

## 2002 PRC Community Health Assessment

*Natchitoches Parish, Louisiana*

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

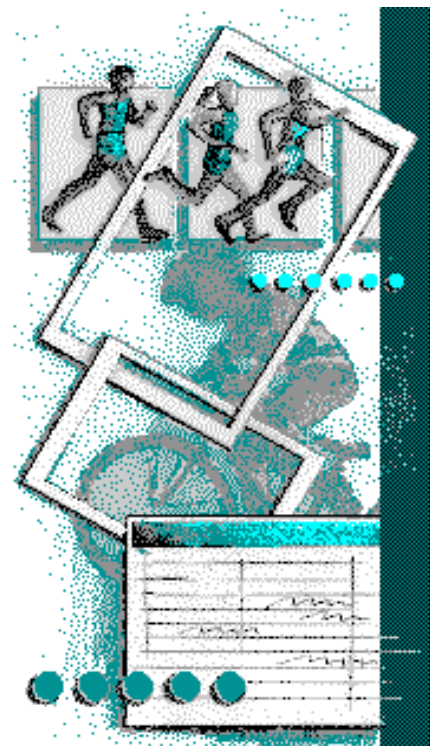
*... Never doubt that a small group of thoughtful, committed citizens  
can change the world; indeed, it's the only thing that ever has.*  
—Margaret Mead

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# **SUMMARY OF ASSESSMENT FINDINGS**



# Summary of Findings

## Key Points

### HEALTH STATUS

There are many indicators of health status in Natchitoches Parish that are comparable to or better than national benchmarks. For example, in Natchitoches Parish, death rates related to breast cancer and suicide are below the U.S. rates. The incidence of new cases of tuberculosis, hepatitis A and hepatitis B are below national rates. A smaller proportion of parish adults drink alcohol. A greater percentage of adults in Natchitoches Parish have had a routine medical checkup in the past year. Among parish women, more perform a monthly breast self-exam than is found nationally. And among parish children, a greater share receive proper dental care and immunizations than is found across the country.

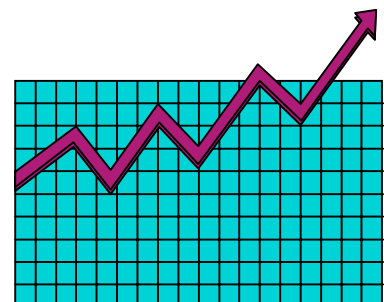
However, in comparison to national benchmarks, health status in Natchitoches Parish is below average in many regards:

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

**Obesity.** Nearly two-thirds of Natchitoches Parish adults are overweight, and more than one-fourth are obese. More than two-thirds of adults have an unhealthy weight, which includes being underweight. These levels are significantly higher than reported nationwide. The percentages of those with unhealthy weights or obesity fail to satisfy *Healthy People 2010* targets.

**Mental Health.** The percentage of parish adults with prolonged depression is significantly higher than the national rate.

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



**Sexually Transmitted Diseases.** The rates of chlamydia, gonorrhea and syphilis in Natchitoches Parish are significantly higher than found nationwide. The incidence rates of gonorrhea, hepatitis A and syphilis in Natchitoches Parish fail to satisfy *Healthy People 2010* targets. Also, the proportion of parish adults who have been tested for AIDS in the past year is significantly lower than the national proportion.

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

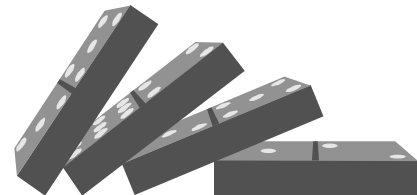
**Infant Health.** Indicators of infant health compare unfavorably to national indicators and *Healthy People 2010* targets, including births to teenagers, lack of prenatal care, low birthweights, neonatal mortality and infant mortality.

**Violence.** The reported rates of murder, rape, robbery and aggravated assault are higher in Natchitoches Parish than nationwide.

## MODIFIABLE HEALTH RISKS

In comparison to national averages, the positive finding relating to modifiable health risk behavior in Natchitoches Parish is the lower proportion of adults who use alcohol.

Risk behaviors that compare unfavorably to national averages include:



**Cardiovascular Risk.** A high percentage of Natchitoches Parish adults (92.7%) present one or more risk factors or behaviors for heart disease and stroke.

**Nutrition.** Natchitoches Parish adults more often report having diets high in fat and less often report using food labels to make nutritious food selections.

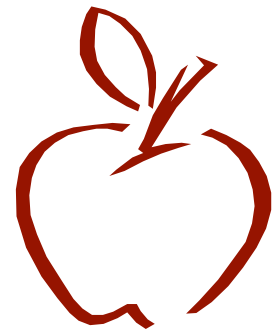
**Tobacco.** Nearly 20% of parish adults are regular or occasional cigarette smokers, and 39.1% have tried to quit smoking in the past year. Both fail to satisfy *Healthy People 2010* targets. Also, the proportion of children exposed to smoke at home does not meet the *Healthy People 2010* goal. A total of 8.7% of parish adults use smokeless tobacco, which is more than twice the national rate.

**Substance Abuse.** The percentage of parish adults who have sought help for alcohol or drug abuse is significantly worse than is found nationwide. The proportion of binge drinkers in Natchitoches Parish fails to satisfy the *Healthy People 2010* target.

**Blood Pressure & Cholesterol:** The percentage of parish adults with high blood pressure and the percentage of those trying to control high cholesterol are worse than national findings. Also, *Healthy People 2010* goals are not met by those with high blood pressure, those trying to control high blood pressure or those with high cholesterol.

## PREVENTION

Regarding preventive care measures, a greater percentage of infants and toddlers in Natchitoches Parish are properly immunized, and a significantly higher percentages of children in the parish have visited a doctor or dentist in the past year. A greater share of parish women perform a breast self-exam every month than is found nationwide. Also, significantly more adults in the parish have had a routine medical checkup in the past year.



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

**Dental Care.** The percentage of adults who have visited a dentist in the past year is significantly lower than the national average.

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

**Colorectal Cancer Screening.** The proportions of Natchitoches Parish adults age 50 and older who have had a digital rectal exam or a blood stool test in the past year are below U.S. findings.

**Prostate Cancer Screening.** The percentage of parish men who have ever had a testicular exam is lower than the U.S. average.

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

**Safety Seat/Seat Belt Usage.** The percentage of parish adults who “always” wear a seat belt does not satisfy the *Healthy People 2010* target.

## ACCESS

Access is a key issue for communities across the country. Barriers such as cost, transportation, insurance acceptance, physician and appointment availability and inconvenient office hours are prohibitive factors for many residents. For most of these

items, the important analysis is how these barriers impact various subsegments of the population, particularly low-income and minority residents.

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

**Health Insurance Coverage.** A total of 26.0% of Natchitoches Parish adults between the ages of 18 and 64 are without any type of insurance coverage for health care. This is significantly higher than the national average and is far from reaching the *Healthy People 2010* goal of universal coverage.

**Regular Medical Care.** The percentage of parish adults who have a regular physician or clinic is significantly lower than the national average and is far from reaching the *Healthy People 2010* target.

**Cost of Physician Care.** The percentage of adults who said they needed to see a doctor within the past year but could not because of the cost is significantly higher than the national rate.

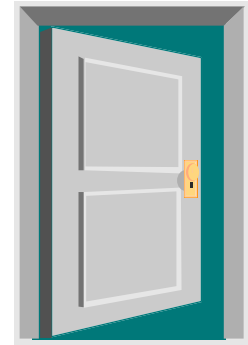
**Cost of Prescriptions.** The percentage of parish adults who said they did not get a prescription within the past year because of the cost is significantly higher than the national rate.

**Appointment Availability.** The percentage of Natchitoches Parish adults who reported difficulty in getting an appointment with a physician in the past year is higher than the U.S. average and fails to satisfy the *Healthy People 2010* target.

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

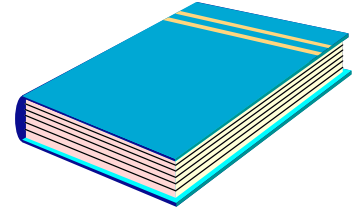
**Physician Availability.** The percentage of parish adults who had difficulty finding a physician in the past year is significantly higher than is found across the country.

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



## EDUCATION & OUTREACH

Community health panel participants stressed that education is crucial to improving the community's health status, especially through the schools. Furthermore, health panel members emphasized that lack of funding has caused the elimination of existing health and community programs and has prevented new ones from being created.



## YOUTH

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

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

**Top Perceived Issues.** Adult survey respondents in 2002 identified the following as the most significant adolescent health problems facing Natchitoches Parish: **youth tobacco use, alcohol use, drug use, drinking and driving 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 Natchitoches 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 Natchitoches Parish gives us a remarkably complete and accurate view of the health status of area residents through a randomized telephone survey of the health and behaviors of community members.
- **Existing data** — especially public health data and statewide and nationwide risk assessments — complement the survey process and, in some cases, provide a benchmark against which the results of the survey may be compared.
- **Community Health Panels** offer a unique perspective by gathering, in a focus group setting, individuals who are leaders of or have special insight to different segments of the population.

## Community Health Survey

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

### Sample Design

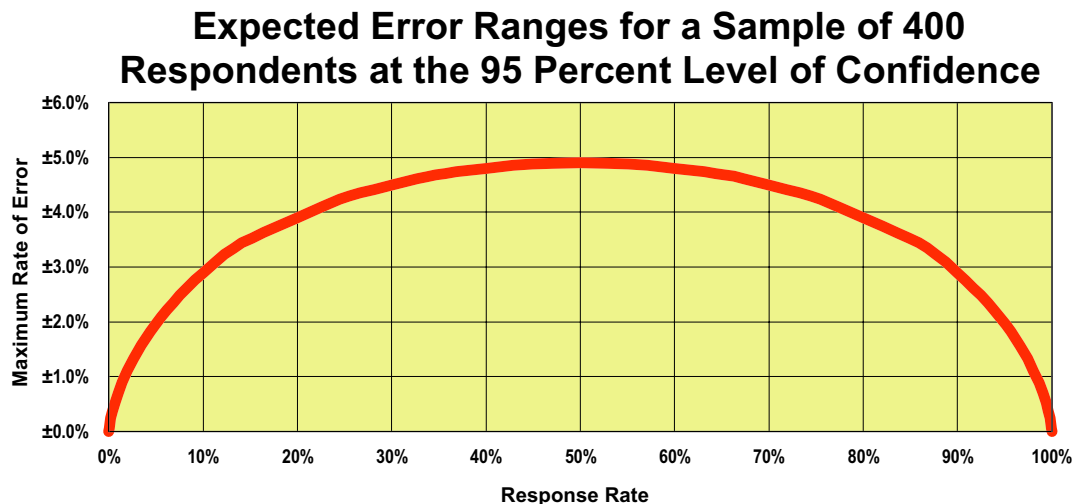
The sample design utilized for this effort consists of a random sample of 400 individuals age 18 and older in Natchitoches Parish. The interviews were conducted in proportion to the actual population distribution at the ZIP Code level. ZIP Code populations were based on the latest census projections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



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

## Sampling Error

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



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

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

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

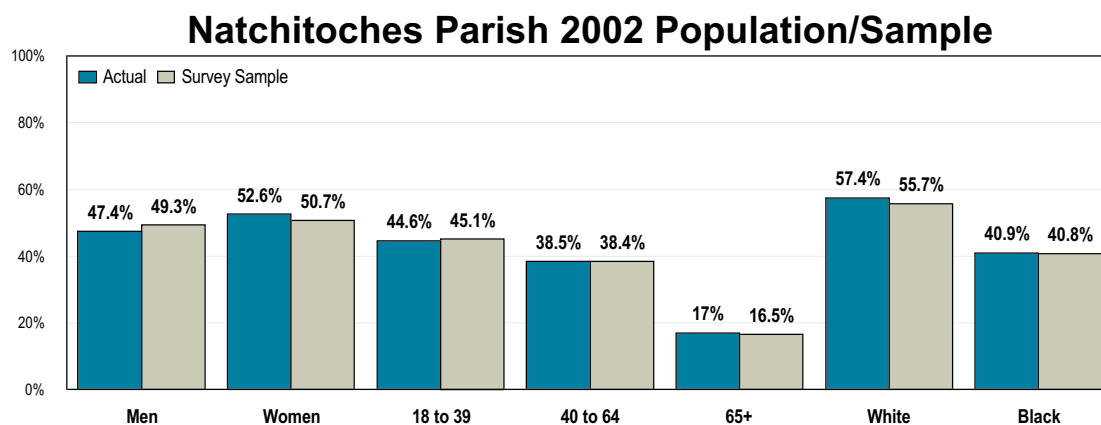
In addition, for further analysis, keep in mind that each percentage point recorded among the total sample of survey respondents is representative of approximately 270 residents age 18 and older in Natchitoches Parish (based on current population estimates). Thus, in a case where 3.4% of the total population responds to a survey question, this is representative of nearly 918 people and therefore must not be dismissed as too small to be significant.

## Sample Characteristics

To accurately represent the population studied, it was necessary to constantly monitor the demographic composition (e.g., age, gender, household location) of the community sample throughout the data collection process. PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further.

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

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



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

Further note that the poverty descriptions and segmentation used in this report are based on 2001 administrative poverty thresholds determined by the U.S. Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2001 guidelines place the poverty threshold for a family of four at \$17,650 annual household income or lower). In sample segmentation: “< Poverty” refers to community members living in a household with defined poverty status; “100% to 200% Poverty” refers to households living just above the poverty level, earning up to twice the poverty threshold; and “>200% Poverty” refers to households with incomes more than twice the poverty threshold defined for their household size.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in Natchitoches Parish with a high degree of confidence.

## Existing Data

### Public Health, Vital Statistics and Other Data

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

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



### Statewide Risk Factor Data

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

### Nationwide Risk Factor Data

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

## Healthy People 2010 Targets



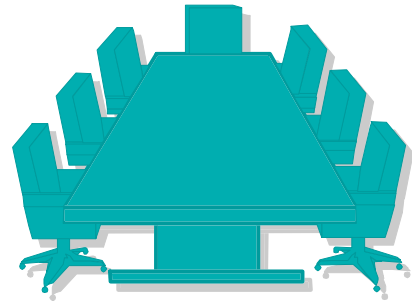
*Healthy People 2010: Understanding and Improving Health* is part of the Healthy People 2010 initiative that is sponsored by the U. S. Department of Health & Human Services. Healthy People 2010 outlines a comprehensive, nationwide health promotion and disease prevention agenda. It is designed to serve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

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

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

## Community Health Panels

As part of the community health assessment process, a community health panel was held in Natchitoches 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 20, 2002	7:00 a.m. to 9:00 a.m.	Natchitoches Parish Key Informants	15 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

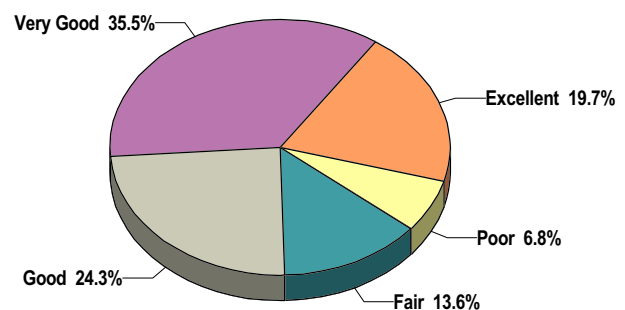
This section describes various self-reported measures of the general physical health among Natchitoches Parish residents.

## Self-Reported Physical Health

### Overall Health Status

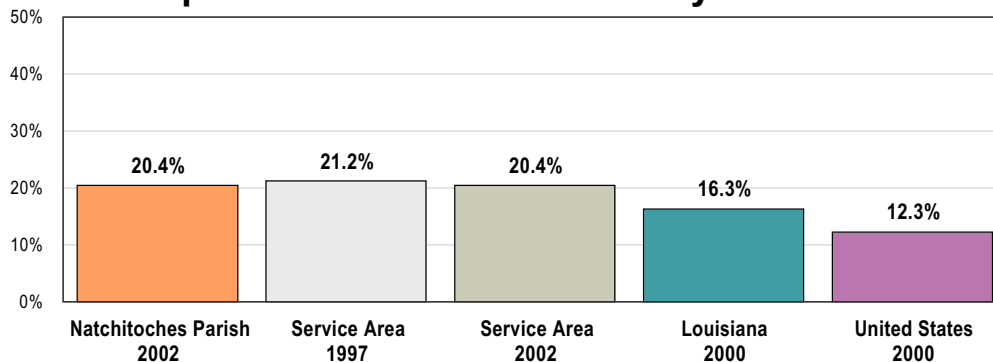
- **More than one-half (55.2%) of Natchitoches Parish adults participating in the 2002 Community Health Survey view their overall physical health as “excellent” or “very good.”**
- **20.4% of Natchitoches Parish adults say that their overall physical health is “fair” or “poor.”**
  - Less favorable than statewide findings (16.3%).
  - Identical to Rapides Foundation Service Area findings.
  - Significantly higher than nationwide findings (12.3%).

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



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

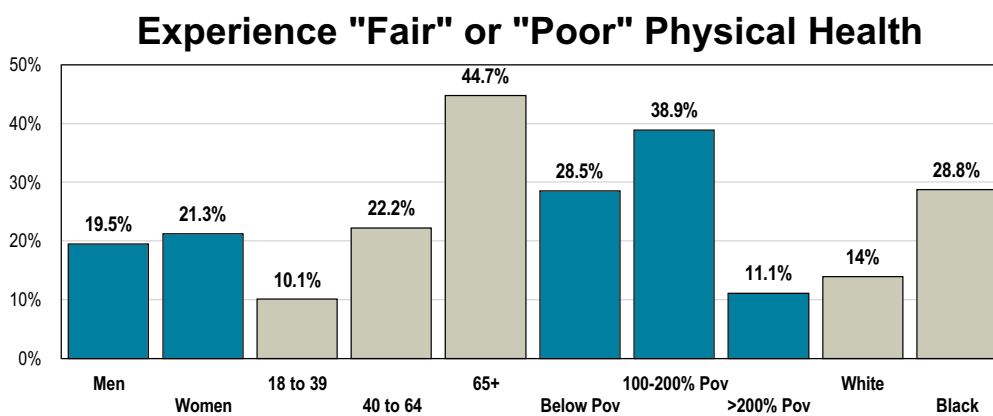
### Experience "Fair" or "Poor" Physical Health



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.”
- Among the income classes, those living just above poverty level more often report "fair/poor" health.
- Black respondents more often report “fair/poor” health than White respondents.



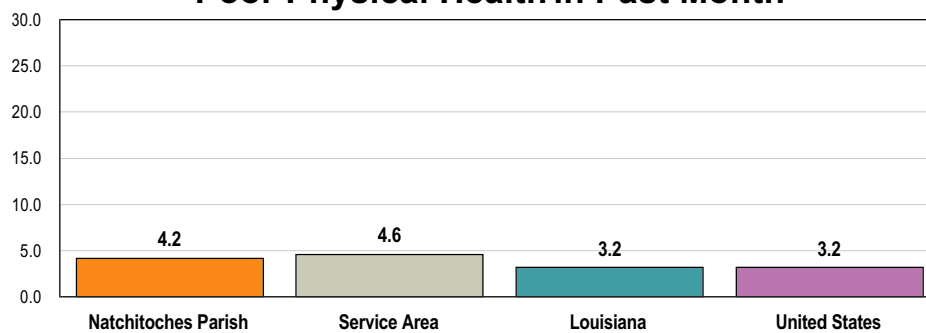
Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

## Days of Poor Physical Health

- **Natchitoches Parish adults report an average 4.2 days in the past month on which their physical health was not good.**
  - Similar to the Rapides Foundation Service Area average.
  - Less favorable than the statewide average (3.2 days/month).
  - Less favorable than the national average (3.2 days/month).

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

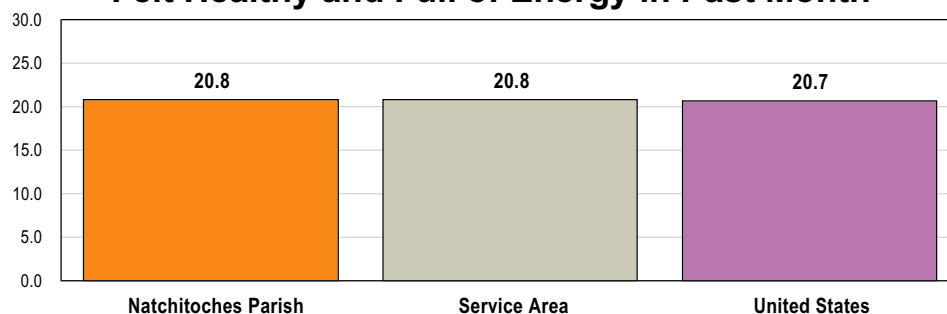


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data  
3. 2000 PRC National Health Survey, Professional Research Consultants  
Note: Asked of all respondents.

## Days Felt Healthy and Full of Energy

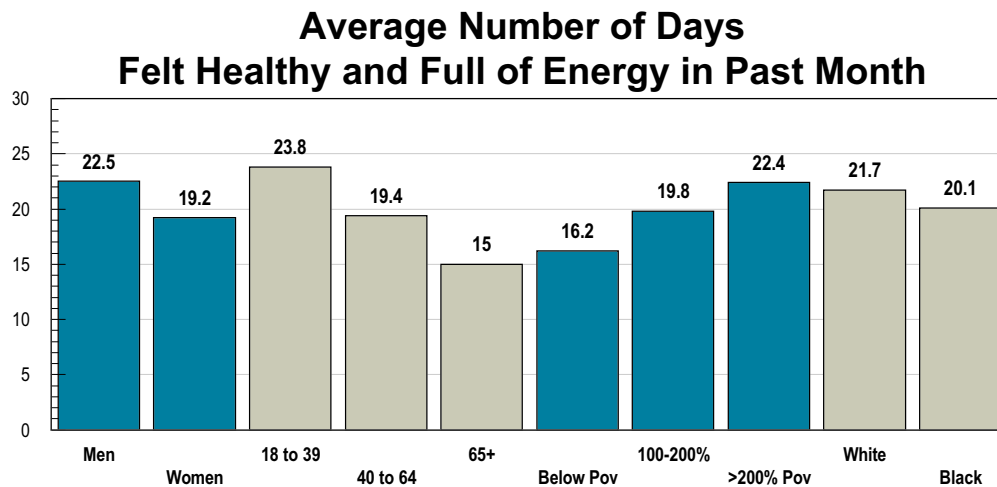
- **Natchitoches Parish adults report an average of 20.8 days in the last month on which they felt very healthy and full of energy.**
  - Identical to the Rapides Foundation Service Area average.
  - Similar to the national average.

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



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

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



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

2. Asked of all respondents.

## Missed Days of Work

- **Natchitoches Parish adults who are currently employed report missing an average of 3.1 days of work in the past year due to personal illness.**
  - This compares to an average of 3.8 days/year nationwide.

# Mental Health Status

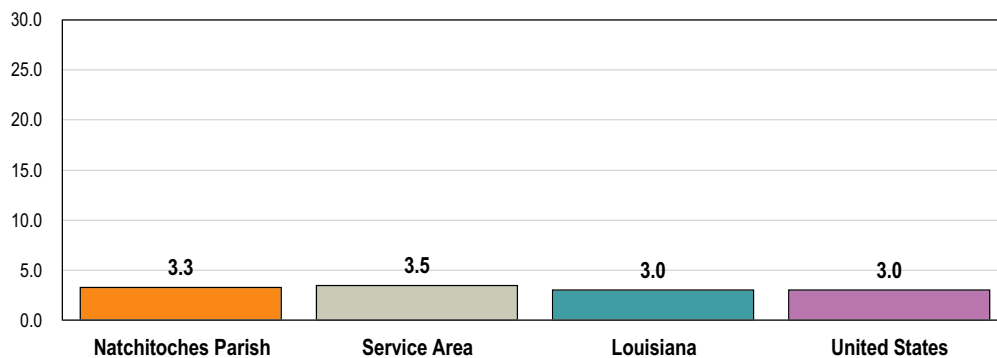
The following section outlines general assessments of the prevalence of depression among area residents, along with the number of people seeking professional help for problems with depression, stress and emotions.

## Self-Reported Mental Health Status

### Days of Poor Mental Health

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

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



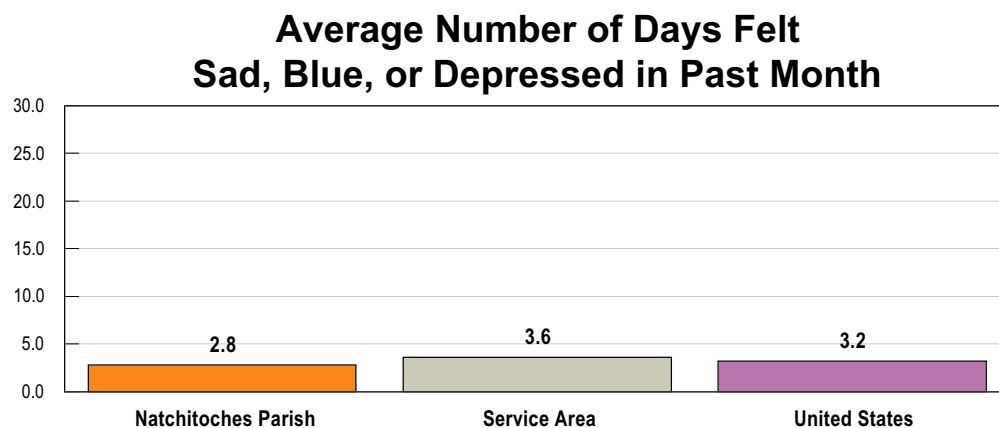
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2000 PRC National Health Survey, Professional Research Consultants  
3. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data  
Note: Asked of all respondents.

## 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 Natchitoches Parish reported an average of 2.8 days on which they felt sad, blue or depressed.**
  - Similar to Rapides Foundation Service Area and national averages.

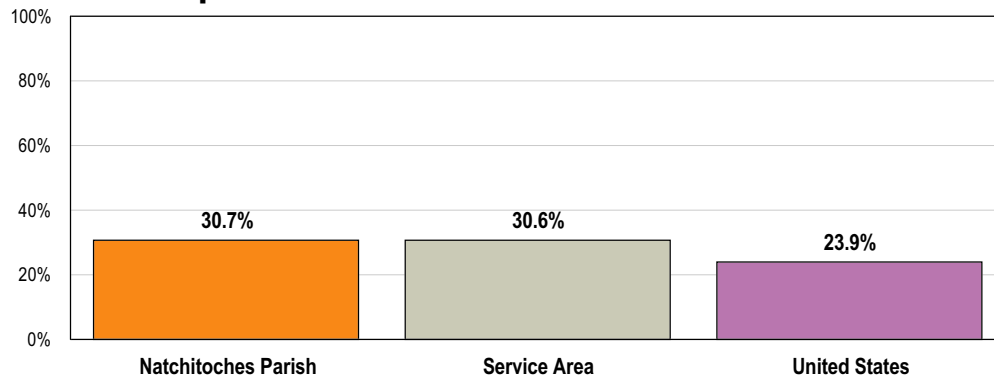


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2000 PRC National Health Survey, Professional Research Consultants  
Notes: 1. Asked of all respondents.  
2. State data not available.

### Prolonged Depression

- **30.7% of Natchitoches Parish adults report that they have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt OK sometimes.**
  - Similar to Rapides Foundation Service Area findings.
  - Significantly higher than national findings (23.9%).
  - This represents nearly **8,289 adults** in Natchitoches Parish who have faced or are facing prolonged bouts with depression.

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

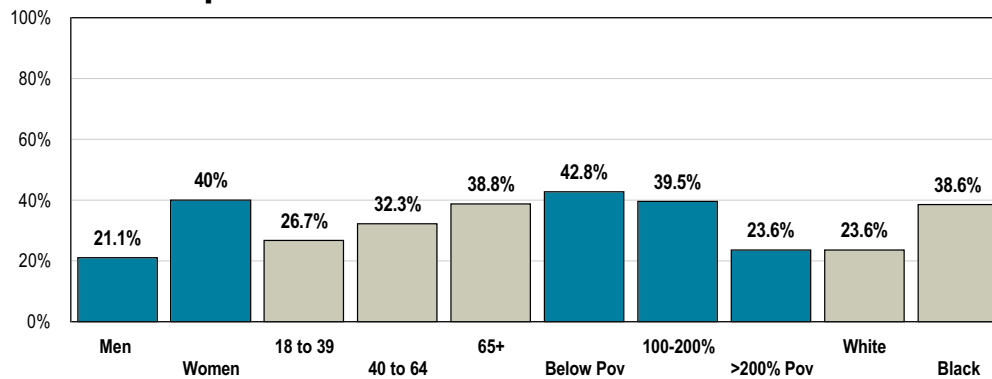


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. 2000 PRC National Health Survey, Professional Research Consultants  
 Notes: 1. Asked of all respondents.  
 2. State data not available.

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

- Low-income respondents.
- Women.
- Adults age 65 and older.
- 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 Natchitoches Parish.  
 2. Asked of all respondents.

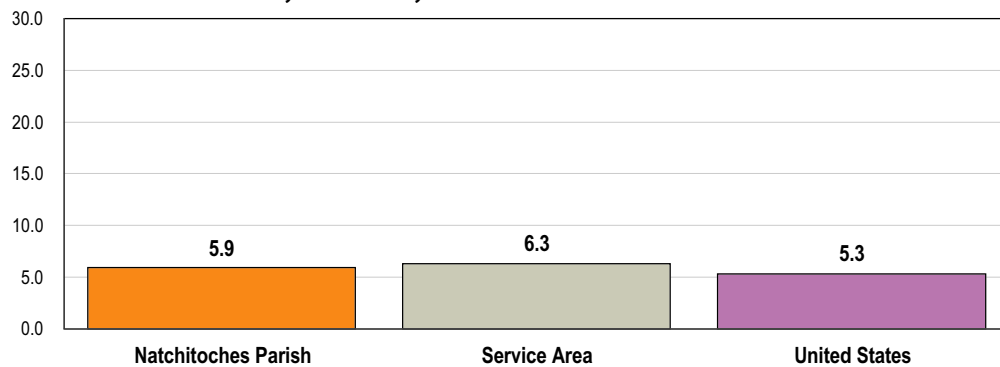
## Stress

### Stress Levels

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

- **Adults in Natchitoches Parish report an average of 5.9 days in the past month on which they felt worried, tense or anxious.**
  - Similar to the Rapides Foundation Service Area average.
  - Slightly higher than the national average (5.3 days/month).

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



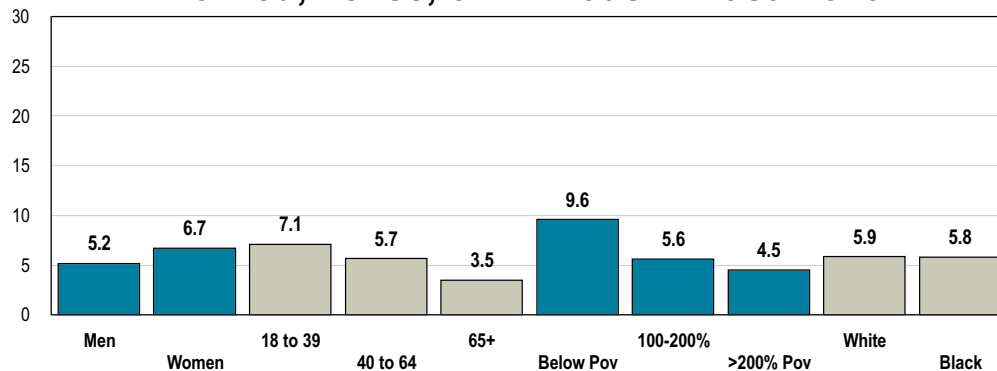
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2000 PRC National Health Survey, Professional Research Consultants  
Note: Asked of all respondents.

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

- Those living below poverty level.
- Young adults (ages 18 to 39).
- Women.



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

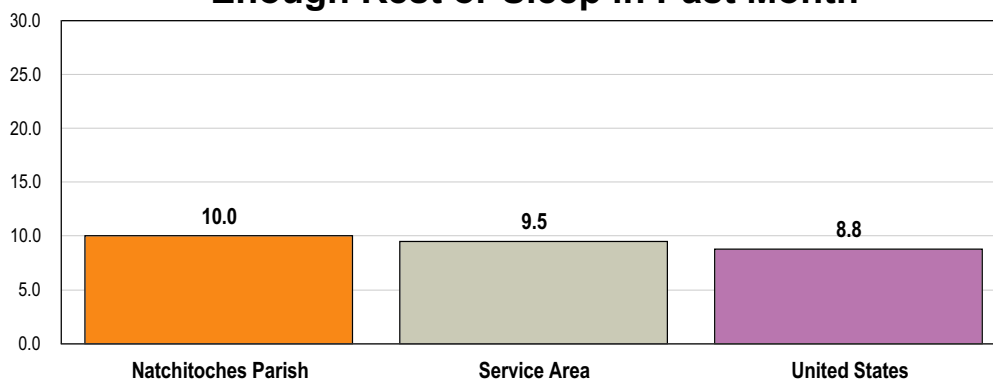


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. 2000 PRC National Health Survey, Professional Research Consultants  
 Notes: 1. Demographic breakouts are among findings in Natchitoches Parish.  
 2. Asked of all respondents.

### Sleep & Rest

- **Adults in Natchitoches Parish report an average of 10.0 days in the past month on which they did not get enough rest or sleep.**
  - Slightly higher than Rapides Foundation Service Area findings (9.5 days/month).
  - Worse than found nationwide (8.8 days/month).

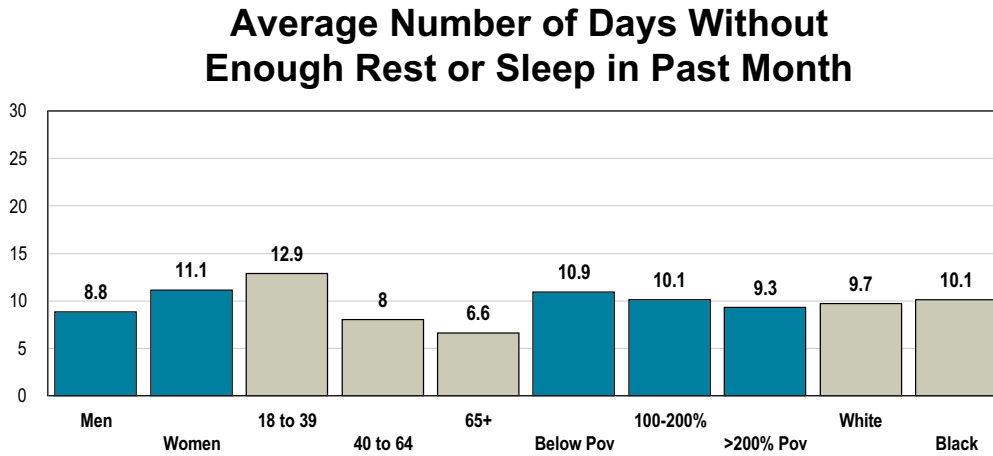
### Average Number of Days Without Enough Rest or Sleep in Past Month



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

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

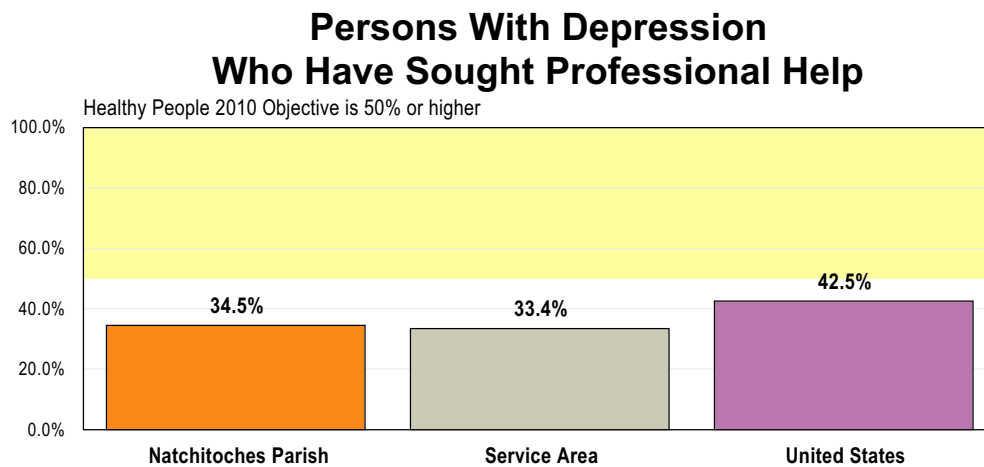
- Young adults (ages 18 to 39).
- Women.
- Those living below the poverty level.



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

## Utilization of Mental Health Services

- **34.5% of Natchitoches Parish respondents who have experienced bouts of prolonged depression report that they have sought professional help for a mental or emotional problem.**
  - Statistically similar to the nationwide proportion.
  - Similar to the Rapides Foundation Service Area findings.
  - Far from satisfying the *Healthy People 2010* target (50% or higher).



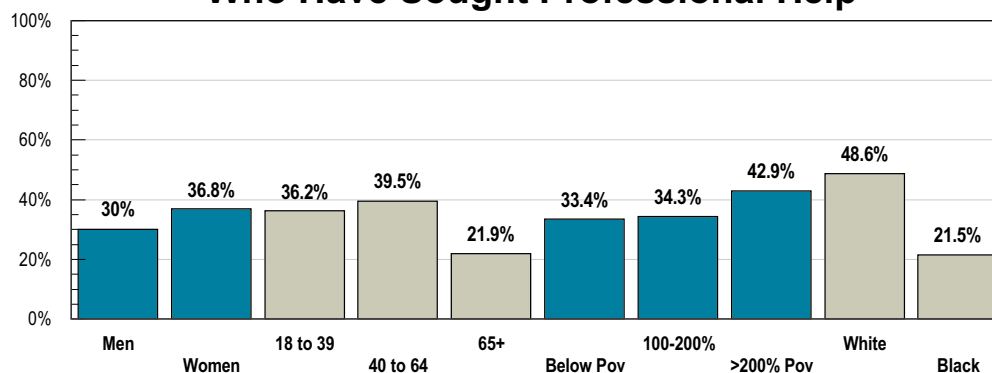
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2000 PRC National Health Survey, Professional Research Consultants  
3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

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

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

- White respondents.
- Those with higher incomes.
- Middle-aged adults (ages 40 to 64).
- Women.

## Persons With Depression Who Have Sought Professional Help



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

## Community Health Panel Findings\*

Focus group participants cited a need for increased availability of mental health services, especially for children.

“We don’t have enough professional people in this parish to take care of the demand for mental health services. The sheriff’s office has to drive them to facilities outside of this parish for treatment. This country, not only Natchitoches, has a mental health problem, and people are taking it very lightly. Our schools are reporting a lot of disruptive students due to mental health problems, which have not been identified or treated. This is why I am pursuing mental health teams at the schools to work directly with children and then get the parents involved in the treatment. Our teachers can’t teach because of the behavioral problems of the students. The sheriff and the police department are on alert 24 hours a day trying to cope with all the problems we have in this area. We need to try to save one child at a time.”

“Another thing I noticed is that parents are not following up with their children’s medications for ADHD. The kids are given medication at school, and the parent does not give it at home in the evenings or on weekends. We have very strict medication policies, but often we don’t get the follow-up at home that we need.”

“I would like to comment that there is a program that started with us last year in all the public schools that if there is a child who has some type of mental health problem, they are referred to this program called Success In Sight. They are out of Shreveport. It is a group of clinical technicians, psychologists, psychiatrists and social workers. Their approach is to treat the whole family. They go into the home and teach the parents how to be better parents. The only problem is that they are out of Shreveport, and they do go to other parishes. I think we need something like this program right here in Natchitoches.”

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

# LEADING CAUSES OF DEATH & DISABILITY

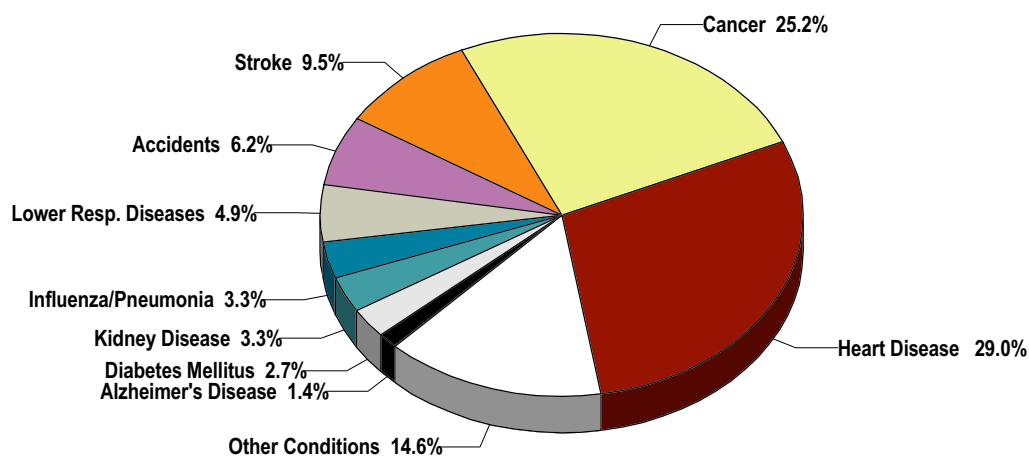
# Leading Causes of Death

## Leading Causes of Death

Together, the top six causes of death account for 78.1% of all 1999 deaths in Natchitoches Parish:

- **Heart disease** is the leading cause of death in Natchitoches Parish, accounting for 29.0% of all deaths in 1999.
- **Cancers** are the second leading cause of death in Natchitoches Parish, accounting for 25.2% of all 1999 deaths.
- **Cerebrovascular disease (stroke)** is the third leading cause of death in Natchitoches Parish, accounting for 9.5% of all 1999 deaths.
- Other leading causes include **unintentional injury, lower respiratory diseases, influenza/pneumonia, kidney disease, diabetes** and **Alzheimer's disease**.
- This distribution is similar to that presented in the 1997 Tulane study.

**Leading Causes of Death**  
Natchitoches Parish 1999



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

## Age-Adjusted Death Rates for Selected Causes

In order to compare mortality in Natchitoches 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, Natchitoches Parish fails to satisfy most of the outlined Healthy People 2010 targets, including: *heart disease, cancer, cerebrovascular disease, motor vehicle accidents, diabetes, homicide and suicide.***
- **Natchitoches Parish compares unfavorably to Louisiana death rates for *cancer, cerebrovascular disease, lower respiratory disease, motor vehicle accidents and influenza/pneumonia.***
- **Natchitoches Parish also compares unfavorably to U.S. death rates for the many of the same causes: *heart disease, cancer, cerebrovascular disease, lower respiratory***

*disease, motor vehicle accidents, influenza/pneumonia, diabetes, septicemia and homicide.*

- Natchitoches Parish death rates are also notably higher than the Rapides Foundation Service Area median rates for *cancer, cerebrovascular disease, lower respiratory disease, motor vehicle accidents, influenza/pneumonia and homicide* (meaning the Natchitoches 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

	Natchitoches Parish	Service Area Median	Louisiana	United States	HP2010
Diseases of the Heart	302.2	344.9	306.6	267.8	213.7*
Malignant Neoplasms (Cancers)	265.3	251.0	232.8	202.7	159.9
Cerebrovascular Disease (Stroke)	100.2	69.0	69.1	61.8	48.0
Chronic Lower Respiratory Diseases	50.2	47.2	40.8	45.8	
Motor Vehicle Accidents	37.8	28.3	21.5	15.5	9.0
Influenza/Pneumonia	34.3	33.6	25.9	23.6	
Diabetes Mellitus	28.9	29.4	42.4	25.2	15.1*
Septicemia	11.4	16.8	18.2	11.3	
Assault (Homicide)	9.2	4.9	10.7	6.2	3.0
Intentional Self-Harm (Suicide)	9.0	10.3	12.0	10.7	5.0

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.

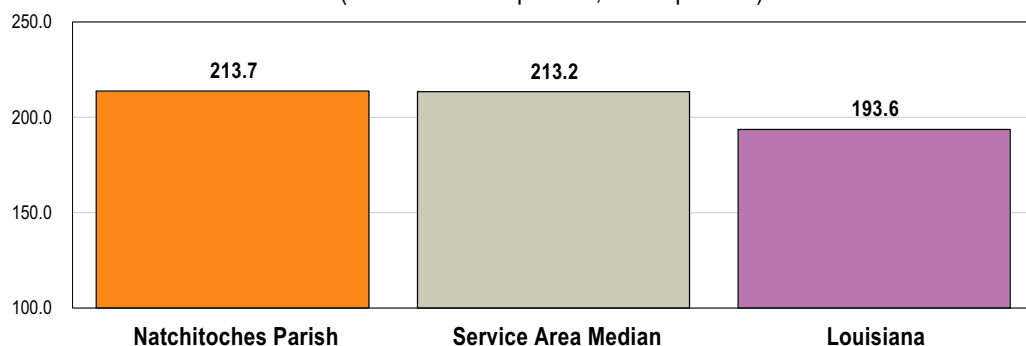
The economic impact of cardiovascular disease on the U.S. health care system continues to grow as the population ages. The estimated cost of cardiovascular disease in the United States in 2001 is \$298 billion, including health care expenditures and lost productivity (National Center for Chronic Disease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

## Cardiovascular Disease Deaths

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

### Age-Adjusted Mortality: Cardiovascular Disease

(1996-98 Deaths per 100,000 Population)

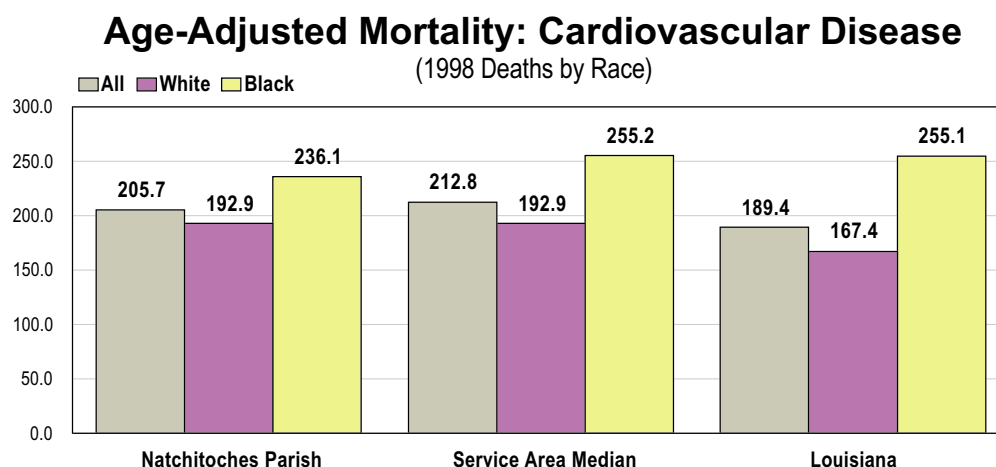


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

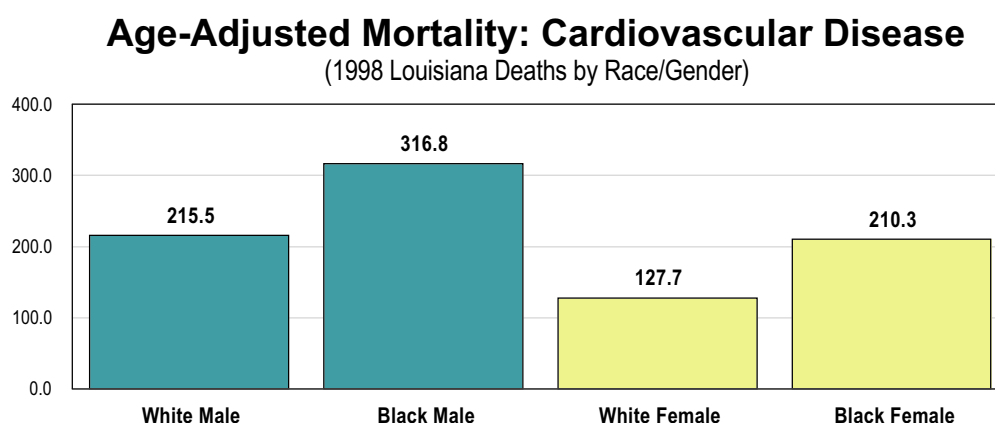
2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- Blacks experience a much greater age-adjusted cardiovascular death rate than Whites (236.1 versus 192.9 deaths per 100,000 in Natchitoches Parish in 1998).
- This single-year rate difference in Natchitoches Parish is lower than the statewide rate and the median death rates among the 11 parishes in the Rapides Foundation Service Area (keep in mind that single-year rates can fluctuate considerably when numbers of deaths are small).



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).  
 Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.  
 2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

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



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

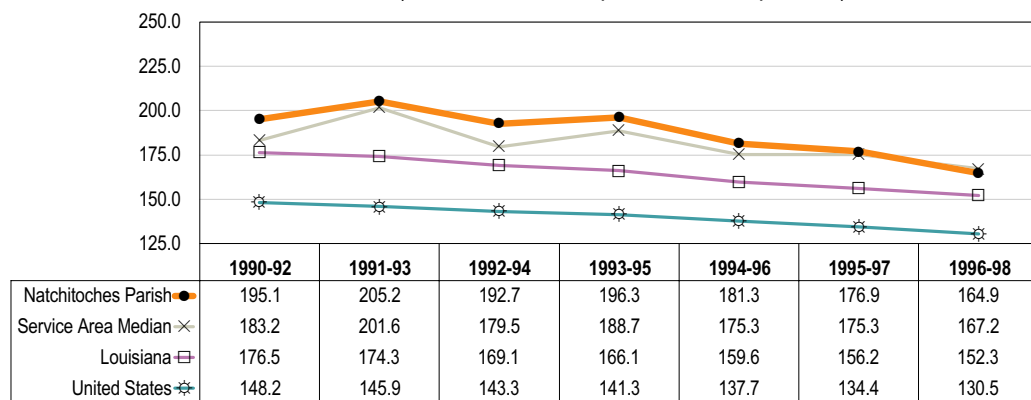
## Heart Disease Deaths

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

- From 1990 to 1998, the age-adjusted heart disease death rate in Natchitoches Parish tracked closely to the corresponding service area rate.
- Nationally and statewide, heart disease deaths have been declining consistently. In Natchitoches Parish, this trend is also apparent.

### Age-Adjusted Mortality: Heart Disease

(1990-1998 Deaths per 100,000 Population)



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

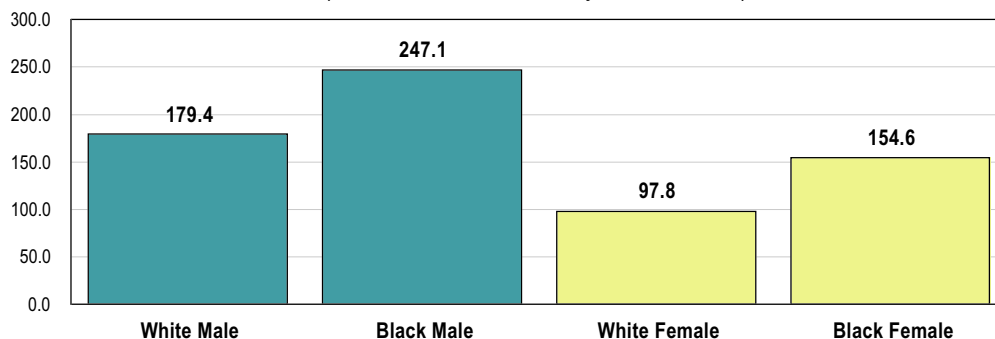
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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

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

### Age-Adjusted Mortality: Heart Disease

(1998 Louisiana Deaths by Race/Gender)



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

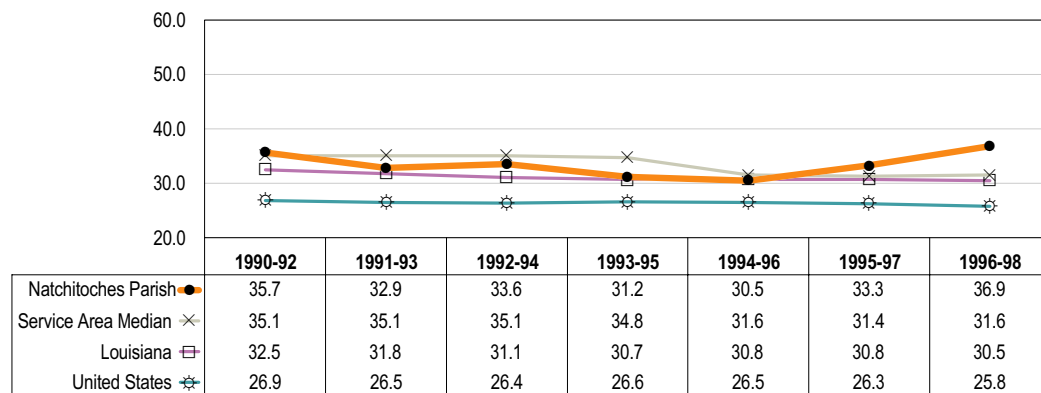
Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

## Stroke Deaths

- The Natchitoches Parish age-adjusted death rate for cerebrovascular disease tracked slightly higher than the statewide rate for most of the 1990-98 period.
- In Natchitoches Parish, the stroke death rate was highest from 1996 to 1998.

### 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).

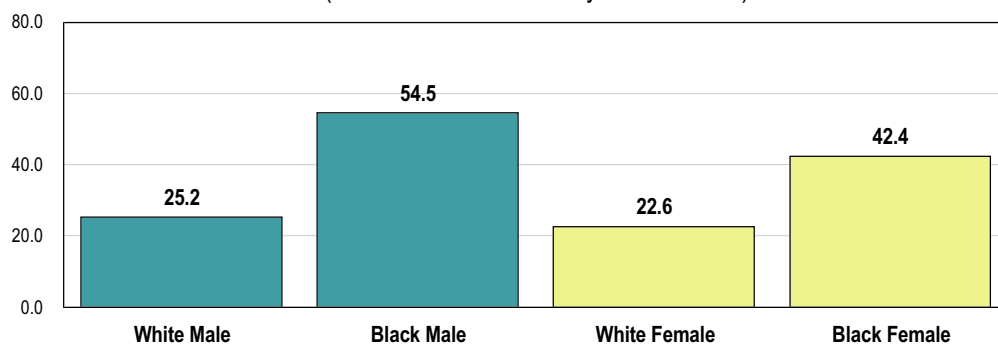
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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)



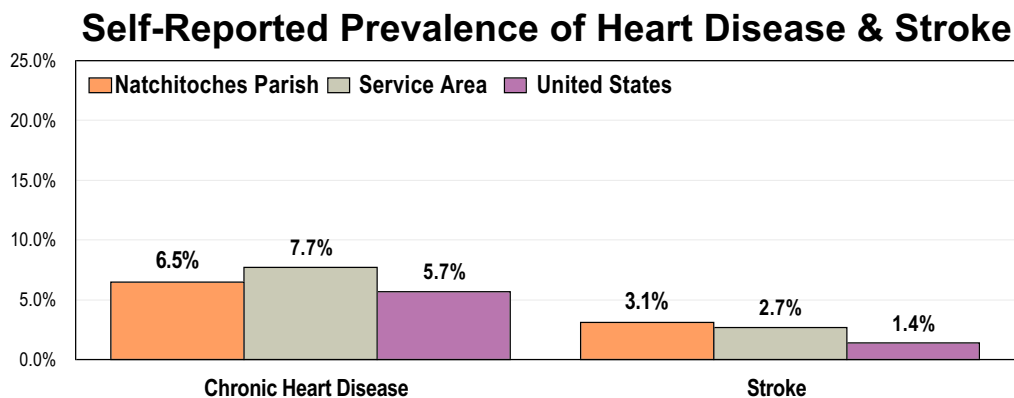
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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:

- **6.5% of Natchitoches Parish adult respondents report that they suffered from or have been diagnosed with heart disease, such as congestive heart failure, angina or a heart attack.**
  - Statistically similar to the Rapides Foundation Service Area prevalence and national prevalence.
- **3.1% of Natchitoches Parish respondents report that they have suffered from or have been diagnosed with a stroke.**
  - Statistically similar to the Rapides Foundation Service Area prevalence and national prevalence.



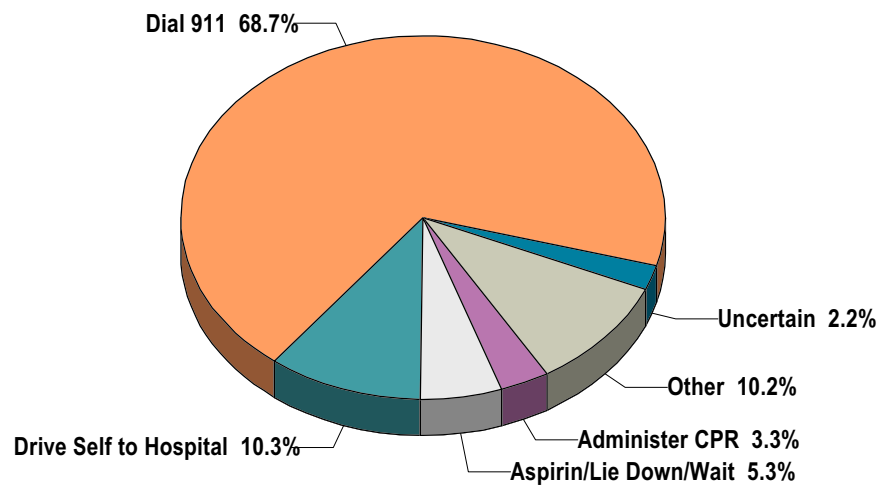
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2000 PRC National Health Survey, Professional Research Consultants  
Notes: 1. Asked of all respondents.  
2. State data not available.

## Response to Symptoms of Heart Attack

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

- More than two-thirds (68.7%) of Natchitoches Parish adults would *call 911* upon symptoms of a heart attack.
- 10.3% say they would *drive themselves to the hospital*.
- 5.3% say they would *take aspirin, lie down and see if the symptoms subsided*.
- 15.7% identified a wide variety of other responses (none receiving more than 4% of responses), including administering CPR.

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



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

## Cardiovascular Risk Factors

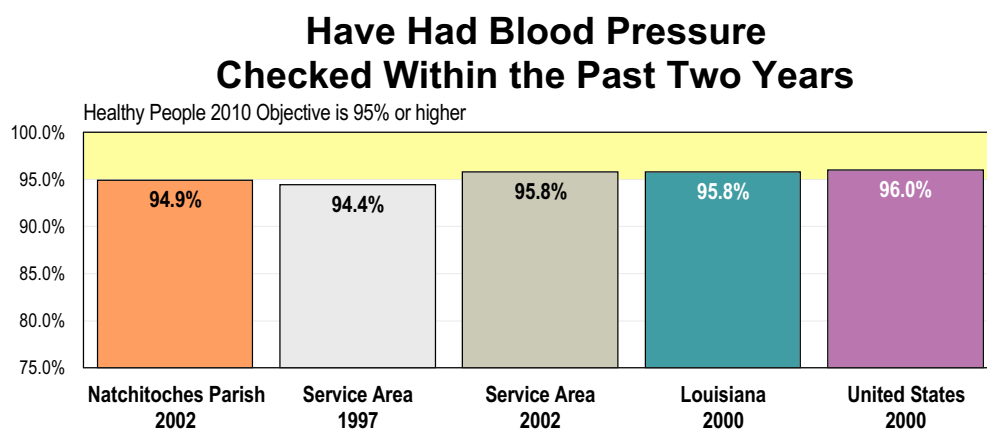
### Hypertension (High Blood Pressure)

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

- **94.9% of adults in Natchitoches Parish have had their blood pressure tested within the past two years.**
  - Similar to Rapides Foundation Service Area, Louisiana and U.S. findings.
  - Close to satisfying the *Healthy People 2010* target (95% or higher).

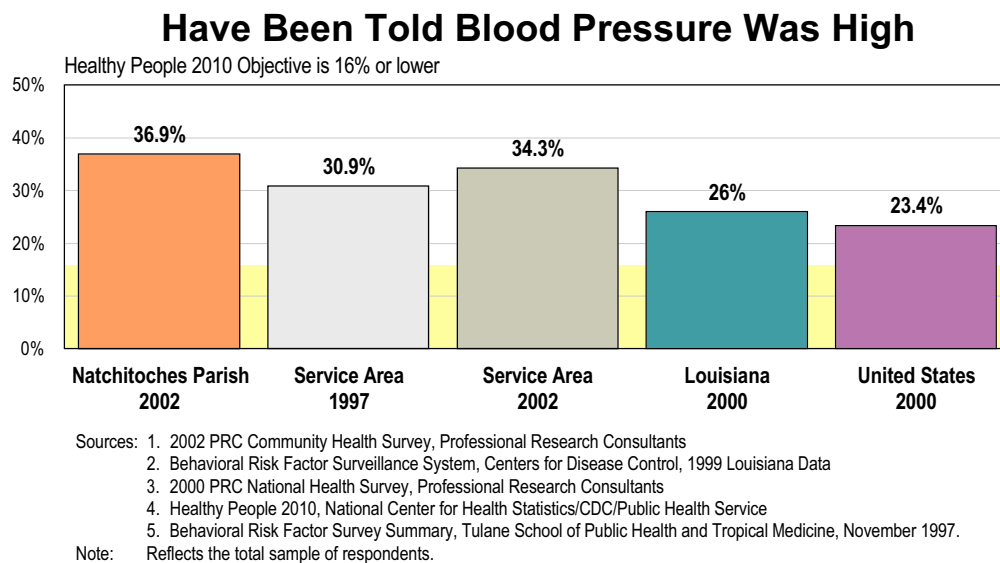


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data  
3. 2000 PRC National Health Survey, Professional Research Consultants  
4. Healthy People 2010, National Center for Health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

- **36.9% of Natchitoches Parish adults have been told at some point that their blood pressure was high.**
  - Similar to Rapides Foundation Service Area findings.
  - Worse than statewide findings (26%).
  - Significantly worse than national findings (23.4%).
  - Far from satisfying the *Healthy People 2010* target (16% or lower).
- **29.3% of Natchitoches Parish adults have been told more than once that their blood pressure was high.**

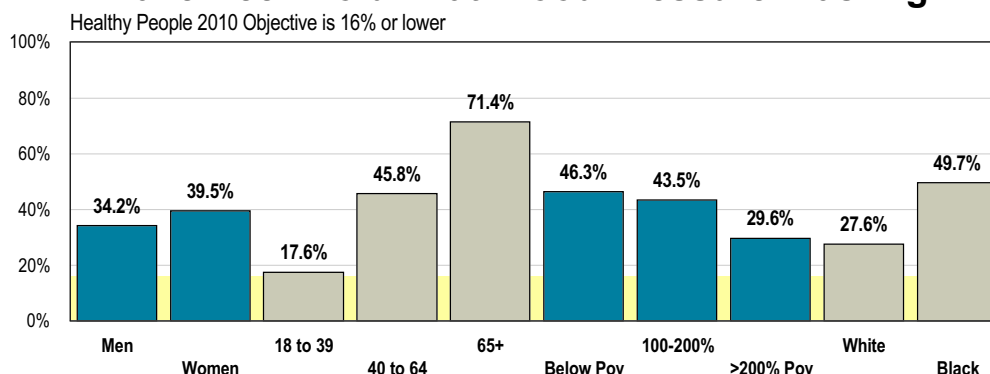


As shown in the following chart:

- In looking at age cohorts, hypertension rates in Natchitoches Parish increase dramatically with age.
- Black respondents experience a higher prevalence than White respondents.
- Those with lower incomes experience a higher prevalence than those with higher incomes.
- Women experience a higher prevalence than men.



## 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 Natchitoches Parish.

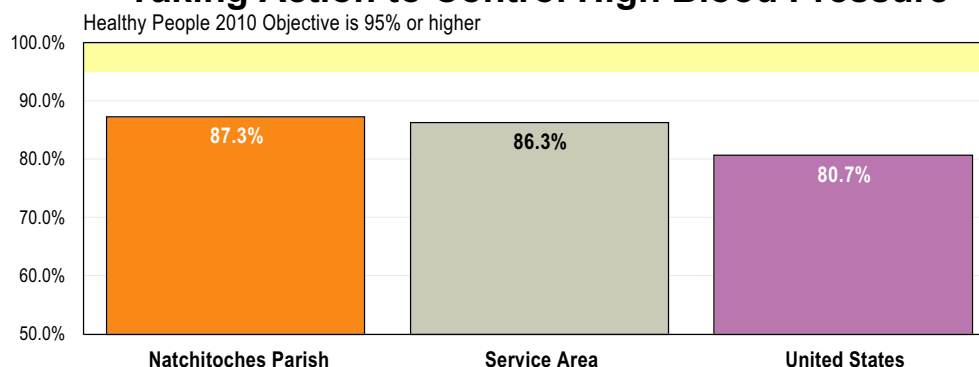
2. Reflects the total sample of respondents.

## 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.

- **87.3% of Natchitoches 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.
  - Significantly worse than national findings (80.7%).
  - Fails to satisfy the *Healthy People 2010* target (95% or higher).

## Taking Action to Control High Blood Pressure



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

2. 2000 PRC National Health Survey, Professional Research Consultants

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

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

2. State data not available.

## Community Health Panel Findings\*

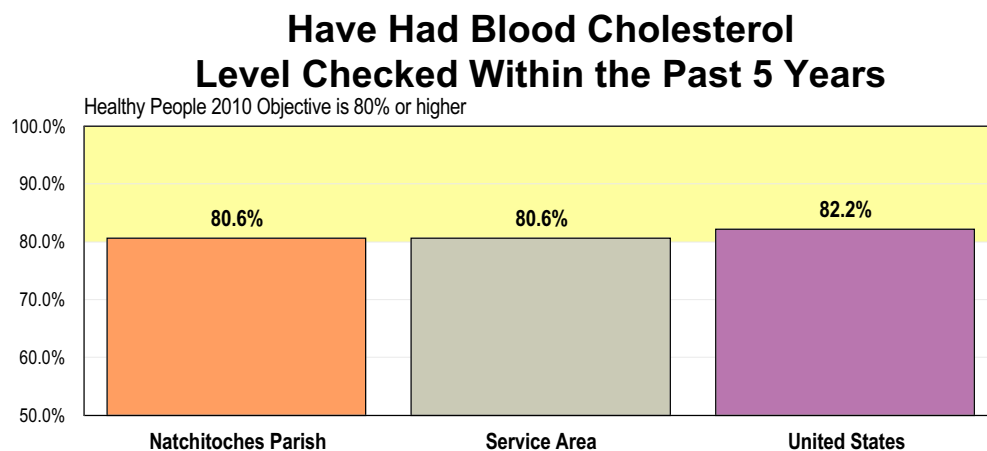
“Hypertension is becoming a real problem in this area. We need a lot of education in this area also.”

### 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

- **80.6% of adults in Natchitoches Parish have had a blood cholesterol screening within the past 5 years.**
  - Identical to Rapides Foundation Service Area findings.
  - Statistically similar to national findings.
  - Satisfies the *Healthy People 2010* target (80% or higher).



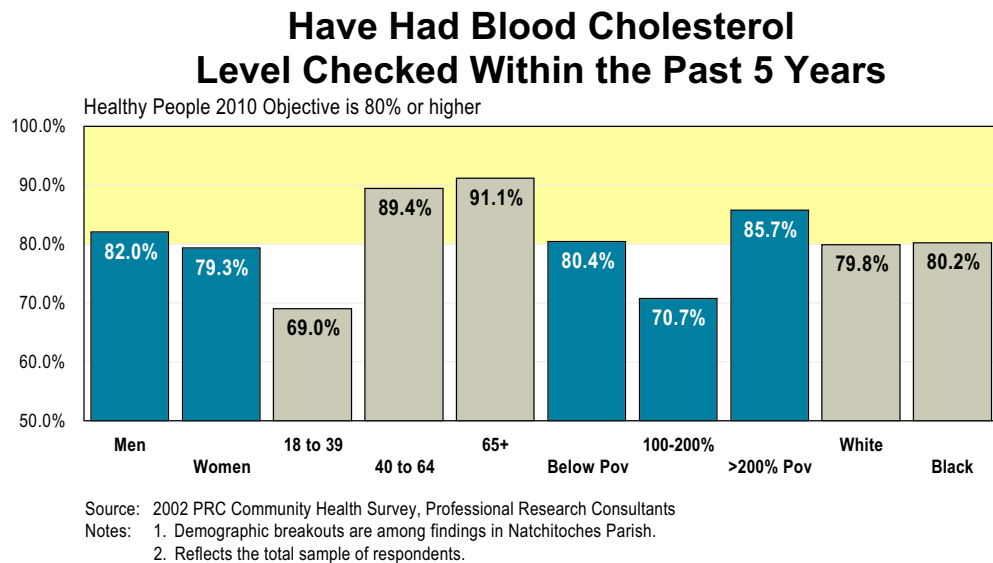
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data  
3. 2000 PRC National Health Survey, Professional Research Consultants  
4. Healthy People 2010, National Center for Health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

Note: Reflects the total sample of respondents.

\* 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.

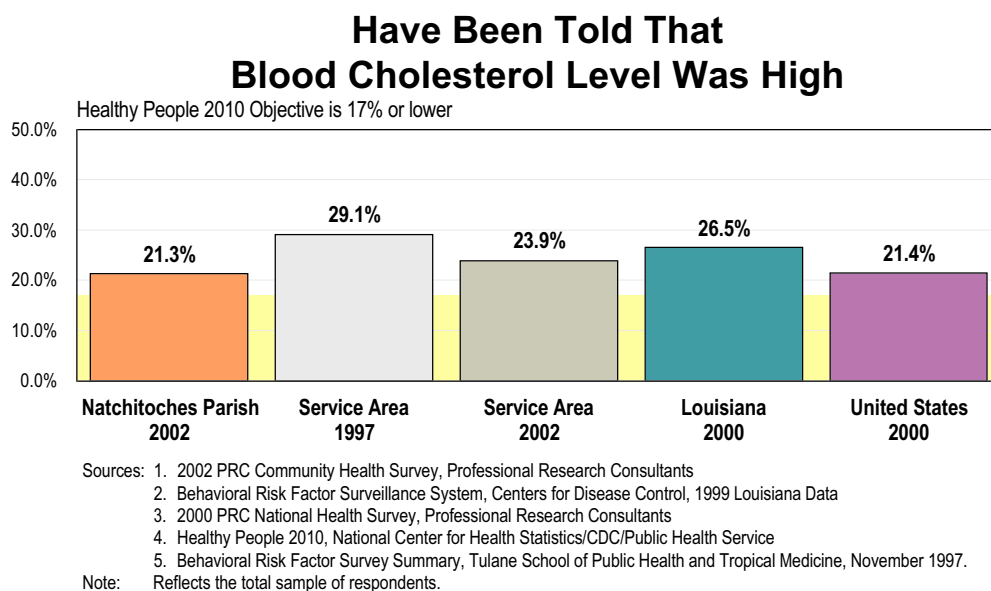
Further note in the following demographic breakout:

- Screening levels increase dramatically with age.
- Screening levels are higher among those with higher incomes.



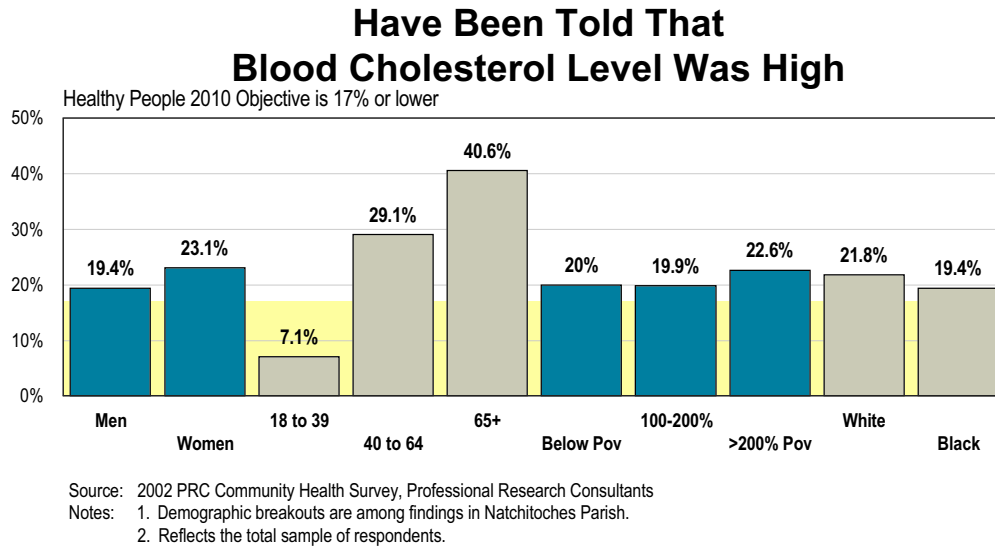
## High Blood Cholesterol Prevalence

- **21.3% of adults in Natchitoches Parish have been told by a health professional that their cholesterol level was high.**
  - Statistically similar to the Rapides Foundation Service Area, statewide and nationwide prevalence levels.
  - Fails to satisfy the *Healthy People 2010* target (17% or lower).



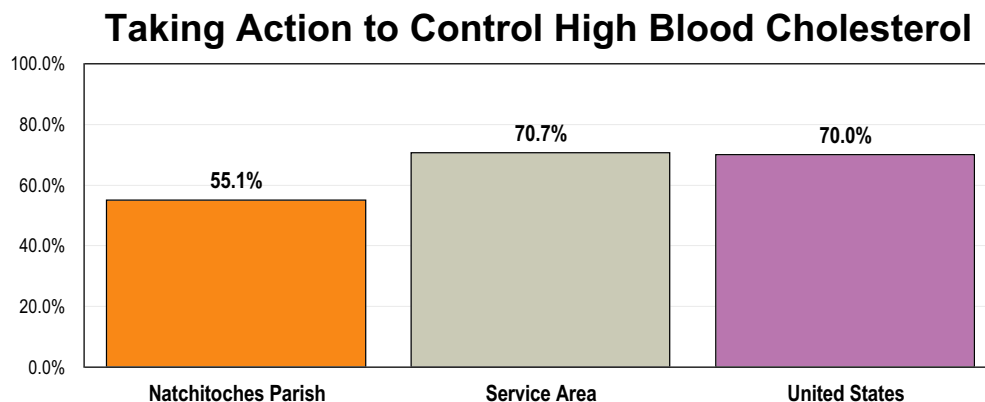
As shown in the following chart:

- High cholesterol increases dramatically with age.
- High cholesterol levels are slightly higher among women, higher-income respondents and White respondents.



## Controlling High Blood Cholesterol

- **55.1% of adults in Natchitoches Parish with high blood cholesterol levels are taking some type of action to control their condition.**
  - Significantly worse than Rapides Foundation Service Area findings (70.7%).
  - Significantly worse than national findings (70.0%).



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

## Cardiovascular Risk Behavior

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

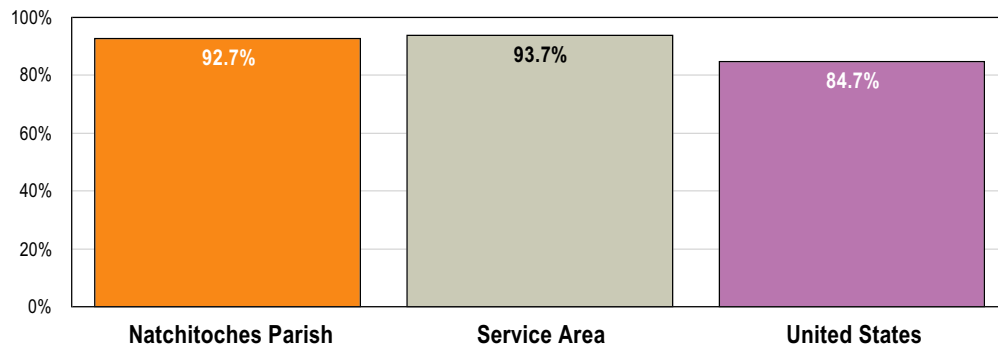
- **Poor nutrition.** People who are overweight have a higher risk for cardiovascular disease. Almost 60% of U.S. adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.
- **Lack of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

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

### Prevalence of Cardiovascular Risk Factors/Behaviors

- **92.7% of Natchitoches 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 Rapides Foundation Service Area findings.
  - Significantly worse than found nationwide (84.7%).

## Present One or More Cardiovascular Risk Factors or Behaviors

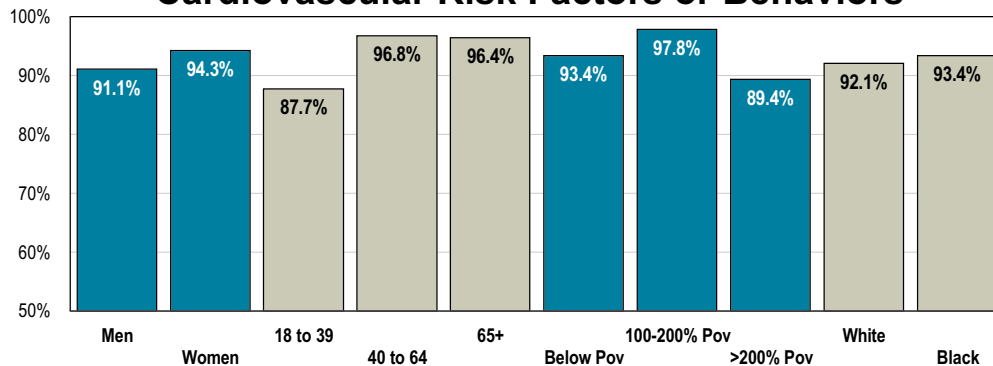


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2000 PRC National Health Survey, Professional Research Consultants

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 those living just above the poverty level (the "working poor").
- Risk factors are higher among adults age 40 and older.
- Little difference is detectable by gender or race.

## Present One or More Cardiovascular Risk Factors or Behaviors



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

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

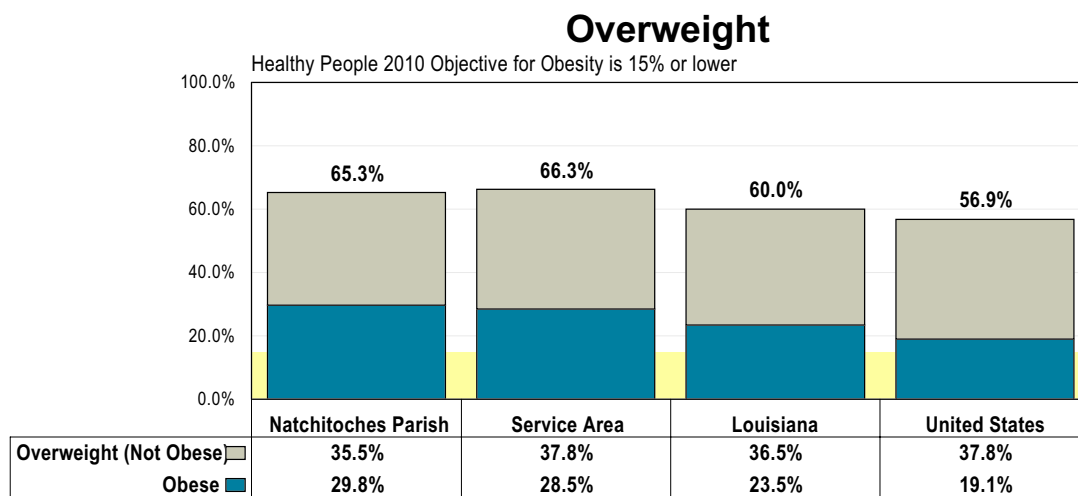
## Overweight Prevalence

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.

- **65.3% of Natchitoches Parish adults are overweight (BMI $\geq$ 25), based on self-reported heights and weights.**
  - Similar to Rapides Foundation Service Area.
  - Worse than found statewide (60.0%).
  - Significantly worse than found nationwide (56.9%).
- **29.8% of Natchitoches Parish adults are obese (BMI $\geq$ 30).**
  - Similar to Rapides Foundation Service Area and statewide findings.
  - Significantly worse than found nationwide (19.1%).
  - Fails to satisfy the *Healthy People 2010* target (15% or lower).

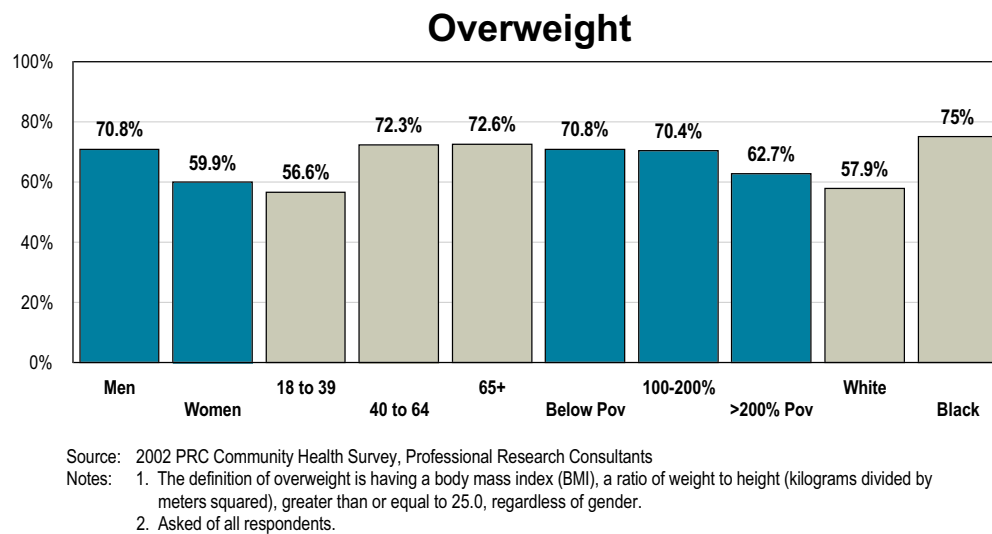


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data  
 3. 2000 PRC National Health Survey, Professional Research Consultants  
 4. Healthy People 2010, National Center for Health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

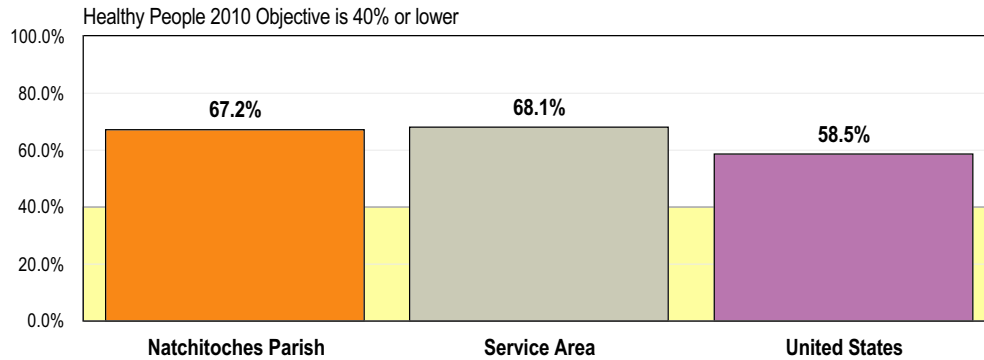
- Black respondents.
- Those age 40 and older.
- Low-income respondents.
- Men.



- **67.2% of Natchitoches Parish adults are of an unhealthy weight (including overweight and the small percentage of adults who are underweight).**
  - Similar to Rapides Foundation Service Area proportion.
  - Significantly worse than found nationwide (58.5%).
  - Far from reaching the *Healthy People 2010* target (40% or lower).



## Unhealthy Weight (BMI <18.5 or 25+)



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

2. 2000 PRC National Health Survey, Professional Research Consultants

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

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

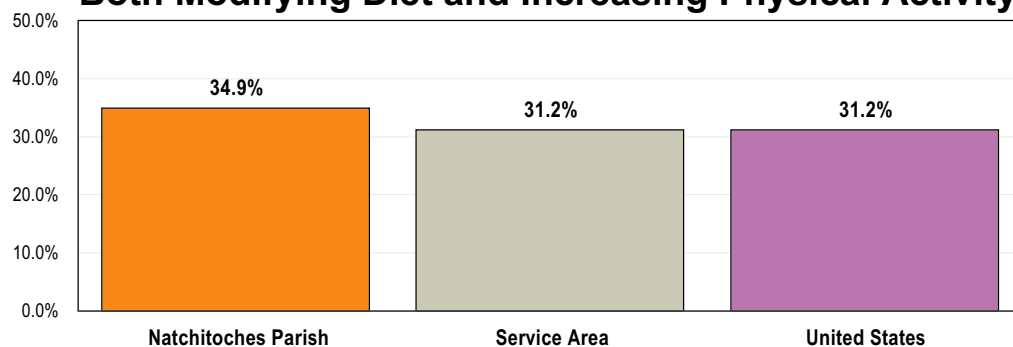
2. Asked of all respondents.

## Weight Control

Among surveyed adults who are overweight:

- **34.9% are using a combined regimen of diet and exercise as a means to lose weight.**
  - Statistically similar to Rapides Foundation Service Area and national findings.

## Overweight Persons Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity



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

2. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of all overweight respondents.

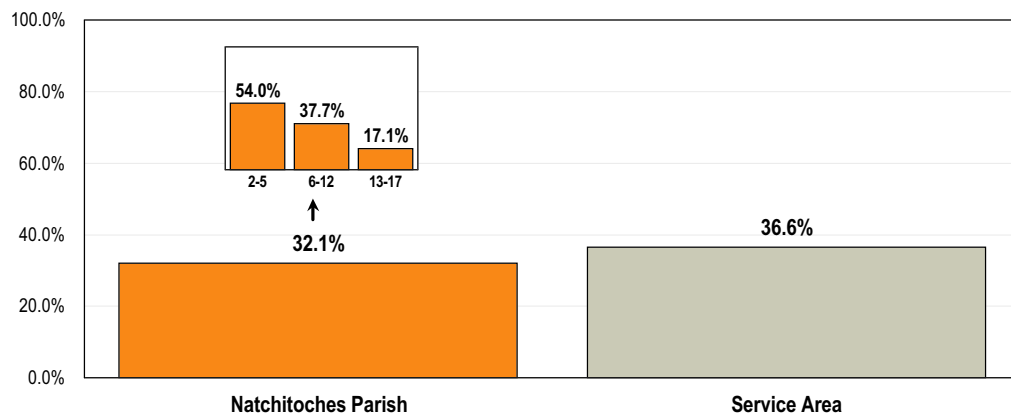
2. State data not available.

## Overweight Children

Survey respondents were also asked to report heights and weights of children age 2 or older in their households. From this information, a BMI was calculated for each child and compared against overweight thresholds (based on status above the 95 percentile of U.S. growth charts for the child's age).

- **32.1% of Natchitoches Parish children between the ages of 2 and 17 are overweight.**
- Overweight prevalence is noted particularly among younger children and decreases with age.
  - Similar to Rapides Foundation Service Area findings.

### Child Overweight



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

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

## Nutrition

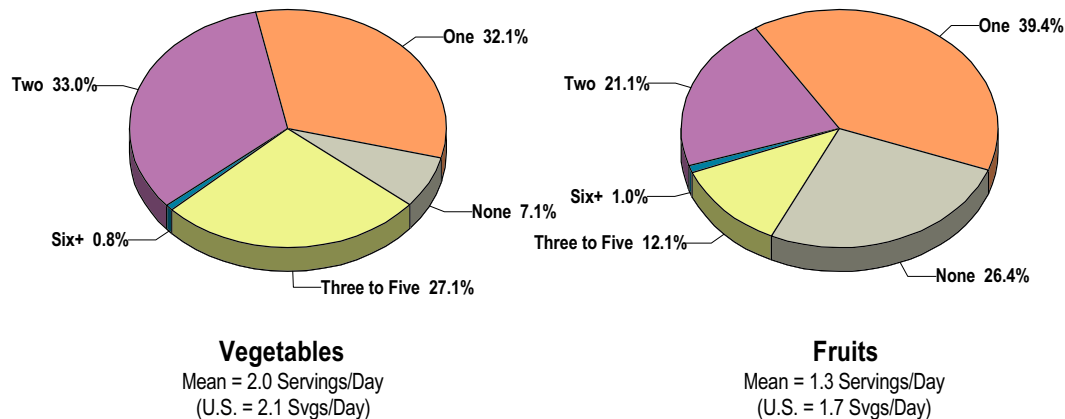
Diet is a key component of good health. In fact, dietary habits have been linked to five of the 10 leading causes of death in the United States, including coronary heart disease, some types of cancer (colorectal, breast and prostate), stroke, noninsulin-dependent diabetes mellitus and atherosclerosis.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

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

## Dietary Habits: Fruits & Vegetables

- Residents of Natchitoches Parish report eating an average of 2.0 servings of vegetables per day and an average of 1.3 servings of fruits per day.

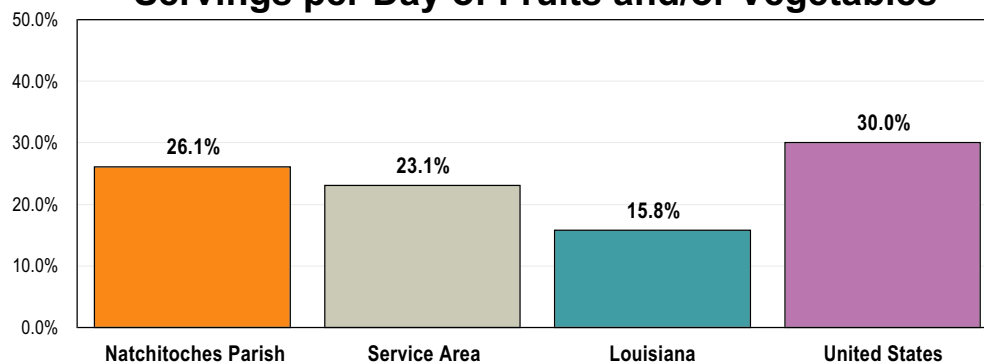
### Self-Reported Daily Servings of Fruits and Vegetables



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 26.1% of Natchitoches 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%).
  - Statistically similar to national findings.

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

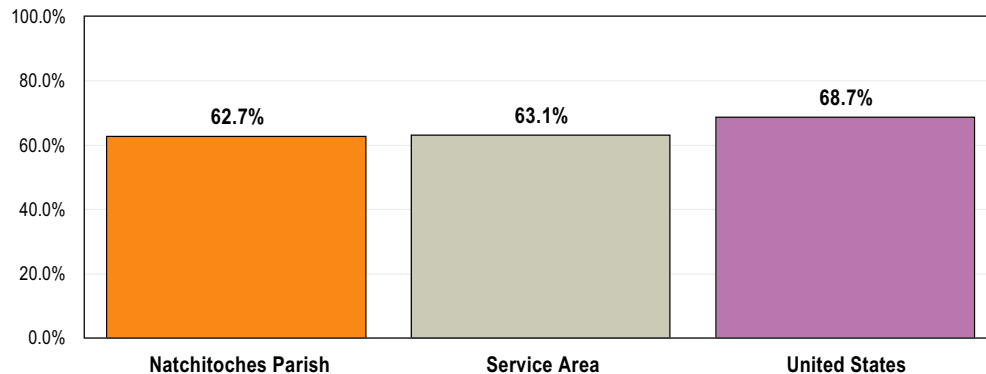


Source: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data  
3. 2000 PRC National Health Survey, Professional Research Consultants  
Note: Asked of all respondents.

## Use of Food Labels

- **62.7% of Natchitoches 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 worse than found nationwide (68.7%).

### Use Labels to Make Nutritious Food Selections

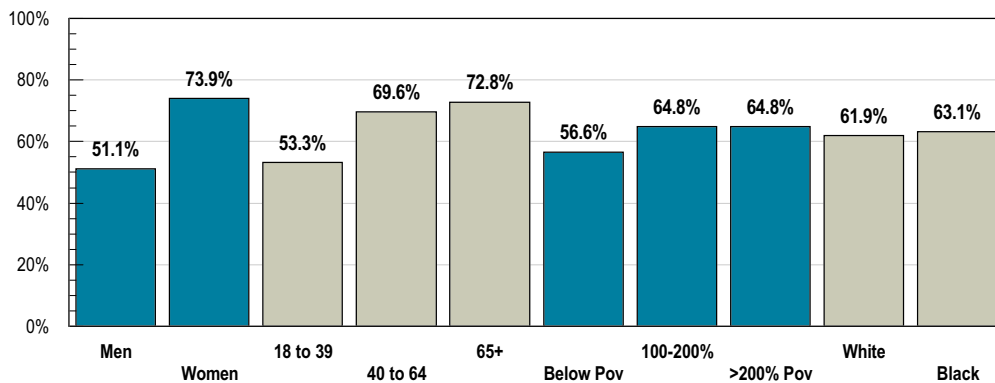


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. 2000 PRC National Health Survey, Professional Research Consultants  
 Notes: 1. Asked of all respondents.  
 2. State data not available.

Use of food labels is notably higher among:

- Women.
- Older adults.

### Use Labels to Make Nutritious Food Selections

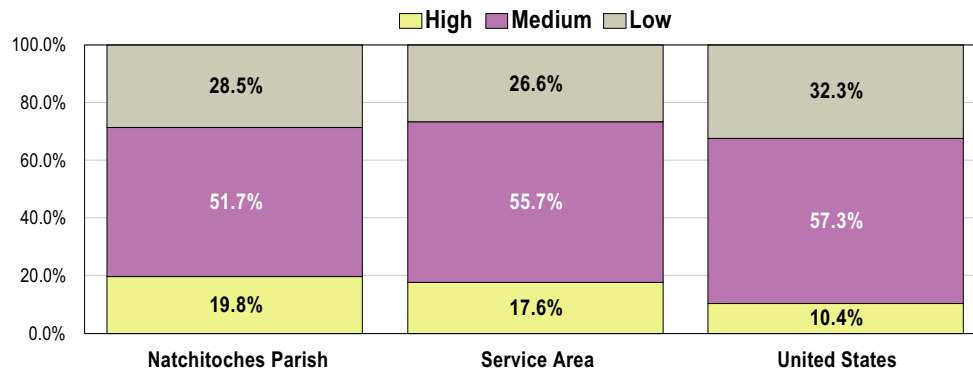


Source: 2002 PRC Community Health Survey, Professional Research Consultants  
 Notes: 1. Demographic breakouts are among findings in Natchitoches Parish.  
 2. Asked of all respondents.

## Dietary Fat Content

- **19.8% of Natchitoches 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

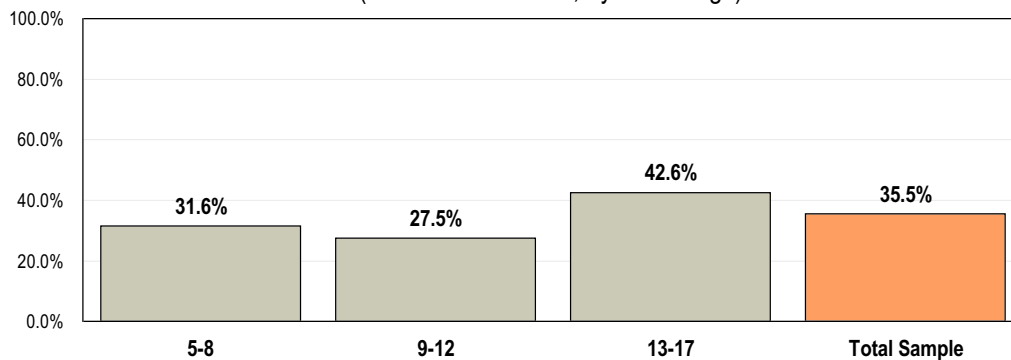


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. 2000 PRC National Community Health Survey, Professional Research Consultants  
 Note: Asked of all respondents.

## Children & Fast Food

- **35.5% of Natchitoches 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 teenagers.

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



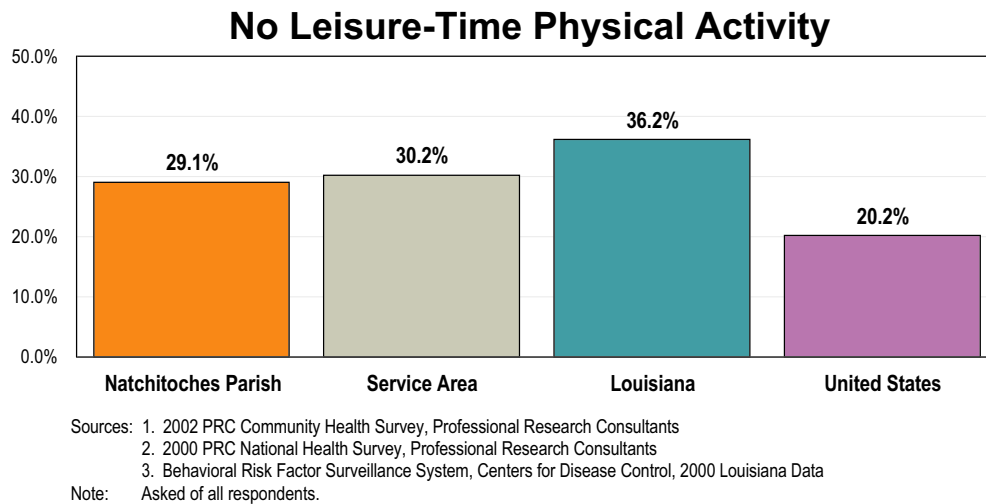
Source: 2002 PRC Community Health Survey, Professional Research Consultants  
 Note: Asked of all respondents with children aged 5 and older.

## Physical Activity

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

### *No Leisure-Time Physical Activity*

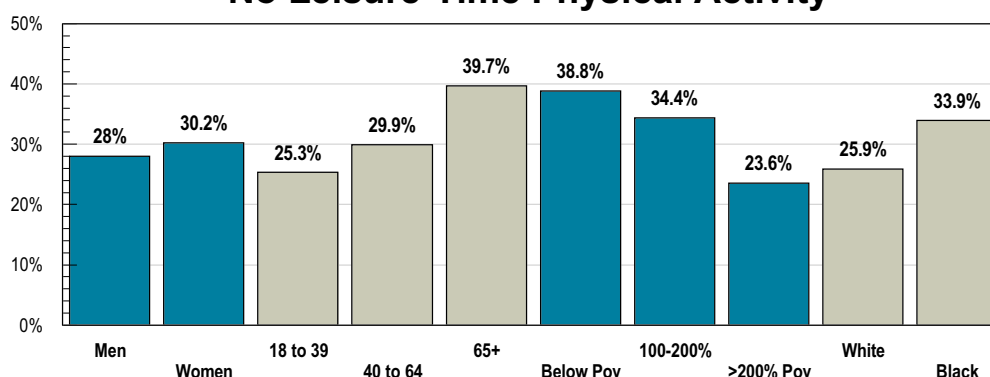
- **29.1% of Natchitoches Parish adults have not participated in any type of physical activity outside work during the past month.**
  - Better than statewide findings (36.2%).
  - Similar to Rapides Foundation Service Area findings.
  - Significantly worse than found nationwide (20.2%).



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

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

## No Leisure-Time Physical Activity



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

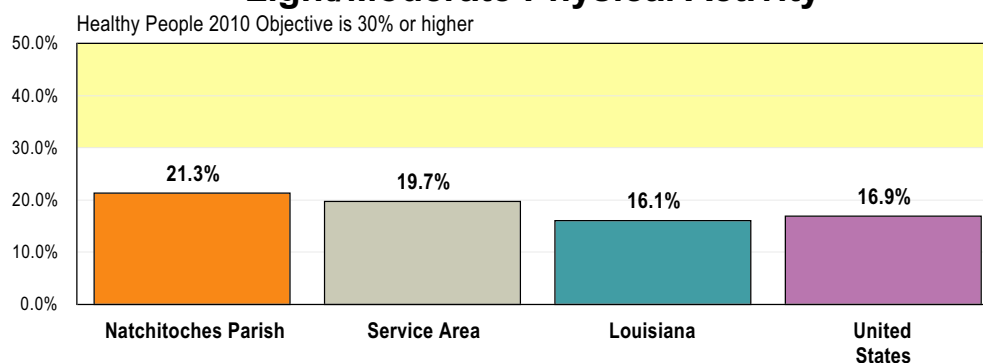
2. Asked of all respondents.

## 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.

- **21.3% of Natchitoches Parish adults report taking part in “light” or “moderate” physical activity at least five times per week for at least 30 minutes at a time.**
  - Similar to Rapides Foundation Service Area findings.
  - Better than statewide findings (16.1%).
  - Better than U.S. findings (16.9%).
  - Fails to satisfy the *Healthy People 2010* target (30% or higher).

## Light/Moderate Physical Activity



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

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

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

4. 2000 PRC National Health Survey, Professional Research Consultants

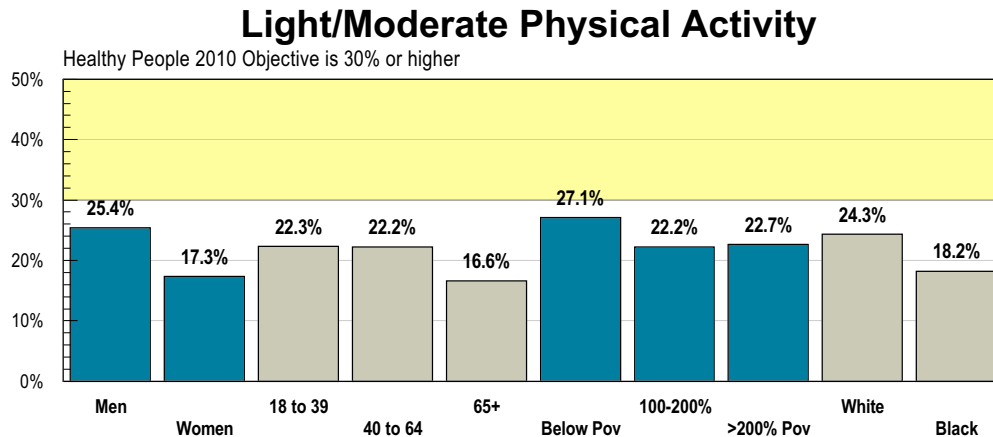
Notes: 1. Asked of all respondents.

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

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

Moderate physical activity is lowest among:

- Older adults.
- Women.
- Black respondents.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Asked of all respondents.

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

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

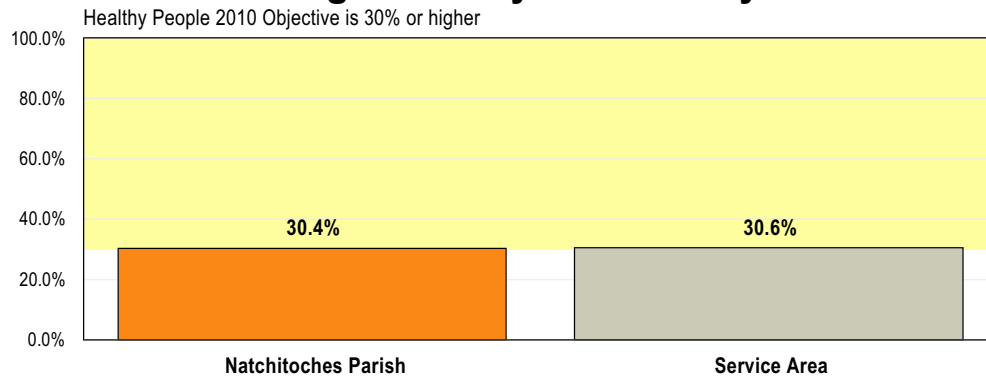
## ***Vigorous Physical Activity***

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

- **30.4% of Natchitoches Parish adults report taking part in vigorous physical activity at least three times a week for at least 20 minutes at a time.**
  - Similar to Rapides Foundation Service Area findings.
  - Satisfies the *Healthy People 2010* target (30% or higher).



## Vigorous Physical Activity



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

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

Notes: 1. Asked of all respondents.

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

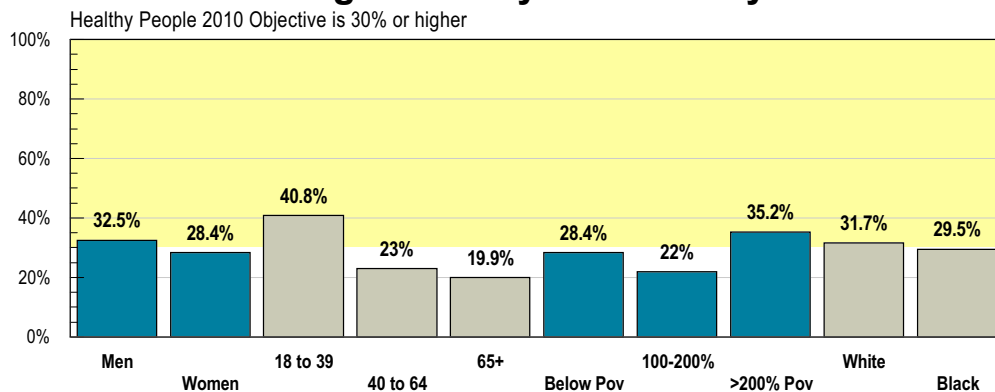
3. The Healthy People 2010 goal is to increase to at least 30% the proportion of people who engage regularly, preferably 3 times or more weekly, in vigorous physical activity for at least 20 minutes per exercise session.

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

Vigorous physical activity levels are lowest among:

- Older adults.
- Those living just above the poverty level.

## Vigorous Physical Activity



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

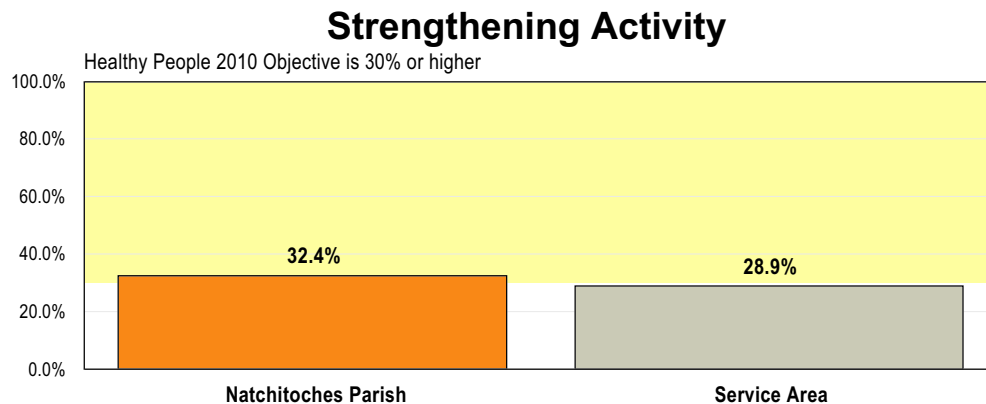
2. Asked of all respondents.

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.

- **32.4% of Natchitoches Parish adults report taking part in strengthening activities at least twice a week.**
  - Similar to Rapides Foundation Service Area findings.
  - Satisfies the *Healthy People 2010* target (30% or higher).



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

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

Notes: 1. Asked of all respondents.

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

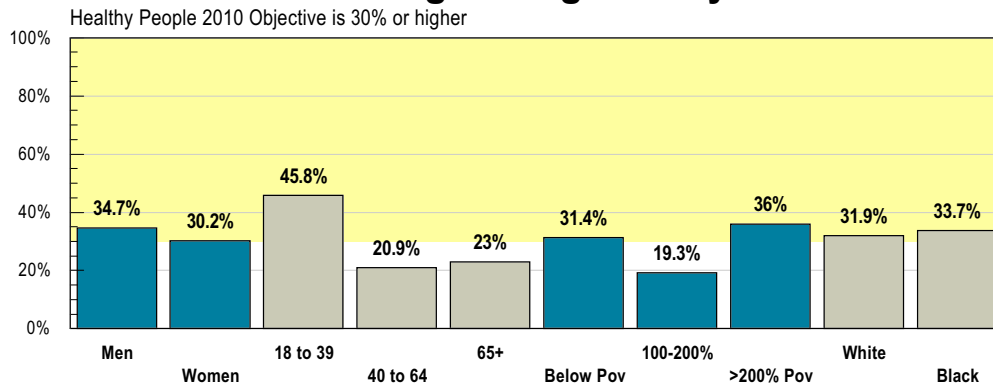
3. The Healthy People 2010 goal is to increase to at least 30% the proportion of people who engage in activity which enhances and maintains strength and endurance at least two times weekly.

4. State and national data not available.

Strengthening activity levels are lowest among:

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

## Strengthening Activity



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

2. Asked of all respondents.

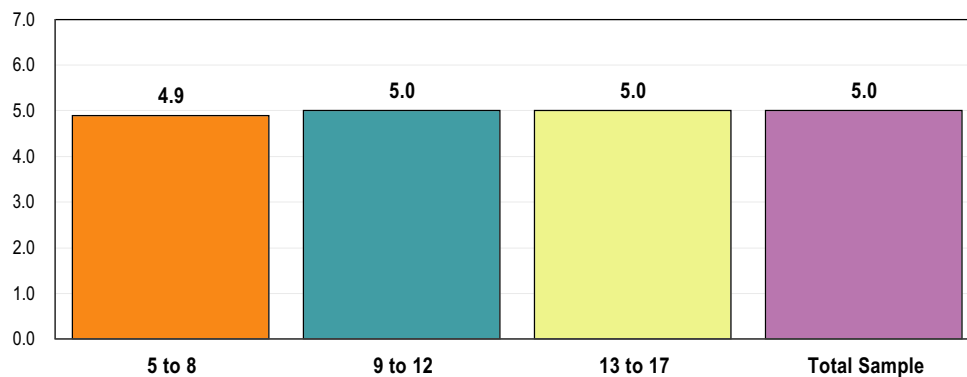
3. In this case, "strengthening" refers to performing exercise which enhances and maintains strength and endurance at least twice weekly.

## Physical Activity in Children

**Natchitoches Parish parents report that their children take part in physical activity lasting 20 minutes or more on an average 5.0 days per week.**

- Children in all age groups appear to have similar levels of physical activity.

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



Source: 2002 PRC Community Health Survey, Professional Research Consultants

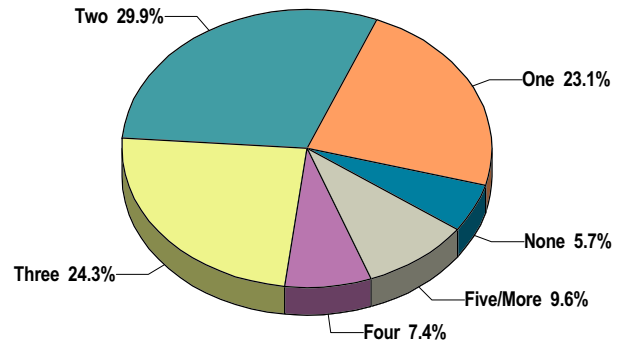
Notes: 1. Asked of all respondents with children under 18 at home.

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.

- **54.2% of Natchitoches Parish** parents report that their child watches television an average of two to three hours on a typical school day.
- **17.0% of Natchitoches Parish** parents report that their child watches television an average of four or more hours on a typical school day.

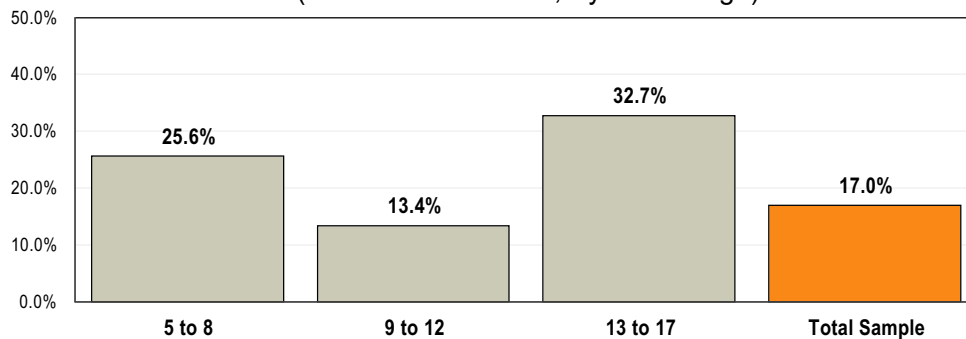
### Hours Child Watches Television on a Typical School Day



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

- Teenagers appear to spend a greater amount of time watching television on an average school day than younger children.

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

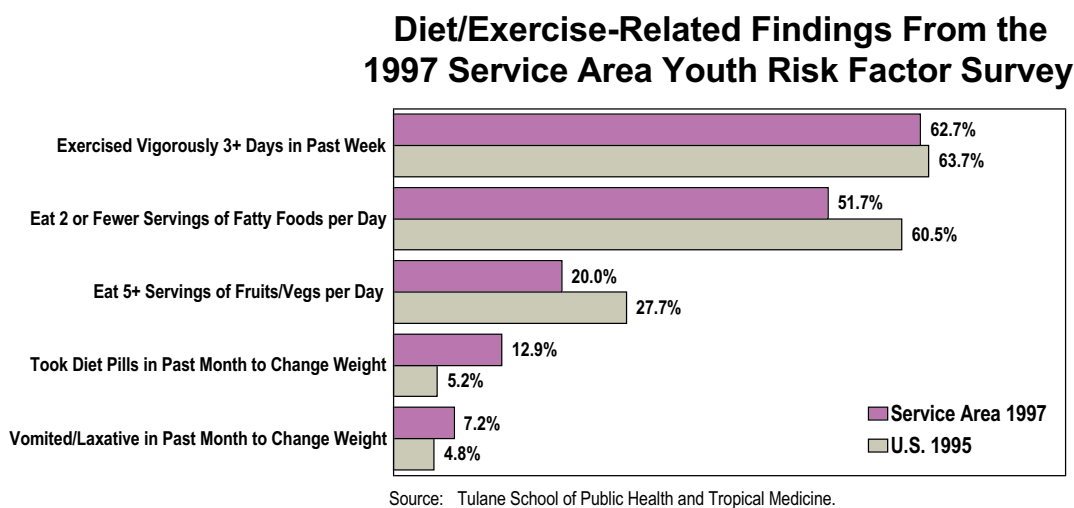


Source: 2002 PRC Community Health Survey, Professional Research Consultants  
 Note: Asked of all respondents with children under 18 at home.

## 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.



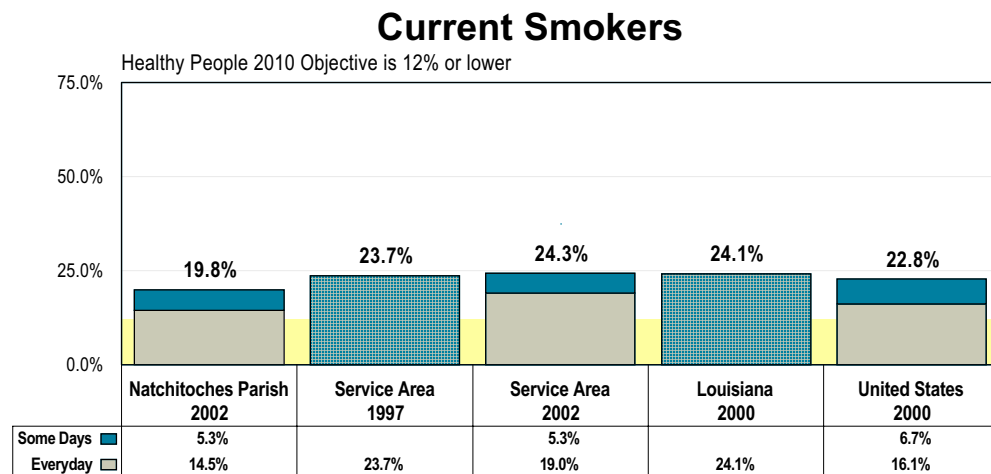
## Tobacco Use

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

- **19.8% of Natchitoches Parish adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).**
  - Significantly better than Rapides Foundation Service Area findings (24.3%).
  - Better than statewide findings (24.1%).
  - Statistically similar to national findings.
  - Fails to satisfy the *Healthy People 2010* target (12% or lower).



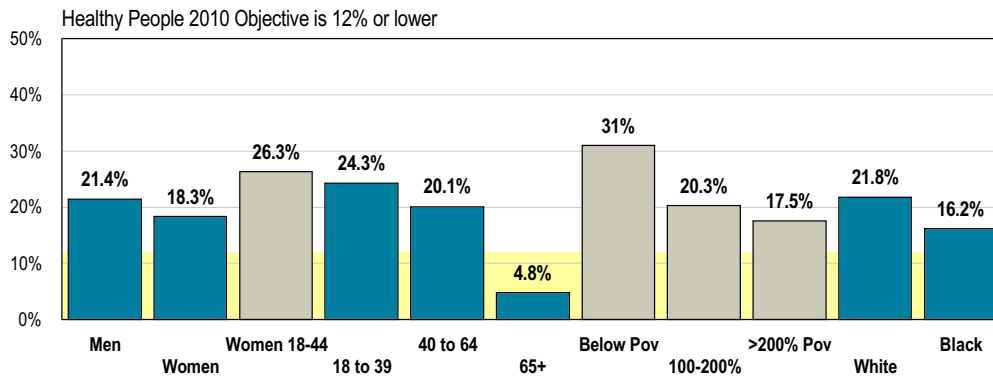
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data  
 3. 2000 PRC National Health Survey, Professional Research Consultants  
 4. Healthy People 2010, National Center for Health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

- Those living below the poverty level.
- Young adults.
- White respondents.
- Men.
- Smoking is also higher among women of child-bearing age (ages 18 to 44). This is notable, given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth and low birthweight for women who smoke during pregnancy.

## Current Smokers



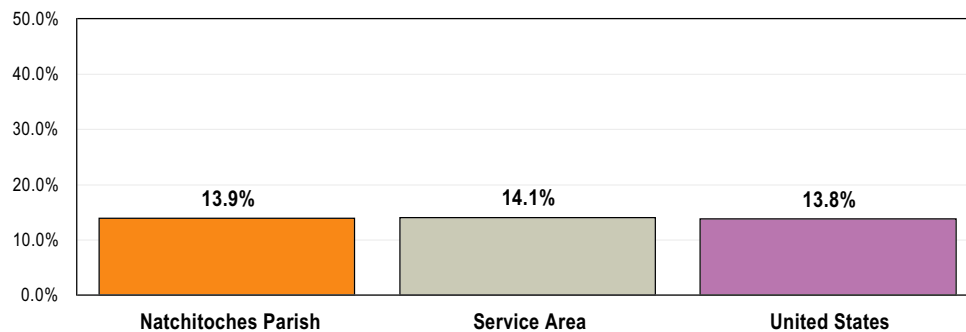
Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

## Number of Cigarettes Smoked per Day

- **13.9% 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



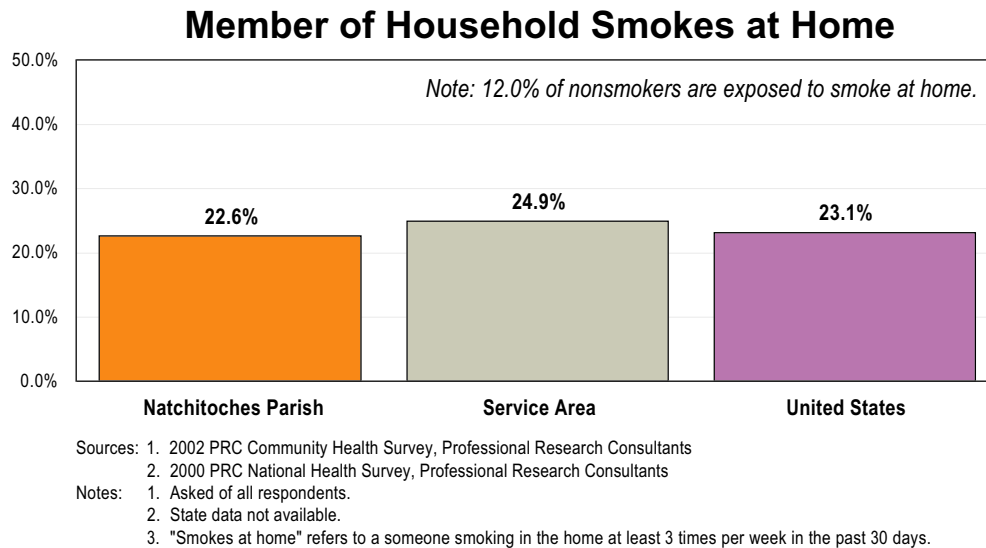
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2000 PRC National Health Survey, Professional Research Consultants

- Notes:
1. Asked of all smokers.
  2. One pack of cigarettes is equal to 20 cigarettes.

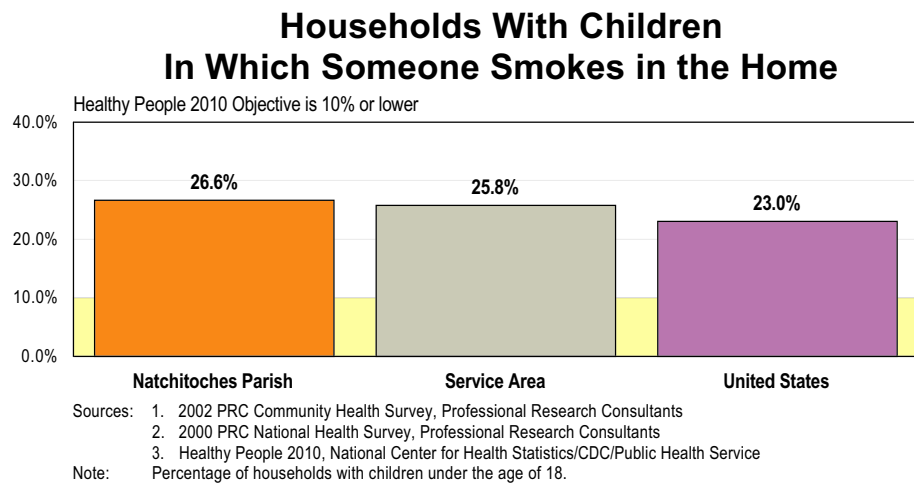
## Exposure to Second-Hand Smoke

- **22.6% of Natchitoches 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.

- **12.0% of nonsmokers live with someone who smokes in the home.**



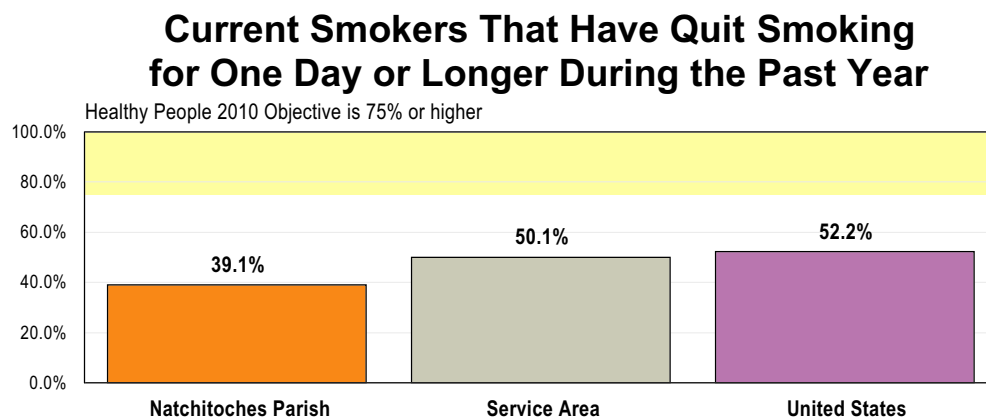
- **26.6% of Natchitoches Parish households with children have someone who smokes in the home three or more days per week.**
  - Similar to Rapides Foundation Service Area and national findings.
  - Fails to satisfy the *Healthy People 2010* target (10% or lower).





## Smoking Cessation Attempts

- **39.1% of Natchitoches 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.**
  - Significantly lower than that found among smokers throughout the 11-parish Rapides Foundation Service Area (50.1%).
  - Statistically similar to national findings.
  - Far from reaching the *Healthy People 2010* target (75% or higher)



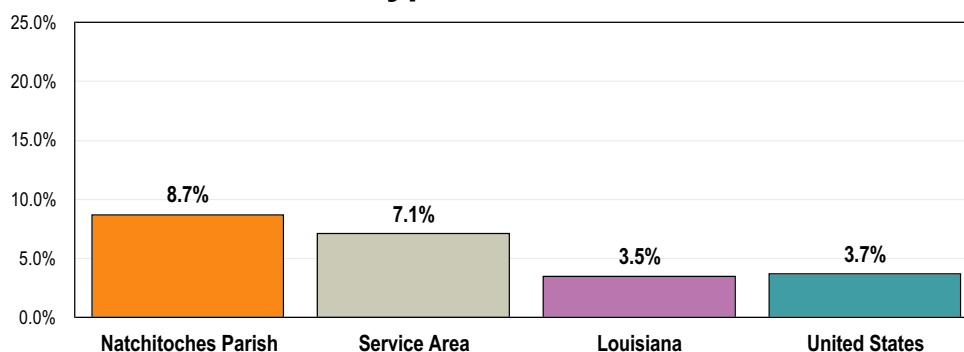
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2000 PRC National Health Survey, Professional Research Consultants  
3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

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

## Smokeless Tobacco

- **8.7% of Natchitoches Parish adults report using smokeless tobacco, such as chewing tobacco or snuff.**
  - Similar to Rapides Foundation Service Area findings.
  - Significantly higher than statewide (3.5%) and national (3.7%) findings.

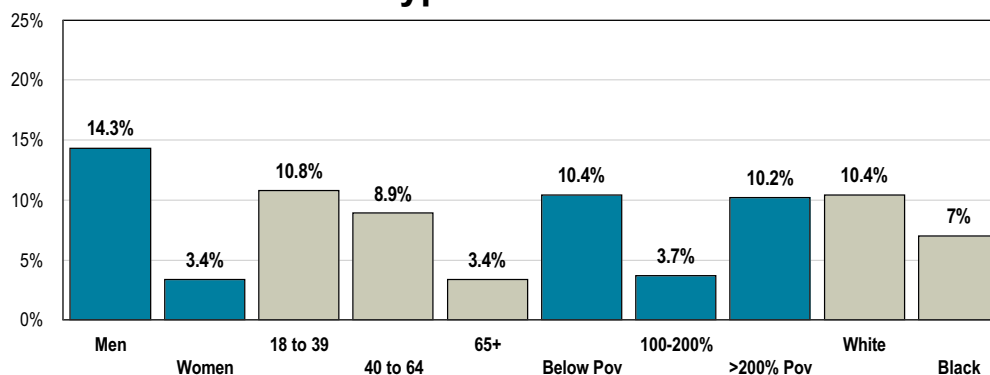
## Use Some Type of Smokeless Tobacco



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.

- **14.3% of Natchitoches Parish men currently use smokeless tobacco products.**

## Use Some Type of Smokeless Tobacco



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

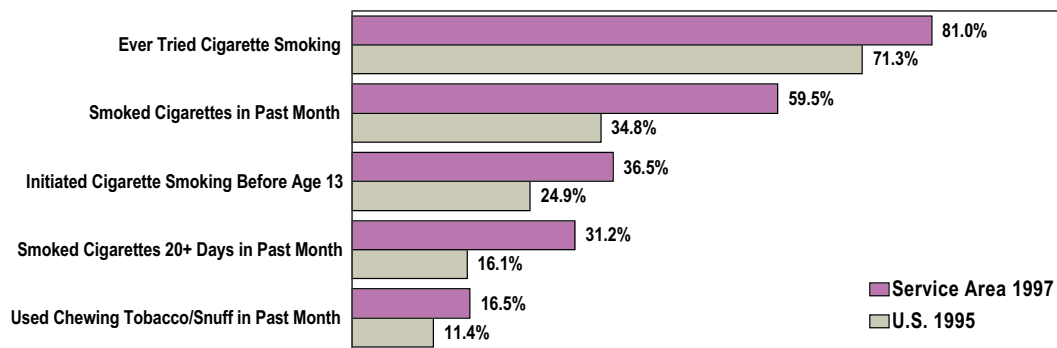
## Adolescent Tobacco Use

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 a lot of young kids smoking and chewing tobacco. They are starting this habit very early.”

\* 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).

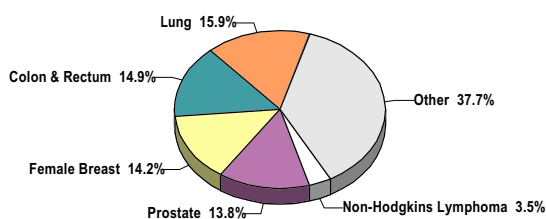
Causal factors may act together or in sequence to initiate or promote carcinogenesis. Ten or more years often pass between exposures or mutations and detectable cancer. Cancer is treated by surgery, radiation, chemotherapy, hormones and immunotherapy (American Cancer Society).

## Leading Cancer Diagnoses by Site

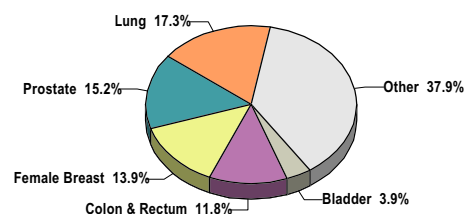
Between 1994 and 1998, the leading cancer diagnoses in Natchitoches Parish were for:

- Lung cancer (15.9% of diagnoses)
- Colorectal cancer (14.9%)
- Female breast cancer (14.2%)
- Prostate cancer (13.8%)

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



Natchitoches Parish



Louisiana

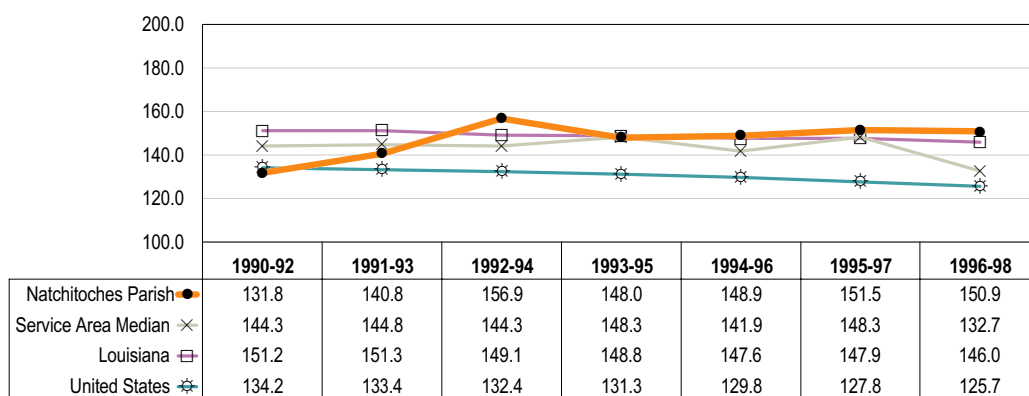
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

## Cancer Deaths

- Age-adjusted death rates for cancer in Natchitoches Parish have fluctuated in recent years but have not shown the slight decline seen statewide and nationwide.

### Age-Adjusted Mortality: Cancers

(1990-1998 Deaths per 100,000 Population)



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

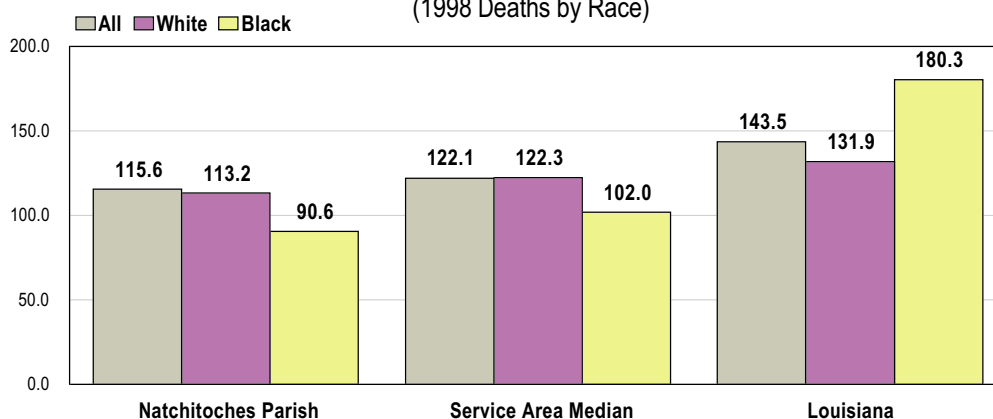
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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

- In 1998, Whites in Natchitoches Parish experienced a notably higher cancer death rate. However, Blacks exhibited a notably higher cancer death rate statewide during the same period.

### Age-Adjusted Mortality: Cancers

(1998 Deaths by Race)



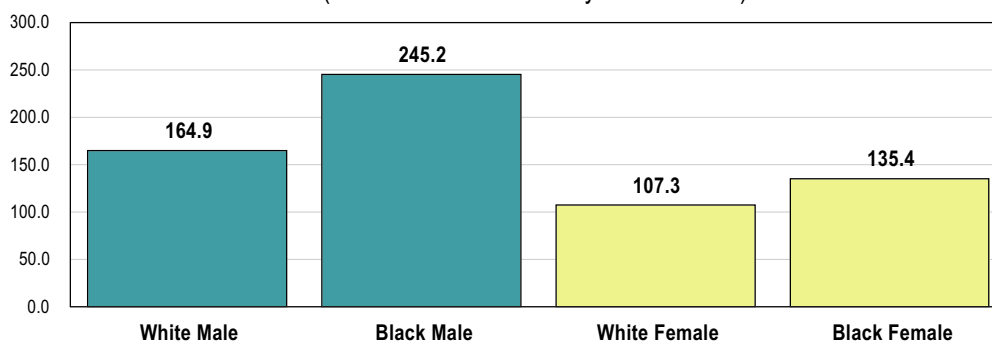
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

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

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

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



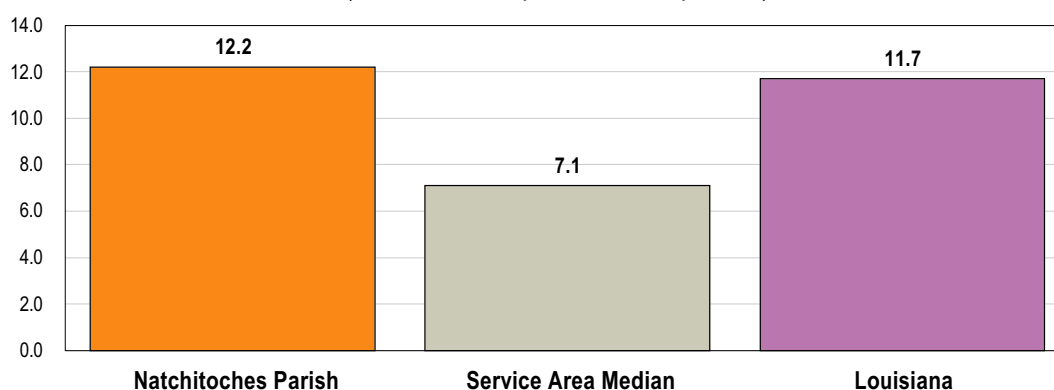
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).  
Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

## Cancer Deaths by Site

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

- The 1996-98 Natchitoches Parish breast cancer death rate is higher than both the statewide rate and the Rapides Foundation Service Area rate.

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



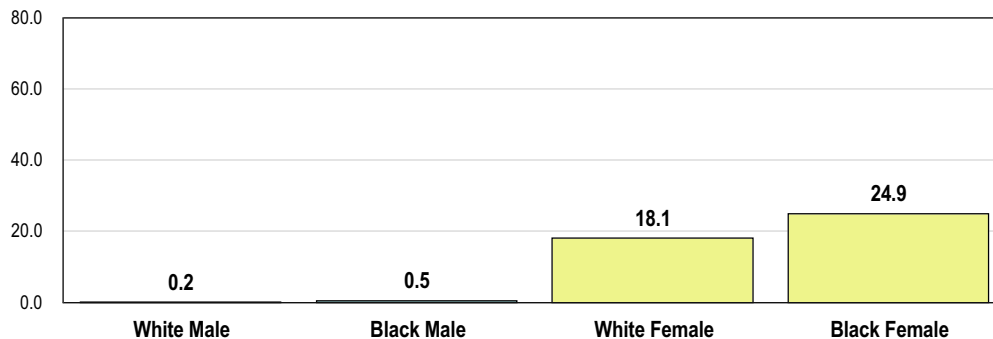
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

- The breast cancer death rate in Natchitoches Parish satisfies the *Healthy People 2010* target (22.3 or lower).
- Statewide, Black females experience a higher age-adjusted breast cancer death rate (24.9/100,000) than do White females (18.1/100,000).

### Age-Adjusted Mortality: Breast Cancer

(1998 Louisiana Deaths by Race/Gender)



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

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

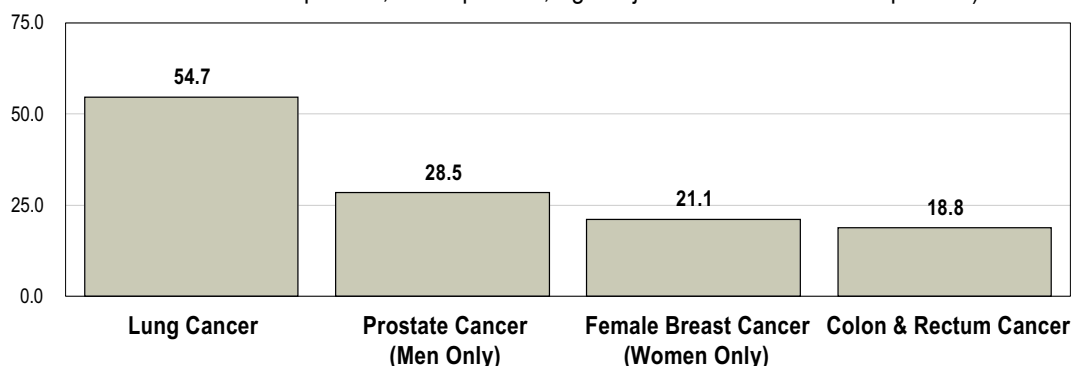
NOTE: While cancer death rates by site (other than breast cancer) are not typically tracked in state vital statistics records, some death rate data are available through the Louisiana Tumor Registry. However, these death rates use an alternative age-adjusting method (adjusted to the 1970 US Standard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

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

### Age-Adjusted Cancer Mortality by Leading Sites

(Rapides Foundation Service Area;

1996-98 Deaths per 100,000 Population, Age-Adjusted to the 1970 US Population)



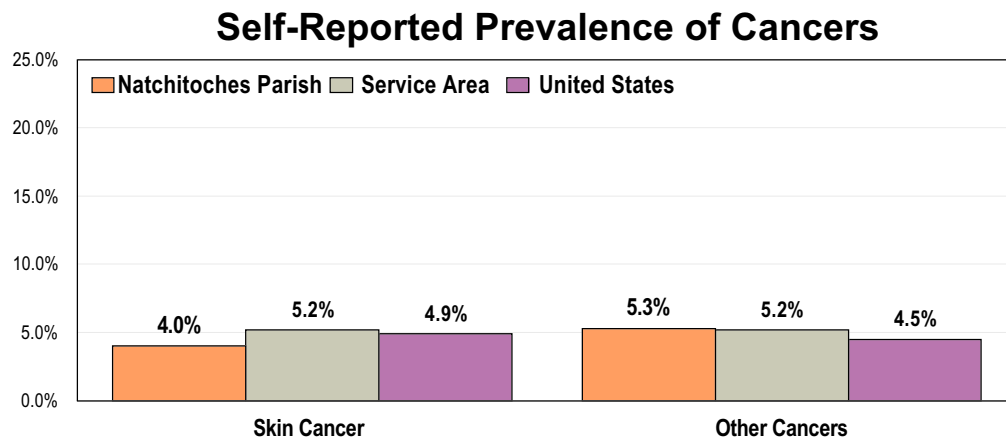
Source: Louisiana Tumor Registry, Department of Public Health & Preventive Medicine.

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:

- **4.0% of Natchitoches Parish adults report that they have suffered from or been diagnosed with skin cancer.**
  - Similar to the Rapides Foundation Service Area and national prevalence levels.
- **5.3% of Natchitoches Parish adults report that they have suffered from or been diagnosed with cancer other than skin cancer.**
  - Similar to the Rapides Foundation Service Area and 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.

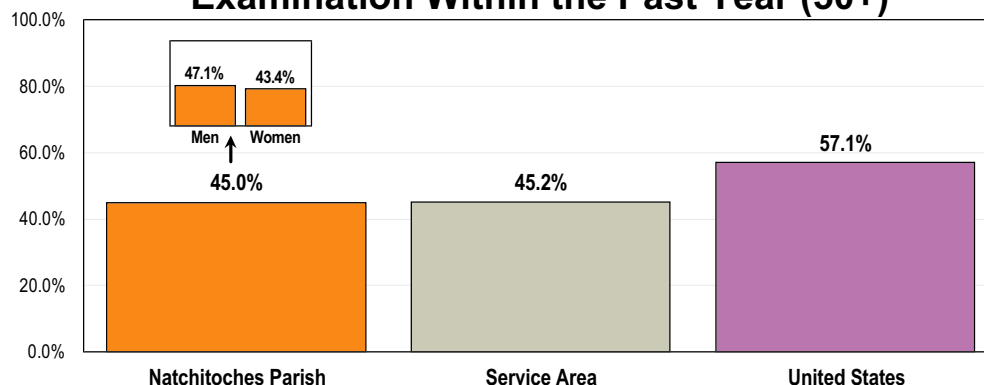
### Colorectal Cancer Screening

#### ***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.

- **45.0% of Natchitoches Parish adults age 50 and older have had a digital rectal examination within the past year.**
  - Higher among men than women (digital rectal examination is also used as a screening procedure for prostate cancer in men).
  - Similar to Rapides Foundation Service Area findings.
  - Significantly lower than the testing prevalence found nationwide among adults in this age group (57.1%).

## Have Had a Digital Rectal Examination Within the Past Year (50+)



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

2. 2000 PRC National Health Survey, Professional Research Consultants

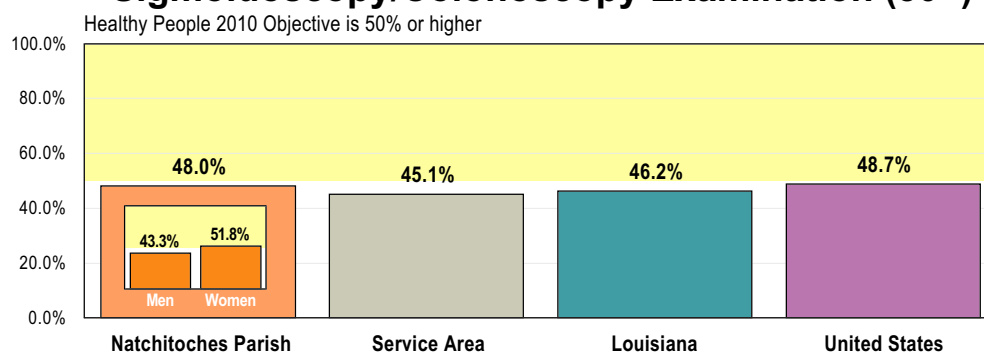
Note: Asked of all respondents aged 50 and older.

## Sigmoidoscopy/Colonoscopy

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

- **48.0% of Natchitoches Parish adults age 50 or older have ever had a sigmoidoscopy/colonoscopy examination.**
  - Similar to service area, statewide and national testing prevalence levels.
  - Fails to satisfy the *Healthy People 2010* target (50% or higher).

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



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

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

3. 2000 PRC National Health Survey, Professional Research Consultants

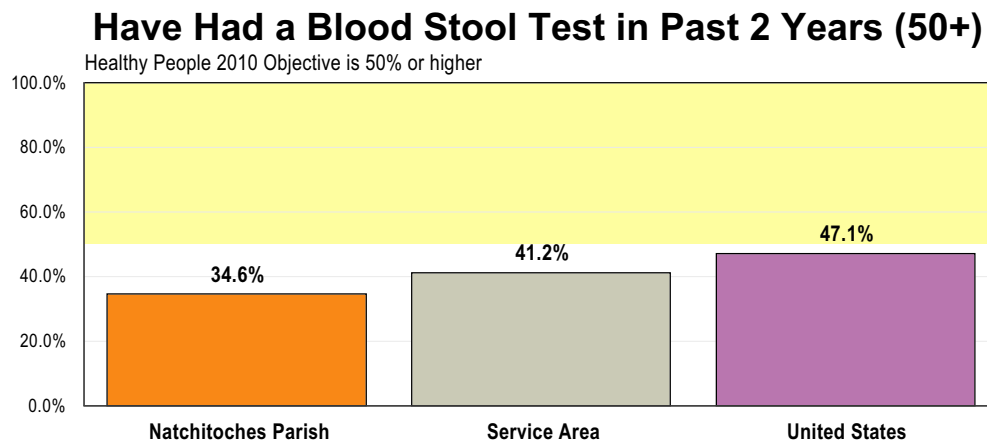
4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Note: Asked of all respondents aged 50 or over.

## Blood Stool Test

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

- **34.6% of Natchitoches Parish adults age 50 or older have had a blood stool test in the past two years.**
  - Significantly lower than Rapides Foundation Service Area findings among adults in this age group (41.2%).
  - Significantly lower than national findings (47.1%).
  - Does not satisfy the *Healthy People 2010* target (50% or higher).

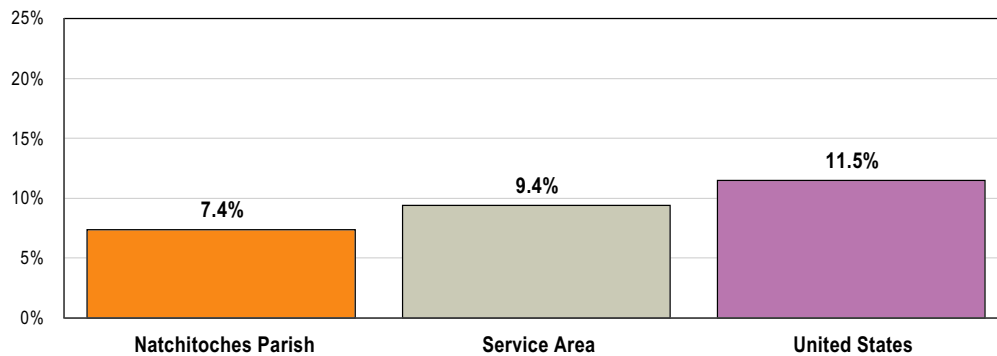


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2000 PRC National Health Survey, Professional Research Consultants  
3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service  
Notes: 1. Asked of respondents aged 50 and older  
2. State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

## Female Breast Cancer Screening

- **7.4% of Natchitoches Parish women have had a mother or sister who was diagnosed with breast cancer.**
  - Statistically similar to Rapides Foundation Service Area and national findings.

## Mother/Sister Has Been Diagnosed With Breast Cancer



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

2. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of all female respondents.

2. State data not available.

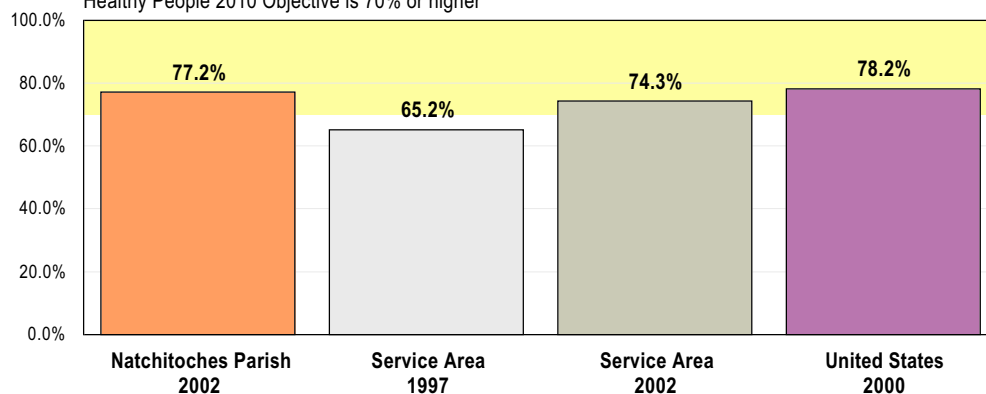
## Mammography & Breast Examination

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

- **77.2% of Natchitoches Parish women age 40 and older have had a mammogram in the past two years.**
  - Similar to Rapides Foundation Service Area and national findings.
  - Satisfies the *Healthy People 2010* target (70% or higher).

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

Healthy People 2010 Objective is 70% or higher



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

2. 2000 PRC National Health Survey, Professional Research Consultants

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

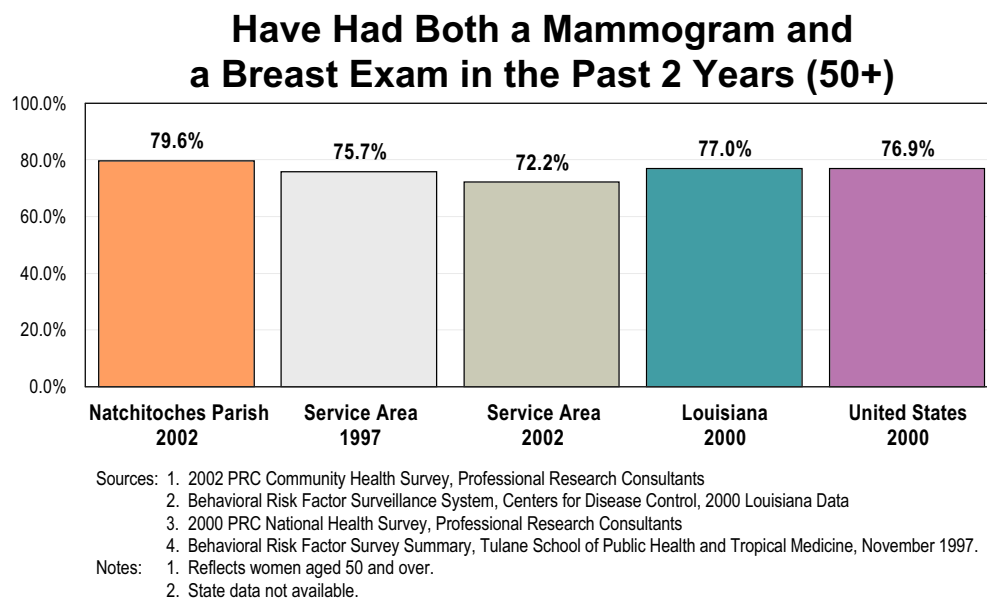
4. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.

Notes: 1. Reflects women aged 40 and over.

2. State data not available.

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

- **79.6% of Natchitoches Parish women age 50 and older have had both a mammogram and a clinical breast exam in the past two years.**
  - Significantly higher than Rapides Foundation Service Area findings (72.2%).
  - Statistically similar to statewide and national findings.

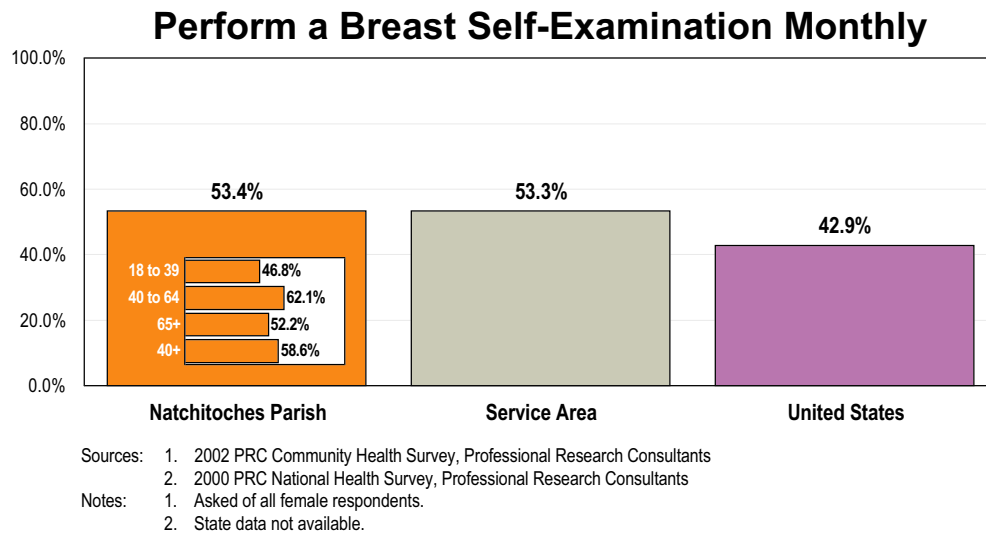


### ***Breast Self-Examination***

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

- **3.9% of Natchitoches Parish women do not know how to perform a breast self-exam.**
- **53.4% of Natchitoches Parish women perform a breast self-exam monthly.**
  - Similar to Rapides Foundation Service Area findings.
  - Significantly better than found nationwide (42.9%).

- 58.6% of Natchitoches Parish women age 40 and older perform a breast self-exam monthly.



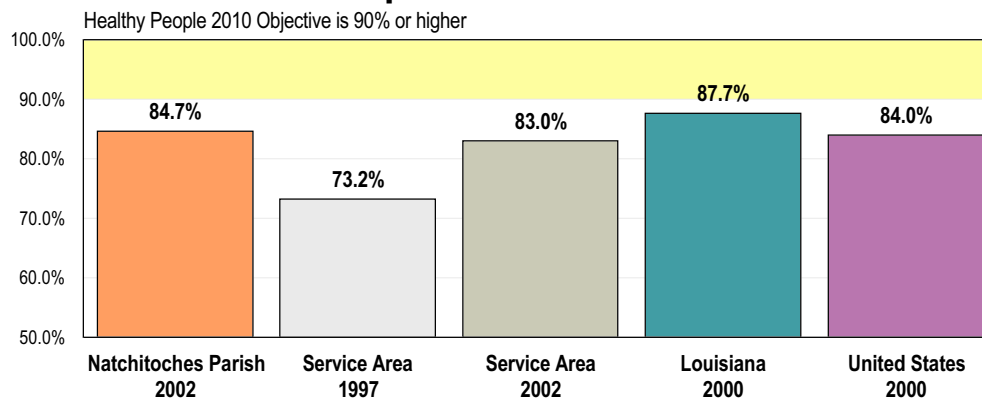
## Cervical Cancer Screening

### *Pap Smear Testing*

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

- **84.7% of Natchitoches Parish women have had a Pap smear test in the past three years.**
  - Similar to Rapides Foundation Service Area, statewide and national findings.
  - Fails to satisfy the *Healthy People 2010* target (90% or higher).

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



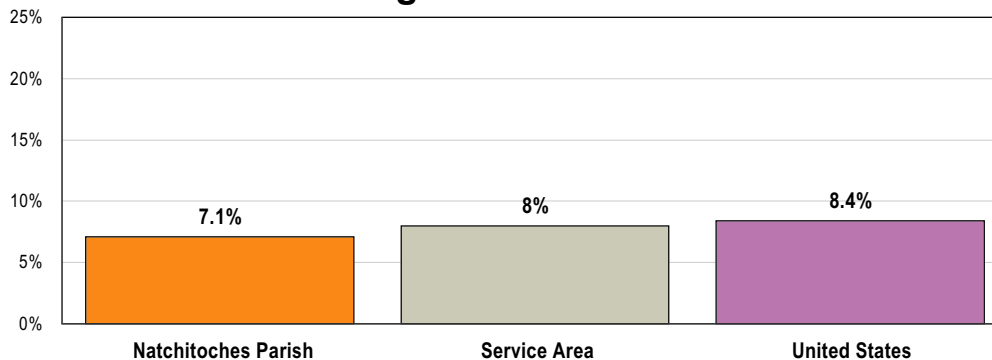
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data  
 3. 2000 PRC National Health Survey, Professional Research Consultants  
 4. Healthy People 2010, National Center for Health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

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

## Prostate Cancer

- **7.1% of Natchitoches Parish men have a father or brother who has been diagnosed with prostate cancer.**
  - Statistically similar to Rapides Foundation Service Area and national findings.

## Father or Brother Has Been Diagnosed With Prostate Cancer



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

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

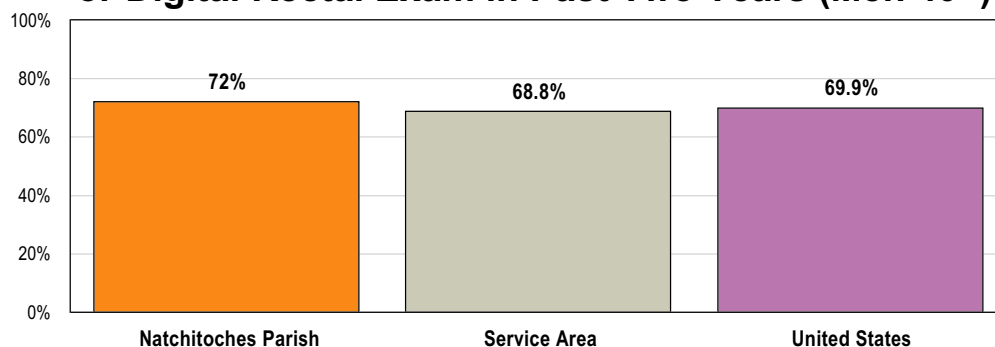
## ***Prostate-Specific Antigen & Digital Rectal Examination***

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

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

- **72.0% of Natchitoches Parish men age 40 or older have had either a PSA test or a digital rectal exam in the past two years.**
  - Similar to Rapides Foundation Service Area and national findings.

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



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

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

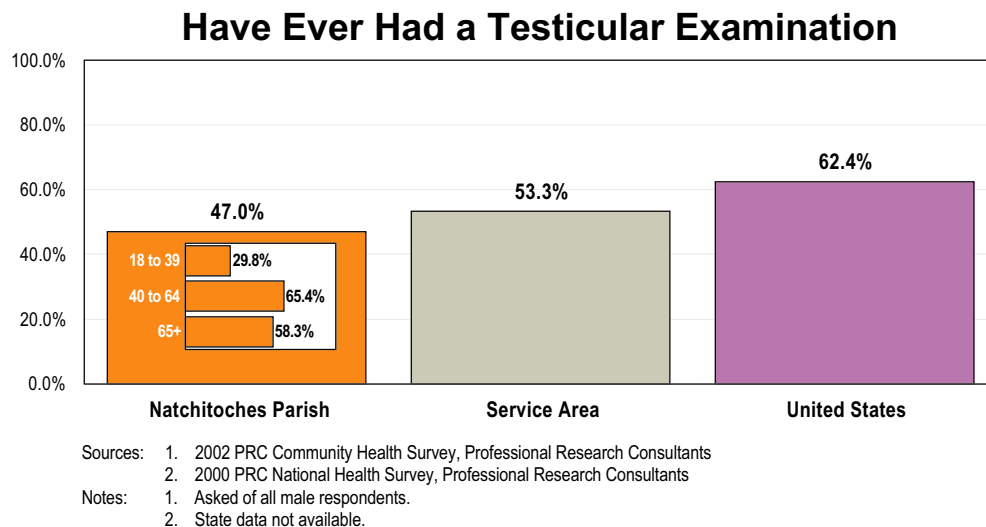


## Testicular Cancer

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

### *Clinical Testicular Examination*

- **47.0% of Natchitoches Parish men have ever had a testicular examination by a physician.**
  - Significantly lower than Rapides Foundation Service Area findings (53.3%).
  - Significantly lower than national findings (62.4%).
  - More than one-fourth (29.8%) of Natchitoches Parish men between the ages of 18 and 39 have ever had a clinical testicular examination (most testicular cancers occur between the ages of 15 and 40).

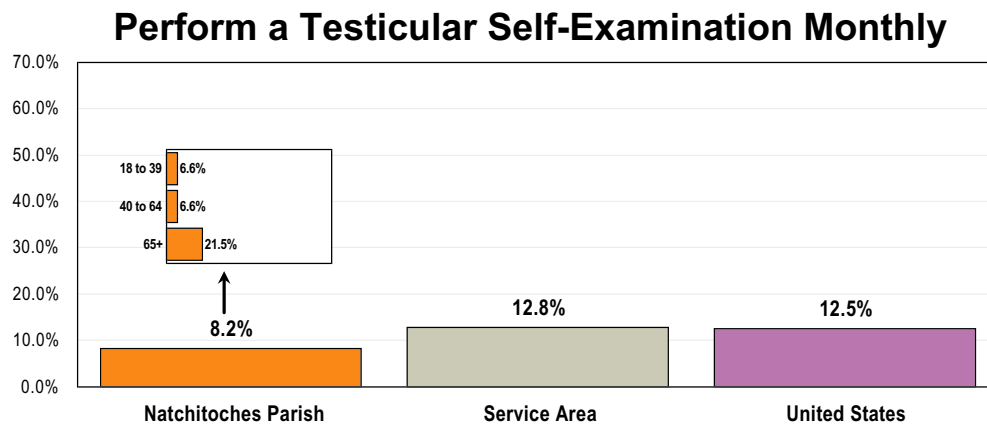


### *Testicular Self-Examination*

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

- **8.2% of Natchitoches Parish men perform a testicular self-examination monthly.**
  - Significantly lower than Rapides Foundation Service Area findings (12.8%).
  - Statistically similar to national findings.

- Only 6.6% of Natchitoches 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

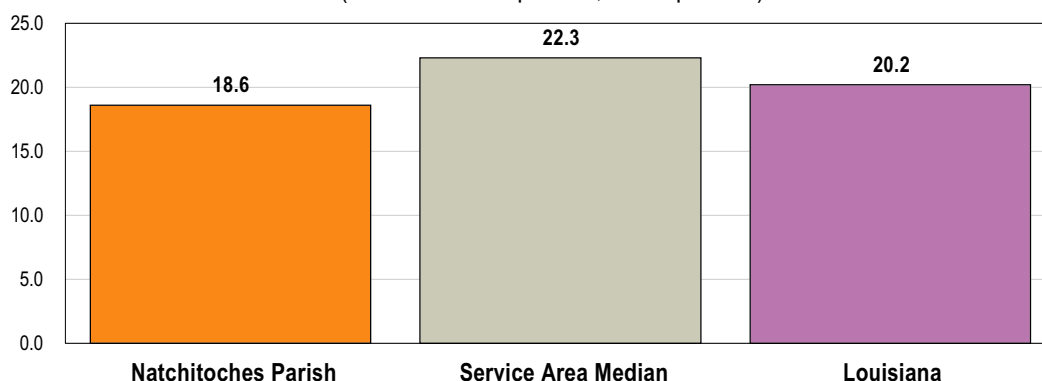
Respiratory diseases include a variety of diseases that can impact the lung and respiratory system, such as chronic obstructive pulmonary disease (which includes emphysema and chronic bronchitis), asthma, influenza and pneumonia.

## 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 Natchitoches Parish is lower than the median rate for the 11-parish area and the corresponding statewide rate.

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



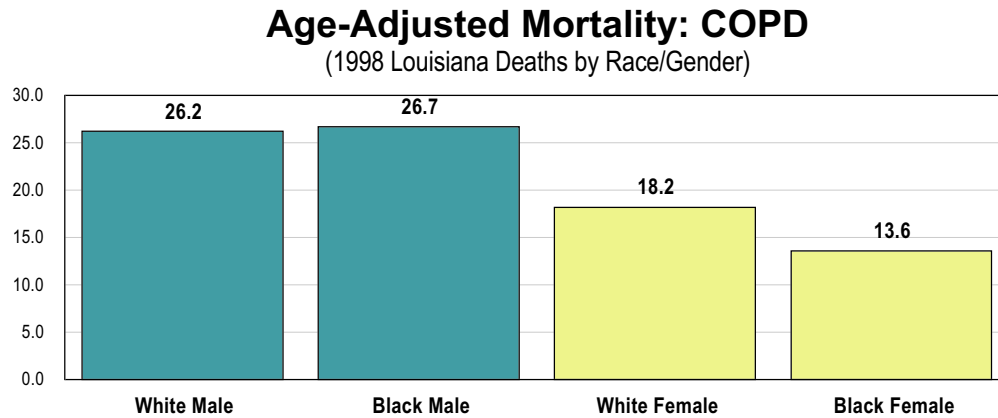
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

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

- In 1998, COPD death rates among Whites in Natchitoches Parish (21.8/100,000) were considerably higher than among Blacks (7.2/100,000). Similar disparity was seen among Whites (25.7/100,000) and Blacks (6.8/100,000) in the Rapides Foundation Service Area.

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



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

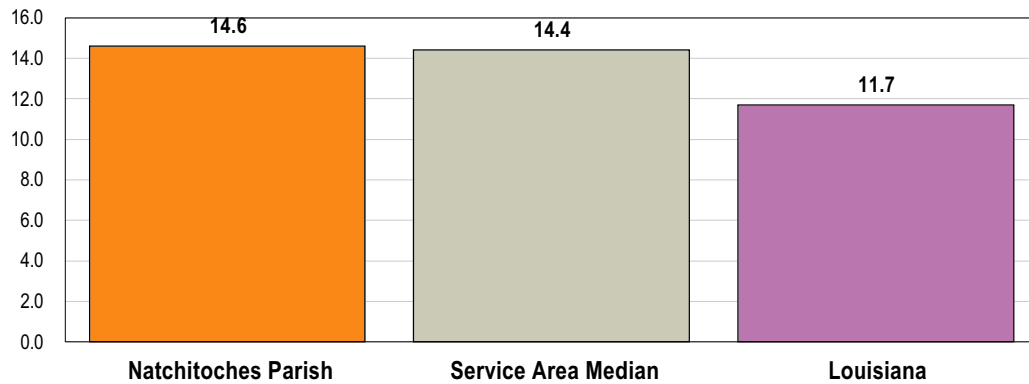
Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

## Pneumonia/Influenza Deaths

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

### Age-Adjusted Mortality: Pneumonia/Influenza

(1996-98 Deaths per 100,000 Population)



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

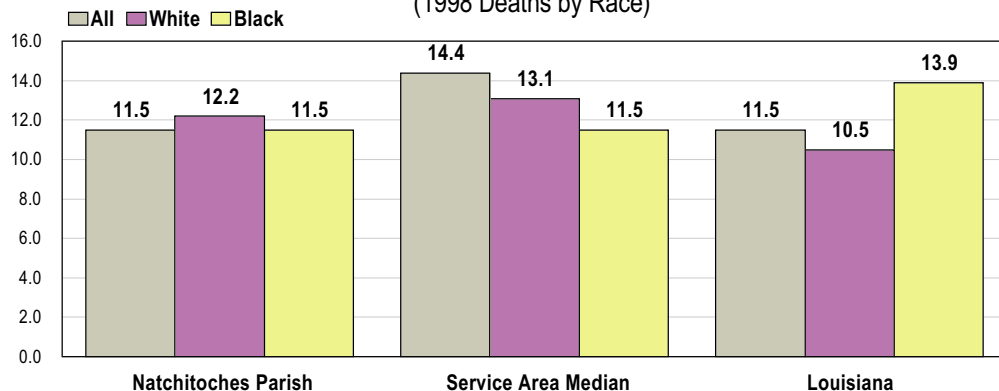
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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

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

### Age-Adjusted Mortality: Pneumonia/Influenza

(1998 Deaths by Race)

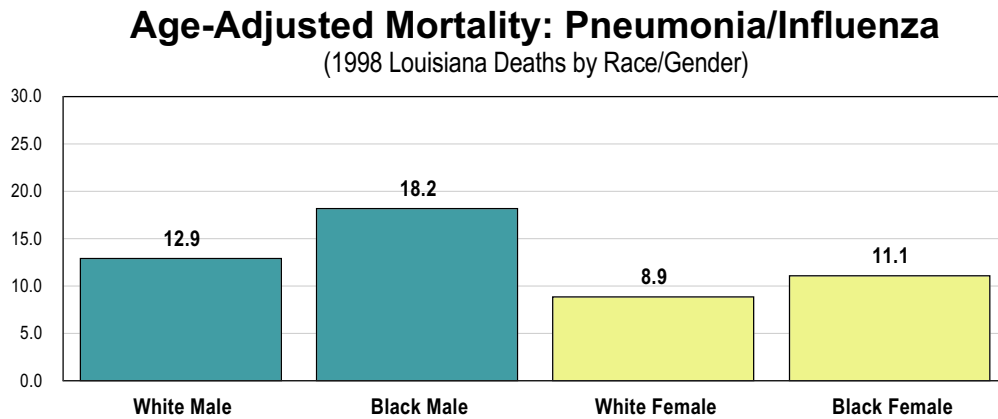


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

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

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

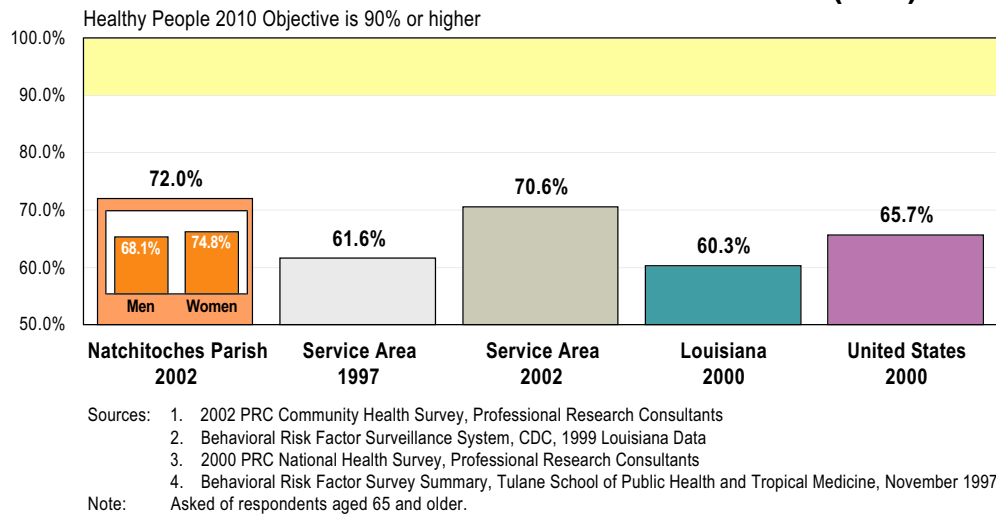


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).  
Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

## Flu Shots Among Seniors

- **72.0% of Natchitoches Parish seniors age 65 and older have had a flu shot in the past year.**
  - Statistically similar to Rapides Foundation Service Area and national findings.
  - Better than Louisiana findings (60.3%).
  - Fails to satisfy the *Healthy People 2010* target (90% or higher).
  - A greater percentage of Natchitoches Parish women (74.8%) than men (68.1%) age 65 and older have had a flu shot recently.

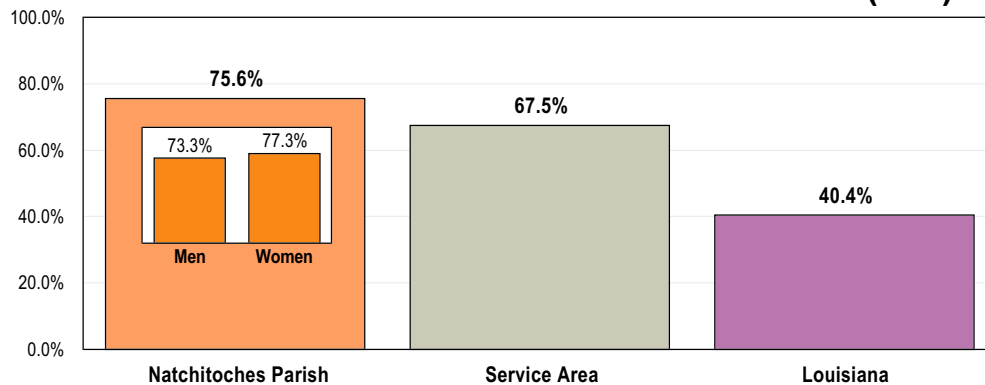
## Have Had a Flu Shot in the Past Year (65+)



## Pneumonia Vaccination Among Seniors

- **75.6% of Natchitoches Parish seniors age 65 and older have ever had a pneumonia vaccination.**
  - Significantly higher than Rapides Foundation Service Area findings (67.5%).
  - Significantly higher than found statewide in 1999 (40.4%).

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

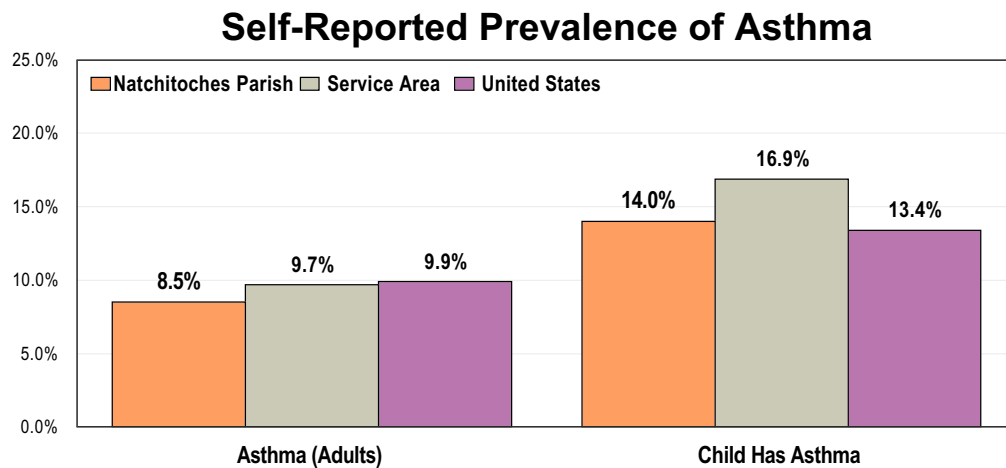


- Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data
- Notes: 1. Asked of respondents aged 65 and older.  
 2. National data not available.

## Self-Reported Asthma & Chronic Lung Disease Prevalence

### Asthma

- **8.5% of Natchitoches Parish adults report suffering from or having been diagnosed with asthma.**
  - Statistically similar to Rapides Foundation Service Area and national findings.
- **14.0% of Natchitoches Parish parents report that their child has been diagnosed by a doctor or health professional with asthma.**
  - Statistically similar to Rapides Foundation Service Area and national findings.

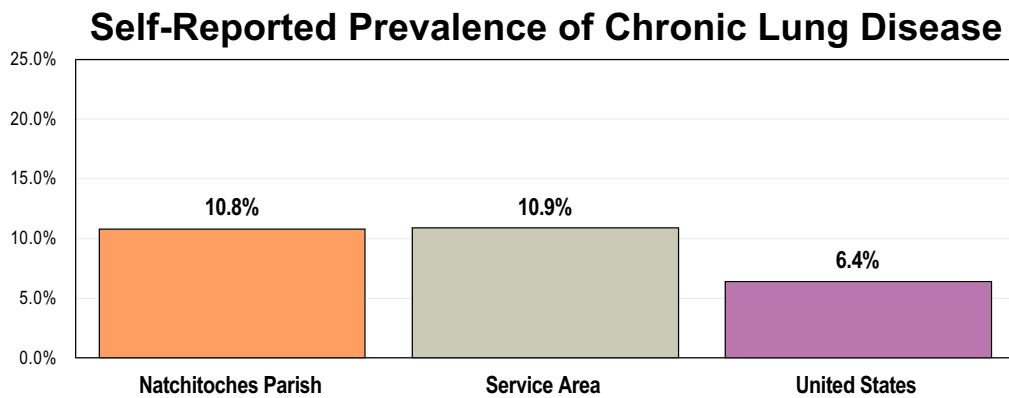


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2000 PRC National Health Survey, Professional Research Consultants  
Notes: 1. Asked of all respondents.  
2. State data not available.



## Chronic Lung Disease

- **10.8% of Natchitoches Parish adults report suffering from or having been diagnosed with chronic lung disease.**
  - Similar to Rapides Foundation Service Area findings.
  - Significantly worse than U.S. findings (6.4%).



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

# 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.

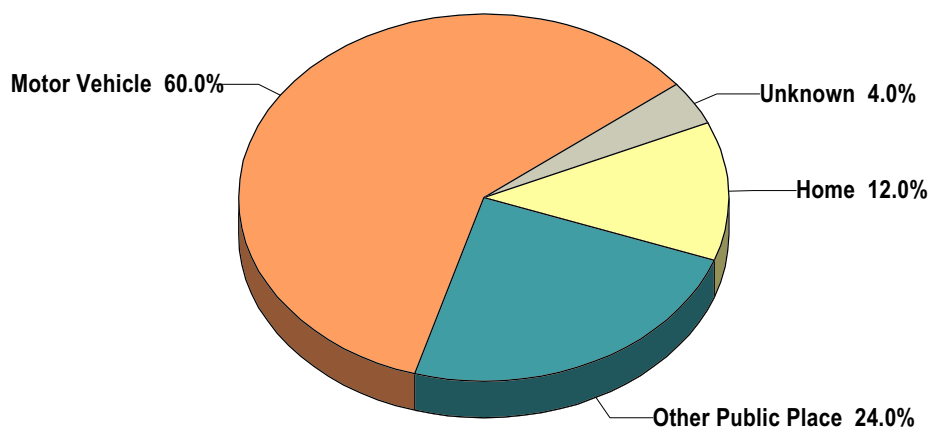
Like diseases, injuries do not occur at random and are preventable. Injury prevention strategies focus primarily on environmental design (e.g., road construction that permits optimum visibility), product design, human behavior, education and legislative and regulatory requirements that support environmental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

## Unintentional Injury Deaths

### Leading Causes of Accidental Deaths

- **60.0% of unintentional injury deaths in Natchitoches Parish in 1998 were the result of motor vehicle accidents.**
- **24.0% of unintentional injury deaths in Natchitoches Parish in 1998 occurred in another public place, while 12.0% occurred in the home.**

**Leading Causes of Accidental Death**  
(Natchitoches Parish, 1998)



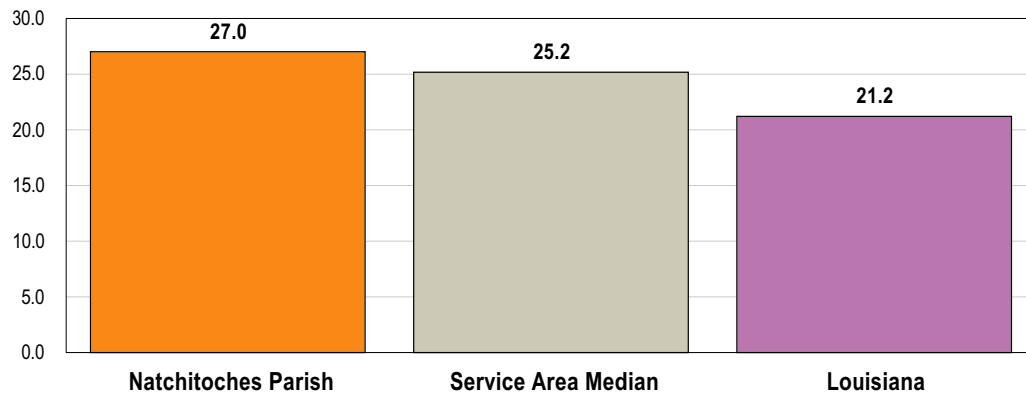
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

## Motor Vehicle-Related Deaths

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

### Age-Adjusted Mortality: Motor Vehicle Accidents

(1996-98 Deaths per 100,000 Population)



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

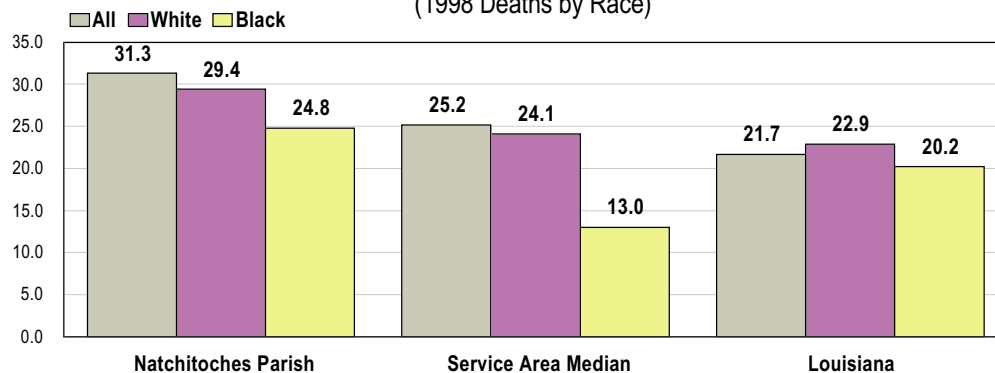
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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

- In 1998, the motor vehicle accident death rate in Natchitoches Parish was higher among Whites (29.4/100,000) than among Blacks (24.8/100,000). However, this difference in rates is not evident statewide (where the greater numbers of deaths produce more reliable single-year rates).

### Age-Adjusted Mortality: Motor Vehicle Accidents

(1998 Deaths by Race)



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

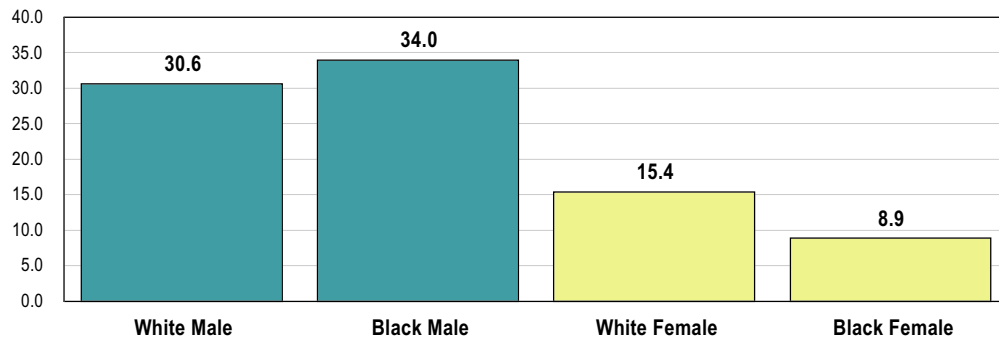
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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

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

### Age-Adjusted Mortality: Motor Vehicle Accidents

(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.

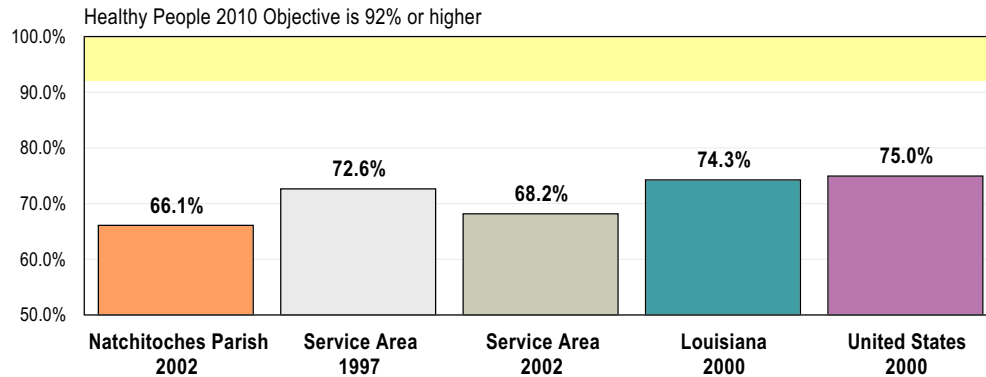
## Injury Control

### 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.

- **66.1% of Natchitoches Parish adults report “always” wearing a seat belt when driving or riding in an automobile.**
  - Similar to Rapides Foundation Service Area findings.
  - Worse than statewide prevalence (74.3%).
  - Significantly worse than national prevalence (75.0%).
  - Far from reaching the *Healthy People 2010* target (92% or higher).

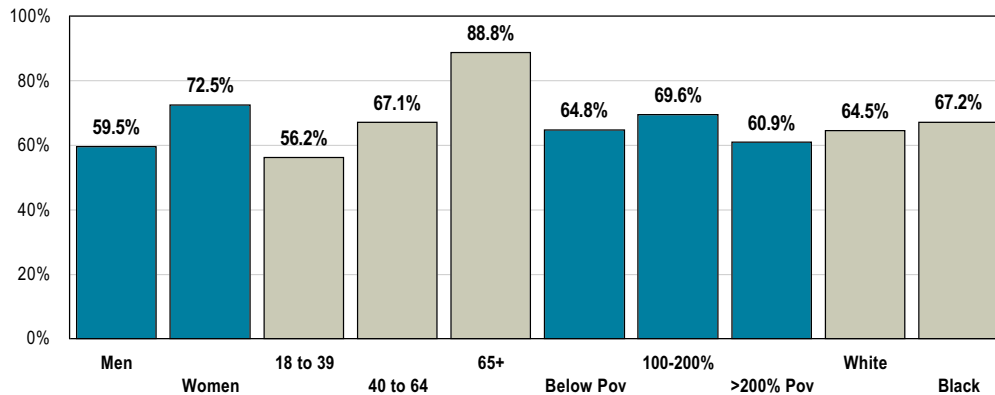
## Always Wear a Seat Belt When Driving or Riding in an Automobile



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

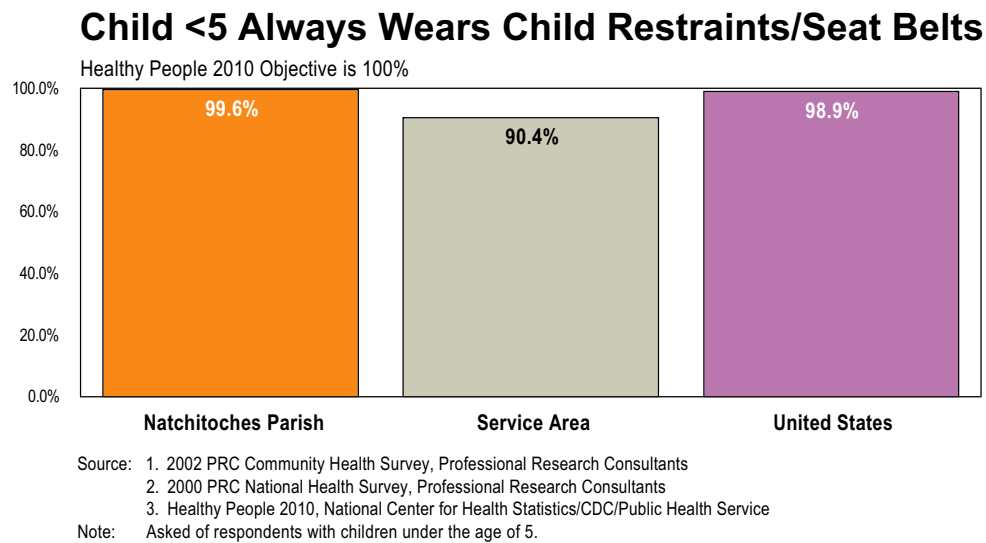
- Older adults (age 65 and older) report the highest seat belt usage.
- More women than men “always” wear a seat belt.

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



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

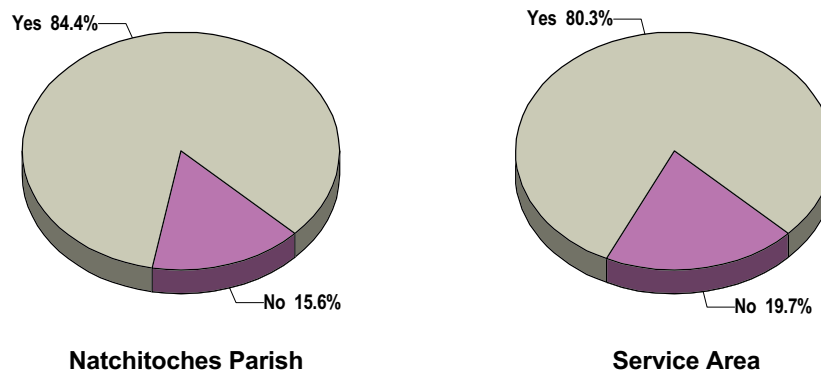
- **99.6% of Natchitoches Parish parents with children under the age of 5 years report that their child “always” wears a seat belt or uses an appropriate child safety seat when riding in an automobile.**
  - Significantly higher than found throughout the Rapides Foundation Service Area (90.4%).
  - Statistically similar to U.S. findings.
  - Close to satisfying the *Healthy People 2010* target (100%).



## Fire Safety

- **84.4% of Natchitoches Parish respondents report having at least one working smoke detector on each floor of their homes.**
  - Significantly higher 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

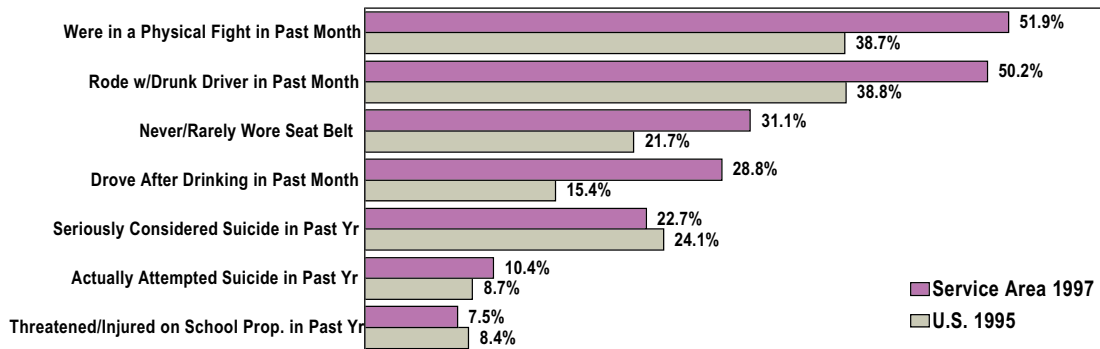
- See *“Self-Reported Chronic Illness: Activity Limitations.”*

## 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).

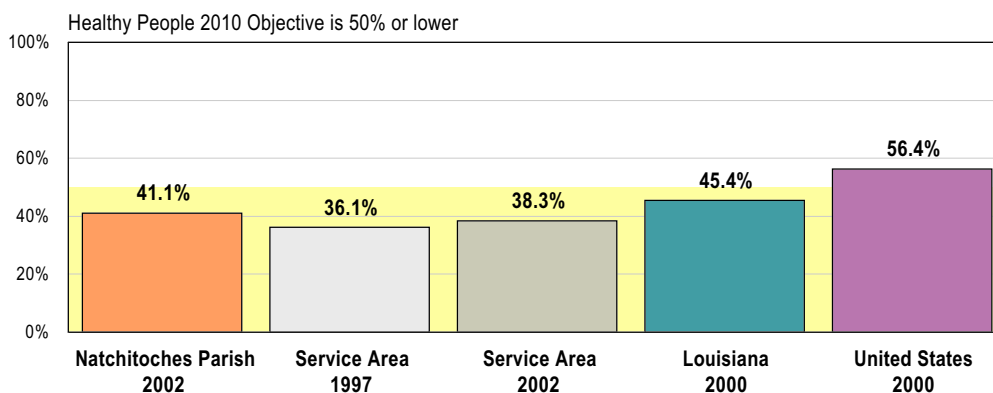
### Current Drinkers

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

- **41.1% of Natchitoches Parish adults are “current drinkers,” meaning that they have had at least one drink of alcohol (one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail or one shot of liquor) in the past month.**
  - Similar to Rapides Foundation Service Area and statewide findings.
  - Significantly better than found nationwide (56.4%).
  - Satisfies the *Healthy People 2010* target (50% or lower).



## Current Drinkers

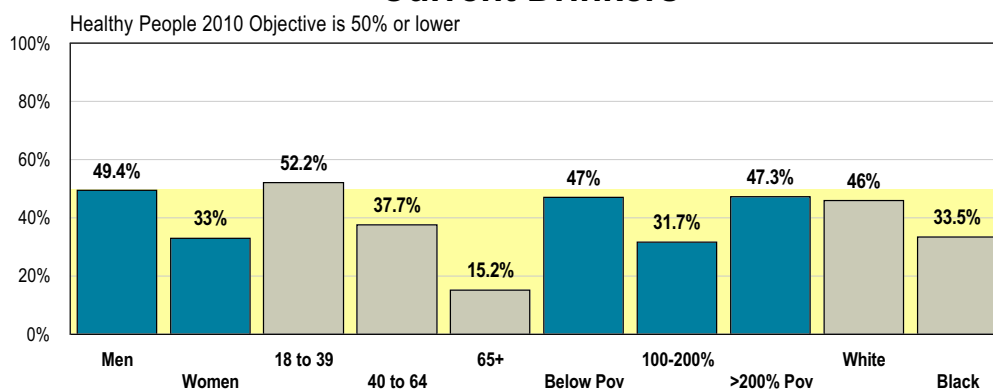


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. Behavioral Risk Factor Surveillance System, State Survey Data, 1999  
 3. 2000 PRC National Health Survey, Professional Research Consultants  
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public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

- There is a negative correlation with age, with young adults demonstrating markedly higher consumption of alcohol.
- Men much more often report alcohol use than women.
- Those living just above the poverty level report much lower alcohol consumption than those in the other income classes.
- Whites more often report drinking than Blacks.

## Current Drinkers

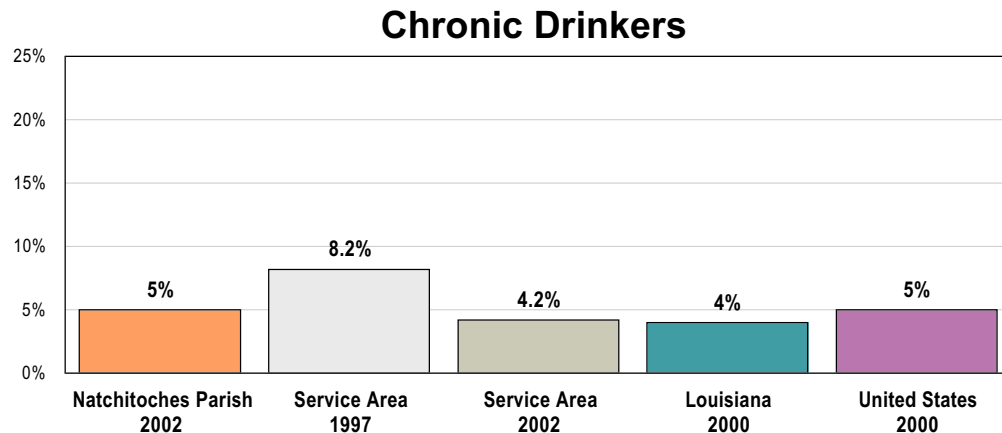


Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Natchitoches 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

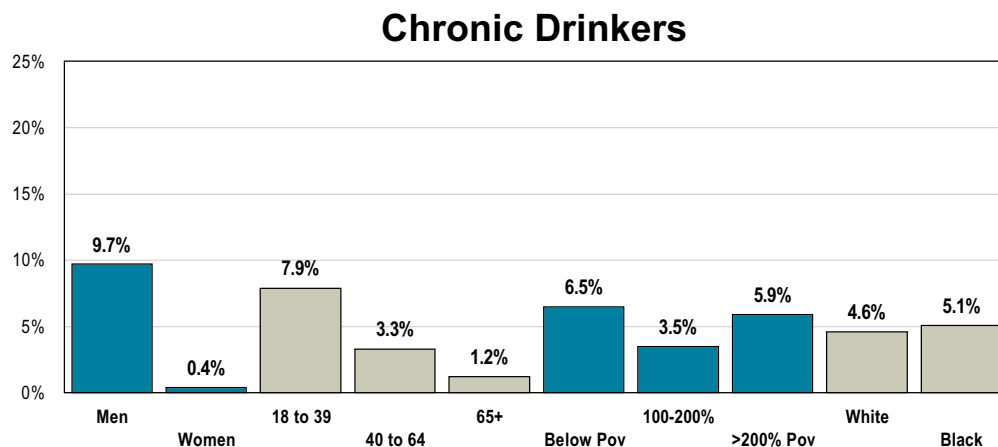
- **5.0% of Natchitoches Parish adults are “chronic drinkers,” meaning that they average two or more drinks of alcohol per day (60 drinks within the past month).**
  - Similar to current Rapides Foundation Service Area, statewide and national findings.
  - This translates to approximately 1,350 adults in Natchitoches 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

Notes: 1. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.  
 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.

- Men report the highest prevalence of chronic drinking.
- Young adults (ages 18 to 39) more often report chronic drinking than older adults.

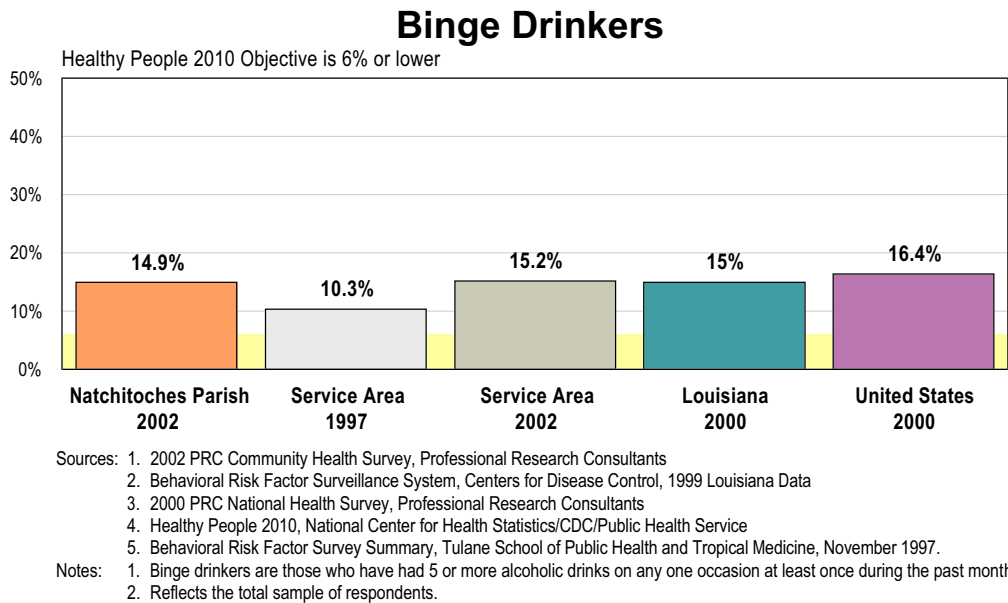


Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Natchitoches 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

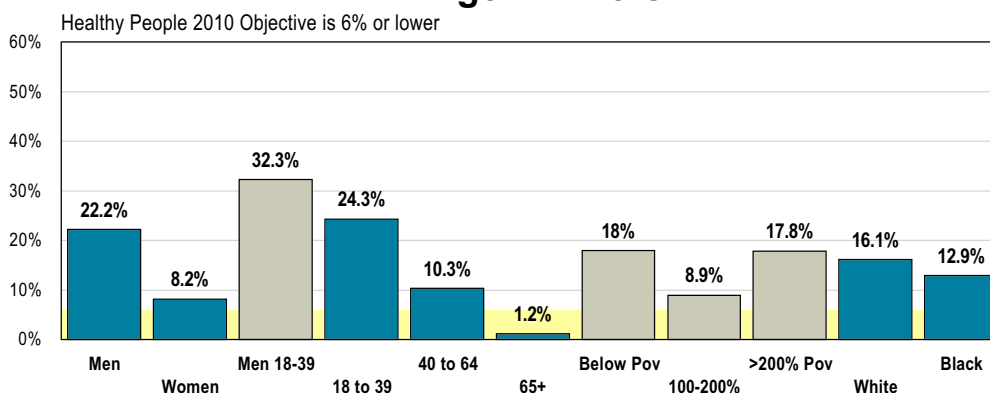
- **14.9% of Natchitoches Parish adults are “binge drinkers,” meaning that they have had five or more alcoholic beverages on any one occasion in the past month.**
  - Similar to current Rapides Foundation Service Area, statewide and national findings.
  - Fails to satisfy the *Healthy People 2010* target (6% or lower).



Binge drinking is more prevalent among:

- Men ages 18 to 39.
- Young adults (ages 18 to 39).
- Men.
- Those living just above the poverty level report lower incidence of binge drinking than the other income classes.

## Binge Drinkers



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

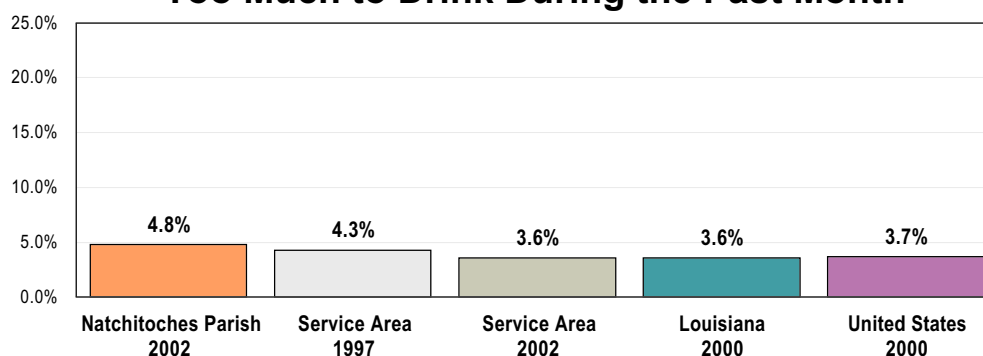
2. Reflects the total sample of respondents.

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

- **4.8% of Natchitoches Parish adults admit to driving during the past month after they had perhaps too much alcohol to drink.**
  - Similar to service area, state and national findings.
  - This translates to nearly 1,296 adults in Natchitoches Parish who acknowledge driving after having too much to drink in the past month.

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



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

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

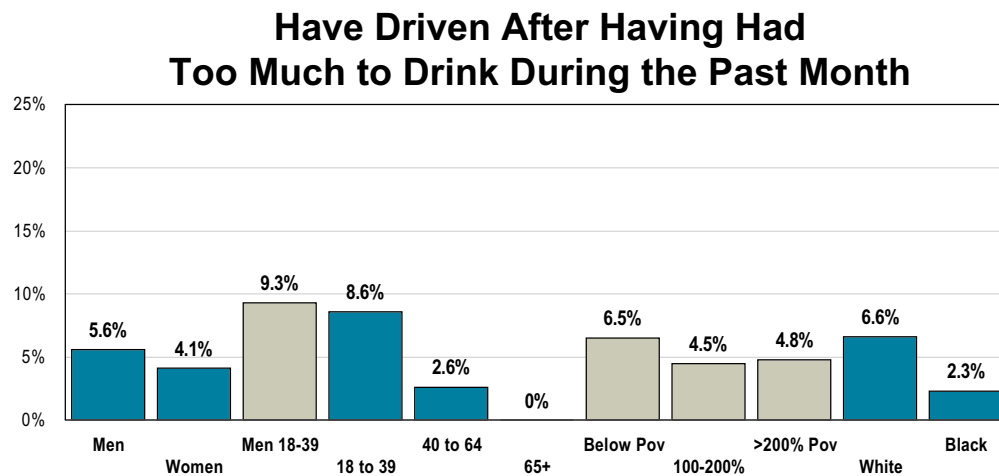
3. 2000 PRC National Health Survey, Professional Research Consultants

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

Note: Asked of all respondents.

Drinking and driving is more prevalent among:

- Men ages 18 to 39.
- Young adults.
- White respondents.



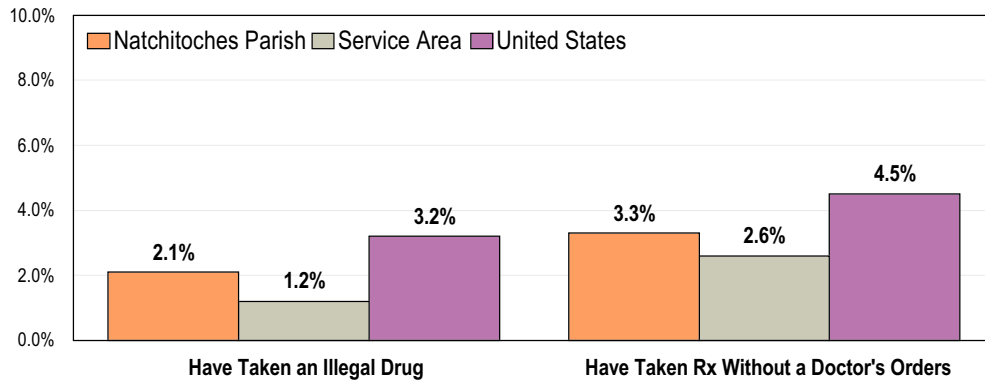
Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

### *Other Drug Abuse*

- **2.1% of Natchitoches Parish adults report having taken an illegal drug in the past year.**
  - Statistically similar to Rapides Foundation Service Area and national findings.
- **3.3% of Natchitoches Parish adults report having taken a prescription drug without a doctor's orders in the past year.**
  - Statistically similar to Rapides Foundation Service Area and national findings.

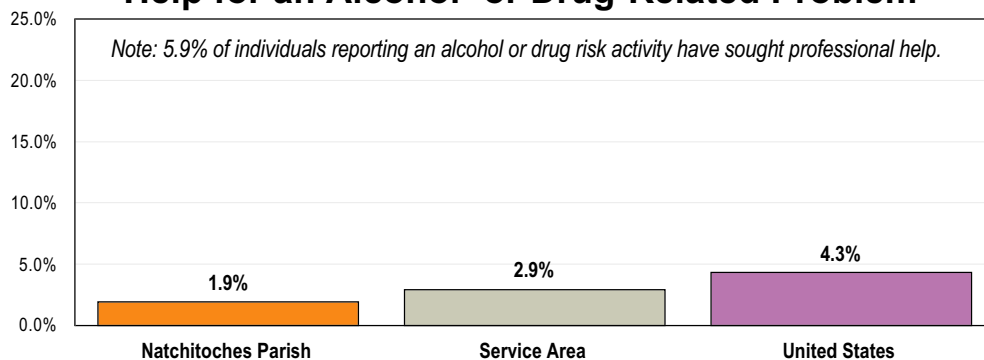
## Illegal Drug Use in the Past Month



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

- **1.9% of Natchitoches Parish adults have ever sought help for an alcohol- or drug-related problem.**
  - Similar to Rapides Foundation Service Area and national findings.
- **5.9% of Natchitoches 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

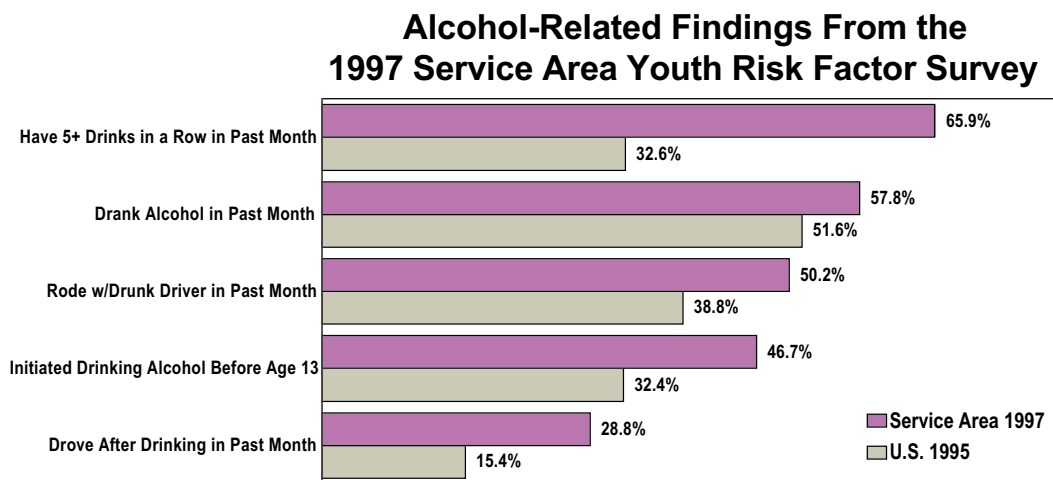


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. 2000 PRC National Health Survey, Professional Research Consultants  
 Notes: 1. Asked of all respondents.  
 2. Alcohol/drug risk activities include prescription abuse, illegal drug use, drunk driving, or chronic or 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).**

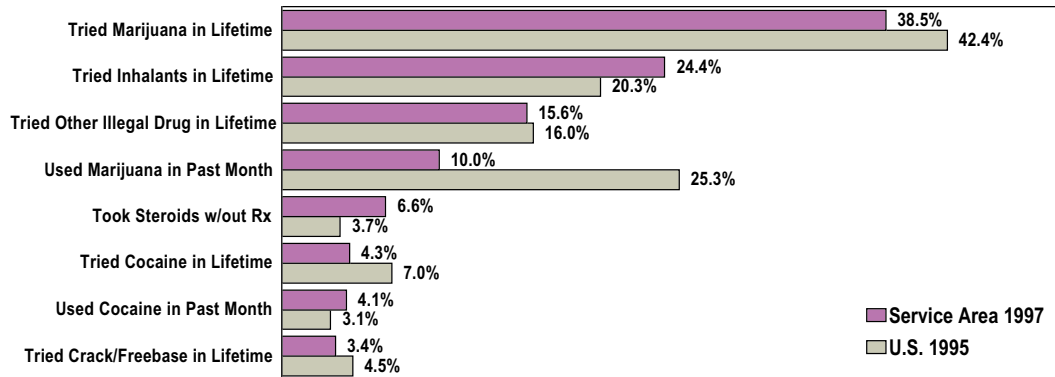


Source: Tulane School of Public Health and Tropical Medicine.

- **Service area youth report lower use of marijuana (38.5% have tried marijuana, 10% have used marijuana in the past month) in comparison to youth nationwide (42.4% and 25.3%, respectively).**
- **Service area youth report a higher prevalence of having ever tried inhalants to get high (24.4%) in comparison to national findings (20.3%).**
- **Service area youth report a higher prevalence of having ever taken steroids without a doctor's prescription (6.6%) in comparison to national findings (3.7%).**

- Service area youth less often report having ever tried cocaine (4.3%) in comparison to youth nationwide (7%).

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



Source: Tulane School of Public Health and Tropical Medicine.

### Community Health Panel Findings\*

“We see a lot of kids smoking marijuana and using Ecstasy and PCP.”

\* 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.



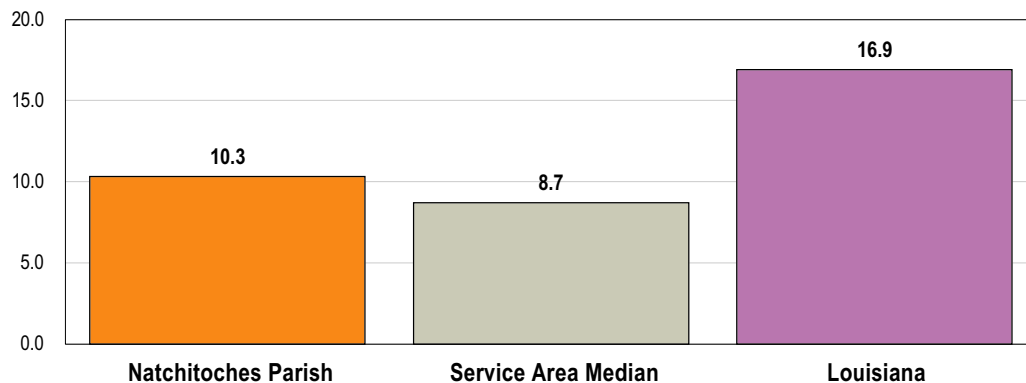
## Intentional Injury Deaths

### Homicide

- The 1996-98 age-adjusted homicide death rate in Natchitoches Parish is lower than the statewide rate for the same period but higher than the service area median.

#### Age-Adjusted Mortality: Homicide

(1996-98 Deaths per 100,000 Population)



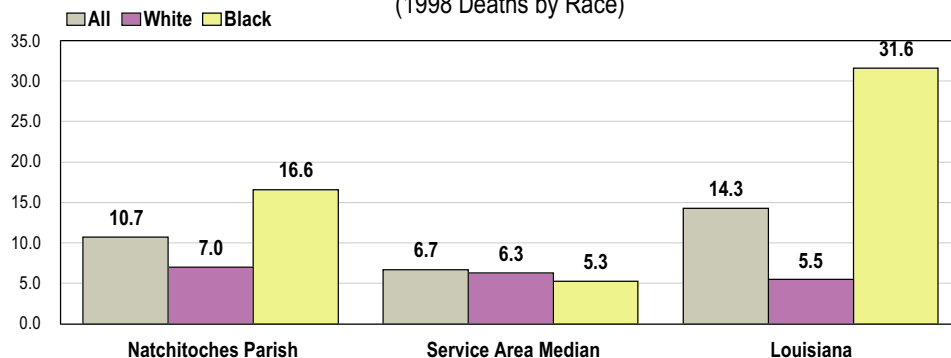
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

- The Natchitoches Parish homicide death rate in 1998 was higher among Blacks (16.6/100,000) than Whites (7.0/100,000). The Louisiana homicide rate showed a considerably higher prevalence among Blacks (31.6/100,000) than among Whites (5.5/100,000).

#### Age-Adjusted Mortality: Homicide

(1998 Deaths by Race)



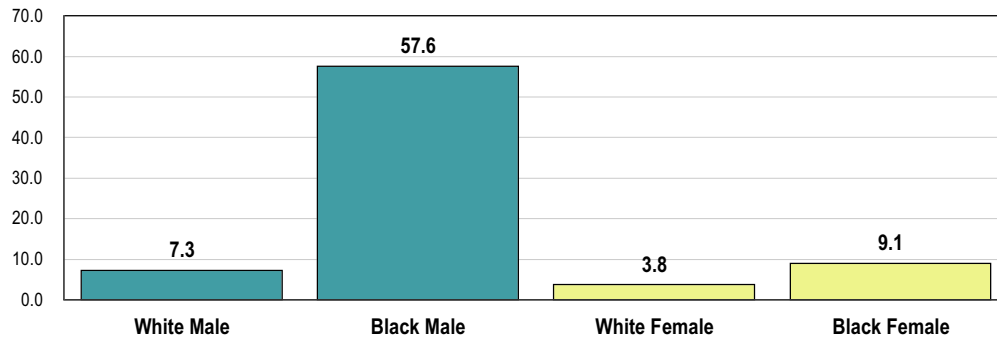
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

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

### Age-Adjusted Mortality: Homicide

(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.

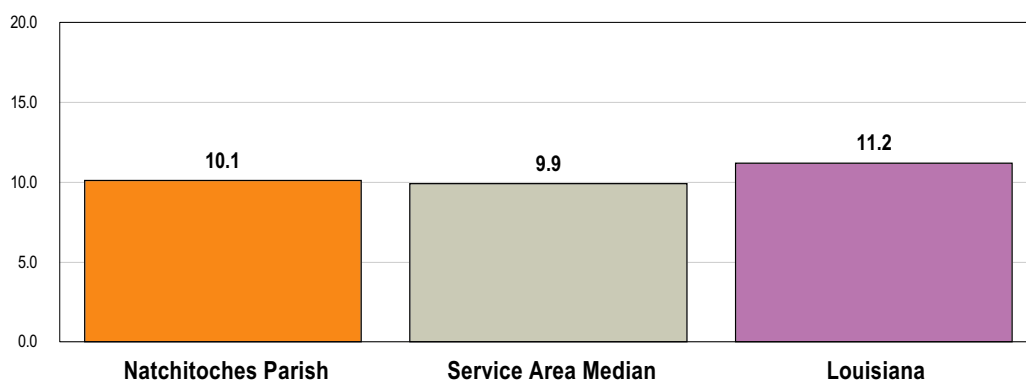
2. Includes homicide and legal intervention deaths.

## Suicide

- The 1996-98 age-adjusted suicide death rate in Natchitoches Parish is slightly lower than the corresponding Louisiana rate but is slightly higher than in most parishes in the Rapides Foundation Service Area.

### Age-Adjusted Mortality: Suicide

(1996-98 Deaths per 100,000 Population)



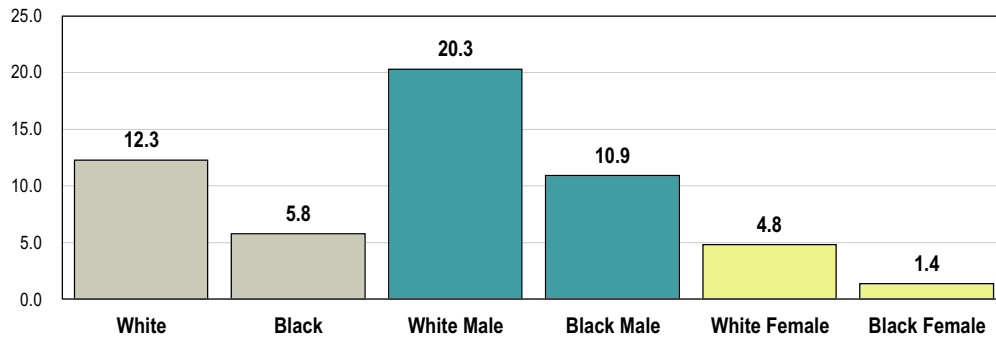
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

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

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

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



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).  
 Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.  
 2. Includes homicide and legal intervention deaths.

# Diabetes

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

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

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

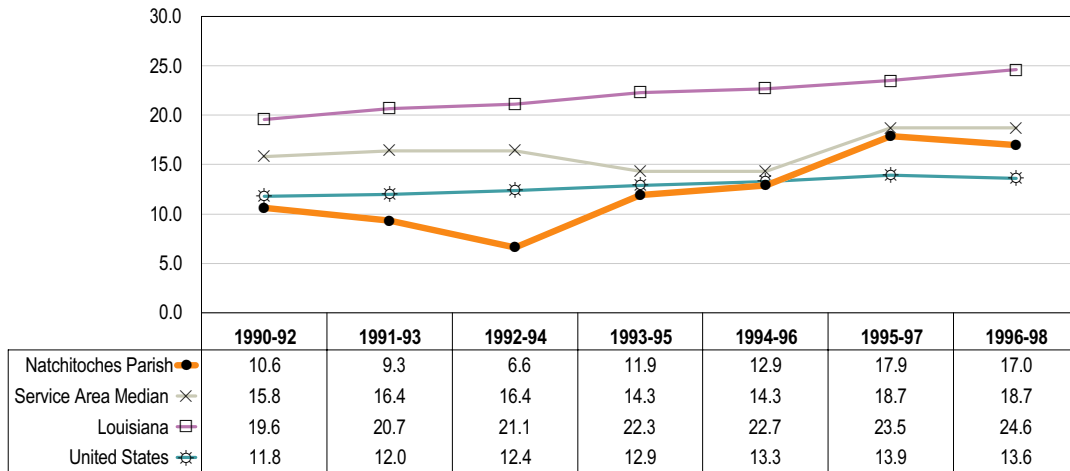
About 16 million Americans have diabetes, but only about 10 million have been diagnosed. Approximately 798,000 new cases of diabetes are diagnosed annually in the United States. Nationwide, the number of persons diagnosed with diabetes has increased sixfold, from 1.6 million in 1958 to 10 million in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

## Diabetes Deaths

- **In Natchitoches Parish, age-adjusted deaths due to diabetes have tracked consistently lower in comparison to statewide rates but have fluctuated in comparison to national rates.**

## Age-Adjusted Mortality: Diabetes

(1990-1998 Deaths per 100,000 Population)



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

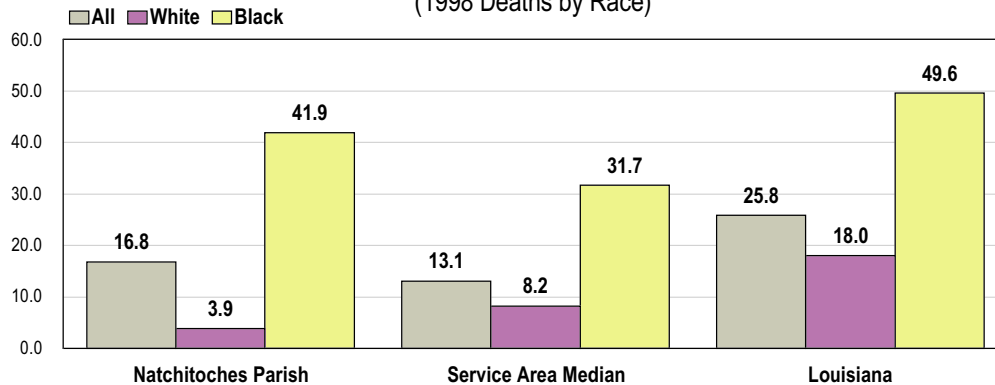
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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

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

## Age-Adjusted Mortality: Diabetes

(1998 Deaths by Race)



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

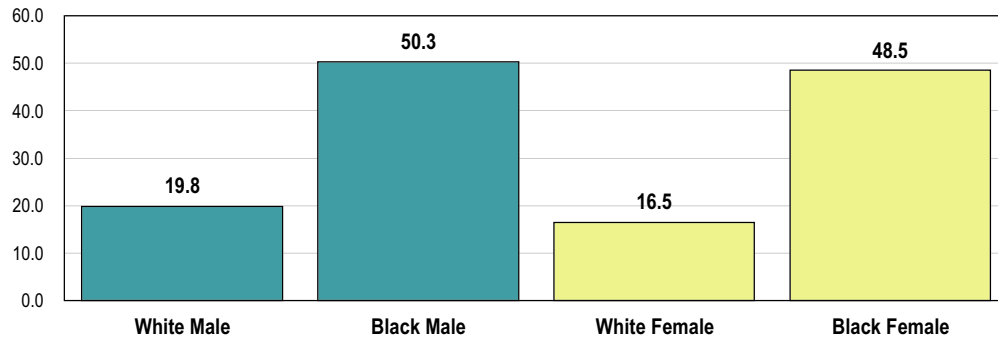
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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

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

### Age-Adjusted Mortality: Diabetes

(1998 Louisiana Deaths by Race/Gender)



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

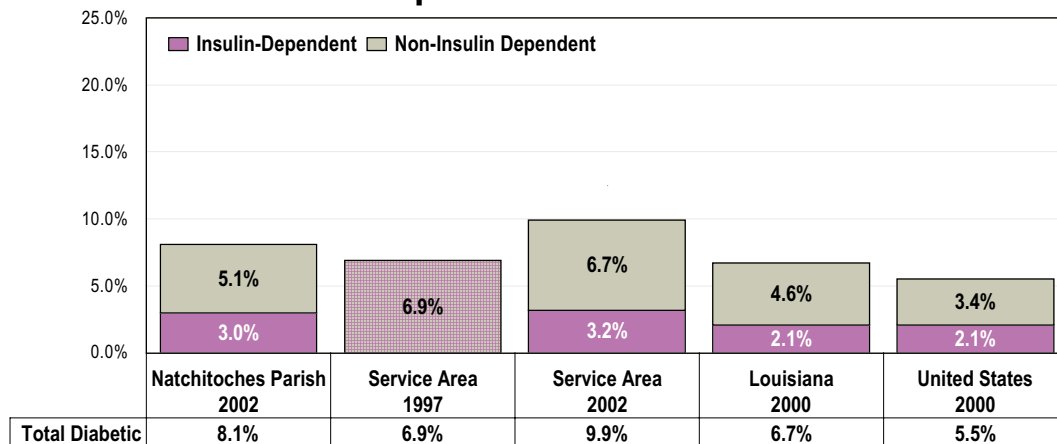
Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

## Self-Reported Diabetes Prevalence

### Diabetes Prevalence

- **8.1% of Natchitoches Parish adults report suffering from or having been diagnosed with diabetes.**
  - Statistically similar to Rapides Foundation Service Area and national findings.
  - It is estimated that more than one-third of diabetes cases nationwide remain undiagnosed.

### Self-Reported Prevalence of Diabetes



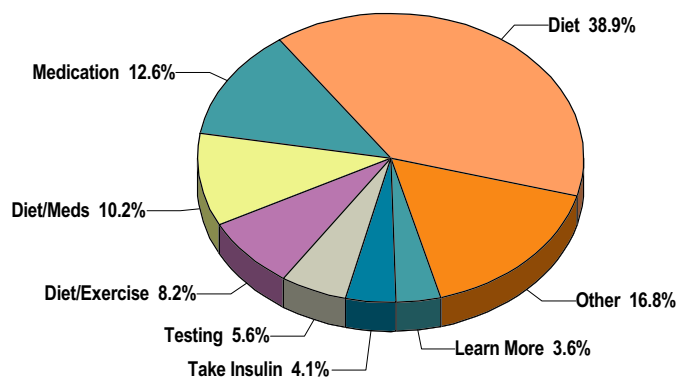
- Sources:
1. 2002 PRC Community Health Survey, Professional Research Consultants
  2. 2000 PRC National Health Survey, Professional Research Consultants
  3. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
  4. Behavioral Risk Factor Survey Summary, Tulane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

- **38.9% of diabetics surveyed in Natchitoches Parish report that their greatest need in managing their diabetes is diet.**

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



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

## Community Health Panel Findings\*

Focus group participants said many area diabetics do not know how to manage their illness.

“As a major employer in this area, we see a lot of poor health habits in our workforce, specifically obesity and diabetes. We have a lot of folks who are diabetics, and their disease is out of control. They don’t take their medication, or they don’t know how to monitor their diabetes. We have to put on health fairs at our company so we can teach them how to take care of their health, because it does affect our business when they don’t take good care of their health.”

“We need a diabetes health education program parishwide. A lot of people don’t know how to treat diabetes. People are not educated early enough to really realize the damage that diabetes does to the body. We even have a diabetes month where we educate people, even taking their blood sugar levels for them and showing them how to do it. I think education is an important role in managing diabetes.”

\* 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.



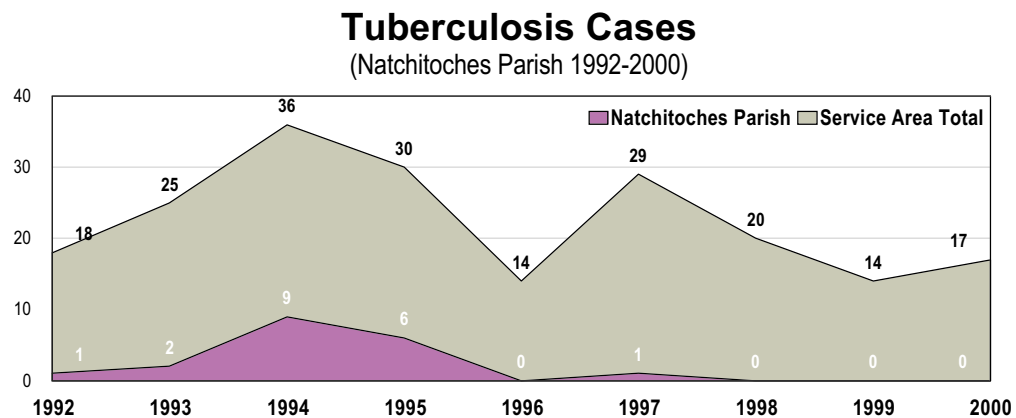
# INFECTIOUS & CHRONIC DISEASE

# 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.

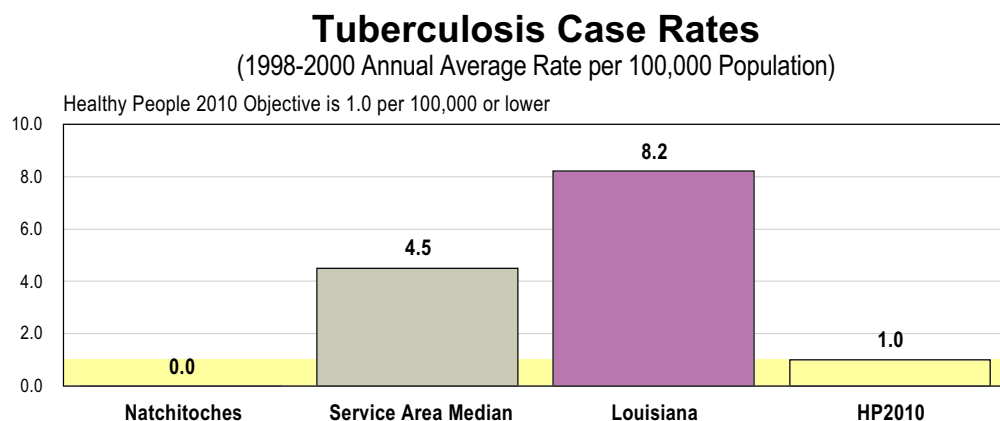
## Tuberculosis Incidence

- Between 1992 and 2000, a total of 19 cases of tuberculosis were diagnosed in Natchitoches Parish.



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

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



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

# HIV/AIDS

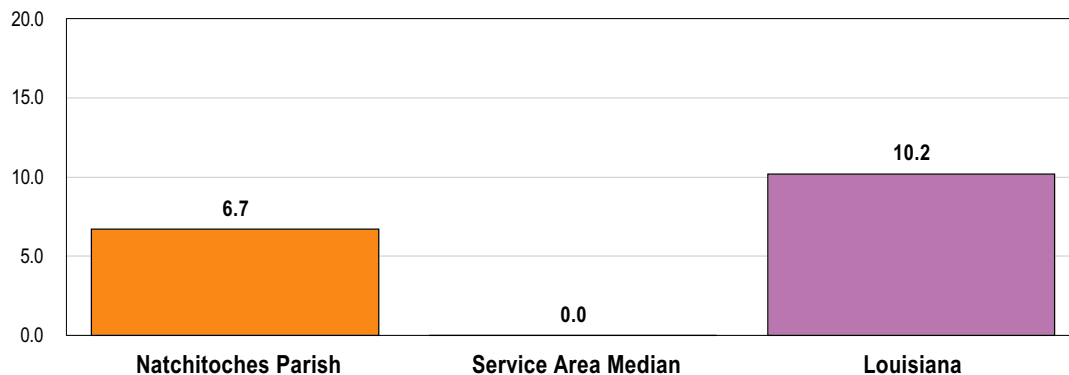
The AIDS (acquired immunodeficiency syndrome) epidemic is a problem of national and international importance, a disease for which there is as of yet no cure. Although there is no cure or vaccine, recent advances in human immunodeficiency virus (HIV) treatment can slow or halt the progression from HIV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

## AIDS Death Rates

- Between 1996 and 1998, 6.7 deaths per 100,000 population in Natchitoches Parish were attributable to AIDS.

### Age-Adjusted Mortality: AIDS

(1996-98 Deaths per 100,000 Population)



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

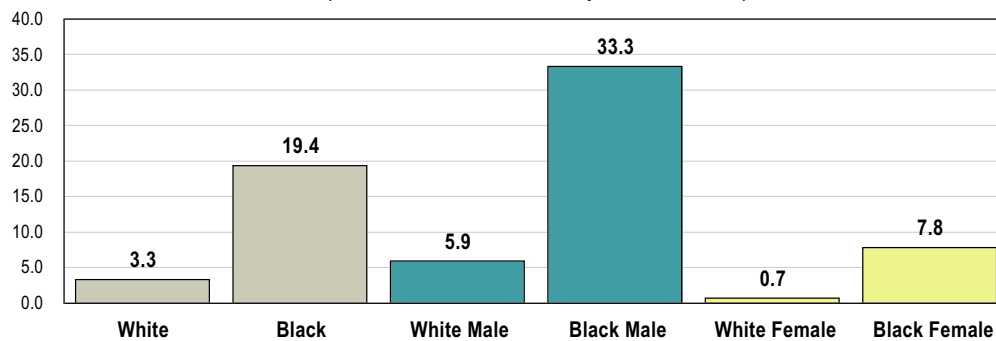
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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

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

## Age-Adjusted Mortality: AIDS

(1998 Louisiana Deaths by Race/Gender)



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

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

## HIV/AIDS Rates

Note the following findings from the *2000 Louisiana HIV/AIDS Annual Report*:<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.

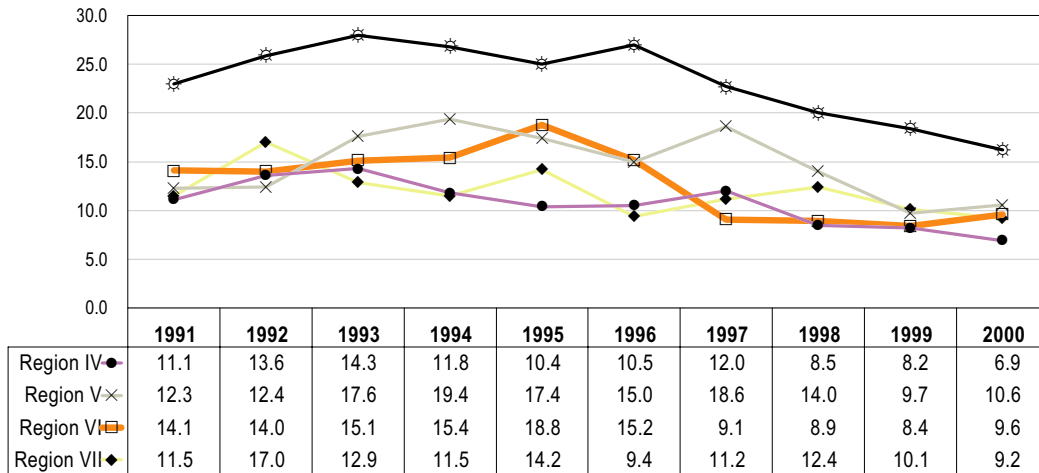
Therefore, HIV detection data do not necessarily represent characteristics of person who have been recently infected with HIV, nor do they provide true HIV incidence. Demographic and geographic subpopulations are disproportionately sensitive to differences and changes in access to health care, HIV testing 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.**
  - In 2000, Public Health Region VII (which includes Natchitoches Parish) realized a decrease in AIDS case rates for the second consecutive year.

## 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.

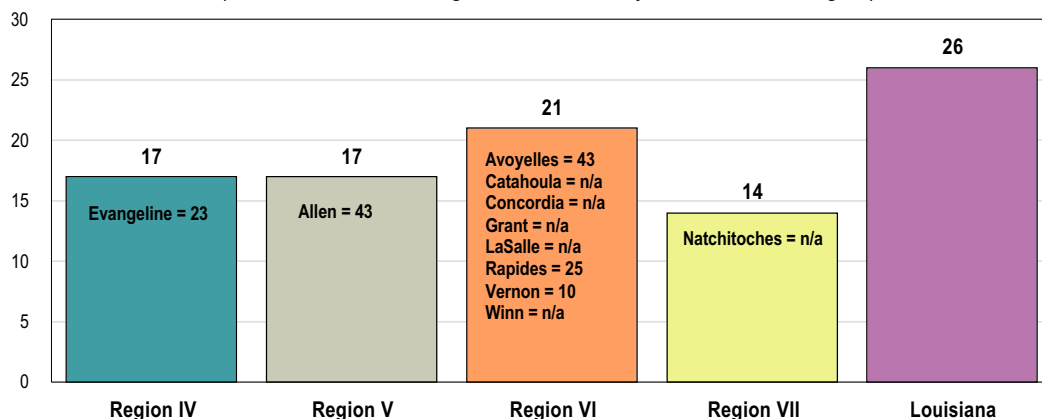
3. Public Health Region VI includes Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon and Winn Parishes.

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

- **In Public Health Region VII (which includes Natchitoches Parish), there was an annual HIV/AIDS detection rate of 14 cases per 100,000 population in 2000.**
  - The Public Health Region VII rate is well below the rate reported statewide (26/100,000).
  - The Public Health Region VII rate is lower 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.

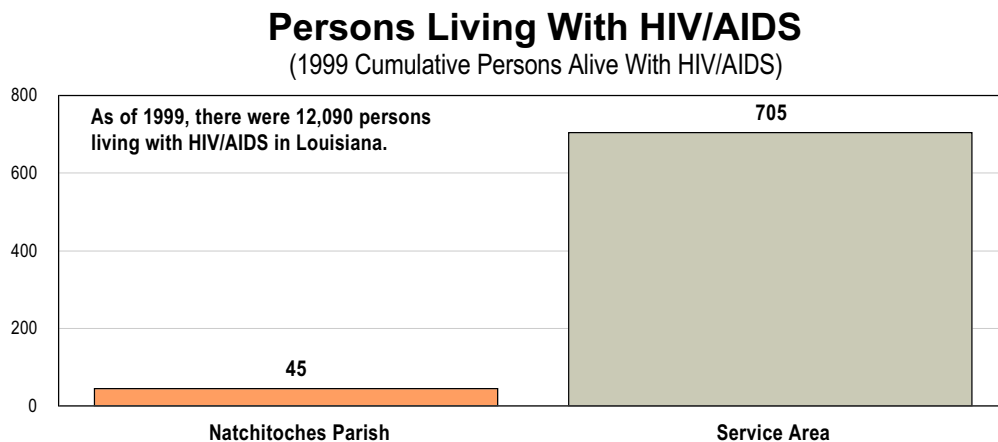
4. Public Health Region VII includes Natchitoches and eight other parishes in and around Shreveport, Louisiana.

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 45 persons living with AIDS in Natchitoches Parish and 705 throughout the Rapides Foundation Service Area.**



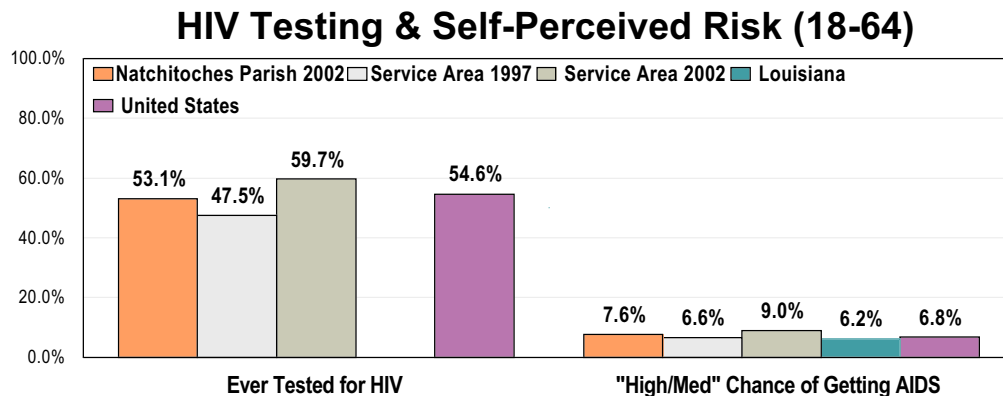
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

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



## HIV Testing & Perceived Risk

- **53.1% of Natchitoches 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).**
  - Significantly lower than Rapides Foundation Service Area findings (59.7%).
  - Similar to national findings.
- **7.6% of Natchitoches Parish adults between the ages of 18 and 64 believe themselves to be at “high” or “medium” risk for getting AIDS.**
  - Similar to Rapides Foundation Service Area, statewide and national findings.



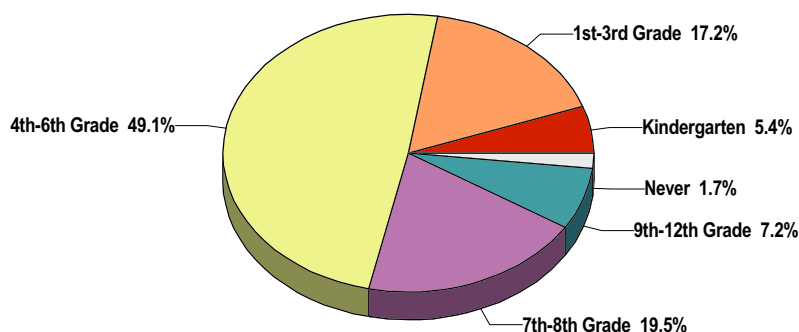
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. 2000 PRC National Health Survey, Professional Research Consultants  
 3. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data  
 4. Behavioral Risk Factor Survey Summary, Tulane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

Note: Reflects respondents aged 18 through 64.

## Children & HIV/AIDS Education

- **71.7% of Natchitoches Parish adults between the ages of 18 and 64 believe children should begin receiving HIV/AIDS education in school during elementary school years (K-6).**
- **Only 1.7% of Natchitoches 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**  
(Natchitoches Parish; 18-64)

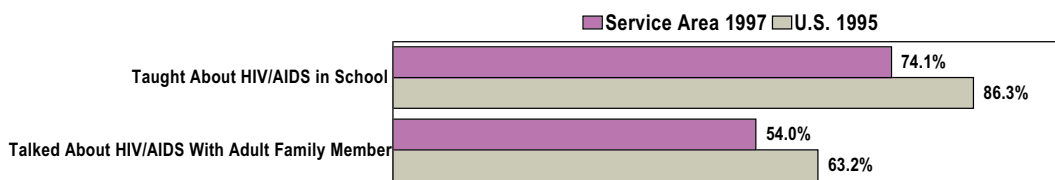


Source: 2002 PRC Community Health Survey, Professional Research Consultants  
Note: Asked among respondents aged 18 through 64.

In the 1997 Central Louisiana Youth Risk Factor Survey:

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

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



Source: Tulane School of Public Health and Tropical Medicine.

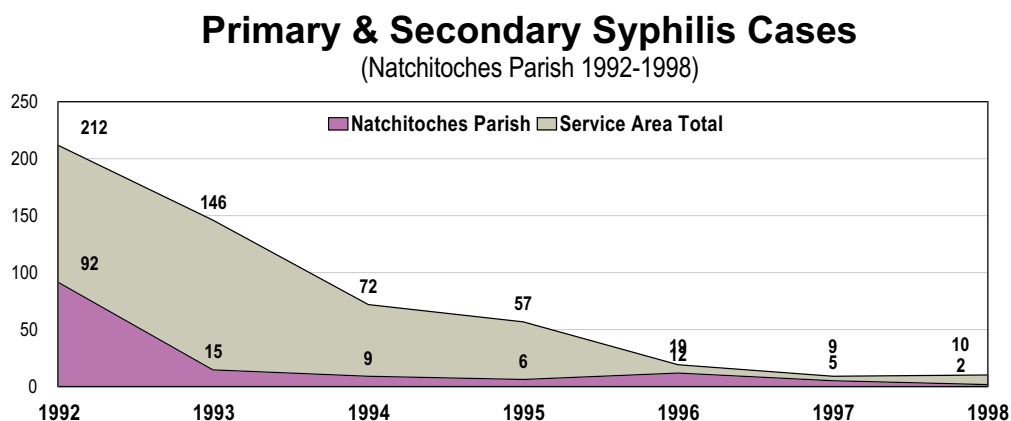
# Sexually Transmitted Diseases

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

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

## Syphilis

- From 1992 to 1998, a total of 141 cases of primary and secondary syphilis were reported in Natchitoches Parish.

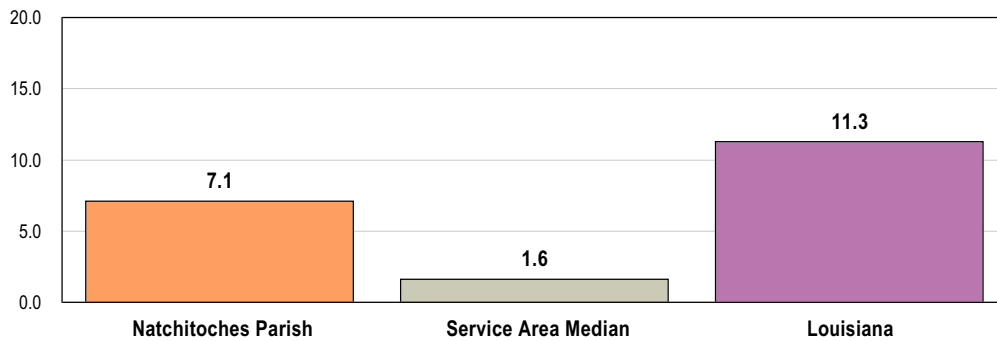


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

- **Between 1998 and 2000, there was an annual average of 7.1 cases of primary or secondary syphilis in Natchitoches Parish per 100,000 population.**
  - Well below the statewide case rate (11.3/100,000).
  - Higher than in most Rapides Foundation Service Area parishes (median = 1.6/100,000).

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

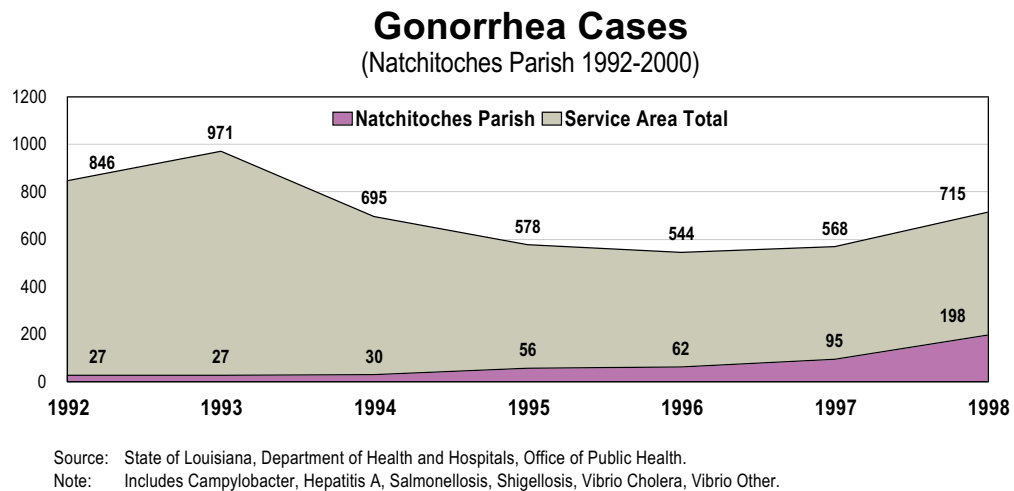
(1998-2000 Annual Average Rate per 100,000 Population)



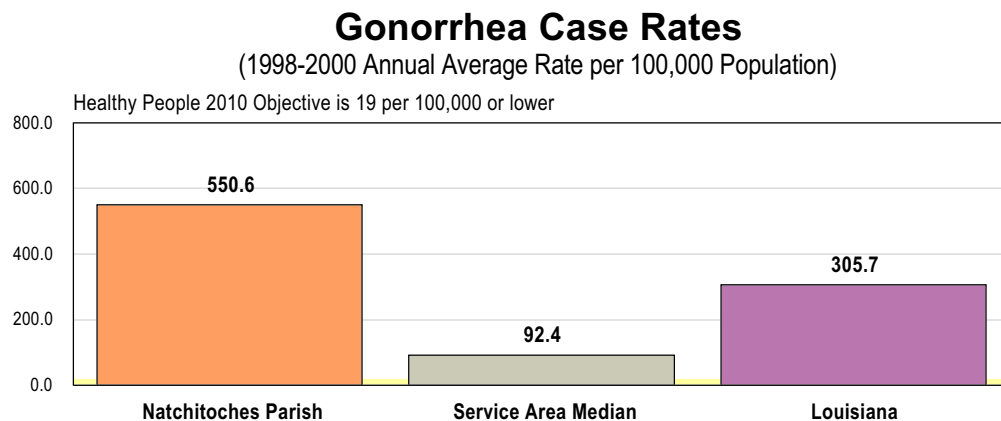
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

## Gonorrhea

- Between 1992 and 1998, gonorrhea cases in Natchitoches Parish followed a general decline, with a high of 198 cases in 1998 and a low of 27 cases in 1992 and in 1993.



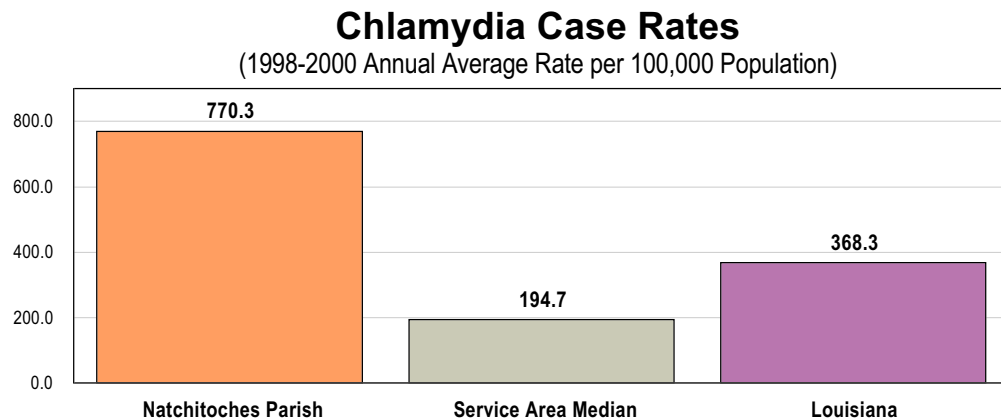
- Between 1998 and 2000, there was an annual average of 550.6 newly diagnosed gonorrhea cases per 100,000 population in Natchitoches Parish.
  - Considerably higher than in most Rapides Foundation Service Area parishes (median = 92.4/100,000).
  - Higher than the statewide annual average case rate (305.7/100,000); far from satisfying *Healthy People 2010* target (19.0/100,000 or lower).



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

## Chlamydia

- Between 1998 and 2000, there was an annual average of 770.3 newly diagnosed cases of *chlamydia trachomatis* per 100,000 population in Natchitoches Parish.
  - Considerably higher than in most Rapides Foundation Service Area parishes (median = 194.7 cases/100,000).
  - Twice the annual average case rate statewide (368.3/100,000).



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

## Community Health Panel Findings\*

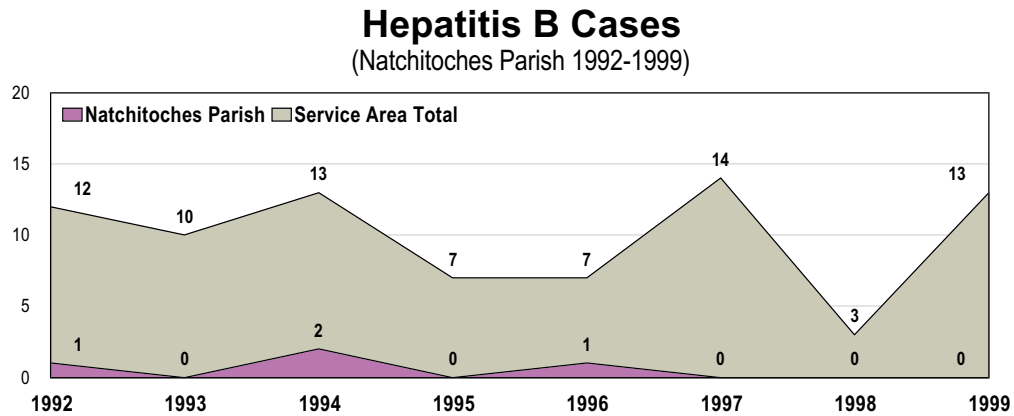
One focus group participant knows teenagers who have chlamydia.

“I work with children, and I had 13-year-olds with chlamydia. It is amazing how the young people are practicing these risky behaviors at such an early age, and to them it is not a big deal. It is normal.”

\* 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.

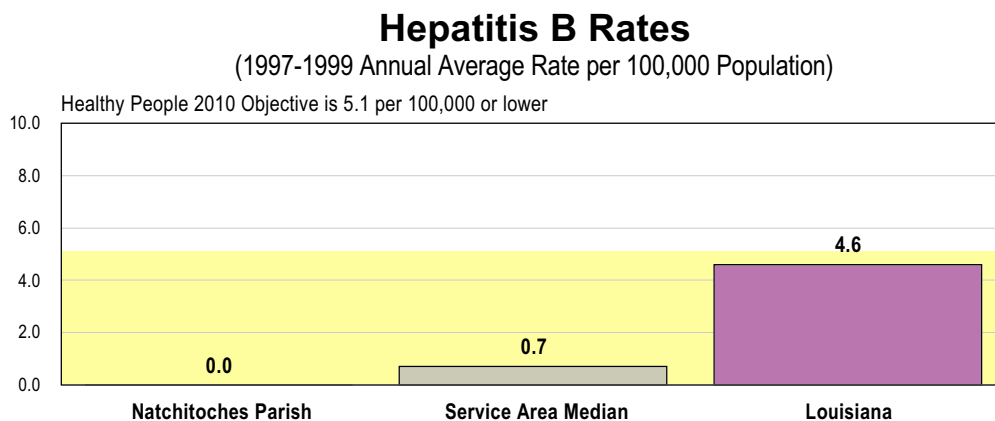
## Hepatitis B

- Between 1992 and 1999, a total of 4 cases of hepatitis B were diagnosed in Natchitoches Parish.



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

- Between 1997 and 1999, no cases of hepatitis B were reported in Natchitoches Parish.
  - The Rapides Foundation Service Area median is 0.7 cases/100,000.
  - The statewide annual average case rate is 4.6/100,000.



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

# Vaccine-Preventable Disease Incidence

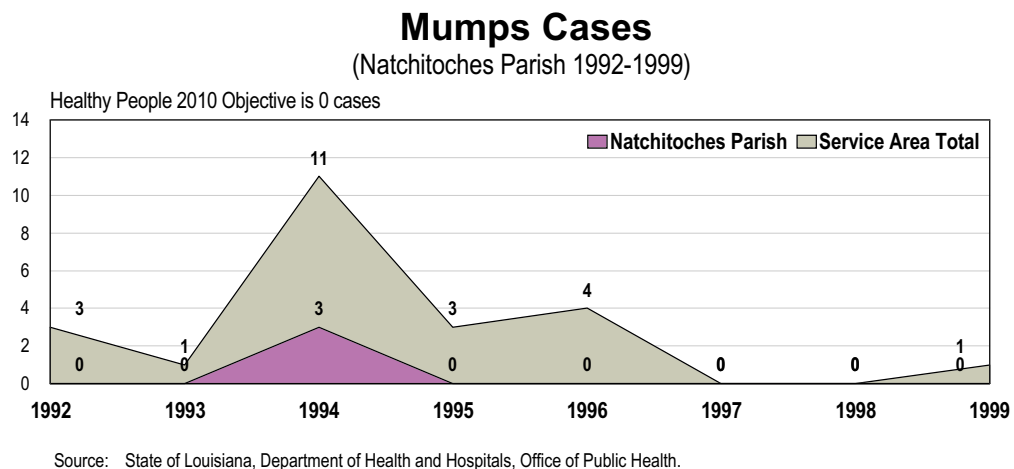
Examples of diseases which are preventable through vaccination include measles, mumps, rubella and pertussis.

## Measles

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

## Mumps

- Between 1992 and 1999, there were 3 cases of mumps in Natchitoches Parish, all reported in 1994.



## Rubella

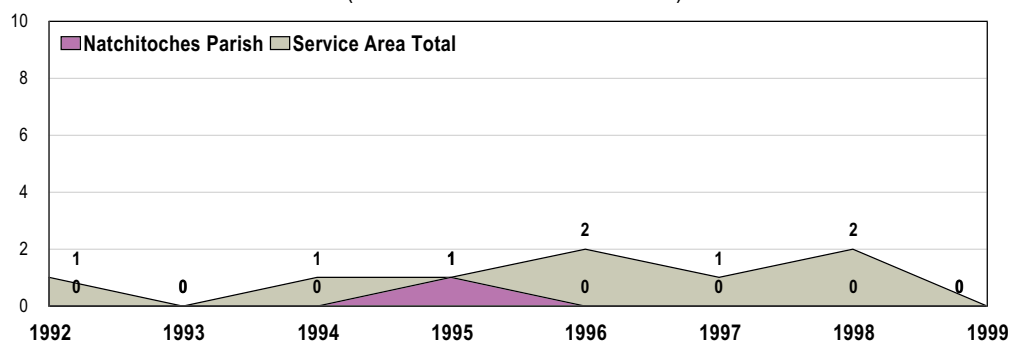
- Between 1992 and 1999, there were no reported cases of rubella in Natchitoches Parish.



## Pertussis

- In 1995, there was 1 reported case of pertussis (whooping cough) in Natchitoches Parish.

### Pertussis (Whooping Cough) Cases (Natchitoches Parish 1992-1999)



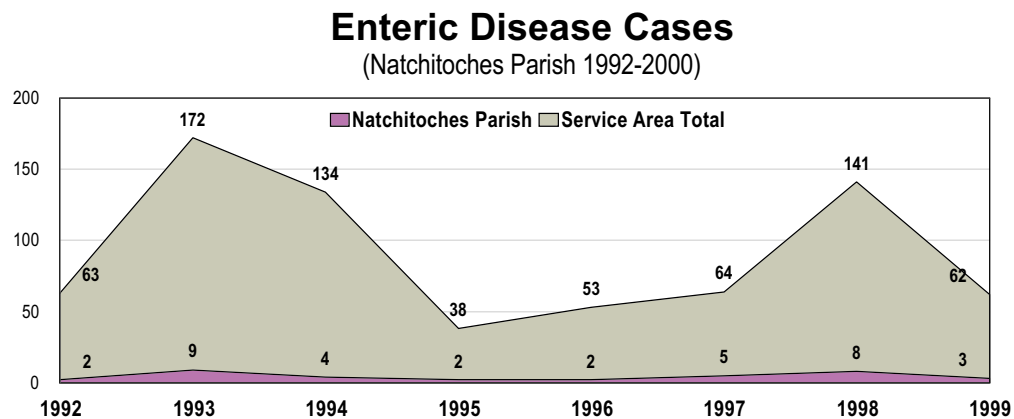
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

# Enteric Disease Incidence

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

## Enteric Disease

- The incidence of enteric disease is prone to localized outbreaks. Between 1992 and 1999, Natchitoches Parish experienced an average of 4.4 cases annually.

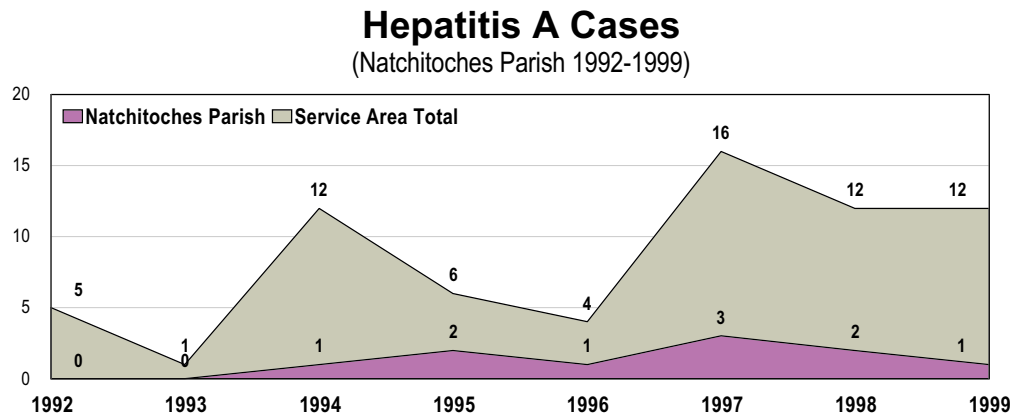


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

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

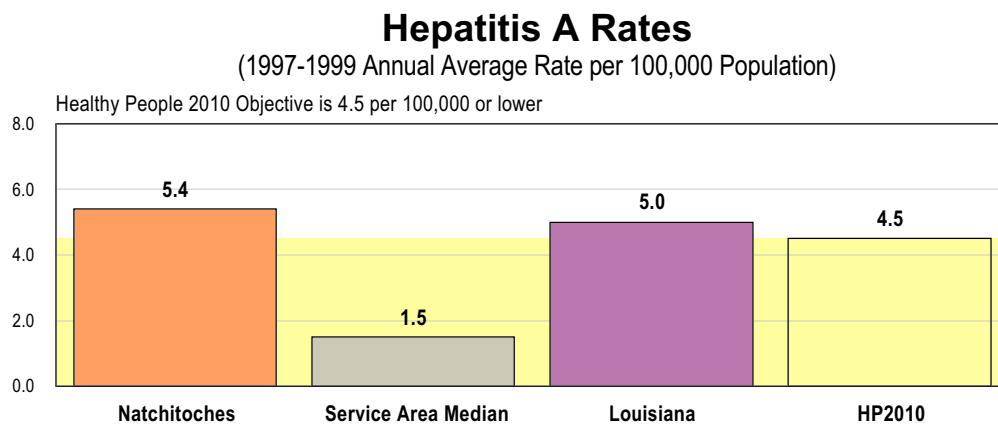
## Hepatitis A

- Between 1992 and 1999, Natchitoches Parish experienced 10 cases of hepatitis A.



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

- Between 1997 and 1999, there was an annual average of 5.4 hepatitis A cases in Natchitoches Parish per 100,000.
  - Higher than in most Rapides Foundation Service Area parishes (median = 1.5 cases/100,000).
  - Slightly higher than the statewide annual average case rate (5.0/100,000).
  - Fails to satisfy the *Healthy People 2010* target (4.5/100,000 or lower).



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

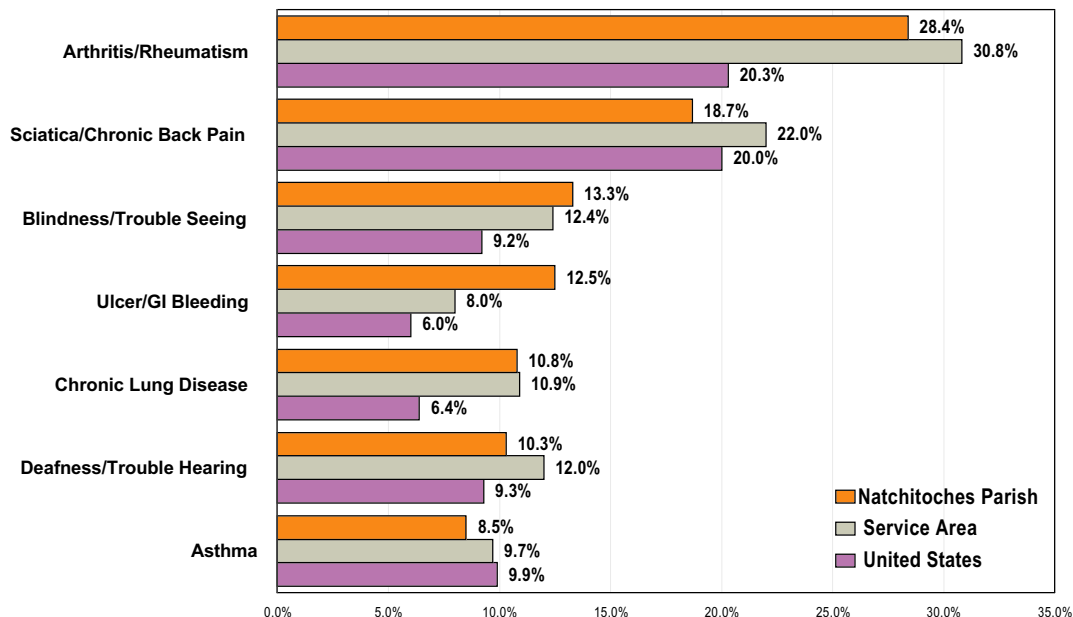
# Self-Reported Chronic Illness

## Self-Reported Prevalence of Chronic Illness

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

- **Arthritis/rheumatism, sciatica/chronic back pain, blindness/trouble seeing and ulcer/GI bleeding were the most prevalent conditions reported, each affecting more than one out of 10 adults in Natchitoches Parish.**
- **Five of the tested conditions are significantly more prevalent in Natchitoches Parish than nationwide:**
  - 28.4% of Natchitoches Parish adults report suffering from **arthritis/rheumatism** (compared to 20.3% nationwide).
  - 13.3% of Natchitoches Parish adults report suffering from **blindness/trouble seeing** (compared to 9.2% nationwide).
  - 12.5% of Natchitoches Parish adults report suffering from **ulcer/GI bleeding** (compared to 6.0% nationwide).
  - 10.8% of Natchitoches Parish adults report suffering from **chronic lung disease** (compared to 6.4% nationwide).
  - 5.5% of Natchitoches Parish adults report suffering from **kidney disease** (compared to 2.7% nationwide).

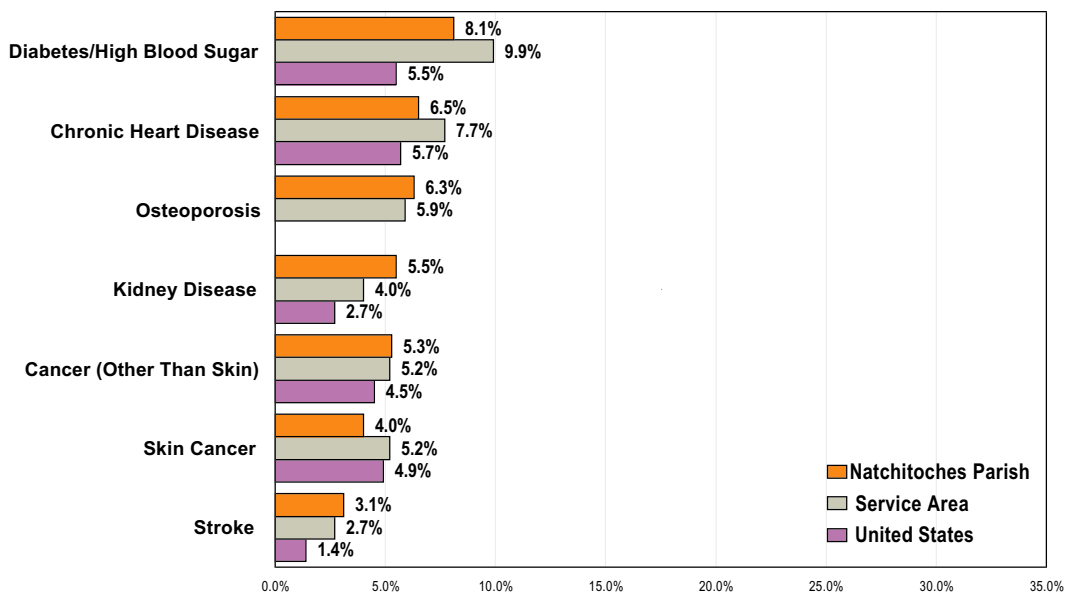
## Prevalence of Chronic Illness (1 of 2)



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

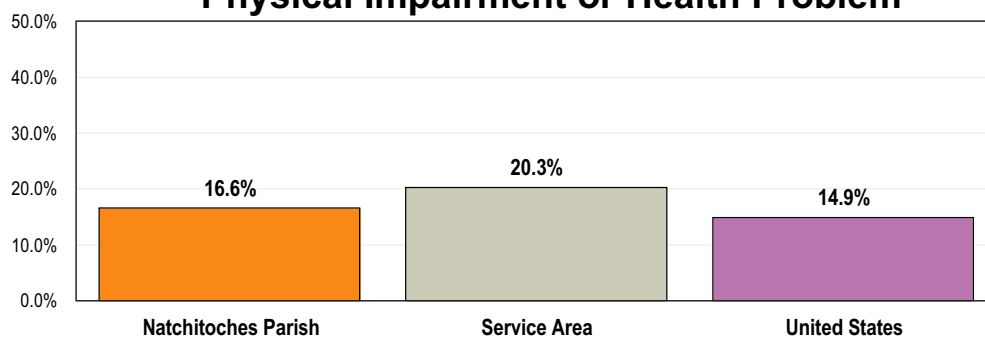
Notes: 1. Asked of all respondents.  
2. A national prevalence for osteoporosis is not available.

Keep in mind that each percentage point above represents approximately 270 adults in Natchitoches Parish.

## Activity Limitations

- **16.6% of Natchitoches 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 and national findings.
  - This represents more than 4,482 adults in Natchitoches Parish.

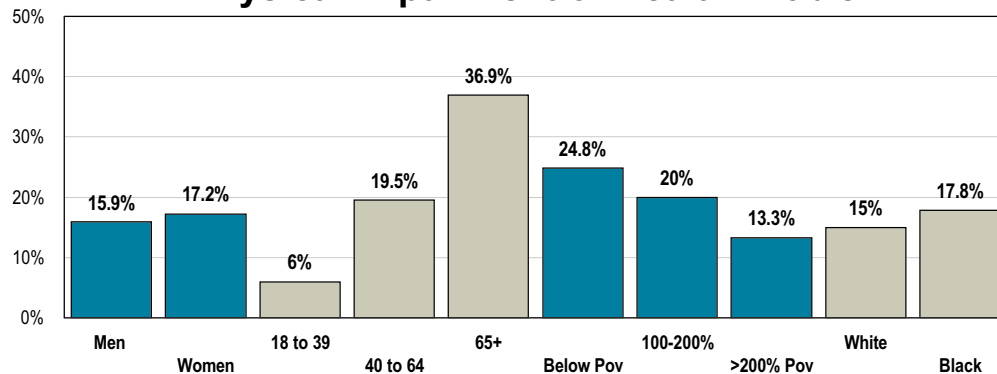
### Activity Limitation Due to Physical Impairment or Health Problem



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

- Activity limitations are closely tied to age and affect a significant share of those age 65 or older.
- Activity limitations are also more prevalent among those living below the poverty level.

## Activity Limitation Due to Physical Impairment or Health Problem



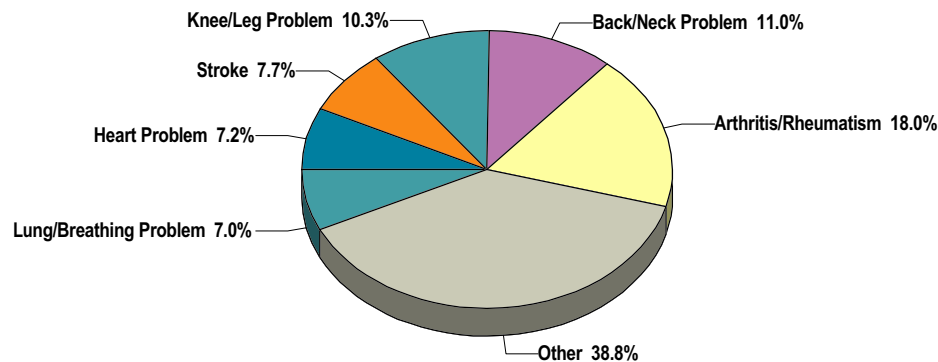
Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

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

## Type of Impairment Which Limits Activities

(Among Those Reporting Activity Limitations; Natchitoches Parish)

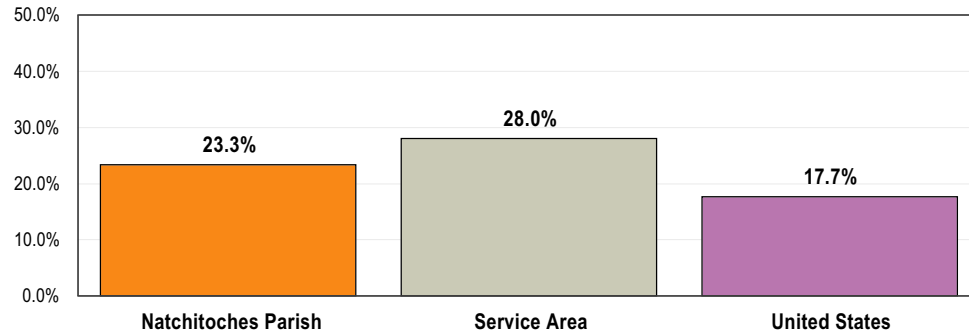


Source: 2002 PRC Community Health Survey, Professional Research Consultants

Note: Reflects those respondents who experience activity limitations.

- 23.3% of Natchitoches 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.
  - Significantly lower than Rapides Foundation Service Area findings (28.0%).
  - Statistically similar to national findings.

## 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.



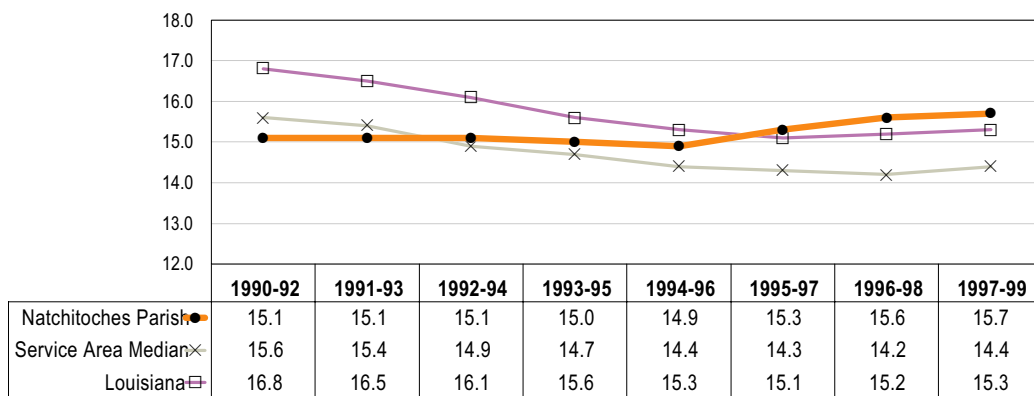
# BIRTHS

# Birth Rate

- **Between 1997 and 1999, there was an annual average of 15.7 births in Natchitoches Parish per 1,000 population.**
  - Slightly higher than the annual average statewide birth rate for the same period (15.3/1,000).
- **The Natchitoches Parish birth rate increased slightly in the late 1990s.**

## Crude Birth Rates

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



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

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

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

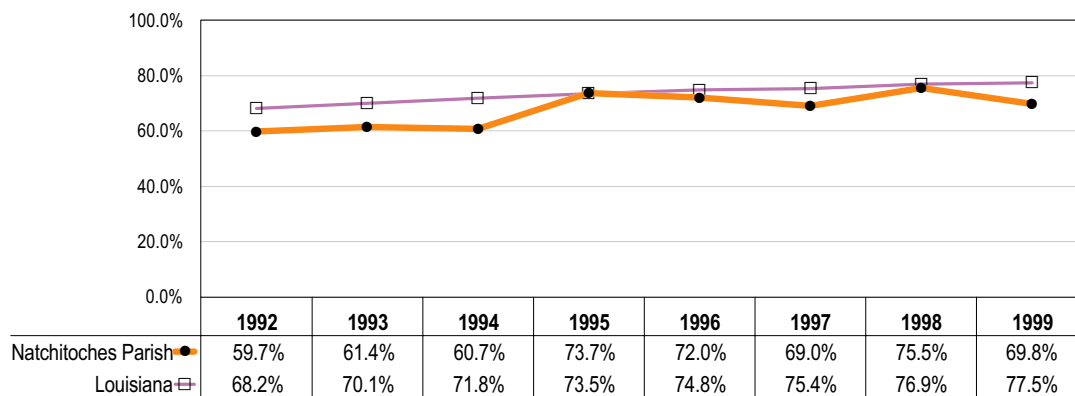
# Prenatal Care

## Adequacy of Prenatal Care

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

- **In 1999, 69.8% of Natchitoches Parish mothers received adequate prenatal care.**
  - Lower than the statewide percentage (77.5%).
- **Since the early 1990s, the proportion of mothers receiving adequate prenatal care has been improving in Natchitoches Parish, as it has statewide.**
- **Still, 30.2% of Natchitoches Parish mothers received care that was less than adequate in 1999.**

### Mothers Receiving Adequate Prenatal Care (Percentage of Live Births)



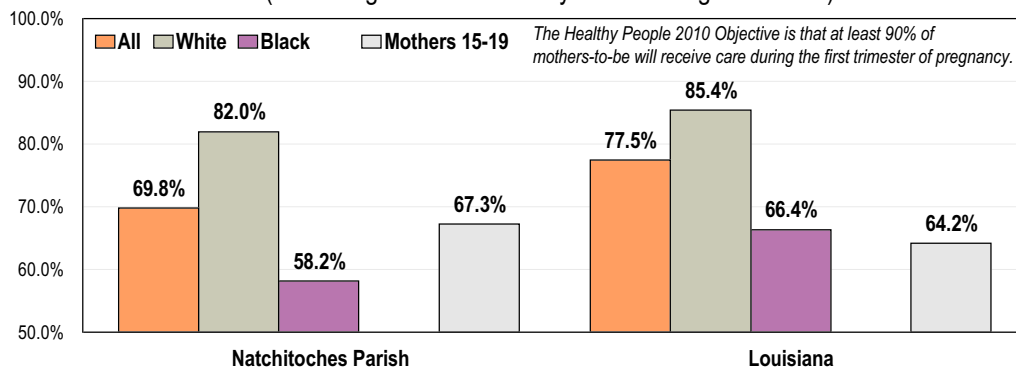
Source: Louisiana Department of Health and Hospitals, Office of Public Health.

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

- A lower proportion of Black mothers (58.2%) received adequate prenatal care in comparison to White mothers (82.0%) in Natchitoches Parish in 1999.
- Only 67.3% of teenage mothers (ages 15 to 19) in Natchitoches Parish in 1999 received adequate prenatal care.

## Mothers Receiving Adequate Prenatal Care

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



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

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

# Birth Outcomes

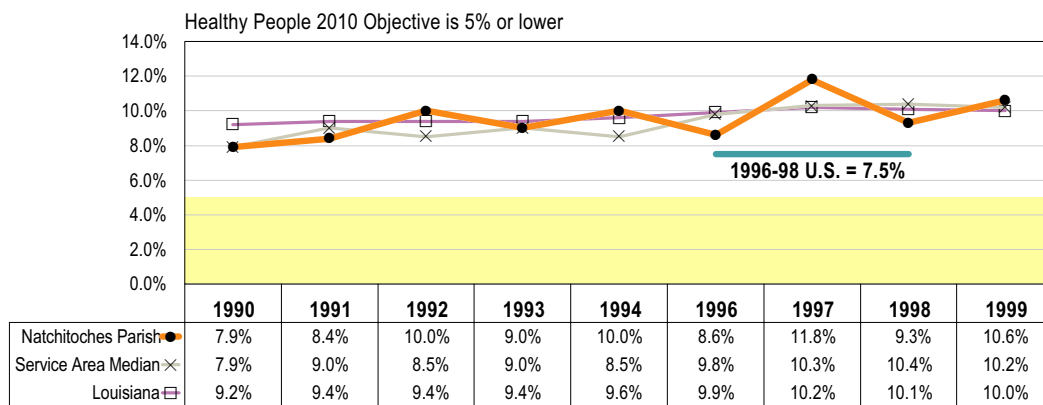
## Low-Weight Births

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

- **In 1999, 10.6% of Natchitoches Parish births were of low birthweight.**
  - Fails to satisfy the *Healthy People 2010* target (5% or lower).
- **Natchitoches Parish low-weight births have fluctuated in comparison to service area and statewide proportions throughout the past decade.**

### Low-Weight Birth Trends

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



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

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

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

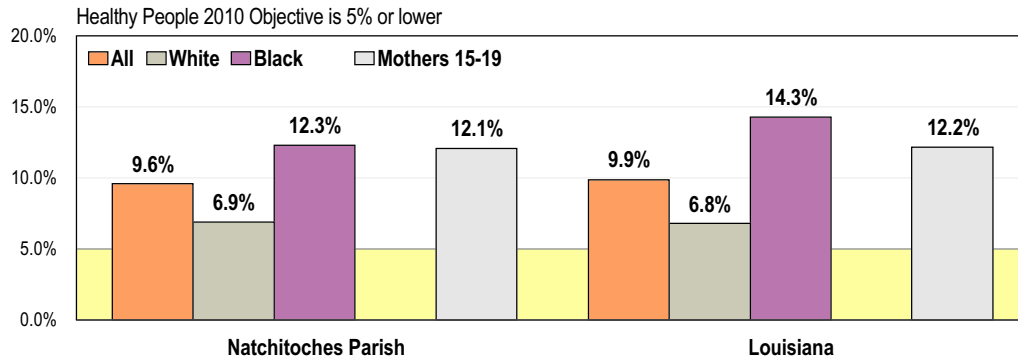
2. Low birthweight includes infants less than 2,500 grams at birth (approximately 5 pounds, 8 ounces).

3. 1995 data not available for Winn Parish.

- **Between 1994 and 1998, 12.3% of births to Black mothers in Natchitoches Parish were low birthweight, compared to a lower 6.9% of births to White mothers.**
- **Between 1994 and 1998, 12.1% of births to teenage mothers in Natchitoches Parish were low birthweight.**

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

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



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

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

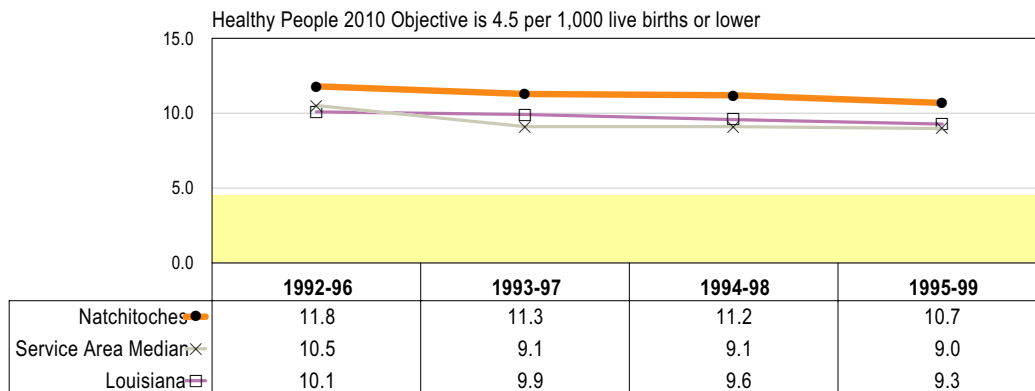
## Infant Mortality

Infant death is the death of a child less than 1 year old. This issue was identified as a key concern in the 1997 Tulane study.

- **Between 1995 and 1999, there was an annual average of 10.7 infant deaths per 1,000 live births in Natchitoches Parish.**
  - Higher than the 1995-99 statewide annual average rate (9.3/1,000).

### Infant Mortality Rates

(Five-Year Averages; Infants Deaths per 1,000 Live Births)



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

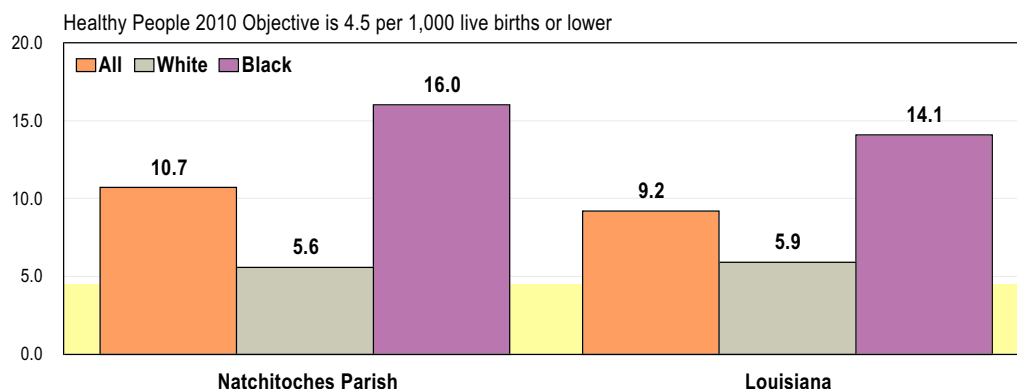
Notes: 1. Rates represent deaths occurring to infants under the age of one per 1,000 live births.

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

- **Infant mortality is much higher among Blacks in Natchitoches Parish (16.0/1,000 annual average 1995-99) than among Whites (5.6/1,000).**

### Infant Mortality Rates

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



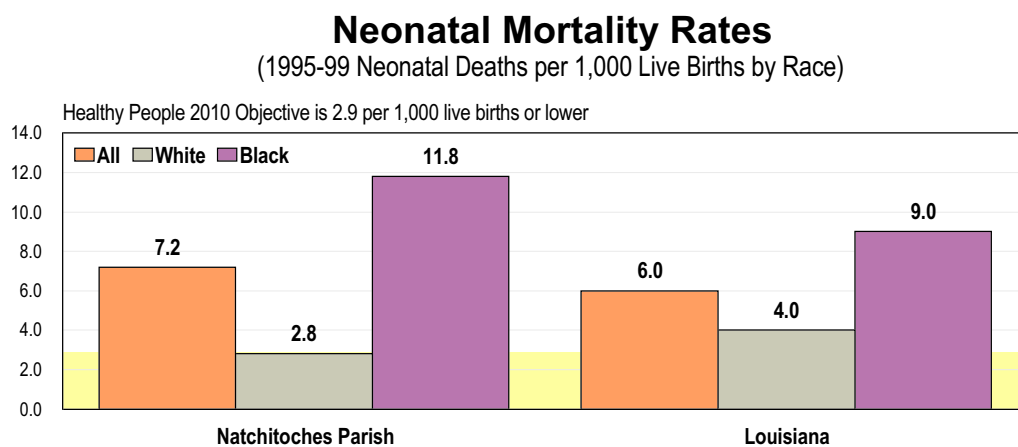
Source: Louisiana Department of Health and Hospitals, Office of Public Health.

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

## Neonatal Mortality

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

- **Between 1995 and 1999, there was an annual average of 7.2 neonatal deaths per 1,000 live births in Natchitoches Parish.**
  - Higher than the statewide annual average rate for the same period (6.0/1,000).
- Neonatal mortality was much higher among Blacks in Natchitoches Parish (11.8/1,000 annual average 1995-99) than among Whites (2.8/1,000).



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.

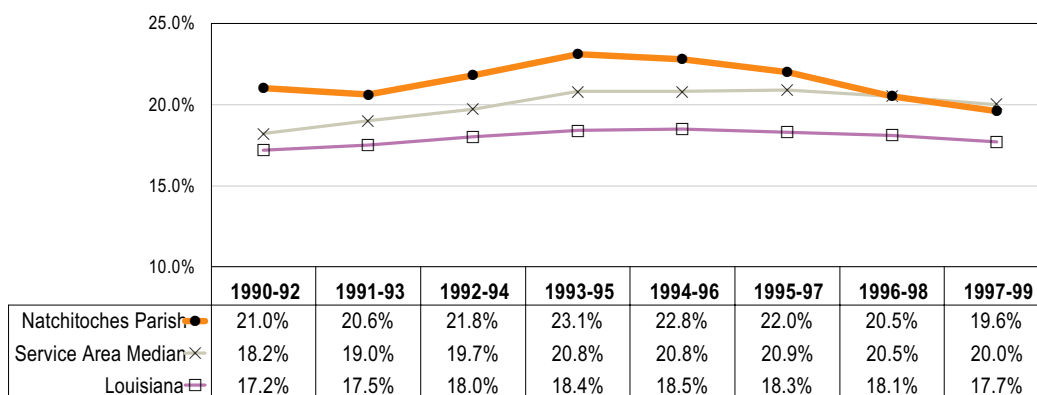
The following examination of teen births in Natchitoches Parish builds on prior research in 1997 by the Rapides Foundation and Tulane School of Public Health and Tropical Medicine.

## Percentage of Births to Teen Mothers

- **Between 1997 and 1999, 19.6% of Natchitoches Parish births were to mothers between the ages of 15 and 19.**
  - Higher than statewide (17.7%).
  - Higher than nationwide (12.3%).
- **The proportion of Natchitoches Parish births to teenage mothers peaked in the mid-1990s and has consistently tracked higher than the statewide proportion.**
  - The Natchitoches Parish rate has tracked higher than the median percentage for the Rapides Foundation Service Area for most of the decade.

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

(Three-Year Averages; Percentage of Live Births)



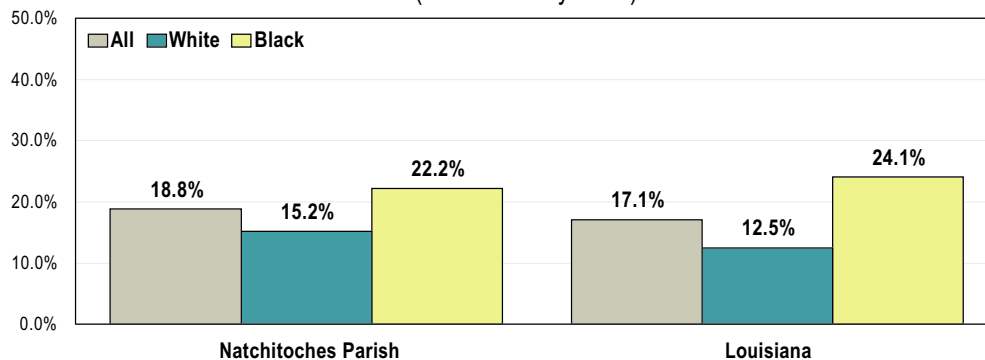
Source: Louisiana Department of Health and Hospitals, Office of Public Health.

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

- 22.2% of 1999 Natchitoches Parish births among Blacks were to teenage mothers, compared to 15.2% among Whites.

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

(1999 Births by Race)



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

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

### Community Health Panel Findings\*

“I think we have four pregnant girls in our junior high. We also had three kids in kindergarten whose mothers were pregnant in the seventh and eighth grade.”

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

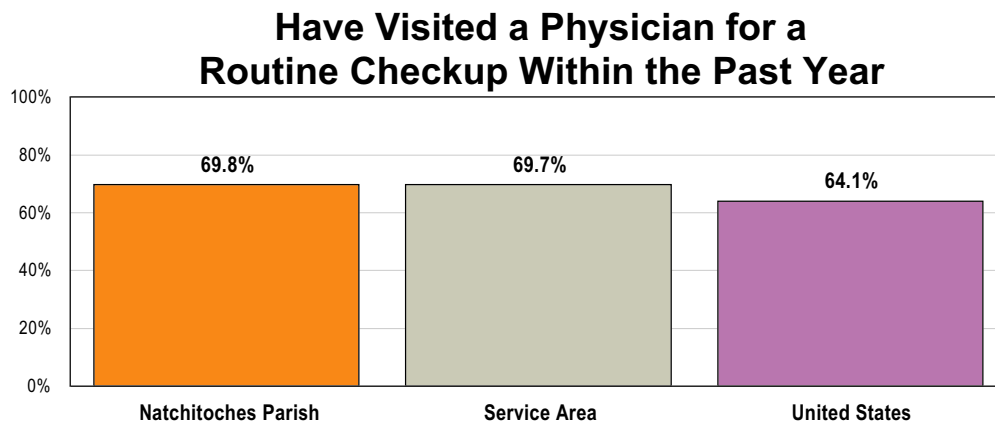
# PREVENTIVE HEALTH CARE

# Primary Medical Care

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

## Routine Physician Care

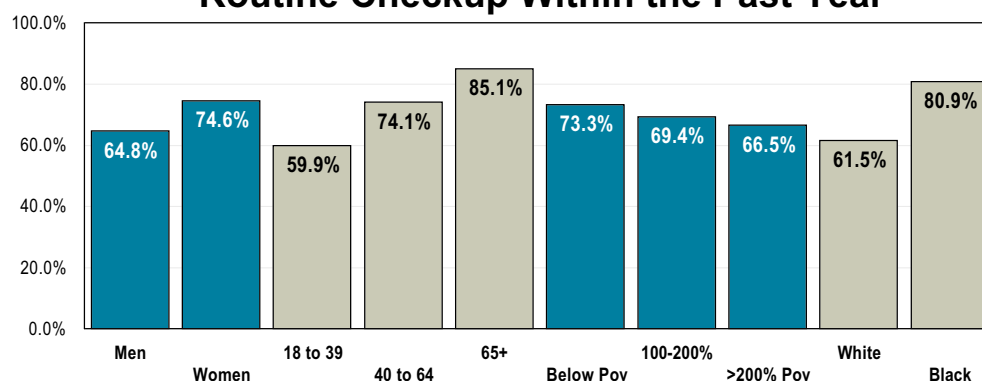
- **69.8% of Natchitoches Parish adults report that they have visited a physician for a routine checkup in the past year.**
  - Similar to that found throughout the Rapides Foundation Service Area.
  - Significantly better than national findings (64.1%).



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

- Young adults (ages 18 to 39) show the lowest incidence of routine physician care in the past year.
- Black respondents demonstrate higher levels of routine physician care than White respondents.
- Women more often visit physicians than men.
- Routine physician care decreases with income.

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



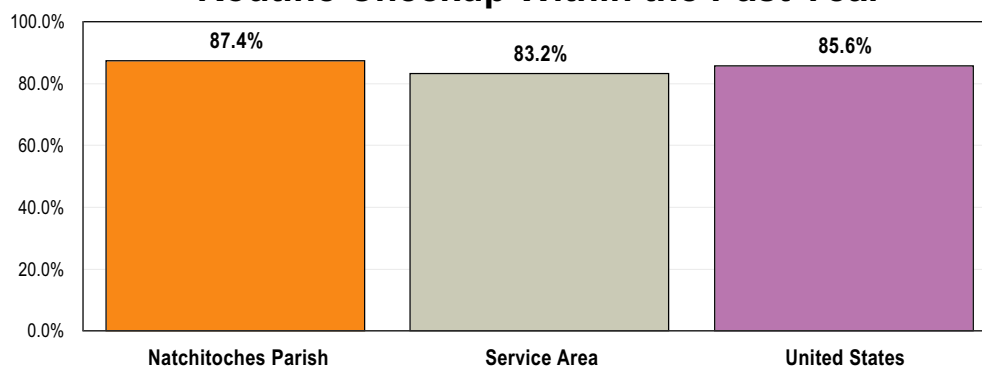
Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

2. Asked of all respondents.

- **87.4% of Natchitoches Parish parents report that their child has visited a physician for a routine checkup in the past year.**
  - Similar to Rapides Foundation Service Area and national findings.

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



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

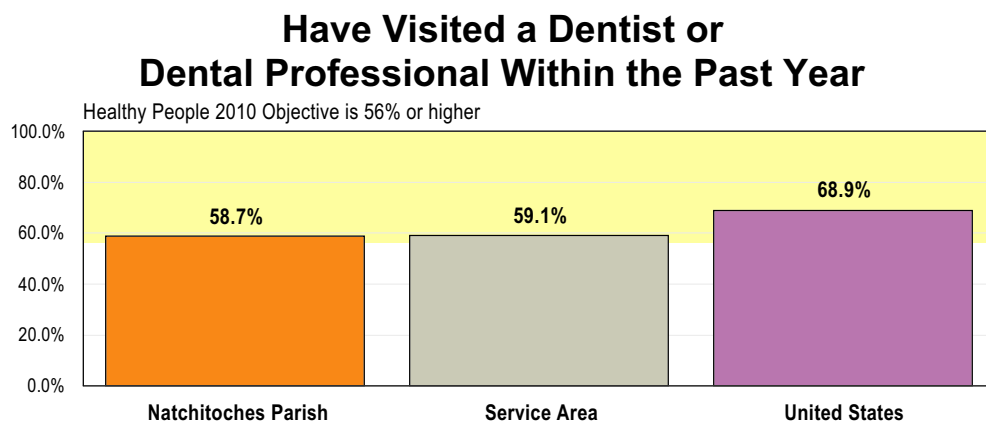
2. 2000 PRC National Health Survey, Professional Research Consultants

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

2. State data not available.

## Dental Care

- **58.7% of Natchitoches Parish adults have been to a dentist or dental clinic in the past year.**
  - Similar to that found throughout the 11-parish Rapides Foundation Service Area (59.1%).
  - Significantly worse than U.S. findings (68.9%).
  - Satisfies the *Healthy People 2010* target (56% or higher).



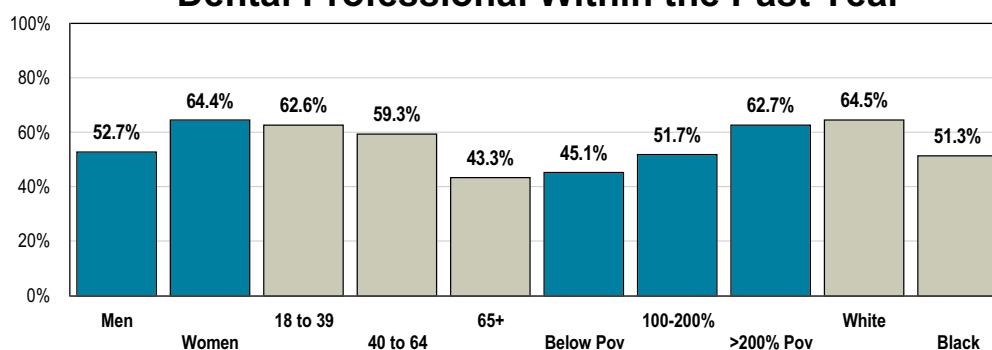
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. 2000 PRC National Health Survey, Professional Research Consultants  
 3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

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

Recent dental care is particularly low among:

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

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

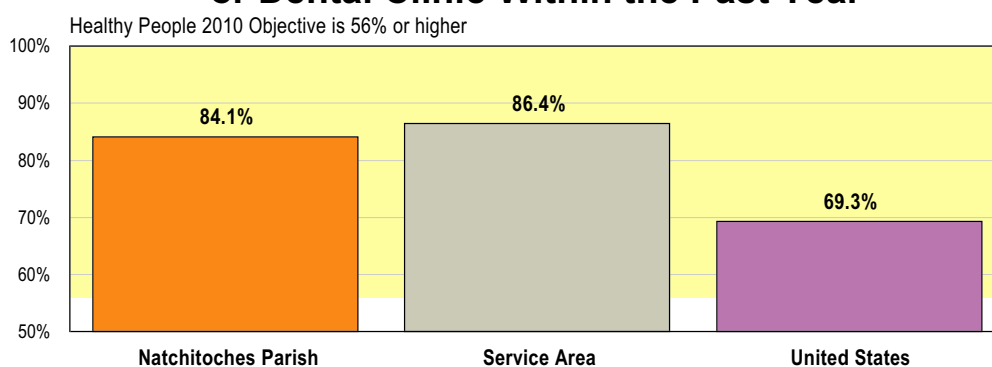


Source: 2002 PRC Community Health Survey, Professional Research Consultants

- Notes:
1. Demographic breakouts are among findings in Natchitoches Parish.
  2. Asked of all respondents.
  3. Includes dentists, orthodontists, oral surgeons and dental hygienists.

- **84.1% of Natchitoches Parish parents report that their child has visited a dentist or dental clinic in the past year.**
  - Similar to Rapides Foundation Service Area findings.
  - Significantly better than national findings (69.3%).
  - Satisfies the *Healthy People 2010* target (56% or higher).

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



- Sources:
1. 2002 PRC Community Health Survey, Professional Research Consultants
  2. 2000 PRC National Health Survey, Professional Research Consultants
  3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
- Notes:
1. Asked of respondents with children aged 4 through 17.
  2. State data not available.

## Community Health Panel Findings\*

“I teach kindergarten, and the children that I teach have the worst dental care I have ever encountered. I don’t know what can be done about it, but my students have never seen a dentist. I have one child whose mouth is swollen all the time because her mother cannot take her to a dentist. I would love to see more dental services available at the school. Dentists come once a year and teach a couple of kids how to brush their teeth, but I have never seen the dentist in my classroom. I really would like to see something done about dental services for the younger children.”

“I think the Natchitoches outpatient clinic has a dental program that goes to the schools or at least will see the students who come in for checkups. I don’t know all of the details, but I know they provide this type of service at the beginning of the school year and will give referrals to go to the dentist.”

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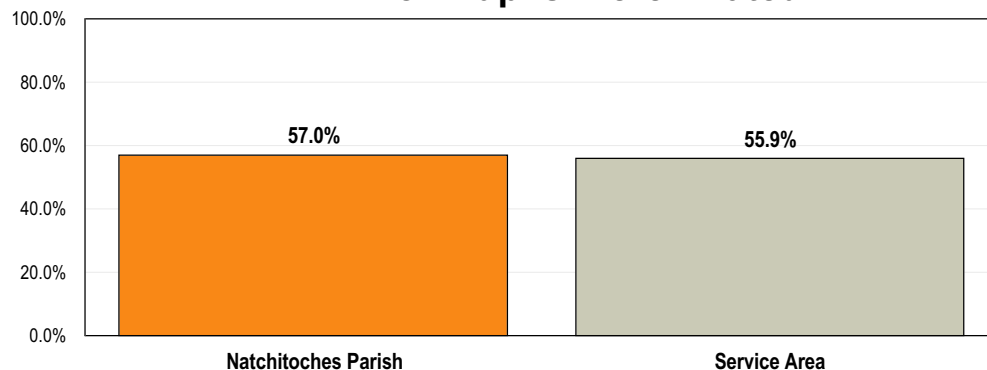
\* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the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



## Vision Care

- **57.0% of Natchitoches 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

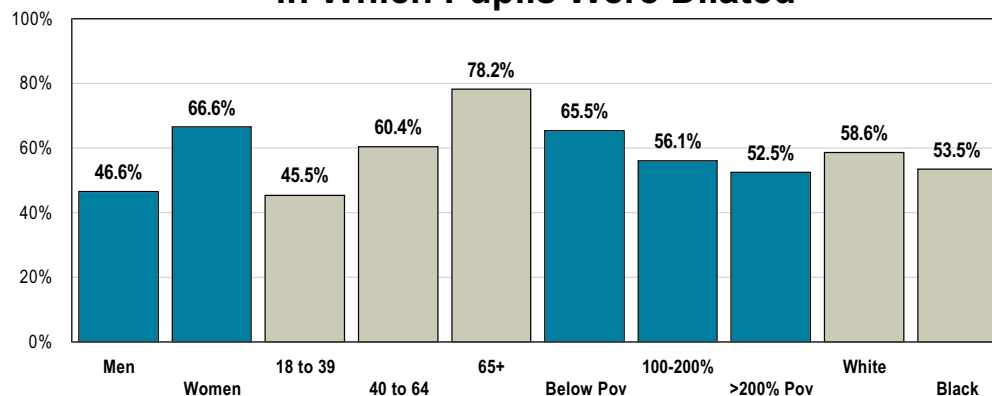


Source: 2002 PRC Community Health Survey, Professional Research Consultants

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.
- Women more often receive eye exams than men.
- Prevalence of eye exams decreases with income.

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

## Community Health Panel Findings\*

“We do have nurses who come to the school, and they are very good about doing vision and hearing screenings. I have five kids this year that have glasses in part because of this year’s vision screening. We don’t have enough school nurses. We may see them once a week if we are lucky, because the supply is not meeting the demand.”

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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.

# Childhood Immunization

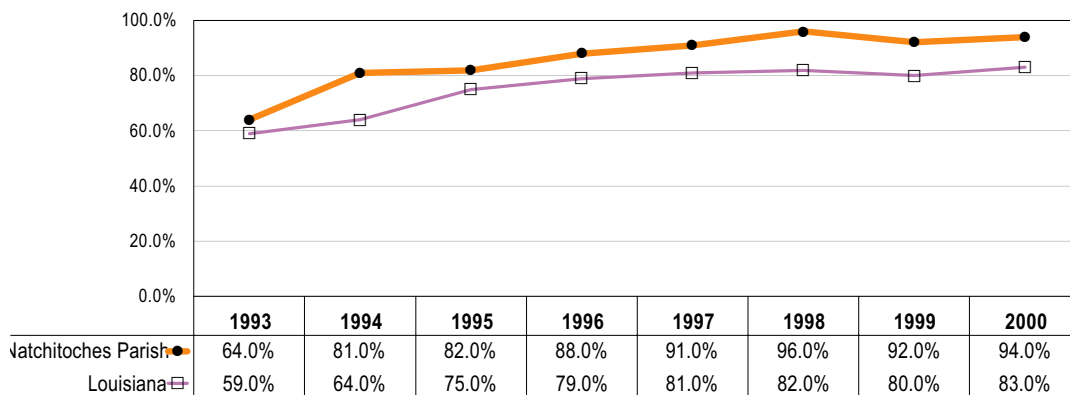
Immunization is the best line of defense against many infectious diseases, and childhood immunizations are an essential component to community health. Immunization may even lead to the complete eradication of such diseases as tetanus and diphtheria.

## Public Clinic Immunization Assessments

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

- **94.0% of toddlers seen at public clinics in Natchitoches Parish in 2000 were up to date for immunizations at age 24 months.**
  - Throughout the 1990s, public clinic assessment immunization levels in Natchitoches Parish tracked consistently higher than statewide percentages.

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



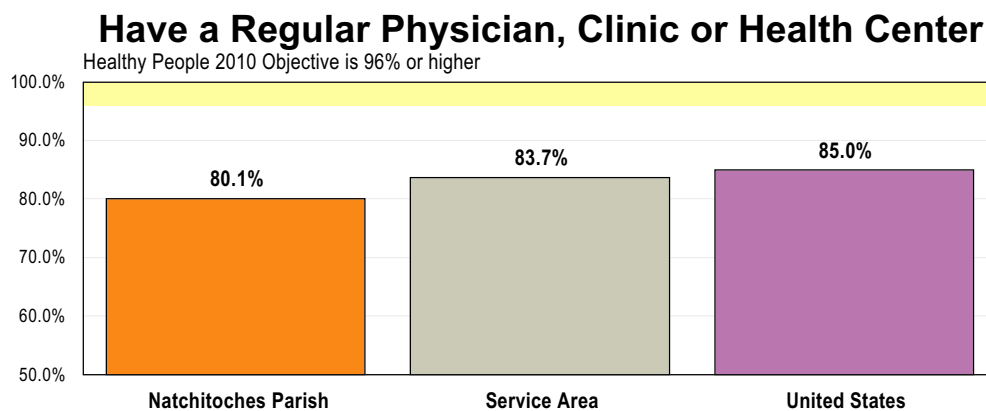
Source: Louisiana Department of Health and Hospitals, Office of Public Health.  
Note: Represent children seen at public clinics.

# ACCESS TO HEALTH CARE SERVICES

# Access to Primary Care Services

## Regular Use of Physicians' Offices/Clinics

- **80.1% of Natchitoches 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 findings.
  - Significantly worse than national findings (80.5%).
  - Fails to satisfy *Healthy People 2010* target (96.0%).



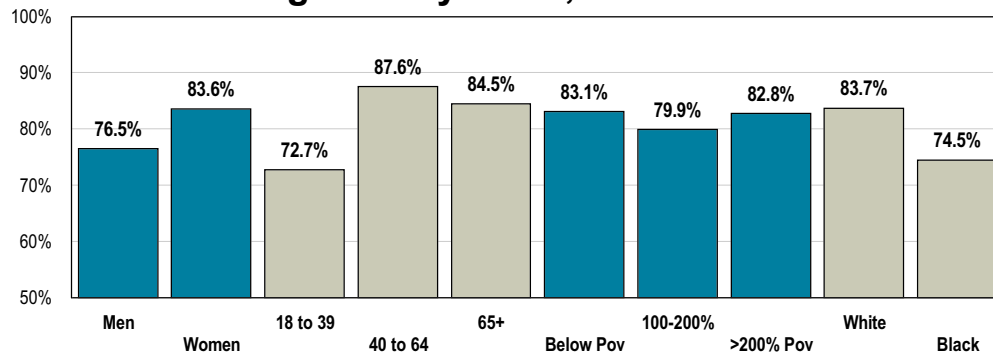
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2000 PRC National Health Survey, Professional Research Consultants  
3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

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

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

- Young adults (ages 18 to 39).

## Have a Regular Physician, Clinic or Health Center

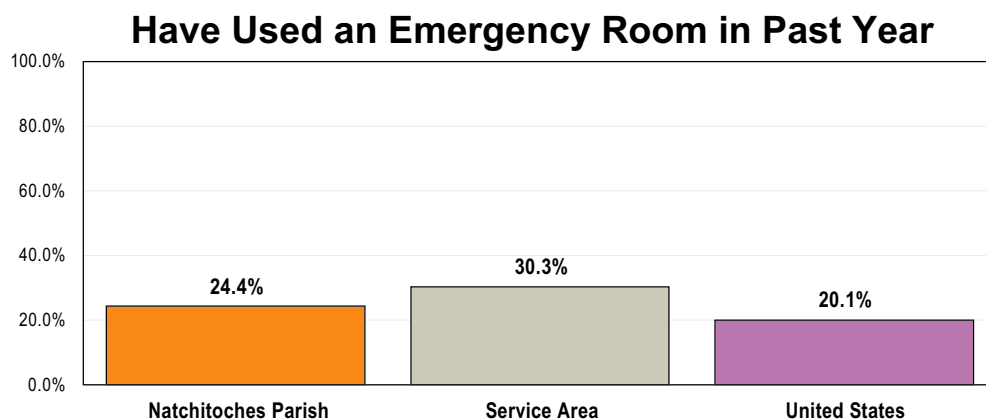


Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

## Emergency Room Utilization

- **24.4% of Natchitoches Parish adults have gone to an emergency room in the past year about their own health.**
  - Significantly better than Rapides Foundation Service Area findings (30.3%).
  - Similar to national findings.
- **11.3% of Natchitoches 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%).
- **22.6% of uninsured respondents in Natchitoches Parish have gone to an emergency room in the past year, versus 24.2% of insured respondents.**

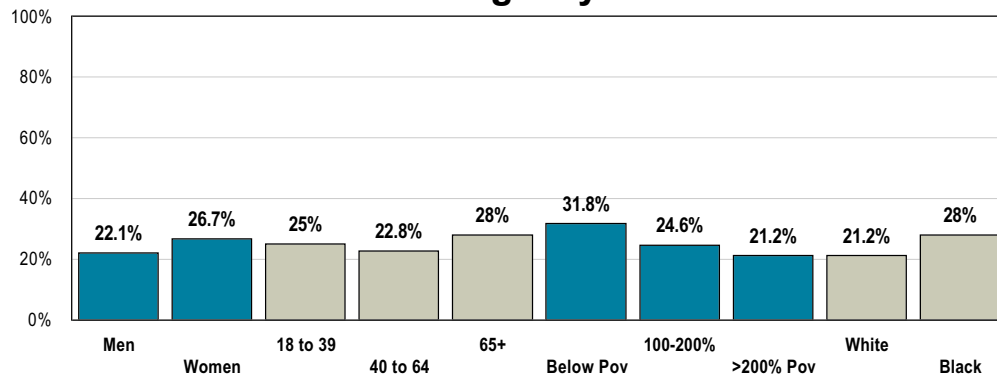


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2000 PRC National Health Survey, Professional Research Consultants  
Notes: 1. Asked of all respondents.  
2. State data not available.

Emergency room utilization is higher among:

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

## Have Used an Emergency Room in Past Year

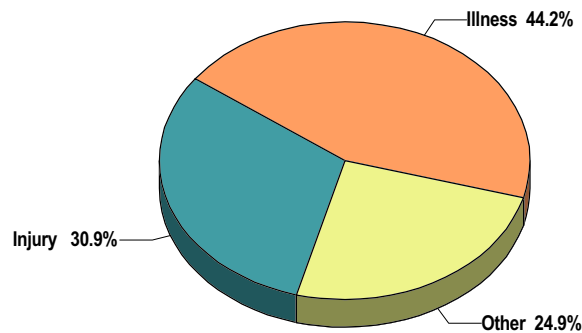


Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

- **44.2% of Natchitoches Parish adults visiting an emergency room in the past year say this was to treat an illness, and 30.9% say this was to treat an injury.**

## Reason for Recent ER Visit



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

## Community Health Panel Findings\*

“I think the AED program sponsored by the Foundation has been a great asset by providing emergency equipment in the rural areas of the parish.”

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



# Health Insurance Coverage

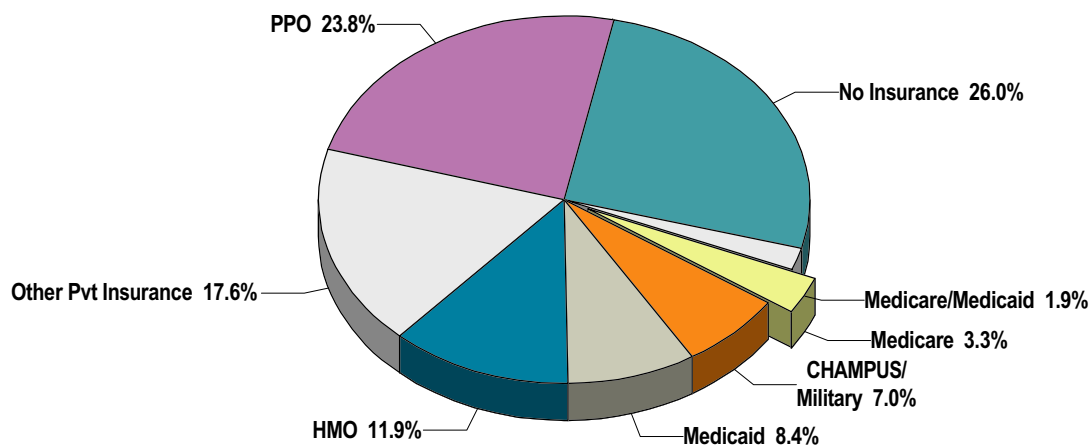
Along with enhancing quality and moderating costs, improving the accessibility of health care services is one of the principal hopes for the American health care system and a key element in any preventive approach to community health. Certainly one of the various barriers to access is a lack of insurance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

## Insurance Coverage by Type

- **74.0% of Natchitoches Parish adults ages 18 to 64 currently have some type of health insurance coverage.**
- **35.7% of Natchitoches Parish adults ages 18 to 64 have health care coverage through an HMO (health maintenance organization) or PPO (preferred provider organization); 17.6% have other private health insurance coverage.**
- **13.6% of Natchitoches Parish adults ages 18 to 64 have Medicaid and/or Medicare.**
- **7.0% have CHAMPUS or veterans' benefits.**

### Health Care Insurance Coverage

(Natchitoches Parish; Ages 18-64)



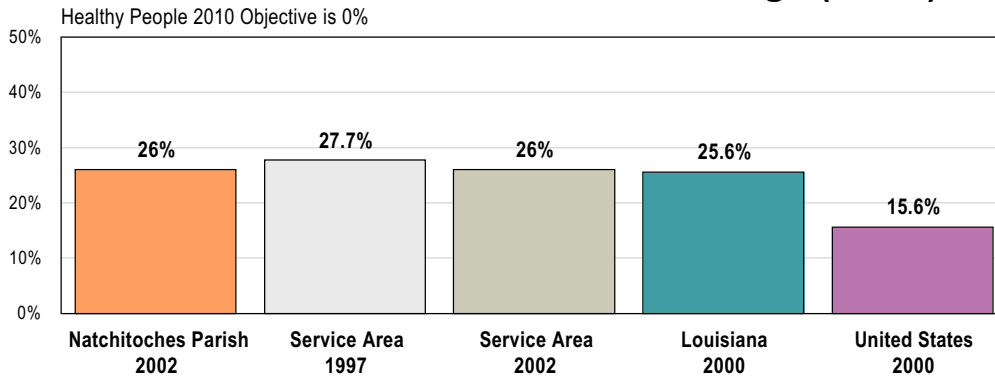
Source: 2002 PRC Community Health Survey, Professional Research Consultants

Note: Reflects respondents aged 18 to 64.

## Lack of Health Insurance Coverage

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

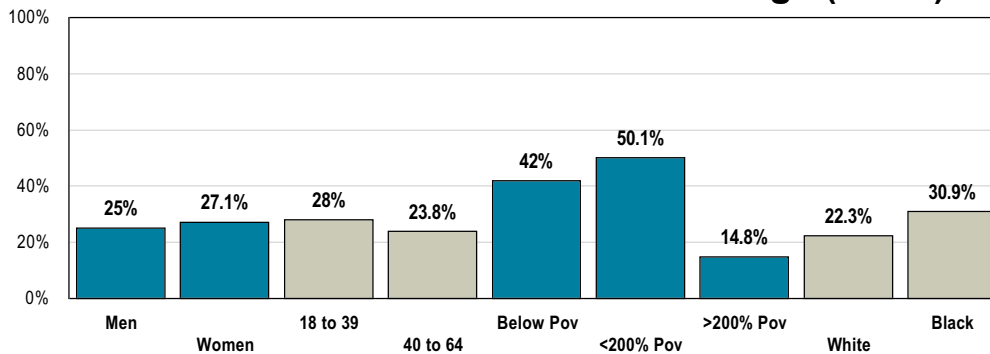
### Lack Health Care Insurance Coverage (18-64)



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.

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



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

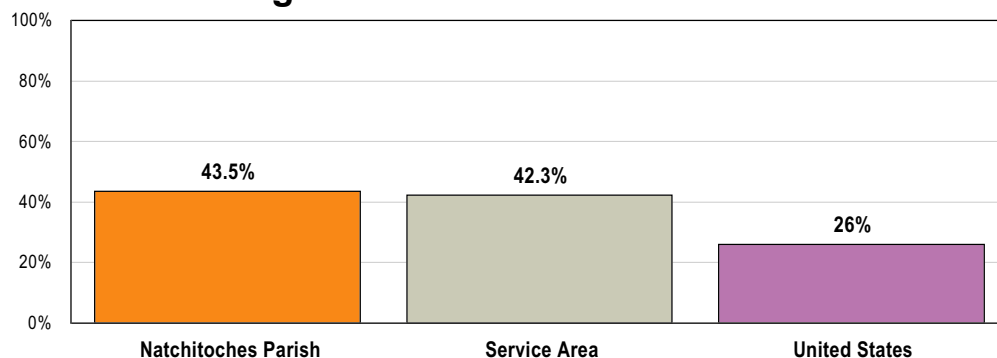
# Barriers to Primary Care

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

## Overview of Health Care Barriers

- **43.5% of Natchitoches 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 worse than found nationwide (26.0%).

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

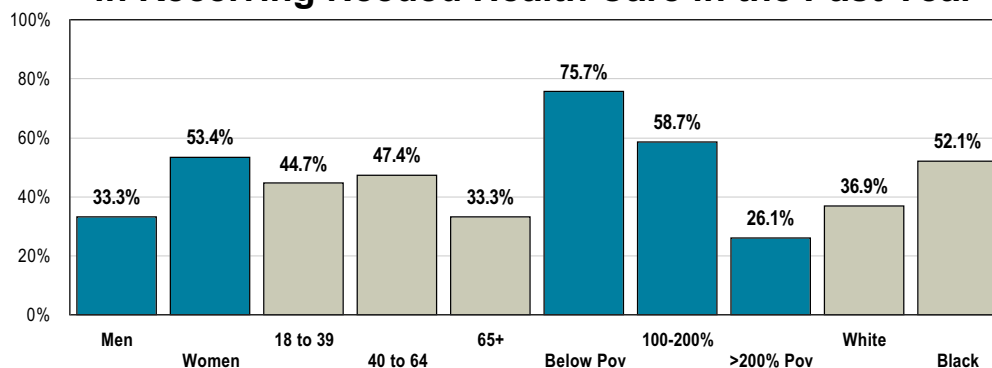


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2000 PRC National Health Survey, Professional Research Consultants

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

- Cost is the most predictive barrier to health care access, with more than 75% of adults in poverty experiencing some difficulty accessing or receiving health care services in the past year.
- Women more often face access barriers than do men.
- Black respondents more often face access barriers than do White respondents.

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

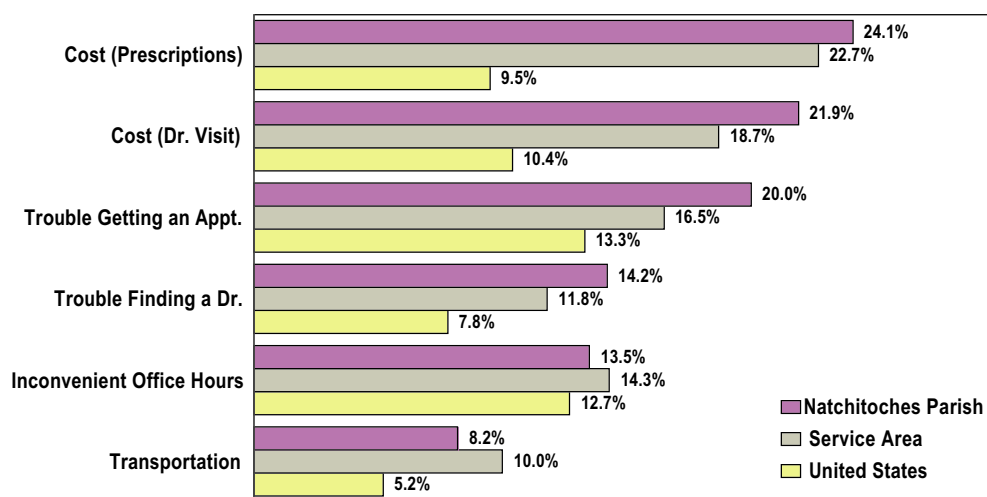


Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Natchitoches 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 Natchitoches Parish.
- The proportion of the Natchitoches Parish population impacted was significantly greater than found nationwide for four of the six tested barriers (all except for inconvenient office hours 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

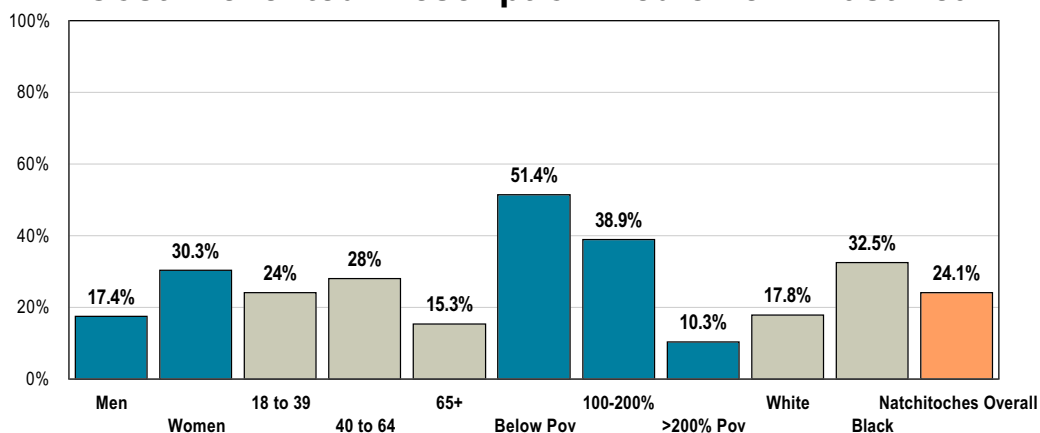
### Cost of Prescriptions

- **24.1% of Natchitoches Parish adults say that there has been a medicine they have needed in the past year, but they were unable to get it because of the cost. This represents nearly 6,507 adults in Natchitoches Parish.**
  - Similar to Rapides Foundation Service Area findings.
  - Significantly worse than found nationwide (9.5%).

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

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

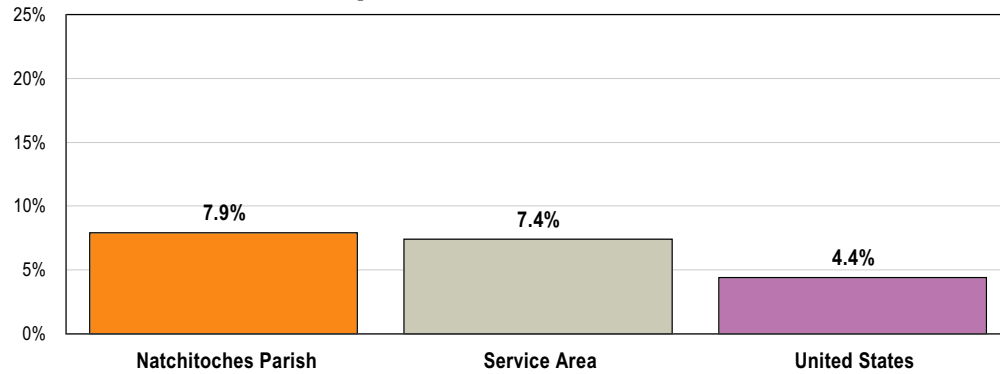
### Cost Prevented Prescription Medicine in Past Year



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

- **7.9% of Natchitoches Parish parents report that they have not gotten a needed prescription for their child in the past year because they could not afford it.**
  - Statistically similar to Rapides Foundation Service Area and 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.

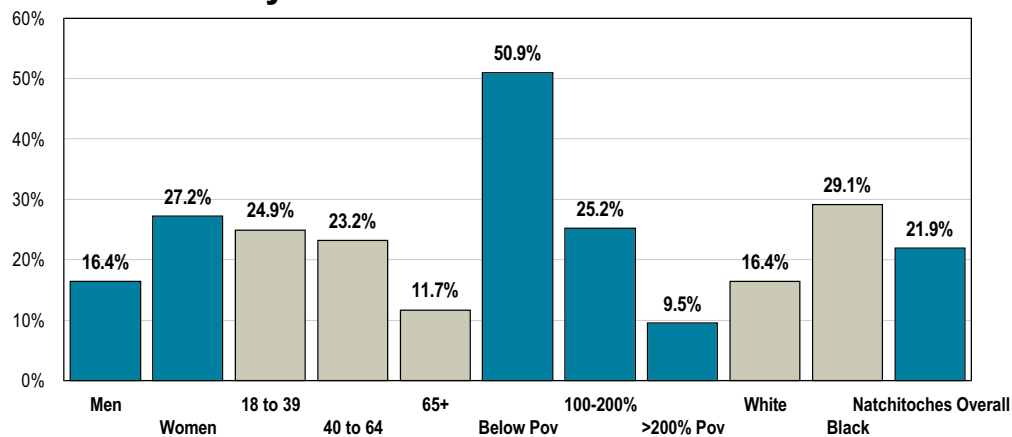
## Cost of Physician Care

- **21.9% of Natchitoches 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 5,913 Natchitoches Parish adults.**
  - Similar to Rapides Foundation Service Area findings.
  - Significantly better than national findings (10.4%).

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

- Persons living below the poverty level.
- Black respondents.
- Women.
- Young adults (ages 18 to 39).

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

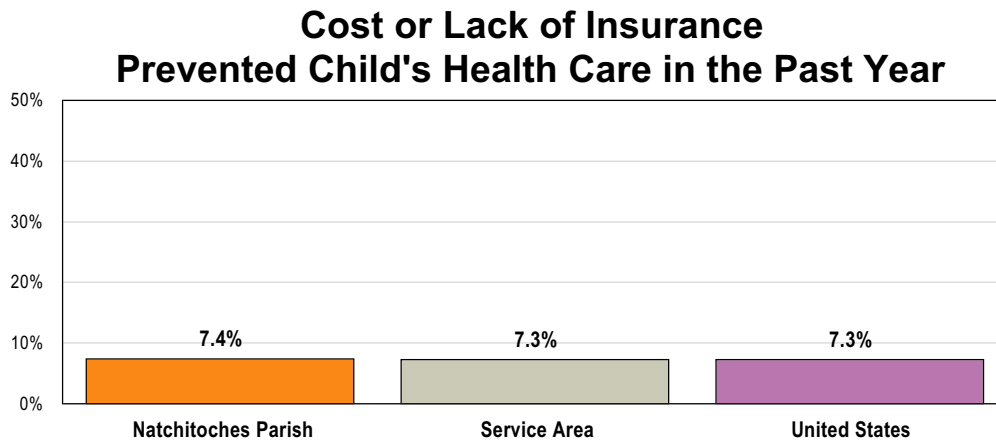


Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

2. Asked of all respondents.

- **7.4% of Natchitoches Parish parents say that cost or a lack of insurance has prevented a physician visit for their child in the past year.**
  - Similar to Rapides Foundation Service Area and national findings.



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

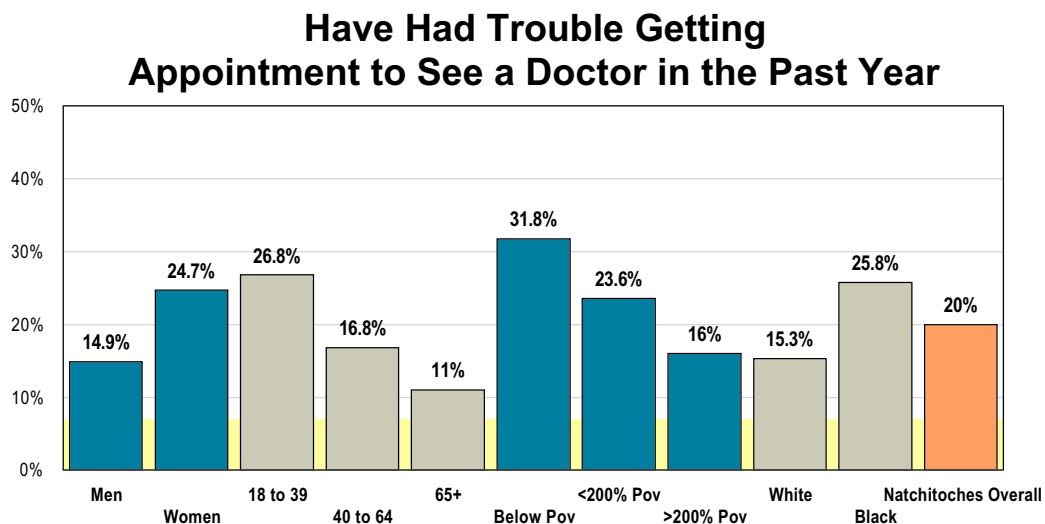


## Appointment Availability

- **20.0% of Natchitoches Parish adults have had trouble getting an appointment to see a doctor in the past year, representing over 5,400 residents.**
  - Similar to Rapides Foundation Service Area findings.
  - Significantly worse than national findings (13.3%).
  - Fails to satisfy *Healthy People 2010* target (7% or lower).

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

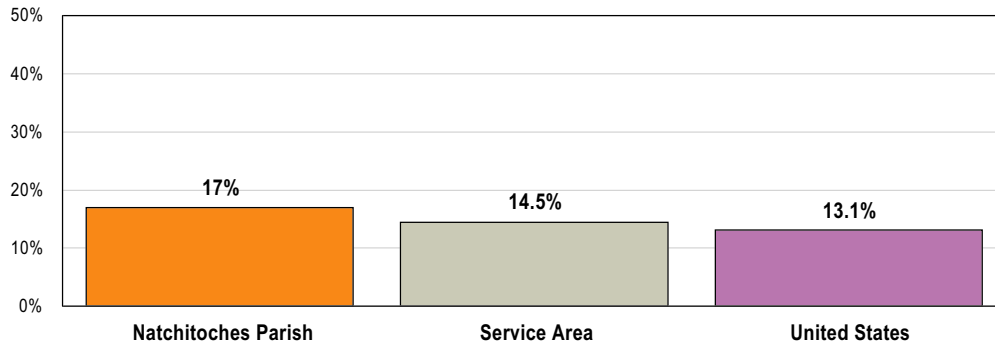
- Persons living below the poverty threshold.
- Young adults (ages 18 to 39).
- Black respondents.
- Women.



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

- **17.0% of Natchitoches Parish parents report trouble getting a doctor appointment for their child.**
  - Statistically similar to Rapides Foundation Service Area and national findings.

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



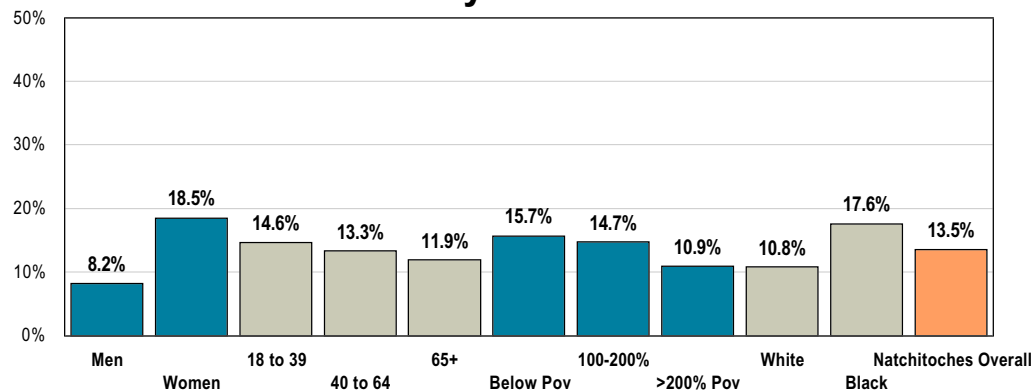
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of respondents with children under the age of 18.  
2. State data not available.

## Inconvenient Office Hours

- **13.5% of Natchitoches Parish adults say that inconvenient office hours prevented them from seeing a doctor in the past year.**
  - Statistically similar to Rapides Foundation Service Area and national findings.
- Women, Blacks and those living below the poverty level are most often affected by inconvenient office hours.

### Inconvenient Office Hours Prevented Physician Visit Last Year

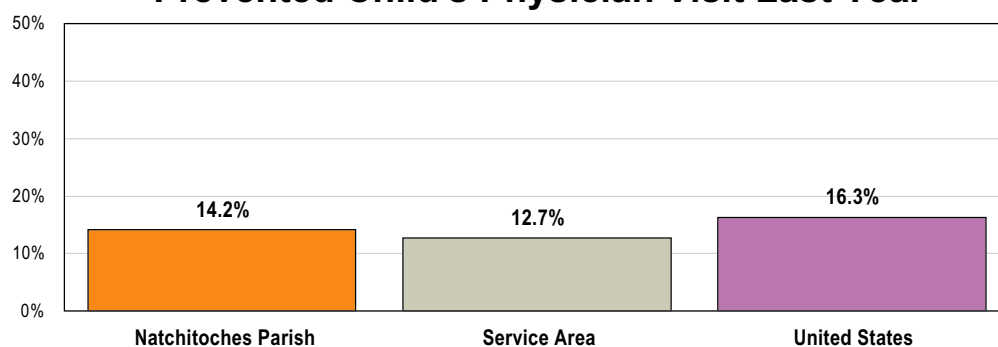


Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

- **14.2% of Natchitoches Parish parents say there has been a time in the past year when they did not take their child to the doctor because the hours were not convenient.**
  - Statistically similar to Rapides Foundation Service Area and national findings.

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



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

2. 2000 PRC National Health Survey, Professional Research Consultants

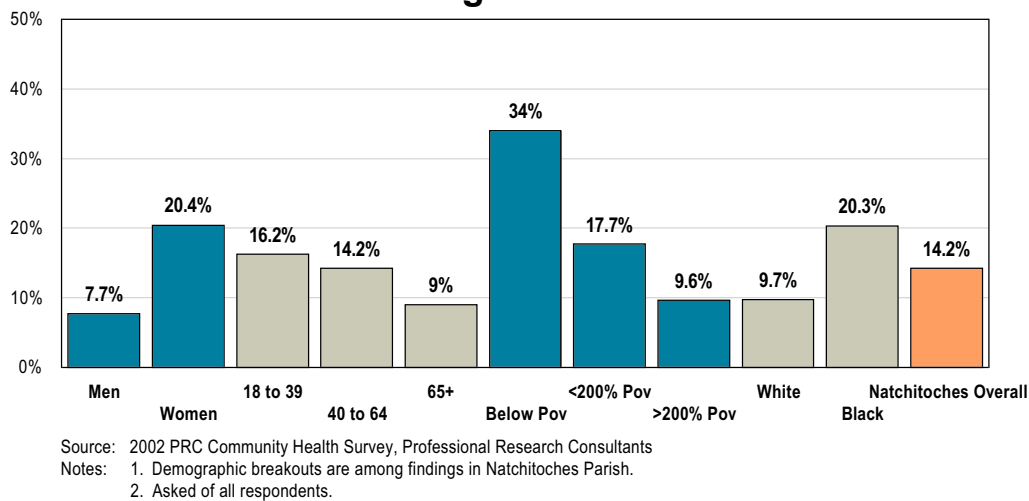
Notes: 1. Asked of all respondents with children under 18.

2. State data not available.

## Lack of Physician Availability

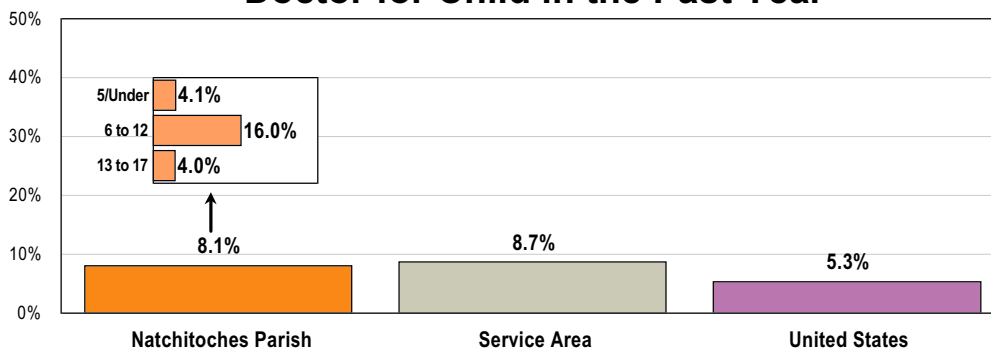
- **14.2% of Natchitoches Parish adults report having difficulty finding a doctor in the past year.**
  - Similar to Rapides Foundation Service Area findings.
  - Significantly worse than national findings (7.8%).
- Those living below the poverty level most often report difficulty finding a doctor.

### Had Trouble Finding a Doctor in the Past Year



- **8.1% of Natchitoches Parish parents say that they have had trouble finding a doctor for their child in the past year.**
  - Similar to Rapides Foundation Service Area and national findings.

### Had Trouble Finding a Doctor for Child in the Past Year



## Community Health Panel Findings\*

Focus group participants lamented the lack of health care professionals in the parish.

“We have a medical center that needs more and better qualified doctors, people who are experts in different fields. Within my community, we had a lot of people die from diabetes and several other diseases. I felt that if they had the right kind of physicians, they would have received the right treatment here or sent somewhere to get the better treatment. We don’t have enough certified and qualified doctors within our medical center.”

“I fully agree with the statement that we lack medical specialists. I am sure it is very difficult to get them in the first place and to get them to move here, but we need them.”

“The problem is a national one. There are not enough health care professionals in the schools. There is a shortage right now, and it is going to get worse before it gets better. In our long-term units at the hospital, we are short of help, and our nurses are working 12-hour shifts, and it is not because they want the money.”

“We don’t have enough teachers to teach at the university level. I am a nurse, and I teach at the technical college. I teach practical nursing. The problem is at the state level. The Board of Nursing only lets us take 10 students per clinic per instructor, so we don’t have enough instructors to take care of the numbers of students who need to go to the clinic.”

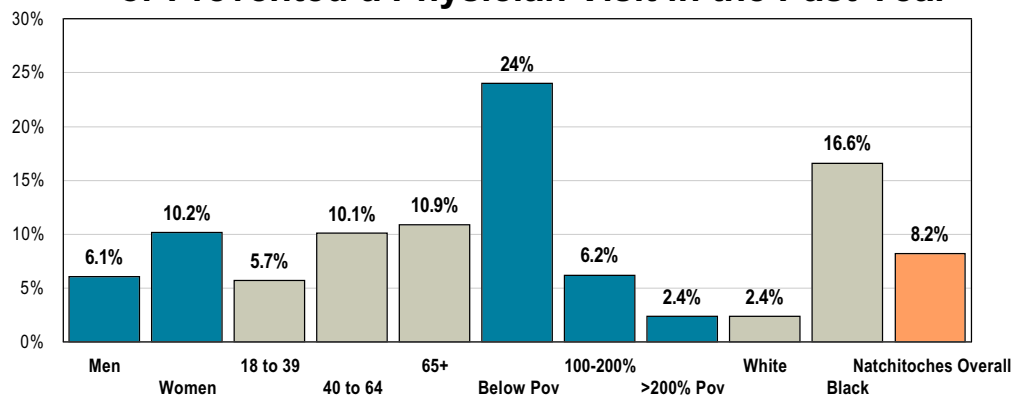
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\* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion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

## Lack of Transportation to Health Care Services

- **8.2% of Natchitoches Parish adults report that a lack of transportation has made it difficult or prevented them from seeing a physician in the past year.**
  - Similar to Rapides Foundation Service Area and national findings.
- A dramatically greater share of persons living in poverty are impacted by a lack of transportation.
- Black respondents encounter transportation barriers much more often than White respondents.
- Women encounter transportation barriers more often than men.
- Access to transportation decreases with age.

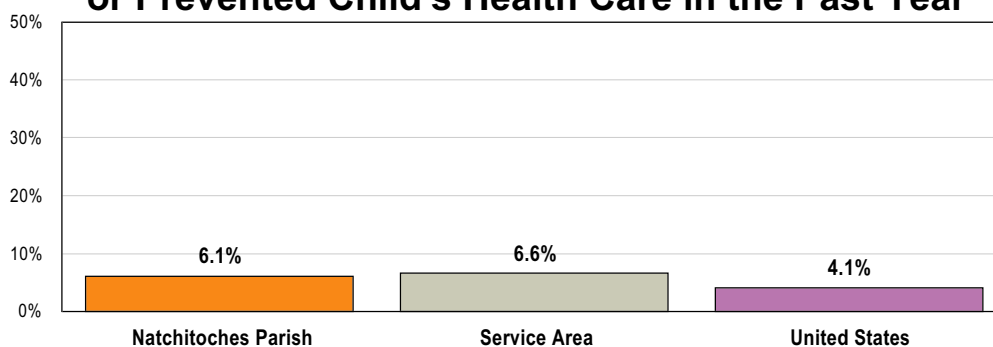
### Lack of Transportation Made Difficult or Prevented a Physician Visit in the Past Year



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

- **6.1% of Natchitoches 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 and national findings.

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



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

### Community Health Panel Findings\*

“Another problem we have within our parish is the lack of public transportation. We only have Medicare transportation. If they don’t have Medicare, they can’t get a ride.”

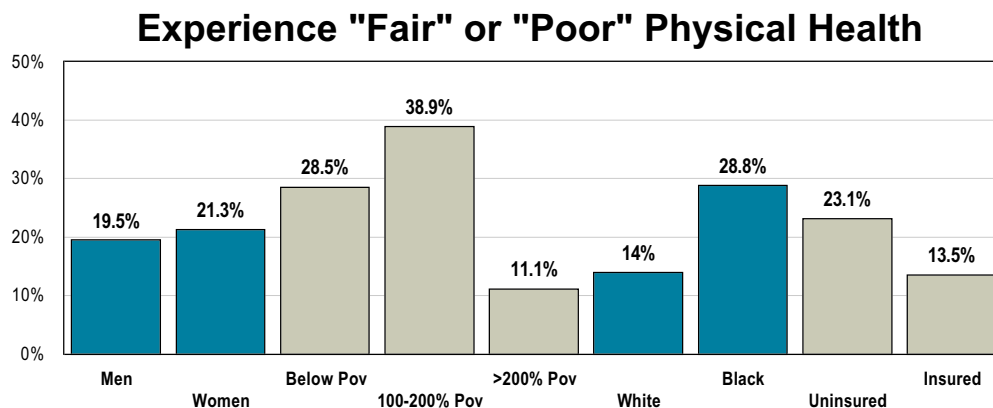
\* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the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



# Implications of Poor Access

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

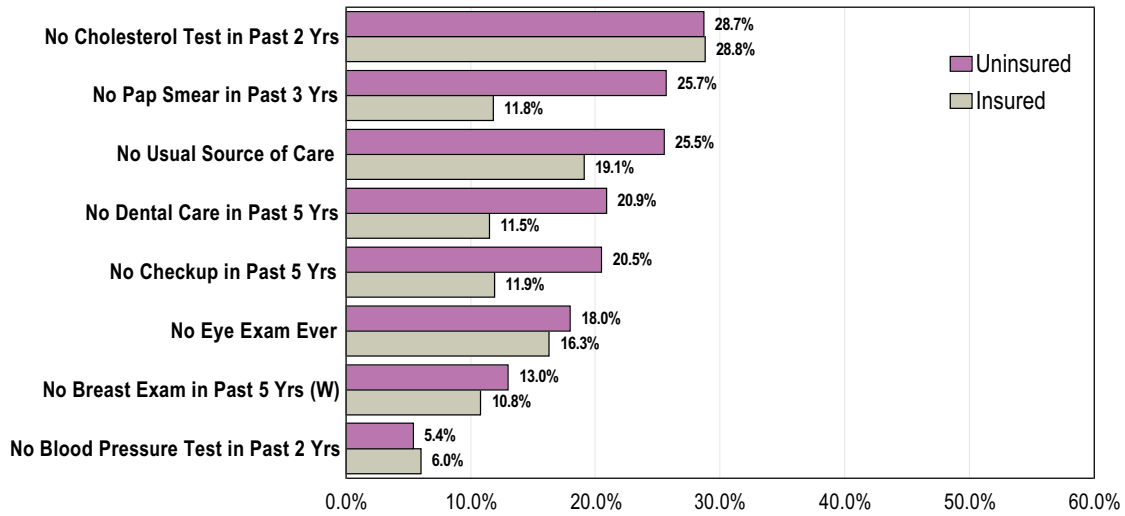
- Those demographic groups that more often report difficulty accessing health care — the "working poor," Black respondents, uninsured respondents and women — more often report their general health status as "fair" or "poor."



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

- 42.1% of those experiencing one or more types of access barriers in the past year rate local health care services as "fair" or "poor," compared to only 29.9% of those not experiencing these difficulties.
- Those without health insurance coverage report lower usage of many preventive health services when compared to insured individuals (e.g., routine check-ups, dental care, eye exams, Pap smears, etc.)

## Preventive Health Care (By Insured Status)



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

# PERCEPTIONS OF HEALTH CARE SERVICES

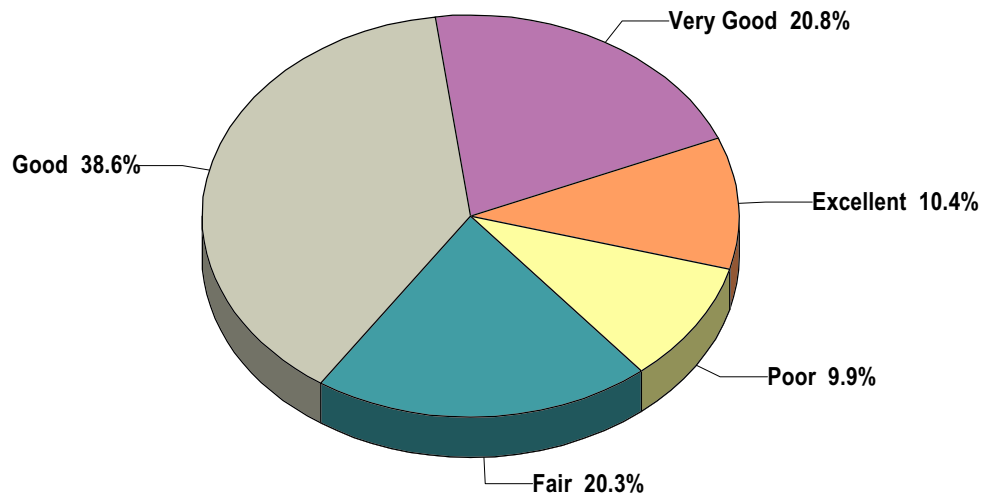
# Local Health Care Services

## Satisfaction With Local Health Care

- **31.2% of Natchitoches Parish adults rate their satisfaction with the overall health care services available to them as “excellent” or “very good.”**
- **30.2% rate overall health care services as “fair” or “poor.”**
  - Significantly less favorable than Rapides Foundation Service Area findings (23.4%).
  - Significantly less favorable than found nationwide (13.6%).

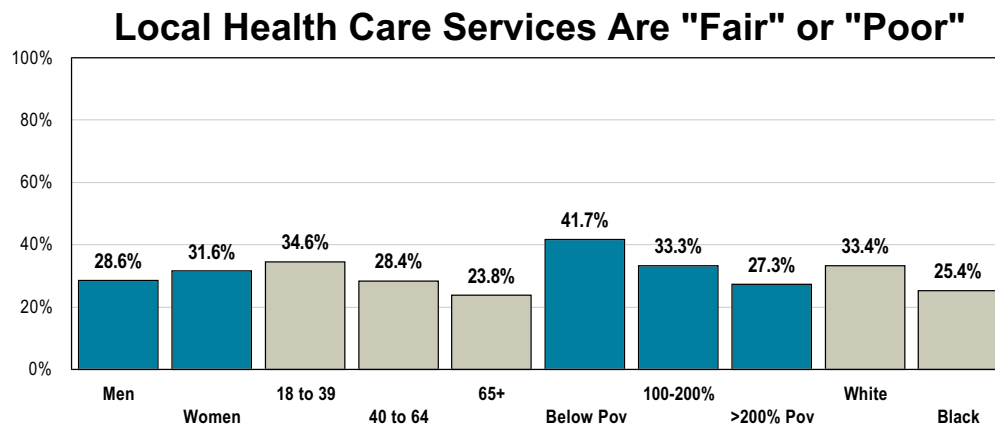
### Satisfaction With Local Health Care

(Natchitoches Parish)



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

- Persons living below the poverty threshold are most critical of local health care services.
- Young adults (ages 18 to 39) are more critical of local health care services than are older adults.
- White respondents are more critical of local health care services than are Black respondents.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

2. Asked of all respondents.

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

## Community Health Panel Findings\*

"I think we need more health care facilities out in the rural areas in the parish. Some of the outlying areas don't have easy access to health care, and if they don't have transportation, they can't get to Natchitoches."

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

# CRIME & HOUSING ISSUES

# Crime

## Index Crime Rates

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

- In 2000, Natchitoches Parish experienced a rate of **828.9 violent crimes** (murder, rape, robbery and aggravated assault/battery) per 100,000 population, lower than the statewide violent crime rate.
  - Natchitoches Parish experienced a higher rate of aggravated assault than the state of Louisiana.
- Natchitoches Parish experienced a rate of **5,251.5 property (non-violent) crimes** (burglary, motor vehicle theft, larceny-theft) per 100,000 population, lower than the Louisiana rate.
  - Natchitoches Parish experienced a higher burglary rate than the state of Louisiana.

### Reported FBI Index Crimes

Crime Rates per 100,000 Population

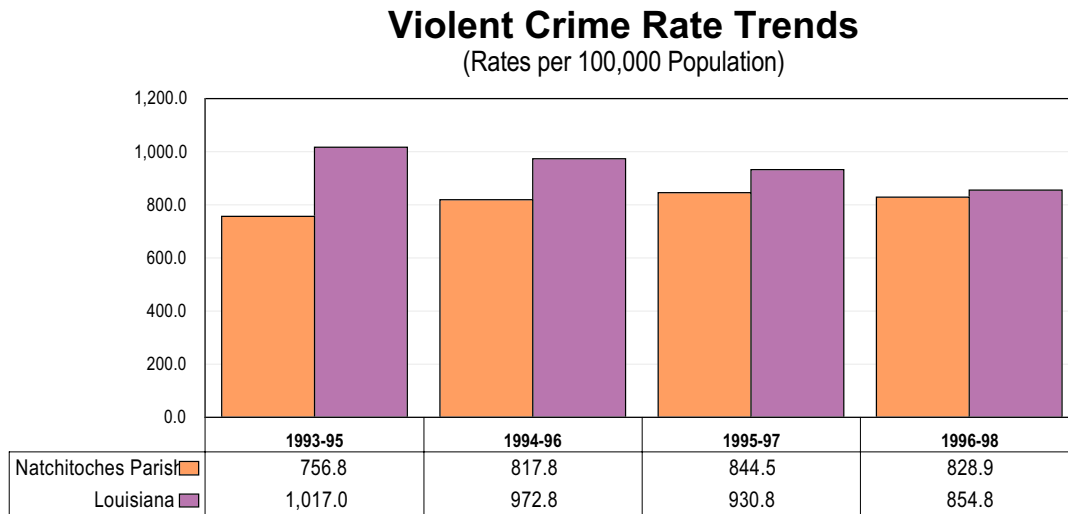
	Natchitoches Parish (1996-1998)	Louisiana (1996-1998)
<b>VIOLENT CRIMES</b>	<b>828.9</b>	<b>854.8</b>
Homicide	6.2	15.3
Forcible Rape	36.4	39.9
Robbery	170.6	237.9
Aggravated Assault	615.7	561.7
<b>PROPERTY CRIMES</b>	<b>5,251.5</b>	<b>5,607.3</b>
Burglary	1,397.5	1,235.7
Larceny Theft	3,719.0	3,778.5
Motor Vehicle Theft	135.0	593.1
<b>TOTAL CRIME INDEX</b>	<b>6,080.4</b>	<b>6,462.1</b>

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

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

## Violent Crime Rate Trends

- The rate of violent crime in Natchitoches Parish increased from 817.8/100,000 in 1994-96 to 828.9/100,000 in 1996-98.



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

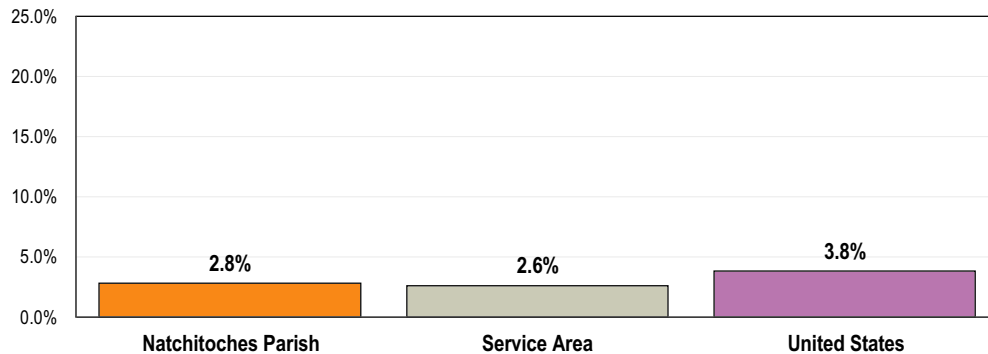
- Notes:
1. Rates are per 100,000 population. Includes only agencies reporting.
  2. Violent crime includes homicide, forcible rape, robbery, and aggravated assault.



## Victimization

- **2.8% of Natchitoches Parish adults report having been the victim of a violent crime in the area in the past five years.**
  - Statistically similar to Rapides Foundation Service Area and national findings.

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



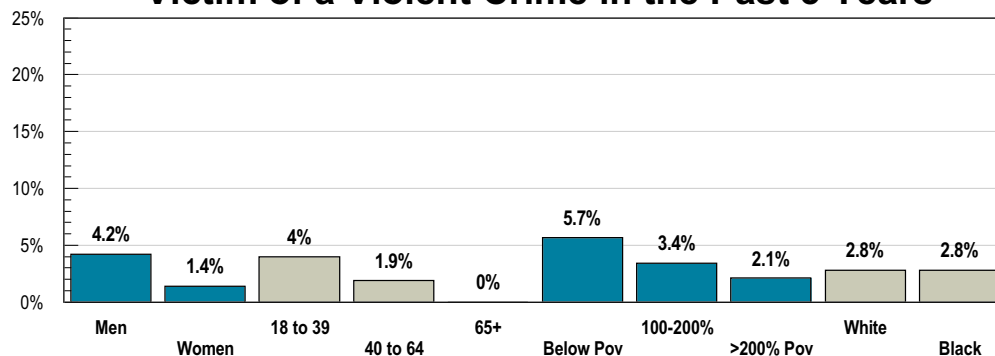
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2000 PRC National Health Survey, Professional Research Consultants

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

In Natchitoches Parish, violent crime victimization is higher among:

- Those living below the poverty level.
- Men.
- Young adults (ages 18 to 39).

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

## Community Health Panel Findings\*

“We don’t have any way to refer somebody who has been raped. We get quite a few calls for this service, and the only outreach we can offer is in Shreveport. They have to go there for treatment because the services won’t come here. The victim has to travel 70 miles one way to get help.”

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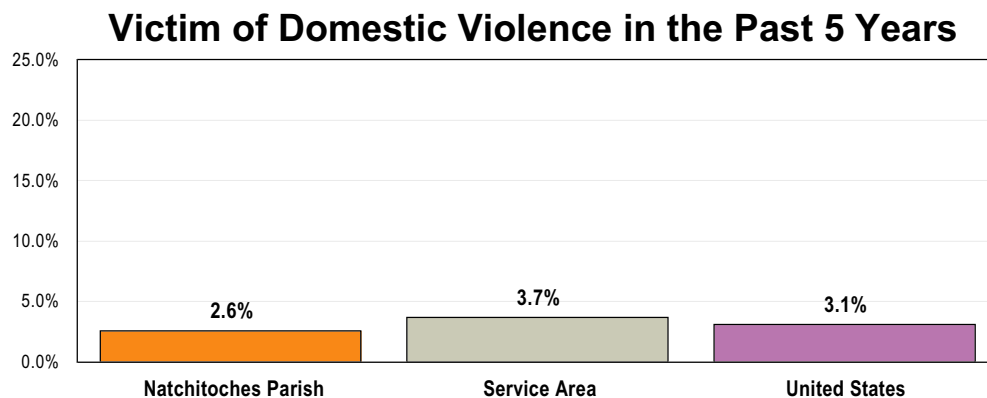
\* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the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

## 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

- **2.6% of Natchitoches 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.

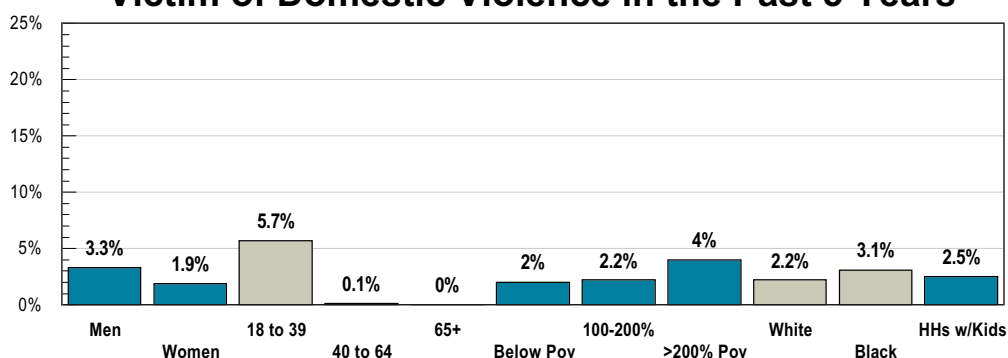


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2000 PRC National Health Survey, Professional Research Consultants  
Notes: 1. Asked of all respondents.  
2. State data not available.

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

- Young adults (ages 18 to 39).
- Higher-income respondents.
- Men.
- Black respondents.
- Households with children.

## 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 Natchitoches Parish.

2. Asked of all respondents.

## Community Health Panel Findings\*

“I would like to see a better training program among law enforcement on how to deal with domestic violence disputes. I wish they would make a bigger effort to try to work with the families.”

“We don’t have a battered women’s shelter in this area. I work in this area, and seeing our statistics, it is needed. The closest place is Shreveport and Manning.”

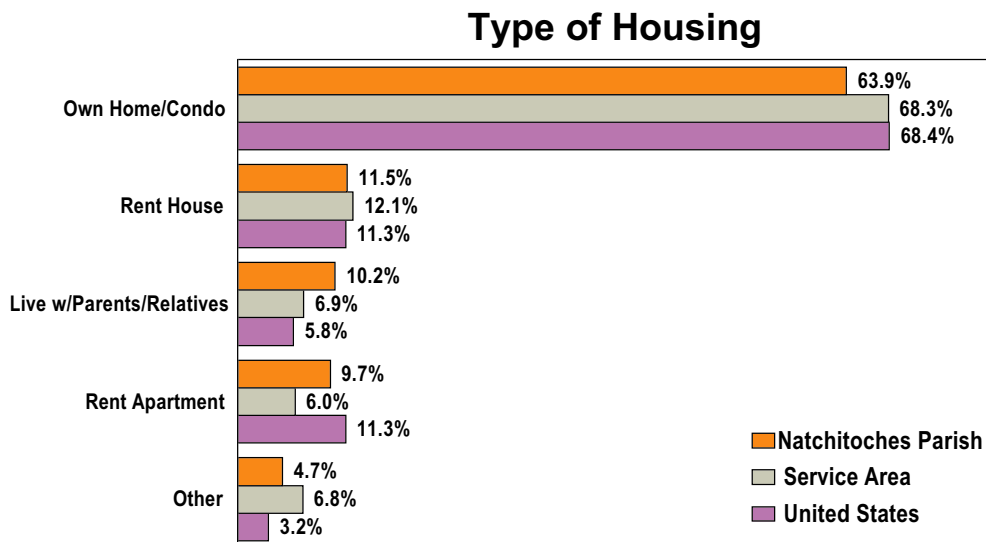
“We see a lot of child and sexual abuse, also emotional abuse in the home due to economic problems and isolation. It is very common in this area, and I don’t think people take it as seriously as they should. It is the dysfunction in the home that causes a lot of the problems.”

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

# Housing

## Type of Housing

- **63.9% of Natchitoches Parish adults participating in the survey report that they own their own home or condo.**
  - In comparison to national findings, a smaller share of Natchitoches Parish adults own their own homes or condos.
- **21.2% rent a house (11.5%) or apartment (9.7%).**
  - The distribution of those renting houses is generally similar throughout the Rapides Foundation Service Area and similar to that seen nationwide. The distribution of those renting apartments is higher than found throughout the service area but lower than found nationwide.
- **10.2% live with parents or relatives.**
  - This is higher than found throughout the Rapides Foundation Service Area and nationwide.

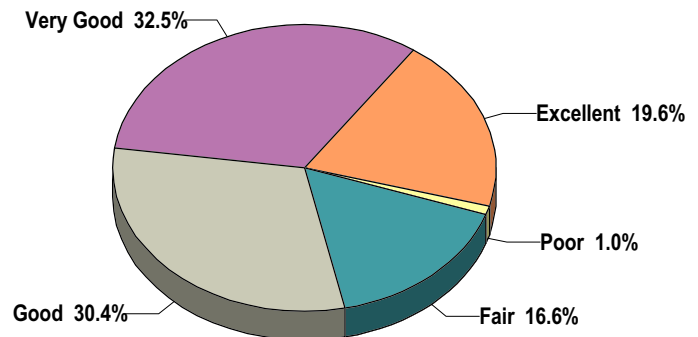


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2001 PRC National Quality of Life Survey, Professional Research Consultants  
Note: Asked of all respondents.

## Housing Condition

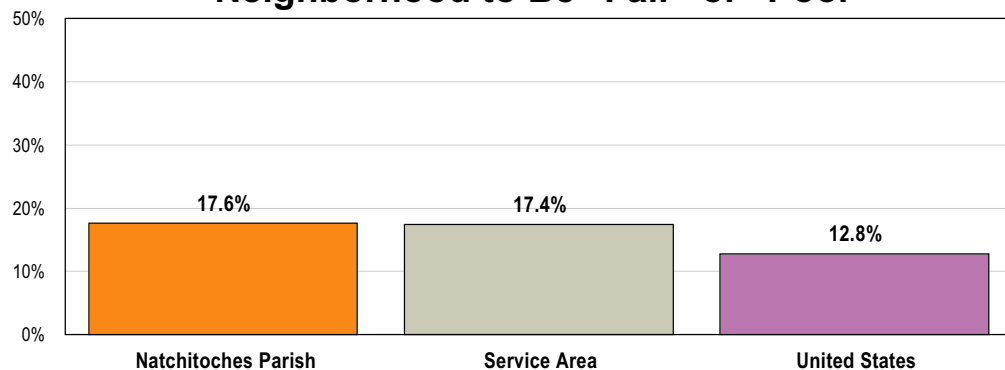
- **52.1% of Natchitoches Parish adults rate the condition of homes in their neighborhoods as “excellent” or “very good.”**
- **30.4% rate the condition of neighborhood homes as “good.”**
- **17.6% rate the condition of neighborhood homes as “fair” or “poor.”**
- Similar to Rapides Foundation Service Area but higher than national findings.

**Rating of Condition of Homes in Neighborhood**  
(Natchitoches Parish)



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

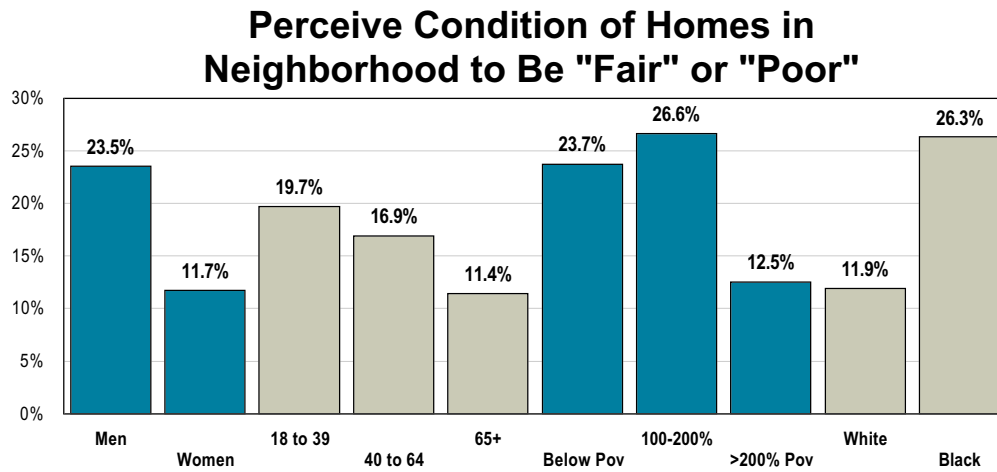
**Perceive Condition of Homes in Neighborhood to Be "Fair" or "Poor"**



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

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

- Those living just above the poverty level.
- Black respondents.
- Men.
- Young adults (ages 18 to 39).



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

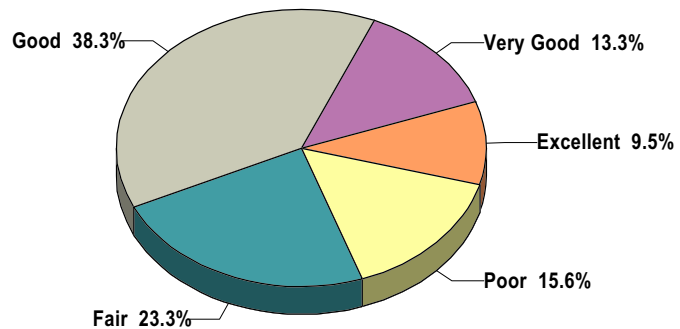
2. Asked of all respondents.

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

## Perceived Affordability of Local Housing

- **22.8% of Natchitoches Parish adults rate the availability of affordable housing in the area as “excellent” or “very good.”**
- **38.3% rate the availability of affordable housing as “good.”**

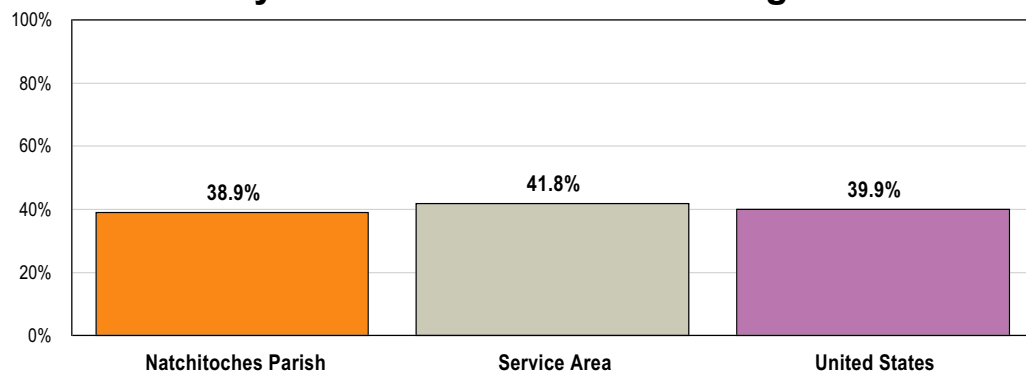
**Rating of Availability  
of Affordable Local Housing**  
(Natchitoches Parish)



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

- **38.9% of Natchitoches Parish adults rate the availability of affordable housing in the area as “fair” or “poor.”**
  - Similar to responses throughout the Rapides Foundation Service Area, as well as nationwide.

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

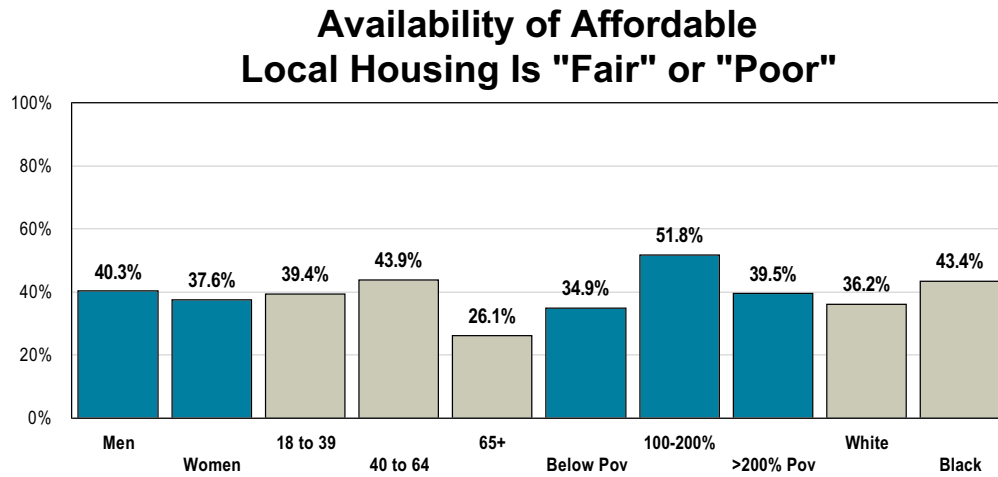


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2001 PRC National Quality of Life Survey, Professional Research Consultants  
Notes: 1. Asked of all respondents.  
2. State data not available.



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

- Those living just above the poverty level.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

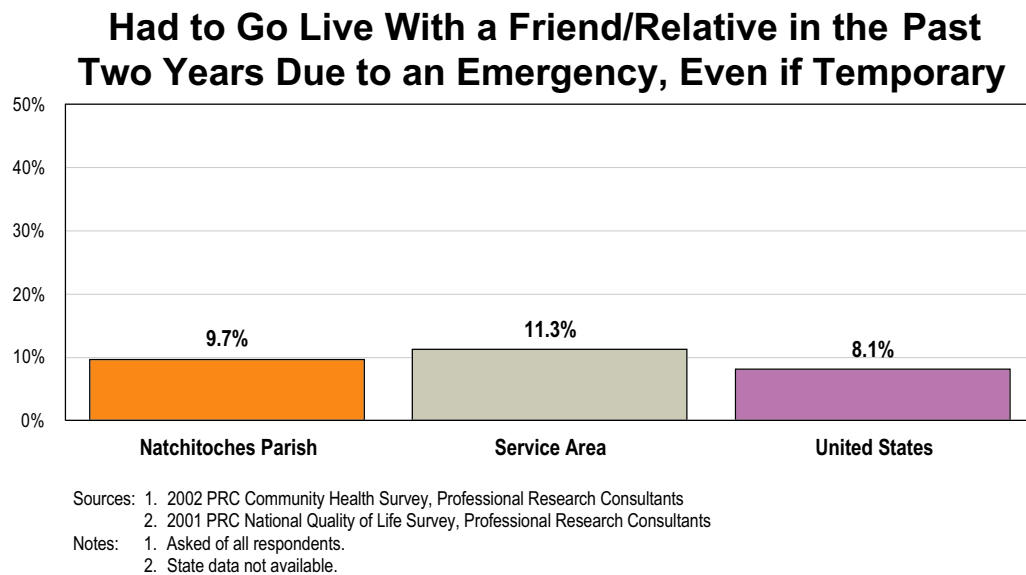
Notes: 1. Demographic breakouts are among findings in Natchitoches Parish.

2. Asked of all respondents.

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

## Housing Displacement

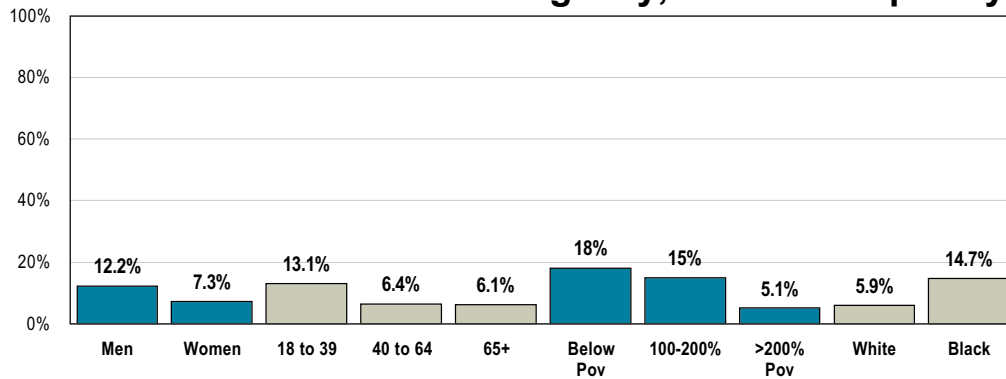
- **9.7% of Natchitoches Parish adults report that there has been a time in the past two years when they had to live with a friend or relative, even if only temporarily, because of an emergency. This represents about 2,619 households in Natchitoches Parish.**
  - Statistically similar to Rapides Foundation Service Area and national findings.



Those more often having had to live with a friend/relative in the past two years:

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

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



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

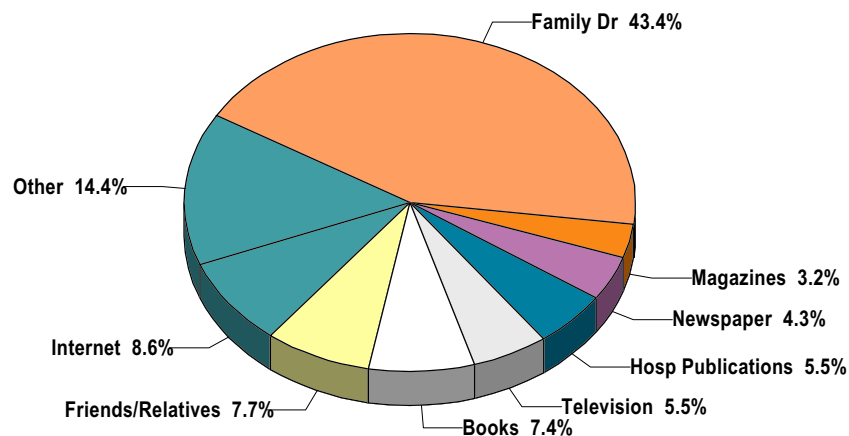
# HEALTH EDUCATION & OUTREACH

# Health Education Services

## Sources of Health Care Information

- **43.4% of Natchitoches Parish adults get most of their health care information from their *family physician*.**
- **Other identified primary sources of health care information (each mentioned by approximately 3%-10% of respondents ) include: *the Internet, friends/relatives, books, television, hospital publications, newspapers and magazines.***

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



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

## Community Health Panel Findings\*

Focus group participants said the availability of area services are not being communicated to the public.

“I think one of the problems is that all of our services are not well-advertised. Just sitting around this table and talking, we are finding out about services we didn’t know

\* 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.

we had. It seems we need a communication blast that would advertise all of our services and would tell people how to access them.”

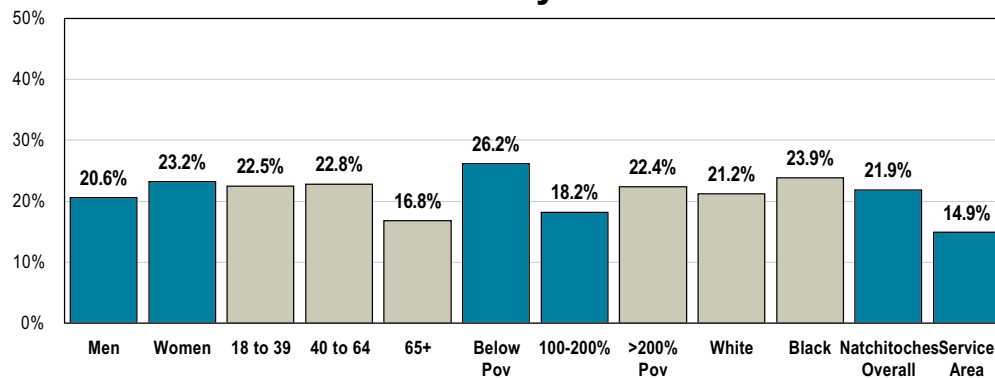
“One of our problems is that we lack advertising the services that we do have. If you need something, you have to find out from somebody who knows what is available.”

“We need to educate the people in this parish on the agencies that we have and all of the services that we do provide. I think money is preventing us from advertising our services.”

## Health Promotion Activities

- 21.9% of Natchitoches 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

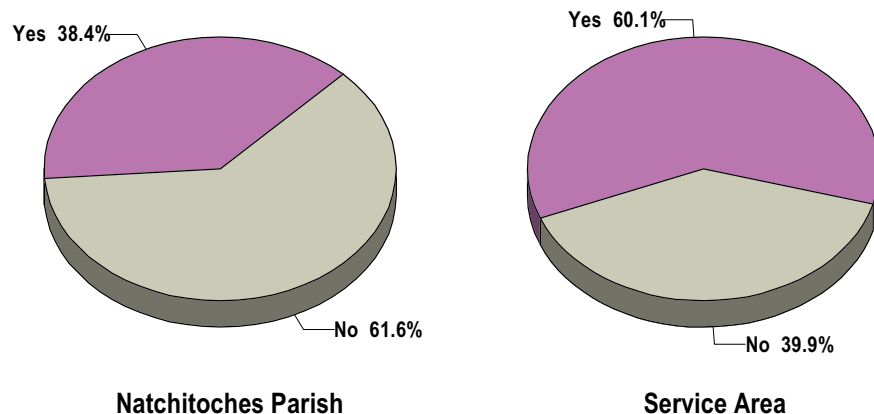


Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

- 38.4% of the health promotion activities in which respondents participated were offered through employers.

### Health Promotion Activity Was Offered by Employer (Among Those Participating in Activities in the Past Year)



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

## Health Education

### Community Health Panel Findings

Focus group participants stressed the importance of health education in improving quality of life.

“I would like to see more wellness programs, more educational programs so that people would know the danger signs of certain illnesses like diabetes. We need health centers that are proactive in getting the message out, educating people and helping them to realize that even young children need to know some health things. I don’t know how much the school teaches about health issues, but I think it is important to educate people.”

“We at the health center are in the process of continuing a grant application for health education with the Foundation. The Foundation is very interested in helping us because our schools realize the kids have many diseases which are not getting the appropriate care. There is also a need to educate our youth, and we are hoping it will take place next year. Our school is the largest in the parish with about 1,400 students, so we really need to start this education here.”

“I think an educational drive should be held at the churches or at the schools. They seem to be the hub of this community. The educators have to realize that people’s work schedule may interfere with the program, so they need to be flexible with the times.”

“I believe education is necessary, but I am not sure it is the solution. For example, last night, I had a presentation about AIDS, and I know that a lot of these parents don’t work, and none of them showed up. We can try to educate them about AIDS and about condoms, but I don’t think the majority of them care. I think they have become apathetic and just don’t care anymore. I would like to inspire some sort of hope and get these people to care about themselves again because it is really sad. They don’t want to participate in health programs or in improving their children’s lives.”

“I think that what we are talking about doing is how to break the cycle of certain social-economic conditions that continue to perpetuate themselves over a long period of time in this community. So when we look at solutions, they should be looked at as a way of breaking this cycle. We can do it by getting the parents and children educated and out of the cycle.”



# Coordination of Services

## Cooperative Services

### Community Health Panel Findings<sup>\*</sup>

“I would like to see some type of mental or intervention health teams established in the schools that could identify young people at an earlier age that may need mental or social care. I think this would be a way to bring together all of the social and health agencies. I think over the years we have gotten compartmentalized and territorial in our services, and I would like to see us all come together for the benefit of the children that we serve. We need to go back to the idea that the school is the hub of the community. Let the entire social and health agencies come to the schools and dialogue with the professional people at the schools to help identify these young people at risk. We know that the majority of our young people are coming from dysfunctional families, so they are not getting what they need at home. The school has to take a more active role in helping these kids.”

“We need to teach these nonprofit organizations how to manage their grant money, how to do financial statements and how to get community support so they can continue with their services after the grant money runs out.”

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

# NEEDS OF SPECIAL POPULATIONS

# Youth

## Youth Activities

### Community Health Panel Findings\*

“We have a pretty high percent of school dropouts. Also, we see a lot of vandalism because the kids are bored and they don’t have anything to do, so they get into trouble.”

“We used to have a program through the city and the local businesses. I think it was the city youth program. They created jobs for the kids that didn’t pay very much, but at least you had something to do and a little money in your pocket. I don’t know if they still have it.”

“A lot of our kids come from single-parent homes. They are not motivated to graduate from high school because they don’t have the grades or the money to go to college.”

“It seems that what happens is that the good, smart kids that are going to make it usually go off and relocate to better jobs in other communities. And those who stay are the undereducated young people with a lot of social and mental problems.”

“We have many students who could do many things in a vocational education program and who could then pass the GED exam. We need to help those students whose academic skills are not going to be good enough to get them the GED diploma to learn other skills in school. Even the military is now requiring a GED diploma, and these kids need help in trying to get the diploma.”

## Children’s Education

### Community Health Panel Findings

“I would like to start health fairs at the schools and have it at the beginning of the year because we already check all the preschool children in our school in Red River. We already have doctors and nurses and dentists come in, so I don’t think expanding this service to the schools would be a big deal, and it is really needed.”

“We had a health fair last year, but a lot of the health care professionals didn’t show up. We are a rural community, and it was well-advertised, but I was told that a lot of the medical personnel who were supposed to be there didn’t come, so this is a problem also.”

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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.

## Early Childhood Care

### Community Health Panel Findings\*

“I feel that we need a playground for our kids. We do have Martin Luther King’s Park, but it is not directly in the Heights community. We have smaller children who cannot be left alone. We need a place where they can play and be safe.”

“We have the same problem in other areas of the parish. Our kids don’t have any after-school activities.”

## Supporting Parents

### Community Health Panel Findings

“I think a lot of parents do care about their kids, but in the past, they have not seen a vehicle or a way to get their problems solved. Anything new and different calls for change, and for some people, change is difficult.”

“I think our greatest problem is in the home, and we need to find a way to educate our parents. Now we have children having kids, and it is going to be very difficult to teach a 13-year-old to take care of a baby. We need to start teaching our kids not to have children in the first place and then teach them how to be parents if they already have kids. I have been in schools where the kids don’t even have their hair combed in the morning, and they are sent to school like this. A parent needs to know that their job is to take care of their kids. We need parenting classes in this parish.”

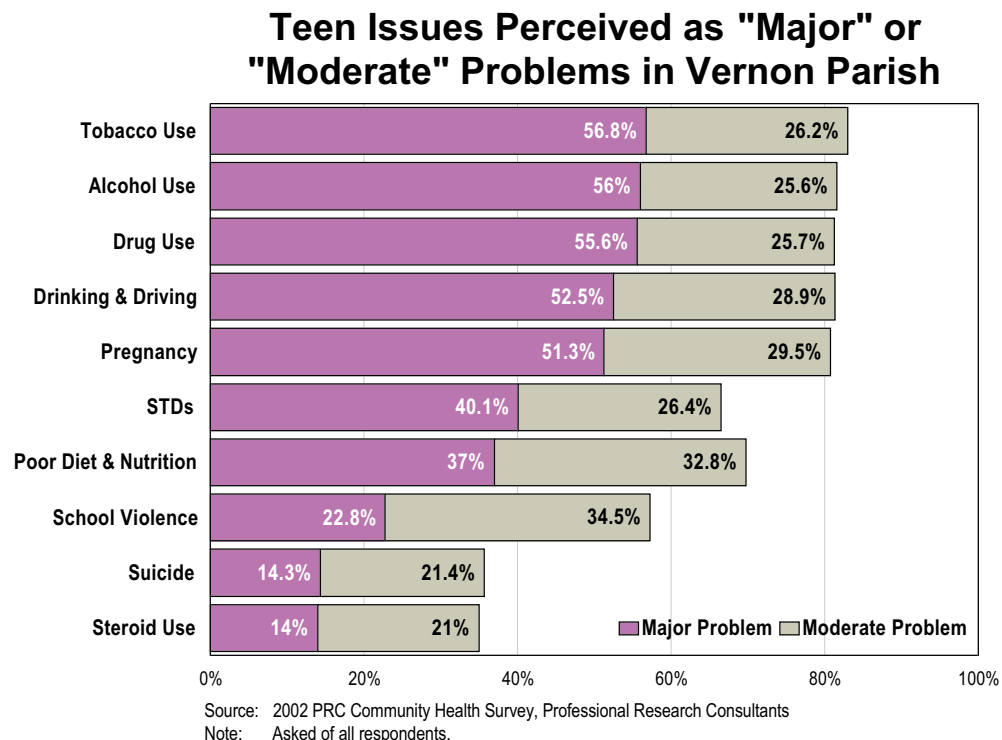
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\* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion 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.”

- **56.8% of Natchitoches Parish adults rate *teen tobacco use* as a “major problem” in Natchitoches Parish.**
- **56.0% rate *teen alcohol use* as a “major problem” in Natchitoches Parish.**
- **55.6% rate *teen drug use* as a “major problem” in Natchitoches Parish.**
- **52.5% rate *teen drinking and driving* as a “major problem” in Natchitoches Parish.**
- **51.3% rate *teen pregnancy* as a “major problem” in Natchitoches Parish.**
- **Over 80% of adults rate each of these problems as “major” or “moderate” problems.**



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

# Seniors

## Senior Health Needs

### Community Health Panel Findings\*

Other issues identified for area seniors include:

Home Health, Assisted Living, Nursing Care, Hospice Care

“I would like to see some type of facility to help our seniors, some place for them to go. There are so many who are living alone, and they are in need of recreation, transportation and health care. They need someone to come and visit them, to assist them with those types of services. We just don’t have any at this time.”

“Our seniors need assistance with paying their bills. They may be able to pay the gas bill one month; but after that, they don’t have any money left for the bills.”

“We have a problem with our seniors with poor nutrition and bad eating habits. Unfortunately, we don’t have enough slots to meet the demand for home food delivery. They can go to the site to get their meals, but they need to have their own transportation. We need some type of home assistance because they are not taking their medicines because they can’t afford them and they are not eating right. It is a vicious circle.”

“We do have an emergency food delivery program, but it is only temporarily for 20 days on an emergency basis. We don’t have a program to provide meals for all of our seniors on a permanent basis.”

“We have a high percentage of our seniors who are unable to go anywhere, so we need some type of home care aide that would go and visit the elderly, someone to help them with their medication and just to visit them every other day.”

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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	Natchitoches	US	HP2010	vs. US	vs. HP2010
Physical	% "Fair" or "Poor" Physical Health	20.4	12.3	WORSE	
	% >1 Day/Month Poor Physical Health	33.6	34.4	similar	
	% No Days/Month Very Healthy/Full of Energy	9.7	11.5	similar	
	% Activity Limitations	16.6	14.9	similar	
	% Impairment a Result of Work-Related Injury	23.3	17.7	similar	
	% >1 Workday/Year Missed Due to Illness	38.1	43.1	similar	
	% Overweight	65.3	56.9	WORSE	
	% Overweight Trying to Lose	34.9	31.2	similar	
	% Unhealthy Weight (BMI <18.5 or 25+)	67.2	58.5	40	WORSE Does NOT Meet Goal
	% Obese	29.8	19.1	15	WORSE Does NOT Meet Goal
Mental Health	% >1 Day/Month Poor Mental Health	28.5	31.9	similar	
	% Prolonged Depression (2+ Yrs)	30.7	23.9	WORSE	
	% Depressed Persons Seeking Help	34.5	42.5	50	similar Does NOT Meet Goal
	% >3 Days/Month Sad, Blue or Depressed	20.6	22.7	similar	
	% >3 Days/Month Worried, Tense or Anxious	37.3	35.8	similar	
	% >3 Days/Month Did Not Get Enough Rest/Sleep	61.6	56.1	similar	
Mortality	Age-Adjusted Breast Cancer Deaths/100,000	17.7	27	22.3	BETTER Meets Goal
	Age-Adjusted Cancer Deaths/100,000	265.3	202.7	159.9	WORSE Does NOT Meet Goal
	Age-Adjusted Resp Disease Deaths/100,000	50.2	45.8	WORSE	
	Age-Adjusted Diabetes Mellitus Deaths/100,000	28.9	25.2	15.1	WORSE Does NOT Meet Goal
	Age-Adjusted Heart Disease Deaths/100,000	302.2	267.8	213.7	WORSE Does NOT Meet Goal
	Age-Adjusted HIV Deaths/100,000	9.7	5.4	0.7	WORSE Does NOT Meet Goal



	Age-Adjusted Homicide Deaths/100,000	9.2	6.2	3	WORSE	Does NOT Meet Goal
	Age-Adjusted MV Accident Deaths/100,000	37.8	15	9.2	WORSE	Does NOT Meet Goal
	Age-Adjusted Pneumonia/Influenza Deaths/100,000	34.3	23.6		WORSE	
	Age-Adjusted Stroke Deaths/100,000	100.2	61.8	48	WORSE	Does NOT Meet Goal
	Age-Adjusted Suicide Deaths/100,000	9	10.7	5	BETTER	Does NOT Meet Goal
Morbidity	Chlamydia Incidence/100,000	770.3	257.5		WORSE	
	Gonorrhea Incidence/100,000	550.6	131.6	19	WORSE	Does NOT Meet Goal
	Hepatitis A Incidence/100,000	5.4	12	4.5	BETTER	Does NOT Meet Goal
Morbidity	Hepatitis B Incidence/100,000	0	4.2		BETTER	
	Tuberculosis Incidence/100,000	0	5.8	1	BETTER	Meets Goal
	Primary & Secondary Syphilis Incidence/100,000	7.1	2.2	0.2	WORSE	Does NOT Meet Goal
	% Arthritis/Rheumatism	28.4	20.3		WORSE	
	% Sciatica/Chronic Back Pain	18.7	20		similar	
	% Deafness/Trouble Hearing	10.3	9.3		similar	
	% Diabetes/High Blood Sugar	8.1	5.5		similar	
	% Asthma	8.5	9.9		similar	
	% Chronic Heart Disease	6.5	5.7		similar	
	% Blindness/Trouble Seeing	13.3	9.2		WORSE	
	% Cancer (Other Than Skin)	5.3	4.5		similar	
	% Chronic Lung Disease	10.8	6.4		WORSE	
	% Ulcer/GI Bleeding	12.5	6		WORSE	
	% Skin Cancer	4	4.9		similar	
	% Kidney Disease	5.5	2.7		WORSE	
	% Stroke	3.1	1.4		similar	
	% Tested for AIDS Virus in Past Yr (18-64)	22.9	30.6		WORSE	
	% "High" Chance of Getting AIDS (18-64)	2.2	2.1		similar	
	% Child Has Asthma	14	13.4		similar	
Natality	% Births to Teenagers	19.6	12.3		WORSE	
	% No Prenatal Care in 1st Trimester	30.2	17	10	WORSE	Does NOT Meet Goal
	% of Low Birthweight Births	10.6	7.6	5	WORSE	Does NOT Meet Goal
	Infant Death Rate	10.7	7	4.5	WORSE	Does NOT Meet Goal
	Neonatal Death Rate	5.9	4.7	2.9	WORSE	Does NOT Meet Goal
Crime	Murder Rate/100,000	6.2	5.5		WORSE	
	Rape Rate/100,000	36.4	32		WORSE	
	Robbery Rate/100,000	170.6	144.9		WORSE	
	Aggravated Assault/Battery Rate/100,000	615.7	323.6		WORSE	
	% Victim of Violent Crime in Past 5 Yrs	2.8	3.8		similar	
	% Victim of Domestic Violence in Past 5 Yrs	2.6	3.1		similar	

Health Risk		Natchitoches	US	HP2010	vs. US	vs. HP2010
CV Risk	% 1+ Cardiovascular Risk Factor	92.7	84.7		WORSE	
Nutrition	% "High" Fat Diet	19.8	10.4		WORSE	
	% Use Food Labels	62.7	68.7		WORSE	
	% Eat 5+ Servings of Fruit or Vegetables/Day	26.1	30		similar	
Exercise	% No Leisure-Time Physical Activity	29.1	20.2		WORSE	
	% Vigorous Exercise 3+ Times/Wk	30.4			similar	
Tobacco	% Current Smoker	19.8	22.8	12	similar	Does NOT Meet Goal
	% Smoke >1 Pack/Day	13.9	13.5		similar	
	% Have Quit 1+ Days in Past Yr	39.1	52.2	75	similar	Does NOT Meet Goal
	% Use Smokeless Tobacco	8.7	3.7		WORSE	
	% Someone Smokes at Home (HH w/Kids)	26.6	23	10	similar	Does NOT Meet Goal
Substance	% Current Drinker	41.1	56.4	50	BETTER	Meets Goal
	% Chronic Drinker	5	5		similar	
	% Binge Drinker	14.9	16.4	6	similar	Does NOT Meet Goal
	% Drinking & Driving in Past Month	4.8	3.7		similar	
	% Taken Rx Without Dr's Orders in Past Yr	3.3	4.5		similar	
	% Taken Illegal Drug in Past Yr	2.1	3.2		similar	
	% Sought Help for Alcohol or Drug Problem	1.9	4.3		WORSE	
Hypertension	% Blood Pressure Checked in Past 2 Yrs	94.9	96	95	similar	similar to goal
	% Told Have High Blood Pressure	36.9	23.4	16	WORSE	Does NOT Meet Goal
	% Taking Action to Control High BP	87.3	80.7	95	similar	Does NOT Meet Goal
Cholesterol	% Cholesterol Checked in Past 5 Yrs	80.6	82.2	80	similar	similar to goal
	% Told Have High Cholesterol	21.3	21.4	17	similar	Does NOT Meet Goal
	% Taking Action to Control High Cholesterol	55.1	70		WORSE	

Prevention		Natchitoches	US	HP2010	vs. US	vs. HP2010
Preventive	% Have Had Routine Checkup in Past Yr	69.8	64.1		BETTER	
	% Child Has Had Checkup in Past Yr	87.4	85.6		similar	
	% Have Visited Dentist in Past Yr (18+)	58.7	68.9	56	WORSE	similar to goal
	% Child (1-17) Has Visited Dentist in Past Yr	84.1	69.3	56	BETTER	Meets Goal
	% Have Had Eye Exam in Past Yr	37.7	54.2		WORSE	
Immunization	% Children (<24 Mos) Immunized Appropriately	94	82	90	BETTER	Meets Goal
	% Flu Shot in Past Yr (65+)	72	65.7	90	similar	Does NOT Meet Goal
Cancer	% Digital Rectal Exam in Past Yr (50+)	45	57.1		WORSE	
	% Sigmoid/Colonoscopy Ever (50+)	48	48.7	50	similar	similar to goal
	% Blood Stool Test in Past 2 Yrs (50+)	34.6	47.1	50	WORSE	Does NOT Meet Goal
	% Mother/Sister Diagnosed Breast Cancer (W)	7.4	11.5		similar	
	% Mammogram in Past 2 Yrs (W40+)	77.2	78.2	70	similar	similar to goal
	% Don't Know Breast Self-Exam (W)	3.9	4.2		similar	
	% Perform Breast Self-Exam Monthly (W)	53.4	42.9		BETTER	
	% Pap Smear in Past 3 Yrs (W)	84.7	84	90	similar	Does NOT Meet Goal
	% Father/Brother Diagnosed Prostate Cancer (M)	7.1	8.4		similar	
	% PSA or Digital Rectal Exam in Past 2 Yrs (M40+)	72	69.9		similar	
	% Testicular Exam Ever (M)	47	62.4		WORSE	
	% Don't Know Testicular Self-Exam (M)	66.8	63.5		similar	
	% Perform Testicular Self-Exam Monthly (M)	8.2	12.5		similar	
Injury Control	% "Always" Wear Seat Belt	66.1	75	92	WORSE	Does NOT Meet Goal
	% Child (<5) "Always" Uses Auto Child Restraint	99.6	98.9	100	similar	similar to goal

Access		Natchitoches	US	HP2010	vs. US	vs. HP2010
Insurance Cvg	% Lack Health Insurance (18-64)	26	15.6	0	WORSE	Does NOT Meet Goal
Primary Care	% Have a Regular Clinic or Physician	80.1	85	96	WORSE	Does NOT Meet Goal
	% Cost Prevented Physician Visit in Past Yr	21.9	10.4		WORSE	
	% Cost Prevented Child's Care in Past Yr	7.4	7.3		similar	
	% Transportation Prevented Dr Visit in Past Yr	8.2	5.2		similar	
	% Transportation Prevented Child's Care in Past Yr	6.1	4.1		similar	
	% Difficulty Getting Appointment in Past Yr	20	13.3	7	WORSE	Does NOT Meet Goal
	% Inconvenient Hrs Prevented Dr Visit in Past Yr	13.5	12.7		similar	
	% Cost Prevented Getting Rx in Past Yr	24.1	9.5		WORSE	
	% Difficulty Finding Dr for Child in Past Yr	8.1	5.3		similar	
	% Difficulty Getting Appt for Child in Past Yr	17	13.1		similar	
	% Inconv Hrs Prevented Child's Dr Visit in Past Yr	14.2	16.3		similar	
	% Cost Prevented Getting Child's Rx in Past Yr	7.9	4.4		similar	
	% Gone to ER More Than Once in Past Yr	11.3	5.6		WORSE	
	% Difficulty Finding Physician in Past Yr	14.2	7.8		WORSE	
Health Care	% Rate Local Health Care "Excellent/Very Good"	31.2	53.1		WORSE	

## Summary of Findings by Issue

Cancer	Natchitoches US		HP2010	Significance vs. US	Significance vs. HP2010
% "High" Fat Diet	19.8	10.4		WORSE	
Age-Adjusted Cancer Deaths/100,000	265.3	202.7	159.9	WORSE	Does NOT Meet Goal
% Blood Stool Test in Past 2 Yrs (50+)	34.6	47.1	50	WORSE	Does NOT Meet Goal
% Testicular Exam Ever (M)	47	62.4		WORSE	
% Digital Rectal Exam in Past Yr (50+)	45	57.1		WORSE	
% Mother/Sister Diagnosed Breast Cancer (W)	7.4	11.5		similar	
% Perform Testicular Self-Exam Monthly (M)	8.2	12.5		similar	
% Skin Cancer	4	4.9		similar	
% Cancer (Other Than Skin)	5.3	4.5		similar	
% Father/Brother Diagnosed Prostate Cancer (M)	7.1	8.4		similar	
% Current Smoker	19.8	22.8	12	similar	Does NOT Meet Goal
% Eat 5+ Servings of Fruit or Vegetables/Day	26.1	30		similar	
% Don't Know Breast Self-Exam (W)	3.9	4.2		similar	
% Don't Know Testicular Self-Exam (M)	66.8	63.5		similar	
% PSA or Digital Rectal Exam in Past 2 Yrs (M40+)	72	69.9		similar	
% Sigmoid/Colonoscopy Ever (50+)	48	48.7	50	similar	indeterminable
% Mammogram in Past 2 Yrs (W40+)	77.2	78.2	70	similar	indeterminable
% Pap Smear in Past 3 Yrs (W)	84.7	84	90	similar	Does NOT Meet Goal
Age-Adjusted Breast Cancer Deaths/100,000	17.7	27	22.3	BETTER	Meets Goal
% Perform Breast Self-Exam Monthly (W)	53.4	42.9		BETTER	

Chronic Disabling Conditions	Natchitoches US		HP2010	Significance vs. US	Significance vs. HP2010
% Ulcer/GI Bleeding	12.5	6		WORSE	
% Kidney Disease	5.5	2.7		WORSE	
% "Fair" or "Poor" Physical Health	20.4	12.3		WORSE	
% Blindness/Trouble Seeing	13.3	9.2		WORSE	
% No Leisure-Time Physical Activity	29.1	20.2		WORSE	
% Arthritis/Rheumatism	28.4	20.3		WORSE	
Age-Adjusted Diabetes Mellitus Deaths/100,000	28.9	25.2	15.1	WORSE	Does NOT Meet Goal
% Diabetes/High Blood Sugar	8.1	5.5		similar	
% Impairment a Result of Work-Related Injury	23.3	17.7		similar	
% No Days/Month Very Healthy/Full of Energy	9.7	11.5		similar	
% Asthma	8.5	9.9		similar	
% >1 Workday/Year Missed Due to Illness	38.1	43.1		similar	

% Activity Limitations	16.6	14.9	similar
% Deafness/Trouble Hearing	10.3	9.3	similar
% >1 Day/Month Poor Mental Health	28.5	31.9	similar
% Sciatica/Chronic Back Pain	18.7	20	similar
% Child Has Asthma	14	13.4	similar
% >1 Day/Month Poor Physical Health	33.6	34.4	similar
% Vigorous Exercise 3+ Times/Wk	30.4		similar

Clinical Preventive Services	Natchitoches US	HP2010	Significance vs. US	Significance vs. HP2010
% Cost Prevented Getting Rx in Past Yr	24.1	9.5	WORSE	
% Cost Prevented Physician Visit in Past Yr	21.9	10.4	WORSE	
% Gone to ER More Than Once in Past Yr	11.3	5.6	WORSE	
% Difficulty Finding Physician in Past Yr	14.2	7.8	WORSE	
% Lack Health Insurance (18-64)	26	15.6	0	WORSE Does NOT Meet Goal
% Difficulty Getting Appointment in Past Yr	20	13.3	7	WORSE Does NOT Meet Goal
% Rate Local Health Care "Excellent/Very Good"	31.2	53.1	WORSE	
% Have Had Eye Exam in Past Yr	37.7	54.2	WORSE	
% Have a Regular Clinic or Physician	80.1	85	96	WORSE Does NOT Meet Goal
% Cost Prevented Getting Child's Rx in Past Yr	7.9	4.4	similar	
% Transportation Prevented Dr Visit in Past Yr	8.2	5.2	similar	
% Difficulty Finding Dr for Child in Past Yr	8.1	5.3	similar	
% Transportation Prevented Child's Care in Past Yr	6.1	4.1	similar	
% Difficulty Getting Appt for Child in Past Yr	17	13.1	similar	
% Inconv Hrs Prevented Child's Dr Visit in Past Yr	14.2	16.3	similar	
% Flu Shot in Past Yr (65+)	72	65.7	90	similar Does NOT Meet Goal
% Inconvenient Hrs Prevented Dr Visit in Past Yr	13.5	12.7	similar	
% Child Has Had Checkup in Past Yr	87.4	85.6	similar	
% Cost Prevented Child's Care in Past Yr	7.4	7.3	similar	
% Have Had Routine Checkup in Past Yr	69.8	64.1	BETTER	

Education & Community-Based Programs	Natchitoches US	HP2010	Significance vs. US	Significance vs. HP2010
% Activity Limitations	16.6	14.9	similar	

Environmental Health	Natchitoches US	HP2010	Significance vs. US	Significance vs. HP2010
% Asthma	8.5	9.9	similar	

<b>Family Planning</b>	<b>Natchitoches US</b>		<b>HP2010</b>	<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
% Births to Teenagers	19.6	12.3		WORSE	

<b>Heart Disease &amp; Stroke</b>	<b>Natchitoches US</b>		<b>HP2010</b>	<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
% "High" Fat Diet	19.8	10.4		WORSE	
Age-Adjusted Stroke Deaths/100,000	100.2	61.8	48	WORSE	Does NOT Meet Goal
% Told Have High Blood Pressure	36.9	23.4	16	WORSE	Does NOT Meet Goal
% Obese	29.8	19.1	15	WORSE	Does NOT Meet Goal
% No Leisure-Time Physical Activity	29.1	20.2		WORSE	
% Taking Action to Control High Cholesterol	55.1	70		WORSE	
% Unhealthy Weight (BMI <18.5 or 25+)	67.2	58.5	40	WORSE	Does NOT Meet Goal
% Overweight	65.3	56.9		WORSE	
Age-Adjusted Heart Disease Deaths/100,000	302.2	267.8	213.7	WORSE	Does NOT Meet Goal
% 1+ Cardiovascular Risk Factor	92.7	84.7		WORSE	
% Stroke	3.1	1.4		similar	
% Chronic Heart Disease	6.5	5.7		similar	
% Current Smoker	19.8	22.8	12	similar	Does NOT Meet Goal
% Overweight Trying to Lose	34.9	31.2		similar	
% Taking Action to Control High BP	87.3	80.7	95	similar	Does NOT Meet Goal
% Cholesterol Checked in Past 5 Yrs	80.6	82.2	80	similar	indeterminable
% Blood Pressure Checked in Past 2 Yrs	94.9	96	95	similar	indeterminable
% Told Have High Cholesterol	21.3	21.4	17	similar	Does NOT Meet Goal
% Vigorous Exercise 3+ Times/Wk	30.4			similar	

<b>HIV Infection</b>	<b>Natchitoches US</b>		<b>HP2010</b>	<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
Age-Adjusted HIV Deaths/100,000	9.7	5.4	0.7	WORSE	Does NOT Meet Goal
% Tested for AIDS Virus in Past Yr (18-64)	22.9	30.6		WORSE	
% "High" Chance of Getting AIDS (18-64)	2.2	2.1		similar	

<b>Immunization &amp; Infectious Diseases</b>	<b>Natchitoches US</b>		<b>HP2010</b>	<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
Age-Adjusted Pneumonia/Influenza Deaths/100,000	34.3	23.6		WORSE	
% Flu Shot in Past Yr (65+)	72	65.7	90	similar	Does NOT Meet Goal
Hepatitis B Incidence/100,000	0	4.2		BETTER	
Tuberculosis Incidence/100,000	0	5.8	1	BETTER	Meets Goal
Hepatitis A Incidence/100,000	5.4	12	4.5	BETTER	Does NOT Meet Goal
% Children (<24 Mos) Immunized Appropriately	94	82	90	BETTER	Meets Goal

<b>Maternal &amp; Infant Health</b>	<b>Natchitoches US HP2010</b>			<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
% No Prenatal Care in 1st Trimester	30.2	17	10	WORSE	Does NOT Meet Goal
Infant Death Rate	10.7	7	4.5	WORSE	Does NOT Meet Goal
% of Low Birthweight Births	10.6	7.6	5	WORSE	Does NOT Meet Goal
Neonatal Death Rate	5.9	4.7	2.9	WORSE	Does NOT Meet Goal

<b>Mental Health &amp; Mental Disorders</b>	<b>Natchitoches US HP2010</b>			<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
% Prolonged Depression (2+ Yrs)	30.7	23.9		WORSE	
% Depressed Persons Seeking Help	34.5	42.5	50	similar	Does NOT Meet Goal
% >3 Days/Month Did Not Get Enough Rest/Sleep	61.6	56.1		similar	
% >3 Days/Month Sad, Blue or Depressed	20.6	22.7		similar	
% >3 Days/Month Worried, Tense or Anxious	37.3	35.8		similar	
Age-Adjusted Suicide Deaths/100,000	9	10.7	5	BETTER	Does NOT Meet Goal

<b>Nutrition</b>	<b>Natchitoches US HP2010</b>			<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
% "High" Fat Diet	19.8	10.4		WORSE	
Age-Adjusted Cancer Deaths/100,000	265.3	202.7	159.9	WORSE	Does NOT Meet Goal
% Unhealthy Weight (BMI <18.5 or 25+)	67.2	58.5	40	WORSE	Does NOT Meet Goal
% Overweight	65.3	56.9		WORSE	
Age-Adjusted Heart Disease Deaths/100,000	302.2	267.8	213.7	WORSE	Does NOT Meet Goal
% Use Food Labels	62.7	68.7		WORSE	
% Cancer (Other Than Skin)	5.3	4.5		similar	
% Chronic Heart Disease	6.5	5.7		similar	
% Eat 5+ Servings of Fruit or Vegetables/Day	26.1	30		similar	
% Overweight Trying to Lose	34.9	31.2		similar	

<b>Oral Health</b>	<b>Natchitoches US HP2010</b>			<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
% Have Visited Dentist in Past Yr (18+)	58.7	68.9	56	WORSE	indeterminable
% Child (1-17) Has Visited Dentist in Past Yr	84.1	69.3	56	BETTER	Meets Goal

<b>Physical Activity &amp; Fitness</b>	<b>Natchitoches US HP2010</b>			<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
% Obese	29.8	19.1	15	WORSE	Does NOT Meet Goal
% No Leisure-Time Physical Activity	29.1	20.2		WORSE	
% Unhealthy Weight (BMI <18.5 or 25+)	67.2	58.5	40	WORSE	Does NOT Meet Goal
% Overweight	65.3	56.9		WORSE	
Age-Adjusted Heart Disease Deaths/100,000	302.2	267.8	213.7	WORSE	Does NOT Meet Goal
% Chronic Heart Disease	6.5	5.7		similar	
% Overweight Trying to Lose	34.9	31.2		similar	
% Vigorous Exercise 3+ Times/Wk	30.4			similar	

<b>Sexually Transmitted Diseases</b>	<b>Natchitoches US HP2010</b>			<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
Gonorrhea Incidence/100,000	550.6	131.6	19	WORSE	Does NOT Meet Goal
Primary & Secondary Syphilis Incidence/100,000	7.1	2.2	0.2	WORSE	Does NOT Meet Goal
Chlamydia Incidence/100,000	770.3	257.5		WORSE	
Hepatitis B Incidence/100,000	0	4.2		BETTER	

<b>Substance Abuse</b>	<b>Natchitoches US HP2010</b>			<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
% Sought Help for Alcohol or Drug Problem	1.9	4.3		WORSE	
% Taken Illegal Drug in Past Yr	2.1	3.2		similar	
% Drinking & Driving in Past Month	4.8	3.7		similar	
% Taken Rx Without Dr's Orders in Past Yr	3.3	4.5		similar	
% Binge Drinker	14.9	16.4	6	similar	Does NOT Meet Goal
% Chronic Drinker	5	5		similar	
% Current Drinker	41.1	56.4	50	BETTER	Meets Goal

<b>Tobacco</b>	<b>Natchitoches US HP2010</b>			<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
% Use Smokeless Tobacco	8.7	3.7		WORSE	
% Chronic Lung Disease	10.8	6.4		WORSE	
Age-Adjusted Heart Disease Deaths/100,000	302.2	267.8	213.7	WORSE	Does NOT Meet Goal
Age-Adjusted Resp Disease Deaths/100,000	50.2	45.8		WORSE	
% Have Quit 1+ Days in Past Yr	39.1	52.2	75	similar	Does NOT Meet Goal
% Someone Smokes at Home (HH w/Kids)	26.6	23	10	similar	Does NOT Meet Goal
% Chronic Heart Disease	6.5	5.7		similar	
% Current Smoker	19.8	22.8	12	similar	Does NOT Meet Goal
% Smoke >1 Pack/Day	13.9	13.5		similar	



<b>Unintentional Injuries</b>	<b>Natchitoches US</b>		<b>HP2010</b>	<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
Age-Adjusted MV Accident Deaths/100,000	37.8	15	9.2	WORSE	Does NOT Meet Goal
% "Always" Wear Seat Belt	66.1	75	92	WORSE	Does NOT Meet Goal
% Child (<5) "Always" Uses Auto Child Restraint	99.6	98.9	100	similar	indeterminable

<b>Violent &amp; Abusive Behavior</b>	<b>Natchitoches US</b>		<b>HP2010</b>	<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
Aggravated Assault/Battery Rate/100,000	615.7	323.6		WORSE	
Age-Adjusted Homicide Deaths/100,000	9.2	6.2	3	WORSE	Does NOT Meet Goal
Robbery Rate/100,000	170.6	144.9		WORSE	
Rape Rate/100,000	36.4	32		WORSE	
Murder Rate/100,000	6.2	5.5		WORSE	
% Victim of Violent Crime in Past 5 Yrs	2.8	3.8		similar	
% Victim of Domestic Violence in Past 5 Yrs	2.6	3.1		similar	
Age-Adjusted Suicide Deaths/100,000	9	10.7		5 BETTER	Does NOT Meet Goal