

2002 PRC 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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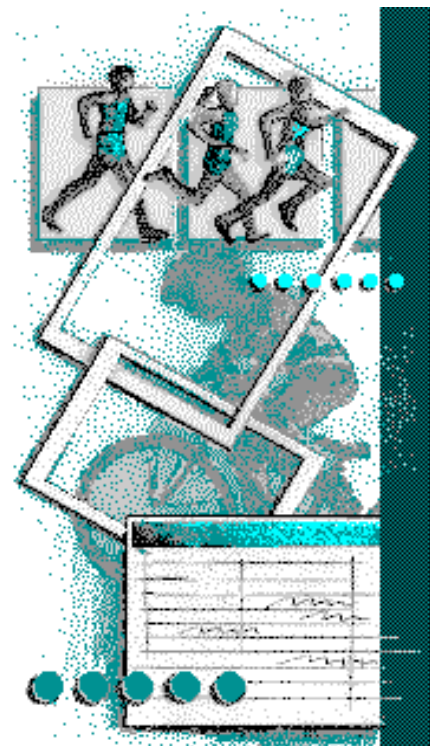


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SUMMARY OF ASSESSMENT FINDINGS

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:

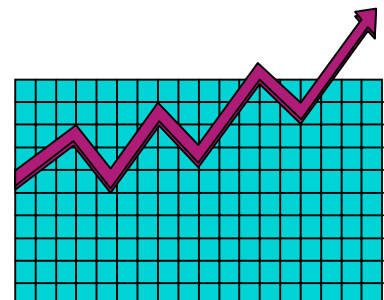
Self-Reported Health Status. A significantly greater share of Avoyelles Parish adults report “fair” or “poor” physical health in the past month. Also, a greater proportion of parish adults face activity limitations because of health problems.

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.

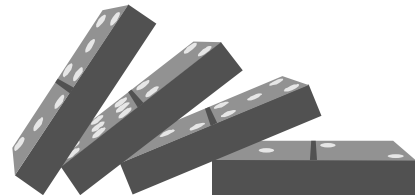
Chronic Illness. In terms of self-reported illnesses, a greater percentage of Avoyelles Parish adults report suffering from arthritis/rheumatism, diabetes, deafness/trouble hearing, blindness/trouble seeing, cancer and chronic lung disease than found nationwide.

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.

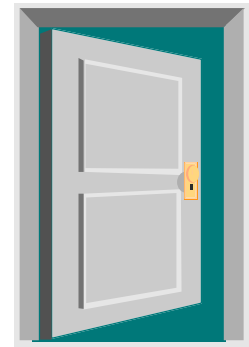
Transportation. The proportion of parish adults who said that a lack of transportation prevented them from seeing a physician within the past year is significantly higher than the national finding.

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.

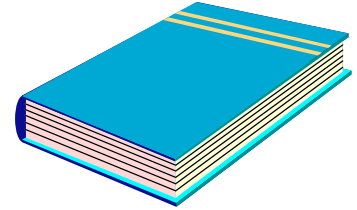
Availability of Physicians. The percentage of parish adults who reported difficulty in finding a physician within the past year is significantly higher than the national finding.

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.

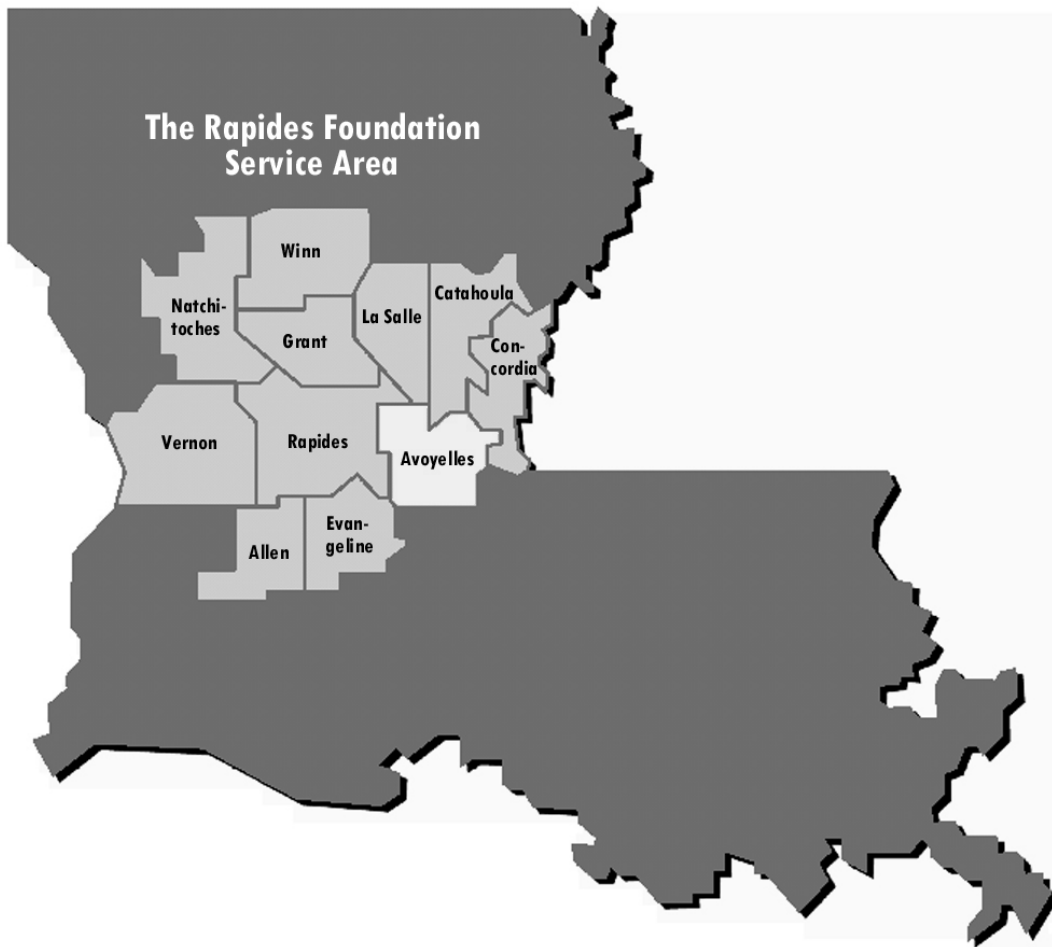
This *Community Health Assessment* will serve as a tool toward reaching three basic goals:

- **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.



Community Defined for This Assessment

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

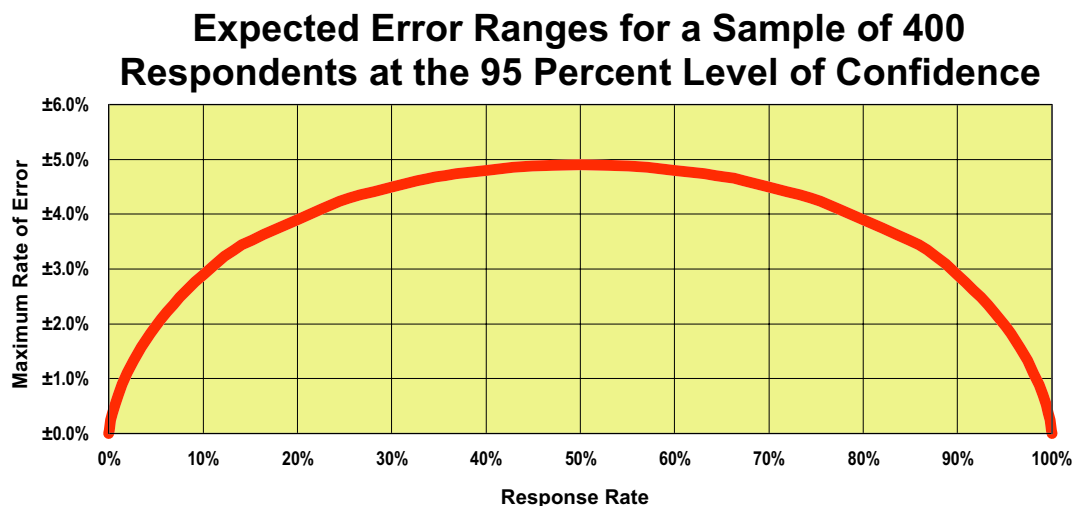
The sample design utilized for this effort consists of a random sample of 400 individuals age 18 and older in Avoyelles Parish. The interviews were conducted in proportion to the actual population distribution at the ZIP Code level. ZIP Code populations were based on the latest census projections of 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 $\pm 4.9\%$ at the 95 percent level of confidence.



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

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

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

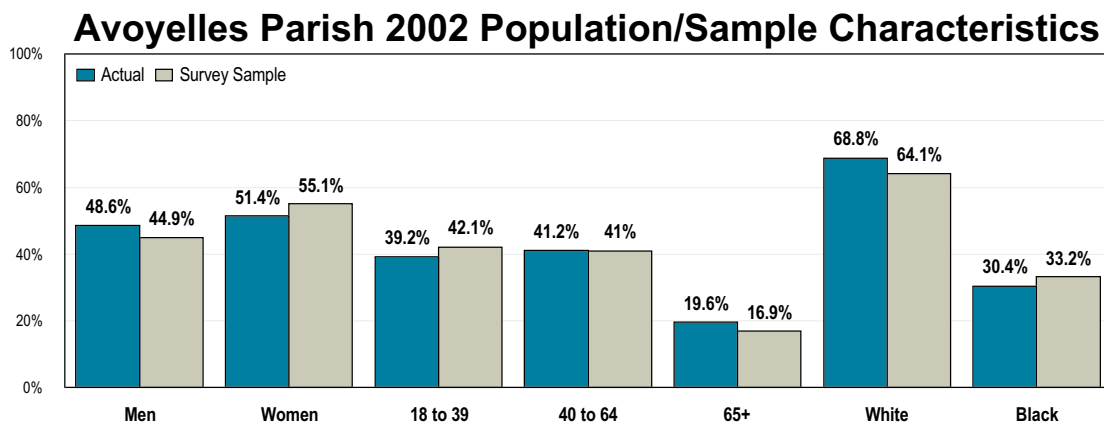
In addition, for further analysis, keep in mind that each percentage point recorded among the total sample of survey respondents is representative of approximately 298 residents age 18 and older in Avoyelles Parish (based on current population estimates). Thus, in a case where 3.4% of the total population 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.]



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.

Existing Data

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 Targets



**Understanding and
Improving Health**

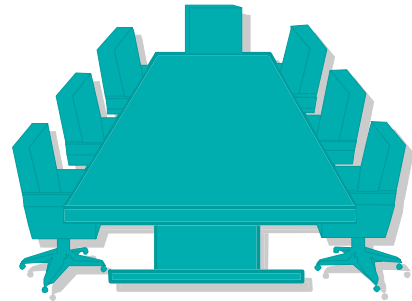
Healthy People 2010: Understanding and Improving Health is part of the Healthy People 2010 initiative that is sponsored by the U. S. Department of Health & Human Services. Healthy People 2010 outlines a comprehensive, nationwide health promotion and disease prevention agenda. It is designed to serve 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.

<u>Date</u>	<u>Time</u>	<u>Group</u>	<u>Participants</u>
March 18, 2002	12:00 p.m. to 2:00 p.m.	Avoyelles Parish Key Informants	18 Attendees

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

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

SELF-REPORTED HEALTH STATUS

Physical Health Status

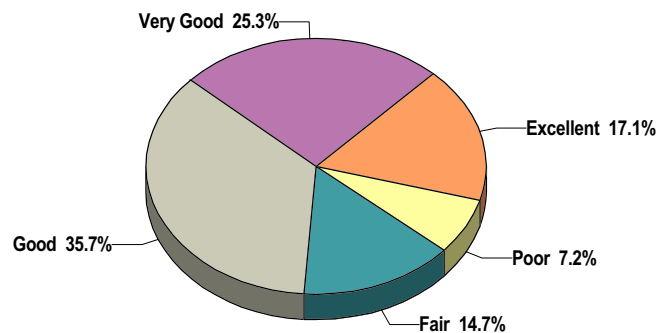
This section describes various self-reported measures of the general physical health among Avoyelles Parish residents.

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.”**

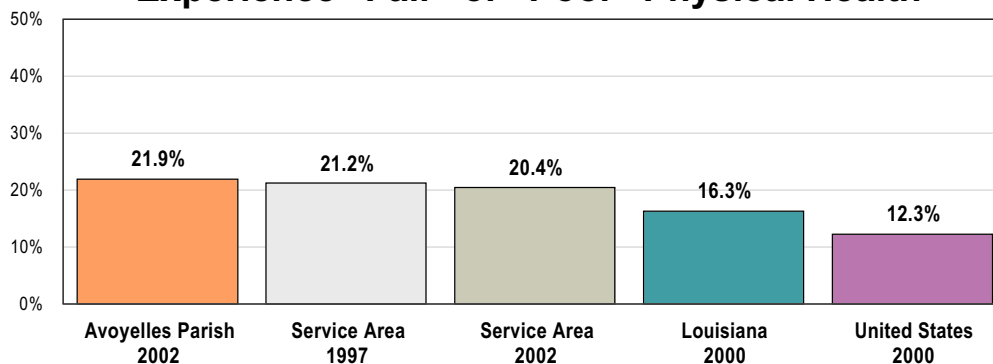
Self-Reported Health Status (Avoyelles Parish 2002)



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

- Less favorable than statewide findings (16.3%).
- Statistically similar to Rapides Foundation Service Area findings.
- Significantly higher than nationwide findings (12.3%).

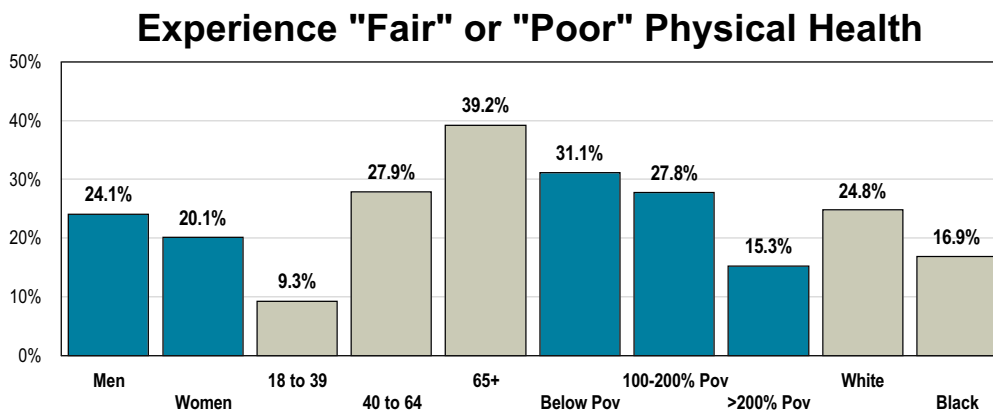
Experience "Fair" or "Poor" Physical Health



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

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

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

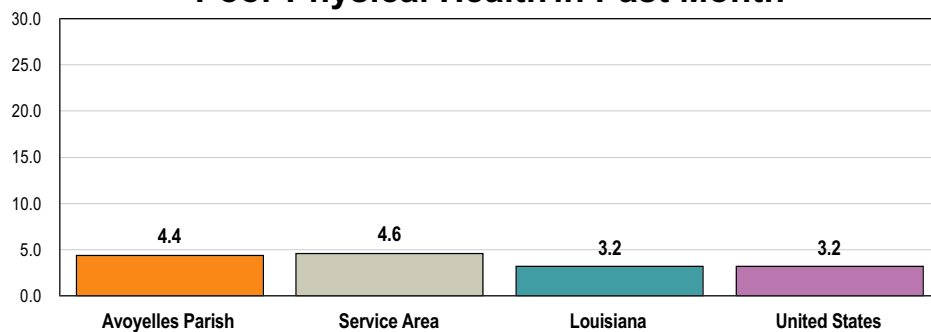


Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Avoyelles Parish.
 2. Asked of all respondents.

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

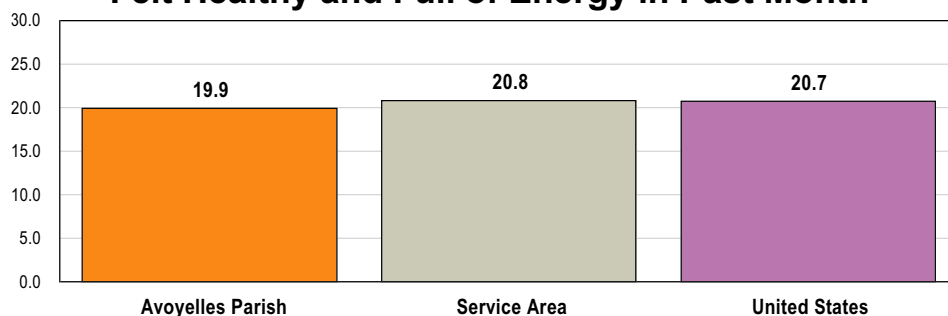


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
3. 2000 PRC National Health Survey, Professional Research Consultants
Note: Asked of all respondents.

Days Felt Healthy and Full of Energy

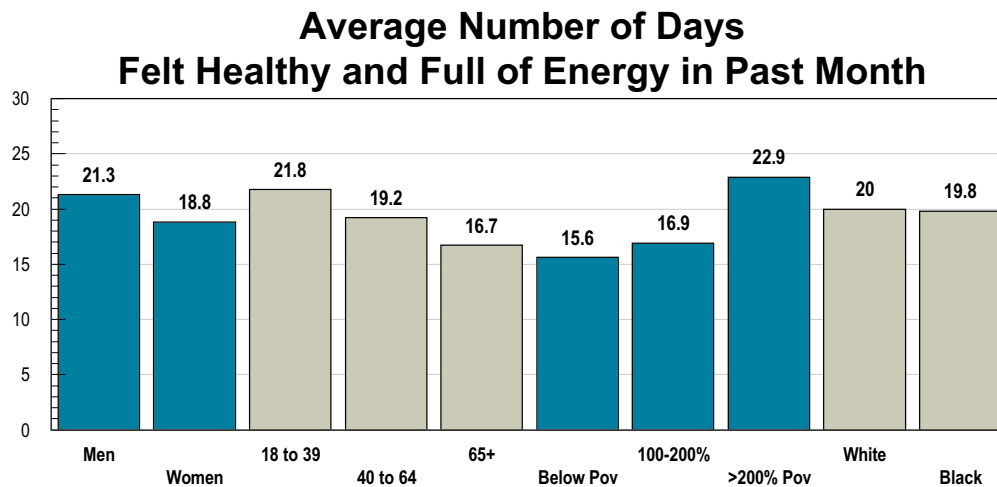
- **Avoyelles Parish adults report an average of 19.9 days in the last month on which they felt very healthy and full of energy.**
 - Similar to the Rapides Foundation Service Area average and the national average.

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



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

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



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.

Mental Health Status

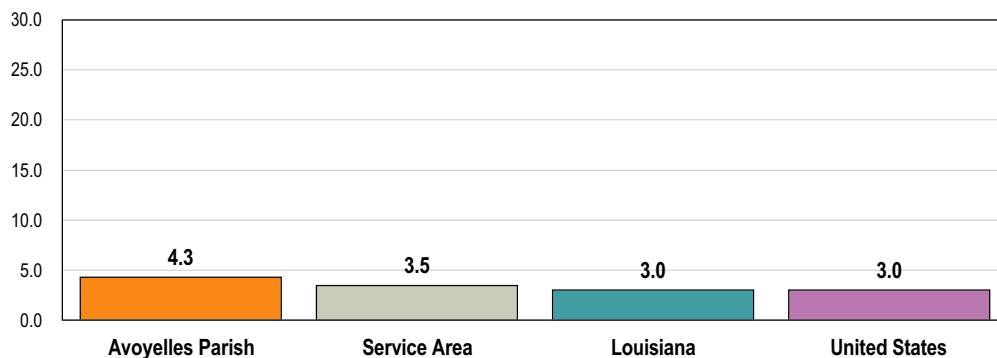
The following section outlines general assessments of the prevalence of depression among area residents, along with the number of people seeking professional help for problems with depression, stress and emotions.

Self-Reported Mental Health Status

Days of Poor Mental Health

- **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**



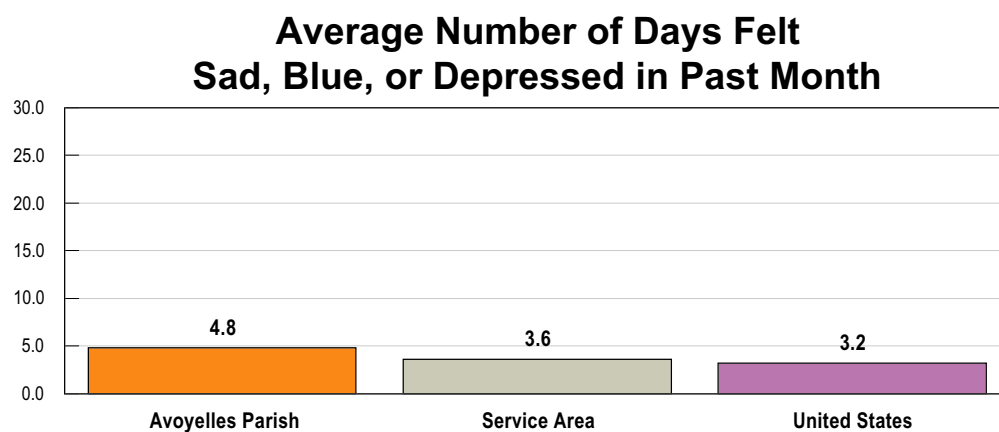
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
3. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
Note: Asked of all respondents.

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.

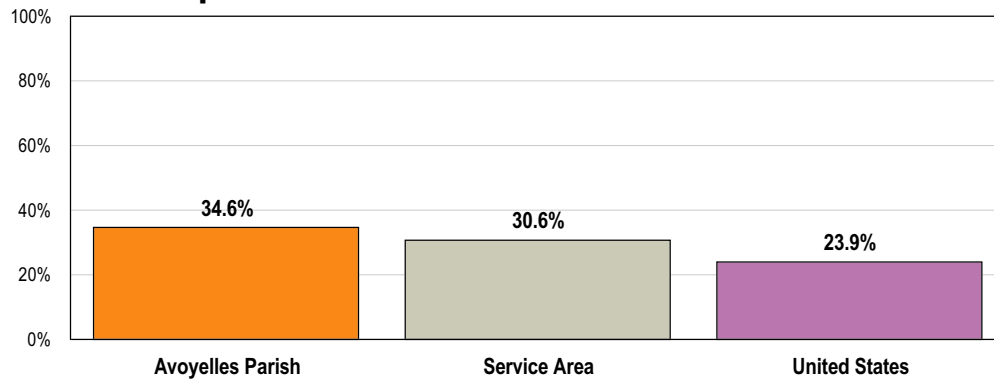


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

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.

Have Experienced Periods of Depression Which Lasted 2 or More Years



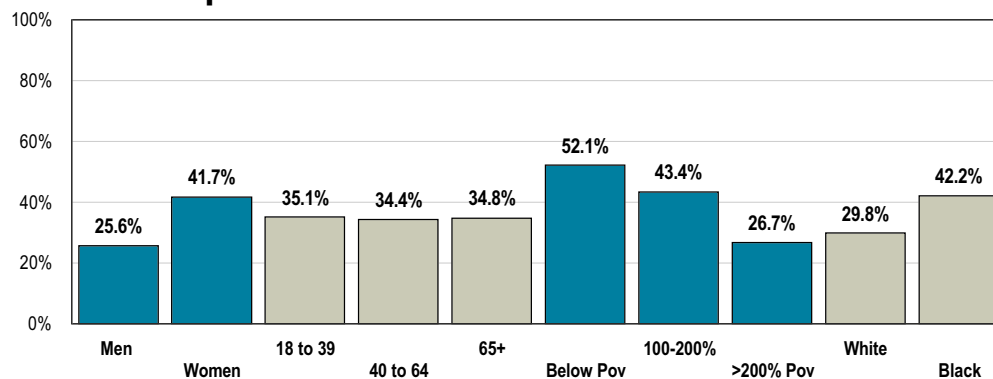
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants

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

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

- Respondents living below the poverty threshold.
- Black respondents.
- Women.

Have Experienced Periods of Depression Which Lasted 2 or More Years



Source: 2002 PRC Community Health Survey, Professional Research Consultants

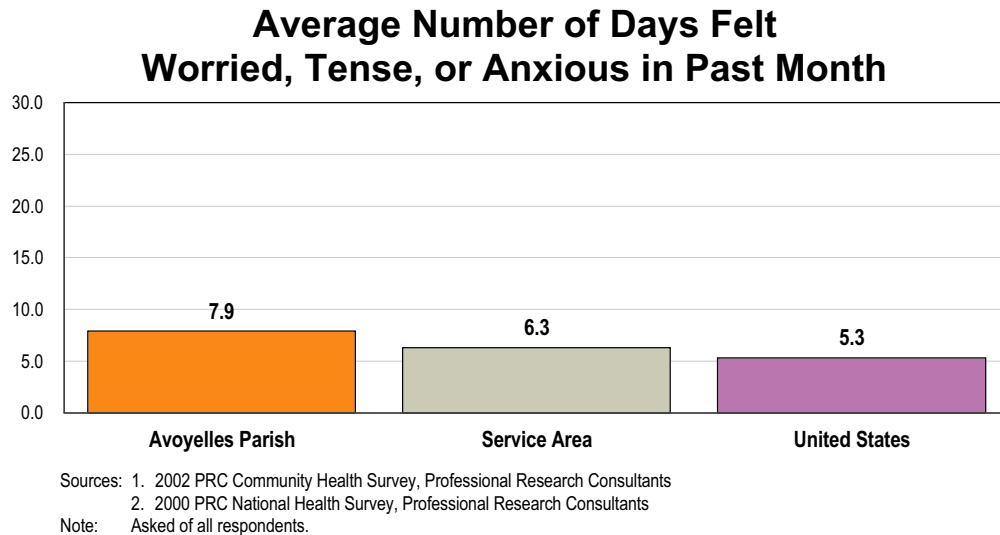
Notes: 1. Demographic breakouts are among findings in Avoyelles Parish.
2. Asked of all respondents.

Stress

Stress Levels

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

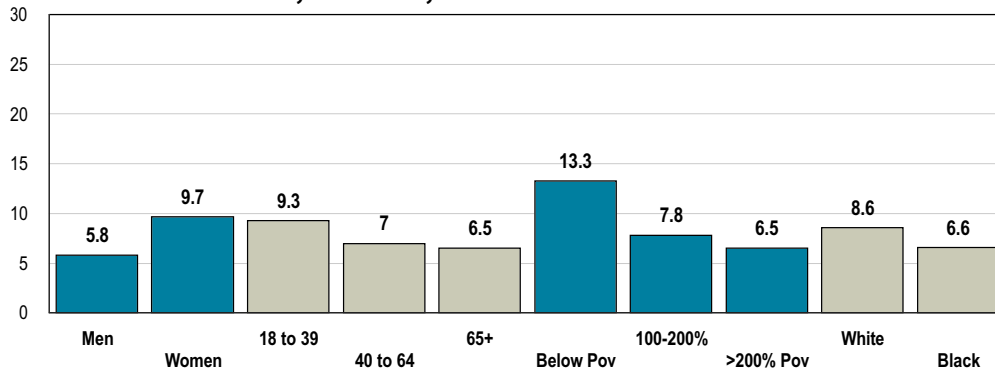
- **Adults in Avoyelles Parish report an average of 7.9 days in the past month on which they felt worried, tense or anxious.**
 - Similar to the Rapides Foundation Service Area average.
 - Higher than the national average (5.3 days/month).



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.

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

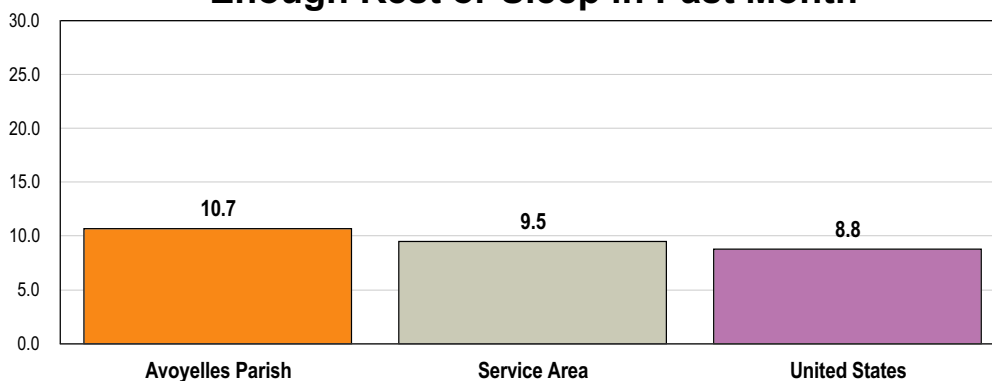


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Avoyelles Parish.
 2. Asked of all respondents.

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).

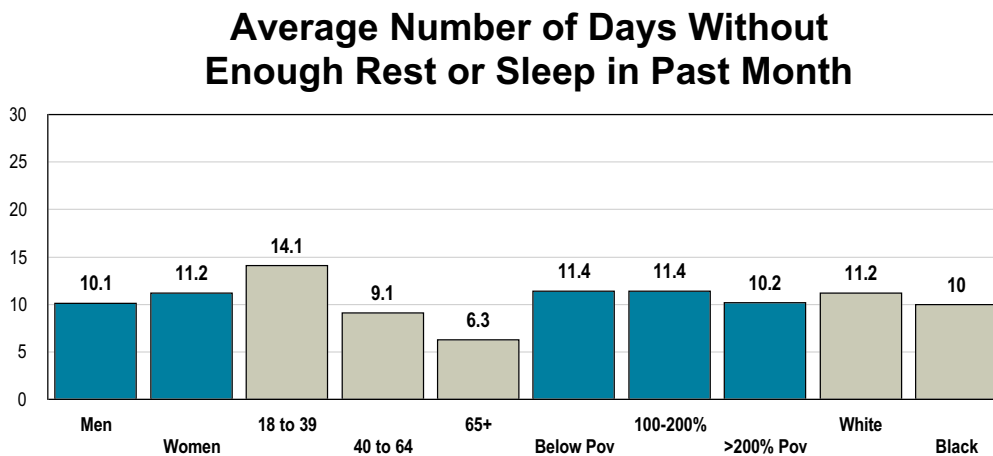
Average Number of Days Without Enough Rest or Sleep in Past Month



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

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

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



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*

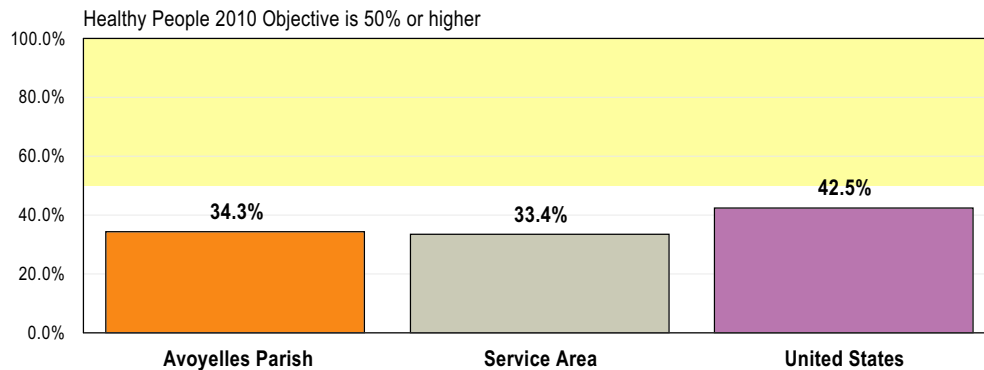
“We have a very relaxing lifestyle here. We don’t have a lot of tension or stress. We are out in the country, so we don’t have a lot of traffic and air pollution that you find in metropolitan areas.”

* 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.

Utilization of Mental Health Services

- **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

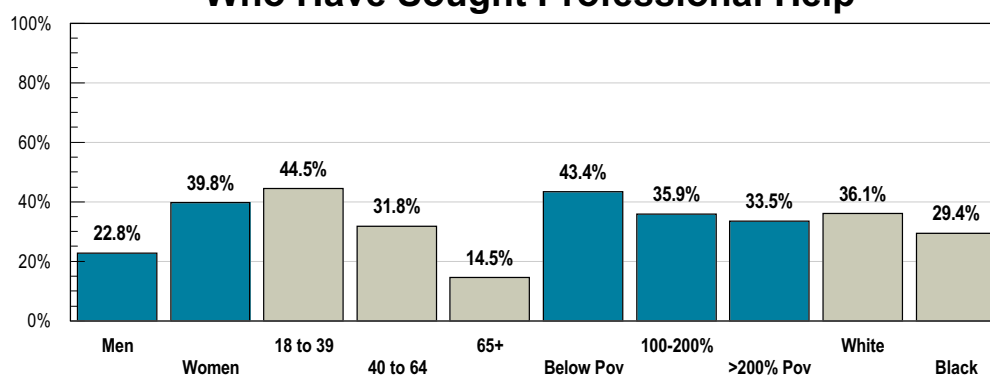


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
Notes: 1. Asked of respondents who have experienced 2 or more years 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.

Persons With Depression Who Have Sought Professional Help



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

Community Health Panel Findings*

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

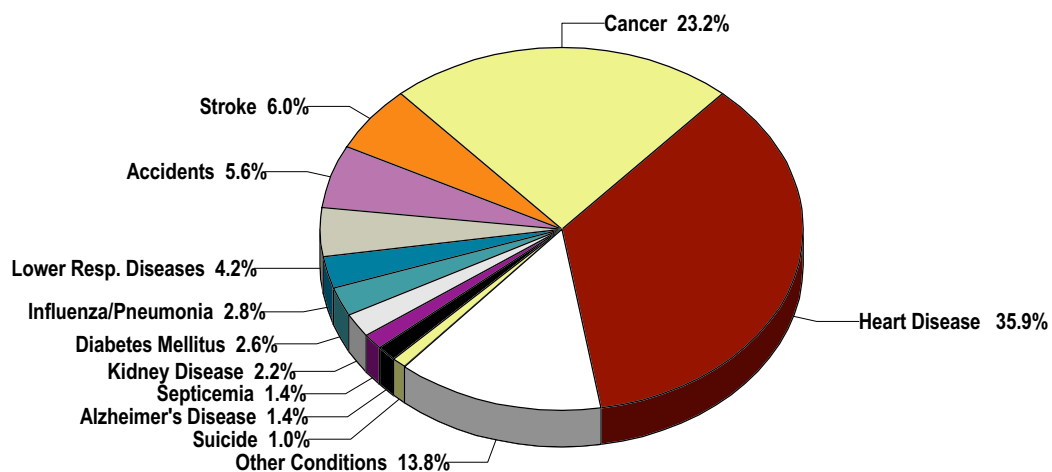
Leading Causes of Death

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
Avoyelles Parish 1999



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

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

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

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

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

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

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

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

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

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

Cardiovascular Disease

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

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

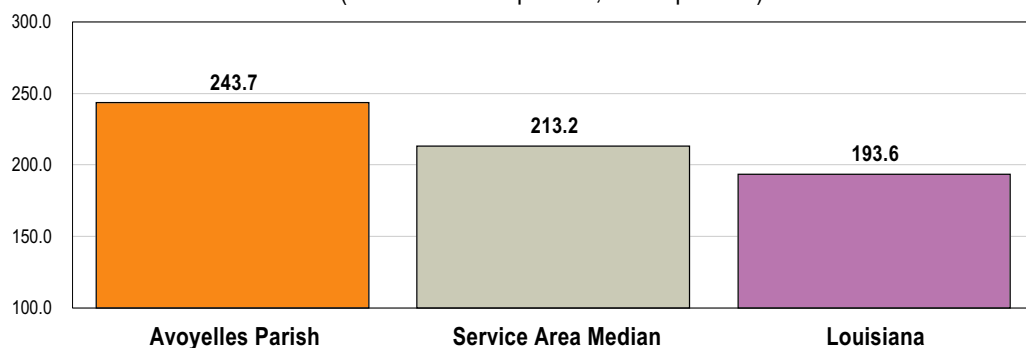
The economic impact of cardiovascular disease on the U.S. health care system continues to grow as the population ages. The estimated cost of cardiovascular disease in the United States in 2001 is \$298 billion, including health care expenditures and lost productivity (National Center for Chronic Disease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

Cardiovascular Disease Deaths

- **The age-adjusted cardiovascular death rate in 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)

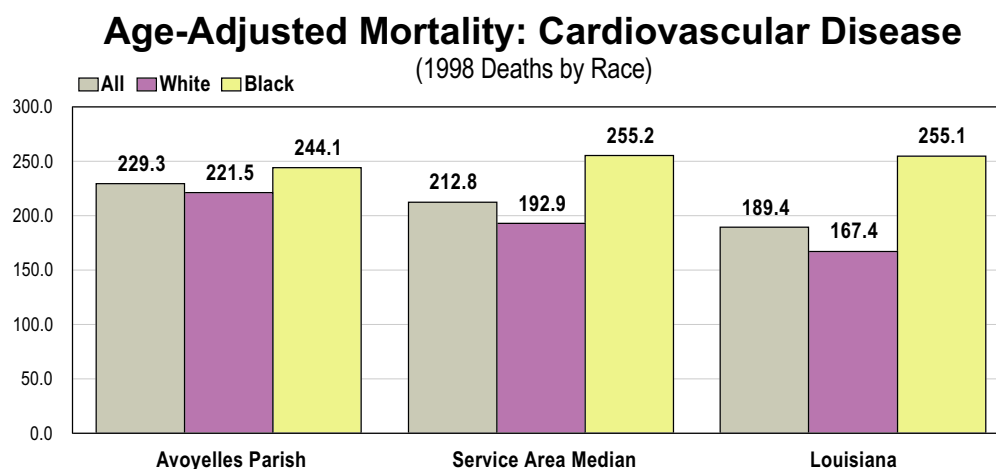


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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).

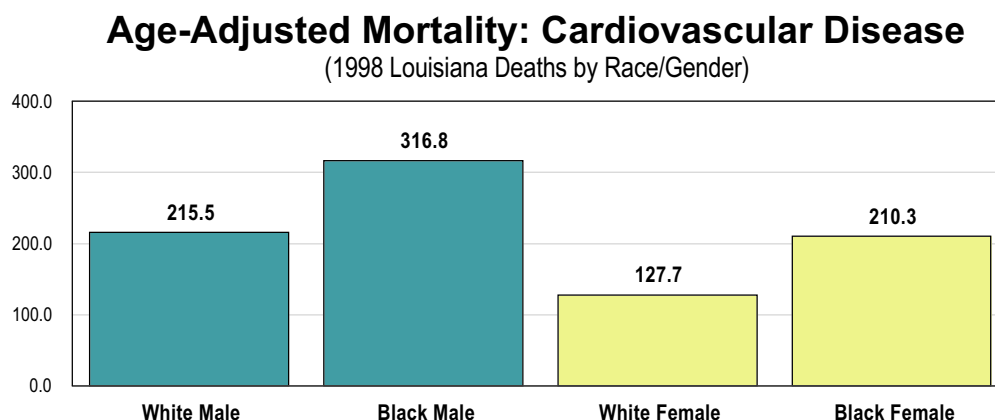


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

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

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



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

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

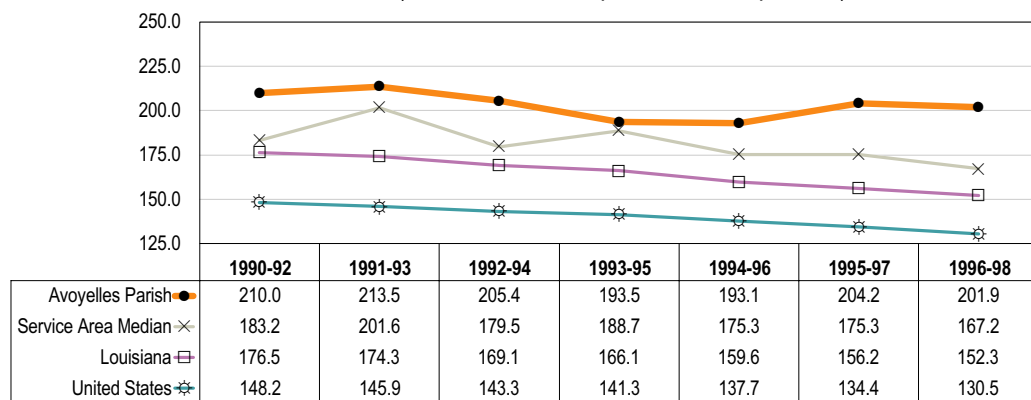
Heart Disease Deaths

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

- 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)



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

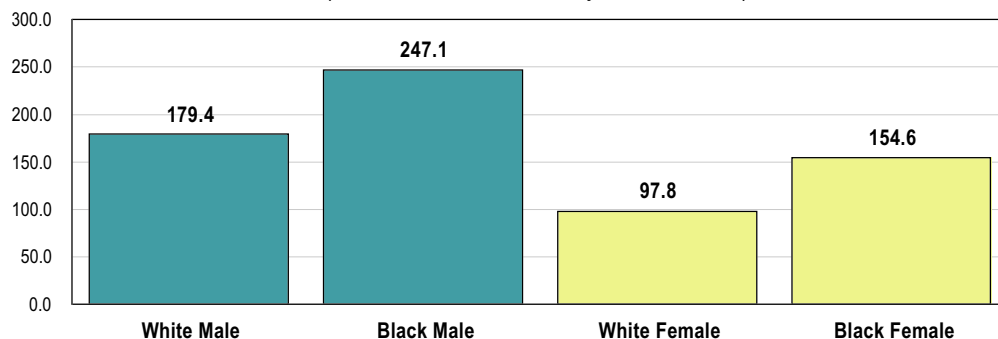
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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

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

Age-Adjusted Mortality: Heart Disease

(1998 Louisiana Deaths by Race/Gender)



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

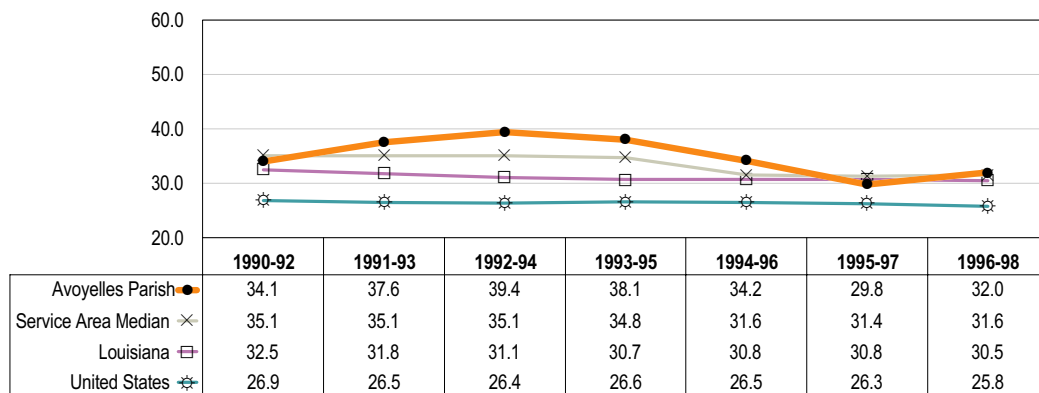
Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

Stroke Deaths

- The 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)



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

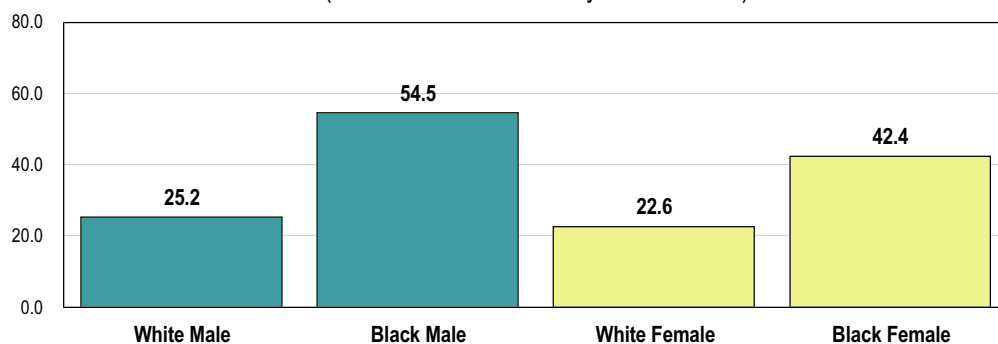
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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)



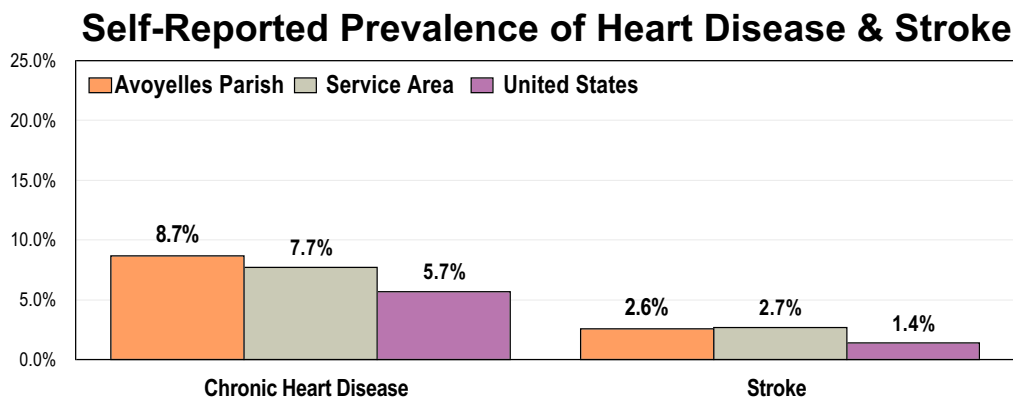
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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.



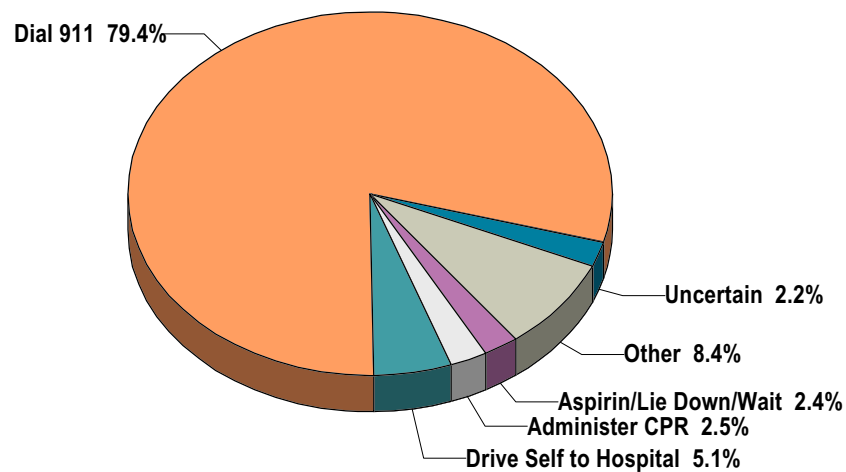
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of all respondents.
 2. State data not available.

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)



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

Cardiovascular Risk Factors

Hypertension (High Blood Pressure)

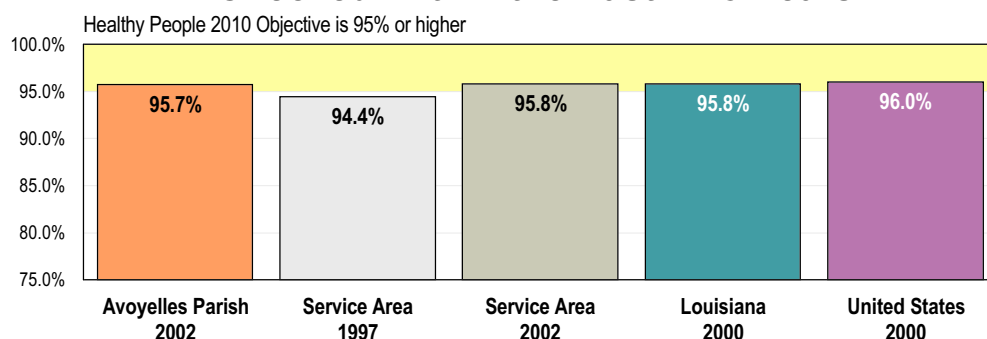
Hypertension, or high blood pressure, is a condition wherein one's systolic blood pressure is equal to or greater than 140 mm Hg and/or his or her diastolic blood pressure is equal to or greater than 90 mm Hg. Hypertension prevalence increases with age, and women and Blacks are generally at higher risk.

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).

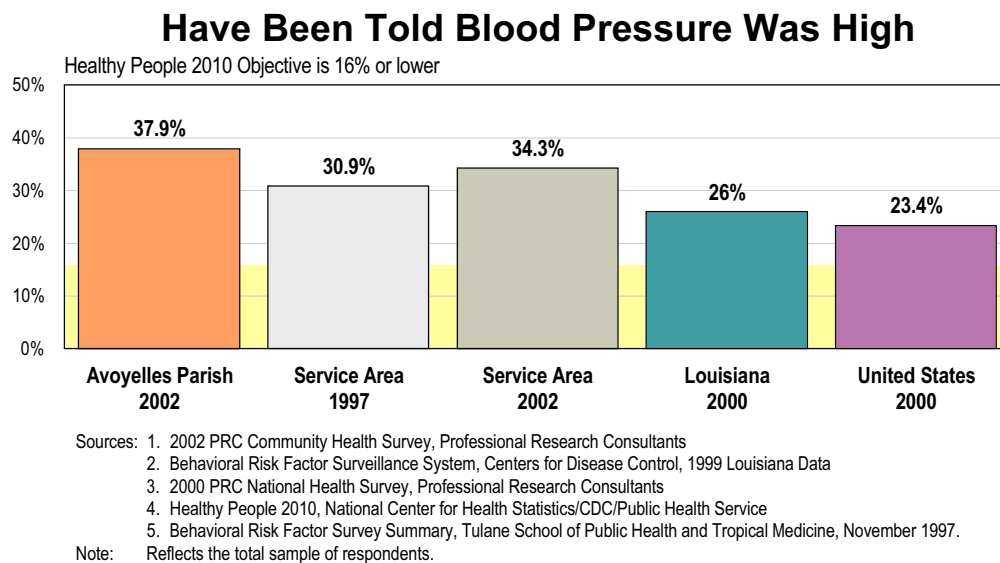
Have Had Blood Pressure Checked Within the Past Two Years



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

High Blood Pressure Prevalence

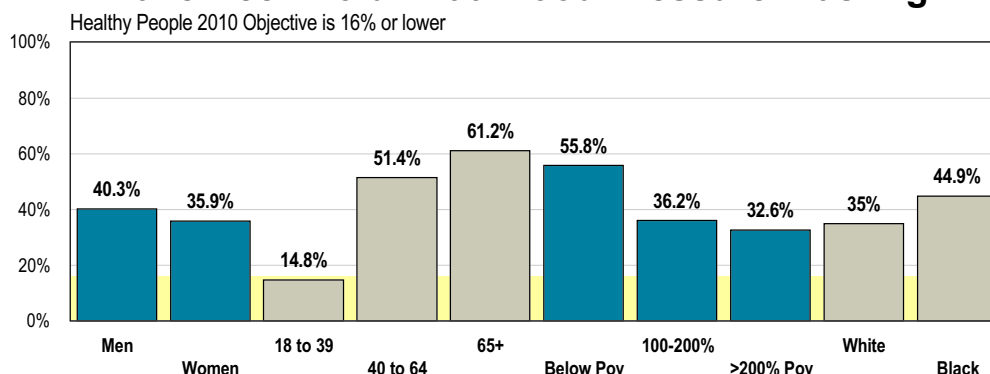
- **37.9% of Avoyelles Parish adults have been told at some point that their blood pressure was high.**
 - Similar to Rapides Foundation Service Area findings.
 - Considerably worse than statewide findings.
 - Significantly worse than national findings (23.4%).
 - Fails to satisfy the *Healthy People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

Have Been Told That Blood Pressure Was High



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

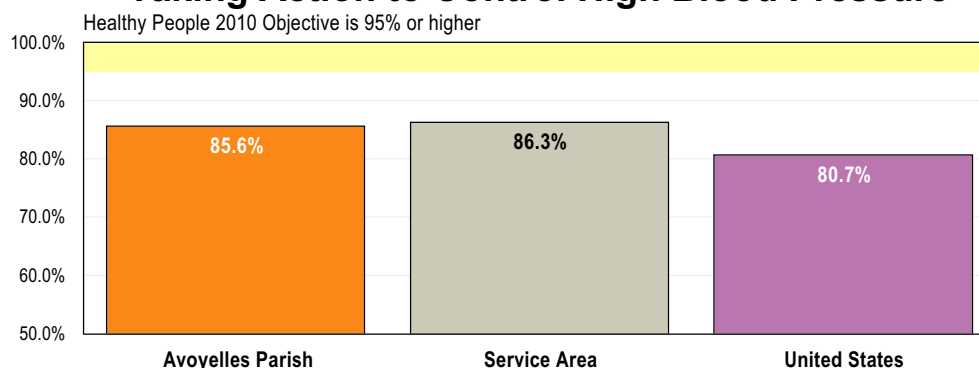
2. Reflects the total sample of respondents.

Controlling High Blood Pressure

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

- **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).

Taking Action to Control High Blood Pressure



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

2. 2000 PRC National Health Survey, Professional Research Consultants

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

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

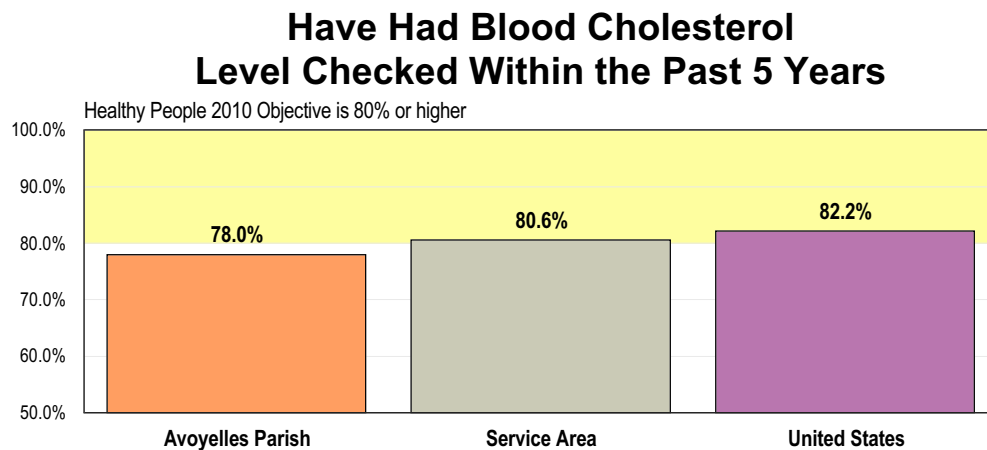
2. State data not available.

High Blood Cholesterol

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

Blood Cholesterol Testing

- **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).

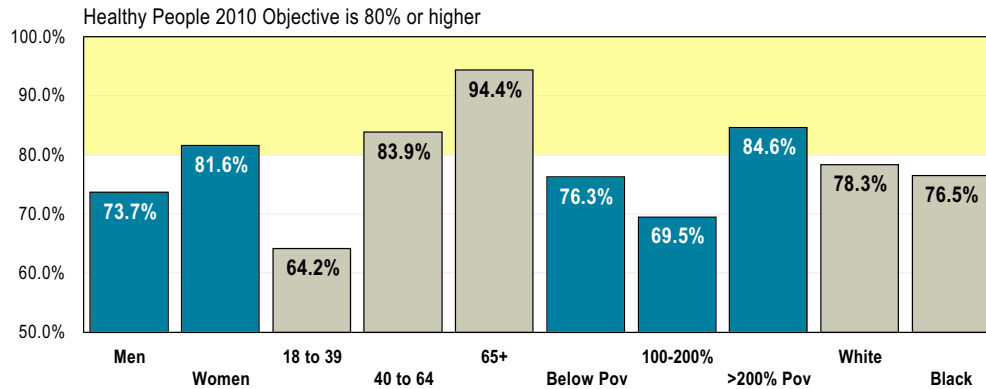


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data
3. 2000 PRC National Health Survey, Professional Research Consultants
4. Healthy People 2010, National Center for Health Statistics/CDC/Public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

Have Had Blood Cholesterol Level Checked Within the Past 5 Years



Source: 2002 PRC Community Health Survey, Professional Research Consultants

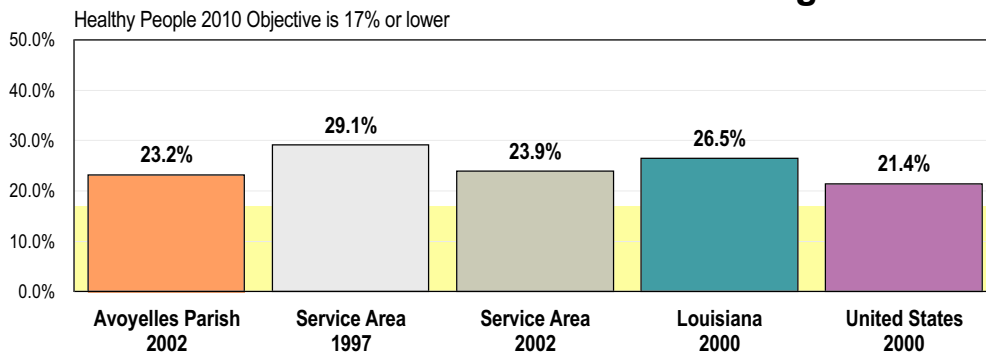
Notes: 1. Demographic breakouts are among findings in Avoyelles Parish.

2. Reflects the total sample of respondents.

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).

Have Been Told That Blood Cholesterol Level Was High



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

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

3. 2000 PRC National Health Survey, Professional Research Consultants

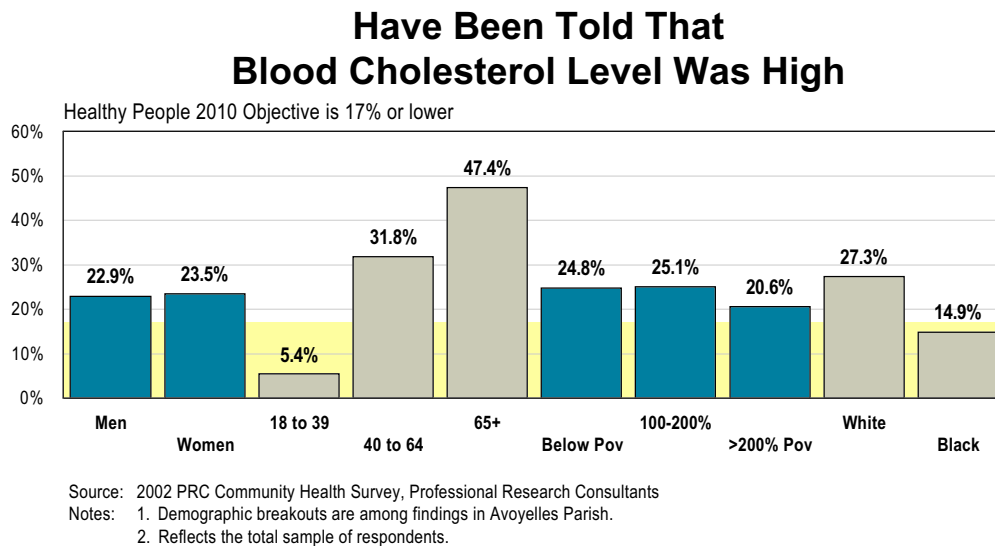
4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

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

Note: Reflects the total sample of respondents.

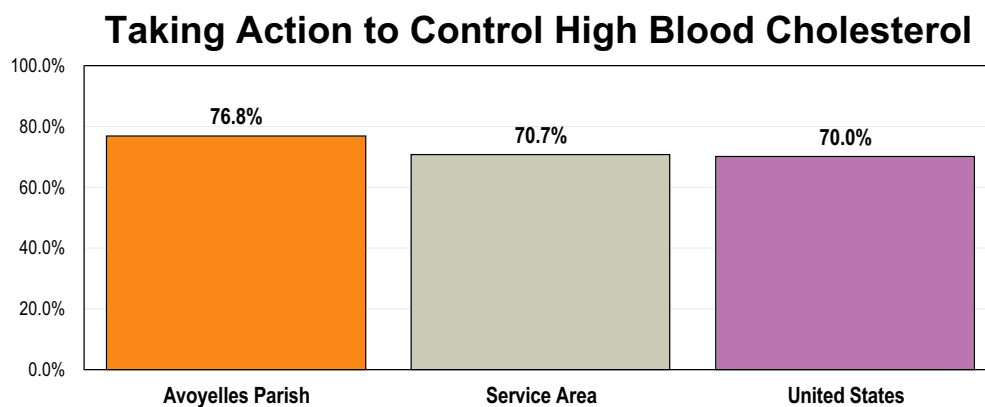
As shown in the following chart:

- High cholesterol increases dramatically with age.
- 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.



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

Cardiovascular Risk Behavior

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

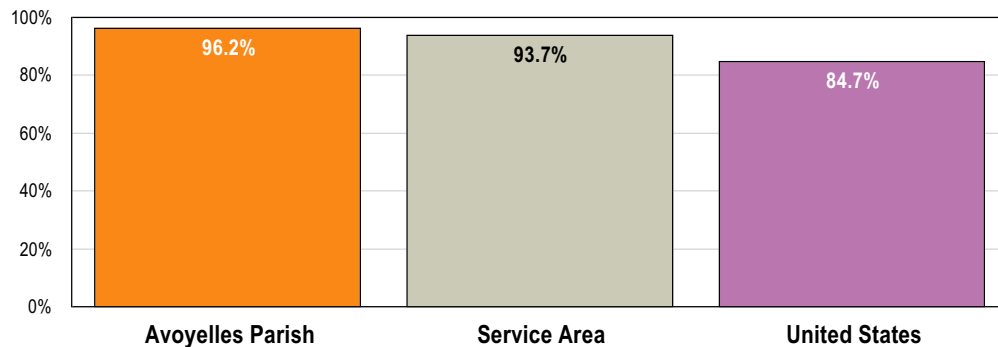
- **Poor nutrition.** People who are overweight have a higher risk for cardiovascular disease. Almost 60% of U.S. adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.
- **Lack of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

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

Prevalence of Cardiovascular Risk Factors/Behaviors

- **96.2% 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%).

Present One or More Cardiovascular Risk Factors or Behaviors

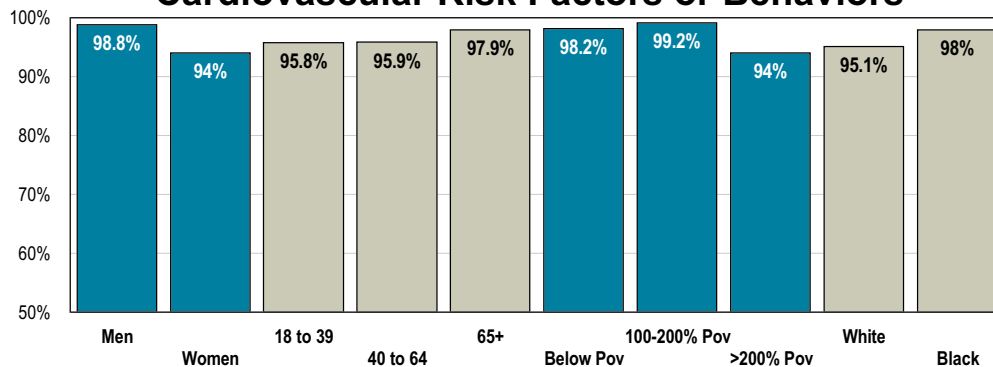


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants

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

- Cardiovascular risk factors are high among all demographic groups.

Present One or More Cardiovascular Risk Factors or Behaviors



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Avoyelles Parish.
2. Includes respondents reporting any of the following: overweight, cigarette smoking, high blood pressure, high cholesterol, or physical inactivity.

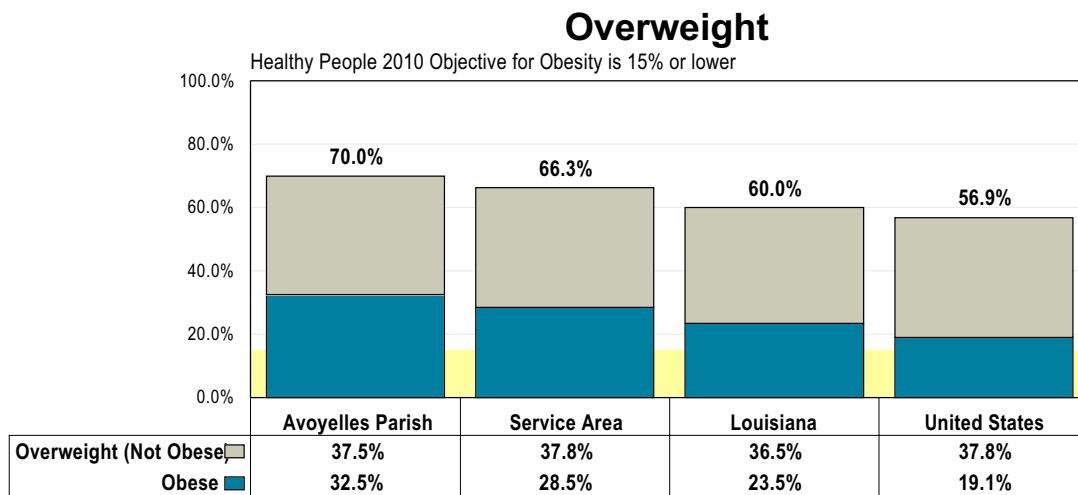
Overweight Prevalence

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

One of the more precise measurements of being overweight is body mass index (BMI), a ratio of weight to height (kg/m^2). One is considered to be overweight with a BMI greater

than or equal to 25.0, and one is considered obese with a BMI greater than or equal to 30.0. The rationale for these thresholds is that it is believed that these are where actual increased risk for overweight co-morbidities (such as high blood pressure, high cholesterol, heart disease, etc.) occur.

- **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).

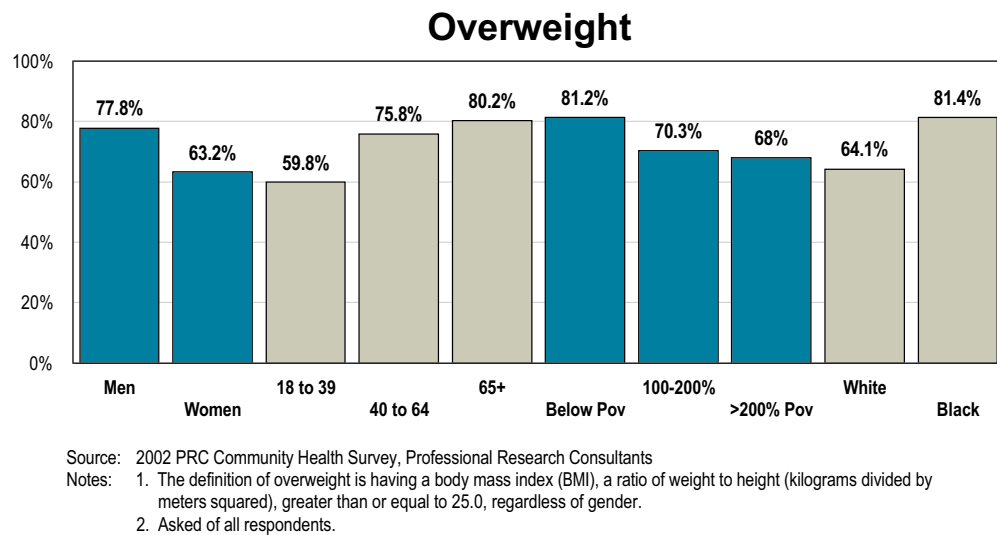


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public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

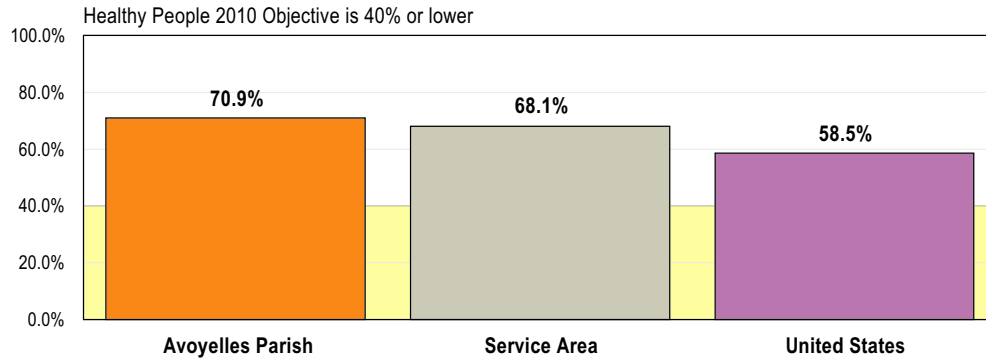
Overweight prevalence is higher in Avoyelles Parish among:

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



- **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).

Unhealthy Weight (BMI <18.5 or 25+)



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

2. 2000 PRC National Health Survey, Professional Research Consultants

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

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

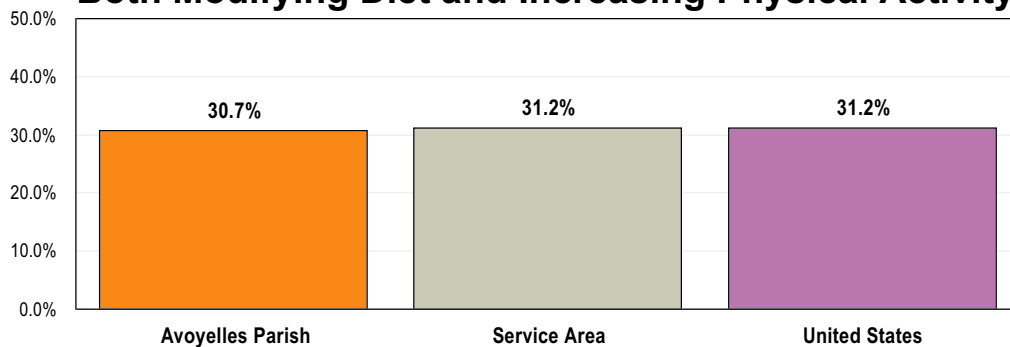
2. Asked of all respondents.

Weight Control

Among surveyed adults who are overweight:

- **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 Persons Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity



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

2. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of all overweight respondents, as defined under the revised definition.

2. State data not available.

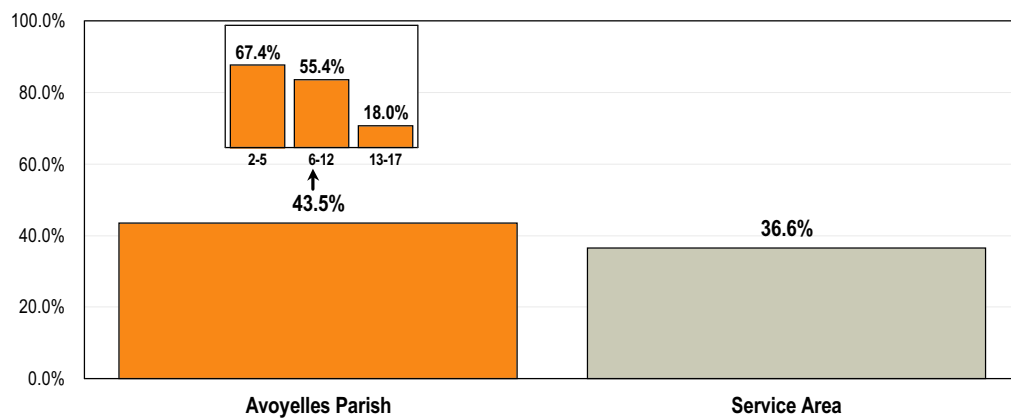
Overweight Children

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



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

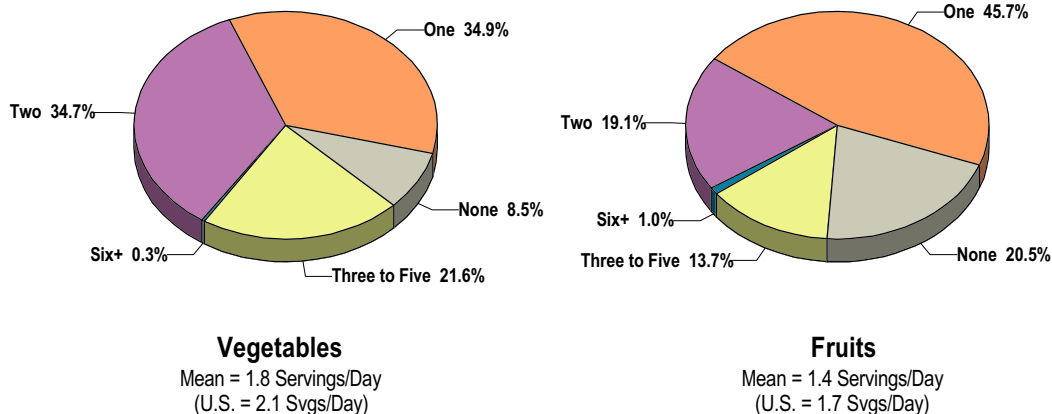
Diet is a key component of good health. In fact, dietary habits have been linked to five of the 10 leading causes of death in the United States, including coronary heart disease, some types of cancer (colorectal, breast and prostate), stroke, noninsulin-dependent diabetes mellitus and atherosclerosis. 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.

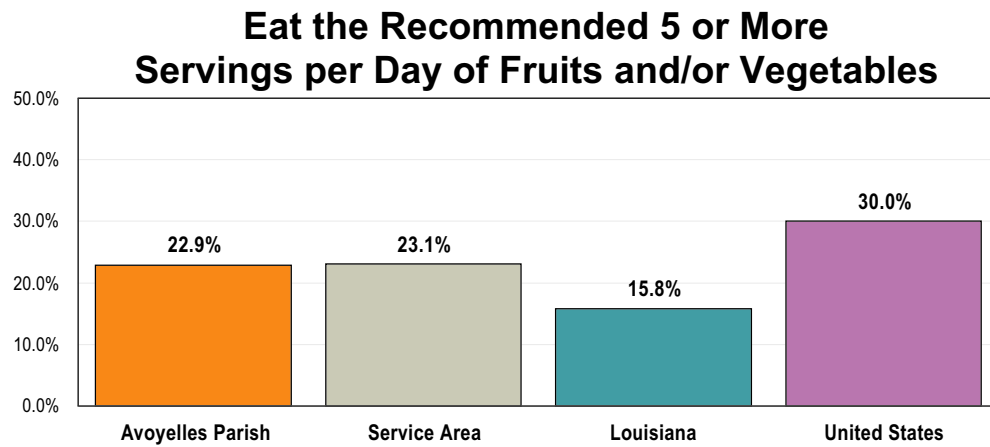
Self-Reported Daily Servings of Fruits and Vegetables



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%).

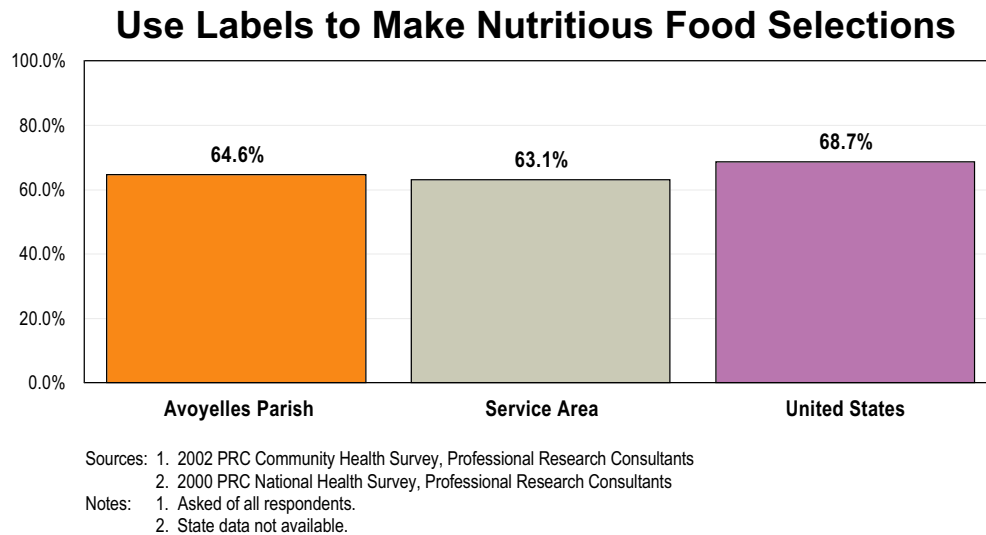
- Significantly worse than found nationwide (30.0%).



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.

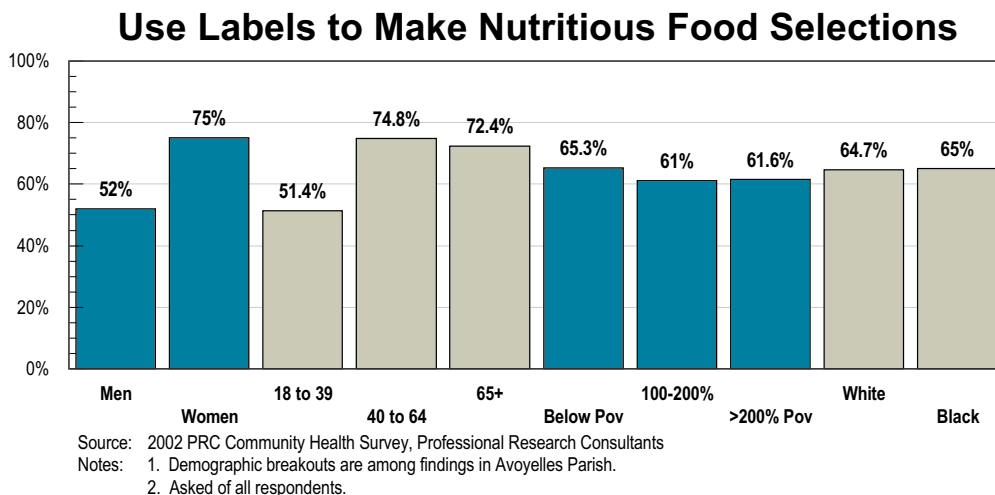
Use of Food Labels

- **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:

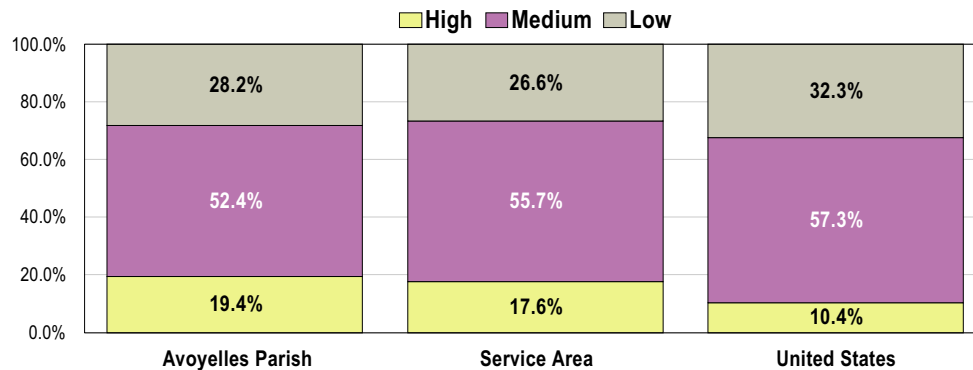
- Women.
- Middle-aged and older adults.



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

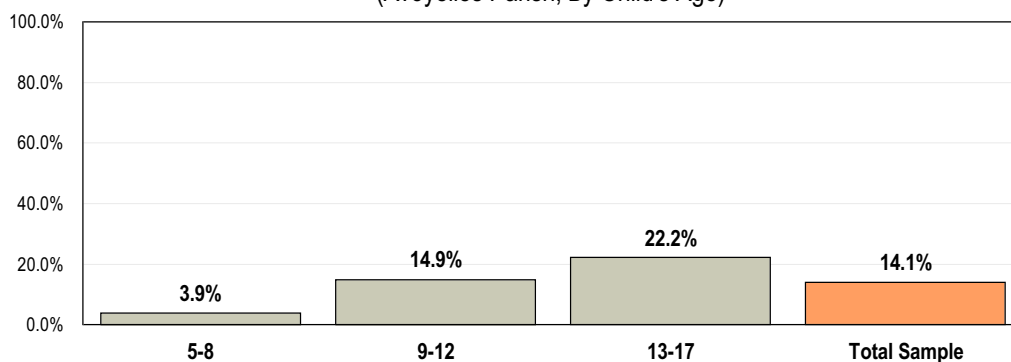


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Community Health Survey, Professional Research Consultants
 Note: Asked of all respondents.

Children & Fast Food

- **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)



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

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.”

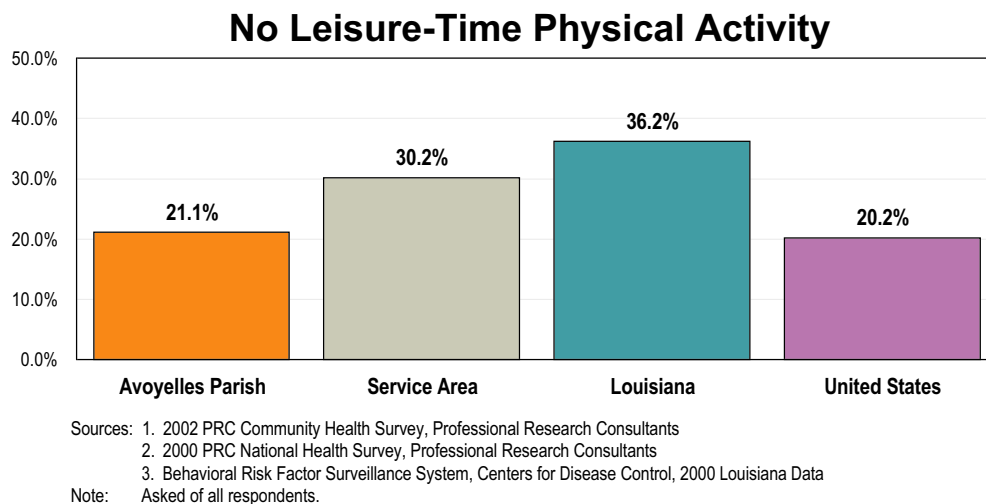
* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the 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 cardiorespiratory fitness can prevent or limit one's risk for such afflictions as coronary heart disease, hypertension, noninsulin-dependent diabetes mellitus, osteoporosis, obesity, depression, colon cancer, stroke and back injury.

No Leisure-Time Physical Activity

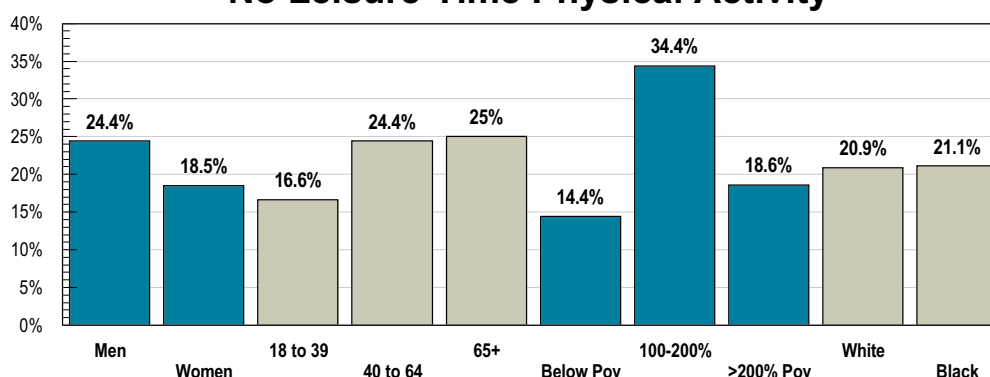
- **21.1% of Avoyelles Parish adults have not participated in any type of physical activity outside work during the past month.**
 - Considerably better than statewide findings.
 - Significantly better than found throughout the Rapides Foundation Service Area (30.2%).
 - Similar to national findings.



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.

No Leisure-Time Physical Activity



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

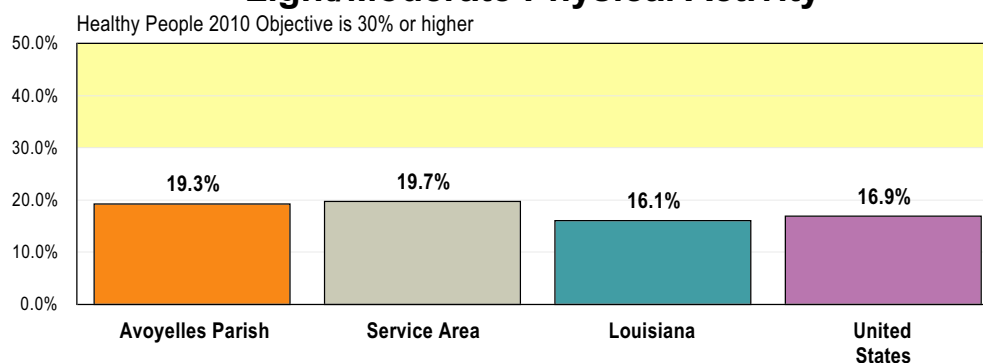
2. Asked of all respondents.

Light/Moderate Physical Activity

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

- **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).

Light/Moderate Physical Activity



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

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

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

4. 2000 PRC National Health Survey, Professional Research Consultants

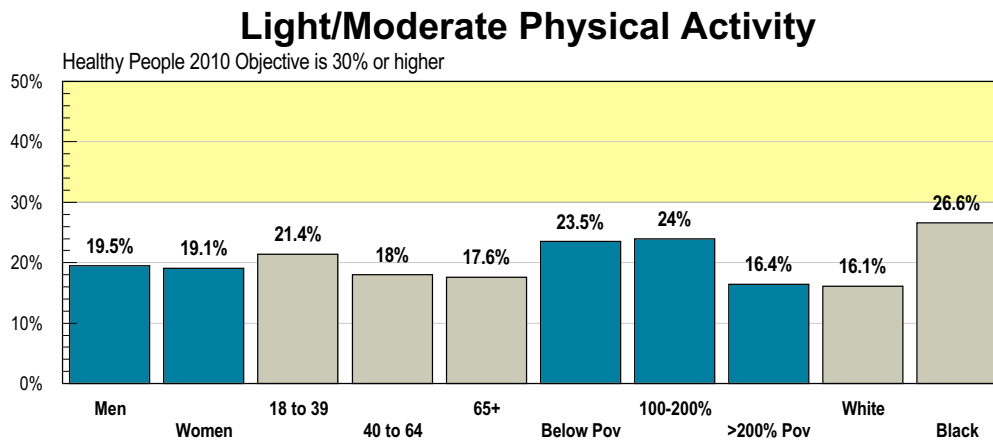
Notes: 1. Asked of all respondents.

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

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

Moderate physical activity is lowest among:

- White respondents.
- Those with higher incomes.



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.

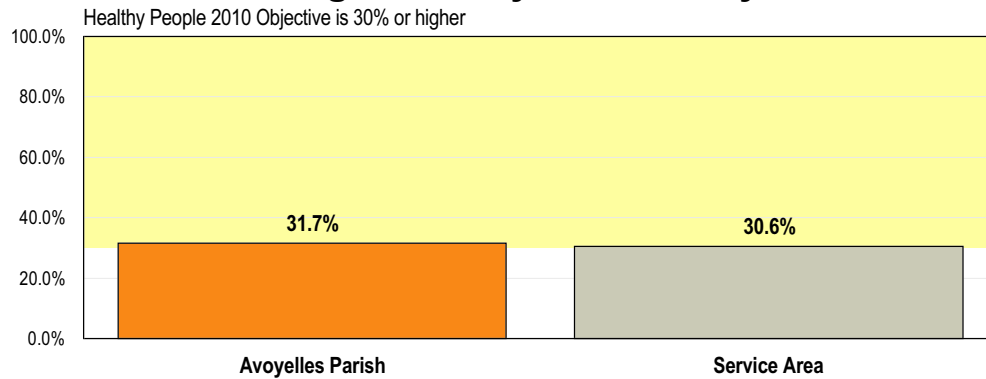
3. The Healthy People 2010 goal is to increase to at least 30% the proportion of people who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes per day.

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



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

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

Notes: 1. Asked of all respondents.

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

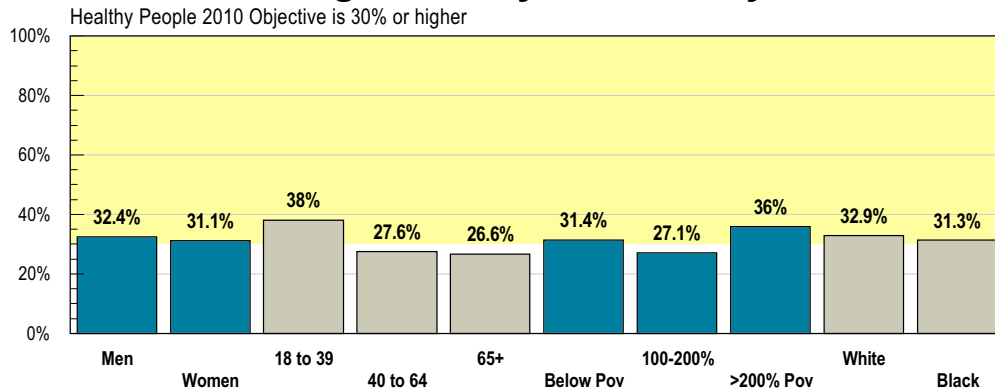
3. The Healthy People 2010 goal is to increase to at least 30% the proportion of people who engage regularly, preferably 3 times or more weekly, in vigorous physical activity for at least 20 minutes per exercise session.

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

Vigorous physical activity levels are lowest among:

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

Vigorous Physical Activity



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

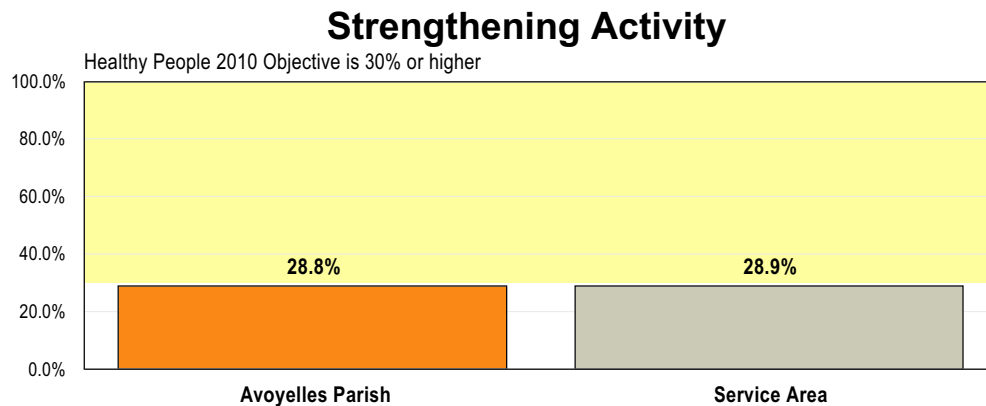
2. Asked of all respondents.

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

Strengthening Activity

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

- **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).



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.

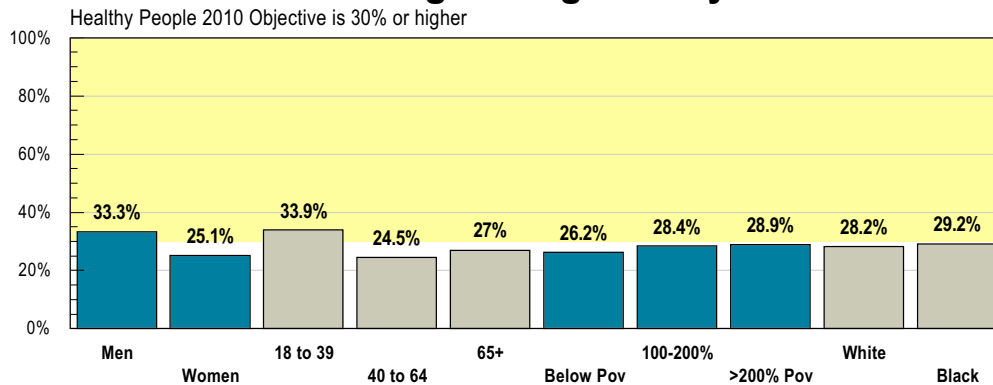
3. The Healthy People 2010 goal is to increase to at least 30% the proportion of people who engage in activity which enhances and maintains strength and endurance at least two times weekly.

4. State and national data not available.

Strengthening activity levels are lowest among:

- Middle-aged adults.
- Women.

Strengthening Activity



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

2. Asked of all respondents.

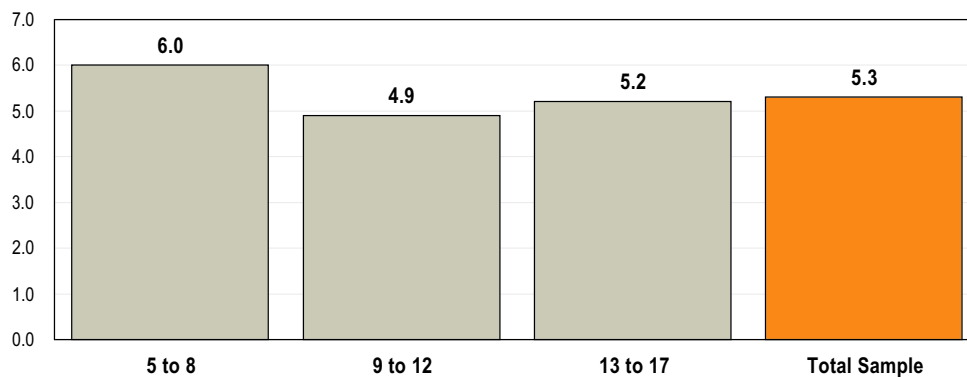
3. In this case, "strengthening" refers to performing exercise which enhances and maintains strength and endurance at least twice weekly.

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.

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



Source: 2002 PRC Community Health Survey, Professional Research Consultants

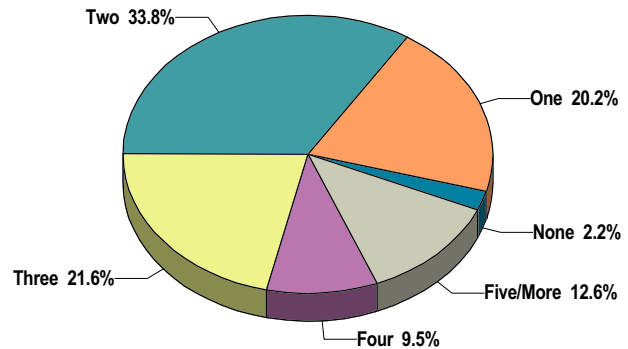
Notes: 1. Asked of all respondents with children under 18 at home.

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

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

- **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.**

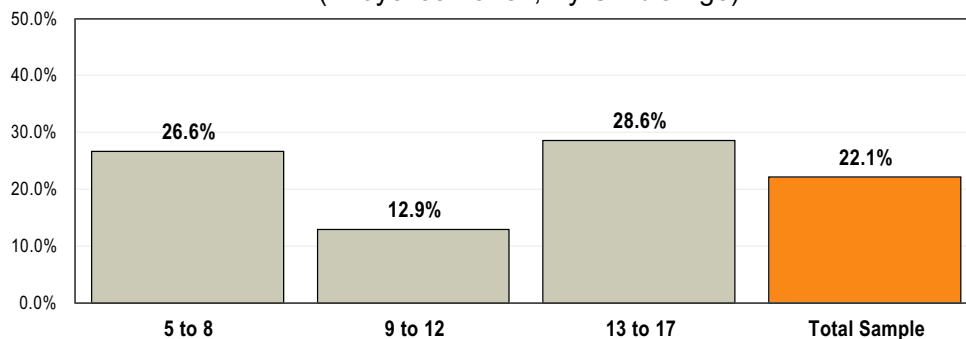
Hours Child Watches Television on a Typical School Day



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

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

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



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

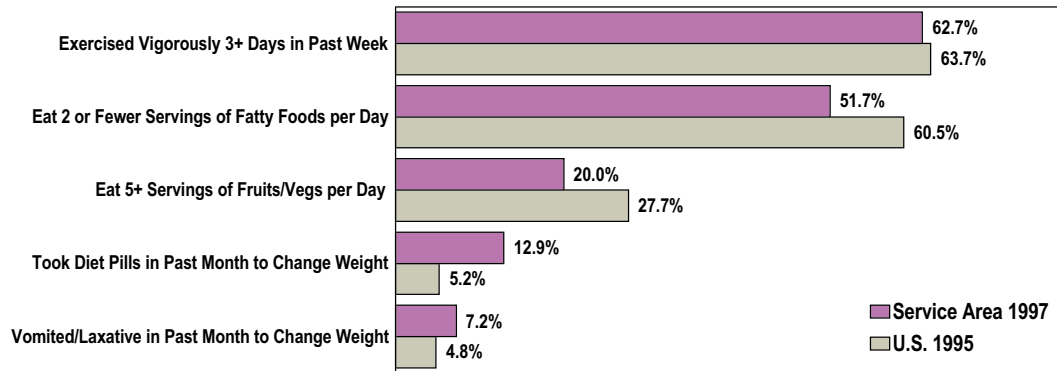
Adolescent Nutrition & Exercise

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

- **Service area youth reported fewer servings per day of fruits/vegetables and reported a greater share of daily meals with fatty foods.**

- Service area youth reported higher usage of diet pills and laxatives/vomiting to lose weight.

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



Source: Tulane School of Public Health and Tropical Medicine.

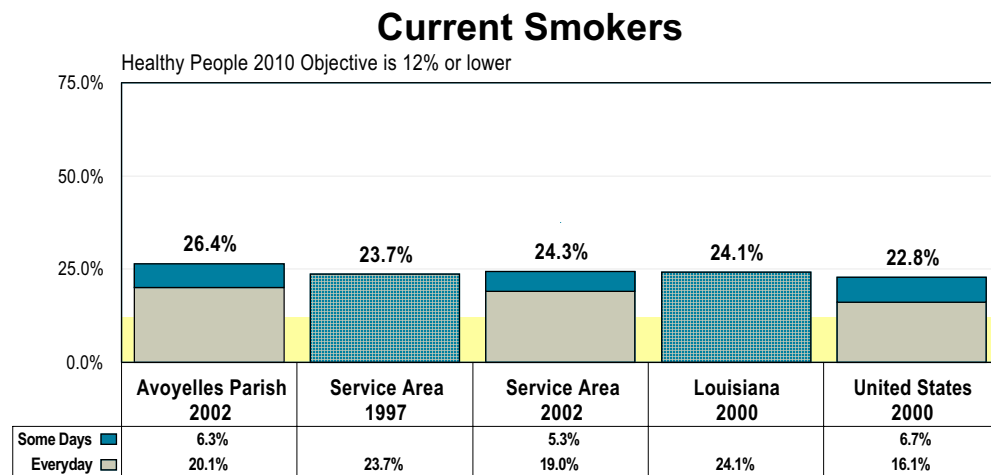
Tobacco Use

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

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

Cigarette Smoking Prevalence

- **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).

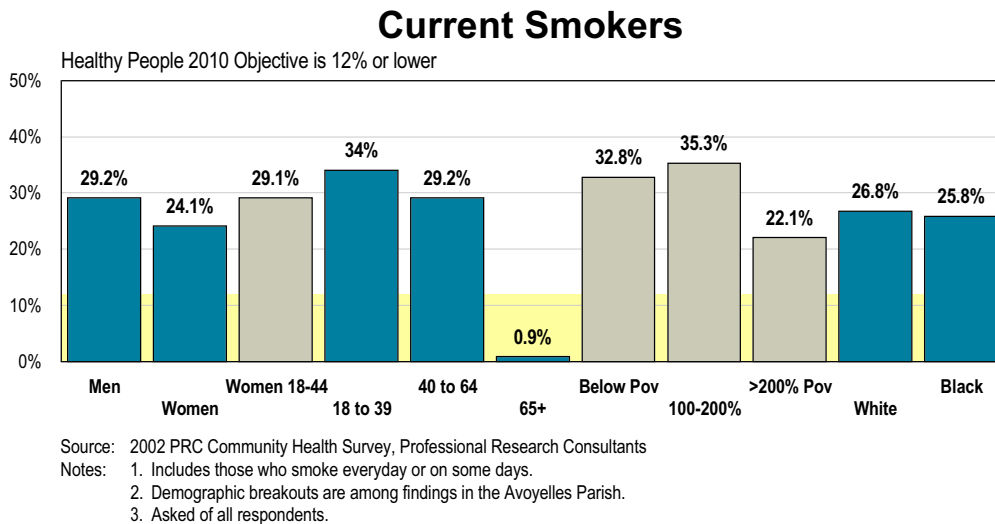


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public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

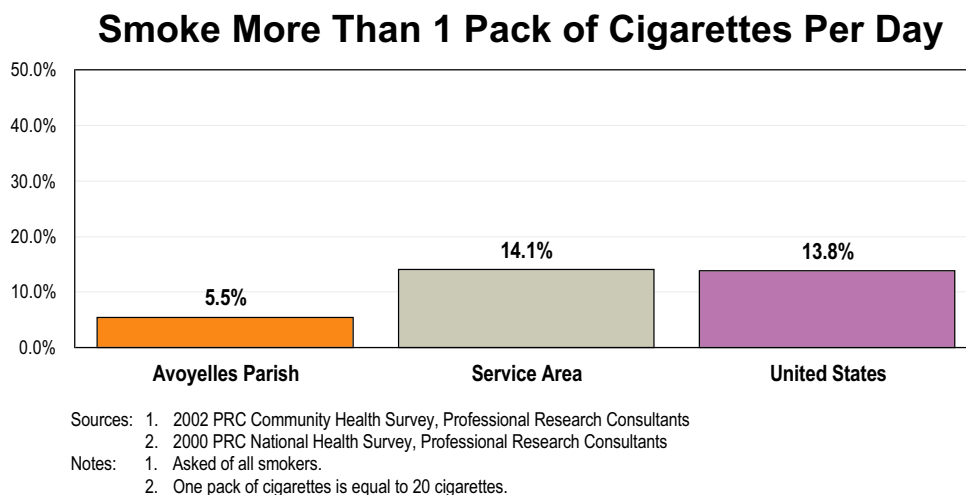
Cigarette smoking is higher among:

- 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

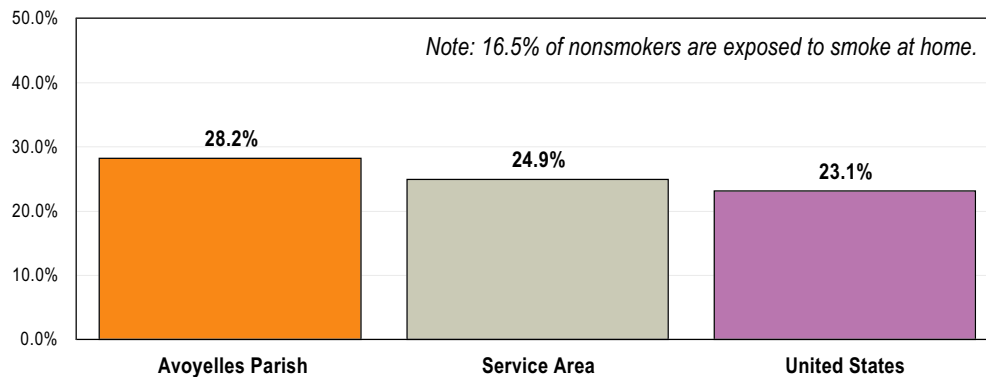
- 5.5% of smokers report smoking more than one pack per day.
 - Significantly better than Rapides Foundation Service Area findings (14.1%).
 - Significantly better than national findings (13.8%).



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

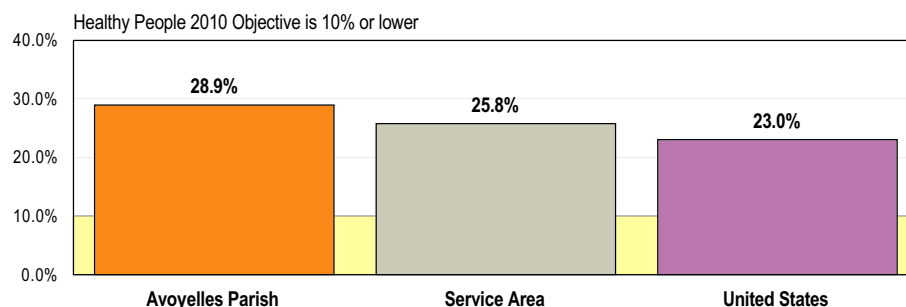


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants

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.

- **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

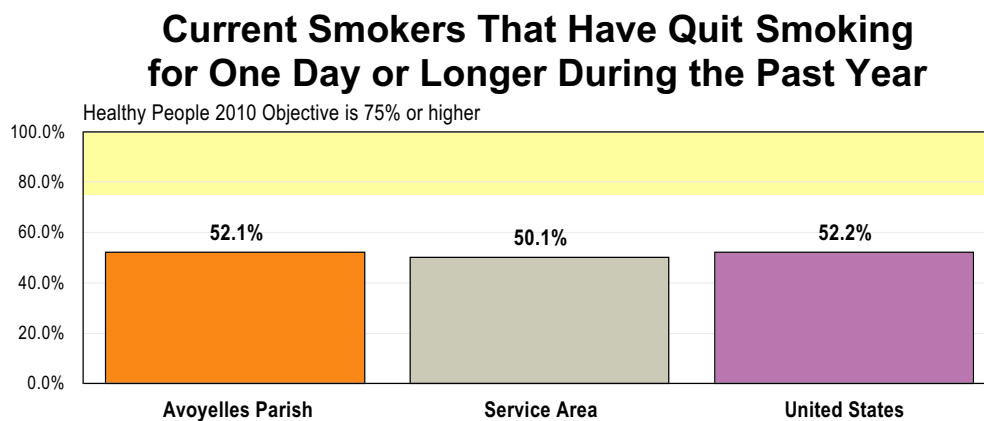


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Note: Percentage of households with children under the age of 18.

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).

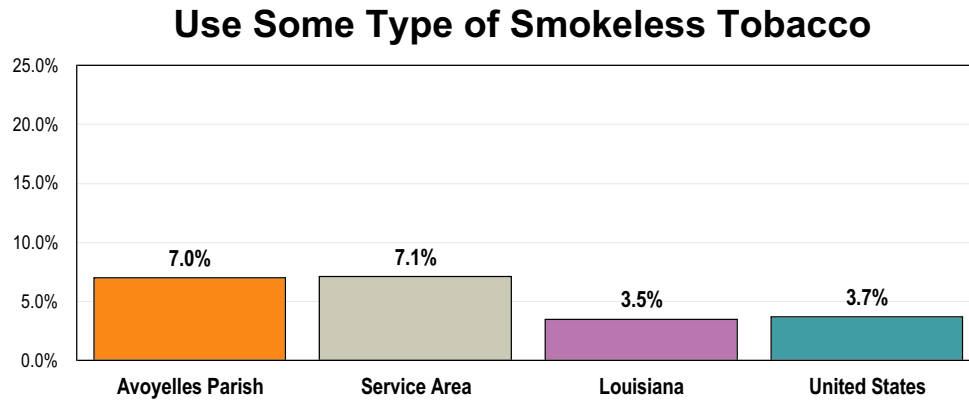


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

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

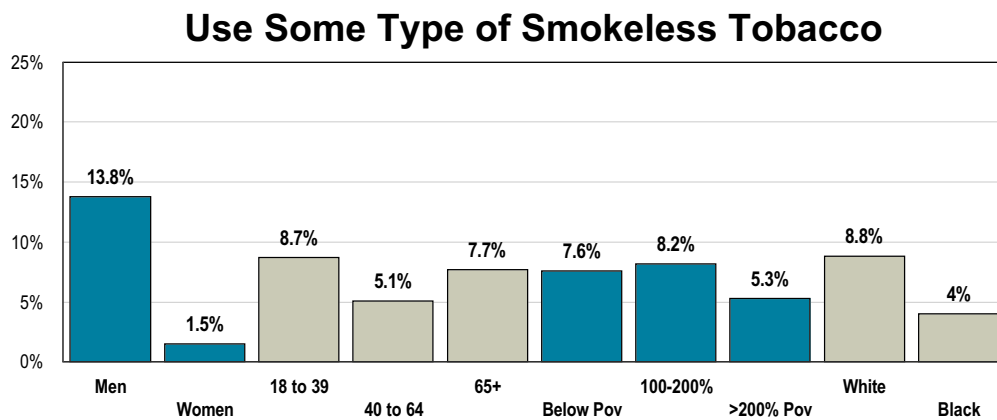
Smokeless Tobacco

- **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.



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.

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



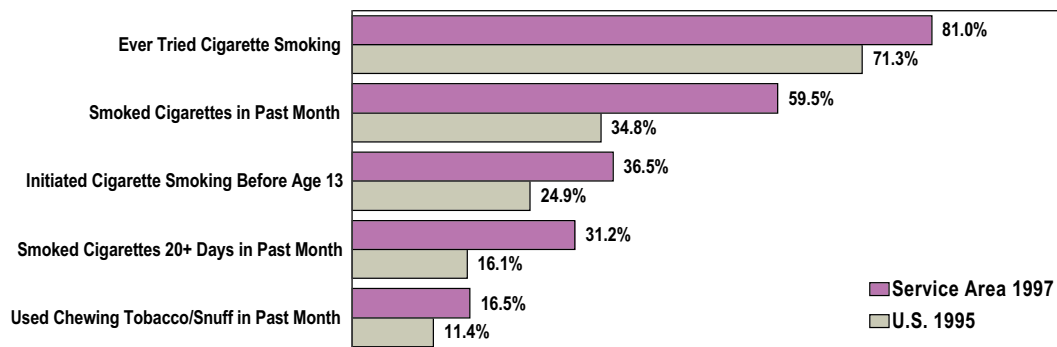
Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Avoyelles Parish.
 2. Reflects the total sample of respondents.

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



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).

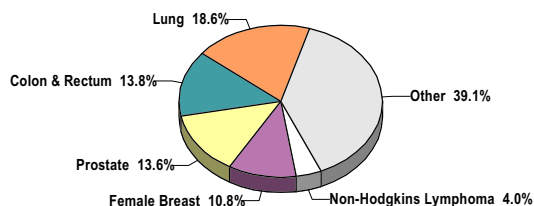
Causal factors may act together or in sequence to initiate or promote carcinogenesis. Ten or more years often pass between exposures or mutations and detectable cancer. Cancer is treated by surgery, radiation, chemotherapy, hormones and immunotherapy (American Cancer Society).

Leading Cancer Diagnoses by Site

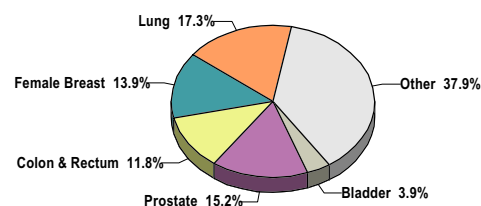
Between 1994 and 1998, the leading cancer diagnoses in Avoyelles Parish were for:

- **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)



Avoyelles Parish



Louisiana

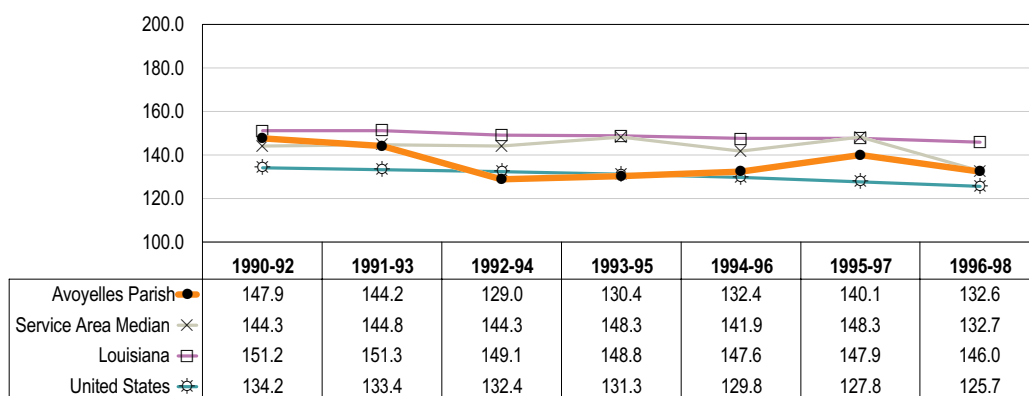
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

Cancer Deaths

- Age-adjusted death rates for cancer in Avoyelles Parish dipped lower than nationwide rates from 1992 to 1994 and from 1993 to 1995.

Age-Adjusted Mortality: Cancers

(1990-1998 Deaths per 100,000 Population)



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

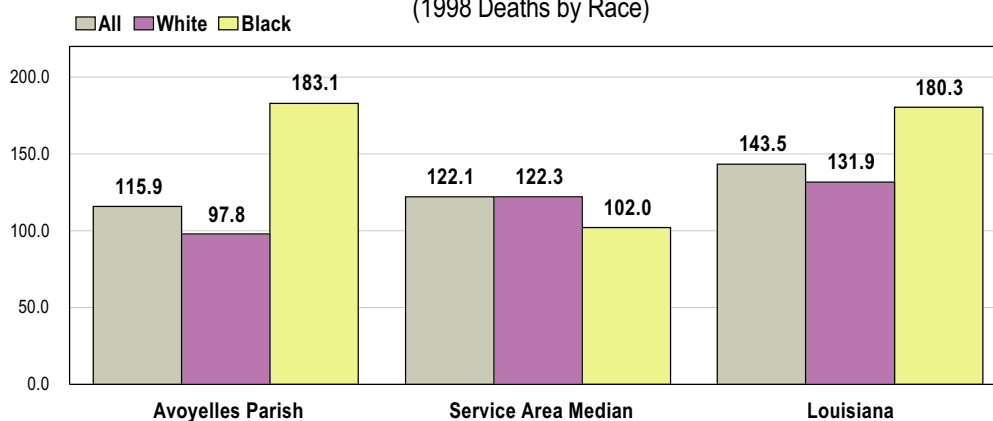
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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

- In 1998, 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

(1998 Deaths by Race)



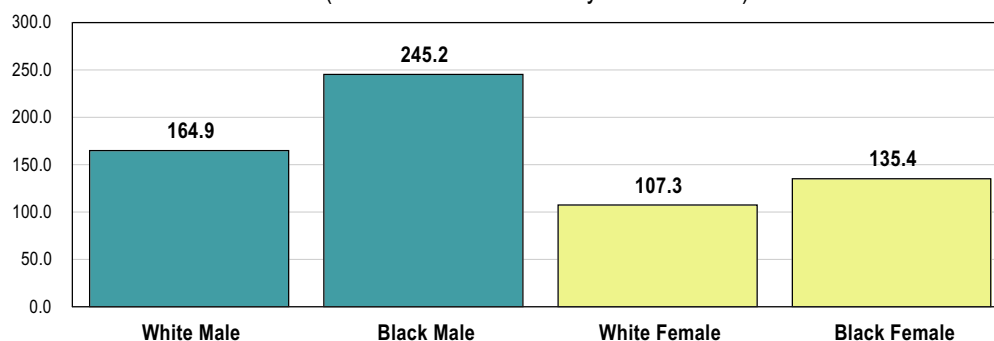
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

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

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

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



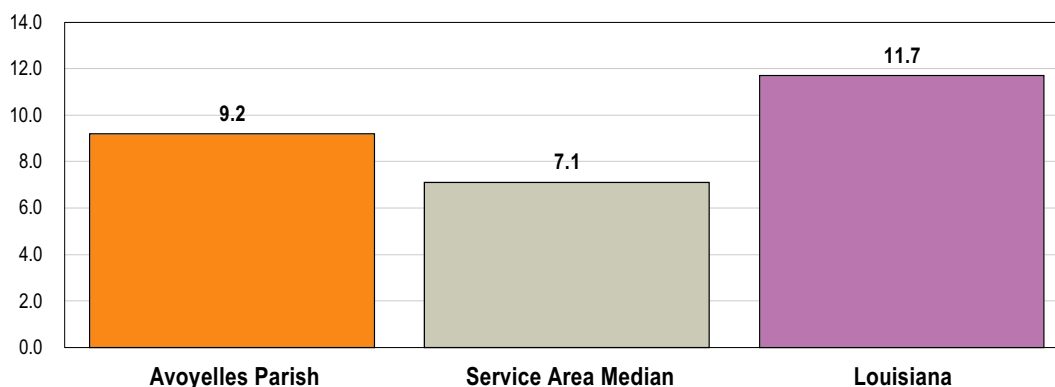
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).
Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

Cancer Deaths by Site

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

- The 1996-98 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)



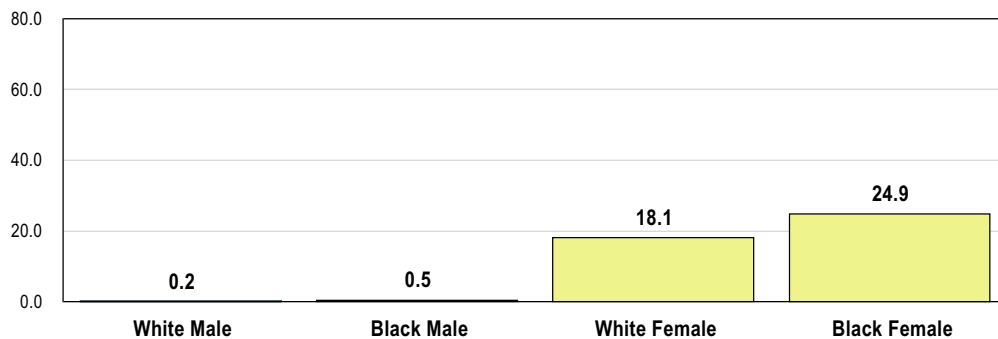
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

- 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)



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.

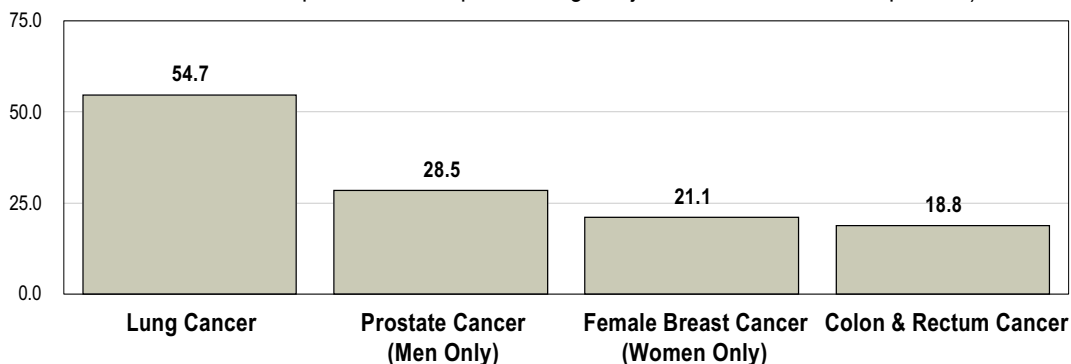
NOTE: While cancer death rates by site (other than breast cancer) are not typically tracked in state vital statistics records, some death rate data are available through the Louisiana Tumor Registry. However, these death rates use an alternative age-adjusting method (adjusted to the 1970 US Standard 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)



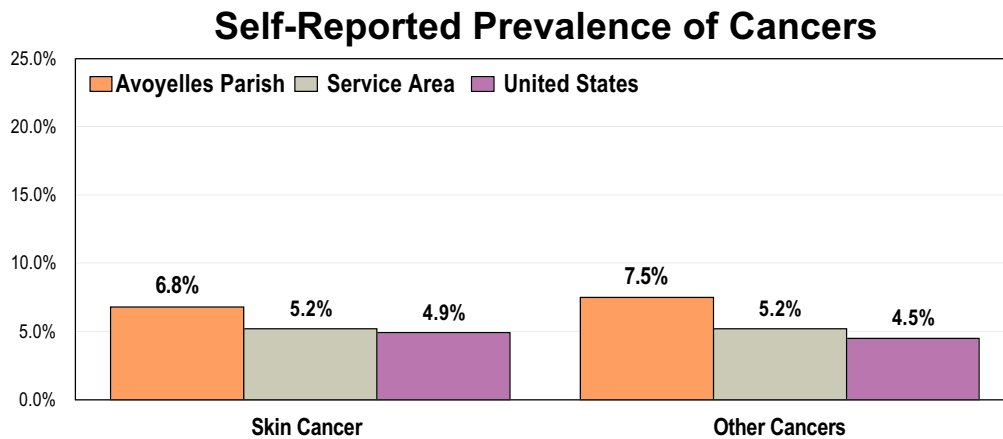
Source: Louisiana Tumor Registry, Department of Public Health & Preventive Medicine.

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%).



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

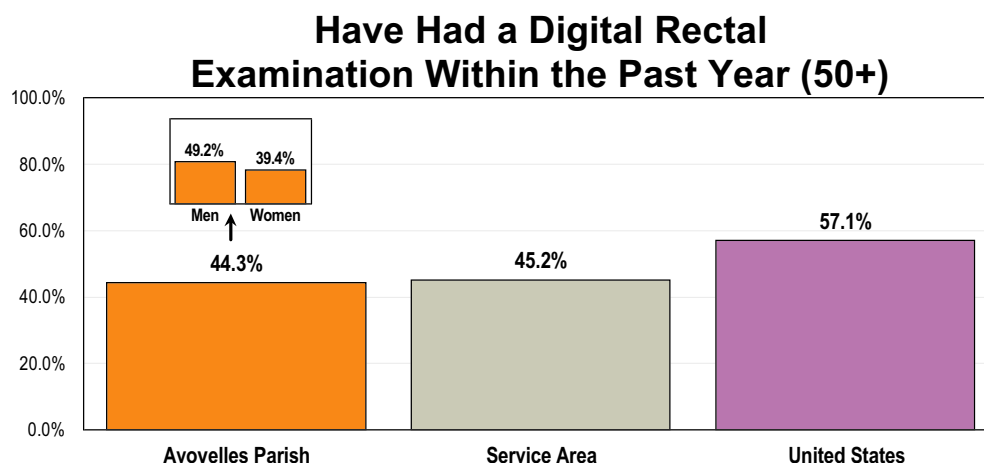
Many forms of cancer are preventable, and some, if detected and treated early, are curable. Thus, the greatest potential for reducing cancer prevalence in years to come lies in stronger prevention strategies, improved means of early detection, and wider use of screening techniques.

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%).



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

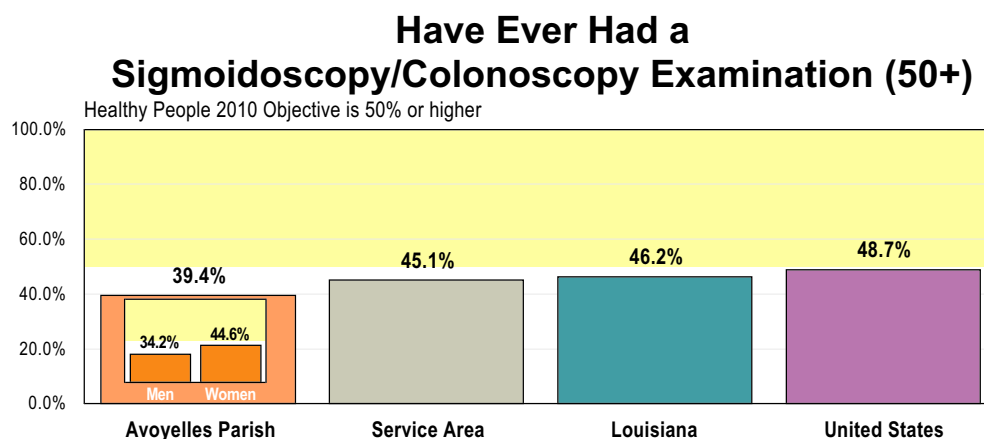
2. 2000 PRC National Health Survey, Professional Research Consultants

Note: Asked of all respondents aged 50 and older.

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).



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

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

3. 2000 PRC National Health Survey, Professional Research Consultants

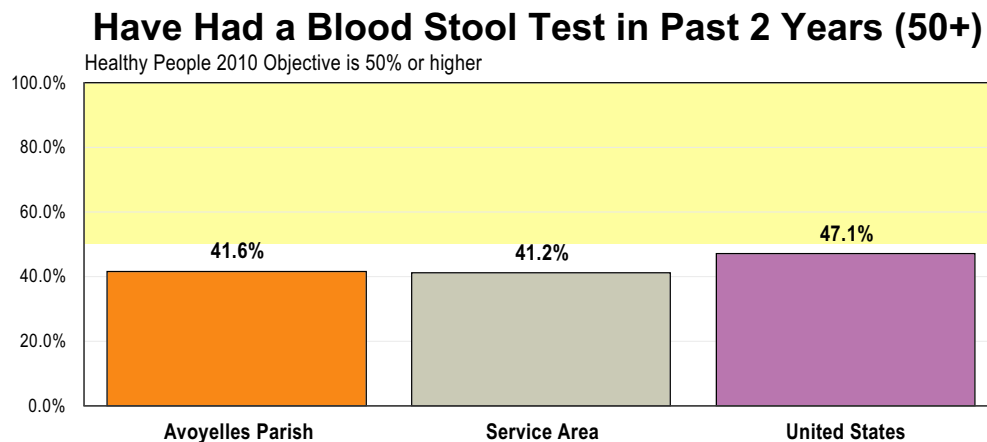
4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Note: Asked of all respondents aged 50 or over.

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).

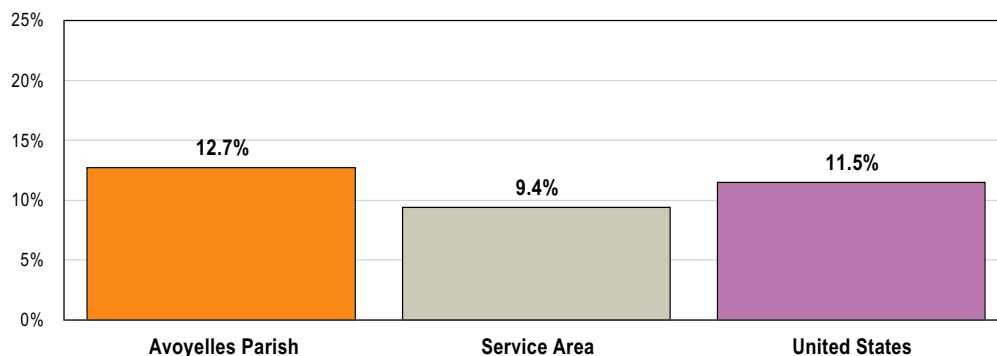


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
Notes: 1. Asked of respondents aged 50 and older
2. State data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

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.

Mother/Sister Has Been Diagnosed With Breast Cancer



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

2. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of all female respondents.

2. State data not available.

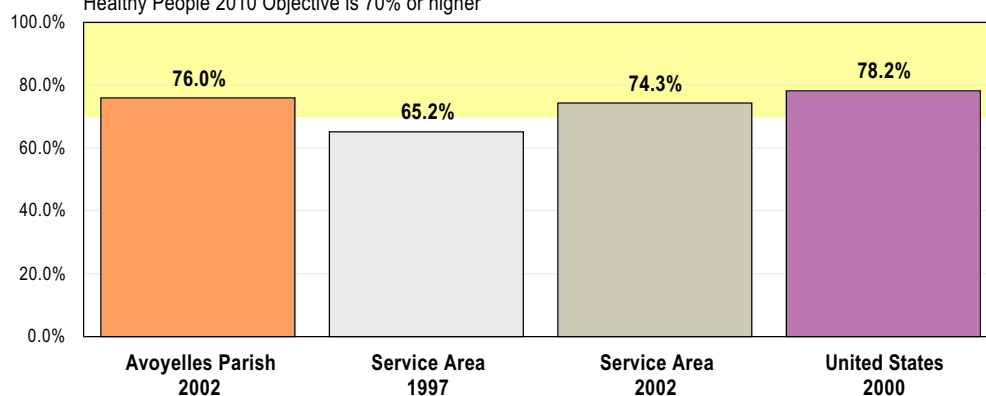
Mammography & Breast Examination

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

- **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 *Healthy People 2010* target (70% or higher).

Have Had a Mammogram in the Past 2 Years (40+)

Healthy People 2010 Objective is 70% or higher



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

2. 2000 PRC National Health Survey, Professional Research Consultants

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

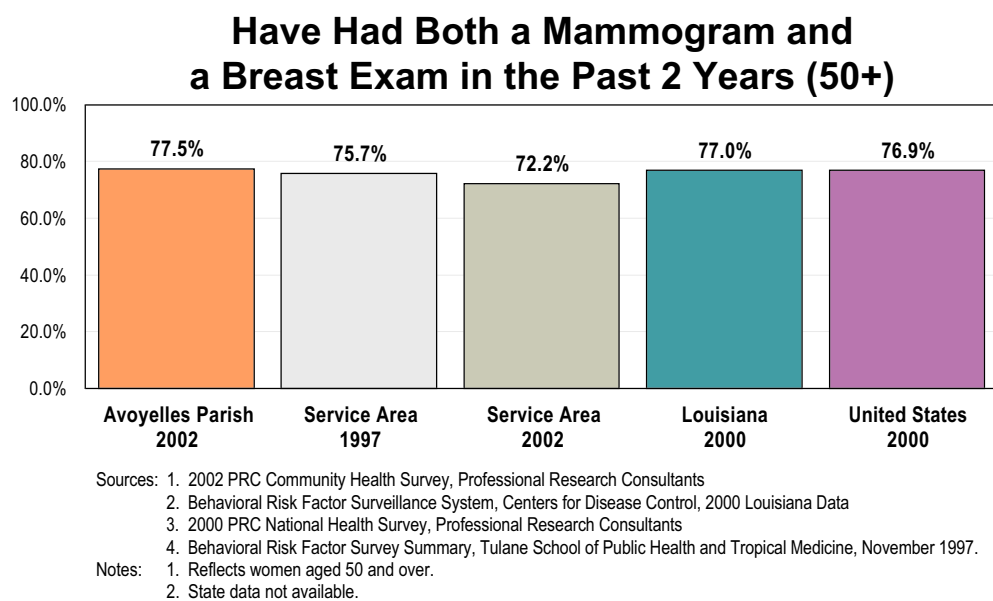
4. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.

Notes: 1. Reflects women aged 40 and over.

2. State data not available.

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.

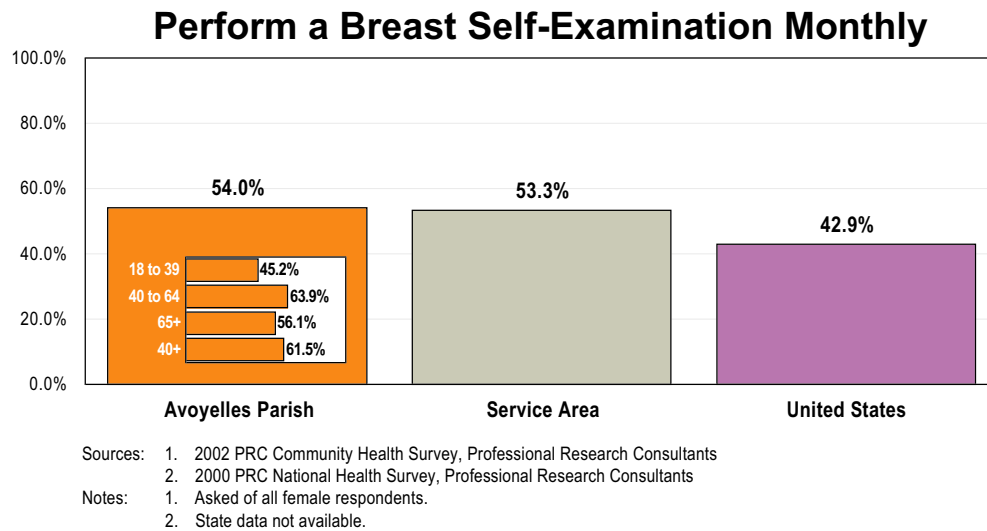


Breast Self-Examination

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.



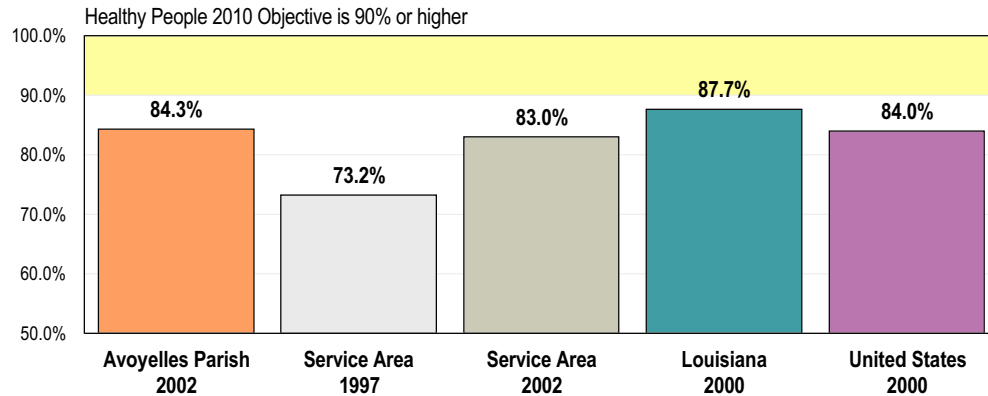
Cervical Cancer Screening

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).

Have Had a Pap Smear Within the Past 3 Years



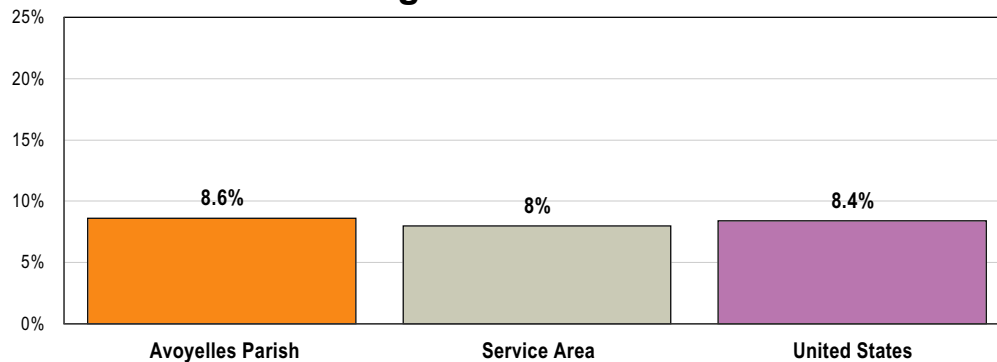
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public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

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

Prostate Cancer

- **8.6% 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.

Father or Brother Has Been Diagnosed With Prostate Cancer



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

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

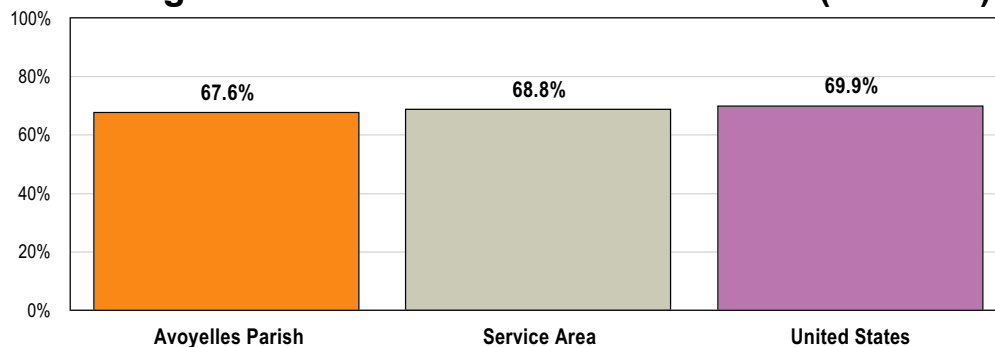
Prostate-Specific Antigen & Digital Rectal Examination

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.

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



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

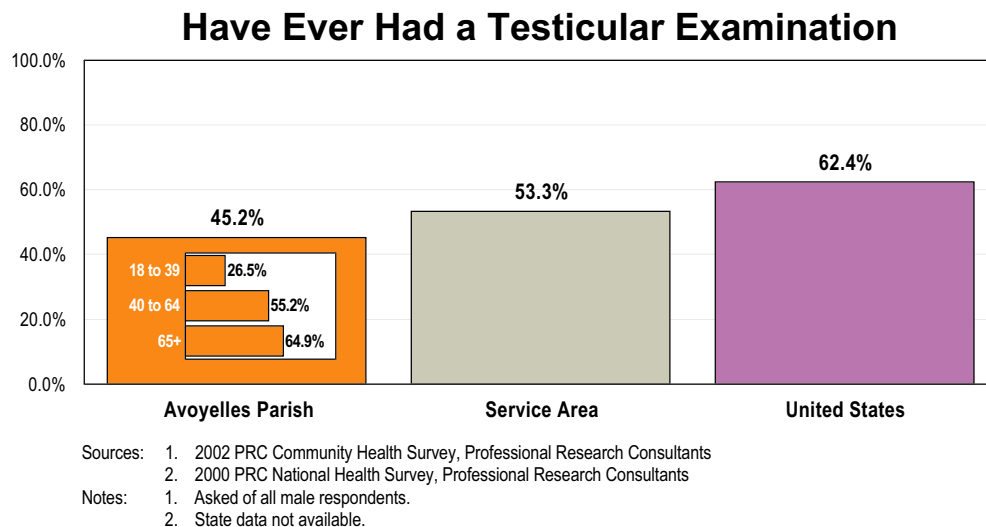
Notes: 1. Reflects male respondents aged 40 and older.
2. State and national data not available.

Testicular Cancer

Testicular cancer is a disease 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).

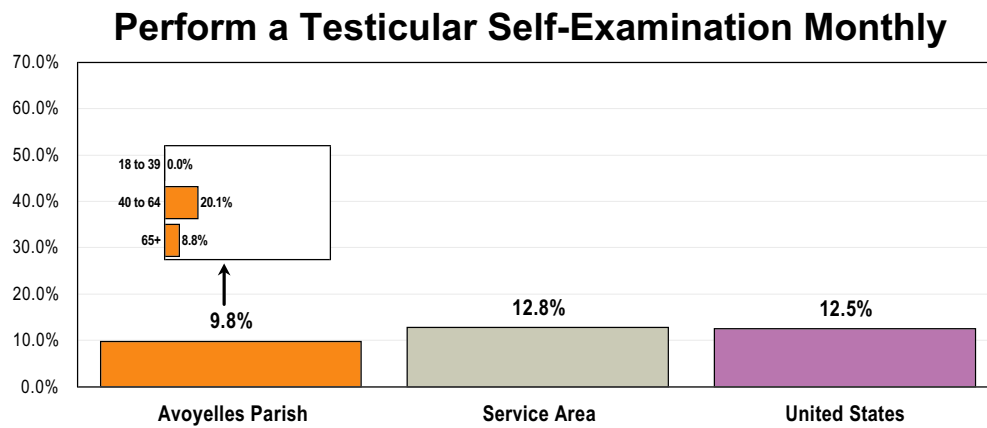


Testicular Self-Examination

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.



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

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

Respiratory Diseases

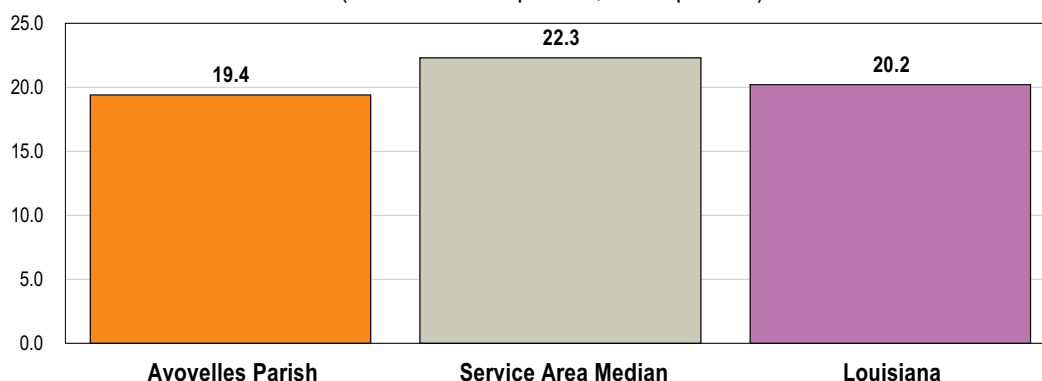
Respiratory diseases include a variety of diseases that can impact the lung and respiratory system, such as chronic obstructive pulmonary disease (which includes emphysema and chronic bronchitis), asthma, influenza and pneumonia.

Chronic Obstructive Pulmonary Disease Deaths

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

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

**Age-Adjusted Mortality:
Chronic Obstructive Pulmonary Disease**
(1996-98 Deaths per 100,000 Population)



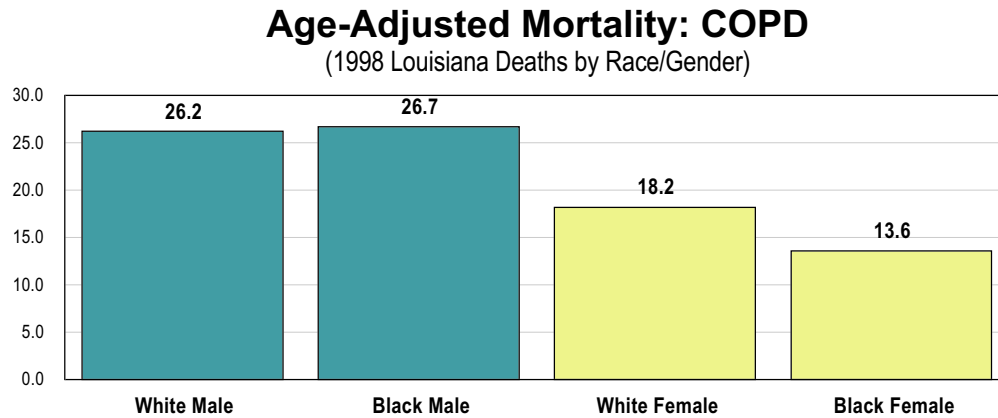
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

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

- 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).



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

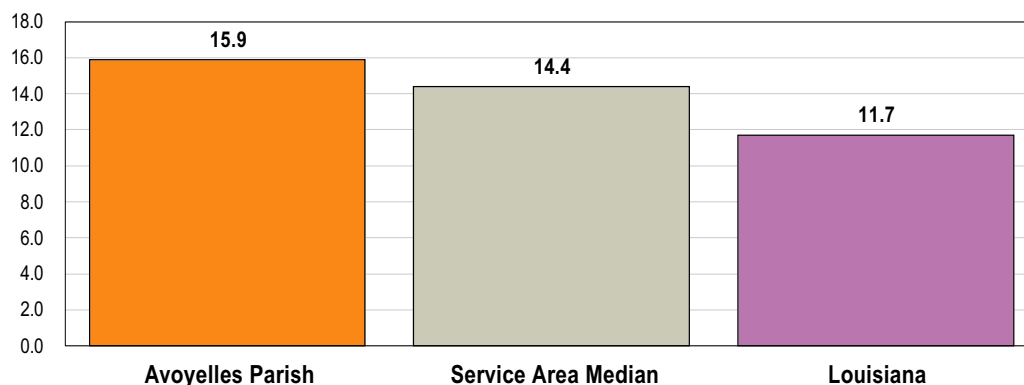
Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

Pneumonia/Influenza Deaths

- The 1996-98 age-adjusted pneumonia/influenza death rate in Avoyelles Parish is above the Rapides Foundation Service Area median rate and the statewide rate.

Age-Adjusted Mortality: Pneumonia/Influenza

(1996-98 Deaths per 100,000 Population)



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

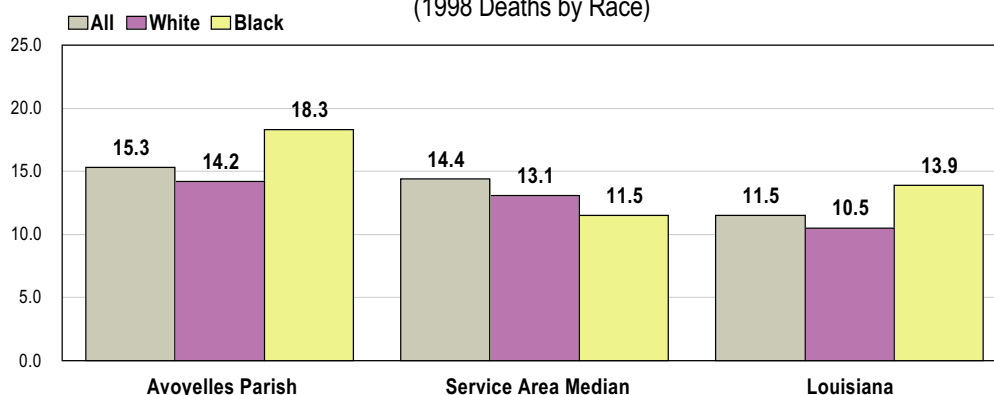
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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

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

Age-Adjusted Mortality: Pneumonia/Influenza

(1998 Deaths by Race)

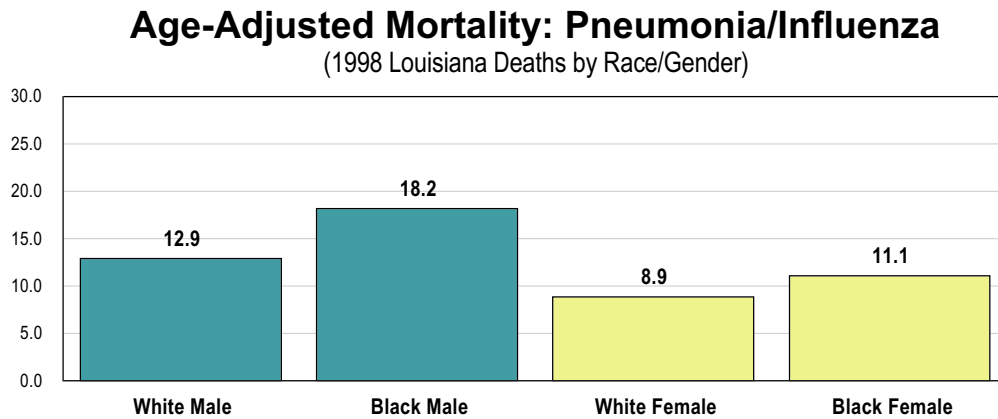


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

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

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

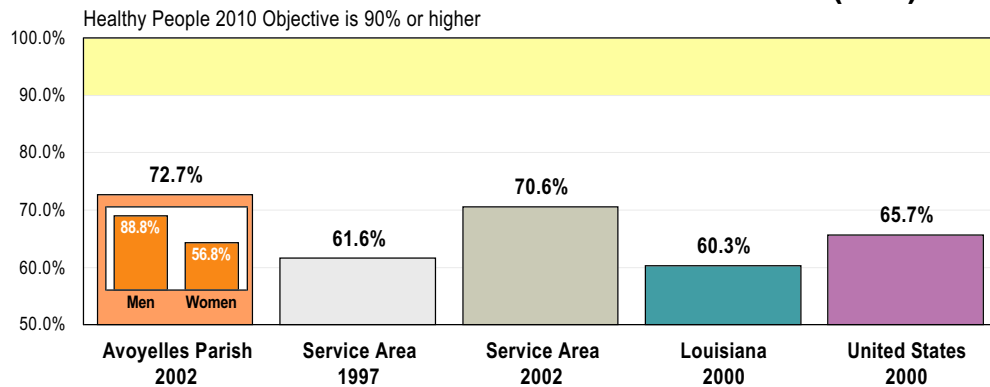


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).
Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

Flu Shots Among Seniors

- **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.

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

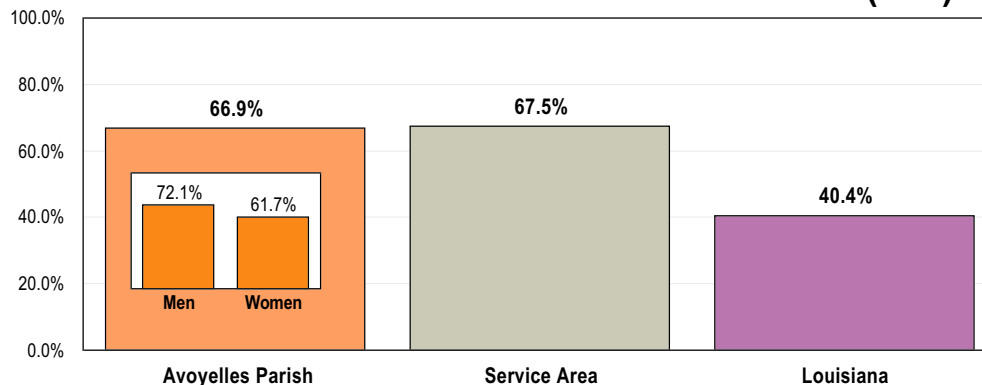


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, CDC, 1999 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and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

Pneumonia Vaccination Among Seniors

- **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%).

Have Ever Had a Pneumonia Vaccination (65+)

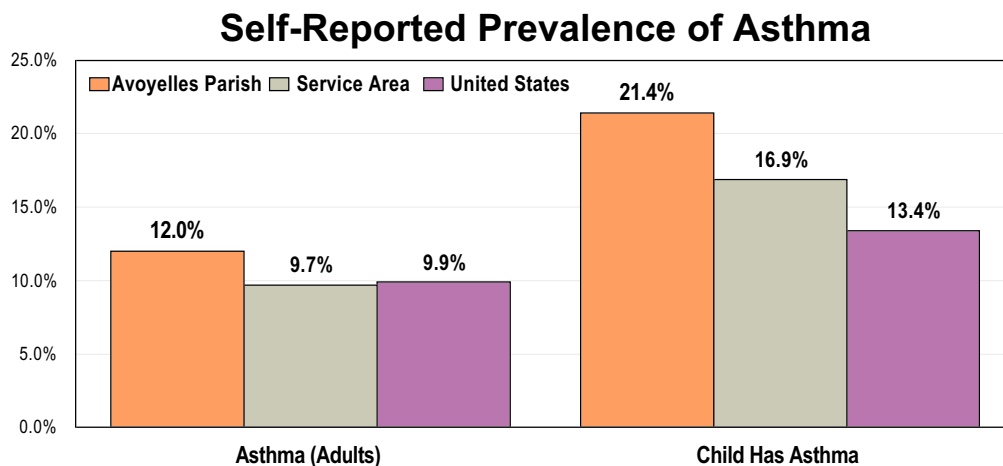


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data
 Notes: 1. Asked of respondents aged 65 and older.
 2. National data not available.

Self-Reported Asthma & Chronic Lung Disease Prevalence

Asthma

- **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%).

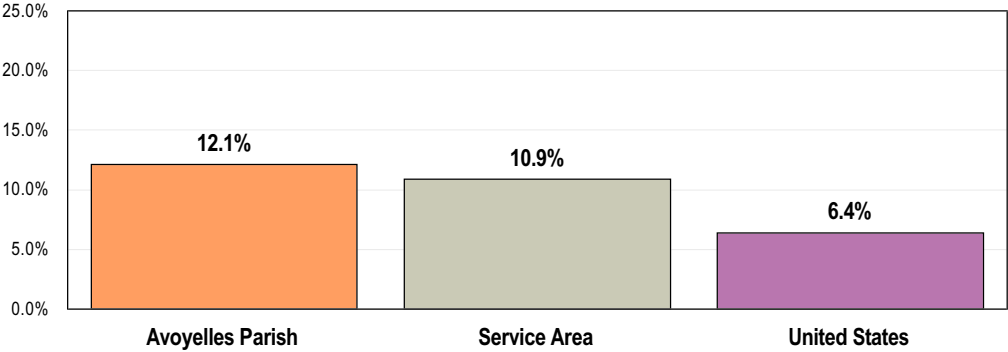


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

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%).

Self-Reported Prevalence of Chronic Lung Disease



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.

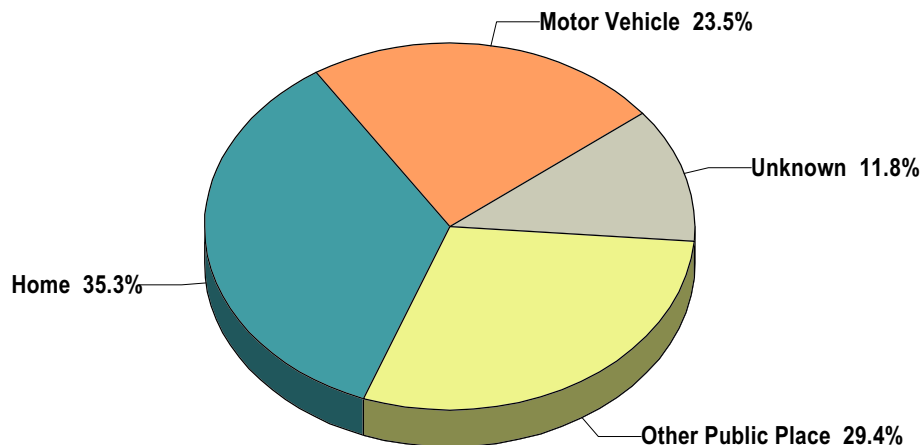
Like diseases, injuries do not occur at random and are preventable. Injury prevention strategies focus primarily on environmental design (e.g., road construction that permits optimum visibility), product design, human behavior, education and legislative and regulatory requirements that support environmental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



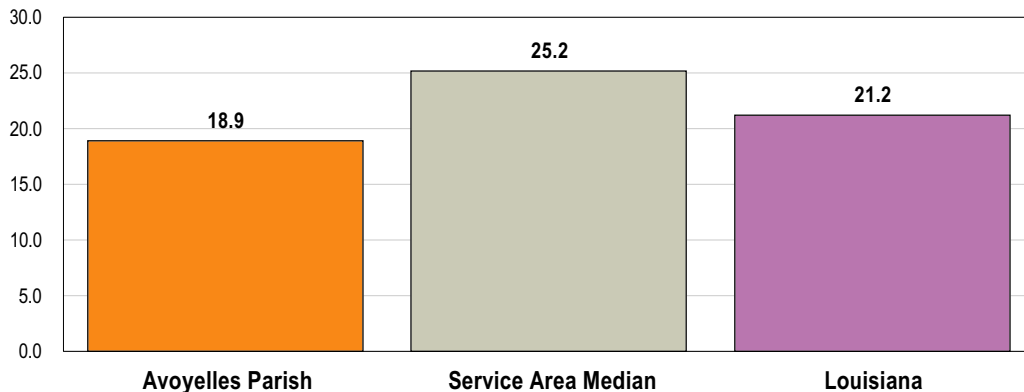
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

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)



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

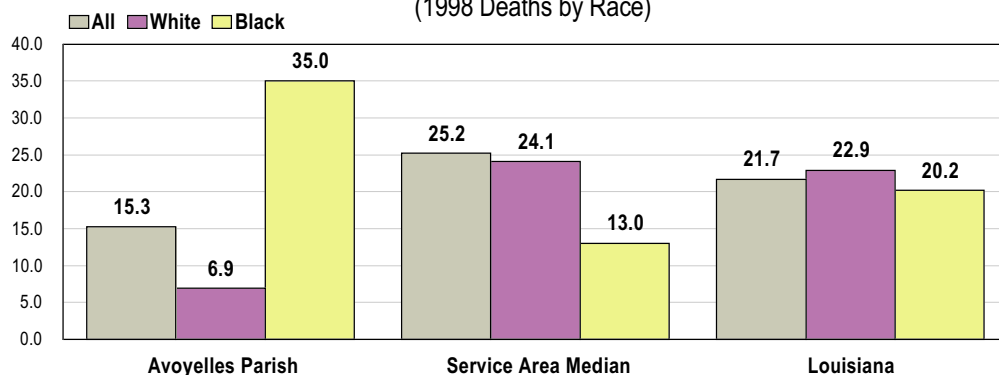
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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

- In 1998, the motor vehicle accident death rate in 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).

Age-Adjusted Mortality: Motor Vehicle Accidents

(1998 Deaths by Race)

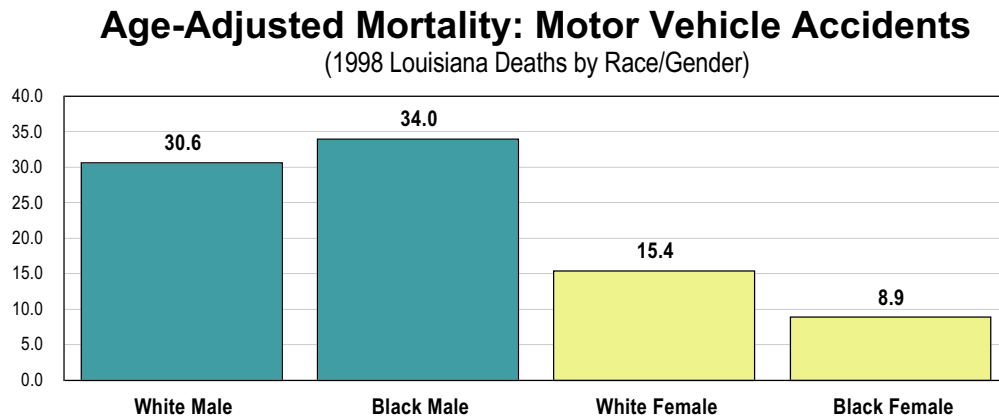


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

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

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



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

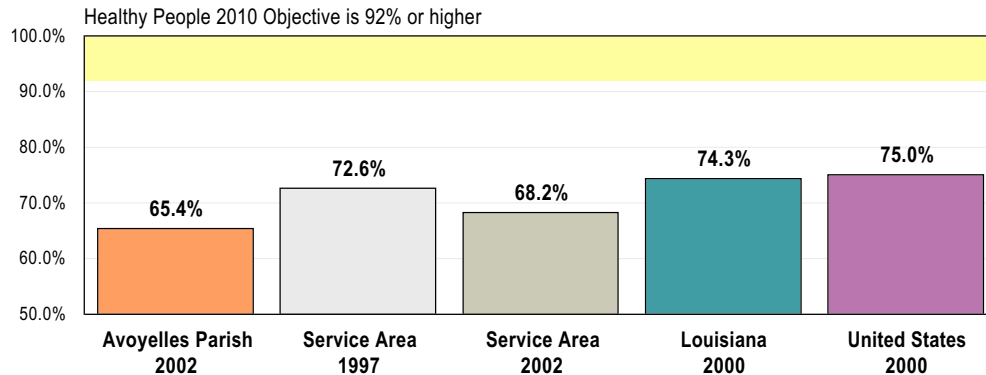
Injury Control

Motor Vehicle Safety

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

- **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).

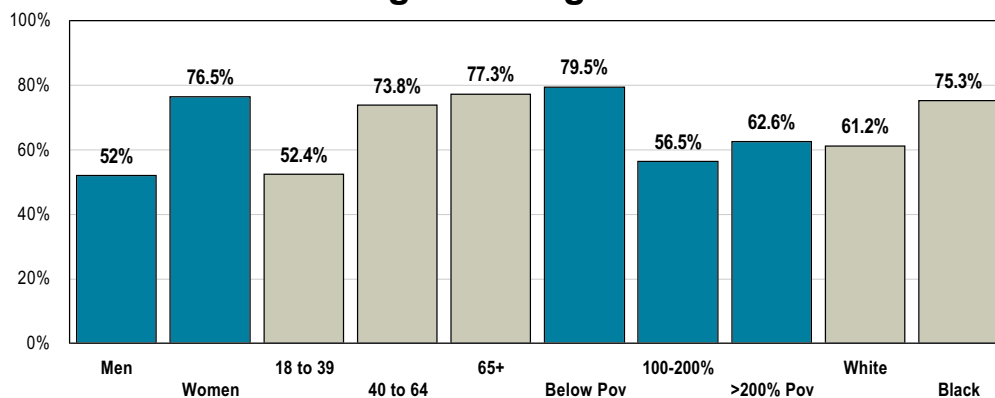
Always Wear a Seat Belt When Driving or Riding in an Automobile



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.

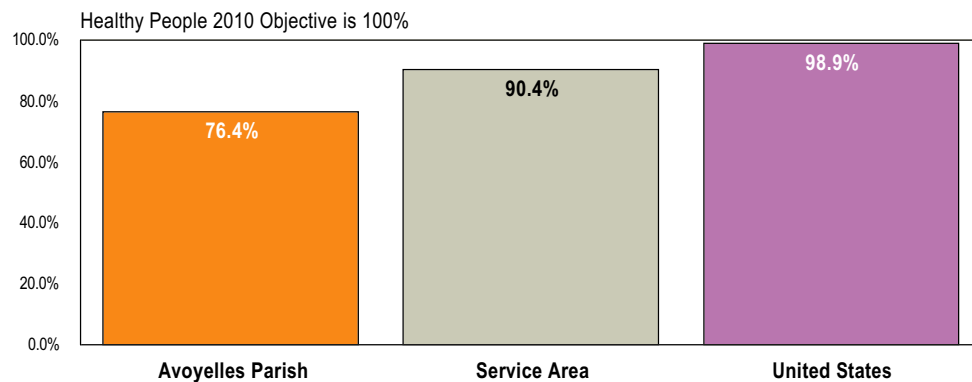
Always Wear a Seat Belt When Driving or Riding in an Automobile



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



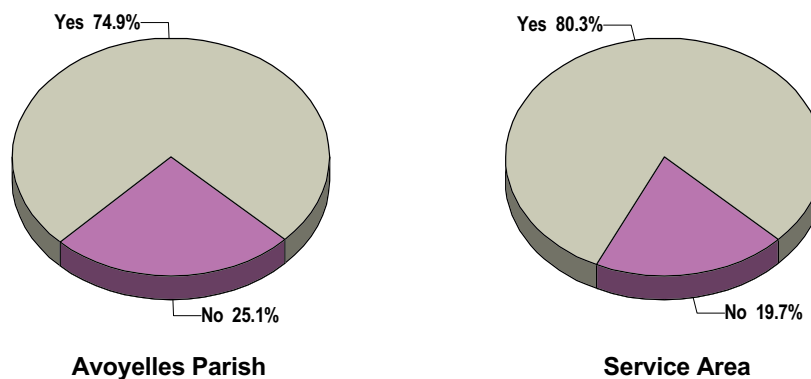
Source: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

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



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

Work-Related Injuries

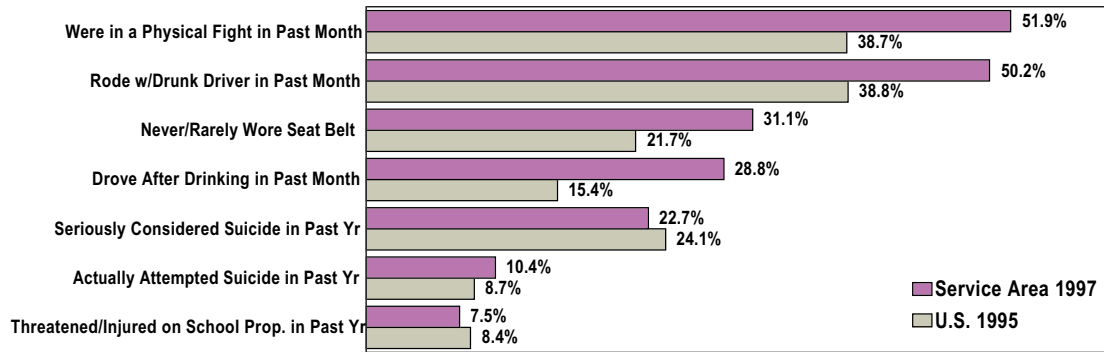
- See *“Self-Reported Chronic Illness: Activity Limitations.”*

Adolescent Injury & Violence

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

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

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



Source: Tulane School of Public Health and Tropical Medicine.

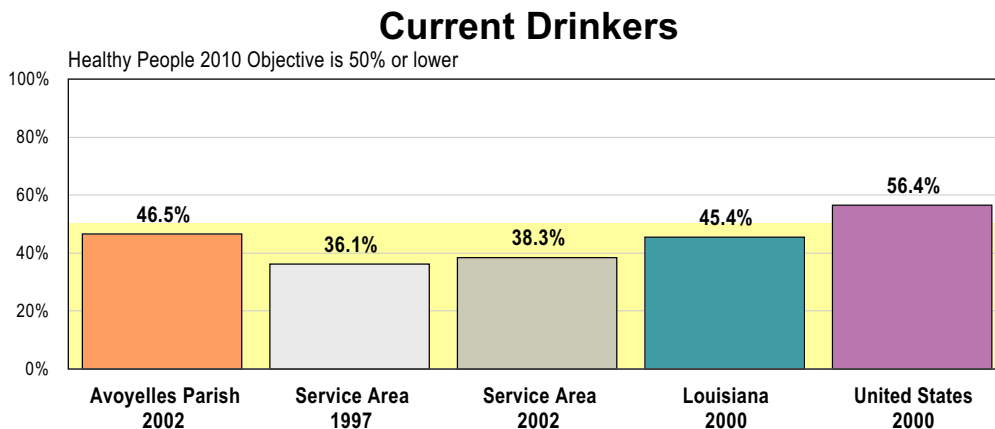
Substance Abuse

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

Current Drinkers

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

- **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).

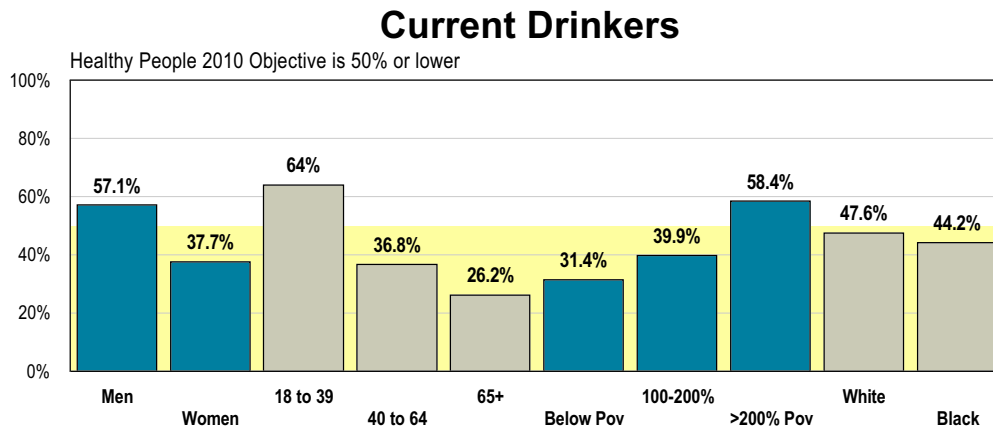


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, State Survey Data, 1999
3. 2000 PRC National Health Survey, Professional Research Consultants
4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health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

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

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

- 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.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

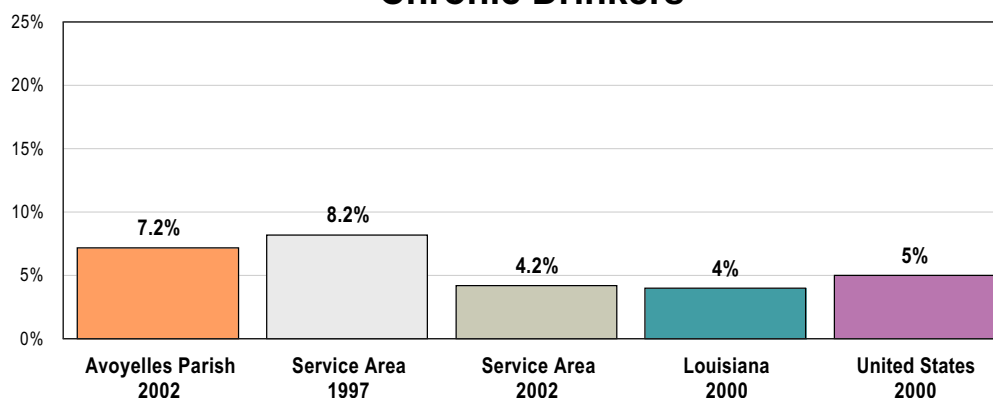
2. Reflects the total sample of respondents.

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.

Chronic Drinkers



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

2. Behavioral Risk Factor Surveillance System, State Survey Data, 1999

3. 2000 PRC National Health Survey, Professional Research Consultants

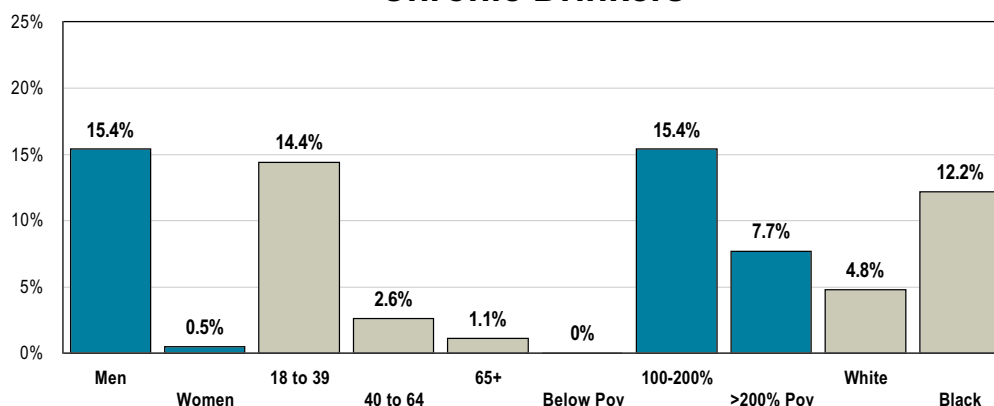
4. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.

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.

- 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



Source: 2002 PRC Community Health Survey, Professional Research Consultants

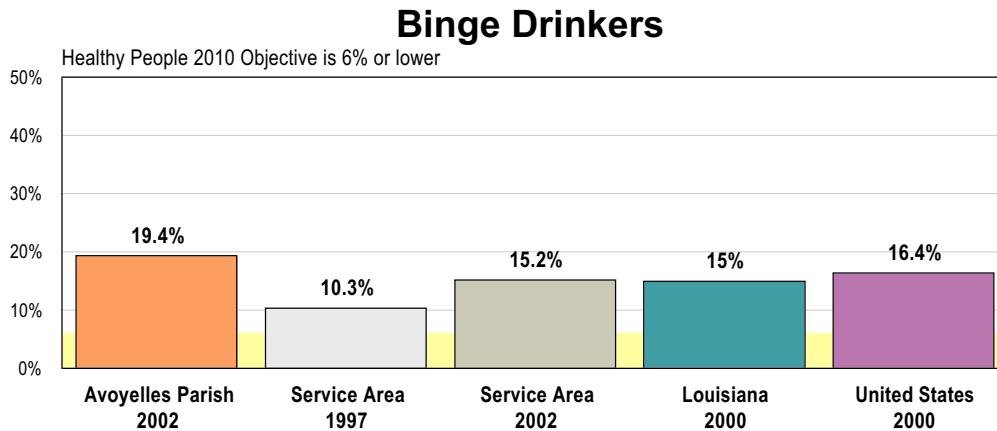
Notes: 1. Demographic breakouts are among findings in Avoyelles Parish.

2. Reflects the total sample of respondents.

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

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).

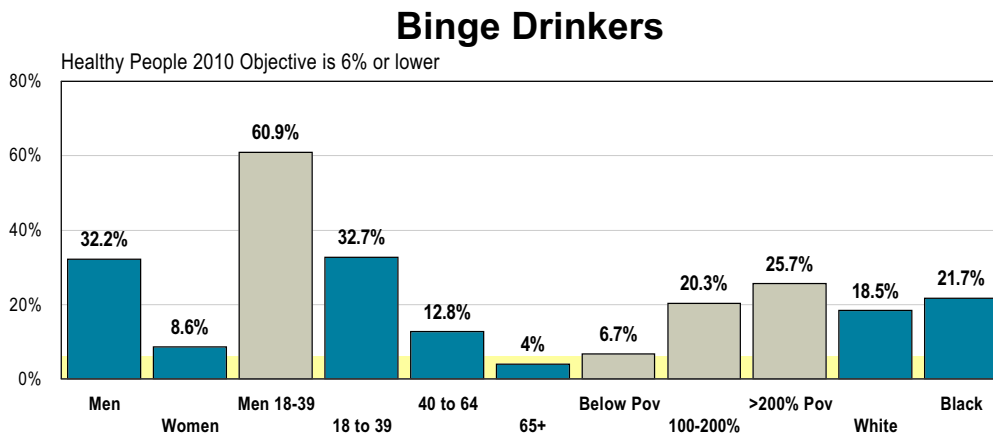


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data
3. 2000 PRC National Health Survey, Professional Research Consultants
4. Healthy People 2010, National Center for Health Statistics/CDC/Public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

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

Binge drinking is more prevalent among:

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



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

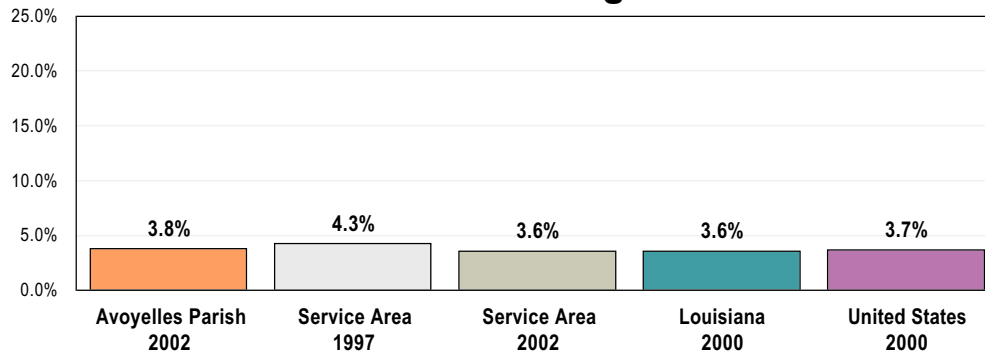
2. Reflects the total sample of respondents.

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 & 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.

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

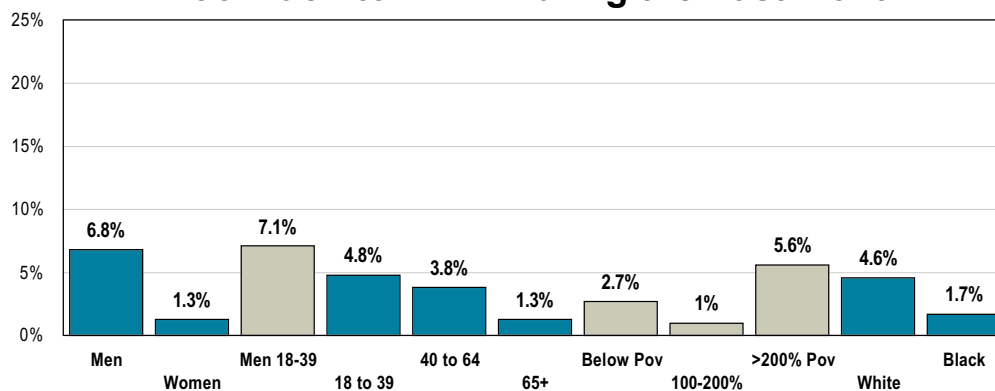


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Behavioral Risk Factor Survey Summary, Tulane School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

Drinking and driving is more prevalent among:

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

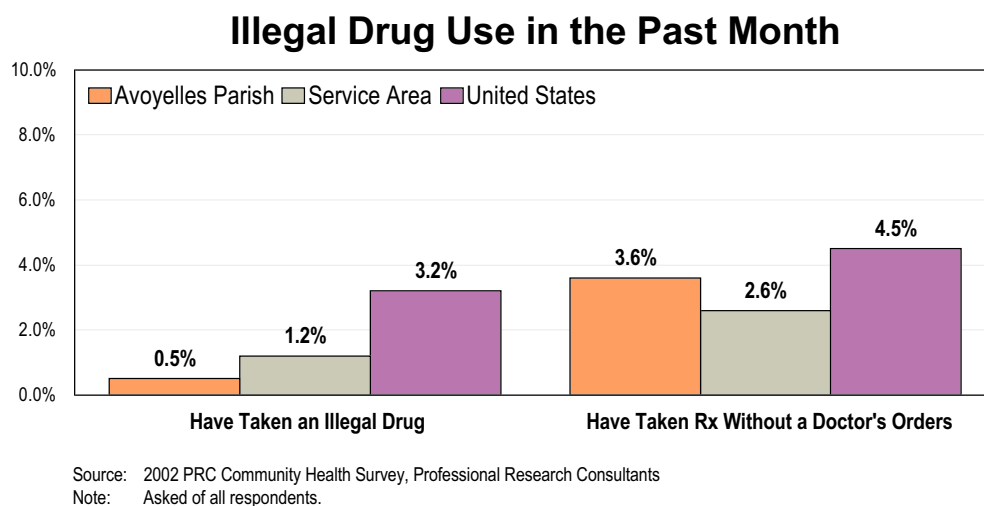
Have Driven After Having Had Too Much to Drink During the Past Month



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

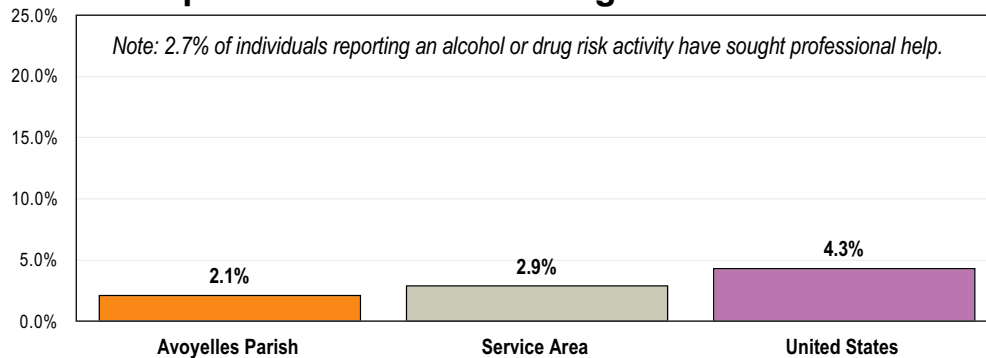
Other Drug Abuse

- **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.



- **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.**

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



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

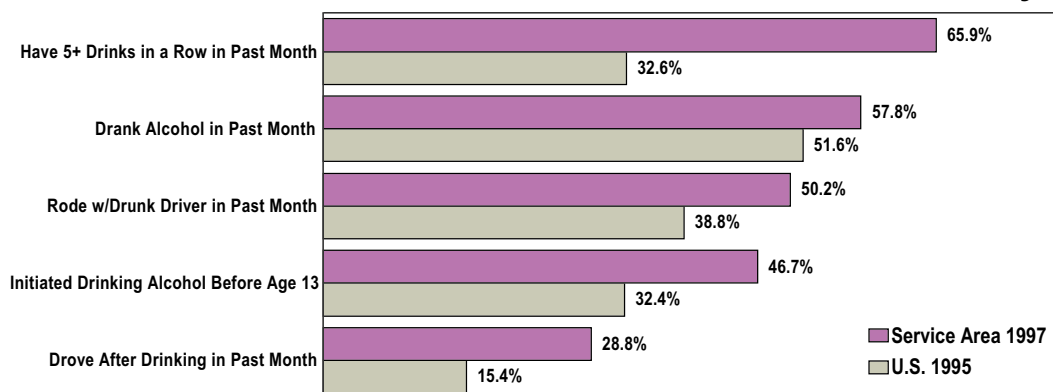
Notes: 1. Asked of all respondents.
 2. Alcohol/drug risk activities include prescription abuse, illegal drug use, drunk driving, or chronic or binge drinking.

Adolescents, Alcohol & Drug Use

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

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

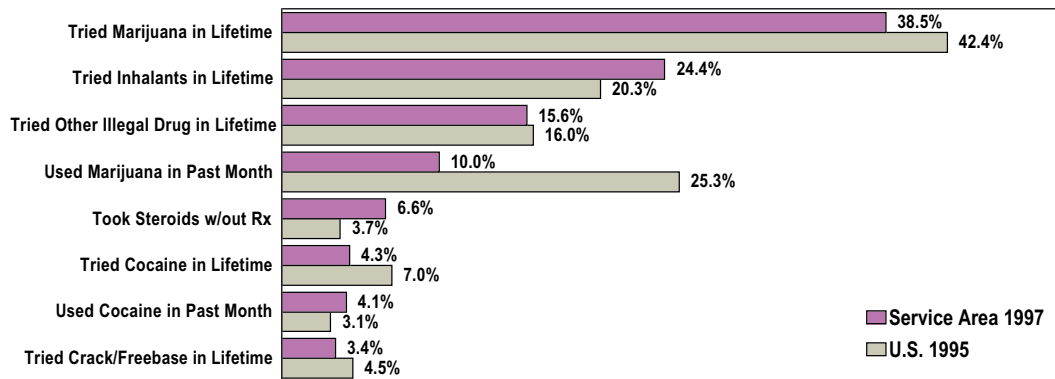
Alcohol-Related Findings From the 1997 Service Area Youth Risk Factor Survey



Source: Tulane School of Public Health and Tropical Medicine.

- Service area youth report lower use of marijuana (38.5% have tried marijuana, 10% 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



Source: Tulane School of Public Health and Tropical Medicine.

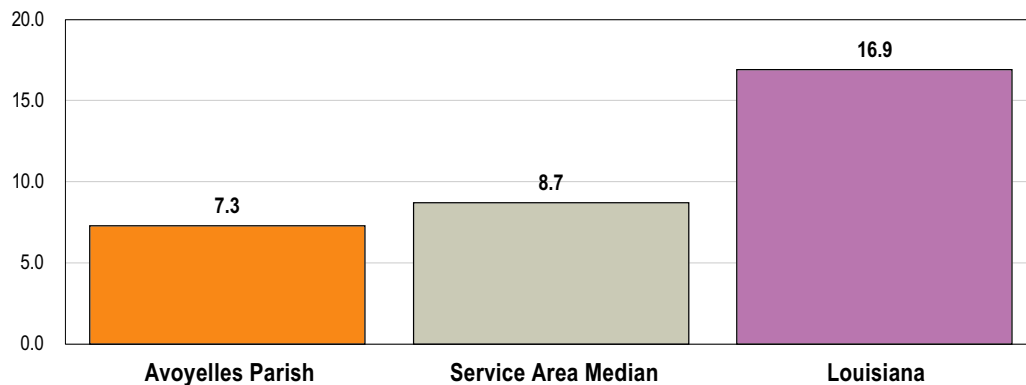
Intentional Injury Deaths

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)



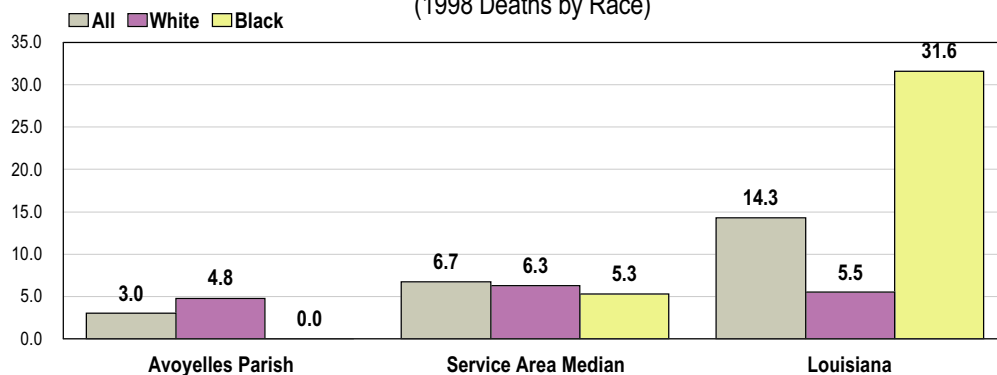
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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



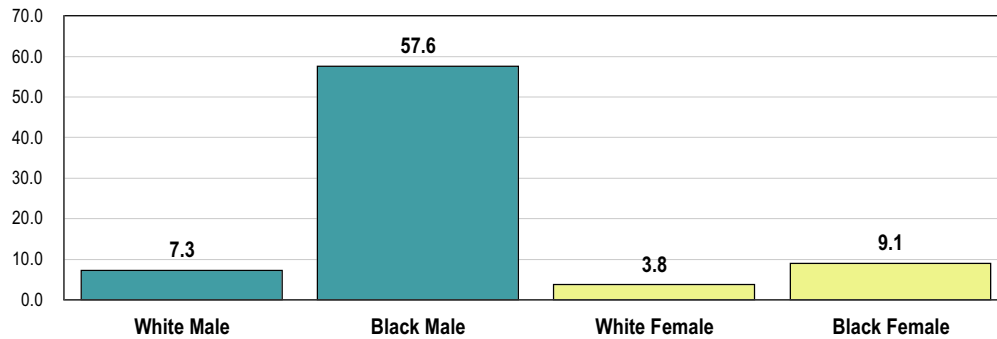
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

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

Age-Adjusted Mortality: Homicide

(1998 Louisiana Deaths by Race/Gender)



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

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

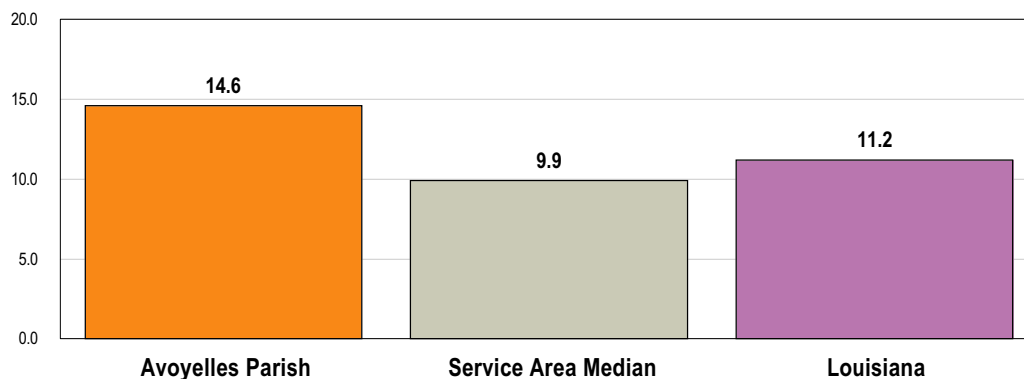
2. Includes homicide and legal intervention deaths.

Suicide

- The 1996-98 age-adjusted suicide death rate in 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)



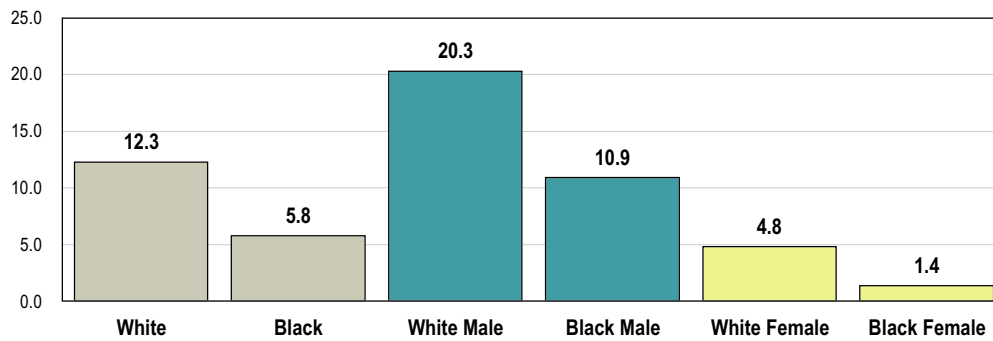
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

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

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

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



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

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

Diabetes

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

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

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

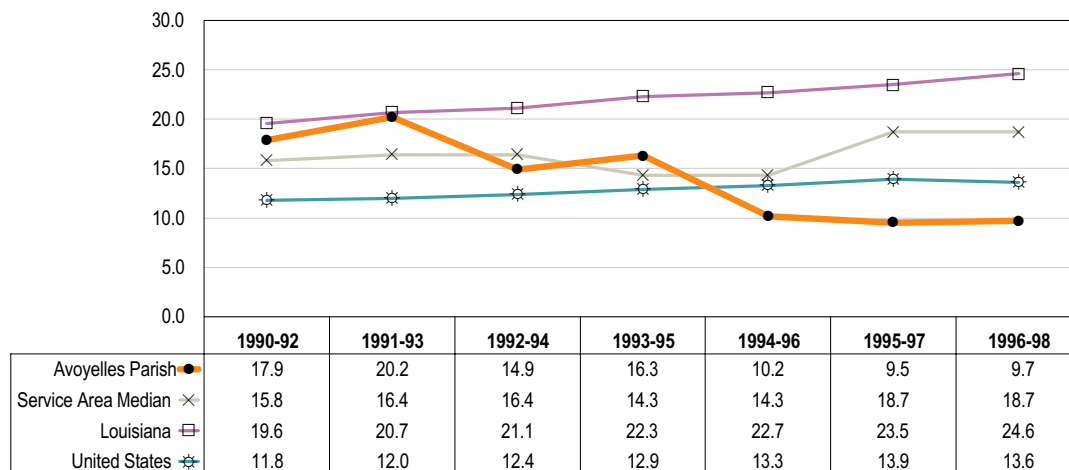
About 16 million Americans have diabetes, but only about 10 million have been diagnosed. Approximately 798,000 new cases of diabetes are diagnosed annually in the United States. Nationwide, the number of persons diagnosed with diabetes has increased sixfold, from 1.6 million in 1958 to 10 million in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

Diabetes Deaths

- **In 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.**

Age-Adjusted Mortality: Diabetes

(1990-1998 Deaths per 100,000 Population)



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

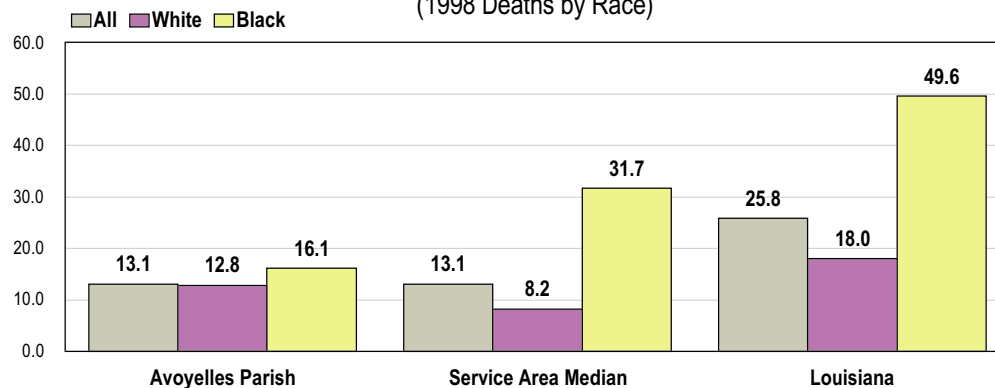
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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

- Blacks experience higher age-adjusted death rates attributed to diabetes than Whites in Avoyelles Parish, the service area and the state in 1998.

Age-Adjusted Mortality: Diabetes

(1998 Deaths by Race)



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

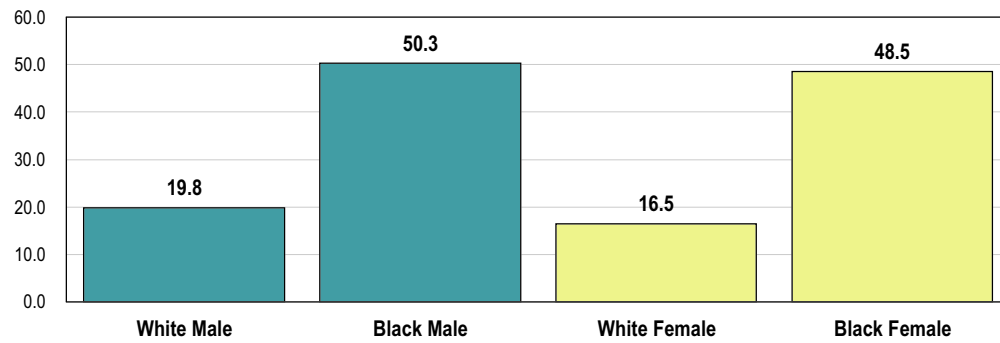
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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

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

Age-Adjusted Mortality: Diabetes

(1998 Louisiana Deaths by Race/Gender)



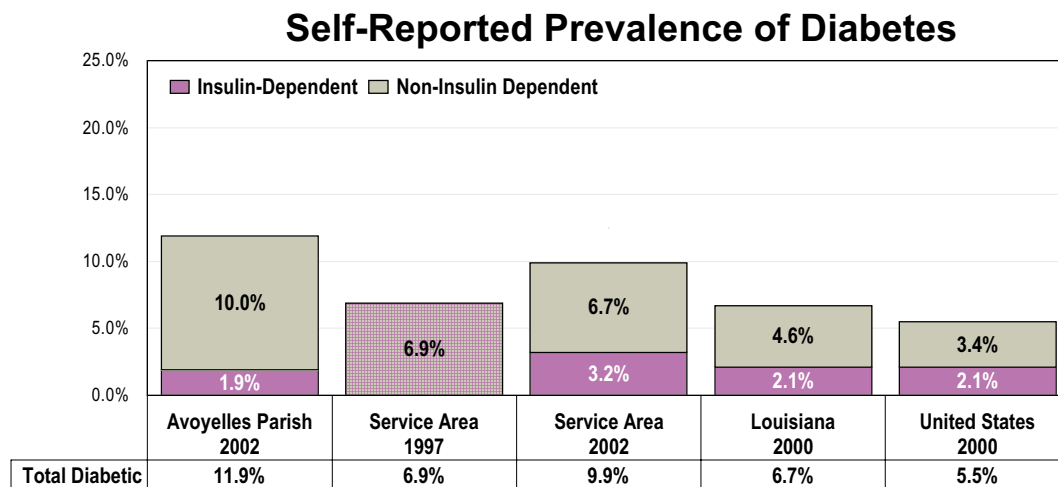
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

Self-Reported Diabetes Prevalence

Diabetes Prevalence

- **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.



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

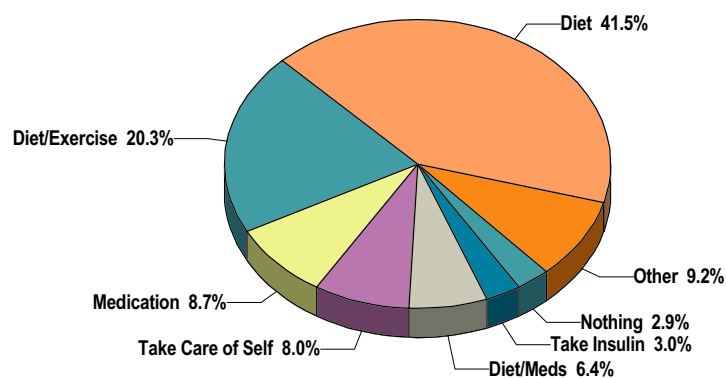
Notes: 1. Asked of all respondents.
 2. 1997 data does not distinguish between insulin-dependent and non-insulin dependent diabetes.

See also "Cardiovascular Risk Behavior: Overweight Prevalence."

Needs of Diabetics

- **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.

INFECTIOUS & CHRONIC DISEASE

Tuberculosis

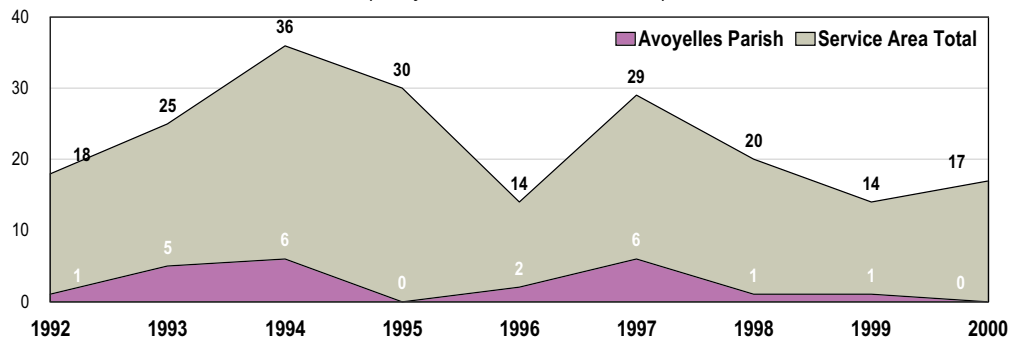
Tuberculosis (TB) is spread from person to person through the air. TB usually affects the lungs but can also affect other parts of the body, such as the brain, kidneys or spine.

Tuberculosis Incidence

- Between 1992 and 2000, a total of 22 cases of tuberculosis were diagnosed in Avoyelles Parish.

Tuberculosis Cases

(Avoyelles Parish 1992-2000)

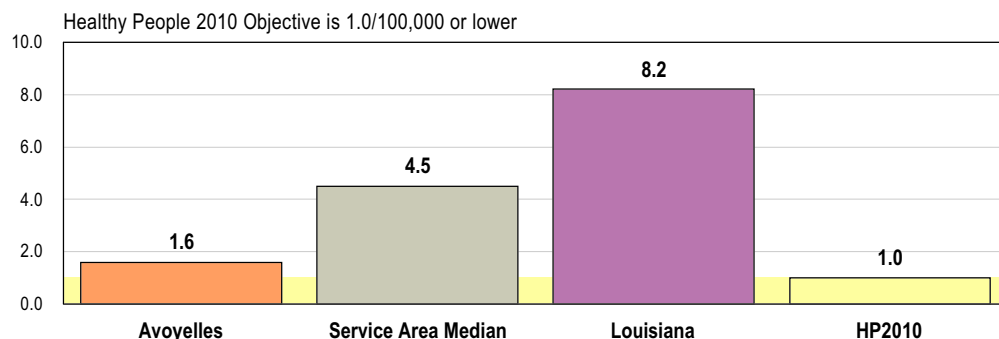


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

- 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)



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

HIV/AIDS

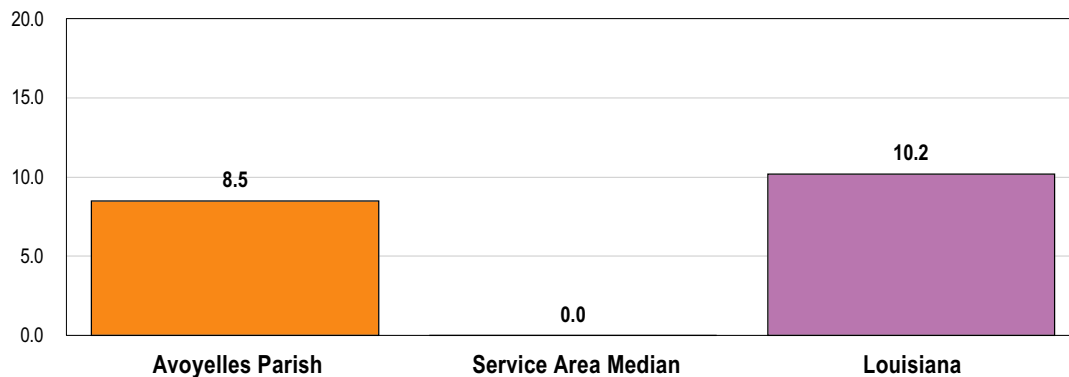
The AIDS (acquired immunodeficiency syndrome) epidemic is a problem of national and international importance, a disease for which there is as of yet no cure. Although there is no cure or vaccine, recent advances in human immunodeficiency virus (HIV) treatment can slow or halt the progression from HIV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

AIDS Death Rates

- 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)



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

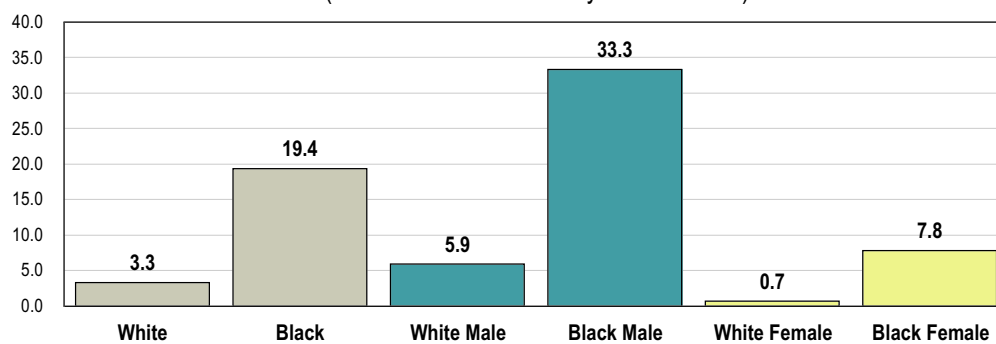
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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

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

Age-Adjusted Mortality: AIDS

(1998 Louisiana Deaths by Race/Gender)



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

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

HIV/AIDS Rates

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

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

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

Interpretation of HIV Detection Data

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

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

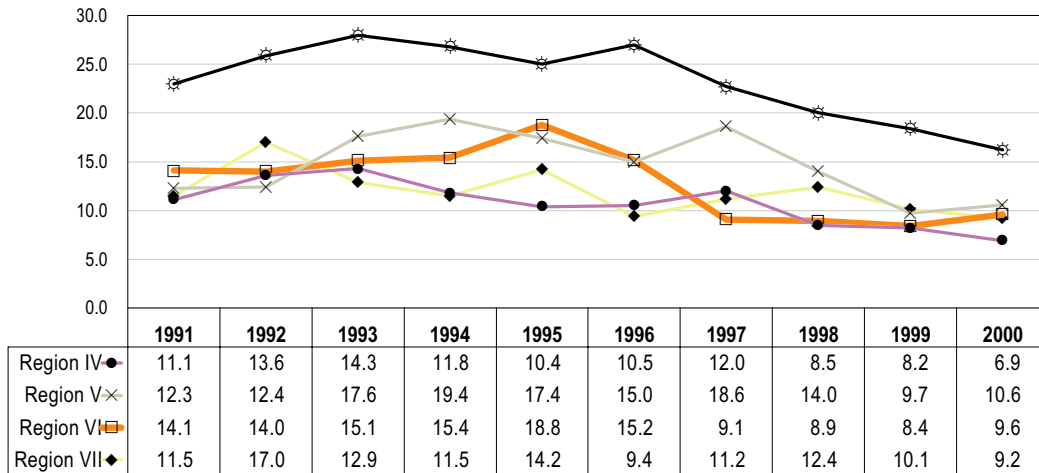
Therefore, HIV detection data do not necessarily represent characteristics of person who have been recently infected with HIV, nor do they provide true HIV incidence. Demographic and geographic subpopulations are disproportionately sensitive to differences and changes in access to health care, HIV testing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

With this in mind:

- **AIDS case rates followed a general decline in the latter half of the 1990s.**
 - However, in 2000, Public Health Region VI (which includes Avoyelles Parish) realized a slight increase in case rates for the first time since 1995.

AIDS Case Rates

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



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

Notes: 1. Public Health Region IV includes Evangeline Parish and six other parishes in and around Lafayette, Louisiana.

2. Public Health Region V includes Allen Parish and four other parishes in and around Lake Charles, Louisiana.

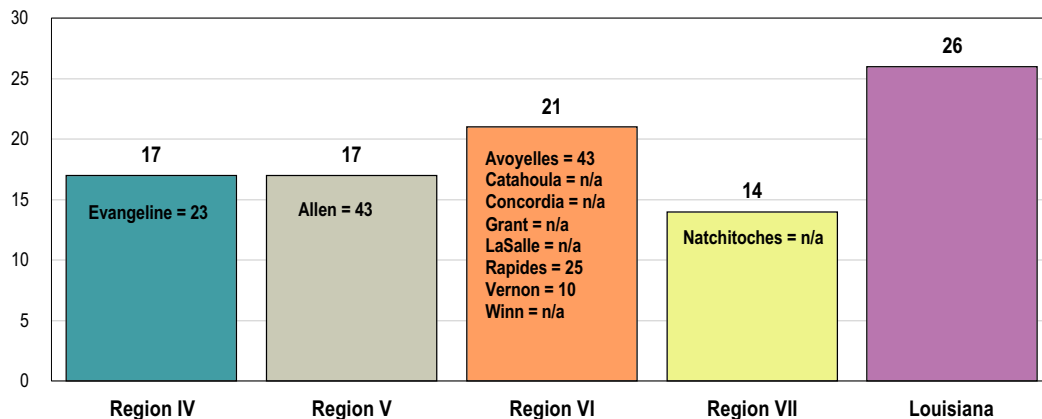
3. Public Health Region VI includes Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon and Winn Parishes.

4. Public Health Region VII includes Natchitoches and eight other parishes in and around Shreveport, Louisiana.

- **In Public Health Region 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)



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

Notes: 1. Public Health Region IV includes Evangeline Parish and six other parishes in and around Lafayette, Louisiana.

2. Public Health Region V includes Allen Parish and four other parishes in and around Lake Charles, Louisiana.

3. Public Health Region VI includes Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon and Winn Parishes.

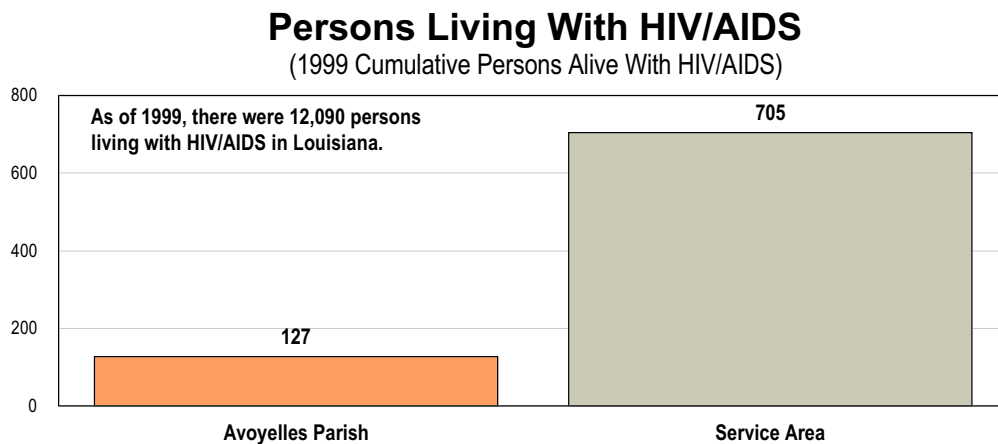
4. Public Health Region VII includes Natchitoches and eight other parishes in and around Shreveport, Louisiana.

5. Includes AIDS diagnoses for persons first detected with HIV at an AIDS diagnosis. Rates are unstable and not available (n/a) for parishes with low case counts.

Persons Living With HIV/AIDS

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

- **As of 1999, there were 127 persons living with AIDS in Avoyelles Parish and 705 throughout the Rapides Foundation Service Area.**

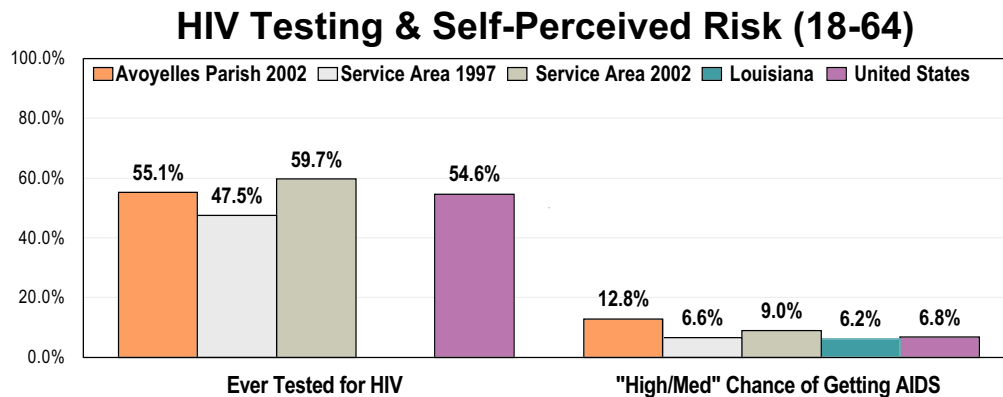


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

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

HIV Testing & Perceived Risk

- **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.



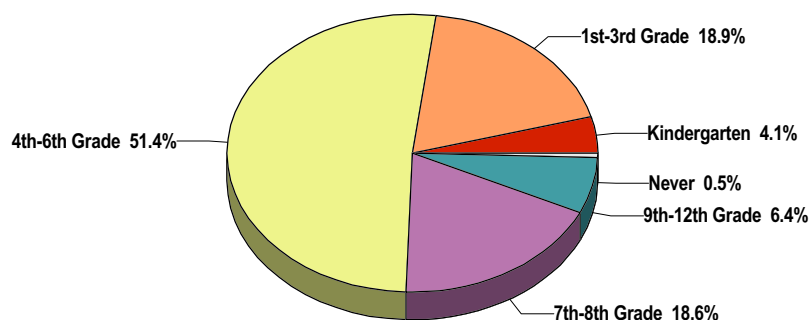
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
 4. Behavioral Risk Factor Survey Summary, Tulane School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

Note: Reflects respondents aged 18 through 64.

Children & HIV/AIDS Education

- **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)

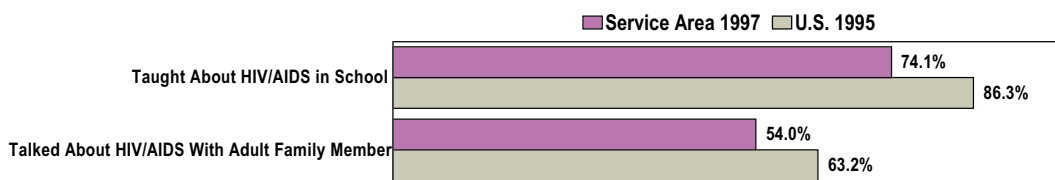


Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Asked among respondents aged 18 through 64.

In the 1997 Central Louisiana Youth Risk Factor Survey:

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

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



Source: Tulane School of Public Health and Tropical Medicine.

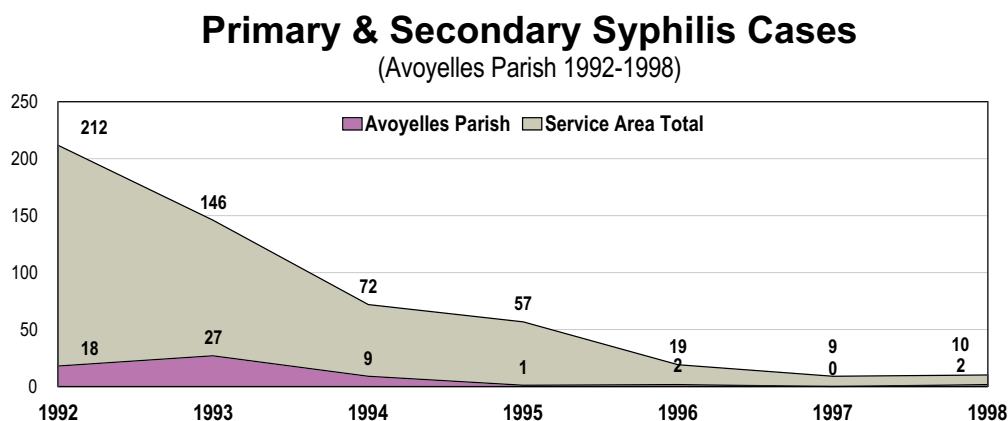
Sexually Transmitted Diseases

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.

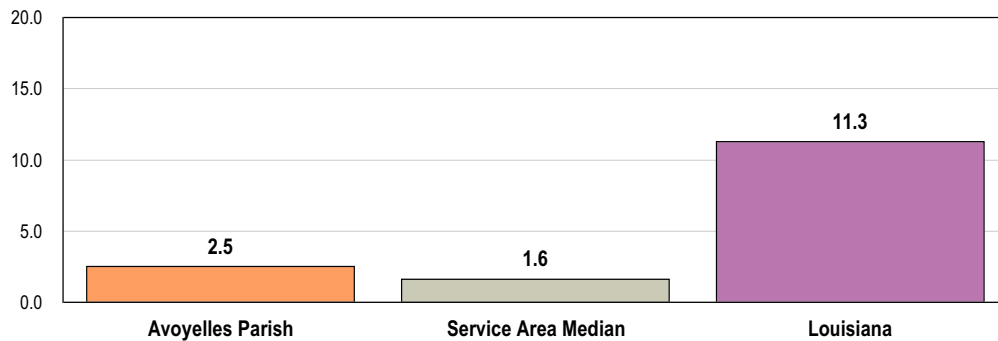


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

- **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

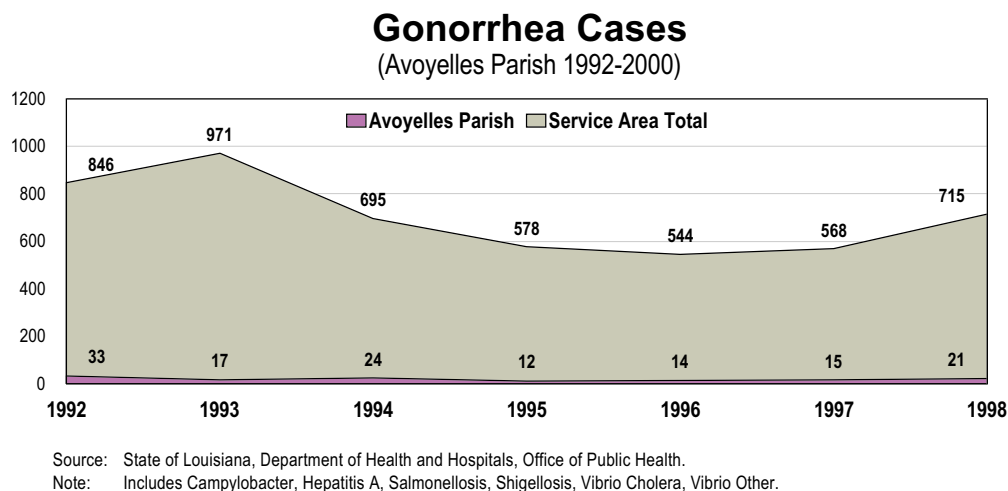
(1998-2000 Annual Average Rate per 100,000 Population)



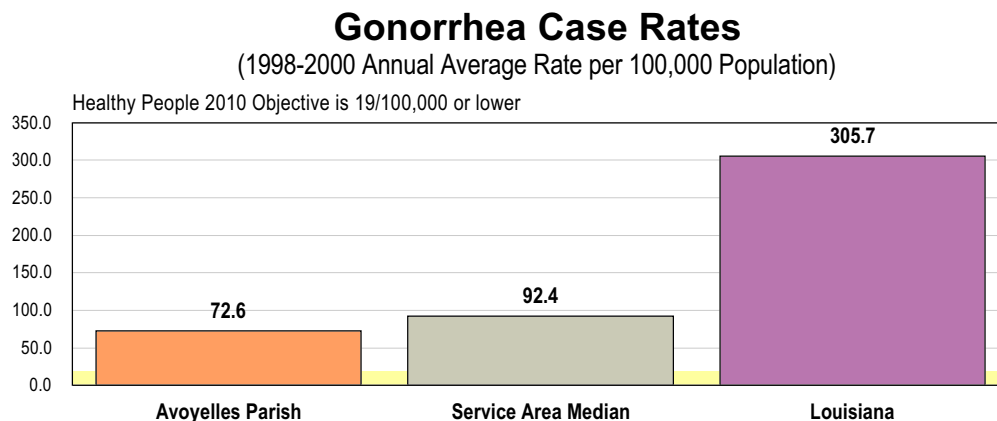
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

Gonorrhea

- Between 1992 and 1998, Avoyelles Parish saw a high of 33 cases in 1992 and a low of 12 cases in 1995.

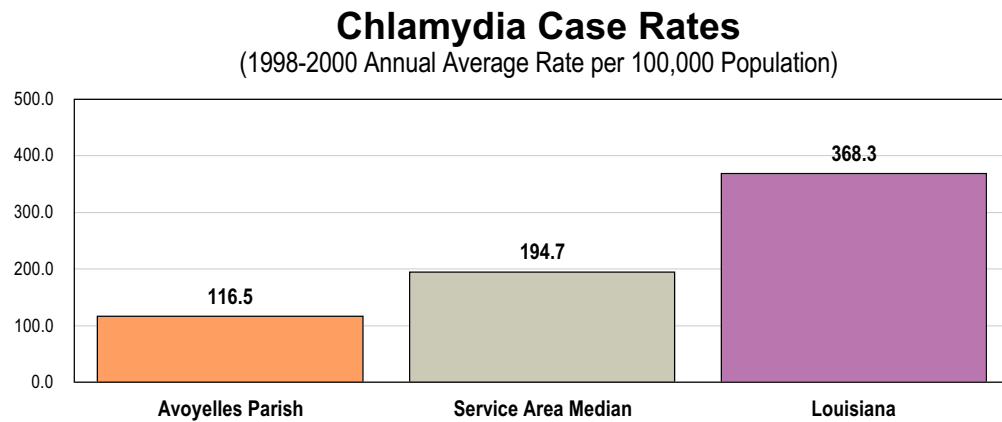


- Between 1998 and 2000, there was an annual average of 72.6 newly diagnosed gonorrhea cases per 100,000 population in Avoyelles Parish.
 - Lower than in most Rapides Foundation Service Area parishes (median = 92.4/100,000).
 - Significantly lower than the statewide annual average case rate (305.7/100,000) but does not satisfy *Healthy People 2010* target (19.0/100,000 or lower).



Chlamydia

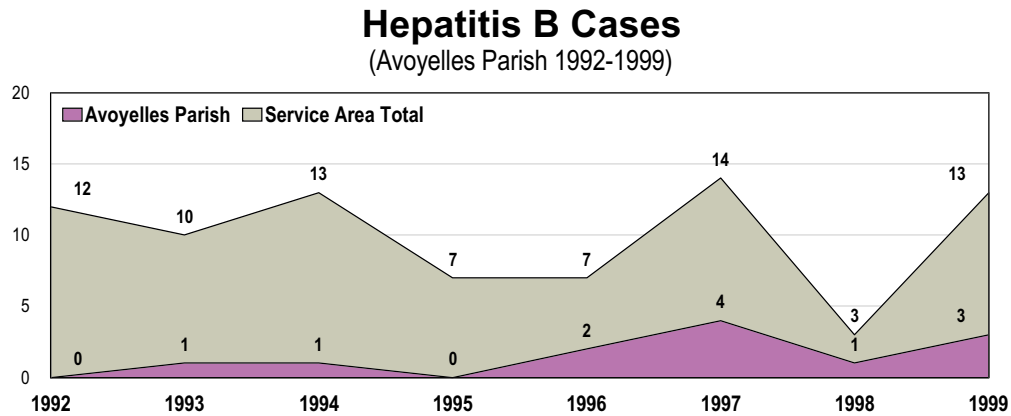
- Between 1998 and 2000, there was an annual average of 116.5 newly diagnosed cases of *chlamydia trachomatis* per 100,000 population in Avoyelles Parish.
 - Lower than in most Rapides Foundation Service Area parishes (median = 194.7 cases/100,000).
 - Significantly lower than the annual average case rate statewide (368.3/100,000).



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

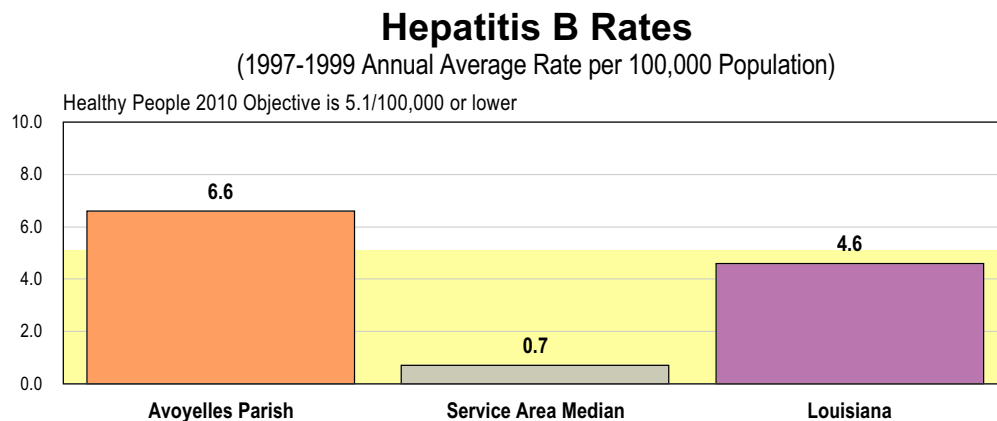
Hepatitis B

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



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.



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

Vaccine-Preventable Disease Incidence

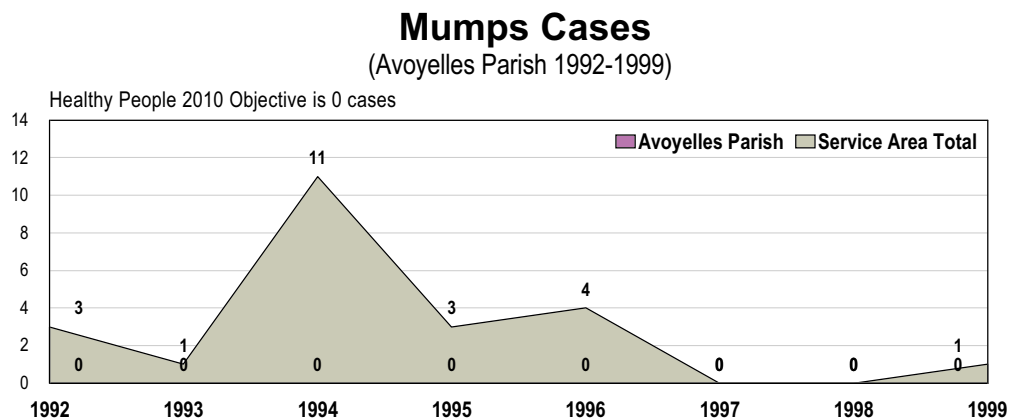
Examples of diseases which are preventable through vaccination include measles, mumps, rubella and pertussis.

Measles

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

Mumps

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



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

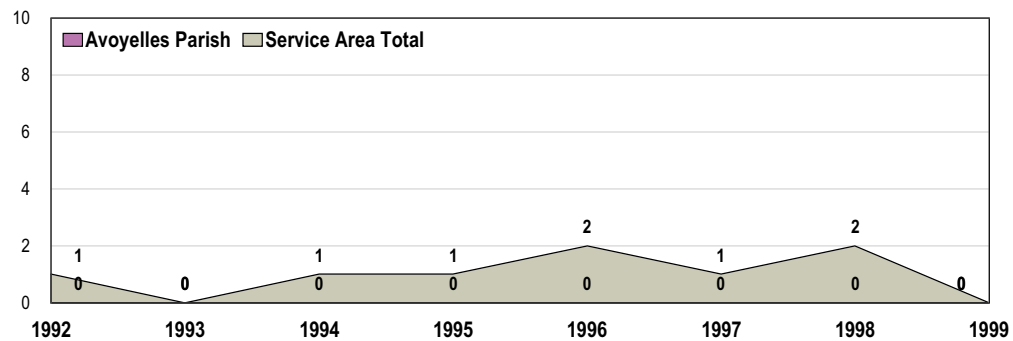
Rubella

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

Pertussis

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

Pertussis (Whooping Cough) Cases (Avoyelles Parish 1992-1999)



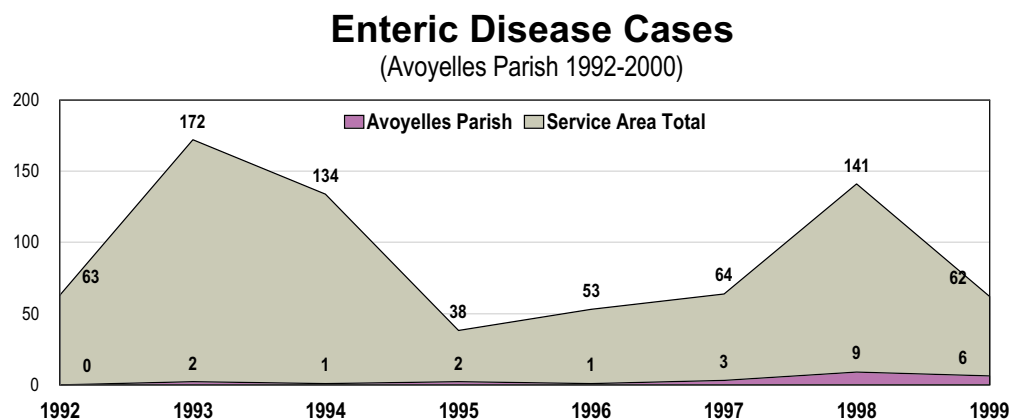
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

Enteric Disease Incidence

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

Enteric Disease

- The incidence of enteric disease is prone to localized outbreaks. Between 1992 and 1999, Avoyelles Parish experienced a total of 24 cases.

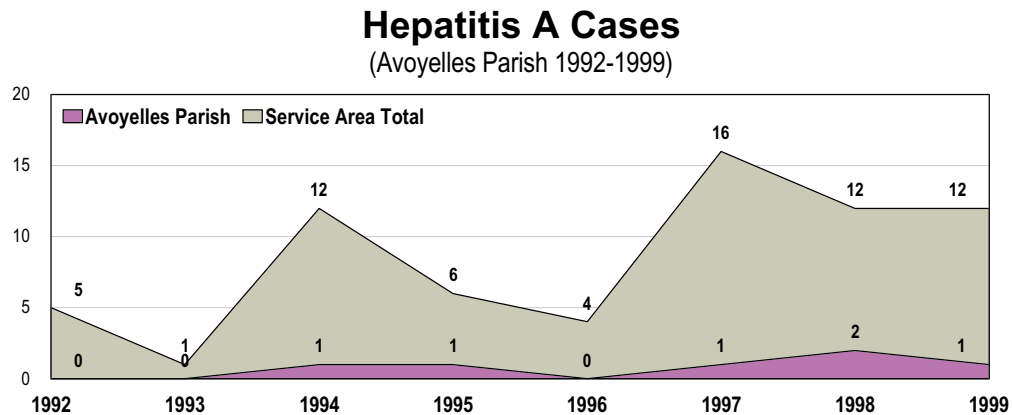


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

Note: Includes Campylobacter, Hepatitis A, Salmonellosis, Shigellosis, Vibrio Cholera, Vibrio Other.

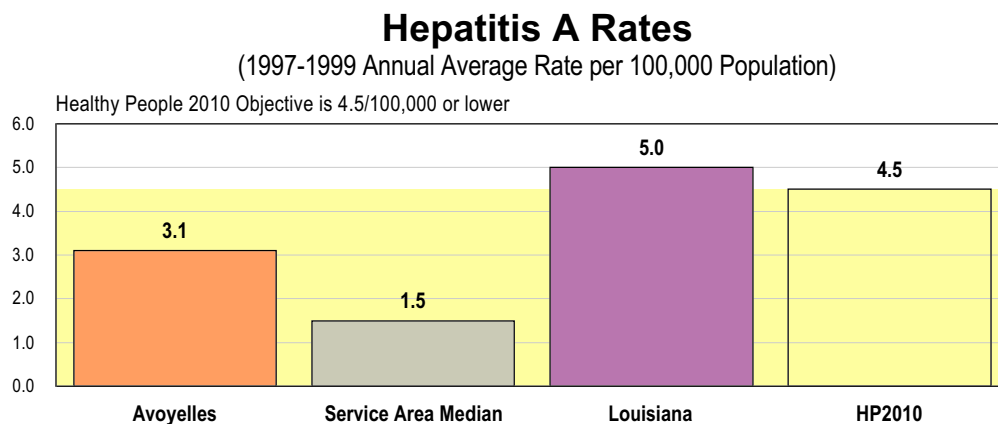
Hepatitis A

- Between 1992 and 1999, Avoyelles Parish experienced 6 cases of hepatitis A.



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).



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

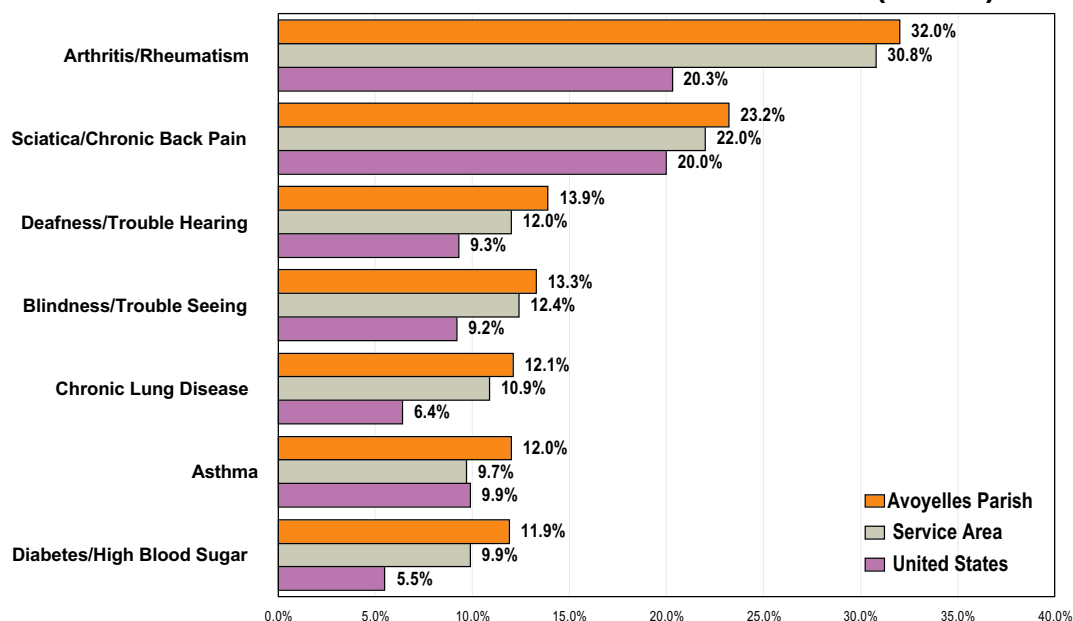
Self-Reported Chronic Illness

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).

Prevalence of Chronic Illness (1 of 2)

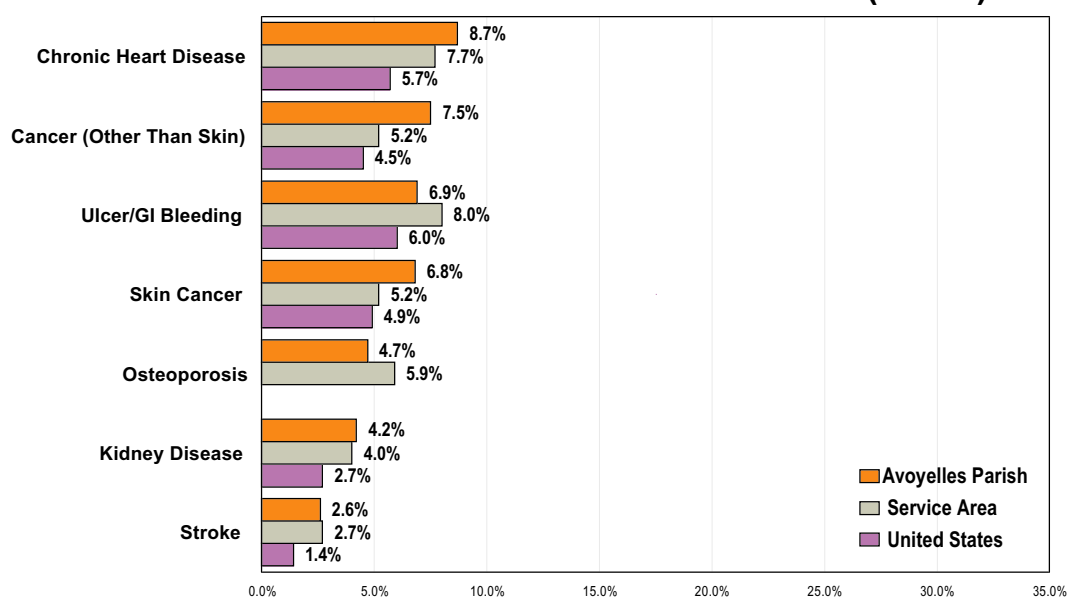


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. 2000 PRC National Health Survey, Professional Research Consultants

Note: Asked of all respondents.

Prevalence of Chronic Illness (2 of 2)



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

2. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of all respondents.

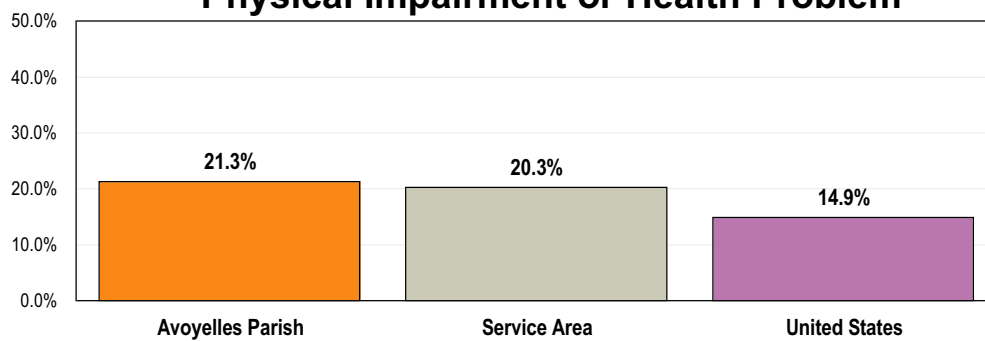
2. A national prevalence for osteoporosis is not available.

Keep in mind that each percentage point above represents approximately 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.

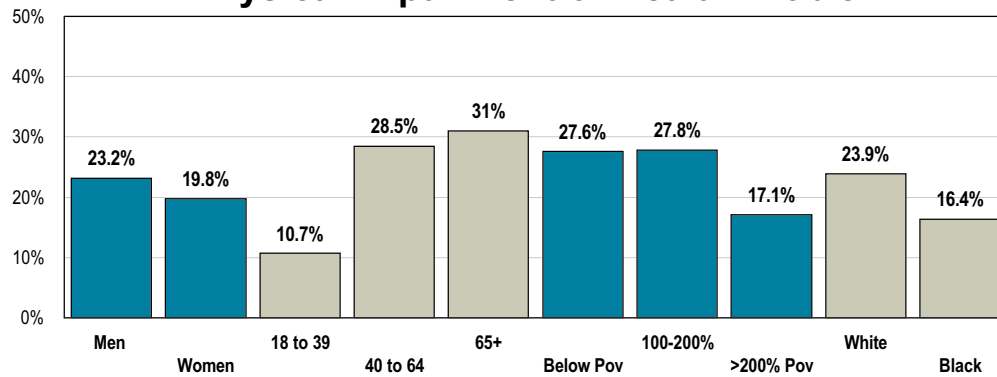
Activity Limitation Due to Physical Impairment or Health Problem



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.

- 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.

Activity Limitation Due to Physical Impairment or Health Problem



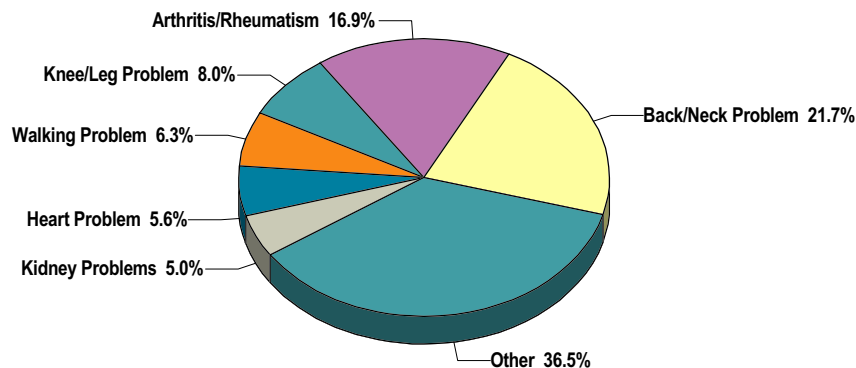
Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

- The top three impairments that limit Avoyelles Parish respondents include back/neck problems, arthritis/rheumatism and knee/leg problems.

Type of Impairment Which Limits Activities

(Among Those Reporting Activity Limitations; Avoyelles Parish)

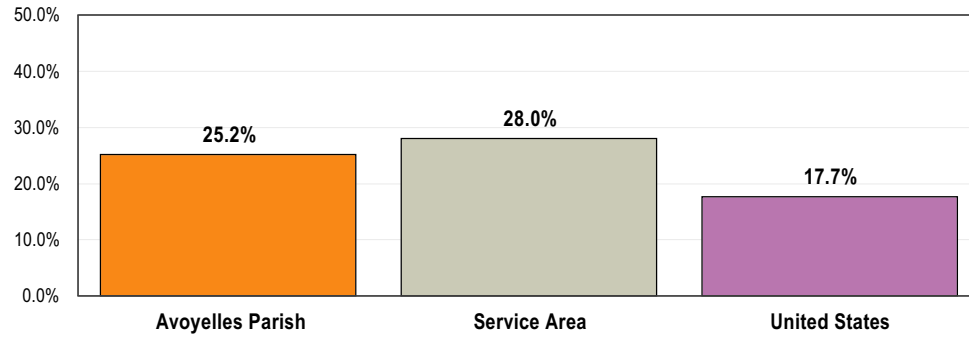


Source: 2002 PRC Community Health Survey, Professional Research Consultants

Note: Reflects those respondents who experience activity limitations.

- 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.

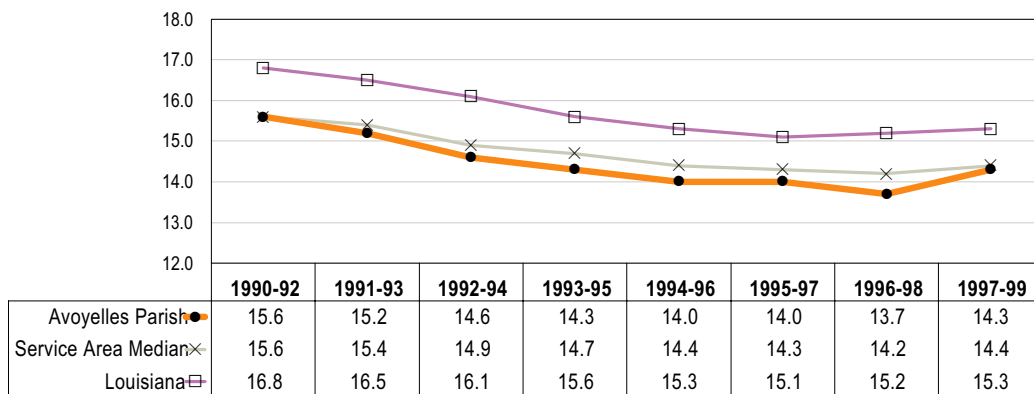
BIRTHS

Birth Rate

- **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)



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

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

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

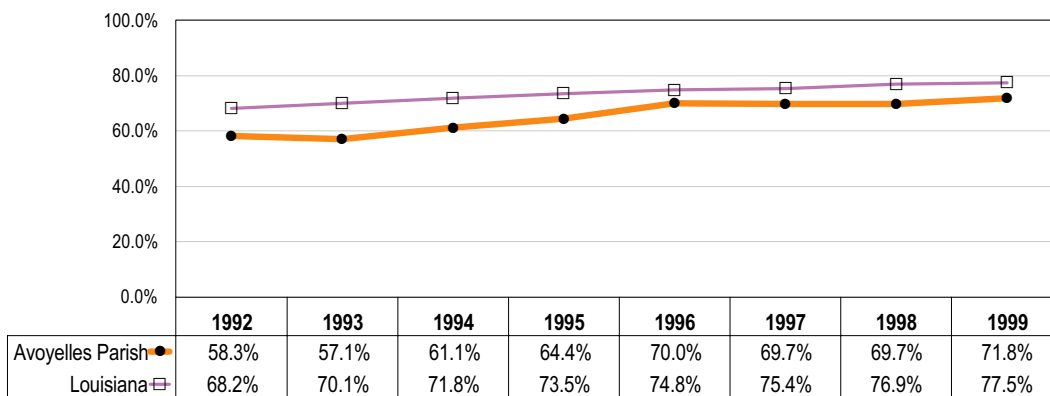
Prenatal Care

Adequacy of Prenatal Care

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

- **In 1999, 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.**

Mothers Receiving Adequate Prenatal Care
(Percentage of Live Births)



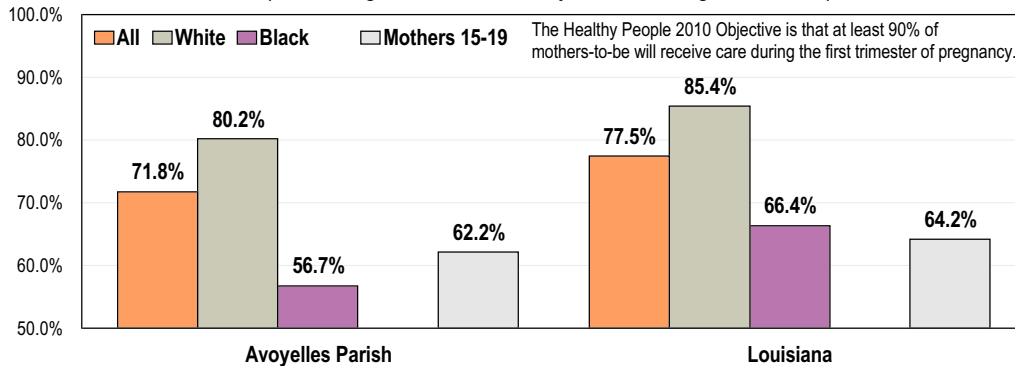
Source: Louisiana Department of Health and Hospitals, Office of Public Health.

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

- A 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.

Mothers Receiving Adequate Prenatal Care

(Percentage of 1999 Births by Race and Age of Mother)



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

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

Community Health Panel Findings*

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

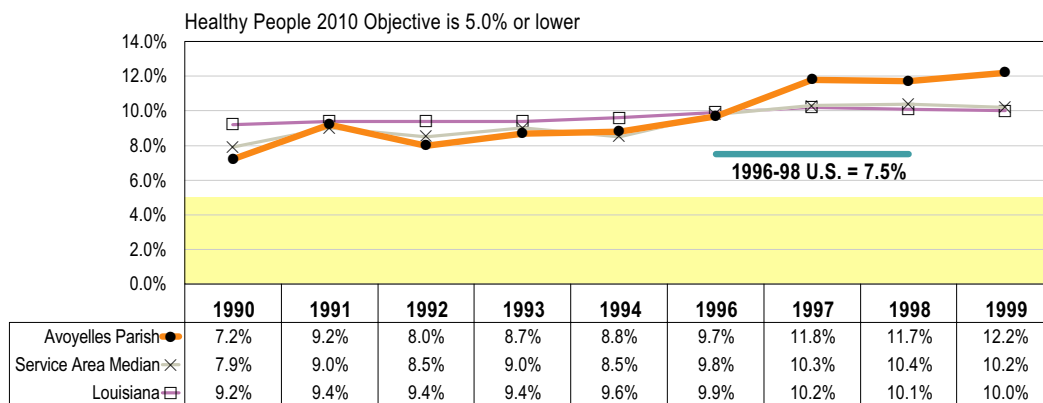
Low-Weight Births

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)



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

2. Healthy People 2010: National Health Promotion and Disease Prevention Objectives for the Nation, United States Public Health Services.

Notes: 1. Numbers represent low-weight births as a percentage of all live births.

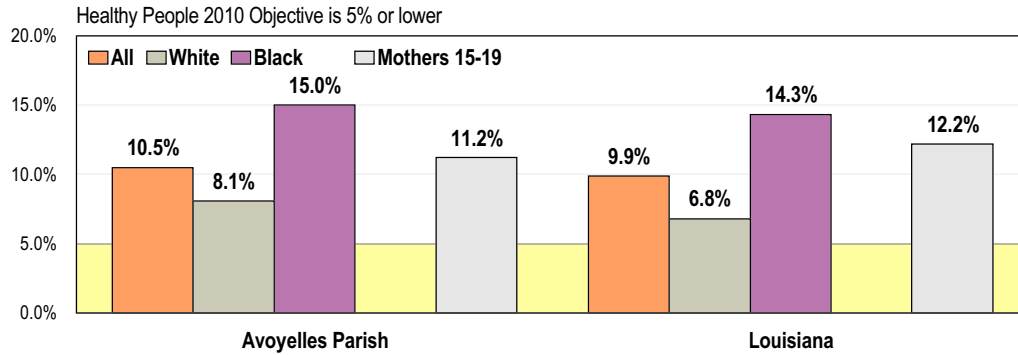
2. Low birthweight includes infants less than 2,500 grams at birth (approximately 5 pounds, 8 ounces).

3. 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)



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

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

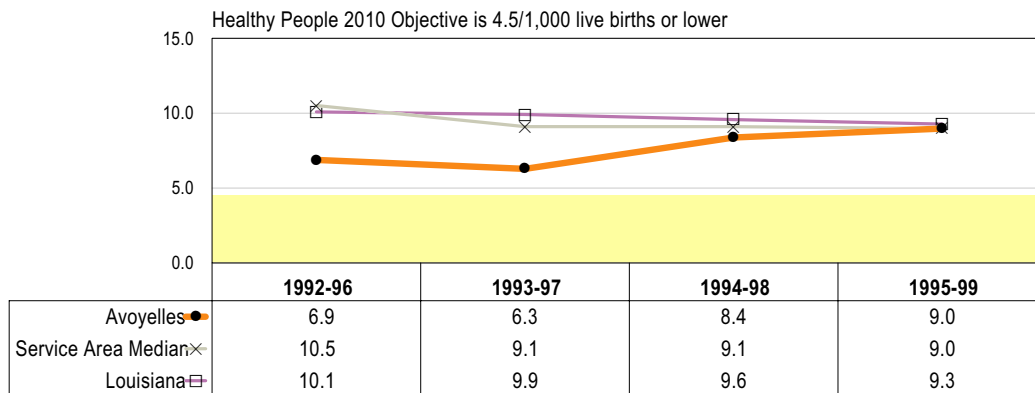
Infant Mortality

Infant death is the death of a child less than 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)



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

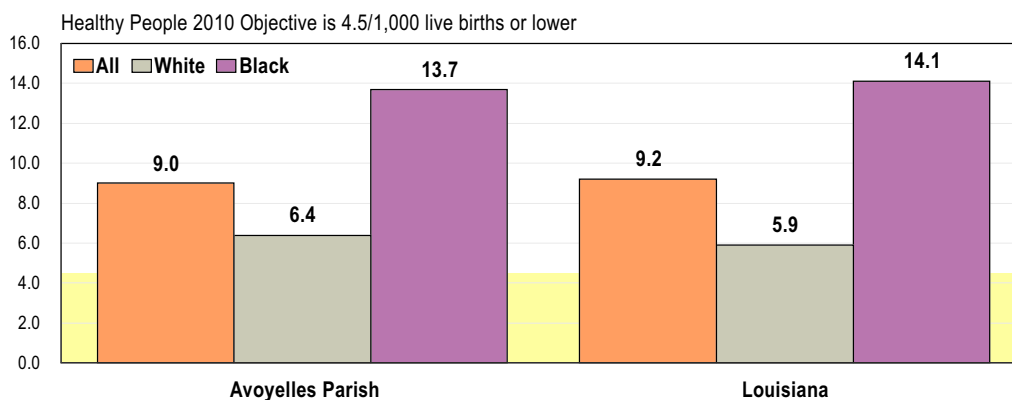
Notes: 1. Rates represent deaths occurring to infants under the age of one per 1,000 live births.

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)



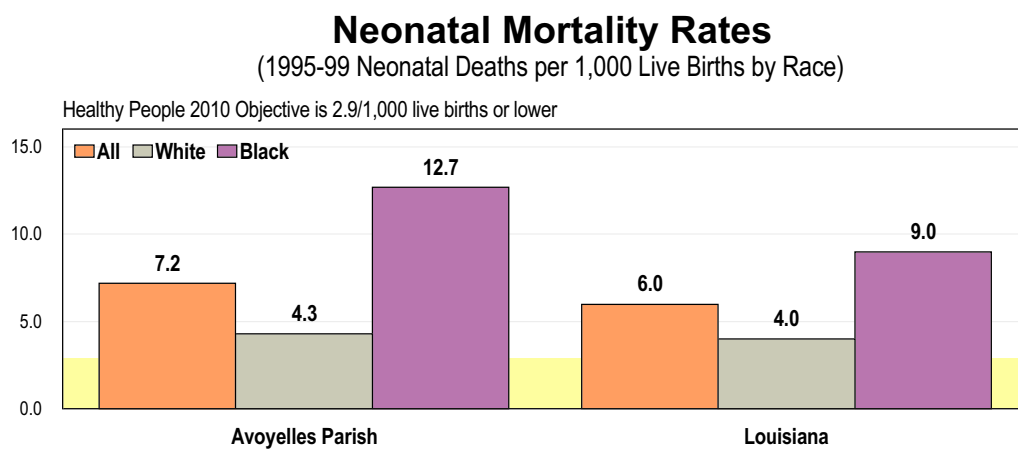
Source: Louisiana Department of Health and Hospitals, Office of Public Health.

Notes: 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).



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

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

Births to Teenage Mothers

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.

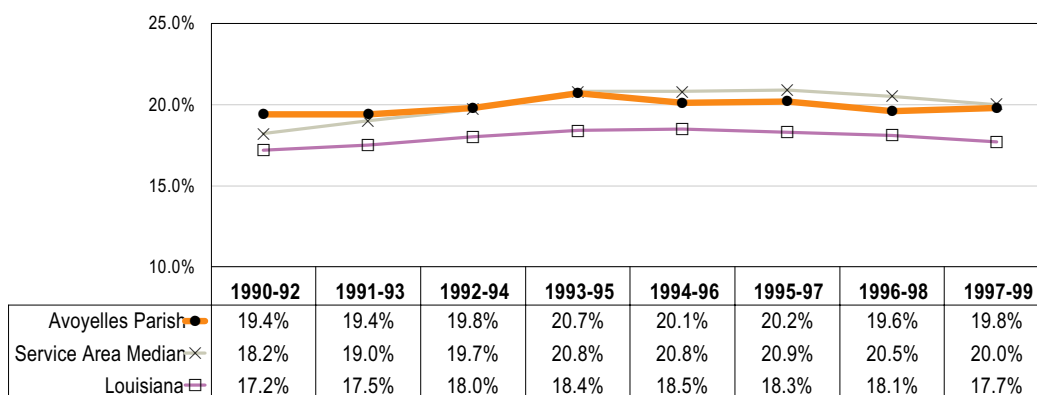
The following examination of teen births in Avoyelles Parish builds on prior research in 1997 by the Rapides Foundation and Tulane School of Public Health and Tropical Medicine.

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)



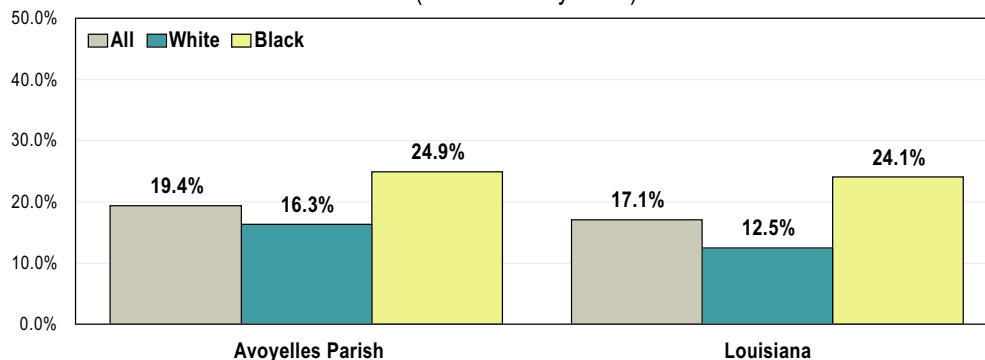
Source: Louisiana Department of Health and Hospitals, Office of Public Health.

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)



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.

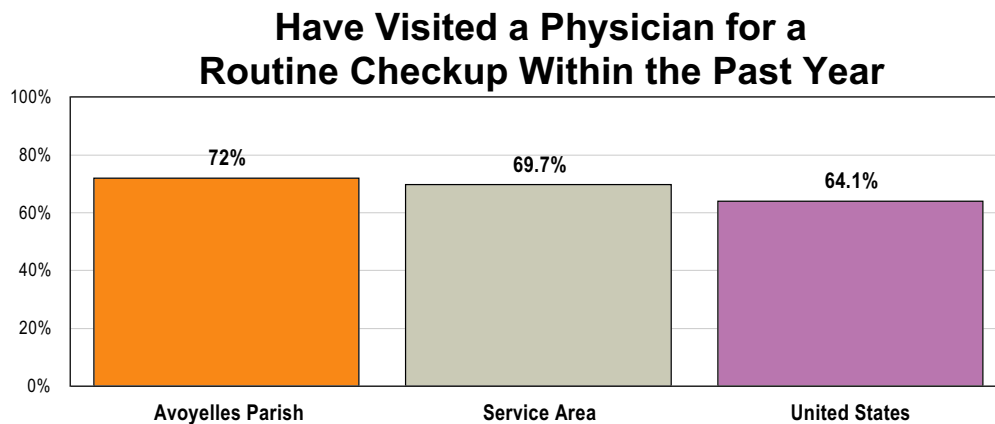
PREVENTIVE HEALTH CARE

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

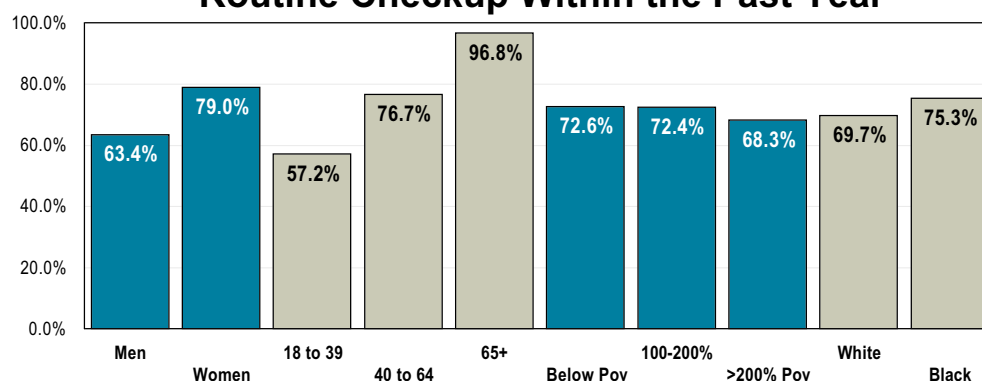
- **72.0% of Avoyelles Parish adults report that they have visited a physician for a routine checkup in the past year.**
 - Similar to that found throughout the Rapides Foundation Service Area.
 - Significantly better than found nationwide (64.1%).



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.

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



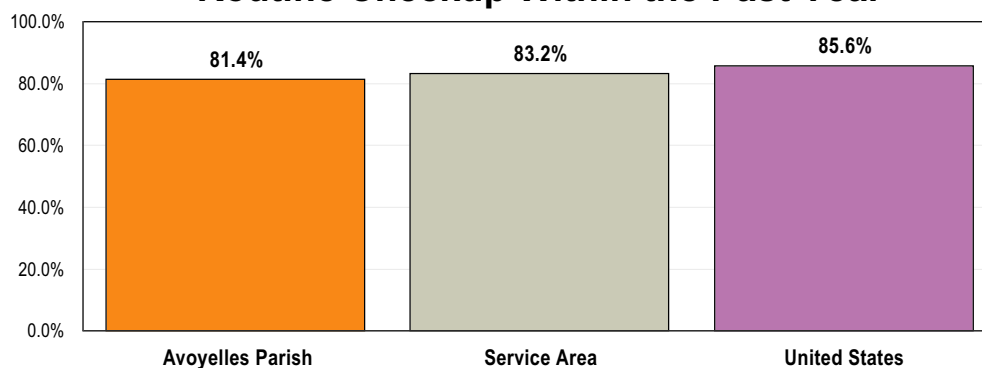
Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

2. Asked of all respondents.

- **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.

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



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

2. 2000 PRC National Health Survey, Professional Research Consultants

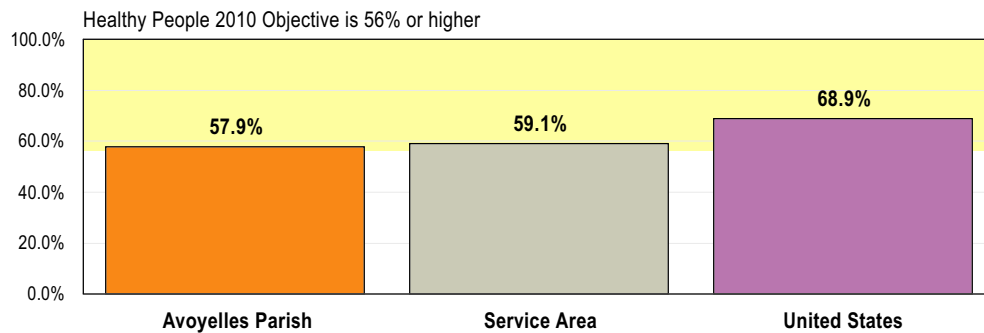
Notes: 1. Asked of respondents with children under the age of 18.

2. State data not available.

Dental Care

- **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



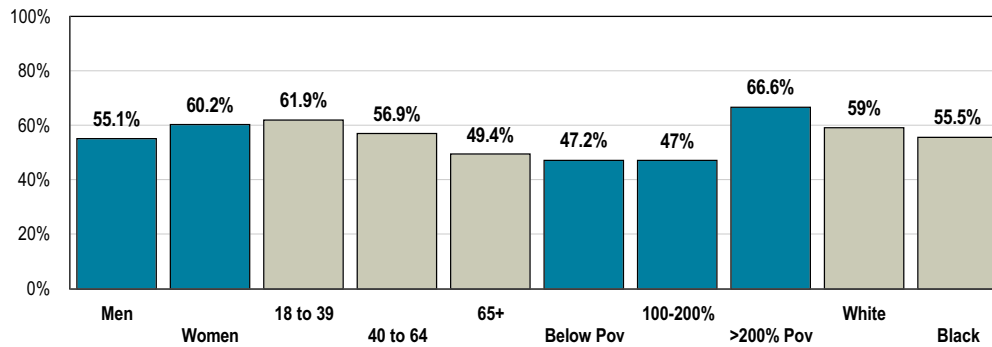
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

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.

Have Visited a Dentist or Dental Professional Within the Past Year



Source: 2002 PRC Community Health Survey, Professional Research Consultants

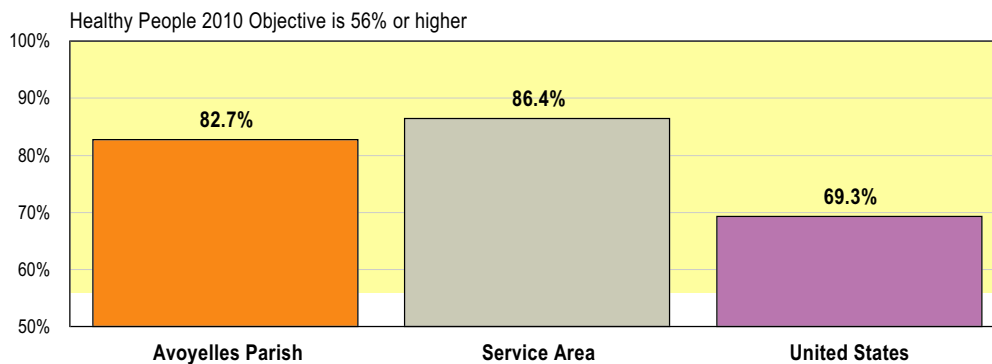
Notes: 1. Demographic breakouts are among findings in Avoyelles Parish.

2. Asked of all respondents.

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

- **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).

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



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

2. 2000 PRC National Health Survey, Professional Research Consultants

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

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

2. State data not available.

Community Health Panel Findings*

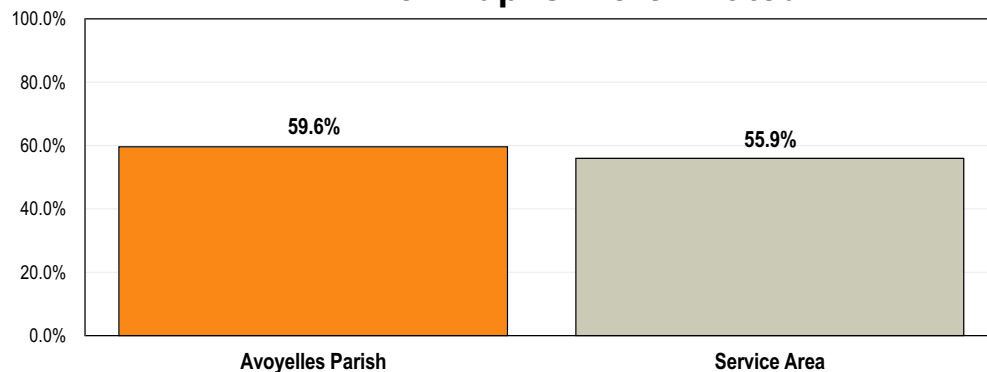
“If you have dental insurance, you can access dental care. The Medicaid population is not eligible for dental care; there isn’t any reimbursement for the dentists — that is part of the problem with the state of Louisiana. Dental care is not considered critical in this state. The dentists try to give 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.

Have Had an Eye Exam in the Past Two Years in Which Pupils Were Dilated

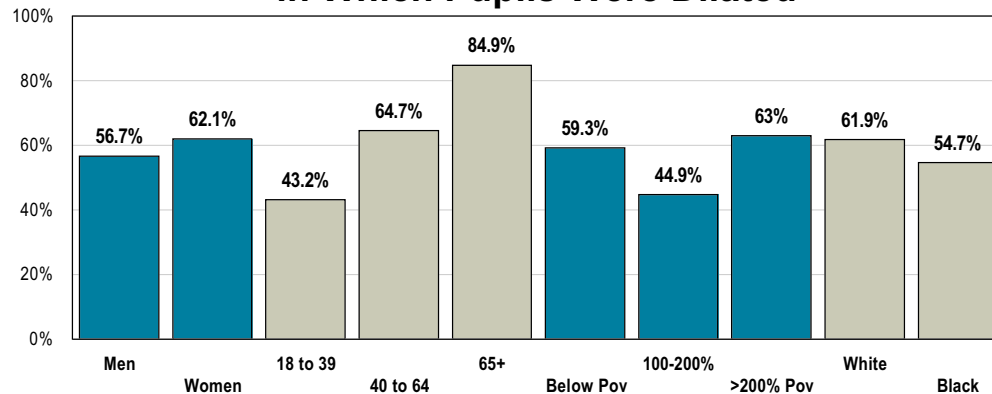


Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

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

Have Had an Eye Exam in the Past Two Years in Which Pupils Were Dilated



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

Childhood Immunization

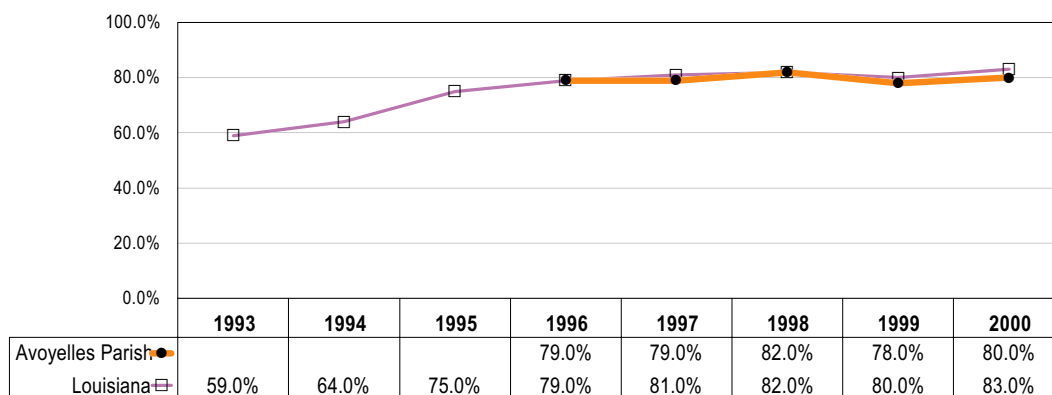
Immunization is the best line of defense against many infectious diseases, and childhood immunizations are an essential component to community health. Immunization may even lead to the complete eradication of such diseases as tetanus and diphtheria.

Public Clinic Immunization Assessments

While immunization data covering the total child population is lacking, immunization levels among children seen at public clinics 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)



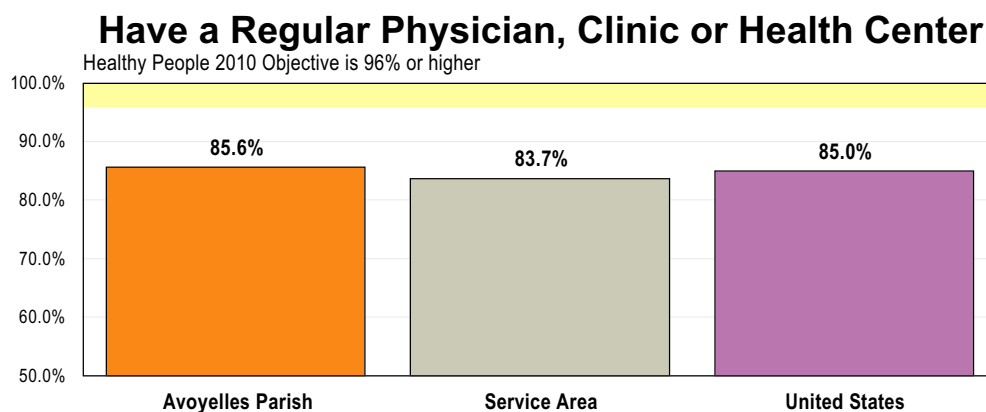
Source: Louisiana Department of Health and Hospitals, Office of Public Health.
Note: Represent children seen at public clinics.

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).



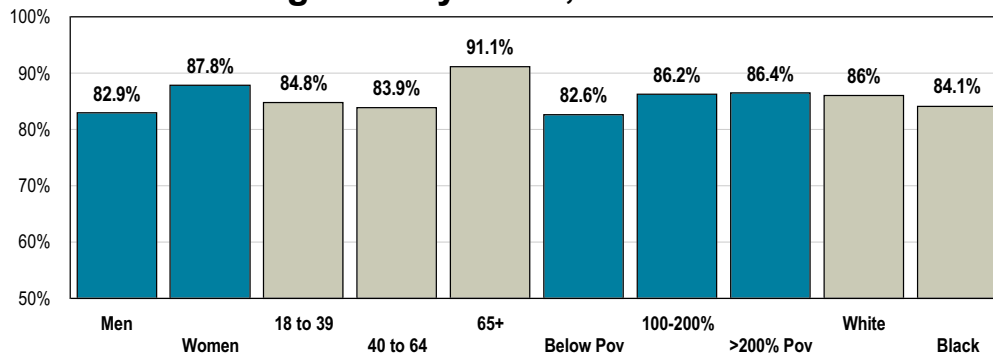
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

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

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



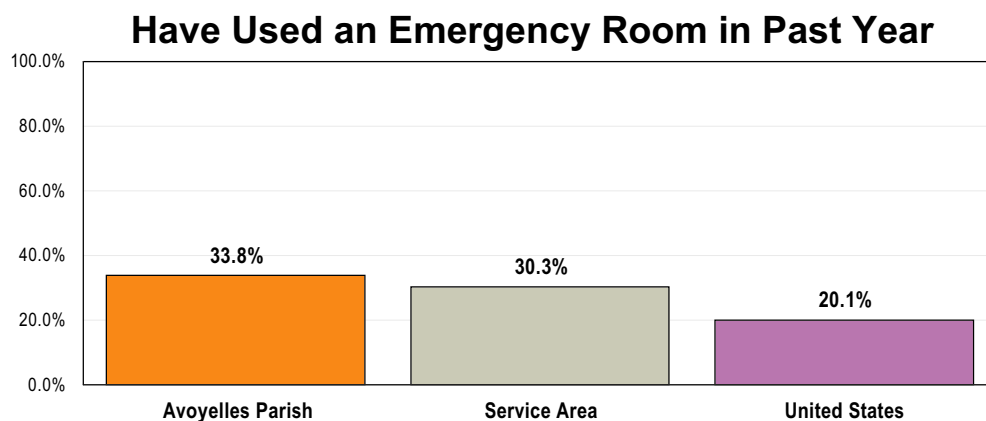
Source: 2002 PRC Community Health Survey, Professional Research Consultants

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.**

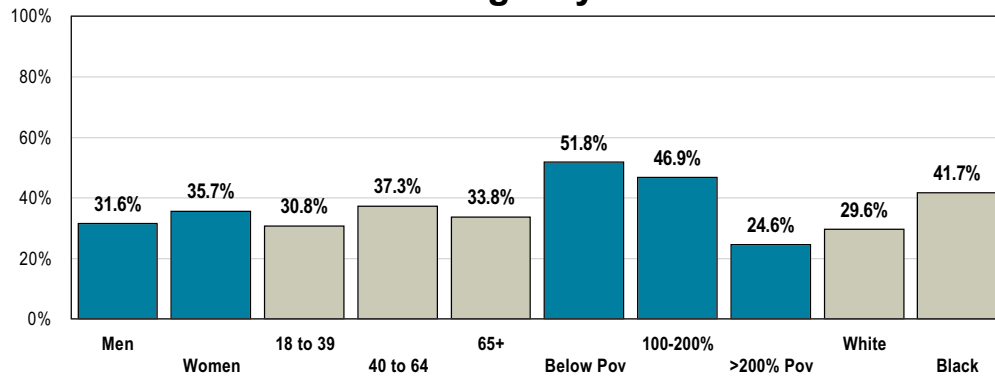


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

Emergency room utilization is higher among:

- Low-income respondents.
- Black respondents.
- Middle-aged adults (ages 40 to 64).
- Women.

Have Used an Emergency Room in Past Year



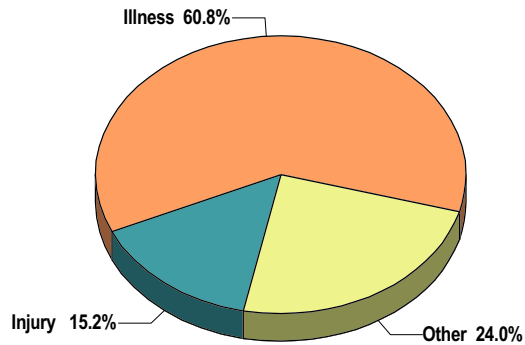
Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

2. Asked of all respondents.

- **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.**

Reason for Recent ER Visit



Source: 2002 PRC Community Health Survey, Professional Research Consultants

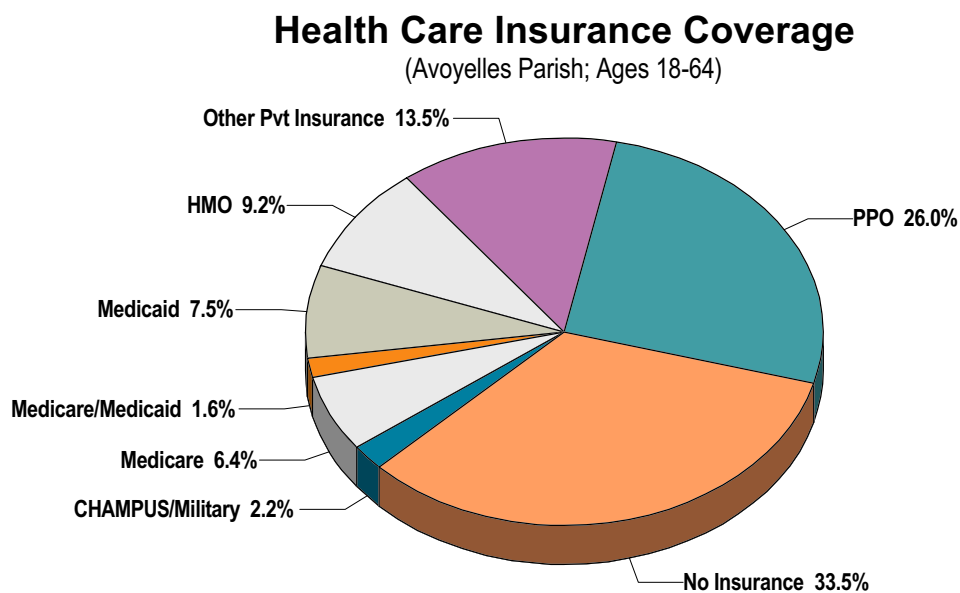
Note: Asked of those respondents who received recent medical care in an emergency room.

Health Insurance Coverage

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

Insurance Coverage by Type

- **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.**

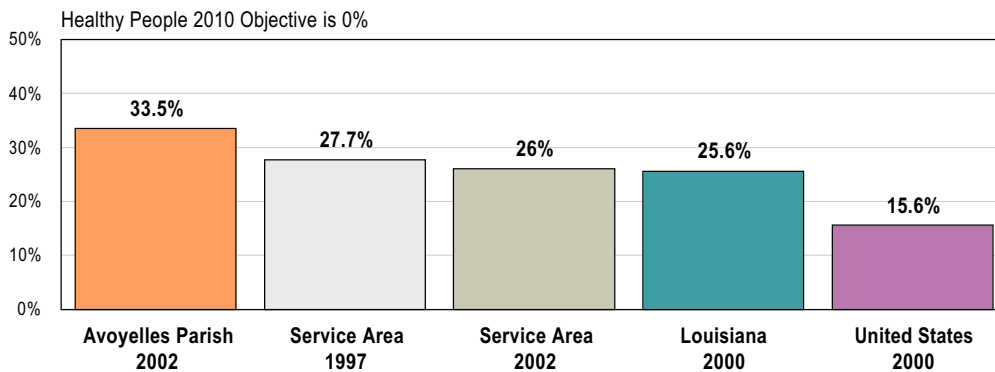


Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Reflects respondents aged 18 to 64.

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%).

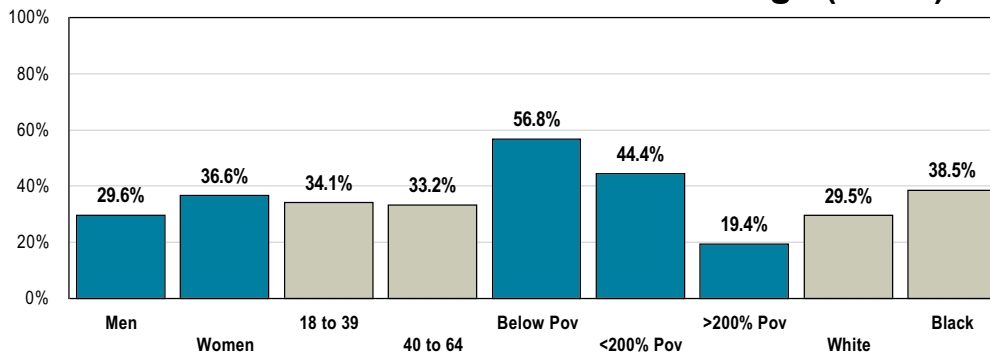
Lack Health Care Insurance Coverage (18-64)



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.
 Note: Reflects respondents aged 18 through 64.

- Low-income adults report the highest prevalence of not having health insurance.

Lack Health Care Insurance Coverage (18-64)



Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Avoyelles Parish.
 2. Reflects respondents aged 18 through 64.

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.

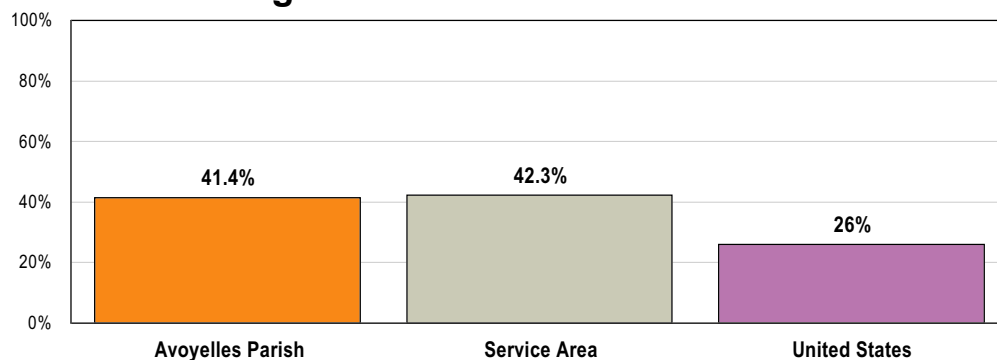
Barriers to Primary Care

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%).

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



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

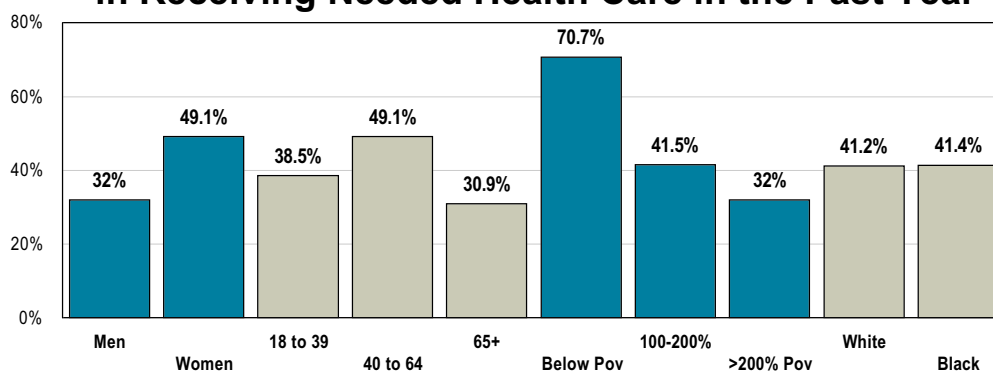
2. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of all respondents.

2. State data not available.

- 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.

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

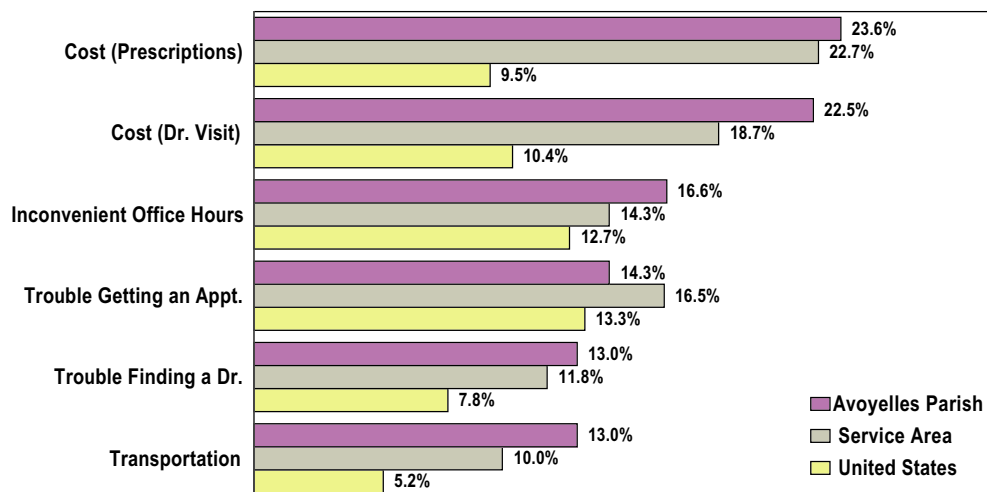


Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

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



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 Health Services

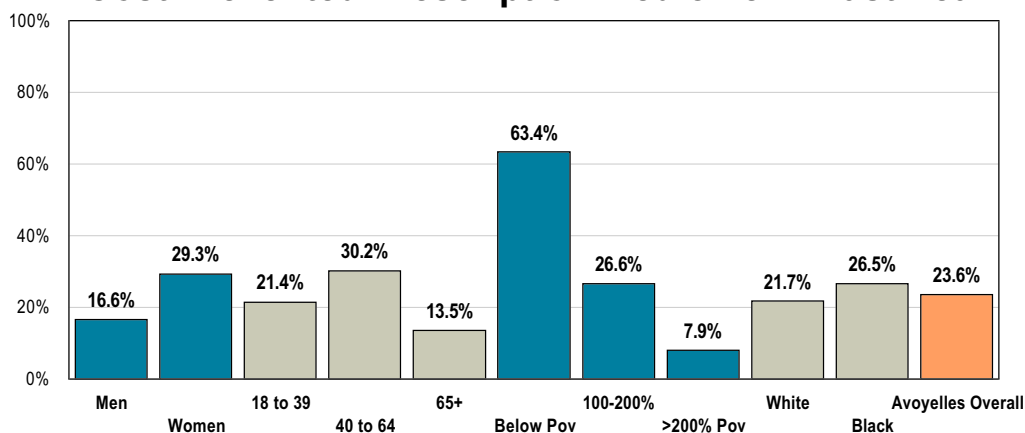
Cost of Prescriptions

- **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.

Cost Prevented Prescription Medicine in Past Year

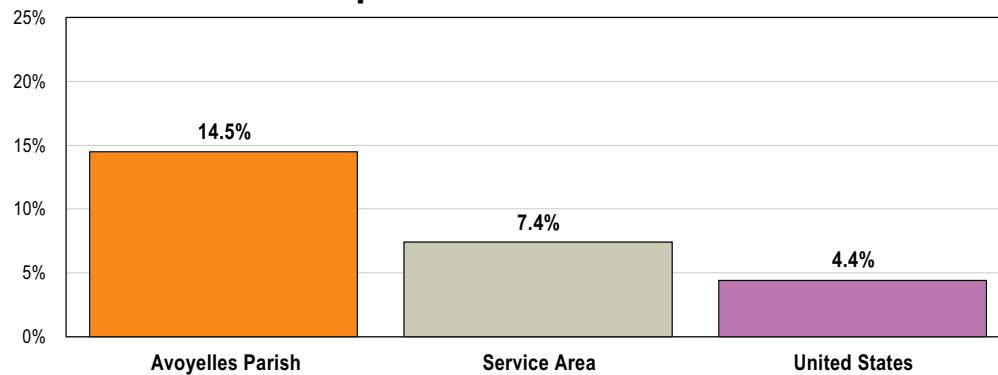


Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

- **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



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.

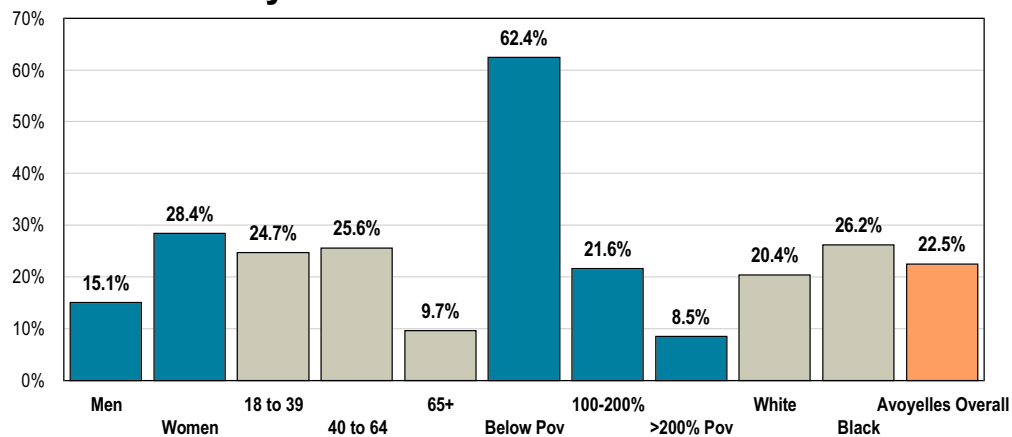
Cost of Physician Care

- **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:

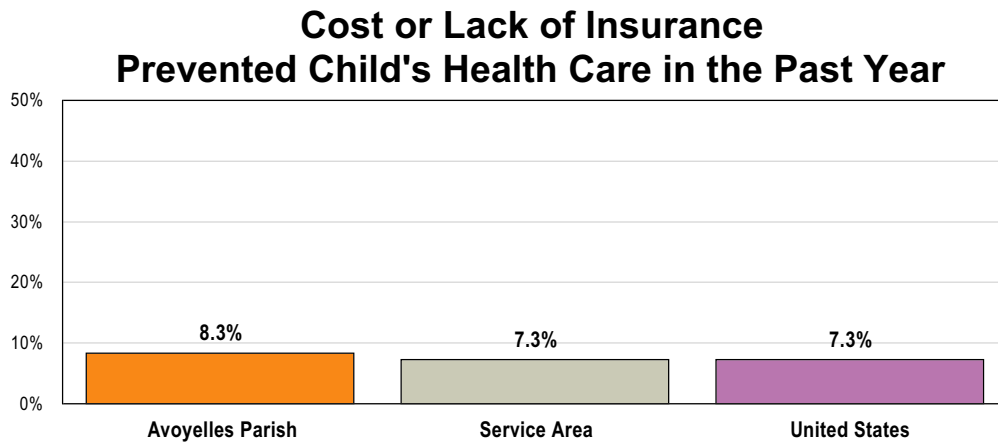
- Persons living below the poverty level.
- Women.
- Black respondents.
- Young adults and middle-aged adults.

Cost Prevented a Physician Visit Within the Past Year



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



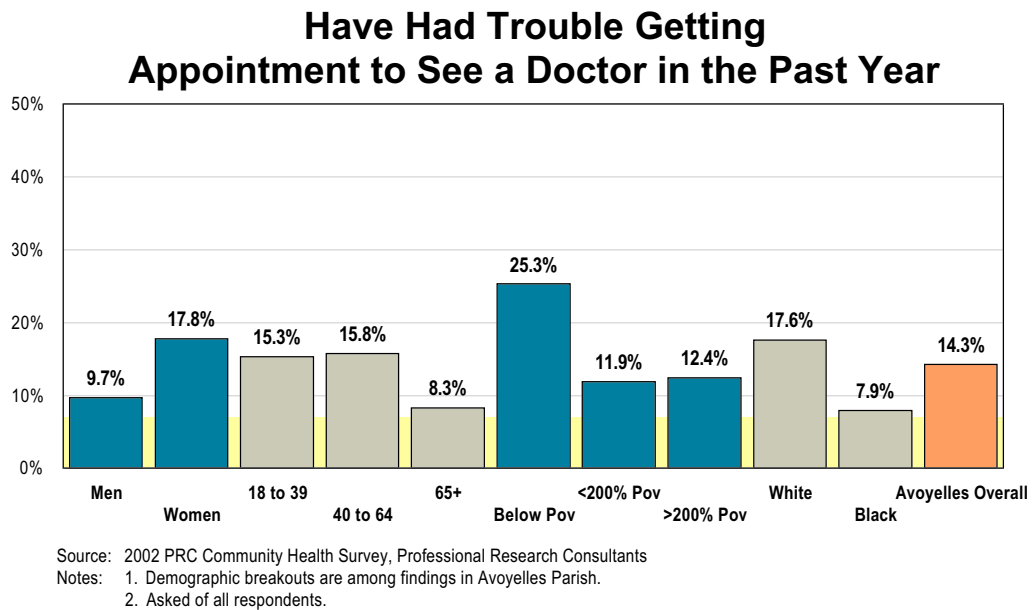
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of respondents with children under the age of 18.
2. State data not available.

Appointment Availability

- **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).

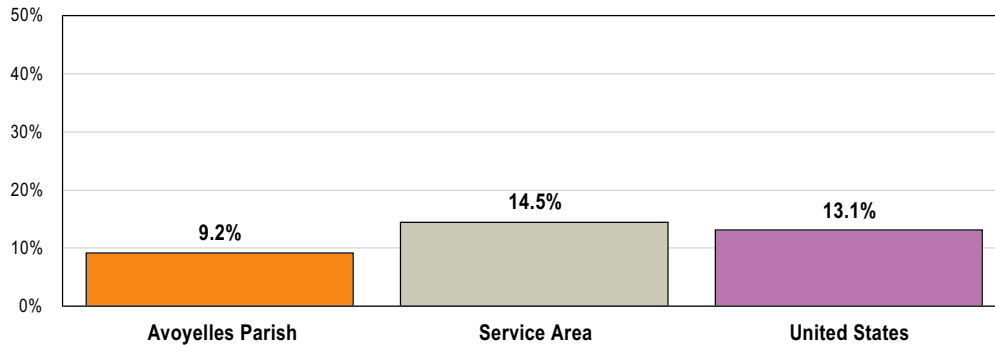
Avoyelles Parish adults who more often reporting trouble getting a doctor's appointment:

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



- **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.

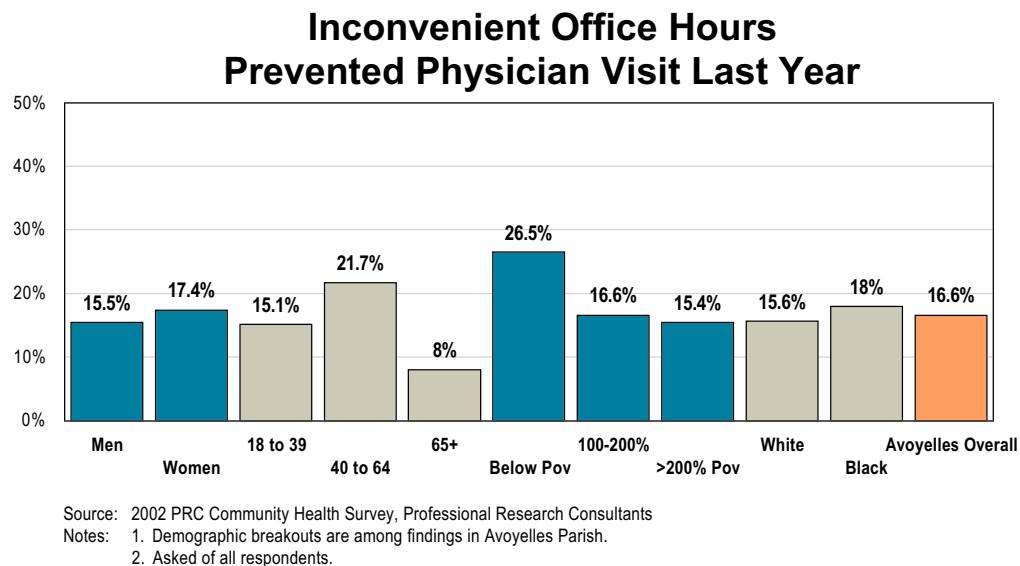
Had Trouble Getting an Appointment for Child to See a Doctor in the Past Year



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

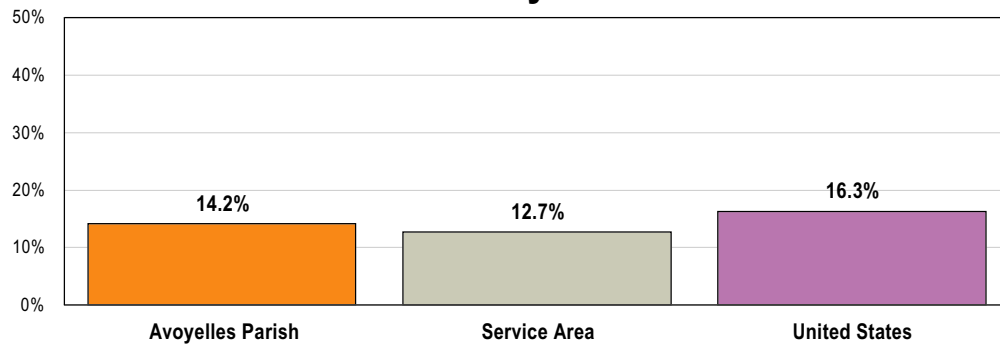
Inconvenient Office Hours

- **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



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

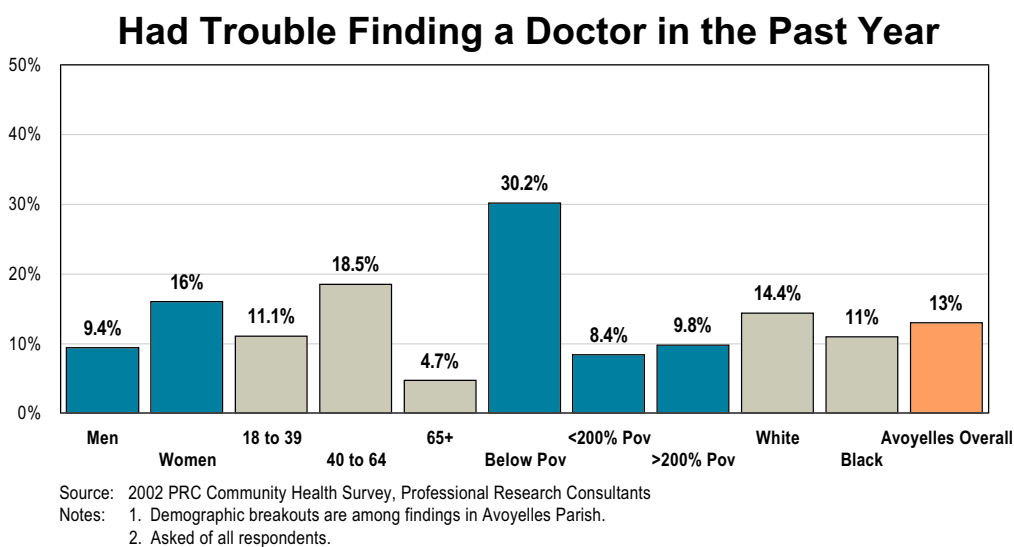
2. 2000 PRC National Health Survey, Professional Research Consultants

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

2. State data not available.

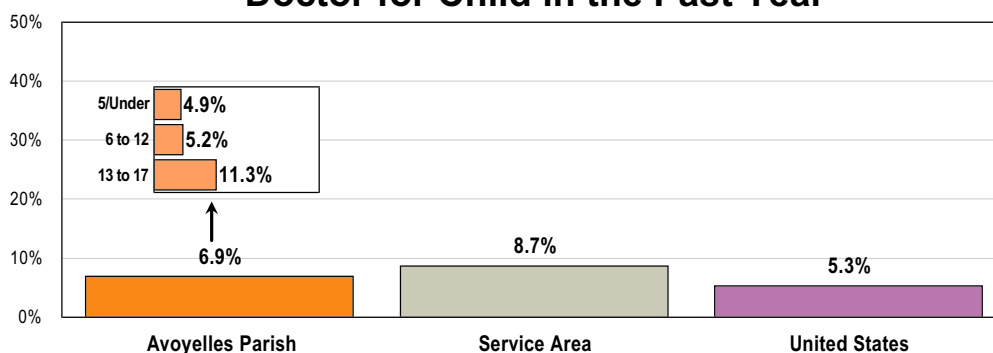
Lack of Physician Availability

- **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.



- **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.

Had Trouble Finding a Doctor for Child in the Past Year



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

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 short-handed to go out in the community and take services to the rural areas. We are so short-handed 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.

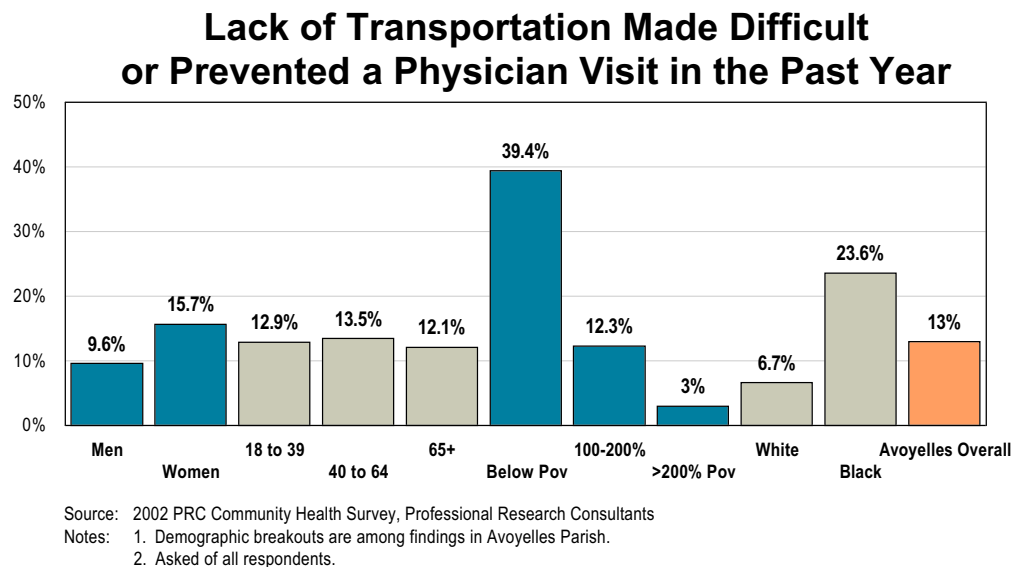
not what it was 25 years ago, and now we are suffering the consequences by not having enough people going into this profession.”

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.”

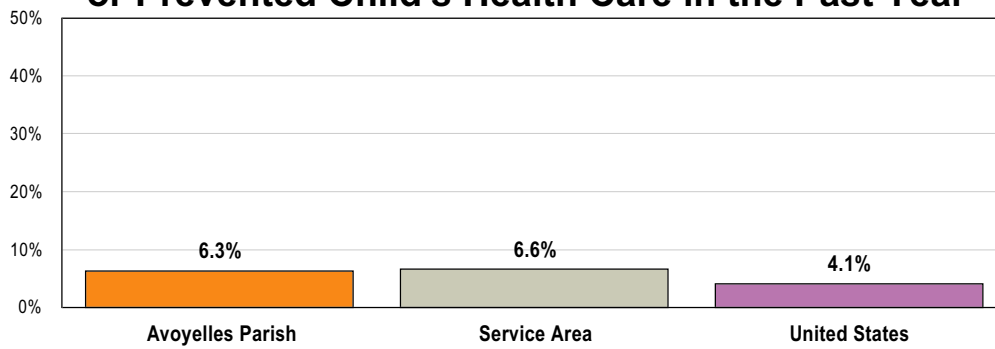
Lack of Transportation to Health Care Services

- **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.



- **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.

Lack of Transportation Made Difficult or Prevented Child's Health Care in the Past Year

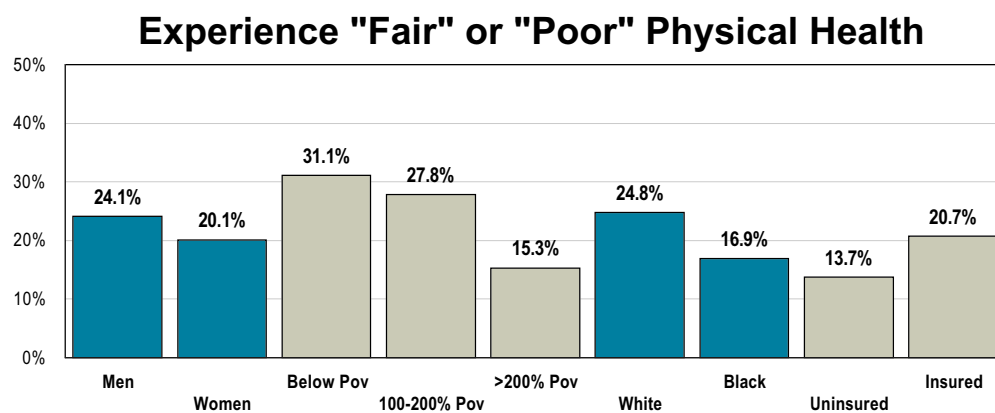


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of respondents with children under the age of 18.
2. State data not available.

Implications of Poor Access

Limitations in access have a discernible impact on the health status of residents and in the way that health care is delivered in the community. Note the following survey findings:

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

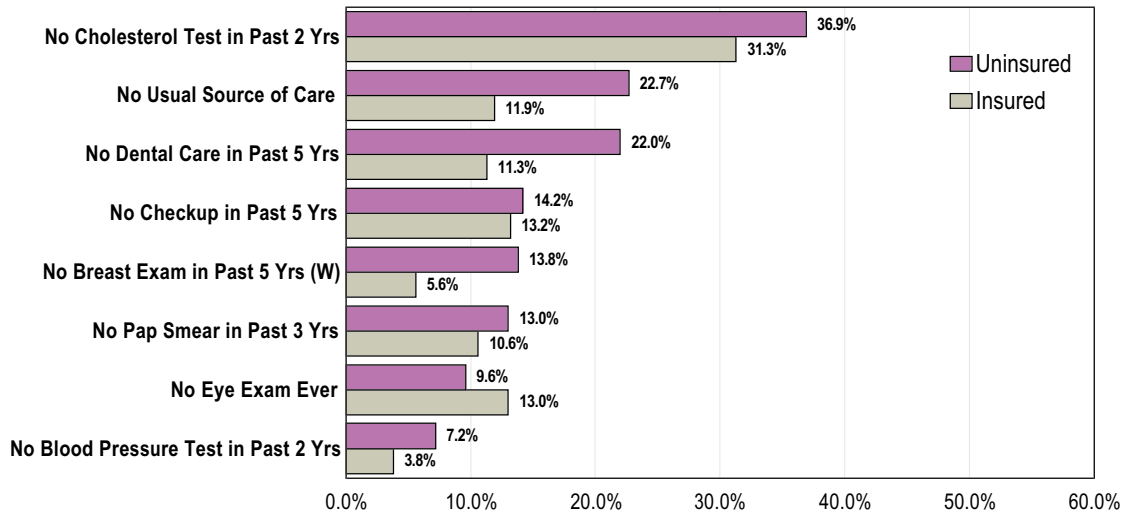


Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

- **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)



Source: 2002 PRC Community Health Survey, Professional Research Consultants

- Notes:
1. Asked of all respondents.
 2. Percentages represent "major problem" responses.

PERCEPTIONS OF HEALTH CARE SERVICES

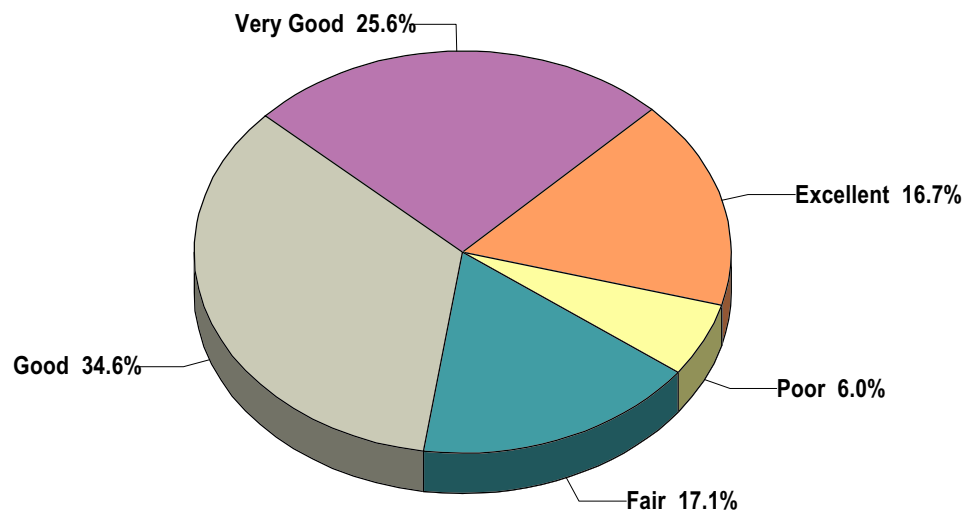
Local Health Care Services

Satisfaction With Local Health Care

- **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%).

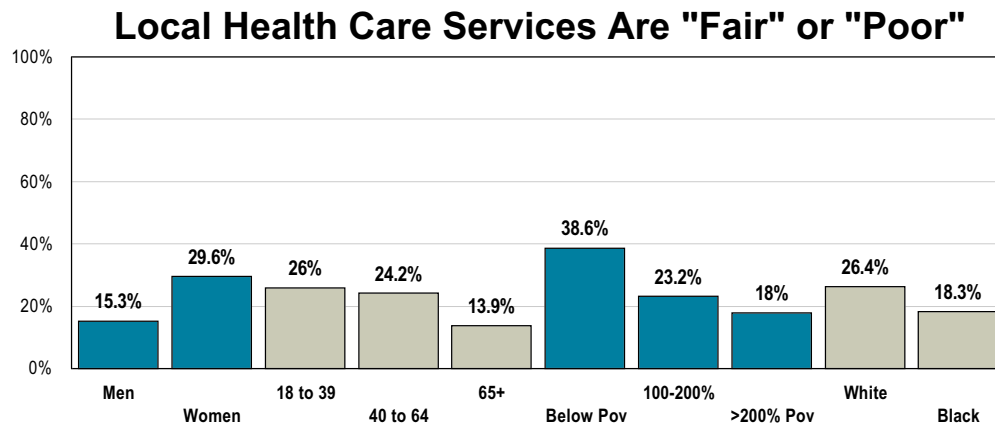
Satisfaction With Local Health Care

(Avoyelles Parish)



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.



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.”

* 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

Crime Rates per 100,000 Population

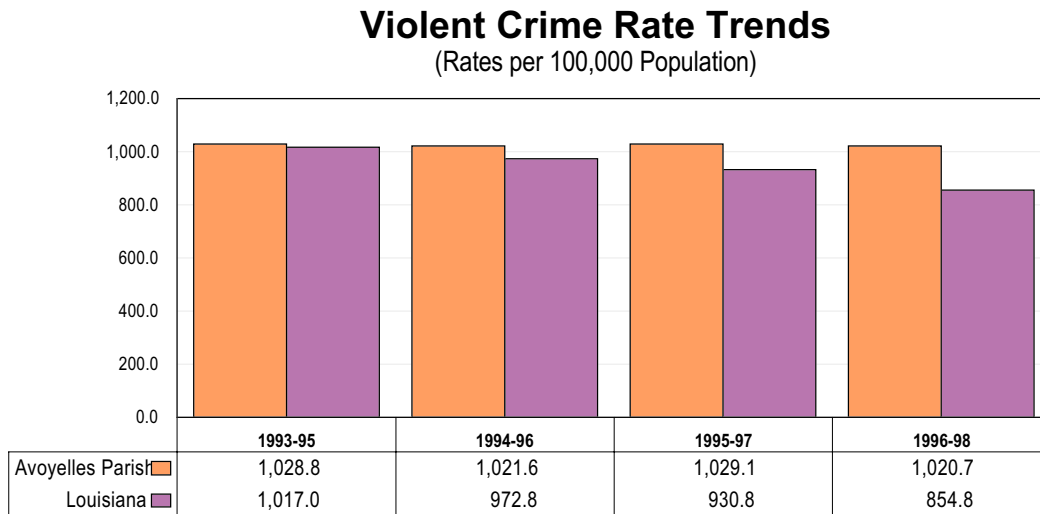
	Avoyelles Parish (1996-1998)	Louisiana (1996-1998)
VIOLENT CRIMES	1,020.7	854.8
Homicide	9.9	15.3
Forcible Rape	61.3	39.9
Robbery	73.2	237.9
Aggravated Assault	876.3	561.7
PROPERTY CRIMES	2,868.3	5,607.3
Burglary	542.0	1,235.7
Larceny Theft	2,231.3	3,778.5
Motor Vehicle Theft	94.9	593.1
TOTAL CRIME INDEX	3,889.0	6,462.1

Source: Crime in the United States, 2000, Uniform Crime Reports/Louisiana Commission on Law Enforcement.

Note: Rates are per 100,000 population. Includes only agencies reporting.

Violent Crime Rate Trends

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

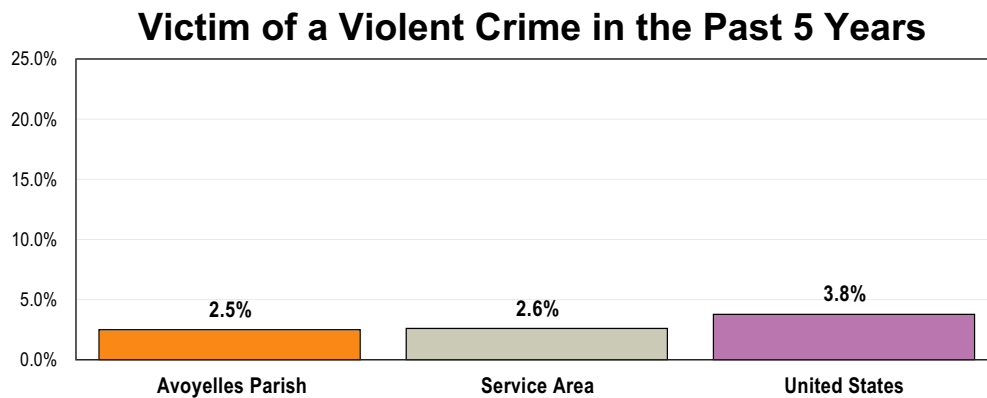


Source: Crime in the United States, Uniform Crime Reports (1993-2000)/Louisiana Commission on Law Enforcement.

- Notes:
1. Rates are per 100,000 population. Includes only agencies reporting.
 2. Violent crime includes homicide, forcible rape, robbery, and aggravated assault.

Victimization

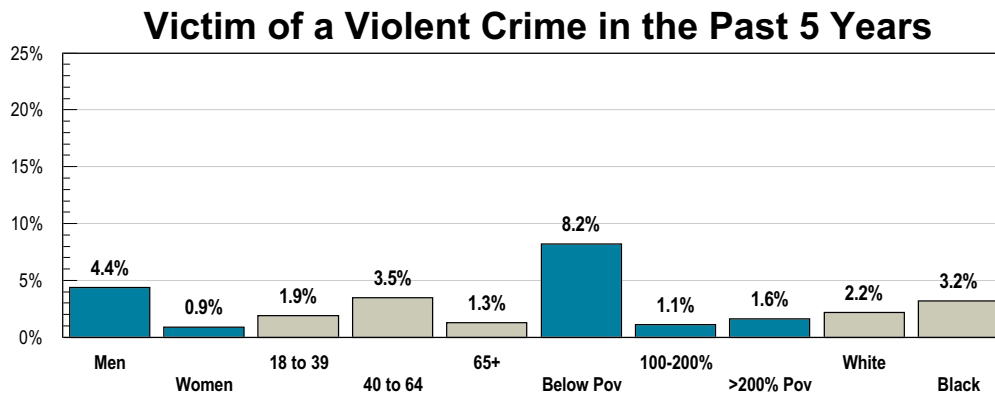
- **2.5% of Avoyelles Parish adults report having been the victim of a violent crime in the area in the past five years.**
 - Similar to Rapides Foundation Service Area and national findings.



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, 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.”

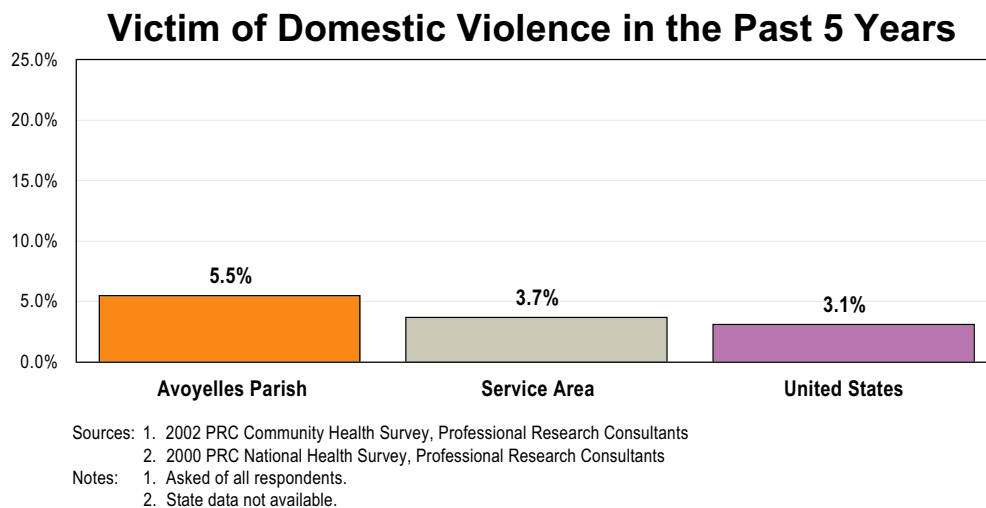
* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the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

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

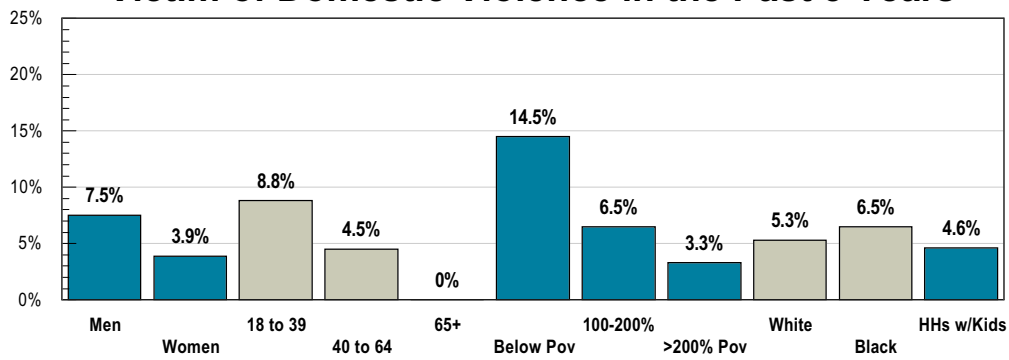
- **5.5% of Avoyelles Parish adults acknowledge that they have been the victim of domestic abuse in the past five years.**
 - Similar to Rapides Foundation Service Area and national findings.



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



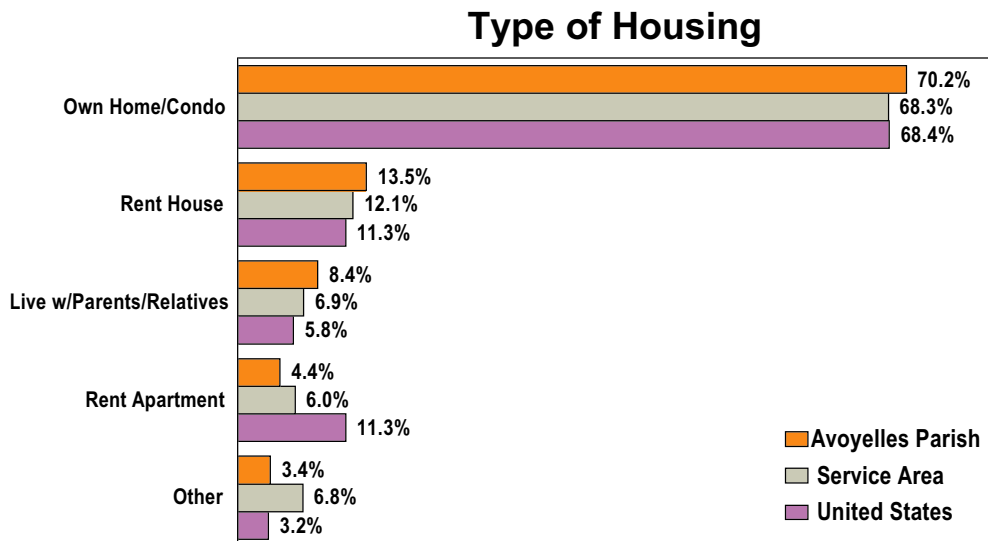
Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

Housing

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.**

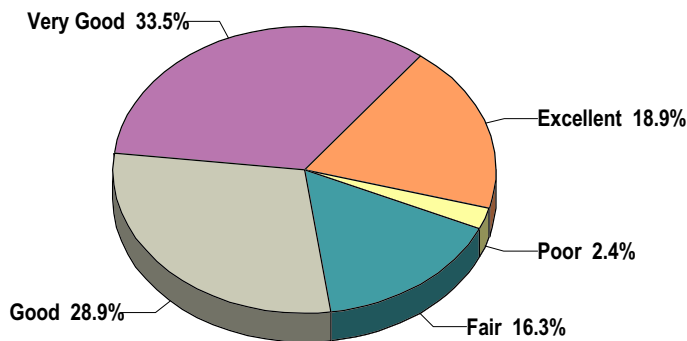


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2001 PRC National Quality of Life Survey, Professional Research Consultants
Note: Asked of all respondents.

Housing Condition

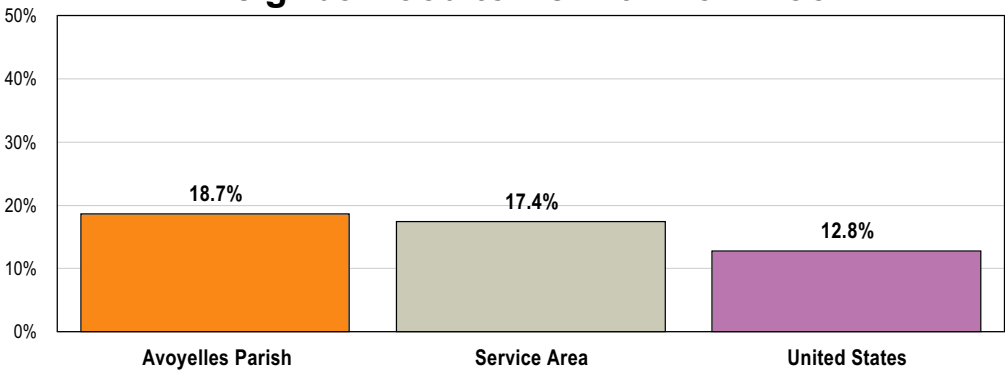
- **52.4% of Avoyelles Parish adults rate the condition of homes in their neighborhoods as “excellent” or “very good.”**
- **28.9% rate the condition of neighborhood homes as “good.”**
- **18.7% rate the condition of neighborhood homes as “fair” or “poor.”**
 - Similar to Rapides Foundation Service Area and national findings.

Rating of Condition of Homes in Neighborhood
(Avoyelles Parish)



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

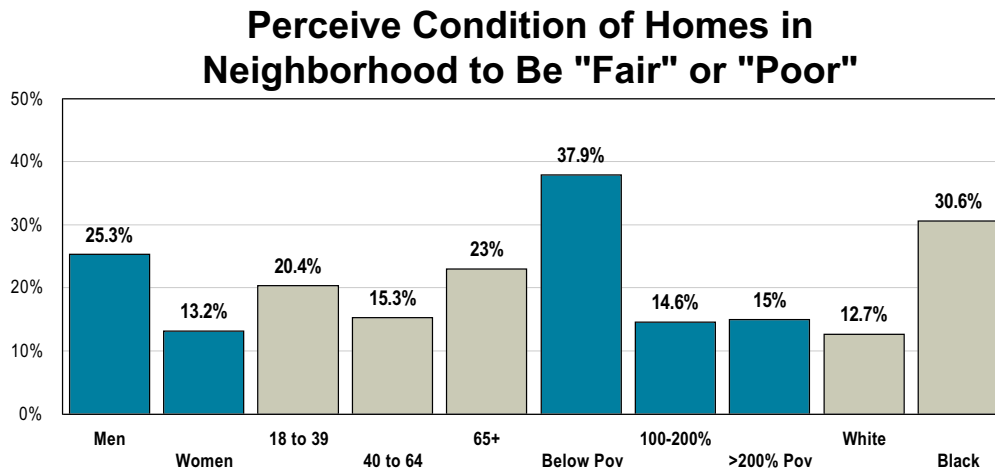
Perceive Condition of Homes in Neighborhood to Be "Fair" or "Poor"



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2001 PRC National Quality of Life Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

Those giving higher “fair/poor” ratings of the condition of homes in their neighborhoods:

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

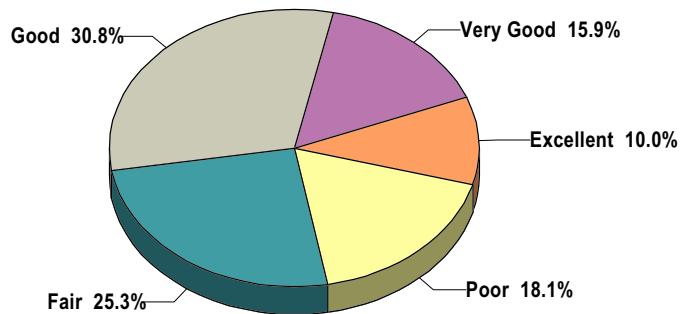


Source: 2002 PRC Community Health Survey, Professional Research Consultants
Notes: 1. Demographic breakouts are among findings in Avoyelles Parish.
2. Asked of all respondents.
3. Percentages represent combined "fair" and "poor" responses.

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.”**

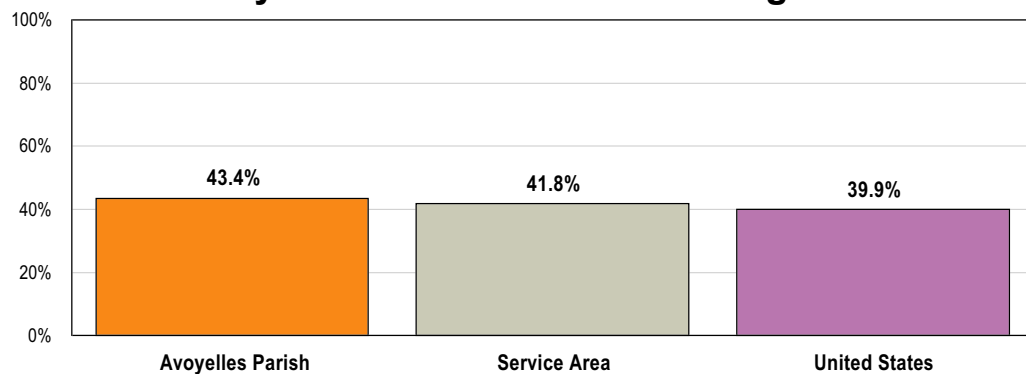
**Rating of Availability
of Affordable Local Housing**
(Avoyelles Parish)



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.

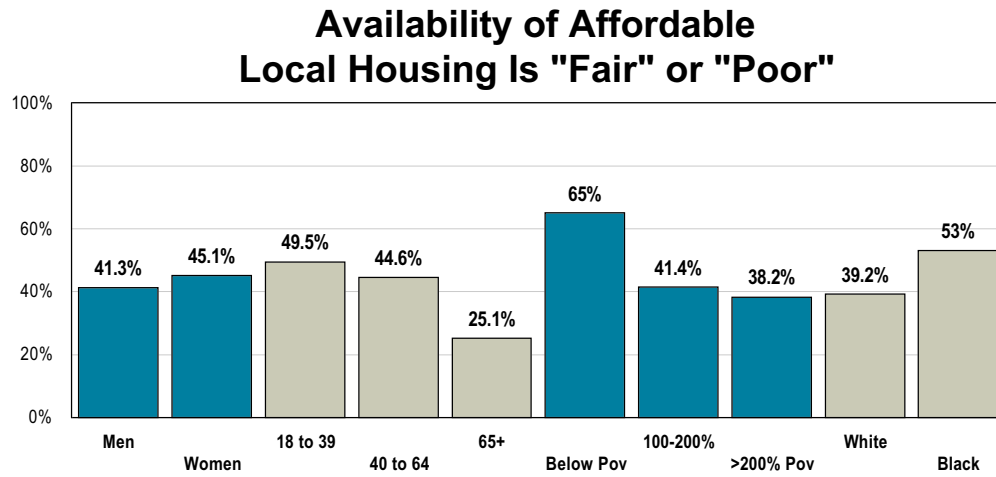
Availability of Affordable Local Housing Is "Fair/Poor"



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.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

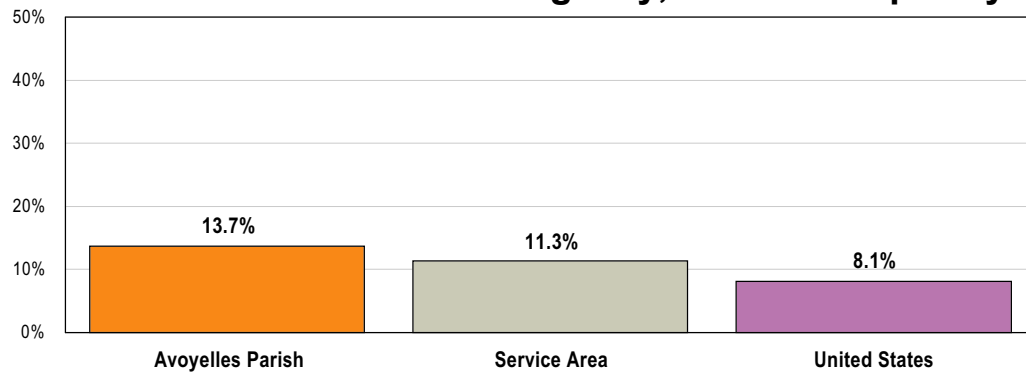
2. Asked of all respondents.

3. Percentages represent combined "fair" and "poor" responses.

Housing Displacement

- **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

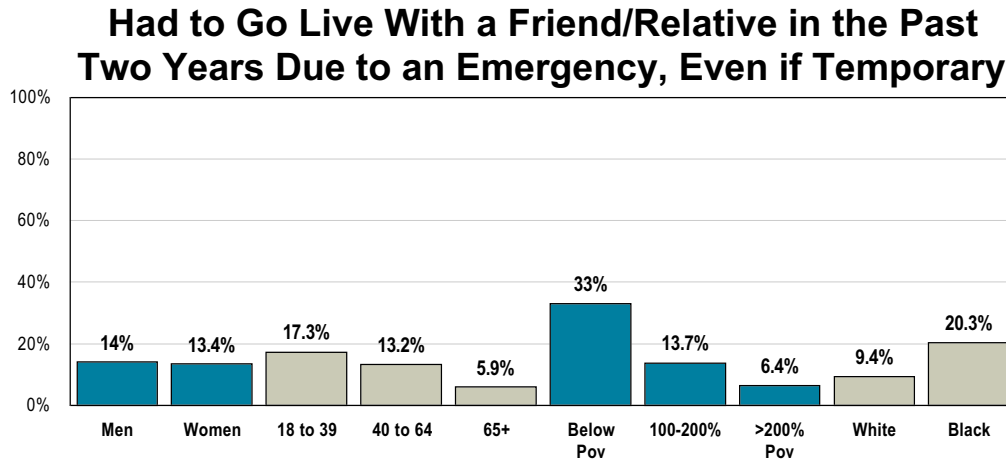


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2001 PRC National Quality of Life Survey, Professional Research Consultants

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.

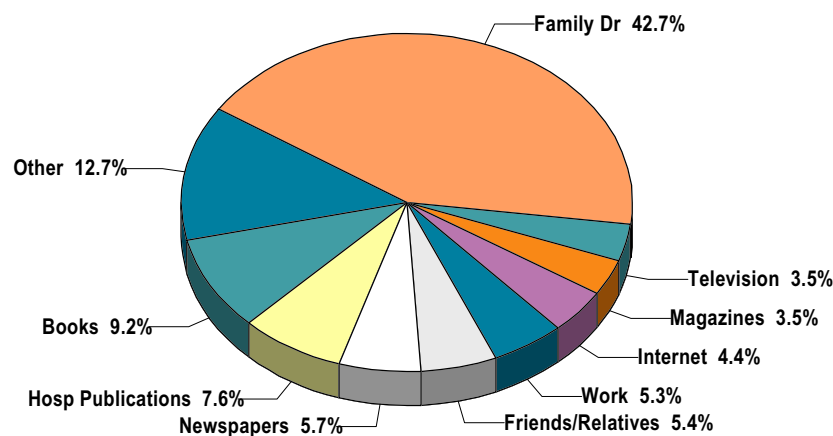
HEALTH EDUCATION & OUTREACH

Health Education Services

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)



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

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.”

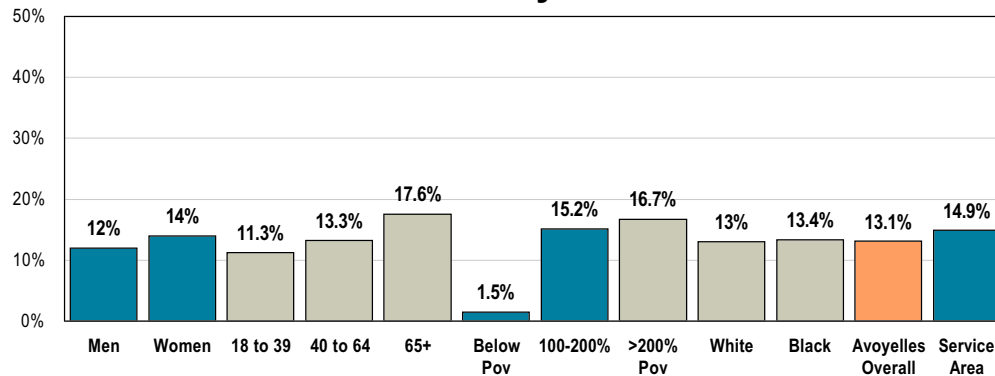
“The directory from the United Way has services listed by parish. The newspapers advertised it, and anyone who wanted to submit information about their services was invited to send in the information.”

“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

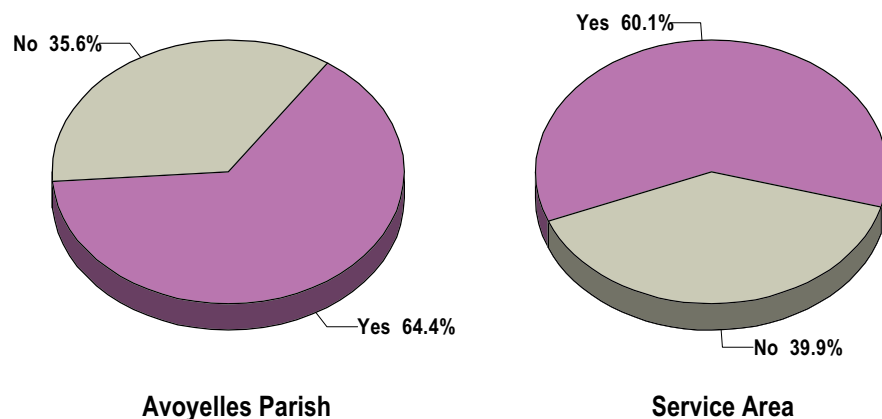


Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

- 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

Note: Asked of respondents who participated in a health promotion activity in the past year.

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

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.”

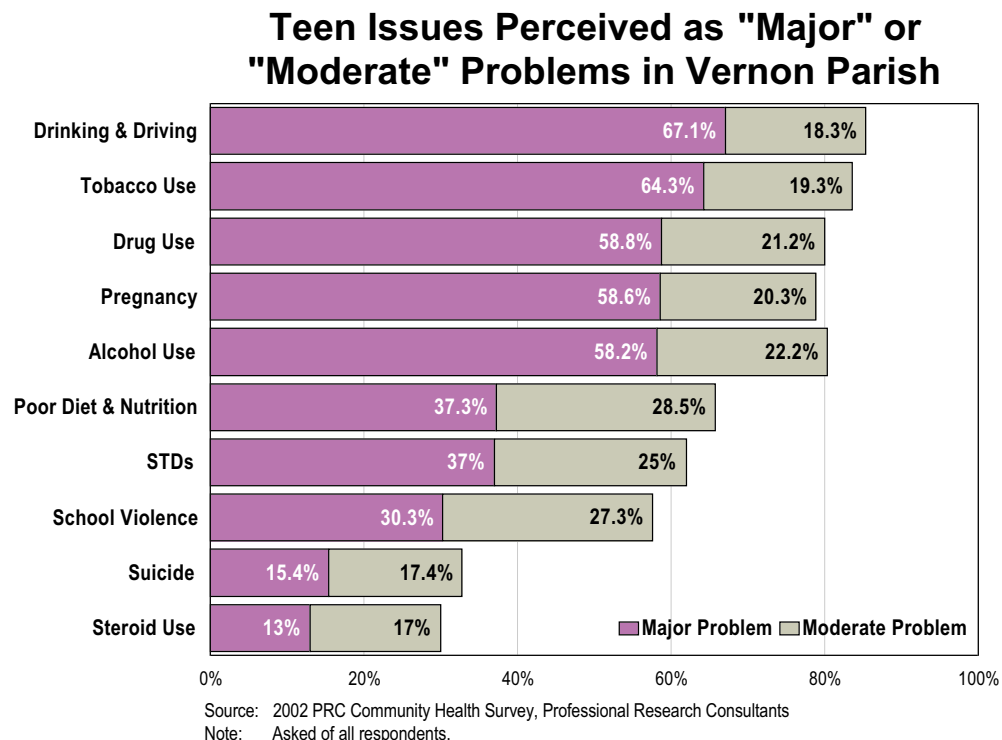
“I wanted to come here today and speak for the children in this parish. We have children who come to school with worms and lice who have never seen a dentist, and their baby teeth are rotting. These children may get only one meal a day - the one they get at school - and they have a tremendous need for 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.*

Community Perceptions of Adolescent Health Issues

In the *2002 Community Health Survey*, respondents were presented with 10 adolescent health issues and asked to rate each as a “major problem,” a “moderate problem,” a “minor problem” or “not a problem at all.”

- **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).

Findings by Health Topic

Health Status	Avoyelles	US	HP2010	vs. US	vs. HP2010
Physical	% "Fair" or "Poor" Physical Health	21.9	12.3	WORSE	
	% >1 Day/Month Poor Physical Health	36.1	34.4	similar	
	% No Days/Month Very Healthy/Full of Energy	10.6	11.5	similar	
	% Activity Limitations	21.3	14.9	WORSE	
	% Impairment a Result of Work-Related Injury	25.2	17.7	similar	
	% >1 Workday/Year Missed Due to Illness	45.5	43.1	similar	
	% Overweight	70	56.9	WORSE	
	% Overweight Trying to Lose	30.7	31.2	similar	
	% Unhealthy Weight (BMI <18.5 or 25+)	70.9	58.5	40	WORSE Does NOT Meet Goal
	% Obese	32.5	19.1	15	WORSE Does NOT Meet Goal
Mental Health	% >1 Day/Month Poor Mental Health	37.7	31.9	WORSE	
	% Prolonged Depression (2+ Yrs)	34.6	23.9	WORSE	
	% Depressed Persons Seeking Help	34.3	42.5	50	similar Does NOT Meet Goal
	% >3 Days/Month Sad, Blue or Depressed	34.3	22.7	WORSE	
	% >3 Days/Month Worried, Tense or Anxious	45.6	35.8	WORSE	
	% >3 Days/Month Did Not Get Enough Rest/Sleep	63.7	56.1	WORSE	
Mortality	Age-Adjusted Breast Cancer Deaths/100,000	14	27	22.3	BETTER Meets Goal
	Age-Adjusted Cancer Deaths/100,000	267	202.7	159.9	WORSE Does NOT Meet Goal
	Age-Adjusted Resp Disease Deaths/100,000	47.2	45.8	WORSE	
	Age-Adjusted Diabetes Mellitus Deaths/100,000	29.4	25.2	15.1	WORSE Does NOT Meet Goal
	Age-Adjusted Heart Disease Deaths/100,000	405.7	267.8	213.7	WORSE Does NOT Meet Goal
	Age-Adjusted HIV Deaths/100,000	10.8	5.4	0.7	WORSE Does NOT Meet Goal

Health Status	Avoyelles	US	HP2010	vs. US	vs. HP2010
Age-Adjusted Homicide Deaths/100,000	2.3	6.2	3	BETTER	Meets Goal
Age-Adjusted MV Accident Deaths/100,000	48.5	15	9.2	WORSE	Does NOT Meet Goal
Age-Adjusted Pneumonia/Influenza Deaths/100,000	30.7	23.6		WORSE	
Age-Adjusted Stroke Deaths/100,000	66.8	61.8	48	WORSE	Does NOT Meet Goal
Age-Adjusted Suicide Deaths/100,000	11.3	10.7	5	WORSE	Does NOT Meet Goal
Morbidity Chlamydia Incidence/100,000	116.5	257.5		BETTER	
Gonorrhea Incidence/100,000	72.6	131.6	19	BETTER	Does NOT Meet Goal
Hepatitis A Incidence/100,000	3.1	12	4.5	BETTER	Meets Goal
Morbidity Hepatitis B Incidence/100,000	6.6	4.2		WORSE	
Tuberculosis Incidence/100,000	1.6	5.8	1	BETTER	Does NOT Meet Goal
Primary & Secondary Syphilis Incidence/100,000	2.5	2.2	0.2	WORSE	Does NOT Meet Goal
% Arthritis/Rheumatism	32	20.3		WORSE	
% Sciatica/Chronic Back Pain	23.2	20		similar	
% Deafness/Trouble Hearing	13.9	9.3		WORSE	
% Diabetes/High Blood Sugar	11.9	5.5		WORSE	
% Asthma	12	9.9		similar	
% Chronic Heart Disease	8.7	5.7		similar	
% Blindness/Trouble Seeing	13.3	9.2		WORSE	
% Cancer (Other Than Skin)	7.5	4.5		WORSE	
% Chronic Lung Disease	12.1	6.4		WORSE	
% Ulcer/GI Bleeding	6.9	6		similar	
% Skin Cancer	6.8	4.9		similar	
% Kidney Disease	4.2	2.7		similar	
% Stroke	2.6	1.4		similar	
% Tested for AIDS Virus in Past Yr (18-64)	25.2	30.6		similar	
% "High" Chance of Getting AIDS (18-64)	4	2.1		similar	
% Child Has Asthma	21.4	13.4		WORSE	
Natality % Births to Teenagers	19.4	12.3		WORSE	
% No Prenatal Care in 1st Trimester	28.2	17	10	WORSE	Does NOT Meet Goal
% of Low Birthweight Births	12.2	7.6	5	WORSE	Does NOT Meet Goal
Infant Death Rate	9	7	4.5	WORSE	Does NOT Meet Goal
Neonatal Death Rate	7.2	4.7	2.9	WORSE	Does NOT Meet Goal
Crime Murder Rate/100,000	9.9	5.5		WORSE	
Rape Rate/100,000	61.3	32		WORSE	
Robbery Rate/100,000	73.2	144.9		BETTER	
Aggravated Assault/Battery Rate/100,000	876.3	323.6		WORSE	
% Victim of Violent Crime in Past 5 Yrs	2.5	3.8		similar	
% Victim of Domestic Violence in Past 5 Yrs	5.5	3.1		similar	

Health Risk		Avoyelles	US	HP2010	vs. US	vs. HP2010
CV Risk	% 1+ Cardiovascular Risk Factor	96.2	84.7		WORSE	
Nutrition	% "High" Fat Diet	19.4	10.4		WORSE	
	% Use Food Labels	64.6	68.7		similar	
	% Eat 5+ Servings of Fruit or Vegetables/Day	22.9	30		WORSE	
Exercise	% No Leisure-Time Physical Activity	21.1	20.2		similar	
	% Vigorous Exercise 3+ Times/Wk	31.7			similar	
Tobacco	% Current Smoker	26.4	22.8	12	similar	Does NOT Meet Goal
	% Smoke >1 Pack/Day	5.5	13.5		BETTER	
	% Have Quit 1+ Days in Past Yr	52.1	52.2	75	similar	Does NOT Meet Goal
	% Use Smokeless Tobacco	7	3.7		WORSE	
	% Someone Smokes at Home (HH w/Kids)	28.9	23	10	similar	Does NOT Meet Goal
Substance	% Current Drinker	46.5	56.4	50	BETTER	similar to goal
	% Chronic Drinker	7.2	5		similar	
	% Binge Drinker	19.4	16.4	6	similar	Does NOT Meet Goal
	% Drinking & Driving in Past Month	3.8	3.7		similar	
	% Taken Rx Without Dr's Orders in Past Yr	3.6	4.5		similar	
	% Taken Illegal Drug in Past Yr	0.5	3.2		BETTER	
	% Sought Help for Alcohol or Drug Problem	2.1	4.3		similar	
Hypertension	% Blood Pressure Checked in Past 2 Yrs	95.7	96	95	similar	similar to goal
	% Told Have High Blood Pressure	37.9	23.4	16	WORSE	Does NOT Meet Goal
	% Taking Action to Control High BP	85.6	80.7	95	similar	Does NOT Meet Goal
Cholesterol	% Cholesterol Checked in Past 5 Yrs	78	82.2	80	similar	similar to goal
	% Told Have High Cholesterol	23.2	21.4	17	similar	Does NOT Meet Goal
	% Taking Action to Control High Cholesterol	76.8	70		similar	

Prevention		Avoyelles	US	HP2010	vs. US	vs. HP2010
Preventive	% Have Had Routine Checkup in Past Yr	72	64.1		BETTER	
	% Child Has Had Checkup in Past Yr	81.4	85.6		similar	
	% Have Visited Dentist in Past Yr (18+)	57.9	68.9	56	WORSE	similar to goal
	% Child (1-17) Has Visited Dentist in Past Yr	83.7	69.3	56	BETTER	Meets Goal
	% Have Had Eye Exam in Past Yr	42.5	54.2		WORSE	
Immunization	% Children (<24 Mos) Immunized Appropriately	80	82	90	WORSE	Does NOT Meet Goal
	% Flu Shot in Past Yr (65+)	72.7	65.7	90	similar	Does NOT Meet Goal
Cancer	% 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
	% 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	
	% Mammogram in Past 2 Yrs (W40+)	76	78.2	70	similar	similar to goal
	% Don't Know Breast Self-Exam (W)	8.5	4.2		WORSE	
	% Perform Breast Self-Exam Monthly (W)	54	42.9		BETTER	
	% Pap Smear in Past 3 Yrs (W)	84.3	84	90	similar	Does NOT Meet Goal
	% Father/Brother Diagnosed Prostate Cancer (M)	8.6	8.4		similar	
	% PSA or Digital Rectal Exam in Past 2 Yrs (M40+)	67.6	69.9		similar	
	% Testicular Exam Ever (M)	45.2	62.4		WORSE	
	% Don't Know Testicular Self-Exam (M)	75	63.5		WORSE	
	% Perform Testicular Self-Exam Monthly (M)	9.8	12.5		similar	
Injury Control	% "Always" Wear Seat Belt	65.4	75	92	WORSE	Does NOT Meet Goal
	% Child (<5) "Always" Uses Auto Child Restraint	76.4	98.9	100	WORSE	Does NOT Meet Goal

Access		Avoyelles	US	HP2010	vs. US	vs. HP2010
Insurance Cvg	% Lack Health Insurance (18-64)	33.5	15.6	0	WORSE	Does NOT Meet Goal
Primary Care	% Have a Regular Clinic or Physician	85.6	85	96	similar	Does NOT Meet Goal
	% Cost Prevented Physician Visit in Past Yr	22.5	10.4		WORSE	
	% Cost Prevented Child's Care in Past Yr	8.3	7.3		similar	
	% Transportation Prevented Dr Visit in Past Yr	13	5.2		WORSE	
	% Transportation Prevented Child's Care in Past Yr	6.3	4.1		similar	
	% Difficulty Getting Appointment in Past Yr	14.3	13.3	7	similar	Does NOT Meet Goal
	% Inconvenient Hrs Prevented Dr Visit in Past Yr	16.6	12.7		similar	
	% Cost Prevented Getting Rx in Past Yr	23.6	9.5		WORSE	
	% Difficulty Finding Dr for Child in Past Yr	6.9	5.3		similar	
	% Difficulty Getting Appt for Child in Past Yr	9.2	13.1		similar	
	% Inconv Hrs Prevented Child's Dr Visit in Past Yr	14.2	16.3		similar	
	% Cost Prevented Getting Child's Rx in Past Yr	14.5	4.4		WORSE	
	% Gone to ER More Than Once in Past Yr	18.2	5.6		WORSE	
	% Difficulty Finding Physician in Past Yr	13	7.8		WORSE	
Health Care	% Rate Local Health Care "Excellent/Very Good"	42.3	53.1		WORSE	

Summary of Findings by Issue

Cancer	Avoyelles	US	HP2010	Significance vs. US	Significance vs. HP2010
% 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
% Perform Breast Self-Exam Monthly (W)	54	42.9		BETTER	
Chronic Disabling Conditions	Avoyelles	US	HP2010	Significance vs. US	Significance vs. HP2010
% 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	

% Ulcer/GI Bleeding	6.9	6		similar
% No Days/Month Very Healthy/Full of Energy	10.6	11.5		similar
% >1 Workday/Year Missed Due to Illness	45.5	43.1		similar
% >1 Day/Month Poor Physical Health	36.1	34.4		similar
% No Leisure-Time Physical Activity	21.1	20.2		similar
% Vigorous Exercise 3+ Times/Wk	31.7			similar

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

Education & Community-Based Programs	Avoyelles	US	HP2010	Significance vs. US	Significance vs. HP2010
% Activity Limitations	21.3	14.9		WORSE	

Environmental Health	Avoyelles	US	HP2010	Significance vs. US	Significance vs. HP2010
% Asthma	12	9.9		similar	

Family Planning	Avoyelles	US	HP2010	Significance vs. US	Significance vs. HP2010
% Births to Teenagers	19.4	12.3		WORSE	

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

HIV Infection	Avoyelles	US	HP2010	Significance vs. US	Significance vs. HP2010
Age-Adjusted HIV Deaths/100,000	10.8	5.4	0.7	WORSE	Does NOT Meet Goal
% "High" Chance of Getting AIDS (18-64)	4	2.1		similar	
% Tested for AIDS Virus in Past Yr (18-64)	25.2	30.6		similar	

Immunization & Infectious Diseases	Avoyelles	US	HP2010	Significance vs. US	Significance vs. HP2010
Hepatitis B Incidence/100,000	6.6	4.2		WORSE	
Age-Adjusted Pneumonia/Influenza Deaths/100,000	30.7	23.6		WORSE	
% Children (<24 Mos) Immunized Appropriately	80	82	90	WORSE	Does NOT Meet Goal
% Flu Shot in Past Yr (65+)	72.7	65.7	90	similar	Does NOT Meet Goal
Hepatitis A Incidence/100,000	3.1	12	4.5	BETTER	Meets Goal
Tuberculosis Incidence/100,000	1.6	5.8	1	BETTER	Does NOT Meet Goal

Maternal & Infant Health	Avoyelles	US	HP2010	Significance vs. US	Significance vs. HP2010
% No Prenatal Care in 1st Trimester	28.2	17	10	WORSE	Does NOT Meet Goal
% of Low Birthweight Births	12.2	7.6	5	WORSE	Does NOT Meet Goal
Neonatal Death Rate	7.2	4.7	2.9	WORSE	Does NOT Meet Goal
Infant Death Rate	9	7	4.5	WORSE	Does NOT Meet Goal

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

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

Oral Health	Avoyelles	US	HP2010	Significance vs. US	Significance vs. HP2010
% Have Visited Dentist in Past Yr (18+)	57.9	68.9	56	WORSE	indeterminable
% Child (1-17) Has Visited Dentist in Past Yr	83.7	69.3	56	BETTER	Meets Goal

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

Sexually Transmitted Diseases	Avoyelles	US	HP2010	Significance vs. US	Significance vs. HP2010
Hepatitis B Incidence/100,000	6.6	4.2		WORSE	
Primary & Secondary Syphilis Incidence/100,000	2.5	2.2	0.2	WORSE	Does NOT Meet Goal
Chlamydia Incidence/100,000	116.5	257.5		BETTER	
Gonorrhea Incidence/100,000	72.6	131.6	19	BETTER	Does NOT Meet Goal

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

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

Unintentional Injuries	Avoyelles	US	HP2010	Significance vs. US	Significance vs. HP2010
Age-Adjusted MV Accident Deaths/100,000	48.5	15	9.2	WORSE	Does NOT Meet Goal
% Child (<5) "Always" Uses Auto Child Restraint	76.4	98.9	100	WORSE	Does NOT Meet Goal
% "Always" Wear Seat Belt	65.4	75	92	WORSE	Does NOT Meet Goal

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