Community Health Assessment
Avoyelles 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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SUMMARY OF ASSESSMENT FINDINGS
Summary of Findings

Key Points

Health Status

There are many indicators of health status in Avoyelles Parish that are comparable to or better than national benchmarks. For example, in Avoyelles Parish, death rates related to breast cancer and homicide are below the U.S. rates. Reports of robbery are lower than are found nationally. Also, the incidence of new cases of chlamydia, gonorrhea, tuberculosis and hepatitis A are below national rates.

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

Self-Reported Health Status. A significantly greater share of Avoyelles Parish adults report “fair” or “poor” physical health in the past month. Also, a greater proportion of parish adults face activity limitations because of health problems.

Obesity. 70% of Avoyelles Parish adults are overweight, and nearly 33% are obese. More than 70% of adults have an unhealthy weight, which includes being underweight. These levels are significantly higher than reported nationwide. The percentages of those with unhealthy weights or obesity fail to satisfy Healthy People 2010 targets.

Mental Health. Parish adults more often report incidence of poor mental health, prolonged depression, inadequate sleep, feelings of sadness and feelings of worry than is found nationally. Also, the percentage of adults with depression in Avoyelles Parish who have sought mental help does not satisfy the Healthy People 2010 target.

Causes of Death. Compared to U.S. rates, age-adjusted death rates for most leading causes of death are higher in Avoyelles Parish, particularly for heart disease, cancer, diabetes, respiratory disease, HIV, influenza/pneumonia, motor vehicle accidents, stroke and suicide (keep in mind that age-adjusted rates account for any difference in the ages of the populations compared).

Sexually Transmitted Diseases. The rates of hepatitis B and syphilis in Avoyelles Parish are significantly higher than...
found nationwide. The incidence rate of syphilis also fails to satisfy *Healthy People 2010* target.

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

**Infant Health.** Indicators of infant health compare unfavorably to national indicators and *Healthy People 2010* targets, including births to teen-agers, lack of prenatal care, low birthweights, neonatal mortality and infant mortality.

**Violence.** The rate of robbery is higher in Avoyelles Parish than nationwide.

**Modifiable Health Risks**

In comparison to national averages, positive findings relating to modifiable health risk behavior in Avoyelles Parish include a lower proportion of adults who use alcohol, abuse illegal drugs or smoke more than one pack of cigarettes a day.

Risk behaviors that compare unfavorably to national averages include:

**Cardiovascular Risk.** A considerably high percentage of Avoyelles Parish adults (96.2%) present one or more risk factors or behaviors for heart disease and stroke.

**Nutrition.** Avoyelles Parish adults more often report having diets high in fat and less often report eating enough vegetables and/or fruits.

**Tobacco.** A total of 7.0% of parish adults use smokeless tobacco, which is almost twice the national rate. Parish segments that are similar to national averages but that fall short of *Healthy People 2010* targets include regular or occasional cigarette smokers, those who have tried to quit smoking and those who smoke in households with children.

**Substance Abuse.** The percentage of binge drinkers in Avoyelles Parish does not satisfy the *Healthy People 2010* goal.

**Blood Pressure & Cholesterol:** The percentage of parish adults with high blood pressure is significantly higher than national findings and fails to satisfy *Healthy People 2010* targets. Also, the proportions of those trying to control high blood pressure and those who have high cholesterol fail to satisfy *Healthy People 2010* targets.
PREVENTION

Regarding preventive care measures, significantly higher percentages of children in Avoyelles Parish have visited a doctor or dentist in the past year. Also, a greater share of parish women perform a breast self-exam every month than is found nationwide.

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

Dental Care. The percentage of adults who have had a dental exam in the past year is significantly lower than the national average.

Eye Care. The percentage of adults who have had an eye exam in the past year is significantly lower than the national average.

Immunizations. A slightly lower percentage of infants and toddlers in Avoyelles Parish are immunized properly, which fails to satisfy the Healthy People 2010 goal. The proportion of parish adults age 65 and older who have had a flu shot in the past year also fails to satisfy the Healthy People 2010 goal.

Breast Cancer Screening. The proportion of parish women who do not know how to perform a breast exam is twice the national rate.

Cervical Cancer Screening. The percentage of parish women who have had a Pap smear in the past three years fails to satisfy the Healthy People 2010 goal.

Testicular Cancer Screening. The percentages of parish men who have ever had a testicular exam or who do not know how to perform a testicular self-exam are significantly worse than U.S. rates.

Colorectal Cancer Screening. The proportions of Avoyelles Parish adults age 50 and older who have had a digital rectal exam in the past year or who have ever had a sigmoid/colonoscopy are below U.S. findings. Also, the percentages of adults who have ever had a sigmoid/colonoscopy exam or who have had a blood stool test recently fail to satisfy Healthy People 2010 targets.

Safety Seat/Seat Belt Usage. The percentages of parish adults and children who “always” wear a seat belt or safety restraint are significantly worse than national averages and do not satisfy Healthy People 2010 targets.
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.

While some indicators of access are comparable to national benchmarks, several appear to have a much stronger impact in Avoyelles Parish:

Health Insurance Coverage. One-third of Avoyelles Parish adults between the ages of 18 and 64 are without any type of insurance coverage for health care. This is significantly higher than the national average and is far from reaching the Healthy People 2010 goal of universal coverage.

Cost of Physician Care. The percentage of parish adults who said that cost prevented them from seeing a physician within the past year is significantly higher than the U.S. average.

Transportation. The proportion of parish adults who said that a lack of transportation prevented them from seeing a physician within the past year is significantly higher than the national finding.

Cost of Prescriptions. The percentages of parish adults who said they did not get a prescription for themselves or their children within the past year because of the cost are significantly higher than the national rates.

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

Availability of Physicians. The percentage of parish adults who reported difficulty in finding a physician within the past year is significantly higher than the national finding.

Rating of Local Health Care. Compared to adults across the nation, a significantly lower share of Avoyelles Parish adults rate local health care as “excellent” or “very good.”
EDUCATION & OUTREACH

Community health panel participants said that many people in the parish lack the education to prevent or treat illness. Furthermore, health panel members pointed out that lack of funding and a shortage of health care professionals severely limits the availability of crucial health care programs. Participants said that because of a lack of advertising, people are unaware of the programs that are available.

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; 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 Avoyelles Parish: youth drinking and driving, tobacco use, drug use, teen pregnancy and alcohol use.
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.
This report focuses on the health findings in Avoyelles 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 Avoyelles 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 age 18 and older in Avoyelles 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 age 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 ±4.9% at the 95 percent level of confidence.

![Expected Error Ranges for a Sample of 400 Respondents at the 95 Percent Level of Confidence](image)

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% ± 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% ± 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 298 residents age 18 and older in Avoyelles 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 1,013 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 age 18 and older; data on children were given by proxy by the person most responsible for that child’s health care needs, and these children are not represented demographically in this chart.]

![Avoyelles Parish 2002 Population/Sample Characteristics](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 Avoyelles Parish with a high degree of confidence.
Public Health, Vital Statistics and Other Data

A variety of existing (secondary) data sources were 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: Understanding and Improving Health is part of the Healthy People 2010 initiative that is sponsored by the U. S. Department of Health & 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 Avoyelles 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.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Group</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 18, 2002</td>
<td>12:00 p.m. to 2:00 p.m.</td>
<td>Avoyelles Parish Key Informants</td>
<td>18 Attendees</td>
</tr>
</tbody>
</table>

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

**Self-Reported Physical Health**

**Overall Health Status**

- Less than one-half (42.4%) of Avoyelles Parish adults participating in the 2002 Community Health Survey view their overall physical health as “excellent” or “very good.”

- 21.9% of Avoyelles Parish adults say that their overall physical health is “fair” or “poor.”
  - Less favorable than statewide findings (16.3%).
  - Statistically similar to Rapides Foundation Service Area findings.
  - Significantly higher than nationwide findings (12.3%).
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 negative correlation with income.

- White respondents more often report “fair/poor” health than Black respondents.

- Men more often report “fair/poor” health than women.

*Experience "Fair" or "Poor" Physical Health*

<table>
<thead>
<tr>
<th>Category</th>
<th>Experience &quot;Fair&quot; or &quot;Poor&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>24.1%</td>
</tr>
<tr>
<td>Women</td>
<td>20.1%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>9.3%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>27.9%</td>
</tr>
<tr>
<td>65+</td>
<td>39.2%</td>
</tr>
<tr>
<td>Below Pov</td>
<td>31.1%</td>
</tr>
<tr>
<td>100-200% Pov</td>
<td>27.8%</td>
</tr>
<tr>
<td>&gt;200% Pov</td>
<td>15.3%</td>
</tr>
<tr>
<td>White</td>
<td>24.8%</td>
</tr>
<tr>
<td>Black</td>
<td>16.9%</td>
</tr>
</tbody>
</table>

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

- Avoyelles Parish adults report an average 4.4 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).

![Average Number of Days of Poor Physical Health in Past Month](chart)

**Days Felt Healthy and Full of Energy**

- Avoyelles Parish adults report an average of 19.9 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](chart)

*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

*Note:* Asked of all respondents.
- Self-reported number of healthy days increases considerably with income level.

- Self-reported number of healthy days decreases with age.

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Days</th>
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<tbody>
<tr>
<td>Men</td>
<td>21.3</td>
</tr>
<tr>
<td>Women</td>
<td>18.8</td>
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<tr>
<td>18 to 39</td>
<td>21.8</td>
</tr>
<tr>
<td>40 to 64</td>
<td>19.2</td>
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<tr>
<td>65+</td>
<td>16.7</td>
</tr>
<tr>
<td>Below Pov</td>
<td>15.6</td>
</tr>
<tr>
<td>100-200% Pov</td>
<td>16.9</td>
</tr>
<tr>
<td>&gt;200% Pov</td>
<td>22.9</td>
</tr>
<tr>
<td>White</td>
<td>20</td>
</tr>
<tr>
<td>Black</td>
<td>19.8</td>
</tr>
</tbody>
</table>

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

### Missed Days of Work

- Avoyelles Parish adults who are currently employed report missing an average of 5.4 days of work in the past year due to personal illness.
  - This compares to an average of 3.8 days/year nationwide.
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**

- Avoyelles Parish adults report an average of 4.3 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](chart)

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

**Note:** Asked of all respondents.
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 Avoyelles Parish reported an average of 4.8 days on which they felt sad, blue or depressed.
  - Similar to Rapides Foundation Service Area and national averages.

![Average Number of Days Felt Sad, Blue, or Depressed in Past Month](chart)

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**

- 34.6% of Avoyelles 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 OK sometimes.
  - Similar to Rapides Foundation Service Area findings.
  - Significantly higher than national findings (23.9%).
  - This represents nearly **10,310 adults** in Avoyelles Parish who have faced or are facing prolonged bouts with depression.
Reported bouts of prolonged depression in Avoyelles Parish are notably higher among:

- Respondents living below the poverty threshold.
- Black respondents.
- Women.
**Stress Levels**

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

- Adults in Avoyelles Parish report an average of 7.9 days in the past month on which they felt worried, tense or anxious.
  - Similar to the Rapides Foundation Service Area average.
  - Higher than the national average (5.3 days/month).

![Average Number of Days Felt Worried, Tense, or Anxious in Past Month](chart)

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

- Those living below poverty level.
- Women.
- Young adults (ages 18 to 39).
- White respondents.
Sleep & Rest

- Adults in Avoyelles Parish report an average of 10.7 days in the past month on which they did not get enough rest or sleep.

  - Similar to Rapides Foundation Service Area findings.
  - Worse than found nationwide (8.8 days/month).
Those reporting a greater number of days of poor rest or sleep per month include:

- Young adults (ages 18 to 39).
- Low-income respondents.
- White respondents.
- Women.

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

<table>
<thead>
<tr>
<th>Group</th>
<th>Average Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>10.1</td>
</tr>
<tr>
<td>Women</td>
<td>11.2</td>
</tr>
<tr>
<td>18 to 39</td>
<td>14.1</td>
</tr>
<tr>
<td>40 to 64</td>
<td>9.1</td>
</tr>
<tr>
<td>65+</td>
<td>6.3</td>
</tr>
<tr>
<td>Below Pov</td>
<td>11.4</td>
</tr>
<tr>
<td>100-200%</td>
<td>11.4</td>
</tr>
<tr>
<td>&gt;200% Pov</td>
<td>10.2</td>
</tr>
<tr>
<td>White</td>
<td>11.2</td>
</tr>
<tr>
<td>Black</td>
<td>10</td>
</tr>
</tbody>
</table>

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

**Community Health Panel Findings**

“We have a very relaxing lifestyle here. We don’t have a lot of tension or stress. We are out in the country, so we don’t have a lot of traffic and air pollution that you find in metropolitan areas.”

---

*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.*
• 34.3% of Avoyelles Parish respondents who have experienced bouts of prolonged depression report that they have sought professional help for a mental or emotional problem.

  - Statistically similar to Rapides Foundation Service Area and national findings.
  - Fails to satisfy the Healthy People 2010 target (50% or higher).

**Persons With Depression Who Have Sought Professional Help**

![Bar chart showing utilization of mental health services for depression](chart)

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:

• Young adults (ages 18 to 39).
• Those living below the poverty level.
• Women.
• White respondents.
Focus group participants said proper mental health care is lacking especially for children and Medicare clients.

“We have one psychiatrist in the area. We had a mental health program at Bunkie General, but in 1997, we had to finally close it down because the state kept cutting our funds. It was a great program serving the needs of a poor parish.”

“There is a huge need for a psychiatric treatment program for Medicare clients. There is no mental health treatment because the guidelines have been cut so much that you have to be a chronic psych patient to receive services. A lot of these patients can’t afford their medication, and we can’t help them.”

“Right now, if we have to refer a child for a mental health evaluation, we would have to wait two months for the appointment. It doesn’t matter how urgent the case may be. You have children who are treated outside of this parish, and they go once a month to see the psychiatrist who doesn’t spend a lot of time with the child and just checks their meds. The mental health system is understaffed.”

“I think that the schools could use a grant so they could offer anger management classes to all the students. I know that in other areas if the child ends up in the courts, part of their sentence is that they have to complete a 20-week program in anger management. There is nothing like this around here, but I definitely think that there is a great need.”

* 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.
Leading Causes of Death & Disability
Leading Causes of Death

Together, the top six causes of death account for 77.7% of all 1999 deaths in Avoyelles Parish:

- **Heart disease** is the leading cause of death in Avoyelles Parish, accounting for 35.9% of all deaths in 1999.

- **Cancers** are the second leading cause of death in Avoyelles Parish, accounting for 23.2% of all 1999 deaths.

- **Cerebrovascular disease (stroke)** is the third leading cause of death in Avoyelles Parish, accounting for 6.0% of all 1999 deaths.

- Other leading causes include *unintentional injury, lower respiratory disease, influenza/pneumonia, diabetes and kidney disease*.

- This distribution is similar to that presented in the 1997 Tulane study.

![Leading Causes of Death](chart.png)

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

Note: 1999 deaths are coded using ICD-10 codes.
Community Health Panel Findings

“A mortality rate study published by the Louisiana Hospital Association ranks Louisiana first in diabetes and cancer, eighth in strokes, seventh in heart disease, fifth in infant deaths and sixth in lung disease. A lot of these problems are hereditary and due to poor nutrition. For example, heart disease and diabetes are inherited, and they are also tied closely to diet and exercise.”

* 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.
Age-Adjusted Death Rates for Selected Causes

In order to compare mortality in Avoyelles 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, Avoyelles Parish fails to satisfy most of the outlined Healthy People 2010 targets, including: heart disease, cancer, stroke, motor vehicle accidents, diabetes and suicide.

- Avoyelles Parish compares unfavorably to Louisiana death rates for heart disease, cancer, motor vehicle accidents, lower respiratory disease and influenza/pneumonia.

- Avoyelles Parish also compares unfavorably to U.S. death rates for the many of the same causes: heart disease, cancer, stroke, motor vehicle accidents, lower respiratory disease, influenza/pneumonia, diabetes, septicemia and homicide.
Avoyelles Parish death rates are also notably higher than the Rapides Foundation Service Area median rates for **heart disease, cancer, motor vehicle accidents** and **suicide** (meaning the Avoyelles 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

<table>
<thead>
<tr>
<th>Cause</th>
<th>Avoyelles Parish</th>
<th>Service Area Median</th>
<th>Louisiana</th>
<th>United States</th>
<th>HP2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the Heart</td>
<td>405.7</td>
<td>344.9</td>
<td>306.6</td>
<td>267.8</td>
<td>213.7*</td>
</tr>
<tr>
<td>Malignant Neoplasms (Cancers)</td>
<td>267.0</td>
<td>251.0</td>
<td>232.8</td>
<td>202.7</td>
<td>159.9</td>
</tr>
<tr>
<td>Cerebrovascular Disease (Stroke)</td>
<td>66.8</td>
<td>69.0</td>
<td>69.1</td>
<td>61.8</td>
<td>48.0</td>
</tr>
<tr>
<td>Motor Vehicle Accidents</td>
<td>48.5</td>
<td>28.3</td>
<td>21.5</td>
<td>15.5</td>
<td>9.0</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Diseases</td>
<td>47.2</td>
<td>47.2</td>
<td>40.8</td>
<td>45.8</td>
<td></td>
</tr>
<tr>
<td>Influenza/Pneumonia</td>
<td>30.7</td>
<td>33.6</td>
<td>25.9</td>
<td>23.6</td>
<td></td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>29.4</td>
<td>29.4</td>
<td>42.4</td>
<td>25.2</td>
<td>15.1*</td>
</tr>
<tr>
<td>Septicemia</td>
<td>15.7</td>
<td>16.8</td>
<td>18.2</td>
<td>11.3</td>
<td></td>
</tr>
<tr>
<td>Intentional Self-Harm (Suicide)</td>
<td>11.3</td>
<td>10.3</td>
<td>12.0</td>
<td>10.7</td>
<td>5.0</td>
</tr>
<tr>
<td>Assault (Homicide)</td>
<td>2.3</td>
<td>4.9</td>
<td>10.7</td>
<td>6.2</td>
<td>3.0</td>
</tr>
</tbody>
</table>

Sources:

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 Avoyelles Parish is higher than the corresponding Louisiana death rate.

- Higher than 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)

<table>
<thead>
<tr>
<th></th>
<th>Avoyelles Parish</th>
<th>Service Area Median</th>
<th>Louisiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death Rate</td>
<td>243.7</td>
<td>213.2</td>
<td>193.6</td>
</tr>
</tbody>
</table>

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 greater age-adjusted cardiovascular death rate than Whites (244.1 versus 221.5 deaths per 100,000 in Avoyelles Parish in 1998).

This single-year rate difference in Avoyelles Parish is lower than the statewide rate and the median death rates among the 11 parishes in the Rapides Foundation Service Area (keep in mind that single-year rates can fluctuate considerably when numbers of deaths are small).

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).
Heart Disease Deaths

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

- From 1990 to 1998, the age-adjusted heart disease death rate in Avoyelles Parish tracked consistently higher than the corresponding Louisiana rate.

- Nationally and statewide, heart disease deaths have been declining consistently. In Avoyelles Parish, this trend is less apparent.

Age-Adjusted Mortality: Heart Disease

(1990-1998 Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoyelles Parish</td>
<td>210.0</td>
<td>213.5</td>
<td>205.4</td>
<td>193.5</td>
<td>193.1</td>
<td>204.2</td>
<td>201.9</td>
</tr>
<tr>
<td>Service Area Median</td>
<td>183.2</td>
<td>201.6</td>
<td>179.5</td>
<td>188.7</td>
<td>175.3</td>
<td>175.3</td>
<td>167.2</td>
</tr>
<tr>
<td>Louisiana</td>
<td>176.5</td>
<td>174.3</td>
<td>169.1</td>
<td>166.1</td>
<td>159.6</td>
<td>156.2</td>
<td>152.3</td>
</tr>
<tr>
<td>United States</td>
<td>148.2</td>
<td>145.9</td>
<td>143.3</td>
<td>141.3</td>
<td>137.7</td>
<td>134.4</td>
<td>130.5</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th></th>
<th>White Male</th>
<th>Black Male</th>
<th>White Female</th>
<th>Black Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaths</td>
<td>179.4</td>
<td>247.1</td>
<td>97.8</td>
<td>154.6</td>
</tr>
</tbody>
</table>

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 Avoyelles Parish age-adjusted death rate for cerebrovascular disease dipped below the statewide rate from 1995 to 1997.

- In Avoyelles Parish, the stroke death rate was highest from 1992 to 1994.

Age-Adjusted Mortality: Stroke
(1990-1998 Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Year</th>
<th>Avoyelles Parish</th>
<th>Service Area Median</th>
<th>Louisiana</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990-92</td>
<td>34.1</td>
<td>35.1</td>
<td>32.5</td>
<td>26.9</td>
</tr>
<tr>
<td>1991-93</td>
<td>37.6</td>
<td>35.1</td>
<td>31.8</td>
<td>26.5</td>
</tr>
<tr>
<td>1992-94</td>
<td>39.4</td>
<td>35.1</td>
<td>31.1</td>
<td>26.4</td>
</tr>
<tr>
<td>1993-95</td>
<td>38.1</td>
<td>34.8</td>
<td>30.7</td>
<td>26.6</td>
</tr>
<tr>
<td>1994-96</td>
<td>34.2</td>
<td>31.6</td>
<td>30.8</td>
<td>26.5</td>
</tr>
<tr>
<td>1995-97</td>
<td>29.8</td>
<td>31.4</td>
<td>30.8</td>
<td>26.3</td>
</tr>
<tr>
<td>1996-98</td>
<td>32.0</td>
<td>31.8</td>
<td>30.5</td>
<td>25.8</td>
</tr>
</tbody>
</table>

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).

Age-Adjusted Mortality: Stroke
(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 Prevalence of Heart Disease & Stroke

From the 2002 Community Health Survey:

- 8.7% of Avoyelles Parish adult respondents report that they suffered from or have been diagnosed with heart disease, such as congestive heart failure, angina or a heart attack.
  - Statistically similar to the Rapides Foundation Service Area prevalence and national prevalence.
- 2.6% of Avoyelles Parish respondents report that they have suffered from or have been diagnosed with a stroke.
  - Statistically similar to the Rapides Foundation Service Area prevalence and national prevalence.

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.

- 79.4% of Avoyelles Parish adults would call 911 upon symptoms of a heart attack.
- 5.1% say they would drive themselves to the hospital.
- 2.5% say they would administer CPR.
- 13.0% identified a wide variety of other responses (none receiving more than 3% of responses), including taking aspirin and lying down.

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

- Dial 911 79.4%
- Uncertain 2.2%
- Other 8.4%
- Aspirin/Lie Down/Wait 2.4%
- Administer CPR 2.5%
- Drive Self to Hospital 5.1%

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**

- 95.7% of adults in Avoyelles Parish have had their blood pressure tested within the past two years.

  - Similar to Rapides Foundation Service Area, Louisiana and U.S. findings.
  - Satisfies the *Healthy People 2010* target (95% or higher).
High Blood Pressure Prevalence

- 37.9% of Avoyelles Parish adults have been told at some point that their blood pressure was high.
  - Similar to Rapides Foundation Service Area findings.
  - Considerably worse than statewide findings.
  - Significantly worse than national findings (23.4%).
  - Fails to satisfy the Healthy People 2010 target (16% or lower).

- 28.9% of Avoyelles Parish adults have been told more than once that their blood pressure was high.

As shown in the following chart:

- In looking at age cohorts, hypertension rates in Avoyelles Parish vary widely between adults under 40 and those 65 and older.

- Those living below the poverty level experience a higher prevalence than those with higher incomes.

- Black respondents experience a higher prevalence than White respondents.

- Men experience a higher prevalence than women.
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.

- 85.6% of Avoyelles Parish adults who have been told that their blood pressure was high report that they are currently taking actions to control it.
  - Statistically similar to Rapides Foundation Service Area and national findings.
  - Fails to satisfy the Healthy People 2010 target (95% or higher).
**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**

- 78.0% of adults in Avoyelles Parish have had a blood cholesterol screening within the past 5 years.
  - Statistically similar to Rapides Foundation Service Area and national findings.
  - Fails to satisfy the *Healthy People 2010* target (80% or higher).

![Have Had Blood Cholesterol Level Checked Within the Past 5 Years](chart)

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:

- Screening levels increase dramatically with age.
- Screening levels are higher among those with higher incomes.
- Women are screened more often than men.
High Blood Cholesterol Prevalence

- 23.2% of adults in Avoyelles Parish have been told by a health professional that their cholesterol level was high.

  - Statistically similar to the Rapides Foundation Service Area, statewide and nationwide prevalence levels.
  
  - Fails to satisfy the Healthy People 2010 target (17% or lower).
As shown in the following chart:

- High cholesterol increases dramatically with age.
- High cholesterol levels are higher among White respondents than Black respondents.
- Survey data do not reveal significant differences between men and women.

### Controlling High Blood Cholesterol

- **76.8%** of adults in Avoyelles Parish with high blood cholesterol levels are taking some type of action to control their condition.
  - Significantly worse than Rapides Foundation Service Area findings (70.7%).
  - Similar to nationwide findings.
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

- 96.2% of Avoyelles 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.
  - Significantly worse than Rapides Foundation Service Area findings (93.7%).
  - Significantly worse than found nationwide (84.7%).
Cardiovascular risk factors are high among all demographic groups.

- 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/m²). 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.

- 70.0% of Avoyelles Parish adults are overweight (BMI≥25), based on self-reported heights and weights.
  - Similar to Rapides Foundation Service Area.
  - Worse than found statewide (60.0%).
  - Significantly worse than found nationwide (56.9%).

- 32.5% of Avoyelles Parish adults are obese (BMI≥30).
  - Similar to Rapides Foundation Service Area findings.
  - Worse than statewide findings (23.5%).
  - Significantly worse than found nationwide (19.1%).
  - Fails to satisfy the Healthy People 2010 target (15% or lower).

![Overweight Chart]

### Overweight

<table>
<thead>
<tr>
<th>Overweight (Not Obese)</th>
<th>Aboyelles Parish</th>
<th>Service Area</th>
<th>Louisiana</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight</td>
<td>70.0%</td>
<td>66.3%</td>
<td>60.0%</td>
<td>56.9%</td>
</tr>
<tr>
<td>Overweight (Not Obese)</td>
<td>37.5%</td>
<td>37.8%</td>
<td>36.5%</td>
<td>37.8%</td>
</tr>
</tbody>
</table>

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 higher in Avoyelles Parish among:

- Black respondents.
- Those living below the poverty level.
- Those age 65 and older.
- Men.

![Overweight prevalence chart](chart.png)

- 70.9% of Avoyelles Parish adults are of an unhealthy weight (including overweight and the small percentage of adults who are underweight).
  - Similar to Rapides Foundation Service Area proportion.
  - Significantly worse than found nationwide (58.5%).
  - Far from reaching the Healthy People 2010 target (40% or lower).
Weight Control
Among surveyed adults who are overweight:

- 30.7% are using a combined regimen of diet and exercise as a means to lose weight.
  - Similar to Rapides Foundation Service Area and national findings.

Overweight Children
Survey respondents were also asked to report heights and weights of children age 2 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).

- **43.5% of Avoyelles Parish children between the ages of 2 and 17 are overweight.**

- Overweight prevalence is noted particularly among younger children and decreases with age.

  - Significantly worse than Rapides Foundation Service Area findings (36.6%).

**Child Overweight**

![Chart showing child overweight prevalence by age group and comparison with service area.](chart_image)

**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 Avoyelles Parish report eating an average of 1.8 servings of vegetables per day and an average of 1.4 servings of fruits per day.

**Self-Reported Daily Servings of Fruits and Vegetables**

<table>
<thead>
<tr>
<th></th>
<th>Fruits</th>
<th>Vegetables</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>45.7%</td>
<td>34.9%</td>
</tr>
<tr>
<td>Two</td>
<td>19.1%</td>
<td>34.7%</td>
</tr>
<tr>
<td>Three to Five</td>
<td>13.7%</td>
<td>21.6%</td>
</tr>
<tr>
<td>Six+</td>
<td>1.0%</td>
<td>0.3%</td>
</tr>
<tr>
<td>None</td>
<td>20.5%</td>
<td>8.5%</td>
</tr>
</tbody>
</table>

**Mean**

- Fruits: 1.4 Servings/Day (U.S. = 1.7 Servings/Day)
- Vegetables: 1.8 Servings/Day (U.S. = 2.1 Servings/Day)

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 22.9% of Avoyelles 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.
  - Considerably better than found statewide (15.8%).
- Significantly worse than found nationwide (30.0%).

![Bar chart showing percentage of people eating 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

- 64.6% of Avoyelles Parish adults report reading food labels when shopping for groceries in order to make more nutritious food selections.

  - Similar to Rapides Foundation Service Area and national findings.

Use of food labels is notably higher among:

- Women.

- Middle-aged and older adults.
Dietary Fat Content

- 19.4% of Avoyelles 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

Children & Fast Food

- 14.1% of Avoyelles 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 teen-agers.

Child Eats Three or More Fast Food Meals per Week
(Avoyelles Parish; By Child’s Age)
Community Health Panel Findings

“I think people need more awareness about good nutrition. Good nutrition is really needed; the grocery stores don’t even carry wheat flour because very few people would buy it. The way to teach this community about nutrition or any other subject is to have radio advertisements and local personal testimonials.”

* 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.
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 cardiopulmonary 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

- 21.1% of Avoyelles Parish adults have not participated in any type of physical activity outside work during the past month.
  - Considerably better than statewide findings.
  - Significantly better than found throughout the Rapides Foundation Service Area (30.2%).
  - Similar to national findings.

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:

- Those living just above the poverty level (the "working poor").
- Middle-aged and older adults.
- Men.
**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.

- 19.3% of Avoyelles 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.
  - Similar to Rapides Foundation Service Area findings.
  - Better than statewide findings (16.1%).
  - Better than U.S. findings (16.9%).
  - Fails to satisfy the Healthy People 2010 target (30% or higher).

**Sources:**
- 2002 PRC Community Health Survey, Professional Research Consultants
- Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1998 Louisiana Data
- Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
- 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:

- White respondents.
- Those with higher incomes.

**Light/Moderate Physical Activity**

Healthy People 2010 Objective is 30% or higher

![Bar chart showing Light/Moderate Physical Activity](chart)

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.

- 31.7% of Avoyelles Parish adults report taking part in vigorous physical activity at least three times a week for at least 20 minutes at a time.
  - Similar to Rapides Foundation Service Area findings.
  - Satisfies the *Healthy People 2010* target (30% or higher).
Vigorous physical activity levels are **lowest** among:

- Middle-aged and older adults.
- Those living just above the poverty level.
**Strengthening Activity**

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

- 28.8% of Avoyelles Parish adults report taking part in strengthening activities at least twice a week.
- Similar to Rapides Foundation Service Area findings.
- Fails to satisfy the *Healthy People 2010* target (30% or higher).

**Strengthening Activity**

Healthy People 2010 Objective is 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:

- Middle-aged adults.
- Women.
Physical Activity in Children

Avoyelles Parish parents report that their children take part in physical activity lasting 20 minutes or more on an average 5.3 days per week.

- Children ages 5 to 8 appear to be the most active.

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.
55.4% of Avoyelles Parish parents report that their child watches television an average of two to three hours on a typical school day.

22.1% of Avoyelles Parish parents report that their child watches television an average of four or more hours on a typical school day.

Children ages 9 to 12 appear to watch the least amount of television on school days.

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.

### Diet/Exercise-Related Findings From the 1997 Service Area Youth Risk Factor Survey

<table>
<thead>
<tr>
<th>Activity</th>
<th>Service Area 1997</th>
<th>U.S. 1995</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercised Vigorously 3+ Days in Past Week</td>
<td>62.7%</td>
<td>63.7%</td>
</tr>
<tr>
<td>Eat 2 or Fewer Servings of Fatty Foods per Day</td>
<td>51.7%</td>
<td>60.5%</td>
</tr>
<tr>
<td>Eat 5+ Servings of Fruits/Vegs per Day</td>
<td>20.0%</td>
<td>27.7%</td>
</tr>
<tr>
<td>Took Diet Pills in Past Month to Change Weight</td>
<td>12.9%</td>
<td></td>
</tr>
<tr>
<td>Vomited/Laxative in Past Month to Change Weight</td>
<td>7.2%</td>
<td>4.8%</td>
</tr>
</tbody>
</table>

Source: Tulane School of Public Health and Tropical Medicine.
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

- **26.4% of Avoyelles Parish adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).**
  - Similar to service area, statewide and national prevalence levels.
  - Far from reaching the Healthy People 2010 target (12% or lower).

<table>
<thead>
<tr>
<th>Current Smokers</th>
<th>Healthy People 2010 Objective is 12% or lower</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoyelles Parish 2002</td>
<td>26.4%</td>
</tr>
<tr>
<td>Service Area 1997</td>
<td>23.7%</td>
</tr>
<tr>
<td>Service Area 2002</td>
<td>24.3%</td>
</tr>
<tr>
<td>Louisiana 2000</td>
<td>24.1%</td>
</tr>
<tr>
<td>United States 2000</td>
<td>22.8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Some Days</td>
<td>6.3%</td>
<td>5.3%</td>
<td>5.3%</td>
<td>4.8%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Everyday</td>
<td>20.1%</td>
<td>23.7%</td>
<td>19.0%</td>
<td>24.1%</td>
<td>16.1%</td>
</tr>
</tbody>
</table>

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:

- Low-income respondents.
- Young adults (ages 18 to 39).
- Men.
- 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**

- 5.5% of smokers report smoking more than one pack per day.
  - Significantly better than Rapides Foundation Service Area findings (14.1%).
  - Significantly better than national findings (13.8%).
Exposure to Second-Hand Smoke

- 28.2% of Avoyelles Parish adults report that a member of their household smokes at home on three or more days per week.
  - Statistically similar to Rapides Foundation Service Area and national findings.
- 16.5% of nonsmokers live with someone who smokes in the home.

Member of Household Smokes at Home

- 28.9% of Avoyelles 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).

Households With Children
In Which Someone Smokes in the Home

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.
       3. "Smokes at home" refers to a someone smoking in the home at least 3 times per week in the past 30 days.
Smoking Cessation Attempts

- 52.1% of Avoyelles 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.

- Similar to that found among smokers throughout the 11-parish Rapides Foundation Service Area.

- Similar to national findings.

- Far from reaching the Healthy People 2010 target (75% or higher).

**Current Smokers That Have Quit Smoking for One Day or Longer During the Past Year**

<table>
<thead>
<tr>
<th></th>
<th>Healthy People 2010 Objective is 75% or higher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoyelles Parish</td>
<td>52.1%</td>
</tr>
<tr>
<td>Service Area</td>
<td>50.1%</td>
</tr>
<tr>
<td>United States</td>
<td>52.2%</td>
</tr>
</tbody>
</table>

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

- 7.0% of Avoyelles Parish adults report using smokeless tobacco, such as chewing tobacco or snuff.
  - Similar to Rapides Foundation Service Area findings
  - Significantly worse than statewide (3.5%) and national (3.7%) findings.

13.8% of Avoyelles Parish men currently use smokeless tobacco products.

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.

Source: 2002 PRC Community Health Survey, Professional Research Consultants
Notes: 1. Demographic breakouts are among findings in Avoyelles 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.

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

- Ever Tried Cigarette Smoking: 61.0% (71.3%)
- Smoked Cigarettes in Past Month: 34.8% (59.5%)
- Initiated Cigarette Smoking Before Age 13: 24.9% (36.5%)
- Smoked Cigarettes 20+ Days in Past Month: 16.1% (31.2%)
- Used Chewing Tobacco/Snuff in Past Month: 16.5% (11.4%)

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 Avoyelles Parish were for:

- Lung cancer (18.6% of diagnoses)
- Colorectal cancer (13.8%)
- Prostate cancer (13.6%)
- Female breast cancer (10.8%)

**Leading Types of Cancer Cases by Site**

(1994-98)

![Graph showing cancer cases by site for Avoyelles Parish and Louisiana](image)

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

![Age-Adjusted Mortality: Cancers](chart.png)

**Age-Adjusted Mortality: Cancers**  
(1990-1998 Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoyelles Parish</td>
<td>147.9</td>
<td>144.2</td>
<td>129.0</td>
<td>130.4</td>
<td>132.4</td>
<td>140.1</td>
<td>132.6</td>
</tr>
<tr>
<td>Service Area Median</td>
<td>144.3</td>
<td>144.8</td>
<td>144.3</td>
<td>148.3</td>
<td>141.9</td>
<td>148.3</td>
<td>132.7</td>
</tr>
<tr>
<td>Louisiana</td>
<td>151.2</td>
<td>151.3</td>
<td>149.1</td>
<td>148.8</td>
<td>147.6</td>
<td>147.9</td>
<td>146.0</td>
</tr>
<tr>
<td>United States</td>
<td>134.2</td>
<td>133.4</td>
<td>132.4</td>
<td>131.3</td>
<td>129.8</td>
<td>127.8</td>
<td>125.7</td>
</tr>
</tbody>
</table>

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, Blacks in Avoyelles Parish experienced a notably higher cancer death rate. Blacks also exhibited a notably higher cancer death rate statewide during the same period.

![Age-Adjusted Mortality: Cancers](chart2.png)

**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)

<table>
<thead>
<tr>
<th></th>
<th>White Male</th>
<th>Black Male</th>
<th>White Female</th>
<th>Black Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death Rate</td>
<td>164.9</td>
<td>245.2</td>
<td>107.3</td>
<td>135.4</td>
</tr>
</tbody>
</table>

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 Avoyelles Parish breast cancer death rate is lower than the statewide rate and higher than the Rapides Foundation Service Area rate.

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

<table>
<thead>
<tr>
<th></th>
<th>Avoyelles Parish</th>
<th>Service Area Median</th>
<th>Louisiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death Rate</td>
<td>9.2</td>
<td>7.1</td>
<td>11.7</td>
</tr>
</tbody>
</table>

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 both male and female breast cancer.
The breast cancer death rate in Avoyelles Parish satisfies the *Healthy People 2010* target (22.3 or lower).

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

### Age-Adjusted Mortality: Breast Cancer

*(1998 Louisiana Deaths by Race/Gender)*

<table>
<thead>
<tr>
<th>Race/Gender</th>
<th>Death Rate (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Male</td>
<td>0.2</td>
</tr>
<tr>
<td>Black Male</td>
<td>0.5</td>
</tr>
<tr>
<td>White Female</td>
<td>18.1</td>
</tr>
<tr>
<td>Black Female</td>
<td>24.9</td>
</tr>
</tbody>
</table>

*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).

### Age-Adjusted Mortality by Leading Sites

*(Rapides Foundation Service Area; 1996-98 Deaths per 100,000 Population, Age-Adjusted to the 1970 US Population)*

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Death Rate (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung Cancer</td>
<td>54.7</td>
</tr>
<tr>
<td>Prostate Cancer (Men Only)</td>
<td>28.5</td>
</tr>
<tr>
<td>Female Breast Cancer (Women Only)</td>
<td>21.1</td>
</tr>
<tr>
<td>Colon &amp; Rectum Cancer</td>
<td>18.8</td>
</tr>
</tbody>
</table>

*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:

- **6.8% of Avoyelles 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.
- **7.5% of Avoyelles Parish adults report that they have suffered from or been diagnosed with cancer other than skin cancer.**
  - Similar to the Rapides Foundation Service Area findings.
  - Significantly worse than national prevalence levels (4.5%).

![Self-Reported Prevalence of Cancers](chart.png)

**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.

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.

- **44.3% of Avoyelles Parish adults age 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).
  - Similar to 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.

- 39.4% of Avoyelles Parish adults age 50 or older have ever had a sigmoidoscopy/colonoscopy examination.
  - Significantly worse than Rapides Foundation Service Area findings (45.1%).
  - Significantly worse than national findings (48.7%).
  - Considerably worse than statewide findings (46.2%).
  - Fails to satisfy the Healthy People 2010 target (50% or higher).
**Blood Stool Test**

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

- 41.6% of Avoyelles Parish adults age 50 or older have had a blood stool test in the past two years.
  - Similar to Rapides Foundation Service Area findings among adults in this age group.
  - Similar to national findings.
  - Fails to satisfy the *Healthy People 2010* target (50% or higher).

![Have Had a Blood Stool Test in Past 2 Years (50+)](image)

**Female Breast Cancer Screening**

- 12.7% of Avoyelles Parish women have had a mother or sister who was diagnosed with breast cancer.
  - Statistically similar to Rapides Foundation Service Area and national findings.
Mammography & Breast Examination

One of the most effective screening tools for breast cancer is the \textit{mammogram}, an X-ray of the breast; women over the age of 40 should have a mammogram annually.

- 76.0\% of Avoyelles Parish women age 40 and older have had a mammogram in the past two years.
  - Similar to Rapides Foundation Service Area and national findings.
  - Satisfies the \textit{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.

- **77.5%** of Avoyelles Parish women age 50 and older have had both a mammogram and a clinical breast exam in the past two years.

  - Similar to Rapides Foundation Service Area, statewide and national findings.

### Have Had Both a Mammogram and a Breast Exam in the Past 2 Years (50+)

![Chart showing have had both a mammogram and breast exam](chart.png)

**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.

**Notes:**
1. Reflects women aged 50 and over.
2. State data not available.

### 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.

- **8.5%** of Avoyelles Parish women do not know how to perform a breast self-exam.

- **54.0%** of Avoyelles Parish women perform a breast self-exam monthly.

  - Similar to Rapides Foundation Service Area findings.
  - Significantly better than found nationwide (42.9%).
61.5% of Avoyelles Parish women age 40 and older perform a breast self-exam monthly.

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.

- 84.3% of Avoyelles Parish women have had a Pap smear test in the past three years.
  - Similar to Rapides Foundation Service Area, statewide and national findings.
  - Fails to satisfy the Healthy People 2010 target (90% or higher).
Prostate Cancer

- 8.6% of Avoyelles Parish men have a father or brother who has been diagnosed with prostate cancer.
  - Statistically 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.

- 67.6% of Avoyelles Parish men age 40 or older have had either a PSA test or a digital rectal exam in the past two years.

Similar to Rapides Foundation Service Area and national findings.

![Graph showing prostate-specific antigen and digital rectal examination rates]

Sources:
1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2004-2006 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 that 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

- 45.2% of Avoyelles Parish men have ever had a testicular examination by a physician.
  - Significantly worse than Rapides Foundation Service Area findings (53.3%).
  - Significantly worse than national findings (62.4%).
  - More than one-fourth (26.5%) of Avoyelles Parish men between the ages of 18 and 39 have ever had a clinical testicular examination (most testicular cancers occur between the ages of 15 and 40).

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.

- 9.8% of Avoyelles Parish men perform a testicular self-examination monthly.
  - Statistically similar to Rapides Foundation Service Area and national findings.
- No parish men (0.0%) between the ages of 18 and 39 perform a testicular self-examination monthly.
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 (COPD) includes emphysema and chronic bronchitis — diseases that are characterized by obstruction to air flow.

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

- In 1998, COPD death rates among Whites in Avoyelles Parish (24.6/100,000) were considerably higher than among Blacks (1.7/100,000). Similar disparity was seen among Whites (25.7/100,000) and Blacks (6.8/100,000) in the Rapides Foundation Service Area.
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.
The 1996-98 age-adjusted pneumonia/influenza death rate in Avoyelles Parish is above the Rapides Foundation Service Area median rate and the statewide rate.

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

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

(1998 Louisiana Deaths by Race/Gender)

![Bar chart showing age-adjusted mortality rates for pneumonia/influenza by race and 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.

**Flu Shots Among Seniors**

- 72.7% of Avoyelles Parish seniors age 65 and older have had a flu shot in the past year.
  - Statistically similar to Rapides Foundation Service Area and national findings.
  - Better than Louisiana findings (60.3%).
  - Far from satisfying the *Healthy People 2010* target (90% or higher).
  - A higher percentage of Avoyelles Parish men (88.8%) than women (56.8%) age 65 and older have had a flu shot recently.
Pneumonia Vaccination Among Seniors

- 66.9% of Avoyelles Parish seniors age 65 and older have ever had a pneumonia vaccination.
  - Similar to Rapides Foundation Service Area findings.
  - Significantly higher than found statewide in 1999 (40.4%).
Self-Reported Asthma & Chronic Lung Disease Prevalence

Asthma

- 12.0% of Avoyelles Parish adults report suffering from or having been diagnosed with asthma.
  - Statistically similar to Rapides Foundation Service Area and national findings.
- 21.4% of Avoyelles Parish parents report that their child has been diagnosed by a doctor or health professional with asthma.
  - Significantly worse than Rapides Foundation Service Area findings (16.9%).
  - Significantly worse than national findings (13.4%).

Self-Reported Prevalence of Asthma

Chronic Lung Disease

- 12.1% of Avoyelles Parish adults report suffering from or having been diagnosed with chronic lung disease.
  - Similar to Rapides Foundation Service Area findings.
  - Significantly worse than U.S. findings (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.
Self-Reported Prevalence of Chronic Lung Disease

- Avoyelles Parish: 12.1%
- Service Area: 10.9%
- United States: 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

- 35.3% of unintentional injury deaths in Avoyelles Parish in 1998 occurred in the home.

- 23.5% of unintentional injury deaths in Avoyelles Parish in 1998 were the result of motor vehicle accidents, and 29.4% occurred in another public place.

Leading Causes of Accidental Death
(Avoyelles 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 Avoyelles Parish is lower than the statewide rate and lower than that found in most parishes throughout the Rapides Foundation Service Area.

Age-Adjusted Mortality: Motor Vehicle Accidents
(1996-98 Deaths per 100,000 Population)

- In 1998, the motor vehicle accident death rate in Avoyelles Parish was exceptionally high among Blacks (35.0/100,000) in comparison to Whites (6.9/100,000). However, this difference in rates is not evident statewide (where the greater numbers of deaths produce more reliable single-year rates).
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).

**Age-Adjusted Mortality: Motor Vehicle Accidents**

(1998 Louisiana Deaths by Race/Gender)

<table>
<thead>
<tr>
<th></th>
<th>White Male</th>
<th>Black Male</th>
<th>White Female</th>
<th>Black Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>30.6</td>
<td>34.0</td>
<td>15.4</td>
<td>8.9</td>
</tr>
<tr>
<td>Females</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

- 65.4% of Avoyelles Parish adults report “always” wearing a seat belt when driving or riding in an automobile.
  - Similar to Rapides Foundation Service Area findings.
  - Significantly worse than national prevalence (75.0%).
  - Considerably worse than statewide findings (74.3%).
  - Far from reaching the Healthy People 2010 target (92% or higher).
Always Wear a Seat Belt
When Driving or Riding in an Automobile

Healthy People 2010 Objective is 92% or higher

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>65.4%</td>
<td>72.6%</td>
<td>68.2%</td>
<td>74.3%</td>
<td>75.0%</td>
</tr>
</tbody>
</table>

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.

- Those living below the poverty level report the highest seat belt usage.
- Men report much lower seat belt usage than women.
- Seat belt usage increases with age.
- Blacks more often report “always” wearing a seat belt than Whites.

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 Avoyelles Parish.
2. Asked of all respondents.
- 76.4% of Avoyelles 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.

  - Significantly worse than found throughout the Rapides Foundation Service Area (90.4%).
  - Significantly worse than U.S. findings (98.9%).
  - Far from satisfying the Healthy People 2010 target (100%).

**Child <5 Always Wears Child Restraints/Seat Belts**

<table>
<thead>
<tr>
<th></th>
<th>Healthy People 2010 Objective is 100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoyelles Parish</td>
<td>76.4%</td>
</tr>
<tr>
<td>Service Area</td>
<td>90.4%</td>
</tr>
<tr>
<td>United States</td>
<td>98.9%</td>
</tr>
</tbody>
</table>

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**

- 74.9% of Avoyelles Parish respondents report having at least one working smoke detector on each floor of their homes.
  - Significantly worse than Rapides Foundation Service Area findings (80.3%).

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

```
<table>
<thead>
<tr>
<th></th>
<th>Avoyelles Parish</th>
<th>Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes 74.9%</td>
<td></td>
<td>Yes 80.3%</td>
</tr>
<tr>
<td>No 25.1%</td>
<td></td>
<td>No 19.7%</td>
</tr>
</tbody>
</table>
```

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Service Area 1997</th>
<th>U.S. 1995</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were in a Physical Fight in Past Month</td>
<td>51.9%</td>
<td>38.7%</td>
</tr>
<tr>
<td>Rode w/Drunk Driver in Past Month</td>
<td>50.2%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Never/Rarely Wore Seat Belt</td>
<td>31.1%</td>
<td>21.7%</td>
</tr>
<tr>
<td>Drove After Drinking in Past Month</td>
<td>28.8%</td>
<td>15.4%</td>
</tr>
<tr>
<td>Seriously Considered Suicide in Past Yr</td>
<td>22.7%</td>
<td>10.4%</td>
</tr>
<tr>
<td>Actually Attempted Suicide in Past Yr</td>
<td>24.1%</td>
<td>8.7%</td>
</tr>
<tr>
<td>Threatened/Injured on School Prop. in Past Yr</td>
<td>8.4%</td>
<td>7.5%</td>
</tr>
</tbody>
</table>

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.

- 46.5% of Avoyelles Parish adults are “current drinkers,” 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.
  - Significantly worse than Rapides Foundation Service Area findings (38.3%).
  - Significantly better than found nationwide (56.4%).
  - Similar to statewide findings.
  - Satisfies the Healthy People 2010 target (50% or lower).

There is a negative correlation with age, with young adults demonstrating markedly higher consumption of alcohol.

Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
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.
- There is a positive correlation with income, with those at higher income levels demonstrating higher consumption of alcohol.

- Men much more often report alcohol use than women.

### Current Drinkers

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>57.1%</td>
</tr>
<tr>
<td>Women</td>
<td>37.7%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>64%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>36.8%</td>
</tr>
<tr>
<td>65+</td>
<td>26.2%</td>
</tr>
<tr>
<td>Below Pov</td>
<td>31.4%</td>
</tr>
<tr>
<td>100-200%</td>
<td>39.9%</td>
</tr>
<tr>
<td>&gt;200% Pov</td>
<td>58.4%</td>
</tr>
<tr>
<td>White</td>
<td>47.6%</td>
</tr>
<tr>
<td>Black</td>
<td>44.2%</td>
</tr>
</tbody>
</table>

Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Avoyelles 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

- **7.2% of Avoyelles Parish adults are “chronic drinkers,” meaning that they average two or more drinks of alcohol per day (60 drinks within the past month).**
  - Significantly worse than Rapides Foundation Service Area findings (4.2%).
  - Worse than statewide findings (4.0%).
  - Statistically similar to national findings.
  - This translates to approximately 2,145 adults in Avoyelles Parish.
Those living just above poverty level report the highest drinking rate among the income classes. Note that those living below the poverty level do not report incidence of chronic drinking.

- Men report much higher prevalence of chronic drinking than women.
- There is a negative correlation with age, with young adults demonstrating markedly higher chronic drinking.
- Black respondents report much higher prevalence of chronic drinking than White respondents.

---

**Chronic Drinkers**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>7.2%</td>
<td>8.2%</td>
<td>4.2%</td>
<td>4%</td>
<td>5%</td>
</tr>
</tbody>
</table>

---

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

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women 18 to 39</th>
<th>Women 40 to 64</th>
<th>Women 65+</th>
<th>Below Pov</th>
<th>100-200%</th>
<th>&gt;200% Pov</th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>15.4%</td>
<td>14.4%</td>
<td>2.6%</td>
<td>1.1%</td>
<td>0%</td>
<td>15.4%</td>
<td>7.7%</td>
<td>4.8%</td>
<td>12.2%</td>
</tr>
</tbody>
</table>
**Binge Drinkers**

- 19.4% of Avoyelles Parish adults are “binge drinkers,” meaning that they have had five or more alcoholic beverages on any one occasion in the past month.
  - Significantly worse than Rapides Foundation Service Area findings (15.2%).
  - Similar to national findings.
  - Far from satisfying the *Healthy People 2010* target (6% or lower).

![Binge Drinkers Chart]

**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.

**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.
Binge drinking is more prevalent among:

- Men ages 18 to 39.
- Young adults (ages 18 to 39).
- Men.
- Those with higher incomes.

**Binge Drinkers**

Healthy People 2010 Objective is 6% or lower

![Binge Drinkers Chart](chart)

**Drinking & Driving**

- 3.8% of Avoyelles Parish adults admit to driving during the past month after they had perhaps too much alcohol to drink.
  - Similar to service area, state and national findings.
  - This translates to nearly 1,132 adults in Avoyelles Parish who acknowledge driving after having too much to drink in the past month.

Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes:
1. Demographic breakouts are among findings in Avoyelles 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 and driving is more prevalent among:

- Men ages 18 to 39.
- Men.
- Those with higher incomes.
- Young adults (ages 18 to 39).
- White respondents.
Other Drug Abuse

- 0.5% of Avoyelles Parish adults report having taken an illegal drug in the past year.
  - Similar to Rapides Foundation Service Area findings.
  - Significantly better than reported nationwide (3.2%).
- 3.6% of Avoyelles Parish adults report having taken a prescription drug without a doctor’s orders in the past year.
  - Similar to Rapides Foundation Service Area and national findings.

Illegal Drug Use in the Past Month

- 2.1% of Avoyelles Parish adults have ever sought help for an alcohol- or drug-related problem.
  - Statistically similar to Rapides Foundation Service Area and national findings.
- 2.7% of Avoyelles Parish adults reporting one or more drug or alcohol risk activity report that they have sought help for dependency or addiction.
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).

Source: Tulane School of Public Health and Tropical Medicine.
Service area youth report lower use of marijuana (38.5% have tried marijuana, 10% 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 (4.3%) in comparison to youth nationwide (7%).

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Service Area 1997</th>
<th>U.S. 1995</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tried Marijuana in Lifetime</td>
<td>38.5%</td>
<td>42.4%</td>
</tr>
<tr>
<td>Tried Inhalants in Lifetime</td>
<td>24.4%</td>
<td>20.3%</td>
</tr>
<tr>
<td>Tried Other Illegal Drug in Lifetime</td>
<td>15.6%</td>
<td>16.0%</td>
</tr>
<tr>
<td>Used Marijuana in Past Month</td>
<td>10%</td>
<td>25.3%</td>
</tr>
<tr>
<td>Took Steroids w/out Rx</td>
<td>6.6%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Tried Cocaine in Lifetime</td>
<td>4.3%</td>
<td>7.0%</td>
</tr>
<tr>
<td>Used Cocaine in Past Month</td>
<td>4.1%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Tried Crack/Freebase in Lifetime</td>
<td>3.4%</td>
<td>4.5%</td>
</tr>
</tbody>
</table>

Source: Tulane School of Public Health and Tropical Medicine.
Homicide

- The 1996-98 age-adjusted homicide death rate in Avoyelles Parish is lower than the statewide rate and the service area median.

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 Avoyelles Parish homicide death rate in 1998 was higher among Whites (4.8/100,000) than Blacks, who reported no homicides (0.0/100,000). However, the Louisiana homicide rate showed a considerably higher prevalence among Blacks (31.6/100,000) than among Whites (5.5/100,000).

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**
(1996 Louisiana Deaths by Race/Gender)

<table>
<thead>
<tr>
<th>Race/Gender</th>
<th>Rate /100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Male</td>
<td>7.3</td>
</tr>
<tr>
<td>Black Male</td>
<td>57.6</td>
</tr>
<tr>
<td>White Female</td>
<td>3.8</td>
</tr>
<tr>
<td>Black Female</td>
<td>9.1</td>
</tr>
</tbody>
</table>

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 Avoyelles Parish is higher than the corresponding Louisiana rate and is higher than in most parishes in the Rapides Foundation Service Area.

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Rate /100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoyelles Parish</td>
<td>14.6</td>
</tr>
<tr>
<td>Service Area Median</td>
<td>9.9</td>
</tr>
<tr>
<td>Louisiana</td>
<td>11.2</td>
</tr>
</tbody>
</table>

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)

![Age-Adjusted Mortality: Suicide](chart)

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 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 Avoyelles Parish, age-adjusted deaths due to diabetes have tracked consistently lower in comparison to statewide rates but have fluctuated in comparison to national rates.
Blacks experience higher age-adjusted death rates attributed to diabetes than Whites in Avoyelles Parish, the service area and the state in 1998.

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)

<table>
<thead>
<tr>
<th>Race/Gender</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Male</td>
<td>19.8</td>
</tr>
<tr>
<td>Black Male</td>
<td>50.3</td>
</tr>
<tr>
<td>White Female</td>
<td>16.5</td>
</tr>
<tr>
<td>Black Female</td>
<td>48.5</td>
</tr>
</tbody>
</table>

**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**

- 11.9% of Avoyelles Parish adults report suffering from or having been diagnosed with diabetes.
  - Similar to Rapides Foundation Service Area findings.
  - Worse than statewide findings (6.7%).
  - Significantly worse than national findings (5.5%).
  - It is estimated that more than one-third of diabetes cases nationwide remain undiagnosed.

#### Self-Reported Prevalence of Diabetes

<table>
<thead>
<tr>
<th></th>
<th>Insulin-Dependent</th>
<th>Non-Insulin Dependent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoyelles Parish 2002</td>
<td>10.0%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Service Area 1997</td>
<td>6.9%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Service Area 2002</td>
<td>6.7%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Louisiana 2000</td>
<td>4.6%</td>
<td>2.1%</td>
</tr>
<tr>
<td>United States 2000</td>
<td>3.4%</td>
<td>2.1%</td>
</tr>
</tbody>
</table>

Total Diabetic: 11.9% (Avoyelles Parish 2002), 6.9% (Service Area 1997), 9.9% (Service Area 2002), 6.7% (Louisiana 2000), 5.5% (United States 2000)

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

- 41.5% of diabetics surveyed in Avoyelles Parish report that their greatest need in managing their diabetes is diet.

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

Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Asked of all respondents with diabetes.
INFECTIONS & 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 total of 22 cases of tuberculosis were diagnosed in Avoyelles Parish.

- Between 1998 and 2000, there was an annual average of 1.6 cases of tuberculosis diagnosed in Avoyelles Parish per 100,000 population.
  - Well below the statewide 1998-2000 annual average case rate (8.2/100,000).
  - Fails to satisfy the Healthy People 2010 target (1.0/100,000 or lower).

Tuberculosis Case Rates
(1998-2000 Annual Average Rate per 100,000 Population)

Healthy People 2010 Objective is 1.0/100,000 or lower

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

- Between 1996 and 1998, 8.5 deaths per 100,000 population in Avoyelles Parish were attributable to AIDS.

**Age-Adjusted Mortality: AIDS**

(1996-98 Deaths per 100,000 Population)

- 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)

- White: 3.3
- Black: 19.4
- White Male: 5.9
- Black Male: 33.3
- White Female: 0.7
- Black Female: 7.8

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.

---

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, in 2000, Public Health Region VI (which includes Avoyelles Parish) realized a slight increase in case rates for the first time since 1995.
In Public Health Region VI (which includes Avoyelles Parish), there was an annual HIV/AIDS detection rate of 21 cases per 100,000 population (43/100,000 in Avoyelles Parish - a high rate partially attributable to local correction facilities) in 2000.

- The Public Health Region VI rate is slightly below the rate reported statewide (26/100,000).
- The Public Health Region VI rate is higher than other nearby regions which include parishes from the Rapides Foundation Service Area.

HIV/AIDS Detection Rates
(Rates of New HIV Diagnoses in 2000; By Public Health Region)
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 127 persons living with AIDS in Avoyelles Parish and 705 throughout the Rapides Foundation Service Area.

**Persons Living With HIV/AIDS**

(1999 Cumulative Persons Alive With HIV/AIDS)

- 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

- 55.1% of Avoyelles 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 Rapides Foundation Service Area and national findings.
- 12.8% of Avoyelles Parish adults between the ages of 18 and 64 believe themselves to be at “high” or “medium” risk for getting AIDS.
  - Significantly higher than Rapides Foundation Service Area (9.0%), statewide (6.2%) and national (6.8%) findings.

### HIV Testing & Self-Perceived Risk (18-64)

<table>
<thead>
<tr>
<th></th>
<th>Avoyelles Parish 2002</th>
<th>Service Area 1997</th>
<th>Service Area 2002</th>
<th>Louisiana</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever Tested for HIV</td>
<td>55.1%</td>
<td>47.5%</td>
<td>59.7%</td>
<td>54.6%</td>
<td>12.8%</td>
</tr>
<tr>
<td>“High/Med” Chance of Getting AIDS</td>
<td>6.6%</td>
<td></td>
<td>9.0%</td>
<td>6.2%</td>
<td>6.8%</td>
</tr>
</tbody>
</table>

Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 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: Reflects respondents aged 18 through 64.
Children & HIV/AIDS Education

- 74.4% of Avoyelles 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 0.5% of Avoyelles 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
(Avoyelles Parish; 18-64)

- 1st-3rd Grade 18.9%
- Kindergarten 4.1%
- Never 0.5%
- 9th-12th Grade 6.4%
- 7th-8th Grade 18.6%
- 4th-6th Grade 51.4%

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

- Talked About HIV/AIDS With Adult Family Member: Service Area 1997: 54.0%, U.S. 1995: 63.2%

Source: Tulane School of Public Health and Tropical Medicine.
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

- From 1992 to 1998, a total of 59 cases of primary and secondary syphilis were reported in Avoyelles Parish.

### Primary & Secondary Syphilis Cases

<table>
<thead>
<tr>
<th>Year</th>
<th>Avoyelles Parish</th>
<th>Service Area Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1992</td>
<td>18</td>
<td>212</td>
</tr>
<tr>
<td>1993</td>
<td>27</td>
<td>146</td>
</tr>
<tr>
<td>1994</td>
<td>9</td>
<td>72</td>
</tr>
<tr>
<td>1995</td>
<td>1</td>
<td>57</td>
</tr>
<tr>
<td>1996</td>
<td>2</td>
<td>19</td>
</tr>
<tr>
<td>1997</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>1998</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.
Between 1998 and 2000, there was an annual average of 2.5 cases of primary or secondary syphilis in Avoyelles 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.

Between 1998 and 2000, there was an annual average of 72.6 newly diagnosed gonorrhea cases per 100,000 population in Avoyelles Parish.

- Lower than in most Rapides Foundation Service Area parishes (median = 92.4/100,000).
- Significantly lower than the statewide annual average case rate (305.7/100,000) but does not satisfy Healthy People 2010 target (19.0/100,000 or lower).

### Gonorrhea Case Rates
(1998-2000 Annual Average Rate per 100,000 Population)

- **Avoyelles Parish:** 72.6
- **Service Area Median:** 92.4
- **Louisiana:** 305.7

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

- Between 1998 and 2000, there was an annual average of 116.5 newly diagnosed cases of *chlamydia trachomatis* per 100,000 population in Avoyelles Parish.

  - Lower than in most Rapides Foundation Service Area parishes (median = 194.7 cases/100,000).
  - Significantly lower than the annual average case rate statewide (368.3/100,000).

![Chlamydia Case Rates](chart)

The chart shows the annual average case rates for chlamydia per 100,000 population in Avoyelles Parish, the service area median, and Louisiana from 1998 to 2000.

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

- Between 1992 and 1999, a total of 12 cases of hepatitis B were diagnosed in Avoyelles Parish.

**Hepatitis B Cases**

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

- Between 1997 and 1999, the case rate for hepatitis B in Avoyelles Parish was 6.6/100,000 population.
  - Higher than Rapides Foundation Service Area median (0.7 cases/100,000).
  - The statewide annual average case rate is 4.6/100,000.

**Hepatitis B Rates**
(1997-1999 Annual Average Rate per 100,000 Population)

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

**Mumps**

- Between 1992 and 1999, there were no reported cases of mumps in Avoyelles Parish.

![Mumps Cases Graph](image)

(Mumps Cases (Avoyelles Parish 1992-1999))

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 Avoyelles Parish.
In 1998, there were no reported case of pertussis (whooping cough) in Avoyelles Parish.

### Pertussis (Whooping Cough) Cases

Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.
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 campylobacter, salmonellosis, shigellosis, hepatitis A, vibrio cholera and vibrio other.


**Enteric Disease Cases**

Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.
Note: Includes Campylobacter, Hepatitis A, Salmonellosis, Shigellosis, Vibrio Cholera, Vibrio Other.
Between 1992 and 1999, Avoyelles Parish experienced 6 cases of hepatitis A.

**Hepatitis A Cases**

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

Between 1997 and 1999, there was an annual average of 3.1 hepatitis A cases in Avoyelles Parish per 100,000.

- Higher 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).

**Hepatitis A Rates**
(1997-1999 Annual Average Rate per 100,000 Population)

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, Avoyelles 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, asthma and diabetes were the most prevalent conditions reported, each affecting more than one out of 10 adults in Avoyelles Parish.

- Six of the tested conditions are significantly more prevalent in Avoyelles Parish than nationwide:
  - 32.0% of Avoyelles Parish adults report suffering from arthritis/rheumatism (compared to 20.3% nationwide).
  - 13.9% of Avoyelles Parish adults report suffering from deafness/trouble hearing (compared to 9.3% nationwide).
  - 13.3% of Avoyelles Parish adults report suffering from blindness/trouble seeing (compared to 9.2% nationwide).
  - 12.1% of Avoyelles Parish adults report suffering from chronic lung disease (compared to 6.4% nationwide).
  - 11.9% of Avoyelles Parish adults report suffering from diabetes/high blood sugar (compared to 5.5% nationwide).
  - 7.5% of Avoyelles Parish adults report suffering from cancer (compared to 4.5% nationwide).
Keep in mind that each percentage point above represents approximately 298 adults in Avoyelles Parish.
### Activity Limitations

- 21.3% of Avoyelles 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 worse than national findings (14.9%).
  - This represents more than 6,347 adults in Avoyelles Parish.

![Activity Limitation Due to Physical Impairment or Health Problem](chart)

**Activity Limitation Due to Physical Impairment or Health Problem**

- Activity limitations are closely tied to age and affect a significant share of those age 65 or older.
- Activity limitations are also more prevalent among low-income respondents.
- Activity limitations affect more Whites than Blacks.
- Men more often report limitations than do women.

*Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
  2. 2000 PRC National Health Survey, Professional Research Consultants
*Notes: 1. Reflects the total sample of respondents.
  2. State data not available.*
The top three impairments that limit Avoyelles Parish respondents include back/neck problems, arthritis/rheumatism and knee/leg problems.

- 25.2% of Avoyelles 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 worse than national findings (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
Between 1997 and 1999, there was an annual average of 14.3 births in Avoyelles Parish per 1,000 population.

- Lower than the annual average statewide birth rate for the same period (15.3/1,000).

The Avoyelles Parish birth rate followed a general decline through the late 1990s.

**Crude Birth Rates**
(Three-Year Averages; Births per 1,000 Population)

<table>
<thead>
<tr>
<th>Year</th>
<th>Avoyelles Parish</th>
<th>Service Area Median</th>
<th>Louisiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990-92</td>
<td>15.6</td>
<td>15.6</td>
<td>16.8</td>
</tr>
<tr>
<td>1991-93</td>
<td>15.2</td>
<td>15.4</td>
<td>16.5</td>
</tr>
<tr>
<td>1992-94</td>
<td>14.6</td>
<td>14.9</td>
<td>16.1</td>
</tr>
<tr>
<td>1993-95</td>
<td>14.3</td>
<td>14.7</td>
<td>15.6</td>
</tr>
<tr>
<td>1994-96</td>
<td>14.0</td>
<td>14.4</td>
<td>15.3</td>
</tr>
<tr>
<td>1995-97</td>
<td>14.0</td>
<td>14.3</td>
<td>15.1</td>
</tr>
<tr>
<td>1996-98</td>
<td>13.7</td>
<td>14.2</td>
<td>15.2</td>
</tr>
<tr>
<td>1997-99</td>
<td>14.3</td>
<td>14.4</td>
<td>15.3</td>
</tr>
</tbody>
</table>

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).
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, 71.8% of Avoyelles Parish mothers received adequate prenatal care.
  - Lower than the statewide percentage (77.5%).
- Since the early 1990s, the proportion of mothers receiving adequate prenatal care has been improving in Avoyelles Parish, as it has statewide.
- Still, 28.2% of Avoyelles Parish mothers received care that was less than adequate in 1999.

A lower proportion of Black mothers (56.7%) received adequate prenatal care in comparison to White mothers (80.2%) in Avoyelles Parish in 1999.

Only 62.2% of teen-age mothers (ages 15 to 19) in Avoyelles Parish in 1999 received adequate prenatal care.
Focus group participants cited the need to improve the availability of prenatal education in the parish.

“We only have one OB/GYN in this parish and one pediatrician. Prenatal care is probably lacking unless the family decides to have the baby here and they go through one of our primary care physicians for prenatal care and delivery. The problem is that the family practitioner is going to stay away from any OB/GYN patients because of the high malpractice costs.”

“I see the result of the lack of prenatal care with my elementary school students. We have a number of students who have fetal alcohol syndrome and other various problems that when we can get the mother to cooperate with us, we find out the problem could have been taken care of in the womb. These moms need information on nutrition, vitamins, alcohol and smoking. We have tremendous ignorance in terms of what prenatal care really is.”

---

*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.*
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 1999, 12.2% of Avoyelles Parish births were of low birthweight.
  - Fails to satisfy the Healthy People 2010 target (5% or lower).
- Avoyelles Parish low-weight births tracked higher than service area and statewide proportions in the late 1990s.

Low-Weight Birth Trends

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Avoyelles Parish</th>
<th>Service Area Median</th>
<th>Louisiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>7.2%</td>
<td>7.9%</td>
<td>9.2%</td>
</tr>
<tr>
<td>1991</td>
<td>9.2%</td>
<td>9.0%</td>
<td>9.4%</td>
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<tr>
<td>1992</td>
<td>8.0%</td>
<td>8.5%</td>
<td>9.4%</td>
</tr>
<tr>
<td>1993</td>
<td>8.7%</td>
<td>9.0%</td>
<td>9.4%</td>
</tr>
<tr>
<td>1994</td>
<td>8.8%</td>
<td>8.5%</td>
<td>9.6%</td>
</tr>
<tr>
<td>1996</td>
<td>9.7%</td>
<td>9.8%</td>
<td>9.9%</td>
</tr>
<tr>
<td>1997</td>
<td>11.8%</td>
<td>10.3%</td>
<td>10.2%</td>
</tr>
<tr>
<td>1998</td>
<td>11.7%</td>
<td>10.4%</td>
<td>10.1%</td>
</tr>
<tr>
<td>1999</td>
<td>12.2%</td>
<td>10.2%</td>
<td>10.0%</td>
</tr>
</tbody>
</table>

Sources: 1. Louisiana Department of Health and Hospitals, Office of Public Health.
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. 1995 data not available for Winn Parish.

- Between 1994 and 1998, 15.0% of births to Black mothers in Avoyelles Parish were low birthweight, compared to a lower 8.1% of births to White mothers.
- Between 1994 and 1998, 11.2% of births to teen-age mothers in Avoyelles Parish were low birthweight.
Low-Weight Births as a Percentage of Live Births
(1994-1998 Averages by Race and Age of Mother)

Healthy People 2010 Objective is 5% or lower

- All
- White
- Black
- Mothers 15-19

Avoyelles Parish

- All: 10.5%
- White: 8.1%
- Black: 15.0%
- Mothers 15-19: 11.2%

Louisiana

- All: 9.9%
- White: 6.8%
- Black: 14.3%
- Mothers 15-19: 12.2%

Sources:
1. Louisiana Department of Health and Hospitals, Office of Public Health.

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 death is the death of a child less than 1 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 9.0 infant deaths per 1,000 live births in Avoyelles Parish.**
  - Slightly lower than the 1995-99 statewide annual average rate (9.3/1,000).

### Infant Mortality Rates
**(Five-Year Averages; Infants Deaths per 1,000 Live Births)**

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Avoyelles</td>
<td>6.9</td>
<td>6.3</td>
<td>8.4</td>
<td>9.0</td>
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<tr>
<td>Service Area Median</td>
<td>10.5</td>
<td>9.1</td>
<td>9.1</td>
<td>9.0</td>
</tr>
<tr>
<td>Louisiana</td>
<td>10.1</td>
<td>9.9</td>
<td>9.6</td>
<td>9.3</td>
</tr>
</tbody>
</table>

Source: Louisiana Department of Health and Hospitals, Office of Public Health.
Notes: 1. Rates represent deaths occurring to infants under the age of one per 1,000 live births.
       2. Service Area Median is the median infant mortality rate among the 11 parishes included in this assessment (one-half of the parish rates fall below this rate, and one-half fall above).

- **Infant mortality is much higher among Blacks in Avoyelles Parish (13.7/1,000 annual average 1995-99) than among Whites (6.4/1,000).**

### Infant Mortality Rates
**(1995-99 Infant Deaths per 1,000 Live Births by Race)**

Healthy People 2010 Objective is 4.5/1,000 live births or lower

<table>
<thead>
<tr>
<th></th>
<th>All</th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoyelles Parish</td>
<td>9.0</td>
<td>6.4</td>
<td>13.7</td>
</tr>
<tr>
<td>Louisiana</td>
<td>9.2</td>
<td>5.9</td>
<td>14.1</td>
</tr>
</tbody>
</table>

Source: Louisiana Department of Health and Hospitals, Office of Public Health.
Note: Rates represent deaths occurring to infants under the age of one per 1,000 live births.
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 7.2 neonatal deaths per 1,000 live births in Avoyelles Parish.
  - Similar to the statewide annual average rate for the same period (6.0/1,000).
- Neonatal mortality was much higher among Blacks in Avoyelles Parish (12.7/1,000 annual average 1995-99) than among Whites (4.3/1,000).

### Neonatal Mortality Rates
(1995-99 Neonatal Deaths per 1,000 Live Births by Race)

<table>
<thead>
<tr>
<th></th>
<th>Avoyelles Parish</th>
<th>Louisiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>7.2</td>
<td>6.0</td>
</tr>
<tr>
<td>White</td>
<td>4.3</td>
<td>4.0</td>
</tr>
<tr>
<td>Black</td>
<td>12.7</td>
<td>9.0</td>
</tr>
</tbody>
</table>

Healthy People 2010 Objective is 2.9/1,000 live births or lower

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.
Teen-age 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 Avoyelles Parish builds on prior research in 1997 by the Rapides Foundation and Tulane School of Public Health and Tropical Medicine.

**Percentage of Births to Teen Mothers**

- Between 1997 and 1999, 19.8% of Avoyelles Parish births were to mothers between the ages of 15 and 19.
  - Higher than statewide findings (17.7%).
  - Higher than nationwide findings (12.3%).

- The proportion of Avoyelles Parish births to teen-age mothers peaked in the mid-1990s and has consistently tracked higher than the statewide proportion.
  - The Avoyelles Parish rate has tracked closely to 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)

<table>
<thead>
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</thead>
<tbody>
<tr>
<td>Avoyelles Parish</td>
<td>19.4%</td>
<td>19.4%</td>
<td>19.8%</td>
<td>20.7%</td>
<td>20.1%</td>
<td>20.2%</td>
<td>19.6%</td>
<td>19.8%</td>
</tr>
<tr>
<td>Service Area Median</td>
<td>18.2%</td>
<td>19.0%</td>
<td>19.7%</td>
<td>20.8%</td>
<td>20.8%</td>
<td>20.9%</td>
<td>20.5%</td>
<td>20.0%</td>
</tr>
<tr>
<td>Louisiana</td>
<td>17.2%</td>
<td>17.5%</td>
<td>18.0%</td>
<td>18.4%</td>
<td>18.5%</td>
<td>18.3%</td>
<td>18.1%</td>
<td>17.7%</td>
</tr>
</tbody>
</table>

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.
24.9% of 1999 Avoyelles Parish births among Blacks were to teen-age mothers, compared to 16.3% among Whites.

**Percentage of Births to Teenage Mothers (15-19)**

(1999 Births by Race)

<table>
<thead>
<tr>
<th></th>
<th>All</th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoyelles Parish</td>
<td>19.4%</td>
<td>16.3%</td>
<td>24.9%</td>
</tr>
<tr>
<td>Louisiana</td>
<td>17.1%</td>
<td>12.5%</td>
<td>24.1%</td>
</tr>
</tbody>
</table>

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.

**Community Health Panel Findings**

“We home-visited last week where two teen-agers – sisters - had delivered each a set of twins one week apart. One had no prenatal care, and the other one had some. Our parish ranks number one per capita in the state for teen pregnancies.”

---

* 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.
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

- 72.0% of Avoyelles 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.
  - Significantly better than found nationwide (64.1%).

  ![Bar Chart: Have 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 all respondents.
      2. State data not available.

- Young adults (ages 18 to 39) show the lowest incidence of routine physician care in the past year.
- Men demonstrate lower levels of routine physician care than women.
81.4% of Avoyelles Parish parents report that their child has visited a physician for a routine checkup in the past year.

- Statistically 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 respondents with children under the age of 18.
2. State data not available.
- 57.9% of Avoyelles 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 worse than U.S. findings (68.9%).
  - Satisfies the Healthy People 2010 target (56% or higher).

**Have Visited a Dentist or Dental Professional Within the Past Year**

<table>
<thead>
<tr>
<th>Healthy People 2010 Objective is 56% or higher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoyelles Parish</td>
</tr>
<tr>
<td>57.9%</td>
</tr>
</tbody>
</table>

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:
- Low-income respondents.
- Those age 65 and older.
• 82.7% of Avoyelles Parish parents report that their child has visited a dentist or dental clinic in the past year.

- Similar to Rapides Foundation Service Area findings.
- Significantly higher than national findings (69.3%).
- 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/Health Service

Notes: 1. Asked of respondents with children aged 4 through 17.
2. State data not available.
**Community Health Panel Findings**

“If you have dental insurance, you can access dental care. The Medicaid population is not eligible for dental care; there isn’t any reimbursement for the dentists — that is part of the problem with the state of Louisiana. Dental care is not considered critical in this state. The dentists try to give some of their time for free dental services, but it is not enough to cover all the indigent population. This is something that is probably lacking in every parish in Louisiana.”

*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**

- 59.6% of Avoyelles Parish adults have had an eye exam in which their pupils were dilated in the past two years.
  - Similar to Rapides Foundation Service Area findings.

![Bar chart showing eye exam dilated statistics for Avoyelles Parish and Service Area](chart1)

- As might be expected, prevalence of recent eye exams increases considerably with age.

![Bar chart showing eye exam dilated statistics by age](chart2)

Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes:
1. Asked of all respondents.
2. State and U.S. data not available.
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 give some indication of immunization levels in Avoyelles Parish.

- 80.0% of toddlers seen at public clinics in Avoyelles Parish in 2000 were up to date for immunizations at age 24 months.

- In the late 1990s, public clinic assessment immunization levels in Avoyelles Parish tracked closely with 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)

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</thead>
<tbody>
<tr>
<td>Avoyelles Parish</td>
<td>59.0%</td>
<td>64.0%</td>
<td>75.0%</td>
<td>79.0%</td>
<td>79.0%</td>
<td>82.0%</td>
<td>78.0%</td>
<td>80.0%</td>
</tr>
<tr>
<td>Louisiana</td>
<td>59.0%</td>
<td>64.0%</td>
<td>75.0%</td>
<td>79.0%</td>
<td>81.0%</td>
<td>82.0%</td>
<td>80.0%</td>
<td>83.0%</td>
</tr>
</tbody>
</table>

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

- 85.6% of Avoyelles 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% or higher).

![Graph showing have a regular physician, clinic or health center](image)

Among the demographic groups, the lowest incidence of having a usual source of medical care was found for:

- Persons living below the poverty threshold.
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 Avoyelles Parish.
2. Asked of all respondents.
Emergency Room Utilization

- 33.8% of Avoyelles Parish adults have gone to an emergency room in the past year about their own health.
  - Similar to Rapides Foundation Service Area findings.
  - Significantly higher than found nationwide (20.1%).

- 18.2% of Avoyelles Parish adults have gone to an emergency room more than once in the past year about their own health.
  - Significantly higher than Rapides Foundation Service Area findings (13.5%).
  - Significantly higher than found nationwide (5.6%).

- 41.2% of uninsured respondents in Avoyelles Parish have gone to an emergency room in the past year, versus 30.2% of insured respondents.

Emergency room utilization is higher among:

- Low-income respondents.
- Black respondents.
- Middle-aged adults (ages 40 to 64).
- Women.
60.8% of Avoyelles Parish adults visiting an emergency room in the past year say this was to treat an illness, and 15.2% say this was to treat an injury.
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

- 66.5% of Avoyelles Parish adults ages 18 to 64 currently have some type of health insurance coverage.
- 35.2% of Avoyelles Parish adults ages 18 to 64 have health care coverage through an HMO (health maintenance organization) or PPO (preferred provider organization); 13.5% have other private health insurance coverage.
- 15.5% of Avoyelles Parish adults ages 18 to 64 have Medicaid and/or Medicare.
- 2.2% have CHAMPUS or veterans’ benefits.

Health Care Insurance Coverage
(Avoyelles Parish; Ages 18-64)

- No Insurance: 33.5%
- PPO: 26.0%
- Medicare/Military: 2.2%
- Medicare: 6.4%
- Medicaid: 7.5%
- Medicare/Medicaid: 1.6%
- HMO: 9.2%
- Other Pvt Insurance: 13.5%

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

- 33.5% of Avoyelles Parish adults ages 18 to 64 have no health insurance coverage, representing nearly 5,983 adults.
  - Significantly worse than Rapides Foundation Service Area findings (26.0%).
  - Significantly worse than national findings (15.6%).
  - Considerably worse than statewide findings (25.6%).

Lack Health Care Insurance Coverage (18-64)

Low-income adults report the highest prevalence of not having health insurance.
Community Health Panel Findings*

“One group that also concerns me are the working poor who don’t have medical insurance. They always turn up at our ER for medical care, and that is the most expensive place you could go for medical care. We need some kind of program for these people who don’t qualify for Medicaid and just can’t afford health care.”

*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.
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

- 41.4% of Avoyelles 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 better than found nationwide (26.0%).

![Bar chart showing experienced difficulties or delays of any kind in receiving needed health care in the past year for Avoyelles Parish, Service Area, and United States.]

- Cost is the most predictive barrier to health care access, with more than 70% of adults in poverty experiencing some difficulty accessing or receiving health care services in the past year.
- Women more often face access barriers than do men.
- Among the age demographics, middle-aged adults (ages 40 to 64) most often face access barriers.

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.
Of six types of barriers to access tested in the survey, cost of prescription medicines impacted the greatest share of adults in Avoyelles Parish.

The proportion of the Avoyelles Parish population impacted was significantly greater than found nationwide for four of the six tested barriers (all except for difficulty getting an appointment and inconvenient office hours).

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

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Avoyelles Parish</th>
<th>Service Area</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost (Prescriptions)</td>
<td>23.6%</td>
<td>22.7%</td>
<td>9.5%</td>
</tr>
<tr>
<td>Cost (Dr. Visit)</td>
<td>22.5%</td>
<td>18.7%</td>
<td>16.4%</td>
</tr>
<tr>
<td>Inconvenient Office Hours</td>
<td>16.6%</td>
<td>14.3%</td>
<td>16.6%</td>
</tr>
<tr>
<td>Trouble Getting an Appt.</td>
<td>16.5%</td>
<td>14.3%</td>
<td>16.5%</td>
</tr>
<tr>
<td>Trouble Finding a Dr.</td>
<td>13.0%</td>
<td>12.0%</td>
<td>13.0%</td>
</tr>
<tr>
<td>Transportation</td>
<td>10.0%</td>
<td>7.8%</td>
<td>5.2%</td>
</tr>
</tbody>
</table>

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

“In Louisiana today, we only have 17 percent of physicians who are accepting Medicaid patients. We have about 11,000 physicians in the state, and only 17 percent of them will accept Medicaid because they will lose money with Medicaid because the state does not have the dollars for reimbursement. We don’t have the tax base in the state because people are leaving due of lack of good-paying jobs, so we don’t have the tax dollars to go around, and we are all fighting over a shrinking pot of money.”

“Poverty is our worst enemy. Programs we would like to put in place - education, prenatal care, colorectal screenings, all the various things we are trying to accomplish - and we don’t have the dollars to get them done.”

* 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.
Cost of Prescriptions

- 23.6% of Avoyelles 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 7,032 adults in Avoyelles Parish.
  - Similar to Rapides Foundation Service Area findings.
  - Significantly worse than found nationwide (9.5%).

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

- Persons living below the poverty threshold.
- Middle-aged adults (ages 40 to 64).
- Women.
- Black respondents.

- 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.
- 14.5% of Avoyelles 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 worse than Rapides Foundation Service Area findings (7.4%).
  - Significantly worse than national findings (4.4%).

**Cost Prevented Child’s Prescription Medicine in Past Year**

<table>
<thead>
<tr>
<th></th>
<th>Avoyelles Parish</th>
<th>Service Area</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>14.5%</td>
<td>7.4%</td>
<td>4.4%</td>
</tr>
</tbody>
</table>

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

- 22.5% of Avoyelles 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 approximately 6,705 Avoyelles Parish adults.
  - Similar to Rapides Foundation Service Area findings.
  - Significantly worse than national findings (10.4%).

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

- Persons living below the poverty level.
- Women.
- Black respondents.
- Young adults and middle-aged adults.

Source: 2002 PRC Community Health Survey, Professional Research Consultants
Notes: 1. Demographic breakouts are among findings in Avoyelles Parish.
2. Asked of all respondents.
8.3% of Avoyelles Parish parents say that cost or a lack of insurance has prevented a physician visit for their child in the past year.

- Similar to Rapides Foundation Service Area and national findings.

### Cost or Lack of Insurance
Prevented Child’s Health Care in the Past Year

![Bar chart showing the percentage of parents who say cost or lack of insurance has prevented a physician visit in the past year for their child.](chart.png)

**Avoyelles Parish**: 8.3%  
**Service Area**: 7.3%  
**United States**: 7.3%

**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.
14.3% of Avoyelles Parish adults have had trouble getting an appointment to see a doctor in the past year, representing over 4,261 residents.

- Similar to Rapides Foundation Service Area and national findings.
- Fails to satisfy Healthy People 2010 target (7% or lower).

Avoyelles Parish adults who more often reporting trouble getting a doctor’s appointment:

- Persons living below the poverty threshold.
- Women.
- White respondents.
- Young adults and middle-aged adults.

**Have Had Trouble Getting Appointment to See a Doctor in the Past Year**

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>9.7%</td>
</tr>
<tr>
<td>Women</td>
<td>17.8%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>15.3%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>15.8%</td>
</tr>
<tr>
<td>65+</td>
<td>8.3%</td>
</tr>
<tr>
<td>Below Pov</td>
<td>25.3%</td>
</tr>
<tr>
<td>&lt;200% Pov</td>
<td>11.9%</td>
</tr>
<tr>
<td>&gt;200% Pov</td>
<td>12.4%</td>
</tr>
<tr>
<td>White</td>
<td>17.6%</td>
</tr>
<tr>
<td>Black</td>
<td>7.9%</td>
</tr>
<tr>
<td>Avoyelles Overall</td>
<td>14.3%</td>
</tr>
</tbody>
</table>

Source: 2002 PRC Community Health Survey, Professional Research Consultants
Notes: 1. Demographic breakouts are among findings in Avoyelles Parish.
2. Asked of all respondents.
9.2% of Avoyelles Parish parents report trouble getting a doctor appointment for their child.

- Significantly better than Rapides Foundation Service Area findings (14.5%).
- Statistically similar to national findings.

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

<table>
<thead>
<tr>
<th></th>
<th>Avoyelles Parish</th>
<th>Service Area</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9.2%</td>
<td>14.5%</td>
<td>13.1%</td>
</tr>
</tbody>
</table>

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.
16.6% of Avoyelles Parish adults say that inconvenient office hours prevented them from seeing a doctor in the past year.

- Statistically similar to Rapides Foundation Service Area and national findings.
- Middle-aged adults and those living below the poverty level are most often affected by inconvenient office hours.

14.2% of Avoyelles 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 similar to Rapides Foundation Service Area and national findings.
Inconvenient Office Hours
Prevented Child's Physician Visit Last Year

<table>
<thead>
<tr>
<th></th>
<th>Avoyelles Parish</th>
<th>Service Area</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>14.2%</td>
<td>12.7%</td>
<td>16.3%</td>
</tr>
</tbody>
</table>

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

- 13.0% of Avoyelles Parish adults report having difficulty finding a doctor in the past year.
  - Similar to Rapides Foundation Service Area findings.
  - Significantly worse than national findings (7.8%).
- Those living in poverty most often report difficulty finding a doctor.

Had Trouble Finding a Doctor in the Past Year

- 6.9% of Avoyelles Parish parents say that they have had trouble finding a doctor for their child in the past year.
  - Similar to Rapides Foundation Service Area and national findings.

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

Focus group participants said that the shortage of health care professionals in the area is hurting those who need medical care and is putting a strain on doctors and nurses.

“We are experiencing a huge shortage of nurses, radiology and lab technicians. Right now, our main focus in the hospital is to have the resources to take care of people that show up at our doors right now. We are too shorthanded to go out in the community and take services to the rural areas. We are so shorthanded that there is a task force right now meeting with the Foundation to provide staffing for some of our nursing schools at LSUA and Louisiana College to help with this shortage problem. It is very difficult to recruit staffing for those nursing schools as well as for the radiology and respiratory therapist schools. We need to do something fast because we are seeing this human resources shortage coming upon us very quickly. We are doing everything we can at the hospital to attract people into the health profession. We have gone into the schools and talked to kids about the medical profession, but we need help.”

“The problem with this shortage in nursing is nationwide. People are getting out of the health field, not getting into it. We have a volunteer program in our hospital to try to get people interested in pharmacy, nursing, general medicine - anything that has to do with health care. Ten years from now, you, us, me will become Medicaid age, and we are going to have a lack of personnel to take care of us at our bedside.”

“Paperwork becomes a real problem when you are trying to deliver good patient care because you have to document. You have to be careful because you may have a lawsuit two years from now. It is very frustrating for the people who work in this profession. You try to do the best you can, but then every time you turn around, you get some silly complaint that takes you hours to diffuse or it may turn into a lawsuit. Health care is

* 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.
not what it was 25 years ago, and now we are suffering the consequences by not having enough people going into this profession.”

Another need for our parish is an OB/GYN physician. Family practice doctors usually cover women’s health. I know that there are a lot of procedures that could be done locally if we had an OB/GYN.”

“I know that the state has programs available to help reimburse those positions filled by physicians that come to the rural areas to practice. These doctors are eligible for repayment on their student loans and other benefits if they sign a 3-year contract. The funds are available if we could find the physicians who would want to come here and receive state assistance. The problem is that there are so many other rural areas in the same situation as ours that the new doctors can pick and choose where they want to practice medicine and live.”
Lack of Transportation to Health Care Services

- 13.0% of Avoyelles 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 Rapides Foundation Service Area findings.
  - Significantly worse than national findings (5.2%).

- A dramatically greater share of persons living in poverty are impacted by a lack of transportation.

- Black respondents encounter transportation barriers much more often than White respondents.

Lack of Transportation Made Difficult or Prevented a Physician Visit in the Past Year

6.3% of Avoyelles 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.
  - Statistically similar to Rapides Foundation Service Area and national findings.

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

- Persons living in poverty, White respondents, men and insured respondents more often report their general health status as “fair” or “poor.”

- 35.1% 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 22.4% of those not experiencing these difficulties.

- Those without health insurance coverage report lower usage of many preventive health services when compared to insured individuals (e.g., routine check-ups, dental care, breast exams, Pap smears, blood pressure testing, cholesterol testing, etc.)
Preventive Health Care
(By Insured Status)

- No Cholesterol Test in Past 2 Yrs: 65.1% uninsured, 22.7% insured
- No Usual Source of Care: 11.9% uninsured, 11.3% insured
- No Dental Care in Past 5 Yrs: 14.2% uninsured, 13.2% insured
- No Checkup in Past 5 Yrs: 5.6% uninsured, 13.8% insured
- No Breast Exam in Past 5 Yrs (W): 6.6% uninsured, 13.0% insured
- No Pap Smear in Past 3 Yrs: 10.6% uninsured, 13.0% insured
- No Eye Exam Ever: 7.2% uninsured, 13.0% insured
- No Blood Pressure Test in Past 2 Yrs: 3.8% uninsured, 3.8% insured

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
42.3% of Avoyelles Parish adults rate their satisfaction with the overall health care services available to them as “excellent” or “very good.”

23.1% 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%).

Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Asked of all respondents.
- Persons living below the poverty threshold are most critical of local health care services.
- Women are more critical of local health care services than are men.

![Local Health Care Services Are "Fair" or "Poor" chart]

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Below Pov</th>
<th>100-200%</th>
<th>&gt;200% Pov</th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15.3%</td>
<td>29.6%</td>
<td>26%</td>
<td>24.2%</td>
<td>13.9%</td>
<td>38.6%</td>
<td>23.2%</td>
<td>18%</td>
<td>26.4%</td>
<td>18.3%</td>
</tr>
</tbody>
</table>

Source: 2002 PRC Community Health Survey, Professional Research Consultants
Notes: 1. Demographic breakouts are among findings in Avoyelles Parish.
2. Asked of all respondents.
3. Percentages represent combined “fair” and “poor” responses.

**Community Health Panel Findings**

“We need someplace for our discharged indigent patients to continue to get the care they need. At the ER, we will take care of whoever comes in, but the problem is when these people are released, there is nobody to take care of them. We struggle to try to find facilities or services for those who can’t pay. They really need the help.”

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*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 Avoyelles Parish, Louisiana and the United States.

- **In 2000, Avoyelles Parish experienced a rate of 1,020.7 violent crimes** (murder, rape, robbery and aggravated assault/battery) per 100,000 population, much lower than the statewide violent crime rate.

  - Avoyelles Parish experienced higher violent crime rates than the state of Louisiana for aggravated assault and rape.

- **Avoyelles Parish experienced a rate of 2,868.3 property (non-violent) crimes** (burglary, motor vehicle theft, larceny-theft) per 100,000 population, much lower than the Louisiana rate.

  - Avoyelles Parish experienced lower property crime rates than the state of Louisiana for every category.

### Reported FBI Index Crimes

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Violent Crimes</td>
<td>1,020.7</td>
<td>854.8</td>
</tr>
<tr>
<td>Homicide</td>
<td>9.9</td>
<td>15.3</td>
</tr>
<tr>
<td>Forcible Rape</td>
<td>61.3</td>
<td>39.9</td>
</tr>
<tr>
<td>Robbery</td>
<td>73.2</td>
<td>237.9</td>
</tr>
<tr>
<td>Aggravated Assault</td>
<td>876.3</td>
<td>561.7</td>
</tr>
<tr>
<td>Property Crimes</td>
<td>2,868.3</td>
<td>5,607.3</td>
</tr>
<tr>
<td>Burglary</td>
<td>542.0</td>
<td>1,235.7</td>
</tr>
<tr>
<td>Larceny Theft</td>
<td>2,231.3</td>
<td>3,778.5</td>
</tr>
<tr>
<td>Motor Vehicle Theft</td>
<td>94.9</td>
<td>593.1</td>
</tr>
<tr>
<td><strong>Total Crime Index</strong></td>
<td><strong>3,889.0</strong></td>
<td><strong>6,462.1</strong></td>
</tr>
</tbody>
</table>

Note: Rates are per 100,000 population. Includes only agencies reporting.
Violent Crime Rate Trends

- The rate of violent crime in Avoyelles Parish decreased from 1,021.6/100,000 in 1994-96 to 1,020.7/100,000 in 1996-98.

<table>
<thead>
<tr>
<th>Year</th>
<th>Avoyelles Parish</th>
<th>Louisiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>1993-95</td>
<td>1,028.8</td>
<td>1,017.0</td>
</tr>
<tr>
<td>1994-96</td>
<td>1,021.6</td>
<td>972.8</td>
</tr>
<tr>
<td>1995-97</td>
<td>1,029.1</td>
<td>930.8</td>
</tr>
<tr>
<td>1996-98</td>
<td>1,020.7</td>
<td>854.8</td>
</tr>
</tbody>
</table>


Notes:
1. Rates are per 100,000 population. Includes only agencies reporting.
2. Violent crime includes homicide, forcible rape, robbery, and aggravated assault.
2.5% of Avoyelles 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 Avoyelles Parish, violent crime victimization is higher among:

- Those living in poverty.
- Men.

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

Focus group participants stressed the need for local services for abused children.

“One of the areas we need to fund is the court-appointed program for abused children, sexually and physically abused. I know that there is an office in Alexandria, but the money is not shared with this parish. We need funding badly.”

“We have over 100 children in foster care, and if there is any sexual abuse, all cases have to go to the Rapides Parish. The children’s advocacy program will interview them and offer counseling, but all services are done there and not locally. With as many foster children as we have, we need some services locally.”

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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

- 5.5% of Avoyelles Parish adults acknowledge that they have been the victim of domestic abuse in the past five years.
  - Similar to Rapides Foundation Service Area and national findings.

  ![Victim of Domestic Violence in the Past 5 Years](chart)

  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 Avoyelles Parish, domestic violence victimization is more often reported by:

- Those living below the poverty level.
- Young adults (ages 18 to 39).
- Men.
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 Avoyelles Parish.
2. Asked of all respondents.
Type of Housing

- 70.2% of Avoyelles Parish adults participating in the survey report that they own their own home or condo.
  - In comparison to national findings, a greater share of Avoyelles Parish adults own their own homes or condos.
- 17.9% rent a house (13.5%) or apartment (4.4%).
  - The distribution of those renting an apartment is similar to that found throughout the Rapides Foundation Service Area and lower than that seen nationwide.
- 8.4% live with parents or relatives.

![Type of Housing Chart]

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

- 52.4% of Avoyelles Parish adults rate the condition of homes in their neighborhoods as “excellent” or “very good.”

- 28.9% rate the condition of neighborhood homes as “good.”

- 18.7% rate the condition of neighborhood homes as “fair” or “poor.”

- Similar to Rapides Foundation Service Area and national findings.

![Pie chart showing the rating of condition of homes in Avoyelles Parish](chart.png)

**Perceive Condition of Homes in Neighborhood to Be "Fair" or "Poor"**

<table>
<thead>
<tr>
<th></th>
<th>Avoylees Parish</th>
<th>Service Area</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Fair&quot;</td>
<td>18.7%</td>
<td>17.4%</td>
<td>12.8%</td>
</tr>
</tbody>
</table>

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:

- Those living below the poverty level.
- Black respondents.
- Men.
- Older adults (age 65 and older).

Source: 2002 PRC Community Health Survey. Professional Research Consultants
Notes: 1. Demographic breakouts are among findings in Avoyelles Parish.
2. Asked of all respondents.
3. Percentages represent combined “fair” and “poor” responses.
Perceived Affordability of Local Housing

- 25.9% of Avoyelles Parish adults rate the availability of affordable housing in the area as “excellent” or “very good.”

- 30.8% rate the availability of affordable housing as “good.”

<table>
<thead>
<tr>
<th>Rating</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>15.9%</td>
</tr>
<tr>
<td>Very Good</td>
<td>10.0%</td>
</tr>
<tr>
<td>Good</td>
<td>30.8%</td>
</tr>
<tr>
<td>Fair</td>
<td>25.3%</td>
</tr>
<tr>
<td>Poor</td>
<td>18.1%</td>
</tr>
</tbody>
</table>

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

- 43.4% of Avoyelles 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 highest “fair/poor” ratings of the availability of affordable local housing:

- Persons living below the poverty level.

Availability of Affordable Local Housing Is "Fair" or "Poor"

Source: 2002 PRC Community Health Survey, Professional Research Consultants
Notes: 1. Demographic breakouts are among findings in Avoyelles Parish.
2. Asked of all respondents.
3. Percentages represent combined “fair” and “poor” responses.
13.7% of Avoyelles 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 about 4,082 households in Avoyelles Parish.

- Statistically similar to Rapides Foundation Service Area findings.
- Higher than national findings (8.1%).

**Had to Go Live With a Friend/Relative in the Past Two Years Due to an Emergency, Even if Temporary**

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 living below the poverty threshold.
- Black respondents.
- Young adults.

Source: 2002 PRC Community Health Survey, Professional Research Consultants
Notes: 1. Demographic breakouts are among findings in Avoyelles Parish.
2. Asked of all respondents.
Health Education & Outreach
Sources of Health Care Information

- 42.7% of Avoyelles 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%-9% of respondents) include: books, hospital publications, newspapers, friends/relatives, work, the Internet, magazines and television.

Avoyelles Source of Health Care Information
(Avoyelles Parish)

Community Health Panel Findings∗

Focus group participants said a lack of organization among some local agencies and ineffective communication are the main reasons that many people in the parish are unaware of the services that are available to 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.
“I heard from a lot of people that they are not aware of what services we have available here. We have tons of services from infants to seniors, but they are not properly advertised. We need to publish some type of brochure to help the people learn where to go when they are in need of some service. I think it would be a fantastic tool to have in all of the agencies also so they can hand them out when people come in asking questions.”

“We do have a Guide of Human Services published by the United Way in all of our schools. It is very current; it came out at the end of last year. There are a lot of services that are not listed because the agency did not respond to the request to be included in the directory. Some of the places did not get involved due to a lack of interest.”

“It is on the United Way website, and anyone who wants a copy can call the United Way and they will mail you a copy. You have to ask for it. I think it is being underutilized right now.”

“The directory from the United Way has services listed by parish. The newspapers advertised it, and anyone who wanted to submit information about their services was invited to send in the information.”

“It seems like here you have to get into people’s faces to get their attention. Maybe radio ads and local testimonials would help make the people aware of all of these services.”
Health Promotion Activities

- 13.1% of Avoyelles 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**

- 64.4% 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
Notes: 1. Demographic breakouts are among findings in Avoyelles Parish.
2. Asked of all respondents.
3. Percentages represent "yes" responses.
Community Health Panel Findings

“I would like to see more health fairs where they do all kinds of screenings: blood pressure, cholesterol, blood, prostate and so on. We need to get involved in these type of proactive health screenings.”

* 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.
**Health Education**

**Community Health Panel Findings**

Focus group participants stressed the need for health education within the parish.

“It seems that all of our society problems — poverty, life choices as far as diet, teen pregnancy, obesity, substance abuse — it all comes down to lack of education. Education for the students in the schools, education for the mothers-to-be, education on health screenings and tests for the families — education is the answer, and it is very frustrating because of the lack of funds.”

“We need some really aggressive health education programs. Most of the people who come to our ER are in a crisis situation. The doctor tells them, ‘You need to change your lifestyle or you are going to die.’ And a lot of them don’t take this advice seriously. Education plays such a big part in early intervention that once a person is diagnosed, they should be able to do something about it and control their disease.”

* 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 Outreach

Community Health Panel Findings*

“I wish we had some economic development in the rural areas where we could attract industries to keep our young people here or have them return after college. I would like to see some kind of federal or state law changed so we could offer incentives for companies to relocate to rural areas.”

* 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 Activities

Community Health Panel Findings*

“We need children’s playgrounds and parks. We really don’t have any playgrounds to take our children out to play.”

“I wanted to come here today and speak for the children in this parish. We have children who come to school with worms and lice who have never seen a dentist, and their baby teeth are rotting. These children may get only one meal a day - the one they get at school - and they have a tremendous need for health care, emotional and physical needs. I would like to see the hospital send people out to the rural areas of the parish and bring some of the educational programs to the disadvantaged families who can’t access the services in town.”

* 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.
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.”

- 67.1% of Avoyelles Parish adults rate teen drinking and driving as a “major problem” in Avoyelles Parish.
- 64.3% rate teen tobacco use as a “major problem” in Avoyelles Parish.
- 58.8% rate teen drug use as a “major problem” in Avoyelles Parish.
- 58.6% rate teen pregnancy as a “major problem” in Avoyelles Parish.
- 58.2% rate teen alcohol use as a “major problem” in Avoyelles Parish.
- Over 80% 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

“I think we need to help our young people develop their self-esteem. If we can talk local artists into developing some type of art program that could help these kids with their self-esteem, it would help with some of these problems we were discussing about our youth. We could get kids to accomplish something and be proud of it, build their self-esteem. I am thinking not only about painting, but also performing arts and community theater performances.”

“My granddaughter participates in an after-school program in Lafayette that is great. The school opens the gym after school for these kids in grades K to 5, and some of the teachers are there to help with their homework, give them a snack and have some playtime. By the time the kids get home, they are done with their homework and they have been fed something. It is really a great program - we have seen a big change in my granddaughter’s grades. The teachers do get paid extra for staying, but it is a program we should take a look at for our schools here.”

“I believe that there is a similar program being developed in Alexandria, some kind of partnership with the schools to feed the kids and give them tutoring after school. I think it is in the works.”

“We have something like that in Simmesport coming up. We are still under construction - maybe six weeks left before it is done. We will have after-school tutoring for the kids in the community, basketball courts, tennis courts, and we are thinking about building a swimming pool. We will have something for the community that doesn’t have anything there for the kids to do from pre-K to high school.”

“Some of our greatest concerns about our youth are sex, STDs and HIV - also drinking and driving. We have a lot of curvy country roads that are deadly if you have been drinking. The kids will go and grieve at a friend’s funeral, and next Saturday they go out and drink and drive.”

* 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*

Another issue identified for area seniors includes:

Cost of Prescription Drugs

“We need medication assistance for our elderly population. A lot of times, they return to the hospital because they didn’t take the medicine that the physician prescribed for their particular ailment. Why? Because they figured they needed to eat before they could buy their medication. They just don’t have the funds to buy medicine.”

“The Foundation is already working on the prescription problem. People that are on Medicare that don’t have drug benefits will be able to buy medicines with a card. The Foundation is working with the pharmacies, and the program should start here in June. It will be mainly for the elderly, but also for people who qualify for Medicare.”

* 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).

<table>
<thead>
<tr>
<th>Health Status</th>
<th>Avoyelles</th>
<th>US</th>
<th>HP2010</th>
<th>vs. US</th>
<th>vs. HP2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>%“Fair” or “Poor” Physical Health</td>
<td>21.9</td>
<td>12.3</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% &gt;1 Day/Month Poor Physical Health</td>
<td>36.1</td>
<td>34.4</td>
<td>similar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% No Days/Month Very Healthy/Full of Energy</td>
<td>10.6</td>
<td>11.5</td>
<td>similar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Activity Limitations</td>
<td>21.3</td>
<td>14.9</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Impairment a Result of Work-Related Injury</td>
<td>25.2</td>
<td>17.7</td>
<td>similar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% &gt;1 Workday/Year Missed Due to Illness</td>
<td>45.5</td>
<td>43.1</td>
<td>similar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Overweight</td>
<td>70</td>
<td>56.9</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Overweight Trying to Lose</td>
<td>30.7</td>
<td>31.2</td>
<td>similar</td>
<td></td>
<td></td>
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<tr>
<td>% Unhealthy Weight (BMI &lt;18.5 or 25+)</td>
<td>70.9</td>
<td>58.5</td>
<td>40 WORSE</td>
<td>Does NOT Meet Goal</td>
<td></td>
</tr>
<tr>
<td>% Obese</td>
<td>32.5</td>
<td>19.1</td>
<td>15 WORSE</td>
<td>Does NOT Meet Goal</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% &gt;1 Day/Month Poor Mental Health</td>
<td>37.7</td>
<td>31.9</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Prolonged Depression (2+ Yrs)</td>
<td>34.6</td>
<td>23.9</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Depressed Persons Seeking Help</td>
<td>34.3</td>
<td>42.5</td>
<td>50 similar</td>
<td>Does NOT Meet Goal</td>
<td></td>
</tr>
<tr>
<td>% &gt;3 Days/Month Sad, Blue or Depressed</td>
<td>34.3</td>
<td>22.7</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% &gt;3 Days/Month Worried, Tense or Anxious</td>
<td>45.6</td>
<td>35.8</td>
<td>WORSE</td>
<td></td>
<td></td>
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<td>% &gt;3 Days/Month Did Not Get Enough Rest/Sleep</td>
<td>63.7</td>
<td>56.1</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mortality</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age-Adjusted Breast Cancer Deaths/100,000</td>
<td>14</td>
<td>27</td>
<td>22.3 BETTER</td>
<td>Meets Goal</td>
<td></td>
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<tr>
<td>Age-Adjusted Cancer Deaths/100,000</td>
<td>267</td>
<td>202.7</td>
<td>159.9 WORSE</td>
<td>Does NOT Meet Goal</td>
<td></td>
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<tr>
<td>Age-Adjusted Resp Disease Deaths/100,000</td>
<td>47.2</td>
<td>45.8</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age-Adjusted Diabetes Mellitus Deaths/100,000</td>
<td>29.4</td>
<td>25.2</td>
<td>15.1 WORSE</td>
<td>Does NOT Meet Goal</td>
<td></td>
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<tr>
<td>Age-Adjusted Heart Disease Deaths/100,000</td>
<td>405.7</td>
<td>267.8</td>
<td>213.7 WORSE</td>
<td>Does NOT Meet Goal</td>
<td></td>
</tr>
<tr>
<td>Age-Adjusted HIV Deaths/100,000</td>
<td>10.8</td>
<td>5.4</td>
<td>0.7 WORSE</td>
<td>Does NOT Meet Goal</td>
<td></td>
</tr>
<tr>
<td>Health Status</td>
<td>Avoyelles</td>
<td>US</td>
<td>HP2010</td>
<td>vs. US</td>
<td>vs. HP2010</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
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<td>--------</td>
<td>-------</td>
<td>-------------</td>
</tr>
<tr>
<td>Age-Adjusted Homicide Deaths/100,000</td>
<td>2.3</td>
<td>6.2</td>
<td>3</td>
<td>BETTER</td>
<td>Meets Goal</td>
</tr>
<tr>
<td>Age-Adjusted MV Accident Deaths/100,000</td>
<td>48.5</td>
<td>15</td>
<td>9.2</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>Age-Adjusted Pneumonia/Influenza Deaths/100,000</td>
<td>30.7</td>
<td>23.6</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age-Adjusted Stroke Deaths/100,000</td>
<td>66.8</td>
<td>61.8</td>
<td>48</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>Age-Adjusted Suicide Deaths/100,000</td>
<td>11.3</td>
<td>10.7</td>
<td>5</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>Morbidity Chlamydia Incidence/100,000</td>
<td>116.5</td>
<td>257.5</td>
<td>BETTER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gonorrhea Incidence/100,000</td>
<td>72.6</td>
<td>131.6</td>
<td>19</td>
<td>BETTER</td>
<td>Meets Goal</td>
</tr>
<tr>
<td>Hepatitis A Incidence/100,000</td>
<td>3.1</td>
<td>12</td>
<td>4.5</td>
<td>BETTER</td>
<td>Meets Goal</td>
</tr>
<tr>
<td>Primary &amp; Secondary Syphilis Incidence/100,000</td>
<td>2.5</td>
<td>2.2</td>
<td>0.2</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Arthritis/Rheumatism</td>
<td>32</td>
<td>20.3</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Sciatica/Chronic Back Pain</td>
<td>23.2</td>
<td>20</td>
<td>similar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Deafness/Trouble Hearing</td>
<td>13.9</td>
<td>9.3</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Diabetes/High Blood Sugar</td>
<td>11.9</td>
<td>5.5</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Asthma</td>
<td>12</td>
<td>9.9</td>
<td>similar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Chronic Heart Disease</td>
<td>8.7</td>
<td>5.7</td>
<td>similar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Blindness/Trouble Seeing</td>
<td>13.3</td>
<td>9.2</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Cancer (Other Than Skin)</td>
<td>7.5</td>
<td>4.5</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Chronic Lung Disease</td>
<td>12.1</td>
<td>6.4</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Ulcer/GI Bleeding</td>
<td>6.9</td>
<td>6</td>
<td>similar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Skin Cancer</td>
<td>6.8</td>
<td>4.9</td>
<td>similar</td>
<td></td>
<td></td>
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<tr>
<td>% Kidney Disease</td>
<td>4.2</td>
<td>2.7</td>
<td>similar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Stroke</td>
<td>2.6</td>
<td>1.4</td>
<td>similar</td>
<td></td>
<td></td>
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<tr>
<td>% Tested for AIDS Virus in Past Yr (18-64)</td>
<td>25.2</td>
<td>30.6</td>
<td>similar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% &quot;High&quot; Chance of Getting AIDS (18-64)</td>
<td>4</td>
<td>2.1</td>
<td>similar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Child Has Asthma</td>
<td>21.4</td>
<td>13.4</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Natality % Births to Teenagers</td>
<td>19.4</td>
<td>12.3</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% No Prenatal Care in 1st Trimester</td>
<td>28.2</td>
<td>17</td>
<td>10</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% of Low Birthweight</td>
<td>12.2</td>
<td>7.6</td>
<td>5</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>Infant Death Rate</td>
<td>9</td>
<td>7</td>
<td>4.5</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>Neonatal Death Rate</td>
<td>7.2</td>
<td>4.7</td>
<td>2.9</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>Crime Murder Rate/100,000</td>
<td>9.9</td>
<td>5.5</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rape Rate/100,000</td>
<td>61.3</td>
<td>32</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Robbery Rate/100,000</td>
<td>73.2</td>
<td>144.9</td>
<td>BETTER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aggravated Assault/Battery Rate/100,000</td>
<td>876.3</td>
<td>323.6</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Victim of Violent Crime in Past 5 Yrs</td>
<td>2.5</td>
<td>3.8</td>
<td>similar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Victim of Domestic Violence in Past 5 Yrs</td>
<td>5.5</td>
<td>3.1</td>
<td>similar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Risk</td>
<td>Avoyelles</td>
<td>US</td>
<td>HP2010</td>
<td>vs. US</td>
<td>vs. HP2010</td>
</tr>
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<td>-----------</td>
</tr>
<tr>
<td>CV Risk % 1+ Cardiovascular Risk Factor</td>
<td>96.2</td>
<td>84.7</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition % &quot;High&quot; Fat Diet</td>
<td>19.4</td>
<td>10.4</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Use Food Labels</td>
<td>64.6</td>
<td>68.7</td>
<td>similar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Eat 5+ Servings of Fruit or Vegetables/Day</td>
<td>22.9</td>
<td>30</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exercise % No Leisure-Time Physical Activity</td>
<td>21.1</td>
<td>20.2</td>
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<td></td>
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</tr>
<tr>
<td>% Vigorous Exercise 3+ Times/Wk</td>
<td>31.7</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Tobacco % Current Smoker</td>
<td>26.4</td>
<td>22.8</td>
<td>12</td>
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<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Smoke &gt;1 Pack/Day</td>
<td>5.5</td>
<td>13.5</td>
<td>BETTER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Have Quit 1+ Days in Past Yr</td>
<td>52.1</td>
<td>52.2</td>
<td>75</td>
<td>similar</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Use Smokeless Tobacco</td>
<td>7</td>
<td>3.7</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Someone Smokes at Home (HH w/Kids)</td>
<td>28.9</td>
<td>23</td>
<td>10</td>
<td>similar</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>Substance % Current Drinker</td>
<td>46.5</td>
<td>56.4</td>
<td>50</td>
<td>BETTER</td>
<td>similar to goal</td>
</tr>
<tr>
<td>% Chronic Drinker</td>
<td>7.2</td>
<td>5</td>
<td>similar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Binge Drinker</td>
<td>19.4</td>
<td>16.4</td>
<td>6</td>
<td>similar</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Drinking &amp; Driving in Past Month</td>
<td>3.8</td>
<td>3.7</td>
<td>similar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Taken Rx Without Dr's Orders in Past Yr</td>
<td>3.6</td>
<td>4.5</td>
<td>similar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Taken Illegal Drug in Past Yr</td>
<td>0.5</td>
<td>3.2</td>
<td>BETTER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Sought Help for Alcohol or Drug Problem</td>
<td>2.1</td>
<td>4.3</td>
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<tr>
<td>Hypertension % Blood Pressure Checked in Past 2 Yrs</td>
<td>95.7</td>
<td>96</td>
<td>95</td>
<td>similar</td>
<td>similar to goal</td>
</tr>
<tr>
<td>% Told Have High Blood Pressure</td>
<td>37.9</td>
<td>23.4</td>
<td>16</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Taking Action to Control High BP</td>
<td>85.6</td>
<td>80.7</td>
<td>95</td>
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<td>Does NOT Meet Goal</td>
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<tr>
<td>Cholesterol % Cholesterol Checked in Past 5 Yrs</td>
<td>78</td>
<td>82.2</td>
<td>80</td>
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<tr>
<td>% Told Have High Cholesterol</td>
<td>23.2</td>
<td>21.4</td>
<td>17</td>
<td>similar</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Taking Action to Control High Cholesterol</td>
<td>76.8</td>
<td>70</td>
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<tr>
<td>Prevention</td>
<td>Avoyelles</td>
<td>US</td>
<td>HP2010</td>
<td>vs. US</td>
<td>vs. HP2010</td>
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<tr>
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<td>-----------</td>
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<td>---------</td>
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<tr>
<td>Preventive</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>% Have Had Routine Checkup in Past Yr</td>
<td>72</td>
<td>64.1</td>
<td>BETTER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Child Has Had Checkup in Past Yr</td>
<td>81.4</td>
<td>85.6</td>
<td>similar</td>
<td></td>
<td></td>
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<tr>
<td>% Have Visited Dentist in Past Yr (18+)</td>
<td>57.9</td>
<td>68.9</td>
<td>56</td>
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<td>similar to goal</td>
</tr>
<tr>
<td>% Child (1-17) Has Visited Dentist in Past Yr</td>
<td>83.7</td>
<td>69.3</td>
<td>56</td>
<td>BETTER</td>
<td>Meets Goal</td>
</tr>
<tr>
<td>% Have Had Eye Exam in Past Yr</td>
<td>42.5</td>
<td>54.2</td>
<td>WORSE</td>
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<td>Immunization</td>
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<tr>
<td>% Children (&lt;24 Mos) Immunized Appropriately</td>
<td>80</td>
<td>82</td>
<td>90</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Flu Shot in Past Yr (65+)</td>
<td>72.7</td>
<td>65.7</td>
<td>90</td>
<td>similar</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>% Digital Rectal Exam in Past Yr (50+)</td>
<td>44.3</td>
<td>57.1</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Sigmoid/Colonoscopy Ever (50+)</td>
<td>39.4</td>
<td>48.7</td>
<td>50</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
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<tr>
<td>% Blood Stool Test in Past 2 Yrs (50+)</td>
<td>41.6</td>
<td>47.1</td>
<td>50</td>
<td>similar</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Mother/Sister Diagnosed Breast Cancer (W)</td>
<td>12.7</td>
<td>11.5</td>
<td>similar</td>
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<td></td>
</tr>
<tr>
<td>% Mammogram in Past 2 Yrs (W40+)</td>
<td>76</td>
<td>78.2</td>
<td>70</td>
<td>similar</td>
<td>similar to goal</td>
</tr>
<tr>
<td>% Don't Know Breast Self-Exam (W)</td>
<td>8.5</td>
<td>4.2</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Perform Breast Self-Exam Monthly (W)</td>
<td>54</td>
<td>42.9</td>
<td>BETTER</td>
<td></td>
<td></td>
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<tr>
<td>% Pap Smear in Past 3 Yrs (W)</td>
<td>84.3</td>
<td>84</td>
<td>90</td>
<td>similar</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Father/Brother Diagnosed Prostate Cancer (M)</td>
<td>8.6</td>
<td>8.4</td>
<td>similar</td>
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<td></td>
</tr>
<tr>
<td>% PSA or Digital Rectal Exam in Past 2 Yrs (M40+)</td>
<td>67.6</td>
<td>69.9</td>
<td>similar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Testicular Exam Ever (M)</td>
<td>45.2</td>
<td>62.4</td>
<td>WORSE</td>
<td></td>
<td></td>
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<tr>
<td>% Don't Know Testicular Self-Exam (M)</td>
<td>75</td>
<td>63.5</td>
<td>WORSE</td>
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<td></td>
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<tr>
<td>% Perform Testicular Self-Exam Monthly (M)</td>
<td>9.8</td>
<td>12.5</td>
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<tr>
<td>Injury Control</td>
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<td></td>
<td></td>
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<tr>
<td>% &quot;Always&quot; Wear Seat Belt</td>
<td>65.4</td>
<td>75</td>
<td>92</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Child (&lt;5) &quot;Always&quot; Uses Auto Child Restraint</td>
<td>76.4</td>
<td>98.9</td>
<td>100</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>Access</td>
<td>Avoyelles</td>
<td>US</td>
<td>HP2010</td>
<td>vs. US</td>
<td>vs. HP2010</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----------</td>
<td>-----</td>
<td>--------</td>
<td>--------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Insurance Cvg</td>
<td>33.5</td>
<td>15.6</td>
<td>0</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Have a Regular Clinic or Physician</td>
<td>85.6</td>
<td>85</td>
<td>96</td>
<td>similar</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Cost Prevented Physician Visit in Past Yr</td>
<td>22.5</td>
<td>10.4</td>
<td></td>
<td>WORSE</td>
<td></td>
</tr>
<tr>
<td>% Cost Prevented Child's Care in Past Yr</td>
<td>8.3</td>
<td>7.3</td>
<td></td>
<td>similar</td>
<td></td>
</tr>
<tr>
<td>% Transportation Prevented Dr Visit in Past Yr</td>
<td>13</td>
<td>5.2</td>
<td></td>
<td>WORSE</td>
<td></td>
</tr>
<tr>
<td>% Transportation Prevented Child's Care in Past Yr</td>
<td>6.3</td>
<td>4.1</td>
<td></td>
<td>similar</td>
<td></td>
</tr>
<tr>
<td>% Difficulty Getting Appointment in Past Yr</td>
<td>14.3</td>
<td>13.3</td>
<td>7</td>
<td>similar</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Inconvenient Hrs Prevented Dr Visit in Past Yr</td>
<td>16.6</td>
<td>12.7</td>
<td></td>
<td>similar</td>
<td></td>
</tr>
<tr>
<td>% Cost Prevented Getting Rx in Past Yr</td>
<td>23.6</td>
<td>9.5</td>
<td></td>
<td>WORSE</td>
<td></td>
</tr>
<tr>
<td>% Difficulty Finding Dr for Child in Past Yr</td>
<td>6.9</td>
<td>5.3</td>
<td></td>
<td>similar</td>
<td></td>
</tr>
<tr>
<td>% Difficulty Getting Appt for Child in Past Yr</td>
<td>9.2</td>
<td>13.1</td>
<td></td>
<td>similar</td>
<td></td>
</tr>
<tr>
<td>% Inconv Hrs Prevented Child's Dr Visit in Past Yr</td>
<td>14.2</td>
<td>16.3</td>
<td></td>
<td>similar</td>
<td></td>
</tr>
<tr>
<td>% Cost Prevented Getting Child's Rx in Past Yr</td>
<td>14.5</td>
<td>4.4</td>
<td></td>
<td>WORSE</td>
<td></td>
</tr>
<tr>
<td>% Gone to ER More Than Once in Past Yr</td>
<td>18.2</td>
<td>5.6</td>
<td></td>
<td>WORSE</td>
<td></td>
</tr>
<tr>
<td>% Difficulty Finding Physician in Past Yr</td>
<td>13</td>
<td>7.8</td>
<td></td>
<td>WORSE</td>
<td></td>
</tr>
<tr>
<td>Health Care</td>
<td>42.3</td>
<td>53.1</td>
<td></td>
<td>WORSE</td>
<td></td>
</tr>
</tbody>
</table>
### Summary of Findings by Issue

#### Cancer

| % Don't Know Breast Self-Exam (W) | 8.5 | 4.2 | WORSE |
| % "High" Fat Diet | 19.4 | 10.4 | WORSE |
| % Cancer (Other Than Skin) | 7.5 | 4.5 | WORSE |
| Age-Adjusted Cancer Deaths/100,000 | 267 | 202.7 | 159.9 | WORSE | Does NOT Meet Goal |
| % Testicular Exam Ever (M) | 45.2 | 62.4 | WORSE |
| % Eat 5+ Servings of Fruit or Vegetables/Day | 22.9 | 30 | WORSE |
| % Digital Rectal Exam in Past Yr (50+) | 44.3 | 57.1 | WORSE |
| % Sigmoid/Colonoscopy Ever (50+) | 39.4 | 48.7 | 50 | WORSE | Does NOT Meet Goal |
| % Don't Know Testicular Self-Exam (M) | 75 | 63.5 | WORSE |
| % Skin Cancer | 6.8 | 4.9 | similar |
| % Perform Testicular Self-Exam Monthly (M) | 9.8 | 12.5 | similar |
| % Current Smoker | 26.4 | 22.8 | 12 | similar | Does NOT Meet Goal |
| % Blood Stool Test in Past 2 Yrs (50+) | 41.6 | 47.1 | 50 | similar | Does NOT Meet Goal |
| % Mother/Sister Diagnosed Breast Cancer (W) | 12.7 | 11.5 | similar |
| % PSA or Digital Rectal Exam in Past 2 Yrs (M40+) | 67.6 | 69.9 | similar |
| % Mammogram in Past 2 Yrs (W40+) | 76 | 78.2 | 70 | similar | indeterminable |
| % Father/Brother Diagnosed Prostate Cancer (M) | 8.6 | 8.4 | similar |
| % Pap Smear in Past 3 Yrs (W) | 84.3 | 84 | 90 | similar | Does NOT Meet Goal |
| Age-Adjusted Breast Cancer Deaths/100,000 | 14 | 27 | 22.3 | BETTER | Meets Goal |

#### Chronic Disabling Conditions

| % Diabetes/High Blood Sugar | 11.9 | 5.5 | WORSE |
| % "Fair" or "Poor" Physical Health | 21.9 | 12.3 | WORSE |
| % Child Has Asthma | 21.4 | 13.4 | WORSE |
| % Arthritis/Rheumatism | 32 | 20.3 | WORSE |
| % Deafness/Trouble Hearing | 13.9 | 9.3 | WORSE |
| % Blindness/Trouble Seeing | 13.3 | 9.2 | WORSE |
| % Activity Limitations | 21.3 | 14.9 | WORSE |
| % >1 Day/Month Poor Mental Health | 37.7 | 31.9 | WORSE |

Age-Adjusted Diabetes Mellitus Deaths/100,000 | 29.4 | 25.2 | 15.1 | WORSE | Does NOT Meet Goal |

| % Kidney Disease | 4.2 | 2.7 | similar |
| % Impairment a Result of Work-Related Injury | 25.2 | 17.7 | similar |
| % Asthma | 12 | 9.9 | similar |
| % Sciatica/Chronic Back Pain | 23.2 | 20 | similar |
### Clinical Preventive Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Avoyelles</th>
<th>US</th>
<th>HP2010</th>
<th>Significance vs. US</th>
<th>Significance vs. HP2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Cost Prevented Getting Child’s Rx in Past Yr</td>
<td>14.5</td>
<td>4.4</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Gone to ER More Than Once in Past Yr</td>
<td>18.2</td>
<td>5.6</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Transportation Prevented Dr Visit in Past Yr</td>
<td>13</td>
<td>5.2</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Cost Prevented Getting Rx in Past Yr</td>
<td>23.6</td>
<td>9.5</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Cost Prevented Physician Visit in Past Yr</td>
<td>22.5</td>
<td>10.4</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Lack Health Insurance (18-64)</td>
<td>33.5</td>
<td>15.6</td>
<td>0</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
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<tr>
<td>% Difficulty Finding Physician in Past Yr</td>
<td>13</td>
<td>7.8</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Have Had Eye Exam in Past Yr</td>
<td>42.5</td>
<td>54.2</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Rate Local Health Care &quot;Excellent/Very Good&quot;</td>
<td>42.3</td>
<td>53.1</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Transportation Prevented Child's Care in Past Yr</td>
<td>6.3</td>
<td>4.1</td>
<td>similar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Inconvenient Hrs Prevented Dr Visit in Past Yr</td>
<td>16.6</td>
<td>12.7</td>
<td>similar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Difficulty Finding Dr for Child in Past Yr</td>
<td>6.9</td>
<td>5.3</td>
<td>similar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Difficulty Getting Appt for Child in Past Yr</td>
<td>9.2</td>
<td>13.1</td>
<td>similar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Cost Prevented Child's Care in Past Yr</td>
<td>8.3</td>
<td>7.3</td>
<td>similar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Incon Hrs Prevented Child’s Dr Visit in Past Yr</td>
<td>14.2</td>
<td>16.3</td>
<td>similar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Flu Shot in Past Yr (65+)</td>
<td>72.7</td>
<td>65.7</td>
<td>90</td>
<td>similar</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Difficulty Getting Appointment in Past Yr</td>
<td>14.3</td>
<td>13.3</td>
<td>7</td>
<td>similar</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Child Has Had Checkup in Past Yr</td>
<td>81.4</td>
<td>85.6</td>
<td>similar</td>
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<tr>
<td>% Have a Regular Clinic or Physician</td>
<td>85.6</td>
<td>85</td>
<td>96</td>
<td>similar</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Have Had Routine Checkup in Past Yr</td>
<td>72</td>
<td>64.1</td>
<td>BETTER</td>
<td></td>
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</table>

### Education & Community-Based Programs

<table>
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<tr>
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<th>Avoyelles</th>
<th>US</th>
<th>HP2010</th>
<th>Significance vs. US</th>
<th>Significance vs. HP2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Activity Limitations</td>
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### Environmental Health

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<th>HP2010</th>
<th>Significance vs. US</th>
<th>Significance vs. HP2010</th>
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<tbody>
<tr>
<td>% Asthma</td>
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### Family Planning

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<th>Category</th>
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<th>US</th>
<th>HP2010</th>
<th>Significance vs. US</th>
<th>Significance vs. HP2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Births to Teenagers</td>
<td>19.4</td>
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### Heart Disease & Stroke

<table>
<thead>
<tr>
<th>Metric</th>
<th>Avoyelles</th>
<th>US</th>
<th>HP2010</th>
<th>Significance vs. US</th>
<th>Significance vs. HP2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>% &quot;High&quot; Fat Diet</td>
<td>19.4</td>
<td>10.4</td>
<td></td>
<td>WORSE</td>
<td></td>
</tr>
<tr>
<td>% Obese</td>
<td>32.5</td>
<td>19.1</td>
<td>15</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Told Have High Blood Pressure</td>
<td>37.9</td>
<td>23.4</td>
<td>16</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>Age-Adjusted Heart Disease Deaths/100,000</td>
<td>405.7</td>
<td>267.8</td>
<td>213.7</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Overweight</td>
<td>70</td>
<td>56.9</td>
<td></td>
<td>WORSE</td>
<td></td>
</tr>
<tr>
<td>% Unhealthy Weight (BMI &lt;18.5 or 25+)</td>
<td>70.9</td>
<td>58.5</td>
<td>40</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% 1+ Cardiovascular Risk Factor</td>
<td>96.2</td>
<td>84.7</td>
<td></td>
<td>WORSE</td>
<td></td>
</tr>
<tr>
<td>Age-Adjusted Stroke Deaths/100,000</td>
<td>66.8</td>
<td>61.8</td>
<td>48</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Stroke</td>
<td>2.6</td>
<td>1.4</td>
<td></td>
<td>similar</td>
<td></td>
</tr>
<tr>
<td>% Chronic Heart Disease</td>
<td>8.7</td>
<td>5.7</td>
<td></td>
<td>similar</td>
<td></td>
</tr>
<tr>
<td>% Current Smoker</td>
<td>26.4</td>
<td>22.8</td>
<td>12</td>
<td>similar</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Taking Action to Control High Cholesterol</td>
<td>76.8</td>
<td>70</td>
<td></td>
<td>similar</td>
<td></td>
</tr>
<tr>
<td>% Told Have High Cholesterol</td>
<td>23.2</td>
<td>21.4</td>
<td>17</td>
<td>similar</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Taking Action to Control High BP</td>
<td>85.6</td>
<td>80.7</td>
<td>95</td>
<td></td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Cholesterol Checked in Past 5 Yrs</td>
<td>78</td>
<td>82.2</td>
<td>80</td>
<td>similar</td>
<td>indeterminable</td>
</tr>
<tr>
<td>% No Leisure-Time Physical Activity</td>
<td>21.1</td>
<td>20.2</td>
<td></td>
<td>similar</td>
<td></td>
</tr>
<tr>
<td>% Overweight Trying to Lose</td>
<td>30.7</td>
<td>31.2</td>
<td></td>
<td>similar</td>
<td></td>
</tr>
<tr>
<td>% Blood Pressure Checked in Past 2 Yrs</td>
<td>95.7</td>
<td>96</td>
<td>95</td>
<td>similar</td>
<td>indeterminable</td>
</tr>
<tr>
<td>% Vigorous Exercise 3+ Times/Wk</td>
<td>31.7</td>
<td></td>
<td></td>
<td>similar</td>
<td></td>
</tr>
</tbody>
</table>

### HIV Infection

<table>
<thead>
<tr>
<th>Metric</th>
<th>Avoyelles</th>
<th>US</th>
<th>HP2010</th>
<th>Significance vs. US</th>
<th>Significance vs. HP2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age-Adjusted HIV Deaths/100,000</td>
<td>10.8</td>
<td>5.4</td>
<td>0.7</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% &quot;High&quot; Chance of Getting AIDS (18-64)</td>
<td>4</td>
<td>2.1</td>
<td></td>
<td>similar</td>
<td></td>
</tr>
<tr>
<td>% Tested for AIDS Virus in Past Yr (18-64)</td>
<td>25.2</td>
<td>30.6</td>
<td></td>
<td>similar</td>
<td></td>
</tr>
</tbody>
</table>

### Immunization & Infectious Diseases

<table>
<thead>
<tr>
<th>Metric</th>
<th>Avoyelles</th>
<th>US</th>
<th>HP2010</th>
<th>Significance vs. US</th>
<th>Significance vs. HP2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B Incidence/100,000</td>
<td>6.6</td>
<td>4.2</td>
<td></td>
<td>WORSE</td>
<td></td>
</tr>
<tr>
<td>Age-Adjusted Pneumonia/Influenza Deaths/100,000</td>
<td>30.7</td>
<td>23.6</td>
<td></td>
<td>WORSE</td>
<td></td>
</tr>
<tr>
<td>% Children (&lt;24 Mos) Immunized Appropriately</td>
<td>80</td>
<td>82</td>
<td>90</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Flu Shot in Past Yr (65+)</td>
<td>72.7</td>
<td>65.7</td>
<td>90</td>
<td>similar</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>Hepatitis A Incidence/100,000</td>
<td>3.1</td>
<td>12</td>
<td>4.5</td>
<td>BETTER</td>
<td>Meets Goal</td>
</tr>
<tr>
<td>Tuberculosis Incidence/100,000</td>
<td>1.6</td>
<td>5.8</td>
<td>1</td>
<td>BETTER</td>
<td>Does NOT Meet Goal</td>
</tr>
</tbody>
</table>
### Maternal & Infant Health

<table>
<thead>
<tr>
<th>Measure</th>
<th>Avoyelles</th>
<th>US</th>
<th>HP2010</th>
<th>Significance vs. US</th>
<th>Significance vs. HP2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>% No Prenatal Care in 1st Trimester</td>
<td>28.2</td>
<td>17</td>
<td>10</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% of Low Birthweight Births</td>
<td>12.2</td>
<td>7.6</td>
<td>5</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>Neonatal Death Rate</td>
<td>7.2</td>
<td>4.7</td>
<td>2.9</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>Infant Death Rate</td>
<td>9</td>
<td>7</td>
<td>4.5</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
</tbody>
</table>

### Mental Health & Mental Disorders

<table>
<thead>
<tr>
<th>Measure</th>
<th>Avoyelles</th>
<th>US</th>
<th>HP2010</th>
<th>Significance vs. US</th>
<th>Significance vs. HP2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>% &gt;3 Days/Month Sad, Blue or Depressed</td>
<td>34.3</td>
<td>22.7</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Prolonged Depression (2+ Yrs)</td>
<td>34.6</td>
<td>23.9</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% &gt;3 Days/Month Worried, Tense or Anxious</td>
<td>45.6</td>
<td>35.8</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% &gt;3 Days/Month Did Not Get Enough Rest/Sleep</td>
<td>63.7</td>
<td>56.1</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age-Adjusted Suicide Deaths/100,000</td>
<td>11.3</td>
<td>10.7</td>
<td>5</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Depressed Persons Seeking Help</td>
<td>34.3</td>
<td>42.5</td>
<td>50</td>
<td>similar</td>
<td>Does NOT Meet Goal</td>
</tr>
</tbody>
</table>

### Nutrition

<table>
<thead>
<tr>
<th>Measure</th>
<th>Avoyelles</th>
<th>US</th>
<th>HP2010</th>
<th>Significance vs. US</th>
<th>Significance vs. HP2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>% “High” Fat Diet</td>
<td>19.4</td>
<td>10.4</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Cancer (Other Than Skin)</td>
<td>7.5</td>
<td>4.5</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age-Adjusted Heart Disease Deaths/100,000</td>
<td>405.7</td>
<td>267.8</td>
<td>213.7</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>Age-Adjusted Cancer Deaths/100,000</td>
<td>267</td>
<td>202.7</td>
<td>159.9</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Eat 5+ Servings of Fruit or Vegetables/Day</td>
<td>22.9</td>
<td>30</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Overweight</td>
<td>70</td>
<td>56.9</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Unhealthy Weight (BMI &lt;18.5 or 25+)</td>
<td>70.9</td>
<td>58.5</td>
<td>40</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Chronic Heart Disease</td>
<td>8.7</td>
<td>5.7</td>
<td>similar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Use Food Labels</td>
<td>64.6</td>
<td>68.7</td>
<td>similar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Overweight Trying to Lose</td>
<td>30.7</td>
<td>31.2</td>
<td>similar</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Oral Health

<table>
<thead>
<tr>
<th>Measure</th>
<th>Avoyelles</th>
<th>US</th>
<th>HP2010</th>
<th>Significance vs. US</th>
<th>Significance vs. HP2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Have Visited Dentist in Past Yr (18+)</td>
<td>57.9</td>
<td>68.9</td>
<td>56</td>
<td>WORSE</td>
<td>indeterminable</td>
</tr>
<tr>
<td>% Child (1-17) Has Visited Dentist in Past Yr</td>
<td>83.7</td>
<td>69.3</td>
<td>56</td>
<td>BETTER</td>
<td>Meets Goal</td>
</tr>
</tbody>
</table>
## Physical Activity & Fitness

<table>
<thead>
<tr>
<th>Metric</th>
<th>Avoyelles</th>
<th>US</th>
<th>HP2010</th>
<th>Significance vs. US</th>
<th>Significance vs. HP2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Obese</td>
<td>32.5</td>
<td>19.1</td>
<td>15</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>Age-Adjusted Heart Disease Deaths/100,000</td>
<td>405.7</td>
<td>267.8</td>
<td>213.7</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Overweight</td>
<td>70</td>
<td>56.9</td>
<td></td>
<td>WORSE</td>
<td></td>
</tr>
<tr>
<td>% Unhealthy Weight (BMI &lt;18.5 or 25+)</td>
<td>70.9</td>
<td>58.5</td>
<td>40</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Chronic Heart Disease</td>
<td>8.7</td>
<td>5.7</td>
<td></td>
<td>similar</td>
<td></td>
</tr>
<tr>
<td>% No Leisure-Time Physical Activity</td>
<td>21.1</td>
<td>20.2</td>
<td></td>
<td>similar</td>
<td></td>
</tr>
<tr>
<td>% Overweight Trying to Lose</td>
<td>30.7</td>
<td>31.2</td>
<td></td>
<td>similar</td>
<td></td>
</tr>
<tr>
<td>% Vigorous Exercise 3+ Times/Wk</td>
<td>31.7</td>
<td></td>
<td></td>
<td>similar</td>
<td></td>
</tr>
</tbody>
</table>

## Sexually Transmitted Diseases

<table>
<thead>
<tr>
<th>Disease</th>
<th>Avoyelles</th>
<th>US</th>
<th>HP2010</th>
<th>Significance vs. US</th>
<th>Significance vs. HP2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B Incidence/100,000</td>
<td>6.6</td>
<td>4.2</td>
<td></td>
<td>WORSE</td>
<td></td>
</tr>
<tr>
<td>Primary &amp; Secondary Syphilis Incidence/100,000</td>
<td>2.5</td>
<td>2.2</td>
<td>0.2</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>Chlamydia Incidence/100,000</td>
<td>116.5</td>
<td>257.5</td>
<td></td>
<td>BETTER</td>
<td></td>
</tr>
<tr>
<td>Gonorrhea Incidence/100,000</td>
<td>72.6</td>
<td>131.6</td>
<td>19</td>
<td>BETTER</td>
<td>Does NOT Meet Goal</td>
</tr>
</tbody>
</table>

## Substance Abuse

<table>
<thead>
<tr>
<th>Metric</th>
<th>Avoyelles</th>
<th>US</th>
<th>HP2010</th>
<th>Significance vs. US</th>
<th>Significance vs. HP2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Sought Help for Alcohol or Drug Problem</td>
<td>2.1</td>
<td>4.3</td>
<td></td>
<td>similar</td>
<td></td>
</tr>
<tr>
<td>% Chronic Drinker</td>
<td>7.2</td>
<td>5</td>
<td></td>
<td>similar</td>
<td></td>
</tr>
<tr>
<td>% Taken Rx Without Dr's Orders in Past Yr</td>
<td>3.6</td>
<td>4.5</td>
<td></td>
<td>similar</td>
<td></td>
</tr>
<tr>
<td>% Binge Drinker</td>
<td>19.4</td>
<td>16.4</td>
<td>6</td>
<td>similar</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Drinking &amp; Driving in Past Month</td>
<td>3.8</td>
<td>3.7</td>
<td></td>
<td>similar</td>
<td></td>
</tr>
<tr>
<td>% Taken Illegal Drug in Past Yr</td>
<td>0.5</td>
<td>3.2</td>
<td></td>
<td>BETTER</td>
<td></td>
</tr>
<tr>
<td>% Current Drinker</td>
<td>46.5</td>
<td>56.4</td>
<td>50</td>
<td>BETTER</td>
<td>indeterminable</td>
</tr>
</tbody>
</table>

## Tobacco

<table>
<thead>
<tr>
<th>Metric</th>
<th>Avoyelles</th>
<th>US</th>
<th>HP2010</th>
<th>Significance vs. US</th>
<th>Significance vs. HP2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Use Smokeless Tobacco</td>
<td>7</td>
<td>3.7</td>
<td></td>
<td>WORSE</td>
<td></td>
</tr>
<tr>
<td>% Chronic Lung Disease</td>
<td>12.1</td>
<td>6.4</td>
<td></td>
<td>WORSE</td>
<td></td>
</tr>
<tr>
<td>Age-Adjusted Heart Disease Deaths/100,000</td>
<td>405.7</td>
<td>267.8</td>
<td>213.7</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>Age-Adjusted Resp Disease Deaths/100,000</td>
<td>47.2</td>
<td>45.8</td>
<td></td>
<td>WORSE</td>
<td></td>
</tr>
<tr>
<td>% Chronic Heart Disease</td>
<td>8.7</td>
<td>5.7</td>
<td></td>
<td>similar</td>
<td></td>
</tr>
<tr>
<td>% Someone Smokes at Home (HH w/Kids)</td>
<td>28.9</td>
<td>23</td>
<td>10</td>
<td>similar</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Current Smoker</td>
<td>26.4</td>
<td>22.8</td>
<td>12</td>
<td>similar</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Have Quit 1+ Days in Past Yr</td>
<td>52.1</td>
<td>52.2</td>
<td>75</td>
<td>similar</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Smoke &gt;1 Pack/Day</td>
<td>5.5</td>
<td>13.5</td>
<td></td>
<td>BETTER</td>
<td></td>
</tr>
</tbody>
</table>
### Unintentional Injuries

<table>
<thead>
<tr>
<th></th>
<th>Avoyelles</th>
<th>US</th>
<th>HP2010</th>
<th>Significance vs. US</th>
<th>Significance vs. HP2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age-Adjusted MV Accident Deaths/100,000</td>
<td>48.5</td>
<td>15</td>
<td>9.2</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Child (&lt;5) &quot;Always&quot; Uses Auto Child Restraint</td>
<td>76.4</td>
<td>98.9</td>
<td>100</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% &quot;Always&quot; Wear Seat Belt</td>
<td>65.4</td>
<td>75</td>
<td>92</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
</tbody>
</table>

### Violent & Abusive Behavior

<table>
<thead>
<tr>
<th></th>
<th>Avoyelles</th>
<th>US</th>
<th>HP2010</th>
<th>Significance vs. US</th>
<th>Significance vs. HP2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggravated Assault/Battery Rate/100,000</td>
<td>876.3</td>
<td>323.6</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rape Rate/100,000</td>
<td>61.3</td>
<td>32</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Murder Rate/100,000</td>
<td>9.9</td>
<td>5.5</td>
<td>WORSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age-Adjusted Suicide Deaths/100,000</td>
<td>11.3</td>
<td>10.7</td>
<td>5</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Victim of Domestic Violence in Past 5 Yrs</td>
<td>5.5</td>
<td>3.1</td>
<td>similar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Victim of Violent Crime in Past 5 Yrs</td>
<td>2.5</td>
<td>3.8</td>
<td>similar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age-Adjusted Homicide Deaths/100,000</td>
<td>2.3</td>
<td>6.2</td>
<td>3</td>
<td>BETTER</td>
<td>Meets Goal</td>
</tr>
<tr>
<td>Robbery Rate/100,000</td>
<td>73.2</td>
<td>144.9</td>
<td>BETTER</td>
<td></td>
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