

2002 PRC Community Health Assessment

Winn 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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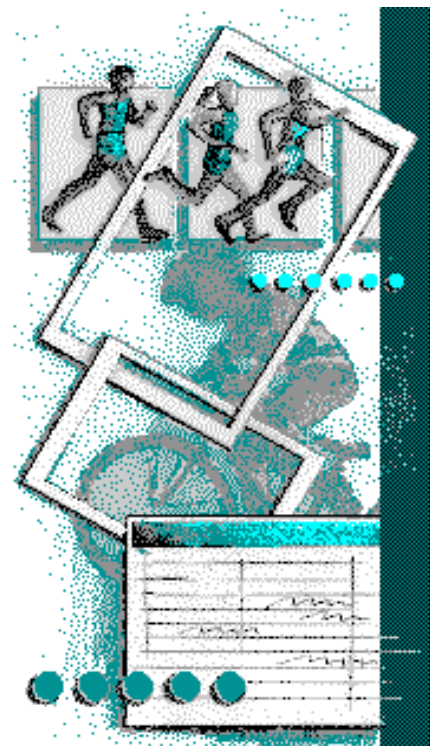


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SUMMARY OF ASSESSMENT FINDINGS

Summary of Findings

Key Points

HEALTH STATUS

There are many indicators of health status in Winn Parish that are comparable to or better than national benchmarks. For example, in Winn Parish, death rates related to breast cancer, respiratory disease, stroke, homicide and suicide are below the U.S. rates. Reports of murder, rape and robbery are lower than are found nationally, and fewer people report being the victim of a violent crime. The rate of births to teen-agers is lower, and people in Winn Parish said they get more rest or sleep. Also, the incidence of new cases of chlamydia, gonorrhea, syphilis, tuberculosis, hepatitis A and hepatitis B are below national rates.

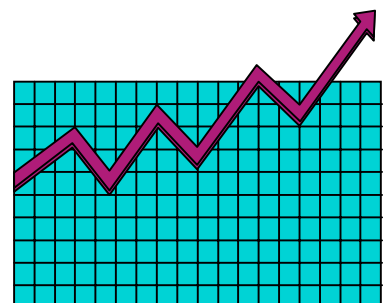
However, in comparison to national benchmarks, health status in Winn Parish is below average in many regards:

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

Obesity. More than two-thirds of Winn Parish adults are overweight, and one-third are obese. Almost three-fourths of adults have an unhealthy weight, which includes being underweight. These levels are significantly higher than reported nationwide. Of parish adults who are overweight, only one-fourth are trying to lose weight. This is lower than the U.S. rate.

Mental Health. More than one-third of Winn Parish adults report bouts of depression lasting two or more years during their lives. More than 40% of adults felt worried, tense or anxious more than three days within the past month. These levels are higher than found nationwide. One in five people with depression in Winn Parish has sought professional help, which is lower than the national average.

Causes of Death. Compared to U.S. rates, age-adjusted death rates for most leading causes of death are higher in Winn Parish, particularly for heart disease, cancer, diabetes, influenza/pneumonia, motor vehicle accidents and



septicemia (keep in mind that age-adjusted rates account for any difference in the ages of the populations compared).

Sexually Transmitted Diseases. The rate of gonorrhea in Winn Parish fails to satisfy the *Healthy People 2010* target.

Chronic Illness. In terms of self-reported illnesses, a greater percentage of Winn Parish adults report suffering from arthritis/rheumatism, diabetes, stroke and blindness than found nationwide.

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

Violence. The rate of aggravated assault is higher in Winn Parish than nationwide.

MODIFIABLE HEALTH RISKS

In comparison to national averages, positive findings relating to modifiable health risk behavior in Winn Parish include a lower proportion of adults who use alcohol or who report illegal or prescription drug abuse, and a higher proportion of adults with high blood pressure who are taking action to control their condition. Tobacco usage appears to be comparable to national levels, although this fails to satisfy *Healthy People 2010* targets.

Risk behaviors that compare unfavorably to national averages include:

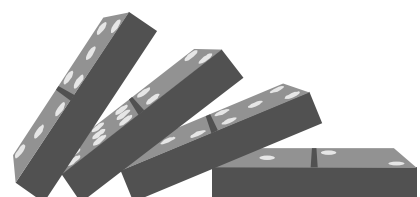
Cardiovascular Risk. A high percentage of Winn Parish adults (96.5%) present one or more risk factors or behaviors for heart disease and stroke.

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

Physical Activity. More than one-third of Winn Parish adults report not engaging in any type of physical activity outside of work.

Tobacco. A total of 11.5% of Winn Parish adults use smokeless tobacco, which is more than three times the national rate.

Substance Abuse. The percentage of adults in Winn Parish who sought help for an alcohol or drug problem is significantly lower than the national average.



Blood Pressure & Cholesterol: In comparison to the nation as a whole, Winn Parish exhibits significantly high proportions of adults reporting high blood pressure and cholesterol. In fact, the percentage of adults reporting high blood pressure fails to satisfy the *Healthy People 2010* target.

PREVENTION

Regarding preventive care measures, a slightly greater percentage of infants and toddlers in Winn Parish are properly immunized, although this still fails to satisfy the *Healthy People 2010* target. Significantly more men in the parish report knowing how to conduct a testicular self-exam, although the percentage of men who perform the test every month is relatively low (as noted below).

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

Dental Care. A low percentage of adults report having visited a dentist or dental professional in the past year, which does not satisfy the *Healthy People 2010* target.

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

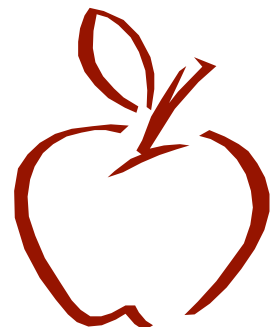
Colorectal Cancer Screening. The proportion of Winn Parish adults age 50 and older who have had a digital rectal exam in the past year is below the U.S. finding.

Blood Stool Screening. The percentage of adults who have had a blood stool test in the past two years is lower than the national rate and does not satisfy the *Healthy People 2010* target.

Breast Self-Exam. Almost 12% of women in Winn Parish do not know how to conduct a breast self-exam, which is significantly higher than the national average.

Testicular Cancer Screening. A relatively low proportion of men have ever had a testicular exam by a physician. Of those who know how to conduct a testicular self-exam, only 7.6% perform the test every month.

Safety Seat/Seat Belt Usage. A low proportion of Winn Parish parents of children younger than 5 report that their child “always” uses a child safety seat when riding in an automobile. Also, relatively few adults “always” wear a seat belt. These percentages do not satisfy the *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 Winn Parish:

Health Insurance Coverage. A total of 34.4% of Winn Parish adults between the ages of 18 and 64 are without any type of insurance coverage for health care. This is worse than the state and national averages and far from reaching the *Healthy People 2010* goal of universal coverage.

Regular Primary Care. Fewer Winn Parish adults have a regular physician or clinic they visit for medical care than is found across the nation.

Cost of Medical Care. Cost was prohibitive for a relatively high portion of Winn Parish adults and children who needed medical attention within the past year.

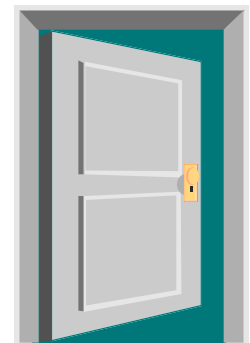
Transportation. Lack of transportation to health care services impacts a greater share of adults and children in Winn Parish than found nationally.

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

Availability of Physicians. A relatively high percentage of Winn Parish adults report difficulty in finding a physician in the past year.

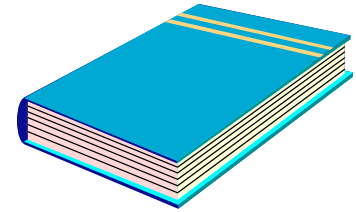
Emergency Room Utilization. A relatively high percentage of Winn Parish adults have used a local emergency room more than once in the past year.

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



EDUCATION & OUTREACH

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



YOUTH

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

- High youth tobacco use
- High binge drinking; 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 Winn Parish: **youth tobacco use, drinking and driving, drug use, alcohol 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.

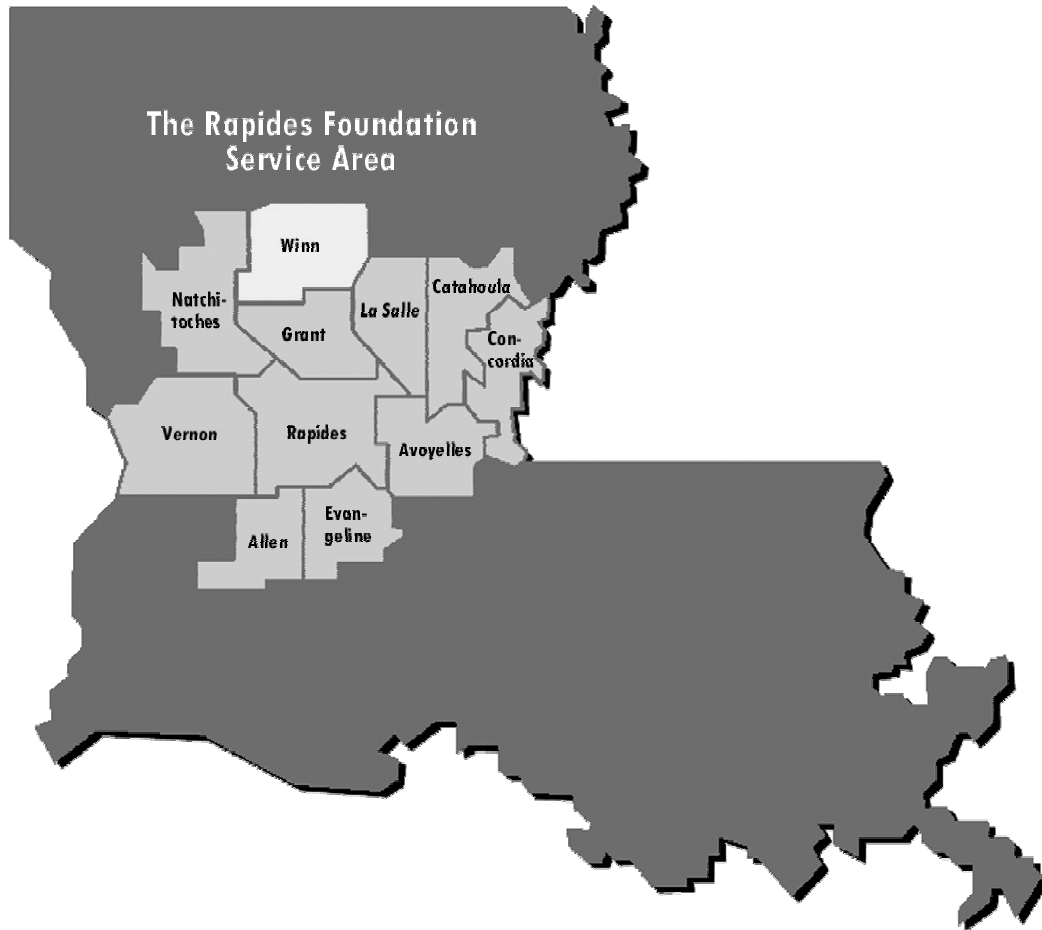
This *Community Health Assessment* will serve as a tool toward reaching three basic goals:

- **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 Winn 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 Winn 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

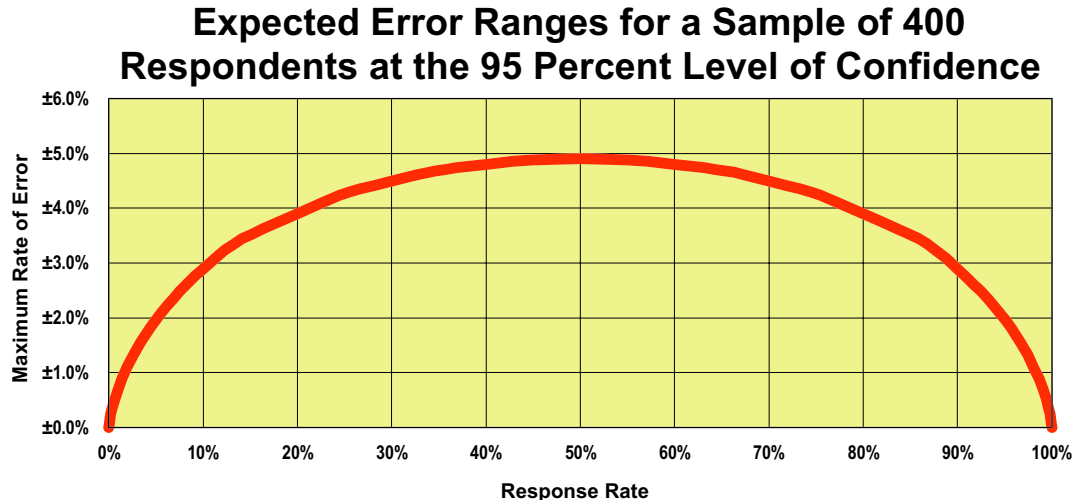
The sample design utilized for this effort consists of a random sample of 400 individuals age 18 and older in Winn Parish. The interviews were conducted in proportion to the actual population distribution at the ZIP Code level. ZIP Code populations were based on the latest census projections of adults 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.

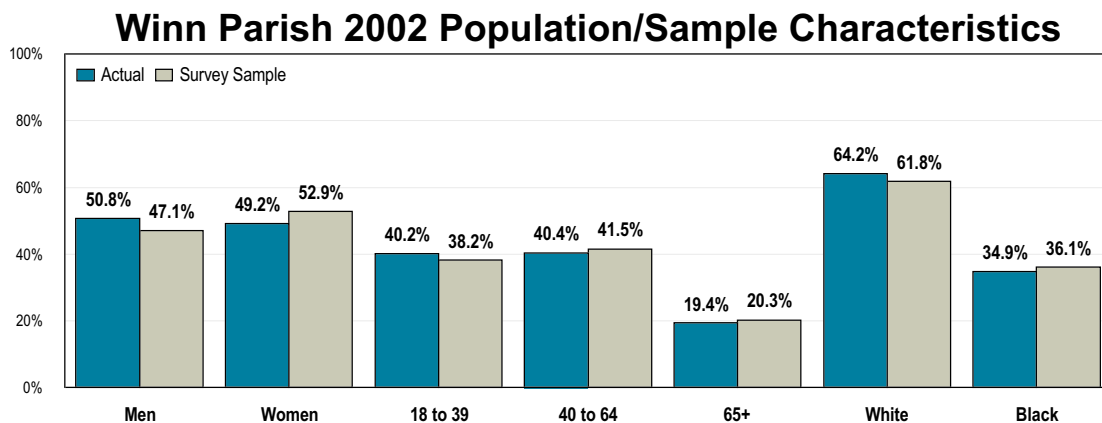
In addition, for further analysis, keep in mind that each percentage point recorded among the total sample of survey respondents is representative of approximately 131 residents age 18 and older in Winn Parish (based on current population estimates). Thus, in a case where 3.4% of the total population responds to a survey question, this is representative of nearly 446 people and therefore must not be dismissed as too small to be significant.

Sample Characteristics

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

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

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



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

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

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in Winn 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.

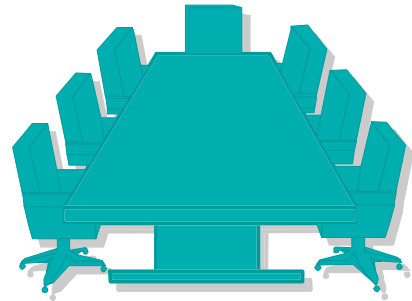
With [specific] health objectives in 28 focus areas, Healthy People 2010 will be a tremendously valuable asset to health planners, medical practitioners, educators, elected officials, and all of us who work to improve health. Healthy People 2010 reflects the very best in public health planning—it is 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 Winn 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 21, 2002	12:00 p.m. to 2:00 p.m.	Winn Parish Key Informants	10 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

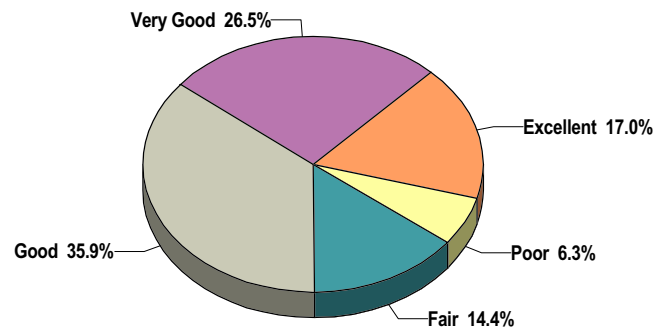
This section describes various self-reported measures of the general physical health among Winn Parish residents.

Self-Reported Physical Health

Overall Health Status

- **Less than one-half (43.5%) of Winn Parish adults participating in the 2002 Community Health Survey view their overall physical health as “excellent” or “very good.”**
- **20.7% of Winn Parish adults say that their overall physical health is “fair” or “poor.”**

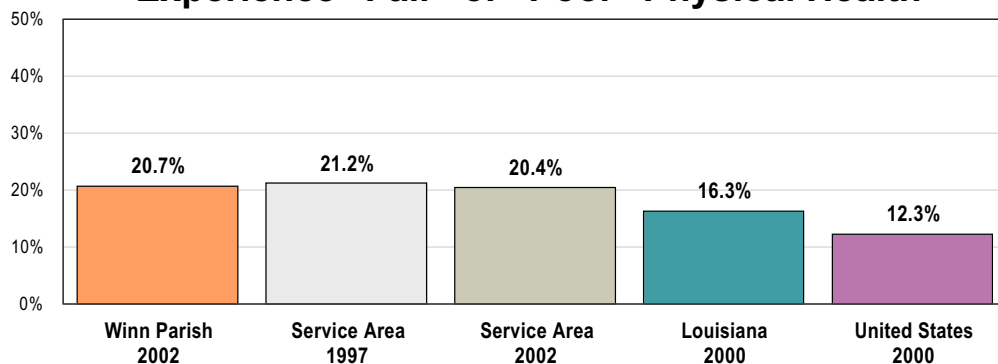
Self-Reported Health Status
(Winn Parish 2002)



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

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

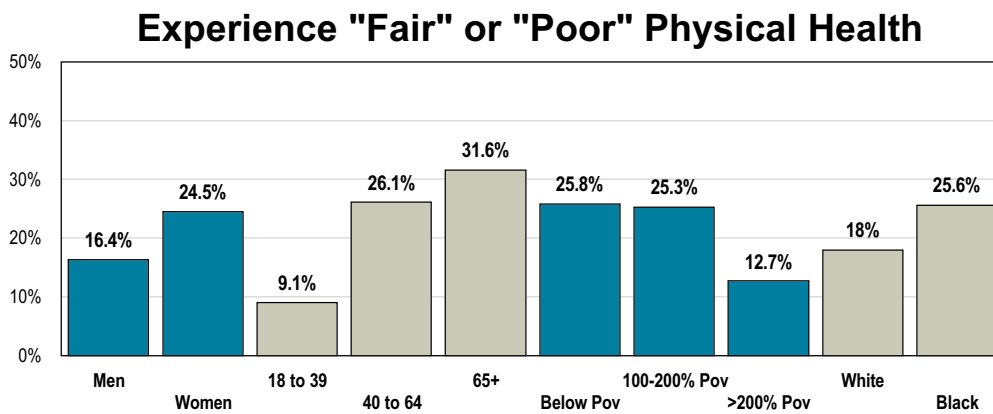
Experience "Fair" or "Poor" Physical Health



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

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

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

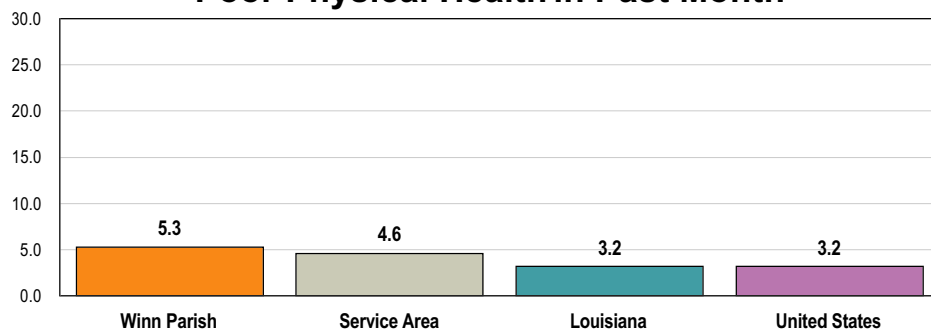


Source: 2002 PRC Community Health Survey, Professional Research Consultants
Notes: 1. Demographic breakouts are among findings in Winn Parish.
2. Asked of all respondents.

Days of Poor Physical Health

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

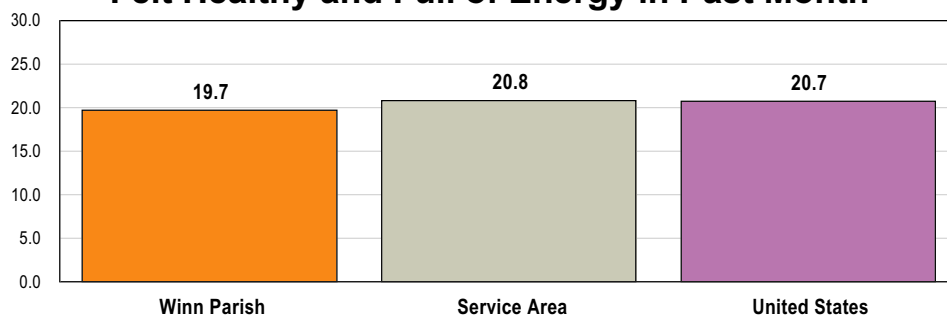


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
3. 2000 PRC National Health Survey, Professional Research Consultants
Note: Asked of all respondents.

Days Felt Healthy and Full of Energy

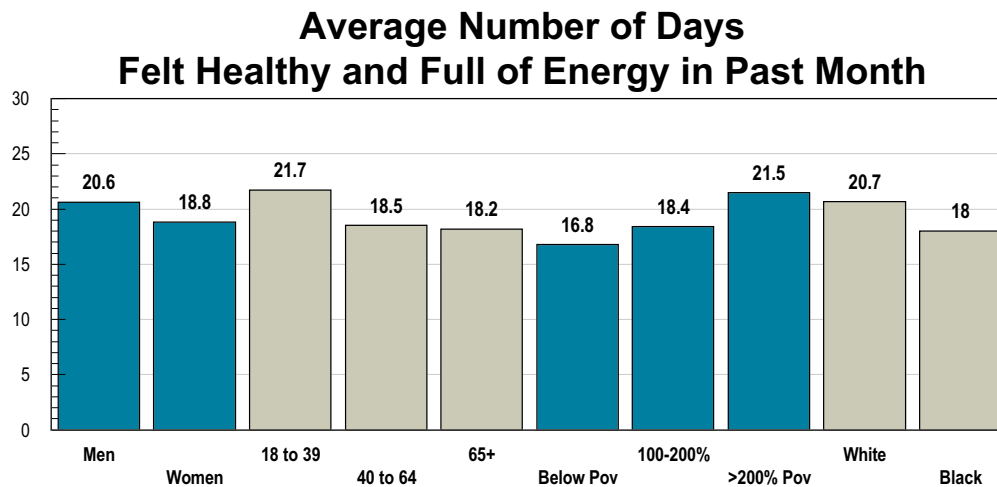
- **Winn Parish adults report an average of 19.7 days in the last month on which they felt very healthy and full of energy.**
 - Similar to the Rapides Foundation Service Area average and the national average.

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 Winn Parish.
 2. Asked of all respondents.

Missed Days of Work

- **Winn Parish adults who are currently employed report missing an average of 7.4 days of work in the past year due to personal illness.**
 - This compares to an average of 3.8 days/year nationwide.

Mental Health Status

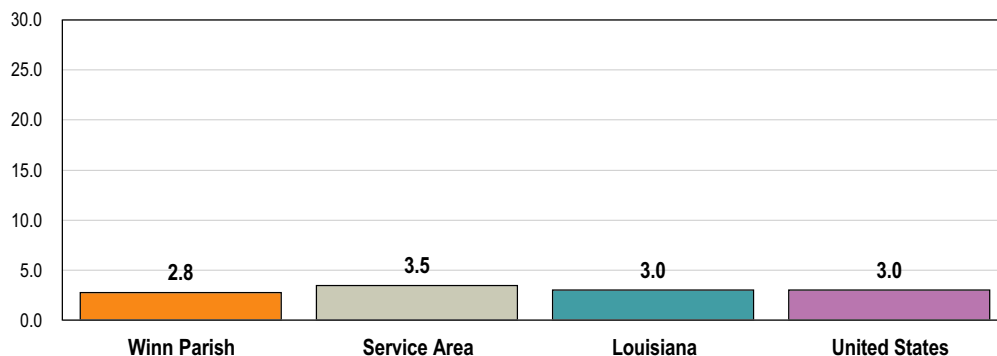
The following section outlines general assessments of the prevalence of depression among area residents, along with the number of people seeking professional help for problems with depression, stress and emotions.

Self-Reported Mental Health Status

Days of Poor Mental Health

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

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



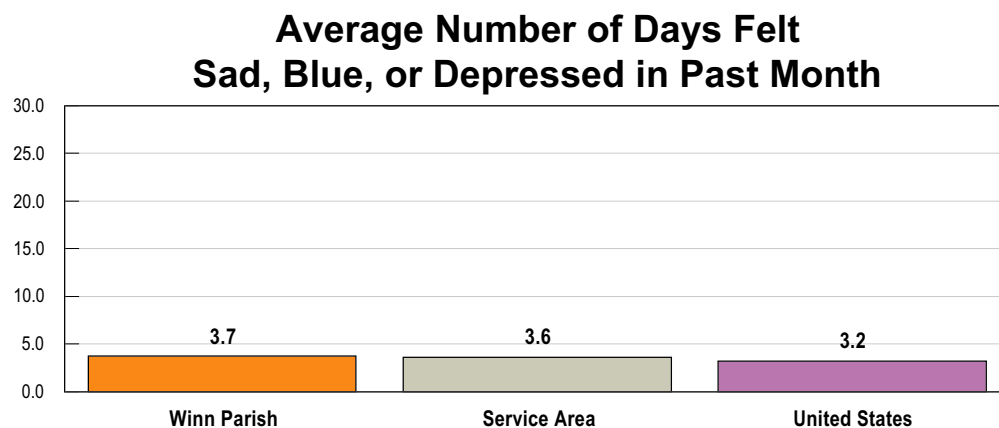
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
3. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
Note: Asked of all respondents.

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 Winn Parish reported an average of 3.7 days on which they felt sad, blue or depressed.**
 - Similar to Rapides Foundation Service Area and national averages.

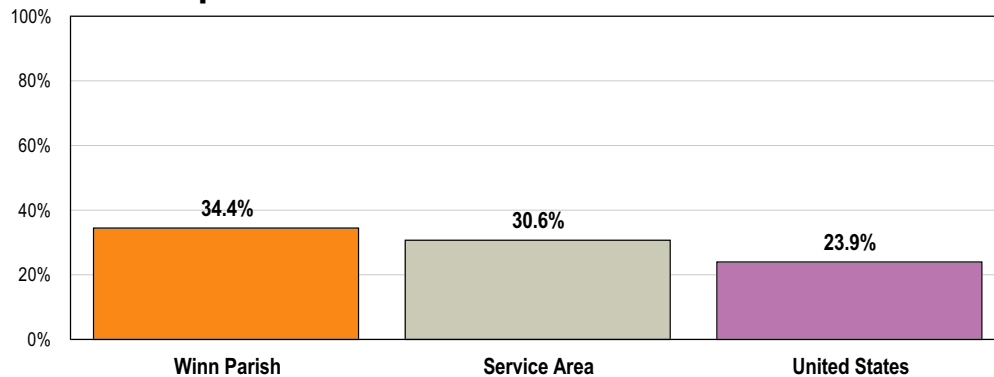


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

Prolonged Depression

- **34.4% of Winn Parish adults report that they have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt OK sometimes.**
 - Similar to that found throughout the Rapides Foundation Service Area.
 - Significantly higher than found nationally (23.9%).
 - This **represents nearly 4,506 adults** in Winn Parish who have faced or are facing prolonged bouts with depression.

Have Experienced Periods of Depression Which Lasted 2 or More Years

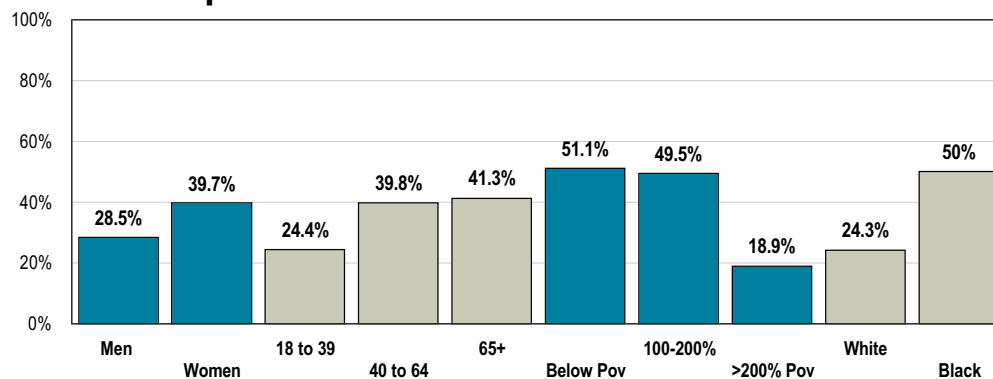


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of all respondents.
 2. State data not available.

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

- Respondents living below or just above the poverty threshold (the “working poor”).
- Black respondents.
- Adults age 40 and older.
- Women.

Have Experienced Periods of Depression Which Lasted 2 or More Years



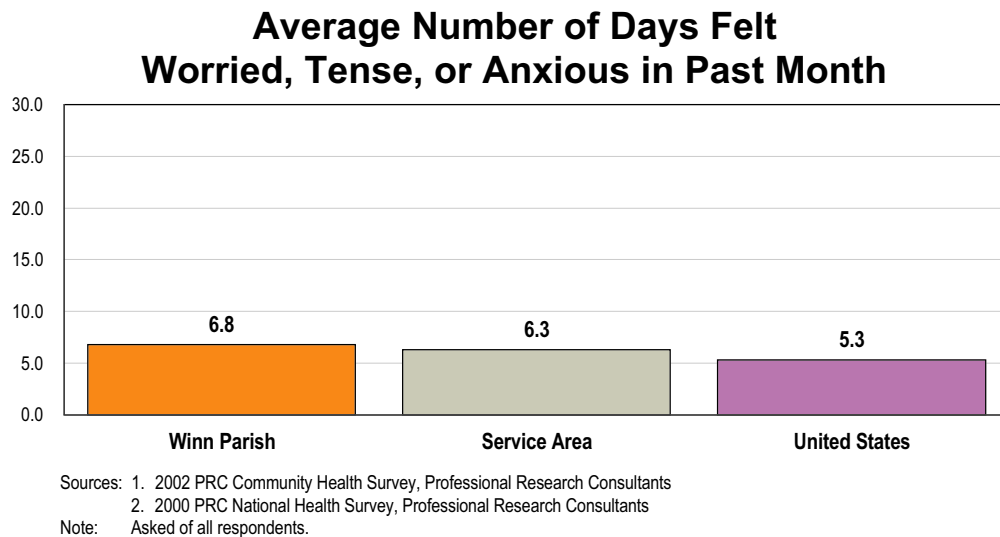
Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Winn Parish.
 2. Asked of all respondents.

Stress

Stress Levels

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

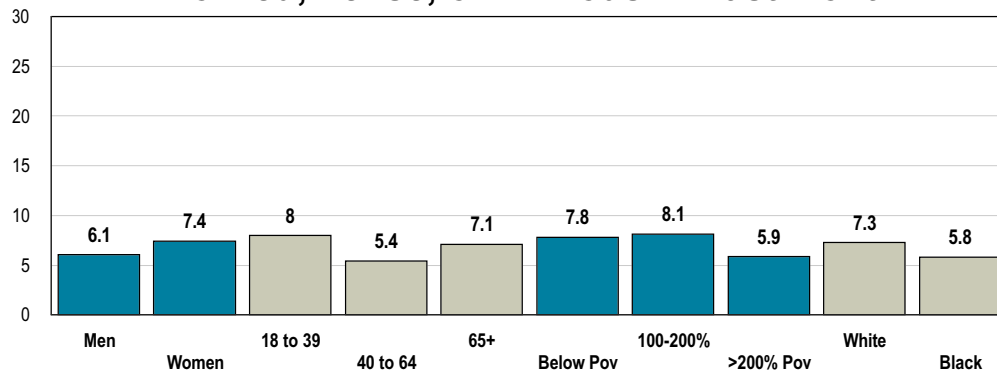
- **Adults in Winn Parish report an average of 6.8 days in the past month on which they felt worried, tense or anxious.**
 - Similar to the Rapides Foundation Service Area average.
 - Slightly higher than the national average (5.3 days/month).



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

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

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

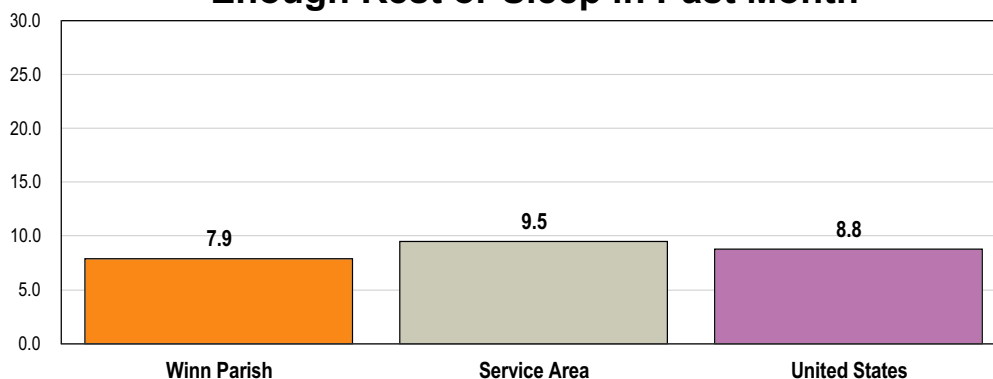


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Winn Parish.
 2. Asked of all respondents.

Sleep & Rest

- **Adults in Winn Parish report an average of 7.9 days in the past month on which they did not get enough rest or sleep.**
 - Better than Rapides Foundation Service Area findings (9.5 days/month).
 - Better than found nationwide (8.8 days/month).

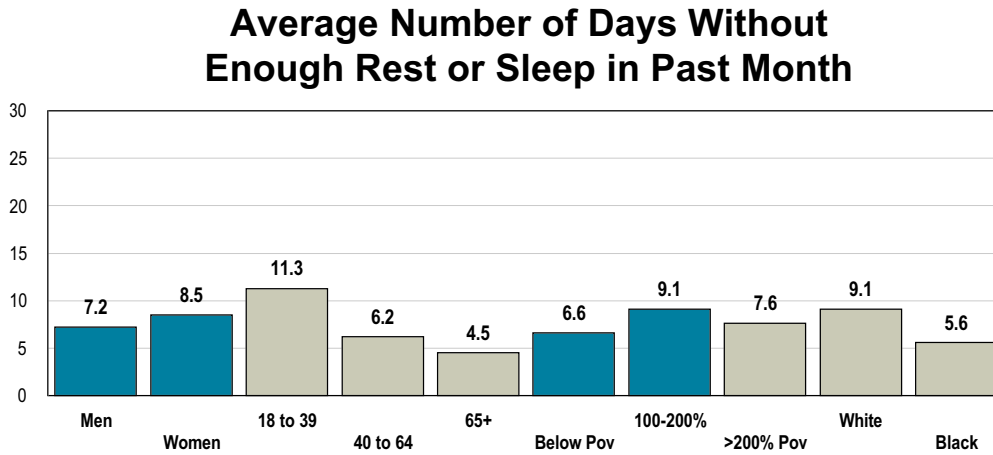
Average Number of Days Without Enough Rest or Sleep in Past Month



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

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

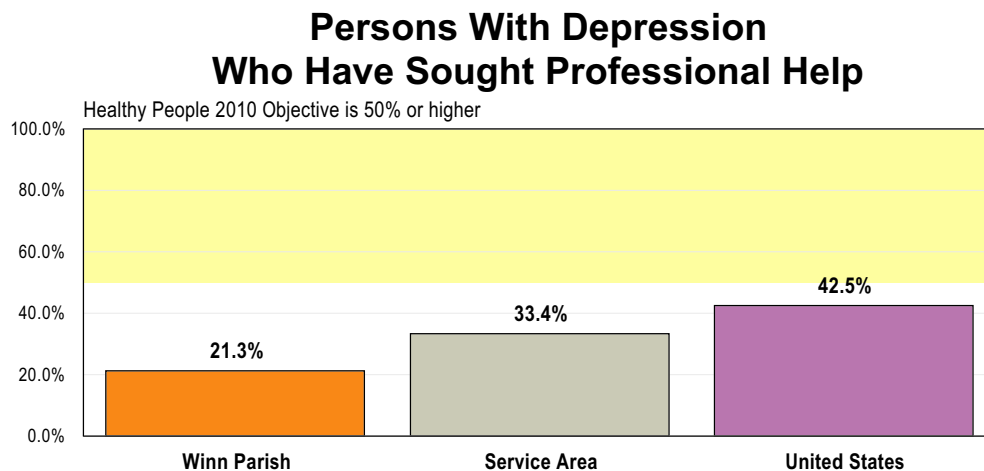
- Younger adults.
- Low-income respondents.
- White respondents.



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

Utilization of Mental Health Services

- **21.3% of Winn Parish respondents who have experienced bouts of prolonged depression report that they have sought professional help for a mental or emotional problem.**
 - Significantly lower than the nationwide proportion (42.5%).
 - Significantly lower than the Rapides Foundation Service Area overall (33.4%).
 - Fails to satisfy the *Healthy People 2010* target (50% or higher).



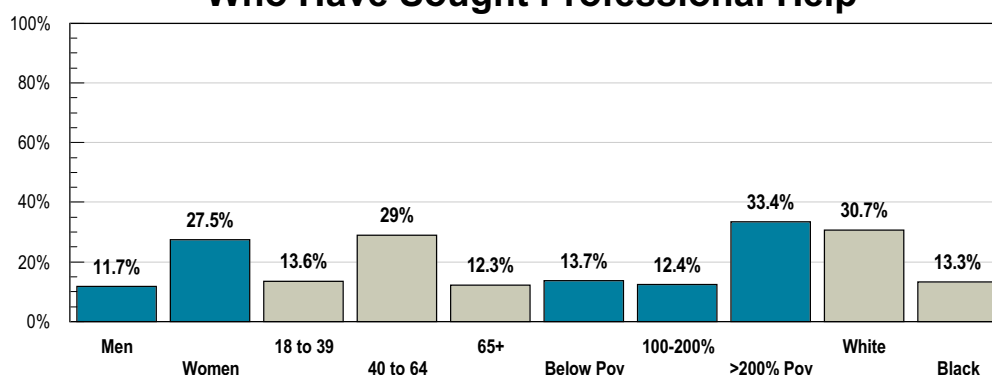
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

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

Persons With Depression Who Have Sought Professional Help



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Winn 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.

“We are seeing an increase of multi- and severely handicapped children, and I am not talking about physical handicaps, but about mental problems. We have a lot of children with behavioral disorders, and we really don’t have enough or adequately trained personnel to handle some of these problems. We see more and more kids on behavioral-type drugs whose parents are seeking psychiatric help for their kids. We have one psychologist and one social worker in the parish. I would like to see some kind of funding through the Foundation so we can hire another psychologist or some other trained specialist who can work with these children.”

“We have severe problems at times with children who need anger management classes, and we don’t know how to deal with some of these situations. This is a serious problem in our school system. We don’t have someone available to tell the parents to take their children there for treatment. Our counselors are not trained for this type of counseling.”

“Right now in our school system, we have Families Helping Families. The unit is out of Alexandria. It is very active; that is why I said we have a growing need for more of these type of services, because we have a lot of children with behavior disorders.”

“As a parent facilitator for two years prior to this one, I can’t tell you the number of times I had parents who could not manage their child. I had a mom the other day who didn’t know what to do because her child was kicking and hitting her. Parents don’t know what to do with these kids.”

* 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.

“It is very difficult to transfer a psychiatric patient from our hospital to a mental health facility, where they really need to be. It is very scary to send a young person who has attempted suicide back home to their parents and tell the parents they need to take their kids to Alexandria next Monday for outpatient treatment. Many mental health units have closed in the last year or two across the state. It is a real serious issue.”

“I think the need for mental health services is going to increase because the family support and the talking to children to teach them how to work through problem situations is not happening.”

“It is important that we take a good look at the mental health issues we are finding in our schools. We need more trained mental health professionals like psychologists, social workers and people who could work with these children who have all these behavioral problems.”

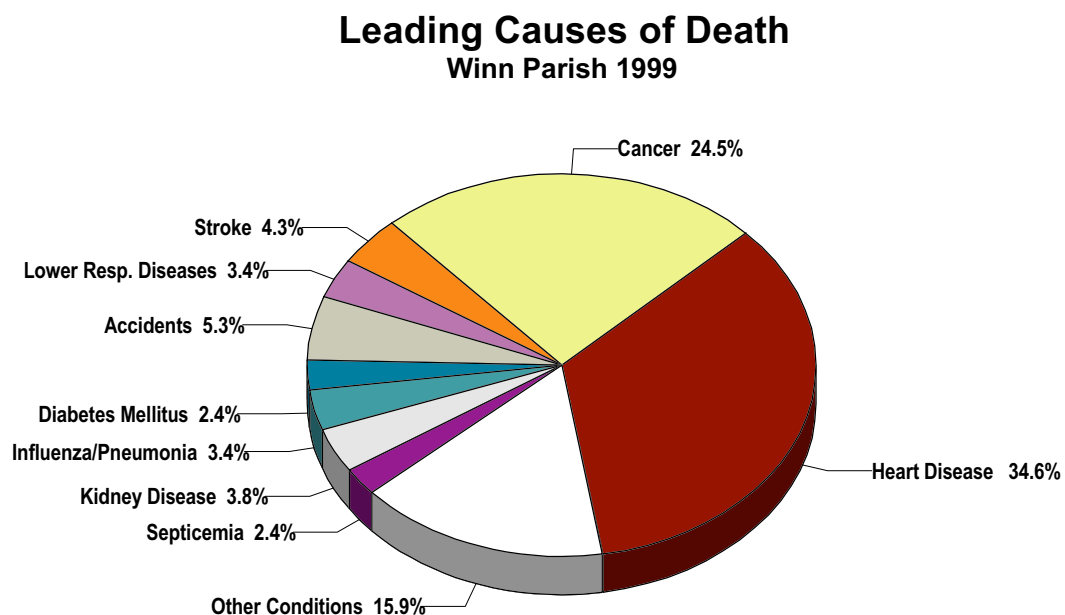
LEADING CAUSES OF DEATH & DISABILITY

Leading Causes of Death

Leading Causes of Death

Together, the top six causes of death account for 72.1% of all 1999 deaths in Winn Parish:

- **Heart disease** is the leading cause of death in Winn Parish, accounting for 34.6% of all deaths in 1999.
- **Cancers** are the second leading cause of death in Winn Parish, accounting for 24.5% of all 1999 deaths.
- **Accidental injury** is the third leading cause of death in Winn Parish, accounting for 5.3% of all 1999 deaths.
- Other leading causes include **stroke, kidney disease, lower respiratory disease** and **influenza/pneumonia**.
- 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 Winn 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, Winn Parish fails to satisfy each of the outlined Healthy People 2010 targets, including: *heart disease, cancer, stroke, diabetes and motor vehicle accidents*.**
- **Winn Parish compares unfavorably to Louisiana death rates for *heart disease, cancer, influenza/pneumonia, motor vehicle accidents and septicemia*.**
- **Winn Parish also compares unfavorably to U.S. death rates for the many of the same causes: *heart disease, cancer, diabetes, influenza/pneumonia, motor vehicle accidents and septicemia*.**

- Winn Parish death rates are also notably higher than the Rapides Foundation Service Area median rates for *heart disease, cancer, septicemia* and *influenza/pneumonia* (meaning the Winn 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

	Winn Parish	Service Area Median	Louisiana	United States	HP2010
Diseases of the Heart	383.0	344.9	306.6	267.8	213.7*
Malignant Neoplasms (Cancers)	272.1	251.0	232.8	202.7	159.9
Cerebrovascular Disease (Stroke)	48.1	69.0	69.1	61.8	48.0
Diabetes Mellitus	26.3	29.4	42.4	25.2	15.1*
Chronic Lower Respiratory Diseases	36.5	47.2	40.8	45.8	
Influenza/Pneumonia	36.9	33.6	25.9	23.6	
Motor Vehicle Accidents	28.3	28.3	21.5	15.5	9.0
Septicemia	26.8	16.8	18.2	11.3	
Intentional Self-Harm (Suicide)	0.0	10.3	12.0	10.7	5.0
Assault (Homicide)	0.0	4.9	10.7	6.2	3.0

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

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

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

Notes:

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

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

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

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

Cardiovascular Disease

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

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

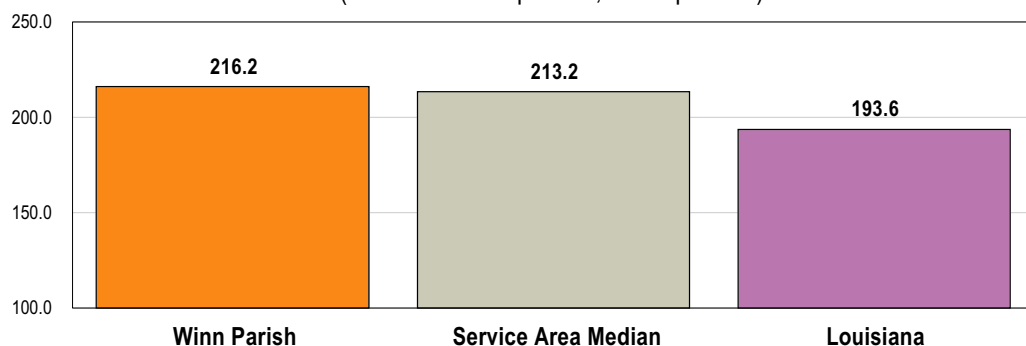
The economic impact of cardiovascular disease on the U.S. health care system continues to grow as the population ages. The estimated cost of cardiovascular disease in the United States in 2001 is \$298 billion, including health care expenditures and lost productivity (National Center for Chronic Disease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

Cardiovascular Disease Deaths

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

Age-Adjusted Mortality: Cardiovascular Disease

(1996-98 Deaths per 100,000 Population)

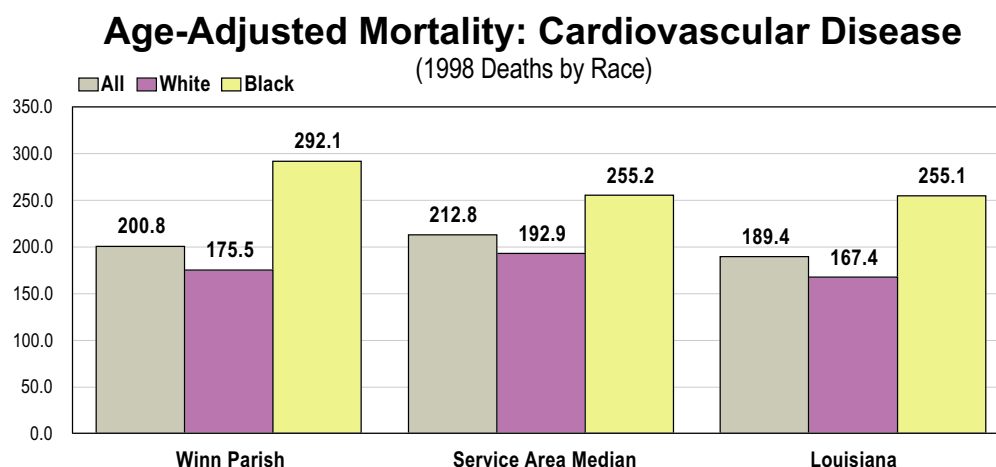


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

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

- Blacks experience a much greater age-adjusted cardiovascular death rate than Whites (292.1 versus 175.5 deaths per 100,000 in Winn Parish in 1998).
- This single-year rate difference in Winn Parish is higher than the statewide rate and lower 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).

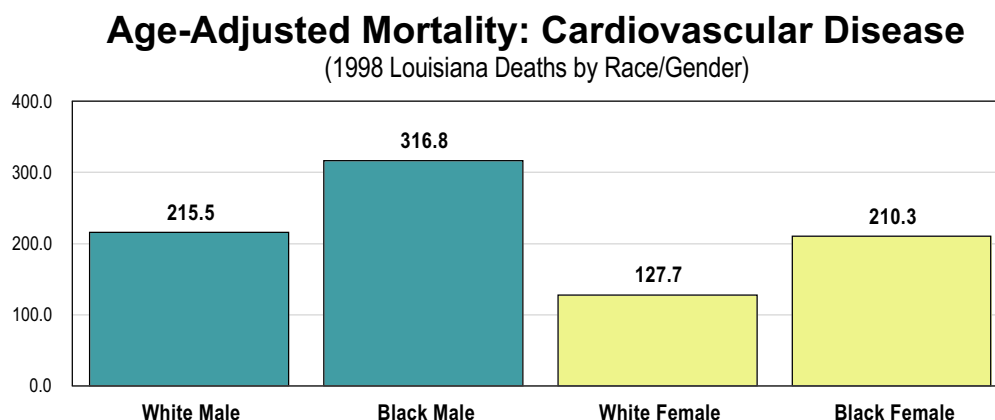


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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.

Community Health Panel Findings*

One focus group participant raised concerns about the prevalence of cardiovascular disease in the area.

“I think that way above all the types of cancers deaths is cardiovascular disease. It causes more problems, deaths and disability in our community than all the cancers put together.”

** 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.*

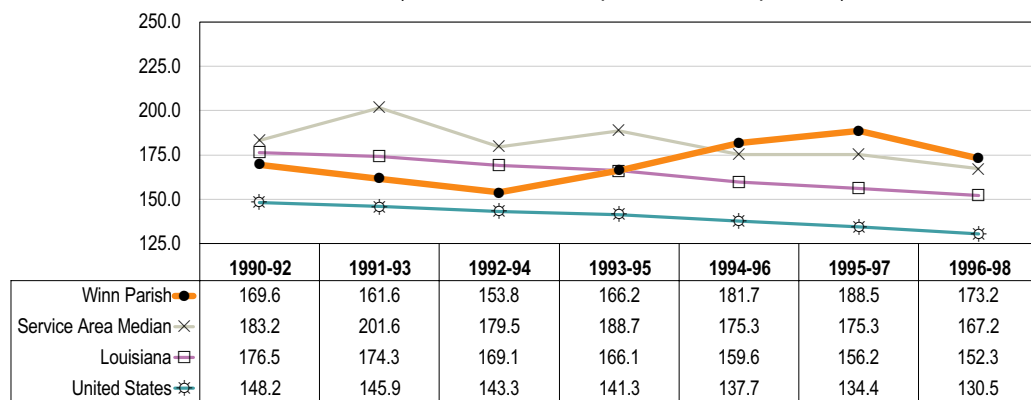
Heart Disease Deaths

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

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

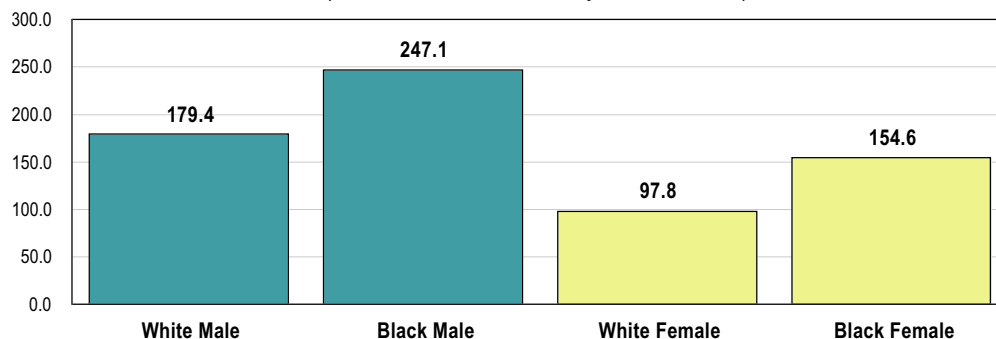
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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).

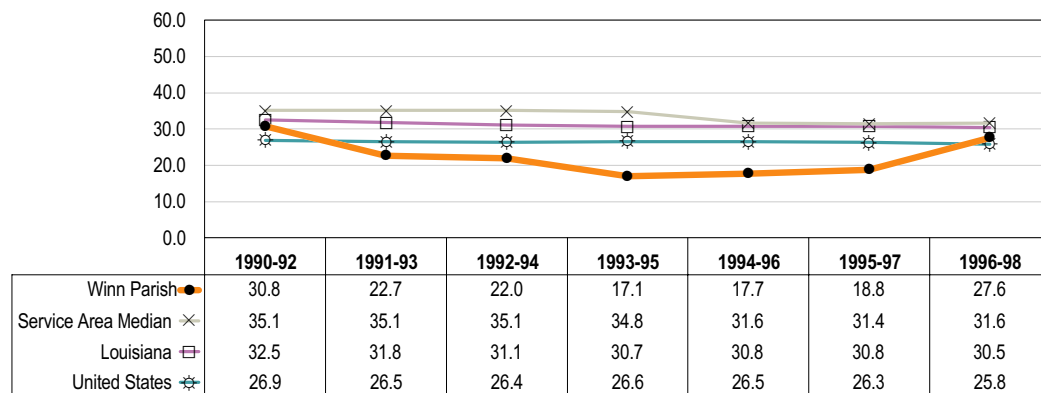
Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

Stroke Deaths

- The Winn Parish age-adjusted death rate for cerebrovascular disease tracked lower than statewide rates for most of the 1990-98 period.
- In Winn Parish, the stroke death rate was highest in 1990 and 1998.

Age-Adjusted Mortality: Stroke

(1990-1998 Deaths per 100,000 Population)



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

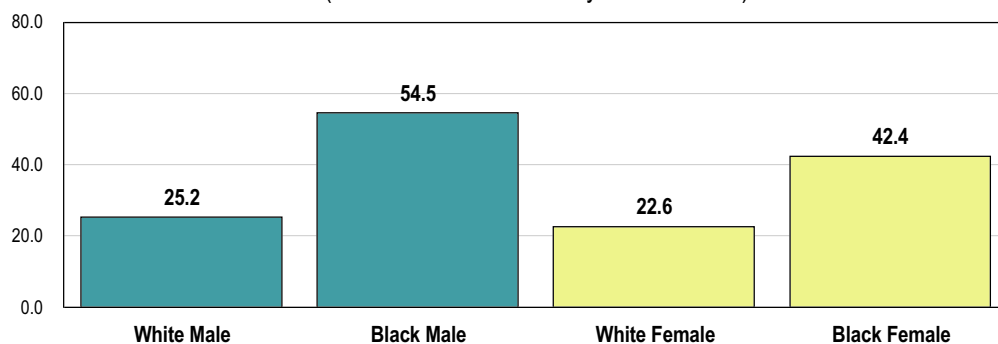
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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

- Statewide, Black males experience markedly higher age-adjusted death rates due to stroke (54.5/100,000), followed by Black females (42.4/100,000), and White males and females (25.2/100,000 and 22.6/100,000, respectively).

Age-Adjusted Mortality: Stroke

(1998 Louisiana Deaths by Race/Gender)



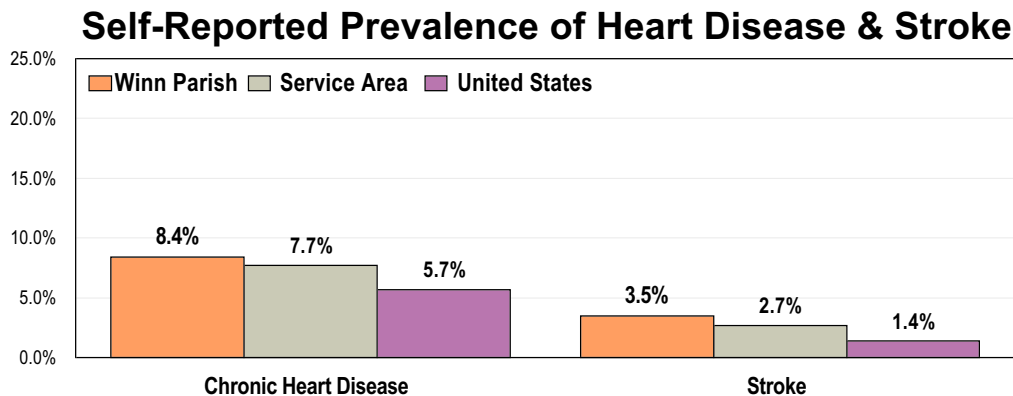
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

Self-Reported Prevalence of Heart Disease & Stroke

From the 2002 Community Health Survey:

- **8.4% of Winn 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 but higher than national prevalence.
- **3.5% of Winn Parish respondents report that they have suffered from or have been diagnosed with a stroke.**
 - Statistically similar to the Rapides Foundation Service Area prevalence but higher than national prevalence.



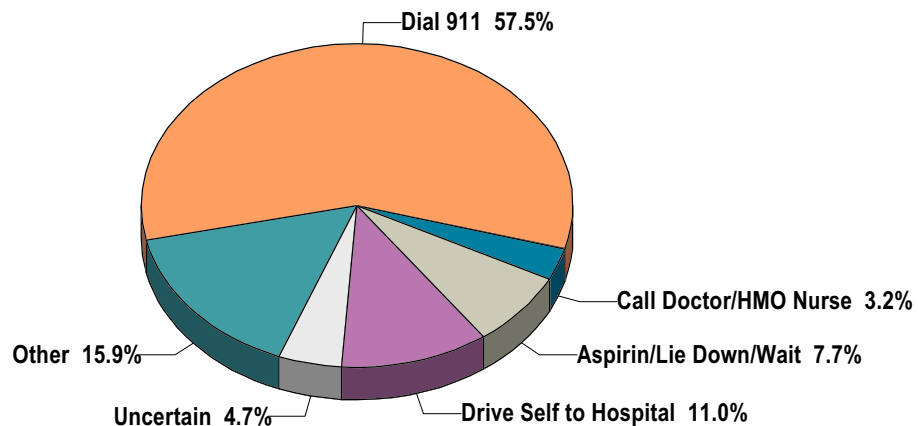
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

Response to Symptoms of Heart Attack

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

- **More than one-half (57.5%) of Winn Parish adults would *call 911* upon symptoms of a heart attack.**
- 11.0% say they would ***drive themselves to the hospital***.
- 7.7% say they would ***take aspirin, lie down and see if the symptoms subsided***.
- 23.8% 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
(Winn Parish)



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

Cardiovascular Risk Factors

Hypertension (High Blood Pressure)

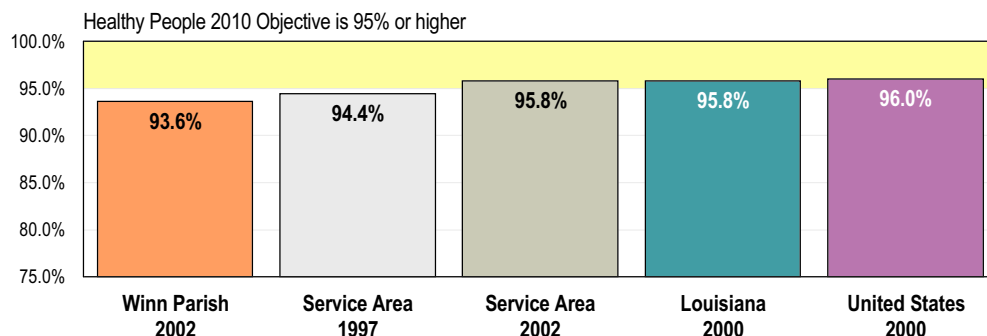
Hypertension, or high blood pressure, is a condition wherein one's systolic blood pressure is equal to or greater than 140 mm Hg and/or his or her diastolic blood pressure is equal to or greater than 90 mm Hg. Hypertension prevalence increases with age, and women and Blacks are generally at higher risk.

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

- **93.6% of adults in Winn Parish have had their blood pressure tested within the past two years.**
 - Lower than Rapides Foundation Service Area, Louisiana and U.S. findings.
 - Does not satisfy the *Healthy People 2010* target (95% or higher).

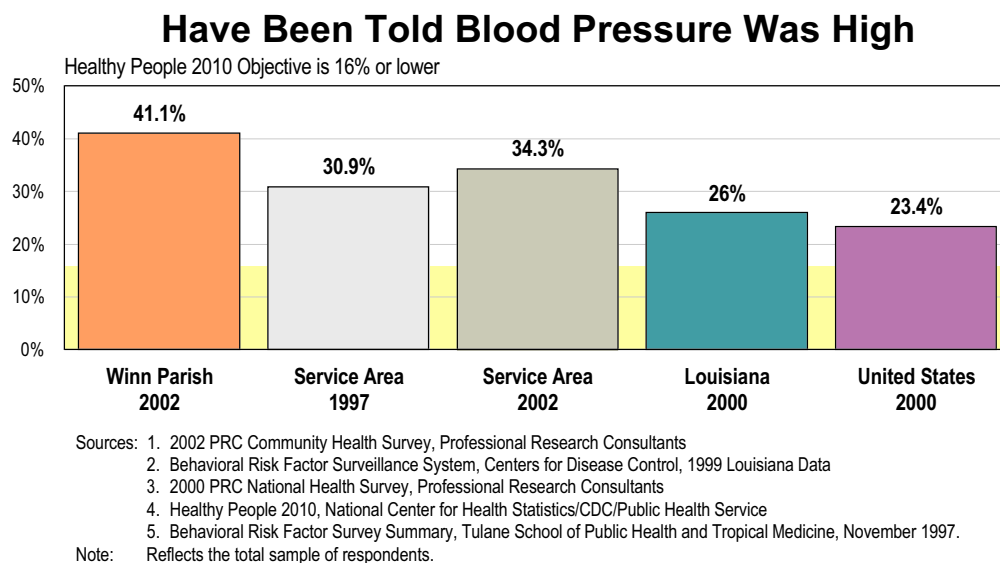
Have Had Blood Pressure Checked Within the Past Two Years



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

High Blood Pressure Prevalence

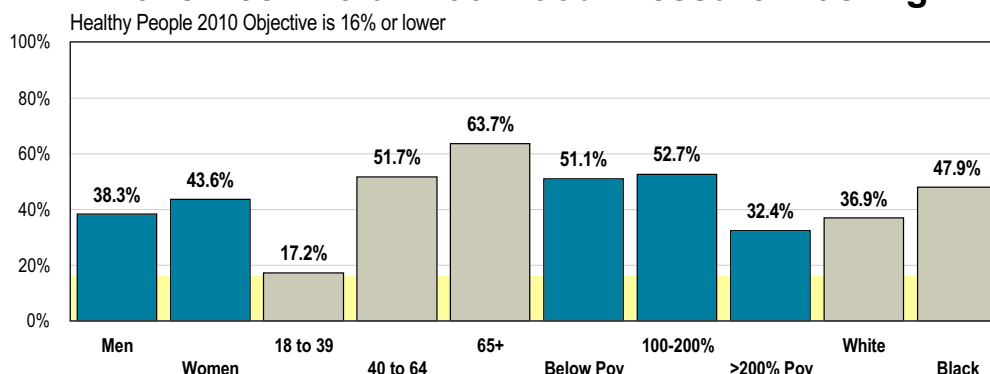
- **41.1% of Winn Parish adults have been told at some point that their blood pressure was high.**
 - Significantly higher than that found in the Rapides Foundation Service Area (34.3%).
 - Significantly higher than found statewide (26.0%).
 - Significantly higher than found nationwide (23.4%).
 - Fails to satisfy the *Healthy People 2010* target (16% or lower).
- **31.0% of Winn Parish adults have been told more than once that their blood pressure was high.**



As shown in the following chart:

- In looking at age cohorts, hypertension rates in Winn Parish vary widely between adults under 40 and those 65 and older.
- Women experience a higher prevalence than men.
- Blacks experience a higher prevalence than Whites.
- 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

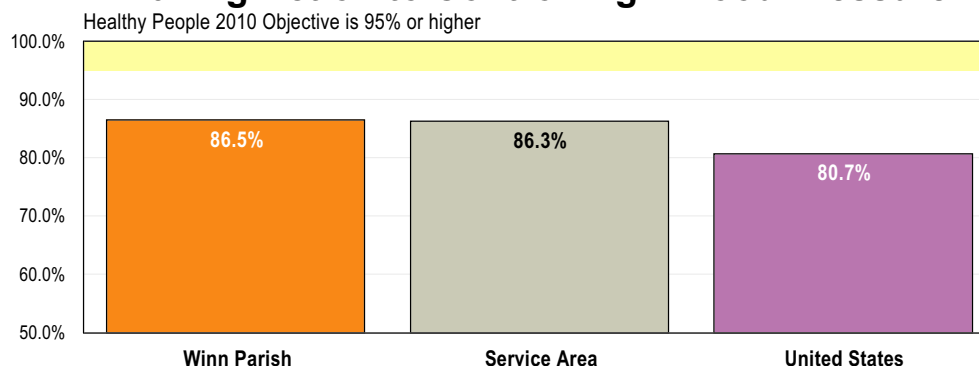
Notes: 1. Demographic breakouts are among findings in Winn Parish.
2. Reflects the total sample of respondents.

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.

- **86.5% of Winn Parish adults who have been told that their blood pressure was high report that they are currently taking actions to control it.**
 - Statistically similar to Rapides Foundation Service Area findings and national findings.
 - Falls short of meeting the *Healthy People 2010* target (95% or higher).

Taking Action to Control High Blood Pressure



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

2. 2000 PRC National Health Survey, Professional Research Consultants

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

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

2. State data not available.

Community Health Panel Findings*

“We seem to have a lot of people with diabetes and heart problems. I would like to see more chapters of the American Diabetes Association and the Heart Association in this parish. The closest one is probably in Alexandria.”

“We don’t have a lot of extra time to educate our patients on their diseases. We are sending patients home who are not always prepared to take care of their diabetes or their congestive heart failure. I know there are national associations that have programs and clinics on health problems, but we don’t have them here.”

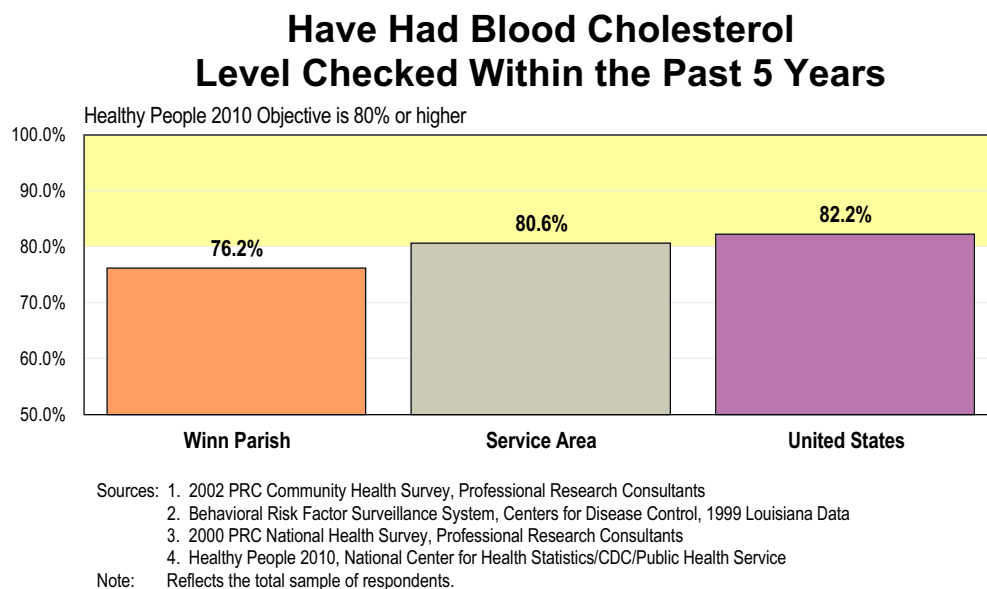
** The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the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

High Blood Cholesterol

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

Blood Cholesterol Testing

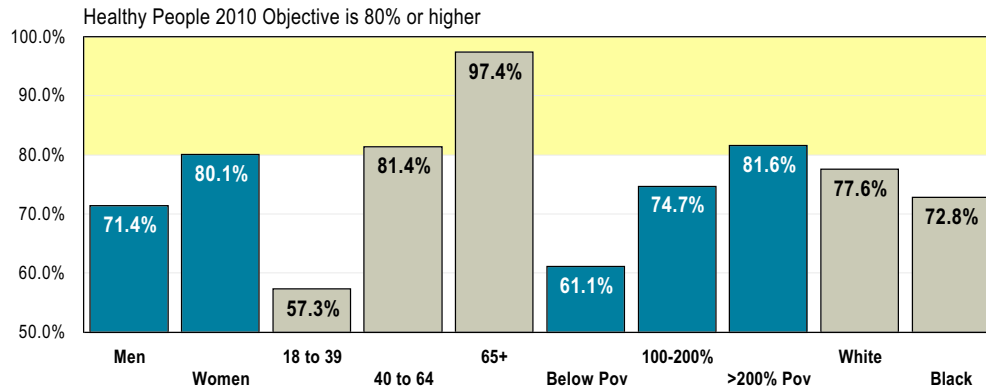
- **76.2% of adults in Winn Parish have had a blood cholesterol screening within the past 5 years.**
 - Significantly lower than levels found throughout the Rapides Foundation Service Area and nationwide.
 - Fails to satisfy the *Healthy People 2010* target (80% or higher).



Further note in the following demographic breakout:

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

Have Had Blood Cholesterol Level Checked Within the Past 5 Years

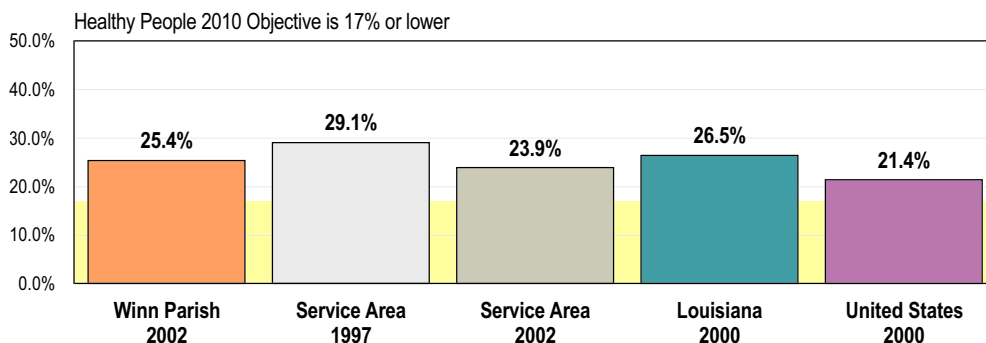


Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Winn Parish.
 2. Reflects the total sample of respondents.

High Blood Cholesterol Prevalence

- **25.4% of adults in Winn 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

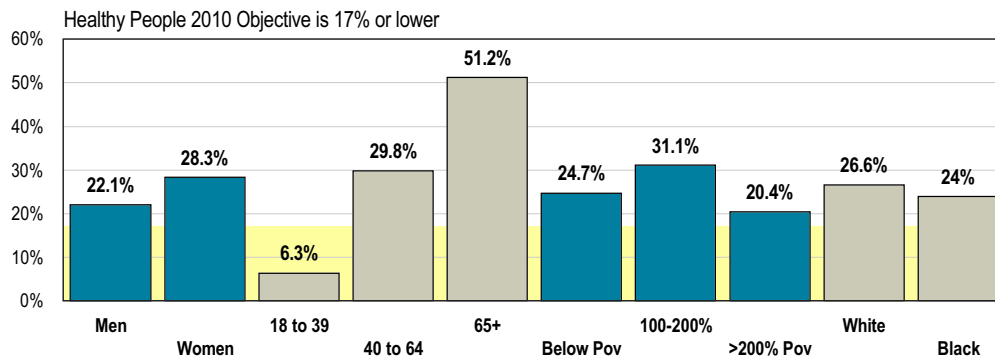


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public 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.
- Higher cholesterol levels are found among those with lower incomes.
- Survey data do not reveal significant differences between Whites and Blacks.

Have Been Told That Blood Cholesterol Level Was High



Source: 2002 PRC Community Health Survey, Professional Research Consultants

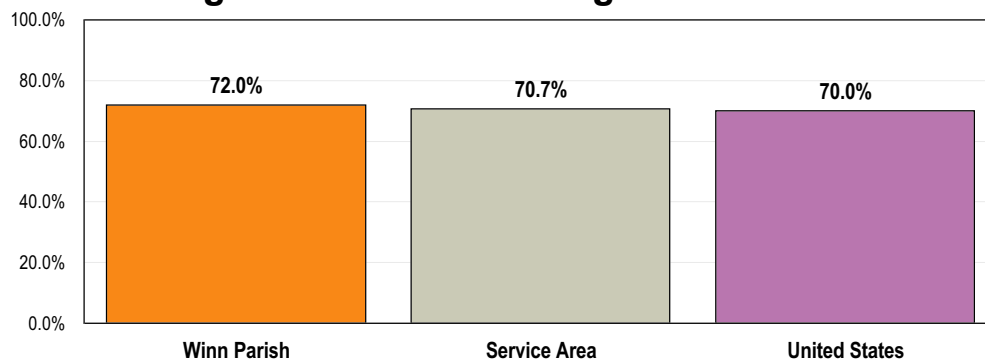
Notes: 1. Demographic breakouts are among findings in Winn Parish.

2. Reflects the total sample of respondents.

Controlling High Blood Cholesterol

- **72.0% of adults in Winn 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.

Taking Action to Control High Blood Cholesterol



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

2. 2000 PRC National Health Survey, Professional Research Consultants

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

2. State data not available.

Cardiovascular Risk Behavior

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

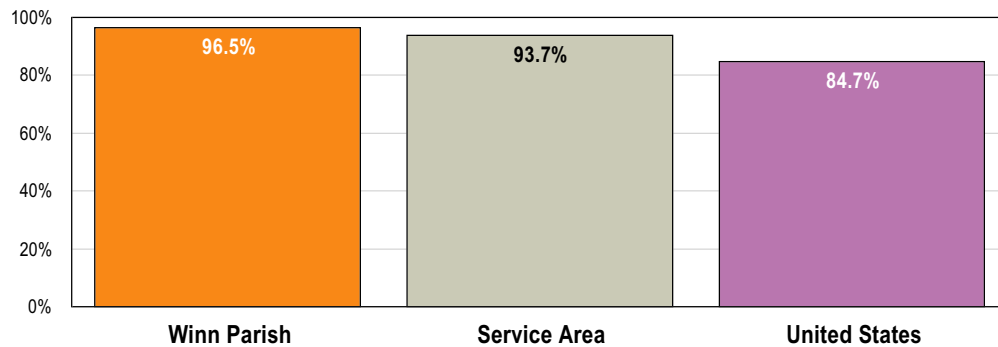
- **Poor nutrition.** People who are overweight have a higher risk for cardiovascular disease. Almost 60% of U.S. adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.
- **Lack of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

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

Prevalence of Cardiovascular Risk Factors/Behaviors

- **96.5% of Winn 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.**
 - Higher than that found throughout the Rapides Foundation Service Area.
 - Significantly worse than found nationwide (84.7%).

Present One or More Cardiovascular Risk Factors or Behaviors

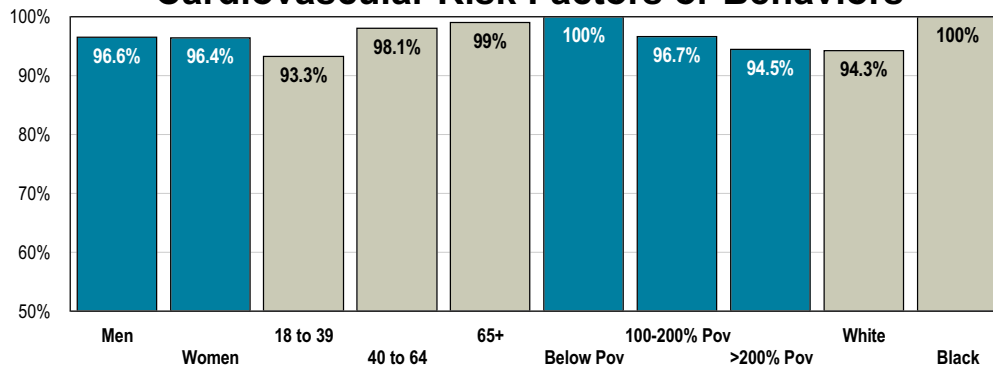


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants

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

- Cardiovascular risk factors are highest among Black respondents and those living below the poverty level.
- Little difference is detectable by age or income.

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 Winn Parish.

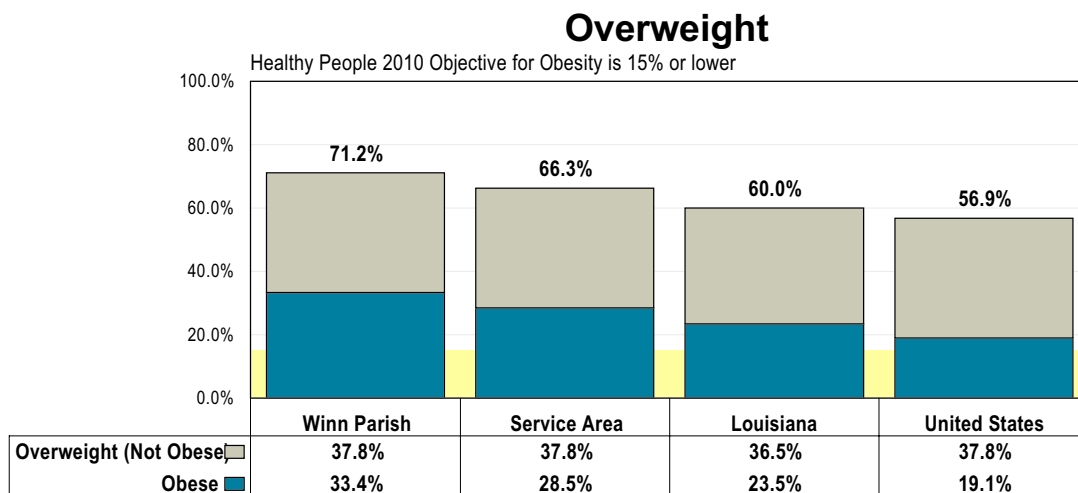
2. Includes respondents reporting any of the following: overweight, cigarette smoking, high blood pressure, high cholesterol, or physical inactivity.

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.

- **71.2% of Winn Parish adults are overweight (BMI \geq 25), based on self-reported heights and weights.**
 - Significantly worse than that found throughout the Rapides Foundation Service Area (66.3%).
 - Significantly worse than found statewide (60.0%).
 - Significantly worse than found nationwide (56.9%).
- **33.4% of Winn Parish adults are obese (BMI \geq 30).**
 - Significantly worse than that found throughout the Rapides Foundation Service Area (28.5%).
 - Significantly worse than found statewide (23.5%).
 - Significantly worse than found nationwide (19.1%).
 - Fails to satisfy the *Healthy People 2010* target (15% or lower).

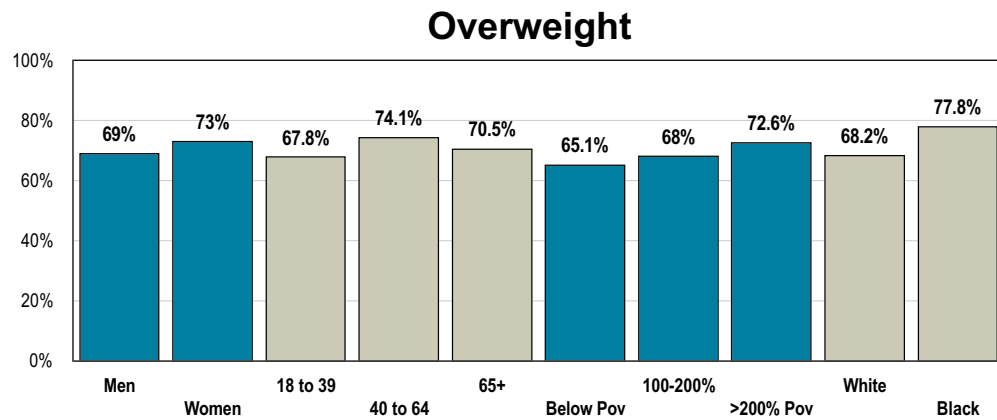


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public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

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

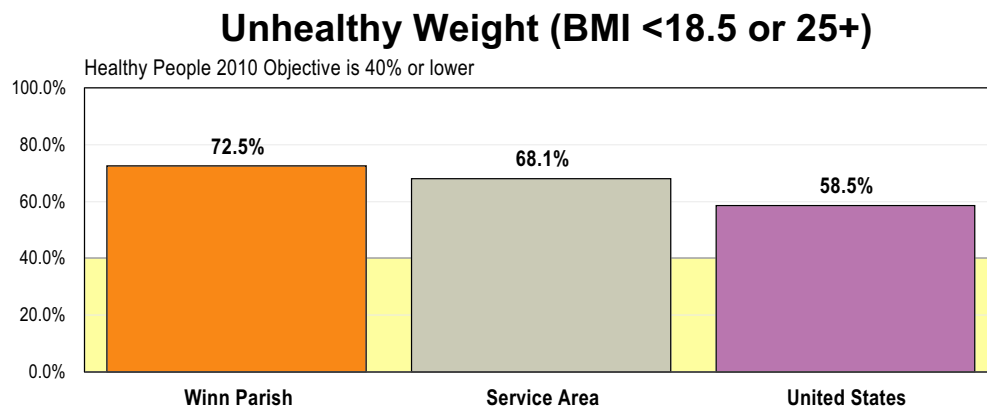
Overweight prevalence is higher in Winn Parish among:

- Black respondents.
- Middle-aged adults (40 to 64 years old).
- Those with higher incomes.



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.

- **72.5% of Winn Parish adults are of an unhealthy weight (including overweight and the small percentage of adults who are underweight).**
 - Worse than the Rapides Foundation Service Area proportion (68.1%).
 - Significantly worse than found nationwide (58.5%).
 - Far from reaching the *Healthy People 2010* target (40% or lower).

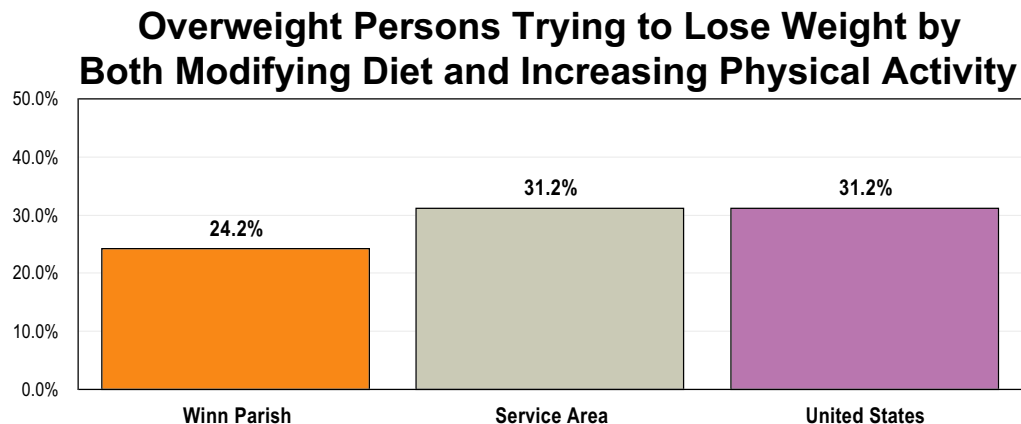


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
 Notes: 1. The definition as outlined in Healthy People 2010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

- **24.2% are using a combined regimen of diet and exercise as a means to lose weight.**
 - Significantly worse 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

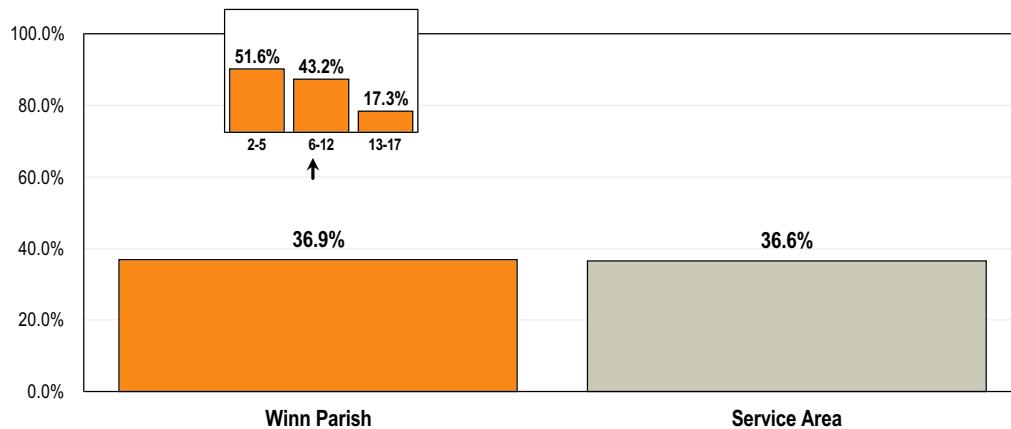
Notes: 1. Asked of all overweight respondents.
2. State data not available.

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).

- **36.9% of Winn Parish children between the ages of 2 and 18 are overweight.**
- Overweight prevalence is noted particularly among younger children and decreases with age.
 - Similar to that found throughout the Rapides Foundation Service Area.

Child Overweight



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Asked of all respondents with children under 18 at home.
2. Overweight among children is estimated based on children's Body Mass Index status above the 95th percentile of U.S. growth charts.

Community Health Panel Findings*

Focus group participants recognized the growing problem of obesity and discussed problems associated with the modern fast-food culture.

“We have a problem with obesity and diabetes due to poor eating habits and lack of education. Look at how many people eat out at fast-food places. We don’t have a family dinner anymore. All this fast food is high-cholesterol and high-fat.”

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.

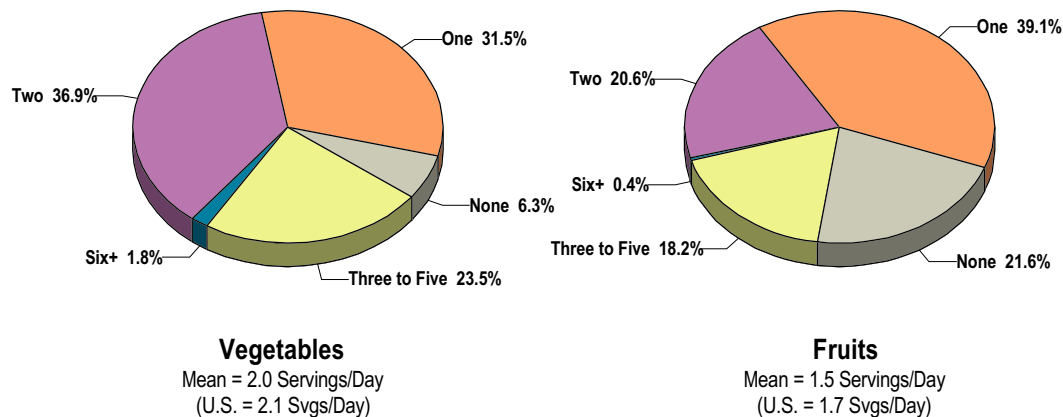
Whereas nutrient deficiencies may have once been a primary concern, the greatest problems today involve the excesses and imbalances of some foods in the American diet. Ideally, one’s diet should: be low in fat, saturated fat and cholesterol; include plenty of vegetables, fruits and grain products; contain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

* 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.

Dietary Habits: Fruits & Vegetables

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

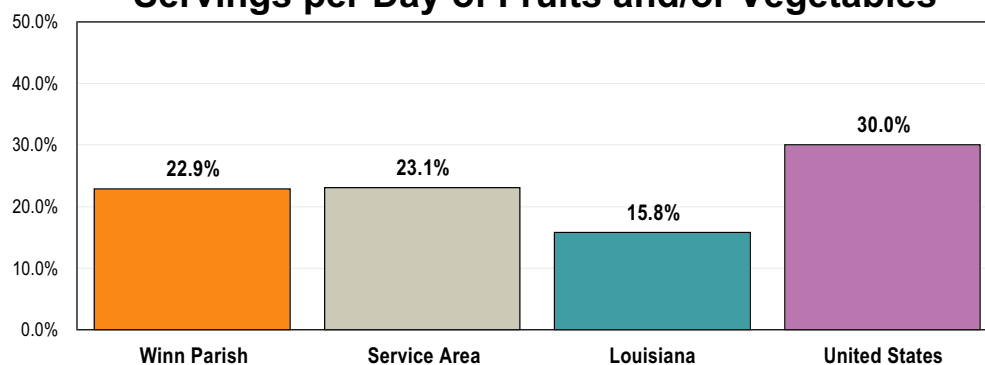
Self-Reported Daily Servings of Fruits and Vegetables



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

- Only 22.9% of Winn Parish adults eat the recommended five or more servings per day of fruits and/or vegetables.
 - Similar to that found throughout the Rapides Foundation Service Area.
 - Significantly better than found statewide (15.8%).
 - Significantly worse than found nationwide (30.0%).

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

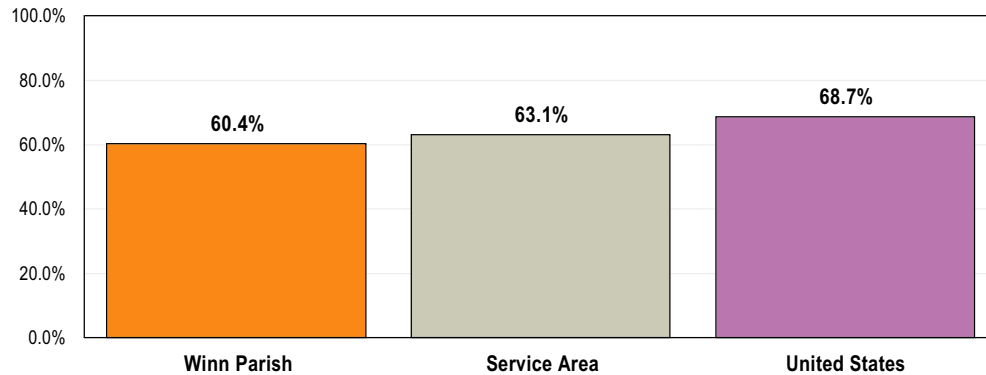


Source: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
3. 2000 PRC National Health Survey, Professional Research Consultants
Note: Asked of all respondents.

Use of Food Labels

- **60.4% of Winn Parish adults report reading food labels when shopping for groceries in order to make more nutritious food selections.**
 - Similar to Rapides Foundation Service Area findings.
 - Significantly worse than found nationwide (68.7%).

Use Labels to Make Nutritious Food Selections

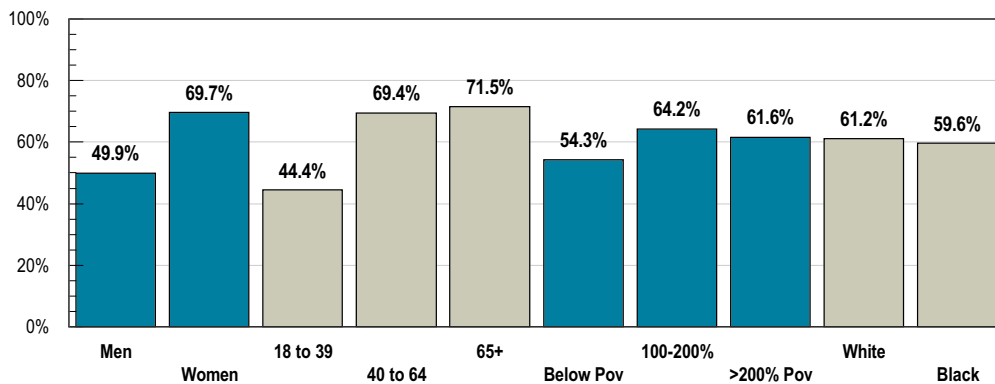


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of all respondents.
 2. State data not available.

Use of food labels is notably higher among:

- Women.
- Older adults.

Use Labels to Make Nutritious Food Selections

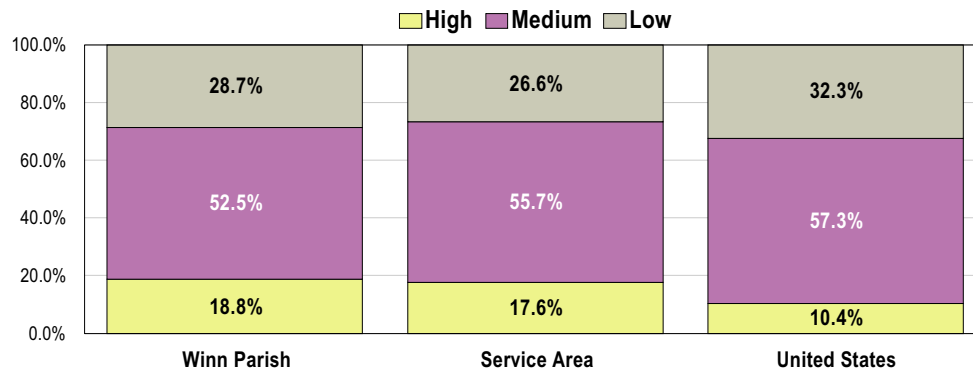


Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Winn Parish.
 2. Asked of all respondents.

Dietary Fat Content

- **18.8% of Winn Parish adults report eating a diet that they characterize as “high” in fat.**
 - Similar to the proportion found throughout the Rapides Foundation Service Area.
 - Significantly worse than found nationwide (10.4%).

Self-Reported Dietary Fat Content

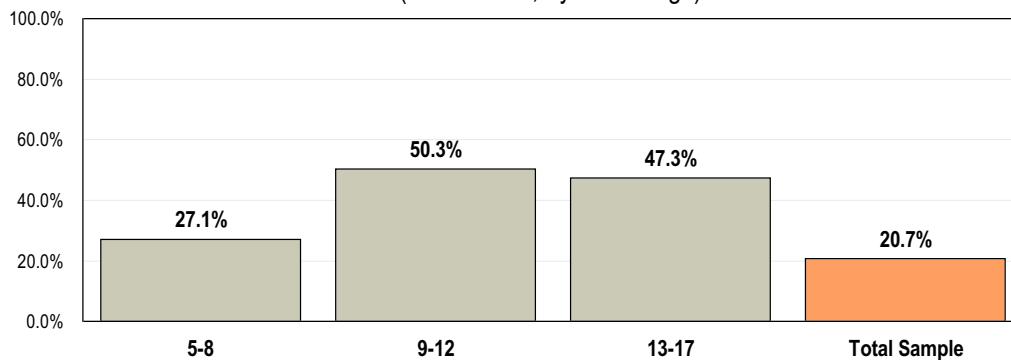


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Community Health Survey, Professional Research Consultants
 Note: Asked of all respondents.

Children & Fast Food

- **20.7% of Winn Parish parents report that their child eats three or more of his/her meals per week from a fast-food restaurant.**
- Frequent fast-food meals are more common among older children.

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



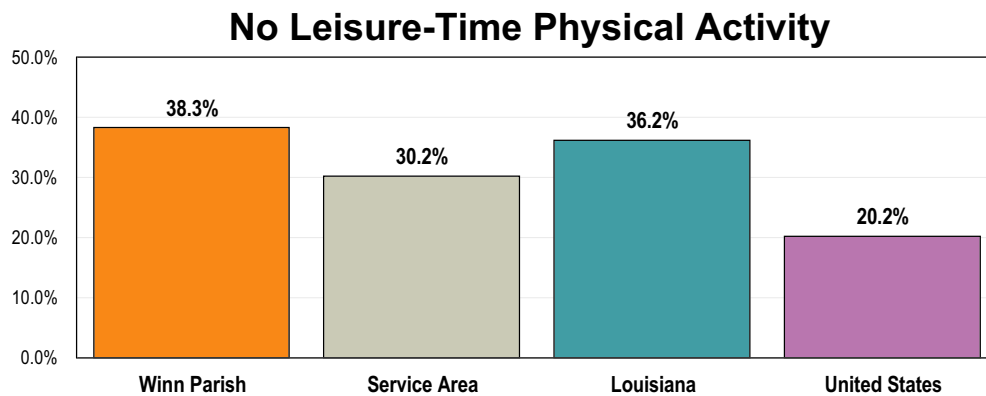
Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Note: Asked of all respondents with children aged 5 and older.

Physical Activity

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

No Leisure-Time Physical Activity

- **38.3% of Winn Parish adults have not participated in any type of physical activity outside work during the past month.**
 - Similar to statewide findings.
 - Significantly worse than found throughout the Rapides Foundation Service Area (30.2%).
 - Significantly worse than found nationwide (20.2%).

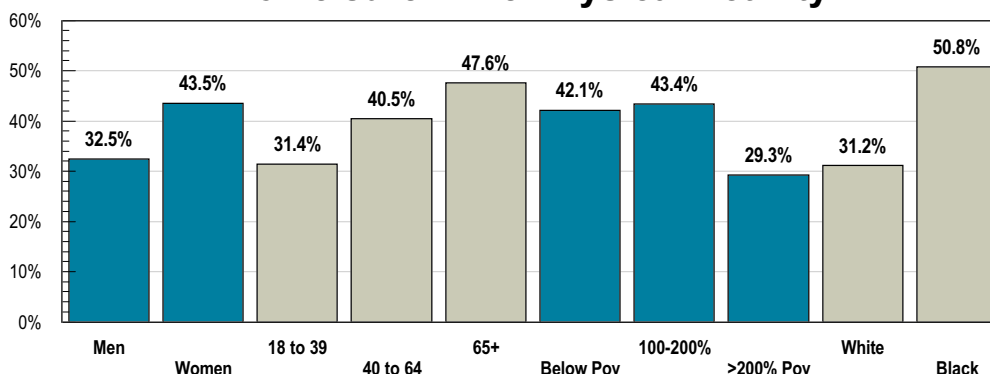


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
3. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
Note: Asked of all respondents.

The 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:

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

No Leisure-Time Physical Activity



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

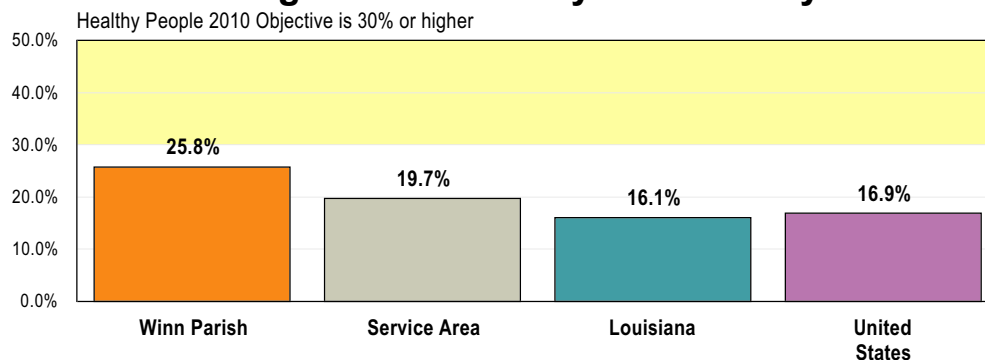
2. Asked of all respondents.

Light/Moderate Physical Activity

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

- **25.8% of Winn 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).

Light/Moderate Physical Activity



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

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

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

4. 2000 PRC National Health Survey, Professional Research Consultants

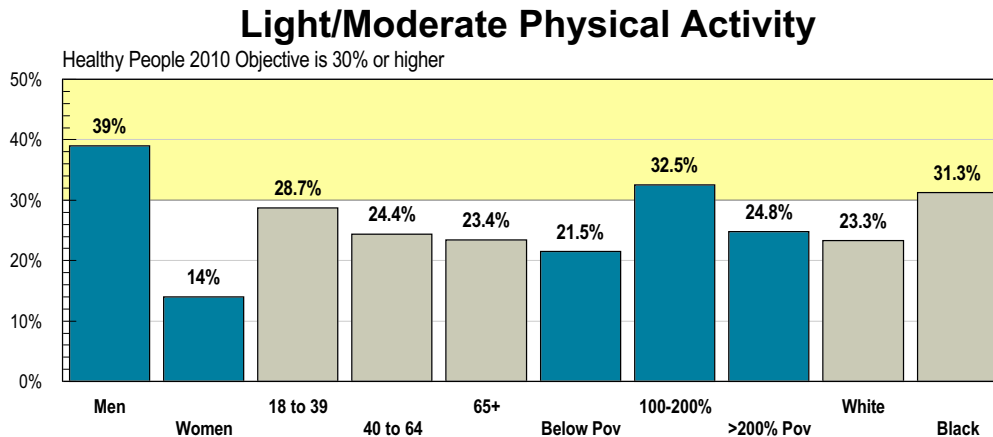
Notes: 1. Asked of all respondents.

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

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

Moderate physical activity is lowest among:

- Women.
- Persons living below the poverty threshold.
- White respondents.
- Adults age 65 and older.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Asked of all respondents.

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

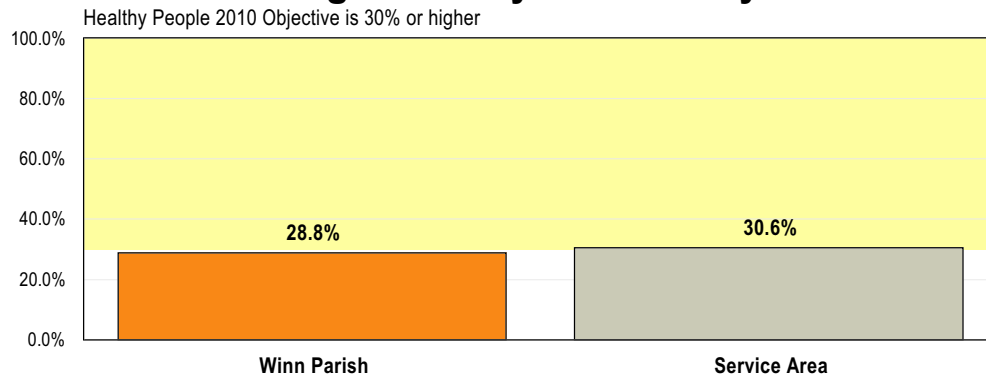
3. The Healthy People 2010 goal is to increase to at least 30% the proportion of people who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes per day.

Vigorous Physical Activity

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

- **28.8% of Winn Parish adults report taking part in vigorous physical activity at least three times a week for at least 20 minutes at a time.**
 - Similar to that found throughout the 11-parish Rapides Foundation Service Area.
 - Close to satisfying the *Healthy People 2010* target (30% or higher).

Vigorous Physical Activity



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

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

Notes: 1. Asked of all respondents.

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

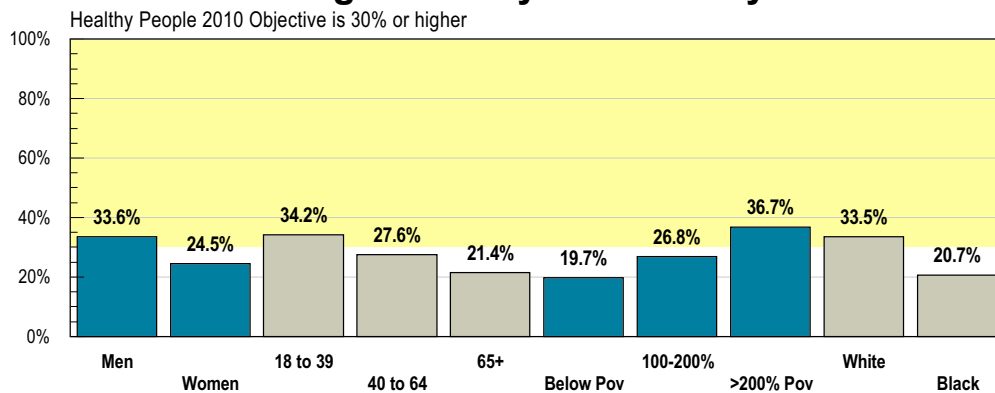
3. The Healthy People 2010 goal is to increase to at least 30% the proportion of people who engage regularly, preferably 3 times or more weekly, in vigorous physical activity for at least 20 minutes per exercise session.

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

Vigorous physical activity levels are lowest among:

- Lower-income adults.
- Black respondents.
- Those age 65 or older.
- Women.

Vigorous Physical Activity



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

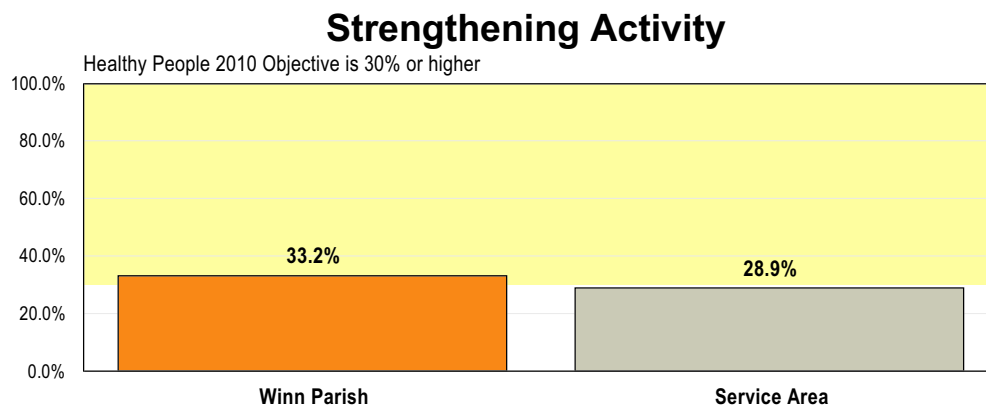
2. Asked of all respondents.

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.

- **33.2% of Winn Parish adults report taking part in strengthening activities at least twice a week.**
 - Higher than the Rapides Foundation Service Area findings.
 - Satisfies the *Healthy People 2010* target (30% or higher).



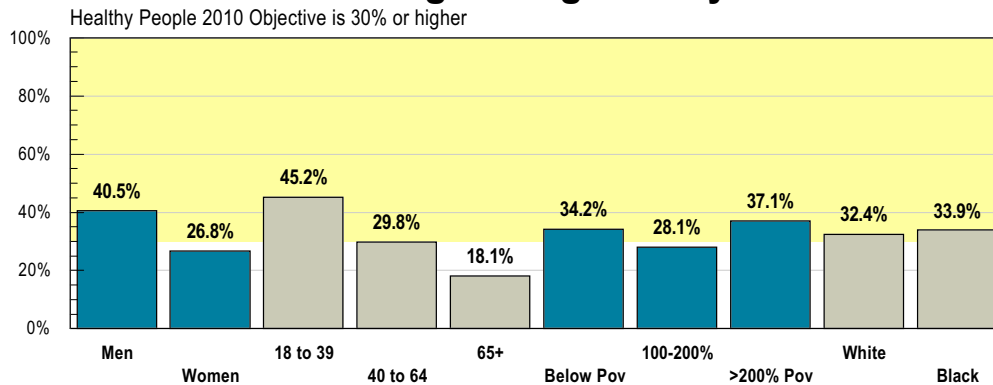
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Notes: 1. Asked of all respondents.
2. In this case, "strengthening activity" refers to performing any activity which enhances and maintains strength and endurance at least twice a week.
3. The Healthy People 2010 goal is to increase to at least 30% the proportion of people who engage in activity which enhances and maintains strength and endurance at least two times weekly.
4. State and national data not available.

Strengthening activity levels are lowest among:

- Those age 65 or older.
- Women.
- Those living just above poverty level (100% to 200% poverty).

Strengthening Activity



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

2. Asked of all respondents.

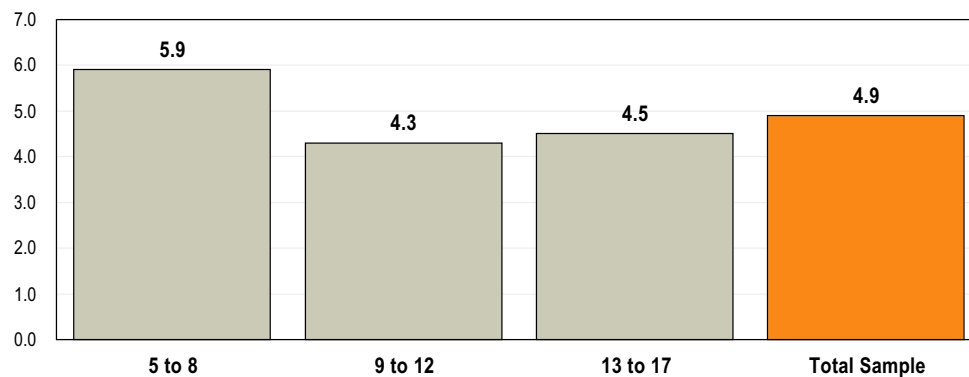
3. In this case, "strengthening" refers to performing exercise which enhances and maintains strength and endurance at least twice weekly.

Physical Activity in Children

Winn Parish parents report that their children take part in physical activity lasting 20 minutes or more on an average 4.9 days per week.

- Children ages 5 to 8 appear to be more physically active than older children.

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



Source: 2002 PRC Community Health Survey, Professional Research Consultants

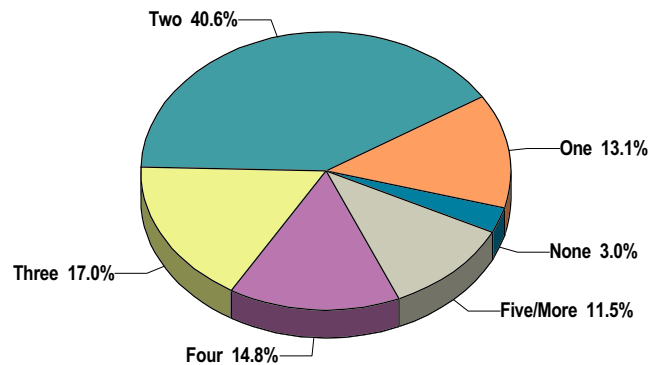
Notes: 1. Asked of all respondents with children under 18 at home.

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.

- **57.6% of Winn Parish parents report that their child watches television an average of two to three hours on a typical school day.**
- **26.3% of Winn Parish parents report that their child watches television an average of four or more hours on a typical school day.**

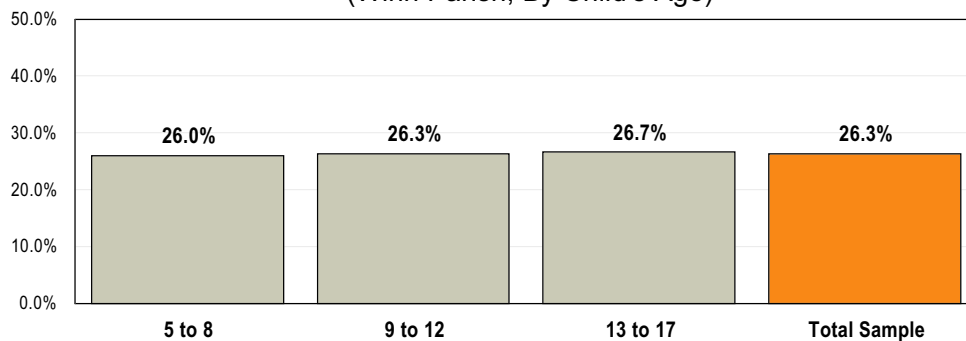
Hours Child Watches Television on a Typical School Day



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

- Children among the three age groups appear to spend a similar amount of time watching television on an average school day.

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

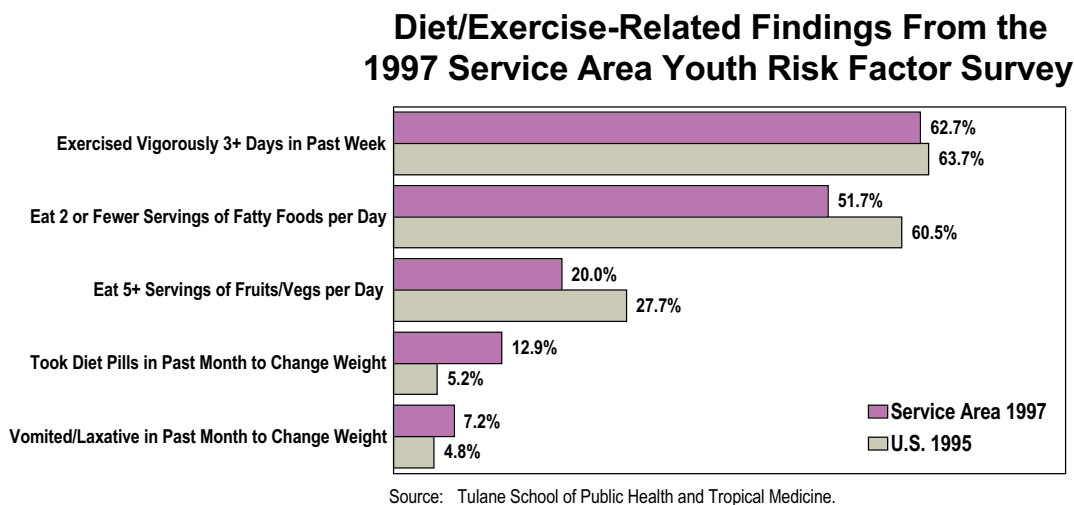


Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Note: Asked of all respondents with children under 18 at home.

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.



Community Health Panel Findings*

Focus group participants cited a need for better nutrition education for parish youth.

“I went to take some of the girls out the other day, and some of them had not eaten any breakfast, and the sponsor told me that they were refusing to eat. I made them get a plate and I thought it was because maybe they didn’t have any money, so I told them to get something to eat because I was paying for it. One little girl was on a diet of some kind and said nothing at Ryan’s was on her diet. I went and gave her a plate and told her to get something. She said the doctor put her on this diet, and I know that was not true. These kids are on an air and water diet. She wasn’t the only one; about three of them didn’t want to eat all day long. I think it is a teen-age girl syndrome.”

** 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.*

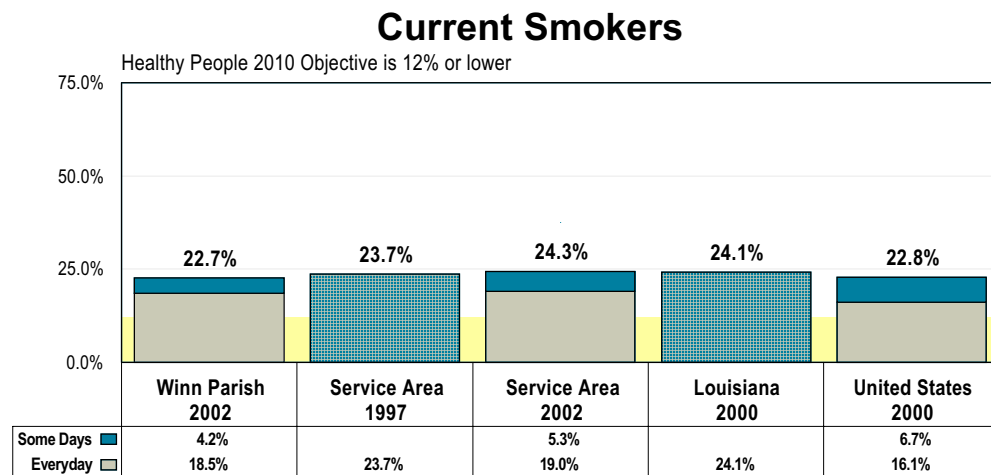
Tobacco Use

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

- **22.7% of Winn Parish adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).**
 - Statistically similar to service area, statewide and national prevalence levels.
 - Far from reaching the *Healthy People 2010* target (12% or lower).



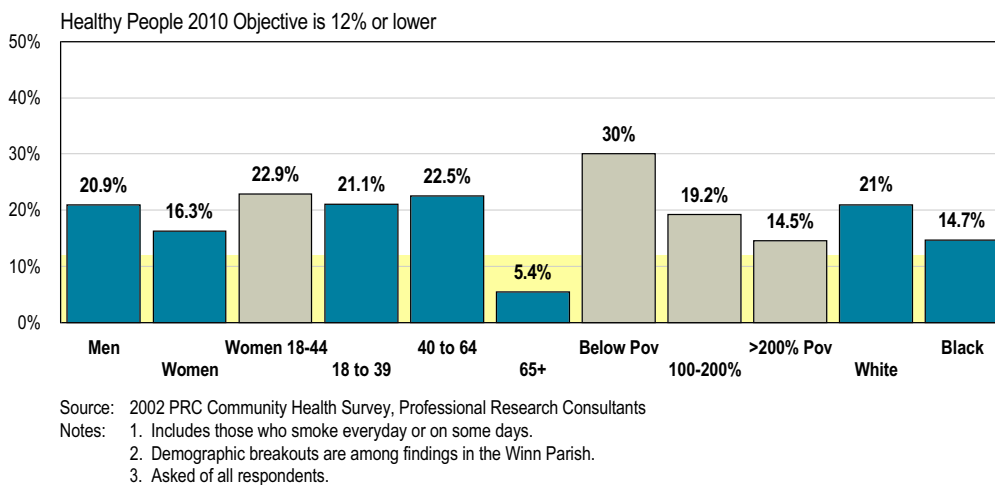
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public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

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

Cigarette smoking is higher among:

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

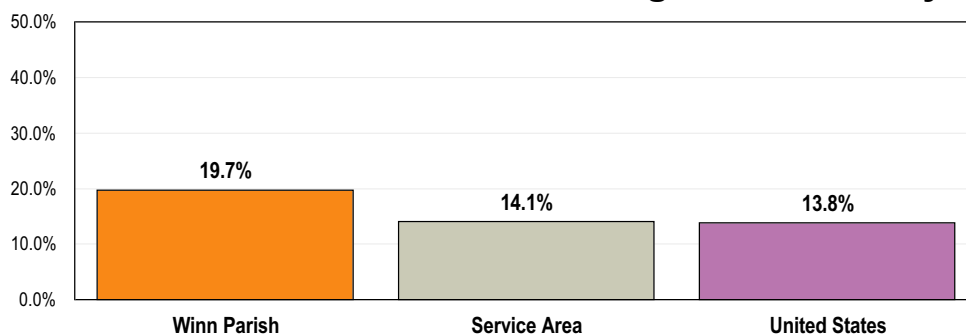
Current Smokers



Number of Cigarettes Smoked per Day

- **19.7% of smokers report smoking more than one pack per day.**
 - Significantly worse than Rapides Foundation Service Area findings (14.1%).
 - Statistically similar to national findings.

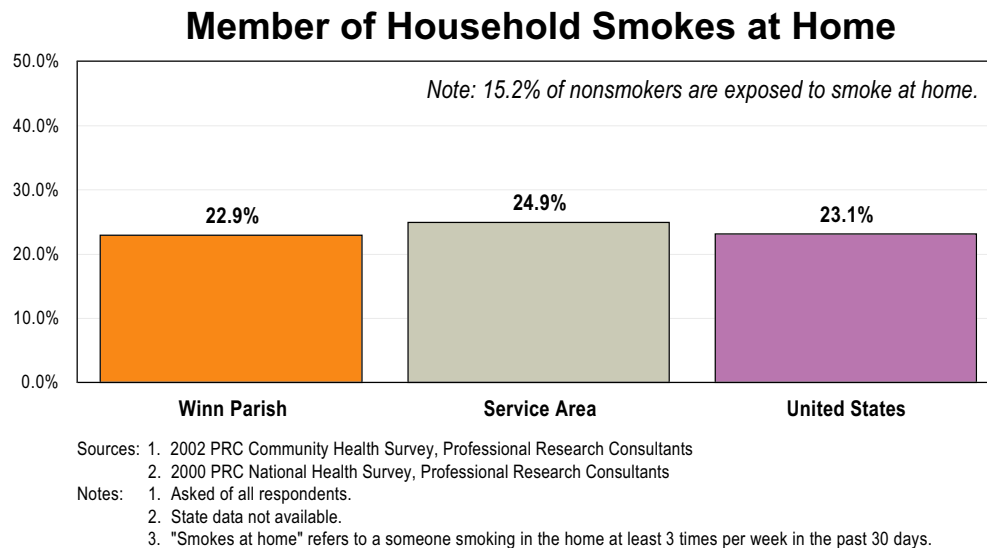
Smoke More Than 1 Pack of Cigarettes Per Day



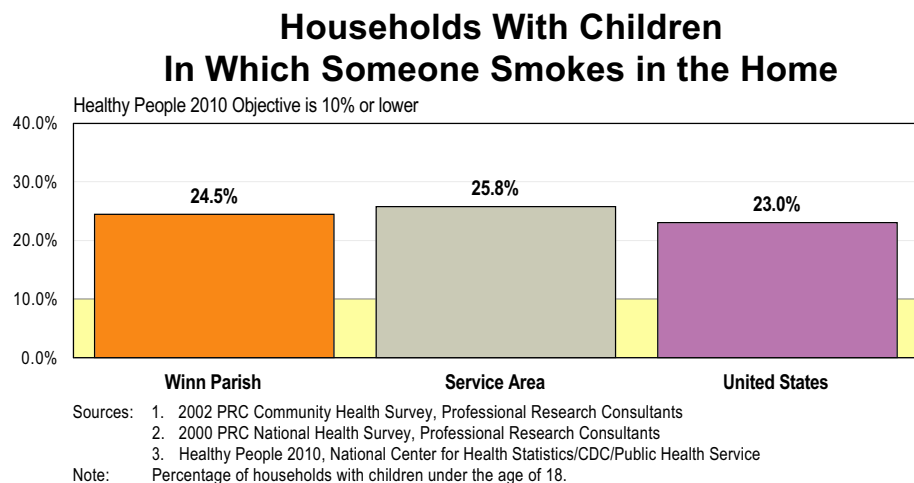
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of all smokers.
 2. One pack of cigarettes is equal to 20 cigarettes.

Exposure to Second-Hand Smoke

- **22.9% of Winn Parish adults report that a member of their household smokes at home on three or more days per week.**
 - Similar to Rapides Foundation Service Area and national findings.
- **15.2% of nonsmokers live with someone who smokes in the home.**

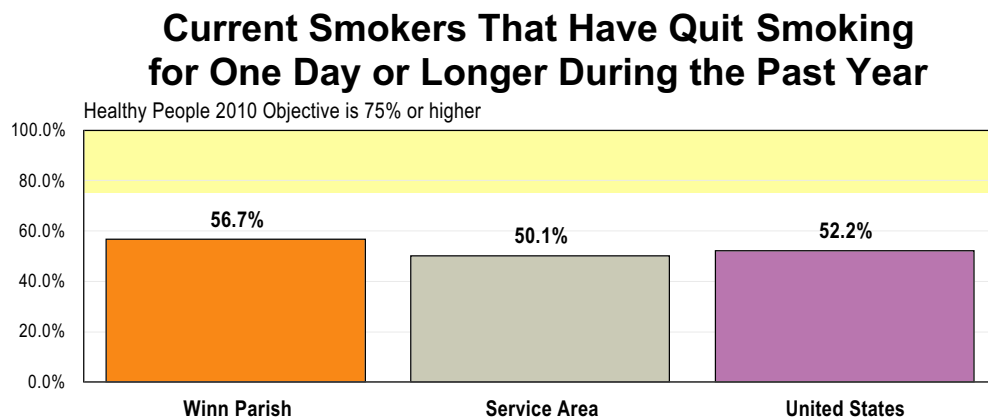


- **24.5% of Winn Parish households with children have someone who smokes in the home three or more days per week.**
 - Similar to Rapides Foundation Service Area and national findings.
 - Fails to satisfy the *Healthy People 2010* target (10% or lower).



Smoking Cessation Attempts

- **56.7% of Winn 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.
 - Similar to national findings.
 - Far from reaching the *Healthy People 2010* target (75% or higher).



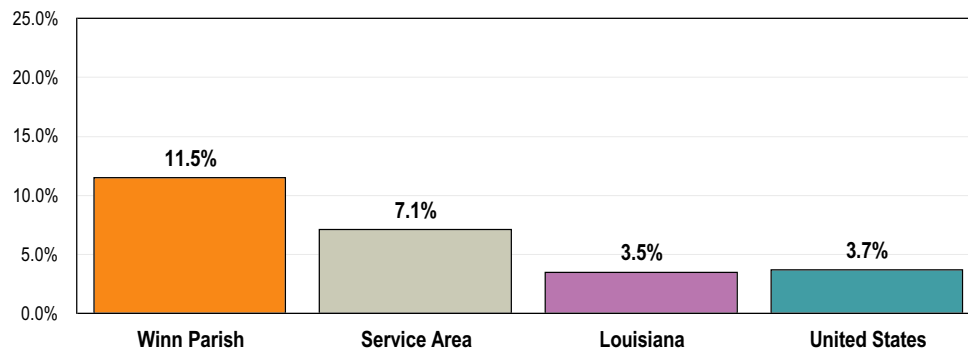
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

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

Smokeless Tobacco

- **11.5% of Winn Parish adults report using smokeless tobacco, such as chewing tobacco or snuff.**
 - Significantly higher than Rapides Foundation Service Area, statewide and national findings.
 -

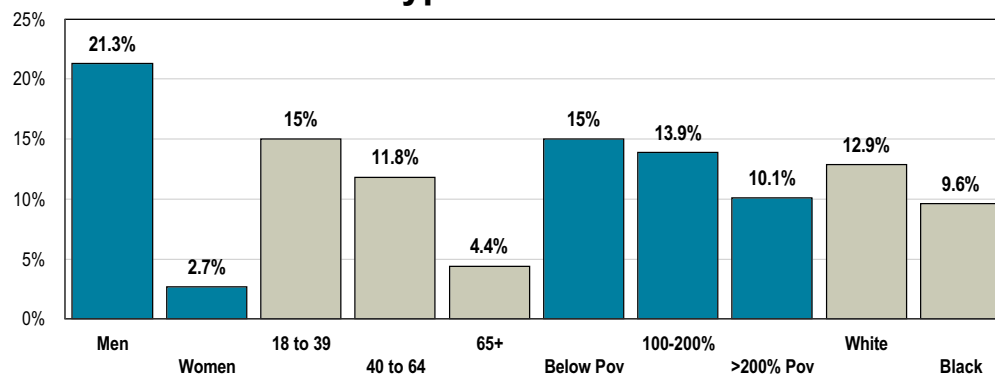
Use Some Type of Smokeless Tobacco



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.

- **21.3% of Winn Parish men currently use smokeless tobacco products.**

Use Some Type of Smokeless Tobacco



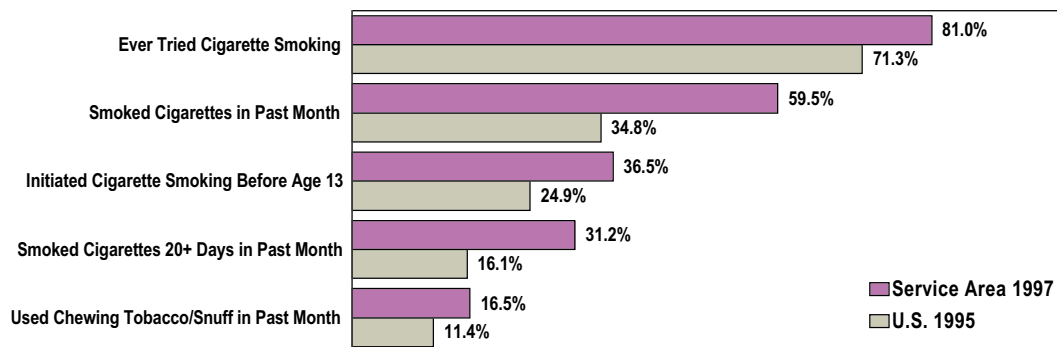
Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Winn Parish.
 2. Reflects the total sample of respondents.

Adolescent Tobacco Use

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

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

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



Source: Tulane School of Public Health and Tropical Medicine.

Community Health Panel Findings*

Focus group participants observed a problem with tobacco use among area youth.

“We need some smoking cessation clinics. We have a problem with smokeless tobacco among our kids, and more girls than boys are smoking cigarettes.”

“I see a lot of young people smoking out in public, even in the school parking lots.”

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

Cancers

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

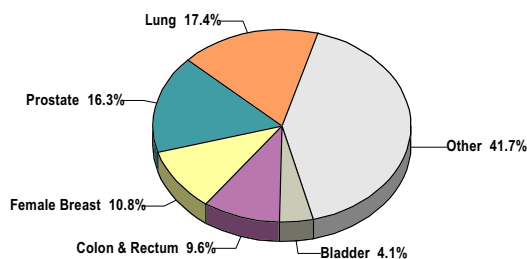
Causal factors may act together or in sequence to initiate or promote carcinogenesis. Ten or more years often pass between exposures or mutations and detectable cancer. Cancer is treated by surgery, radiation, chemotherapy, hormones and immunotherapy (American Cancer Society).

Leading Cancer Diagnoses by Site

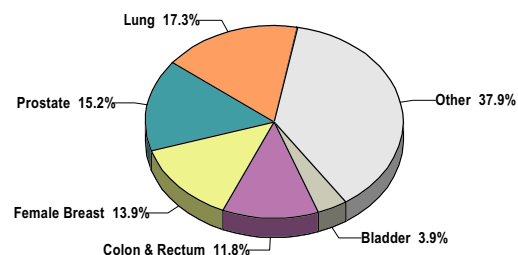
Between 1994 and 1998, the leading cancer diagnoses in Winn Parish were for:

- Lung cancer (17.4% of diagnoses)
- Prostate cancer (16.3%)
- Female breast cancer (10.8%)
- Colorectal cancer (9.6%)

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



Winn Parish



Louisiana

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

Community Health Panel Findings*

One focus group participant correctly noted the top cancer diagnoses within the parish.

“I would say that the leading type of cancer in this parish is lung cancer, and with males it's prostate cancer.”

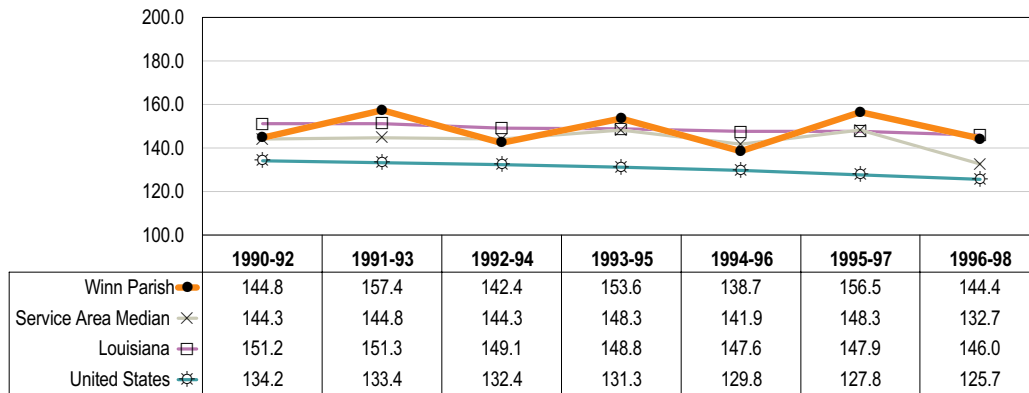
* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the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

Cancer Deaths

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

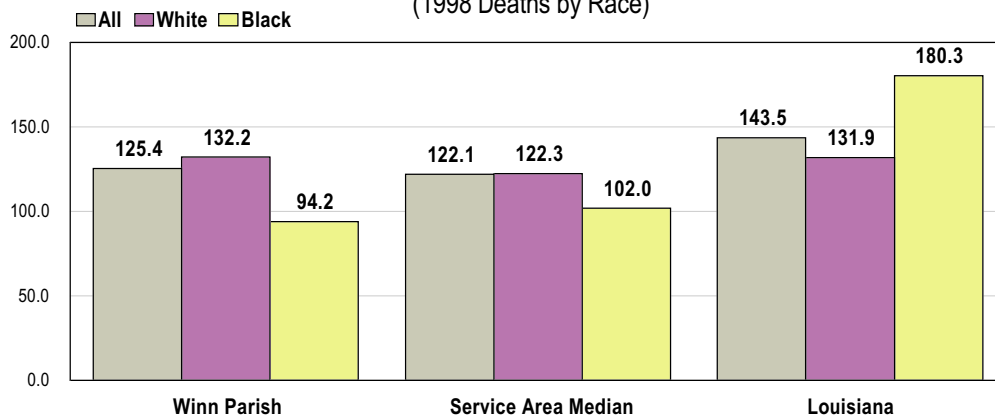
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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 Winn 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).

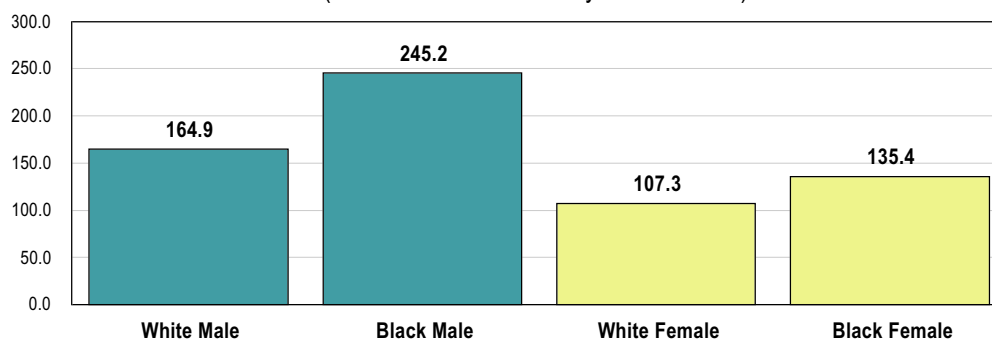
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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.

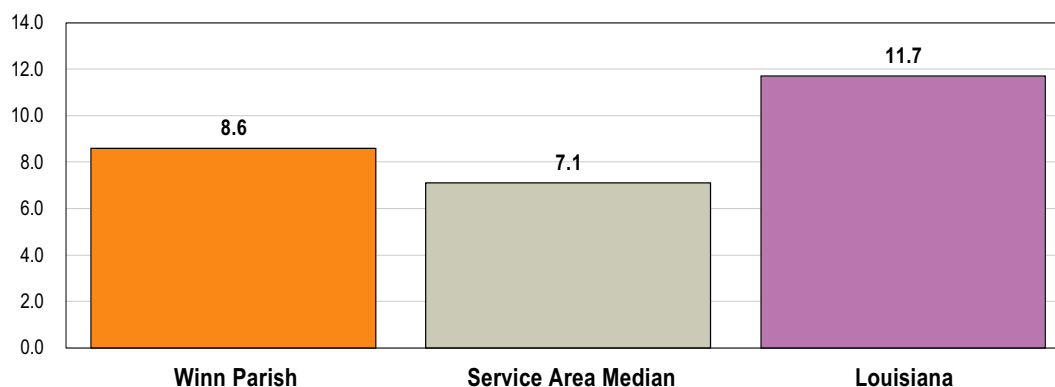
Cancer Deaths by Site

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

- The 1996-98 Winn Parish breast cancer death rate is considerably lower than the statewide rate but slightly higher than the Rapides Foundation Service Area rate.
 - The breast cancer death rate in Winn Parish satisfies the *Healthy People 2010* target (22.3% or lower).

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

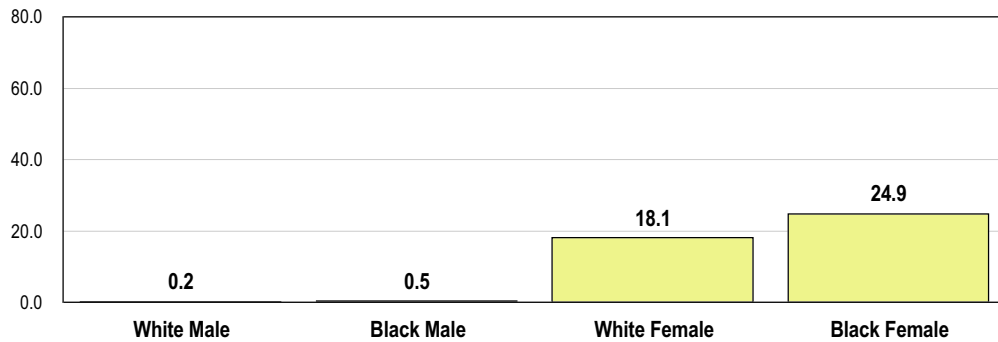
2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

3. Includes both male and female breast cancer.

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

Age-Adjusted Mortality: Breast Cancer

(1998 Louisiana Deaths by Race/Gender)



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

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

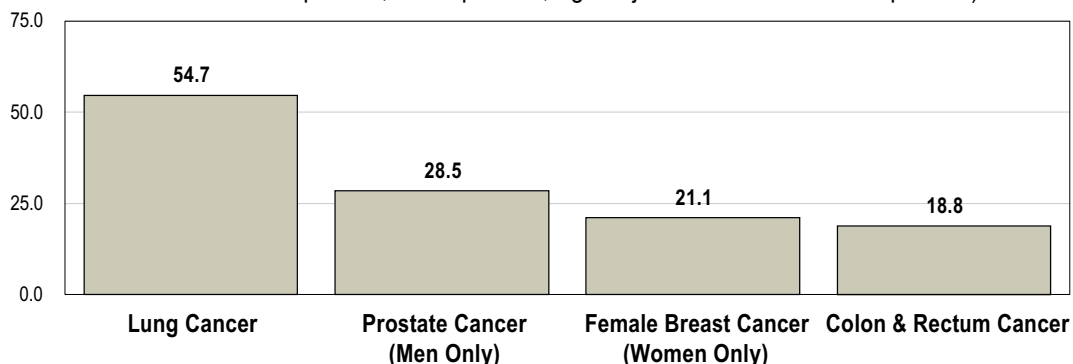
NOTE: While cancer death rates by site (other than breast cancer) are not typically tracked in state vital statistics records, some death rate data are available through the Louisiana Tumor Registry. However, these death rates use an alternative age-adjusting method (adjusted to the 1970 US Standard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

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

Age-Adjusted Cancer Mortality by Leading Sites

(Rapides Foundation Service Area;

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



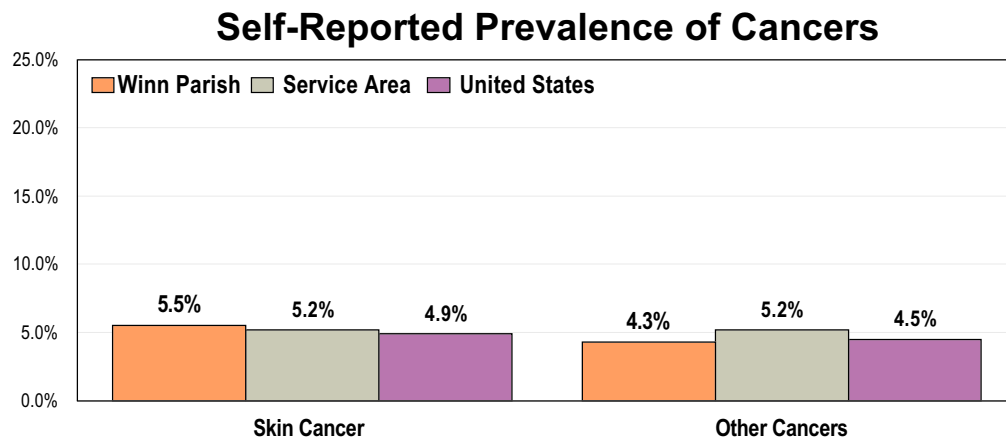
Source: Louisiana Tumor Registry, Department of Public Health & Preventive Medicine.

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:

- **5.5% of Winn Parish adults report that they have suffered from or been diagnosed with skin cancer.**
 - Similar to the Rapides Foundation Service Area and national prevalence levels.
- **4.3% of Winn 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.

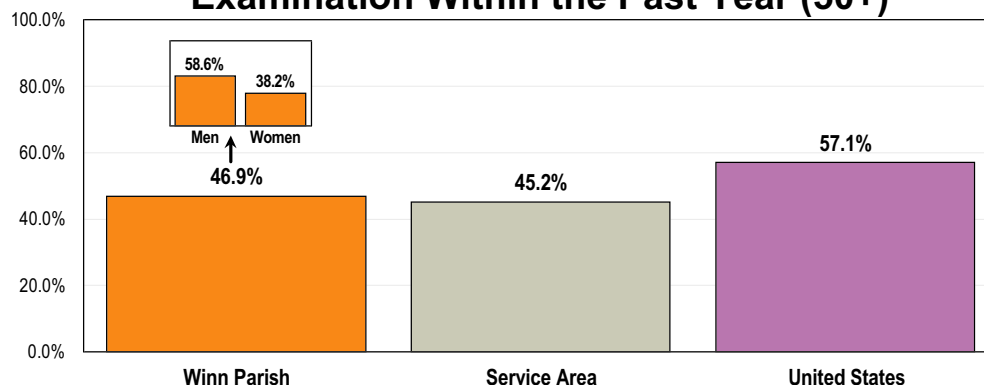
Colorectal Cancer Screening

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.

- **46.9% of Winn Parish adults age 50 and older have had a digital rectal examination within the past year.**
 - Higher among men than women (digital rectal examination is also used as a screening procedure for prostate cancer in men).
 - Similar to Rapides Foundation Service Area findings.
 - Significantly lower than the testing prevalence found nationwide among adults in this age group (57.1%).

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



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

2. 2000 PRC National Health Survey, Professional Research Consultants

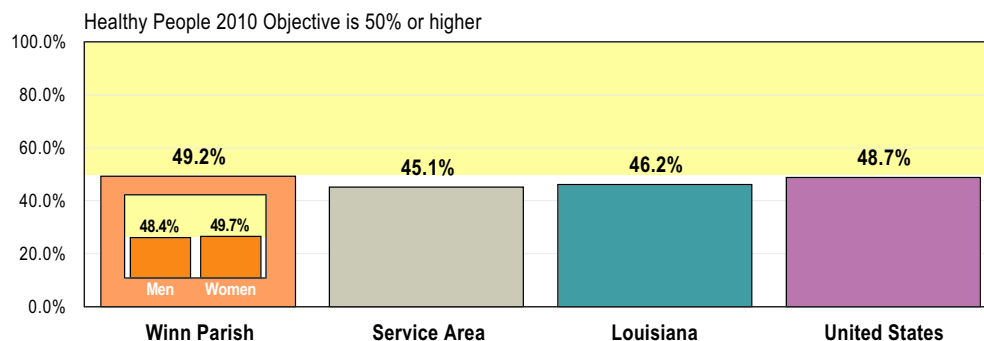
Note: Asked of all respondents aged 50 and older.

Sigmoidoscopy/Colonoscopy

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

- **49.2% of Winn Parish adults age 50 or older have ever had a sigmoidoscopy/colonoscopy examination.**
 - Similar to service area, statewide and national testing prevalence levels.
 - Close to satisfying 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

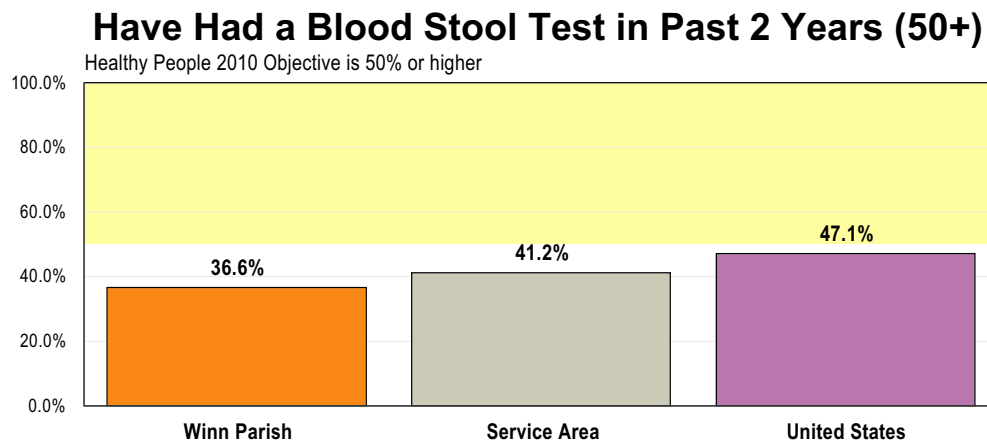
4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

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.

- **36.6% of Winn Parish adults age 50 or older have had a blood stool test in the past two years.**
 - Lower than Rapides Foundation Service Area findings among adults in this age group (41.2%).
 - Significantly lower than national findings (47.1%).
 - Does not satisfy the *Healthy People 2010* target (50% or higher).

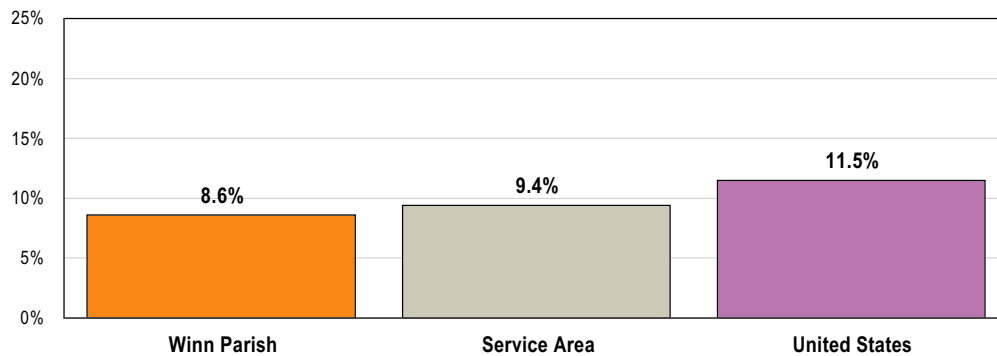


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
Notes: 1. Asked of respondents aged 50 and older
2. State data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

Female Breast Cancer Screening

- **8.6% of Winn 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



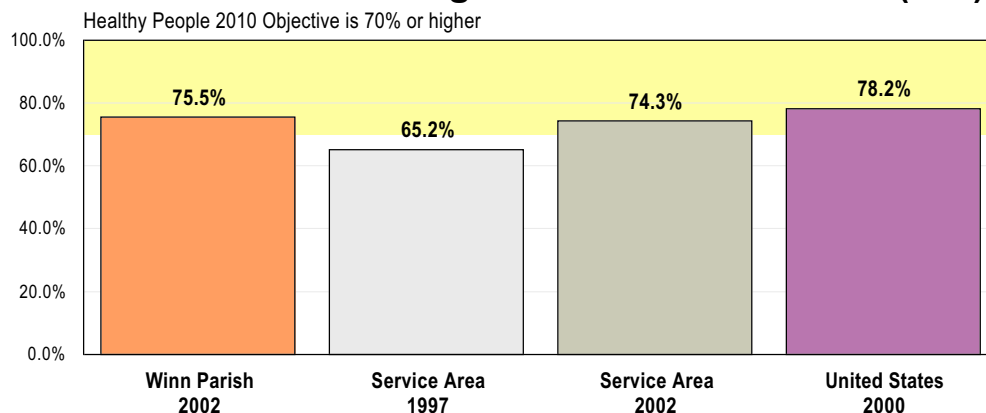
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of all female respondents.
 2. State data not available.

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.

- **Three-fourths (75.5%) of Winn Parish women age 40 and older have had a mammogram in the past two years.**
 - Statistically similar to findings throughout the Rapides Foundation Service Area and nationwide.
 - Satisfies the *Healthy People 2010* target (70% or higher).

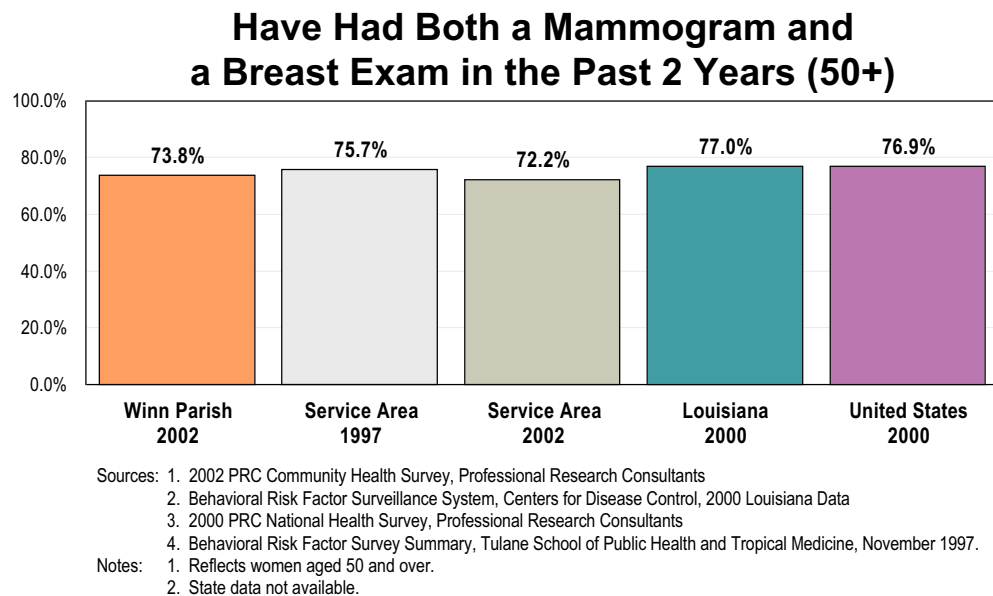
Have Had a Mammogram in the Past 2 Years (40+)



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
 4. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.
 Notes: 1. Reflects women aged 40 and over.
 2. State data not available.

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

- **73.8% of Winn Parish women age 50 and older have had both a mammogram and a clinical breast exam in the past two years.**
 - Similar to service area, statewide and national findings.

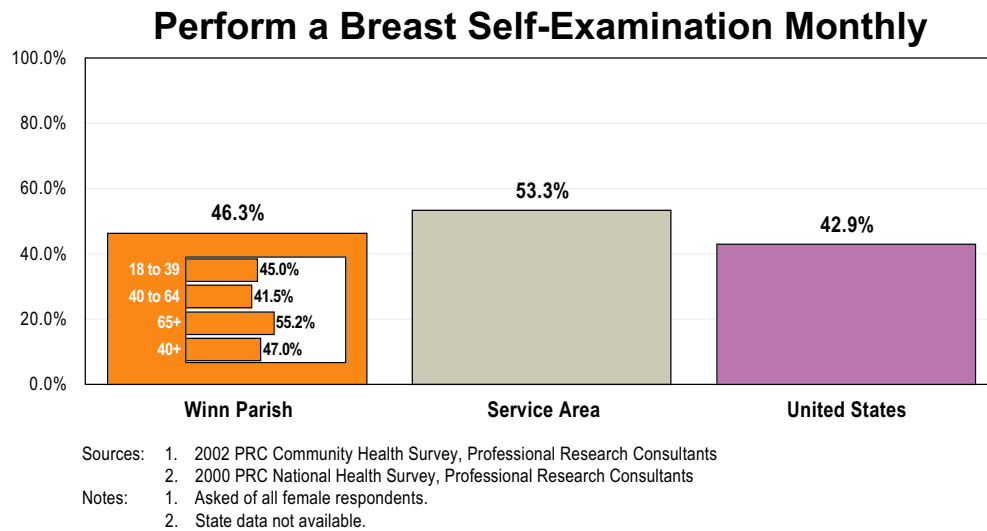


Breast Self-Examination

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

- **11.6% of Winn Parish women do not know how to perform a breast self-exam.**
- **46.3% of Winn Parish women perform a breast self-exam monthly.**
 - Significantly worse than Rapides Foundation Service Area findings (53.3%).
 - Better than found nationwide (42.9%).

- 47% of Winn Parish women age 40 and older perform a breast self-exam monthly.

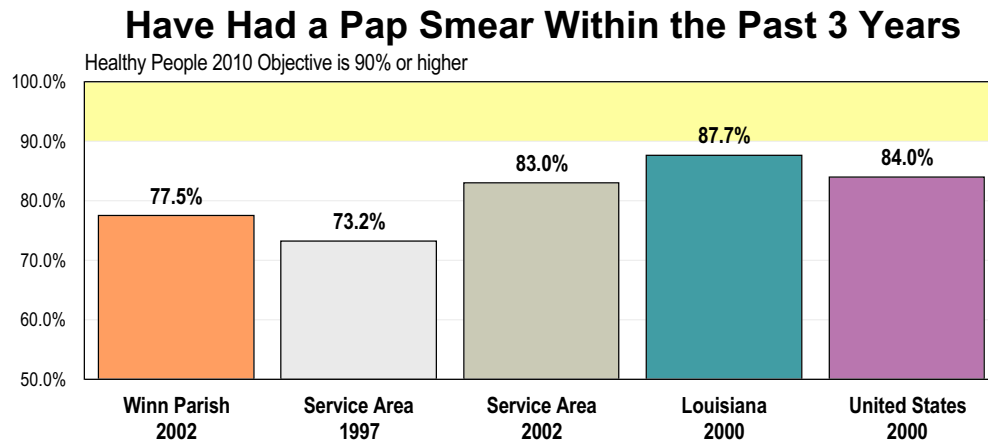


Cervical Cancer Screening

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.

- **77.5% of Winn Parish women have had a Pap smear test in the past three years.**
 - Significantly lower than Rapides Foundation Service Area (83.0%), state (87.7%) and national (84.0%) findings.
 - Fails to satisfy the *Healthy People 2010* target (90% or higher).

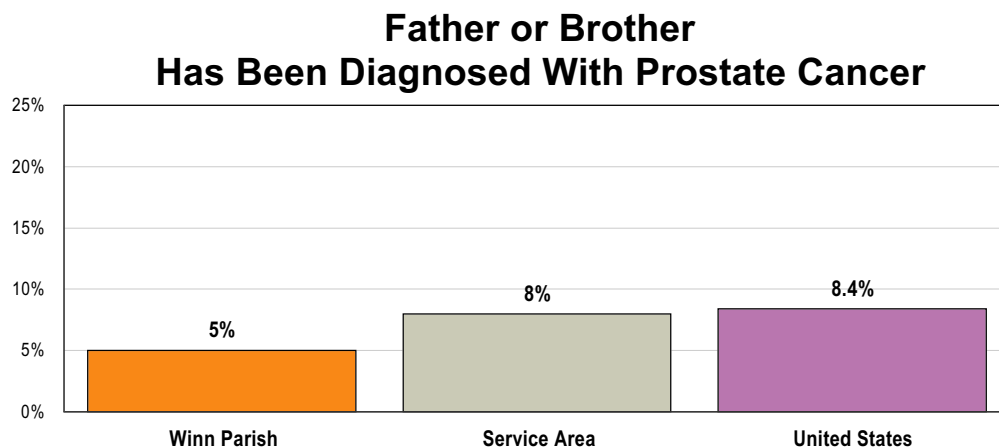


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public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

- **5.0% of Winn Parish men have a father or brother who has been diagnosed with prostate cancer.**
 - Significantly better than Rapides Foundation Service Area findings (8.0%).
 - 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 male respondents.
 2. State data not available.

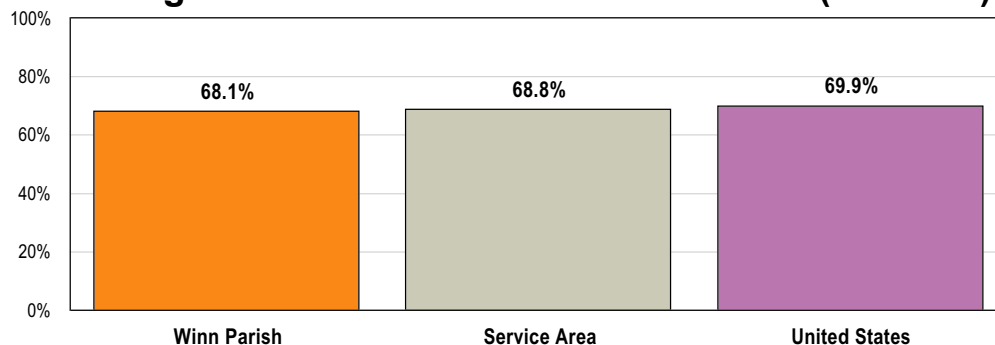
Prostate-Specific Antigen & Digital Rectal Examination

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.

- **68.1% of Winn Parish men age 40 or older have had either a PSA test or a digital rectal exam in the past two years.**
 - Similar to Rapides Foundation Service Area and national findings.

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



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

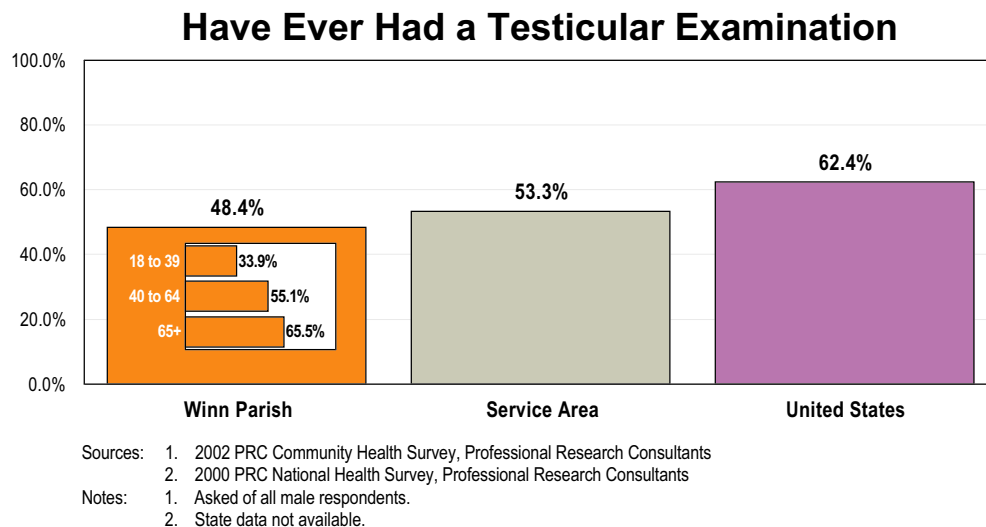
Notes: 1. Reflects male respondents aged 40 and older.
2. State and national data not available.

Testicular Cancer

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

Clinical Testicular Examination

- **48.4% of Winn Parish men have ever had a testicular examination by a physician.**
 - Similar to that found throughout the Rapides Foundation Service Area.
 - Significantly lower than found nationwide (62.4%).
 - Only one-third (33.9%) of Winn Parish men between the ages of 18 and 39 have ever had a clinical testicular examination (most testicular cancers occur between the ages of 15 and 40).

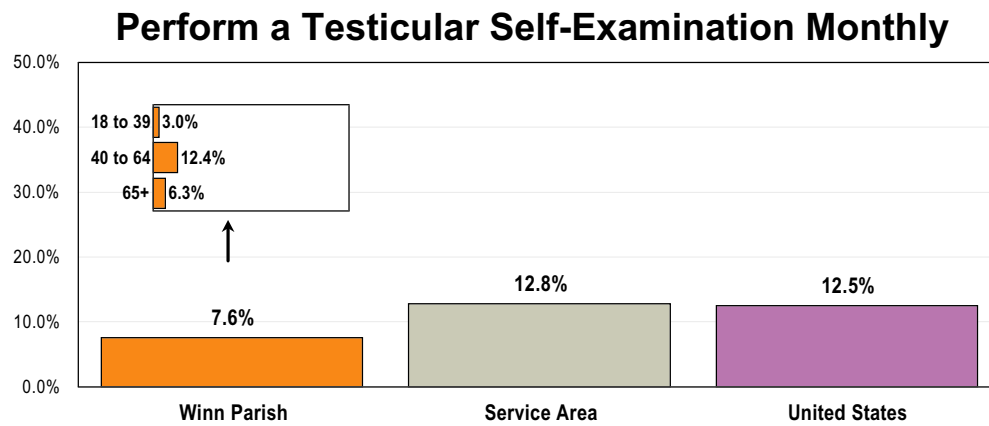


Testicular Self-Examination

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

- **Only 7.6% of Winn Parish men perform a testicular self-examination monthly.**
 - Significantly lower than national findings (12.5%).

- Only 3.0% of Winn 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

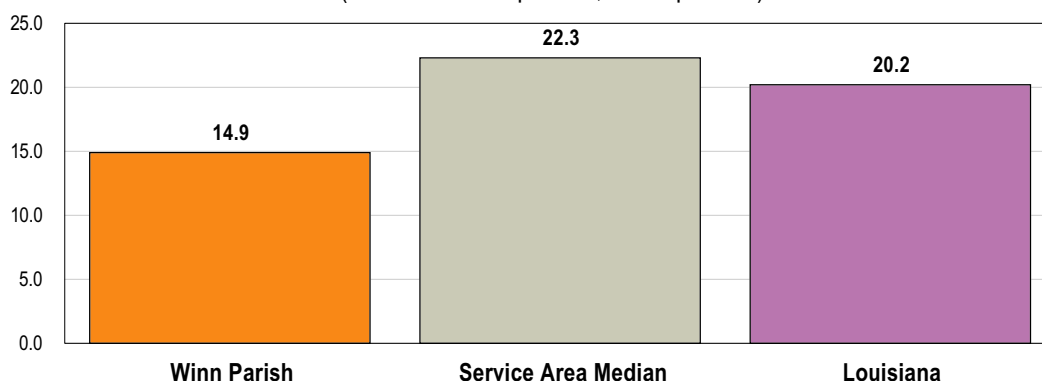
Respiratory diseases include a variety of diseases that can impact the lung and respiratory system, such as chronic obstructive pulmonary disease (which includes emphysema and chronic bronchitis), asthma, influenza and pneumonia.

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

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



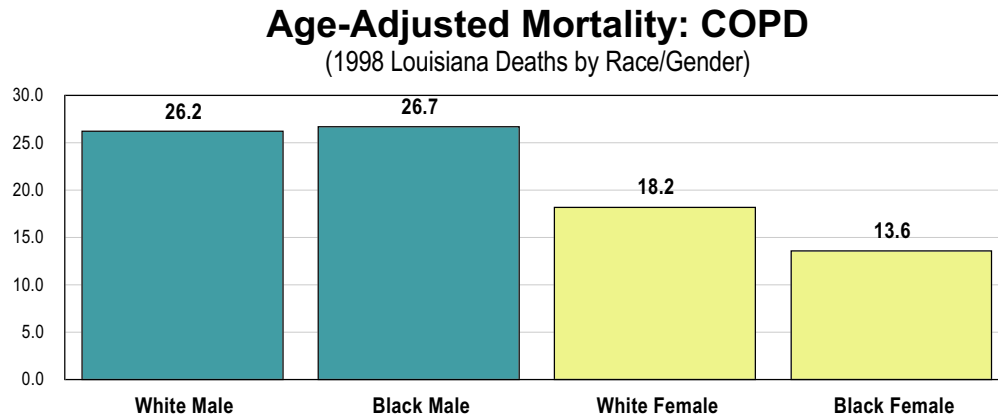
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

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

- In 1998, COPD death rates among Blacks and Whites in Winn Parish were nearly identical. Greater disparity was seen among Blacks and Whites 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).

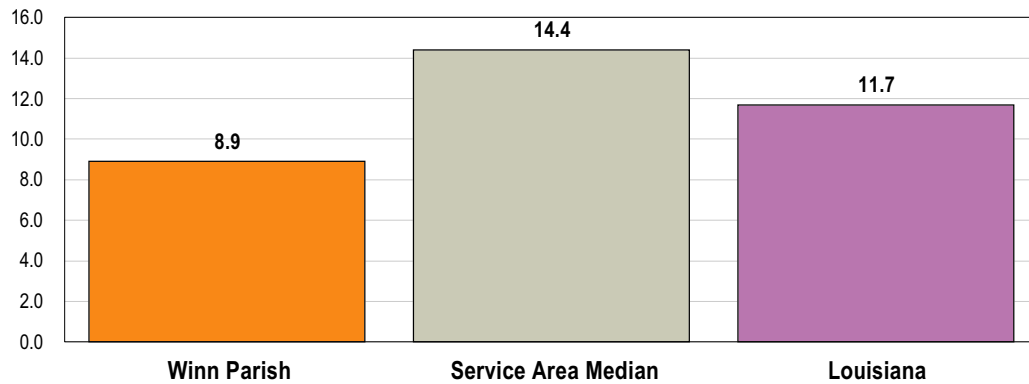
Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

Pneumonia/Influenza Deaths

- The 1996-98 age-adjusted pneumonia/influenza death rate in Winn Parish is well below the Rapides Foundation Service Area median rate and is lower than 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).

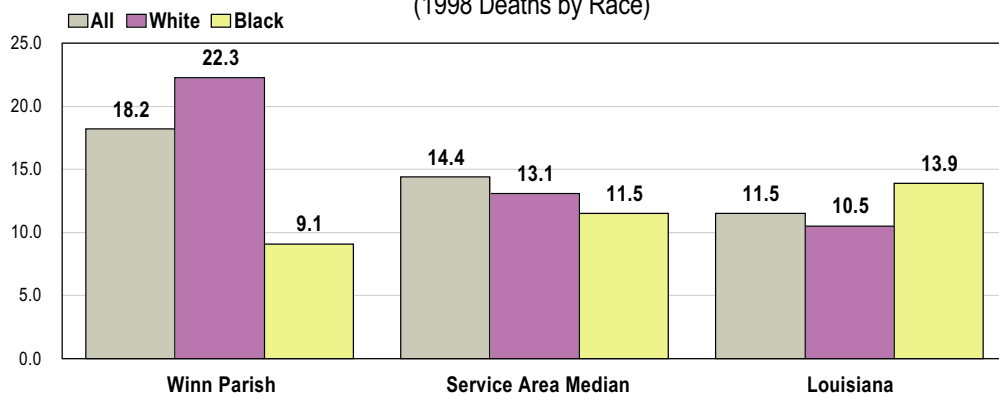
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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

Age-Adjusted Mortality: Pneumonia/Influenza

(1998 Deaths by Race)

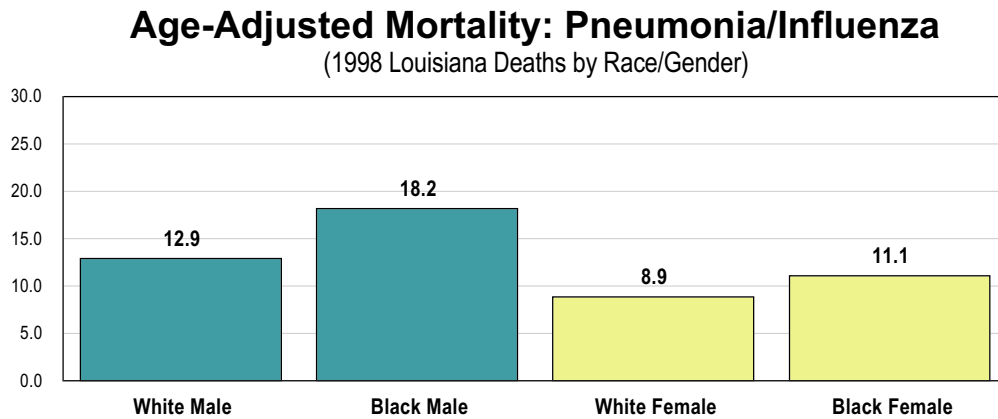


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

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

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

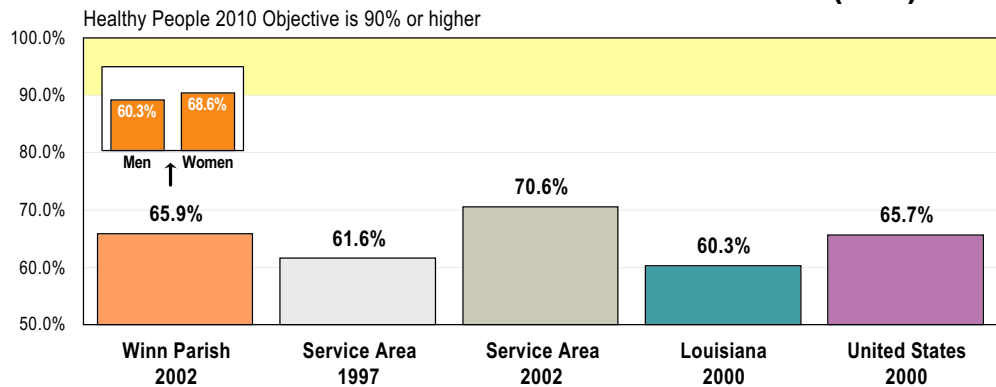


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).
Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

Flu Shots Among Seniors

- **65.9% of Winn Parish seniors age 65 and older have had a flu shot in the past year.**
 - Similar to national findings.
 - Lower than Rapides Foundation Service area findings (70.6%).
 - Better than Louisiana findings (60.3%).
 - Fails to satisfy the *Healthy People 2010* target (90% or higher).
 - Higher in Winn Parish among women age 65 and older.

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

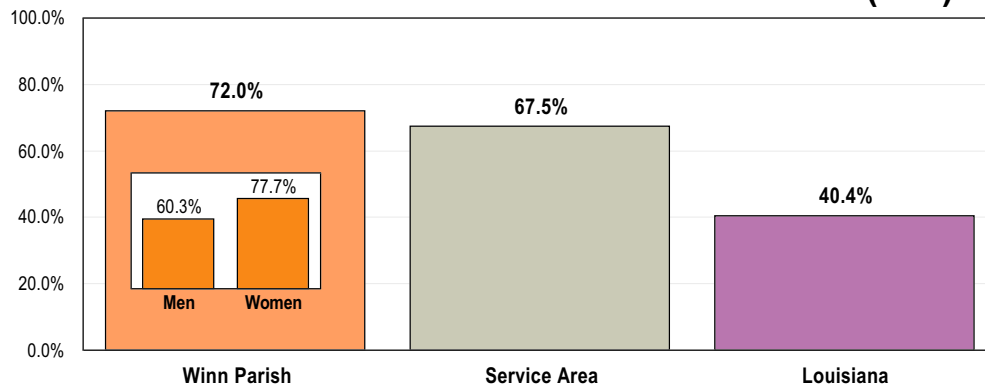


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, CDC, 1999 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and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

Pneumonia Vaccination Among Seniors

- **72.0% of Winn Parish seniors age 65 and older have ever had a pneumonia vaccination.**
 - Similar to Rapides Foundation Service Area findings.
 - Significantly higher than found statewide in 1999 (40.4%).

Have Ever Had a Pneumonia Vaccination (65+)

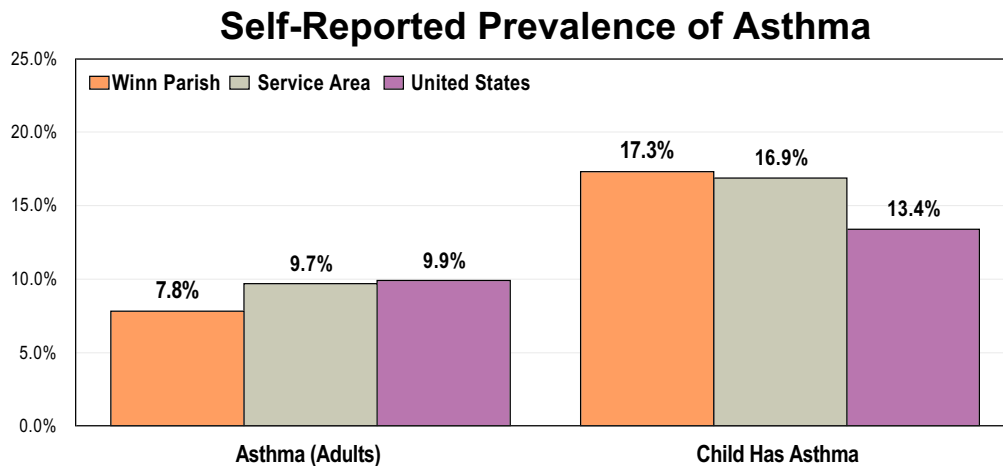


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data
 Notes: 1. Asked of respondents aged 65 and older.
 2. National data not available.

Self-Reported Asthma & Chronic Lung Disease Prevalence

Asthma

- **7.8% of Winn Parish adults report suffering from or having been diagnosed with asthma.**
 - Statistically similar to Rapides Foundation Service Area and national findings.
- **17.3% of Winn Parish parents report that their child has been diagnosed by a doctor or health professional with asthma.**
 - Statistically similar to Rapides Foundation Service Area and national findings.



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

Community Health Panel Findings*

Focus group participants see certain parental behaviors as contributing factors in children's struggles with asthma.

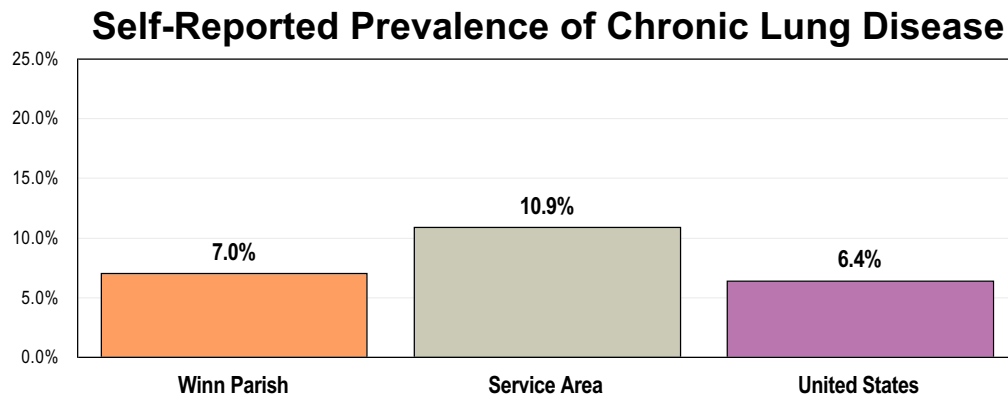
“It seems to me that we have a lot of students in our schools with asthma problems. Some of these kids are the ones whose parents we can’t reach when they are having an attack and don’t have the medicine.”

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

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

Chronic Lung Disease

- **7.0% of Winn Parish adults report suffering from or having been diagnosed with chronic lung disease.**
 - Similar to Rapides Foundation Service Area and national findings.
 -



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

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.

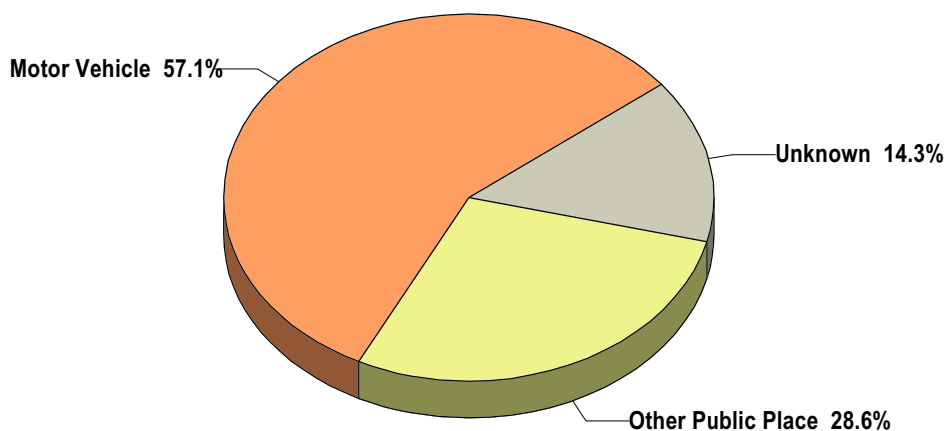
Like diseases, injuries do not occur at random and are preventable. Injury prevention strategies focus primarily on environmental design (e.g., road construction that permits optimum visibility), product design, human behavior, education and legislative and regulatory requirements that support environmental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

Unintentional Injury Deaths

Leading Causes of Accidental Deaths

- **57.1% of unintentional injury deaths in Winn Parish in 1998 were the result of motor vehicle accidents.**
- **28.6% of unintentional injury deaths in Winn Parish in 1998 occurred in another public place.**

Leading Causes of Accidental Death
(Winn Parish, 1998)



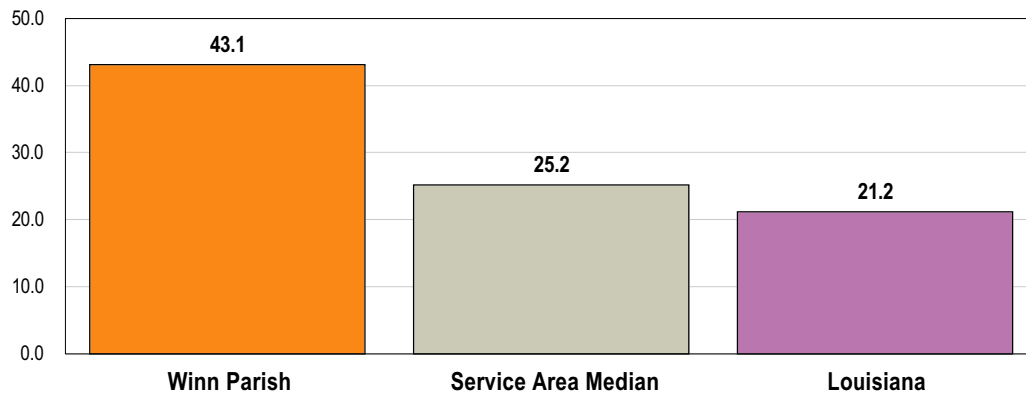
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

Motor Vehicle-Related Deaths

- The 1996-98 age-adjusted death rate for motor vehicle accidents in Winn Parish is more than twice 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).

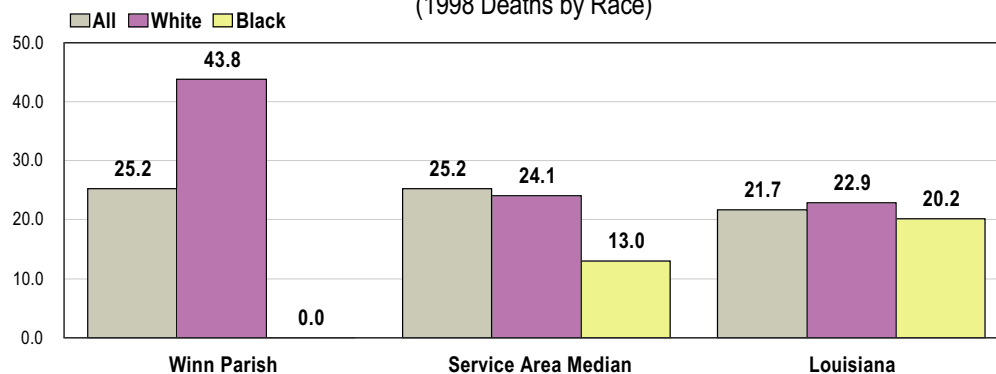
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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 Winn Parish was exceptionally high among Whites (43.8/100,000) in comparison to Blacks, who reported no motor vehicle fatalities (0.0/100,000). 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)

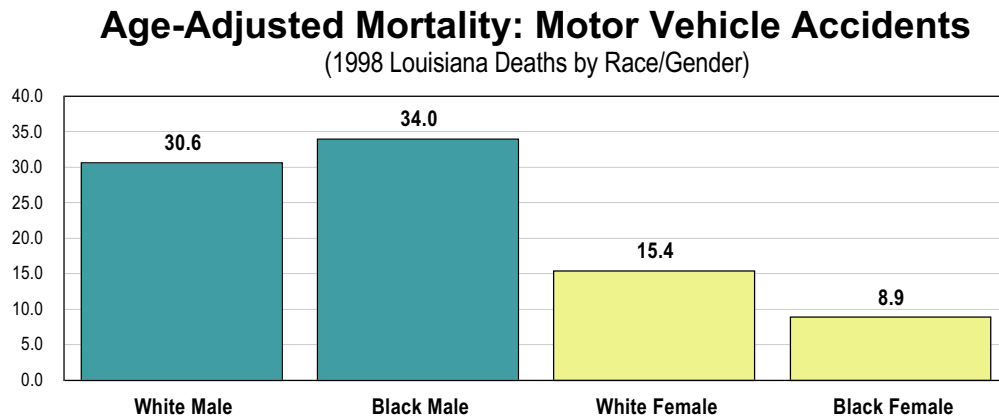


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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.

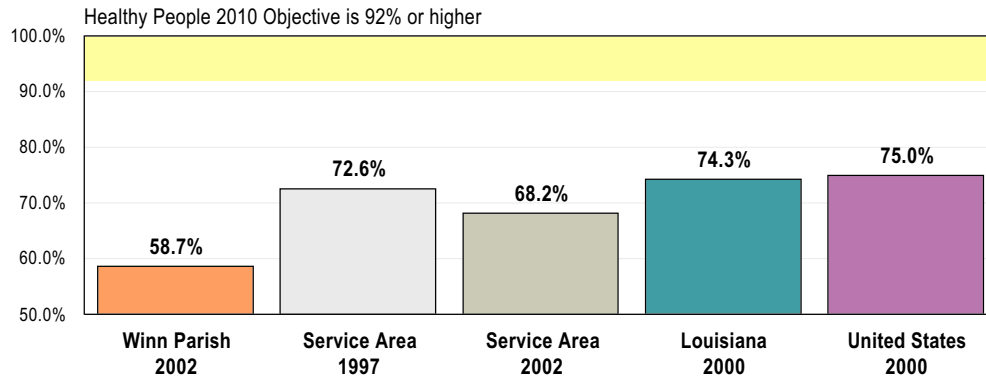
Injury Control

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.

- **58.7% of Winn Parish adults report “always” wearing a seat belt when driving or riding in an automobile.**
 - Significantly worse than Rapides Foundation Service Area findings (68.2%).
 - Significantly worse than the statewide prevalence (74.3%).
 - Significantly worse than the national prevalence (75.0%).
 - Far from reaching the *Healthy People 2010* target (92% or higher).

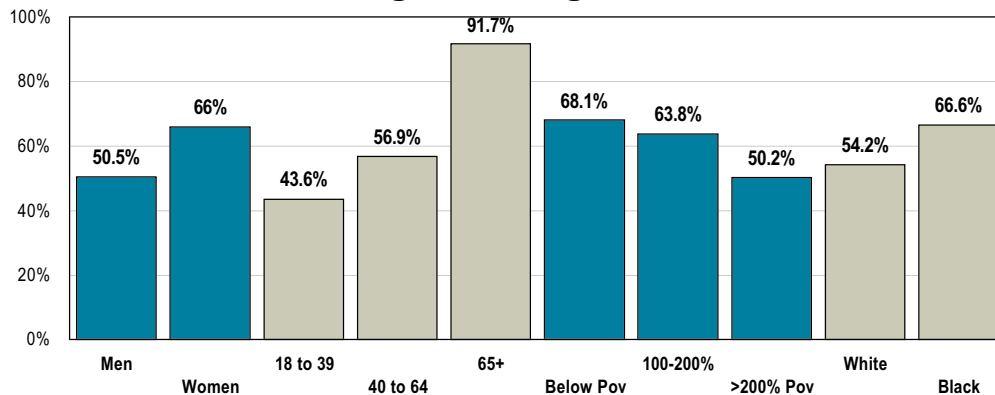
Always Wear a Seat Belt When Driving or Riding in an Automobile



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

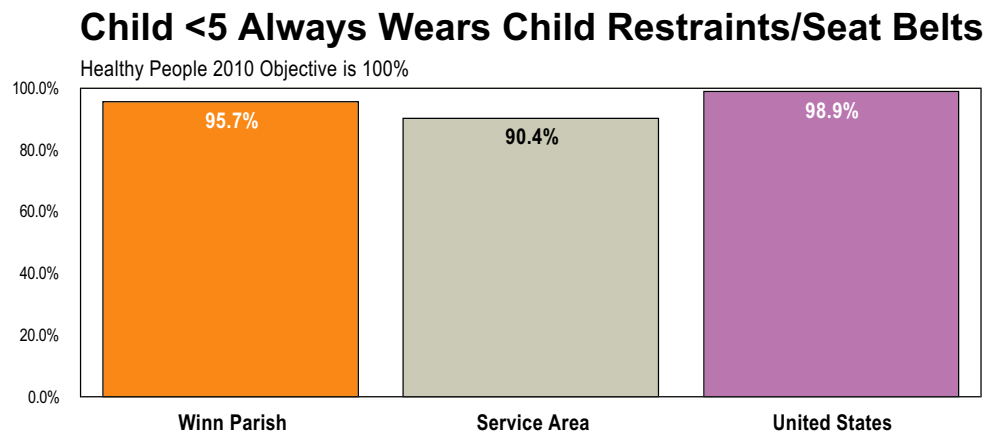
- There is a very strong correlation with seat belt usage and age, with younger adults reporting much lower usage.
- Those with higher incomes wear seat belts less often.
- Men less often report “always” wearing a seat belt than women.
- Fewer Whites than Blacks “always” wear seat belts.

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 Winn Parish.
 2. Asked of all respondents.

- **95.7% of Winn 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%).
 - Lower than found nationwide (98.9%).
 - Does not satisfy the *Healthy People 2010* target (100%).



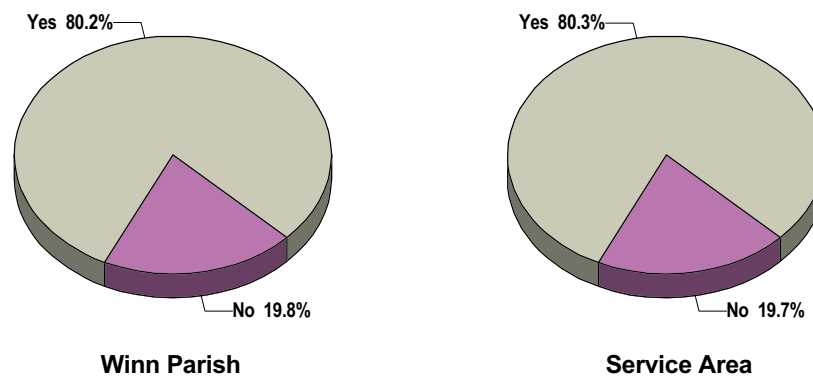
Source: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

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

Fire Safety

- **80.2% of Winn Parish respondents report having at least one working smoke detector on each floor of their homes.**
 - Almost identical to Rapides Foundation Service Area findings.

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



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

Work-Related Injuries

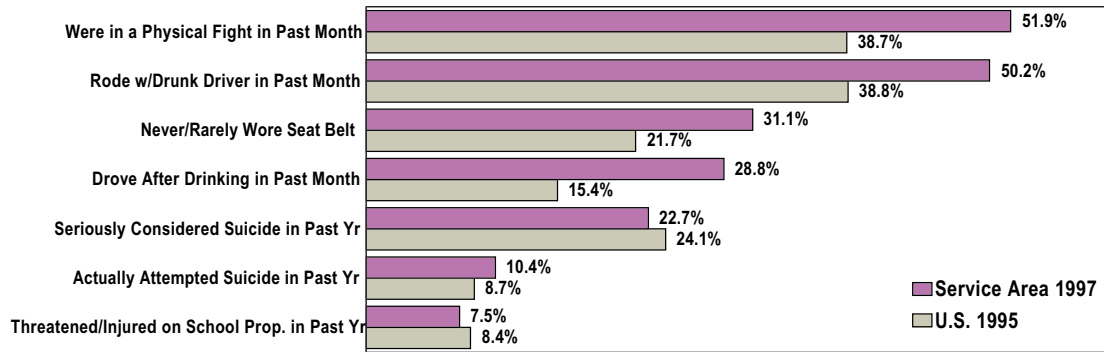
- See “Self-Reported Chronic Illness: Activity Limitations.”

Adolescent Injury & Violence

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

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

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



Source: Tulane School of Public Health and Tropical Medicine.

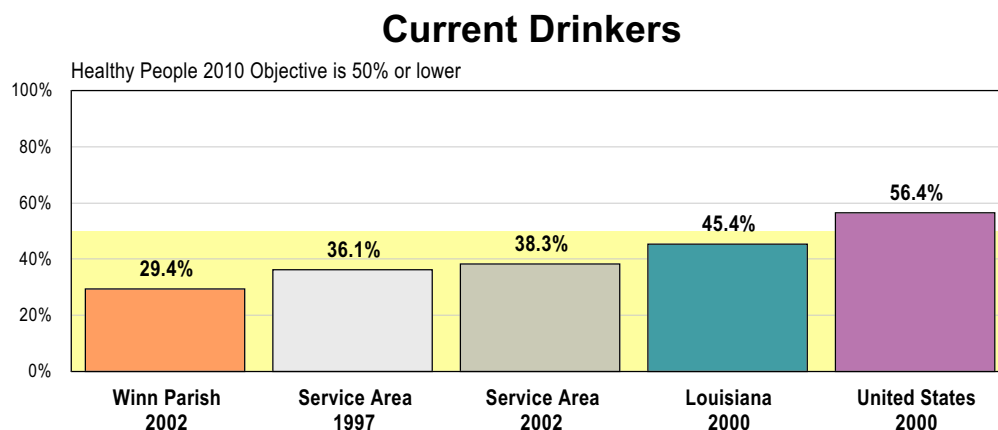
Substance Abuse

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

Current Drinkers

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

- **29.4% of Winn Parish adults are “current drinkers,” meaning that they have had at least one drink of alcohol (one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail or one shot of liquor) in the past month.**
 - Significantly better than Rapides Foundation Service Area findings (38.3%).
 - Significantly better than found statewide (45.4%).
 - Significantly better than found nationwide (56.4%).
 - Satisfies the *Healthy People 2010* target (50% or lower).

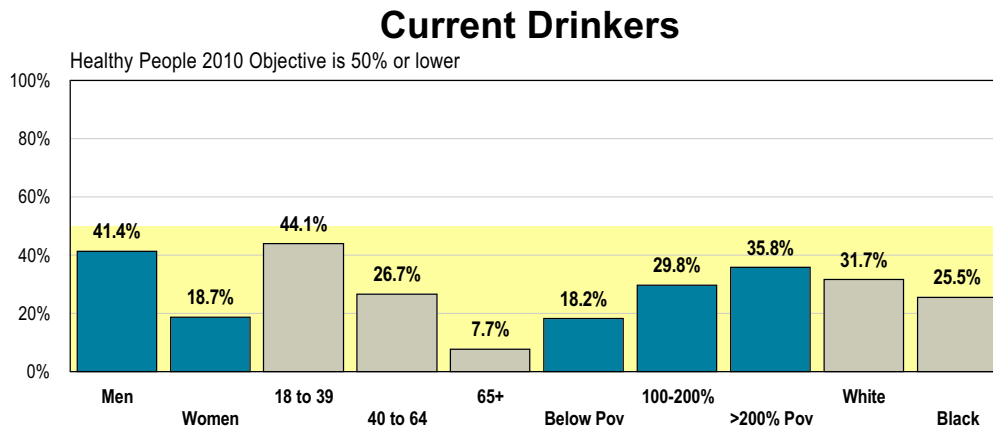


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, State Survey Data, 1999
3. 2000 PRC National Health Survey, Professional Research Consultants
4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health 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.
- Whites more often report current drinking than Blacks.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

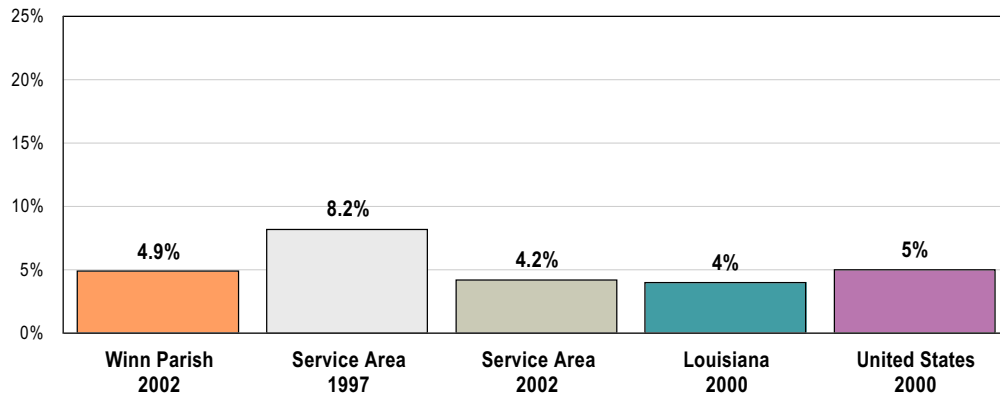
2. Reflects the total sample of respondents.

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

Chronic Drinkers

- **4.9% of Winn 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 642 adults in Winn Parish.

Chronic Drinkers

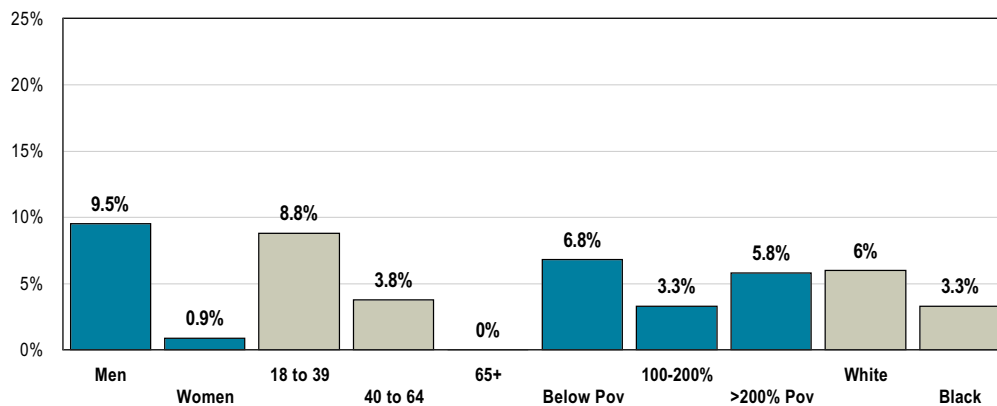


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, State Survey Data, 1999
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and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

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

- Men report the highest prevalence of chronic drinking.
- Chronic drinking is much more prevalent among younger adults (ages 18 to 39).
- Those living below poverty level report the highest drinking rates among the income classes.
- White respondents more often report chronic drinking than Black respondents.

Chronic Drinkers



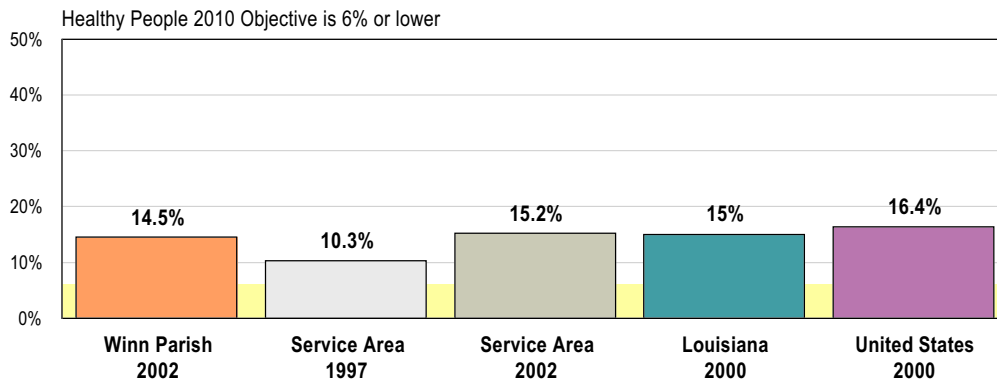
Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Winn Parish.
 2. Reflects the total sample of respondents.
 3. Chronic drinkers are defined as those who have had at least 60 drinks of alcoholic beverages during the past month.

Binge Drinkers

- **14.5% of Winn 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

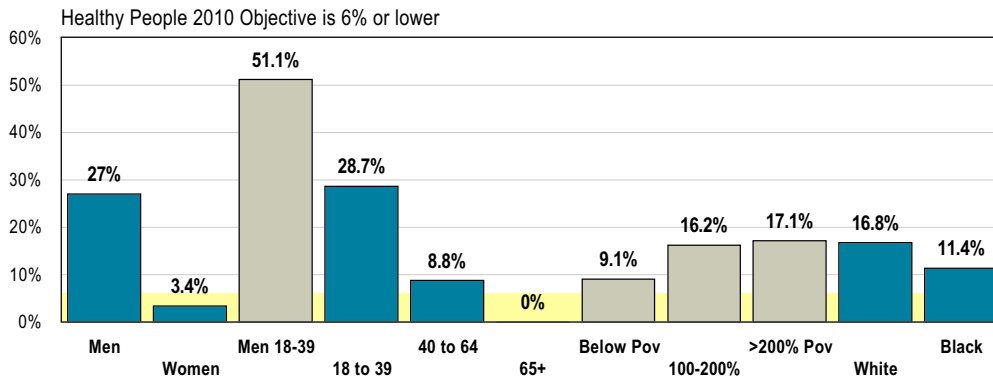


- Sources:
1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Healthy People 2010, National Center for Health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

Binge Drinkers



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

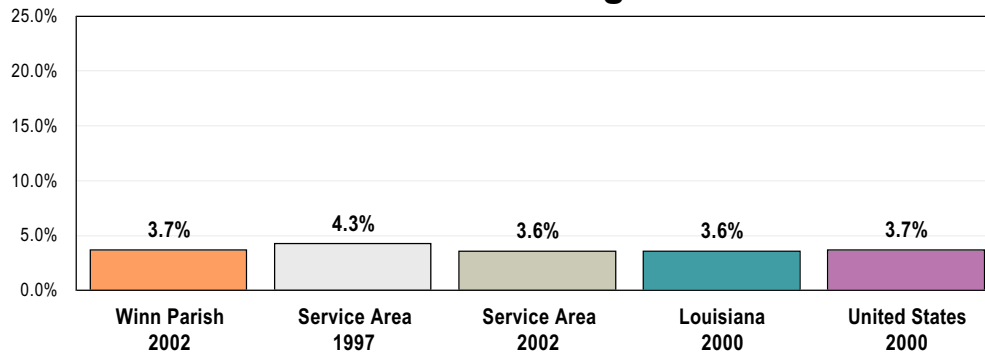
2. Reflects the total sample of respondents.

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

Drinking & Driving

- **3.7% of Winn 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 485 adults in Winn Parish who acknowledge driving after having too much to drink in the past month.

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

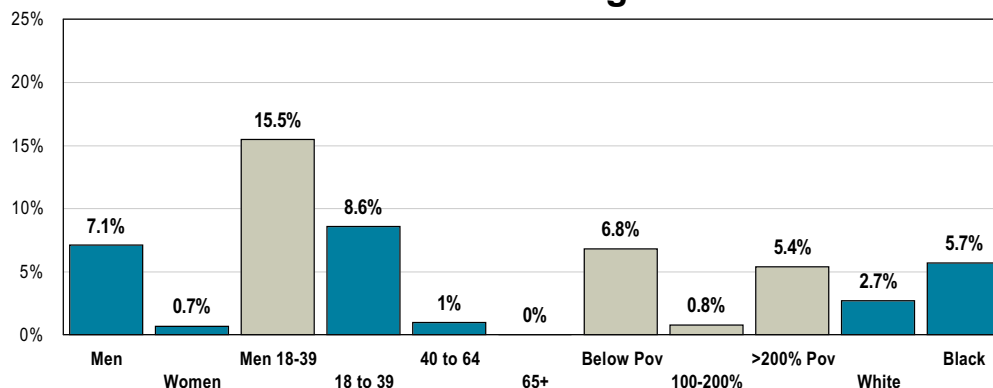


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Behavioral Risk Factor Survey Summary, Tulane School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

Drinking and driving is more prevalent among:

- Men ages 18 to 39.
- Persons living below the poverty level.
- Black respondents.

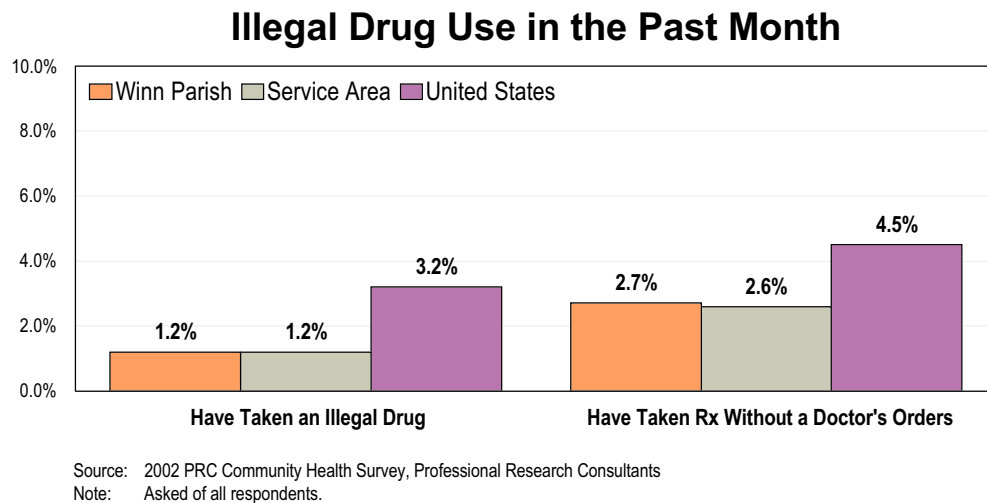
Have Driven After Having Had Too Much to Drink During the Past Month



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

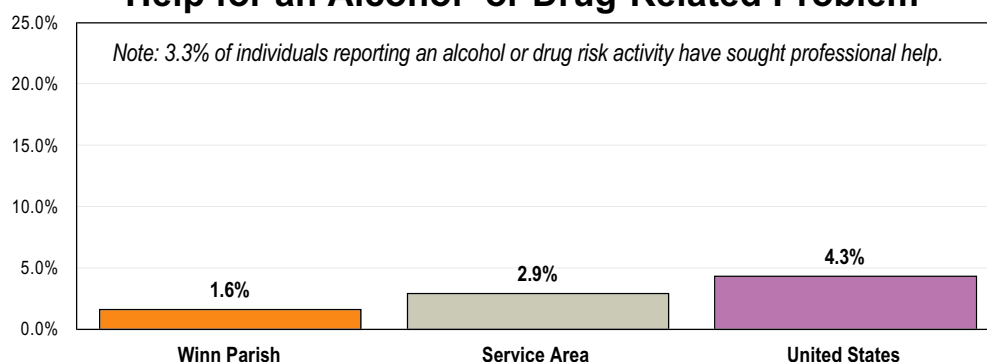
Other Drug Abuse

- **1.2% of Winn Parish adults report having taken an illegal drug in the past year.**
 - Identical to Rapides Foundation Service Area findings.
 - Considerably better than reported nationwide (3.2%).
- **2.7% of Winn Parish adults report having taken a prescription drug without a doctor's orders in the past year.**
 - Statistically similar to Rapides Foundation Service Area and national findings.
 -



- **1.6% of Winn Parish adults have ever sought help for an alcohol- or drug-related problem.**
 - Similar to Rapides Foundation Service Area findings.
 - Significantly worse than U.S. findings (4.3%).
- **3.3% of Winn 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

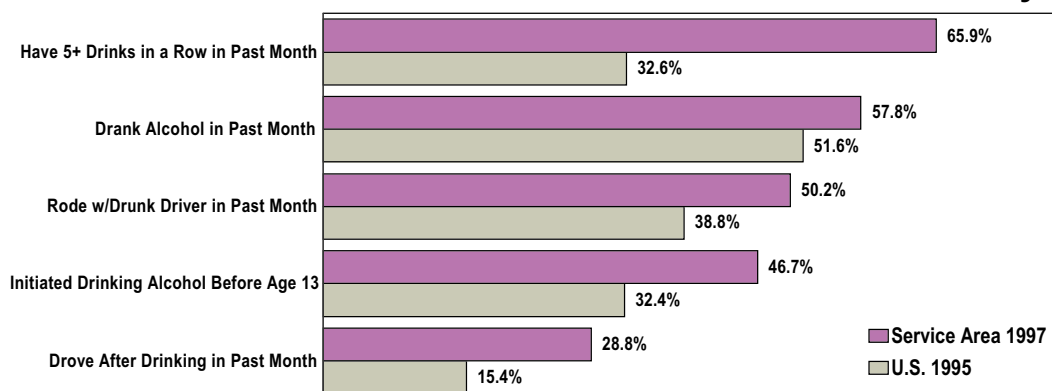
Notes: 1. Asked of all respondents.
2. Alcohol/drug risk activities include prescription abuse, illegal drug use, drunk driving, or chronic or binge drinking.

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).

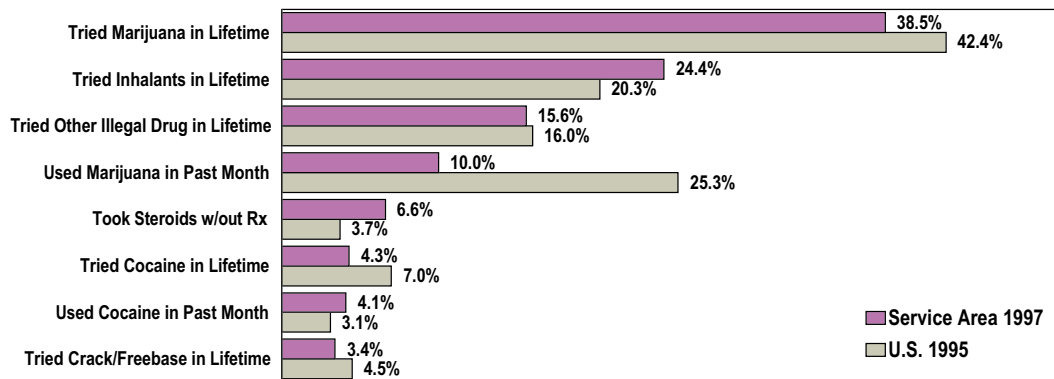
Alcohol-Related Findings From the 1997 Service Area Youth Risk Factor Survey



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*

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

“If a person needs substance abuse treatment, they have to go outside of the parish to receive it. They have to travel to Alexandria, and many of them can’t get to Alexandria, so they don’t get the services they need. This is for detox and inpatient and outpatient treatment.”

“I think substance abuse is a very large problem in the parish. We used to have a clinic here that kept track of how many people they would see, but their funding was pulled, and they had to close it down. I can’t remember the exact number, but they used to see people daily and nightly, so I think it is a real problem with alcohol, marijuana and hard drugs.”

* 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.

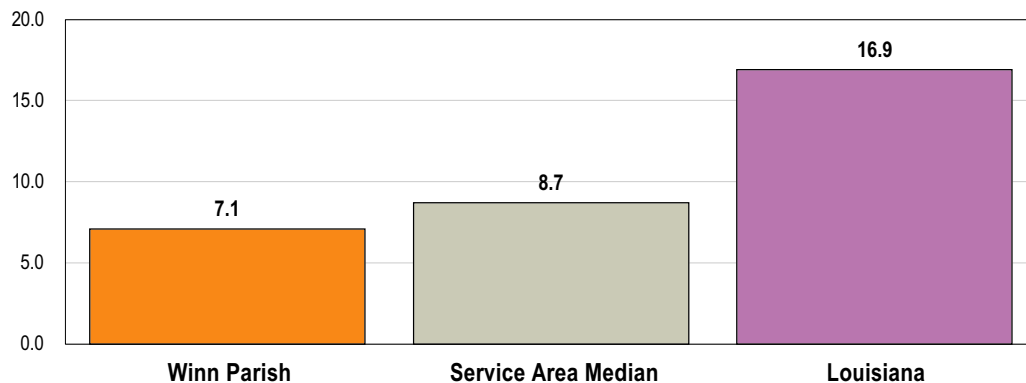
Intentional Injury Deaths

Homicide

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

Age-Adjusted Mortality: Homicide

(1996-98 Deaths per 100,000 Population)



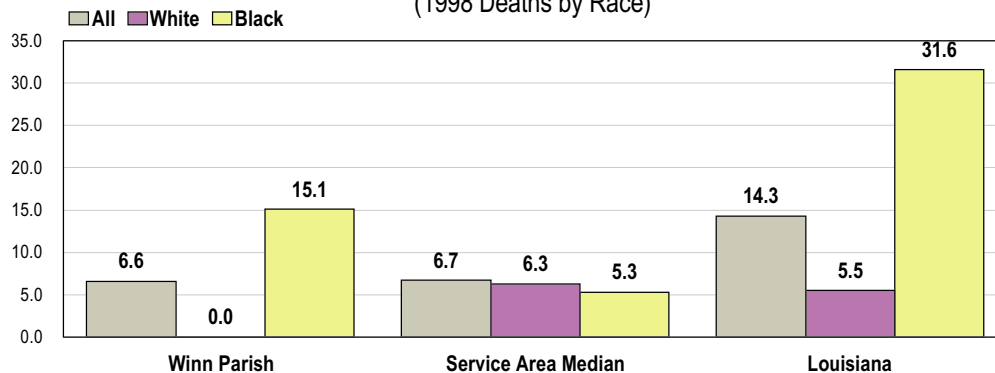
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

- The Winn Parish homicide death rate in 1998 was particularly high among Blacks (15.1/100,000) in comparison to Whites, who had no homicide deaths (0.0/100,000). This discrepancy is even more evident in the 1998 statewide data.

Age-Adjusted Mortality: Homicide

(1998 Deaths by Race)



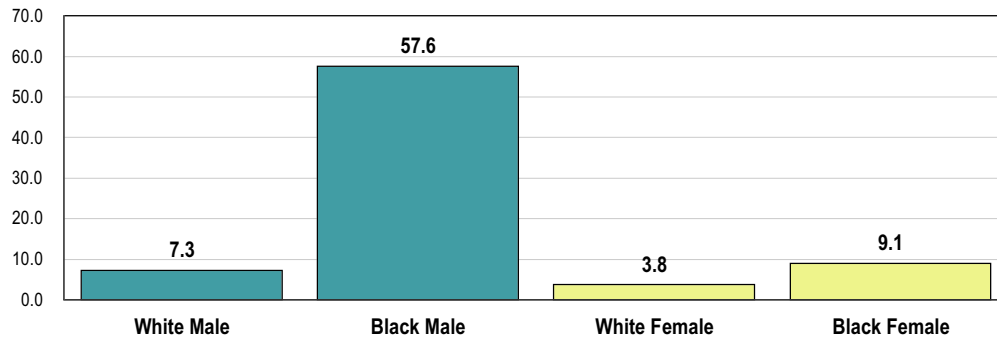
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

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

Age-Adjusted Mortality: Homicide

(1998 Louisiana Deaths by Race/Gender)



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

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

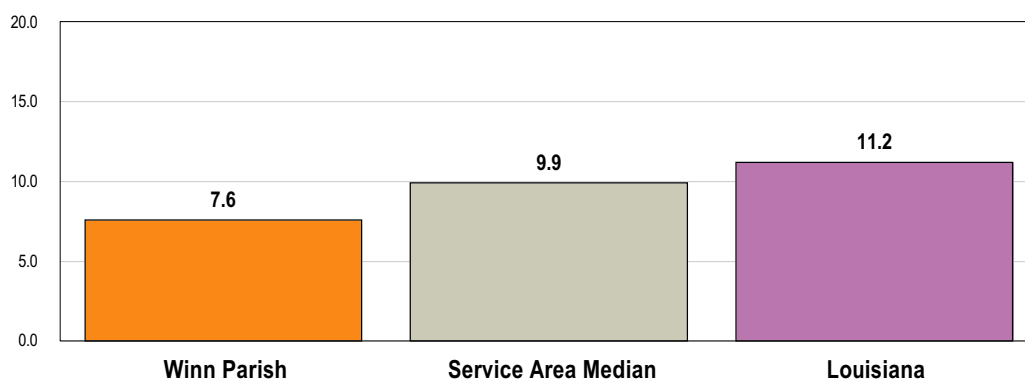
2. Includes homicide and legal intervention deaths.

Suicide

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

Age-Adjusted Mortality: Suicide

(1996-98 Deaths per 100,000 Population)



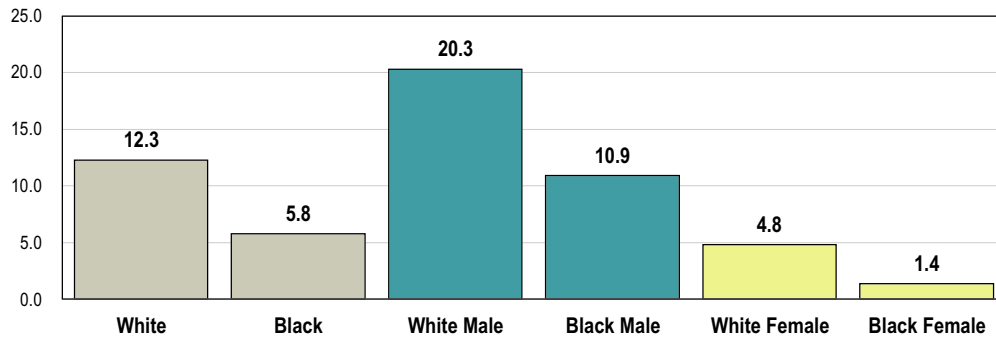
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

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

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

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



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

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

Diabetes

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

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

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

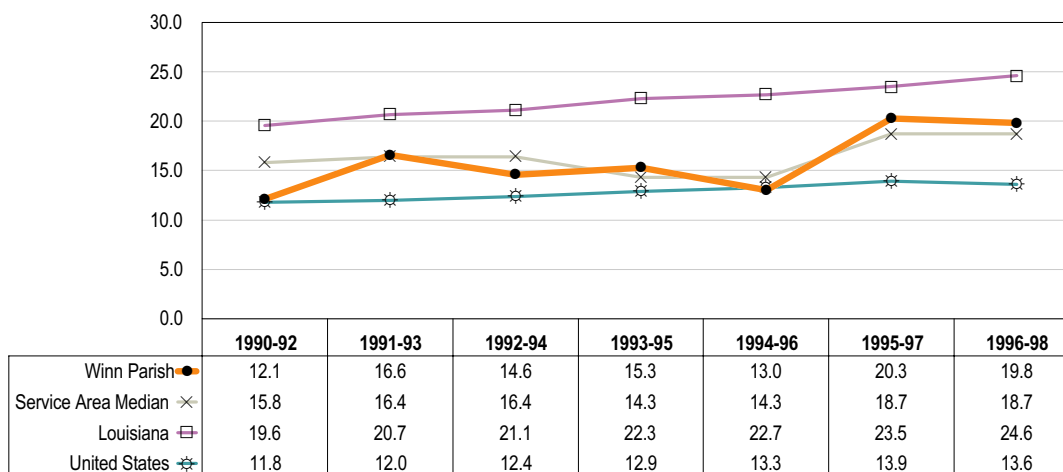
About 16 million Americans have diabetes, but only about 10 million have been diagnosed. Approximately 798,000 new cases of diabetes are diagnosed annually in the United States. Nationwide, the number of persons diagnosed with diabetes has increased sixfold, from 1.6 million in 1958 to 10 million in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

Diabetes Deaths

- **In Winn Parish, age-adjusted deaths due to diabetes have tracked consistently lower in comparison to statewide rates but generally higher than 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).

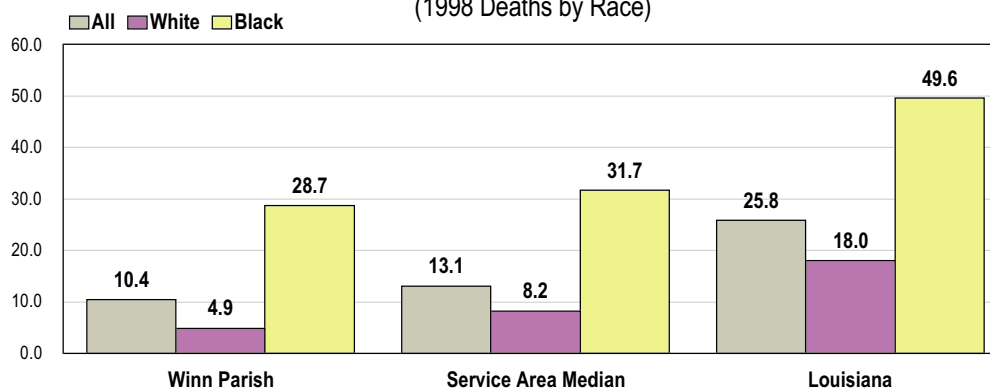
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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 Winn 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).

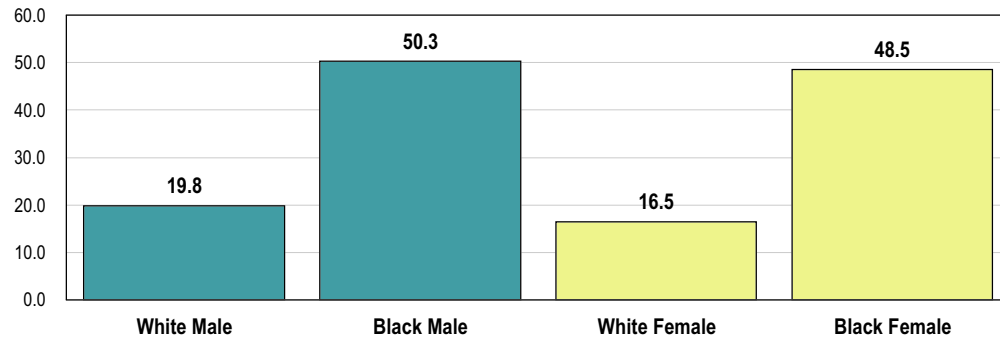
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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)



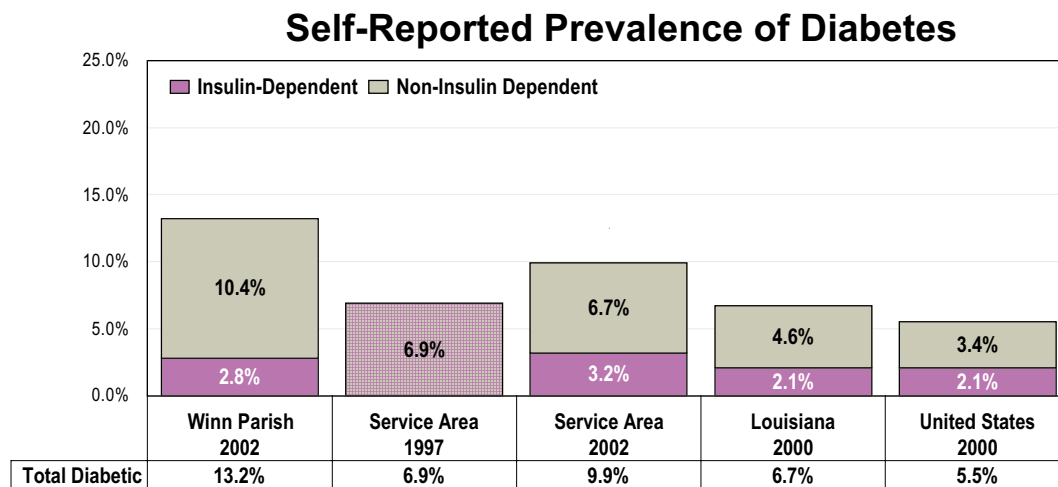
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

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

Self-Reported Diabetes Prevalence

Diabetes Prevalence

- **13.2% of Winn Parish adults report suffering from or having been diagnosed with diabetes.**
 - Statistically similar to Rapides Foundation Service Area findings.
 - Considerably higher than found statewide (6.7%).
 - Significantly higher than found nationwide (5.5%).
 - It is estimated that more than one-third of diabetes cases nationwide remain undiagnosed.



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

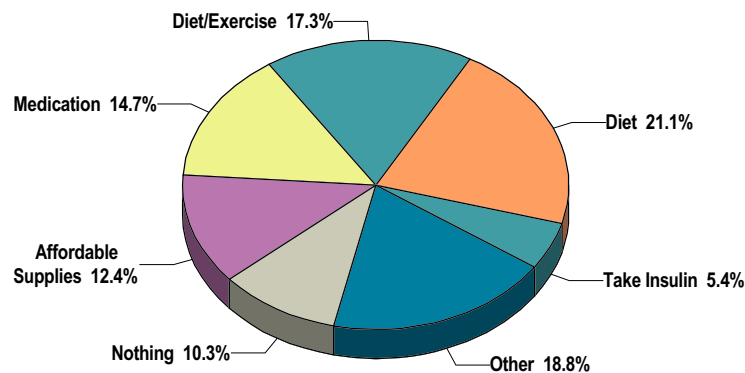
Notes: 1. Asked of all respondents.
 2. 1997 data does not distinguish between insulin-dependent and non-insulin dependent diabetes.

See also “Cardiovascular Risk Behavior: Overweight Prevalence.”

Needs of Diabetics

- **21.1% of diabetics surveyed in Winn Parish report that their greatest need in managing their diabetes is diet.**

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



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

Community Health Panel Findings*

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

“I think a big need for this parish is that we need a formal diabetic educator and a formal diabetic support program. As a health care professional, this is one of the biggest health issues in Winn Parish. We need to have a place where doctors can refer the patients who have been diagnosed with diabetes.”

“We seem to have lots of diabetic kids in school, and our teachers are not trained on how to deal with this disease. They don’t know how to help the kids when they are testing their sugar levels or when they have to medicate themselves, and they should know because a lot of the kids are very young and they need help. I think some type of education programs for our teachers is really needed.”

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

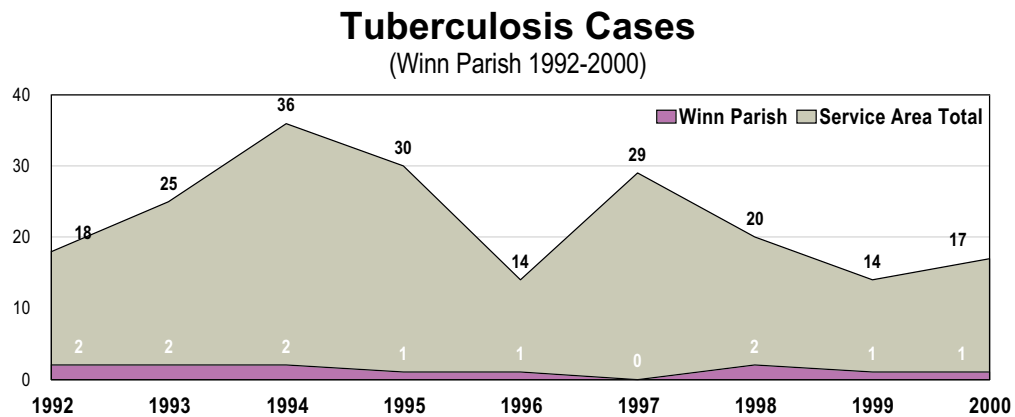
INFECTIOUS & CHRONIC DISEASE

Tuberculosis

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

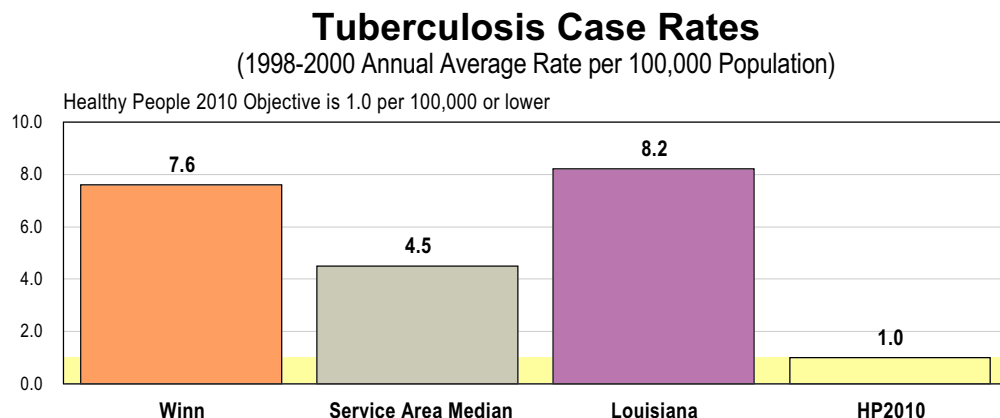
Tuberculosis Incidence

- Between 1992 and 2000, a high of 2 cases were diagnosed in Winn Parish – in 1992, 1993, 1994 and 1998.



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

- Between 1998 and 2000, there was an annual average of 7.6 cases of tuberculosis diagnosed in Winn Parish per 100,000 population.
 - Below the statewide 1998-2000 annual average case rate (8.2/100,000).
 - Fails to satisfy the *Healthy People 2010* target (1.0/100,000 or lower).



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

HIV/AIDS

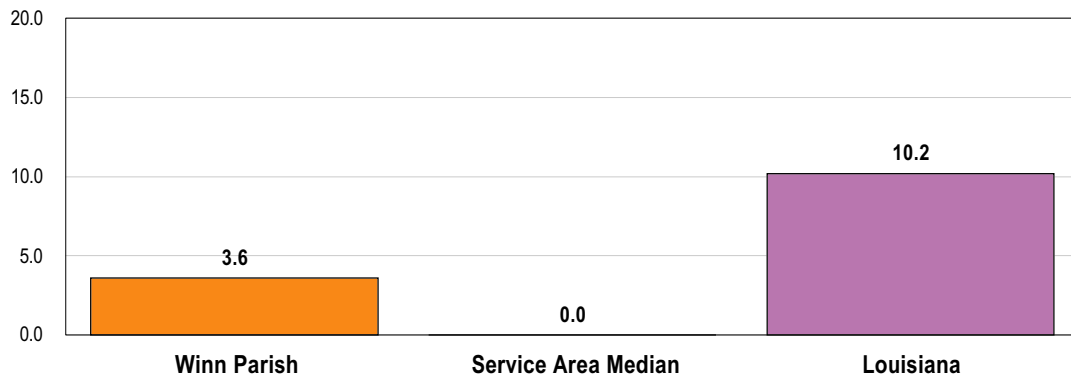
The AIDS (acquired immunodeficiency syndrome) epidemic is a problem of national and international importance, a disease for which there is as of yet no cure. Although there is no cure or vaccine, recent advances in human immunodeficiency virus (HIV) treatment can slow or halt the progression from HIV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

AIDS Death Rates

- The 1996-98 Winn Parish age-adjusted AIDS death rate is below the corresponding Louisiana rate and is among the lowest in the Rapides Foundation Service Area.

Age-Adjusted Mortality: AIDS

(1996-98 Deaths per 100,000 Population)



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

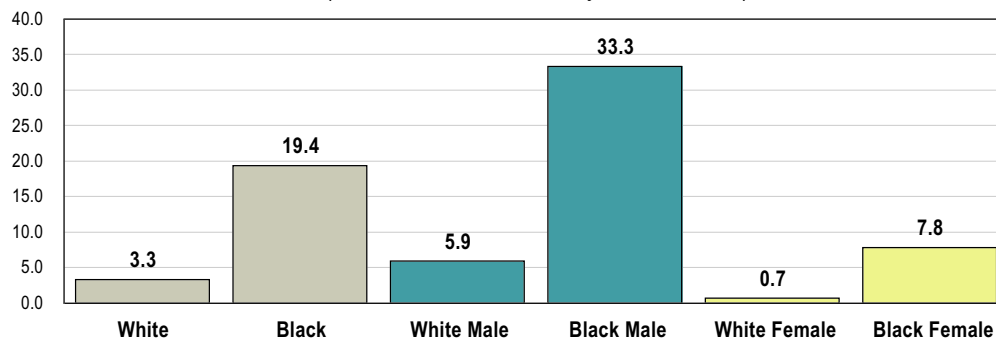
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

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

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

Age-Adjusted Mortality: AIDS

(1998 Louisiana Deaths by Race/Gender)



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

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

HIV/AIDS Rates

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

- 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.

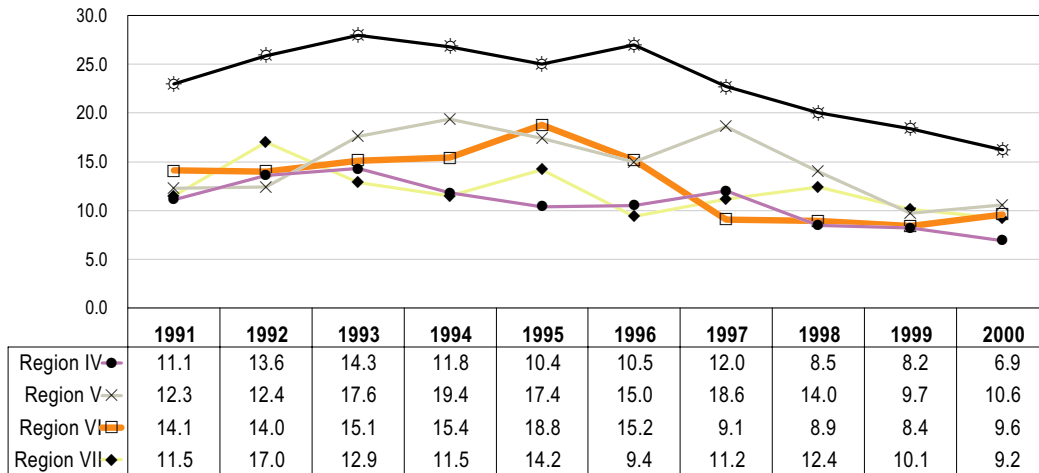
Therefore, HIV detection data do not necessarily represent characteristics of person who have been recently infected with HIV, nor do they provide true HIV incidence. Demographic and geographic subpopulations are disproportionately sensitive to differences and changes in access to health care, HIV testing 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 Winn 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.

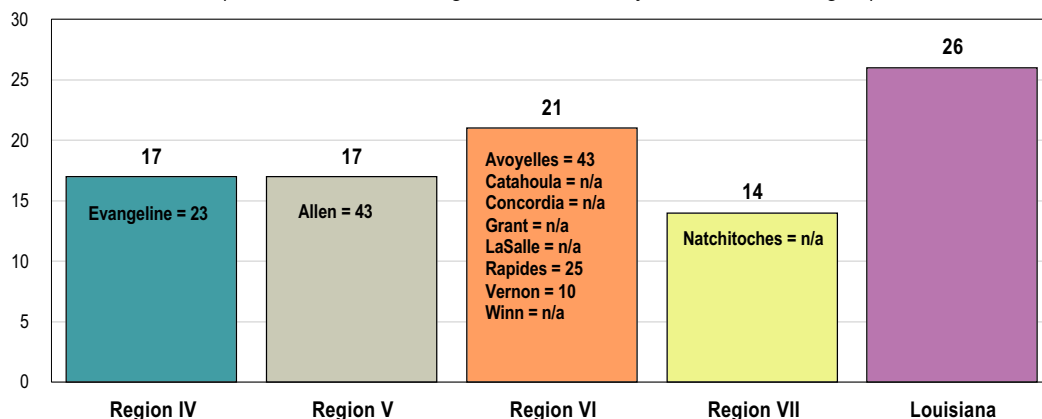
3. Public Health Region VI includes Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon and Winn Parishes.

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

- **In Public Health Region VI (which includes Winn Parish), there was an annual HIV/AIDS detection rate of 21 cases per 100,000 population in 2000.**
 - The Public Health Region VI rate is slightly below the rate reported statewide (26/100,000).
 - The Public Health Region VI rate is higher than other nearby regions which include parishes from the Rapides Foundation Service Area.

HIV/AIDS Detection Rates

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



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

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

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

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

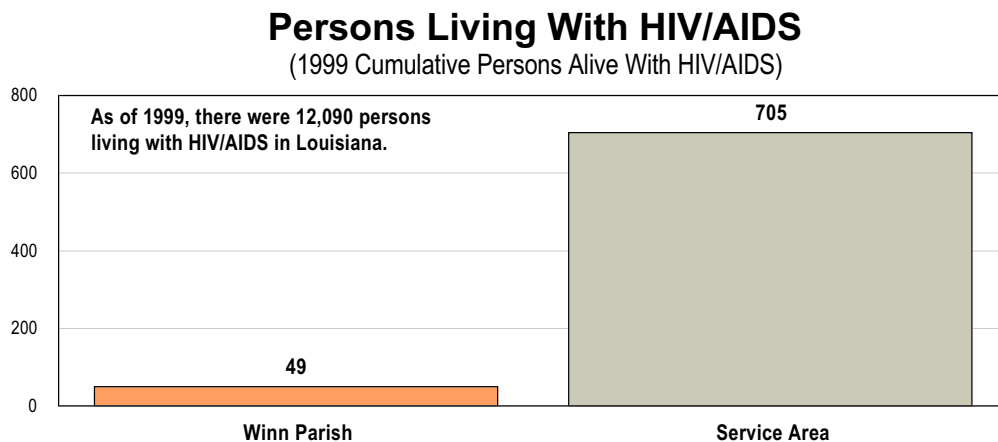
4. Public Health Region VII includes Natchitoches and eight other parishes in and around Shreveport, Louisiana.

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

Persons Living With HIV/AIDS

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

- **As of 1999, there were 49 persons living with AIDS in Winn Parish and 705 throughout the Rapides Foundation Service Area.**

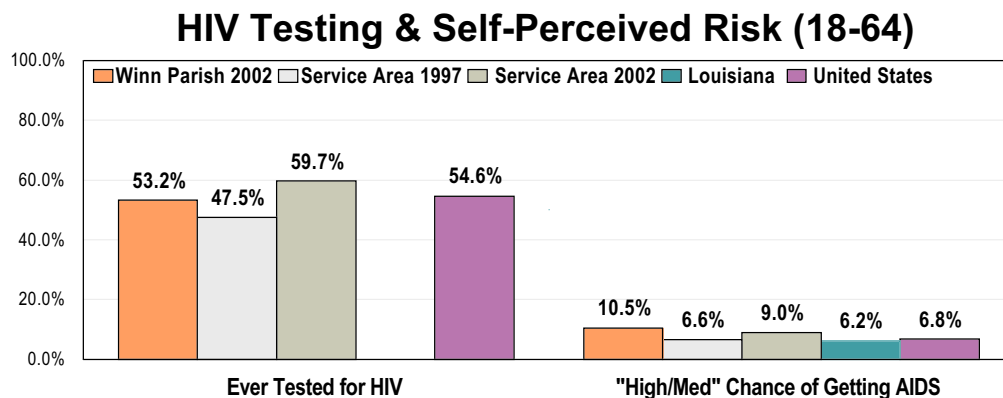


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

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

HIV Testing & Perceived Risk

- **53.2% of Winn Parish adults between the ages of 18 and 64 report that they have been tested for HIV at some time in the past (not counting tests they may have had when donating blood).**
 - Significantly lower than Rapides Foundation Service Area findings (59.7%).
 - Similar to national findings.
- **10.5% of Winn Parish adults between the ages of 18 and 64 believe themselves to be at “high” or “medium” risk for getting AIDS.**
 - Higher than Rapides Foundation Service Area, statewide and national findings.



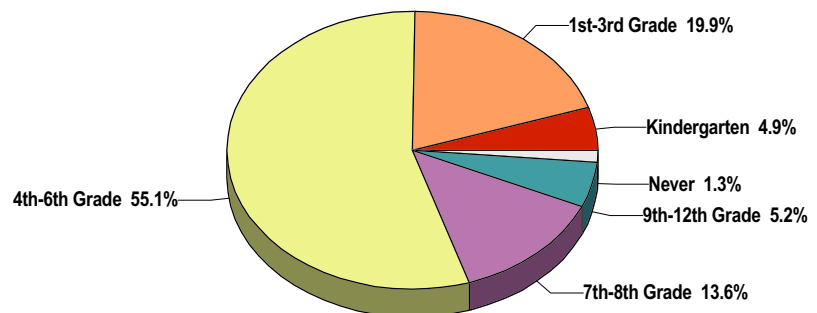
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
 4. Behavioral Risk Factor Survey Summary, Tulane School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

Note: Reflects respondents aged 18 through 64.

Children & HIV/AIDS Education

- **79.9% of Winn 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 1.3% of Winn 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
(Winn Parish; 18-64)

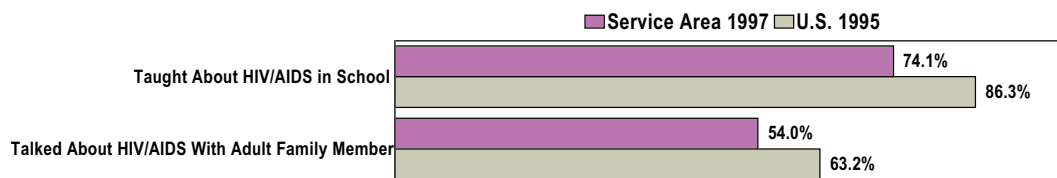


Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Asked among respondents aged 18 through 64.

In the 1997 Central Louisiana Youth Risk Factor Survey:

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

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



Source: Tulane School of Public Health and Tropical Medicine.

Community Health Panel Findings*

“It is hard to find out if we have a problem or not because only the HIV nurse would know, and because of the confidentiality, we don’t know.”

“Our percentages per capita are a little below the average. It doesn’t take many cases in a place like Winn Parish before you jump up your percentages, but I don’t think it is a big problem.”

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

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.

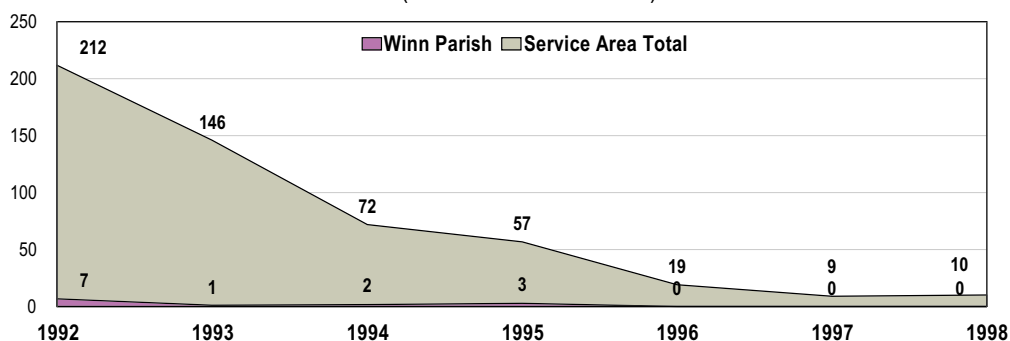
While extremely common, STDs are difficult to track. Many people with these infections do not have symptoms and remain undiagnosed. Even diseases that are diagnosed are frequently not reported and counted. These “hidden” epidemics are magnified with each new infection that goes unrecognized and untreated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

Syphilis

- From 1996 to 1998, no cases of primary and secondary syphilis were reported in Winn Parish.

Primary & Secondary Syphilis Cases

(Winn Parish 1992-1998)

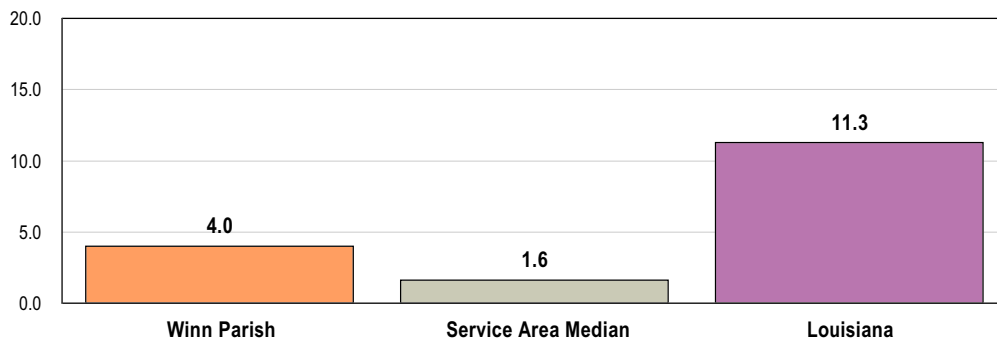


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

- **Between 1998 and 2000, there was an annual average of 4.0 cases of primary or secondary syphilis in Winn 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).
 - Fails to satisfy *Healthy People 2010* target (0.2/100,000).

Primary & Secondary Syphilis Case Rates

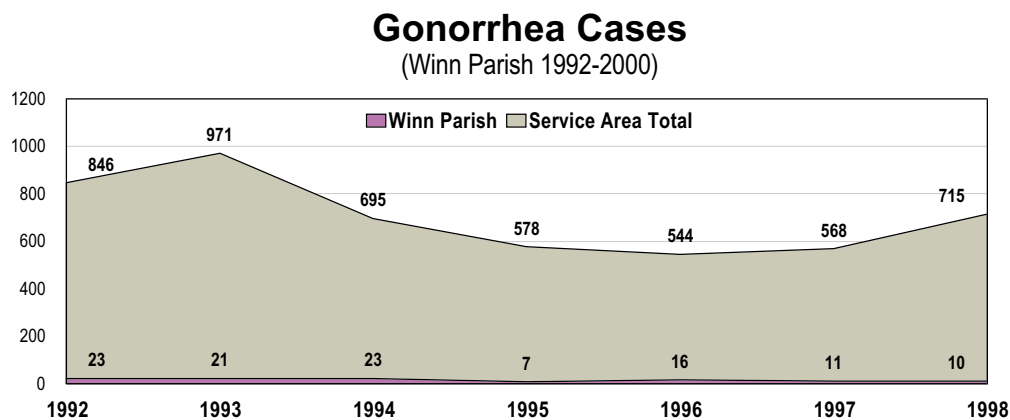
(1998-2000 Annual Average Rate per 100,000 Population)



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

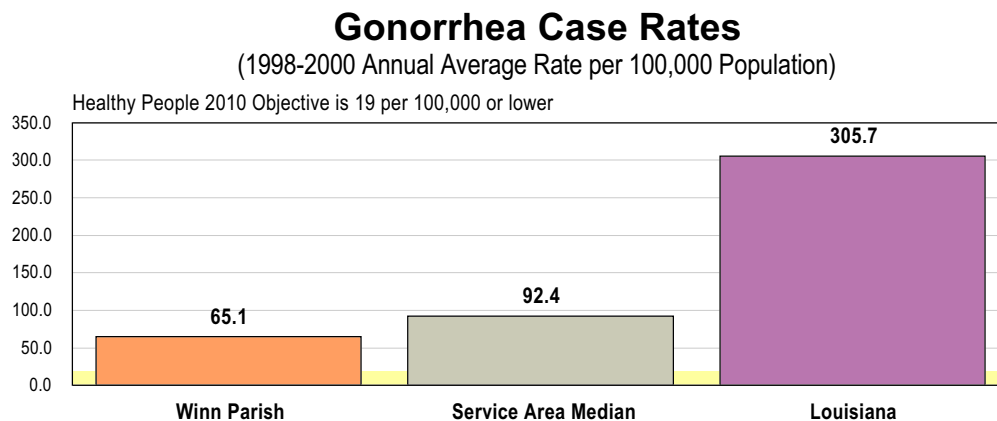
Gonorrhea

- Between 1992 and 1998, gonorrhea cases in Winn Parish followed a general decline, with a high of 23 cases in 1992 and 1994 to a low of 7 cases in 1995.



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

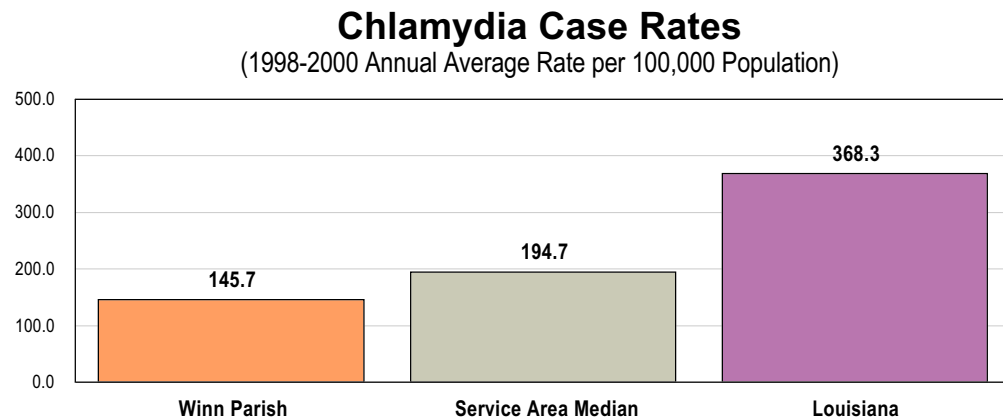
- Between 1998 and 2000, there was an annual average of 65.1 newly diagnosed gonorrhea cases per 100,000 population in Winn Parish.
 - Lower than in most Rapides Foundation Service Area parishes (median = 92.4/100,000).
 - Significantly lower than the statewide annual average case rate (305.7/100,000) but does not satisfy *Healthy People 2010* target (19.0/100,000 or lower).



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

Chlamydia

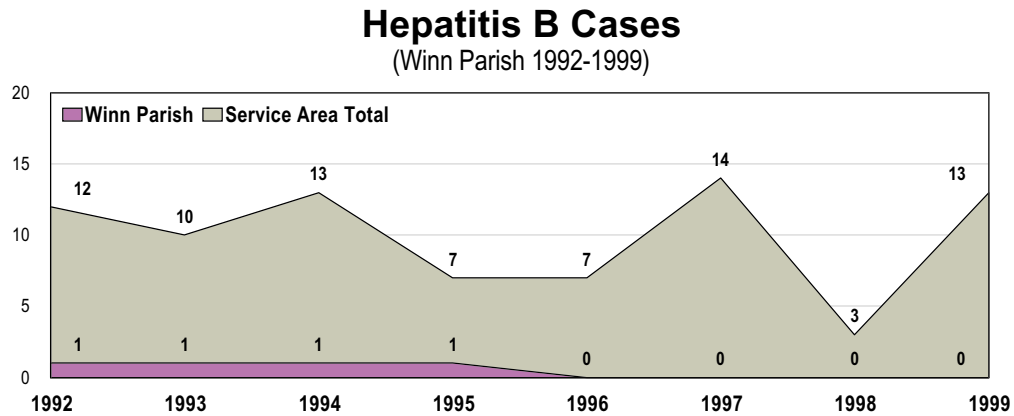
- Between 1998 and 2000, there was an annual average of 145.7 newly diagnosed cases of *chlamydia trachomatis* per 100,000 population in Winn Parish.
 - Lower than in most Rapides Foundation Service Area parishes (median = 194.7 cases/100,000).
 - Significantly lower than the annual average case rate statewide (368.3/100,000).



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

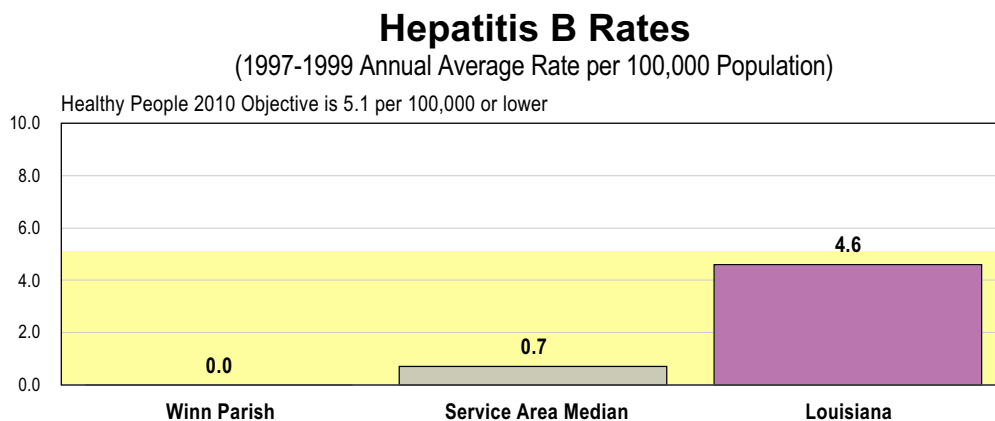
Hepatitis B

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



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

- Between 1997 and 1999, there were no reported cases of hepatitis B in Winn Parish.
 - Lower than in most Rapides Foundation Service Area parishes (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*

One focus group participant believed that many parish residents sought treatment for STDs outside the area, where they could remain anonymous.

“We don’t treat a lot of STD cases in the hospital. We do a fair share, but not a lot. In a lot of cases, we probably don’t see them because they will go outside of the parish for treatment. They will go to Shreveport because everybody in Winn Parish knows everybody else.”

* 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

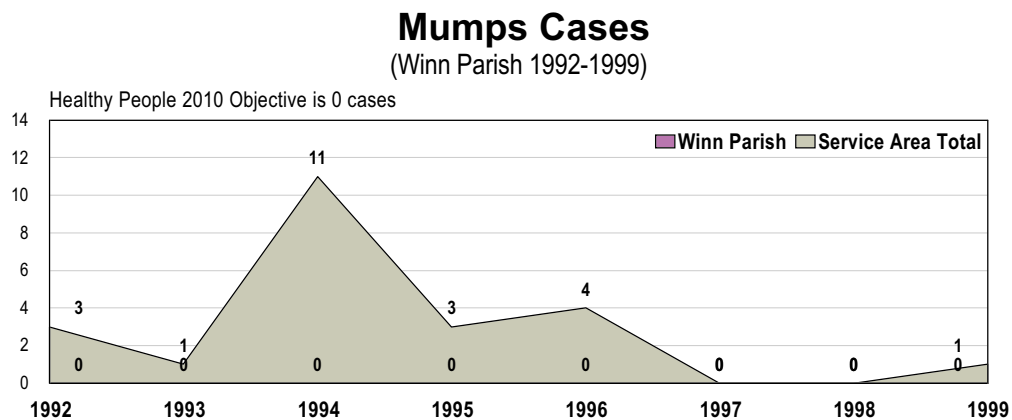
Examples of diseases which are preventable through vaccination include measles, mumps, rubella and pertussis.

Measles

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

Mumps

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



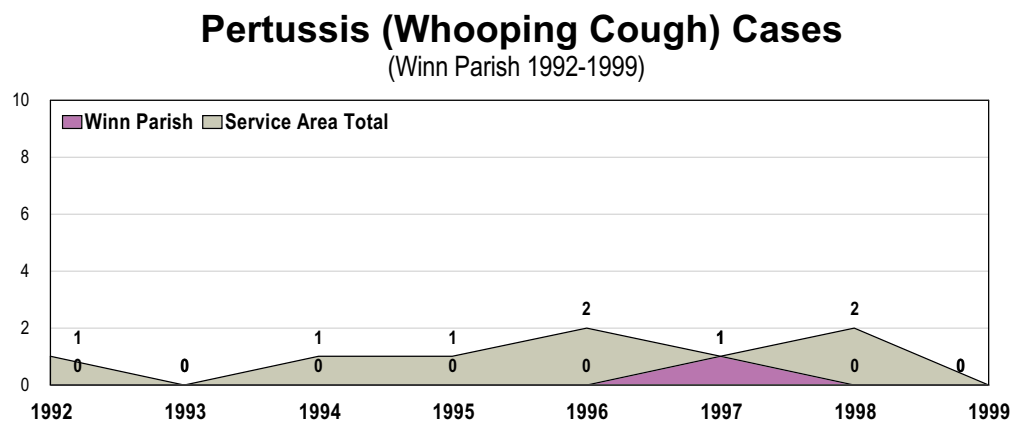
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

Rubella

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

Pertussis

- Between 1992 and 1999, there was 1 reported case of pertussis (whooping cough) in Winn Parish.



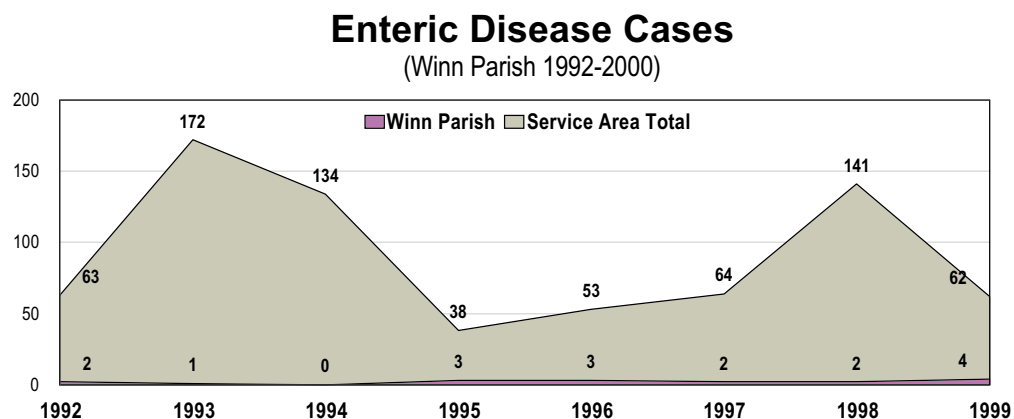
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

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, Winn Parish experienced an average of 2.1 cases annually.

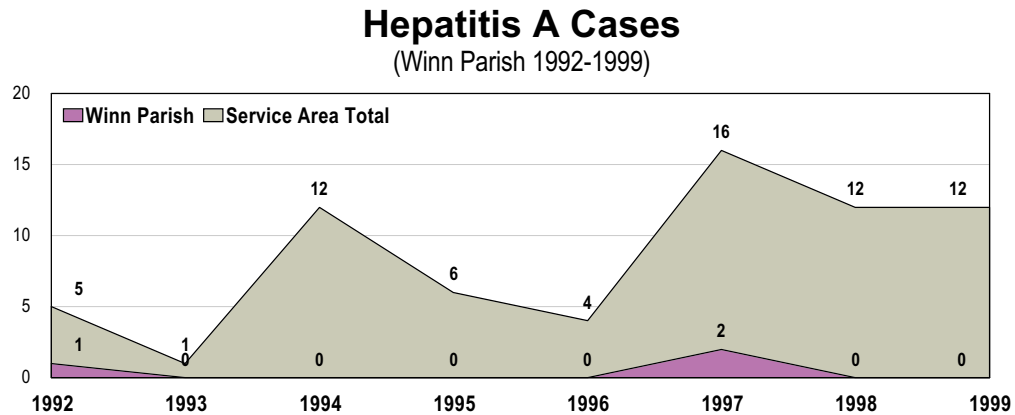


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

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

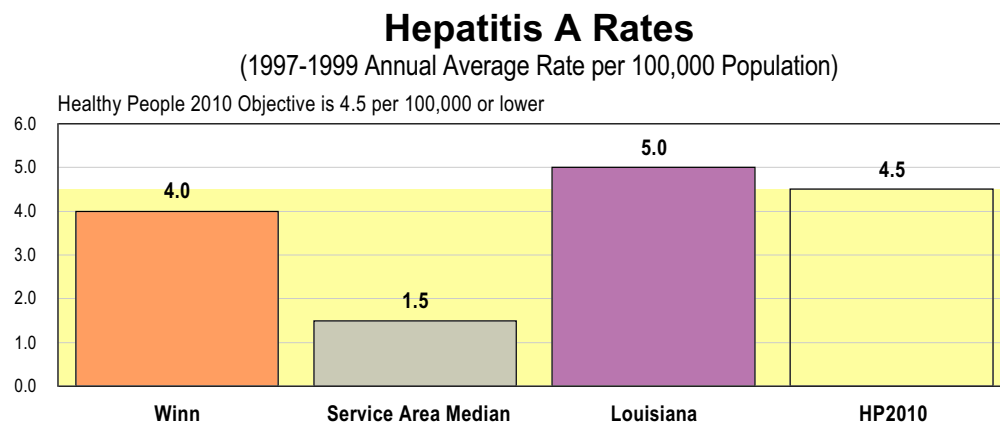
Hepatitis A

- Between 1992 and 1999, Winn Parish experienced 3 cases of hepatitis A, including 1 case in 1992 and 2 cases in 1997.



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

- Between 1997 and 1999, there was an annual average of 4.0 hepatitis A cases in Winn Parish per 100,000.
 - Higher than in most Rapides Foundation Service Area parishes (median = 1.5 cases/100,000).
 - Lower than the statewide annual average case rate (5.0/100,000).
 - Satisfies the *Healthy People 2010* target (4.5/100,000 or lower).



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

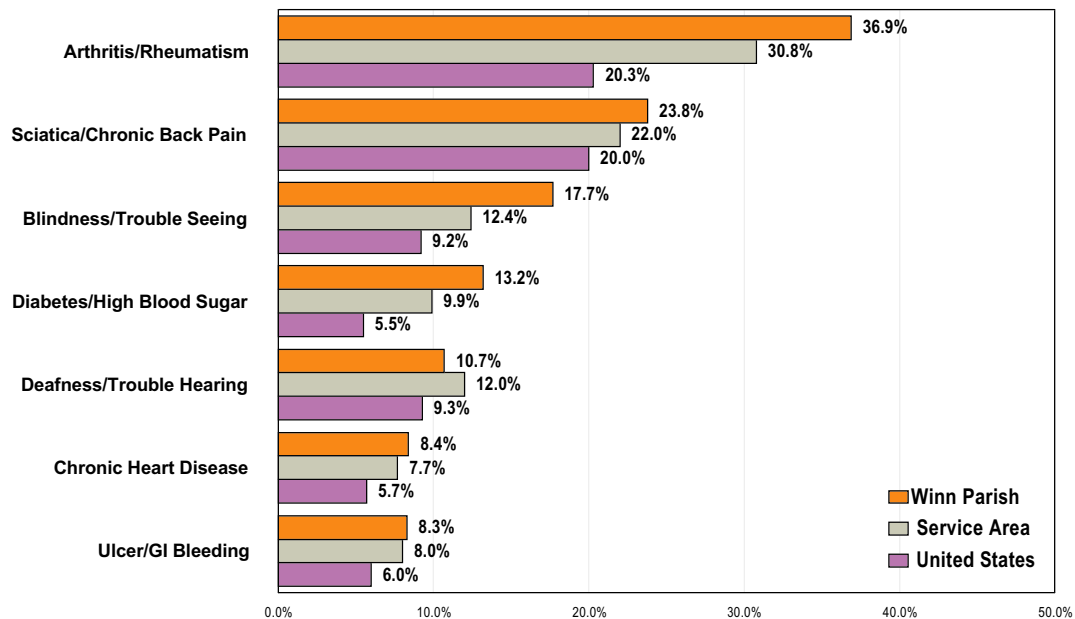
Self-Reported Chronic Illness

Self-Reported Prevalence of Chronic Illness

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

- **Arthritis/rheumatism, sciatica/chronic back pain, blindness/trouble seeing and diabetes/high blood sugar were the most prevalent conditions reported, each affecting more than one out of 10 adults in Winn Parish.**
- **Four of the tested conditions are significantly more prevalent in Winn Parish than nationwide:**
 - 36.9% of Winn Parish adults report suffering from **arthritis or rheumatism** (compared to 20.3% nationwide).
 - 23.8% of Winn Parish adults report suffering from **sciatica/chronic back pain** (compared to 20.0% nationwide).
 - 17.7% of Winn Parish adults report suffering from **blindness/trouble seeing** (compared to 7.0% nationwide).
 - 3.5% of Winn Parish adults report suffering from **cerebrovascular disease/stroke** (compared to 1.4% nationwide).

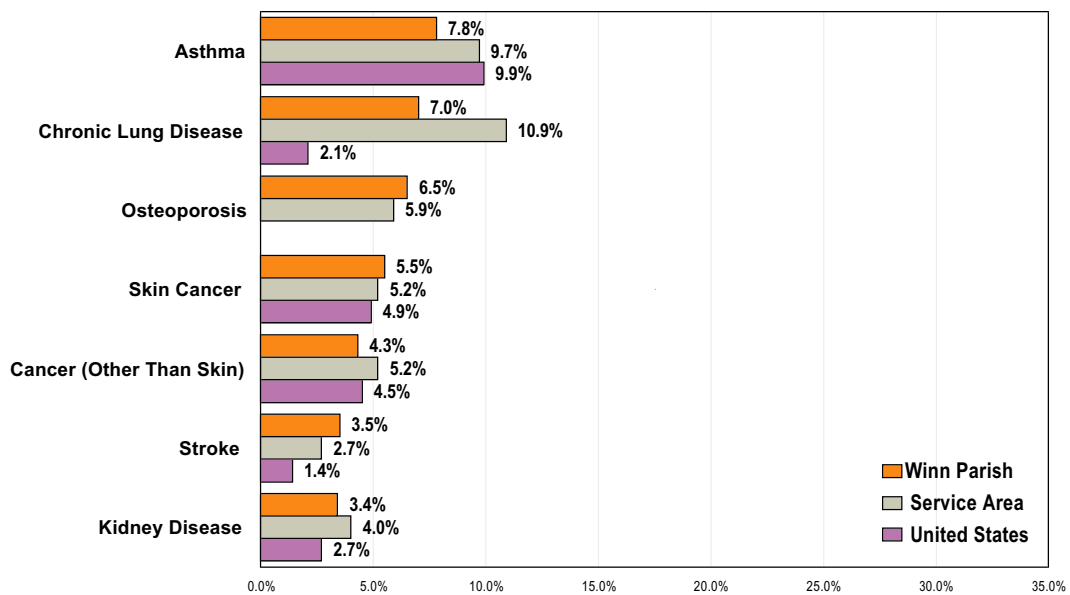
Prevalence of Chronic Illness (1 of 2)



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

Note: Asked of all respondents.

Prevalence of Chronic Illness (2 of 2)



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

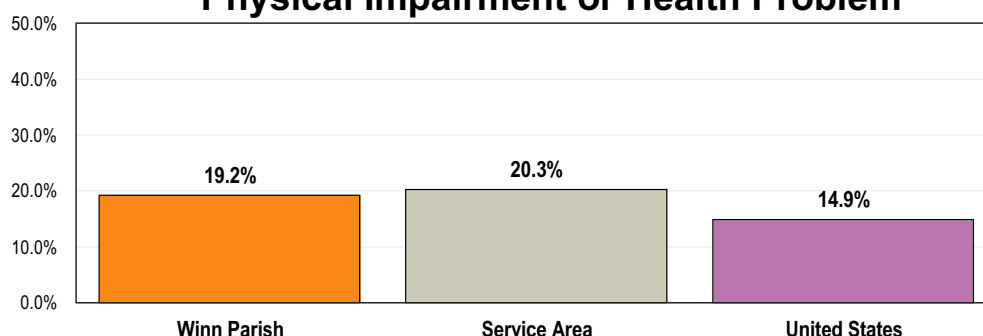
Notes: 1. Asked of all respondents.
2. A national prevalence for osteoporosis is not available.

Keep in mind that each percentage point above represents approximately 131 adults in Winn Parish.

Activity Limitations

- **19.2% of Winn 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 2,515 adults in Winn Parish.

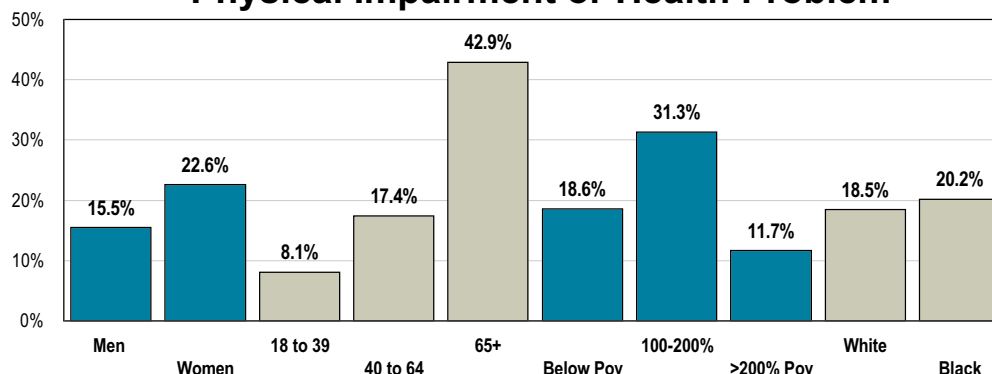
Activity Limitation Due to Physical Impairment or Health Problem



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.

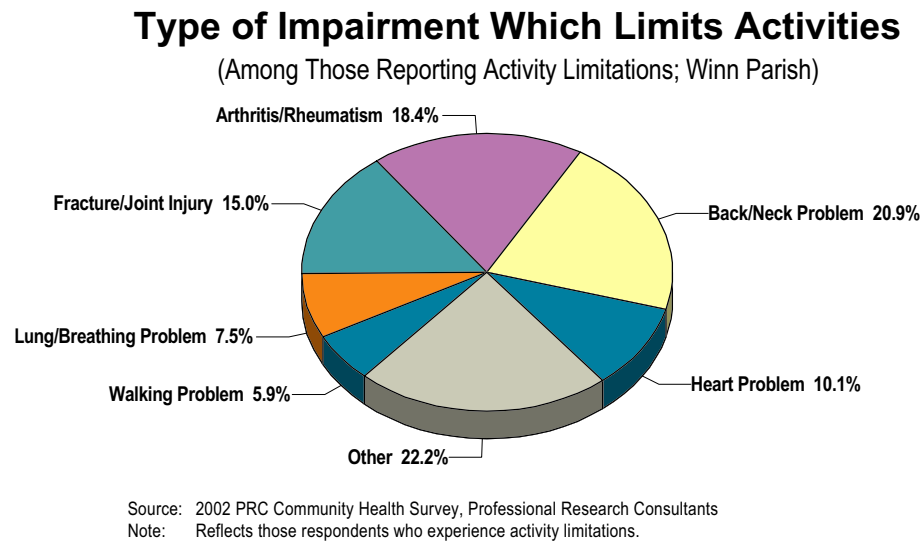
- Activity limitations are closely tied to age and affect a significant share of those age 65 or older.
- Activity limitations are also more prevalent among those at lower income levels.

Activity Limitation Due to Physical Impairment or Health Problem

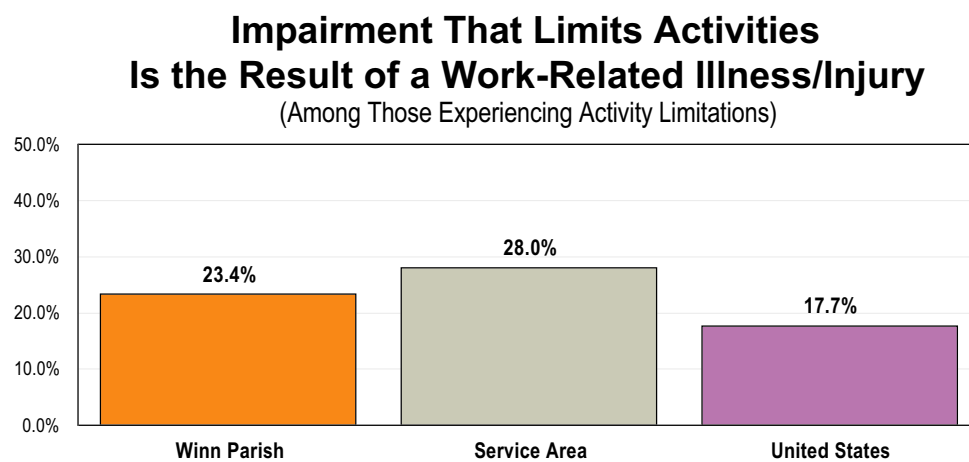


Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Winn Parish.
 2. Reflects the total sample of respondents.

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



- **23.4% of Winn Parish adults who currently suffer an illness or health impairment that limits their activities report that this illness or impairment is the result of a work-related injury.**
 - Significantly lower than Rapides Foundation Service Area findings (28.0%).
 - Statistically similar to national findings.



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.

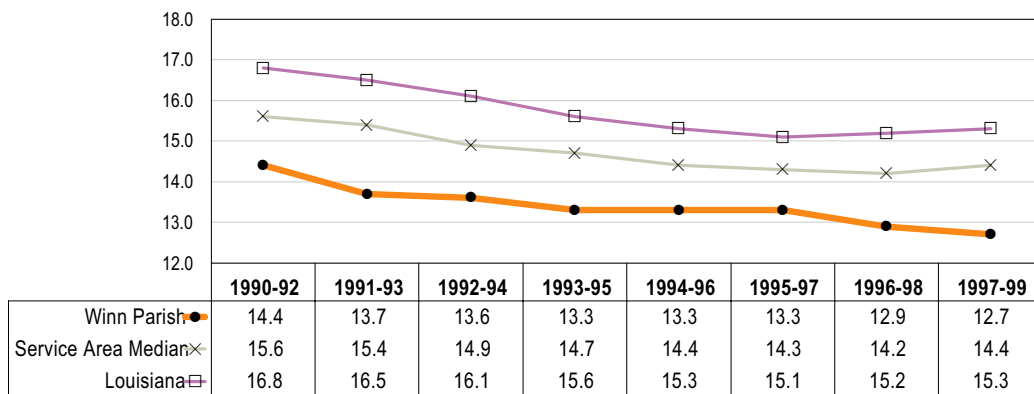
BIRTHS

Birth Rate

- **Between 1997 and 1999, there was an annual average of 12.7 births in Winn Parish per 1,000 population.**
 - Similar to the annual average statewide birth rate for the same period (15.3/1,000).
- **The Winn Parish birth rate declined slightly in the 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).

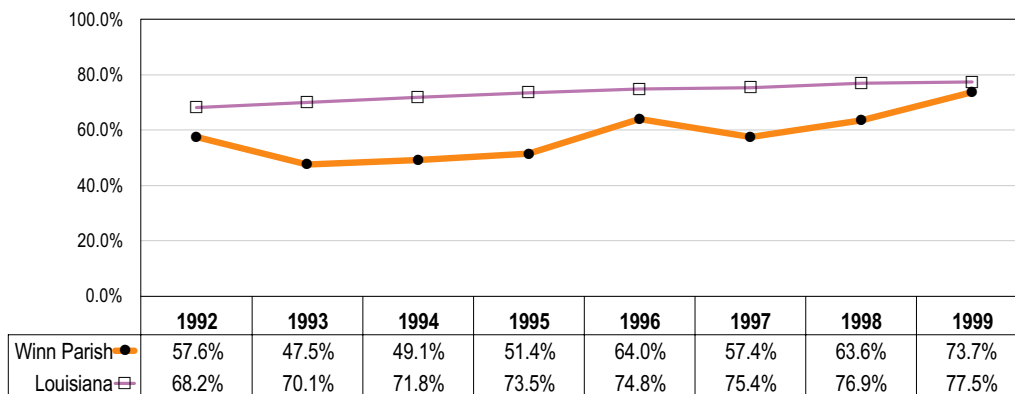
Prenatal Care

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, 73.7% of Winn Parish mothers received adequate prenatal care.**
 - Similar to the percentage statewide.
- **Since the early 1990s, the proportion of mothers receiving adequate prenatal care has been improving in Winn Parish, as it has statewide.**
- **Still, 26.3% of Winn Parish mothers received care that was less than adequate in 1999.**

Mothers Receiving Adequate Prenatal Care
(Percentage of Live Births)



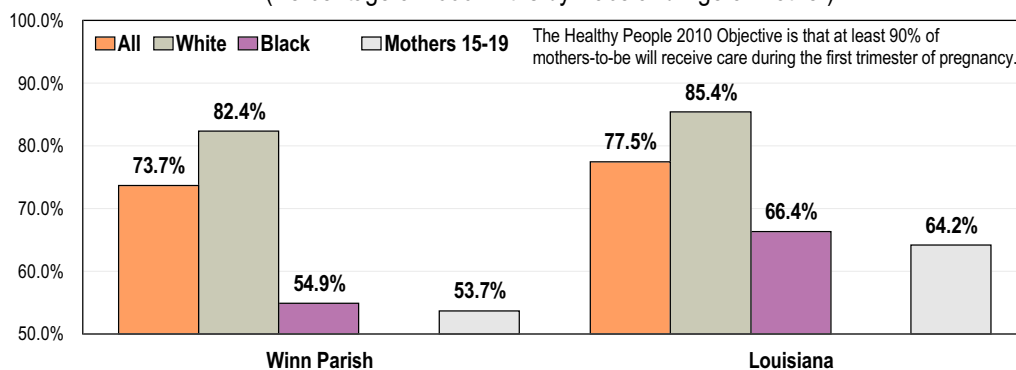
Source: Louisiana Department of Health and Hospitals, Office of Public Health.

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

- **A much lower proportion of Black mothers (54.9%) received adequate prenatal care in comparison to White mothers (82.4%) in Winn Parish in 1999.**
- **Only 53.7% of teen-age mothers (ages 15 to 19) in Winn Parish in 1999 received adequate prenatal care.**

Mothers Receiving Adequate Prenatal Care

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



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

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

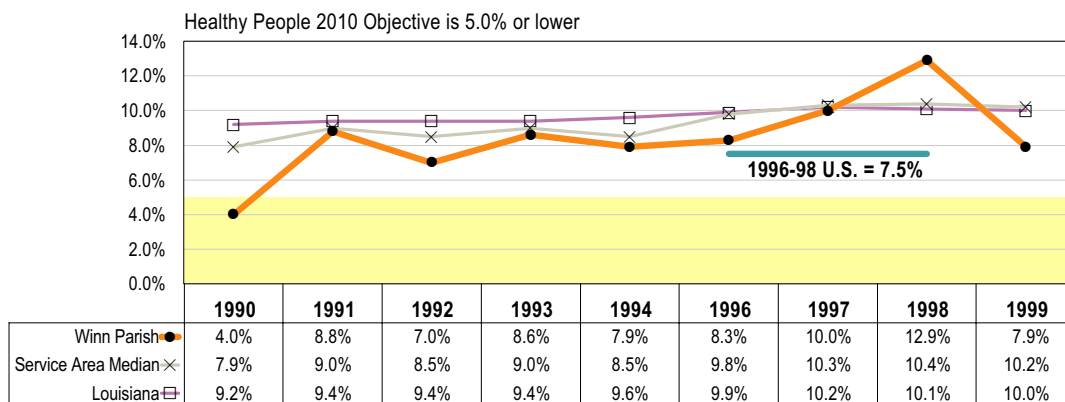
Birth Outcomes

Low-Weight Births

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

- **In 1999, 7.9% of Winn Parish births were of low birthweight.**
 - Fails to satisfy the *Healthy People 2010* target (5% or lower).
- **Winn Parish low-weight births have tracked lower than statewide proportions throughout most of the past decade, except for 1998.**
- **Both parish and state proportions of low-weight births are higher than found nationwide.**

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



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

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

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

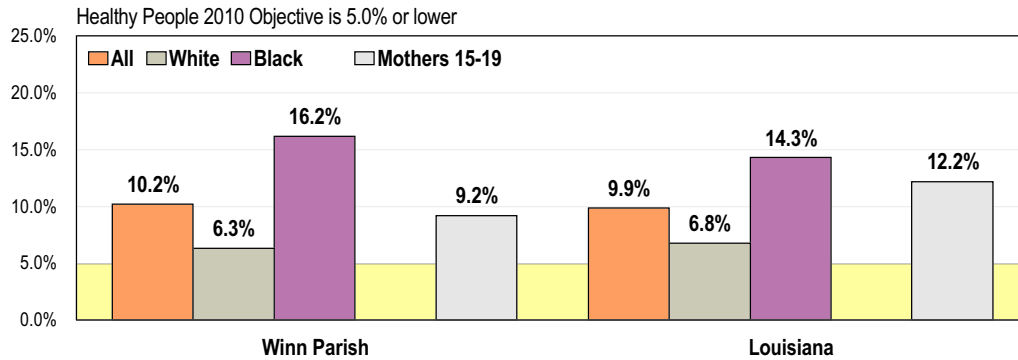
2. Low birthweight includes infants less than 2,500 grams at birth (approximately 5 pounds, 8 ounces).

3. 1995 data not available for Winn Parish.

- **Between 1994 and 1998, 16.2% of births to Black mothers in Winn Parish were low birthweight, compared to a lower 6.3% of births to White mothers.**
- **Between 1994 and 1998, 9.2% of births to teen-age mothers in Winn Parish were low birthweight.**

Low-Weight Births as a Percentage of Live Births

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



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

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

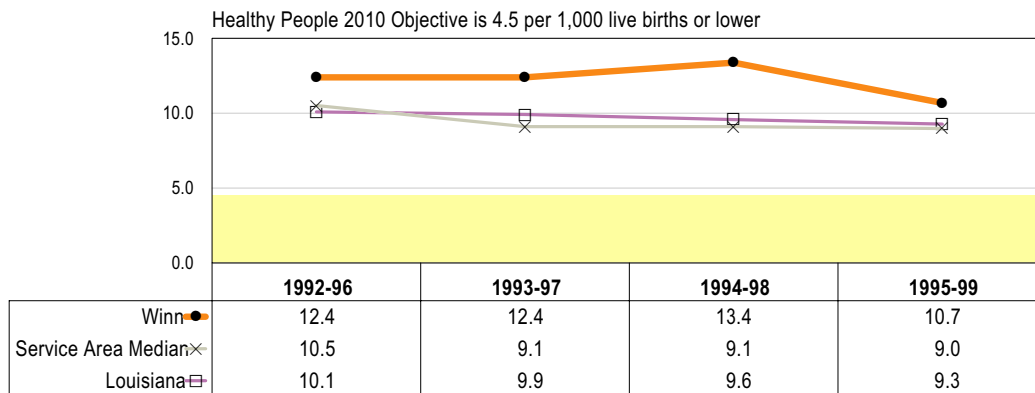
Infant Mortality

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

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

Infant Mortality Rates

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



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

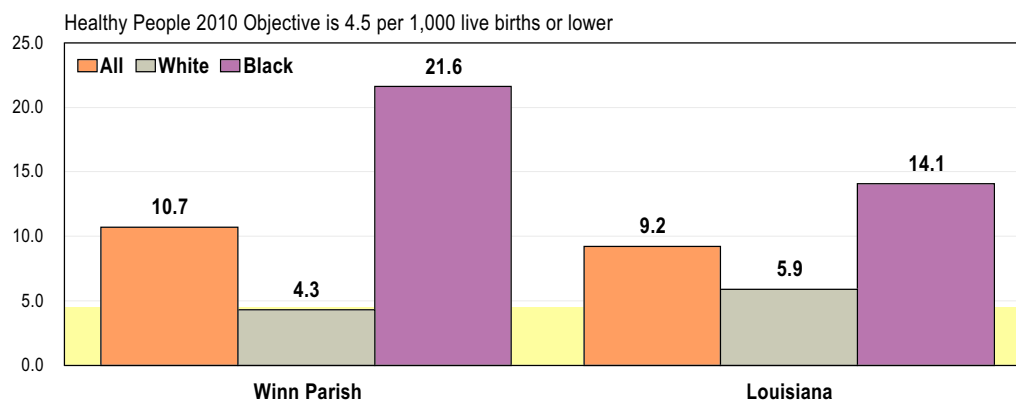
Notes: 1. Rates represent deaths occurring to infants under the age of one per 1,000 live births.

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

- **Infant mortality is much higher among Blacks in Winn Parish (21.6/1,000 annual average 1995-99) than among Whites (4.3/1,000).**

Infant Mortality Rates

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



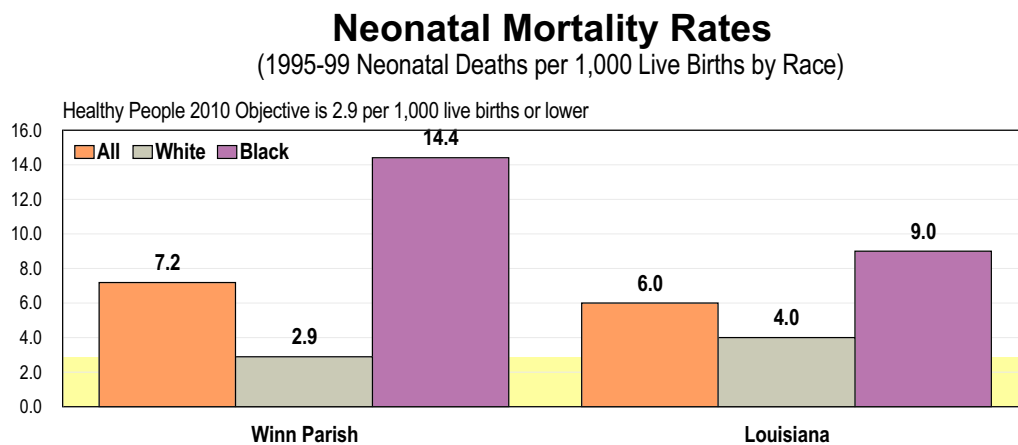
Source: Louisiana Department of Health and Hospitals, Office of Public Health.

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

Neonatal Mortality

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

- **Between 1995 and 1999, there was an annual average of 7.2 neonatal deaths per 1,000 live births in Winn Parish.**
 - Similar to the statewide annual average rate for the same period (6.0/1,000).
- Neonatal mortality was much higher among Blacks in Winn Parish (14.4/1,000 annual average 1995-99) than among Whites (2.9/1,000).



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.

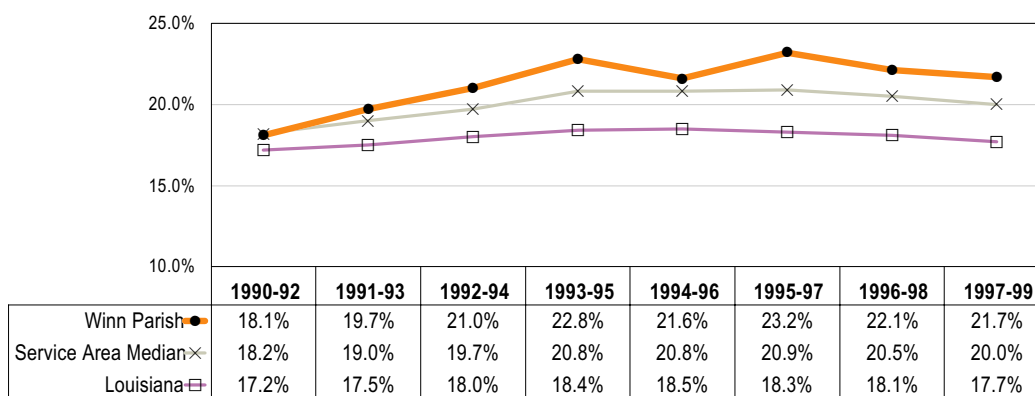
The following examination of teen births in Winn Parish builds on prior research in 1997 by the Rapides Foundation and Tulane School of Public Health and Tropical Medicine.

Percentage of Births to Teen Mothers

- **Between 1997 and 1999, 21.7% of Winn Parish births were to mothers between the ages of 15 and 19.**
 - Higher than statewide (17.7%).
 - Much higher than nationwide (12.3%).
- **The proportion of Winn Parish births to teen-age mothers has trended upward throughout the 1990s and has consistently tracked higher than the statewide proportion.**
 - The Winn Parish rate has tracked fairly closely with the median percentage among parishes in the Rapides Foundation Service Area.

Percentage of Births to Teenage Mothers (15-19)

(Three-Year Averages; Percentage of Live Births)



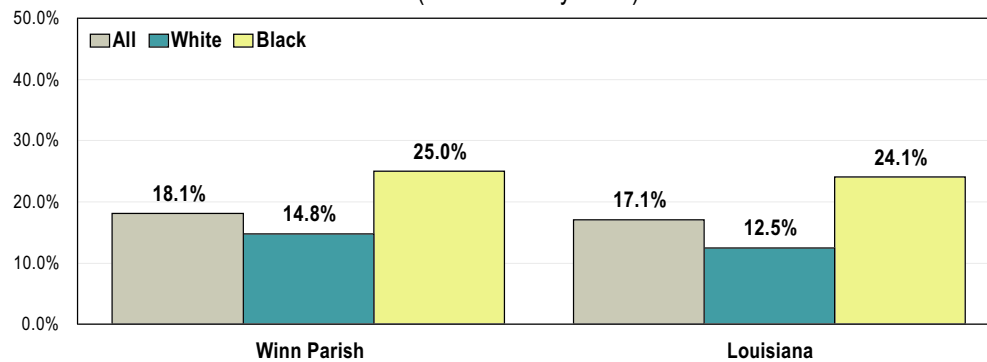
Source: Louisiana Department of Health and Hospitals, Office of Public Health.

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

- 25.0% of 1999 Winn Parish births among Blacks were to teen-age mothers, compared to 14.8% among Whites.

Percentage of Births to Teenage Mothers (15-19)

(1999 Births by Race)



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

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

Community Health Panel Findings*

Teen pregnancy is recognized as a problem in Winn Parish. One focus group participant mentioned that teen sex is beginning at very young ages.

“I don’t have any figures, but we do have numerous instances of teen pregnancy in our schools.”

“I think kids are experimenting with sex in middle school. We do have a lot of teen pregnancy.”

* 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.

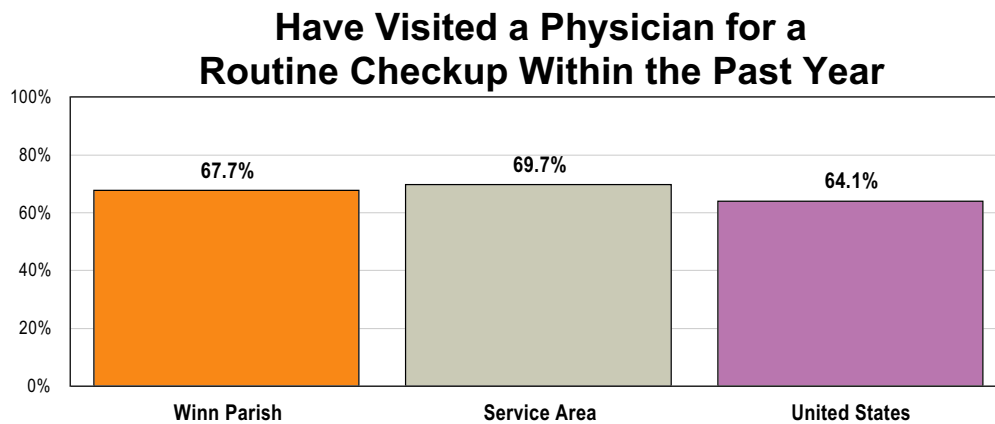
PREVENTIVE HEALTH CARE

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

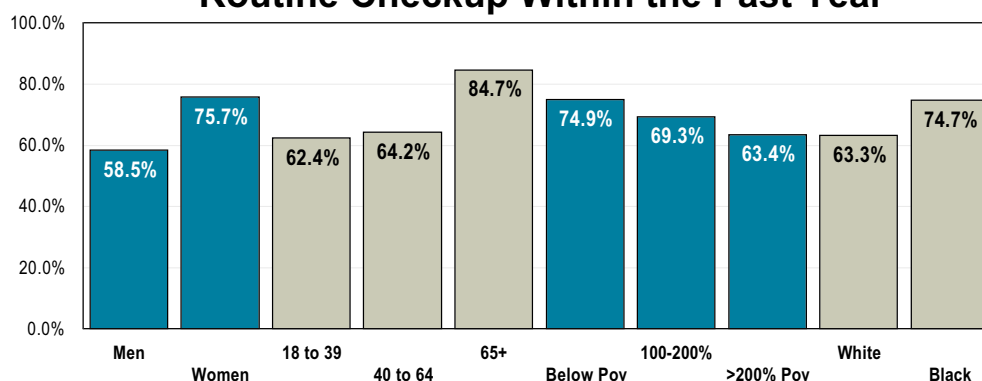
- **67.7% of Winn Parish adults report that they have visited a physician for a routine checkup in the past year.**
 - Similar to that found throughout the Rapides Foundation Service Area and nationwide.



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.

- Men show the lowest incidence of routine physician care in the past year.
- Young adults, Whites and those with higher incomes demonstrate lower levels of routine physician care.

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



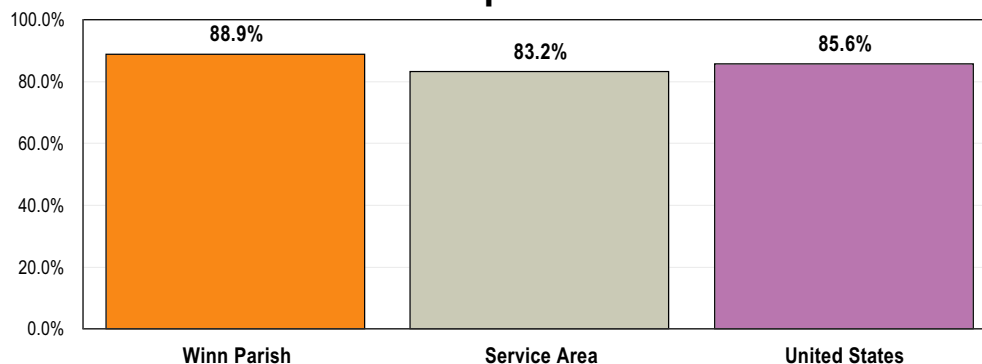
Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

2. Asked of all respondents.

- **88.9% of Winn Parish parents report that their child has visited a physician for a routine checkup in the past year.**
 - Significantly higher than Rapides Foundation Service Area findings (83.2%).
 - Similar to national findings.

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



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

2. 2000 PRC National Health Survey, Professional Research Consultants

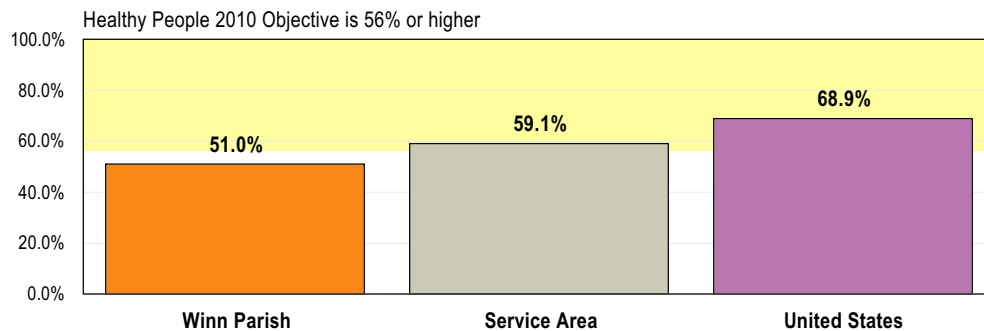
Notes: 1. Asked of respondents with children under the age of 18.

2. State data not available.

Dental Care

- **51.0% of Winn Parish adults have been to a dentist or dental clinic in the past year.**
 - Significantly lower than that found throughout the 11-parish Rapides Foundation Service Area.
 - Significantly lower than found nationwide (68.9%).
 - Does not satisfy the *Healthy People 2010* target (56% or higher).

Have Visited a Dentist or Dental Professional Within the Past Year



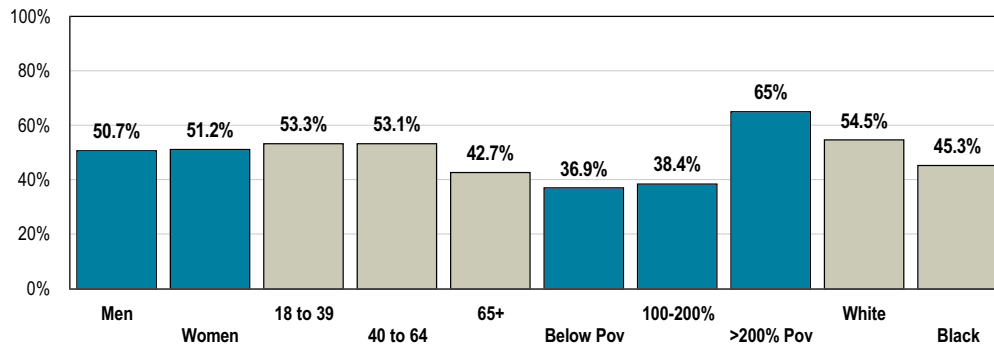
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

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

Recent dental care is particularly low among:

- Those with lower incomes.
- Those age 65 and older.
- Black respondents.

Have Visited a Dentist or Dental Professional Within the Past Year



Source: 2002 PRC Community Health Survey, Professional Research Consultants

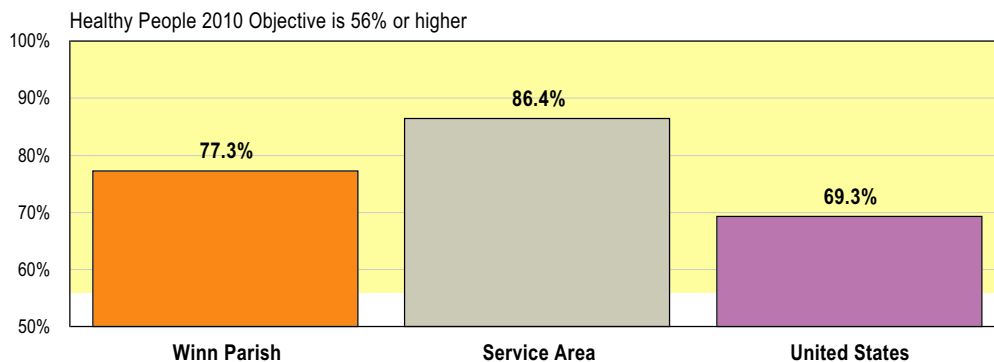
Notes: 1. Demographic breakouts are among findings in Winn Parish.

2. Asked of all respondents.

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

- **77.3% of Winn Parish parents report that their child has visited a dentist or dental clinic in the past year.**
 - Significantly lower than Rapides Foundation Service Area findings (86.4%).
 - Statistically similar to national findings.
 - Satisfies the *Healthy People 2010* target (56% or higher).

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



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

2. 2000 PRC National Health Survey, Professional Research Consultants

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

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

2. State data not available.

Community Health Panel Findings*

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

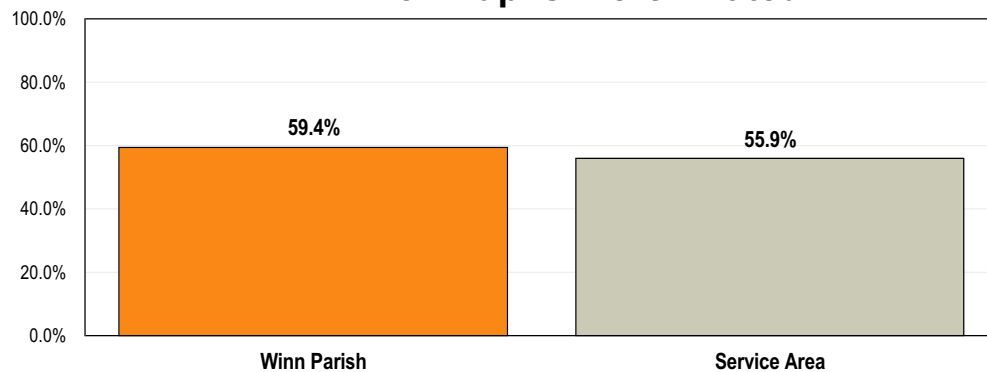
“There are a lot of adults who can’t afford dental care. We also need a pediatric dentist because now you have to take your kids out of town for dental care. A lot of parents are not going to do that for their kids.”

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

Vision Care

- **59.4% of Winn 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

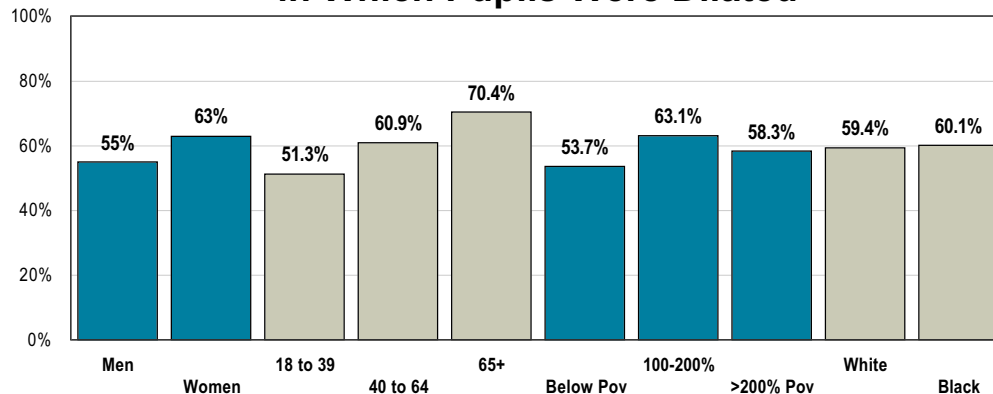


Source: 2002 PRC Community Health Survey, Professional Research Consultants

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 Winn Parish.
2. Asked of all respondents.

Community Health Panel Findings*

“I would like to see every child receive a good eye and hearing exam before they start school. We talk about our children’s reading capabilities, but they can’t read if they can’t see or hear.”

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Childhood Immunization

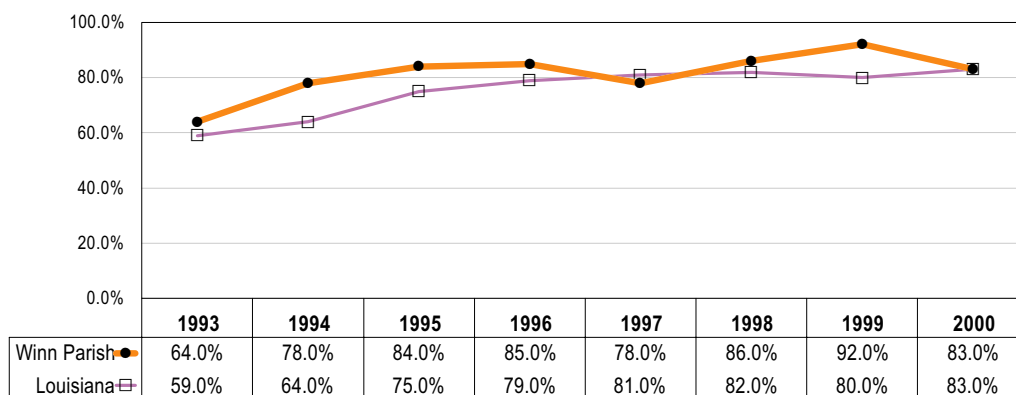
Immunization is the best line of defense against many infectious diseases, and childhood immunizations are an essential component to community health. Immunization may even lead to the complete eradication of such diseases as tetanus and diphtheria.

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 Winn Parish.

- **83.0% of toddlers seen at public clinics in Winn Parish in 2000 were up to date for immunizations at age 24 months.**
- Public clinic assessment immunization levels in Winn Parish have tracked closely with statewide percentages.

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



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

Community Health Panel Findings*

Focus group participants expressed great satisfaction with parish immunization programs.

“Our parish is one of the highest in the state for getting immunizations done. The health unit does a terrific job, as well as everyone else in the school system. It works very well.”

“When we found a gap on very young children whose parents were not getting them immunized, the Foundation funded a program for us to get it done.”

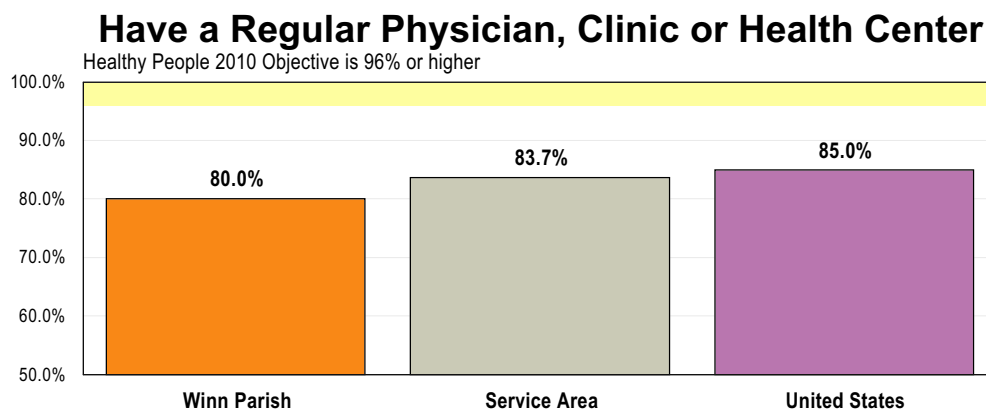
** The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the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

ACCESS TO HEALTH CARE SERVICES

Access to Primary Care Services

Regular Use of Physicians' Offices/Clinics

- **80.0% of Winn Parish adults have a regular physician, clinic or health center that they go to if they are sick or need advice about their health.**
 - Similar to Rapides Foundation Service Area findings.
 - Significantly worse than national findings (85.0%).
 - Fails to satisfy *Healthy People 2010* target (96.0%).



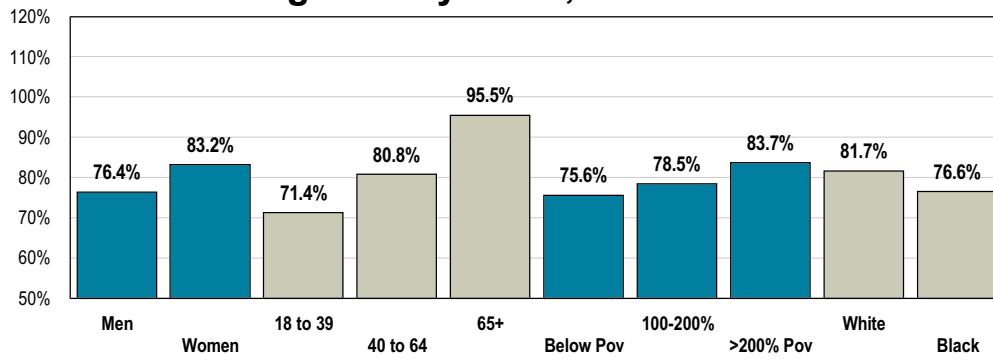
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

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

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

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

Have a Regular Physician, Clinic or Health Center

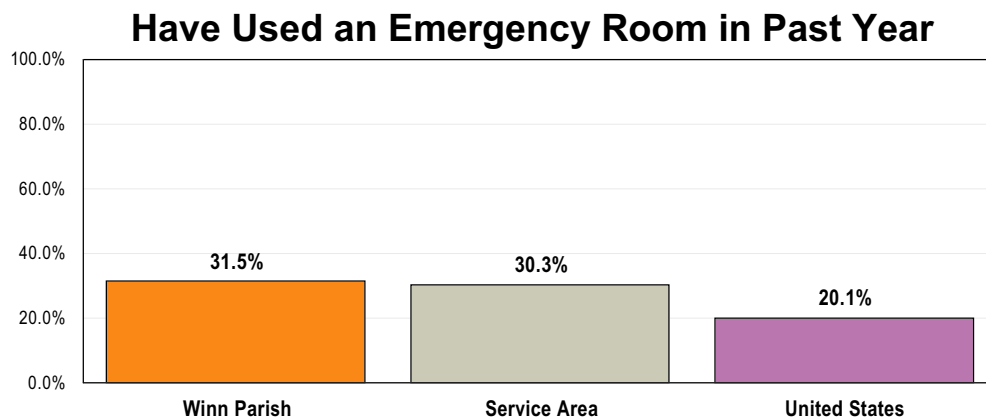


Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

Emergency Room Utilization

- **31.5% of Winn Parish adults have gone to an emergency room in the past year about their own health.**
 - Similar to Rapides Foundation Service Area findings.
 - Significantly higher than found nationwide (20.1%).
- **13.9% of Winn 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%).
- **40.9% of uninsured respondents in Winn Parish have gone to an emergency room in the past year, versus 59.1% of insured respondents.**

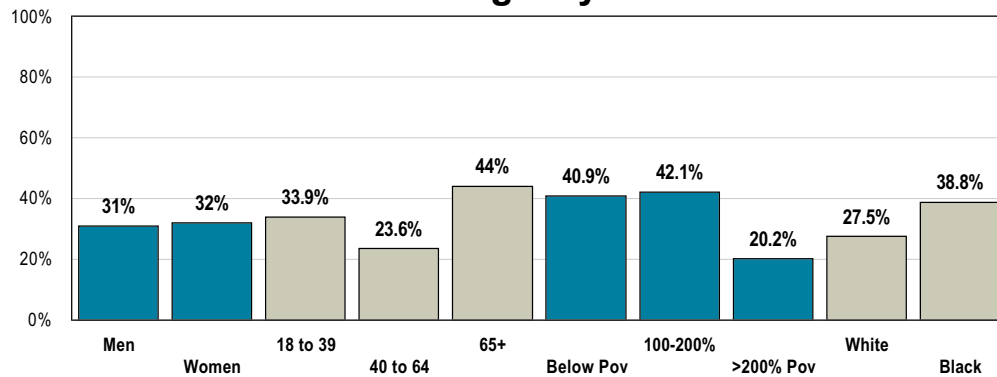


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

Emergency room utilization is higher among:

- Respondents age 65 and older.
- Low-income respondents.
- Black respondents.

Have Used an Emergency Room in Past Year

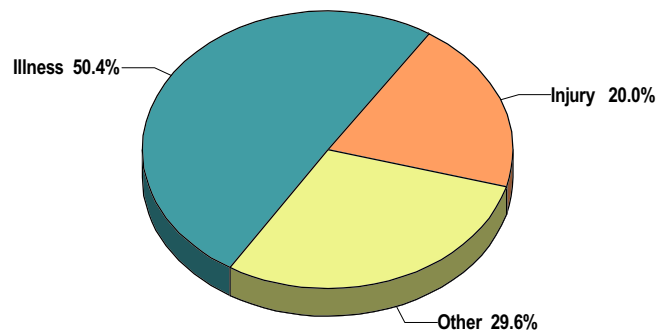


Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

- **50.4% of Winn Parish adults visiting an emergency room in the past year say this was to treat an illness, and 20.0% say this was to treat an injury.**

Reason for Recent ER Visit



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

Community Health Panel Findings*

One focus group participant's appreciation for a local ER stemmed from personal experience.

“We recently had an employee who had a heart attack, and I had the opportunity to go down and see everything in the ER. One of the things that I liked about it is that you know everybody there and that they know you. When I lived in Austin, Texas, and had a heart attack, I was just a number at the hospital. Here, it is very personal. I felt that the care that they gave my employee was excellent. It saved his life.”

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

Health Insurance Coverage

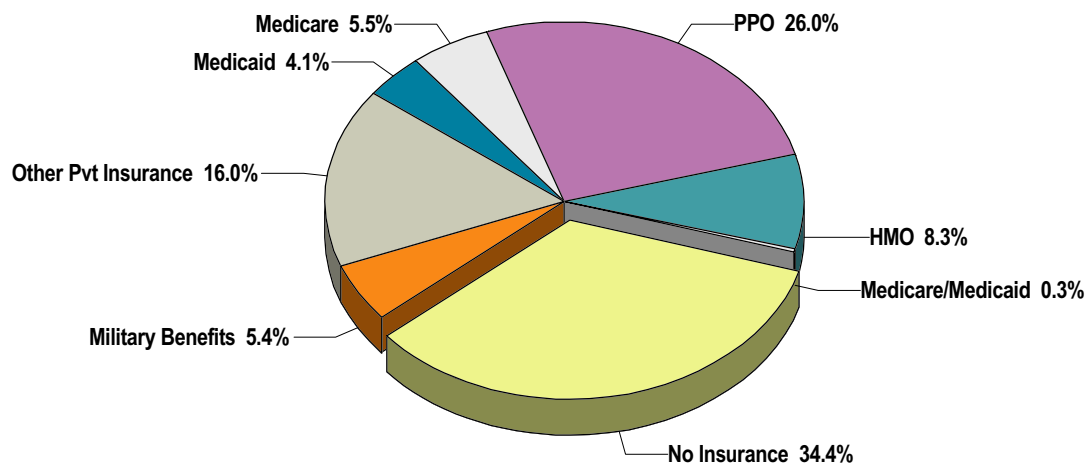
Along with enhancing quality and moderating costs, improving the accessibility of health care services is one of the principal hopes for the American health care system and a key element in any preventive approach to community health. Certainly one of the various barriers to access is a lack of insurance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

Insurance Coverage by Type

- **65.6% of Winn Parish adults ages 18 to 64 currently have some type of health insurance coverage.**
- **34.3% of Winn Parish adults ages 18 to 64 have health care coverage through an HMO (health maintenance organization) or PPO (preferred provider organization); 16.0% have other private health insurance coverage.**
- **9.9% of Winn Parish adults ages 18 to 64 have Medicaid and/or Medicare.**
- **5.4% have CHAMPUS or veterans' benefits.**

Health Care Insurance Coverage

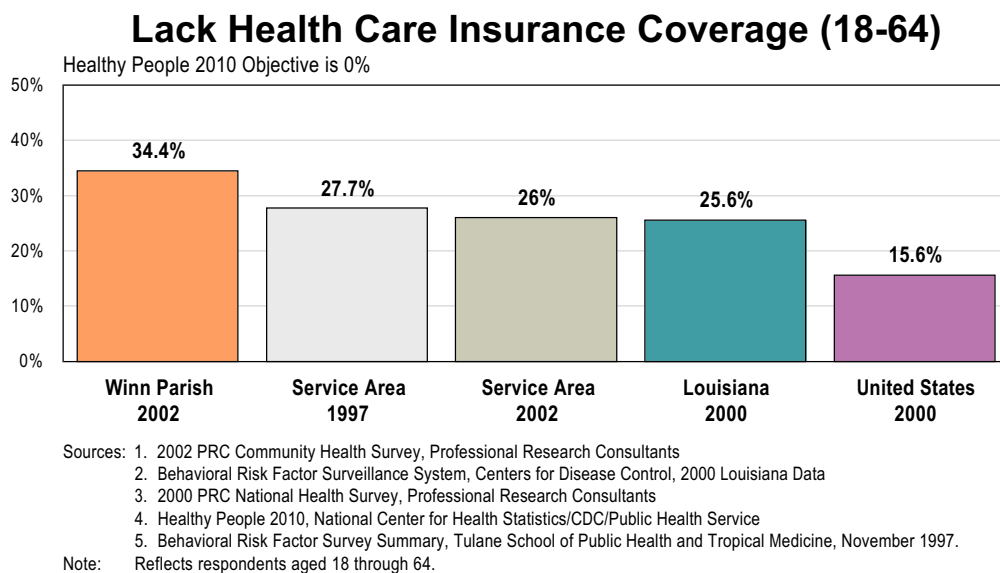
(Winn Parish; Ages 18-64)



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

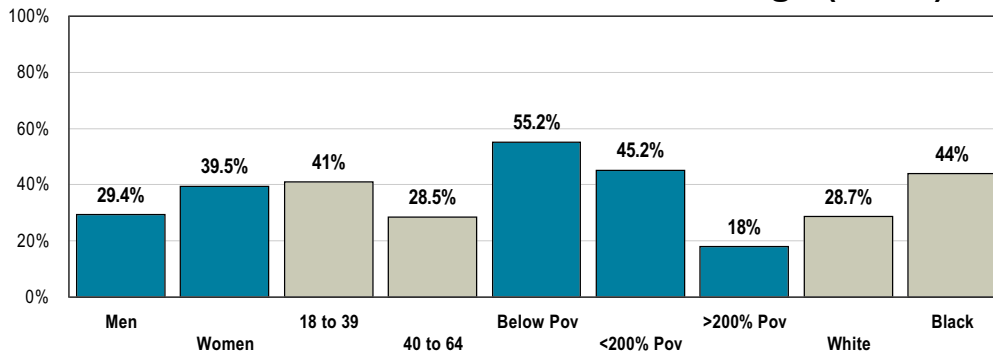
Lack of Health Insurance Coverage

- **34.4% of Winn Parish adults ages 18 to 64 have no health insurance coverage, representing nearly 4,506 adults.**
 - Significantly worse than Rapides Foundation Service Area (26.0%) and Louisiana (25.6%) findings.
 - Significantly worse than found nationwide (15.6%).



- Low-income adults report the highest prevalence of not having health insurance, including over 50% of those living below the poverty threshold.
- Black respondents more often are without health insurance than White respondents.
- More women than men are without health insurance.
- Middle-aged respondents (ages 40 to 64) are most often without health insurance than younger or older adults.

Lack Health Care Insurance Coverage (18-64)



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

2. Reflects respondents aged 18 through 64.

Community Health Panel Findings*

Focus group participants said that lack of health insurance coverage hurts the working poor and the hospitals that treat them while driving up the cost of medical care.

“We have a large population of people in this parish who are on the lower economic scale. They are making minimum wage or just above it, so they don’t qualify for free medical services. I wish we could do something to improve some of the services for these lower-income people. The state has a charity hospital system in place, but it is too far for our people to access it without transportation.”

“Last year, our hospital did \$15 million worth of charity care. Morally, we are glad to be able to do it; but for a hospital our size, that is a big chunk of money. We will receive a small amount of reimbursement from the rural hospital coalition, but it won’t come close to set off the \$15 million. This cost, we just write it off.”

“So basically, what is happening in the community is that people who have money are paying for the sick people who don’t have money, and those of us who are healthy aren’t really contributing anything. Some of the people who need the help the most are the ones who can’t qualify for Medicaid.”

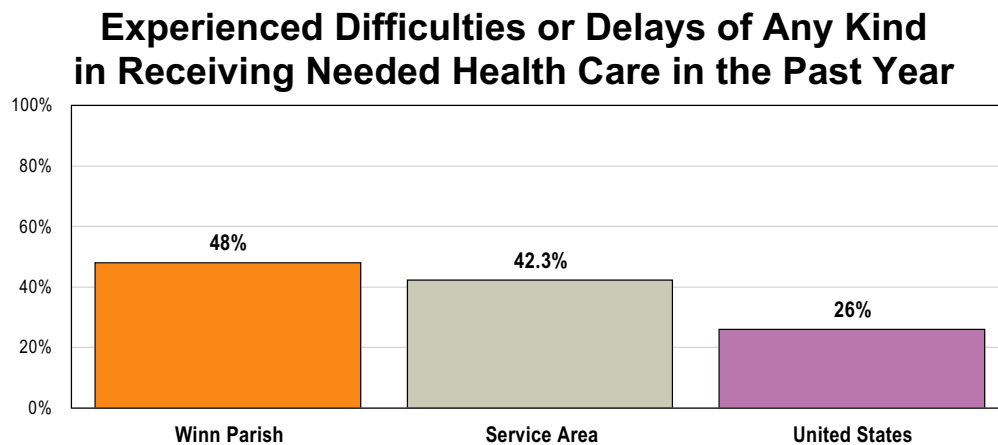
* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the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

Barriers to Primary Care

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

Overview of Health Care Barriers

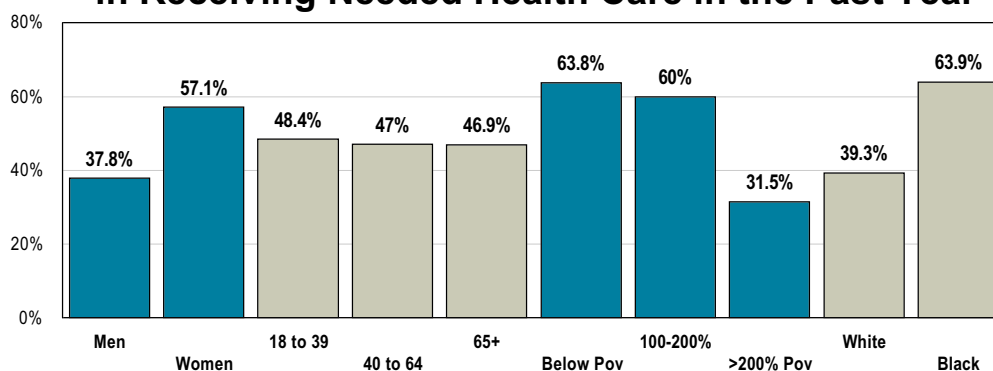
- **48.0% of Winn Parish adults report some type of difficulty accessing or receiving health care services in the past year.**
 - Significantly higher than Rapides Foundation Service Area findings (42.3%).
 - Significantly higher than found nationwide (26.0%).
 - Far from reaching the *Healthy People 2010* target (7.0% or lower).



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

- Cost is the most predictive barrier to health care access, with more than 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.
- Black respondents more often face access barriers than do White respondents.

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

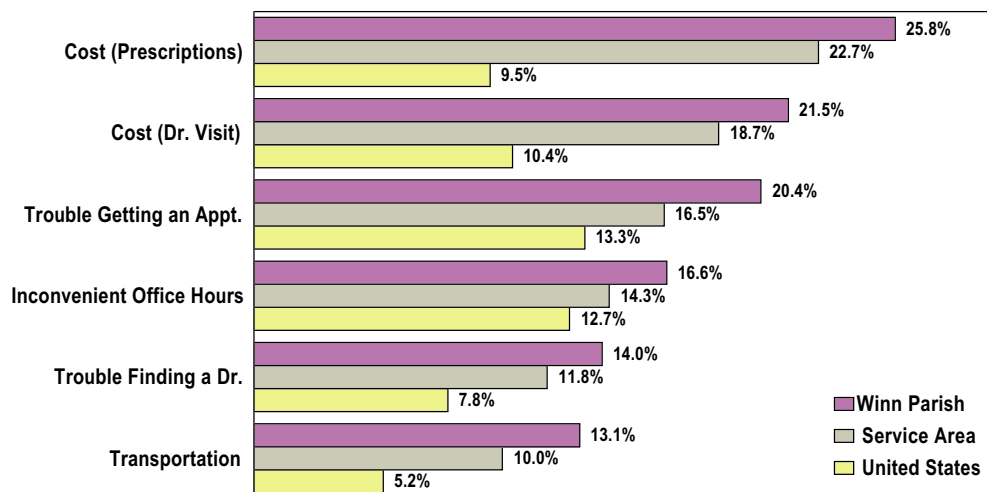


Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Winn 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 Winn Parish.
- The proportion of the Winn Parish population impacted was significantly greater than found nationwide for five of the six tested barriers (all but 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.

Cost of Health Services

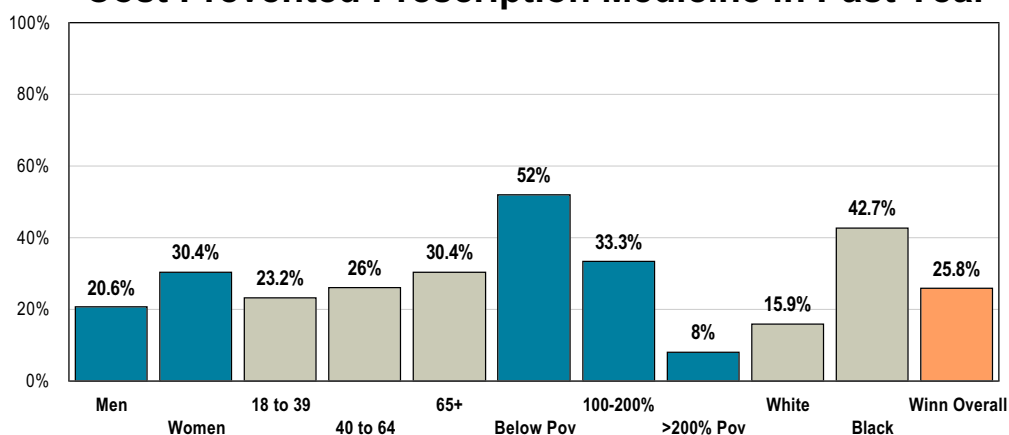
Cost of Prescriptions

- **25.8% of Winn 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 3,380 adults in Winn Parish.**
 - Similar to Rapides Foundation Service Area findings.
 - Significantly higher than found nationwide (9.5%).

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

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

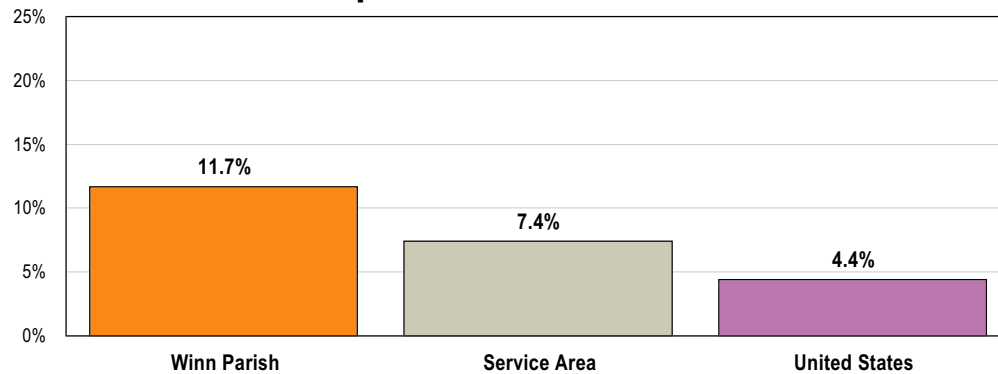
Cost Prevented Prescription Medicine in Past Year



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

- **11.7% of Winn 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 findings throughout the Rapides Foundation Service Area.
 - Significantly worse than national findings (4.4%).

Cost Prevented Child's Prescription Medicine in Past Year



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

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

Community Health Panel Findings*

Cost of medications is a major barrier to proper health care, but one focus group participant cited a new program that is helping some parish residents.

“People can’t afford to pay for their prescriptions. What happens is that they will skip doses to make the medicine last longer. The medicine doesn’t work properly, and they end up back in the hospital.”

“The Medication Assistance Program is already up and running in Winn Parish. It is for chronic medications and has a very small copayment. We already have about 80 to 90 folks enrolled from our parish.”

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

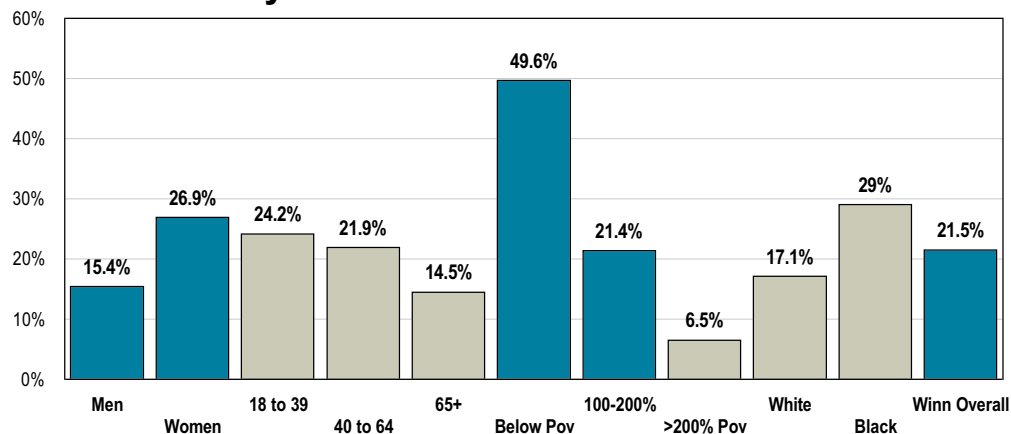
Cost of Physician Care

- **21.5% of Winn 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 2,816 Winn Parish adults.**
 - Similar to Rapides Foundation Service Area findings.
 - Significantly higher than found nationwide (10.4%).

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

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

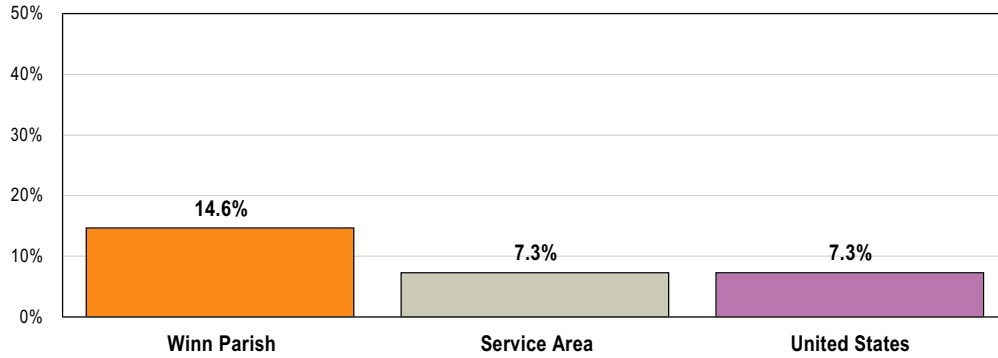
Cost Prevented a Physician Visit Within the Past Year



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

- **14.6% of Winn Parish parents say that cost or a lack of insurance has prevented a physician visit for their child in the past year.**
 - Significantly higher than Rapides Foundation Service Area findings and national findings (both 7.3%).

Cost or Lack of Insurance Prevented Child's Health Care in the Past Year



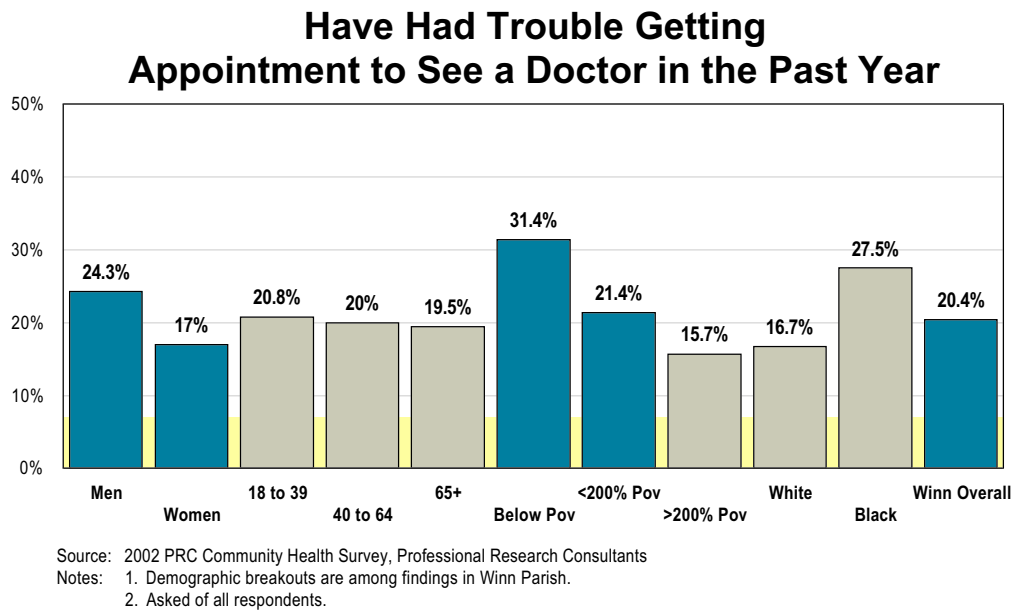
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of respondents with children under the age of 18.
2. State data not available.

Appointment Availability

- **20.4% of Winn Parish adults have had trouble getting an appointment to see a doctor in the past year, representing over 2,672 residents.**
 - Similar to Rapides Foundation Service Area findings.
 - Significantly worse than found nationwide (13.3%).
 - Fails to satisfy *Healthy People 2010* target (7% or lower).

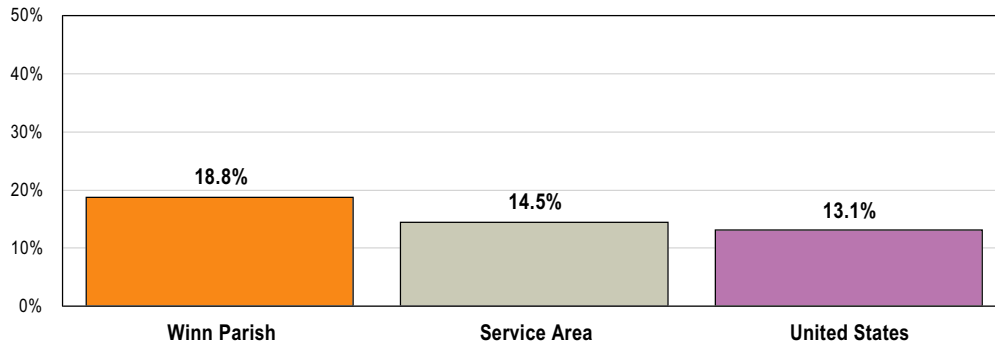
Winn Parish adults more often reporting trouble getting a doctor's appointment:

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



- **18.8% of Winn 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

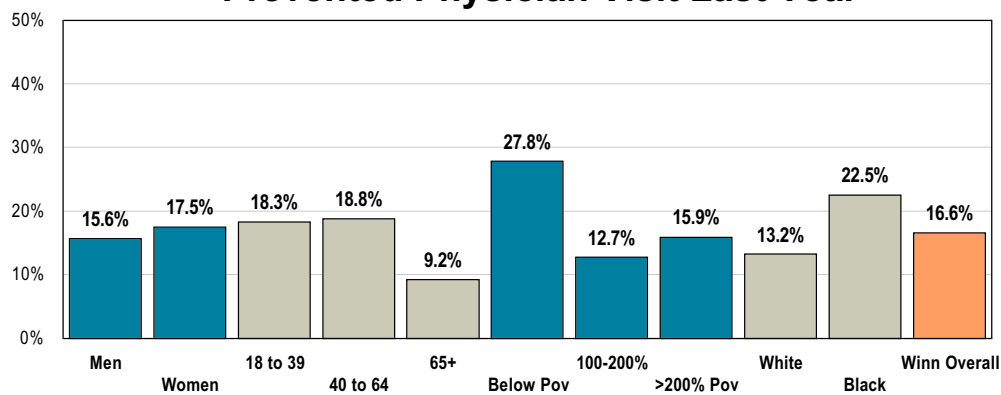


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of respondents with children under the age of 18.
2. State data not available.

Inconvenient Office Hours

- **16.6% of Winn Parish adults say that inconvenient office hours prevented them from seeing a doctor in the past year.**
 - Similar to that found throughout the Rapides Foundation Service Area, as well as nationwide.
- Persons living below the poverty threshold are more often impacted by inconvenient office hours.
- Black respondents more often forego physician care because the office hours are not convenient.

**Inconvenient Office Hours
Prevented Physician Visit Last Year**

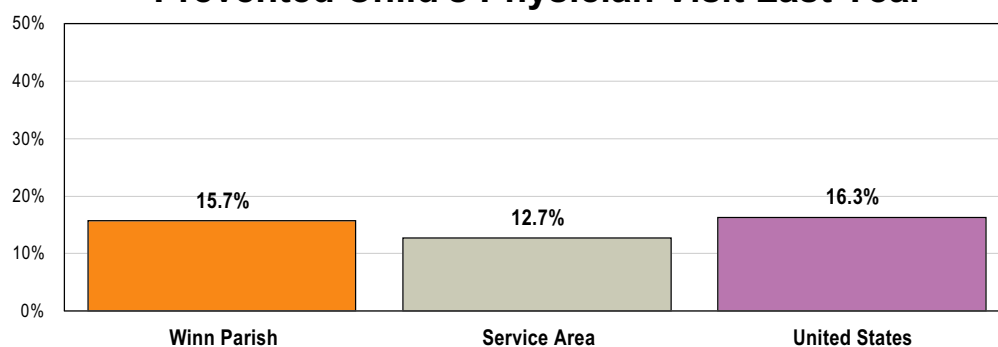


Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

- **15.7% of Winn Parish parents say there has been a time in the past year when they did not take their child to the doctor because the hours were not convenient.**
 - Statistically similar to Rapides Foundation Service Area and national findings.

Inconvenient Office Hours Prevented Child's Physician Visit Last Year



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

2. 2000 PRC National Health Survey, Professional Research Consultants

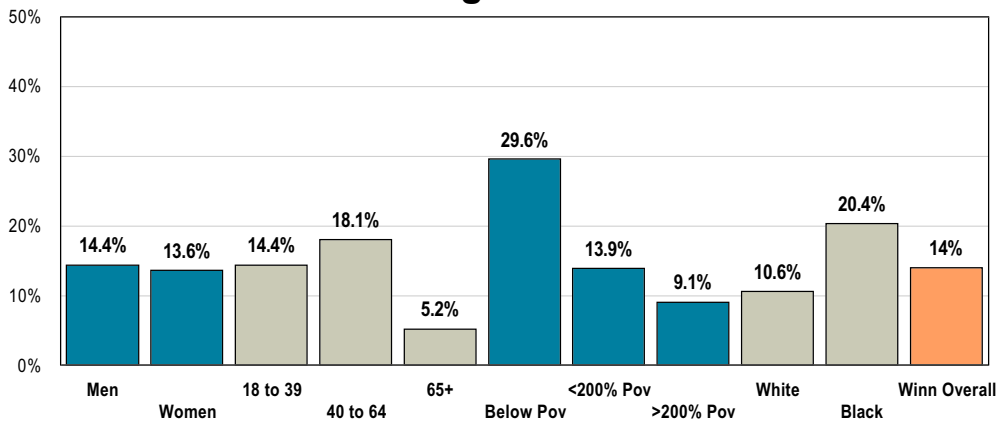
Notes: 1. Asked of all respondents with children under 18.

2. State data not available.

Lack of Physician Availability

- **14.0% of Winn Parish adults report having difficulty finding a doctor in the past year.**
 - Similar to Rapides Foundation Service Area findings.
 - Significantly higher than found nationally (7.8%).
- Persons living in poverty more often report difficulty finding a doctor.
- Black respondents more often report difficulty finding a doctor.

Had Trouble Finding a Doctor in the Past Year



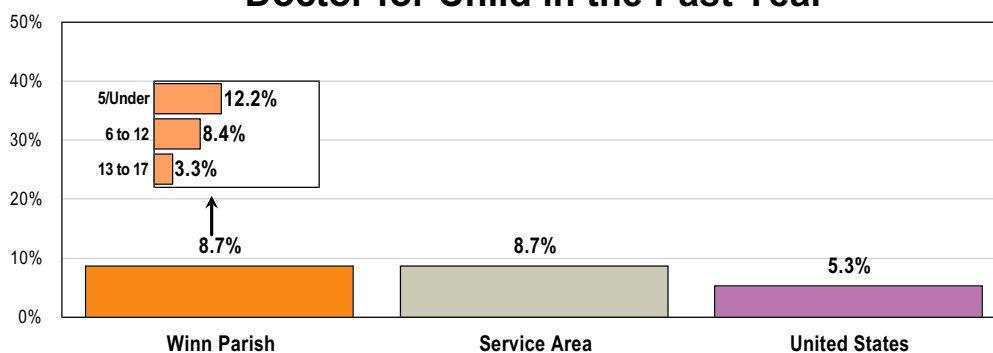
Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

2. Asked of all respondents.

- **8.7% of Winn Parish parents say that they have had trouble finding a doctor for their child in the past year.**
 - Identical to Rapides Foundation Service Area findings.
 - Statistically similar to national findings.

Had Trouble Finding a Doctor for Child in the Past Year



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

2. 2000 PRC National Health Survey, Professional Research Consultants

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

2. State data not available.

Community Health Panel Findings*

Focus group participants most often identified a need for an OB/GYN in Winn Parish.

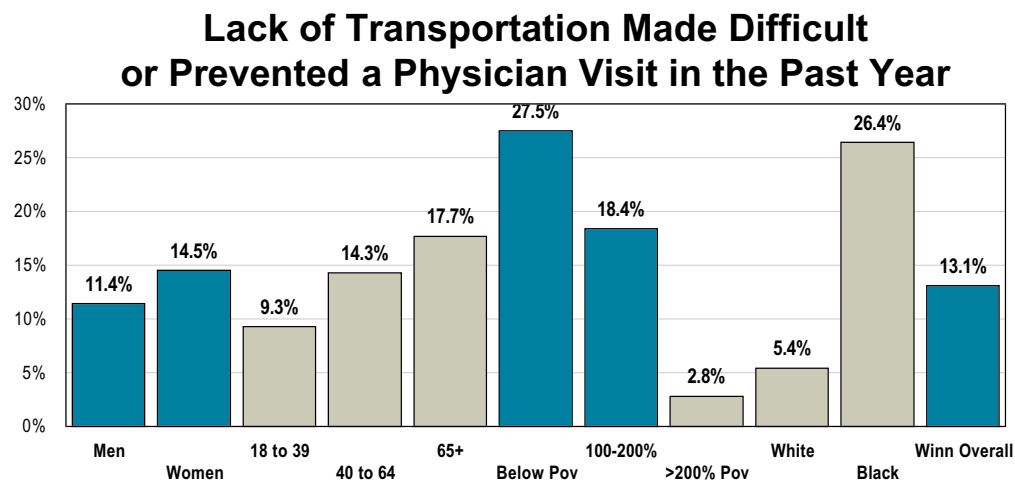
“We need an OB/GYN in our staff. People have to go out of the parish for this specialty.”

“I think there is a real need for an OB/GYN in this parish so women will do mammograms, Pap smears and all of those other preventive tests that are needed. It is hard to make appointments to get these tests done outside of the parish.”

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

Lack of Transportation to Health Care Services

- **13.1% of Winn Parish adults report that a lack of transportation has made it difficult or prevented them from seeing a physician in the past year.**
 - Similar to that found throughout the Rapides Foundation Service Area.
 - Significantly higher than found nationwide (5.2%).
- A dramatically greater share of persons living in poverty are impacted by a lack of transportation.
- Black respondents much more often report transportation as an access barrier than do White respondents.



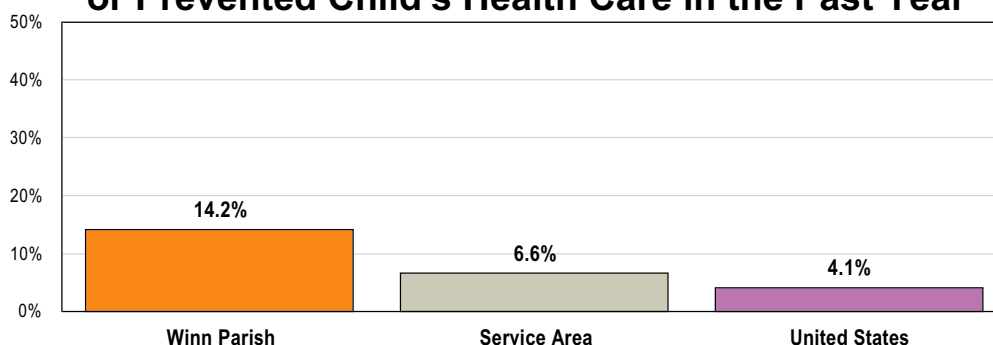
Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

2. Asked of all respondents.

- **14.2% of Winn 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 higher than Rapides Foundation Service Area (6.6%) and nationwide findings (4.1%).

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



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

Community Health Panel Findings*

Transportation is a particular need for the working poor and students living in rural areas.

“We have transportation issues, especially for a person who is not on Medicare and who doesn’t qualify for Medicaid.”

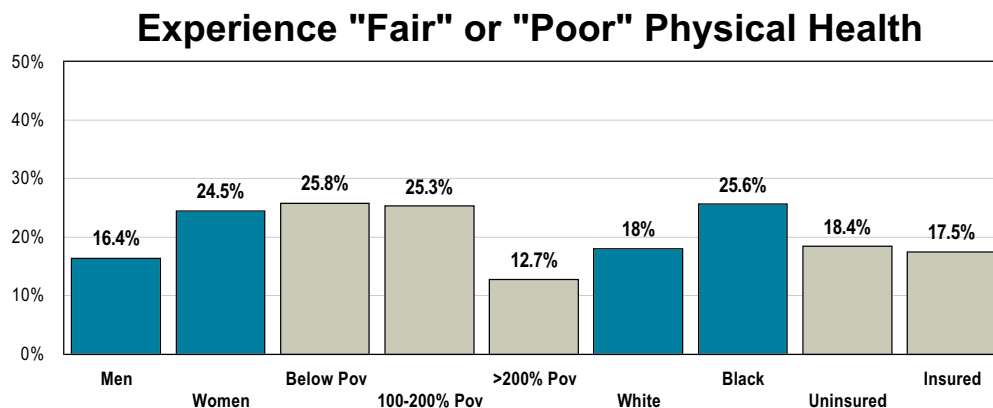
“Some of the kids in the rural areas have problems getting to after-school activities because they don’t have transportation. If they want to go somewhere, they have to pay the neighbor to bring them to school for a conference. The free tutoring is not the issue: it is getting the kids home after they finish. That is the problem.”

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

Implications of Poor Access

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

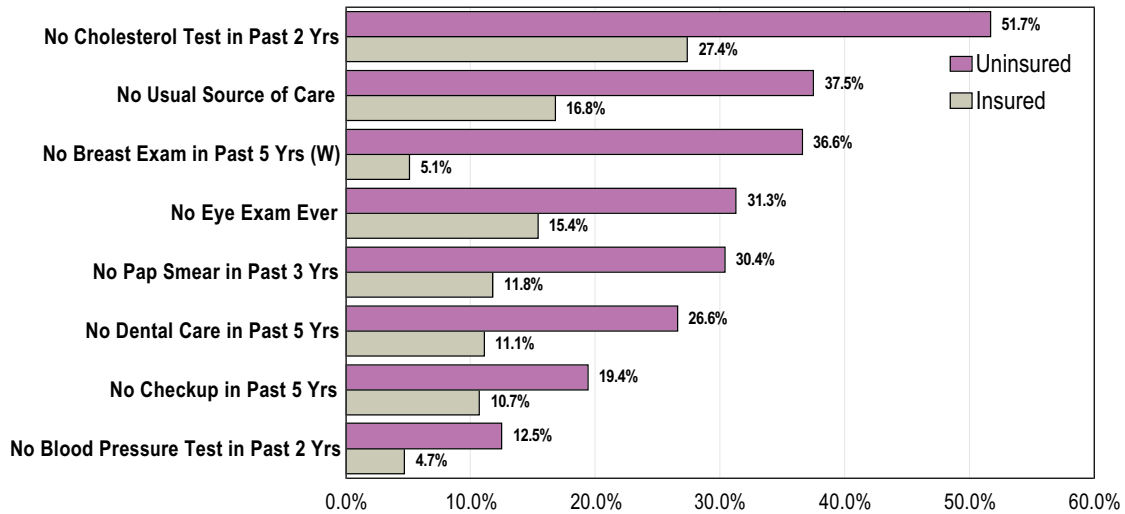
- **Those demographic groups that more often report difficulty accessing health care — persons in poverty, Black respondents, women and uninsured respondents — more often report their general health status as “fair” or “poor.”**



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

- **43.4% of those experiencing one or more types of access barriers in the past year rate local health care services as “fair” or “poor,” compared to only 27.3% 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, breast exam, Pap smear testing, etc.)**

Preventive Health Care (By Insured Status)



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

PERCEPTIONS OF HEALTH CARE SERVICES

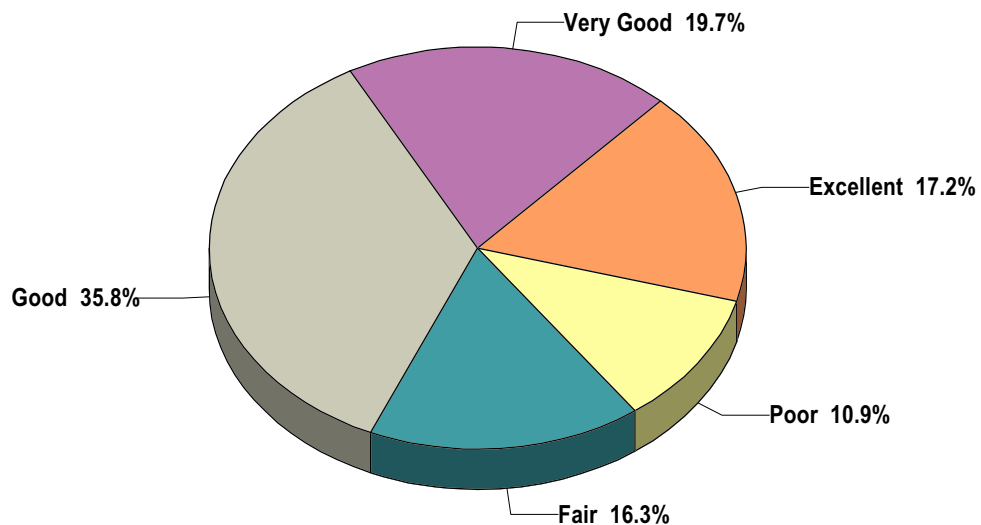
Local Health Care Services

Satisfaction With Local Health Care

- **36.9% of Winn Parish adults rate their satisfaction with the overall health care services available to them as “excellent” or “very good.”**
- **27.2% 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%).

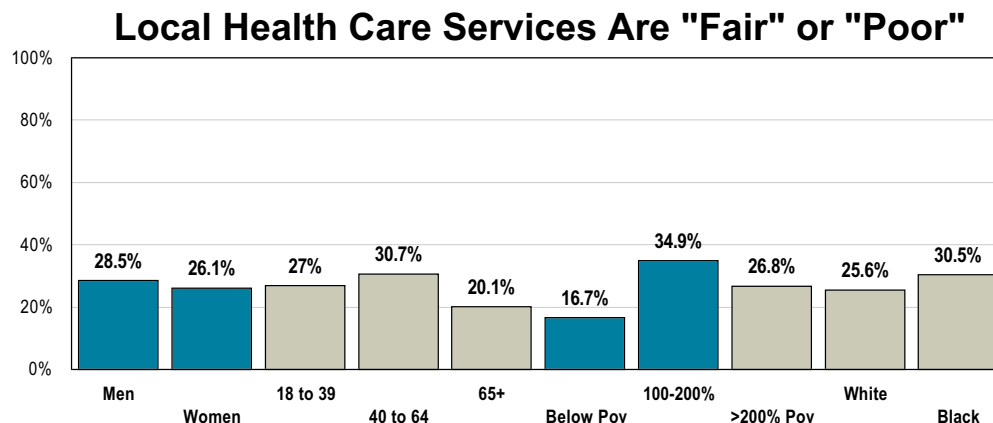
Satisfaction With Local Health Care

(Winn 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 (40 to 64) are more critical of local health care services than are younger and older adults.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

2. Asked of all respondents.

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

Community Health Panel Findings*

“In some parishes, the Foundation helped set up walk-in clinics for the working poor - those people who fall through the cracks. I think we could really benefit from a neighborhood-type of free clinic, even a walk-in clinic for people who have insurance to alleviate people going to the ER for something minor when the doctor cannot see you.”

“In our parish, we have a fantastic health care facility in our hospital and some forward-and progressive-thinking and excellent leadership, which is a real plus for our community. We also have two homes for the elderly, and we are probably going to have in a few months a state-of-the-art nursing home, which is under construction at this time.”

* 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 Winn Parish, Louisiana, and the United States.

- In 2000, Winn Parish experienced a rate of 505.4 violent crimes (murder, rape, robbery and aggravated assault/battery) per 100,000 population, much lower than the statewide violent crime rate.
 - Winn Parish experienced lower violent crime rates than the state of Louisiana for every category.
- Winn Parish experienced a rate of 1,434.4 property (non-violent) crimes (burglary, motor vehicle theft, larceny-theft) per 100,000 population, much lower than the Louisiana rate.
 - Winn Parish experienced lower property crime rates than the state of Louisiana for every category.

Reported FBI Index Crimes

Crime Rates per 100,000 Population

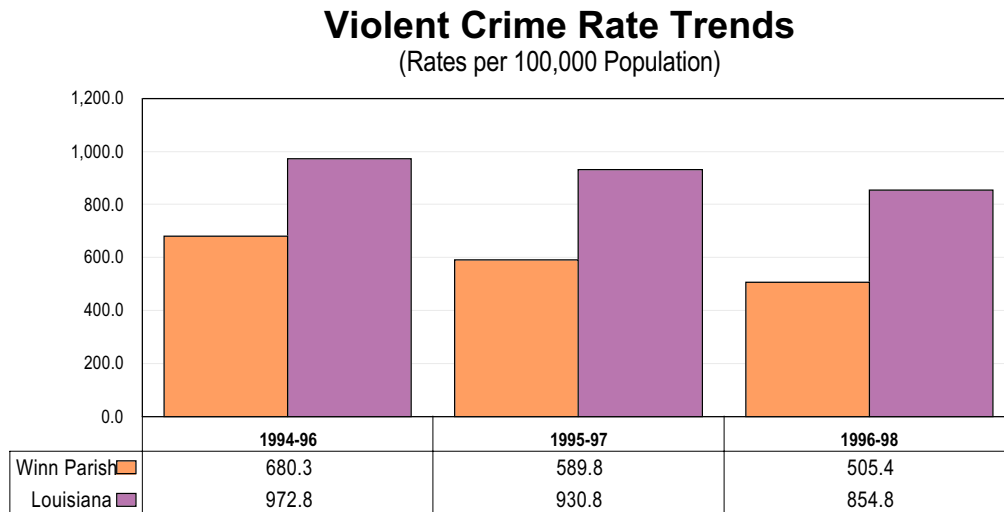
	Winn Parish (1996-1998)	Louisiana (1996-1998)
VIOLENT CRIMES	505.4	854.8
Homicide	0.0	15.3
Forcible Rape	7.1	39.9
Robbery	14.2	237.9
Aggravated Assault	484.1	561.7
PROPERTY CRIMES	1,434.4	5,607.3
Burglary	409.3	1,235.7
Larceny Theft	971.7	3,778.5
Motor Vehicle Theft	53.4	593.1
TOTAL CRIME INDEX	1,939.8	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 Winn Parish decreased from 680.3/100,000 in 1994-96 to 505.4/100,000 in 1996-98.

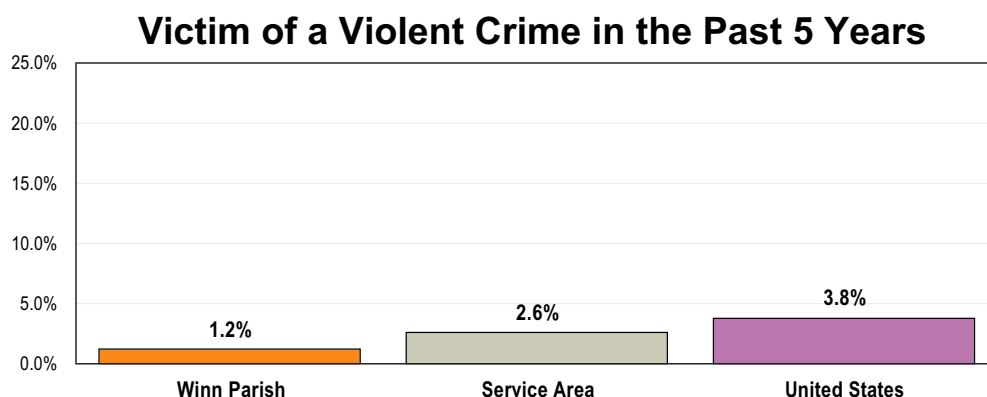


Source: Crime in the United States, Uniform Crime Reports (1993-2000)/Louisiana Commission on Law Enforcement.

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

Victimization

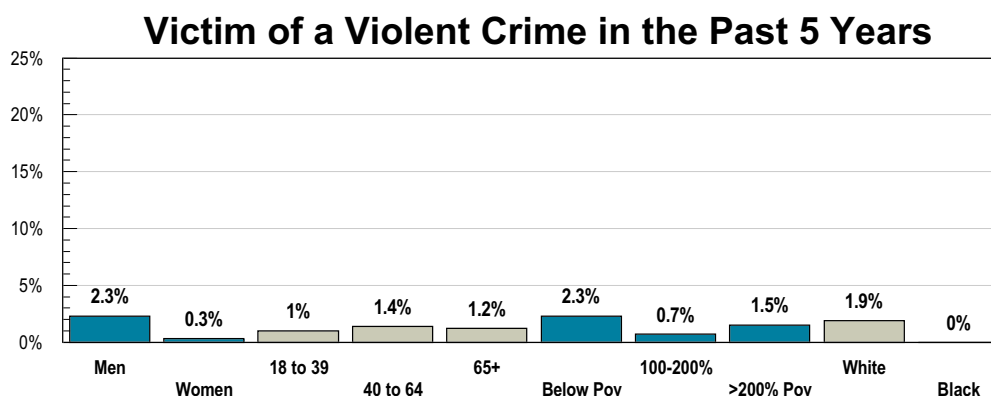
- **1.2% of Winn Parish adults report having been the victim of a violent crime in the area in the past five years.**
 - Significantly better than Rapides Foundation Service Area (2.6%) and national findings (3.8%).



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 Winn Parish, violent crime victimization is higher among:

- Those living below the poverty threshold.
- Men.



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

Community Health Panel Findings*

Lack of adult supervision after school puts the safety of some children at risk.

“We have lots of problems with our children after they leave the school. Some children who walk home from our schools fear for their lives. I have this little boy who goes home every afternoon, and there are kids waiting for him underneath the porch from a neighbor’s house. The kids just want to beat him up every afternoon. The parents are not around - they don’t get off work until 5 p.m. - so the kids are all alone. I think after-school programs are the key to keep these kids safe.”

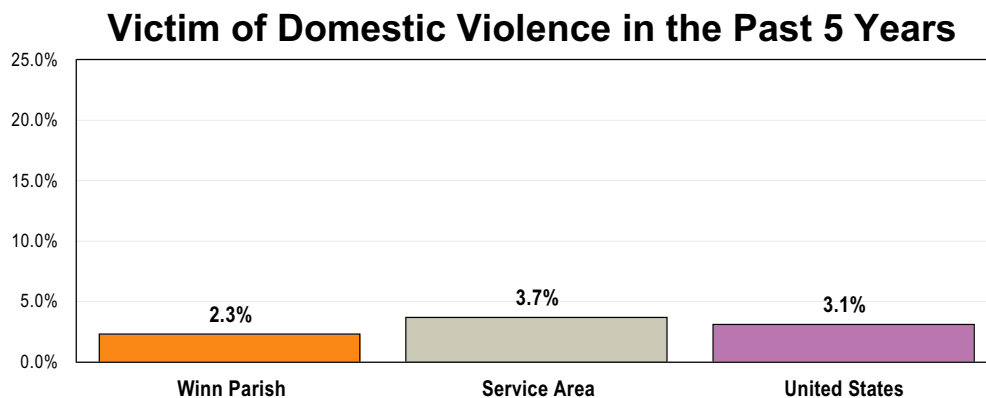
* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the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

Family Violence

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

Domestic Violence

- **2.3% of Winn Parish adults acknowledge that they have been the victim of domestic abuse in the past five years.**
 - Similar to Rapides Foundation Service Area and national findings.



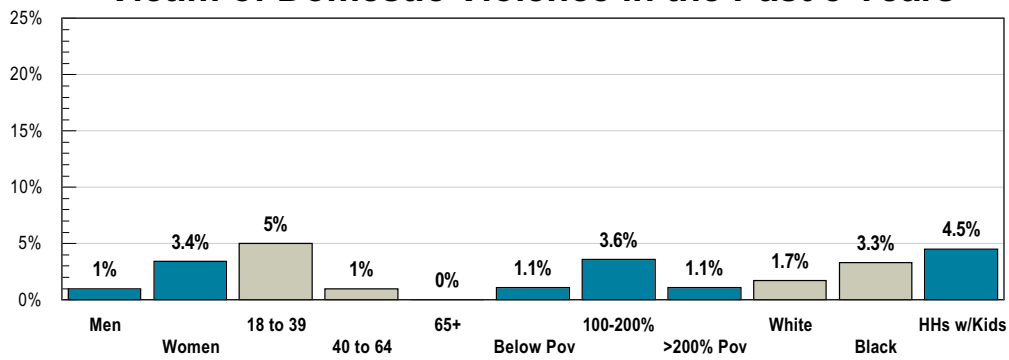
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants

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

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

- Young adults.
- Households with children.
- Those living just above the poverty level.
- Women.

Victim of Domestic Violence in the Past 5 Years



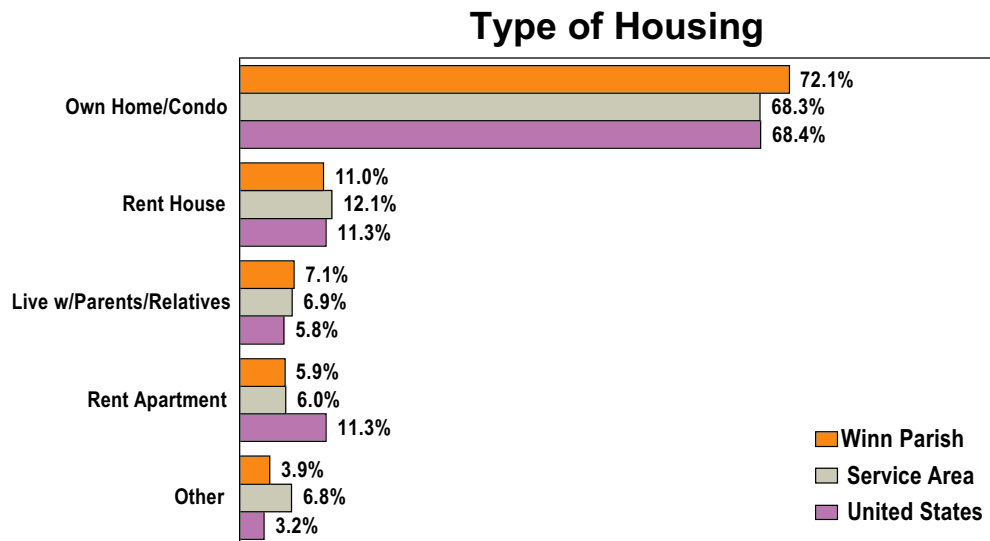
Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

Housing

Type of Housing

- **72.1% of Winn Parish adults participating in the survey report that they own their own home or condo.**
 - This distribution is generally similar throughout the Rapides Foundation Service Area and similar to that seen nationwide.
- **16.9% rent a house (11.0%) or apartment (5.9%).**
 - In comparison to national findings, a smaller share of Winn Parish adults rent houses and apartments.
- **7.1% live with parents or relatives.**

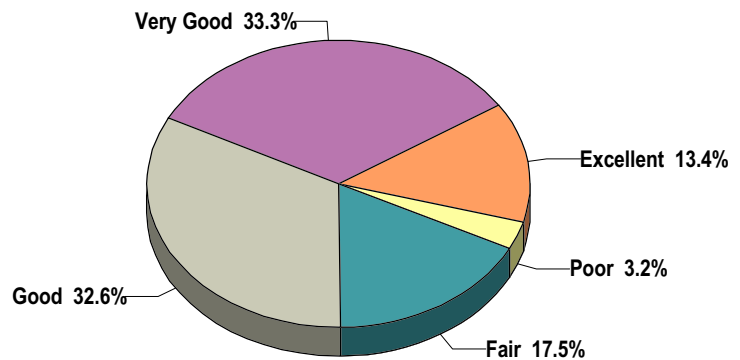


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2001 PRC National Quality of Life Survey, Professional Research Consultants
Note: Asked of all respondents.

Housing Condition

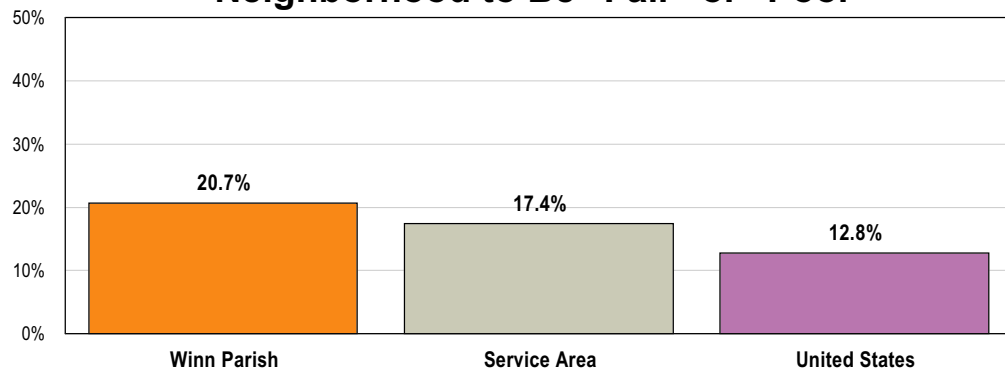
- **46.7% of Winn Parish adults rate the condition of homes in their neighborhoods as “excellent” or “very good.”**
- **32.6% rate the condition of neighborhood homes as “good.”**
- **20.7% rate the condition of neighborhood homes as “fair” or “poor.”**
- Similar to Rapides Foundation Service Area and national findings.

Rating of Condition of Homes in Neighborhood
(Winn Parish)



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

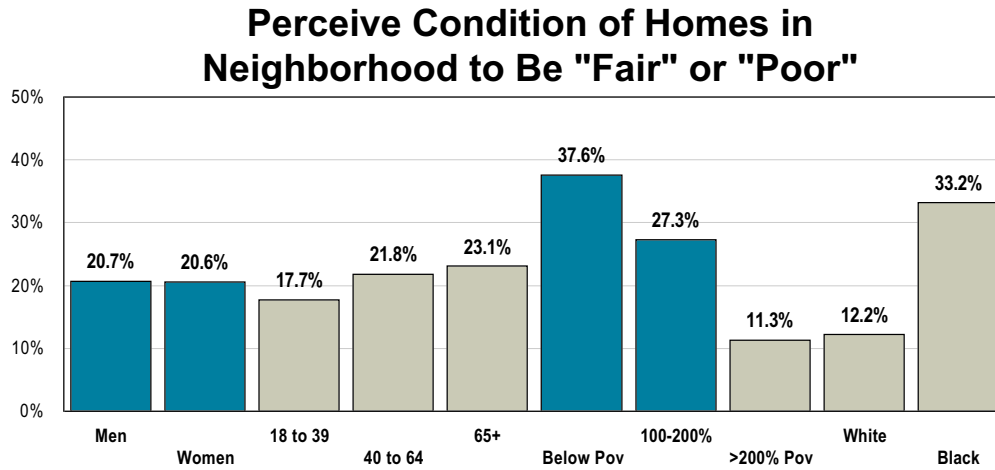
Perceive Condition of Homes in Neighborhood to Be "Fair" or "Poor"



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

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

- Persons living below the poverty level.
- Black respondents.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

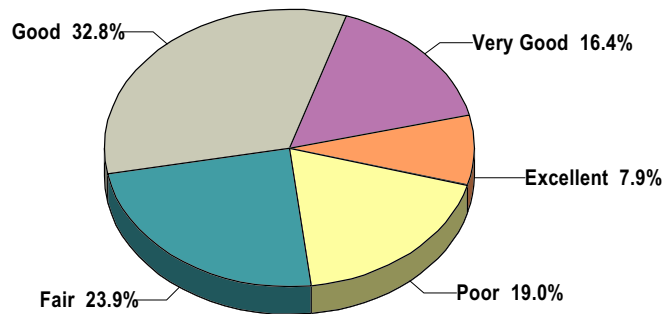
2. Asked of all respondents.

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

Perceived Affordability of Local Housing

- **24.3% of Winn Parish adults rate the availability of affordable housing in the area as “excellent” or “very good.”**
- **32.8% rate the availability of affordable housing as “good.”**

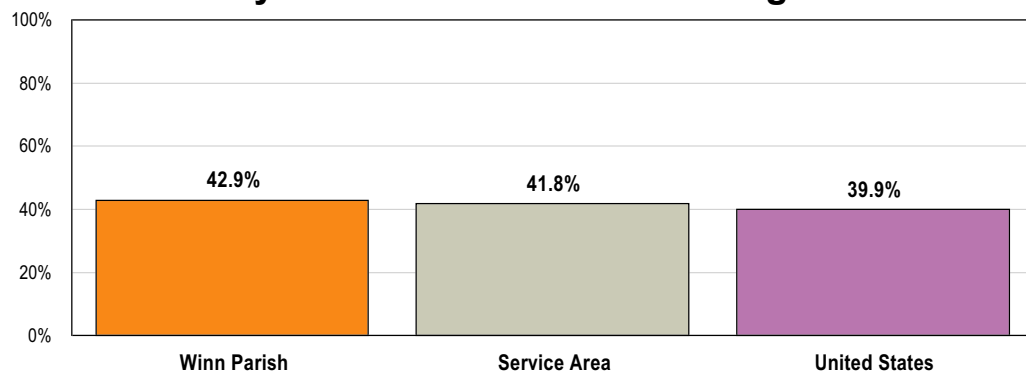
**Rating of Availability
of Affordable Local Housing**
(Winn Parish)



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

- **42.9% of Winn 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.

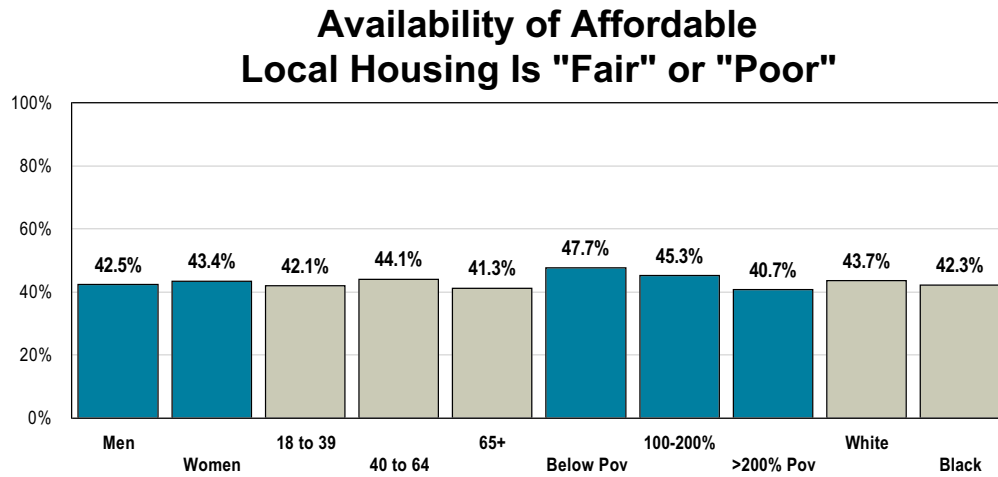
Availability of Affordable Local Housing Is "Fair/Poor"



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.



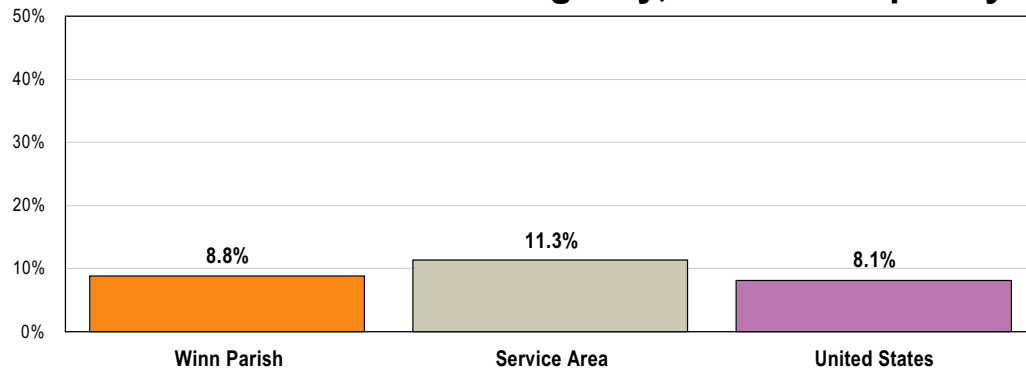
Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

Housing Displacement

- **8.8% of Winn 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 1,152 households in Winn Parish.**
 - Statistically similar to Rapides Foundation Service Area overall findings.
 - Similar to nationwide findings (8.1%).

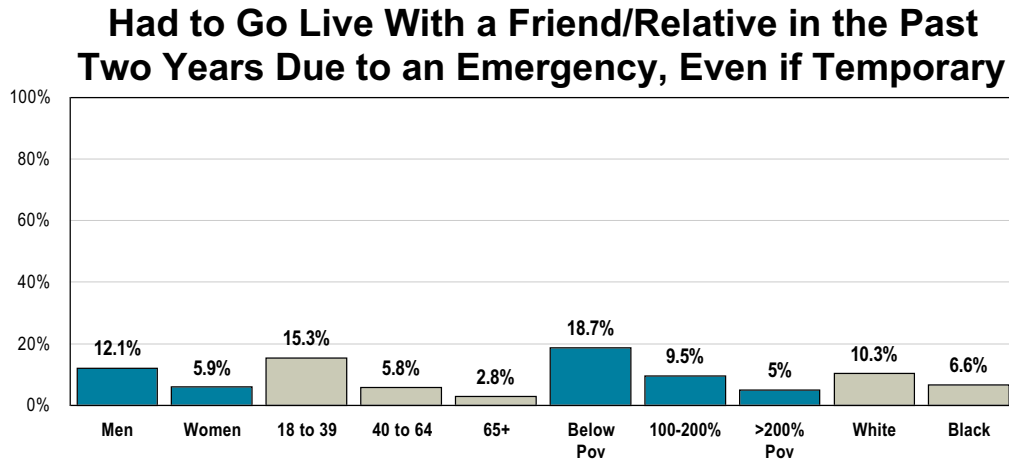
Had to Go Live With a Friend/Relative in the Past Two Years Due to an Emergency, Even if Temporary



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

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

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



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

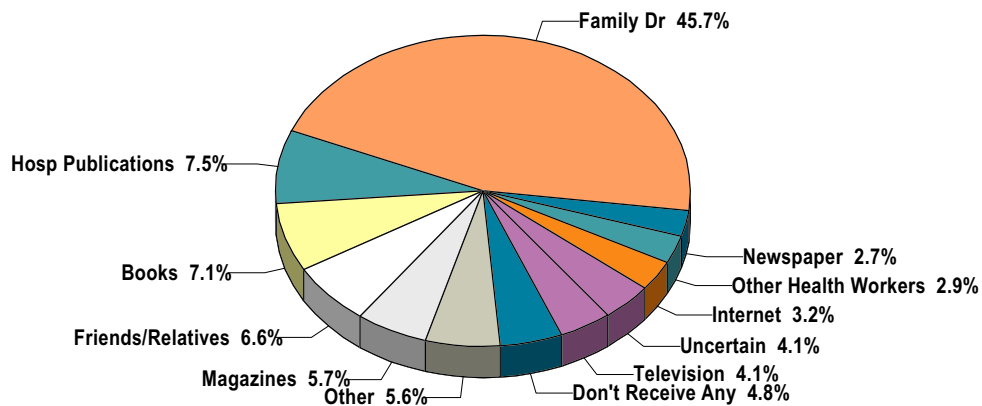
HEALTH EDUCATION & OUTREACH

Health Education Services

Sources of Health Care Information

- **45.7% of Winn 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%-8% of respondents) include: *hospital publications, books, friends/relatives, magazines, television, the Internet, other health care professionals and newspapers*.**

Winn Source of Health Care Information
(Winn Parish)

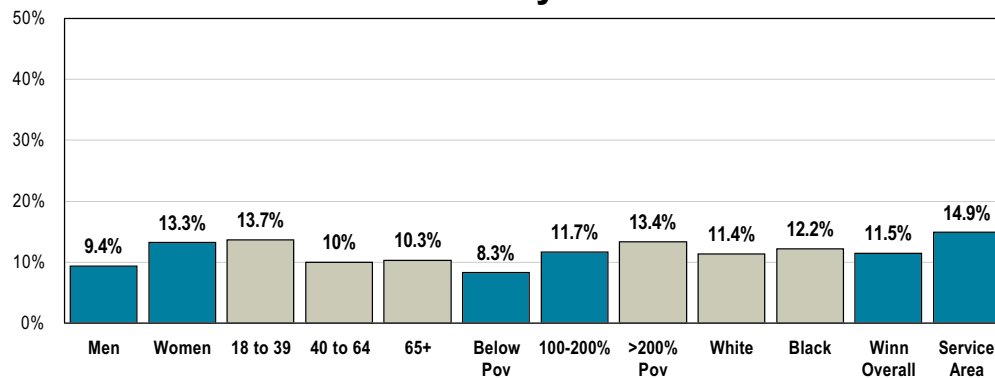


Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Asked of all respondents.

Health Promotion Activities

- 11.5% of Winn 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

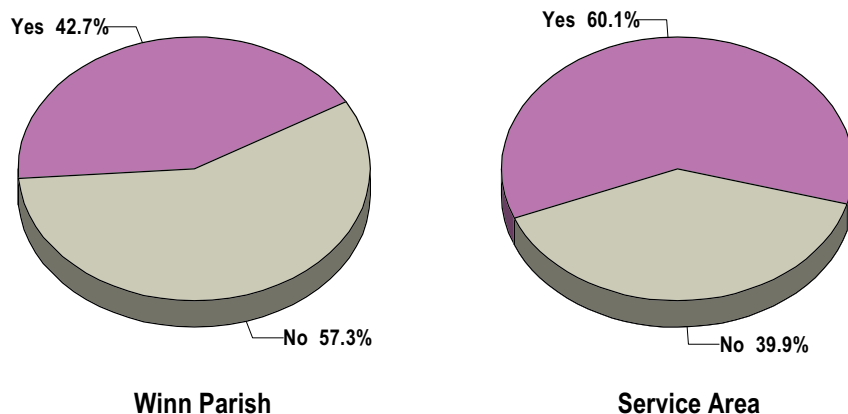


Source: 2002 PRC Community Health Survey, Professional Research Consultants

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

- 42.7% 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 mentioned that sources of local support are readily available when needed.

“We have received great support at the hospital from our board of directors, who are volunteers. They gave us input to direct our efforts toward the programs that were needed in the parish, so they take a real interest in the things we are trying to do at the hospital.”

“All the different institutions and agencies support each other and support the schools also. Our sheriff's department gives their security services free of charge to all school functions. I think all we have to do is say we need help, and there is somebody there to help you.”

Community Involvement and Outreach

Community Health Panel Findings*

“My impression of this community is the great people that live here. I always tell people the nicest people in the world live in Winnfield, Louisiana. I am not originally from here, so I am giving you an outsider's opinion.”

“We have a strong school system here. Our superintendent is great and keeps us on our toes. He makes us do our job right, and I think everybody likes his leadership style.”

“I found out firsthand how this community pulls together to help someone. When my husband was injured in a logging accident, I couldn't begin to tell you all the things that were done to help us. You don't realize until you are in that situation how important and how special the people of this parish are.”

“Our church is applying for a grant for an after-school program for the at-risk kids between the second and fifth grade. We are going to have volunteers help them with

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

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their homework, offer them snacks and play games with them and just offer them a place to go and be safe. The best thing about our program is that the majority of these kids can walk to our church directly after school.”

NEEDS OF SPECIAL POPULATIONS

Youth

Children's Education

Community Health Panel Findings*

"I think that the last census showed that 42 percent of the population hasn't graduated from high school. This might not be a health issue, but I think it is a serious one because the children have parents who don't value education, and I think this is a cycle we need to break."

"We have about 300 students enrolled in kindergarten every year, and we graduate in Winn Parish High School less than 100. We know that we have a dropout problem. We have low expectations from parents, so then we have the same from the students. This is a serious issue for us in education."

"I think the biggest problem we have in this parish is the school dropout rate. Unless we improve this problem, we are going to be stuck in the same situation in the future because it hurts the economic growth of the parish. We are not going to get businesses to locate here if we have an uneducated population that can't read or write. I think if we could improve our dropout rate, all of these other things might improve naturally. If we don't solve the high school problem, we will always be a poor parish with a small population."

"I would like to see more of the arts in Winn Parish. We tend to focus on sports, and I think that is great, but we need to broaden the kids' minds. The arts are such a great way to do that."

Supporting Parents

Community Health Panel Findings*

"I think we need to teach these young parents on how to be parents. They have kids so young and they don't have anybody to help them like a lot of us who had our parents give us advice on how to raise our kids. I think some type of inservice training would be great."

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“We have young moms who, in our estimation, lack the ability to take care of their children. Whenever the kids are sick, we have them in school running high fevers or with serious toothaches, ear infections or just so sick that they can’t function. These moms send the kids to school, they go to work and we don’t have the ability to contact them because sometimes we can’t find them, and the kids are sick and still in school.”

“I think what is worse is that the working mom will leave the house and the kids have to get themselves ready for school, get in the bus and come to school, even if they are sick and there is not a way for us to find the parent. Caller ID has hurt us because the parents won’t answer the phone if they know the school is calling. Sometimes we have children so sick that we call the local law enforcement to go and find the parents.”

“I think the only way we could get the parents to participate in a six-week parenting skills class is to have this program be a part of getting qualified for free services. This is the only way they will come to the classes.”

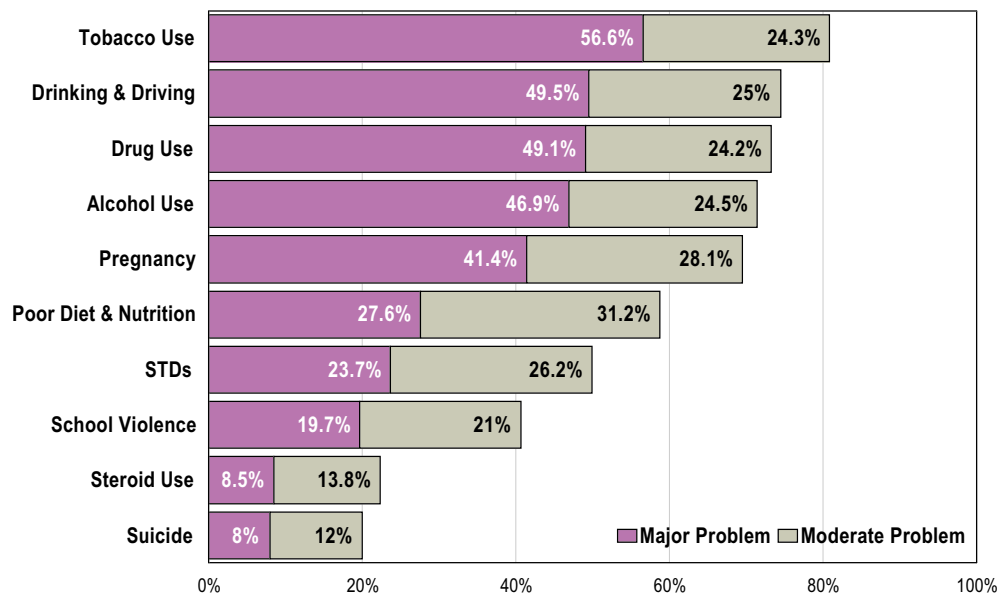
“It would really improve the future, as well as the present, if we could have some kind of parenting classes which could deal with a lot of family issues, including health- and mental-related problems.”

Community Perceptions of Adolescent Health Issues

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

- **56.6% of Winn Parish adults rate *teen tobacco use* as a “major problem” in Winn Parish.**
- **49.5% rate *teen drinking and driving* as a “major problem” in Winn Parish.**
- **49.1% rate *teen drug use* as a “major problem” in Winn Parish.**
- **46.9% rate *teen alcohol use* as a “major problem” in Winn Parish.**
- **41.4% rate *teen pregnancy* as a “major problem” in Winn 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.

Teen Issues Perceived as "Major" or "Moderate" Problems in Winn Parish



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

Community Health Panel Findings*

Community health panel comments about adolescent health issues include:

Youth Activities

“There is nothing for the kids to do here. They just ride up and down and gather in dark parking lots, and that is where the problems happen. When they stop and gather, the fights start, the smoking, alcohol, drugs or whatever kids do when they don’t have anyplace to go with supervised activities.”

“I would like to see more after-school activities for our kids, some type of organized activities that our young people could do from 3:30 p.m. until the time mom gets home from work. Our youth need more activities for their physical health and mental well-being as well as academics, and they need more supervision.”

Health Care

“I think it would really help to have a nurse in every school. Every day, we talked about how badly we need a nurse. We have to be trained to give medicine, and this is becoming a full-time job because we have so many kids taking medicine.”

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

Seniors

Senior Health Needs

Community Health Panel Findings*

Other issues identified for area seniors include:

Cost of Prescription Drugs

“People don’t realize how many elderly people we have who make as little as \$500 a month. We have two food pantries that do a great job in helping them out. They can’t live on \$500 and be able to afford medicines.”

“I know how expensive health care is as people get older. I had to take care of my mother and father, and their medication was extremely expensive because they didn’t qualify for anything. They just had enough savings to see them through to their death.”

“A lot of times the elderly have to decide, ‘Do I eat or buy my medicine?’ ”

Home Health, Assisted Living, Nursing Care, Hospice Care

“I think it would a good thing if the elderly could get more help without having to go into a nursing home. There are some people who could stay at home if they could get a little help, but they can’t, so they have to go into a nursing home, and they are not as happy as they would be at home.”

“If they are on Medicare, it will cover home visits and any other services that home health care provides, but it won’t pay for someone to stay 24 hours with the patient at home.”

“The medical staff at the hospital is involved with hospice care. We have hospice services available in Winn Parish, and it is pretty easy to access their services.”

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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	Winn Parish	US	HP2010	vs. US	vs. HP2010
Physical	% "Fair" or "Poor" Physical Health	20.7	12.3	WORSE	
	% >1 Day/Month Poor Physical Health	37.3	34.4	similar	
	% No Days/Month Very Healthy/Full of Energy	14.9	11.5	similar	
	% Activity Limitations	19.2	14.9	similar	
	% Impairment a Result of Work-Related Injury	23.4	17.7	similar	
	% >1 Workday/Year Missed Due to Illness	40.2	43.1	similar	
	% Overweight	71.2	37.8	WORSE	
	% Overweight Trying to Lose	24.2	35.9	WORSE	
	% Unhealthy Weight (BMI <18.5 or 25+)	72.5	58.5	40	WORSE Does NOT Meet Goal
	% Obese	33.4	19.1	15	WORSE Does NOT Meet Goal
Mental Health	% >1 Day/Month Poor Mental Health	27.2	31.9	similar	
	% Prolonged Depression (2+ Yrs)	34.4	23.9	WORSE	
	% Depressed Persons Seeking Help	21.3	42.5	50	WORSE Does NOT Meet Goal
	% >3 Days/Month Sad, Blue or Depressed	25	22.7	similar	
	% >3 Days/Month Worried, Tense or Anxious	43	35.8	WORSE	
	% >3 Days/Month Did Not Get Enough Rest/Sleep	49.4	56.1	BETTER	
Mortality	Age-Adjusted Firearm-Related Deaths/100,000	0	10.6	4.1	BETTER Meets Goal
	Age-Adjusted Breast Cancer Deaths/100,000	10.6	27	22.3	BETTER Meets Goal
	Age-Adjusted Cancer Deaths/100,000	272.1	202.7	159.9	WORSE Does NOT Meet Goal
	Age-Adjusted Resp Disease Deaths/100,000	36.5	45.8	BETTER	
	Age-Adjusted Diabetes Mellitus Deaths/100,000	26.3	25.2	15.1	WORSE Does NOT Meet Goal
	Age-Adjusted Heart Disease Deaths/100,000	383	267.8	213.7	WORSE Does NOT Meet Goal

Health Status	Winn Parish	US	HP2010	vs. US	vs. HP2010
Age-Adjusted Homicide Deaths/100,000	0	6.2	3	BETTER	Meets Goal
Age-Adjusted MV Accident Deaths/100,000	28.3	15	9.2	WORSE	Does NOT Meet Goal
Age-Adjusted Pneumonia/Influenza Deaths/100,000	36.9	23.6		WORSE	
Age-Adjusted Stroke Deaths/100,000	48.1	61.8	48	BETTER	Does NOT Meet Goal
Age-Adjusted Suicide Deaths/100,000	0	10.7	5	BETTER	Meets Goal
Morbidity					
Chlamydia Incidence/100,000	145.7	257.5		BETTER	
Gonorrhea Incidence/100,000	65.1	131.6	19	BETTER	Does NOT Meet Goal
Hepatitis A Incidence/100,000	4	12	4.5	BETTER	Meets Goal
Hepatitis B Incidence/100,000	0	4.2		BETTER	
Tuberculosis Incidence/100,000	7.6	5.8	1	WORSE	Does NOT Meet Goal
Primary & Secondary Syphilis Incidence/100,000	4	2.2	0.2	WORSE	Does NOT Meet Goal
% Arthritis/Rheumatism	36.9	20.3		WORSE	
% Sciatica/Chronic Back Pain	23.8	20		similar	
% Deafness/Trouble Hearing	10.7	9.3		similar	
% Diabetes/High Blood Sugar	13.2	5.5		WORSE	
% Asthma	7.8	9.9		similar	
% Chronic Heart Disease	8.4	5.7		similar	
% Blindness/Trouble Seeing	17.7	9.2		WORSE	
% Cancer (Other Than Skin)	4.3	4.5		similar	
% Chronic Lung Disease	7	6.4		similar	
% Ulcer/GI Bleeding	8.3	6		similar	
% Skin Cancer	5.5	4.9		similar	
% Kidney Disease	3.4	2.7		similar	
% Stroke	3.5	1.4		WORSE	
% Tested for AIDS Virus in Past Yr (18-64)	30.3	30.6		similar	
% "High" Chance of Getting AIDS (18-64)	2.2	2.1		similar	
% Child Has Asthma	17.3	13.4		similar	
Natality					
% Births to Teenagers	18.1	12.3		WORSE	
Teenage Birth Rate (15-19)/1,000	41	48.5		BETTER	
% No Prenatal Care in 1st Trimester	26.3	17	10	WORSE	Does NOT Meet Goal
% of Low Birthweight Births	7.9	7.6	5	WORSE	Does NOT Meet Goal
Infant Death Rate	13.2	7	4.5	WORSE	Does NOT Meet Goal
Neonatal Death Rate	7.2	4.7	2.9	WORSE	Does NOT Meet Goal
Crime					
Murder Rate/100,000	0	5.5		BETTER	
Rape Rate/100,000	7.1	32		BETTER	
Robbery Rate/100,000	14.2	144.9		BETTER	
Aggravated Assault/Battery Rate/100,000	484.1	323.6		WORSE	
% Victim of Violent Crime in Past 5 Yrs	1.2	3.8		BETTER	
% Victim of Domestic Violence in Past 5 Yrs	2.3	3.1		similar	

Health Risk		Winn Parish	US	HP2010	vs. US	vs. HP2010
CV Risk	% 1+ Cardiovascular Risk Factor	96.5	85.2		WORSE	
Nutrition	% "High" Fat Diet	18.8	10.4		WORSE	
	% Use Food Labels	60.4	68.7		WORSE	
	% Eat 5+ Servings of Fruit or Vegetables/Day	22.9	30		WORSE	
Exercise	% No Leisure-Time Physical Activity	38.3	20.2		WORSE	
	% Vigorous Exercise 3+ Times/Wk	28.8			similar	
Tobacco	% Current Smoker	18.5	22.8	12	similar	Does NOT Meet Goal
	% Smoke >1 Pack/Day	19.7	13.5		similar	
	% Have Quit 1+ Days in Past Yr	56.7	52.2	75	similar	Does NOT Meet Goal
	% Use Smokeless Tobacco	11.5	3.7		WORSE	
	% Someone Smokes at Home (HH w/Kids)	24.5		10		Does NOT Meet Goal
Substance	% Current Drinker	29.4	56.4	50	BETTER	Meets Goal
	% Chronic Drinker	4.9	5		similar	
	% Binge Drinker	14.5	16.4	6	similar	Does NOT Meet Goal
	% Drinking & Driving in Past Month	3.7	3.7		similar	
	% Taken Rx Without Dr's Orders in Past Yr	2.7	4.5		similar	
	% Taken Illegal Drug in Past Yr	1.2	3.2		BETTER	
	% Sought Help for Alcohol or Drug Problem	1.6	4.3		WORSE	
Hypertension	% Blood Pressure Checked in Past 2 Yrs	93.6	96	95	similar	similar to goal
	% Told Have High Blood Pressure	41.1	23.4	16	WORSE	Does NOT Meet Goal
	% Taking Action to Control High BP	86.5	80.7	95	similar	Does NOT Meet Goal
Cholesterol	% Cholesterol Checked in Past 5 Yrs	76.2	82.2	80	WORSE	similar to goal
	% Told Have High Cholesterol	25.4	21.4	17	similar	Does NOT Meet Goal
	% Taking Action to Control High Cholesterol	72	70		similar	

Prevention		Winn Parish	US	HP2010	vs. US	vs. HP2010
Preventive	% Have Had Routine Checkup in Past Yr	67.7	64.1		similar	
	% Child Has Had Checkup in Past Yr	88.9	85.6		similar	
	% Have Visited Dentist in Past Yr (18+)	51	68.9	56	WORSE	Does NOT Meet Goal
	% Child (1-17) Has Visited Dentist in Past Yr	77.3	69.3	56	similar	Meets Goal
	% Have Had Eye Exam in Past Yr	40.4	54.2		WORSE	
Immunization	% Children (<24 Mos) Immunized Appropriately	83	82	90	BETTER	Does NOT Meet Goal
	% Flu Shot in Past Yr (65+)	65.9	65.7	90	similar	Does NOT Meet Goal
Cancer	% Digital Rectal Exam in Past Yr (50+)	46.9	57.1		WORSE	
	% Sigmoid/Colonoscopy Ever (50+)	49.2	48.7	50	similar	similar to goal
	% Blood Stool Test in Past 2 Yrs (50+)	36.6	47.1	50	WORSE	Does NOT Meet Goal
	% Mother/Sister Diagnosed Breast Cancer (W)	8.6	11.5		similar	
	% Mammogram in Past 2 Yrs (W40+)	75.5	78.2	70	similar	similar to goal
	% Don't Know Breast Self-Exam (W)	11.6	4.2		WORSE	
	% Perform Breast Self-Exam Monthly (W)	46.3	42.9		similar	
	% Pap Smear in Past 3 Yrs (W)	77.5	84	90	similar	Does NOT Meet Goal
	% Father/Brother Diagnosed Prostate Cancer (M)	5	8.4		similar	
	% PSA or Digital Rectal Exam in Past 2 Yrs (M40+)	68.1	69.9		similar	
	% Testicular Exam Ever (M)	48.4	62.4		WORSE	
	% Don't Know Testicular Self-Exam (M)	27.5	63.5		BETTER	
	% Perform Testicular Self-Exam Monthly (M)	7.6	12.5		WORSE	
Injury Control	% "Always" Wear Seat Belt	58.7	75	92	WORSE	Does NOT Meet Goal
	% Child (<5) "Always" Uses Auto Child Restraint	95.7	98.9	100	similar	Does NOT Meet Goal

Access		Winn Parish	US	HP2010	vs. US	vs. HP2010
Insurance Cvg	% Lack Health Insurance (18-64)	34.4	15.6	0	WORSE	Does NOT Meet Goal
Primary Care	% Have a Regular Clinic or Physician	80	85	96	WORSE	Does NOT Meet Goal
	% Cost Prevented Physician Visit in Past Yr	21.5	10.4		WORSE	
	% Cost Prevented Child's Care in Past Yr	14.6	7.3		WORSE	
	% Transportation Prevented Dr Visit in Past Yr	13.1	5.2		WORSE	
	% Transportation Prevented Child's Care in Past Yr	14.2	4.1		WORSE	
	% Difficulty Getting Appointment in Past Yr	20.4	13.3	7	WORSE	Does NOT Meet Goal
	% Inconvenient Hrs Prevented Dr Visit in Past Yr	16.6	12.7		similar	
	% Cost Prevented Getting Rx in Past Yr	25.8	9.5		WORSE	
	% Difficulty Finding Dr for Child in Past Yr	8.7	5.3		similar	
	% Difficulty Getting Appt for Child in Past Yr	18.8	13.1		similar	
	% Inconv Hrs Prevented Child's Dr Visit in Past Yr	15.7	16.3		similar	
	% Cost Prevented Getting Child's Rx in Past Yr	11.7	4.4		WORSE	
	% Gone to ER More Than Once in Past Yr	13.9	5.6		WORSE	
	% Difficulty Finding Physician in Past Yr	14	7.8		WORSE	
Health Care	% Rate Local Health Care "Excellent/Very					

Summary of Findings by Issue

Cancer	Winn	US	HP2010	Significance vs. US	Significance vs. HP2010
% Don't Know Breast Self-Exam (W)	11.6	4.2		WORSE	
% "High" Fat Diet	18.8	10.4		WORSE	
% Perform Testicular Self-Exam Monthly (M)	7.6	12.5		WORSE	
Age-Adjusted Cancer Deaths/100,000	272.1	202.7	159.9	WORSE	Does NOT Meet Goal
% Eat 5+ Servings of Fruit or Vegetables/Day	22.9	30		WORSE	
% Testicular Exam Ever (M)	48.4	62.4		WORSE	
% Blood Stool Test in Past 2 Yrs (50+)	36.6	47.1	50	WORSE	Does NOT Meet Goal
% Digital Rectal Exam in Past Yr (50+)	46.9	57.1		WORSE	
% Father/Brother Diagnosed Prostate Cancer (M)	5	8.4		similar	
% Mother/Sister Diagnosed Breast Cancer (W)	8.6	11.5		similar	
% Current Smoker	18.5	22.8	12	similar	Does NOT Meet Goal
% Skin Cancer	5.5	4.9		similar	
% Perform Breast Self-Exam Monthly (W)	46.3	42.9		similar	
% Pap Smear in Past 3 Yrs (W)	77.5	84	90	similar	Does NOT Meet Goal
% Cancer (Other Than Skin)	4.3	4.5		similar	
% Mammogram in Past 2 Yrs (W40+)	75.5	78.2	70	similar	indeterminable
% PSA or Digital Rectal Exam in Past 2 Yrs (M40+)	68.1	69.9		similar	
% Sigmoid/Colonoscopy Ever (50+)	49.2	48.7	50	similar	indeterminable
Age-Adjusted Breast Cancer Deaths/100,000	10.6	27	22.3	BETTER	Meets Goal
% Don't Know Testicular Self-Exam (M)	27.5	63.5		BETTER	

Chronic Disabling Conditions	Winn	US	HP2010	Significance vs. US	Significance vs. HP2010
% Diabetes/High Blood Sugar	13.2	5.5		WORSE	
% Blindness/Trouble Seeing	17.7	9.2		WORSE	
% No Leisure-Time Physical Activity	38.3	20.2		WORSE	
% Arthritis/Rheumatism	36.9	20.3		WORSE	
% "Fair" or "Poor" Physical Health	20.7	12.3		WORSE	
Age-Adjusted Diabetes Mellitus Deaths/100,000	26.3	25.2	15.1	WORSE	Does NOT Meet Goal
% Ulcer/GI Bleeding	8.3	6		similar	
% Impairment a Result of Work-Related Injury	23.4	17.7		similar	
% No Days/Month Very Healthy/Full of Energy	14.9	11.5		similar	
% Child Has Asthma	17.3	13.4		similar	
% Activity Limitations	19.2	14.9		similar	
% Kidney Disease	3.4	2.7		similar	
% Asthma	7.8	9.9		similar	
% Sciatica/Chronic Back Pain	23.8	20		similar	
% Deafness/Trouble Hearing	10.7	9.3		similar	
% >1 Day/Month Poor Mental Health	27.2	31.9		similar	
% >1 Day/Month Poor Physical Health	37.3	34.4		similar	
% >1 Workday/Year Missed Due to Illness	40.2	43.1		similar	
% Vigorous Exercise 3+ Times/Wk	28.8			similar	

Clinical Preventive Services	Winn	US	HP2010	Significance vs. US	Significance vs. HP2010
% Transportation Prevented Child's Care in Past Yr	14.2	4.1		WORSE	
% Cost Prevented Getting Rx in Past Yr	25.8	9.5		WORSE	
% Cost Prevented Getting Child's Rx in Past Yr	11.7	4.4		WORSE	
% Transportation Prevented Dr Visit in Past Yr	13.1	5.2		WORSE	
% Gone to ER More Than Once in Past Yr	13.9	5.6		WORSE	
% Lack Health Insurance (18-64)	34.4	15.6	0	WORSE	Does NOT Meet Goal
% Cost Prevented Physician Visit in Past Yr	21.5	10.4		WORSE	
% Cost Prevented Child's Care in Past Yr	14.6	7.3		WORSE	
% Difficulty Finding Physician in Past Yr	14	7.8		WORSE	
% Difficulty Getting Appointment in Past Yr	20.4	13.3	7	WORSE	Does NOT Meet Goal
% Rate Local Health Care "Excellent/Very Good"	36.9	53.1		WORSE	
% Have Had Eye Exam in Past Yr	40.4	54.2		WORSE	
% Have a Regular Clinic or Physician	80	85	96	WORSE	Does NOT Meet Goal
% Difficulty Finding Dr for Child in Past Yr	8.7	5.3		similar	
% Difficulty Getting Appt for Child in Past Yr	18.8	13.1		similar	
% Inconvenient Hrs Prevented Dr Visit in Past Yr	16.6	12.7		similar	
% Have Had Routine Checkup in Past Yr	67.7	64.1		similar	
% Child Has Had Checkup in Past Yr	88.9	85.6		similar	
% Inconv Hrs Prevented Child's Dr Visit in Past Yr	15.7	16.3		similar	
% Flu Shot in Past Yr (65+)	65.9	65.7	90	similar	Does NOT Meet Goal

Education & Community-Based Programs	Winn	US	HP2010	Significance vs. US	Significance vs. HP2010
% Activity Limitations	19.2	14.9		similar	

Environmental Health	Winn	US	HP2010	Significance vs. US	Significance vs. HP2010
% Asthma	7.8	9.9		similar	

Family Planning	Winn	US	HP2010	Significance vs. US	Significance vs. HP2010
% Births to Teenagers	18.1	12.3		WORSE	

Heart Disease & Stroke	Winn	US	HP2010	Significance vs. US	Significance vs. HP2010
% Stroke	3.5	1.4		WORSE	
% No Leisure-Time Physical Activity	38.3	20.2		WORSE	
% Overweight	71.2	37.8		WORSE	
% "High" Fat Diet	18.8	10.4		WORSE	
% Told Have High Blood Pressure	41.1	23.4	16	WORSE	Does NOT Meet Goal
% Obese	33.4	19.1	15	WORSE	Does NOT Meet Goal
Age-Adjusted Heart Disease Deaths/100,000	383	267.8	213.7	WORSE	Does NOT Meet Goal
% Overweight Trying to Lose	24.2	35.9		WORSE	
% Unhealthy Weight (BMI <18.5 or 25+)	72.5	58.5	40	WORSE	Does NOT Meet Goal
% 1+ Cardiovascular Risk Factor	96.5	85.2		WORSE	
% Cholesterol Checked in Past 5 Yrs	76.2	82.2	80	WORSE	indeterminable
% Chronic Heart Disease	8.4	5.7		similar	
% Current Smoker	18.5	22.8	12	similar	Does NOT Meet Goal
% Told Have High Cholesterol	25.4	21.4	17	similar	Does NOT Meet Goal
% Taking Action to Control High BP	86.5	80.7	95	similar	Does NOT Meet Goal
% Taking Action to Control High Cholesterol	72	70		similar	
% Blood Pressure Checked in Past 2 Yrs	93.6	96	95	similar	indeterminable
% Vigorous Exercise 3+ Times/Wk	28.8			similar	
Age-Adjusted Stroke Deaths/100,000	48.1	61.8	48	BETTER	Does NOT Meet Goal

HIV Infection	Winn	US	HP2010	Significance vs. US	Significance vs. HP2010
% "High" Chance of Getting AIDS (18-64)	2.2	2.1		similar	
% Tested for AIDS Virus in Past Yr (18-64)	30.3	30.6		similar	

Immunization & Infectious Diseases	Winn	US	HP2010	Significance vs. US	Significance vs. HP2010
Age-Adjusted Pneumonia/Influenza Deaths/100,000	36.9	23.6		WORSE	
% Flu Shot in Past Yr (65+)	65.9	65.7	90	similar	Does NOT Meet Goal
Hepatitis B Incidence/100,000	0	4.2		BETTER	
Hepatitis A Incidence/100,000	0	12	4.5	BETTER	Meets Goal
Tuberculosis Incidence/100,000	1	5.8	1	BETTER	Meets Goal
% Children (<24 Mos) Immunized Appropriately	83	82	90	BETTER	Does NOT Meet Goal

Maternal & Infant Health	Winn	US	HP2010	Significance vs. US	Significance vs. HP2010
Infant Death Rate	13.2	7	4.5	WORSE	Does NOT Meet Goal
% No Prenatal Care in 1st Trimester	26.3	17	10	WORSE	Does NOT Meet Goal
Neonatal Death Rate	7.2	4.7	2.9	WORSE	Does NOT Meet Goal
% of Low Birthweight Births	7.9	7.6	5	WORSE	Does NOT Meet Goal
Teenage Birth Rate (15-19)/1,000	41	48.5		BETTER	

Mental Health & Mental Disorders	Winn	US	HP2010	Significance vs. US	Significance vs. HP2010
% Depressed Persons Seeking Help	21.3	42.5	50	WORSE	Does NOT Meet Goal
% Prolonged Depression (2+ Yrs)	34.4	23.9		WORSE	
% >3 Days/Month Worried, Tense or Anxious	43	35.8		WORSE	
% >3 Days/Month Sad, Blue or Depressed	25	22.7		similar	
Age-Adjusted Suicide Deaths/100,000	0	10.7	5	BETTER	Meets Goal
% >3 Days/Month Did Not Get Enough Rest/Sleep	49.4	56.1		BETTER	

Nutrition	Winn	US	HP2010	Significance vs. US	Significance vs. HP2010
% Overweight	71.2	37.8		WORSE	
% "High" Fat Diet	18.8	10.4		WORSE	
Age-Adjusted Heart Disease Deaths/100,000	383	267.8	213.7	WORSE	Does NOT Meet Goal
Age-Adjusted Cancer Deaths/100,000	272.1	202.7	159.9	WORSE	Does NOT Meet Goal
% Overweight Trying to Lose	24.2	35.9		WORSE	
% Unhealthy Weight (BMI <18.5 or 25+)	72.5	58.5	40	WORSE	Does NOT Meet Goal
% Eat 5+ Servings of Fruit or Vegetables/Day	22.9	30		WORSE	
% Use Food Labels	60.4	68.7		WORSE	
% Chronic Heart Disease	8.4	5.7		similar	
% Cancer (Other Than Skin)	4.3	4.5		similar	

Oral Health	Winn	US	HP2010	Significance vs. US	Significance vs. HP2010
% Have Visited Dentist in Past Yr (18+)	51	68.9	56	WORSE	Does NOT Meet Goal
% Child (1-17) Has Visited Dentist in Past Yr	77.3	69.3	56	similar	Meets Goal

Physical Activity & Fitness	Winn	US	HP2010	Significance vs. US	Significance vs. HP2010
% No Leisure-Time Physical Activity	38.3	20.2		WORSE	
% Overweight	71.2	37.8		WORSE	
% Obese	33.4	19.1	15	WORSE	Does NOT Meet Goal
Age-Adjusted Heart Disease Deaths/100,000	383	267.8	213.7	WORSE	Does NOT Meet Goal
% Overweight Trying to Lose	24.2	35.9		WORSE	
% Unhealthy Weight (BMI <18.5 or 25+)	72.5	58.5	40	WORSE	Does NOT Meet Goal
% Chronic Heart Disease	8.4	5.7		similar	
% Vigorous Exercise 3+ Times/Wk	28.8			similar	

Sexually Transmitted Diseases	Winn	US	HP2010	Significance vs. US	Significance vs. HP2010
Hepatitis B Incidence/100,000	0	4.2		BETTER	
Chlamydia Incidence/100,000	123	257.5		BETTER	
Gonorrhea Incidence/100,000	68	131.6	19	BETTER	Does NOT Meet Goal
(All) Syphilis Incidence/100,000	6	11.6		BETTER	

Substance Abuse	Winn	US	HP2010	Significance vs. US	Significance vs. HP2010
% Sought Help for Alcohol or Drug Problem	1.6	4.3		WORSE	
% Taken Rx Without Dr's Orders in Past Yr	2.7	4.5		similar	
% Binge Drinker	14.5	16.4	6	similar	Does NOT Meet Goal
% Chronic Drinker	4.9	5		similar	
% Drinking & Driving in Past Month	3.7	3.7		similar	
% Taken Illegal Drug in Past Yr	1.2	3.2		BETTER	
% Current Drinker	29.4	56.4	50	BETTER	Meets Goal

Tobacco	Winn	US	HP2010	Significance vs. US	Significance vs. HP2010
% Use Smokeless Tobacco	11.5	3.7		WORSE	
Age-Adjusted Heart Disease Deaths/100,000	383	267.8	213.7	WORSE	Does NOT Meet Goal
% Chronic Heart Disease	8.4	5.7		similar	
% Smoke >1 Pack/Day	19.7	13.5		similar	
% Current Smoker	18.5	22.8	12	similar	Does NOT Meet Goal
% Chronic Lung Disease	7	6.4		similar	
% Have Quit 1+ Days in Past Yr	56.7	52.2	75	similar	Does NOT Meet Goal
% Someone Smokes at Home (HH w/Kids)	24.5	23	10	similar	Does NOT Meet Goal
Age-Adjusted Resp Disease Deaths/100,000	36.5	45.8		BETTER	

Unintentional Injuries	Winn	US	HP2010	Significance vs. US	Significance vs. HP2010
Age-Adjusted MV Accident Deaths/100,000	28.3	15	9.2	WORSE	Does NOT Meet Goal
% Child (<5) "Always" Uses Auto Child Restraint	73.6	98.9	100	WORSE	Does NOT Meet Goal
% "Always" Wear Seat Belt	58.7	75	92	WORSE	Does NOT Meet Goal

Violent & Abusive Behavior	Winn	US	HP2010	Significance vs. US	Significance vs. HP2010
Aggravated Assault/Battery Rate/100,000	484.1	323.6		WORSE	
% Victim of Domestic Violence in Past 5 Yrs	2.3	3.1		similar	
Age-Adjusted Suicide Deaths/100,000	0	10.7	5	BETTER	Meets Goal
Age-Adjusted Homicide Deaths/100,000	0	6.2	3	BETTER	Meets Goal
Age-Adjusted Firearm-Related Deaths/100,000	0	10.6	4.1	BETTER	Meets Goal
Murder Rate/100,000	0	5.5		BETTER	
Robbery Rate/100,000	14.2	144.9		BETTER	
Rape Rate/100,000	7.1	32		BETTER	
% Victim of Violent Crime in Past 5 Yrs	1.2	3.8	BETTER		