

2002 PRC Community Health Assessment

Vernon Parish, Louisiana

Community Report *Prepared for The Rapides Foundation*

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

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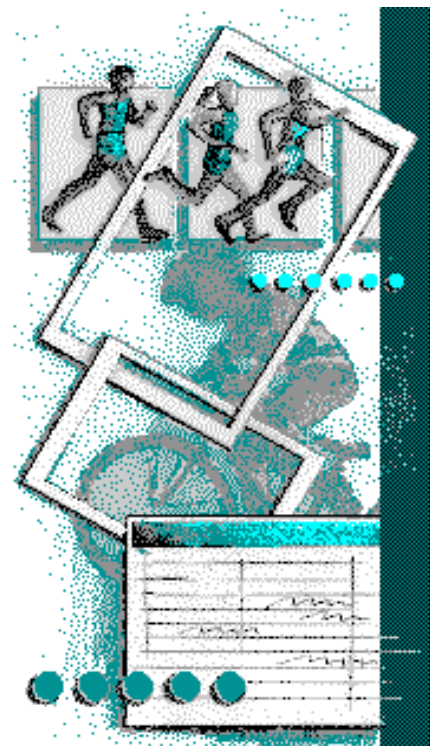


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SUMMARY OF ASSESSMENT FINDINGS

Summary of Findings

Key Points

HEALTH STATUS

There are many indicators of health status in Vernon Parish that are comparable to or better than national benchmarks. For example, in Vernon Parish, death rates related to breast cancer, HIV and stroke are below the U.S. rates. Reports of rape and robbery are lower than are found nationally. The percentage of low-weight births is lower, and people in Vernon Parish miss fewer days of work because of illness. Also, the incidence of new cases of chlamydia, gonorrhea, tuberculosis, hepatitis A and hepatitis B are below national rates. A greater percentage of people in Vernon Parish have been tested for HIV in the past year.

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

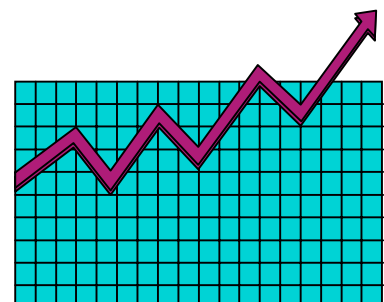
Self-Reported Health Status. A significantly greater share of Vernon Parish adults report “fair” or “poor” physical health in the past month.

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

Mental Health. The percentage of adults with depression in Vernon Parish who have sought mental help does not satisfy the *Healthy People 2010* target.

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

Sexually Transmitted Diseases. The rate of syphilis in Vernon Parish is significantly higher than found nationwide



and fails to satisfy the *Healthy People 2010* goal. The incidence rates of gonorrhea and tuberculosis in Vernon Parish also fail to satisfy *Healthy People 2010* targets.

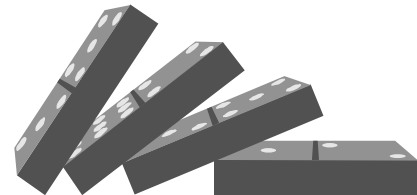
Chronic Illness. In terms of self-reported illnesses, a greater percentage of Vernon Parish adults report suffering from chronic lung disease than found nationwide.

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

Violence. The murder rate and the rate of aggravated assault are higher in Vernon Parish than nationwide.

MODIFIABLE HEALTH RISKS

In comparison to national averages, positive findings relating to modifiable health risk behavior in Vernon Parish include a lower proportion of adults who use alcohol or who report illegal or prescription drug abuse, and a higher proportion of adults who have their blood pressure checked.



Risk behaviors that compare unfavorably to national averages include:

Cardiovascular Risk. A high percentage of Vernon Parish adults (89.1%) present one or more risk factors or behaviors for heart disease and stroke.

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

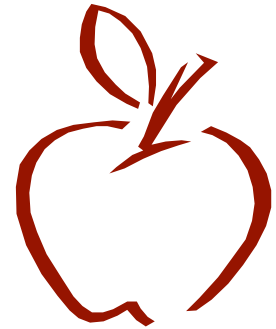
Tobacco. Three in 10 parish adults are regular or occasional cigarette smokers, which fails to satisfy the *Healthy People 2010* target. A total of 11.8% of parish adults use smokeless tobacco, which is more than three times the national rate.

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

Blood Pressure & Cholesterol: Although similar to U.S. findings, the percentage of parish adults with high blood pressure and the percentage of those trying to control it fail to satisfy *Healthy People 2010* targets.

PREVENTION

Regarding preventive care measures, a slightly greater percentage of infants and toddlers in Vernon Parish are properly immunized, although this still fails to satisfy the *Healthy People 2010* target. Compared to national findings, significantly higher percentages of children in Vernon Parish have visited a doctor or dentist in the past year. A greater share of parish women perform a breast self-exam every month than is found nationwide, and the number of women getting Pap smears exceeds the national rate as well as the *Healthy People 2010* goal. Significantly more men in the parish know how to conduct a testicular self-exam and perform the test every month.



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

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

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

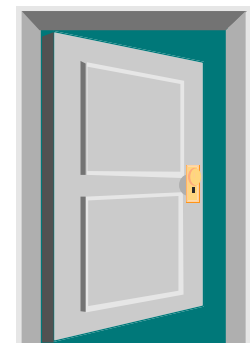
Safety Seat/Seat Belt Usage. The percentages of parish adults and children who “always” wear a seat belt or safety restraint do not satisfy *Healthy People 2010* targets.

ACCESS

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

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

Health Insurance Coverage. A total of 15.5% of Vernon Parish adults between the ages of 18 and 64 are without any type of insurance coverage for health care. This is almost identical to the national average but is far from reaching the *Healthy People 2010* goal of universal coverage.



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

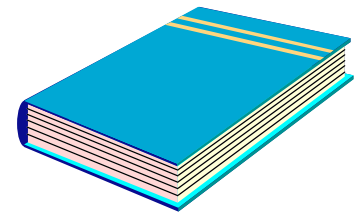
Appointment Availability. The percentage of Vernon Parish adults who reported difficulty in getting an appointment with a physician in the past year fails to satisfy the *Healthy People 2010* target.

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

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

EDUCATION & OUTREACH

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



YOUTH

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

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

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

INTRODUCTION

Project Overview

The Rapides Foundation, dedicated to improving the quality of life in Central Louisiana, is one of the largest grant-making foundations per capita in the Southeast. The Foundation contracted with Professional Research Consultants, Inc., to conduct a community health assessment in its service area to better inform their grant-making decisions based on current, valid, and parish-specific data. The *2002 Community Health Assessment* is designed to build on the work begun by The Rapides Foundation in 1997 with assistance from the Tulane School of Public Health and Tropical Medicine.

Project Goals

The *2002 Community Health Assessment* is a systemic, data-driven approach to determining the health status, behaviors and needs of residents in Central Louisiana. The *Community Health Assessment* provides the information needed to consider when developing effective interventions so that communities and parishes may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status.

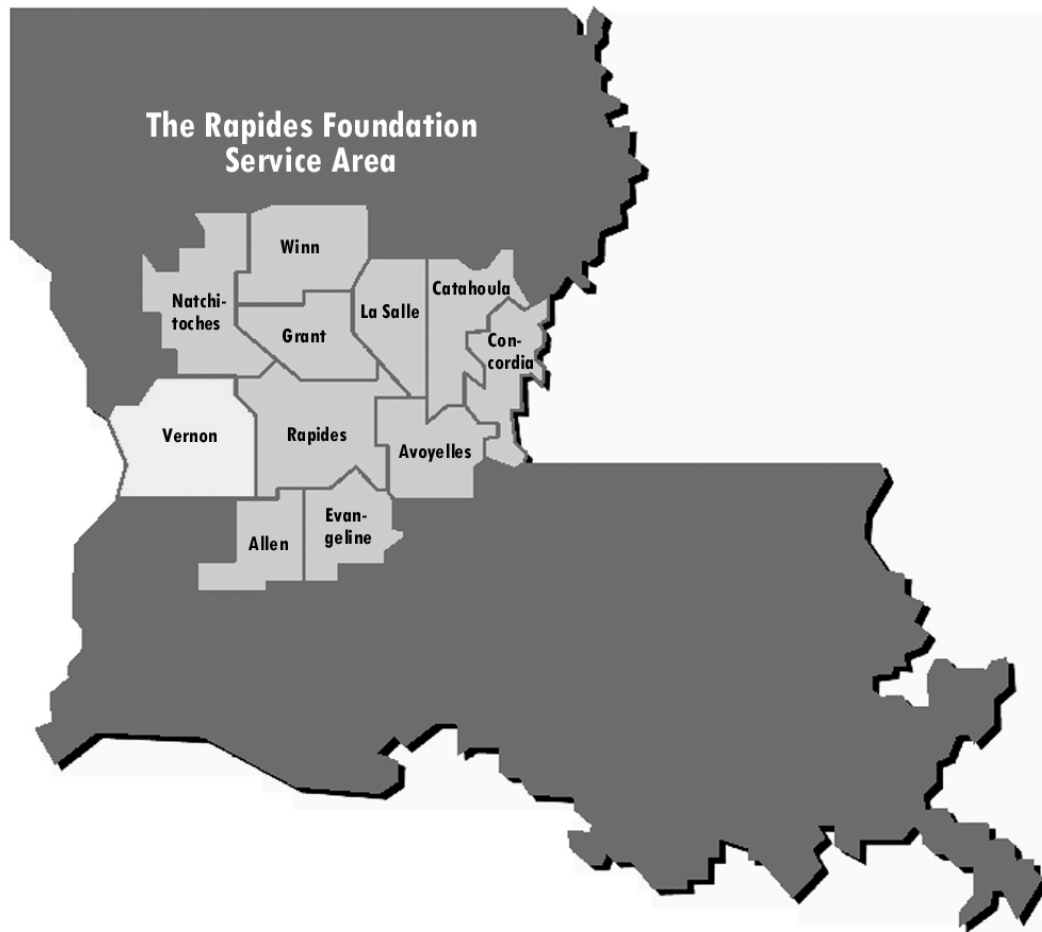
This *Community Health Assessment* will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.



Community Defined for This Assessment

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

Community Health Survey

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

Sample Design

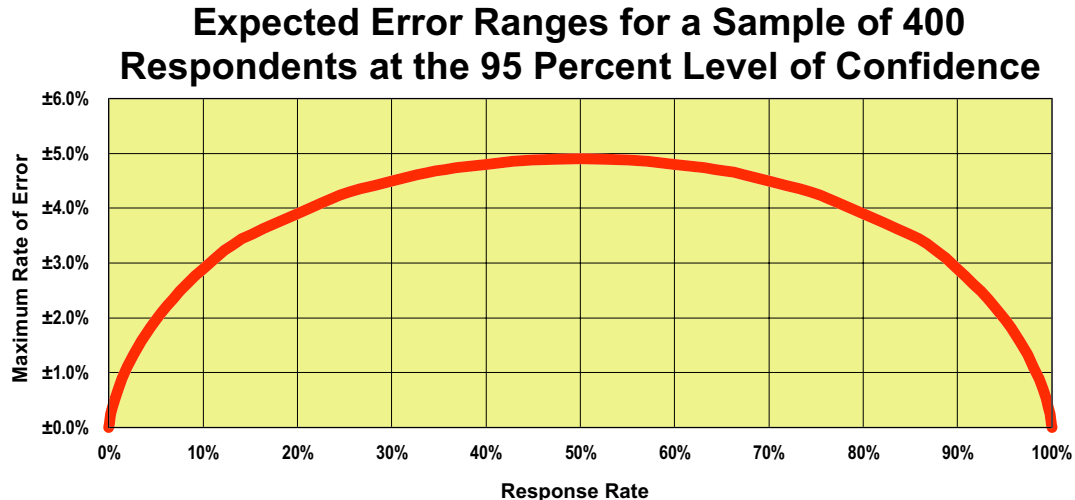
The sample design utilized for this effort consists of a random sample of 400 individuals age 18 and older in Vernon Parish. The interviews were conducted in proportion to the actual population distribution at the ZIP Code level. ZIP Code populations were based on the latest census projections of adults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



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

Sampling Error

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



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

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

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

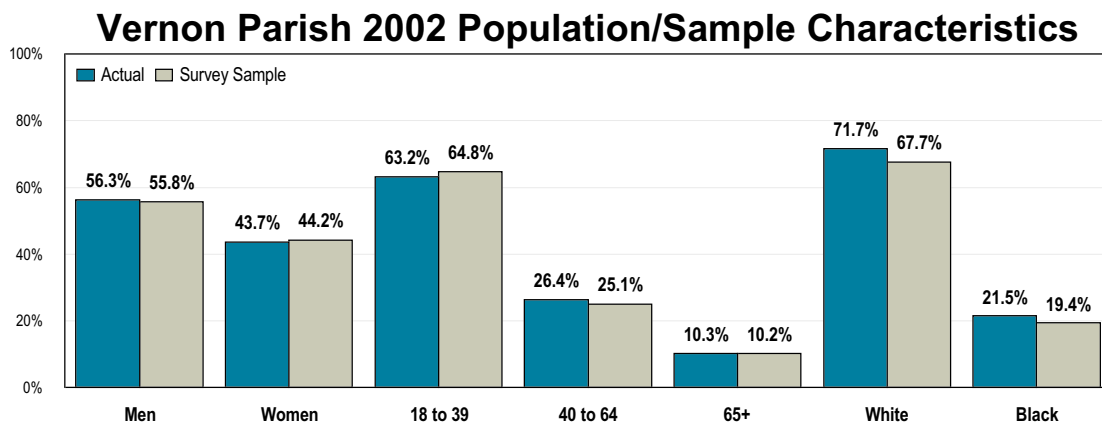
In addition, for further analysis, keep in mind that each percentage point recorded among the total sample of survey respondents is representative of approximately 386 residents age 18 and older in Vernon Parish (based on current population estimates). Thus, in a case where 3.4% of the total population responds to a survey question, this is representative of nearly 1,312 people and therefore must not be dismissed as too small to be significant.

Sample Characteristics

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

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

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



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

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

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

Existing Data

Public Health, Vital Statistics and Other Data

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

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



Statewide Risk Factor Data

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

Nationwide Risk Factor Data

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

Healthy People 2010 Targets



**Understanding and
Improving Health**

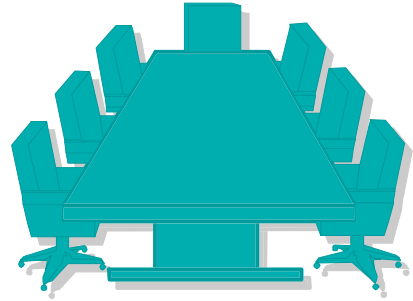
Healthy People 2010: Understanding and Improving Health is part of the Healthy People 2010 initiative that is sponsored by the U. S. Department of Health & Human Services. Healthy People 2010 outlines a comprehensive, nationwide health promotion and disease prevention agenda. It is designed to serve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

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

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

Community Health Panels

As part of the community health assessment process, a community health panel was held in Vernon Parish among key informants within the parish, including health care providers, social services providers, and other community leaders.



A list of prospective participants for the health panels was provided by Rapides Foundation. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Health panel candidates were first contacted by letter to request their participation. Follow-up phone calls were then made to ascertain whether or not they would be able to attend. Confirmation calls were placed the day before the group was scheduled to ensure a reasonable turnout. Final participation is outlined below.

<u>Date</u>	<u>Time</u>	<u>Group</u>	<u>Participants</u>
March 19, 2002	6:30 p.m. to 8:00 p.m.	Vernon Parish Key Informants	12 Attendees

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

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

SELF-REPORTED HEALTH STATUS

Physical Health Status

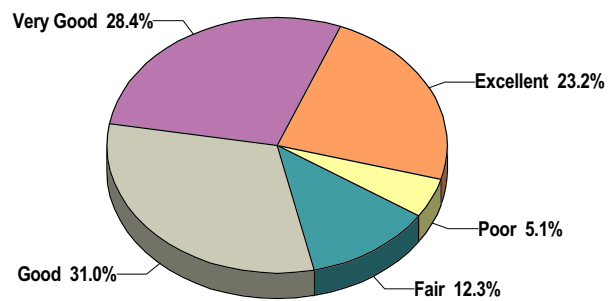
This section describes various self-reported measures of the general physical health among Vernon Parish residents.

Self-Reported Physical Health

Overall Health Status

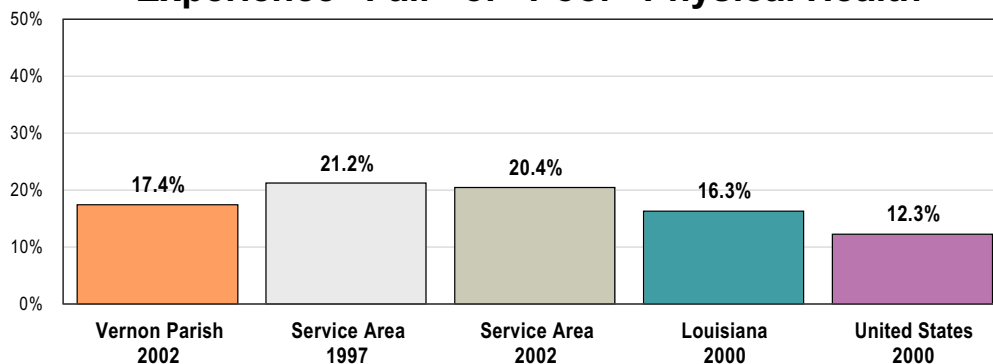
- **More than one-half (51.6%) of Vernon Parish adults participating in the 2002 Community Health Survey view their overall physical health as “excellent” or “very good.”**
- **17.4% of Vernon Parish adults say that their overall physical health is “fair” or “poor.”**
 - Less favorable than statewide findings (16.3%).
 - Statistically similar to Rapides Foundation Service Area findings.
 - Significantly higher than nationwide findings (12.3%).

Self-Reported Health Status
(Vernon Parish 2002)



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

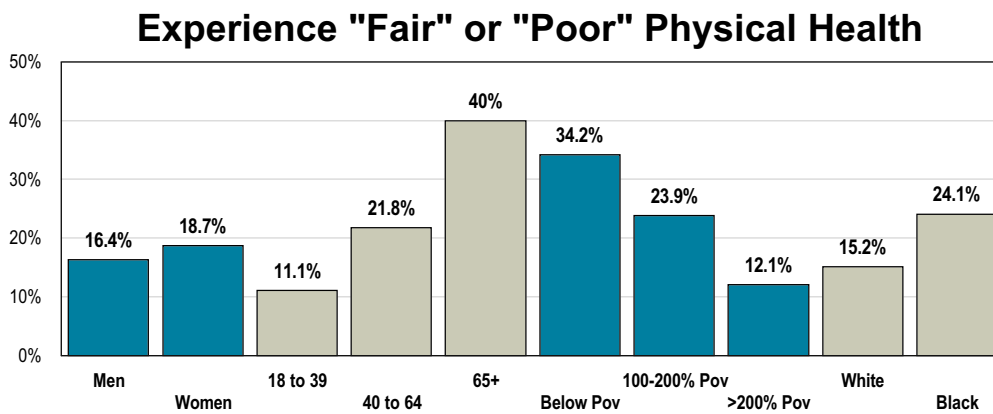
Experience "Fair" or "Poor" Physical Health



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

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

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

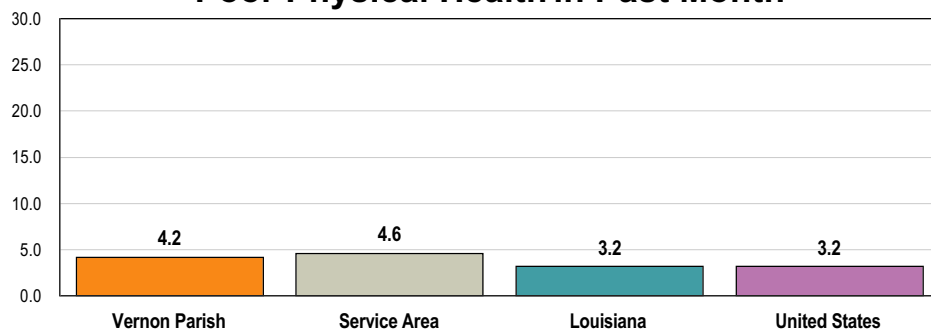


Source: 2002 PRC Community Health Survey, Professional Research Consultants
Notes: 1. Demographic breakouts are among findings in Vernon Parish.
2. Asked of all respondents.

Days of Poor Physical Health

- **Vernon 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

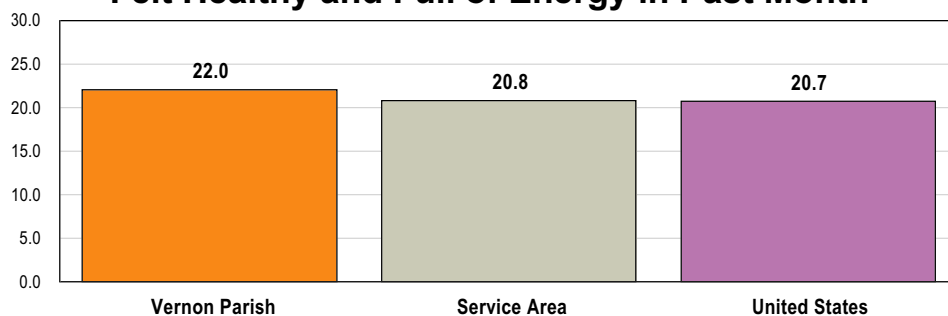


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
3. 2000 PRC National Health Survey, Professional Research Consultants
Note: Asked of all respondents.

Days Felt Healthy and Full of Energy

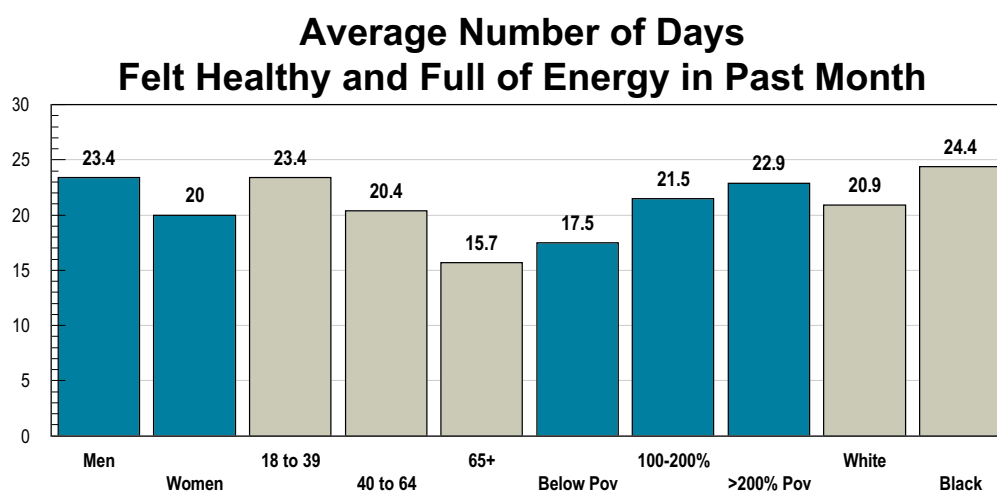
- **Vernon Parish adults report an average of 22.0 days in the last month on which they felt very healthy and full of energy.**
 - Similar to the Rapides Foundation Service Area average and the national average.

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



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

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



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

2. Asked of all respondents.

Missed Days of Work

- **Vernon Parish adults who are currently employed report missing an average of 5.5 days of work in the past year due to personal illness.**
 - This compares to an average of 3.8 days/year nationwide.

Community Health Panel Findings*

“I want to make sure I mention that the major health problems we have in this parish are high blood pressure, diabetes, high cholesterol and cardiovascular problems.”

“A lot of these problems can be attributed to poor nutrition and diet. A lot of people here have a low income level, and they eat what they can get. Most of the free food that is donated through the food banks is generally not the healthiest food around. We do have some educational nutritional programs through the WIC program. I know they have to give so many starches like cereal and milk for the newborns, but you also get Twinkies and Ho-Hos.”

* 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.

Mental Health Status

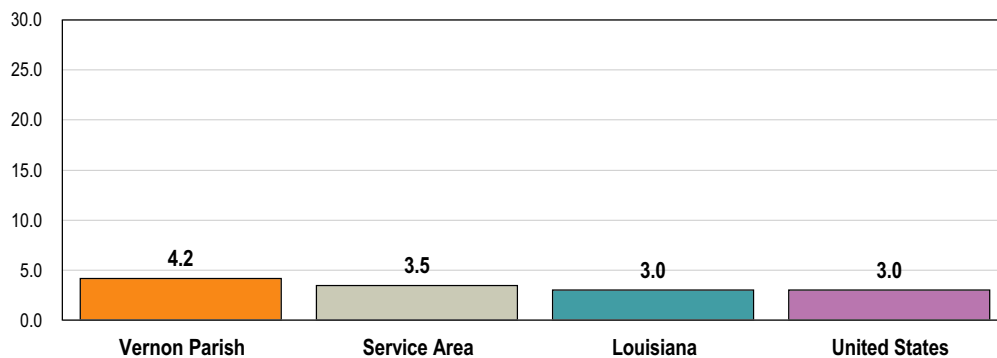
The following section outlines general assessments of the prevalence of depression among area residents, along with the number of people seeking professional help for problems with depression, stress and emotions.

Self-Reported Mental Health Status

Days of Poor Mental Health

- **Vernon Parish adults report an average of 4.2 days in the last month on which their mental health was not good.**
 - Similar to the Rapides Foundation Service Area, statewide and national averages.

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



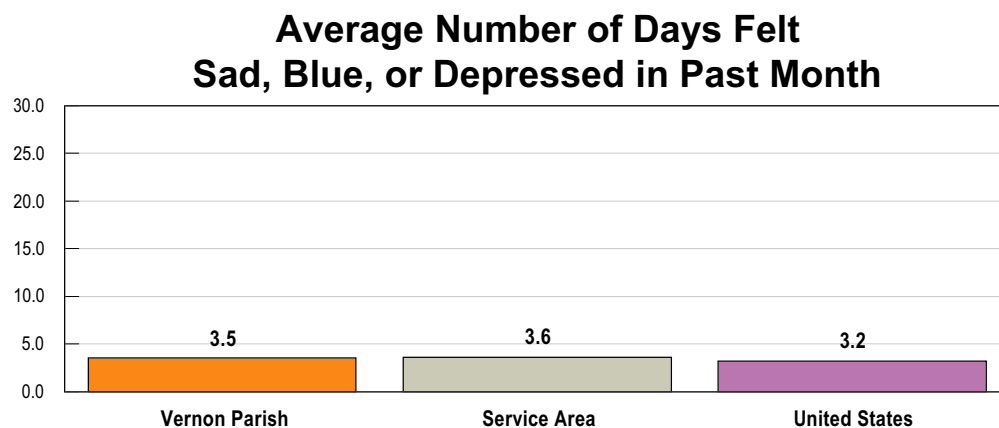
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
3. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
Note: Asked of all respondents.

Depression

Depression is a serious illness affecting many in the population, whether occasionally or, in many cases, for prolonged periods of time.

Days of Depression

- **In the past month, adults in Vernon Parish reported an average of 3.5 days on which they felt sad, blue or depressed.**
 - Similar to Rapides Foundation Service Area and national averages.

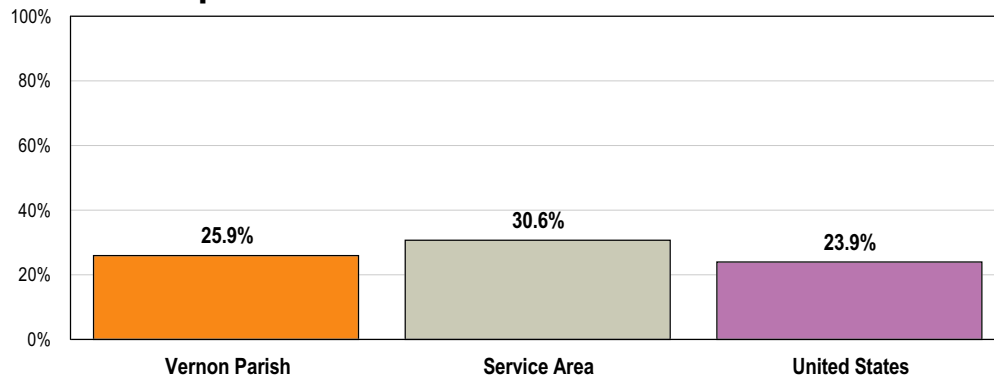


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

Prolonged Depression

- **25.9% of Vernon Parish adults report that they have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt OK sometimes.**
 - Significantly lower than Rapides Foundation Service Area findings (30.6%).
 - Statistically similar to national findings.
 - This **represents nearly 9,997 adults** in Vernon Parish who have faced or are facing prolonged bouts with depression.

Have Experienced Periods of Depression Which Lasted 2 or More Years



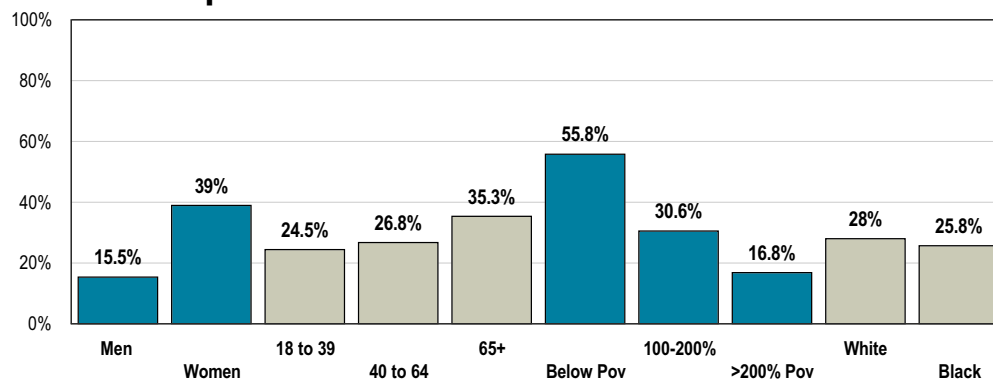
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants

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

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

- Respondents living below the poverty threshold.
- Women.
- Adults age 65 and older.

Have Experienced Periods of Depression Which Lasted 2 or More Years



Source: 2002 PRC Community Health Survey, Professional Research Consultants

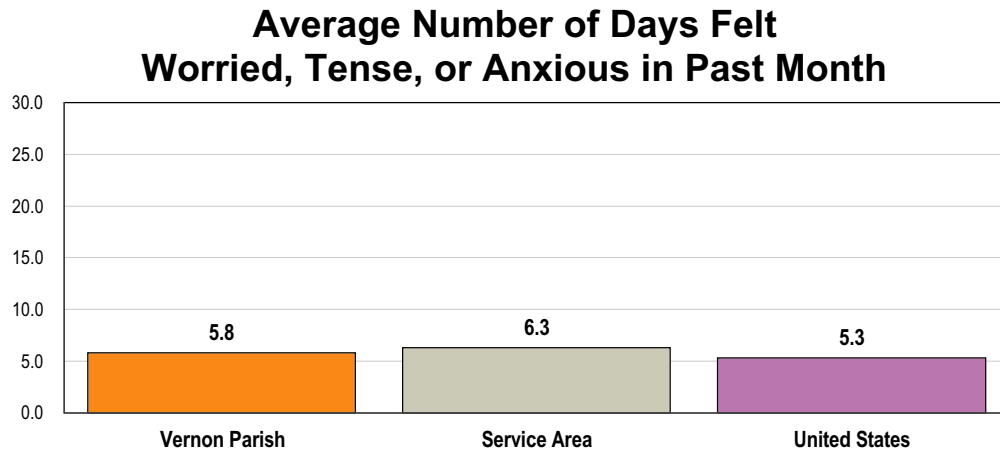
Notes: 1. Demographic breakouts are among findings in Vernon Parish.
2. Asked of all respondents.

Stress

Stress Levels

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

- **Adults in Vernon Parish report an average of 5.8 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).

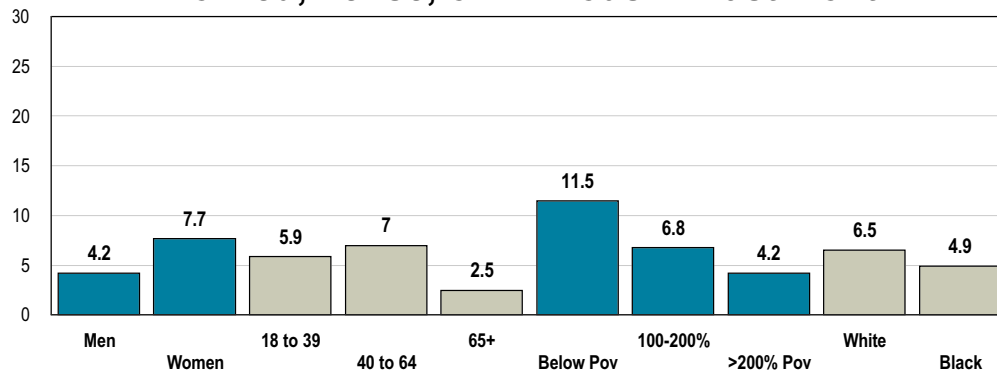


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Note: Asked of all respondents.

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

- Those living below poverty level.
- Women.
- Middle-aged adults (ages 40 to 64).
- White respondents.

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

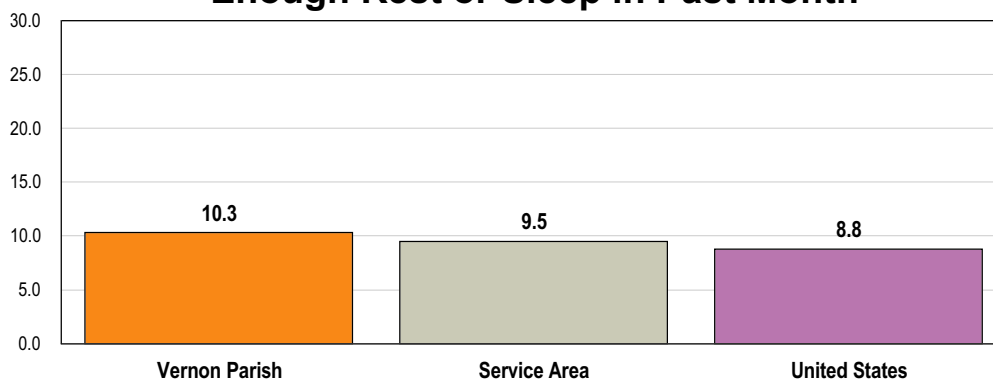


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Vernon Parish.
 2. Asked of all respondents.

Sleep & Rest

- **Adults in Vernon Parish report an average of 10.3 days in the past month on which they did not get enough rest or sleep.**
 - Worse than Rapides Foundation Service Area findings (9.5 days/month).
 - Worse than found nationwide (8.8 days/month).

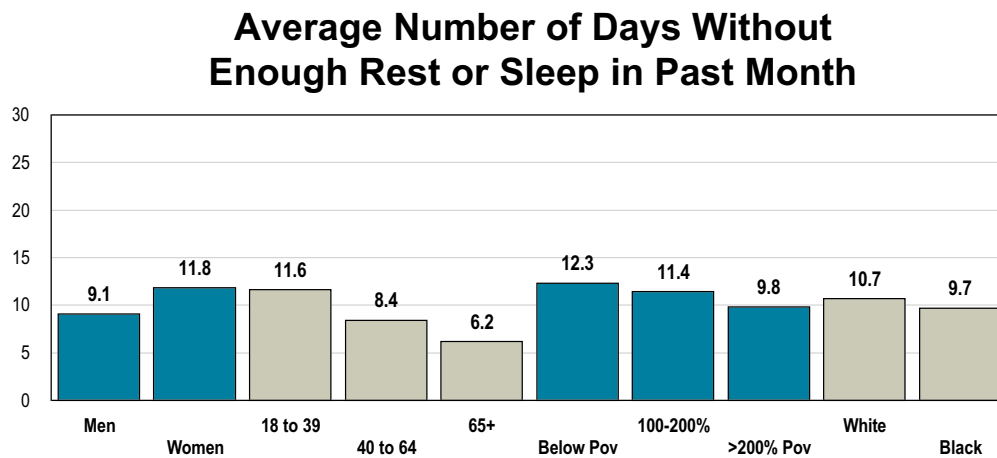
Average Number of Days Without Enough Rest or Sleep in Past Month



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

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

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



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

2. Asked of all respondents.

Community Health Panel Findings*

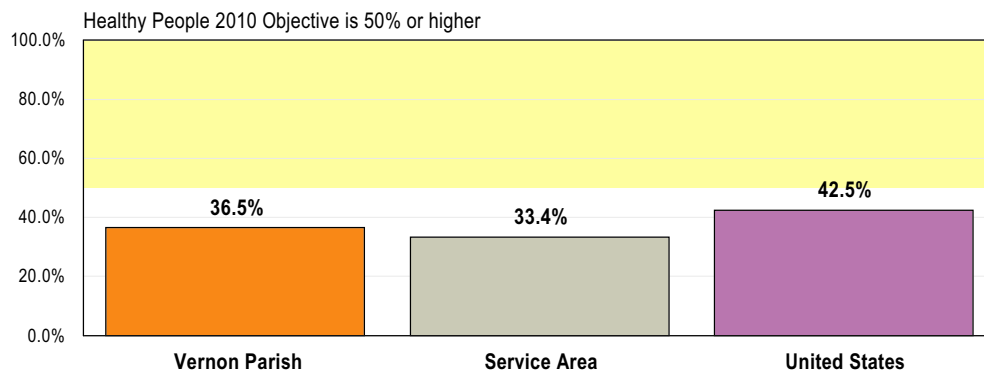
“We don’t have a lot of stress. We have a rural atmosphere with lots of fresh air and a nice atmosphere.”

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

Utilization of Mental Health Services

- **36.5% of Vernon Parish respondents who have experienced bouts of prolonged depression report that they have sought professional help for a mental or emotional problem.**
 - Statistically similar to the nationwide proportion.
 - Similar to the Rapides Foundation Service Area findings.
 - Fails to satisfy the *Healthy People 2010* target (50% or higher).

Persons With Depression Who Have Sought Professional Help

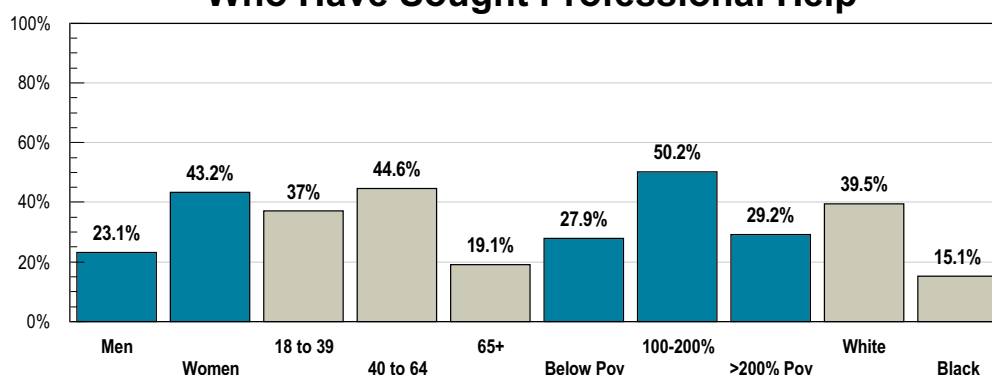


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
 Notes: 1. Asked of respondents who have experienced 2 or more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

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

- Those living just above the poverty level (the "working poor").
- Middle-aged adults (40 to 64 years old).
- Women.
- White respondents.

Persons With Depression Who Have Sought Professional Help



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

2. Asked of all respondents.

Community Health Panel Findings*

Focus group participants cited a need for increased availability of mental health services for children in the area.

“The state continues to downsize the mental health care services, and it's affecting this parish. We have one-half of a psychiatrist and less than one-fourth of a family psychologist who can also treat children's issues. Over 90 percent of the mental health services needed have to come from Alexandria, Lake Charles, Baton Rouge or New Orleans. It is a real hardship for families who have children with developmental disabilities who have to drive to Alexandria to get them care. The very people who should not be missing a day's pay are the ones most affected by this lack of services.”

“In Fort Polk, we don't have any psychiatric services for children. If a child needs inpatient treatment, they go to the Crossroads in Alexandria - we just have minimal services. I think we have one-half a person who can deal with these type of problems.”

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

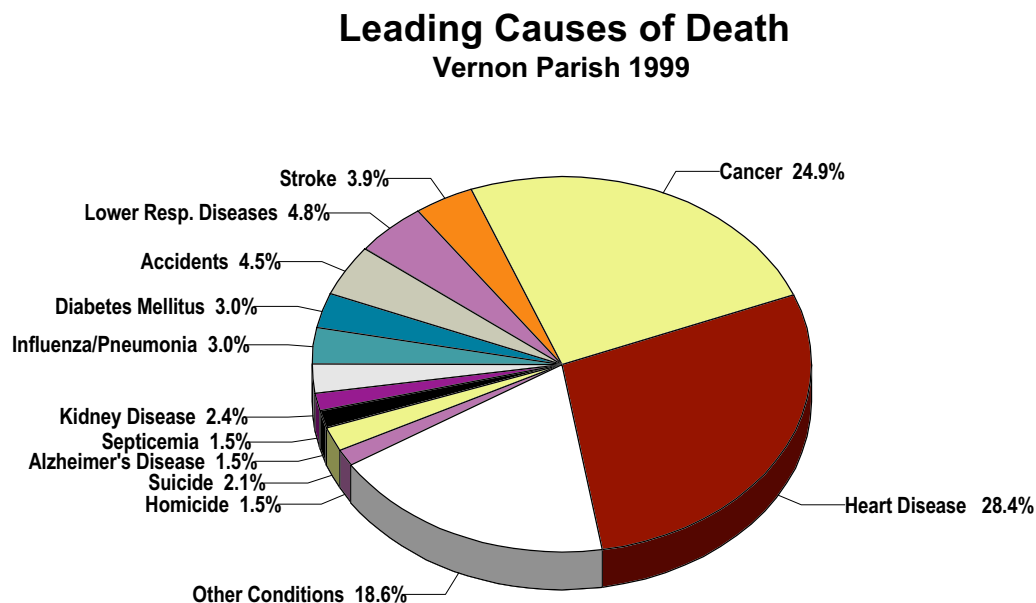
LEADING CAUSES OF DEATH & DISABILITY

Leading Causes of Death

Leading Causes of Death

Together, the top six causes of death account for 69.5% of all 1999 deaths in Vernon Parish:

- **Heart disease** is the leading cause of death in Vernon Parish, accounting for 28.4% of all deaths in 1999.
- **Cancers** are the second leading cause of death in Vernon Parish, accounting for 24.9% of all 1999 deaths.
- **Lower respiratory disease** is the third leading cause of death in Vernon Parish, accounting for 4.8% of all 1999 deaths.
- Other leading causes include **unintentional injury, stroke, diabetes, influenza/pneumonia** and **kidney disease**.
- This distribution is similar to that presented in the 1997 Tulane study.



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 Vernon 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, Vernon Parish fails to satisfy most of the outlined Healthy People 2010 targets, including: *heart disease, cancer, diabetes, motor vehicle accidents, homicide and suicide.***
- **Vernon Parish compares unfavorably to Louisiana death rates for *heart disease, cancer, lower respiratory disease, influenza/pneumonia, motor vehicle accidents and suicide.***

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

	Vernon Parish	Service Area Median	Louisiana	United States	HP2010
Diseases of the Heart	308.8	344.9	306.6	267.8	213.7*
Malignant Neoplasms (Cancers)	264.1	251.0	232.8	202.7	159.9
Chronic Lower Respiratory Diseases	51.3	47.2	40.8	45.8	
Cerebrovascular Disease (Stroke)	43.2	69.0	69.1	61.8	48.0
Influenza/Pneumonia	35.4	33.6	25.9	23.6	
Diabetes Mellitus	32.3	29.4	42.4	25.2	15.1*
Motor Vehicle Accidents	21.9	28.3	21.5	15.5	9.0
Septicemia	16.8	16.8	18.2	11.3	
Intentional Self-Harm (Suicide)	15.8	10.3	12.0	10.7	5.0
Assault (Homicide)	8.4	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.

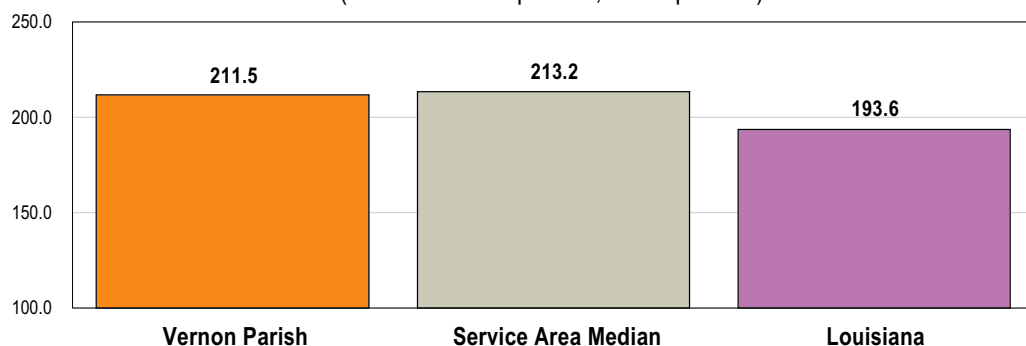
The economic impact of cardiovascular disease on the U.S. health care system continues to grow as the population ages. The estimated cost of cardiovascular disease in the United States in 2001 is \$298 billion, including health care expenditures and lost productivity (National Center for Chronic Disease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

Cardiovascular Disease Deaths

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

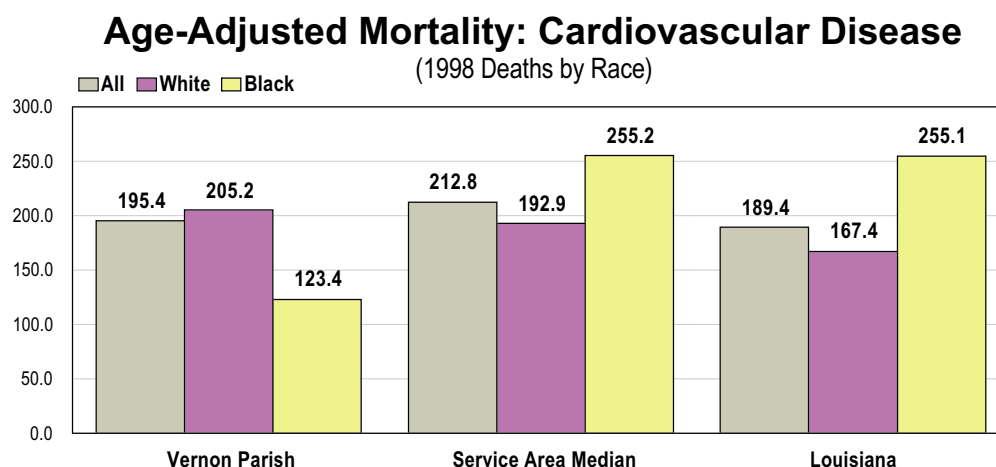


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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).

- Whites experience a much greater age-adjusted cardiovascular death rate than Blacks (205.2 versus 123.4 deaths per 100,000 in Vernon Parish in 1998).
- This single-year rate difference in Vernon Parish is lower than the statewide rate but higher than the median death rates among the 11 parishes in the Rapides Foundation Service Area (keep in mind that single-year rates can fluctuate considerably when numbers of deaths are small).

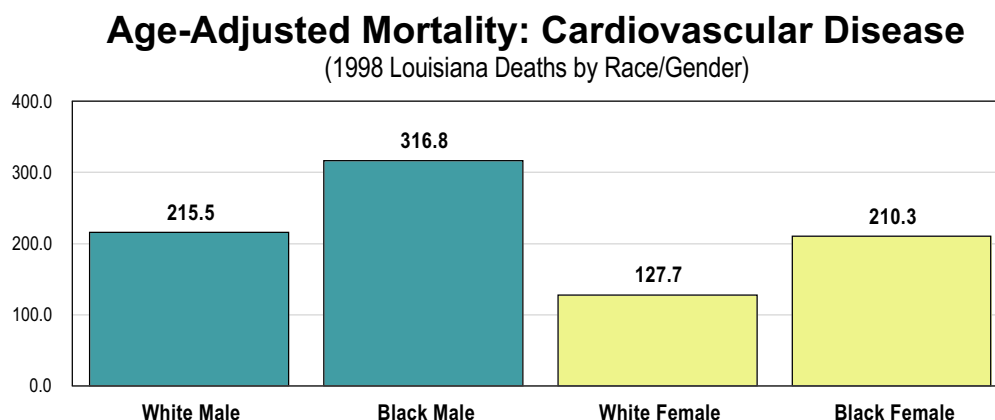


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

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

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



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

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

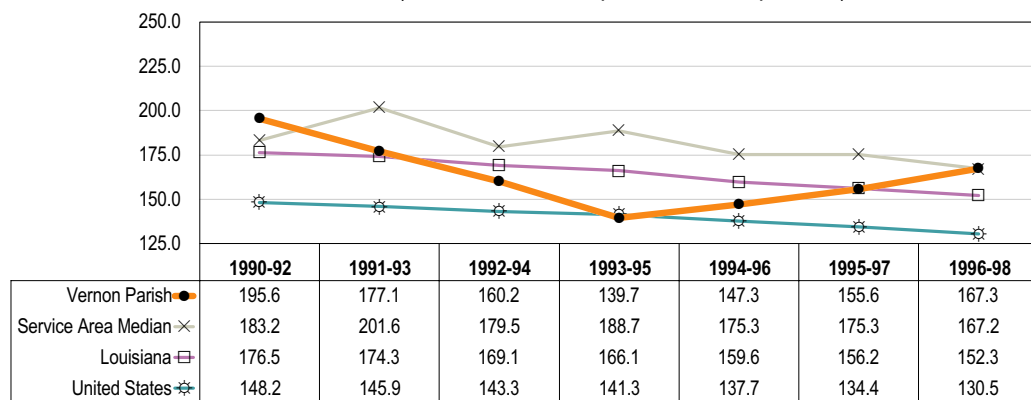
Heart Disease Deaths

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

- From 1990 to 1998, the age-adjusted heart disease death rate in Vernon Parish fluctuated more than the corresponding Louisiana rate.
- Nationally and statewide, heart disease deaths have been declining consistently. In Vernon 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).

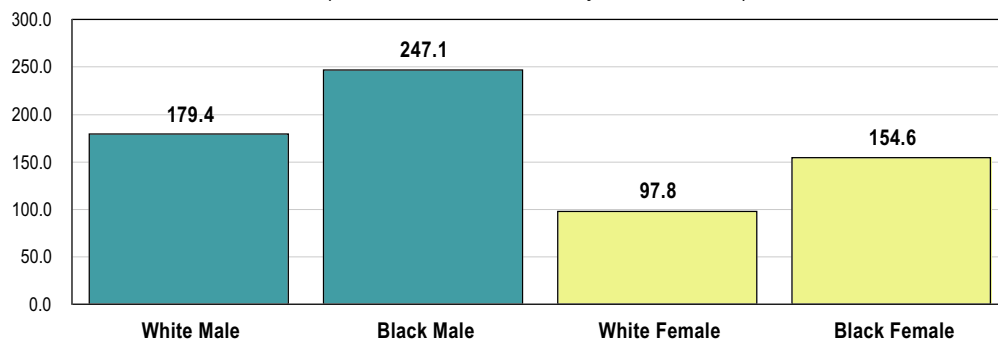
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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).

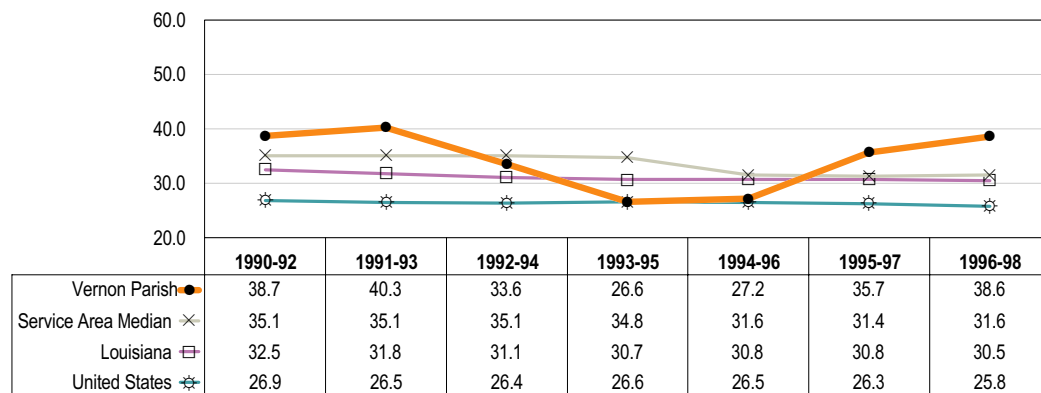
Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

Stroke Deaths

- The Vernon Parish age-adjusted death rate for cerebrovascular disease fluctuated more than statewide rate for most of the 1990-98 period.
- In Vernon Parish, the stroke death rate was highest from 1991 to 1993.

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).

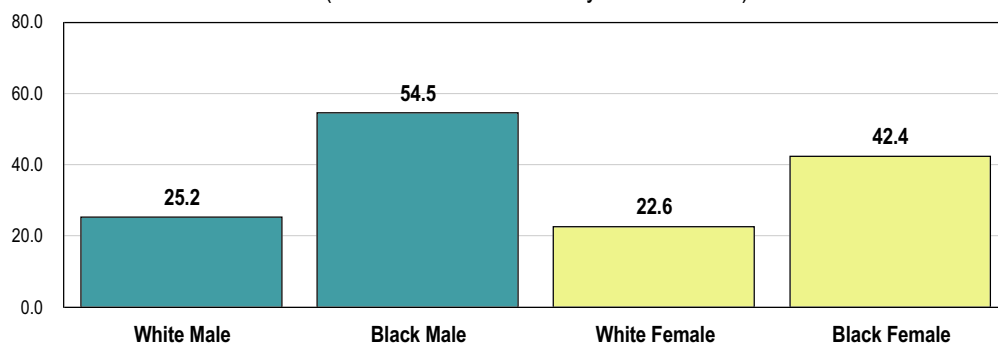
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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)



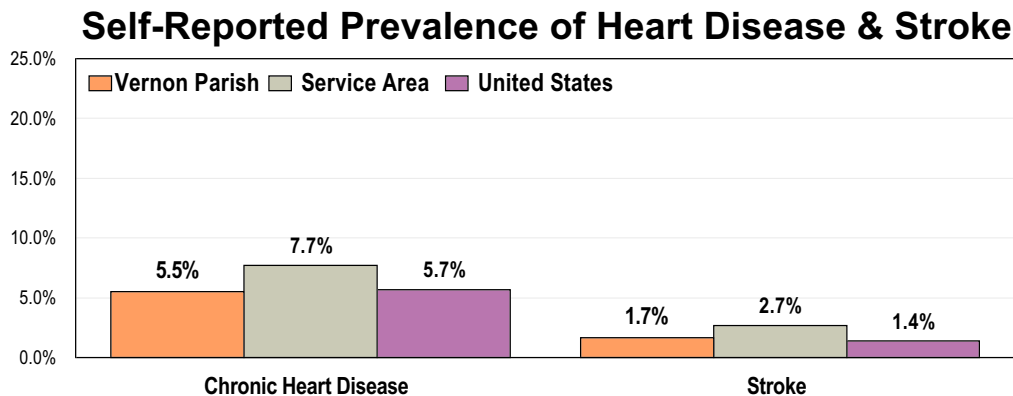
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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:

- **5.5% of Vernon Parish adult respondents report that they suffered from or have been diagnosed with heart disease, such as congestive heart failure, angina or a heart attack.**
 - Statistically similar to the Rapides Foundation Service Area prevalence and national prevalence.
- **1.7% of Vernon Parish respondents report that they have suffered from or have been diagnosed with a stroke.**
 - Statistically similar to the Rapides Foundation Service Area prevalence and national prevalence.



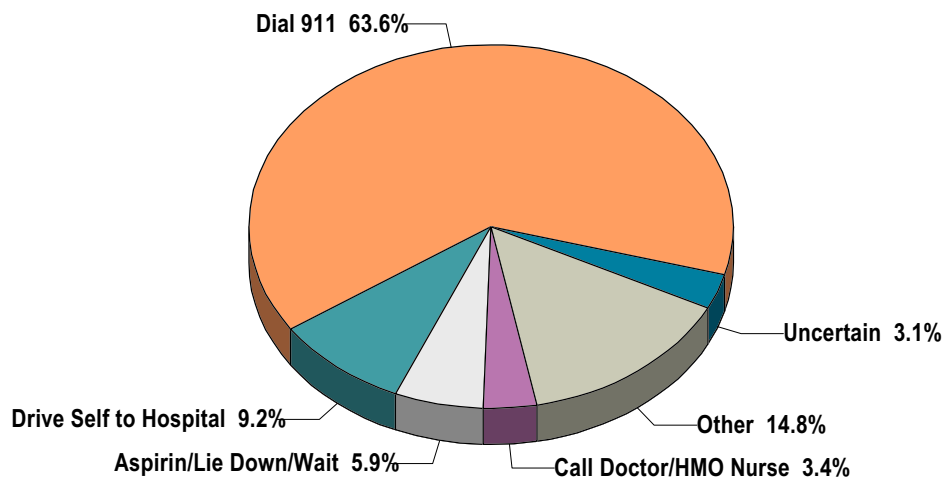
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

Response to Symptoms of Heart Attack

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

- Nearly two-thirds (63.6%) of Vernon Parish adults would *call 911* upon symptoms of a heart attack.
- 9.2% say they would *drive themselves to the hospital*.
- 5.9% say they would *take aspirin, lie down and see if the symptoms subsided*.
- 21.3% identified a wide variety of other responses (none receiving more than 5% of responses), including calling a physician or nurse.

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



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

Cardiovascular Risk Factors

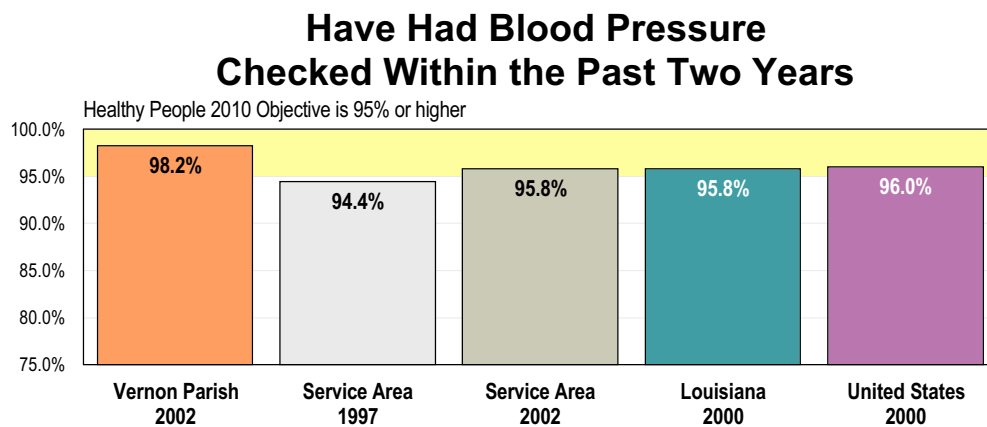
Hypertension (High Blood Pressure)

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

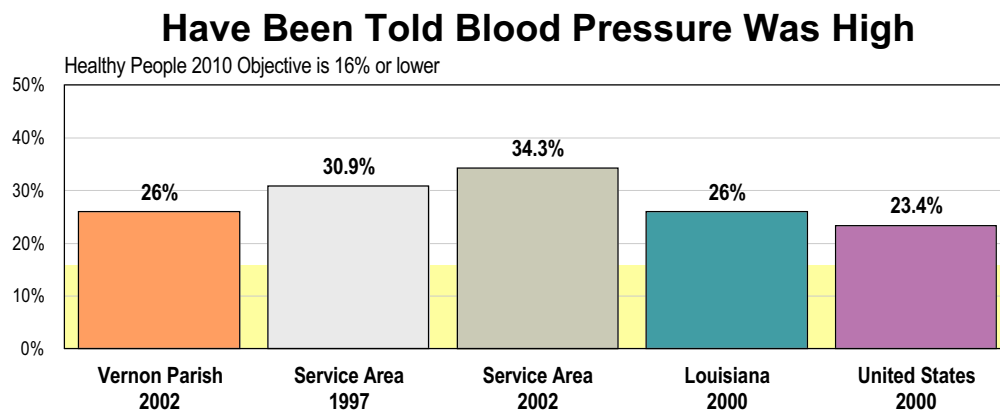
- **98.2% of adults in Vernon Parish have had their blood pressure tested within the past two years.**
 - Significantly higher than Rapides Foundation Service Area, Louisiana and U.S. findings.
 - Satisfies the *Healthy People 2010* target (95% or higher).



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

- **26.0% of Vernon Parish adults have been told at some point that their blood pressure was high.**
 - Significantly lower than found in the Rapides Foundation Service Area (34.3%).
 - Identical to statewide findings.
 - Similar to national findings.
 - Fails to satisfy the *Healthy People 2010* target (16% or lower).
- **20.3% of Vernon Parish adults have been told more than once that their blood pressure was high.**

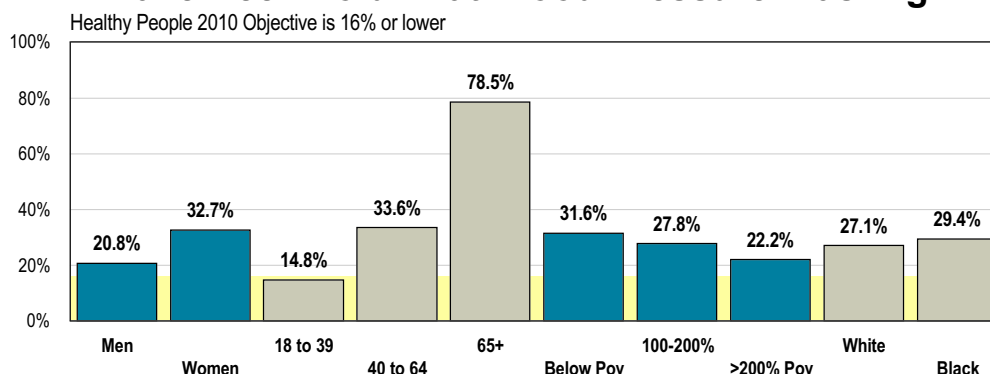


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data
3. 2000 PRC National Health Survey, Professional Research Consultants
4. Healthy People 2010, National Center for Health Statistics/CDC/Public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

- In looking at age cohorts, hypertension rates in Vernon Parish vary widely between adults under 40 and those 65 and older.
- Women experience a higher prevalence than men.
- Those with lower incomes experience a higher prevalence than those with higher incomes.

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 Vernon Parish.

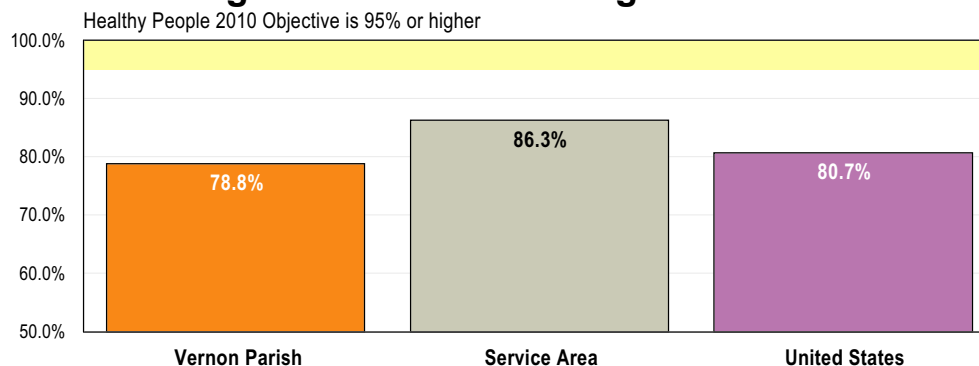
2. Reflects the total sample of respondents.

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.

- **78.8% of Vernon Parish adults who have been told that their blood pressure was high report that they are currently taking actions to control it.**
 - Significantly lower than Rapides Foundation Service Area findings (86.3%).
 - Similar to national findings.
 - Far from meeting the *Healthy People 2010* target (95% or higher).

Taking Action to Control High Blood Pressure



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

2. 2000 PRC National Health Survey, Professional Research Consultants

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

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

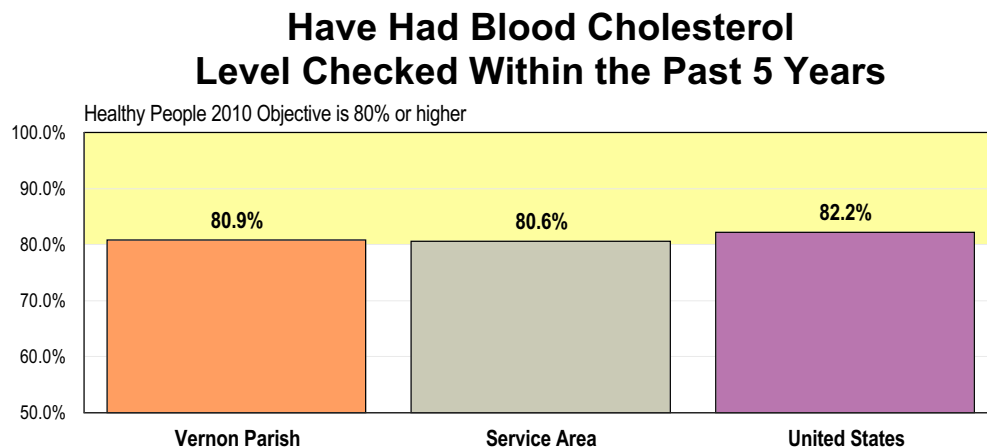
2. State data not available.

High Blood Cholesterol

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

Blood Cholesterol Testing

- **80.9% of adults in Vernon Parish have had a blood cholesterol screening within the past 5 years.**
 - Statistically similar to Rapides Foundation Service Area and national findings.
 - Satisfies the *Healthy People 2010* target (80% or higher).

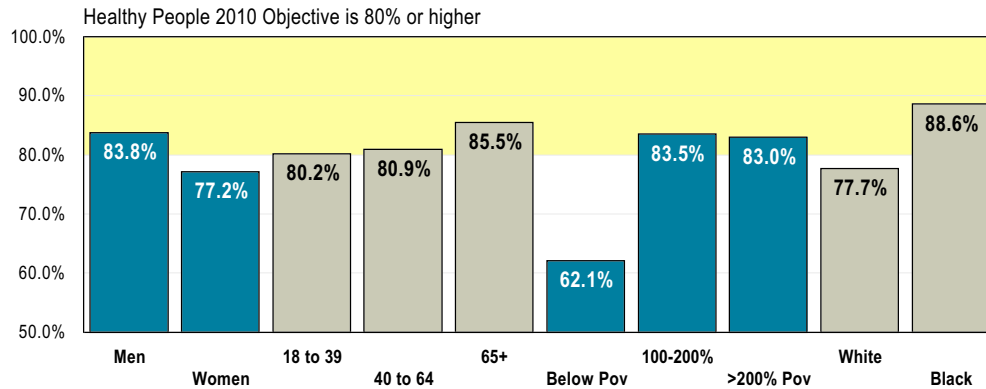


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data
3. 2000 PRC National Health Survey, Professional Research Consultants
4. Healthy People 2010, National Center for Health Statistics/CDC/Public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

Further note in the following demographic breakout:

- Screening levels are notably higher among those living above the poverty level.
- Black respondents are tested more often than White respondents.
- Men are screened more often than women.

Have Had Blood Cholesterol Level Checked Within the Past 5 Years



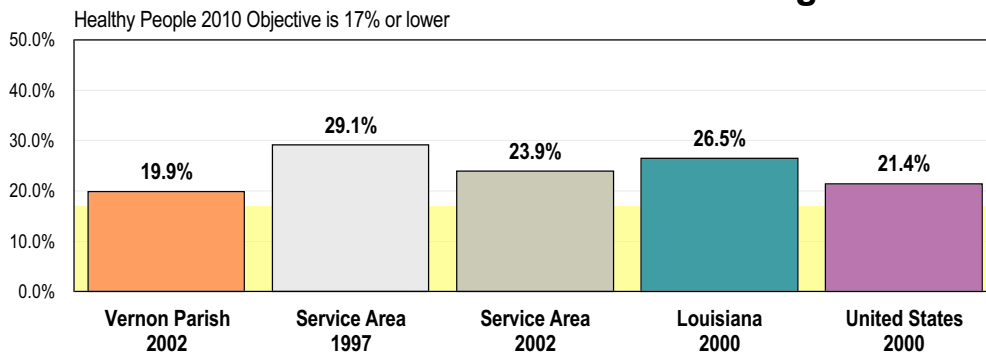
Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

High Blood Cholesterol Prevalence

- **19.9% of adults in Vernon Parish have been told by a health professional that their cholesterol level was high.**
 - Statistically similar to the Rapides Foundation Service Area, statewide and nationwide prevalence levels.
 - Fails to satisfy the *Healthy People 2010* target (17% or lower).

Have Been Told That Blood Cholesterol Level Was High

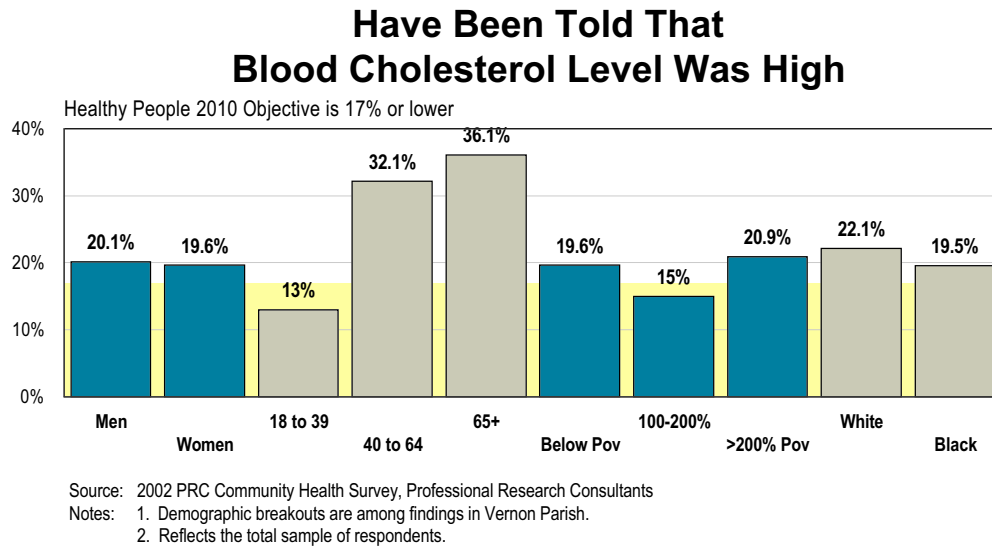


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data
3. 2000 PRC National Health Survey, Professional Research Consultants
4. Healthy People 2010, National Center for Health Statistics/CDC/Public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

Note: Reflects the total sample of respondents.

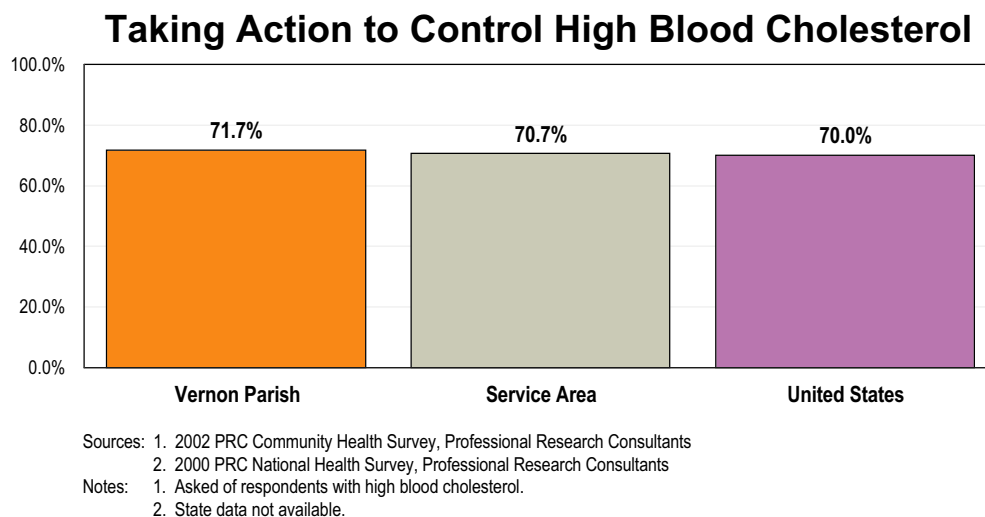
As shown in the following chart:

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



Controlling High Blood Cholesterol

- **71.7% of adults in Vernon Parish with high blood cholesterol levels are taking some type of action to control their condition.**
 - Similar to the Rapides Foundation Service Area and nationwide findings.



Cardiovascular Risk Behavior

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

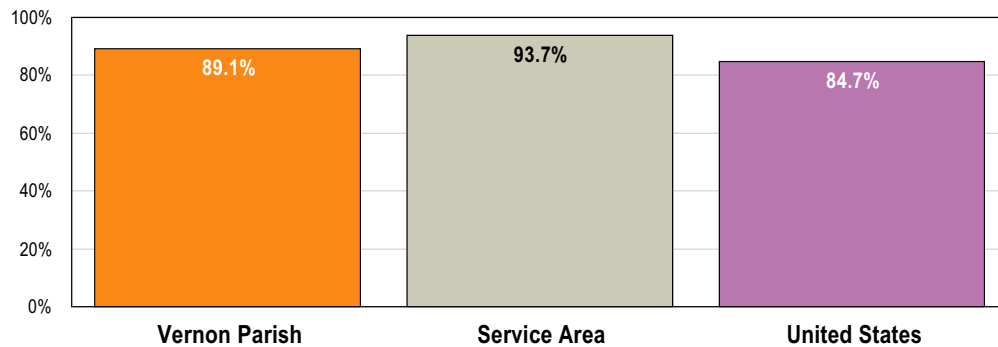
- **Poor nutrition.** People who are overweight have a higher risk for cardiovascular disease. Almost 60% of U.S. adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.
- **Lack of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

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

Prevalence of Cardiovascular Risk Factors/Behaviors

- **89.1% of Vernon Parish adults present one or more cardiovascular risk factors or behaviors, including overweight prevalence, cigarette smoking, high blood pressure, high cholesterol or a lack of physical activity.**
 - Significantly lower than found throughout the Rapides Foundation Service Area (93.7%).
 - Significantly worse than found nationwide (84.7%).

Present One or More Cardiovascular Risk Factors or Behaviors

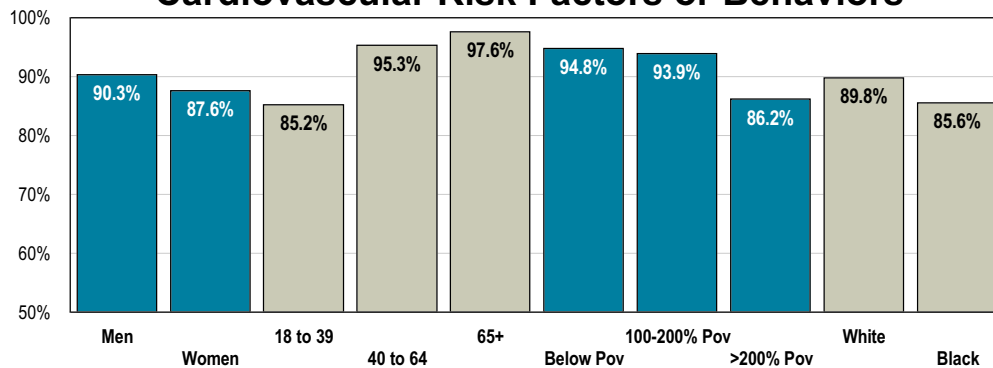


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants

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

- Cardiovascular risk factors increase with age.
- There is a negative correlation with income.
- Little difference is detectable by gender or race.

Present One or More Cardiovascular Risk Factors or Behaviors



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

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

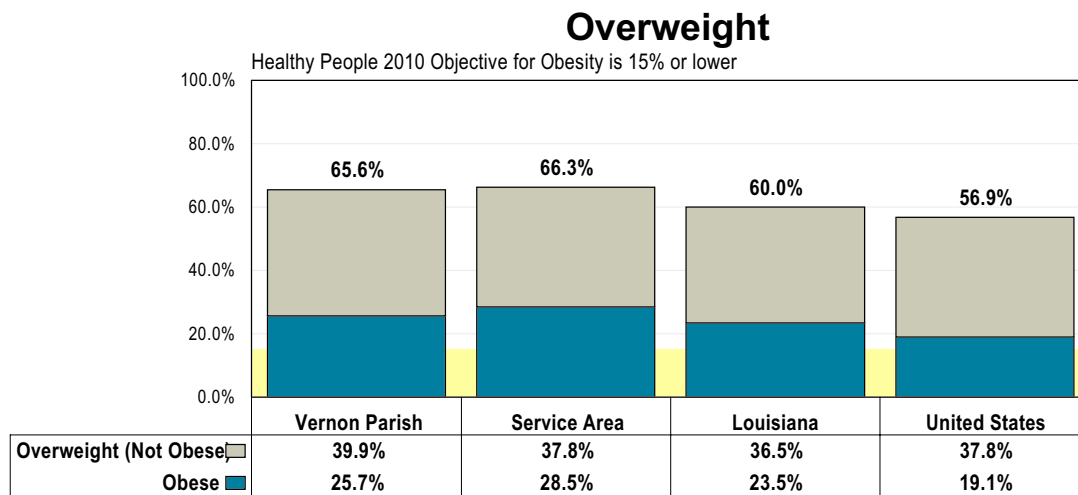
Overweight Prevalence

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

One of the more precise measurements of being overweight is body mass index (BMI), a ratio of weight to height (kg/m^2). One is considered to be overweight with a BMI greater than or equal to 25.0, and one is considered obese with a BMI greater than or equal to 30.0. The rationale for these thresholds is that it is believed that these are where actual increased risk for overweight co-morbidities (such as high blood pressure, high cholesterol, heart disease, etc.) occur.

- **65.6% of Vernon Parish adults are overweight ($\text{BMI} \geq 25$), based on self-reported heights and weights.**
 - Similar to Rapides Foundation Service Area.
 - Worse than found statewide (60.0%).
 - Significantly worse than found nationwide (56.9%).
- **25.7% of Vernon Parish adults are obese ($\text{BMI} \geq 30$).**
 - Similar to Rapides Foundation Service Area and statewide findings.
 - Significantly worse than found nationwide (19.1%).

- Fails to satisfy the *Healthy People 2010* target (15% or lower).

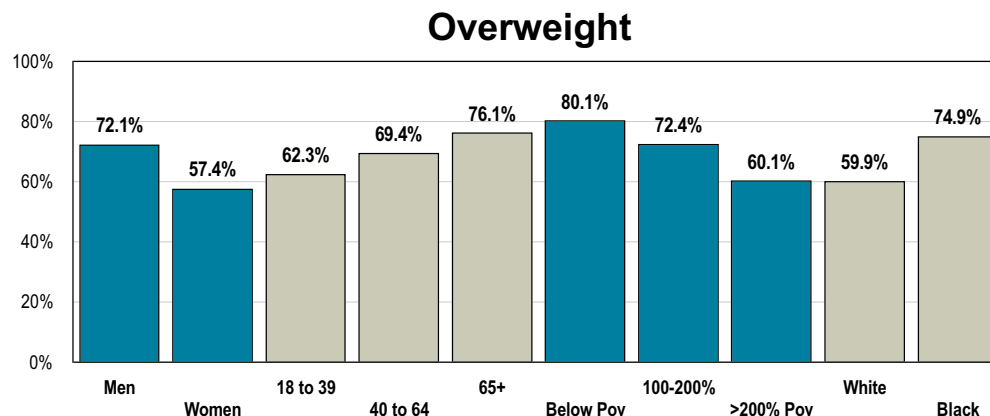


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public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

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

Overweight prevalence is higher in Vernon Parish among:

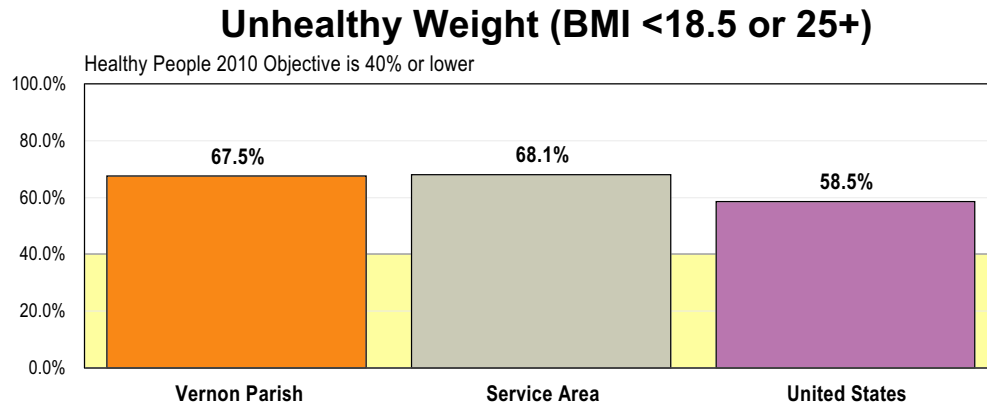
- Those living below the poverty level.
- Those age 65 and older.
- Black respondents.
- Men.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

- **67.5% of Vernon Parish adults are of an unhealthy weight (including overweight and the small percentage of adults who are underweight).**
 - Similar to Rapides Foundation Service Area proportion.
 - Significantly worse than found nationwide (58.5%).
 - Far from reaching the *Healthy People 2010* target (40% or lower).



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

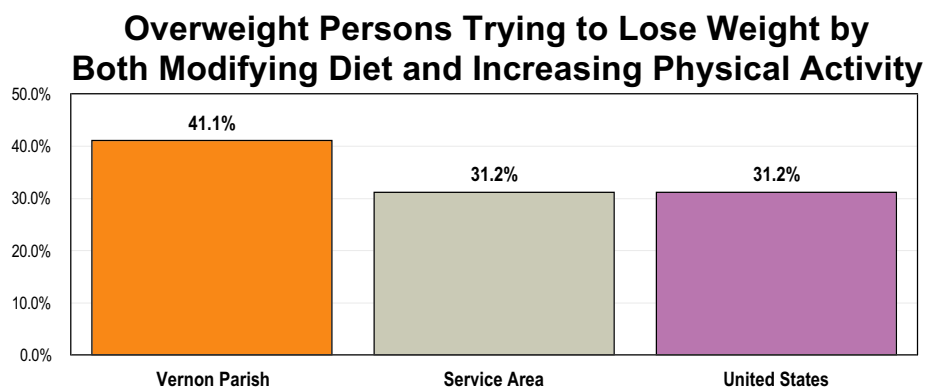
Notes: 1. The definition as outlined in Healthy People 2010 is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), lower than 18.5 or higher than 25.0.

2. Asked of all respondents.

Weight Control

Among surveyed adults who are overweight:

- **41.1% are using a combined regimen of diet and exercise as a means to lose weight.**
 - Significantly better than Rapides Foundation Service Area and national findings (both 31.2%)



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

2. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of all overweight respondents.

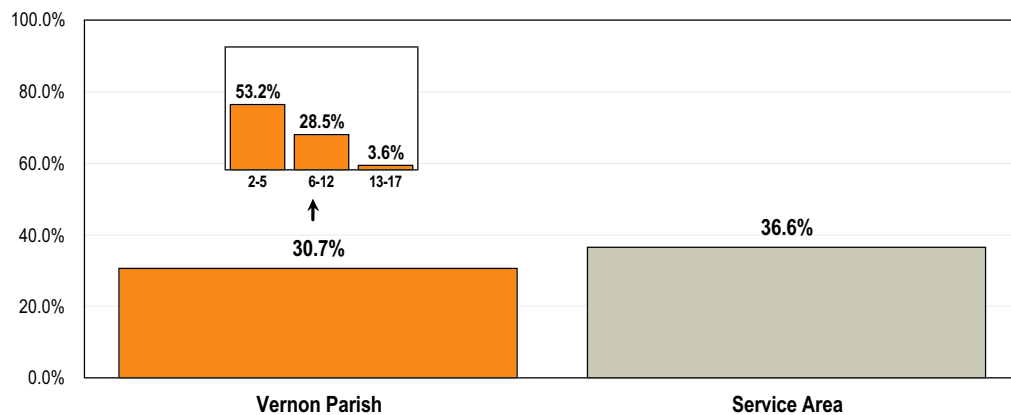
2. State data not available.

Overweight Children

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

- **30.7% of Vernon Parish children between the ages of 2 and 17 are overweight.**
- Overweight prevalence is noted particularly among younger children and decreases with age.
 - Significantly better than Rapides Foundation Service Area findings (36.6%).

Child Overweight



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

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

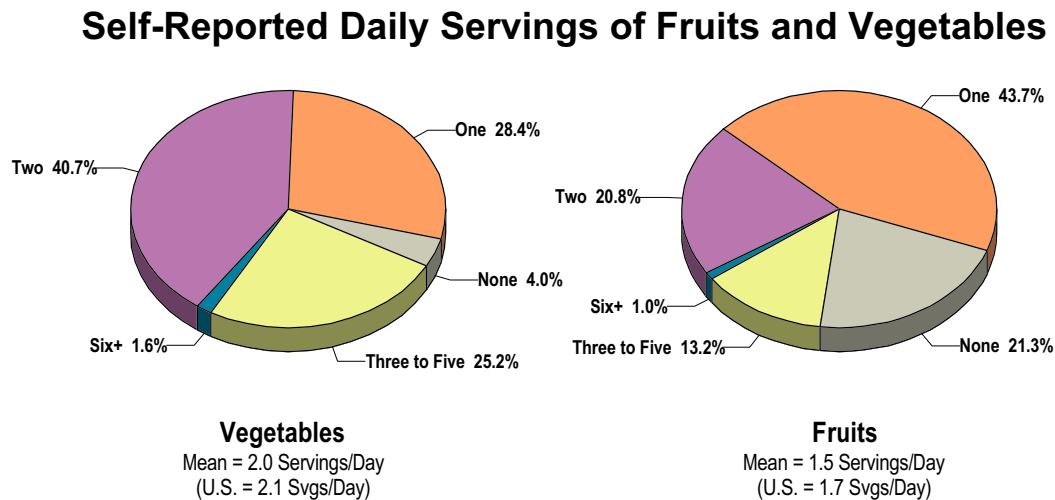
Nutrition

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

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

Dietary Habits: Fruits & Vegetables

- Residents of Vernon Parish report eating an average of 2.0 servings of vegetables per day and an average of 1.5 servings of fruits per day.

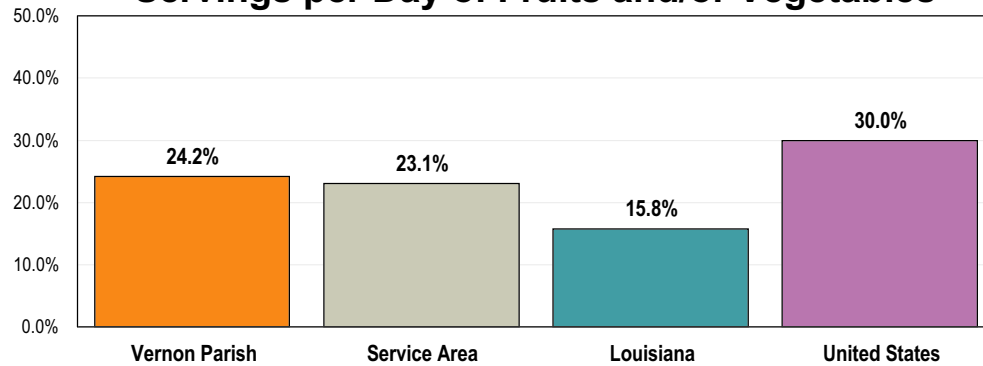


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Community Health Survey, Professional Research Consultants
Note: Asked of all respondents.

- **Only 24.2% of Vernon 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

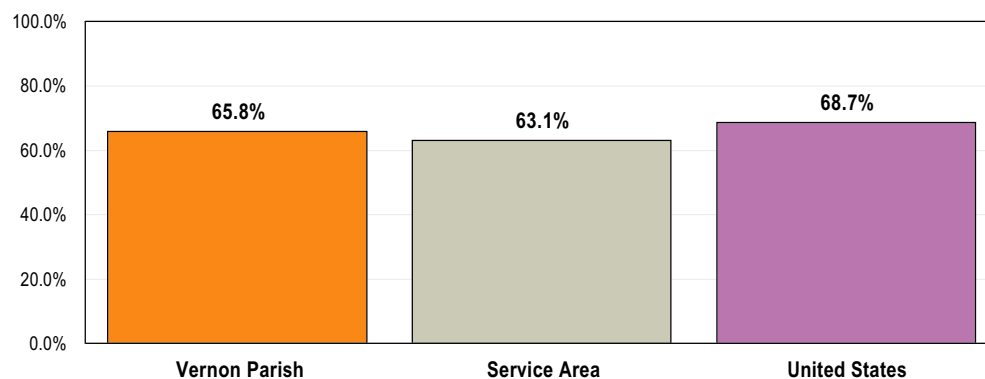


Source: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 Note: Asked of all respondents.

Use of Food Labels

- **65.8% of Vernon Parish adults report reading food labels when shopping for groceries in order to make more nutritious food selections.**
- Similar to Rapides Foundation Service Area and national findings.

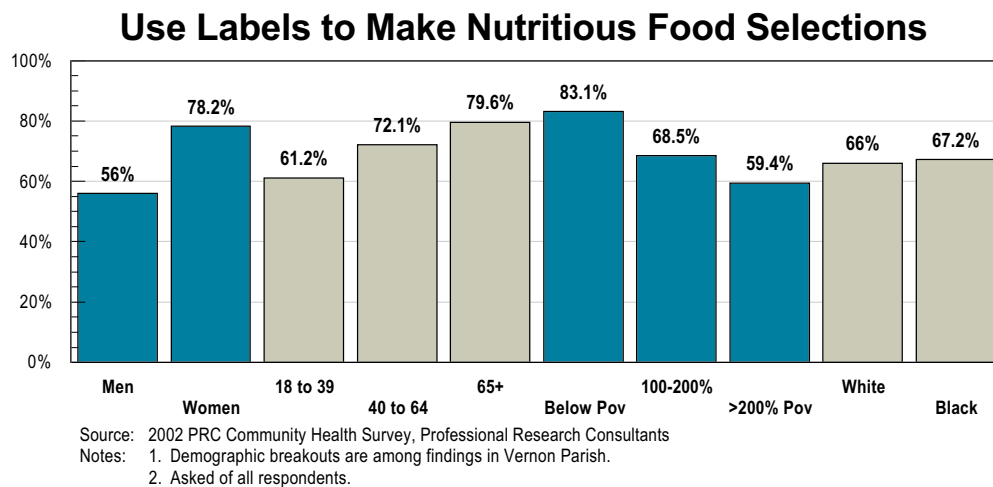
Use Labels to Make Nutritious Food Selections



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.

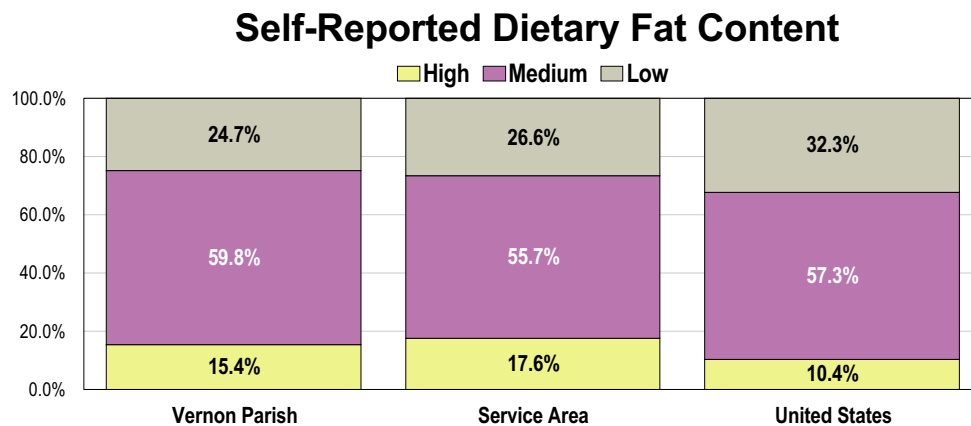
Use of food labels is notably higher among:

- Those living below the poverty level.
- Older adults.
- Women.



Dietary Fat Content

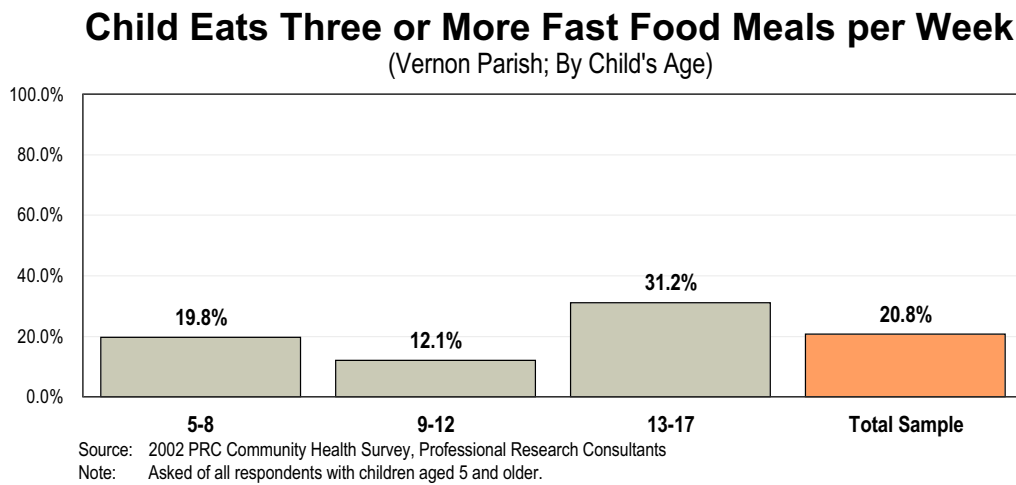
- **15.4% of Vernon Parish adults report eating a diet that they characterize as “high” in fat.**
 - Similar to the proportion found throughout the Rapides Foundation Service Area.
 - Significantly worse than found nationwide (10.4%).



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

- **20.8% of Vernon Parish parents report that their child eats three or more of his/her meals per week from a fast-food restaurant.**
- Frequent fast-food meals are more common among teen-agers.



Physical Activity

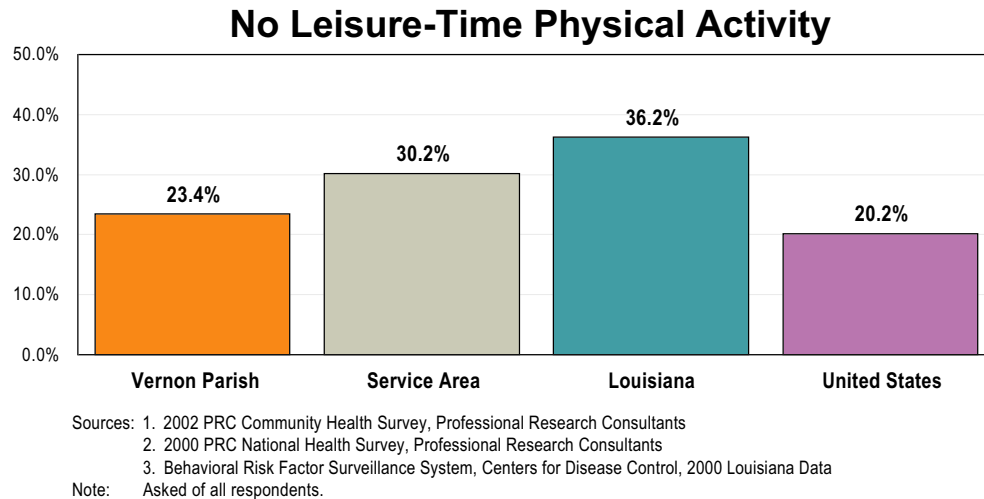
Regular physical activity contributes to a longer and healthier life. The health benefits of exercise are irrefutable; it has been asserted that employing regular physical activity toward cardiorespiratory fitness can prevent or limit one's risk for such afflictions as coronary heart disease, hypertension,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

No Leisure-Time Physical Activity

- **23.4% of Vernon Parish adults have not participated in any type of physical activity outside work during the past month.**
 - Considerably better than statewide findings.
 - Significantly better than found throughout the Rapides Foundation Service Area (30.2%).

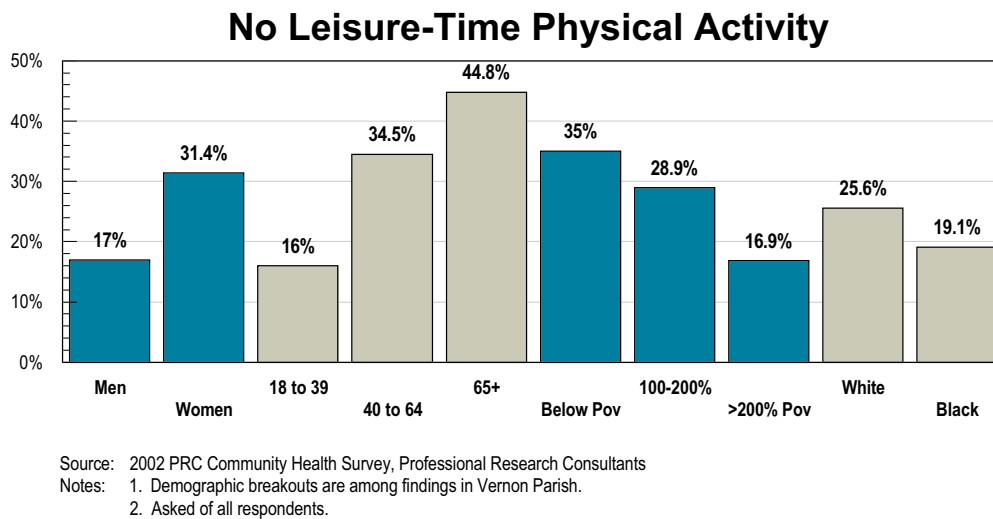
- Significantly worse than found nationwide (20.2%).

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



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

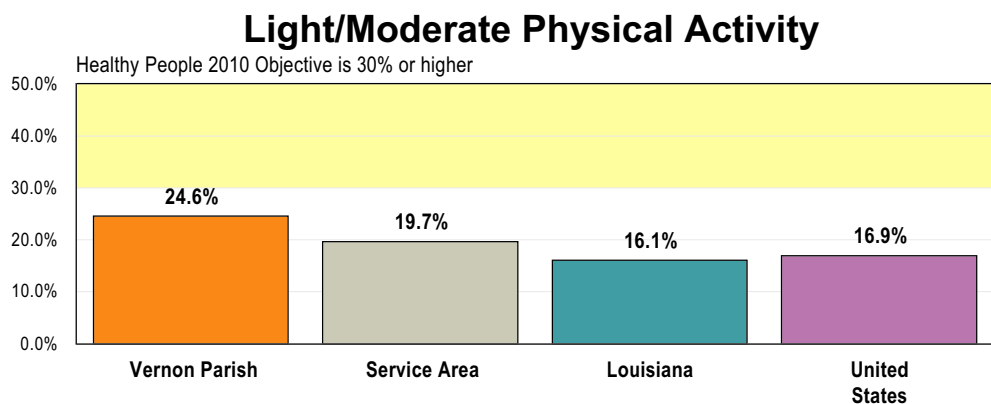
- Older adults.
- Low-income respondents.
- Women.



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.

- **24.6% of Vernon 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.**
 - Significantly better than Rapides Foundation Service Area findings (19.7%).
 - Significantly better than statewide findings (16.1%).
 - Significantly better than U.S. findings (16.9%).
 - Fails to satisfy the *Healthy People 2010* target (30% or higher).



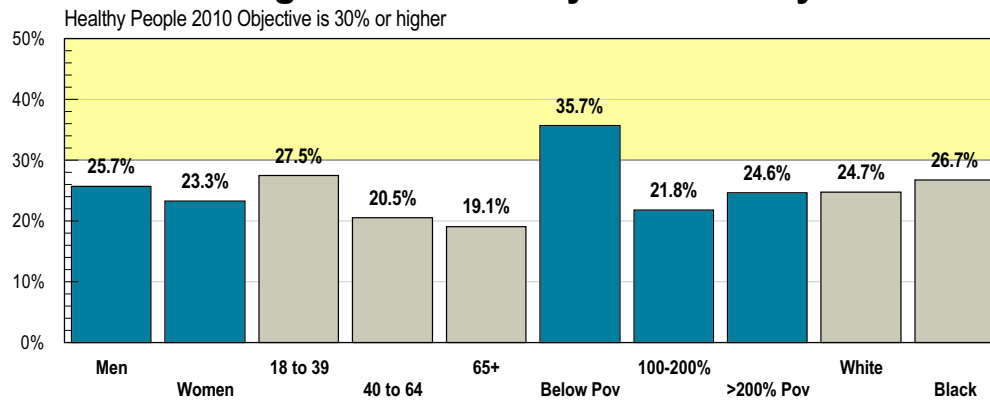
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1998 Louisiana Data
3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
4. 2000 PRC National Health Survey, Professional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

- Older and middle-aged adults.
- Those living just above the poverty threshold.

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.

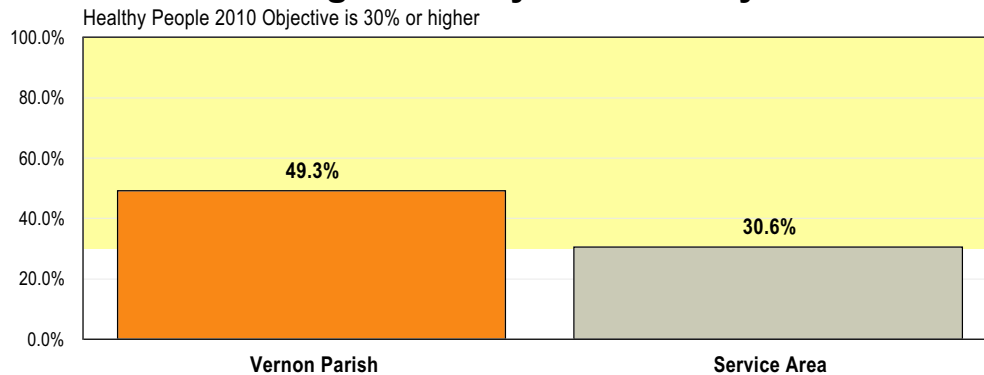
3. The Healthy People 2010 goal is to increase to at least 30% the proportion of people who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes per day.

Vigorous Physical Activity

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

- **49.3% of Vernon Parish adults report taking part in vigorous physical activity at least three times a week for at least 20 minutes at a time.**
 - Significantly better than Rapides Foundation Service Area findings (30.6%).
 - Satisfies the *Healthy People 2010* target (30% or higher).

Vigorous Physical Activity



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

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

Notes: 1. Asked of all respondents.

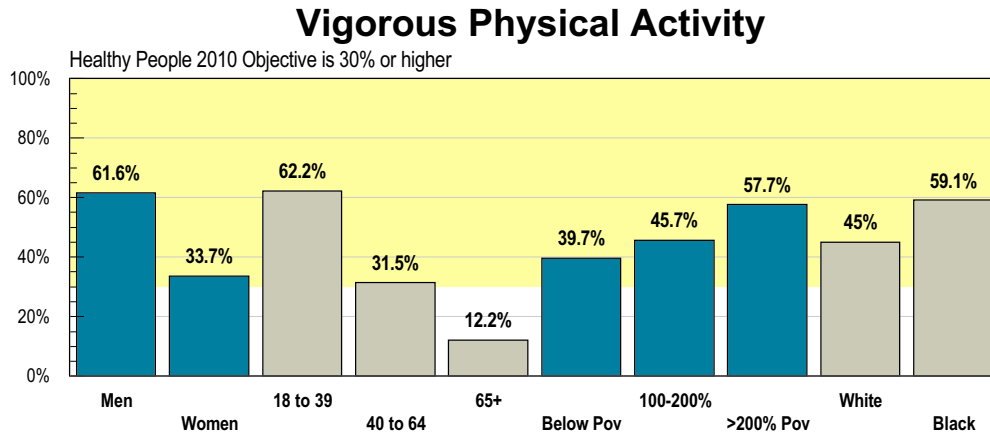
2. Takes part in "vigorous physical activity" (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

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

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

Vigorous physical activity levels are lowest among:

- Older and middle-aged adults.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

2. Asked of all respondents.

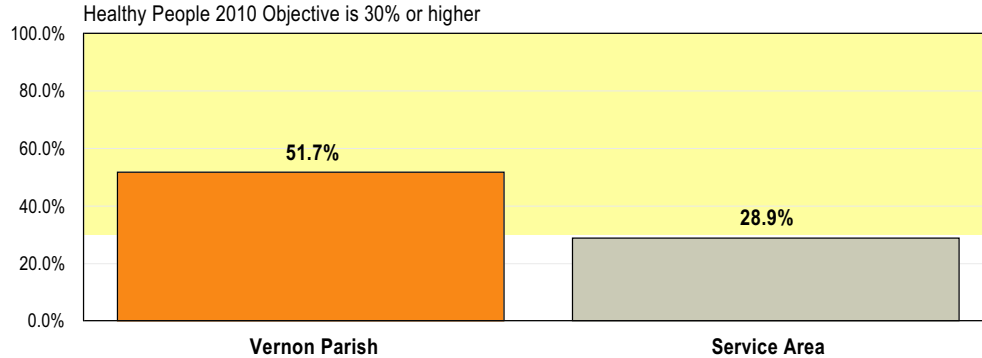
3. Takes part in "vigorous physical activity" (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

strengthening Activity

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

- **51.7% of Vernon Parish adults report taking part in strengthening activities at least twice a week.**
 - Significantly better than Rapides Foundation Service Area findings (28.9%).
 - Satisfies the *Healthy People 2010* target (30% or higher).

Strengthening Activity



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

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

Notes: 1. Asked of all respondents.

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

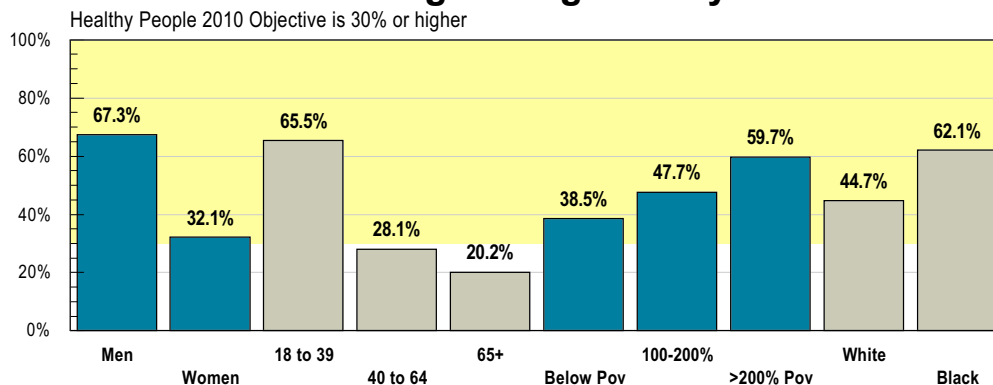
3. The Healthy People 2010 goal is to increase to at least 30% the proportion of people who engage in activity which enhances and maintains strength and endurance at least two times weekly.

4. State and national data not available.

Strengthening activity levels are lowest among:

- Older and middle-aged adults.
- Women.
- Those living below the poverty level.

Strengthening Activity



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

2. Asked of all respondents.

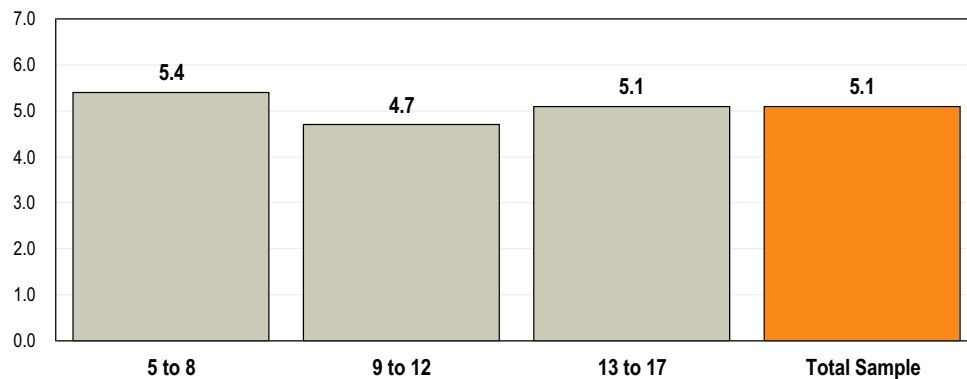
3. In this case, "strengthening" refers to performing exercise which enhances and maintains strength and endurance at least twice weekly.

Physical Activity in Children

Vernon Parish parents report that their children take part in physical activity lasting 20 minutes or more on an average 5.1 days per week.

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

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



Source: 2002 PRC Community Health Survey, Professional Research Consultants

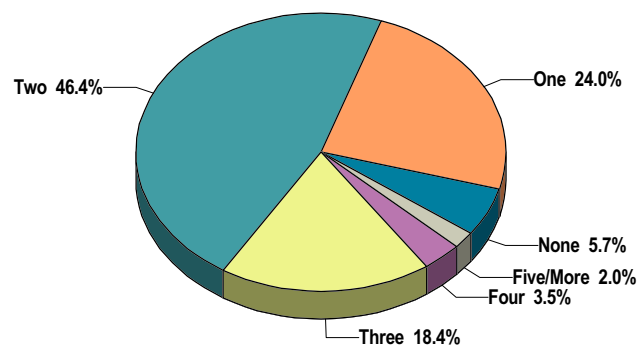
Notes: 1. Asked of all respondents with children under 18 at home.

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.

- 64.8% of Vernon Parish parents report that their child watches television an average of two to three hours on a typical school day.
- 5.5% of Vernon 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

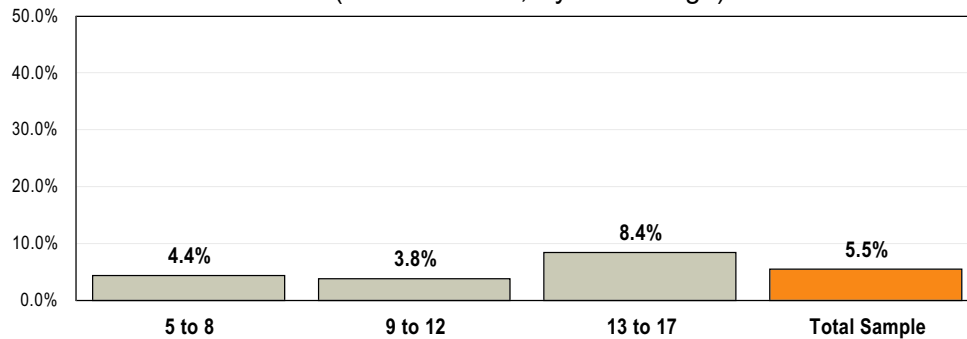


Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

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

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



Source: 2002 PRC Community Health Survey, Professional Research Consultants

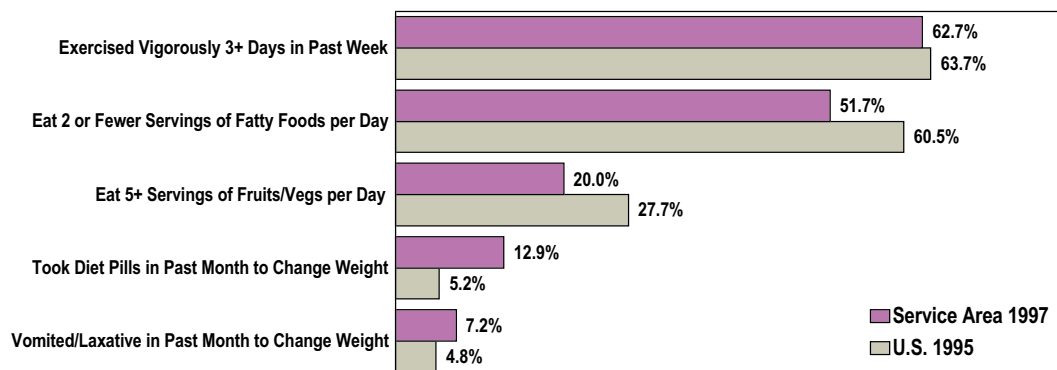
Note: Asked of all respondents with children under 18 at home.

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*

One focus group participant cited a need for more outlets for exercise in the community.

“Our people need to exercise more. We have one program in town, Walking Paths, but it is not enough. We need bicycle paths and other things like that so our people could take advantage of our outdoors.”

* 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.

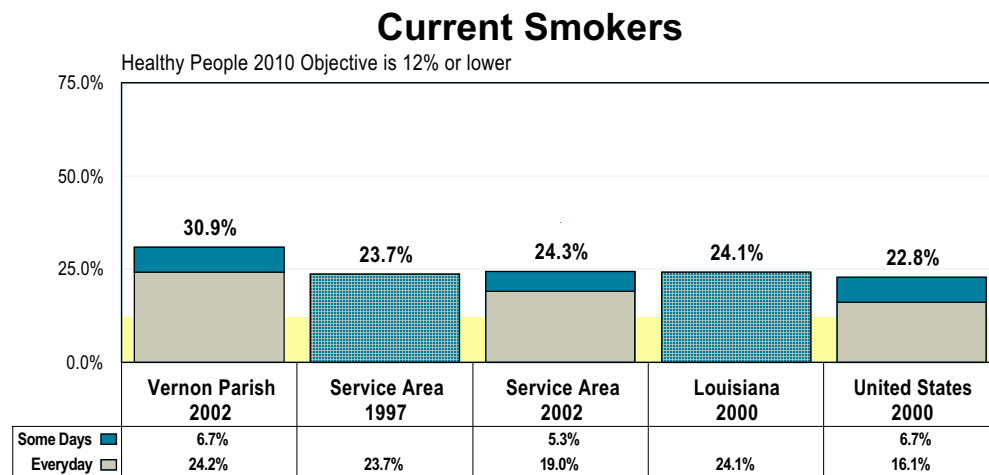
Tobacco Use

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

- **30.9% of Vernon Parish adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).**
 - Significantly worse than service area, statewide and national prevalence levels.
 - Far from reaching the *Healthy People 2010* target (12% or lower).

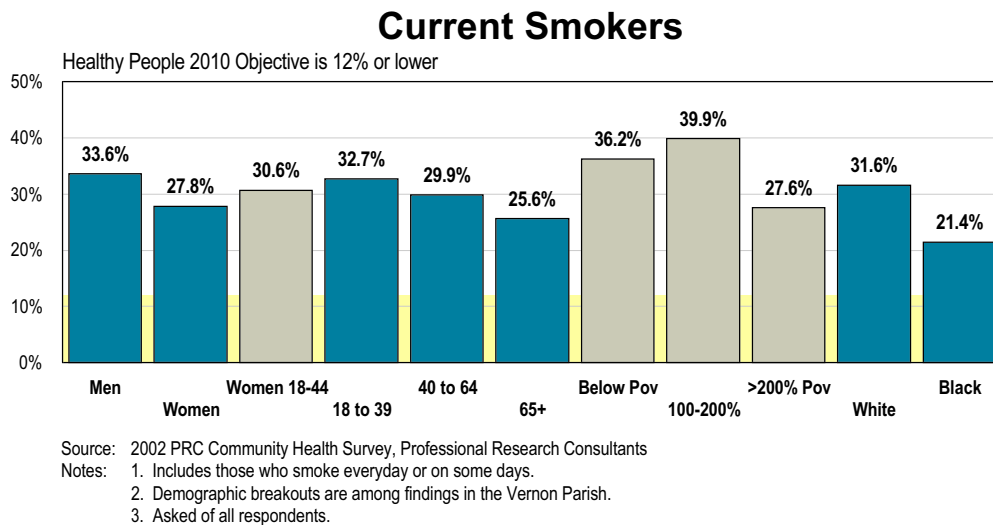


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public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

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

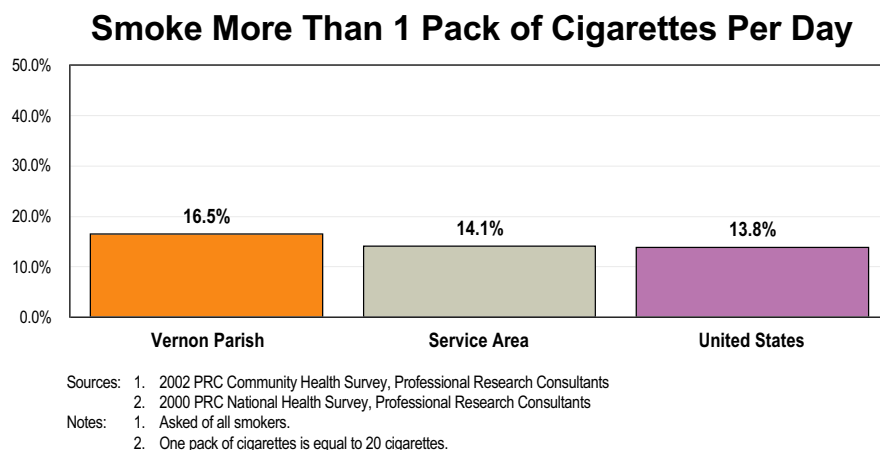
Cigarette smoking is higher among:

- Low-income respondents.
- Men.
- Young adults.
- White respondents.
- 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.



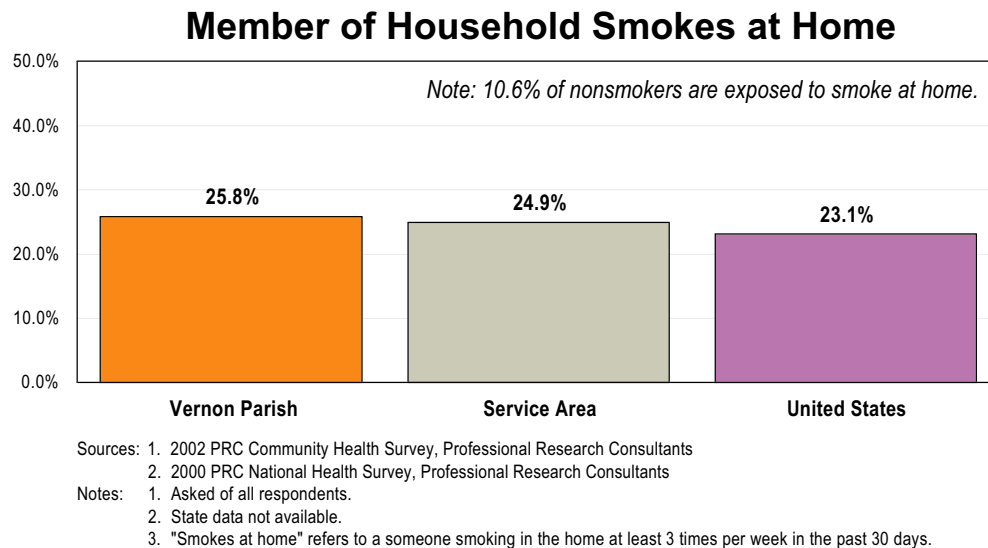
Number of Cigarettes Smoked per Day

- **16.5% of smokers report smoking more than one pack per day.**
 - Similar to Rapides Foundation Service Area and national findings.

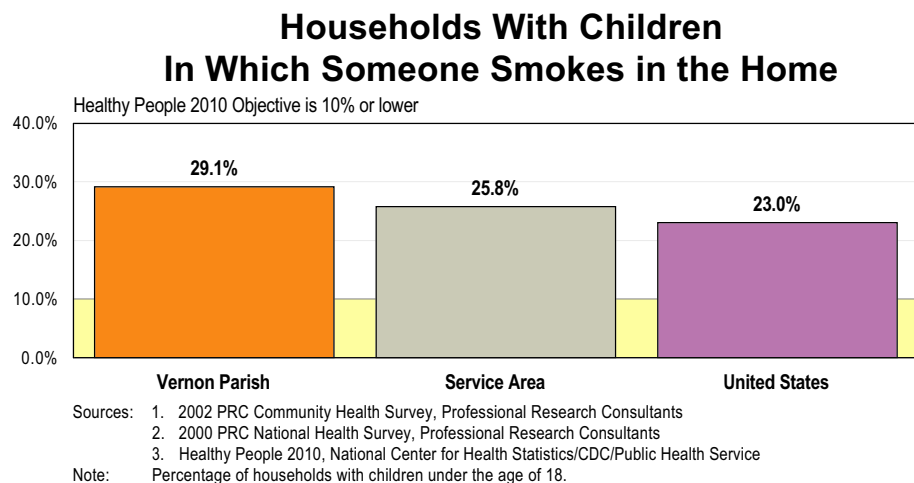


Exposure to Second-Hand Smoke

- **25.8% of Vernon 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.
- **10.6% of nonsmokers live with someone who smokes in the home.**

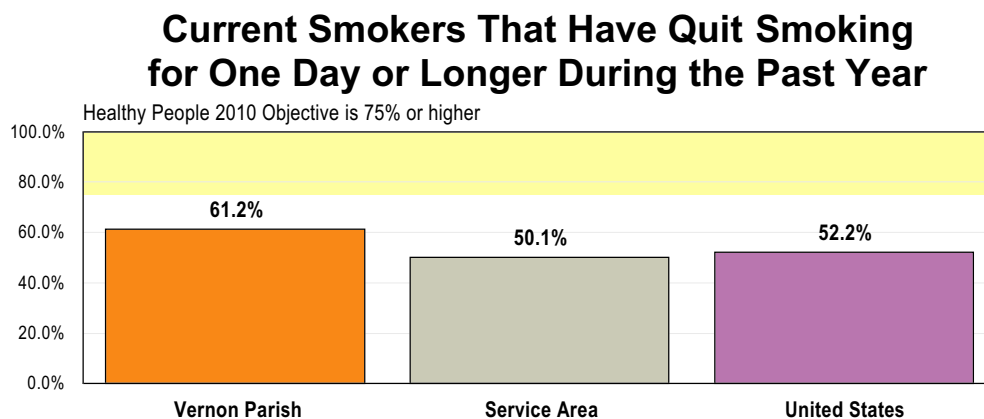


- **29.1% of Vernon Parish households with children have someone who smokes in the home three or more days per week.**
 - Similar to Rapides Foundation Service Area and national findings.
 - Fails to satisfy the *Healthy People 2010* target (10% or lower).



Smoking Cessation Attempts

- **61.2% of Vernon Parish adults who currently smoke every day report that they have stopped smoking for one day or longer in the past year in an effort to quit smoking altogether.**
 - Significantly better than that found among smokers throughout the 11-parish Rapides Foundation Service Area (50.1%).
 - Statistically similar to national findings.
 - Far from reaching the *Healthy People 2010* target (75% or higher).



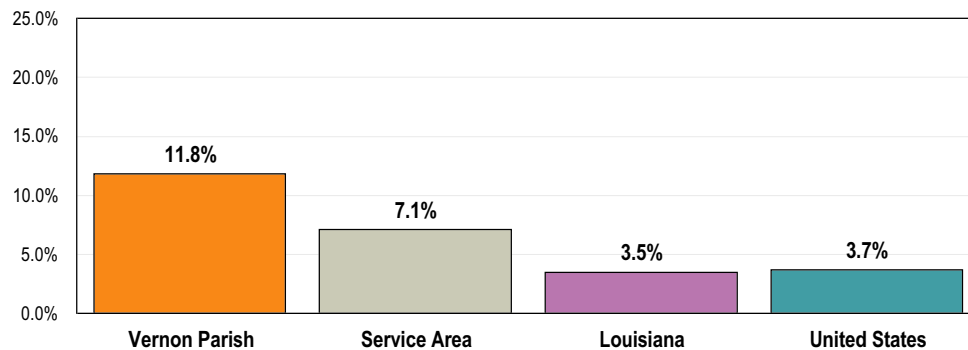
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

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

Smokeless Tobacco

- **11.8% of Vernon Parish adults report using smokeless tobacco, such as chewing tobacco or snuff.**
 - Significantly higher than Rapides Foundation Service Area, statewide and national findings.

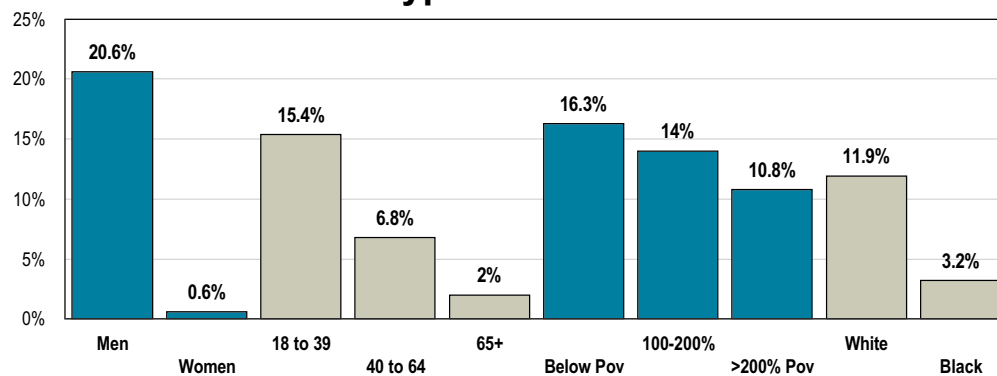
Use Some Type of Smokeless Tobacco



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

- **20.6% of Vernon Parish men currently use smokeless tobacco products.**

Use Some Type of Smokeless Tobacco



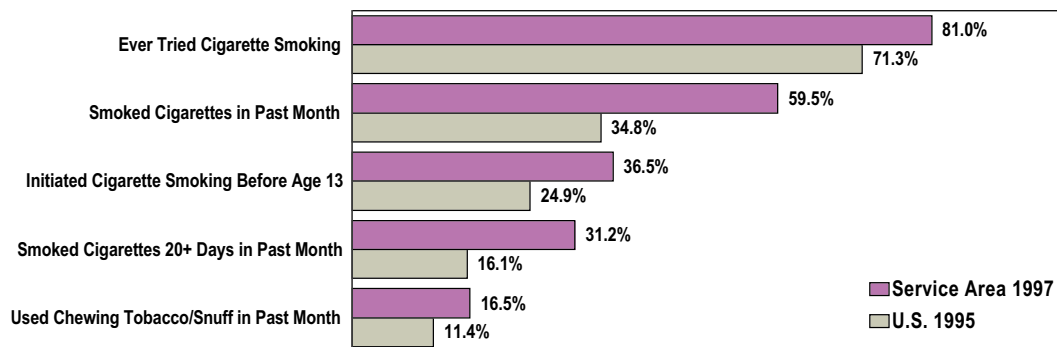
Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Vernon Parish.
 2. Reflects the total sample of respondents.

Adolescent Tobacco Use

Note the following comparisons between the 1997 Central Louisiana Youth Risk Factor Survey findings and 1995 national data:

- **Rapides Foundation Service Area high school students report a much higher prevalence of cigarette smoking, both in terms of the percentage of students who smoked at all in the 30 days preceding the interview and the percentage of students who smoked on 20 or more days of the 30 days preceding the interview.**
- **A greater share of service area youth report trying cigarettes before the age of 13.**
- **Service area youth report a higher prevalence of using chewing tobacco or snuff.**

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



Source: Tulane School of Public Health and Tropical Medicine.

Cancers

Cancer is a group of diseases characterized by uncontrolled growth and spread of abnormal cells. If the spread is not controlled, it can result in death. Cancer is caused by both external factors (tobacco, chemicals, radiation and infectious organisms) and internal factors (inherited mutations, hormones, immune conditions and mutations that occur from metabolism).

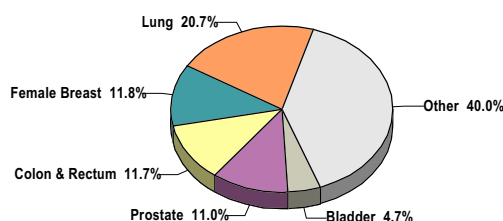
Causal factors may act together or in sequence to initiate or promote carcinogenesis. Ten or more years often pass between exposures or mutations and detectable cancer. Cancer is treated by surgery, radiation, chemotherapy, hormones and immunotherapy (American Cancer Society).

Leading Cancer Diagnoses by Site

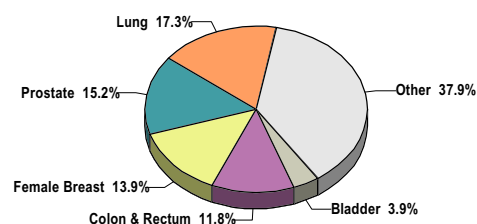
Between 1994 and 1998, the leading cancer diagnoses in Vernon Parish were for:

- **Lung cancer (20.7% of diagnoses)**
- **Female breast cancer (11.8%)**
- **Colorectal cancer (11.7%)**
- **Prostate cancer (11.0%)**

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



Vernon Parish



Louisiana

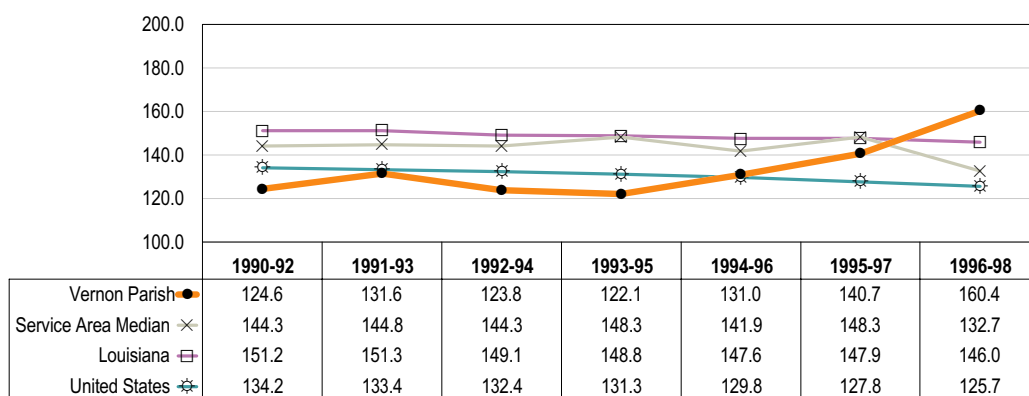
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

Cancer Deaths

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

Age-Adjusted Mortality: Cancers

(1990-1998 Deaths per 100,000 Population)



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

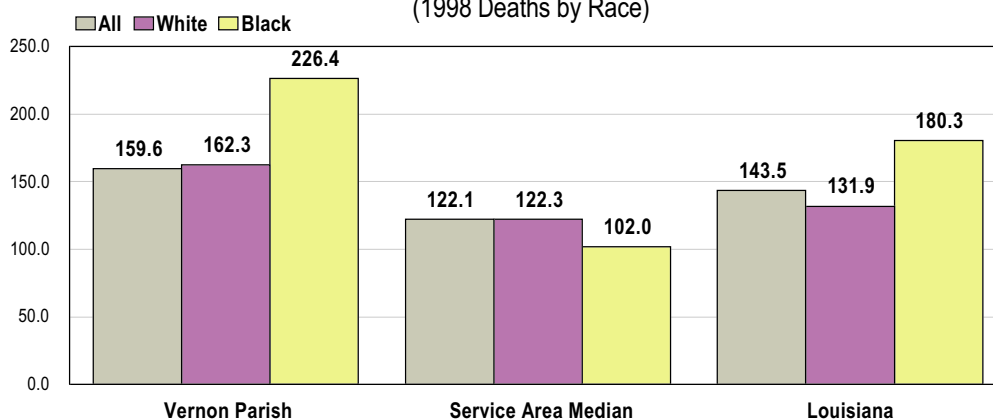
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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

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

Age-Adjusted Mortality: Cancers

(1998 Deaths by Race)



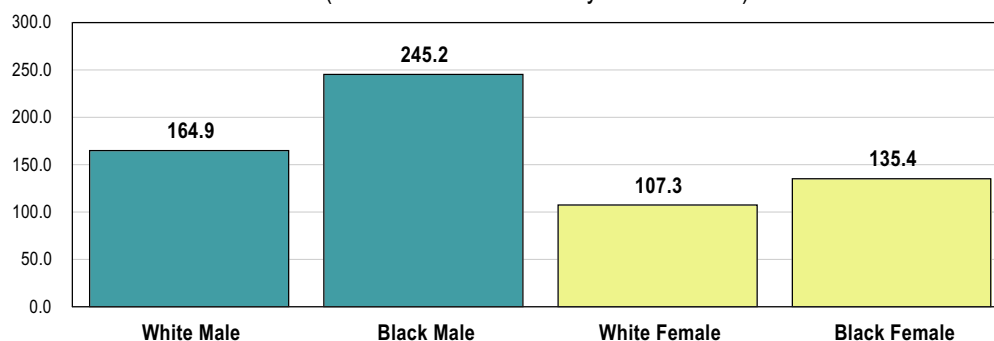
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

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

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

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



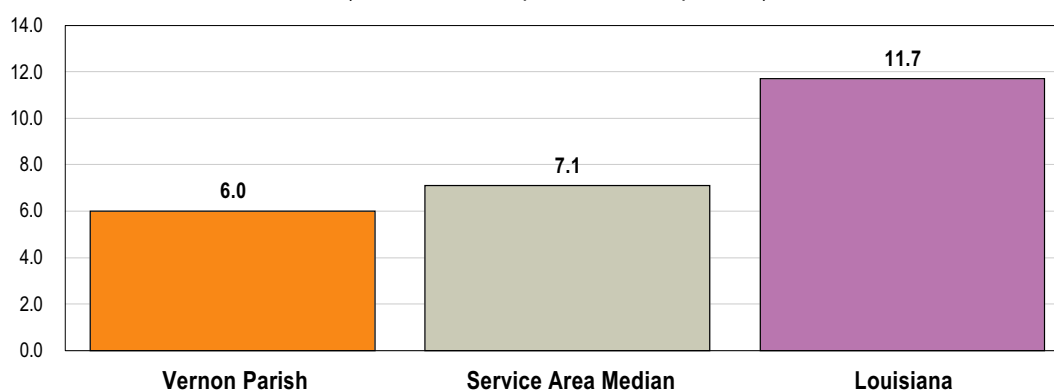
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).
Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

Cancer Deaths by Site

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

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

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



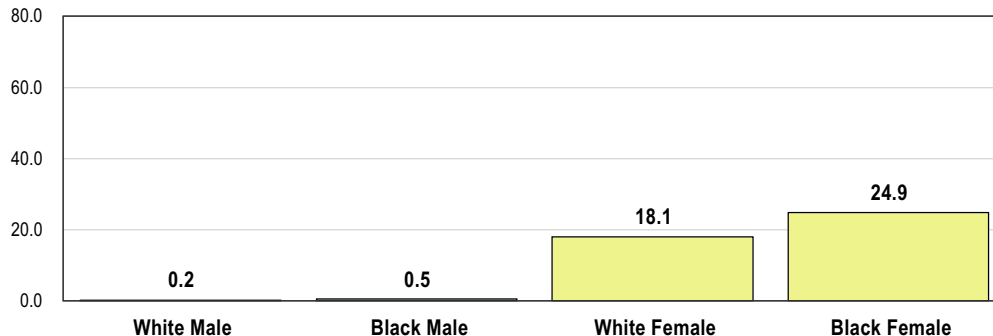
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

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

Age-Adjusted Mortality: Breast Cancer

(1998 Louisiana Deaths by Race/Gender)



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

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

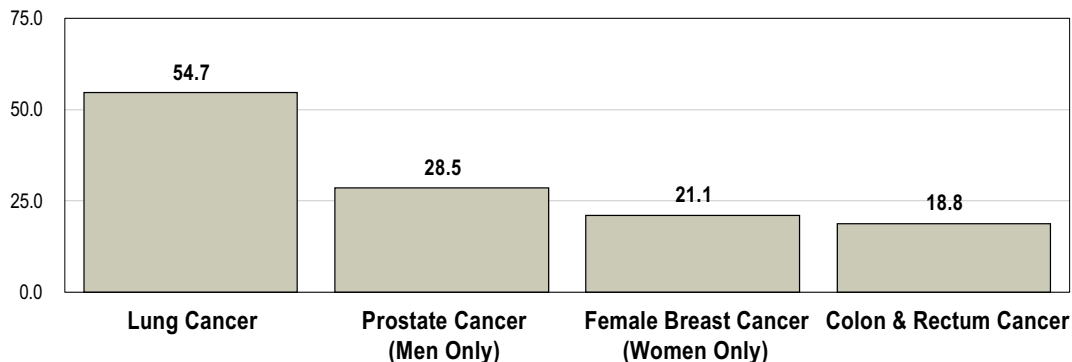
NOTE: While cancer death rates by site (other than breast cancer) are not typically tracked in state vital statistics records, some death rate data are available through the Louisiana Tumor Registry. However, these death rates use an alternative age-adjusting method (adjusted to the 1970 US Standard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

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

Age-Adjusted Cancer Mortality by Leading Sites

(Rapides Foundation Service Area;

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



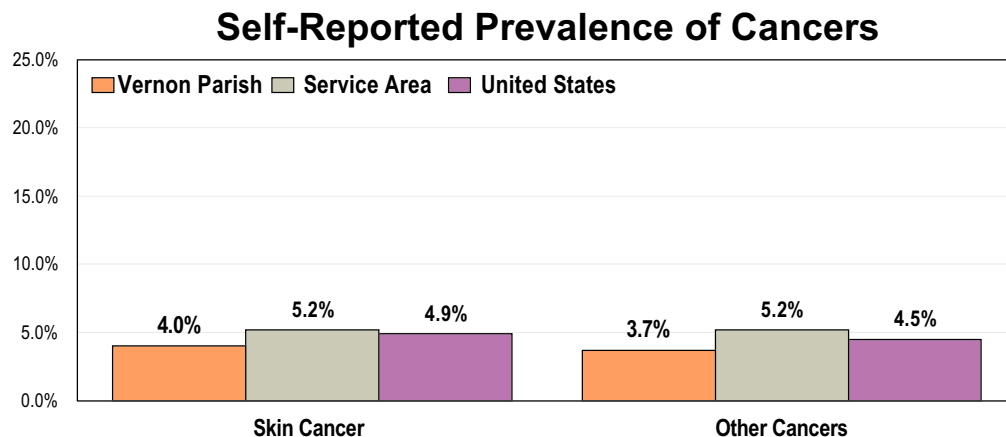
Source: Louisiana Tumor Registry, Department of Public Health & Preventive Medicine.

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

Self-Reported Prevalence of Cancers

From the 2002 Community Health Survey:

- **4.0% of Vernon Parish adults report that they have suffered from or been diagnosed with skin cancer.**
 - Similar to the Rapides Foundation Service Area and national prevalence levels.
- **3.7% of Vernon Parish adults report that they have suffered from or been diagnosed with cancer other than skin cancer.**
 - Similar to the Rapides Foundation Service Area and national prevalence levels.



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

Cancer Risk

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

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

Cancer Screenings

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

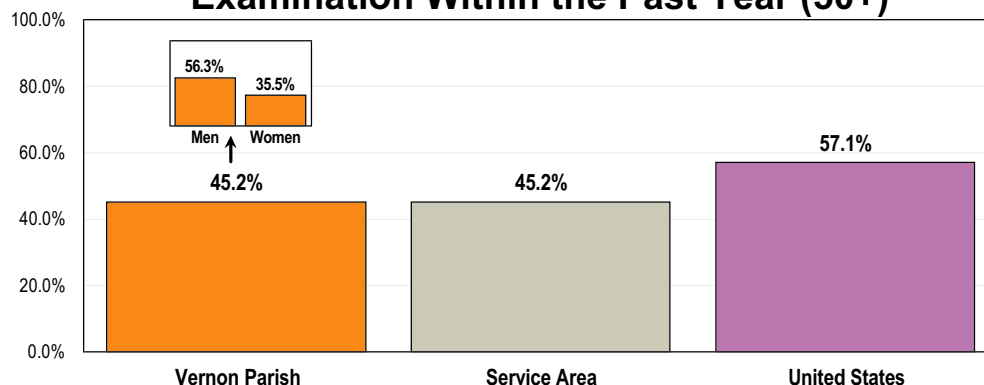
Colorectal Cancer Screening

Digital Rectal Examination

A *digital rectal exam* is a screening procedure in which a physician or other health professional inserts a finger into the rectum to check for colorectal cancer and other health problems.

- **45.2% of Vernon Parish adults age 50 and older have had a digital rectal examination within the past year.**
 - Higher among men than women (digital rectal examination is also used as a screening procedure for prostate cancer in men).
 - Identical to Rapides Foundation Service Area findings.
 - Significantly lower than the testing prevalence found nationwide among adults in this age group (57.1%).

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



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

2. 2000 PRC National Health Survey, Professional Research Consultants

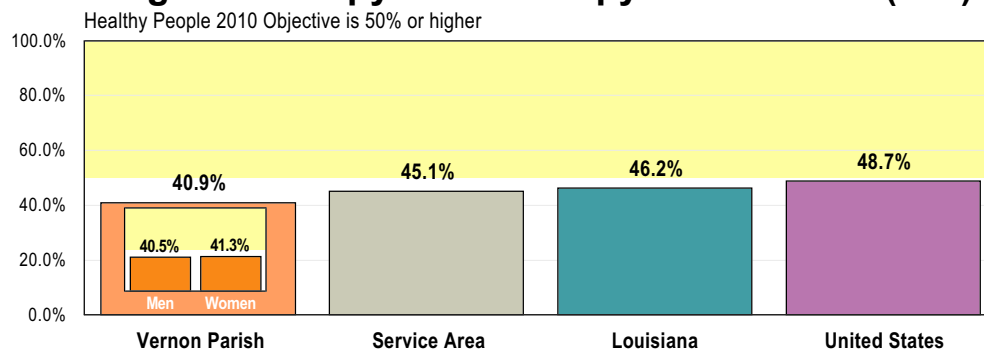
Note: Asked of all respondents aged 50 and older.

Sigmoidoscopy/Colonoscopy

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

- **40.9% of Vernon Parish adults age 50 or older have ever had a sigmoidoscopy/colonoscopy examination.**
 - Similar to service area, statewide and national testing prevalence levels.
 - Fails to satisfy the *Healthy People 2010* target (50% or higher).

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



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

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

3. 2000 PRC National Health Survey, Professional Research Consultants

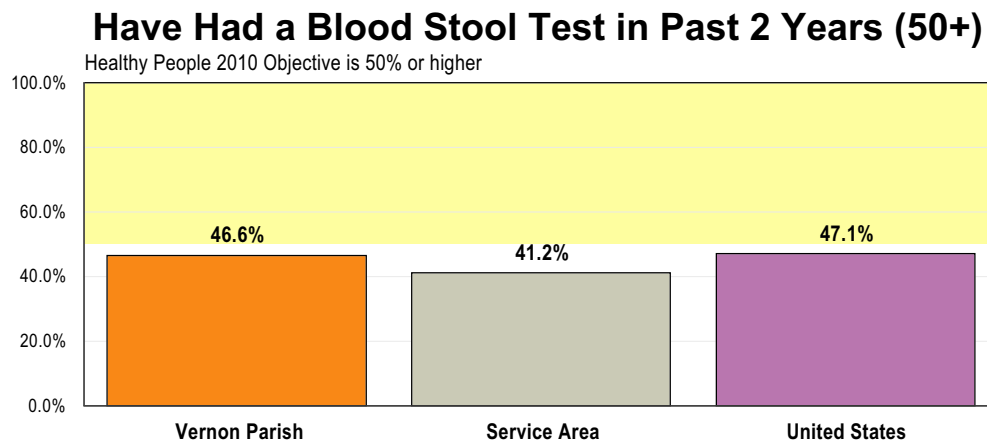
4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Note: Asked of all respondents aged 50 or over.

Blood Stool Test

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

- **46.6% of Vernon Parish adults age 50 or older have had a blood stool test in the past two years.**
 - Significantly higher than Rapides Foundation Service Area findings among adults in this age group (41.2%).
 - Similar to national findings.
 - Close to reaching the *Healthy People 2010* target (50% or higher).

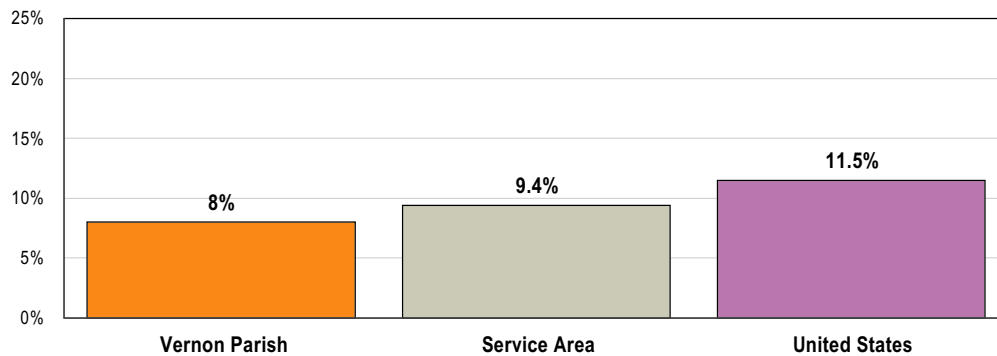


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
Notes: 1. Asked of respondents aged 50 and older
2. State data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

Female Breast Cancer Screening

- **8.0% of Vernon Parish women have had a mother or sister who was diagnosed with breast cancer.**
 - Statistically similar to Rapides Foundation Service Area and national findings.

Mother/Sister Has Been Diagnosed With Breast Cancer



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

2. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of all female respondents.

2. State data not available.

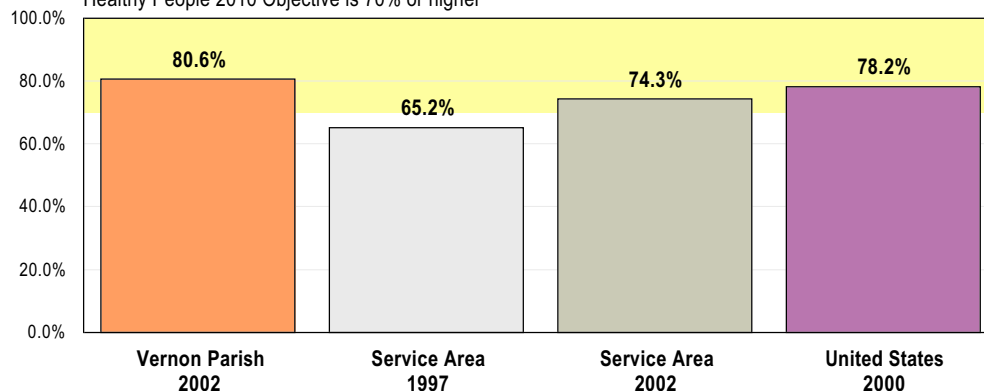
Mammography & Breast Examination

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

- **80.6% of Vernon Parish women age 40 and older have had a mammogram in the past two years.**
 - Significantly better than Rapides Foundation Service Area findings (74.3%).
 - Statistically similar to national findings.
 - Satisfies the *Healthy People 2010* target (70% or higher).

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

Healthy People 2010 Objective is 70% or higher



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

2. 2000 PRC National Health Survey, Professional Research Consultants

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

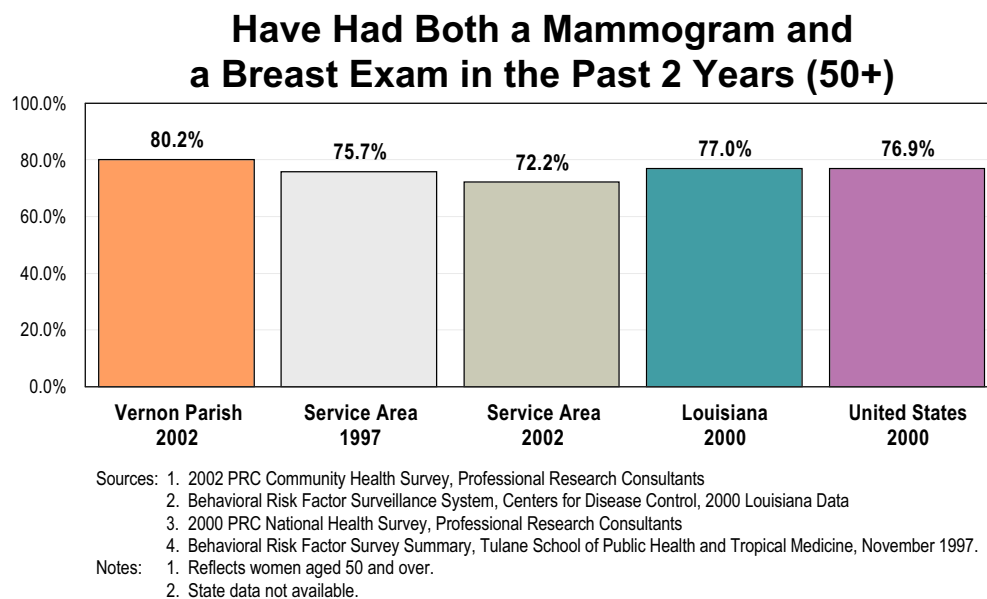
4. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.

Notes: 1. Reflects women aged 40 and over.

2. State data not available.

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

- **80.2% of Vernon Parish women age 50 and older have had both a mammogram and a clinical breast exam in the past two years.**
 - Significantly higher than Rapides Foundation Service Area findings (72.2%).
 - Statistically similar to statewide and national findings.

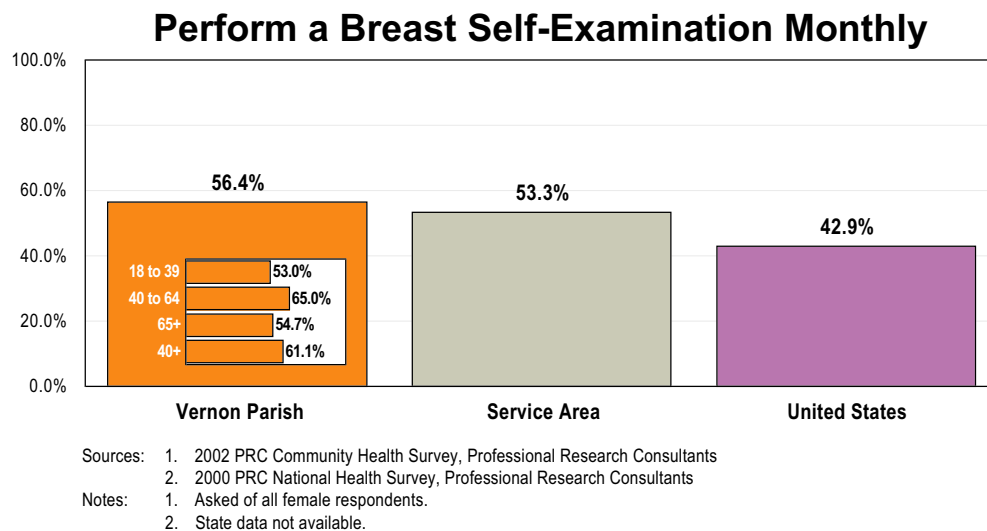


Breast Self-Examination

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

- **3.6% of Vernon Parish women do not know how to perform a breast self-exam.**
- **56.4% of Vernon Parish women perform a breast self-exam monthly.**
 - Similar to Rapides Foundation Service Area findings.
 - Significantly better than found nationwide (42.9%).

- 61.1% of Vernon Parish women age 40 and older perform a breast self-exam monthly.

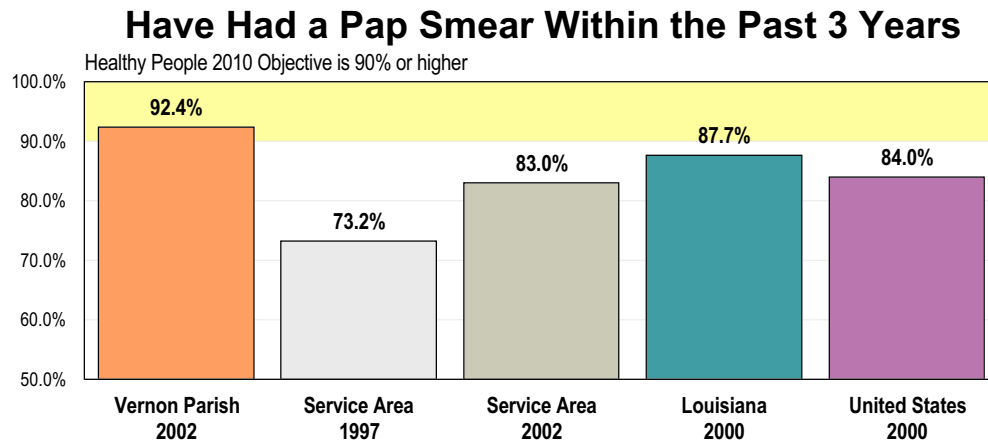


Cervical Cancer Screening

Pap Smear Testing

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

- **92.4% of Vernon Parish women have had a Pap smear test in the past three years.**
 - Significantly better than Rapides Foundation Service Area (83.0%) and national (84.0%) findings.
 - Better than statewide findings (87.7%).
 - Satisfies the *Healthy People 2010* target (90% or higher).

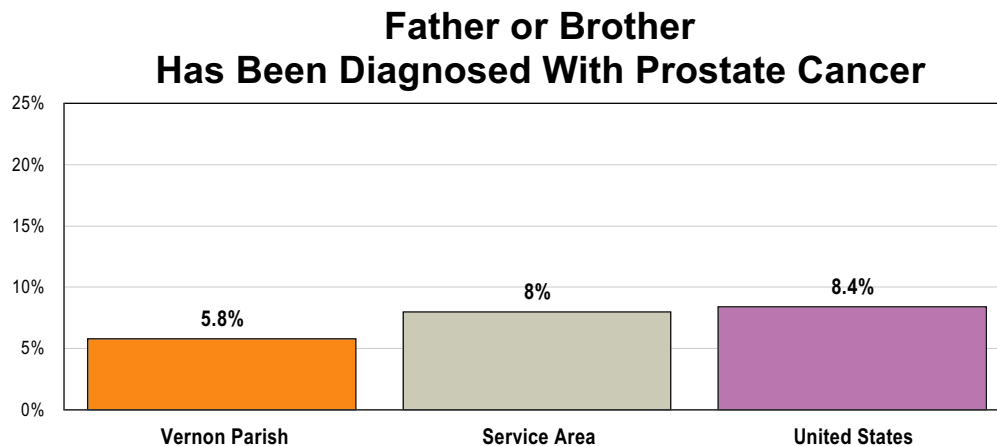


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public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

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

Prostate Cancer

- **5.8% of Vernon Parish men have a father or brother who has been diagnosed with prostate cancer.**
 - Statistically similar to Rapides Foundation Service Area and national findings.



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

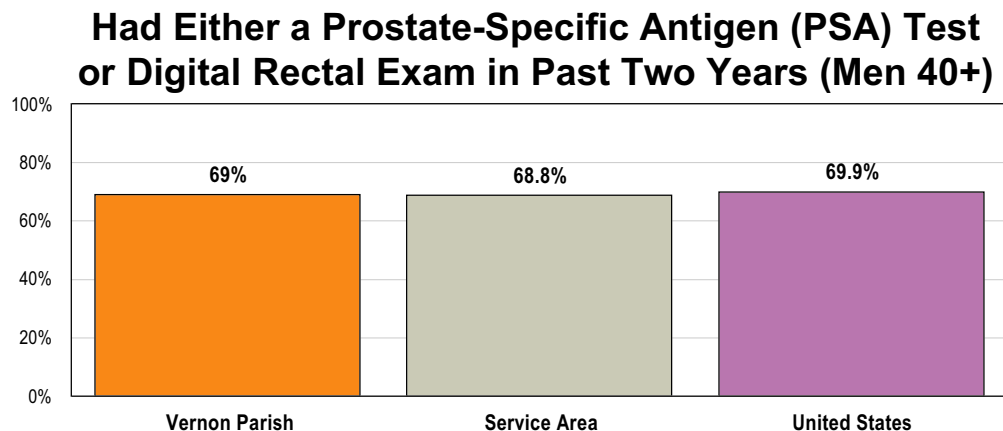
Notes: 1. Asked of all male respondents.
 2. State data not available.

Prostate-Specific Antigen & Digital Rectal Examination

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

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

- **69.0% of Vernon Parish men age 40 or older have had either a PSA test or a digital rectal exam in the past two years.**
 - Similar to Rapides Foundation Service Area and national findings.



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

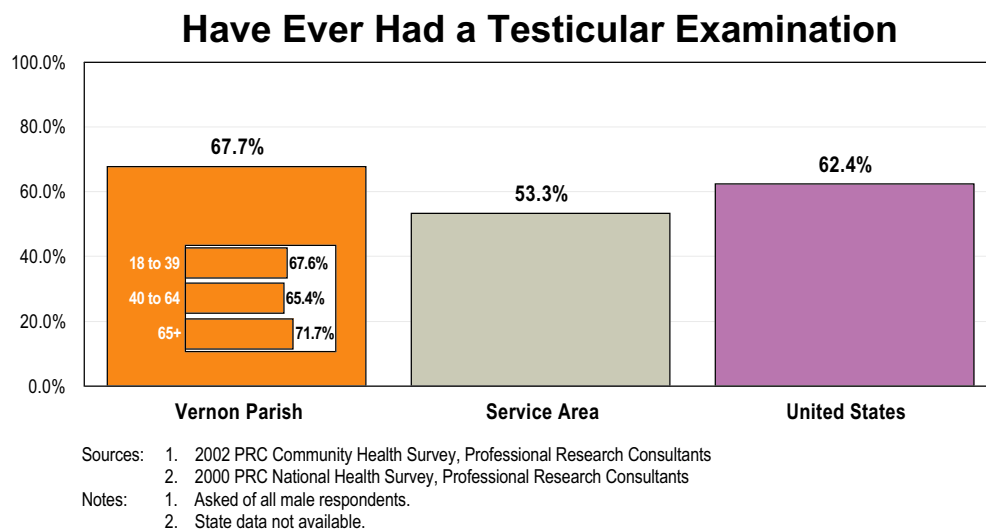
Notes: 1. Reflects male respondents aged 40 and older.
2. State and national data not available.

Testicular Cancer

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

Clinical Testicular Examination

- **67.7% of Vernon Parish men have ever had a testicular examination by a physician.**
 - Significantly better than Rapides Foundation Service Area findings (53.3%).
 - Statistically similar to national findings.
 - More than two-thirds (67.6%) of Vernon 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).

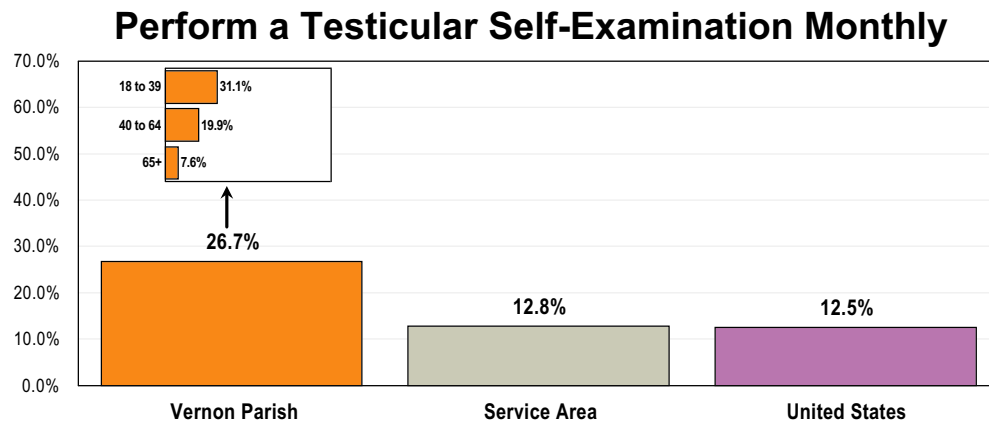


Testicular Self-Examination

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.

- **26.7% of Vernon Parish men perform a testicular self-examination monthly.**
 - Significantly higher than Rapides Foundation Service Area (12.8%) and national (12.5%) findings.

- 31.1% of Vernon 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.

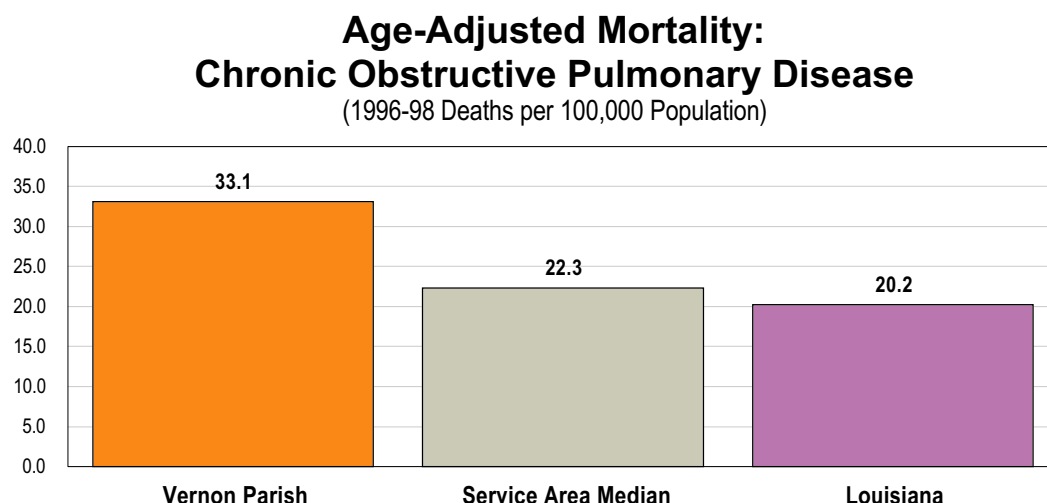
Respiratory Diseases

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 Vernon Parish is considerably higher than the median rate for the 11-parish area and the corresponding statewide rate.



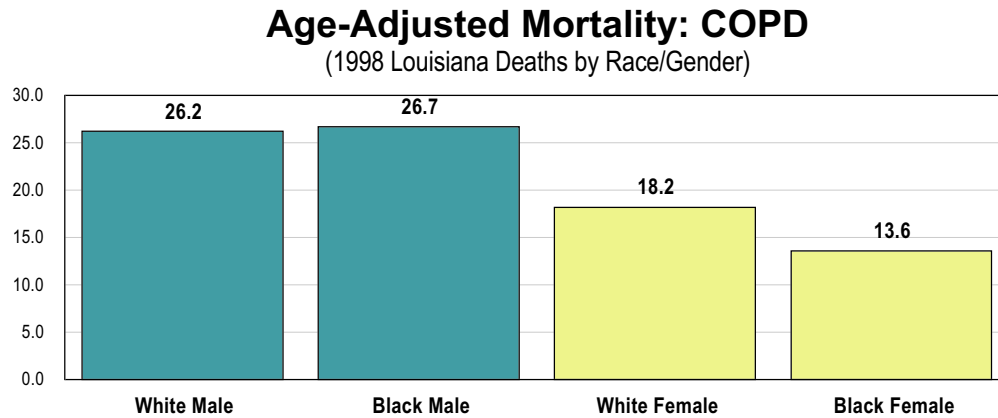
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

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

- In 1998, COPD death rates among Whites in Vernon Parish (26.8/100,000) were considerably higher than among Blacks (7.3/100,000). Similar disparity was seen among Whites (25.7/100,000) and Blacks (6.8/100,000) in the Rapides Foundation Service Area.

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



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

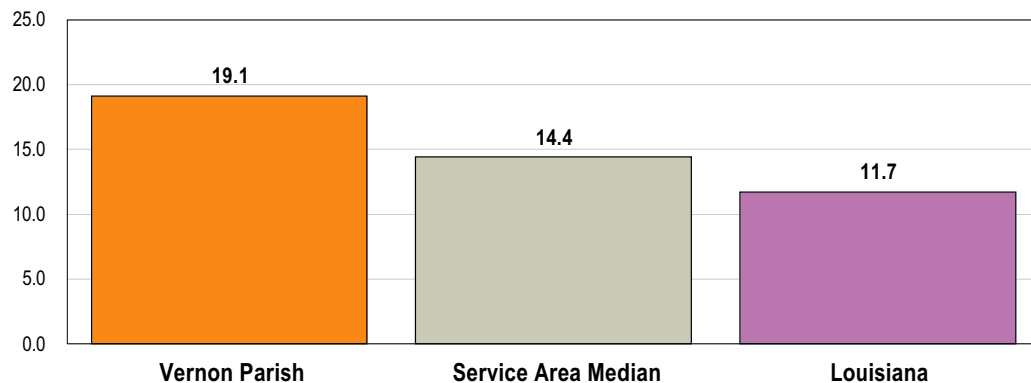
Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

Pneumonia/Influenza Deaths

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

Age-Adjusted Mortality: Pneumonia/Influenza

(1996-98 Deaths per 100,000 Population)



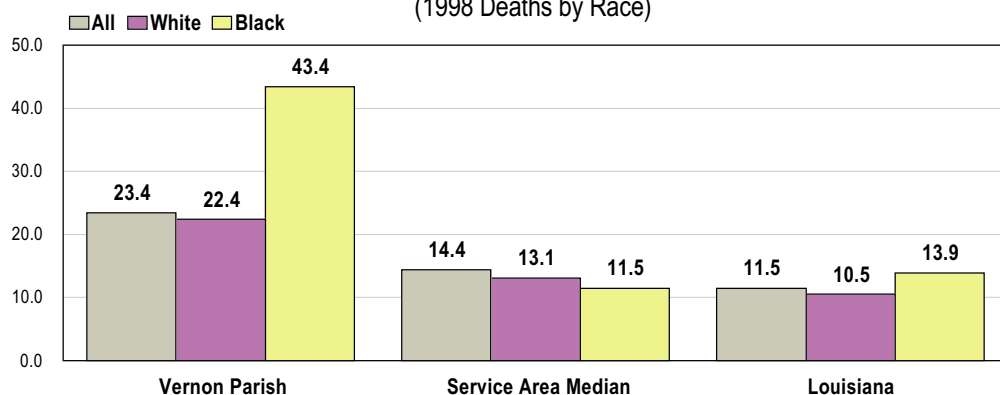
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

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

Age-Adjusted Mortality: Pneumonia/Influenza

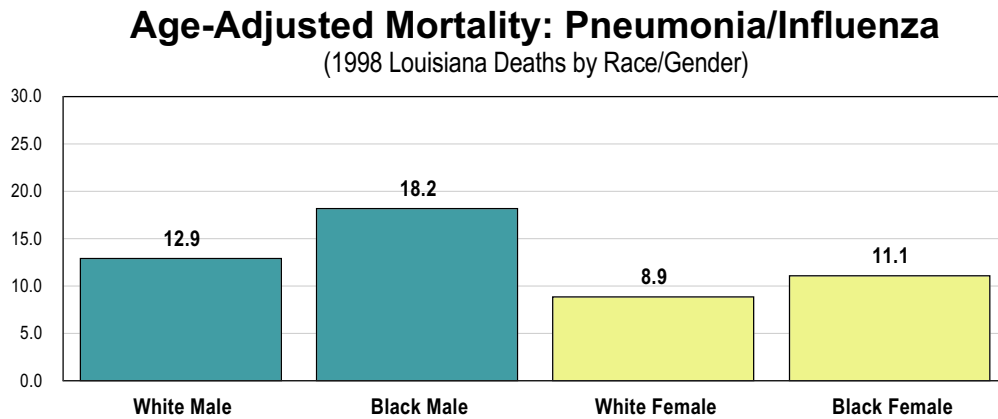
(1998 Deaths by Race)



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).

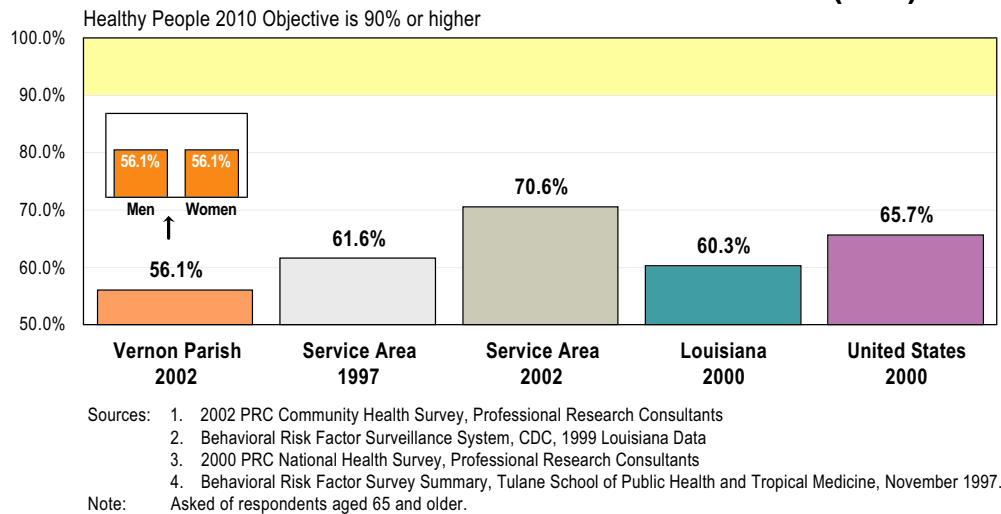


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).
Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

Flu Shots Among Seniors

- **56.1% of Vernon Parish seniors age 65 and older have had a flu shot in the past year.**
 - Statistically similar to national findings.
 - Significantly lower than Rapides Foundation Service area findings (70.6%).
 - Better than Louisiana findings (60.3%).
 - Far from satisfying the *Healthy People 2010* target (90% or higher).
 - Identical percentages of Vernon Parish men and women age 65 and older have had a flu shot recently (56.1%).

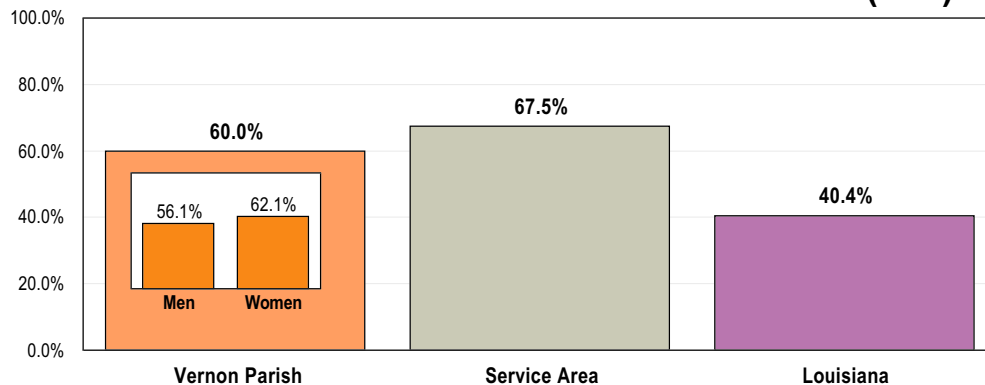
Have Had a Flu Shot in the Past Year (65+)



Pneumonia Vaccination Among Seniors

- **60.0% of Vernon Parish seniors age 65 and older have ever had a pneumonia vaccination.**
 - Significantly lower than Rapides Foundation Service Area findings (67.5%).
 - Significantly higher than found statewide in 1999 (40.4%).

Have Ever Had a Pneumonia Vaccination (65+)



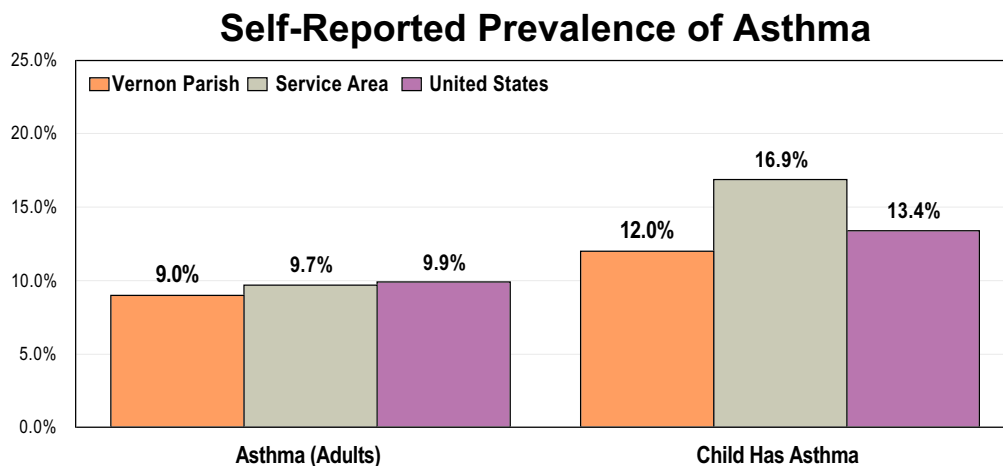
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data

Notes: 1. Asked of respondents aged 65 and older.
2. National data not available.

Self-Reported Asthma & Chronic Lung Disease Prevalence

Asthma

- **9.0% of Vernon Parish adults report suffering from or having been diagnosed with asthma.**
 - Statistically similar to Rapides Foundation Service Area and national findings.
- **12.0% of Vernon Parish parents report that their child has been diagnosed by a doctor or health professional with asthma.**
 - Significantly lower than Rapides Foundation Service Area findings (16.9%).
 - Statistically similar to national findings.



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

Community Health Panel Findings*

Focus group participants believe asthmatic children need better air quality and better medical attention at school.

“We have a very high pollen count, and a lot of our kids have asthma and use inhalers. I know that the indoor air quality, at least in Fort Polk, is a big issue. We are having

* 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.

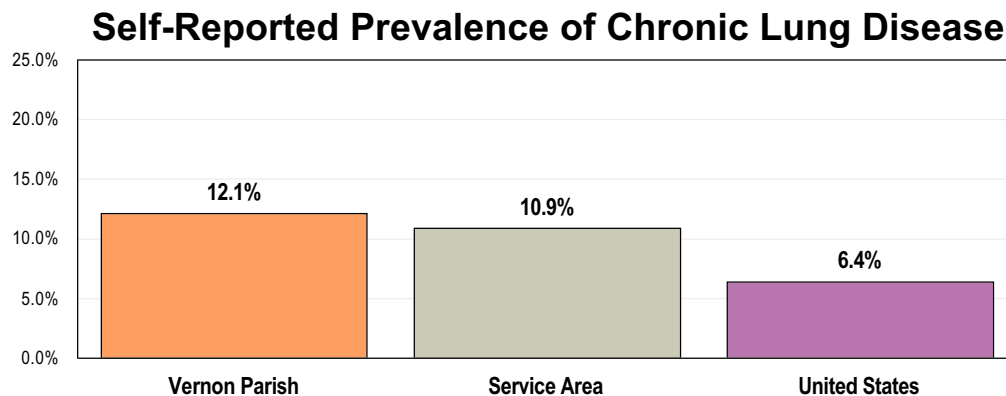
people conducting surveys in our buildings, and they are finding mold because of the leaky and poor structural buildings.”

“I think that our teachers need to be trained on how to deal with kids that have asthma – also how to administer the inhalers and other medicines that these kids are taking every day. We only have two nurses. Some of our schools don’t have nurses; they are on call and may visit the school on a weekly basis.”

“I think all the smoking in the homes is causing this asthma problem.”

Chronic Lung Disease

- **12.1% of Vernon Parish adults report suffering from or having been diagnosed with chronic lung disease.**
 - Similar to Rapides Foundation Service Area findings.
 - Significantly worse than U.S. findings (6.4%).



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

Injury

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

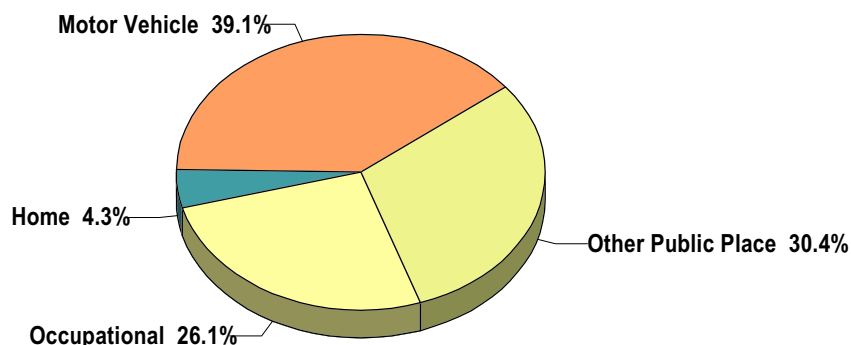
Like diseases, injuries do not occur at random and are preventable. Injury prevention strategies focus primarily on environmental design (e.g., road construction that permits optimum visibility), product design, human behavior, education and legislative and regulatory requirements that support environmental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

Unintentional Injury Deaths

Leading Causes of Accidental Deaths

- **39.1% of unintentional injury deaths in Vernon Parish in 1998 were the result of motor vehicle accidents.**
- **30.4% of unintentional injury deaths in Vernon Parish in 1998 occurred in another public place.**

Leading Causes of Accidental Death (Vernon Parish, 1998)



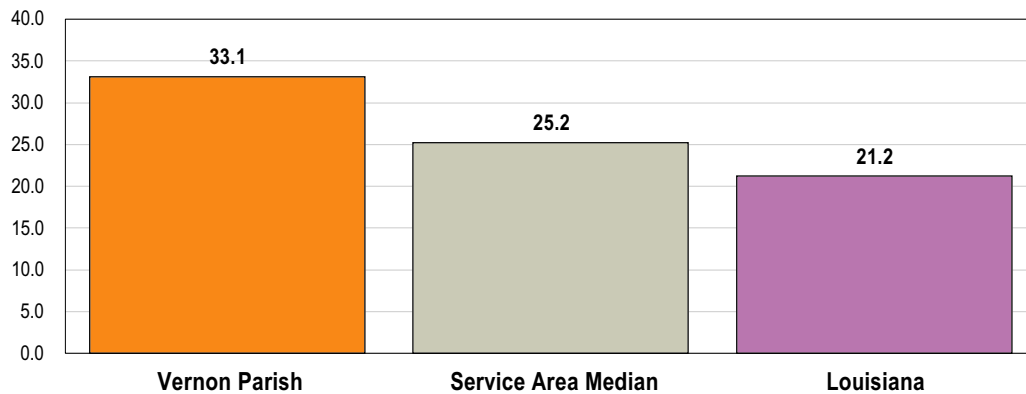
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

Motor Vehicle-Related Deaths

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

Age-Adjusted Mortality: Motor Vehicle Accidents

(1996-98 Deaths per 100,000 Population)



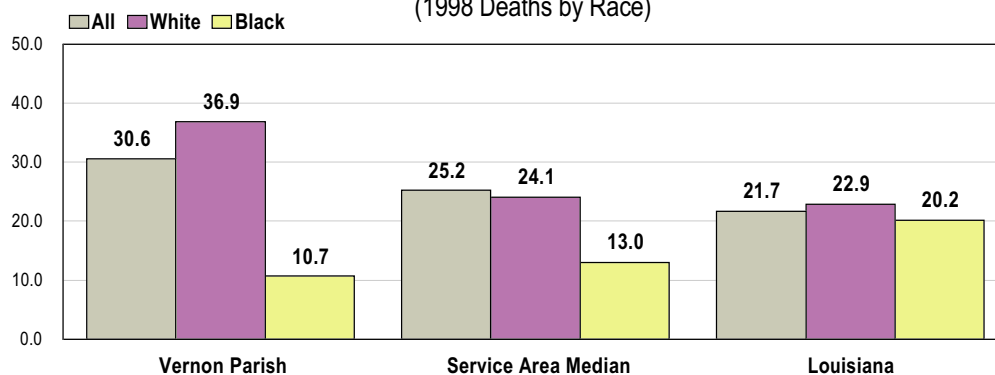
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

- In 1998, the motor vehicle accident death rate in Vernon Parish was exceptionally high among Whites (36.9/100,000) in comparison to Blacks (10.7/100,000). However, this difference in rates is not evident statewide (where the greater numbers of deaths produce more reliable single-year rates).

Age-Adjusted Mortality: Motor Vehicle Accidents

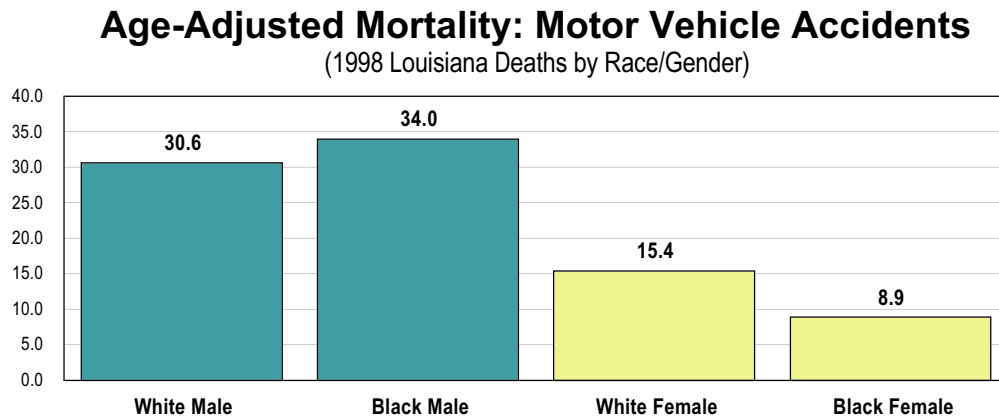
(1998 Deaths by Race)



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

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

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



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

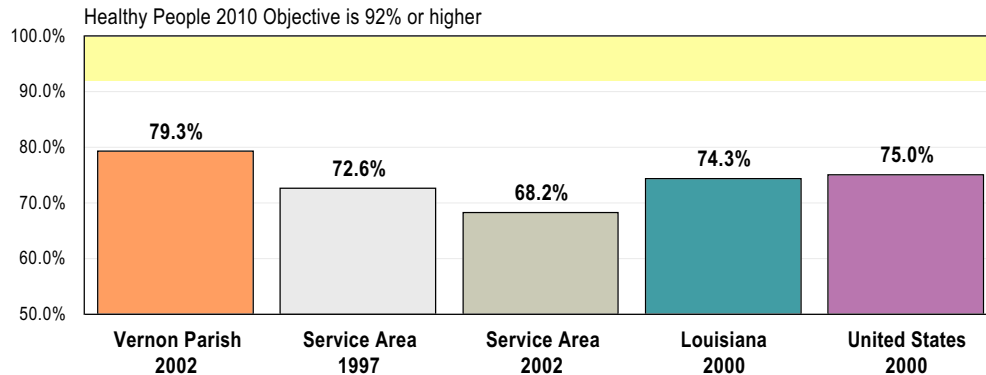
Injury Control

Motor Vehicle Safety

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

- **79.3% of Vernon Parish adults report “always” wearing a seat belt when driving or riding in an automobile.**
 - Significantly better than Rapides Foundation Service Area findings (68.2%).
 - Similar to statewide prevalence and national prevalence.
 - Far from reaching the *Healthy People 2010* target (92% or higher).

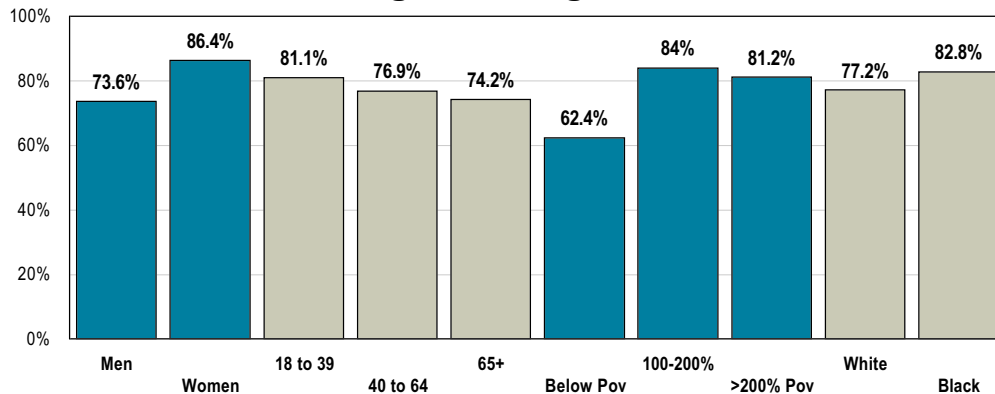
Always Wear a Seat Belt When Driving or Riding in an Automobile



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

- Those living below the poverty level report much lower seat belt usage.
- More young adults than older adults “always” wear a seat belt.
- Men less often report “always” wearing a seat belt than women.

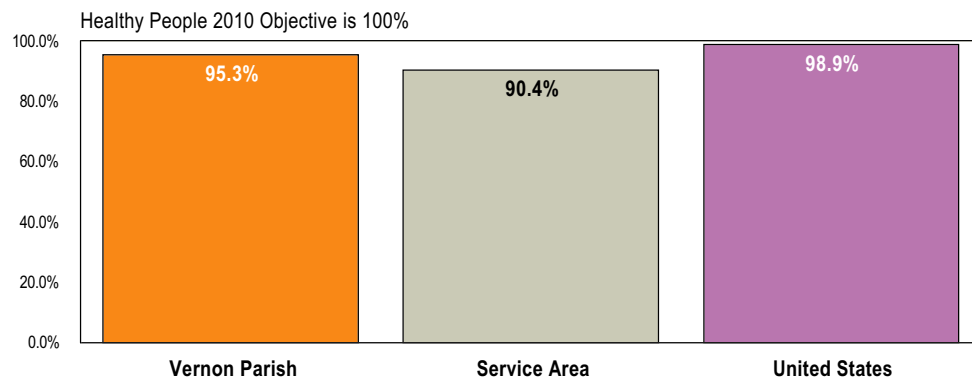
Always Wear a Seat Belt When Driving or Riding in an Automobile



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

- **95.3% of Vernon Parish parents with children under the age of 5 years report that their child “always” wears a seat belt or uses an appropriate child safety seat when riding in an automobile.**
 - Significantly higher than found throughout the Rapides Foundation Service Area (90.4%).
 - Statistically similar to U.S. findings.
 - Does not satisfy the *Healthy People 2010* target (100%).

Child <5 Always Wears Child Restraints/Seat Belts

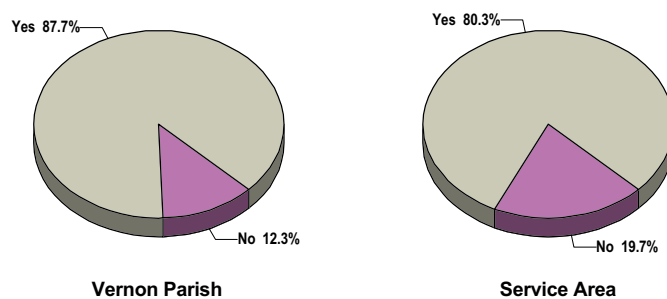


Source: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
 Note: Asked of respondents with children under the age of 5.

Fire Safety

- **87.7% of Vernon Parish respondents report having at least one working smoke detector on each floor of their homes.**
 - Significantly higher than Rapides Foundation Service Area findings (80.3%).

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



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

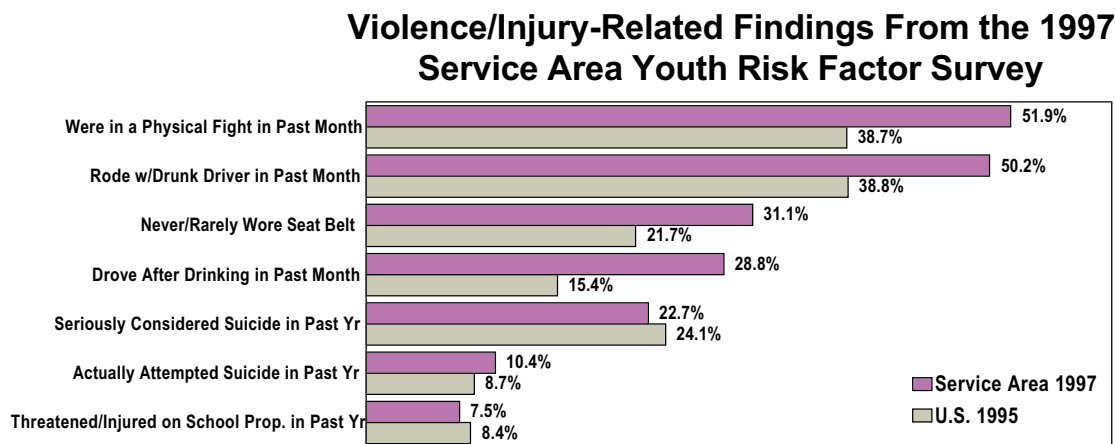
Work-Related Injuries

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

Adolescent Injury & Violence

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

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



Source: Tulane School of Public Health and Tropical Medicine.

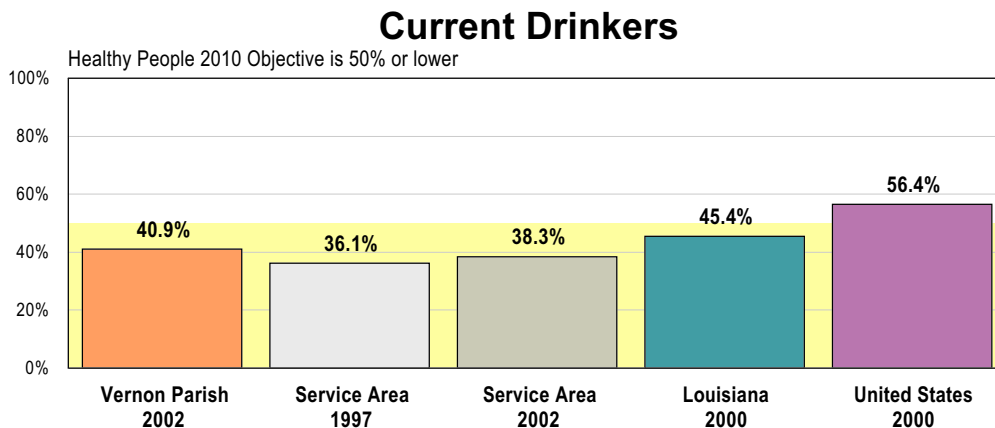
Substance Abuse

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

Current Drinkers

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

- **40.9% of Vernon Parish adults are “current drinkers,” meaning that they have had at least one drink of alcohol (one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail or one shot of liquor) in the past month.**
 - Similar to Rapides Foundation Service Area and statewide findings.
 - Significantly better than found nationwide (56.4%).
 - Satisfies the *Healthy People 2010* target (50% or lower).

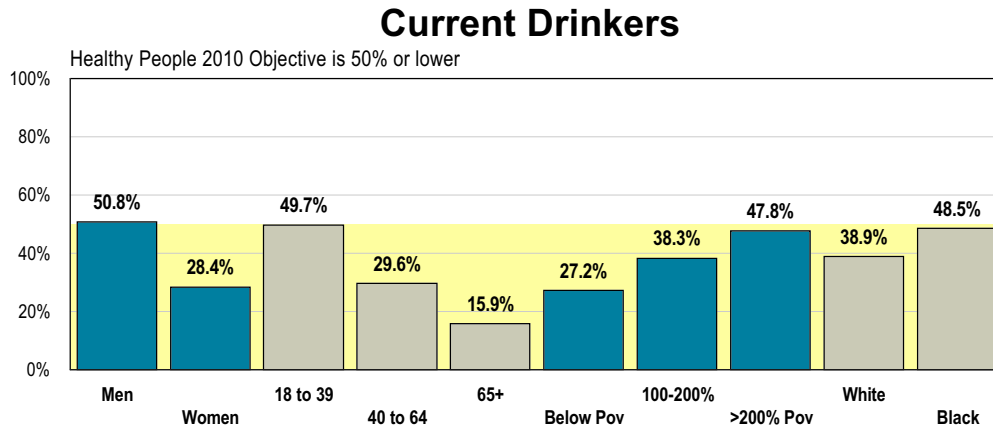


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, State Survey Data, 1999
3. 2000 PRC National Health Survey, Professional Research Consultants
4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health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

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

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

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



Source: 2002 PRC Community Health Survey, Professional Research Consultants

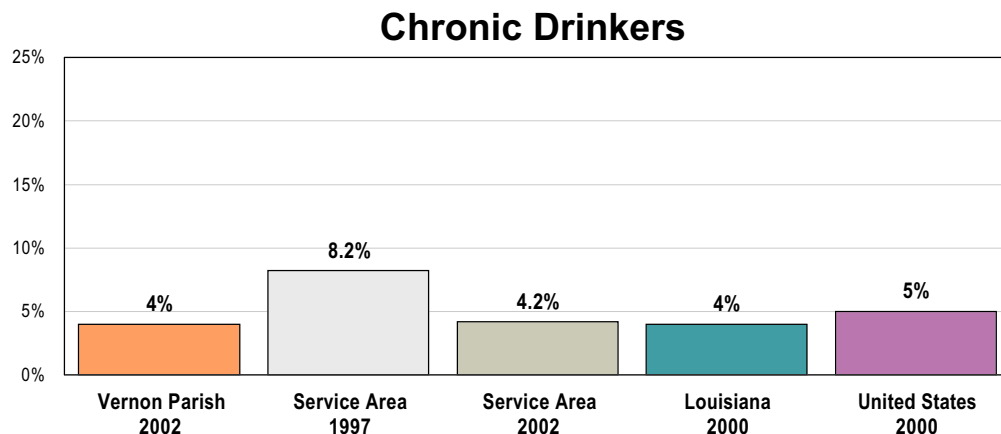
Notes: 1. Demographic breakouts are among findings in Vernon Parish.

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

- **4.0% of Vernon Parish adults are “chronic drinkers,” meaning that they average two or more drinks of alcohol per day (60 drinks within the past month).**
 - Similar to current Rapides Foundation Service Area, statewide and national findings.
 - This translates to approximately 1,544 adults in Vernon Parish.



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

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

3. 2000 PRC National Health Survey, Professional Research Consultants

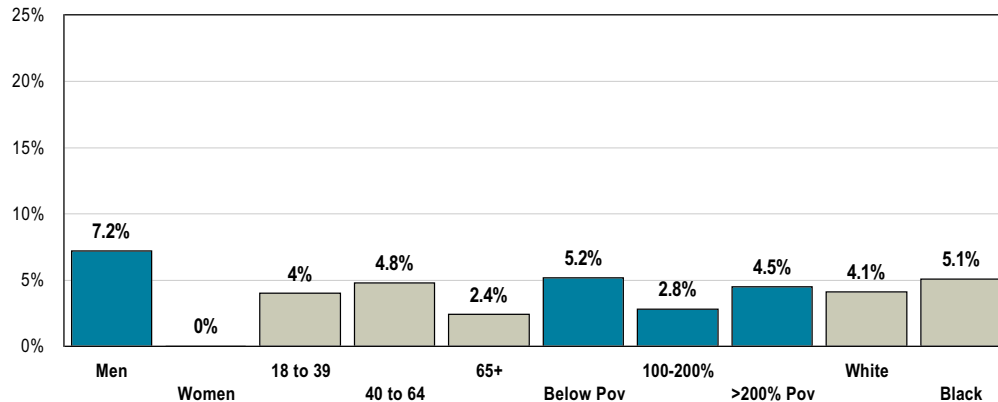
4. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.

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

2. Reflects the total sample of respondents.

- Men report the highest prevalence of chronic drinking.
- Those living below poverty level report the highest drinking rate among the income classes.

Chronic Drinkers



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

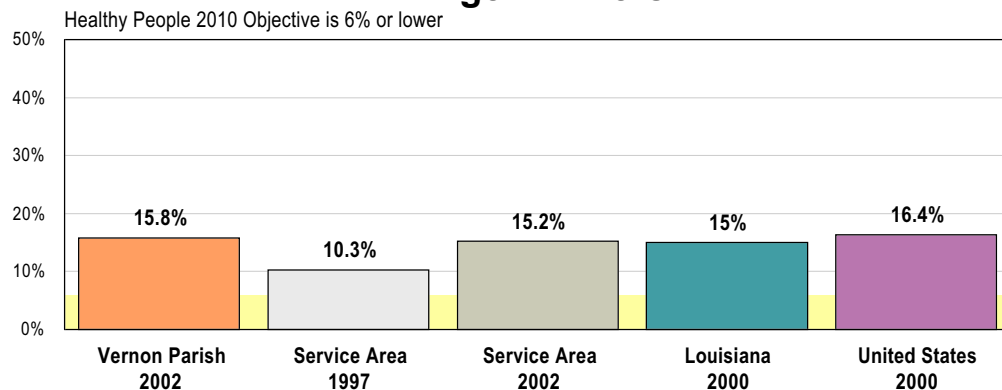
2. Reflects the total sample of respondents.

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

Binge Drinkers

- **15.8% of Vernon Parish adults are “binge drinkers,” meaning that they have had five or more alcoholic beverages on any one occasion in the past month.**
 - Similar to current Rapides Foundation Service Area, statewide and national findings.
 - Fails to satisfy the *Healthy People 2010* target (6% or lower).

Binge Drinkers



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

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

3. 2000 PRC National Health Survey, Professional Research Consultants

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

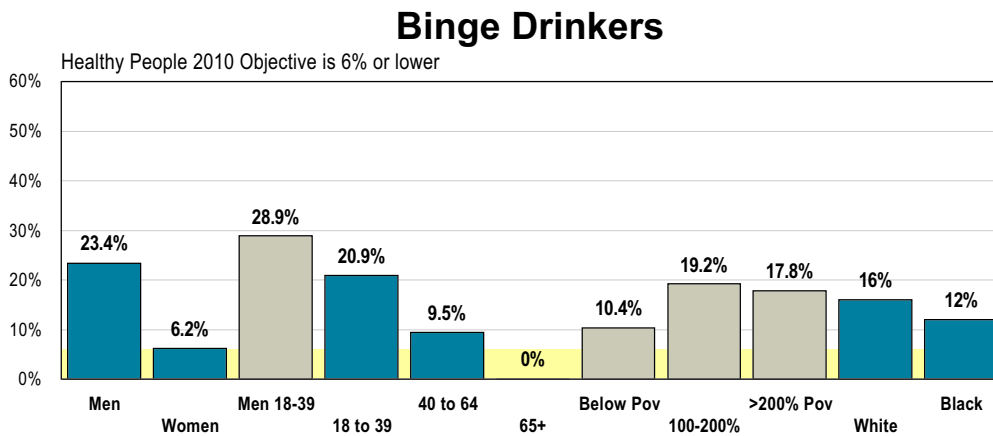
5. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.

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

2. Reflects the total sample of respondents.

Binge drinking is more prevalent among:

- Men ages 18 to 39.
- Persons living above the poverty level.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

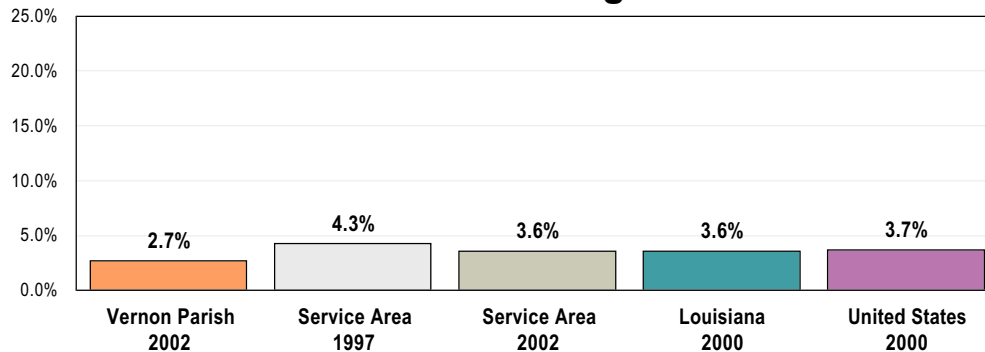
2. Reflects the total sample of respondents.

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

- **2.7% of Vernon Parish adults admit to driving during the past month after they had perhaps too much alcohol to drink.**
 - Similar to service area, state and national findings.
 - This translates to nearly 1,042 adults in Vernon 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

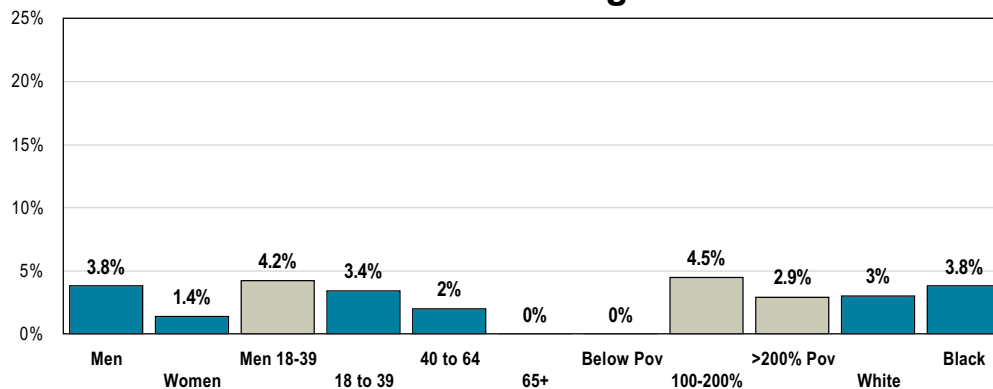


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Behavioral Risk Factor Survey Summary, Tulane School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

Drinking and driving is more prevalent among:

- Persons living just above the poverty level.
- Men ages 18 to 39.

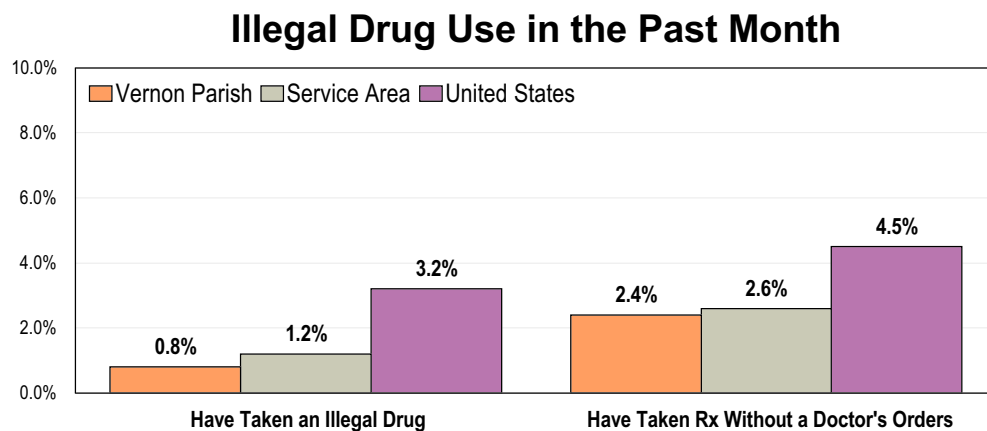
Have Driven After Having Had Too Much to Drink During the Past Month



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

Other Drug Abuse

- **0.8% of Vernon Parish adults report having taken an illegal drug in the past year.**
 - Similar to Rapides Foundation Service Area findings.
 - Significantly better than reported nationwide (3.2%).
- **2.4% of Vernon Parish adults report having taken a prescription drug without a doctor's orders in the past year.**
 - Statistically similar to Rapides Foundation Service Area findings.
 - Significantly better than reported nationwide (4.5%).

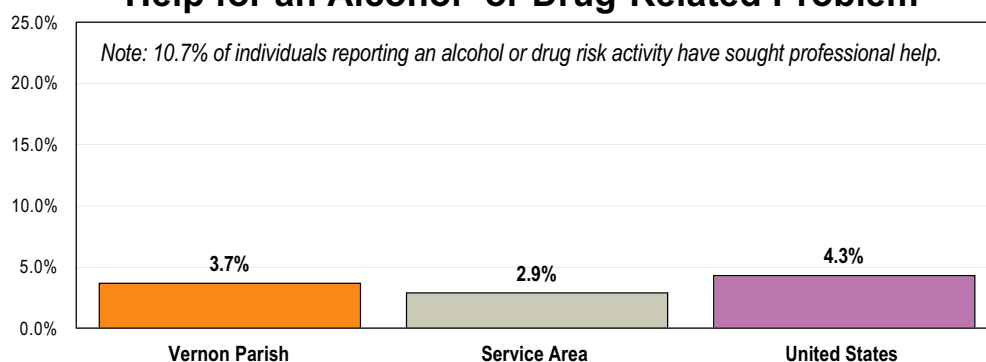


Source: 2002 PRC Community Health Survey, Professional Research Consultants

Note: Asked of all respondents.

- **3.7% of Vernon Parish adults have ever sought help for an alcohol- or drug-related problem.**
 - Similar to Rapides Foundation Service Area and national findings.
- **10.7% of Vernon Parish adults reporting one or more drug or alcohol risk activity report that they have sought help for dependency or addiction.**

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



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

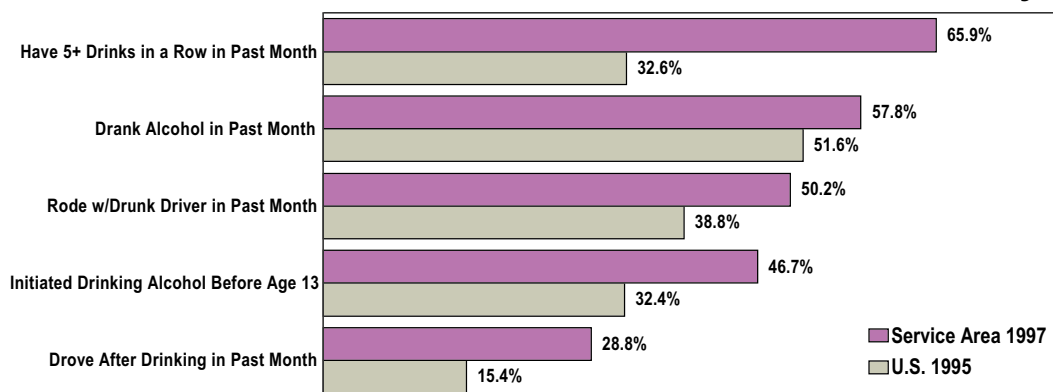
Notes: 1. Asked of all respondents.
 2. Alcohol/drug risk activities include prescription abuse, illegal drug use, drunk driving, or chronic or binge drinking.

Adolescents, Alcohol & Drug Use

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

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

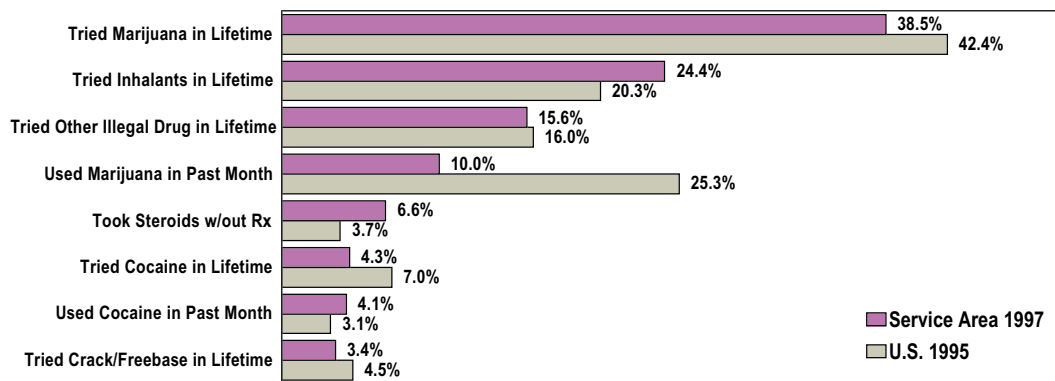
Alcohol-Related Findings From the 1997 Service Area Youth Risk Factor Survey



Source: Tulane School of Public Health and Tropical Medicine.

- Service area youth report lower use of marijuana (38.5% have tried marijuana, 10% have used marijuana in the past month) in comparison to youth nationwide (42.4% and 25.3%, respectively).
- Service area youth report a higher prevalence of having ever tried inhalants to get high (24.4%) in comparison to national findings (20.3%).
- Service area youth report a higher prevalence of having ever taken steroids without a doctor's prescription (6.6%) in comparison to national findings (3.7%).
- Service area youth less often report having ever tried cocaine (4.3%) in comparison to youth nationwide (7%).

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



Source: Tulane School of Public Health and Tropical Medicine.

Community Health Panel Findings*

“We have a good outpatient substance abuse treatment center, but we don’t have an inpatient one - not even a detox center.”

“We see a lot of Ecstasy and some cocaine, mainly concentrated in one area of town which we call District 2.”

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

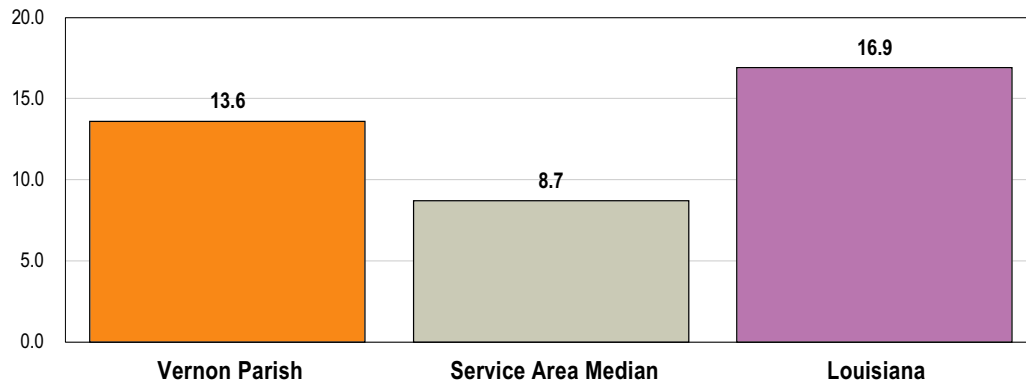
Intentional Injury Deaths

Homicide

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

Age-Adjusted Mortality: Homicide

(1996-98 Deaths per 100,000 Population)



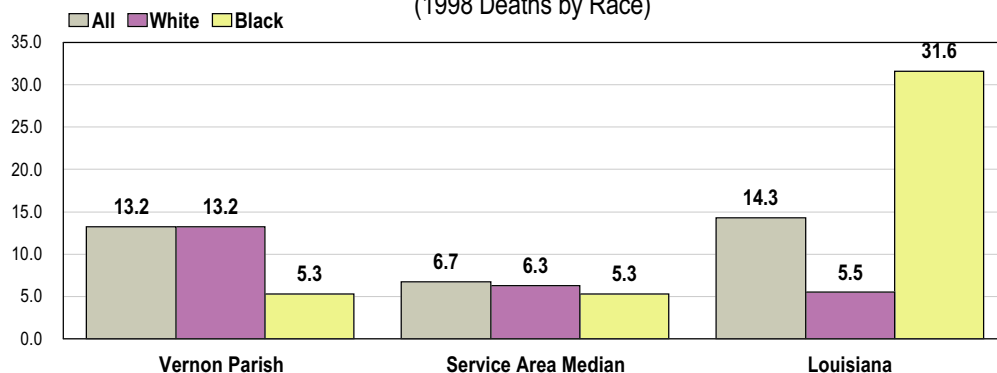
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

- The Vernon Parish homicide death rate in 1998 was higher among Whites (13.2/100,000) than Blacks (5.3/100,000). However, the Louisiana homicide rate showed a considerably higher prevalence among Blacks (31.6/100,000) than among Whites (5.5/100,000).

Age-Adjusted Mortality: Homicide

(1998 Deaths by Race)



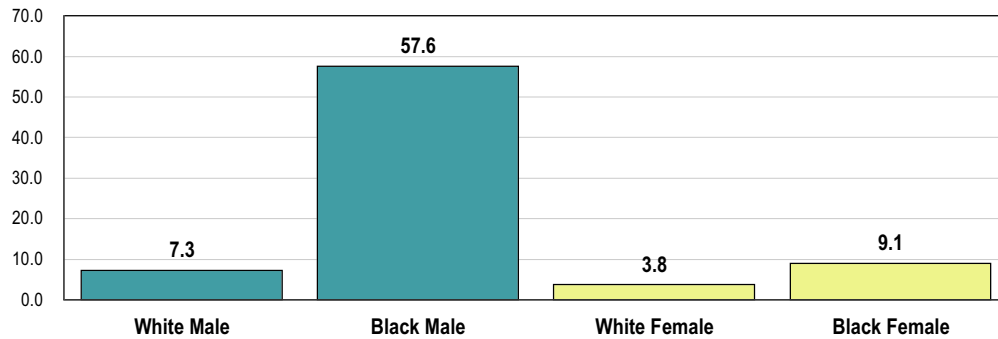
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

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

Age-Adjusted Mortality: Homicide

(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.

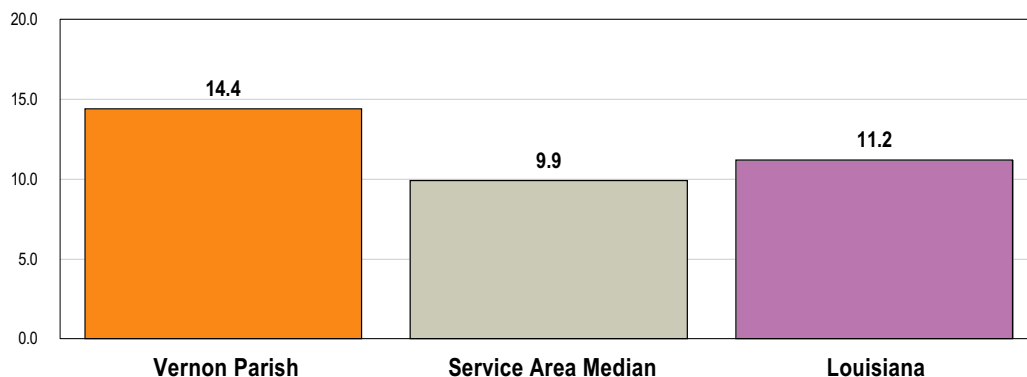
2. Includes homicide and legal intervention deaths.

Suicide

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

Age-Adjusted Mortality: Suicide

(1996-98 Deaths per 100,000 Population)



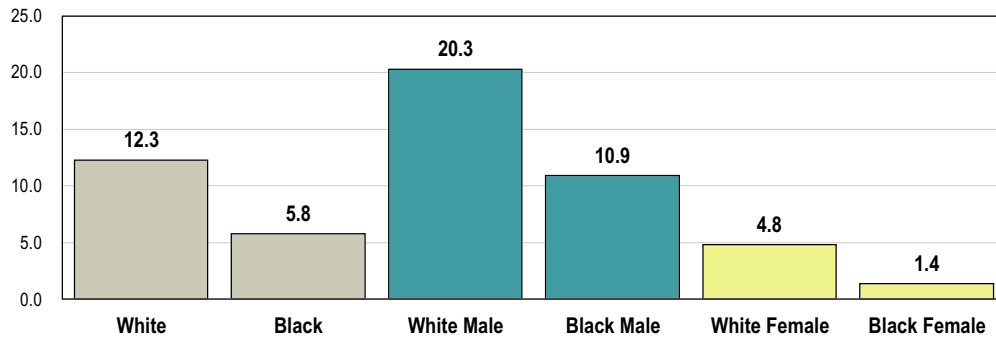
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

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

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

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



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

Diabetes

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

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

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

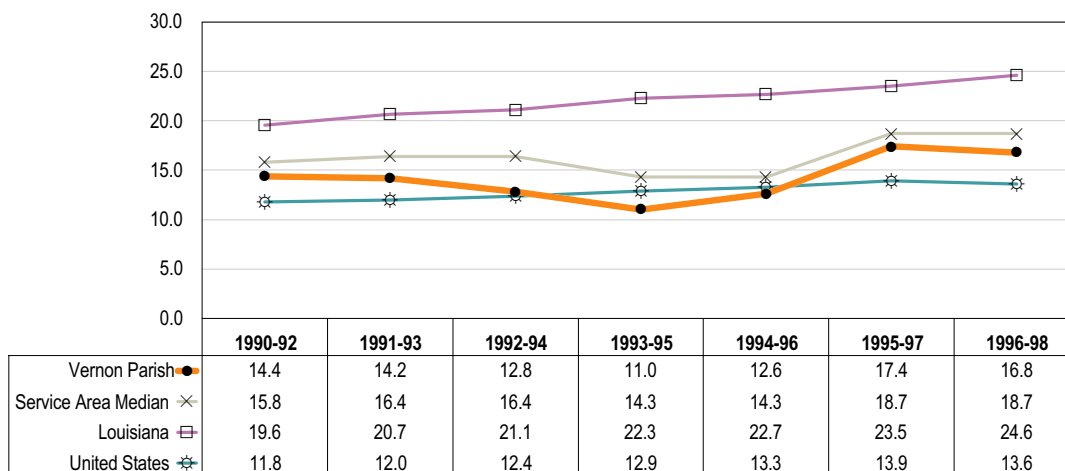
About 16 million Americans have diabetes, but only about 10 million have been diagnosed. Approximately 798,000 new cases of diabetes are diagnosed annually in the United States. Nationwide, the number of persons diagnosed with diabetes has increased sixfold, from 1.6 million in 1958 to 10 million in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

Diabetes Deaths

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

Age-Adjusted Mortality: Diabetes

(1990-1998 Deaths per 100,000 Population)



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

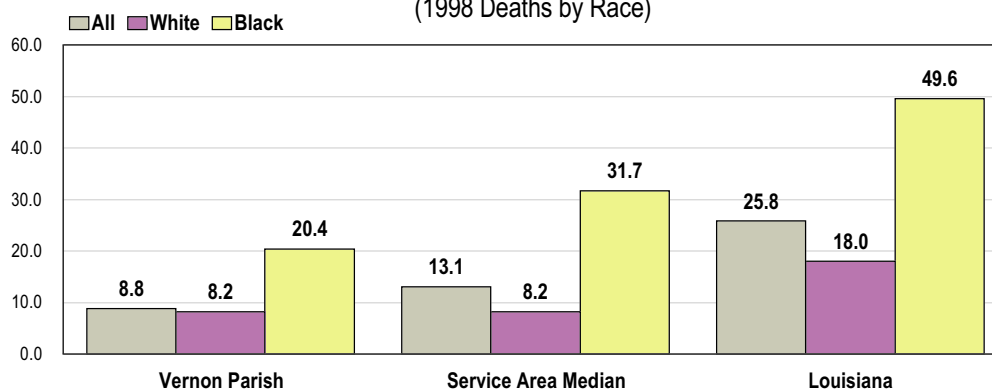
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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

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

Age-Adjusted Mortality: Diabetes

(1998 Deaths by Race)



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

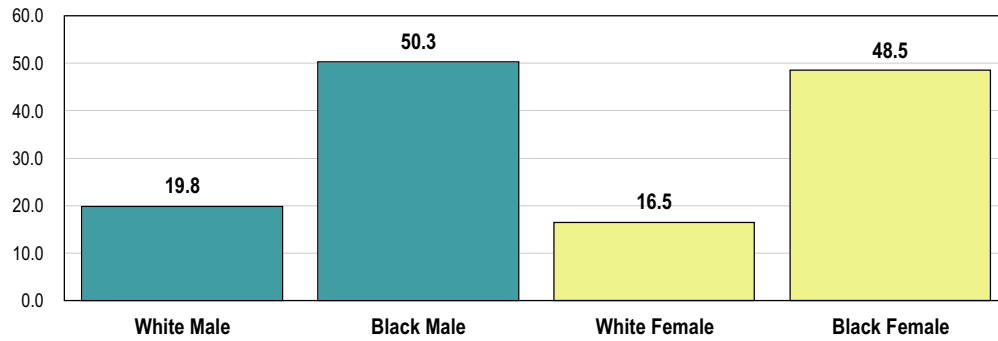
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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

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

Age-Adjusted Mortality: Diabetes

(1998 Louisiana Deaths by Race/Gender)



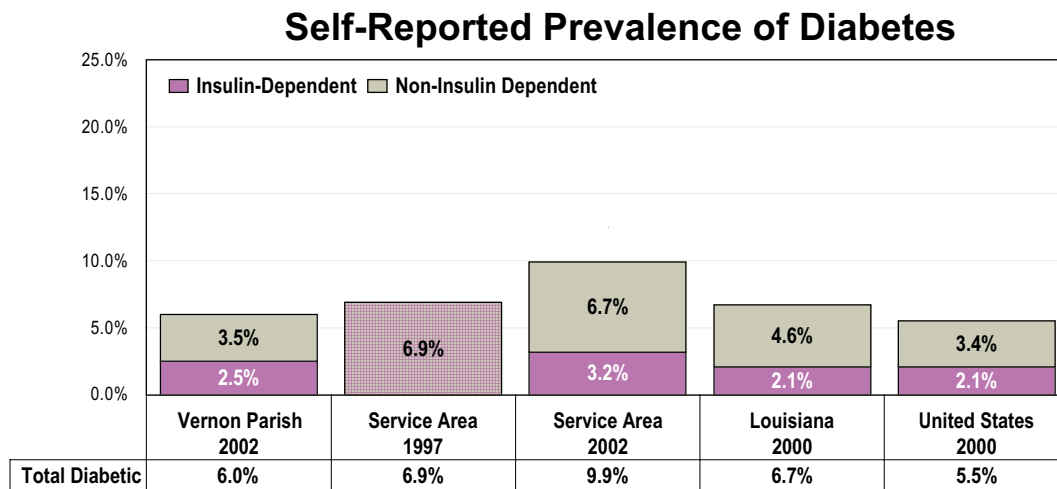
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

Self-Reported Diabetes Prevalence

Diabetes Prevalence

- **6.0% of Vernon Parish adults report suffering from or having been diagnosed with diabetes.**
 - Significantly lower than Rapides Foundation Service Area findings (9.9%).
 - Similar to statewide and national findings.
 - It is estimated that more than one-third of diabetes cases nationwide remain undiagnosed.



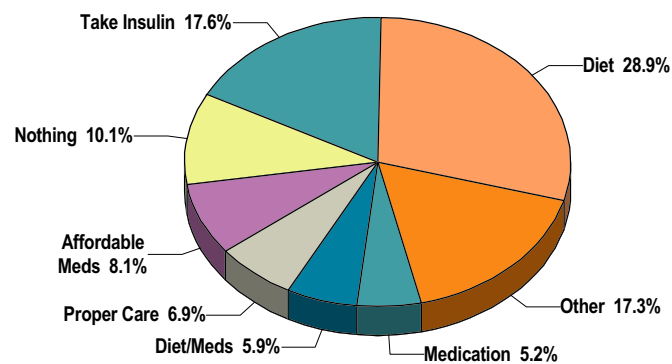
- Sources:
1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
 4. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.
- Notes:
1. Asked of all respondents.
 2. 1997 data does not distinguish between insulin-dependent and non-insulin dependent diabetes.

See also “Cardiovascular Risk Behavior: Overweight Prevalence.”

Needs of Diabetics

- **28.9% of diabetics surveyed in Vernon Parish report that their greatest need in managing their diabetes is diet.**

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



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

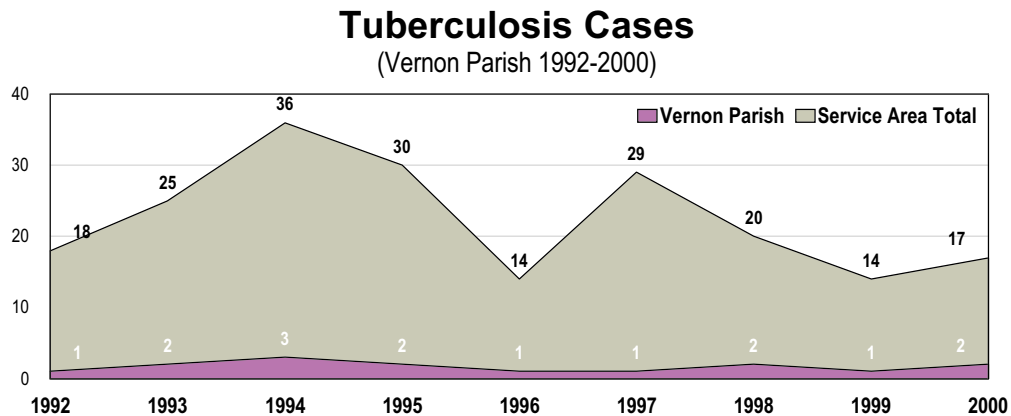
INFECTIOUS & CHRONIC DISEASE

Tuberculosis

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

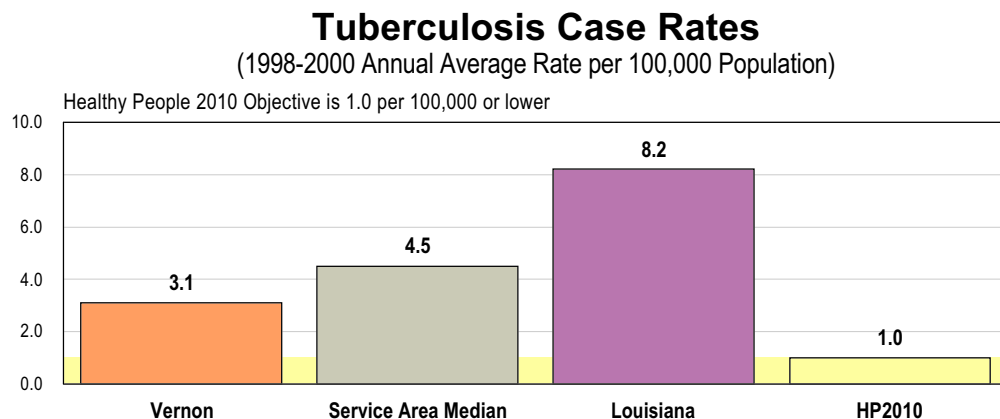
Tuberculosis Incidence

- Between 1992 and 2000, at least 1 case of tuberculosis was diagnosed every year in Vernon Parish.



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

- Between 1998 and 2000, there was an annual average of 3.1 cases of tuberculosis diagnosed in Vernon Parish per 100,000 population.
 - Well below the statewide 1998-2000 annual average case rate (8.2/100,000).
 - Fails to satisfy the *Healthy People 2010* target (1.0/100,000 or lower).



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

HIV/AIDS

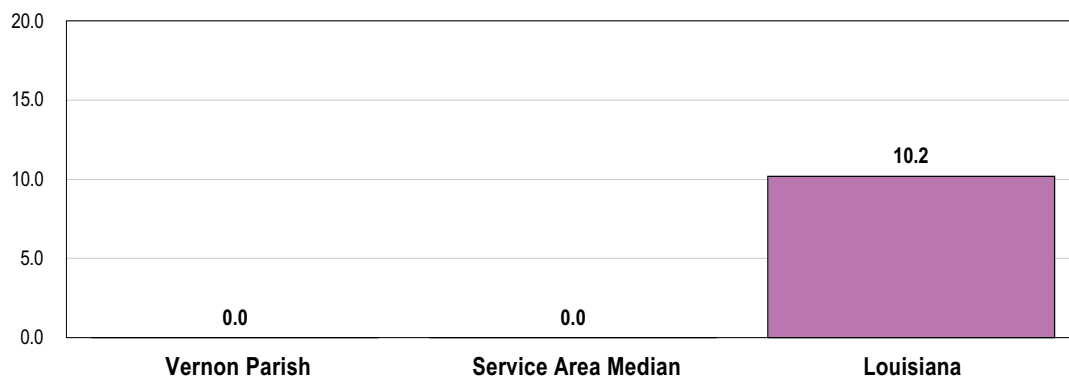
The AIDS (acquired immunodeficiency syndrome) epidemic is a problem of national and international importance, a disease for which there is as of yet no cure. Although there is no cure or vaccine, recent advances in human immunodeficiency virus (HIV) treatment can slow or halt the progression from HIV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

AIDS Death Rates

- Between 1996 and 1998, no deaths in Vernon Parish were attributable to AIDS.

Age-Adjusted Mortality: AIDS

(1996-98 Deaths per 100,000 Population)



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

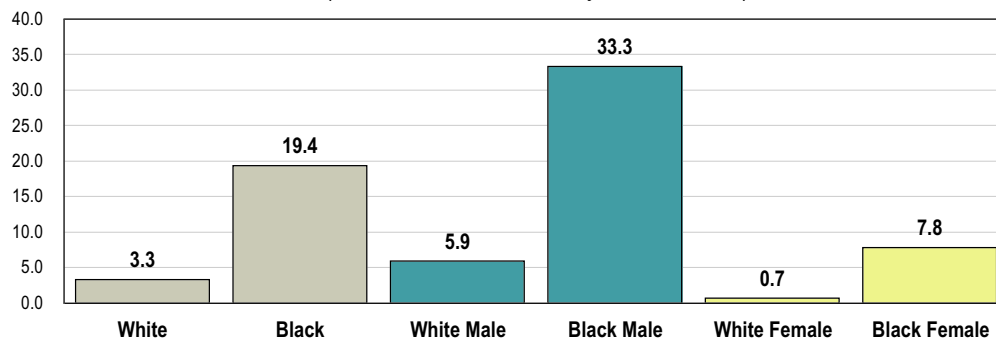
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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

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

Age-Adjusted Mortality: AIDS

(1998 Louisiana Deaths by Race/Gender)



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

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

HIV/AIDS Rates

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

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

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

Interpretation of HIV Detection Data

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

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

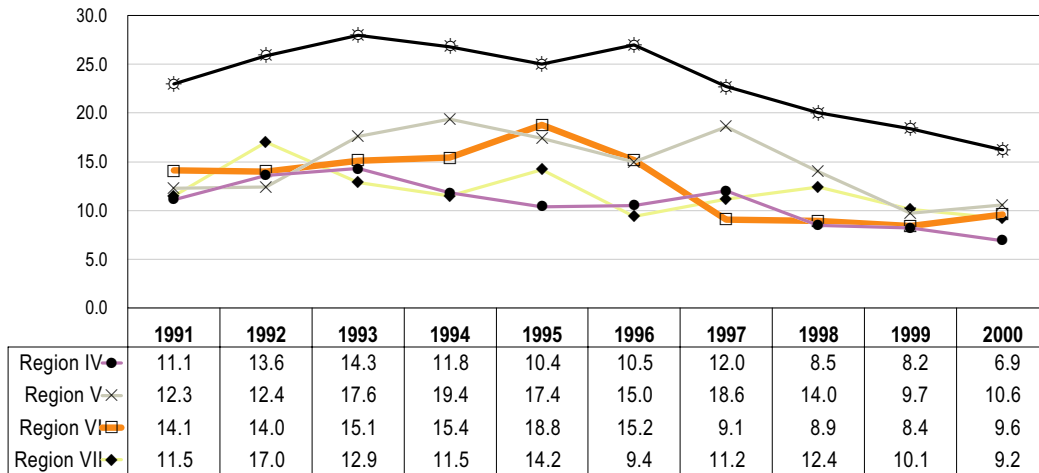
Therefore, HIV detection data do not necessarily represent characteristics of person who have been recently infected with HIV, nor do they provide true HIV incidence. Demographic and geographic subpopulations are disproportionately sensitive to differences and changes in access to health care, HIV testing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

With this in mind:

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

AIDS Case Rates

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



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

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

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

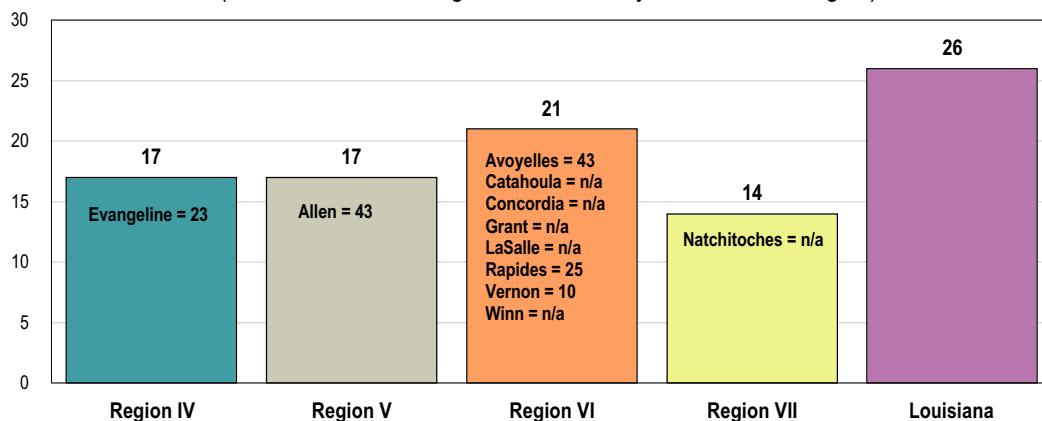
3. Public Health Region VI includes Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon and Winn Parishes.

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

- **In Public Health Region VI (which includes Vernon Parish), there was an annual HIV/AIDS detection rate of 21 cases per 100,000 population (10/100,000 in Vernon 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 Program.

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

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

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

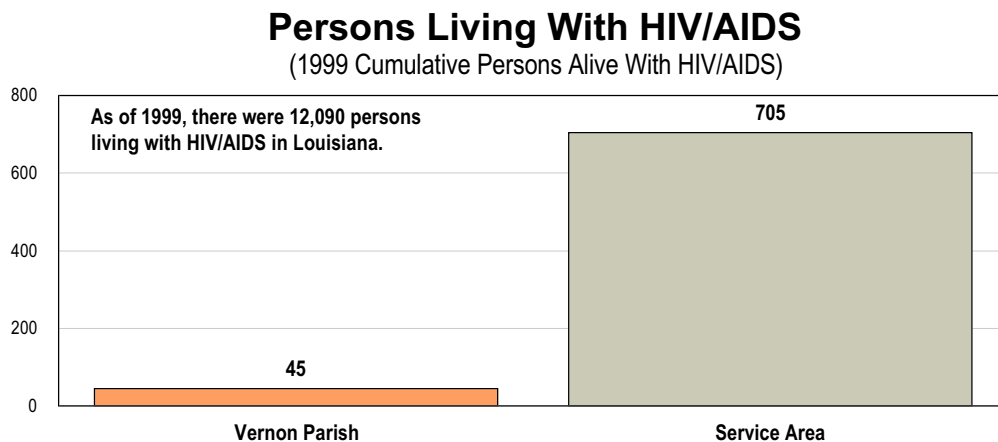
4. Public Health Region VII includes Natchitoches and eight other parishes in and around Shreveport, Louisiana.

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

Persons Living With HIV/AIDS

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

- **As of 1999, there were 45 persons living with AIDS in Vernon Parish and 705 throughout the Rapides Foundation Service Area.**

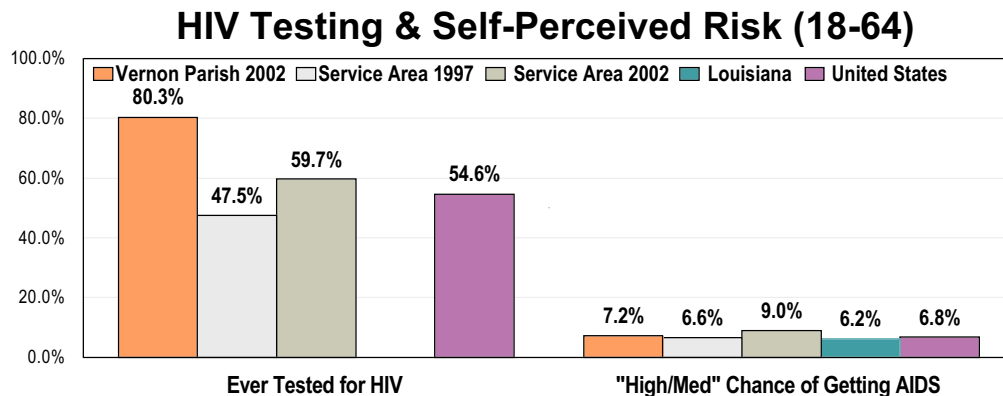


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

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

HIV Testing & Perceived Risk

- **80.3% of Vernon Parish adults between the ages of 18 and 64 report that they have been tested for HIV at some time in the past (not counting tests they may have had when donating blood).**
 - Significantly higher than Rapides Foundation Service Area findings (59.7%).
 - Significantly higher than national findings (54.6%).
- **7.2% of Vernon Parish adults between the ages of 18 and 64 believe themselves to be at “high” or “medium” risk for getting AIDS.**
 - Similar to Rapides Foundation Service Area, statewide and national findings.



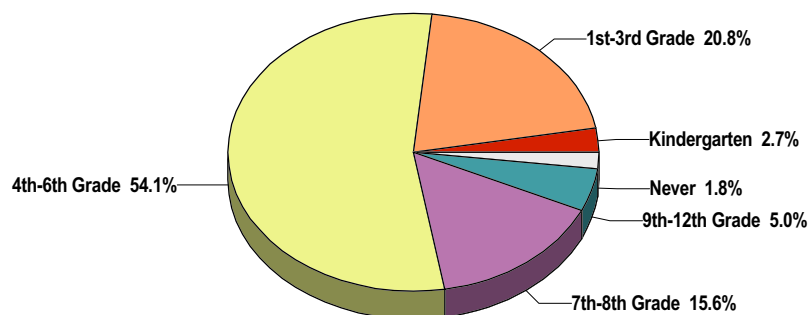
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
 4. Behavioral Risk Factor Survey Summary, Tulane School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

Note: Reflects respondents aged 18 through 64.

Children & HIV/AIDS Education

- **77.6% of Vernon Parish adults between the ages of 18 and 64 believe children should begin receiving HIV/AIDS education in school during elementary school years (K-6).**
- **Only 1.8% of Vernon 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
(Vernon Parish; 18-64)

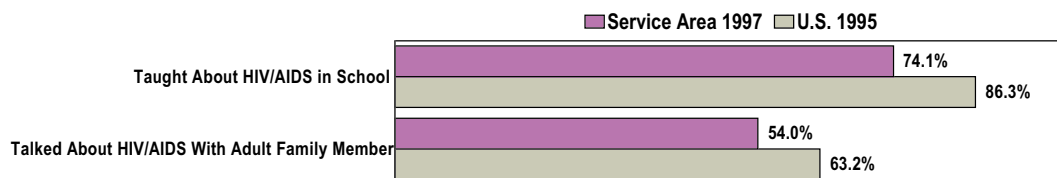


Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Asked among respondents aged 18 through 64.

In the 1997 Central Louisiana Youth Risk Factor Survey:

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

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



Source: Tulane School of Public Health and Tropical Medicine.

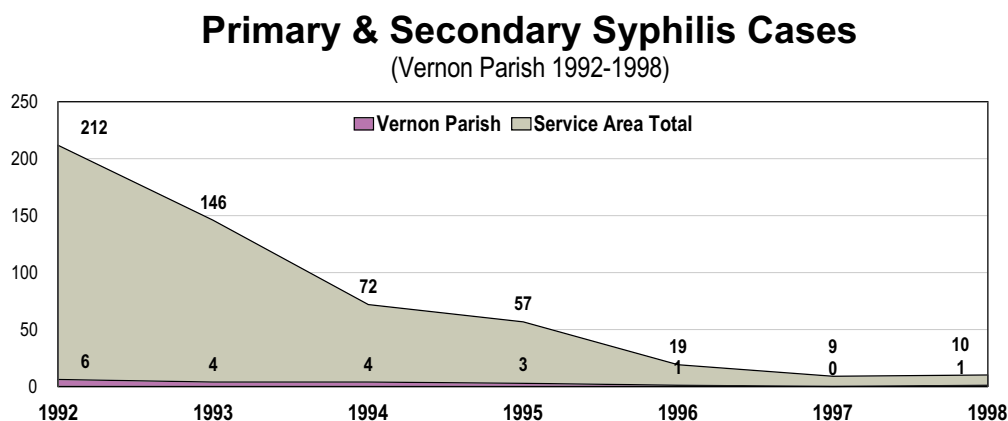
Sexually Transmitted Diseases

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

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

Syphilis

- From 1992 to 1998, a total of 19 cases of primary and secondary syphilis were reported in Vernon Parish.

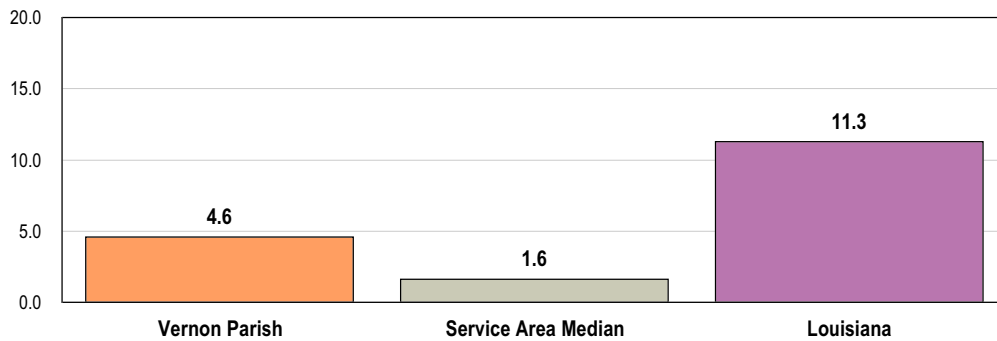


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

- **Between 1998 and 2000, there was an annual average of 4.6 cases of primary or secondary syphilis in Vernon 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

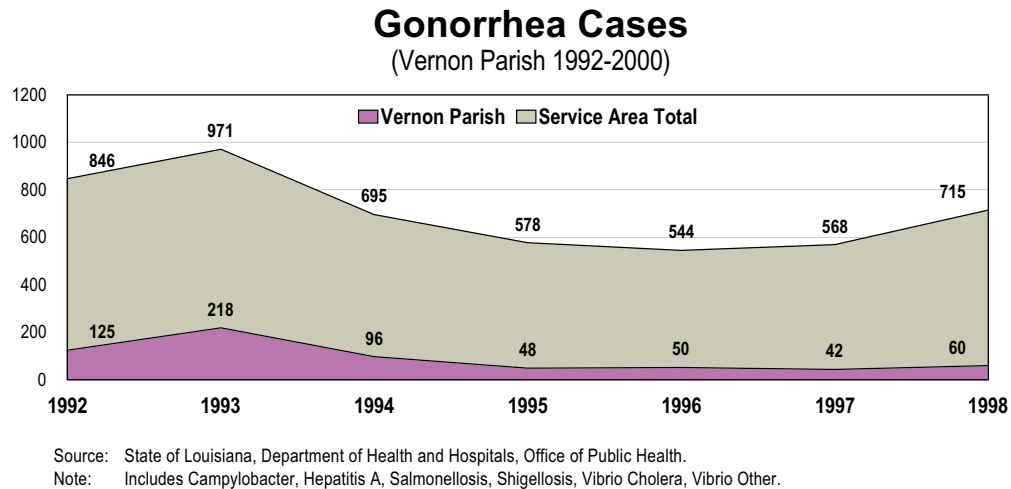
(1998-2000 Annual Average Rate per 100,000 Population)



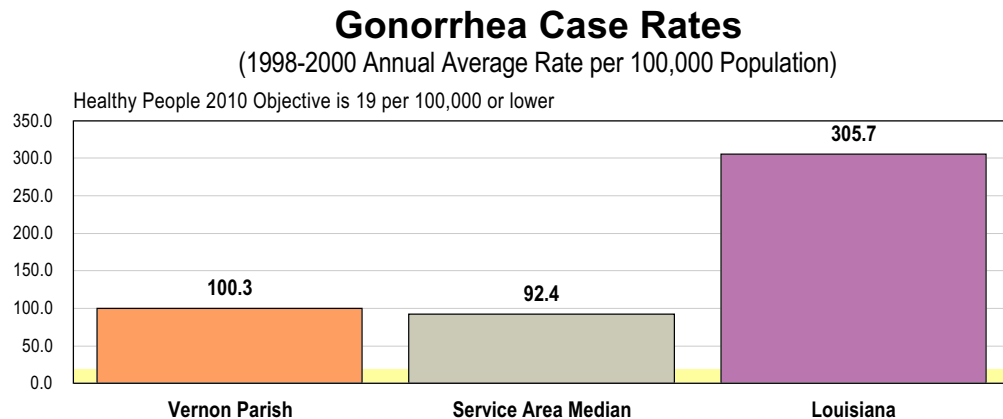
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

Gonorrhea

- Between 1992 and 1998, gonorrhea cases in Vernon Parish followed a general decline, with a high of 218 cases in 1993 and a low of 42 cases in 1997.

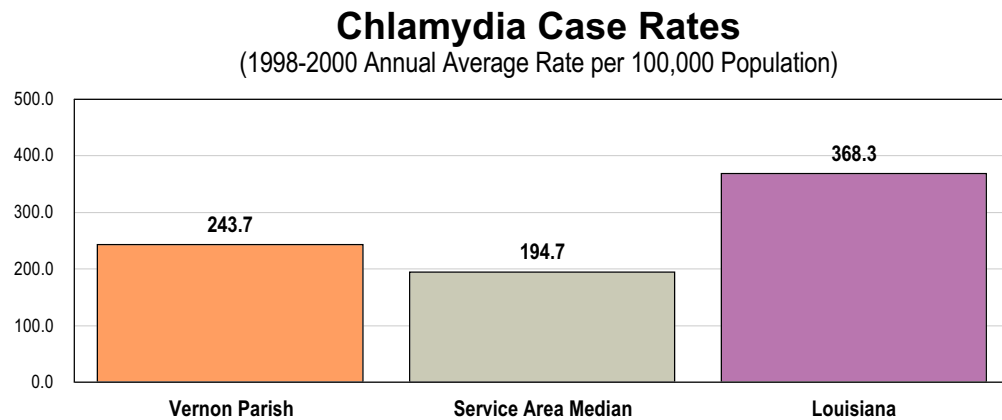


- Between 1998 and 2000, there was an annual average of 100.3 newly diagnosed gonorrhea cases per 100,000 population in Vernon Parish.
 - Slightly higher than in most Rapides Foundation Service Area parishes (median = 92.4/100,000).
 - Significantly lower than the statewide annual average case rate (305.7/100,000) but does not satisfy *Healthy People 2010* target (19.0/100,000 or lower).



Chlamydia

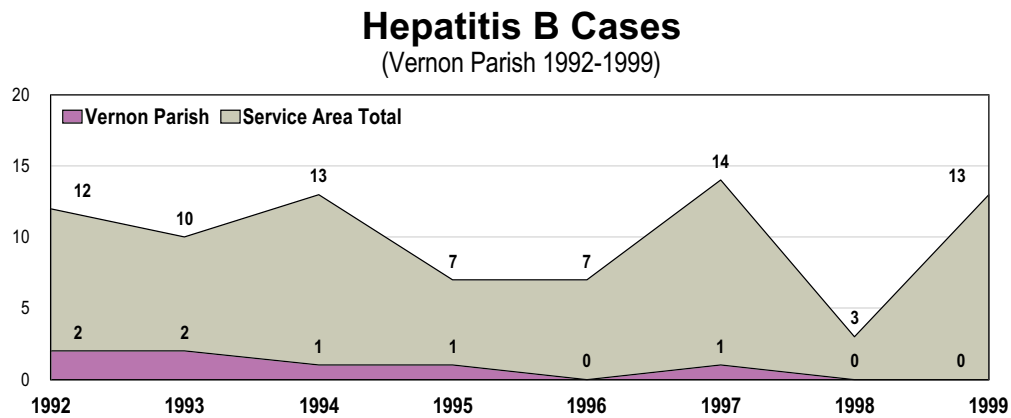
- Between 1998 and 2000, there was an annual average of 243.7 newly diagnosed cases of *chlamydia trachomatis* per 100,000 population in Vernon Parish.
 - Higher than in most Rapides Foundation Service Area parishes (median = 194.7 cases/100,000).
 - Significantly lower than the annual average case rate statewide (368.3/100,000).



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

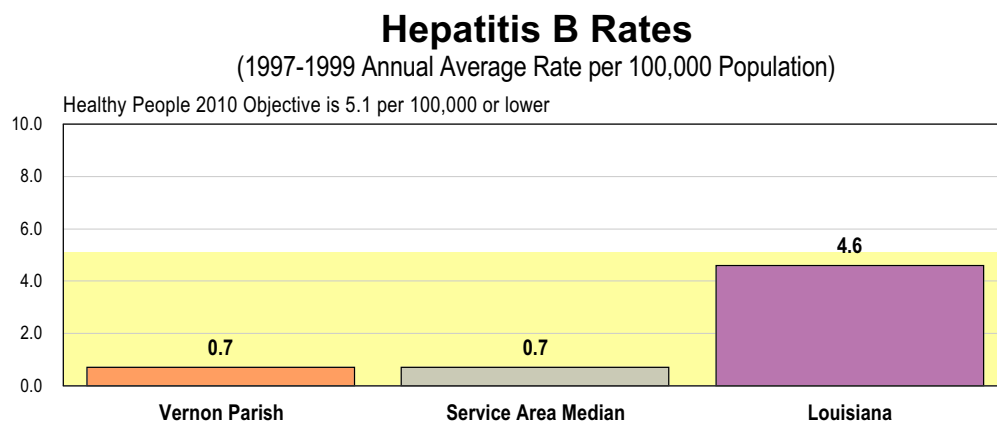
Hepatitis B

- Between 1992 and 1999, a total of 7 cases of hepatitis B were diagnosed in Vernon Parish.



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

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



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

Community Health Panel Findings*

“We have a high rate per capita of HIV and STDs. It is high in Louisiana; I think we are the third-ranked in the U.S. We are also high, even within our state. We also have a very high substance abuse population.”

* *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.*

Vaccine-Preventable Disease Incidence

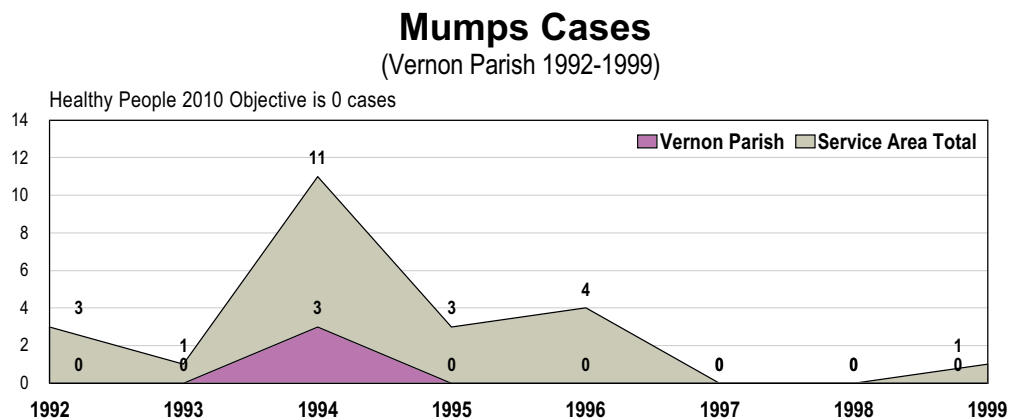
Examples of diseases which are preventable through vaccination include measles, mumps, rubella and pertussis.

Measles

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

Mumps

- Between 1992 and 1999, there were 2 reported cases of mumps in Vernon Parish.



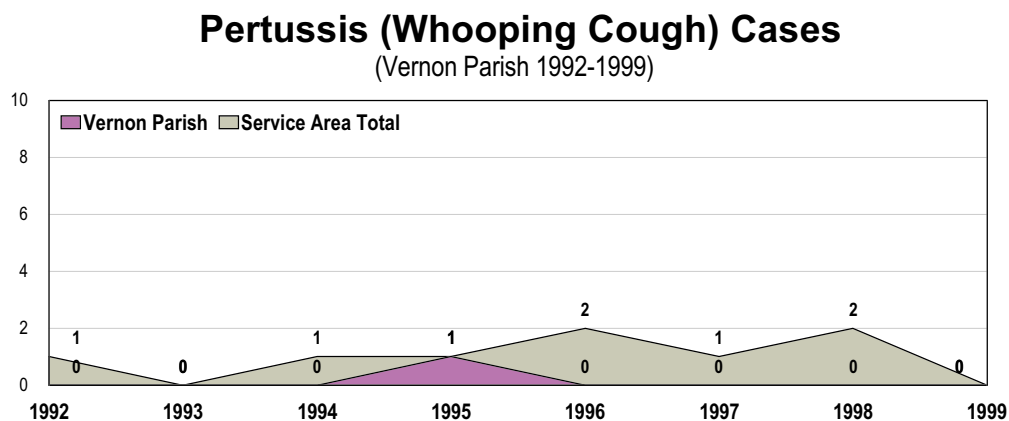
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

Rubella

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

Pertussis

- In 1998, there were 2 reported case of pertussis (whooping cough) in Vernon Parish.



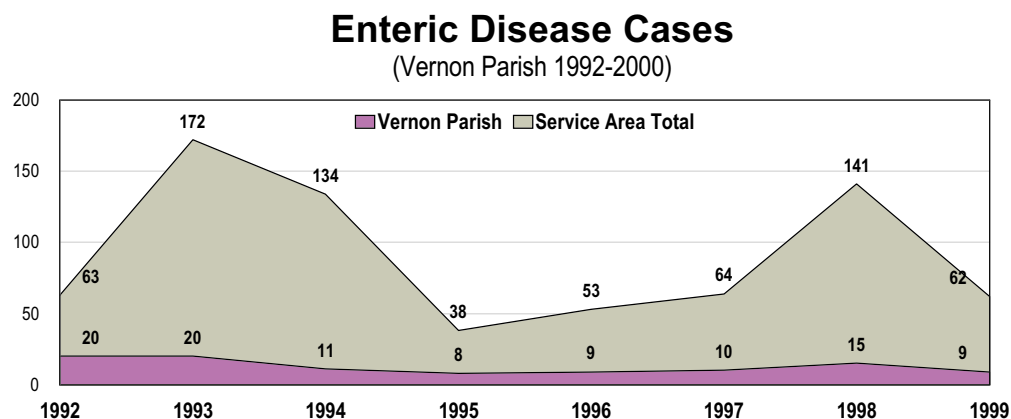
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

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, Vernon Parish experienced an average of 12.8 cases annually.



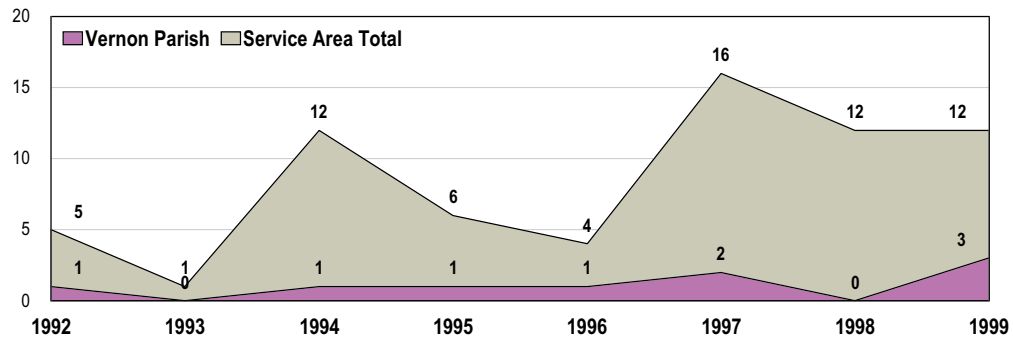
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

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

Hepatitis A

- Between 1992 and 1999, Vernon Parish experienced 9 cases of hepatitis A.

Hepatitis A Cases (Vernon Parish 1992-1999)

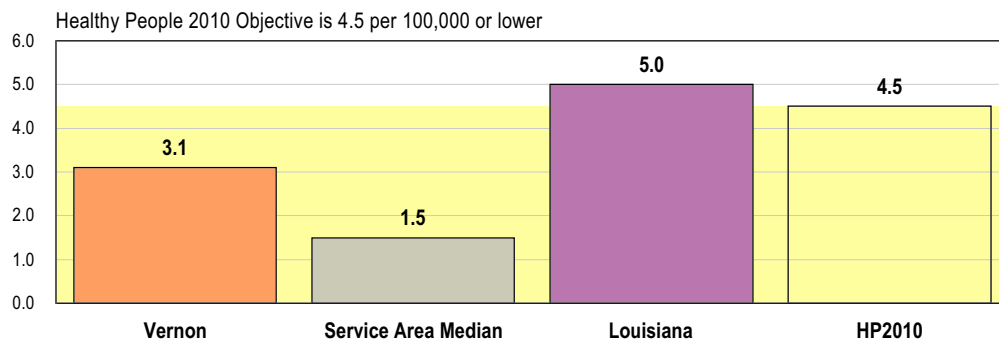


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

- Between 1997 and 1999, there was an annual average of 3.1 hepatitis A cases in Vernon 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.

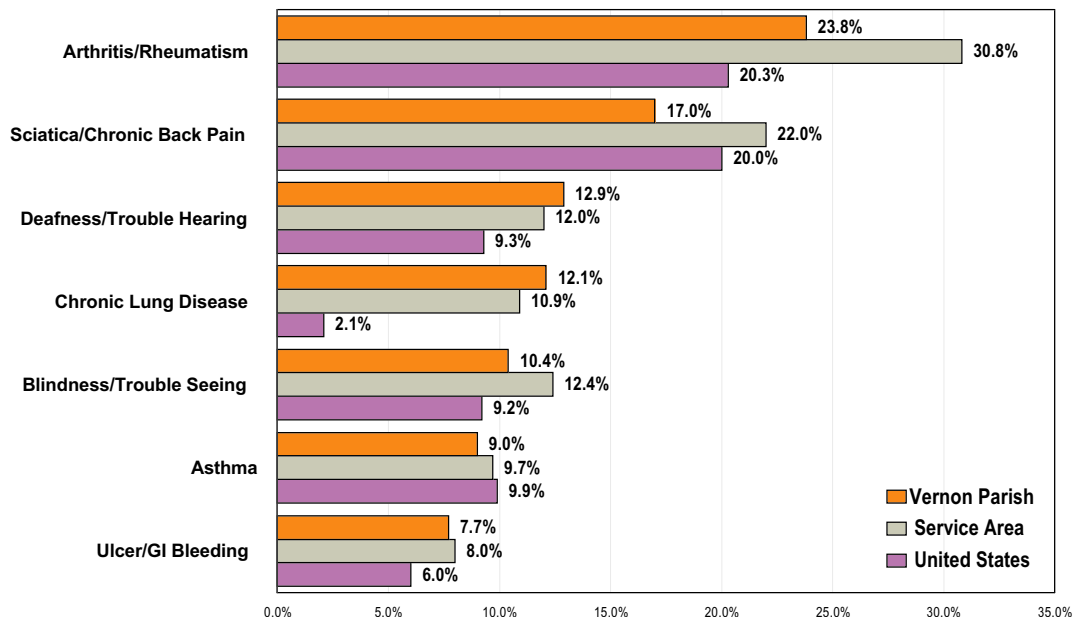
Self-Reported Chronic Illness

Self-Reported Prevalence of Chronic Illness

As part of the *2002 Community Health Survey*, Vernon 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 chronic lung disease were the most prevalent conditions reported, each affecting more than one out of 10 adults in Vernon Parish.**
- **Only one of the tested conditions is significantly more prevalent in Vernon Parish than nationwide:**
 - 12.1% of Vernon Parish adults report suffering from **chronic lung disease** (compared to 6.4% nationwide).

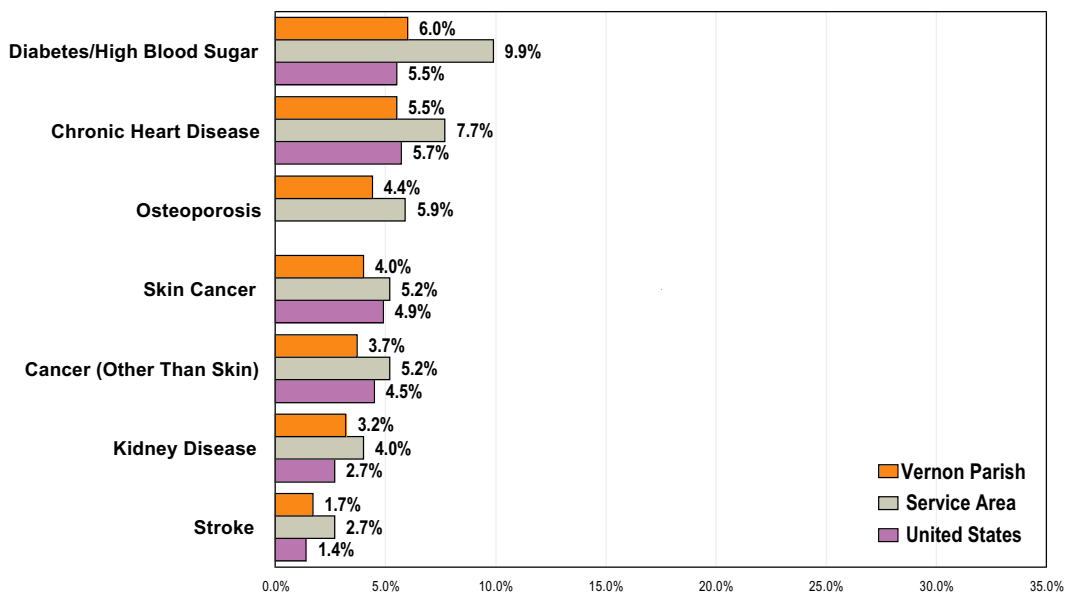
Prevalence of Chronic Illness (1 of 2)



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

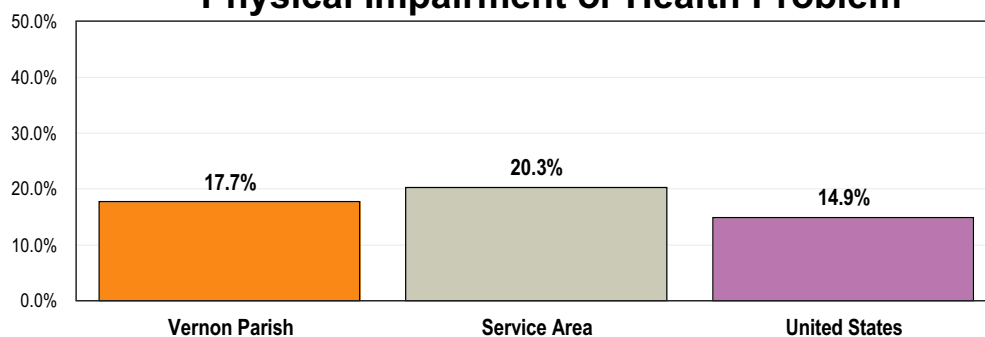
Notes: 1. Asked of all respondents.
2. A national prevalence for osteoporosis is not available.

Keep in mind that each percentage point above represents approximately 386 adults in Vernon Parish.

Activity Limitations

- **17.7% of Vernon Parish adults report being limited in some way in some activity because of a physical impairment or health problem.**
 - Similar to Rapides Foundation Service Area and national findings.
 - This represents more than 6,832 adults in Vernon Parish.

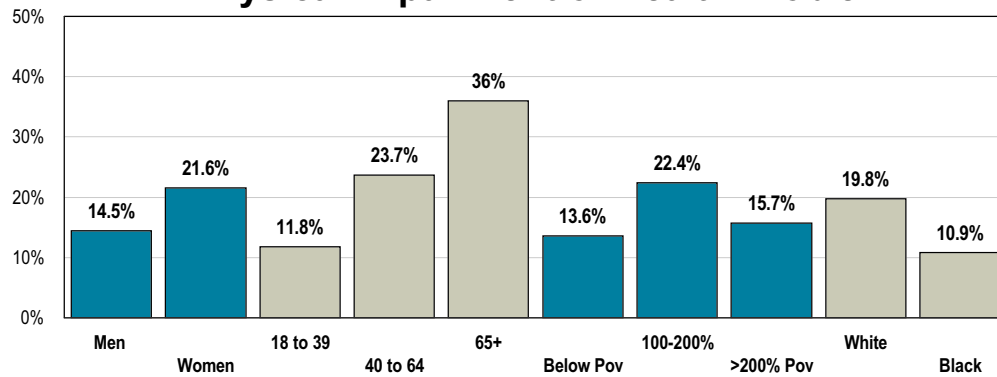
Activity Limitation Due to Physical Impairment or Health Problem



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

- Activity limitations are closely tied to age and affect a significant share of those age 65 or older.
- Activity limitations are also more prevalent among those living just above the poverty level.
- Women more often report limitations than men.
- Activity limitations affect more Whites than Blacks.

Activity Limitation Due to Physical Impairment or Health Problem



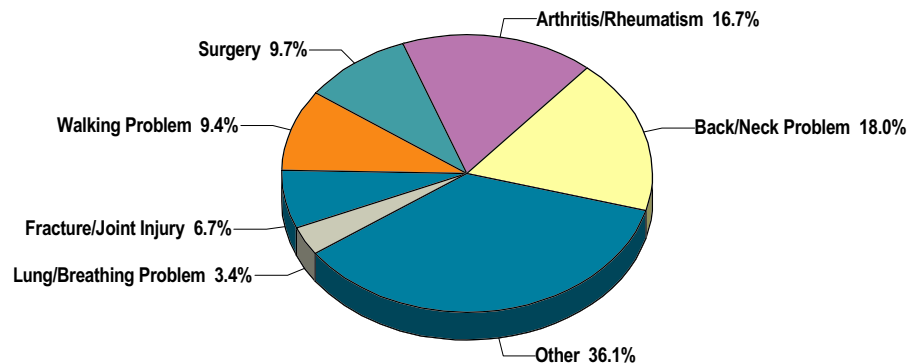
Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

- The top three impairments that limit Vernon Parish respondents include back/neck problems, arthritis/rheumatism and surgery.

Type of Impairment Which Limits Activities

(Among Those Reporting Activity Limitations; Vernon Parish)

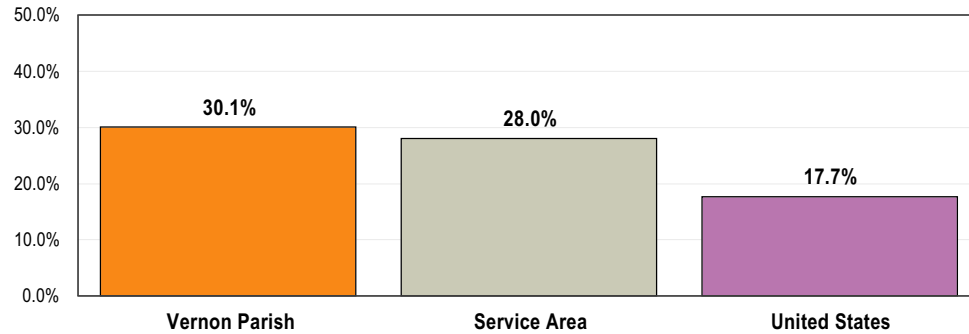


Source: 2002 PRC Community Health Survey, Professional Research Consultants

Note: Reflects those respondents who experience activity limitations.

- 30.1% of Vernon 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 and national findings.

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



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

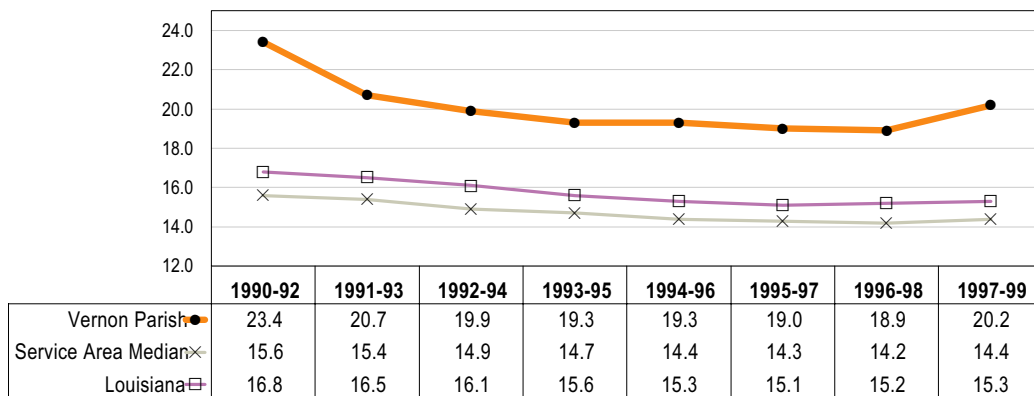
BIRTHS

Birth Rate

- Between 1997 and 1999, there was an annual average of 20.2 births in Vernon Parish per 1,000 population.
 - Higher than the annual average statewide birth rate for the same period (15.3/1,000).
- The Vernon Parish birth rate declined slightly in the mid-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).

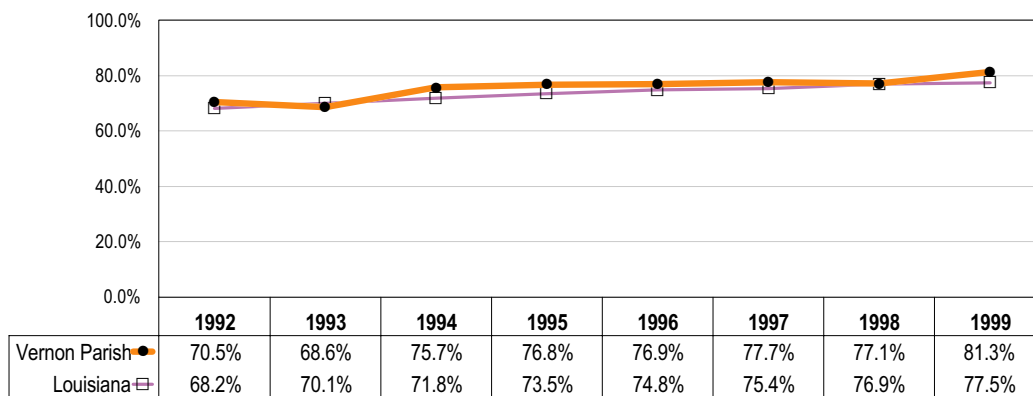
Prenatal Care

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, 81.3% of Vernon Parish mothers received adequate prenatal care.**
 - Higher than the statewide percentage (77.5%).
- **Since the early 1990s, the proportion of mothers receiving adequate prenatal care has been improving in Vernon Parish, as it has statewide.**
- **Still, 18.7% of Vernon Parish mothers received care that was less than adequate in 1999.**

Mothers Receiving Adequate Prenatal Care
(Percentage of Live Births)



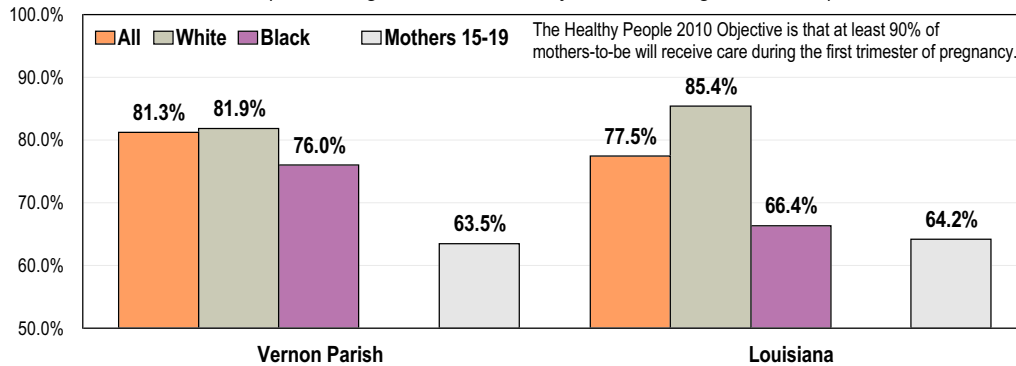
Source: Louisiana Department of Health and Hospitals, Office of Public Health.

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

- A lower proportion of Black mothers (76.0%) received adequate prenatal care in comparison to White mothers (81.9%) in Vernon Parish in 1999.
- Only 63.5% of teen-age mothers (ages 15 to 19) in Vernon Parish in 1999 received adequate prenatal care.

Mothers Receiving Adequate Prenatal Care

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



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

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

Community Health Panel Findings*

Focus group participants cited the need to improve the availability of prenatal education in the parish.

“We don’t offer intensive enough classes on the importance of prenatal care like we do, for example, with Lamaze classes. I would like to offer these classes, but like the hospitals, I have a hard time finding people who can teach the classes. I would like to have classes on ‘this is what happens when you get pregnant’ and take the client through the entire pregnancy from the point of conception through delivery. I think that as a community we could really benefit from this type of classes.”

“We basically have a prenatal care program through WIC and Helping Hand Ministries, which is a wonderful program. I wish we had more availability for those who can’t afford it and need it. We don’t have a lot of free prenatal care programs in this area.”

“The Welcome Baby Program, which is out on the base, and we have a grant to expand the program so that it would be available for the community as well. I think this is a great program, and we do have some resources locally who are working on expanding it.”

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

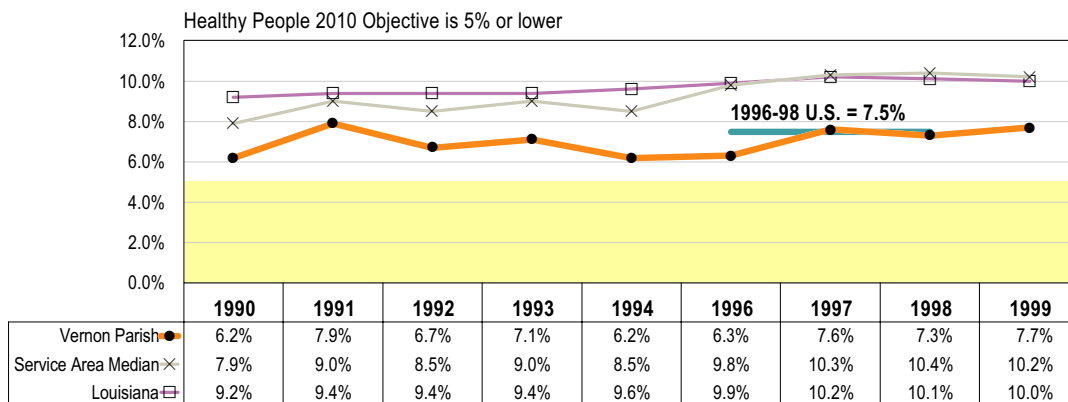
Birth Outcomes

Low-Weight Births

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

- In 1999, 7.7% of Vernon Parish births were of low birthweight.
 - Fails to satisfy the *Healthy People 2010* target (5% or lower).
- Vernon Parish low-weight births have tracked lower than statewide proportions throughout the past decade.
- Parish proportions of low-weight births are similar to nationwide findings.

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



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

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

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

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

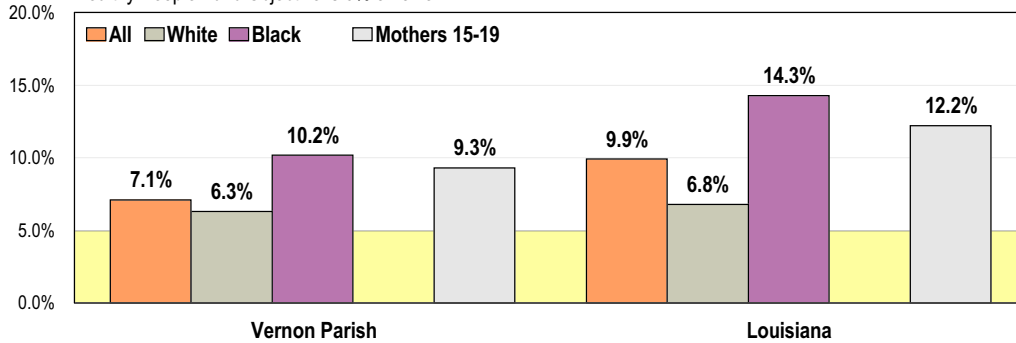
3. 1995 data not available for Winn Parish.

- Between 1994 and 1998, 10.2% of births to Black mothers in Vernon Parish were low birthweight, compared to a lower 6.3% of births to White mothers.
- Between 1994 and 1998, 9.3% of births to teen-age mothers in Vernon Parish were low birthweight.

Low-Weight Births as a Percentage of Live Births

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

Healthy People 2010 Objective is 5% or lower



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

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

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

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

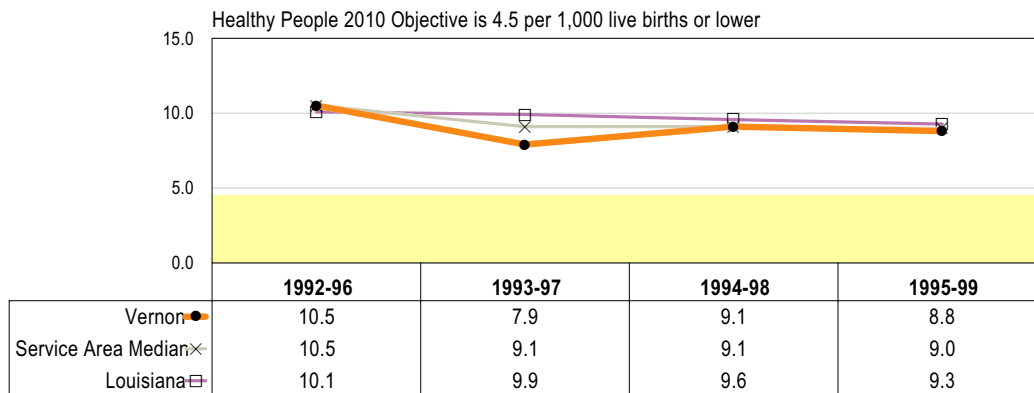
Infant Mortality

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

- **Between 1995 and 1999, there was an annual average of 8.8 infant deaths per 1,000 live births in Vernon Parish.**
 - Lower than the 1995-99 statewide annual average rate (9.3/1,000).

Infant Mortality Rates

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



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

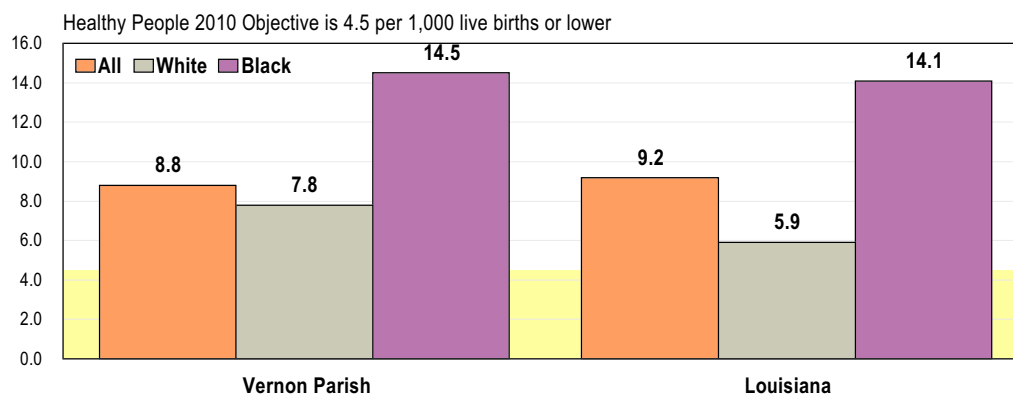
Notes: 1. Rates represent deaths occurring to infants under the age of one per 1,000 live births.

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

- **Infant mortality is much higher among Blacks in Vernon Parish (14.5/1,000 annual average 1995-99) than among Whites (7.8/1,000).**

Infant Mortality Rates

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



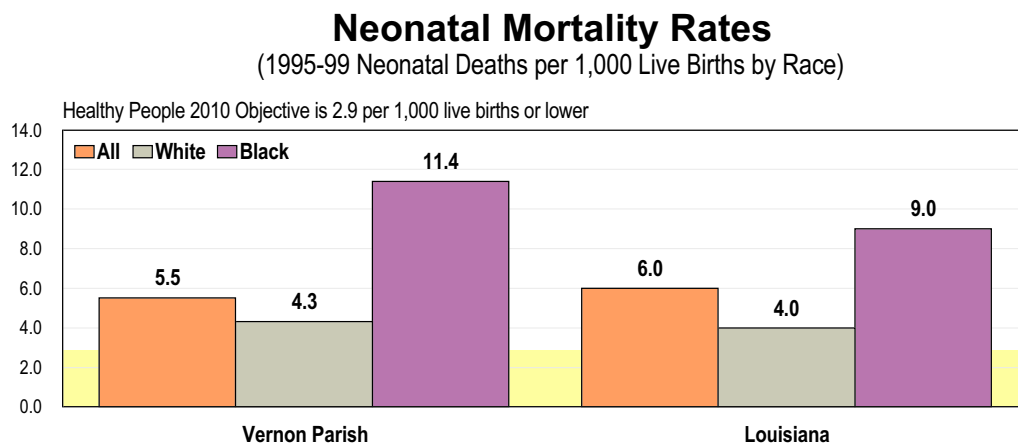
Source: Louisiana Department of Health and Hospitals, Office of Public Health.

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

Neonatal Mortality

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

- **Between 1995 and 1999, there was an annual average of 5.5 neonatal deaths per 1,000 live births in Vernon Parish.**
 - Similar to the statewide annual average rate for the same period (6.0/1,000).
- Neonatal mortality was much higher among Blacks in Vernon Parish (11.4/1,000 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 Teen-age Mothers

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

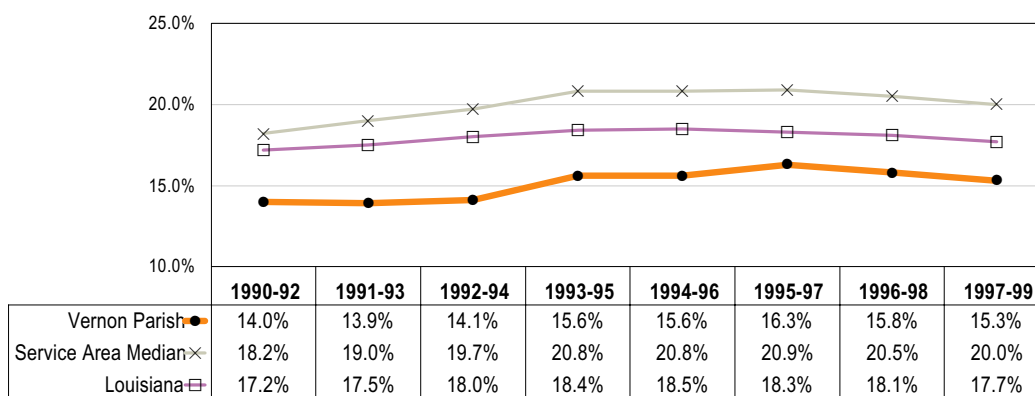
The following examination of teen births in Vernon Parish builds on prior research in 1997 by the Rapides Foundation and Tulane School of Public Health and Tropical Medicine.

Percentage of Births to Teen Mothers

- **Between 1997 and 1999, 15.3% of Vernon Parish births were to mothers between the ages of 15 and 19.**
 - Lower than statewide (17.7%).
 - Higher than nationwide (12.3%).
- **The proportion of Vernon Parish births to teen-age mothers has trended upward throughout the 1990s and has consistently tracked lower than the statewide proportion.**
 - The Vernon Parish rate has consistently tracked lower than the median percentage among parishes in the Rapides Foundation Service Area.

Percentage of Births to Teenage Mothers (15-19)

(Three-Year Averages; Percentage of Live Births)



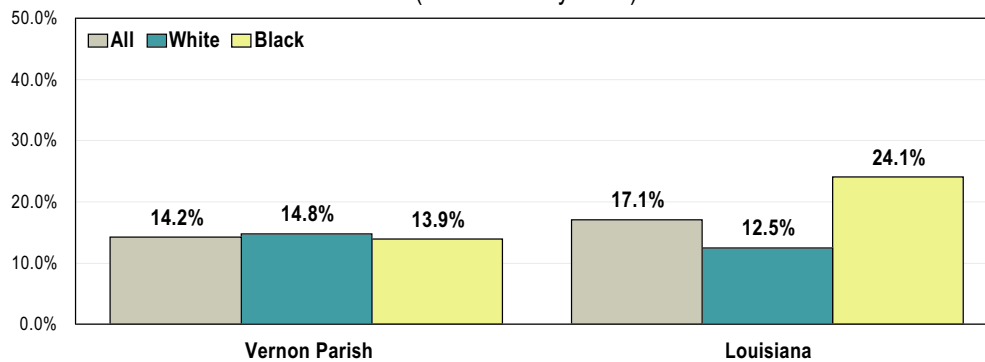
Source: Louisiana Department of Health and Hospitals, Office of Public Health.

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

- 14.8% of 1999 Vernon Parish births among Whites were to teen-age mothers, compared to 13.9% among Blacks.

Percentage of Births to Teenage Mothers (15-19)

(1999 Births by Race)



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

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

Community Health Panel Findings*

“We need a very strong sex education program in our schools. We do have a teen pregnancy problem. The governor just kicked off an abstinence program, and he is really trying to push abstinence. I like what Colin Powell said: 'Abstinence comes first, but if you are going to participate in sex, you should use protection.' ”

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

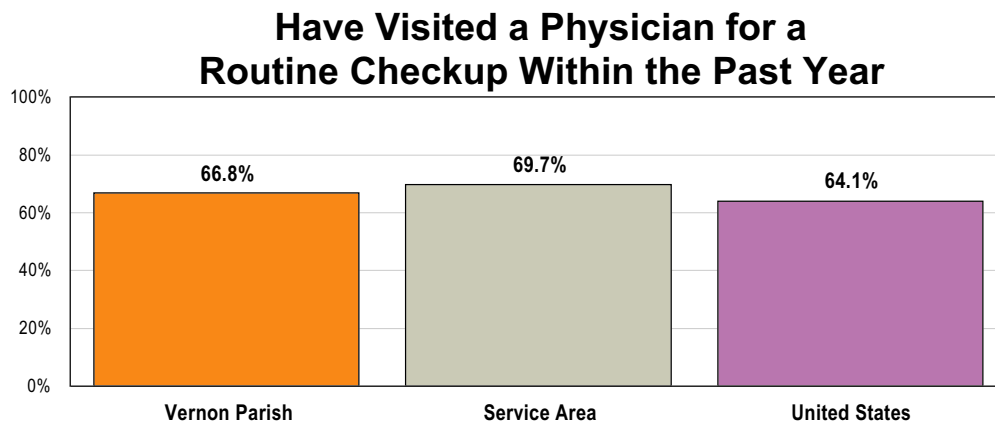
PREVENTIVE HEALTH CARE

Primary Medical Care

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

Routine Physician Care

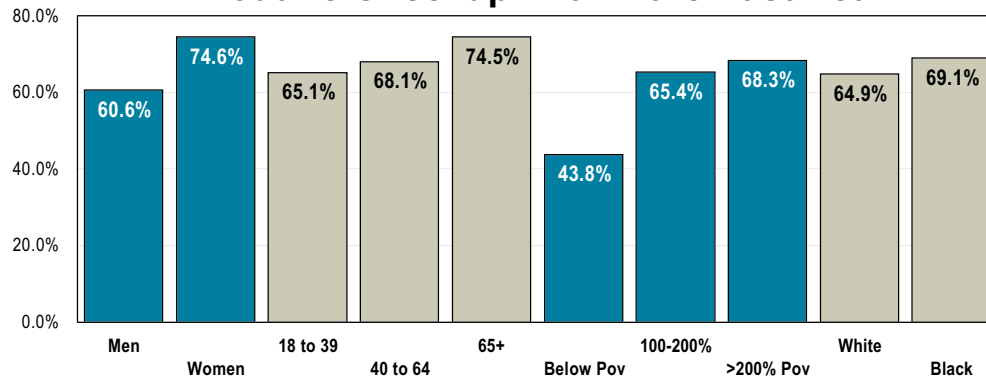
- **66.8% of Vernon Parish adults report that they have visited a physician for a routine checkup in the past year.**
 - Similar to that found throughout the Rapides Foundation Service Area and nationwide.



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

- Those living in poverty show the lowest incidence of routine physician care in the past year.
- Men demonstrate lower levels of routine physician care than women.

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



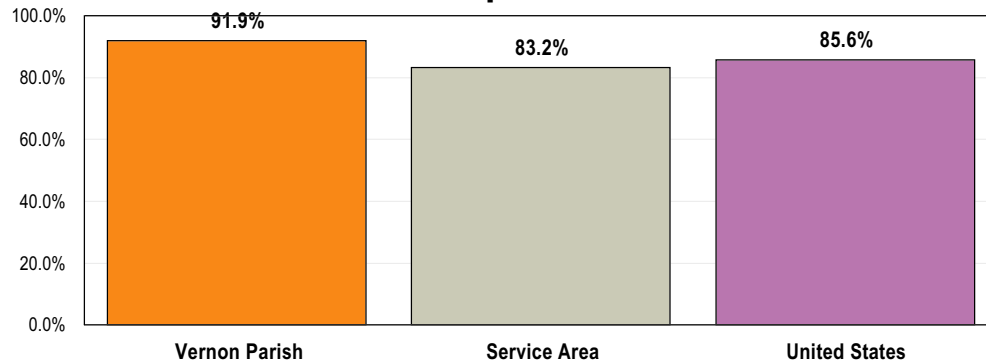
Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

2. Asked of all respondents.

- **91.9% of Vernon Parish parents report that their child has visited a physician for a routine checkup in the past year.**
 - Significantly better than Rapides Foundation Service Area findings (83.2%).
 - Significantly better than national findings (85.6%).

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



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

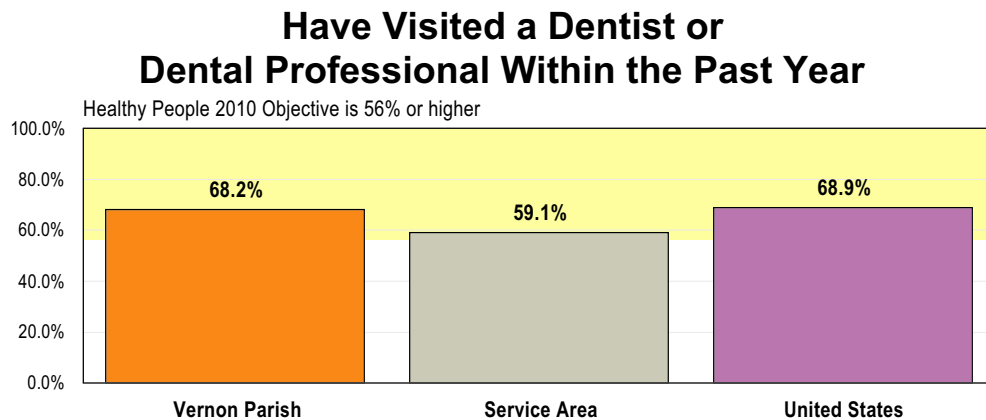
2. 2000 PRC National Health Survey, Professional Research Consultants

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

2. State data not available.

Dental Care

- **68.2% of Vernon Parish adults have been to a dentist or dental clinic in the past year.**
 - Significantly higher than that found throughout the 11-parish Rapides Foundation Service Area (59.1%).
 - Similar to U.S. findings.
 - Satisfies the *Healthy People 2010* target (56% or higher).



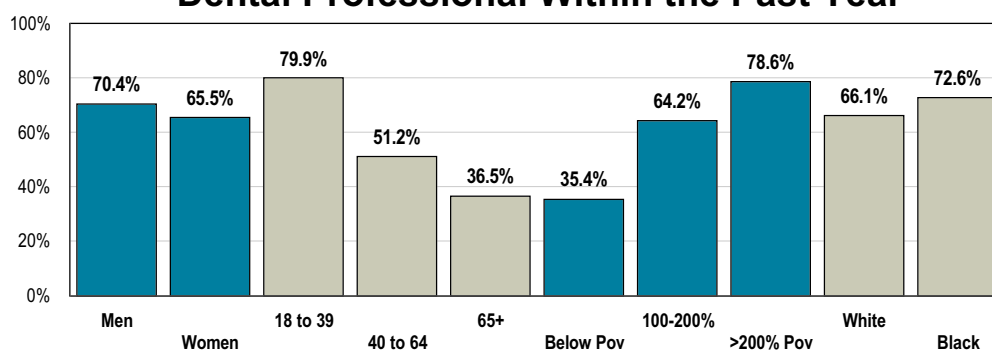
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

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

Recent dental care is particularly low among:

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

Have Visited a Dentist or Dental Professional Within the Past Year



Source: 2002 PRC Community Health Survey, Professional Research Consultants

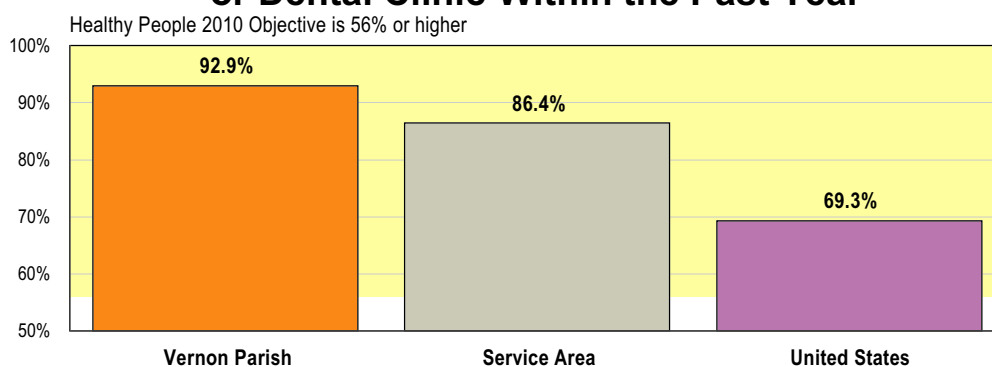
Notes: 1. Demographic breakouts are among findings in Vernon Parish.

2. Asked of all respondents.

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

- **92.9% of Vernon Parish parents report that their child has visited a dentist or dental clinic in the past year.**
 - Significantly higher than Rapides Foundation Service Area findings (86.4%).
 - Significantly higher than national findings (69.3%).
 - Satisfies the *Healthy People 2010* target (56% or higher).

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



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

2. 2000 PRC National Health Survey, Professional Research Consultants

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

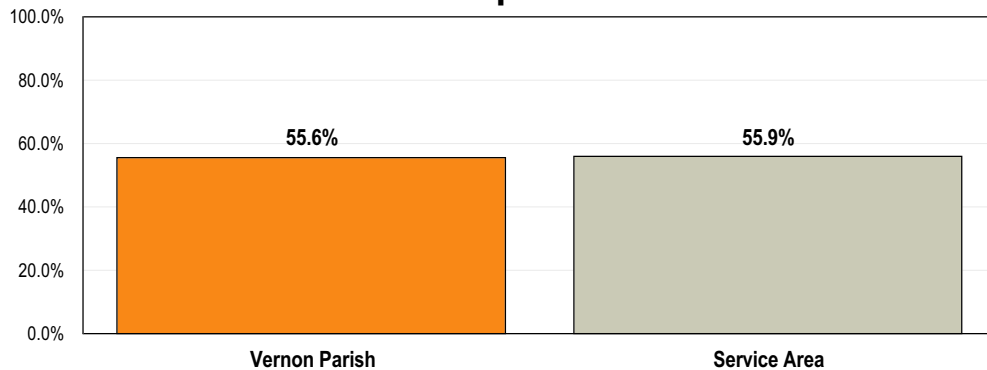
Notes: 1. Asked of respondents with children aged 4 through 17.

2. State data not available.

Vision Care

- **55.6% of Vernon Parish adults have had an eye exam in which their pupils were dilated in the past two years.**
 - Similar to Rapides Foundation Service Area findings.

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

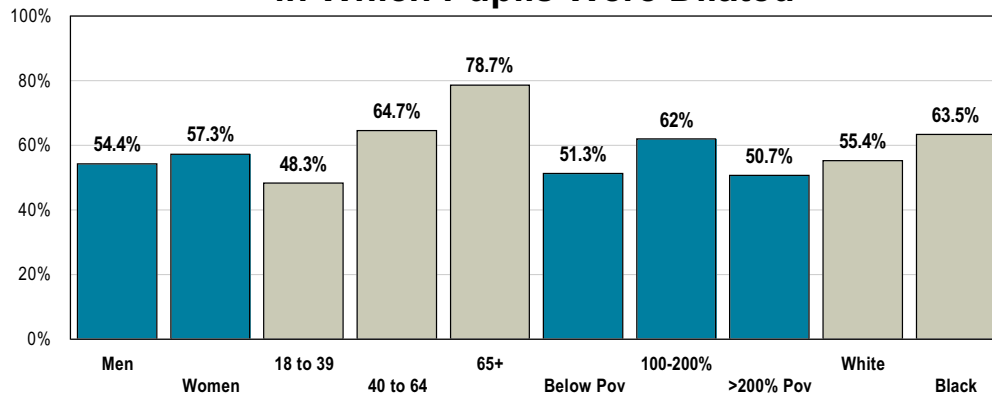


Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

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

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



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

Childhood Immunization

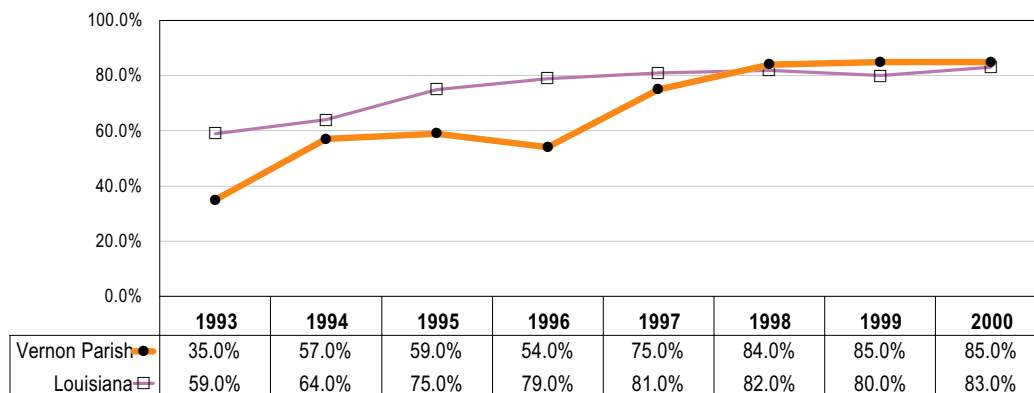
Immunization is the best line of defense against many infectious diseases, and childhood immunizations are an essential component to community health. Immunization may even lead to the complete eradication of such diseases as tetanus and diphtheria.

Public Clinic Immunization Assessments

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

- **85.0% of toddlers seen at public clinics in Vernon Parish in 2000 were up to date for immunizations at age 24 months.**
- In the late 1990s, public clinic assessment immunization levels in Vernon Parish tracked closely with statewide percentages.

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



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

Community Health Panel Findings*

“Our kids are not getting the immunizations when they should. They are getting their immunizations when they start school.”

“We have a problem with getting enough vaccinations. There has been a decrease worldwide in certain types of vaccinations, and at least in our area, we are seeing the effect of lack of vaccination availability.”

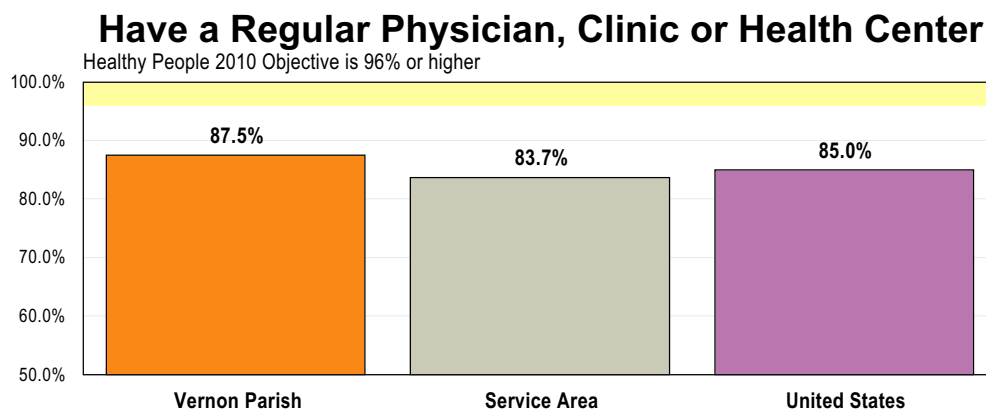
* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the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

ACCESS TO HEALTH CARE SERVICES

Access to Primary Care Services

Regular Use of Physicians' Offices/Clinics

- **87.5% of Vernon Parish adults have a regular physician, clinic or health center that they go to if they are sick or need advice about their health.**
 - Significantly higher than Rapides Foundation Service Area findings (83.7%).
 - Similar to national findings.
 - Fails to satisfy *Healthy People 2010* target (96.0%).



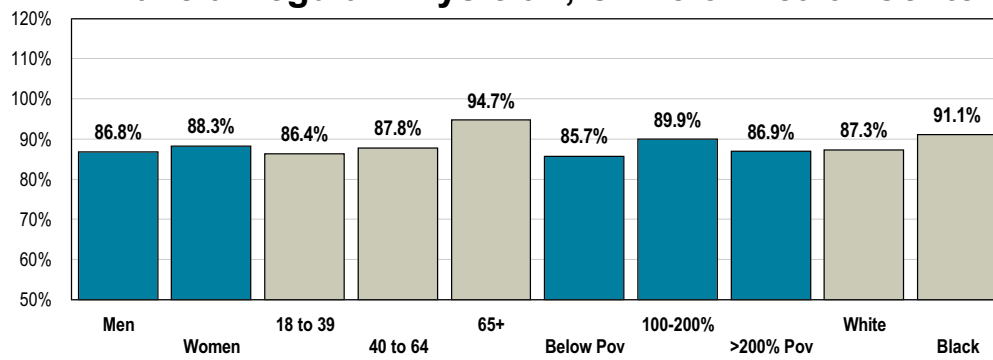
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

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

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

- Persons living below the poverty threshold.

Have a Regular Physician, Clinic or Health Center

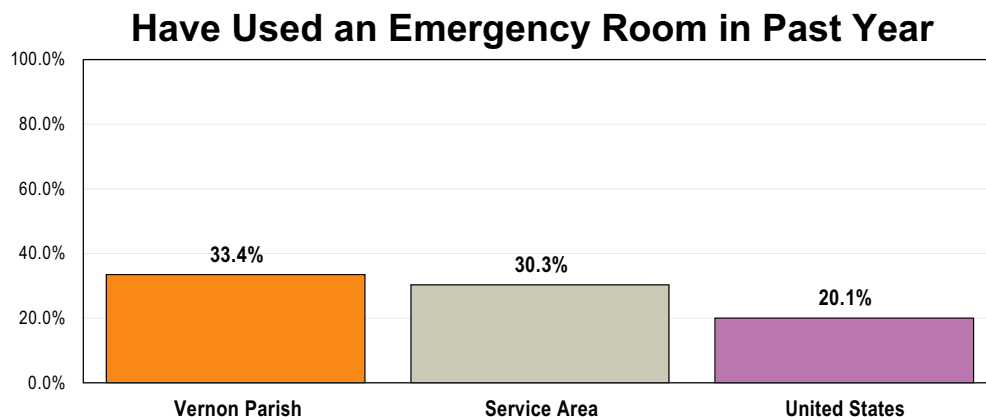


Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

Emergency Room Utilization

- **33.4% of Vernon 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%).
- **14.0% of Vernon Parish adults have gone to an emergency room more than once in the past year about their own health.**
 - Similar to Rapides Foundation Service Area findings.
 - Significantly higher than found nationwide (5.6%).
- **22.5% of uninsured respondents in Vernon Parish have gone to an emergency room in the past year, versus 35.6% of insured respondents.**

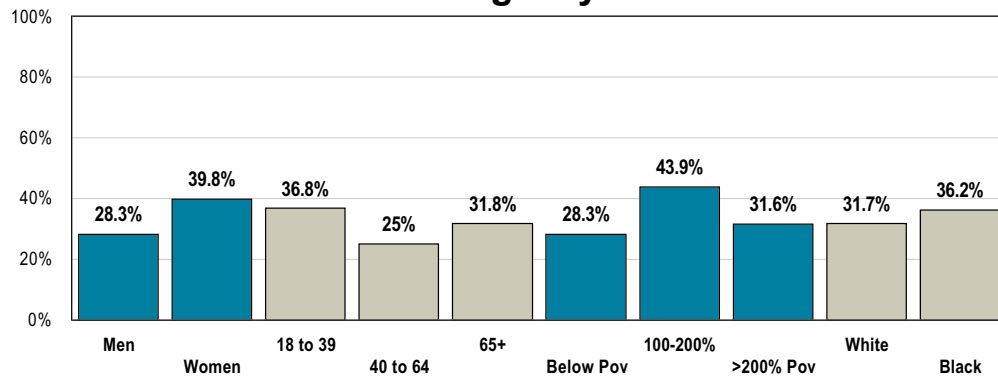


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of all respondents.
 2. State data not available.

Emergency room utilization is higher among:

- Those living just above the poverty level.
- Women.
- Young adults.
- Black respondents.

Have Used an Emergency Room in Past Year

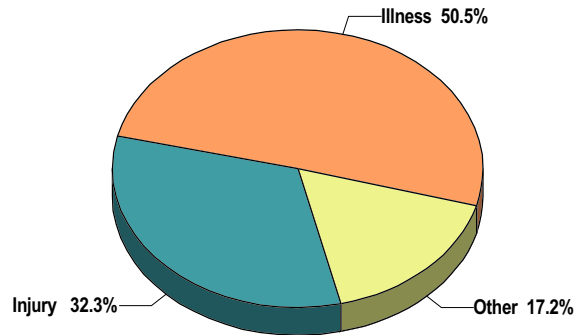


Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

- **50.5% of Vernon Parish adults visiting an emergency room in the past year say this was to treat an illness, and 32.3% say this was to treat an injury.**

Reason for Recent ER Visit



Source: 2002 PRC Community Health Survey, Professional Research Consultants

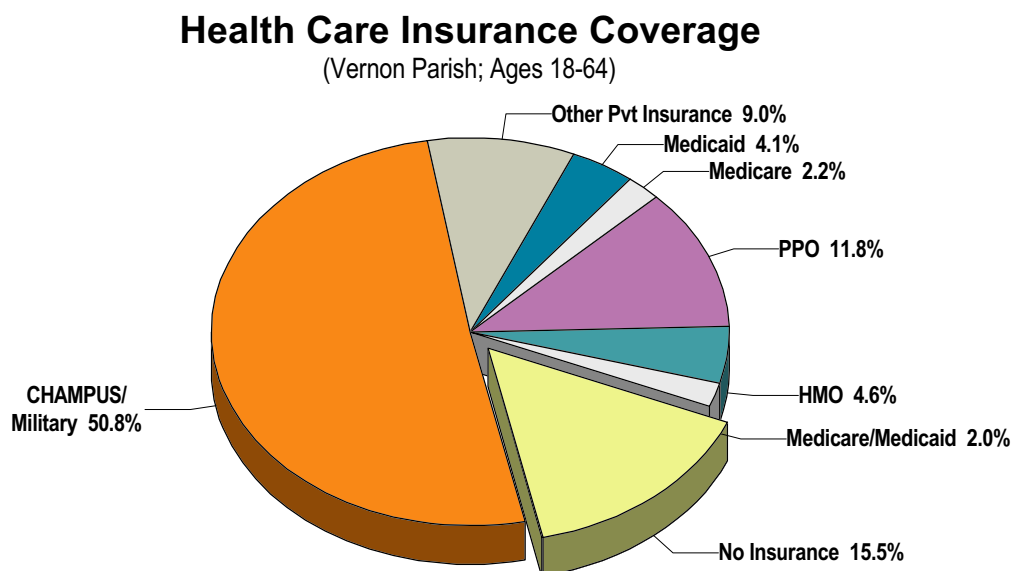
Note: Asked of those respondents who received recent medical care in an emergency room.

Health Insurance Coverage

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

Insurance Coverage by Type

- **84.5% of Vernon Parish adults ages 18 to 64 currently have some type of health insurance coverage.**
- **50.8% have CHAMPUS or veterans' benefits.**
- **16.4% of Vernon Parish adults ages 18 to 64 have health care coverage through an HMO (health maintenance organization) or PPO (preferred provider organization); 9.0% have other private health insurance coverage.**
- **8.3% of Vernon Parish adults ages 18 to 64 have Medicaid and/or Medicare.**

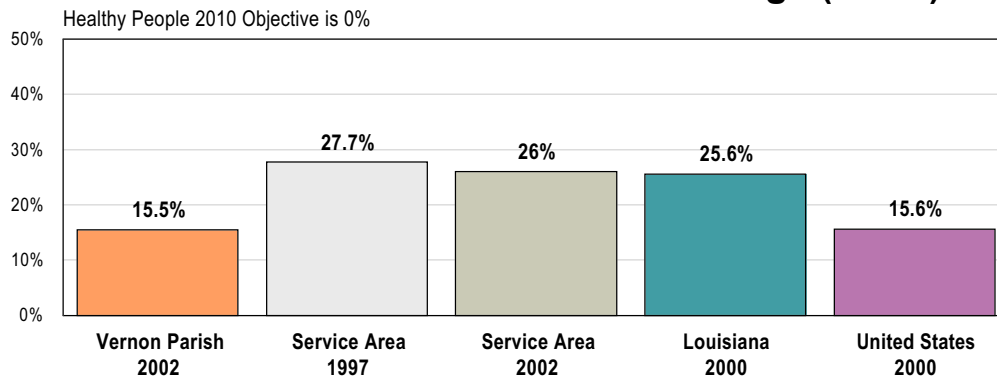


Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Reflects respondents aged 18 to 64.

Lack of Health Insurance Coverage

- **15.5% of Vernon Parish adults ages 18 to 64 have no health insurance coverage, representing nearly 5,983 adults.**
 - Significantly better than Rapides Foundation Service Area (26.0%) and Louisiana (25.6%) findings.
 - Similar to national findings.

Lack Health Care Insurance Coverage (18-64)

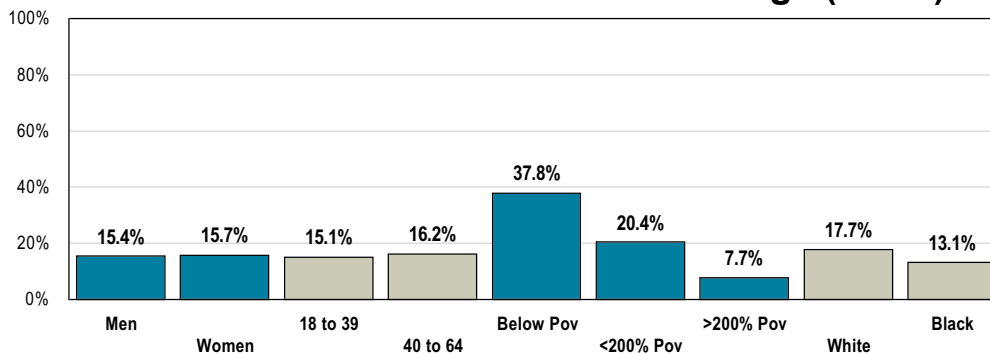


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public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

Note: Reflects respondents aged 18 through 64.

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

Lack Health Care Insurance Coverage (18-64)



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

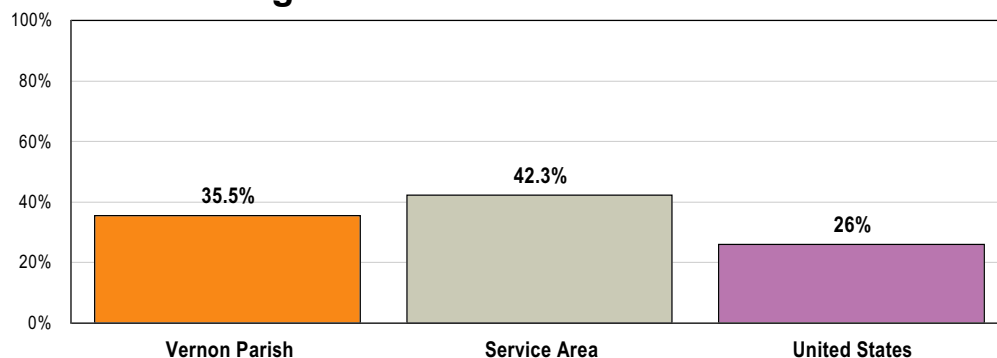
Barriers to Primary Care

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

Overview of Health Care Barriers

- **35.5% of Vernon Parish adults report some type of difficulty accessing or receiving health care services in the past year.**
 - Significantly better than Rapides Foundation Service Area findings (42.3%).
 - Significantly better than found nationwide (26.0%).

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



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

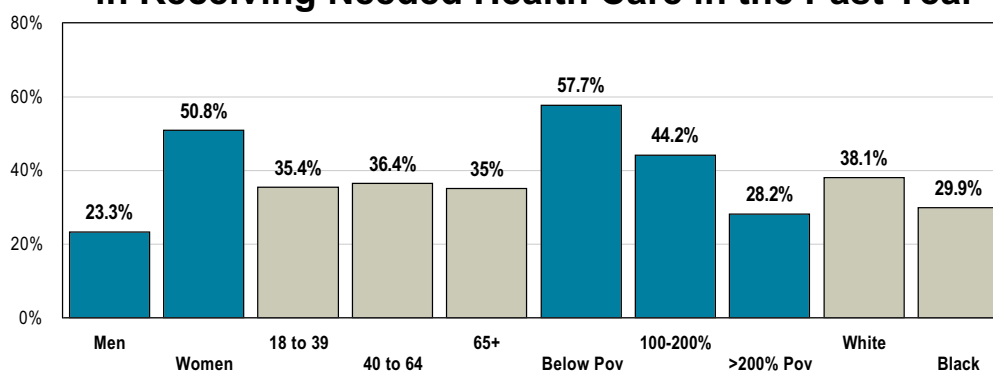
2. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of all respondents.

2. State data not available.

- Cost is the most predictive barrier to health care access, with almost 60% of adults in poverty experiencing some difficulty accessing or receiving health care services in the past year.
- Women more often face access barriers than do men.
- White respondents more often face access barriers than do Black respondents.

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



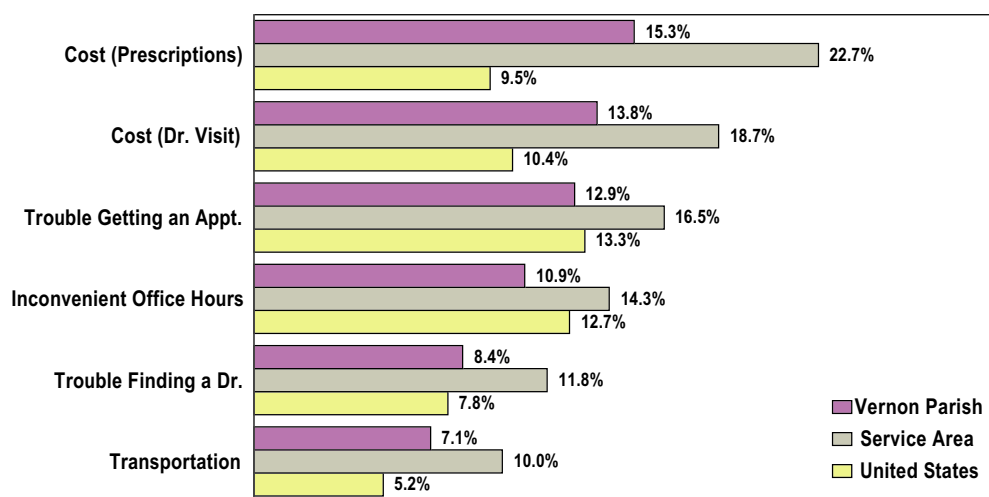
Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

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



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

2. 2000 PRC National Health Survey, Professional Research Consultants

Note: Asked of all respondents.

Community Health Panel Findings*

“This parish is lacking in health care services for the low-income and middle-income people. The closest state-sponsored hospital services are in Alexandria, which is about 50 miles away. We are talking about low-income people who don’t have transportation and are making less than \$500 a month. A diabetic can go to Alexandria for treatment, they can get their insulin at the hospital, but they are not allowed to bring insulin back home, so unless they can make the trip on a daily basis, they go without insulin. This is a real problem and one that needs attention. We are trying to develop an advocacy program so that we can begin to address these health care problems.”

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

Cost of Health Services

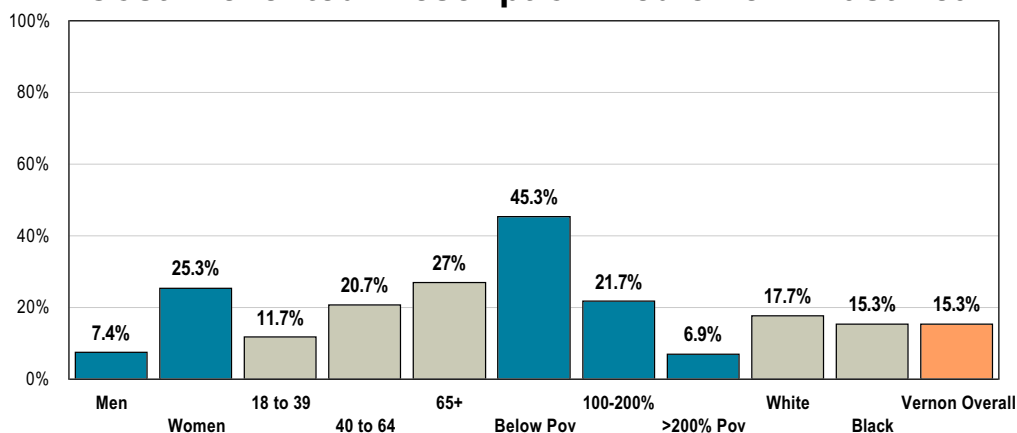
Cost of Prescriptions

- **15.3% of Vernon 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 5,906 adults in Vernon Parish.**
 - Significantly better than Rapides Foundation Service Area findings (22.7%).
 - Significantly worse than found nationwide (9.5%).

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

- Persons living below the poverty threshold.
- Those ages 65 and older.
- Women.
- 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

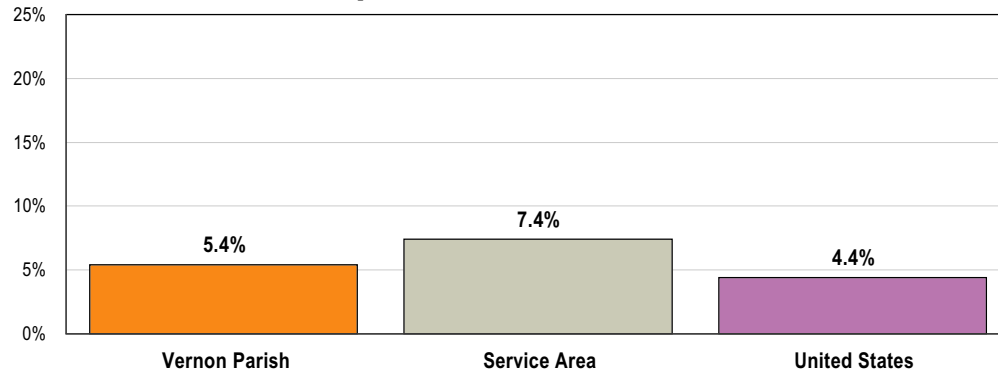


Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

- **5.4% of Vernon Parish parents report that they have not gotten a needed prescription for their child in the past year because they could not afford it.**
 - Statistically similar to Rapides Foundation Service Area and national findings.

Cost Prevented Child's Prescription Medicine in Past Year



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

2. 2000 PRC National Health Survey, Professional Research Consultants

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

2. State data not available.

Community Health Panel Findings*

High prescription costs and lack of transportation are significant barriers for the elderly and the poor, according to one focus group participant.

“The elderly and the low-income people have problems sometimes getting to the hospitals and the doctors, and they have problems with the cost of medications.”

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

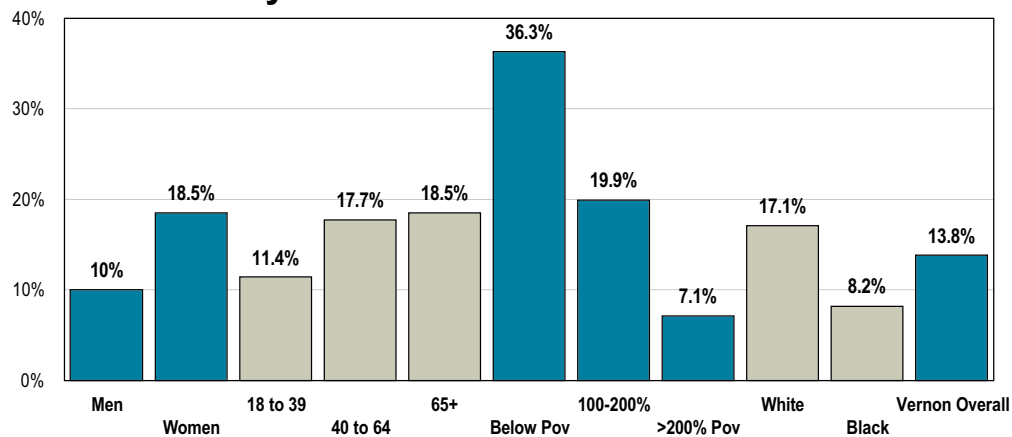
Cost of Physician Care

- **13.8% of Vernon Parish adults report that there has been a time in the past year when they needed to see a doctor, but could not because of the cost. This represents over 5,326 Vernon Parish adults.**
 - Significantly better than Rapides Foundation Service Area findings (18.7%).
 - Similar to national findings.

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

- Persons living below the poverty level.
- Women.
- Older adults.
- White respondents.

Cost Prevented a Physician Visit Within the Past Year

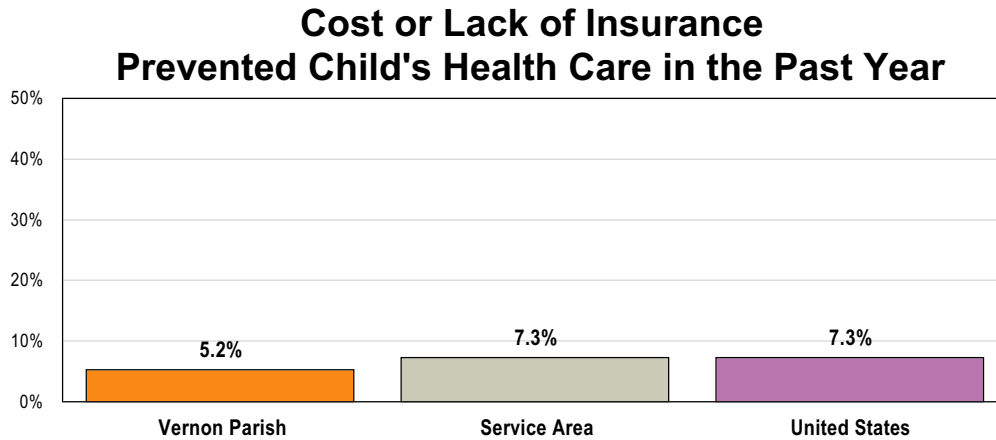


Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

2. Asked of all respondents.

- **5.2% of Vernon Parish parents say that cost or a lack of insurance has prevented a physician visit for their child in the past year.**
 - Similar to Rapides Foundation Service Area and national findings.



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

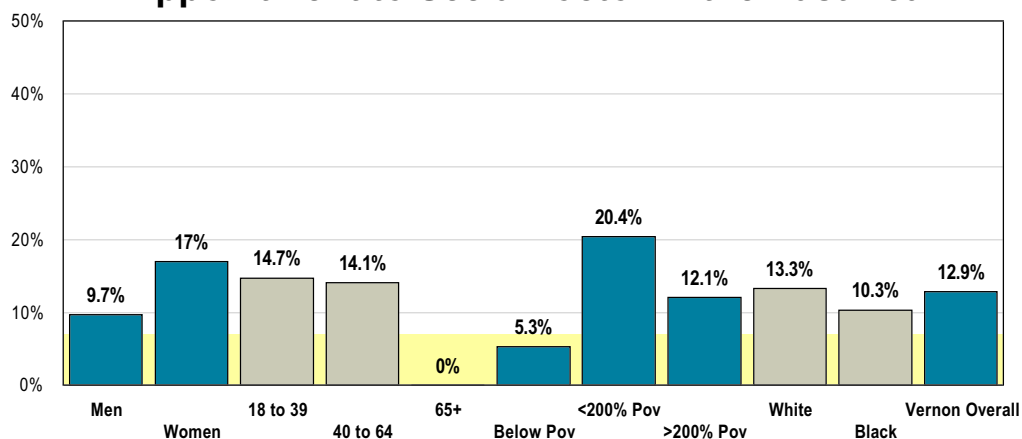
Appointment Availability

- **12.9% of Vernon Parish adults have had trouble getting an appointment to see a doctor in the past year, representing over 4,979 residents.**
 - Significantly better than Rapides Foundation Service Area findings (16.5%).
 - Similar to national findings.
 - Fails to satisfy *Healthy People 2010* target (7% or lower).

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

- Persons living just above the poverty threshold.
- Women.
- Note that adults age 65 and older reported no difficulty in getting an appointment.

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



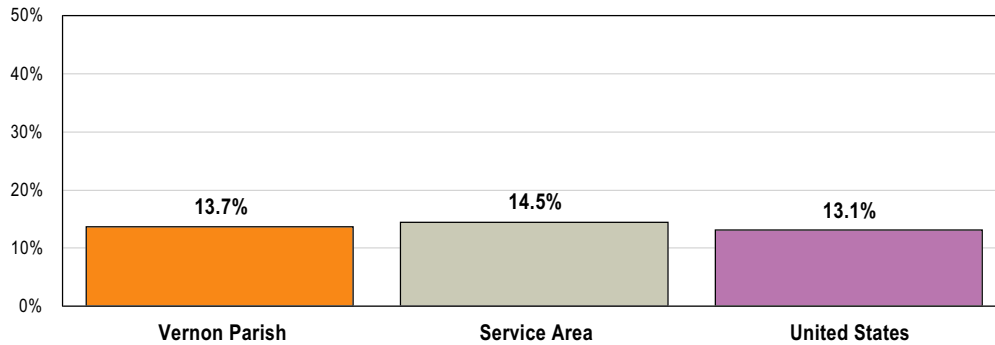
Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

2. Asked of all respondents.

- **13.7% of Vernon Parish parents report trouble getting a doctor appointment for their child.**
 - Statistically similar to Rapides Foundation Service Area and national findings.

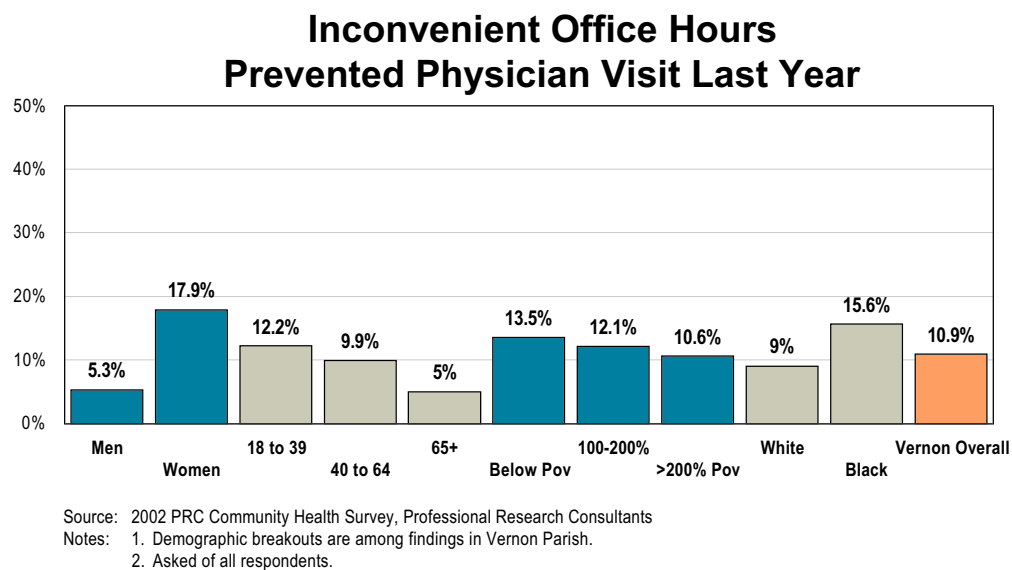
Had Trouble Getting an Appointment for Child to See a Doctor in the Past Year



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.

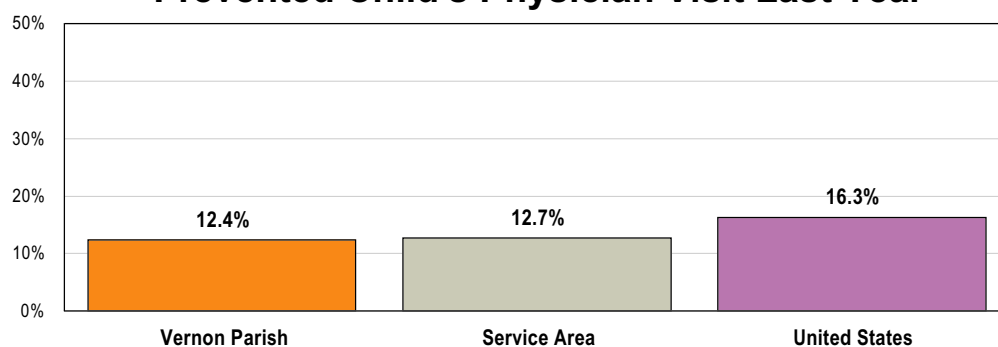
Inconvenient Office Hours

- **10.9% of Vernon Parish adults say that inconvenient office hours prevented them from seeing a doctor in the past year.**
 - Significantly better than Rapides Foundation Service Area findings (14.3%).
 - Similar to national findings.
- Women, Blacks and those living below the poverty level are most often affected by inconvenient office hours.



- **12.4% of Vernon Parish parents say there has been a time in the past year when they did not take their child to the doctor because the hours were not convenient.**
 - Statistically similar to Rapides Foundation Service Area and national findings.

Inconvenient Office Hours Prevented Child's Physician Visit Last Year



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

2. 2000 PRC National Health Survey, Professional Research Consultants

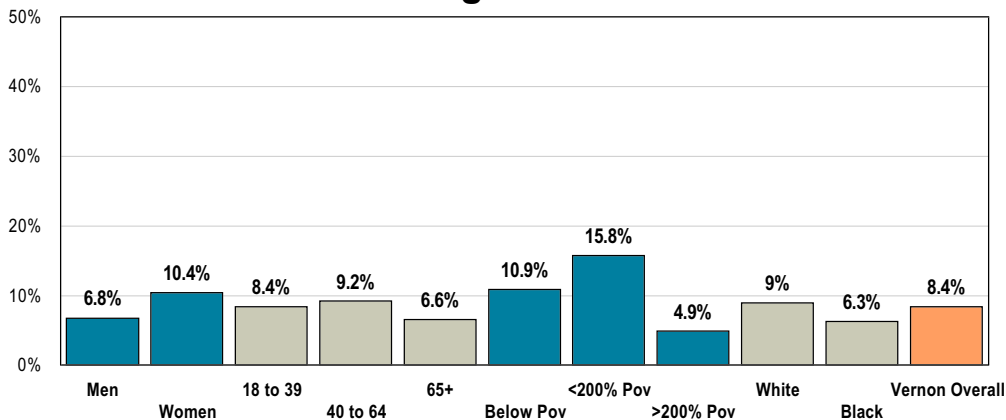
Notes: 1. Asked of all respondents with children under 18.

2. State data not available.

Lack of Physician Availability

- **8.4% of Vernon Parish adults report having difficulty finding a doctor in the past year.**
 - Significantly better than Rapides Foundation Service Area findings (11.8%).
 - Similar to national findings.
- Low-income respondents most often report difficulty finding a doctor.

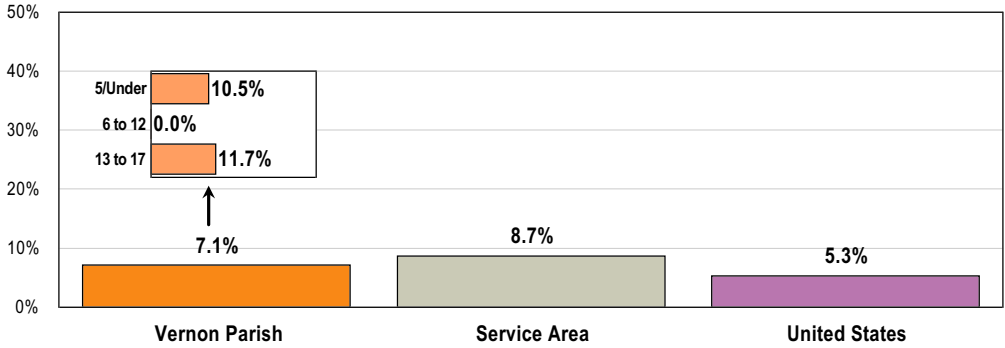
Had Trouble Finding a Doctor in the Past Year



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

- **7.1% of Vernon Parish parents say that they have had trouble finding a doctor for their child in the past year.**
 - Similar to Rapides Foundation Service Area and national findings.

Had Trouble Finding a Doctor for Child in the Past Year

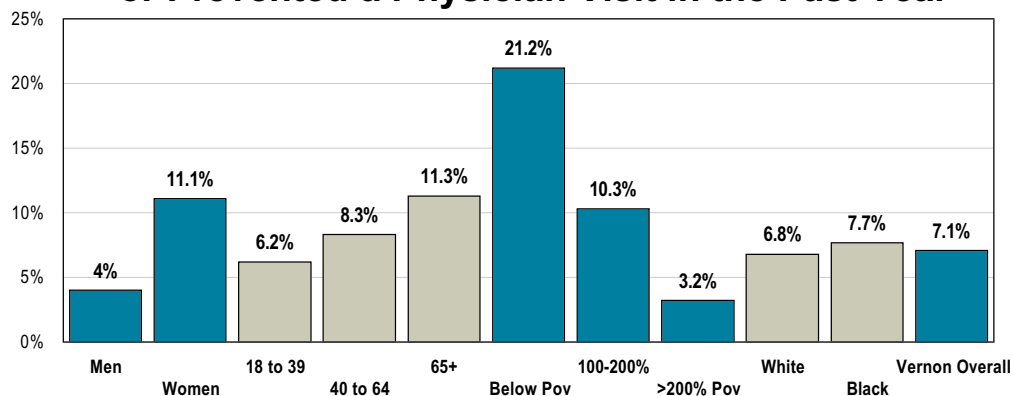


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of respondents with children under the age of 18.
 2. State data not available.

Lack of Transportation to Health Care Services

- **7.1% of Vernon Parish adults report that a lack of transportation has made it difficult or prevented them from seeing a physician in the past year.**
 - Significantly better than Rapides Foundation Service Area findings (10.0%).
 - Statistically similar to national findings.
- A dramatically greater share of persons living in poverty are impacted by a lack of transportation.
- Access to transportation decreases with age.
- Women encounter transportation barriers much more often than men.

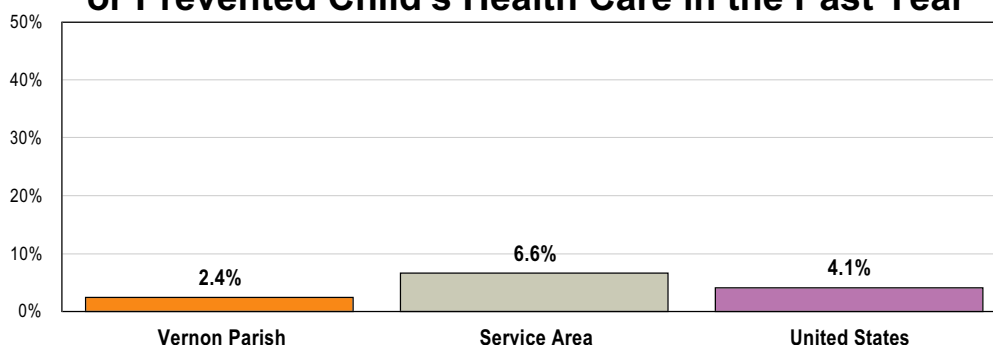
Lack of Transportation Made Difficult or Prevented a Physician Visit in the Past Year



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

- **2.4% of Vernon 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.**
 - Significantly better than Rapides Foundation Service Area (6.6%).
 - Statistically similar to national findings.

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



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

Community Health Panel Findings*

Transportation is yet another expense for rural patients seeking medical care.

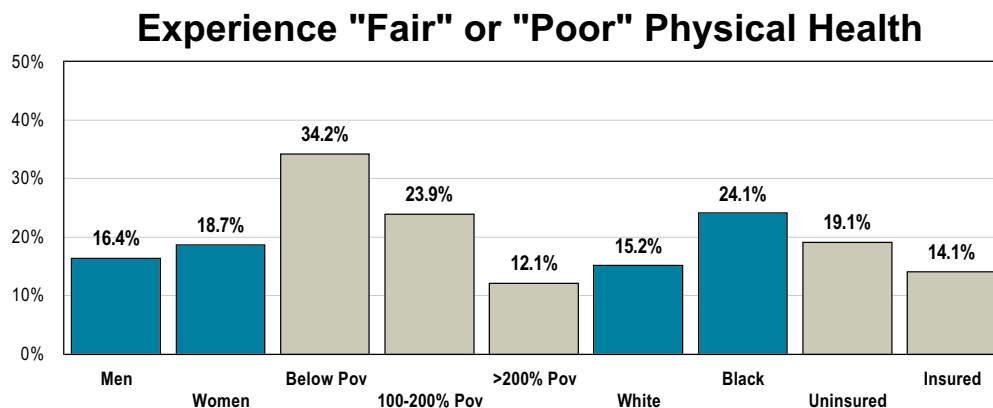
“I think in this parish, one of the biggest problems is the lack of public transportation. We have some vans to transport the handicapped, but they are kind of limited. Our elderly people who live in the rural areas have to pay about \$30 to come into town to get medical services.”

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

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:

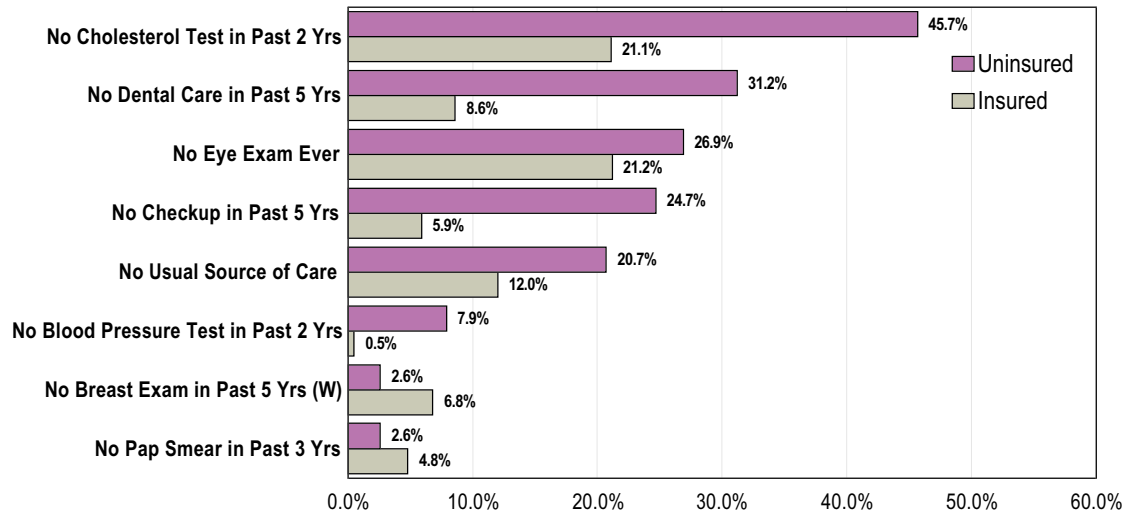
- **Those demographic groups that more often report difficulty accessing health care — persons in poverty, Black respondents, uninsured respondents and women — more often report their general health status as “fair” or “poor.”**



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

- **43.9% 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 22.9% of those not experiencing these difficulties.**
- **Those without health insurance coverage report lower usage of many preventive health services when compared to insured individuals (e.g., routine check-ups, dental care, eye exams, blood pressure testing, cholesterol testing, etc.)**

Preventive Health Care (By Insured Status)



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

PERCEPTIONS OF HEALTH CARE SERVICES

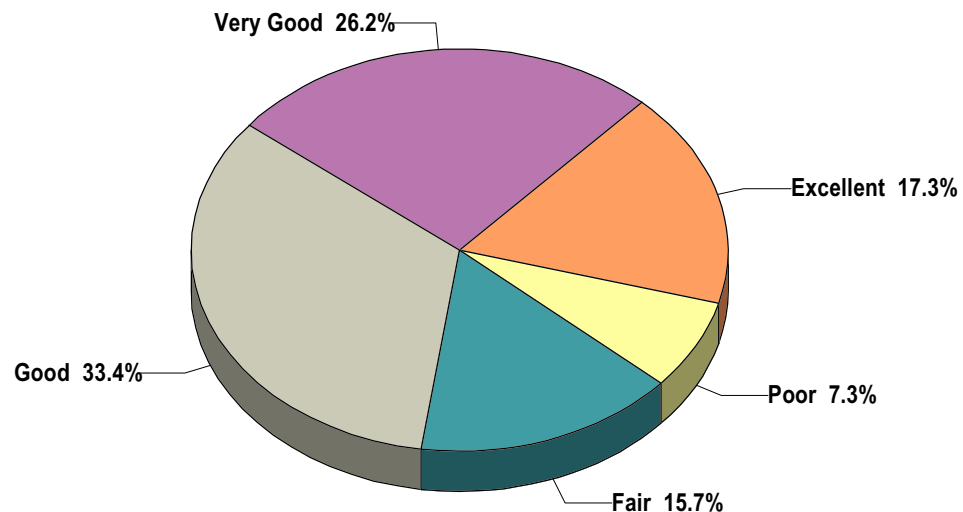
Local Health Care Services

Satisfaction With Local Health Care

- **43.5% of Vernon Parish adults rate their satisfaction with the overall health care services available to them as “excellent” or “very good.”**
- **23.0% 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%).

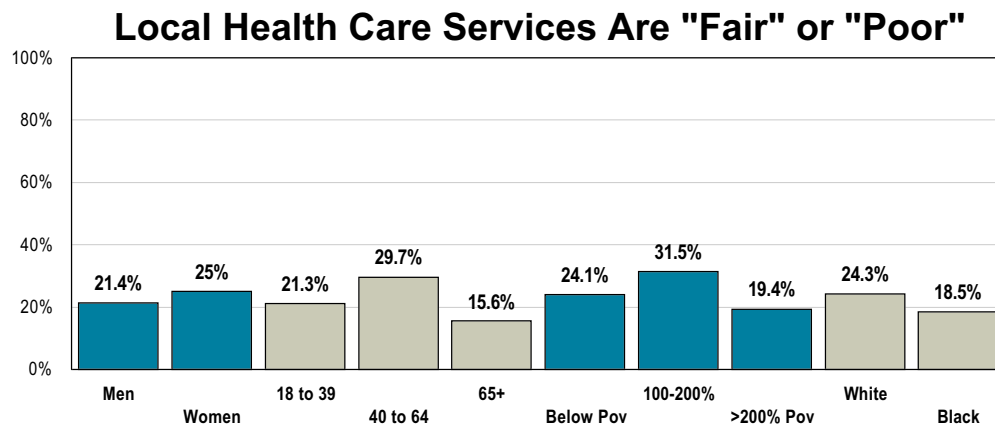
Satisfaction With Local Health Care

(Vernon Parish)



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

- Persons living just above the poverty threshold are most critical of local health care services.
- Middle-aged adults (age 40 to 64) are more critical of local health care services than are younger or older adults.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

- Notes:
1. Demographic breakouts are among findings in Vernon Parish.
 2. Asked of all respondents.
 3. Percentages represent combined "fair" and "poor" responses.

Community Health Panel Findings*

Focus group participants mentioned the need for a variety of health care services in the parish. Only one participant expressed satisfaction with local health care services.

"We have easy access to the hospitals in the area and also have one hospital in town."

"We need more medical specialists for kids, like cancer treatment facilities."

"We used to have a dialysis center, but it is no longer here, so our patients have to go somewhere else for care, and that creates a hardship for some people."

"When we have children who need special educational or counseling services and they still need to be in school, they have to go to places like Alexandria or Lake Charles and be away from their families."

* 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 Vernon Parish, Louisiana and the United States.

- **In 2000, Vernon Parish experienced a rate of 494.7 violent crimes (murder, rape, robbery and aggravated assault/battery) per 100,000 population, much lower than the statewide violent crime rate.**
 - Vernon Parish experienced lower violent crime rates than the state of Louisiana for every category.
- **Vernon Parish experienced a rate of 2,368.8 property (non-violent) crimes (burglary, motor vehicle theft, larceny-theft) per 100,000 population, much lower than the Louisiana rate.**
 - Vernon Parish experienced lower property crime rates than the state of Louisiana for every category.

Reported FBI Index Crimes

Crime Rates per 100,000 Population

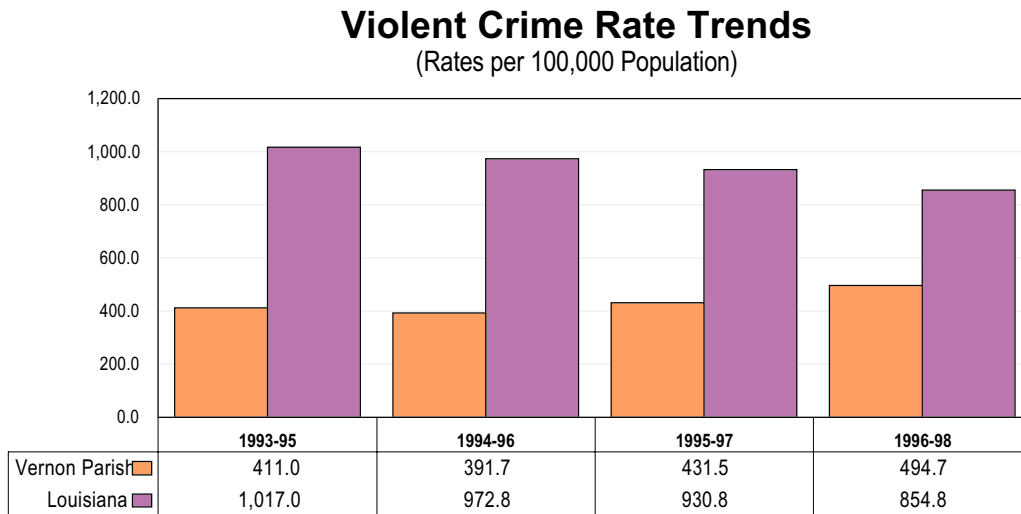
	Vernon Parish (1996-1998)	Louisiana (1996-1998)
VIOLENT CRIMES	494.7	854.8
Homicide	11.9	15.3
Forcible Rape	16.3	39.9
Robbery	29.4	237.9
Aggravated Assault	437.1	561.7
PROPERTY CRIMES	2,368.8	5,607.3
Burglary	431.4	1,235.7
Larceny Theft	1,869.7	3,778.5
Motor Vehicle Theft	67.6	593.1
TOTAL CRIME INDEX	2,863.5	6,462.1

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

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

Violent Crime Rate Trends

- The rate of violent crime in Vernon Parish increased from 391.7/100,000 in 1994-96 to 494.7/100,000 in 1996-98.

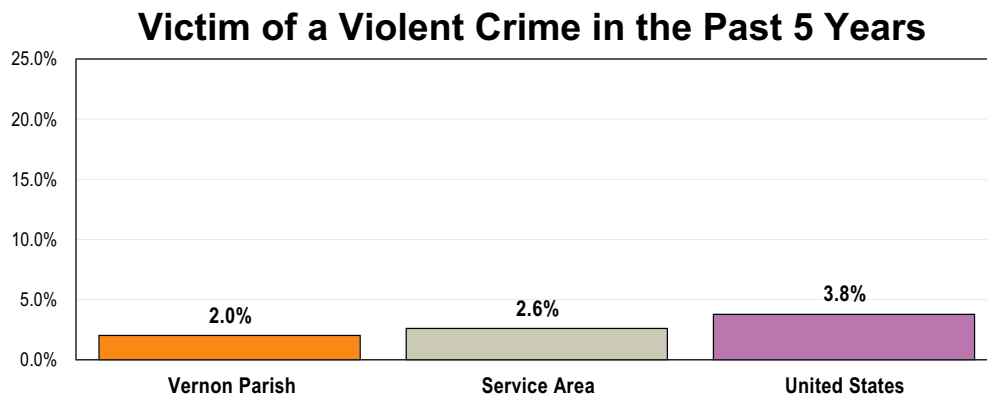


Source: Crime in the United States, Uniform Crime Reports (1993-2000)/Louisiana Commission on Law Enforcement.

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

Victimization

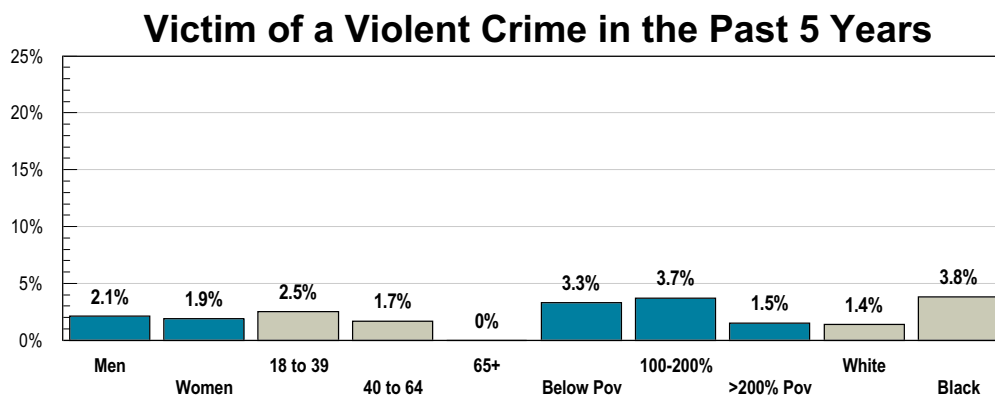
- **2.0% of Vernon Parish adults report having been the victim of a violent crime in the area in the past five years.**
 - Significantly better than Rapides Foundation Service Area (2.6%) and national findings (3.8%).



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 Vernon Parish, violent crime victimization is higher among:

- Black respondents.
- Low-income respondents.



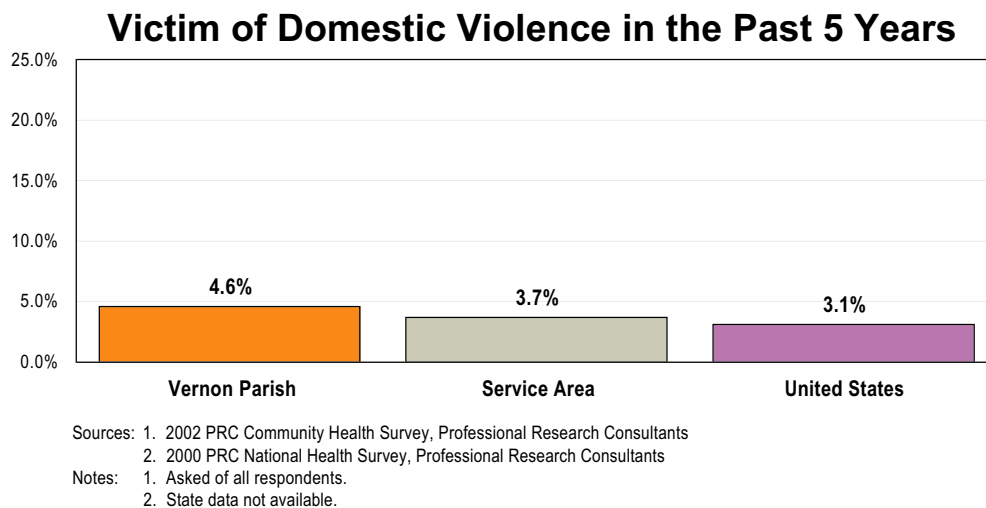
Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Vernon Parish.
 2. Asked of all respondents.

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

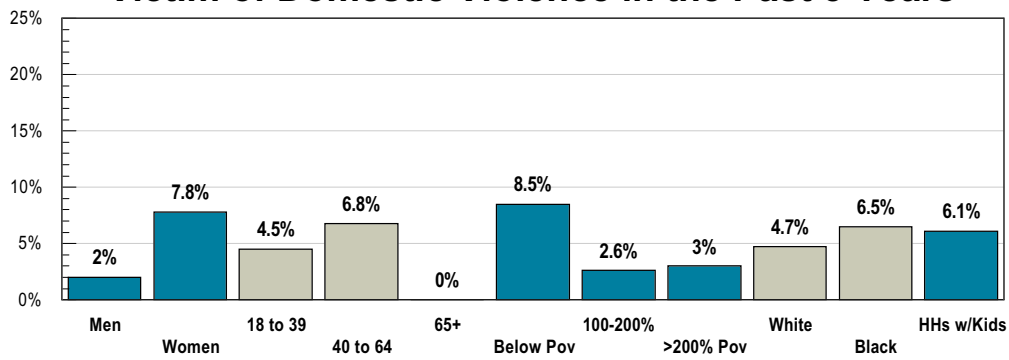
- **4.6% of Vernon Parish adults acknowledge that they have been the victim of domestic abuse in the past five years.**
 - Similar to Rapides Foundation Service Area and national findings.



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

- Those living below the poverty level.
- Women.
- Middle-aged adults (ages 40 to 64).
- Black respondents.
- Households with children.

Victim of Domestic Violence in the Past 5 Years



Source: 2002 PRC Community Health Survey, Professional Research Consultants

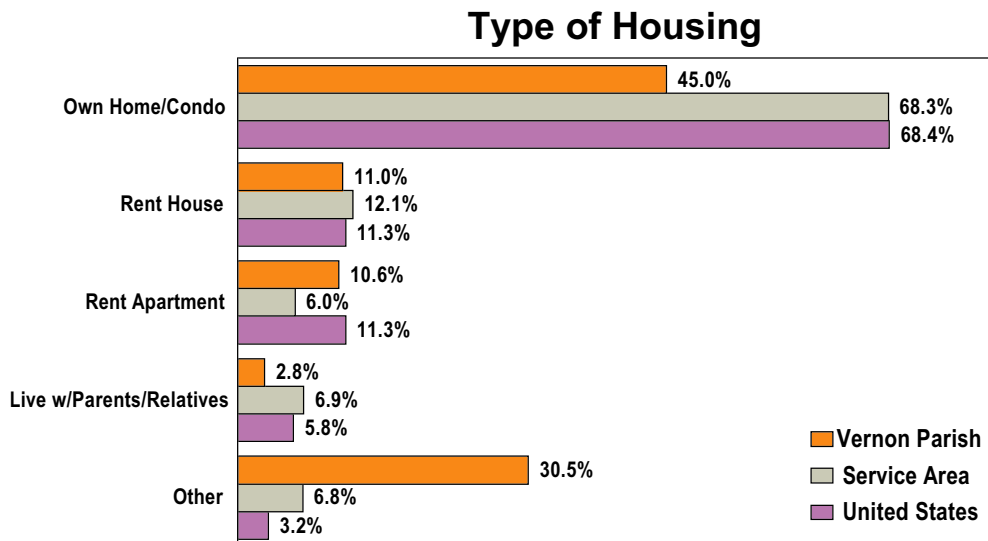
Notes: 1. Demographic breakouts are among findings in Vernon Parish.

2. Asked of all respondents.

Housing

Type of Housing

- **45.0% of Vernon Parish adults participating in the survey report that they own their own home or condo.**
 - In comparison to national findings, a smaller share of Vernon Parish adults own their own homes or condos.
- **21.6% rent a house (11.0%) or apartment (10.6%).**
 - This distribution is generally similar throughout the Rapides Foundation Service Area and similar to that seen nationwide.
- **2.8% live with parents or relatives.**

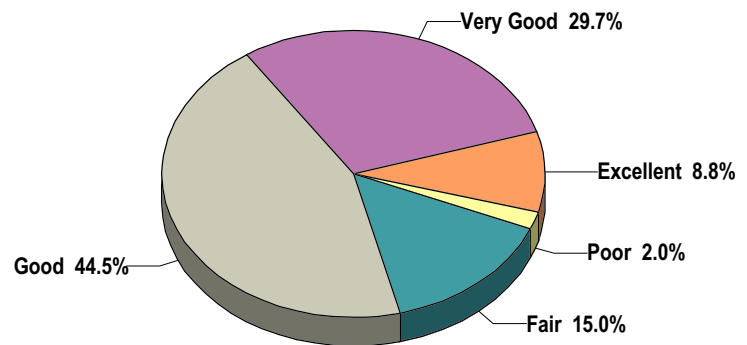


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2001 PRC National Quality of Life Survey, Professional Research Consultants
Note: Asked of all respondents.

Housing Condition

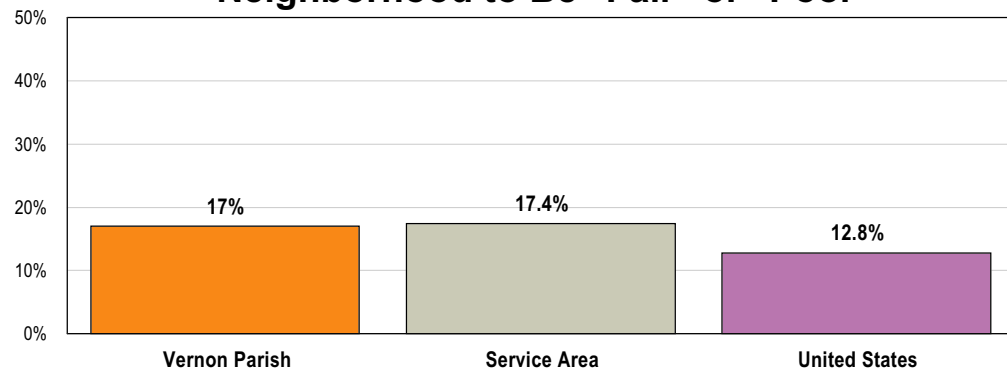
- **38.5% of Vernon Parish adults rate the condition of homes in their neighborhoods as “excellent” or “very good.”**
- **44.5% rate the condition of neighborhood homes as “good.”**
- **17.0% rate the condition of neighborhood homes as “fair” or “poor.”**
- Similar to Rapides Foundation Service Area and national findings.

Rating of Condition of Homes in Neighborhood
(Vernon Parish)



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

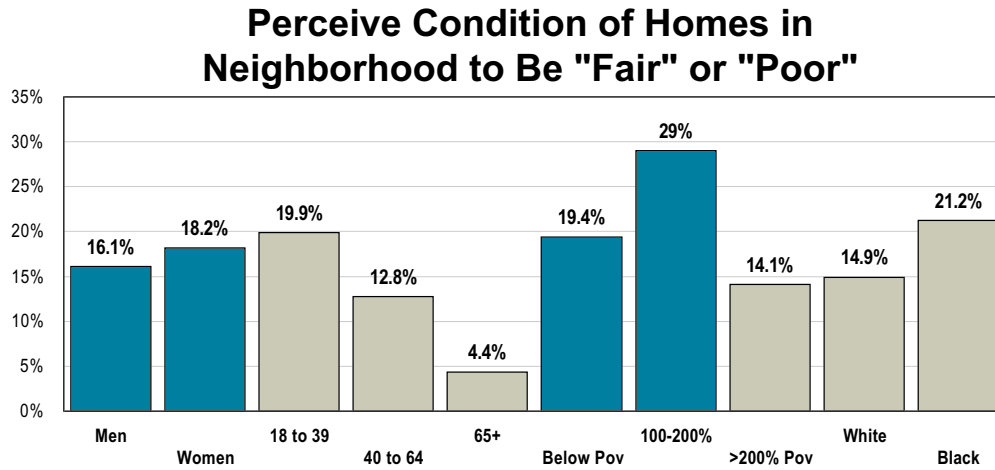
Perceive Condition of Homes in Neighborhood to Be "Fair" or "Poor"



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

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

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



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

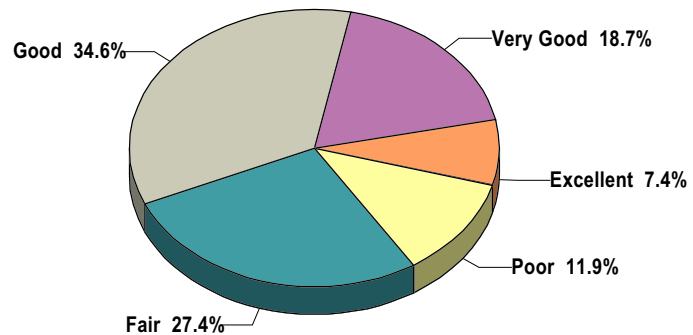
2. Asked of all respondents.

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

Perceived Affordability of Local Housing

- **26.1% of Vernon Parish adults rate the availability of affordable housing in the area as “excellent” or “very good.”**
- **34.6% rate the availability of affordable housing as “good.”**

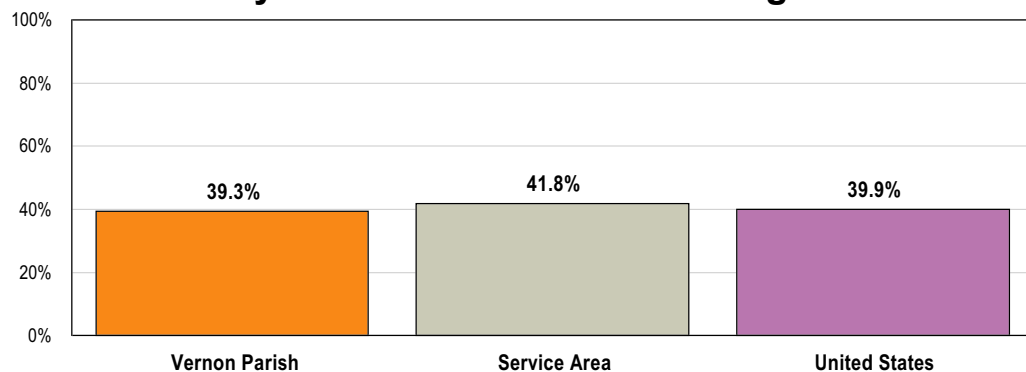
**Rating of Availability
of Affordable Local Housing**
(Vernon Parish)



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

- **39.3% of Vernon Parish adults rate the availability of affordable housing in the area as “fair” or “poor.”**
 - Similar to responses throughout the Rapides Foundation Service Area, as well as nationwide.

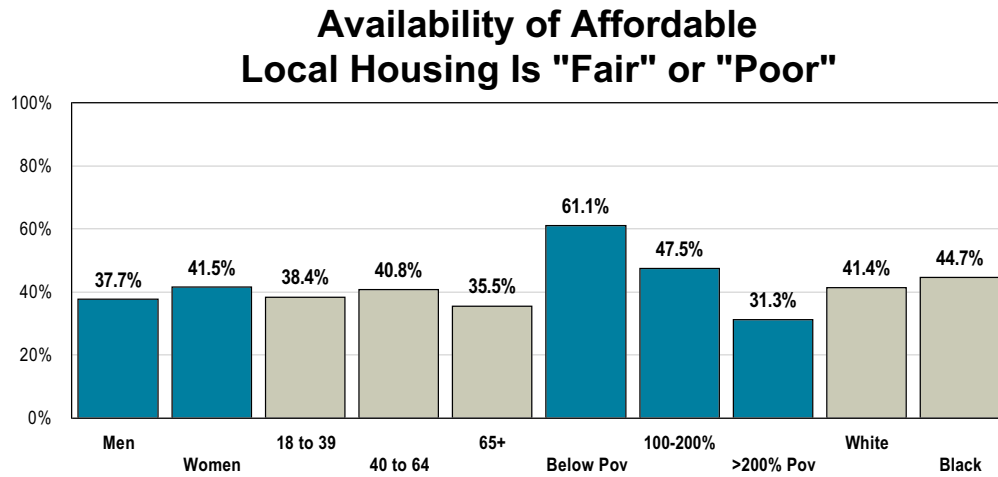
Availability of Affordable Local Housing Is "Fair/Poor"



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

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

- Persons living at lower incomes.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

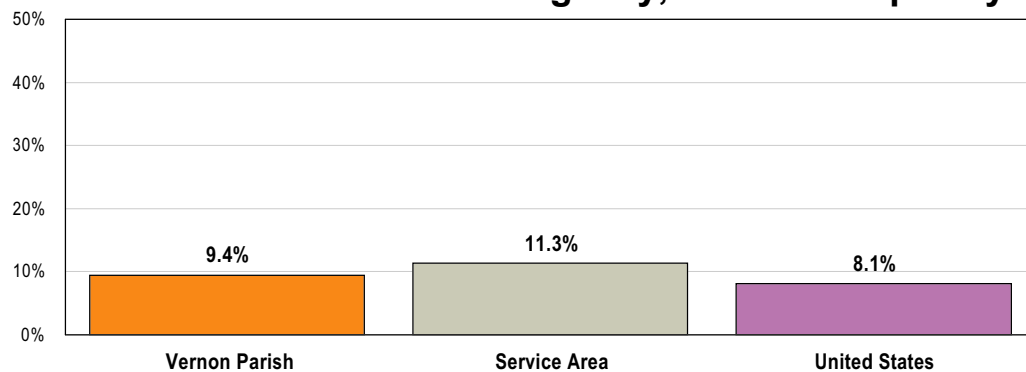
2. Asked of all respondents.

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

Housing Displacement

- **9.4% of Vernon 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 3,628 households in Vernon Parish.**
 - Statistically similar to Rapides Foundation Service Area and national findings.

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

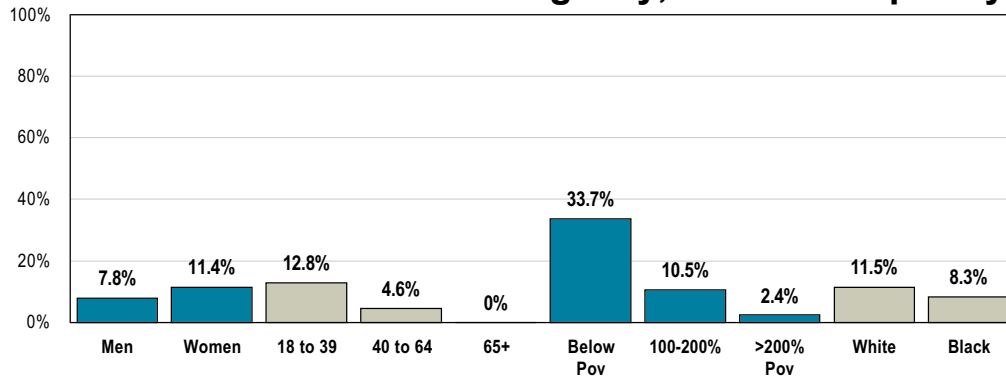


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2001 PRC National Quality of Life Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

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

- Persons living below the poverty threshold.
- Young adults.

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



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

2. Asked of all respondents.

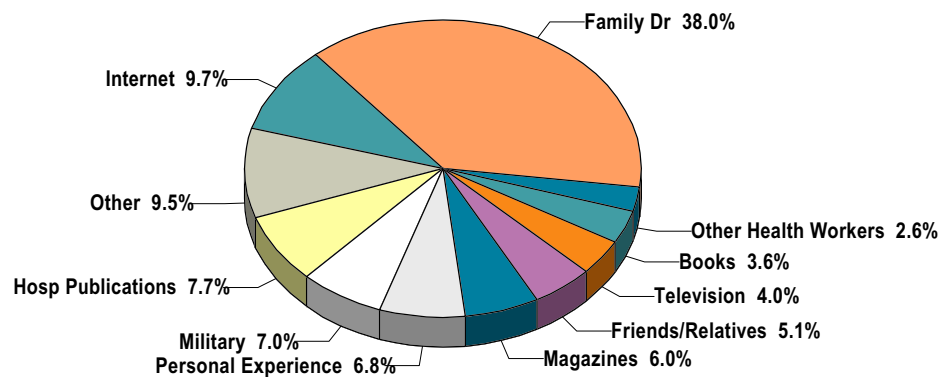
HEALTH EDUCATION & OUTREACH

Health Education Services

Sources of Health Care Information

- **38.0% of Vernon Parish adults get most of their health care information from their *family physician*.**
- **Other identified primary sources of health care information (each mentioned by approximately 3%-10% of respondents) include: *the Internet, hospital publications, the military, personal experience, magazines, friends/relatives, television, books and other health care professionals*.**

Vernon Source of Health Care Information
(Vernon Parish)



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

Community Health Panel Findings*

Budget cuts and lack of resources are often cited as barriers to effective communication.

“We need better communication in the rural areas about what health programs are available.”

* 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.

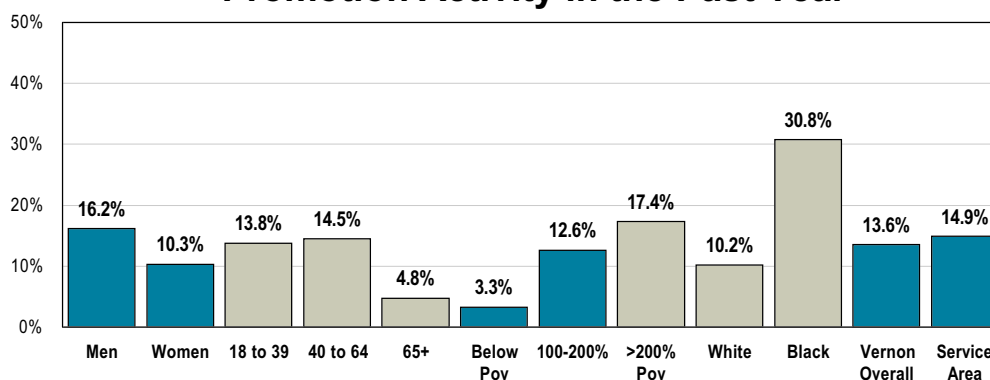
“I know that the Health Department is cutting back on their services. It makes it hard for us who work in health care in the military base because we can’t help the community, but we depend on the Health Department to maintain and deliver quality of health care in this area.”

“We have been trying for the last six months to locate health data about Vernon Parish. A lot of things are recorded through public health, but there are so many things that are not recorded, so we are trying to find a good tool to enable us to look at specific health problems and where they are in this parish. Maybe we can look to the Foundation after this report is done to help us in developing this kind of tool.”

Health Promotion Activities

- 13.6% of Vernon 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

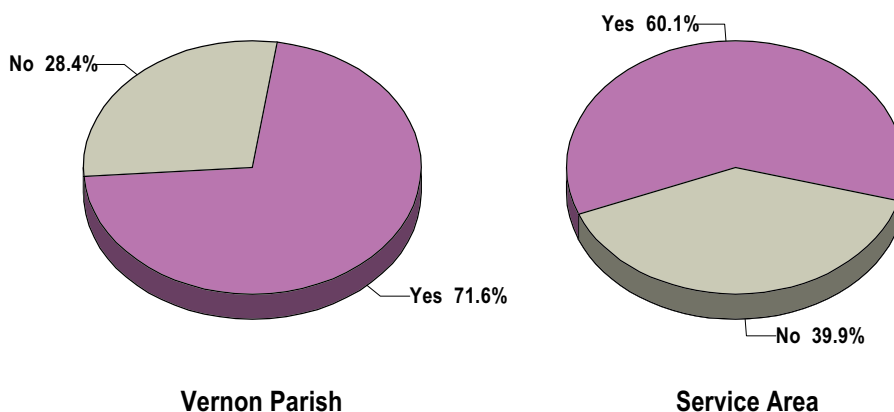


Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

- 71.6% 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.

Coordination of Services

Cooperative Services

Community Health Panel Findings*

Community health panel participants stressed the need for preventive health measures.

“We need a preventive health care initiative in this parish.”

“We really need health prevention education in all areas. We are looking to have a health fair in June. We are trying to get as many things together as possible, including immunizations and even HIV testing. We are planning on doing it through the combination of the ministerial and community services.”

Community Involvement and Outreach

Community Health Panel Findings*

“There are a lot of good projects that we have done as a community. Last year, we raised about \$80,000 for the American Cancer Society. I think the community cares about itself, and we try to work closely with the surrounding areas and other parishes. There is a willingness to work together to make this area a better place to live. We do a lot of Christmas food boxes during the holidays.”

“We have a very strong church base, and they do have functions and activities for the community. Last year, we did about 1,700 Christmas food boxes and distributed them all over the parish. We do a lot to fill in the gaps for people, so our ministry helps with many different things, even being a clearinghouse for the services which are available in this area.”

“I think we lack an umbrella like the United Way so that all of the services are under one location and easier to find.”

“I am personally trying to involve the churches in a health-based faith ministry program. One of the things we lack is a method of communicating throughout the parish, so I feel that if we start with the churches, they could be a good place to start.

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We can start with some preventive programs like breast cancer. This is very important in this area because we find that women don't come in for checkups until they are in their third stage of breast cancer. This type of information could be passed on through the churches. We still have a lot of work to do in getting all the churches involved."

"The community center at Fort Polk offers classes for the family and the parents. They have family teen building classes, and both kids and parents very well represent them. Maybe the community could do something similar and offer a \$5 voucher to Wal-Mart if people come and stay for the program. Maybe we could get together with the Fort Polk community and get volunteers from the base to put on these types of educational programs. I am sure the ACS would be accommodating to this idea."

"I think we need kind of a trained ombudsman who is actually capable of doing volunteer training and organization development so we could get a volunteer information center to help out with all of these community projects that we need to improve this parish - one person who can create a one-stop center for all services, write grants and get the necessary funding from all different sources in and out of the parish."

NEEDS OF SPECIAL POPULATIONS

Youth

Youth Activities

Community Health Panel Findings*

“We have a D.A.R.E. program in our elementary schools. It just doesn’t reach some of the dropouts. There is a lack of a real concentrated drug education program and also job opportunities for our kids. The economic level is so low that, actually, drug sales seem to be the best choice of jobs for the kids.”

“The kids can’t find any part-time jobs in this area. Two summers ago, we got together with the Chamber of Commerce and other groups in the community to have a job fair out at the fairgrounds, and we had 2 to 3 jobs available, and 400 kids showed up.”

“We have a great need for a Boys and Girls Club or another type of teen center for the youth in this community.”

“We are trying to do things for the kids, like Family Arts Fair and other extracurricular activities for the kids; but it is really minimal. At our last Family Arts Fair, we had about 150 participants for the day, so we know that there is a need and an interest, and we had to stop it like we did soccer and baseball because of lack of money. We also need more volunteers. We had about 30 kids who wanted to sign up for soccer, and we only had two coaches. This is one of the biggest issues for us in our community: to fund and get volunteers for the after-school programs.”

“It would be nice if we could have, like, a community pool where all kids could have access to it. The majority of the kids who live here in Leesville need somewhere where they can go and swim and exercise and have something to do after school and in the summer.”

“We have a very low economic and low tax base. We depend a lot on Fort Polk, and since they are downsizing, we don’t really have the tax base to support a community recreation program.”

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Children's Education

Community Health Panel Findings*

"We need a speech pathologist as part of the early intervention care program. I work with children in the after-school program on the military base, and they don't have any type of educational programs to meet the special needs of the children who have physical and/or mental issues."

"There is a real need for programs like conflict resolution, self-esteem and anger management, programs where we can teach our teen-agers that there are consequences for the actions they take. We need to make them aware of the hurt and the harm they can do sometimes to other kids by what they say - kind of mental abuse."

Supporting Parents

Community Health Panel Findings*

"We have a new parent support program on the military base that actually does home visits with new moms who are having a hard time with their baby. Somebody goes to their home and gives them advice on what to do if the baby cries and even how to change a diaper. We have a pretty high single-parent rate within our community, and some of these new moms have never touched a baby. Unfortunately, we don't have enough resources to expand it outside of the base."

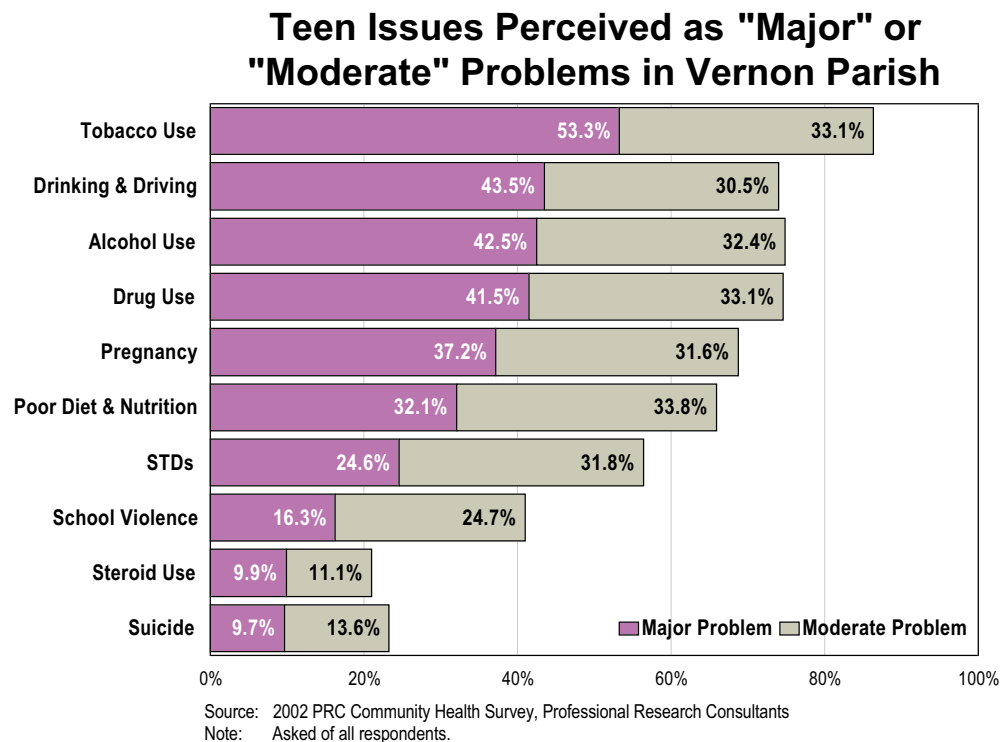
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Community Perceptions of Adolescent Health Issues

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.”

- 53.3% of Vernon Parish adults rate *teen tobacco use* as a “major problem” in Vernon Parish.
- 43.5% rate *teen drinking and driving* as a “major problem” in Vernon Parish.
- 42.5% rate *teen alcohol use* as a “major problem” in Vernon Parish.
- 41.5% rate *teen drug use* as a “major problem” in Vernon Parish.
- Over 70% of adults rate each of these problems as “major” or “moderate” problems.



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

Seniors

Senior Health Needs

Community Health Panel Findings*

Other issues identified for area seniors include:

Cost of Prescription Drugs

“I know this parish was contacted by the Foundation to start the drug assistance program for the elderly; but somehow there was not enough interest shown for our parish to be one of the first ones to get this program. I would like to go on record of saying that I would like for our parish to get this drug program A.S.A.P.”

Home Health, Assisted Living, Nursing Care, Hospice Care

“We need a day care program for our elderly, especially for those who still live in the rural areas - a place for them to come and socialize with other people.”

“The elderly people who want and can stay home need a sitter or a case manager to look out for them and visit them on a weekly or daily basis. They are not getting any follow-up, at-home visits.”

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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		Vernon Parish	US	HP2010	vs. US	vs. HP2010
Physical	% "Fair" or "Poor" Physical Health	17.4	12.3		WORSE	
	% >1 Day/Month Poor Physical Health	33.6	34.4		similar	
	% No Days/Month Very Healthy/Full of Energy	9	11.5		similar	
	% Activity Limitations	17.7	14.9		similar	
	% Impairment a Result of Work-Related Injury	30.1	17.7		similar	
	% >1 Workday/Year Missed Due to Illness	30.5	43.1		BETTER	
	% Overweight	65.7	37.8		WORSE	
	% Overweight Trying to Lose	41.1	35.9		similar	
	% Unhealthy Weight (BMI <18.5 or 25+)	67.6	58.5	40	WORSE	Does NOT Meet Goal
	% Obese	25.7	19.1	15	WORSE	Does NOT Meet Goal
Mental Health	% >1 Day/Month Poor Mental Health	28.2	31.9		similar	
	% Prolonged Depression (2+ Yrs)	25.9	23.9		similar	
	% Depressed Persons Seeking Help	36.5	42.5	50	similar	Does NOT Meet Goal
	% >3 Days/Month Sad, Blue or Depressed	23	22.7		similar	
	% >3 Days/Month Worried, Tense or Anxious	39.2	35.8		similar	
	% >3 Days/Month Did Not Get Enough Rest/Sleep	61.7	56.1		similar	
Mortality	Age-Adj Coronary Heart Disease Deaths/100,000	362.4	204	166	WORSE	Does NOT Meet Goal
	Age-Adjusted Breast Cancer Deaths/100,000	21.9	27	22.3	BETTER	Meets Goal
	Age-Adjusted Cancer Deaths/100,000	264.1	202.7	159.9	WORSE	Does NOT Meet Goal
	Age-Adjusted Resp Disease Deaths/100,000	51.3	45.8		WORSE	
	Age-Adjusted Diabetes Mellitus Deaths/100,000	32.3	25.2	15.1	WORSE	Does NOT Meet Goal
	Age-Adjusted Heart Disease Deaths/100,000	308.8	267.8	213.7	WORSE	Does NOT Meet Goal

Health Status	Vernon Parish	US	HP2010	vs. US	vs. HP2010
Age-Adjusted HIV Deaths/100,000	0	5.4	0.7	BETTER	Meets Goal
Age-Adjusted Homicide Deaths/100,000	8.4	6.2	3	WORSE	Does NOT Meet Goal
Age-Adjusted MV Accident Deaths/100,000	21.9	15	9.2	WORSE	Does NOT Meet Goal
Age-Adjusted Pneumonia/Influenza Deaths/100,000	35.4	23.6		WORSE	
Age-Adjusted Stroke Deaths/100,000	43.2	61.8	48	BETTER	Meets Goal
Age-Adjusted Suicide Deaths/100,000	15.8	10.7	5	WORSE	Does NOT Meet Goal
Morbidity					
Chlamydia Incidence/100,000	243.7	257.5		BETTER	
Gonorrhea Incidence/100,000	100.3	131.6	19	BETTER	Does NOT Meet Goal
Hepatitis A Incidence/100,000	3.1	12	4.5	BETTER	Meets Goal
Hepatitis B Incidence/100,000	0.7	4.2		BETTER	
Tuberculosis Incidence/100,000	3.1	5.8	1	BETTER	Does NOT Meet Goal
Primary & Secondary Syphilis Incidence/100,000	4.6	2.2	0.2	WORSE	Does NOT Meet Goal
% Arthritis/Rheumatism	23.8	20.3		similar	
% Sciatica/Chronic Back Pain	17	20		similar	
% Deafness/Trouble Hearing	12.9	9.3		similar	
% Diabetes/High Blood Sugar	6	5.5		similar	
% Asthma	9	9.9		similar	
% Chronic Heart Disease	5.5	5.7		similar	
% Blindness/Trouble Seeing	10.4	9.2		similar	
% Cancer (Other Than Skin)	3.7	4.5		similar	
% Chronic Lung Disease	12.1	6.4		WORSE	
% Ulcer/GI Bleeding	7.7	6		similar	
% Skin Cancer	4	4.9		similar	
% Kidney Disease	3.2	2.7		similar	
% Stroke	1.7	1.4		similar	
% Tested for AIDS Virus in Past Yr (18-64)	52.4	30.6		BETTER	
% "High" Chance of Getting AIDS (18-64)	2.7	2.1		similar	
% Child Has Asthma	12	13.4		similar	
Natality					
% Births to Teenagers	14.2	12.3		WORSE	
% No Prenatal Care in 1st Trimester	18.7	17	10	WORSE	Does NOT Meet Goal
% of Low Birthweight Births	7.1	7.6	5	BETTER	Does NOT Meet Goal
Infant Death Rate	8.8	7	4.5	WORSE	Does NOT Meet Goal
Neonatal Death Rate	5.5	4.7	2.9	WORSE	Does NOT Meet Goal
Crime					
Murder Rate/100,000	11.9	5.5		WORSE	
Rape Rate/100,000	16.3	32		BETTER	
Robbery Rate/100,000	29.4	144.9		BETTER	
Aggravated Assault/Battery Rate/100,000	437.1	323.6		WORSE	
% Victim of Violent Crime in Past 5 Yrs	2	3.8		similar	
% Victim of Domestic Violence in Past 5 Yrs	4.6	3.1		similar	

Health Risk		Vernon Parish	US	HP2010	vs. US	vs. HP2010
CV Risk	% 1+ Cardiovascular Risk Factor	89.1	85.2		WORSE	
Nutrition	% "High" Fat Diet	15.4	10.4		WORSE	
	% Use Food Labels	65.8	68.7		similar	
	% Eat 5+ Servings of Fruit or Vegetables/Day	24.2	30		WORSE	
Exercise	% No Leisure-Time Physical Activity	23.4	20.2		similar	
	% Vigorous Exercise 3+ Times/Wk	49.3			similar	
Tobacco	% Current Smoker	30.9	22.8	12	WORSE	Does NOT Meet Goal
	% Smoke >1 Pack/Day	16.5	13.5		similar	
	% Have Quit 1+ Days in Past Yr	61.2	52.2	75	similar	Does NOT Meet Goal
	% Use Smokeless Tobacco	11.8	3.7		WORSE	
	% Someone Smokes at Home (HH w/Kids)	29.1	23	10	similar	Does NOT Meet Goal
Substance	% Current Drinker	40.9	56.4	50	BETTER	Meets Goal
	% Chronic Drinker	4	5		similar	
	% Binge Drinker	15.8	16.4	6	similar	Does NOT Meet Goal
	% Drinking & Driving in Past Month	2.7	3.7		similar	
	% Taken Rx Without Dr's Orders in Past Yr	2.4	4.5		BETTER	
	% Taken Illegal Drug in Past Yr	0.8	3.2		BETTER	
	% Sought Help for Alcohol or Drug Problem	3.7	4.3		similar	
Hypertension	% Blood Pressure Checked in Past 2 Yrs	98.2	96	95	BETTER	Meets Goal
	% Told Have High Blood Pressure	26	23.4	16	similar	Does NOT Meet Goal
	% Taking Action to Control High BP	78.8	80.7	95	similar	Does NOT Meet Goal
Cholesterol	% Cholesterol Checked in Past 5 Yrs	80.9	82.2	80	similar	similar to goal
	% Told Have High Cholesterol	19.9	21.4	17	similar	similar to goal
	% Taking Action to Control High Cholesterol	71.7	70		similar	

Prevention		Vernon Parish	US	HP2010	vs. US	vs. HP2010
Preventive	% Have Had Routine Checkup in Past Yr	66.8	64.1		similar	
	% Child Has Had Checkup in Past Yr	91.9	85.6		BETTER	
	% Have Visited Dentist in Past Yr (18+)	68.2	68.9	56	similar	Meets Goal
	% Child (1-17) Has Visited Dentist in Past Yr	92.9	69.3	56	BETTER	Meets Goal
	% Have Had Eye Exam in Past Yr	40.8	54.2		WORSE	
Immunization	% Children (<24 Mos) Immunized Appropriately	85	82	90	BETTER	Does NOT Meet Goal
	% Flu Shot in Past Yr (65+)	56.1	65.7	90	similar	Does NOT Meet Goal
Cancer	% Digital Rectal Exam in Past Yr (50+)	45.2	57.1		WORSE	
	% Sigmoid/Colonoscopy Ever (50+)	40.9	48.7	50	similar	similar to goal
	% Blood Stool Test in Past 2 Yrs (50+)	46.6	47.1	50	similar	similar to goal
	% Mother/Sister Diagnosed Breast Cancer (W)	8	11.5		similar	
	% Mammogram in Past 2 Yrs (W40+)	80.6	78.2	70	similar	Meets Goal
	% Don't Know Breast Self-Exam (W)	3.6	4.2		similar	
	% Perform Breast Self-Exam Monthly (W)	56.4	42.9		BETTER	
	% Pap Smear in Past 3 Yrs (W)	92.4	84	90	BETTER	similar to goal
	% Father/Brother Diagnosed Prostate Cancer (M)	5.8	8.4		similar	
	% PSA or Digital Rectal Exam in Past 2 Yrs (M40+)	69	69.9		similar	
	% Testicular Exam Ever (M)	67.7	62.4		similar	
	% Don't Know Testicular Self-Exam (M)	43.8	63.5		BETTER	
	% Perform Testicular Self-Exam Monthly (M)	26.7	12.5		BETTER	
Injury Control	% "Always" Wear Seat Belt	79.3	75	92	similar	Does NOT Meet Goal
	% Child (<5) "Always" Uses Auto Child Restraint	95.3	98.9	100	similar	Does NOT Meet Goal

Access		Vernon Parish	US	HP2010	vs. US	vs. HP2010
Insurance Cvg	% Lack Health Insurance (18-64)	15.5	15.6	0	similar	Does NOT Meet Goal
Primary Care	% Have a Regular Clinic or Physician	87.5	85	96	similar	Does NOT Meet Goal
	% Cost Prevented Physician Visit in Past Yr	13.8	10.4		similar	
	% Cost Prevented Child's Care in Past Yr	5.2	7.3		similar	
	% Transportation Prevented Dr Visit in Past Yr	7.1	5.2		similar	
	% Transportation Prevented Child's Care in Past Yr	2.4	4.1		similar	
	% Difficulty Getting Appointment in Past Yr	12.9	13.3	7	similar	Does NOT Meet Goal
	% Inconvenient Hrs Prevented Dr Visit in Past Yr	10.9	12.7		similar	
	% Cost Prevented Getting Rx in Past Yr	15.3	9.5		WORSE	
	% Difficulty Finding Dr for Child in Past Yr	7.1	5.3		similar	
	% Difficulty Getting Appt for Child in Past Yr	13.7	13.1		similar	
	% Inconv Hrs Prevented Child's Dr Visit in Past Yr	12.4	16.3		similar	
	% Cost Prevented Getting Child's Rx in Past Yr	5.4	4.4		similar	
	% Gone to ER More Than Once in Past Yr	14	5.6		WORSE	
	% Difficulty Finding Physician in Past Yr	8.4	7.8		similar	
Health Care	% Rate Local Health Care "Excellent/Very Good"	43.5	53.1		WORSE	

Summary of Findings by Issue

Cancer	Vernon	US	HP2010	Significance vs. US	Significance vs. HP2010
% "High" Fat Diet	15.4	10.4		WORSE	
% Current Smoker	30.9	22.8	12	WORSE	Does NOT Meet Goal
Age-Adjusted Cancer Deaths/100,000	264.1	202.7	159.9	WORSE	Does NOT Meet Goal
% Digital Rectal Exam in Past Yr (50+)	45.2	57.1		WORSE	
% Eat 5+ Servings of Fruit or Vegetables/Day	24.2	30		WORSE	
% Father/Brother Diagnosed Prostate Cancer (M)	5.8	8.4		similar	
% Mother/Sister Diagnosed Breast Cancer (W)	8	11.5		similar	
% Skin Cancer	4	4.9		similar	
% Cancer (Other Than Skin)	3.7	4.5		similar	
% Sigmoid/Colonoscopy Ever (50+)	40.9	48.7	50	similar	indeterminable
% Don't Know Breast Self-Exam (W)	3.6	4.2		similar	
% Testicular Exam Ever (M)	67.7	62.4		similar	
% Mammogram in Past 2 Yrs (W40+)	80.6	78.2	70	similar	Meets Goal
% PSA or Digital Rectal Exam in Past 2 Yrs (M40+)	69	69.9		similar	
% Blood Stool Test in Past 2 Yrs (50+)	46.6	47.1	50	similar	indeterminable
% Perform Testicular Self-Exam Monthly (M)	26.7	12.5		BETTER	
% Perform Breast Self-Exam Monthly (W)	56.4	42.9		BETTER	
% Don't Know Testicular Self-Exam (M)	43.8	63.5		BETTER	
Age-Adjusted Breast Cancer Deaths/100,000	21.9	27	22.3	BETTER	Meets Goal
% Pap Smear in Past 3 Yrs (W)	92.4	84	90	BETTER	indeterminable

Chronic Disabling Conditions	Vernon	US	HP2010	Significance vs. US	Significance vs. HP2010
% "Fair" or "Poor" Physical Health	17.4	12.3		WORSE	
Age-Adjusted Diabetes Mellitus Deaths/100,000	32.3	25.2	15.1	WORSE	Does NOT Meet Goal
% Impairment a Result of Work-Related Injury	30.1	17.7		similar	
% Deafness/Trouble Hearing	12.9	9.3		similar	
% Ulcer/GI Bleeding	7.7	6		similar	
% No Days/Month Very Healthy/Full of Energy	9	11.5		similar	
% Activity Limitations	17.7	14.9		similar	
% Kidney Disease	3.2	2.7		similar	
% Arthritis/Rheumatism	23.8	20.3		similar	
% No Leisure-Time Physical Activity	23.4	20.2		similar	
% Sciatica/Chronic Back Pain	17	20		similar	
% Blindness/Trouble Seeing	10.4	9.2		similar	
% >1 Day/Month Poor Mental Health	28.2	31.9		similar	
% Child Has Asthma	12	13.4		similar	
% Diabetes/High Blood Sugar	6	5.5		similar	
% Asthma	9	9.9		similar	
% >1 Day/Month Poor Physical Health	33.6	34.4		similar	
% Vigorous Exercise 3+ Times/Wk	49.3			similar	
% >1 Workday/Year Missed Due to Illness	30.5	43.1		BETTER	

Clinical Preventive Services	Vernon	US	HP2010	Significance vs. US	Significance vs. HP2010
% Gone to ER More Than Once in Past Yr	14	5.6		WORSE	
% Cost Prevented Getting Rx in Past Yr	15.3	9.5		WORSE	
% Have Had Eye Exam in Past Yr	40.8	54.2		WORSE	
% Rate Local Health Care "Excellent/Very Good"	43.5	53.1		WORSE	
% Transportation Prevented Child's Care in Past Yr	2.4	4.1		similar	
% Transportation Prevented Dr Visit in Past Yr	7.1	5.2		similar	
% Difficulty Finding Dr for Child in Past Yr	7.1	5.3		similar	
% Cost Prevented Physician Visit in Past Yr	13.8	10.4		similar	
% Cost Prevented Child's Care in Past Yr	5.2	7.3		similar	
% Inconv Hrs Prevented Child's Dr Visit in Past Yr	12.4	16.3		similar	
% Cost Prevented Getting Child's Rx in Past Yr	5.4	4.4		similar	
% Flu Shot in Past Yr (65+)	56.1	65.7	90	similar	Does NOT Meet Goal
% Inconvenient Hrs Prevented Dr Visit in Past Yr	10.9	12.7		similar	
% Difficulty Finding Physician in Past Yr	8.4	7.8		similar	
% Difficulty Getting Appt for Child in Past Yr	13.7	13.1		similar	
% Have Had Routine Checkup in Past Yr	66.8	64.1		similar	
% Difficulty Getting Appointment in Past Yr	12.9	13.3	7	similar	Does NOT Meet Goal
% Have a Regular Clinic or Physician	87.5	85	96	similar	Does NOT Meet Goal
% Lack Health Insurance (18-64)	15.5	15.6	0	similar	Does NOT Meet Goal
% Child Has Had Checkup in Past Yr	91.9	85.6		BETTER	

Education & Community-Based Programs	Vernon	US	HP2010	Significance vs. US	Significance vs. HP2010
% Activity Limitations	17.7	14.9		similar	

Environmental Health	Vernon	US	HP2010	Significance vs. US	Significance vs. HP2010
% Asthma	9	9.9		similar	

Family Planning	Vernon	US	HP2010	Significance vs. US	Significance vs. HP2010
% Births to Teenagers	14.2	12.3		WORSE	

Heart Disease & Stroke	Vernon	US	HP2010	Significance vs. US	Significance vs. HP2010
Age-Adj Coronary Heart Disease Deaths/100,000	362.4	204	166	WORSE	Does NOT Meet Goal
% Overweight	65.7	37.8		WORSE	
% "High" Fat Diet	15.4	10.4		WORSE	
% Current Smoker	30.9	22.8	12	WORSE	Does NOT Meet Goal
% Obese	25.7	19.1	15	WORSE	Does NOT Meet Goal
% Unhealthy Weight (BMI <18.5 or 25+)	67.6	58.5	40	WORSE	Does NOT Meet Goal
Age-Adjusted Heart Disease Deaths/100,000	308.8	267.8	213.7	WORSE	Does NOT Meet Goal
% 1+ Cardiovascular Risk Factor	89.1	85.2		WORSE	
% Stroke	1.7	1.4		similar	
% No Leisure-Time Physical Activity	23.4	20.2		similar	
% Overweight Trying to Lose	41.1	35.9		similar	
% Told Have High Blood Pressure	26	23.4	16	similar	Does NOT Meet Goal
% Told Have High Cholesterol	19.9	21.4	17	similar	indeterminable
% Chronic Heart Disease	5.5	5.7		similar	
% Taking Action to Control High Cholesterol	71.7	70		similar	
% Taking Action to Control High BP	78.8	80.7	95	similar	Does NOT Meet Goal
% Cholesterol Checked in Past 5 Yrs	80.9	82.2	80	similar	indeterminable
% Vigorous Exercise 3+ Times/Wk	49.3			similar	
Age-Adjusted Stroke Deaths/100,000	43.2	61.8	48	BETTER	Meets Goal
% Blood Pressure Checked in Past 2 Yrs	98.2	96	95	BETTER	Meets Goal

HIV Infection	Vernon	US	HP2010	Significance vs. US	Significance vs. HP2010
% "High" Chance of Getting AIDS (18-64)	2.7	2.1		similar	
Age-Adjusted HIV Deaths/100,000	0	5.4	0.7	BETTER	Meets Goal
% Tested for AIDS Virus in Past Yr (18-64)	52.4	30.6		BETTER	

Immunization & Infectious Diseases	Vernon	US	HP2010	Significance vs. US	Significance vs. HP2010
Age-Adjusted Pneumonia/Influenza Deaths/100,000	35.4	23.6		WORSE	
% Flu Shot in Past Yr (65+)	56.1	65.7	90	similar	Does NOT Meet Goal
Hepatitis B Incidence/100,000	0.7	4.2		BETTER	
Hepatitis A Incidence/100,000	3.1	12	4.5	BETTER	Meets Goal
Tuberculosis Incidence/100,000	3.1	5.8	1	BETTER	Does NOT Meet Goal
% Children (<24 Mos) Immunized Appropriately	85	82	90	BETTER	Does NOT Meet Goal

Maternal & Infant Health	Vernon	US	HP2010	Significance vs. US	Significance vs. HP2010
Infant Death Rate	8.8	7	4.5	WORSE	Does NOT Meet Goal
Neonatal Death Rate	5.5	4.7	2.9	WORSE	Does NOT Meet Goal
% No Prenatal Care in 1st Trimester	18.7	17	10	WORSE	Does NOT Meet Goal
% of Low Birthweight Births	7.1	7.6	5	BETTER	Does NOT Meet Goal

Mental Health & Mental Disorders	Vernon	US	HP2010	Significance vs. US	Significance vs. HP2010
Age-Adjusted Suicide Deaths/100,000	15.8	10.7	5	WORSE	Does NOT Meet Goal
% Depressed Persons Seeking Help	36.5	42.5	50	similar	Does NOT Meet Goal
% >3 Days/Month Did Not Get Enough Rest/Sleep	61.7	56.1		similar	
% >3 Days/Month Worried, Tense or Anxious	39.2	35.8		similar	
% Prolonged Depression (2+ Yrs)	25.9	23.9		similar	
% >3 Days/Month Sad, Blue or Depressed	23	22.7		similar	

Nutrition	Vernon	US	HP2010	Significance vs. US	Significance vs. HP2010
Age-Adj Coronary Heart Disease Deaths/100,000	362.4	204	166	WORSE	Does NOT Meet Goal
% Overweight	65.7	37.8		WORSE	
% "High" Fat Diet	15.4	10.4		WORSE	
Age-Adjusted Cancer Deaths/100,000	264.1	202.7	159.9	WORSE	Does NOT Meet Goal
% Eat 5+ Servings of Fruit or Vegetables/Day	24.2	30		WORSE	
% Unhealthy Weight (BMI <18.5 or 25+)	67.6	58.5	40	WORSE	Does NOT Meet Goal
Age-Adjusted Heart Disease Deaths/100,000	308.8	267.8	213.7	WORSE	Does NOT Meet Goal
% Cancer (Other Than Skin)	3.7	4.5		similar	
% Overweight Trying to Lose	41.1	35.9		similar	
% Use Food Labels	65.8	68.7		similar	
% Chronic Heart Disease	5.5	5.7		similar	

Oral Health	Vernon	US	HP2010	Significance vs. US	Significance vs. HP2010
% Have Visited Dentist in Past Yr (18+)	68.2	68.9	56	similar	Meets Goal
% Child (1-17) Has Visited Dentist in Past Yr	92.9	69.3	56	BETTER	Meets Goal

Physical Activity & Fitness	Vernon	US	HP2010	Significance vs. US	Significance vs. HP2010
Age-Adj Coronary Heart Disease Deaths/100,000	362.4	204	166	WORSE	Does NOT Meet Goal
% Overweight	65.7	37.8		WORSE	
% Obese	25.7	19.1	15	WORSE	Does NOT Meet Goal
% Unhealthy Weight (BMI <18.5 or 25+)	67.6	58.5	40	WORSE	Does NOT Meet Goal
Age-Adjusted Heart Disease Deaths/100,000	308.8	267.8	213.7	WORSE	Does NOT Meet Goal
% No Leisure-Time Physical Activity	23.4	20.2		similar	
% Overweight Trying to Lose	41.1	35.9		similar	
% Chronic Heart Disease	5.5	5.7		similar	
% Vigorous Exercise 3+ Times/Wk	49.3			similar	

Sexually Transmitted Diseases	Vernon	US	HP2010	Significance vs. US	Significance vs. HP2010
Primary & Secondary Syphilis Incidence/100,000	4.6	2.2	0.2	WORSE	Does NOT Meet Goal
Hepatitis B Incidence/100,000	0.7	4.2		BETTER	
Gonorrhea Incidence/100,000	100.3	131.6	19	BETTER	Does NOT Meet Goal
Chlamydia Incidence/100,000	243.7	257.5		BETTER	

Substance Abuse	Vernon	US	HP2010	Significance vs. US	Significance vs. HP2010
% Drinking & Driving in Past Month	2.7	3.7		similar	
% Chronic Drinker	4	5		similar	
% Sought Help for Alcohol or Drug Problem	3.7	4.3		similar	
% Binge Drinker	15.8	16.4	6	similar	Does NOT Meet Goal
% Taken Illegal Drug in Past Yr	0.8	3.2		BETTER	
% Taken Rx Without Dr's Orders in Past Yr	2.4	4.5		BETTER	
% Current Drinker	40.9	56.4	50	BETTER	Meets Goal

Tobacco	Vernon	US	HP2010	Significance vs. US	Significance vs. HP2010
% Use Smokeless Tobacco	11.8	3.7		WORSE	
% Chronic Lung Disease	12.1	6.4		WORSE	
Age-Adj Coronary Heart Disease Deaths/100,000	362.4	204	166	WORSE	Does NOT Meet Goal
% Current Smoker	30.9	22.8	12	WORSE	Does NOT Meet Goal
Age-Adjusted Heart Disease Deaths/100,000	308.8	267.8	213.7	WORSE	Does NOT Meet Goal
Age-Adjusted Resp Disease Deaths/100,000	51.3	45.8		WORSE	
% Someone Smokes at Home (HH w/Kids)	29.1	23	10	similar	Does NOT Meet Goal
% Smoke >1 Pack/Day	16.5	13.5		similar	
% Have Quit 1+ Days in Past Yr	61.2	52.2	75	similar	Does NOT Meet Goal
% Chronic Heart Disease	5.5	5.7		similar	

Unintentional Injuries	Vernon	US	HP2010	Significance vs. US	Significance vs. HP2010
Age-Adjusted MV Accident Deaths/100,000	21.9	15	9.2	WORSE	Does NOT Meet Goal
% "Always" Wear Seat Belt	79.3	75	92	similar	Does NOT Meet Goal
% Child (<5) "Always" Uses Auto Child Restraint	95.3	98.9	100	similar	Does NOT Meet Goal

Violent & Abusive Behavior	Vernon	US	HP2010	Significance vs. US	Significance vs. HP2010
Murder Rate/100,000	11.9	5.5		WORSE	
Age-Adjusted Suicide Deaths/100,000	15.8	10.7	5	WORSE	Does NOT Meet Goal
Age-Adjusted Homicide Deaths/100,000	8.4	6.2	3	WORSE	Does NOT Meet Goal
Aggravated Assault/Battery Rate/100,000	437.1	323.6		WORSE	
% Victim of Domestic Violence in Past 5 Yrs	4.6	3.1		similar	
% Victim of Violent Crime in Past 5 Yrs	2	3.8		similar	
Robbery Rate/100,000	29.4	144.9		BETTER	
Rape Rate/100,000	16.3	32		BETTER	