

## 2002 PRC Community Health Assessment

*Rapides 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 Rapides Parish that are comparable to or better than national benchmarks. For example, in Rapides Parish, the suicide death rate and the incidence of Hepatitis A and Hepatitis B cases are just below the U.S. rates.

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

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

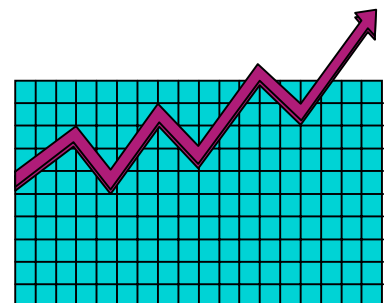
**Activity Limitations.** The prevalence of activity limitations is particularly high in Rapides Parish, as is the proportion of those with activity limitations reporting that this is attributed to a work-related injury.

**Obesity.** Nearly two-thirds of Rapides Parish adults are overweight, and nearly 30% are obese. These levels are significantly higher than reported nationwide.

**Mental Health.** More than one out of four Rapides Parish adults report bouts of depression lasting two or more years during their lives, higher than found nationwide.

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

**Sexually Transmitted Diseases.** The latest incidence rates for gonorrhea and chlamydia are well above the national rates, and the gonorrhea incidence rate is far from satisfying the *Healthy People 2010* target. The rate of syphilis in Rapides Parish is also higher than found nationally and fails to satisfy the *Healthy People 2010* target.



**Chronic Illness.** In terms of self-reported illnesses, a greater percentage of Rapides Parish adults report suffering from arthritis/rheumatism, diabetes and chronic lung disease than found nationwide.

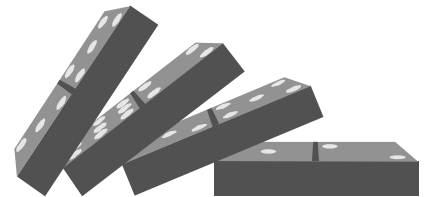
**Infant Health.** Indicators of infant health compare unfavorably to national indicators and *Healthy People 2010* targets, including births to teenagers, low-weight births and infant mortality.

**Violence.** Rates of violent crime are higher in Rapides Parish than nationwide, including homicide, rape, robbery and aggravated assault.

## MODIFIABLE HEALTH RISKS

In comparison to national averages, positive findings relating to modifiable health risk behavior in Rapides Parish include a lower proportion of adults who use alcohol or who report illegal or prescription drug abuse, and a higher proportion of adults with high blood pressure who are taking action to control their condition.

Tobacco usage appears to be comparable to national levels, although this fails to satisfy *Healthy People 2010* targets.



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

**Cardiovascular Risk.** A high percentage of Rapides Parish adults (93.0%) present one or more risk factors or behaviors for heart disease and stroke.

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

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

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

## PREVENTION

Regarding preventive care measures, Rapides Parish adults more often report having had a routine checkup in the past year, and a greater share of women report performing monthly

breast self-exams. Adult seat belt usage is also above the national average (although this is not true for children, as discussed below).

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

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

**Testicular Cancer Screening.** A relatively low proportion of men have ever had a testicular exam by a physician.

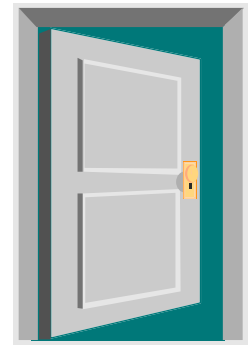
**Child Safety Seat/Seat Belt Usage.** A low proportion of Rapides Parish parents of children under 5 years old report that their child “always” uses a child safety seat when riding in an automobile.



## ACCESS

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

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



**Health Insurance Coverage.** One out of four Rapides Parish adults between the ages of 18 and 64 is without any type of insurance coverage for health care. This is similar to the statewide average, but much worse than the national average and far from reaching the *Healthy People 2010* goal of universal coverage.

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

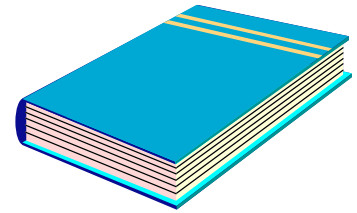
**Cost of Prescriptions.** One out of four Rapides Parish adults has gone without a needed prescription in the past year because they could not afford it, more than twice the national average. The proportion of children going without needed prescriptions (although lower than found among adults) is also much higher than found nationally.

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

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

## EDUCATION & OUTREACH

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



## YOUTH

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

- High youth tobacco use
- High binge drinking and drinking a 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 Rapides Parish: **youth tobacco use, drug use, alcohol 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.

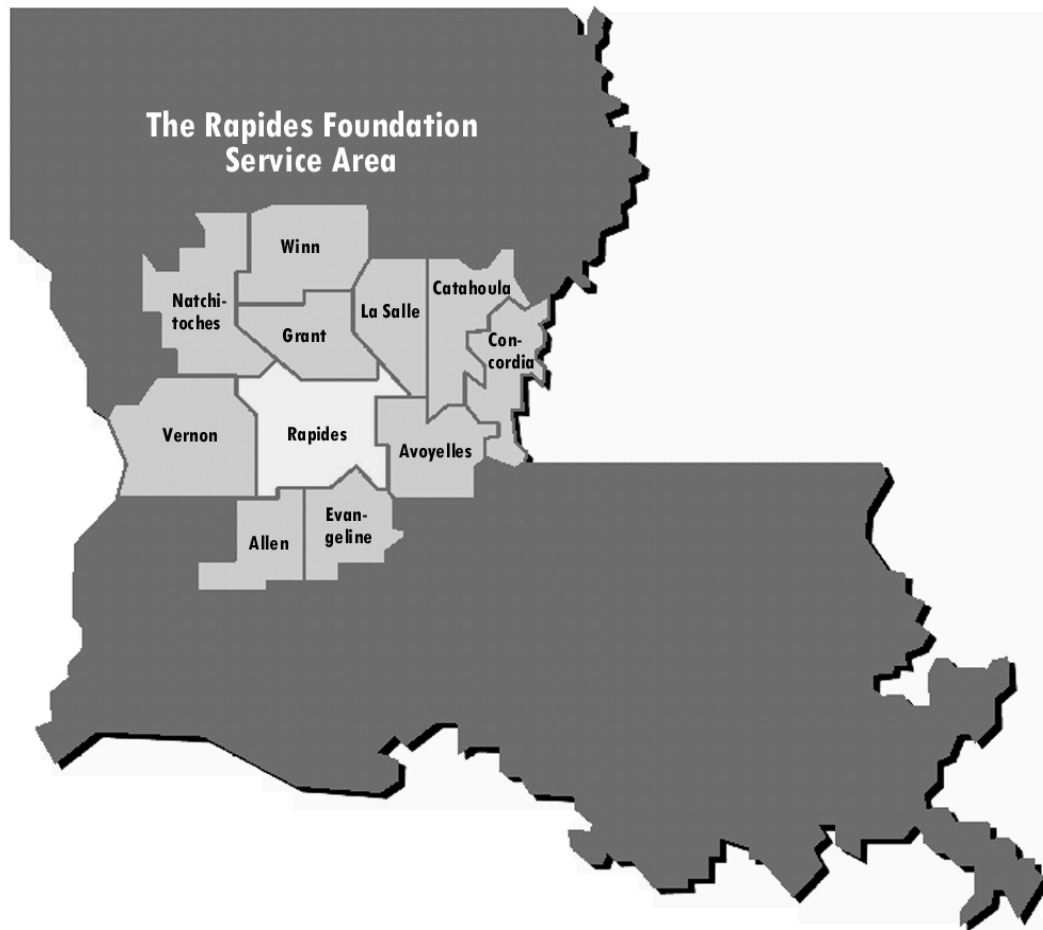
This Community Health Assessment will serve as a tool toward reaching three basic goals:

- **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 Rapides 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 Rapides 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 750 individuals aged 18 and older in Rapides Parish. The interviews were conducted in proportion to the actual population distribution at the ZIP Code level. ZIP Code populations were based on the latest census projections of adults aged 18 and over provided in the **2000 CACI Census Update**. Parishwide, these correspond very closely to Census 2000 populations.

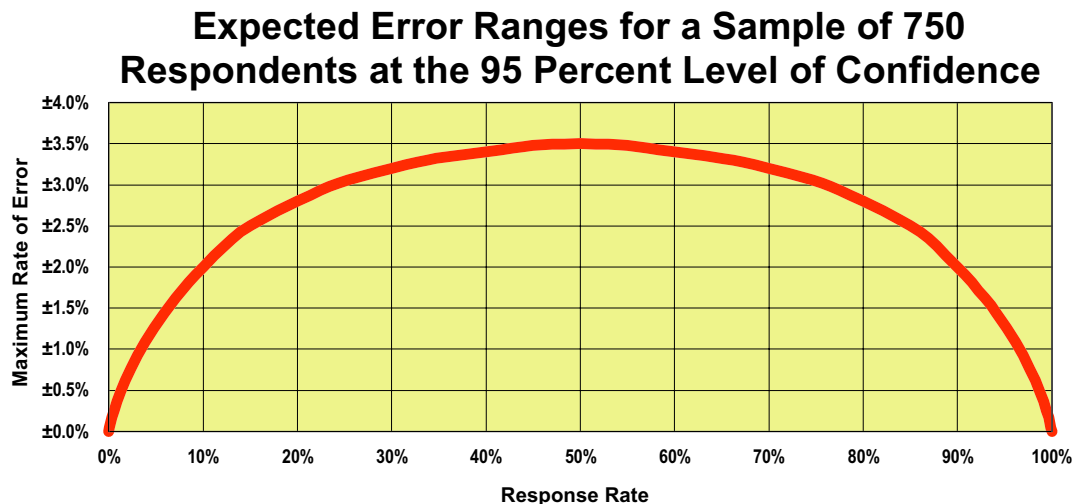




All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

## Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 750 respondents is  $\pm 3.6\%$  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 750 respondents answered a certain question with a "yes," it can be asserted that between 8.0% and 12.0% ( $10\% \pm 2.0\%$ ) 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 46.5% and 53.5% ( $50\% \pm 3.5\%$ ) of the total population would respond "yes" if asked this question.

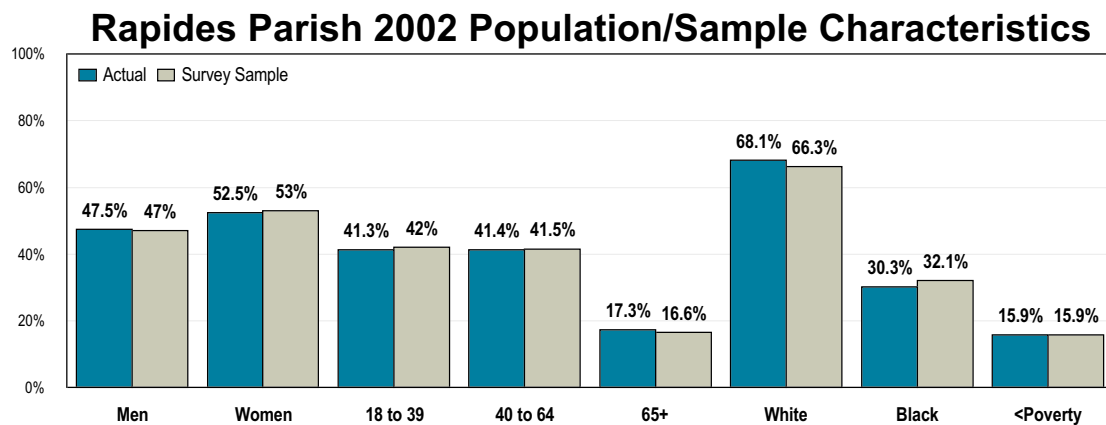
In addition, for further analysis, keep in mind that each percentage point recorded among the total sample of survey respondents is representative of approximately 934 residents aged 18 and older in Rapides Parish (based on current population estimates). Thus, in a case where 3.4% of the total population responds to a survey question, this is representative of nearly 3,200 people and therefore must not be dismissed as too small to be significant.

## Sample Characteristics

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

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

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



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

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

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

## Existing Data

### Public Health, Vital Statistics and Other Data

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

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



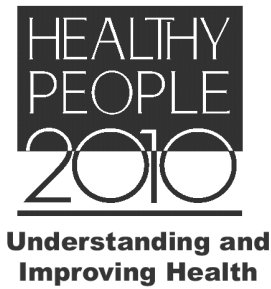
### Statewide Risk Factor Data

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

### Nationwide Risk Factor Data

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

## Healthy People 2010 Targets



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

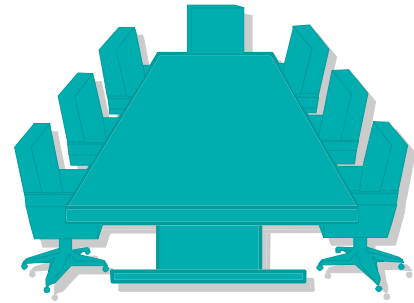
With [specific] health objectives in 28 focus areas, Healthy People 2010 will be a tremendously valuable asset to health planners, medical practitioners, educators, elected officials, and all of us who work to improve health. Healthy People 2010 reflects the very best in public health planning—it is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

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

## Community Health Panels

As part of the community health assessment, there were six community health panels held in Rapides Parish. These health panels included meetings with Physicians, Allied Health Professionals/Social Services Providers, Community Leaders and Adolescents.

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 groups were scheduled to insure they would have a reasonable turnout. Final participation rates are segmented below.

<u>Date</u>	<u>Time</u>	<u>Group</u>	<u>Participants</u>
3-14-02	7 am	Physicians – Group 1	11
3-14-02	12 noon	Community Leaders – Alexandria	21
3-14-02	5 pm	Youth	12
3-14-02	7 pm	Physicians – Group 2	9
3-15-02	7 am	Allied Health/Social Service Providers	21
3-15-02	12 noon	Community Leaders – Pineville	11

The health panel sessions were recorded on audio tapes from which verbatim comments in the report are taken. After each quote, the speaker's group is denoted; however, aside from this group affiliation, 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

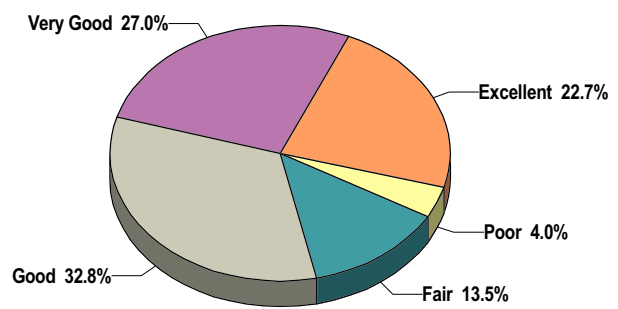
This section describes various self-reported measures of the general physical health among Rapides Parish residents.

## Self-Reported Physical Health

### Overall Health Status

- **One-half (49.7%) of Rapides Parish adults participating in the 2002 Community Health Survey view their overall physical health as “excellent” or “very good.”**
- **17.5% of Rapides Parish adults say that their overall physical health is overall “fair” or “poor.”**

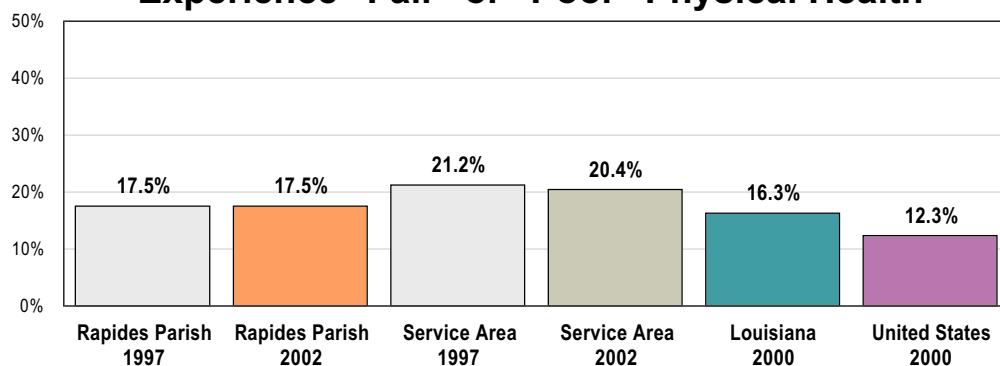
**Self-Reported Health Status**  
(Rapides Parish 2002)



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

- Similar to statewide findings and 1997 Rapides Parish findings.
- More favorable than Rapides Foundation Service Area findings (20.4%).
- Less favorable than nationwide findings (12.3%).

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

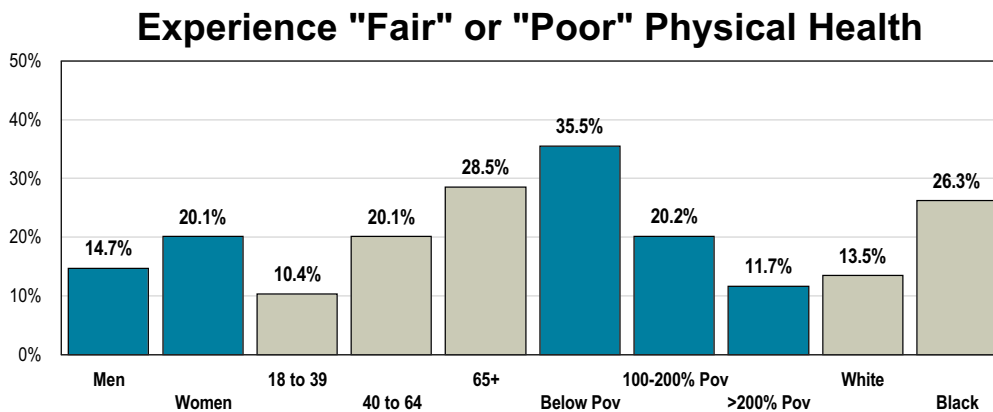


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data  
3. 2000 PRC National Health Survey, Professional Research Consultants  
4. Behavioral Risk Factor Survey Summary, Tulane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



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

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

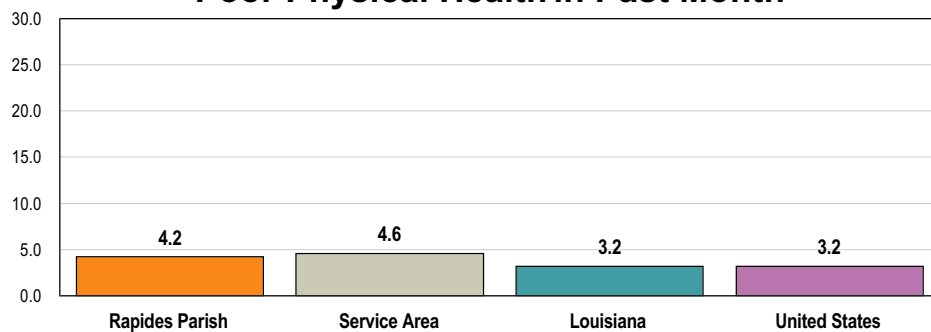


Source: 2002 PRC Community Health Survey, Professional Research Consultants  
Notes: 1. Demographic breakouts are among findings in Rapides Parish.  
2. Asked of all respondents.

## Days of Poor Physical Health

- **Rapides 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**

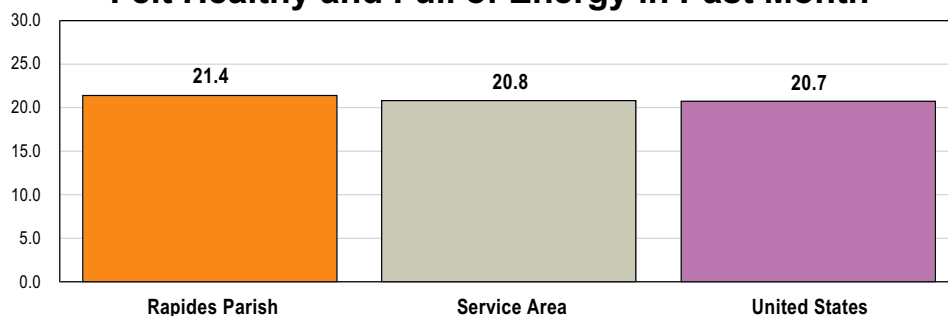


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data  
3. 2000 PRC National Health Survey, Professional Research Consultants  
Note: Asked of all respondents.

## Days Felt Healthy and Full of Energy

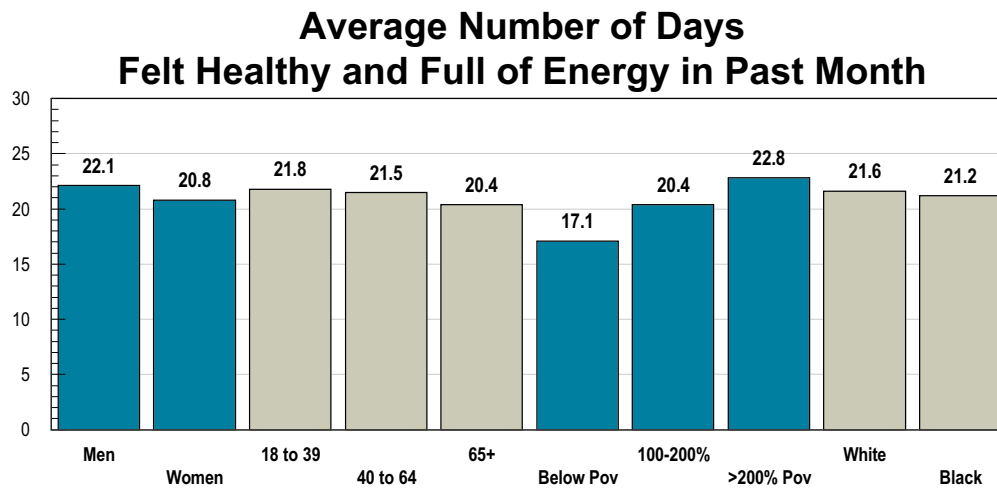
- **Rapides Parish adults report an average of 21.4 days in the last month on which they felt very healthy and full of energy.**
  - Similar to the Rapides Foundation Service Area average and the national average.

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



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

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



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

## Missed Days of Work

- **Rapides Parish adults who are currently employed report missing an average of 4.3 days of work in the past year due to personal illness.**
  - This compares to an average 3.8 days/year nationwide.

# Mental Health Status

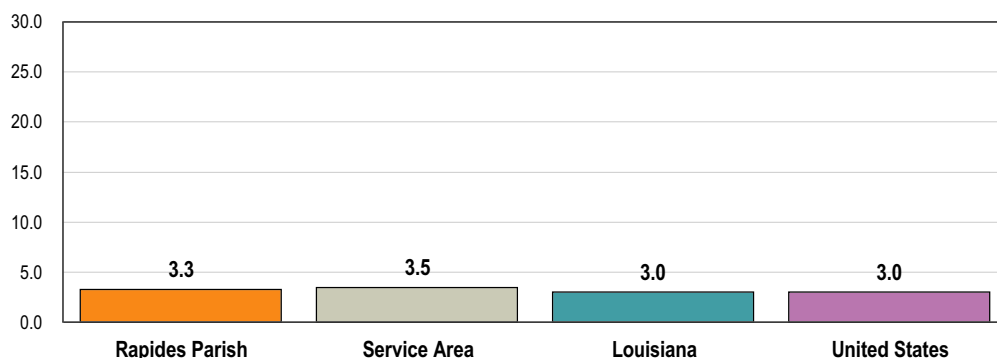
The following section outlines general assessments of the prevalence of depression among area residents, along with the number of people seeking professional help for problems with depression, stress and emotions.

## Self-Reported Mental Health Status

### Days of Poor Mental Health

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

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



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

## Community Health Panel Findings\*

“I don’t know if there is an increase in mental health cases or it is more out in the open. There certainly is a lot more depression cases and bipolar disease reports now than before.” — *Physician*

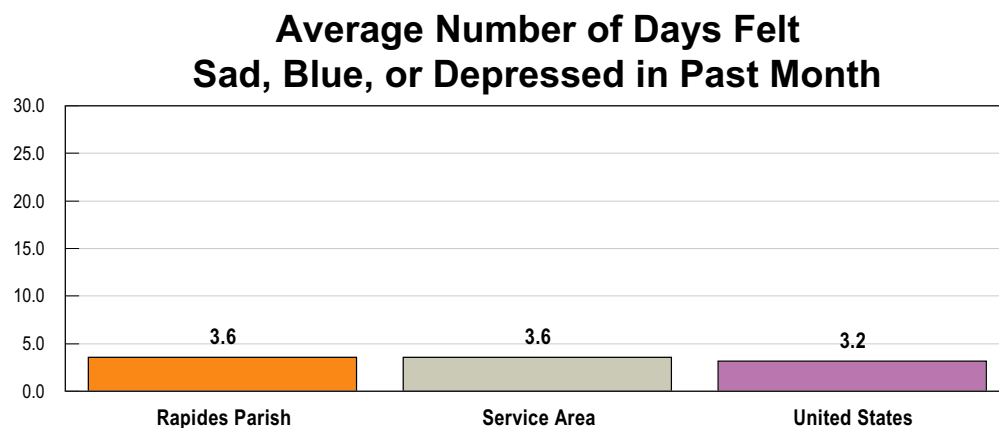
\* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the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

## 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 Rapides Parish reported an average of 3.6 days on which they felt sad, blue or depressed.**
  - Similar to the Rapides Foundation Service Area and national averages.

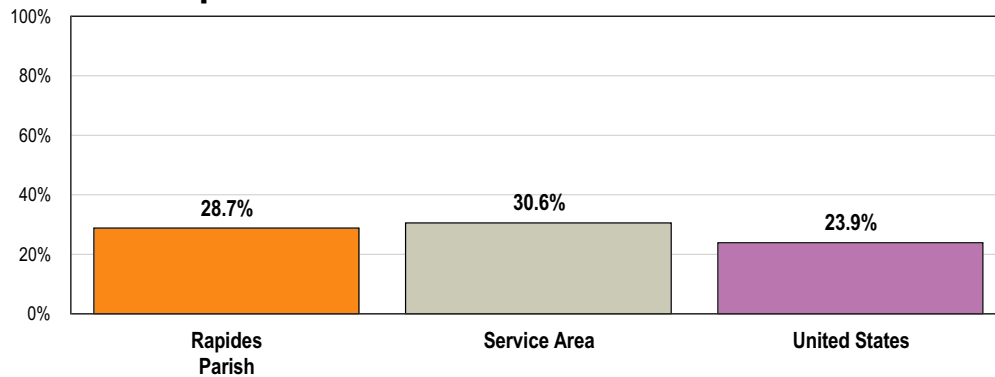


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2000 PRC National Health Survey, Professional Research Consultants  
Notes: 1. Asked of all respondents.  
2. State data not available.

### Prolonged Depression

- **28.7% of Rapides Parish adults report that they have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes.**
  - Similar to that found throughout the Rapides Foundation Service Area.
  - Significantly higher than found nationally (23.9%).
  - This **represents nearly 27,000 adults** in Rapides Parish who have faced or are facing prolonged bouts with depression.

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

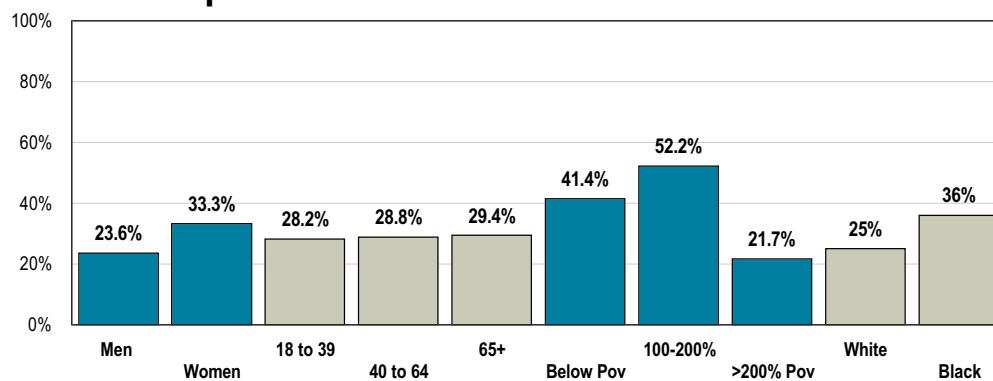


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. 2000 PRC National Health Survey, Professional Research Consultants  
 Notes: 1. Asked of all respondents.  
 2. State data not available.

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

- Respondents living just above the poverty threshold, those who are often called the “working poor.”
- Women.
- Black respondents.

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



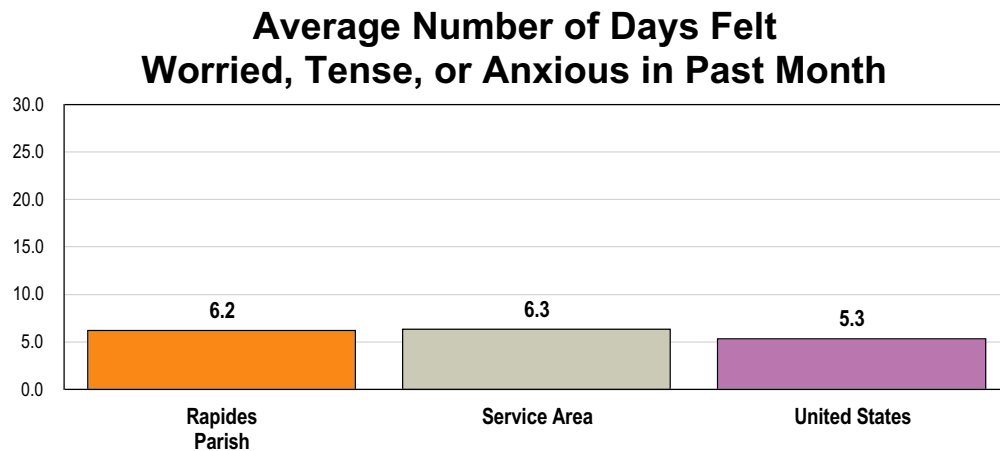
Source: 2002 PRC Community Health Survey, Professional Research Consultants  
 Notes: 1. Demographic breakouts are among findings in Rapides Parish.  
 2. Asked of all respondents.

## Stress

### Stress Levels

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

- **Adults in Rapides Parish report an average of 6.2 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).

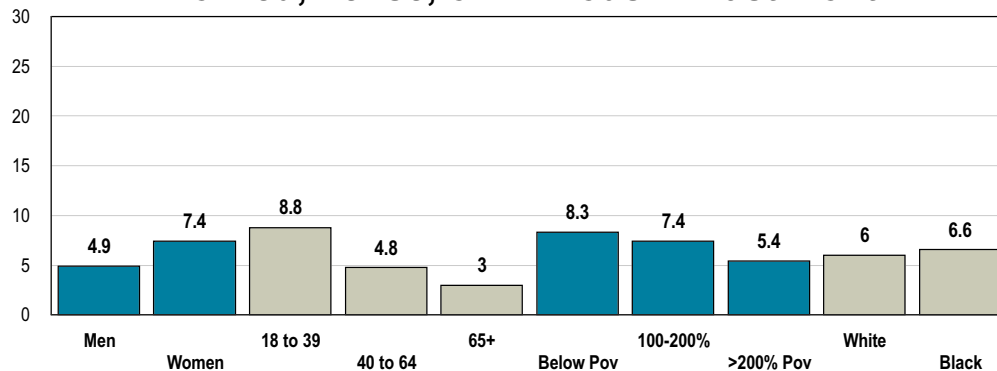


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2000 PRC National Health Survey, Professional Research Consultants  
Note: Asked of all respondents.

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

- Younger adults.
- Low-income respondents.
- Women.

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

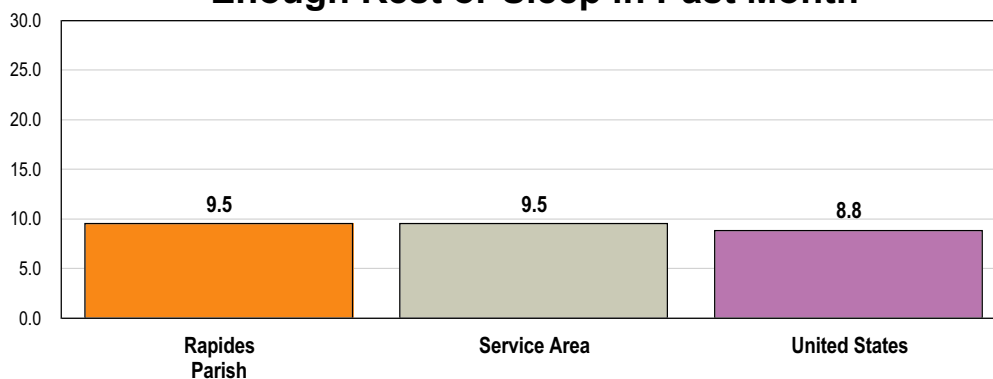


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. 2000 PRC National Health Survey, Professional Research Consultants  
 Notes: 1. Demographic breakouts are among findings in Rapides Parish.  
 2. Asked of all respondents.

## Sleep & Rest

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

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

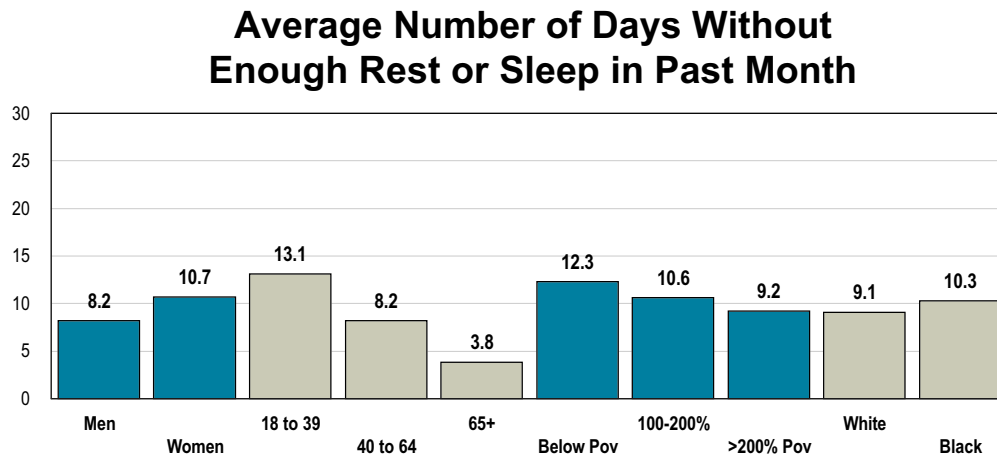


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. 2000 PRC National Health Survey, Professional Research Consultants  
 Note: Asked of all respondents.



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

- Younger adults.
- Low-income respondents.



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

## Community Health Panel Findings\*

Youth focus group participants pointed out that stress to do well in school is compounded by personal issues and struggles, and that it is often difficult for them to get the help they need.

“Our stress depends on the time of the year with school. Mid-terms, finals, grades - they are all stressful. You have a lot of pressure put on you to do well in academics, but what is really tough is when you also have a personal issue on top of that. I had a close friend die, and it was like nobody cared. Nobody wanted to help me. I was out of school for a week, and when I returned, there was no one there to help me. There is a lot more stress when you have a personal problem on the side that is affecting you; it can get out of hand. We don’t have a guidance counselor that you can talk to and have a good relationship with who could really help you. Trust me, I tried it, and the help just wasn’t there for me.” — *Youth Participant*

“I think guidance counselors are so stressed out because they are under so much pressure since they do everything. Sometimes it takes three months before you can get an appointment with a guidance counselor.” — *Youth Participant*

\* 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 don’t have any school nurses that could help us with our personal problems. We have one, but she is across the street teaching a class.” — *Youth Participant*

“I think the schools should have something for stress or anger management, someone you can talk to. I have known from personal experience somebody who needed help, and I didn’t know who to send him to for help.” — *Youth Participant*

Youth participants also identified what they see as undue stress within schools:

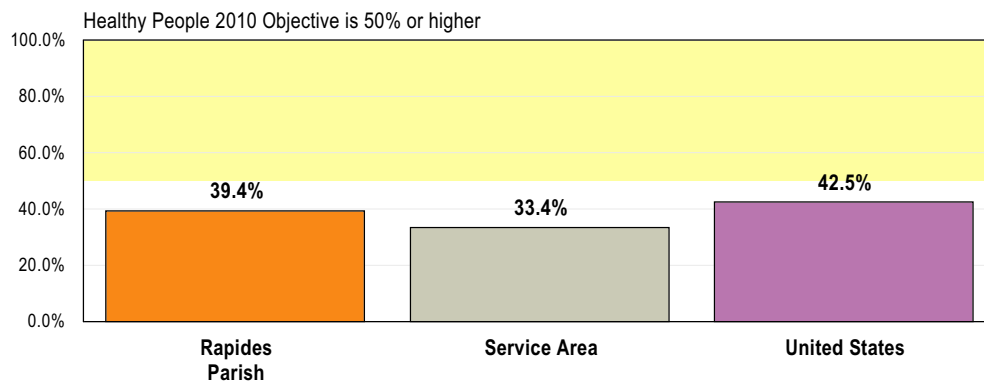
“I think a lot of our stress comes from having to worry about minor things, like if you have too many braids in your head or your sideburns are too long or your skirt is too short - all this minor stuff that the school makes it so major. If the schools could just eliminate some of this stuff and worry about the big stuff, like academics, it would help our stress level.” — *Youth Participant*

“My first-hour teacher has a checklist with everybody’s name on the side, and she goes through everybody’s name and checks you from head to toe to see if you violated some kinds of school uniform code. It is a stressful way to start your day.” — *Youth Participant*

## Utilization of Mental Health Services

- **39.4% of Rapides Parish respondents who have experienced bouts of prolonged depression report that they have sought professional help for a mental or emotional problem.**
  - Similar to the nationwide proportion.
  - Significantly higher than the Rapides Foundation Service Area overall (33.4%).
  - Fails to satisfy the *Healthy People 2010* target (50% or higher).

### Persons With Depression Who Have Sought Professional Help



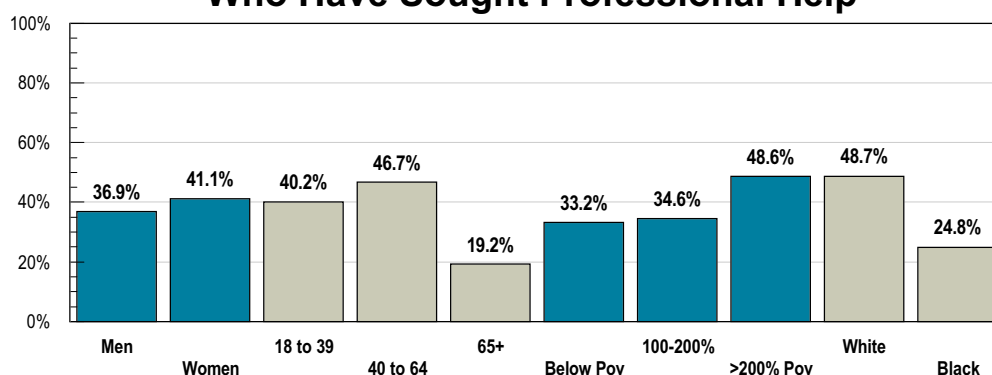
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. 2000 PRC National Health Survey, Professional Research Consultants  
 3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

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

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

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

## 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 Rapides Parish.

2. Asked of all respondents.

## Community Health Panel Findings\*

Pride and the social stigma attached to mental health issues are seen as significant barriers preventing some of those in need from getting help.

“In the South is an issue of pride. I can take care of my own. I don’t want anybody knowing I need help. I found that in all five parishes with our health centers, they don’t understand that when you say ‘mental health problems’ doesn’t mean you are crazy, so they don’t want to give us information. We have to take the time to explain what we can do, and then they let us in their home as long as it is kept private.” — *Allied Health/Social Service Provider*

“There is a stigma in this area where people tend to not want to seek mental health services. They don’t want to admit that there is a problem, but I think there is a great need for more mental health services.” — *Community Leader*

“I am not sure that the physicians always recognize patients who have mental problems like depression. I had an employee who was depressed and ended up committing suicide. Physicians saw him, but they didn’t recognize depression because he didn’t have the physical evidence. I think this area needs more mental health services.” — *Community Leader*

“We went to four medical doctors before they treated and cleared [my mother’s] depression. Once her depression was treated, she gained weight and is feeling great. Most of the medical doctors just wanted to tell us that she was old and there was nothing they could about it.” — *Community Leader*

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

Access to mental health services — including both cost and availability of services/lengths of waits — was an issue discussed in the community health panels.

“A lot of people don’t have access to mental health services. Even if they have health insurance, their insurance usually doesn’t cover it or covers a minimal amount - especially indigent people. They probably have the most stress and need it the most, but they don’t have any available to them.” — *Physician*

“We need drug treatment centers, both inpatient and outpatient. We are very limited in both of these types of services in this community.” — *Community Leader*

“I know we had a psychiatrist who would take Medicaid patients, but she moved to Texas. Those patients at poverty level who do not have private insurance can’t access mental health services because we don’t have enough psychiatrists or psychologists who will take Medicaid.” — *Allied Health/Social Service Provider*

“We offer family counseling. It is a very good program, but there is a great need for counseling for the lower/poor people social issues. Central State does a good job, but there isn’t any money for medication for any of their illnesses if they don’t qualify for medical cards. It is a need.” — *Community Leader*

“We have seen the problems with the psychiatrists who accept Medicaid patients who would have to see something like 60 patients in a day in order to cover what would be their normal salary for a person at their level. There is no way they can accept this many patients and provide quality care. They are in business. I think sometimes people forget that even in health care, you still have to pay attention to the bottom line. You have to be able to cover your costs.” — *Allied Health/Social Service Provider*

“I think primary care physicians have a lot of new medications available to them now than they did 15 years ago for treating depression and other mental illnesses. So we are treating a lot of things that we may have referred to a psychiatrist before. With the more serious illnesses, we are finding that there are fewer psychiatrists in private practice that are available for consultation. If you have a serious bipolar or schizophrenic, you can’t get anybody to see them and you have to send them to the mental health clinic. The mental health clinic is also very restrictive.” — *Physician*

“I have some clients who need mental health treatment, and they are denied services because after they do the initial interview, it is determined that the person just needs medication. There is not a counselor involved, and the person is just given a narcotic without any treatment.” — *Community Leader*

“The state system can maybe treat seven percent of the estimated amount of children and teens with emotional and behavioral problems. The problem is that the courts are committing people to hospitals who are not guilty by reason of insanity, and they are filling up the state hospitals. This is forcing us to care for severely mentally ill people outside of hospitals, which is very labor-intensive. It takes away from our ability to deal with things like depression, anxiety, obsessive-compulsive disorder and panic disorder. We have no capacity to treat any of these mental disorders.” — *Physician*

“We are going to see some changes in the treatment of mental health patients after the Supreme Court decision that people have an inherent right to be treated in a community setting rather than in an institutional setting if it is appropriate. The pressure is going to be to empty hospital beds and provide outpatient mental health services. We are going to have a problem because of the beds, which are filled with patients from the courts, and only the judge can discharge them from the hospital. There is lots of work to be done in this area.” — *Physician*

“The number of patients at Central right now is about 190 - it is not very large. We have a handful of people with very high needs and then another handful who can be admitted, treated and discharged after a few months of therapy, and then the larger group which are the court-appointed ones who have a very slow turnover. The tradition has been to have these large state hospitals where, that is what I call a 19th century solution for mental illness, you put people in an asylum which may have been humane and forward-thinking at that time, but it is not now.” — *Physician*

Focus group participants cited a need for increased availability of mental health services for children in the area. They also discussed diagnosis and treatment of Attention Deficit/Hyperactivity Disorder.

“I think, in general, we don’t have enough mental health services available for mild to moderate needs for kids. The rehab program that I run gets the most severely disturbed children who can usually access services through the state system. But for the mild- to moderate-problem child, there is no access for them. They can access care through a private psychiatrist, but it is very expensive, and there are very few in town.” — *Allied Health/Social Service Provider*

“I don’t believe we have adequate mental health services or mental health programs for children. We see children with genuine mental health problems that either parents are not recognizing that there is a problem or they don’t have access to care. It is difficult to diagnose a child with mental problems. Sometimes they are being deprived of an education because, in many instances, they have untreated mental health problems. I don’t think we are addressing this in this community.” — *Community Leader*

“I see a lot of children who are out of control, and they could really use an anger management class. They need to learn to control that anger. The younger we get them and treat them, the less problems they will have later.” — *Community Leader*

“There is a great need for family counseling and a school counselor trained to treat kids with behavioral problems.” — *Community Leader*

“We need counseling in our junior and high schools. These kids are going through crisis with their families, and they don’t have any way to handle it, and nobody can give them help in resolving these issues.” — *Physician*

“I think it is fear of the unknown. They are afraid that if they say something is wrong with their child, some agency will come and take him away. I know, because when my child was 3 and I knew he had a mental problem, I didn’t know whom to trust. I now serve as a liaison to bridge the gap between parent and agency. Sometimes it takes a long time to work with the parent in order to get them to accept the fact that their child

may have ADHD, but that doesn't make them stupid or crazy." — *Allied Health/Social Service Provider*

"We have a lot of parents and teachers who think kids are ADD or ADHD, and they want to put them on Ritalin immediately. I don't know if we have someplace in the community where I could send these kids for psychological testing. I heard there is one place but that the backlog is about eight to nine months to get the testing done. We don't like to put these kids on these drugs without having a proper diagnosis." — *Allied Health/Social Service Provider*

"There may be a problem with children being diagnosed incorrectly with ADD. A lot of kids are taking Ritalin, and this may not be necessarily what they need. My mother is a teacher, and she says they have the kids lined up in the morning for their Ritalin. It seems that we are making them drug addicts at a very young age." — *Community Leader*

"I think the problem may be that if kids are diagnosed with ADD, the parents qualify for additional income from the government. So this could be the motivation behind it. This really should not be happening." — *Community Leader*

"I think that if a child is kind of rambunctious or anything like that, they want to put them on Ritalin right away and don't give them a chance. Kids are going to be rowdy sometimes, and there is no reason to put them on Ritalin because they have to stay on it the rest of their lives." — *Youth Participant*

# LEADING CAUSES OF DEATH & DISABILITY



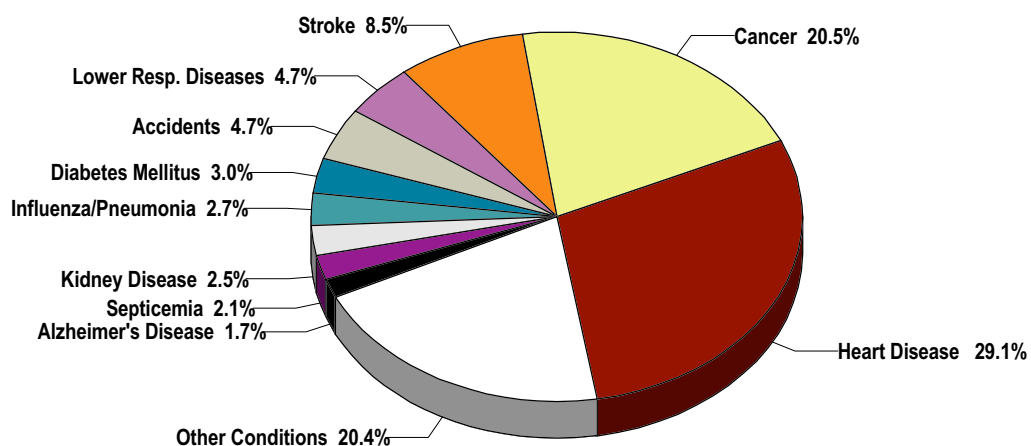
# Leading Causes of Death

## Leading Causes of Death

Together, the top six causes of death account for **70.5%** of all 1999 deaths in Rapides Parish:

- **Heart disease** is the leading cause of death in Rapides Parish, accounting for 29.1% of all deaths in 1999.
- **Cancers** are the second leading cause of death in Rapides Parish, accounting for 20.5% of all 1999 deaths.
- Cerebrovascular disease, or **stroke**, is the third leading cause of death in Rapides Parish, accounting for 8.5% of all 1999 deaths.
- Other leading causes include **lower respiratory disease, accidental injury** and **diabetes**.
- This distribution is similar to that presented in the 1997 Tulane study.

**Leading Causes of Death**  
Rapides 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 Rapides 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, Rapides Parish fails to satisfy each of the outlined Healthy People 2010 targets, including: *heart disease, cancer, stroke, diabetes, motor vehicle accidents, suicide and homicide.***
- **Rapides Parish compares unfavorably to Louisiana death rates for *stroke, chronic lower respiratory disease, influenza/pneumonia, suicide and homicide.***
- **Rapides Parish compares unfavorably to U.S. death rates for nearly all of the selected causes, including: *heart disease, cancer, stroke, diabetes, chronic lower***

**respiratory disease, influenza/pneumonia, motor vehicle accidents, septicemia and homicide (all except suicide).**

- **Rapides Parish death rates are also notably higher than the Rapides Foundation Service Area median rates for *stroke, septicemia* and *homicide* (meaning the Rapides 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

	Rapides Parish	Service Area Median	Louisiana	United States	HP2010
<b>Diseases of the Heart</b>	297.7	344.9	306.6	267.8	213.7*
<b>Malignant Neoplasms (Cancers)</b>	208.1	251.0	232.8	202.7	159.9
<b>Cerebrovascular Disease (Stroke)</b>	86.6	69.0	69.1	61.8	48.0
<b>Diabetes Mellitus</b>	30.4	29.4	42.4	25.2	15.1*
<b>Chronic Lower Respiratory Diseases</b>	48.3	47.2	40.8	45.8	
<b>Influenza/Pneumonia</b>	28.0	33.6	25.9	23.6	
<b>Motor Vehicle Accidents</b>	19.5	28.3	21.5	15.5	9.0
<b>Septicemia</b>	21.8	16.8	18.2	11.3	
<b>Intentional Self-Harm (Suicide)</b>	10.3	10.3	12.0	10.7	5.0
<b>Assault (Homicide)</b>	12.4	4.9	10.7	6.2	3.0

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

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

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

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

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

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

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

# Cardiovascular Disease

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

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

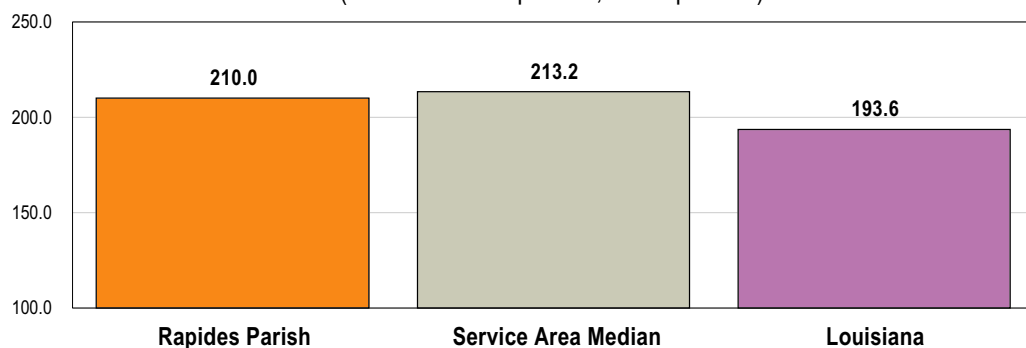
The economic impact of cardiovascular disease on the U.S. health care system continues to grow as the population ages. The estimated cost of cardiovascular disease in the United States in 2001 is \$298 billion, including health care expenditures and lost productivity (National Center for Chronic Disease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

## Cardiovascular Disease Deaths

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

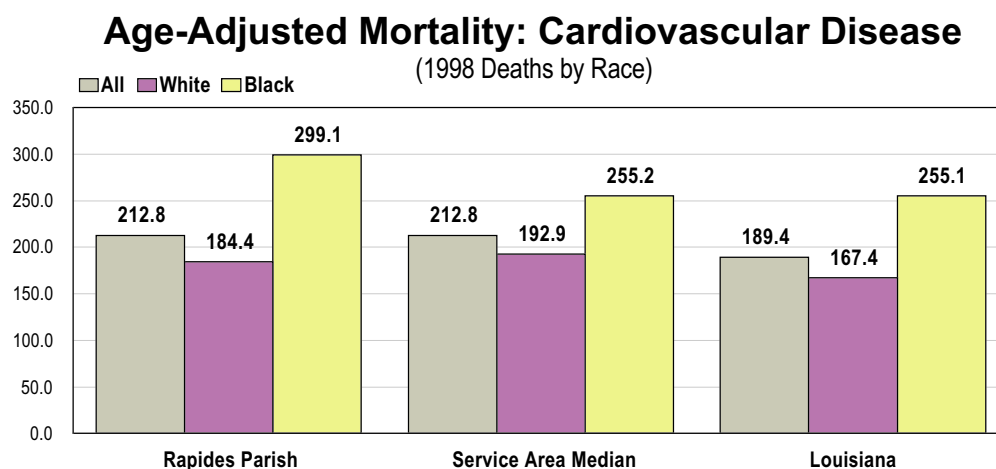


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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 rates than Whites (299.1 versus 184.4 deaths per 100,000 in Rapides Parish in 1998).
- This single-year rate difference is more pronounced in Rapides Parish than found statewide or 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).

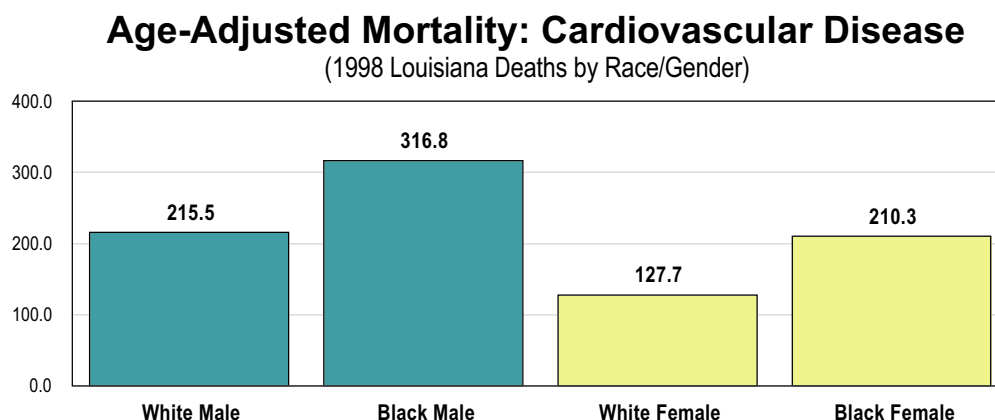


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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.

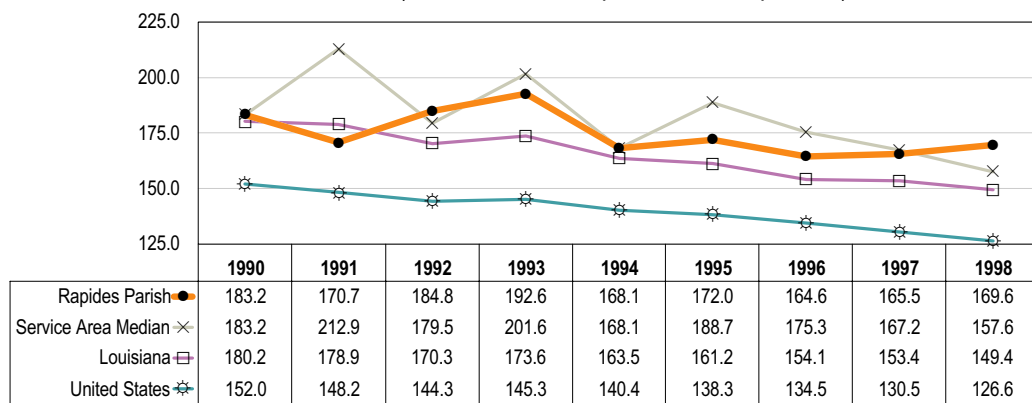
## Heart Disease Deaths

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

- The age-adjusted heart disease death rate in Rapides Parish have tracked higher than the corresponding Louisiana rate for most of the 1990-98 period.
- Nationally and statewide, heart disease deaths have been declining consistently. In Rapides Parish, this trend is less apparent.

### Age-Adjusted Mortality: Heart Disease

(1990-1998 Deaths per 100,000 Population)



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

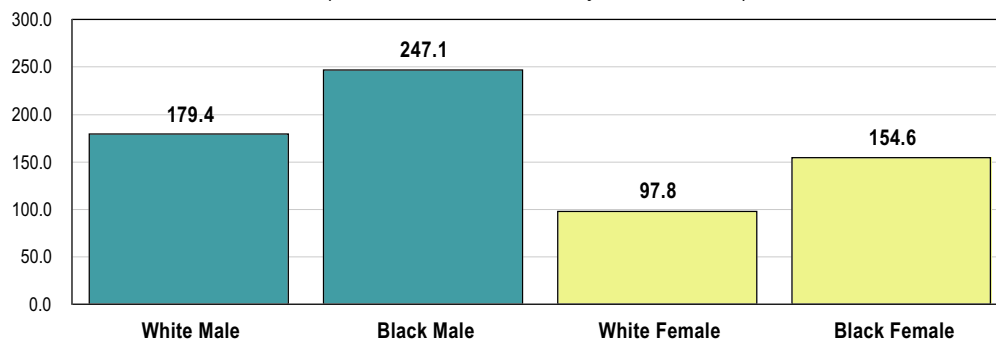
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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

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

### Age-Adjusted Mortality: Heart Disease

(1998 Louisiana Deaths by Race/Gender)



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

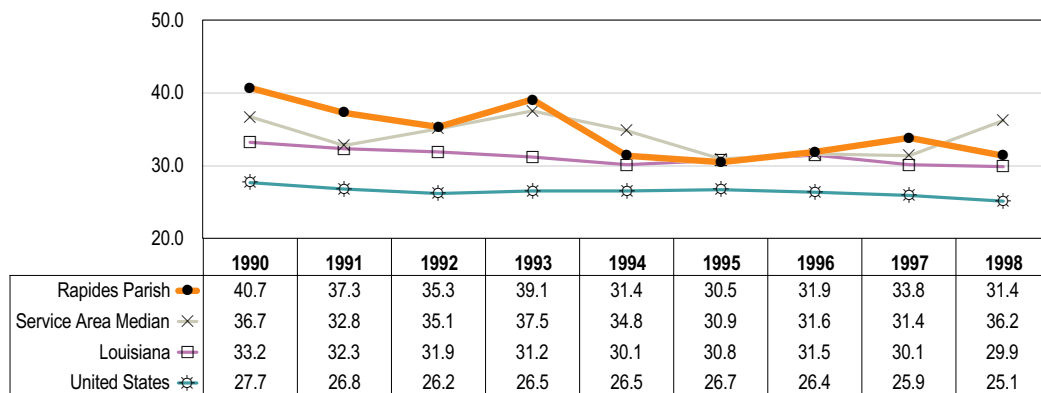
Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

## Stroke Deaths

- The Rapides Parish age-adjusted death rate for cerebrovascular disease is fairly consistent with statewide rates in recent years.
- In Rapides Parish, the stroke death rate remained fairly stable between 1994 and 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).

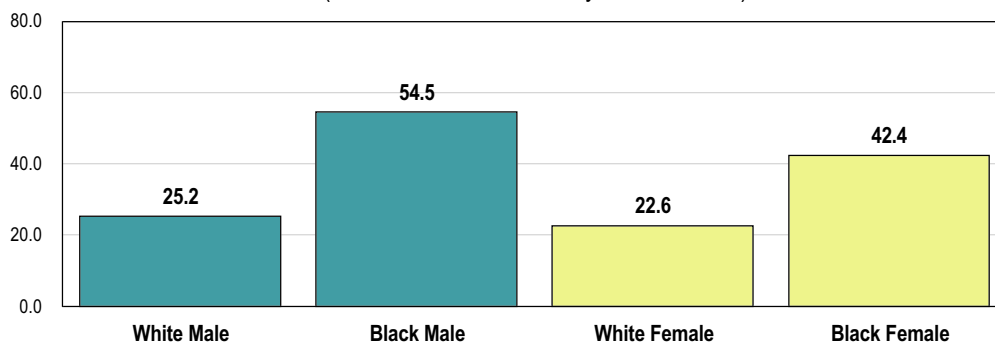
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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)



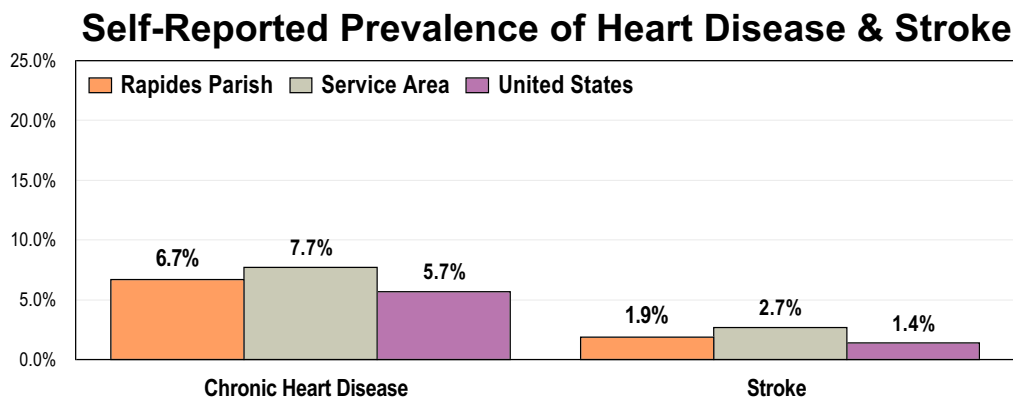
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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:

- **6.7% of Rapides Parish adult respondents report that they suffered from or been diagnosed with heart disease, such as congestive heart failure, angina or a heart attack.**
  - Statistically similar to the Rapides Foundation Service Area and national prevalences.
- **1.9% of Rapides Parish respondents report that they have suffered from or been diagnosed with a stroke.**
  - Statistically similar to the Rapides Foundation Service Area and national prevalences.



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

## Community Health Panel Findings\*

“It shocked me when I first moved here that we had 25-year-olds having heart attacks. Now it is common. It is very scary to see this disease this early on life.” — *Physician*

\* 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.

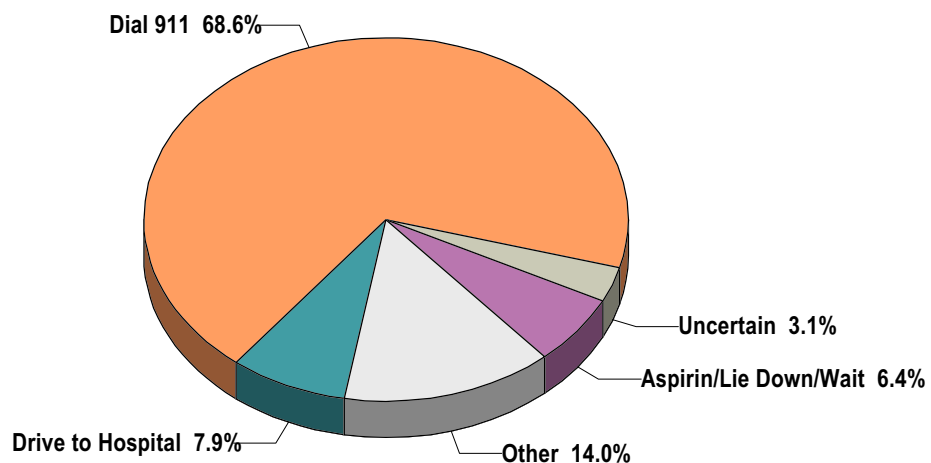


## Response to Symptoms of Heart Attack

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

- Over two-thirds (68.6%) of Rapides Parish adults would *call 911* upon symptoms of a heart attack.
- 7.9% say they would *drive themselves to the hospital*.
- 6.4% say they would *take aspirin, lie down and see if the symptoms subsided*.
- 14.0% identified a wide variety of other responses (none receiving more than 3% of responses), including calling a physician, spouse, friend or relative.

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



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

## Cardiovascular Risk Factors

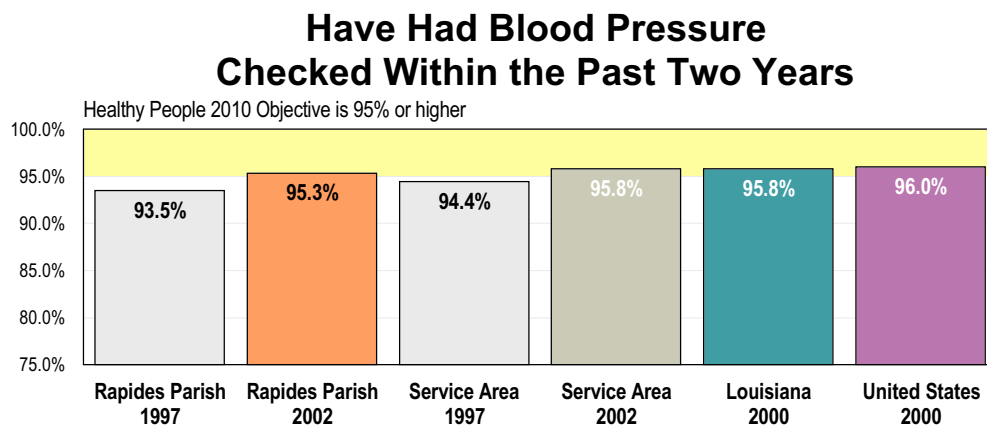
### Hypertension (High Blood Pressure)

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

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

### Blood Pressure Testing

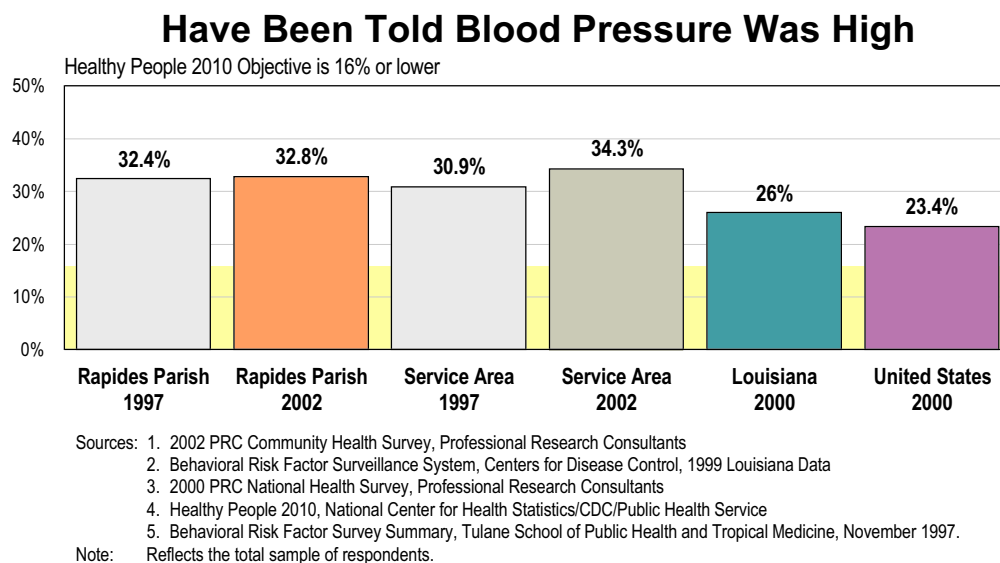
- **95.3% of adults in Rapides Parish have had their blood pressure tested within the past two years.**
  - Statistically similar to Rapides Foundation Service Area, Louisiana, US and 1997 Rapides Foundation findings.
  - Satisfies the *Healthy People 2010* target (95% or higher).



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

## High Blood Pressure Prevalence

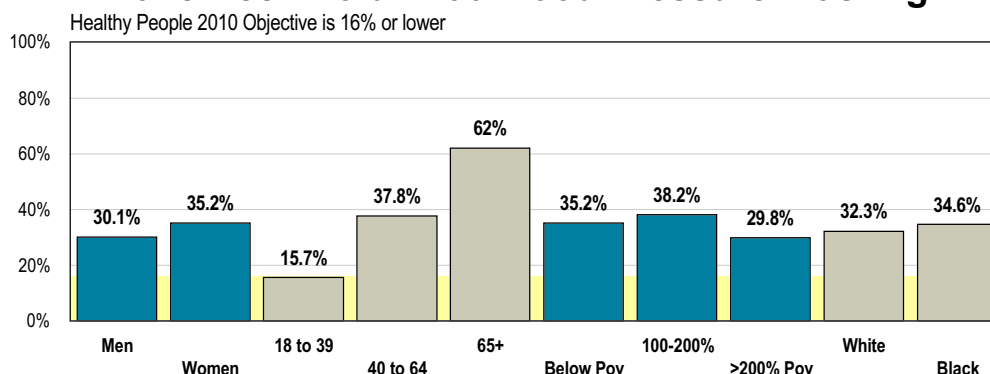
- **32.8% of Rapides Parish adults have been told at some point that their blood pressure was high.**
  - Similar to that found in the Rapides Foundation Service Area, as well as 1997 Rapides Parish findings.
  - Significantly higher than found statewide (26.0%).
  - Significantly higher than found nationwide (23.4%).
  - Fails to satisfy the Healthy People 2010 target (16% or lower).
- **24.6% of Rapides 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 Rapides Parish vary widely between adults under 40 and those 65 and older.
- Women experience a slightly higher prevalence than men.
- Survey data do not reveal significant differences between Whites and Blacks.

## 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 Rapides Parish.

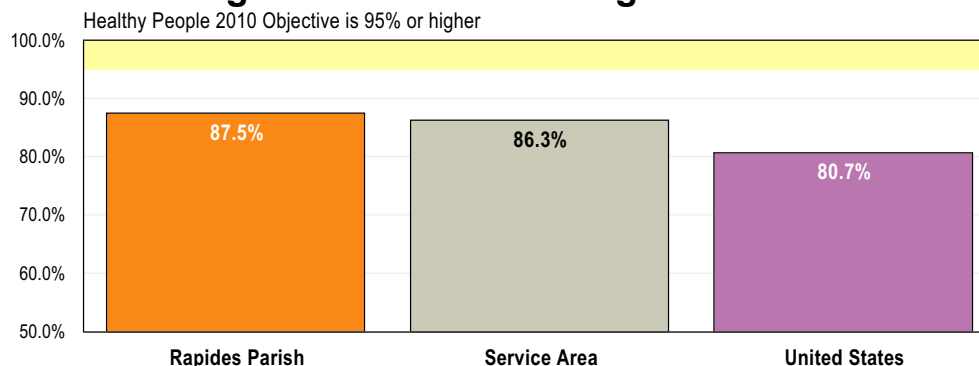
2. Reflects the total sample of respondents.

## 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.

- **87.5% of Rapides 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 better than reported nationwide ( 80.7%).
  - Falls short of meeting the *Healthy People 2010* target (95% or higher).

## Taking Action to Control High Blood Pressure



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

2. 2000 PRC National Health Survey, Professional Research Consultants

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

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

2. State data not available.

## Community Health Panel Findings\*

“There is a lot of hypertension in the area. A lot of what has been said about diabetes could be also said about hypertension. Obesity and lack of exercise are problems contributing to hypertension and, eventually, coronary disease.” — *Physician*

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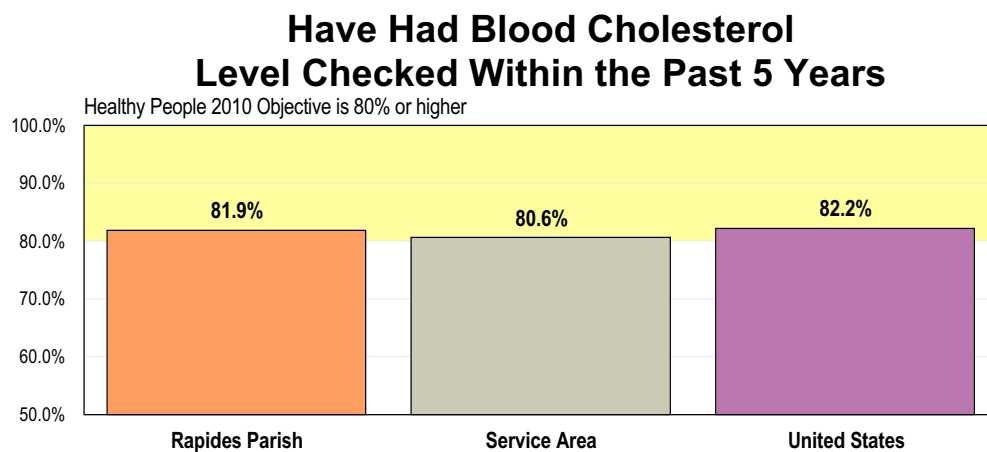
\* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the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

## 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*

- **81.9% of adults in Rapides Parish have had a blood cholesterol screening within the past 5 years.**
  - Similar to the level throughout the Rapides Foundation Service Area and nationwide.
  - Satisfies the *Healthy People 2010* target (80% or higher).



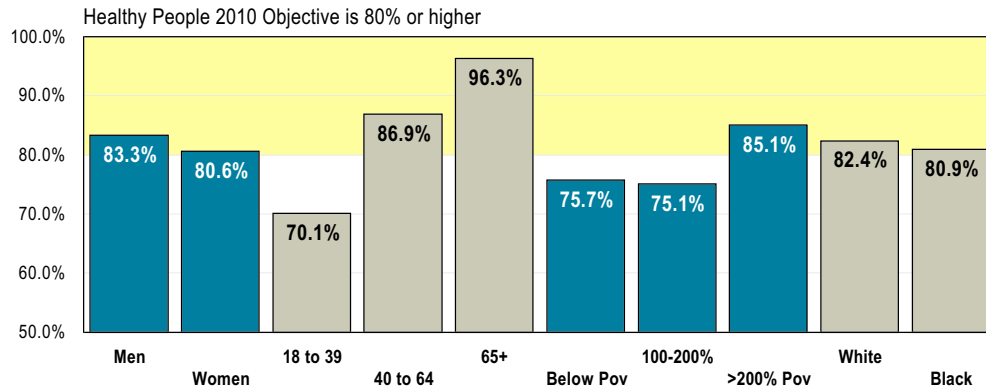
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data  
3. 2000 PRC National Health Survey, Professional Research Consultants  
4. Healthy People 2010, National Center for Health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

Note: Reflects the total sample of respondents.

Further note in the following demographic breakout:

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

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

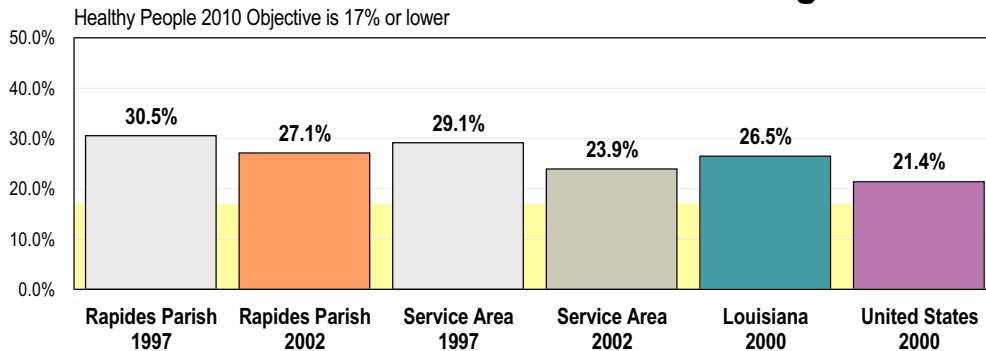


Source: 2002 PRC Community Health Survey, Professional Research Consultants  
 Notes: 1. Demographic breakouts are among findings in Rapides Parish.  
 2. Reflects the total sample of respondents.

## High Blood Cholesterol Prevalence

- **27.1% of adults in Rapides Parish have been told by a health professional that their cholesterol level was high.**
  - Statistically similar to the Rapides Foundation Service Area and statewide prevalence levels.
  - Significantly worse than found nationwide (21.4%).
  - Fails to satisfy the Healthy People 2010 target (17% or lower).

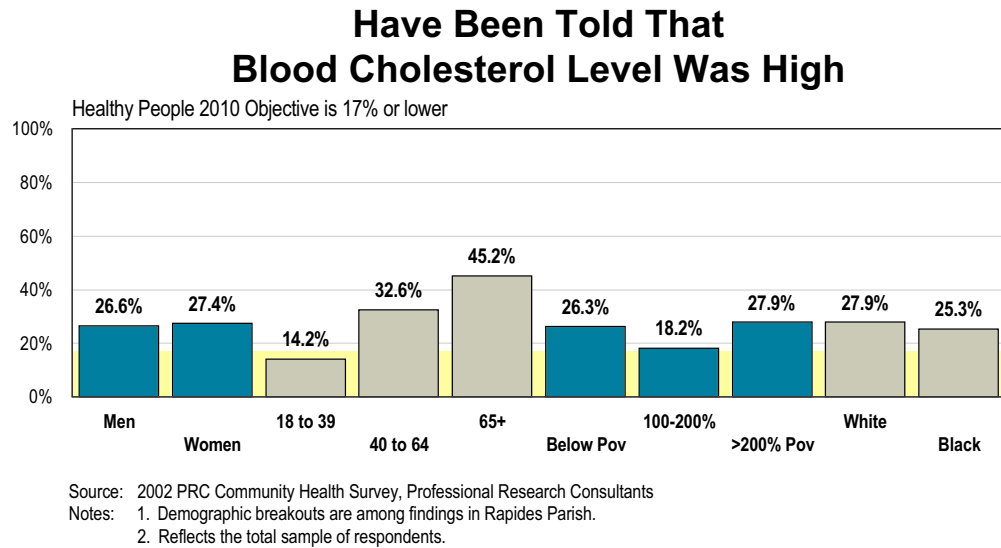
## Have Been Told That Blood Cholesterol Level Was High



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

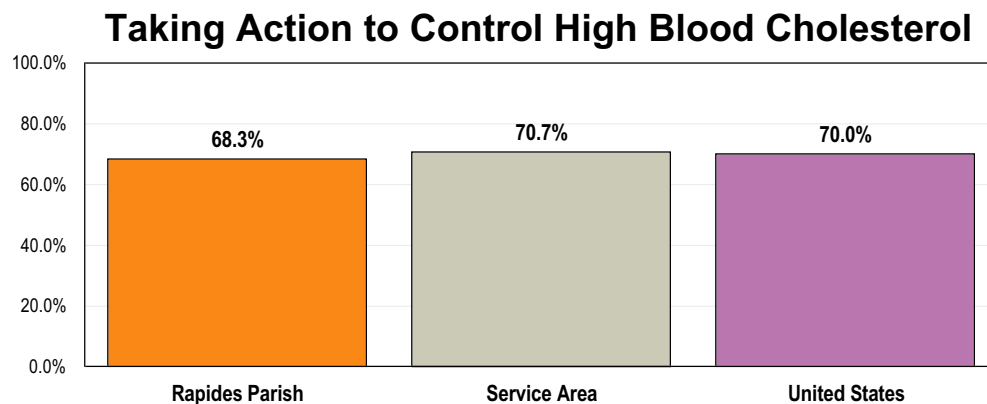
As shown in the following chart:

- High cholesterol increases dramatically with age.
- Survey data do not reveal significant differences between Whites and Blacks.



## Controlling High Blood Cholesterol

- **68.3% of adults in Rapides Parish with high blood cholesterol levels are taking some type of action to control their condition.**
  - Similar to the Rapides Foundation Service Area and nationwide findings.



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



## Cardiovascular Risk Behavior

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

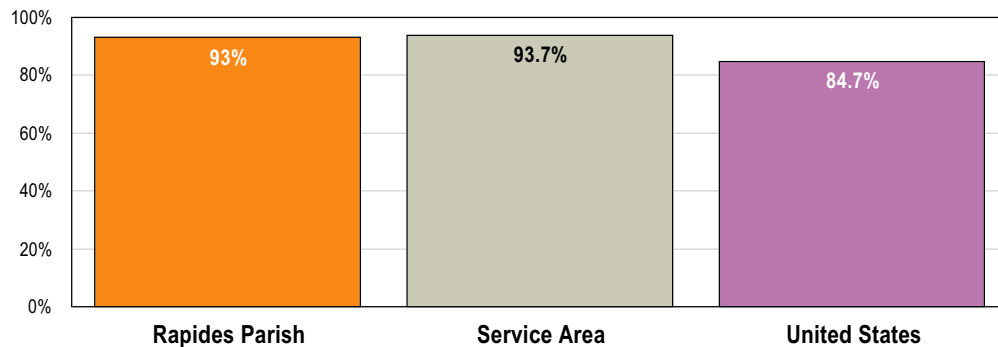
- **Poor nutrition.** People who are overweight have a higher risk for cardiovascular disease. Almost 60% of U.S. adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.
- **Lack of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

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

### Prevalence of Cardiovascular Risk Factors/Behaviors

- **93.0% of Rapides Parish adults present one or more cardiovascular risk factors or behaviors, including overweight prevalence, cigarette smoking, high blood pressure, high cholesterol, or a lack of physical activity.**
  - Similar to that found throughout the Rapides Foundation Service Area.
  - Significantly worse than found nationwide (84.7%).

## Present One or More Cardiovascular Risk Factors or Behaviors

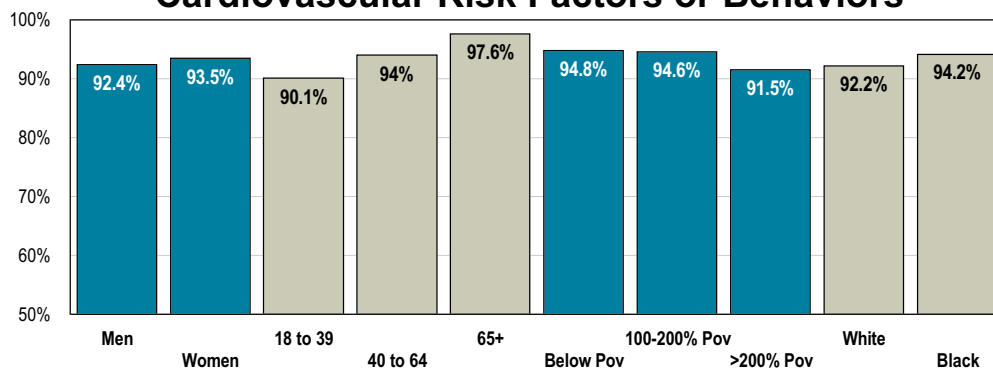


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2000 PRC National Health Survey, Professional Research Consultants

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

- Cardiovascular risk factors are highest among older adults.
- Little difference is detectable by age, income or race.

## Present One or More Cardiovascular Risk Factors or Behaviors



Source: 2002 PRC Community Health Survey, Professional Research Consultants

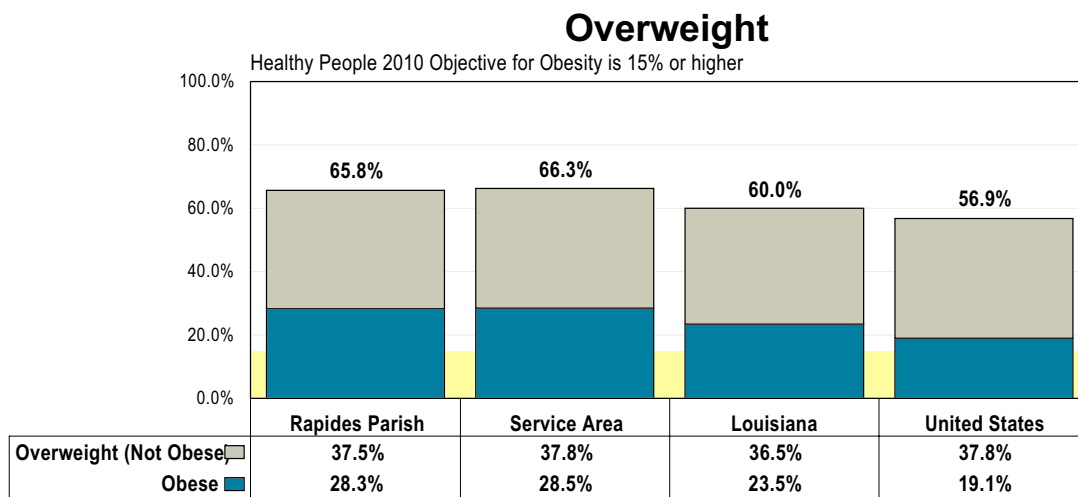
Notes: 1. Demographic breakouts are among findings in Rapides Parish.  
2. Includes respondents reporting any of the following: overweight, cigarette smoking, high blood pressure, high cholesterol, or physical inactivity.

## 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.

- **65.8% of Rapides Parish adults are overweight ( $\text{BMI} \geq 25$ ), based on self-reported heights and weights.**
  - Similar to that found throughout the Rapides Foundation Service Area.
  - Significantly worse than found statewide (60.0%).
  - Significantly worse than found nationwide (56.9%).
- **28.3% of Rapides Parish adults are obese ( $\text{BMI} \geq 30$ ).**
  - Similar to that found throughout the Rapides Foundation Service Area.
  - Significantly worse than found statewide (23.5%).
  - Significantly worse than found nationwide (19.1%).
  - Fails to satisfy the *Healthy People 2010* target (15% or lower).

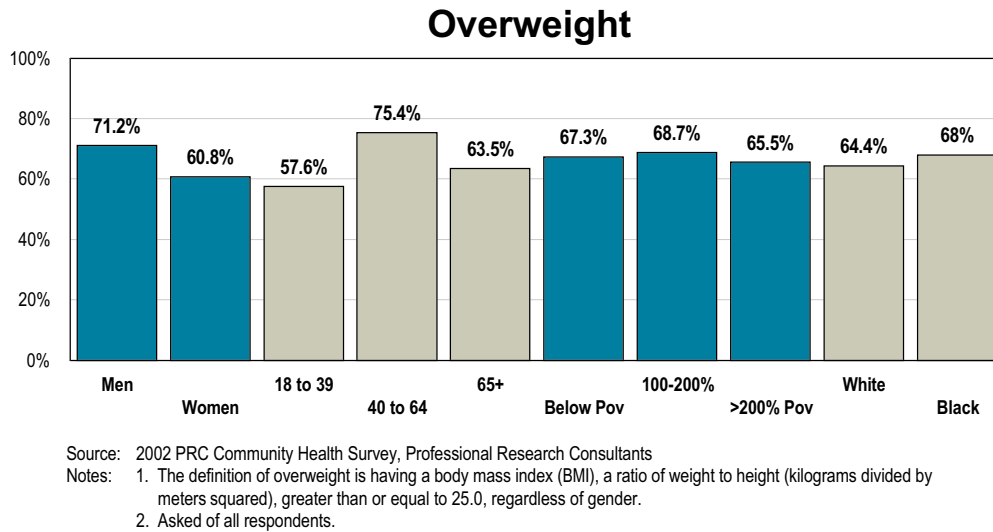


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data  
 3. 2000 PRC National Health Survey, Professional Research Consultants  
 4. Healthy People 2010, National Center for Health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

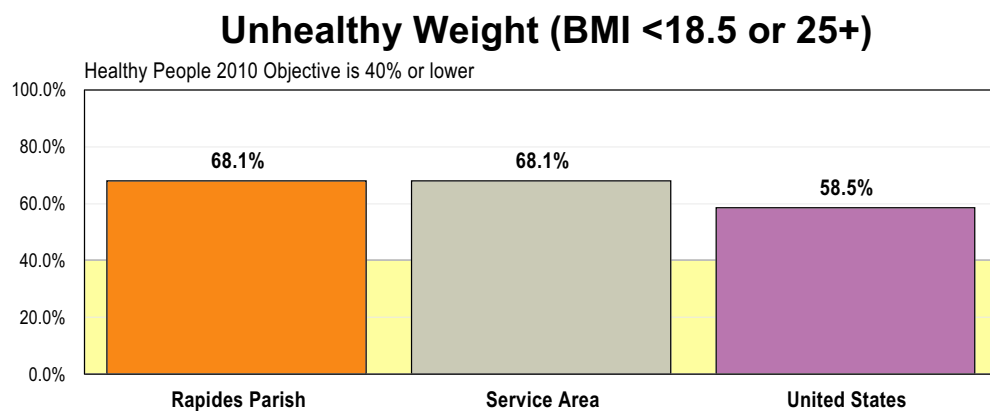
Notes: 1. The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.  
 2. Asked of all respondents.

Overweight prevalence is significantly higher in Rapides Parish among:

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



- **68.1% of Rapides Parish adults are of an unhealthy weight (including overweight and the small percentage of adults who are underweight).**
  - Identical to the Rapides Foundation Service Area proportion.
  - Significantly worse than found nationwide (58.5%).
  - Far from reaching the *Healthy People 2010* target (40% or lower).

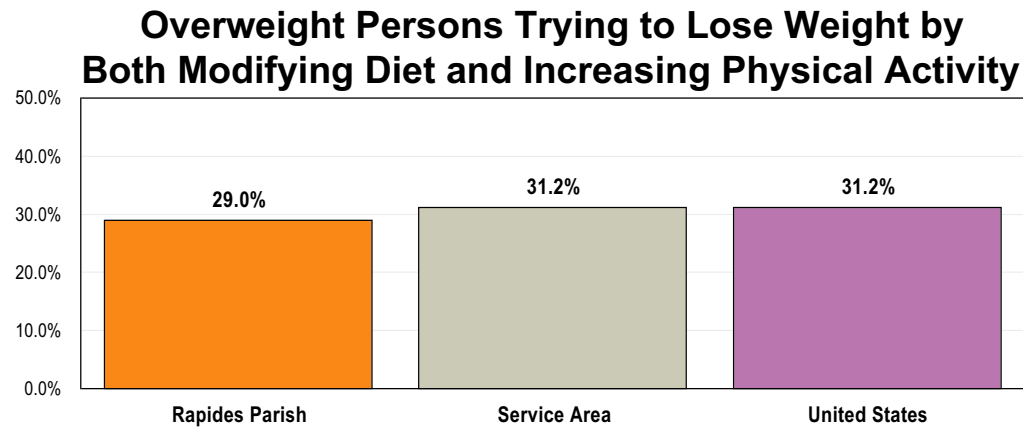


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. 2000 PRC National Health Survey, Professional Research Consultants  
 3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service  
 Notes: 1. The definition as outlined in Healthy People 2010 is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), lower than 18.5 or higher than 25.0.  
 2. Asked of all respondents.

## Weight Control

Among surveyed adults who are overweight:

- **29.0% of surveyed adults who are overweight are using a combined regimen of diet and exercise as a means to lose weight.**
  - Similar to Rapides Foundation Service Area and national findings.



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

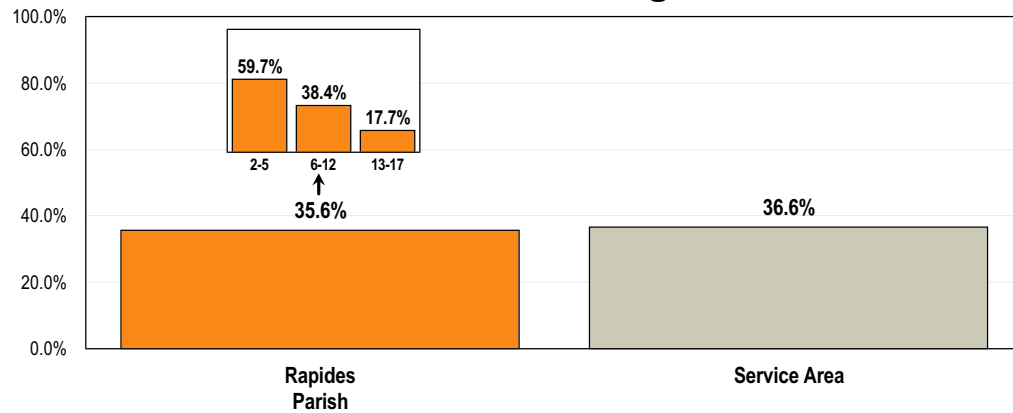
Notes: 1. Asked of all overweight respondents.  
2. State data not available.

## Overweight Children

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

- **35.6% of Rapides 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 that found throughout the Rapides Foundation Service Area.

## Child Overweight



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

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

## Community Health Panel Findings\*

Focus group participants recognized the growing problem of obesity, and discussed problems of poor nutrition and lack of exercise. A few physicians pointed out that part of the local problem is culturally based.

“Obesity is the number-one health risk behavior in this area.” — *Physician*

“Obesity is a huge problem - literally. We have a lot of obese patients in our family practice clinic. In fact, I just ordered a 500-pound scale for our clinic so we can more accurately weigh these folks and then give them feedback if they are losing weight.” — *Physician*

“Nutrition is a problem, as well as lack of exercise. The wrong people are running around the block. You see all of these svelte people running around, and you rarely see a heavy person who is out exercising. One of our foreign-born doctors mentioned that the United States is the only country in the world where the poor people are fat.” — *Physician*

“One of the reasons for the poor being fat is the food we provide through the food programs. They always give them cheese, which is loaded with saturated fat.” — *Physician*

“I think that a lot of our answers to the questions reflect a cultural situation that is unique to Louisiana. The culture here is largely southern European, blacks and Hispanics who have ingrained habits and customs that have to do with the tremendous amount of celebrations that go on here. Everything is celebrated. Almost every weekend there is some sort of party somewhere. People have these parties where they

*\* 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.*

eat these roasted pigs and all kinds of foods which end up in an obesity problem with the population.” — *Physician*

“Roasted pigs, crawfish - most of the celebration has to do with some special food. That is just part of the culture here. There is less emphasis on education here than in many other parts of the country. People's values are a little bit different here, and you don't change cultures and values quickly. It takes a long time.” — *Physician*

Focus group participants pointed out that obesity is also a significant problem among children and adolescents, and related that much of this is due to a lack of physical activity.

“Children are obese also; they don't play outside anymore. I was shocked to find out that they don't have to take P.E. at the schools. It is now an option class.” — *Physician*

“The study shows that younger people spend almost eight hours a day either in front of the TV or in front of the computer. Of course, we didn't have all of those options, so we went outside and played. Now they just live a sedentary life.” — *Physician*

“A large number of young people - women and men - don't know how to cook. To them, cooking is opening a can of something and putting it in the microwave. So maybe old programs like home economics for guys and gals will teach them enough for them to change their lifestyle to a healthier one. The way we are going, by the year 2050, houses may not have kitchens anymore.” — *Physician*

“We are changing those kids to thinking about eating better and healthier foods and to go to the doctor for a routine physical. It is OK to see someone if he or she feels bad or maybe my head hurts because I didn't eat breakfast. So we are educating them and I think we are going to see a change, but it is going to take time.” — *Allied Health/Social Service Provider*

“They only offer P.E. here for two years. Kids don't want to take P.E., and most of the parents don't want their kids to take P.E. There are so many new subjects that kids have to take in school that they don't have time for P.E.” — *Community Leader*

## Nutrition

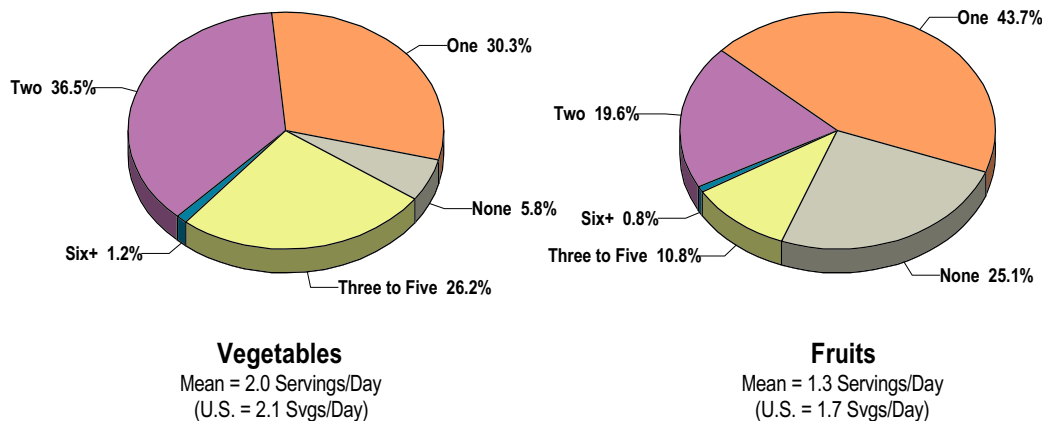
Diet is a key component of good health. In fact, dietary habits have been linked to five of the 10 leading causes of death in the United States, including coronary heart disease, some types of cancer (colorectal, breast and prostate), stroke, noninsulin-dependent diabetes mellitus and atherosclerosis.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

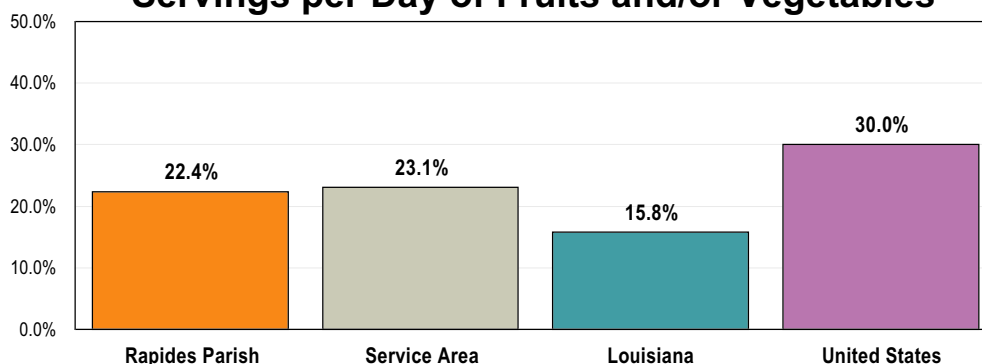
### Self-Reported Daily Servings of Fruits and Vegetables



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 22.4% of Rapides Parish adults eat the recommended five or more servings per day of fruits and/or vegetables.
  - Similar to that found throughout the Rapides Foundation Service Area.
  - Significantly better than found statewide (15.8%).
  - Significantly worse than found nationwide (30.0%).

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



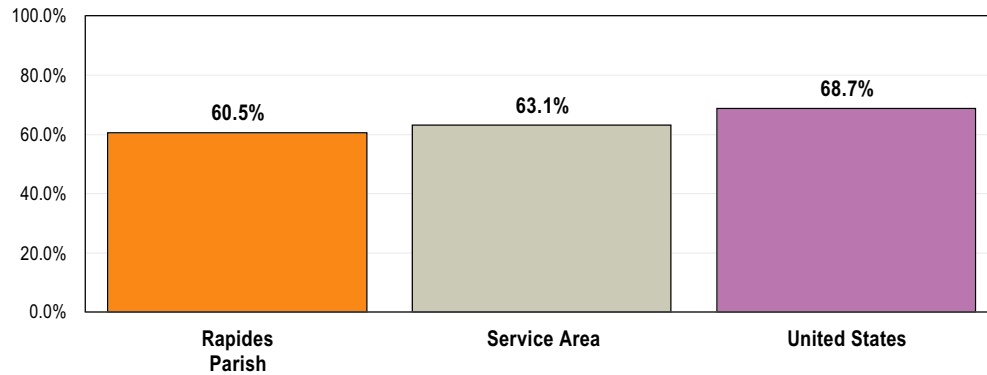
Source: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data  
3. 2000 PRC National Health Survey, Professional Research Consultants  
Note: Asked of all respondents.



## Use of Food Labels

- **60.5% of Rapides 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

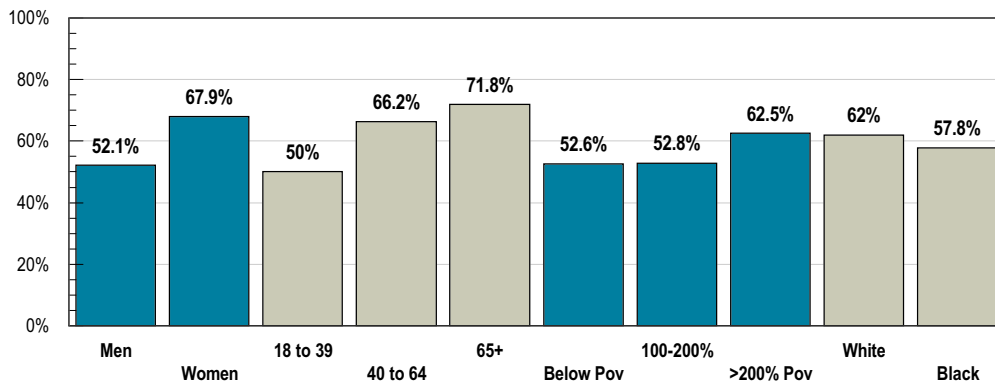


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. 2000 PRC National Health Survey, Professional Research Consultants  
 Notes: 1. Asked of all respondents.  
 2. State data not available.

Use of food labels is notably higher among:

- Women.
- Older adults.
- Persons living at higher income levels.

### Use Labels to Make Nutritious Food Selections

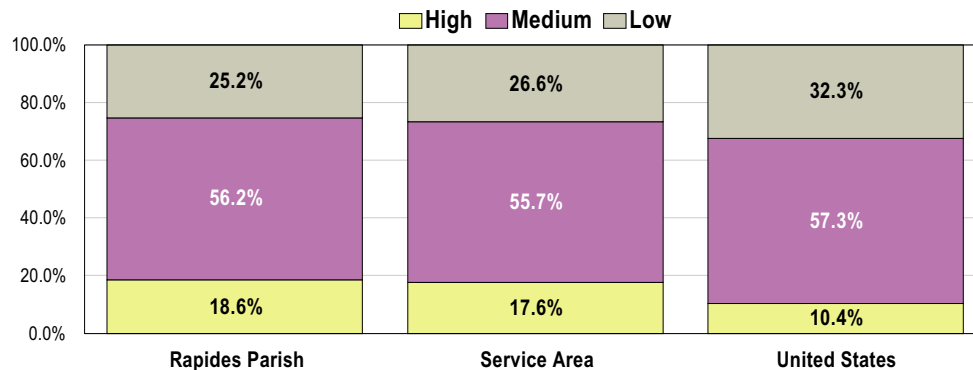


Source: 2002 PRC Community Health Survey, Professional Research Consultants  
 Notes: 1. Demographic breakouts are among findings in Rapides Parish.  
 2. Asked of all respondents.

## Dietary Fat Content

- **18.6% of Rapides 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

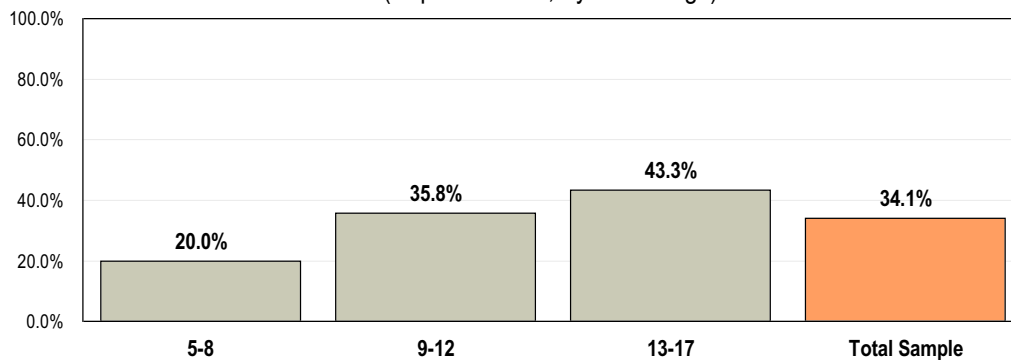


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. 2000 PRC National Community Health Survey, Professional Research Consultants  
 Note: Asked of all respondents.

## Children & Fast Food

- **34.1% of Rapides Parish parents report that their child eats three or more of his/her meals per week from a fast-food restaurant.**
- Frequent fast food meals are more common among older children, especially teens.

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



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

## Community Health Panel Findings\*

Youth focus group participants characterized their school lunches as largely unhealthy fare.

“A school lunch is supposed to be nutritious, but it is like McDonald’s every day. You can get cheeseburgers, pizza and French fries.” — *Youth Participant*

“Our school just started a sack lunch with a sandwich, mayo, chips, juice and a fruit for 90 cents.” — *Youth Participant*

“We do have vending machines at school, but you can’t use them until lunch because it is a school policy. If you don’t eat breakfast before school, you can’t get anything until lunchtime. The machines are turned off until lunch.” — *Youth Participant*

“Most kids I know don’t eat breakfast. Our school serves breakfast, but I don’t think anybody ever really goes in there and eats it.” — *Youth Participant*

“I know in Texas the schools have like a McDonald’s and pizza stations and also the healthy stuff, but you can get whatever you want to eat. We need something like that here.” — *Youth Participant*

## Physical Activity

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

### No Leisure-Time Physical Activity

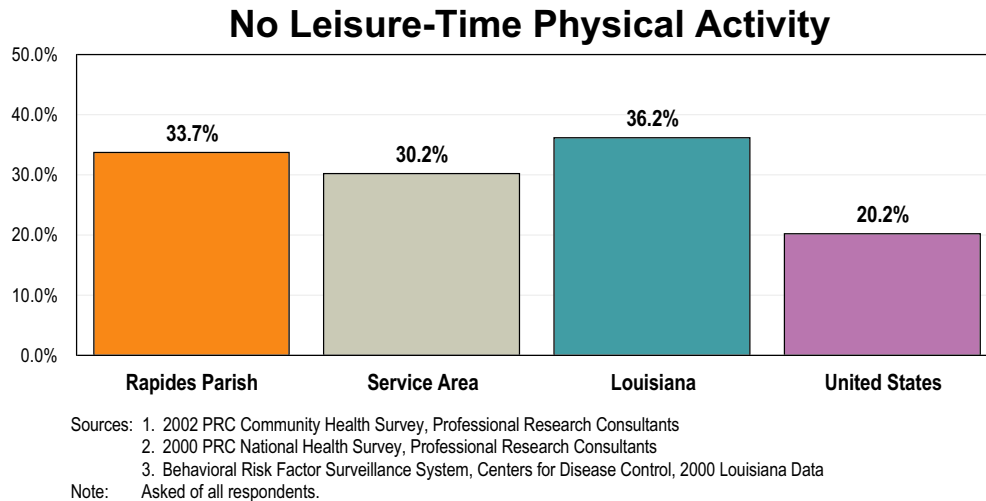
- **33.7% of Rapides Parish adults have not participated in any type of physical activity outside work during the past month.**
  - Similar to statewide findings.
  - Slightly higher than found throughout the Rapides Foundation Service Area (30.2%).

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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.

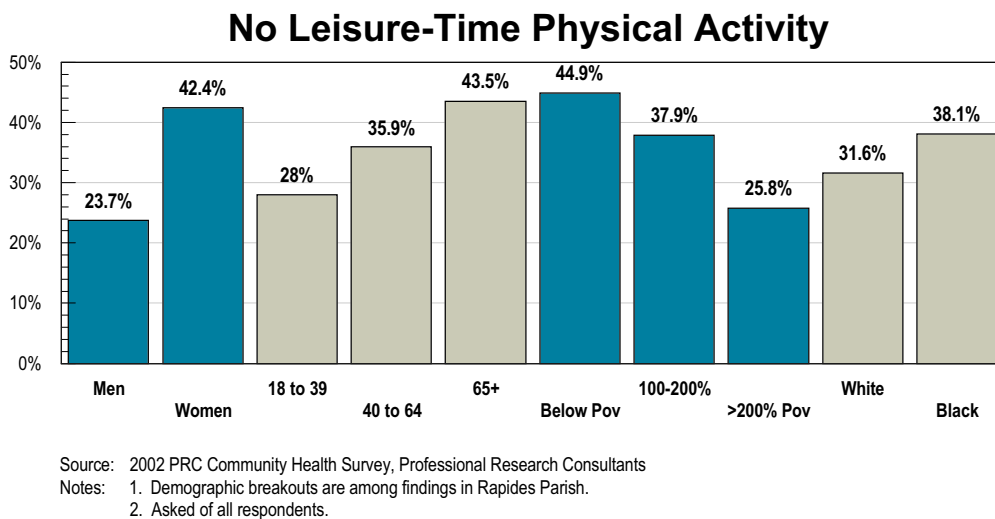
- Significantly worse than found nationwide (20.2%).

The following chart segments levels of inactivity by various demographic characteristics.



As shown, a lack of leisure-time physical activity is found among a greater share of:

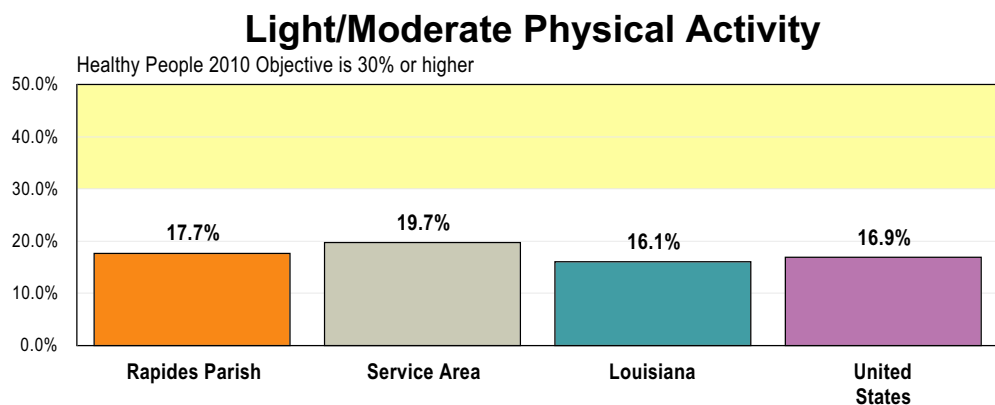
- Persons living at lower income levels.
- Older adults.
- Women.
- Black respondents.



## 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.

- **17.7% of Rapides 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, statewide and national findings.
  - Fails to satisfy the *Healthy People 2010* target (30% or higher).



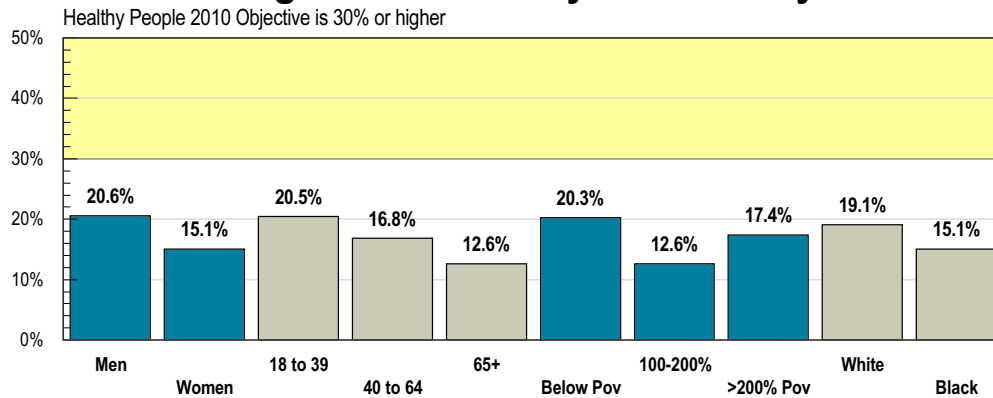
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1998 Louisiana Data  
3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service  
4. 2000 PRC National Health Survey,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

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

Moderate physical activity is lowest among:

- Adults aged 65 and older.
- Persons living just above the poverty threshold (100% to 200% of poverty).
- Women.
- Blacks.

## Light/Moderate Physical Activity



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Asked of all respondents.

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

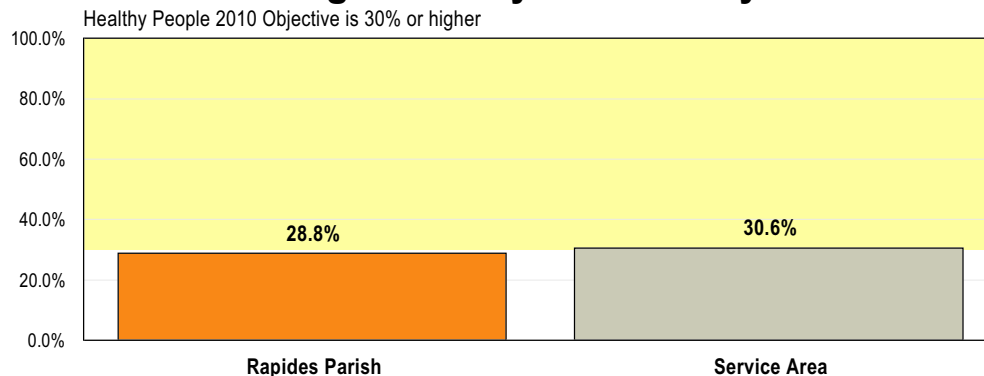
3. The Healthy People 2010 goal is to increase to at least 30% the proportion of people who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes per day.

## Vigorous Physical Activity

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

- **28.8% of Rapides 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 that found throughout the 11-parish Rapides Foundation Service Area.
  - Close to satisfying 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.

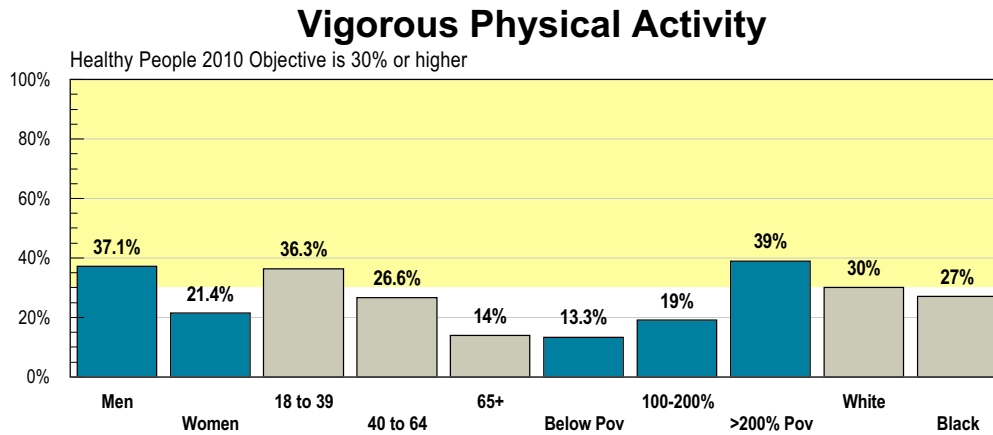
2. Takes part in "vigorous physical activity" (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

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:

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



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

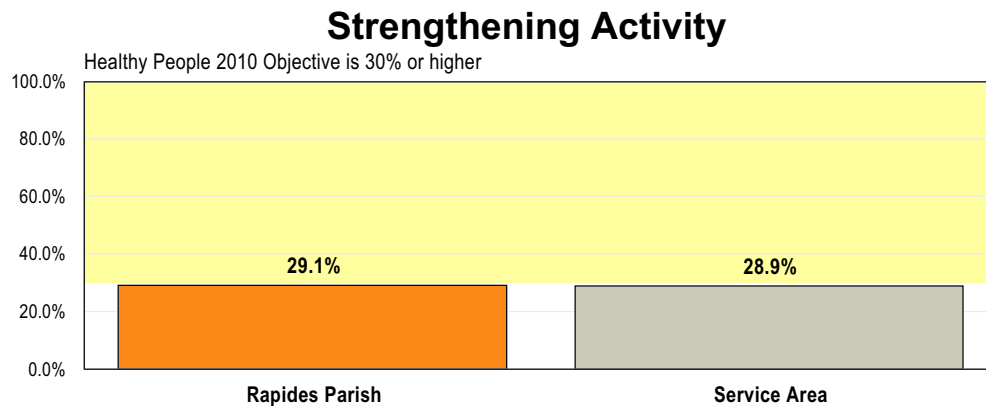
2. Asked of all respondents.

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.

- **29.1% of Rapides Parish adults report taking part in strengthening activities at least twice a week.**
  - Similar to Rapides Foundation Service Area findings.
  - Close to satisfying the *Healthy People 2010* target (30% or higher).



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

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

Notes: 1. Asked of all respondents.

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

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

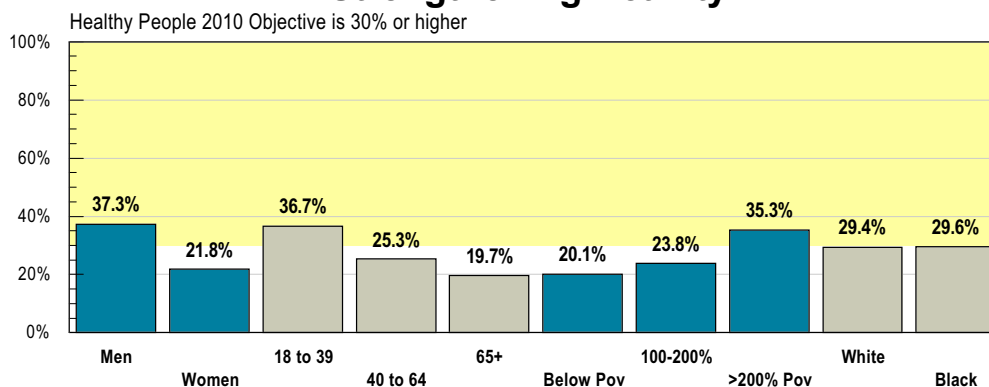
4. State and national data not available.

Strengthening activity levels are lowest among:

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



## Strengthening Activity



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

2. Asked of all respondents.

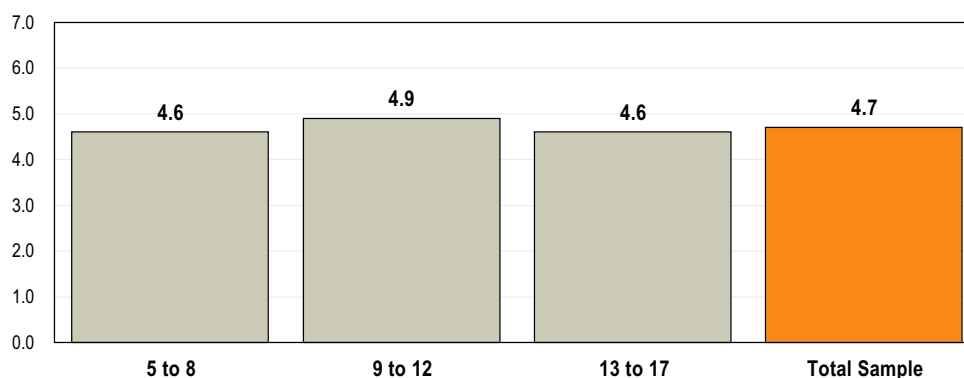
3. In this case, "strengthening" refers to performing exercise which enhances and maintains strength and endurance at least twice weekly.

## Physical Activity in Children

Rapides Parish parents report that their children take part in physical activity lasting 20 minutes or more on an average 4.7 days per week.

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

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



Source: 2002 PRC Community Health Survey, Professional Research Consultants

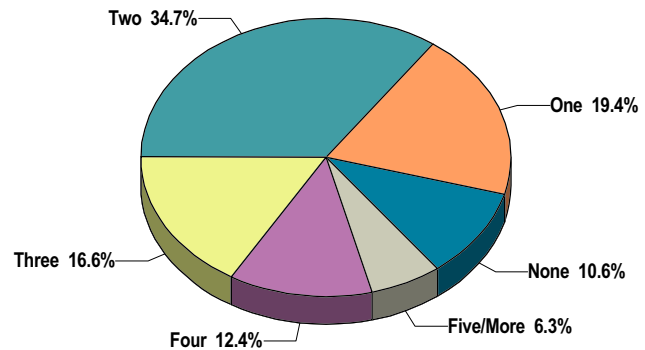
Notes: 1. Asked of all respondents with children under 18 at home.

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.

- **51.3% of Rapides Parish parents report that their child watches television an average of two to three hours on a typical school day.**
- **18.7% of Rapides Parish parents report that their child watches television an average of four or more hours on a typical school day.**

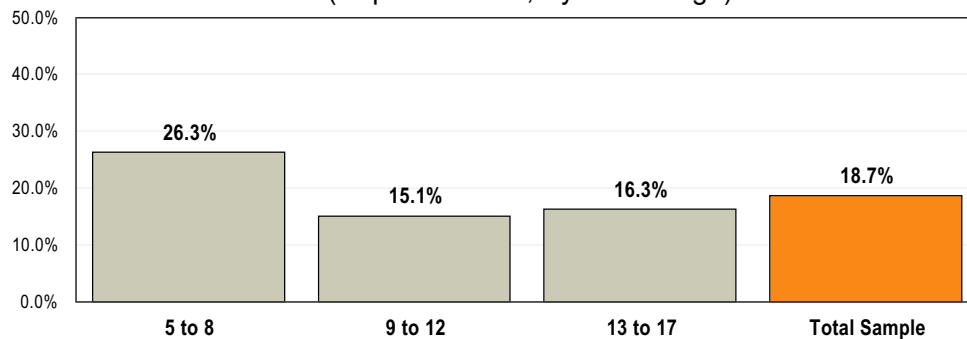
### Hours Child Watches Television on a Typical School Day



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

- Young children (5 to 8 years old) appear to spend a greater amount of time in front of the television on a typical school day than do older children.

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



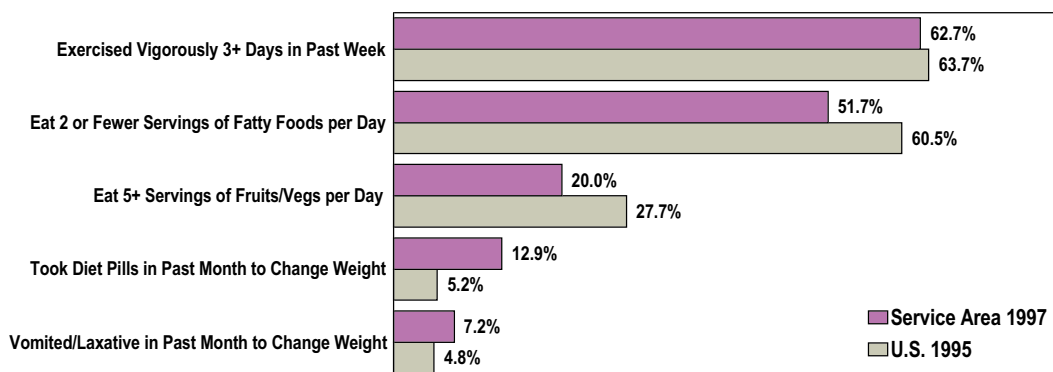
Source: 2002 PRC Community Health Survey, Professional Research Consultants  
 Note: Asked of all respondents with children under 18 at home.

## Adolescent Nutrition & Exercise

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

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

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



Source: Tulane School of Public Health and Tropical Medicine.

## Community Health Panel Findings\*

Youth focus group participants cited a need for increased emphasis on physical activity and fitness.

“I think that we really need to push exercise so that people will appreciate the importance of physical activity and really understand it - not something that they are going to do in 15 years, but something that they need to do right now.” — *Community Leader*

“I would like to stay in shape, but my friends don’t do anything with staying fit. I see some of them working out, but I don’t see them jogging or anything like that. I guess it depends on the person.” — *Youth Participant*

“All you need in school is two courses of physical education. Regular P.E. is a joke. You can substitute any sport of the P.E. class.” — *Youth Participant*

“We have a number of walks, park walks, runs and all kinds of opportunities to stay in shape physically, but people are not taking advantage of them like they should be.” — *Community Leader*

\* 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.

“One of our greater needs is a free swimming pool where we can offer swimming classes for free.” — *Community Leader*

On focus group participant suggested expanding efforts to improve the recreational activity options in the area.

“The city is building a complex with a golf course, and I think if they can put a bicycle path going up to the hills and back, it would provide a safe place for people to go bike riding. If you get on a bicycle in the wrong place of town, you will get run over. By providing things like these, we give the entire community a lift.” — *Physician*

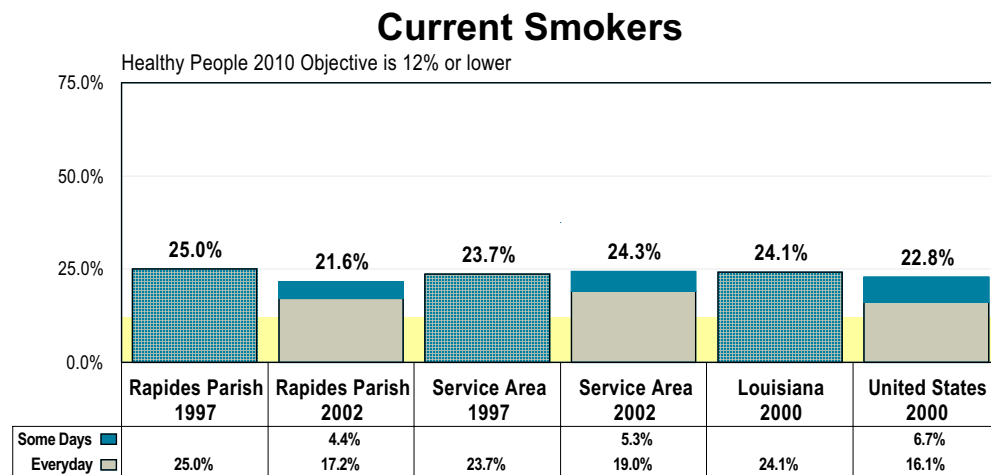
## Tobacco Use

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

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

### Cigarette Smoking Prevalence

- **21.6% of Rapides Parish adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).**
  - Statistically similar to service area, national and statewide prevalence levels.
  - Far from reaching the *Healthy People 2010* target (12% or lower).

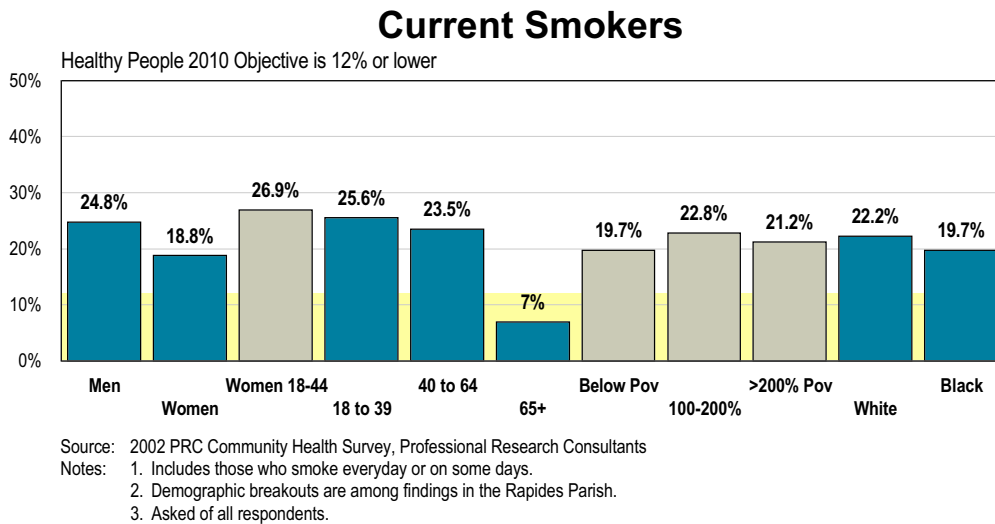


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data  
 3. 2000 PRC National Health Survey, Professional Research Consultants  
 4. Healthy People 2010, National Center for Health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

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

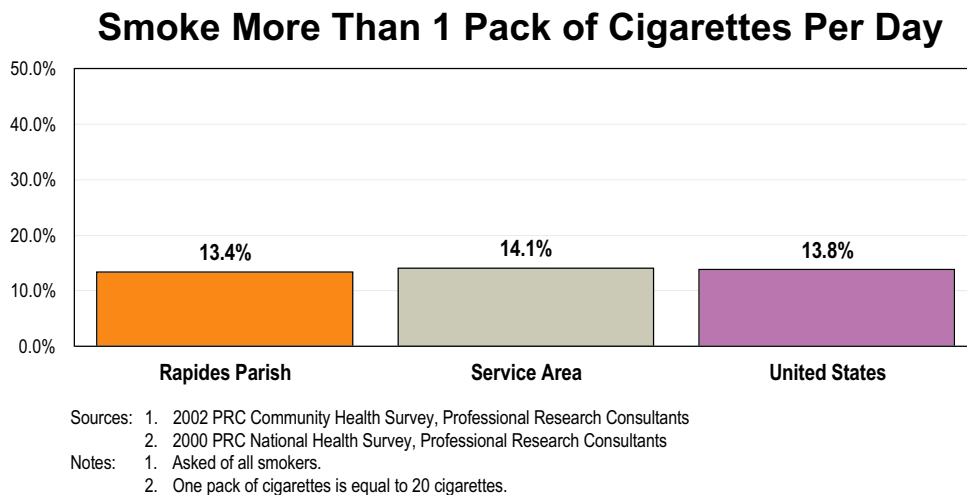
Cigarette smoking is higher among:

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



### *Number of Cigarettes Smoked per Day*

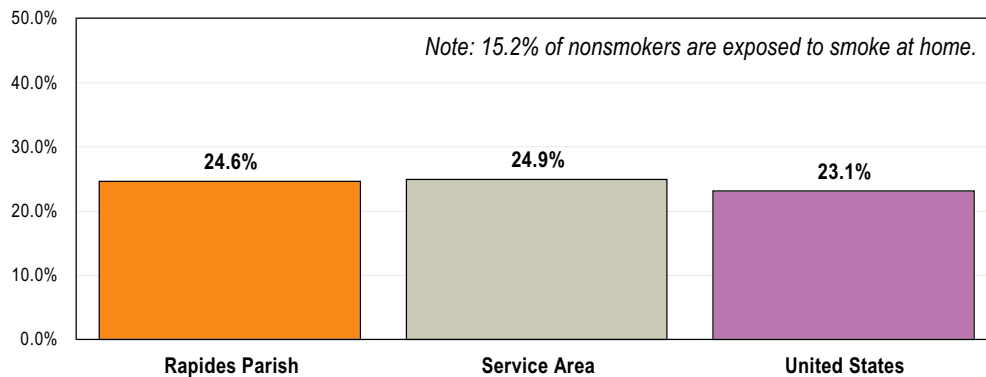
- 13.4% of smokers report smoking more than one pack per day.
- Similar to Rapides Foundation Service Area and national findings.



## Exposure to Second-Hand Smoke

- **24.6% of Rapides Parish adults report that a member of their household smokes at home on three or more days per week.**
  - Similar to Rapides Foundation Service Area and national findings.
- **15.2% of nonsmokers live with someone who smokes in the home.**

### Member of Household Smokes at Home

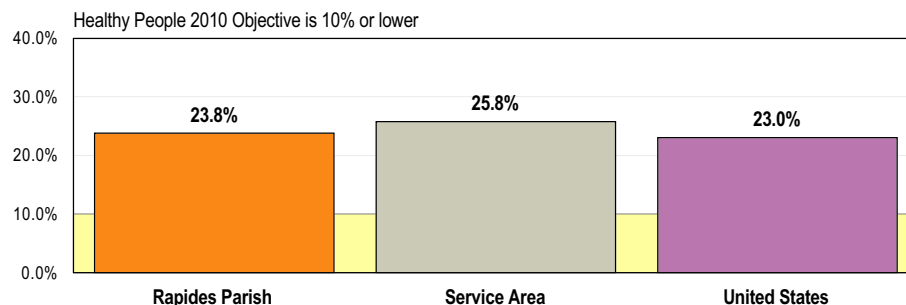


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of all respondents.  
2. State data not available.  
3. "Smokes at home" refers to a someone smoking in the home at least 3 times per week in the past 30 days.

- **23.8% of Rapides Parish households with children have someone who smokes in the home three or more days per week.**
  - Similar to Rapides Foundation Service Area and national findings.
  - Fails to satisfy the *Healthy People 2010* target (10% or lower).

### Households With Children In Which Someone Smokes in the Home

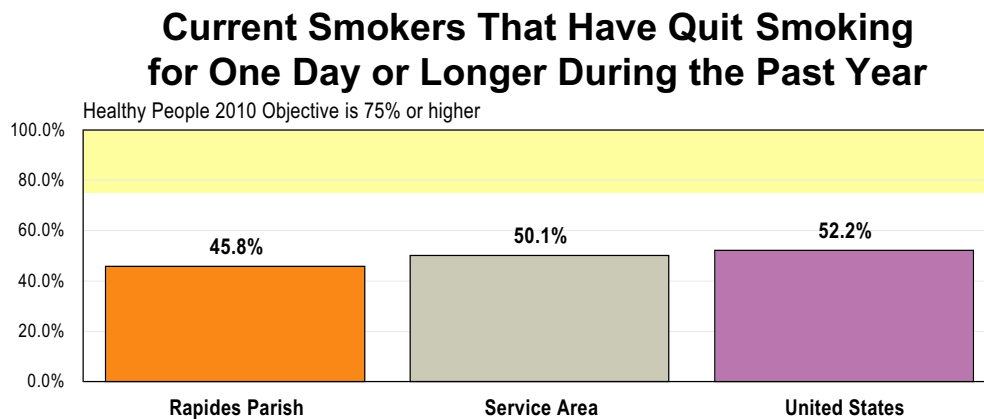


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2000 PRC National Health Survey, Professional Research Consultants  
3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

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

## Smoking Cessation Attempts

- **45.8% of Rapides Parish adults who currently smoke every day report that they have stopped smoking for one day or longer in the past year in an effort to quit smoking altogether.**
  - Statistically similar to that found among smokers throughout the 11-parish Rapides Foundation Service Area and nationwide.
  - Far from reaching the *Healthy People 2010* target (75% or higher).



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

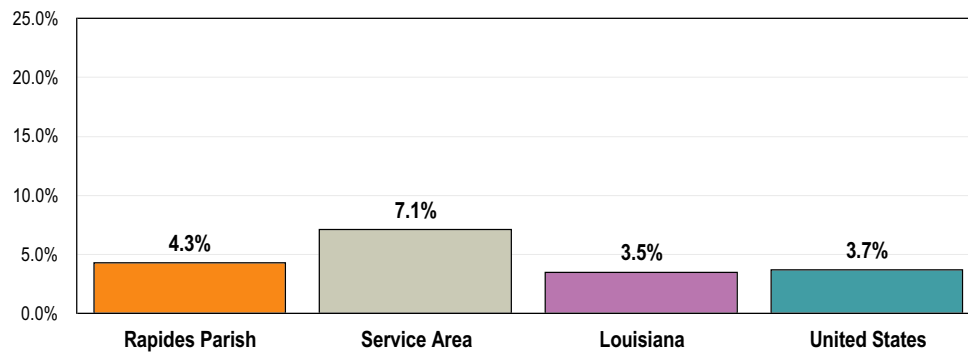
Notes: 1. Asked of regular (everyday) smokers.  
2. State data not available.



## Smokeless Tobacco

- **4.3% of Rapides Parish adults report using smokeless tobacco, such as chewing tobacco or snuff.**
  - Similar to Louisiana and national findings.
  - Significantly better than found throughout the Rapides Foundation Service Area (7.1%).

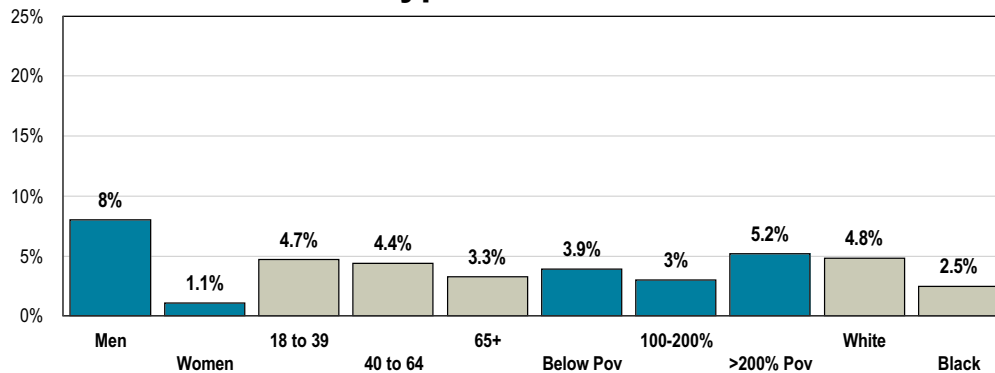
### Use Some Type of Smokeless Tobacco



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

- **8.0% of Rapides Parish men currently use smokeless tobacco products.**

### Use Some Type of Smokeless Tobacco



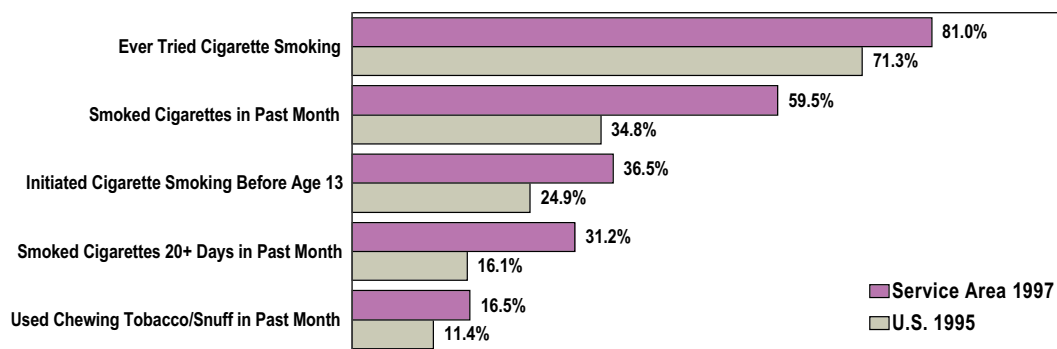
Source: 2002 PRC Community Health Survey, Professional Research Consultants  
 Notes: 1. Demographic breakouts are among findings in Rapides Parish.  
 2. Reflects the total sample of respondents.

## 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\*

Focus group participants discussed that so many health problems are related to behaviors such as smoking, but that these behaviors are difficult to change in people.

“We see a very high rate of people smoking cigarettes.” — *Physician*

“We attempt to get people to change behavior, but their behavior is ingrained in their family situation and in their background. I don’t know if the health care system is going to be able to change that much of what these people do and eat. I do a lot of ER care, and they ignore you when you tell that the wound is not going to heal if you don’t quit smoking. They laugh.” — *Physician*

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

“I agree that 80 to 90 percent of the health problems everywhere are probably beyond the scope of the medical profession and have to do with lifestyle and things like that, which we have a limited ability to change. We can talk to our patients about quitting smoking, and we do have some success stories of patients who quit and even a few successes of people who lost weight and got in shape, but they are few.” — *Physician*

“I tell my patients how expensive it is to smoke, and I wonder how can they afford to buy a pack of cigarettes. If it is a true addiction, they have to buy a pack on a regular basis, and at 5 dollars a pack, how do they afford it?” — *Physician*

Smoking among youth is seen as starting at younger ages.

“I can tell you as a fact that kids are starting to smoke earlier than before, and more of them. Actually, the girls are probably the worst of the group. The highest percentages of youth who smoke are young teenage females. I can attest to that: I have seven daughters.” — *Physician*

“There are a lot of young kids smoking in this community. Some of them are starting as young as in junior high school.” — *Physician*

“I think kids start smoking because of peer pressure, and they also see adults smoking. If you grew up around people who smoke, you may sneak a puff and eventually you start stealing cigarettes and smoking them.” — *Youth Participant*

“They had a great speaker at the high school who talked to the kids about smoking. One of the girls made the comment that four of her girlfriends quit smoking after that speech. They said it was kind of shock therapy, and it worked.” — *Allied Health/Social Service Provider*

“I don’t think that if we had a class about smoking the kids would quit. They are not worried about it. They may quit for about four days, but then they would go right back to smoking. They really don’t care.” — *Youth Participant*

“I think these straight-talk speakers are the best. My sister was in junior high, and they had these guys come in who couldn’t talk without a voice-thing talk about smoking, and it had a positive effect on kids. It was very real, and everyone was crying at the end of his talk. Most people learn from seeing someone who has been affected by smoking or sex or whatever. A healthy person talking to us won’t have the same effect.” — *Youth Participant*

# 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).

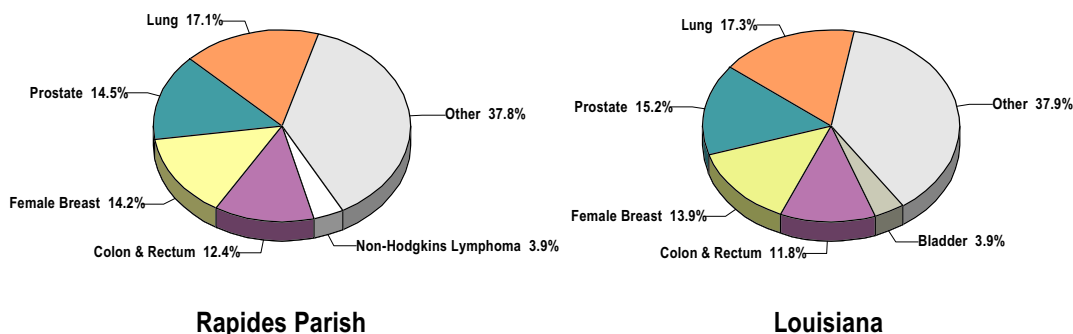
Causal factors may act together or in sequence to initiate or promote carcinogenesis. Ten or more years often pass between exposures or mutations and detectable cancer. Cancer is treated by surgery, radiation, chemotherapy, hormones, and immunotherapy (American Cancer Society).

## Leading Cancer Diagnoses by Site

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

- Lung cancer (17.1% of diagnoses)
- Prostate cancer (14.5%)
- Female breast cancer (14.2%)
- Colorectal cancer (12.4%)

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



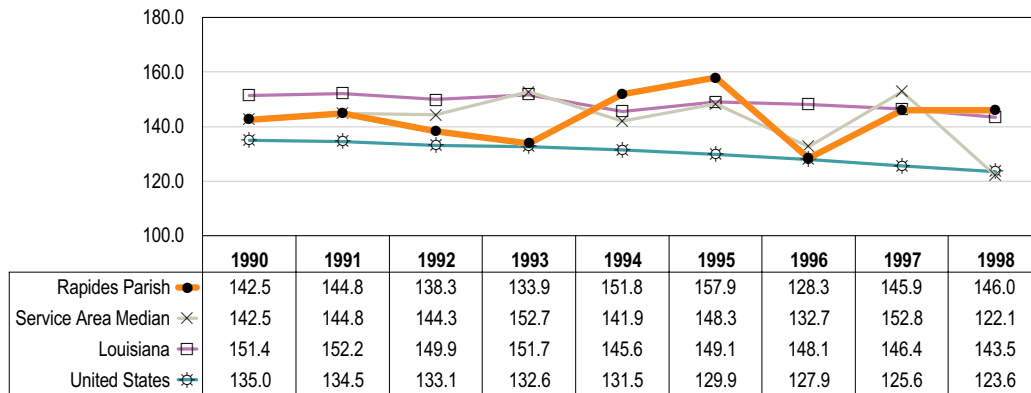
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

## Cancer Deaths

- Age-adjusted death rates for cancer in Rapides 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).

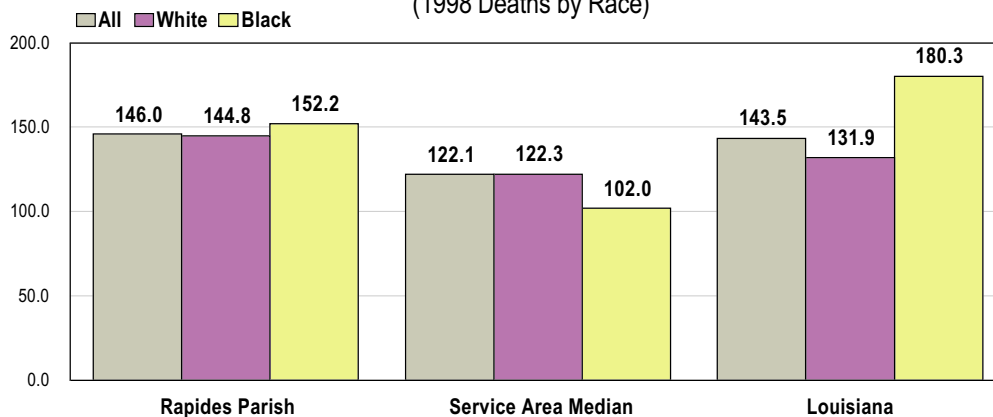
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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, little difference is noted between age-adjusted cancer death rates for Whites and for Blacks in Rapides Parish. However, Blacks exhibit a notably higher cancer death rate statewide during the same period.

### Age-Adjusted Mortality: Cancers

(1998 Deaths by Race)



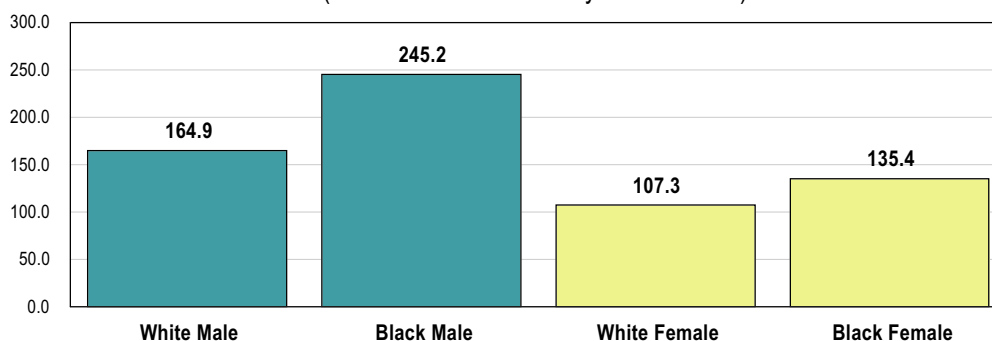
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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)



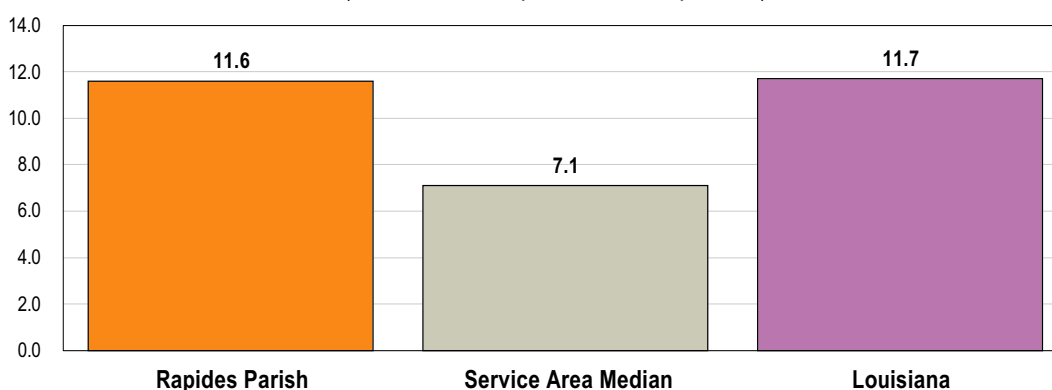
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).  
Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

## 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 Rapides Parish breast cancer death rate is comparable to the statewide rate, but among the highest in the Rapides Foundation Service Area.

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



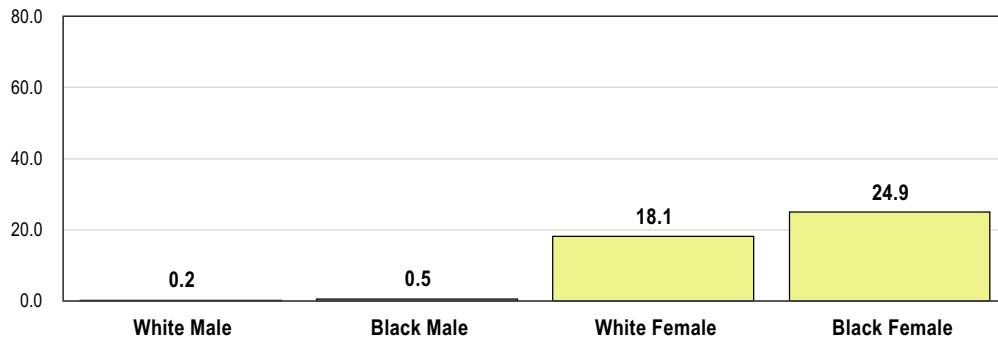
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

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

### Age-Adjusted Mortality: Breast Cancer

(1998 Louisiana Deaths by Race/Gender)



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

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

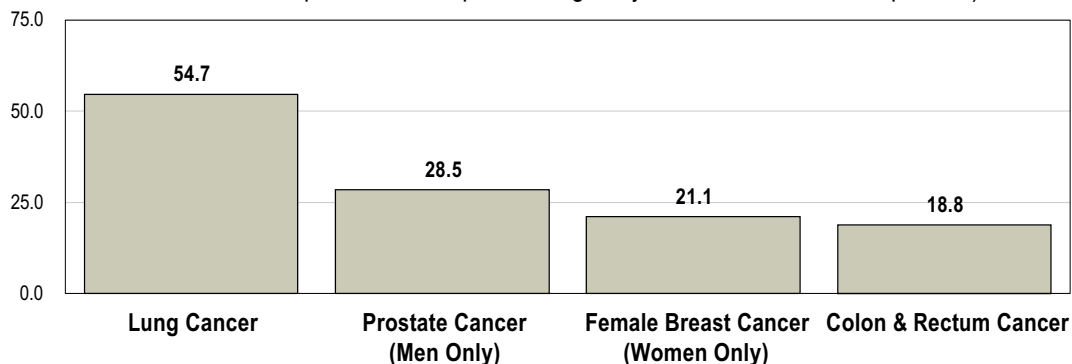
NOTE: While cancer death rates by site (other than breast cancer) are not typically tracked in state vital statistics records, some death rate data are available through the Louisiana Tumor Registry. However, these death rates use an alternative age-adjusting method (adjusted to the 1970 US Standard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

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

### Age-Adjusted Mortality by Leading Sites

(Rapides Foundation Service Area;

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



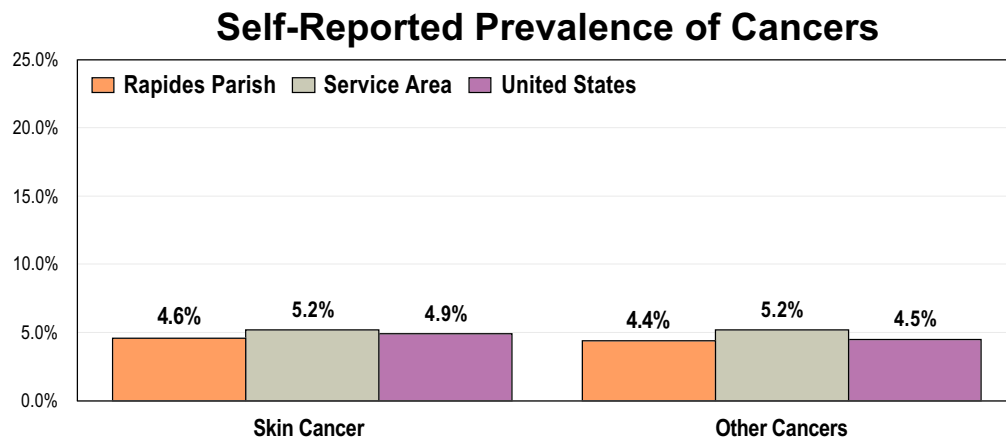
Source: Louisiana Tumor Registry, Department of Public Health & Preventive Medicine.

Note: Rates are per 100,000 population, age-adjusted to the 1970 U.S. Standard Million.

## Self-Reported Prevalence of Cancers

From the 2002 Community Health Survey:

- **4.6% of Rapides 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.
- **4.4% of Rapides 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.

## Community Health Panel Findings\*

On focus group participant pointed out the link between environmental factors and public health.

“I have some environmental issues that I think need addressing. I am talking about contamination of our soil and water and how these can cause medical complications for all of us. Every year, the EPA inspectors come here and test our soil and water supply, and they don’t enforce their regulations the way they should. We have health problems because of the high chlorine in our water. We also still use pesticides, and we have industrial runoffs from the petroleum industry. The EPA rules and regulations need to be enforced for the well-being of all of us.” — *Community Leader*

## 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

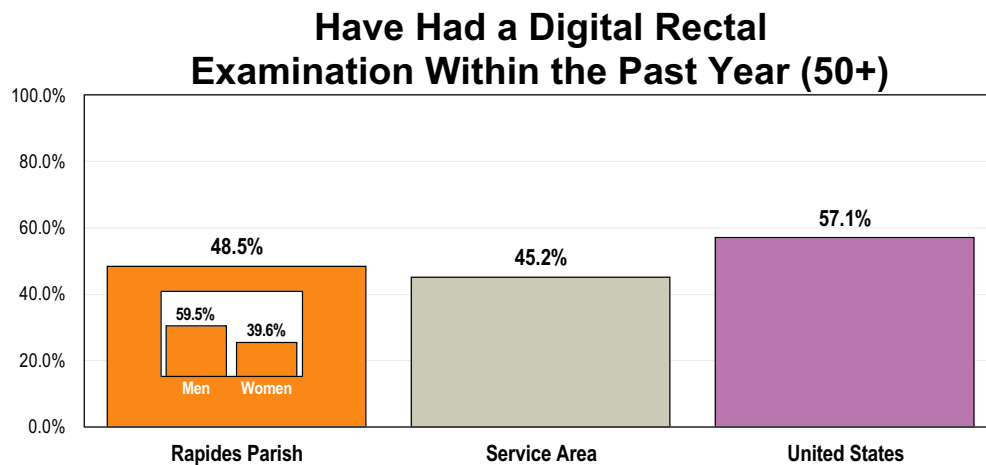
#### ***Digital Rectal Examination***

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.

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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.

- **48.5% of Rapides Parish adults aged 50 and older have had a digital rectal examination within the past year.**
  - Higher among men than women (digital rectal examination is also used as a screening procedure for prostate cancer in men).
  - Similar to Rapides Foundation Service Area findings.
  - Significantly lower than the testing prevalence found nationwide among adults in this age group (57.1%).

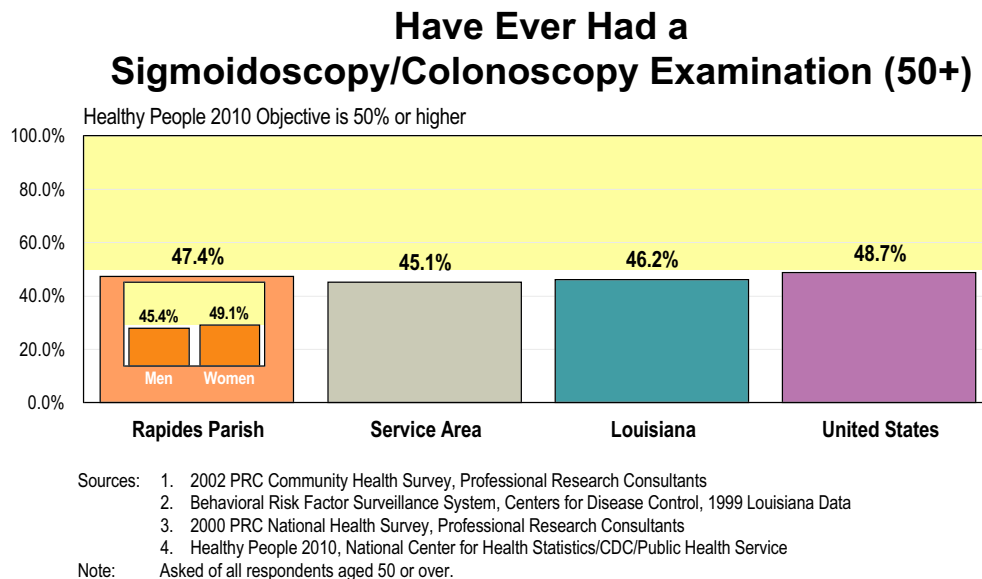


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. 2000 PRC National Health Survey, Professional Research Consultants  
 Note: Asked of all respondents aged 50 and older.

## Sigmoidoscopy/Colonoscopy

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

- **47.4% of Rapides Parish adults aged 50 or older have ever had a sigmoidoscopy/colonoscopy examination.**
  - Similar to service area, state and national testing prevalence levels.
  - Close to satisfying the *Healthy People 2010* target (50% or higher).



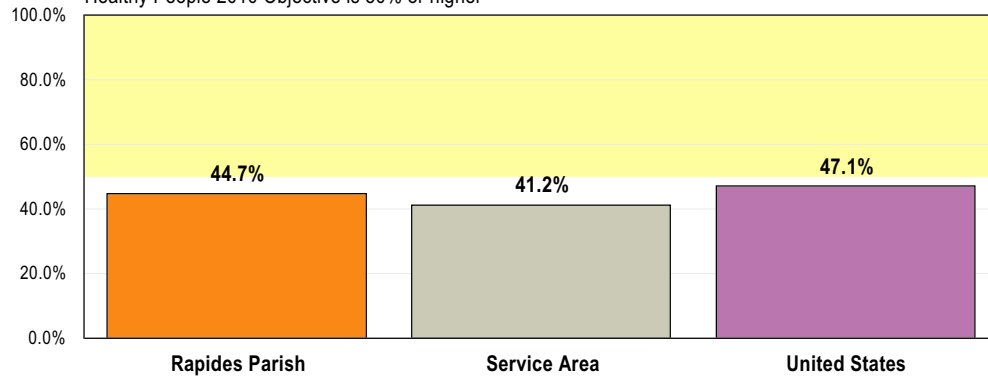
## Blood Stool Test

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

- **44.7% of Rapides Parish adults aged 50 or older have had a blood stool test in the past two years.**
  - Similar to Rapides Foundation Service Area and national findings among adults in this age group.
  - Just short of the *Healthy People 2010* target (50% or higher).

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

Healthy People 2010 Objective is 50% or higher

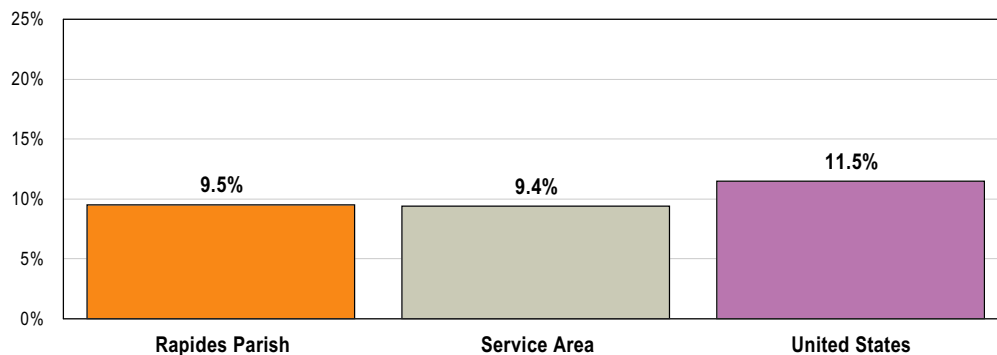


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. 2000 PRC National Health Survey, Professional Research Consultants  
 3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service  
 Notes: 1. Asked of respondents aged 50 and older  
 2.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

## Female Breast Cancer Screening

- **9.5% of Rapides Parish women have had a mother or sister who was diagnosed with breast cancer.**
  - Similar to Rapides Foundation Service Area and national findings.

## Mother/Sister Has Been Diagnosed With Breast Cancer

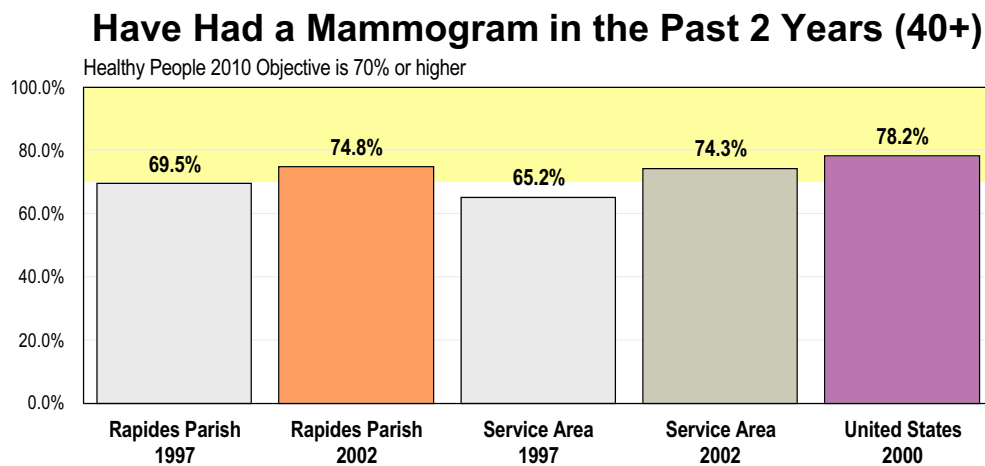


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. 2000 PRC National Health Survey, Professional Research Consultants  
 Notes: 1. Asked of all female respondents.  
 2. State data not available.

## 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.

- **74.8% of Rapides Parish women aged 40 and older have had a mammogram in the past two years.**
  - Statistically similar to findings throughout the Rapides Foundation Service Area, nationwide, as well as in Rapides Parish in 1997.
  - Satisfies the *Healthy People 2010* target (70% or higher).

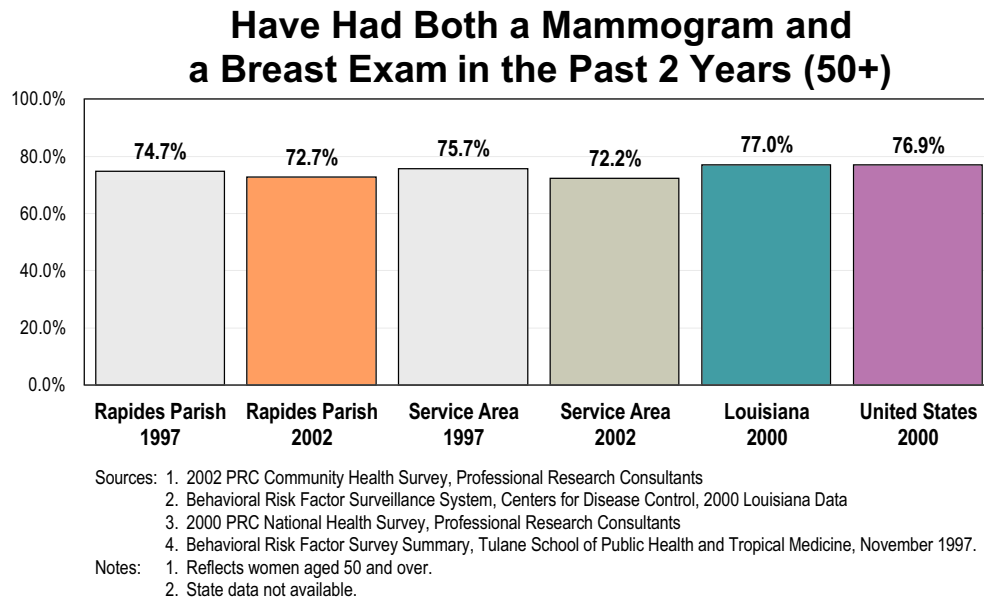


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2000 PRC National Health Survey, Professional Research Consultants  
3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service  
4. Behavioral Risk Factor Survey Summary, Tulane School of 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.

- **72.7% of Rapides Parish women aged 50 and older have had both a mammogram and a clinical breast exam in the past two years.**
  - Similar to 1997 Rapides Parish, service area, state and national findings.

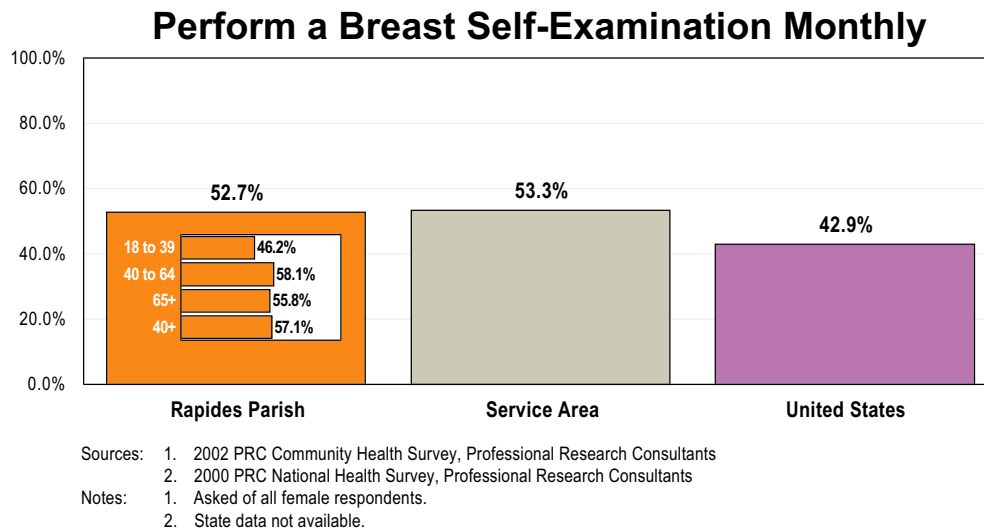


### ***Breast Self-Examination***

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

- **4.8% of Rapides Parish women do not know how to perform a breast self-exam.**
- **52.7% of Rapides Parish women perform a breast self-exam monthly.**
  - Similar to Rapides Foundation Service Area findings.
  - Better than found nationwide (42.9%).

- **57.1% of Rapides Parish women aged 40 and older perform a breast self-exam monthly.**



## Community Health Panel Findings\*

“We just had our cancer survey completed, and we have high breast cancer rates. We push mammography and breast health all year round, and women choose not to attend the classes or do the mammography. It is not because they haven’t been educated, it is because they choose not to do it. It gets very frustrating for us as health care providers.”  
— *Allied Health/Social Service Provider*

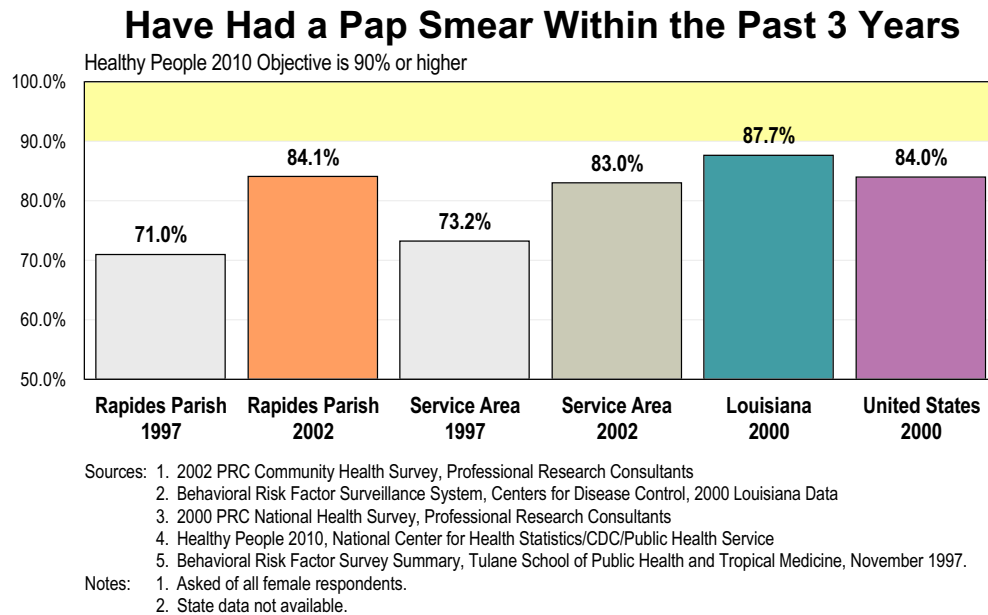
## Cervical Cancer Screening

### 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.

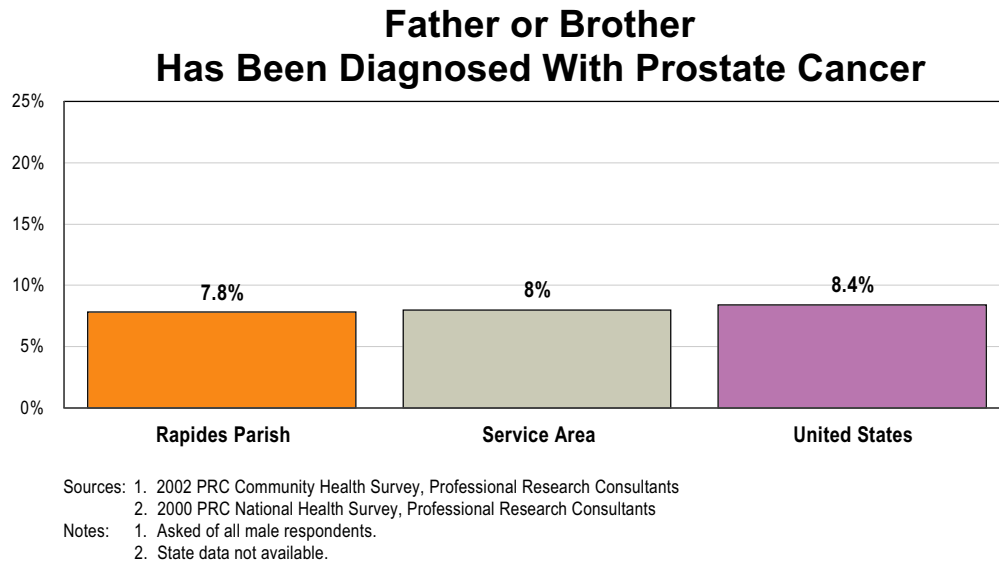
- **84.1% of Rapides Parish women have had a Pap smear test in the past three years.**
  - Similar to Rapides Foundation Service Area, state and national findings.
  - Similar to national findings (84.0%).
  - Fails to satisfy the *Healthy People 2010* target (90% or higher).

\* 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.



## Prostate Cancer

- **7.8% of Rapides Parish men have a father or brother who has been diagnosed with prostate cancer.**
  - Similar to Rapides Foundation Service Area and national findings.



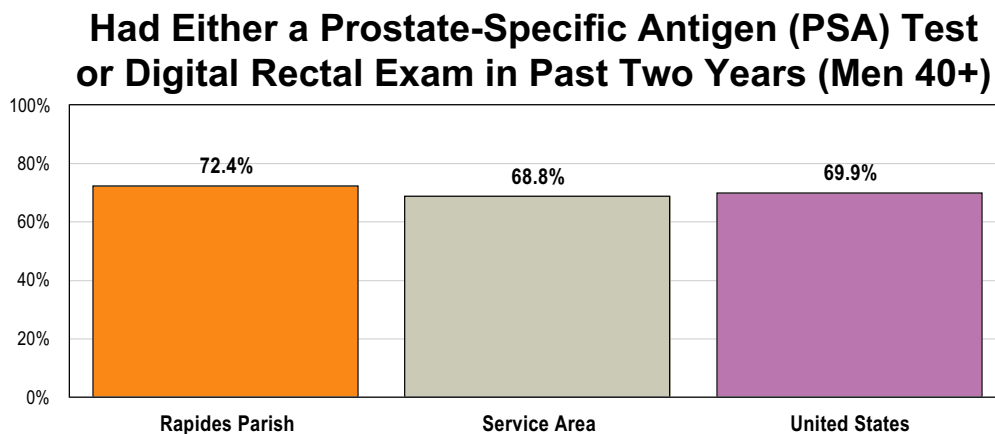


## Prostate-Specific Antigen & Digital Rectal Examination

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

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

- **72.4% of Rapides Parish men aged 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.



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.

## Community Health Panel Findings\*

“We have a higher percentage of Black men in this city with prostate cancer. Just about every Black man we bury in our church died of prostate cancer. The last prostate screening didn’t get the number of Black men they really wanted, so this time we are going to have it over at the church to see if we can get the number up. As long as the Foundation can put somebody there to do the educating part of it, we can make it work. These people trust the church.” — *Allied Health/Social Service Provider*

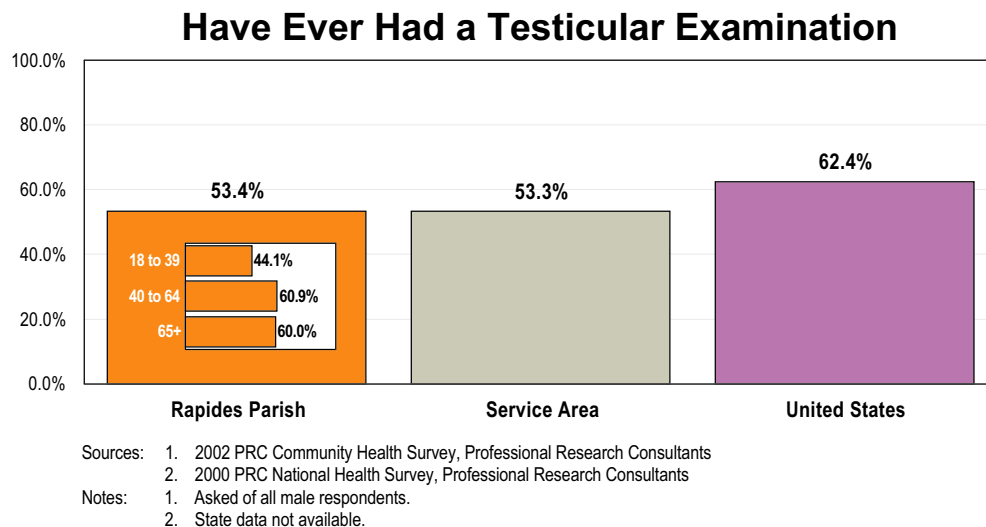
\* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the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

## Testicular Cancer

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

### *Clinical Testicular Examination*

- **53.4% of Rapides Parish men have ever had a testicular examination by a physician.**
  - Similar to that found throughout the Rapides Foundation Service Area.
  - Lower than found nationwide (62.4%).
  - Only 44.1% of Rapides 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).

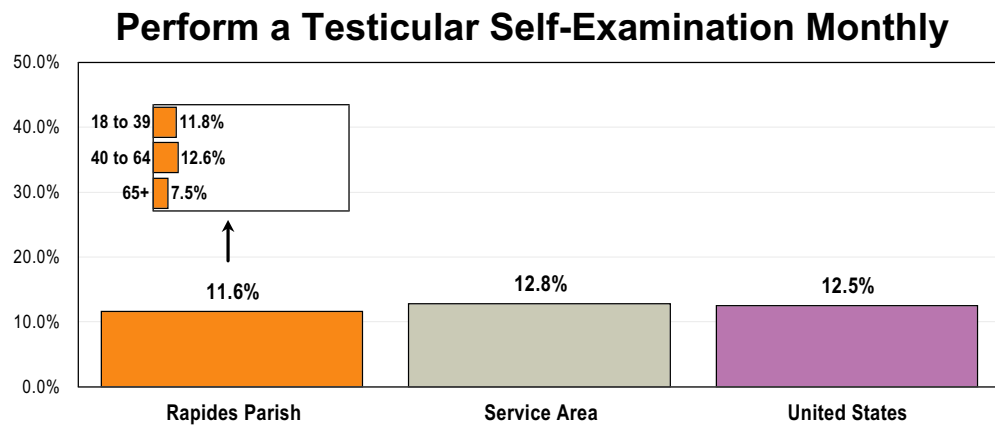


### *Testicular Self-Examination*

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.

- **Only 11.6% of Rapides Parish men perform a testicular self-examination monthly.**
  - Similar to national findings.

- 11.8% of Rapides 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

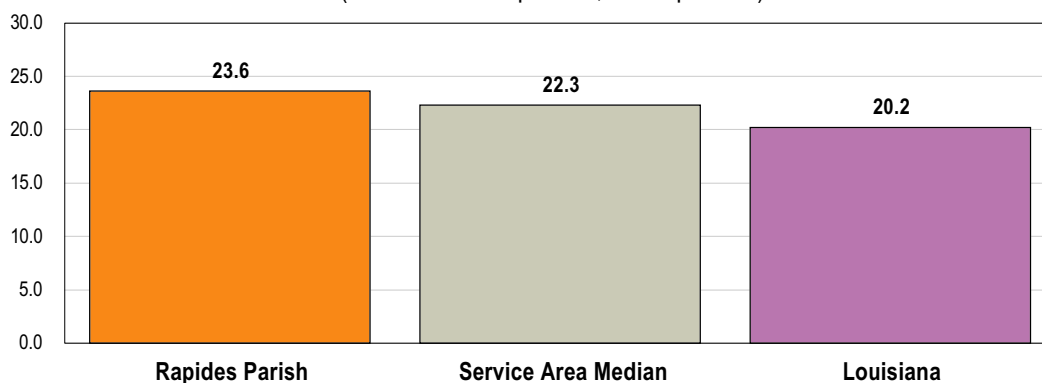
Respiratory diseases include a variety of diseases that can impact the lung and respiratory system, such as chronic obstructive pulmonary disease (which includes emphysema and chronic bronchitis), asthma, influenza and pneumonia.

## 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 Rapides Parish is fairly close to the median rate for the 11-parish area, but is higher than the corresponding statewide rate.

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



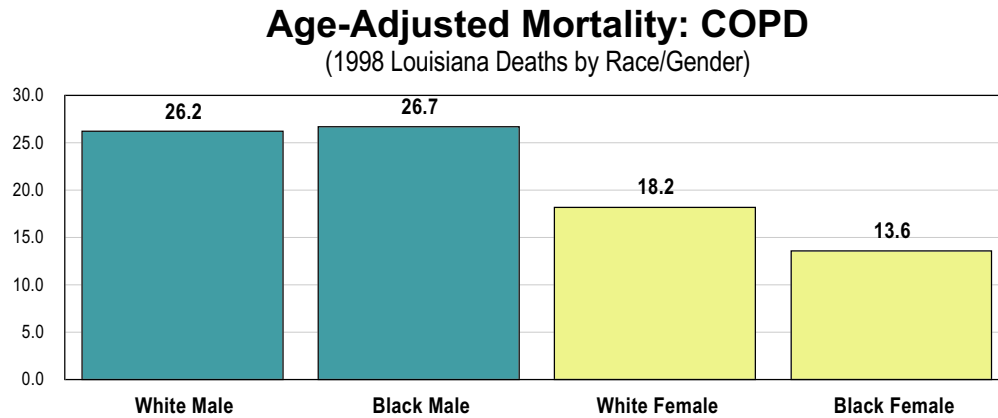
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

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

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

- 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).

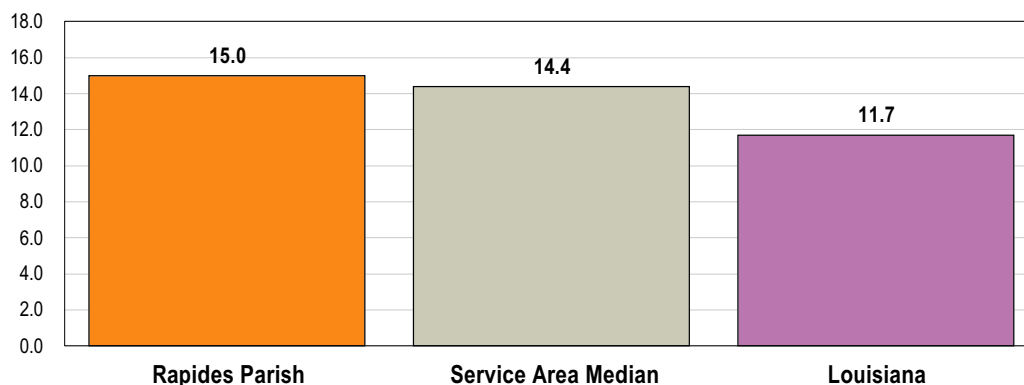
Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

## Pneumonia/Influenza Deaths

- The 1996-98 age-adjusted pneumonia/influenza death rate in Rapides Parish is close to the Rapides Foundation Service Area median rate, but well above the statewide rate.

### Age-Adjusted Mortality: Pneumonia/Influenza

(1996-98 Deaths per 100,000 Population)



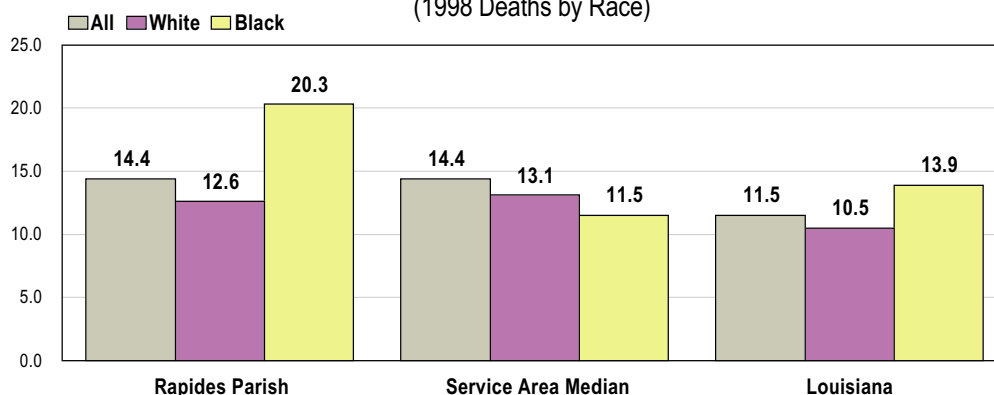
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

### Age-Adjusted Mortality: Pneumonia/Influenza

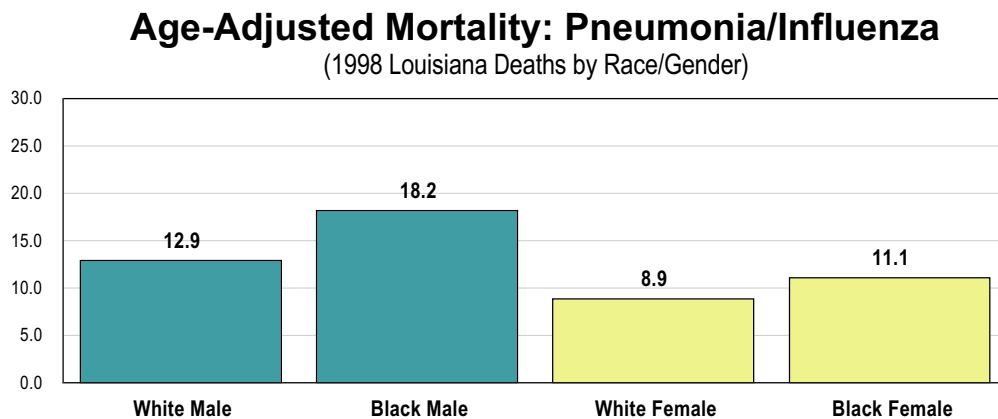
(1998 Deaths by Race)



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

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

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



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

## Flu Shots Among Seniors

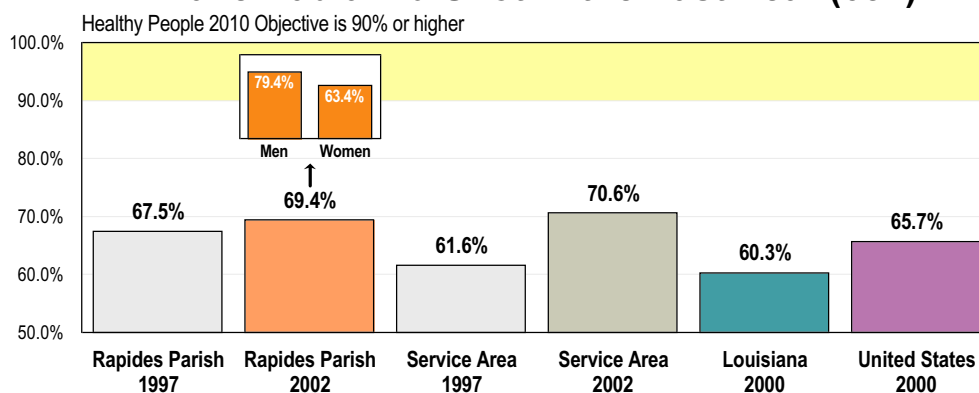
### Community Health Panel Findings\*

“Twenty years ago, when I went to work for this company, I started getting flu shots. Any worker who wanted them could get one. I think flu shots, no matter what age, is payback many times over the cost of the flu shot because the workers are not out sick. I don’t know why we stopped.” — *Community Leader*

- 69.4% of Rapides Parish seniors aged 65 and older have had a flu shot in the past year.**
  - Similar to 1997 Rapides Parish findings, as well as current Rapides Foundation Service Area and national findings.
  - Significantly better than Louisiana findings (60.3%).
  - Fails to satisfy the *Healthy People 2010* target (90% or higher).
  - Higher in Rapides Parish among men aged 65 or older.

\* 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.

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

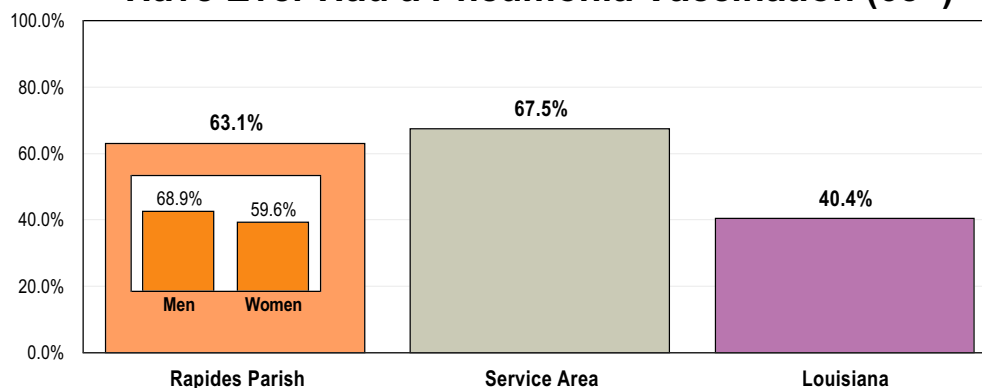


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. Behavioral Risk Factor Surveillance System, CDC, 1999 Louisiana Data  
 3. 2000 PRC National Health Survey, Professional Research Consultants  
 4. Behavioral Risk Factor Survey Summary, Tulane School of Public Health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

## Pneumonia Vaccination Among Seniors

- **63.1% of Rapides Parish seniors aged 65 and older have ever had a pneumonia vaccination.**
  - Similar to Rapides Foundation Service Area finding.
  - Significantly higher than found statewide in 1999 (40.4%).

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



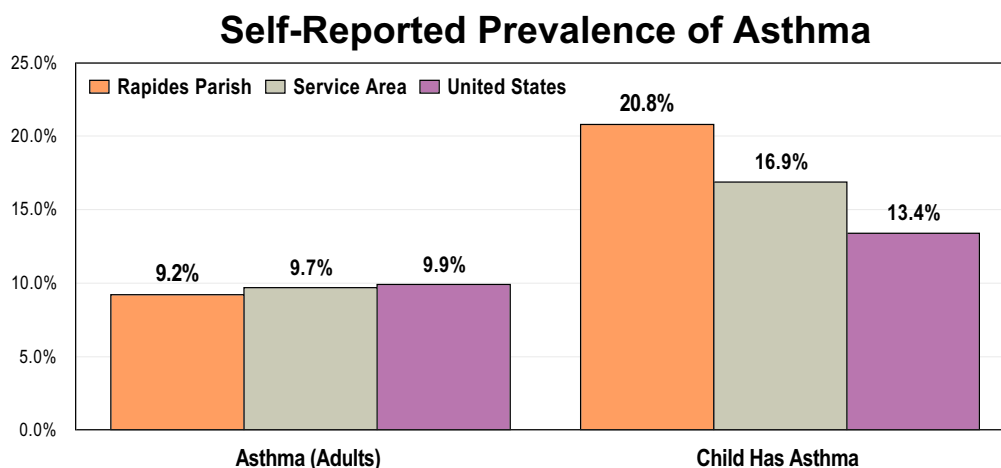
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data  
 Notes: 1. Asked of respondents aged 65 and older.  
 2. National data not available.



## Self-Reported Asthma & Chronic Lung Disease Prevalence

### Asthma

- **9.2% of Rapides Parish adults report suffering from or having been diagnosed with asthma.**
  - Similar to the Rapides Foundation Service Area and national findings.
- **20.8% of Rapides Parish parents report that their child has been diagnosed by a doctor or health professional with asthma.**
  - Statistically similar to Rapides Foundation Service Area findings.
  - Significantly higher than found nationwide (13.4%).



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

### Community Health Panel Findings\*

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

“We don’t have much air pollution other than smoking, but we do have a problem with dust mites. There are a substantial number of visits related to asthma in my pediatric age group.” — *Physician*

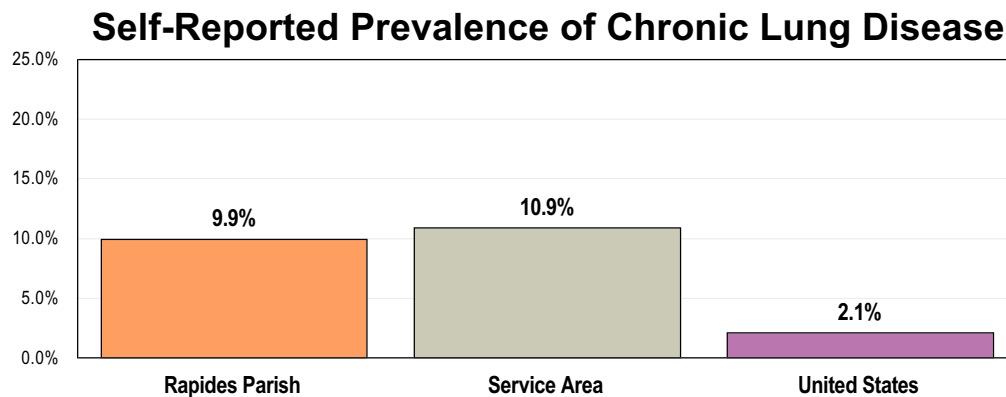
\* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the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

“I am an asthmatic, and Louisiana has a lot of algae problems because of the growing season being so long, so allergy and asthma are a problem here.” — *Physician*

“We have so many kids that have asthma in the schools. I mean, with all of the medicines schools have to keep for the students, we could open a pharmaceutical company. I don’t know what the cause of this problem is, but we have a lot of kids using inhalers and who can’t participate in P.E. because of their asthma.” — *Community Leader*

## Chronic Lung Disease

- **9.9% of Rapides Parish adults report suffering from or having been diagnosed with chronic lung disease.**
  - Similar to Rapides Foundation Service Area findings.
  - Significantly higher than found nationwide (2.1%).



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.

# 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.

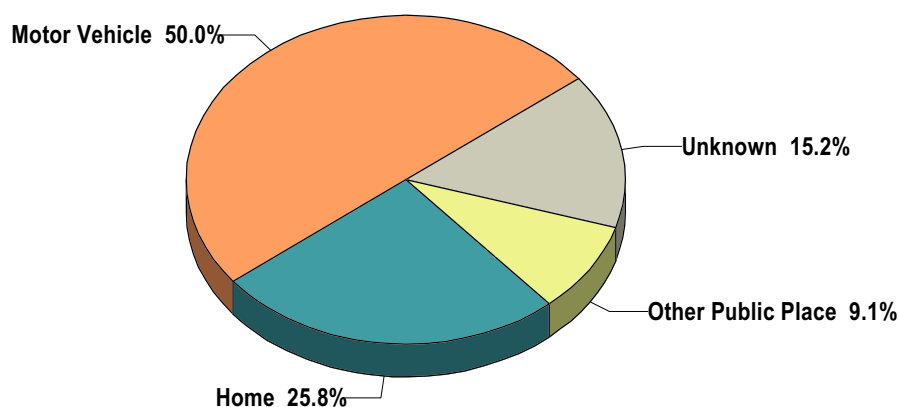
Like diseases, injuries do not occur at random and are preventable. Injury prevention strategies focus primarily on environmental design (e.g., road construction that permits optimum visibility), product design, human behavior, education, and legislative and regulatory requirements that support environmental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

## Unintentional Injury Deaths

### Leading Causes of Accidental Deaths

- **50.0% of unintentional injury deaths in Rapides Parish in 1998 were the result of motor vehicle accidents.**
- **25.8% of unintentional injury deaths in Rapides Parish in 1998 occurred in the home.**

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



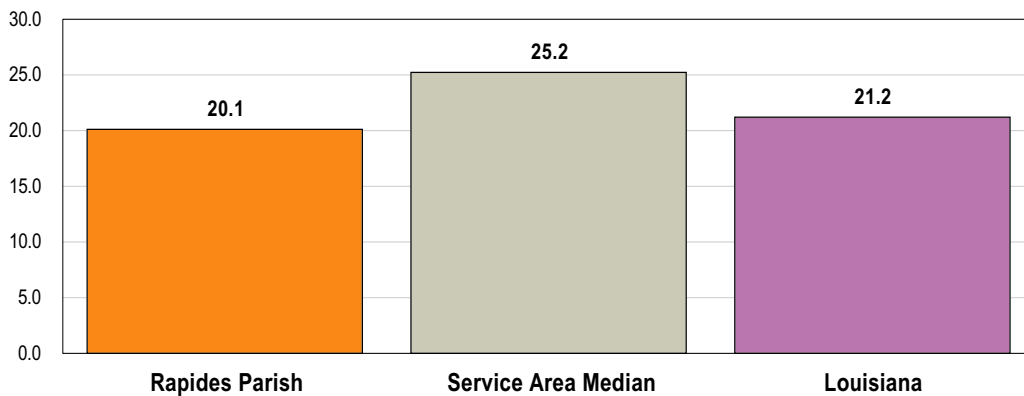
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

## Motor Vehicle-Related Deaths

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

### Age-Adjusted Mortality: Motor Vehicle Accidents

(1996-98 Deaths per 100,000 Population)



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

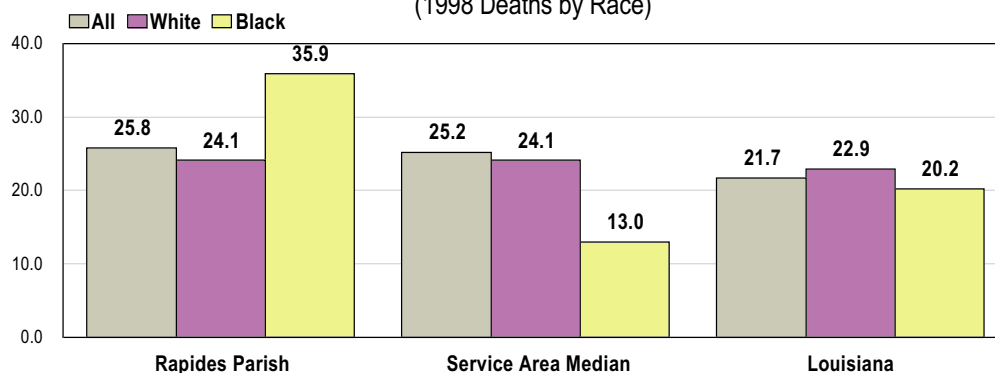
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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

- In 1998, the motor vehicle accident death rate in Rapides Parish was exceptionally high among Blacks (35.9/100,000) in comparison to Whites (24.1/100,000). However, this difference in rates is not evident statewide (where the greater numbers of deaths produce more reliable single-year rates).

### Age-Adjusted Mortality: Motor Vehicle Accidents

(1998 Deaths by Race)



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

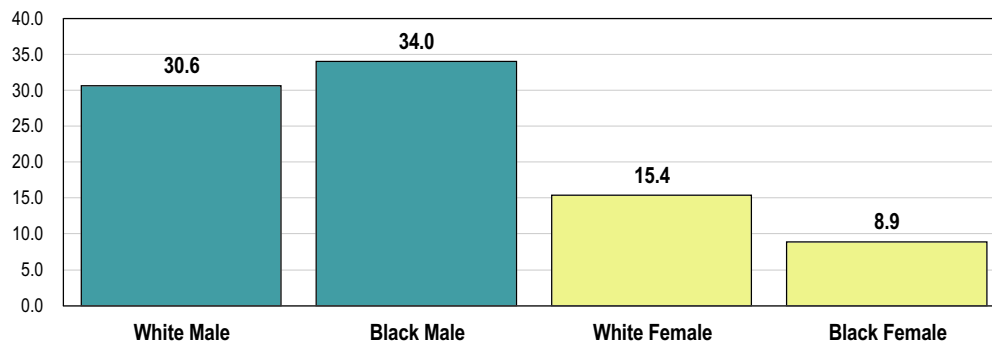
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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

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

### 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.

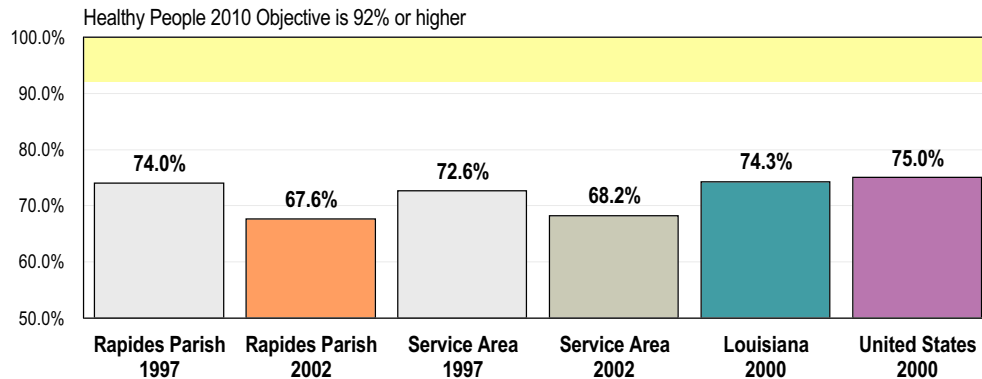
## Injury Control

### 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.

- **67.6% of Rapides Parish adults report “always” wearing a seat belt when driving or riding in an automobile.**
  - Similar to current Rapides Foundation Service Area findings.
  - Significantly worse than found in the 1997 Tulane study for Rapides Parish (74.0%).
  - Significantly worse than the statewide prevalence (74.3%).
  - Significantly worse than the national prevalence (75.0%).
  - Far from reaching the *Healthy People 2010* target (92% or higher).

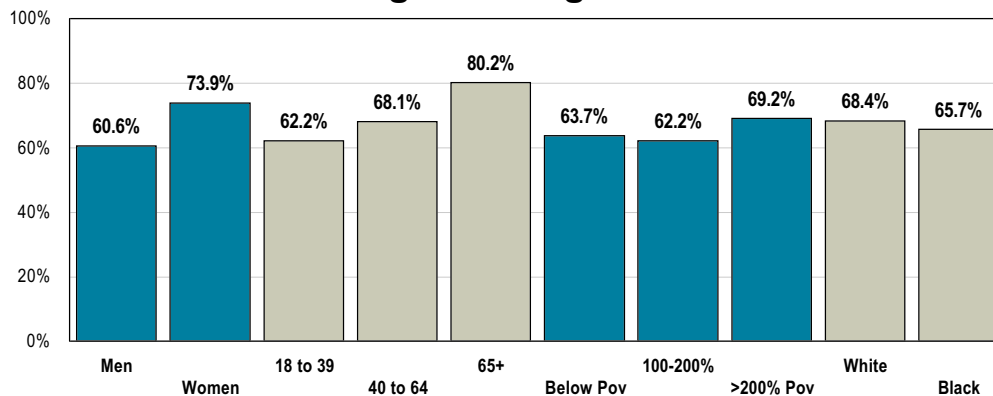
## Always Wear a Seat Belt When Driving or Riding in an Automobile



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

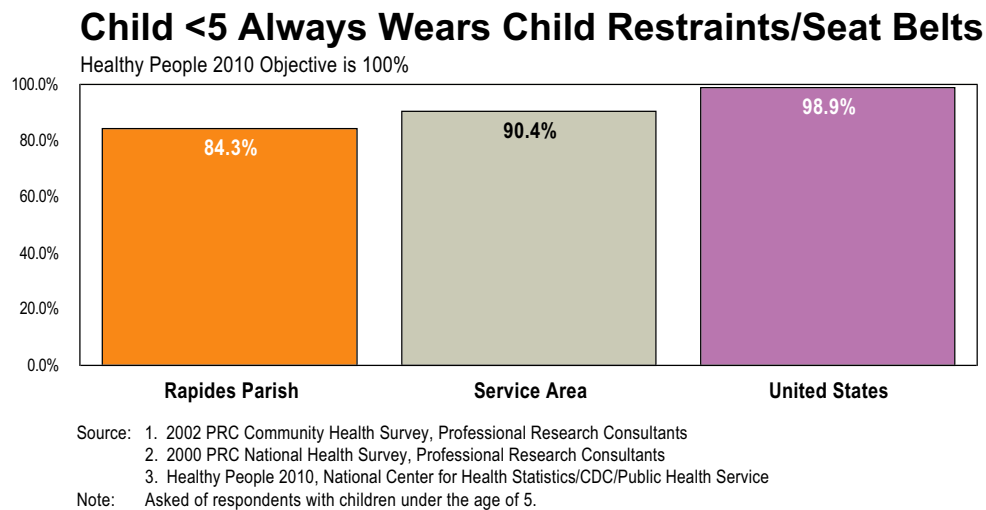
- There is a very strong correlation with seat belt usage and age, with younger adults reporting much lower usage.
- Men less often report “always” wearing a seat belt than women.

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

- **84.3% of Rapides 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 lower than found throughout the Rapides Foundation Service Area (90.4%).
  - Significantly lower than found nationwide (98.9%).
  - Far from reaching the *Healthy People 2010* target (100%).



## Community Health Panel Findings\*

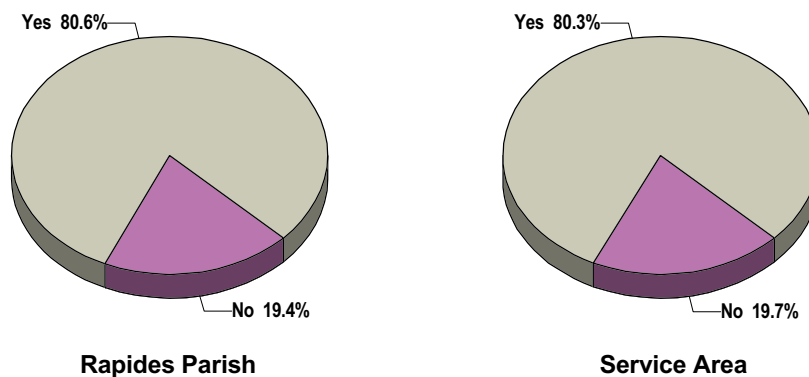
“We have a lot of roads, and we always have two or three bad accidents out there and some of them pretty severe, and we don’t have ER substations in the rural areas.” —  
*Community Leader*

\* 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.

## Fire Safety

- **80.0% of Rapides Parish respondents report having at least one working smoke detector on each floor of their homes.**
  - Similar to Rapides Foundation Service Area findings.

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



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

## Work-Related Injuries

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

## Community Health Panel Findings\*

Occupational medicine in Rapides Parish is generally seen as effective.

“I think the industrial medicine system works very well. Companies have their own occupational medicine doctor who they send employees to who have been injured, and the clinics are pretty good. Follow-up and access to physical therapy is also good.” — *Physician*

“The larger industries have programs that deal mainly with industrial accidents - they don’t really do a lot of health care intervention or prevention. We see some industrial accidents, but for the most part, I think that OSHA regulations have been fairly effective with the decrease of the number over the last 15 years.” — *Physician*

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



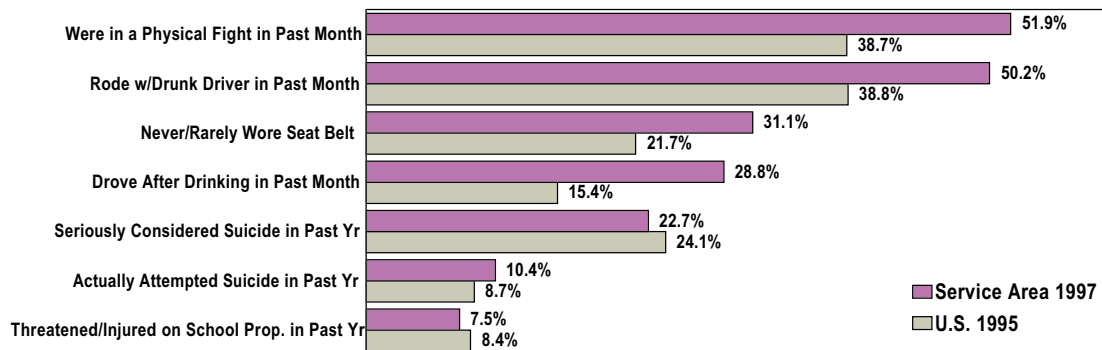
“I have seen some cases in which the company nurse will find a person with high blood pressure and send the person to the company doctor, who will determine that the blood pressure is too high, and then they terminate the employee. It is not a good incentive to go and have your blood pressure checked at work.” — *Physician*

## 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.

## Community Health Panel Findings\*

“I know that at our school, we are not worried about school violence. We have about one or two fights a year. We don’t worry about fights or violence at school.” — *Youth Participant*

\* 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.

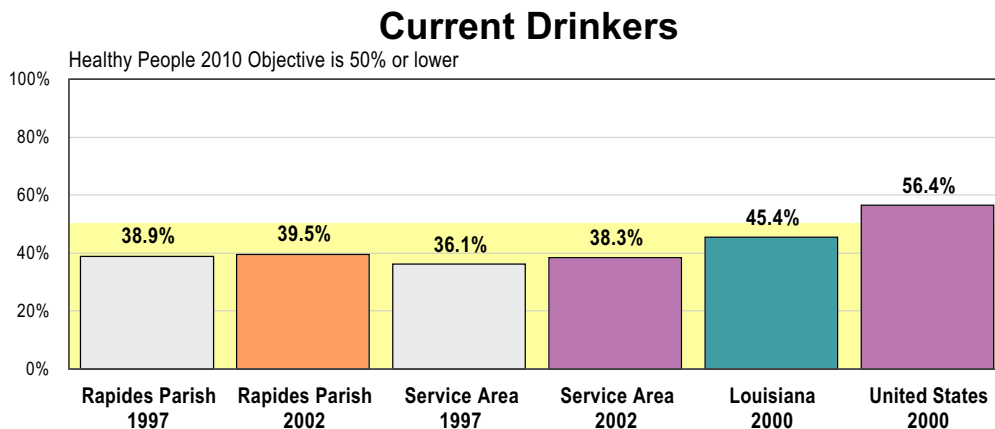
## Substance Abuse

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.

- **39.5% of Rapides Parish adults are “current drinker,” meaning that they have had at least one drink of alcohol (one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail or one shot of liquor) in the past month.**
  - Similar to 1997 Rapides Parish findings, as well as current service area findings.
  - Significantly better than found statewide (45.4%).
  - Significantly better than found nationwide (56.4%).
  - Satisfies the *Healthy People 2010* target (50% or lower).

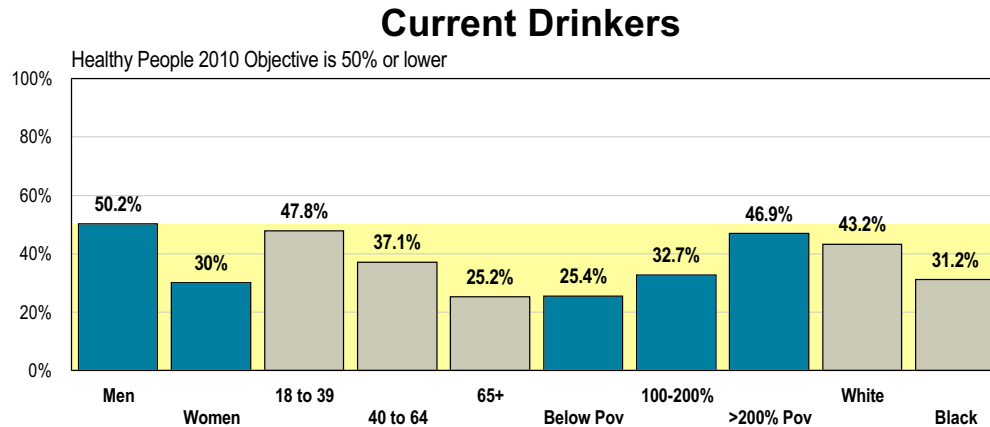


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. Behavioral Risk Factor Surveillance System, State Survey Data, 1999  
3. 2000 PRC National Health Survey, Professional Research Consultants  
4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health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

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

- Men much more often report alcohol use than women.
- There is a negative correlation with age, with young adults demonstrating markedly higher usage.

- There is a positive correlation with income, with those at higher income levels demonstrating higher usage of alcohol.
- Whites more often report current drinking than Blacks.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

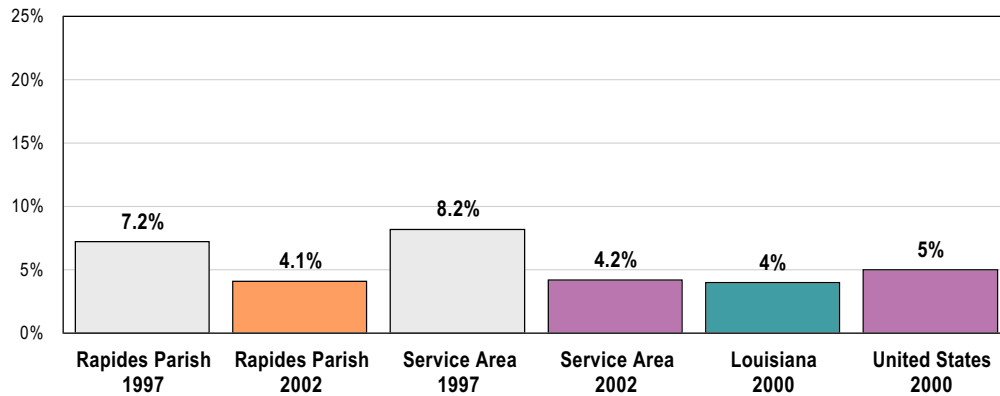
2. Reflects the total sample of respondents.

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

### *Chronic Drinkers*

- **4.1% of Rapides Parish adults are “chronic drinkers,” meaning that they average two or more drinks of alcohol per day (60 drinks within the past month).**
  - Better than found in Rapides Parish in 1997 (7.2%).
  - Similar to current Rapides Foundation Service Area, statewide and national findings (4.2%).
  - This translates to approximately 3,800 adults in Rapides Parish.

## Chronic Drinkers

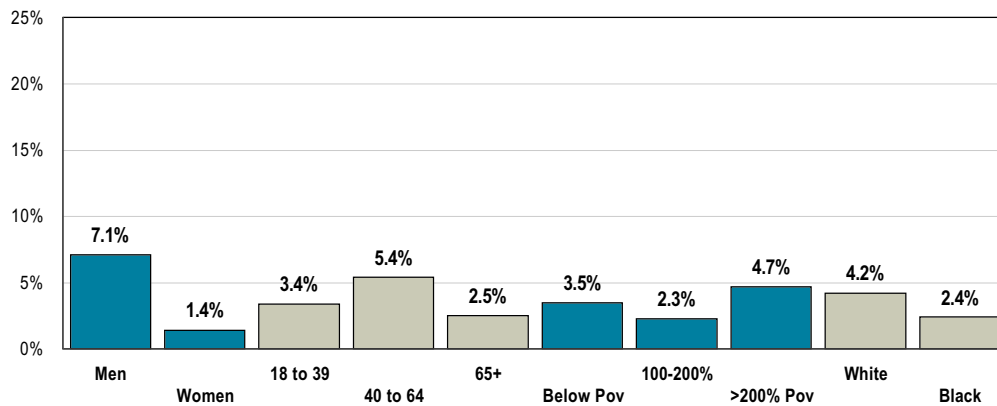


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. Behavioral Risk Factor Surveillance System, State Survey Data, 1999  
 3. 2000 PRC National Health Survey, Professional Research Consultants  
 4. Behavioral Risk Factor Survey Summary, Tulane School of Public Health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

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

- Chronic drinking is much more prevalent among men.
- Middle-aged adults (40 to 64) report the highest prevalence of chronic drinking.
- Chronic drinking is more prevalent at higher income levels.
- White respondents more often report chronic drinking than Black respondents.

## Chronic Drinkers



Source: 2002 PRC Community Health Survey, Professional Research Consultants

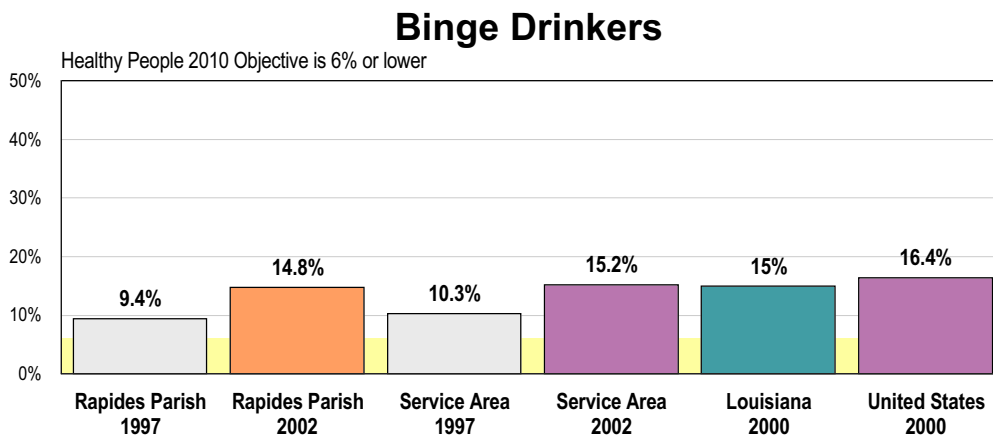
Notes: 1. Demographic breakouts are among findings in Rapides Parish.

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

- **14.8% of Rapides Parish adults are “binge drinkers,” meaning that they have had five or more alcoholic beverages on any one occasion in the past month.**
  - Worse than found in Rapides Parish in 1997 (14.8%).
  - Similar to current Rapides Foundation Service Area, statewide and national findings (15.2%).
  - Fails to satisfy the *Healthy People 2010* target (6% or lower).



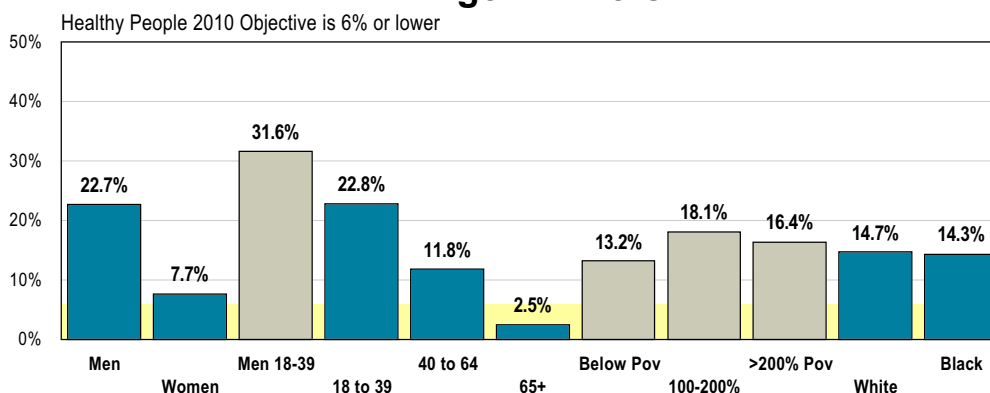
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data  
3. 2000 PRC National Health Survey, Professional Research Consultants  
4. Healthy People 2010, National Center for Health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

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

Binge drinking is more prevalent among:

- Men aged 18 to 40.
- Persons at higher income levels.
- White respondents.

## Binge Drinkers



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

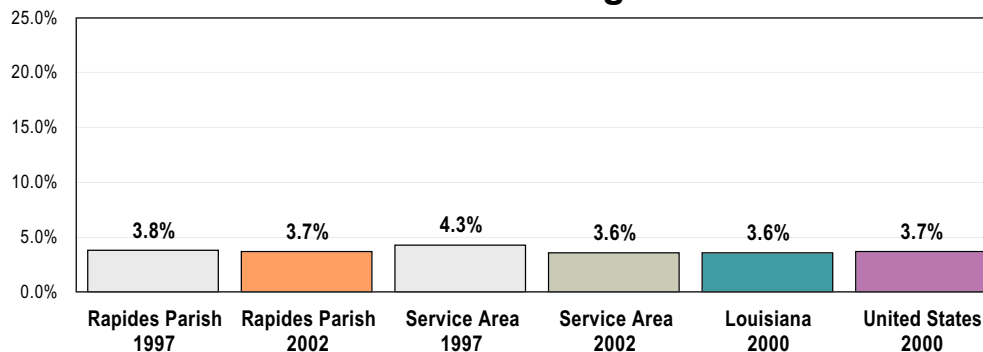
2. Reflects the total sample of respondents.

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

## Drinking & Driving

- **3.7% of Rapides Parish adults admit to driving during the past month after they had perhaps too much alcohol to drink.**
  - Similar to 1997 Rapides Parish findings, as well as current service area, state and national findings.
  - This translates to nearly 3,500 adults in Rapides Parish who acknowledge driving after having too much to drink in the past month.

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



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

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

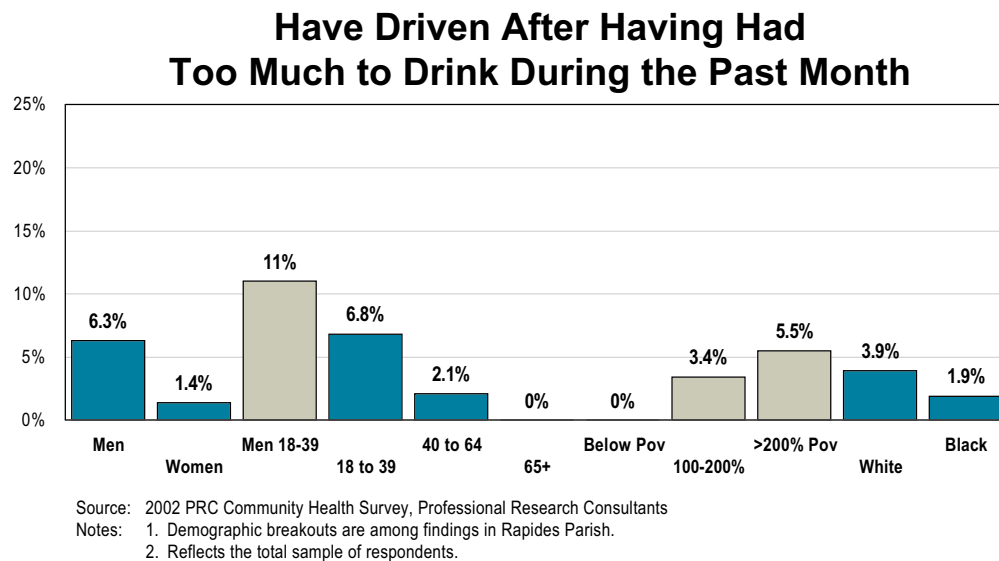
3. 2000 PRC National Health Survey, Professional Research Consultants

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

Note: Asked of all respondents.

Drinking and driving is more prevalent among:

- Men aged 18 to 40.
- Persons at higher income levels.
- White respondents.



## Community Health Panel Findings\*

Alcohol abuse is a serious issue in Rapides Parish, and focus group participants cited particularly alcohol use among adolescents.

“We are one of the highest states in alcohol abuse. We are high in drug abuse, tobacco - in everything except education.” — *Community Leader*

“There are a lot of young alcohol-induced deaths and accidents. A lot of young people are drinking alcohol at an early age. The peer pressure in the high schools and junior high schools to drink alcohol is really pretty strong.” — *Physician*

“I think that even though people have to make their own choices, adults in this town make it easy and very available for kids in this community to get alcohol. When I was in junior high, parents would buy alcohol and serve it to their kids at parties. It was really pathetic. It doesn’t matter how old you are - if you want it bad enough, you can get it.” — *Youth Participant*

\* 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.

“One thing we had at the Teens Citizens Academy was these simulated glasses that made your vision like if you were drunk, and they made you walk, and it showed you a lot what a small amount of alcohol could do to your body. The Alexandria Police Department sponsored it.” — *Youth Participant*

Treatment services are seen as limited and in high demand.

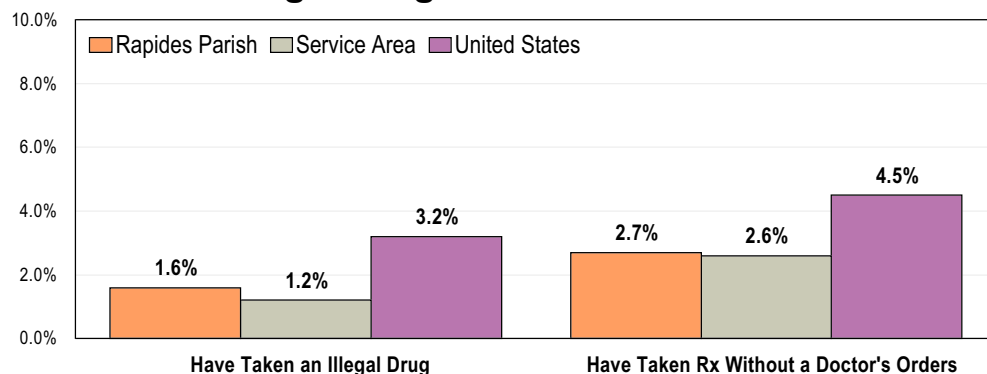
“My son is an alcoholic, and when he wanted treatment, the one here was filled up. They didn’t have room for him. We finally got him in one in Lafayette, so there is a big demand for a treatment center here.” — *Community Leader*

“In order to get into a residential treatment center that would offer you detox, the 28 program and then after-care, you have to leave this area to find one. You may be able to get referred to Red River, but most of the time you have to leave to get into a good treatment center.” — *Community Leader*

## Other Drug Abuse

- **1.6% of Rapides Parish adults report having taken an illegal drug in the past year.**
  - Similar to Rapides Foundation Service Area findings.
  - Significantly lower than reported nationwide (3.2%).
- **2.7% of Rapides Parish adults report having taken a prescription drug without a doctor’s orders in the past year.**
  - Similar to Rapides Foundation Service Area findings.
  - Significantly lower than reported nationwide (4.5%).

### Illegal Drug Use in the Past Month

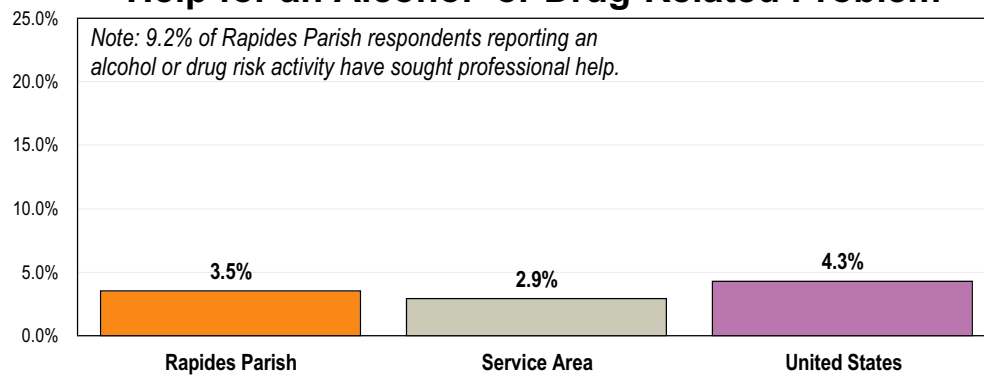


Source: 2002 PRC Community Health Survey, Professional Research Consultants  
 Note: Asked of all respondents.



- **3.5% of Rapides Parish adults have ever sought help for an alcohol- or drug-related problem.**
  - Similar to Rapides Foundation Service Area and national findings.
- **9.2% of Rapides 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

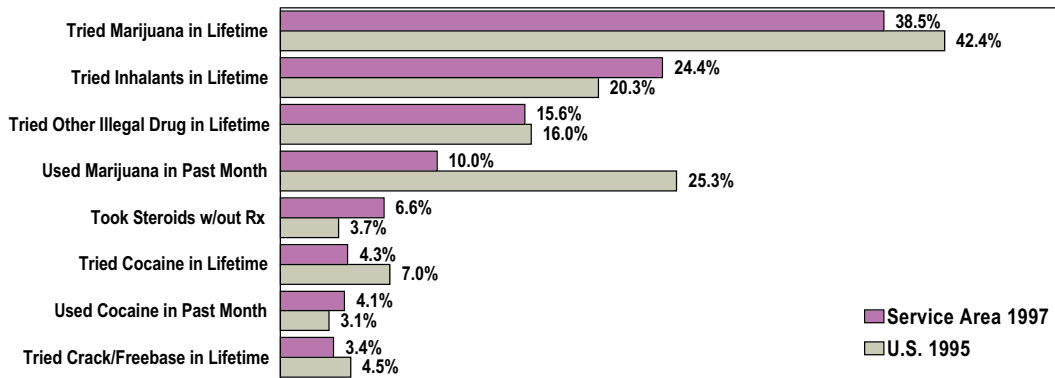
Notes: 1. Asked of all respondents.  
 2. Alcohol/drug risk activities include prescription abuse, illegal drug use, drunk driving, or chronic or binge drinking.

### 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).**

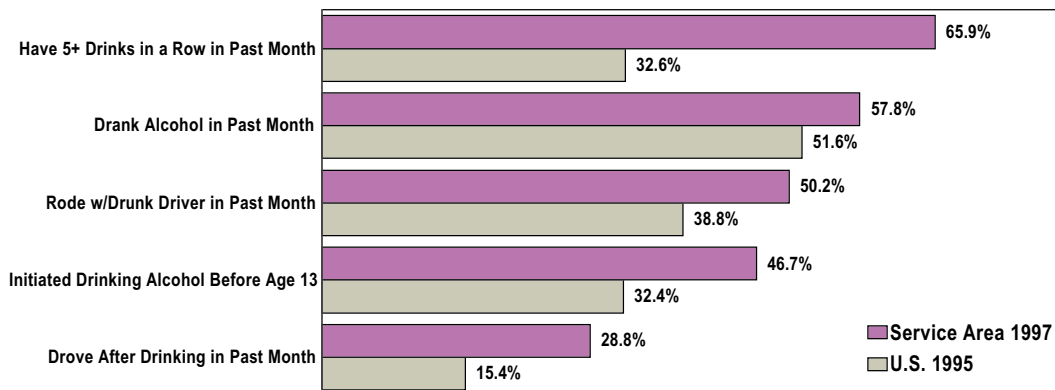
## Drug-Related Findings From the 1997 Service Area Youth Risk Factor Survey



Source: Tulane School of Public Health and Tropical Medicine.

- **Service area youth report lower use of marijuana (38.5% have tried marijuana, 10.0% have used marijuana in the past month) in comparison to youth nationwide (42.4% and 25.3%, respectively).**
- **Service area youth report a higher prevalence of having ever tried inhalants to get high (24.4%) in comparison to national findings (20.3%).**
- **Service area youth report a higher prevalence of having ever taken steroids without a doctor's prescription (6.6%) in comparison to national findings (3.7%).**
- **Service area youth less often report having ever tried cocaine (4.3%) in comparison to youth nationwide (7.0%).**

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



Source: Tulane School of Public Health and Tropical Medicine.

## Community Health Panel Findings\*

Adult and adolescent focus group participants identified drug use as a major concern for Rapides Parish.

“There is a lot of illicit drug use here. A lot of cocaine and crack. This also came up in the Tulane study, and is still a problem. I see it in my practice.” — *Physician*

“My parents don’t talk about drugs or alcohol at home. The only way I learned not to do it was because when I was younger, I had older family members who did some types of drugs, so my parents told us that they were wrong for doing drugs, and that is pretty much how I learned.” — *Youth Participant*

“The schools need to start the drug and alcohol education program before the kids get to high school. I think they have the D.A.R.E. Program, but a lot of people think that it doesn’t work. I liked D.A.R.E. We had it in elementary school.” — *Youth Participant*

“We had a program at our school when we were in a health class. Our ROTC instructor let us go and it was for the girls only, but it was basically about date rape and drugs that are out there.” — *Youth Participant*

“Once during the year, all the seventh-graders during gym class, we go to D.A.R.E. for two weeks. They talk to us about drugs for about two days, and that is all we have been taught about drugs this whole year.” — *Youth Participant*

Youth focus group participants perceive alcohol and marijuana use to be prevalent in Rapides Parish.

“I see a lot of kids smoking weed. It is easier to get than it is to get liquor. About two days ago, one of our students, a guy, was caught with marijuana in his pocket at the school. If you go to our student parking lot at 3:30 p.m., the kids are pulling out of the lot and they are smoking marijuana.” — *Youth Participant*

“In most places that you can go, like the teen clubs, they had to close them because people were doing drugs and drinking alcohol. I would say that out of 10 kids, you might find one that doesn’t do drugs or drink alcohol. So it is hard to find places to go just to have fun.” — *Youth Participant*

“We hear about Ecstasy, but I really don’t know anybody that is using it. I did hear of some people using Ecstasy at one of the new teen clubs in town. It closed down because the club was selling liquor to minors. You have to be 17 to get in.” — *Youth Participant*

“We have drug tests. They will call you randomly on the intercom to go for the test. They cut, like, two inches off your hair, and they mail it to someplace to test it. If it comes back positive, you will be expelled.” — *Youth Participant*

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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.

“Most of the kids that are doing drugs don’t want the help. We had a group right here, and only four kids wanted to find help with their addiction. They are always at the mall and hanging out. They have their own group, and they don’t want the help.” — *Youth Participant*

“Our school has drug dogs that sometimes come in around the school looking for drugs.” — *Youth Participant*

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

“We lack drug rehabilitation centers. People have to go to Baton Rouge or Shreveport for treatment. There is nothing for detox or inpatient, and the outpatient one is pretty bad. It is the one at Central.” — *Physician*

“It is hard to access services on demand because the drug treatment centers are usually full. We can get our patient appointments, but if the client is in the middle of a crisis, they usually need more structured intervention at least for a few days, and that is difficult to access sometimes.” — *Physician*

“Red River is the longer-term treatment program, and it stays full all the time. They usually have a backlog. A lot of the clients there are court-ordered. Rainbow House is more of a social detox facility, which fills a real need for a structured place for people to be when they are in the middle of a crisis related to either substance abuse or addiction. After treatment there, they go into outpatient treatment or to Red River. Rainbow usually has openings, but it is hard to access at night and on weekends. It is not really a medical facility, and it is understaffed. They can set clients up to go to 12-step meetings.” — *Physician*

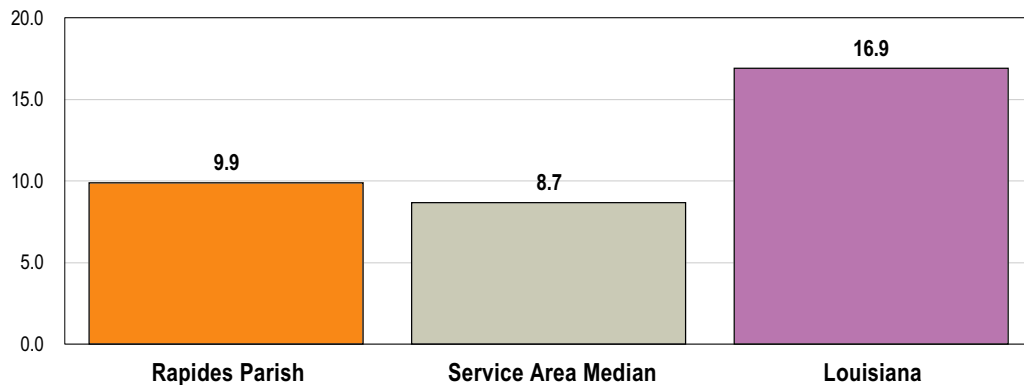
## Intentional Injury Deaths

### Homicide

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

#### Age-Adjusted Mortality: Homicide

(1996-98 Deaths per 100,000 Population)



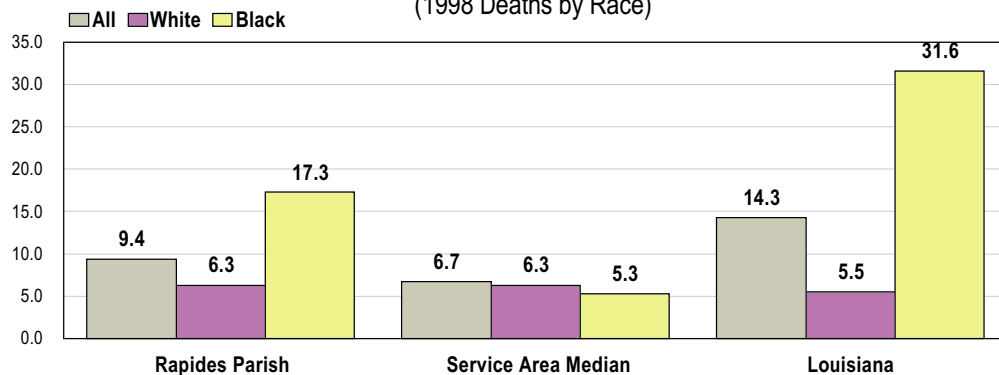
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

- The Rapides Parish homicide death rate in 1998 was particularly high among Blacks (17.3/100,000) in comparison to Whites (6.3/100,000). This discrepancy is even more evident in the 1998 statewide data.

#### Age-Adjusted Mortality: Homicide

(1998 Deaths by Race)



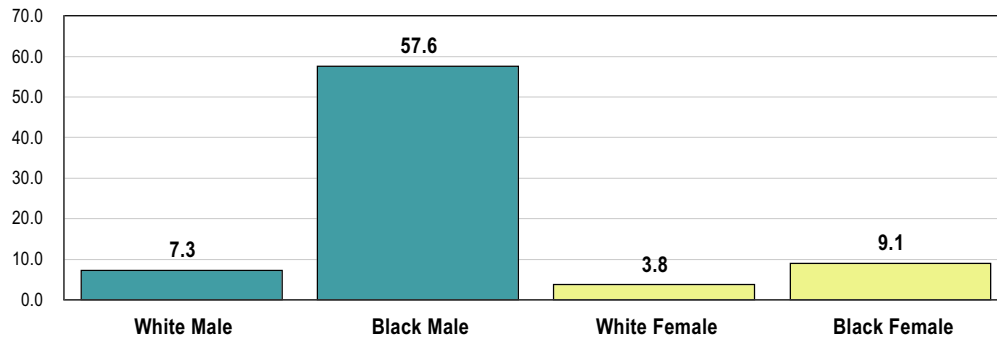
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

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

### Age-Adjusted Mortality: Homicide

(1998 Louisiana Deaths by Race/Gender)



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

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

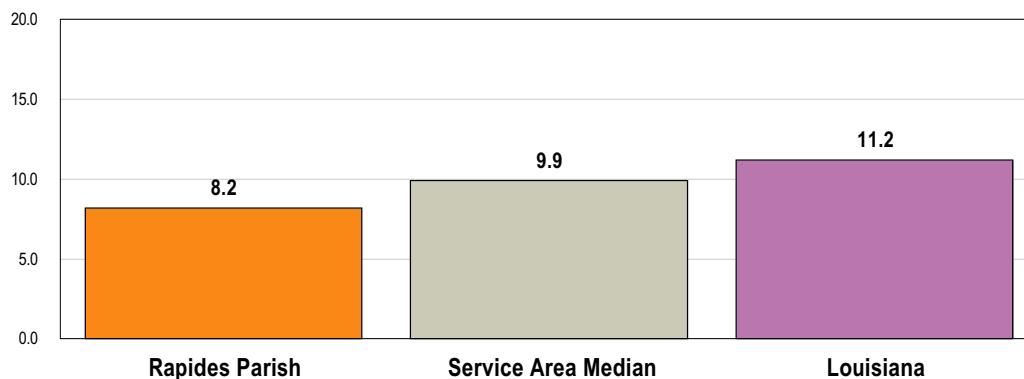
2. Includes homicide and legal intervention deaths.

## Suicide

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

### Age-Adjusted Mortality: Suicide

(1996-98 Deaths per 100,000 Population)



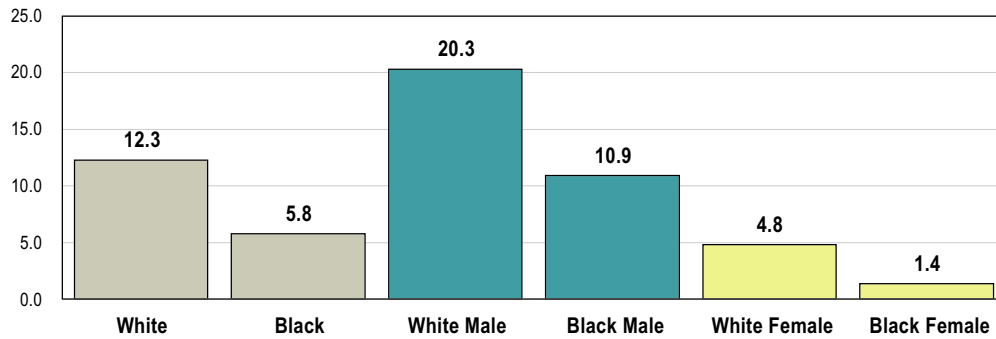
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

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

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

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



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

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

# Diabetes

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

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

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

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

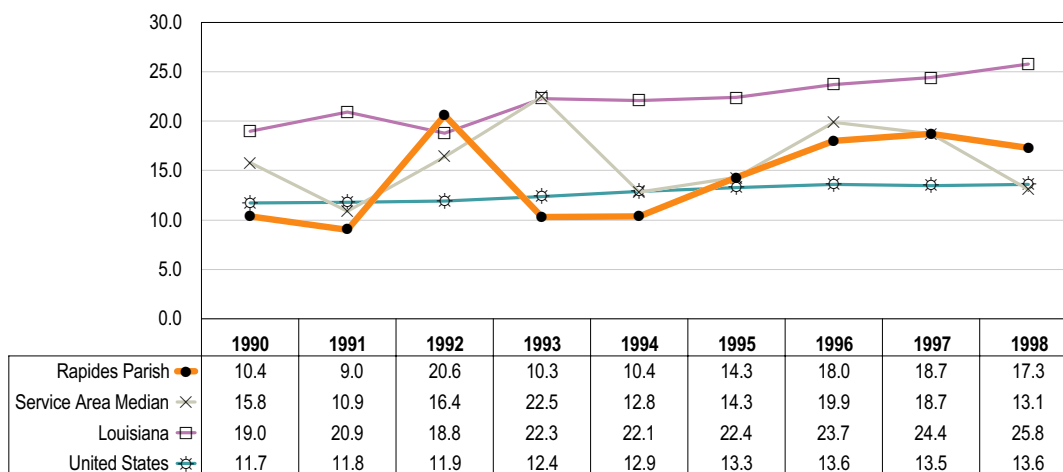
## Diabetes Deaths

- **In Rapides Parish, age-adjusted deaths due to diabetes have generally remained below statewide rates and are more comparable to national death rates. However, the Rapides Parish also appears to be following an upward trend, similar to those found state- and nationwide.**



## 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).

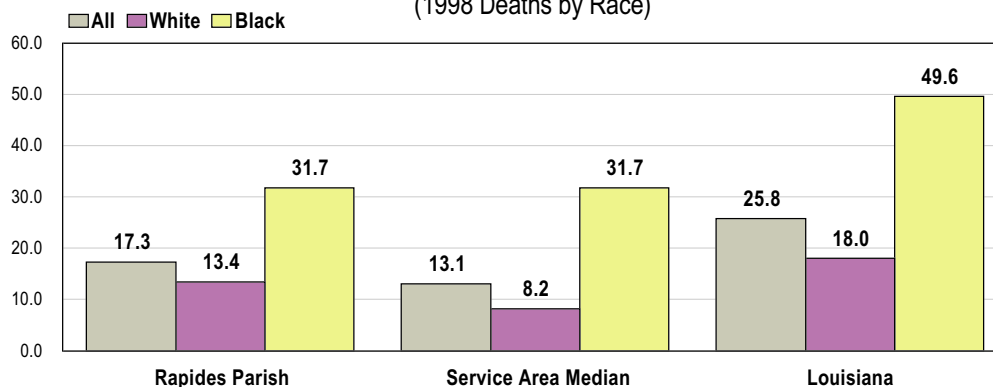
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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, both in Rapides Parish and statewide in 1998.

## Age-Adjusted Mortality: Diabetes

(1998 Deaths by Race)



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

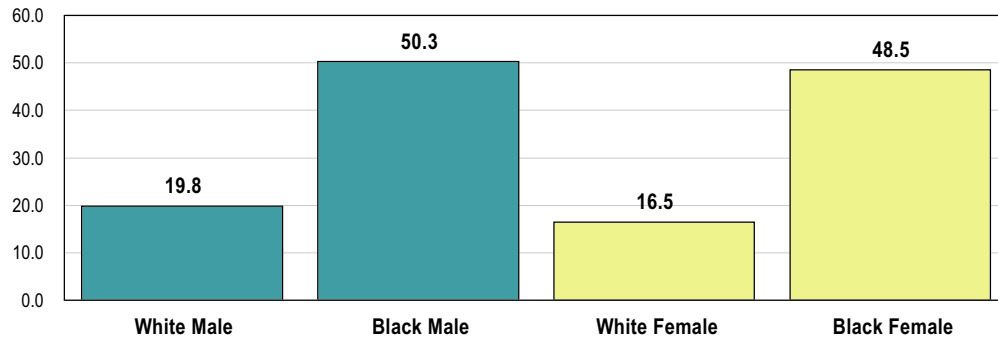
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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

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

### Age-Adjusted Mortality: Diabetes

(1998 Louisiana Deaths by Race/Gender)



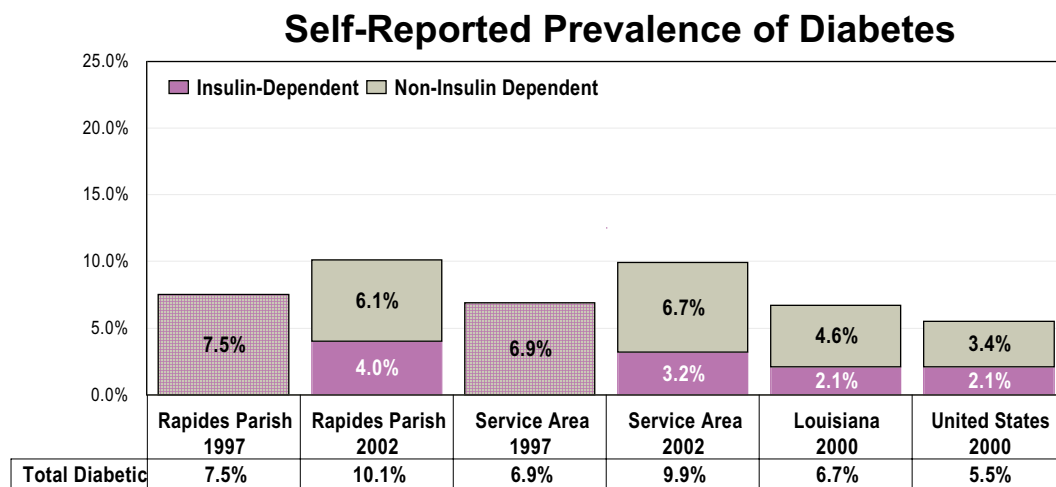
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

## Self-Reported Diabetes Prevalence

### Diabetes Prevalence

- **10.1% of Rapides Parish adults report suffering from or having been diagnosed with diabetes.**
  - Statistically similar to 1997 Rapides Parish findings, as well as current Rapides Foundation Service Area findings.
  - Significantly higher than found statewide (6.7%).
  - Significantly higher than found nationwide (5.5%).
  - It is estimated that more than one-third of diabetes cases nationwide remain undiagnosed.



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

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

*See also "Cardiovascular Risk Behavior: Overweight Prevalence."*

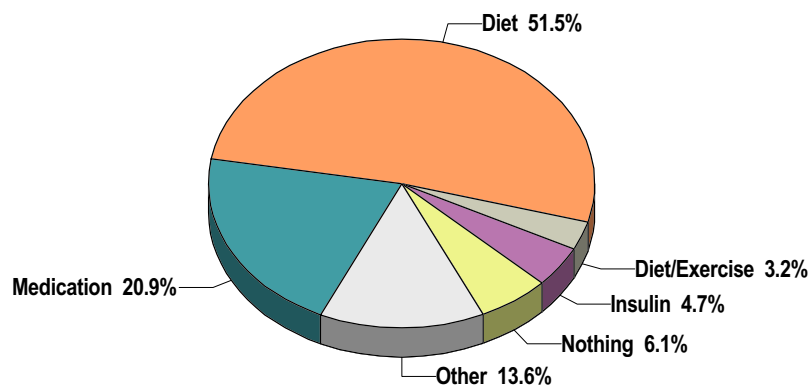
## Community Health Panel Findings\*

“This state has a major health problem with obesity and diabetes. Diabetes is a disease that can affect all of us. There is a high incidence of diabetes in this area. We need to teach people to help themselves and learn the importance of exercise and weight control. They need to know that by not becoming obese at age 13, they can cut the incidence of diabetes and cut their health care costs.” — *Physician*

## Needs of Diabetics

- **51.5% of diabetics surveyed in Rapides Parish report that their greatest need in managing their diabetes is diet.**

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



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

## Community Health Panel Findings\*

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

“I see diabetics go to the shoe store and buy the cheapest pair of shoes they can find. They can get a neuropathy ulcer on their foot that can take up to four years to heal up, if it will heal up at all. It is because of the lack of education.” — *Physician*

\* 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.

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“We have a very high diabetic population which is going under-treated due to poor nutrition, lack of exercise and lack of education on what the disease is and how to treat it.” — *Community Leader*

“We have been doing this diabetes project, trying to assist people between 30 and 50 years old, and one of the feedback comments we get is that when we first come into contact with some of these patients, we find that they are a little hopeless. They are not sure they can do anything about this diabetes problem, and they are not sure that they can change their fate. It is like if they are on this path and there is almost nothing we can do to get them off this path. We realize then that the entire job of the project is to change their minds that they can do something about diabetes and that immediate death is not destined to happen.” — *Allied Health/Social Service Provider*

# INFECTIOUS & CHRONIC DISEASE

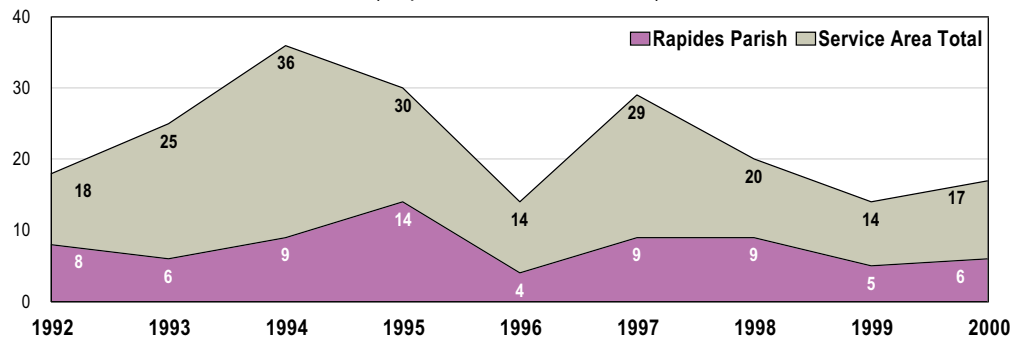
# Tuberculosis

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

## Tuberculosis Incidence

- Between 1992 and 2000, a high of 14 cases were diagnosed in Rapides Parish in 1995. Since that time, between 4 and 9 cases have been diagnosed annually.

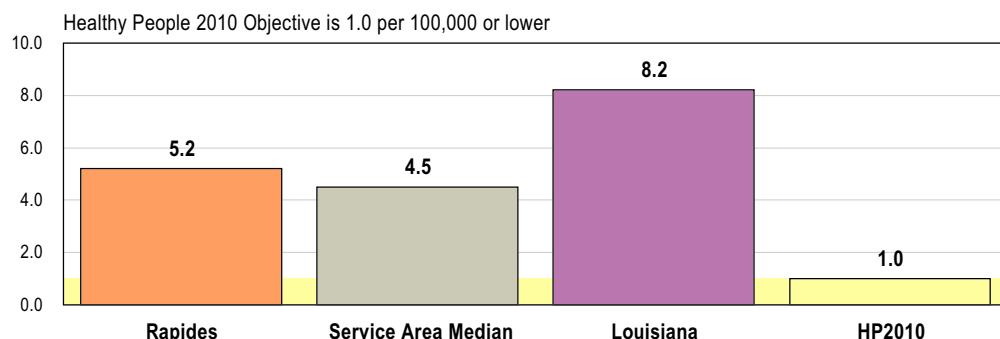
**Tuberculosis Cases**  
(Rapides Parish 1992-2000)



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

- Between 1998 and 2000, there were an annual average of 5.2 cases of tuberculosis diagnosed in Rapides Parish per 100,000 population.
  - Below the statewide 1998-2000 annual average case rate (8.2/100,000).
  - Fails to satisfy the *Healthy People 2010* target (1.0/100,000 or lower).

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



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

# HIV/AIDS

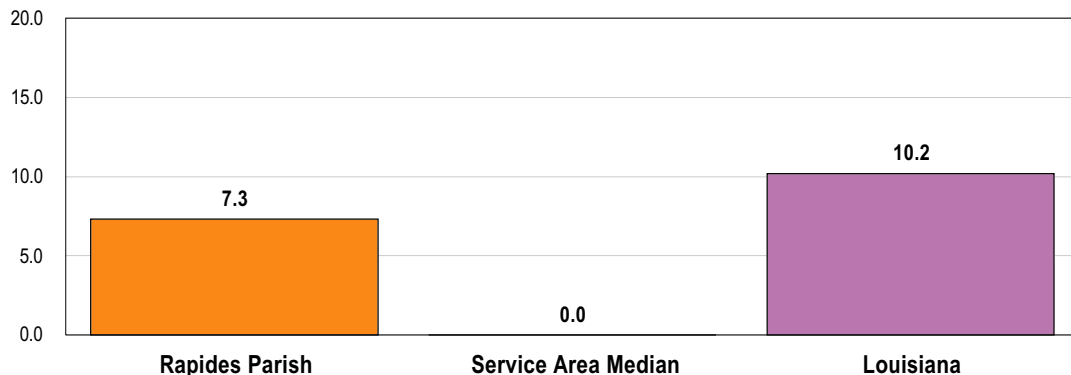
The AIDS (acquired immunodeficiency syndrome) epidemic is a problem of national and international importance, a disease for which there is as of yet no cure. Although there is no cure or vaccine, recent advances in human immunodeficiency virus (HIV) treatment can slow or halt the progression from HIV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

## AIDS Death Rates

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

### Age-Adjusted Mortality: AIDS

(1996-98 Deaths per 100,000 Population)



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

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

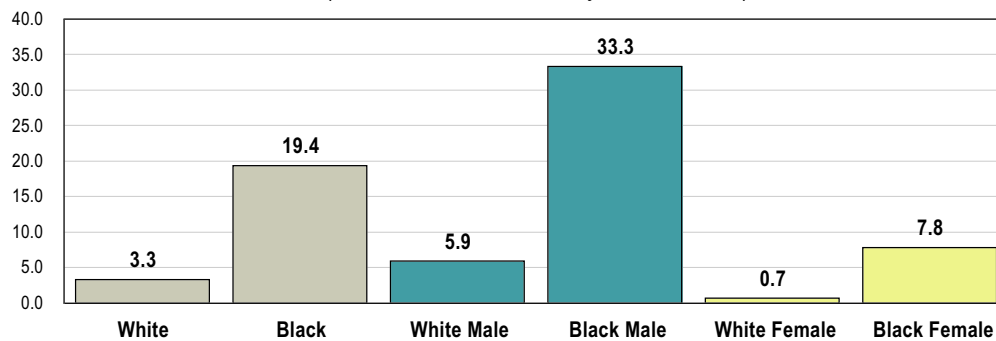
2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

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



## Age-Adjusted Mortality: AIDS

(1998 Louisiana Deaths by Race/Gender)



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

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

## HIV/AIDS Rates

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

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

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<sup>\*</sup> *Louisiana HIV/AIDS Annual Report, 2000.* Louisiana Department of Health and Hospitals, Office of Public Health, HIV/AIDS Program

## Interpretation of HIV Detection Data

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

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

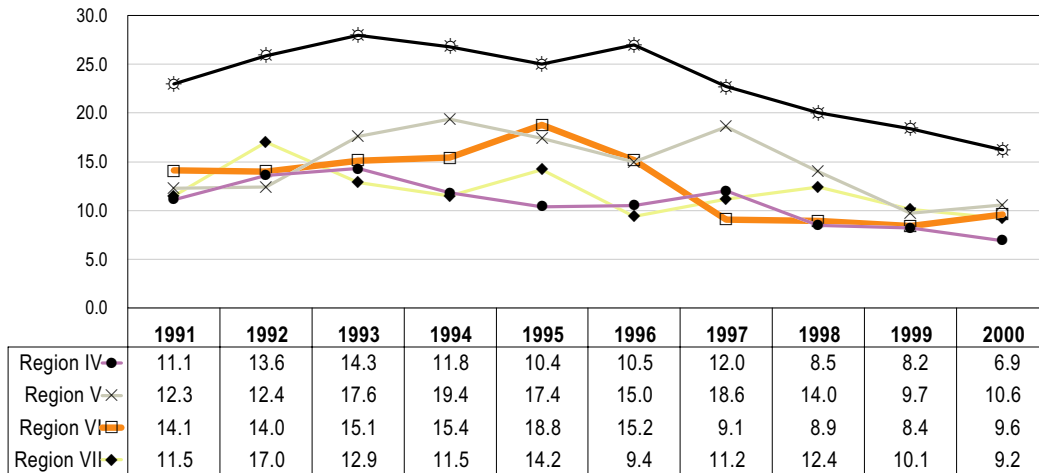
Therefore, HIV detection data do not necessarily represent characteristics of person who have been recently infected with HIV, nor do they provide true HIV incidence. Demographic and geographic subpopulations are disproportionately sensitive to differences and changes in access to health care, HIV testing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

With this in mind:

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

## AIDS Case Rates

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



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

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

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

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

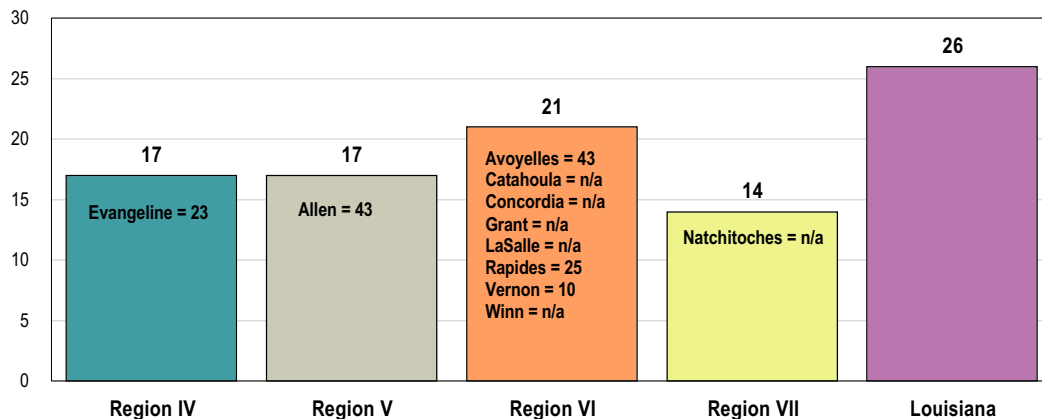
4. Public Health Region VII includes Natchitoches and eight other parishes in and around Shreveport, Louisiana.

- **In Public Health Region VI (which includes Rapides Parish), there was an annual HIV/AIDS detection rate of 21 cases per 100,000 population (25/100,000 in Rapides Parish) in 2000.**

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

## HIV/AIDS Detection Rates

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



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

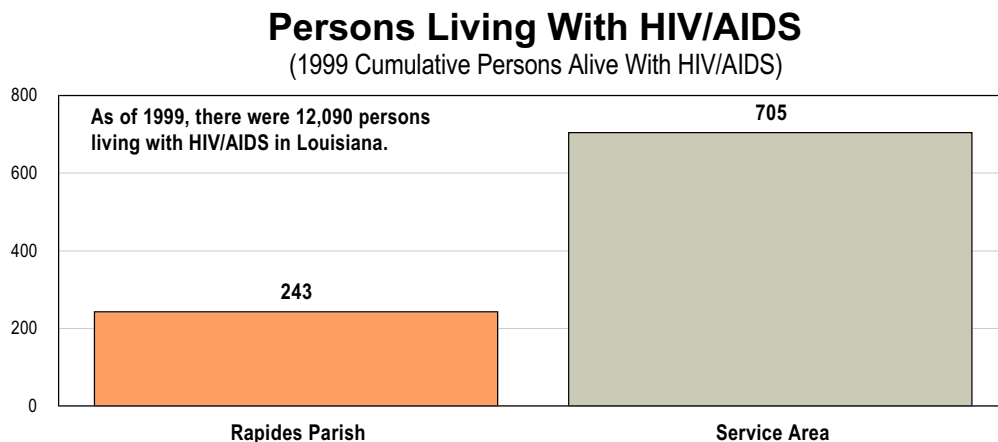
4. Public Health Region VII includes Natchitoches and eight other parishes in and around Shreveport, Louisiana.

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 243 persons living with AIDS in Rapides Parish, 705 throughout the Rapides Foundation Service Area.**

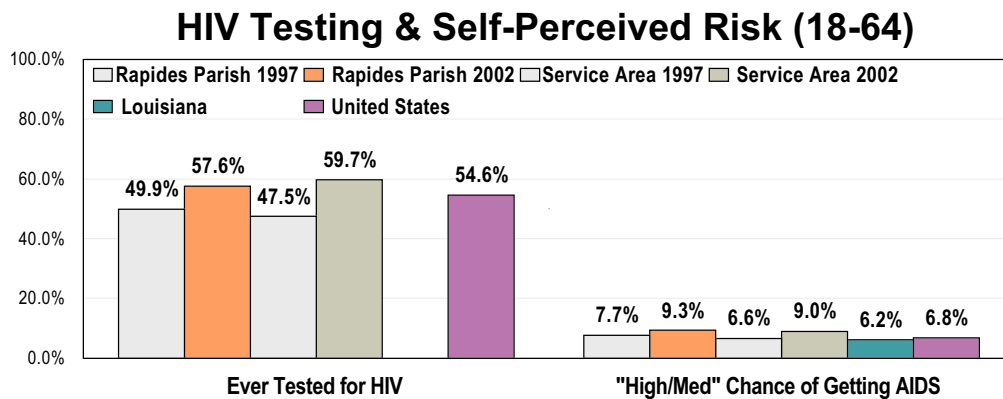


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

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

## HIV Testing & Perceived Risk

- **57.6% of Rapides 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).**
  - Better than 1997 Rapides Parish findings (49.9%).
  - Similar to current Rapides Foundation Service Area and national findings.
- **9.3% of Rapides Parish adults between the ages of 18 and 64 believe themselves to be at “high” or “medium” risk for getting AIDS.**
  - Similar to 1997 Rapides Parish findings, as well as current Rapides Foundation Service Area, statewide and national findings.



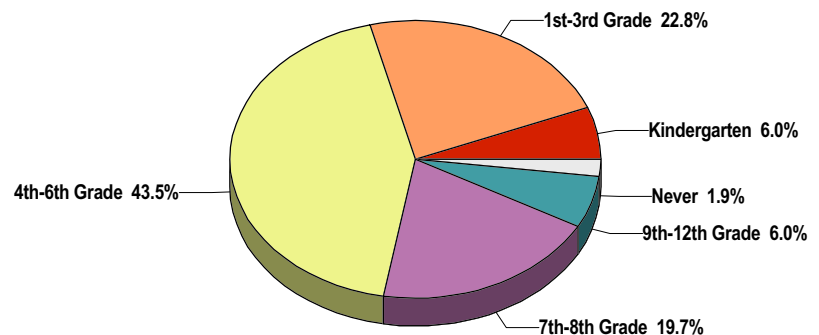
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. 2000 PRC National Health Survey, Professional Research Consultants  
 3. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data  
 4. Behavioral Risk Factor Survey Summary, Tulane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

Note: Reflects respondents aged 18 through 64.

## Children & HIV/AIDS Education

- **72.3% of Rapides 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 1.9% of Rapides 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**  
(Rapides Parish; 18-64)

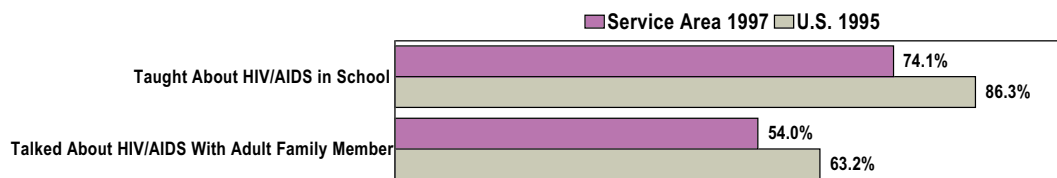


Source: 2002 PRC Community Health Survey, Professional Research Consultants  
Note: Asked among respondents aged 18 through 64.

In the 1997 Central Louisiana Youth Risk Factor Survey:

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

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



Source: Tulane School of Public Health and Tropical Medicine.

## Community Health Panel Findings\*

HIV/AIDS is seen as disproportionately affecting the Black community.

“In my agency, we are talking about our inability to influence sexual behavior, especially in the Black community, where we are seeing such a disproportionate number of people who are infected with HIV and AIDS. I think this is an area where the local churches can be of great assistance in helping us get the message across.” — *Allied Health/Social Service Provider*

“HIV/AIDS is growing the quickest in people of color and women. They are getting infected from IV drug use. It is growing in our population and also in the prison system. It has taken off like wildfire.” — *Physician*

“I think [AIDS] is decreasing. Now people are more aware of it and they are more careful. My patients are not indigent, so it may be more prevalent and rising in the indigent population.” — *Physician*

“I think we have a special program here that gives free medication to AIDS patients. I think the Foundation has something like that in place.” — *Physician*

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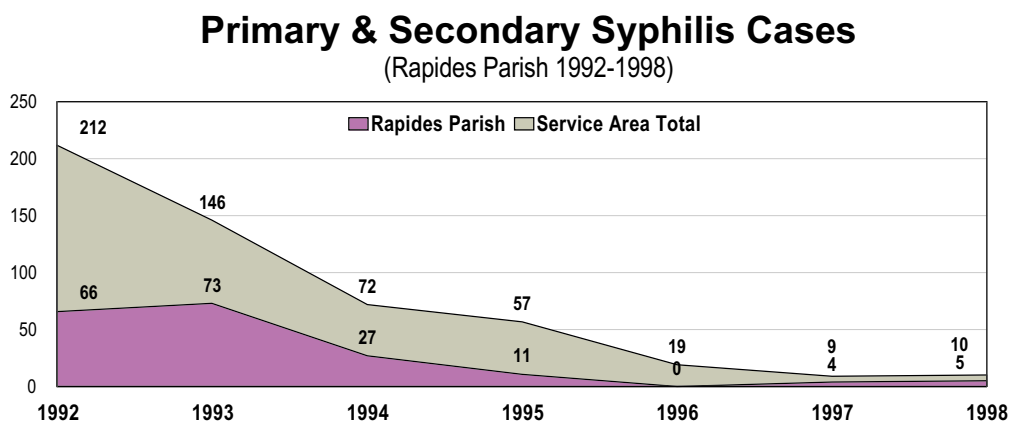
# Sexually Transmitted Diseases

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

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

## Syphilis

- Between 1992 and 1998, primary and secondary syphilis cases in Rapides Parish followed a general decline.

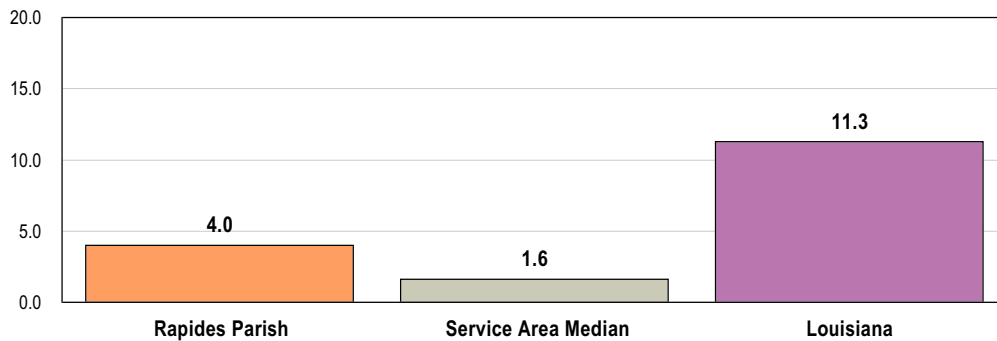


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

- **Between 1998 and 2000, there was an annual average of 4.0 cases of primary or secondary syphilis in Rapides 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**

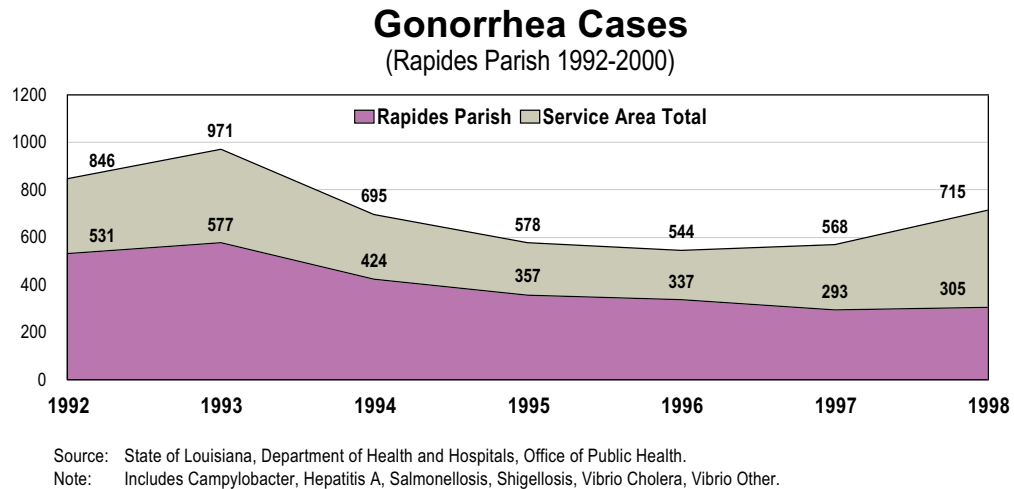
(1998-2000 Annual Average Rate per 100,000 Population)



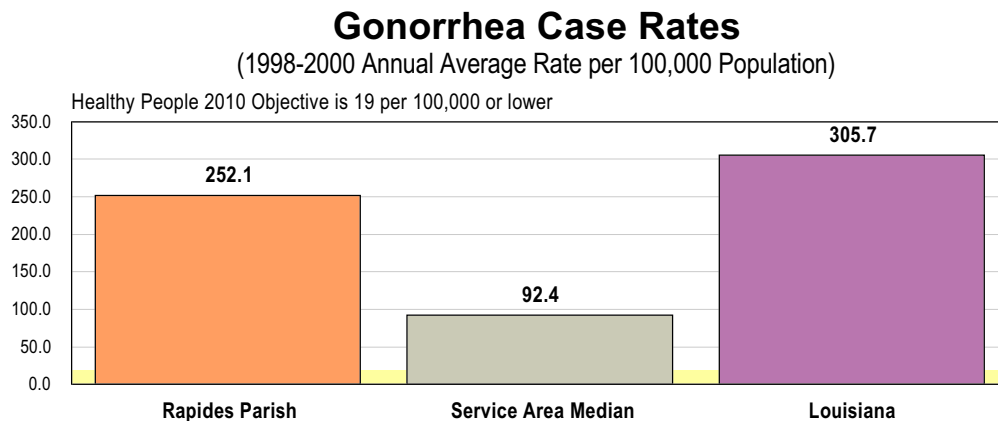
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

## Gonorrhea

- Between 1992 and 1998, gonorrhea cases in Rapides Parish followed a general decline, with a high of 577 cases in 1993 to a low of 293 cases in 1997.



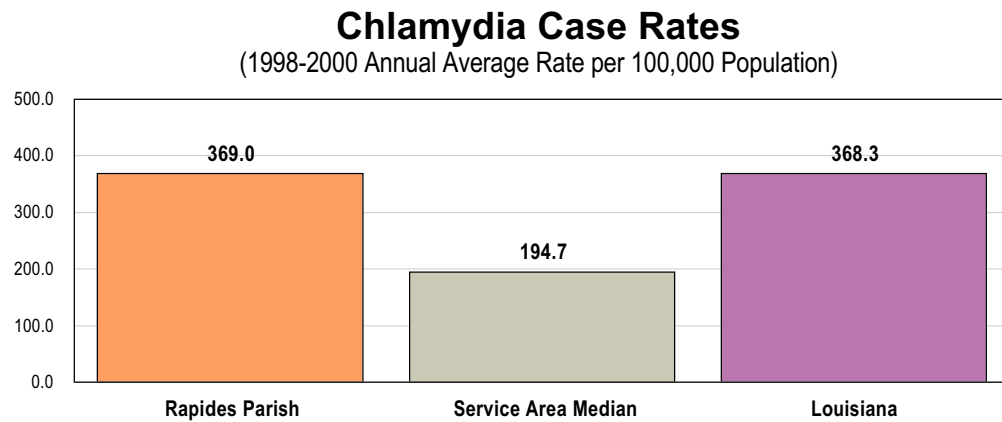
- Between 1998 and 2000, there was an annual average of 252.1 newly diagnosed gonorrhea cases per 100,000 population in Rapides Parish.
  - Much higher than in most Rapides Foundation Service Area parishes (median = 92.4/100,000).
  - Below the statewide annual average case rate (305.7/100,000).



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

## Chlamydia

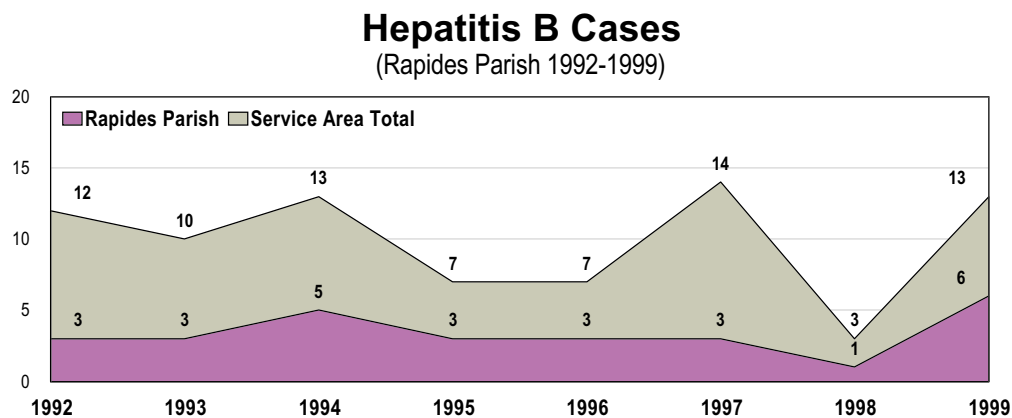
- Between 1998 and 2000, there was an annual average of 369.0 newly diagnosed cases of *chlamydia trachomatis* per 100,000 population in Rapides Parish.
  - Higher than in most Rapides Foundation Service Area parishes (median = 194.7 cases/100,000).
  - Similar to the annual average case rate statewide (368.3/100,000).



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

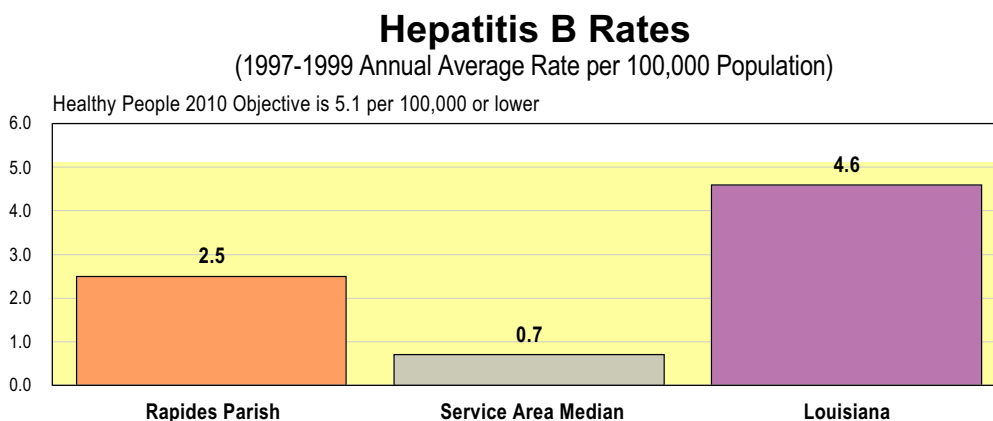
## Hepatitis B

- Between 1992 and 1999, hepatitis B cases diagnosed in Rapides Parish averaged about 3 each year; however, between 1998 and 1999, the number of cases jumped from 1 to 6.



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

- Between 1997 and 1999, there was an annual average case rate of 2.5 hepatitis B cases per 100,000 population in Rapides Parish.
  - Higher than in most Rapides Foundation Service Area parishes (median = 0.7 cases/100,000).
  - Lower than the statewide annual average case rate (4.6/100,000).



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

## Community Health Panel Findings\*

Focus group participants believe that, although youth are at significant risk for AIDS and sexually transmitted diseases, they are largely unconcerned or unaware of the risks.

“I think more teen-agers need to go to the health unit or where all these people with these terrible STDs and AIDS are so they could see what it does to a person. Then they would be so scared because whatever you get from sexual activity, you can’t get rid of it.” — *Youth Participant*

“I don’t think kids are worried about STDs until they hear later that their sexual partner was diagnosed with HIV or some type of STD.” — *Youth Participant*

Youth participants stated, however, that there are ways to reach young people.

“The health units have all kinds of information on how to protect yourself against STDs and AIDS. They have buckets full of things that you can get. They give you everything, but a lot of people just don’t go to get it.” — *Youth Participant*

“We had a great speaker at the beginning of the year, Ms. Pam Stenzel, who spoke about sex and STDs. She was great. Her mom was raped, and that is how she was born. I know she was real good, because three of my friends went to the clinic to get checked after her speech.” — *Youth Participant*

“Ms. Stenzel was great. She didn’t just lecture us; she told us what could happen and joked around a lot about it. She made it really interesting to listen to her talk.” — *Youth Participant*

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# Vaccine-Preventable Disease Incidence

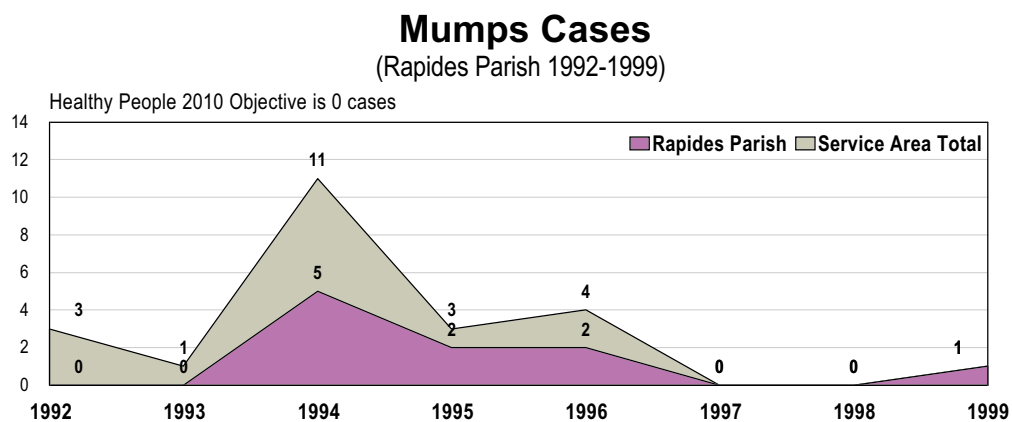
Examples of diseases which are preventable through vaccination include measles, mumps, rubella and pertussis.

## Measles

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

## Mumps

- Between 1992 and 1999, there were 10 reported cases of mumps in Rapides Parish.



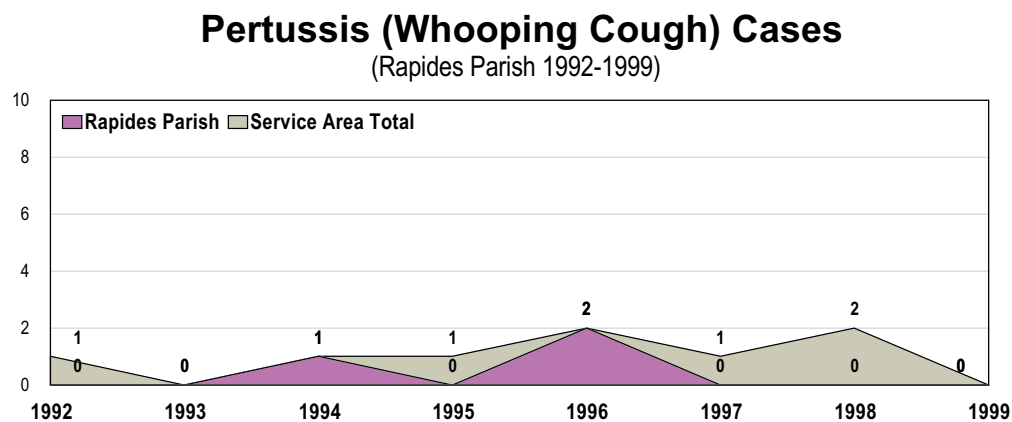
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

## Rubella

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

## Pertussis

- Between 1992 and 1999, there were 3 reported cases of pertussis (whooping cough) in Rapides Parish.



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

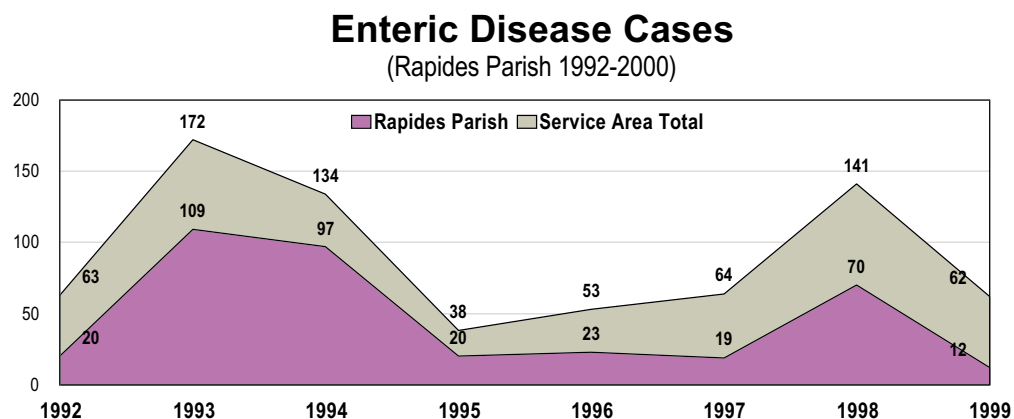


# Enteric Disease Incidence

Enteric diseases are gastrointestinal illnesses caused by bacteria, parasites or viruses. Transmission from person to person is via hand-to-mouth. A person must actually ingest the organism in order to become infected. Enteric diseases are among the most frequently reported diseases. They include such known and lesser-known diseases as 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, Rapides Parish experienced relatively high-case years in 1993, 1994 and 1998.



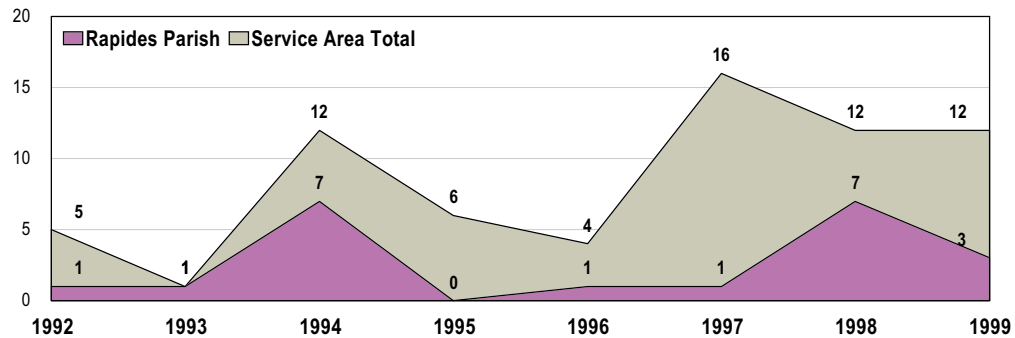
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

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

## Hepatitis A

- Between 1992 and 1999, Rapides Parish experienced 21 case of hepatitis A, including 7 cases in 1994 and 7 cases in 1998.

### Hepatitis A Cases (Rapides Parish 1992-1999)

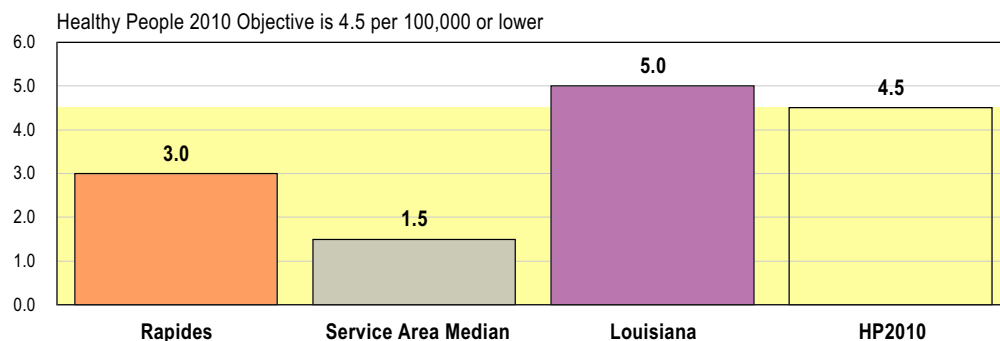


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

- Between 1997 and 1999, there was an annual average of 3.0 hepatitis A cases in Rapides Parish per 100,000.
  - Higher than in most Rapides Foundation Service Area parishes (median = 1.5 cases/100,000).
  - Lower than the statewide annual average case rate (5.0/100,000).
  - Satisfies the *Healthy People 2010* target (4.5/100,000 or lower).

### Hepatitis A Rates

(1997-1999 Annual Average Rate per 100,000 Population)



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

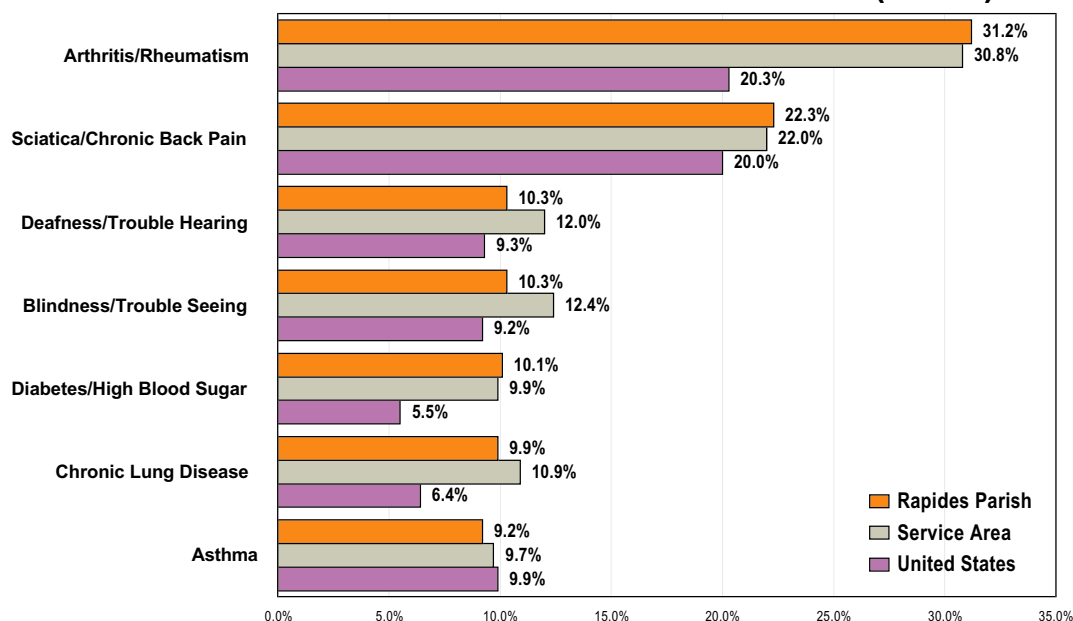
# Self-Reported Chronic Illness

## Self-Reported Prevalence of Chronic Illness

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

- **Arthritis/rheumatism, sciatica/chronic back pain, deafness/trouble hearing and diabetes were the most prevalent conditions reported, each affecting more than one out of 10 adults in Rapides Parish.**
- **Three of the tested conditions are significantly more prevalent in Rapides Parish than nationwide:**
  - 31.2% of Rapides Parish adults report suffering from **arthritis or rheumatism** (compared to 20.3% nationwide).
  - 10.1% of Rapides Parish adults report suffering from **diabetes** (compared to 5.5% nationwide).
  - 9.9% of Rapides Parish adults report suffering from **chronic lung disease, including bronchitis or emphysema** (compared to 6.4% nationwide).

## Prevalence of Chronic Illness (1 of 2)

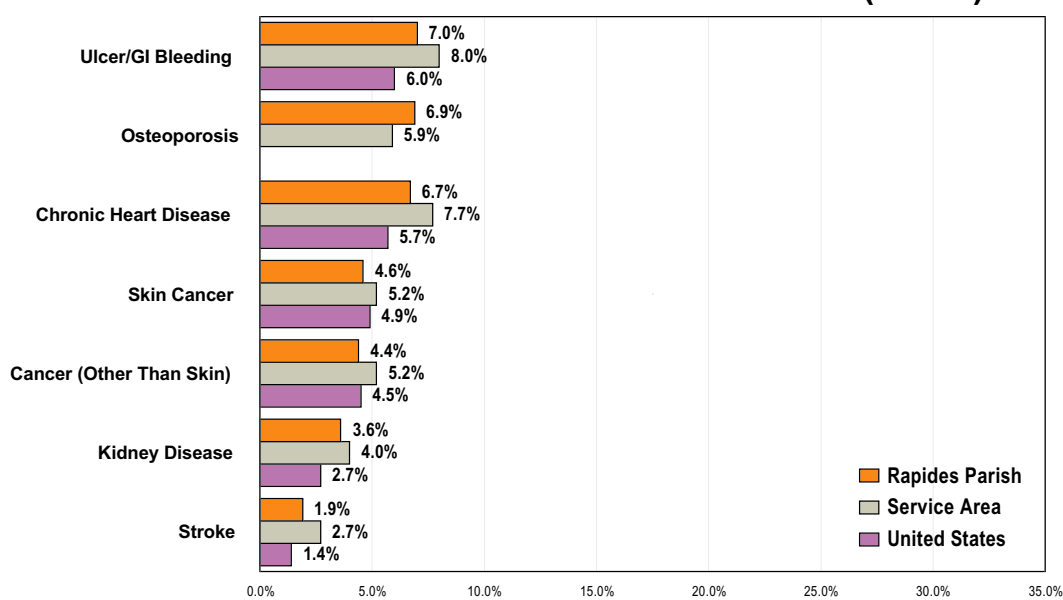


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. 2000 PRC National Health Survey, Professional Research Consultants

Note: Asked of all respondents.

## Prevalence of Chronic Illness (2 of 2)



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

2. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of all respondents.

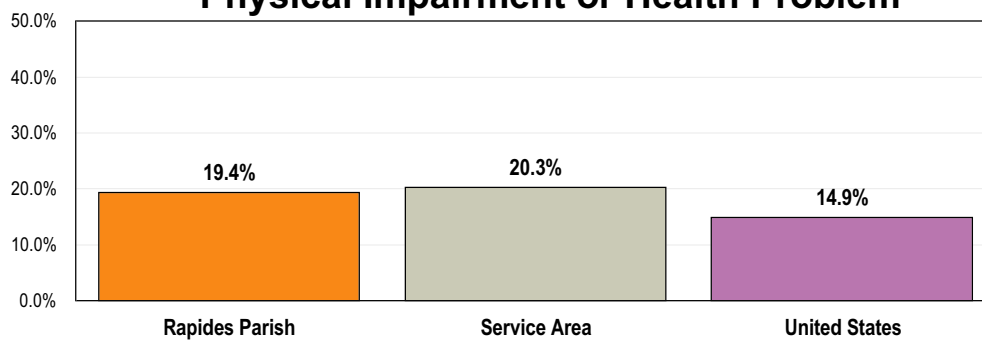
2. A national prevalence for osteoporosis is not available.

Keep in mind that each percentage point above represents approximately 934 adults in Rapides Parish.

## Activity Limitations

- **19.4% of Rapides Parish adults report being limited in some way in some activity because of a physical impairment or health problem.**
  - Similar to Rapides Foundation Service Area findings.
  - Significantly higher than found nationwide (14.9%).
  - This represents over 18,000 adults in Rapides Parish.

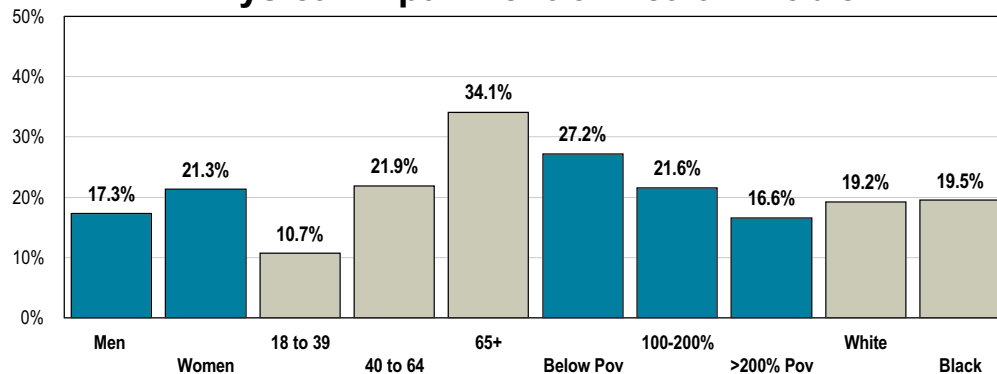
### Activity Limitation Due to Physical Impairment or Health Problem



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 impact a significant share of those aged 65 or older.
- Activity limitations are also more prevalent among those at lower income levels.

## Activity Limitation Due to Physical Impairment or Health Problem



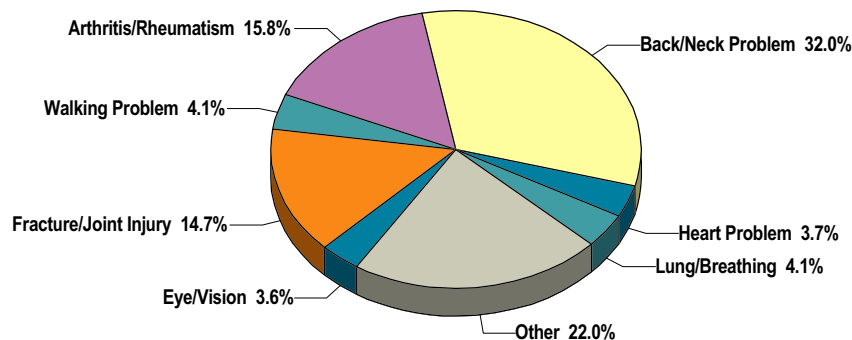
Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

- The top three impairments that limit Rapides Parish respondents include back/neck problems, arthritis/rheumatism and fractures/joint injuries.

## Type of Impairment Which Limits Activities

(Among Those Reporting Activity Limitations; Rapides Parish)

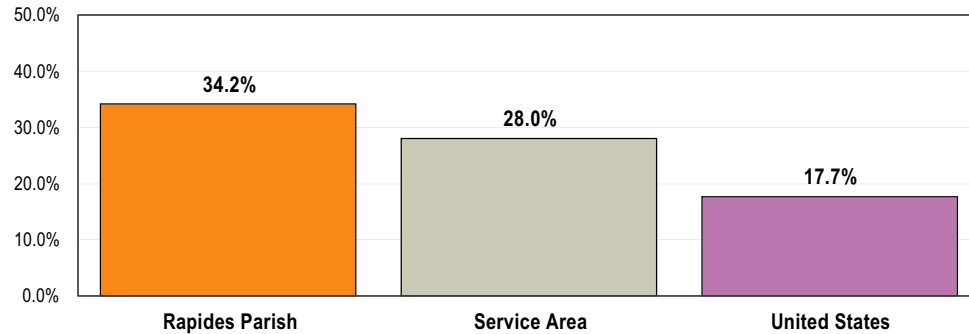


Source: 2002 PRC Community Health Survey, Professional Research Consultants

Note: Reflects those respondents who experience activity limitations.

- 34.2% of Rapides Parish adults who currently suffer an illness or health impairment that limits their activities report that this illness or impairment is the result of a work-related injury.
  - Statistically similar to Rapides Foundation Service Area findings.
  - Significantly higher than found nationwide (17.7%).

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



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

# BIRTHS

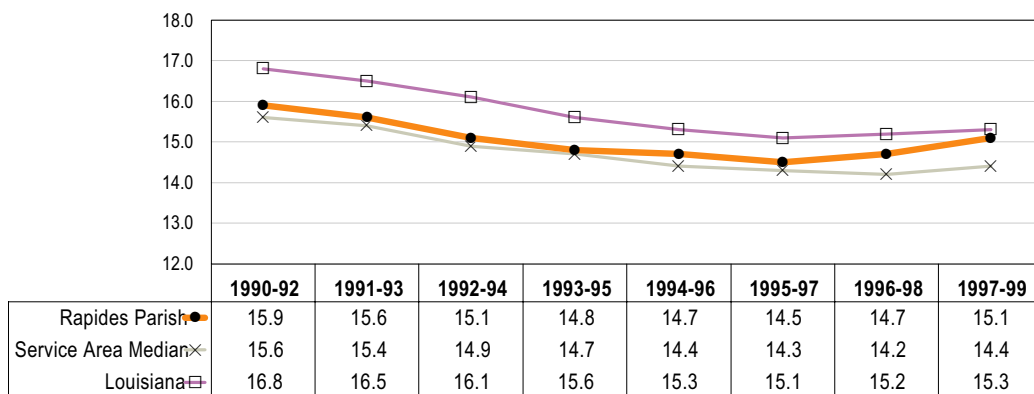


# Birth Rate

- **Between 1997 and 1999, there was an annual average of 15.1 births in Rapides Parish per 1,000 population.**
  - Similar to the annual average statewide birth rate for the same period (15.3/1,000).
- **While the Rapides Parish birth rate declined during much of the 1990s, increases were noted 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).

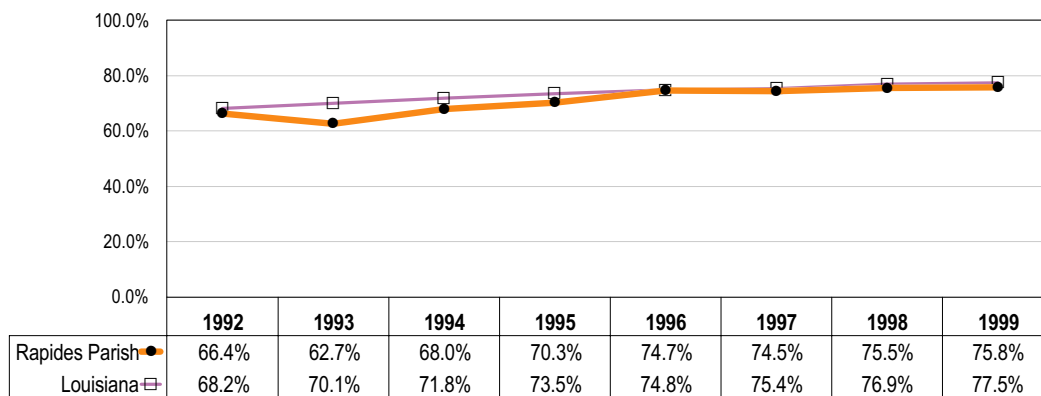
# Prenatal Care

## 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, 75.8% of Rapides Parish mothers received adequate prenatal care.
  - Similar to the percentage statewide (77.5%).
- Since the early 1990s, the proportion of mothers receiving adequate prenatal care has been slowly improving in Rapides Parish, as it has statewide.
- Still, 24.2% of Rapides Parish mothers received care that was less than adequate in 1999.

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



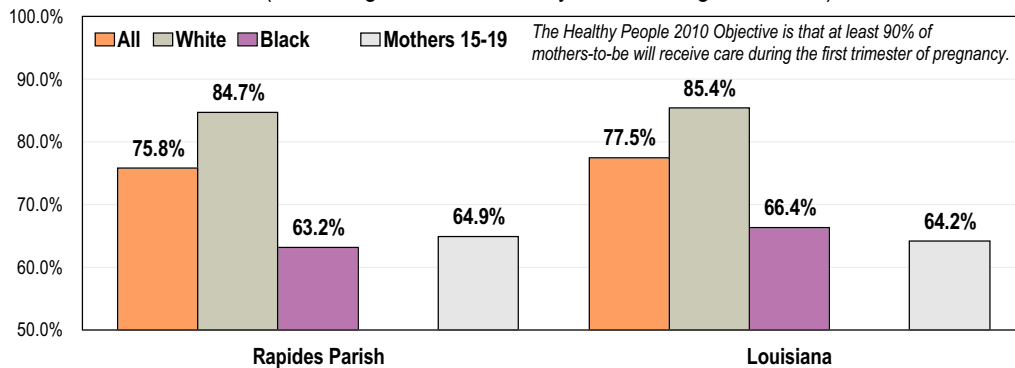
Source: Louisiana Department of Health and Hospitals, Office of Public Health.

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 much lower proportion of Black mothers (63.2%) received adequate prenatal care in comparison to White mothers (84.7%) in Rapides Parish in 1999.
- Only 64.9% of teenage mothers (age 15 to 19) in Rapides Parish in 1999 received adequate prenatal care.

## Mothers Receiving Adequate Prenatal Care

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



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

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

## Community Health Panel Findings\*

Focus group participants see a lack of prenatal care as a continuing concern in some populations.

“We see a lot of women who come to the ER at four, five, six, seven months pregnant that never had any prenatal care. We even had some who come to deliver and see the doctor for the first time during the pregnancy.” — *Allied Health/Social Service Provider*

“The prenatal care is always a big dilemma. We know that with adequate prenatal care in our patient population, we would have healthier babies. It is a real difficult task to get them in early enough to obtain adequate prenatal care. Reality is that most ladies come in at the point of delivery, and that is their initial visit to the doctor. It is very frustrating because there are a lot of things that can be done to maintain a healthy pregnancy and delivery if prenatal care is done early in the pregnancy.” — *Physician*

“We have three physicians who deliver a lot of the Medicaid babies. We have gone over to their offices at different times during the day to talk to these moms about our free childbirth classes. We try to talk to them while they are waiting to see the doctor, and they will pick up their chair and move away from us because they don’t want to hear any of this. They feel they know everything, know it all.” — *Allied Health/Social Service Provider*

“We see some patients who had their prenatal care at Huey P. Long, and when they get ready to deliver, they go to one of the other hospitals without a doctor or any medical records.” — *Allied Health/Social Service Provider*

\* 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.

“Some of the indigent patients who go to the charity hospital have a pretty good prenatal care program. They have a private group that takes indigent patients, and most of these OB patients have Medicaid, so they are eligible for prenatal services. They have to be registered for prenatal care if they are going to deliver their baby there, so it is pretty effective.” — *Physician*

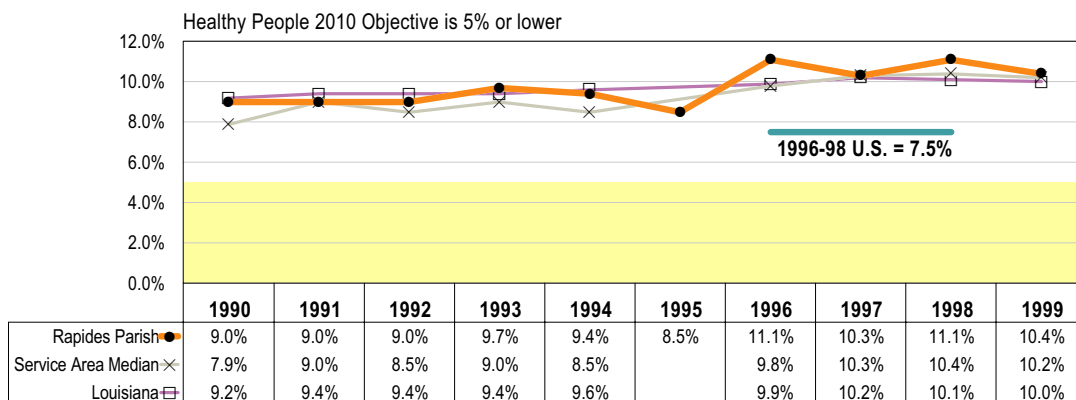
# Birth Outcomes

## 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, 10.4% of Rapides Parish births were of low birthweight.
  - Fails to satisfy the *Healthy People 2010* target (5% or lower).
- Rapides Parish low-weight births have tracked closely to statewide proportions throughout most of the past decade, and appear to be increasing.
- Both parish and state proportions of low-weight births are higher than found nationwide.

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



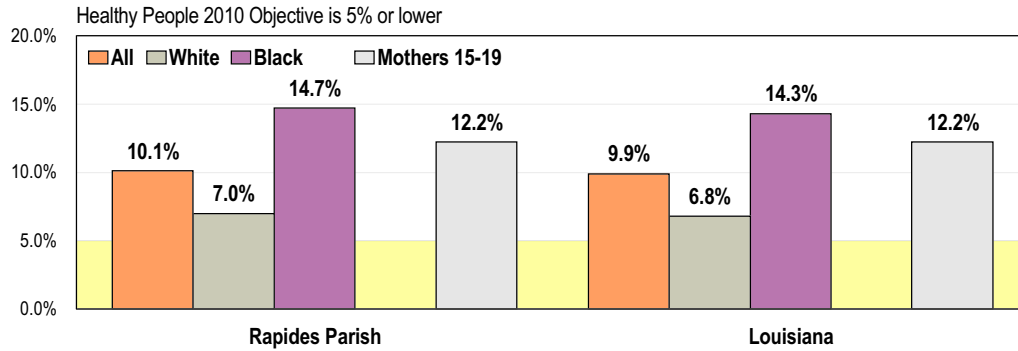
Sources: 1. Louisiana Department of Health and Hospitals, Office of Public Health.  
 2. Healthy People 2010: National Health Promotion and Disease Prevention Objectives for the Nation, United States Public Health Services.

Notes: 1. Numbers represent low-weight births as a percentage of all live births.  
 2. Low birthweight includes infants less than 2,500 grams at birth (approximately 5 pounds, 8 ounces).

- Between 1994 and 1998, 14.7% of births to Black mothers in Rapides Parish were low birthweight, compared to a lower 7.0% of births to White mothers.
- Between 1994 and 1998, 12.2% of births to teenaged mothers in Rapides Parish were low birthweight.

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

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



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

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

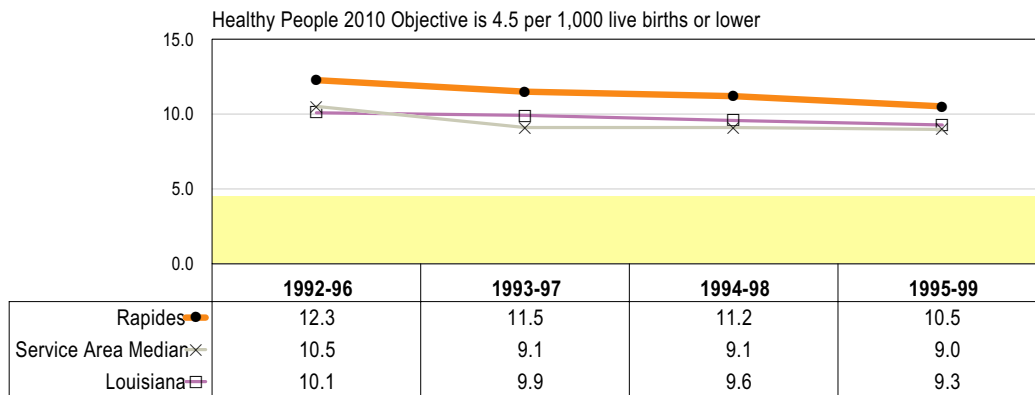
## Infant Mortality

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

- **Between 1995 and 1999, there was an annual average of 10.5 infant deaths per 1,000 live births in Rapides Parish. This represents a slight decline over previous years' rates.**
  - Just above 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.

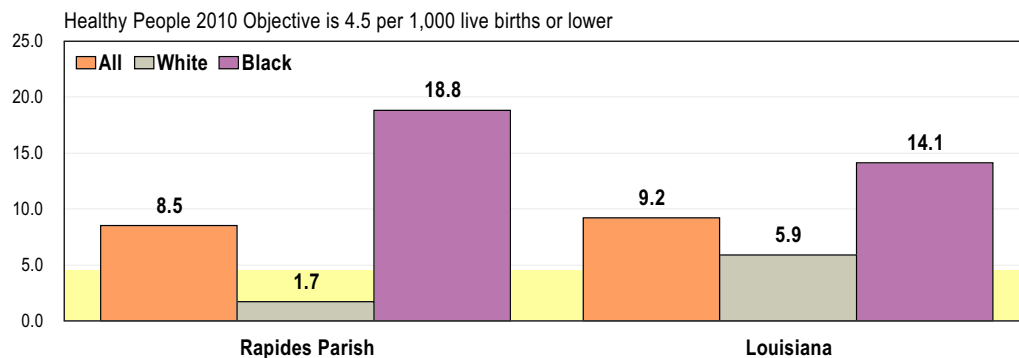
Notes: 1. Rates represent deaths occurring to infants under the age of one per 1,000 live births.

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 Rapides Parish (18.8/1,000 annual average 1995-99) than among Whites (1.7/1,000).**

### Infant Mortality Rates

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



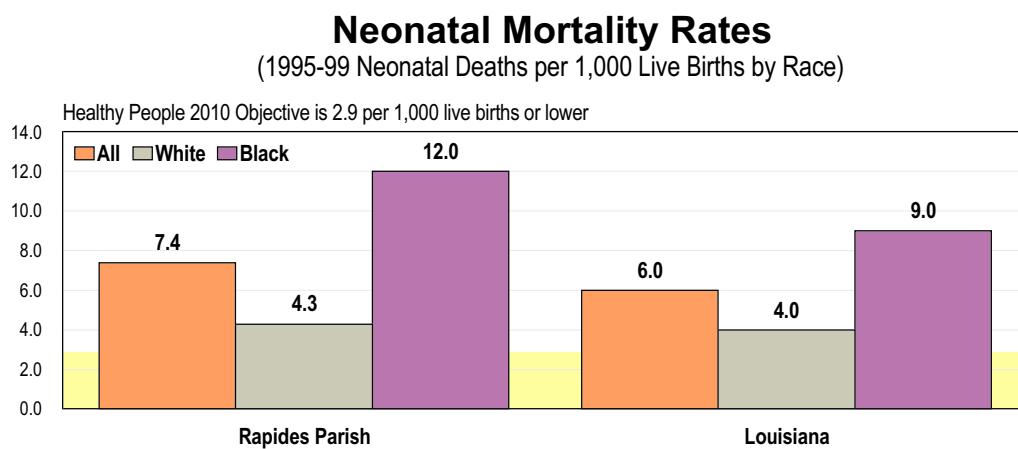
Source: Louisiana Department of Health and Hospitals, Office of Public Health.

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

## Neonatal Mortality

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

- **Between 1995 and 1999, there was an annual average of 7.4 neonatal deaths per 1,000 live births in Rapides Parish.**
  - Higher than the statewide annual average rate for the same period (6.0/1,000).
- Neonatal mortality is much higher among Blacks in Rapides Parish (12.0/1,000 annual average 1995-99) than among Whites (4.3/1,000).



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

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



# Births to Teenage Mothers

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.

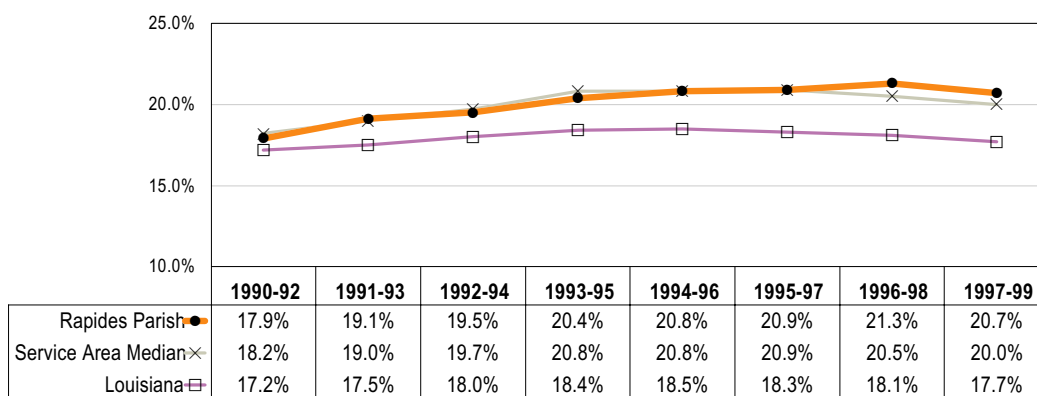
The following examination of teen births in Rapides Parish builds on prior research in 1997 by the Rapides Foundation and Tulane School of Public Health.

## Percentage of Births to Teen Mothers

- **Between 1997 and 1999, 20.7% of Rapides Parish births were to mothers between the ages of 15 and 19 years old.**
  - Higher than statewide (17.7%).
  - Much higher than nationwide (12.3%).
- **The proportion of Rapides Parish births to teenage mothers has trended upward throughout the 1990s and has consistently tracked higher than the statewide proportion.**
  - The Rapides Parish rate has tracked fairly closely with the median percentage among parishes in the Rapides Foundation Service Area.

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

(Three-Year Averages; Percentage of Live Births)



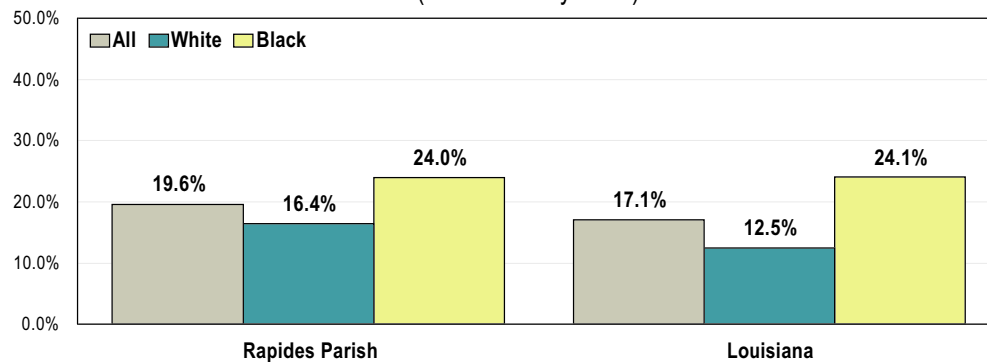
Source: Louisiana Department of Health and Hospitals, Office of Public Health.

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

- 24.0% of 1999 Rapides Parish births among Blacks were to teenage mothers, compared to 16.4% among Whites.

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

(1999 Births by Race)



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

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

## Community Health Panel Findings\*

Teen pregnancy is recognized as a particular concern in Rapides Parish. Focus group participants stressed that teen sex is beginning a very young ages.

“I think teen pregnancy is a big problem here. Once a child is pregnant and has to take on the responsibility of taking care of that baby, they cannot progress economically. They are trapped in a lower social economic class. Teen pregnancy is the one thing that is a common threat for these kids not being able to advance in life.” — *Physician*

“Kids are starting to be sexually active at 14. I know of quite a few 14-year-olds who are pregnant.” -Physician

“We need to make sure that we are not missing the point on the age level because they are not having sex at 16 and 17. They are starting at 12 and 13.” — *Allied Health/Social Service Provider*

“The health units have been the family planning provider for this parish for the last 20 years. In the past, we have not been very good with our teenagers: long waiting periods, male OB/GYN interns who only had 10 minutes per patient, and they were mixed with all of the other pregnant women who were not teenagers. But I think we have done a lot better and tried to respect the teenager by telling them that abstinence is best, but if that is not your option right now, we do have a female nurse practitioner who can see you. Our two nurse practitioners take more time and they only have four or five patients instead of 30 at one time. What we are trying to do is to make it friendly enough so that the teenager comes back to see us next year. If they choose to have sex,

\* 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.

they are able to do it in the safest way possible. We are really trying to show more respect to the choice they made.” — *Allied Health/Social Service Provider*

“We get some girls who come in for a pregnancy test, and when the test is negative, we fill their ears with information. We tell them what else they could have gotten and how it would affect their entire life. You need to be accessible to these kids so we can change them. You may be able to change some of the parents' attitudes, but we can really educate the kids, and they are our future.” — *Allied Health/Social Service Provider*

“There is no downside of being a teen and pregnant. It is totally acceptable to have a child in high school. One of our high schools has a daycare for the kids. These facilities aren't bad, but it sure makes it easy for a teen-ager to get pregnant and finish high school.” — *Physician*

“It seems that more and more, you get criticized because you are not sexually active. We need somebody who would support and speak up for the kids who are trying to do the right thing.” — *Youth Participant*

“We had a group of high school girls sitting around, and we started asking truth or dare questions, just playing around, but we ended up doing the truth part of it. Out of five of us there, only one of us was a virgin.” — *Youth Participant*

“I know a 17-year-old girl who already has four children. She had her first baby at 11 years old. She had her first baby in fourth grade. I never see her with any of them. I guess she didn't know any better.” — *Youth Participant*

On participant mentioned that we need to encourage abstinence and increased parental supervision of youth. However, other health providers stressed that we are doing a disservice by encouraging abstinence only as a matter of policy.

“I love the health centers, and I think they do a great job at testing, but I don't like birth control pills. I believe we need to tell a kid — because they are kids, not adults — that they do have a choice, and in our health centers, we don't tell them that. We refer a lot of them, but the kid comes back the week after seeing a nurse and they tell me they told their boyfriend the nurse said I cannot have sex. The kids need to be told that having sex this early is wrong, and we would see a decrease in teen pregnancies. We need to educate the parents that they need to be home when their teenagers are home. I had a 14-year-old girl who is on her fourth partner and now is having sex with a 13-year-old boy, that they have sex after school at the boy's home because his parents are at work. We need to get the parents at home with their kids.” — *Allied Health/Social Service Provider*

“There is a statewide program that is available with volunteers going into the schools and teaching abstinence one hour a week. I believe it is taught in the sixth grade.” — *Community Leader*

“The governor of Louisiana has an initiative and sent speakers to the high schools to talk to the kids about abstinence. Yet all the other groups that should also be invited to talk to the kids about sex education are not allowed. There is a lack of coordination. A lot of people are doing different things and not getting together.” — *Physician*

“I need to say something about this teen pregnancy problem. The kids in America have sex just as early as they do in Europe, and yet in Europe, they don’t have a teen pregnancy problem. The difference is that in Europe, they have a sex education program, and they give out contraceptives. This is not a very popular stance in this community.” — *Physician*

“Problem with education here is that they teach abstinence in schools. School-based health clinics cannot dispense contraceptives to the students.” — *Physician*

“We have a cultural problem here with the idea that we don’t want the schools to teach sex education, we don’t want them to do anything with contraceptives or condoms or anything that has to do with sex. All of the sex education will be done at home, but it doesn’t happen” — *Physician*

“It is a hard situation with our schools because they know that kids are sexually active, but the parents are in total denial and the community gets hurt because the parents didn’t do their part in educating the kids, and now they are pregnant.” — *Physician*

Adolescent health panel participants also spoke out about teen sexuality and pregnancy. They suggested better use of speakers and internal programs to address these issues.

“We need someone to come to the schools like a motivational speaker who could make you feel better about yourself and make you feel more like it is OK to be positive. A lot of kids here don’t want to do the right things because they don’t want people to think they are weird or are not cool. We need someone who could boost our self-esteem and make us see that it is better to do the right thing now.” — *Youth Participant*

“Kids want to hear the truth and they want to hear facts and not to be scolded at by adults. Sometimes we don’t give them credit for having a mind. We need to give them decision-making skills so they make the right choices. One of the speakers at the high school was very successful in talking to the kids and doing skits related to sexuality. The kids really liked the way she addressed the subject with them” — *Allied Health/Social Service Provider*

“We have a Baby Think It Over program, which is a parenthood class which I am in, but I think all freshman kids should be required to take the class. I know so many kids that had babies in junior high. This program basically teaches you responsibility, budgets and everything. I think that as a freshman, this program would help them see not to have sex just because they are being pressured to do it. It helps you mature and see what a big responsibility a baby is.” — *Youth Participant*

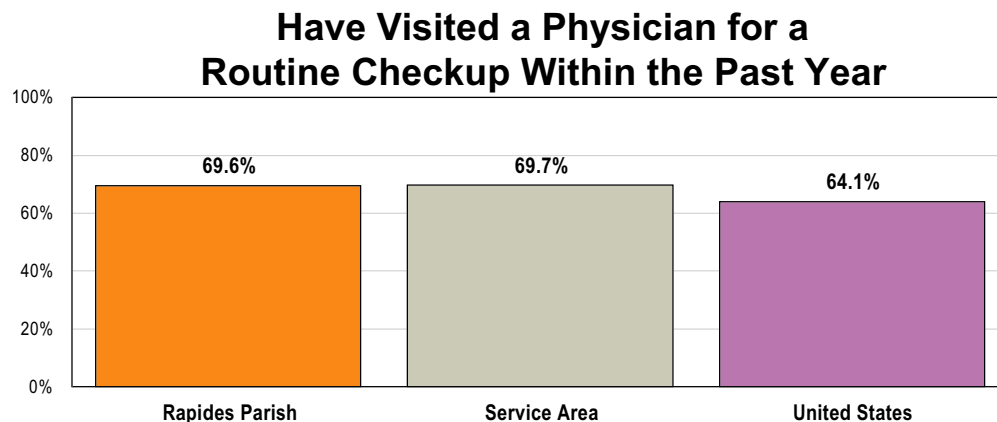
# PREVENTIVE HEALTH CARE

# 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

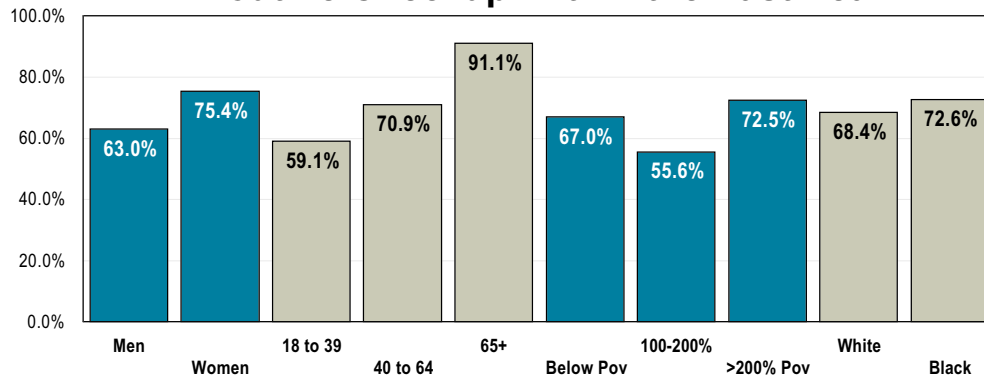
- **69.6% of Rapides Parish adults report that they have visited a physician for a routine checkup in the past year.**
  - Similar to that found throughout the Rapides Foundation Service Area.
  - Significantly better than found nationwide (64.1%).



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

- Persons living just above the poverty threshold (“working poor”) show the lowest incidence of routine physician care in the past year.
- Men and young adults demonstrate lower levels of routine physician care.

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



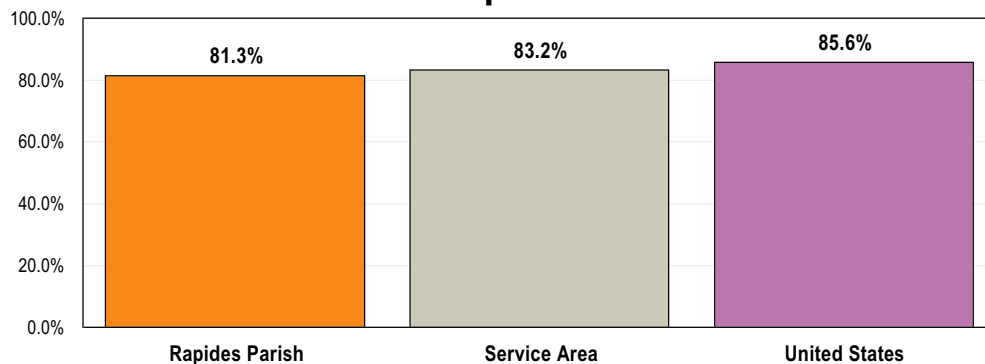
Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

2. Asked of all respondents.

- **81.3% of Rapides 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.

## Community Health Panel Findings\*

Even if access issues were eliminated, we must instill in people a mindset that emphasizes preventive rather than episodic health care.

“I think in Louisiana, in this culture, we haven’t bought into preventive medicine. They were brought up using doctors and hospitals only when they were sick. They only go to the doctor when they have to, and they are not worried about their cholesterol level or any other type of preventive care.” — *Physician*

“Even if we attempt to remove some of the barriers, I find that a lot of times we aren’t able to motivate the people to go and take care of their health care needs. It seems that they have the ability to get where they want to go, but they just don’t want to do it.” — *Allied Health/Social Service Provider*

“Traditionally, the indigent population has gone to the charity hospital. It is intervention-type of medicine, not preventive. People get sick, they go to the clinic for the most part. They don’t have time or the staff to talk to their patients a lot about preventive-type of things since they only take care of the immediate problem.” — *Physician*

“I spoke at a conference two weekends ago at Louisiana College, where churches throughout the community, Alexandria and Pineville, were invited to come and hear about heart disease, diabetes, and also Dr. Witherspoon spoke and presented the website. They are doing a great job with spreading the word on what is available, and they are doing it through the churches.” — *Physician*

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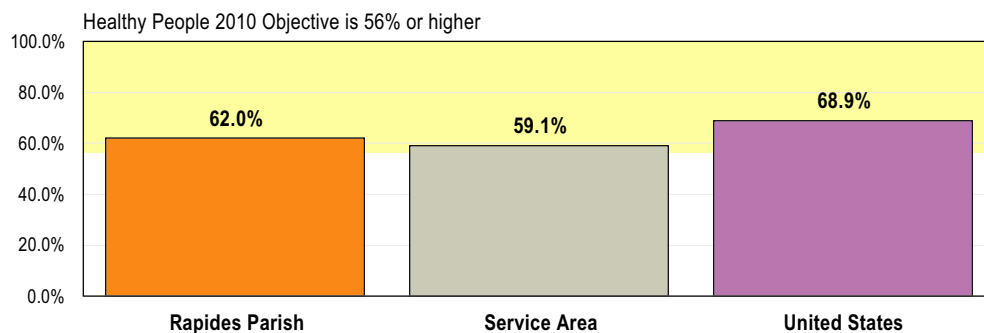
\* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the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



## Dental Care

- **62.0% of Rapides Parish adults have been to a dentist or dental clinic in the past year.**
  - Similar to that found throughout the 11-parish Rapides Foundation Service Area.
  - Significantly lower than found nationwide (68.9%).
  - Satisfies the *Healthy People 2010* target (56% or higher).

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



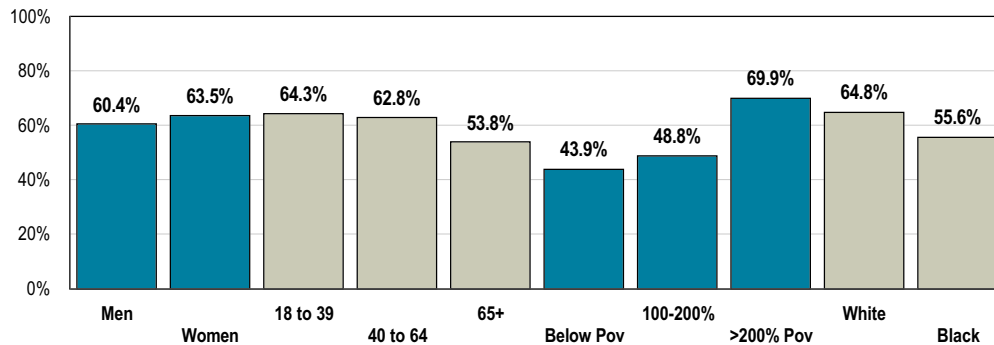
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. 2000 PRC National Health Survey, Professional Research Consultants  
 3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

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

Recent dental care is particularly low among:

- Those living at lower incomes.
- Black respondents.

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



Source: 2002 PRC Community Health Survey, Professional Research Consultants

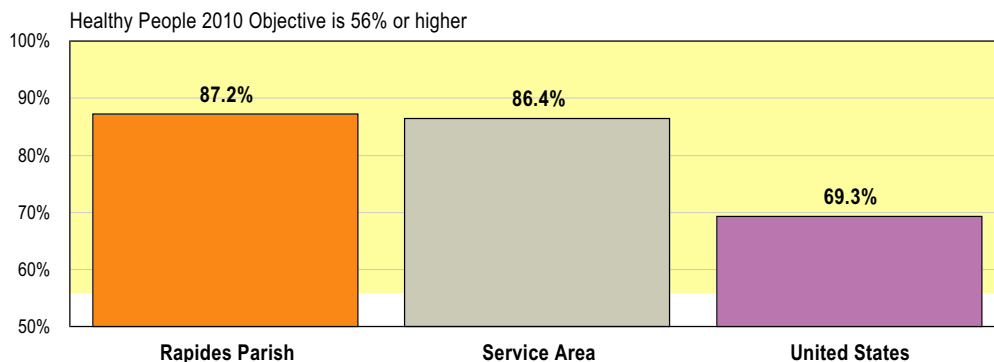
Notes: 1. Demographic breakouts are among findings in Rapides Parish.

2. Asked of all respondents.

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

- **87.2% of Rapides 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 found nationwide (69.3%).
  - Satisfies the *Healthy People 2010* target (56% or higher).

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



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

2. 2000 PRC National Health Survey, Professional Research Consultants

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

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

2. State data not available.

## Community Health Panel Findings\*

Focus group participants identified dental care as a serious need in Rapides Parish, and related that oral health simply is not a priority for many residents. There is a long way to go to generate a mindset geared toward a preventive approach to oral health, but it is seen as much better now than in the past.

“I also want to mention that when we have a lot of patients out there that have horrible teeth and just rotten teeth, access to dental care is a big problem.” — *Physician*

“Young people are coming in, people in their 20s with dentures or teeth already missing. I think that Louisiana leads the country in adults who are missing all of their natural teeth. We lead the country in bad dental care, a horrible statistic for the state.” — *Physician*

“It just seems that dental care is not a priority. Food on the table is the priority. We have a preventive dental program with Robert Wood Johnson, but access is a problem because people don’t see it as a priority. They don’t see the relationship between good dental care and being healthy.” — *Allied Health/Social Service Provider*

“I see a lot of dental patients that their problem could have been fixed with fillings, but by the time they come to see me is because they need an extraction. They waited too long, when if they had come in four or five years previously, a filling would have saved the tooth.” — *Physician*

“A lot of our clients don’t have toothbrushes in the homes. If they have them, they share them among the family members. We teach the kids how to brush their teeth at the school. We also teach them to wash their hands before eating and after they go to the bathroom. At least once a day, we know they are brushing their teeth.” — *Allied Health/Social Service Provider*

“We need a mobile dental unit to come to the schools to start these kids on dental care, especially the young ones who have never seen a toothbrush.” — *Allied Health/Social Service Provider*

“We need to start reaching and teaching these kids early on so we don’t get kids with holes in their teeth when they get to high school.” — *Allied Health/Social Service Provider*

“I think that people are more oriented now about preventive [dental] care than they have ever been across all social economic classes of our population. They still have a long way to go, but I do see that it has improved in the last 10 years.” — *Physician*

“I don’t think that the percentages of people getting dental preventive care are where we would like for them to be, but at least they are going in the right direction.” — *Physician*

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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.

“When they opened up the new dental clinic at the air base, I thought, ‘This is the answer.’ But that clinic filled up pretty fast, and now the waiting list is so long you have to wait a year to get your teeth checked. They are overwhelmed.” — *Physician*

“I think the church-based dental programs have been a big help. I go out in my car and pick up people to bring them to the church because the dentist is there, and they come with me. They trust the church, so we need more health care programs to come to the area through the churches.” — *Community Leader*

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

“People go to the dentist if they can pay for the service. If they can’t, then it becomes a major problem.” — *Physician*

“People don’t have dental insurance, so they don’t go to get dental care. It doesn’t seem like a priority compared to the health care issue. I think we need better education on the importance of dental care.” — *Community Leader*

“I think some of the people would take their children to see the dentist if it weren’t so expensive. I have five to take to the dentist, and I got a bill for \$400.” — *Community Leader*

“What we need is more competition in the medical and dental industry in this community. The dentist rates that are charged here for dental services are greater than what is charged in the Baton Rouge area. The reason is because in those markets, you have competition, and the dentists have to compete for the business just like we do.” — *Community Leader*

In particular, focus group participants cited problems with the Medicaid system and oral health, including poor physician participation as a result of very low reimbursement schedules.

“I would say that the biggest dental need for Alexandria is probably going to be in the lower socioeconomic groups. The Medicaid system for dentistry is really pretty poor.” — *Physician*

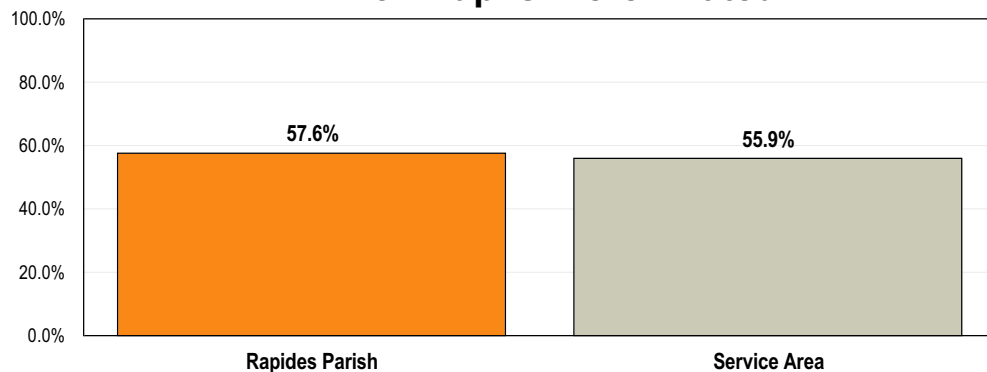
“I don’t see a lot of dental insurance. Most off them are a tacked on at the end of their medical insurance. Medicaid also doesn’t spend a lot of dollars on a dental program in Louisiana. We are less than 1 percent of the dollars, and they are paying the dentist at 40 percent of usual and customary fees, and most dentists have a 60 percent overhead. This is the reason that access to care is so poor.” — *Physician*

“I see too many adults that have tooth abscesses and cracked teeth and don’t have a way to get dental care. Even if they have the Medicaid card, the dentist doesn’t accept adults on Medicaid. All I can do is give them antibiotics and something for pain. Then they go on a waiting list which is six, eight or ten months most of the time.” — *Allied Health/Social Service Provider*

## Vision Care

- **57.6% of Rapides Parish adults have had an eye exam in which their pupils were dilated in the past two years.**
  - Similar to Rapides Foundation Service Area findings.

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

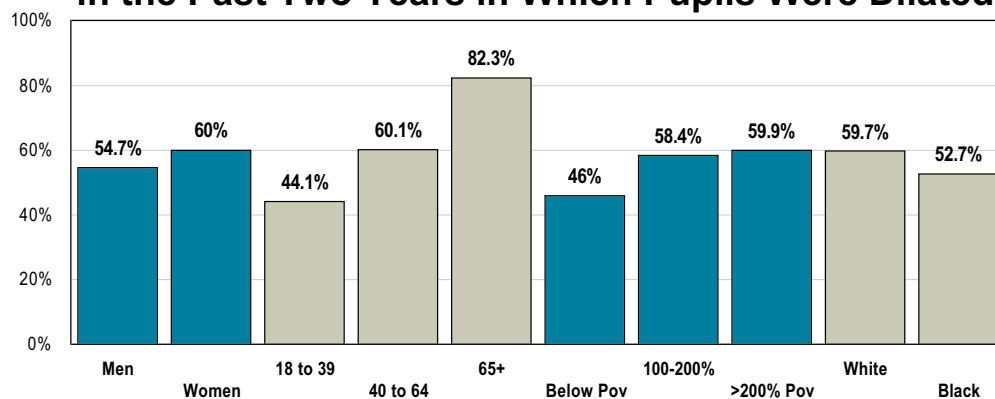


Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

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

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



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

## Community Health Panel Findings\*

“The doctors are sending their staff out to do the eye exams in the churches, and they get great response from the church and the people there.” — *Community Leader*

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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.

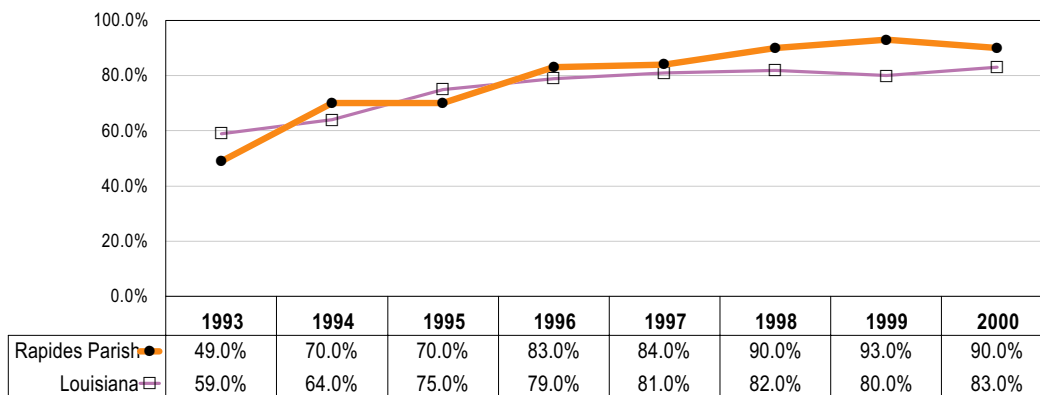
## Public Clinic Immunization Assessments

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

- **90.0% of toddlers seen at public clinics in Rapides Parish in 2000 were up to date for immunizations at age 24 months.**
- Public clinic assessment immunization levels in Rapides Parish have tracked closely with statewide percentages.

### Percent of Children 24 to 35 Months Who Were Up-to-Date for Immunizations At Age 24 Months

(Results of Public Clinic Assessments)



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

Note: Represent children seen at public clinics.

## Community Health Panel Findings\*

“The KidCare Program is a statewide program. It is an immunization access program sponsored by the government, and it has been fairly successful in providing kids with access to immunization. The problem is to have patients to access the program. Sometimes the problem with access is transportation, child care issues and distance.” —  
*Physician*

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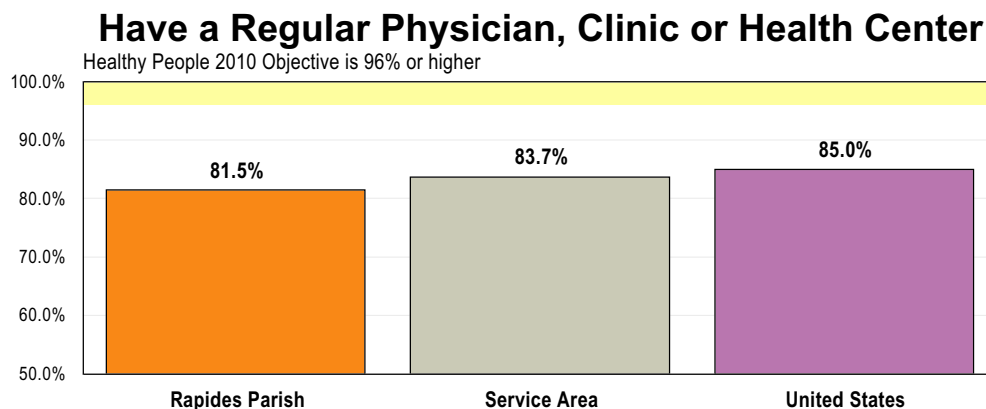


# **ACCESS TO HEALTH CARE SERVICES**

# Access to Primary Care Services

## Regular Use of Physicians' Offices/Clinics

- **81.5% of Rapides Parish adults have a regular physician, clinic or health center that they go to if they are sick or need advice about their health.**
  - Similar to Rapides Foundation Service Area and national findings.
  - Fails to satisfy *Healthy People 2010* target (96.0%).

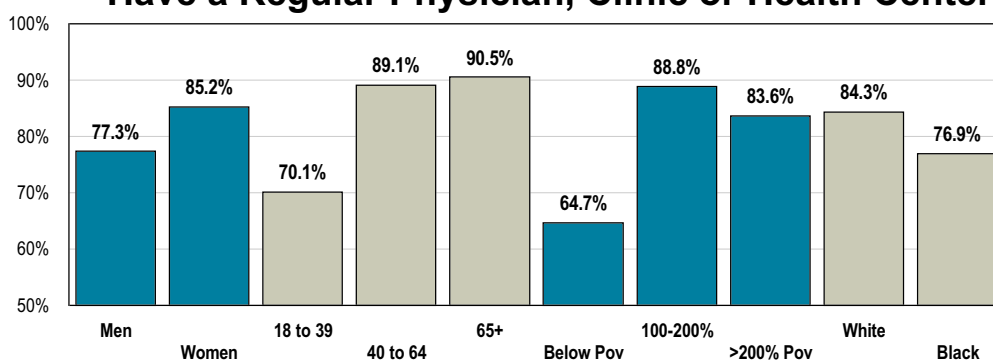


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2000 PRC National Health Survey, Professional Research Consultants  
3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service  
Notes: 1. Asked of all respondents.  
2. State data not available.

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

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

## 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 Rapides Parish.

2. Asked of all respondents.

## Community Health Panel Findings\*

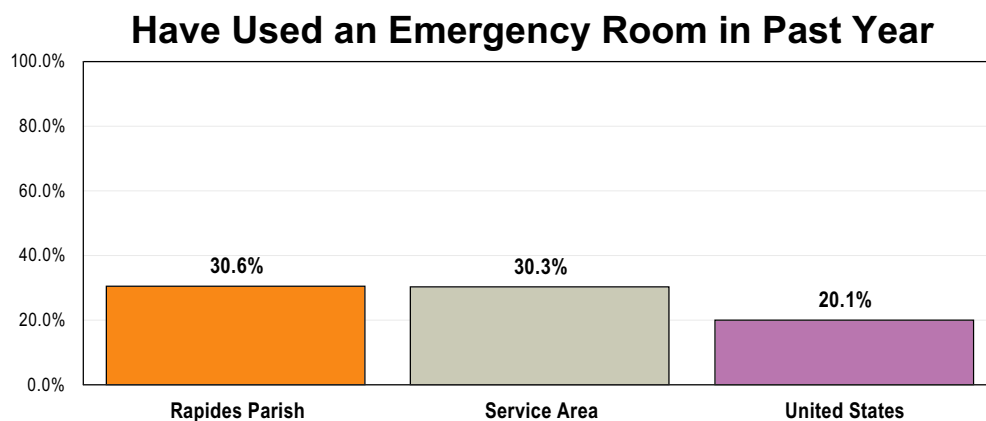
“I think that if we would expand our primary care services, it would provide people with a better health care access system. They would be informed that all these services are available at their primary care physician’s office without any long waits.” — *Physician*

“For a community this size, those who access here basically have everything they need right here. However, too many people don’t access medical care here until it is too late in the disease process.” — *Physician*

\* 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.

## Emergency Room Utilization

- **30.6% of Rapides Parish adults have gone to an emergency room in the past year about their own health.**
  - Similar to Rapides Foundation Service Area findings.
  - Significantly higher than found nationwide (20.1%)
- **13.7% of Rapides 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%).
- **46.8% of uninsured respondents in Rapides Parish have gone to an emergency room in the past year, versus 25.8% of insured respondents.**

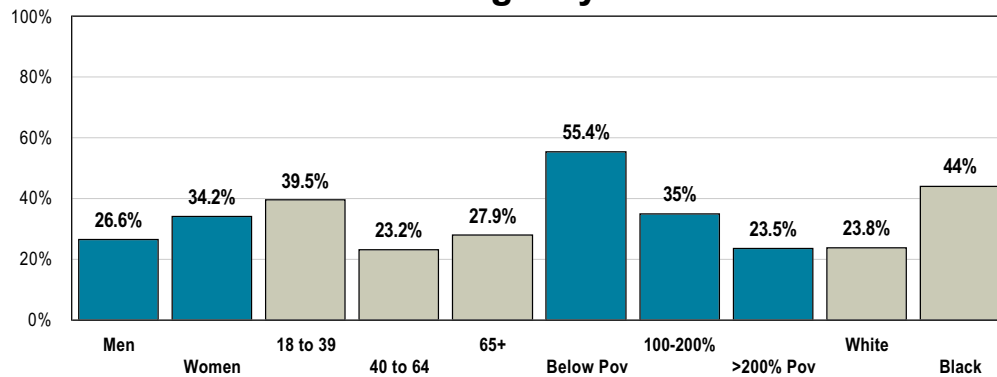


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. 2000 PRC National Health Survey, Professional Research Consultants  
 Notes: 1. Asked of all respondents.  
 2. State data not available.

Emergency room utilization is higher among:

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

## Have Used an Emergency Room in Past Year

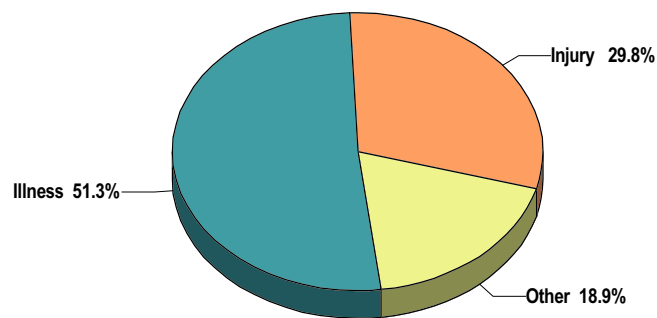


Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

- **51.3% of Rapides Parish adults visiting an emergency room in the past year say this was to treat an illness, and 29.8% 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\*

Focus group participants cited excessive use of local emergency rooms for primary care needs, leading to expensive/inefficient care and oversaturation of local facilities.

“There is an excessive use of the ER. They use it for all of their primary health care needs, not just for emergency care.” — *Physician*

“The hospital still has a triage going on where they can send the minor cases to another clinic adjacent to the hospital, and then it seems like it went away, and it merged into

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

the ER. Something like that clinic would help get the minor cases out of the ER.” — *Physician*

“We need some urgent care clinics so that people don’t go to the ER for minor emergencies. Maybe it can be attached to the ER and it can be opened after normal hours and on weekends. X-rays could be done there, and it can be more affordable than going to the ER.” — *Community Leader*

“One thing that this community needs is outpatient services for non-trauma cases after hours and on weekends. This past weekend, they had one doctor in the ER, and if you went in at 9 a.m. for a non-trauma problem, you would have been seen at 2 p.m. - they were that busy.” — *Community Leader*

“If the hospitals could get together and open a place to treat non-trauma patients after-hours, it would alleviate the high utilization in the ER.” — *Community Leader*

“One of the things that sticks in my minds is the ER activity over the last couple of months. I think all three of our ERs have been at saturation points and, on several occasions, the ER access has been inaccessible.” — *Physician*

“The thing about the ER, and it is not just the ER, but the hospital has been full. We have not had ICU beds in any of the three hospitals. Just two weekends ago, ICU patients in recovery rooms and ER/ICU patients in both hospitals had nowhere to move them. All the rooms were full.” — *Physician*

“I would like to see some emergency stations along the rural areas. You can have a severe accident and people could lose their lives by the time they can get emergency treatment. I don’t know if it is feasible or not, but we should look into it. I know Forest Hill doesn’t have the facilities that could stabilize a person before they could transport them to a larger hospital.” — *Community Leader*

# Health Insurance Coverage

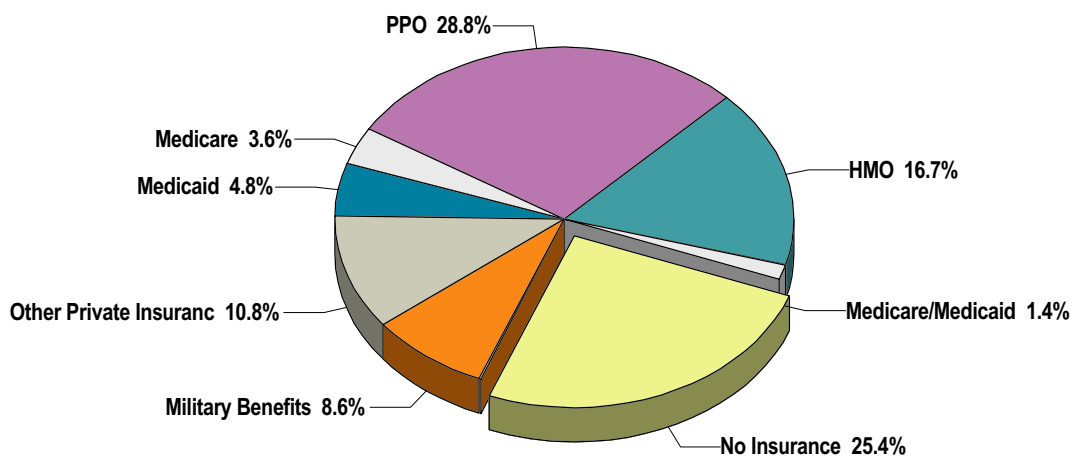
Along with enhancing quality and moderating costs, improving the accessibility of health care services is one of the principal hopes for the American health care system and a key element in any preventive approach to community health. Certainly one of the various barriers to access is a lack of insurance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

## Insurance Coverage by Type

- **74.7% of Rapides Parish adults aged 18 to 64 currently have some type of health insurance coverage.**
- **45.5% of Rapides Parish adults aged 18 to 64 have health care coverage through an HMO (health maintenance organization) or PPO (preferred provider organization); 10.8% have other private health insurance coverage.**
- **9.8% of Rapides Parish adults aged 18 to 64 have Medicaid and/or Medicare.**
- **8.6% have CHAMPUS or veteran's benefits.**

### Health Care Insurance Coverage

(Rapides Parish; Ages 18-64)

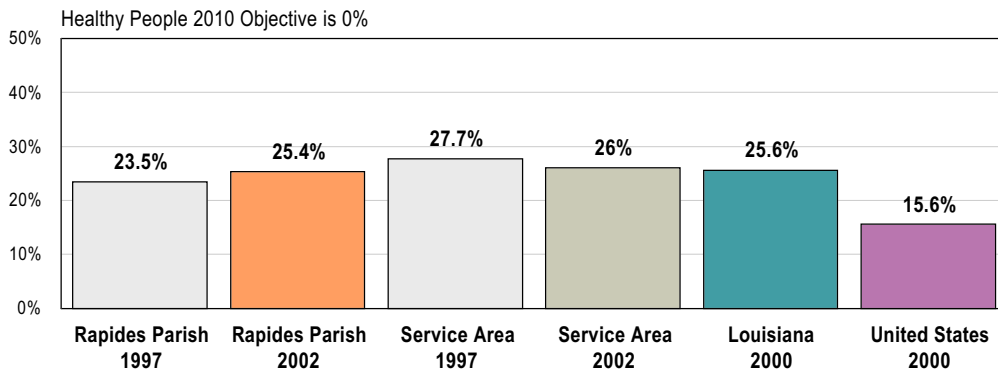


Source: 2002 PRC Community Health Survey, Professional Research Consultants  
Note: Reflects respondents aged 18 to 64.

## Lack of Health Insurance Coverage

- **25.4% of Rapides Parish adults aged 18 to 64 have no health insurance coverage, representing nearly 24,000 adults.**
  - Similar to Rapides Parish findings from the 1997 Tulane study, as well as current Rapides Foundation Service Area and Louisiana findings.
  - Significantly worse than found nationwide (15.6%).

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

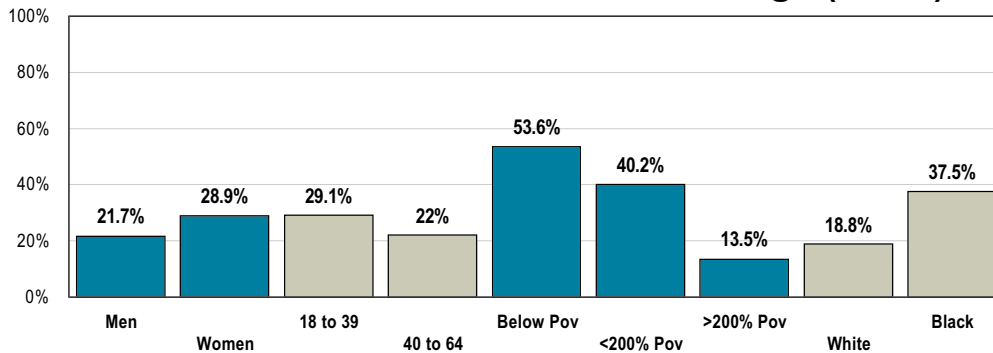


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data  
 3. 2000 PRC National Health Survey, Professional Research Consultants  
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service  
 5. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.  
 Note: Reflects respondents aged 18 through 64.

- Low-income adults report the highest prevalence of not having health insurance, including over 50% of those living below the poverty threshold.
- Black respondents much more often are without health insurance than White respondents.
- More women than men are without health insurance.



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



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

2. Reflects respondents aged 18 through 64.

## Community Health Panel Findings\*

Lack of health insurance is a major barrier to accessing health care. Further, it is difficult for local small business to provide insurance to their employees.

“I think a lot of the younger population has difficulty accessing health care because they don’t have health insurance. They will go to private doctors for minor stuff, but if they have something major, they are in trouble.” — *Physician*

“There is a lack of good-paying jobs where they would provide good health insurance to the employees. A lot of folks feel they can’t access health care because they can’t pay for the services. Or they feel they have to go to the charity clinics where they are going to sit for a long time because there is such a large indigent population.” — *Physician*

“It is a real challenge for small employers to provide health insurance. There is a problem with access to care for the patient who is poorly insured. They don’t get any preventive care at all. They are just using their insurance to emergencies only. They won’t do much of a follow-up, they just self-correct the problem and try to save money on the follow-up office visit.” — *Physician*

“I think the problem here is that most of the people with health insurance come from small companies, and they are in a real crisis right now in trying to continue to provide health insurance for their employees. Some of these employers have 20 or fewer employees. They are not concerned with offering health fairs; they are worried whether or not their people are accepting a deductible of \$5,000.” — *Physician*

“We have a self-funded health plan. We pay our own claims. I am always looking to offer various benefits to increase people’s awareness of the things that you should do and the things you shouldn’t do. I cover preventive care because if we can prevent a major health problem, we can save enough money on one or two cases to pay for the whole program.” — *Community Leader*

\* 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.

“You can have free quality hospital care right here in this parish, so the medical support systems is good here. However, we do have a problem for those who fall through the cracks because they don’t qualify for free medical care. These need to be addressed.” — *Community Leader*

“We have very limited free screenings for the poor: lipid profile, hypertension, diabetes, cancer screening and so on.” — *Community Leader*

“Our large migrant workers and undocumented are not eligible for free care. They don’t have any access to any medical care. Language becomes a problem, also. There aren’t enough translators to help out.” — *Community Leader*

Even for those with insurance, large deductibles continue to cause cost to be a major access barrier.

“Most of these health insurance policies have a big deductible like \$5,000, and they have to pay this before they can start any preventive care.” — *Physician*

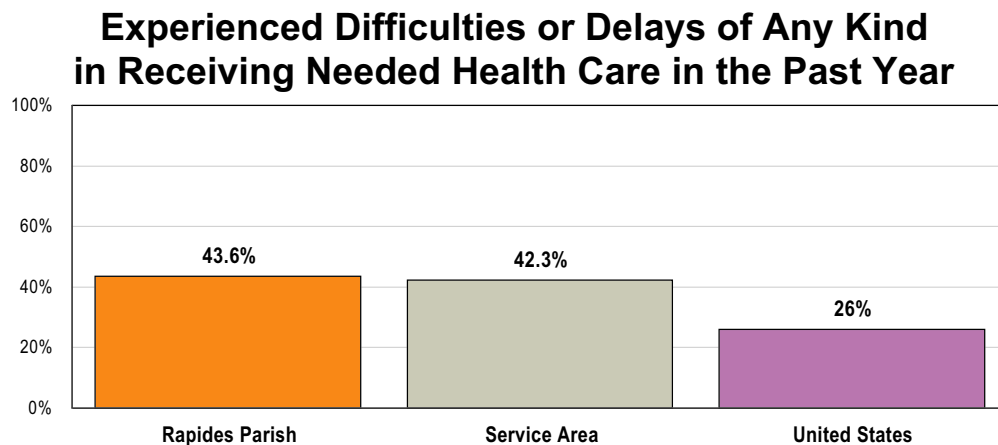
“I think sometimes people who are insured put off going to the ER because they can’t afford the deductible.” — *Community Leader*

# 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

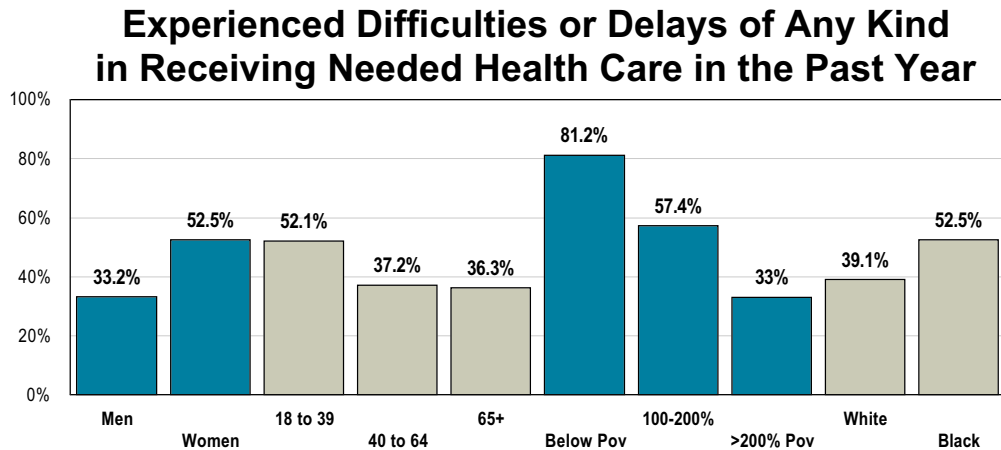
- **43.6% of Rapides Parish adults report some type of difficulty accessing or receiving health care services in the past year.**
  - Similar to Rapides Foundation Service Area findings.
  - Significantly higher than found nationwide (26.0%).
  - Far from reaching the *Healthy People 2010* target (7% or lower).



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

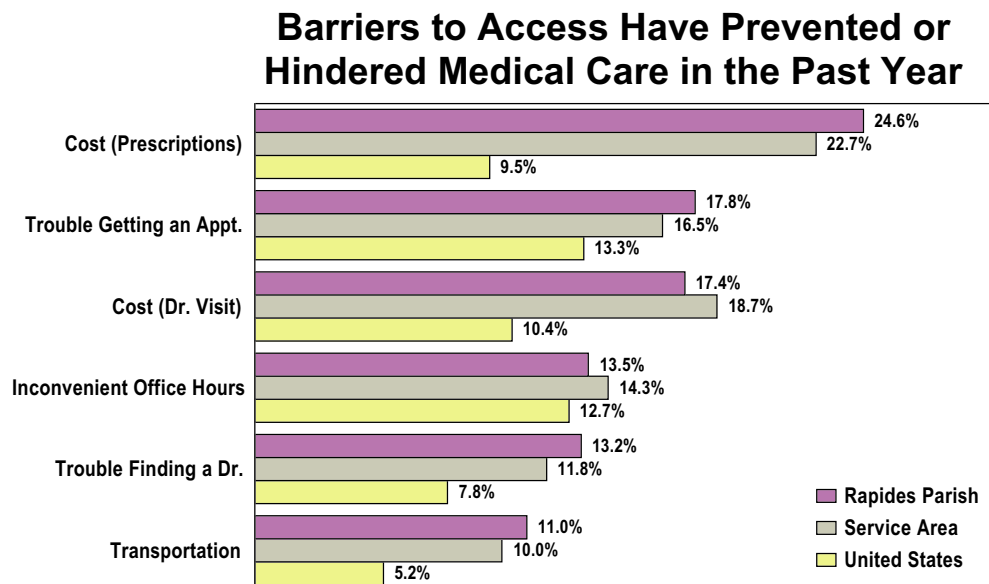
- Cost is the most predictive barrier to health care access, with more than three out of four adults in poverty experiencing some difficulty accessing or receiving health care services in the past year.
- Women more often face access barriers than do men.
- Black respondents more often face access barriers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

- Young adults more often face access barriers than do older adults.



Source: 2002 PRC Community Health Survey, Professional Research Consultants  
 Notes: 1. Demographic breakouts are among findings in Rapides 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 Rapides Parish.
- The proportion of the Rapides Parish population impacted was significantly greater than found nationwide for five of the six tested barriers (all but inconvenient office hours).



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

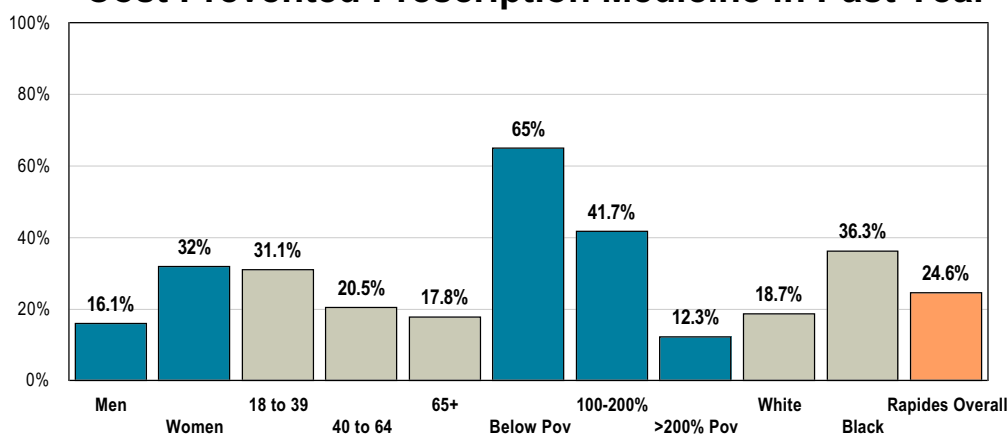
### Cost of Prescriptions

- **24.6% of Rapides 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 23,000 adults in Rapides Parish.**
  - Similar to Rapides Foundation Service Area findings.
  - Significantly higher than found nationwide (9.5%).

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

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

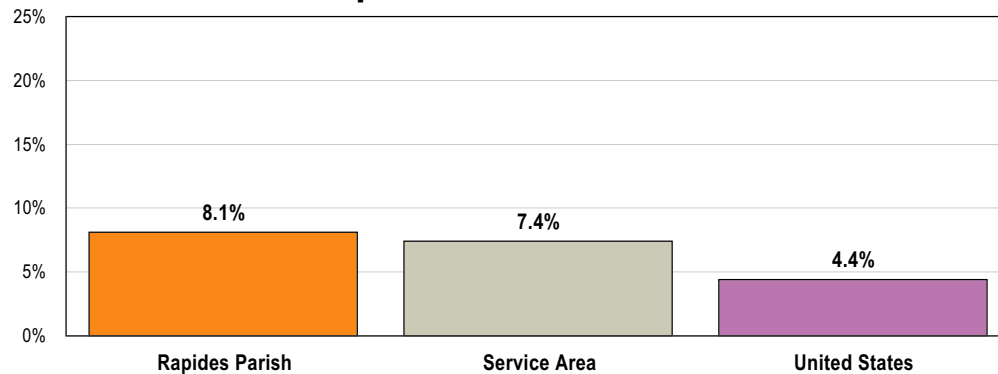
### Cost Prevented Prescription Medicine in Past Year



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

- **8.1% of Rapides Parish parents report that they have not gotten a needed prescription for their child in the past year because they could not afford it.**
  - Similar to findings throughout the Rapides Foundation Service Area.
  - Significantly worse than national findings (4.4%).

### Cost Prevented Child's Prescription Medicine in Past Year



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

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

## Community Health Panel Findings\*

Cost of medications is a major barrier to health care access, particularly for those with Medicare/Medicaid or without any type of insurance.

“Here we are, the richest country in the world, and our people can’t afford to take care of themselves, and they don’t have the money to pay for medicine.” — *Community Leader*

“I was taking medicine for high blood pressure and the same medicine, the same brand, was being sold in Mexico for a quarter of the price. Why can’t they sell it here for the same price? The drug companies are making the money here and selling it for less in another country. This is not right.” — *Community Leader*

“Our Medicare patients have access to primary care, but they don’t have money to pay for their prescriptions.” — *Physician*

“My mom is on Medicare, but it doesn’t pay for prescriptions or her nursing home. Last month, her prescriptions were \$699. How is she supposed to pay for them? When you are a certain age, you are on a limited fixed income. Where is the money supposed to come from?” — *Community Leader*

\* 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.

“Their [seniors’] biggest problem is their access to medication. It is hard to find prescription drugs that they can afford. Sometimes the care is not the greatest because you are having to use medicines that are less expensive.” — *Physician*

“I think maybe half of the elderly are on limited fixed incomes, and they can’t afford to pay for their medicines. Unless their families can help them out, they need some other way to pay and get their medication.” — *Community Leader*

“I think the biggest item in the Medicaid budget has to be the drugs. The cost of prescriptions is what eats up the whole budget because they do pay for medication.” — *Physician*

“If you are truly poor and can get on Medicaid, you have prescription coverage, but for Medicare patients with no other sources of income, they can’t afford to buy medicines. We need for these people to have access to reasonably priced medications.” — *Physician*

“If people are taken off Medicaid and they have a blue collar job and they have to pay for their food and heat, they are not anticipating \$1,000 a month on prescriptions and other health care expenses. They are really in a bind.” — *Community Leader*

“In terms of medications and prevention, in some respects, it is easier to take care of a patient who is on Medicaid because a lot of private patients can’t afford the cost of medications. They are very expensive.” — *Physician*

“We see that a lot of VA patients will go to their primary care for medical care and then go to the VA Hospital to get their medications because they are covered under the VA plan. These patients also want to be admitted to the private hospitals, not the VA hospital.” — *Physician*

The Rapides Foundation was recognized for its efforts to address this important issue.

“The [Rapides] Foundation has a new multimillion-dollar program out where if you have a patient you feel qualifies, you can have them get a prescription card. This card has minimal co-pay, and it is accepted by all the pharmacies in town. You give the patient who you think may qualify a packet of forms with a number for them to call to get their card. It is for anybody who qualifies financially.” — *Physician*

“I know that the Rapides Foundation is working with some groups in some of the rural communities to assist with the cost of prescriptions. So this program is a real plus.” — *Community Leader*

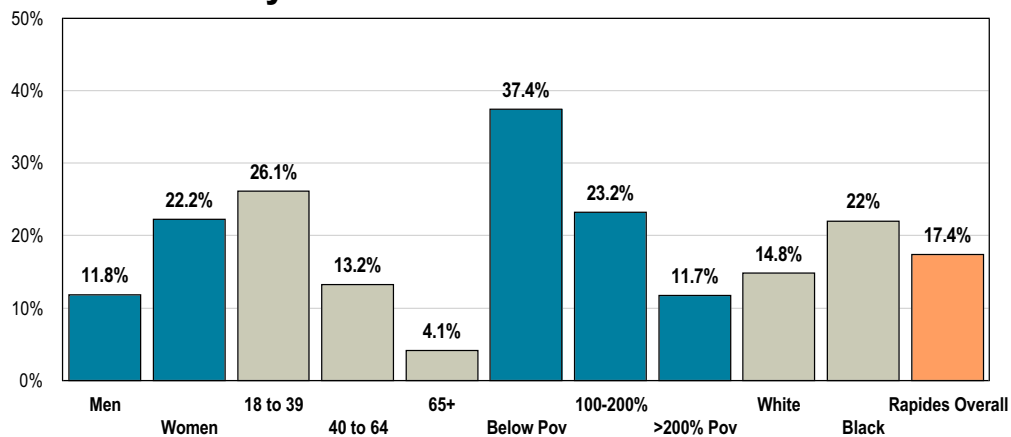
## Cost of Physician Care

- **17.4% of Rapides 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 16,000 Rapides Parish adults.**
  - Similar to Rapides Foundation Service Area findings.
  - Significantly higher than found nationwide (10.4%).

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

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

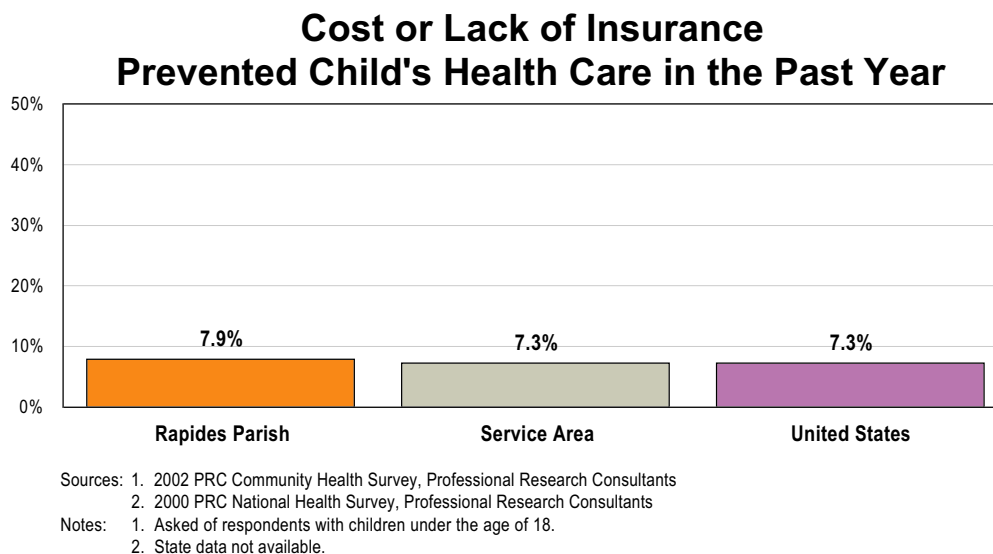
**Cost Prevented a  
Physician Visit Within the Past Year**



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



- **7.9% of Rapides 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.



## Community Health Panel Findings\*

“It seems to me that economics plays havoc with the patients in their inability to afford health care. It is also hurting the health system. In the state, there is also a constant budget battle to try to support therapy, and what we are told to do is do more with less on a continuing basis.” — *Physician*

\* 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.

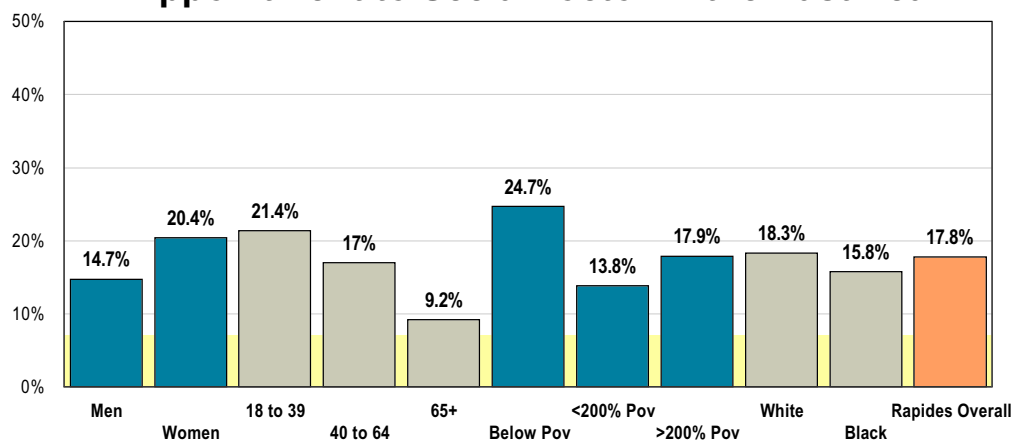
## Appointment Availability

- **17.8% of Rapides Parish adults have had trouble getting an appointment to see a doctor in the past year, representing over 16,000 residents.**
  - Similar to Rapides Foundation Service Area findings.
  - Worse than found nationwide (13.3%).

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

- Persons living below the poverty threshold.
- Young adults.
- Women.

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

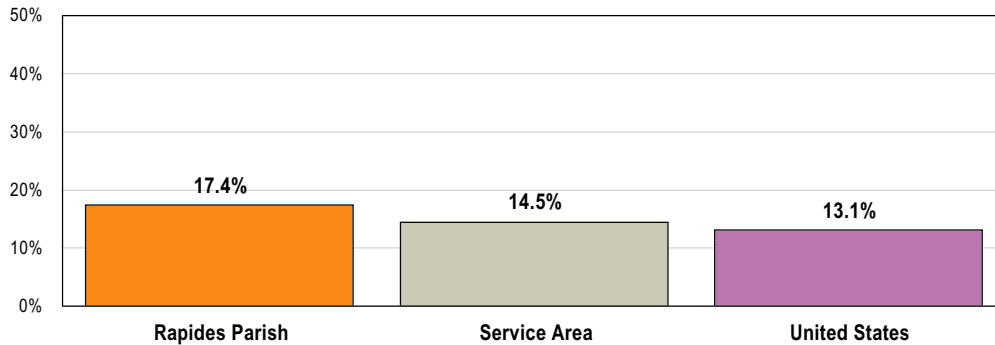


Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

- **17.4% of Rapides 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**

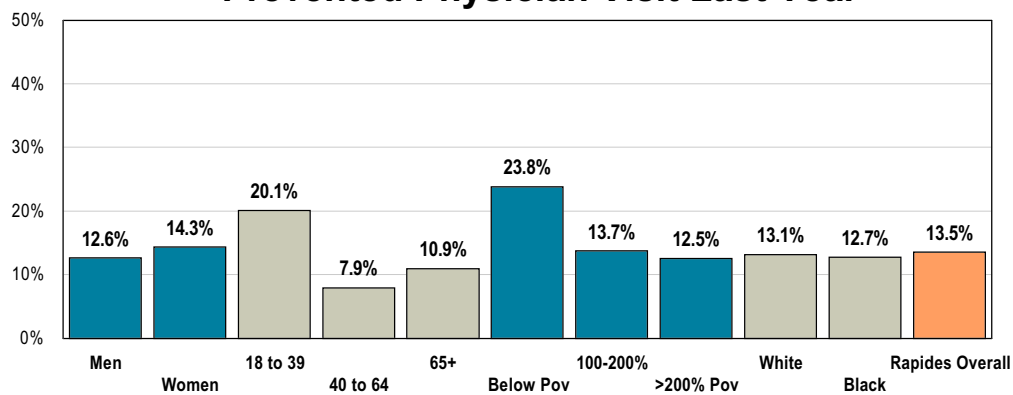


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2000 PRC National Health Survey, Professional Research Consultants  
Notes: 1. Asked of respondents with children under the age of 18.  
2. State data not available.

## Inconvenient Office Hours

- **13.5% of Rapides Parish adults say that inconvenient office hours prevented them from seeing a doctor in the past year.**
  - Similar to that found throughout the Rapides Foundation Service Area, as well as nationwide.
- Persons living below the poverty threshold are more often impacted by inconvenient office hours.
- Young adult more often forego physician care because the office hours are not convenient.

### Inconvenient Office Hours Prevented Physician Visit Last Year



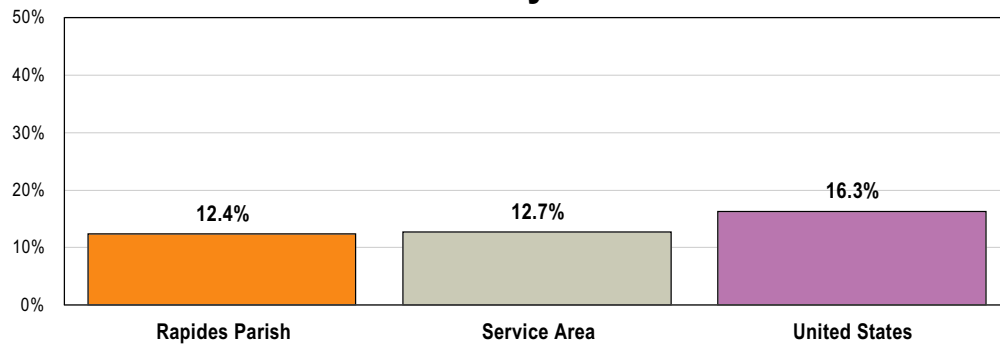
Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

2. Asked of all respondents.

- **12.4% of Rapides 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.

## Community Health Panel Findings\*

Focus group participants perceive a need for expanded availability of after-hours health care in the area.

“I think there is also a need for some after-hour clinics because so many couples both work, and to go to the doctor, one of them has to take off time from work. The concept of after-hour office hours and clinics is really needed in the area.” — *Physician*

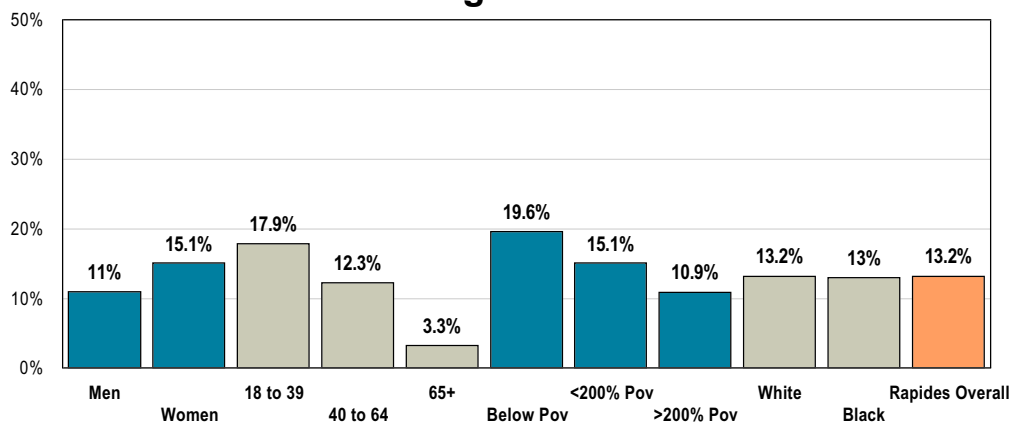
“We had some pediatricians that had Saturday office hours. That was extremely popular. Parents could bring their kids in Saturday morning and still have time to go to the football games or whatever they wanted to do the rest of the weekend and didn’t have to take time off from work during the week.” — *Physician*

\* 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 Physician Availability

- **13.2% of Rapides Parish adults report having difficulty finding a doctor in the past year.**
  - Similar to Rapides Foundation Service Area findings (11.8%).
  - Significantly higher than found nationally (7.8%).
- Persons living in poverty more often report difficulty finding a doctor.
- Young adults more often report difficulty finding a doctor.

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



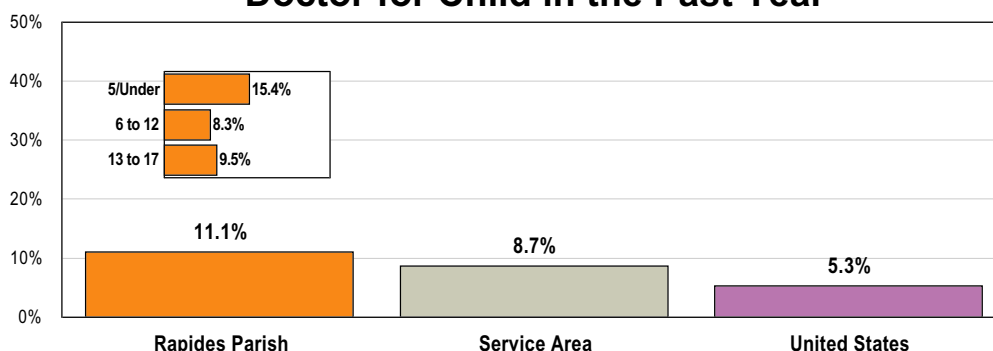
Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

2. Asked of all respondents.

- **11.1% of Rapides Parish parents say that they have had trouble finding a doctor for their child in the past year.**
  - Similar to the Rapides Foundation Service Area.
  - Significantly worse than nationwide (5.3%).

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



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

## Community Health Panel Findings\*

Among the types of physicians perceived by focus group participants as needed locally are: family practitioners, pediatricians, pediatric specialists, obstetricians, geriatricians, oncologists, urologists, gastroenterologists and podiatrists.

“One of the problems I see is that we lack specialists in the OB/Pediatric area. We don’t have a perinatologist right now. The one we had coming from Lafayette went into private OB practice in Lafayette. We seem to have a lot of high-risk OB patients. They get into all kinds of complications, and now we have to send these moms to Shreveport for care.” — *Physician*

“I have been writing in my questionnaires every year as a need for the hospital is a pediatric ICU. We have a lot of injured or real sick kids who we have to send to Shreveport for care, and it is a long trip for the child and the family. We also need more intensive care physicians.” — *Physician*

“We also don’t have a geriatric specialist in the area. We have a large retirement community, and we don’t have enough specialists to take care of them.” — *Physician*

“I wish we had cancer treatment capabilities like they do in Lafayette General. Our patients have to go there to receive the treatment.” — *Community Leader*

“We are lacking certain medical specialists in this area: oncologists, urologists, gastroenterologists and podiatrists. We either don’t have service or it is very limited.” — *Community Leader*

\* 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 increased the availability of qualified heart doctors in the last few years. Now patients don’t have to go to Houston or New Orleans to get treatment. They can get the same quality of service right here without having to go out of town.” — *Community Leader*

“I think we need more family practice doctors.” — *Community Leader*

“It is very difficult to find physicians who accept Medicaid. Take orthopedics, for example. You have to send them somewhere else for care, and it is pretty difficult for us from the ER to try and find somebody who takes Medicaid. It is almost impossible. Most of the time, we end up referring them to Huey P. Long.” — *Allied Health/Social Service Provider*

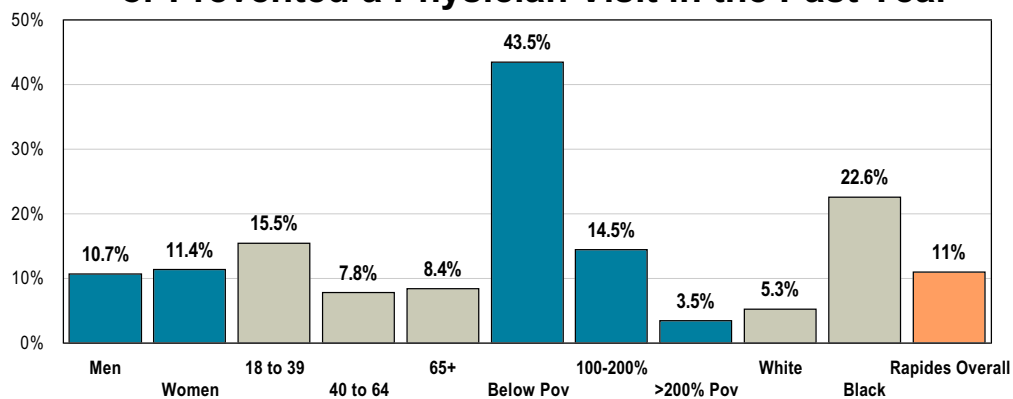
“Down in Baton Rouge, one of the things that always comes up when they need to cut costs is to cut the payment to the providers. As the price of prescriptions go up, around 20 percent a year, the first place they want to cut is the pharmacist. The pharmacist is already making less than anybody else, is so if they cut his reimbursement, he just drops out of the program. This is one of the reasons that doctors don’t want to take Medicaid patients.” — *Allied Health/Social Service Provider*



## Lack of Transportation to Health Care Services

- **11.0% of Rapides Parish adults report that a lack of transportation has made it difficult or prevented them from seeing a physician in the past year.**
  - Similar to that found throughout the Rapides Foundation Service Area.
  - Significantly higher than found nationwide (5.2%).
- A dramatically greater share of persons living in poverty are impacted by a lack of transportation.
- Black respondents much more often report transportation as an access barrier than do White respondents.

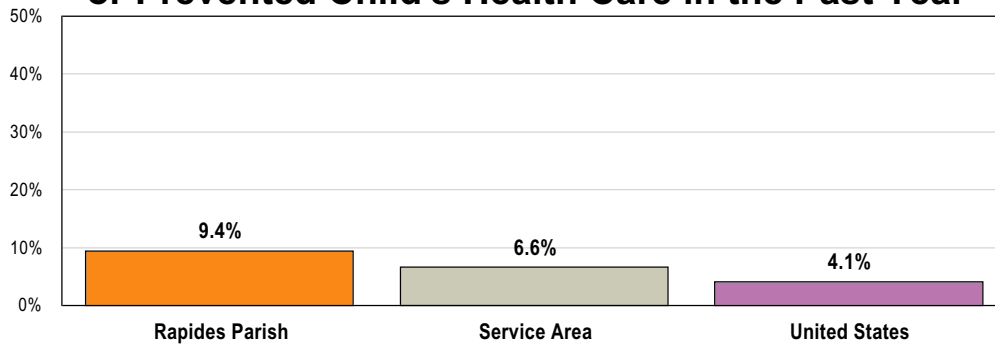
### Lack of Transportation Made Difficult or Prevented a Physician Visit in the Past Year



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

- **9.4% of Rapides Parish parents report that a lack of transportation has made it difficult or prevented them from taking their child to see a doctor in the past year.**
  - Similar to Rapides Foundation Service Area findings.
  - Significantly higher than found nationwide (4.1%).

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



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

### Community Health Panel Findings\*

Transportation is a particular need for the elderly and those living in rural areas. Some focus group participants cited that limited services are available, but that they fall far short of satisfying the need.

“I think one of our problems is that our rural areas don’t have access to health care services. They have to go to the towns or the big city to get the care, and I think this limits access. I think it is one of our primary problems in this area: how to get the people without insurance or very low income who live in the rural areas to have access to care.” — *Allied Health/Social Service Provider*

“The bus line does come by both hospitals, and for most people that are able to can get this very inexpensive transportation to the hospital and doctor’s office. However, the older people who don’t drive and can’t take the bus, they have to depend on someone to take them back and forth.” — *Physician*

“We have All-Trans, but I don’t think it is public. I think the person has to pay for it, and it is expensive and it is not readily available. You have to book it weeks in advance, and there are some restrictions to it.” — *Physician*

“We used to go to a place called Willow Glen. It is south of Alexandria and is about the only medical clinic in that area of town. I know one lady who had to get a heart cath, and she had already missed two appointments because of lack of transportation. She was ready to miss her next appointment, so I drove her to see the cardiologist myself so she wouldn’t miss it. I don’t know what the problems are with transportation, but people can’t find a ride even though it is a life-or-death situation.” — *Physician*

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“With Medicaid transportation, if they are not picking up five or six people, then they won’t come to pick you up. Everyone has to come on the same day, even though your appointments are at different times. If your appointment is at 7:30 a.m. and somebody else’s is at 3:30 p.m., you have to wait in Alexandria all day to go back home.” — *Allied Health/Social Service Provider*

“We have a medical van staffed with a nurse practitioner and a doctor that goes wherever it is needed by special appointment only. We need to expand this service because of the transportation problem trying to go to the medical facility.” — *Community Leader*

“We have the services, but many people just can’t get to them because of lack of transportation. I myself have wondered about the idea of the service substations versus spending more money on public transportation.” — *Community Leader*

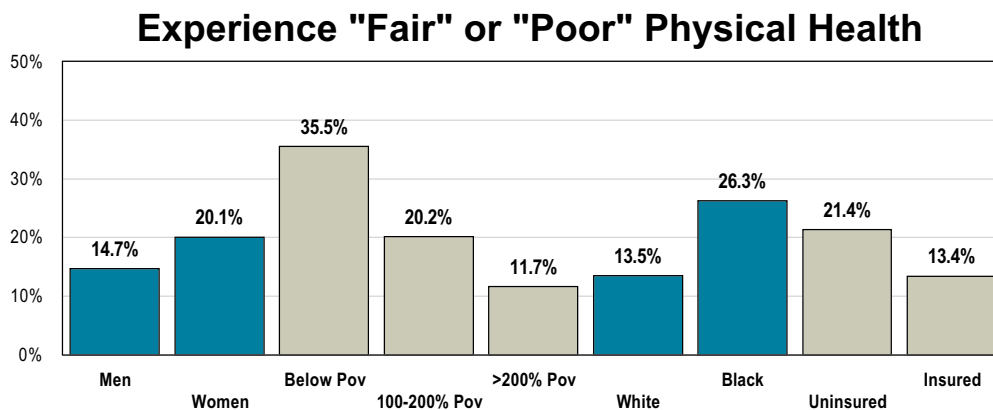
“Transportation is a big issue with college students also, because there are a lot of young people who would go to LSUA if they had access to public transportation.” — *Community Leader*

“Just this week in the ER, we had a 20-year-old mom bring her 4-year-old child with an upper respiratory infection in an ambulance; she didn’t have transportation. We see him write a couple of prescriptions and send them home. Two hours later, she is back by ambulance because she went to get the prescriptions filled and her Medicaid card was not working because she had not completed all of the Medicaid paperwork. The doctor is telling her she has to take the child home and stay with him for a couple of days, and she said she couldn’t miss days from work. And she didn’t have a way to get back home from the ER; she missed the last bus. She just had many social problems, and she is just one case. This happens all the time. We have a lot of people with more than one problem.” — *Allied Health/Social Service Provider*

# Implications of Poor Access

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

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

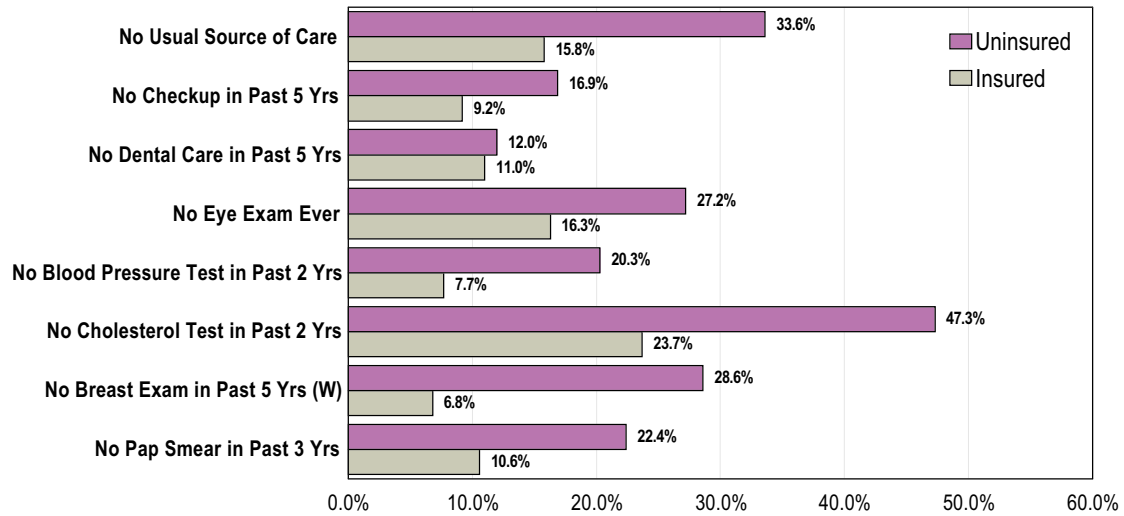


Source: 2002 PRC Community Health Survey, Professional Research Consultants  
Notes: 1. Demographic breakouts are among findings in Rapides Parish.  
2. Asked of all respondents.

- **38.5% 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 5.5% of those not experiencing these difficulties.**
- **Those without health insurance coverage report lower prevalence of many preventive health services when compared to insured individuals (e.g., routine check-ups, dental care, eye exams, blood pressure testing, cholesterol testing, breast exam, Pap smear testing, etc.)**

## Preventive Health Care

(By Insured Status)



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

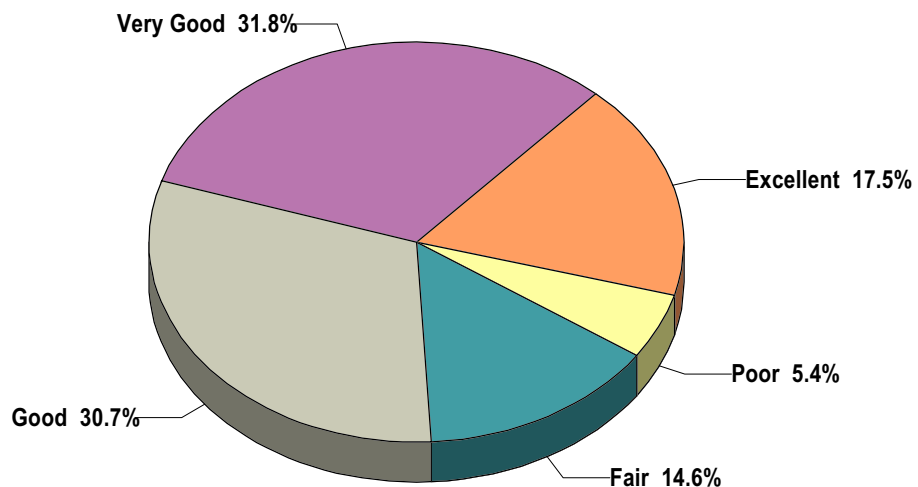
# PERCEPTIONS OF HEALTH CARE SERVICES

# Local Health Care Services

## Satisfaction With Local Health Care

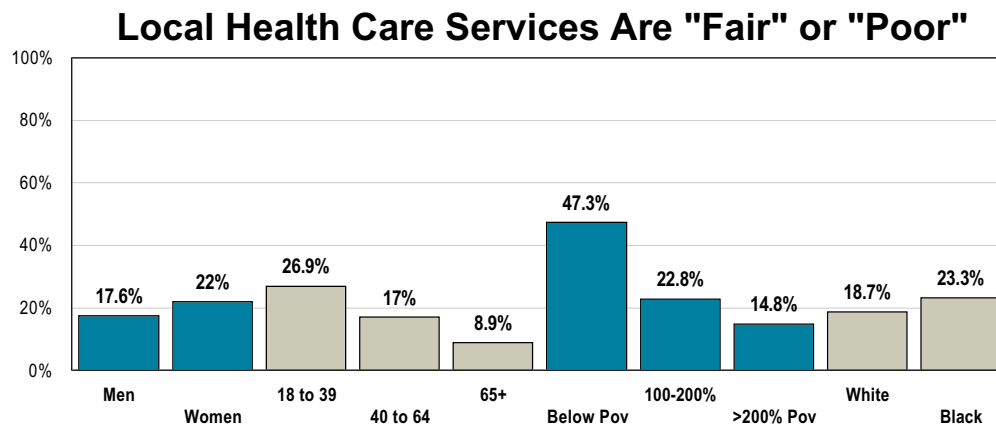
- **49.3% of Rapides Parish adults rate their satisfaction with the overall health care services available to them as “excellent” or “very good.”**
- **20.0% rate overall health care services as “fair” or “poor.”**
  - Similar to that found throughout the Rapides Foundation Service Area.
  - Significantly less favorable than found nationwide (13.6%).

**Satisfaction With Local Health Care**  
(Rapides 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 are more critical of local health care services than are older adults.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

2. Asked of all respondents.

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

## Community Health Panel Findings\*

Several focus group participants commented that Rapides Parish is lucky to have so many health resources in a community of this size.

“We have a lot of hospitals for a community this size. We probably have modern-type of hospital setups like cardiology and a lot of other specialties that communities our size don’t usually have in place.” — *Physician*

“We also have a residency training program, which is an advantage for our community in a lot of ways. They provide future family practice doctors or primary care physicians for the area.” — *Physician*

“We have a large professional community, which is really extraordinary for our population. I think we serve the other parishes around Rapides, and you can find a specialist and any kind of medical practitioner in the area. The number of services that we have available are pretty amazing.” — *Community Leader*

“One of the new things in our medical center is that they are going to open a diabetes center. This will be a real asset for our area.” — *Community Leader*

One physician, however, cited quality issues perceived with local VA facilities.

“There is a difference in the quality of care or the care that is offered at the various VA facilities. For example, they don’t have any specialist to deal with acute cardiology problems.” — *Physician*

\* 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 Rapides Parish, Louisiana, and the United States.

- In 2000, Rapides Parish experienced a rate of **690.7 violent crimes** (murder, rape, robbery and aggravated assault/battery) per 100,000 population, very close to the statewide violent crime rate.
  - In comparison to state crime rates, Rapides Parish experienced higher rates of crime for **rapes** and **aggravated assaults**.
- Rapides Parish experienced a rate of **6,209.8 property (non-violent) crimes** (burglary, motor vehicle theft, larceny-theft) per 100,000 population, notably higher than the Louisiana rate.
  - Burglary and larceny crime rates were particularly high in comparison to the state.

### Reported FBI Index Crimes

Crime Rates per 100,000 Population

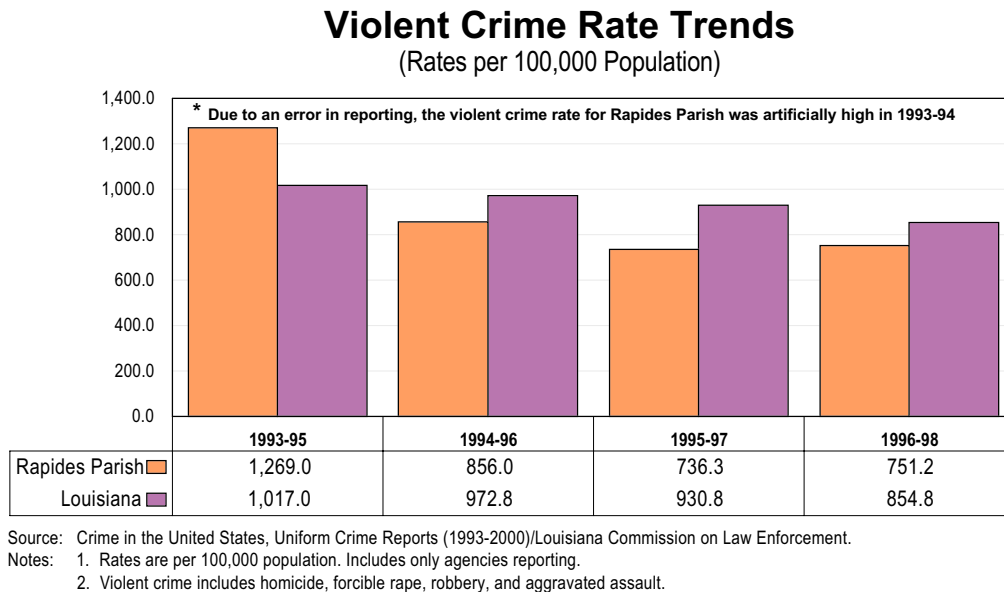
	Rapides Parish (2000)	Louisiana (2000)
<b>VIOLENT CRIMES</b>	<b>690.7</b>	<b>681.1</b>
Homicide	8.5	12.5
Forcible Rape	50.9	33.5
Robbery	157.4	168.5
Aggravated Assault	473.8	466.6
<b>PROPERTY CRIMES</b>	<b>6,209.8</b>	<b>4,741.7</b>
Burglary	1,876.7	1,035.8
Larceny Theft	4,083.0	3,229.9
Motor Vehicle Theft	250.0	475.9
<b>TOTAL CRIME INDEX</b>	<b>6,900.4</b>	<b>5,422.8</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 Rapides Parish decreased from 856.0/100,000 in 1994-96 to 751.2/100,000 in 1996-98.
- Note in the chart below that the 1993-95 violent crime rate for Rapides Parish is artificially high due to an error in reporting that has since been rectified.



## Community Health Panel Findings\*

Focus group participants were concerned with violent crime in the area, both from a public health and quality of life perspective.

“I think there is a lot of violence. I see a lot of them in the ER, and I have patients who have been paralyzed from a gunshot. Guns are easy to get. You can get one at any pawn shop.” — *Physician*

“I believe Alexandria has one of the highest violent crime rates. We have the highest murder rate.” — *Physician*

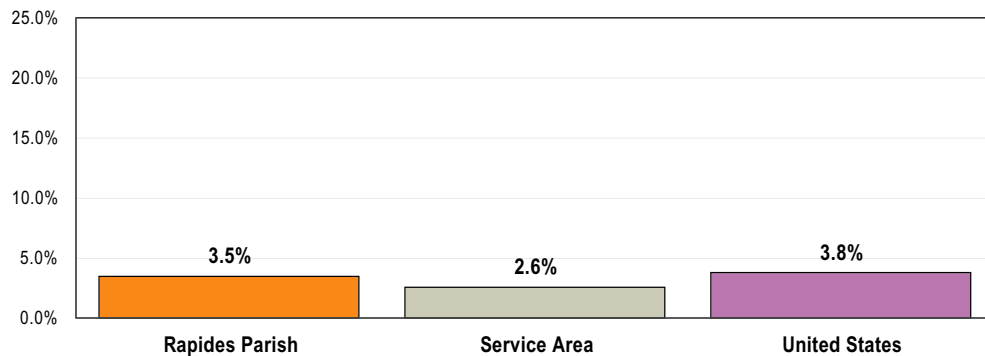
“There is more crime in this city than the average citizen knows about because it never gets in the news media. So everybody thinks that the crime rate has improved. What we mostly have are drug cases, possession - that type of crime.” — *Community Leader*

\* 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.

## Victimization

- **3.5% of Rapides Parish adults report having been the victim of a violent crime in the area in the past five years.**
  - Similar to Rapides Foundation Service Area and national findings.

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

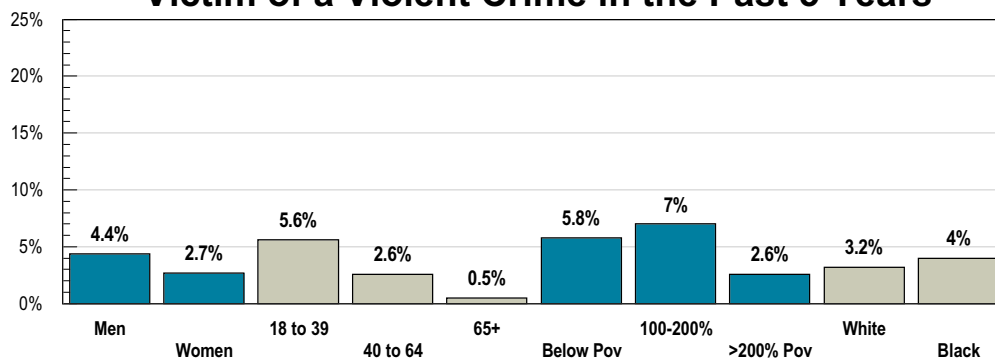


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
 2. 2000 PRC National Health Survey, Professional Research Consultants  
 Notes: 1. Asked of all respondents.  
 2. State data not available.

In Rapides Parish, violent crime victimization is higher among:

- Those living below or just above the poverty threshold.
- Young adults.

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



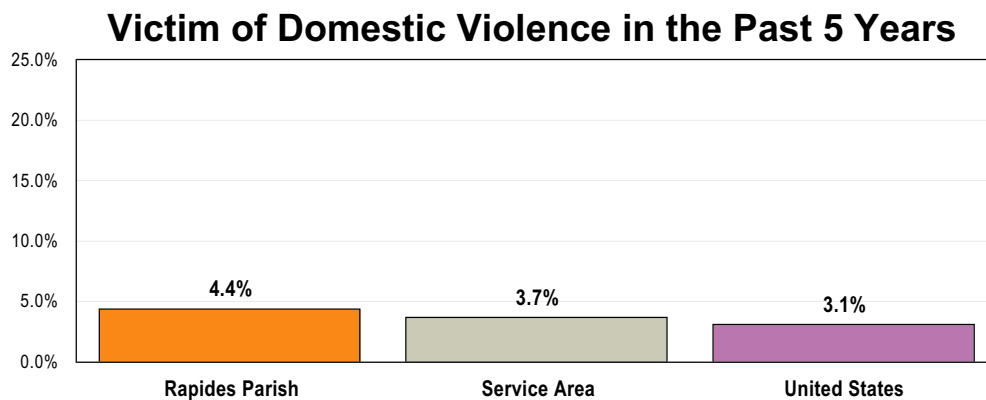
Source: 2002 PRC Community Health Survey, Professional Research Consultants  
 Notes: 1. Demographic breakouts are among findings in Rapides Parish.  
 2. Asked of all respondents.

## Family Violence

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

### Domestic Violence

- **4.4% of Rapides 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.

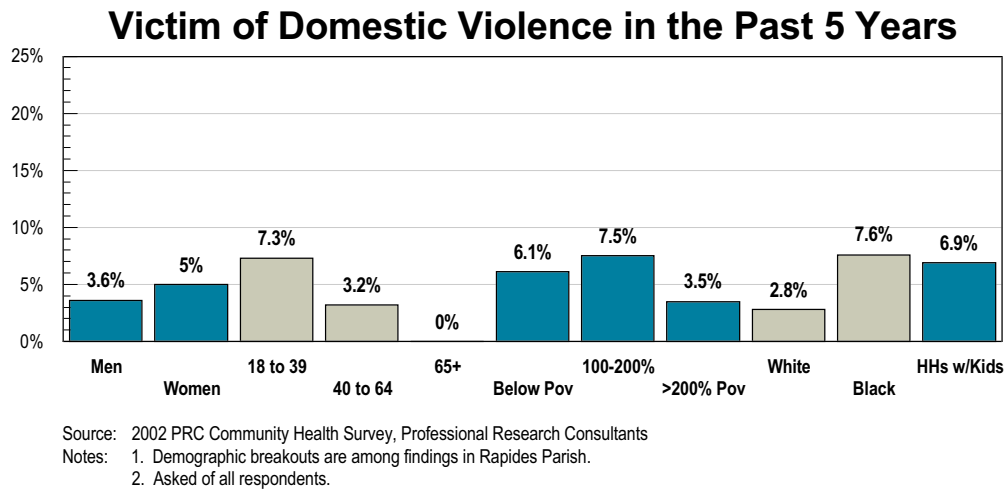


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2000 PRC National Health Survey, Professional Research Consultants

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

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

- Black respondents.
- Persons living at lower income levels.
- Young adults.



## Community Health Panel Findings\*

Family violence was an issue discussed in the community health panels, including domestic violence, and elder and child abuse/neglect.

“I see a fair number of domestic violence situations. I think we do have one woman’s shelter in town, Turning Point.” — *Physician*

“We have had cases with women actually being killed by their spouses recently. I think sometimes when the unemployment rate goes up, the domestic violence cases go up, also. More stress at home, and the violence starts.” — *Community Leader*

“We need a lot of anger management classes for adults. They are angry with their spouse, kids and themselves and they don’t know what to do about this anger before it gets to the point of domestic abuse. We have a parent that wanted this class, but it was going to cost him \$50 a session, so we decided to pay it because it is affecting his child and he wanted to attend. We told him if he didn’t go to the classes, he would have to pay us back. You have to get the client to own some of the cost. We found that if they

\* 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.

pay \$3 to \$5, people will come more often, and it helps us pay for the refreshments because we have a grant for the classes.” — *Allied Health/Social Service Provider*

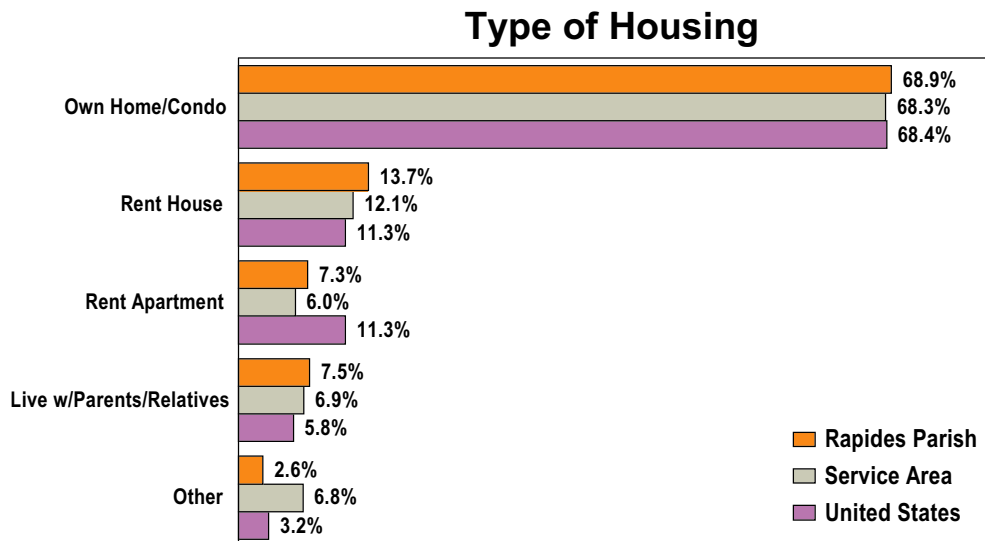
“We are seeing it and not diagnosing it. For lack of a better word than violence, maybe ‘elder abuse or neglect.’ Some of the elderly people who come into the ER have not shaved, fed or taken a bath. To me, this is abuse. The young person who may bring them in has a nice set of clothes and a nice car waiting outside, but the patient is neglected.” — *Physician*

“I feel that we are seeing an increase in child abuse, or else it is being reported more. Cases reported to the schools show an increase of child abuse. Last night, I got a call from an irate parent because we had questioned her child regarding abuse. This is a pretty common call from parents. There is really no telling how many more cases are not reported.” — *Community Leader*

# Housing

## Type of Housing

- **68.9% of Rapides Parish adults participating in the survey report that they own their own home or condo.**
  - This distribution is generally similar throughout the Rapides Foundation Service Area and similar to that seen nationwide.
- **21.0% rent a house (13.7%) or apartment (7.3%).**
  - In comparison to national findings, a smaller share of Rapides Parish adults rent apartments.
- **7.5% live with parents or relatives.**



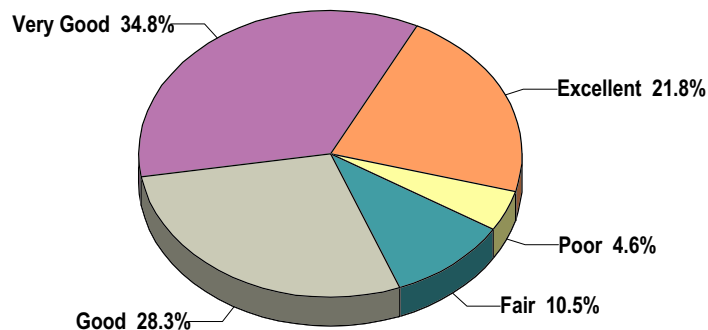
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2001 PRC National Quality of Life Survey, Professional Research Consultants  
Note: Asked of all respondents.



## Housing Condition

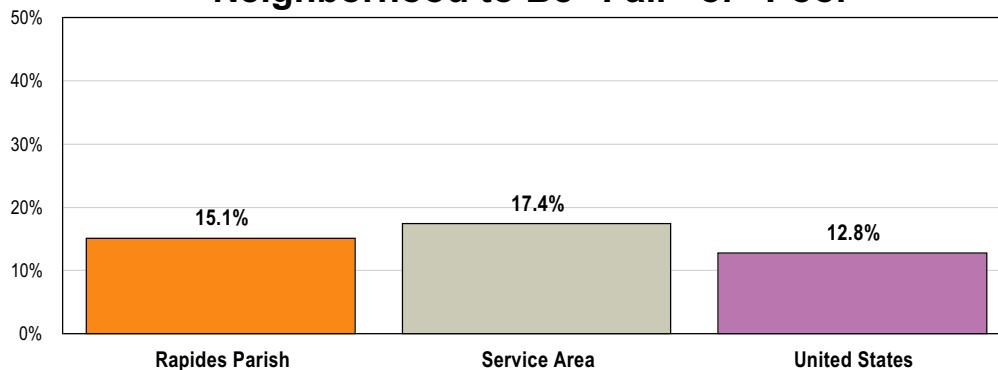
- **56.6% of Rapides Parish adults rate the condition of homes in their neighborhoods as “excellent” or “very good.”**
- **28.3% rate the condition of neighborhood homes as “good.”**
- **15.1% rate the condition of neighborhood homes as “fair” or “poor.”**
- Similar to Rapides Foundation Service Area and national findings.

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



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

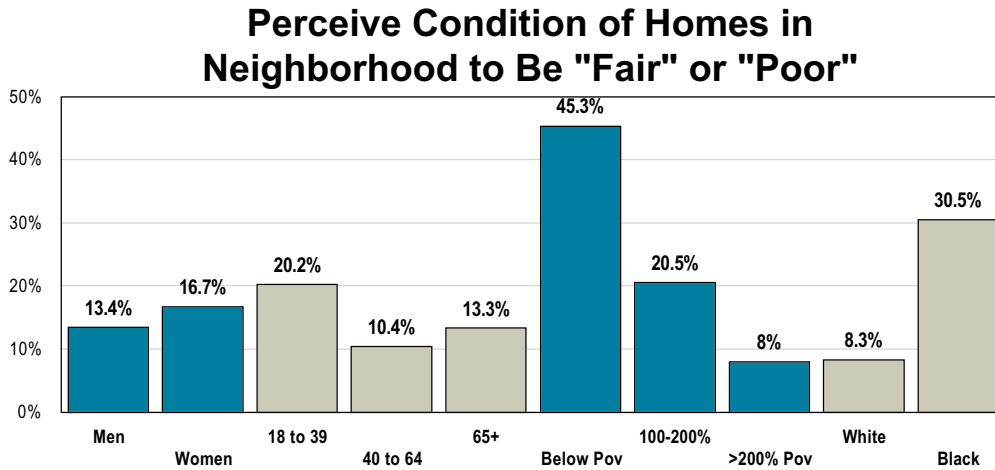
**Perceive Condition of Homes in Neighborhood to Be "Fair" or "Poor"**



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

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

- Persons living below poverty.
- Black respondents.
- Young adults.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

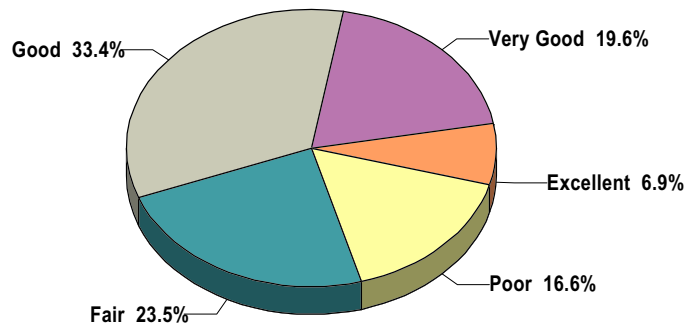
2. Asked of all respondents.

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

## Perceived Affordability of Local Housing

- **26.5% of Rapides Parish adults rate the availability of affordable housing in the area as “excellent” or “very good.”**
- **33.4% rate the availability of affordable housing as “good.”**

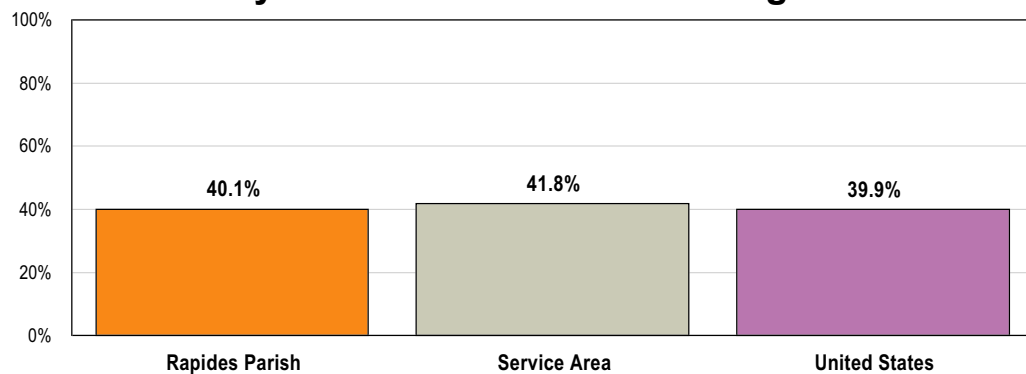
**Rating of Availability  
of Affordable Local Housing**  
(Rapides Parish)



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

- **40.1% of Rapides Parish adults rate the availability of affordable housing in the area as “fair” or “poor.”**
  - Similar to responses throughout the Rapides Foundation Service Area, as well as nationwide.

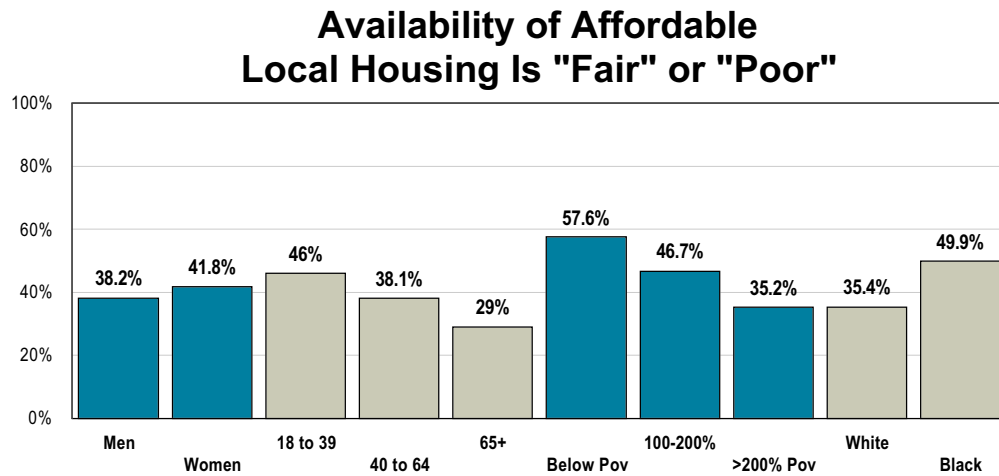
### Availability of Affordable Local Housing Is "Fair/Poor"



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

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

- Persons living at lower incomes.
- Black respondents.
- Young adults.



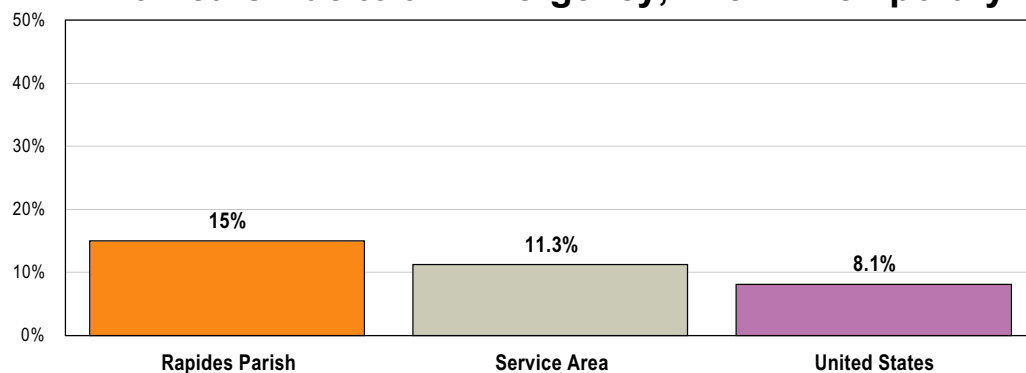
Source: 2002 PRC Community Health Survey, Professional Research Consultants

- Notes:
1. Demographic breakouts are among findings in Rapides Parish.
  2. Asked of all respondents.
  3. Percentages represent combined "fair" and "poor" responses.

## Housing Displacement

- **15.0% of Rapides 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 14,000 households in Rapides Parish.**
  - Significantly higher than found in the Rapides Foundation Service Area overall (11.3%).
  - Significantly higher than found nationwide (8.1%).

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

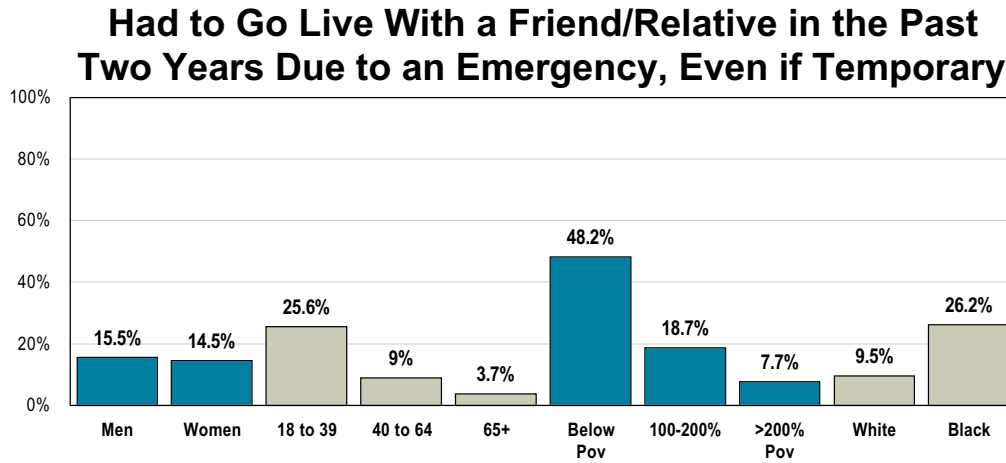


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants  
2. 2001 PRC National Quality of Life Survey, Professional Research Consultants

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

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

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



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

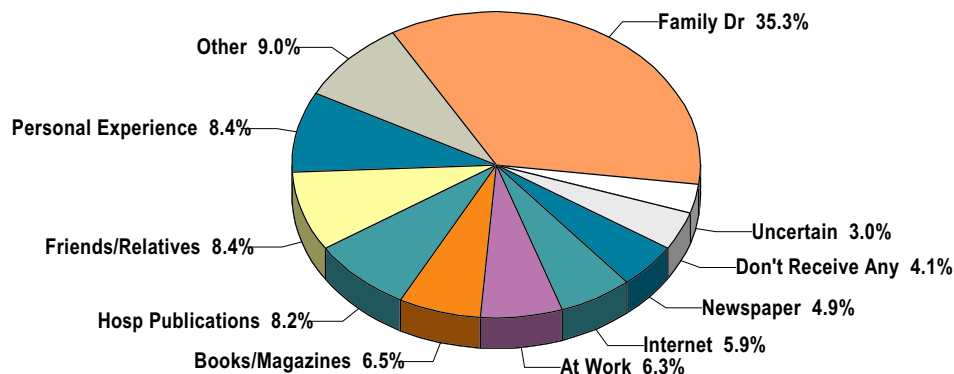
# HEALTH EDUCATION & OUTREACH

# Health Education Services

## Sources of Health Care Information

- **35.3% of Rapides 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 5%-8% of respondents ) include: *personal experience, friends/relatives, hospital publications, books/magazines, work, the Internet and newspapers*.**

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



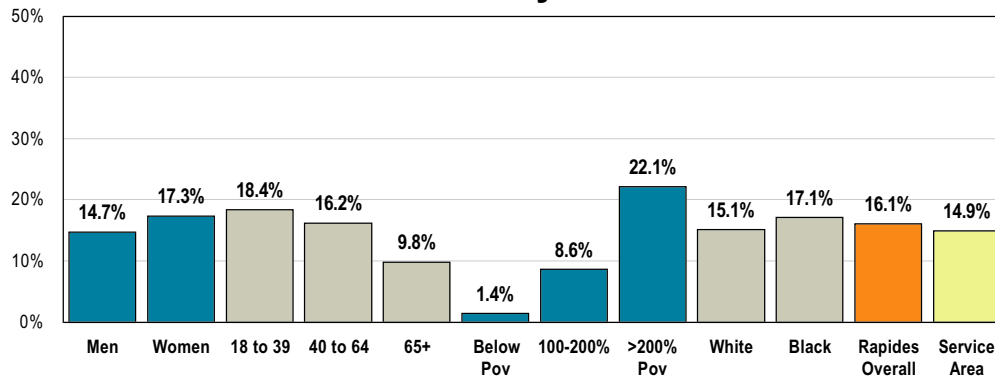
Source: 2002 PRC Community Health Survey, Professional Research Consultants  
Note: Asked of all respondents.



## Health Promotion Activities

- 16.1% of Rapides 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

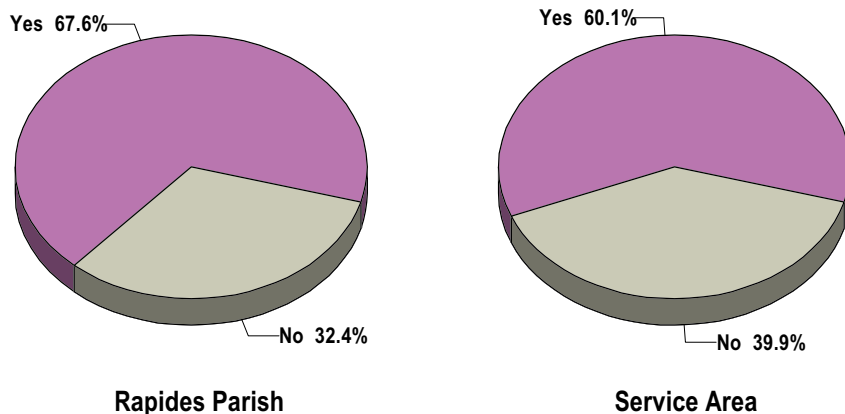


Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

- 67.6% 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 in education people to maintain healthy lifestyles and better manage their own health.

“I think we need to involve patients in being proactive about their health care needs. They need to understand that the disease process is not dependent on one major thing. Education is the key in this area. The patient has to be proactive in understanding a lot of the things that can and will happen if they don’t take care of the problem early on in the process.” — *Physician*

“People come into the ER for a diabetic shot. The last time they had been in the ER was two years ago when they needed a diabetic shot. People don’t understand the necessity for ongoing management of the disease process. Education is the key area that needs to be expanded in this community.” — *Physician*

“I think that when you are trying to reach the community, you have to think what is it that motivates them to change their behavior. I saw a lady yesterday that uses a lot of her money to buy beer. Now she got into cows, so she has to have money to buy feed for the cows, so now she is not drinking beer. It opened my eyes that if you can find the right motivation, it can help people make the right health choices.” — *Physician*

“There is a perception out there typically from lower socioeconomic groups and rural areas that if you don’t do something to find out what is wrong with you, then you are going to be OK. I deal with oncology, so I see this a lot. I see women who don’t get mammograms because they don’t trust or want to hear the results. There are not enough educational programs that address this problem. It gets to be a cultural issue among a large portion of the population that believes preventive medicine is just not worth the cost.” — *Physician*

“When I try to get my patients to change their habits like smoking, they always tell me, ‘My granddaddy lived until he was 103, and he smoked two packs a day.’” — *Physician*

“I think we should start introducing the young people to our health care system. At the junior and high school level, provide counseling and educational services where these kids interact with the health care system at an early age. They can see how minor problems are going to become major health problems later on if they don’t take care of the problem early on. This education can take place at their school, which is a non-threatening setting.” — *Physician*

“Teach the parents on how to be a family. Educate them on nutrition, personal hygiene, exercise, family activities they can do together as a family. Sometimes if we can’t reach

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the parents, we use the church programs to teach the kids how to take care of themselves and just leave the parents out of it.” — *Community Leader*

“We need to do a better job in educating our people about alternative therapies like vitamins, herbs and supplements. There is a lot of misinformation out there, and people are using them without realizing how they can interact with each other or with other medicine they may be taking. They come in for surgery and they don’t even know enough to tell us that they are taking these herbs.” — *Allied Health/Social Service Provider*

“We need to educate our patients so they can speak up when their appointment does not meet the transportation schedule. We had a person who was being discharged from the mental health center because they weren’t keeping their appointments. When we checked, we found that the child psychiatrist went to the mental health center on Thursdays but the Medicaid transportation van went to Winfield on Tuesdays, so the client didn’t have a way to keep the appointment. They need to know that they can speak up if something doesn’t make sense, but they are afraid.” — *Allied Health/Social Service Provider*

“I think that some of these people have been in the system for so long that they are relying on us to solve their problems, and maybe we need to start teaching them problem-solving and communication skills because they don’t know how to take care of themselves.” — *Allied Health/Social Service Provider*

“I am thinking we need education for all of our population. A lot of diseases and illnesses could be treated sooner and better if people understood their symptoms earlier and knew what the problem was before it got to be a crisis.” — *Community Leader*

“I would like to mention that as service providers, we are a community very divided in a lot of our cultural thoughts and practices. I know that we don’t like to discuss it, but race continues to be a huge issue in this area, and this can interfere with a lot of our good deeds. It can interfere with how people learn and how we present ourselves to our clients because I may not know how to address myself to a Black family in a rural community, and that can be a real problem in trying to help them with their needs.” — *Allied Health/Social Service Provider*

“We have one of the highest illiteracy rates in the country. Businesses come in and sometimes people can’t read and they end up getting hurt. We are not able to attract any big industry to this area.” — *Community Leader*

“We need to educate the parents first on the importance of reading and getting a good education is for their kids’ future. I remember when we tried to start a reading program; the biggest complaint was from the parents. They didn’t want their kid reading all summer; they had to work first. So it has to start with the parents.” — *Community Leader*

“I had a different response on the reading program from the parents. We did a summer program, and the response was great. The teachers thought it was excellent. I think the kids were younger - when you get to high school kids, then the problem starts. Although I was able to get some high school kids to volunteer with the reading program, and they were great.” — *Community Leader*

“Some of the large employers have a wellness program for their employees. They have, in fact, invited me there to speak on coronary heart disease to their employees. They also offer annual cholesterol testing. I am not sure if any of the other companies do something like this.” — *Physician*

A large part of education efforts must include simply educating people on the services that currently exist and how to find and access them.

“I think that the general public is not fully aware of all the resources that we do have here. People just don’t know how to access them and how to take advantage of our services. We need to do a better job in publicizing all of our community resources.” — *Allied Health/Social Service Provider*

“Our organization deals with educational training of parents and children who have emotional and behavior disorders. We have been getting an overflow of calls from different agencies because we have linked parents to the services that they need in the community, and we walk them through those services. We found that not too many people are aware of those services.” — *Allied Health/Social Service Provider*

“I think we need to educate the community on what is available, and you don’t have to have an office space - the churches are available. I know of one church, St. Matthew’s, Rev. Green. They have a clinic in that church where people from the air base can go one day a week to get medical care. It has been received very well by that community.” — *Allied Health/Social Service Provider*

“I would like to add a ray of hope in here. I have been in a school-based health center since the beginning and have seen them grow across the state, and I think these kids will learn how to access health care. They have learned that you have to wait or go back to class and come back later; you have to make appointments and schedule time to see someone in the center and you are responsible to be there or come and get your meds in the center. I think we are going to see the change, but it is going to be at least 10 years down the line. We just need more health centers in every school.” — *Allied Health/Social Service Provider*

“I think that more communities need to have their own outreach service where they can provide activities for the people within their own communities. I know other states have these community-based centers. They have activities that go on all day for all of the residents of the area.” — *Community Leader*

Reaching youth through school-based health care was also discussed.

“I keep coming back to school-based health care for our children. If we had more of them, we could reach more children and even some adults, too. It has a domino effect when you reach a child. If you can reach the child, they you can start reaching the families, also.” — *Community Leader*

“The wellness programs need to be really revamped and tailored to the needs of the community. I have seen a large group of people going and walking and exercising. All of a sudden, they are doing something healthy for their weight, blood pressure, diabetes

and everything else. I think that improving the health education and providing better jobs for people will improve the overall health of the community.” — *Physician*

“We have a school-based health center where you can be seen if something is wrong with you, and they really check you out and give you medicine. They have everything in there.” — *Youth Participant*

“One way to get this attitude change, and we started already, is with the school-based clinics because through the children we can make a difference in the long run. Children will learn and know that they need good health care — it is an excellent program. The only drawback is that kids are coming to school sick because they know they can get medical care there. It is kind of sad, but we go ahead and let them come sick.” — *Allied Health/Social Service Provider*

# Coordination of Services

## Cooperative Services

### Community Health Panel Findings\*

Focus group participants applauded the [www.guidetohumanservices.org](http://www.guidetohumanservices.org) website developed by The United Way of Central Louisiana with funding by The Rapides Foundation.

“The United Way gave us a list of all of the services in the community and a website [[www.guidetohumanservices.org](http://www.guidetohumanservices.org)]. If you are on duty one night in the ER and you see a particular problem, you can bring up this website, type in the problem and the agency or service provider will pop up. I think the United Way was the only place that had all of the services for a six- or nine-parish area.” — *Physician*

“The United Way does have that list of agencies available online. You can access it, and all the information is there in one place.” — *Community Leader*

“This is a Rapides Foundation[-funded] website. It is one of the premiere ones of its kind in the country. Each agency keeps it updated so it is totally current at all time. I guess a lot of people don’t know about its existence. It was made available to all the physicians and the ones in the residency program.” — *Physician*

“We also have the JPTA office - it is now the One Stop Center, which is located next to the coliseum. There is a wide assortment of agencies designed to address any type of questions. They can offer referral from job training agencies to social services.” — *Community Leader*

Community health panel participants cited many improvements in cooperation among local social service providers, as well as between providers and the community.

“I think the working people’s free clinic and the caring people’s pharmacy have really done an excellent job. I know they are limited in their abilities by funds and drug companies, but it is an excellent program. It hits the working poor group who don’t fall under anybody’s umbrella.” — *Physician*

“As a community, I feel like in the last 10 years we have become closer and worked more together with referrals than we did 20 years ago. We coordinate more, we have more agency meetings and we are sharing more information and resources.” — *Allied Health/Social Service Provider*

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“A strength that we do have is that a lot of churches and pastors are becoming more aware of the needs of their congregation and are seeking out education programs to better meet their needs.” — *Allied Health/Social Service Provider*

“There is a growing relationship building between the ministers of many of the churches and the service providers. I think this friendship is helping address some of the access issues. Within this parish, there is a monthly ministry alliance that meets to discuss areas of need in the community.” — *Community Leader*

“A lot of the pastors would like to see some type of pastoral training so they can work with the hospitals - some type of pastoral care counseling so they can be qualified to counsel with patients and family members in waiting rooms.” — *Community Leader*

“I think collaboration among the agencies is getting better because of the way the funding is being distributed. Whoever is in charge of distributing the funds is making sure that the agencies are cooperating with each other before the funds are released.” — *Community Leader*

Still, there is room for much improvement in cooperative efforts.

“I think that communication between parents and the service agencies could be improved.” — *Allied Health/Social Service Provider*

“We have a lot of different organizations providing different services in our community. I would love to have one number that we could somehow access as the universal service number, like 911. I have a wall full of telephone numbers that I have to call to try to get access to meet my clients’ needs. I spend a lot of time that I don’t have on the telephone trying to find the right organization. We need to identify one organization that could keep track of what we have, and then we would only have to call that one number.” — *Allied Health/Social Service Provider*

“We have these home health agencies that are supposed to run like a business, and they are completely uncoordinated. They are supposed to provide education, and it never takes place. Most of the agencies that survive are good at filling out forms to get reimbursed. Almost all of them have closed.” — *Physician*

# NEEDS OF SPECIAL POPULATIONS



# Youth

## Children's Education

### Community Health Panel Findings\*

"I think they are poorly educated and they have very low expectations in school so the kids don't have to work very hard, and that is one of the reasons they are bored." — *Physician*

"I would be interested in getting training in some specific job skills, like in the trades or secretarial or computers. Some training where I could learn to do something or fix things." — *Youth Participant*

"The teachers just started focusing on academics this year. This week, we have been taking LEAP, and the first day of the test, all the administrative staff came into our room before we started the test and told us to do good on the test: 'We really need you to do good on this test.'" — *Youth Participant*

"We have some teachers that volunteer to stay after school to help us take the LEAP, and nobody showed up. One of my teachers - she is a great teacher - she took time from her life to try and help us, and nobody showed up." — *Youth Participant*

"In two years' time, we are going to need a community college so that kids can afford to pursue their education after high school. The tuition at a four-year degree university is a lot more expensive than at a junior college. LSUA is going to raise their tuition in two years, and that is going to be a severe problem in this area. We don't have a community college within a 50- to 60-mile radius of Alexandria. We need to have one if we want to keep our young people here." — *Community Leader*

"Our kids don't have any respect for the teachers. You would be amazed how kids in the first and second grades talk back to their teachers. I think this is where good parenting classes would help." — *Community Leader*

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## Early Childhood Care

### Community Health Panel Findings\*

“We need some quality and affordable day-care facilities in the rural areas. We don’t have any.” — *Community Leader*

“We need more preschool education for at-risk, disadvantaged children, like, six weeks after they are born.” — *Community Leader*

“I have been to some of the day-care centers, and they are awful. Some of these children are spending 12 hours under fluorescent lights with constant noise, adults screaming and yelling at 18-months-old kids all day long. It is hell. I would love to see the Foundation look at the child care needs of this community, especially 0- to 3-year-olds. We have kids that are kicked out of the day-care centers because of their behavior, and we go in and try to work thing out with the day care, but we know we are just touching 1 in 100 kids that are having problems. Even basic things like infection control in these day-care centers is pretty bad, as well as the food the kids are given. Toddlers are given doughnuts for breakfast. These young kids are learning to like sweet, fatty and fried foods for lunch.” — *Allied Health/Social Service Provider*

“We are doing some early intervention initiatives with the Head Start Program that I want to mention. They have an excellent program started with young moms who have young children including nutrition, mental health and everything else that a family needs in those early developmental years. They have early Head Start 0 to 3years and Head Start, which is 3 to 5 years. It is excellent. We just don’t have enough of it.” — *Allied Health/Social Service Provider*

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## Supporting Parenting

### Community Health Panel Findings\*

“I am a strict parent, but I have to learn to be able to trust my daughter to make the right decisions and to make the decision that I taught her and not stray away from it and to have good self-esteem. In today’s society, our kids are raising themselves. I think even if you are a one-parent family and you have to work two jobs, you can still take 15 minutes to talk to your kid. Parents need to take an interest in their kids.” — *Allied Health/Social Service Provider*

“I think that parents are still very naïve about how mature their kids are, how rapidly kids are maturing these days. When I hear parents tell me that my 14-year-old child is always with me after school so she doesn’t have any access to drugs, I tell them your child is in a public school - they have access to drugs. We need to really educate the parents about what is going on with kids today.” — *Allied Health/Social Service Provider*

“I think we need to get the parents more involved and to talk and to open up and tell us what they think about teen pregnancy, about the parents not being home and all of this other stuff we have been talking about here today. I think we need to get them and have a focus group with us so we can hear what they have to say. Once we get them involved, they can do a lot with other folks out there so they don’t feel totally left out.” — *Allied Health/Social Service Provider*

“I think we also need some programs to bring parents in that might need parenting classes - classes for young parents to help them understand how they can work to help their children succeed.” — *Community Leader*

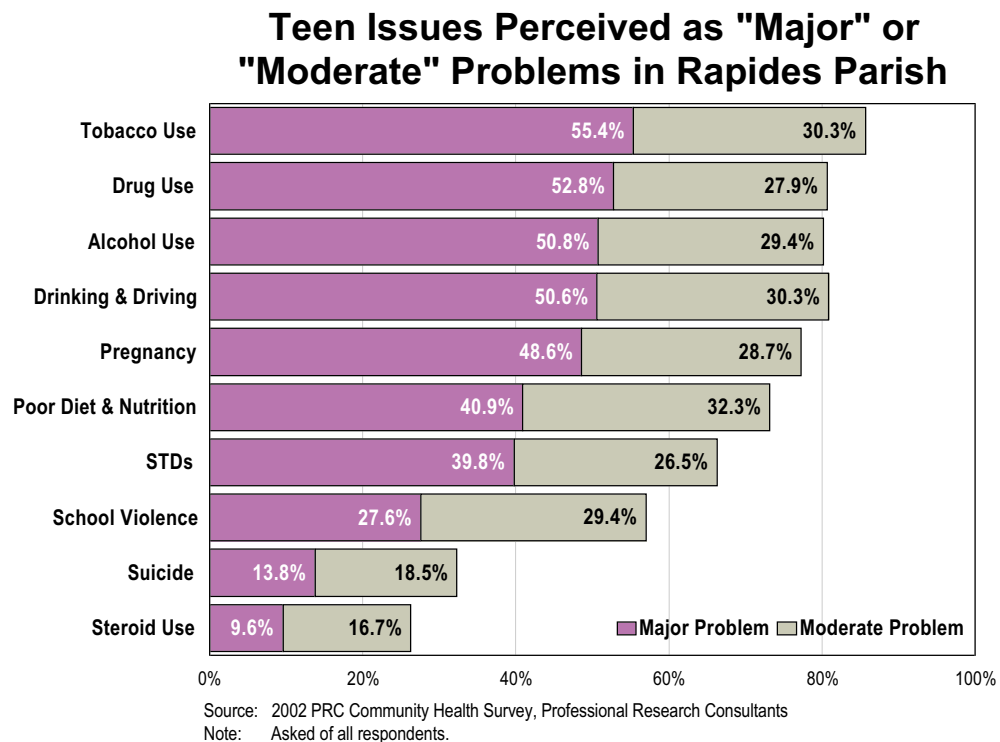
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## Community Perceptions of Adolescent Health Issues

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.”

- 55.4% of Rapides Parish adults rate *teen tobacco use* as a “major problem” in Rapides Parish.
- 52.8% rate *teen drug use* as a “major problem” in Rapides Parish.
- 50.8% rate *teen alcohol use* as a “major problem” in Rapides Parish.
- 50.6% rate *teen drinking and driving* as a “major problem” in Rapides Parish.
- 48.6% rate *teen pregnancy* as a “major problem” in Rapides Parish.
- Over 80% of adults rate each of these problems as “major” or “moderate” problems.



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

## Community Health Panel Findings\*

Focus group participants cited a need for additional activities and outlets for youth as a means of reducing unhealthy and risky behaviors.

“There are not a lot of things for kids to do in this town. I think that if we had other places or outlets for kids to engage in, we could send our health messages subliminally and get them away from MTV and the couch. We have a lot of adults who are interested and motivated to make sure kids are growing up right. We need to get them involved with the kids.” — *Physician*

“I think the number one problem with the youth here is boredom. If you drive on the weekend, they are just cruising around because really they have nothing to do. There are no programs or anything for kids to participate.” — *Physician*

“I don’t know how successful the Boys and Girls Clubs and those sorts of organizations are in this community. I know they exist. We also have a wide range of church-related groups that provide activities weekly for youth groups and children’s groups. So there are some vehicles in place that could be enhanced to try to cut off some of these behaviors.” — *Physician*

“We had 15 kids signed with major universities. Out of those 15, six came from one high school. At that school, we had one doctor who would go up and do a clinic at the school. After the clinic, he would sit down and tutor the kids in math. Six of those kids were football players who were influenced by his tutoring and went and signed up with major universities. So I think mentors are needed.” — *Physician*

“We don’t have a lot of part-time jobs for the kids. I supposed they still could go to work for the food stores and things like that when you are 16. I know that is what I did.” — *Physician*

Youth agreed that recreational activities for them are limited.

“We don’t have enough to do here. We would love to swim, bowl, skate, roller blade, but we only have one rolling rink and two skating rinks and the pool is not free. You have to pay to swim.” — *Youth Participant*

“The schools only offer sports-type of things as after-school activities. They have art classes and other stuff like that, but it is not after school.” — *Youth Participant*

“I would like to have an indoor pool, indoor track, an indoor sports arena offering all kinds of sports, and it would be free to everyone.” — *Youth Participant*

“It is tough to get a part-time job here. Nobody is hiring, and the jobs that they do have, nobody wants them. They are terrible, like fast food-type of work. Sometimes, the only way you can get a job is if you know somebody already at that place.” — *Youth Participant*

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“We don’t have anything to do here. We have the movies, the mall and bowling - that is it. And after awhile, you're tired of doing the same things. The only thing to do is go out to eat and to the movies. You can spend up to \$20 a night, and with a date, up to \$40 or \$50. If you go out to eat and watch a movie, that is not helping you stay in shape.” — *Youth Participant*

“One thing that was fun to go and watch was the hockey team. They were not very good, but it was fun to go watch them and they could go ice skating afterward. The community didn’t really seem to support them very much, and they are gone.” — *Youth Participant*

“I think the bottom line is that we are bored, that we don’t have enough to do if you are a teen in this community.” — *Youth Participant*

“We need a place to dance, to be able to socialize with friends. More places to go to without alcohol or drugs — a lot of kids would go.” — *Youth Participant*

Poor nutrition, lack of physical activity and tobacco use were other issues discussed in the community health panels.

“The schools are trying to serve a nutritious lunch offering salad bars and other food choices that they will eat and is good for them, but the kids are not eating them. They eat cheese and bacon from the salad bar and scrape the broccoli and the asparagus from their plate to throw it away. I think that as a community, our culture likes fried foods.” — *Allied Health/Social Service Provider*

“I know there are some girls that are really skinny and they think they are fat, but I think I am fine. I don’t think I am fat or too skinny. I don’t really feel any pressure to look a certain way.” — *Youth Participant*

“Our kids are in terrible physical shape. We have to get physical education to the 90 percent who aren’t going to be athletic stars. Kids who are not good in sports just go to their video games and sort of chill out sitting and not participating in any outdoor sports activity. I am worried about this.” — *Physician*

“A big problem with the youth here is smoking. They are starting earlier to smoke.” — *Physician*

Other community health panel comments about adolescent health issues include:

### Youth Activities

“We need to start at a very young age to get the kids out of the house and have a teen center that teaches them clean living and show them that there are better and safer ways to have fun without drinking and drugs. This is very important. If we are going to make the change, it has to be at an early age. ” — *Physician*

“We need to get more youth-oriented activities in the Boys and Girls Clubs. There aren’t enough of these activities in this parish, and it is even worse in the rural areas. We are seeing some things coming up now with churches opening their doors seven

days a week with supervision and inviting kids to come and participate.” — *Allied Health/Social Service Provider*

“We need more recreational activities for our young people, for our teen-agers - activities that are supervised and offered year-round for all ages.” — *Community Leader*

“Our teen-agers don’t have enough to do. Sometimes we want to enforce a work relationship starting at an early age to develop good job skills, and we don’t have enough jobs to be able to do this.” — *Community Leader*

“I know some of the teens go out looking for jobs, but nobody wants to hire them, and they get discouraged. They don’t have any skills, but they have to start somewhere. Some of our privately-owned businesses are willing to give them the opportunity, but they don’t have any job openings to offer the kids.” — *Community Leader*

“In the past, people used to do things with their hands. They had a craft, and usually this kept them from getting in trouble. We need to instill within our youth that they also have something within that just needs to be brought out. Everyone is good at some craft. We are not bringing out the natural creativity in children, and this is a big problem. It would help this problem if we could get kids interested in any little thing that would divert them from the drugs or from hanging out in the streets.” — *Community Leader*

“We need more after-school programs to keep the kids off the streets. Some parents are just not doing their jobs, and someone in the community has to kind of step in and take over that responsibility. Maybe we can have the high school students help after school with the younger kids. It would help everyone and teach them responsibility.” — *Community Leader*

## Parenting

“We have families who are working two or three jobs to make ends meet, and that is why they are not in the homes when the kids get home from school. They can’t find a good enough job so they could have some time at home with their kids. So we see the kids basically raising themselves. It is a big problem with our society.” — *Allied Health/Social Service Provider*

“I see a lack of supervision and a lack of concern. We need parenting classes to educate parents on how to be parents. Kids are coming to school dirty and with dirty clothes. This, to me, is an issue with the parents.” — *Community Leader*

## Mentoring

“One of our Tulane residents came up with the idea of a mentorship program for preadolescent girls called Reaching for the Stars. There is a lady at the health department that sort of coordinates everything. It is like a six-week program. They pair a girl with a successful woman in the community, and the girl spends a lot of time with this person and learns good values and the importance of a good education to be successful. They teach them to set goals and look at the future.” — *Physician*

## Obesity

“One of my concerns is obesity among teens and, as a result, this leads to diabetes and other illnesses at a very young age. I think this has happened because of lack of education and also lack of exercise among our young people. They don’t exercise. They watch TV, play on the computer and eat junk food.” — *Community Leader*

## Education

“We have 900 children who, by definition, are homeless in the Rapides Parish. Uniforms are required to go to school, but the family can’t afford uniforms, so the child can’t go to school and get an education. We should make sure that every child who wants to go to school has uniforms - has at least two - so they can get an education.” — *Community Leader*



# Seniors

## Senior Health Needs

### Community Health Panel Findings\*

Other issues identified for area seniors include:

#### Driving

“Too many of them are driving. I just had a little old lady who has a permanent pacemaker drive to our office. She was having heart problems where she was actually blacking out and still driving.” — *Physician*

#### Planning

“We have a large population of seniors who don’t start looking at their health care needs until they get Medicare. By then, it is too late in some cases.” — *Physician*

#### Home Health, Assisted Living, Nursing Care, Hospice Care

“Medicaid has a very limited amount allocated for home health care benefits. We also don’t have a hospice program for these people yet. They don’t have a place to go.” — *Physician*

“Our seniors and other disabled people have very limited help available with medical equipment.” — *Community Leader*

“Our seniors need affordable adult care at home for a short period of time until they can get back on their feet and are able to take care of themselves.” — *Community Leader*

“I think some type of home health care or group homes could help with the shortage of nursing homes.” — *Community Leader*

“We need more assisted living facilities where they can be somewhat independent and not in a nursing home.” — *Physician*

“There aren’t enough nurses in the nursing homes to help with the elderly. We need more trained personnel, and they need to be paid more money. The certified aide is getting minimum wage, and they work very hard. It is not enough money for the work they do.” — *Community Leader*

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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.

“We have a growing elder population that would like to remain in their individual homes as they get older and become sick. They may not need assisted living, but just someone who can check on them on a regular basis to make sure they are taking their medication properly.” — *Community Leader*

“I think a modified version of home health care, but not as often - maybe monthly or bimonthly visits would be enough.” — *Community Leader*

We need more home health care people - also, Meals on Wheels for those people who can't take care of themselves but live at home. There are transportation barriers for those elderly people who live at home, so we need to be able to reach them at their home and help them out.” — *Community Leader*

“The underinsured and the working poor, as they get older, the cost of living in a nursing home can eat up all of their life savings. Need some type of affordable care for this group in the community.” — *Community Leader*

“Elderly people have fought to keep their land, and now they are told that in order to qualify for these services, they have to give up everything they own.” — *Community Leader*

“We need to educate the elderly so they know how to access all of the services. Most of them don't know where to go and get help. Unless they have children around who can help them, they are totally lost.” — *Community Leader*

“We do not have a program fully developed for the elderly who have homes that need repair work. Replacing windows that are broken, painting, and so on - also, assistance in paying their utilities. I think this is a need in this area.” — *Community Leader*

“There are a number of programs in the area that need better funding. They need to be better organized, and this is something that the Foundation could have a direct role in. It is a definite need in this community: end-of-life care.” — *Physician*

“There is another end-of-life issue that we see a lot of here, and that is the families that have someone who is clearly at the end of their life. The family will do every possible thing to keep them alive. It is a real cultural issue, and one that needs education. They have to learn when to just let go. I think it is going to be a major educational issue in this area” — *Physician*

“We need to help the people understand that there are times that no matter what you do, the person's life will come to an end. The other day, I had a discussion with a woman who couldn't understand why her 93-year-old mother who hasn't spoken a word in three years was going to die. She just couldn't accept it.” — *Physician*

“I think our physicians need to be educated on the importance of hospice care and how important it is for the patient and family members.” — *Community Leader*

“Maison de Coeur is closing. We won't have any in-house hospice services in the area.” — *Community Leader*

# 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	Rapides	US	HP2010	vs. US	vs. HP2010
Physical	% "Fair" or "Poor" Physical Health	17.5	12.3	WORSE	
	% >1 Day/Month Poor Physical Health	34.4	34.4	similar	
	% No Days/Month Very Healthy/Full of Energy	8.9	11.5	similar	
	% Activity Limitations	19.4	14.9	WORSE	
	% Impairment a Result of Work-Related Injury	34.2	17.7	WORSE	
	% >1 Workday/Year Missed Due to Illness	42.1	43.1	similar	
	% Overweight	65.8	37.8	WORSE	
	% Overweight Trying to Lose	28.3	35.9	WORSE	
	% Unhealthy Weight (BMI <18.5 or 25+)	68.1	58.5	40	WORSE Does NOT Meet Goal
	% Obese	28.3	19.1	15	WORSE Does NOT Meet Goal
Mental Health	% >1 Day/Month Poor Mental Health	29.8	31.9	similar	
	% Prolonged Depression (2+ Yrs)	28.7	23.9	WORSE	
	% Depressed Persons Seeking Help	39.4	42.5	50	similar Does NOT Meet Goal
	% >3 Days/Month Sad, Blue or Depressed	26.2	22.7	similar	
	% >3 Days/Month Worried, Tense or Anxious	38.7	35.8	similar	
	% >3 Days/Month Did Not Get Enough Rest/Sleep	58.1	56.1	similar	
Mortality	Age-Adjusted Cancer Deaths/100,000	208.1	202.7	159.9	WORSE Does NOT Meet Goal
	Age-Adjusted Resp Disease Deaths/100,000	48.3	45.8	WORSE	
	Age-Adjusted Diabetes Mellitus Deaths/100,000	30.4	25.2	15.1	WORSE Does NOT Meet Goal
	Age-Adjusted Heart Disease Deaths/100,000	297.7	267.8	213.7	WORSE Does NOT Meet Goal
	Age-Adjusted Homicide Deaths/100,000	12.4	6.2	3	WORSE Does NOT Meet Goal
	Age-Adjusted MV Accident Deaths/100,000	19.5	15	9.2	WORSE Does NOT Meet Goal

Health Status		Rapides	US	HP2010	vs. US	vs. HP2010
	Age-Adjusted Pneumonia/Influenza Deaths/100,000	28	23.6		WORSE	
	Age-Adjusted Stroke Deaths/100,000	86.6	61.8	48	WORSE	Does NOT Meet Goal
	Age-Adjusted Suicide Deaths/100,000	10.3	10.7	5	BETTER	Does NOT Meet Goal
Morbidity	Chlamydia Incidence/100,000	369	257.5		WORSE	
	Gonorrhea Incidence/100,000	252.1	131.6	19	WORSE	Does NOT Meet Goal
	Hepatitis A Incidence/100,000	3	12	4.5	BETTER	Meets Goal
	Hepatitis B Incidence/100,000	2.5	4.2		BETTER	
	Tuberculosis Incidence/100,000	5.2	5.8	1	BETTER	Does NOT Meet Goal
Morbidity	Primary & Secondary Syphilis Incidence/100,000	4	2.2	0.2	WORSE	Does NOT Meet Goal
	% Arthritis/Rheumatism	31.2	20.3		WORSE	
	% Sciatica/Chronic Back Pain	22.3	20		similar	
	% Deafness/Trouble Hearing	10.3	9.3		similar	
	% Diabetes/High Blood Sugar	10.1	5.5		WORSE	
	% Asthma	9.2	9.9		similar	
	% Chronic Heart Disease	6.7	5.7		similar	
	% Blindness/Trouble Seeing	10.3	9.2		similar	
	% Cancer (Other Than Skin)	4.4	4.5		similar	
	% Chronic Lung Disease	9.9	6.4		WORSE	
	% Ulcer/GI Bleeding	7	6		similar	
	% Skin Cancer	4.6	4.9		similar	
	% Kidney Disease	3.6	2.7		similar	
	% Stroke	1.9	1.4		similar	
	% Tested for AIDS Virus in Past Yr (18-64)	29.4	30.6		similar	
	% "High" Chance of Getting AIDS (18-64)	4.2	2.1		WORSE	
	% Child Has Asthma	20.8	13.4		WORSE	
Natality	% Births to Teenagers	19.6	12.3		WORSE	
	% of Low Birthweight Births	10.4	7.6	5	WORSE	Does NOT Meet Goal
	Infant Death Rate	8.5	7	4.5	WORSE	Does NOT Meet Goal
	Neonatal Death Rate	5.6	4.7	2.9	WORSE	Does NOT Meet Goal
Crime	Murder Rate/100,000	8.5	5.5		WORSE	
	Rape Rate/100,000	50.9	32		WORSE	
	Robbery Rate/100,000	157.4	144.9		WORSE	
	Aggravated Assault/Battery Rate/100,000	473.8	323.6		WORSE	
	% Victim of Violent Crime in Past 5 Yrs	3.5	3.8		similar	
	% Victim of Domestic Violence in Past 5 Yrs	4.4	3.1		similar	

Health Risk		Rapides	US	HP2010	vs. US	vs. HP2010
CV Risk	% 1+ Cardiovascular Risk Factor	93	84.7		WORSE	
Nutrition	% "High" Fat Diet	18.6	10.4		WORSE	
	% Use Food Labels	60.5	68.7		WORSE	
	% Eat 5+ Servings of Fruit or Vegetables/Day	22.4	30		WORSE	
Exercise	% No Leisure-Time Physical Activity	33.7	20.2		WORSE	
	% Vigorous Exercise 3+ Times/Wk	28.8			similar	
Tobacco	% Current Smoker	21.6	22.8	12	similar	Does NOT Meet Goal
	% Smoke >1 Pack/Day	13.4	13.5		similar	
	% Have Quit 1+ Days in Past Yr	45.8	52.2	75	similar	Does NOT Meet Goal
	% Use Smokeless Tobacco	4.3	3.7		similar	
	% Someone Smokes at Home (HH w/Kids)	23.8	12.5	10	WORSE	Does NOT Meet Goal
Substance	% Current Drinker	39.5	56.4	50	BETTER	Meets Goal
	% Chronic Drinker	4.1	5		similar	
	% Binge Drinker	14.8	16.4	6	similar	Does NOT Meet Goal
	% Drinking & Driving in Past Month	3.7	3.7		similar	
	% Taken Rx Without Dr's Orders in Past Yr	2.7	4.5		BETTER	
	% Taken Illegal Drug in Past Yr	1.6	3.2		BETTER	
	% Sought Help for Alcohol or Drug Problem	3.5	4.3		similar	
Hypertension	% Blood Pressure Checked in Past 2 Yrs	95.3	96	95	similar	similar to goal
	% Told Have High Blood Pressure	32.8	23.4	16	WORSE	Does NOT Meet Goal
	% Taking Action to Control High BP	87.5	80.7	95	BETTER	Does NOT Meet Goal
Cholesterol	% Cholesterol Checked in Past 5 Yrs	81.9	82.2	80	similar	similar to goal
	% Told Have High Cholesterol	27.1	21.4	17	WORSE	Does NOT Meet Goal
	% Taking Action to Control High Cholesterol	68.3	70		similar	

Prevention		Rapides	US	HP2010	vs. US	vs. HP2010
Preventive	% Have Had Routine Checkup in Past Yr	69.6	64.1		BETTER	
	% Child Has Had Checkup in Past Yr	81.3	85.6		similar	
	% Have Visited Dentist in Past Yr (18+)	62	68.9	56	WORSE	Meets Goal
	% Have Had Eye Exam in Past Yr	57.6	54.2		similar	
Immunization	% Children (<24 Mos) Immunized Appropriately	90	82	90	BETTER	Meets Goal
	% Flu Shot in Past Yr (65+)	69.4	65.7	90	similar	Does NOT Meet Goal
Cancer	% Digital Rectal Exam in Past Yr (50+)	48.5	57.1		WORSE	
	% Sigmoid/Colonoscopy Ever (50+)	47.4	48.7	50	similar	similar to goal
	% Blood Stool Test in Past 2 Yrs (50+)	44.7	47.1	50	similar	similar to goal
	% Mother/Sister Diagnosed Breast Cancer (W)	9.5	11.5		similar	
	% Mammogram in Past 2 Yrs (W40+)	74.8	78.2	70	similar	similar to goal
	% Don't Know Breast Self-Exam (W)	4.6	4.2		similar	
	% Perform Breast Self-Exam Monthly (W)	52.7	42.9		BETTER	
	% Pap Smear in Past 3 Yrs (W)	84.1	84	90	similar	Does NOT Meet Goal
	% Father/Brother Diagnosed Prostate Cancer (M)	7.8	8.4		similar	
	% PSA or Digital Rectal Exam in Past 2 Yrs (M40+)	72.4	69.9		similar	
	% Testicular Exam Ever (M)	53.4	62.4		WORSE	
	% Don't Know Testicular Self-Exam (M)	63.5	63.5		similar	
	% Perform Testicular Self-Exam Monthly (M)	11.6	12.5		similar	
Injury Control	% "Always" Wear Seat Belt	80.2	75	92	BETTER	Does NOT Meet Goal
	% Child (<5) "Always" Uses Auto Child Restraint	84.3	98.9	100	WORSE	Does NOT Meet Goal

Access		Rapides	US	HP2010	vs. US	vs. HP2010
Insurance Cvg	% Lack Health Insurance (18-64)	25.4	15.6	0	WORSE	Does NOT Meet Goal
Primary Care	% Have a Regular Clinic or Physician	81.5	85	96	similar	Does NOT Meet Goal
	% Cost Prevented Physician Visit in Past Yr	17.4	10.4		WORSE	
	% Cost Prevented Child's Care in Past Yr	7.9	7.3		similar	
	% Transportation Prevented Dr Visit in Past Yr	11	5.2		WORSE	
	% Transportation Prevented Child's Care in Past Yr	9.4	4.1		WORSE	
	% Difficulty Getting Appointment in Past Yr	17.8	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	24.6	9.5		WORSE	
	% Difficulty Finding Dr for Child in Past Yr	11.1	5.3		WORSE	
	% Difficulty Getting Appt for Child in Past Yr	17.4	13.1		similar	
	% Inconv Hrs Prevented Child's Dr Visit in Past Yr	12.4	16.3		similar	
	% Cost Prevented Getting Child's Rx in Past Yr	8.1	4.4		WORSE	
	% Gone to ER More Than Once in Past Yr	13.7	5.6		WORSE	
	% Difficulty Finding Physician in Past Yr	13.2	7.8		WORSE	
Health Care	% Rate Local Health Care "Excellent/Very Good"	49.2	53.1		similar	

## Summary of Findings by Issue

Access to Health Care Services	Rapides	US	HP2010	Significance vs. US	Significance vs. HP2010
% Cost Prevented Getting Rx in Past Yr	24.6	9.5		WORSE	
% Gone to ER More Than Once in Past Yr	13.7	5.6		WORSE	
% Transportation Prevented Child's Care in Past Yr	9.4	4.1		WORSE	
% Transportation Prevented Dr Visit in Past Yr	11	5.2		WORSE	
% Difficulty Finding Dr for Child in Past Yr	11.1	5.3		WORSE	
% Cost Prevented Getting Child's Rx in Past Yr	8.1	4.4		WORSE	
% Difficulty Finding Physician in Past Yr	13.2	7.8		WORSE	
% Cost Prevented Physician Visit in Past Yr	17.4	10.4		WORSE	
% Lack Health Insurance (18-64)	25.4	15.6	0	WORSE	Does NOT Meet Goal
% Difficulty Getting Appointment in Past Yr	17.8	13.3	7	WORSE	Does NOT Meet Goal
% Difficulty Getting Appt for Child in Past Yr	17.4	13.1		similar	
% Inconv Hrs Prevented Child's Dr Visit in Past Yr	12.4	16.3		similar	
% Cost Prevented Child's Care in Past Yr	7.9	7.3		similar	
% Rate Local Health Care "Excellent/Very Good"	49.2	53.1		similar	
% Inconvenient Hrs Prevented Dr Visit in Past Yr	13.5	12.7		similar	
% Have Had Eye Exam in Past Yr	57.6	54.2		similar	
% Flu Shot in Past Yr (65+)	69.4	65.7	90	similar	Does NOT Meet Goal
% Child Has Had Checkup in Past Yr	81.3	85.6		similar	
% Have a Regular Clinic or Physician	81.5	85	96	similar	Does NOT Meet Goal
% Have Had Routine Checkup in Past Yr	69.6	64.1		BETTER	

Cancer	Rapides	US	HP2010	Significance vs. US	Significance vs. HP2010
% "High" Fat Diet	18.6	10.4		WORSE	
% Eat 5+ Servings of Fruit or Vegetables/Day	22.4	30		WORSE	
% Digital Rectal Exam in Past Yr (50+)	48.5	57.1		WORSE	
% Testicular Exam Ever (M)	53.4	62.4		WORSE	
Age-Adjusted Cancer Deaths/100,000	208.1	202.7	159.9	WORSE	Does NOT Meet Goal
% Mother/Sister Diagnosed Breast Cancer (W)	9.5	11.5		similar	
% Don't Know Breast Self-Exam (W)	4.6	4.2		similar	
% Perform Testicular Self-Exam Monthly (M)	11.6	12.5		similar	
% Father/Brother Diagnosed Prostate Cancer (M)	7.8	8.4		similar	
% Skin Cancer	4.6	4.9		similar	
% Current Smoker	21.6	22.8	12	similar	Does NOT Meet Goal
% Blood Stool Test in Past 2 Yrs (50+)	44.7	47.1	50	similar	indeterminable



% Mammogram in Past 2 Yrs (W40+)	74.8	78.2	70	similar	indeterminable
% PSA or Digital Rectal Exam in Past 2 Yrs (M40+)	72.4	69.9		similar	
% Sigmoid/Colonoscopy Ever (50+)	47.4	48.7	50	similar	indeterminable
% Cancer (Other Than Skin)	4.4	4.5		similar	
% Pap Smear in Past 3 Yrs (W)	84.1	84	90	similar	Does NOT Meet Goal
% Don't Know Testicular Self-Exam (M)	63.5	63.5		similar	
% Perform Breast Self-Exam Monthly (W)	52.7	42.9		BETTER	

Chronic Disabling Conditions	Rapides	US	HP2010	Significance vs. US	Significance vs. HP2010
% Impairment a Result of Work-Related Injury	34.2	17.7		WORSE	
% Diabetes/High Blood Sugar	10.1	5.5		WORSE	
% No Leisure-Time Physical Activity	33.7	20.2		WORSE	
% Child Has Asthma	20.8	13.4		WORSE	
% Arthritis/Rheumatism	31.2	20.3		WORSE	
% "Fair" or "Poor" Physical Health	17.5	12.3		WORSE	
% Activity Limitations	19.4	14.9		WORSE	
Age-Adjusted Diabetes Mellitus Deaths/100,000	30.4	25.2	15.1	WORSE	Does NOT Meet Goal
% Kidney Disease	3.6	2.7		similar	
% No Days/Month Very Healthy/Full of Energy	8.9	11.5		similar	
% Ulcer/GI Bleeding	7	6		similar	
% Blindness/Trouble Seeing	10.3	9.2		similar	
% Sciatica/Chronic Back Pain	22.3	20		similar	
% Deafness/Trouble Hearing	10.3	9.3		similar	
% Asthma	9.2	9.9		similar	
% >1 Day/Month Poor Mental Health	29.8	31.9		similar	
% >1 Workday/Year Missed Due to Illness	42.1	43.1		similar	
% Vigorous Exercise 3+ Times/Wk	28.8			similar	
% >1 Day/Month Poor Physical Health	34.4	34.4		similar	

Family Planning	Rapides	US	HP2010	Significance vs. US	Significance vs. HP2010
% Births to Teenagers	19.6	12.3		WORSE	

<b>Heart Disease &amp; Stroke</b>	<b>Rapides</b>	<b>US</b>	<b>HP2010</b>	<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
% "High" Fat Diet	18.6	10.4		WORSE	
% Overweight	65.8	37.8		WORSE	
% No Leisure-Time Physical Activity	33.7	20.2		WORSE	
% Obese	28.3	19.1	15	WORSE	Does NOT Meet Goal
% Told Have High Blood Pressure	32.8	23.4	16	WORSE	Does NOT Meet Goal
Age-Adjusted Stroke Deaths/100,000	86.6	61.8	48	WORSE	Does NOT Meet Goal
% Told Have High Cholesterol	27.1	21.4	17	WORSE	Does NOT Meet Goal
% Overweight Trying to Lose	28.3	35.9		WORSE	
% Unhealthy Weight (BMI <18.5 or 25+)	68.1	58.5	40	WORSE	Does NOT Meet Goal
Age-Adjusted Heart Disease Deaths/100,000	297.7	267.8	213.7	WORSE	Does NOT Meet Goal
% 1+ Cardiovascular Risk Factor	93	84.7		WORSE	
% Stroke	1.9	1.4		similar	
% Chronic Heart Disease	6.7	5.7		similar	
% Current Smoker	21.6	22.8	12	similar	Does NOT Meet Goal
% Taking Action to Control High Cholesterol	68.3	70		similar	
% Blood Pressure Checked in Past 2 Yrs	95.3	96	95	similar	indeterminable
% Cholesterol Checked in Past 5 Yrs	81.9	82.2	80	similar	indeterminable
% Vigorous Exercise 3+ Times/Wk	28.8			similar	
% Taking Action to Control High BP	87.5	80.7	95	BETTER	Does NOT Meet Goal

<b>HIV Infection</b>	<b>Rapides</b>	<b>US</b>	<b>HP2010</b>	<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
% "High" Chance of Getting AIDS (18-64)	4.2	2.1		WORSE	
% Tested for AIDS Virus in Past Yr (18-64)	29.4	30.6		similar	

<b>Immunization &amp; Infectious Diseases</b>	<b>Rapides</b>	<b>US</b>	<b>HP2010</b>	<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
Age-Adjusted Pneumonia/Influenza Deaths/100,000	28	23.6		WORSE	
% Flu Shot in Past Yr (65+)	69.4	65.7	90	similar	Does NOT Meet Goal
Hepatitis A Incidence/100,000	3	12	4.5	BETTER	Meets Goal
Hepatitis B Incidence/100,000	2.5	4.2		BETTER	
Tuberculosis Incidence/100,000	5.2	5.8	1	BETTER	Does NOT Meet Goal
% Children (<24 Mos) Immunized Appropriately	90	82	90	BETTER	Meets Goal

<b>Maternal &amp; Infant Health</b>	<b>Rapides</b>	<b>US</b>	<b>HP2010</b>	<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
% of Low Birthweight Births	10.4	7.6	5	WORSE	Does NOT Meet Goal
Infant Death Rate	8.5	7	4.5	WORSE	Does NOT Meet Goal
Neonatal Death Rate	5.6	4.7	2.9	WORSE	Does NOT Meet Goal

<b>Mental Health &amp; Mental Disorders</b>	<b>Rapides</b>	<b>US</b>	<b>HP2010</b>	<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
% Prolonged Depression (2+ Yrs)	28.7	23.9		WORSE	
% >3 Days/Month Sad, Blue or Depressed	26.2	22.7		similar	
% >3 Days/Month Worried, Tense or Anxious	38.7	35.8		similar	
% Depressed Persons Seeking Help	39.4	42.5	50	similar	Does NOT Meet Goal
% >3 Days/Month Did Not Get Enough Rest/Sleep	58.1	56.1		similar	
Age-Adjusted Suicide Deaths/100,000	10.3	10.7	5	BETTER	Does NOT Meet Goal

<b>Nutrition</b>	<b>Rapides</b>	<b>US</b>	<b>HP2010</b>	<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
% "High" Fat Diet	18.6	10.4		WORSE	
% Overweight	65.8	37.8		WORSE	
% Eat 5+ Servings of Fruit or Vegetables/Day	22.4	30		WORSE	
% Overweight Trying to Lose	28.3	35.9		WORSE	
% Unhealthy Weight (BMI <18.5 or 25+)	68.1	58.5	40	WORSE	Does NOT Meet Goal
% Use Food Labels	60.5	68.7		WORSE	
Age-Adjusted Heart Disease Deaths/100,000	297.7	267.8	213.7	WORSE	Does NOT Meet Goal
Age-Adjusted Cancer Deaths/100,000	208.1	202.7	159.9	WORSE	Does NOT Meet Goal
% Chronic Heart Disease	6.7	5.7		similar	
% Cancer (Other Than Skin)	4.4	4.5		similar	

<b>Oral Health</b>	<b>Rapides</b>	<b>US</b>	<b>HP2010</b>	<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
% Have Visited Dentist in Past Yr (18+)	62	68.9	56	WORSE	Meets Goal

<b>Physical Activity &amp; Fitness</b>	<b>Rapides</b>	<b>US</b>	<b>HP2010</b>	<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
% Overweight	65.8	37.8		WORSE	
% No Leisure-Time Physical Activity	33.7	20.2		WORSE	
% Obese	28.3	19.1	15	WORSE	Does NOT Meet Goal
% Overweight Trying to Lose	28.3	35.9		WORSE	
% Unhealthy Weight (BMI <18.5 or 25+)	68.1	58.5	40	WORSE	Does NOT Meet Goal
Age-Adjusted Heart Disease Deaths/100,000	297.7	267.8	213.7	WORSE	Does NOT Meet Goal
% Chronic Heart Disease	6.7	5.7		similar	
% Vigorous Exercise 3+ Times/Wk	28.8			similar	

<b>Sexually Transmitted Diseases</b>	<b>Rapides</b>	<b>US</b>	<b>HP2010</b>	<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
Gonorrhea Incidence/100,000	252.1	131.6	19	WORSE	Does NOT Meet Goal
Primary & Secondary Syphilis Incidence/100,000	4	2.2	0.2	WORSE	Does NOT Meet Goal
Chlamydia Incidence/100,000	369	257.5		WORSE	
Hepatitis B Incidence/100,000	2.5	4.2		BETTER	

<b>Substance Abuse</b>	<b>Rapides</b>	<b>US</b>	<b>HP2010</b>	<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
% Sought Help for Alcohol or Drug Problem	3.5	4.3		similar	
% Chronic Drinker	4.1	5		similar	
% Binge Drinker	14.8	16.4	6	similar	Does NOT Meet Goal
% Drinking & Driving in Past Month	3.7	3.7		similar	
% Taken Illegal Drug in Past Yr	1.6	3.2		BETTER	
% Taken Rx Without Dr's Orders in Past Yr	2.7	4.5		BETTER	
% Current Drinker	39.5	56.4	50	BETTER	Meets Goal

<b>Tobacco</b>	<b>Rapides</b>	<b>US</b>	<b>HP2010</b>	<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
% Someone Smokes at Home (HH w/Kids)	23.8	12.5	10	WORSE	Does NOT Meet Goal
% Chronic Lung Disease	9.9	6.4		WORSE	
Age-Adjusted Heart Disease Deaths/100,000	297.7	267.8	213.7	WORSE	Does NOT Meet Goal
Age-Adjusted Resp Disease Deaths/100,000	48.3	45.8		WORSE	
% Chronic Heart Disease	6.7	5.7		similar	
% Use Smokeless Tobacco	4.3	3.7		similar	
% Have Quit 1+ Days in Past Yr	45.8	52.2	75	similar	Does NOT Meet Goal
% Current Smoker	21.6	22.8	12	similar	Does NOT Meet Goal
% Smoke >1 Pack/Day	13.4	13.5		similar	

<b>Unintentional Injuries</b>	<b>Rapides</b>	<b>US</b>	<b>HP2010</b>	<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
Age-Adjusted MV Accident Deaths/100,000	19.5	15	9.2	WORSE	Does NOT Meet Goal
% Child (<5) "Always" Uses Auto Child Restraint	84.3	98.9	100	WORSE	Does NOT Meet Goal
% "Always" Wear Seat Belt	80.2	75	92	BETTER	Does NOT Meet Goal

<b>Violent &amp; Abusive Behavior</b>	<b>Rapides</b>	<b>US</b>	<b>HP2010</b>	<b>Significance vs. US</b>	<b>Significance vs. HP2010</b>
Age-Adjusted Homicide Deaths/100,000	12.4	6.2	3	WORSE	Does NOT Meet Goal
Rape Rate/100,000	50.9	32		WORSE	
Murder Rate/100,000	8.5	5.5		WORSE	
Aggravated Assault/Battery Rate/100,000	473.8	323.6		WORSE	
Robbery Rate/100,000	157.4	144.9		WORSE	
% Victim of Domestic Violence in Past 5 Yrs	4.4	3.1		similar	
% Victim of Violent Crime in Past 5 Yrs	3.5	3.8		similar	
Age-Adjusted Suicide Deaths/100,000	10.3	10.7	5	BETTER	Does NOT Meet Goal