

## 2002 PRC Community Health Assessment

*Catahoula Parish, Louisiana*

### *Community Report* *Prepared for The Rapides Foundation*

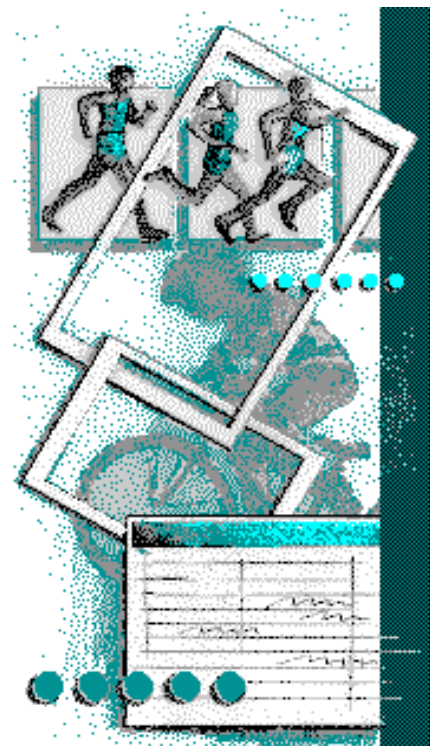
*... Never doubt that a small group of thoughtful, committed citizens  
can change the world; indeed, it's the only thing that ever has.*  
—Margaret Mead

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# **SUMMARY OF ASSESSMENT FINDINGS**



# Summary of Findings

## Key Points

### HEALTH STATUS

There are many indicators of health status in Catahoula Parish that are comparable to or better than national benchmarks. For example, in Catahoula Parish, the age-adjusted respiratory disease death rate, homicide death rate, and suicide death rates are all significantly more favorable than national rates. The incidence of chlamydia, gonorrhea, hepatitis A, hepatitis B, primary and secondary syphilis, and tuberculosis cases are significantly lower than the U.S. rates. The prevalence of having more than three days per month of not getting enough rest or sleep is significantly lower than found across the U.S. The percentage of low birthweight births and the infant death rate are both significantly more favorable than national findings. With regard to violence, rape, robbery, and aggravated assault/battery rates all compare favorably to U.S. rates.

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

**Self-Reported Health Status.** A significantly greater share of Catahoula Parish adults report having generally “fair” or “poor” physical health in the past month.

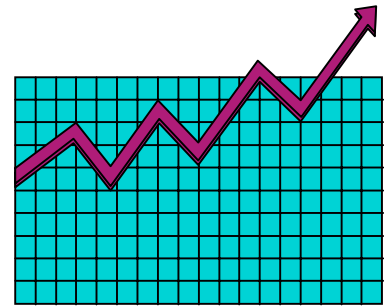
**Activity Limitations.** The prevalence of activity limitations is particularly high in Catahoula Parish, as is the proportion of those with activity limitations reporting that this is attributed to a work-related injury.

**Unhealthy Weight.** Over two-thirds (69.7%) of Catahoula Parish adults are overweight; of those, over one-third (34.3%) are obese. Overall, 71.3% are of an unhealthy weight. These levels are significantly higher than reported nationwide.

**Mental Health.** Nearly one-third (32.8%) of Catahoula Parish adults have experienced prolonged depression. Only 20.5% of these depressed persons have sought help for their depression, significantly lower than found nationwide.

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

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

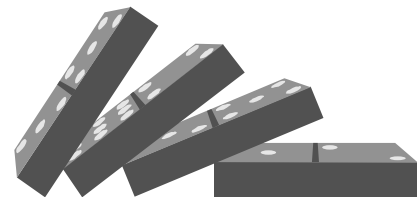


**Infant Health.** Indicators of infant health which compare unfavorably to national indicators and *Healthy People 2010* targets, include births to teenagers and neonatal mortality.

**Violence.** The murder rate is higher in Catahoula Parish than nationwide.

## MODIFIABLE HEALTH RISKS

In comparison to national averages, positive findings relating to modifiable health risk behavior in Catahoula Parish include a lower proportion of adults who are current or chronic drinkers or who report illegal drug use. The incidence of drinking and driving in the past month also compares favorably to national findings. The percentage of current drinkers in Catahoula Parish meets the *Healthy People 2010* target.



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

**Cardiovascular Risk.** A high percentage of Catahoula Parish adults (95.3%) present one or more risk factors or behaviors for heart disease and stroke.

**Nutrition.** Catahoula Parish adults more often report eating diets high in fat, and less often report using food labels to make nutritious food selections. Also, a lower percentage of adults report eating enough vegetables and/or fruits.

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

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

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

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

## PREVENTION

Regarding preventive care measures, a greater share of Catahoula Parish adults report having had a routine medical checkup within the past year. A higher percentage of parish children aged 1 to 17 have visited a dentist within the past year. The percentage of women who have had a mother or sister diagnosed with breast cancer compares favorably to the national finding. And, a higher percentage of women perform a monthly breast self-examination. Additionally, the percentage of children under 24 months of age who are current on their immunizations is significantly more favorable than the national average.

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

**Pediatric Routine Medical Care.** The percentage of children who have had a checkup within the past year is significantly lower than the national average.

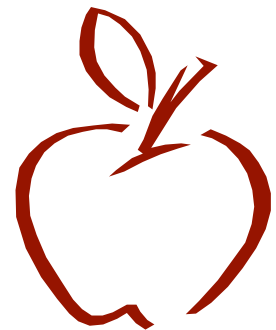
**Dental Care.** A low percentages of adults report having visited a dentist or dental professional in the past year.

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

**Colorectal Cancer Screening.** The proportion of Catahoula Parish adults aged 50 and older who have had a digital rectal exam in the past year is below the U.S. finding.

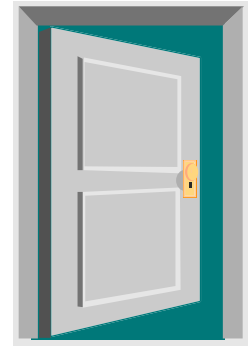
**Testicular Cancer Screening.** A relatively low proportion of men have ever had a testicular exam by a physician. In addition, a significantly high percentage of men said they do not know how to perform a testicular self-exam.

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



## ACCESS

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



**Health Insurance Coverage.** More than one-third (35.7%) of Catahoula Parish adults between the ages of 18 and 64 are without any type of insurance coverage for health care. This is significantly worse than the national average and far from reaching the *Healthy People 2010* goal of universal coverage.

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

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

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

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

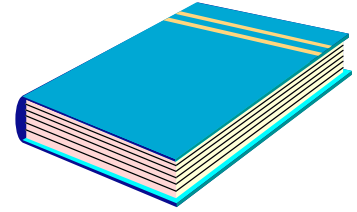
**Emergency Room Utilization.** A relatively high percentage of Catahoula Parish adults have used a local emergency room more than once in the past year.

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

## EDUCATION & OUTREACH

Throughout the community health panels, participants stressed that education is crucial to improving the community's health status — whether that is health education through the schools, disseminating information to the public, or increased communication and coordination of services among providers.

Furthermore, health panel members emphasized the need to involve the entire community in health improvement efforts.



## YOUTH

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

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

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

# 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.

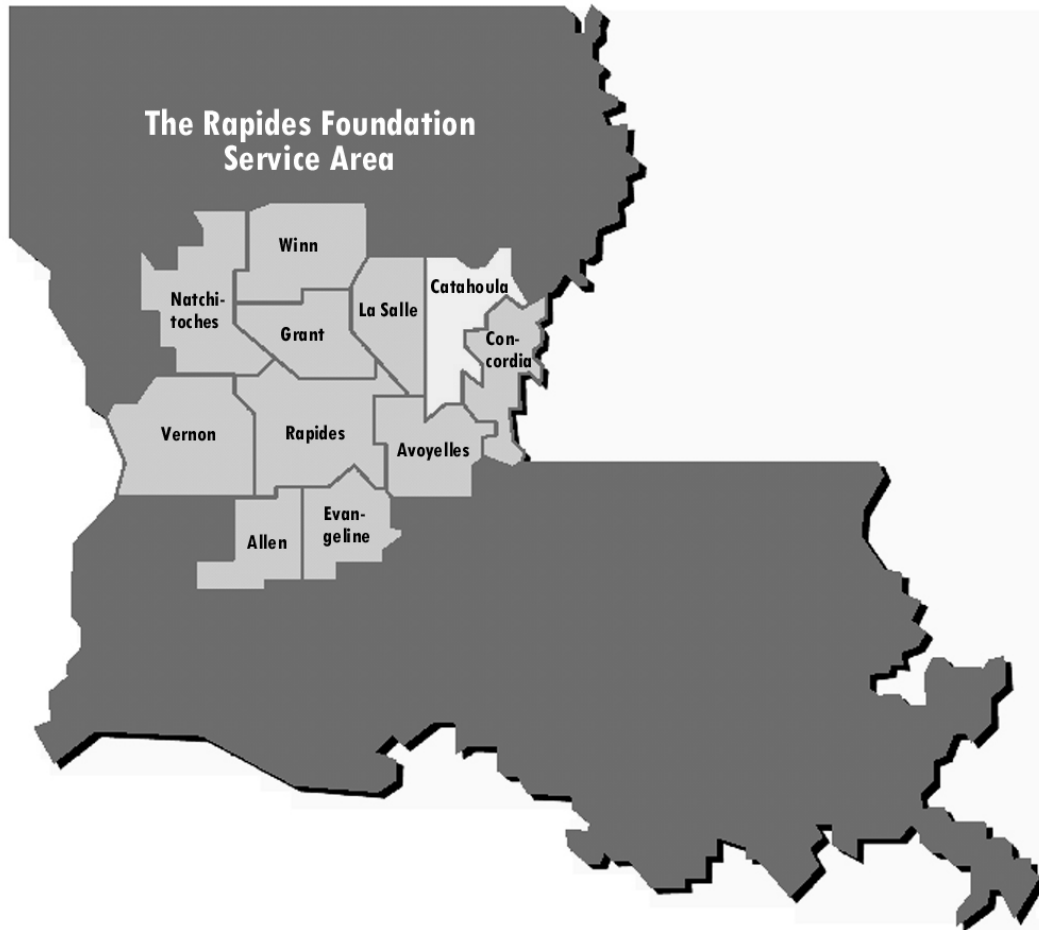
This *Community Health Assessment* will serve as a tool toward reaching three basic goals:

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

## Community Health Survey

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

### Sample Design

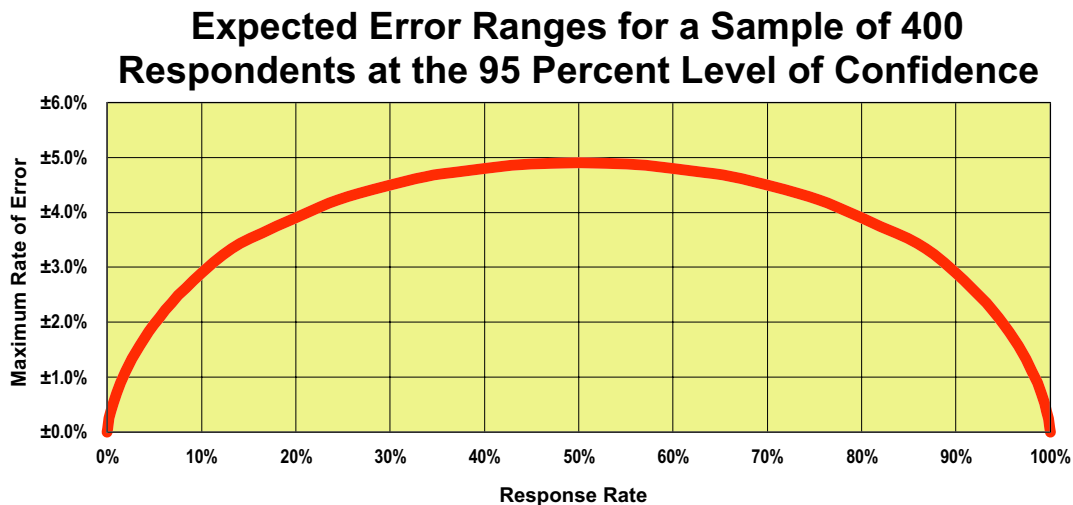
The sample design utilized for this effort consists of a random sample of 400 individuals aged 18 and older in Catahoula Parish. The interviews were conducted in proportion to the actual population distribution at the ZIP Code level. ZIP Code populations were based on the latest census projections of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



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

## Sampling Error

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



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

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

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

In addition, for further analysis, keep in mind that each percentage point recorded among the total sample of survey respondents is representative of approximately 78 residents aged 18 and older in Catahoula 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 270 people and therefore must not be dismissed as too small to be significant.

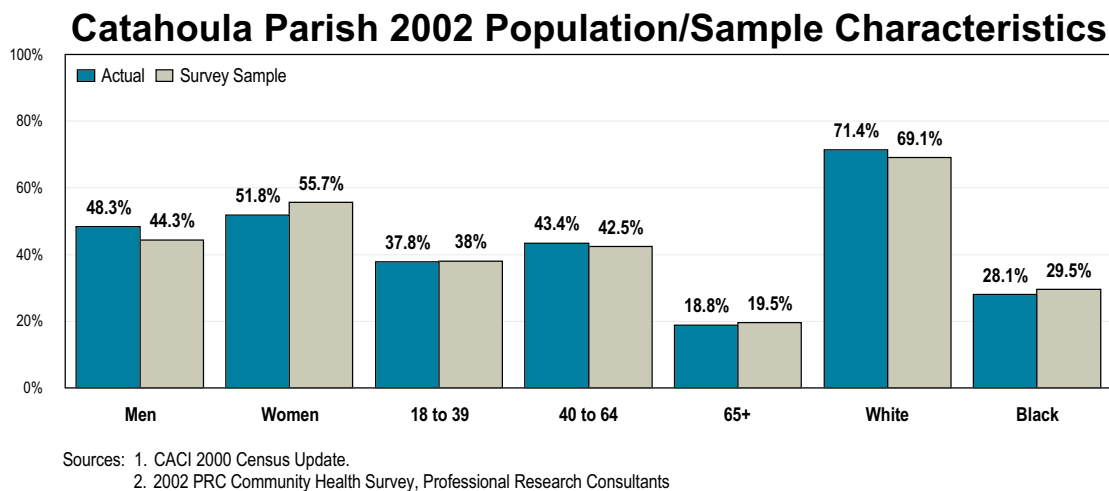
## Sample Characteristics

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

a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further.

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

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



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 Catahoula Parish with a high degree of confidence.

## Existing Data

### Public Health, Vital Statistics and Other Data

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

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



### Statewide Risk Factor Data

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

### Nationwide Risk Factor Data

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

## Healthy People 2010 Targets



**Understanding and  
Improving Health**

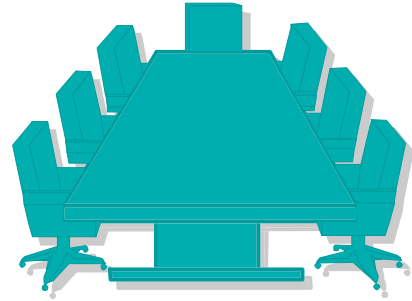
*Healthy People 2010: Understanding and Improving Health* is part of the Healthy People 2010 initiative that is sponsored by the U. S. Department of Health and Human Services. Healthy People 2010 outlines a comprehensive, nationwide health promotion and disease prevention agenda. It is designed to serve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

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

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

## Community Health Panels

As part of the community health assessment process, a community health panel was held in Catahoula 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 22, 2002	7:00 am – 9:00 am	Catahoula 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

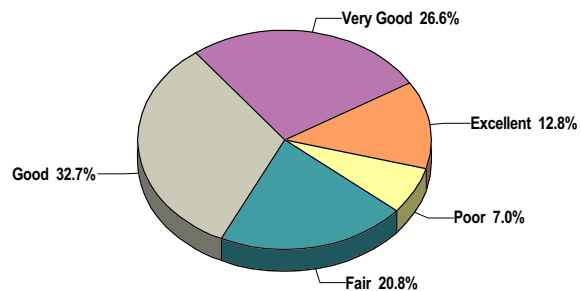
This section describes various self-reported measures of the general physical health among Catahoula Parish residents.

## Self-Reported Physical Health

### Overall Health Status

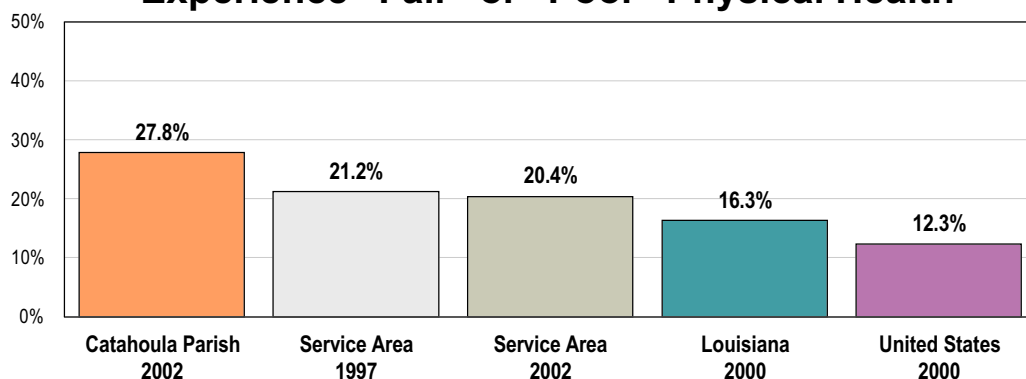
- A total of 39.4% of Catahoula Parish adults participating in the 2002 Community Health Survey view their overall physical health as “excellent” or “very good.”
- 27.8% of Catahoula Parish adults say that their overall physical health is overall “fair” or “poor.”
  - Higher than statewide findings (16.3%) and Rapides Foundation Service Area findings (20.4%).
  - Less favorable than nationwide findings (12.3%).

**Self-Reported Health Status**  
(Catahoula Parish 2002)



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

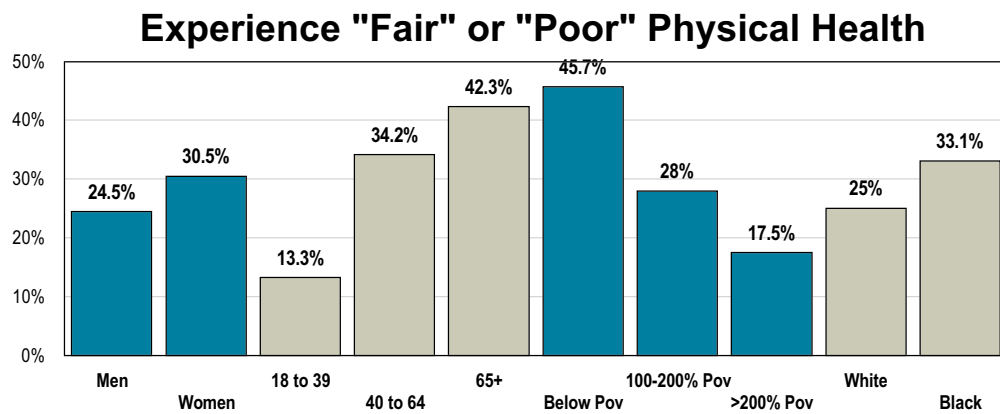
### Experience "Fair" or "Poor" Physical Health



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

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

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

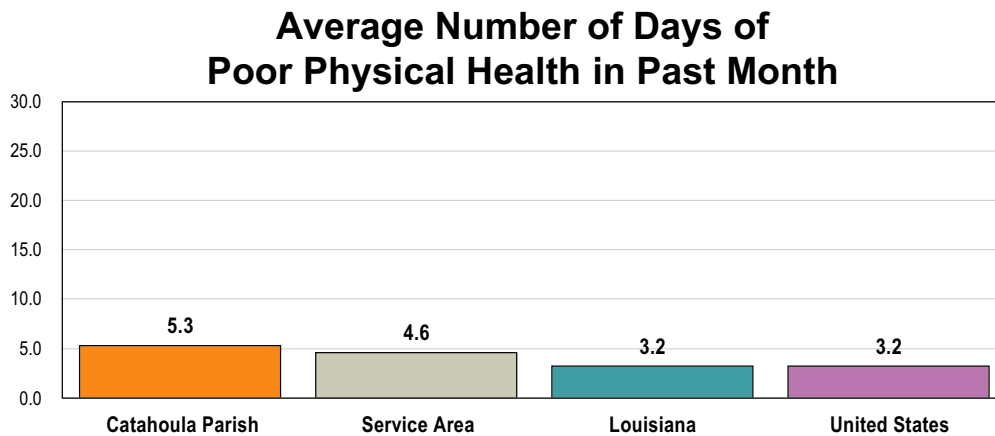


Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

## Days of Poor Physical Health

- **Catahoula Parish adults report an average 5.3 days in the past month on which their physical health was not good.**
  - Similar to the Rapides Foundation Service Area average.
  - Similar to the statewide average.
  - Similar to the national average.

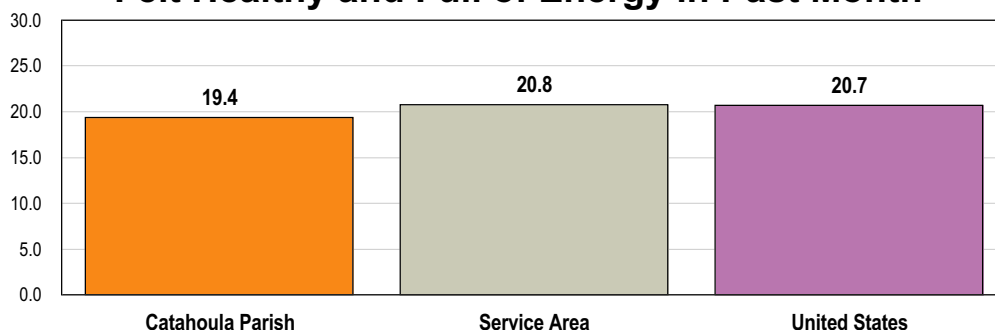


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data  
3. 2000 PRC National Health Survey, Professional Research Consultants  
Note: Asked of all respondents.

## Days Felt Healthy and Full of Energy

- **Catahoula Parish adults report an average of 19.4 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



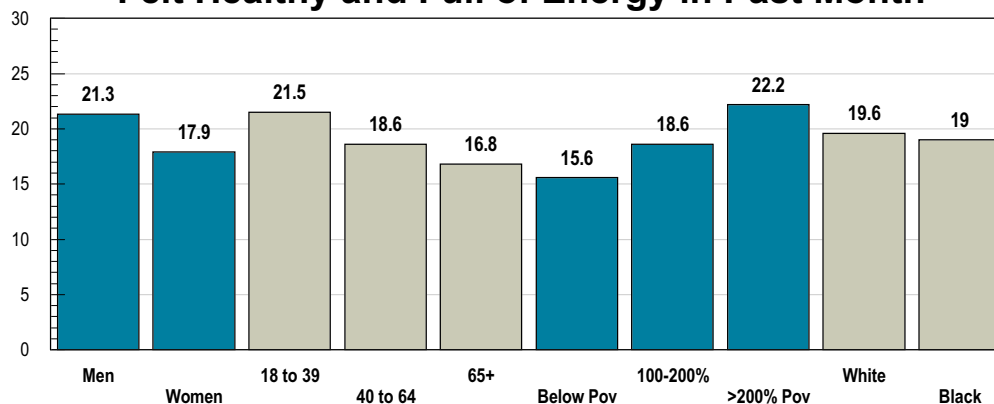
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

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, and decreases with age.
- Men report a higher average number of days in which they felt healthy and full of energy compared to women.

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



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

2. Asked of all respondents.

## Missed Days of Work

- **Catahoula Parish adults who are currently employed report missing an average of 6.4 days of work in the past year due to personal illness.**
  - This compares to an average 3.8 days/year nationwide.

# Mental Health Status

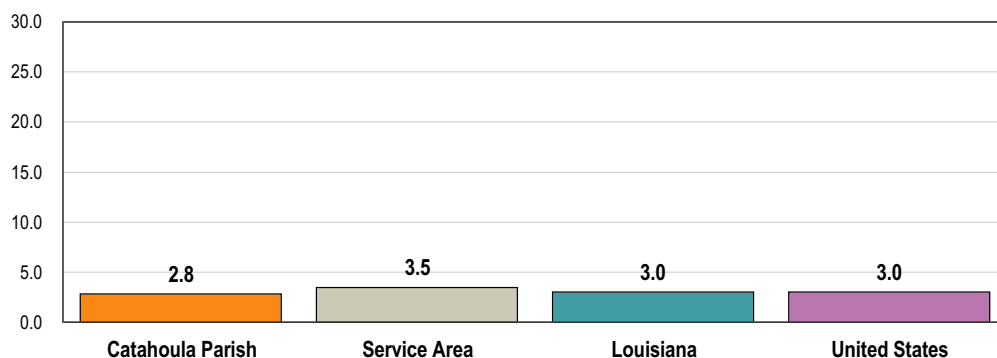
The following section outlines general assessments of the prevalence of depression among area residents, along with the number of people seeking professional help for problems with depression, stress and emotions.

## Self-Reported Mental Health Status

### Days of Poor Mental Health

- **Catahoula Parish adults report an average of 2.8 days in the last month on which their mental health was not good.**
  - Similar to the Rapides Foundation Service Area, statewide and national averages.

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



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

## Community Health Panel Findings\*

“We can do counseling in our center. We get referrals from other agencies and from the courts. We also have some clients from other parishes who come here for services.”

\* 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.

“Over a year ago, we did a survey and found that quite a number of our young people had problems with conflict resolution. When people have these types of issues, they don’t know how to resolve those problems, and then it becomes a major problem. Our survey dealt with kids who are in fourth grade up to 12<sup>th</sup> grade. We need to provide some type of service to help out with this problem.”

“We are missing full-time guidance counselors in most of our schools. The state legislature has been made aware of this problem because it is statewide, but until they can provide additional funds to the schools, we are going to be lacking this resource in our schools. We could train these counselors to deal with behavioral problems, and the kids would have someone who they could talk to about different problems.”

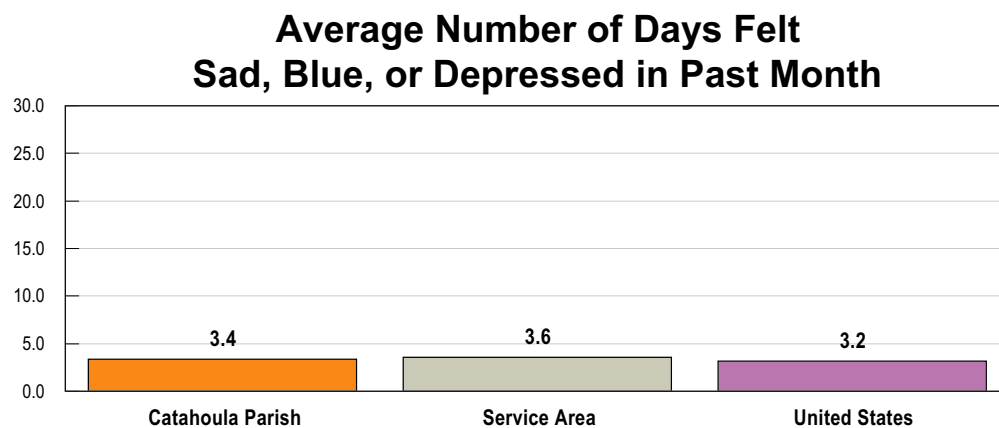
“We have a problem with mental health patients in trying to find a place for them. Just last week, we had a guy that came in and said he was hearing voices telling him to kill somebody. We got him to the clinic, but then we couldn’t find anyplace that would take him as a patient. We finally had to call the sheriff’s department to take him away. Every place we called, they didn’t have any open beds, and you can’t send somebody like that out on the streets again.”

## 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 Catahoula Parish reported an average of 3.4 days on which they felt sad, blue or depressed.**
  - Similar to the Rapides Foundation Service Area and national averages.

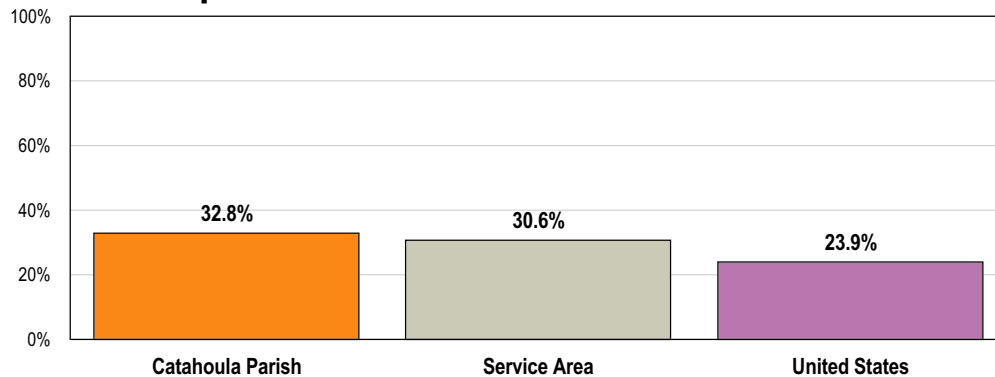


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2000 PRC National Health Survey, Professional Research Consultants  
Notes: 1. Asked of all respondents.  
2. State data not available.

### Prolonged Depression

- **32.8% of Catahoula Parish adults report that they have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes.**
  - Similar to that found throughout the Rapides Foundation Service Area.
  - Significantly higher than found nationally (23.9%).
  - This represents nearly **2,560 adults** in Catahoula Parish who have faced or are facing prolonged bouts with depression.

## Have Experienced Periods of Depression Which Lasted 2 or More Years



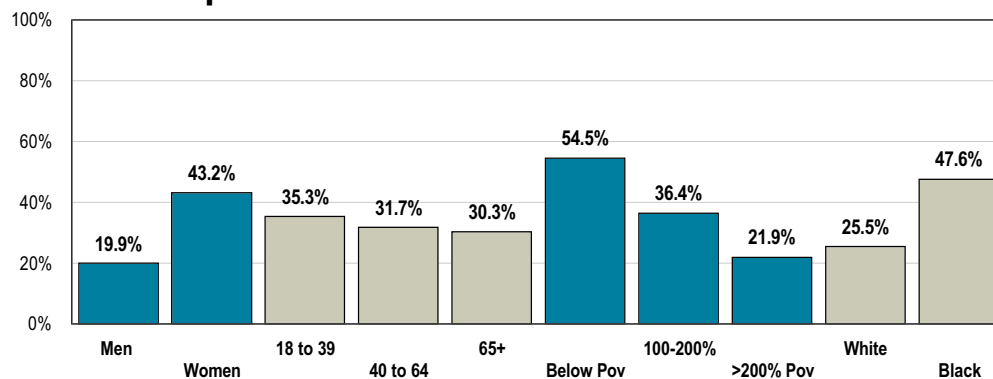
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2000 PRC National Health Survey, Professional Research Consultants

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

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

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

## Have Experienced Periods of Depression Which Lasted 2 or More Years



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

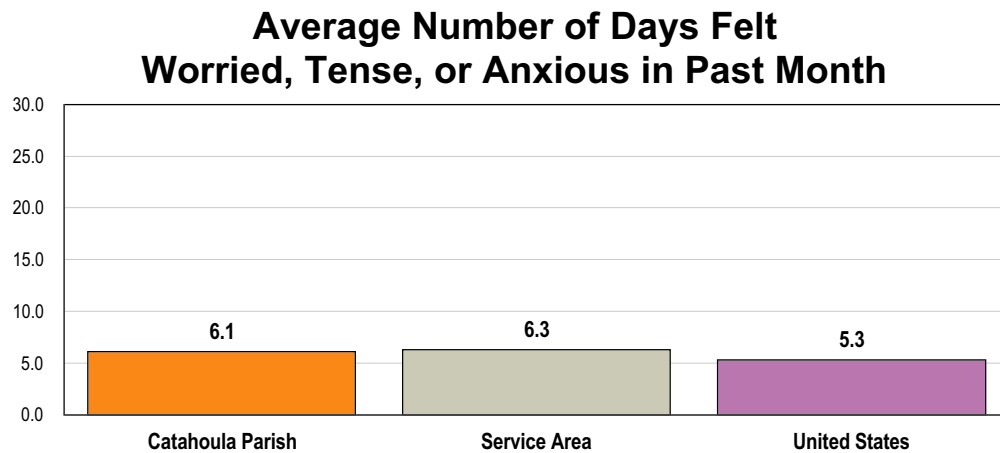


## Stress

### Stress Levels

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

- **Adults in Catahoula Parish report an average of 6.1 days in the past month on which they felt worried, tense or anxious.**
  - Similar to the Rapides Foundation Service Area average.
  - Similar to the national average.

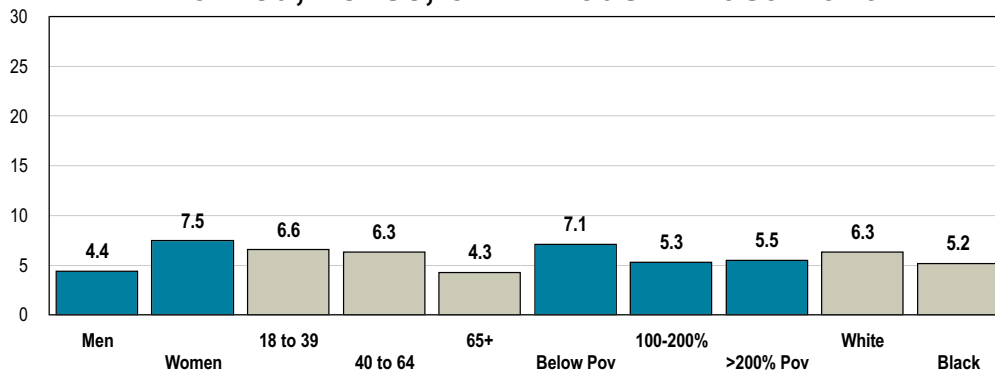


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2000 PRC National Health Survey, Professional Research Consultants  
Note: Asked of all respondents.

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

- Younger and middle-aged adults.
- Those living below the poverty threshold.
- White respondents.
- Women.

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

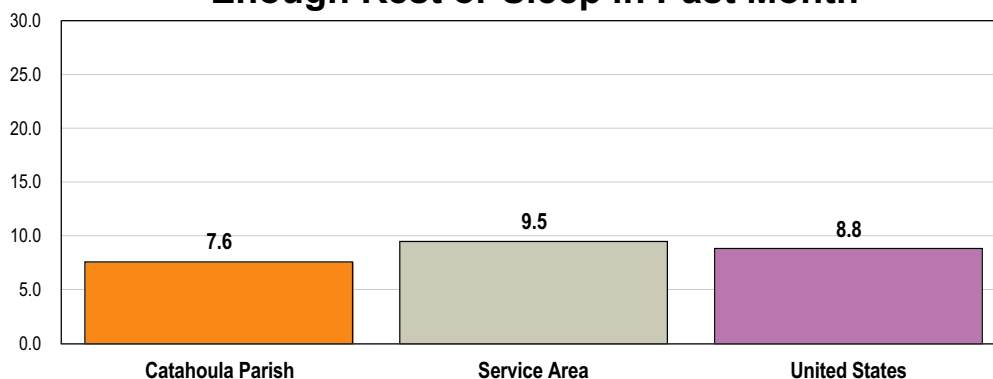


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. 2000 PRC National Health Survey, Professional Research Consultants  
 Notes: 1. Demographic breakouts are among findings in Catahoula Parish.  
 2. Asked of all respondents.

### Sleep & Rest

- **Adults in Catahoula Parish report an average of 7.6 days in the past month on which they did not get enough rest or sleep.**
  - Similar to Rapides Foundation Service Area findings.
  - Similar to that found nationwide.

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

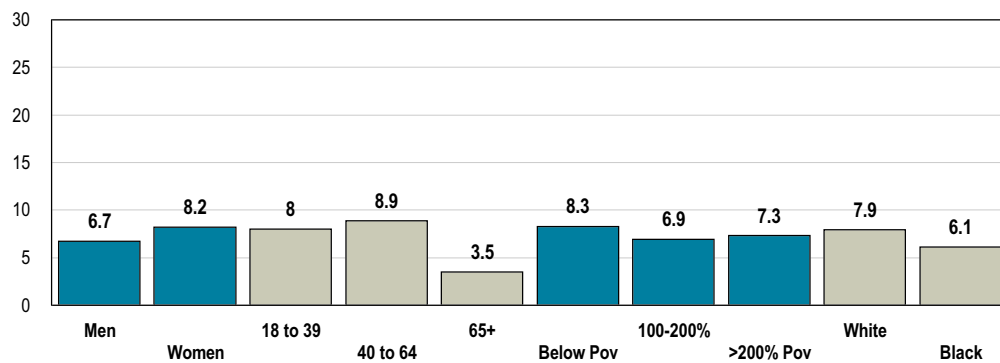


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. 2000 PRC National Health Survey, Professional Research Consultants  
 Note: Asked of all respondents.

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

- Younger and middle-aged adults.
- Respondents living below the poverty level.
- Women.
- White respondents.

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

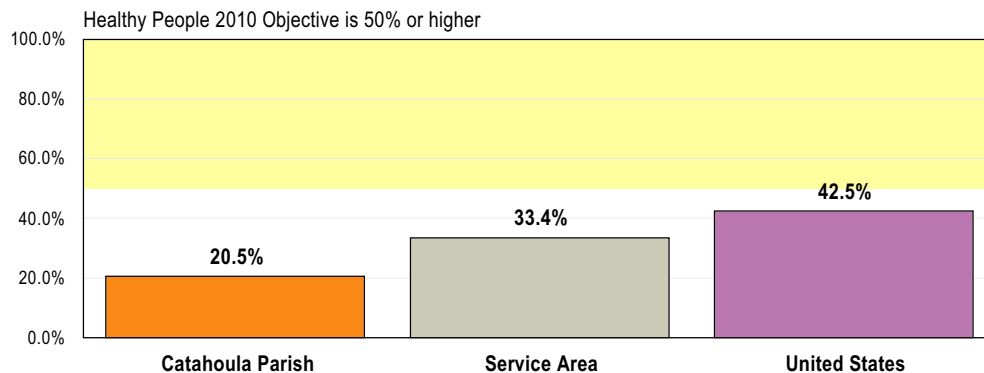


Source: 2002 PRC Community Health Survey, Professional Research Consultants  
Notes: 1. Demographic breakouts are among findings in Catahoula Parish.  
2. Asked of all respondents.

## Utilization of Mental Health Services

- **20.5% of Catahoula Parish respondents who have experienced bouts of prolonged depression report that they have sought professional help for a mental or emotional problem.**
  - Significantly less favorable than the nationwide proportion (42.5%).
  - Significantly lower than the Rapides Foundation Service Area overall (33.4%).
  - Fails to satisfy the *Healthy People 2010* target (50% or higher).

### Persons With Depression Who Have Sought Professional Help



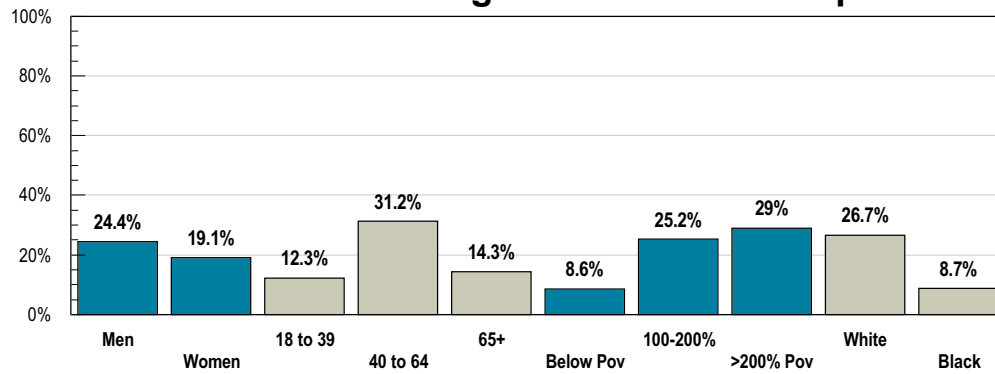
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2000 PRC National Health Survey, Professional Research Consultants  
3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

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:

- Middle-aged adults (40 to 64 years old).
- Those at higher income levels.
- White respondents.
- Men.

## 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 Catahoula Parish.
  2. Asked of all respondents.

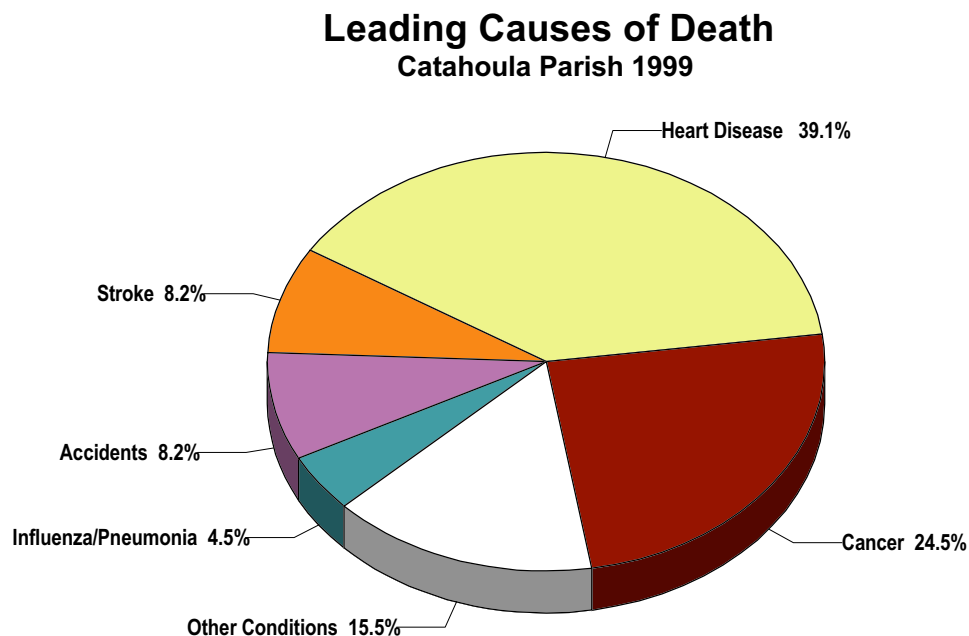
# LEADING CAUSES OF DEATH & DISABILITY

# Leading Causes of Death

## Leading Causes of Death

Together, the top five causes of death account for **84.5%** of all 1999 deaths in Catahoula Parish:

- **Heart disease** is the leading cause of death in Catahoula Parish, accounting for 39.1% of all deaths in 1999.
- **Cancer** is the second leading cause of death in Catahoula Parish, accounting for 24.5% of all 1999 deaths.
- Cerebrovascular disease, or **stroke**, and **accidents** are the third leading causes of death in Catahoula Parish, each accounting for 8.2% of all 1999 deaths.
- **Influenza/pneumonia** accounts for another 4.5% of all 1999 deaths.



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

## Age-Adjusted Death Rates for Selected Causes

In order to compare mortality in Catahoula 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, Catahoula Parish fails to satisfy the outlined Healthy People 2010 targets for: *cancer, diabetes, heart disease, motor vehicle accidents, and stroke*. However, Catahoula Parish does meet the goal for *homicide and suicide*.**
- **Catahoula Parish compares unfavorably to Louisiana death rates for *diseases of the heart, cancers, stroke, influenza/pneumonia, and motor vehicle accidents*.**



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

	Catahoula Parish	Service Area Median	Louisiana	United States	HP2010
Diseases of the Heart	375.4	344.9	306.6	267.8	213.7*
Malignant Neoplasms (Cancers)	241.2	251.0	232.8	202.7	159.9
Cerebrovascular Disease (Stroke)	80.9	69.0	69.1	61.8	48.0
Diabetes Mellitus	27.9	29.4	42.4	25.2	15.1*
Chronic Lower Respiratory Diseases	27.6	47.2	40.8	45.8	
Influenza/Pneumonia	46.8	33.6	25.9	23.6	
Motor Vehicle Accidents	46.1	28.3	21.5	15.5	9.0
Septicemia	9.7	16.8	18.2	11.3	
Intentional Self-Harm (Suicide)	0.0	10.3	12.0	10.7	5.0
Assault (Homicide)	0.0	4.9	10.7	6.2	3.0

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

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

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

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

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

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

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

# Cardiovascular Disease

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

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

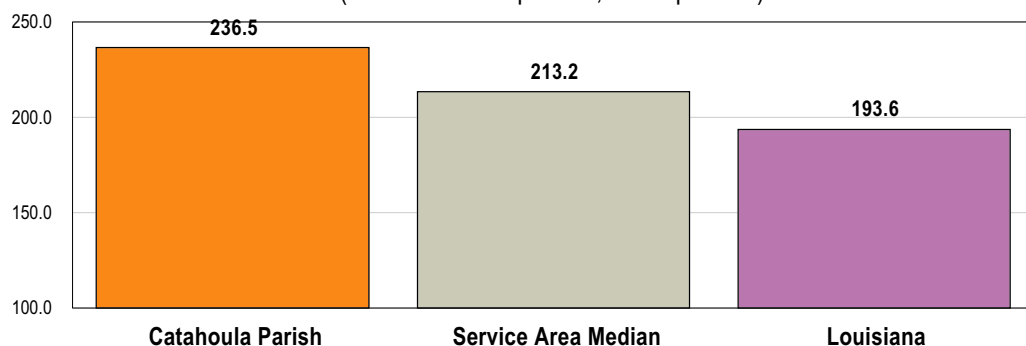
The economic impact of cardiovascular disease on the U.S. health care system continues to grow as the population ages. The estimated cost of cardiovascular disease in the United States in 2001 is \$298 billion, including health care expenditures and lost productivity (National Center for Chronic Disease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

## Cardiovascular Disease Deaths

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

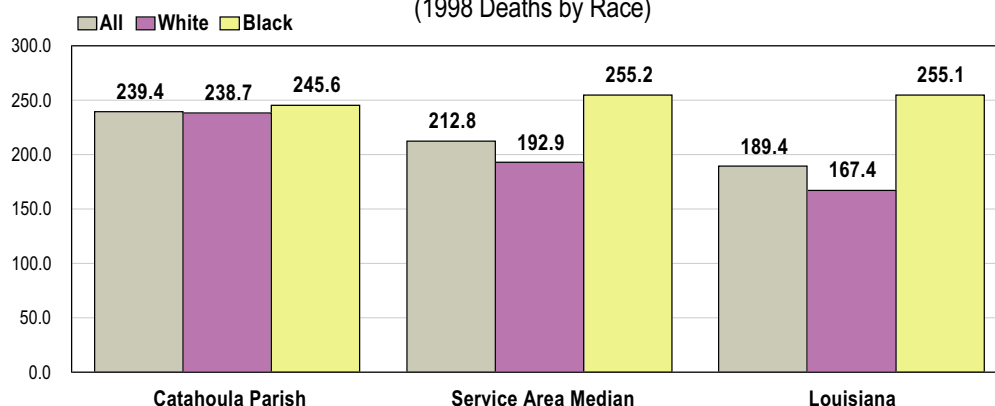
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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 slightly higher age-adjusted cardiovascular death rate than Whites (245.6 versus 238.7 deaths per 100,000 in Catahoula Parish in 1998).

### Age-Adjusted Mortality: Cardiovascular Disease

(1998 Deaths by Race)



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

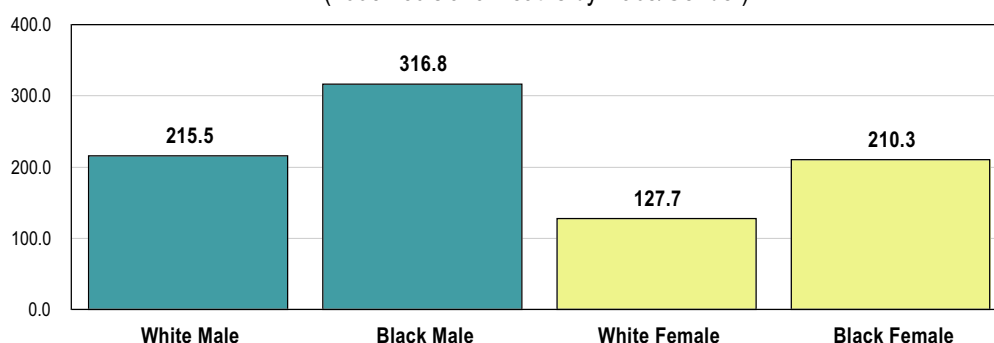
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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

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

### Age-Adjusted Mortality: Cardiovascular Disease

(1998 Louisiana Deaths by Race/Gender)



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

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

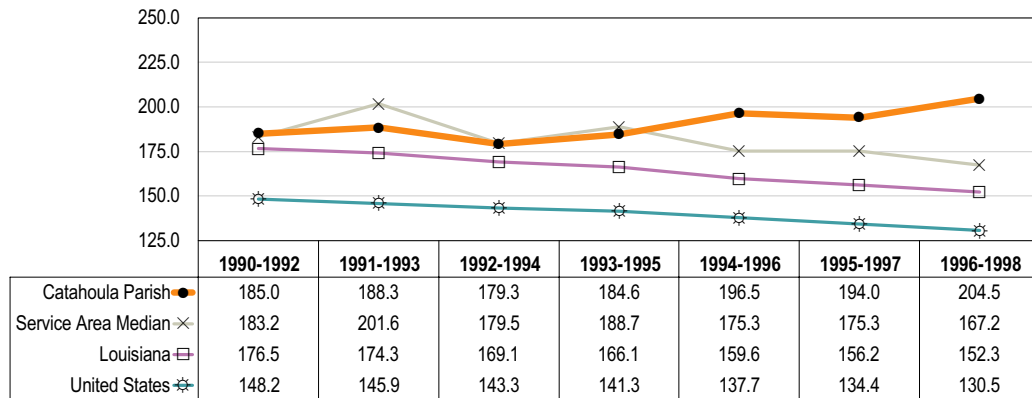
## Heart Disease Deaths

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

- **The age-adjusted heart disease death rate in Catahoula Parish generally tracks higher than the corresponding Louisiana rate for the 1990-98 period. However, the 1991-1993 and 1993-1995 averages fall below the corresponding service area median.**
- **Nationally and statewide, heart disease deaths have been declining consistently.**

### 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).

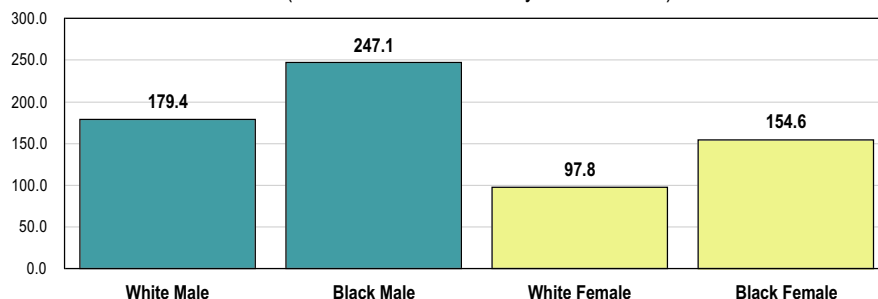
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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).

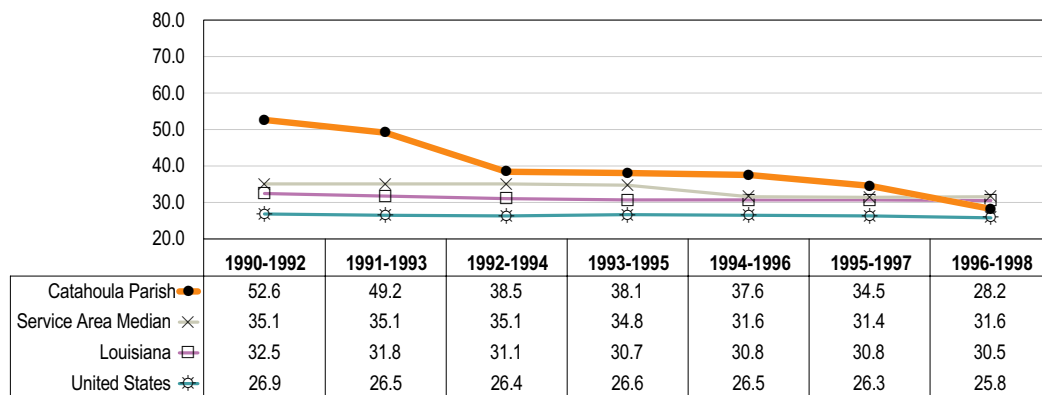
Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

## Stroke Deaths

- The Catahoula Parish age-adjusted death rate for cerebrovascular disease has fallen to approach statewide and nationwide rates in recent years.

### 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).

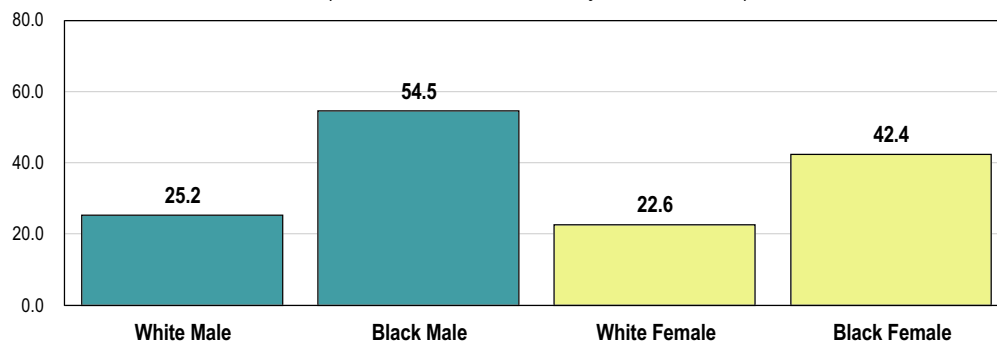
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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)



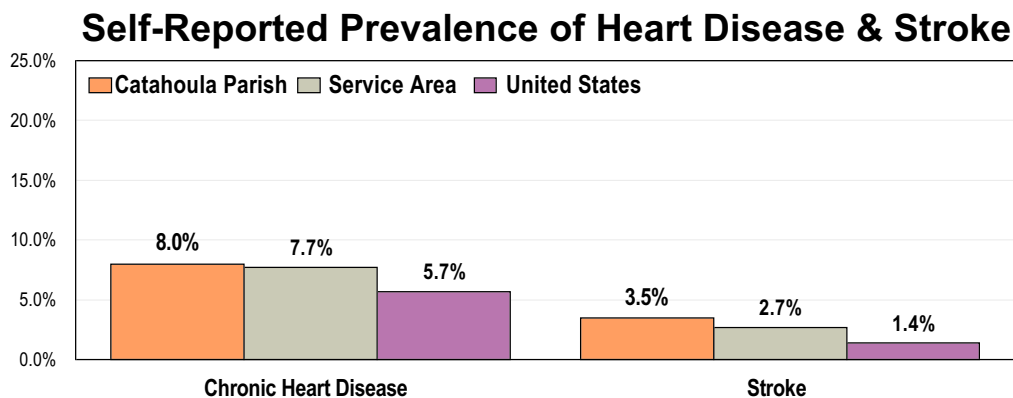
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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:

- **8.0% of Catahoula Parish adult respondents report that they have suffered from or been diagnosed with heart disease, such as congestive heart failure, angina or a heart attack.**
  - Statistically similar to the Rapides Foundation Service Area and national prevalences.
- **3.5% of Catahoula Parish respondents report that they have suffered from or been diagnosed with a stroke.**
  - Statistically similar to the Rapides Foundation Service Area but significantly higher than the national prevalence (1.4%).



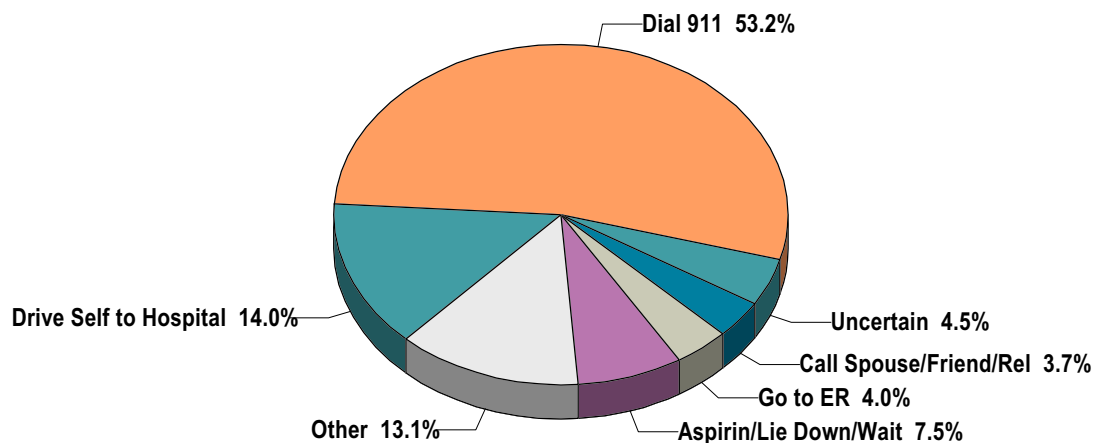
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2000 PRC National Health Survey, Professional Research Consultants  
Notes: 1. Asked of all respondents.  
2. State data not available.

## 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.

- Over one-half (53.2%) of Catahoula Parish adults would *call 911* upon symptoms of a heart attack.
- 14.0% say they would *drive themselves to the hospital*.
- 7.5% say they would *take aspirin, lie down and see if the symptoms subsided*.
- 4.0% say they would *go to the emergency room*.
- 3.7% say they would *call a spouse, friend or relative*.
- 13.1% identified a wide variety of other responses (none receiving more than 3% of responses), including call doctor or HMO nurse and administer CPR.

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



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

## Cardiovascular Risk Factors

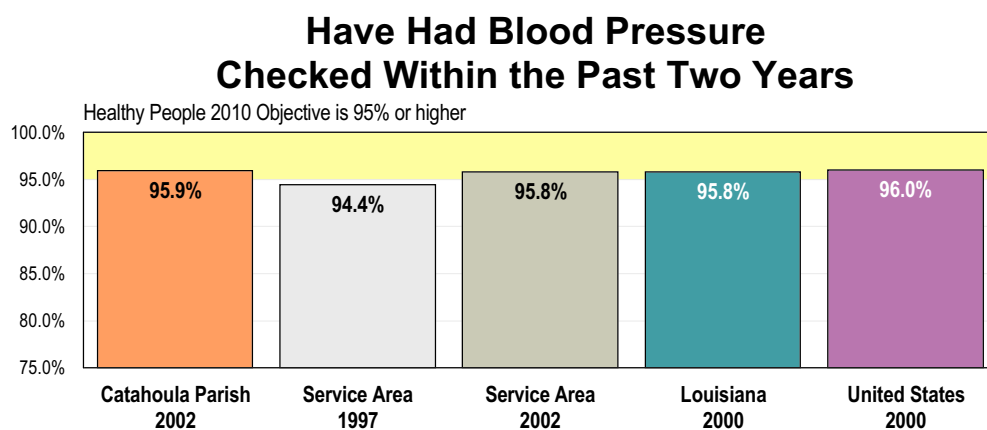
### Hypertension (High Blood Pressure)

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

- **95.9% of adults in Catahoula Parish have had their blood pressure tested within the past two years.**
  - Statistically similar to Rapides Foundation Service Area, Louisiana, and US.
  - Satisfies the *Healthy People 2010* target (95% or higher).



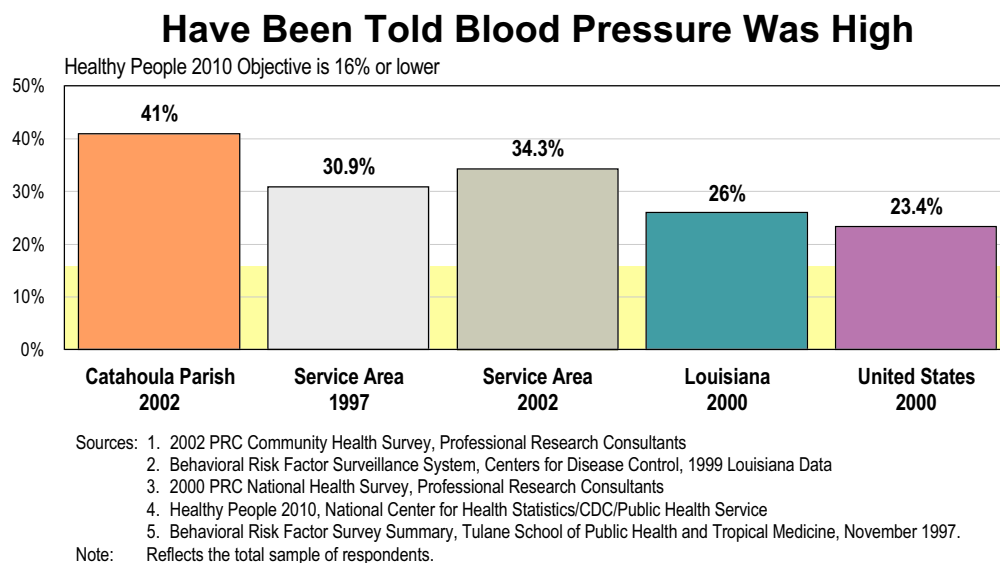
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data  
3. 2000 PRC National Health Survey, Professional Research Consultants  
4. Healthy People 2010, National Center for Health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

Note: Reflects the total sample of respondents.



## High Blood Pressure Prevalence

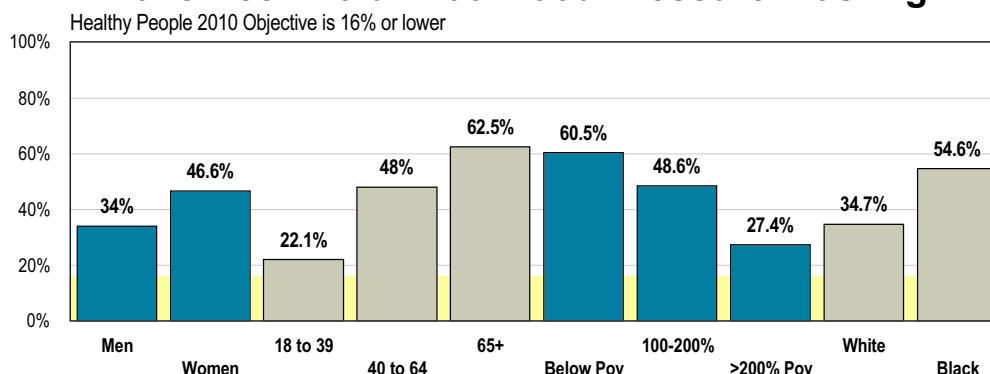
- **41.0% of Catahoula Parish adults have been told at some point that their blood pressure was high.**
  - Significantly higher than that found in the Rapides Foundation Service Area (34.3%).
  - Significantly higher than found statewide (26.0%).
  - Significantly higher than found nationwide (23.4%).
  - Fails to satisfy the Healthy People 2010 target (16% or lower).
- **34.2% of Catahoula 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 Catahoula Parish vary widely between adults under 40 and those 65 and older.
- Women experience a higher prevalence than men.
- Adults in the lowest income bracket show the highest levels of hypertension.
- Black respondents have a higher prevalence than White respondents.

## Have Been Told That Blood Pressure Was High



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

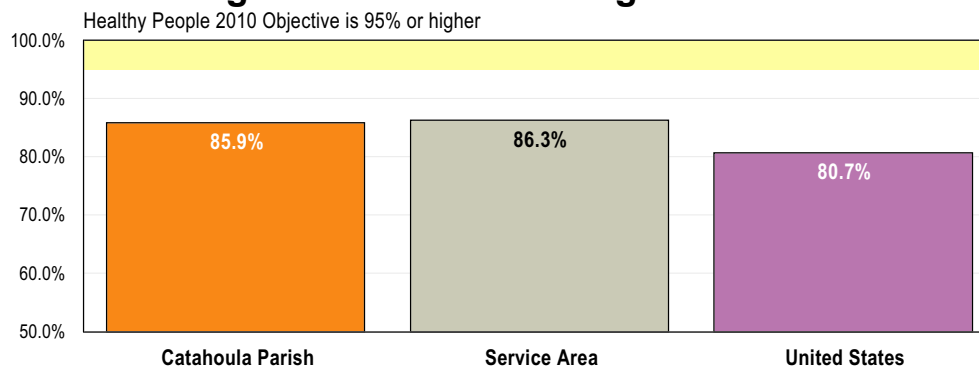
2. Reflects the total sample of respondents.

## 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.

- **85.9% of Catahoula Parish adults who have been told that their blood pressure was high report that they are currently taking actions to control it.**
  - Similar to Rapides Foundation Service Area findings.
  - Similar to the prevalence reported nationwide.
  - Falls short of meeting the *Healthy People 2010* target (95% or higher).

## Taking Action to Control High Blood Pressure



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

2. 2000 PRC National Health Survey, Professional Research Consultants

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

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

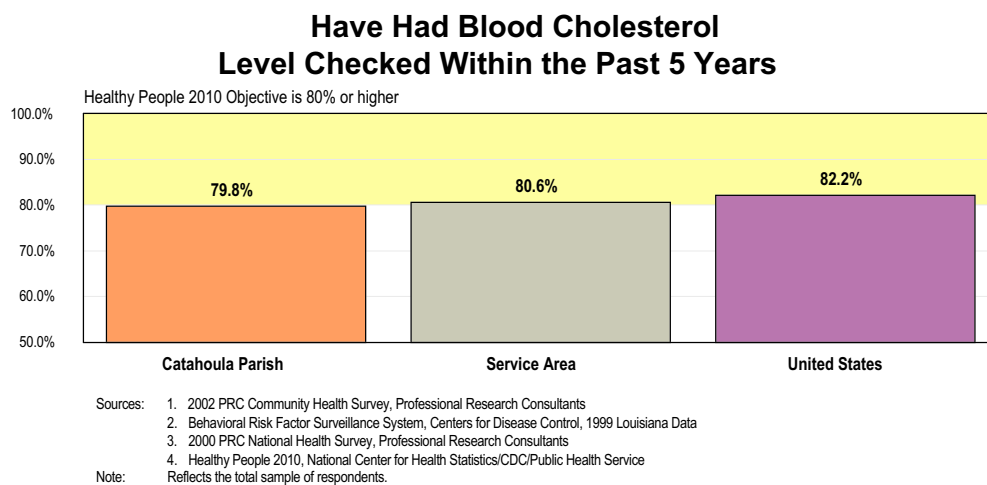
2. State data not available.

## High Blood Cholesterol

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

### *Blood Cholesterol Testing*

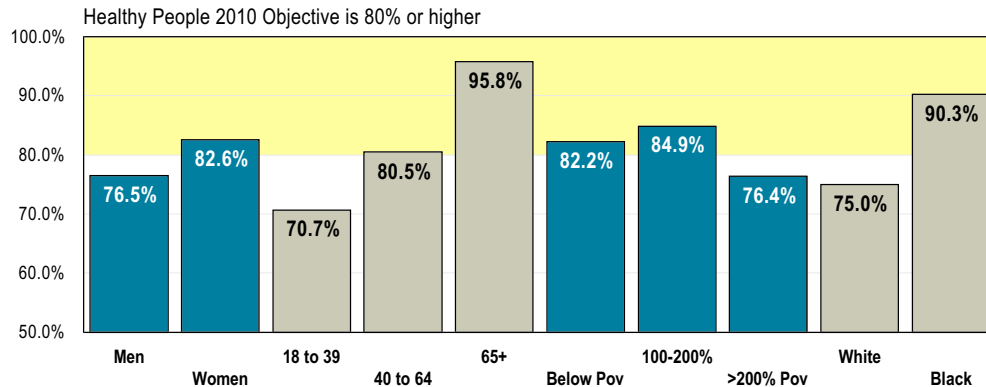
- **79.8% of adults in Catahoula Parish have had a blood cholesterol screening within the past 5 years.**
  - Similar to the level throughout the Rapides Foundation Service Area and nationwide.
  - Similar to the *Healthy People 2010* target (80% or higher).



Further note in the following demographic breakout:

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

## Have Had Blood Cholesterol Level Checked Within the Past 5 Years



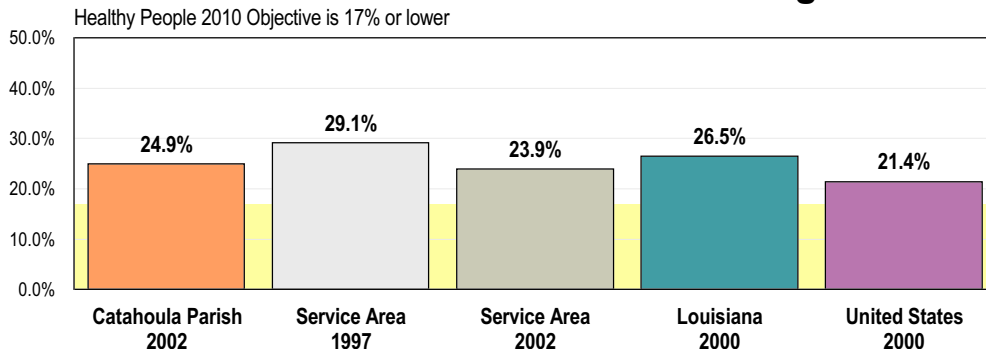
Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

## High Blood Cholesterol Prevalence

- **24.9% of adults in Catahoula Parish have been told by a health professional that their cholesterol level was high.**
  - Statistically similar to the Rapides Foundation Service Area and statewide prevalence levels.
  - Statistically similar to the prevalence found nationwide.
  - 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

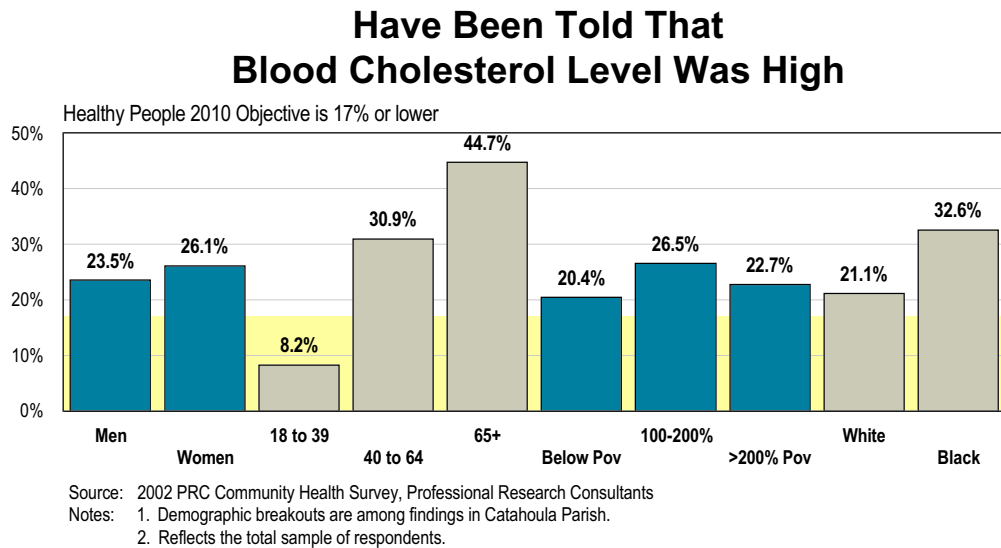
4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

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

Note: Reflects the total sample of respondents.

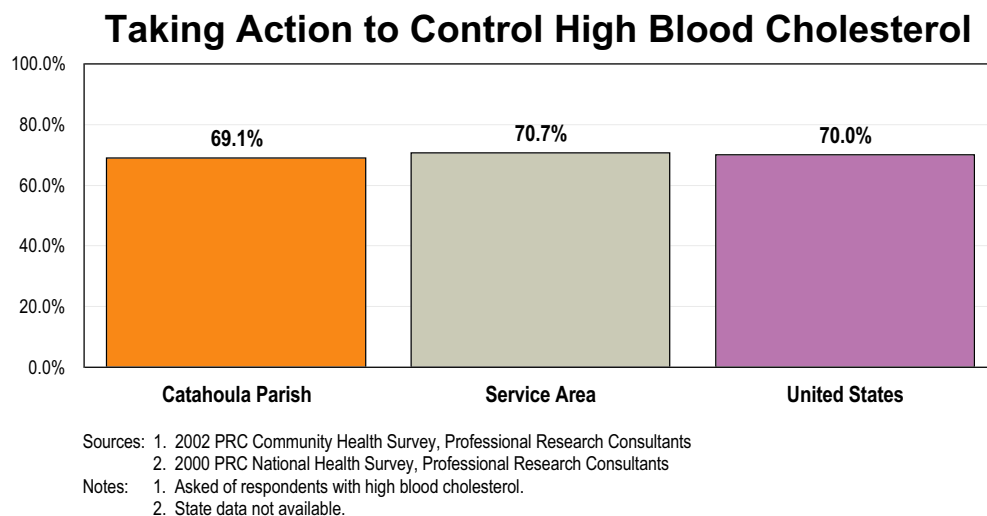
As shown in the following chart:

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



## *Controlling High Blood Cholesterol*

- **69.1% of adults in Catahoula Parish with high blood cholesterol levels are taking some type of action to control their condition.**
  - Similar to the Rapides Foundation Service Area and nationwide findings.



## Cardiovascular Risk Behavior

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

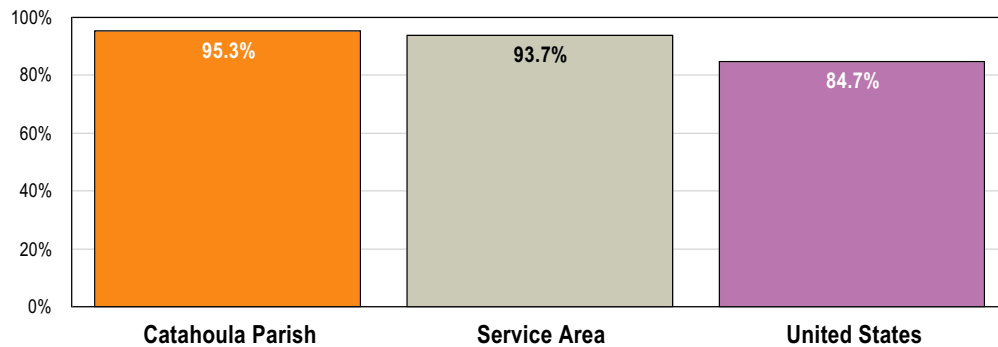
- **Poor nutrition.** People who are overweight have a higher risk for cardiovascular disease. Almost 60% of U.S. adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.
- **Lack of 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

- **95.3% of Catahoula Parish adults present one or more cardiovascular risk factors or behaviors, including overweight prevalence, cigarette smoking, high blood pressure, high cholesterol, or a lack of physical activity.**
  - Similar to that found throughout the Rapides Foundation Service Area.
  - Significantly worse than found nationwide (84.7%).

## Present One or More Cardiovascular Risk Factors or Behaviors

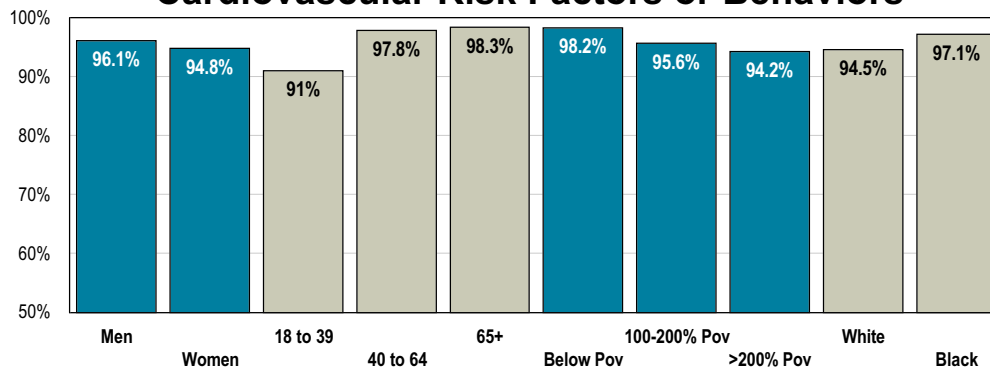


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2000 PRC National Health Survey, Professional Research Consultants

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

- Cardiovascular risk factors are highest among older adults and among those in the lower income bracket.
- Men and Black respondents have slightly higher prevalences of cardiovascular risk factors or behaviors than their respective counterparts.

## 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 Catahoula Parish.

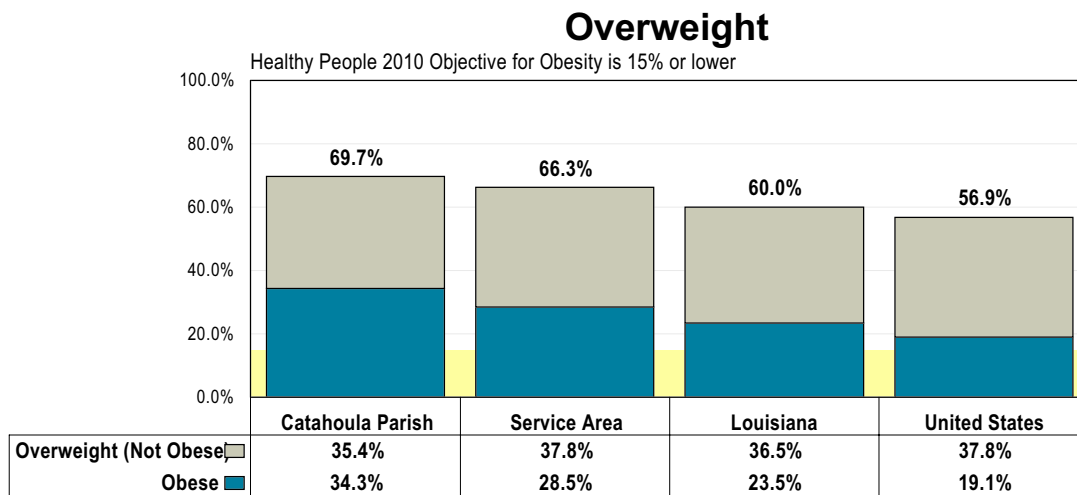
2. Includes respondents reporting any of the following: overweight, cigarette smoking, high blood pressure, high cholesterol, or physical inactivity.

## 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 ( $\text{kg}/\text{m}^2$ ). 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.

- **69.7% of Catahoula Parish adults are overweight ( $\text{BMI} \geq 25$ ), based on self-reported heights and weights.**
  - Similar to that found throughout the Rapides Foundation Service Area.
  - Significantly worse than found statewide (60.0%).
  - Significantly worse than found nationwide (56.9%).
- **34.3% of Catahoula Parish adults are obese ( $\text{BMI} \geq 30$ ).**
  - Significantly higher than found throughout the Rapides Foundation Service Area (28.5%).
  - Significantly less favorable than found statewide (23.5%).
  - Significantly worse than found nationwide (19.1%).
  - Fails to satisfy the *Healthy People 2010* target (15% or lower).



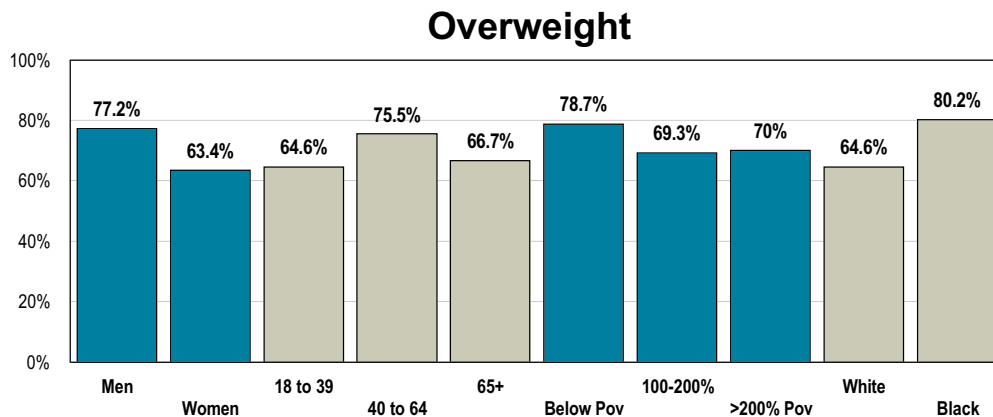
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data  
 3. 2000 PRC National Health Survey, Professional Research Consultants  
 4. Healthy People 2010, National Center for Health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

Notes: 1. The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.  
 2. Asked of all respondents.



Overweight prevalence is higher in Catahoula Parish among:

- Men.
- Middle-aged adults (40 to 64 years old).
- Respondents living in the lowest income category.
- Black respondents.

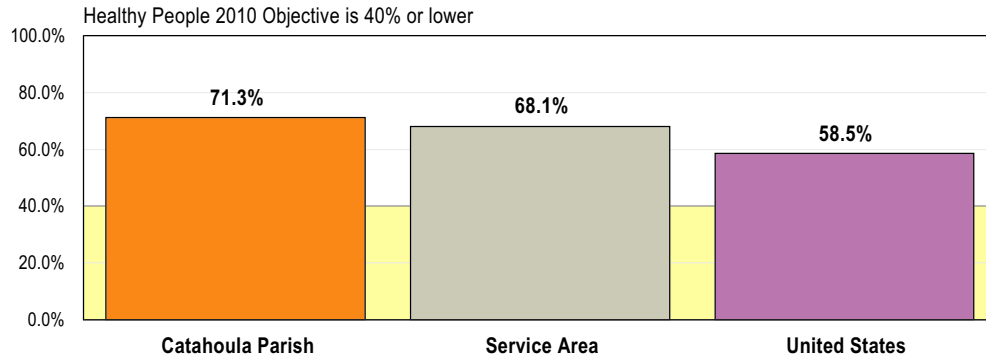


Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender.  
2. Asked of all respondents.

- **71.3% of Catahoula Parish adults are of an unhealthy weight (including overweight and the small percentage of adults who are underweight).**
  - Similar to the Rapides Foundation Service Area proportion.
  - Significantly worse than found nationwide (58.5%).
  - Far from reaching the *Healthy People 2010* target (40% or lower).

## 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.

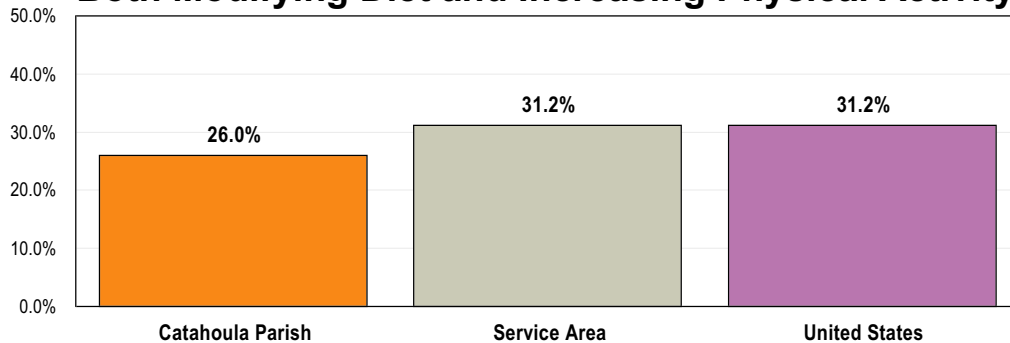
2. Asked of all respondents.

## Weight Control

Among surveyed adults who are overweight:

- **26.0% of surveyed adults who are overweight are using a combined regimen of diet and exercise as a means to lose weight.**
  - Lower than Rapides Foundation Service Area and national findings (31.2% for each).

## 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.

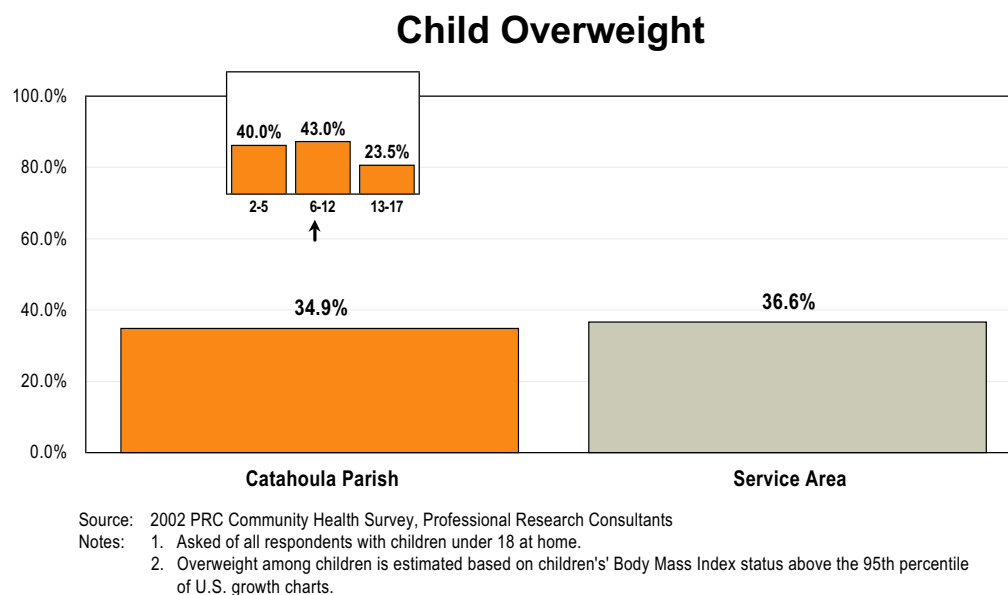
2. State data not available.

## Overweight Children

Survey respondents were also asked to report heights and weights of children aged two or older in their households. From this information, a BMI was calculated for each child and

compared against overweight thresholds (based on status above the 95 percentile of U.S. growth charts for the child's age).

- **34.9% of Catahoula Parish children between the ages of 2 and 17 are overweight.**
- Overweight prevalence is noted particularly among children aged 2 to 5 years and 6 to 12 years.
  - Similar to that found throughout the Rapides Foundation Service Area.



## Nutrition

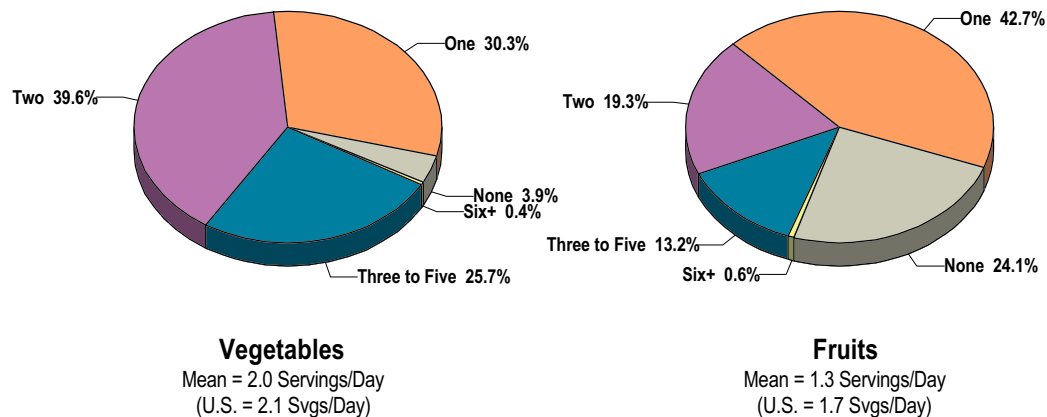
Diet is a key component of good health. In fact, dietary habits have been linked to five of the 10 leading causes of death in the United States, including coronary heart disease, some types of cancer (colorectal, breast and prostate), stroke, noninsulin-dependent diabetes mellitus and atherosclerosis. 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 Catahoula Parish report eating an average of 2.0 servings of vegetables per day and an average of 1.3 servings of fruits per day.

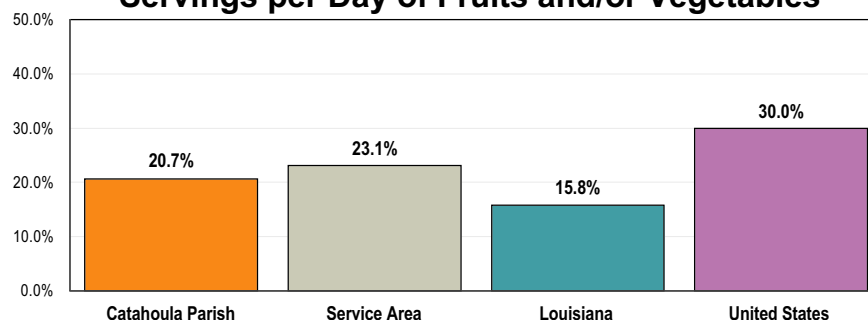
### Self-Reported Daily Servings of Fruits and Vegetables



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 20.7% of Catahoula Parish adults eat the recommended five or more servings per day of fruits and/or vegetables.
  - Similar to that found throughout the Rapides Foundation Service Area.
  - Significantly better than found statewide (15.8%).
  - Significantly worse than found nationwide (30.0%).

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

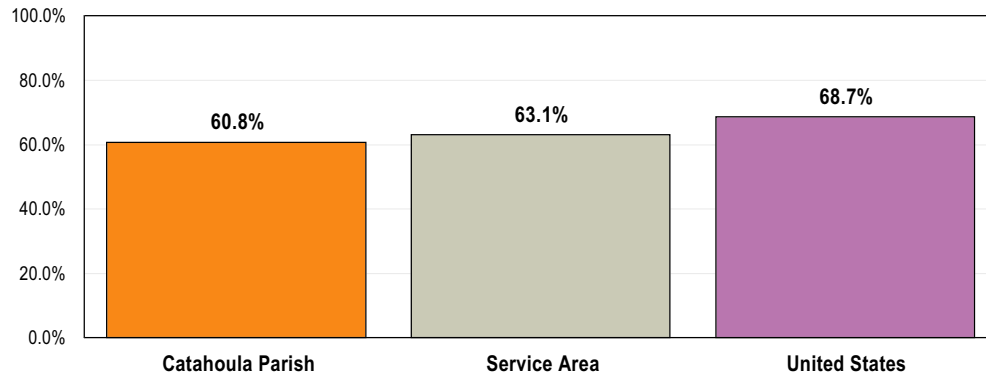


Source: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data  
3. 2000 PRC National Health Survey, Professional Research Consultants  
Note: Asked of all respondents.

## Use of Food Labels

- **60.8% of Catahoula Parish adults report reading food labels when shopping for groceries in order to make more nutritious food selections.**
  - Similar to Rapides Foundation Service Area findings.
  - Significantly less favorable than that found nationwide (68.7%).

### Use Labels to Make Nutritious Food Selections

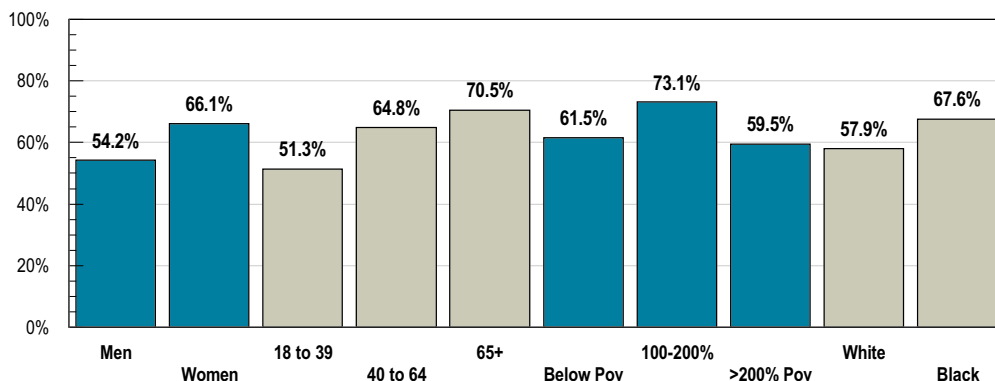


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. 2000 PRC National Health Survey, Professional Research Consultants  
 Notes: 1. Asked of all respondents.  
 2. State data not available.

Use of food labels is notably higher among:

- Women.
- Older adults.
- Middle-income respondents.
- Black respondents.

### Use Labels to Make Nutritious Food Selections

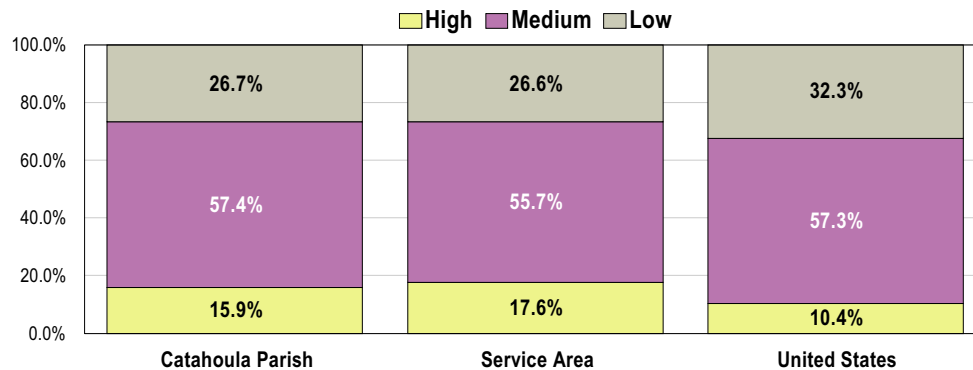


Source: 2002 PRC Community Health Survey, Professional Research Consultants  
 Notes: 1. Demographic breakouts are among findings in Catahoula Parish.  
 2. Asked of all respondents.

## Dietary Fat Content

- **15.9% of Catahoula 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

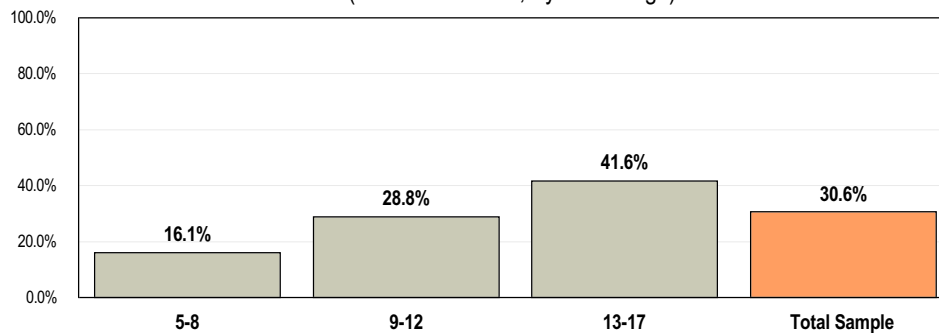


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. 2000 PRC National Community Health Survey, Professional Research Consultants  
 Note: Asked of all respondents.

## Children & Fast Food

- **30.6% of Catahoula Parish parents report that their child eats three or more of his/her meals per week from a fast-food restaurant.**
- Frequent fast food meals are more common among older children, especially teens.

### Child Eats Three or More Fast Food Meals per Week (Catahoula 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\*

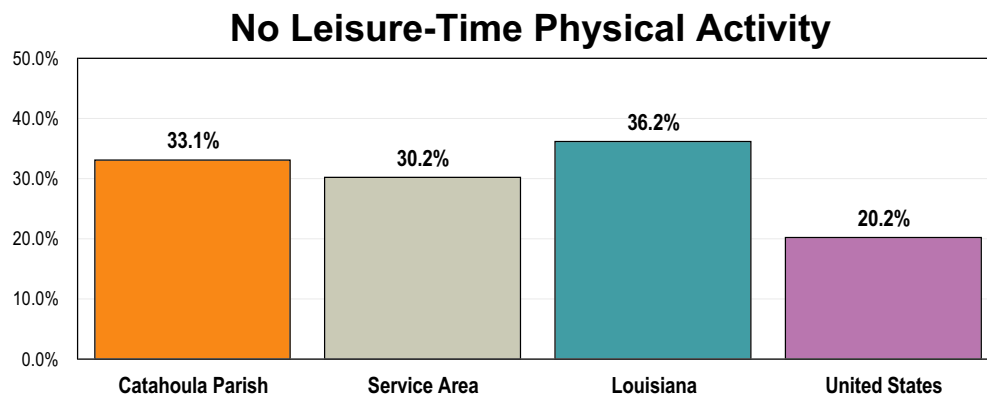
“We need education on what is good nutrition. A lot of our diabetes problem is that we don’t eat the right foods; we don’t know what good nutrition really is all about.”

### 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

- **33.1% of Catahoula Parish adults have not participated in any type of physical activity outside work during the past month.**
  - Similar to Rapides Foundation Service Area and statewide findings.
  - Significantly worse than found nationwide (20.2%).

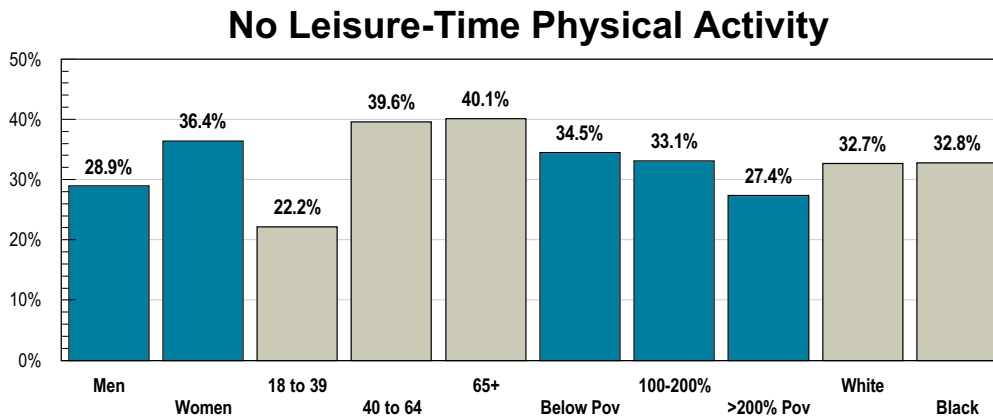


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2000 PRC National Health Survey, Professional Research Consultants  
3. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data  
Note: Asked of all respondents.

\* 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.

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

- Persons living at lower and middle income levels.
- Adults aged 40 and older.
- Women.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

2. Asked of all respondents.

### *Light/Moderate Physical Activity*

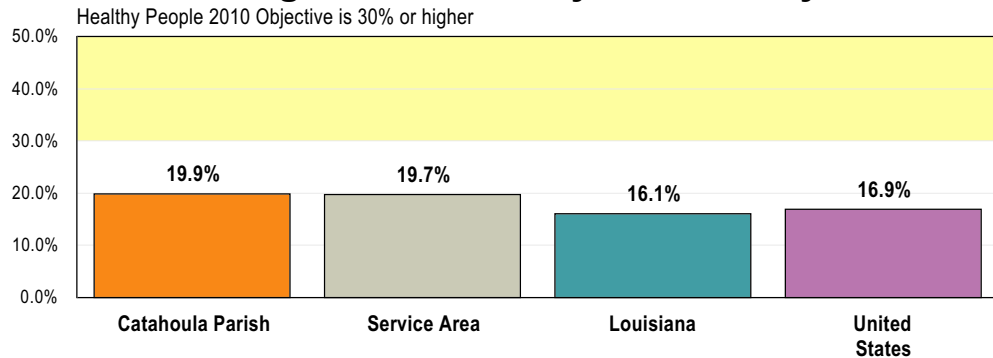
“Light/moderate” physical activity is defined as activities that cause only light sweating or a slight to moderate increase in breathing or heart rate.

- **19.9% of Catahoula 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 the Rapides Foundation Service Area.
  - Similar to statewide and national findings.



- Fails to satisfy the *Healthy People 2010* target (30% or higher).

## Light/Moderate Physical Activity



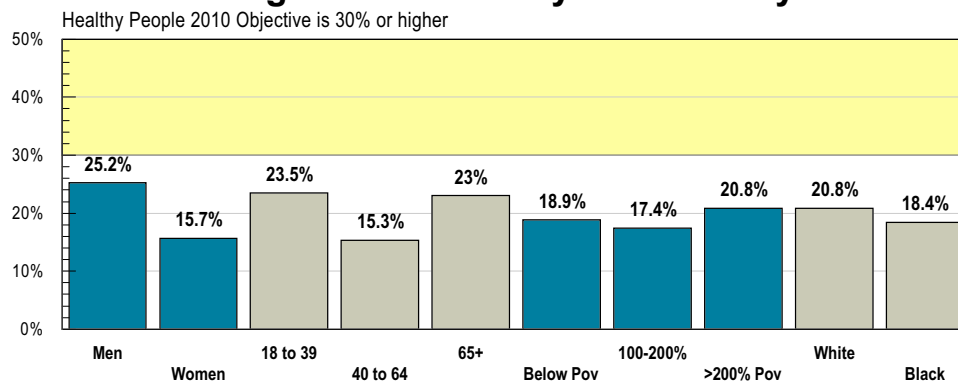
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1998 Louisiana Data  
 3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service  
 4. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of all respondents.  
 2. Takes part in "light/moderate physical activity" (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time.  
 3. The Healthy People 2010 goal is to increase to at least 30% the proportion of people who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes per day.

Moderate physical activity is lowest among:

- Middle-aged adults.
- Persons living in the lowest and middle-income categories.
- Women.
- Black respondents.

## Light/Moderate Physical Activity



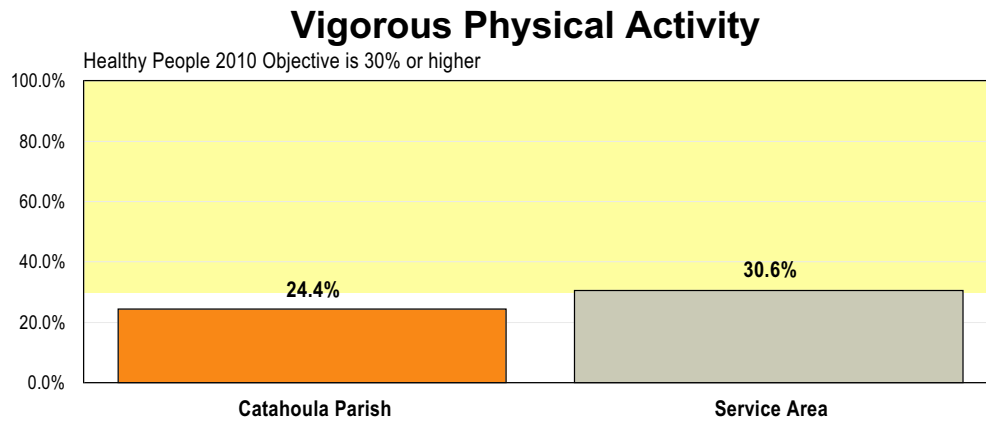
Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Asked of all respondents.  
 2. Takes part in "light/moderate physical activity" (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time.  
 3. The Healthy People 2010 goal is to increase to at least 30% the proportion of people who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes per day.

## Vigorous Physical Activity

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

- **24.4% of Catahoula Parish adults report taking part in vigorous physical activity at least three times a week for at least 20 minutes at a time.**
  - Significantly lower than found throughout the 11-parish Rapides Foundation Service Area.
  - Does not satisfy the *Healthy People 2010* target (30% or higher).



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.

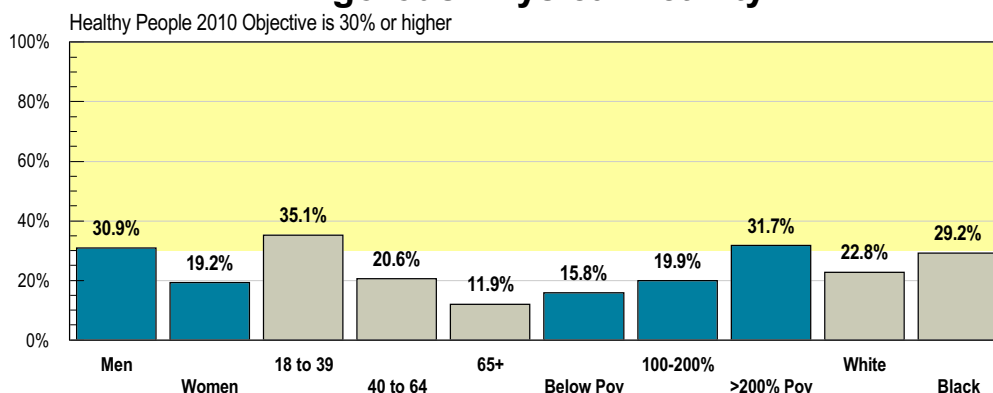
3. The Healthy People 2010 goal is to increase to at least 30% the proportion of people who engage regularly, preferably 3 times or more weekly, in vigorous physical activity for at least 20 minutes per exercise session.

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

Vigorous physical activity levels are lowest among:

- Those aged 65 or older.
- Low-income adults.
- Women.
- White respondents.

## Vigorous Physical Activity



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

2. Asked of all respondents.

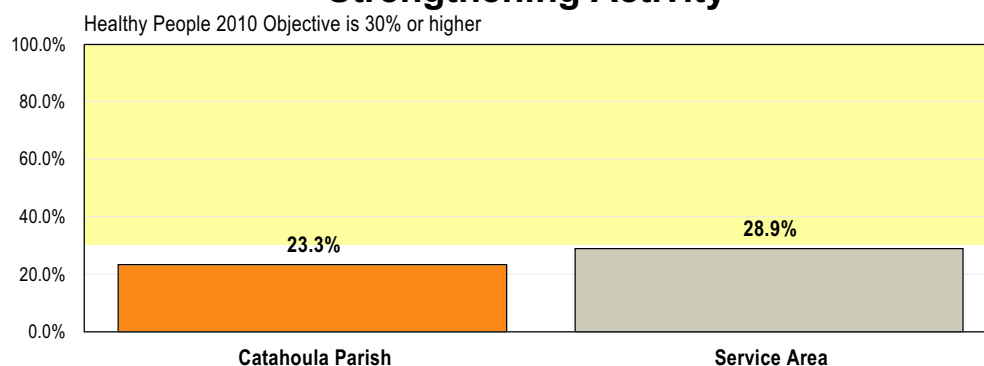
3. Takes part in "vigorous physical activity" (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

## Strengthening Activity

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

- **23.3% of Catahoula Parish adults report taking part in strengthening activities at least twice a week.**
  - Significantly lower than Rapides Foundation Service Area findings (28.9%).
  - Falls short of satisfying the *Healthy People 2010* target (30% or higher).

## Strengthening 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.

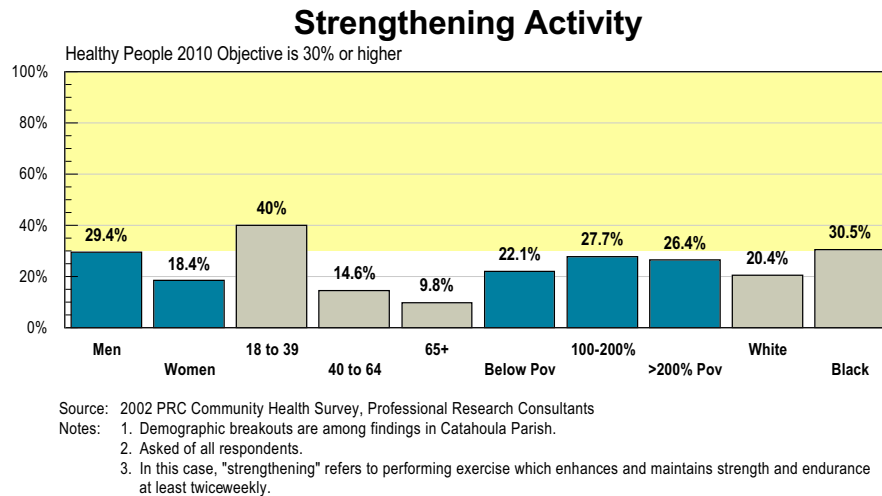
2. In this case, "strengthening activity" refers to performing any activity which enhances and maintains strength and endurance at least twice a week.

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:

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

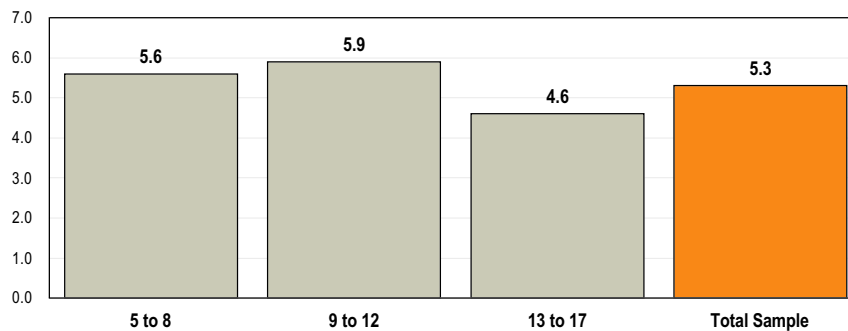


## Physical Activity in Children

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

- The highest average days of physical activity is found among children aged 9 to 12 (5.9) and among those aged 5 to 8 (5.6).

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

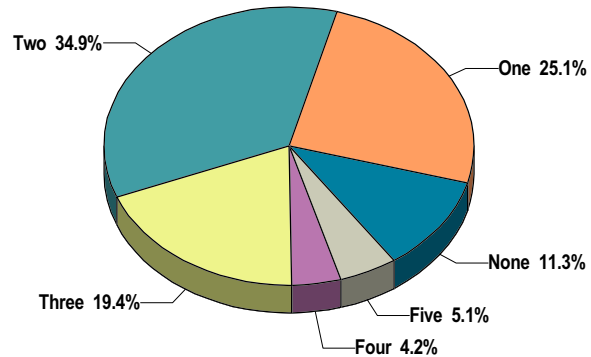


Source: 2002 PRC Community Health Survey, Professional Research Consultants  
 Notes: 1. Asked of all respondents with children under 18 at home.  
 2. In this case, the term "physical activity" refers to exercise that causes the child to sweat or breathe hard.

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.

- **54.3% of Catahoula Parish parents report that their child watches television an average of two to three hours on a typical school day.**
- **9.3% of Catahoula Parish parents report that their child watches television an average of four or more hours on a typical school day.**

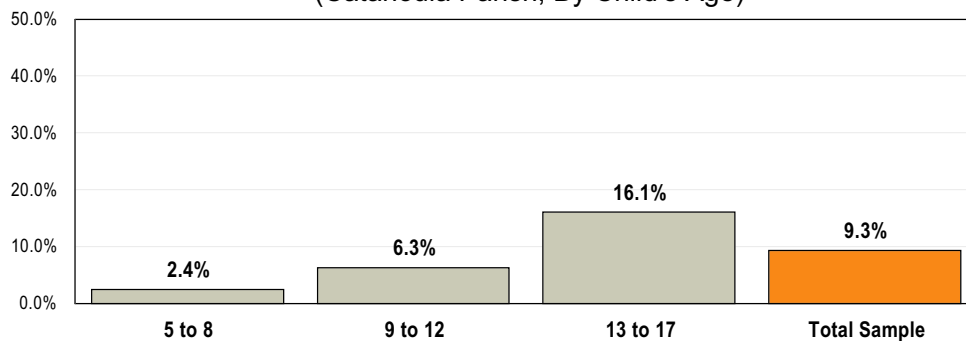
### Hours Child Watches Television on a Typical School Day



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

- Teenagers (13 to 17 years old) appear to spend the greatest amount of time in front of the television on a typical school day.

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

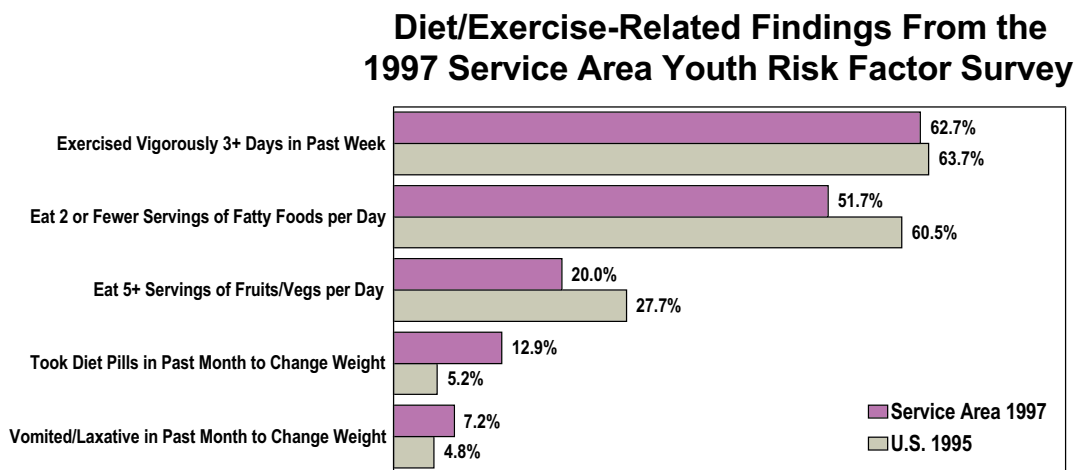


Source: 2002 PRC Community Health Survey, Professional Research Consultants  
Note: Asked of all respondents with children under 18 at home.

## Adolescent Nutrition & Exercise

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

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



Source: Tulane School of Public Health and Tropical Medicine.

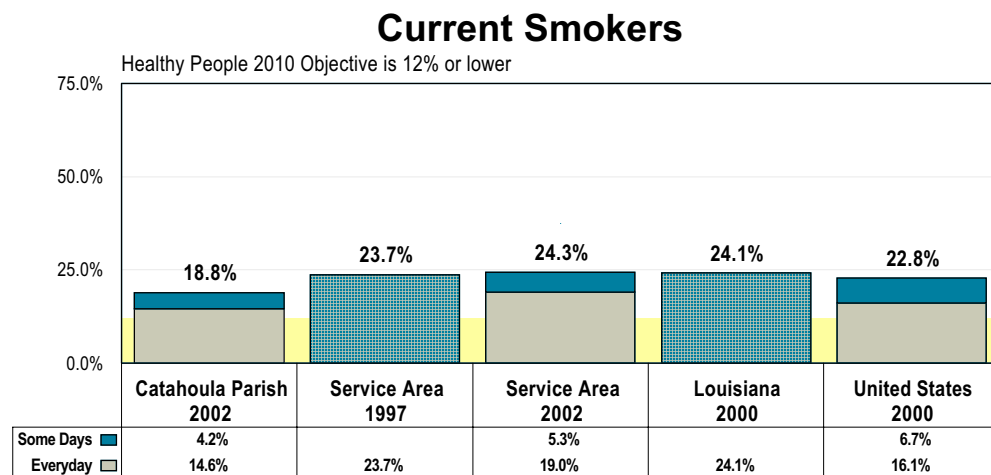
## Tobacco Use

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

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

### Cigarette Smoking Prevalence

- **18.8% of Catahoula Parish adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).**
  - Significantly more favorable than service area (24.3%) and statewide (24.1%) prevalence levels.
  - Statistically similar to national findings.
  - Far from reaching the *Healthy People 2010* target (12% or lower).



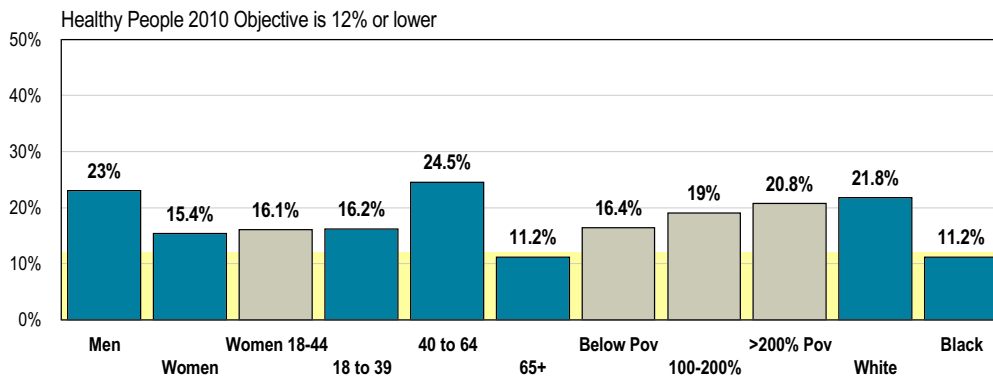
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data  
 3. 2000 PRC National Health Survey, Professional Research Consultants  
 4. Healthy People 2010, National Center for Health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

- Middle-aged adults.
- Men.
- White respondents.
- Smoking prevalence increases with income.
- Smoking is also prevalent 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.

### Current Smokers



Source: 2002 PRC Community Health Survey, Professional Research Consultants

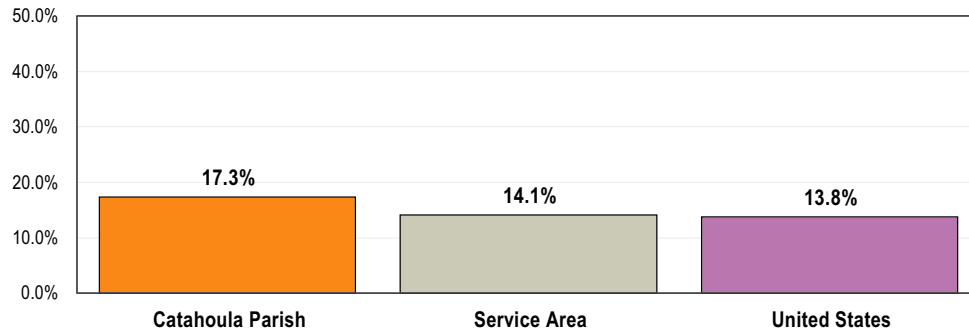
- Notes:
1. Includes those who smoke everyday or on some days.
  2. Demographic breakouts are among findings in the Catahoula Parish.
  3. Asked of all respondents.



## Number of Cigarettes Smoked per Day

- **17.3% of smokers report smoking more than one pack per day.**
  - Similar to Rapides Foundation Service Area and national findings.

### Smoke More Than 1 Pack of Cigarettes Per Day

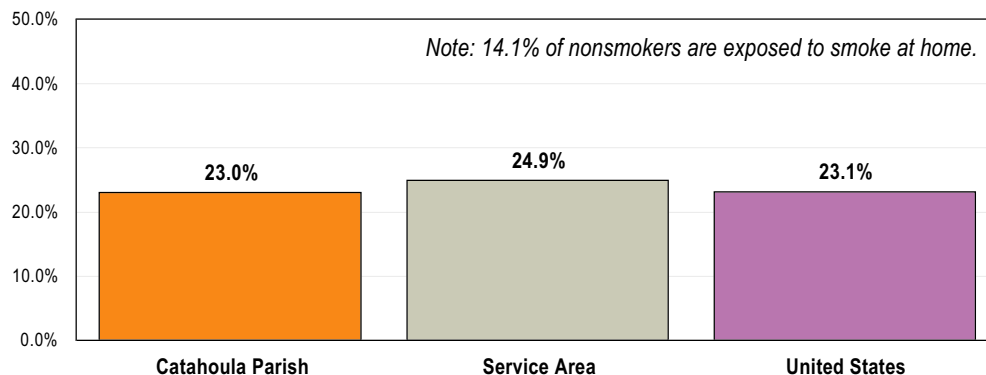


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2000 PRC National Health Survey, Professional Research Consultants  
Notes: 1. Asked of all smokers.  
2. One pack of cigarettes is equal to 20 cigarettes.

## Exposure to Second-Hand Smoke

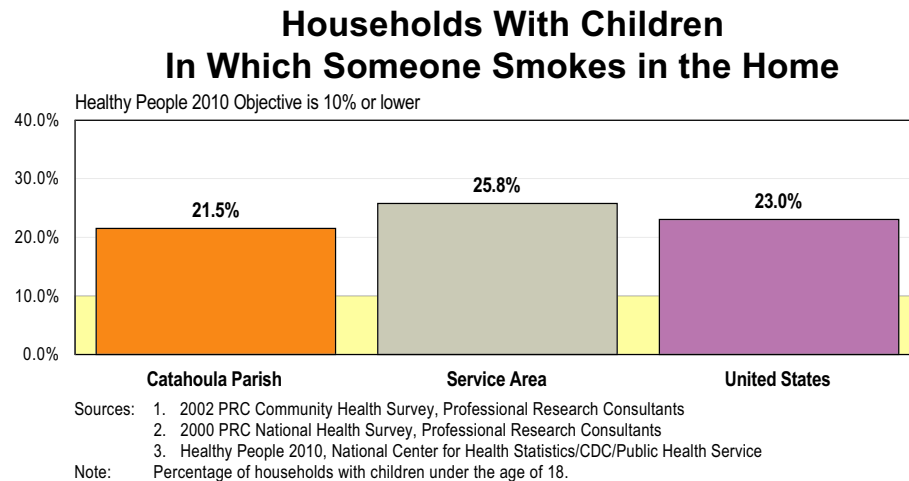
- **23.0% of Catahoula Parish adults report that a member of their household smokes at home on three or more days per week.**
  - Similar to Rapides Foundation Service Area and national findings.
- **14.1% of nonsmokers live with someone who smokes in the home.**

### Member of Household Smokes at Home



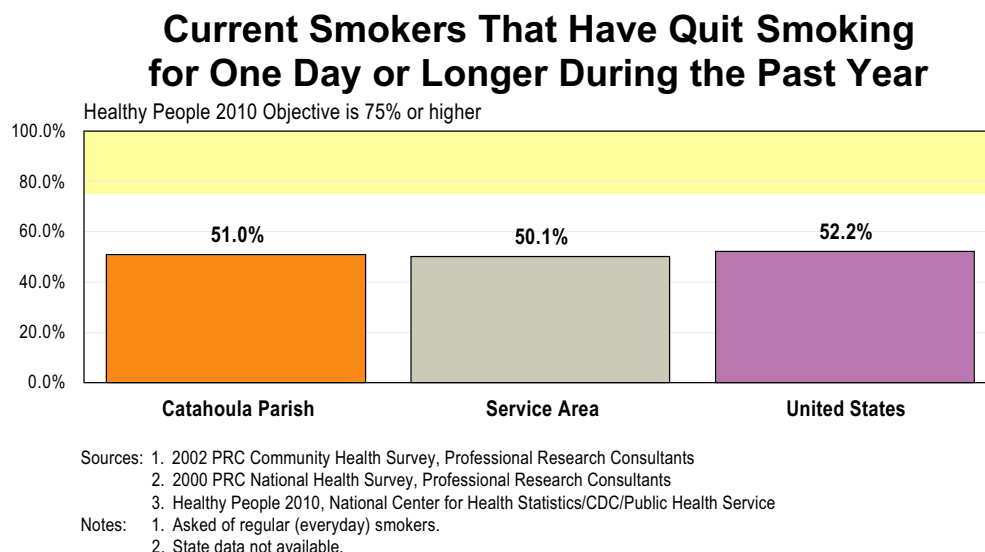
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2000 PRC National Health Survey, Professional Research Consultants  
Notes: 1. Asked of all respondents.  
2. State data not available.  
3. "Smokes at home" refers to a someone smoking in the home at least 3 times per week in the past 30 days.

- **21.5% of Catahoula Parish households with children have someone who smokes in the home three or more days per week.**
  - Similar to Rapides Foundation Service Area and national findings.
  - Fails to satisfy the *Healthy People 2010* target (10% or lower).



### Smoking Cessation Attempts

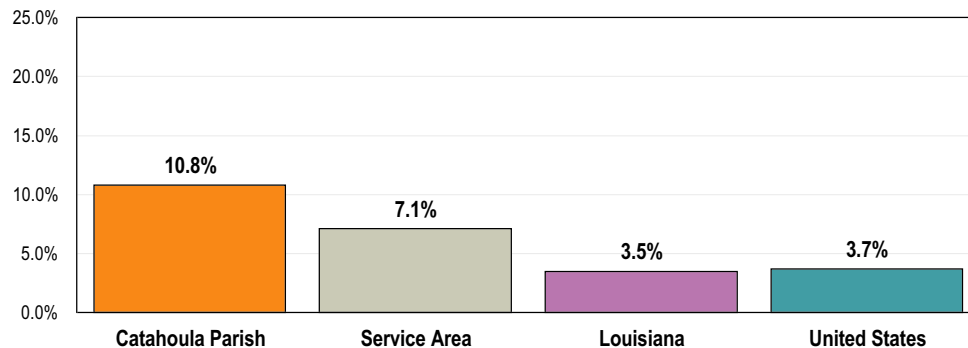
- **51.0% of Catahoula Parish adults who currently smoke every day report that they have stopped smoking for one day or longer in the past year in an effort to quit smoking altogether.**
  - Statistically similar to that found among smokers throughout the 11-parish Rapides Foundation Service Area and nationwide.
  - Far from reaching the *Healthy People 2010* target (75% or higher).



## Smokeless Tobacco

- **10.8% of Catahoula Parish adults report using smokeless tobacco, such as chewing tobacco or snuff.**
  - Significantly less favorable than Rapides Foundation Service Area (7.1%), Louisiana (3.5%) and national (3.7%) findings.

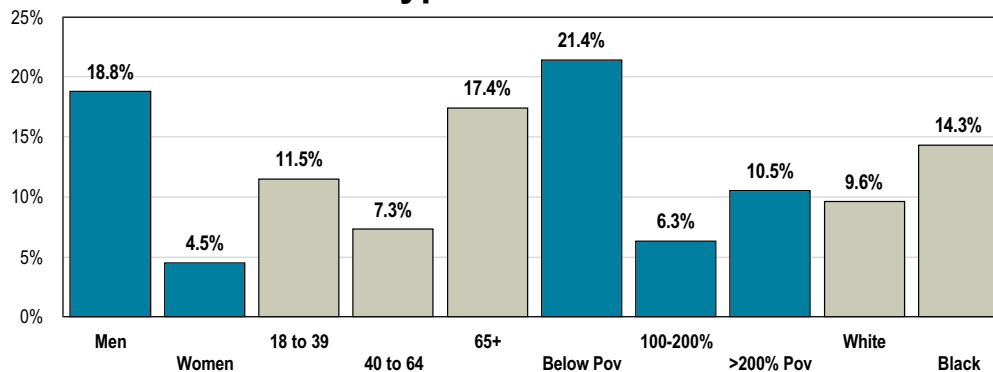
### Use Some Type of Smokeless Tobacco



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

- **21.4% of Catahoula Parish adults living below the poverty level, 18.8% of men, and 17.4% of adults aged 65 and older, and 14.3% of Black respondents currently use smokeless tobacco products.**

### Use Some Type of Smokeless Tobacco



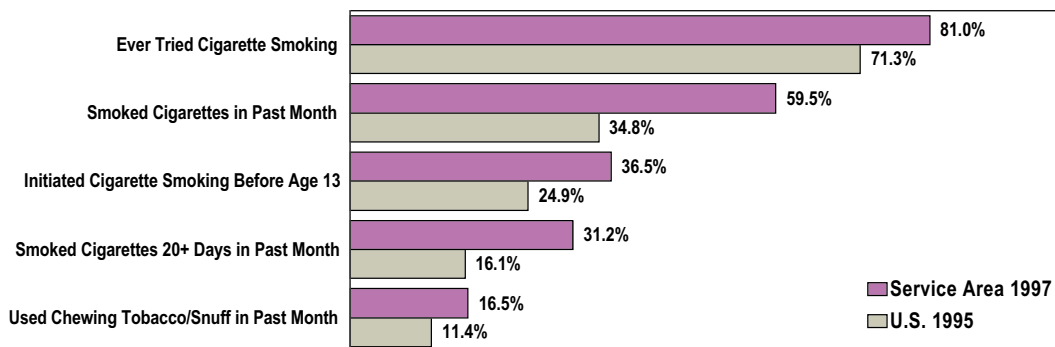
Source: 2002 PRC Community Health Survey, Professional Research Consultants  
 Notes: 1. Demographic breakouts are among findings in Catahoula Parish.  
 2. Reflects the total sample of respondents.

## 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.

## Community Health Panel Findings\*

“We see our kids starting to smoke and chew tobacco as early as middle school. I am not saying that it is increasing, but that is an ongoing problem.”

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

# Cancers

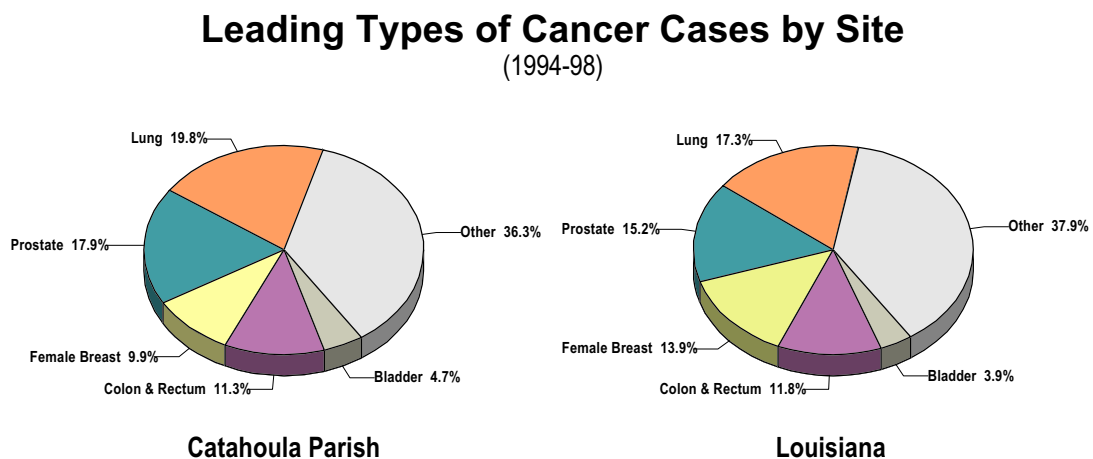
Cancer is a group of diseases characterized by uncontrolled growth and spread of abnormal cells. If the spread is not controlled, it can result in death. Cancer is caused by both external factors (tobacco, chemicals, radiation, and infectious organisms) and internal factors (inherited mutations, hormones, 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 Catahoula Parish were for:

- Lung cancer (19.8% of diagnoses)
- Prostate cancer (17.9%)
- Colorectal cancer (11.3%)
- Female breast cancer (9.9%)



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

## Community Health Panel Findings\*

“I would say the number one cancer in this parish is breast cancer, and colon cancer is probably second. We do have a program through the Department of Public Health that provides free mammograms and pap smears to women over 50 years old. Even if they have insurance but have not met their deductible, they still qualify for free. We have been successful in detecting some early stages of cancer. However, we don’t have any preventive programs to detect colon cancer.”

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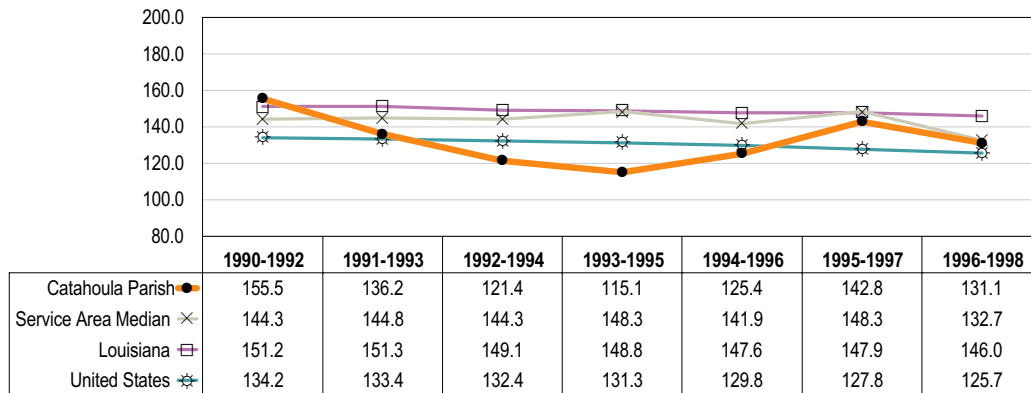
*\* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the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

## Cancer Deaths

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

### Age-Adjusted Mortality: Cancers

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



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

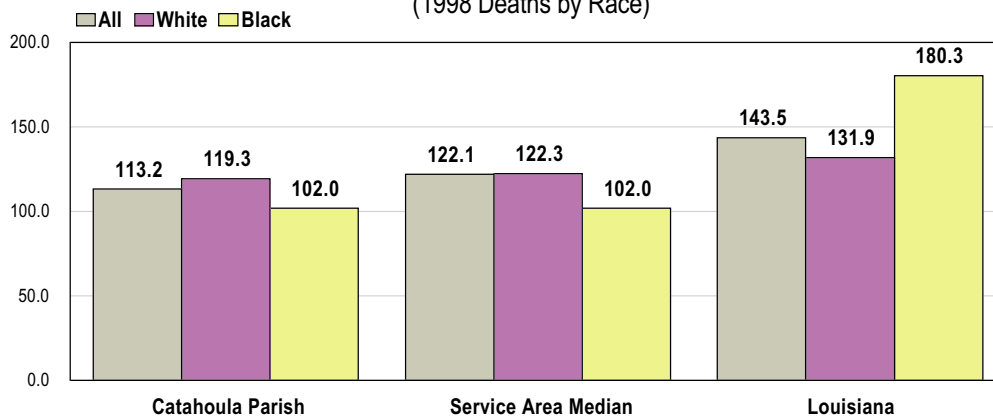
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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

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

### Age-Adjusted Mortality: Cancers

(1998 Deaths by Race)



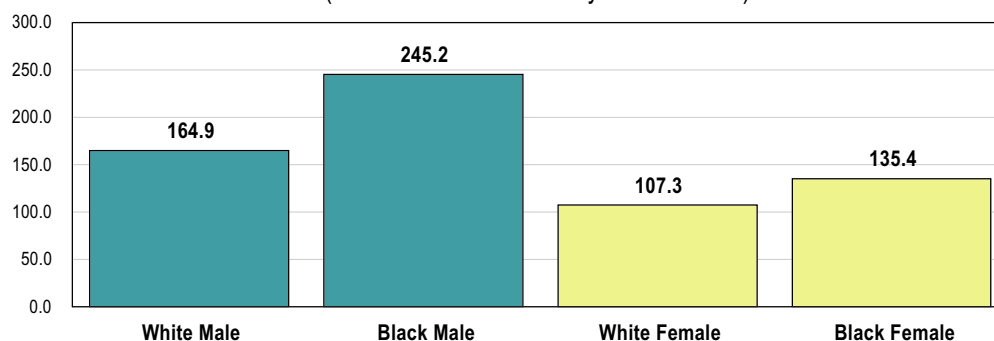
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

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

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

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



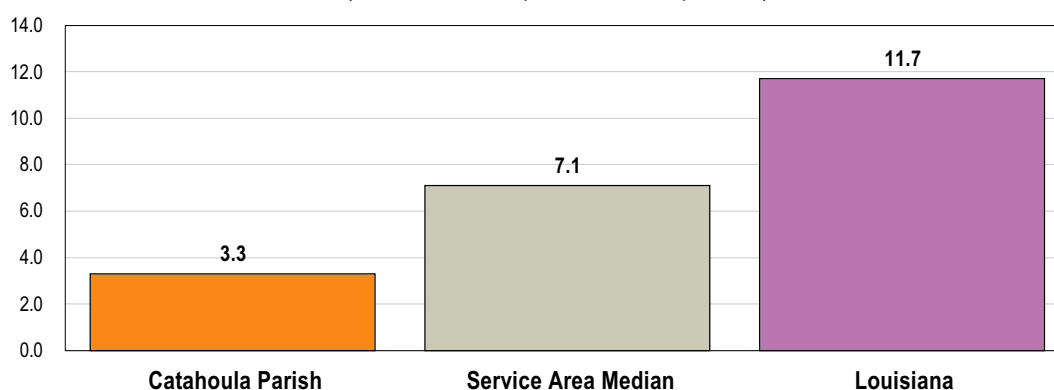
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).  
Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

## Cancer Deaths by Site

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

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

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



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

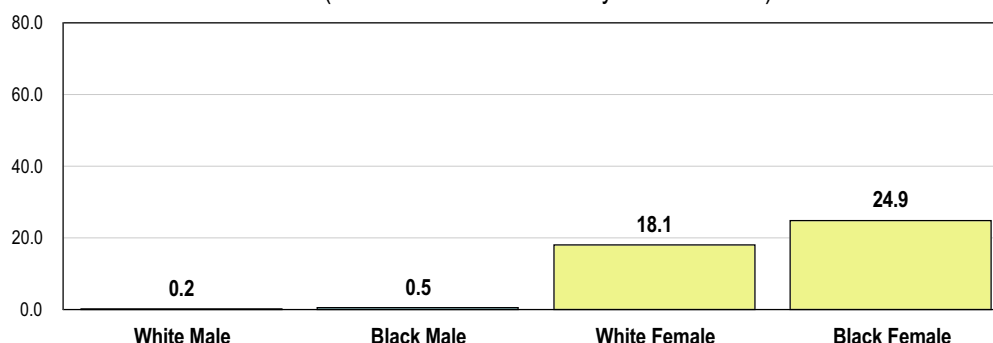
- Notes:
- Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.
  - Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).
  - Includes both male and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



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

### 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.

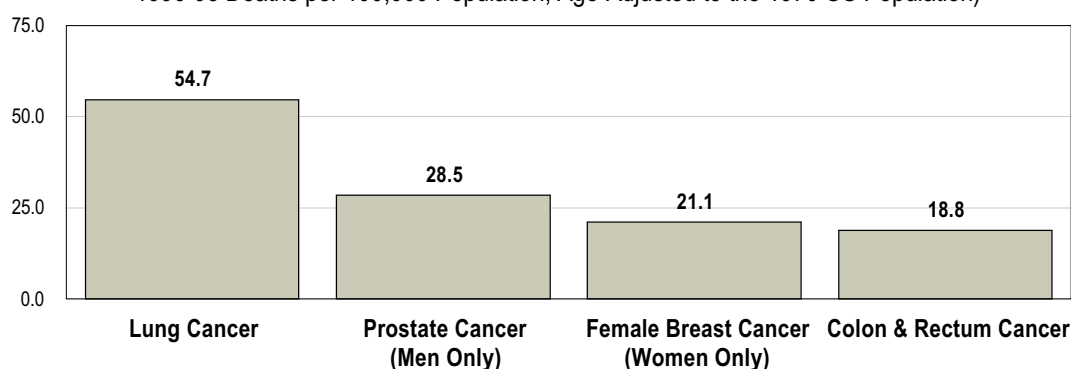
NOTE: While cancer death rates by site (other than breast cancer) are not typically tracked in state vital statistics records, some death rate data are available through the Louisiana Tumor Registry. However, these death rates use an alternative age-adjusting method (adjusted to the 1970 US Standard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



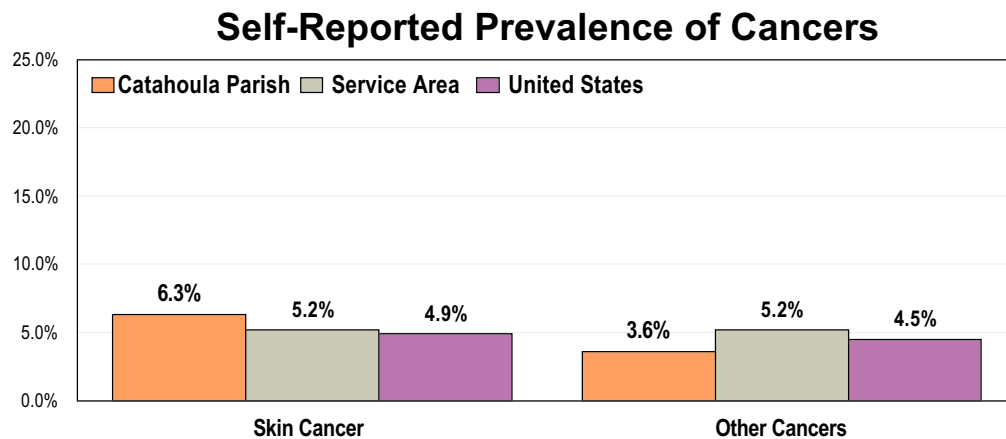
Source: Louisiana Tumor Registry, Department of Public Health & Preventive Medicine.

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:

- **6.3% of Catahoula 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.
- **3.6% of Catahoula Parish adults report that they have suffered from or been diagnosed with cancer other than skin cancer.**
  - Similar to the Rapides Foundation Service Area national prevalence levels.



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

## Cancer Risk

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

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

## Cancer Screenings

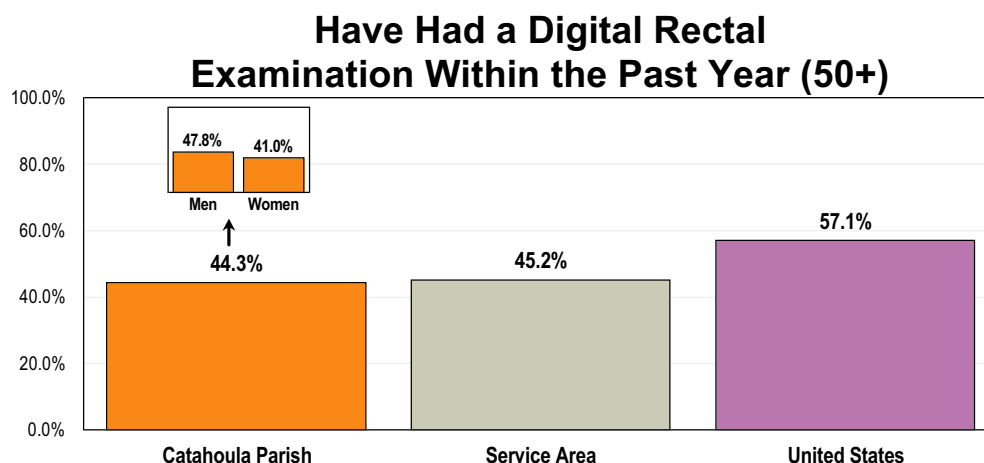
Many forms of cancer are preventable, and some, if detected and treated early, are curable. Thus, the greatest potential for reducing cancer prevalence in years to come lies in stronger prevention strategies, improved means of early detection, and wider use of screening techniques.

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

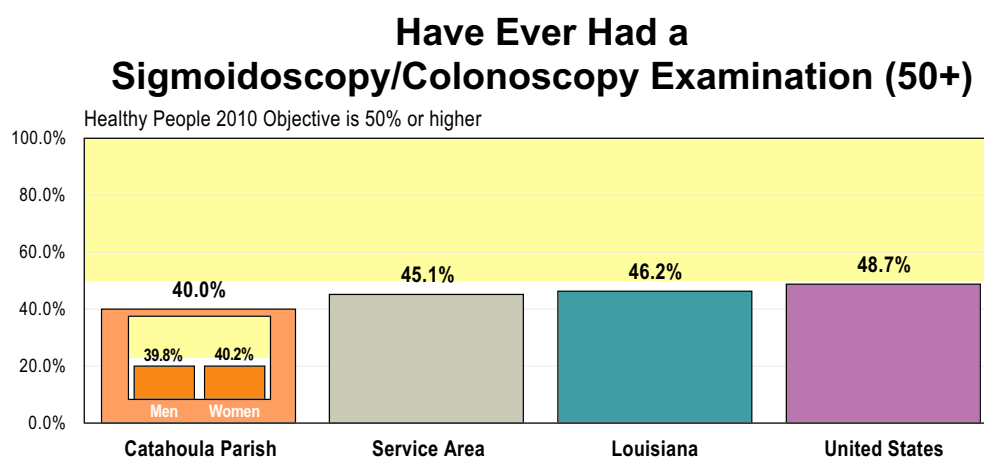


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. 2000 PRC National Health Survey, Professional Research Consultants  
 Note: Asked of all respondents aged 50 and older.

## Sigmoidoscopy/Colonoscopy

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

- **40.0% of Catahoula Parish adults aged 50 or older have ever had a sigmoidoscopy/colonoscopy examination.**
  - Similar to service area, state and national testing prevalence levels.
  - Does not satisfy the *Healthy People 2010* target (50% or higher).

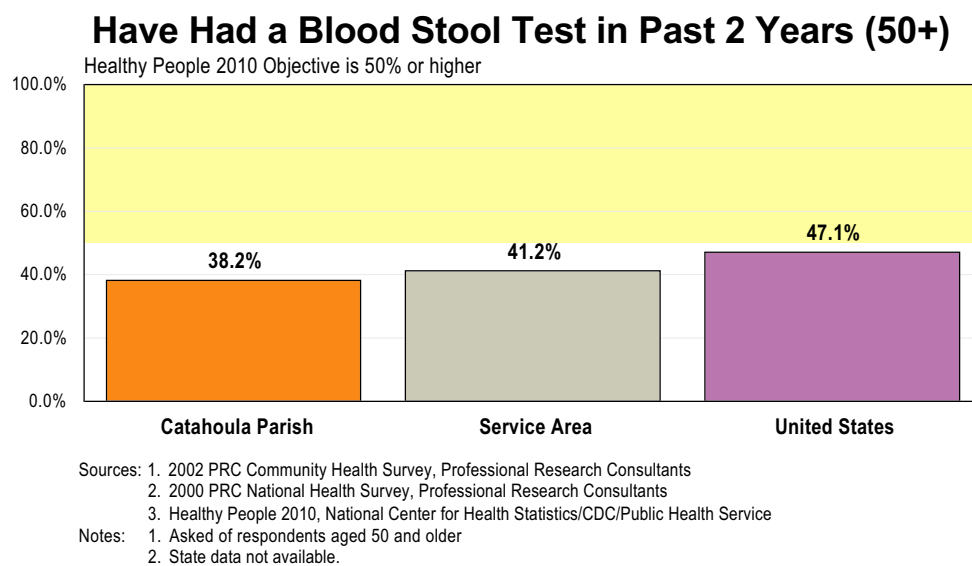


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data  
 3. 2000 PRC National Health Survey, Professional Research Consultants  
 4. Healthy People 2010, National Center for Health 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 using a home testing kit.

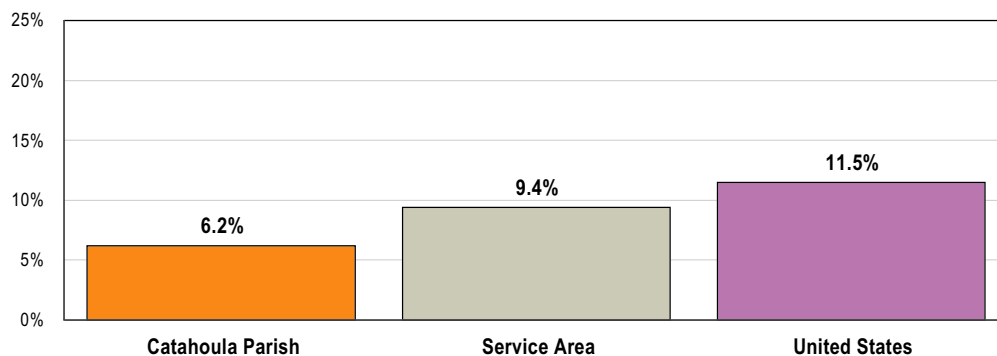
- **38.2% of Catahoula Parish adults aged 50 or older have had a blood stool test in the past two years.**
  - Similar to Rapides Foundation Service Area and national findings among adults in this age group.
  - Falls short of the *Healthy People 2010* target (50% or higher).



## Female Breast Cancer Screening

- **6.2% of Catahoula Parish women have had a mother or sister who was diagnosed with breast cancer.**
  - Similar to Rapides Foundation Service Area findings.
  - Significantly more favorable than the national average (11.5%).

## 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.

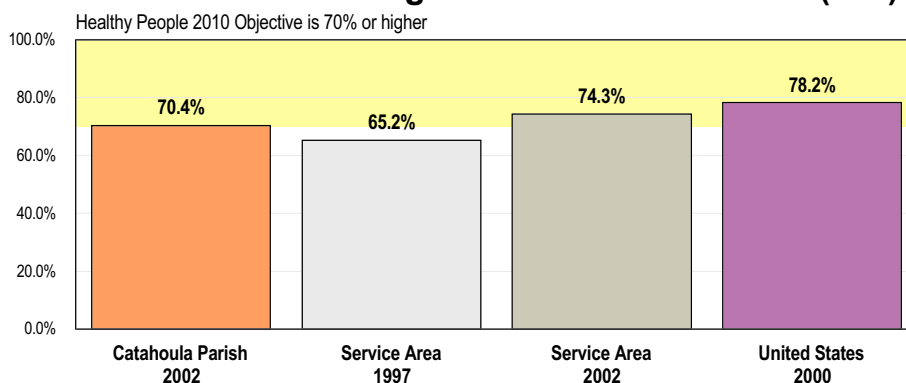
2. State data not available.

## 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.

- **70.4% of Catahoula Parish women aged 40 and older have had a mammogram in the past two years.**
  - Statistically similar to findings throughout the Rapides Foundation Service Area, and nationwide.
  - Similar to the *Healthy People 2010* target (70% or higher).

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



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

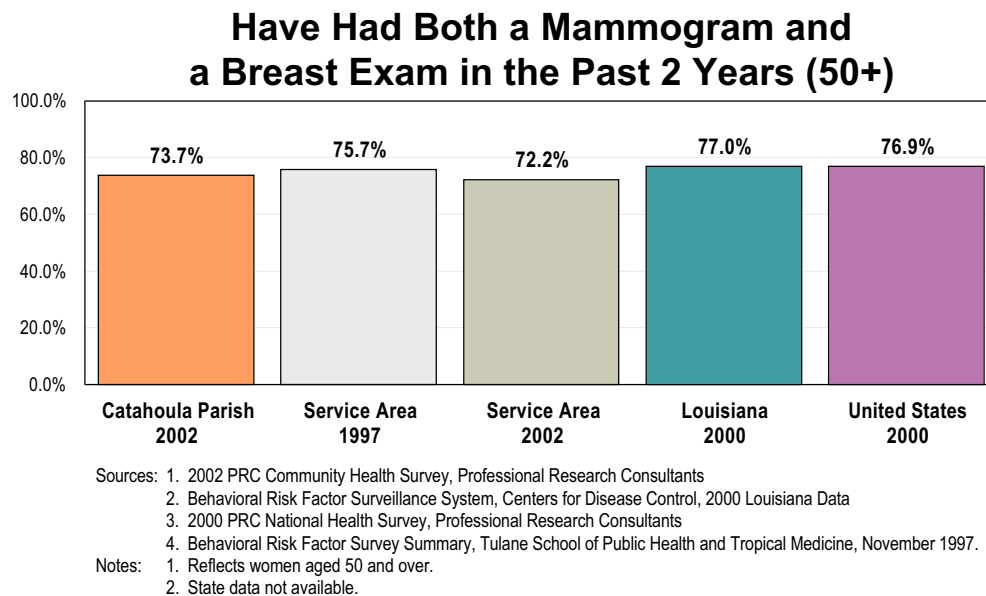
4. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.

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.

- **73.7% of Catahoula Parish women aged 50 and older have had both a mammogram and a clinical breast exam in the past two years.**
  - Similar to service area, state and national findings.

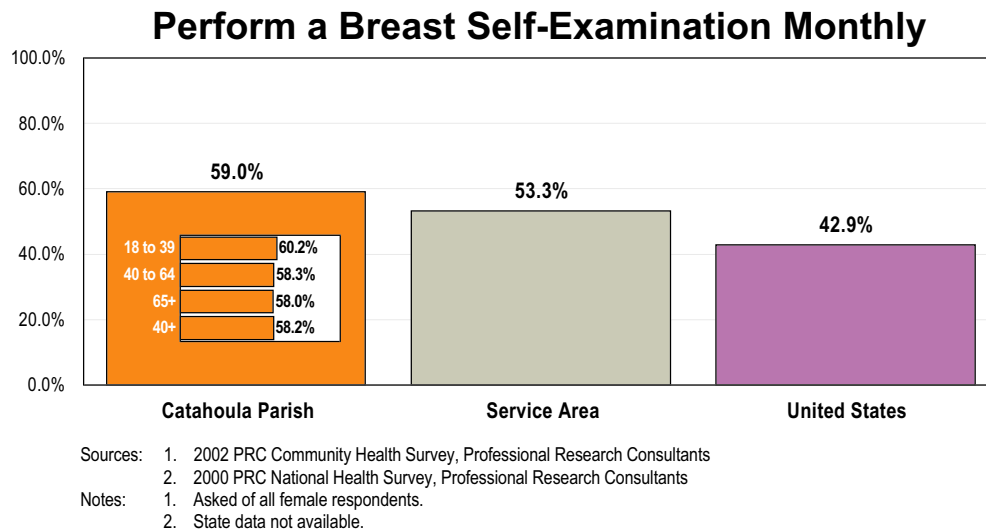


### ***Breast Self-Examination***

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

- **4.7% of Catahoula Parish women do not know how to perform a breast self-exam.**
- **59.0% of Catahoula Parish women perform a breast self-exam monthly.**
  - Similar to Rapides Foundation Service Area findings.
  - Better than found nationwide (42.9%).

- **58.2% of Catahoula Parish women aged 40 and older perform a breast self-exam monthly.**



## Cervical Cancer Screening

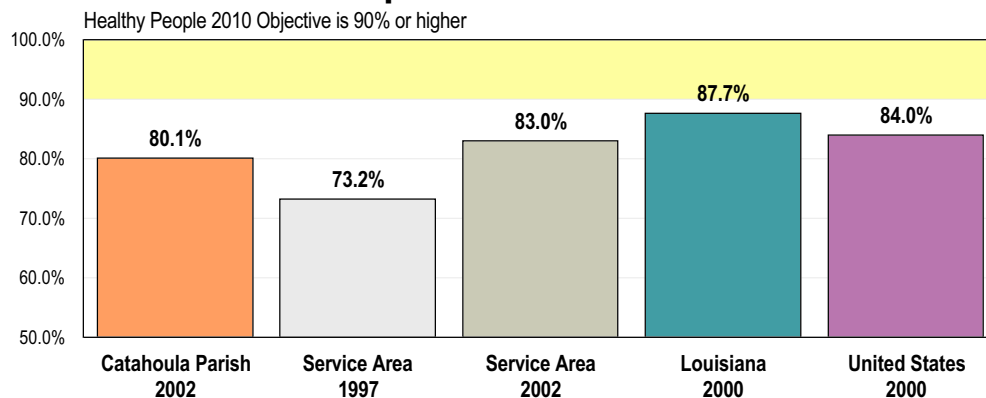
### *Pap Smear Testing*

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.

- **80.1% of Catahoula Parish women have had a Pap smear test in the past three years.**
  - Similar to Rapides Foundation Service Area findings.
  - Lower than statewide findings (87.7%).
  - Similar to national findings.
  - Fails to satisfy the *Healthy People 2010* target (90% or higher).



## Have Had a Pap Smear Within the Past 3 Years

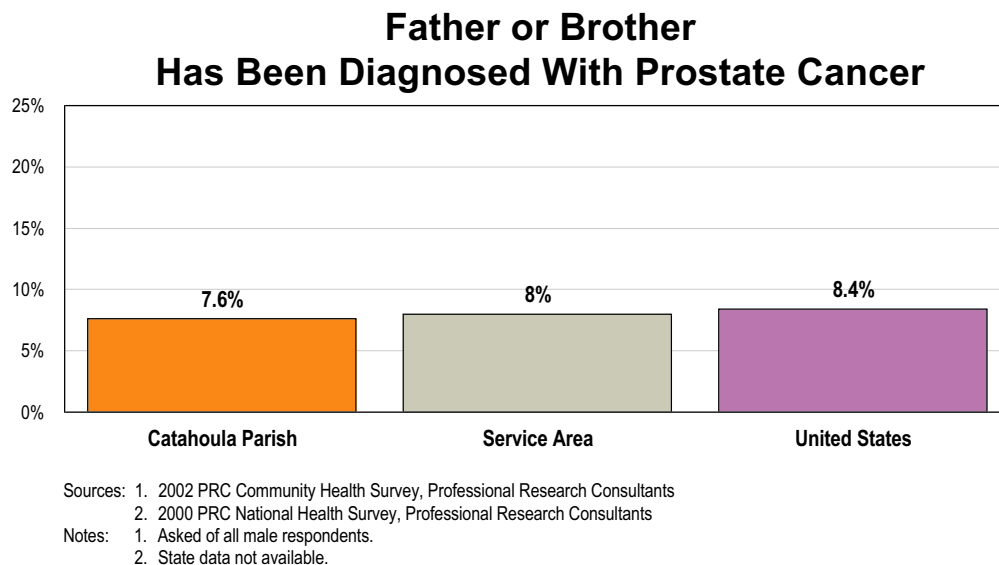


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data  
 3. 2000 PRC National Health Survey, Professional Research Consultants  
 4. Healthy People 2010, National Center for Health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

- **7.6% of Catahoula Parish men have a father or brother who has been diagnosed with prostate cancer.**
  - Similar to Rapides Foundation Service Area and national findings.



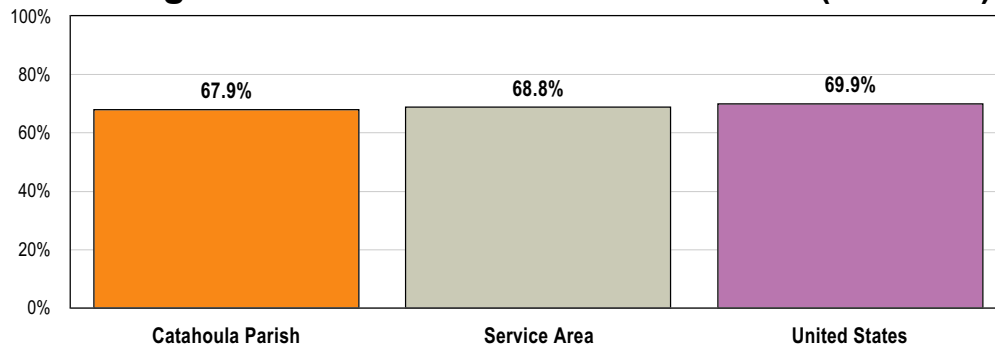
## *Prostate-Specific Antigen & Digital Rectal Examination*

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

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

- **67.9% of Catahoula Parish men and 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.

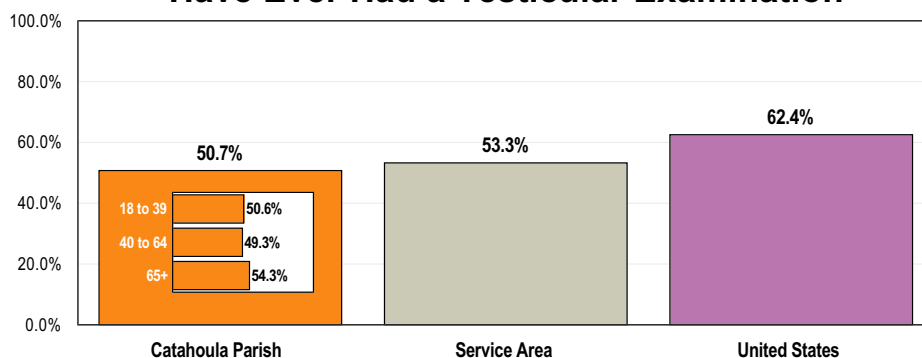
## Testicular Cancer

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

### Clinical Testicular Examination

- **50.7% of Catahoula Parish men have ever had a testicular examination by a physician.**
  - Similar to that found throughout the Rapides Foundation Service Area.
  - Lower than found nationwide (62.4%).
  - 50.6% of Catahoula 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).

## Have Ever Had a Testicular Examination

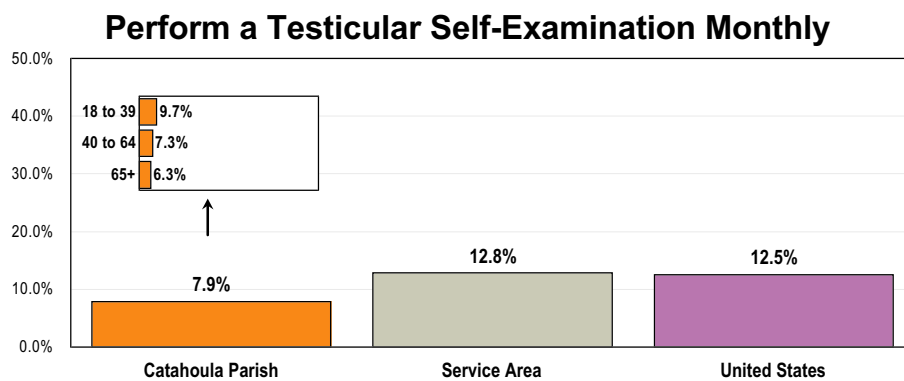


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. 2000 PRC National Health Survey, Professional Research Consultants  
 Notes: 1. Asked of all male respondents.  
 2. State data not available.

## ***Testicular Self-Examination***

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

- **Only 7.9% of Catahoula Parish men perform a testicular self-examination monthly.**
  - Lower than the service area average (12.8%).
  - Similar to national findings.
  - 9.7% of Catahoula Parish men between the ages of 18 and 39 perform a testicular self-examination monthly.



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

# Respiratory Diseases

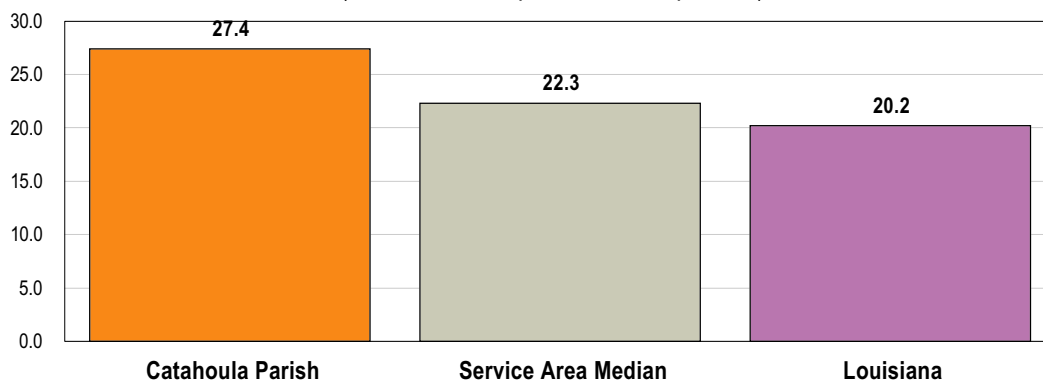
Respiratory diseases include a variety of diseases that can impact the lung and respiratory system, such as chronic obstructive pulmonary disease (which includes emphysema and chronic bronchitis), asthma, influenza and pneumonia.

## Chronic Obstructive Pulmonary Disease Deaths

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

- The 1996-98 age-adjusted COPD death rate in Catahoula Parish is higher than the median rate for the 11-parish area, and also is higher than 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).

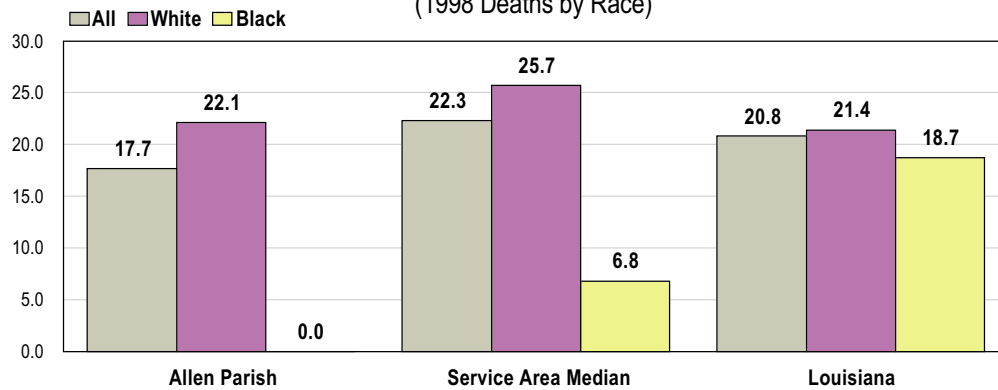
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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

## Age-Adjusted Mortality: COPD

(1998 Deaths by Race)



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

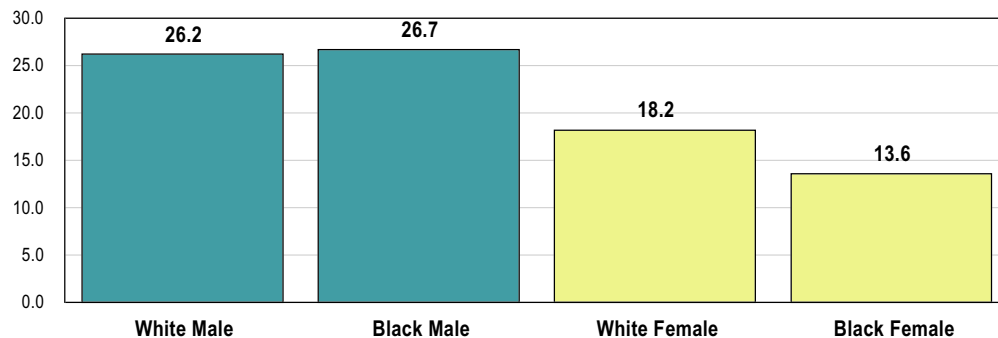
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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

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

## Age-Adjusted Mortality: COPD

(1998 Louisiana Deaths by Race/Gender)



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

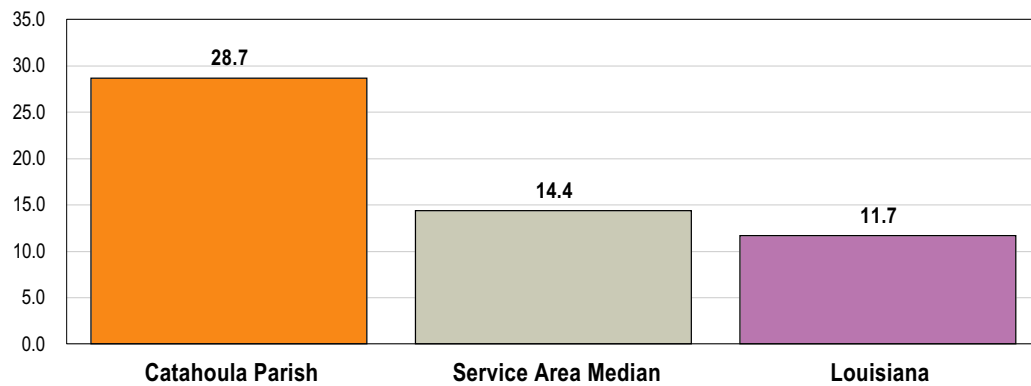
Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

## Pneumonia/Influenza Deaths

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

### Age-Adjusted Mortality: Pneumonia/Influenza

(1996-98 Deaths per 100,000 Population)



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

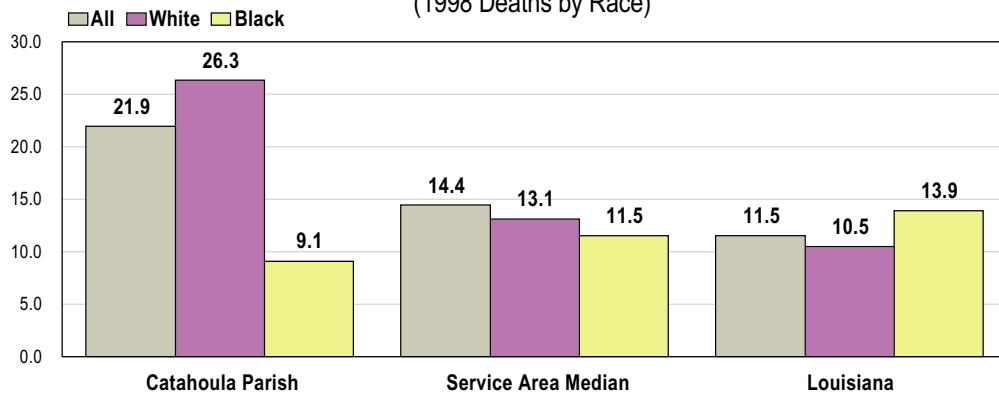
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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

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

### Age-Adjusted Mortality: Pneumonia/Influenza

(1998 Deaths by Race)

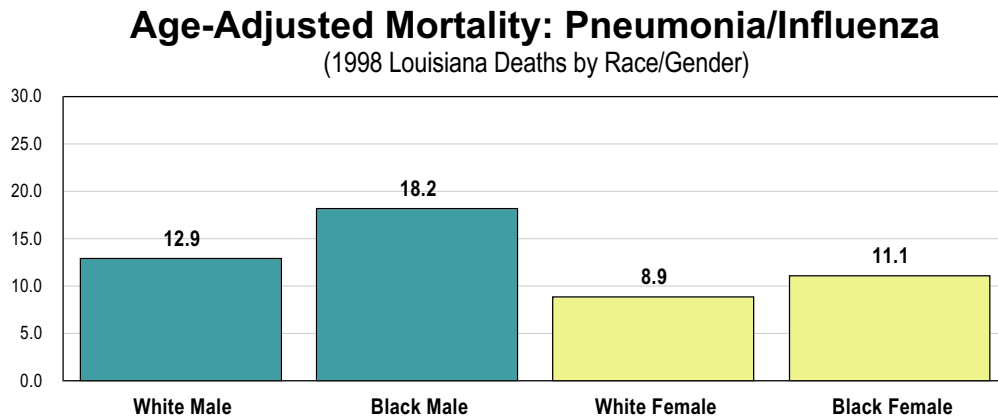


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

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

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



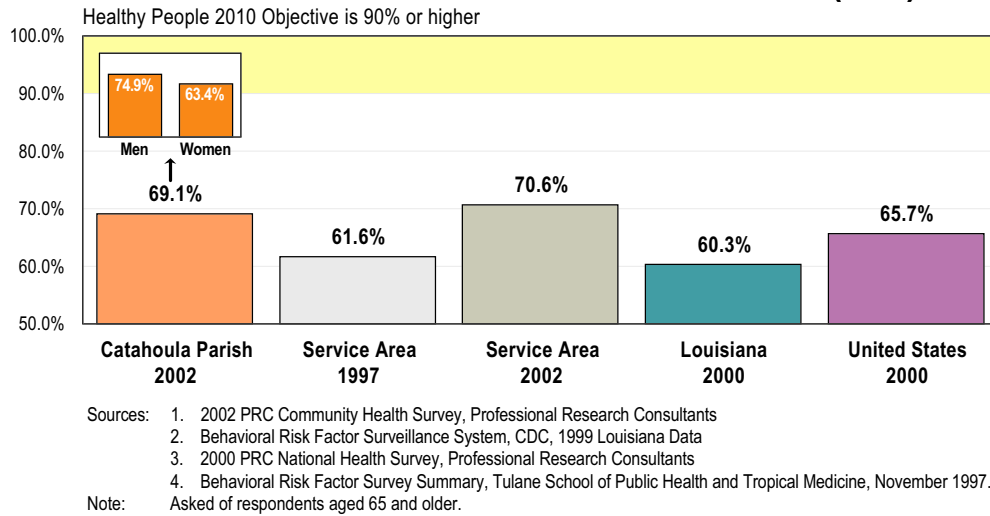
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).  
Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

## Flu Shots Among Seniors

- **69.1% of Catahoula Parish seniors aged 65 and older have had a flu shot in the past year.**
  - Similar to current Rapides Foundation Service Area and national findings.
  - Similar to Louisiana findings.
  - Fails to satisfy the *Healthy People 2010* target (90% or higher).
  - Higher in Catahoula Parish among men aged 65 or older.



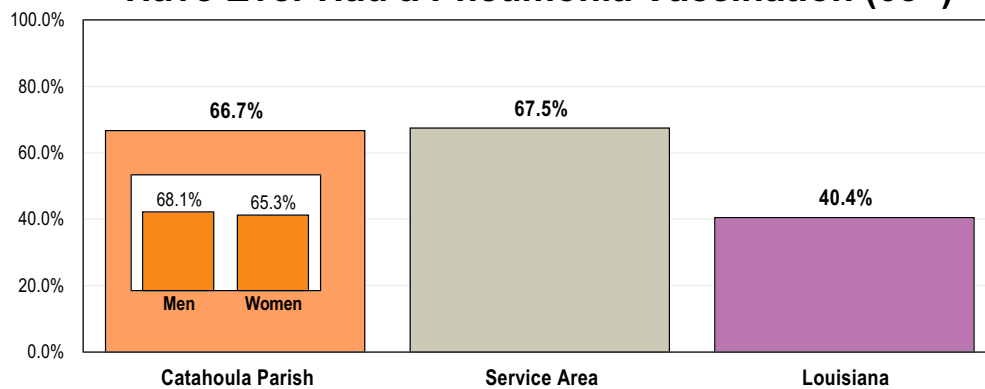
## Have Had a Flu Shot in the Past Year (65+)



## Pneumonia Vaccination Among Seniors

- **66.7% of Catahoula Parish seniors aged 65 and older have ever had a pneumonia vaccination.**
  - Similar to Rapides Foundation Service Area finding.
  - Significantly higher than found statewide in 1999 (40.4%).

## Have Ever Had a Pneumonia Vaccination (65+)

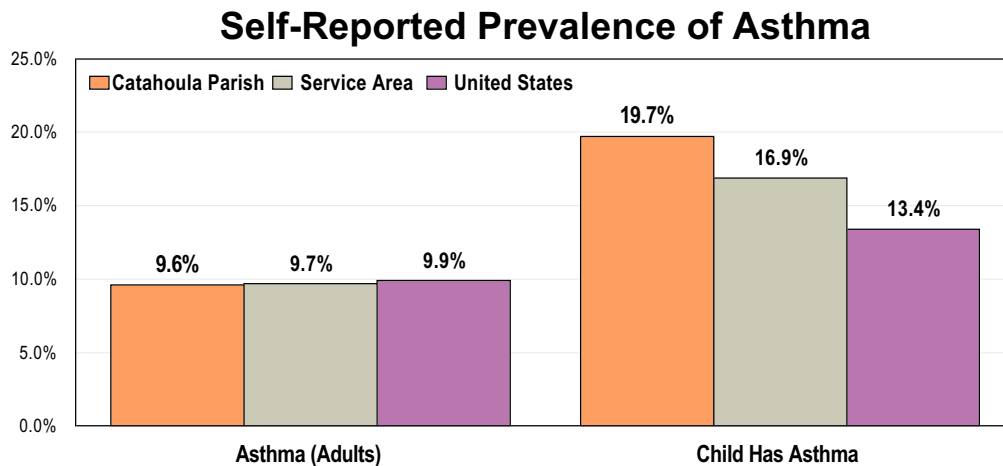


- Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data
- Notes: 1. Asked of respondents aged 65 and older.  
2. National data not available.

## Self-Reported Asthma & Chronic Lung Disease Prevalence

### Asthma

- **9.6% of Catahoula Parish adults report suffering from or having been diagnosed with asthma.**
  - Similar to the Rapides Foundation Service Area and national findings.
- **19.7% of Catahoula Parish parents report that their child has been diagnosed by a doctor or health professional with asthma.**
  - 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.

### Community Health Panel Findings\*

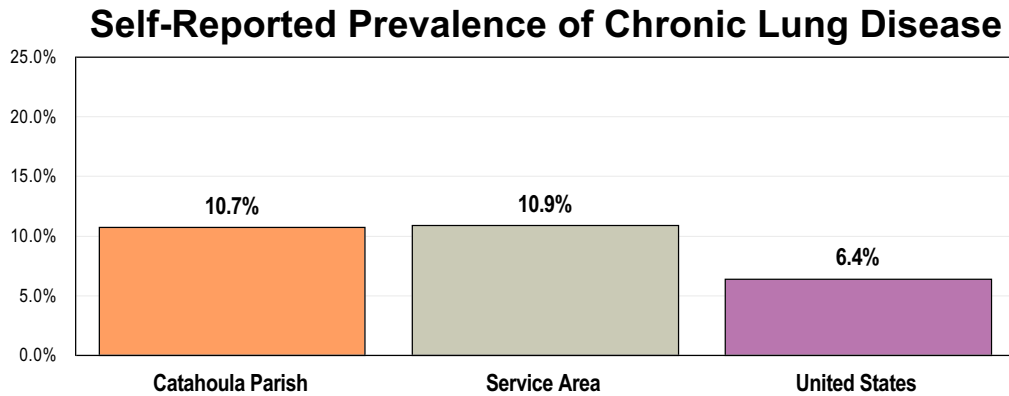
Asthma is seen as a significant problem, particularly among children.

“My personal observation is that a lot of the children that I have seen with asthma is because everyone in the house smokes. We have a drawer full of inhalers at our school. Kids come in every morning and check one out to use during the day. We have usually two people in each school who are trained to administer medications and the inhalers.”

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

## Chronic Lung Disease

- **10.7% of Catahoula Parish adults report suffering from or having been diagnosed with chronic lung disease.**
  - Similar to Rapides Foundation Service Area findings.
  - Significantly higher than found nationwide (6.4%).



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

# Injury

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

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

## Unintentional Injury Deaths

### Leading Causes of Accidental Deaths

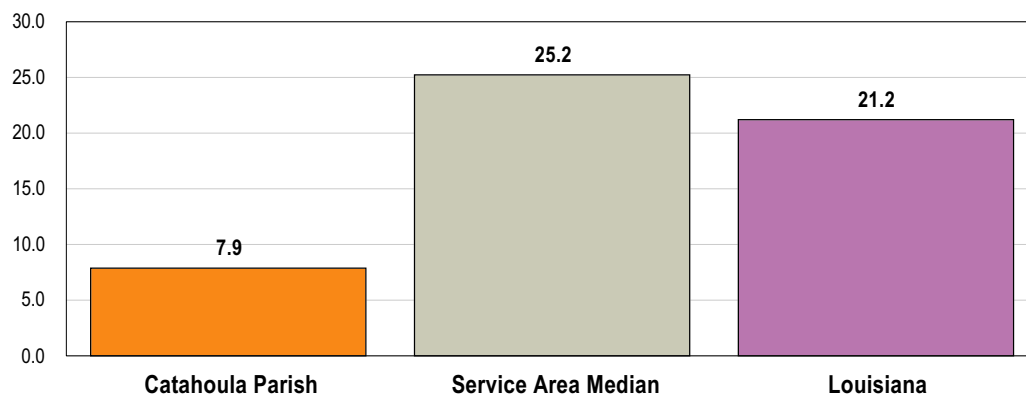
- In Catahoula Parish, there was only 1 accidental death recorded in 1998.

### Motor Vehicle-Related Deaths

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

### Age-Adjusted Mortality: Motor Vehicle Accidents

(1996-98 Deaths per 100,000 Population)

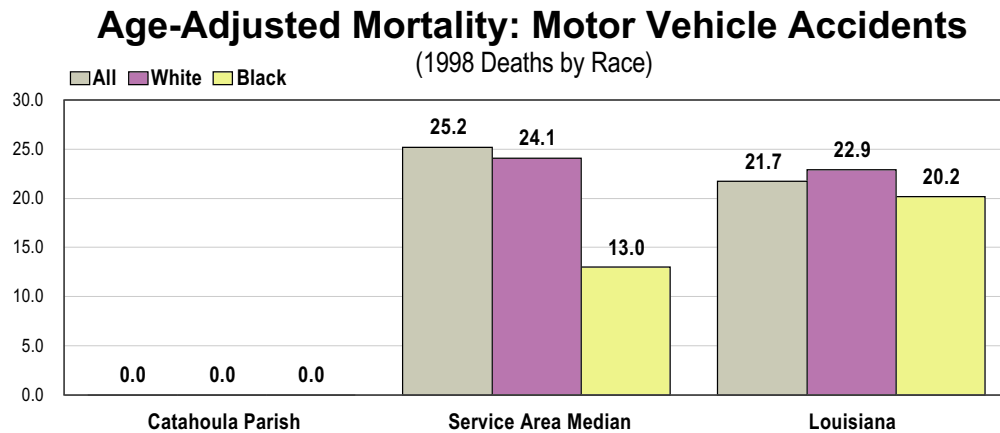


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

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

- In 1998, there were no deaths resulting from motor vehicle accidents in Catahoula Parish.

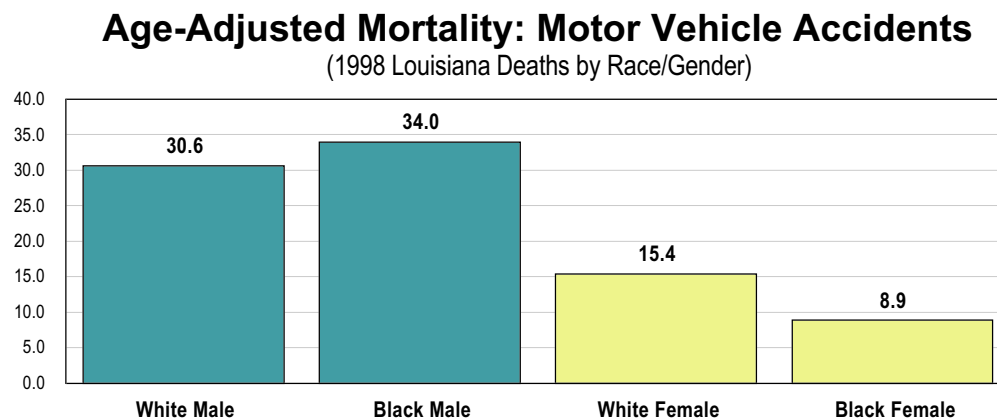


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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).

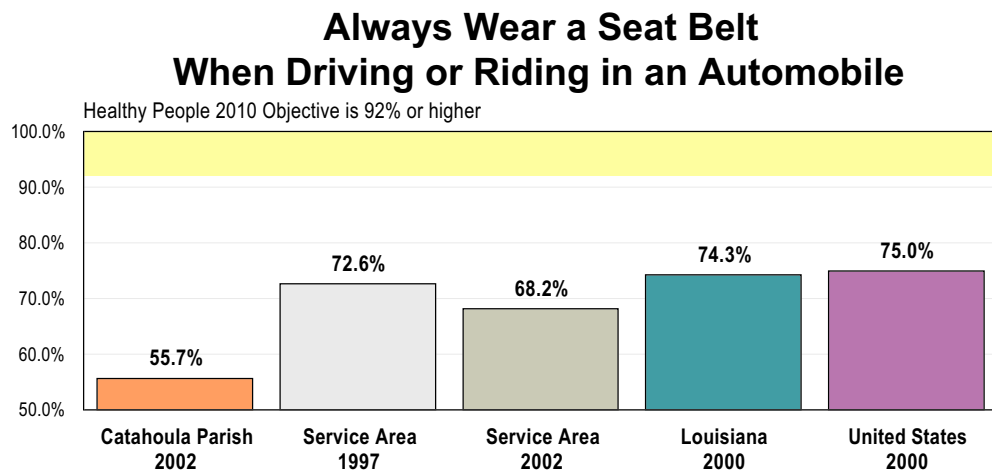
Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

## 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.

- **55.7% of Catahoula Parish adults report “always” wearing a seat belt when driving or riding in an automobile.**
  - Significantly lower than current Rapides Foundation Service Area findings (68.2%).
  - Significantly worse than the statewide prevalence (74.3%).
  - Significantly worse than the national prevalence (75.0%).
  - Far from reaching the *Healthy People 2010* target (92% or higher).

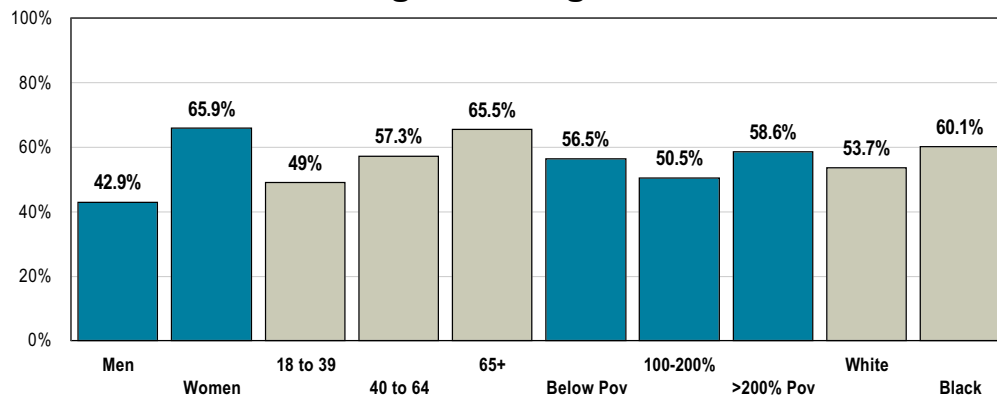


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1997 Louisiana Data  
3. 2000 PRC National Health Survey, Professional Research Consultants  
4. Healthy People 2010, National Center for Health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

- There is a correlation with seat belt usage and age, with younger adults reporting lower usage.
- Men less often report “always” wearing a seat belt than women.

- Those living in the middle income category report a lower prevalence of “always” wearing a seat belt.
- White respondents report a lower prevalence of “always” wearing a seat belt than do Black respondents.

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



Source: 2002 PRC Community Health Survey, Professional Research Consultants

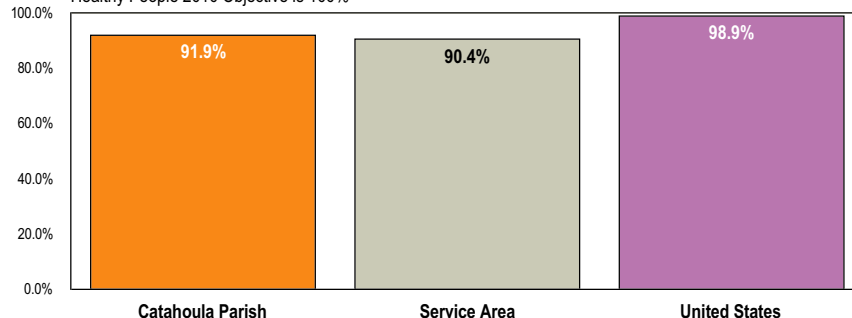
Notes: 1. Demographic breakouts are among findings in Catahoula Parish.

2. Asked of all respondents.

- **91.9% of Catahoula Parish parents with children under the age of 5 years report that their child “always” wears a seat belt or uses an appropriate child safety seat when riding in an automobile.**
  - Similar to that found throughout the Rapides Foundation Service Area.
  - Similar to that found nationwide.
  - Similar to the *Healthy People 2010* target (100%).

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

Healthy People 2010 Objective is 100%



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

2. 2000 PRC National Health Survey, Professional Research Consultants

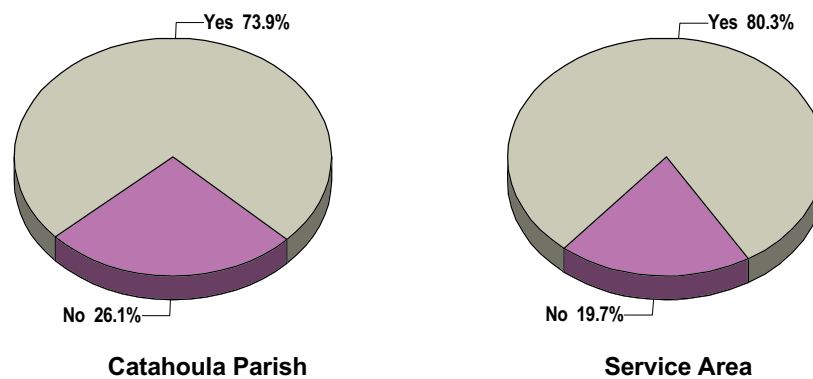
3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

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

## Fire Safety

- **73.9% of Catahoula Parish respondents report having at least one working smoke detector on each floor of their homes.**
  - Significantly lower 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.”

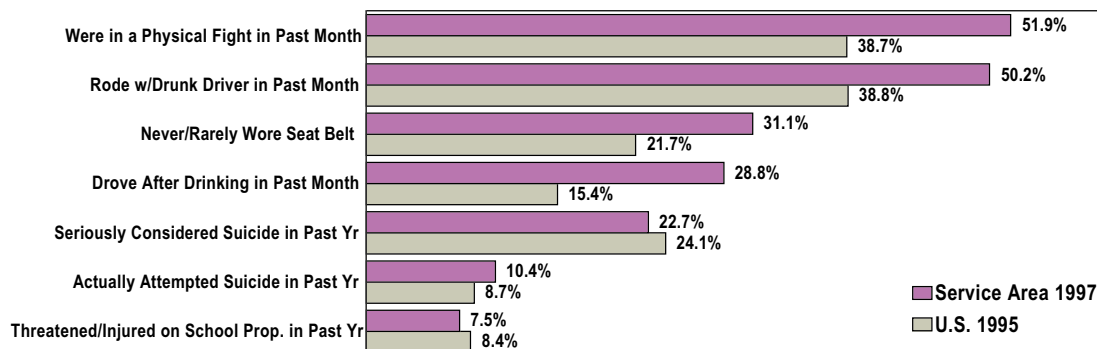
## Adolescent Injury & Violence

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

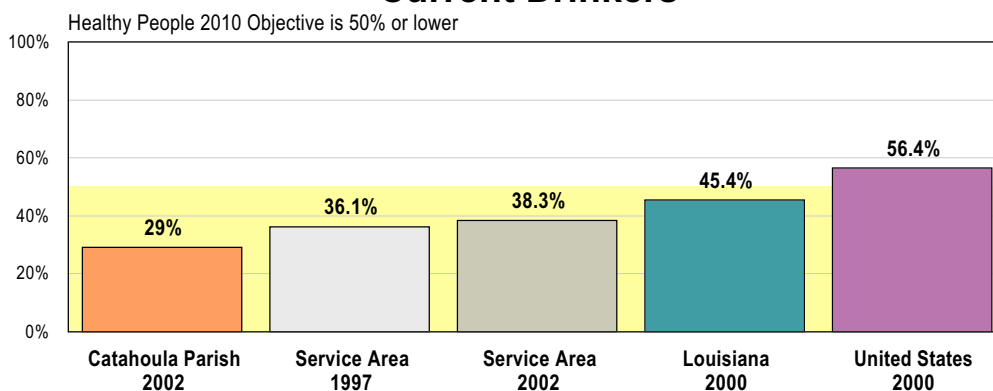
The misuse of alcohol and other drugs is associated with several health risks (injury-related death and disability to HIV transmission) and has tremendous societal and economic costs, as well. Alcohol/drug use is implicated in nearly one-half of all deaths from motor vehicle accidents and intentional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

- **29.0% of Catahoula Parish adults are “current drinker,” meaning that they have had at least one drink of alcohol (one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail or one shot of liquor) in the past month.**
  - Significantly more favorable than current service area findings (38.3%).
  - Significantly better than found statewide (45.4%).
  - Significantly better than found nationwide (56.4%).
  - Satisfies the *Healthy People 2010* target (50% or lower).

## Current Drinkers



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

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

3. 2000 PRC National Health Survey, Professional Research Consultants

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

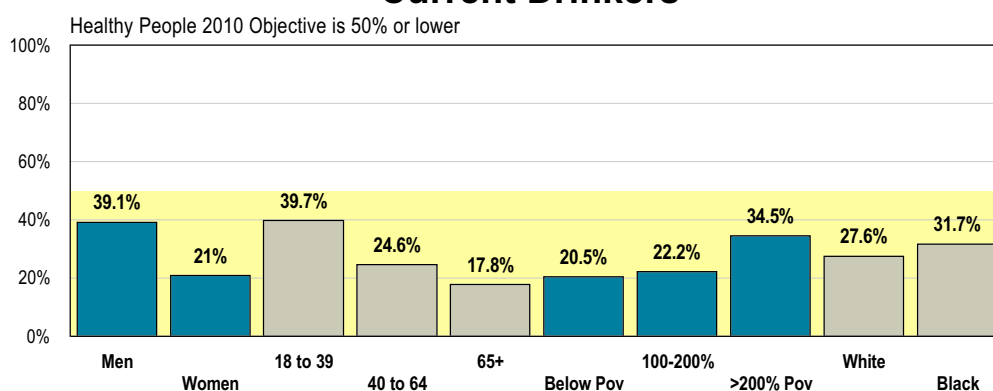
5. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.

Notes: 1. Current drinkers are defined as those who have had any alcoholic beverages during the past month.

2. Reflects the total sample of respondents.

- Men much more often report alcohol use than women.
- There is a negative correlation with age, with young adults demonstrating markedly higher usage.
- There is a positive correlation with income, with those at the highest income level demonstrating higher usage of alcohol.
- Black respondents more often report current drinking than White respondents.

## Current Drinkers



Source: 2002 PRC Community Health Survey, Professional Research Consultants

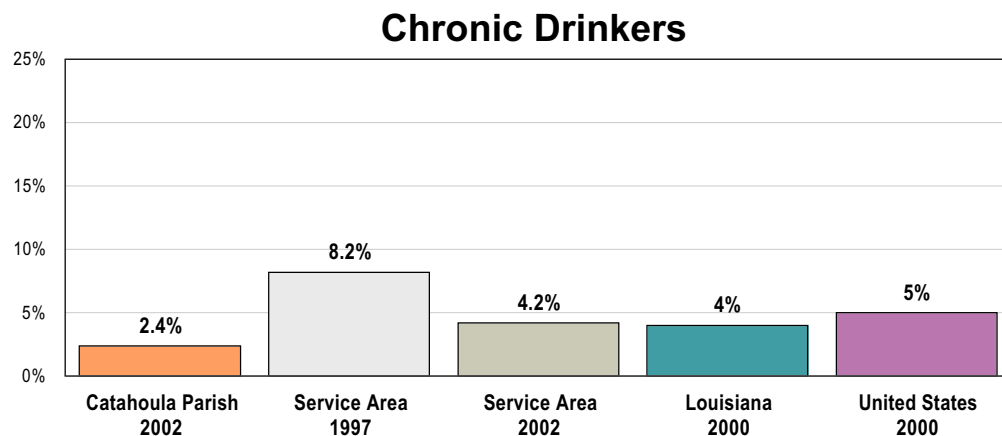
Notes: 1. Demographic breakouts are among findings in Catahoula Parish.

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

- **2.4% of Catahoula Parish adults are “chronic drinkers,” meaning that they average two or more drinks of alcohol per day (60 drinks within the past month).**
  - Significantly more favorable than current Rapides Foundation Service Area (4.2%) and national findings (5.0%).
  - Similar to statewide findings.
  - This translates to approximately 190 adults in Catahoula Parish.

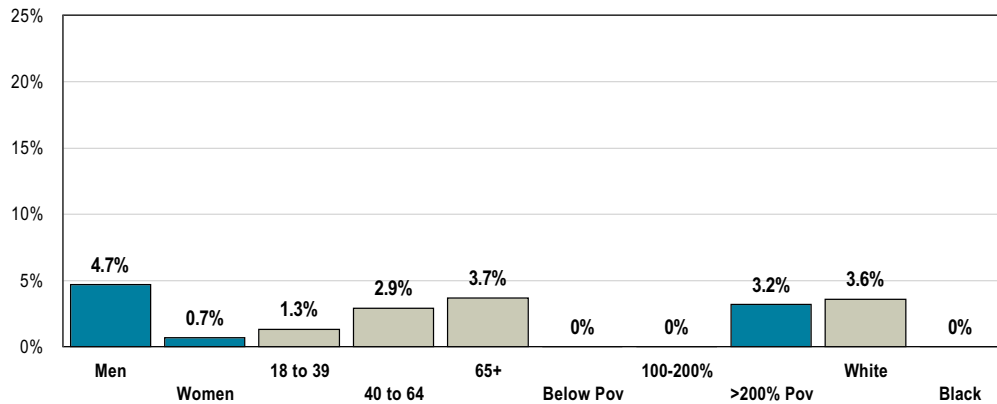


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. Behavioral Risk Factor Surveillance System, State Survey Data, 1999  
3. 2000 PRC National Health Survey, Professional Research Consultants  
4. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and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

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

- Chronic drinking is much more prevalent among men.
- Older adults (aged 65 and older) report the highest prevalence of chronic drinking.
- Chronic drinking is more prevalent at the highest income level.
- A higher percentage of White respondents are chronic drinkers than are Black respondents.

## Chronic Drinkers



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

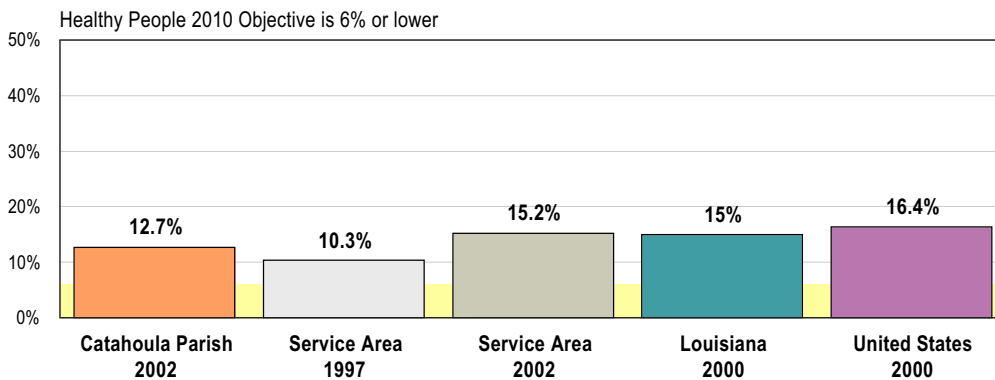
2. Reflects the total sample of respondents.

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

## Binge Drinkers

- **12.7% of Catahoula Parish adults are “binge drinkers,” meaning that they have had five or more alcoholic beverages on any one occasion in the past month.**
  - Similar to current Rapides Foundation Service Area, statewide and national findings.
  - Fails to satisfy the *Healthy People 2010* target (6% or lower).

## Binge Drinkers



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

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

3. 2000 PRC National Health Survey, Professional Research Consultants

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

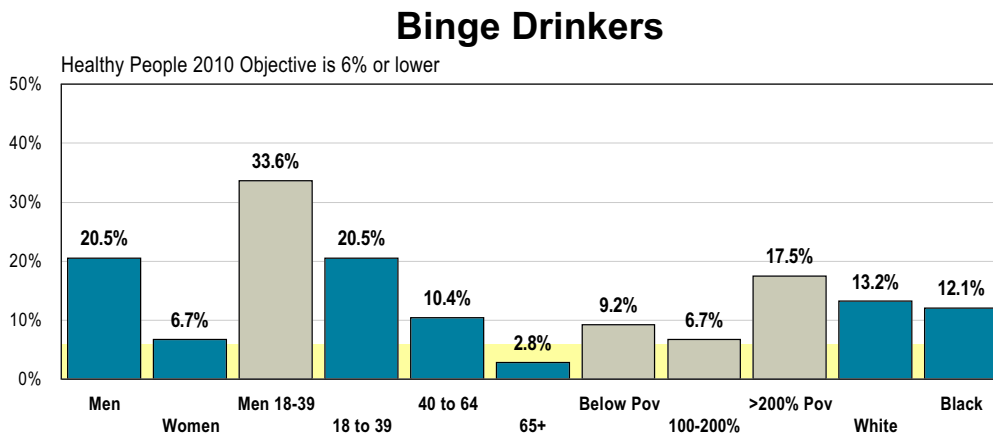
5. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.

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

2. Reflects the total sample of respondents.

Binge drinking is more prevalent among:

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



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

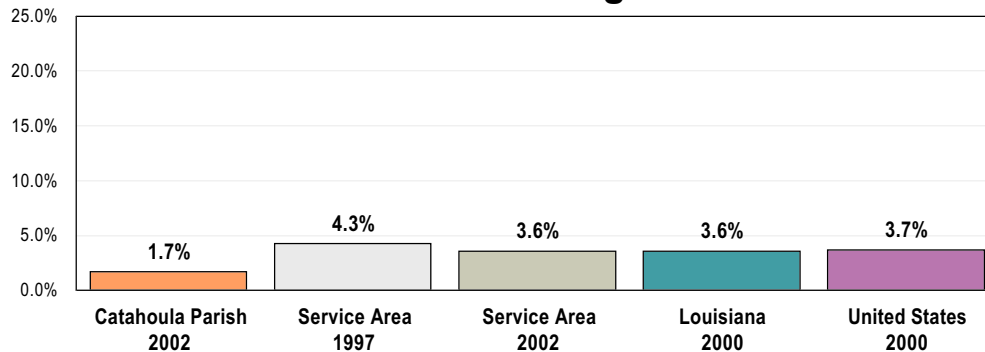
2. Reflects the total sample of respondents.

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*

- **1.7% of Catahoula Parish adults admit to driving during the past month after they had perhaps too much alcohol to drink.**
  - Significantly more favorable than current service area (3.6%), state (3.6%) and national (3.7%) findings.
  - This translates to approximately 130 adults in Catahoula Parish who acknowledge driving after having too much to drink in the past month.

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

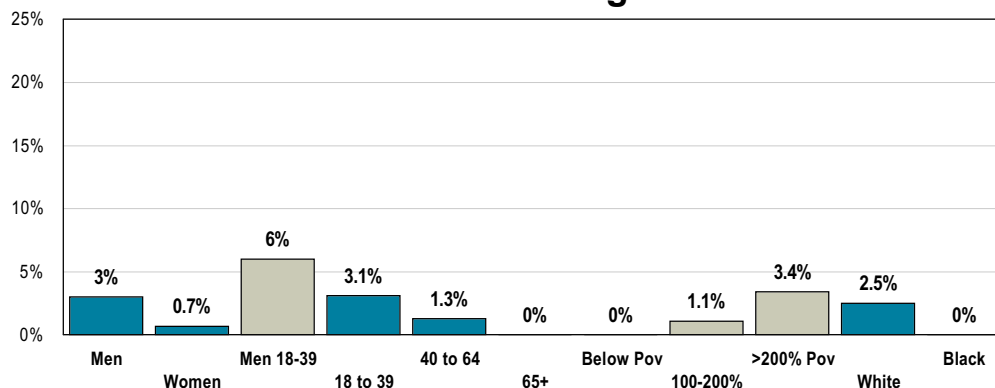


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data  
 3. 2000 PRC National Health Survey, Professional Research Consultants  
 4. Behavioral Risk Factor Survey Summary, Tulane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

Drinking and driving is more prevalent among:

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

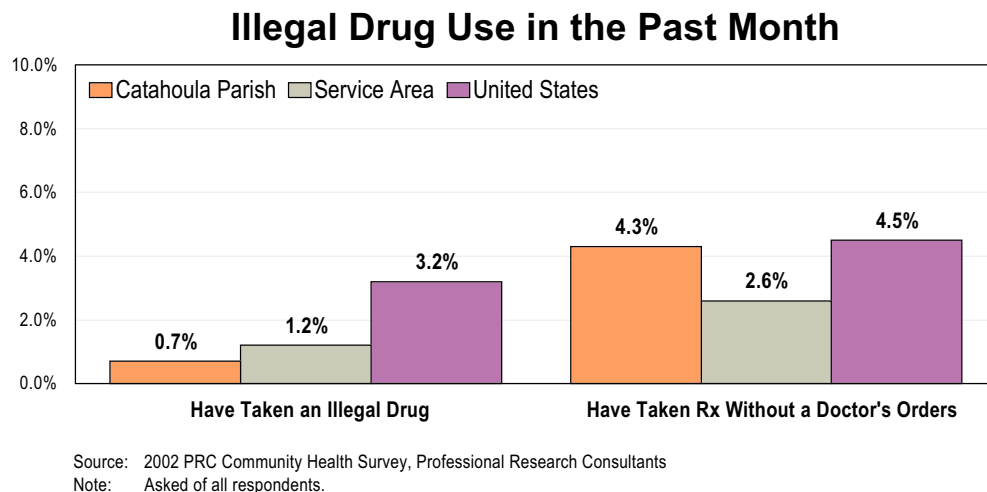
## Have Driven After Having Had Too Much to Drink During the Past Month



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

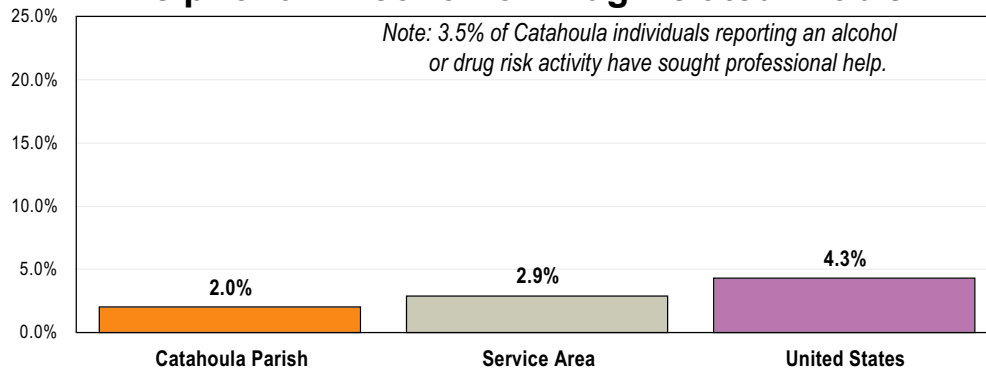
## Other Drug Abuse

- **0.7% of Catahoula Parish adults report having taken an illegal drug in the past year.**
  - Similar to Rapides Foundation Service Area findings.
  - Significantly lower than reported nationwide (3.2%).
- **4.3% of Catahoula Parish adults report having taken a prescription drug without a doctor's orders in the past year.**
  - Similar to Rapides Foundation Service Area findings.
  - Similar to that reported nationwide.



- **2.0% of Catahoula Parish adults have ever sought help for an alcohol- or drug-related problem.**
  - Similar to Rapides Foundation Service Area, but significantly lower than national findings (4.3%).
- **3.5% of Catahoula Parish adults reporting one or more drug or alcohol risk activity report that they have sought help for dependency or addiction.**

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



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

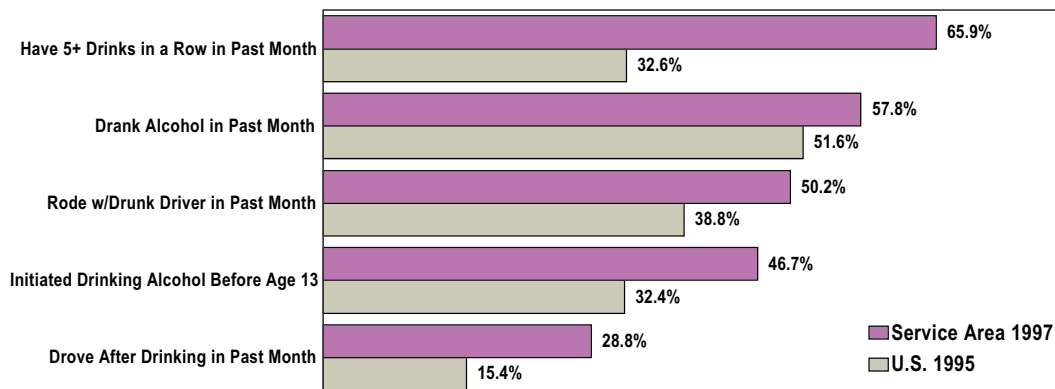
Notes: 1. Asked of all respondents.  
2. Alcohol/drug risk activities include prescription abuse, illegal drug use, drunk driving, or chronic or binge drinking.

## Adolescents, Alcohol & Drug Use

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

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

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

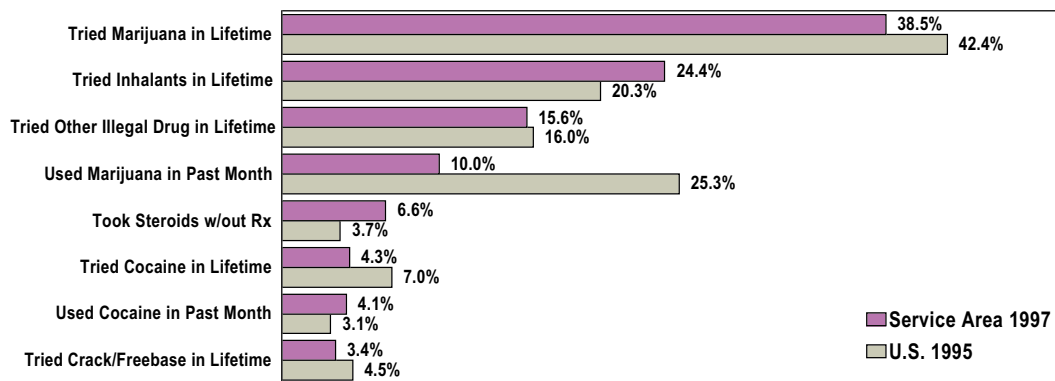


Source: Tulane School of Public Health and Tropical Medicine.



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

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



Source: Tulane School of Public Health and Tropical Medicine.

### Community Health Panel Findings\*

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

“This parish seems to have a big problem with tobacco, alcohol and drugs. Tobacco is the biggest problem with the older people and drugs with the youth of the parish.”

“Some of the most popular drugs in this parish are crack, cocaine, marijuana and methamphetamine. We do have a drug abuse program here - it is an outpatient program. I think our judges have been real good in trying to get help for our teenagers either in or outside of our parish.”

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

“I think that in our schools, we try to identify the kids that we suspect are using drugs and try to help them. We talk to the school nurse and with the court system if they had been in trouble before. We try to pass this information to the judges so they can have more information on the kids and try to get them some help. We have to be careful on who we identify as having a problem. We have to have some type of proof before we proceed.”

“I think that when it comes to alcohol and drug usage, our problem crosses all social lines. The problem is not focused on just one area, from low- to high-income people.”

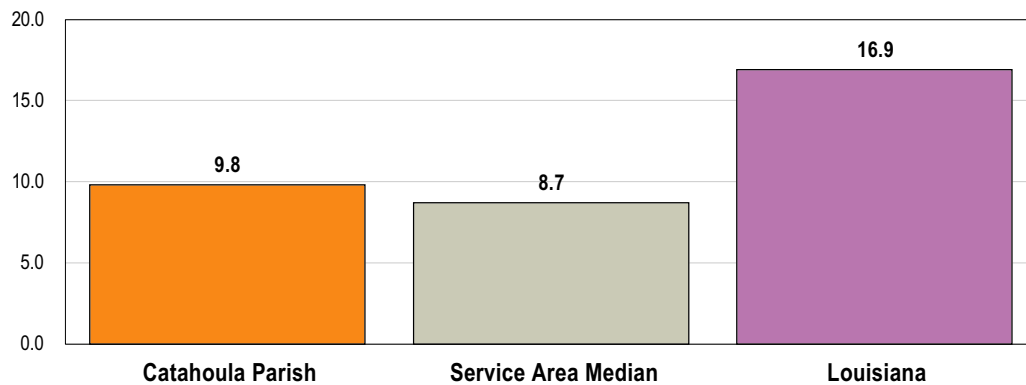
## Intentional Injury Deaths

### Homicide

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

#### Age-Adjusted Mortality: Homicide

(1996-98 Deaths per 100,000 Population)



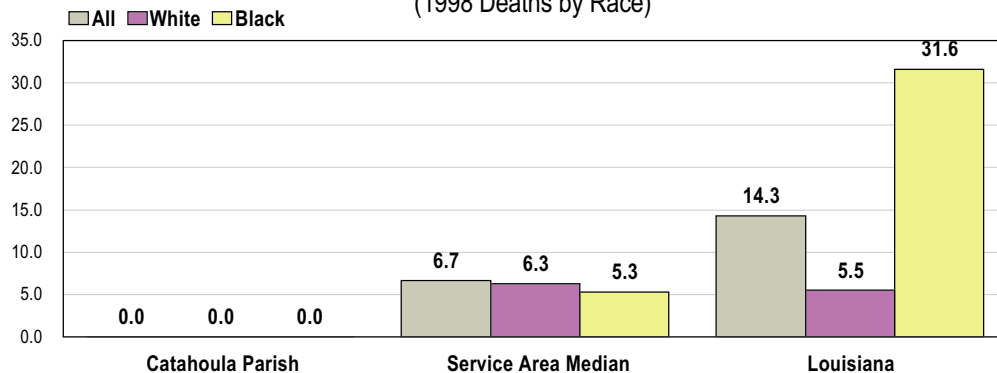
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

- The Catahoula Parish homicide death rate in 1998 was zero, regardless of race.

#### Age-Adjusted Mortality: Homicide

(1998 Deaths by Race)



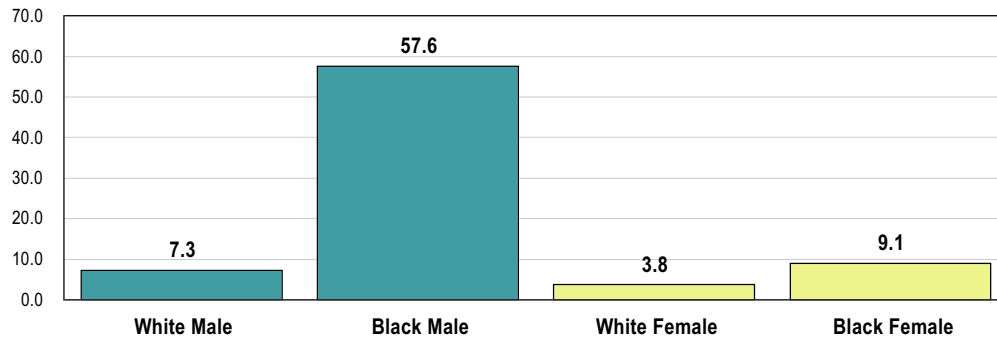
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

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

### Age-Adjusted Mortality: Homicide

(1998 Louisiana Deaths by Race/Gender)



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

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

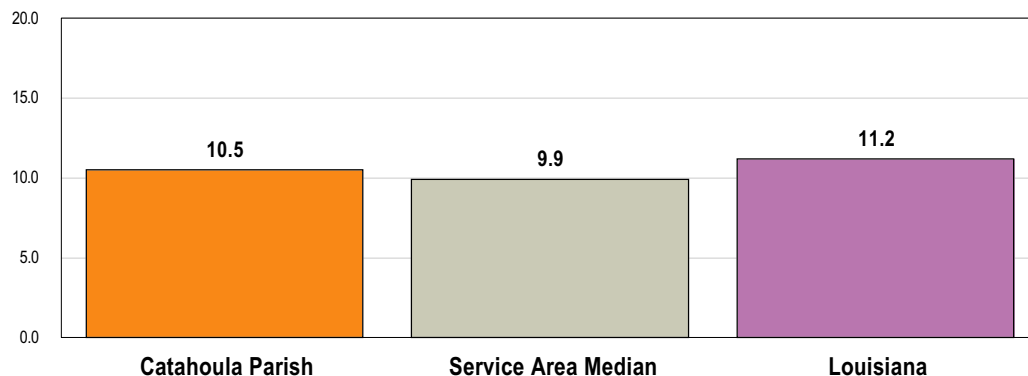
2. Includes homicide and legal intervention deaths.

## Suicide

- The 1996-98 age-adjusted suicide death rate in Catahoula Parish is similar to the corresponding Louisiana rate and the Rapides Foundation Service Area median.

### Age-Adjusted Mortality: Suicide

(1996-98 Deaths per 100,000 Population)



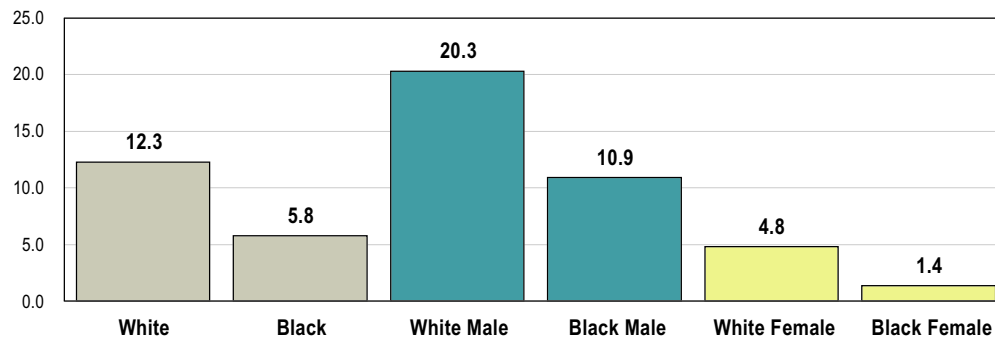
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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.

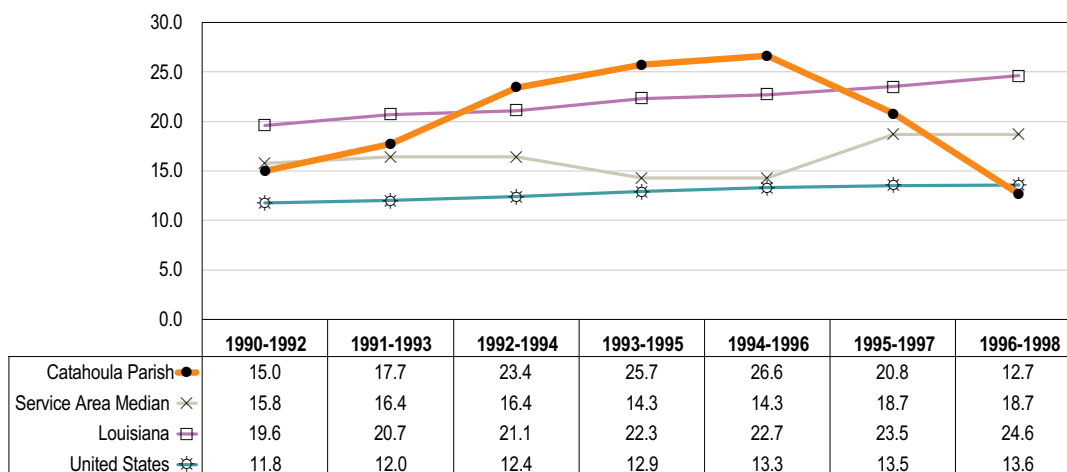
About 16 million Americans have diabetes, but only about 10 million have been diagnosed. Approximately 798,000 new cases of diabetes are diagnosed annually in the United States. Nationwide, the number of persons diagnosed with diabetes has increased sixfold, from 1.6 million in 1958 to 10 million in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

## Diabetes Deaths

- **In Catahoula Parish, age-adjusted deaths due to diabetes have declined sharply in more recent years, dropping below the service area median (18.7), the statewide rate (24.6), and the national rate (13.6) in 1996-1998.**

## Age-Adjusted Mortality: Diabetes

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



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

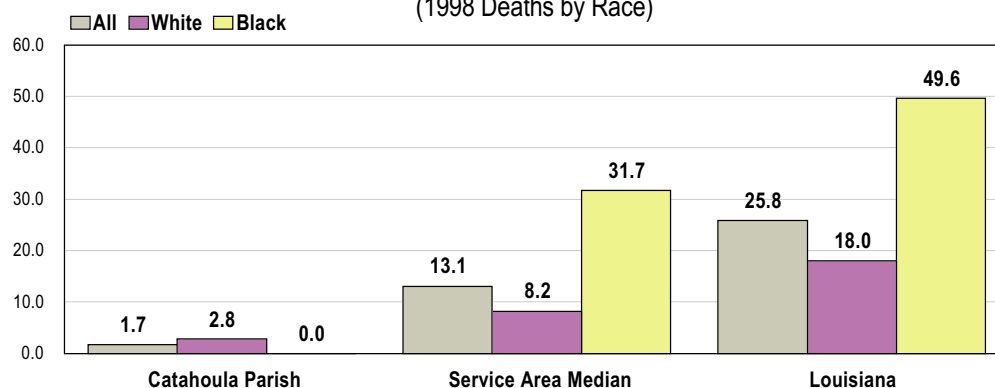
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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

- Blacks experience slightly lower age-adjusted death rates attributed to diabetes than Whites in Catahoula Parish. However, across the state, Whites experience lower death rates due to diabetes than do Blacks.

## 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).

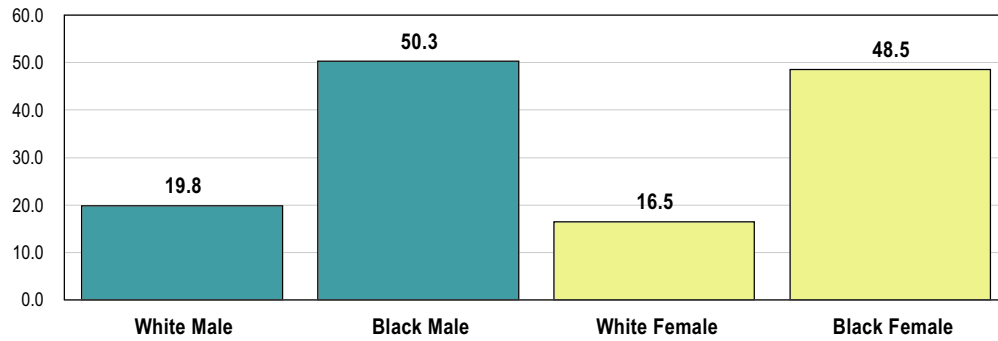
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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).

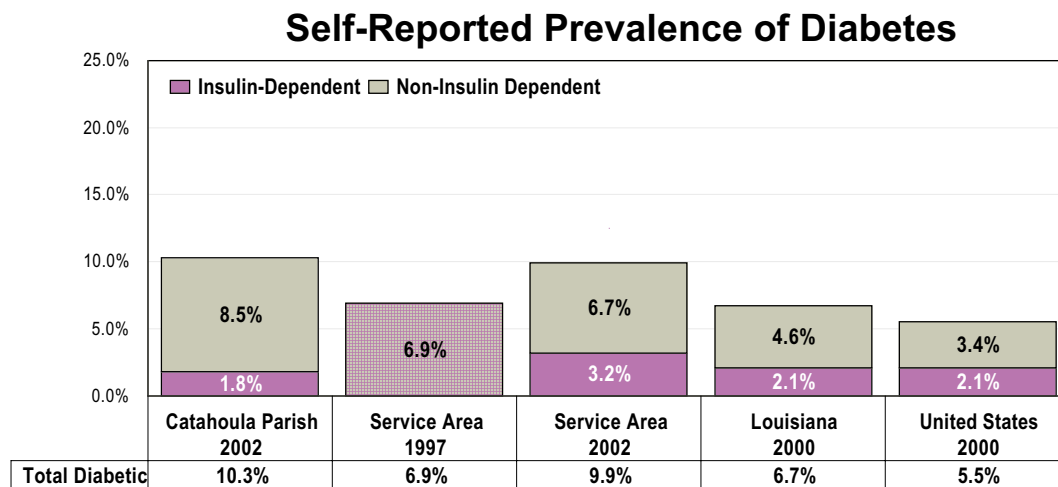
Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.



## Self-Reported Diabetes Prevalence

### Diabetes Prevalence

- **10.3% of Catahoula Parish adults report suffering from or having been diagnosed with diabetes.**
  - Statistically similar to current Rapides Foundation Service Area findings.
  - Significantly higher than found statewide (6.7%).
  - Significantly higher than found nationwide (5.5%).
  - It is estimated that more than one-third of diabetes cases nationwide remain undiagnosed.



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

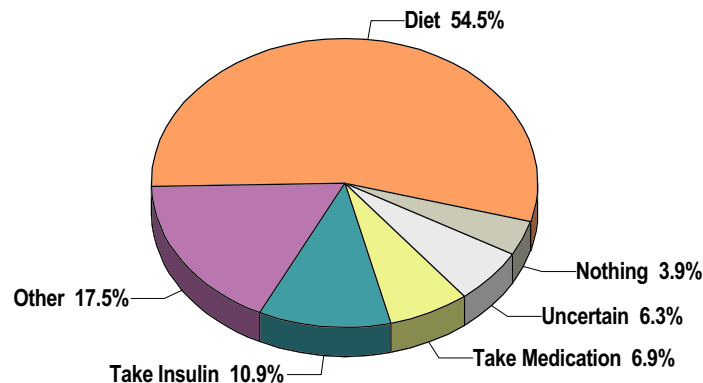
Notes: 1. Asked of all respondents.  
 2. 1997 data does not distinguish between insulin-dependent and non-insulin dependent diabetes.

*See also “Cardiovascular Risk Behavior: Overweight Prevalence.”*

## Needs of Diabetics

- 54.5% of diabetics surveyed in Catahoula Parish report that their greatest need in managing their diabetes is diet.

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



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

## Community Health Panel Findings\*

“We have a very high rate of diabetes in this parish. We had a diabetes day in the county last year, and we do have a diabetes specialist here. We plan to continue with this diabetes day every other year. The doctor has a lot of information that he hands out once a person is diagnosed and also has classes. We also have a research project going on with the University of Chicago. We try to educate our patients as soon as they are diagnosed.”

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

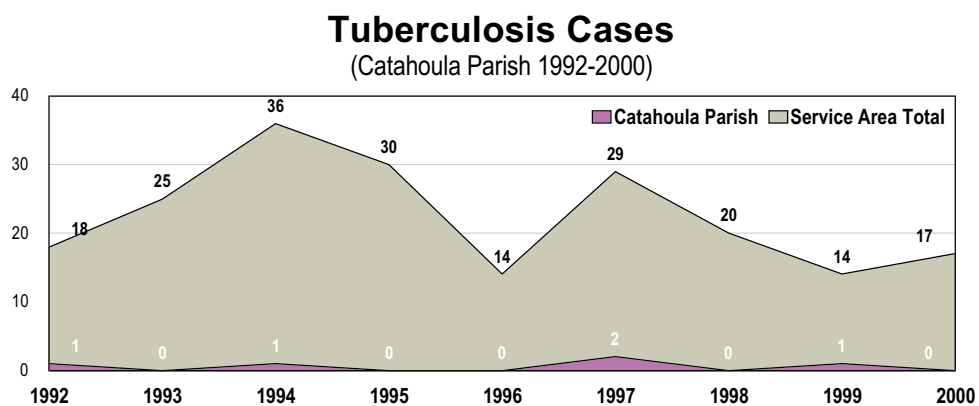
# INFECTIOUS & CHRONIC DISEASE

# Tuberculosis

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

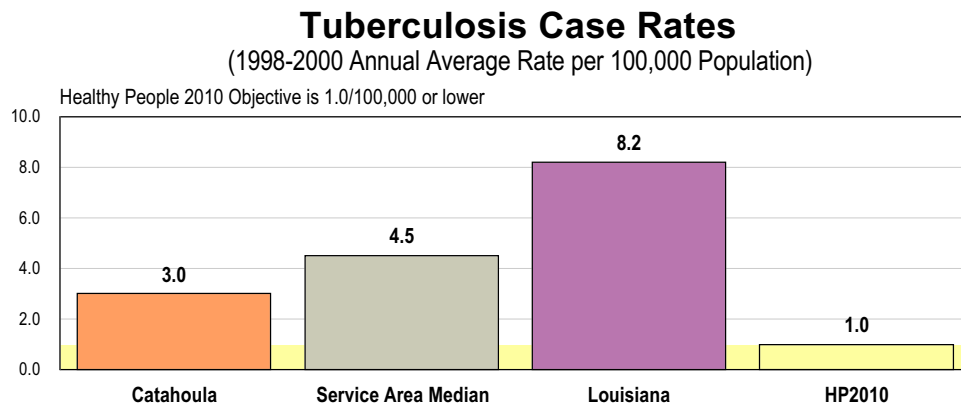
## Tuberculosis Incidence

- Between 1992 and 2000, a total of 5 cases have been diagnosed in Catahoula Parish.



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

- Between 1998 and 2000, there were 3 cases of tuberculosis diagnosed in Catahoula Parish per 100,000 population.
  - Below the statewide 1998-2000 annual average case rate (8.2/100,000).
  - Does not satisfy the *Healthy People 2010* target (1.0/100,000 or lower).



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

# HIV/AIDS

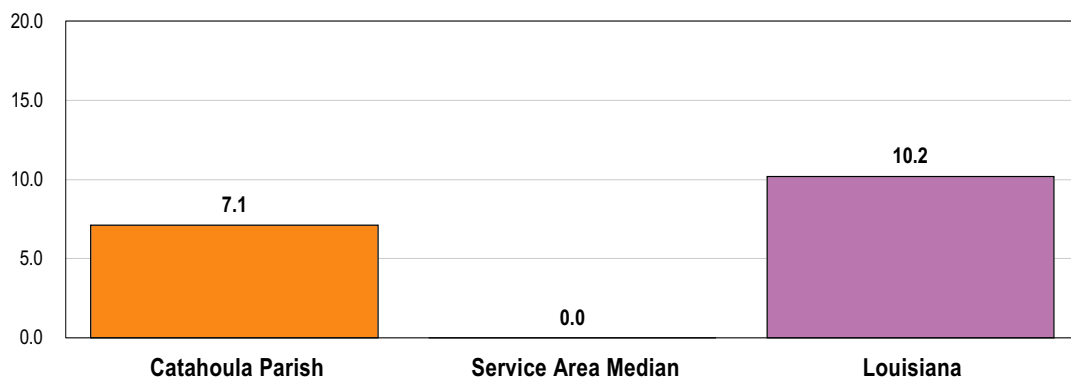
The AIDS (acquired immunodeficiency syndrome) epidemic is a problem of national and international importance, a disease for which there is as of yet no cure. Although there is no cure or vaccine, recent advances in human immunodeficiency virus (HIV) treatment can slow or halt the progression from HIV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

## AIDS Death Rates

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

### Age-Adjusted Mortality: AIDS

(1996-98 Deaths per 100,000 Population)



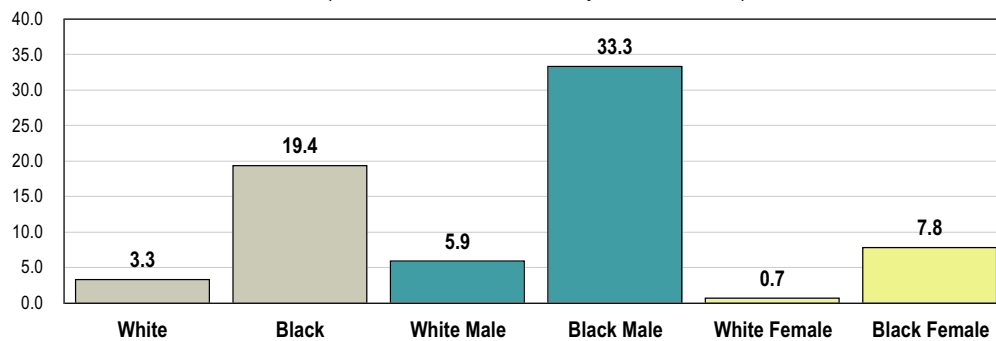
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

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

## Age-Adjusted Mortality: AIDS

(1998 Louisiana Deaths by Race/Gender)



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

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

## HIV/AIDS Rates

Note the following findings from the *2000 Louisiana HIV/AIDS Annual Report*:<sup>\*</sup>

- 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.

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<sup>\*</sup> *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.

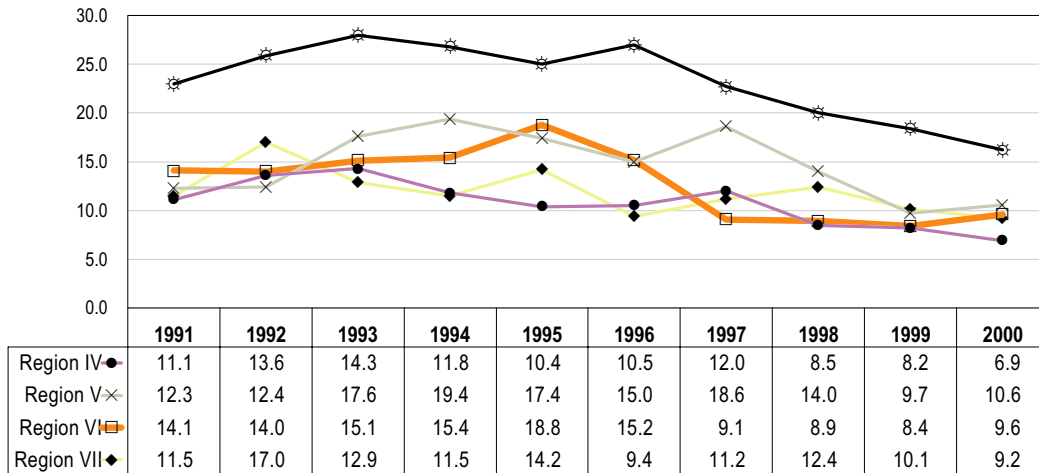
With this in mind:

- **AIDS case rates followed a general decline in the latter half of the 1990s.**
  - However, in 2000, Public Health Region VI (which includes Catahoula 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.

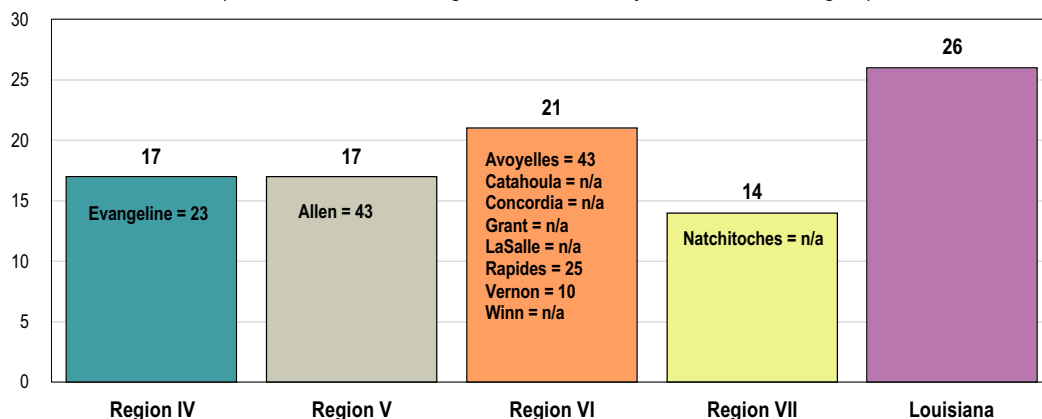
3. Public Health Region VI includes Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon and Winn Parishes.

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

- **In Public Health Region VI (which includes Catahoula Parish), there was an annual HIV/AIDS detection rate of 21 cases per 100,000 population 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.

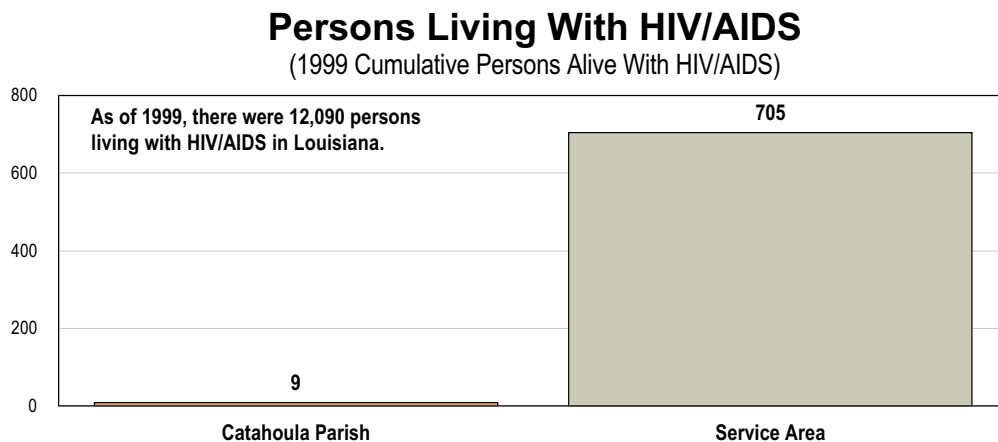
4. Public Health Region VII includes Natchitoches and eight other parishes in and around Shreveport, Louisiana.

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 9 persons living with AIDS in Catahoula Parish, compared to 705 throughout the Rapides Foundation Service Area.**

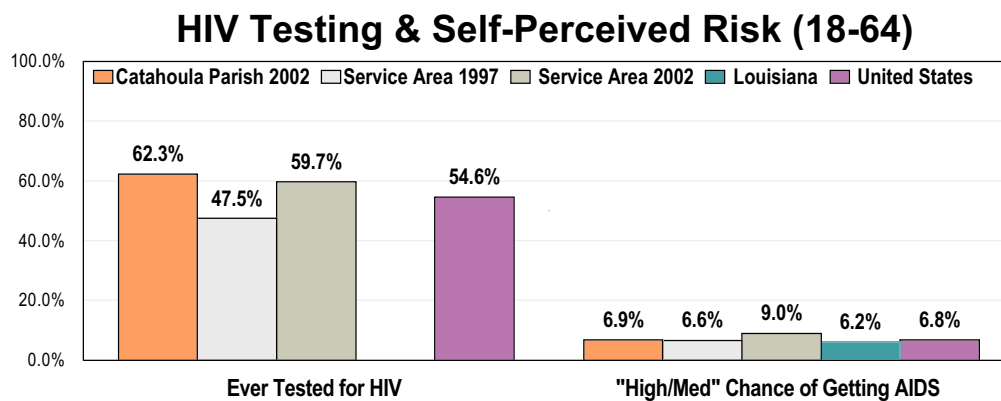


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

- **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

- **62.3% of Catahoula Parish adults between the ages of 18 and 64 report that they have been tested for HIV at some time in the past (not counting tests they may have had when donating blood).**
  - Similar to current Rapides Foundation Service Area findings.
  - Significantly higher than national findings (54.6%).
- **6.9% of Catahoula Parish adults between the ages of 18 and 64 believe themselves to be at “high” or “medium” risk for getting AIDS.**
  - Similar to current Rapides Foundation Service Area, statewide, and national findings.



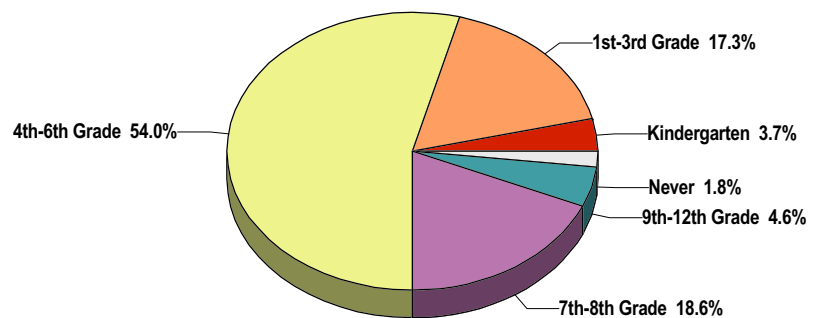
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. 2000 PRC National Health Survey, Professional Research Consultants  
 3. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data  
 4. Behavioral Risk Factor Survey Summary, Tulane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

Note: Reflects respondents aged 18 through 64.

## Children & HIV/AIDS Education

- **75.0% of Catahoula Parish adults between the ages of 18 and 64 believe children should begin receiving HIV/AIDS education in school during elementary school years (K-6).**
- **Only 1.8% of Catahoula 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**  
(Catahoula Parish; 18-64)

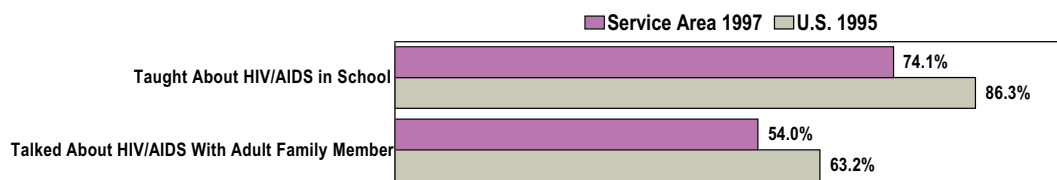


Source: 2002 PRC Community Health Survey, Professional Research Consultants  
Note: Asked among respondents aged 18 through 64.

In the 1997 Central Louisiana Youth Risk Factor Survey:

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

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



Source: Tulane School of Public Health and Tropical Medicine.

## Community Health Panel Findings\*

“I think that our cases of HIV/AIDS are growing in this area, mostly among the young people. I think it is a greater problem than people around here realize.”

“Ignorance of the disease seems to be the reason for the increase in cases. People don’t want to talk about it or be educated on STDs, as well as HIV and AIDS.”

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

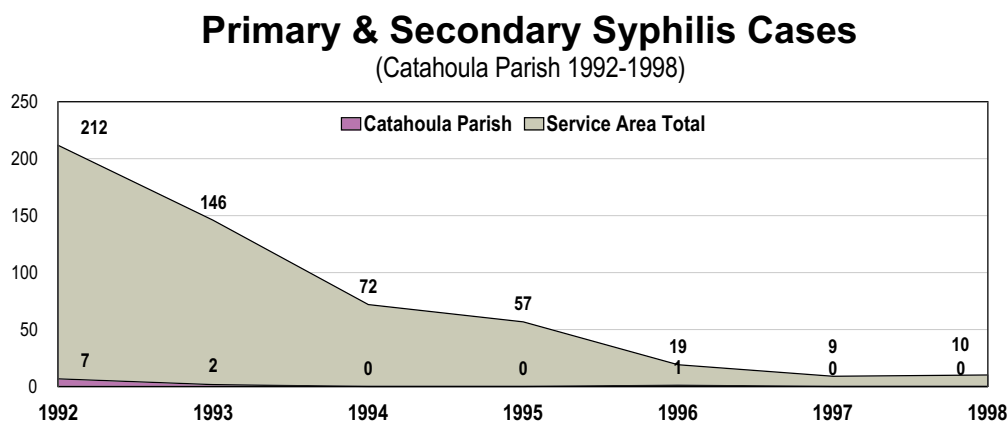
# Sexually Transmitted Diseases

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

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

## Syphilis

- Between 1992 and 1998, primary and secondary syphilis cases in Catahoula Parish have remained very low, with a high of 7 diagnosed cases in 1992.

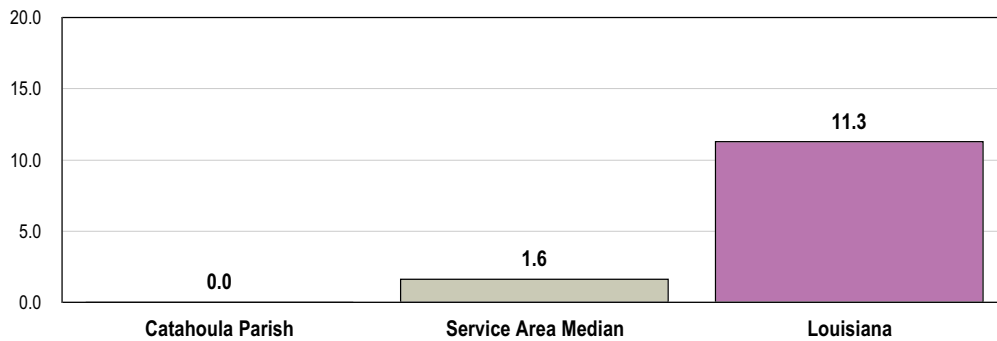


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

- **Between 1998 and 2000, there were zero cases of primary or secondary syphilis in Catahoula Parish per 100,000 population.**
  - Well below the statewide case rate (11.3/100,000).
  - Lower than in most Rapides Foundation Service Area parishes (median = 1.6/100,000).

### **Primary & Secondary Syphilis Case Rates**

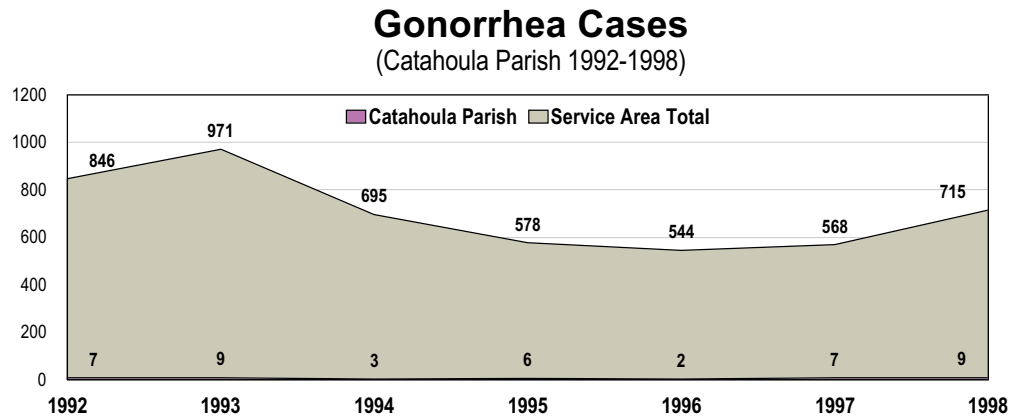
(1998-2000 Annual Average Rate per 100,000 Population)



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

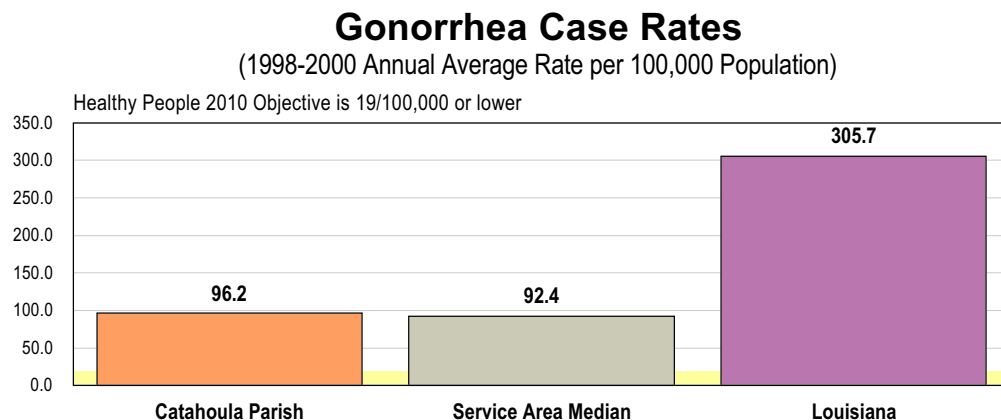
## Gonorrhea

- Between 1992 and 1998, gonorrhea cases in Catahoula Parish fluctuated with a high of 9 cases in 1993 and 1998 to a low of 2 cases in 1996.



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

- Between 1998 and 2000, there was an annual average of 96.2 newly diagnosed gonorrhea cases per 100,000 population in Catahoula Parish.
  - Slightly higher than most Rapides Foundation Service Area parishes (median = 92.4/100,000).
  - Below the statewide annual average case rate (305.7/100,000).

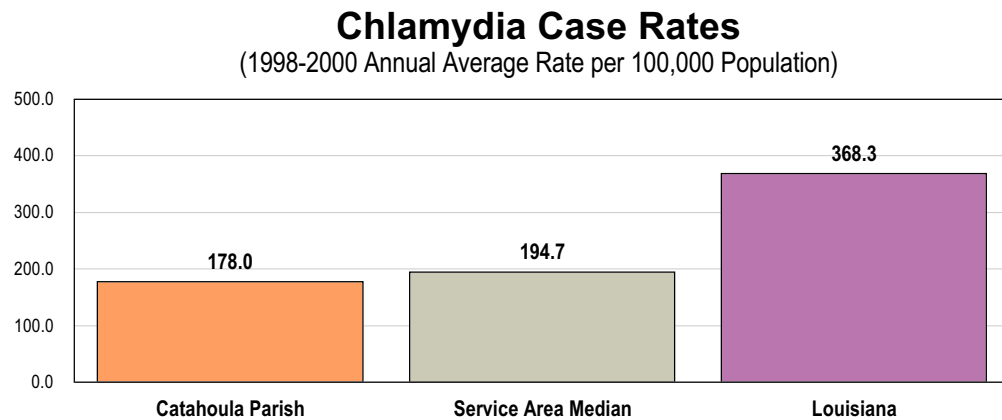


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.



## Chlamydia

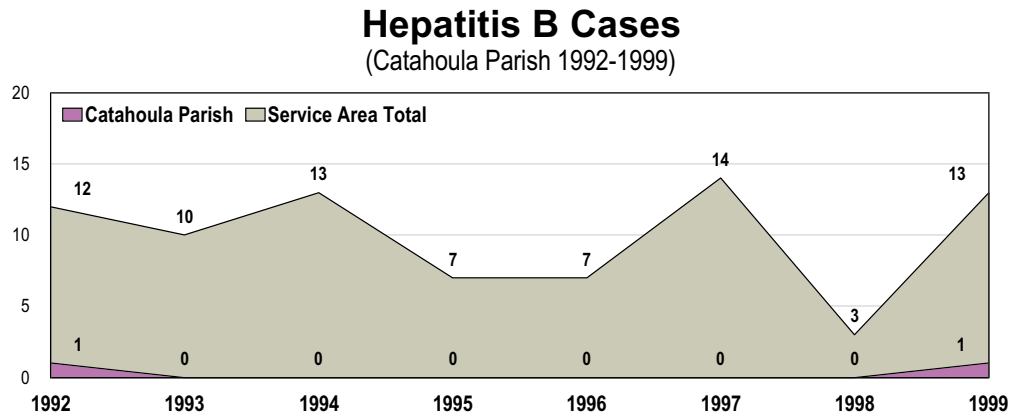
- Between 1998 and 2000, there was an annual average of 178.0 newly diagnosed cases of *chlamydia trachomatis* per 100,000 population in Catahoula Parish.
  - Slightly lower than in most Rapides Foundation Service Area parishes (median = 194.7 cases/100,000).
  - Well below the annual average case rate statewide (368.3/100,000).
  -



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

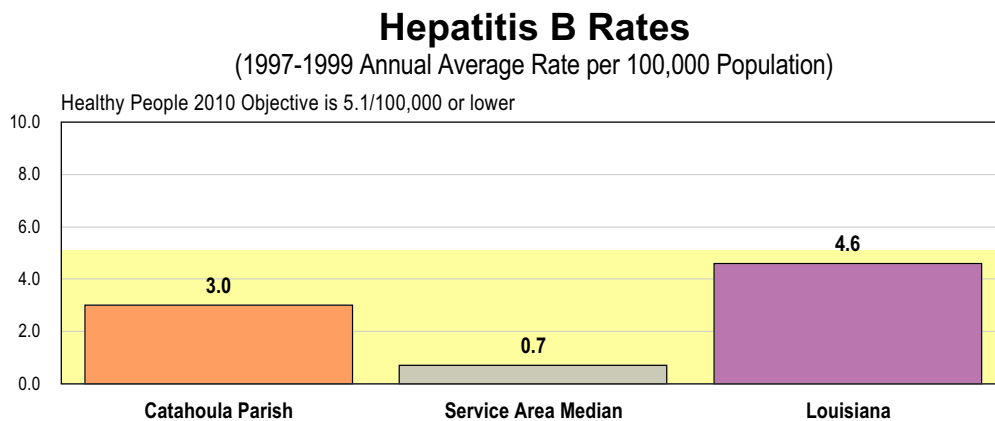
## Hepatitis B

- Between 1992 and 1999, hepatitis B cases diagnosed in Catahoula Parish remained low, ranging from one case each in 1992 and 1999 to zero cases in the remaining years.



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

- Between 1997 and 1999, there was an annual average case rate of 3.0 hepatitis B cases per 100,000 population in Catahoula Parish.
  - Higher than in most Rapides Foundation Service Area parishes (median = 0.7 cases/100,000).
  - Slightly lower than the statewide annual average case rate (4.6/100,000).



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

# Vaccine-Preventable Disease Incidence

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

## Measles

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

## Mumps

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

## Rubella

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

## Pertussis

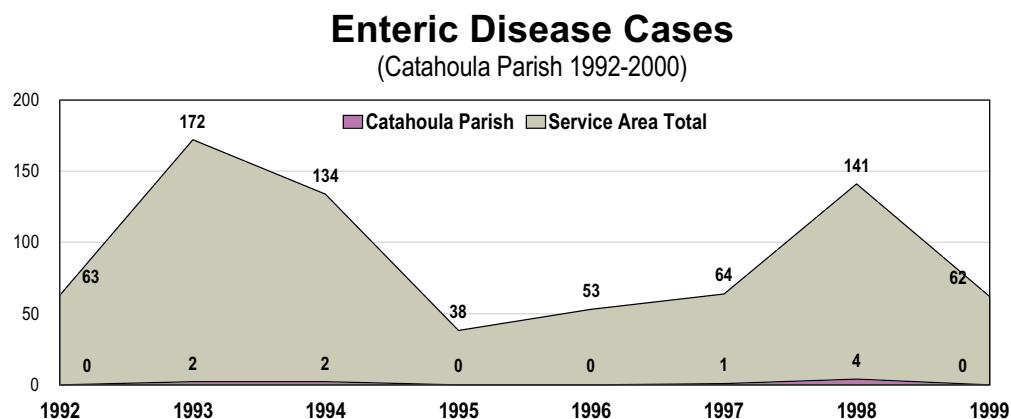
- Between 1992 and 1999, there were no reported cases of pertussis (whooping cough) in Catahoula Parish.

# Enteric Disease Incidence

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

## Enteric Disease

- The incidence of enteric disease is prone to localized outbreaks. Between 1992 and 1999, Catahoula Parish experienced a total of 9 cases.

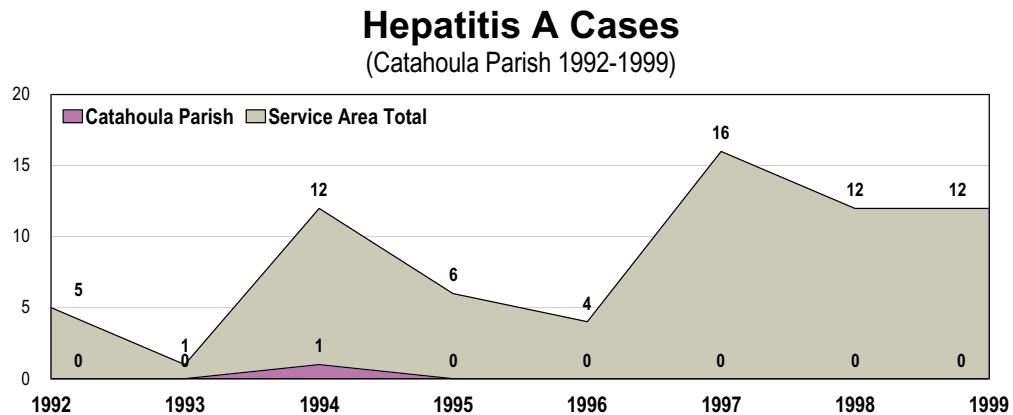


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

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

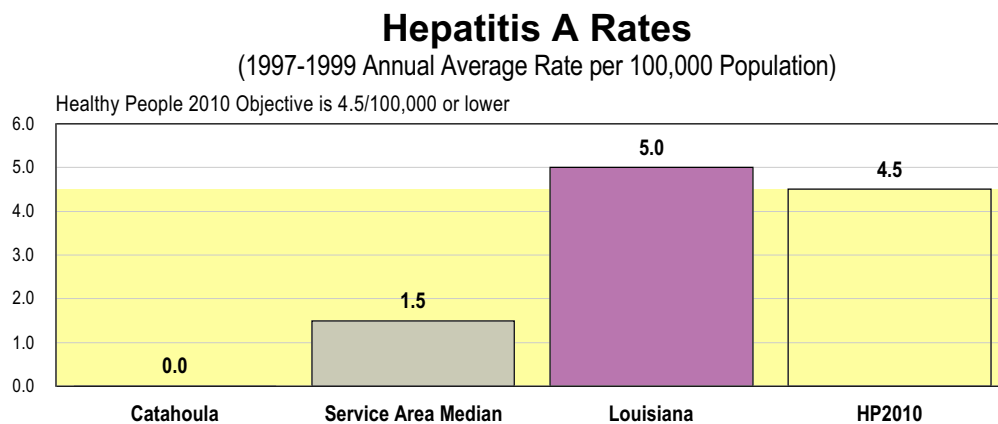
## Hepatitis A

- Between 1992 and 1999, Catahoula Parish experienced 1 case of hepatitis A, in 1994.



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

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



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

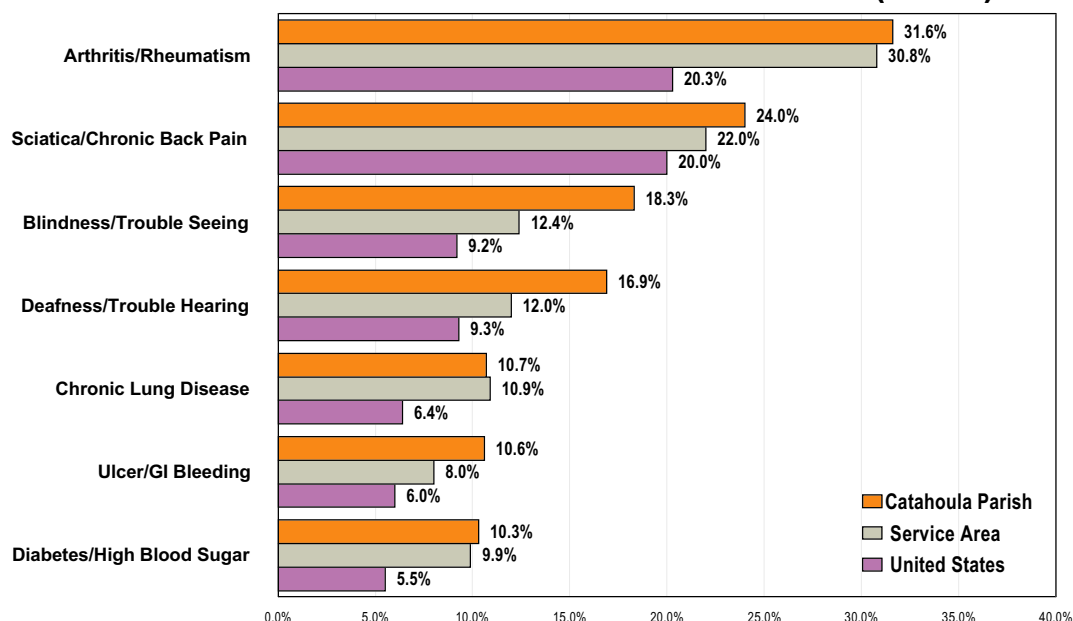
# Self-Reported Chronic Illness

## Self-Reported Prevalence of Chronic Illness

As part of the 2002 Community Health Survey, Catahoula Parish adults were asked to report the prevalence of any of 14 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, blindness/trouble seeing, deafness/trouble hearing, chronic lung disease, ulcer/GI bleeding, and diabetes/high blood sugar were the most prevalent conditions reported, each affecting at least one out of every 10 adults in Catahoula Parish.**
- **Seven of the tested conditions are significantly more prevalent in Catahoula Parish than nationwide:**
  - 31.6% of Catahoula Parish adults report suffering from **arthritis or rheumatism** (compared to 20.3% nationwide).
  - 16.9% of Catahoula Parish adults report suffering from **deafness or trouble hearing** (compared to 9.3% nationwide).
  - 10.3% of Catahoula Parish adults report suffering from **diabetes/high blood sugar** (compared to 5.5% nationwide).
  - 18.3% of Catahoula Parish adults report suffering from **blindness/trouble seeing** (compared to 9.2% nationwide).
  - 10.7% of Catahoula Parish adults report suffering from **chronic lung disease, including bronchitis or emphysema** (compared to 6.4% nationwide).
  - 10.6% of Catahoula Parish adults report suffering from **ulcer/GI bleeding** (compared to 6.0% nationwide).
  - 3.5% of Catahoula Parish adults report suffering from **stroke** (compared to 1.4% nationwide).

## Prevalence of Chronic Illness (1 of 2)

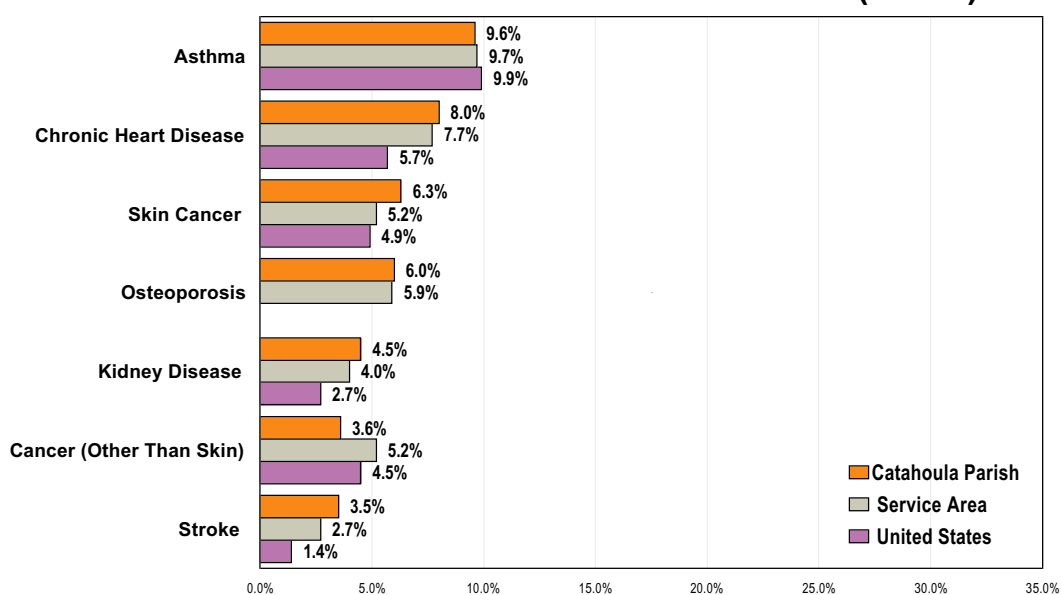


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. 2000 PRC National Health Survey, Professional Research Consultants

Note: Asked of all respondents.

## Prevalence of Chronic Illness (2 of 2)



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

2. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of all respondents.

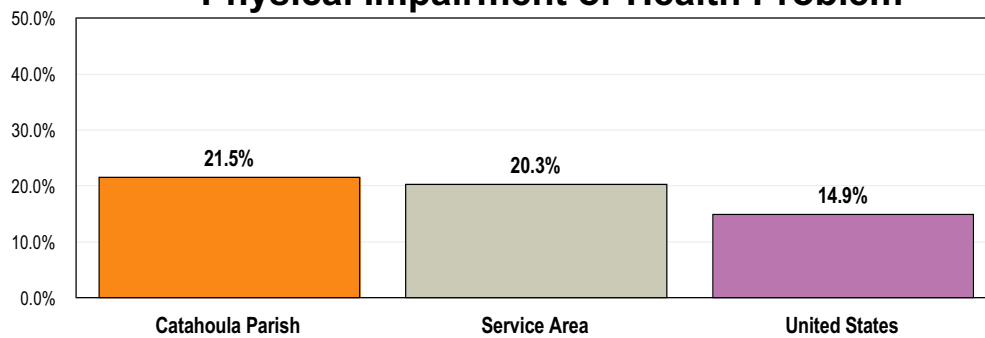
2. A national prevalence for osteoporosis is not available.

Keep in mind that each percentage point above represents approximately 78 adults in Catahoula Parish.

## Activity Limitations

- **21.5% of Catahoula Parish adults report being limited in some way in some activity because of a physical impairment or health problem.**
  - Similar to Rapides Foundation Service Area findings.
  - Significantly higher than found nationwide (14.9%).
  - This represents nearly 1,700 adults in Catahoula Parish.

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

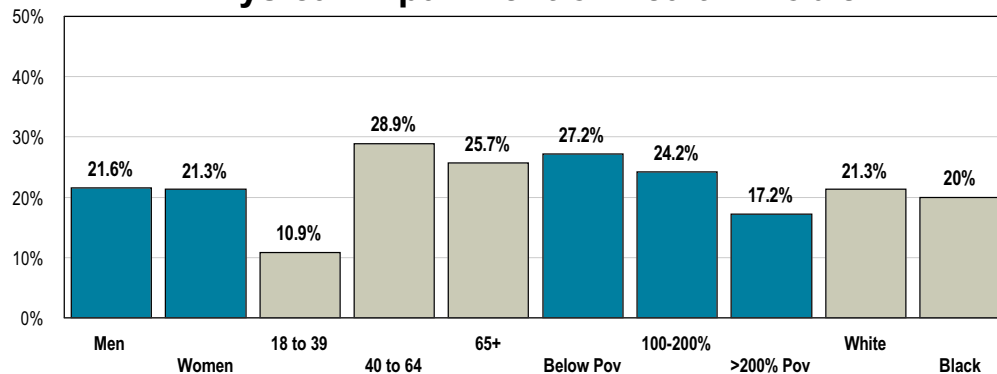


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2000 PRC National Health Survey, Professional Research Consultants  
Notes: 1. Reflects the total sample of respondents.  
2. State data not available.

- Activity limitations are higher among middle-aged adults than among other age groups.
- Activity limitations are also more prevalent among those at lower and middle income levels.
- Limitations appear to have less prevalent differences by gender and race.



## Activity Limitation Due to Physical Impairment or Health Problem



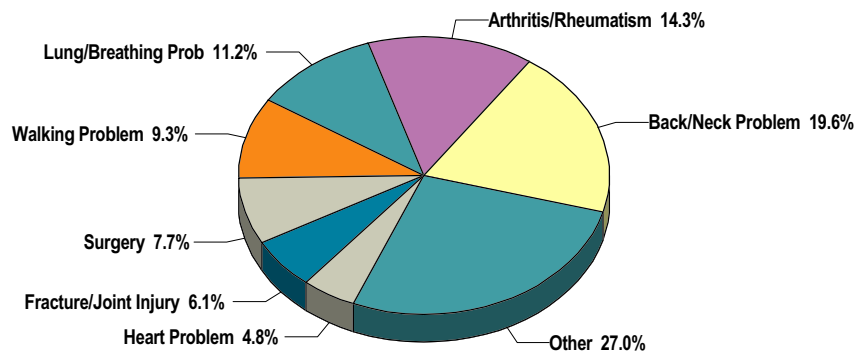
Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

- The top four impairments that limit Catahoula Parish respondents include back/neck problems, arthritis/rheumatism, lung/breathing problems, and walking problems.

## Type of Impairment Which Limits Activities

(Among Those Reporting Activity Limitations; Catahoula Parish)

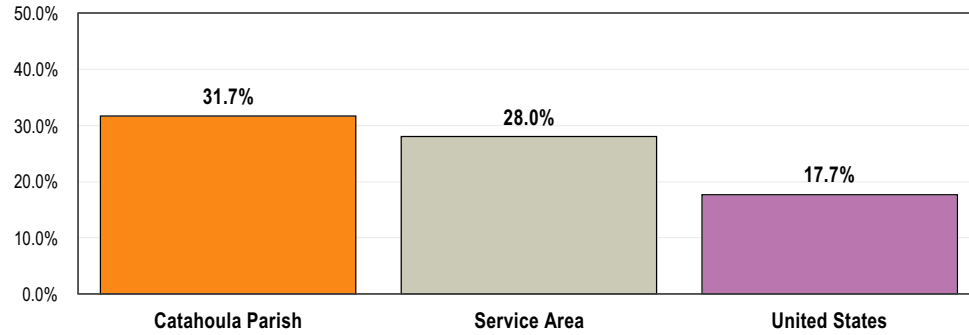


Source: 2002 PRC Community Health Survey, Professional Research Consultants

Note: Reflects those respondents who experience activity limitations.

- 31.7% of Catahoula Parish adults who currently suffer an illness or health impairment that limits their activities report that this illness or impairment is the result of a work-related injury.
  - Statistically similar to Rapides Foundation Service Area findings.
  - Significantly higher than found nationwide (17.7%).

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



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

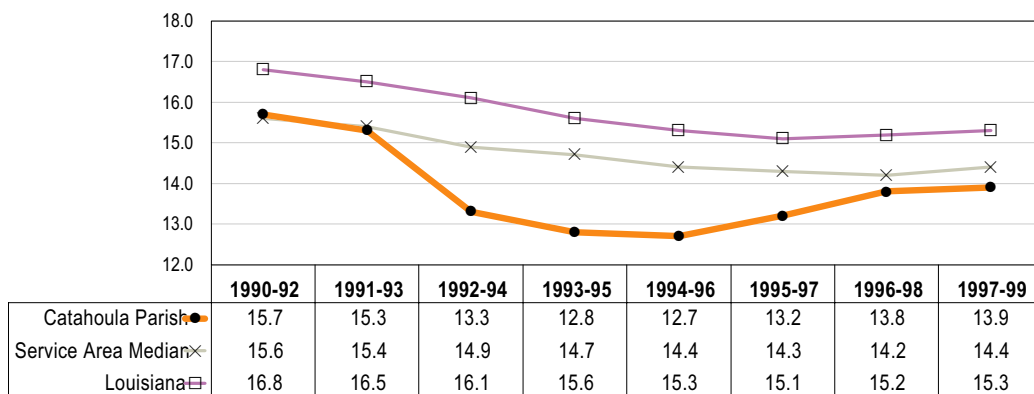
# BIRTHS

# Birth Rate

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

## Crude Birth Rates

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



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

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

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

# Prenatal Care

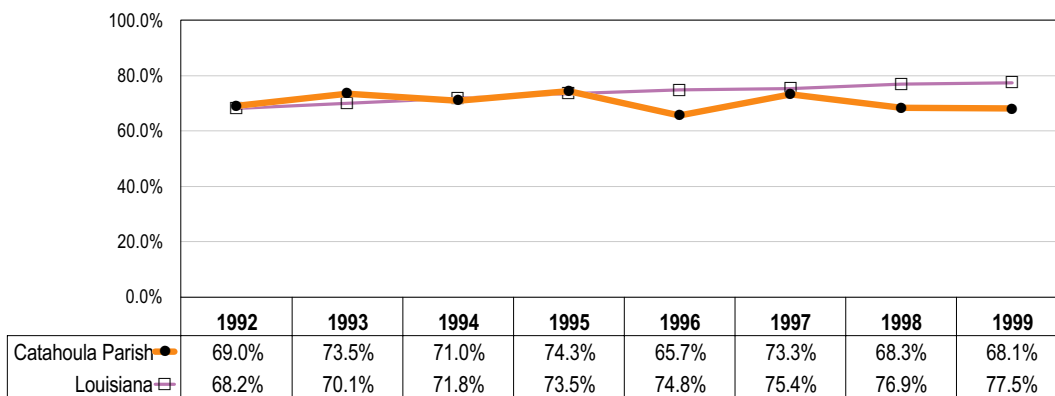
## Adequacy of Prenatal Care

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

- In 1999, 68.1% of Catahoula Parish mothers received adequate prenatal care.
  - Slightly lower than the percentage statewide (77.5%).
- Since the early 1990s, the proportion of mothers receiving adequate prenatal care has remained fairly steady in Catahoula Parish, with a low of 65.7% in 1996.
- Still, 31.9% of Catahoula 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.

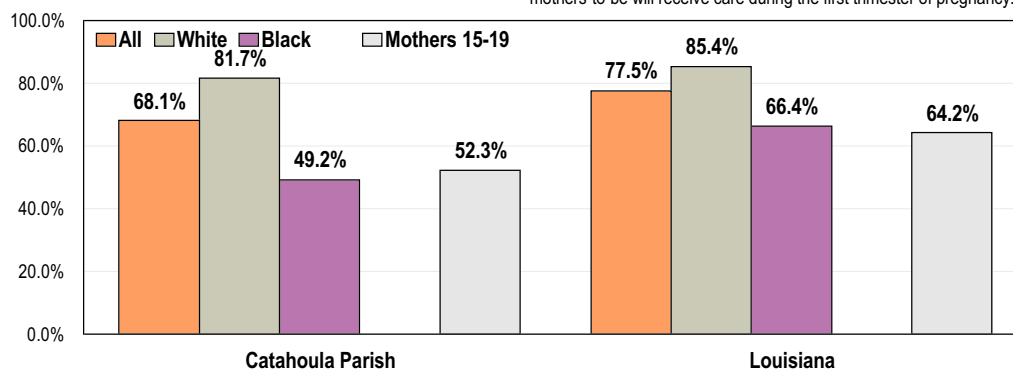
Note: Adequate prenatal care is measured by a modified Kessner Index, which defines prenatal care as adequate if the first prenatal visit occurred in the first trimester of pregnancy and if the total number of visits was appropriate to the gestational age of the baby at birth.

- A considerably lower proportion of Black mothers (49.2%) received adequate prenatal care in comparison to White mothers (81.7%) in Catahoula Parish in 1999.
- Only 52.3% of teenage mothers (age 15 to 19) in Catahoula Parish in 1999 received adequate prenatal care.

## Mothers Receiving Adequate Prenatal Care

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

The Healthy People 2010 Objective is that at least 90% of mothers-to-be will receive care during the first trimester of pregnancy.



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

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

# Birth Outcomes

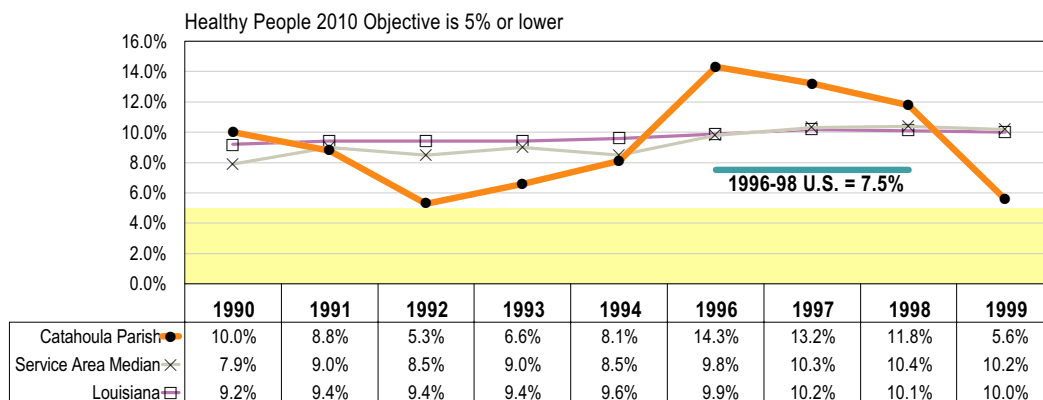
## Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds 8 ounces) at birth, are much more prone to illness and infant death than are babies of normal birthweight. Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

- In 1999, 5.6% of Catahoula Parish births were of low birthweight.
  - Similar to the *Healthy People 2010* target (5% or lower).
- Catahoula Parish low-weight births increased from 1992 to 1996, then decreased in 1997, 1998 and 1999.
- Parish proportions of low-weight births are lower than found parishwide, statewide, and nationwide.

### Low-Weight Birth Trends

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



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

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

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

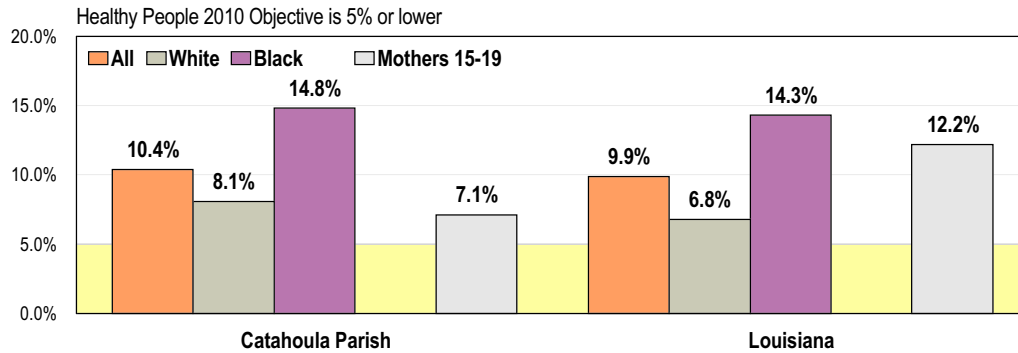
2. Low birthweight includes infants less than 2,500 grams at birth (approximately 5 pounds, 8 ounces).

3. Catahoula Parish 1995 data is not available.

- Between 1994 and 1998, 14.8% of births to Black mothers in Catahoula Parish were low birthweight, compared to a lower 8.1% of births to White mothers.
- Between 1994 and 1998, 7.1% of births to teenaged mothers in Catahoula Parish were low birthweight.

## Low-Weight Births as a Percentage of Live Births

(1994-1998 Averages by Race and Age of Mother)



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

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

Notes: 1. Numbers represent the five-year average percentages of low-weight births.

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



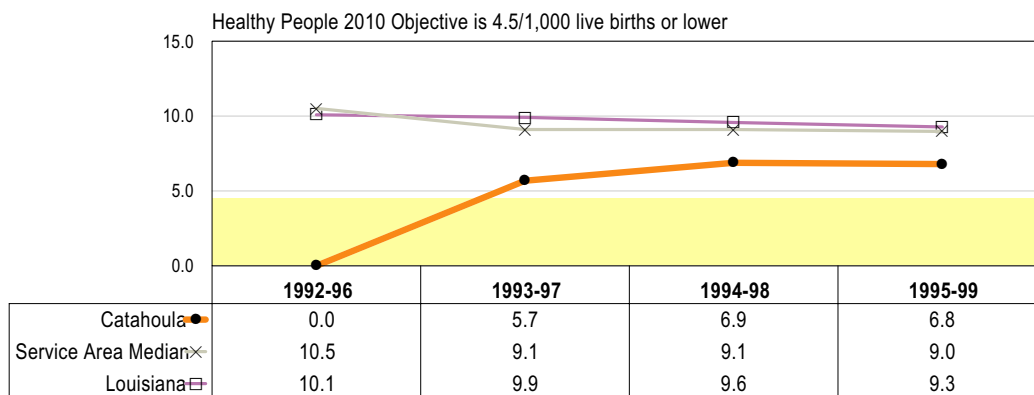
## Infant Mortality

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

- Between 1995 and 1999, there was an annual average of 6.8 infant deaths per 1,000 live births in Catahoula Parish. This represents an overall increase from rates in the early 1990s.
- 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.

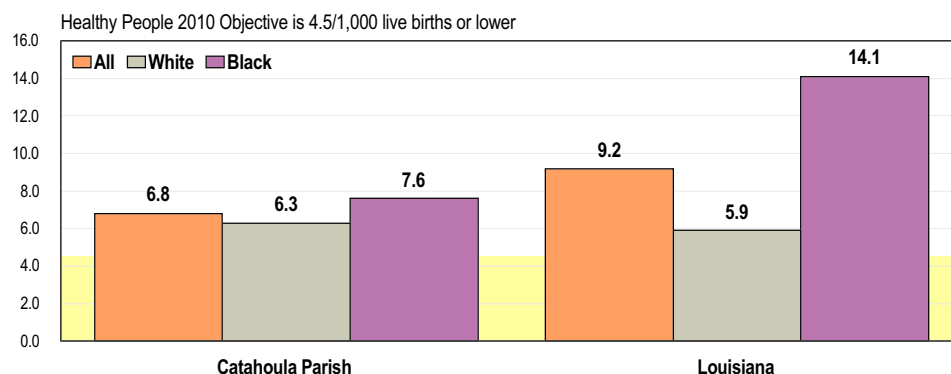
Notes: 1. Rates represent deaths occurring to infants under the age of one per 1,000 live births.

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 slightly higher among Blacks in Catahoula Parish (7.6/1,000 annual average 1995-99) than among Whites (6.3/1,000).

### Infant Mortality Rates

(1995-99 Infant Deaths per 1,000 Live Births by Race)



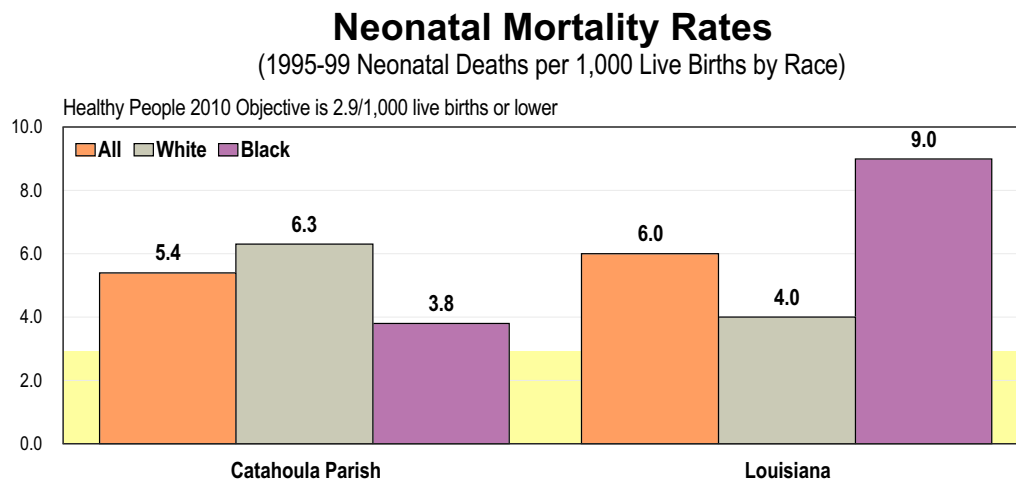
Source: Louisiana Department of Health and Hospitals, Office of Public Health.

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

## Neonatal Mortality

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

- **Between 1995 and 1999, there was an annual average of 5.4 neonatal deaths per 1,000 live births in Catahoula Parish.**
  - Compares to the statewide annual average rate for the same period (6.0/1,000).
- Neonatal mortality is lower among Blacks in Catahoula Parish (3.8/1,000 annual average 1995-99) than among Whites (6.3/1,000).



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

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

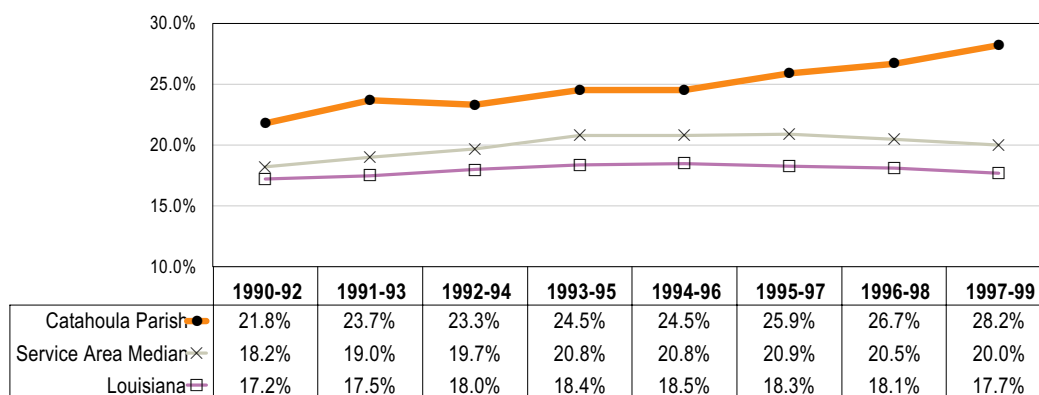
The following examination of teen births in Catahoula Parish builds on prior research in 1997 by the Rapides Foundation and Tulane School of Public Health.

## Percentage of Births to Teen Mothers

- **Between 1997 and 1999, 28.2% of Catahoula Parish births were to mothers between the ages of 15 and 19 years old.**
  - Higher than statewide (17.7%).
  - Much higher than nationwide (12.3%).
- **The proportion of Catahoula Parish births to teenage mothers has generally trended upward during the 1990s.**
  - The Catahoula Parish rate has tracked higher than 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)



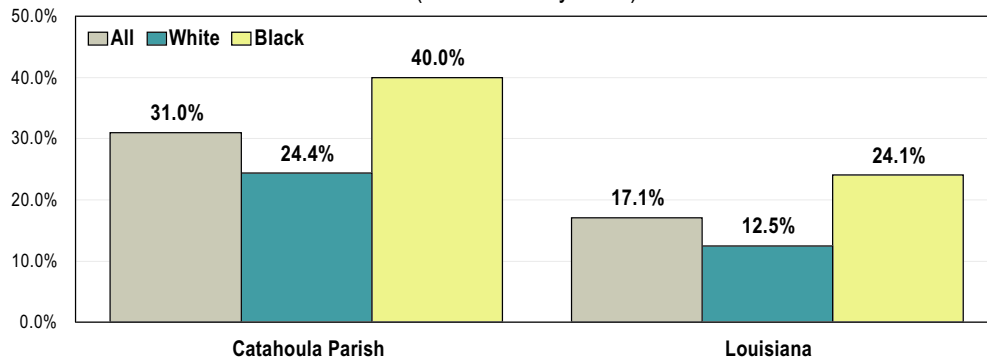
Source: Louisiana Department of Health and Hospitals, Office of Public Health.

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

- 40.0% of 1999 Catahoula Parish births among Blacks were to teenage mothers, compared to 24.4% among Whites.

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

(1999 Births by Race)



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

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

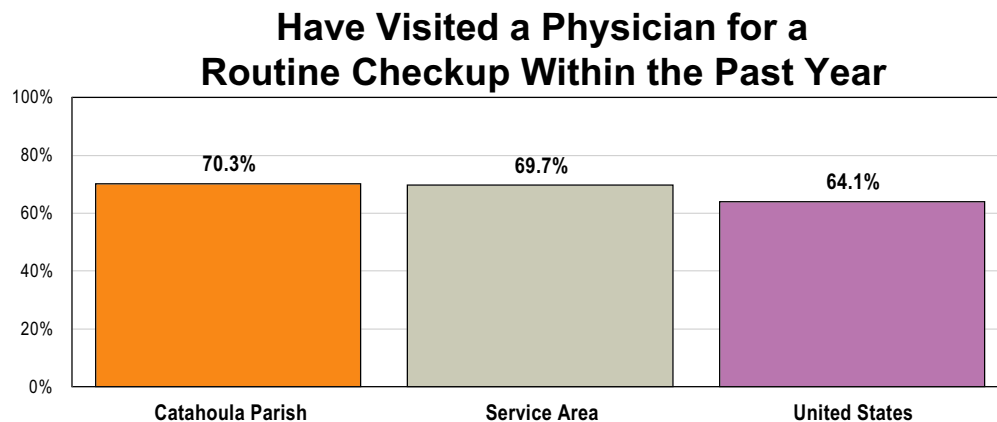
# PREVENTIVE HEALTH CARE

# Primary Medical Care

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

## Routine Physician Care

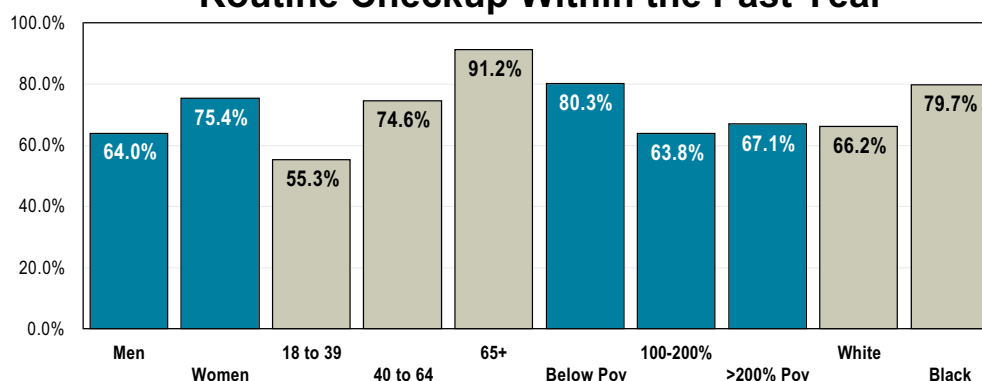
- **70.3% of Catahoula Parish adults report that they have visited a physician for a routine checkup in the past year.**
  - Similar to that found throughout the Rapides Foundation Service Area.
  - Significantly more favorable than that found nationwide (64.1%).



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

- Adults aged 18 to 39 show the lowest incidence of routine physician care in the past year.
- Men, middle-income adults, and White respondents demonstrate lower levels of routine physician care.

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



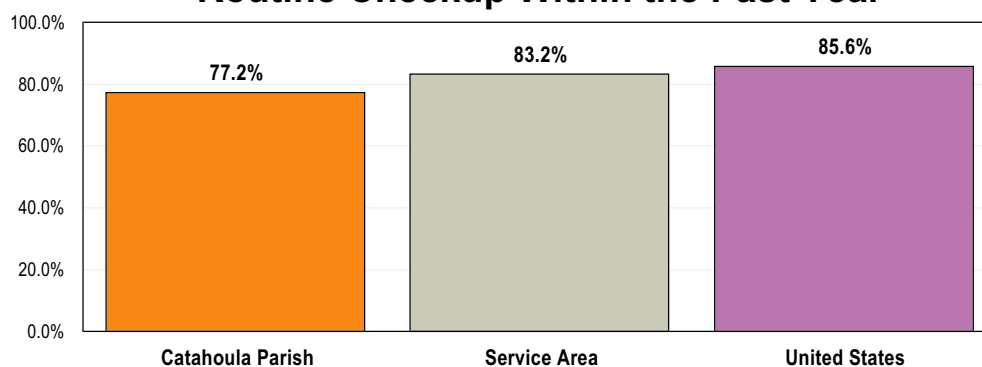
Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

2. Asked of all respondents.

- **77.2% of Catahoula Parish parents report that their child has visited a physician for a routine checkup in the past year.**
  - Similar to Rapides Foundation Service Area findings.
  - Significantly less favorable than the national average (85.6%).

### 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

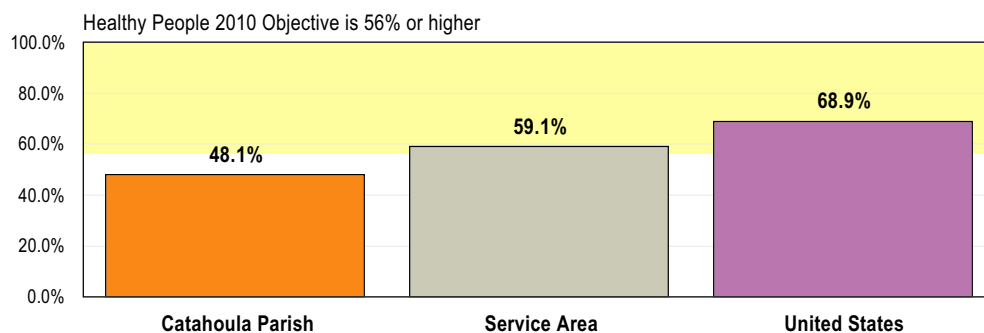
Notes: 1. Asked of respondents with children under the age of 18.

2. State data not available.

## Dental Care

- **48.1% of Catahoula Parish adults have been to a dentist or dental clinic in the past year.**
  - Significantly lower than found throughout the 11-parish Rapides Foundation Service Area (59.1%).
  - Significantly lower than found nationwide (68.9%).
  - Does not satisfy 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

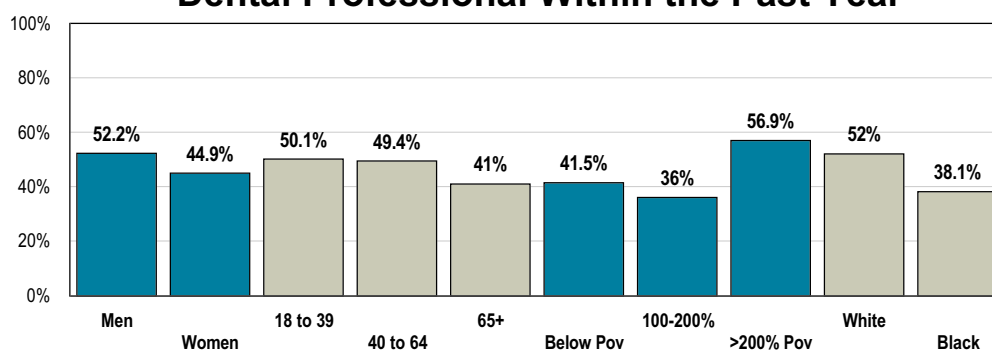
Notes: 1. Asked of all respondents.  
 2. State and U.S. data not available.  
 3. Includes dentists, orthodontists, oral surgeons and dental hygienists.

Recent dental care is particularly low among:

- Middle-income adults.
- Black respondents.
- Older adults (aged 65 and older).
- Women.



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



Source: 2002 PRC Community Health Survey, Professional Research Consultants

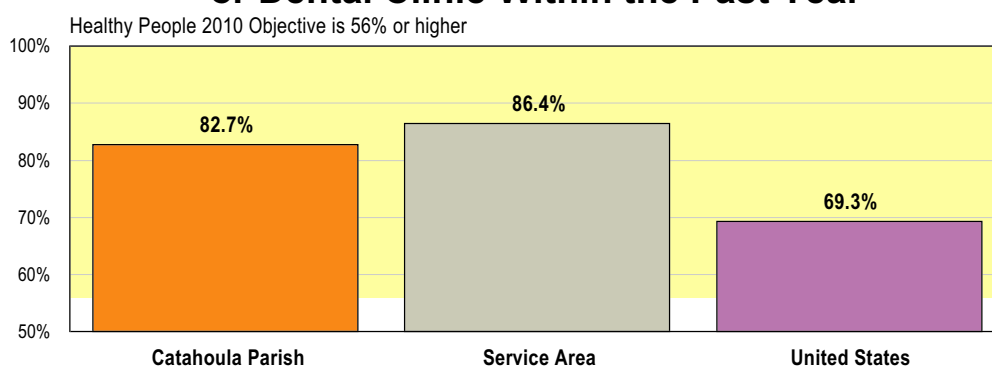
Notes: 1. Demographic breakouts are among findings in Catahoula Parish.

2. Asked of all respondents.

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

- **82.7% of Catahoula Parish parents report that their child has visited a dentist or dental clinic in the past year.**
  - Similar to Rapides Foundation Service Area findings (86.4%).
  - Significantly higher than found nationwide (69.3%).
  - Satisfies the *Healthy People 2010* target (56% or higher).

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



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

2. 2000 PRC National Health Survey, Professional Research Consultants

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

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

2. State data not available.

## Community Health Panel Findings\*

“People here don’t go to the dentist because they can’t afford it.”

“If you qualify for the sliding scale dental program, you can come to the dentist's office in our clinic and get the services at a reduced rate. We also have the mobile unit that travels within a 100-mile radius of the clinic offering dental services. We go into LaSalle Parish and extend our service area to provide medical and dental services.”

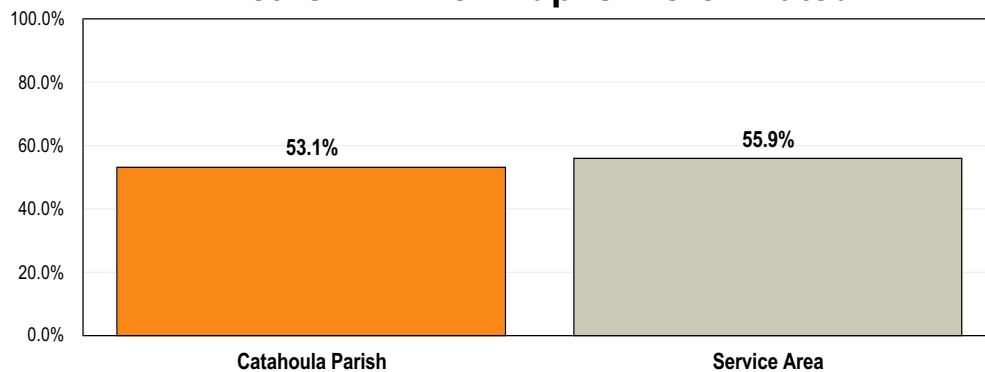
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*\* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion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

## Vision Care

- **53.1% of Catahoula 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

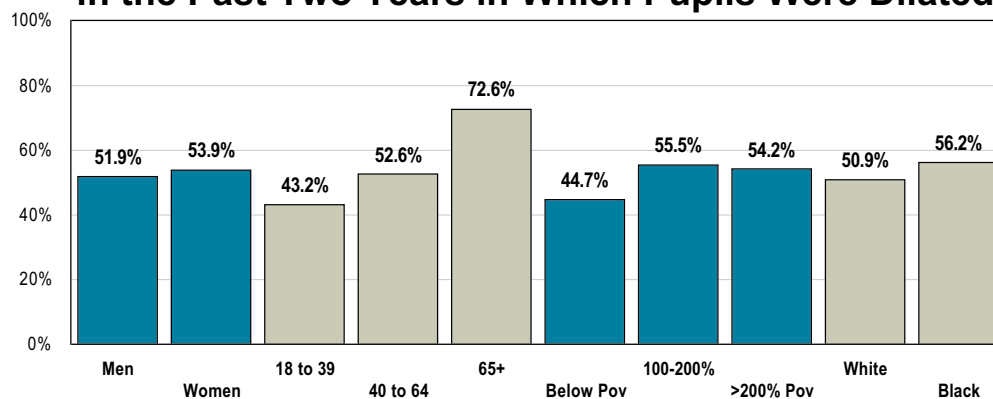


Source: 2002 PRC Community Health Survey, Professional Research Consultants

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.
- There is some correlation with income, with low-income respondents less often having had an eye exam in the past two years.

### 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 Catahoula Parish.  
2. Asked of all respondents.

# Childhood Immunization

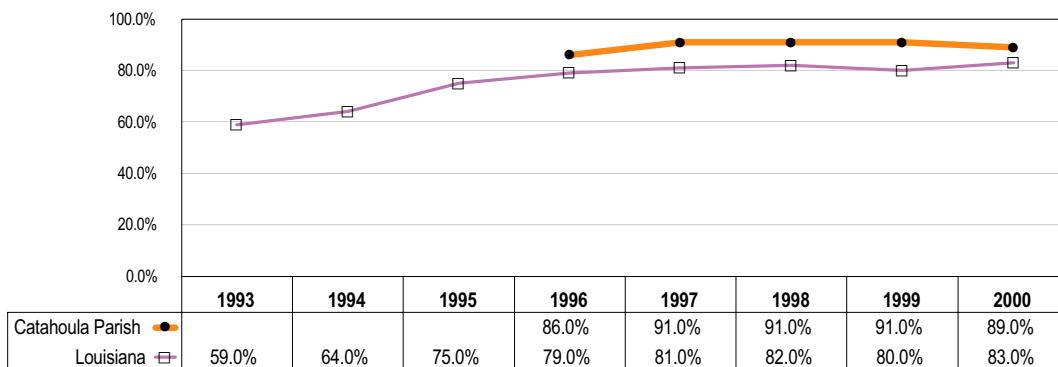
Immunization is the best line of defense against many infectious diseases, and childhood immunizations are an essential component to community health. Immunization may even lead to the complete eradication of such diseases as tetanus and diphtheria.

## Public Clinic Immunization Assessments

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

- **89.0% of toddlers seen at public clinics in Catahoula Parish in 2000 were up to date for immunizations at age 24 months.**
  - Public clinic assessment immunization levels in Catahoula Parish have generally remained above statewide percentages.

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



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

## Community Health Panel Findings\*

“Those children who go to the Head Start program have their immunizations before they start school. They are pretty well set with their immunizations. I think the Kid-Med Program has helped a lot in getting these done on time.”

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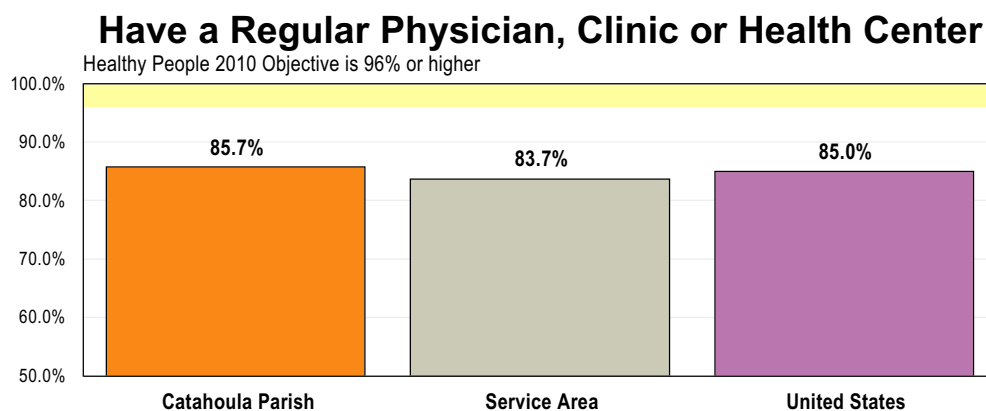
*\* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the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

# ACCESS TO HEALTH CARE SERVICES

# Access to Primary Care Services

## Regular Use of Physicians' Offices/Clinics

- **85.7% of Catahoula Parish adults have a regular physician, clinic or health center that they go to if they are sick or need advice about their health.**
  - Similar to Rapides Foundation Service Area and national findings.
  - Fails to satisfy *Healthy People 2010* target (96.0%).



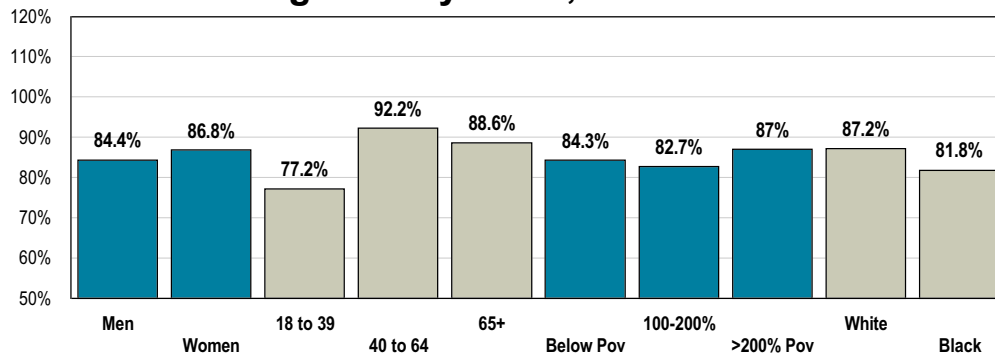
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2000 PRC National Health Survey, Professional Research Consultants  
3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

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

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

- Young adults.
- Black respondents.
- Middle-income respondents.
- Men.

## Have a Regular Physician, Clinic or Health Center



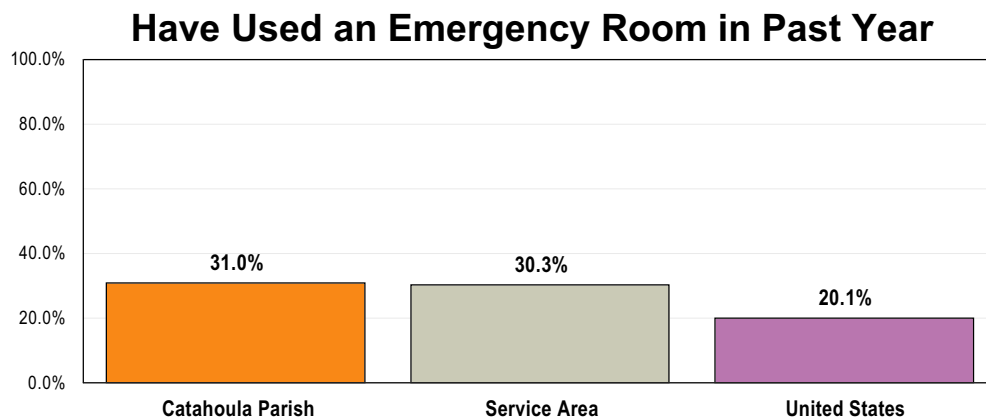
Source: 2002 PRC Community Health Survey, Professional Research Consultants

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



## Emergency Room Utilization

- **31.0% of Catahoula Parish adults have gone to an emergency room in the past year about their own health.**
  - Similar to Rapides Foundation Service Area findings.
  - Higher than found nationwide (20.1%)
- **11.3% of Catahoula Parish adults have gone to an emergency room more than once in the past year about their own health.**
  - Similar to Rapides Foundation Service Area findings.
  - Significantly higher than found nationwide. (5.6%).
- **36.8% of uninsured respondents in Catahoula Parish have gone to an emergency room in the past year, versus 28.0% of insured respondents.**

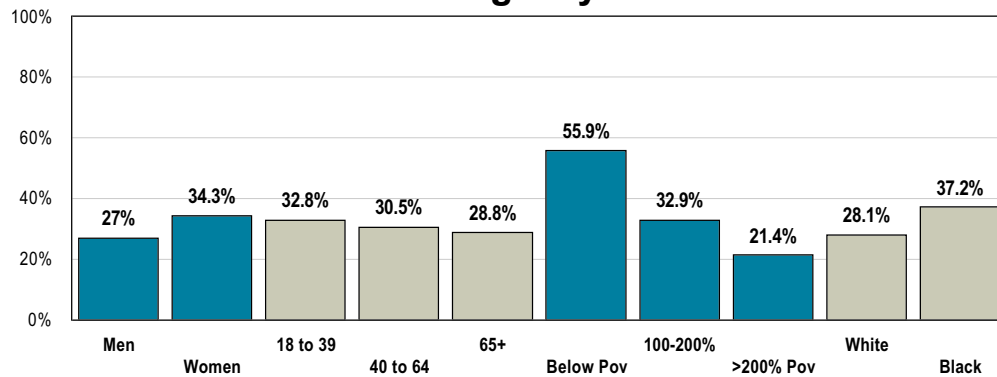


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. 2000 PRC National Health Survey, Professional Research Consultants  
 Notes: 1. Asked of all respondents.  
 2. State data not available.

Emergency room utilization is higher among:

- Persons living below the poverty threshold (high utilization among low-income populations might suggest ER utilization for primary care needs).
- Black respondents.
- Women.
- Young adults.

## Have Used an Emergency Room in Past Year

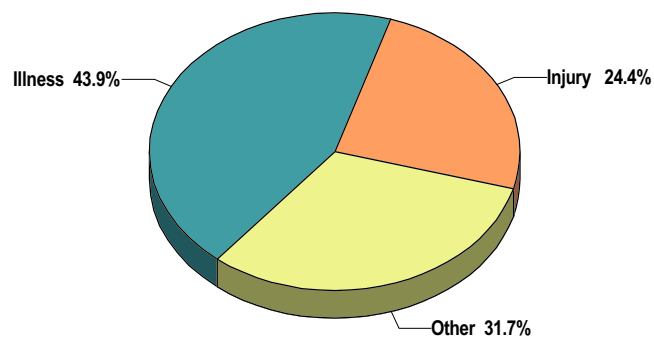


Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

- **43.9% of Catahoula Parish adults visiting an emergency room in the past year say this was to treat an illness, and 24.4% 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.

## Community Health Panel Findings\*

“We don’t have emergency medical, such as ambulance service. This has been a major problem for the past 25 years. In the past, we had private providers that just come in and leave because we have a low-density population with a medium to low income, and we have not been able to support this type of service, so ambulance service is a big problem.”

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

# Health Insurance Coverage

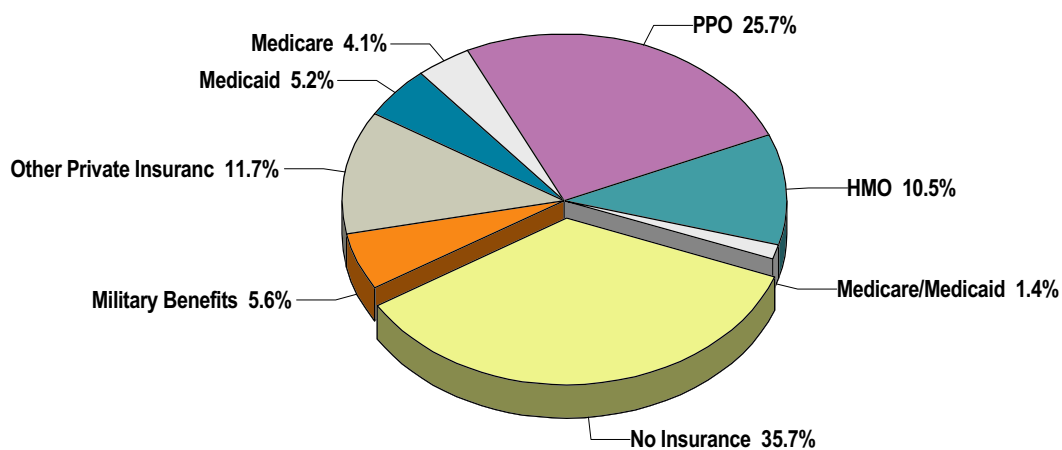
Along with enhancing quality and moderating costs, improving the accessibility of health care services is one of the principal hopes for the American health care system and a key element in any preventive approach to community health. Certainly one of the various barriers to access is a lack of insurance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

## Insurance Coverage by Type

- **64.3% of Catahoula Parish adults aged 18 to 64 currently have some type of health insurance coverage.**
- **36.2% of Catahoula Parish adults aged 18 to 64 have health care coverage through an HMO (health maintenance organization) or PPO (preferred provider organization); 11.7% have other private health insurance coverage.**
- **9.3% of Catahoula Parish adults aged 18 to 64 have Medicaid and/or Medicare.**
- **5.6% have CHAMPUS or veteran's benefits.**

### Health Care Insurance Coverage

(Catahoula Parish; Ages 18-64)

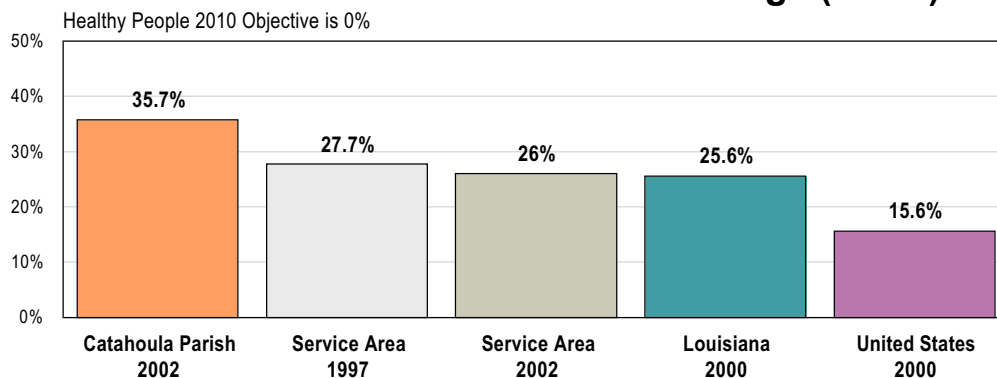


Source: 2002 PRC Community Health Survey, Professional Research Consultants  
Note: Reflects respondents aged 18 to 64.

## Lack of Health Insurance Coverage

- **35.7% of Catahoula Parish adults aged 18 to 64 have no health insurance coverage, representing nearly 2,800 adults.**
  - Significantly less favorable than current Rapides Foundation Service Area (26.0%) and Louisiana (25.6%) findings.
  - Significantly worse than found nationwide (15.6%).

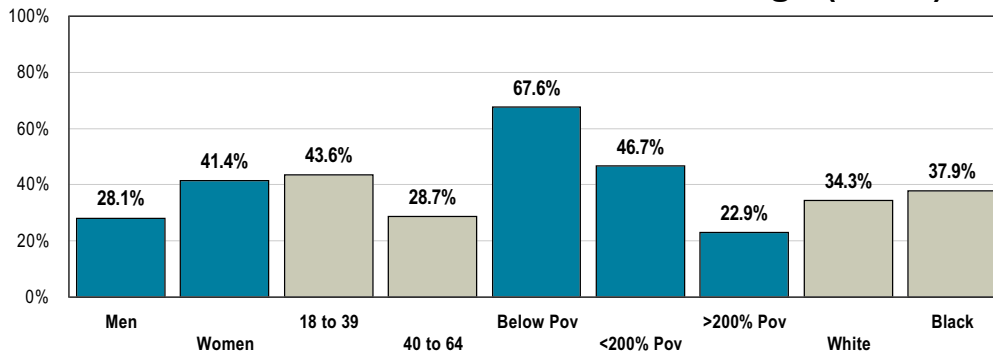
### Lack Health Care Insurance Coverage (18-64)



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, including over two-thirds (67.6%) of those living below the poverty threshold.
- Younger adults more often lack health insurance than middle-aged adults.
- More women than men are without health insurance.

## Lack Health Care Insurance Coverage (18-64)



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

2. Reflects respondents aged 18 through 64.

## Community Health Panel Findings\*

“I think there is gap between Medicaid and Medicare. If a person goes to work, they don’t qualify for Medicaid; but if you quit and go back on welfare, then you qualify for Medicaid. It doesn’t make sense. It should be on some type of sliding scale for the working poor to be able to qualify for some services.”

“The problem with a lot of our services is that unless you are indigent or a very low-income individual, you don’t qualify for the free or sliding fee services. We have a lot of people who don’t fall in these categories because they just make enough money to not be able to qualify. Unfortunately, these are the folks that have to decide, ‘Do I buy medicines or food?’ ”

“We have a lot of retired people in this parish that make just enough money to not qualify for services, even though they are low-income people.”

\* 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.

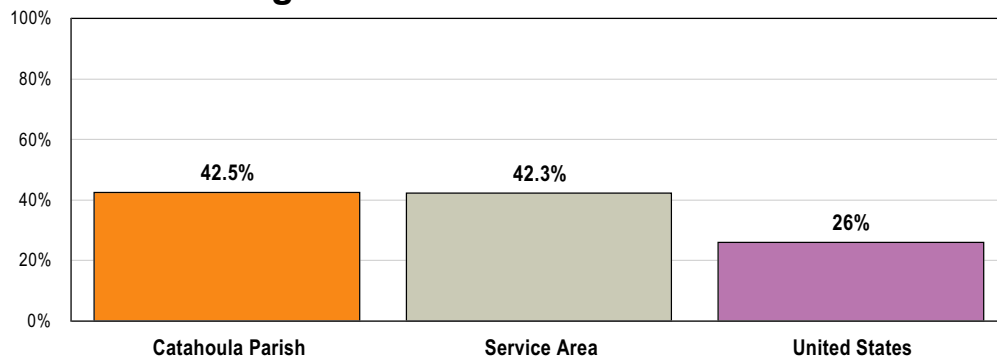
# Barriers to Primary Care

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

- **42.5% of Catahoula Parish adults report some type of difficulty accessing or receiving health care services in the past year.**
  - Similar to Rapides Foundation Service Area findings.
  - Significantly higher than found nationwide (26.0%).
  - Far from reaching the *Healthy People 2010* target (7% or lower).

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

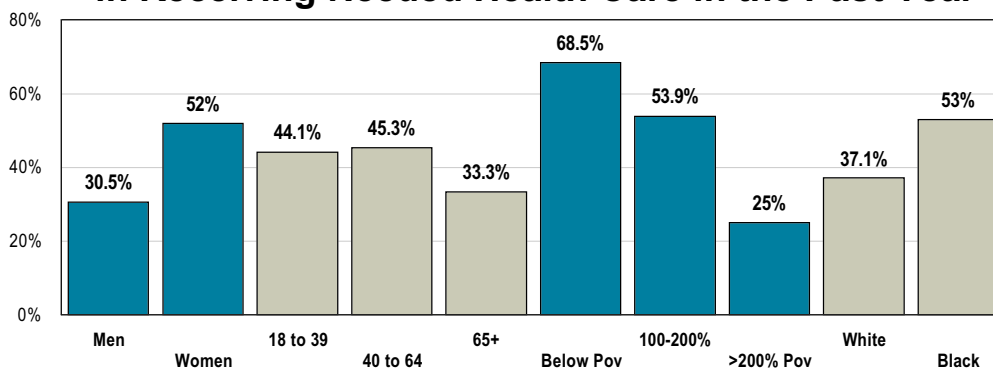


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2000 PRC National Health Survey, Professional Research Consultants  
Notes: 1. Asked of all respondents.  
2. State data not available.

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

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

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



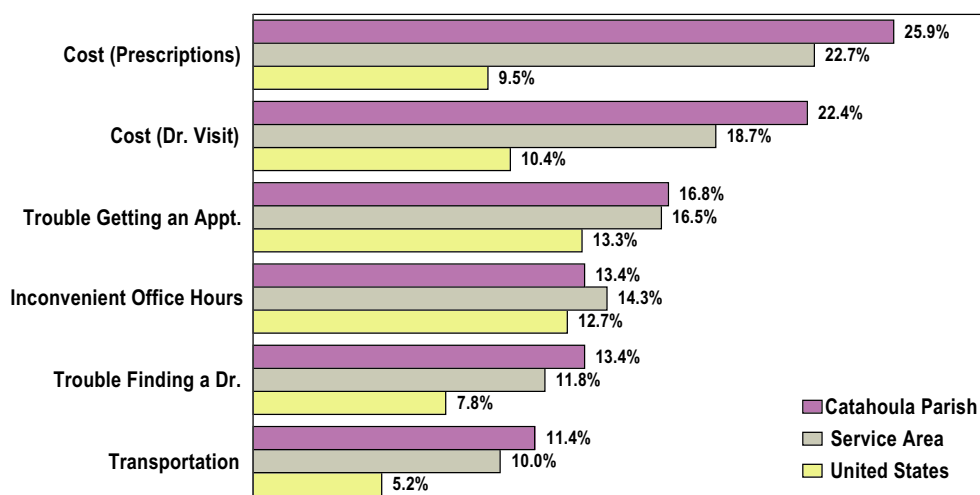
Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Catahoula 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 Catahoula Parish.
- The proportion of the Catahoula Parish population impacted was significantly greater than found nationwide for four of the six tested barriers, including cost of prescriptions, cost of a physician visit, difficulty finding a physician, and lack of transportation.

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



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

2. 2000 PRC National Health Survey, Professional Research Consultants

Note: Asked of all respondents.

## Cost of Health Services

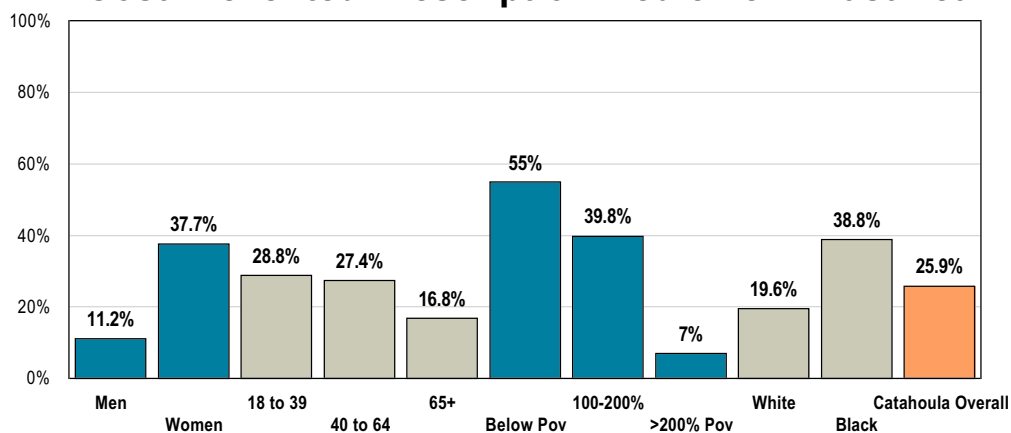
### Cost of Prescriptions

- **25.9% of Catahoula 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 over 2,000 adults in Catahoula Parish.**
  - Similar to Rapides Foundation Service Area findings.
  - Significantly higher than found nationwide (9.5%).

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

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

### Cost Prevented Prescription Medicine in Past Year

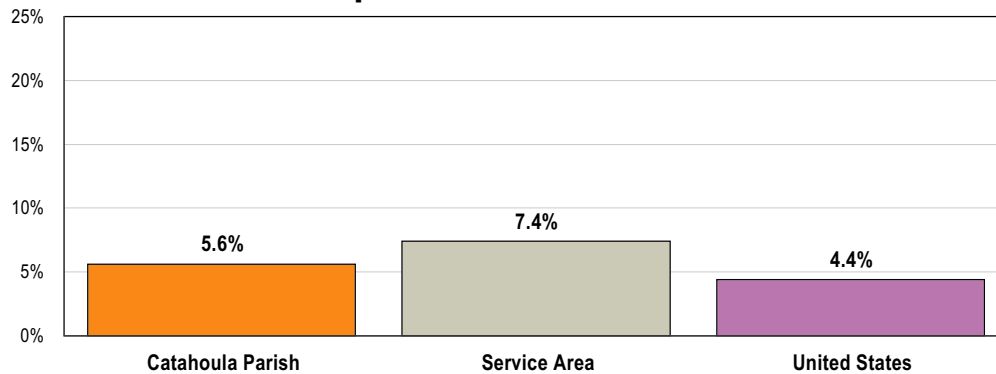


Source: 2002 PRC Community Health Survey, Professional Research Consultants  
Notes: 1. Demographic breakouts are among findings in Catahoula Parish.  
2. Asked of all respondents.



- **5.6% of Catahoula Parish parents report that they have not gotten a needed prescription for their child in the past year because they could not afford it.**
  - Similar to findings throughout the Rapides Foundation Service Area.
  - Similar to national findings.

### **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.

### **Community Health Panel Findings\***

“I think one of the biggest problems facing us here is the cost of prescriptions. The Foundation’s prescription plan has not made it to this parish yet.”

“We have a drug formulary for our patients where they can get their medicine at a reduced rate. We also have what we call the Patients Assistance Program, that if we have indigent patients, we can get them free prescriptions through the pharmaceutical companies.”

\* 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.

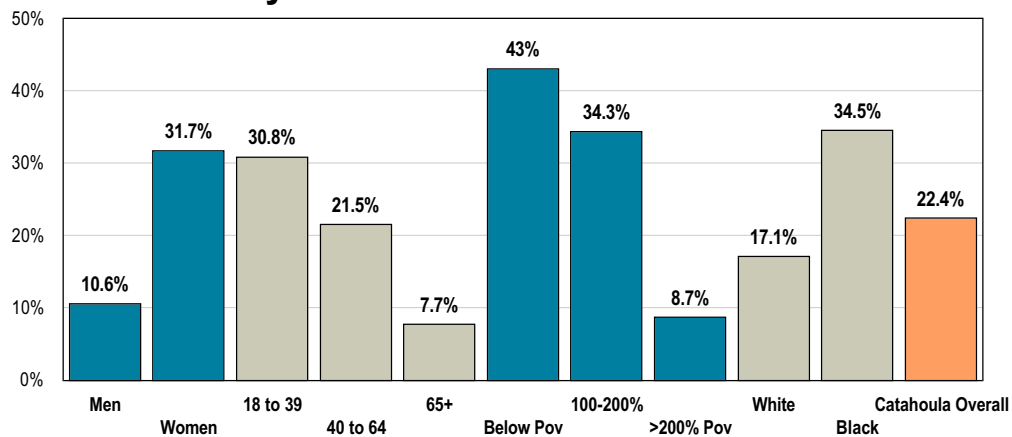
## Cost of Physician Care

- **22.4% of Catahoula Parish adults report that there has been a time in the past year when they needed to see a doctor, but could not because of the cost. This represents over 1,700 Catahoula Parish adults.**
  - Similar to Rapides Foundation Service Area findings.
  - Significantly higher than found nationwide (10.4%).

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

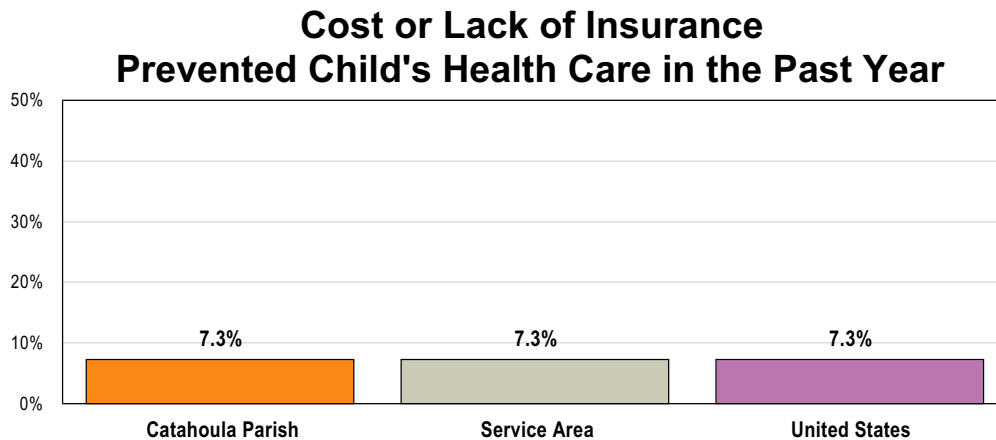
- Persons living in poverty.
- Younger adults.
- Women.
- Black respondents.

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



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

- **7.3% of Catahoula Parish parents say that cost or a lack of insurance has prevented a physician visit for their child in the past year.**
  - Matches Rapides Foundation Service Area and national findings.



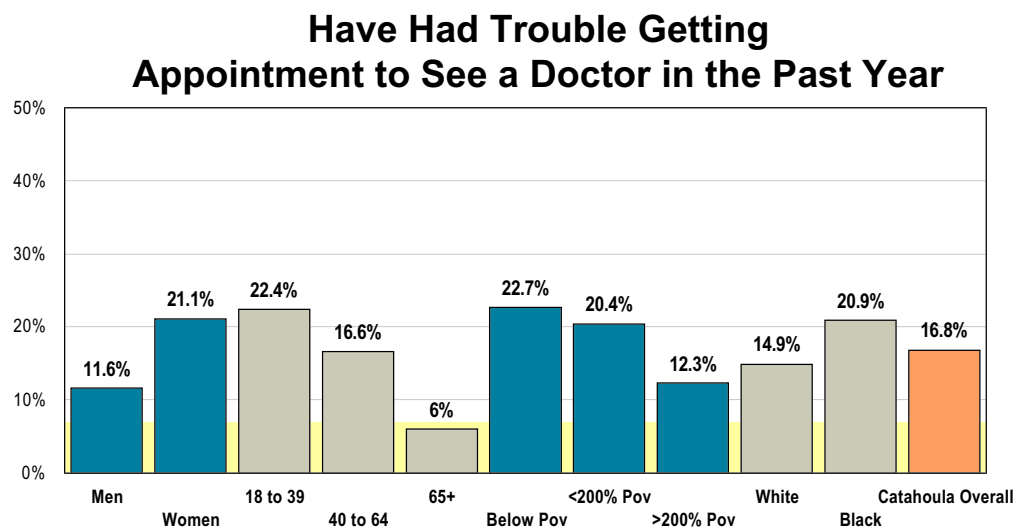
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2000 PRC National Health Survey, Professional Research Consultants  
Notes: 1. Asked of respondents with children under the age of 18.  
2. State data not available.

## Appointment Availability

- **16.8% of Catahoula Parish adults have had trouble getting an appointment to see a doctor in the past year, representing over 1,300 residents.**
  - Similar to Rapides Foundation Service Area findings.
  - Similar to that found nationwide.

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

- Persons living in the lower- and middle- income bracket.
- Younger adults.
- Women.
- Black respondents.

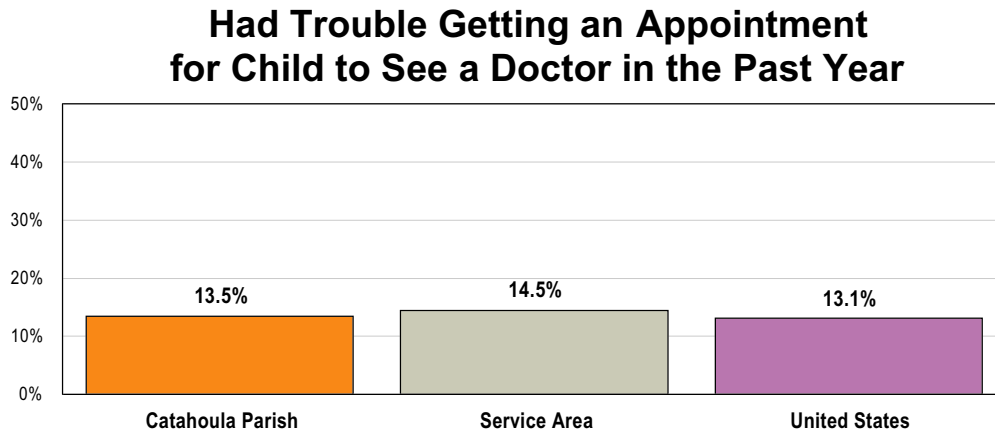


Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

2. Asked of all respondents.

- **13.5% of Catahoula Parish parents report trouble getting a doctor appointment for their child.**
  - 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.

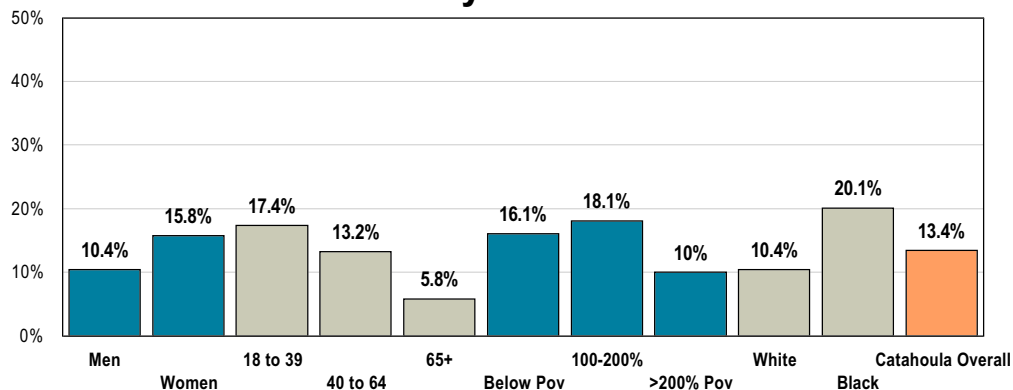
## Inconvenient Office Hours

- **13.4% of Catahoula Parish adults say that inconvenient office hours prevented them from seeing a doctor in the past year.**
  - Similar to that found throughout the Rapides Foundation Service Area, as well as nationwide.

Catahoula Parish residents more often impacted by inconvenient office hours include:

- Black respondents.
- Adults living in the middle-income category.
- Young adults.
- Women.

### Inconvenient Office Hours Prevented Physician Visit Last Year



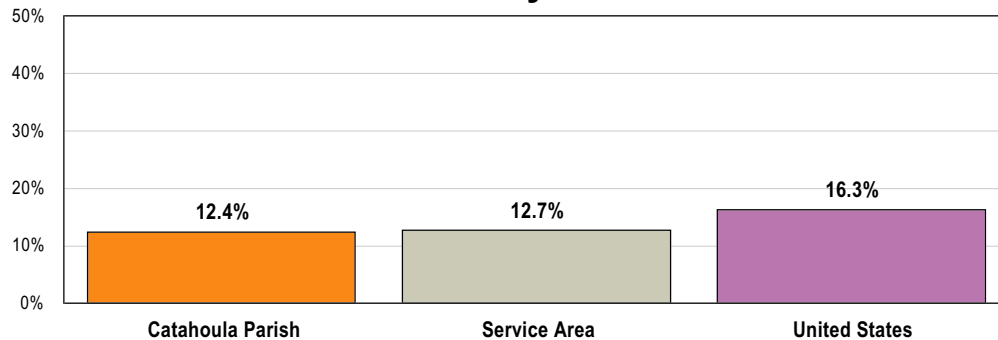
Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

2. Asked of all respondents.

- **12.4% of Catahoula 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.**
  - Similar to Rapides Foundation Service Area findings.
  - Statistically more favorable than national findings (16.3%).

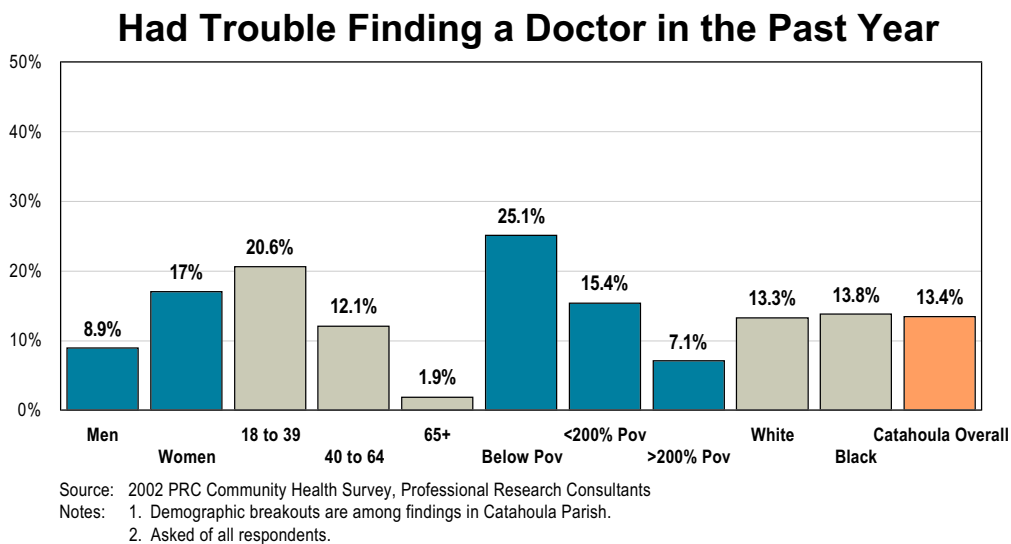
### Inconvenient Office Hours Prevented Child's Physician Visit Last Year



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

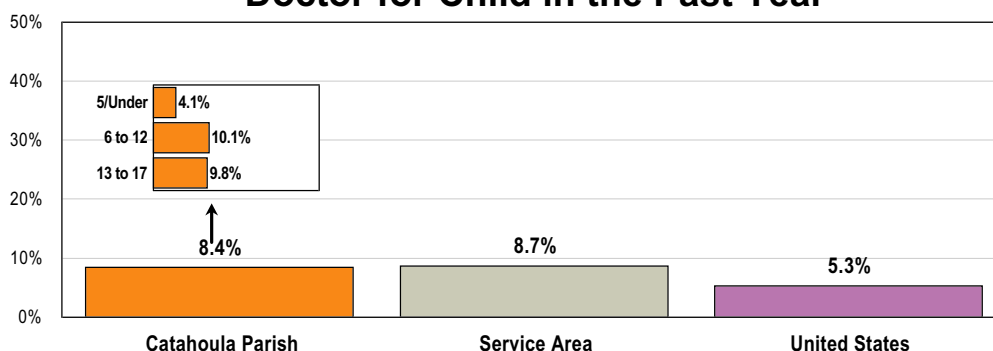
- **13.4% of Catahoula Parish adults report having difficulty finding a doctor in the past year.**
  - Similar to the Rapides Foundation Service Area finding.
  - Significantly higher than found nationally (7.8%).
- Persons living in the lowest income bracket more often report difficulty finding a doctor.
- Young adults and female respondents more often report difficulty finding a doctor.



- **8.4% of Catahoula Parish parents say that they have had trouble finding a doctor for their child in the past year.**
  - Similar to the Rapides Foundation Service Area.
  - Similar to that found nationwide.



## 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\*

“We just lost our specialty physicians. We used to have an endocrinologist and a gastroenterologist. I heard they are considering coming back to this parish, and I certainly hope that they do because we have a high rate of diabetes and we also have a high rate of cancer in this area. This gastroenterologist had made arrangements for our indigent patients to get scopes and all kinds of tests at a very reasonable price. We had quite a number of people who found out they had cancer early on who would not have known until it was too late if they had to wait for the charity hospital to get the tests done.”

“We do not have access to specialty care for our indigent patients. When we call the charity hospital, sometimes there is a four-month wait before we can get them an appointment.”

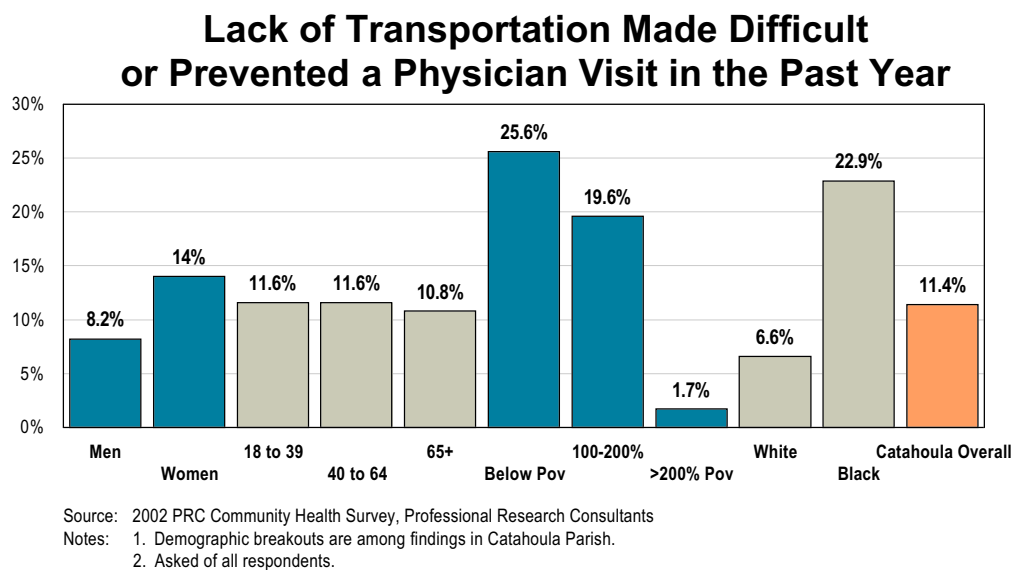
“We need more specialists - cancer and diabetes, and also more primary care physicians. At one time, we were getting medical students to do a rotation here, and I thought it was working very well, but then it stopped last year.”

“We don’t have an OB/GYN specialist here. One of this type of physicians from the next parish started to come to our clinic one day a week to see the people in this area who need OB/GYN care. Prenatal care is not easy for our moms.”

\* 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.

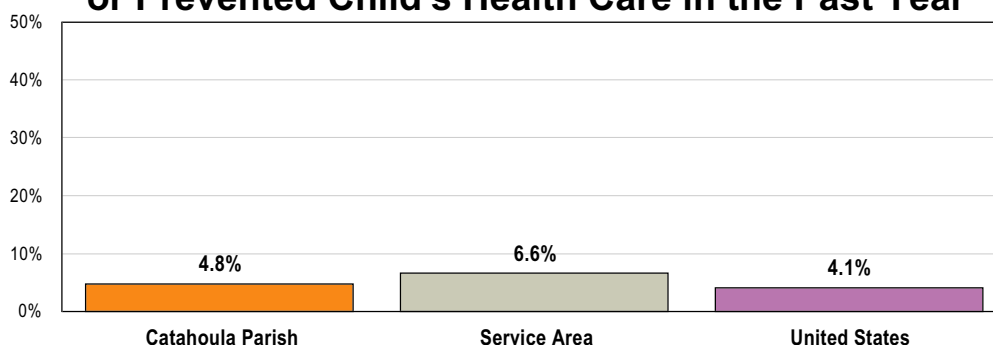
## Lack of Transportation to Health Care Services

- **11.4% of Catahoula Parish adults report that a lack of transportation has made it difficult or prevented them from seeing a physician in the past year.**
  - Similar to that found throughout the Rapides Foundation Service Area.
  - Significantly higher than found nationwide (5.2%).
- Dramatically greater shares of persons living in poverty and just above the poverty level are impacted by a lack of transportation.
- Black respondents and women much more often report transportation as an access barrier than do White respondents and men.
- Incidence of a lack of transportation preventing a physician visit varies little with age.



- **4.8% of Catahoula 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.**
  - Similar to Rapides Foundation Service Area findings.
  - Similar to that found nationwide.

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



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

2. 2000 PRC National Health Survey, Professional Research Consultants

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

2. State data not available.

## Community Health Panel Findings\*

“We lack public transportation for all the people in the parish, including the elderly.”

“We try to give our patients access to transportation when they have to go to see specialists, but we don’t provide transportation services to anyone else. We are the only transportation provider in this parish, so if you are not our patient, you have to pay somebody to take you or not go to your appointment.”

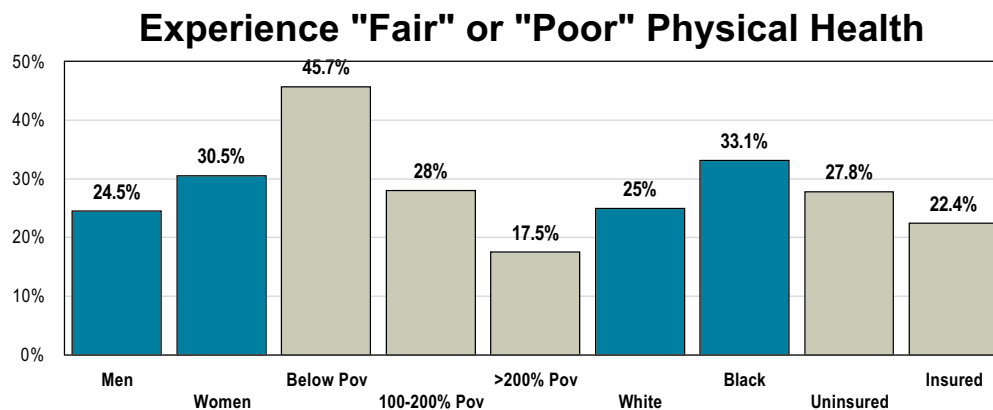
“Transportation should be one of our top priorities.”

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# Implications of Poor Access

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

- Those demographic groups that more often report difficulty accessing health care — persons in poverty, Black respondents, women and uninsured respondents — more often report their general health status as “fair” or “poor.”

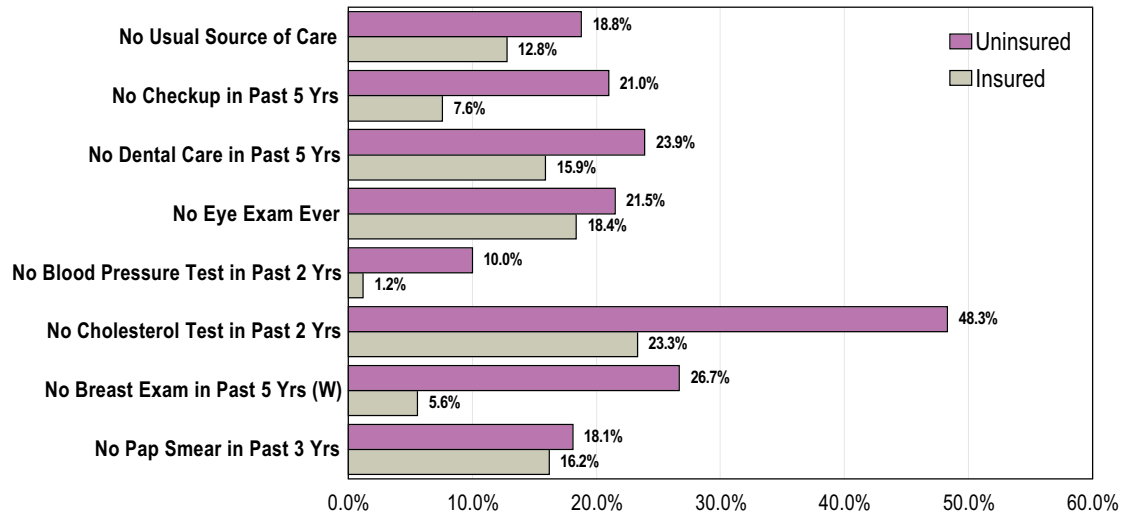


Source: 2002 PRC Community Health Survey, Professional Research Consultants  
Notes: 1. Demographic breakouts are among findings in Catahoula Parish.  
2. Asked of all respondents.

- 37.4% of those experiencing one or more types of access barriers in the past year rate local health care services as “fair” or “poor,” compared to only 28.1% of those not experiencing these difficulties.
- Those without health insurance coverage report lower prevalence of many preventive health services when compared to insured individuals (e.g., having a regular physician or clinic, routine check-ups, dental care, eye exams, blood pressure testing, cholesterol testing, breast examinations, and Pap smear testing).

## 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.

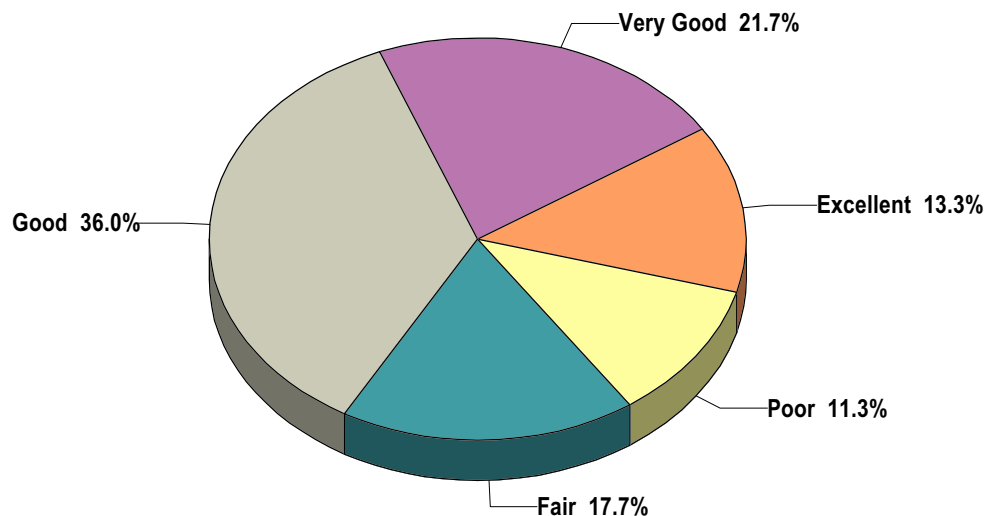
# PERCEPTIONS OF HEALTH CARE SERVICES

# Local Health Care Services

## Satisfaction With Local Health Care

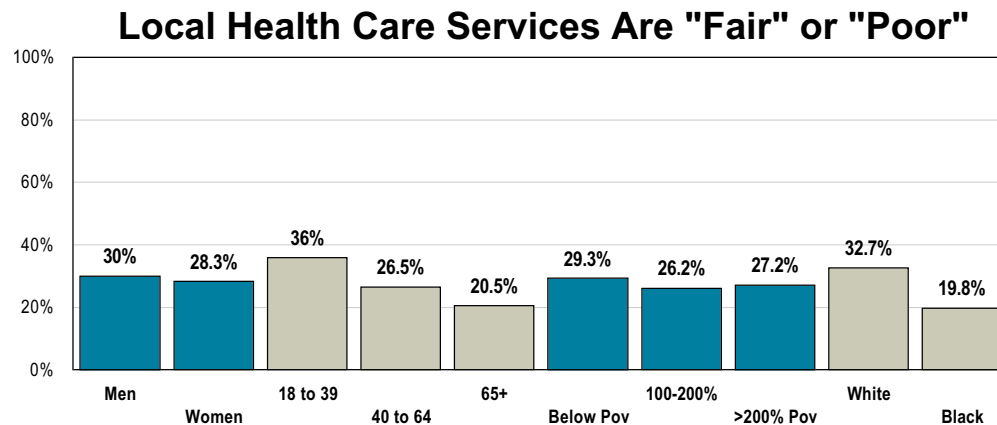
- **35.0% of Catahoula Parish adults rate their satisfaction with the overall health care services available to them as “excellent” or “very good.”**
- **29.0% rate overall health care services as “fair” or “poor.”**
  - Significantly less favorable than found throughout the Rapides Foundation Service Area (23.4% “fair/poor”).
  - Significantly less favorable than found nationwide (13.6% “fair/poor”).

**Satisfaction With Local Health Care**  
(Catahoula Parish)



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

- Young adults and White residents are most critical of local health care services.
- Men and those living below the poverty level are more critical of local health care than their demographic counterparts.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

2. Asked of all respondents.

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

## Community Health Panel Findings\*

"We have one parish school nurse whose time is divided among all of the schools. Our dream would be to have one school nurse in each school campus. Her salary is prorated between federal funds under Title IV and the school's funds. We really would like more funding so that we could pursue more programs for our schools."

"I think we are fortunate enough that we do have a nice health clinic and dental office, which just recently opened up. Also, my mother-in-law, who is an elderly person, has gone to a facility just for the elderly - I am not sure what it is called - so it is nice to have some medical facilities that are nearby."

"We need a hospital in this parish. We have two private physicians in Jonesville who have been here for years. We need primary care and family practice physicians for this area, but we also need the specialists to refer patients for services."

"I have a question, because it seems that the medical center is on top of a lot of these health problems, but what about the other medical facilities in the parish? Even the people here in Jonesville who may not go to the medical center, are they aware of these programs dealing with diabetes and other health concerns? If people go to other doctors in the parish, are they aware of these programs, and can they refer their patients to take advantage of these classes?"

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



“To answer your question, I am quite sure that they do. It is only 22 to 25 miles from anywhere in the parish to drive to Jonesville - about 30 minutes - so it is a little drive to get these services. A lot of the private doctors know what is available at the medical center.”

# CRIME & HOUSING ISSUES

# Crime

## Index Crime Rates

The following chart outlines rates for reported FBI Index Crimes in Catahoula Parish, Louisiana, and the United States.

- In 1994-96 (most recent years available), Catahoula Parish experienced a rate of **436.1 violent crimes** (murder, rape, robbery and aggravated assault/battery) per 100,000 population, nearly half the statewide violent crime rate (1996-98).
- In 1994-96, Catahoula Parish experienced a rate of **1,643.2 property (non-violent) crimes** (burglary, motor vehicle theft, larceny-theft) per 100,000 population, markedly lower than the 1996-98 Louisiana rate.
- Burglary, larceny, and motor vehicle crime rates all were particularly low in comparison to the state.

### Reported FBI Index Crimes

Crime Rates per 100,000 Population

	Catahoula Parish (1994-1996)	Louisiana (1996-1998)
<b>VIOLENT CRIMES</b>	<b>436.1</b>	<b>854.8</b>
Homicide	21.3	15.3
Forcible Rape	16.0	39.9
Robbery	5.3	237.9
Aggravated Assault	393.5	561.7
<b>PROPERTY CRIMES</b>	<b>1,643.2</b>	<b>5,607.3</b>
Burglary	659.4	1,235.7
Larceny Theft	957.2	3,778.5
Motor Vehicle Theft	26.6	593.1
<b>TOTAL CRIME INDEX</b>	<b>2,079.2</b>	<b>6,462.1</b>

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

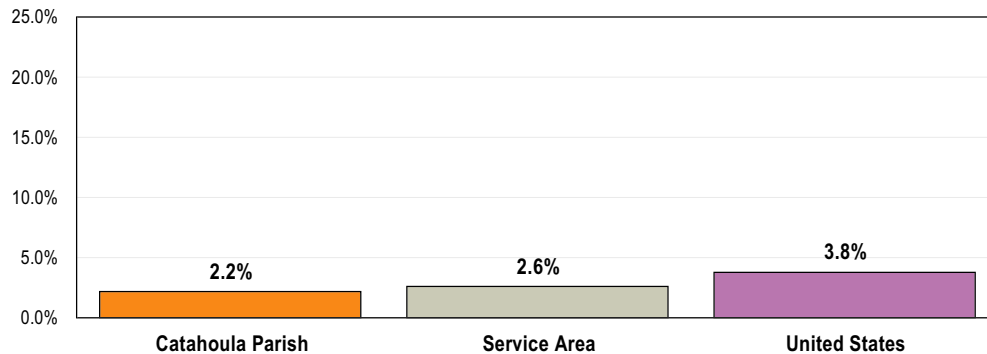
Note: 1. Rates are per 100,000 population. Includes only agencies reporting.

2. Rates that are *italicized* are unreliable due to a high error rate.

## Victimization

- **2.2% of Catahoula 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.

### Victim of a Violent Crime in the Past 5 Years

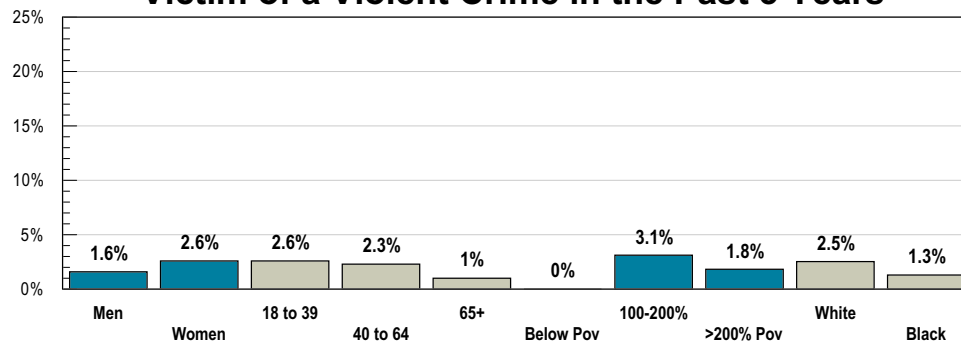


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. 2000 PRC National Health Survey, Professional Research Consultants  
 Notes: 1. Asked of all respondents.  
 2. State data not available.

In Catahoula Parish, violent crime victimization is higher among:

- Those living in the middle-income category.
- Young adults.
- Women.
- White respondents.

### Victim of a Violent Crime in the Past 5 Years



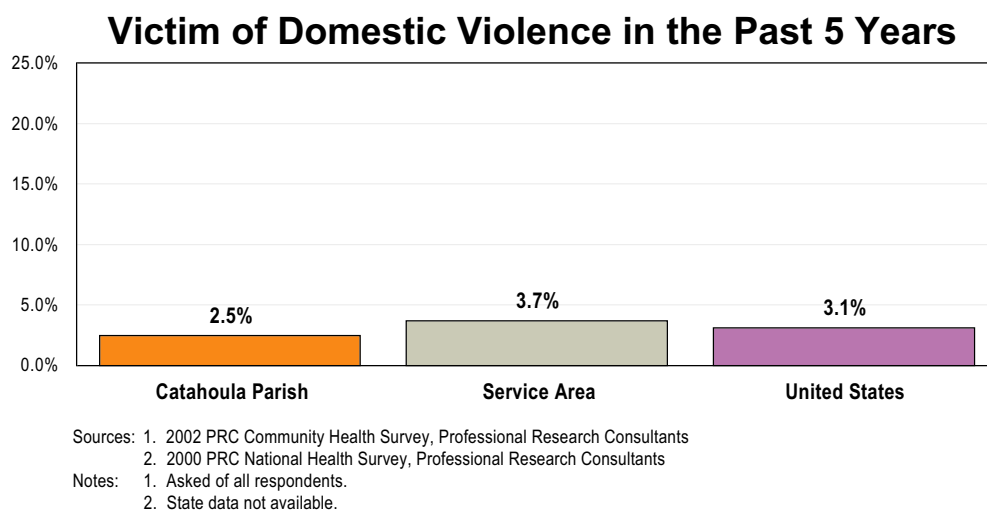
Source: 2002 PRC Community Health Survey, Professional Research Consultants  
 Notes: 1. Demographic breakouts are among findings in Catahoula Parish.  
 2. Asked of all respondents.

## Family Violence

Family violence is a serious problem which has recently received greater recognition. However, the true extent of family violence is difficult to ascertain.

### Domestic Violence

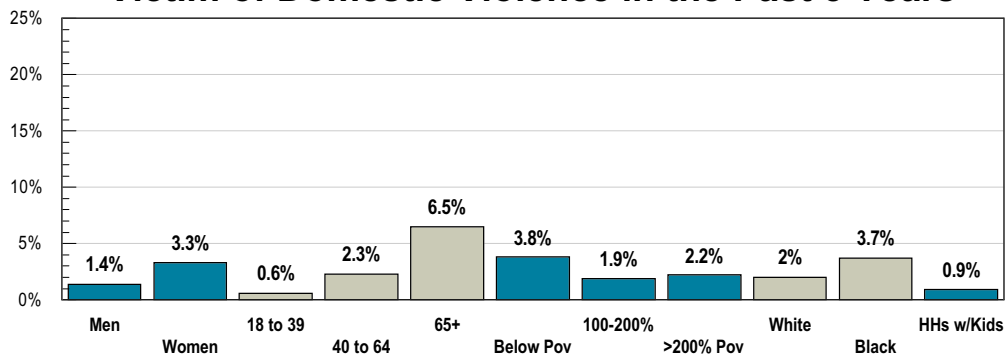
- **2.5% of Catahoula Parish adults acknowledge that they have been the victim of domestic abuse in the past five years.**
  - Similar to Rapides Foundation Service Area and national findings.



In Catahoula Parish, domestic violence victimization is more often reported by:

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

## Victim of Domestic Violence in the Past 5 Years



Source: 2002 PRC Community Health Survey, Professional Research Consultants

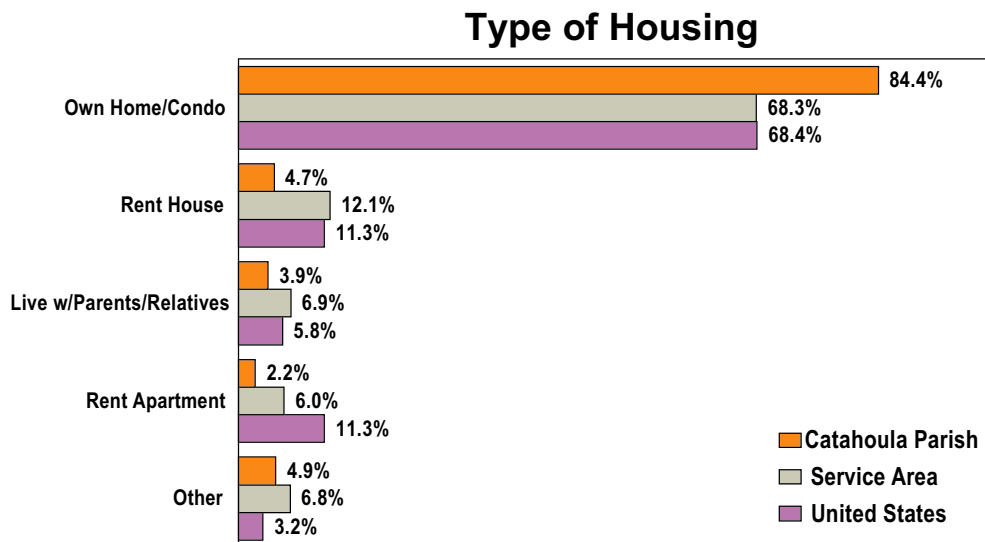
Notes: 1. Demographic breakouts are among findings in Catahoula Parish.

2. Asked of all respondents.

# Housing

## Type of Housing

- **84.4% of Catahoula Parish adults participating in the survey report that they own their own home or condo.**
  - This distribution is significantly higher than what is found throughout the Rapides Foundation Service Area and nationwide.
- **6.9% rent a house (4.7%) or apartment (2.2%).**
  - In comparison to national findings, a smaller share of Catahoula Parish adults rent houses or apartments.
- **3.9% live with parents or relatives.**
  - Significantly lower than the service area average.

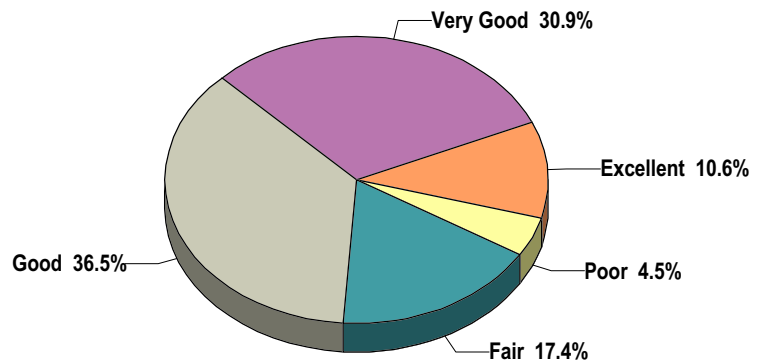


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2001 PRC National Quality of Life Survey, Professional Research Consultants  
Note: Asked of all respondents.

## Housing Condition

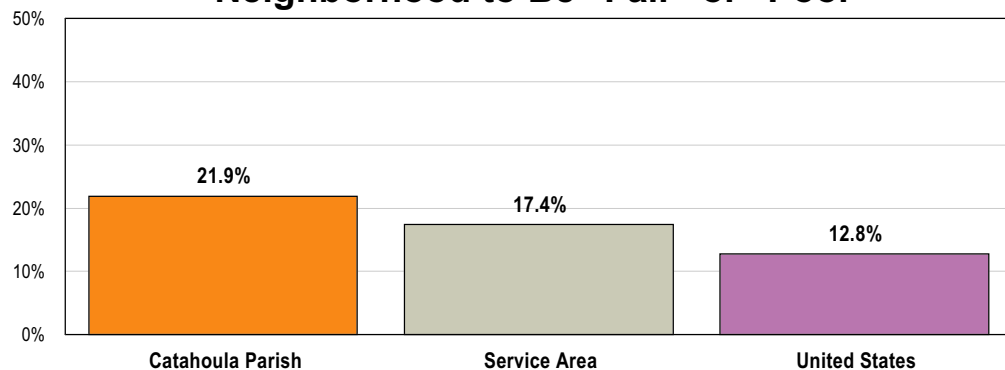
- **41.5% of Catahoula Parish adults rate the condition of homes in their neighborhoods as “excellent” or “very good.”**
- **36.5% rate the condition of neighborhood homes as “good.”**
- **21.9% rate the condition of neighborhood homes as “fair” or “poor.”**
- Significantly worse than Rapides Foundation Service Area (17.4%) and national (12.8%) findings.

**Rating of Condition of Homes in Neighborhood**  
(Catahoula 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"**

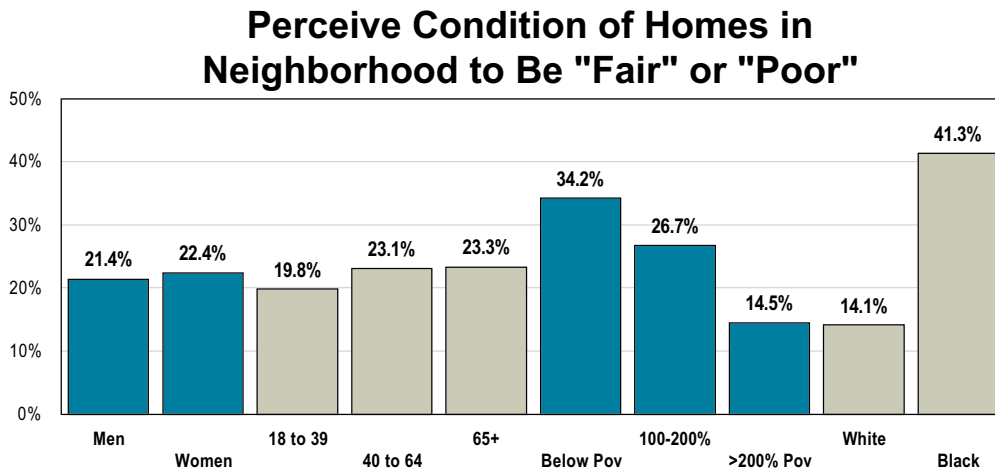


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2001 PRC National Quality of Life Survey, Professional Research Consultants  
Notes: 1. Asked of all respondents.  
2. State data not available.



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

- Black respondents.
- Persons living below the poverty level.
- Adults aged 40 and older.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

2. Asked of all respondents.

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

## Community Health Panel Findings\*

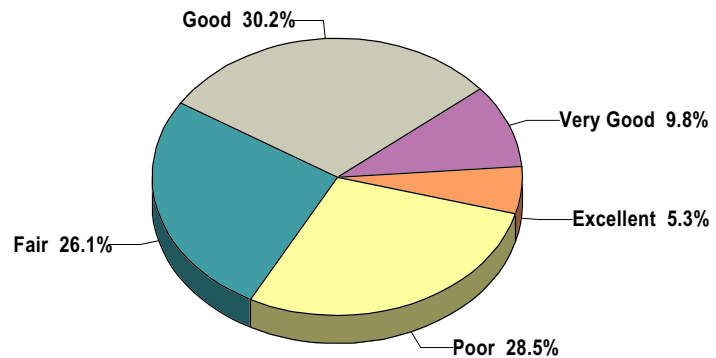
“We have an environmental concern here in this parish, and that is our sewer system. In the rural areas, it is beginning to become a problem with private homeowners on waste disposal or sanitation of the area. It seems that the old septic systems are not adequate, and it is becoming a health issue.”

\* 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.

## Perceived Affordability of Local Housing

- 15.1% of Catahoula Parish adults rate the availability of affordable housing in the area as “excellent” or “very good.”
- 30.2% rate the availability of affordable housing as “good.”

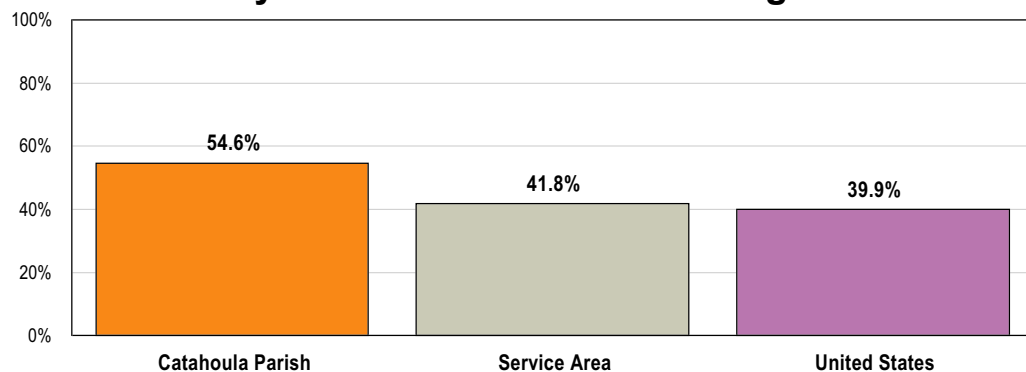
**Rating of Availability  
of Affordable Local Housing**  
(Catahoula Parish)



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

- 54.6% of Catahoula Parish adults rate the availability of affordable housing in the area as “fair” or “poor.”
  - Significantly higher than responses throughout the Rapides Foundation Service Area (41.8%), as well as nationwide (39.9%).

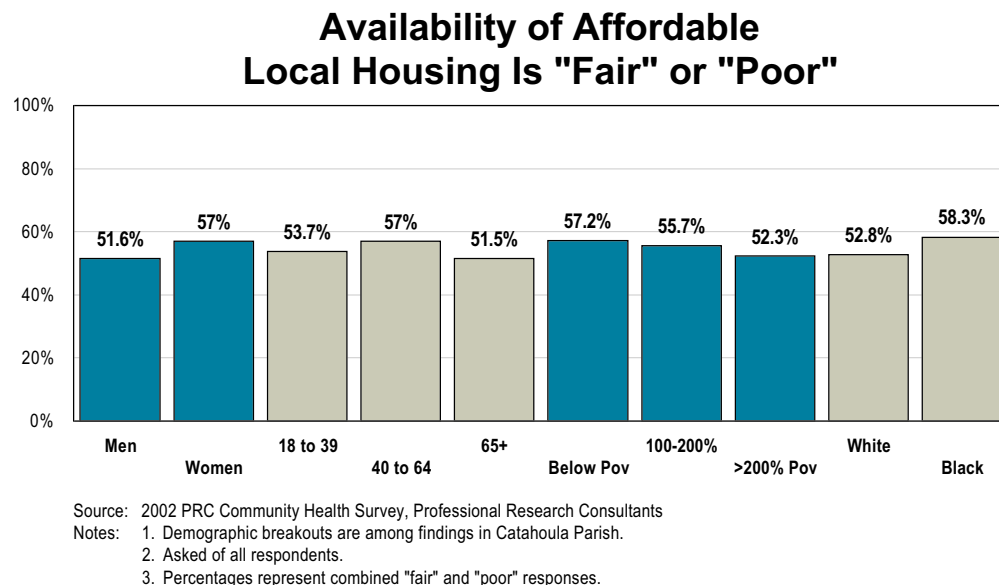
**Availability of Affordable Local Housing Is "Fair/Poor"**



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

Those giving higher “fair/poor” ratings of the availability of affordable local housing:

- Persons living below the poverty level.
- Women.
- Middle-aged adults.
- Black respondents.



## Community Health Panel Findings\*

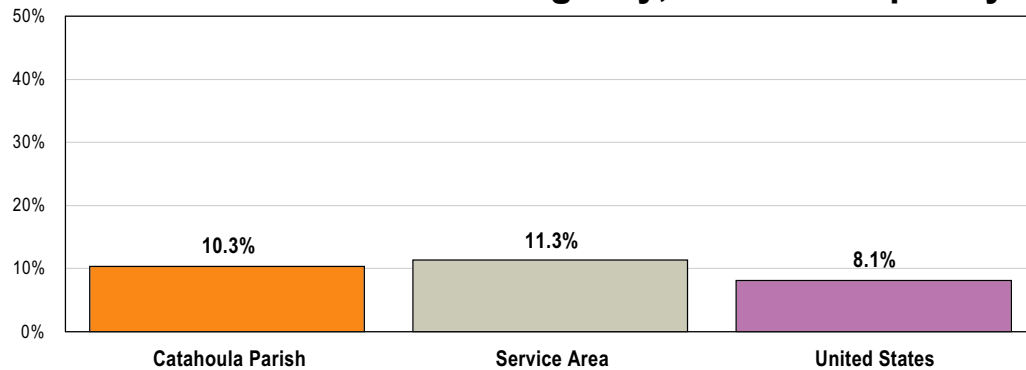
“We need decent and adequate housing in this community. I don’t necessarily mean private homes, but an expansion in apartments or small houses that meet the construction standards. Some of the affordable housing being built doesn’t meet some of the standards.”

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

## Housing Displacement

- **10.3% of Catahoula Parish adults report that there has been a time in the past two years when they had to live with a friend or relative, even if only temporarily, because of an emergency. This represents over 800 households in Catahoula Parish.**
  - Similar to that found in the Rapides Foundation Service Area overall.
  - Similar to that found nationwide.

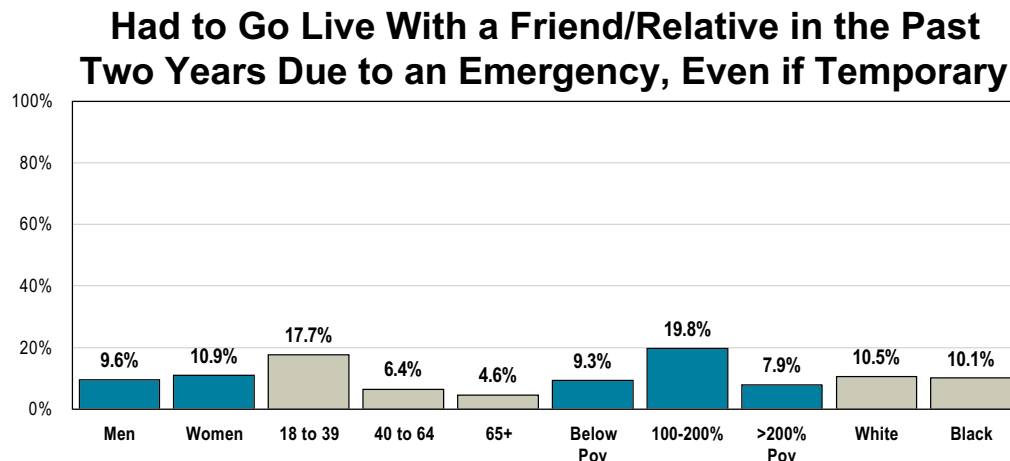
### Had to Go Live With a Friend/Relative in the Past Two Years Due to an Emergency, Even if Temporary



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 in the middle-income bracket.
- Young adults.
- Women.



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

## Community Health Panel Findings\*

“We do have some homeless children in our parish. We also have two families living in the same household because they can’t afford their own home. We work with the schools to identify these children so we can provide them with school materials and uniforms so they are able to go to school.”

“We also have children who move around a lot between parents and grandparents, which is another type of homeless situation. I think it is neglect, because the child has a very unstable home environment. It is very difficult for a child to do well in school if they are moving from place to place every other month.”

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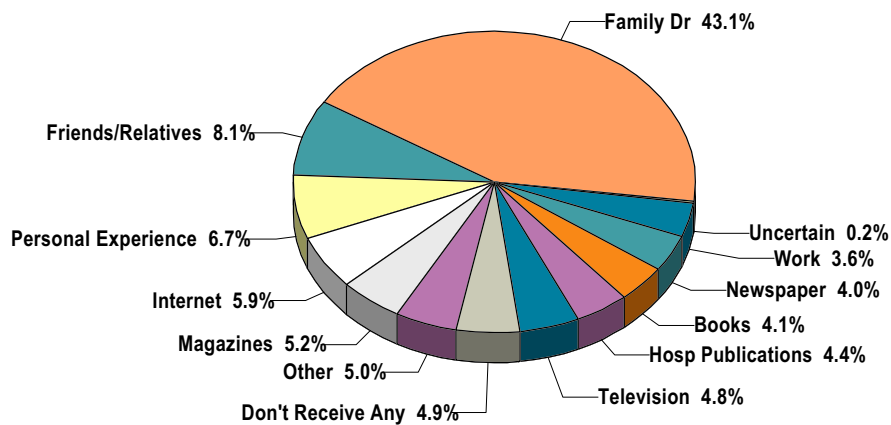
# HEALTH EDUCATION & OUTREACH

# Health Education Services

## Sources of Health Care Information

- **43.1% of Catahoula 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 4%-8% of respondents ) include: *friends/relatives, personal experience, Internet, magazines, television, hospital publications, books, newspapers, and work*.**

**Catahoula Source of Health Care Information**  
(Catahoula Parish)



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

## Community Health Panel Findings\*

"I think that one of the problems here is that we don't really know what is available in this parish. I don't have any idea what type of services we have or what agencies we could go to for services."

"A good education campaign has to be advertised through the TV - everybody watches television; also through the churches, because people do go to church."

\* 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 don’t think we need to use both methods of advertisement, because if we start talking about abstinence programs, this will be the only program the churches would be interested in. The other information can be provided through local individuals who would want to be involved because of the type of program.”

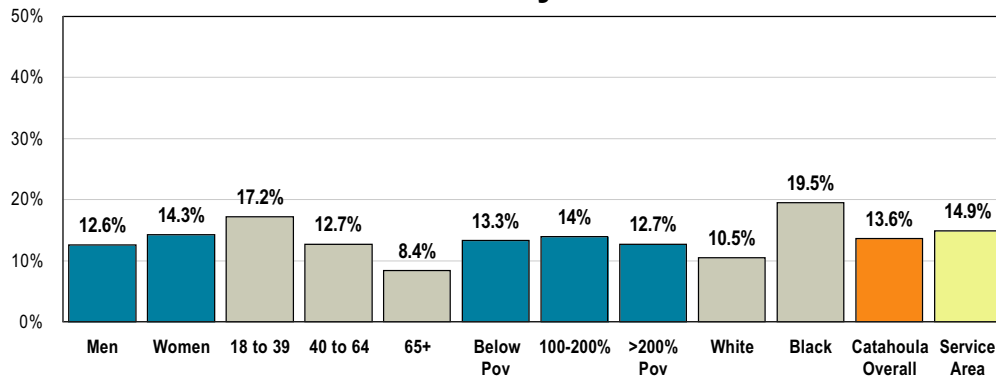
“This parish is not in the directory of services sponsored by the United Way. A lot of the local agencies did not receive the information, so we are not part of that service.”



## Health Promotion Activities

- 13.6% of Catahoula 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

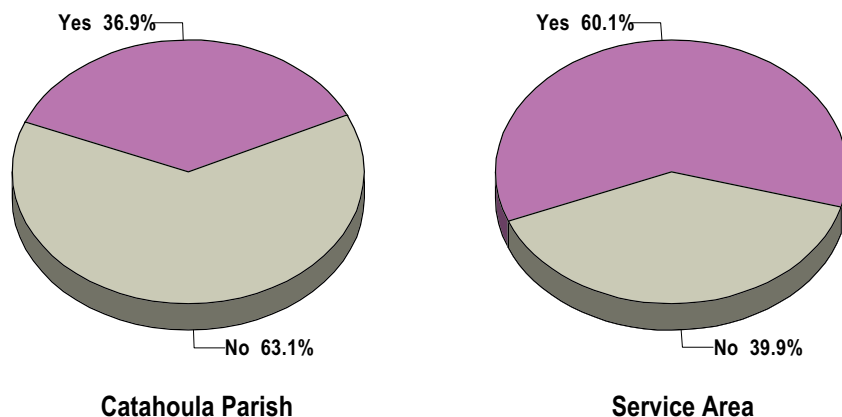


Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

- 36.9% 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\*

“This summer, we are having an intern program for those high school students who are interested in pursuing a career in health care. Students are sending their applications, so they seem to be interested. We are working with the school principals in getting the word out about this program. It is a program out of Alexandria which they are trying to expand into the rural parishes.”

“I think one thing that the Foundation could do for us is to send a letter asking permission to allow some of us health professionals to teach nursing courses at the Northwestern State University Department of Nursing. They are short of teachers in that department, and we should be qualified to teach pre-nursing students some of those courses.”

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

# NEEDS OF SPECIAL POPULATIONS

# Youth

## Community Health Panel Findings\*

“Our young people seem to have a problem with alcohol and drugs. They don’t have enough to do except go looping, which is make the loop around town.”

## Supporting Parenting

“We need some parenting classes for our parents. I see a lot of pre-K children who are coming to school with all types of behavioral problems relating to poor parenting.”

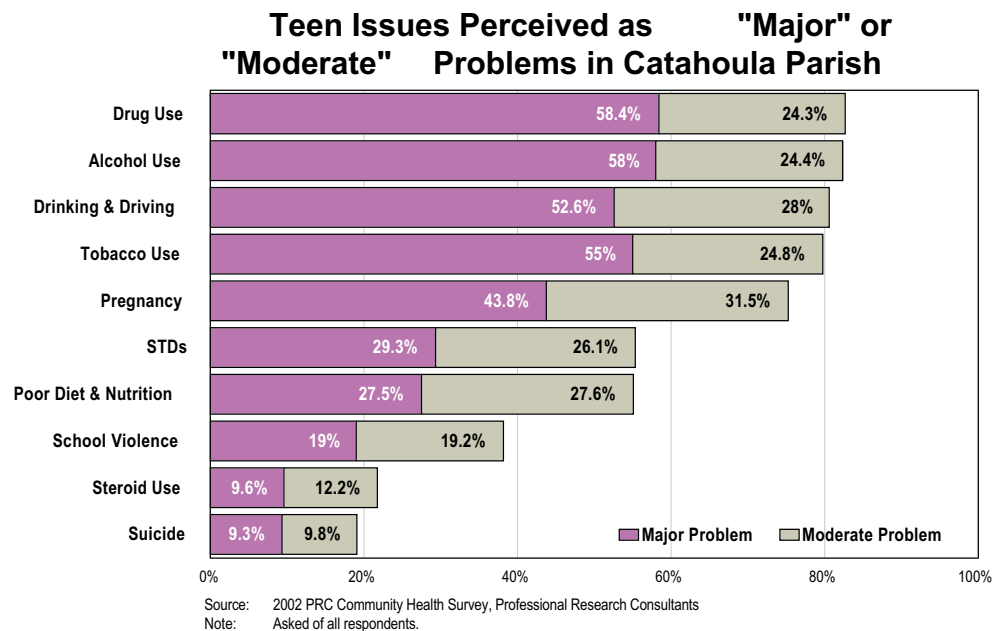
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\* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion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

## Community Perceptions of Adolescent Health Issues

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

- 58.4% of Catahoula Parish adults rate *teen drug use* as a “major problem” in Catahoula Parish.
- 58.0% rate *teen alcohol use* as a “major problem” in Catahoula Parish.
- 55.0% rate *teen tobacco use* as a “major problem” in Catahoula Parish.
- 52.6% rate *teen drinking and driving* as a “major problem” in Catahoula Parish.
- 43.8% rate *teen pregnancy* as a “major problem” in Catahoula Parish.
- Over 70% of adults rate each of these problems as “major” or “moderate” problems.



- Youth in the Rapides Foundation Service Area reported high tobacco and alcohol usage and a high prevalence of drinking and driving in the 1997 Central Louisiana Youth Risk Factor Survey conducted by Tulane School of Public Health and Tropical Medicine.

## Community Health Panel Findings\*

“Unless your kids like sports, there is really no other activities for them after school. Even then, sports is really for kids between the ages of 6 and 13, which is a small portion of our youth.”

“We had a program here last year for about eight weeks which was really good. We had about 135 participating. I believe that if we had Boys or Girls Club or a YMCA, we would get a lot of participation. Last year’s program was only a summer program, and the turnout was great.”

“I think we are going to be facing a bigger problem next year, and that is our dropout rate is going to increase because of the test kids have to pass before they can graduate. We are going to see more and more kids having to go to alternative schools. We need to recognize the potential dropouts and get them into the alternative schools before they drop out of school. It is going to take a lot of effort from a lot of different resources to help out with this issue.”

“We need some summer programs to get these kids away from the TV and gang-related activities.”

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

# Seniors

## Community Health Panel Findings\*

“We have a large retirement community. Those people who left the parish are coming back here to retire.”

## Senior Health Needs

“We need someone to be checking on the elderly people in this parish to make sure they are eating right and taking their medication as prescribed. Right now, they just have the neighbors who check on them once in a while.”

## Assisted Living Services

“Transportation is a real problem because they become isolated if they can’t drive. We need a day care center for them to go to every day for recreational activities.”

“We do have a senior citizen program, but it wouldn’t be classified as a day care center.”

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

# 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	Catahoula	US	HP2010	vs. US	vs. HP2010
Physical	% "Fair" or "Poor" Physical Health	27.8	12.3	WORSE	
	% >1 Day/Month Poor Physical Health	39.8	34.4	similar	
	% No Days/Month Very Healthy/Full of Energy	13.4	11.5	similar	
	% Activity Limitations	21.5	14.9	WORSE	
	% Impairment a Result of Work-Related Injury	31.7	17.7	WORSE	
	% >1 Workday/Year Missed Due to Illness	40.8	43.1	similar	
	% Overweight	69.7	56.9	WORSE	
	% Overweight Trying to Lose	26	31.2	similar	
	% Unhealthy Weight (BMI <18.5 or 25+)	71.3	58.5	40	WORSE Does NOT Meet Goal
	% Obese	34.3	19.1	15	WORSE Does NOT Meet Goal
Mental Health	% >1 Day/Month Poor Mental Health	29.5	31.9	similar	
	% Prolonged Depression (2+ Yrs)	32.8	23.9	WORSE	
	% Depressed Persons Seeking Help	20.5	42.5	50	WORSE Does NOT Meet Goal
	% >3 Days/Month Sad, Blue or Depressed	26.2	22.7	similar	
	% >3 Days/Month Worried, Tense or Anxious	39.4	35.8	similar	
	% >3 Days/Month Did Not Get Enough Rest/Sleep	49.7	56.1	BETTER	
Mortality	Age-Adjusted Cancer Deaths/100,000	241.2	202.7	159.9	WORSE Does NOT Meet Goal
	Age-Adjusted Resp Disease Deaths/100,000	27.6	45.8	BETTER	
	Age-Adjusted Diabetes Mellitus Deaths/100,000	27.9	25.2	15.1	WORSE Does NOT Meet Goal
	Age-Adjusted Heart Disease Deaths/100,000	375.4	267.8	213.7	WORSE Does NOT Meet Goal
	Age-Adjusted Homicide Deaths/100,000	0	6.2	3	BETTER Meets Goal
	Age-Adjusted MV Accident Deaths/100,000	46.1	15	9.2	WORSE Does NOT Meet Goal
	Age-Adjusted Pneumonia/Influenza Deaths/100,000	46.8	23.6	WORSE	

Health Status		Catahoula	US	HP2010	vs. US	vs. HP2010
	Age-Adjusted Stroke Deaths/100,000	80.9	61.8	48	WORSE	Does NOT Meet Goal
	Age-Adjusted Suicide Deaths/100,000	0	10.7	5	BETTER	Meets Goal
Morbidity	Chlamydia Incidence/100,000	178	257.5		BETTER	
	Gonorrhea Incidence/100,000	96.2	131.6	19	BETTER	Does NOT Meet Goal
	Hepatitis A Incidence/100,000	0	12	4.5	BETTER	Meets Goal
	Hepatitis B Incidence/100,000	3	4.2		BETTER	
	Tuberculosis Incidence/100,000	3	5.8	1	BETTER	Does NOT Meet Goal
Morbidity	Primary & Secondary Syphilis Incidence/100,000	0	2.2	0.2	BETTER	Meets Goal
	% Arthritis/Rheumatism	31.6	20.3		WORSE	
	% Sciatica/Chronic Back Pain	24	20		similar	
	% Deafness/Trouble Hearing	16.9	9.3		WORSE	
	% Diabetes/High Blood Sugar	10.3	5.5		WORSE	
	% Asthma	9.6	9.9		similar	
	% Chronic Heart Disease	8	5.7		similar	
	% Blindness/Trouble Seeing	18.3	9.2		WORSE	
	% Cancer (Other Than Skin)	3.6	4.5		similar	
	% Chronic Lung Disease	10.7	6.4		WORSE	
	% Ulcer/GI Bleeding	10.6	6		WORSE	
	% Skin Cancer	6.3	4.9		similar	
	% Kidney Disease	4.5	2.7		similar	
	% Stroke	3.5	1.4		WORSE	
	% Tested for AIDS Virus in Past Yr (18-64)	29.2	30.6		similar	
	% "High" Chance of Getting AIDS (18-64)	2	2.1		similar	
	% Child Has Asthma	19.7	13.4		similar	
Natality	% Births to Teenagers	31	12.3		WORSE	
	% of Low Birthweight Births	5.6	7.6	5	BETTER	Does NOT Meet Goal
	Infant Death Rate	6.8	7	4.5	BETTER	Does NOT Meet Goal
	Neonatal Death Rate	5.4	4.7	2.9	WORSE	Does NOT Meet Goal
Crime	Murder Rate/100,000	24.4	5.5		WORSE	
	Rape Rate/100,000	0	32		BETTER	
	Robbery Rate/100,000	0	144.9		BETTER	
	Aggravated Assault/Battery Rate/100,000	280.7	323.6		BETTER	
	% Victim of Violent Crime in Past 5 Yrs	2.2	3.8		similar	
	% Victim of Domestic Violence in Past 5 Yrs	2.5	3.1		similar	

Health Risk		Catahoula	US	HP2010	vs. US	vs. HP2010
CV Risk	% 1+ Cardiovascular Risk Factor	95.3	84.7		WORSE	
Nutrition	% "High" Fat Diet	15.9	10.4		WORSE	
	% Use Food Labels	60.8	68.7		WORSE	
	% Eat 5+ Servings of Fruit or Vegetables/Day	20.7	30		WORSE	
Exercise	% No Leisure-Time Physical Activity	33.1	20.2		WORSE	
	% Vigorous Exercise 3+ Times/Wk	24.4			similar	
Tobacco	% Current Smoker	18.8	22.8	12	similar	Does NOT Meet Goal
	% Smoke >1 Pack/Day	17.3	13.5		similar	
	% Have Quit 1+ Days in Past Yr	51	52.2	75	similar	Does NOT Meet Goal
	% Use Smokeless Tobacco	10.8	3.7		WORSE	
	% Someone Smokes at Home (HH w/Kids)	21.5	23	10	similar	Does NOT Meet Goal
Substance	% Current Drinker	29	56.4	50	BETTER	Meets Goal
	% Chronic Drinker	2.4	5		BETTER	
	% Binge Drinker	12.7	16.4	6	similar	Does NOT Meet Goal
	% Drinking & Driving in Past Month	1.7	3.7		BETTER	
	% Taken Rx Without Dr's Orders in Past Yr	4.3	4.5		similar	
	% Taken Illegal Drug in Past Yr	0.7	3.2		BETTER	
	% Sought Help for Alcohol or Drug Problem	2	4.3		WORSE	
	% Blood Pressure Checked in Past 2 Yrs	95.9	96	95	similar	similar to goal
Hypertension	% Told Have High Blood Pressure	41	23.4	16	WORSE	Does NOT Meet Goal
	% Taking Action to Control High BP	85.9	80.7	95	similar	Does NOT Meet Goal
Cholesterol	% Cholesterol Checked in Past 5 Yrs	79.8	82.2	80	similar	similar to goal
	% Told Have High Cholesterol	24.9	21.4	17	similar	Does NOT Meet Goal
	% Taking Action to Control High Cholesterol	69.1	70		similar	

Prevention		Catahoula	US	HP2010	vs. US	vs. HP2010
Preventive	% Have Had Routine Checkup in Past Yr	70.3	64.1		BETTER	
	% Child Has Had Checkup in Past Yr	77.2	85.6		WORSE	
	% Have Visited Dentist in Past Yr (18+)	48.1	68.9	56	WORSE	Does NOT Meet Goal
	% Child (1-17) Has Visited Dentist in Past Yr	82.7	69.3	56	BETTER	Meets Goal
	% Have Had Eye Exam in Past Yr	38.9	54.2		WORSE	
Immunization	% Children (<24 Mos) Immunized Appropriately	89	82	90	BETTER	Does NOT Meet Goal
	% Flu Shot in Past Yr (65+)	69.1	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+)	40	48.7	50	similar	Does NOT Meet Goal
	% Blood Stool Test in Past 2 Yrs (50+)	38.2	47.1	50	similar	Does NOT Meet Goal
	% Mother/Sister Diagnosed Breast Cancer (W)	6.2	11.5		BETTER	
	% Mammogram in Past 2 Yrs (W40+)	70.4	78.2	70	similar	similar to goal
	% Don't Know Breast Self-Exam (W)	4.7	4.2		similar	
	% Perform Breast Self-Exam Monthly (W)	59	42.9		BETTER	
	% Pap Smear in Past 3 Yrs (W)	80.1	84	90	similar	Does NOT Meet Goal

Prevention	Catahoula	US	HP2010	vs. US	vs. HP2010
% Father/Brother Diagnosed Prostate Cancer (M)	7.6	8.4		similar	
% PSA or Digital Rectal Exam in Past 2 Yrs (M40+)	67.9	69.9		similar	
% Testicular Exam Ever (M)	50.7	62.4		WORSE	
% Don't Know Testicular Self-Exam (M)	75.1	63.5		WORSE	
% Perform Testicular Self-Exam Monthly (M)	7.9	12.5		similar	
Injury Control % "Always" Wear Seat Belt	55.7	75	92	WORSE	Does NOT Meet Goal
% Child (<5) "Always" Uses Auto Child Restraint	91.9	98.9	100	similar	similar to goal

Access	Catahoula	US	HP2010	vs. US	vs. HP2010
Insurance Cvg % Lack Health Insurance (18-64)	35.7	15.6	0	WORSE	Does NOT Meet Goal
Primary Care % Have a Regular Clinic or Physician	85.7	85	96	similar	Does NOT Meet Goal
% Cost Prevented Physician Visit in Past Yr	22.4	10.4		WORSE	
% Cost Prevented Child's Care in Past Yr	7.3	7.3		similar	
% Transportation Prevented Dr Visit in Past Yr	11.4	5.2		WORSE	
% Transportation Prevented Child's Care in Past Yr	4.8	4.1		similar	
% Difficulty Getting Appointment in Past Yr	16.8	13.3	7	similar	Does NOT Meet Goal
% Inconvenient Hrs Prevented Dr Visit in Past Yr	13.4	12.7		similar	
% Cost Prevented Getting Rx in Past Yr	25.9	9.5		WORSE	
% Difficulty Finding Dr for Child in Past Yr	8.4	5.3		similar	
% Difficulty Getting Appt for Child in Past Yr	13.5	13.1		similar	
% Inconv Hrs Prevented Child's Dr Visit in Past Yr	12.4	16.3		similar	
% Cost Prevented Getting Child's Rx in Past Yr	5.6	4.4		similar	
% Gone to ER More Than Once in Past Yr	11.3	5.6		WORSE	
% Difficulty Finding Physician in Past Yr	13.4	7.8		WORSE	
Health Care % Rate Local Health Care "Excellent/Very Good"	35	53.1		WORSE	

## Summary of Findings by Issue

Cancer	Catahoula	US	HP2010	Significance vs. US	Significance vs. HP2010
% "High" Fat Diet	15.9	10.4		WORSE	
% Eat 5+ Servings of Fruit or Vegetables/Day	20.7	30		WORSE	
% Digital Rectal Exam in Past Yr (50+)	44.3	57.1		WORSE	
Age-Adjusted Cancer Deaths/100,000	241.2	202.7	159.9	WORSE	Does NOT Meet Goal
% Testicular Exam Ever (M)	50.7	62.4		WORSE	
% Don't Know Testicular Self-Exam (M)	75.1	63.5		WORSE	
% Perform Testicular Self-Exam Monthly (M)	7.9	12.5		similar	
% Skin Cancer	6.3	4.9		similar	
% Cancer (Other Than Skin)	3.6	4.5		similar	
% Blood Stool Test in Past 2 Yrs (50+)	38.2	47.1	50	similar	Does NOT Meet Goal
% Sigmoid/Colonoscopy Ever (50+)	40	48.7	50	similar	Does NOT Meet Goal
% Current Smoker	18.8	22.8	12	similar	Does NOT Meet Goal
% Don't Know Breast Self-Exam (W)	4.7	4.2		similar	
% Mammogram in Past 2 Yrs (W40+)	70.4	78.2	70	similar	indeterminable
% Father/Brother Diagnosed Prostate Cancer (M)	7.6	8.4		similar	
% Pap Smear in Past 3 Yrs (W)	80.1	84	90	similar	Does NOT Meet Goal
% PSA or Digital Rectal Exam in Past 2 Yrs (M40+)	67.9	69.9		similar	
% Mother/Sister Diagnosed Breast Cancer (W)	6.2	11.5		BETTER	
% Perform Breast Self-Exam Monthly (W)	59	42.9		BETTER	

Chronic Disabling Conditions	Catahoula	US	HP2010	Significance vs. US	Significance vs. HP2010
% "Fair" or "Poor" Physical Health	27.8	12.3		WORSE	
% Blindness/Trouble Seeing	18.3	9.2		WORSE	
% Diabetes/High Blood Sugar	10.3	5.5		WORSE	
% Deafness/Trouble Hearing	16.9	9.3		WORSE	
% Impairment a Result of Work-Related Injury	31.7	17.7		WORSE	
% Ulcer/GI Bleeding	10.6	6		WORSE	
% No Leisure-Time Physical Activity	33.1	20.2		WORSE	
% Arthritis/Rheumatism	31.6	20.3		WORSE	
% Activity Limitations	21.5	14.9		WORSE	
Age-Adjusted Diabetes Mellitus Deaths/100,000	27.9	25.2	15.1	WORSE	Does NOT Meet Goal
% Kidney Disease	4.5	2.7		similar	
% Child Has Asthma	19.7	13.4		similar	
% Sciatica/Chronic Back Pain	24	20		similar	
% No Days/Month Very Healthy/Full of Energy	13.4	11.5		similar	

<b>Chronic Disabling Conditions</b>	<b>Catahoula</b>	<b>US</b>	<b>HP2010</b>	<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
% >1 Day/Month Poor Physical Health	39.8	34.4		similar	
% >1 Day/Month Poor Mental Health	29.5	31.9		similar	
% >1 Workday/Year Missed Due to Illness	40.8	43.1		similar	
% Asthma	9.6	9.9		similar	
% Vigorous Exercise 3+ Times/Wk	24.4			similar	

<b>Clinical Preventive Services</b>	<b>Catahoula</b>	<b>US</b>	<b>HP2010</b>	<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
% Cost Prevented Getting Rx in Past Yr	25.9	9.5		WORSE	
% Lack Health Insurance (18-64)	35.7	15.6	0	WORSE	Does NOT Meet Goal
% Transportation Prevented Dr Visit in Past Yr	11.4	5.2		WORSE	
% Cost Prevented Physician Visit in Past Yr	22.4	10.4		WORSE	
% Gone to ER More Than Once in Past Yr	11.3	5.6		WORSE	
% Difficulty Finding Physician in Past Yr	13.4	7.8		WORSE	
% Rate Local Health Care "Excellent/Very Good"	35	53.1		WORSE	
% Have Had Eye Exam in Past Yr	38.9	54.2		WORSE	
% Child Has Had Checkup in Past Yr	77.2	85.6		WORSE	
% Difficulty Finding Dr for Child in Past Yr	8.4	5.3		similar	
% Cost Prevented Getting Child's Rx in Past Yr	5.6	4.4		similar	
% Difficulty Getting Appointment in Past Yr	16.8	13.3	7	similar	Does NOT Meet Goal
% Inconv Hrs Prevented Child's Dr Visit in Past Yr	12.4	16.3		similar	
% Transportation Prevented Child's Care in Past Yr	4.8	4.1		similar	
% Inconvenient Hrs Prevented Dr Visit in Past Yr	13.4	12.7		similar	
% Flu Shot in Past Yr (65+)	69.1	65.7	90	similar	Does NOT Meet Goal
% Difficulty Getting Appt for Child in Past Yr	13.5	13.1		similar	
% Have a Regular Clinic or Physician	85.7	85	96	similar	Does NOT Meet Goal
% Cost Prevented Child's Care in Past Yr	7.3	7.3		similar	
% Have Had Routine Checkup in Past Yr	70.3	64.1		BETTER	

<b>Education &amp; Community-Based Programs</b>	<b>Catahoula</b>	<b>US</b>	<b>HP2010</b>	<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
% Activity Limitations	21.5	14.9		WORSE	

<b>Environmental Health</b>	<b>Catahoula</b>	<b>US</b>	<b>HP2010</b>	<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
% Asthma	9.6	9.9		similar	

<b>Family Planning</b>	<b>Catahoula</b>	<b>US</b>	<b>HP2010</b>	<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
% Births to Teenagers	31	12.3		WORSE	

<b>Heart Disease &amp; Stroke</b>	<b>Catahoula</b>	<b>US</b>	<b>HP2010</b>	<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
% Stroke	3.5	1.4		WORSE	
% Obese	34.3	19.1	15	WORSE	Does NOT Meet Goal
% Told Have High Blood Pressure	41	23.4	16	WORSE	Does NOT Meet Goal
% No Leisure-Time Physical Activity	33.1	20.2		WORSE	
% "High" Fat Diet	15.9	10.4		WORSE	
Age-Adjusted Heart Disease Deaths/100,000	375.4	267.8	213.7	WORSE	Does NOT Meet Goal
Age-Adjusted Stroke Deaths/100,000	80.9	61.8	48	WORSE	Does NOT Meet Goal
% Overweight Trying to Lose	26	31.2		similar	
% Unhealthy Weight (BMI <18.5 or 25+)	71.3	58.5	40	WORSE	Does NOT Meet Goal
% 1+ Cardiovascular Risk Factor	95.3	84.7		WORSE	
% Chronic Heart Disease	8	5.7		similar	
% Current Smoker	18.8	22.8	12	similar	Does NOT Meet Goal
% Told Have High Cholesterol	24.9	21.4	17	similar	Does NOT Meet Goal
% Taking Action to Control High BP	85.9	80.7	95	similar	Does NOT Meet Goal
% Overweight	69.7	56.9		WORSE	
% Cholesterol Checked in Past 5 Yrs	79.8	82.2	80	similar	indeterminable
% Taking Action to Control High Cholesterol	69.1	70		similar	
% Blood Pressure Checked in Past 2 Yrs	95.9	96	95	similar	indeterminable
% Vigorous Exercise 3+ Times/Wk	24.4			similar	

<b>HIV Infection</b>	<b>Catahoula</b>	<b>US</b>	<b>HP2010</b>	<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
% "High" Chance of Getting AIDS (18-64)	2	2.1		similar	
% Tested for AIDS Virus in Past Yr (18-64)	29.2	30.6		similar	

<b>Immunization &amp; Infectious Diseases</b>	<b>Catahoula</b>	<b>US</b>	<b>HP2010</b>	<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
Age-Adjusted Pneumonia/Influenza Deaths/100,000	46.8	23.6		WORSE	
% Flu Shot in Past Yr (65+)	69.1	65.7	90	similar	Does NOT Meet Goal
Hepatitis A Incidence/100,000	0	12	4.5	BETTER	Meets Goal
Tuberculosis Incidence/100,000	3	5.8	1	BETTER	Does NOT Meet Goal
Hepatitis B Incidence/100,000	3	4.2		BETTER	
% Children (<24 Mos) Immunized Appropriately	89	82	90	BETTER	Does NOT Meet Goal

<b>Maternal &amp; Infant Health</b>	<b>Catahoula</b>	<b>US</b>	<b>HP2010</b>	<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
Neonatal Death Rate	5.4	4.7	2.9	WORSE	Does NOT Meet Goal
% of Low Birthweight Births	5.6	7.6	5	BETTER	Does NOT Meet Goal
Infant Death Rate	6.8	7	4.5	BETTER	Does NOT Meet Goal

<b>Mental Health &amp; Mental Disorders</b>	<b>Catahoula</b>	<b>US</b>	<b>HP2010</b>	<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
% Depressed Persons Seeking Help	20.5	42.5	50	WORSE	Does NOT Meet Goal
% Prolonged Depression (2+ Yrs)	32.8	23.9		WORSE	
% >3 Days/Month Sad, Blue or Depressed	26.2	22.7		similar	
% >3 Days/Month Worried, Tense or Anxious	39.4	35.8		similar	
Age-Adjusted Suicide Deaths/100,000	0	10.7	5	BETTER	Meets Goal
% >3 Days/Month Did Not Get Enough Rest/Sleep	49.7	56.1		BETTER	

<b>Nutrition</b>	<b>Catahoula</b>	<b>US</b>	<b>HP2010</b>	<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
% "High" Fat Diet	15.9	10.4		WORSE	
Age-Adjusted Heart Disease Deaths/100,000	375.4	267.8	213.7	WORSE	Does NOT Meet Goal
% Eat 5+ Servings of Fruit or Vegetables/Day	20.7	30		WORSE	
% Overweight Trying to Lose	26	31.2		similar	
% Unhealthy Weight (BMI <18.5 or 25+)	71.3	58.5	40	WORSE	Does NOT Meet Goal
Age-Adjusted Cancer Deaths/100,000	241.2	202.7	159.9	WORSE	Does NOT Meet Goal
% Use Food Labels	60.8	68.7		WORSE	
% Chronic Heart Disease	8	5.7		similar	
% Cancer (Other Than Skin)	3.6	4.5		similar	
% Overweight	69.7	56.9		WORSE	

<b>Oral Health</b>	<b>Catahoula</b>	<b>US</b>	<b>HP2010</b>	<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
% Have Visited Dentist in Past Yr (18+)	48.1	68.9	56	WORSE	Does NOT Meet Goal
% Child (1-17) Has Visited Dentist in Past Yr	82.7	69.3	56	BETTER	Meets Goal



<b>Physical Activity &amp; Fitness</b>	<b>Catahoula</b>	<b>US</b>	<b>HP2010</b>	<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
% Obese	34.3	19.1	15	WORSE	Does NOT Meet Goal
% No Leisure-Time Physical Activity	33.1	20.2		WORSE	
Age-Adjusted Heart Disease Deaths/100,000	375.4	267.8	213.7	WORSE	Does NOT Meet Goal
% Overweight Trying to Lose	26	31.2		similar	
% Unhealthy Weight (BMI <18.5 or 25+)	71.3	58.5	40	WORSE	Does NOT Meet Goal
% Chronic Heart Disease	8	5.7		similar	
% Overweight	69.7	56.9		WORSE	
% Vigorous Exercise 3+ Times/Wk	24.4			similar	

<b>Sexually Transmitted Diseases</b>	<b>Catahoula</b>	<b>US</b>	<b>HP2010</b>	<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
Primary & Secondary Syphilis Incidence/100,000	0	2.2	0.2	BETTER	Meets Goal
Chlamydia Incidence/100,000	178	257.5		BETTER	
Hepatitis B Incidence/100,000	3	4.2		BETTER	
Gonorrhea Incidence/100,000	96.2	131.6	19	BETTER	Does NOT Meet Goal

<b>Substance Abuse</b>	<b>Catahoula</b>	<b>US</b>	<b>HP2010</b>	<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
% Sought Help for Alcohol or Drug Problem	2	4.3		WORSE	
% Binge Drinker	12.7	16.4	6	similar	Does NOT Meet Goal
% Taken Rx Without Dr's Orders in Past Yr	4.3	4.5		similar	
% Taken Illegal Drug in Past Yr	0.7	3.2		BETTER	
% Drinking & Driving in Past Month	1.7	3.7		BETTER	
% Chronic Drinker	2.4	5		BETTER	
% Current Drinker	29	56.4	50	BETTER	Meets Goal

<b>Tobacco</b>	<b>Catahoula</b>	<b>US</b>	<b>HP2010</b>	<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
% Use Smokeless Tobacco	10.8	3.7		WORSE	
% Chronic Lung Disease	10.7	6.4		WORSE	
Age-Adjusted Heart Disease Deaths/100,000	375.4	267.8	213.7	WORSE	Does NOT Meet Goal
% Chronic Heart Disease	8	5.7		similar	
% Smoke >1 Pack/Day	17.3	13.5		similar	
% Current Smoker	18.8	22.8	12	similar	Does NOT Meet Goal
% Someone Smokes at Home (HH w/Kids)	21.5	23	10	similar	Does NOT Meet Goal
% Have Quit 1+ Days in Past Yr	51	52.2	75	similar	Does NOT Meet Goal
Age-Adjusted Resp Disease Deaths/100,000	27.6	45.8		BETTER	

<b>Unintentional Injuries</b>	<b>Catahoula</b>	<b>US</b>	<b>HP2010</b>	<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
Age-Adjusted MV Accident Deaths/100,000	46.1	15	9.2	WORSE	Does NOT Meet Goal
% "Always" Wear Seat Belt	55.7	75	92	WORSE	Does NOT Meet Goal
% Child (<5) "Always" Uses Auto Child Restraint	91.9	98.9	100	similar	indeterminable

<b>Violent &amp; Abusive Behavior</b>	<b>Catahoula</b>	<b>US</b>	<b>HP2010</b>	<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
Murder Rate/100,000	24.4	5.5		WORSE	
% Victim of Violent Crime in Past 5 Yrs	2.2	3.8		similar	
% Victim of Domestic Violence in Past 5 Yrs	2.5	3.1		similar	
Rape Rate/100,000	0	32		BETTER	
Robbery Rate/100,000	0	144.9		BETTER	
Age-Adjusted Homicide Deaths/100,000	0	6.2	3	BETTER	Meets Goal
Age-Adjusted Suicide Deaths/100,000	0	10.7	5	BETTER	Meets Goal
Aggravated Assault/Battery Rate/100,000	280.7	323.6		BETTER	