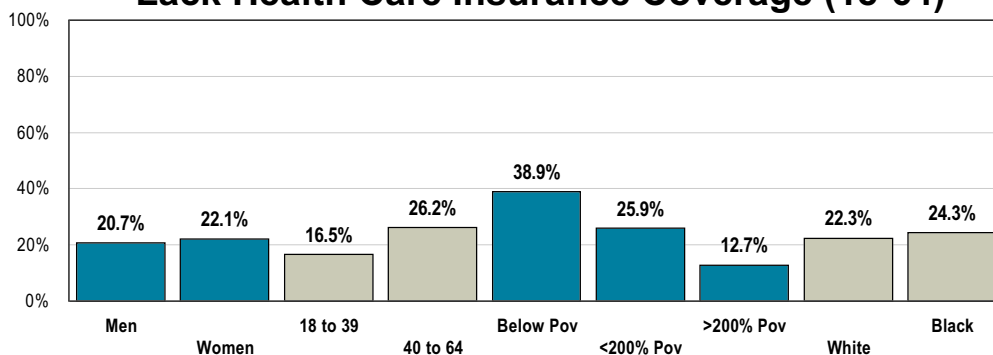
Lack of Health Insurance Coverage

- **21.4% of Allen Parish adults aged 18 to 64 have no health insurance coverage, representing nearly 3,300 adults.**
 - Lower than current Rapides Foundation Service Area and Louisiana findings.
 - Significantly worse than found nationwide (15.6%).



- Low-income adults report the highest prevalence of not having health insurance, including nearly 40% of those living below the poverty threshold.
- Middle-aged adults more often lack health insurance than younger adults.
- Black respondents slightly more often are without health insurance than White respondents.
- More women than men are without health insurance.

Lack Health Care Insurance Coverage (18-64)



Source: 2002 PRC Community Health Survey, Professional Research Consultants

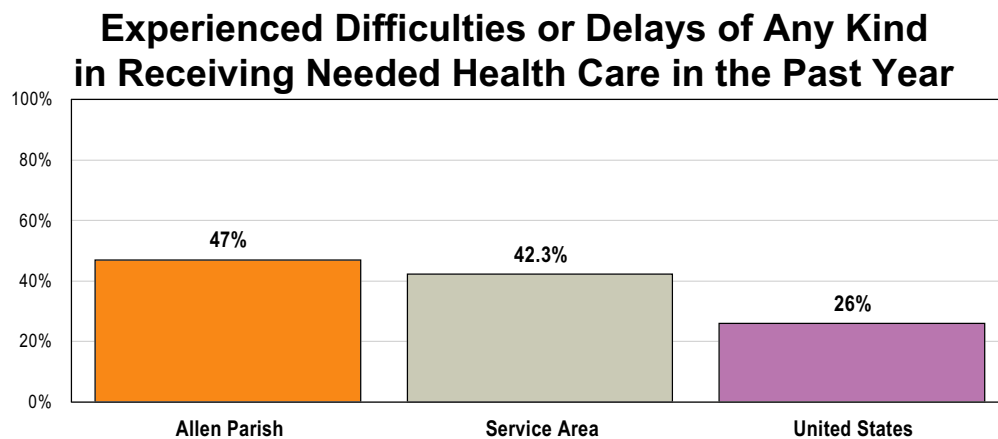
- Notes:
1. Demographic breakouts are among findings in Allen Parish.
 2. Reflects respondents aged 18 through 64.

Barriers to Primary Care

This section examines access to preventive care services, including community members' experience with the availability of physician services, and cost or transportation as inhibitors to receiving care.

Overview of Health Care Barriers

- **47.0% of Allen Parish adults report some type of difficulty accessing or receiving health care services in the past year.**
 - Similar to Rapides Foundation Service Area findings.
 - Significantly higher than found nationwide (26.0%).
 - Far from reaching the *Healthy People 2010* target (7% or lower).

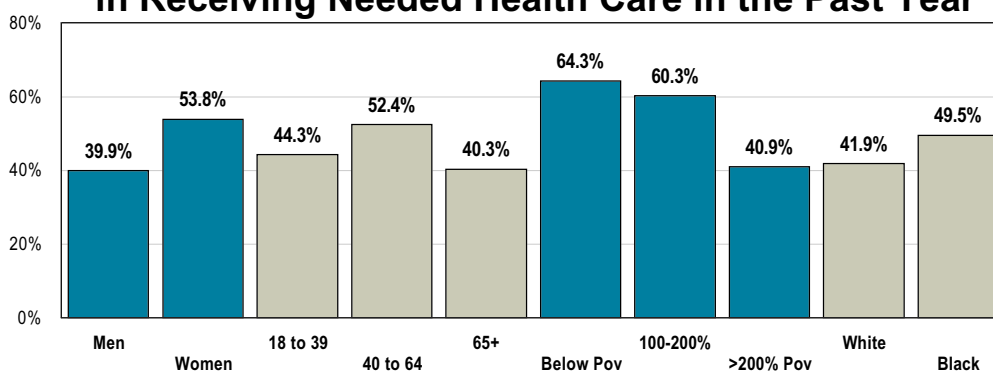


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

Those who most often report experiencing barriers to accessing needed health care include:

- Those living in the lowest and middle income brackets.
- Women.
- Adults aged 40 to 64.
- Black respondents.

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

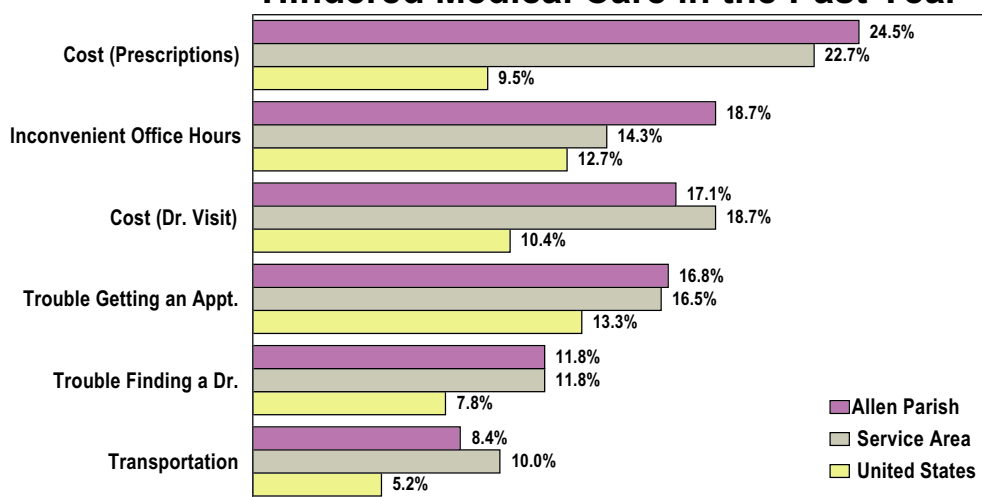


Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Allen Parish.
2. Asked of all respondents.

- Of six types of barriers to access tested in the survey, cost of prescription medicines impacted the greatest share of adults in Allen Parish.
- The proportion of the Allen Parish population impacted was significantly greater than found nationwide for five of the six tested barriers (all but difficulty getting an appointment).

Barriers to Access Have Prevented or Hindered Medical Care in the Past Year



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. 2000 PRC National Health Survey, Professional Research Consultants

Note: Asked of all respondents.

Cost of Health Services

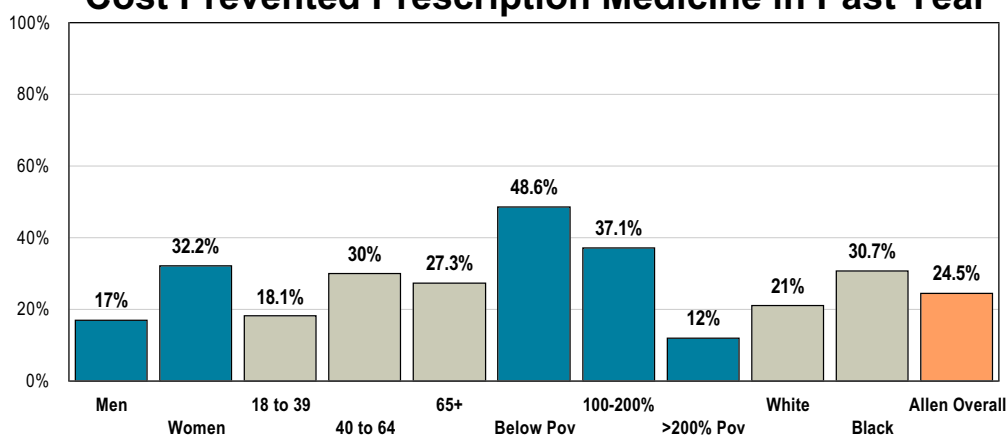
Cost of Prescriptions

- **24.5% of Allen Parish adults say that there has been a medicine they have needed in the past year, but they were unable to get it because of the cost. This represents nearly 4,500 adults in Allen Parish.**
 - Similar to Rapides Foundation Service Area findings.
 - Significantly higher than found nationwide (9.5%).

The following segments in Allen Parish more often report going without a prescription because of the cost:

- Persons living below the poverty threshold.
- Black respondents.
- Women.
- Middle-aged adults.
- The lower proportion of seniors reporting that they have not gotten a needed prescription because of the cost is consistent with what is found nationwide and in other communities; keep in mind, however, that in some cases, seniors may be sacrificing other needs in order to be able to afford needed medicines.

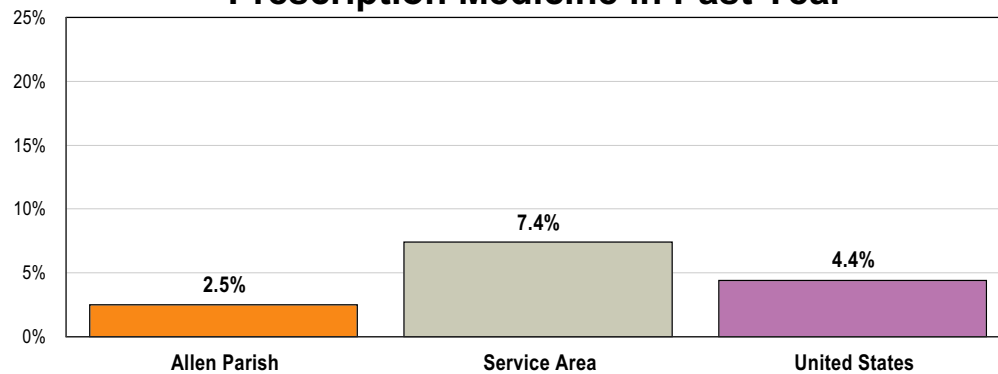
Cost Prevented Prescription Medicine in Past Year



Source: 2002 PRC Community Health Survey, Professional Research Consultants
Notes: 1. Demographic breakouts are among findings in Allen Parish.
2. Asked of all respondents.

- **2.5% of Allen Parish parents report that they have not gotten a needed prescription for their child in the past year because they could not afford it.**
 - Significantly more favorable than findings throughout the Rapides Foundation Service Area.
 - Similar to national findings (4.4%).

Cost Prevented Child's Prescription Medicine in Past Year



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of all respondents with children under 18.

2. State data not available.

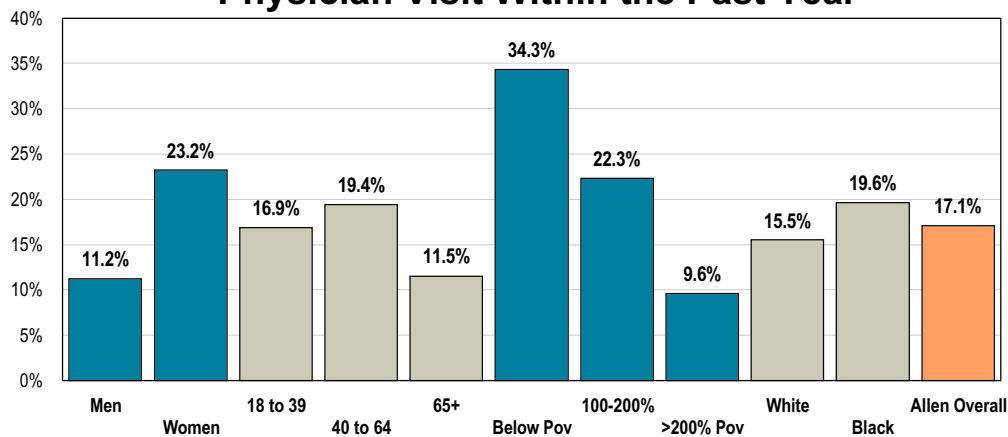
Cost of Physician Care

- **17.1% of Allen Parish adults report that there has been a time in the past year when they needed to see a doctor, but could not because of the cost. This represents over 3,100 Allen Parish adults.**
 - Similar to Rapides Foundation Service Area findings.
 - Significantly higher than found nationwide (10.4%).

In Allen Parish, cost as a barrier to accessing physician care has greater impact on:

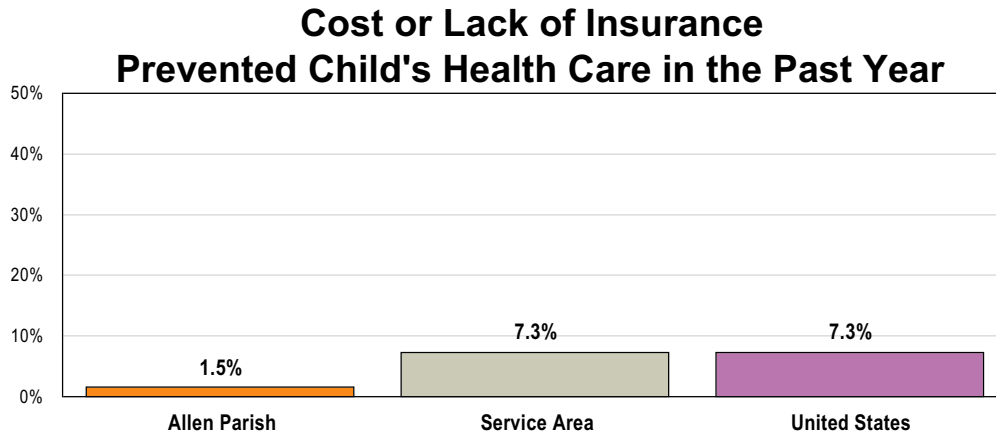
- Persons living in poverty.
- Middle-aged adults.
- Women.
- Black respondents.

**Cost Prevented a
Physician Visit Within the Past Year**



Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Allen Parish.
 2. Asked of all respondents.

- **1.5% of Allen Parish parents say that cost or a lack of insurance has prevented a physician visit for their child in the past year.**
- Significantly more favorable than Rapides Foundation Service Area and national findings.



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of respondents with children under the age of 18.

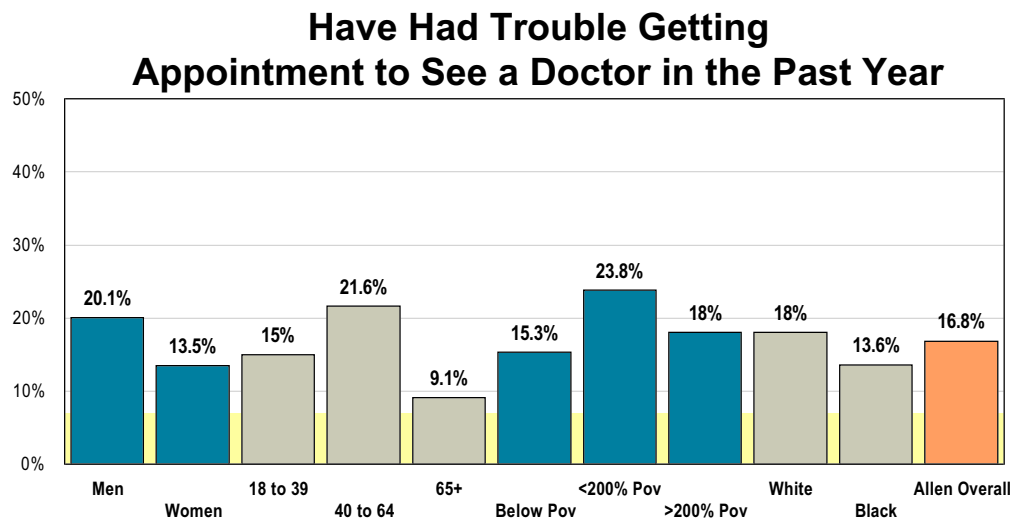
2. State data not available.

Appointment Availability

- **16.8% of Allen Parish adults have had trouble getting an appointment to see a doctor in the past year, representing over 3,000 residents.**
 - Similar to Rapides Foundation Service Area findings.
 - Similar to that found nationwide (13.3%).

Allen Parish adults more often reporting trouble getting a doctor's appointment:

- Persons living in the middle income bracket.
- Middle-aged adults.
- Men.
- White respondents.



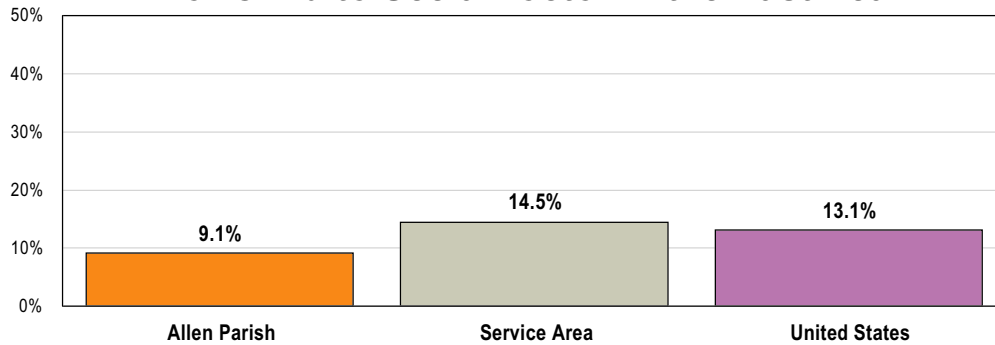
Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Allen Parish.

2. Asked of all respondents.

- **9.1% of Allen Parish parents report trouble getting a doctor appointment for their child.**
 - Lower than Rapides Foundation Service Area findings.
 - Statistically similar to national findings.

Had Trouble Getting an Appointment for Child to See a Doctor in the Past Year

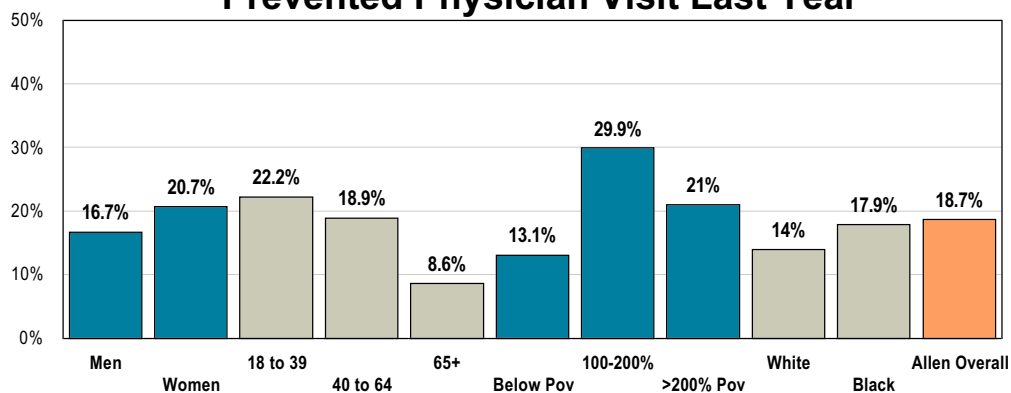


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of respondents with children under the age of 18.
2. State data not available.

Inconvenient Office Hours

- **18.7% of Allen Parish adults say that inconvenient office hours prevented them from seeing a doctor in the past year.**
 - Significantly higher than that found throughout the Rapides Foundation Service Area, as well as nationwide.
- Persons living in the middle income bracket are more often impacted by inconvenient office hours.
- Young adults more often forego physician care because the office hours are not convenient.

Inconvenient Office Hours Prevented Physician Visit Last Year



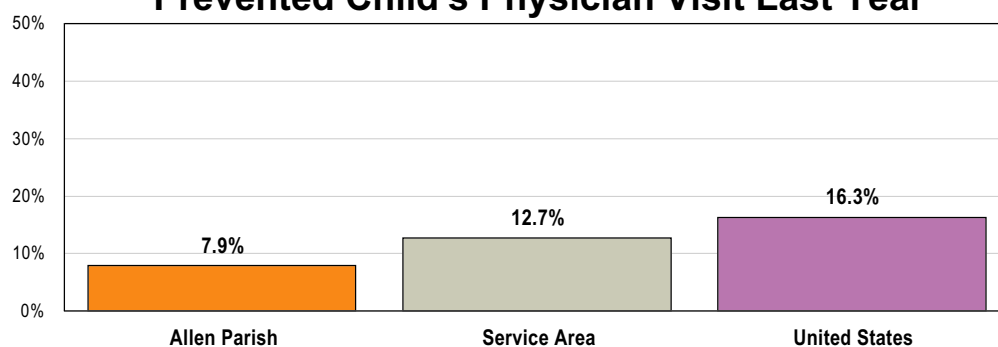
Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Allen Parish.

2. Asked of all respondents.

- **7.9% of Allen Parish parents say there has been a time in the past year when they did not take their child to the doctor because the hours were not convenient.**
 - Statistically more favorable than to Rapides Foundation Service Area and national findings.

Inconvenient Office Hours Prevented Child's Physician Visit Last Year



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

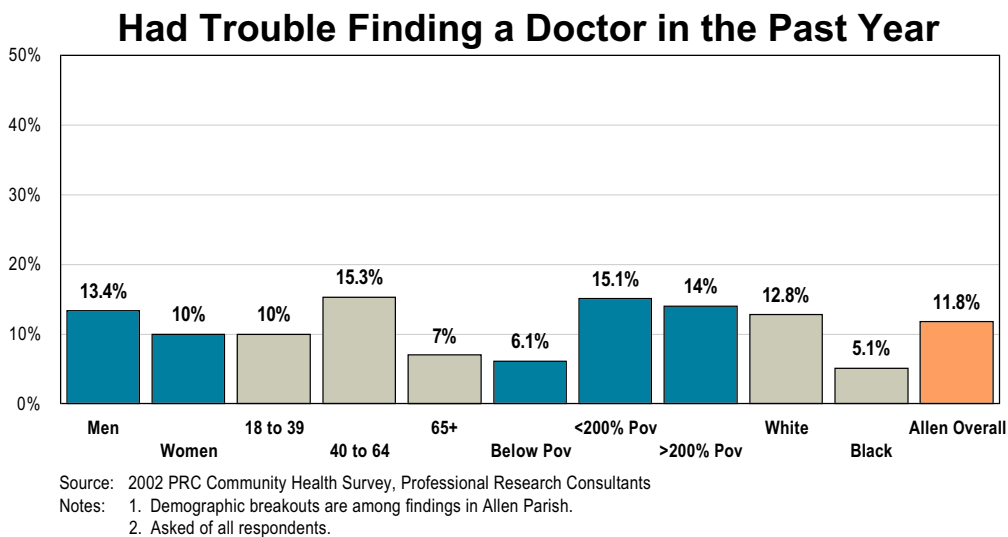
2. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of all respondents with children under 18.

2. State data not available.

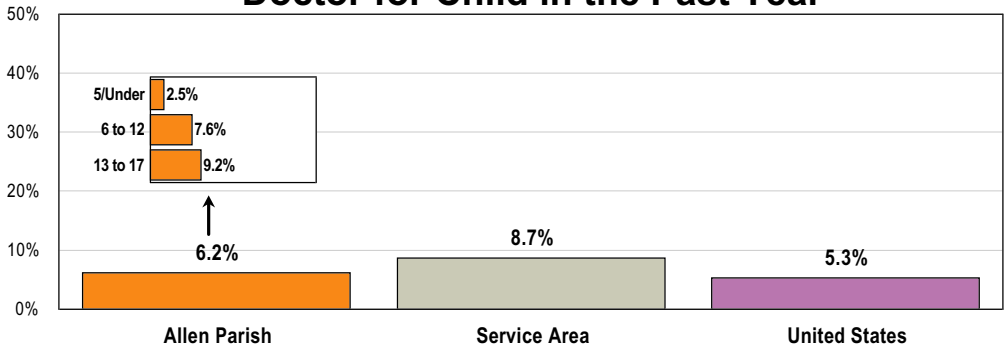
Lack of Physician Availability

- **11.8% of Allen Parish adults report having difficulty finding a doctor in the past year.**
 - Matches the Rapides Foundation Service Area finding (11.8%).
 - Significantly higher than found nationally (7.8%).
- Persons living in the middle income bracket more often report difficulty finding a doctor.
- Middle-aged adults, men, and white respondents more often report difficulty finding a doctor.



- **6.2% of Allen Parish parents say that they have had trouble finding a doctor for their child in the past year.**
 - Similar to the Rapides Foundation Service Area.
 - Similar to that found nationwide (5.3%).

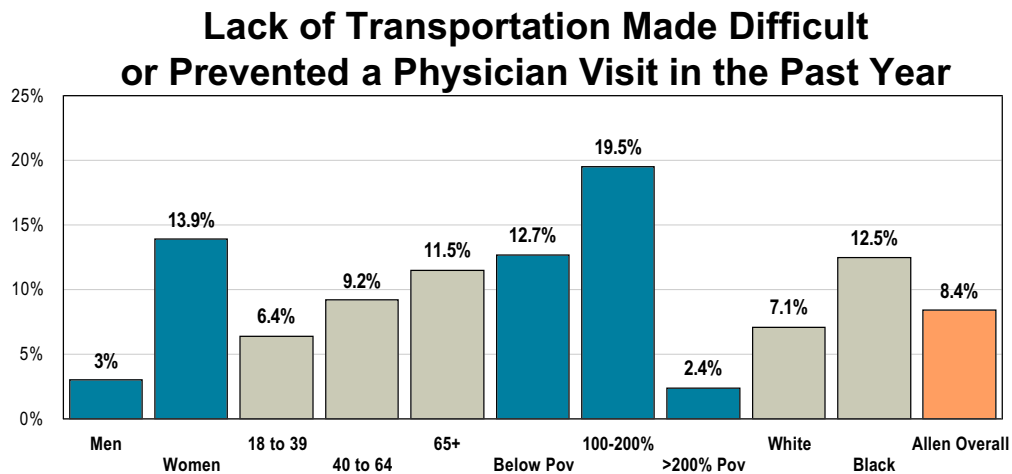
Had Trouble Finding a Doctor for Child in the Past Year



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of respondents with children under the age of 18.
 2. State data not available.

Lack of Transportation to Health Care Services

- **8.4% of Allen Parish adults report that a lack of transportation has made it difficult or prevented them from seeing a physician in the past year.**
 - Similar to that found throughout the Rapides Foundation Service Area.
 - Significantly higher than found nationwide (5.2%).
- Dramatically greater shares of persons living in poverty and just above the poverty level are impacted by a lack of transportation.
- Black respondents and women much more often report transportation as an access barrier than do White respondents and men.
- Incidence of a lack of transportation preventing a physician visit correlates positively with age.



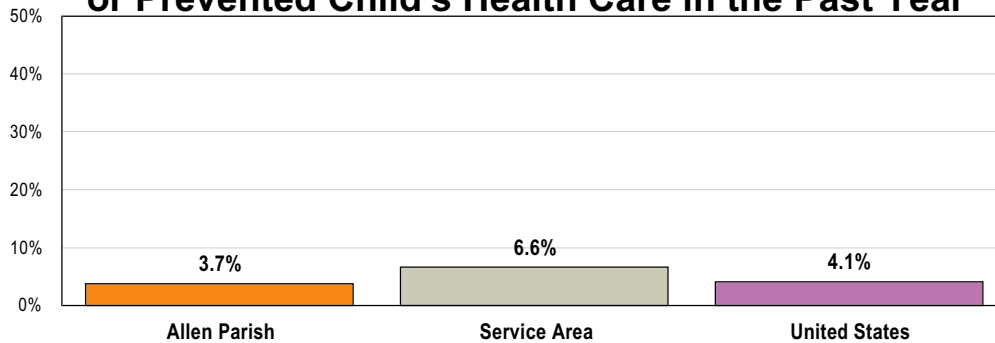
Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Allen Parish.

2. Asked of all respondents.

- **3.7% of Allen Parish parents report that a lack of transportation has made it difficult or prevented them from taking their child to see a doctor in the past year.**
 - Significantly lower than Rapides Foundation Service Area findings (6.6%).
 - Similar to that found nationwide (4.1%).

Lack of Transportation Made Difficult or Prevented Child's Health Care in the Past Year



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of respondents with children under the age of 18.
 2. State data not available.

Community Health Panel Findings*

Transportation is a particular need for the elderly and those living in rural areas. Some focus group participants cited improvements in transportation – such as Transcare – but others cited a lack of transportation services.

“We lack transportation services.”

“We just got a brand-new transportation program. It just started - Transcare. We also got a non-emergency medical transportation service for our rural area just five weeks ago.”

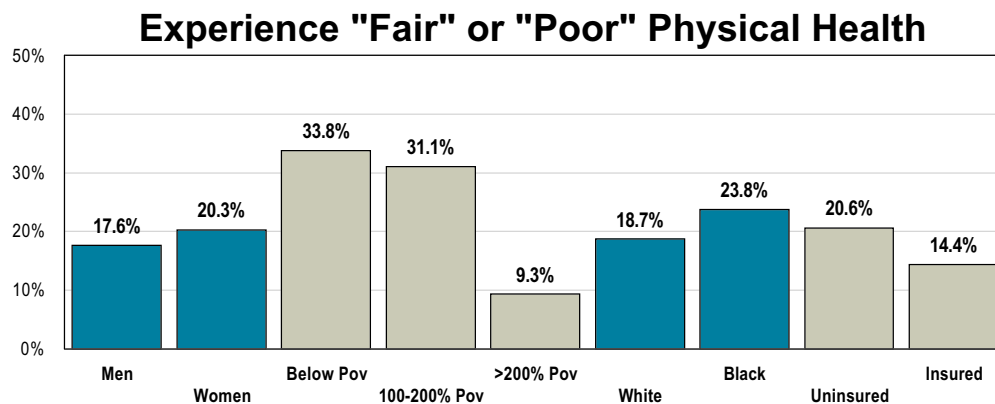
“We have Transcare, but there is also a non-emergency medical van through Medicaid. I know that Sandy has flooded the parish with articles in the newspaper, on TV, which is running now on Channel 11. I have flooded the entire parish with this information through the Council on Aging, and every drug store and every business has flyers.”

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

Implications of Poor Access

Limitations in access have a discernible impact on the health status of residents and in the way that health care is delivered in the community. Note the following survey findings:

- **Those demographic groups that more often report difficulty accessing health care — persons in poverty, Black respondents, women and uninsured respondents — more often report their general health status as “fair” or “poor.”**

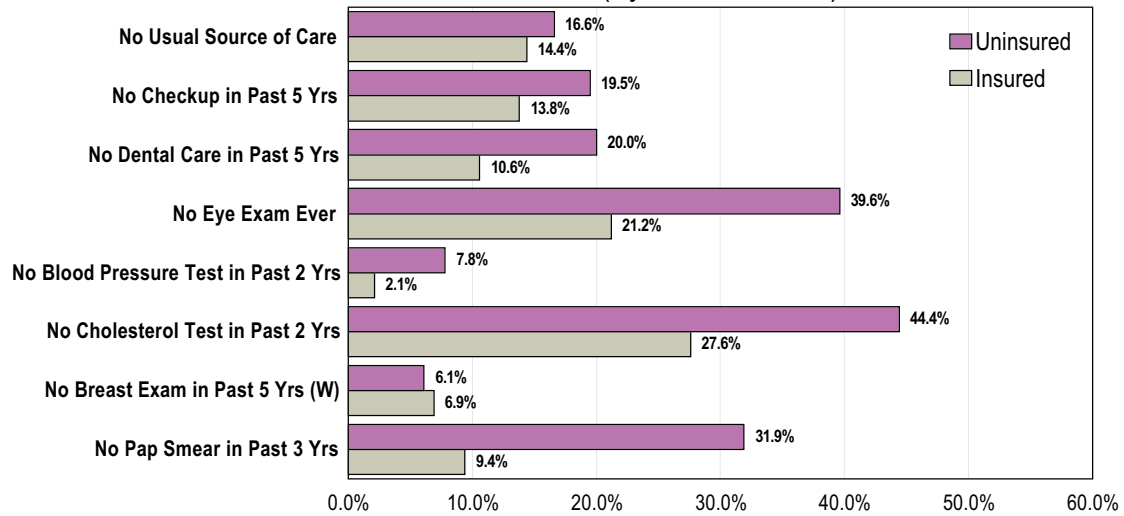


Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Allen Parish.
2. Asked of all respondents.

- **32.6% of those experiencing one or more types of access barriers in the past year rate local health care services as “fair” or “poor,” compared to only 11.7% of those not experiencing these difficulties.**
- **Those without health insurance coverage report lower prevalence of many preventive health services when compared to insured individuals (e.g., routine check-ups, dental care, eye exams, blood pressure testing, cholesterol testing, Pap smear testing, etc.).**

Preventive Health Care (By Insured Status)



Source: 2002 PRC Community Health Survey, Professional Research Consultants

- Notes:
1. Asked of all respondents.
 2. Percentages represent "major problem" responses.

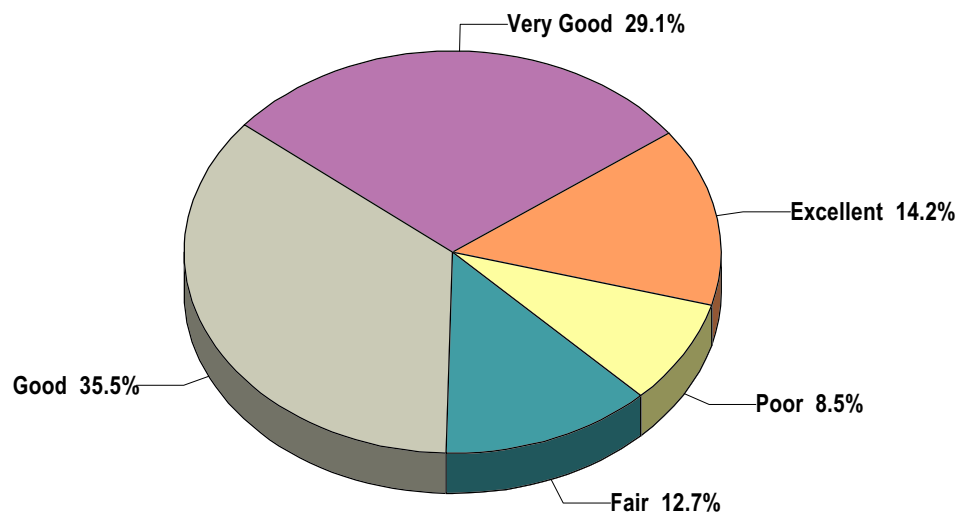
PERCEPTIONS OF HEALTH CARE SERVICES

Local Health Care Services

Satisfaction With Local Health Care

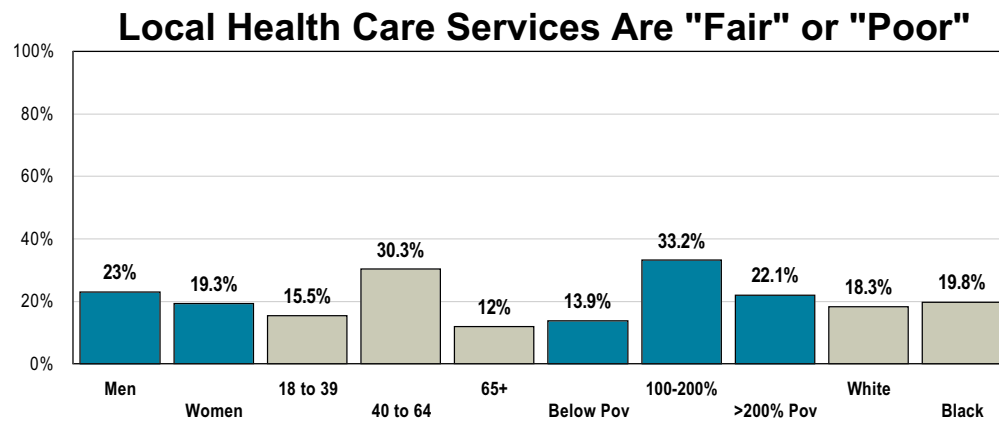
- **43.3% of Allen Parish adults rate their satisfaction with the overall health care services available to them as “excellent” or “very good.”**
- **21.2% rate overall health care services as “fair” or “poor.”**
 - Similar to that found throughout the Rapides Foundation Service Area.
 - Significantly less favorable than found nationwide (13.6%).

Satisfaction With Local Health Care
(Allen Parish)



Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Asked of all respondents.

- Persons living in the middle income bracket and middle-aged adults are most critical of local health care services.
- Men are more critical of local health care services than are women.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Allen Parish.

2. Asked of all respondents.

3. Percentages represent combined "fair" and "poor" responses.

Community Health Panel Findings*

Focus group participants said they miss having the rural clinics and country family physicians in the area.

"For a long time, rural health clinics were a very popular trend in the health care field. A lot of the hospitals would have satellite clinics funded by the federal government. They were everywhere, and now they are gone. We miss our country doctor. Now you have to come to Oakdale for medical care. I think a mobile medical unit would be a start to help with health screenings and other non-emergency procedures."

"We miss that country doctor who helped raise four or five generations. Now you ask a kid in our school, 'Who is your family doctor?' and they will tell you, 'Whatever doctor we can get in to see.' We would like our clinics back."

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

CRIME & HOUSING ISSUES

Crime

Index Crime Rates

The following chart outlines rates for reported FBI Index Crimes in Allen Parish, Louisiana, and the United States.

- In 2000, Allen Parish experienced a rate of 671.7 violent crimes (murder, rape, robbery and aggravated assault/battery) per 100,000 population, lower than the statewide violent crime rate.
 - In comparison to state crime rates, Allen Parish experienced higher rates of crime for **aggravated assaults**.
- Allen Parish experienced a rate of 2,090.9 property (non-violent) crimes (burglary, motor vehicle theft, larceny-theft) per 100,000 population, notably lower than the Louisiana rate.
 - Burglary, larceny, and motor vehicle crime rates all were particularly low in comparison to the state.

Reported FBI Index Crimes

Crime Rates per 100,000 Population

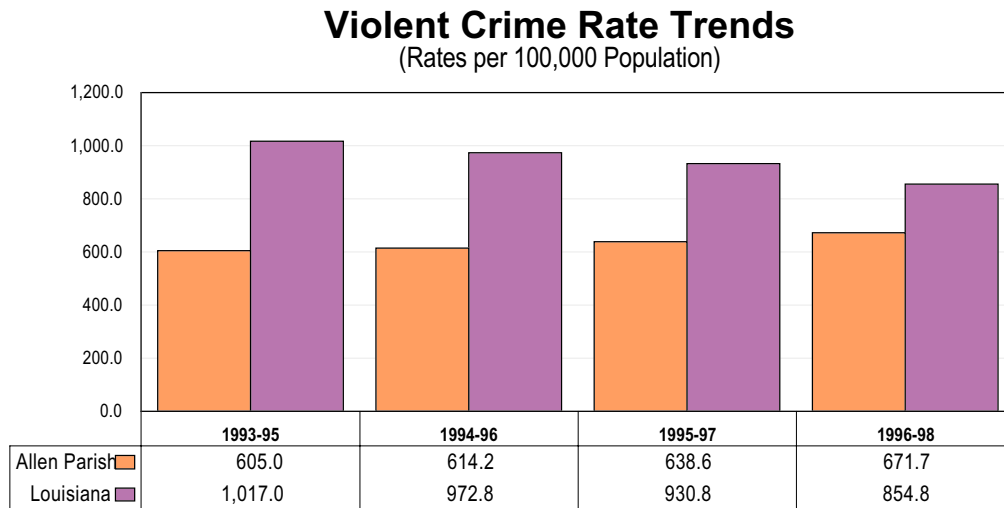
| | Allen Parish (1996-1998) | Louisiana (1996-1998) |
|--------------------------|-----------------------------|--------------------------|
| VIOLENT CRIMES | 671.7 | 854.8 |
| Homicide | 9.0 | 15.3 |
| Forcible Rape | 16.2 | 39.9 |
| Robbery | 27.0 | 237.9 |
| Aggravated Assault | 619.5 | 561.7 |
| PROPERTY CRIMES | 2,090.9 | 5,607.3 |
| Burglary | 443.0 | 1,235.7 |
| Larceny Theft | 1,541.6 | 3,778.5 |
| Motor Vehicle Theft | 106.3 | 593.1 |
| TOTAL CRIME INDEX | 2,762.6 | 6,462.1 |

Source: Crime in the United States, 2000, Uniform Crime Reports/Louisiana Commission on Law Enforcement.

Note: Rates are per 100,000 population. Includes only agencies reporting.

Violent Crime Rate Trends

- The rate of violent crime in Allen Parish increased from 605.0/100,000 in 1993-95 to 671.7/100,000 in 1996-98.

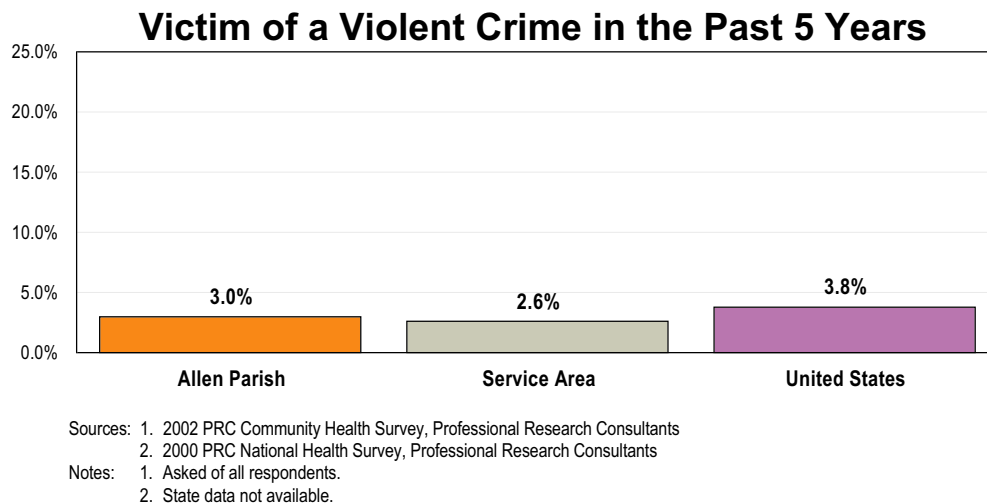


Source: Crime in the United States, Uniform Crime Reports (1993-2000)/Louisiana Commission on Law Enforcement.

Notes: 1. Rates are per 100,000 population. Includes only agencies reporting.
2. Violent crime includes homicide, forcible rape, robbery, and aggravated assault.

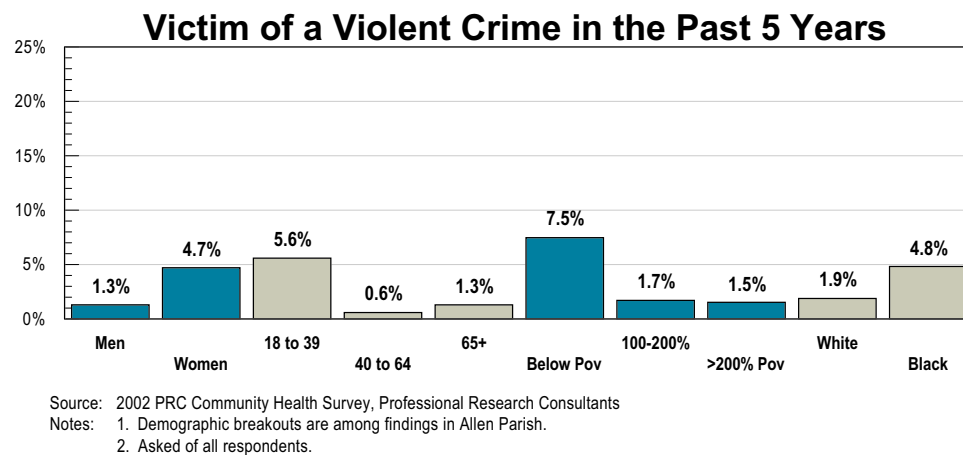
Victimization

- **3.0% of Allen Parish adults report having been the victim of a violent crime in the area in the past five years.**
 - Similar to Rapides Foundation Service Area and national findings.



In Allen Parish, violent crime victimization is higher among:

- Those living below the poverty threshold.
- Young adults.
- Women.
- Black respondents.

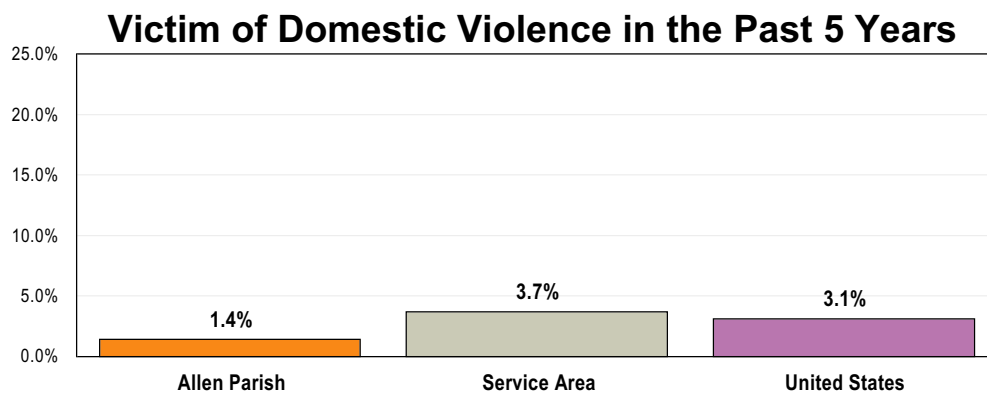


Family Violence

Family violence is a serious problem which has recently received greater recognition. However, the true extent of family violence is difficult to ascertain.

Domestic Violence

- **1.4% of Allen Parish adults acknowledge that they have been the victim of domestic abuse in the past five years.**
 - Significantly more favorable than Rapides Foundation Service Area and national findings.



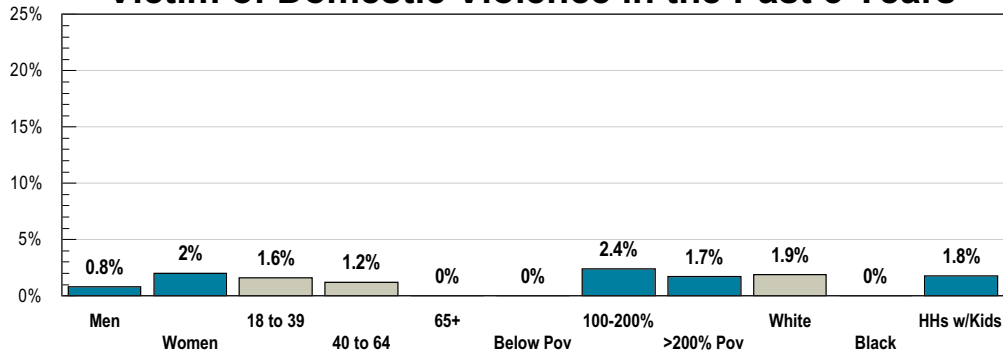
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of all respondents.
2. State data not available.

In Allen Parish, domestic violence victimization is more often reported by:

- White respondents.
- Persons living at middle income levels.
- Young adults.
- Women

Victim of Domestic Violence in the Past 5 Years



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Allen Parish.
2. Asked of all respondents.

Community Health Panel Findings*

Family violence, including domestic violence, was an issue discussed in the community health panels.

“I think we need a detention center or a shelter for men. Generally, if there is an abusive situation, the man may feel that this is his house, he is paying for it, and if anybody is going to leave, it should be his family. That is when the anger, the rage and the violence starts. When he is feeling like this and before he gets violent, there is no place for him to go except jail. I really think a preventive program of this kind is very important for this community to consider.”

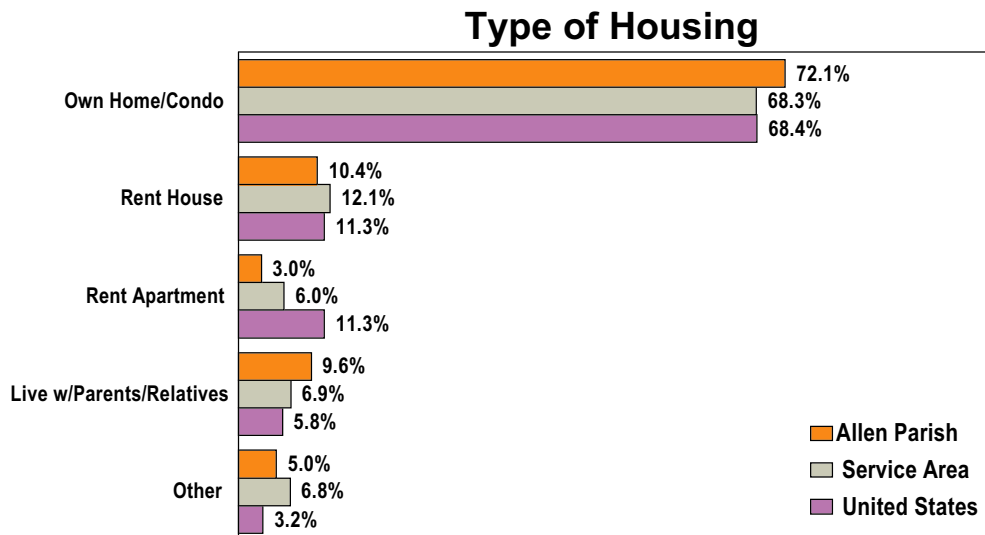
“We just started a women’s shelter in this parish. The shelter is for both women and kids. We have always had counselors who help women get into the shelters outside of the parish, but now the shelter has an office here, and we don’t have to send out outside of the parish.”

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

Housing

Type of Housing

- **72.1% of Allen Parish adults participating in the survey report that they own their own home or condo.**
 - This distribution is generally similar throughout the Rapides Foundation Service Area and similar to that seen nationwide.
- **13.4% rent a house (10.4%) or apartment (3.0%).**
 - In comparison to national findings, a smaller share of Allen Parish adults rent apartments.
- **9.6% live with parents or relatives.**

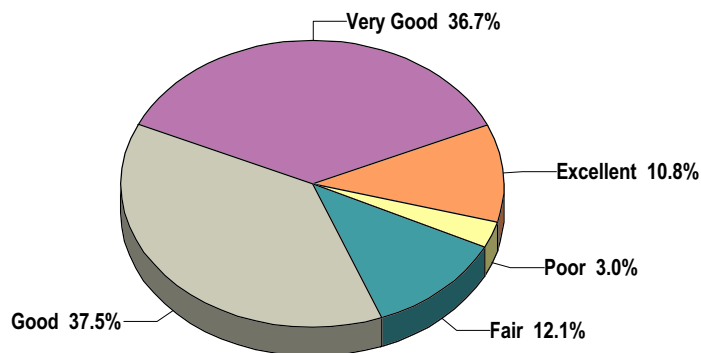


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2001 PRC National Quality of Life Survey, Professional Research Consultants
Note: Asked of all respondents.

Housing Condition

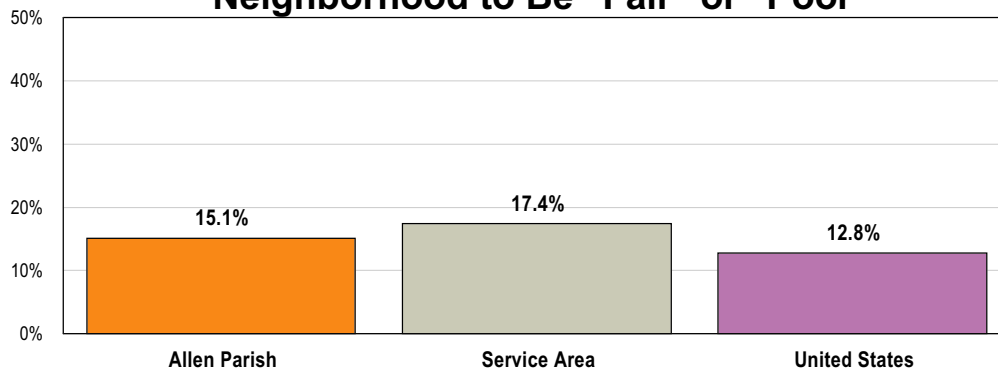
- **47.5% of Allen Parish adults rate the condition of homes in their neighborhoods as “excellent” or “very good.”**
- **37.5% rate the condition of neighborhood homes as “good.”**
- **15.1% rate the condition of neighborhood homes as “fair” or “poor.”**
- Similar to Rapides Foundation Service Area and national findings.

Rating of Condition of Homes in Neighborhood
(Allen Parish)



Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Asked of all respondents.

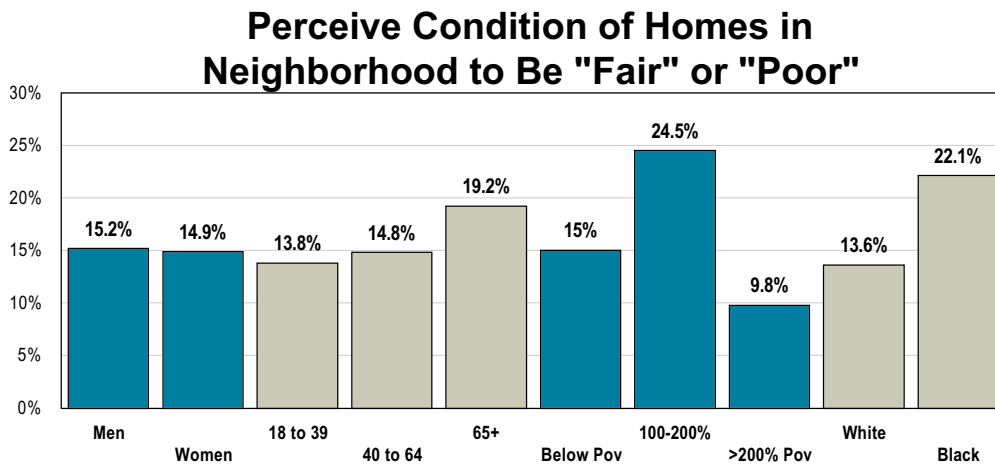
Perceive Condition of Homes in Neighborhood to Be "Fair" or "Poor"



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2001 PRC National Quality of Life Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

Those giving higher “fair/poor” ratings of the condition of homes in their neighborhoods:

- Persons living at 100% to 200% the poverty level.
- Black respondents.
- Adults aged 65 and older.



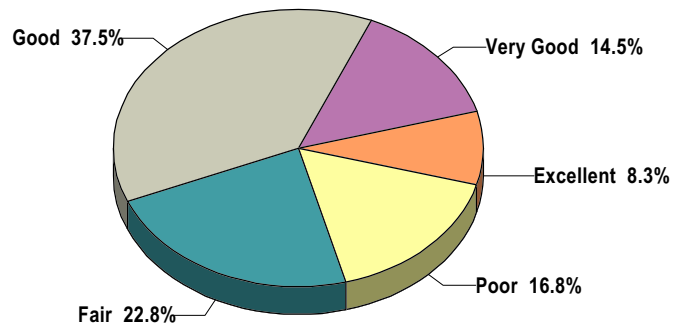
Source: 2002 PRC Community Health Survey, Professional Research Consultants

- Notes:
1. Demographic breakouts are among findings in Allen Parish.
 2. Asked of all respondents.
 3. Percentages represent combined "fair" and "poor" responses.

Perceived Affordability of Local Housing

- **22.8% of Allen Parish adults rate the availability of affordable housing in the area as “excellent” or “very good.”**
- **37.5% rate the availability of affordable housing as “good.”**

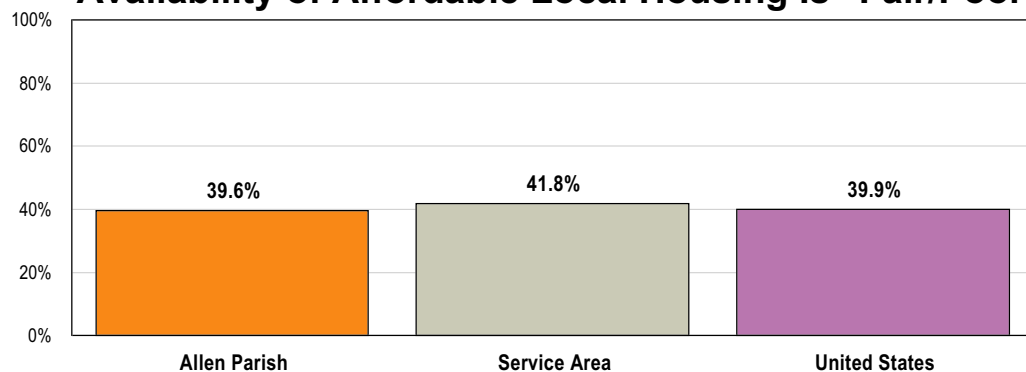
**Rating of Availability
of Affordable Local Housing**
(Allen Parish)



Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Asked of all respondents.

- **39.6% of Allen Parish adults rate the availability of affordable housing in the area as “fair” or “poor.”**
 - Similar to responses throughout the Rapides Foundation Service Area, as well as nationwide.

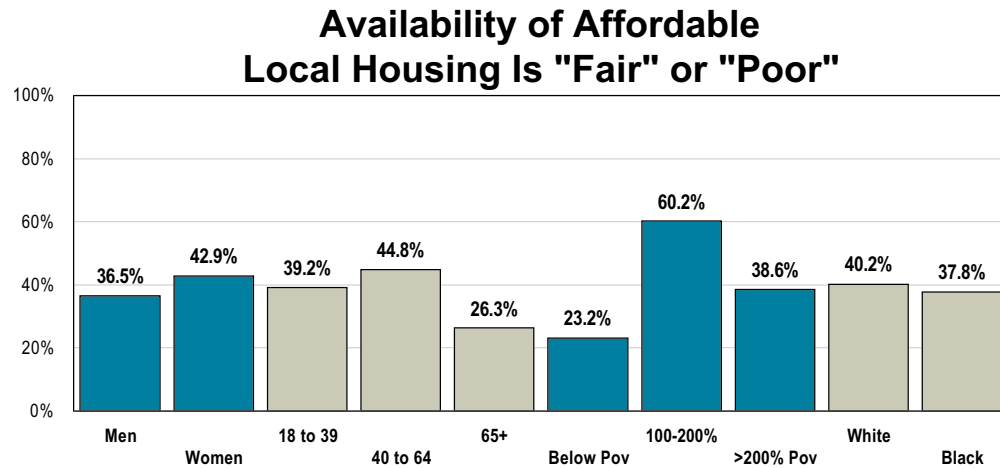
Availability of Affordable Local Housing Is "Fair/Poor"



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2001 PRC National Quality of Life Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

Those giving higher “fair/poor” ratings of the availability of affordable local housing:

- Persons living at middle incomes.
- Women.
- Middle-aged adults.
- White respondents.

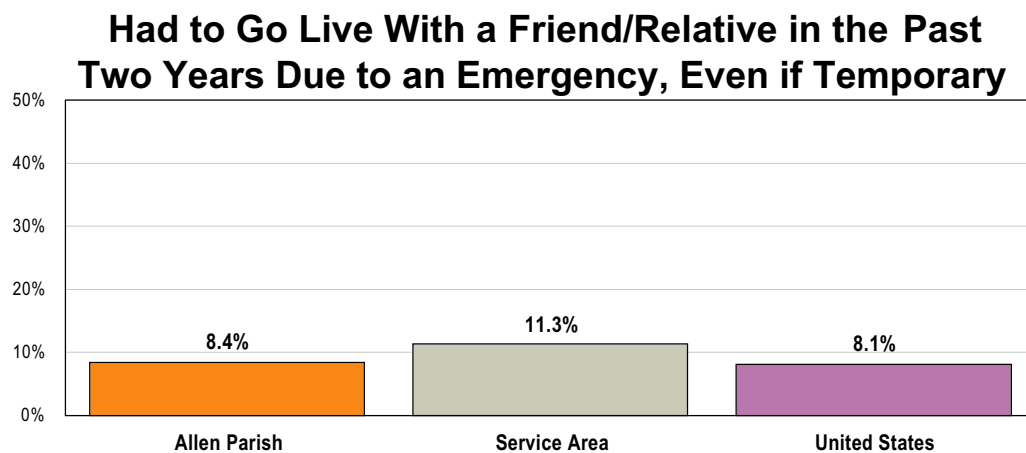


Source: 2002 PRC Community Health Survey, Professional Research Consultants

- Notes:
1. Demographic breakouts are among findings in Allen Parish.
 2. Asked of all respondents.
 3. Percentages represent combined "fair" and "poor" responses.

Housing Displacement

- **8.4% of Allen Parish adults report that there has been a time in the past two years when they had to live with a friend or relative, even if only temporarily, because of an emergency. This represents over 1,500 households in Allen Parish.**
 - Significantly lower than found in the Rapides Foundation Service Area overall (11.3%).
 - Similar to that found nationwide (8.1%).

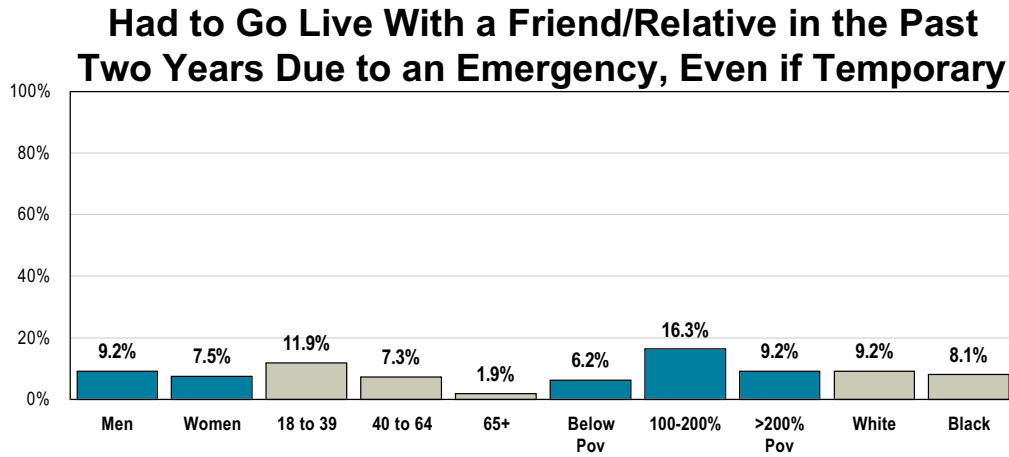


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2001 PRC National Quality of Life Survey, Professional Research Consultants

Notes: 1. Asked of all respondents.
2. State data not available.

Those more often having had to live with a friend/relative in the past two years:

- Persons in the middle-income bracket.
- Young adults.
- Men.



Source: 2002 PRC Community Health Survey, Professional Research Consultants
Notes: 1. Demographic breakouts are among findings in Allen Parish.
2. Asked of all respondents.

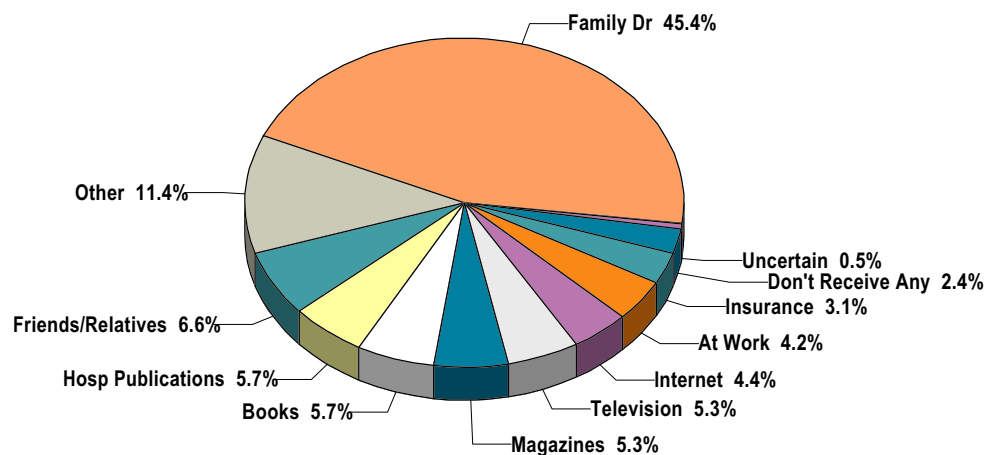
HEALTH EDUCATION & OUTREACH

Health Education Services

Sources of Health Care Information

- **45.4% of Allen Parish adults get most of their health care information from their *family physician*.**
- **Other identified primary sources of health care information (each mentioned by approximately 3%-7% of respondents) include: *friends/relatives, hospital publications, books/magazines, television, work, the Internet and insurance companies*.**

Allen Source of Health Care Information
(Allen Parish)



Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Asked of all respondents.

Community Health Panel Findings*

Focus group participants stressed the need for effective communication of health care information, particularly information about services available.

“We need better communication of all of the services we have here. I have been here for six months, and I am finally getting to know what those services are.”

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

“How many people are aware of all the services? The thing about awareness is that it takes time for awareness to grow. They may hear the information and store it away until they hear about somebody having a problem, and then they will use the information they received maybe months ago. It takes time. It is going to take at least a year from the time the bus service started to really get people using it and talking about it.”

“It sounds to me that what this parish needs is a center of information, a one-stop place somewhere, and have all of this information gathered and then distributed to the rest of the people. It seems to me that everybody is doing something here and there and that we need a central area to get the information out.”

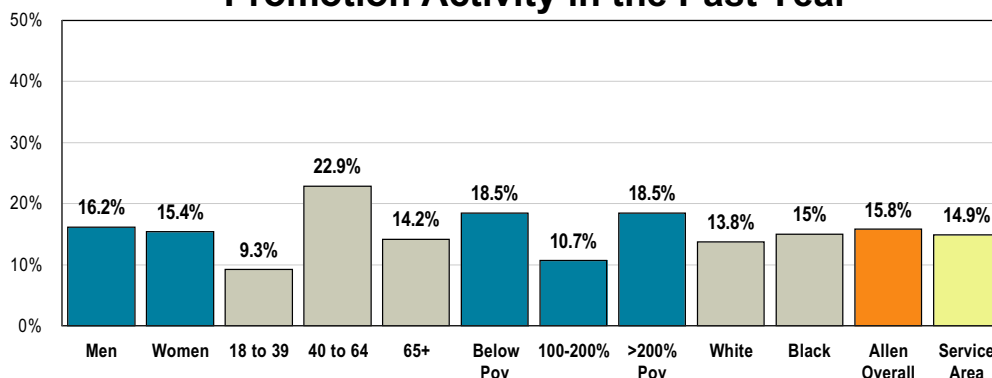
“We are attempting to put together a resource center for the Council on Aging. Since we have an 800 number parishwide, we thought it would be a good idea to gather the data of what each agency did and use the 800 number to give out information on all of the services.”

“The idea of a central data bank is to provide information to people for their benefit. Hopefully, when they see something that interests them, they should be able to pick it up. The information has to be easily accessible and the contents easy to understand, explaining all the services that are provided and available.”

Health Promotion Activities

- 15.8% of Allen Parish adults have participated in a health promotion activity (e.g., a health fair, health screening, or seminar) in the past year.

Participated in a Health Promotion Activity in the Past Year

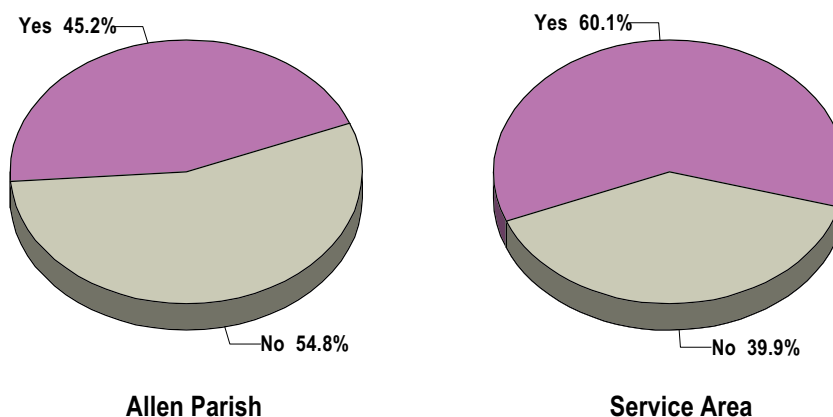


Source: 2002 PRC Community Health Survey, Professional Research Consultants

- Notes:
1. Demographic breakouts are among findings in Allen Parish.
 2. Asked of all respondents.
 3. Percentages represent "yes" responses.

- 45.2% of the health promotion activities in which respondents participated were offered through employers.

Health Promotion Activity Was Offered by Employer
(Among Those Participating in Activities in the Past Year)



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Note: Asked of respondents who participated in a health promotion activity in the past year.

Community Health Panel Findings*

Focus group participants stressed the importance of health promotion activities, especially in the form of health fairs and health screenings.

“I would say that the parish hospital has done an excellent job in offering people the opportunity for some type of preventive care. These services are free or at a very reduced fee. The problem is that if parents have to pay and they have more than one child, they may want to use the money somewhere else. They are not too concerned about preventive care.”

“The hospital puts on health fairs. We check cholesterol, blood pressure and sugar. Very few people will go to a doctor for a complete physical when they are not sick. Even if the insurance pays for the physical, people won’t take advantage of the benefit. Most people don’t realize that the physical is going to help them long-term. As far as the low-income or indigent people, well physicals and health screenings are not happening.”

“People around here are not going to do health screening. For example, you have a guy who is 35 years old and goes to work at 5 a.m. and works until dark to make ends meet. It is very hard to convince him to pay \$100 to go in and have a complete physical. When he has three kids and a wife to support at home, \$100 is a lot of money. If we could offer free health screenings, it would be great. But we are going to have a difficult time to convince somebody whose kids are climbing up and down and acting crazy and appear very healthy to spend \$50 a kid for them to go to the doctor so the doctor can tell them that the kids are healthy.”

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

Coordination of Services

Community Involvement and Cooperative Services

Community Health Panel Findings*

Community health panel participants said that the parish's greatest resource is its people; however, many had suggestions for improvements ranging from cleaning up the ditches to fostering an environment of greater understanding of human diversity.

"I would say that our greatest resources are our people, because we will take care of each other, and what we lack in services, we make it up in having people who will help you find and receive any service you need."

"I would like to see everything in the parish cleaned up - the ditches and trash cleaned up. It makes the parish look bad."

"Originally, the tree industry brought the people to the Allen Parish. So we have a lot of different cultures, and each one has a different way of seeing life and their relationship with their wives and kids. If abusiveness is part of the community and everybody does it, then what is wrong with it? We have to find a way to communicate with each one of these groups of people. It is very important to understand where they come from, their culture and life experiences."

"I just came from Alaska, where we had a similar problem with our young people. Once they graduated from high school, they went to the other 48 states to go to college and find jobs outside of Alaska. As a community, we came up with some programs that addressed that issue. I think that is what we need to do here - a program that will address all of the kids. I say all of the kids because I found that here in Oakdale, I have seen a division racially that is incredible. It is hard to put programs in place when you have this kind of anti-diversity. That is why a lot of people leave. Diversity is the key issue here in the development of any community. You either do it together or you die apart."

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

NEEDS OF SPECIAL POPULATIONS

Youth

Children's Education

Community Health Panel Findings*

“This is a good place to raise your kids. We don’t have all of the hustle and bustle and issues that you find in larger communities; but at the same time, we don’t have all of the resources that a larger city has.”

“I think we have a racial situation here already, and I am afraid that these groups of white wild kids and the black kids are heading for trouble. During the day, they participate together in school activities; but it is after school hours that the problem begins. I just think we need to address this potential problem.”

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

Supporting Parenting

Community Health Panel Findings*

“Child Protection Services has programs for the parents - parenting classes. It is two hours a night for eight weeks. They also offer anger management classes.”

“We all know that there is need everywhere; but it all begins at home. I used to be a psyche director of an adolescent psyche unit, and the main thing I saw that most of the children are a product of their home environment. So it has to begin at home. We have to have something that will entice the parents to come to the parenting skills classes. Somewhere you have to have some structure, whether it be family mentoring or whatever, to encourage these parents to want to be better parents.”

“The problem is that the young parents of today never received good parenting from their parents, so they don’t know how to raise their kids, and they don’t understand how important their role as parents is when it comes to raising a child.”

“I think that they don’t have a clue on what it takes to be a good parent. Television has taught them how a family should look and act like, and it makes for a dysfunctional family. Kids think behaving a certain way is OK because they look just like the family on television.”

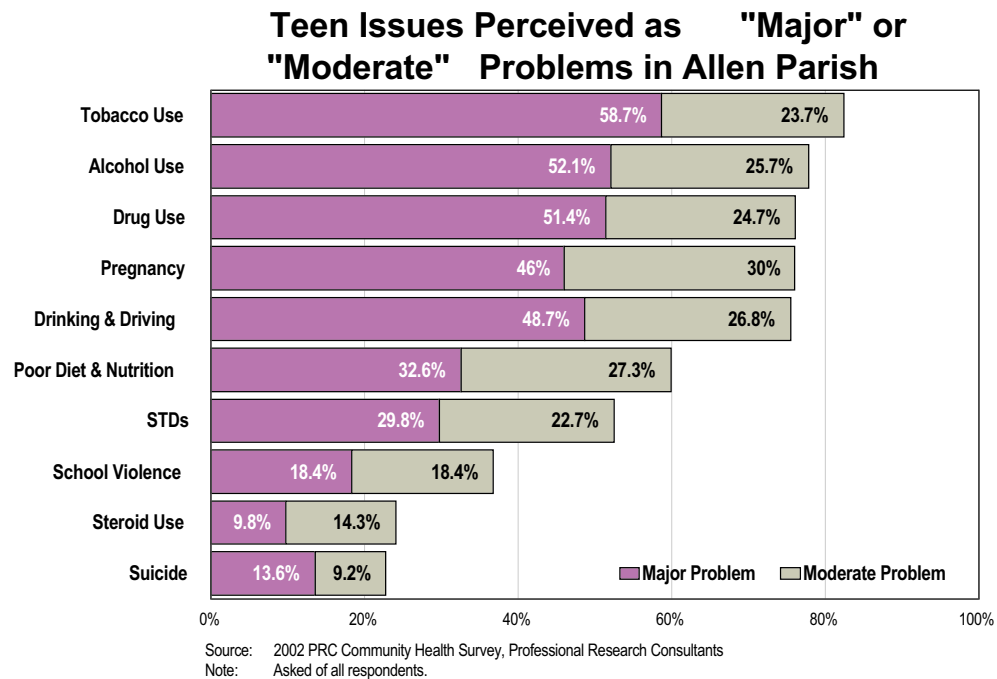
“There is a lack of good parenting skills. There is so much apathy among young and middle-aged parents who want the school to raise their kids. It is appalling and very upsetting.”

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

Community Perceptions of Adolescent Health Issues

In the 2002 Community Health Survey, respondents were presented with 10 adolescent health issues and asked to rate each as a “major problem,” a “moderate problem,” a “minor problem,” or “not a problem at all.”

- **58.7% of Allen Parish adults rate *teen tobacco use* as a “major problem” in Allen Parish.**
- **51.4% rate *teen drug use* as a “major problem” in Allen Parish.**
- **52.1% rate *teen alcohol use* as a “major problem” in Allen Parish.**
- **48.7% rate *teen drinking and driving* as a “major problem” in Allen Parish.**
- **46.0% rate *teen pregnancy* as a “major problem” in Allen Parish.**
- **Over 70% of adults rate each of these problems as “major” or “moderate” problems.**



- Youth in the Rapides Foundation Service Area reported high tobacco and alcohol usage and a high prevalence of drinking and driving in the 1997 Central Louisiana Youth Risk Factor Survey conducted by Tulane School of Public Health and Tropical Medicine.

Community Health Panel Findings*

Focus group participants cited a need for additional activities and outlets for youth. Major problems like drug use, teen pregnancy, tobacco use, nutrition, obesity, and homelessness were discussed.

“We need recreation facilities for our kids after school. Some of them go to the churches to play ball; but most of our teens just ride up and down main street. There is not enough for them to do.”

“One thing that really concerns me is the large amount of kids whose parents are using drugs. These kids are learning all about drugs at home. We can teach them all we want at school, but they are learning how to use drugs from their parents.”

“We are seeing a lot of teen pregnancies from 13 years old and up. We do have a “wait program” that is funded by the state. It is called Wait for Sex Till Marriage. It is the governor’s course on abstinence, taught in the middle schools. Some of the preachers are teaching the program to seventh-graders. It is supposed to reach all kids.”

“We also see a lot of cigarette smoking and chewing among our kids. We do have a smoking abstinence program in our high school.”

“Nutrition is a problem also. Most of the kids know what they are supposed to eat, but then they go to the Canteen and eat Doritos, Cokes, hot dogs and junk food. The problem is with the families also, because they are in a hurry and they go to McDonald’s or Pizza Hut for supper, so I think it is a cultural problem.”

“Obesity among the kids is causing mental health problems. You have a big kid, 250 pounds in the eighth grade, and all the kids are going to laugh at him. His self esteem is gone.”

“We have a lot of homeless children in this area. We have this myth that this a good place to raise your kids; but yet last year, we graduated 52 seniors from our high school, and that freshman class had 104 kids. Where are those kids? We have to do something about this problem. The ones that we do graduate leave this area for better jobs.”

“I think we are still missing the year-round programs where we can track these kids and see them progress mentally, spiritually, as well as nutritionally. My main concern is that group of teen-agers that have problems and begin to build up from the time they start the Head Start program through the 12th grade. I have been working with young people for 15 years, and I have seen too many fall through the cracks. That is why I feel that if early on we involve these kids with mentors who would spend time with them socially, spiritually and educationally, it may help the kids grow to become productive and responsible adults.”

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

Seniors

Senior Health Needs

Community Health Panel Findings*

“We also need recreation facilities for our seniors.”

“I would like to see some kind of program where we could get the seniors and the teenagers in this community together, like a mentoring program.”

“We are working with the YMCA and Big Brothers/Big Sisters right now to try to get a program started in this parish.”

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

APPENDICES

Summary Tables of Quantitative Findings

The following represents the findings of this *Community Health Assessment*, categorized into the topic divisions used by *Healthy People 2010* in organizing its health promotion and disease prevention objectives. Local, U.S. and *Healthy People 2010* data are provided, as well as comparative analyses of local findings with U.S. findings and *Healthy People 2010* goals. Note that “similar” and “indeterminable” indicate that a determination cannot be made because the expected error is greater than the difference in data points.

Data under each health priority area are grouped first by the statistical significance of variation with U.S. findings (WORSE, similar, BETTER), then sorted within each of these divisions by degree of variation (by relative percentage difference)

Findings by Health Topic

| Health Status | Allen | US | HP2010 | vs. US | vs. HP2010 |
|---|-------|-------|--------|---------|--------------------|
| Physical | | | | | |
| % "Fair" or "Poor" Physical Health | 19 | 12.3 | | WORSE | |
| % >1 Day/Month Poor Physical Health | 42.6 | 34.4 | | WORSE | |
| % No Days/Month Very Healthy/Full of Energy | 10.5 | 11.5 | | similar | |
| % Activity Limitations | 24.6 | 14.9 | | WORSE | |
| % Impairment a Result of Work-Related Injury | 29.3 | 17.7 | | WORSE | |
| % >1 Workday/Year Missed Due to Illness | 35.7 | 43.1 | | BETTER | |
| % Overweight | 67.6 | 56.9 | | WORSE | |
| % Overweight Trying to Lose | 33.3 | 31.2 | | similar | |
| % Unhealthy Weight (BMI <18.5 or 25+) | 68.9 | 58.5 | 40 | WORSE | Does NOT Meet Goal |
| % Obese | 26.2 | 19.1 | 15 | WORSE | Does NOT Meet Goal |
| Mental Health | | | | | |
| % >1 Day/Month Poor Mental Health | 24.1 | 31.9 | | BETTER | |
| % Prolonged Depression (2+ Yrs) | 29 | 23.9 | | similar | |
| % Depressed Persons Seeking Help | 27.2 | 42.5 | 50 | WORSE | Does NOT Meet Goal |
| % >3 Days/Month Sad, Blue or Depressed | 16.7 | 22.7 | | BETTER | |
| % >3 Days/Month Worried, Tense or Anxious | 32.8 | 35.8 | | similar | |
| % >3 Days/Month Did Not Get Enough Rest/Sleep | 53.6 | 56.1 | | similar | |
| Mortality | | | | | |
| Age-Adjusted Cancer Deaths/100,000 | 192.8 | 202.7 | 159.9 | BETTER | Does NOT Meet Goal |
| Age-Adjusted Resp Disease Deaths/100,000 | 53.9 | 45.8 | | WORSE | |
| Age-Adjusted Diabetes Mellitus Deaths/100,000 | 30.6 | 25.2 | 15.1 | WORSE | Does NOT Meet Goal |
| Age-Adjusted Heart Disease Deaths/100,000 | 312.7 | 267.8 | 213.7 | WORSE | Does NOT Meet Goal |
| Age-Adjusted Homicide Deaths/100,000 | 0 | 6.2 | 3 | BETTER | Meets Goal |
| Age-Adjusted MV Accident Deaths/100,000 | 33.7 | 15 | 9.2 | WORSE | Does NOT Meet Goal |
| Age-Adjusted Pneumonia/Influenza Deaths/100,000 | 18.1 | 23.6 | | BETTER | |

| Health Status | | Allen | US | HP2010 | vs. US | vs. HP2010 |
|---------------|--|-------|-------|--------|---------|--------------------|
| Mortality | Age-Adjusted Stroke Deaths/100,000 | 99.9 | 61.8 | 48 | WORSE | Does NOT Meet Goal |
| | Age-Adjusted Suicide Deaths/100,000 | 12.7 | 10.7 | 5 | WORSE | Does NOT Meet Goal |
| Morbidity | Chlamydia Incidence/100,000 | 215.1 | 257.5 | | BETTER | |
| | Gonorrhea Incidence/100,000 | 77 | 131.6 | 19 | BETTER | Does NOT Meet Goal |
| | Hepatitis A Incidence/100,000 | 0 | 12 | 4.5 | BETTER | Meets Goal |
| | Hepatitis B Incidence/100,000 | 7.3 | 4.2 | | WORSE | |
| | Tuberculosis Incidence/100,000 | 0 | 5.8 | 1 | BETTER | Meets Goal |
| | Primary & Secondary Syphilis Incidence/100,000 | 3.2 | 2.2 | 0.2 | WORSE | Does NOT Meet Goal |
| | % Arthritis/Rheumatism | 27.7 | 20.3 | | WORSE | |
| | % Sciatica/Chronic Back Pain | 21.6 | 20 | | similar | |
| | % Deafness/Trouble Hearing | 13.8 | 9.3 | | WORSE | |
| | % Diabetes/High Blood Sugar | 9.9 | 5.5 | | WORSE | |
| | % Asthma | 10.6 | 9.9 | | similar | |
| | % Chronic Heart Disease | 8.6 | 5.7 | | similar | |
| | % Blindness/Trouble Seeing | 13.5 | 9.2 | | WORSE | |
| | % Cancer (Other Than Skin) | 5.2 | 4.5 | | similar | |
| | % Chronic Lung Disease | 11.1 | 6.4 | | WORSE | |
| | % Ulcer/GI Bleeding | 5.9 | 6 | | similar | |
| | % Skin Cancer | 4 | 4.9 | | similar | |
| | % Kidney Disease | 4.5 | 2.7 | | similar | |
| | % Stroke | 3.2 | 1.4 | | similar | |
| | % Tested for AIDS Virus in Past Yr (18-64) | 27 | 30.6 | | similar | |
| | % "High" Chance of Getting AIDS (18-64) | 4.7 | 2.1 | | WORSE | |
| | % Child Has Asthma | 12.3 | 13.4 | | similar | |
| Natality | % Births to Teenagers | 16.8 | 12.3 | | WORSE | |
| | % of Low Birthweight Births | 9.3 | 7.6 | 5 | WORSE | Does NOT Meet Goal |
| | Infant Death Rate | 8.2 | 7 | 4.5 | WORSE | Does NOT Meet Goal |
| | Neonatal Death Rate | 2.4 | 4.7 | 2.9 | BETTER | Meets Goal |
| Crime | Murder Rate/100,000 | 9 | 5.5 | | WORSE | |
| | Rape Rate/100,000 | 16.2 | 32 | | BETTER | |
| | Robbery Rate/100,000 | 27 | 144.9 | | BETTER | |
| | Aggravated Assault/Battery Rate/100,000 | 619.5 | 323.6 | | WORSE | |
| | % Victim of Violent Crime in Past 5 Yrs | 3 | 3.8 | | similar | |
| | % Victim of Domestic Violence in Past 5 Yrs | 1.4 | 3.1 | | BETTER | |

| Health Risk | | Allen | US | HP2010 | vs. US | vs. HP2010 |
|--------------|--|-------|------|--------|---------|--------------------|
| CV Risk | % 1+ Cardiovascular Risk Factor | 96.1 | 84.7 | | WORSE | |
| Nutrition | % "High" Fat Diet | 18.6 | 10.4 | | WORSE | |
| | % Use Food Labels | 67.6 | 68.7 | | similar | |
| | % Eat 5+ Servings of Fruit or Vegetables/Day | 21.9 | 30 | | WORSE | |
| Exercise | % No Leisure-Time Physical Activity | 35.2 | 20.2 | | WORSE | |
| | % Vigorous Exercise 3+ Times/Wk | 24.8 | | | similar | |
| Tobacco | % Current Smoker | 21.1 | 22.8 | 12 | similar | Does NOT Meet Goal |
| | % Smoke >1 Pack/Day | 8 | 13.5 | | similar | |
| | % Have Quit 1+ Days in Past Yr | 54.4 | 52.2 | 75 | similar | Does NOT Meet Goal |
| | % Use Smokeless Tobacco | 8.2 | 3.7 | | WORSE | |
| | % Someone Smokes at Home (HH w/Kids) | 17.6 | 23 | 10 | similar | Does NOT Meet Goal |
| Substance | % Current Drinker | 34 | 56.4 | 50 | BETTER | Meets Goal |
| | % Chronic Drinker | 3.8 | 5 | | similar | |
| | % Binge Drinker | 17.4 | 16.4 | 6 | similar | Does NOT Meet Goal |
| | % Drinking & Driving in Past Month | 3.4 | 3.7 | | similar | |
| | % Taken Rx Without Dr's Orders in Past Yr | 1.8 | 4.5 | | BETTER | |
| | % Taken Illegal Drug in Past Yr | 1.3 | 3.2 | | BETTER | |
| | % Sought Help for Alcohol or Drug Problem | 1.6 | 4.3 | | WORSE | |
| Hypertension | % Blood Pressure Checked in Past 2 Yrs | 96.8 | 96 | 95 | similar | Meets Goal |
| | % Told Have High Blood Pressure | 32.6 | 23.4 | 16 | WORSE | Does NOT Meet Goal |
| | % Taking Action to Control High BP | 84.5 | 80.7 | 95 | similar | Does NOT Meet Goal |
| Cholesterol | % Cholesterol Checked in Past 5 Yrs | 79.8 | 82.2 | 80 | similar | similar to goal |
| | % Told Have High Cholesterol | 23.4 | 21.4 | 17 | similar | Does NOT Meet Goal |
| | % Taking Action to Control High Cholesterol | 78 | 70 | | similar | |

| Prevention | | Allen | US | HP2010 | vs. US | vs. HP2010 |
|----------------|---|-------|------|--------|---------|--------------------|
| Preventive | % Have Had Routine Checkup in Past Yr | 66.7 | 64.1 | | similar | |
| | % Child Has Had Checkup in Past Yr | 79.5 | 85.6 | | similar | |
| | % Have Visited Dentist in Past Yr (18+) | 60.2 | 68.9 | 56 | WORSE | Meets Goal |
| | % Have Had Eye Exam in Past Yr | 32.2 | 54.2 | | WORSE | |
| Immunization | % Children (<24 Mos) Immunized Appropriately | 93 | 82 | 90 | BETTER | Meets Goal |
| | % Flu Shot in Past Yr (65+) | 65.9 | 65.7 | 90 | similar | Does NOT Meet Goal |
| Cancer | % Digital Rectal Exam in Past Yr (50+) | 32.6 | 57.1 | | WORSE | |
| | % Sigmoid/Colonoscopy Ever (50+) | 40.9 | 48.7 | 50 | similar | Does NOT Meet Goal |
| | % Blood Stool Test in Past 2 Yrs (50+) | 42.2 | 47.1 | 50 | similar | Does NOT Meet Goal |
| | % Mother/Sister Diagnosed Breast Cancer (W) | 11.8 | 11.5 | | similar | |
| | % Mammogram in Past 2 Yrs (W40+) | 68.5 | 78.2 | 70 | similar | similar to goal |
| | % Don't Know Breast Self-Exam (W) | 3.2 | 4.2 | | similar | |
| | % Perform Breast Self-Exam Monthly (W) | 57.4 | 42.9 | | BETTER | |
| | % Pap Smear in Past 3 Yrs (W) | 81 | 84 | 90 | similar | Does NOT Meet Goal |
| | % Father/Brother Diagnosed Prostate Cancer (M) | 8.4 | 8.4 | | similar | |
| | % PSA or Digital Rectal Exam in Past 2 Yrs (M40+) | 57.4 | 69.9 | | WORSE | |
| | % Testicular Exam Ever (M) | 46.2 | 62.4 | | WORSE | |
| | % Don't Know Testicular Self-Exam (M) | 71.5 | 63.5 | | WORSE | |
| | % Perform Testicular Self-Exam Monthly (M) | 7.9 | 12.5 | | similar | |
| Injury Control | % "Always" Wear Seat Belt | 68.5 | 75 | 92 | WORSE | Does NOT Meet Goal |
| | % Child (<5) "Always" Uses Auto Child Restraint | 93.9 | 98.9 | 100 | similar | similar to goal |

| Access | | Allen | US | HP2010 | vs. US | vs. HP2010 |
|---------------|--|-------|------|--------|---------|--------------------|
| Insurance Cvg | % Lack Health Insurance (18-64) | 21.4 | 15.6 | 0 | WORSE | Does NOT Meet Goal |
| Primary Care | % Have a Regular Clinic or Physician | 85.8 | 85 | 96 | similar | Does NOT Meet Goal |
| | % Cost Prevented Physician Visit in Past Yr | 17.1 | 10.4 | | WORSE | |
| | % Cost Prevented Child's Care in Past Yr | 1.5 | 7.3 | | BETTER | |
| | % Transportation Prevented Dr Visit in Past Yr | 8.4 | 5.2 | | WORSE | |
| | % Transportation Prevented Child's Care in Past Yr | 3.7 | 4.1 | | similar | |
| | % Difficulty Getting Appointment in Past Yr | 16.8 | 13.3 | 7 | similar | Does NOT Meet Goal |
| | % Inconvenient Hrs Prevented Dr Visit in Past Yr | 18.7 | 12.7 | | WORSE | |
| | % Cost Prevented Getting Rx in Past Yr | 24.5 | 9.5 | | WORSE | |
| | % Difficulty Finding Dr for Child in Past Yr | 6.2 | 5.3 | | similar | |
| | % Difficulty Getting Appt for Child in Past Yr | 9.1 | 13.1 | | similar | |
| | % Inconv Hrs Prevented Child's Dr Visit in Past Yr | 7.9 | 16.3 | | BETTER | |
| | % Cost Prevented Getting Child's Rx in Past Yr | 2.5 | 4.4 | | similar | |
| | % Gone to ER More Than Once in Past Yr | 12.6 | 5.6 | | WORSE | |
| | % Difficulty Finding Physician in Past Yr | 11.8 | 7.8 | | WORSE | |
| Health Care | % Rate Local Health Care "Excellent/Very Good" | 43.3 | 53.1 | | WORSE | |

Summary of Findings by Issue

| Cancer | Allen | US | HP2010 | Significance vs. US | Significance vs. HP2010 |
|---|-------|-------|--------|---------------------|-------------------------|
| % "High" Fat Diet | 18.6 | 10.4 | | WORSE | |
| % Digital Rectal Exam in Past Yr (50+) | 32.6 | 57.1 | | WORSE | |
| % Eat 5+ Servings of Fruit or Vegetables/Day | 21.9 | 30 | | WORSE | |
| % Testicular Exam Ever (M) | 46.2 | 62.4 | | WORSE | |
| % PSA or Digital Rectal Exam in Past 2 Yrs (M40+) | 57.4 | 69.9 | | WORSE | |
| % Don't Know Testicular Self-Exam (M) | 71.5 | 63.5 | | WORSE | |
| % Perform Testicular Self-Exam Monthly (M) | 7.9 | 12.5 | | similar | |
| % Don't Know Breast Self-Exam (W) | 3.2 | 4.2 | | similar | |
| % Skin Cancer | 4 | 4.9 | | similar | |
| % Sigmoid/Colonoscopy Ever (50+) | 40.9 | 48.7 | 50 | similar | Does NOT Meet Goal |
| % Cancer (Other Than Skin) | 5.2 | 4.5 | | similar | |
| % Mammogram in Past 2 Yrs (W40+) | 68.5 | 78.2 | 70 | similar | indeterminable |
| % Blood Stool Test in Past 2 Yrs (50+) | 42.2 | 47.1 | 50 | similar | Does NOT Meet Goal |
| % Current Smoker | 21.1 | 22.8 | 12 | similar | Does NOT Meet Goal |
| % Pap Smear in Past 3 Yrs (W) | 81 | 84 | 90 | similar | Does NOT Meet Goal |
| % Mother/Sister Diagnosed Breast Cancer (W) | 11.8 | 11.5 | | similar | |
| % Father/Brother Diagnosed Prostate Cancer (M) | 8.4 | 8.4 | | similar | |
| % Perform Breast Self-Exam Monthly (W) | 57.4 | 42.9 | | BETTER | |
| Age-Adjusted Cancer Deaths/100,000 | 192.8 | 202.7 | 159.9 | BETTER | Does NOT Meet Goal |

| Chronic Disabling Conditions | Allen | US | HP2010 | Significance vs. US | Significance vs. HP2010 |
|---|--------------|-----------|---------------|----------------------------|--------------------------------|
| % Diabetes/High Blood Sugar | 9.9 | 5.5 | | WORSE | |
| % No Leisure-Time Physical Activity | 35.2 | 20.2 | | WORSE | |
| % Impairment a Result of Work-Related Injury | 29.3 | 17.7 | | WORSE | |
| % Activity Limitations | 24.6 | 14.9 | | WORSE | |
| % "Fair" or "Poor" Physical Health | 19 | 12.3 | | WORSE | |
| % Deafness/Trouble Hearing | 13.8 | 9.3 | | WORSE | |
| % Blindness/Trouble Seeing | 13.5 | 9.2 | | WORSE | |
| % Arthritis/Rheumatism | 27.7 | 20.3 | | WORSE | |
| % >1 Day/Month Poor Physical Health | 42.6 | 34.4 | | WORSE | |
| Age-Adjusted Diabetes Mellitus Deaths/100,000 | 30.6 | 25.2 | 15.1 | WORSE | Does NOT Meet Goal |
| % Kidney Disease | 4.5 | 2.7 | | similar | |
| % No Days/Month Very Healthy/Full of Energy | 10.5 | 11.5 | | similar | |
| % Child Has Asthma | 12.3 | 13.4 | | similar | |
| % Sciatica/Chronic Back Pain | 21.6 | 20 | | similar | |
| % Asthma | 10.6 | 9.9 | | similar | |
| % Ulcer/GI Bleeding | 5.9 | 6 | | similar | |
| % Vigorous Exercise 3+ Times/Wk | 24.8 | | | similar | |
| % >1 Day/Month Poor Mental Health | 24.1 | 31.9 | | BETTER | |
| % >1 Workday/Year Missed Due to Illness | 35.7 | 43.1 | | BETTER | |

| Clinical Preventive Services | Allen | US | HP2010 | Significance vs. US | Significance vs. HP2010 |
|--|--------------|-----------|---------------|----------------------------|--------------------------------|
| % Cost Prevented Getting Rx in Past Yr | 24.5 | 9.5 | | WORSE | |
| % Gone to ER More Than Once in Past Yr | 12.6 | 5.6 | | WORSE | |
| % Cost Prevented Physician Visit in Past Yr | 17.1 | 10.4 | | WORSE | |
| % Transportation Prevented Dr Visit in Past Yr | 8.4 | 5.2 | | WORSE | |
| % Difficulty Finding Physician in Past Yr | 11.8 | 7.8 | | WORSE | |
| % Inconvenient Hrs Prevented Dr Visit in Past Yr | 18.7 | 12.7 | | WORSE | |
| % Have Had Eye Exam in Past Yr | 32.2 | 54.2 | | WORSE | |
| % Lack Health Insurance (18-64) | 21.4 | 15.6 | 0 | WORSE | Does NOT Meet Goal |
| % Rate Local Health Care "Excellent/Very Good" | 43.3 | 53.1 | | WORSE | |
| % Cost Prevented Getting Child's Rx in Past Yr | 2.5 | 4.4 | | similar | |
| % Difficulty Getting Appt for Child in Past Yr | 9.1 | 13.1 | | similar | |
| % Difficulty Getting Appointment in Past Yr | 16.8 | 13.3 | 7 | similar | Does NOT Meet Goal |
| % Difficulty Finding Dr for Child in Past Yr | 6.2 | 5.3 | | similar | |
| % Transportation Prevented Child's Care in Past Yr | 3.7 | 4.1 | | similar | |
| % Child Has Had Checkup in Past Yr | 79.5 | 85.6 | | similar | |
| % Have Had Routine Checkup in Past Yr | 66.7 | 64.1 | | similar | |
| % Have a Regular Clinic or Physician | 85.8 | 85 | 96 | similar | Does NOT Meet Goal |
| % Flu Shot in Past Yr (65+) | 65.9 | 65.7 | 90 | similar | Does NOT Meet Goal |
| % Cost Prevented Child's Care in Past Yr | 1.5 | 7.3 | | BETTER | |
| % Inconv Hrs Prevented Child's Dr Visit in Past Yr | 7.9 | 16.3 | | BETTER | |

| Education & Community-Based Programs | Allen | US | HP2010 | Significance vs. US | Significance vs. HP2010 |
|---|--------------|-----------|---------------|----------------------------|--------------------------------|
| % Activity Limitations | 24.6 | 14.9 | | WORSE | |

| Environmental Health | Allen | US | HP2010 | Significance vs. US | Significance vs. HP2010 |
|-----------------------------|--------------|-----------|---------------|----------------------------|--------------------------------|
| % Asthma | 10.6 | 9.9 | | similar | |

| Family Planning | Allen | US | HP2010 | Significance vs. US | Significance vs. HP2010 |
|------------------------|--------------|-----------|---------------|----------------------------|--------------------------------|
| % Births to Teenagers | 16.8 | 12.3 | | WORSE | |

| Heart Disease & Stroke | Allen | US | HP2010 | Significance vs. US | Significance vs. HP2010 |
|---|--------------|-----------|---------------|----------------------------|--------------------------------|
| % "High" Fat Diet | 18.6 | 10.4 | | WORSE | |
| % No Leisure-Time Physical Activity | 35.2 | 20.2 | | WORSE | |
| Age-Adjusted Stroke Deaths/100,000 | 99.9 | 61.8 | 48 | WORSE | Does NOT Meet Goal |
| % Told Have High Blood Pressure | 32.6 | 23.4 | 16 | WORSE | Does NOT Meet Goal |
| % Obese | 26.2 | 19.1 | 15 | WORSE | Does NOT Meet Goal |
| % Overweight | 67.6 | 56.9 | | WORSE | |
| % Unhealthy Weight (BMI <18.5 or 25+) | 68.9 | 58.5 | 40 | WORSE | Does NOT Meet Goal |
| Age-Adjusted Heart Disease Deaths/100,000 | 312.7 | 267.8 | 213.7 | WORSE | Does NOT Meet Goal |
| % 1+ Cardiovascular Risk Factor | 96.1 | 84.7 | | WORSE | |
| % Stroke | 3.2 | 1.4 | | similar | |
| % Chronic Heart Disease | 8.6 | 5.7 | | similar | |
| % Taking Action to Control High Cholesterol | 78 | 70 | | similar | |
| % Told Have High Cholesterol | 23.4 | 21.4 | 17 | similar | Does NOT Meet Goal |
| % Current Smoker | 21.1 | 22.8 | 12 | similar | Does NOT Meet Goal |
| % Overweight Trying to Lose | 33.3 | 31.2 | | similar | |
| % Taking Action to Control High BP | 84.5 | 80.7 | 95 | similar | Does NOT Meet Goal |
| % Cholesterol Checked in Past 5 Yrs | 79.8 | 82.2 | 80 | similar | indeterminable |
| % Blood Pressure Checked in Past 2 Yrs | 96.8 | 96 | 95 | similar | Meets Goal |
| % Vigorous Exercise 3+ Times/Wk | 24.8 | | | similar | |

| HIV Infection | Allen | US | HP2010 | Significance vs. US | Significance vs. HP2010 |
|--|--------------|-----------|---------------|----------------------------|--------------------------------|
| % "High" Chance of Getting AIDS (18-64) | 4.7 | 2.1 | | WORSE | |
| % Tested for AIDS Virus in Past Yr (18-64) | 27 | 30.6 | | similar | |

| Immunization & Infectious Diseases | Allen | US | HP2010 | Significance vs. US | Significance vs. HP2010 |
|---|--------------|-----------|---------------|----------------------------|--------------------------------|
| Hepatitis B Incidence/100,000 | 7.3 | 4.2 | | WORSE | |
| % Flu Shot in Past Yr (65+) | 65.9 | 65.7 | 90 | similar | Does NOT Meet Goal |
| Hepatitis A Incidence/100,000 | 0 | 12 | 4.5 | BETTER | Meets Goal |
| Tuberculosis Incidence/100,000 | 0 | 5.8 | 1 | BETTER | Meets Goal |
| Age-Adjusted Pneumonia/Influenza Deaths/100,000 | 18.1 | 23.6 | | BETTER | |
| % Children (<24 Mos) Immunized Appropriately | 93 | 82 | 90 | BETTER | Meets Goal |

| Maternal & Infant Health | Allen | US | HP2010 | Significance vs. US | Significance vs. HP2010 |
|-------------------------------------|--------------|-----------|---------------|----------------------------|--------------------------------|
| % of Low Birthweight Births | 9.3 | 7.6 | 5 | WORSE | Does NOT Meet Goal |
| Infant Death Rate | 8.2 | 7 | 4.5 | WORSE | Does NOT Meet Goal |
| Neonatal Death Rate | 2.4 | 4.7 | 2.9 | BETTER | Meets Goal |

| Mental Health & Mental Disorders | Allen | US | HP2010 | Significance vs. US | Significance vs. HP2010 |
|---|--------------|-----------|---------------|----------------------------|--------------------------------|
| % Depressed Persons Seeking Help | 27.2 | 42.5 | 50 | WORSE | Does NOT Meet Goal |
| Age-Adjusted Suicide Deaths/100,000 | 12.7 | 10.7 | 5 | WORSE | Does NOT Meet Goal |
| % Prolonged Depression (2+ Yrs) | 29 | 23.9 | | similar | |
| % >3 Days/Month Worried, Tense or Anxious | 32.8 | 35.8 | | similar | |
| % >3 Days/Month Did Not Get Enough Rest/Sleep | 53.6 | 56.1 | | similar | |
| % >3 Days/Month Sad, Blue or Depressed | 16.7 | 22.7 | | BETTER | |

| Nutrition | Allen | US | HP2010 | Significance vs. US | Significance vs. HP2010 |
|--|--------------|-----------|---------------|----------------------------|--------------------------------|
| % "High" Fat Diet | 18.6 | 10.4 | | WORSE | |
| % Eat 5+ Servings of Fruit or Vegetables/Day | 21.9 | 30 | | WORSE | |
| % Overweight | 67.6 | 56.9 | | WORSE | |
| % Unhealthy Weight (BMI <18.5 or 25+) | 68.9 | 58.5 | 40 | WORSE | Does NOT Meet Goal |
| Age-Adjusted Heart Disease Deaths/100,000 | 312.7 | 267.8 | 213.7 | WORSE | Does NOT Meet Goal |
| % Chronic Heart Disease | 8.6 | 5.7 | | similar | |
| % Cancer (Other Than Skin) | 5.2 | 4.5 | | similar | |
| % Overweight Trying to Lose | 33.3 | 31.2 | | similar | |
| % Use Food Labels | 67.6 | 68.7 | | similar | |
| Age-Adjusted Cancer Deaths/100,000 | 192.8 | 202.7 | 159.9 | BETTER | Does NOT Meet Goal |

| Oral Health | Allen | US | HP2010 | Significance vs. US | Significance vs. HP2010 |
|---|--------------|-----------|---------------|----------------------------|--------------------------------|
| % Have Visited Dentist in Past Yr (18+) | 60.2 | 68.9 | 56 | WORSE | Meets Goal |

| Physical Activity & Fitness | Allen | US | HP2010 | Significance vs. US | Significance vs. HP2010 |
|---|--------------|-----------|---------------|----------------------------|--------------------------------|
| % No Leisure-Time Physical Activity | 35.2 | 20.2 | | WORSE | |
| % Obese | 26.2 | 19.1 | 15 | WORSE | Does NOT Meet Goal |
| % Overweight | 67.6 | 56.9 | | WORSE | |
| % Unhealthy Weight (BMI <18.5 or 25+) | 68.9 | 58.5 | 40 | WORSE | Does NOT Meet Goal |
| Age-Adjusted Heart Disease Deaths/100,000 | 312.7 | 267.8 | 213.7 | WORSE | Does NOT Meet Goal |
| % Chronic Heart Disease | 8.6 | 5.7 | | similar | |
| % Overweight Trying to Lose | 33.3 | 31.2 | | similar | |
| % Vigorous Exercise 3+ Times/Wk | 24.8 | | | similar | |

| Sexually Transmitted Diseases | Allen | US | HP2010 | Significance vs. US | Significance vs. HP2010 |
|--|--------------|-----------|---------------|----------------------------|--------------------------------|
| Hepatitis B Incidence/100,000 | 7.3 | 4.2 | | WORSE | |
| Primary & Secondary Syphilis Incidence/100,000 | 3.2 | 2.2 | 0.2 | WORSE | Does NOT Meet Goal |
| Gonorrhea Incidence/100,000 | 77 | 131.6 | 19 | BETTER | Does NOT Meet Goal |
| Chlamydia Incidence/100,000 | 215.1 | 257.5 | | BETTER | |

| Substance Abuse | Allen | US | HP2010 | Significance vs. US | Significance vs. HP2010 |
|---|--------------|-----------|---------------|----------------------------|--------------------------------|
| % Sought Help for Alcohol or Drug Problem | 1.6 | 4.3 | | WORSE | |
| % Chronic Drinker | 3.8 | 5 | | similar | |
| % Drinking & Driving in Past Month | 3.4 | 3.7 | | similar | |
| % Binge Drinker | 17.4 | 16.4 | 6 | similar | Does NOT Meet Goal |
| % Taken Rx Without Dr's Orders in Past Yr | 1.8 | 4.5 | | BETTER | |
| % Taken Illegal Drug in Past Yr | 1.3 | 3.2 | | BETTER | |
| % Current Drinker | 34 | 56.4 | 50 | BETTER | Meets Goal |

| Tobacco | Allen | US | HP2010 | Significance vs. US | Significance vs. HP2010 |
|---|--------------|-----------|---------------|----------------------------|--------------------------------|
| % Use Smokeless Tobacco | 8.2 | 3.7 | | WORSE | |
| % Chronic Lung Disease | 11.1 | 6.4 | | WORSE | |
| Age-Adjusted Resp Disease Deaths/100,000 | 53.9 | 45.8 | | WORSE | |
| Age-Adjusted Heart Disease Deaths/100,000 | 312.7 | 267.8 | 213.7 | WORSE | Does NOT Meet Goal |
| % Chronic Heart Disease | 8.6 | 5.7 | | similar | |
| % Smoke >1 Pack/Day | 8 | 13.5 | | similar | |
| % Someone Smokes at Home (HH w/Kids) | 17.6 | 23 | 10 | similar | Does NOT Meet Goal |
| % Current Smoker | 21.1 | 22.8 | 12 | similar | Does NOT Meet Goal |
| % Have Quit 1+ Days in Past Yr | 54.4 | 52.2 | 75 | similar | Does NOT Meet Goal |

| Unintentional Injuries | Allen | US | HP2010 | Significance vs. US | Significance vs. HP2010 |
|---|--------------|-----------|---------------|----------------------------|--------------------------------|
| Age-Adjusted MV Accident Deaths/100,000 | 33.7 | 15 | 9.2 | WORSE | Does NOT Meet Goal |
| % "Always" Wear Seat Belt | 68.5 | 75 | 92 | WORSE | Does NOT Meet Goal |
| % Child (<5) "Always" Uses Auto Child Restraint | 93.9 | 98.9 | 100 | similar | indeterminable |

| Violent & Abusive Behavior | Allen | US | HP2010 | Significance vs. US | Significance vs. HP2010 |
|---|--------------|-----------|---------------|----------------------------|--------------------------------|
| Aggravated Assault/Battery Rate/100,000 | 619.5 | 323.6 | | WORSE | |
| Murder Rate/100,000 | 9 | 5.5 | | WORSE | |
| Age-Adjusted Suicide Deaths/100,000 | 12.7 | 10.7 | 5 | WORSE | Does NOT Meet Goal |
| % Victim of Violent Crime in Past 5 Yrs | 3 | 3.8 | | similar | |
| Age-Adjusted Homicide Deaths/100,000 | 0 | 6.2 | 3 | BETTER | Meets Goal |
| Robbery Rate/100,000 | 27 | 144.9 | | BETTER | |
| % Victim of Domestic Violence in Past 5 Yrs | 1.4 | 3.1 | | BETTER | |
| Rape Rate/100,000 | 16.2 | 32 | | BETTER | |