2019
Community Health Needs Assessment Report
Avoyelles, Grant & Rapides Parishes, Louisiana

Prepared for:
Rapides Regional Medical Center

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2019-0134-02
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Introduction
Project Overview

Project Goals
This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in the service area of Rapides Regional Medical Center. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

Methodology

PRC Community Health Survey

Survey Instrument
The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by The Rapides Foundation and PRC and is similar to the previous surveys used in the region, allowing for data trending.

Community Defined for This Assessment
The study area for this effort is defined as the three-parish Service Area in Central Louisiana, including Avoyelles, Grant, and Rapides parishes. This community definition, determined based on the ZIP Codes of residence of recent patients of Rapides Regional Medical Center, is illustrated in the following map.
**Sample Approach & Design**

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities.

In 2018, a comprehensive health survey of Central Louisiana was completed by PRC on behalf of The Rapides Foundation. Data from the three-parish Service Area of Rapides Regional Medical Center serve to inform this Community Health Needs Assessment. The data were drawn from a random sample of 1,458 individuals age 18 and older in the Service Area, including 400 in Avoyelles Parish, 285 in Grant Parish, and 773 in Rapides Parish. Once these data were collected, the sample was weighted in proportion to the actual population distribution at the parish level so that estimates better reflect the Service Area as a whole. Population estimates were based on census data of adults age 18 and over provided through the US Census Bureau’s 2011-2015 American Community Survey.

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 1,458 respondents is ±2.5% at the 95 percent confidence level.

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**Expected Error Ranges for a Sample of 1,458 Respondents at the 95 Percent Level of Confidence**

- 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.
- If 10% of the sample of 1,458 respondents answered a certain question with a "yes," it can be asserted that between 8.5% and 11.5% (10% ± 1.5%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 47.5% and 52.5% (50% ± 2.5%) of the total population would respond "yes" if asked this question.
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. 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 geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that 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, for example, 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 Service Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child’s healthcare needs, and these children are not represented demographically in this chart.]
Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2018 guidelines place the poverty threshold for a family of four at $25,100 annual household income or lower). In sample segmentation: “very low income” refers to community members living in a household with defined poverty status; “low income” refers to households with incomes just above the poverty level and earning up to twice (100%-199%) the poverty threshold; and “mid/high income” refers to those households living on incomes which are twice or more (≥200%) the federal poverty level.

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 the defined area with a high degree of confidence.

**Online Key Informant Survey**

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Rapides Regional Medical Center; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. 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.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 50 community stakeholders took part in the Online Key Informant Survey, as outlined below:

<table>
<thead>
<tr>
<th>Key Informant Type</th>
<th>Number Invited</th>
<th>Number Participating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Public Health Representatives</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Other Health Providers</td>
<td>20</td>
<td>6</td>
</tr>
<tr>
<td>Social Services Providers</td>
<td>23</td>
<td>11</td>
</tr>
<tr>
<td>Other Community Leaders</td>
<td>116</td>
<td>30</td>
</tr>
</tbody>
</table>
Final participation included representatives of the organizations outlined below.

- Acadian Ambulance Service
- Alexandria Cardiology Clinic
- American Cancer Society
- Avoyelles Child Development Services, Inc.
- Bunkie Home Care
- Bureau of Family Health
- Central Louisiana AIDS Support Services
- Central Louisiana Arts and Healthcare, Inc.
- Central Louisiana Community Action Committee
- Central Louisiana Community Foundation
- Central Louisiana Regional Chamber of Commerce
- City of Alexandria Police Department
- First United Methodist Church of Pineville
- Inner-City Revitalization Corporation
- JB Lafargue Special Education Center
- Louisiana Office of Public Health
- Louisiana Office of Public Health (Region VI, Central Louisiana)
- Louisiana State University at Alexandria
- LSU AgCenter
- Montessori Educational Center
- Rapides Foundation
- Rapides Parish School Board
- Rapides Regional Medical Center
- Rapides Station Community Ministries, Inc.
- Rapides Women's and Children's Hospital
- St. Mary's Residential Training School
- The Food Bank of Central Louisiana
- TREE House Children's Museum
- Tunica–Biloxi Health Department
- United Way of Central Louisiana

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented. (Note that additional findings among youth representatives can be found in an appendix to this report.)

**NOTE:** These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants’ opinions and perceptions of the health needs of the residents in the area. Thus, these findings are not necessarily based on fact.
Public Health, Vital Statistics & Other Data

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

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Data

Trending

Similar surveys were administered in the Service Area in 2002, 2005, 2010, and 2013 by PRC on behalf of The Rapides Foundation. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

Louisiana Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data published online by the Centers for Disease Control and Prevention. State-level vital statistics are also provided for comparison of secondary data indicators.
Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the 2017 PRC National Health Survey; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across communities and sectors.
- Empower individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, “significance” of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community’s health needs.
For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.
Summary of Findings

Significant Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

<table>
<thead>
<tr>
<th>Areas of Opportunity Identified Through This Assessment</th>
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</thead>
<tbody>
<tr>
<td><strong>Access to Healthcare Services</strong></td>
</tr>
<tr>
<td>• Primary Care Physician Ratio</td>
</tr>
<tr>
<td>• Emergency Room Utilization</td>
</tr>
<tr>
<td>• Regular Dental Care [Adults]</td>
</tr>
<tr>
<td><strong>Cancer</strong></td>
</tr>
<tr>
<td>• Leading Cause of Death</td>
</tr>
<tr>
<td>• Cancer Deaths</td>
</tr>
<tr>
<td>○ Including Lung Cancer, Female Breast Cancer, Colorectal Cancer Deaths</td>
</tr>
<tr>
<td>• Cancer Incidence</td>
</tr>
<tr>
<td>○ Including Lung Cancer, Prostate Cancer, Colorectal Cancer</td>
</tr>
<tr>
<td>• Cancer Prevalence</td>
</tr>
<tr>
<td>• Prostate Cancer Screening [Men 50+]</td>
</tr>
<tr>
<td>• Cervical Cancer Screening [Age 21–65]</td>
</tr>
<tr>
<td><strong>Diabetes</strong></td>
</tr>
<tr>
<td>• Diabetes Prevalence</td>
</tr>
<tr>
<td>• Key Informants: Diabetes ranked as a top concern.</td>
</tr>
<tr>
<td><strong>Heart Disease &amp; Stroke</strong></td>
</tr>
<tr>
<td>• Leading Cause of Death</td>
</tr>
<tr>
<td>• Heart Disease Deaths</td>
</tr>
<tr>
<td>• Stroke Deaths</td>
</tr>
<tr>
<td>• Stroke Prevalence</td>
</tr>
<tr>
<td>• High Blood Pressure Prevalence</td>
</tr>
<tr>
<td>• High Blood Cholesterol Prevalence</td>
</tr>
<tr>
<td>• Overall Cardiovascular Risk</td>
</tr>
<tr>
<td><strong>Infant Health &amp; Family Planning</strong></td>
</tr>
<tr>
<td>• Low-Weight Births</td>
</tr>
<tr>
<td>• Teen Births</td>
</tr>
<tr>
<td><strong>Injury &amp; Violence</strong></td>
</tr>
<tr>
<td>• Unintentional Injury Deaths</td>
</tr>
<tr>
<td>○ Including Motor Vehicle Crash</td>
</tr>
<tr>
<td>• Homicide Deaths</td>
</tr>
<tr>
<td>• Firearm-Related Deaths</td>
</tr>
<tr>
<td>• Violent Crime Rate</td>
</tr>
<tr>
<td>• Domestic Violence Experience</td>
</tr>
<tr>
<td><strong>Kidney Disease</strong></td>
</tr>
<tr>
<td>• Kidney Disease Deaths</td>
</tr>
</tbody>
</table>

—continued on the following page—
### Areas of Opportunity (continued)

<table>
<thead>
<tr>
<th>Category</th>
<th>Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mental Health</strong></td>
<td>• &quot;Fair/Poor&quot; Mental Health</td>
</tr>
<tr>
<td></td>
<td>• 3+ Days/Month of Poor Mental Health</td>
</tr>
<tr>
<td></td>
<td>• Diagnosed Depression</td>
</tr>
<tr>
<td></td>
<td>• Symptoms of Chronic Depression</td>
</tr>
<tr>
<td></td>
<td>• Receiving Treatment for Mental Health</td>
</tr>
<tr>
<td></td>
<td>• Suicide Deaths</td>
</tr>
<tr>
<td></td>
<td>• Key Informants: Mental health ranked as a top concern.</td>
</tr>
<tr>
<td><strong>Nutrition, Physical Activity &amp; Weight</strong></td>
<td>• Low Food Access</td>
</tr>
<tr>
<td></td>
<td>• Food Insecurity</td>
</tr>
<tr>
<td></td>
<td>• Overweight &amp; Obesity [Adults]</td>
</tr>
<tr>
<td></td>
<td>• Trying to Lose Weight [Overweight Adults]</td>
</tr>
<tr>
<td></td>
<td>• Leisure-Time Physical Activity</td>
</tr>
<tr>
<td></td>
<td>• Strengthening Activity</td>
</tr>
<tr>
<td></td>
<td>• Meeting Physical Activity Guidelines</td>
</tr>
<tr>
<td></td>
<td>• &quot;Often&quot; See Community Members Being Active</td>
</tr>
<tr>
<td></td>
<td>• Children’s Physical Activity [Age 5-17]</td>
</tr>
<tr>
<td></td>
<td>• Children’s Screen Time [Age 5-17]</td>
</tr>
<tr>
<td></td>
<td>• Access to Recreation/Fitness Facilities</td>
</tr>
<tr>
<td></td>
<td>• Key Informants: Nutrition, physical activity, and weight ranked as a top concern.</td>
</tr>
<tr>
<td><strong>Potentially Disabling Conditions</strong></td>
<td>• &quot;Fair/Poor&quot; Physical Health</td>
</tr>
<tr>
<td></td>
<td>• 3+ Days/Month of Poor Physical Health</td>
</tr>
<tr>
<td></td>
<td>• Activity Limitations</td>
</tr>
<tr>
<td></td>
<td>• 4+ Days/Month When Health Prevented Usual Activities</td>
</tr>
<tr>
<td></td>
<td>• Arthritis/Rheumatism Prevalence [Total Sample and Age 50+]</td>
</tr>
<tr>
<td></td>
<td>• Alzheimer’s Disease Deaths</td>
</tr>
<tr>
<td><strong>Respiratory Diseases</strong></td>
<td>• Chronic Lower Respiratory Disease (CLRD) Deaths</td>
</tr>
<tr>
<td></td>
<td>• Chronic Obstructive Pulmonary Disease (COPD) Prevalence</td>
</tr>
<tr>
<td></td>
<td>• Pneumonia/Influenza Deaths</td>
</tr>
<tr>
<td></td>
<td>• Pneumonia Vaccination [Age 65+]</td>
</tr>
<tr>
<td><strong>Sexual Health</strong></td>
<td>• Gonorrhea Incidence</td>
</tr>
<tr>
<td></td>
<td>• Chlamydia Incidence</td>
</tr>
<tr>
<td></td>
<td>• HIV/AIDS Deaths</td>
</tr>
<tr>
<td><strong>Substance Abuse</strong></td>
<td>• Unintentional Drug-Related Deaths</td>
</tr>
<tr>
<td></td>
<td>• Binge Drinking</td>
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<td></td>
<td>• Riding with Potentially Drunk Drivers</td>
</tr>
<tr>
<td></td>
<td>• Illicit Drug Use</td>
</tr>
<tr>
<td></td>
<td>• Key Informants: Substance abuse ranked as a top concern.</td>
</tr>
<tr>
<td><strong>Tobacco Use</strong></td>
<td>• Cigarette Smoking Prevalence</td>
</tr>
<tr>
<td></td>
<td>• Environmental Tobacco Smoke Exposure at Home</td>
</tr>
<tr>
<td></td>
<td>• Including Among Households With Children</td>
</tr>
<tr>
<td></td>
<td>• Key Informants: Tobacco use ranked as a top concern.</td>
</tr>
</tbody>
</table>
Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment (see “Areas of Opportunity” above) was determined based on a prioritization exercise conducted among community stakeholders (representing a cross-section of community-based agencies and organizations) in conjunction with the administration of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. Mental Health
2. Substance Abuse
3. Nutrition, Physical Activity & Weight
4. Diabetes
5. Heart Disease & Stroke
6. Tobacco Use
7. Cancer
8. Sexual Health
9. Kidney Disease
10. Injury & Violence
11. Access to Healthcare Services
12. Infant Health & Family Planning
13. Respiratory Diseases
14. Potentially Disabling Conditions

Hospital Implementation Strategy

Rapides Regional Medical Center will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital’s action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital’s past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.
Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the Service Area, including comparisons among the individual parishes, as well as trend data. These data are grouped by health topic.

Reading the Summary Tables

In the following tables, Service Area results are shown in the larger, blue column. Tip: Indicator labels beginning with a “%” symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.

The green columns [to the left of the Service Area column] provide comparisons among the three parishes, identifying differences for each as “better than” (🗹), “worse than” (🗸), or “similar to” (🗹) the combined opposing parishes.

The columns to the right of the Service Area column provide trending as well as comparisons between local data and any available state and national findings, and Healthy People 2020 objectives. Again, symbols indicate whether the Service Area compares favorably (🗹), unfavorably (🗸), or comparably (🗹) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.
### Disparity Among Parishes

<table>
<thead>
<tr>
<th>Social Determinants</th>
<th>Avoyelles</th>
<th>Grant</th>
<th>Rapides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linguistically Isolated Population (Percent)</td>
<td>1.0</td>
<td>0.0</td>
<td>1.1</td>
</tr>
<tr>
<td>Population in Poverty (Percent)</td>
<td>23.7</td>
<td>20.2</td>
<td>19.6</td>
</tr>
<tr>
<td>Children Below 200% FPL (Percent)</td>
<td>31.8</td>
<td>26.1</td>
<td>27.1</td>
</tr>
<tr>
<td>% &quot;Often/Sometimes&quot; Ran Out of Food in the Past Year</td>
<td>32.9</td>
<td>26.0</td>
<td>32.6</td>
</tr>
<tr>
<td>No High School Diploma (Age 25+, Percent)</td>
<td>15.4</td>
<td>18.2</td>
<td>26.1</td>
</tr>
<tr>
<td>Unemployment Rate (Age 16+, Percent)</td>
<td>6.6</td>
<td>6.7</td>
<td>6.0</td>
</tr>
</tbody>
</table>

### Service Area vs. Benchmarks

<table>
<thead>
<tr>
<th>Service Area</th>
<th>vs.LA</th>
<th>vs.US</th>
<th>vs. HP2020</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoyelles</td>
<td>1.0</td>
<td>1.7</td>
<td>4.4</td>
<td></td>
</tr>
<tr>
<td>Grant</td>
<td>20.5</td>
<td>19.6</td>
<td>14.6</td>
<td></td>
</tr>
<tr>
<td>Rapides</td>
<td>27.9</td>
<td>27.7</td>
<td>20.3</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

**TRENDS:**
- **better**
- **similar**
- **worse**
<table>
<thead>
<tr>
<th>Overall Health</th>
<th>Disparity Among Parishes</th>
<th>Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Avoyelles</td>
<td>Grant</td>
</tr>
<tr>
<td>% &quot;Fair/Poor&quot; Overall Health</td>
<td>27.7</td>
<td>24.6</td>
</tr>
<tr>
<td>% 3+ Days Poor Physical Health in Past Month</td>
<td>37.6</td>
<td>38.3</td>
</tr>
<tr>
<td>% Activity Limitations</td>
<td>27.5</td>
<td>35.2</td>
</tr>
<tr>
<td>% [Limited Activities] Impairment Is Work-Related</td>
<td>25.3</td>
<td>20.7</td>
</tr>
<tr>
<td>% 4+ Days Health Prevented Usual Activities</td>
<td>23.6</td>
<td>24.4</td>
</tr>
</tbody>
</table>

Note: In the green section, each sub-area is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
### Disparity Among Parishes

<table>
<thead>
<tr>
<th>Access to Health Services</th>
<th>Avoyelles</th>
<th>Grant</th>
<th>Rapides</th>
<th>Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 18-64] Lack Health Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7.6</td>
<td>11.2</td>
<td>10.0</td>
<td>9.6 (vs.LA: 12.8, vs.US: 13.7, vs. HP2020: 0.0)</td>
</tr>
<tr>
<td>% Difficulty Accessing Healthcare in Past Year (Composite)</td>
<td></td>
<td></td>
<td></td>
<td>38.9 (vs.LA: 43.2)</td>
</tr>
<tr>
<td></td>
<td>40.4</td>
<td>40.0</td>
<td>38.2</td>
<td></td>
</tr>
<tr>
<td>% Difficulty Finding Physician in Past Year</td>
<td></td>
<td></td>
<td></td>
<td>12.2 (vs.LA: 13.4)</td>
</tr>
<tr>
<td></td>
<td>16.0</td>
<td>11.2</td>
<td>11.2</td>
<td></td>
</tr>
<tr>
<td>% Difficulty Getting Appointment in Past Year</td>
<td></td>
<td></td>
<td></td>
<td>16.5 (vs.LA: 17.5)</td>
</tr>
<tr>
<td></td>
<td>18.5</td>
<td>16.7</td>
<td>15.8</td>
<td></td>
</tr>
<tr>
<td>% Cost Prevented Physician Visit in Past Year</td>
<td></td>
<td></td>
<td></td>
<td>16.3 (vs.LA: 17.1)</td>
</tr>
<tr>
<td></td>
<td>18.9</td>
<td>14.9</td>
<td>15.7</td>
<td></td>
</tr>
<tr>
<td>% Transportation Hindered Dr Visit in Past Year</td>
<td></td>
<td></td>
<td></td>
<td>8.4 (vs.LA: 8.3)</td>
</tr>
<tr>
<td></td>
<td>9.2</td>
<td>11.9</td>
<td>7.5</td>
<td></td>
</tr>
<tr>
<td>% Inconvenient Hrs Prevented Dr Visit in Past Year</td>
<td></td>
<td></td>
<td></td>
<td>12.1 (vs.LA: 12.5)</td>
</tr>
<tr>
<td></td>
<td>17.1</td>
<td>11.6</td>
<td>10.7</td>
<td></td>
</tr>
<tr>
<td>% Cost Prevented Getting Prescription in Past Year</td>
<td></td>
<td></td>
<td></td>
<td>17.2 (vs.LA: 14.9)</td>
</tr>
<tr>
<td></td>
<td>21.1</td>
<td>14.5</td>
<td>16.4</td>
<td></td>
</tr>
<tr>
<td>% Difficulty Getting Child's Healthcare in Past Year</td>
<td></td>
<td></td>
<td></td>
<td>5.7 (vs.LA: 5.6)</td>
</tr>
<tr>
<td></td>
<td>4.0</td>
<td>6.8</td>
<td>6.0</td>
<td></td>
</tr>
<tr>
<td>Primary Care Doctors per 100,000</td>
<td></td>
<td></td>
<td></td>
<td>73.0 (vs.LA: 78.7, vs.US: 87.8)</td>
</tr>
<tr>
<td></td>
<td>31.6</td>
<td>8.9</td>
<td>96.6</td>
<td></td>
</tr>
</tbody>
</table>
### Access to Health Services (continued)

<table>
<thead>
<tr>
<th></th>
<th>Disparity Among Parishes</th>
<th>Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Avoyelles</td>
<td>Grant</td>
</tr>
<tr>
<td>% Have a Specific Source of Ongoing Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Have Had Routine Checkup in Past Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Child Has Had Checkup in Past Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Child [Age 5-17] Has Discussed School's Health Ed Activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Two or More ER Visits in Past Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Rate Local Healthcare “Fair/Poor”</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
<table>
<thead>
<tr>
<th>Cancer</th>
<th>Avoyelles</th>
<th>Grant</th>
<th>Rapides</th>
<th>Service Area</th>
<th>Service Area vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer (Age-Adjusted Death Rate)</td>
<td>194.2</td>
<td>159.5</td>
<td>171.6</td>
<td>175.3</td>
<td>175.7 175.5 161.4</td>
<td>207.6</td>
</tr>
<tr>
<td>Lung Cancer (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td>48.7</td>
<td>47.6 38.5 45.5</td>
<td></td>
</tr>
<tr>
<td>Prostate Cancer (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td>21.4</td>
<td>20.3 18.9 21.8</td>
<td></td>
</tr>
<tr>
<td>Female Breast Cancer (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td>26.6</td>
<td>22.5 20.1 20.7</td>
<td></td>
</tr>
<tr>
<td>Colorectal Cancer (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td>19.0</td>
<td>16.5 13.9 14.5</td>
<td></td>
</tr>
<tr>
<td>Female Breast Cancer Incidence Rate</td>
<td>92.8</td>
<td>83.3</td>
<td>117.1</td>
<td>108.5</td>
<td>124.1 124.7</td>
<td></td>
</tr>
<tr>
<td>Prostate Cancer Incidence Rate</td>
<td>125.9</td>
<td>106.8</td>
<td>160.3</td>
<td>146.7</td>
<td>137.4 109.0</td>
<td></td>
</tr>
<tr>
<td>Lung Cancer Incidence Rate</td>
<td>79.7</td>
<td>84.4</td>
<td>68.9</td>
<td>72.9</td>
<td>68.8 60.2</td>
<td></td>
</tr>
<tr>
<td>Colorectal Cancer Incidence Rate</td>
<td>54.0</td>
<td>46.8</td>
<td>48.5</td>
<td>49.5</td>
<td>46.5 39.2</td>
<td></td>
</tr>
<tr>
<td>% Cancer</td>
<td>9.2</td>
<td>8.4</td>
<td>7.2</td>
<td>7.8</td>
<td>6.5 3.9</td>
<td>5.9</td>
</tr>
<tr>
<td>% [Men 50+] Prostate Exam in Past 2 Years</td>
<td>77.7</td>
<td>69.7</td>
<td>66.3</td>
<td>68.7</td>
<td>77.2 79.8</td>
<td></td>
</tr>
</tbody>
</table>
### Cancer (continued)

<table>
<thead>
<tr>
<th>Disparity Among Parishes</th>
<th>Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Service Area vs. LA vs. US vs. HP2020</td>
</tr>
<tr>
<td></td>
<td>TREND</td>
</tr>
<tr>
<td>% [Women 50-74] Mammogram in Past 2 Years</td>
<td>82.9</td>
</tr>
<tr>
<td>% [Women 21-65] Pap Smear in Past 3 Years</td>
<td>75.3</td>
</tr>
<tr>
<td>% [Age 50-75] Colorectal Cancer Screening</td>
<td>75.1</td>
</tr>
</tbody>
</table>

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### Dementias, Including Alzheimer's Disease

<table>
<thead>
<tr>
<th>Disparity Among Parishes</th>
<th>Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Service Area vs. LA vs. US vs. HP2020</td>
</tr>
<tr>
<td></td>
<td>TREND</td>
</tr>
<tr>
<td>Alzheimer's Disease (Age-Adjusted Death Rate)</td>
<td>57.2</td>
</tr>
</tbody>
</table>

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
### Disparity Among Parishes

#### Diabetes

<table>
<thead>
<tr>
<th>Diabetes (Age-Adjusted Death Rate)</th>
<th>Avoyelles</th>
<th>Grant</th>
<th>Rapides</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>22.8</td>
<td>37.1</td>
<td>8.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Diabetes/High Blood Sugar</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>17.0</td>
<td>18.0</td>
<td>15.3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Borderline/Pre-Diabetes</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6.3</td>
<td>5.0</td>
<td>6.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% [Diabetics] Taking Action to Control Diabetes</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>97.1</td>
<td>93.1</td>
<td>92.3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% [Non-Diabetes] Blood Sugar Tested in Past 3 Years</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>53.5</td>
<td>58.7</td>
<td>55.0</td>
</tr>
</tbody>
</table>

#### Service Area vs. Benchmarks

<table>
<thead>
<tr>
<th>Service Area</th>
<th>vs.LA</th>
<th>vs.US</th>
<th>vs. HP2020</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoyelles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grant</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapides</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### TRENDS

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
### Heart Disease & Stroke

<table>
<thead>
<tr>
<th>Measure</th>
<th>Avoyelles</th>
<th>Grant</th>
<th>Rapides</th>
<th>Service Area vs. Benchmarks</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the Heart (Age-Adjusted Death Rate)</td>
<td>243.6</td>
<td>233.7</td>
<td>271.7</td>
<td>213.2 166.3 156.9</td>
<td>247.7</td>
</tr>
<tr>
<td>Stroke (Age-Adjusted Death Rate)</td>
<td>66.2</td>
<td>41.2</td>
<td>58.3</td>
<td>46.5  37.5 34.8</td>
<td>57.5</td>
</tr>
<tr>
<td>% Heart Disease (Heart Attack, Angina, Coronary Disease)</td>
<td>10.5</td>
<td>13.6</td>
<td>8.4</td>
<td>8.0  7.6</td>
<td>7.6</td>
</tr>
<tr>
<td>% Stroke</td>
<td>5.6</td>
<td>7.3</td>
<td>3.9</td>
<td>4.7  4.7</td>
<td>2.2</td>
</tr>
<tr>
<td>% Blood Pressure Checked in Past 2 Years</td>
<td>95.2</td>
<td>95.4</td>
<td>95.3</td>
<td>90.4 92.6 95.4</td>
<td>95.4</td>
</tr>
<tr>
<td>% Told Have High Blood Pressure (Ever)</td>
<td>52.0</td>
<td>51.8</td>
<td>45.0</td>
<td>39.3 37.0 26.9</td>
<td>34.3</td>
</tr>
<tr>
<td>% [HBP] Taking Action to Control High Blood Pressure</td>
<td>92.1</td>
<td>85.9</td>
<td>94.7</td>
<td>93.8 87.8</td>
<td>87.8</td>
</tr>
<tr>
<td>% Cholesterol Checked in Past 5 Years</td>
<td>90.3</td>
<td>90.8</td>
<td>88.5</td>
<td>85.9 85.1 82.1</td>
<td>80.9</td>
</tr>
<tr>
<td>% Told Have High Cholesterol (Ever)</td>
<td>38.3</td>
<td>39.6</td>
<td>34.8</td>
<td>36.2 13.5</td>
<td>25.9</td>
</tr>
<tr>
<td>% [HBC] Taking Action to Control High Blood Cholesterol</td>
<td>94.7</td>
<td>82.4</td>
<td>90.9</td>
<td>87.3 71.3</td>
<td>71.3</td>
</tr>
<tr>
<td>% 1+ Cardiovascular Risk Factor</td>
<td>91.3</td>
<td>93.9</td>
<td>89.1</td>
<td>87.2 93.9</td>
<td>93.9</td>
</tr>
</tbody>
</table>
## Disparity Among Parishes

### HIV

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Avoyelles</th>
<th>Grant</th>
<th>Rapides</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV Prevalence Rate</td>
<td>431.8</td>
<td>232.4</td>
<td>415.2</td>
</tr>
</tbody>
</table>

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### Immunization & Infectious Diseases

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Avoyelles</th>
<th>Grant</th>
<th>Rapides</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 65+] Flu Vaccine in Past Year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Age 65+] Pneumonia Vaccine Ever</td>
<td>71.8</td>
<td>76.0</td>
<td>70.7</td>
</tr>
</tbody>
</table>

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
## Community Health Needs Assessment

### Disparity Among Parishes

#### Infant Health & Family Planning

<table>
<thead>
<tr>
<th>Measure</th>
<th>Avoyelles</th>
<th>Grant</th>
<th>Rapides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Birthweight Births (Percent)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>11.0</td>
<td>8.6</td>
<td>10.7</td>
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<tr>
<td>Infant Death Rate</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>8.5</td>
<td>5.6</td>
<td></td>
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<tr>
<td>Teen Births per 1,000 (Age 15-19)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>72.8</td>
<td>67.9</td>
<td>57.8</td>
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#### Injury & Violence

<table>
<thead>
<tr>
<th>Measure</th>
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<th>Grant</th>
<th>Rapides</th>
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<tbody>
<tr>
<td>Unintentional Injury (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>59.2</td>
<td>57.6</td>
<td>60.2</td>
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<tr>
<td>Motor Vehicle Crashes (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% &quot;Always&quot; Wear Seat Belt</td>
<td>82.2</td>
<td>83.7</td>
<td>86.8</td>
</tr>
<tr>
<td>% Child [Age 0 -17] &quot;Always&quot; Uses Seat Belt/Car Seat</td>
<td>85.6</td>
<td>97.7</td>
<td>96.5</td>
</tr>
<tr>
<td>[65+] Falls (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Firearm-Related Deaths (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>20.9</td>
<td>21.0</td>
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### Service Area vs. Benchmarks

<table>
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<tr>
<td>Low Birthweight Births (Percent)</td>
<td></td>
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<tr>
<td></td>
<td>10.6</td>
<td>10.9 8.2 7.6</td>
<td>10.9</td>
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<td>Infant Death Rate</td>
<td></td>
<td>vs.LA vs.US vs. HP2020</td>
<td></td>
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<tr>
<td></td>
<td>6.2</td>
<td>7.6 5.8 6.0</td>
<td>7.4</td>
</tr>
<tr>
<td>Teen Births per 1,000 (Age 15-19)</td>
<td></td>
<td>vs.LA vs.US vs. HP2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td>61.8</td>
<td>50.2 36.6 65.8</td>
<td></td>
</tr>
<tr>
<td>Unintentional Injury (Age-Adjusted Death Rate)</td>
<td></td>
<td>vs.LA vs.US vs. HP2020</td>
<td></td>
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<tr>
<td></td>
<td>59.5</td>
<td>57.0 46.7 36.4</td>
<td>51.0</td>
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<tr>
<td>Motor Vehicle Crashes (Age-Adjusted Death Rate)</td>
<td></td>
<td>vs.LA vs.US vs. HP2020</td>
<td></td>
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<tr>
<td></td>
<td>18.9</td>
<td>16.9 11.4 12.4</td>
<td></td>
</tr>
<tr>
<td>% &quot;Always&quot; Wear Seat Belt</td>
<td></td>
<td>vs.LA vs.US vs. HP2020</td>
<td></td>
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<tr>
<td></td>
<td>85.5</td>
<td>85.6 92.0 67.2</td>
<td></td>
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<tr>
<td>% Child [Age 0 -17] &quot;Always&quot; Uses Seat Belt/Car Seat</td>
<td></td>
<td>vs.LA vs.US vs. HP2020</td>
<td></td>
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<tr>
<td></td>
<td>94.6</td>
<td>85.6 47.0</td>
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</tr>
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<td>[65+] Falls (Age-Adjusted Death Rate)</td>
<td></td>
<td>vs.LA vs.US vs. HP2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td>37.9</td>
<td>41.1 62.1 47.0</td>
<td></td>
</tr>
<tr>
<td>Firearm-Related Deaths (Age-Adjusted Death Rate)</td>
<td></td>
<td>vs.LA vs.US vs. HP2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td>19.9</td>
<td>21.1 11.6 9.3</td>
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</table>
### Injury & Violence (continued)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Avoyelles</th>
<th>Grant</th>
<th>Rapides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homicide (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
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<tr>
<td>Violent Crime Rate</td>
<td>689.3</td>
<td>76.3</td>
<td>902.3</td>
</tr>
<tr>
<td>% Victim of Violent Crime in Past 5 Years</td>
<td>4.6</td>
<td>2.5</td>
<td>3.4</td>
</tr>
<tr>
<td>% Victim of Domestic Violence (Ever)</td>
<td>19.0</td>
<td>21.9</td>
<td>16.9</td>
</tr>
<tr>
<td>% Victim of Domestic Violence in Past 5 Years</td>
<td>5.9</td>
<td>2.3</td>
<td>4.8</td>
</tr>
</tbody>
</table>

#### Note:
- In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

### Disparity Among Parishes

#### Service Area vs. Benchmarks

<table>
<thead>
<tr>
<th>TRENDS vs. LA vs. US vs. HP2020</th>
</tr>
</thead>
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<tr>
<td>TREND</td>
</tr>
<tr>
<td>10.2</td>
</tr>
<tr>
<td>13.7</td>
</tr>
<tr>
<td>6.0</td>
</tr>
<tr>
<td>5.5</td>
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<tr>
<td>8.1</td>
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<tr>
<td>761.3</td>
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<td>512.9</td>
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<td>379.7</td>
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<td>3.7</td>
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<tr>
<td>3.2</td>
</tr>
<tr>
<td>17.9</td>
</tr>
<tr>
<td>14.2</td>
</tr>
<tr>
<td>12.3</td>
</tr>
<tr>
<td>4.7</td>
</tr>
</tbody>
</table>

#### Note:
- Better: Avoyelles > Grant > Rapides
- Similar: Avoyelles = Grant = Rapides
- Worse: Avoyelles < Grant < Rapides

### Disparity Among Parishes

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Avoyelles</th>
<th>Grant</th>
<th>Rapides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidney Disease (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney Disease (Age-Adjusted Death Rate)</td>
<td>18.4</td>
<td>18.7</td>
<td></td>
</tr>
</tbody>
</table>

#### Note:
- In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
## Community Health Needs Assessment

### Disparity Among Parishes

<table>
<thead>
<tr>
<th>Mental Health</th>
<th>Avoyelles</th>
<th>Grant</th>
<th>Rapides</th>
</tr>
</thead>
<tbody>
<tr>
<td>% &quot;Fair/Poor&quot; Mental Health</td>
<td>23.5</td>
<td>15.5</td>
<td>15.7</td>
</tr>
<tr>
<td>% 3+ Days Poor Mental Health in Past Month</td>
<td>36.1</td>
<td>30.5</td>
<td>32.1</td>
</tr>
<tr>
<td>% Diagnosed Depression</td>
<td>29.2</td>
<td>29.2</td>
<td>26.7</td>
</tr>
<tr>
<td>% Symptoms of Chronic Depression (2+ Years)</td>
<td>42.1</td>
<td>40.4</td>
<td>36.0</td>
</tr>
<tr>
<td>Suicide (Age-Adjusted Death Rate)</td>
<td>19.4</td>
<td>19.1</td>
<td></td>
</tr>
<tr>
<td>% Had Someone to Turn to &quot;All/Most&quot; of the Time in Past Month</td>
<td>84.5</td>
<td>88.4</td>
<td>83.5</td>
</tr>
<tr>
<td>% Taking Rx/Receiving Mental Health Trtmt</td>
<td>25.9</td>
<td>21.9</td>
<td>23.2</td>
</tr>
<tr>
<td>% Have Ever Sought Help for Mental Health</td>
<td>37.9</td>
<td>40.1</td>
<td>33.9</td>
</tr>
<tr>
<td>% [Those With Diagnosed Depression] Seeking Help</td>
<td>90.3</td>
<td>92.6</td>
<td>86.1</td>
</tr>
<tr>
<td>Mental Health Providers per 100,000</td>
<td>178.1</td>
<td>49.2</td>
<td>483.1</td>
</tr>
<tr>
<td>% Unable to Get Mental Health Svcs in Past Yr</td>
<td>5.9</td>
<td>4.4</td>
<td>5.9</td>
</tr>
</tbody>
</table>

### Service Area vs. Benchmarks vs. HP2020

<table>
<thead>
<tr>
<th>Service Area vs. Benchmarks</th>
<th>Service Area vs. HP2020</th>
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</thead>
<tbody>
<tr>
<td>vs.LA</td>
<td>vs.US</td>
</tr>
<tr>
<td>vs.US</td>
<td>vs. HP2020</td>
</tr>
<tr>
<td>TRENDS</td>
<td></td>
</tr>
<tr>
<td>% &quot;Fair/Poor&quot; Mental Health</td>
<td>17.3</td>
</tr>
<tr>
<td>% 3+ Days Poor Mental Health in Past Month</td>
<td>32.7</td>
</tr>
<tr>
<td>% Diagnosed Depression</td>
<td>27.5</td>
</tr>
<tr>
<td>% Symptoms of Chronic Depression (2+ Years)</td>
<td>37.8</td>
</tr>
<tr>
<td>Suicide (Age-Adjusted Death Rate)</td>
<td>18.6</td>
</tr>
<tr>
<td>% Had Someone to Turn to &quot;All/Most&quot; of the Time in Past Month</td>
<td>84.2</td>
</tr>
<tr>
<td>% Taking Rx/Receiving Mental Health Trtmt</td>
<td>23.6</td>
</tr>
<tr>
<td>% Have Ever Sought Help for Mental Health</td>
<td>35.5</td>
</tr>
<tr>
<td>% [Those With Diagnosed Depression] Seeking Help</td>
<td>87.9</td>
</tr>
<tr>
<td>Mental Health Providers per 100,000</td>
<td>369.3</td>
</tr>
<tr>
<td>% Unable to Get Mental Health Svcs in Past Yr</td>
<td>5.7</td>
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</tbody>
</table>

**PRC, Inc.**
## Community Health Needs Assessment

<table>
<thead>
<tr>
<th>Nutrition, Physical Activity &amp; Weight</th>
<th>Disparity Among Parishes</th>
<th>Service Area</th>
<th>Service Area vs. Benchmarks</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Eat 5+ Servings of Fruit or Vegetables per Day</td>
<td>Avoyelles</td>
<td>Grant</td>
<td>Rapides</td>
<td>34.1</td>
</tr>
<tr>
<td>% [Adults] Eats 2+ Servings of Fruit per Day</td>
<td>31.1</td>
<td>33.4</td>
<td>35.1</td>
<td>48.1</td>
</tr>
<tr>
<td>% [Adults] Eats 3+ Servings of Vegetables per Day</td>
<td>50.2</td>
<td>46.5</td>
<td>47.7</td>
<td>27.4</td>
</tr>
<tr>
<td>% Child [Age 2 -17] Eats 5+ Fruits/Vegetables per Day</td>
<td>22.9</td>
<td>27.8</td>
<td>28.7</td>
<td>54.0</td>
</tr>
<tr>
<td>% Difficulty Getting Fresh Fruits &amp; Vegetables</td>
<td>52.8</td>
<td>56.8</td>
<td>53.9</td>
<td>13.2</td>
</tr>
<tr>
<td>% Medical Advice About Nutrition in Past Year</td>
<td>46.4</td>
<td>45.1</td>
<td>44.8</td>
<td>45.2</td>
</tr>
<tr>
<td>Population With Low Food Access (Percent)</td>
<td>16.4</td>
<td>19.5</td>
<td>33.8</td>
<td>28.5</td>
</tr>
<tr>
<td>% No Leisure-Time Physical Activity</td>
<td>31.8</td>
<td>23.9</td>
<td>34.2</td>
<td>32.5</td>
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<tr>
<td>% Meeting Physical Activity Guidelines</td>
<td>16.7</td>
<td>15.8</td>
<td>19.1</td>
<td>18.2</td>
</tr>
<tr>
<td>% [Adults] Vigorous Physical Activity</td>
<td>25.2</td>
<td>39.7</td>
<td>27.7</td>
<td>28.6</td>
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<tr>
<td>% [Adults] Moderate Physical Activity</td>
<td>25.9</td>
<td>21.6</td>
<td>22.8</td>
<td>23.3</td>
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**PRC, Inc.**

32
### Disparity Among Parishes

<table>
<thead>
<tr>
<th>Nutrition, Physical Activity &amp; Weight (continued)</th>
<th>Avoyelles</th>
<th>Grant</th>
<th>Rapides</th>
<th>Service Area</th>
<th>Service Area vs. Benchmarks</th>
<th>TRENDS</th>
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<tbody>
<tr>
<td>% Strengthening Activity</td>
<td>22.0</td>
<td>28.4</td>
<td>27.5</td>
<td>26.4</td>
<td>27.2 vs. 33.8 vs. 26.9</td>
<td>26.9</td>
</tr>
<tr>
<td>% Walk Regularly (5+ Times Per Week For &gt;10 Minutes)</td>
<td>44.7</td>
<td>45.4</td>
<td>36.9</td>
<td>39.6</td>
<td></td>
<td>39.2</td>
</tr>
<tr>
<td>% &quot;Often&quot; See Others in Community Being Physically Active</td>
<td>32.9</td>
<td>28.9</td>
<td>46.1</td>
<td>41.3</td>
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<td>46.9</td>
</tr>
<tr>
<td>% &quot;Fair/Poor&quot; Local Physical Activity Opportunities</td>
<td>46.1</td>
<td>47.5</td>
<td>28.3</td>
<td>34.4</td>
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<tr>
<td>Recreation/Fitness Facilities per 100,000</td>
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<td>0.0</td>
<td>7.6</td>
<td>6.1</td>
<td>9.5 vs. 11.0</td>
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<tr>
<td>% Medical Advice About Exercise in Past Year</td>
<td>48.8</td>
<td>50.4</td>
<td>43.2</td>
<td>45.3</td>
<td></td>
<td>38.8</td>
</tr>
<tr>
<td>% Overweight (BMI 25+)</td>
<td>76.5</td>
<td>76.2</td>
<td>73.0</td>
<td>74.1</td>
<td>69.2 vs. 67.8 vs. 67.2</td>
<td></td>
</tr>
<tr>
<td>% Healthy Weight (BMI 18.5-24.9)</td>
<td>22.8</td>
<td>21.4</td>
<td>26.0</td>
<td>24.7</td>
<td>28.0 vs. 30.3 vs. 33.9 vs. 30.9</td>
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</tr>
<tr>
<td>% [Overweights] Trying to Lose Weight Both Diet/Exercise</td>
<td>33.7</td>
<td>35.4</td>
<td>31.2</td>
<td>32.3</td>
<td>39.5 vs. 27.2</td>
<td></td>
</tr>
<tr>
<td>% Obese (BMI 30+)</td>
<td>44.5</td>
<td>42.5</td>
<td>39.0</td>
<td>40.6</td>
<td>35.5 vs. 32.8 vs. 30.5 vs. 29.7</td>
<td></td>
</tr>
<tr>
<td>% Medical Advice on Weight in Past Year</td>
<td>27.0</td>
<td>25.1</td>
<td>23.9</td>
<td>24.7</td>
<td></td>
<td>26.1</td>
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<tr>
<td>Nutrition, Physical Activity &amp; Weight (continued)</td>
<td>Disparity Among Parishes</td>
<td>Service Area vs. Benchmarks</td>
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<td>-------------------------</td>
<td>-----------------------------</td>
<td>--------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Overweights] Counseled About Weight in Past Year</td>
<td>Avoyelles 33.5</td>
<td>Grant 29.2</td>
<td>Rapides 29.3</td>
<td>Service Area vs.LA 30.2</td>
<td>vs.US 29.0</td>
<td>vs.HP2020 16.7</td>
</tr>
<tr>
<td>% Child [Age 5-17] Healthy Weight</td>
<td>Avoyelles 50.3</td>
<td>Grant 58.4</td>
<td>Rapides 55.3</td>
<td>Service Area vs.LA 38.7</td>
<td>vs.US 33.0</td>
<td>vs.HP2020 50.9</td>
</tr>
<tr>
<td>% Children [Age 5-17] Overweight (85th Percentile)</td>
<td>Avoyelles 22.1</td>
<td>Grant 20.4</td>
<td>Rapides 14.5</td>
<td>Service Area vs.LA 4.2</td>
<td>vs.US 35.1</td>
<td>vs.HP2020 35.1</td>
</tr>
<tr>
<td>% Children [Age 5-17] Obese (95th Percentile)</td>
<td>Avoyelles 53.6</td>
<td>Grant 50.5</td>
<td>Rapides</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Have Been Told That Child [&lt;18] Is Overweight</td>
<td>Avoyelles 3.6</td>
<td>Grant 4.9</td>
<td>Rapides 4.3</td>
<td>Service Area vs.LA 57.9</td>
<td>vs.US 51.3</td>
<td>vs.HP2020 52.8</td>
</tr>
<tr>
<td>% Child [Age 2-17] Physically Active 1+ Hours per Day</td>
<td>Avoyelles 71.6</td>
<td>Grant 77.9</td>
<td>Rapides 67.4</td>
<td>Service Area vs.LA 58.5</td>
<td>vs.US 36.4</td>
<td>vs.HP2020</td>
</tr>
<tr>
<td>% Child [Age 5-17] Vigorous Physical Activity</td>
<td>Avoyelles 34.7</td>
<td>Grant 36.4</td>
<td>Rapides</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Child [Age 5-17] Moderate Physical Activity</td>
<td>Avoyelles 37.2</td>
<td>Grant 10.6</td>
<td>Rapides 47.9</td>
<td>Service Area vs.LA 71.5</td>
<td>vs.US</td>
<td></td>
</tr>
<tr>
<td>% Child [Age 5-17] Watches TV 3+ Hours per Day</td>
<td>Avoyelles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Child [Age 5-17] Non-TV Screen Time 3+ Hours per Day</td>
<td>Avoyelles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Child [Age 5-17] 3+ Hours per Day of Total Screen Time</td>
<td>Avoyelles 71.5</td>
<td>Grant</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**P R C, I n c.**
## Oral Health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Avoyelles</th>
<th>Grant</th>
<th>Rapides</th>
<th>Service Area</th>
<th>vs. LA</th>
<th>vs. US</th>
<th>vs. HP2020</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 18+] Dental Visit in Past Year</td>
<td>49.6</td>
<td>50.2</td>
<td>58.5</td>
<td>55.6</td>
<td>56.6</td>
<td>59.7</td>
<td>49.0</td>
<td>60.2</td>
</tr>
<tr>
<td>% Child [Age 2-17] Dental Visit in Past Year</td>
<td>86.4</td>
<td>84.4</td>
<td>88.9</td>
<td>88.0</td>
<td>87.0</td>
<td>49.0</td>
<td>85.8</td>
<td></td>
</tr>
</tbody>
</table>

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

## Potentially Disabling Conditions

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Avoyelles</th>
<th>Grant</th>
<th>Rapides</th>
<th>Service Area</th>
<th>vs. LA</th>
<th>vs. US</th>
<th>vs. HP2020</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [50+] Arthritis/Rheumatism</td>
<td>46.1</td>
<td>45.9</td>
<td>44.7</td>
<td>45.1</td>
<td>38.3</td>
<td>33.2</td>
<td>37.6</td>
<td></td>
</tr>
<tr>
<td>% Arthritis</td>
<td>32.7</td>
<td>31.2</td>
<td>29.2</td>
<td>30.2</td>
<td>23.1</td>
<td>25.2</td>
<td>31.5</td>
<td></td>
</tr>
<tr>
<td>% Eye Exam in Past 2 Years</td>
<td>64.7</td>
<td>54.2</td>
<td>60.1</td>
<td>60.4</td>
<td>55.3</td>
<td>57.9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Community Health Needs Assessment

#### Disparity Among Parishes

<table>
<thead>
<tr>
<th>Quality of Life</th>
<th>Avoyelles</th>
<th>Grant</th>
<th>Rapides</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>% &quot;Fair/Poor&quot; Overall Quality of Life in Central Louisiana</td>
<td>32.1</td>
<td>26.2</td>
<td>23.0</td>
<td></td>
</tr>
<tr>
<td>% Parish Life: Wrong Track and Getting Worse</td>
<td>22.3</td>
<td>15.4</td>
<td>12.7</td>
<td></td>
</tr>
<tr>
<td>% &quot;Fair/Poor&quot; Availability of Affordable Housing</td>
<td>47.7</td>
<td>43.2</td>
<td>39.2</td>
<td></td>
</tr>
<tr>
<td>% Displaced From Housing in Past 2 Years</td>
<td>13.5</td>
<td>12.8</td>
<td>13.1</td>
<td></td>
</tr>
<tr>
<td>% &quot;Fair/Poor&quot; Condition of Neighborhood Homes</td>
<td>21.7</td>
<td>22.0</td>
<td>18.5</td>
<td></td>
</tr>
<tr>
<td>% Know 10+ People Benefiting from Charities</td>
<td>42.5</td>
<td>40.3</td>
<td>37.2</td>
<td></td>
</tr>
<tr>
<td>% &quot;Frequently/Sometimes&quot; Donate to Charity</td>
<td>67.7</td>
<td>62.5</td>
<td>68.2</td>
<td></td>
</tr>
<tr>
<td>% Have Received Charitable Assistance in Past Year</td>
<td>5.1</td>
<td>5.3</td>
<td>5.4</td>
<td></td>
</tr>
<tr>
<td>% &quot;Frequently/Sometimes&quot; Volunteer</td>
<td>45.5</td>
<td>37.8</td>
<td>41.9</td>
<td></td>
</tr>
<tr>
<td>% Voted in Each of the Past 5 Elections</td>
<td>59.5</td>
<td>52.1</td>
<td>55.7</td>
<td></td>
</tr>
</tbody>
</table>

#### Service Area vs. Benchmarks

<table>
<thead>
<tr>
<th>Service Area vs. Benchmarks</th>
<th>vs. LA</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoyelles</td>
<td>25.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grant</td>
<td>15.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapides</td>
<td>41.5</td>
<td>41.8</td>
<td></td>
</tr>
<tr>
<td>TRENDS</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
### Respiratory Diseases

<table>
<thead>
<tr>
<th>Condition</th>
<th>Avoyelles</th>
<th>Grant</th>
<th>Rapides</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLRD (Age-Adjusted Death Rate)</td>
<td>64.4</td>
<td>60.3</td>
<td>57.5</td>
</tr>
<tr>
<td>Pneumonia/Influenza (Age-Adjusted Death Rate)</td>
<td>16.3</td>
<td>30.6</td>
<td></td>
</tr>
<tr>
<td>% [Child 0-17] Currently Has Asthma</td>
<td></td>
<td>4.8</td>
<td>6.0</td>
</tr>
<tr>
<td>% COPD (Lung Disease)</td>
<td></td>
<td>20.0</td>
<td>13.4</td>
</tr>
</tbody>
</table>

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

### Sexually Transmitted Diseases

<table>
<thead>
<tr>
<th>Condition</th>
<th>Avoyelles</th>
<th>Grant</th>
<th>Rapides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia Incidence Rate</td>
<td>620.4</td>
<td>577.4</td>
<td>791.6</td>
</tr>
<tr>
<td>Gonorrhea Incidence Rate</td>
<td>209.2</td>
<td>129.8</td>
<td>294.4</td>
</tr>
</tbody>
</table>

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
### Communty Health Needs Assessment

#### Disparatity Among Parishes

<table>
<thead>
<tr>
<th>Substance Abuse</th>
<th>Avoyelles</th>
<th>Grant</th>
<th>Rapides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cirrhosis/Liver Disease (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Current Drinker</td>
<td>53.7</td>
<td>45.5</td>
<td>53.0</td>
</tr>
<tr>
<td>% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)</td>
<td>26.2</td>
<td>21.0</td>
<td>20.4</td>
</tr>
<tr>
<td>% Excessive Drinker</td>
<td>27.0</td>
<td>21.4</td>
<td>22.7</td>
</tr>
<tr>
<td>% Drinking &amp; Driving in Past Month</td>
<td>3.0</td>
<td>2.4</td>
<td>3.4</td>
</tr>
<tr>
<td>% Rode w/Drunk Driver in Past Month</td>
<td>4.0</td>
<td>6.0</td>
<td>6.5</td>
</tr>
<tr>
<td>% Illicit Drug Use in Past Month</td>
<td>3.1</td>
<td>4.9</td>
<td>3.1</td>
</tr>
<tr>
<td>% Have Used Prescription Opiates in Past Year</td>
<td>18.3</td>
<td>33.3</td>
<td>26.2</td>
</tr>
<tr>
<td>% Ever Sought Help for Alcohol or Drug Problem</td>
<td>4.8</td>
<td>6.4</td>
<td>3.9</td>
</tr>
</tbody>
</table>

#### Service Area vs. Benchmarks

<table>
<thead>
<tr>
<th>Service Area</th>
<th>vs.LA</th>
<th>vs.US</th>
<th>vs. HP2020</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)</td>
<td>16.7</td>
<td>19.4</td>
<td>11.3</td>
<td>8.2</td>
</tr>
<tr>
<td>Cirrhosis/Liver Disease (Age-Adjusted Death Rate)</td>
<td>10.1</td>
<td>10.1</td>
<td>8.2</td>
<td>9.6</td>
</tr>
<tr>
<td>% Current Drinker</td>
<td>52.2</td>
<td>52.3</td>
<td>39.6</td>
<td></td>
</tr>
<tr>
<td>% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)</td>
<td>21.7</td>
<td>16.9</td>
<td>24.4</td>
<td>15.1</td>
</tr>
<tr>
<td>% Excessive Drinker</td>
<td>23.5</td>
<td>22.5</td>
<td></td>
<td>3.6</td>
</tr>
<tr>
<td>% Drinking &amp; Driving in Past Month</td>
<td>3.2</td>
<td>3.5</td>
<td>5.2</td>
<td></td>
</tr>
<tr>
<td>% Rode w/Drunk Driver in Past Month</td>
<td>5.9</td>
<td></td>
<td>4.2</td>
<td></td>
</tr>
<tr>
<td>% Illicit Drug Use in Past Month</td>
<td>3.3</td>
<td></td>
<td>1.6</td>
<td></td>
</tr>
<tr>
<td>% Have Used Prescription Opiates in Past Year</td>
<td>25.3</td>
<td>2.5</td>
<td>7.1</td>
<td></td>
</tr>
<tr>
<td>% Ever Sought Help for Alcohol or Drug Problem</td>
<td>4.4</td>
<td>3.4</td>
<td>3.1</td>
<td></td>
</tr>
</tbody>
</table>

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
<table>
<thead>
<tr>
<th>Tobacco Use</th>
<th>Disparity Among Parishes</th>
<th>Service Area vs. Benchmarks</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Avoyelles</td>
<td>Grant</td>
<td>Rapides</td>
</tr>
<tr>
<td>% Current Smoker</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Smokes at Home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Nonsmokers] Someone Smokes in Home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Household With Children] Someone Smokes in Home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Smokers] Have Quit Smoking 1+ Days in Past Year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Smokers] Received Advice to Quit Smoking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Aware of Smoking Cessation Services/Programs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Community Believes Adults Should Not Smoke</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Currently Use Vaping Products</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Use Smokeless Tobacco</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 20 health issues is a problem in their own community, using a scale of “major problem,” “moderate problem,” “minor problem,” or “no problem at all.” The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)

Key Informants: Relative Position of Health Topics as Problems in the Community
Community Description
Population Characteristics

Total Population
The three-parish service area of Rapides Regional Medical Center, the focus of this Community Health Needs Assessment, encompasses 2,793.42 square miles and houses a total population of 195,480 residents, according to latest census estimates.

<table>
<thead>
<tr>
<th></th>
<th>Total Population</th>
<th>Total Land Area</th>
<th>Population Density</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoyelles Parish</td>
<td>41,095</td>
<td>832.38</td>
<td>49.37</td>
</tr>
<tr>
<td>Grant Parish</td>
<td>22,305</td>
<td>643.03</td>
<td>34.69</td>
</tr>
<tr>
<td>Rapides Parish</td>
<td>132,080</td>
<td>1,318.01</td>
<td>100.21</td>
</tr>
<tr>
<td>Service Area</td>
<td>195,480</td>
<td>2,793.42</td>
<td>69.98</td>
</tr>
<tr>
<td>Louisiana</td>
<td>4,663,461</td>
<td>43,206.69</td>
<td>107.93</td>
</tr>
<tr>
<td>United States</td>
<td>321,004,407</td>
<td>3,532,315.66</td>
<td>90.88</td>
</tr>
</tbody>
</table>

Sources:  
- US Census Bureau American Community Survey 5-year estimates.  

Population Change 2000-2010
A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Between the 2000 and 2010 US Censuses, the Service Area population increased by nearly 9,500 persons, or 5.1%.

- **BENCHMARK**: A greater proportional increase than seen across the state but well below the US increase.  
- **DISPARITY**: Significantly higher in Grant Parish.
Change in Total Population
(Percentage Change Between 2000 and 2010; by Parish)

- Avoyelles: 1.4%
- Grant: 19.3%
- Rapides: 4.2%
- Service Area: 5.1%
- LA: 1.5%
- US: 9.8%

An increase of 9,479 persons

Sources:
- US Census Bureau Decennial Census (2000-2010)
- Retrieved October 2010 from CARES Engagement Network at https://engagementnetwork.org

Notes:
- A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.
Urban/Rural Population

Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

The Service Area is equally divided between urban and rural residents, with 50.0% of the population living in areas designated as urban and 50.0% considered to be rural.

- **BENCHMARK**: Louisiana and the US overall are much more likely to be urban in population makeup.
- **DISPARITY**: Note the differences by parish.

### Urban and Rural Population
*(2010; by Parish)*

<table>
<thead>
<tr>
<th>Parish</th>
<th>% Urban</th>
<th>% Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoyelles</td>
<td>36.2%</td>
<td>63.8%</td>
</tr>
<tr>
<td>Grant</td>
<td>14.4%</td>
<td>85.6%</td>
</tr>
<tr>
<td>Rapides</td>
<td>50.5%</td>
<td>49.5%</td>
</tr>
<tr>
<td>Service Area</td>
<td>50.0%</td>
<td>50.0%</td>
</tr>
<tr>
<td>LA</td>
<td>26.8%</td>
<td>73.2%</td>
</tr>
<tr>
<td>US</td>
<td>19.1%</td>
<td>80.9%</td>
</tr>
</tbody>
</table>

**Sources:**
- US Census Bureau Decennial Census (2010).

**Notes:**
- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.
Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

In the Service Area, 24.5% of the population are infants, children, or adolescents (age 0-17); another 60.4% are age 18 to 64, while 15.1% are age 65 and older.

- **BENCHMARK**: The percentage of older adults (65+) is higher than that found statewide.
- **DISPARITY**: Seniors in the service area are more likely to live in Avoyelles Parish.
Median Age

The median age of residents in the Service Area ranges from 37.3 in Rapides Parish to 38.1 in Avoyelles Parish.
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 66.1% of Service Area residents are White and 29.7% are Black.

- **BENCHMARK:** This is somewhat more White and less Black than the state racial distribution and more diverse than the US population.
- **DISPARITY:** Grant Parish is less racially diverse than Avoyelles and Rapides parishes.
Ethnicity

A total of 3.0% of Service Area residents are Hispanic or Latino.

- **BENCHMARK:** Lower than the state and especially the nationwide percentages.
- **DISPARITY:** Highest in Grant Parish.

**Hispanic Population**

(2013-2017; by Parish)

- The Hispanic population increased by 2,599 persons, or 110.3%, between 2000 and 2010.

Sources: US Census Bureau American Community Survey 5-year estimates.

Notes: Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.
Linguistic Isolation

A total of 1.0% of those age 5 and older live in a home in which no persons age 14 or older is proficient in English (speaking only English, or speaking English “very well”).

- **BENCHMARK**: Lower than found statewide and especially nationally.
- **DISPARITY**: Note the 0.0% in Grant Parish.

### Linguistically Isolated Population

(2013-2017; by Parish)

```
<table>
<thead>
<tr>
<th></th>
<th>Avoyelles</th>
<th>Grant</th>
<th>Rapides</th>
<th>Service Area</th>
<th>LA</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>1.0%</td>
<td>0.0%</td>
<td>1.1%</td>
<td>1.0%</td>
<td>1.7%</td>
<td>4.4%</td>
</tr>
</tbody>
</table>
```

**Sources:**
- US Census Bureau American Community Survey 5-year estimates.

**Notes:**
- This indicator reports the percentage of the population age 5+ who lives in a home in which no person age 14+ speaks only English, or in which no person age 14+ speaks a non-English language and speaks English “very well.”
Social Determinants of Health

About Social Determinants

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health.

Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

— Healthy People 2020 (www.healthypeople.gov)

Poverty

The latest census estimate shows 20.5% of the Service Area’s total population living below the federal poverty level.

- **BENCHMARK:** Worse than the US percentage.

Among just children (ages 0 to 17), the Service Area percentage is 27.9% (representing an estimated 13,210 children).

- **BENCHMARK:** Worse than the US percentage.

Population in Poverty

(Populations Living Below the Poverty Level; 2000-2010)

<table>
<thead>
<tr>
<th></th>
<th>Total Population</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoyelles</td>
<td>23.7%</td>
<td>31.8%</td>
</tr>
<tr>
<td>Grant</td>
<td>20.2%</td>
<td>26.1%</td>
</tr>
<tr>
<td>Rapides</td>
<td>19.6%</td>
<td>27.1%</td>
</tr>
<tr>
<td>Service Area</td>
<td>20.5%</td>
<td>27.9%</td>
</tr>
<tr>
<td>LA</td>
<td>19.6%</td>
<td>27.7%</td>
</tr>
<tr>
<td>US</td>
<td>14.6%</td>
<td>20.3%</td>
</tr>
</tbody>
</table>

Sources:
- US Census Bureau American Community Survey 5-year estimates.

Notes:
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.
Education

Among the Service Area population age 25 and older, an estimated 18.0% (over 23,000 people) do not have a high school education.

- **BENCHMARK:** Less favorable than found nationally.
- **DISPARITY:** Unfavorably high in Rapides Parish.

**Population With No High School Diploma**


Sources:
- US Census Bureau American Community Survey 5-year estimates.

Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.
Employment

According to data derived from the US Department of Labor, the unemployment rate in the Service Area as of August 2018 was 6.2%.

- **BENCHMARK**: Worse than the national unemployment rate.
- **TREND**: Unemployment in the Service Area has trended downward since 2011, echoing the state and national trends, but remains higher than the pre-recession prevalence.

### Unemployment Rate

(Percent of Non-Institutionalized Population Age 16+ Unemployed, Not Seasonally-Adjusted)

![Unemployment Rate Graph](chart.png)

**Sources**: US Department of Labor, Bureau of Labor Statistics.

**Notes**: This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Access to Nutrition

**Difficulty Accessing Fresh Produce**

While most report little or no difficulty, 13.2% of Service Area adults find it “very” or “somewhat” difficult to access affordable fresh fruits and vegetables in their community.
**DISPARITY**: Difficulty is greater in Avoyelles Parish. The prevalence correlates with income and is twice as high among area women than men.

**“Very” or “Somewhat” Difficult to Purchase Fresh Fruits & Vegetables**

Service Area Trend

<table>
<thead>
<tr>
<th></th>
<th>Avoyelles</th>
<th>Grant</th>
<th>Rapides</th>
<th>Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>16.4%</td>
<td>11.5%</td>
<td>12.4%</td>
<td>15.4%</td>
</tr>
<tr>
<td>2013</td>
<td>16.4%</td>
<td>11.5%</td>
<td>12.4%</td>
<td>13.6%</td>
</tr>
<tr>
<td>2018</td>
<td>16.4%</td>
<td>11.5%</td>
<td>12.4%</td>
<td>13.2%</td>
</tr>
</tbody>
</table>

**Sources**: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 321]

**Notes**: Asked of all respondents.
“Very” or “Somewhat” Difficult to Purchase Fresh Fruits & Vegetables
(Service Area, 2018)

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 321]
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” = below poverty; “Low Income” = 100–199% of poverty; “Middle/High Income” = 200% and over the federal poverty level.

Notes:

Reasons for “very difficult” or “somewhat difficult” responses primarily included **cost** (mentioned by 49.5% of these respondents), followed by **convenience/distance** (38.0%).

**Low Food Access (Food Deserts)**

US Department of Agriculture data show that 28.5% of the Service Area population (representing over 55,000 residents) have low food access or live in a “food desert,” meaning that they do not live near a supermarket or large grocery store.

- **BENCHMARK**: Worse than national findings.
- **DISPARITY**: Unfavorably high in Rapides Parish.

A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where “far” is more than 1 mile in urban areas and more than 10 miles in rural areas.
Population With Low Food Access
(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2015)

- Avoyelles: 16.4%
- Grant: 19.5%
- Rapides: 33.8%
- Service Area: 28.5%
- LA: 26.8%
- US: 22.4%

55,770 individuals have low food access

Sources:

Notes:
- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where “far” is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.
Food Insecurity

In the past year, nearly one in three Service Area adults report a time in the past year (8.5% “often” or 23.4% “sometimes”) when the food they bought just did not last, and they did not have money to get more.

- **BENCHMARK:** Well above the national prevalence.
- **DISPARITY:** Favorably lower in Grant Parish. More often reported among women, young adults, those living at lower income levels, and Black respondents.

“Often/Sometimes” Ran Out of Food in the Past Year

<table>
<thead>
<tr>
<th></th>
<th>Avoyelles</th>
<th>Grant</th>
<th>Rapides</th>
<th>Service Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Often/Sometimes</td>
<td>32.9%</td>
<td>26.0%</td>
<td>32.6%</td>
<td>31.9%</td>
<td>18.0%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 88]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.

Housing Conditions

**Type of Dwelling**

A majority of Service Area residents (73.4%) owns their own home, while 20.1% rent a house or apartment.

- Another 5.2% live with family members, and 1.3% are in subsidized housing.
Condition of Neighborhood Homes

Less than half (48.8%) of survey respondents consider the condition of homes in their neighborhoods to be “excellent” or “very good.”

- Another 31.7% gave “good” ratings.

Rating of the Condition of Neighborhood Homes

(Service Area, 2018)
However, 19.5% of Service Area residents consider the condition of homes in their neighborhoods to be only “fair” or “poor.”

- **TREND:** The percentage marks a statistically significant increase from 2002 survey results (and especially from 2013 results).
- **DISPARITY:** “Fair/poor” ratings correlate with income and are more prevalent among service area women, young adults, and Black respondents.

### Perceive the Condition of Neighborhood Homes to be “Fair” or “Poor”

**Service Area Trend**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>16.1%</td>
</tr>
<tr>
<td>2005</td>
<td>16.4%</td>
</tr>
<tr>
<td>2010</td>
<td>17.6%</td>
</tr>
<tr>
<td>2013</td>
<td>13.3%</td>
</tr>
<tr>
<td>2018</td>
<td>19.5%</td>
</tr>
</tbody>
</table>

**Avoyelles** | **Grant** | **Rapides** | **Service Area**
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>21.7%</td>
<td>22.0%</td>
<td>18.5%</td>
<td>19.5%</td>
</tr>
</tbody>
</table>

### Perceive the Condition of Neighborhood Homes to be “Fair” or “Poor” (Service Area, 2018)

<table>
<thead>
<tr>
<th>Gender/Income/Other</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>17.3%</td>
</tr>
<tr>
<td>Women</td>
<td>21.7%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>21.6%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>20.6%</td>
</tr>
<tr>
<td>65+</td>
<td>12.9%</td>
</tr>
<tr>
<td>Very Low Income</td>
<td>39.3%</td>
</tr>
<tr>
<td>Low Income</td>
<td>21.9%</td>
</tr>
<tr>
<td>Mid/High Income</td>
<td>12.1%</td>
</tr>
<tr>
<td>White</td>
<td>14.6%</td>
</tr>
<tr>
<td>Black</td>
<td>33.5%</td>
</tr>
<tr>
<td>Other</td>
<td>11.2%</td>
</tr>
<tr>
<td>Service Area</td>
<td>19.5%</td>
</tr>
</tbody>
</table>

**Sources:** 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 338]

**Notes:**
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” = below poverty; “Low Income” = 100-199% of poverty; “Middle/High Income” = 200% and over the federal poverty level.
Availability of Affordable Housing

When asked to rate the availability of affordable local housing, only 23.3% of survey respondents gave “excellent” or “very good” opinions.

- Another 35.2% gave “good” ratings.

However, 41.5% of survey respondents consider the availability of affordable housing in their areas to be “fair” or “poor.”

- **DISPARITY**: Highest (least favorable) in Avoyelles Parish. More often reported among women, adults age 40 to 64, those in lower-income households, Blacks, and respondents who currently rent their housing.

Perceive the Availability of Affordable Local Housing to be “Fair” or “Poor”
Housing Displacement

A total of 13.2% of survey respondents report that they have had to go live with a friend or relative at some point in the past two years, even if only temporarily, because of an emergency.

- **DISPARITY:** The prevalence decreases with age and income and is more often reported among Black respondents and those who currently rent.

**Had to Live With a Friend/Relatives in the Past Two Years Due to an Emergency (Even if Only Temporarily)**

![Graph showing the percentage of respondents who had to live with a friend or relative in the past two years due to an emergency.](image)

Sources: Professional Research Consultants, Inc. (2018)
Notes: Asked of all respondents.
Had to Live With a Friend/Relative in the Past Two Years Due to an Emergency (Even if Only Temporarily) (Service Area, 2018)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Other</th>
<th>Own</th>
<th>Rent</th>
<th>Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.1%</td>
<td></td>
<td></td>
<td>14.1%</td>
<td></td>
<td></td>
<td>21.1%</td>
<td>10.6%</td>
<td>4.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>28.0%</td>
</tr>
<tr>
<td>11.1%</td>
<td></td>
<td></td>
<td>13.2%</td>
<td></td>
<td></td>
<td>21.1%</td>
<td>10.6%</td>
<td>4.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>28.0%</td>
</tr>
<tr>
<td>10.6%</td>
<td></td>
<td></td>
<td>14.1%</td>
<td></td>
<td></td>
<td>21.1%</td>
<td>10.6%</td>
<td>4.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>28.0%</td>
</tr>
<tr>
<td>9.6%</td>
<td></td>
<td></td>
<td>15.1%</td>
<td></td>
<td></td>
<td>21.1%</td>
<td>10.6%</td>
<td>4.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>28.0%</td>
</tr>
<tr>
<td>8.6%</td>
<td></td>
<td></td>
<td>16.1%</td>
<td></td>
<td></td>
<td>21.1%</td>
<td>10.6%</td>
<td>4.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>28.0%</td>
</tr>
</tbody>
</table>

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 337]

Notes: * Asked of all respondents.
* Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
* Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” = below poverty; “Low Income” = 100-199% of poverty; “Middle/High Income” = 200% and over the federal poverty level.
General Health Status
Overall Health Status

Evaluation of Health Status

A total of 48.0% of Service Area adults rate their overall health as “excellent” or “very good.”

- Another 29.5% gave “good” ratings of their overall health.

Self-Reported Health Status
(Service Area, 2018)

- **Excellent**: 18.0%
- **Very Good**: 30.0%
- **Good**: 29.5%
- **Fair**: 16.1%
- **Poor**: 6.2%

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: Asked of all respondents.

However, 22.3% of Service Area adults believe that their overall health is “fair” or “poor.”

- **BENCHMARK**: Worse than the national prevalence.
- **TREND**: Denotes a statistically significant increase from 2002 survey findings (though decreasing in recent years).
- **DISPARITY**: Unfavorably high in Avoyelles Parish. Decreases with household income level and is more often reported among adults age 40+ and Black respondents.
Experience “Fair” or “Poor” Overall Health

Service Area Trend

<table>
<thead>
<tr>
<th></th>
<th>2002</th>
<th>2005</th>
<th>2010</th>
<th>2013</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoyelles</td>
<td>27.7%</td>
<td>24.6%</td>
<td>20.1%</td>
<td>22.3%</td>
<td>18.1%</td>
</tr>
<tr>
<td>Grant</td>
<td>24.7%</td>
<td>24.2%</td>
<td>22.4%</td>
<td>22.3%</td>
<td></td>
</tr>
<tr>
<td>Rapides</td>
<td>19.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Area</td>
<td>27.7%</td>
<td>24.6%</td>
<td>20.1%</td>
<td>22.3%</td>
<td>18.1%</td>
</tr>
<tr>
<td>LA</td>
<td>24.2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>US</td>
<td>22.4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Experience “Fair” or “Poor” Overall Health

(Service Area, 2018)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Other</th>
<th>Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>21.0%</td>
<td>23.5%</td>
<td>8.2%</td>
<td>31.4%</td>
<td>30.2%</td>
<td>46.2%</td>
<td>27.2%</td>
<td>12.0%</td>
<td>19.2%</td>
<td>29.2%</td>
<td>20.3%</td>
<td>22.3%</td>
</tr>
</tbody>
</table>

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” = below poverty. “Low Income” = 100-199% of poverty; “Mid/High Income” = 200% and over the federal poverty level.
Days of Poor Physical Health
Among survey respondents, 35.9% report experiencing three or more days of poor physical health in the past month.

- **TREND:** Denotes a statistically significant increase since 2002.
- **DISPARITY:** Correlates with income and is reported more often among adults age 40 and older as well as Blacks in the Service Area.

### Three or More Days of Poor Physical Health in the Past Month

<table>
<thead>
<tr>
<th>Year</th>
<th>Avoyelles</th>
<th>Grant</th>
<th>Rapides</th>
<th>Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>37.6%</td>
<td>38.3%</td>
<td>34.9%</td>
<td>35.9%</td>
</tr>
<tr>
<td>2013</td>
<td>38.3%</td>
<td>37.6%</td>
<td>35.9%</td>
<td>35.9%</td>
</tr>
<tr>
<td>2018</td>
<td>35.9%</td>
<td>34.9%</td>
<td>38.3%</td>
<td>37.6%</td>
</tr>
</tbody>
</table>

### Service Area Trend

- 2002: 28.3%
- 2013: 31.7%
- 2018: 35.9%

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 357]
Notes: Asked of all respondents.

Three or More Days of Poor Physical Health in the Past Month
(Service Area, 2018)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Other</th>
<th>Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentages</td>
<td>33.3%</td>
<td>38.3%</td>
<td>43.8%</td>
<td>38.3%</td>
<td>67.0%</td>
<td>46.3%</td>
<td>22.5%</td>
<td>32.9%</td>
<td>42.7%</td>
<td>35.6%</td>
<td>35.9%</td>
<td></td>
</tr>
</tbody>
</table>

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 357]
Notes: Men and Women include all respondents. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents). Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.
Activity Limitations

About Disability & Health

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the healthcare they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.

- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate healthcare for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.

- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and healthcare professionals.

— Healthy People 2020 (www.healthypeople.gov)

A total of 27.6% of Service Area adults are limited in some way in some activities, due to a physical, mental, or emotional problem.

- **BENCHMARK:** Higher than the state prevalence.
- **TREND:** Marks a statistically significant increase from 2002 survey findings (though stable in recent years).
- **DISPARITY:** Unfavorably high in Grant Parish. More often reported among women, adults age 40+, low-income residents, and White respondents.
**Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem**

Sources:  
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109, 331]  
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.  

Notes:  
- Asked of all respondents.

---

**Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem**  
(Service Area, 2018)

Sources:  
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]  

Notes:  
- Asked of all respondents.  
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).  
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.
Among persons reporting activity limitations, these are most often attributed to musculo-skeletal issues, such as back/neck problems, arthritis/rheumatism, fractures or bone/joint injuries, or difficulty walking.

Other limitations noted with some frequency include those related to mental health (depression, anxiety), heart conditions, and lung/breathing problems.

**Type of Problem That Limits Activities**  
(Among Those Reporting Activity Limitations; Service Area, 2018)

<table>
<thead>
<tr>
<th>Problem Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back/Neck Problem</td>
<td>21.3%</td>
</tr>
<tr>
<td>Arthritis/Rheumatism</td>
<td>12.6%</td>
</tr>
<tr>
<td>Fracture/Bone/Joint Injury</td>
<td>9.2%</td>
</tr>
<tr>
<td>Depression/Anxiety/Mental</td>
<td>9.1%</td>
</tr>
<tr>
<td>Heart Condition</td>
<td>5.6%</td>
</tr>
<tr>
<td>Walking Problem</td>
<td>5.2%</td>
</tr>
<tr>
<td>Lung/Breathing Problem</td>
<td>3.0%</td>
</tr>
<tr>
<td>Various Other (&lt;3% Each)</td>
<td>34.0%</td>
</tr>
</tbody>
</table>

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 110]  
Notes: Asked of those respondents reporting activity limitations.

Of the Service Area survey respondents with some type of activity limitation, 21.9% report that the problem is a result of a work-related illness or injury.

**Days of Limited Activity**

While most Service Area adults report no days in the past month when poor physical or mental health prevented their usual activities, 21.7% report experiencing four or more such days.

- **TREND:** Denotes a statistically significant increase since 2005.
- **DISPARITY:** Higher among women, adults age 40 and older, and those in lower-income households.
Experience Four or More Days in the Past Month on Which Physical or Mental Health Prevented Usual Activities

Service Area Trend

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 359]
Notes: Asked of all respondents.

Experience Four or More Days in the Past Month on Which Physical or Mental Health Prevented Usual Activities
(Service Area, 2018)

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 359]
Notes: Asked of all respondents.

Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).

Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.
Mental Health

About Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Mental health and physical health are closely connected. Mental health plays a major role in people’s ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people’s ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person’s ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, and it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))
Evaluation of Mental Health Status

A total of 60.2% of Service Area adults rate their overall mental health as “excellent” or “very good.”

- Another 22.5% gave “good” ratings of their own mental health status.

Self-Reported Mental Health Status
(Service Area, 2018)

<table>
<thead>
<tr>
<th>Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>28.8%</td>
</tr>
<tr>
<td>Very Good</td>
<td>31.4%</td>
</tr>
<tr>
<td>Good</td>
<td>22.5%</td>
</tr>
<tr>
<td>Fair</td>
<td>12.6%</td>
</tr>
<tr>
<td>Poor</td>
<td>4.7%</td>
</tr>
</tbody>
</table>

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
Notes: Asked of all respondents.

A total of 17.3% of Service Area adults, however, believe that their overall mental health is “fair” or “poor.”

- **BENCHMARK:** Worse than the US prevalence.
- **DISPARITY:** Higher among respondents in Avoyelles Parish. Decreases with both age and household income level.

Experience “Fair” or “Poor” Mental Health

<table>
<thead>
<tr>
<th>Year</th>
<th>Avoyelles</th>
<th>Grant</th>
<th>Rapides</th>
<th>Service Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>23.5%</td>
<td>15.5%</td>
<td>15.7%</td>
<td>17.3%</td>
<td>13.0%</td>
</tr>
<tr>
<td>2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.
Experience “Fair” or “Poor” Mental Health
(Service Area, 2018)

Days of Poor Mental Health
Among survey respondents, 32.7% report experiencing three or more days of poor mental health in the past month.

- **TREND:** Marks a statistically significant increase since 2002.
- **DISPARITY:** More often reported among women, adults under age 65, those in very low income households (especially), and Black respondents.

Three or More Days of Poor Mental Health in the Past Month

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
Notes: Asked of all respondents.

Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” = below poverty, “Low Income” = 100-199% of poverty, “Middle/High Income” = 200% and over the federal poverty level.
Three or More Days of Poor Mental Health in the Past Month
(Service Area, 2018)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>28.4%</td>
</tr>
<tr>
<td>Women</td>
<td>36.9%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>36.4%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>35.4%</td>
</tr>
<tr>
<td>65+</td>
<td>20.6%</td>
</tr>
<tr>
<td>Very Low Income</td>
<td>54.6%</td>
</tr>
<tr>
<td>Low Income</td>
<td>36.9%</td>
</tr>
<tr>
<td>Mid/High Income</td>
<td>25.9%</td>
</tr>
<tr>
<td>White</td>
<td>30.5%</td>
</tr>
<tr>
<td>Black</td>
<td>39.0%</td>
</tr>
<tr>
<td>Other</td>
<td>26.0%</td>
</tr>
<tr>
<td>Service Area</td>
<td>32.7%</td>
</tr>
</tbody>
</table>

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 358]

Notes: Asked of all respondents. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents). Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” = below poverty; “Low Income” = 100-199% of poverty; “Middle/High Income” = 200% and over the federal poverty level.
Depression

Diagnosed Depression
A total of 27.5% of Service Area adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- **BENCHMARK:** Worse than state and US percentages.

**Have Been Diagnosed With a Depressive Disorder**

![Bar chart showing the percentage of diagnosed depression in different areas and compared to LA and US.]

**Symptoms of Chronic Depression**
A total of 37.8% of Service Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

- **BENCHMARK:** Worse than the US prevalence.
- **TREND:** Denotes a statistically significant increase from 2002 survey results.
- **DISPARITY:** Lowest in Rapides Parish. More often reported among women, adults under 65, and those in lower-income households.

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Louisiana data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.
Emotional Support

Most Service Area adults had someone to turn to “all” (64.3%) or “most” (19.9%) of the time in the past month.

- Another 7.5% of survey respondents say they had someone to turn to “some of the time” last month.
- On the other hand, 8.2% of survey respondents had someone to turn to for emotional support in the past month “little” or “none” of the time.
**DISPARITY**: The percentage of survey respondents who had someone to turn to “all” or “most” of the time in the past month is highest in Grant Parish. The prevalence increases with household income.

**Had Someone to Turn to “All” or “Most” of the Time in the Past Month**
(Service Area, 2018)

- Avoyelles: 84.5%
- Grant: 88.4%
- Rapides: 83.5%
- Service Area: 84.2%

**Sources**: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 330]
**Notes**: Asked of all respondents.
Suicide

Between 2015 and 2017, there was an annual average age-adjusted suicide rate of 18.6 deaths per 100,000 population in the three-parish service area.

- **BENCHMARK:** Worse than the state and national rates.
- **TREND:** The rate has increased considerably over the past decade.

Suicide: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 10.2 or Lower

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoyelles</td>
<td>19.1</td>
<td>19.1</td>
<td>18.6</td>
<td>14.9</td>
</tr>
<tr>
<td>Grant</td>
<td>n/a</td>
<td></td>
<td></td>
<td>13.6</td>
</tr>
<tr>
<td>Rapides</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>US</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Had Someone to Turn to “All” or “Most” of the Time in the Past Month

(Service Area, 2018)

<table>
<thead>
<tr>
<th></th>
<th>0-9</th>
<th>10-19</th>
<th>20-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50-59</th>
<th>60+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>86.1%</td>
<td>83.3%</td>
<td>84.1%</td>
<td>86.0%</td>
<td>81.1%</td>
<td>89.4%</td>
<td>85.9%</td>
</tr>
<tr>
<td>Women</td>
<td>82.6%</td>
<td>83.3%</td>
<td>84.1%</td>
<td>86.0%</td>
<td>86.0%</td>
<td>84.1%</td>
<td>86.0%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>82.6%</td>
<td>83.3%</td>
<td>84.1%</td>
<td>86.0%</td>
<td>81.1%</td>
<td>89.4%</td>
<td>85.9%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>70.6%</td>
<td>81.1%</td>
<td>89.4%</td>
<td>95.6%</td>
<td>95.6%</td>
<td>95.6%</td>
<td>95.6%</td>
</tr>
<tr>
<td>65+</td>
<td>84.1%</td>
<td>86.0%</td>
<td>89.4%</td>
<td>95.6%</td>
<td>95.6%</td>
<td>95.6%</td>
<td>95.6%</td>
</tr>
</tbody>
</table>

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]

Notes:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” = below poverty, “Low Income” = 100-199% of poverty, “Middle/High Income” = 200% and over the federal poverty level.
**Mental Health Treatment**

**Mental Health Providers**

In the Service Area in 2017, there were 369.3 mental health providers for every 100,000 population.

- **BENCHMARK:** Well above the state and US proportions.
- **DISPARITY:** Lowest in Grant Parish.

**Access to Mental Health Providers**

(Number of Mental Health Providers per 100,000 Population, 2017)
Currently Receiving Treatment
A total of 23.6% are currently taking medication or otherwise receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

- **BENCHMARK**: Much higher than the national prevalence.
- **TREND**: Denotes a statistically significant increase since 2013.

A total of 35.5% of total survey respondents have ever sought professional help for a mental or emotional problem.

- **BENCHMARK**: Higher than the national prevalence.
- **TREND**: Denotes a statistically significant increase since 2013.

### Mental Health Treatment

<table>
<thead>
<tr>
<th>Service Area 2013</th>
<th>Service Area 2018</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>24.5%</td>
<td>35.5%</td>
<td>30.8%</td>
</tr>
<tr>
<td>16.9%</td>
<td>23.6%</td>
<td>13.9%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 103-104]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Reflects the total sample of respondents.

### Difficulty Accessing Mental Health Services
A total of 5.7% of Service Area adults report a time in the past year when they needed mental health services but were not able to get them.

- **TREND**: Denotes a statistically significant decrease (improvement) since 2013.
- **DISPARITY**: Reported more often among women, young adults, and those with lower household incomes.
Among persons citing difficulties accessing mental health services in the past year, these are predominantly attributed to **cost or insurance issues** (mentioned by 30.5%) and scheduling issues (27.9%); barriers mentioned less frequently were primarily access-related, such as availability, lack of transportation, long waits for appointments, and inconvenient office locations.
Key Informant Input: Mental Health

Most key informants taking part in an online survey characterized Mental Health as a “major problem” in the community.

Perceptions of Mental Health as a Problem in the Community
(Key Informants, 2018)

Major Problem ▶» 81.3% ▶» Moderate Problem ▶» 16.7% ▶» Minor Problem ▶» No Problem At All

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

Emergency Room staff and physicians not adequately trained in mental health. I know of examples of PCP sending patients to ER for placement and ER physicians sending them home or back to PCP. ER physicians don’t have bed availability for inpatient mental health. – Community/Business Leader, Avoyelles Parish

The biggest challenges for people with mental health issues is timely access to quality providers. – Community/Business Leader, Rapides Parish

Access to institutional care. – Community/Business Leader, Rapides Parish

Limited to no afterhours crisis centers. The population often goes to the Emergency Department and is held until there is an open bed for 72-hour hold. – Community/Business Leader, Rapides Parish

Lack of available treatment facilities. – Community/Business Leader, Rapides Parish

Not enough inpatient beds, providers or indigent care. – Community/Business Leader, Rapides Parish

Access to services and care. Prior administrations have cut financial support for mental health care services to the point that people don’t know where to turn. Thus, homelessness and crime are increased. – Community/Business Leader, Rapides Parish

We have a serious need. There are so many people in all demographics walking around without being treated. We do not have enough mental health professionals to handle it. – Community/Business Leader, Rapides Parish

One of the biggest challenges for mental health is access to treatment, particularly facilities. – Community/Business Leader, Rapides Parish

Timeframes to get appointments are lengthy and everyone that needs a psychological evaluation does not get access to getting one. Lack of mental health services to address real mental illness. Too many folks fall in the cracks and do not have access to any services for help. – Community/Business Leader, Rapides Parish

Limited access to mental health care. – Community/Business Leader, Rapides Parish

Lack of institutional space. – Social Services Provider, Rapides Parish

Lack of beds available for patients. – Community/Business Leader, Rapides Parish

Access to care, treatment. – Other Health Provider, Rapides Parish

There are not enough facilities in our area to address the mental illness crisis. – Other Health Provider, Rapides Parish

I feel the biggest challenge for people with Mental Health Issues in our community is identifying what other resources are available to them. There many programs available, but if they are not directly linked to mental health agencies, then those in need are not aware that the help is out there. – Social Services Provider, Rapides Parish
The biggest issue is access to medical care. There are not enough providers for the number of people needing help. – Public Health Representative, Rapides Parish

Lack of services and care centers. – Public Health Representative, Rapides Parish


There are a few if any inpatient facilities and few if any outpatient facilities for those with mental health issues. – Community/Business Leader, Rapides Parish

Lack of resources for treatment, plus public attitudes toward mental illness. – Social Services Provider, Rapides Parish

Affordable Care/Services

Lack of affordable mental health services. Lack of psychiatric inpatient beds available for placement of mental health patients. An increasing number of homeless mentally ill people in central Louisiana, especially in Alexandria. Lack of affordable inpatient treatment options for people suffering from drug/alcohol addiction. – Community/Business Leader, Rapides Parish

There are few options for low income people with mental health issues. Often, they end up in jail instead of a treatment facility. Or they are transferred to a facility that is in another part of the state. – Social Services Provider, Rapides Parish

Mental Health and substance abuse are a major problem in Avoyelles. Many people who need services cannot afford the services. – Social Services Provider, Avoyelles Parish

Access to affordable and insurance covered help. – Community/Business Leader, Rapides Parish

Insurance Issues

Mental Health Care facilities are unavailable due to lack of insurance and underlying issues of substance abuse. – Social Services Provider, Rapides Parish

There are no resources for mental health in our area for those who are uninsured or underinsured. No parish facilities or services. – Other Health Provider, Rapides Parish

Denial/Stigma

The stigma attached to mental health illness. People don’t know where to get help. – Community/Business Leader, Rapides Parish

Mental health has a huge stigma attached to it in our parish, and residents are hesitant to reach out for help. I think this is why our drug-addiction crisis is so bad in our parish. – Community/Business Leader, Avoyelles Parish

Contributing Factors

Difficult to determine if mental health is always drug-induced but does play a part. Life situations are stressful and coping mechanisms are lacking. – Community/Business Leader, Rapides Parish

Diagnosis/Treatment

I believe that mental health is not diagnosed enough, and more education should be done to recognize and treat unhealthy behaviors. – Community/Business Leader, Rapides Parish

Disease Management

I believe there are many more mental health patients that need treatment than there are seeking help. – Community/Business Leader, Rapides Parish

Prevalence/Incidence

This is a constant issue in Central Louisiana and almost universally recognized by the public as a major issue. – Public Health Representative, Rapides Parish

Access to Providers

Waiting lists for mental health providers. Not enough mental health providers. – Social Services Provider, Rapides Parish

Medicare/Medicaid

Access to care for the indigent, Medicaid population. – Other Health Provider, Rapides Parish
Death, Disease & Chronic Conditions
Leading Causes of Death

Distribution of Deaths by Cause
Together, heart disease and cancers accounted for the largest share of all deaths in the Service Area in 2017.

Leading Causes of Death
(Service Area, 2017)

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes
In order to compare mortality in the region with other localities (in this case, 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 benchmark data, as well as Healthy People 2020 targets.

The following chart outlines 2015-2017 annual average age-adjusted death rates per 100,000 population for selected causes of death in the Service Area.

Each of these is discussed in greater detail in subsequent sections of this report.

For infant mortality data, see Birth Outcomes & Risks in the Births section of this report.
### Age-Adjusted Death Rates for Selected Causes
(2015-2017 Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Cause</th>
<th>Service Area</th>
<th>LA</th>
<th>US</th>
<th>HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the Heart</td>
<td>261.1</td>
<td>213.2</td>
<td>166.3</td>
<td>156.9*</td>
</tr>
<tr>
<td>Malignant Neoplasms (Cancers)</td>
<td>175.3</td>
<td>175.7</td>
<td>155.6</td>
<td>161.4</td>
</tr>
<tr>
<td>Alzheimer's Disease</td>
<td>65.3</td>
<td>43.7</td>
<td>30.2</td>
<td>n/a</td>
</tr>
<tr>
<td>Unintentional Injuries</td>
<td>59.5</td>
<td>57.0</td>
<td>46.7</td>
<td>36.4</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease (CLRD)</td>
<td>59.5</td>
<td>44.3</td>
<td>41.0</td>
<td>n/a</td>
</tr>
<tr>
<td>Cerebrovascular Disease (Stroke)</td>
<td>58.3</td>
<td>46.5</td>
<td>37.5</td>
<td>000</td>
</tr>
<tr>
<td>Pneumonia/Influenza</td>
<td>26.3</td>
<td>14.9</td>
<td>14.3</td>
<td>n/a</td>
</tr>
<tr>
<td>Firearm-Related</td>
<td>19.9</td>
<td>21.1</td>
<td>11.6</td>
<td>9.3</td>
</tr>
<tr>
<td>Motor Vehicle Deaths</td>
<td>18.9</td>
<td>16.9</td>
<td>11.4</td>
<td>12.4</td>
</tr>
<tr>
<td>Intentional Self-Harm (Suicide)</td>
<td>18.6</td>
<td>14.9</td>
<td>13.6</td>
<td>10.2</td>
</tr>
<tr>
<td>Kidney Disease</td>
<td>18.0</td>
<td>22.1</td>
<td>13.2</td>
<td>n/a</td>
</tr>
<tr>
<td>Unintentional Drug-Related Deaths</td>
<td>16.7</td>
<td>19.4</td>
<td>16.7</td>
<td>11.3</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>14.8</td>
<td>24.3</td>
<td>21.3</td>
<td>20.5*</td>
</tr>
<tr>
<td>Homicide/Legal Intervention</td>
<td>10.2</td>
<td>13.7</td>
<td>6.0</td>
<td>5.5</td>
</tr>
<tr>
<td>Cirrhosis/Liver Disease</td>
<td>10.1</td>
<td>10.1</td>
<td>10.8</td>
<td>8.2</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>4.4</td>
<td>5.0</td>
<td>2.3</td>
<td>3.3</td>
</tr>
</tbody>
</table>

Sources:
- CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2019.

Note:
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
- *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.
Cardiovascular Disease

About Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than $500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

--- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

Between 2015 and 2017 there was an annual average age-adjusted heart disease mortality rate of 261.1 deaths per 100,000 population in the Service Area.

- **BENCHMARK**: Higher than the Louisiana and US rates and far from satisfying the Healthy People 2020 objective.
- **DISPARITY**: The mortality rate is much higher in the Black community.
Heart Disease: Age-Adjusted Mortality
(2015-2017 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 156.9 or Lower (Adjusted)

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Heart Disease: Age-Adjusted Mortality by Race
(2015-2017 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 156.9 or Lower (Adjusted)

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.
Between 2015 and 2017, there was an annual average age-adjusted stroke mortality rate of 58.3 deaths per 100,000 population in the Service Area.

- **BENCHMARK**: Worse than state and national rates and failing to satisfy the Healthy People 2020 objective.
- **DISPARITY**: Lowest in Grant Parish. Considerably higher among Blacks in the area.

**Stroke Deaths**

**Heart Disease: Age-Adjusted Mortality Trends**

(Annual Average Deaths per 100,000 Population)

**Healthy People 2020 Target = 156.9 or Lower (Adjusted)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Service Area</th>
<th>LA</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008-2010</td>
<td>247.7</td>
<td>232.6</td>
<td>202.4</td>
</tr>
<tr>
<td>2009-2011</td>
<td>247.1</td>
<td>223.9</td>
<td>195.2</td>
</tr>
<tr>
<td>2010-2012</td>
<td>256.6</td>
<td>218.3</td>
<td>173.4</td>
</tr>
<tr>
<td>2011-2013</td>
<td>261.2</td>
<td>213.2</td>
<td>169.1</td>
</tr>
<tr>
<td>2012-2014</td>
<td>254.7</td>
<td>214.5</td>
<td>167.3</td>
</tr>
<tr>
<td>2013-2015</td>
<td>246.5</td>
<td>214.2</td>
<td>168.4</td>
</tr>
<tr>
<td>2014-2016</td>
<td>249.6</td>
<td>213.8</td>
<td>167.0</td>
</tr>
<tr>
<td>2015-2017</td>
<td>261.1</td>
<td>213.2</td>
<td>166.3</td>
</tr>
</tbody>
</table>

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

**Stroke: Age-Adjusted Mortality**

(2015-2017 Annual Average Deaths per 100,000 Population)

**Healthy People 2020 Target = 34.8 or Lower**

<table>
<thead>
<tr>
<th>Parishes</th>
<th>Service Area</th>
<th>LA</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoyelles</td>
<td>66.2</td>
<td>41.2</td>
<td>37.5</td>
</tr>
<tr>
<td>Grant</td>
<td></td>
<td>58.3</td>
<td></td>
</tr>
<tr>
<td>Rapides</td>
<td></td>
<td>58.3</td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
Stroke: Age-Adjusted Mortality by Race
(2015-2017 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 34.8 or Lower

![Graph showing stroke mortality by race and service area]

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Stroke: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 34.8 or Lower

![Graph showing stroke mortality trends]

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 9.4% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

- **DISPARITY:** Unfavorably high in Grant Parish. More often reported among men, older residents, and adults living below 200% of the federal poverty level.

### Prevalence of Heart Disease

#### Service Area Trend

<table>
<thead>
<tr>
<th>Year</th>
<th>Aoyelles</th>
<th>Grant</th>
<th>Rapides</th>
<th>Service Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>10.5%</td>
<td>13.6%</td>
<td>8.4%</td>
<td>9.4%</td>
<td>8.0%</td>
</tr>
<tr>
<td>2005</td>
<td>7.6%</td>
<td>9.5%</td>
<td>8.4%</td>
<td>14.4%</td>
<td>10.7%</td>
</tr>
<tr>
<td>2010</td>
<td>10.2%</td>
<td>9.0%</td>
<td>9.4%</td>
<td>9.4%</td>
<td>9.4%</td>
</tr>
<tr>
<td>2013</td>
<td>7.6%</td>
<td>9.5%</td>
<td>9.4%</td>
<td>14.4%</td>
<td>10.7%</td>
</tr>
<tr>
<td>2018</td>
<td>7.6%</td>
<td>9.5%</td>
<td>9.4%</td>
<td>9.4%</td>
<td>9.4%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
- Includes diagnoses of heart attack, angina, or coronary heart disease.

### Prevalence of Heart Disease

(Service Area, 2018)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Other</th>
<th>Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>11.4%</td>
<td>7.5%</td>
<td>3.1%</td>
<td>11.0%</td>
<td>18.8%</td>
<td>12.8%</td>
<td>13.5%</td>
<td>5.0%</td>
<td>10.2%</td>
<td>7.1%</td>
<td>9.0%</td>
<td>9.4%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]

**Notes:**
- Includes diagnoses of heart attack, angina, or coronary heart disease.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” = below poverty; “Low Income” = 100-199% of poverty; “Middle/High Income” = 200% and over the federal poverty level.
Prevalence of Stroke
A total of 4.6% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- **TREND:** Marks a statistically significant increase since 2002.
- **DISPARITY:** Lowest among Rapides Parish respondents.

### Prevalence of Stroke

<table>
<thead>
<tr>
<th>Year</th>
<th>Avoyelles</th>
<th>Grant</th>
<th>Rapides</th>
<th>Service Area</th>
<th>LA</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>5.6%</td>
<td>7.3%</td>
<td>3.9%</td>
<td>4.6%</td>
<td>4.7%</td>
<td>4.7%</td>
</tr>
<tr>
<td>2005</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
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<td>2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>4.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018 PRC National Health Survey, Professional Research Consultants, Inc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Cardiovascular Risk Factors

#### About Cardiovascular Risk
Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

— Healthy People 2020 (www.healthypeople.gov)
Blood Pressure & Cholesterol

A total of 47.3% of Service Area adults have been told at some point that their blood pressure was high.

- **BENCHMARK**: Worse than state and US percentages. Fails to satisfy the Healthy People 2020 objective.
- **TREND**: Marks a statistically significant increase since 2002.
- **DISPARITY**: Highest (over half of respondents) in Avoyelles Parish (not shown).

A total of 36.1% of adults have been told by a health professional that their cholesterol level was high.

- **BENCHMARK**: Far from satisfying the Healthy People 2020 objective.
- **TREND**: Denotes a statistically significant increase since 2002.

Sources:
- 2018 PRC Community Health Survey, PRC, Inc. [Items 41, 44, 129, 130]
- 2017 PRC National Health Survey, PRC, Inc.
COMMUNITY HEALTH NEEDS ASSESSMENT

About Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

Three health-related behaviors contribute markedly to cardiovascular disease:

**Poor nutrition.** People who are overweight have a higher risk for cardiovascular disease. Almost 60% of 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 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 US.

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.

---

*National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention*

**Prevalence of High Blood Pressure (Service Area)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>34.3%</td>
</tr>
<tr>
<td>2005</td>
<td>39.4%</td>
</tr>
<tr>
<td>2010</td>
<td>44.8%</td>
</tr>
<tr>
<td>2013</td>
<td>45.3%</td>
</tr>
<tr>
<td>2018</td>
<td>47.3%</td>
</tr>
</tbody>
</table>

**Prevalence of High Blood Cholesterol (Service Area)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>25.9%</td>
</tr>
<tr>
<td>2005</td>
<td>31.7%</td>
</tr>
<tr>
<td>2010</td>
<td>33.0%</td>
</tr>
<tr>
<td>2013</td>
<td>35.2%</td>
</tr>
<tr>
<td>2018</td>
<td>36.1%</td>
</tr>
</tbody>
</table>

Sources:
- 2018 PRC Community Health Survey, PRC, Inc. [Items 129-130]

Notes:
- Asked of all respondents.
Total Cardiovascular Risk

A total of 90.1% of Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- **BENCHMARK:** Worse than the US prevalence.
- **TREND:** Denotes a statistically significant decrease (improvement) since 2002.
- **DISPARITY:** Unfavorably high in Grant Parish. Reported more often among adults age 40 and older, those living at lower incomes, White respondents, and Black respondents.

### Present One or More Cardiovascular Risks or Behaviors

![Bar chart showing present one or more cardiovascular risks or behaviors](chart.png)

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
Present One or More Cardiovascular Risks or Behaviors
(Service Area, 2018)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Other</th>
<th>Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>90.2%</td>
<td>90.0%</td>
<td>82.8%</td>
<td>94.4%</td>
<td>94.7%</td>
<td>93.1%</td>
<td>91.6%</td>
<td>88.1%</td>
<td>90.7%</td>
<td>91.5%</td>
<td>81.3%</td>
<td>90.1%</td>
</tr>
</tbody>
</table>

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” = below poverty, “Low Income” = 100–199% of poverty, “Middle/High Income” = 200% and over the federal poverty level.

Notes:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]
Key Informant Input: Heart Disease & Stroke

Nearly half of key informants taking part in an online survey characterized Heart Disease & Stroke as a “major problem” in the community.

Perceptions of Heart Disease and Stroke as a Problem in the Community
(Key Informants, 2018)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>48.9%</td>
<td>34.0%</td>
<td>8.5%</td>
<td>8.5%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

Top Concerns
Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence
- High prevalence in central Louisiana. – Community/Business Leader, Avoyelles Parish
- Heart disease and stroke are in the top ten leading causes of death. – Community/Business Leader, Rapides Parish
- Again, very high rates in Rapides parish. – Community/Business Leader, Rapides Parish
- Statistics reported on various media and advertisements. – Community/Business Leader, Rapides Parish
- Most often people do not know they have heart disease. It is the number one killer in the US alone. – Other Health Provider, Rapides Parish
- Local population has high rates of heart disease and stroke. – Community/Business Leader, Rapides Parish
- Number of deaths per year caused by heart disease as well as the number of cardiac procedures performed by local cardiologists annually. – Other Health Provider, Rapides Parish

Contributing Factors
- Low income, lack of education, poor eating habits, obesity, smoking, failure to seek early diagnosis and treatment. Failure to adhere to medication, diet, and exercise programs prescribed by physicians. – Community/Business Leader, Rapides Parish
- Poor diet, lack of exercise, obesity. – Other Health Provider, Rapides Parish
- Poorly controlled hypertension, diabetes, obesity, our rates of heart disease exceed national averages. Again, poor social determinants are at the root of these issues too. – Public Health Representative, Rapides Parish
- Congestive heart failure and ischemic heart disease are very common. There are several underlying factors such as tobacco and alcohol abuse, higher sodium consumption, poor dietary habits. – Other Health Provider, Rapides Parish

Co-Occurrences
- High blood pressure, diabetes, smoking and poor dietary habits. – Community/Business Leader, Rapides Parish
- Again population. High rates of diabetes, smoking, hypertension not treated, ethyl alcohol intake and drug use. – Community/Business Leader, Rapides Parish
High blood pressure continues to plague the African American communities which is one of the leading causes of stroke and heart disease. Poor access to preventive and education on the disease is nonexistent. – Social Services Provider, Rapides Parish

**Lifestyle**

There are high numbers in regional data for heart disease and stroke. Both problems are largely due to the poor lifestyle of folks in the community. There is a lack of Medicaid providers willing to accept a big number of Medicaid patients in their practice. – Public Health Representative, Rapides Parish

Poor lifestyle including diet and exercise. Focus on health education at a younger age. – Community/Business Leader, Rapides Parish

**Diet/Nutrition**

Diets high in salt, fat, sugar (via rice, breads and sweets) and processed foods (fast food). Poor understanding of the long-term effects of high blood pressure/blood sugar/cholesterol. Lack of exercise. Family history. Poor resources to purchase medications. – Community/Business Leader, Avoyelles Parish

**Aging Population**

An aging blue-collar workforce. – Social Services Provider, Rapides Parish
Cancer

About Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2015 and 2017, there was an annual average age-adjusted cancer mortality rate of 175.3 deaths per 100,000 population in the Service Area.

- **TREND**: The rate has decreased over the past decade, echoing state and national trends.
- **DISPARITY**: Higher in the Black community.
Cancer: Age-Adjusted Mortality
(2015-2017 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 161.4 or Lower

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2019.
- Notes:
  - Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer: Age-Adjusted Mortality by Race
(2015-2017 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 161.4 or Lower

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2019.
- Notes:
  - Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
Cancer Deaths by Site

Lung cancer is by far the leading cause of cancer deaths in the Service Area.

Other leading sites include breast cancer among women, prostate cancer, and colorectal cancer (both sexes).

**BENCHMARKS:** Based on 2015-2017 annual average age-adjusted cancer death rates by site, note the following *unfavorable* comparisons for the Service Area:

- **Lung Cancer:** Higher than the national rate.
- **Female Breast Cancer:** Higher than both state and national rates. Fails to satisfy the Healthy People 2020 objective.
- **Colorectal Cancer:** Higher than the national rate. Fails to satisfy the Healthy People 2020 objective.
"Incidence rate" or "case rate" is the number of new cases of a disease occurring during a given period of time. It is usually expressed as cases per 100,000 population per year.

**Cancer Incidence**

Incidence rates reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted.

The following 2011-2015 Service Area annual average age-adjusted cancer incidence rates are worse than US rates:

- Prostate cancer.
- Lung cancer.
- Colorectal cancer.

### Age-Adjusted Cancer Death Rates by Site

*(2015-2017 Annual Average Deaths per 100,000 Population)*

<table>
<thead>
<tr>
<th></th>
<th>Service Area</th>
<th>Louisiana</th>
<th>US</th>
<th>HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL CANCERS</td>
<td>175.3</td>
<td>175.7</td>
<td>155.6</td>
<td>161.4</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>48.7</td>
<td>47.6</td>
<td>38.5</td>
<td>45.5</td>
</tr>
<tr>
<td>Female Breast Cancer</td>
<td>26.6</td>
<td>22.5</td>
<td>20.1</td>
<td>20.7</td>
</tr>
<tr>
<td>Prostate Cancer</td>
<td>21.4</td>
<td>20.3</td>
<td>18.9</td>
<td>21.8</td>
</tr>
<tr>
<td>Colorectal Cancer</td>
<td>19.0</td>
<td>16.5</td>
<td>13.9</td>
<td>14.5</td>
</tr>
</tbody>
</table>

Sources:  
- CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2019.  

### Cancer Incidence Rates by Site

*(Annual Average Age-Adjusted Incidence per 100,000 Population, 2011-2015)*

- Prostate Cancer: 146.7 vs. 137.4
- Female Breast Cancer: 109.0 vs. 108.5
- Lung Cancer: 124.1 vs. 124.7
- Colon/Rectal Cancer: 72.9 vs. 68.8

Sources:  

Notes:  
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 U.S. standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.
COMMUNITY HEALTH NEEDS ASSESSMENT

- **DISPARITY:** By available race data, Service Area Blacks experience a notably higher prostate cancer incidence than Whites. On the other hand, Service Area Whites report much higher female breast and colorectal cancer incidence rates than do Blacks.

### Cancer Incidence Rates by Site and Race/Ethnicity
(Annual Average Age-Adjusted Incidence per 100,000 Population, Service Area Trend 2011-2015)

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>White (Non-Hispanic)</th>
<th>Black (Non-Hispanic)</th>
<th>All Races/Ethnicities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate Cancer</td>
<td>122.5</td>
<td>236.7</td>
<td>244.5</td>
</tr>
<tr>
<td>Female Breast Cancer</td>
<td>88.0</td>
<td>38.0</td>
<td>66.5</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>71.1</td>
<td>83.0</td>
<td>80.7</td>
</tr>
<tr>
<td>Colon/Rectal Cancer</td>
<td>79.0</td>
<td>29.0</td>
<td>58.5</td>
</tr>
</tbody>
</table>

### Prevalence of Cancer
A total of 7.8% of surveyed Service Area adults report having been diagnosed with some type of cancer.

- **TREND:** Though fluctuating over time, marks a statistically significant increase from 2005 survey findings.
Specific cancer diagnoses include skin cancer (non-melanoma 11.5% and melanoma 5.8%), prostate (mentioned by 18.1% of residents who have been diagnosed with cancer) and breast cancer (16.1%).

- Other types mentioned with less frequency include colon, lung, and ovary.

### Specific Cancer Diagnosis
(Service Area Respondents with Cancer, 2018)

- Skin (Other) 18.2%
- Prostate 18.1%
- Breast 16.1%
- Colon 9.7%
- Skin (Melanoma) 5.8%
- Lung 4.3%
- Ovary 3.0%
- Other (each <3%) 24.8%

**Sources:** 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 306]

**Notes:** Asked of those respondents who have been diagnosed with cancer.
Cancer Risk

About Cancer Risk

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

— National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor’s checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to four cancer sites: prostate cancer (prostate-specific antigen testing and digital rectal examination); female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).
Prostate Cancer Screening

Prostate Cancer

Prostate cancer is the most commonly diagnosed form of cancer (other than skin cancer) in males and the second leading cause of cancer death among males in the United States. Prostate cancer is most common in men age 65 years and older, who account for approximately 80 percent of all cases of prostate cancer.

Digital rectal examination (DRE) and the prostate-specific antigen (PSA) test are two commonly used methods for detecting prostate cancer. Although several treatment alternatives are available for prostate cancer, their impact on reducing death from prostate cancer when compared with no treatment in patients with operable cancer is uncertain. Efforts aimed at reducing deaths through screening and early detection remain controversial because of the uncertain benefits and potential risks of screening, diagnosis, and treatment.


PSA Testing and/or Digital Rectal Examination

Among men age 50 and older, 68.7% have had a PSA (prostate-specific antigen) test and/or a digital rectal examination for prostate problems within the past two years.

- **TREND**: Denotes a statistically significant decrease since 2002.
- **DISPARITY**: Highest in Avoyelles Parish.

![Graph showing prostate cancer screening rates](image)

**Have Had a Prostate Screening in the Past Two Years**

(Among Service Area Men Age 50+; 2018)

<table>
<thead>
<tr>
<th>Region</th>
<th>2002</th>
<th>2005</th>
<th>2010</th>
<th>2013</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoyelles</td>
<td>77.7%</td>
<td>69.7%</td>
<td>66.3%</td>
<td>68.7%</td>
<td></td>
</tr>
<tr>
<td>Grant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapides</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 360]

Notes: Reflects male respondents age 50+.
Female Breast Cancer Screening

About Screening for Breast Cancer

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.


Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Mammography

Among women age 50-74, 83.9% have had a mammogram within the past 2 years.

- **BENCHMARK:** Higher than the state and national percentages.
Have Had a Mammogram in the Past Two Years
(Among Women Age 50-74)
Healthy People 2020 Target = 81.1% or Higher

<table>
<thead>
<tr>
<th>Region</th>
<th>2002</th>
<th>2005</th>
<th>2010</th>
<th>2013</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoyelles</td>
<td>82.7%</td>
<td>79.8%</td>
<td>82.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapides</td>
<td>85.1%</td>
<td>74.2%</td>
<td>83.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Area</td>
<td>83.9%</td>
<td>78.4%</td>
<td>77.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>US</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Service Area Trend

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects female respondents 50-74, *note that the Catahoula Parish sample is representative of <50 respondents for this indicator.
Cervical Cancer Screenings

About Screening for Cervical Cancer

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.


Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Pap Smear Testing

Among Service Area women age 21 to 65, 76.2% have had a Pap smear within the past 3 years.

- **BENCHMARK**: Lower than the state prevalence and failing to satisfy the Healthy People 2020 objective.
- **TREND**: Denotes a statistically significant decrease since 2002.
About Screening for Colorectal Cancer

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (fecal occult blood testing, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.


Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Colorectal Cancer Screenings

Among adults age 50-75, three in four (75.8%) have had an appropriate colorectal cancer screening.

- **BENCHMARK**: Above the state prevalence and satisfying the Healthy People 2020 objective.
- **TREND**: Marking a statistically significant increase since 2010.
- **DISPARITY**: Lowest in Grant Parish.
Key Informant Input: Cancer

Half of key informants taking part in an online survey characterized Cancer as a “moderate problem” in the community.

Perceptions of Cancer as a Problem in the Community (Key Informants, 2018)

Sources:  
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:  
- Asked of all respondents.
Top Concerns
Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence
- There are many cases of cancer in Avoyelles Parish. – Social Services Provider, Avoyelles Parish
- I hear about people from our community being diagnosed with cancer nearly every day. Many of those people travel out of town to places like MD Anderson because they do not have faith in the treatment available in our community. – Social Services Provider, Rapides Parish
- We have extremely high rates in Rapides parish according to the CDC. – Community/Business Leader, Rapides Parish
- It just seems to affect almost everyone you know. – Community/Business Leader, Rapides Parish
- However, Medicaid expansion in Louisiana has provided some benefits relative to cancer prevention and life-saving treatment. – Community/Business Leader, Rapides Parish
- Cancer is one of the leading causes of death in the US and Louisiana. Rapides is no exception. Louisiana also experiences higher mortality rates for certain cancers and subgroups. – Community/Business Leader, Rapides Parish

Contributing Factors
- Specialties not available. No support group for those with cancer. – Community/Business Leader, Rapides Parish
- The statistics show that Louisiana is one of the top states for cancer citizens. The issues are smoking, industry, exposure to sun, alcohol and drug use. – Community/Business Leader, Rapides Parish
- Unhealthy lifestyles. Tobacco use. Obesity. Lack of exercise. Work in oil industry, farming, exposure to chemicals. – Community/Business Leader, Rapides Parish

Tobacco Use
- We have higher than national average for most cancers, notably those related to tobacco use. – Public Health Representative, Rapides Parish
- There are a lot of residents that smoke cigarettes, e-cigs and use smokeless tobacco. – Community/Business Leader, Avoyelles Parish

Access to Care/Services
- Access to treatment and support resources in local community such as cancer social workers, cancer support groups, and transportation to treatment clinics. – Community/Business Leader, Avoyelles Parish
- Limited access to current evidence-based interventions. – Community/Business Leader, Rapides Parish

Environmental Contributors
- There are a number of sites in our community that were once considered toxic sites due to plants previously located at those sites. As a result, a number of individuals living in those areas have developed cancer over the years. In addition, both the Cancer Center located at RRMC and the Cancer Center located at Christus Cabrini see large numbers of cancer patients annually, which to me, indicates that cancer is a major problem in the community. – Other Health Provider, Rapides Parish

Diagnosis/Prevention
- There is a pretty high number of diagnosis annually. The main concern is the lack of early detection though. Many are advanced stage at the time of diagnosis. – Other Health Provider, Rapides Parish
Respiratory Disease

About Asthma & COPD

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at $20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

— Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]
**Age-Adjusted Respiratory Disease Deaths**

**Chronic Lower Respiratory Disease Deaths (CLRD)**

Between 2015 and 2017, there was an annual average age-adjusted CLRD mortality rate of 59.5 deaths per 100,000 population in the Service Area.

- **BENCHMARK**: Well above state and national mortality rates.
- **TREND**: Note the increase in deaths per 100,000 population over the past decade.
- **DISPARITY**: The mortality rate is much higher among Whites than Blacks.

**CLRD: Age-Adjusted Mortality**

(2015-2017 Annual Average Deaths per 100,000 Population)

```
<table>
<thead>
<tr>
<th></th>
<th>Avoyelles</th>
<th>Grant</th>
<th>Rapides</th>
<th>Service Area</th>
<th>LA</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaths (2015-17)</td>
<td>64.4</td>
<td>60.3</td>
<td>57.5</td>
<td>59.5</td>
<td>44.3</td>
<td>41.0</td>
</tr>
</tbody>
</table>
```

**CLRD: Age-Adjusted Mortality by Race**

(2015-2017 Annual Average Deaths per 100,000 Population)

```
<table>
<thead>
<tr>
<th></th>
<th>Service Area White (Non-Hispanic)</th>
<th>Service Area Black (Non-Hispanic)</th>
<th>Service Area All Races/Ethnicities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaths (2015-17)</td>
<td>66.4</td>
<td>37.8</td>
<td>59.5</td>
</tr>
</tbody>
</table>
```

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- CLRD is chronic lower respiratory disease.
Pneumonia/Influenza Deaths

Between 2015 and 2017, the Service Area reported an annual average age-adjusted pneumonia influenza mortality rate of 26.3 deaths per 100,000 population.

- **BENCHMARK**: Worse than Louisiana and US rates.
- **DISPARITY**: Higher in Rapides Parish.

Pneumonia/Influenza: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2019.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- CLRD is chronic lower respiratory disease.
Pneumonia/Influenza: Age-Adjusted Mortality by Race
(2015-2017 Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Service Area</th>
<th>White (Non-Hispanic)</th>
<th>Black (Non-Hispanic)</th>
<th>All Races/Ethnicities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>27.5</td>
<td>24.4</td>
<td>26.3</td>
</tr>
</tbody>
</table>

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2019.

Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Pneumonia/Influenza: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Year Period</th>
<th>Service Area</th>
<th>LA</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008-2010</td>
<td>25.2</td>
<td>20.6</td>
<td>17.1</td>
</tr>
<tr>
<td>2009-2011</td>
<td>25.5</td>
<td>19.9</td>
<td>16.1</td>
</tr>
<tr>
<td>2010-2012</td>
<td>26.9</td>
<td>18.9</td>
<td>14.6</td>
</tr>
<tr>
<td>2011-2013</td>
<td>28.7</td>
<td>18.3</td>
<td>14.9</td>
</tr>
<tr>
<td>2012-2014</td>
<td>29.2</td>
<td>17.9</td>
<td>15.1</td>
</tr>
<tr>
<td>2013-2015</td>
<td>27.2</td>
<td>17.1</td>
<td>15.4</td>
</tr>
<tr>
<td>2014-2016</td>
<td>25.4</td>
<td>15.7</td>
<td>14.6</td>
</tr>
<tr>
<td>2015-2017</td>
<td>26.3</td>
<td>14.9</td>
<td>14.3</td>
</tr>
</tbody>
</table>

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2019.

Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
Childhood Asthma

Among Service Area children under age 18, 6.6% currently have asthma.

- **TREND**: Decreasing significantly since 2013.
- **DISPARITY**: The prevalence is lowest among children age 5 to 12.

### Childhood Asthma: Current Prevalence

(Among Parents of Children Age 0-17)

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoyelles</td>
<td>4.8%</td>
<td>6.0%</td>
</tr>
<tr>
<td>Grant</td>
<td>7.2%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Rapides</td>
<td>9.3%</td>
<td></td>
</tr>
<tr>
<td>Service Area</td>
<td></td>
<td>9.3%</td>
</tr>
<tr>
<td>US</td>
<td></td>
<td>11.1%</td>
</tr>
</tbody>
</table>

Boys: 4.7%
Girls: 9.0%
Age 0-4: 10.0%
Age 5-12: 2.8%
Age 13-17: 8.9%

**Trend**: Decreasing significantly since 2013.

**Disparity**: The prevalence is lowest among children age 5 to 12.

---

Chronic Obstructive Pulmonary Disease (COPD)

A total of 15.7% of Service Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- **BENCHMARK**: Worse than state and national figures.
- **TREND**: Denotes a statistically significant increase since 2002.
- **DISPARITY**: Highest in Avoyelles Parish.
Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

Key Informant Input: Respiratory Disease

Over half of key informants taking part in an online survey characterized Respiratory Disease as a “moderate problem” in the community.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Tobacco Use

Many lower-income families smoke as a way to cope with life situations. They tend to have the higher rate of COPD and other respiratory illnesses. – Social Services Provider, Rapides Parish

These are related to asthma in youth and COPD in adults, both a result of high tobacco use. – Public Health Representative, Rapides Parish

Still a high percentage of smokers. Major problems are COPD, asthma, pneumonia and lung cancer. – Community/Business Leader, Rapides Parish
Injury & Violence

About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as “accidents,” “acts of fate,” or as “part of life.” However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2015 and 2017, there was an annual average age-adjusted unintentional injury mortality rate of 59.5 deaths per 100,000 population in the service area.

- **BENCHMARK**: Worse than the US rate and failing to satisfy the Healthy People 2020 objective.
- **DISPARITY**: Higher among Blacks in the Service Area.
Unintentional Injuries: Age-Adjusted Mortality
(2015-2017 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 36.4 or Lower

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Unintentional Injuries: Age-Adjusted Mortality by Race
(2015-2017 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 36.4 or Lower

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
Leading Causes of Accidental Death

Motor vehicle accidents, poisoning (including accidental drug overdose), falls, and suffocation accounted for most accidental deaths in the Service Area between 2015 and 2017.

Leading Causes of Accidental Death

(Service Area Trend, 2015-2017)

Motor Vehicle Accidents 30.9%
Poisoning/Noxious Substances 27.2%
Falls 11.5%
Suffocation 9.2%
Other (each <3%) 21.2%

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2019.

Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
**Selected Injury Deaths**

The following chart outlines mortality rates for unintentional drug-related deaths, motor vehicle crashes, and falls (among adults age 65 and older).

- **BENCHMARK**: The Service Area’s annual average age-adjusted mortality rate for **motor vehicle accidents** is worse than the national rate and fails to satisfy the Healthy People 2020 objective.
- The area’s death rate due to **falls** (among adults 65+) is lower than the national rate and satisfies the Healthy People 2020 objective.
- The **unintentional drug-related** death rate is lower than the Louisiana rate but fails to satisfy the Healthy People 2020 objective.

### Select Injury Death Rates

**(By Cause of Death; 2015-2017 Annual Average Deaths per 100,000 Population)**

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Service Area</th>
<th>LA</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintentional Drug-Related Deaths</td>
<td>16.7</td>
<td>19.4</td>
<td>16.7</td>
</tr>
<tr>
<td>Motor Vehicle Accidents</td>
<td>18.9</td>
<td>16.9</td>
<td>11.4</td>
</tr>
<tr>
<td>Falls (65+)</td>
<td>37.9</td>
<td>41.1</td>
<td>62.1</td>
</tr>
</tbody>
</table>

HP2020 Goal = 11.3 or Lower*
HP2020 Goal = 12.4 or Lower
HP2020 Goal = 47.0 or Lower

**Sources:**
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2019.

**Notes:**
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Healthy People 2020 goal reflects all drug-induced deaths, both intentional and unintentional.

---

**Seat Belt Usage**

Most Service Area adults (85.5%) report “always” wearing a seat belt when driving or riding in a vehicle.

- **BENCHMARK**: Fails to satisfy the Healthy People 2020 objective.
- **TREND**: Denotes a statistically significant improvement since 2002.
- **DISPARITY**: The prevalence is highest in Rapides Parish. Less often reported among area men, young adults, and those living at lower incomes.
"Always" Wear a Seat Belt
When Driving or Riding in a Vehicle
Healthy People 2020 Target = 92.0% or Higher

![Graph showing seat belt usage by service area and demographic groups]

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 308]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” = below poverty; “Low Income” = 100-199% of poverty; “Middle/High Income” = 200% and over the federal poverty level.
Children’s Seat Belt/Car Seat Usage

A total of 94.6% of Service Area parents report that their child (age 0 to 17) “always” wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- **BENCHMARK**: Higher than the US prevalence.
- **TREND**: Denotes a statistically significant increase since 2002.
- **DISPARITY**: Lowest in Avoyelles Parish.

![Graph showing seat belt usage trends](image)

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 355]
2017 PRC National Health Survey, Professional Research Consultants, Inc.

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

Intentional Injury (Violence)

Age-Adjusted Firearm-Related Deaths

Between 2015 and 2017, there was an annual average age-adjusted firearm-related rate of 19.9 deaths per 100,000 population in the Service Area.

- **BENCHMARK**: Worse than the national rate and failing to satisfy the Healthy People 2020 objective.
Between 2015 and 2017, the Service Area reported 10.2 homicides per 100,000 population.

- **BENCHMARK**: Below the Louisiana rate but well above the US rate and failing to satisfy the Healthy People 2020 objective.
- **TREND**: Though leveling off in recent years, the homicide rate has increased from the 2008-2010 rate.

**Firearms-Related Deaths: Age-Adjusted Mortality**
(2015-2017 Annual Average Deaths per 100,000 Population)
*Healthy People 2020 Target = 9.3 or Lower*

**Homicide: Age-Adjusted Mortality**
(2015-2017 Annual Average Deaths per 100,000 Population)
*Healthy People 2020 Target = 5.5 or Lower*
Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

### Violent Crime

#### Violent Crime Rates

The service area reported 761.3 violent crimes per 100,000 population between 2012 and 2014.

- **BENCHMARK**: Worse than the state and (especially) the US rates.
- **DISPARITY**: Higher in Rapides Parish.

### Violent Crime

#### (Rate per 100,000 Population, 2012-2014)

<table>
<thead>
<tr>
<th>Year</th>
<th>Service Area</th>
<th>LA</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-2014</td>
<td>123</td>
<td>12.3</td>
<td>5.6</td>
</tr>
<tr>
<td>2013-2014</td>
<td>12.3</td>
<td>12.1</td>
<td>5.4</td>
</tr>
<tr>
<td>2014-2015</td>
<td>12.1</td>
<td>12.1</td>
<td>5.3</td>
</tr>
<tr>
<td>2015-2016</td>
<td>12.0</td>
<td>12.0</td>
<td>5.3</td>
</tr>
<tr>
<td>2016-2017</td>
<td>11.4</td>
<td>11.0</td>
<td>5.2</td>
</tr>
<tr>
<td>2012-2014</td>
<td>11.0</td>
<td>11.0</td>
<td>5.2</td>
</tr>
</tbody>
</table>

**Sources:**
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2019.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

**Notes:**
- This indicator reports the rate of violent crime offenses reported by the sheriff’s office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.
Community Violence
A total of 3.5% of surveyed Service Area adults acknowledge being the victim of a violent crime in the area in the past five years.

- **DISPARITY**: More often reported among adults under 40, those in the lowest income breakout, and Black respondents.

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

#### Service Area Trend

<table>
<thead>
<tr>
<th>Year</th>
<th>Avoyelles</th>
<th>Grant</th>
<th>Rapides</th>
<th>Service Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>4.6%</td>
<td>2.5%</td>
<td>3.4%</td>
<td>3.5%</td>
<td>3.7%</td>
</tr>
<tr>
<td>2005</td>
<td>3.2%</td>
<td>2.0%</td>
<td>3.2%</td>
<td>2.4%</td>
<td>3.5%</td>
</tr>
<tr>
<td>2010</td>
<td>3.5%</td>
<td>3.5%</td>
<td>3.7%</td>
<td>3.5%</td>
<td>3.7%</td>
</tr>
<tr>
<td>2013</td>
<td>3.5%</td>
<td>3.5%</td>
<td>3.7%</td>
<td>3.5%</td>
<td>3.7%</td>
</tr>
<tr>
<td>2018</td>
<td>3.5%</td>
<td>3.5%</td>
<td>3.7%</td>
<td>3.5%</td>
<td>3.7%</td>
</tr>
</tbody>
</table>

#### Notes:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Asked of all respondents.

### Victim of a Violent Crime in the Past Five Years (Service Area, 2018)

<table>
<thead>
<tr>
<th>Category</th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
<th>60%</th>
<th>70%</th>
<th>80%</th>
<th>90%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>3.6%</td>
<td>3.4%</td>
<td>5.8%</td>
<td>2.3%</td>
<td>2.1%</td>
<td>6.8%</td>
<td>3.2%</td>
<td>3.2%</td>
<td>2.7%</td>
<td>1.9%</td>
<td>7.5%</td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>18 to 39</td>
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<td></td>
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<tr>
<td>40 to 64</td>
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<tr>
<td>65+</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Low Income</td>
<td>6.8%</td>
<td>3.2%</td>
<td>3.2%</td>
<td>2.7%</td>
<td>1.9%</td>
<td>7.5%</td>
<td>4.5%</td>
<td>3.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low Income</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mid/High Income</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Black</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” = below poverty; “Low Income” = 100-199% of poverty; “Middle/High Income” = 200% and over the federal poverty level.
Domestic Violence

A total of 17.9% of Service Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- **BENCHMARK**: Worse than the US figure.
- **TREND**: Denotes a statistically significant increase since 2010.
- **DISPARITY**: More often reported among women, adults under 65, and those living at lower income levels.

### Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

#### Service Area Trend

<table>
<thead>
<tr>
<th>Year</th>
<th>Service Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>12.3%</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>14.7%</td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>17.9%</td>
<td></td>
</tr>
</tbody>
</table>

#### Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

(Service Area, 2018)

<table>
<thead>
<tr>
<th>Category</th>
<th>Service Area</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Other</th>
<th>Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>17.9%</td>
<td>12.0%</td>
<td>23.7%</td>
<td>20.7%</td>
<td>20.8%</td>
<td>6.8%</td>
<td>28.3%</td>
<td>20.6%</td>
<td>12.4%</td>
<td>18.2%</td>
<td>16.2%</td>
<td>24.2%</td>
<td>17.9%</td>
</tr>
</tbody>
</table>

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).

Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” = below poverty, “Low Income” = 100-199% of poverty, “Middle/High Income” = 200% and over the federal poverty level.
Within the past five years, 4.7% of survey respondents have been victims of domestic violence.

- **DISPARITY**: Lowest in Grant Parish. More often reported among women and Whites and correlates with age and income in the Service Area.

### Have Been the Victim of Domestic Violence in the Past 5 Years

#### (Service Area, 2018)

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Other</th>
<th>Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>3.2%</td>
<td>6.3%</td>
<td>7.9%</td>
<td>3.7%</td>
<td>5.4%</td>
<td>4.3%</td>
<td>4.7%</td>
</tr>
<tr>
<td>Women</td>
<td>9.3%</td>
<td>7.6%</td>
<td>2.2%</td>
<td>5.4%</td>
<td>4.3%</td>
<td>1.1%</td>
<td>4.7%</td>
</tr>
<tr>
<td>18 to 39</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40 to 64</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65+</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sources**: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 309]

**Notes**: Asked of all respondents.

Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).

Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” = below poverty; “Low Income” = 100-199% of poverty; “Middle/High Income” = 200% and over the federal poverty level.
Key Informant Input: Injury & Violence

The largest share of key informants taking part in an online survey characterized Injury & Violence equally as a “major problem” and a “moderate problem” in the community.

Perceptions of Injury and Violence as a Problem in the Community
(Key Informants, 2018)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>26.1%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>58.7%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>13.0%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>2.2%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

Top Concerns
Among those rating this issue as a “major problem,” reasons related to the following:

Domestic/Family Violence
Domestic violence and dating violence are high here. When our United Way did research a few years ago, we found that Louisiana had the highest rate of domestic violence in the country. These issues are common throughout our region, however. In many circles it’s considered normal to hit your date, friend, or spouse. I’ve seen people stare in wonder when told that not every family hits each other. Rates of child abuse and neglect are also high. – Social Services Provider, Rapides Parish
Domestic violence is a big problem in our community and probably under-reported. The number of children in our community who are abused by family members is troublesome. – Social Services Provider, Rapides Parish
Domestic violence rates are high regionally and statewide - in some areas part of the cultural lifestyle. There is not enough money devoted to services for families locally. Families may not access services due to safety issues; victim may not be ready to make a change in living situation thus remaining in a crisis environment. Children grow up in this lifestyle and are likely to be a victim or perpetrator in the future. Drugs, alcohol and addiction are major drivers of the problem. Lack of transportation is an issue that can keep a victim from seeking help and perpetuating the problem. – Public Health Representative, Rapides Parish

Contributing Factors
With so many people in this parish that hunts and have four wheelers and boats. There are many accidents. – Social Services Provider, Avoyelles Parish
ATV, falls, car seat safety, water safety. – Community/Business Leader, Rapides Parish
Crime rate is horrendous and influences people’s decisions about moving to Cenla. – Community/Business Leader, Rapides Parish
I have had nurses not relocate to central Louisiana because of the high crime rate. – Community/Business Leader, Rapides Parish

Drugs/Alcohol
Drugs, alcohol and lack of supportive services. Many people we serve began to think there’s no way out and they usually use violence to gain attention or to get help for their mental illness which I believe is the underlying cause. – Social Services Provider, Rapides Parish
Drug use that has decimated our communities, drugs driving domestic violence. – Community/Business Leader, Rapides Parish
Prevalence/Incidence

Alexandria has among the highest rates of violence in the state. Again, social determinants play a huge role. – Public Health Representative, Rapides Parish

Continuing violence in the community from a variety of areas. There is resource for taking care of the injured, but few successful interventions for prevention. – Community/Business Leader, Rapides Parish

The number of deaths resulting from violence is on the rise in this community. Most particularly, gun violence is overtaking our area and it is really not being addressed publicly in the areas of our City that are most affected, our impoverished neighborhoods. – Social Services Provider, Rapides Parish
Diabetes

About Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body’s cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

Between 2015 and 2017, there was an annual average age-adjusted diabetes mortality rate of 14.8 deaths per 100,000 population in the Service Area.

- **BENCHMARK**: Well below the state and national rates and satisfying the Healthy People 2020 objective.
- **TREND**: The rate has decreased in recent years in the Service Area.
- **DISPARITY**: Much higher in Avoyelles and especially Grant Parish. The mortality rate is twice as high among Blacks than Whites in the Service Area.
Diabetes: Age-Adjusted Mortality
(2015-2017 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 20.5 or Lower (Adjusted)

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Diabetes: Age-Adjusted Mortality by Race
(2015-2017 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 20.5 or Lower (Adjusted)

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.
Diabetes: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 20.5 or Lower (Adjusted)

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Area</td>
<td>17.3</td>
<td>17.8</td>
<td>19.2</td>
<td>21.1</td>
<td>20.8</td>
<td>19.2</td>
<td>16.1</td>
<td>14.8</td>
</tr>
<tr>
<td>LA</td>
<td>28.2</td>
<td>27.1</td>
<td>26.8</td>
<td>27.0</td>
<td>26.2</td>
<td>25.1</td>
<td>24.6</td>
<td>24.3</td>
</tr>
</tbody>
</table>

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.
Prevalence of Diabetes
A total of 16.0% of Service Area adults report having been diagnosed with diabetes.

- **BENCHMARK**: The prevalence is worse than the Louisiana prevalence.
- **TREND**: Marks a statistically significant increase since 2002.
- **DISPARITY**: More often reported among women, adults age 40 and older, residents in lower-income households, and Black respondents.

### Prevalence of Diabetes

<table>
<thead>
<tr>
<th>Year</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>10.7%</td>
</tr>
<tr>
<td>2005</td>
<td>13.8%</td>
</tr>
<tr>
<td>2010</td>
<td>15.8%</td>
</tr>
<tr>
<td>2013</td>
<td>14.9%</td>
</tr>
<tr>
<td>2018</td>
<td>16.0%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” = below poverty. “Low Income” = 100-199% of poverty. "Middle/High Income" = 200% and over the federal poverty level.
- Excludes gestational diabetes (occurring only during pregnancy).
Among Service Area residents with diabetes, the vast majority (93.5%) are taking action to control their diabetes (including taking medication, changing diet, and/or exercising).

- **TREND**: Denotes a statistically significant increase over time (not shown).

### Taking Action to Control Diabetes
(Service Area Respondents with Diabetes, 2018)

- Yes 93.5%
- No 6.5%

### Diabetes Testing

Of area adults who have **not** been diagnosed with diabetes, 55.1% report having had their blood sugar level tested within the past three years.

- **BENCHMARK**: Higher than the national prevalence.

### Have Had Blood Sugar Tested in the Past Three Years
(Among Nondiabetics)

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 307]
Notes: Asked of those respondents with diabetes; “action” includes taking medication, changing diet, and/or exercising.
Key Informant Input: Diabetes

A majority of key informants taking part in an online survey characterized Diabetes as a “major problem” in the community.

Perceptions of Diabetes as a Problem in the Community
(Key Informants, 2018)

<table>
<thead>
<tr>
<th>Category</th>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sources:</td>
<td>PRC Online Key Informant Survey, Professional Research Consultants, Inc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notes:</td>
<td>Asked of all respondents.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Health Awareness/Education

Knowledge and compliance. – Community/Business Leader, Avoyelles Parish
Lack of education, poor eating habits, obesity, lack of exercise among persons with diabetes. Failure to get early diagnosis and treatment, especially among low income individuals. – Community/Business Leader, Rapides Parish
Education, self-care, access to medications and supplies. – Community/Business Leader, Rapides Parish
The biggest challenges are understanding the disease process and how lifestyle changes can improve their condition. Lifestyle changes include diet and nutrition, medication compliance, testing blood levels and exercise. – Public Health Representative, Rapides Parish
Lack of education on what impacts glucose levels. This is mainly due to the absence of reimbursement for diabetes education. Providers also receive no additional incentives for patient education. Additional reimbursement now is available for wellness, but most are simply treated through medication management and not nutrition management/education. – Other Health Provider, Rapides Parish

Diet/Nutrition

Dietary choices. – Community/Business Leader, Avoyelles Parish
Poor eating habits, family history, lack of exercise, little financial resources to purchase medications, lack of transportation to specialists, no endocrinologist in Central Louisiana (closest one is 2.5 hours away), and health providers poorly educated on diabetes management via national guidelines. – Community/Business Leader, Avoyelles Parish
Maintaining health dietary habits. – Community/Business Leader, Rapides Parish
Poor dietary health, information and healthy food choices available in their neighborhoods. – Social Services Provider, Rapides Parish
Avoyelles is famous for its good food. It is difficult to resist it when you have diabetes and it is so important to be careful what you eat. – Social Services Provider, Avoyelles Parish

Lack of Specialists

No specialty doctors or clinics. – Social Services Provider, Rapides Parish
Inaccessibility to an endocrinologist, both adults and children. – Social Services Provider, Rapides Parish
Endocrine issues, no endocrinologists in this area. – Social Services Provider, Rapides Parish
Lack of endocrinologists. – Community/Business Leader, Rapides Parish
No specialist or diabetic clinic available. – Community/Business Leader, Rapides Parish

Access to Care/Services
Access to primary care, specialty care and medication. – Other Health Provider, Rapides Parish
Access to care, transportation. Also, education on their condition. – Community/Business Leader, Rapides Parish

Contributing Factors
Type II diabetes seems to be almost a rite of passage for people of a certain age. This is primarily due to obesity and lifestyle factors, though I realize other causes exist. – Social Services Provider, Rapides Parish
Affordable access to healthy food for people living in poverty. A community culture that does not prioritize health, nutrition and exercise as key components to well-being. Obesity. Lack of treatment adherence. – Social Services Provider, Rapides Parish

Disease Management
A lot of uncontrolled diabetes from people not accepting the fact they have it, to people totally unaware they have it. Very overweight population that does not seek health care. – Other Health Provider, Rapides Parish
So many diabetics do not take this usually asymptotic disease serious and will not change habits to control blood sugar. – Community/Business Leader, Rapides Parish

Obesity/Overweight
The epidemic of obesity has resulted in an epidemic of diabetes. We have 30 percent overweight and 30 percent obese, among the highest in the nations. It is sadly related to our devastatingly poor social determinants. – Public Health Representative, Rapides Parish

Access to Medications/Supplies
Access to affordable insulin and supplies. Access to endocrinologists. There aren't any. – Community/Business Leader, Rapides Parish
Alzheimer’s Disease

About Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person’s daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer’s disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer’s disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer’s disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer’s disease are found.

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer’s Disease Deaths

Between 2015 and 2017, there was an annual average age-adjusted Alzheimer’s disease mortality rate of 65.3 deaths per 100,000 population in the Service Area.

- BENCHMARK: Well above the state and national mortality rates.
- TREND: Increasing in recent years, echoing state and national trends.

Alzheimer’s Disease: Age-Adjusted Mortality
(2015-2017 Annual Average Deaths per 100,000 Population)

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2019.

Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
Alzheimer's Disease: Age-Adjusted Mortality by Race
(2015-2017 Annual Average Deaths per 100,000 Population)

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Alzheimer's Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
Key Informant Input: Dementias, Including Alzheimer’s Disease
Key informants taking part in an online survey are most likely to consider Dementias, Including Alzheimer’s Disease as a “moderate problem” in the community.

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community
(Key Informants, 2018)

<table>
<thead>
<tr>
<th></th>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>22.2%</td>
<td></td>
<td>48.9%</td>
<td>24.4%</td>
<td>4.4%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

Top Concerns
Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence
The nursing homes are full of people with some kind of dementia and I suspect most have Alzheimer’s.
– Social Services Provider, Avoyelles Parish
There are a large number of dementia/Alzheimer patients housed in the various nursing homes in our area that treat patients diagnosed with these conditions. In addition, a number of palliative care organizations seem to be caring for dementia/Alzheimer patients throughout the community.
– Other Health Provider, Rapides Parish
Very prevalent with few resources nearby. Limited day programs or respite for caregivers.
– Community/Business Leader, Avoyelles Parish

Aging Population
We have an aging population whose physical longevity is outlasting their mental health.
– Social Services Provider, Rapides Parish
Aging population and other unknown factors that affect younger people.
– Community/Business Leader, Rapides Parish

Affordable Care/Services
There are many senior citizens in the African American lower income community suffers for early stage dementia/Alzheimer’s and there is nothing available to help and no resources to access at least nothing we are aware of. So, most families including mine having to suffer without help.
– Social Services Provider, Rapides Parish

Access to Care/Services
There are not enough beds in Alzheimer’s units in nursing homes in central Louisiana. This creates a hardship for families in the region.
– Community/Business Leader, Rapides Parish
Kidney Disease

About Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person’s biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2015 and 2017, there was an annual average age-adjusted kidney disease mortality rate of 18.0 deaths per 100,000 population in the Service Area.

- **BENCHMARK**: Lower than the Louisiana mortality rate but above the US rate.
- **TREND**: Decreasing over the past decade.
- **DISPARITY**: Dramatically higher in the Black population.

Kidney Disease: Age-Adjusted Mortality
(2015-2017 Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Avoyelles</th>
<th>Grant</th>
<th>Rapides</th>
<th>LA</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18.4</td>
<td>n/a</td>
<td>18.7</td>
<td>22.1</td>
<td>13.2</td>
</tr>
</tbody>
</table>

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
Kidney Disease: Age-Adjusted Mortality by Race
(2015-2017 Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Service Area</th>
<th>White (Non-Hispanic)</th>
<th>Black (Non-Hispanic)</th>
<th>All Races/Ethnicities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13.6</td>
<td>32.5</td>
<td>18.0</td>
</tr>
</tbody>
</table>

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Kidney Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Area</td>
<td>24.0</td>
<td>24.9</td>
<td>25.2</td>
<td>23.2</td>
<td>22.2</td>
<td>20.8</td>
<td>19.4</td>
<td>18.0</td>
</tr>
<tr>
<td>LA</td>
<td>27.2</td>
<td>26.5</td>
<td>25.7</td>
<td>24.3</td>
<td>24.1</td>
<td>23.7</td>
<td>23.6</td>
<td>22.1</td>
</tr>
<tr>
<td>US</td>
<td>17.8</td>
<td>17.2</td>
<td>13.8</td>
<td>13.1</td>
<td>13.2</td>
<td>13.3</td>
<td>13.2</td>
<td>13.2</td>
</tr>
</tbody>
</table>

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
Key Informant Input: Kidney Disease

A plurality of key informants taking part in an online survey characterized Kidney Disease as a “moderate problem” in the community.

Perceptions of Kidney Disease as a Problem in the Community
(Key Informants, 2018)

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>26.7%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>44.4%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>24.4%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>4.4%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

Top Concerns
Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services
- There is one dialysis center in Bunkie, and it looks like they are opening another in Marksville. – Social Services Provider, Avoyelles Parish
- Number of dialysis centers and speaking with public. Many in community have hypertension and heart disease, leading to chronic kidney disease. – Community/Business Leader, Rapides Parish
- Presence of new dialysis centers. Lack of endocrinologists. – Community/Business Leader, Rapides Parish
- There are not enough doctors in this field in the area. – Community/Business Leader, Rapides Parish

Co-Occurrences
- We have a growing population of diabetics and chronic drinkers whose kidneys are failing. – Social Services Provider, Rapides Parish
- We have higher than national rates of hypertension and diabetes, both huge causes of kidney disease. – Public Health Representative, Rapides Parish

Disease Management
- The incidence of chronic kidney disease is ubiquitous. It is mainly due to uncontrolled hypertension and lack of dietary and medical compliance. – Other Health Provider, Rapides Parish
- Long term untreated hypertension. – Community/Business Leader, Rapides Parish
- There are a lot of poorly managed diabetics in the parish and a lot of them have progressed to chronic kidney failure. We have two dialysis units, one in Bunkie and one in Marksville, which was just recently built. – Community/Business Leader, Avoyelles Parish

Prevalence/Incidence
- High blood pressure damages kidneys. Dialysis units set up all over the area and parking lots are full. Nephrologists need to keep coming to town and they wouldn’t keep coming to town if there wasn’t any business. – Community/Business Leader, Rapides Parish
- High percentage of people with chronic renal failure, and they must be referred to another physician and facility for kidney transplant. – Community/Business Leader, Rapides Parish
Potentially Disabling Conditions

Arthritis, Osteoporosis & Chronic Back Conditions

About Arthritis, Osteoporosis & Chronic Back Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than $128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least $50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

— Healthy People 2020 (www.healthypeople.gov)

A total of 30.2% of service area adults report suffering from arthritis or rheumatism.

- **BENCHMARK:** Well above the US figure.

**RELATED ISSUE:**

See also Overall Health Status: Activity Limitations in the General Health Status section of this report.
Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

The largest share of key informants taking part in an online survey characterized Arthritis, Osteoporosis & Chronic Back Conditions as a “moderate problem” in the community, followed closely by “minor problem” responses.

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community (Key Informants, 2018)

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

- Everyone I know has some form of arthritis. – Social Services Provider, Avoyelles Parish
- Louisiana has a higher than national average of arthritic sufferers with reduced activity that aggravates other chronic conditions. – Public Health Representative, Rapides Parish
- Many patients complaining or have these problems. – Community/Business Leader, Rapides Parish

Aging Population

- Because of our aging population. – Community/Business Leader, Rapides Parish

Prevalence of Arthritis/Rheumatism

Among respondents age 50+, 45.1% suffer from arthritis/rheumatism, marking a statistically significant increase since 2002.
Vision & Hearing Impairment

**About Vision**

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person’s later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

— Healthy People 2020 (www.healthypeople.gov)

**About Hearing & Other Sensory or Communication Disorders**

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such a social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

As the nation’s population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

— Healthy People 2020 (www.healthypeople.gov)
Key Informant Input: Vision & Hearing

Key informants taking part in an online survey most often characterized Vision & Hearing as a “minor problem” in the community.

Perceptions of Vision and Hearing as a Problem in the Community
(Key Informants, 2018)

<table>
<thead>
<tr>
<th></th>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>2.3%</td>
<td>27.3%</td>
<td>59.1%</td>
<td>11.4%</td>
</tr>
</tbody>
</table>

Sources:  • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes:  • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Affordable Care/Services

Regular monitoring of hearing and vision is expensive and out of reach for the uninsured and underinsured. – Public Health Representative, Rapides Parish
Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

— Healthy People 2020 (www.healthypeople.gov)

Flu Vaccination

Among Service Area seniors, 71.0% received a flu shot within the past year.

- BENCHMARK: Above the Louisiana prevalence.

Older Adults: Have Had a Flu Vaccination in the Past Year

(Among Adults Age 65+)

Healthy People 2020 Target = 70.0% or Higher

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 144]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents 65 and older
Pneumonia Vaccination
Among Service Area adults age 65 and older, 71.5% have received a pneumonia vaccination at some point in their lives.

- **BENCHMARK**: Well below the US prevalence and failing to satisfy the Healthy People 2020 objective.

### Older Adults: Have Ever Had a Pneumonia Vaccine
(Among Adults Age 65+)
Healthy People 2020 Target = 90.0% or Higher

<table>
<thead>
<tr>
<th>Year</th>
<th>Service Area</th>
<th>LA</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>71.8%</td>
<td>74.7%</td>
<td>82.7%</td>
</tr>
<tr>
<td>2005</td>
<td>76.0%</td>
<td>71.5%</td>
<td>81.9%</td>
</tr>
<tr>
<td>2010</td>
<td>70.7%</td>
<td>73.0%</td>
<td>65.3%</td>
</tr>
<tr>
<td>2013</td>
<td>71.5%</td>
<td>81.9%</td>
<td>74.7%</td>
</tr>
<tr>
<td>2018</td>
<td>73.0%</td>
<td>71.5%</td>
<td>68.6%</td>
</tr>
</tbody>
</table>

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents 65 and older; *note that the Catahoula Parish sample represents only 37 respondents for this indicator.
HIV

About Human Immunodeficiency Virus (HIV)

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

— Healthy People 2020 (www.healthypeople.gov)
Age-Adjusted HIV/AIDS Deaths
Between 2008 and 2017, there was an annual average age-adjusted HIV/AIDS mortality rate of 4.4 deaths per 100,000 population in the Service Area.

- **BENCHMARK:** Worse than the US rate and failing to satisfy the Healthy People 2020 objective.

### HIV/AIDS: Age-Adjusted Mortality
(2008-2017 Annual Average Deaths per 100,000 Population)
*Healthy People 2020 Target = 3.3 or Lower*

<table>
<thead>
<tr>
<th></th>
<th>Service Area</th>
<th>LA</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age-Adjusted HIV/AIDS Mortality Rate</td>
<td>4.4</td>
<td>5.0</td>
<td>2.3</td>
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</tbody>
</table>

**Sources:**
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2019.

**Notes:**
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

HIV Prevalence
In 2015, there was a prevalence of 397.3 HIV cases per 100,000 population in the Service Area.

- **BENCHMARK:** Lower than the Louisiana rate.
- **DISPARITY:** Lowest in Grant Parish. Significantly higher in the Black and Hispanic/Latino populations.
HIV Prevalence
(Prevalence Rate of HIV per 100,000 Population, 2015)

- Avoyelles: 431.8
- Grant: 232.4
- Rapides: 415.2
- Service Area: 397.3
- LA: 504.7
- US: 362.3

Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.

Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

HIV Prevalence by Race/Ethnicity
(Rate per 100,000 Population, 2015)

- Non-Hispanic White: 154.0
- Non-Hispanic Black: 1,243.8
- Hispanic/Latino: 979.2
- All Races/Ethnicities: 504.7

Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.

Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.
Key Informant Input: HIV/AIDS

Key informants taking part in an online survey most often characterized HIV/AIDS as a “moderate problem” in the community.

Perceptions of HIV/AIDS as a Problem in the Community
(Key Informants, 2018)

- Major Problem: 23.3%
- Moderate Problem: 39.5%
- Minor Problem: 30.2%
- No Problem At All: 7.0%

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

- HIV/AIDS rates are on the rise in our community. While the numbers of people living with HIV in our area hovers around 1,000 people, it is troublesome that African Americans are disproportionately affected and that youth, ages 13-34, represent a large number of those who are newly diagnosed. Stigma and discrimination are nearly as deadly as the disease itself, causing people to avoid testing and treatment. – Social Services Provider, Rapides Parish
- Louisiana is number three in the US for HIV, AIDS. There is a huge black and white disparity. Once again, disparities in social determinants and systemic racism play major roles in the problem. – Public Health Representative, Rapides Parish
- We have a high rate of STDs in general. – Other Health Provider, Rapides Parish
- According to local and state statistics, a large number of individuals have been diagnosed with HIV, AIDS in the community. – Other Health Provider, Rapides Parish
- High rates and very little education. – Community/Business Leader, Rapides Parish
- Central Louisiana has one of the highest rates in the state. – Community/Business Leader, Rapides Parish

Contributing Factors

- Lack of money to adequately fund community programs providing resources, education, and treatment for those with HIV/AIDS. There is a generalized fear and stigma associated with HIV/AIDS; thus, some will not seek help. Not knowing is easier than knowing. – Public Health Representative, Rapides Parish
- In the population we serve, which is the very low-income individuals who are homeless, HIV is a leading cause to their health issues and lifestyle choices. Usually cause them to be outcasted and neglected in the communities in which they live or sleep. – Social Services Provider, Rapides Parish
- A typical new client profile is a 12-year-old with full-blown AIDS, meaning that they were infected years before. This speaks to a prevalence of sexual abuse, among other factors. – Social Services Provider, Rapides Parish
Sexually Transmitted Diseases

**About Sexually Transmitted Diseases**

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and healthcare professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

**Biological Factors.** STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs.** The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities.** Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities.** Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications.** Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

**Social, Economic, and Behavioral Factors.** The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons “linked” by sequential or concurrent sexual partners).

— Healthy People 2020 (www.healthypeople.gov)

**Chlamydia & Gonorrhea**

In 2016, the chlamydia incidence rate in the Service Area was 731.1 cases per 100,000 population. The same year, the area’s gonorrhea incidence rate was 257.7 cases per 100,000 population.

- **BENCHMARK:** Both rates are well above national incidence rates.
- **DISPARITY:** Both rates are highest in Rapides Parish.
Key Informant Input: Sexually Transmitted Diseases

A plurality of key informants taking part in an online survey characterized Sexually Transmitted Diseases as a “moderate problem” in the community.

Perceptions of Sexually Transmitted Diseases as a Problem in the Community

Source: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

The Office of Public Health reports that the rates of syphilis and other venereal diseases are also growing in Rapides Parish. There are many cases of sexual predators—usually men—who inevitably spread disease through multiple sexual contacts. – Social Services Provider, Rapides Parish

STD rates are on the rise, and are some of the highest in the nation, particularly rates of syphilis, gonorrhea, and chlamydia. In Central Louisiana, and Alexandria in particular, rates of HIV and syphilis have experienced a marked increase in recent months. – Social Services Provider, Rapides Parish
Data shows that Louisiana is high in the country for congenital syphilis, gonorrhea, and chlamydia. Regional data for Rapides Parish is also high. Reasons: people are not proactive about testing, stigma associated with diseases and not wanting anybody to know, lack of education about the disease process, no sex and STD education offered in schools so students have an active sexual lifestyle without knowing the associated risks, lots of wrong education in the community about STDs. – Public Health Representative, Rapides Parish

STDs are extremely high in Rapides parish. This is directly related to poor healthcare in poverty-stricken areas. – Other Health Provider, Rapides Parish

Statistics on STDs in Avoyelles parish state there is a huge problem. – Community/Business Leader, Avoyelles Parish

Louisiana statistics show high levels of STDs and HIV positive individuals. – Community/Business Leader, Rapides Parish

At a recent Alexandria Rotary Club meeting, the Medical Director of the Region VI Office of Public Health provided a report on STDs in the area and in the state. Louisiana’s STD rate remains among the highest in the country. – Community/Business Leader, Rapides Parish

The rates of STDs in Rapides parish are higher than comparison groups. – Community/Business Leader, Rapides Parish
Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

Key informants taking part in an online survey most often characterized Immunization & Infectious Diseases as a “moderate problem” in the community.

Perceptions of Immunization and Infectious Diseases as a Problem in the Community
(Key Informants, 2018)

- 9.1% Major Problem
- 45.5% Moderate Problem
- 31.8% Minor Problem
- 13.6% No Problem At All

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Contributing Factors

- Immunization is not the problem. We have an excellent state-wide vaccine registry. However, gonorrhea and chlamydia remain huge problems. We have significant racial disparities. – Public Health Representative, Rapides Parish
- Unvaccinated people, flow of people from other countries that have disease we have taken care of in the past. Measles, mumps, TB, smallpox and all the STDs. – Community/Business Leader, Rapides Parish

Health Awareness/Education

- People are not educated enough. They and are opting out of having their children vaccinated. – Community/Business Leader, Rapides Parish
Births
Birth Outcomes & Risks

Low-Weight Births

A total of 10.6% of 2006-2012 Service Area births were low-weight.

- **BENCHMARK**: Higher than the US prevalence and failing to satisfy the Healthy People 2020 objective.
- **DISPARITY**: Lowest in Grant Parish.

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal 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.

**Low-Weight Births**

*(Percent of Live Births, 2006-2012)*

**Healthy People 2020 Target = 7.8% or Lower**

<table>
<thead>
<tr>
<th></th>
<th>0%</th>
<th>20%</th>
<th>40%</th>
<th>60%</th>
<th>80%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoyelles</td>
<td>11.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grant</td>
<td>8.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapides</td>
<td>10.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Area</td>
<td>10.6%</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LA</td>
<td>10.9%</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>US</td>
<td>8.2%</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Sources:**

**Note:**
- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.
Low-Weight Births
(Percent of Live Births)
Healthy People 2020 Target = 7.8% or Lower

<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Area</td>
<td>10.9%</td>
<td>10.8%</td>
<td>10.7%</td>
<td>10.7%</td>
<td>10.6%</td>
</tr>
<tr>
<td>LA</td>
<td>11.0%</td>
<td>11.0%</td>
<td>11.0%</td>
<td>11.0%</td>
<td>10.9%</td>
</tr>
<tr>
<td>US</td>
<td>8.1%</td>
<td>8.1%</td>
<td>8.2%</td>
<td>8.2%</td>
<td>8.2%</td>
</tr>
</tbody>
</table>

Sources:

Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.
Infant Mortality

Between 2015 and 2017, there was an annual average of 6.2 infant deaths per 1,000 live births.

- **BENCHMARK:** Lower than the state death rate.
- **TREND:** Infant mortality has decreased over time in the Service Area.
- **DISPARITY:** Highest in Avoyelles Parish. Much higher in the Black community.

**Infant Mortality Rate**

(Annual Average Infant Deaths per 1,000 Live Births, 2015-2017)

*Healthy People 2020 Target = 6.0 or Lower*

![Infant Mortality Rate Chart]

**Sources:**

**Notes:**
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.
Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2015-2017)
Healthy People 2020 Target = 6.0 or Lower

Sources:

Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.
Key Informant Input: Infant & Child Health

Key informants taking part in an online survey generally characterized Infant & Child Health as a “moderate problem” in the community.

Perceptions of Infant and Child Health as a Problem in the Community
(Key Informants, 2018)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>16.3%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>41.9%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>34.9%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>7.0%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

Prenatal care. Resources, options available for new mothers. – Community/Business Leader, Rapides Parish

I believe that infant and child health is a major problem in the community because of limited access to pediatric specialist in the area. Individuals with limited resources have to travel to Shreveport or New Orleans to receive adequate care. – Community/Business Leader, Rapides Parish

Parent Education

Parenting skills. Improve health and safety of children through education of parents, families. – Community/Business Leader, Rapides Parish

Education for parents, especially low income is needed. – Community/Business Leader, Rapides Parish

Infant Mortality

Our maternal mortality and infant mortality are still among the highest in the nation, with significant black and white disparities. Again, social determinants play a huge role. – Public Health Representative, Rapides Parish
Family Planning

Births to Teen Mothers

About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

— Healthy People 2020 (www.healthypeople.gov)

Between 2006 and 2012, the Service Area reported 61.8 annual births to women age 15 to 19 per 1,000 women in that age group.

- **BENCHMARK**: Higher than the Louisiana and (especially) the US rate.
- **DISPARITY**: Lowest in Rapides Parish.

**Teen Birth Rate**

(Births to Women Age 15-19 Per 1,000 Female Population Age 15-19, 2006-2012)

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
- Retrieved from CARES Engagement Network at https://engagementnetwork.org

Notes:
- This indicator reports the rate of total births to women under the age of 15-19 per 1,000 female population age 15-19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.
Key Informant Input: Family Planning

Key informants taking part in an online survey most often characterized Family Planning as a “moderate problem” in the community.

Perceptions of Family Planning as a Problem in the Community (Key Informants, 2018)

<table>
<thead>
<tr>
<th></th>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.9%</td>
<td></td>
<td>43.2%</td>
<td>31.8%</td>
<td>9.1%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Contributing Factors

We have a subsection of the population who are unable to take care of the children they have. Yet continue to have more children even after DCFS removes the children for lack of care. – Social Services Provider, Rapides Parish

Too many individuals having multiple children without being able to provide for them. – Community/Business Leader, Rapides Parish
Teen Pregnancies

Young girls in the lower income neighborhoods are still having babies in their teens and no resources available to provide for mother and child. Access to the family planning clinic is very far from the lower income neighborhoods which makes it not accessible. And there are no community outreach programs provided. – Social Services Provider, Rapides Parish

Teen pregnancy that leads to premature births. – Other Health Provider, Rapides Parish

Access to Care/Services

There is a need for greater access to family planning and services focused on STD and unwanted pregnancy prevention. Sex education in schools should be overhauled. It is too unrealistically focused on abstinence. The focus should be on STD and unwanted pregnancy prevention. – Community/Business Leader, Rapides Parish

Health Awareness/Education

Lack of knowledge concerning sexuality is a huge issue. Likewise, we’ve found that many people simply are not aware of condoms or other birth control methods. Many low-income women in particular seem to consider large numbers of children as simply unavoidable. Part of the problem is cultural in some areas. This is not uncommon. – Social Services Provider, Rapides Parish

Contributing Factors

Once again, unfavorably, social determinants play a huge role with huge black-white disparities. – Public Health Representative, Rapides Parish
Modifiable Health Risks
Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person’s diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people’s—particularly children’s—food choices.

— Healthy People 2020 (www.healthypeople.gov)
Daily Recommendation of Fruits/Vegetables

A total of 34.1% of Service Area adults report eating five or more servings of fruits and/or vegetables per day.

- **TREND**: Denotes a statistically significant increase since 2002.
- **DISPARITY**: Reported less often among men, adults living just above the federal poverty level, and White respondents.

### Consume Five or More Servings of Fruits/Vegetables per Day

![Chart showing the percentage of adults consuming five or more servings of fruits and vegetables per day by Service Area and US*.

**Service Area Trend**

- Avoyelles: 31.1%
- Grant: 33.4%
- Rapides: 35.1%
- Service Area: 34.1%
- US*: 33.5%

**2002**: 23.2%  
**2005**: 31.8%  
**2010**: 35.1%  
**2013**: 34.1%  
**2018**: 31.1%

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 361]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.
- *US data do not distinguish between types of vegetables eaten.

### Consume Five or More Servings of Fruits/Vegetables per Day

**(Service Area, 2018)**

- Men: 31.2%
- Women: 36.9%
- 18 to 39: 30.9%
- 40 to 64: 36.7%
- 65+: 36.1%
- Very Low Income: 37.6%
- Low Income: 26.9%
- Mid/High Income: 36.6%
- White: 32.4%
- Black: 35.9%
- Other: 46.0%
- Service Area: 34.1%

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 361]

**Notes:**
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL), for their household size. “Very Low Income” = below poverty; “Low Income” = 100-199% of poverty; “Mid/High Income” = 200% and over the federal poverty level.
- For this issue, respondents were asked to recall their food intake on the previous day.
Fruit
Just under half (48.1%) of area adults report eating two or more daily servings of fruit.

- **TREND:** Marks a statistically significant increase since 2005.

![Consume Two or More Servings of Fruit per Day](chart)

Vegetables
A total of 27.4% of Service Area respondents report eating three or more servings of vegetables per day, at least one-third of which are dark green or orange vegetables.

- **DISPARITY:** Lowest in Avoyelles Parish.

![Consume Three or More Servings of Vegetables per Day, One-Third of Which Are Dark Green or Orange](chart)
Daily Recommendation of Fruits/Vegetables (Children)

Over half (54.0%) of Service Area parents of children age 2-17 report that their child has five or more servings of fruits/vegetables per day.

- **DISPARITY**: The prevalence correlates considerably with child’s age.

### Child Eats Five or More Servings of Fruits/Vegetables per Day

(Service Area Children Age 2-17; 2018)

<table>
<thead>
<tr>
<th>Age</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-4</td>
<td>52.8</td>
</tr>
<tr>
<td>5-12</td>
<td>56.8</td>
</tr>
<tr>
<td>13-17</td>
<td>53.9</td>
</tr>
<tr>
<td>Service Area</td>
<td>54.0</td>
</tr>
</tbody>
</table>

**Avoyelles**

**Grant**

**Rapides**

**Service Area Trend**

- 47.3%
- 48.0%
- 54.0%

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 370]

Notes:
- Asked of all respondents with children age 2-17 at home.
- In this case, parents were asked to consider their child’s food intake on the previous day.

Medical Advice on Nutrition

A total of 45.2% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- **TREND**: Marks a statistically significant increase since 2013.
- **DISPARITY**: Note that over half of overweight/obese respondents have not received professional advice about diet and nutrition in the past year.
Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)

<table>
<thead>
<tr>
<th>Weight Classification</th>
<th>Service Area 2013</th>
<th>Service Area 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Weight</td>
<td>21.1%</td>
<td>34.5%</td>
</tr>
<tr>
<td>Overweight/Obese</td>
<td>41.8%</td>
<td>48.6%</td>
</tr>
<tr>
<td>Total Sample</td>
<td>36.4%</td>
<td>45.2%</td>
</tr>
</tbody>
</table>

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 304]
Notes: Asked of all respondents.
About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors positively associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors negatively associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

— Healthy People 2020 (www.healthypeople.gov)
Leisure-Time Physical Activity

A total of 32.5% of Service Area adults report no leisure-time physical activity in the past month.

- **BENCHMARK:** Worse than the US figure.
- **DISPARITY:** Highest in Rapides Parish. Decreases with age and is reported more often among women than men in the Service Area.

No Leisure-Time Physical Activity in the Past Month

**Healthy People 2020 Target = 32.6% or Lower**

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

No Leisure-Time Physical Activity in the Past Month

(Service Area, 2018)

**Healthy People 2020 Target = 32.6% or Lower**

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL); for their household size. “Very Low Income” = below poverty; “Low Income” = 100-199% of poverty; “Middle/High Income” = 200% and over the federal poverty level.
Activity Levels

Adults

Recommended Levels of Physical Activity

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do muscle-strengthening activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

— Learn more about CDC’s efforts to promote walking by visiting http://www.cdc.gov/vitalsigns/walking.

Recommended Levels of Physical Activity

A total of 18.2% of Service Area adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

- **BENCHMARK**: Below the national prevalence.
- **DISPARITY**: Less often reported among women, adults age 40 and older, and residents living on lower incomes.

**Meets Physical Activity Recommendations**

Healthy People 2020 Target = 20.1% or Higher

<table>
<thead>
<tr>
<th>Service Area</th>
<th>percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoyelles</td>
<td>16.7%</td>
</tr>
<tr>
<td>Grant</td>
<td>15.8%</td>
</tr>
<tr>
<td>Rapides</td>
<td>19.1%</td>
</tr>
<tr>
<td>Service Area</td>
<td>18.2%</td>
</tr>
<tr>
<td>LA</td>
<td>18.7%</td>
</tr>
<tr>
<td>US</td>
<td>22.8%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.
Meets Physical Activity Recommendations
(Service Area, 2018)
Healthy People 2020 Target = 20.1% or Higher

Walking
A total of 39.6% of Service Area adults typically walk regularly (at least five times per week for more than 10 minutes at a time).

Average Number of Days per Week on Which Respondent Walks for More Than 10 Minutes at a Time
(Service Area, 2018)
• **DISPARITY**: Lowest among residents of Rapides Parish.

### Walk for More Than 10 Minutes at a Time at Least Five Times per Week

![Bar chart showing walk frequency by location and year]

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 366]

Notes: • As of all respondents.

### Medical Advice on Physical Activity

A total of 45.3% of Service Area adults report that their physician has asked about or given advice to them about physical activity in the past year.

- **TREND**: Marks a statistically significant increase since 2013.
- **DISPARITY**: Note that over half of overweight/obese respondents have not received professional advice about exercise in the past year.

### Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)

![Bar chart showing advice received by weight classification]

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 305]

Notes: • As of all respondents.
Children

**Recommended Levels of Physical Activity**

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.


Among Service Area children age 2 to 17, 53.6% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

**Child Is Physically Active for One or More Hours per Day**

(Service Area Children Age 2-17; 2018)

![Graph showing the percentage of children physically active for one or more hours per day by service area and US.]

- **Avoyelles**: 57.9%
- **Grant**: 51.3%
- **Rapides**: 52.8%
- **Service Area**: 53.6%
- **US**: 50.5%

**Sources:**
- 2018 PRC Community Health Survey. Professional Research Consultants, Inc. [Item 124]

**Notes:**
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

**Moderate Physical Activity**

Over half (58.5%) of Service Area children age 5 to 17 engage in regular moderate physical activity (5+ times per week for 30+ minutes at a time).

- **TREND**: Denotes a statistically significant decrease since 2010.
- **DISPARITY**: Significantly lower among area girls and teens.
Vigorous Physical Activity

A total of 71.6% of Service Area children age 5-17 engage in regular vigorous physical activity (3+ times per week for 20+ minutes at a time).

- **DISPARITY**: The prevalence is significantly lower among area girls.

---

### Child Engages in Regular Moderate Physical Activity

(Service Area Children Age 5-17; 2018)

<table>
<thead>
<tr>
<th></th>
<th>Boys</th>
<th>Girls</th>
<th>Age 5-12</th>
<th>Age 13-17</th>
<th>Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>66.6%</td>
<td>48.1%</td>
<td>66.8%</td>
<td>45.8%</td>
<td>58.5%</td>
</tr>
<tr>
<td>2013</td>
<td>67.4%</td>
<td>61.8%</td>
<td>58.5%</td>
<td>67.8%</td>
<td>71.6%</td>
</tr>
<tr>
<td>2018</td>
<td>67.4%</td>
<td>61.8%</td>
<td>58.5%</td>
<td>71.6%</td>
<td>71.6%</td>
</tr>
</tbody>
</table>

**Sources**: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 371]

**Notes**: *Asked of all respondents with children age 5-17 at home.*

---

### Child Engages in Regular Vigorous Physical Activity

(Service Area Children Age 5-17; 2018)

<table>
<thead>
<tr>
<th></th>
<th>Boys</th>
<th>Girls</th>
<th>Age 5-12</th>
<th>Age 13-17</th>
<th>Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>78.1%</td>
<td>63.4%</td>
<td>74.2%</td>
<td>67.8%</td>
<td>71.6%</td>
</tr>
<tr>
<td>2013</td>
<td>77.9%</td>
<td>78.9%</td>
<td>71.6%</td>
<td>71.6%</td>
<td>71.6%</td>
</tr>
<tr>
<td>2018</td>
<td>77.9%</td>
<td>78.9%</td>
<td>71.6%</td>
<td>71.6%</td>
<td>71.6%</td>
</tr>
</tbody>
</table>

**Sources**: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 372]

**Notes**: *Asked of all respondents with children age 5-17 at home.*

- Takes part in activities that make him/her sweat or breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities at least 3 times a week for at least 20 minutes per time.
Screen Time

Among Service Area children age 5-17, 44.2% are reported to watch one hour or less of television per day; on the other hand, 34.7% are reported to watch three or more hours of television daily.

Children: Hours of Television Watching on a Typical School Day
(Service Area Children 5-17, 2018)

- **DISPARITY**: The prevalence is significantly higher among area teens than among children age 5 to 12.

Child Watches 3+ Hours of Television on a Typical School Day
(Service Area Children Age 5-17; 2018)

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 352]
Notes: Asked of all respondents about their child age 5-17 at home.
* "1 Hour" = 60-119 minutes of reported television watching; "2 Hours" = 120-179 minutes; "3 Hours" = 180-239 minutes; etc.
When asked about other screen time (including computers, cell phones, handheld video games, and other electronic devices), 42.8% of area children age 5-17 spend one hour or less per day on it; on the other hand, 37.2% are reported to spend three or more hours daily on such screen time.

**TREND**: The prevalence of children spending three or more hours on screen time daily has increased significantly since 2010; note, however, that previous surveys did not address time spent on cell phones.

**DISPARITY**: The prevalence is highest among girls and teens in the Service Area.

---

**Children: Hours of Non-TV Screen Time on a Typical School Day**
(Service Area Children 5-17, 2018)

<table>
<thead>
<tr>
<th>Time</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>12.2%</td>
</tr>
<tr>
<td>1 Hour</td>
<td>21.8%</td>
</tr>
<tr>
<td>&lt;1 Hour</td>
<td>8.8%</td>
</tr>
<tr>
<td>2 Hours</td>
<td>20.0%</td>
</tr>
<tr>
<td>3+ Hours</td>
<td>37.2%</td>
</tr>
</tbody>
</table>

---

**Child Has 3+ Hours of Non-TV Screen Time on a Typical School Day**
(Service Area Children Age 5-17, 2018)

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>10.6%</td>
</tr>
<tr>
<td>2013</td>
<td>17.0%</td>
</tr>
<tr>
<td>2018</td>
<td>37.2%</td>
</tr>
</tbody>
</table>

---

Sources: [2018 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 353)]

Notes: Asked of all respondents about their child age 5-17 at home. In this case, the term ‘screen time’ includes computers, cell phones, handheld video games, and other electronic devices.

*2010 and 2013 percentages do not include time spent on cell phones.
When combined, 71.5% of area children age 5-17 spend three or more hours on screen time (television as well as other screens, including phones) on a typical school day.

- **TREND**: The prevalence has increased significantly since 2010; note, however, that previous surveys did not address time spent on cell phones.
- **DISPARITY**: Highest among Service Area girls and teens.

### Children With 3+ Hours per School Day of Total Screen Time [TV, Computers, Cell Phones, Handheld Video Games, Etc.]
(Service Area Children Age 5-17; 2018)

<table>
<thead>
<tr>
<th></th>
<th>2010*</th>
<th>2013*</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boys</td>
<td>66.7%</td>
<td>76.6%</td>
<td>82.2%</td>
</tr>
<tr>
<td>Girls</td>
<td></td>
<td></td>
<td>71.5%</td>
</tr>
<tr>
<td>Age 5-12</td>
<td>61.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age 13-17</td>
<td></td>
<td>54.0%</td>
<td></td>
</tr>
<tr>
<td>Service Area</td>
<td>47.9%</td>
<td>54.0%</td>
<td>71.5%</td>
</tr>
</tbody>
</table>

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 375]
Notes: *2010 and 2013 percentages do not include time spent on cell phones.

### Community Participation in Physical Activity

Many Service Area adults (30.0%) report that they “rarely” or “never” see others in their community being physically active, such as walking, jogging, or biking.

- Another 28.7% reported “sometimes” seeing other community members being physically active, and 41.3% gave “often” responses.
**Frequency of Seeing Others in the Community Being Physically Active**

(Service Area, 2018)

- **Often**: 41.3%
- **Sometimes**: 28.7%
- **Rarely**: 18.5%
- **Never**: 11.5%

**Sources:** 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 326]

**Notes:** Asked of all respondents.

- **TREND:** The prevalence of “often” responses has decreased significantly since 2013.
- **DISPARITY:** Favorably higher in Rapides Parish.

```
```

**“Often” See Others in the Community Being Physically Active**

<table>
<thead>
<tr>
<th></th>
<th>Service Area Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoyelles</td>
<td>32.9%</td>
</tr>
<tr>
<td>Grant</td>
<td>28.9%</td>
</tr>
<tr>
<td>Rapides</td>
<td>46.1%</td>
</tr>
<tr>
<td>Service Area</td>
<td>41.3%</td>
</tr>
</tbody>
</table>

**Sources:** 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 326]

**Notes:** Asked of all respondents.
Rating of Opportunities for Activity
A total of 41.2% of survey respondents gave “excellent” or “very good” ratings of the availability of opportunities for physical activity in their community.

- Another 24.5% gave “good” ratings.

Rating of the Availability of Opportunities to Participate in Physical Activity in the Community
(Service Area, 2018)

In contrast, about one-third (34.4%) of Service Area adults gave “fair” or “poor” ratings of the availability of opportunities for physical activity within the community.

- **DISPARITY**: Highest in Avoyelles and Grant parishes. The prevalence decreases with household income level and is higher among adults age 40 to 64.

“Fair” or “Poor” Evaluations of the Availability of Opportunities to Participate in Physical Activity in the Community

Service Area Trend

Sources: 2018 PRC Community Health Survey. Professional Research Consultants, Inc. [Item 327]
Notes: Asked of all respondents.
“Fair” or “Poor” Evaluations of the Availability of Opportunities to Participate in Physical Activity in the Community
(Service Area, 2018)

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer “exercise and other active physical fitness conditioning or recreational sports activities.”

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

Access to Physical Activity
In 2016, the Service Area housed 6.1 recreation/fitness facilities for every 100,000 population.

- **BENCHMARK**: Well below the state and national proportions.
- **DISPARITY**: Notably absent in Grant Parish; highest in Rapides Parish.

Population With Recreation & Fitness Facility Access
(Number of Recreation & Fitness Facilities per 100,000 Population, 2016)

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 327]
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” = below poverty; “Low Income” = 100-199% of poverty; “Middle/High Income” = 200% and over the federal poverty level.

Notes:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which includes Establishments engaged in operating facilities which offer “exercise and other active physical fitness conditioning or recreational sports activities”. Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.
Weight Status

About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals’ knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

— Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m²). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m² and obesity as a BMI ≥30 kg/m². The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m². The increase in mortality, however, tends to be modest until a BMI of 30 kg/m² is reached. For persons with a BMI ≥30 kg/m², mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m².


Adult Weight Status

<table>
<thead>
<tr>
<th>Classification of Overweight and Obesity by BMI</th>
<th>BMI (kg/m²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>&lt;18.5</td>
</tr>
<tr>
<td>Normal</td>
<td>18.5 – 24.9</td>
</tr>
<tr>
<td>Overweight</td>
<td>25.0 – 29.9</td>
</tr>
<tr>
<td>Obese</td>
<td>≥30.0</td>
</tr>
</tbody>
</table>

Overweight Status

Nearly three in four Service Area adults (74.1%) are overweight.

- **BENCHMARK**: Well above Louisiana and US figures.
- **TREND**: Denotes a statistically significant increase since 2002.

**Prevalence of Total Overweight (Overweight or Obese)**

(Percent of Adults With a Body Mass Index of 25.0 or Higher)

```
<table>
<thead>
<tr>
<th>Year</th>
<th>Avoyelles</th>
<th>Grant</th>
<th>Rapides</th>
<th>Service Area</th>
<th>LA</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>76.5%</td>
<td>76.2%</td>
<td>73.0%</td>
<td>74.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
```

**Service Area Trend**

```
2002 2005 2010 2013 2018
67.2% 65.4% 74.2% 73.1% 74.1%
```

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 154-155]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Based on reported heights and weights, asked of all respondents.
- 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.

Further, 40.6% of Service Area adults are obese.

- **BENCHMARK**: Higher than state and national percentages and failing to satisfy the Healthy People 2020 objective.
- **TREND**: Marks a statistically significant increase since 2002.
- **DISPARITY**: Reported more often among women, adults age 40 to 64, those living on very low incomes, and Black respondents.
Prevalence of Obesity
(Percent of Adults With a Body Mass Index of 30.0 or Higher)
Healthy People 2020 Target = 30.5% or Lower

Service Area Trend

Prevalence of Obesity
(Percent of Adults With a BMI of 30.0 or Higher; Service Area, 2018)
Healthy People 2020 Target = 30.5% or Lower

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.
Health Advice
A total of 24.7% of adults have been given advice about their weight by a doctor, nurse, or other health professional in the past year.

- Note that 30.2% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while most have not).

### Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)

<table>
<thead>
<tr>
<th>Weight Classification</th>
<th>Service Area 2013</th>
<th>Service Area 2018</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Weight</td>
<td>7.3%</td>
<td>9.2%</td>
<td>10.8%</td>
</tr>
<tr>
<td>Overweight/Obese</td>
<td>31.4%</td>
<td>30.2%</td>
<td>29.0%</td>
</tr>
<tr>
<td>Total Sample</td>
<td>36.7%</td>
<td>39.4%</td>
<td>40.8%</td>
</tr>
</tbody>
</table>

Sources:  
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 98, 156-157]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Asked of all respondents.

Attempts to Lose Weight
A total of 32.3% of Service Area adults who are overweight or obese say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- **BENCHMARK:** Below the US prevalence.
- **TREND:** Denotes a statistically significant increase since 2005 (but decreasing since 2013).
The correlation between overweight and various health issues cannot be disputed.

**Relationship of Overweight With Other Health Issues**

Overweight and obese adults are more likely to report a number of adverse health conditions. Among these are:

- High blood pressure.
- High cholesterol.
- Arthritis/rheumatism.
- "Fair" or "poor" physical health.
- Diabetes.
- COPD.
- Heart disease.

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Based on reported heights and weights, asked of all respondents.
Children’s Weight Status

About Weight Status in Children & Teens

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child’s BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- **Underweight**: <5th percentile
- **Healthy Weight**: ≥5th and <85th percentile
- **Overweight**: ≥85th and <95th percentile
- **Obese**: ≥95th percentile

— Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 38.7% of Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

- **TREND**: Denotes a statistically significant decrease since 2005 (note that previous survey findings reported on children age 6 to 17).

Child Total Overweight Prevalence
(Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Boys</th>
<th>Girls</th>
<th>Age 5-12</th>
<th>Age 13-17</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005*</td>
<td>39.4%</td>
<td>37.7%</td>
<td>41.6%</td>
<td>35.0%</td>
<td>33.0%</td>
</tr>
<tr>
<td>2010*</td>
<td>37.7%</td>
<td>41.6%</td>
<td>35.0%</td>
<td>38.7%</td>
<td></td>
</tr>
<tr>
<td>2013*</td>
<td>35.0%</td>
<td>38.7%</td>
<td>33.0%</td>
<td>38.7%</td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>33.0%</td>
<td>38.7%</td>
<td>33.0%</td>
<td>38.7%</td>
<td></td>
</tr>
</tbody>
</table>

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 5-17 at home; “prior percentages reflect children age 6-17.
- Overweight among children is determined by children’s Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Included in the overweight calculation are 22.1% of obese Service Area children (≥95th percentile).

- **BENCHMARK**: Fails to satisfy the Healthy People 2020 objective.
- **TREND**: Marking a statistically significant decrease since 2005.
- **DISPARITY**: Obesity is higher among Service Area boys and young children.
Notification of Child’s Weight Status

A total of 4.2% of Service Area parents report that, within the past year, a health professional or someone at their child’s school has told them that their child was overweight.

- **DISPARITY**: The prevalence increases with child’s age and is more often reported among parents of overweight/obese children.

**Have Been Told by a Health Professional or Someone at Child’s School in the Past Year That Child Is Overweight**

(Service Area Children <18; 2018)

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
Notes: Asked of all respondents with children age 5-17 at home.

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 345]
Notes: Asked of all respondents with children under 18 at home.
Key Informant Input: Nutrition, Physical Activity & Weight

Over half of key informants taking part in an online survey characterized Nutrition, Physical Activity & Weight as a “major problem” in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community
(Key Informants, 2018)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>58.3%</td>
<td>29.2%</td>
<td>10.4%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

**Obesity/Overweight**

Overweight is the biggest problem due to poor dietary habits and limited exercise. – Community/Business Leader, Rapides Parish

Obesity is such a widespread epidemic in our nation today. Not enough attention is placed on obesity because so many people view it as a choice. More focus should be placed on prevention and how prevention could reduce so many obesity related illnesses and conditions. – Social Services Provider, Rapides Parish

There are many children who are obese due to poor diets and lack of exercise. Many adults are overweight due to poor diet and lack of exercise. Avoyelles is famous for good food that is not always healthy food. – Social Services Provider, Avoyelles Parish

Terrible obesity epidemic in all of Louisiana. There are problems with access to recreational facility. – Public Health Representative, Rapides Parish

People who don’t care that they are overweight and unhealthy. – Other Health Provider, Rapides Parish

Obesity is the biggest challenge due to less exercise, more sedentary lifestyles, and cheaper empty calories for families on a budget. – Community/Business Leader, Rapides Parish

Obese population. – Social Services Provider, Rapides Parish

We have very obese residents in central Louisiana. – Community/Business Leader, Rapides Parish

**Nutrition & Physical Activity**

The culture promotes large meals with high levels of fat, sugar, and calories. As is true around the country these days, children are often allowed to be sedentary through video games or other indoor activities. Adults are more so. Obesity is considered normal in many families. It also seems that fewer and fewer people cook for themselves, instead relying on restaurants for their food - which is rarely a good strategy for good nutrition or weight loss. In addition, our community has a number of “food deserts” where no fresh produce is available for miles. In a high-poverty area such as ours, transportation is often lacking; some people have to hire a ride to the grocery store, reducing the funds available for healthy food even more. Convenience stores are far more common, but they almost never offer healthy food options. – Social Services Provider, Rapides Parish

Sedentary lifestyle. Poor nutrition and exercise. – Community/Business Leader, Rapides Parish
Poor eating habits, too much fast food, lack of fresh fruits and vegetables in the diet. Too few people are engaging in physical activity, including many children. Some economically disadvantaged people lack education about what constitutes good nutrition and a healthy level of physical activity. – Community/Business Leader, Rapides Parish

Poor diets, lack of activity, resistance to change, family behavior, habits regarding exercise, and too many fast food restaurants. – Community/Business Leader, Avoyelles Parish

Unhealthy eating habits and no physical activity. – Community/Business Leader, Rapides Parish

Access to Healthy Food

Cost of healthy eating. – Community/Business Leader, Avoyelles Parish

Lack of access to healthy food for people living in food desert areas (like the Lower Third area). Affordability of healthy food compared to fast food. Lack of access to physical activity classes in some parts of the community. Lack of education about the benefits of nutrition, physical activity, and maintaining a healthy weight. – Social Services Provider, Rapides Parish

Food deserts, people do not have access to healthy foods. Many of them can only shop at the dollar store and convenience stores. – Community/Business Leader, Rapides Parish

Health Awareness/Education

Education and motivation. – Community/Business Leader, Rapides Parish

Education and access to healthier foods in rural areas of Rapides Parish. – Other Health Provider, Rapides Parish

Education. – Community/Business Leader, Rapides Parish

Built Environment

The lower income communities don’t have parks and recreation available in their communities and where it is safety is a major concern. The lack of grocery stores and the prices of healthy food choices in the lower income communities makes it difficult and financially in-provable to choose healthy and the commute by bus usually deter purchasing perishable goods to travel time back to residence. – Social Services Provider, Rapides Parish

Ours is not a walkable community. We drive everywhere. We eat poorly and it’s often considered too hot to pursue any physical activity outdoors. PE has often been removed from some schools completely, which gets kids out of the habit of exercising. – Community/Business Leader, Rapides Parish

Contributing Factors

The social norms, daily structure and physical environment are not supportive of healthy decisions. The biggest challenges are lack of time and inconvenience. – Community/Business Leader, Rapides Parish

Lifestyle

Unhealthy lifestyles. – Community/Business Leader, Rapides Parish
Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community’s perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers’ understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

— Healthy People 2020 (www.healthypeople.gov)
Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2015 and 2017, the Service Area reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 10.1 deaths per 100,000 population.

- **BENCHMARK:** Fails to satisfy the Healthy People 2020 objective.

### Cirrhosis/Liver Disease: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)

**Healthy People 2020 Target = 8.2 or Lower**

<table>
<thead>
<tr>
<th></th>
<th>Service Area</th>
<th>LA</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015-2017</td>
<td>10.1</td>
<td>10.1</td>
<td>10.8</td>
</tr>
</tbody>
</table>

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

### Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

**Healthy People 2020 Target = 8.2 or Lower**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Area</td>
<td>9.6</td>
<td>8.9</td>
<td>7.7</td>
<td>7.9</td>
<td>9.2</td>
<td>10.3</td>
<td>9.8</td>
<td>10.1</td>
</tr>
<tr>
<td>LA</td>
<td>8.0</td>
<td>7.9</td>
<td>8.1</td>
<td>8.7</td>
<td>9.4</td>
<td>10.0</td>
<td>10.0</td>
<td>10.1</td>
</tr>
<tr>
<td>US</td>
<td>9.3</td>
<td>9.6</td>
<td>9.7</td>
<td>10.0</td>
<td>10.2</td>
<td>10.5</td>
<td>10.6</td>
<td>10.8</td>
</tr>
</tbody>
</table>

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
Alcohol Use

Excessive Drinking

A total of 23.5% of area adults are excessive drinkers (heavy and/or binge drinkers).

- **DISPARITY**: More often reported among men, young adults, and residents living in the highest income breakout.

Excessive Drinkers

**Healthy People 2020 Target = 25.4% or Lower**

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Excessive Drinkers

(Service Area, 2018)

**Healthy People 2020 Target = 25.4% or Lower**

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” = below poverty; “Low Income” = 100-199% of poverty; “Middle/High Income” = 200% and over the federal poverty level.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.
Drinking & Driving

A total of 3.2% of service area adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- **BENCHMARK**: Below the US prevalence.

**Have Driven in the Past Month After Perhaps Having Too Much to Drink**

<table>
<thead>
<tr>
<th>Year</th>
<th>Avoyelles</th>
<th>Grant</th>
<th>Rapides</th>
<th>Service Area</th>
<th>LA</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>3.0%</td>
<td>2.4%</td>
<td>3.4%</td>
<td>3.2%</td>
<td>3.5%</td>
<td>5.2%</td>
</tr>
<tr>
<td>2005</td>
<td>2.0%</td>
<td>3.6%</td>
<td>4.1%</td>
<td>2.1%</td>
<td>3.2%</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>2.1%</td>
<td>2.0%</td>
<td>3.4%</td>
<td>2.0%</td>
<td>3.2%</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>3.2%</td>
<td>3.5%</td>
<td>5.2%</td>
<td>3.5%</td>
<td>5.2%</td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>3.6%</td>
<td>4.1%</td>
<td>2.1%</td>
<td>3.2%</td>
<td>3.2%</td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 58, 313]
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), 2017 Louisiana data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Asked of all respondents.

Age-Adjusted Unintentional Drug-Related Deaths

Between 2015 and 2017, the service area reported an annual average age-adjusted unintentional drug-related mortality rate of 16.7 deaths per 100,000 population.

- **BENCHMARK**: Below the Louisiana mortality rate but failing to satisfy the Healthy People 2020 objective.
- **TREND**: Increasing considerably over the past decade, in keeping with state and national trends.
- **DISPARITY**: Higher among Blacks in the Service Area.
Unintentional Drug-Related Deaths: Age-Adjusted Mortality
(2015-2017 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 11.3 or Lower

Service Area
16.7

LA
19.4

US
16.7

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality
(2015-2017 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 11.3 or Lower

Service Area
14.9

Service Area
20.8

Service Area
16.7

White (Non-Hispanic)

Black (Non-Hispanic)

All Races/Ethnicities

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
Illicit Drugs

A total of 3.3% of area adults acknowledge using an illicit drug in the past month.

- **BENCHMARK**: Easily satisfies the Healthy People 2020 objective.
- **TREND**: Denotes a statistically significant increase since 2005.
- **DISPARITY**: Decreases with age and is reported more often among men and adults of Other race/ethnicity.

For the purposes of this survey, “illicit drug use” includes use of illegal substances or of prescription drugs taken without a physician’s order.

Note: As a self-reported measure — and because this indicator reflects potentially illegal behavior — it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.
Opioids & Opiates

One in four service area adults (25.3%) acknowledges using prescription opioids or opiates in the past year (whether prescribed or not).

- **DISPARITY**: Highest in Grant Parish. Reported more often among adults under 65 and those at lower income levels.

Examples of prescription opiates include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl.

Used Prescription Opioids or Opiates in the Past Year (Whether Prescribed or Not)
(Service Area, 2018)
Alcohol & Drug Treatment

A total of 4.4% of Service Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

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

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 314]
Notes: Asked of all respondents.
Examples of prescription opiates include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.
Key Informant Input: Substance Abuse

Nearly three in four key informants taking part in an online survey characterized Substance Abuse as a “major problem” in the community.

Perceptions of Substance Abuse as a Problem in the Community
(Key Informants, 2018)

<table>
<thead>
<tr>
<th></th>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>74.5%</td>
<td>23.4%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

- The drug epidemic is one war that seems to have no end. This area is inundated with drugs, which leads to so much negative impact including crime rate. – Social Services Provider, Rapides Parish
- I am not sure there are barriers, but we see a great number of people coming to our business who are substance abusers. There may be help but either they are not seeking it, or they don’t know it is there. – Community/Business Leader, Rapides Parish
- We see many young women for delivery who are positive for meth, cocaine, heroin and so on. – Community/Business Leader, Rapides Parish
- Abuse is rampant and uncontrolled. All ages suffer from this. Doctors are responsible for so much of opioid abuse. Addicts can’t get off of so much of this with the local treatments available. Alcoholism will always be a problem until it is put is the same category as drug abuse. I feel it is treated differently. – Community/Business Leader, Rapides Parish
- Way out of control. – Community/Business Leader, Rapides Parish
- Opioid abuse is rampant. While not the top of the nations, Louisiana has significant issues, notably with methamphetamine and opioids. – Public Health Representative, Rapides Parish
- High opioid use. – Community/Business Leader, Rapides Parish
- Ever growing epidemic. – Social Services Provider, Rapides Parish

Access to Care/Services

- Limited treatment centers. – Community/Business Leader, Rapides Parish
- Limited crisis centers with extended hours, meaning patients seek care in the Emergency Department or do not go for treatment at all. – Community/Business Leader, Rapides Parish
- There are limited resources throughout the country, and some are cost prohibitive. – Community/Business Leader, Rapides Parish
- Available long-term treatment centers. – Other Health Provider, Rapides Parish
- Lack of facilities that treat individuals with substance abuse problems. In addition, the community seems to accept drug abuse as an individual problem rather than a problem to be addressed on a community level. There is a belief among many in the community that substance abuse is a problem of the lower-income sections of the community and does not impact the more affluent sections of the local community. – Other Health Provider, Rapides Parish
- Inadequate number of local facilities to address substance abuse. – Social Services Provider, Rapides Parish
Lack of services, lack of public education, but also the lack of hope among families in poverty. If I have no hope that my life might be better, regardless of what I do, then I may perceive that substance abuse at least helps me feel good or less despondent for a while. – Social Services Provider, Rapides Parish

Affordable Care/Services
Free services and competent staffing. Also, substance abuse treatment staff should have competitive pay. There are few facilities statewide that offer treatment. – Other Health Provider, Rapides Parish
Cost, bed availability, and mental illness self-treatment, that is resistant to change. – Community/Business Leader, Avoyelles Parish
The greatest barrier to substance abuse treatment is lack of affordable inpatient treatment beds. A person with means can access good treatment, but a person who cannot afford expensive programs has too few options. It can take months to identify an available bed in an affordable or free treatment program. – Community/Business Leader, Rapides Parish
The greatest barriers to access for substance abuse treatment are cost and availability of long-term treatment centers. – Community/Business Leader, Rapides Parish
The biggest barrier is treatment is not affordable to most of the public. There are not enough treatment programs in our parish. – Public Health Representative, Rapides Parish
Lack of affordable treatment centers. – Community/Business Leader, Rapides Parish

Contributing Factors
Noncompliance with education, drug availability on the streets flowing in from every country, and homemade situations. – Community/Business Leader, Rapides Parish
A combination of desire on the part of the person needing assistance, and availability of programs. – Community/Business Leader, Rapides Parish
Access is too easy in our community, and too many people unable to get help to stop using no resources. – Other Health Provider, Rapides Parish
Police presence is limited. Low income and low education levels. High stress environment. Prevalence of drugs in community. – Community/Business Leader, Avoyelles Parish

Denial/Stigma
Readiness for treatment; stigma associated with substance abuse; the perception by many providers and supportive services that mental health treatment is not a useful tool in substance abuse treatment; the lack of substance abuse treatment facilities, inpatient and outpatient in our community; the closure of many treatment abuse treatment facilities. – Social Services Provider, Rapides Parish

Insurance Issues
Treatment facilities. There is no place for help without insurance unless admitted for mental health issues. – Social Services Provider, Rapides Parish
Most Problematic Substances

Key informants (who rated this as a “major problem”) identified alcohol as the most problematic substance abused in the community, followed closely by methamphetamine/other amphetamines, heroin or other opioids, and prescription medications.

<table>
<thead>
<tr>
<th>Problematic Substances as Identified by Key Informants</th>
<th>Most Problematic</th>
<th>Second-Most Problematic</th>
<th>Third-Most Problematic</th>
<th>Total Mentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>31.0%</td>
<td>17.2%</td>
<td>17.9%</td>
<td>19</td>
</tr>
<tr>
<td>Methamphetamines or Other Amphetamines</td>
<td>31.0%</td>
<td>17.2%</td>
<td>14.3%</td>
<td>18</td>
</tr>
<tr>
<td>Heroin or Other Opioids</td>
<td>17.2%</td>
<td>24.1%</td>
<td>21.4%</td>
<td>18</td>
</tr>
<tr>
<td>Prescription Medications</td>
<td>10.3%</td>
<td>24.1%</td>
<td>25.0%</td>
<td>17</td>
</tr>
<tr>
<td>Cocaine or Crack</td>
<td>0.0%</td>
<td>10.3%</td>
<td>3.6%</td>
<td>4</td>
</tr>
<tr>
<td>Marijuana</td>
<td>0.0%</td>
<td>3.4%</td>
<td>10.7%</td>
<td>4</td>
</tr>
<tr>
<td>Synthetic Drugs (e.g. Bath Salts, K2/Spice)</td>
<td>3.4%</td>
<td>0.0%</td>
<td>3.6%</td>
<td>2</td>
</tr>
<tr>
<td>Over-The-Counter Medications</td>
<td>3.4%</td>
<td>3.4%</td>
<td>0.0%</td>
<td>2</td>
</tr>
<tr>
<td>Hallucinogens or Dissociative Drugs (e.g. Ketamine, PCP, LSD, DXM)</td>
<td>3.4%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>1</td>
</tr>
<tr>
<td>Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)</td>
<td>0.0%</td>
<td>0.0%</td>
<td>3.6%</td>
<td>1</td>
</tr>
</tbody>
</table>
Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General’s report on tobacco was released in 1964.

Tobacco use causes:
- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

— Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 24.1% of Service Area adults currently smoke cigarettes, either regularly (18.9% every day) or occasionally (5.2% on some days).

Cigarette Smoking Prevalence
(Service Area, 2018)

<table>
<thead>
<tr>
<th>Smoking Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular Smoker</td>
<td>18.9%</td>
</tr>
<tr>
<td>Occasional Smoker</td>
<td>5.2%</td>
</tr>
<tr>
<td>Former Smoker</td>
<td>20.8%</td>
</tr>
<tr>
<td>Never Smoked</td>
<td>55.1%</td>
</tr>
</tbody>
</table>

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
Notes: Asked of all respondents.

- **BENCHMARK:** Well above the US and twice the Healthy People 2020 objective.
- **DISPARITY:** Highest in Grant Parish. More often reported among men, young adults, and those living on less than 200% of the federal poverty level.
Current Smokers
Healthy People 2020 Target = 12.0% or Lower

Service Area Trend

Avoyelles | Grant | Rapides | Service Area | LA | US
---|---|---|---|---|---
23.3% | 30.0% | 23.4% | 24.1% | 23.0% | 16.3%

2002 | 2005 | 2010 | 2013 | 2018
22.8% | 25.7% | 20.5% | 23.0% | 24.1%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

Current Smokers
(Service Area, 2018)
Healthy People 2020 Target = 12.0% or Lower

Men | Women | 18 to 39 | 40 to 64 | 65+ | Very Low Income | Low Income | Mid/High Income | White | Black | Other | Service Area
---|---|---|---|---|---|---|---|---|---|---|---
27.5% | 20.8% | 30.1% | 24.6% | 12.9% | 33.0% | 32.9% | 23.5% | 24.9% | 30.8% | 24.1%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondents’ household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” = below poverty; “Low Income” = 100-199% of poverty; “Middle/High Income” = 200% and over the federal poverty level.
- Includes regular and occasional smokers (every day and on some days).
Environmental Tobacco Smoke

A total of 16.7% of service area adults (including smokers and nonsmokers) report that a member of their household has smoked cigarettes in the home an average of four or more times per week over the past month.

- **BENCHMARK**: Above the US figure.
- **TREND**: Denotes a statistically significant decrease since 2005.
- **DISPARITY**: Higher among adults age 40 to 64, those in lower-income households, and Black respondents.

### Member of Household Smokes at Home

<table>
<thead>
<tr>
<th>Service Area Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
</tr>
<tr>
<td>22.9%</td>
</tr>
</tbody>
</table>

**Notes:**
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

---

**Member of Household Smokes At Home**

(Service Area, 2018)

<table>
<thead>
<tr>
<th>Households with children exposed to smoke in the home: 15.4% (US = 7.2%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoyelles</td>
</tr>
<tr>
<td>15.2%</td>
</tr>
</tbody>
</table>

---

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 52, 162]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.
Smoking Cessation

About Reducing Tobacco Use

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

— Healthy People 2020 (www.healthypeople.gov)

Smoking Cessation Attempts

A total of 59.1% of regular smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.

- **BENCHMARK:** Above the US prevalence but failing to satisfy the Healthy People 2020 objective.
- **TREND:** Denotes a statistically significant increase from 2002 survey findings.

Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking

(Among Everyday Smokers)

Healthy People 2020 Target = 80.0% or Higher

Most current smokers (68.2%) were advised to quit in the past year by a healthcare professional.

Service Area Trend

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 50-51]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of respondents who smoke cigarettes every day.
Among survey respondents, 46.3% are aware of services, programs, or classes to help smokers quit smoking.

- **TREND:** Marks a statistically significant increase since 2010.
- **DISPARITY:** Lowest in Avoyelles Parish. Higher among smokers in the Service Area.

### Aware of Services, Programs, or Classes to Help Smokers Quit Smoking
**(Service Area, 2018)**

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2013</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoyelles</td>
<td>38.5%</td>
<td>47.6%</td>
<td>49.1%</td>
</tr>
<tr>
<td>Grant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapides</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Area</td>
<td>40.3%</td>
<td>43.2%</td>
<td>46.3%</td>
</tr>
</tbody>
</table>

**Smokers:** 60.8%
**Nonsmokers:** 46.7%

### Public Perceptions of Smoking

The majority of Service Area survey respondents believe that most people in the community are against smoking, indicating that the public feels a person “**definitely should not smoke**” (45.7%) or “**probably should not smoke**” (22.8%).

- Another (12.3%) believe that general public opinion is that it is “**okay to smoke sometimes**,” and another 19.2% believe that public opinion says it is okay to smoke “**as much as a person wants**.”
• **TREND:** “Definitely should not smoke” responses have increased significantly since 2010.

• **DISPARITY:** Lowest in Grant Parish. Less often reported among young adults and respondents of Other race/ethnicity.

**Perception of How Most People in the Community Feel About Adults Smoking**
(Service Area, 2018)

- Definitely Should Not Smoke 45.7%
- Probably Should Not Smoke 22.8%
- Okay to Smoke Sometimes 12.3%
- Okay to Smoke as Much as Desired 19.2%

**Respondent Perceives That Most People in the Community Believe That Adults Definitely Should Not Smoke**
(Service Area, 2018)

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 311]

Notes: Asked of all respondents.
Respondent Perceives That Most People in the Community Believe That Adults Definitely Should Not Smoke (Service Area, 2018)

Other Tobacco Use

Use of Vaping Products

A total of 5.3% of Service Area adults currently use electronic cigarettes (e-cigarettes) or other electronic vaping products either regularly (1.1% every day) or occasionally (4.2% on some days).

Sources:
2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 311]

Notes:
• Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
• Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” = below poverty; “Low Income” = 100-199% of poverty; “Middle/High Income” = 200% and over the federal poverty level.
• Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).
• **DISPARITY:** Favorably low in Avoyelles Parish. Reported more often among men, young adults, and residents living below 200% of the federal poverty threshold.

### Currently Use Vaping Products
(Every Day or on Some Days)

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Avoyelles</th>
<th>Grant</th>
<th>Rapides</th>
<th>LA</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.6%</td>
<td>6.6%</td>
<td>6.3%</td>
<td>5.3%</td>
<td>6.0%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) 2017 Louisiana data.

**Notes:**
- Asked of all respondents.
- Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

### Currently Use Vaping Products
(Service Area, 2018)

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Other</th>
<th>Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7.1%</td>
<td>3.6%</td>
<td>8.4%</td>
<td>5.0%</td>
<td>0.5%</td>
<td>6.9%</td>
<td>7.4%</td>
<td>3.4%</td>
<td>4.3%</td>
<td>7.3%</td>
<td>4.6%</td>
<td>5.3%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]

**Notes:**
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Mid/High Income" = 200% and over the federal poverty level.
- Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).
Smokeless Tobacco

A total of 5.8% of Service Area adults use some type of smokeless tobacco every day or on some days.

- **BENCHMARK:** Higher than the Louisiana figure and far from satisfying the Healthy People 2020 objective.

### Use of Smokeless Tobacco

**Healthy People 2020 Target = 0.3% or Lower**

<table>
<thead>
<tr>
<th>2002</th>
<th>2005</th>
<th>2010</th>
<th>2013</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoyelles</td>
<td>4.5%</td>
<td>8.7%</td>
<td>5.6%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Grant</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapides</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>US</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Area Trend</td>
<td>5.3%</td>
<td>6.0%</td>
<td>5.8%</td>
<td>6.2%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 312]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Louisiana data.

**Notes:**
- Asked of all respondents.
- Includes chewing tobacco, snuff, or snus.

---

**Key Informant Input: Tobacco Use**

The greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a “major problem” in the community.

### Perceptions of Tobacco Use as a Problem in the Community

*(Key Informants, 2018)*

- **Major Problem:** 48.9%
- **Moderate Problem:** 36.2%
- **Minor Problem:** 10.6%
- **No Problem At All:** 4.3%

**Sources:**
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
Top Concerns
Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence
My impression is that smoking has become less prevalent among persons with higher education levels. Smoking is banned now in restaurants and nearly all public places of business. However, it’s still quite common to see people smoking outside, even among poor or homeless people. – Social Services Provider, Rapides Parish

The population we serve, 90 percent use tobacco. – Social Services Provider, Rapides Parish

Smokers, smokers everywhere and I am one of them. I know better, but quitting is very difficult. – Social Services Provider, Rapides Parish

Louisiana in general and Central Louisiana exceed national averages in tobacco use. – Public Health Representative, Rapides Parish

The tobacco abuse is very common in rural communities. – Other Health Provider, Rapides Parish

Large smoking populace. – Social Services Provider, Rapides Parish

There are a lot of residents that smoke cigarettes and e-cigarettes, as well as chew smokeless tobacco. We also have Paragon Casino that allows smoking inside its premises, which exposes players and employees to the dangers of secondhand smoke. – Community/Business Leader, Avoyelles Parish

People are still smoking after coronary artery bypass graft, with heart disease, during pregnancy, with newborns in the house. – Community/Business Leader, Rapides Parish

Too many people are smoking, and vaping is a major issue. – Community/Business Leader, Rapides Parish

Contributing Factors
Tobacco abuse is part of cultural behavior. Children need to learn at an early age of the health risks. Tobacco is highly addictive; many think that cancer from smoking will not affect them. – Public Health Representative, Rapides Parish

The number of stores that sell tobacco products. The number of adult smokers, the number of teen smokers and the number of annual lung cancer cases reported in the parish. – Other Health Provider, Rapides Parish

With the toxicity of nicotine and smoking at a young age, the damage is permanent. All types of smoking are dangerous to your health. – Community/Business Leader, Rapides Parish

Youth
There are way too many minors using tobacco or vaping products. Too many people who have been using for years and have no desire to quit. – Other Health Provider, Rapides Parish

Tobacco use is over the top in Avoyelles and teens are seen with cigarettes when they are not old enough to purchase them. Smoking leads to many illnesses and death. – Social Services Provider, Avoyelles Parish

 Everywhere you go, you see people smoking. Especially young people. They ignore the warnings. – Community/Business Leader, Rapides Parish

Vulnerable Populations
Tobacco use is a major issue especially for low-income poverty-stricken areas. This population is especially targeted by large tobacco companies. – Other Health Provider, Rapides Parish

Social Norms
Socially acceptable. Children are now being targeted by electronic cigarette makers. Lead public to believe it’s a safe option versus smoking. – Community/Business Leader, Avoyelles Parish

Addictive
Because they have a habit they acquired, and they are addicted to nicotine. – Community/Business Leader, Rapides Parish
Access to Health Services
**Health Insurance Coverage**

**Type of Healthcare Coverage**

A total of 52.5% of Service Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 37.9% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

**Healthcare Insurance Coverage**
(Among Adults Age 18-64; Service Area, 2018)

[Diagram showing percentages of insurance types]

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insured, Employer-Based</td>
<td>47.2%</td>
</tr>
<tr>
<td>Insured, Self-Purchase</td>
<td>5.0%</td>
</tr>
<tr>
<td>Insured, Unknown Type</td>
<td>0.3%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>19.8%</td>
</tr>
<tr>
<td>Medicare</td>
<td>6.8%</td>
</tr>
<tr>
<td>VA/Military</td>
<td>7.4%</td>
</tr>
<tr>
<td>Medicaid &amp; Medicare</td>
<td>2.5%</td>
</tr>
<tr>
<td>Other Gov't Program</td>
<td>1.4%</td>
</tr>
<tr>
<td>No Insurance/ Self-Pay</td>
<td>9.6%</td>
</tr>
<tr>
<td>Medicaid &amp; Medicare</td>
<td>2.5%</td>
</tr>
<tr>
<td>Medicare</td>
<td>6.8%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>19.8%</td>
</tr>
<tr>
<td>Insured, Self-Purchase</td>
<td>5.0%</td>
</tr>
<tr>
<td>Insured, Unknown Type</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

**Sources:** 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]

**Notes:** Reflects respondents age 18 to 64.

**Lack of Health Insurance Coverage**

Among adults age 18 to 64, 9.6% report having no insurance coverage for healthcare expenses.

- **BENCHMARK:** Better than the state and national figures. The Healthy People 2020 objective is universal coverage.
- **TREND:** Denotes a statistically significant decrease since 2002.
- **DISPARITY:** Reported more often among adults living below 200% of the poverty threshold and respondents of Other race/ethnicity.
Lack of Healthcare Insurance Coverage
(Among Adults Age 18-64)
Healthy People 2020 Target = 0.0% (Universal Coverage)

Service Area Trend

<table>
<thead>
<tr>
<th>Year</th>
<th>Avoyelles</th>
<th>Grant</th>
<th>Rapides</th>
<th>Service Area</th>
<th>LA</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>7.8%</td>
<td>11.2%</td>
<td>10.0%</td>
<td>9.6%</td>
<td>12.8%</td>
<td>13.7%</td>
</tr>
<tr>
<td>2005</td>
<td>24.7%</td>
<td>22.3%</td>
<td>22.8%</td>
<td>9.6%</td>
<td>12.8%</td>
<td>13.7%</td>
</tr>
<tr>
<td>2010</td>
<td>28.1%</td>
<td>24.7%</td>
<td>22.3%</td>
<td>9.6%</td>
<td>12.8%</td>
<td>13.7%</td>
</tr>
<tr>
<td>2013</td>
<td>22.3%</td>
<td>22.8%</td>
<td>9.6%</td>
<td>12.8%</td>
<td>13.7%</td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>9.6%</td>
<td>12.8%</td>
<td>13.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents under the age of 65.

Lack of Healthcare Insurance Coverage
(Among Adults Age 18-64; Service Area, 2018)
Healthy People 2020 Target = 0.0% (Universal Coverage)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age 18 to 39</th>
<th>Age 40 to 64</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Other</th>
<th>Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>11.1%</td>
<td>11.4%</td>
<td>16.0%</td>
<td>15.2%</td>
<td>6.1%</td>
<td>8.6%</td>
<td>10.3%</td>
<td>17.4%</td>
<td>9.6%</td>
</tr>
<tr>
<td>Women</td>
<td>8.2%</td>
<td>8.1%</td>
<td>6.1%</td>
<td>8.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]

Notes:
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” = below poverty, “Low Income” = 100-199% of poverty, “Mid/High Income” = 200% and over the federal poverty level.
Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality healthcare services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the healthcare system; 2) Accessing a healthcare location where needed services are provided; and 3) Finding a healthcare provider with whom the patient can communicate and trust.

— Healthy People 2020 (www.healthypeople.gov)

Difficulties Accessing Services

A total of 38.9% of Service Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- **BENCHMARK:** Better than the US prevalence.
- **TREND:** Marks a statistically significant decrease since 2002.
- **DISPARITY:** More often reported among women, adults age 40 to 64, and those living at lower income levels.

Sources:  
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:   
- Asked of all respondents.
Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year
(Service Area, 2018)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>MidHigh Income</th>
<th>White</th>
<th>Black</th>
<th>Other</th>
<th>Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experienced Difficulties</td>
<td>35.2%</td>
<td>42.4%</td>
<td>35.8%</td>
<td>44.7%</td>
<td>32.6%</td>
<td>51.4%</td>
<td>48.4%</td>
<td>30.2%</td>
<td>38.5%</td>
<td>41.1%</td>
<td>33.7%</td>
<td>38.9%</td>
</tr>
</tbody>
</table>

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” = below poverty; “Low Income” = 100-199% of poverty; “Middle/High Income” = 200% and over the federal poverty level.
Barriers to Healthcare Access

Of the tested barriers, cost of prescriptions impacted the greatest share of Service Area adults (17.2% say that cost prevented them from obtaining a needed medication in the past year).

Barriers to Access Have Prevented Medical Care in the Past Year

[Trend in Access Barriers](#)

- **TREND**: Over time, the barriers of prescription cost and transportation have decreased significantly from 2002 findings.

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-11, 13]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Asked of all respondents.

Notes:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-11, 13]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Asked of all respondents.
Accessing Healthcare for Children

A total of 5.7% of parents say there was a time in the past year when they needed medical care for their child but were unable to get it.

Had Trouble Obtaining Medical Care for Child in the Past Year

(Among Parents of Children 0-17)

<table>
<thead>
<tr>
<th>Year</th>
<th>Avoyelles</th>
<th>Grant</th>
<th>Rapides</th>
<th>Service Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>4.0%</td>
<td>6.8%</td>
<td>6.0%</td>
<td>5.7%</td>
<td>5.6%</td>
</tr>
<tr>
<td>2010</td>
<td>4.9%</td>
<td>6.0%</td>
<td>5.7%</td>
<td>5.7%</td>
<td>5.7%</td>
</tr>
<tr>
<td>2013</td>
<td>1.7%</td>
<td>6.8%</td>
<td>5.7%</td>
<td>5.6%</td>
<td>4.0%</td>
</tr>
<tr>
<td>2018</td>
<td>5.7%</td>
<td>5.6%</td>
<td>6.0%</td>
<td>4.9%</td>
<td>4.0%</td>
</tr>
</tbody>
</table>

Sources:  
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 118-119]  
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Asked of all respondents with children 0 to 17 in the household.

Among the parents experiencing difficulties, the majority cited cost or a lack of insurance as the primary reason; others cited lack of transportation and long waits for appointments.

Key Informant Input: Access to Healthcare Services

Key informants taking part in an online survey most often characterized Access to Healthcare Services as a “moderate problem” in the community.

Perceptions of Access to Healthcare Services as a Problem in the Community

(Key Informants, 2018)

- Major Problem
- Moderate Problem
- Minor Problem
- No Problem At All

<table>
<thead>
<tr>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>22.9%</td>
</tr>
<tr>
<td>43.8%</td>
</tr>
<tr>
<td>18.8%</td>
</tr>
<tr>
<td>14.6%</td>
</tr>
</tbody>
</table>

Sources:  
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:  
- Asked of all respondents.
Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Transportation

Inadequate public transportation outside of the Alexandria/Pineville area. A limited number of physicians who are willing to accept Medicaid. Inadequate treatment facilities for mental health/substance abuse treatment. Distrust of the health care services industry. Providers not viewed as friendly to the LBGTQ and HIV/AIDS community. – Social Services Provider, Rapides Parish

Transportation for those in a gap situation. Client may make too much income for Medicaid transportation, but not enough to afford reliable transportation for medical care, proper nutrition, furthering education, etc. Also, Medicaid transportation has been reported as unreliable (such as appointments made, and no one shows up). Transportation services limited in community. – Community/Business Leader, Rapides Parish

Transportation is a huge issue, especially for low income residents. – Community/Business Leader, Rapides Parish

Transportation, appointment availability. – Community/Business Leader, Avoyelles Parish

Contributing Factors

Everyone not being treated equally and given access to the same quality of care. – Community/Business Leader, Rapides Parish

Louisiana is 50/50 states in health outcomes. Our region has some major issues, especially in the parishes of Catahoula, Concordia and Avoyelles. Poverty and poor educational attainment remain huge problems. Social determinants of health are the major underlying factor. – Public Health Representative, Rapides Parish

Almost NO specialty doctors accept Medicaid, creating a huge problem for a large segment of the population. The specialists are here but there is no incentive (positive or negative) to see the poor population. – Public Health Representative, Rapides Parish

Medicare/Medicaid

Adult Medicaid services. – Community/Business Leader, Avoyelles Parish

Those individuals in our community who are solely on Medicaid have major issues with accessing health care and the quality of service they are receiving are questionable to say the least. They usually use the ER as the routine due services are so poor at the clinics and really the doctors and nurses there show little interest in providing professional and courteous service to the lower income members of our community. Appointments are spaced too far apart and then rushed when seen. – Social Services Provider, Rapides Parish

Awareness/Education

Lack of education, understanding, and inadequate communication with stakeholders relative to health care services, resources that are available to the community. – Community/Business Leader, Rapides Parish

Access to Care/Services

Access to primary care physicians and transportation are major issues when it comes to access to health care. – Other Health Provider, Rapides Parish

Lack of specialists and barriers to transportation for patients. – Social Services Provider, Rapides Parish
Type of Care Most Difficult to Access

Key informants (who rated this as a “major problem”) most often identified behavioral health, specialty care, and substance abuse treatment as the most difficult to access in the community.

<table>
<thead>
<tr>
<th>Medical Care Difficult to Access as Identified by Key Informants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most Difficult</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Behavioral Health</td>
</tr>
<tr>
<td>Specialty Care</td>
</tr>
<tr>
<td>Substance Abuse Treatment</td>
</tr>
<tr>
<td>Dental Care</td>
</tr>
<tr>
<td>Primary Care</td>
</tr>
<tr>
<td>Chronic Disease Care</td>
</tr>
<tr>
<td>Prenatal Care</td>
</tr>
</tbody>
</table>
Primary Care Services

About Primary Care

Improving healthcare services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

• Greater patient trust in the provider
• Good patient-provider communication
• Increased likelihood that patients will receive appropriate care

Improving healthcare services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that prevent illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or detect a disease at an earlier, and often more treatable, stage (secondary prevention).

— Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

In the Service Area in 2014, there were 143 primary care physicians, translating to a rate of 73.0 primary care physicians per 100,000 population.

• BENCHMARK: Below the US proportion.
• DISPARITY: Lowest in Grant Parish.

Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2014)

Sources: • US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. • Retrieved October 2019 from CARES Engagement Network at https://engagementnetwork.org

Notes: • This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
Trends in Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population)

![Graph showing trends in primary care physicians per 100,000 population from 2004 to 2014. The graph compares Service Area, LA, and US. The data points range from 75.1 to 73.0 in the Service Area, 69.8 to 68.9 in LA, and 70.9 to 73.0 in US, indicating a slight decrease over the years.]

Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.

Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
- These figures represent all primary care physicians practicing patient care, including hospital residents. In counties with teaching hospitals, this figure may differ from the rate reported in the previous chart.
Specific Source of Ongoing Care

A total of 76.3% of Service Area adults were determined to have a specific source of ongoing medical care.

- **BENCHMARK:** Fails to satisfy the Healthy People 2020 objective.
- **TREND:** Denotes a statistically significant increase since 2005.
- **DISPARITY:** Reported less often among men and young adults.

**Having a Specific Source of Ongoing Care includes having a doctor’s office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of “patient-centered medical homes” (PCMH).**

A hospital emergency room is not considered a specific source of ongoing care in this instance.

---

**Have a Specific Source of Ongoing Medical Care**

*Healthy People 2020 Target = 95.0% or Higher*

**Service Area Trend**

<table>
<thead>
<tr>
<th>Year</th>
<th>2005</th>
<th>2010</th>
<th>2013</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>71.3%</td>
<td>69.7%</td>
<td>71.2%</td>
<td>76.3%</td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

---

**Have a Specific Source of Ongoing Medical Care**

*(Service Area, 2018)*

*Healthy People 2020 Target = 95.0% or Higher*

**Men**

<table>
<thead>
<tr>
<th>Income Category</th>
<th>2005</th>
<th>2010</th>
<th>2013</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Low Income</td>
<td>73.4%</td>
<td>79.0%</td>
<td>79.3%</td>
<td>74.2%</td>
</tr>
<tr>
<td>Low Income</td>
<td>82.4%</td>
<td>74.2%</td>
<td>76.9%</td>
<td>77.6%</td>
</tr>
<tr>
<td>Mid/High Income</td>
<td>78.5%</td>
<td>74.2%</td>
<td>78.5%</td>
<td>73.2%</td>
</tr>
</tbody>
</table>

**Women**

<table>
<thead>
<tr>
<th>Income Category</th>
<th>2005</th>
<th>2010</th>
<th>2013</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Low Income</td>
<td>70.0%</td>
<td>70.0%</td>
<td>70.0%</td>
<td>70.0%</td>
</tr>
<tr>
<td>Low Income</td>
<td>65.9%</td>
<td>66.9%</td>
<td>66.9%</td>
<td>66.9%</td>
</tr>
<tr>
<td>Mid/High Income</td>
<td>70.1%</td>
<td>70.1%</td>
<td>70.1%</td>
<td>70.1%</td>
</tr>
</tbody>
</table>

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” = below poverty, “Low Income” = 100-199% of poverty, “Middle/High Income” = 200% and over the federal poverty level.
Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, nearly half of respondents (48.8%) identified a particular doctor’s office.

A total of 15.3% say they usually go to some type of urgent-care center or walk-in clinic, and 8.2% rely on a public health or community health center. A total of 5.1% use a hospital ER as their place for medical care, and military/VA facilities were mentioned by 4.0% of survey respondents.

Utilization of Primary Care Services

Adults

Most area adults (79.6%) visited a physician for a routine checkup in the past year.

- **BENCHMARK**: Above the state and national figures.
- **TREND**: Marks a statistically significant increase since 2002.
- **DISPARITY**: Reported less often among men, young adults, those living just above the federal poverty level, Whites, and respondents of Other race/ethnicity.
Have Visited a Physician for a Checkup in the Past Year

<table>
<thead>
<tr>
<th>Service Area</th>
<th>2002</th>
<th>2005</th>
<th>2010</th>
<th>2013</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>LA</td>
<td>70.3%</td>
<td>72.4%</td>
<td>72.7%</td>
<td>71.0%</td>
<td>79.6%</td>
</tr>
<tr>
<td>US</td>
<td>68.3%</td>
<td>79.6%</td>
<td>77.5%</td>
<td>78.5%</td>
<td>80.4%</td>
</tr>
</tbody>
</table>

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) 2017 Louisiana data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year (Service Area, 2018)

<table>
<thead>
<tr>
<th>Group</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>73.7%</td>
</tr>
<tr>
<td>Women</td>
<td>85.1%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>69.3%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>82.2%</td>
</tr>
<tr>
<td>65+</td>
<td>93.5%</td>
</tr>
<tr>
<td>Very Low Income</td>
<td>78.8%</td>
</tr>
<tr>
<td>Low Income</td>
<td>75.2%</td>
</tr>
<tr>
<td>Mid/High Income</td>
<td>81.7%</td>
</tr>
<tr>
<td>White</td>
<td>87.5%</td>
</tr>
<tr>
<td>Black</td>
<td>66.7%</td>
</tr>
<tr>
<td>Other</td>
<td>79.6%</td>
</tr>
<tr>
<td>Service Area</td>
<td>79.6%</td>
</tr>
</tbody>
</table>

Sources:  
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.
Children

Among surveyed parents, 87.9% report that their child has had a routine checkup in the past year.

- **TREND:** Marks a statistically significant increase from 2002 survey findings.
- **DISPARITY:** Highest in Rapides Parish.

Child Has Visited a Physician for a Routine Checkup in the Past Year
(Among Parents of Children 0-17)

<table>
<thead>
<tr>
<th></th>
<th>Avoyelles</th>
<th>Grant</th>
<th>Rapides</th>
<th>Service Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018 PRC</td>
<td>83.3%</td>
<td>81.0%</td>
<td>90.1%</td>
<td>87.9%</td>
<td>87.1%</td>
</tr>
</tbody>
</table>
| 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents with children 0 to 17 in the household.

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 120]
Emergency Room Utilization

A total of 13.4% of Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- **BENCHMARK:** Above the national prevalence.
- **DISPARITY:** The prevalence correlates with household income level and is especially high among Black respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year

(Service Area, 2018)

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [item 22]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” = below poverty; “Low Income” = 100-199% of poverty; “Middle/High Income” = 200% and over the federal poverty level.
Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person’s ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: tobacco use; excessive alcohol use; and poor dietary choices.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person’s ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person’s use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

— Healthy People 2020 (www.healthypeople.gov)

Dental Care

Adults

A total of 55.6% of Service Area adults have visited a dentist or dental clinic (for any reason) in the past year.

- **BENCHMARK:** Below the US prevalence but satisfying the Healthy People 2020 objective.
- **TREND:** Denotes a statistically significant decrease since 2002.
- **DISPARITY:** Lowest in Avoyelles Parish. Increases with income level and is lower among Blacks and Other respondents when compared with Whites.
Have Visited a Dentist or Dental Clinic Within the Past Year  
Healthy People 2020 Target = 49.0% or Higher

Sources:  
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]  
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.  

Notes:  
- Asked of all respondents.

Have Visited a Dentist or Dental Clinic Within the Past Year  
(Service Area, 2018)  
Healthy People 2020 Target = 49.0% or Higher

Sources:  
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]  

Notes:  
- Asked of all respondents.  
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).  
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” = below poverty; “Low Income” = 100-199% of poverty; “Middle/High Income” = 200% and over the federal poverty level.
Children
A total of 88.0% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- **BENCHMARK:** Easily satisfies the Healthy People 2020 objective.

### Child Has Visited a Dentist or Dental Clinic Within the Past Year
(Among Parents of Children Age 2-17)

**Healthy People 2020 Target = 49.0% or Higher**

<table>
<thead>
<tr>
<th></th>
<th>2002</th>
<th>2005</th>
<th>2010</th>
<th>2013</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoyelles</td>
<td>86.4%</td>
<td>84.4%</td>
<td>88.9%</td>
<td>88.0%</td>
<td>87.0%</td>
</tr>
<tr>
<td>Grant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapides</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Service Area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>US</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Service Area Trend</strong></td>
<td>85.8%</td>
<td>87.9%</td>
<td>88.0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents with children age 2 through 17.

### Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a “moderate problem” in the community.

### Perceptions of Oral Health as a Problem in the Community
(Key Informants, 2018)

<table>
<thead>
<tr>
<th>Problem Level</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>12.8%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>57.4%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>17.0%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>12.8%</td>
</tr>
</tbody>
</table>

**Sources:**
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
Top Concerns
Among those rating this issue as a “major problem,” reasons related to the following:

Affordable Care/Services
There are not enough dental services for those who cannot afford it. – Other Health Provider, Rapides Parish
Rapides parish does not offer oral healthcare to individuals that are low income or no income. – Other Health Provider, Rapides Parish
Avoyelles has several dental and oral health clinics but is private pay or insurance. Dental care is costly. – Community/Business Leader, Avoyelles Parish

Access to Care/Services
Dental care here is nearly obsolete. There is one clinic that provides dental care for the lower income and appointment times are so far in the future that most time there is no preventative dentistry just urgent care. – Social Services Provider, Rapides Parish
Access to dental care is very limited. Oral health is catastrophic. – Public Health Representative, Rapides Parish
Vision Care

A total of 60.4% of Service Area residents had an eye exam in the past two years during which their pupils were dilated.

- **BENCHMARK:** Higher than the US percentage.
- **DISPARITY:** Lowest in Grant Parish. Less often reported among young adults and Whites in the Service Area.

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

<table>
<thead>
<tr>
<th></th>
<th>2002</th>
<th>2005</th>
<th>2010</th>
<th>2013</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Area</td>
<td>57.9%</td>
<td>64.1%</td>
<td>62.1%</td>
<td>60.4%</td>
<td></td>
</tr>
<tr>
<td>US</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.

---

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

(Service Area, 2018)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Other</th>
<th>Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>58.1%</td>
<td>62.5%</td>
<td>43.3%</td>
<td>65.6%</td>
<td>80.6%</td>
<td>61.2%</td>
<td>55.4%</td>
<td>60.5%</td>
<td>56.7%</td>
<td>69.4%</td>
<td>57.8%</td>
<td>60.4%</td>
</tr>
<tr>
<td>2005</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>2010</td>
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<tr>
<td>2013</td>
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<td></td>
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<tr>
<td>2018</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]

**Notes:**
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” = below poverty; “Low Income” = 100-199% of poverty; “Middle/High Income” = 200% and over the federal poverty level.
Local Healthcare Resources
Perceptions of Local Healthcare Services

Just over one-half of Service Area adults (55.5%) rates the overall healthcare services available in their community as “excellent” or “very good.”

- Another 27.8% gave “good” ratings.

However, 16.7% of residents characterize local healthcare services as “fair” or “poor.”

- DISPARITY: Unfavorably high in Avoyelles Parish. More often reported among adults age 40 to 64, those living below 200% of the poverty threshold, and Black respondents.

Perceive Local Healthcare Services as “Fair/Poor”
Perceive Local Healthcare Services as “Fair/Poor”  
(Service Area, 2018)

Sources:  
2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]  
Asked of all respondents.

Notes:  
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).

Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” = below poverty; “Low Income” = 100-199% of poverty; “Middle/High Income” = 200% and over the federal poverty level.
Healthcare Information

Asked where they receive most of their healthcare information, over half of survey respondents (53.6%) mentioned their family physician, followed by references to the Internet (mentioned by 23.3%).

- Other sources for healthcare information mentioned less often include friends and relatives (4.7%) and hospital publications (3.7%).
- Note that 2.5% of survey respondents reportedly do not receive any information.

### Primary Source of Healthcare Information

(Service Area, 2018)

- **Family Doctor 53.6%**
- **Internet 23.3%**
- **Friends/Relatives 4.7%**
- **Hospital Publications 3.7%**
- **Don't Receive Any 2.5%**

Other (each <3%) 12.2%

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 332]

Notes: Asked of all respondents.

Among Service Area parents of school-age children, over half (56.0%) indicate that their child has mentioned receiving school-based health education activities during the past year (such as nutrition, physical education, tobacco control, or substance abuse education).

- **DISPARITY:** The prevalence is lowest among Service Area girls.
**Child Has Talked About Health Education Activities in School During the Past Year**

*[Such as Nutrition, Physical Education, Tobacco Control, or Substance Abuse Education]*

(Service Area Children 5-17; 2018)

- **Service Area Boys**: 60.9%
- **Service Area Girls**: 50.1%
- **Service Area Age 5-12**: 55.2%
- **Service Area Age 13-17**: 57.2%
- **Service Area**: 56.0%

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 354]

**Notes:**
- Asked of all respondents with children age 5-17 at home.
Healthcare Resources & Facilities

Hospitals & Federally Qualified Health Centers (FQHCs)

The following map details the hospitals and Federally Qualified Health Centers (FQHCs) within the Service Area as of December 2018.
Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Healthcare Services
- ATRANS / Alexandria Bus System
- Avoyelles Hospital
- Avoyelles Primary Health and Wellness
- Bunkie Hospital
- Catholic Ministries
- Central Louisiana AIDS Support Services
- Central Louisiana Homeless Coalition
- Central Louisiana Human Services District
- CHRISTUS Health
- City of Alexandria Transportation
- Community Healthworx
- Federally Qualified Health Centers
- Health Unit
- Office of Public Health
- Public Private Partnership
- Rapides Foundation
- Rapides Health Unit
- Rapides Office of Public Health
- Rapides Primary Health Care Center
- Rapides Regional Medical Center
- South Star Urgent Care
- State Medicaid Health Plan Transportation
- Uber
- Urgent Care Clinics
- Veterans Administration

Chronic Kidney Disease
- Bunkie Dialysis Unit
- CHRISTUS St. Frances Cabrini Hospital
- Dialysis Centers
- Doctor's Offices
- Freedman Clinic
- Fresenius Dialysis Center
- Hospitals
- University of the Incarnate Word
- Marksville Dialysis Unit
- Medicaid
- Rapides Health Unit
- Rapides Regional Medical Center

Arthritis/Osteoporosis/Back Conditions
- Doctor's Offices
- Federally Qualified Health Centers
- University of the Incarnate Word

Cancer
- American Cancer Society
- Cancer Education Program
- CHRISTUS Cabrini Cancer Center

Dementia/Alzheimer's Disease
- Alzheimer's Association
- Alzheimer's Support Groups
- Assisted Living Facilities
<table>
<thead>
<tr>
<th>Community Health Needs Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoyelles Council on Aging Respite and Homemakers Svcs</td>
</tr>
<tr>
<td>CHRISTUS St. Frances Cabrini Hospital</td>
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<tr>
<td>Doctor's Offices</td>
</tr>
<tr>
<td>Dubuis Long-Term Care Facility</td>
</tr>
<tr>
<td>Friendship House</td>
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<tr>
<td>Long-Term Facilities</td>
</tr>
<tr>
<td>Nursing Homes</td>
</tr>
<tr>
<td>Private Sitting and Aid Services</td>
</tr>
<tr>
<td>Rapides Regional Medical Center</td>
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<tr>
<td>River Side Long-Term Care Facility</td>
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</tbody>
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<tr>
<th>Hearing and Vision Problems</th>
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<tr>
<td>Doctor's Offices</td>
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<tr>
<td>Federally Qualified Health Centers</td>
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<tr>
<td>School System</td>
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<td>Veterans Administration</td>
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<tr>
<th>Heart Disease and Stroke</th>
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<tr>
<td>American Heart Association</td>
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<tr>
<td>Bunkie Hospital</td>
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<tr>
<td>Bunkie Rural Health Clinic</td>
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<tr>
<td>CHRISTUS St. Frances Cabrini Hospital</td>
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<tr>
<td>Cenla Medication Access Program</td>
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<tr>
<td>Community Healthworx</td>
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<tr>
<td>Doctor's Offices</td>
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<tr>
<td>Educational Programs</td>
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<tr>
<td>Federally Qualified Health Centers</td>
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<tr>
<td>Fitness Centers/Gyms</td>
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<tr>
<td>Freedman Clinic</td>
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<td>Go Red for Women</td>
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<tr>
<td>Hospitals</td>
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<tr>
<td>LSU AgCenter</td>
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<td>LSU Family Practice</td>
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<tr>
<td>Marksville Hospital</td>
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<tr>
<td>Medical Community</td>
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<td>Nutrition Services</td>
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<tr>
<td>Outpatient Cath Lab</td>
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<tr>
<td>Primary Care Network</td>
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<td>Rapides Foundation</td>
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<tr>
<td>Rapides Regional Medical Center</td>
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<tr>
<td>Region VI Office of Public Health</td>
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<tr>
<td>Skilled Nursing Facilities</td>
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<td>Tobacco Free Living</td>
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<td>Veterans Administration</td>
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<td>YWCA</td>
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<th>Diabetes</th>
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<tr>
<td>American Diabetes Association</td>
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<tr>
<td>Bunkie Hospital</td>
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<tr>
<td>CHRISTUS St. Frances Cabrini Hospital</td>
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<td>Cenla Medication Access Program</td>
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<td>Community Healthworx</td>
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<tr>
<td>Doctor's Offices</td>
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<tr>
<td>Diabetes Self-Management Education</td>
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<tr>
<td>Educational Programs</td>
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<tr>
<td>Federally Qualified Health Centers</td>
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<td>Fitness Centers/Gyms</td>
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<td>Hospitals</td>
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<td>HPL Clinics</td>
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<td>LSU AgCenter</td>
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<td>LSU Family Practice</td>
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<td>Office of Public Health</td>
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<tr>
<td>Public Private Partnership</td>
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<td>Rapides Foundation</td>
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<tr>
<td>Rapides Regional Medical Center</td>
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<td>Urgent Care Clinics</td>
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<td>Veterans Administration</td>
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<tr>
<th>Family Planning</th>
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<tr>
<td>Americorps</td>
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<tr>
<td>Central Louisiana AIDS Support Services</td>
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<tr>
<td>Central Louisiana Pregnancy Center</td>
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<tr>
<td>Department of Children &amp; Family Services</td>
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<tr>
<td>Doctor's Offices</td>
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<tr>
<td>Federally Qualified Health Centers</td>
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<td>Office of Public Health</td>
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<tr>
<td>Primary Care Network</td>
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<tr>
<td>Public Private Partnership</td>
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<td>Rapides Health Unit</td>
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<td>School System</td>
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<th>HIV/AIDS</th>
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<td>Central Louisiana AIDS Support Services</td>
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<td>CHRISTUS St. Frances Cabrini Hospital</td>
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<td>Doctor's Offices</td>
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<td>Federally Qualified Health Centers</td>
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<td>Huey P. Long Clinics</td>
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<td>LSU Family Practice</td>
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<td>Office of Public Health</td>
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<td>Rapides Health Unit</td>
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<td>Rapides Office of Public Health</td>
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<tr>
<td>Rapides Regional Medical Center</td>
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<tr>
<td>Tulane Clinic</td>
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<td>Tulane Medical Group</td>
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</tbody>
</table>
COMMUNITY HEALTH NEEDS ASSESSMENT

Immunization/Infectious Disease
- Federally Qualified Health Centers
- Louisiana Department of Health and Hospitals
- Office of Public Health
- Public Private Partnership
- School System
- WIC Clinic

Infant and Child Health
- Doctor's Offices
- Federally Qualified Health Centers
- Health Unit
- LSU AgCenter
- Medicaid
- Nurse Family Partnership
- Office of Public Health
- Rapides Women’s and Children’s Hospital

Injury and Violence
- Alexandria Police Department
- Children’s Advocacy Network
- CHRISTUS St. Frances Cabrini Hospital
- Educational Programs
- Faith House
- Family Justice Center
- Hope House
- Law Enforcement Agencies
- Local Municipalities
- Louisiana Department of Wildlife and Fisheries
- LSU AgCenter
- Parish Sheriff’s Departments
- Rapides Parish Sheriff’s Office
- Rapides Regional Medical Center
- School District
- Sexual Trauma, Awareness and Response
- Trauma Center
- United Way Strong Neighborhood Project
- Youth Challenge Program

Mental Health Issues
- Avoyelles Parish Inpatient Facilities
- Beacon Behavioral Hospital-Bunkie
- Behavioral Health Services
- Caring Choices
- Central Louisiana AIDS Support Services
- Central Louisiana Human Services District
- Central Louisiana State Hospital
- CHRISTUS St. Frances Cabrini Hospital
- Churches
- Coroner's Office
- Counseling Services
- Crossroads
- Doctor's Offices
- Eckerd Wraparound Agency
- Exceptional Counseling Services-Bunkie
- Federally Qualified Health Centers
- Granberry Counseling Center
- Homeless Coalition
- Hospitals
- Journey Rehab
- Life Oak Psychological
- Longleaf Hospital
- Mental Health Services
- Oceans Behavioral Health
- Office of Behavioral Health
- Pathways Community Behavioral Healthcare
- Pinecrest
- Private Treatment Centers
- Public Private Partnership
- Rapides Health Unit
- Rapides Parish Jails
- Rapides Primary Health Care Center
- Rapides Regional Medical Center
- Rehab Services of Central Louisiana
- Rivers Psychiatric Services
- Salvation Army
- Save Central Louisiana Prevention Training
- State Agencies
- Tulane Medical Group
- Volunteers of America
- We Care Behavioral Health
- Westside Habilitation Center

Nutrition, Physical Activity, and Weight
- American Heart Association
- Anytime Fitness
- Avoyelles Martial Arts
- Avoyelles Yoga and Fitness Studio
- Cenla Medication Access Program
- Community Gardens
- Doctor's Offices
- Farmer's Market
<table>
<thead>
<tr>
<th>Category</th>
<th>Organizations</th>
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<tbody>
<tr>
<td><strong>Fitness Centers/Gyms</strong></td>
<td>Fit Families for Central Louisiana</td>
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<td>Region VI Office of Public Health</td>
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<td><strong>Food Bank</strong></td>
<td>School System</td>
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<td><strong>Good Food Project</strong></td>
<td>Tulane Clinic</td>
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<td><strong>Health Life Coaches</strong></td>
<td>Urgent Care Clinics</td>
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<td><strong>Health Unit</strong></td>
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<td><strong>Healthy Communities Coalition</strong></td>
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<td><strong>Hospitals</strong></td>
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<td><strong>Iron Gym</strong></td>
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<td><strong>Louisiana Athletic Club</strong></td>
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<td><strong>LSU AgCenter</strong></td>
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<td><strong>Motions Fitness-Cottonport</strong></td>
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<td><strong>Move Bunkie Forward</strong></td>
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<td><strong>Nutrition Services</strong></td>
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<td><strong>Parks and Recreation</strong></td>
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<td><strong>Rapides Foundation</strong></td>
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<td><strong>School System</strong></td>
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<td><strong>United Way Strong Neighborhood Project</strong></td>
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<td><strong>Weight Loss Program</strong></td>
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<td><strong>YWCA</strong></td>
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<td><strong>Oral Health/Dental Care</strong></td>
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<td><strong>Community Healthworx</strong></td>
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<td><strong>Dentist's Offices</strong></td>
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<td><strong>School System</strong></td>
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<td><strong>The Health Enrichment Network</strong></td>
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<tr>
<td><strong>Respiratory Diseases</strong></td>
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<tr>
<td><strong>1-800-Quit-Line</strong></td>
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<td><strong>CHRISTUS St. Frances Cabrini Hospital</strong></td>
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<td><strong>Federally Qualified Health Centers</strong></td>
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<td><strong>Office of Public Health</strong></td>
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<td><strong>Rapides Foundation</strong></td>
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<td><strong>Rapides Regional Medical Center</strong></td>
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<td><strong>Tobacco Free Living</strong></td>
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<td><strong>Smoke-Free Living</strong></td>
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<td><strong>Tobacco Use</strong></td>
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<tr>
<td><strong>1-800-Quit Now</strong></td>
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<tr>
<td><strong>1-800-Quit-Line</strong></td>
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<td><strong>American Cancer Society</strong></td>
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<td><strong>American Heart Association</strong></td>
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<td><strong>American Lung Association</strong></td>
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<td><strong>City, State, Federal Enforcement Agencies</strong></td>
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<td><strong>Doctor's Offices</strong></td>
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<td><strong>Employer Assistance Programs</strong></td>
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<td><strong>Group Cessation Providers</strong></td>
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<td><strong>Hospitals</strong></td>
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<td><strong>LSU Family Practice</strong></td>
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<td><strong>Office of Public Health</strong></td>
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<td><strong>Rapides Health Unit</strong></td>
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<td><strong>Rapides Regional Medical Center</strong></td>
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<td><strong>Sexually Transmitted Diseases</strong></td>
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<tr>
<td><strong>Central Louisiana AIDS Support Services</strong></td>
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<td><strong>Community Healthworx</strong></td>
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<td><strong>Doctor's Offices</strong></td>
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<td><strong>Federally Qualified Health Centers</strong></td>
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<td><strong>Health Unit</strong></td>
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<td><strong>Hospitals</strong></td>
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<td><strong>Rapides Health Unit</strong></td>
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<td><strong>Rapides Regional Medical Center</strong></td>
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</table>
Over the Counter Medications
Quit Louisiana
Rapides Foundation
Rapides Office of Public Health
Rapides Regional Physician Group
Smoke-Free Ordinances
Smoking Cessation Programs
Tobacco Cessation Experts
Tobacco Free Living
Quality of Life
Quality of Life in Central Louisiana

Just over one-third of Service Area adults (35.1%) rates the overall quality of life in central Louisiana as “excellent” or “very good.”

- Another 39.5% gave “good” ratings.

However, 25.4% of residents characterize the quality of life in central Louisiana as “fair” or “poor.”

- **DISPARITY**: Unfavorably high in Avoyelles Parish. Decreases with age and income level and is significantly higher among Black respondents.

Rating of the Quality of Life in Central Louisiana
(Service Area, 2018)

<table>
<thead>
<tr>
<th>Rating</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>10.5%</td>
</tr>
<tr>
<td>Very Good</td>
<td>24.6%</td>
</tr>
<tr>
<td>Good</td>
<td>39.5%</td>
</tr>
<tr>
<td>Fair</td>
<td>18.2%</td>
</tr>
<tr>
<td>Poor</td>
<td>7.2%</td>
</tr>
</tbody>
</table>

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 333]
Notes: Asked of all respondents.
Quality of Life in Central Louisiana is “Fair” or “Poor”

(Service Area, 2018)

Sources:  
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 333]
- Asked of all respondents.

Notes:
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” = below poverty; “Low Income” = 100-199% of poverty; “Middle/High Income” = 200% and over the federal poverty level.
Quality of Life in the Parish

With regard to the quality of life in their respective parishes, 29.6% of survey respondents report that it is on the right track and getting better, while 55.2% feel it is staying about the same and 15.1% consider the quality of life in their parish to be on the wrong track and getting worse.

- **Disparity:** Adults in Avoyelles Parish are most likely to give “on the wrong track and getting worse” responses.
- Among survey respondents, 92.8% feel strongly about their opinions regarding parish life (not shown).

Quality of Life in Respondent’s Parish of Residence

- **Avoyelles:**
  - Right Track/Getting Better: 21.1%
  - About the Same: 27.9%
  - Wrong Track/Getting Worse: 56.6%

- **Grant:**
  - Right Track/Getting Better: 15.4%
  - About the Same: 56.7%
  - Wrong Track/Getting Worse: 27.9%

- **Rapides:**
  - Right Track/Getting Better: 12.7%
  - About the Same: 32.7%
  - Wrong Track/Getting Worse: 54.5%

- **Service Area:**
  - Right Track/Getting Better: 15.1%
  - About the Same: 29.6%
  - Wrong Track/Getting Worse: 55.2%

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 334]

**Notes:**
- Asked of all respondents.
Charitable Contribution

Volunteering

While 37.1% of survey respondents “never” volunteer and 20.7% “seldom” volunteer, note that 25.1% of Service Area adults “sometimes” volunteer, and 17.1% do so “frequently.”

**Frequency of Volunteering for Charitable Organizations or Community Groups**
(Service Area, 2018)

- **Never** 37.1%
- **Sometimes** 25.1%
- **Seldom** 20.7%
- **Frequently** 17.1%

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 339]
Notes: Asked of all respondents.

- **DISPARITY:** Volunteering is less prevalent among residents in lower-income households and those of Other race/ethnicity.
Among Service Area adults who volunteer, 34.3% spend between one and four hours per month on volunteering, and 32.9% spend between five and 10 hours.

- Note that 15.3% of adults who volunteer average over 20 hours monthly.
Monetary Contribution

One-third (34.9%) of Service Area adults “frequently” give money to charitable organizations or community groups, and one-third (32.5%) do so “sometimes.”

- Note that 32.6% of residents “seldom” or “never” donate money to charity.

Frequency of Contributing Money to Charitable Organizations or Community Groups

(Service Area, 2018)

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 340]
Notes: Asked of all respondents who spend time volunteering.
• DISPARITY: The prevalence of Service Area residents who “frequently” or “sometimes” donate money to charity increases with age and household income level.

"Frequently/Sometimes" Donate to Charity

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Avoyelles</th>
<th>Grant</th>
<th>Rapides</th>
</tr>
</thead>
<tbody>
<tr>
<td>67.7%</td>
<td>62.5%</td>
<td>68.2%</td>
<td>67.4%</td>
</tr>
</tbody>
</table>

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 341]
Notes: Asked of all respondents. In this case, assistance does not include government-sponsored programs or services.

"Frequently/Sometimes" Donate to Charity (Service Area, 2018)

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Other</th>
<th>67.4%</th>
</tr>
</thead>
<tbody>
<tr>
<td>68.6%</td>
<td>66.3%</td>
<td>54.2%</td>
<td>71.5%</td>
<td>82.5%</td>
<td>46.9%</td>
<td>62.6%</td>
<td>76.7%</td>
<td>69.8%</td>
<td>63.6%</td>
<td>64.9%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 341]
Notes: In this case, assistance does not include government-sponsored programs or services. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents). Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” = below poverty; “Low Income” = 100-199% of poverty; “Middle/High Income” = 200% and over the federal poverty level.
Local Assistance
Among survey respondents, 5.3% have received assistance from a local program, church, or charitable organization in the past month.

- **DISPARITY:** The prevalence is more often reported among women, adults age 40 to 64, those living at the lowest income level, Blacks, and those of Other race/ethnicity.

### Received Assistance from a Local Program, Church, or Charitable Organization in the Past Month

<table>
<thead>
<tr>
<th>Avoyelles</th>
<th>Grant</th>
<th>Rapides</th>
<th>Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1%</td>
<td>5.3%</td>
<td>5.4%</td>
<td>5.3%</td>
</tr>
</tbody>
</table>

**Sources:** 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 342]

**Notes:**
- Asked of all respondents.
- In this case, assistance does not include government-sponsored programs or services.

### Received Assistance from a Local Program, Church, or Charitable Organization in the Past Month (Service Area, 2018)

<table>
<thead>
<tr>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Other</th>
<th>Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1%</td>
<td>7.4%</td>
<td>3.7%</td>
<td>7.6%</td>
<td>3.4%</td>
<td>18.3%</td>
<td>5.3%</td>
<td>0.9%</td>
<td>3.2%</td>
<td>8.8%</td>
<td>11.3%</td>
<td>5.3%</td>
</tr>
</tbody>
</table>

**Sources:** 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 342]

**Notes:**
- Asked of all respondents.
- In this case, assistance does not include government-sponsored programs or services.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” = below poverty; “Low Income” = 100-199% of poverty; “Middle/High Income” = 200% and over the federal poverty level.
Asked to estimate the number of acquaintances who have benefited from charitable organizations or community groups, a total of 38.7% of respondents said 10 or more.

- On the other hand, 22.4% do not know any people who have benefited from charity.

Approximate Number of Acquaintances Who Have Benefited from Charitable Organizations or Community Groups
(Service Area, 2018)

<table>
<thead>
<tr>
<th>Number of Beneficiaries</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>22.4%</td>
</tr>
<tr>
<td>1 to 4</td>
<td>22.8%</td>
</tr>
<tr>
<td>5 to 9</td>
<td>16.1%</td>
</tr>
<tr>
<td>10+</td>
<td>38.7%</td>
</tr>
</tbody>
</table>

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 343]
Notes: Asked of all respondents.
In this case, assistance does not include government-sponsored programs or services.

Know At Least 10 People Benefiting from Charities

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoyelles</td>
<td>42.5%</td>
</tr>
<tr>
<td>Grant</td>
<td>40.3%</td>
</tr>
<tr>
<td>Rapides</td>
<td>37.2%</td>
</tr>
<tr>
<td>Service Area</td>
<td>38.7%</td>
</tr>
</tbody>
</table>

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 368]
Notes: Asked of all respondents.
In this case, assistance does not include government-sponsored programs or services.
Civic Participation

When asked how many times they voted in the past five elections (including local, state, or national elections), more than half of Service Area adults (56.1%) reported voting on all five occasions.

- In contrast, 15.0% of survey respondents did not vote at all in the past five elections.

Frequency of Voting During the Last Five Voting Opportunities [Including Local, State, or National Elections] (Service Area, 2018)

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>15.0%</td>
</tr>
<tr>
<td>One</td>
<td>6.2%</td>
</tr>
<tr>
<td>Two</td>
<td>5.5%</td>
</tr>
<tr>
<td>Three</td>
<td>6.7%</td>
</tr>
<tr>
<td>Four</td>
<td>10.5%</td>
</tr>
<tr>
<td>Five</td>
<td>56.1%</td>
</tr>
</tbody>
</table>

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 344]
Notes: Asked of all respondents.

- DISPARITY: Adults less likely to report voting in all of the past five elections include young adults, those living on less than 200% of the federal poverty level, Whites, and respondents of Other race/ethnicity.
Voted in Each of the Past Five Voting Opportunities
[Including Local, State, and National Elections]

Avoyelles: 59.5%
Grant: 52.1%
Rapides: 55.7%
Service Area: 56.1%

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 344]
Notes: Asked of all respondents.

Voted in Each of the Past Five Voting Opportunities
[Including Local, State, and National Elections]
(Service Area, 2018)

Men: 55.2%
Women: 56.9%
18 to 39: 63.2%
40 to 64: 75.2%
65+: 50.6%
Very Low Income: 46.0%
Low Income: 61.6%
Mid/High Income: 53.4%
White: 66.9%
Black: 45.3%
Other: 56.1%

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 344]
Notes: As of all respondents.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” = below poverty; “Low Income” = 100-199% of poverty; “Middle/High Income” = 200% and over the federal poverty level.
Evaluation of Past Activities

**Rapides Regional Medical Center 2017–2019 CHNA Summary**

Rapides Regional Medical Center has been providing healthcare on a higher level in Central Louisiana since its founding in 1903. Today, Rapides Regional Medical Center is licensed for 328 beds and fully accredited by The Joint Commission. In addition, it was the first verified Level II Trauma Center in Louisiana. Rapides Regional Medical Center is also an Advanced Certified Stroke Center, Certified Chest Pain Center, and Accredited Cancer Center. The medical staff includes physicians in more than 30 medical specialties.

In 1993, the operating assets and name of Rapides Regional Medical Center were sold to Central Louisiana Healthcare Systems Partnership. Then, in 1998, the joint venture restructured to a limited liability corporation – Rapides Healthcare System. Today, HCA owns a 74% interest and Rapides Foundation owns a 26% interest in the Rapides Healthcare System. The RHS board is represented by an equal third representation of HCA appointees, physicians and Rapides Foundation appointees.

To meet federal IRS 501(r) requirements, Rapides Regional Medical Center contracted with Professional Research Consultants, Inc., (PRC) to develop a uniform, comprehensive Community Health Needs Assessment (CHNA).

RRMC has evaluated the implementation strategies undertaken since the completion of the 2016 CHNA. Although the status for most parish level indicators did not move substantially, it is clear that RRMC is working to improve the health of the community.

In reviewing the status of each of the six priority areas, RRMC reports the following:

1. **Access to health services**

   **GOAL:** To improve access to health services and to educate residents in the service area on the availability of free community resources, Rapides Regional Medical Center focused on the following strategy:

   - Continue the Cooperative Endeavor Agreement with the State to provide indigent health care services.
   - Provide all patients discharged from the Emergency Department with an educational document on appropriate usage of primary care/urgent/emergent care.
   - Provide all patients discharged from the Emergency Department with a primary care provider referral.
   - Provide Physician Directories at Community functions/Health Fairs and screenings.
   - Support the LSU Family Residency program which provides access to care to the service area residents.
• Provide funds to local universities and colleges to increase healthcare workforce development.
• Raise funds to provide transportation for cancer patients.

RESULTS
Provided $7,191,516 in funding in 2017 and 2018 for:

• 11,440 copies of Primary/Urgent/Emergent education flyer distributed
• 1,002 copies of RRMC’s annual Physician Directory
• $10,000 in transportation funding to help patients
• Support of the LSU Family Residency program in the amount of $6,806,089
• Supported local nursing schools in the amount of $187,500 annually

2. Nutrition, Physical Activity & Weight Status – Adults
GOAL: To increase awareness of nutrition, physical activity and weight as contributing factors in chronic health diseases among adults such as diabetes, heart disease and cancer, Rapides Regional Medical Center focused on the following strategy:

• Provided free monthly Diabetes/Nutrition classes taught by a registered dietitian and registered nurse.
• Promote physical activity through sponsorships of active community events, i.e. 5K runs, bicycle events, sporting events.
• Provide nutritional information and health lifestyle recommendations at various community events/health fairs.
• Partner with the Alexandria Museum of Art to promote activity and healthy lifestyle.

RESULTS
Provided $85,989 in funding in 2017 and 2018 for:

• Diabetes classes that were attended by 289 people at a cost of $3,564.
• Participating in community events attended by 3,130 at a cost of $17,635.
• Sponsorship of local community events and organizations in the amount of $62,530.

3. Maternal, Infant and Child Health
GOAL: To improve maternal, infant and child health of service area residents, Rapides Regional Medical Center focused on the following strategy:

• Provide free childbirth classes – one-day prepared childbirth, one-day breastfeeding, sibling and breathing & relaxation – to service area residents.
• Distribute baby packets to expectant mothers that provide education, community resources and safe sleep information.
COMMUNITY HEALTH NEEDS ASSESSMENT

- Educate women on the importance of 39 weeks gestation by hosting an event with the March of Dimes.
- Provide free perinatal loss support.

RESULTS
Provided $34,682 in funding for 2017 and 2018 for:

- Educational classes attended by 618 at a cost of $16,790.
- Distributed 1,449 baby packets to expectant mothers at a cost of $11,592.
- Perinatal Loss Support Group attended by 138 at a cost of $1,080.
- March of Dimes Walk and Donation – $5,220.

4. Cancer
GOAL: To educate service area residents on cancer prevention and screenings, Rapides Regional Medical Center focused on the following strategy:

- Educate service area residents on the importance of colorectal screenings by hosting events and awareness dates.
- Partner with the National Council on Skin Cancer Prevention and the American Academy of Dermatology to increase awareness of signs and symptoms of skin cancer by promoting “Don’t Fry Day,” on the Friday of the Memorial Day weekend.
- Provide educational materials on cancer (colorectal, skin, breast, prostate and lung) to community groups and health fairs.
- Provide monetary support for cancer research and prevention to American Cancer Society.

RESULTS
Provided $24,672 in funding for 2017 and 2018 for:

- Health fairs attended by 1,437 at a cost of $4,827.
- Community donations in the amount of $10,980.
- Awareness events for the community attended by 5,774 at a cost of $9,865.

5. Heart Disease and Stroke
GOAL: To educate service area residents on cardiovascular health, Rapides Regional Medical Center focused on the following strategy:

- Provide education materials, presentations, and screenings to community residents on cardiovascular health.
- Educate the community on the availability of free resources, such as the online Heart Health Profiler.
• Provide monetary support for cardiovascular health and prevention research to the American Heart Association.
• Provide Basic Life Support (BLS) training to community organizations.
• Participate in Start A Heart CENLA to provide free BLS training to the community.
• Provide Stroke education to CENLA through Tackle Stroke Program.

RESULTS
Provided $62,713 in funding for 2017 and 2018 for:
• Health fairs attended by 1,437 at a cost of $3,827.
• Heart health profiler tool on the rapidesregional.com website for $3,000. It was utilized by 63.
• BLS (Basic Life Saving) training for 760 in the amount of $3,504.
• CPR training events, including Start-A-Heart Cenla, that resulted in around 267 people being trained at a cost of $10,500.
• Awareness events for the community attended by 1,550 at a cost of $4,230.
• Community donations in the amount of $40,000.
• Stroke education events attended by 5,200 at a cost of $5,162.

6. Injury and Violence
GOAL: To decrease traumatic injury in defined service area
• Partner with Louisiana State Police to conduct Sudden Impact courses with area students.
• Partner with Louisiana State Police to conduct mock crash and mock trial educating high school students about impaired, unrestrained and distracted driving.
• Educate community on ATV safety through various events.
• Provide fall education targeting senior citizens in service area.
• Provide monthly child passenger safety seat checks.

RESULTS
Provided $45,070 in funding for 2017 and 2018 for:
• Sudden Impact classes attended by 5,962 at a cost of $37,190.
• Sudden Impact Mock Crash attended by 415 students at a cost of $415.
• Sudden Impact Mock Trial attended by 187 students at a cost of $200.
• Provided AARP Safe Driving Classes to 350 Seniors at a cost of $495.
• Provided ATV safety education to 2175 CENLA residents at a cost of $1,795.
• Provided Child Passenger Safety Seat checks to 320 CENLA residents at a cost of $4,505.