2022
COMMUNITY HEALTH NEEDS ASSESSMENT

Avoyelles, Grant & Rapides Parishes, Louisiana

Prepared for

Rapides Regional Medical Center

In collaboration with

THE RAPIDES FOUNDATION

Prepared by PRC

www.PRCCustomResearch.com

TABLE OF CONTENTS

INTRODUCTION

PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment – a follow-up to similar studies conducted in 2002, 2005, 2010, 2013, and 2018 – 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.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- To improve residents' health status, increase their life spans, and elevate their overall quality of life. A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.

- To reduce the health disparities among residents. By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors that historically have had a negative impact on residents' health.

- To increase accessibility to preventive services for all community residents. More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was prepared for Rapides Regional Medical Center by PRC, a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for trending and comparison to benchmark data at the state and national levels.

PRC Community Health Survey

Survey data for this assessment are extracted from a broader research project for Central Louisiana conducted on behalf of The Rapides Foundation.

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 the survey effort is defined as the three-parish service area of Rapides Regional Medical Center, including Avoyelles, Grant, and Rapides parishes. A geographical description of the study area is illustrated in the following map.
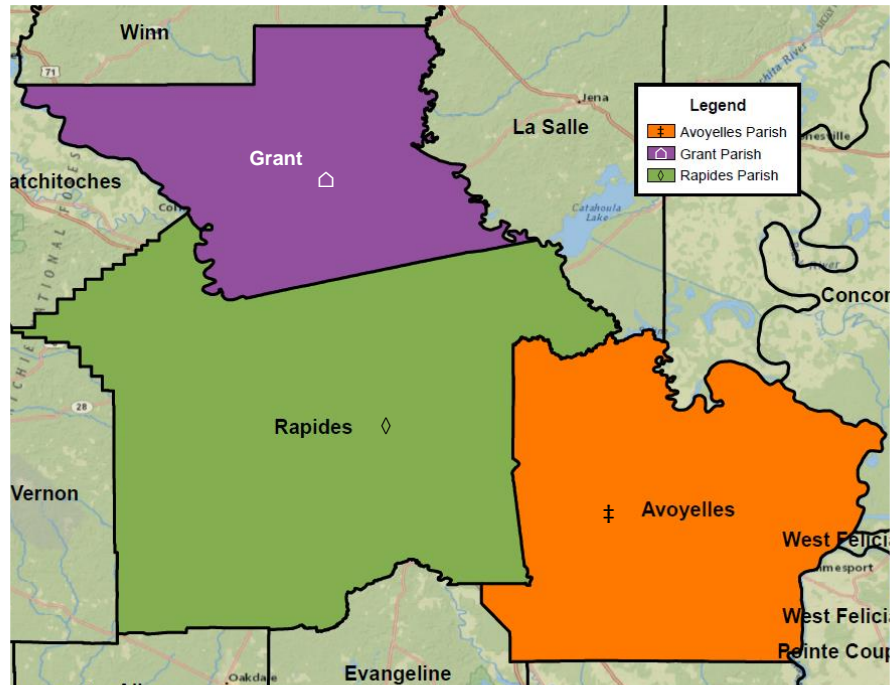
Sample Approach & Design

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 mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires.

In late 2021, 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 1,502 individuals age 18 and older in the service area, including 399 in Avoyelles Parish, 352 in Grant Parish, and 751 in Rapides Parish.

The interviews were weighted in proportion to the actual population distribution so as to appropriately represent the service area as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC. For statistical purposes, the maximum rate of error associated with a sample size of 1,502 respondents is ±2.5% at the 95 percent confidence level.

Expected Error Ranges for a Sample of 1,502 Respondents at the 95 Percent Level of Confidence
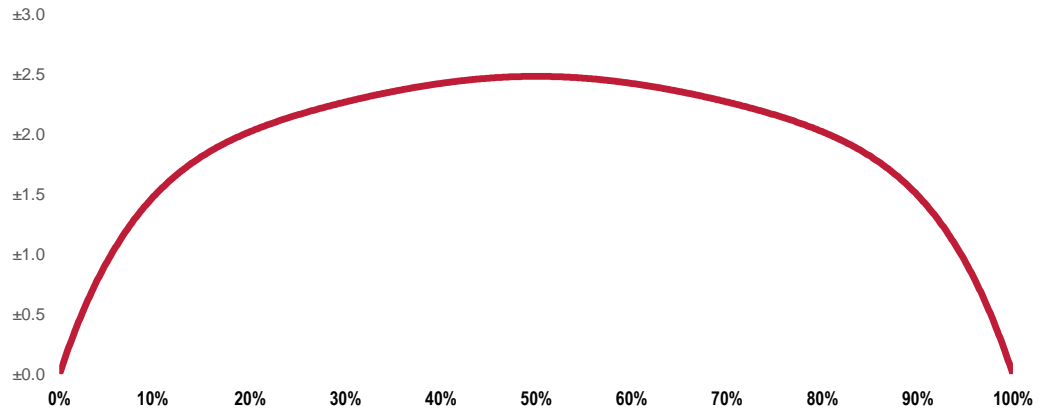
Note: ● The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples: ● If 10% of the sample of 1,502 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 health care needs, and these children are not represented demographically in this chart.]

Population & Survey Sample Characteristics
(Service Area, 2021)

□ Actual Population ▶   ■ **Final Survey Sample** ◀

	Men	Women	18 to 39	40 to 64	65+	White (Non-Hisp)	Black (Non-Hisp)	Diverse Races (Non-Hisp)	Hispanic	<200% FPL
Actual Population	49.8%	50.2%	37.4%	42.7%	19.9%	66.9%	27.2%	3.4% ▶	2.5% ▶	46.7%
Final Survey Sample	49.0%	51.0%	37.5%	43.1%	19.4%	66.5%	25.3%	5.4% ◀	2.8% ◀	44.7%

Diverse races include:
Asian — 2.0%
American Native — 2.0%
Multiple/Other — 1.4%
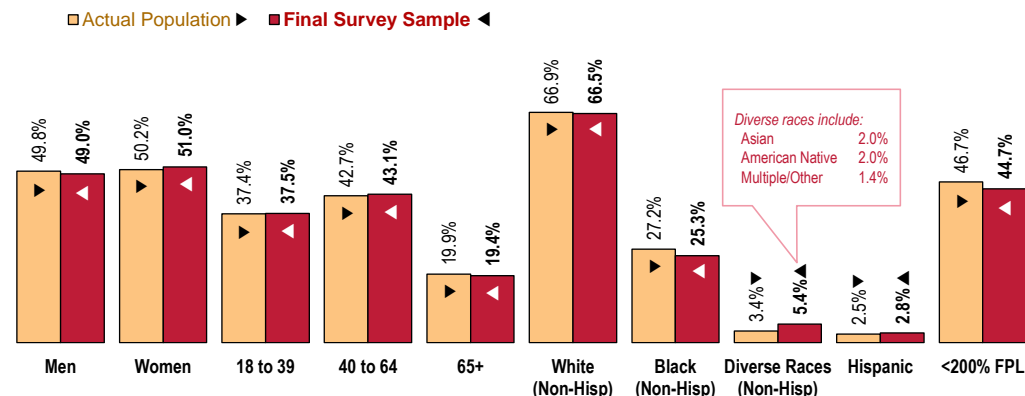
Sources: ● US Census Bureau, 2011-2015 American Community Survey.
● 2021 PRC Community Health Survey, PRC, Inc.
Notes: ● FPL is federal poverty level, based on guidelines established by the US Department of Health & Human Services.

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.

INCOME & RACE/ETHNICITY

INCOME ▶ 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 2021 guidelines place the poverty threshold for a family of four at $26,500 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% of) the poverty threshold; and "mid/high income" refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

RACE & ETHNICITY ▶ In analyzing survey results, mutually exclusive race and ethnicity categories are used. "White" and "Black" reflect non-Hispanic respondents; "Diverse Races" includes Hispanics and other race groups.

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 the Central Louisiana project. A list of recommended participants was provided by The Rapides Foundation; 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.

Again, for the purposes of this assessment, input from those key informants responding about the needs in the three-parish service area were extracted for this report. In all, 87 local community stakeholders took part in the Online Key Informant Survey, as outlined below:

ONLINE KEY INFORMANT SURVEY PARTICIPATION (Avoyelles, Grant & Rapides Parishes)	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Public Health Representatives	6
Physicians	1
Other Health Providers	14
Social Services Providers	44
Other Community Leaders	22

Final participation included representatives of the organizations outlined below.

- Access Health Louisiana
- Alexandria Museum of Art
- Arts Council of Central Louisiana
- Avoyelles Parish Police Jury
- Bunkie General Hospital
- Cenla Medication Access Program
- Central Louisiana Arts & Healthcare
- Central Louisiana Community Foundation
- Central Louisiana Economic Development Alliance
- Central Louisiana Human Services District
- Central Louisiana Technical Community College
- CHRISTUS St. Frances Cabrini Hospital
- City of Alexandria
- CLASS
- Cleco Corporation
- Community Health WoRx
- Congregation Gemiluth Chassodim
- Evergreen Life Services
- Families Helping Families at The Crossroads of Louisiana
- First United Methodist Church Pineville

- Food Bank of Central Louisiana
- Fostering Community
- Friendship House Adult Day Services
- Front Porch Communities and Services
- Gilchrist Construction
- Global Impact Ministries
- Goodwill Industries of North Louisiana
- Haven: The Creative Connection
- Higher Heights Outreach Ministries
- Hope House of Central Louisiana
- Inner City Revitalization Corporation
- I-Walked-In Outreach Program
- Keller Williams Realty
- Kisatchie Bicycle Club
- Kisatchie-Delta Regional Planning & Development Di
- Kiwanis Club of Alexandria
- LHC Group, Inc. - Bunkie Home Care
- LongLeaf Hospital
- Louisiana Baptist Collegiate Ministries
- Louisiana College
- Louisiana Dept. of Health-Region 6

- Louisiana Physical Therapy Association
- Louisiana State University - Alexandria
- Med Express Ambulance Service
- Montessori Educational Center
- Mt. Olive Baptist Church
- Mt. Zion Development Corporation
- Northwestern State University Nursing
- Office of Public Health-Region VI
- Pineville Junior High
- Rapides Parish Library
- Rapides Regional Medical Center
- Rapides Station Community Ministries
- Rapides Symphony Orchestra
- Region 6 Office of Aging and Adult Services
- Renaissance Home for Youth
- Retired State Employees Association
- RHS
- Salem Baptist Church
- Salvation Army
- Sickle Cell Anemia Foundation
- Southern Forest Heritage Museum
- St. James Episcopal Day School
- St. Mary A.M.E. Church
- St. Mary's Residential Training School
- T.R.E.E. House
- The ARC Rapides, Inc.
- The Extra Mile
- The Food Bank of Central LA
- The Louisiana Campaign for Tobacco Free Living
- The Orchard Foundation
- Tioga Historical Society, Inc.
- Town of Ball
- Town of Woodworth
- United Way of Central Louisiana
- Village of Georgetown
- Village of McNary
- Williams Grimble Spiritual Enrichment Foundation
- Winn Community Health Center
- Workforce Operations Department
- YWCA

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: 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.

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 the service area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)

- 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

- 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 providing data for the three-parish service area were administered in the region in 2002, 2005, 2010, 2013, and 2018 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 Comparisons

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 Comparisons

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2020 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 2030

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.

Healthy People 2030's overarching goals are to:

- Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.

- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.

- Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.

- Promote healthy development, healthy behaviors, and well-being across all life stages.

- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After getting feedback from individuals and organizations and input from subject matter experts, the U.S. Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

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.

Public Comment

Rapides Regional Medical Center made its prior Community Health Needs Assessment (CHNA) report publicly available through its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Rapides Regional Medical Center had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. Rapides Regional Medical Center will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.

IRS FORM 990, SCHEDULE H COMPLIANCE

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Schedule H (Form 990), the following table cross-references related sections.

IRS FORM 990, SCHEDULE H (2019)	See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility	8
Part V Section B Line 3b Demographics of the community	38
Part V Section B Line 3c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	202
Part V Section B Line 3d How data was obtained	7
Part V Section B Line 3e The significant health needs of the community	17
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs	19
Part V Section B Line 3h The process for consulting with persons representing the community's interests	10
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	215

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.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	

ACCESS TO HEALTH CARE SERVICES	▪ Barriers to Access
	  – Appointment Availability
	  – Finding a Physician
	▪ Primary Care Physician Ratio
	▪ Emergency Room Utilization
	▪ Ratings of Local Health Care

CANCER	▪ Cancer Deaths
	  – Including Lung Cancer and Colorectal Cancer Deaths
	▪ Cancer Incidence
	  – Including Prostate Cancer and Colorectal Cancer Incidence
	▪ Cancer Prevalence
	▪ Cervical Cancer Screening [Age 21-65]

DIABETES	▪ Diabetes Prevalence ▪ Prevalence of Borderline/Pre-Diabetes ▪ Blood Sugar Testing [Non-Diabetics] ▪ Kidney Disease Deaths ▪ Key Informants: Diabetes ranked as a top concern.
HEART DISEASE & STROKE	▪ Heart Disease Deaths ▪ Heart Disease Prevalence ▪ Stroke Deaths ▪ Stroke Prevalence ▪ Blood Pressure Screening ▪ High Blood Pressure Prevalence ▪ High Blood Cholesterol Prevalence ▪ Overall Cardiovascular Risk ▪ Key Informants: Heart disease and stroke ranked as a top concern.
HOUSING	▪ Condition of Neighborhood Homes ▪ Availability of Affordable Housing

— *continued on the following page* —

AREAS OF OPPORTUNITY (continued)	
INFANT HEALTH & FAMILY PLANNING	▪ Low-Weight Births ▪ Infant Deaths ▪ Teen Births
INJURY & VIOLENCE	▪ Unintentional Injury Deaths – Including Motor Vehicle Crash Deaths ▪ Firearm-Related Deaths ▪ Homicide Deaths ▪ Violent Crime Rate ▪ Intimate Partner Violence ▪ Key Informants: Injury and violence ranked as a top concern.
MENTAL HEALTH	▪ "Fair/Poor" Mental Health ▪ Days of Poor Mental Health ▪ Diagnosed Depression ▪ Symptoms of Chronic Depression ▪ Suicide Deaths ▪ Receiving Treatment for Mental Health ▪ Key Informants: Mental health ranked as a top concern.
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	▪ Low Food Access ▪ Fruit/Vegetable Consumption ▪ Meeting Physical Activity Guidelines ▪ Access to Recreation/Fitness Facilities ▪ Regular Walking ▪ "Fair/Poor" Local Physical Activity Opportunities ▪ Overweight & Obesity [Adults & Children] ▪ Key Informants: Nutrition, physical activity, and weight ranked as a top concern.
ORAL HEALTH	▪ Dental Insurance Coverage ▪ Regular Dental Care [Adults & Children]
POTENTIALLY DISABLING CONDITIONS	▪ Activity Limitations ▪ Arthritis/Rheumatism ▪ Alzheimer's Disease Deaths ▪ Caregiving
RESPIRATORY DISEASE	▪ Lung Disease Deaths ▪ Pneumonia/Influenza Deaths ▪ Chronic Obstructive Pulmonary Disease (COPD) Prevalence ▪ COVID-19 Deaths
SEXUAL HEALTH	▪ HIV/AIDS Deaths ▪ HIV Prevalence ▪ Chlamydia Incidence ▪ Gonorrhea Incidence

AREAS OF OPPORTUNITY (continued)	
SUBSTANCE ABUSE	▪ Cirrhosis/Liver Disease Deaths ▪ Drinking & Driving ▪ Riding with a Drunk Driver ▪ Unintentional Drug-Related Deaths ▪ Illicit Drug Use ▪ Use of Prescription Opioids ▪ Key Informants: Substance abuse ranked as a top concern.
TOBACCO USE	▪ Cigarette Smoking Prevalence ▪ Use of Vaping Products ▪ Awareness of Smoking/Vaping Cessation Services/Programs

Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment ("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. Substance Abuse
2. Mental Health
3. Diabetes
4. Injury & Violence
5. Nutrition, Physical Activity & Weight
6. Heart Disease & Stroke
7. Tobacco Use
8. Respiratory Disease (including COVID-19)
9. Sexual Health
10. Cancer
11. Potentially Disabling Conditions
12. Infant Health & Family Planning
13. Oral Health
14. Access to Healthcare

Not prioritized within the list above is the social determinant of **Housing**, which potentially impacts outcomes for all of the above.

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

Reading the Summary Tables

☐ In the following tables, service area results for Rapides Regional Medical Center are shown in the larger, gray column.

☐ The 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 2030 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.

Tip: Indicator labels beginning with a "%" symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.

SOCIAL DETERMINANTS

DISPARITY AMONG PARISHES   SERVICE AREA vs. BENCHMARKS

SOCIAL DETERMINANTS	Avoyelles Parish	Grant Parish	Rapides Parish	Service Area	vs. LA	vs. US	vs. HP2030	TREND
Linguistically Isolated Population (Percent)	☁ 0.6	☀ 0.0	🌧 1.1	0.9	☀ 1.7	☀ 4.3		
Population in Poverty (Percent)	🌧 24.4	☁ 18.8	☁ 19.6	20.5	☁ 19.2	🌧 13.4	🌧 8.0	
No High School Diploma (Age 25+, Percent)	🌧 23.2	☁ 17.5	☀ 14.5	16.7	☁ 14.8	🌧 12.0		
% "Fair/Poor" Condition of Neighborhood Homes	☁ 25.8	☁ 32.0	☁ 24.8	25.9				🌧 16.1
% "Fair/Poor" Availability of Affordable Housing	🌧 62.5	☁ 56.8	☀ 46.2	51.0				🌧 41.8
% Displaced From Housing in Past 2 Years	☀ 12.5	☁ 17.5	☁ 14.4	14.4				☁ 13.9

Note: In the section above, each parish is compared against the others 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.

☀ better   ☁ similar   🌧 worse

OVERALL HEALTH

DISPARITY AMONG PARISHES   SERVICE AREA vs. BENCHMARKS

OVERALL HEALTH	Avoyelles Parish	Grant Parish	Rapides Parish	Service Area	vs. LA	vs. US	vs. HP2030	TREND
% "Fair/Poor" Overall Health	☁ 23.7	🌧 27.3	☁ 20.5	22.0	☁ 22.8	🌧 12.6		☁ 19.3
% 3+ Days Poor Physical Health in Past Month	☁ 28.9	☁ 32.7	☁ 31.2	30.9				☁ 28.3

Note: In the section above, each parish is compared against the others 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.

☀ better   ☁ similar   🌧 worse

ACCESS TO HEALTH CARE	Avoyelles Parish	Grant Parish	Rapides Parish	Service Area	vs. LA	vs. US	vs. HP2030	TREND
% [Age 18-64] Lack Health Insurance	☁ 7.6	🌧 13.5	☁ 7.8	8.5	☀ 14.4	☁ 8.7	☁ 7.9	☀ 28.1
% Difficulty Accessing Health Care in Past Year (Composite)	☁ 43.5	☁ 43.2	☁ 43.3	43.4		🌧 35.0		☁ 43.3
% Cost Prevented Physician Visit in Past Year	☁ 13.3	☁ 13.4	☁ 12.5	12.8	☀ 14.8	☁ 12.9		☀ 18.6
% Cost Prevented Getting Prescription in Past Year	☁ 13.5	☁ 14.4	☁ 14.7	14.4		☁ 12.8		☀ 24.1
% Difficulty Getting Appointment in Past Year	☁ 22.0	☁ 19.2	☁ 19.4	19.9		🌧 14.5		☁ 17.4
% Inconvenient Hrs Prevented Dr Visit in Past Year	☁ 17.0	☁ 14.3	☀ 12.1	13.4		☁ 12.5		☁ 14.5
% Difficulty Finding Physician in Past Year	☁ 17.1	☁ 12.8	☁ 13.7	14.3		🌧 9.4		☁ 12.8
% Transportation Hindered Dr Visit in Past Year	☁ 9.8	☁ 11.5	☁ 11.4	11.1		☁ 8.9		☁ 11.1
% Difficulty Getting Child's Health Care in Past Year	☁ 5.7	☁ 2.6	☀ 1.4	2.4		☀ 8.0		☁ 4.2
Primary Care Doctors per 100,000	☁ 42.8	🌧 13.5	☀ 104.6	81.3	☁ 80.2	🌧 102.3		
% Have a Specific Source of Ongoing Care	☁ 75.9	☁ 78.5	☁ 74.6	75.3		☁ 74.2	🌧 84.0	☀ 71.3
% Have Had Routine Checkup in Past Year	☁ 75.0	☁ 75.8	☀ 79.5	78.1	☁ 80.1	☀ 70.5		☀ 70.3

ACCESS TO HEALTH CARE (continued)

ACCESS TO HEALTH CARE (continued)	Avoyelles Parish	Grant Parish	Rapides Parish	Service Area	vs. LA	vs. US	vs. HP2030	TREND
% Child Has Had Checkup in Past Year	(similar) 90.1	(better) 90.5	(similar) 78.2	82.3		(similar) 77.4		(similar) 81.0
% Two or More ER Visits in Past Year	(similar) 13.1	(similar) 15.3	(similar) 13.0	13.3		(worse) 10.1		(similar) 14.5
% Eye Exam in Past 2 Years	(similar) 55.1	(similar) 51.4	(better) 59.1	57.3		(similar) 61.0	(worse) 61.1	(similar) 57.9
% Rate Local Health Care "Fair/Poor"	(similar) 23.0	(similar) 20.5	(better) 17.3	18.8		(worse) 8.0		(similar) 16.7
% Internet is the Primary Source for Healthcare Information	(similar) 23.2	(worse) 27.2	(similar) 20.1	21.6				(worse) 5.6

Note: In the section above, each parish is compared against the others 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.

Legend: (sun) better   (cloud) similar   (rain) worse

CANCER

CANCER	Avoyelles Parish	Grant Parish	Rapides Parish	Service Area	vs. LA	vs. US	vs. HP2030	TREND
Cancer (Age-Adjusted Death Rate)	(similar) 186.6	(similar) 173.9	(similar) 162.0	168.7	(similar) 165.7	(similar) 146.5	(worse) 122.7	(better) 199.7
Lung Cancer (Age-Adjusted Death Rate)				44.6	(similar) 42.0	(worse) 33.4	(worse) 25.1	
Prostate Cancer (Age-Adjusted Death Rate)				18.8	(similar) 19.5	(similar) 18.5	(similar) 16.9	
Female Breast Cancer (Age-Adjusted Death Rate)				20.7	(similar) 22.1	(similar) 19.4	(worse) 15.3	

CANCER (continued)	Avoyelles Parish	Grant Parish	Rapides Parish	Service Area	vs. LA	vs. US	vs. HP2030	TREND
Colorectal Cancer (Age-Adjusted Death Rate)				20.0	⛈ 15.5	⛈ 13.1	⛈ 8.9	
Cancer Incidence Rate (All Sites)	☁ 459.1	☁ 456.7	☁ 475.8	470.1	☁ 482.4	☁ 448.6		
Female Breast Cancer Incidence Rate	☀ 90.7	☁ 108.6	☁ 113.9	108.2	☀ 127.4	☀ 126.8		
Prostate Cancer Incidence Rate	☁ 138.4	☀ 109.0	☁ 148.4	141.8	☁ 134.7	⛈ 106.2		
Lung Cancer Incidence Rate	☁ 74.7	☁ 75.4	☀ 61.9	66.2	☁ 64.6	☁ 57.3		
Colorectal Cancer Incidence Rate	☁ 54.3	☁ 46.6	☁ 48.9	49.8	☁ 44.9	⛈ 38.0		
% Cancer	☁ 7.5	☁ 8.6	☁ 9.2	8.7	☀ 12.3	☁ 10.0		⛈ 5.9
% [Women 50-74] Mammogram in Past 2 Years	☁ 74.6	☁ 77.0	☀ 83.0	80.7	☁ 82.7	☁ 76.1	☀ 77.1	☁ 82.7
% [Women 21-65] Cervical Cancer Screening	☁ 81.1	☁ 82.2	☁ 75.0	77.1	⛈ 85.1	☁ 73.8	⛈ 84.3	⛈ 86.2
% [Age 50-75] Colorectal Cancer Screening	☁ 72.9	☁ 75.3	☁ 77.7	76.3	☀ 69.8	☁ 77.4	☁ 74.4	☀ 51.3

Note: In the section above, each parish is compared against the others 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.

☀ better   ☁ similar   ⛈ worse

DIABETES

DIABETES	Avoyelles Parish	Grant Parish	Rapides Parish	Service Area	vs. LA	vs. US	vs. HP2030	TREND
Diabetes (Age-Adjusted Death Rate)	similar 26.6	similar 28.5	better 9.9	15.5	better 28.8	better 22.6		better 21.1
% Diabetes/High Blood Sugar	similar 14.9	similar 14.0	similar 15.1	14.9	worse 12.6	similar 13.8		worse 10.7
% Borderline/Pre-Diabetes	similar 9.9	similar 8.8	similar 8.9	9.1		similar 9.7		worse 6.3
% [Diabetics] Taking Action to Control Diabetes	worse 87.5	similar 88.0	better 99.7	95.8				better 78.0
% [Non-Diabetics] Blood Sugar Tested in Past 3 Years	similar 46.3	similar 50.8	similar 43.9	45.3		similar 43.3		worse 55.1

Note: In the section above, each parish is compared against the others 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.

Legend: ☀ better | ☁ similar | 🌧 worse

HEART DISEASE & STROKE

HEART DISEASE & STROKE	Avoyelles Parish	Grant Parish	Rapides Parish	Service Area	vs. LA	vs. US	vs. HP2030	TREND
Diseases of the Heart (Age-Adjusted Death Rate)	similar 286.5	better 203.7	similar 300.0	286.6	worse 213.8	worse 164.4	worse 127.4	similar 261.2
% Heart Disease (Heart Attack, Angina, Coronary Disease)	similar 10.0	similar 10.5	similar 7.7	8.5	similar 7.3	worse 6.1		similar 7.6
Stroke (Age-Adjusted Death Rate)	similar 59.5	similar 63.1	better 49.9	53.2	similar 45.8	worse 37.6	worse 33.4	similar 53.0
% Stroke	similar 5.3	similar 3.4	similar 5.3	5.1	similar 4.5	similar 4.3		worse 2.2

HEART DISEASE & STROKE (continued)	Avoyelles Parish	Grant Parish	Rapides Parish	Service Area	vs. LA	vs. US	vs. HP2030	TREND
% Blood Pressure Checked in Past 2 Years	(similar) 92.6	(similar) 91.8	(similar) 91.6	91.8		(better) 85.0		(worse) 95.4
% Told Have High Blood Pressure	(similar) 47.9	(similar) 42.3	(similar) 47.2	46.8	(worse) 39.7	(worse) 36.9	(worse) 27.7	(worse) 34.3
% [HBP] Taking Action to Control High Blood Pressure	(similar) 91.0	(similar) 86.5	(similar) 86.3	87.4		(similar) 84.2		(similar) 87.8
% Cholesterol Checked in Past 5 Years	(similar) 81.9	(similar) 82.9	(similar) 84.3	83.6		(similar) 80.7		(similar) 80.9
% Told Have High Cholesterol	(similar) 32.1	(similar) 37.8	(similar) 31.7	32.5		(similar) 32.7		(worse) 25.9
% [HBC] Taking Action to Control High Blood Cholesterol	(similar) 87.9	(similar) 85.9	(worse) 80.4	82.7		(similar) 83.2		(better) 71.3
% 1+ Cardiovascular Risk Factor	(similar) 92.3	(similar) 92.2	(similar) 90.1	90.8		(worse) 84.6		(better) 93.9

Note: In the section above, each parish is compared against the others 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.

(sun) better   (cloud) similar   (rain) worse

INFANT HEALTH & FAMILY PLANNING	Avoyelles Parish	Grant Parish	Rapides Parish	Service Area	vs. LA	vs. US	vs. HP2030	TREND
Low Birthweight Births (Percent)	(similar) 11.8	(better) 9.8	(similar) 11.4	11.3	(similar) 10.7	(worse) 8.2		
Infant Death Rate	(similar) 6.6		(similar) 6.8	6.7	(better) 7.7	(worse) 5.5	(worse) 5.0	(similar) 6.2
Births to Adolescents Age 15 to 19 (Rate per 1,000)	(similar) 55.6	(similar) 48.6	(better) 38.5	42.8	(worse) 32.1	(worse) 20.9	(worse) 31.4	

Note: In the section above, each parish is compared against the others 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.

(sun) better (cloud) similar (rain) worse

INJURY & VIOLENCE	Avoyelles Parish	Grant Parish	Rapides Parish	Service Area	vs. LA	vs. US	vs. HP2030	TREND
Unintentional Injury (Age-Adjusted Death Rate)	(similar) 68.9	(better) 59.2	(similar) 80.2	75.0	(similar) 66.8	(worse) 51.6	(worse) 43.2	(worse) 53.2
Motor Vehicle Crashes (Age-Adjusted Death Rate)				22.2	(worse) 16.7	(worse) 11.4	(worse) 10.1	
% "Always" Wear Seat Belt	(similar) 75.9	(similar) 81.4	(better) 83.4	81.5				(better) 67.2
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	(similar) 90.4	(similar) 93.4	(similar) 86.0	88.0		(similar) 90.2		(better) 81.5
[65+] Falls (Age-Adjusted Death Rate)				36.0	(similar) 41.1	(better) 67.1	(better) 63.4	
Firearm-Related Deaths (Age-Adjusted Death Rate)				23.6	(similar) 23.3	(worse) 12.5	(worse) 10.7	

DISPARITY AMONG PARISHES / SERVICE AREA vs. BENCHMARKS

INJURY & VIOLENCE (continued)	Avoyelles Parish	Grant Parish	Rapides Parish	Service Area	vs. LA	vs. US	vs. HP2030	TREND
Homicide (Age-Adjusted Death Rate)	☁ 17.5		☁ 15.9	15.0	☁ 16.0	🌧 6.1	🌧 5.5	🌧 8.3
Violent Crime Rate	☁ 652.8	☀ 155.4	🌧 972.3	814.8	🌧 562.3	🌧 416.0		
% Victim of Violent Crime in Past 5 Years	☀ 2.0	☁ 4.1	☁ 4.0	3.6		☀ 6.2		☁ 3.2
% Victim of Intimate Partner Violence (Ever)	☁ 20.5	☁ 20.2	☁ 21.0	20.8		🌧 13.7		🌧 12.3
% Victim of Intimate Partner Violence in Past 5 Years	☁ 5.5	☁ 3.8	☁ 5.0	5.0				☁ 4.7

Note: In the section above, each parish is compared against the others 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.

☀ better ☁ similar 🌧 worse

DISPARITY AMONG PARISHES / SERVICE AREA vs. BENCHMARKS

KIDNEY DISEASE	Avoyelles Parish	Grant Parish	Rapides Parish	Service Area	vs. LA	vs. US	vs. HP2030	TREND
Kidney Disease (Age-Adjusted Death Rate)	☀ 16.8		🌧 23.9	21.8	☁ 19.9	🌧 12.8		☁ 23.2
% Kidney Disease	🌧 7.7	☁ 4.0	☁ 5.0	5.5	🌧 3.9	☁ 5.0		

Note: In the section above, each parish is compared against the others 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.

☀ better ☁ similar 🌧 worse

MENTAL HEALTH	Avoyelles Parish	Grant Parish	Rapides Parish	Service Area	vs. LA	vs. US	vs. HP2030	TREND
% "Fair/Poor" Mental Health	(similar) 25.2	(similar) 25.9	(better) 17.8	20.4		(worse) 13.4		(worse) 15.4
% 3+ Days Poor Mental Health in Past Month	(similar) 42.7	(similar) 40.5	(similar) 36.8	38.5				(worse) 25.2
% Diagnosed Depression	(similar) 28.8	(similar) 33.1	(better) 24.6	26.5	(worse) 23.9	(worse) 20.6		(similar) 27.5
% Symptoms of Chronic Depression (2+ Years)	(similar) 41.1	(similar) 46.0	(similar) 39.6	40.7		(worse) 30.3		(worse) 29.8
Suicide (Age-Adjusted Death Rate)	(similar) 22.3		(similar) 17.7	18.9	(worse) 14.6	(worse) 13.9	(worse) 12.8	(similar) 16.8
Mental Health Providers per 100,000	(similar) 57.9	(worse) 18.0	(better) 223.8	165.7	(better) 138.1	(better) 124.9		
% Have Ever Sought Help for Mental Health	(similar) 37.8	(similar) 41.0	(similar) 35.9	36.9		(better) 30.0		(better) 24.5
% Taking Rx/Receiving Mental Health Trtmt	(similar) 22.8	(similar) 26.3	(similar) 23.3	23.5		(worse) 16.8		(worse) 16.9
% Unable to Get Mental Health Svcs in Past Yr	(similar) 9.4	(similar) 5.7	(similar) 7.8	7.9		(similar) 7.8		(better) 12.6

Note: In the section above, each parish is compared against the others 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.

Legend: ☀ better   ☁ similar   🌧 worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Avoyelles Parish	Grant Parish	Rapides Parish	Service Area	vs. LA	vs. US	vs. HP2030	TREND
Population With Low Food Access (Percent)	☁ 20.6	☁ 19.5	🌧 40.6	33.9	🌧 26.4	🌧 22.2		
% 5+ Servings of Fruits/Vegetables per Day	🌧 16.1	☁ 20.4	☀ 26.7	23.7		🌧 32.7		☁ 23.2
% Child [Age 2-17] 5+ Servings of Fruits/Vegetables per Day	☁ 52.9	☁ 47.9	☁ 55.2	53.7		☀ 36.9		☁ 47.3
% Medical Advice on Diet/Nutrition in Past Year	☁ 35.9	☁ 41.9	☁ 34.9	35.9				☁ 36.4
% No Leisure-Time Physical Activity	☁ 29.2	☁ 32.7	☁ 34.2	33.0	☁ 31.9	☁ 31.3	🌧 21.2	☁ 30.7
% Meeting Physical Activity Guidelines	☁ 15.2	☁ 17.8	☁ 17.7	17.2	🌧 19.7	🌧 21.4	🌧 28.4	☁ 18.2
% Child [Age 2-17] Physically Active 1+ Hours per Day	☁ 59.5	☁ 53.9	☁ 44.3	49.0		☀ 33.0		☁ 53.6
Recreation/Fitness Facilities per 100,000				5.1	🌧 10.6	🌧 12.2		
% Walk Regularly (5+ Times Per Week for >10 Minutes)	☁ 36.6	☁ 40.0	🌧 32.9	34.4				🌧 39.2
% Medical Advice on Exercise in Past Year	☁ 36.0	☁ 41.0	☁ 40.8	39.8				☁ 38.8
% [Child Age 2-17] 3+ Hours per Day of Screen Time	☁ 40.1	☁ 40.9	☁ 38.7	39.3				☀ 47.9

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	Avoyelles Parish	Grant Parish	Rapides Parish	Service Area	vs. LA	vs. US	vs. HP2030	TREND
% "Often" See Others in Community Being Physically Active	🌧 32.5	🌧 29.9	☀ 47.1	41.9				🌧 46.9
% "Fair/Poor" Local Physical Activity Opportunities	🌧 52.5	🌧 55.2	☀ 30.9	38.5				🌧 33.5
% Overweight (BMI 25+)	☁ 74.8	☁ 76.9	☁ 72.3	73.4	☁ 70.9	🌧 61.0		🌧 67.2
% Obese (BMI 30+)	☁ 43.1	🌧 49.0	☁ 42.3	43.3	🌧 35.9	🌧 31.3	🌧 36.0	🌧 29.7
% Medical Advice on Weight in Past Year	☁ 21.9	☁ 24.5	☁ 24.6	24.0				☁ 21.9
% [Overweights] Trying to Lose Weight Both Diet/Exercise	☁ 35.2	☁ 32.9	☁ 36.0	35.4				☀ 27.2
% Have Been Told That Child [<18] is Overweight	☁ 6.4	☀ 2.2	☁ 4.4	4.5				☀ 6.7
% Children [Age 5-17] Overweight (85th Percentile)	☁ 47.3	☁ 39.6	☁ 37.7	40.0		☁ 32.3		☀ 50.9
% Children [Age 5-17] Obese (95th Percentile)	☁ 26.5	☁ 21.2	☁ 25.7	25.1		🌧 16.0	🌧 15.5	☀ 35.1

Note: In the section above, each parish is compared against the others 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.

☀ better   ☁ similar   🌧 worse

ORAL HEALTH	Avoyelles Parish	Grant Parish	Rapides Parish	Service Area	vs. LA	vs. US	vs. HP2030	TREND
% Have Dental Insurance	65.1 (similar)	68.7 (similar)	63.0 (worse)	64.1		68.7 (worse)	59.8 (better)	
% [Age 18+] Dental Visit in Past Year	51.4 (similar)	53.0 (similar)	55.4 (similar)	54.3	58.1 (worse)	62.0 (worse)	45.0 (better)	60.2 (worse)
% Child [Age 2-17] Dental Visit in Past Year	85.2 (better)	84.5 (similar)	74.5 (similar)	78.2		72.1 (similar)	45.0 (better)	85.8 (worse)

Note: In the section above, each parish is compared against the others 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.

better   similar   worse

POTENTIALLY DISABLING CONDITIONS	Avoyelles Parish	Grant Parish	Rapides Parish	Service Area	vs. LA	vs. US	vs. HP2030	TREND
% 3+ Chronic Conditions	33.9 (similar)	35.2 (similar)	33.9 (similar)	34.0		32.5 (similar)		
% 4+ Days Health Prevented Usual Activities	25.3 (similar)	25.4 (similar)	24.3 (similar)	24.7				17.0 (worse)
% Activity Limitations	30.6 (similar)	28.9 (similar)	30.1 (similar)	30.0		24.0 (worse)		20.0 (worse)
% Arthritis	33.6 (similar)	27.2 (similar)	28.6 (similar)	29.5	27.3 (similar)	20.6 (worse)		31.5 (similar)
Alzheimer's Disease (Age-Adjusted Death Rate)	58.5 (similar)	55.9 (similar)	62.9 (similar)	61.2	43.1 (worse)	30.9 (worse)		47.0 (worse)
% Caregiver to a Friend/Family Member	30.7 (similar)	31.6 (similar)	31.2 (similar)	31.1		22.6 (worse)		

Note: In the section above, each parish is compared against the others 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.

better   similar   worse

RESPIRATORY DISEASE

RESPIRATORY DISEASE	DISPARITY AMONG PARISHES			Service Area	SERVICE AREA vs. BENCHMARKS			
	Avoyelles Parish	Grant Parish	Rapides Parish		vs. LA	vs. US	vs. HP2030	TREND
CLRD (Age-Adjusted Death Rate)	(similar) 76.8	(worse) 112.2	(better) 54.4	65.5	(worse) 41.1	(worse) 38.1		(similar) 59.0
Pneumonia/Influenza (Age-Adjusted Death Rate)	(better) 19.5		(worse) 29.8	26.6	(worse) 14.0	(worse) 13.4		(similar) 28.7
COVID-19 (Age-Adjusted Death Rate)	(similar) 142.7	(similar) 153.1	(similar) 131.2	136.0	(similar) 118.0	(worse) 85.0		
% [Age 65+] Flu Vaccine in Past Year	(similar) 68.7	(similar) 63.5	(similar) 67.2	67.1	(better) 60.8	(similar) 71.0		(similar) 70.8
% [Age 65+] Pneumonia Vaccine Ever	(similar) 68.2	(similar) 74.7	(better) 79.0	76.1		(similar) 71.6		(better) 65.3
% COPD (Lung Disease)	(similar) 12.2	(similar) 10.4	(similar) 11.6	11.6	(worse) 8.6	(worse) 6.4		(similar) 10.4

Note: In the section above, each parish is compared against the others 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.

Legend: (sun) better — (cloud) similar — (rain) worse

SEXUAL HEALTH

SEXUAL HEALTH	DISPARITY AMONG PARISHES			Service Area	SERVICE AREA vs. BENCHMARKS			
	Avoyelles Parish	Grant Parish	Rapides Parish		vs. LA	vs. US	vs. HP2030	TREND
HIV/AIDS (Age-Adjusted Death Rate)				3.9	(similar) 3.9	(worse) 1.8		
HIV Prevalence Rate	(similar) 453.5	(better) 257.4	(similar) 488.3	453.5	(better) 541.0	(worse) 372.8		
Chlamydia Incidence Rate	(similar) 927.3	(better) 577.5	(similar) 805.9	805.3	(similar) 774.8	(worse) 539.9		

SEXUAL HEALTH (continued)

	DISPARITY AMONG PARISHES			Service Area	SERVICE AREA vs. BENCHMARKS			
	Avoyelles Parish	Grant Parish	Rapides Parish		vs. LA	vs. US	vs. HP2030	TREND
Gonorrhea Incidence Rate	366.0	210.4	382.1	359.0	257.1	179.1		

Note: In the section above, each parish is compared against the others 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.

Legend: ☀ better   ☁ similar   🌧 worse

SUBSTANCE ABUSE

	DISPARITY AMONG PARISHES			Service Area	SERVICE AREA vs. BENCHMARKS			
	Avoyelles Parish	Grant Parish	Rapides Parish		vs. LA	vs. US	vs. HP2030	TREND
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)				11.2	9.8	11.9	10.9	7.9
% Excessive Drinker	24.5	21.1	18.1	19.8	20.8	27.2		23.5
% Drinking & Driving in Past Month	5.8	2.6	5.9	5.5				3.6
% Rode w/ Drunk Driver in Past Month	8.9	3.6	7.8	7.5				4.2
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)	24.8		36.3	30.8	29.2	21.0		10.4
% Illicit Drug Use in Past Month	2.7	4.1	2.5	2.8		2.0	12.0	1.6
% Used a Prescription Opioid in Past Year	15.8	19.0	19.6	18.7		12.9		25.3
% Ever Sought Help for Alcohol or Drug Problem	5.4	5.5	5.0	5.2		5.4		3.1

Note: In the section above, each parish is compared against the others 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.

Legend: ☀ better   ☁ similar   🌧 worse

TOBACCO USE

	DISPARITY AMONG PARISHES			Service Area	SERVICE AREA vs. BENCHMARKS			
TOBACCO USE	Avoyelles Parish	Grant Parish	Rapides Parish		vs. LA	vs. US	vs. HP2030	TREND
% Current Smoker	(worse) 31.3	(similar) 26.2	(better) 17.0	**21.2**	(similar) 21.9	(worse) 17.4	(worse) 5.0	(similar) 22.8
% Someone Smokes at Home	(similar) 15.2	(better) 11.4	(similar) 13.7	**13.7**		(similar) 14.6		(better) 22.9
% [Household With Children] Someone Smokes in the Home	(similar) 17.9	(better) 6.5	(similar) 17.8	**16.3**		(similar) 17.4		(better) 23.5
% [Smokers] Have Quit Smoking 1+ Days in Past Year	(similar) 58.1	(similar) 54.0	(similar) 49.7	**52.9**	(worse) 61.6	(similar) 42.8	(worse) 65.7	(similar) 49.0
% [Smokers] Received Advice to Quit Smoking	(similar) 57.4	(similar) 58.9	(better) 72.7	**65.8**		(similar) 59.6	(similar) 66.6	(similar) 63.9
% Use Smokeless Tobacco	(similar) 8.4	(similar) 7.2	(better) 5.7	**6.4**	(similar) 5.5			(similar) 5.3
% Currently Use Vaping Products	(similar) 11.3	(similar) 7.7	(similar) 9.0	**9.4**	(worse) 4.5	(similar) 8.9		(worse) 5.3
% Aware of Smoking/Vaping Cessation Services/Programs	(worse) 21.9	(similar) 27.3	(better) 34.1	**30.7**				(worse) 40.3
% Community Believes Adults Should Not Vape	(similar) 32.2	(similar) 30.6	(better) 41.5	**38.2**				(similar) 41.0

Note: In the section above, each parish is compared against the others 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.

Legend: ☀ better ☁ similar 🌧 worse

QUALITY OF LIFE

QUALITY OF LIFE	DISPARITY AMONG PARISHES			Service Area	SERVICE AREA vs. BENCHMARKS			
	Avoyelles Parish	Grant Parish	Rapides Parish		vs. LA	vs. US	vs. HP2030	TREND
% Child [Age 5-17] Has Discussed School's Health Ed Activities	☁ 47.0	☁ 48.6	☁ 47.6	47.6				🌧 56.0
% "Fair/Poor" Overall Quality of Life in Central Louisiana	☁ 34.3	🌧 42.3	☁ 32.6	34.1				🌧 25.4
% Parish Life: Wrong Track and Getting Worse	🌧 32.5	☁ 20.0	🌧 26.6	27.1				🌧 15.1
% "Frequently/Sometimes" Volunteer	☁ 34.1	☁ 34.3	☁ 38.8	37.2				🌧 42.2
% Have Received Charitable Assistance in Past Year	☁ 6.9	☀ 6.0	☁ 7.5	7.2				🌧 5.3
% Know 10+ People Benefiting from Charities	☁ 34.9	☁ 36.2	☀ 29.0	31.2				☀ 38.7

Note: In the section above, each parish is compared against the others 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.

☀ better   ☁ similar   🌧 worse

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 2,795.41 square miles and houses a total population of 193,979 residents, according to latest census estimates.

Total Population
(Estimated Population, 2015-2019)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Avoyelles Parish	40,669	832.03	49
Grant Parish	22,340	643.03	35
Rapides Parish	130,970	1,320.34	99
Service Area	**193,979**	**2,795.41**	**69**
Louisiana	4,664,362	43,206.73	108
United States	324,697,795	3,532,068.58	92

Sources: ● US Census Bureau American Community Survey 5-year estimates.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2022 via SparkMap (sparkmap.org).

Population Change 2010-2020

A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.

Between the 2010 and 2020 US Censuses, the population of the service area decreased by 4,110 persons, or 2.1%.

BENCHMARK ► In contrast with the increases reported statewide and nationally.

DISPARITY ► The greatest proportional decrease was reported in Avoyelles Parish.

Change in Total Population
(Percentage Change Between 2010 and 2020)

A decrease of
4,110 persons

-5.7%	-0.6%	-1.2%	-2.1%	2.7%	7.1%
Avoyelles	**Grant**	**Rapides**	**Service Area**	**LA**	**US**
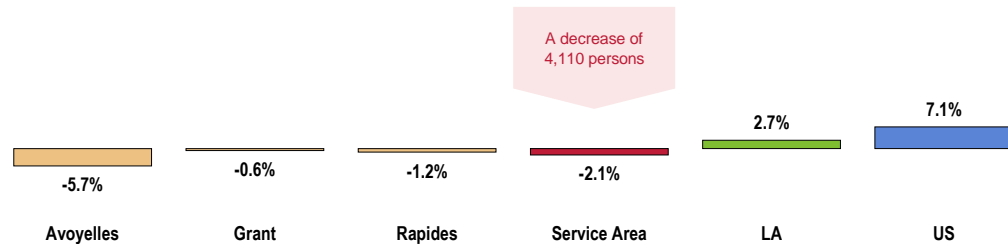
Sources:
- US Census Bureau Decennial Census (2010-2020).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2022 via SparkMap (sparkmap.org).

Notes:
- A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.

This map shows the areas of greatest increase or decrease in population between 2010 and 2020.
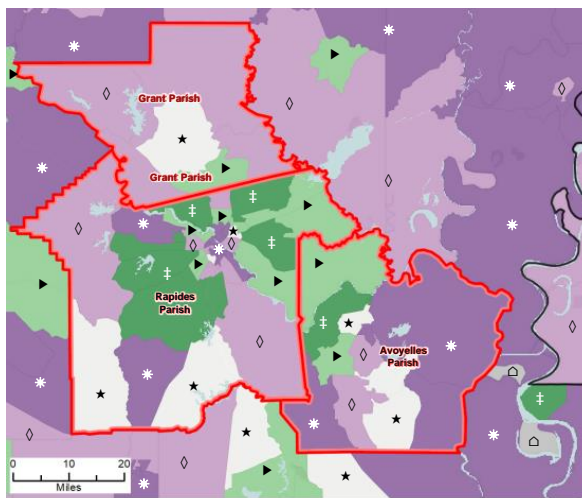
Map Legend

Population Change, Percent by Tract, US
Census 2010 - 2020
- ‡ Over 10.0% Increase (+)
- ▶ 2.0 - 10.0% Increase (+)
- ★ Less Than 2.0% Change (+/-)
- ◇ 2.0 - 10.0% Decrease (-)
- ✳ Over 10.0% Decrease (-)
- ⌂ No Population or No Data

Report Location, County
- ▢

✳SparkMap

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 three-parish service area as a whole is equally distributed between rural and urban living, although the distribution within each parish varies considerably.

BENCHMARK ► Louisiana and the US have predominantly urban populations.

DISPARITY ► Grant Parish houses the greatest proportion of rural residents.

Urban and Rural Population
(2010)

▶□ % Urban ◀■ % Rural

	Avoyelles	Grant	Rapides	Service Area	LA	US
% Urban	36.2%	14.4%	60.5%	50.0%	73.2%	80.9%
% Rural	63.8%	85.6%	39.5%	50.0%	26.8%	19.1%
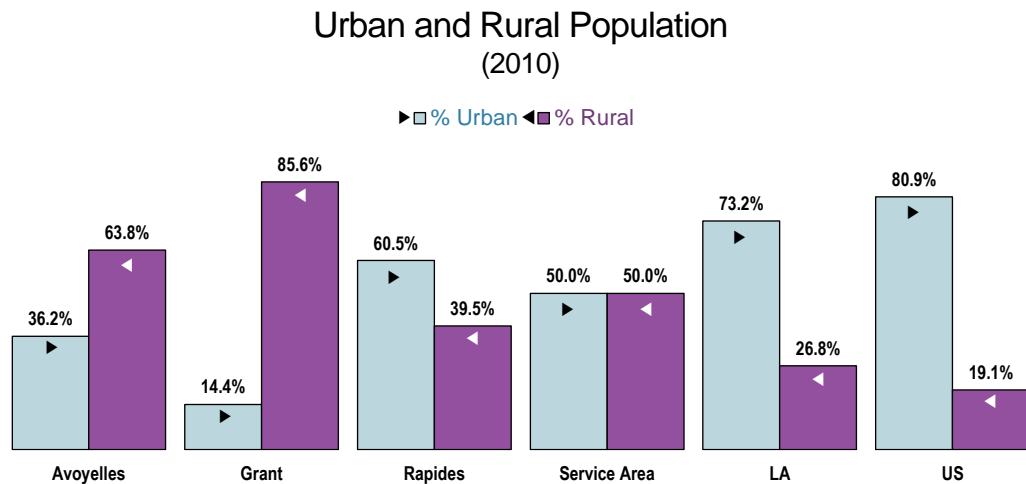
Sources:
- US Census Bureau Decennial Census.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2022 via SparkMap (sparkmap.org).

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.
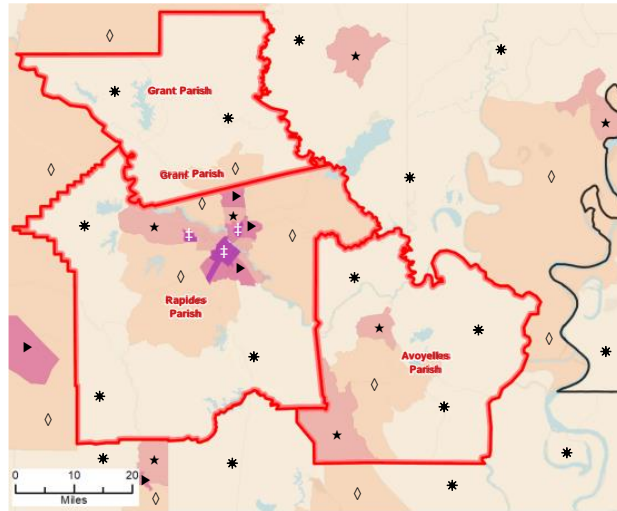
Map Legend

Urban Population, Percent by Tract, US Census 2010

Report Location, County

‡ 100% Urban Population
▶ 90.1 - 99.9%
★ 50.1 - 90.0%
◊ Under 50.1%
✳ No Urban Population
⌂ No Data or Data Suppressed

SparkMap

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, 24.2% of the population are children age 0-17; another 59.9% are age 18 to 64, while 15.9% are age 65 and older.

DISPARITY ▶ Avoyelles Parish houses the largest proportion of adults age 65+ in the service area.

Total Population by Age Groups
(2015-2019)

‡◼ Age 0-17   ◊◼ Age 18-64   ★◼ Age 65+
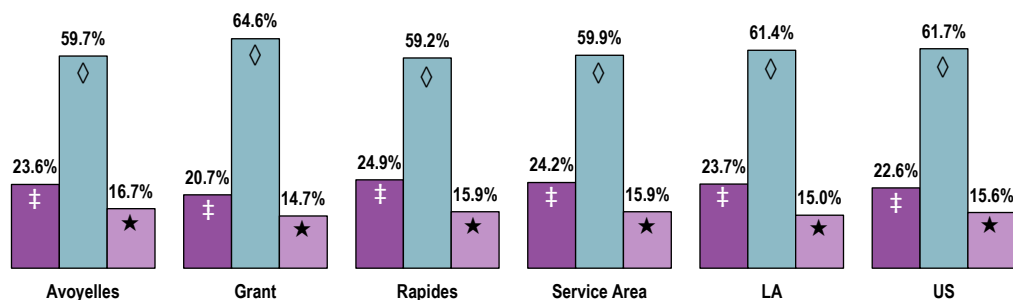
	Avoyelles	Grant	Rapides	Service Area	LA	US
Age 0-17 (‡)	23.6%	20.7%	24.9%	24.2%	23.7%	22.6%
Age 18-64 (◊)	59.7%	64.6%	59.2%	59.9%	61.4%	61.7%
Age 65+ (★)	16.7%	14.7%	15.9%	15.9%	15.0%	15.6%

Sources:
● US Census Bureau American Community Survey 5-year estimates.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2022 via SparkMap (sparkmap.org).

Median Age

The median age of residents in the service area varies by parish, ranging from 37.4 in Rapides Parish to 38.2 in Avoyelles Parish.

Median Age
(2015-2019)
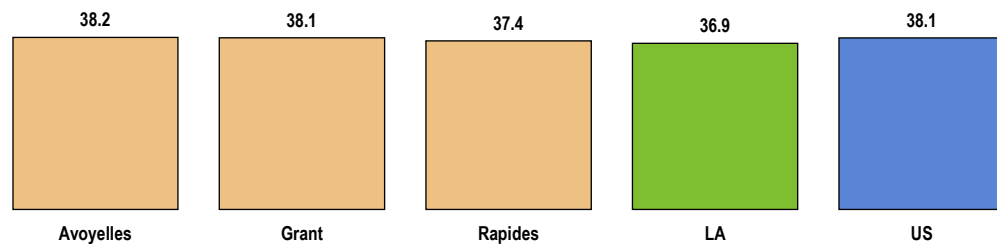
38.2	38.1	37.4	36.9	38.1
Avoyelles	Grant	Rapides	LA	US

Sources: • US Census Bureau American Community Survey 5-year estimates.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2022 via SparkMap (sparkmap.org).

The following map provides an illustration of the median age in the service area.
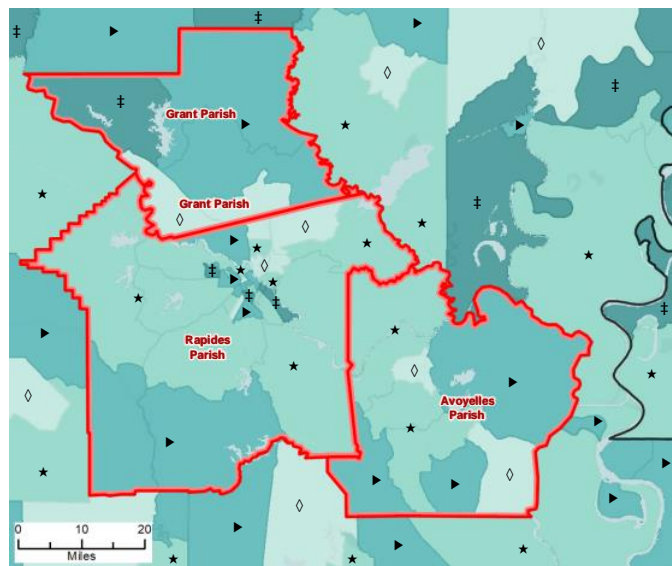
Map Legend

Median Age by Tract, ACS 2015-19

‡ Over 45.0
► 40.1 - 45.0
★ 35.1 - 40.0
◊ Under 35.1
✳ No Data or Data Suppressed

Report Location, County
□

SparkMap

Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 65.8% of residents of the service area are White and 28.8% are Black.

BENCHMARK ► When compared to the US, the service area population has a higher proportion of Black residents and a lower proportion of residents who are White. The service area population is more reflective of the statewide population makeup.

Total Population by Race Alone
(2015-2019)
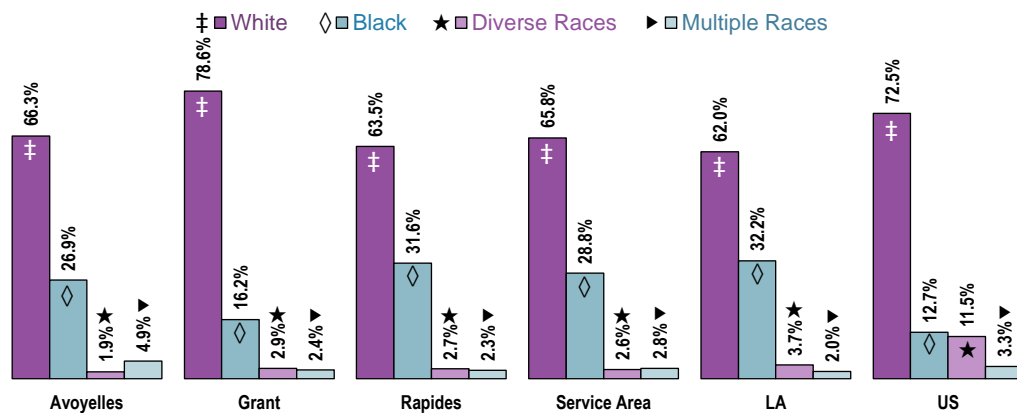
‡ ▪ White ◊ ▪ Black ★ ▪ Diverse Races ▶ ▪ Multiple Races

	Avoyelles	Grant	Rapides	Service Area	LA	US
White	66.3%	78.6%	63.5%	65.8%	62.0%	72.5%
Black	26.9%	16.2%	31.6%	28.8%	32.2%	12.7%
Diverse Races	1.9%	2.9%	2.7%	2.6%	3.7%	11.5%
Multiple Races	4.9%	2.4%	2.3%	2.8%	2.0%	3.3%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2022 via SparkMap (sparkmap.org).

Ethnicity

A total of 3.1% of service area residents are Hispanic or Latino.

BENCHMARK ► A much lower proportion of Hispanic residents than found nationally.

DISPARITY ► The Hispanic population is proportionally highest in Grant Parish.

Between 2010 and 2020, the Hispanic population in the service area increased by 2,953 residents, or 59.6%.

Hispanic Population
(2015-2019)
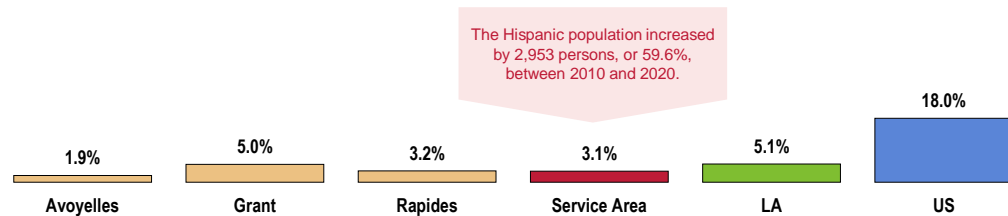
The Hispanic population increased by 2,953 persons, or 59.6%, between 2010 and 2020.

					18.0%
1.9%	5.0%	3.2%	3.1%	5.1%	
Avoyelles	Grant	Rapides	Service Area	LA	US

Sources: ● US Census Bureau American Community Survey 5-year estimates.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2022 via SparkMap (sparkmap.org).
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 0.9% of the service area population age 5 and older live in a home in which <u>no</u> person age 14 or older is proficient in English (speaking only English or speaking English "very well").

BENCHMARK ► Below the Louisiana percentage and especially the US percentage.

DISPARITY ► Highest in Rapides Parish.

Linguistically Isolated Population
(2015-2019)
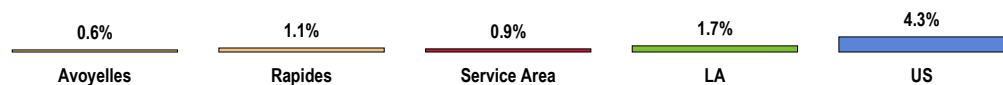
				4.3%
0.6%	1.1%	0.9%	1.7%	
Avoyelles	Rapides	Service Area	LA	US

Sources: ● US Census Bureau American Community Survey 5-year estimates.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2022 via SparkMap (sparkmap.org).
Notes: ● This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English "very well."

Note the following map illustrating linguistic isolation throughout the service area.
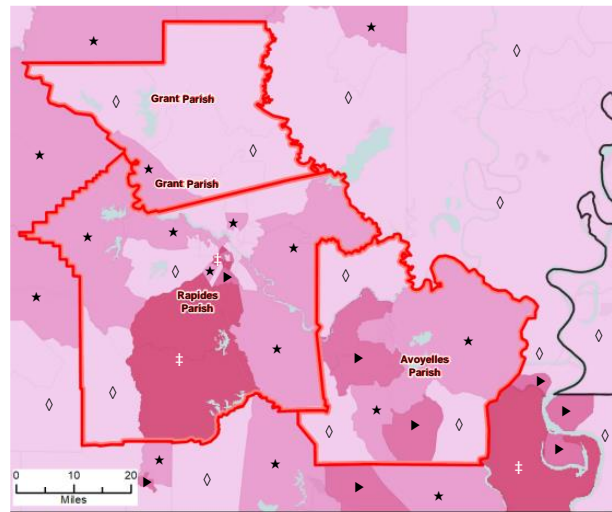
Map Legend

Population in Linguistically Isolated
Households, Percent by Tract, ACS 2015-19

‡ Over 3.0%

▶ 1.1 - 3.0%

★ 0.1 - 1.1%

◊ No Population in Linguistically Isolated
Households

✳ No Data or Data Suppressed

Report Location, County
☐

SparkMap

SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

– Safe housing, transportation, and neighborhoods
– Racism, discrimination, and violence
– Education, job opportunities, and income
– Access to nutritious foods and physical activity opportunities
– Polluted air and water
– Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

– Healthy People 2030 (https://health.gov/healthypeople)

Poverty

The latest census estimate shows 20.5% of the service area total population living below the federal poverty level.

BENCHMARK ► Worse than national findings. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Highest in Avoyelles parish.

Among just children (ages 0 to 17), this percentage in the service area is 27.4% (representing an estimated 12,545 children).

BENCHMARK ► Notably worse than the US percentage. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Particularly high in Avoyelles Parish.

Population in Poverty
(Populations Living Below the Poverty Level; 2015-2019)
Healthy People 2030 = 8.0% or Lower

‡ ■ Total Population ◊ ■ Children
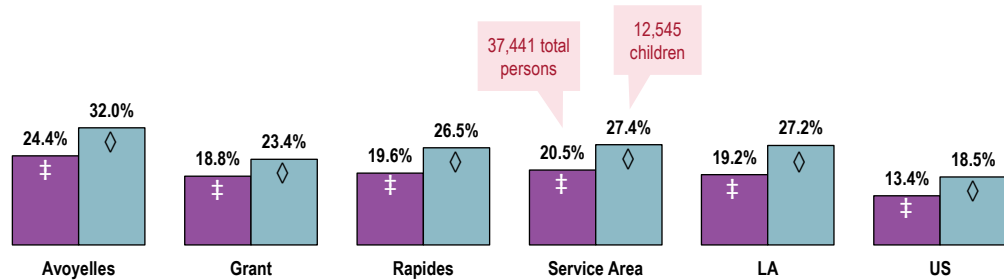
37,441 total persons

12,545 children

	Avoyelles	Grant	Rapides	Service Area	LA	US
Total Population (‡)	24.4%	18.8%	19.6%	20.5%	19.2%	13.4%
Children (◊)	32.0%	23.4%	26.5%	27.4%	27.2%	18.5%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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.

The following maps highlight concentrations of persons living below the federal poverty level.
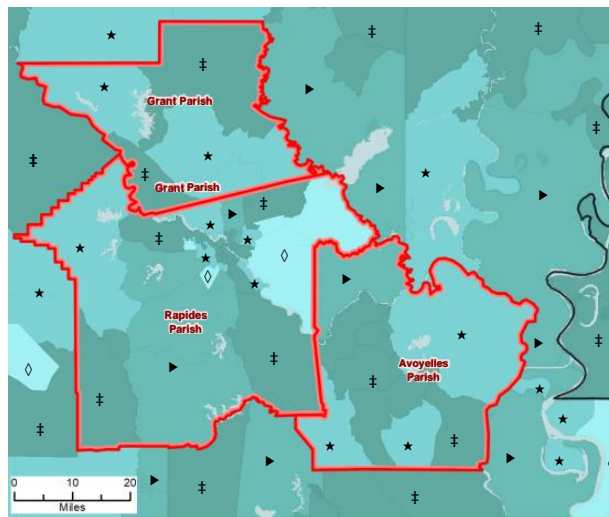
Map Legend

Population Below the Poverty Level, Percent by Tract, ACS 2015-19

Report Location, County

‡ Over 20.0%
▶ 15.1 - 20.0%
★ 10.1 - 15.0%
◊ Under 10.1%
✴ No Data or Data Suppressed
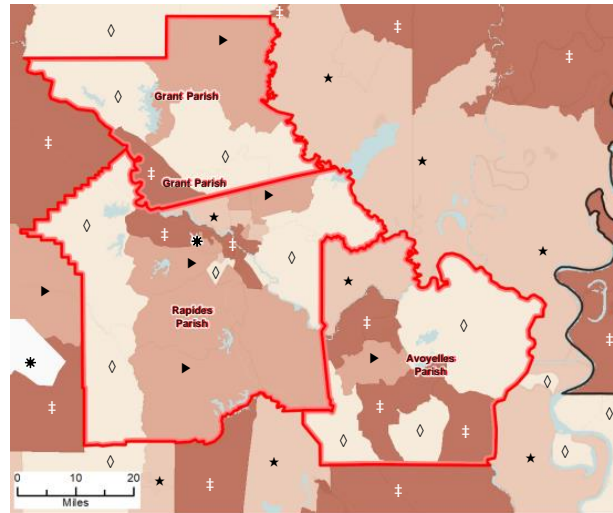
SparkMap

Map Legend

Population Below the Poverty Level, Children
(Age 0-17), Percent by Tract, ACS 2015-19

Report Location, County

‡ Over 30.0%
▶ 22.6 - 30.0%
★ 15.1 - 22.5%
◇ Under 15.1%
✳ No Population Age 0-17 Reported
⬠ No Data or Data Suppressed

SparkMap

Education

Among the service area population age 25 and older, an estimated 16.7% (nearly 22,000 people) do not have a high school education.

BENCHMARK ► Less favorable than found across the US.

DISPARITY ► Highest in Avoyelles Parish.

Population With No High School Diploma
(Population Age 25+ Without a High School Diploma or Equivalent, 2015-2019)
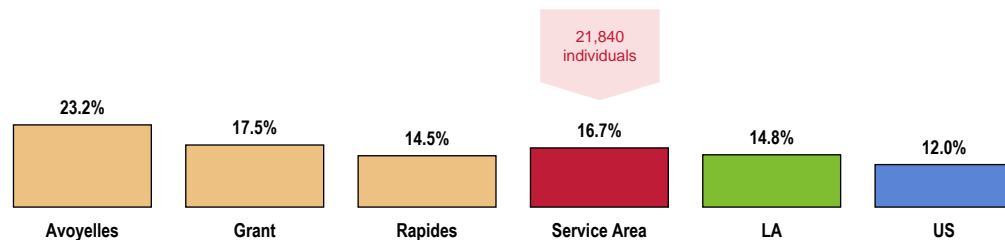
Avoyelles	Grant	Rapides	Service Area	LA	US
23.2%	17.5%	14.5%	16.7%	14.8%	12.0%

21,840 individuals

Sources: ● US Census Bureau American Community Survey 5-year estimates.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2022 via SparkMap (sparkmap.org).
Notes: ● This indicator is relevant because educational attainment is linked to positive health outcomes.

Map Legend

Population with No High School Diploma (Age 25+), Percent by Tract, ACS 2015-19

‡ Over 21.0%
▶ 16.1 - 21.0%
★ 11.1 - 16.0%
◇ Under 11.1%
✳ No Data or Data Suppressed

☐ Report Location, County
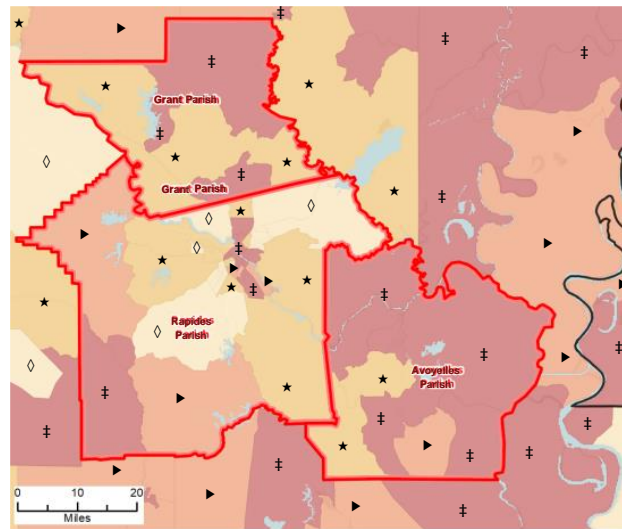
✳SparkMap

Food Access

Low Food Access

Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store.

RELATED ISSUE
See also *Nutrition*, *Physical Activity* & *Weight* in the **Modifiable Health Risks** section of this report.

US Department of Agriculture data show that 33.9% of the service area population (representing over 66,000 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.

BENCHMARK ▶ Worse than was found across the state and US.

DISPARITY ▶ Higher in Rapides Parish.

Population With Low Food Access
(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2019)

66,421 individuals have low food access

Avoyelles	Grant	Rapides	Service Area	LA	US
20.6%	19.5%	40.6%	33.9%	26.4%	22.2%
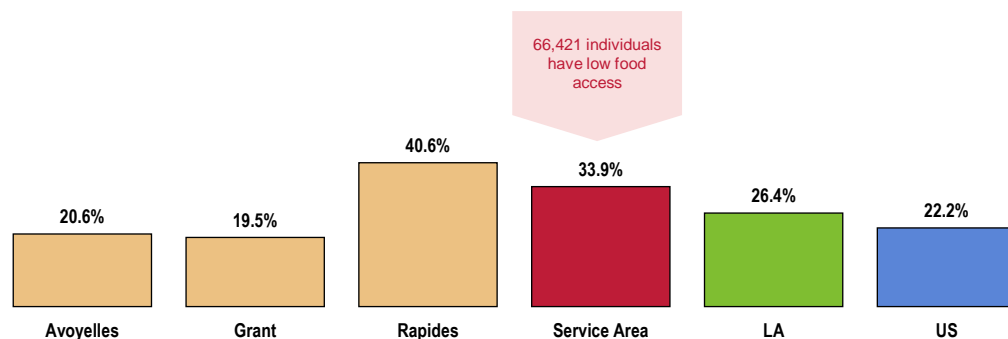
Sources: • US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2022 via SparkMap (sparkmap.org).
Notes: • This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

Map Legend

Population with Limited Food Access, Percent
by Tract, USDA - FARA 2019

‡ Over 50.0%
▶ 20.1 - 50.0%
★ 5.1 - 20.0%
◊ Under 5.1%
✳ No Low Food Access

Report Location, County
□

✳ SparkMap
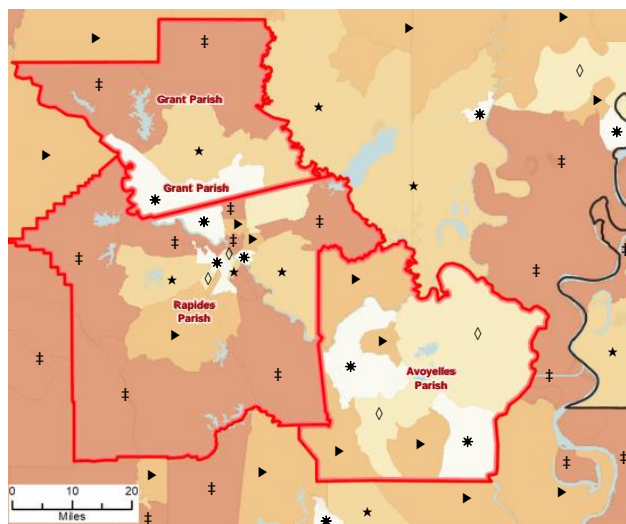
Housing

Type of Dwelling

A majority of service area residents (66.6%) owns their own home, while 16.1% rent a house or apartment.

Type of Dwelling
(Service Area, 2021)

- ‡ ■ Own a Home — 66.6%
- ▶ ■ Live w/ Relative — 12.2%
- ★ ■ Rent a Home — 8.8%
- ◊ ■ Rent an Apartment — 7.3%
- ✳ ■ Subsidized Housing — 0.6%
- ⌂ ■ Other — 4.5%
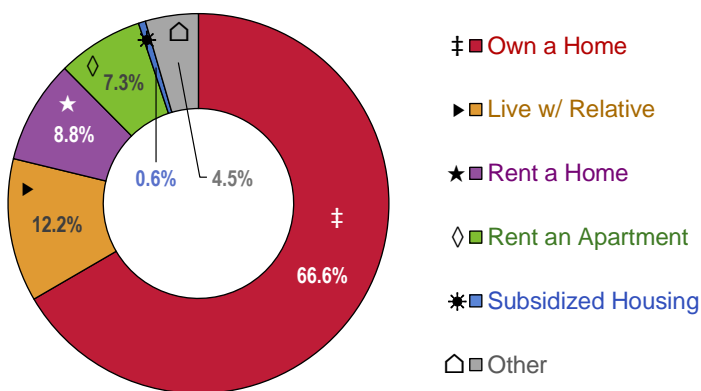
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 64]
Notes: ● Asked of all respondents.

Condition of Neighborhood Homes

About four in 10 surveyed adults (40.5%) consider the condition of homes in their neighborhood to be "excellent" or "very good."

Rating of the Condition of Neighborhood Homes
(Service Area, 2021)
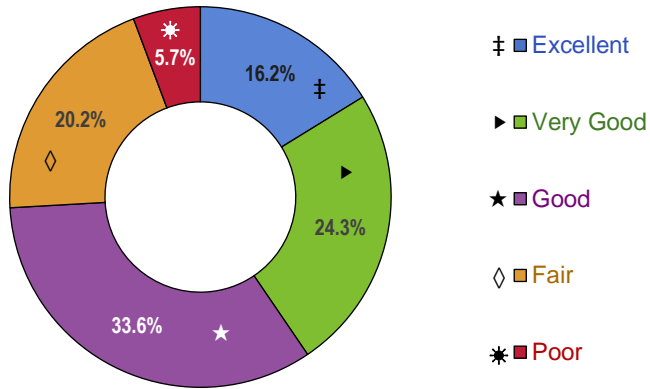
‡ ■ Excellent

▶ ■ Very Good

★ ■ Good

◊ ■ Fair

✳ ■ Poor

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 337]
Notes: ● Asked of all respondents.

However, 25.9% of service area residents consider the condition of homes in their neighborhood to be only "fair" or "poor."

TREND ► "Fair" and "poor" ratings are trending higher with time.

DISPARITY ► Younger respondents, lower-income adults, and Black residents are more likely to rate the condition of neighborhood homes as "fair" or "poor."

Perceive the Condition of Neighborhood Homes to be "Fair" or "Poor"

Service Area

Avoyelles	Grant	Rapides	Service Area
25.8%	32.0%	24.8%	25.9%

2002: 16.1% 2005: 16.4% 2010: 17.6% 2013: 13.3% 2018: 19.5% 2021: 25.9%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 337]
Notes: ● Asked of all respondents.

Perceive the Condition of Neighborhood Homes to be "Fair" or "Poor"
(Service Area, 2021)

Men	Women	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	White	Black	Diverse Races	Service Area
26.5%	25.3%	32.2%	24.9%	16.1%	46.3%	37.1%	16.8%	20.0%	42.7%	23.8%	25.9%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 337]
Notes: ● Asked of all respondents.

Availability of Affordable Housing

When asked to rate the availability of affordable housing in their community, 21.1% of survey respondents gave "excellent" or "very good" ratings.

Rating of the Availability of Affordable Local Housing
(Service Area, 2021)

‡ ■ Excellent — 8.3%
▶ ■ Very Good — 12.8%
★ ■ Good — 27.9%
◊ ■ Fair — 29.0%
✸ ■ Poor — 22.0%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 336]
Notes: ● Asked of all respondents.

However, 51.0% of survey respondents consider the availability of affordable housing in their areas to be "fair" or "poor."

TREND ► Significantly higher than previous survey findings.

DISPARITY ► Unfavorably high in Avoyelles Parish. Women and those at lower incomes are more likely to rate the availability as "fair" or "poor."

Perceive the Availability of Affordable Local Housing to be "Fair" or "Poor"
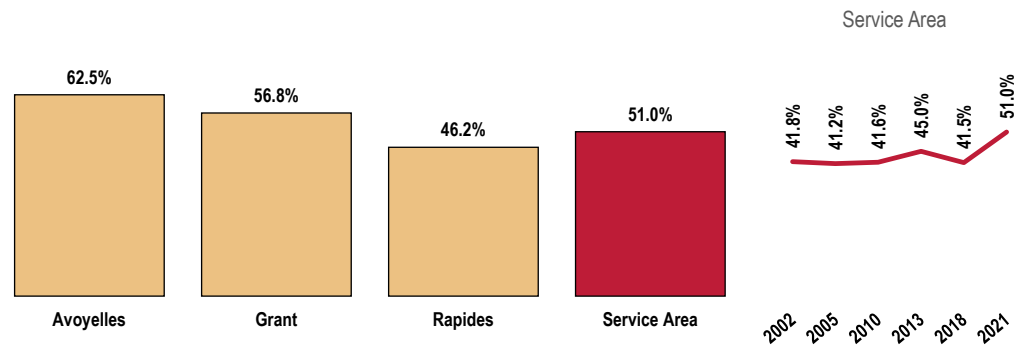
Service Area

Avoyelles	Grant	Rapides	Service Area	
62.5%	56.8%	46.2%	51.0%	

Trend line (Service Area): 2002: 41.8%, 2005: 41.2%, 2010: 41.6%, 2013: 45.0%, 2018: 41.5%, 2021: 51.0%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 336]
Notes: ● Asked of all respondents.

Perceive the Availability of Affordable Local Housing to be "Fair" or "Poor"
(Service Area, 2021)

Men	Women	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	White	Black	Diverse Races	Service Area
44.1%	57.3%	51.4%	52.8%	47.4%	55.5%	56.6%	47.4%	50.7%	52.5%	53.3%	51.0%
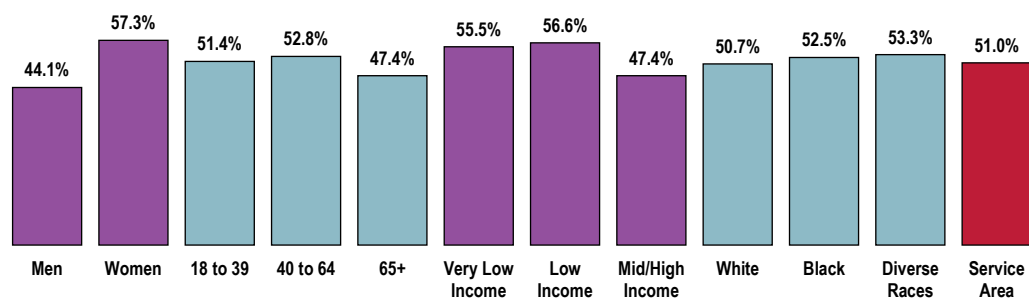
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 336]
Notes: ● Asked of all respondents.

Housing Displacement

A total of 14.4% 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 ► Lowest in Avoyelles Parish. Younger residents, lower-income adults, and Black respondents are more likely to report being displaced due to a housing emergency.

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

Service Area

Avoyelles	Grant	Rapides	Service Area
12.5%	17.5%	14.4%	14.4%

2002	2005	2010	2013	2018	2021
13.9%	8.1%	12.6%	10.3%	13.2%	14.4%
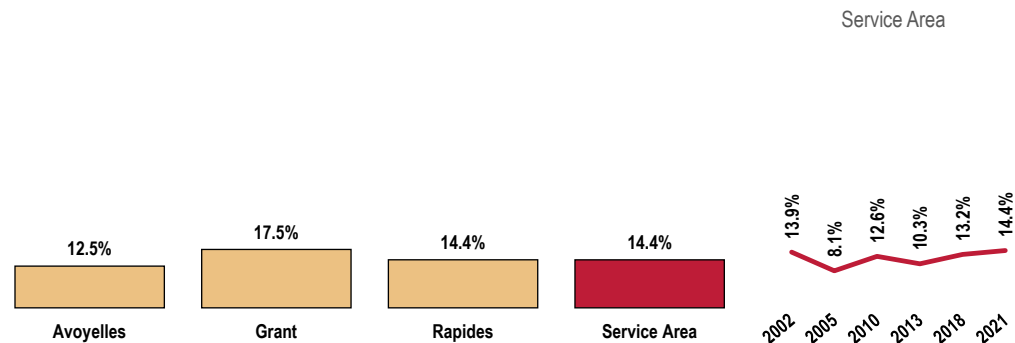
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 321]
Notes: ● Asked of all respondents.

Had to Live With a Friend/Relative in the Past Two Years Due to an Emergency (Even if Only Temporarily)
(Service Area, 2021)
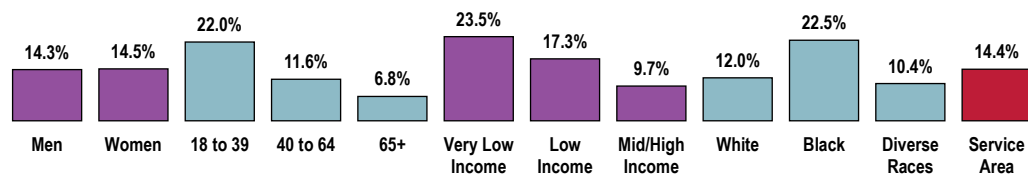
Men	Women	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	White	Black	Diverse Races	Service Area
14.3%	14.5%	22.0%	11.6%	6.8%	23.5%	17.3%	9.7%	12.0%	22.5%	10.4%	14.4%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 321]
Notes: ● Asked of all respondents.

HEALTH STATUS

OVERALL HEALTH STATUS

Self-Reported Health Status

Most service area residents rate their overall health favorably (responding "excellent," "very good," or "good").

Self-Reported Health Status
(Service Area, 2021)

- ‡ ■ Excellent — 17.9%
- ▶ ■ Very Good — 28.4%
- ★ ■ Good — 31.7%
- ◊ ■ Fair — 17.3%
- ✳ ■ Poor — 4.7%
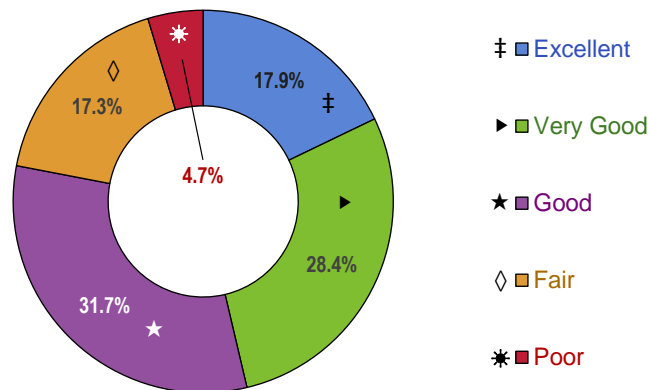
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: ● Asked of all respondents.

However, 22.0% of service area adults believe that their overall health is "fair" or "poor."

BENCHMARK ▶ Higher than the national percentage.

DISPARITY ▶ Higher in Grant Parish. Women are more likely to report "fair" or "poor" health. Also note the correlations with age and income.

Experience "Fair" or "Poor" Overall Health

Service Area

Avoyelles	Grant	Rapides	Service Area	LA	US
23.7%	27.3%	20.5%	22.0%	22.8%	12.6%

2002	2005	2010	2013	2018	2021
19.3%	24.7%	24.2%	22.4%	22.3%	22.0%
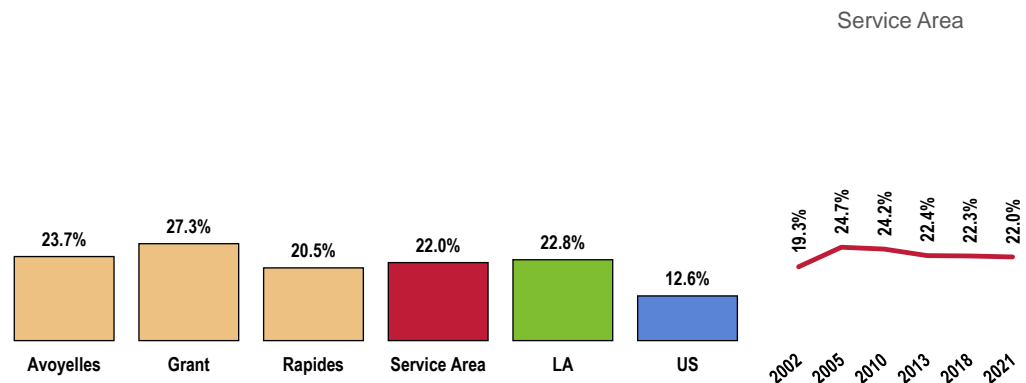
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 5]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Louisiana data.
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Experience "Fair" or "Poor" Overall Health
(Service Area, 2021)

Category	Percent
Men	19.2%
Women	24.8%
18 to 39	11.6%
40 to 64	26.9%
65+	30.7%
Very Low Income	37.8%
Low Income	31.4%
Mid/High Income	11.0%
White	21.2%
Black	25.2%
Diverse Races	19.5%
Service Area	22.0%

Days of Poor Physical Health

Among survey respondents, 30.9% report experiencing three or more days of poor physical health in the past month.

DISPARITY ► More often reported among women and Black residents. Also note the correlations with age and income.

3+ Days of Poor Physical Health In the Past Month

Service Area

Avoyelles	Grant	Rapides	Service Area
28.9%	32.7%	31.2%	30.9%

2002	2005	2010	2013	2018	2021
28.3%			31.7%	35.9%	30.9%

3+ Days of Poor Physical Health In the Past Month
(Service Area, 2021)

Category	Percentage
Men	24.9%
Women	36.4%
18 to 39	24.9%
40 to 64	31.8%
65+	39.7%
Very Low Income	52.7%
Low Income	36.4%
Mid/High Income	21.6%
White	28.4%
Black	38.2%
Diverse Races	28.5%
Service Area	30.9%
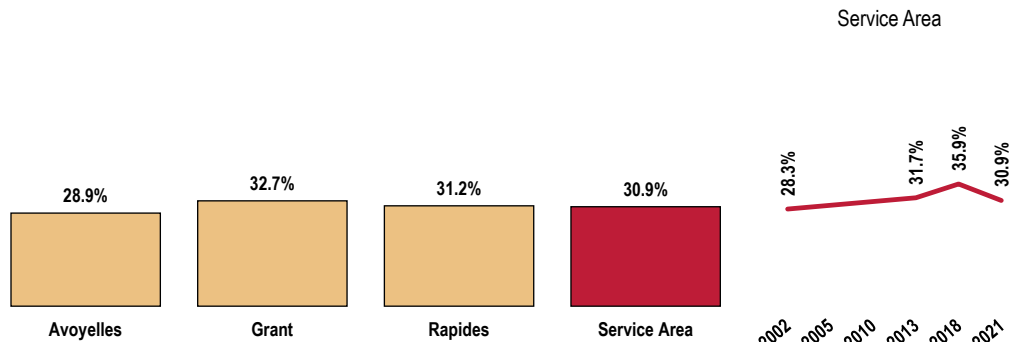
Sources: ●   2021 PRC Community Health Survey, PRC, Inc. [Item 154]
Notes: ●   Asked of all respondents.

MENTAL HEALTH

ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. …Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Mental Health Status

"Now thinking about your mental health, which includes stress, depression, and problems with emotions, would you say that, in general, your mental health is: Excellent, Very Good, Good, Fair, or Poor?"

Most service area adults rate their overall mental health favorably ("excellent," "very good," or "good").

Self-Reported Mental Health Status
(Service Area, 2021)

‡ ■	Excellent
▶ ■	Very Good
★ ■	Good
◇ ■	Fair
✳ ■	Poor

Excellent 27.3% ‡
Very Good 27.5% ▶
Good 24.8% ★
Fair 14.4% ◇
Poor 6.0% ✳
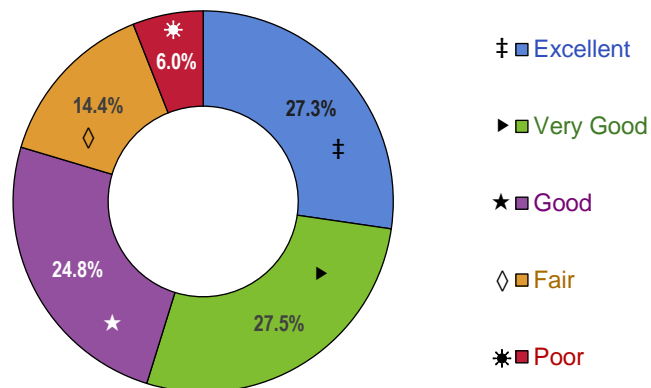
Sources: ●   2021 PRC Community Health Survey, PRC, Inc. [Item 90]
Notes: ●   Asked of all respondents.

However, 20.4% believe that their overall mental health is "fair" or "poor."

BENCHMARK ▶   Worse than the national percentage.

TREND ▶   Trending significantly higher in recent years within the service area.

DISPARITY ▶   Significantly lower in Rapides Parish.

Experience "Fair" or "Poor" Mental Health

Service Area

	Avoyelles	Grant	Rapides	Service Area	US	2005	2010	2013	2018	2021
	25.2%	25.9%	17.8%	20.4%	13.4%	15.4%	18.1%	14.3%	17.3%	20.4%
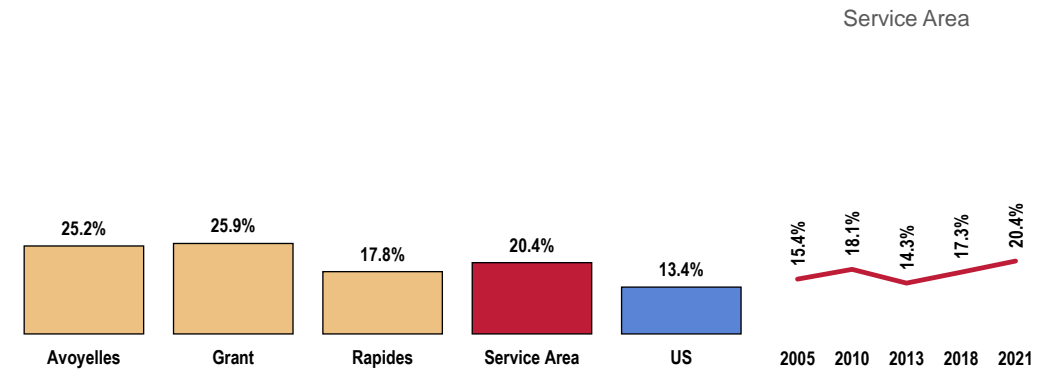
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 90]
　　　　 ● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Days of Poor Mental Health

Nearly four in 10 surveyed adults (38.5%) report experiencing three or more days of poor mental health in the past month.

TREND ► Increasing over time.

DISPARITY ► Higher among women and Black residents; correlated with age and income.

3+ Days of Poor Mental Health In the Past Month

Service Area

	Avoyelles	Grant	Rapides	Service Area	2002	2005	2010	2013	2018	2021
	42.7%	40.5%	36.8%	38.5%	25.2%			28.5%	32.7%	38.5%
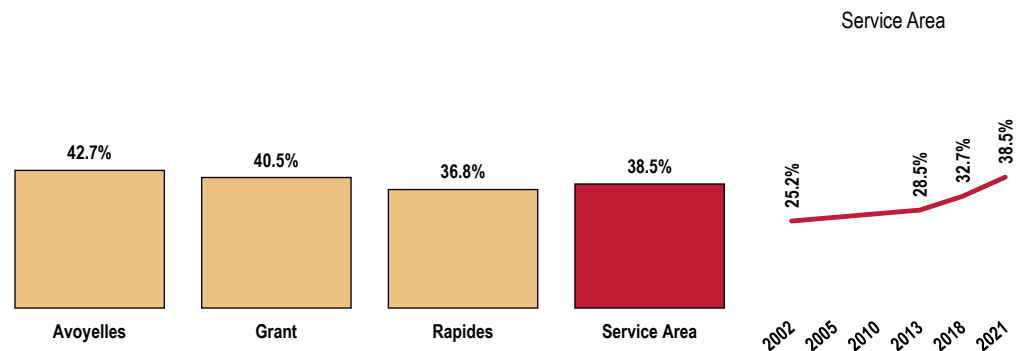
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 155]
Notes: ● Asked of all respondents.

3+ Days of Poor Mental Health In the Past Month
(Service Area, 2021)
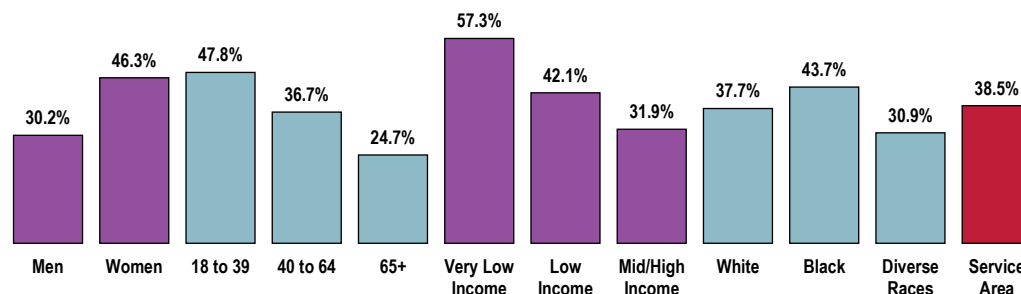
Men	Women	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	White	Black	Diverse Races	Service Area
30.2%	46.3%	47.8%	36.7%	24.7%	57.3%	42.1%	31.9%	37.7%	43.7%	30.9%	38.5%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 155]
Notes: ● Asked of all respondents.

Depression

Diagnosed Depression

A total of 26.5% 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 ► Less favorable than the statewide and national prevalence.

DISPARITY ► Lowest in Rapides Parish.

Have Been Diagnosed With a Depressive Disorder

Service Area

Avoyelles	Grant	Rapides	Service Area	LA	US	2018	2021
28.8%	33.1%	24.6%	26.5%	23.9%	20.6%	27.5%	26.5%
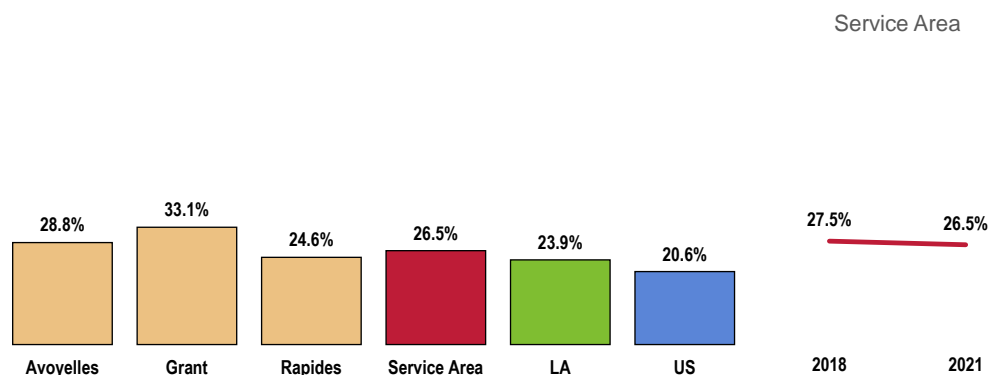
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 93]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Louisiana data.
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Depressive disorders include depression, major depression, dysthymia, or minor depression.

Symptoms of Chronic Depression

A total of 40.7% 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 ► Less favorable than the US percentage.

TREND ► Continuing an upward trend within the service area.

DISPARITY ► More often reported among women and Black respondents. Note the correlations with age and income.

Have Experienced Symptoms of Chronic Depression

Service Area

Avoyelles	Grant	Rapides	Service Area	US		2002	2005	2010	2013	2018	2021
41.1%	46.0%	39.6%	40.7%	30.3%		29.8%	33.2%	36.4%	30.2%	37.8%	40.7%
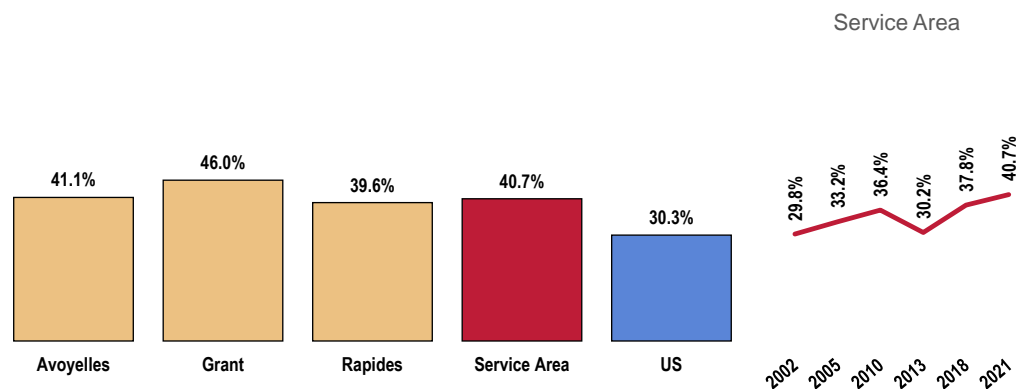
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 91]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Have Experienced Symptoms of Chronic Depression
(Service Area, 2021)

Men	Women	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	White	Black	Diverse Races	Service Area
34.6%	46.4%	50.4%	36.7%	31.6%	56.0%	51.2%	33.3%	38.7%	46.8%	39.4%	40.7%
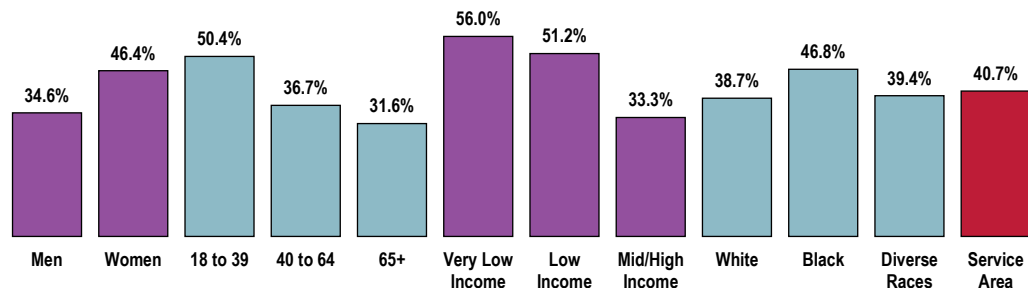
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 91]
Notes: ● Asked of all respondents.
● Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Suicide

In the service area, there were 18.9 suicides per 100,000 population (2018-2020 annual average age-adjusted rate).

BENCHMARK ► Higher than was found across Louisiana and the US. Fails to satisfy the Healthy People 2030 objective.

Suicide: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower

Avoyelles	Rapides	Service Area	LA	US
22.3	17.7	18.9	14.6	13.9

Sources:
● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Suicide: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Service Area	16.8	17.5	17.5	20.6	18.6	19.0	16.9	18.9
LA	12.4	13.0	14.0	14.6	14.9	14.8	15.1	14.6
US	13.1	13.4	13.1	13.4	13.6	13.9	14.0	13.9

Sources:
● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Mental Health Treatment

Mental Health Providers

Here, "mental health providers" includes psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care. Note that this indicator only reflects providers practicing in the Service Area and residents in the Service Area; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

In the service area in 2021, there were 165.7 mental health providers for every 100,000 population.

BENCHMARK ► Better than was found across the state and the US.

DISPARITY ► Considerably lower in Grant Parish.

Access to Mental Health Providers
(Number of Mental Health Providers per 100,000 Population, 2021)

Avoyelles	Grant	Rapides	Service Area	LA	US
57.9	18.0	223.8	165.7 (318 Mental Health Providers)	138.1	124.9
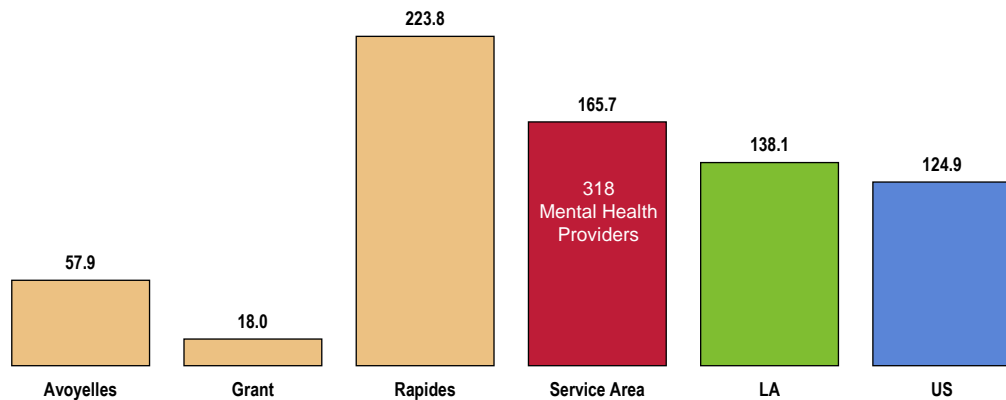
Sources: • University of Wisconsin Population Health Institute, County Health Rankings.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2022 via SparkMap (sparkmap.org).
Notes: • This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

Mental Health Treatment

A total of 36.9% of service area adults acknowledge ever having sought professional help for a mental or emotional problem.

BENCHMARK ► More favorable than the overall national percentage.

TREND ► Trending higher over time.

A total of 23.5% 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 ► Higher than the US percentage.

TREND ► Trending higher over time.

Mentol Health Treatment

Mental Health Treatment

‡□ Service Area 2013   ▶■ Service Area 2018   ★■ Service Area 2021   ◇■ US

Ever Sought Help for a Mental or Emotional Problem

- 24.5% ‡
- 35.5% ▶
- 36.9% ★
- 30.0% ◇

Currently Taking Medication/ Receiving Mental Health Treatment

- 16.9% ‡
- 23.6% ▶
- 23.5% ★
- 16.8% ◇
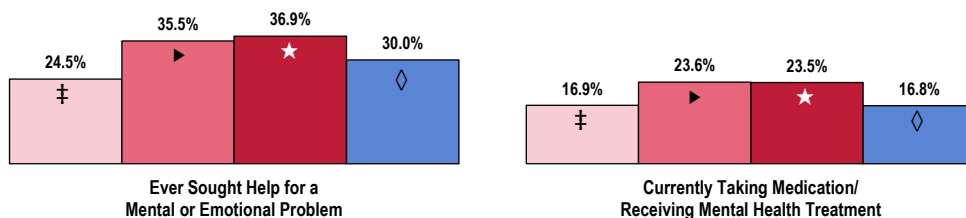
Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Items 94, 331]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- "Treatment" can include taking medications for mental health.

Difficulty Accessing Mental Health Services

A total of 7.9% 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 ► Decreasing over time.

DISPARITY ► More often reported among women, younger residents, and lower-income respondents.

Unable to Get Mental Health Services When Needed in the Past Year

Service Area

Among the small sample of those reporting difficulties, availability and cost were predominant reasons given.

- Avoyelles: 9.4%
- Grant: 5.7%
- Rapides: 7.8%
- Service Area: 7.9%
- US: 7.8%

- 2013: 12.6%
- 2018: 5.7%
- 2021: 7.9%
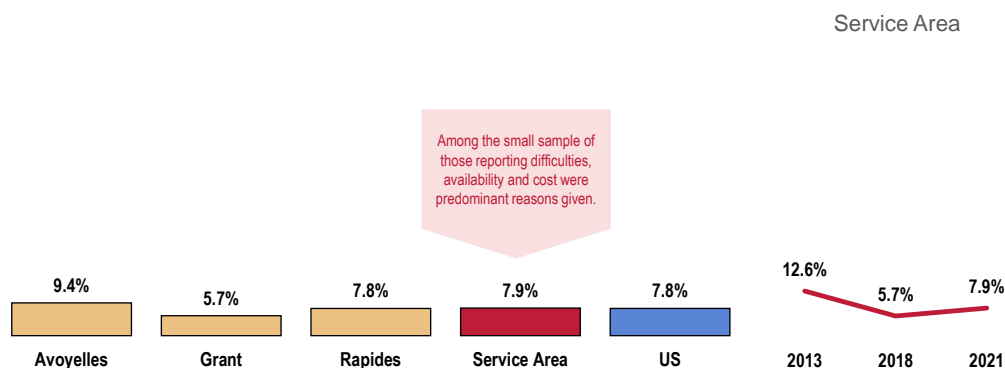
Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Items 95, 332]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Unable to Get Mental Health Services
When Needed in the Past Year
(Service Area, 2021)

2.5%	13.0%	13.0%	6.7%	1.2%	14.9%	10.2%	4.3%	7.5%	9.0%	6.4%	7.9%
Men	Women	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	White	Black	Diverse Races	Service Area
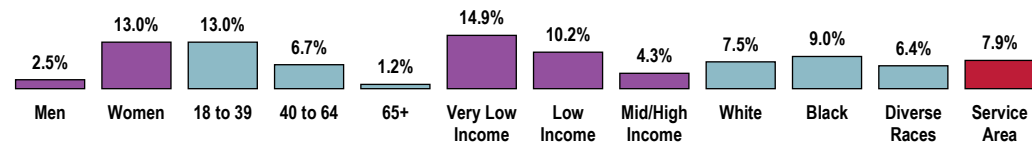
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 95]
Notes: ● Asked of all respondents.

Key Informant Input: Mental Health

A high percentage of 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, 2021)

‡■ Major Problem   ▶■ Moderate Problem   ★■ Minor Problem   ◊■ No Problem At All

‡ 67.4%	▶ 29.1%	★

3.5%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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

Access to Care/Services

Lack of services, self-medicating with illegal drugs, homelessness. – Social Services Provider (Rapides Parish)

Not enough facilities and services for their needs, too many mentally ill folks being treated as criminals and in jails, homelessness. – Social Services Provider (Rapides Parish)

Lack of access to high quality therapy and psychotherapy services and treatment. It's completely unaffordable. – Community Leader (Rapides Parish)

Lack of access to treatment due to closure of, or lack of funding, for facilities that treat mental health disorders. – Other Health Provider (Rapides Parish)

There are no resources for mentally ill people and the burden falls on hospitals to treat or find help. – Other Health Provider (Rapides Parish)

There are many but the biggest challenge is: the lack of beds available for treatment. The lack of long-term programs and residency programs. The lack of training by law enforcement to handle these issues. Loved ones have difficulty getting someone help because of HIPAA issues. It is often difficult for people who suffer with mental disabilities to stay on an ongoing medication regimen. – Social Services Provider (Rapides Parish)

Limited number of mental health providers for middle class. ERs have limited beds to psych facilities for transfers. Lack of knowledge by health providers on mental health issues for referrals. And lack of follow-up. Legislation protects the rights of adults who are mentally ill, even when they are unstable. Families can ask for assistance but unless someone is an immediate threat to themselves or others, nothing can be done. Families' hands are tied. Mentally ill patients who are noncompliant with meds rarely make their healthcare or counseling visits. Those incarcerated are given limited access to mental health care unless they are sent elsewhere to a psych hospital. Beds are limited. Many just admit for the payment and ship back when their payment has been exhausted. – Social Services Provider (Avoyelles Parish)

`Lack of treatment facilities and the closure of the state hospitals designed to treat mental illness. – Social Services Provider (Rapides Parish)

Very few resources and usually arrests or left on streets. – Social Services Provider (Rapides Parish)

Economy. Access to care. Collapse of society. Technology. Lack of work ethic. – Social Services Provider (Rapides Parish)

Poor access to outpatient psychiatric services. Social stigma. Drug use. – Physician (Rapides Parish)

Lack of resources, homeless population and those with dual diagnosis. – Other Health Professional (Rapides Parish)

Resources to address those with mental health issues. – Community Leader (Rapides Parish)

It appears as though there are a lack of services. More mentally ill and homeless mentally ill are on the street. – Social Services Provider (Rapides Parish)

Anyone in Central Louisiana that has a mental disorder has only two clinics to stay for only a few days to get medicated, then they are turned out onto the streets or sent back into the same situation. – Social Services Provider (Rapides Parish)

Access to mental health providers. – Other Health Provider (Rapides Parish)

Awareness/Education

Lack of understanding and acceptance of mental health issues as DISEASE process and NOT willful behavioral dysfunction. Lack of access to affordable, high-quality, consistent, long-term care-to include housing and food. Lack of school/job opportunities for those with mild dysfunction. – Public Health Representative (Rapides Parish)

What I see happening is they are unsure where to go and find counseling help or they are unable to secure the medications needed to correct their behavior. – Community Leader (Rapides Parish)

First, educating the local community on what is available. Second, ensuring proper follow up care to those seen in Urgent Cares and ED. We need an Urgent Care for mental health needs that has the ability to assess and render care immediately, then follow up care. – Other Health Provider (Rapides Parish)

Lack of understanding and options to assistance/recovery. Many try to label/ treat mental health issues in large groups rather than understanding the disability of each individual. – Community Leader (Rapides Parish)

Denial/Stigma

The stigma of having mental health issues and lack of insurance coverage for treatment. – Community Leader (Rapides Parish)

Self-denial or recognition. – Other Health Provider (Avoyelles Parish)

Mental illness is still seen as a weakness and underreported in many cases. People have a hard time understanding how something in your head just can't be overcome. Very few affordable resources in our area to assist. – Community Leader (Rapides Parish)

Realizing that they need help. Central Louisiana State Hospital is an excellent resource. – Social Services Provider (Rapides Parish)

Affordable Care/Services

The lack of mental health services, especially for low-income people is appalling. The limited amount of beds leaves law enforcement often with no choice but to house people that need treatment for mental health who have historically not been criminals, with criminals. This is one of the biggest issues facing our society and links directly with the crime rate and violence. – Social Services Provider (Rapides Parish)

Affordable counseling; mental health treatments. Places to live, places to work, easily available drugs. – Community Leader (Rapides Parish)

Affordability of treatment, access to care for those who are homeless. – Social Services Provider (Rapides Parish)

Disease Management

Getting help for their illnesses or willingness to get help. No affordable community based inpatient facilities available for treatment. – Public Health Representative (Rapides Parish)

This is a tough one. Lack of medication compliance. Homelessness. No personal support system. Ties into crime, drug abuse, homelessness. – Community Leader (Rapides Parish)

Access for Medicare/Medicaid Patients

There are a lack of mental healthcare providers in this area that accept Medicaid. There is our CLHSD that provides mental health counseling through its behavioral health clinic Caring Choices, but for many individuals transportation to and from the clinic is an issue. There are a few other agencies providing mental health support and case management, but most of them are overworked and understaffed creating a difficulty in providing quality care to those suffering with mental health issues. Additionally, drug use is a widespread issue in our area, especially among those that suffer with mental health issues, and it can become difficult to get those individuals to regularly access the care that they need. – Social Services Provider (Rapides Parish)

Alcohol/Drug Use

Drugs. – Social Services Provider (Rapides Parish)

Due to COVID

Mental health illness increasingly high during pandemic. Dual diagnosis of individual as well. – Social Services Provider (Rapides Parish)

Follow-Up/Support

Lack of support system and inadequate treatment and necessary follow up to ensure sustained wellbeing and success. – Social Services Provider (Rapides Parish)

Prevalence/Incidence

Mental health affects 1/5 people in the US and Central Louisiana is no exception. – Public Health Representative (Rapides Parish)

Income/Poverty

Poverty, lack of mental health services. – Community Leader (Rapides Parish)

Transportation

Access to provider (transportation). Lack of proper providers, especially doctors. Good means of educating the people. – Social Services Provider (Rapides Parish)
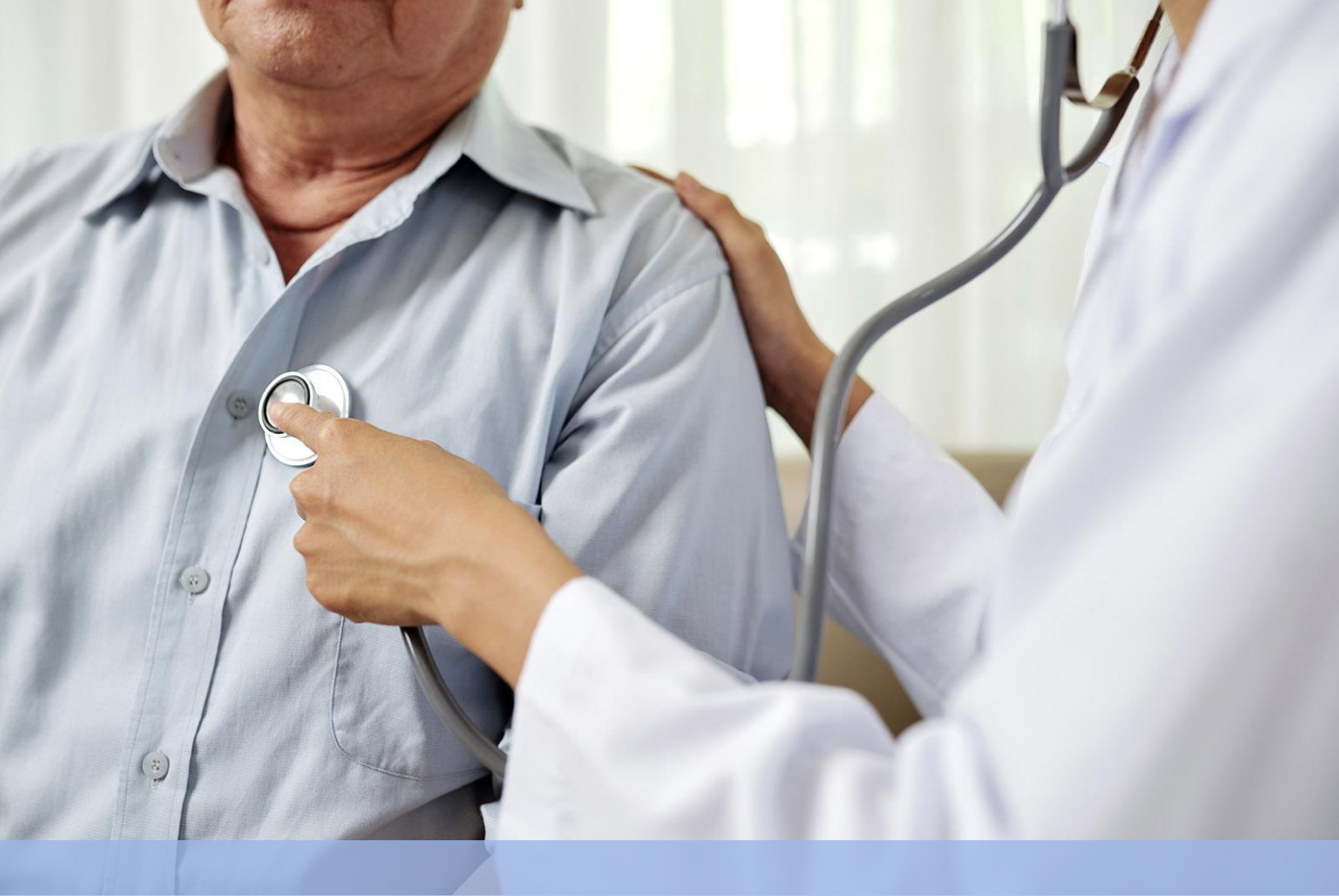
DEATH, DISEASE & CHRONIC CONDITIONS

LEADING CAUSES OF DEATH

Distribution of Deaths by Cause

Together, heart disease and cancers accounted for more than 40% of all deaths in the service area in 2020.

COVID-19 (which emerged in 2020) became the 3rd leading cause of death.

Leading Causes of Death
(Service Area, 2020)
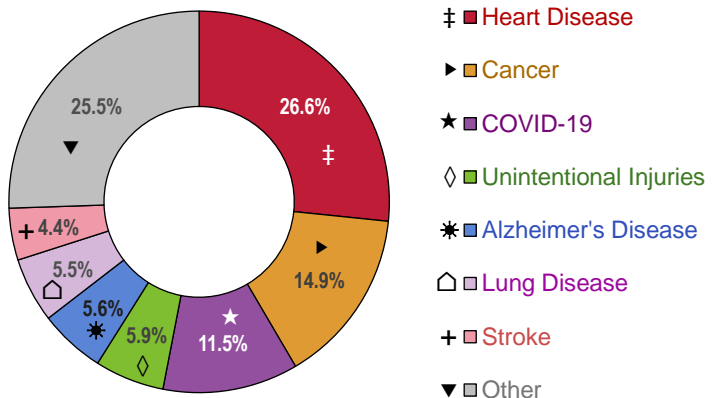
‡ ■	Heart Disease
▶ ■	Cancer
★ ■	COVID-19
◊ ■	Unintentional Injuries
✳ ■	Alzheimer's Disease
⌂ ■	Lung Disease
+ ■	Stroke
▼ ■	Other

Heart Disease 26.6% ‡
Cancer 14.9% ▶
COVID-19 11.5% ★
Unintentional Injuries 5.9% ◊
Alzheimer's Disease 5.6% ✳
Lung Disease 5.5% ⌂
Stroke 4.4% +
Other 25.5% ▼

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.
Notes: ● Lung disease is CLRD, or chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

AGE-ADJUSTED DEATH RATES

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 2030 objectives.

Note that 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 following chart outlines 2018-2020 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.

Age-Adjusted Death Rates for Selected Causes
(2018-2020 Deaths per 100,000 Population)

	Service Area	LA	US	HP2030
Diseases of the Heart	286.6	213.8	164.4	127.4*
Malignant Neoplasms (Cancers)	168.7	165.7	146.5	122.7
Coronavirus Disease/COVID-19 [2020]	136.0	118.0	85.0	—
Unintentional Injuries	75.0	66.8	51.6	43.2
Chronic Lower Respiratory Disease (CLRD)	65.5	41.1	38.1	—
Alzheimer's Disease	61.2	43.1	30.9	—
Cerebrovascular Disease (Stroke)	53.2	45.8	37.6	33.4
Falls [Age 65+]	36.0	41.1	67.1	63.4
Unintentional Drug-Related Deaths	30.8	29.2	21.0	—
Pneumonia/Influenza	26.6	14.0	13.4	—
Firearm-Related	23.6	23.3	12.5	10.7
Motor Vehicle Deaths	22.2	16.7	11.4	10.1
Kidney Disease	21.8	19.9	12.8	—
Intentional Self-Harm (Suicide)	18.9	14.6	13.9	12.8
Diabetes	15.5	28.8	22.6	—
Homicide/Legal Intervention	15.0	16.0	6.1	5.5
Cirrhosis/Liver Disease	11.2	9.8	11.9	10.9
HIV/AIDS [2011-2020]	3.9	3.9	1.8	—

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov.

Note:
- *The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

Heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. …Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

Between 2018 and 2020, there was an annual average age-adjusted heart disease mortality rate of 286.6 deaths per 100,000 population in the service area.

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

BENCHMARK ► Worse than state and national percentages. Far from satisfying the Healthy People 2030 objective.

DISPARITY ► Lower in Grant Parish. More prevalent among Black residents.

Heart Disease: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 127.4 or Lower (Adjusted)

Avoyelles	Grant	Rapides	Service Area	LA	US
286.5	203.7	300.0	286.6	213.8	164.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

Heart Disease: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 127.4 or Lower (Adjusted)

266.4	356.7	286.6
Service Area White (Non-Hispanic)	Service Area Black (Non-Hispanic)	Service Area 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 May 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

Heart Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 127.4 or Lower (Adjusted)

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Service Area	261.2	254.7	246.5	249.6	261.1	273.2	274.3	286.6
LA	213.2	214.5	214.2	213.8	213.2	213.2	211.5	213.8
US	190.6	188.9	168.9	167.5	166.3	164.7	163.4	164.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke Deaths

Between 2018 and 2020, there was an annual average age-adjusted stroke mortality rate of 53.2 deaths per 100,000 population in the service area.

BENCHMARK ► Less favorable than the national findings. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Lower in Rapides Parish. Higher among Black service area adults.

Stroke: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 33.4 or Lower

Avoyelles	Grant	Rapides	Service Area	LA	US
59.5	63.1	49.9	53.2	45.8	37.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Stroke: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 33.4 or Lower

Service Area White (Non-Hispanic)	Service Area Black (Non-Hispanic)	Service Area All Races/Ethnicities
42.9	89.7	53.2

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Stroke: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 33.4 or Lower

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Service Area	53.0	52.9	55.5	57.4	58.3	56.6	55.4	53.2
LA	44.5	44.5	45.2	45.9	46.5	46.7	46.1	45.8
US	40.7	40.6	37.1	37.5	37.5	37.3	37.2	37.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 8.5% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

BENCHMARK ► Worse than national percentage.

DISPARITY ► More often reported among adults age 40+ (particularly those age 65+).

Prevalence of Heart Disease

Service Area

18 to 39	1.4%
40 to 64	9.5%
65+	20.8%

Avoyelles	Grant	Rapides	Service Area	LA	US
10.0%	10.5%	7.7%	8.5%	7.3%	6.1%

2002	2005	2010	2013	2018	2021
7.6%	9.5%	14.4%	10.7%	9.4%	8.5%
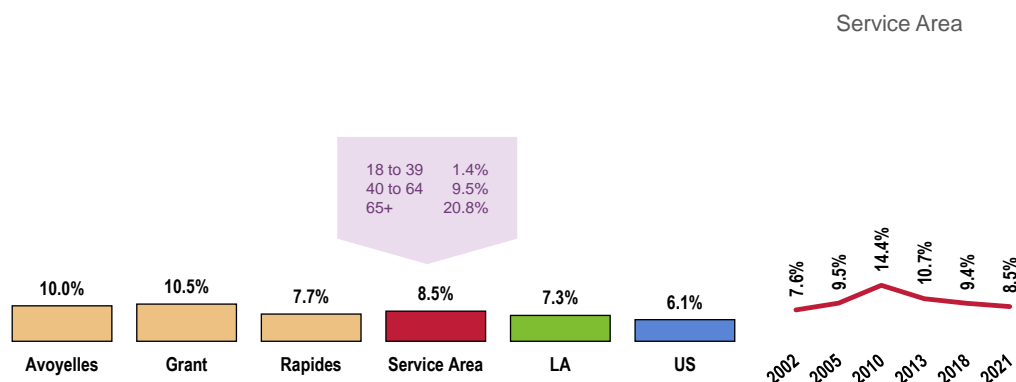
Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 114]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.

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

Prevalence of Stroke

A total of 5.1% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

TREND ► Increasing over time.

DISPARITY ► Correlates with age.

Prevalence of Stroke

Service Area

18 to 39	0.3%
40 to 64	6.8%
65+	10.2%

Avoyelles 5.3% | Grant 3.4% | Rapides 5.3% | Service Area 5.1% | LA 4.5% | US 4.3%

2002 2.2% | 2005 3.6% | 2010 3.6% | 2013 3.6% | 2018 4.6% | 2021 5.1%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 29]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Louisiana data.
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Cardiovascular Risk Factors

Blood Pressure & Cholesterol

A total of 46.8% of service area adults have been told by a health professional at some point that their blood pressure was high.

BENCHMARK ► Higher than was found across Louisiana and the nation. Fails to satisfy the Healthy People 2030 objective.

TREND ► Trending higher over time.

A total of 32.5% of adults have been told by a health professional that their cholesterol level was high.

TREND ► Trending higher over time.

Prevalence of High Blood Pressure

Healthy People 2030 = 27.7% or Lower

91.8% of service area adults have had their blood pressure checked within the past two years

87.4% are currently taking action to control the high blood pressure

Service Area	LA	US
46.8%	39.7%	36.9%

Prevalence of High Blood Cholesterol

83.6% of service area adults have had their blood cholesterol checked within the past five years

82.7% are currently taking action to control the high blood cholesterol

Service Area	US
32.5%	32.7%

Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Items 35-36, 309-312]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

Prevalence of High Blood Pressure
(Service Area)

Healthy People 2030 = 27.4% or Lower

2002	2005	2010	2013	2018	2021
34.3%	39.4%	44.8%	45.3%	47.3%	46.8%

Prevalence of High Blood Cholesterol
(Service Area)

2002	2005	2010	2013	2018	2021
25.9%	31.7%	33.0%	35.2%	36.1%	32.5%

Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Items 35-36]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

Total Cardiovascular Risk

Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

A total of 90.8% 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 national finding.

TREND ► Decreasing over time.

DISPARITY ► Cardiovascular risk increases with age and is more often reported among low-income residents.

RELATED ISSUE
See also *Nutrition, Physical Activity & Weight* and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

Present One or More Cardiovascular Risks or Behaviors

					2002	2005	2010	2013	2018	2021
92.3%	92.2%	90.1%	90.8%	84.6%	93.9%	92.1%	90.2%	89.9%	90.1%	90.8%
Avoyelles	Grant	Rapides	Service Area	US						

Service Area
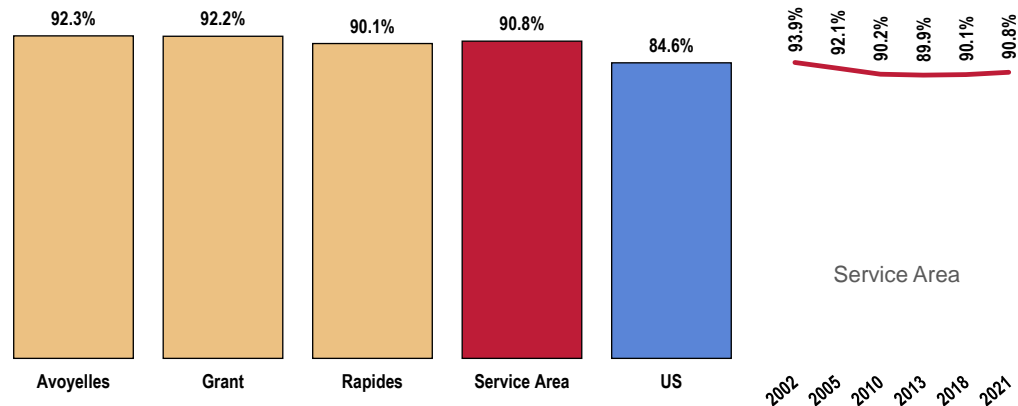
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 115]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Reflects all respondents.
● Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Present One or More Cardiovascular Risks or Behaviors
(Service Area, 2021)

Men	Women	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	White	Black	Diverse Races	Service Area
90.3%	91.4%	85.7%	93.1%	95.6%	91.4%	93.6%	88.9%	90.7%	91.1%	88.5%	90.8%

Key Informant Input: Heart Disease & Stroke

The greatest share 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, 2021)

‡ ■ Major Problem   ▶ ■ Moderate Problem   ★ ■ Minor Problem   ◊ ■ No Problem At All

‡ 50.0%	▶ 36.0%	8.1% ★	5.8% ◊
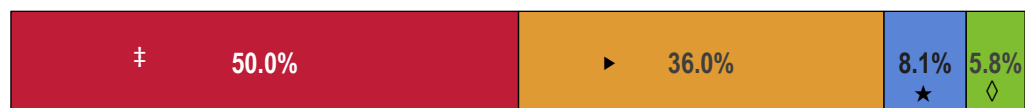
Among those rating this issue as a "major problem," reasons related to the following:

Nutrition

Eating habits that lead to the development/enhancement of risk factors (high blood pressure, high cholesterol levels, diabetes, etc.) that may lead to heart disease or strokes. – Other Health Provider (Rapides Parish)

Fast food and stress from daily struggles and COVID. – Community Leader (Rapides Parish)

Poor diet, stress, continuum care, other diseases. – Public Health Representative (Rapides Parish)

Unhealthy diet, high rate of smoking. Limited access to good health care and affordable medication. – Social Services Provider (Rapides Parish)

Poor diets/lack of adequate exercise. – Social Services Provider (Rapides Parish)

Eating habits in the community are poor. – Social Services Provider (Rapides Parish)

Poor diet and exercise. Poverty. Lack of education. – Community Leader (Rapides Parish)

Very poor diet, alcohol consumption, morbid obesity and lack of understanding of connection between eating, exercise and ability to change risk for heart disease and stroke. – Physician (Rapides Parish)

Prevalence/Incidence

> Research from local resources (hospitals, The Rapides Foundation, etc.). – Social Services Provider (Rapides Parish)

> Admissions to hospital with stroke and heart disease increased. – Other Health Provider (Rapides Parish)

> Heart disease and strokes have plagued our community for many years. – Social Services Provider (Rapides Parish)

> Large number of people who get the disease. – Social Services Provider (Rapides Parish)

Lack of Providers

> In central Louisiana, between the two hospitals, there are only four heart specialists and stroke specialists. – Social Services Provider (Rapides Parish)

> Access to quality health care providers. Our region has lost several quality practitioners. – Community Leader (Rapides Parish)

Obesity

> Due to obesity and lack of physical exercise. – Community Leader (Rapides Parish)

> The number of people overweight and smoking, as well as not having a workout facility with aerobics classes in the early morning presents a problem. – Other Health Provider (Rapides Parish)

Lifestyle

> So many individual habits contributing to these two diseases. – Community Leader (Rapides Parish)

> Lifestyle choices; smoking, fast food/other poor nutrition, lack of movement/exercise, sedentary, not addressing sleep or stress. – Community Leader (Rapides Parish)

Income/Poverty

> Many individuals in lower income communities suffer from both diseases. – Social Services Provider (Rapides Parish)

Access to Affordable Healthy Food

> Again, the heart healthy foods are so expensive no one can afford them. – Social Services Provider (Rapides Parish)

Affordable Care/Services

> Limited access to affordable healthcare and medication. – Social Services Provider (Rapides Parish)

Co-Occurrences

> We have huge levels of hypertension and diabetes that result in heart disease and stroke. – Public Health Representative (Rapides Parish)

Disease Management

> Patient not understanding medications and lack of compliance with meds, diet, and lack of exercise. – Other Health Provider (Avoyelles Parish)

Generational

> There are a few reasons why people have heart disease and strokes. 1. Genetics. 2. They may be smokers. 3. They do not/cannot exercise. 4. They do not have access to doctors and proper medication. – Social Services Provider (Rapides Parish)

Stress

> Stress, smoking, HTN, obesity, etc. Prevalence of risk factors is high. – Social Services Provider (Avoyelles Parish)

CANCER

ABOUT CANCER

Cancer is the second leading cause of death in the United States. …The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2018 and 2020, there was an annual average age-adjusted cancer mortality rate of 168.7 deaths per 100,000 population in the service area.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

TREND ► Decreasing over time.

DISPARITY ► More prevalent among Black residents.

Cancer: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 122.7 or Lower

Avoyelles	Grant	Rapides	Service Area	LA	US
186.6	173.9	162.0	168.7	165.7	146.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Cancer: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 122.7 or Lower

	157.3	216.6	168.7
	Service Area White (Non-Hispanic)	Service Area Black (Non-Hispanic)	Service Area 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 May 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Cancer: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 122.7 or Lower

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Service Area	199.7	197.2	184.8	174.9	175.3	176.6	176.7	168.7
LA	191.0	188.4	184.9	179.4	175.7	171.9	170.7	165.7
US	171.5	168.0	160.1	157.6	155.6	152.5	149.3	146.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Cancer Deaths by Site

Lung cancer is by far the leading cause of cancer deaths in the service area.

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

BENCHMARK

Lung Cancer ► Particularly high in comparison with the national rate. Fails to satisfy the Healthy People 2030 objective.

Female Breast Cancer ► Fails to satisfy the Healthy People 2030 objective.

Colorectal Cancer ► Higher than the state and national rates. Fails to satisfy the Healthy People 2030 objective.

Age-Adjusted Cancer Death Rates by Site
(2018-2020 Annual Average Deaths per 100,000 Population)

	Service Area	LA	US	HP2030
ALL CANCERS	168.7	165.7	146.5	122.7
Lung Cancer	44.6	42.0	33.4	25.1
Female Breast Cancer	20.7	22.1	19.4	15.3
Colorectal Cancer	20.0	15.5	13.1	8.9
Prostate Cancer	18.8	19.5	18.5	16.9

Sources: ●   CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.
●   US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Cancer Incidence

"Incidence rate" or "case rate" is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year.

The highest cancer incidence rates are for prostate cancer and female breast cancer.

BENCHMARK

Prostate Cancer ► Higher than the national rate.

Female Breast Cancer ► Lower than both state and national rates.

Colorectal Cancer ► Higher than the national rate.

Cancer Incidence Rates by Site
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2014-2018)

‡□ Avoyelles ▶□ Grant ★■ Rapides ◊■ Service Area ✳■ LA ⌂□ US

	Avoyelles	Grant	Rapides	Service Area	LA	US
All Sites	459.1	456.7	475.8	470.1	482.4	448.6
Prostate Cancer	138.4	109.0	148.4	141.8	134.7	106.2
Female Breast Cancer	90.7	108.6	113.9	108.2	127.4	126.8
Lung Cancer	74.7	75.4	61.9	66.2	64.6	57.3
Colon/Rectal Cancer	54.3	46.6	48.9	49.8	44.9	38.0
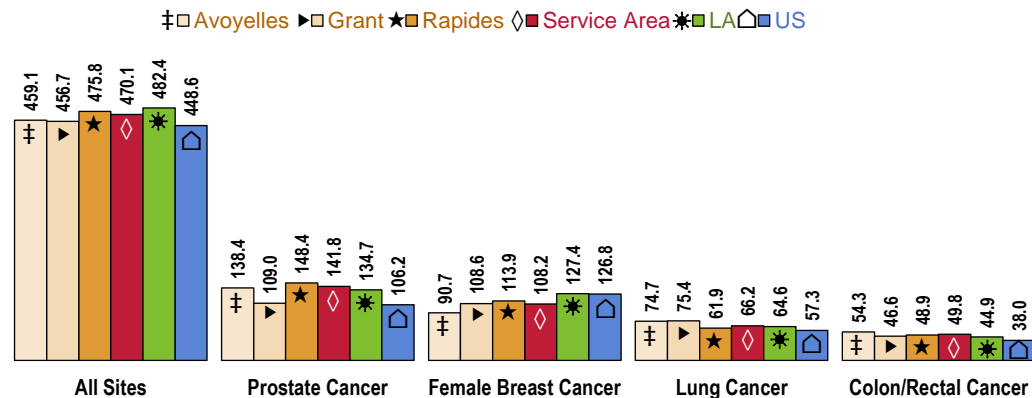
Sources: ●   State Cancer Profiles.
●   Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2022 via SparkMap (sparkmap.org).
Notes: ●   This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US 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.

Prevalence of Cancer

A total of 8.7% of surveyed service area adults report having ever been diagnosed with cancer. The most common types include skin cancer and breast cancer.

BENCHMARK ► Lower than the statewide finding.

TREND ► Increasing over time.

DISPARITY ► Cancer prevalence increases with age.

Prevalence of Cancer

Service Area

The most common types of cancers cited locally include:
1) Skin Cancer   22.2%
2) Breast Cancer   17.1%

Avoyelles	Grant	Rapides	Service Area	LA	US	2005	2010	2013	2018	2021
7.5%	8.6%	9.2%	8.7%	12.3%	10.0%	5.9%	8.7%	6.5%	7.8%	8.7%
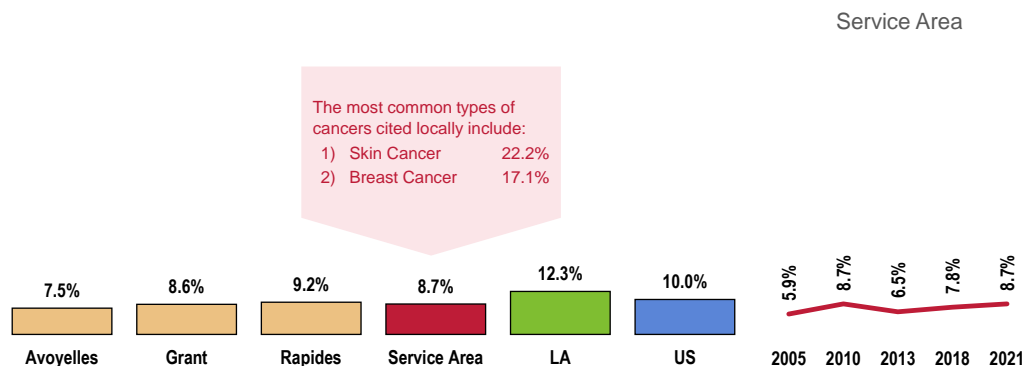
Sources: ●   2021 PRC Community Health Survey, PRC, Inc. [Items 25-26]
●   Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Louisiana data.
●   2020 PRC National Health Survey, PRC, Inc.
Notes: ●   Reflects all respondents.

Prevalence of Cancer
(Service Area, 2021)

7.3%	10.1%	2.2%	9.1%	19.6%	10.1%	9.4%	5.7%	9.4%	7.1%	7.3%	8.7%
Men	Women	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	White	Black	Diverse Races	Service Area
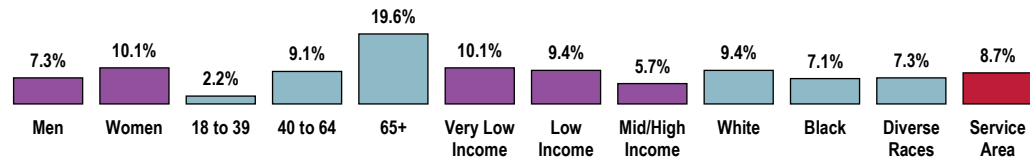
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 25]
Notes: ● Reflects all respondents.

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 three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear/HPV testing); and colorectal cancer (colonoscopy/sigmoidoscopy and fecal occult blood testing).

FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women aged 50 to 74 years.

CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

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.

"Appropriate cervical cancer screening" includes Pap smear testing (cervical cytology) every three years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65. Women 21 to 65 with hysterectomy are excluded.

Among women age 50-74, 80.7% have had a mammogram within the past 2 years.

BENCHMARK ► Satisfies the Healthy People 2030 objective.

DISPARITY ► More favorable in Rapides Parish (not shown).

Among service area women age 21 to 65, 77.1% have had appropriate cervical cancer screening.

BENCHMARK ► Lower than the statewide percentage. Fails to satisfy the Healthy People 2030 objective.

TREND ► Decreasing over time.

Among all adults age 50-75, 76.3% have had appropriate colorectal cancer screening.

BENCHMARK ► More favorable than the statewide percentage.

TREND ► Trending higher over time.

Breast Cancer Screening
(Women Age 50-74)
Healthy People 2030 = 77.1% or Higher

Service Area	LA	US
80.7%	82.7%	76.1%

Cervical Cancer Screening
(Women Age 21-65)
Healthy People 2030 = 84.3% or Higher

Service Area	LA	US
77.1%	85.1%	73.8%

Colorectal Cancer Screening
(All Adults Age 50-75)
Healthy People 2030 = 74.4% or Higher

Service Area	LA	US
76.3%	69.8%	77.4%
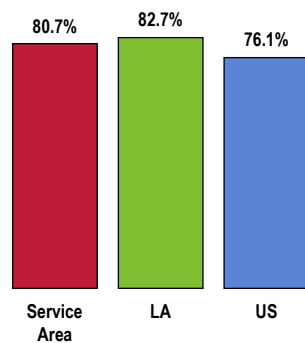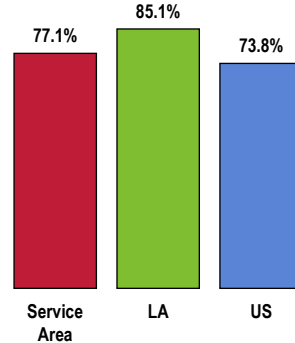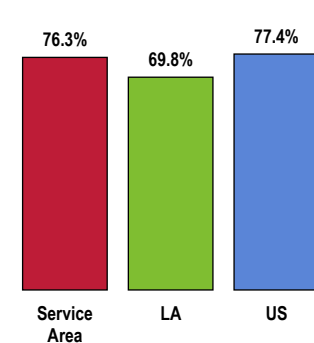
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 116-118]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Louisiana data.
● 2020 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Each indicator is shown among the gender and/or age group specified.

Breast Cancer Screening
(Women Age 50-74)
Healthy People 2030 = 77.1% or Higher
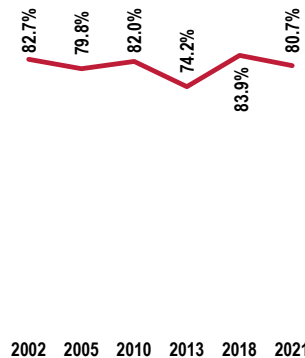
82.7% 79.8% 82.0% 74.2% 83.9% 80.7%

| 2002 | 2005 | 2010 | 2013 | 2018 | 2021 |

Cervical Cancer Screening
(Women Age 21-65)
Healthy People 2030 = 84.3% or Higher

86.2% 81.1% 85.0% 77.4% 76.2% 77.1%

| 2002 | 2005 | 2010 | 2013 | 2018 | 2021 |

Colorectal Cancer Screening
(All Adults Age 50-75)
Healthy People 2030 = 74.4% or Higher

51.3% 67.5% 75.8% 76.3%

| 2010 | 2013 | 2018 | 2021 |
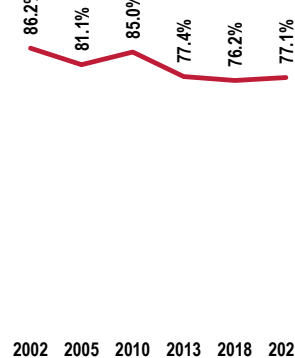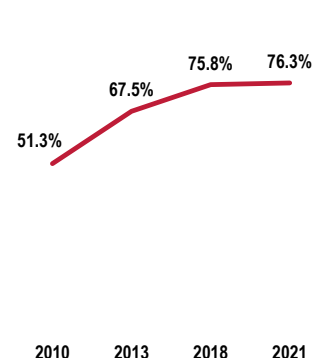
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 116-118]
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Each indicator is shown among the gender and/or age group specified.

Key Informant Input: Cancer

Key informants taking part in an online survey most often characterized *Cancer* as a "moderate problem" in the community.

Perceptions of Cancer
as a Problem in the Community
(Key Informants, 2021)

‡■ Major Problem ▶■ Moderate Problem ★■ Minor Problem ◊■ No Problem At All

‡ 35.7%	▶ 48.8%	9.5% ★	6.0% ◊

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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

Prevalence/Incidence

Cancer rates seem to be increasing. – Social Services Provider (Rapides Parish)

The incidence of people diagnosed seems to be increasing. – Social Services Provider (Rapides Parish)

Seems Louisiana has a high cancer rate. This is worrisome to some. – Social Services Provider (Rapides Parish)

The high number of persons diagnosed with the disease and the number of patients seeking out of town or state medical professionals and facilities for treatment. – Social Services Provider (Rapides Parish)

Many individuals are diagnosed as having cancer of various types annually. In many instances the cancer is at an advanced stage when diagnosed due to delayed/late access to diagnosis and treatment. – Other Health Provider (Rapides Parish)

Large number of people who get the disease. – Social Services Provider (Rapides Parish)

It seems there are so many forms of cancer affecting so many in our community. – Social Services Provider (Rapides Parish)

Cancer of all types is prevalent in the Rapides community. Treatment is available with early detection, but the underlining cause is a major factor. – Community Leader (Rapides Parish)

It just seems like we have a lot of cancer issues in our area. – Social Services Provider (Rapides Parish)

Tobacco Use

I think cancer is a problem because of major risk factors that residents engage in; smoking, vaping, poor diet and lack of exercise. – Community Leader (Rapides Parish)

Cigarette addiction. – Community Leader (Avoyelles Parish)

Even though the numbers are better now than they were, there are still many people in our area who use tobacco and tobacco products. In addition, access to low cost or free health screenings may contribute to the high rates of cancer in our area. – Social Services Provider (Rapides Parish)

Large amount of smokers attributes to lung cancer. Colon screening or lack of results in colon cancer. – Other Health Provider (Avoyelles Parish)

Diagnosis/Treatment

Many patients have been wrongly diagnosed and have to seek medical care elsewhere. – Social Services Provider (Rapides Parish)

Too many lose their lives to something that should be treatable or at least discovered sooner to have chance for adequate treatment. Education on causes of cancer. – Social Services Provider (Rapides Parish)

Environmental Contributors

Environmental issues, diet, and lack of exercise. – Social Services Provider (Avoyelles Parish)

Several people have acknowledged a battle with cancer in some form. Unhealthy environmental practices in residential areas affect the health of community residents. – Social Services Provider (Rapides Parish)

Lack of Providers

There are no doctors to treat cancer in this area (medically, we do have surgeons). – Other Health Provider (Rapides Parish)

We need more specialists to deal with skin cancers, whereas there is more than one opinion. – Social Services Provider (Rapides Parish)

Prevention/Screenings

Lack of early detection. – Social Services Provider (Rapides Parish)

A form of cancer seems to be present, in some capacity, within every family. Being in a rural area, we do not have access to proactive screening methods that would catch this earlier and lessen the impact. – Community Leader (Rapides Parish)

Access to Care/Services

People seem to always go out of town for treatment. – Community Leader (Rapides Parish)

Access to Care for Uninsured/Underinsured

Poor surveillance measures for underinsured. Mammography/colonoscopy. – Physician (Rapides Parish)

Alcohol/Drug Use

Cancer is the secondary problems, but drug overdose is the primary problem. – Social Services Provider (Grant Parish)

Denial/Stigma

Denial, failure to get annual/preventive screenings. – Social Services Provider (Rapides Parish)

Obesity

Risk factors for cancer are rampant in our community. Obesity due to lack of affordability for healthy meals and lack of education to prepare these meals. Tobacco use is high in our parish. Education in home relative to preventive care for patients and transportation to get to cancer screenings. – Social Services Provider (Avoyelles Parish)

RESPIRATORY DISEASE

ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. …More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

Interventions tailored to at-risk groups can also help prevent and treat other respiratory diseases — for example, pneumonia in older adults and pneumoconiosis in coal miners. And increasing lung cancer screening rates can help reduce deaths from lung cancer through early detection and treatment.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Respiratory Disease Deaths

Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2018 and 2020, there was an annual average age-adjusted CLRD mortality rate of 65.5 deaths per 100,000 population in the service area.

BENCHMARK ► Worse than state and national rates.

DISPARITY ► Much higher in Grant Parish. Higher among White residents.

Note: Chronic lower respiratory disease (CLRD) includes lung diseases such as emphysema, chronic bronchitis, and asthma.

CLRD: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)

Avoyelles	Grant	Rapides	Service Area	LA	US
76.8	112.2	54.4	65.5	41.1	38.1

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.
Notes: ● CLRD is chronic lower respiratory disease.

CLRD: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)

71.7 — Service Area White (Non-Hispanic)

45.8 — Service Area Black (Non-Hispanic)

65.5 — Service Area 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 May 2022.

Notes: • CLRD is chronic lower respiratory disease.

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

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Service Area	59.0	62.6	60.9	58.3	59.5	63.9	66.8	65.5
LA	44.4	45.8	45.3	43.9	44.3	44.2	42.8	41.1
US	46.5	46.2	41.8	41.3	41.0	40.4	39.6	38.1

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.

Notes: • CLRD is chronic lower respiratory disease.

Pneumonia/Influenza Deaths

ABOUT INFLUENZA & PNEUMONIA

Influenza (flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. Some people, such as older people, young children, and people with certain health conditions, are at high risk of serious flu complications. There are two main types of influenza (flu) virus: Types A and B. The influenza A and B viruses that routinely spread in people (human influenza viruses) are responsible for seasonal flu epidemics each year. The best way to prevent flu is by getting vaccinated each year.

Pneumonia is an infection of the lungs that can cause mild to severe illness in people of all ages. Depending on the cause, doctors often treat pneumonia with medicine. In addition, vaccines can prevent some types of pneumonia. However, it is still the leading infectious cause of death in children younger than 5 years old worldwide. Common signs of pneumonia include cough, fever, and difficulty breathing. You can help prevent pneumonia and other respiratory infections by following good hygiene practices. These practices include washing your hands regularly and disinfecting frequently touched surfaces. Making healthy choices, like quitting smoking and managing ongoing medical conditions, can also help prevent pneumonia.

Vaccines help prevent pneumococcal disease, which is any type of illness caused by *Streptococcus pneumoniae* bacteria.

– Centers for Disease Control and Prevention (CDC – www.cdc.gov)

Between 2018 and 2020, the service area reported an annual average age-adjusted pneumonia influenza mortality rate of 26.6 deaths per 100,000 population.

BENCHMARK ► Worse than state and national rates.

DISPARITY ► Higher in Rapides Parish and among Black residents.

Pneumonia/Influenza: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)

	Avoyelles	Rapides	Service Area	LA	US
	19.5	29.8	26.6	14.0	13.4

Service Area bar note: 76.1% of older adults (age 65+) ever have had a pneumonia vaccination. 67.1% of older adults (age 65+) have had a flu vaccination in the past year.
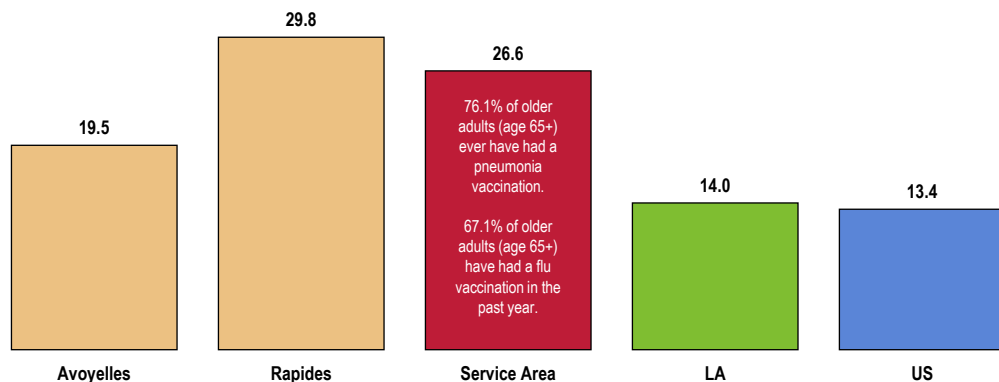
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 124, 165]
● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2021.

Pneumonia/Influenza: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)

	Service Area White (Non-Hispanic)	Service Area Black (Non-Hispanic)	Service Area All Races/Ethnicities
Value	25.1	32.3	26.6
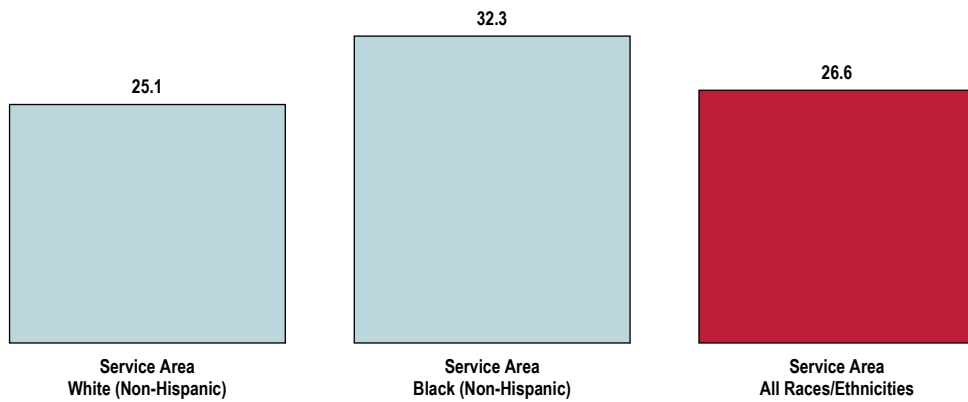
Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.

Pneumonia/Influenza: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
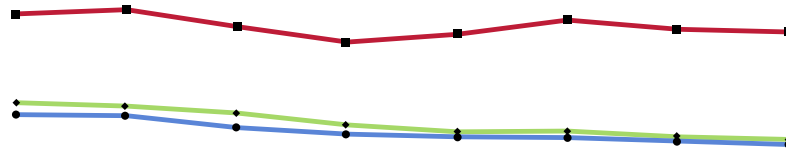
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Service Area	28.7	29.2	27.2	25.4	26.3	28.0	26.9	26.6
LA	18.3	17.9	17.1	15.7	14.9	15.0	14.3	14.0
US	16.9	16.8	15.4	14.6	14.3	14.2	13.8	13.4

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.

Prevalence of Respiratory Disease

Chronic Obstructive Pulmonary Disease (COPD)

Note: COPD includes lung diseases such as emphysema and chronic bronchitis.

A total of 11.6% of service area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

BENCHMARK ► Worse than state and national percentages.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

Service Area

Avoyelles	Grant	Rapides	Service Area	LA	US
12.2%	10.4%	11.6%	11.6%	8.6%	6.4%

Trend (Service Area): 2002: 10.4%, 2005: 11.1%, 2010: 13.3%, 2013: 14.1%, 2018: 15.7%, 2021: 11.6%
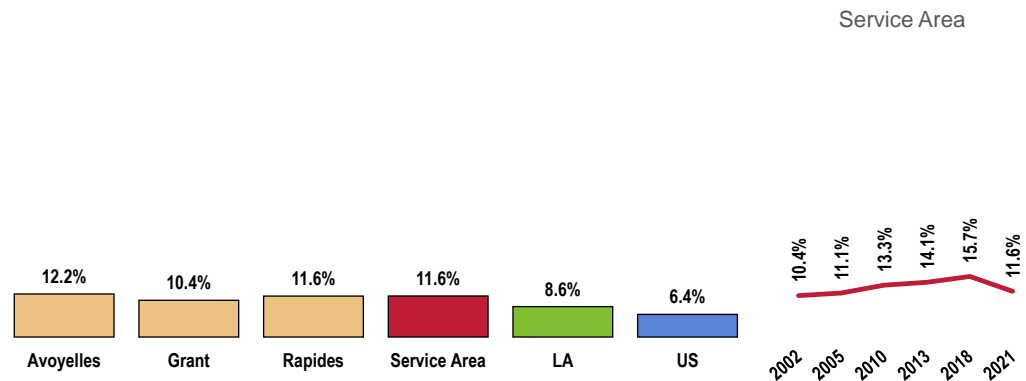
Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 23]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.

Key Informant Input: Respiratory Disease

The greatest share of key informants taking part in an online survey characterized *Respiratory Disease* as a "moderate problem" in the community.

Perceptions of Respiratory Diseases as a Problem in the Community
(Key Informants, 2021)
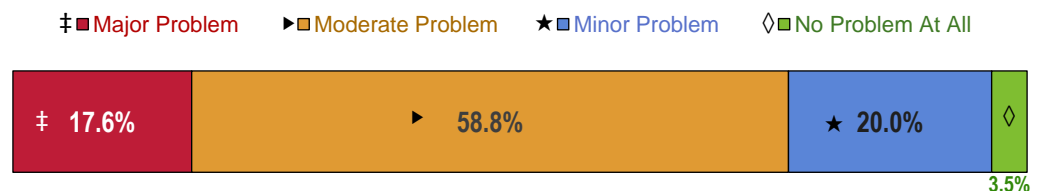
‡■Major Problem ▶■Moderate Problem ★■Minor Problem ◊■No Problem At All

‡ 17.6%	▶ 58.8%	★ 20.0%	◊

3.5%

Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

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

Tobacco Use

Asthma and COPD are problems and may be attributed to our high rate of smokers. – Social Services Provider (Rapides Parish)

Smoking and vaping is still prevalent. – Community Leader (Rapides Parish)

Smoking. – Social Services Provider (Rapides Parish)

Smoking. Obesity. – Social Services Provider (Rapides Parish)

Prevalence/Incidence

I see many folks with oxygen tanks or with COPD. Again, I think it's a culmination of the fact that many times one physical issue can lead to others. – Community Leader (Rapides Parish)

Due to the number of patients on respiratory medications. – Public Health Representative (Rapides Parish)

Lack of Providers

We do not have any pulmonologists in our community. – Other Health Provider (Rapides Parish)

Affordable Medications/Supplies

COPD has many causes and varieties of treatment, most are high-cost medication. – Social Services Provider (Rapides Parish)

Coronavirus Disease (COVID-19)

COVID-19 Deaths

In 2020, the service area reported an age-adjusted COVID-19 mortality rate of 136.0 deaths per 100,000 population.

BENCHMARK ► Much worse than national rate.

COVID-19: Age-Adjusted Mortality
(2020 Age-Adjusted Deaths per 100,000 Population)
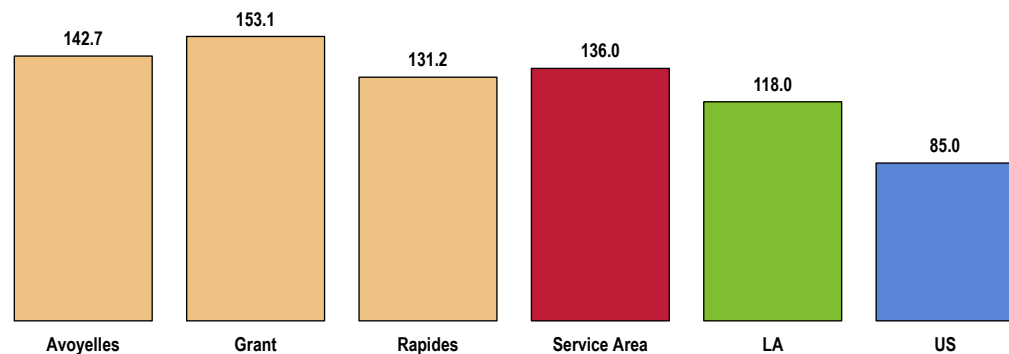
Avoyelles	142.7
Grant	153.1
Rapides	131.2
Service Area	136.0
LA	118.0
US	85.0

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.

Key Informant Input: Coronavirus Disease/COVID-19

Key informants taking part in an online survey most often characterized _Coronavirus Disease/COVID-19_ as a "major problem" in the community.

Perceptions of Coronavirus Disease/COVID-19 as a Problem in the Community
(Key Informants, 2021)

‡ ■ Major Problem   ► ■ Moderate Problem   ★ ■ Minor Problem   ◊ ■ No Problem At All

‡ 45.3%	► 33.7%	★ 11.6%	◊ 9.3%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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

Not Enough People are Getting Vaccinated

Lack of vaccines. Education. Politically motivated. – Social Services Provider (Rapides Parish)

Low vaccination rates and a general resistance to preventive care in general. – Public Health Representative (Rapides Parish)

Because people are not getting vaccinated and the hospital statistics for non-vaccinated individuals. – Public Health Representative (Rapides Parish)

Low vaccine numbers and lack of compliance with masking mandates. – Other Health Provider (Rapides Parish)

Infection rate and resistance to vaccine. – Social Services Provider (Rapides Parish)

Low number of people receiving the vaccination and people not taking the pandemic seriously. – Social Services Provider (Rapides Parish)

We have some of the lowest rates of vaccination in the nation, especially among the young, and there is a high degree of resistance to vaccination. – Community Leader (Rapides Parish)

The age group that is currently the highest percentage of unvaccinated individuals are millennials that doubt the severity of the virus. – Social Services Provider (Rapides Parish)

Because the rate of vaccinations in this community is still rather low. – Social Services Provider (Rapides Parish)

Lack of people getting vaccinated and the amount of people that believe "fake news" over science. – Other Health Professional (Rapides Parish)

Refusal to take the vaccine. Less than 50% Parish wide. – Community Leader (Rapides Parish)

Most people in the community have not received their first shot and death rate is increasing. – Social Services Provider (Grant Parish)

Lack of Adherence to Testing/Vaccinations/Masks

Coronavirus disease is a major problem due to some refusing to be tested, get vaccinated or wear masks in public spaces. – Social Services Provider (Rapides Parish)

CDC guidelines not properly followed. – Social Services Provider (Rapides Parish)

Avoyelles has some of the highest numbers of transmission because businesses and public do not adhere to mask and social distance policies. There are no resources for health specialists in our area for post covid health problems in patients. Pulmonology, cardiology, neurology, etc. COVID testing is limited during after-hours. Urgent care is only open till 8pm. Health unit is only testing 8-2. Primary care offices close at 5. Those who work or have alternate schedules have no way to test after typical working hours except ERs. – Social Services Provider (Avoyelles Parish)

Everyone is acting like it's not an issue. Employers are not protecting their employees. Most of the region seems to have abdicated their obligations to take personal responsibility. – Community Leader (Rapides Parish)

Lack of adherence to prevention, e.g., vaccination, mask-wearing and social distancing. – Public Health Representative (Rapides Parish)

People refuse to mask up and take precautions or even be vaccinated to help curb the spread of the virus. – Social Services Provider (Rapides Parish)

No one wears a mask and people are afraid to vaccinate. – Community Leader (Rapides Parish)

Not enough people are wearing a mask, social distancing, nor getting vaccinated. – Social Services Provider (Rapides Parish)

Awareness/Education

Very poor healthcare literacy and political climate that fights government regulation or recommendations for masking or vaccination. – Physician (Rapides Parish)

Misinformation regarding the effectiveness of the COVID vaccine, resulting in a large number of individuals not vaccinated. – Other Health Provider (Rapides Parish)

Skepticism/distrust of science. – Social Services Provider (Rapides Parish)

Misinformation. – Social Services Provider (Rapides Parish)

There are still many unknowns in COVID prevention and mitigation. – Community Leader (Rapides Parish)

Prevalence/Incidence

The number of people hospitalized reduces the number of available Intensive Care Unit beds for patient transfer. It also drives the nursing costs up for the region because the hospital requires more staff. – Other Health Provider (Rapides Parish)

Large number of people who get the disease. – Social Services Provider (Rapides Parish)

The numbers tell the tale. – Social Services Provider (Rapides Parish)

Impact on Quality of Life

> The positivity rates have gone down recently. But, far too many people have been impacted by COVID-19. Too many deaths. Hesitancy toward getting the vaccine. – Social Services Provider (Rapides Parish)

Cultural/Personal Beliefs

> For some in our community I believe it is due to a cultural fear of hospitals, doctors, vaccines, and medication. For others, I believe that in some way the Coronavirus became a part of the political agenda for some so the facts regarding the benefits of vaccinations to communities somehow got lost in the crossfire between candidates. This has led to a polarization of communities. Some people get vaccinated while others are vehemently against it. – Social Services Provider (Rapides Parish)

Lifestyle

> Poor eating and lifestyle habits, prevalent smoking. – Community Leader (Rapides Parish)

INJURY & VIOLENCE

ABOUT INJURY & VIOLENCE

INJURY ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. …Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. …Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

– Healthy People 2030 (https://health.gov/healthypeople)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2018 and 2020, there was an annual average age-adjusted unintentional injury mortality rate of 75.0 deaths per 100,000 population in the service area.

BENCHMARK ► Worse than the national rate. Fails to satisfy the Healthy People 2030 objective.

TREND ► Trending higher over time within the service area.

DISPARITY ► Lower in Grant Parish.

Unintentional Injuries: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 43.2 or Lower

Avoyelles	Grant	Rapides	Service Area	LA	US
68.9	59.2	80.2	75.0	66.8	51.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Unintentional Injuries: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 43.2 or Lower

Service Area White (Non-Hispanic)	Service Area Black (Non-Hispanic)	Service Area All Races/Ethnicities
78.5	69.8	75.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Unintentional Injuries: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 43.2 or Lower

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Service Area	53.2	54.2	54.5	61.2	59.5	60.2	64.2	75.0
LA	49.1	50.4	51.7	54.0	57.0	58.3	60.0	66.8
US	41.9	43.3	41.9	44.6	46.7	48.3	48.9	51.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Leading Causes of Unintentional Injury Deaths

Poisoning (including unintentional drug overdose), motor vehicle crashes, suffocation, and falls accounted for most unintentional injury deaths in the service area between 2018 and 2020.

RELATED ISSUE
For more information about unintentional drug-related deaths, see also *Substance Abuse* in the **Modifiable Health Risks** section of this report.

Leading Causes of Unintentional Injury Deaths
(Service Area, 2018-2020)

‡■ Poisoning/Drug Overdose — 39.2%

▶■ Motor Vehicle Crashes — 29.5%

★■ Suffocation — 8.6%

◊■ Falls — 8.1%

✳■ Other — 14.6%

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.

Seat Belt Usage

Most service area adults (81.5%) report "always" wearing a seat belt when driving or riding in a vehicle.

TREND ► Higher than the 2002 benchmark.

DISPARITY ► Higher in Rapides Parish. Male respondents and adults younger than 65 are <u>less</u> likely to "always" wear a seat belt.

"Always" Wear a Seatbelt When Driving a Vehicle
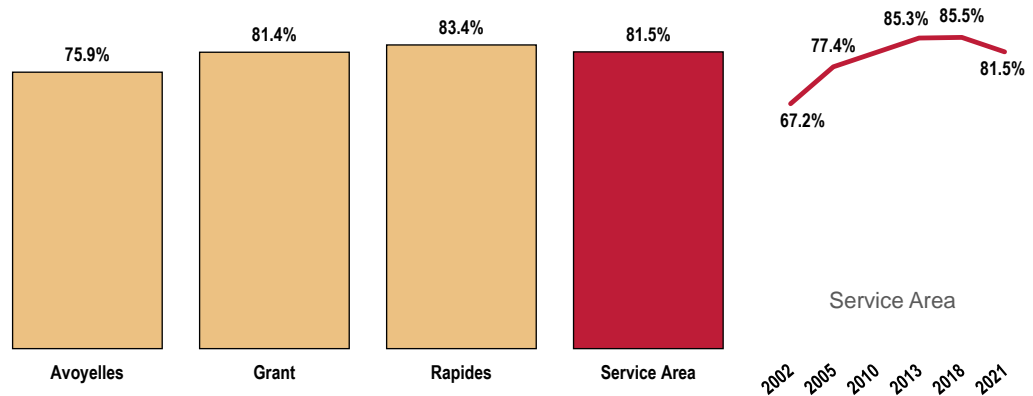
Avoyelles	Grant	Rapides	Service Area
75.9%	81.4%	83.4%	81.5%

Trend line (Service Area): 2002: 67.2%, 2005: 77.4%, 2013: 85.3%, 2018: 85.5%, 2021: 81.5%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 313]
Notes: ● Asked of all respondents.

"Always" Wear a Seatbelt When Driving a Vehicle
(Service Area, 2021)

Men	Women	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	White	Black	Diverse Races	Service Area
74.5%	88.2%	75.9%	83.4%	89.2%	80.0%	84.0%	80.7%	81.4%	81.6%	85.4%	81.5%
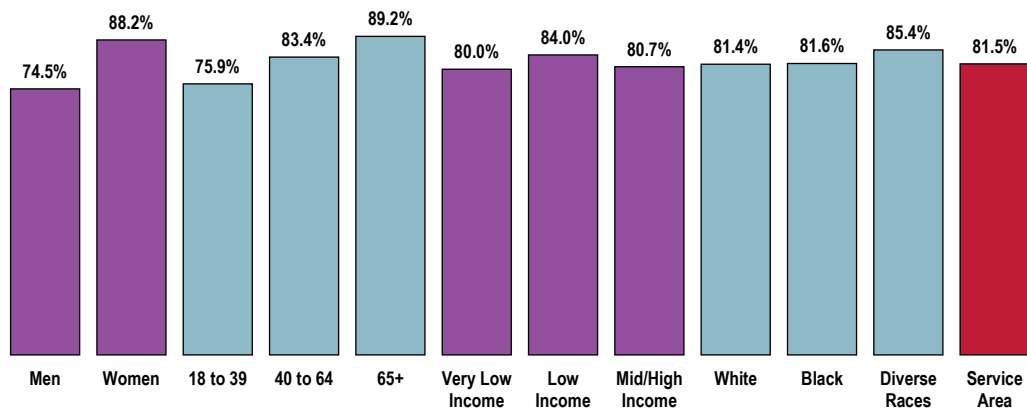
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 313]
Notes: ● Asked of all respondents.

A total of 88.0% 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.

TREND ► Higher than the 2002 benchmark.

Child "Always" Wears a Seatbelt or Appropriate Restraint When Riding in a Vehicle
(Service Area Children <18)

Bar chart values: Avoyelles 90.4%, Grant 93.4%, Rapides 86.0%, Service Area 88.0%

Line chart (Service Area): 2002 81.5%, 2005 89.6%, 2010 —, 2013 94.2%, 2018 94.6%, 2021 88.0%
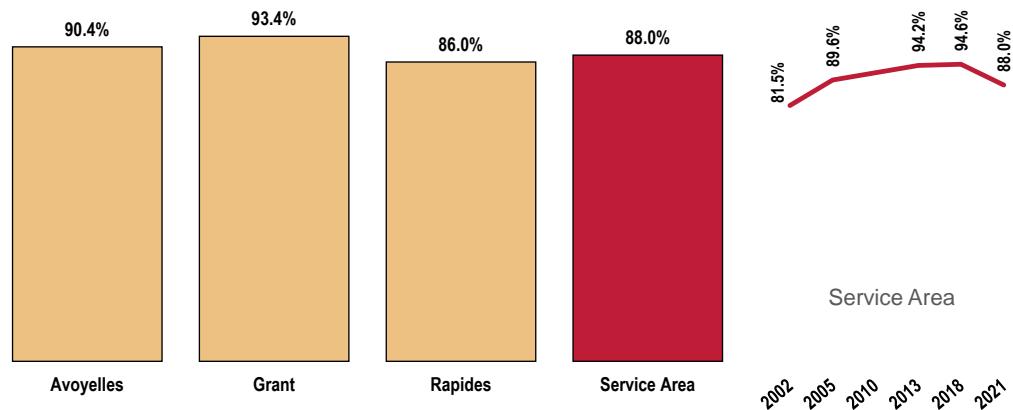
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 350]
Notes: ● Asked of all respondents with children under 18 at home.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

In the service area, there were 15.0 homicides per 100,000 population (2018-2020 annual average age-adjusted rate).

BENCHMARK ► Higher than the national rate. Fails to satisfy the Healthy People 2030 objective.

TREND ► Trending higher over time within the service area.

DISPARITY ► Considerably higher among Black residents.

RELATED ISSUE
See also *Mental Health (Suicide)* in the **General Health Status** section of this report.

Homicide: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 5.5 or Lower

Avoyelles	Rapides	Service Area	LA	US
17.5	15.9	15.0	16.0	6.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Homicide: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 5.5 or Lower

Service Area White (Non-Hispanic)	Service Area Black (Non-Hispanic)	Service Area All Races/Ethnicities
6.6	31.3	15.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Homicide: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 5.5 or Lower

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Service Area	8.3	11.4	11.0	10.2	10.2	10.5	12.3	15.0
LA	12.1	12.0	12.1	12.8	13.7	14.0	14.1	16.0
US	5.4	5.3	5.3	5.2	5.3	5.7	6.0	6.1

Sources:
● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Violent Crime

Violent Crime Rates

From 2014 to 2016, the service area reported 814.8 violent crimes per 100,000 population.

BENCHMARK ► Worse than the state and US rates.

DISPARITY ► Much higher in Rapides Parish.

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
(Rate per 100,000 Population, 2014-2016)

Avoyelles	Grant	Rapides	Service Area	LA	US
652.8	155.4	972.3	814.8	562.3	416.0
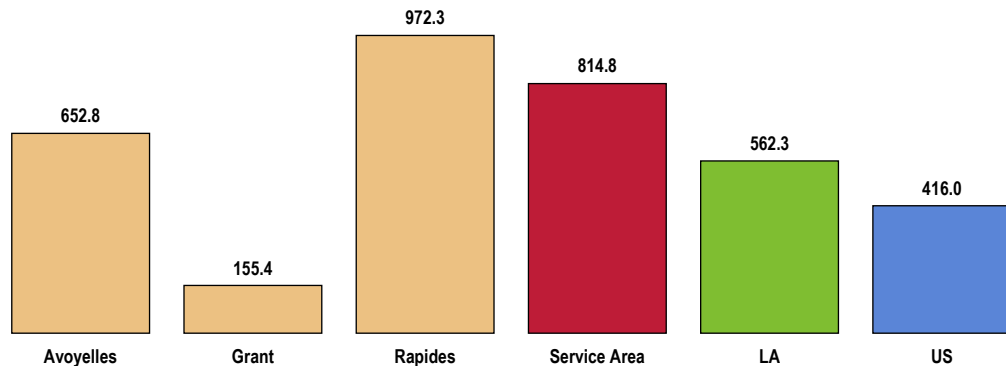
Sources:
● Federal Bureau of Investigation, FBI Uniform Crime Reports.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2022 via SparkMap (sparkmap.org).

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 3.6% of surveyed service area adults acknowledge being the victim of a violent crime in the area in the past five years.

BENCHMARK ► Lower than the national finding.

DISPARITY ► Lower in Avoyelles Parish. Violent crime experience decreases with age and is more often reported among those of diverse races.

Victim of a Violent Crime in the Past Five Years

Service Area

Avoyelles	Grant	Rapides	Service Area	US
2.0%	4.1%	4.0%	3.6%	6.2%

2002	2005	2010	2013	2018	2021
3.2%	2.0%	3.2%	2.4%	3.5%	3.6%
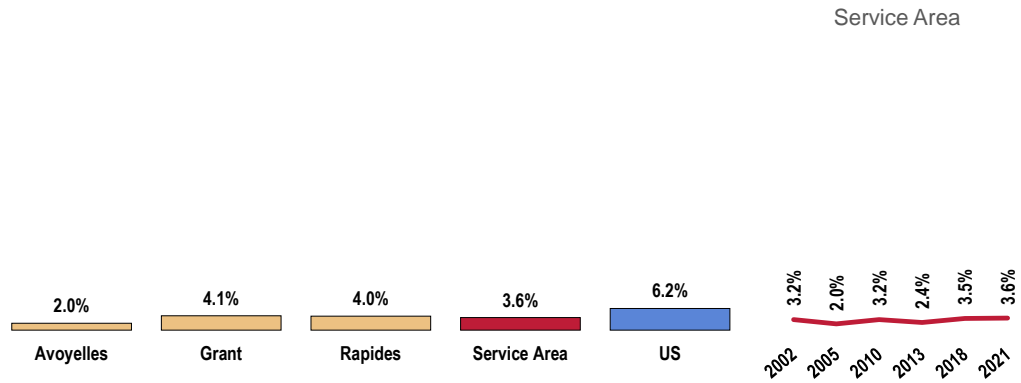
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 38]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Victim of a Violent Crime in the Past Five Years
(Service Area, 2021)

Men	Women	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	White	Black	Diverse Races	Service Area
3.9%	3.3%	5.0%	3.3%	1.9%	6.5%	3.3%	3.1%	2.9%	2.8%	11.8%	3.6%
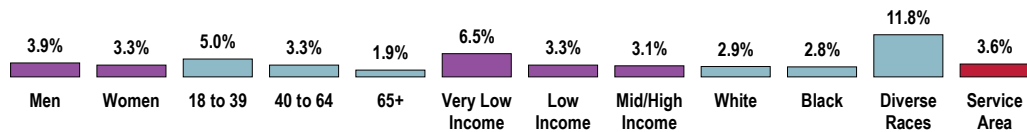
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 38]
Notes: ● Asked of all respondents.

Intimate Partner Violence

A total of 20.8% 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 national percentage.

TREND ► Trending higher over time within the service area.

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

5.0% of respondents have experienced intimate partner violence in the past 5 years.

Service Area

Avoyelles	Grant	Rapides	Service Area	US	2010	2013	2018	2021
20.5%	20.2%	21.0%	20.8%	13.7%	12.3%	14.7%	17.9%	20.8%
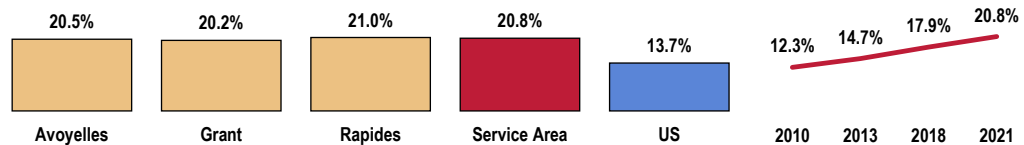
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 39, 314]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Injury & Violence

The largest share of key informants taking part in an online survey characterized *Injury & Violence* as a "major problem" in the community.

Perceptions of Injury and Violence
as a Problem in the Community
(Key Informants, 2021)

‡ ■ Major Problem   ►■ Moderate Problem   ★■ Minor Problem   ◊■ No Problem At All

‡ 58.1%	► 26.7%	★ 10.5%	◊

4.7%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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

Prevalence/Incidence

Crime rates are high, and the violence continues to rise. Alexandria rates as one of the most dangerous cities. – Social Services Provider (Rapides Parish)

The rate of violent crime in the U.S. has gone up over 29% in the last year. The rate of violent crime in Alexandria, LA has gone up dramatically more than that over the last year. Crime, particularly violent crime, is one of the largest issues in our community. This is constantly echoed by the residents of Alexandria and is covered on an almost nightly basis by our local new station. To date, there have been significantly more murders in 2021 than occurred in all of 2020. – Social Services Provider (Rapides Parish)

Incidence of violence has increased significantly in recent years. Perhaps training programs to prepare for employment may help. – Social Services Provider (Rapides Parish)

Because violent crime is on the rise. – Social Services Provider (Rapides Parish)

The growing crime rate/Emergency Room visits for related. – Social Services Provider (Rapides Parish)

Violent crimes statistics are much higher during pandemic and in recent years. – Social Services Provider (Rapides Parish)

Based on statistics released for Rapides Parish, specifically Alexandria. Murders or shootings every day in addition to robberies. – Public Health Representative (Rapides Parish)

The increase in the number of homicides and other forms of violence that have occurred in the region over the past year. – Other Health Provider (Rapides Parish)

Based on what is in the news and what I hear from employees of the Emergency Rooms and local law enforcement here, weapon violence in the poorer communities is a problem. – Community Leader (Rapides Parish)

Crime continues to be an issue within Central Louisiana. – Community Leader (Rapides Parish)

Very high crime rate. – Social Services Provider (Rapides Parish)

Violent crime is up. – Social Services Provider (Rapides Parish)

High number of violent crimes occurring in Alexandria and the surrounding communities. – Social Services Provider (Rapides Parish)

Crime rate per capita is one of the highest in the nation. I hear gunshots in my garden district neighborhood on a regular basis. Reports on home invasions continually on the rise. Reaction to the climate created by Trump administration. – Social Services Provider (Rapides Parish)

The increase in violent crimes in our area. – Other Health Professional (Rapides Parish)

Too many cases of injury and violence in the news. – Community Leader (Rapides Parish)

Every day there is something on the news about someone being murdered or some violent act occurring in our neighborhoods. – Social Services Provider (Rapides Parish)

There seems to be a killing or robbery every day in central LA. – Social Services Provider (Rapides Parish)

Safety

Too much crime! Not enough police. Too many drug problems. Unsafe intersections and round-abouts. Speeding drivers with minimal oversight. – Physician (Rapides Parish)

Not enough police patrols around the community. – Social Services Provider (Rapides Parish)

Shortage of officers and not enough programs for our teenagers to be involved. – Social Services Provider (Rapides Parish)

Police Force is depleted, discord between mayor/some council members, personal agendas, etc. Drug use. Overcrowded jail. Criminals working the system. – Community Leader (Rapides Parish)

Lack of police. Lack of discipline in the home. Complacency of the public. Out of touch public officials. – Social Services Provider (Rapides Parish)

Gun Violence

There are shootings virtually every day. – Other Health Provider (Rapides Parish)

Alexandria, Louisiana has a very high crime rate. Weekly shootings for almost a year now. – Social Services Provider (Rapides Parish)

News reports of many more shootings recently. I have also heard, anecdotally, about assaults throughout the community. – Social Services Provider (Rapides Parish)

Number of gunshot and stabbing victims in the area. – Other Health Provider (Rapides Parish)

Alcohol/Drug Use

Substance abuse (meth, opioids, etc.) and poverty. – Public Health Representative (Rapides Parish)

> Crime rates, injury and death are escalating in our area. I believe that much of it can be contributed to street drug sales and use. This affects everyone in a community either directly or indirectly. – Social Services Provider (Rapides Parish)

> Strong prevalence of drug use. Strong prevalence of unstable homes in certain areas. Increase in numbers of murders and suicides in communities. – Social Services Provider (Avoyelles Parish)

Income/Poverty

> Poverty and control issues in relationships. Lack of understanding of what a healthy relationship and boundaries are. – Community Leader (Rapides Parish)

> Unemployment and lack of education. – Community Leader (Rapides Parish)

Built Environment

> There are no recreational buildings or activity due to fear of violence. Drugs play a vital part, because of no police involvement until trouble. – Social Services Provider (Rapides Parish)

DIABETES

ABOUT DIABETES

More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. …Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Diabetes Deaths

Between 2018 and 2020, there was an annual average age-adjusted diabetes mortality rate of 15.5 deaths per 100,000 population in the service area.

BENCHMARK ► More favorable than the Louisiana and national rates.

TREND ► Trending downward over time within the service area.

DISPARITY ► Lower in Rapides Parish. The rate among Black residents is more than double the rate among White residents.

Diabetes: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)

26.6	28.5	9.9	15.5	28.8	22.6
Avoyelles	Grant	Rapides	Service Area	LA	US

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.

Diabetes: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)

12.7	**26.0**	**15.5**
Service Area **White (Non-Hispanic)**	**Service Area** **Black (Non-Hispanic)**	**Service Area** **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 May 2022.

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

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Service Area	21.1	20.8	19.2	16.1	14.8	16.6	16.3	15.5
LA	27.0	26.2	25.1	24.6	24.3	25.4	25.8	28.8
US	22.4	22.3	21.3	21.2	21.3	21.3	21.5	22.6

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.

Prevalence of Diabetes

A total of 14.9% of service area adults report having been diagnosed with diabetes.

BENCHMARK ► Higher than the statewide percentage.

TREND ► Higher than the 2002 benchmark.

DISPARITY ► More often reported among low-income residents; note also the strong correlation with age.

Prevalence of Diabetes

Another 9.1% of adults have been diagnosed with "pre-diabetes" or "borderline" diabetes.

Service Area

95.8% are taking action to control their diabetes (medication, diet, exercise)

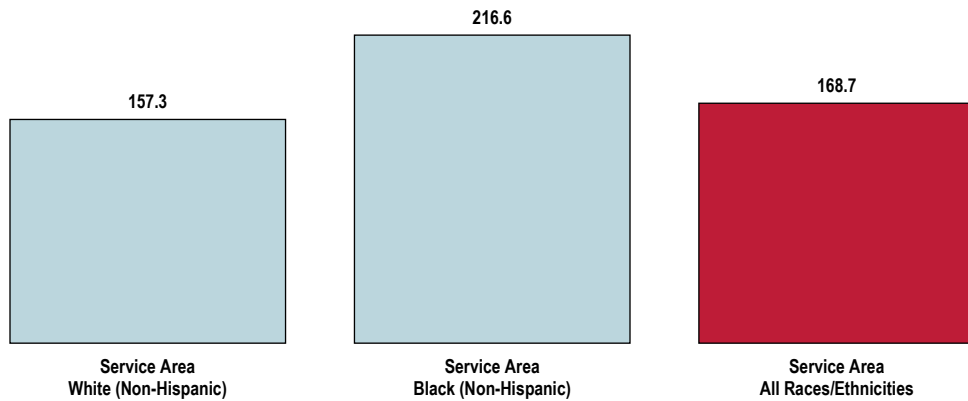| Avoyelles	Grant	Rapides	Service Area	LA	US
14.9%	14.0%	15.1%	14.9%	12.6%	13.8%

2002	2005	2010	2013	2018	2021
10.7%	13.8%	15.8%	14.9%	16.0%	14.9%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 121, 308]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Louisiana data.
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents. Excludes gestational diabetes (occurring only during pregnancy).

Prevalence of Diabetes
(Service Area, 2021)

Note that among adults who have not been diagnosed with diabetes, 45.3% report having had their blood sugar level tested within the past three years.

Men	Women	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	White	Black	Diverse Races	Service Area
14.7%	15.2%	2.7%	18.0%	30.9%	15.5%	19.7%	11.9%	13.8%	18.6%	15.9%	14.9%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 33, 121]
Notes: ● Asked of all respondents.
● Excludes gestational diabetes (occurring only during pregnancy).

Key Informant Input: Diabetes

A high percentage 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, 2021)
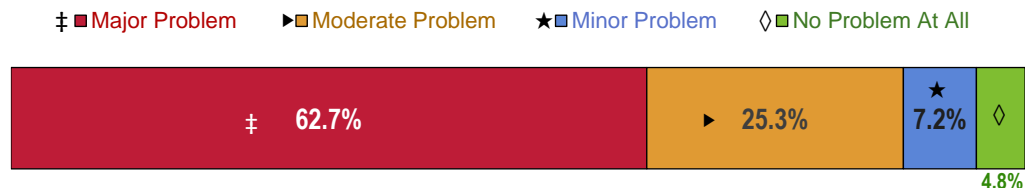
‡ ■ Major Problem   ▶■ Moderate Problem   ★■ Minor Problem   ◊■ No Problem At All

| ‡ 62.7% | ▶ 25.3% | ★ 7.2% | ◊ |

4.8%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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

Awareness/Education

Education levels of Avoyelles Parish doesn't allow for patients to understand diets, how to exercise, and medication. – Other Health Provider (Avoyelles Parish)

Education regarding the importance of diet and medication regimen. Access to and affordability of proper foods; affordability of medications. – Social Services Provider (Rapides Parish)

Just in my workplace, I see many folks with Type 2 diabetes. I think our health system is quick to prescribe drugs and not educate them that Type 2 diabetes in many cases can be eliminated with proper diet and exercise, stressing less. – Community Leader (Rapides Parish)

Learning to eat healthy. – Social Services Provider (Rapides Parish)

Self-care and education. – Social Services Provider (Rapides Parish)

Lack of education and resources to provide healthy food options. – Social Services Provider (Rapides Parish)

Proper health and nutrition, start early with education. – Community Leader (Rapides Parish)

Education about dining, care, meds, and exercise options. – Community Leader (Rapides Parish)

Community outreach is working for the adult population. However, a greater need exists for educating children on eating and exercise habits. – Community Leader (Rapides Parish)

Lack of education on how to control disease, testing supplies are expensive, and peoples' desire to keep disease under control not where it should be and then consequences lead to bigger health issues. – Other Health Professional (Rapides Parish)

Nutrition

Following dietary restrictions. – Community Leader (Rapides Parish)

Poor diets/lack of adequate exercise. – Social Services Provider (Rapides Parish)

Nutrition. Knowing what foods should and should not be eaten, but also the cost and availability of nutritious foods. – Social Services Provider (Rapides Parish)

Proper nutrition and exercise. – Other Health Provider (Rapides Parish)

Eating unhealthy foods. – Social Services Provider (Rapides Parish)

Diet and lack of exercise. Preventative care and education. – Community Leader (Rapides Parish)

Diet, eating habits, and laziness. – Social Services Provider (Rapides Parish)

The biggest challenge that I see is the access to good nutrition and exercise. Many people do not have adequate transportation to get to grocery stores. Exercise is not a priority or people have no one to encourage them to do so. – Social Services Provider (Rapides Parish)

Diet and exercise. – Social Services Provider (Rapides Parish)

Lifestyle

Breaking old habits. – Social Services Provider (Rapides Parish)

Motivation to change behavioral triggers. – Community Leader (Rapides Parish)

People who don't care for themselves and don't get themselves tested and the meds are so expensive. – Community Leader (Rapides Parish)

Too many younger individuals are diagnosed with a very treatable disease because of unhealthy habits. – Social Services Provider (Rapides Parish)

Obesity

High obesity rates, lack of movement and exercise, poor dietary choices. – Community Leader (Rapides Parish)

Obesity. Noncompliance. Expensive medications. General indifference to preventive care. – Public Health Representative (Rapides Parish)

Obesity, nutrition, education. – Social Services Provider (Avoyelles Parish)

Lack of Providers

Alexandria nor Pineville Louisiana have an endocrinologist to properly treat diabetic patients. The diabetic patients have to rely on their General Care doctors or travel hours away for treatment. – Social Services Provider (Rapides Parish)

Lack of local endocrinologist or diabetic teaching. Health care literacy around diabetes. Access to medications for diabetes. – Physician (Rapides Parish)

Diagnosis/Treatment

Delayed treatment. – Other Health Provider (Rapides Parish)

Consistent comprehensive care. – Social Services Provider (Rapides Parish)

Access to Affordable Healthy Food

Dietary food is too expensive; therefore, it is hard to manage diabetes when junk/fat foods are cheaper than healthy. That is why there are so many obese people in the community and doctors want to do nothing but load people up on medications. – Social Services Provider (Rapides Parish)

Affordable Medications/Supplies

Access to affordable medication and insulin. – Social Services Provider (Rapides Parish)

Cultural/Personal Beliefs

Cultural eating habits. – Social Services Provider (Rapides Parish)

Access to Care for Uninsured/Underinsured

Some people do not have insurance or visit a doctor regularly. Others that know of a diagnosis of diabetes do not have adequate resources to pay for their medication. – Social Services Provider (Rapides Parish)

Affordable Care/Services

To be able to afford healthy lifestyle and afford proper nutrition and exercise. The ability to afford medication to treat the diabetes. Lifestyle, nutrition, medication. – Public Health Representative (Rapides Parish)

Disease Management

Understanding how to manage diabetes and the severity of it. – Social Services Provider (Rapides Parish)

Prevalence/Incidence

Diabetes impacts many people. In turn, many who have been diagnosed with the disease do not take it seriously. This leads to many more complications and deaths. – Social Services Provider (Rapides Parish)

KIDNEY DISEASE

ABOUT KIDNEY DISEASE

More than 1 in 7 adults in the United States may have chronic kidney disease (CKD), with higher rates in low-income and racial/ethnic minority groups. And most people with CKD don't know they have it. …People with CKD are more likely to have heart disease and stroke — and to die early. Managing risk factors like diabetes and high blood pressure can help prevent or delay CKD. Strategies to make sure more people with CKD are diagnosed early can help people get the treatment they need.

Recommended tests can help identify people with CKD to make sure they get treatments and education that may help prevent or delay kidney failure and end-stage kidney disease (ESKD). In addition, strategies to make sure more people with ESKD get kidney transplants can increase survival rates and improve quality of life.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Kidney Disease Deaths

Between 2018 and 2020, there was an annual average age-adjusted kidney disease mortality rate of 21.8 deaths per 100,000 population in the service area.

BENCHMARK ► Less favorable than the national rate.

DISPARITY ► Higher in Rapides Parish. The rate among Black residents is nearly triple the rate among White residents.

Kidney Disease: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)

Avoyelles	Rapides	Service Area	LA	US
16.8	23.9	21.8	19.9	12.8

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.

Kidney Disease: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)

15.8	44.4	21.8
Service Area **White (Non-Hispanic)**	**Service ARea** **Black (Non-Hispanic)**	**Service Area** **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 May 2022.

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

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Service Area	23.2	22.2	20.8	19.4	18.0	20.2	20.5	21.8
LA	24.3	24.1	23.7	23.6	22.1	21.4	20.3	19.9
US	15.3	15.3	13.3	13.3	13.2	13.0	12.9	12.8

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.

Prevalence of Kidney Disease

A total of 5.5% of service area adults report having been diagnosed with kidney disease.

BENCHMARK ► Higher than the statewide finding.

DISPARITY ► Higher in Avoyelles Parish. More often reported among adults age 40+ (especially those age 65+) and among those with very low incomes.

Prevalence of Kidney Disease

Avoyelles	Grant	Rapides	Service Area	LA	US
7.7%	4.0%	5.0%	5.5%	3.9%	5.0%
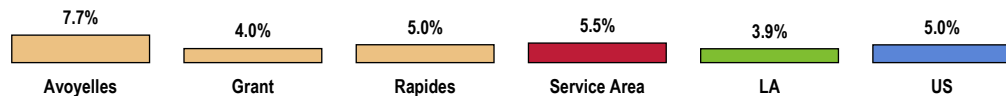
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 24]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Louisiana data.
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Prevalence of Kidney Disease
(Service Area, 2021)

Men	Women	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	White	Black	Diverse Races	Service Area
5.0%	5.9%	2.0%	6.5%	10.3%	9.0%	4.1%	3.9%	5.6%	5.6%	3.5%	5.5%
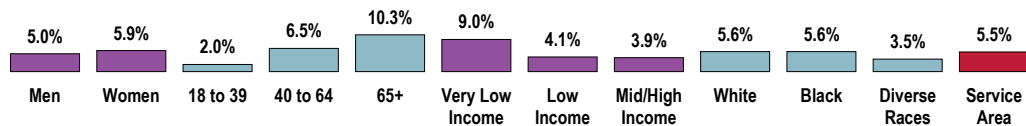
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 24]
Notes: ● Asked of all respondents.

Key Informant Input: Kidney Disease

Key informants taking part in an online survey generally characterized *Kidney Disease* as a "moderate problem" in the community.

Perceptions of Kidney Disease
as a Problem in the Community
(Key Informants, 2021)

‡ ■ Major Problem ▶■ Moderate Problem ★■ Minor Problem ◊■ No Problem At All

‡ 19.3%	▶ 49.4%	★ 25.3%	◊ 6.0%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.
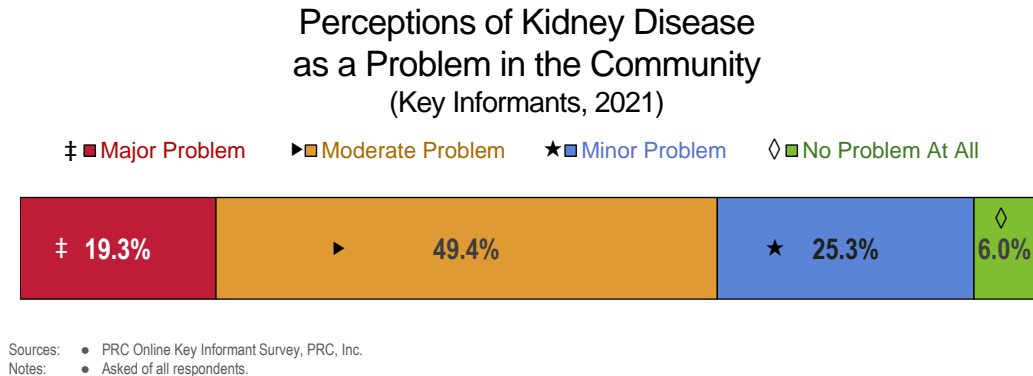
Among those rating this issue as a "major problem," reasons related to the following:

Co-Occurrences

Related to poor diabetic control. – Physician (Rapides Parish)

Because of the number of people who are diabetics. – Public Health Representative (Rapides Parish)

This also depends on the level of hypertension in the community. – Public Health Representative (Rapides Parish)

Due to high levels of diabetes and consuming too many energy drinks. – Community Leader (Rapides Parish)

Nutrition

Poor diet, lack of information, diabetes, and access to medical assistance. – Community Leader (Rapides Parish)

Shakes hands with diet. Obesity and high blood pressure. – Social Services Provider (Rapides Parish)

Access to Care/Services

We have one of the best kidney doctors here, but for surgeries/transplants one has to travel out of town. – Social Services Provider (Rapides Parish)

Alcohol/Drug Use

Alcohol and drugs. – Community Leader (Rapides Parish)

Disease Management

High volume of non-compliant diabetics. – Other Health Provider (Avoyelles Parish)

Prevalence/Incidence

I see dialysis locations popping up and I hear more folks having kidney issues. – Community Leader (Rapides Parish)

POTENTIALLY DISABLING CONDITIONS

Arthritis/Rheumatism

A total of 29.5% of service area adults report suffering from arthritis or rheumatism.

BENCHMARK ► Higher than the US percentage.

Prevalence of Arthritis/Rheumatism

Service Area

						2002	2005	2010	2013	2018	2021
Avoyelles	Grant	Rapides	Service Area	LA	US	31.5%	31.8%	28.3%	23.2%	30.2%	29.5%
33.6%	27.2%	28.6%	29.5%	27.3%	20.6%						
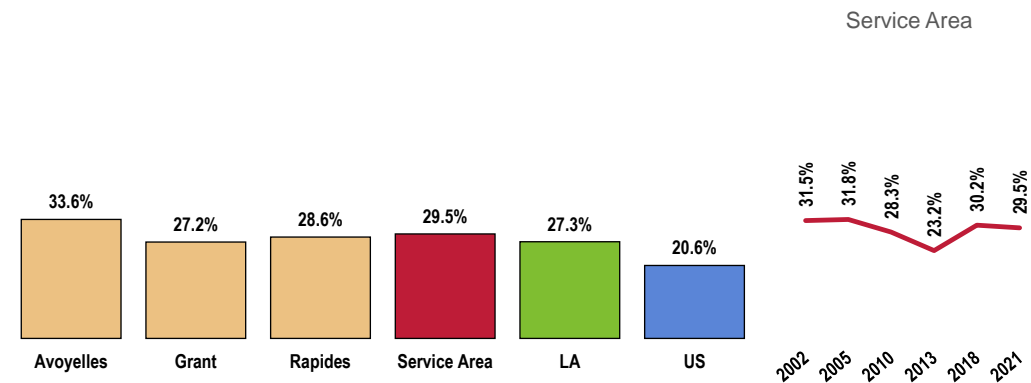
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 307]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Louisiana data.
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Multiple Chronic Conditions

For the purposes of this assessment, chronic conditions include:

- Arthritis
- Cancer
- Diabetes
- Diagnosed depression
- Heart attack/angina
- High blood cholesterol
- High blood pressure
- Kidney disease
- Lung disease
- Obesity
- Stroke

Multiple chronic conditions are concurrent conditions.

Among service area survey respondents, most report currently having at least one chronic health condition.

Number of Current Chronic Conditions
(Service Area, 2021)

‡ ▇ None — 20.0% ‡

▶ ▇ One — 23.6% ▶

★ ▇ Two — 22.4% ★

◊ ▇ Three/More — 34.0% ◊

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 123]
Notes: ● Asked of all respondents.
● In this case, chronic conditions include lung disease, arthritis, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

In fact, 34.0% of service area adults report having three or more chronic conditions.

DISPARITY ► More often reported among women, adults age 40+, and lower-income respondents.

Currently Have Three or More Chronic Conditions

Avoyelles	Grant	Rapides	Service Area	US
33.9%	35.2%	33.9%	34.0%	32.5%
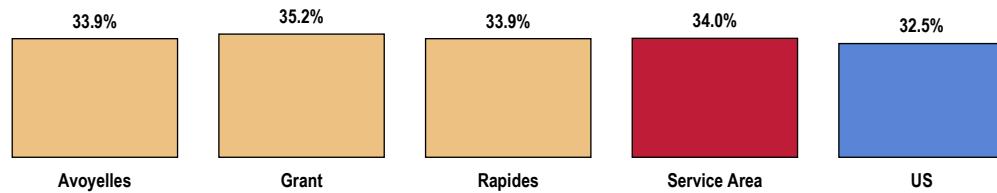
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 123]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● In this case, chronic conditions include lung disease, arthritis, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

Currently Have Three or More Chronic Conditions
(Service Area, 2021)
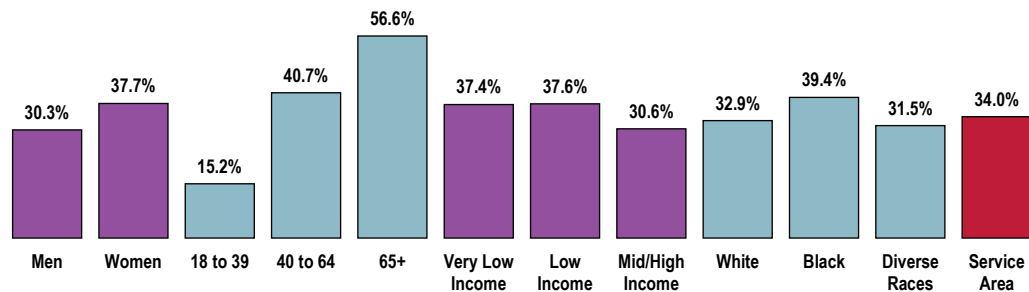
Men	Women	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	White	Black	Diverse Races	Service Area
30.3%	37.7%	15.2%	40.7%	56.6%	37.4%	37.6%	30.6%	32.9%	39.4%	31.5%	34.0%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 123]
Notes: ● Asked of all respondents.
● In this case, chronic conditions include lung disease, arthritis, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

Activity Limitations

ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

– Healthy People 2030 (https://health.gov/healthypeople)

A total of 30.0% of service area adults are limited in some way in some activities due to a physical, mental, or emotional problem.

BENCHMARK ► Worse than the US percentage.

TREND ► Trending higher over time within the service area.

DISPARITY ► More often reported among women. Also note the correlations with age and income.

Limited in Activities in Some Way
Due to a Physical, Mental, or Emotional Problem

Most common conditions:
• Back/neck problems
• Mental health
• Difficulty walking
• Arthritis
• Bone/Joint injury

Service Area

Avoyelles	Grant	Rapides	Service Area	US
30.6%	28.9%	30.1%	30.0%	24.0%

Trend line (Service Area): 2002: 20.0%, 2005: 26.3%, 2010: 26.0%, 2013: 26.6%, 2018: 27.6%, 2021: 30.0%
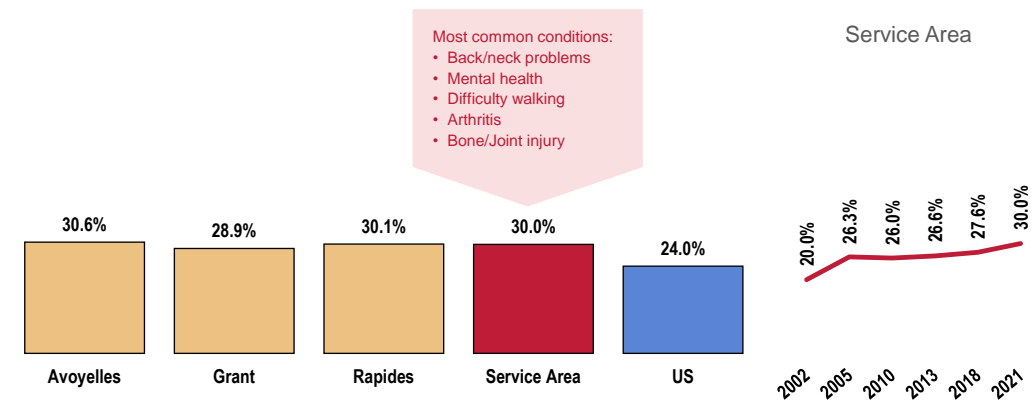
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 96-97]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Limited in Activities in Some Way
Due to a Physical, Mental, or Emotional Problem
(Service Area, 2021)

Men	Women	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	White	Black	Diverse Races	Service Area
25.1%	34.7%	20.6%	34.6%	38.5%	44.1%	38.7%	20.7%	31.2%	27.0%	27.4%	30.0%
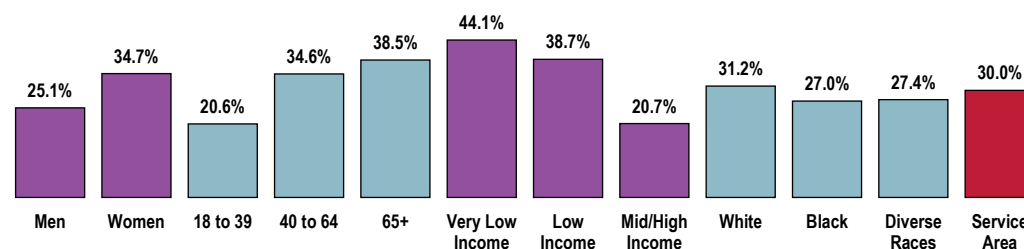
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 96]
Notes: ● Asked of all respondents.

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, 24.7% report experiencing four or more such days.

TREND ► Trending higher over time within the service area.

DISPARITY ► More often reported among women, adults age 40 to 64, those with lower incomes, and Black residents.

Experienced 4+ Days in the Past Month on
Which Physical or Mental Health Prevented Usual Activities

Service Area

Avoyelles	Grant	Rapides	Service Area		2005	2010	2013	2018	2021
25.3%	25.4%	24.3%	24.7%		17.0%	17.1%	19.9%	21.7%	24.7%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 156]
Notes: ● Asked of all respondents.

Experienced 4+ Days in the Past Month on
Which Physical or Mental Health Prevented Usual Activities
(Service Area, 2021)

Men	18.2%
Women	30.8%
18 to 39	24.7%
40 to 64	26.2%
65+	21.4%
Very Low Income	46.7%
Low Income	34.7%
Mid/High Income	13.6%
White	23.4%
Black	30.2%
Diverse Races	21.5%
Service Area	24.7%
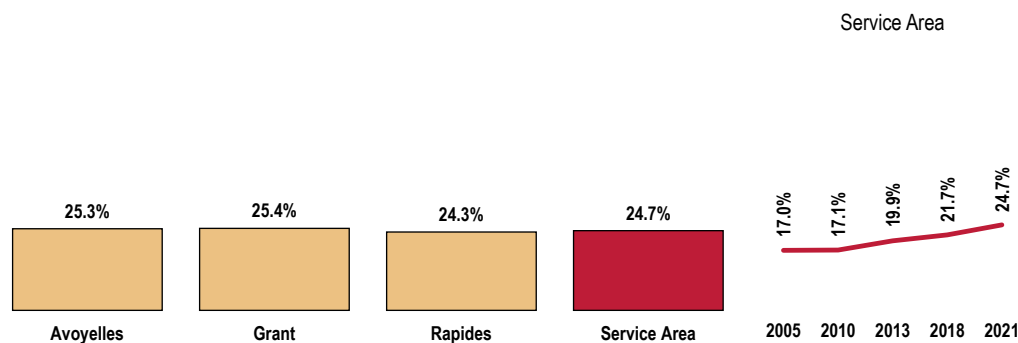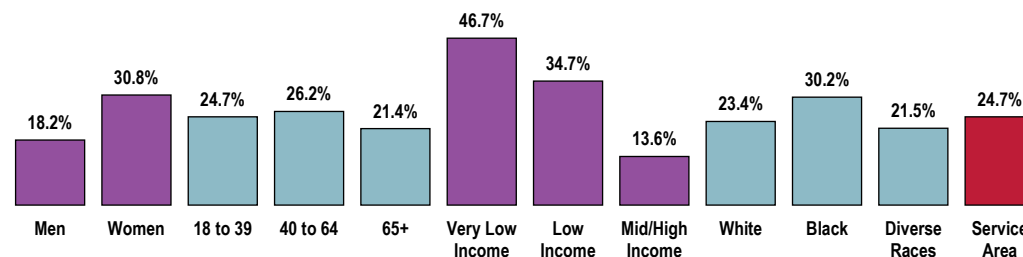
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 156]
Notes: ● Asked of all respondents.

Key Informant Input: Disability & Chronic Pain

The largest share of key informants taking part in an online survey characterized *Disability & Chronic Pain* as a "moderate problem" in the community.

Perceptions of Disability & Chronic Pain
as a Problem in the Community
(Key Informants, 2021)

‡■ Major Problem   ▶■ Moderate Problem   ★■ Minor Problem   ◊■ No Problem At All

‡ 24.1%	▶ 54.2%	★ 18.1%	◊

3.6%
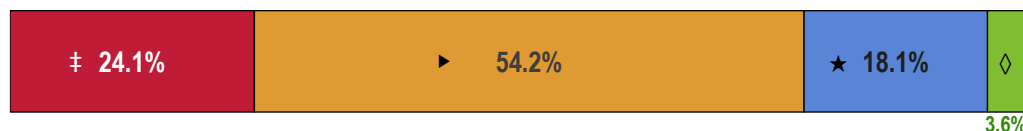
Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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

Obesity

Obesity causes stress to joints and thereby creates pain. – Community Leader (Rapides Parish)

Due to the high rates of obesity, there are high rates of disability and chronic pain. This can lead to additional issues with prescription pain medications. – Social Services Provider (Rapides Parish)

There are a huge number of debilitated adults. A history of obesity and poor exercise habits lead to osteoarthritis. Plus, there is a lot of abuse of pain killers. – Public Health Representative (Rapides Parish)

Obesity and lack of exercise. – Social Services Provider (Rapides Parish)

Access to Care/Services

Alexandria and Pineville Louisiana only have two or three doctors who specialize in chronic pain disorders. A patient has to wait months until they can see a doctor. – Social Services Provider (Rapides Parish)

Without access to high quality health care, people don't treat minor issues until they become urgent/chronic issues. This leads to impaired workforce within the community and misery for the individual. – Community Leader (Rapides Parish)

> Chronic pain and illness may be a result of not having proper healthcare and access to proper nutrition. – Social Services Provider (Rapides Parish)

Prevalence/Incidence

> High level of people on disability and those on medications for chronic pain, causes of addiction. – Public Health Representative (Rapides Parish)

> The state in general has a high per capita of persons on SSDI for issues related to chronic pain and/or addiction to meds used to treat chronic pain. – Social Services Provider (Rapides Parish)

Alcohol/Drug Use

> Many individuals use opiates to assist with pain. – Social Services Provider (Rapides Parish)

> Pain meds are prescribed too easily for chronic pain patients. Educating about healthier ways to treat are needed. – Social Services Provider (Rapides Parish)

Work Related

> Unsafe working practices. – Social Services Provider (Rapides Parish)

Access to Care for Uninsured/Underinsured

> Knees and back problems not being serviced due to inadequate insurance coverage. – Social Services Provider (Rapides Parish)

Alzheimer's Disease

ABOUT DEMENTIA

Alzheimer's disease is the most common cause of dementia and the sixth leading cause of death in U.S. adults.1 Nearly 6 million people in the United States have Alzheimer's, and that number will increase as the population ages.

Dementia refers to a group of symptoms that cause problems with memory, thinking, and behavior. People with dementia are more likely to be hospitalized, and dementia is linked to high health care costs.

While there's no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address caregiving needs can also help improve health and well-being in people with dementia.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Alzheimer's Disease Deaths

Between 2018 and 2020, there was an annual average age-adjusted Alzheimer's disease mortality rate of 61.2 deaths per 100,000 population in the service area.

BENCHMARK ► Worse than statewide and national rates.

TREND ► Leveling off after a significant rise within the service area.

DISPARITY ► Higher among White residents.

Alzheimer's Disease: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)

58.5	55.9	62.9	61.2	43.1	30.9
Avoyelles	Grant	Rapides	Service Area	LA	US

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.

Alzheimer's Disease: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)

65.2	48.5	61.2
Service Area White (Non-Hispanic)	Service Area Black (Non-Hispanic)	Service Area 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 May 2022.

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

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Service Area	47.0	46.6	52.0	58.1	65.3	64.4	62.0	61.2
LA	32.3	33.5	37.1	41.2	43.7	43.6	42.4	43.1
US	25.0	26.5	27.4	29.7	30.2	30.6	30.4	30.9

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.

Key Informant Input: Dementia/Alzheimer's Disease

Key informants taking part in an online survey are most likely to consider _Dementia/ Alzheimer's Disease_ as a "moderate problem" in the community.

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community
(Key Informants, 2021)
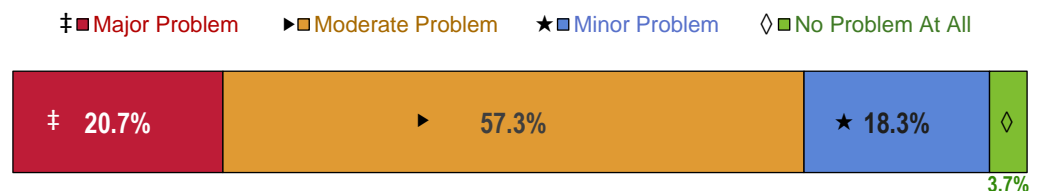
‡■ Major Problem ▶■ Moderate Problem ★■ Minor Problem ◊■ No Problem At All

‡ 20.7%	▶ 57.3%	★ 18.3%	◊

3.7%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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

Prevalence/Incidence

Disease is rampant and so hard on family. – Social Services Provider (Rapides Parish)

I know many senior adults struggling with dementia. – Community Leader (Rapides Parish)

The prevalence of the disease and the lack of adequate diagnosis and treatment locally. – Social Services Provider (Rapides Parish)

Aging Population

Aging population and lack of resources to address need. – Other Health Professional (Rapides Parish)

This is another area that continues to impact seniors and their families. Resources seem to be limited. – Social Services Provider (Rapides Parish)

Access to Care/Services

We don't have any free elder care services for in home, day/night drop off, or related supportive services that support families and caregivers, not nearly enough respite care either. – Community Leader (Rapides Parish)

> Many doctors here do not know about this disease and patients have to go elsewhere for diagnosis and or treatment. – Social Services Provider (Rapides Parish)

Affordable Insurance

> Lack of affordable insurance programs result in many not getting enough treatment soon enough. – Social Services Provider (Rapides Parish)

Diagnosis/Treatment

> No cure. – Social Services Provider (Rapides Parish)

Family Support

> I have noticed over the years that children take less responsibility for the well-being of their parents. In addition, have no local facilities to care for those who are dealing with this issue. I would love to see an investment into a local facility that would provide care and would have a provision for the family to take part in the day-to-day care. – Community Leader (Rapides Parish)

Caregiving

A total of 31.1% of service area adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

BENCHMARK ► Higher than the national percentage.

Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability

The top health issues affecting those receiving their care include:
- Mental illness
- Heart disease
- Old age/Frailty
- Injuries
- Dementia/Alzheimer's

Avoyelles	Grant	Rapides	Service Area	US
30.7%	31.6%	31.2%	31.1%	22.6%
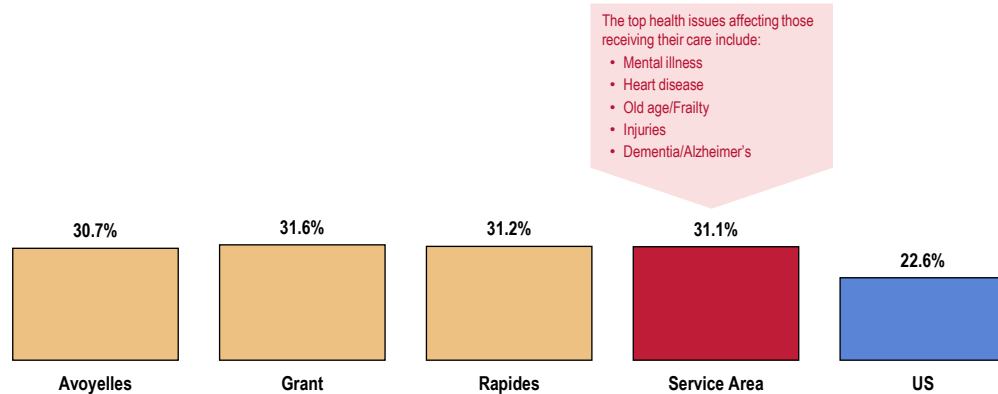
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 98-99]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

BIRTHS

BIRTH OUTCOMES & RISKS

Low-Weight Births

A total of 11.3% of 2013-2019 service area births were low-weight.

BENCHMARK ► Higher than the US percentage.

DISPARITY ► Lower 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, 2013-2019)
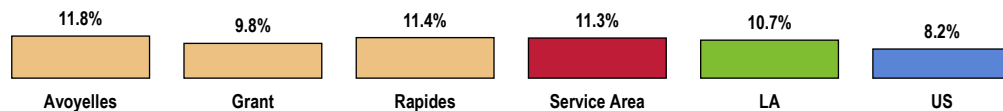
Avoyelles	Grant	Rapides	Service Area	LA	US
11.8%	9.8%	11.4%	11.3%	10.7%	8.2%

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted May 2022.

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

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2018 and 2020, there was an annual average of 6.7 infant deaths per 1,000 live births.

BENCHMARK ► Better than the statewide rate, but worse than the national finding. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Infant mortality is nearly twice as high in the Black community.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2018-2020)
Healthy People 2030 = 5.0 or Lower

Avoyelles	Rapides	Service Area	LA	US
6.6	6.8	6.7	7.7	5.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted May 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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 by Race/Ethnicity
(Annual Average Infant Deaths per 1,000 Live Births, 2018-2020)
Healthy People 2030 = 5.0 or Lower

Service Area White (Non-Hispanic)	Service Area Black (Non-Hispanic)	Service Area All Races/Ethnicities
5.0	9.9	6.7

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted May 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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 Trends
(Annual Average Infant Deaths per 1,000 Live Births)
Healthy People 2030 = 5.0 or Lower
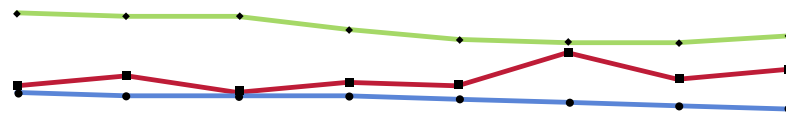
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Service Area	6.2	6.5	6.0	6.3	6.2	7.2	6.4	6.7
LA	8.4	8.3	8.3	7.9	7.6	7.5	7.5	7.7
US	6.0	5.9	5.9	5.9	5.8	5.7	5.6	5.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted May 2022.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

FAMILY PLANNING

ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. …Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

– Healthy People 2030 (https://health.gov/healthypeople)

Births to Adolescent Mothers

Between 2013 and 2019, there were 42.8 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in the service area.

BENCHMARK ► Higher than state and national rates. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Lower in Rapides Parish. Rates among Black female adolescents within the service area are higher than the rates recorded among other demographic groups.

Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2013-2019)
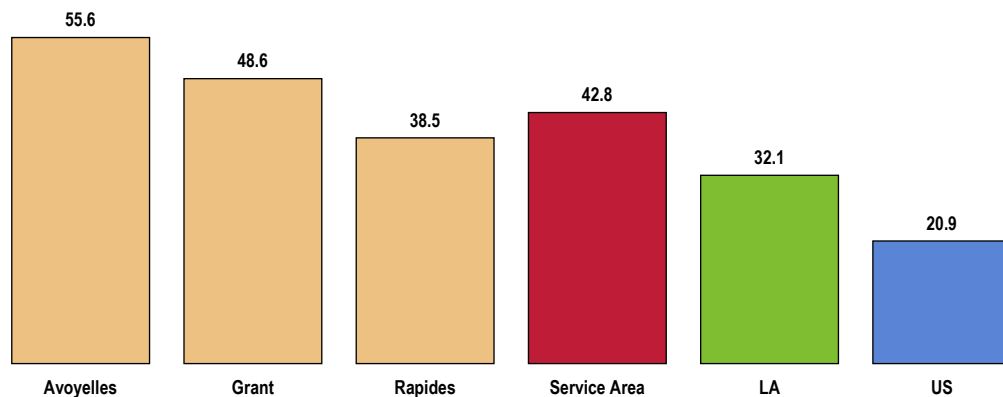
Avoyelles	Grant	Rapides	Service Area	LA	US
55.6	48.6	38.5	42.8	32.1	20.9

Sources: ● Centers for Disease Control and Prevention, National Vital Statistics System.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2022 via SparkMap (sparkmap.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.

Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2013-2019)

36.8	55.0	33.9	42.8
Service Area White (Non-Hispanic)	Service Area Black (Non-Hispanic)	Service Area Hispanic	Service Area All Races/Ethnicities

Sources:
● Centers for Disease Control and Prevention, National Vital Statistics System.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2022 via SparkMap (sparkmap.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: Infant Health & Family Planning

Key informants taking part in an online survey generally characterized *Infant Health & Family Planning* as a "moderate problem" in the community.

Perceptions of Infant Health and Family Planning
as a Problem in the Community
(Key Informants, 2021)
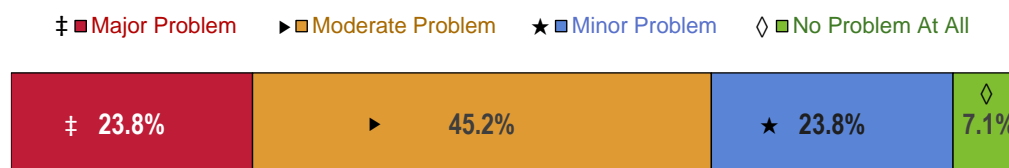
‡ ■ Major Problem   ▶ ■ Moderate Problem   ★ ■ Minor Problem   ◊ ■ No Problem At All

‡ 23.8%	▶ 45.2%	★ 23.8%	◊ 7.1%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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

Access to Care/Services

> No access to prenatal care, access is slim to other alternatives. – Social Services Provider (Rapides Parish)

> Our community has extremely limited access to family planning agencies. This lack of access to services is further compounded by the religious culture of our community and creates a situation that is difficult to deal with. It leads to lack of access to accurate and useful information for those that need it the most. Many of our young people are not educated about the options that exist for proper family planning and don't have the adequate support to properly handle an unexpected or unplanned pregnancy. Additionally, our community often doesn't seek appropriate prenatal care during the early parts of pregnancy leading to less-than-ideal health outcomes for children in our region. – Social Services Provider (Rapides Parish)

Income/Poverty

With the rate of poverty, low-income jobs, the need for infant health and family planning is critical. – Social Services Provider (Rapides Parish)

Awareness/Education

Lack of education and understanding of the long-term responsibility of having a child. – Community Leader (Rapides Parish)

Cultural/Personal Beliefs

I believe that for many it is a cultural norm to have several children and often at an early age. There is also a lack of education regarding birth control as well as access to birth control. Many children do not receive proper health care at an early age. This is critical for healthy development. – Social Services Provider (Rapides Parish)

Prevalence/Incidence

The number of children entering CASA and the foster home system. – Social Services Provider (Rapides Parish)

Nutrition

Nutrition for infants and toddlers are critical during formative years. – Community Leader (Rapides Parish)

Teen Pregnancy

High rate of teen pregnancy. – Social Services Provider (Rapides Parish)

Unplanned Pregnancy

Too many unwanted children. – Community Leader (Rapides Parish)

MODIFIABLE HEALTH RISKS

NUTRITION

ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. …People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

– Healthy People 2030 (https://health.gov/healthypeople)

Daily Recommendation of Fruits/Vegetables

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

A total of 23.7% of service area adults report eating five or more servings of fruits and/or vegetables per day.

BENCHMARK ▶ Less favorable than the national finding.

DISPARITY ▶ Lower in Avoyelles Parish. Men, higher-income respondents, White residents, and those of diverse races are <u>less</u> likely to report eating five or more servings daily.

Consume Five or More Servings of Fruits/Vegetables Per Day

Service area adults who do <u>not</u> eat fruits and vegetables daily cited cost, access, and availability as the main barriers to eating them more often.

Service Area

Avoyelles	Grant	Rapides	Service Area	US
16.1%	20.4%	26.7%	23.7%	32.7%

Trend line (Service Area): 2002: 23.2%, 2005: 31.8%, 2010: 31.3%, 2013: 35.1%, 2018: 34.1%, 2021: 23.7%
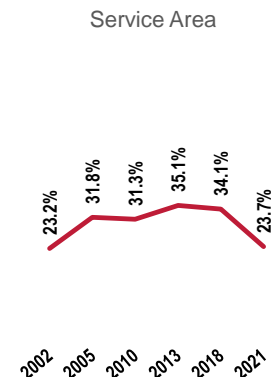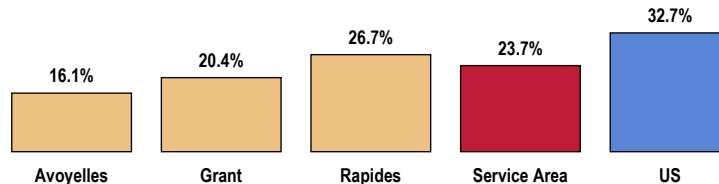
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 125, 323]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● For this issue, respondents were asked to recall their food intake on the previous day.

Consume Five or More Servings of Fruits/Vegetables Per Day
(Service Area, 2021)

Men	Women	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	White	Black	Diverse Races	Service Area
17.8%	29.4%	25.3%	22.7%	21.7%	33.9%	21.0%	22.0%	20.7%	30.1%	23.2%	23.7%
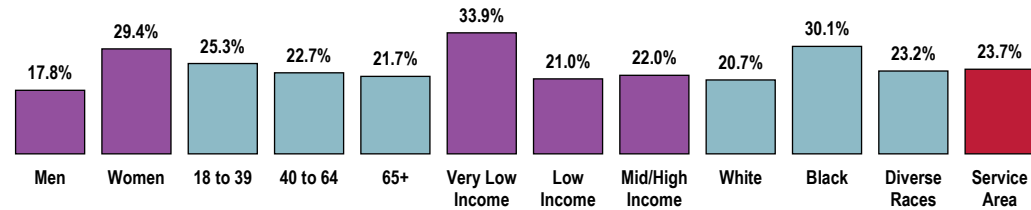
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 125]
Notes: ● Asked of all respondents.
● For this issue, respondents were asked to recall their food intake on the previous day.

More than one-half (53.7%) of service area parents of children age 2-17 report that their child has five or more servings of fruits/vegetables per day.

BENCHMARK ► Better than the US percentage.

DISPARITY ► Note the negative correlation with age.

Child Consumes Five or More Servings of Fruits/Vegetables Per Day
(Parents of Children Age 2-17)

Service Area

Service Area Age 2-4	Service Area Age 5-12	Service Area Age 13-17	Service Area	US
66.5%	53.5%	45.0%	53.7%	36.9%

2010	2013	2018	2021
47.3%	48.0%	54.0%	53.7%
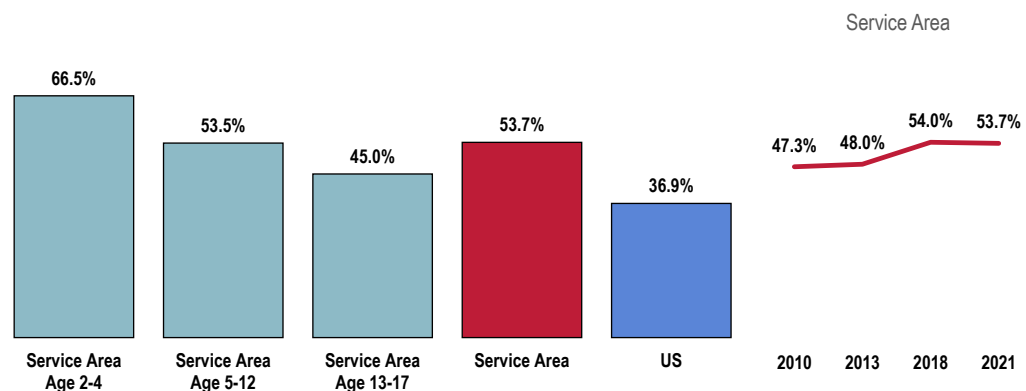
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 163]
● 2020 PRC National Children's Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 2-17 at home.
● For this issue, respondents were asked to recall their child's food intake on the previous day.

Medical Advice on Nutrition

A total of 35.9% of surveyed adults report that a health professional counseled them about diet and nutrition in the past year.

DISPARITY ► Among respondents classified as obese, 48.1% received diet/nutrition advice in the past year (meaning more than one-half did not).

Have Received Advice About Diet/Nutrition in the Past Year
From a Physician, Nurse, or Other Health Professional
(By Weight Classification)

‡◻ Service Area 2013   ►◻ Service Area 2018   ★◻ Service Area 2021

Healthy Weight	Overweight/Not Obese	Obese	Total Sample

Healthy Weight: 21.1% ‡, 34.5% ►, 25.2% ★
Overweight/Not Obese: 32.8% ‡, 38.8% ►, 30.0% ★
Obese: 48.7% ‡, 56.6% ►, 48.1% ★
Total Sample: 36.4% ‡, 45.2% ►, 35.9% ★
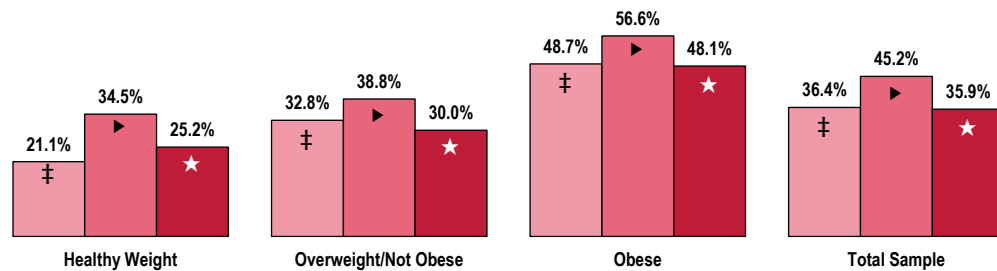
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 304]
Notes: ● Asked of all respondents.

PHYSICAL ACTIVITY

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

– Healthy People 2030 (https://health.gov/healthypeople)

Leisure-Time Physical Activity

A total of 33.0% of service area adults report no leisure-time physical activity in the past month.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

No Leisure-Time Physical Activity in the Past Month
Healthy People 2030 = 21.2% or Lower

Service Area

Avoyelles	Grant	Rapides	Service Area	LA	US
29.2%	32.7%	34.2%	33.0%	31.9%	31.3%

Line chart (Service Area):
2002	2005	2010	2013	2018	2021
30.7%	35.7%	32.6%	31.2%	32.5%	33.0%
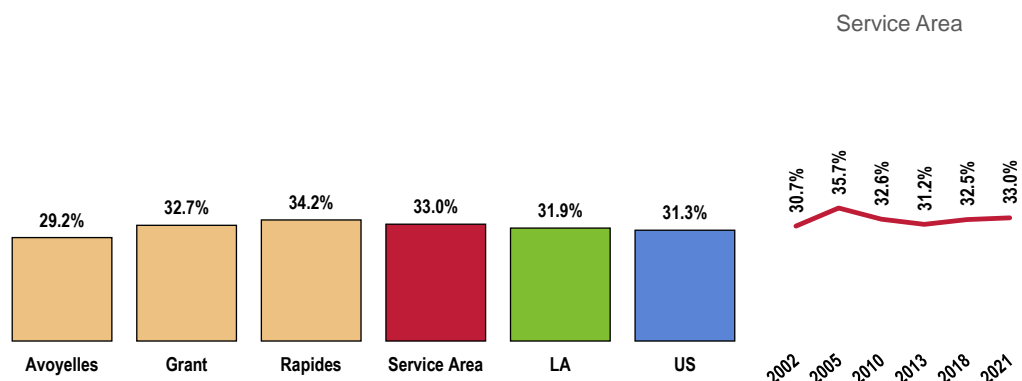
Sources:
● 2021 PRC Community Health Survey, PRC, Inc. [Item 82]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Louisiana data.
● 2020 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Asked of all respondents.

Activity Levels

Adults

Meeting Physical Activity Guidelines

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.

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

---

"Meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activities:

Aerobic activity is one of the following: at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous activity, or an equivalent combination of both.

Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.

A total of 17.2% of service area adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

BENCHMARK ► Lower than both the state and national rates. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Those less likely to meet the recommendations include women, adults age 65+, and those with very low incomes.

Meets Physical Activity Recommendations
Healthy People 2030 = 28.4% or Higher

Service Area

Avoyelles	Grant	Rapides	Service Area	LA	US	2018	2021
15.2%	17.8%	17.7%	17.2%	19.7%	21.4%	18.2%	17.2%
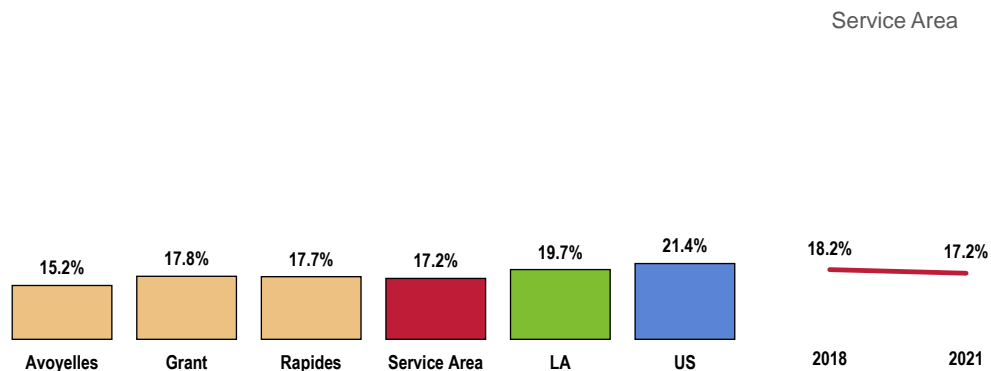
Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 126]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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, 2021)
Healthy People 2030 = 28.4% or Higher

19.8%	14.7%	16.8%	18.5%	13.7%	10.7%	19.4%	19.8%	16.2%	18.9%	18.3%	17.2%
Men	Women	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	White	Black	Diverse Races	Service Area
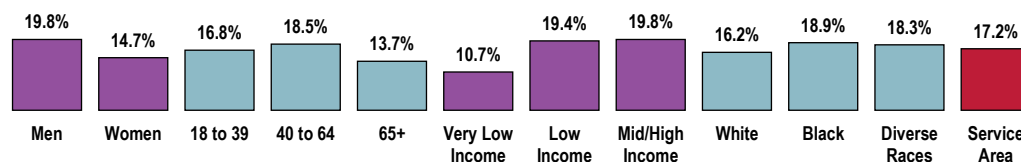
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 126]
　　　　　● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Asked of all respondents.
　　　　● Meeting both guidelines is defined as the number of persons age 18+ who report light 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.

Walking

A total of 34.4% of service area adults typically walk regularly (at least five times per week for more than 10 minutes at a time).

TREND ► Lower than the 2010 benchmark.

DISPARITY ► Lower in Rapides Parish.

Average Number of Days Per Week on Which Respondent Walks for More Than 10 Minutes at a Time
(Service Area, 2021)

‡■ None/<One	28.0%
►■ One	5.8%
★■ Two	10.4%
◊■ Three	13.1%
✳■ Four	8.4%
⌂■ Five	10.4%
+■ Six	3.7%
▼■ Seven	20.3%
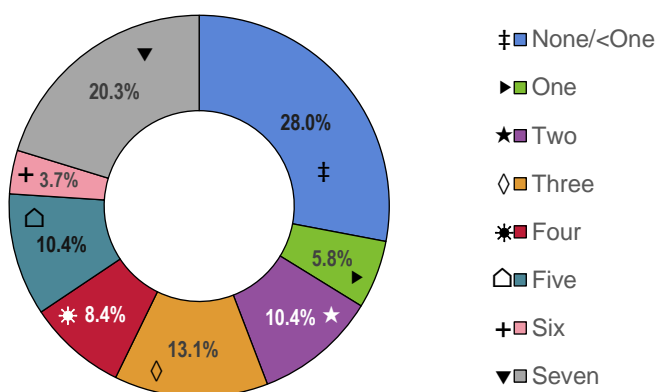
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 324]
Notes: ● Asked of all respondents.

Walk for More Than 10 Minutes
at a Time at Least Five Times per Week

Service Area

				2010	2013	2018	2021
36.6%	40.0%	32.9%	34.4%	39.2%	30.7%	39.6%	34.4%
Avoyelles	Grant	Rapides	Service Area				
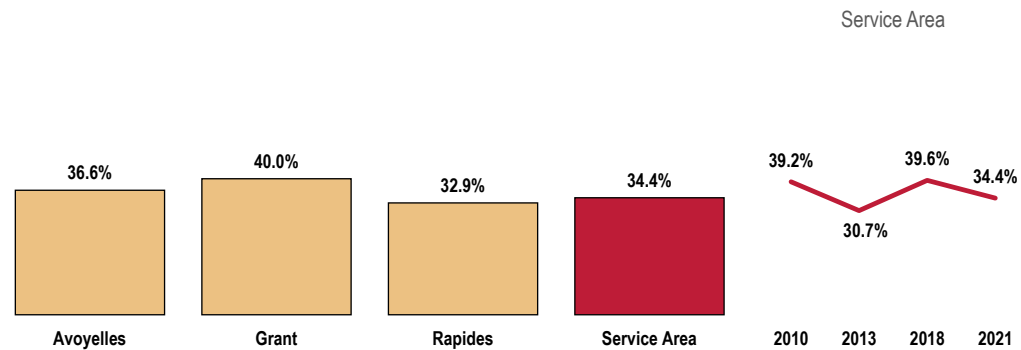
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 159]
Notes: ● Asked of all respondents.

Medical Advice on Physical Activity

A total of 39.8% of service area adults report that a physician, nurse, or other health care professional has asked about or given advice to them regarding physical activity or exercise in the past year.

TREND ► Less favorable than 2018 results.

DISPARITY ► Among adults classified as obese, 49.8% received advice about exercise in the past year (meaning about half did not).

Have Received Advice About Exercise in the Past Year
From a Physician, Nurse, or Other Health Professional
(By Weight Classification)

‡☐ Service Area 2013   ►☐ Service Area 2018   ★☐ Service Area 2021

	Healthy Weight			Overweight/Not Obese			Obese			Total Sample		
	26.8% ‡	38.2% ►	31.5% ★	33.8% ‡	41.7% ►	35.6% ★	47.7% ‡	52.9% ►	49.8% ★	38.8% ‡	45.3% ►	39.8% ★
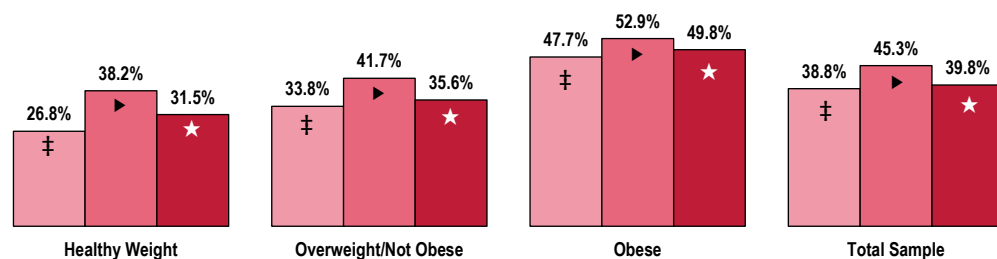
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 305]
Notes: ● Asked of all respondents.

Children

Meeting Physical Activity Guidelines

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

Among service area children age 2 to 17, 49.0% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

BENCHMARK ► Better than the national findings.

DISPARITY ► Note the negative correlation with age.

Child Is Physically Active for One or More Hours per Day
(Parents of Children Age 2-17)

Boys	51.1%
Girls	46.7%
Age 5-12	46.8%
Age 13-17	30.7%

Service Area

Avoyelles	Grant	Rapides	Service Area	US
59.5%	53.9%	44.3%	49.0%	33.0%

2018   53.6%   49.0%   2021
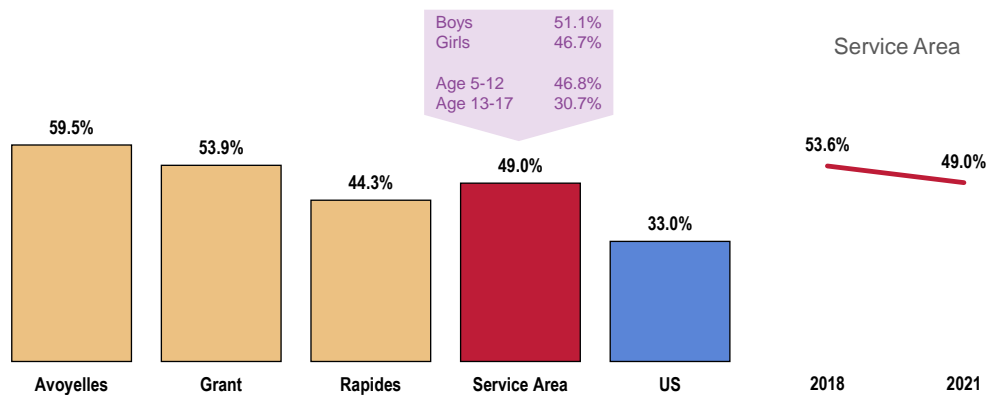
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 109]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 2-17 at home.
● Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Children's Screen Time

Among service area children age 2-17, 39.3% are reported to watch screens for entertainment (television as well as other screens, including phones) for three or more hours on an average weekday.

TREND ► Significantly lower than previous findings.

DISPARITY ► Note the positive correlation with age.

Children: Time Spent Watching Screens
for Entertainment on an Average Weekday
(Service Area Children Age 2-17; 2021)
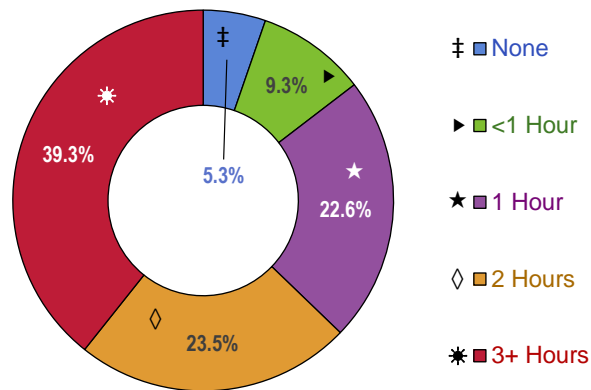
‡ ■ None	
▶ ■ <1 Hour	
★ ■ 1 Hour	
◊ ■ 2 Hours	
✳ ■ 3+ Hours	

9.3%
5.3%
22.6%
23.5%
39.3%

Children: 3+ Hours Watching Screens for Entertainment on Weekdays
(Service Area Children Age 2-17; 2021)
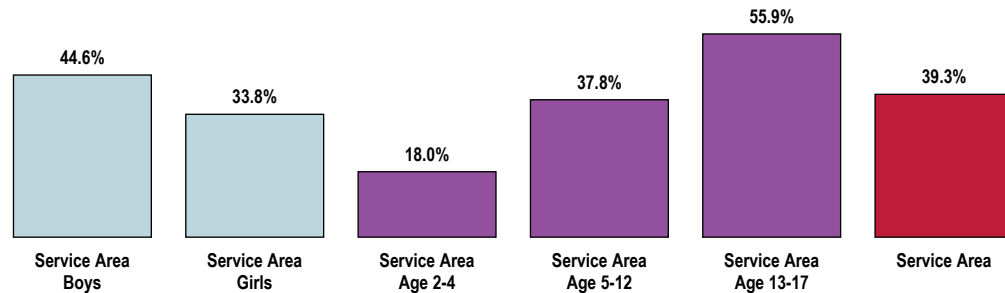
Service Area Boys	Service Area Girls	Service Area Age 2-4	Service Area Age 5-12	Service Area Age 13-17	Service Area
44.6%	33.8%	18.0%	37.8%	55.9%	39.3%

Community Participation in Physical Activity

Nearly one-third (31.2%) of service area adults report that they "rarely" or "never" see others in their community being physically active, such as walking, jogging, or biking.

Frequency of Seeing Others
in the Community Being Physically Active
(Service Area, 2021)
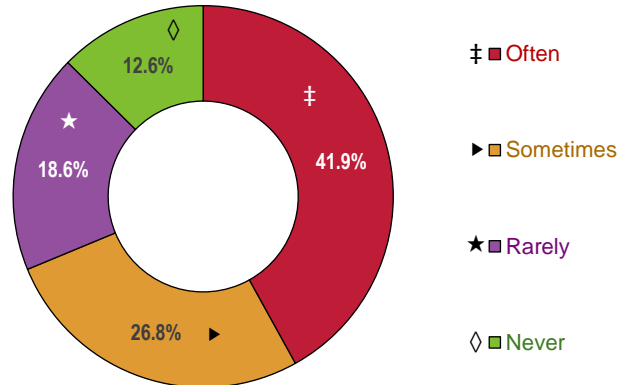
‡ ■ Often

▶ ■ Sometimes

★ ■ Rarely

◊ ■ Never

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 325]
Notes: ● Asked of all respondents.

However, 41.9% report that they "often" see others being active.

TREND ▶   Lower than the 2013 baseline.

DISPARITY ▶   Lower in Avoyelles and Grant parishes.

"Often" See Others in the Community Being Physically Active

Service Area

Avoyelles	Grant	Rapides	Service Area	2013	2018	2021
32.5%	29.9%	47.1%	41.9%	46.9%	41.3%	41.9%
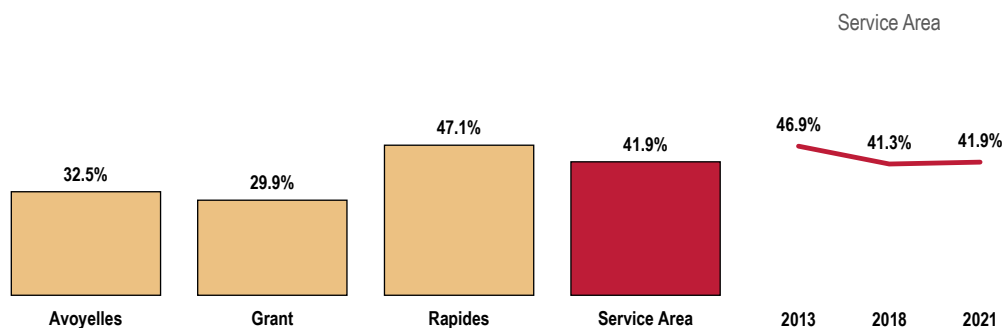
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 325]
Notes: ● Asked of all respondents.

Rating of Opportunities for Activity

A total of 39.7% of survey respondents gave "excellent" or "very good" ratings of the availability of opportunities for physical activity in their community.

Rating of Availability of Opportunities to Participate in Physical Activity in the Community
(Service Area, 2021)

‡ ■ Excellent

► ■ Very Good

★ ■ Good

◊ ■ Fair

☀ ■ Poor

19.3% ‡
20.4% ►
21.8% ★
19.5% ◊
19.0% ☀
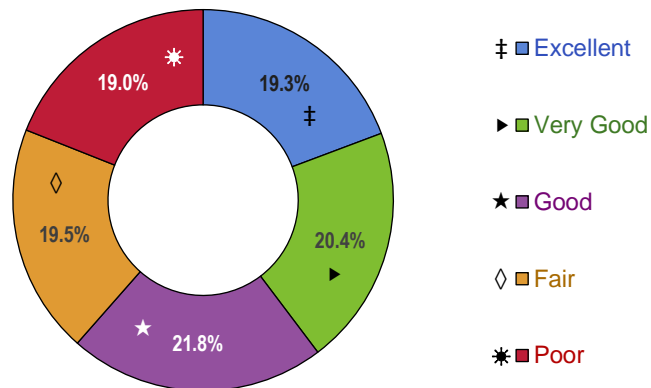
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 326]
Notes: ● Asked of all respondents.

In contrast, 38.5% of service area adults gave "fair' or "poor" ratings of the availability of opportunities for physical activity within the community.

TREND ► Trending higher over time.

DISPARITY ► Higher in Avoyelles and Grant parishes. More often reported among women and lower-income adults.

"Fair" or "Poor" Evaluations of the Availability of Opportunities to Participate in Physical Activity in the Community

Service Area

52.5% Avoyelles
55.2% Grant
30.9% Rapides
38.5% Service Area

33.5% 2010
35.2% 2013
34.4% 2018
38.5% 2021
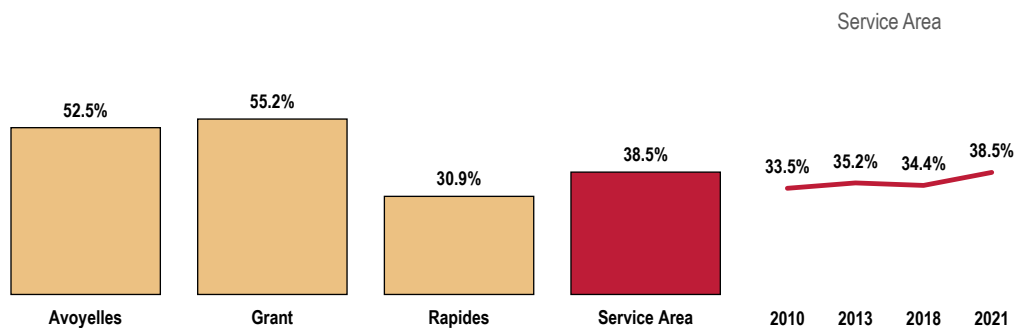
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 326]
Notes: ● Asked of all respondents.

"Fair" or "Poor" Evaluations of the Availability of Opportunities to Participate in Physical Activity in the Community
(Service Area, 2021)

Men	35.2%
Women	41.6%
18 to 39	38.5%
40 to 64	39.8%
65+	36.1%
Very Low Income	50.5%
Low Income	45.3%
Mid/High Income	31.7%
White	37.4%
Black	39.3%
Diverse Races	44.0%
Service Area	38.5%
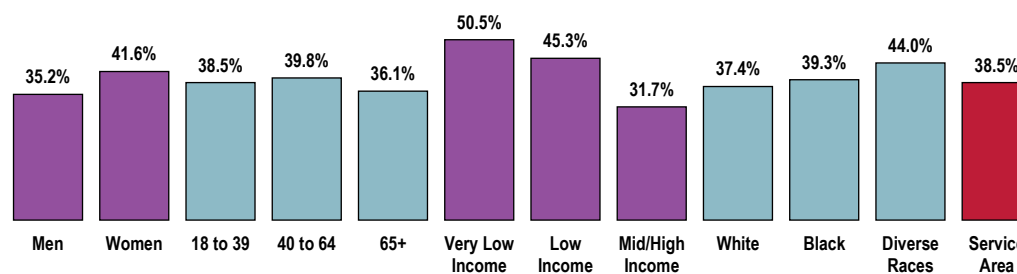
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 326]
Notes: ● Asked of all respondents.

Access to Physical Activity

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.

In 2019, there were 5.1 recreation/fitness facilities for every 100,000 population in the service area.

BENCHMARK ► Less favorable than state and national figures.

Population With Recreation & Fitness Facility Access
(Number of Recreation & Fitness Facilities per 100,000 Population, 2019)

Service Area	5.1
LA	10.6
US	12.2
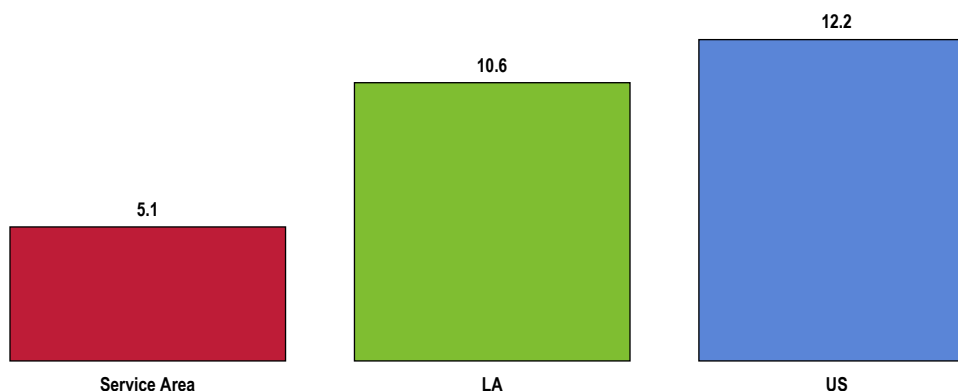
Sources: ● US Census Bureau, County Business Patterns. Additional data analysis by CARES.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2022 via SparkMap (sparkmap.org).
Notes: ● Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940 , which 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.* This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

WEIGHT STATUS

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

– Healthy People 2030 (https://health.gov/healthypeople)

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 (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches^2)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, 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/m^2.

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Overweight Status

About 7 in 10 service area adults (73.4%) are overweight.

BENCHMARK ► Higher than the national prevalence.

TREND ► Higher than the 2002 baseline.

Prevalence of Total Overweight (Overweight and Obese)
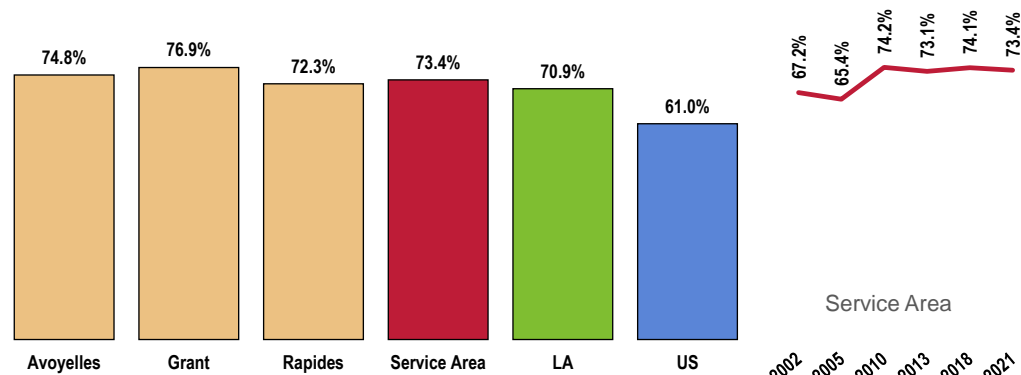
	Avoyelles	Grant	Rapides	Service Area	LA	US
	74.8%	76.9%	72.3%	73.4%	70.9%	61.0%

Service Area

2002	2005	2010	2013	2018	2021
67.2%	65.4%	74.2%	73.1%	74.1%	73.4%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 128]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Louisiana data.
● 2020 PRC National Health Survey, PRC, 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.

The overweight prevalence above includes 43.3% of service area adults who are obese.

BENCHMARK ► Less favorable than the state and US percentages. Fails to satisfy the Healthy People 2030 objective.

TREND ► Trending higher over time.

DISPARITY ► Higher in Grant Parish. More often reported among Black persons and adults younger than 65.

Prevalence of Obesity
Healthy People 2030 = 36.0% or Lower

Service Area

	Avoyelles	Grant	Rapides	Service Area	LA	US
	43.1%	49.0%	42.3%	43.3%	35.9%	31.3%

2002	2005	2010	2013	2018	2021
29.7%	29.8%	37.9%	39.1%	40.6%	43.3%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 128]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Louisiana data.
● 2020 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
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.

Prevalence of Obesity
(Service Area, 2021)
Healthy People 2030 = 36.0% or Lower

Men	Women	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	White	Black	Diverse Races	Service Area
42.5%	44.1%	44.3%	45.6%	36.9%	42.9%	46.9%	41.9%	41.7%	49.5%	40.4%	43.3%
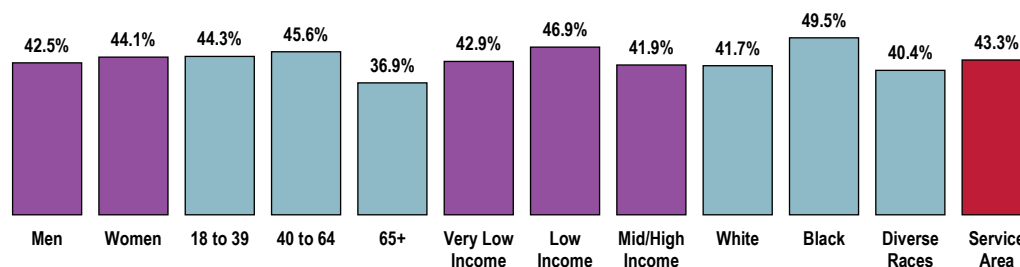
Sources:
● 2021 PRC Community Health Survey, PRC, Inc. [Item 128]
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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 24.0% of adults have been given advice about their weight by a doctor, nurse, or other health professional in the past year.

Have Received Advice About Weight in the Past Year
From a Physician, Nurse, or Other Health Professional

‡ ■ Service Area 2013   ▶ ■ Service Area 2018   ★ ■ Service Area 2021   ◊ ■ US

	Healthy Weight				Overweight/Obese				Total Sample			
‡	7.3%				31.4%				26.1%			
▶		9.2%				30.2%				24.7%		
★			12.1%				27.3%				24.0%	
◊				9.3%				24.7%				20.3%
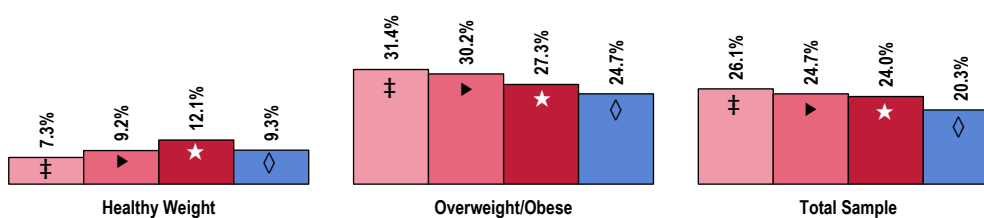
Sources:
● 2021 PRC Community Health Survey, PRC, Inc. [Item 330]
● 2020 PRC National Health Survey, PRC, Inc.

Notes:
● Asked of all respondents.

Weight-Loss Attempts

A total of 35.4% of service area adults who are overweight or obese say that they are both modifying their diet <u>and</u> increasing their physical activity to try to lose weight.

TREND ▶ Better than the 2005 baseline.

Overweight/Obese Adults Trying to Lose Weight
by Both Modifying Diet and Increasing Physical Activity
(Service Area Overweight/Obese Adults)

Service Area:
Overweight/Obese Adults

Avoyelles	Grant	Rapides	Service Area
35.2%	32.9%	36.0%	35.4%

2005	2010	2013	2018	2021
27.2%		39.0%	32.3%	35.4%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 160]
Notes: ● Based on reported heights and weights, asked of all respondents.

Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions, as outlined in the following chart.

> The correlation between overweight and various health issues cannot be disputed.

Relationship of Overweight With Other Health Issues
(Service Area, 2021)

‡■ Among Healthy Weight   ▶■ Among Overweight/Not Obese   ★■ Among Obese

	High Blood Pressure	Chronic Depression	High Cholesterol	Arthritis/ Rheumatism	Diabetes	Heart Disease
Among Healthy Weight ‡	33.9%	39.3%	30.9%	23.8%	9.3%	6.4%
Among Overweight/Not Obese ▶	45.8%	39.9%	31.9%	30.4%	12.3%	8.9%
Among Obese ★	57.3%	44.5%	37.1%	32.7%	21.7%	10.0%
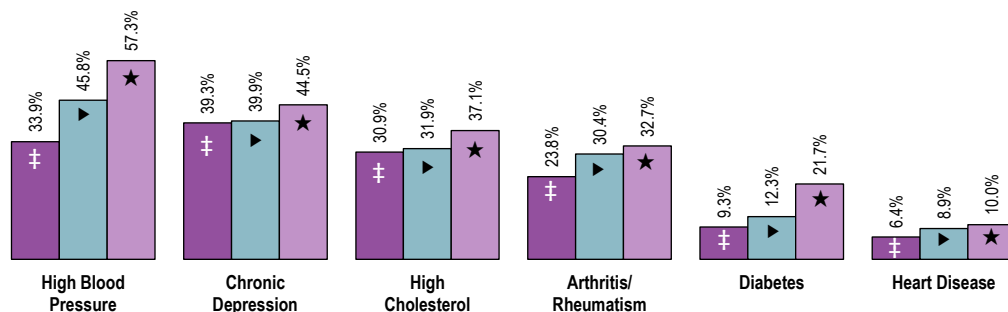
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 128]
Notes: ● Based on reported heights and weights, asked of all respondents.

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, 40.0% of service area children age 5 to 17 are overweight or obese (≥85th percentile).

TREND ► Lower than the 2005 baseline.

Prevalence of Overweight in Children
(Parents of Children Age 5-17)
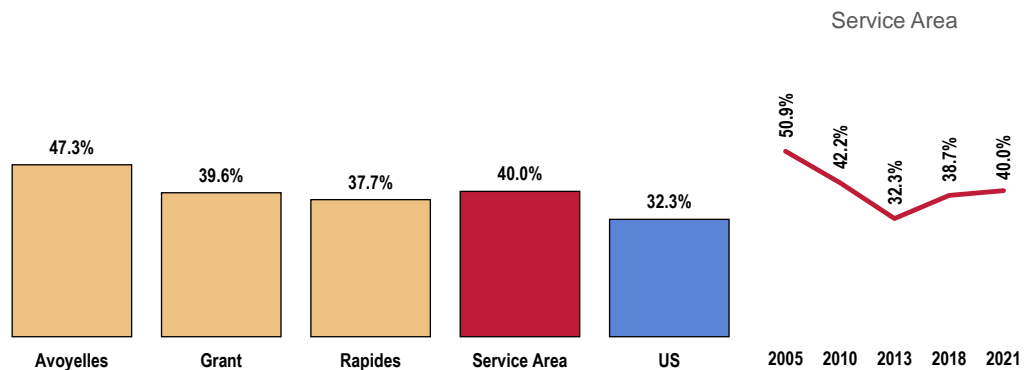
Service Area

Avoyelles	47.3%
Grant	39.6%
Rapides	37.7%
Service Area	40.0%
US	32.3%

2005	2010	2013	2018	2021
50.9%	42.2%	32.3%	38.7%	40.0%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 131]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 5-17 at home.
● 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.

The childhood overweight prevalence above includes 25.1% of area children age 5 to 17 who are obese (≥95th percentile).

BENCHMARK ► Higher than the national prevalence. Fails to satisfy the Healthy People 2030 objective.

TREND ► Lower than the 2005 baseline, but similar to more recent findings.

DISPARITY ► Higher among children age 5 to 12.

Prevalence of Obesity in Children
(Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)
Healthy People 2030 = 15.5% or Lower
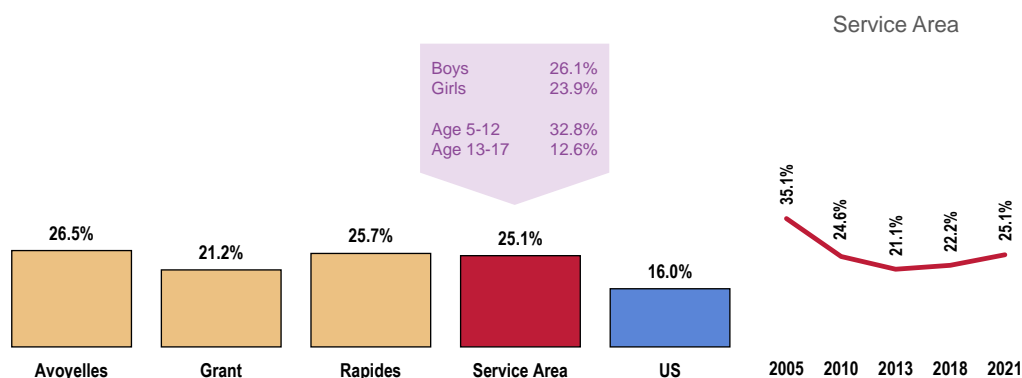
Service Area

Boys	26.1%
Girls	23.9%
Age 5-12	32.8%
Age 13-17	12.6%

Avoyelles	Grant	Rapides	Service Area	US		2005	2010	2013	2018	2021
26.5%	21.2%	25.7%	25.1%	16.0%		35.1%	24.6%	21.1%	22.2%	25.1%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 131]
● 2020 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Asked of all respondents with children age 5-17 at home.
● Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Notification of Child's Weight Status

A total of 4.5% of service area parents report that, within the past year, a health professional or someone at the child's school told them that their child is overweight.

TREND ► Lower than the 2013 finding.

DISPARITY ► Lower in Grant Parish. Higher among children classified as overweight/obese.

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; 2021)

Service Area

Age 0-4	2.2%
Age 5-12	4.2%
Age 13-17	6.3%
Healthy Weight	3.2%
Overweight/Obese	8.5%

Avoyelles	Grant	Rapides	Service Area		2013	2018	2021
6.4%	2.2%	4.4%	4.5%		6.7%	4.2%	4.5%
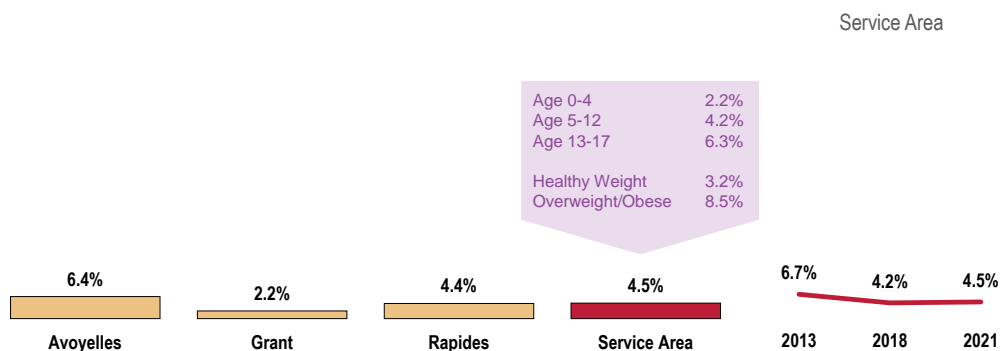
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 162, 343]
Notes: ● Asked of all respondents with children under 18 at home.

Key Informant Input:
Nutrition, Physical Activity & Weight

Key informants taking part in an online survey largely 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, 2021)

‡ ■ Major Problem ▶ ■ Moderate Problem ★ ■ Minor Problem ◊ ■ No Problem At All

‡ **52.4%**	▶ **36.9%**	★ **8.3%**	◊

2.4%
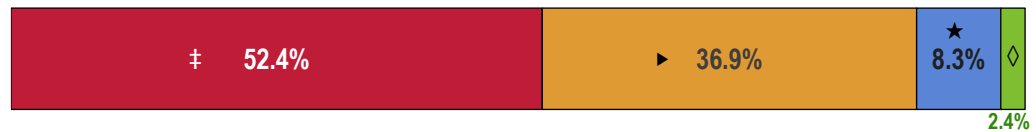
Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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

Access to Affordable Healthy Food

Availability of fresh fruits and vegetables. There are no supermarkets in the low-income areas and small towns. Their residents have to result to convenient stores and Dollar General stores. – Social Services Provider (Rapides Parish)

Fast food is everywhere and easy to access but is not good for you. Good nutrition often requires transportation to stores that may be out of "walking" area. Good nutrition often takes a little more work like in meal planning and cooking. Exercise for many is not a high priority. Many don't know what to do and often even walking outside is a challenge for some and may not be a safe thing to do. – Social Services Provider (Rapides Parish)

The ability of low-income families to provide nutritious meals. Costs are a factor. – Social Services Provider (Rapides Parish)

Prepared healthy food options easily available, limited recreation and exercise offerings for adults, work life balance. – Social Services Provider (Rapides Parish)

Affordable healthy foods, personal motivation, lack of exercise. – Public Health Representative (Rapides Parish)

Cost of nutritious meals. Low income using food stamps for junk food because it's cheap. Food boxes full of canned (high sodium) and low nutrition foods (high in sugars and carbs). Low education related to nutritious meals. – Social Services Provider (Avoyelles Parish)

Most of the city doesn't have access to fresh fruits and veggies. – Community Leader (Rapides Parish)

Nutrition

People eat too much and exercise too little. – Social Services Provider (Rapides Parish)

Fast foods, lack of education, lack of recreation. – Community Leader (Rapides Parish)

Nutrition. Too much fast food, not enough fruits/veggies/protein, lack of education/awareness. Physical activity; sedentary lifestyles, too busy/tired, think it has to be overdone to be effective. Weight; high obesity and overweight individuals. – Community Leader (Rapides Parish)

Poor diet and lack of exercise. All you can eat mentality. – Social Services Provider (Rapides Parish)

Lack of personal concern about nutrition, physical activity and weight, lack of resources to purchase healthy food, family history and experience. – Social Services Provider (Rapides Parish)

Obesity

A high percentage of people in our area are overweight and lack of interest to control issue until it is too late. – Other Health Professional (Rapides Parish)

Obesity. – Social Services Provider (Rapides Parish)

Obesity statistics and limited access to healthy choices. – Social Services Provider (Rapides Parish)

Obesity and inactivity. – Other Health Provider (Rapides Parish)

Thirty percent overweight, 30% obesity. – Public Health Representative (Rapides Parish)

Cultural/Personal Beliefs

Our great Louisiana culture is built around food and alcohol, festivals etc., If you live a sedentary lifestyle this way of life catches up. Healthy unprocessed foods are expensive, so with our median income level people develop poor eating habits at a young age. – Community Leader (Rapides Parish)

The culture of Louisiana. Foods available. Laziness. Cultural acceptance of obesity. Lack of self-respect. – Social Services Provider (Rapides Parish)

Culture and lack of recreational activities that require or encourage movement. – Social Services Provider (Rapides Parish)

Cultural. – Physician (Rapides Parish)

This problem exists for the whole of our community. Our culture exists around food and much of that food isn't exactly nutritious. This combined with excessive poverty rates and inadequate access to healthy foods leads many of our residents to a life of obesity and other nutrition related health problems (diabetes, heart disease, stroke). There is also a lack of access to outdoor recreational activities in our area. We have a few walking tracks and there are parks with playgrounds, but many people don't feel particularly safe in those places. There has always been a severe lack of variety and a lack of amenities that I often see in other places when I visit. More outdoor activities should be provided to our youth so that they can create a lifestyle surrounded by physical activity (public rock-climbing wall, bike paths or mountain bike parks, public kayaking or paddling, public swimming areas, and many, many more). – Social Services Provider (Rapides Parish)

Lifestyle

Unhealthy lifestyles. – Social Services Provider (Rapides Parish)

Lack of motivation and access to nutritious food. The cost of nutritious food vs foods high in sodium. Eating out convenience vs home cooked meals. – Community Leader (Rapides Parish)

Food deserts and lifestyles that do not include adequate nutrition and or exercise regimes. – Other Health Provider (Rapides Parish)

Lack of desire on the part of the person to take responsibility for their own health. – Community Leader (Rapides Parish)

Awareness/Education

Education and will power. – Social Services Provider (Rapides Parish)

Lack of education, unemployment, poverty, poor diet. – Community Leader (Rapides Parish)

Environmental Contributors

The climate makes it very difficult to walk exercise outside for 8 months out of the year. The few parks do not have particular attractions to draw people there – just large, unshaded open spaces. Also, there are many, many fast food restaurants that sell unhealthy foods but affordable for people that are concerned about budget. – Social Services Provider (Rapides Parish)

Weather. Community support. Education. – Social Services Provider (Rapides Parish)

SUBSTANCE ABUSE

ABOUT DRUG & ALCOHOL USE

More than 20 million adults and adolescents in the United States have had a substance use disorder in the past year. …Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2018 and 2020, the service area reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 11.2 deaths per 100,000 population.

TREND ► The mortality rate has fluctuated but has increased in the latest reporting periods.

Cirrhosis/Liver Disease: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 10.9 or Lower

Service Area	LA	US
11.2	9.8	11.9

Sources:
● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Cirrhosis/Liver Disease: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 10.9 or Lower

10.9 — Service Area White (Non-Hispanic)

12.6 — Service Area Black (Non-Hispanic)

11.2 — Service Area 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 May 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 10.9 or Lower

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Service Area	7.9	9.2	10.3	9.8	10.1	10.0	10.6	11.2
LA	8.7	9.4	10.0	10.0	10.1	9.7	9.6	9.8
US	10.0	10.4	10.6	10.8	10.8	10.9	11.1	11.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Alcohol Use

Excessive Drinking

> Excessive drinking includes heavy and/or binge drinkers:
>
> - HEAVY DRINKERS ▶ men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
>
> - BINGE DRINKERS ▶ men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

A total of 19.8% of area adults are excessive drinkers (heavy and/or binge drinkers).

BENCHMARK ▶ Lower than the US percentage.

TREND ▶ Lower than the 2018 finding.

DISPARITY ▶ Higher in Avoyelles Parish. More often reported among men, those with higher incomes, and White residents. Note the strong negative correlation with age.

Excessive Drinkers

Service Area

24.5%	21.1%	18.1%	19.8%	20.8%	27.2%	23.5%	19.8%
Avoyelles	Grant	Rapides	Service Area	LA	US	2018	2021
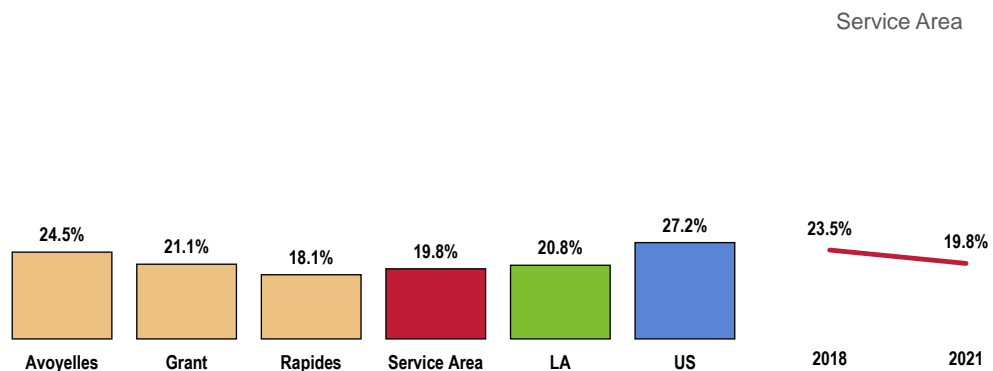
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 136]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Louisiana data.
 • 2020 PRC National Health Survey, PRC, 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, 2021)

25.1%	14.7%	28.0%	19.0%	6.8%	19.5%	14.7%	23.1%	21.4%	19.4%	12.1%	19.8%
Men	Women	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	White	Black	Diverse Races	Service Area
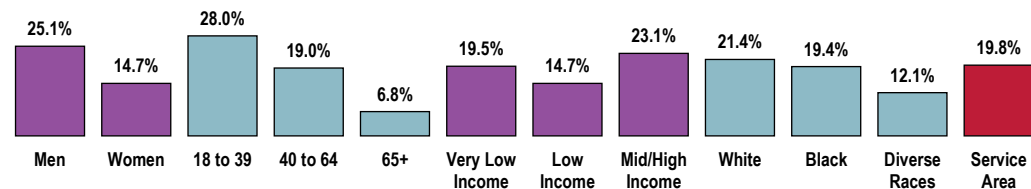
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 136]
Notes: ● Asked of all respondents.
● Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 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.

Drinking & Driving

A total of 5.5% of service area adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

  TREND ► Higher than the 2002 baseline

  DISPARITY ► Lower in Grant Parish.

Among survey respondents, 7.5% have ridden with a driver who may have had too much to drink.

  TREND ► Higher than the 2005 baseline (not shown).

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 the actual incidence of drinking and driving in the community is likely higher.

Have Driven in the Past Month
After Perhaps Having Too Much to Drink

7.5% of Service Area adults rode with a potentially drunk driver in the past month.

Service Area

5.8%	2.6%	5.9%	5.5%	3.6%	2.0%	4.1%	2.1%	3.2%	5.5%
Avoyelles	Grant	Rapides	Service Area	2002	2005	2010	2013	2018	2021
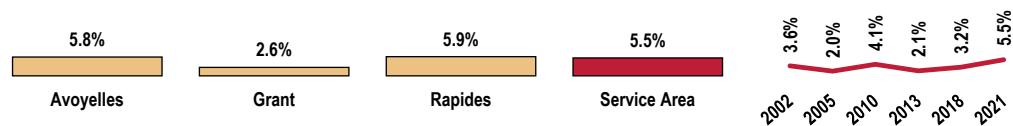
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 318-319]
Notes: ● Asked of all respondents.

Age-Adjusted Unintentional Drug-Related Deaths

Between 2018 and 2020, there was an annual average age-adjusted unintentional drug-related mortality rate of 30.8 deaths per 100,000 population in the service area.

BENCHMARK ► Higher than the US rate.

TREND ► Trending higher over time within the service area (particularly since 2015).

DISPARITY ► Higher in Rapides Parish.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)

Avoyelles	Rapides	Service Area	LA	US
24.8	36.3	30.8	29.2	21.0

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.

Unintentional Drug-Related Deaths:
Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)

Service Area White (Non-Hispanic)	Service Area Black (Non-Hispanic)	Service Area All Races/Ethnicities
30.1	34.1	30.8

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.

Unintentional Drug-Related Deaths:
Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Service Area	10.4	10.4	12.0	15.5	16.7	20.4	23.7	30.8
LA	12.2	13.3	15.5	16.9	19.4	21.3	23.2	29.2
US	11.0	12.1	13.0	14.9	16.7	18.1	18.8	21.0

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.

Illicit Drug Use

A total of 2.8% of service area adults acknowledge using an illicit drug in the past month.

BENCHMARK ► Satisfies the Healthy People 2030 objective.

TREND ► Higher than the 2005 baseline.

DISPARITY ► Note the negative correlations with age and income.

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.

Illicit Drug Use in the Past Month
Healthy People 2030 = 12.0% or Lower

Service Area

Avoyelles	Grant	Rapides	Service Area	US
2.7%	4.1%	2.5%	2.8%	2.0%

2005	2010	2013	2018	2021
1.6%	2.6%	2.1%	3.3%	2.8%
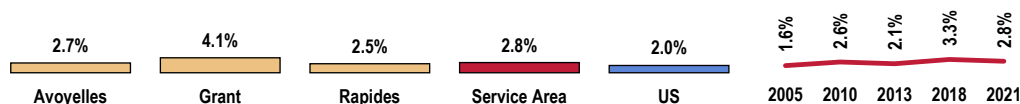
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 49]
● 2020 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Asked of all respondents.

Illicit Drug Use in the Past Month
(Service Area, 2021)
Healthy People 2030 = 12.0% or Lower

Men	Women	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	White	Black	Diverse Races	Service Area
3.4%	2.1%	4.2%	2.8%	1.3%	7.8%	3.3%	2.3%	2.6%	3.5%	1.8%	2.8%
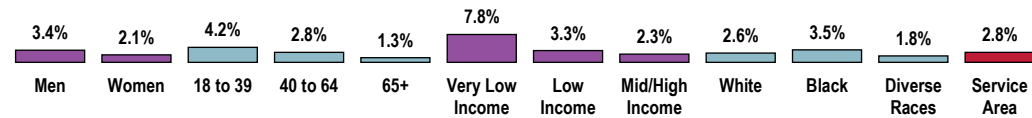
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 49]
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Asked of all respondents.

Use of Prescription Opioids

A total of 18.7% of service area adults report using a prescription opioid drug in the past year.

Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

BENCHMARK ► Higher than the national findings.

TREND ► Lower than the 2018 finding.

DISPARITY ► More favorable in Avoyelles Parish. More often reported among adults age 40+.

Used a Prescription Opioid in the Past Year
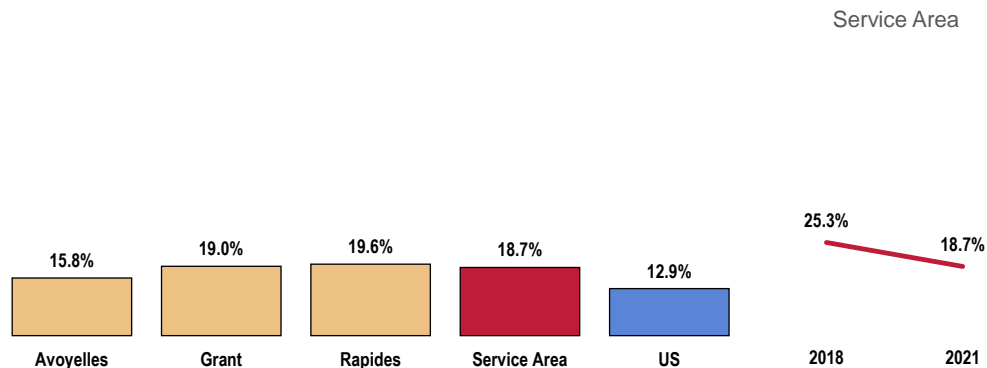
Service Area

Avoyelles	Grant	Rapides	Service Area	US	2018	2021
15.8%	19.0%	19.6%	18.7%	12.9%	25.3%	18.7%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 50]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Used a Prescription Opioid in the Past Year
(Service Area, 2021)
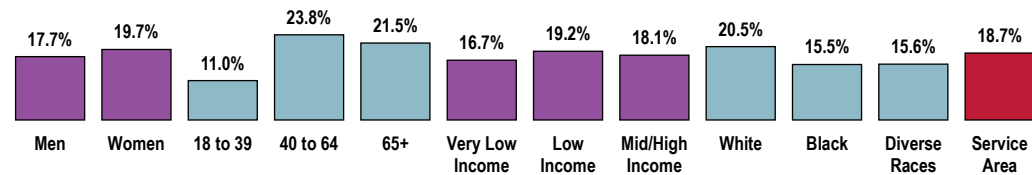
Men	Women	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	White	Black	Diverse Races	Service Area
17.7%	19.7%	11.0%	23.8%	21.5%	16.7%	19.2%	18.1%	20.5%	15.5%	15.6%	18.7%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 50]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Alcohol & Drug Treatment

A total of 5.2% of service area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

TREND ► Higher than the 2002 baseline.

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

Service Area

Avoyelles	Grant	Rapides	Service Area	US
5.4%	5.5%	5.0%	5.2%	5.4%

2002	2005	2010	2013	2018	2021
3.1%	3.7%	4.6%	4.3%	4.4%	5.2%
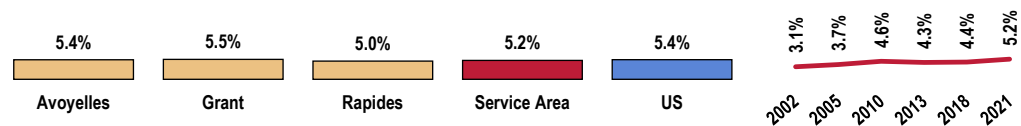
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 51]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Substance Abuse

A high percentage of 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, 2021)

‡■ Major Problem   ▶■ Moderate Problem   ★■ Minor Problem   ◊■ No Problem At All

‡ 72.9%	▶ 20.0%	★	◊

4.7%   2.4%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
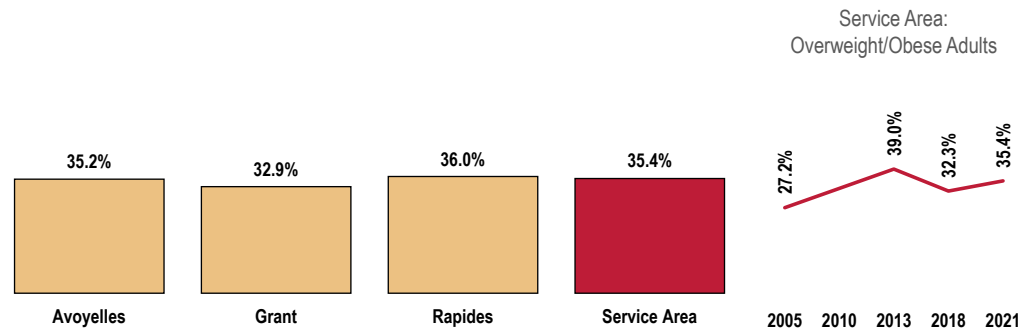Notes: ● Asked of all respondents.

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

Access to Care/Services

Finding a bed in a treatment facility in a timely fashion in order to do intervention. – Social Services Provider (Rapides Parish)

Lack of resources and peoples' desire to get help. – Other Health Professional (Rapides Parish)

Lack of resources. – Other Health Provider (Rapides Parish)

Adequate drug treatment facilities and resources, including education. – Social Services Provider (Rapides Parish)

Lack of treatment facilities and unwillingness of individuals suffering from substance abuse to seek treatment. In addition, no one seems to be addressing the number of substance abusers now on the streets of Alexandria, especially in downtown Alexandria, the Bolton Avenue area, Jackson Street extension, and the low-income areas of the community. We seem to be content in letting individuals suffering from substance abuse just roam the streets. – Other Health Provider (Rapides Parish)

No facilities and easy access to drugs. – Community Leader (Rapides Parish)

Accessibility. – Social Services Provider (Rapides Parish)

There are not enough places for treatment and very few insurances pay for inpatient treatment. – Other Health Provider (Rapides Parish)

Awareness/Education

I think the main barrier is lack of education on how to seek help, the signs you need help, and again a lower economic community seems to gravitate to drug use. – Community Leader (Rapides Parish)

Lack of awareness, lack of compliance to treatment, lack of desire to get treatment, do not know how to stop drug use. – Community Leader (Rapides Parish)

Mentorship by continuation. – Social Services Provider (Rapides Parish)

We need substance abuse classes in our schools, as well as our colleges. – Social Services Provider (Rapides Parish)

Lack of ease identifying and locating services for those mentally capable of understanding and responding. Training needed for police and other community service workers related to identifying and appropriate response and communication techniques for getting the individual needed services. WAY too easy access to obtaining the drugs. (Unlimited supply, seemingly!) – Public Health Representative (Rapides Parish)

Education. Support. Mental illness. – Social Services Provider (Rapides Parish)

Affordable Care/Services

Cost, admitting that there is a problem and actually wanting to get treatment. – Social Services Provider (Rapides Parish)

Cost and inability to change their lifestyle. – Community Leader (Rapides Parish)

Cost, availability. – Community Leader (Rapides Parish)

No affordable resources available for addictive disorders. – Public Health Representative (Rapides Parish)

Ability to pay, compliance by people to go, District Attorney would rather enroll people in local drug court to collect fees associated with it than send people to legit recovery and addiction centers. Doesn't fix problem. Get released and back in the system again to repeat the cycle. – Social Services Provider (Avoyelles Parish)

Lifestyle

Longleaf Hospital is the best resource. They provide MAT treatment inpatient and outpatient. The barrier is getting people to seek treatment. Longleaf had a national patient satisfaction ranking of 91% in 2020, so patients who are treated there tend to find sobriety from alcohol and substances long-term. – Other Health Provider (Rapides Parish)

Personal responsibility. Stigma/stereotyping. – Social Services Provider (Rapides Parish)

Unwillingness of the abuser to seek help or treatment. – Social Services Provider (Rapides Parish)

Lack of interest and not enough revenue to support. – Physician (Rapides Parish)

Lack of interest in accessing needed substance abuse treatment. – Social Services Provider (Rapides Parish)

Denial/Stigma

The stigma associated with it and people not really wanting to get help. – Other Health Provider (Rapides Parish)

Stigma toward those who suffer from substance use disorder. Lack of beds at inpatient treatment settings. Lack of support for families of those with the disease. Lack of training with law enforcement when handling issues with people with SUD. Lack of empathy by health care providers – Social Services Provider (Rapides Parish)

Easy Access

Access. – Other Health Provider (Rapides Parish)

Continued access to drugs and alcohol. – Community Leader (Rapides Parish)

Transportation

Patients' transportation to treatment center and cost of treatment. – Other Health Provider (Avoyelles Parish)

Transportation and knowledge of help available. – Social Services Provider (Rapides Parish)

Prevalence/Incidence

It seems to be so prevalent that I'm not sure any one program could address it. The normalization of marijuana is a major long-term issue that will have far-reaching impact on people's lives. Aside from illicit drugs, there seems to be a large number of people on prescription pain killers. All of this creates a lack of ambition and productivity, which leads to joblessness, which leads to more despair. This might be the biggest challenge of all. – Social Services Provider (Rapides Parish)

High levels of abuse and overdose deaths. – Public Health Representative (Rapides Parish)

Income/Poverty

Lack of funds, unemployment, uneducated, poverty. – Community Leader (Rapides Parish)

This issue isn't specific to our area or community. The nationwide success rate for all treatment programs falls somewhere between 5 and 10%. Most of the issues raised in this survey are exacerbated by our heightened levels of poverty found throughout Central Louisiana. There is a stigma surrounding mental health and substance abuse treatment both in our area and nationwide. – Social Services Provider (Rapides Parish)

Diagnosis/Treatment

The quickness to medicate patients, the lack of treatment and inability to recognize substance abuse. – Social Services Provider (Rapides Parish)

Follow-Up/Support

I wish I had a good answer. So many factors lead to substance abuse. One area of concern is the attempt to assimilate, or ease them back into society. We have a group that meets each Monday, and the program has grown tremendously and now averages around 75 in attendance. They have approached me about an additional program to house and prepare these individuals for reintroducing them into society. The village of McNary would provide the land and utilities and this group would provide management and leadership if an agency could provide the capital to build such a facility. – Community Leader (Rapides Parish)

Insurance Issues

Poor health insurance and the cost of treatment. – Social Services Provider (Rapides Parish)

Social Norms/Community Attitude

> Substance abuse is more and more acceptable by society, no shame, break down in the traditional family values!
> – Community Leader (Rapides Parish)

Most Problematic Substances

Key informants (who rated this as a "major problem") identified **alcohol** as causing the most problems in the community, followed by **methamphetamine/other amphetamines** and **heroin/other opioids**.

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Abuse as a "Major Problem")	
ALCOHOL	41.3%
METHAMPHETAMINE OR OTHER AMPHETAMINES	19.6%
HEROIN OR OTHER OPIOIDS	15.2%
COCAINE OR CRACK	13.0%
PRESCRIPTION MEDICATIONS	6.5%
CLUB DRUGS (e.g. MDMA, GHB, Ecstasy, Molly)	4.3%

TOBACCO USE

ABOUT TOBACCO USE

More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year.

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

–   Healthy People 2030 (https://health.gov/healthypeople)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 21.2% of service area adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).

Cigarette Smoking Prevalence
(Service Area, 2021)

‡ 13.8% ‡ Every Day

7.4% ▶ ▶ Some Days

★ 78.8% ★ Not At All
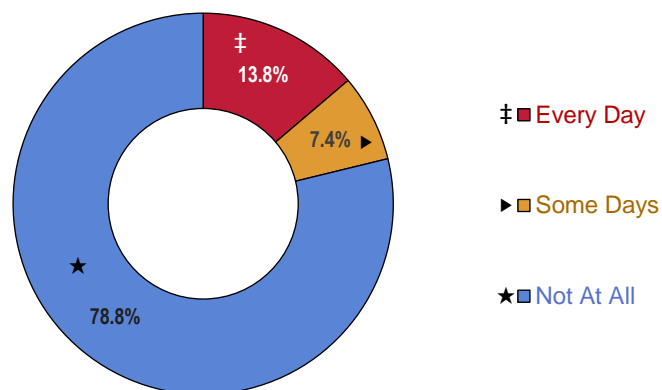
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 40]
Notes: ● Asked of all respondents.

Note the following findings related to cigarette smoking prevalence in the service area.

BENCHMARK ► Higher than was found across the nation. Far from satisfying the Healthy People 2030 objective.

DISPARITY ► Higher in Avoyelles Parish. More often reported among adults younger than 65 and those with lower incomes.

Current Smokers
Healthy People 2030 = 5.0% or Lower

Service Area

Avoyelles	Grant	Rapides	Service Area	LA	US		
31.3%	26.2%	17.0%	21.2%	21.9%	17.4%		

2002	2005	2010	2013	2018	2021
22.8%	25.7%	20.5%	23.0%	24.1%	21.2%
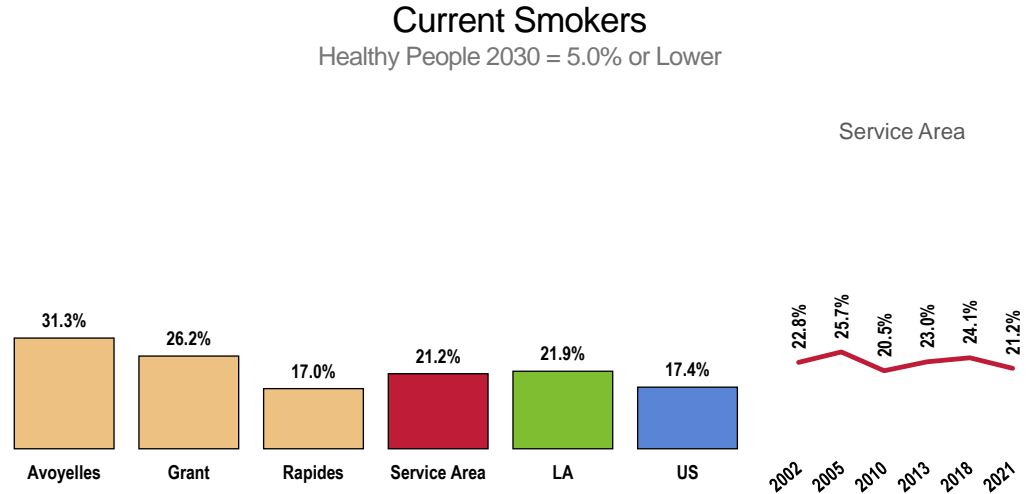
Sources:
● 2021 PRC Community Health Survey, PRC, Inc. [Item 40]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Louisiana data.
● 2020 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes:
● Asked of all respondents.
● Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

Current Smokers
(Service Area, 2021)
Healthy People 2030 = 5.0% or Lower

Men	Women	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	White	Black	Diverse Races	Service Area
22.0%	20.5%	24.3%	23.5%	9.7%	33.2%	20.5%	16.7%	22.5%	19.6%	17.0%	21.2%
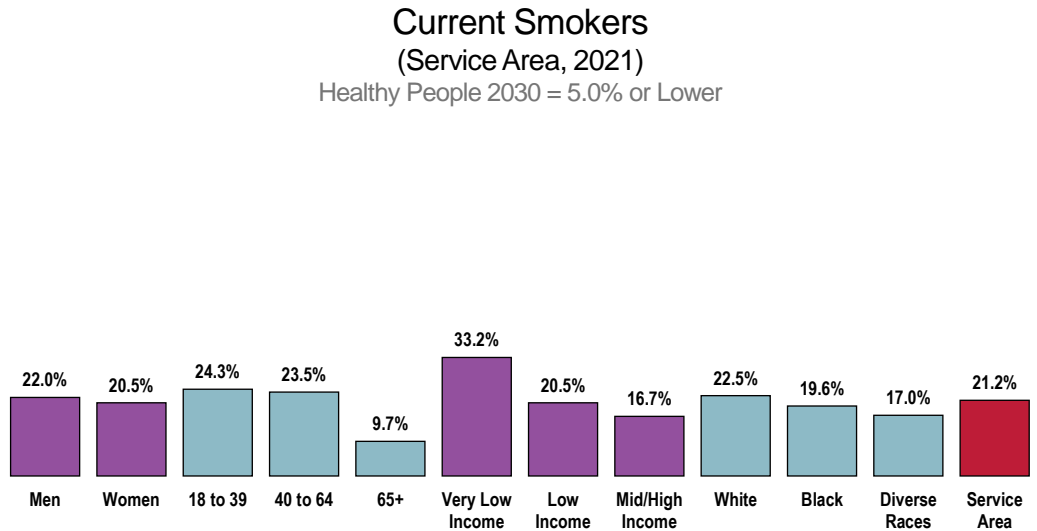
Sources:
● 2021 PRC Community Health Survey, PRC, Inc. [Item 40]
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes:
● Asked of all respondents.
● Includes regular and occasion smokers (every day and some days).

Environmental Tobacco Smoke

Among all surveyed households in the service area, 13.7% report that someone has smoked cigarettes in their home on an average of four or more times per week over the past month.

TREND ► Lower than the 2005 benchmark.

DISPARITY ► Lower in Grant Parish.

Member of Household Smokes at Home

Service Area

16.3% among households with children

Avoyelles	Grant	Rapides	Service Area	US	2005	2010	2013	2018	2021
15.2%	11.4%	13.7%	13.7%	14.6%	22.9%	15.7%	16.2%	16.7%	13.7%
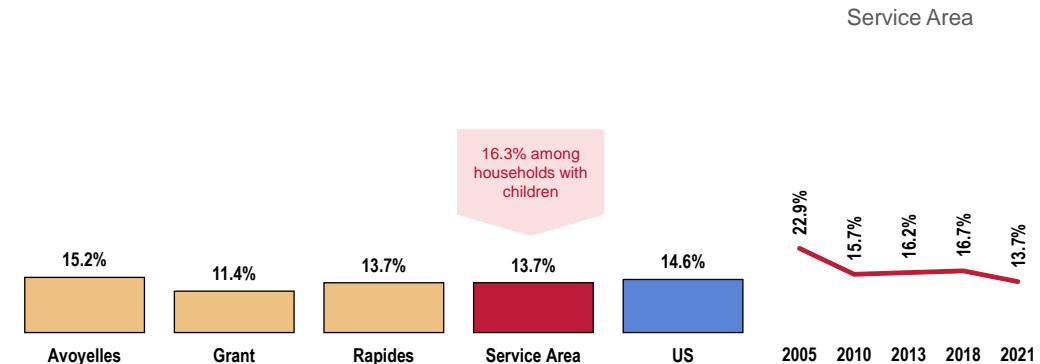
Sources:
● 2021 PRC Community Health Survey, PRC, Inc. [Items 43, 134]
● 2020 PRC National Health Survey, PRC, Inc.

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

More than one-half of regular smokers (52.9%) went without smoking for one day or longer in the past year because they were trying to quit smoking.

BENCHMARK ► Less favorable than the statewide prevalence. Fails to satisfy the Healthy People 2030 objective.

Have Stopped Smoking for One Day or Longer in the Past Year
(Everyday Smokers)
Healthy People 2030 = 65.7% or Higher

Most current smokers (65.8%) were advised to quit in the past year by a health care professional.

Service Area

Avoyelles	Grant	Rapides	Service Area	LA	US	2002	2005	2010	2013	2018	2021
58.1%	54.0%	49.7%	52.9%	61.6%	42.8%	49.0%	49.5%	61.5%	53.1%	59.1%	52.9%
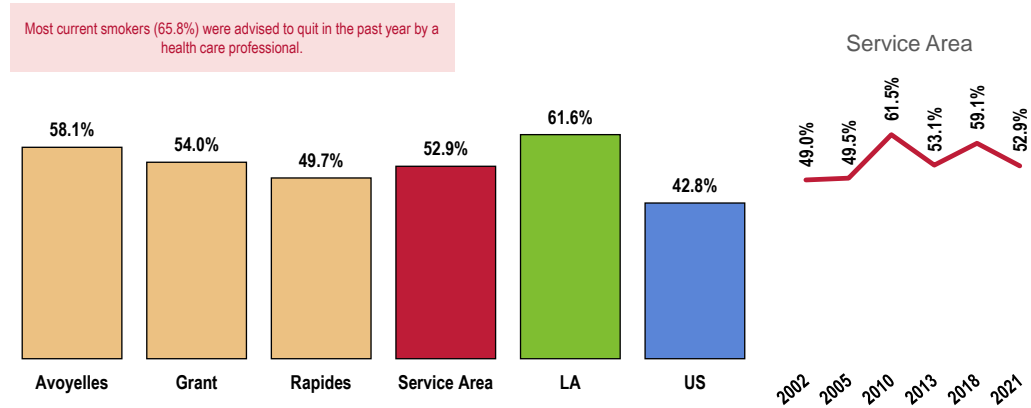
Sources:
● 2021 PRC Community Health Survey, PRC, Inc. [Items 41-42]
● 2020 PRC National Health Survey, PRC, Inc.
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Louisiana data.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
● Asked of respondents who smoke cigarettes every day.

Among all survey respondents, 30.7% are aware of services, programs, or classes to help people stop using tobacco products (including vaping).

TREND ► Sharp decrease in awareness since 2018.

DISPARITY ► Lower in Avoyelles Parish.

Aware of Services, Programs, or Classes to Help Smokers Quit Using Tobacco or Vaping Products

Service Area

40.9% smokers
27.9% nonsmokers

Avoyelles 21.9%
Grant 27.3%
Rapides 34.1%
Service Area 30.7%

2010 40.3%
2013 43.2%
2018 46.3%
2021 30.7%
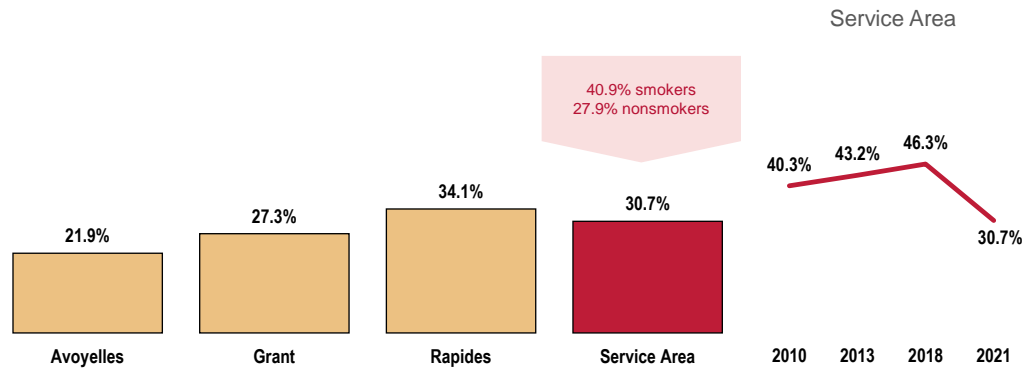
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 317]
Notes: ● Asked of all respondents.
● Previous survey questions about cessation programs did not mention vaping (only smoking).

Other Tobacco Use

Smokeless Tobacco

A total of 6.4% of service area adults use some type of smokeless tobacco every day or on some days.

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

DISPARITY ► Lower in Rapides Parish.

Use Smokeless Tobacco (Chewing Tobacco, Snuff, or Snus)
Healthy People 2030 = 0.2% or Lower

Service Area

Avoyelles 8.4%
Grant 7.2%
Rapides 5.7%
Service Area 6.4%
LA 5.5%

2002 5.3%
2005 6.0%
2010 5.8%
2013 6.2%
2018 5.8%
2021 6.4%
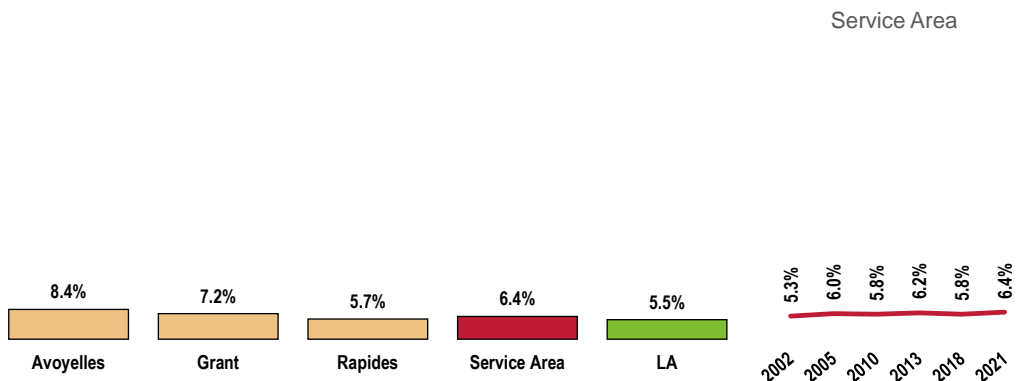
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 315]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Louisiana data.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Asked of all respondents.
● Includes chewing tobacco, snuff, or snus.

Use of Vaping Products

Most service area adults have never tried electronic cigarettes (e-cigarettes) or other electronic vaping products.

Use of Vaping Products
(Service Area, 2021)
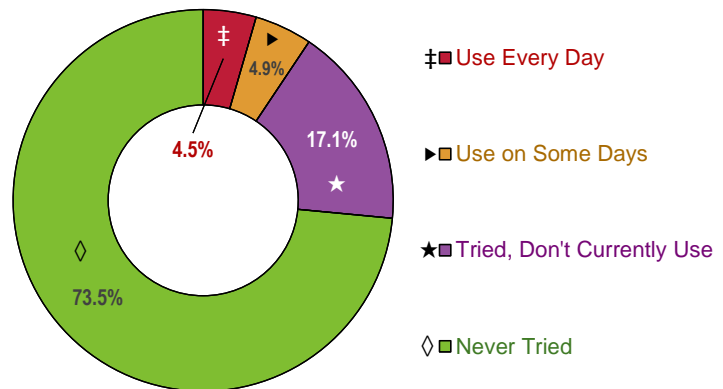
‡■ Use Every Day

▶■ Use on Some Days

★■ Tried, Don't Currently Use

◊■ Never Tried

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 135]
Notes: ● Asked of all respondents.

However, 9.4% currently use vaping products either regularly (every day) or occasionally (on some days).

BENCHMARK ► Higher than the Louisiana percentage.

TREND ► A significant increase since 2018.

DISPARITY ► Higher among adults younger than 65 (especially those age 18 to 39), very low-income adults, White residents, and those of diverse races.

Currently Use Vaping Products
(Every Day or on Some Days)

Service Area

Avoyelles	Grant	Rapides	Service Area	LA	US	2018	2021
11.3%	7.7%	9.0%	9.4%	4.5%	8.9%	5.3%	9.4%
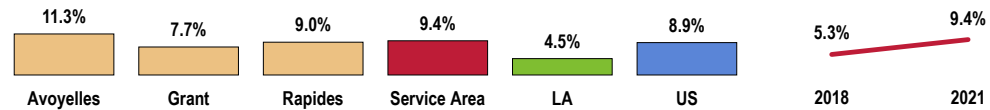
Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 135]
- 2020 PRC National Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Louisiana 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, 2021)
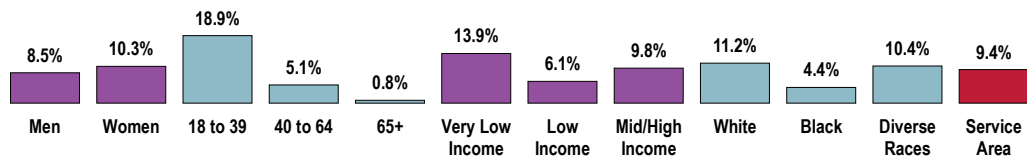
Men	Women	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	White	Black	Diverse Races	Service Area
8.5%	10.3%	18.9%	5.1%	0.8%	13.9%	6.1%	9.8%	11.2%	4.4%	10.4%	9.4%

Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 135]

Notes:
- Asked of all respondents.
- Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Public Perception of Vaping

A majority of survey respondents believe that most people are against vaping, indicating that the public feels a person "*definitely should not vape*" (38.2%) or "*probably should not vape*" (19.0%).

Respondent's Perception About Community Views on Vaping
(Service Area, 2021)

‡■ Definitely Should Not Vape

▶■ Probably Should Not Vape

★■ Okay to Vape Sometimes

◊■ Okay to Vape Whenever
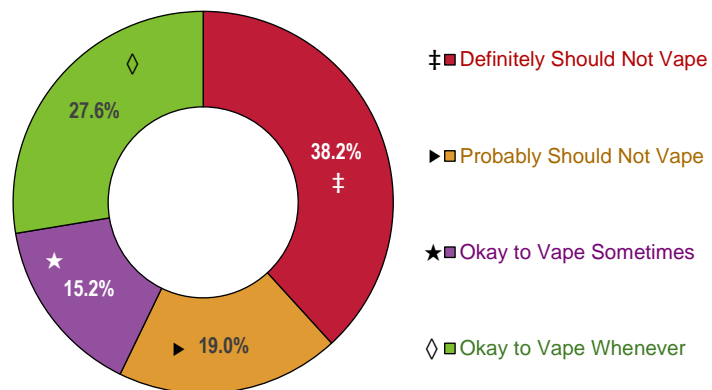
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 316]
Notes: ● Asked of all respondents.

DISPARITY ► Respondents <u>less likely</u> to think that the public feels people should definitely **not** vape include men, adults younger than 65, higher-income residents, White respondents, and those of diverse races.

Respondent Says
Community Members Think People Should Not Vape
(Service Area, 2021)
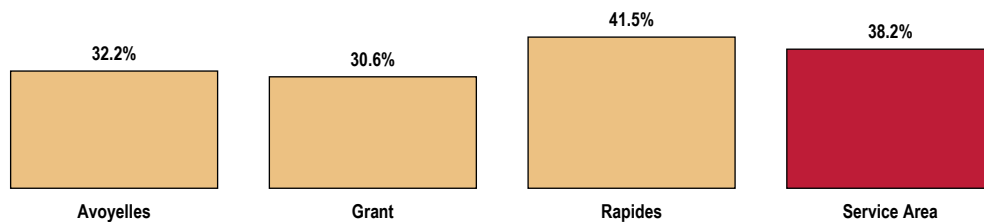
Avoyelles	Grant	Rapides	Service Area
32.2%	30.6%	41.5%	38.2%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 316]
Notes: ● Asked of all respondents.

Respondent Says
Community Members Think People Should Not Vape
(Service Area, 2021)
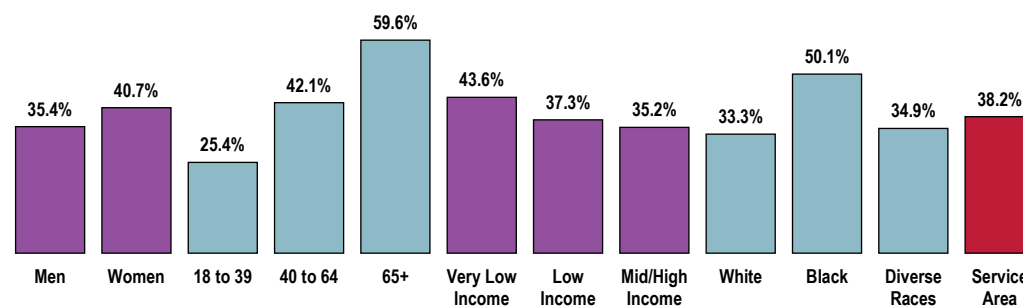
Men	Women	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	White	Black	Diverse Races	Service Area
35.4%	40.7%	25.4%	42.1%	59.6%	43.6%	37.3%	35.2%	33.3%	50.1%	34.9%	38.2%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 316]
Notes: ● Asked of all respondents.

Key Informant Input: Tobacco Use

Key informants taking part in an online survey generally characterized *Tobacco Use* as a "major problem" in the community.

Perceptions of Tobacco Use
as a Problem in the Community
(Key Informants, 2021)
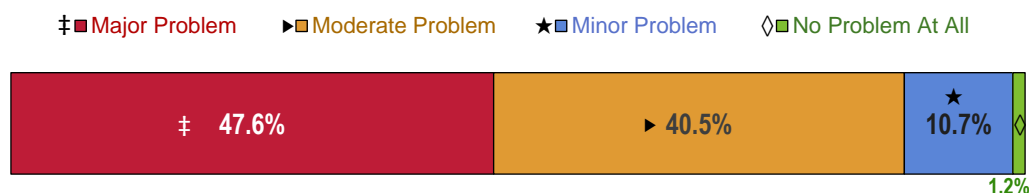
‡■ Major Problem   ▶■ Moderate Problem   ★■ Minor Problem   ◊■ No Problem At All

‡ 47.6%	▶ 40.5%	★ 10.7%	◊ 1.2%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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

Prevalence/Incidence

See way too many people smoking, vaping or using chewing tobacco. – Social Services Provider (Rapides Parish)

Prevalence of use. Lack of free smoking cessation programs for working people. Most programs are income based and only provide patches and gum to low income. – Social Services Provider (Avoyelles Parish)

Too many smokers. – Community Leader (Rapides Parish)

I still see a lot of people smoking everywhere. – Social Services Provider (Rapides Parish)

It is a major problem everywhere and a major contributor to the cost of health insurance coverage. – Social Services Provider (Rapides Parish)

High percentage of smokers. – Social Services Provider (Rapides Parish)

High rates of tobacco use. – Public Health Representative (Rapides Parish)

Because most adults in our facility smoke to cope. – Social Services Provider (Rapides Parish)

Easy Access

Easily available. – Social Services Provider (Rapides Parish)

Easy to obtain. Based upon cases of lung disease, heart problems, and respiratory issues. – Public Health Representative (Rapides Parish)

Too easily available. – Community Leader (Rapides Parish)

Awareness/Education

Education. – Social Services Provider (Rapides Parish)

Low education status, low-income levels, lack of family structures. – Community Leader (Rapides Parish)

Impact on Quality of Life

It appears to be a carcinogen and does not promote individual health. – Community Leader (Rapides Parish)

People continue to smoke in spite of the risks. – Physician (Rapides Parish)

Teen/Young Adult Usage

More students have been vaping as well as cigarette smoking lately. – Social Services Provider (Rapides Parish)

I see many people smoking when out and about the community, especially among young adults. The reason I believe it's a problem is there is a magnitude of information out there about the health detriments to smoking and yet people still smoke. – Community Leader (Rapides Parish)

Alcohol/Drug Use

High drug use promotes high smoker rate. – Other Health Provider (Rapides Parish)

Cultural/Personal Beliefs

Louisiana has a culture of accepted tobacco use. – Other Health Provider (Rapides Parish)

Lifestyle

People smoke and or use tobacco products and don't want to quit until too late. – Other Health Professional (Rapides Parish)

SEXUAL HEALTH

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

– Healthy People 2030 (https://health.gov/healthypeople)

HIV

Age-Adjusted HIV/AIDS Deaths

Between 2011 and 2020, there was an annual average age-adjusted HIV/AIDS mortality rate of 3.9 deaths per 100,000 population in the service area.

BENCHMARK ► Less favorable than the national rate.

HIV/AIDS: Age-Adjusted Mortality
(2011-2020 Annual Average Deaths per 100,000 Population)
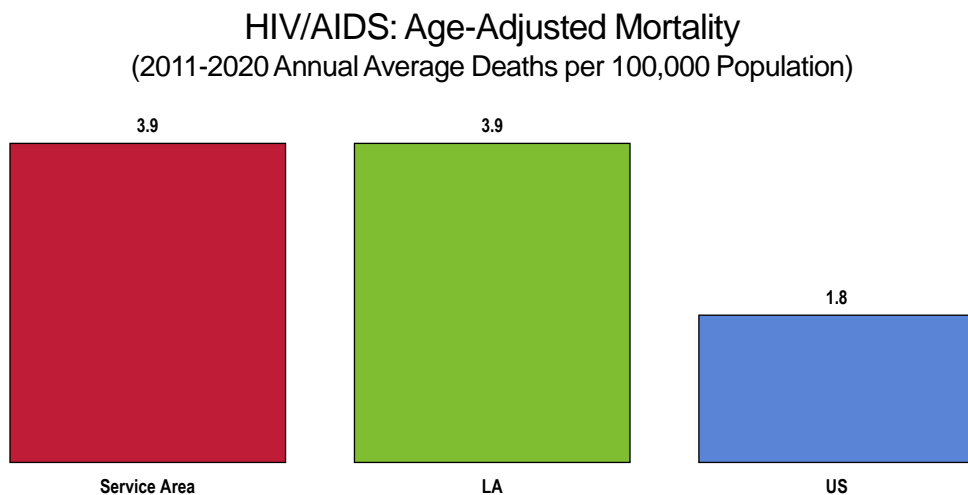
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.

HIV Prevalence

In 2018, there was a prevalence of 453.5 HIV cases per 100,000 population in the service area.

BENCHMARK ► Lower than the statewide rate but higher than the national rate.
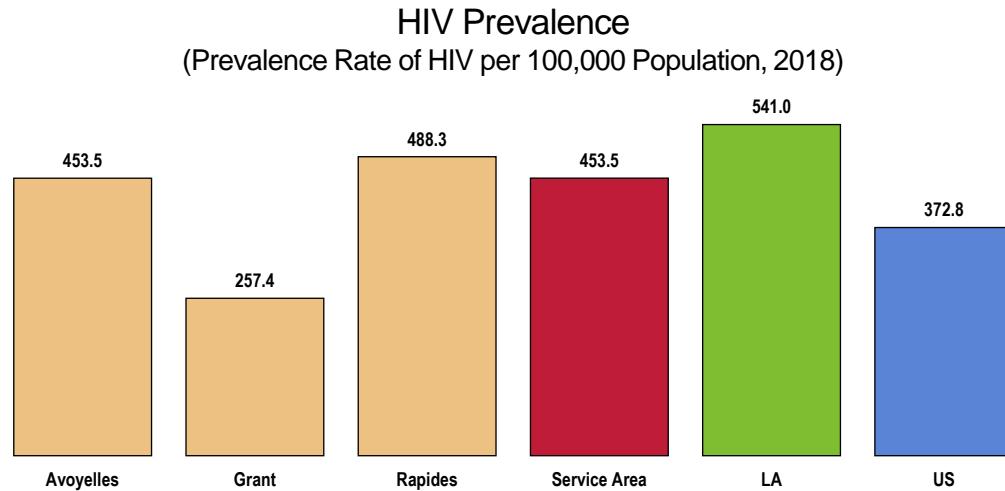
DISPARITY ► Lower in Grant Parish.

HIV Prevalence
(Prevalence Rate of HIV per 100,000 Population, 2018)

Avoyelles	Grant	Rapides	Service Area	LA	US
453.5	257.4	488.3	453.5	541.0	372.8

Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2022 via SparkMap (sparkmap.org).

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.

Sexually Transmitted Infections (STIs)

Chlamydia & Gonorrhea

In 2018, the chlamydia incidence rate in the service area was 805.3 cases per 100,000 population.

BENCHMARK ► Less favorable than the national rate.

DISPARITY ► Lower in Grant Parish.

The service area reported a gonorrhea incidence rate of 359.0 cases per 100,000 population in 2018.

DISPARITY ► Much higher than the state and US rates.

DISPARITY ► Lower in Grant Parish.

Chlamydia & Gonorrhea Incidence
(Incidence Rate per 100,000 Population, 2018)
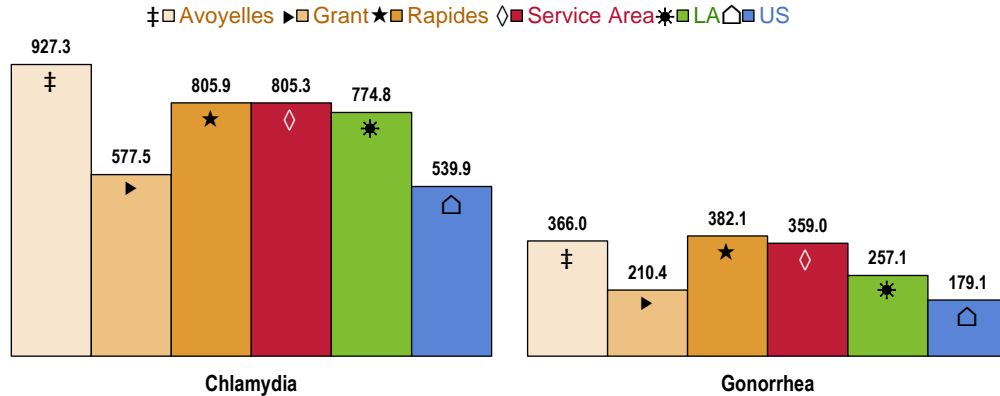
‡□ Avoyelles ▶□ Grant ★□ Rapides ◊■ Service Area ✳■ LA⌂□ US

Chlamydia
- 927.3 ‡
- 577.5 ▶
- 805.9 ★
- 805.3 ◊
- 774.8 ✳
- 539.9 ⌂

Gonorrhea
- 366.0 ‡
- 210.4 ▶
- 382.1 ★
- 359.0 ◊
- 257.1 ✳
- 179.1 ⌂

Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Key Informant Input: Sexual Health

Key informants taking part in an online survey generally characterized *Sexual Health* as a "moderate problem" in the community.

Perceptions of Sexual Health
as a Problem in the Community
(Key Informants, 2021)
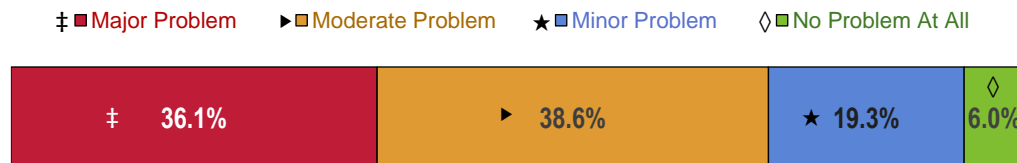
‡■ Major Problem   ▶■ Moderate Problem   ★■ Minor Problem   ◊■ No Problem At All

‡ 36.1%	▶ 38.6%	★ 19.3%	◊ 6.0%

Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

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

Prevalence/Incidence

Stats from LDH Region six indicate that this is a tremendous issue for Rapides parish with specific corridors along Main street in Pineville and then in Wardville having some of the highest rates. – Social Services Provider (Rapides Parish)

Because we have very high rates of sexually transmitted diseases. – Social Services Provider (Rapides Parish)

High levels of syphilis, chlamydia, HIV. – Public Health Representative (Rapides Parish)

Based on statistics from Louisiana Office of Public Health. – Public Health Representative (Rapides Parish)

Central Louisiana ranks very high nationally for STDs. – Community Leader (Rapides Parish)

High rate of STDs. – Social Services Provider (Rapides Parish)

Prevalence of STDs. – Social Services Provider (Avoyelles Parish)

Highest rate of syphilis in the state. – Community Leader (Rapides Parish)

Awareness/Education

Lack of education at young age. – Social Services Provider (Rapides Parish)

There are resources in the community attempting to alleviate some of the sexual health issues in our community, but these issues start long before they are receiving these services. There is a lack of access to adequate sexual education in schools, many people don't receive the appropriate information at home, and due to the religious nature of our area many people aren't comfortable seeking out this information. Additionally, because of the close-knit culture of this region, people fear that their family will discover their sexual health issues if they seek care or treatment for them. This has long been an issue for our area, and it's one that will take a long time to remedy. – Social Services Provider (Rapides Parish)

STDs are rampant, people are not informed or choose to not be informed about sexual health and how to stay safe. – Social Services Provider (Rapides Parish)

Not enough education for after school age adults that do not attend college, they are left alone. – Social Services Provider (Rapides Parish)

Not a lot of sex/health education happening and increase in STDs. – Other Health Professional (Rapides Parish)

Access to Care/Services

STDs are very high in our community with very limited access for treatment other than the health unit. – Other Health Provider (Rapides Parish)

Alcohol/Drug Use

Tied to drugs and illiteracy. – Other Health Provider (Avoyelles Parish)

Cultural/Personal Beliefs

Lack of morality. Influence of popular culture, i.e., hip hop. – Social Services Provider (Rapides Parish)

Diagnosis/Treatment

Our area has a high rate of STDs, including Hep C and HIV. Many people do not realize that they have the disease until they show symptoms. – Social Services Provider (Rapides Parish)

LGBTQ Population

Important due to LGTBQ population and being sequestered during the pandemic. – Social Services Provider (Rapides Parish)

ACCESS TO HEALTH CARE

HEALTH INSURANCE COVERAGE

Type of Health Care Coverage

Survey respondents were asked a series of questions to determine their health care insurance coverage, if any, from either private or government-sponsored sources.

A total of 48.6% of service area adults age 18 to 64 report having health care coverage through private insurance. Another 42.8% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Health Care Insurance Coverage
(Adults Age 18-64; Service Area, 2021)

‡ Private Insurance
48.6%

▶ VA/Military
6.1%

★ Medicaid/Medicare/ Other Gov't
36.7%

◊ No Insurance/Self-Pay
8.5%
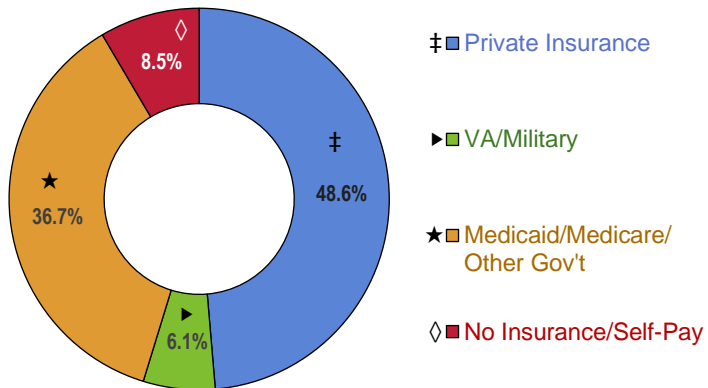
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 137]
Notes: • Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 8.5% report having no insurance coverage for health care expenses.

BENCHMARK ▶ More favorable than the statewide finding.

TREND ▶ Similar to 2018 findings, but considerably lower than prior years.

DISPARITY ▶ Higher in Grant Parish. Those less likely to have coverage include male respondents, lower-income residents, and Black respondents.

Lack of Health Care Insurance Coverage
(Adults Age 18-64)
Healthy People 2030 = 7.9% or Lower

Service Area

|						2002	2005	2010	2013	2018	2021
Avoyelles 7.6%	Grant 13.5%	Rapides 7.8%	Service Area 8.5%	LA 14.4%	US 8.7%	28.1%	24.7%	22.3%	22.8%	9.6%	8.5%
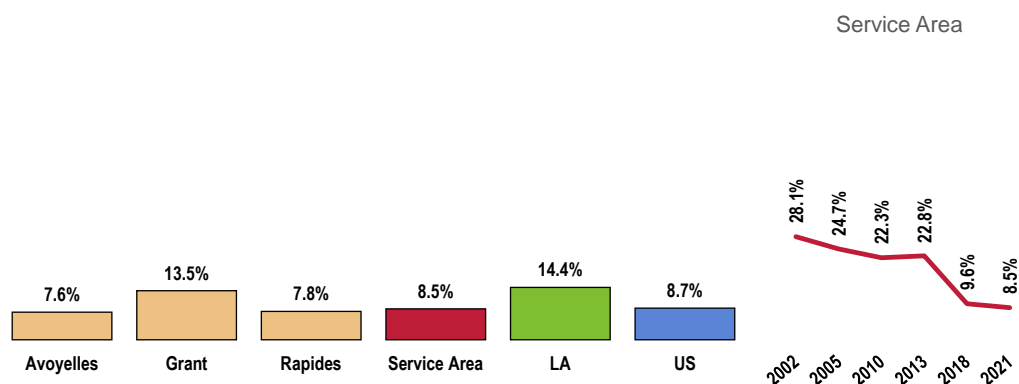
Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 137]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents under the age of 65.

Lack of Health Care Insurance Coverage
(Adults Age 18-64; Service Area, 2021)
Healthy People 2030 = 7.9% or Lower

Men	Women	18 to 39	40 to 64	Very Low Income	Low Income	Mid/High Income	White	Black	Diverse Races	Service Area
11.0%	5.9%	10.0%	7.1%	10.0%	17.2%	4.2%	6.5%	13.4%	9.0%	8.5%

Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 137]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents under the age of 65.

DIFFICULTIES ACCESSING HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. …About 1 in 10 people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Difficulties Accessing Services

A total of 43.4% of service area adults report some type of difficulty or delay in obtaining health care services in the past year.

BENCHMARK ► Higher than the national findings.

DISPARITY ► Those more likely to report having difficulty include women, adults younger than 65, lower-income adults, and Black residents.

This indicator reflects the percentage of the total population experiencing problems accessing health care in the past year, regardless of whether they needed or sought care. It is based on reports of the barriers outlined in the following section.

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

Service Area

Avoyelles	Grant	Rapides	Service Area	US
43.5%	43.2%	43.3%	43.4%	35.0%

2002	2005	2010	2013	2018	2021
43.3%	38.6%	38.9%	36.5%	38.9%	43.4%
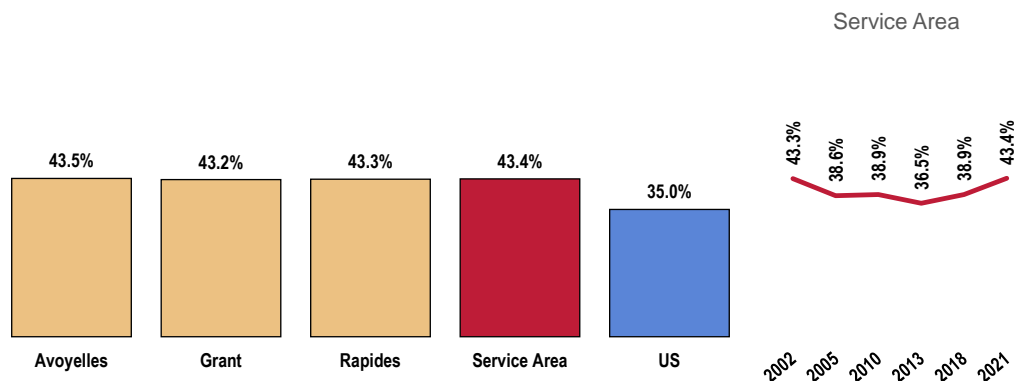
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 140]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Experienced Difficulties or Delays of Some Kind
in Receiving Needed Health Care in the Past Year
(Service Area, 2021)

37.4%	49.2%	47.5%	46.3%	28.9%	63.0%	45.2%	36.4%	40.8%	50.1%	45.5%	43.4%
Men	Women	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	White	Black	Diverse Races	Service Area
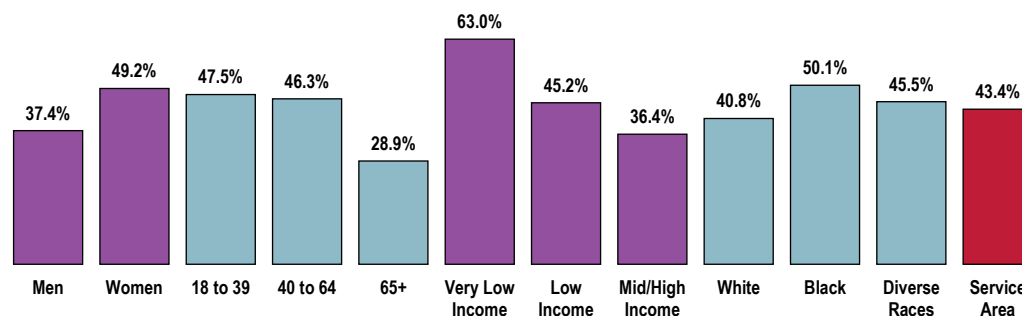
Sources:
● 2021 PRC Community Health Survey, PRC, Inc. [Item 140]
Notes:
● Asked of all respondents.
● Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Barriers to Health Care Access

Of the tested barriers, appointment availability impacted the greatest share of service area adults.

BENCHMARK ► **Finding a physician** is considerably more difficult in the service area than nationally. Also in the service area, **appointment availability** is more of a barrier than among US residents.

TREND ► Since the 2002 survey, two barriers have improved significantly: **cost of prescriptions** and **cost of a doctor visit**.

DISPARITY ► The barrier of **inconvenient office hours** is considerably lower in Rapides Parish.

Barriers to Access Have
Prevented Medical Care in the Past Year

‡□ Avoyelles ▶□ Grant ★■ Rapides ◊■ Service Area ✳■ US

	Getting a Dr Appointment	Cost (Prescriptions)	Finding a Doctor	Inconvenient Office Hours	Cost (Doctor Visit)	Lack of Transportation
‡	22.0%	13.5%	17.1%	17.0%	13.3%	9.8%
▶	19.2%	14.4%	12.8%	14.3%	13.4%	11.5%
★	19.4%	14.7%	13.7%	12.1%	12.5%	11.4%
◊	19.9%	14.4%	14.3%	13.4%	12.8%	11.1%
✳	14.5%	12.8%	9.4%	12.5%	12.9%	8.9%

Significantly lower than found in 2002 (Cost Prescriptions)

Significantly lower than found in 2002 (Cost Doctor Visit)
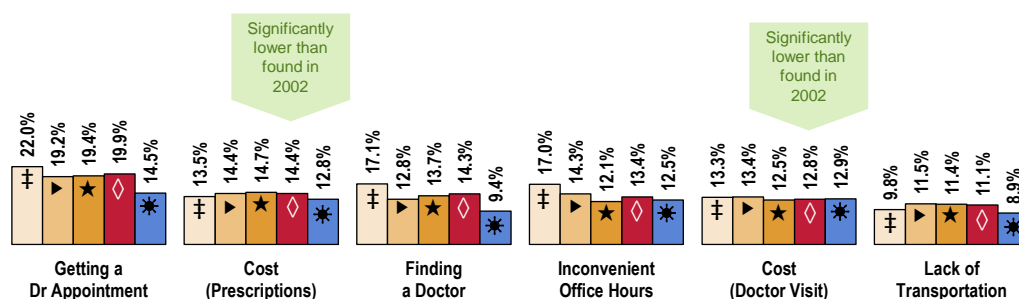
Sources:
● 2021 PRC Community Health Survey, PRC, Inc. [Items 7-11, 13]
● 2020 PRC National Health Survey, PRC, Inc.
Notes:
● Asked of all respondents.

Accessing Health Care for Children

A total of 2.4% 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.

BENCHMARK ► Favorably lower than the national percentage.

DISPARITY ► Lowest in Rapides Parish.

Had Trouble Obtaining Medical Care for Child in the Past Year
(Parents of Children 0-17)

Service Area

Age 0-4	4.0%
Age 5-12	1.8%
Age 13-17	1.7%

Avoyelles	Grant	Rapides	Service Area	US
5.7%	2.6%	1.4%	2.4%	8.0%

2005	2010	2013	2018	2021
4.2%	4.9%	1.7%	5.7%	2.4%
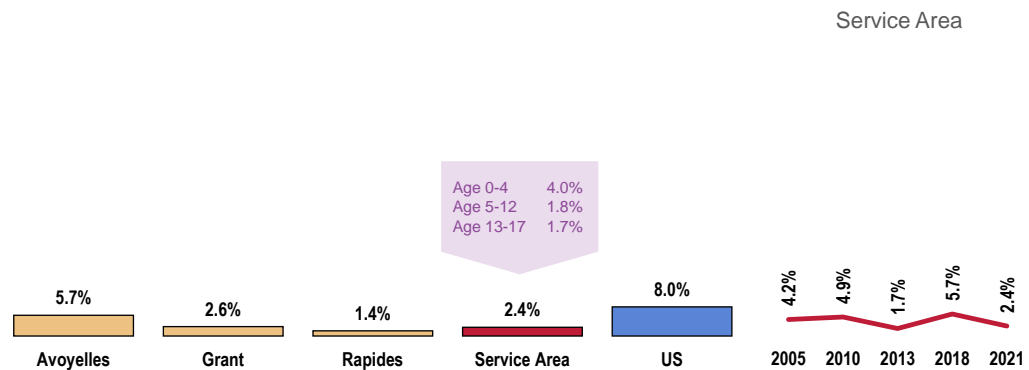
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 104]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children 0 to 17 in the household.

Key Informant Input: Access to Health Care Services

Key informants taking part in an online survey most often characterized *Access to Health Care Services* as a "moderate problem" in the community.

Perceptions of Access to Health Care Services
as a Problem in the Community
(Key Informants, 2021)

‡■ Major Problem   ▶■ Moderate Problem   ★■ Minor Problem   ◊■ No Problem At All

‡ 20.0%	▶ 48.2%	★ 15.3%	◊ 16.5%
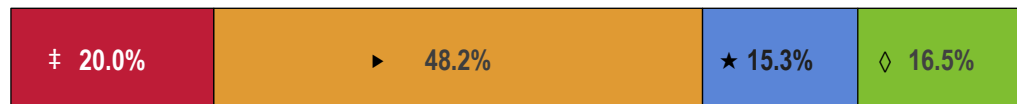
Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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

Access to Care/Services

Access to health care. Mental health and substance problems not available, children with mental health problems, after school problems, no health activities. – Social Services Provider (Grant Parish)

Lack of facilities in area, there are empty buildings that could be torn down and an Urgent Care facility put there. – Social Services Provider (Rapides Parish)

Access to health care, especially for low-income people is a huge problem. The number of providers that accept Medicaid limits access even further. – Social Services Provider (Rapides Parish)

No rural medical facilities outside of Rapides Parish. Transportation to the facilities. Cost for both, as underinsured drain the system and insured are unable to meet high deductibles. – Community Leader (Rapides Parish)

Affordable Care/Services

I believe that the lack of low-cost medical, dental, vision as well as mental health providers is a challenge. Transportation to health care providers is also an issue. For those who do not receive state funded medical insurance, deductibles and out of pocket costs are often costly. – Social Services Provider (Rapides Parish)

Health care is expensive and there are no affordable or even free services for people who cannot afford insurance to utilize. – Social Services Provider (Rapides Parish)

Transportation

Transportation to and from primary care offices. Medicaid does not cover transportation for doctor visits unless patient is completely bed bound. As a home health provider, we see many patients who don't have a car, a friend to ride with, or a way to pay for private transport. – Social Services Provider (Avoyelles Parish)

Transportation is an issue, particularly with the elderly. Prescription drug prices are astronomical and places a great burden on low income and marginalized people. – Social Services Provider (Rapides Parish)

Awareness/Education

Awareness of available services. Preventive care. Health insurance options. – Community Leader (Rapides Parish)

Co-Occurrences

Mental health and substance abuse. – Community Leader (Avoyelles Parish)

Lack of Providers

There aren't enough doctors here and the price for insurance is so expensive. – Community Leader (Rapides Parish)

Prevention/Screenings

Preventive health and reliable transportation. – Social Services Provider (Rapides Parish)

Social Determinants

Social determinants of health are fundamental to all of our health issues. – Public Health Representative (Rapides Parish)

PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

– Healthy People 2030 (https://health.gov/healthypeople)

Access to Primary Care

In 2021, there were 156 primary care physicians in the service area, translating to a rate of 81.3 primary care physicians per 100,000 population.

BENCHMARK ► Less favorable than the national prevalence.

DISPARITY ► Much lower in Grant Parish.

Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2021)
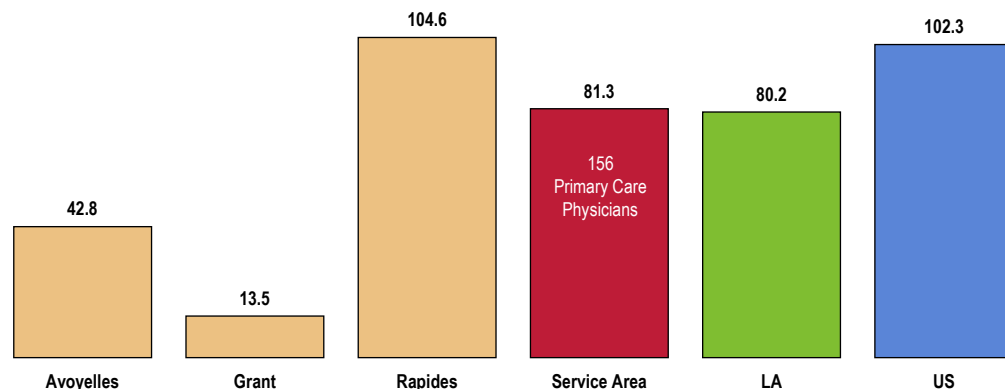
Avoyelles	Grant	Rapides	Service Area	LA	US
42.8	13.5	104.6	81.3 (156 Primary Care Physicians)	80.2	102.3

Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2022 via SparkMap (sparkmap.org).

Notes:
- Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Specific Source of Ongoing Care

A total of 75.3% of service area adults were determined to have a specific source of ongoing medical care.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

TREND ► Trending higher over time within the service area.

Have a Specific Source of Ongoing Medical Care
Healthy People 2030 = 84.0% or Higher

Avoyelles	Grant	Rapides	Service Area	US	2005	2010	2013	2018	2021
75.9%	78.5%	74.6%	75.3%	74.2%	71.3%	69.7%	71.2%	76.3%	75.3%

Service Area

Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 139]
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.
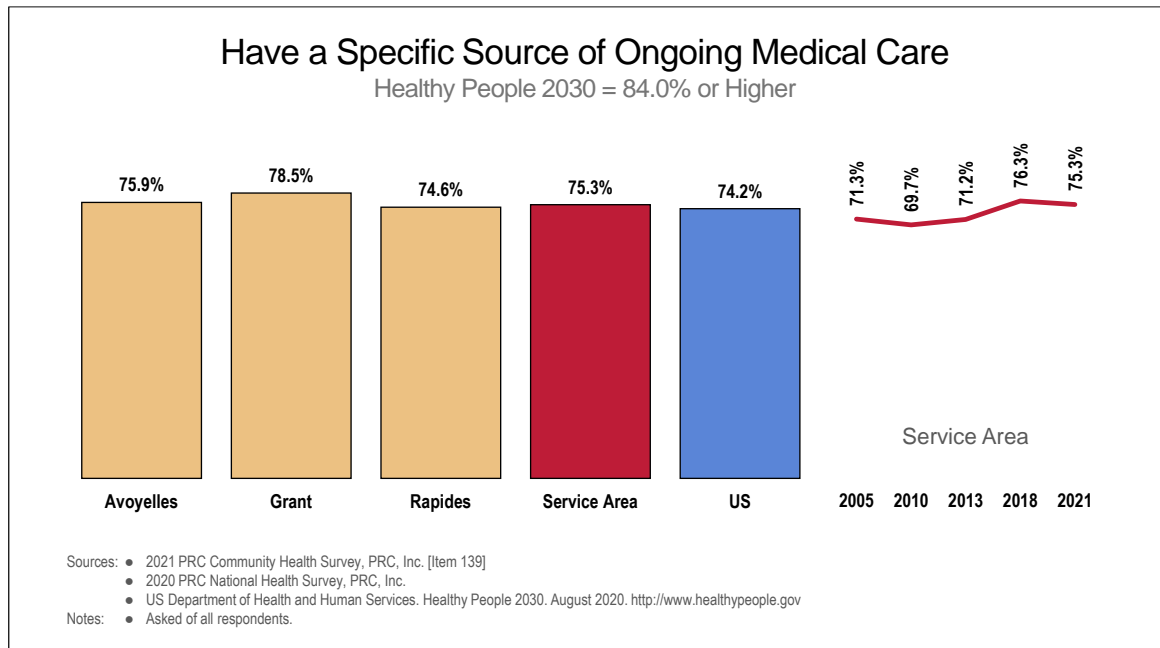
Utilization of Primary Care Services

Adults

Over three-fourths of adults (78.1%) visited a physician for a routine checkup in the past year.

BENCHMARK ► Higher than the national percentage.

TREND ► Higher than the 2002 baseline.

DISPARITY ► Higher in Rapides Parish. Those less likely to have had a checkup include adults younger than 65 (especially those age 18 to 39), respondents with lower incomes, and residents of diverse races.

Have Visited a Physician for a Checkup in the Past Year

Avoyelles	Grant	Rapides	Service Area	LA	US
75.0%	75.8%	79.5%	78.1%	80.1%	70.5%

Service Area

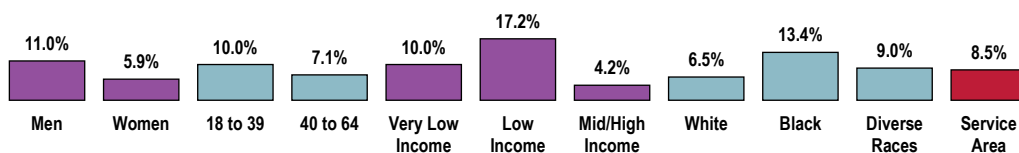70.3% 72.4% 72.7% 71.0% 79.6% 78.1%

2002 2005 2010 2013 2018 2021
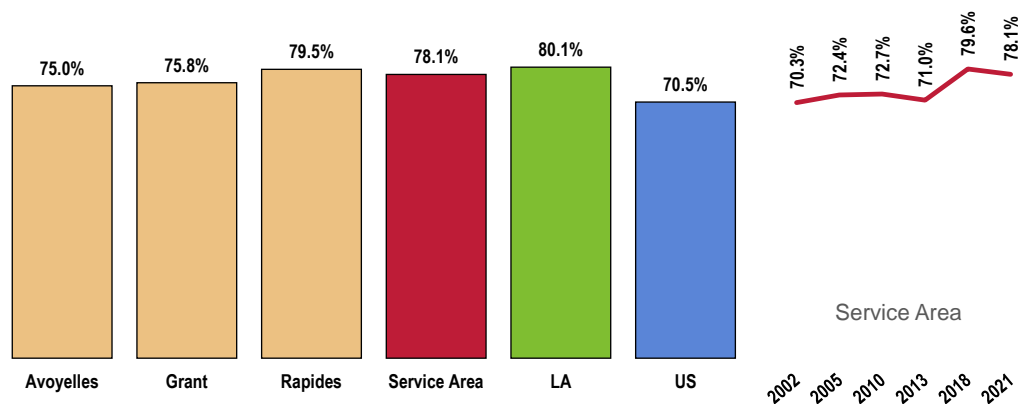
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 18]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Louisiana data.
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year
(Service Area, 2021)

Men	Women	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	White	Black	Diverse Races	Service Area
76.8%	79.3%	65.3%	82.1%	93.8%	72.4%	75.0%	81.2%	77.6%	81.9%	68.4%	78.1%
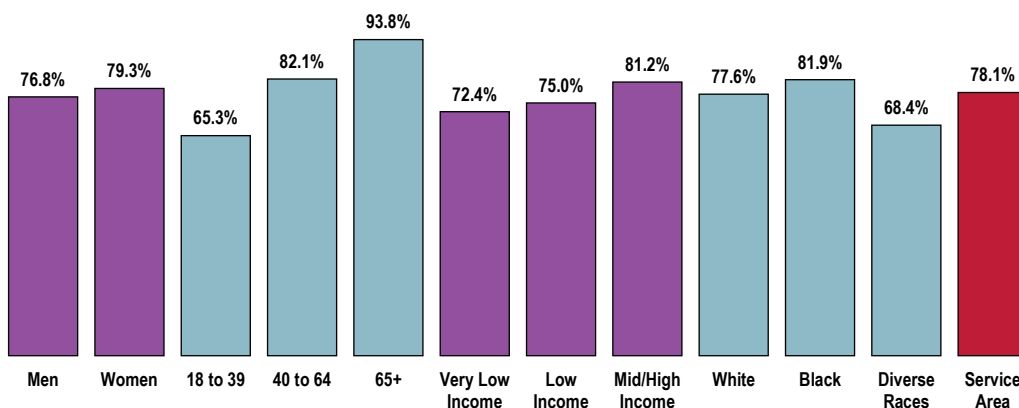
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 18]
Notes: ● Asked of all respondents.

Children

Among surveyed parents, 82.3% report that their child has had a routine checkup in the past year.

TREND ► Represents a significant decrease since the 2013 survey.

DISPARITY ► Higher in Grant Parish.

Child Has Visited a Physician
for a Routine Checkup in the Past Year
(Parents of Children 0-17)

Avoyelles	Grant	Rapides	Service Area	US
90.1%	90.5%	78.2%	82.3%	77.4%

Service Area

81.0% 84.7% 86.2% 89.7% 87.9% 82.3%

2002 2005 2010 2013 2018 2021
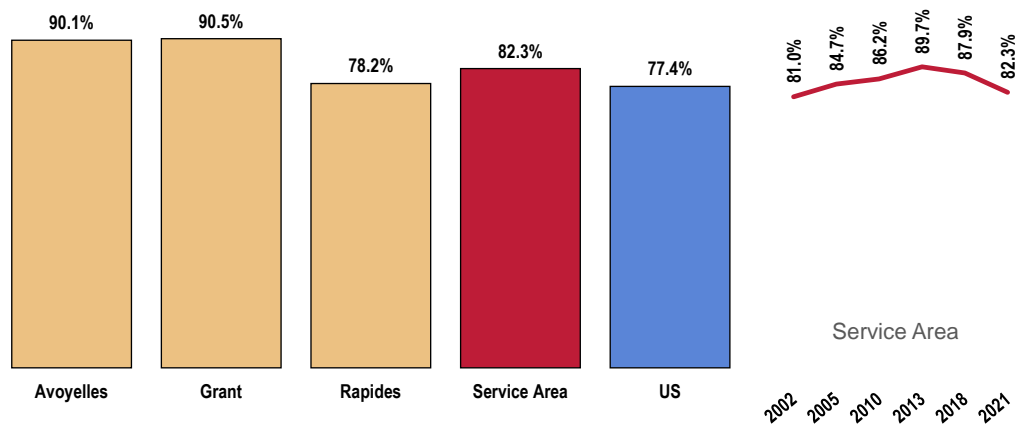
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 105]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children 0 to 17 in the household.

EMERGENCY ROOM UTILIZATION

A total of 13.3% of service area adults have gone to a hospital emergency room more than once in the past year about their own health.

BENCHMARK ► Higher than the national finding.

DISPARITY ► More often reported among lower-income respondents and Black residents.

Have Used a Hospital Emergency Room More Than Once in the Past Year

Service Area

Used the ER because:
- Emergency Situation   62.0%
- Weekend/After Hours   20.3%
- Access Problems   11.0%

Avoyelles	Grant	Rapides	Service Area	US
13.1%	15.3%	13.0%	13.3%	10.1%

2002	2005	2010	2013	2018	2021
14.5%	13.1%	13.2%	12.9%	13.4%	13.3%
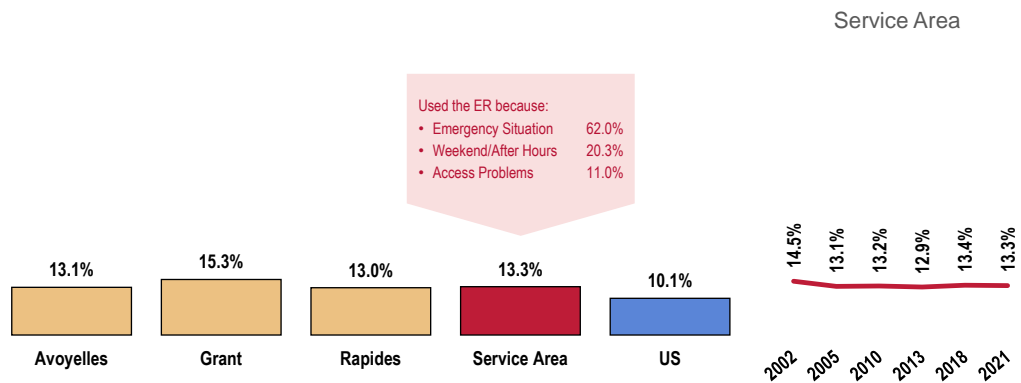
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 22, 306]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year
(Service Area, 2021)

Men	Women	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	White	Black	Diverse Races	Service Area
12.1%	14.6%	15.7%	12.5%	11.0%	18.3%	17.7%	9.8%	10.4%	22.3%	9.4%	13.3%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 22]
Notes: ● Asked of all respondents.

ORAL HEALTH

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. …Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

– Healthy People 2030 (https://health.gov/healthypeople)

Dental Insurance

Nearly two-thirds of service area adults (64.1%) have dental insurance that covers all or part of their dental care costs.

BENCHMARK ► Better than the US finding. Satisfies the Healthy People 2030 objective.

DISPARITY ► Lower in Rapides Parish.

Have Insurance Coverage
That Pays All or Part of Dental Care Costs
Healthy People 2030 = 59.8% or Higher

Avoyelles	Grant	Rapides	Service Area	US
65.1%	68.7%	63.0%	64.1%	68.7%
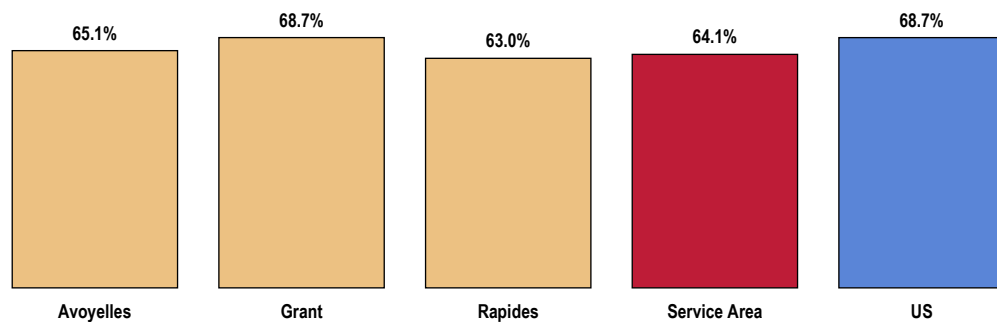
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 21]
● 2020 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Asked of all respondents.

Dental Care

Adults

A total of 54.3% of service area adults have visited a dentist or dental clinic (for any reason) in the past year.

BENCHMARK ► Lower than Louisiana and US findings. Satisfies the Healthy People 2030 objective.

TREND ► Trending lower since 2002.

DISPARITY ► Those <u>less</u> likely to have had a recent dental visit include young adults (age 18 to 39) and Black respondents. Also note the strong correlation between income and dental visits.

Have Visited a Dentist or Dental Clinic Within the Past Year
Healthy People 2030 = 45.0% or Higher

Avoyelles	Grant	Rapides	Service Area	LA	US
51.4%	53.0%	55.4%	54.3%	58.1%	62.0%

Service Area trend: 2002: 60.2%, 2005: 55.9%, 2013: 52.4%, 2018: 55.6%, 2021: 54.3%
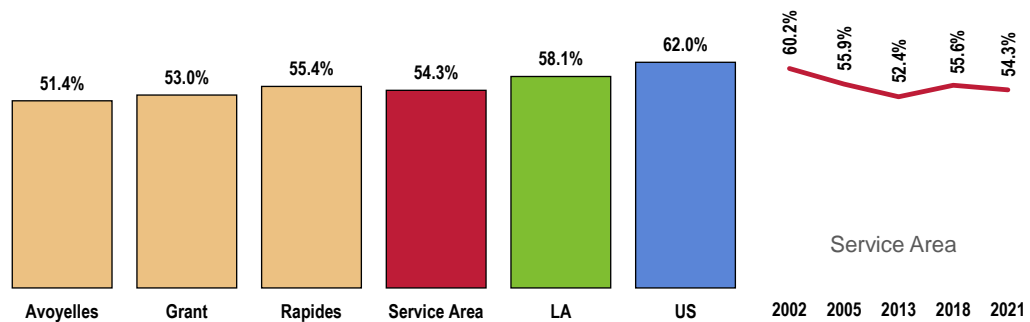
Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 20]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

Have Visited a Dentist or Dental Clinic Within the Past Year
(Service Area, 2021)
Healthy People 2030 = 45.0% or Higher

With Dental Insurance 60.1%
No Dental Insurance 47.1%

Men	Women	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	White	Black	Diverse Races	Service Area
53.7%	54.8%	47.7%	58.1%	59.1%	35.9%	43.3%	65.6%	57.9%	40.8%	61.4%	54.3%
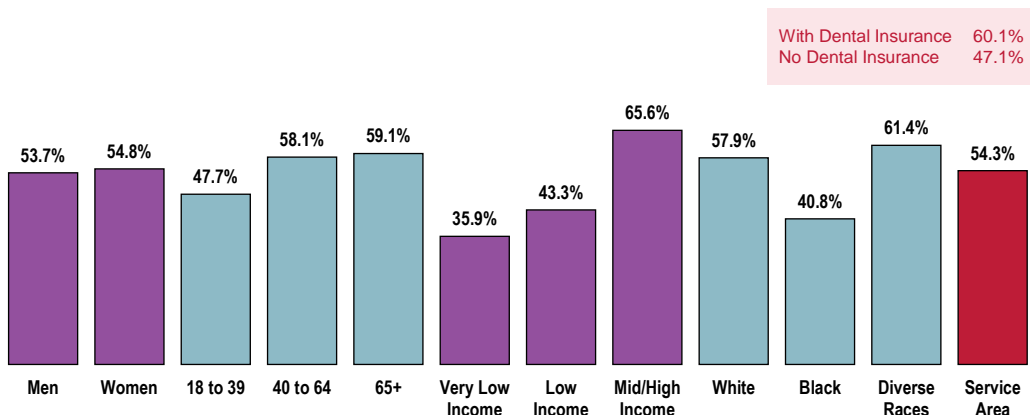
Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 20]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

Children

A total of 78.2% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

BENCHMARK ► Satisfies the Healthy People 2030 objective.

TREND ► Declining over time, with a significant drop since 2018.

DISPARITY ► Higher in Avoyelles Parish.

Child Has Visited a Dentist or Dental Clinic Within the Past Year
(Parents of Children Age 2-17)
Healthy People 2030 = 45.0% or Higher

Avoyelles	Grant	Rapides	Service Area	US	2002	2013	2018	2021
85.2%	84.5%	74.5%	78.2%	72.1%	85.8%	87.9%	88.0%	78.2%

Service Area
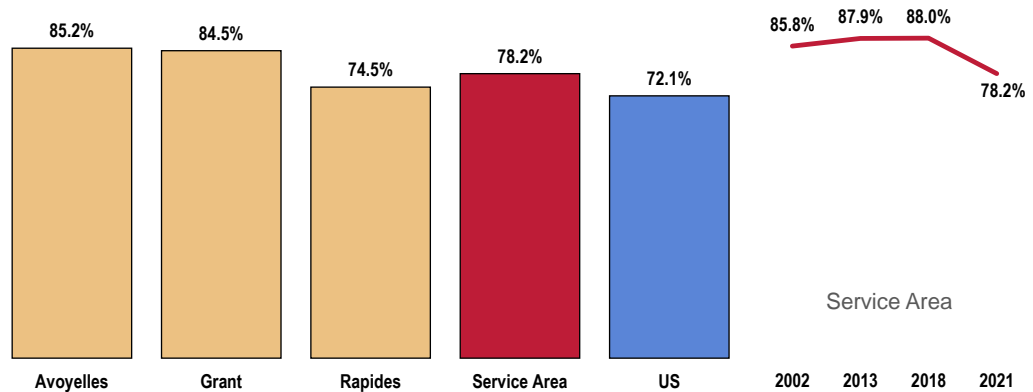
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 108]
● 2020 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Asked of all respondents with children age 2 through 17.

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, 2021)

‡■Major Problem ▶■Moderate Problem ★■Minor Problem ◊■No Problem At All

‡ 21.2%	▶ 54.1%	★ 17.6%	◊ 7.1%
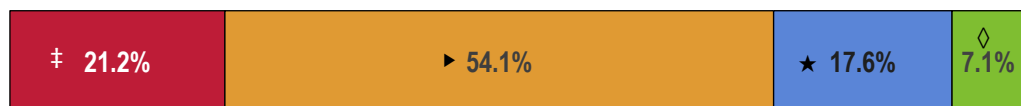
Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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

Affordable Insurance

Many people, even those with health insurance, cannot afford dental insurance and it is often expensive with limited advantages. It is often difficult to find a dentist locally who will just pull a tooth. Patients are often referred to a specialist for this service. Elementary school teachers often report that many of their students suffer from poor oral health. – Social Services Provider (Rapides Parish)

Lack of low-cost health insurance. – Social Services Provider (Rapides Parish)

Income/Poverty

Money. Education. – Social Services Provider (Rapides Parish)

This is part of a larger issue with overall health. There are a number of factors that contribute to this, most of which can be attributed to poverty. Many people in our area don't understand the connection between oral health and overall health. – Social Services Provider (Rapides Parish)

Access to Care for Uninsured/Underinsured

People don't have dental insurance and even those that do, don't routinely use. – Other Health Professional (Rapides Parish)

Most low-income adults don't have dental insurance; therefore, they are treated at clinics on an emergency basis, which often end in tooth extraction and not annual screenings and cleanings. – Social Services Provider (Rapides Parish)

Access for Medicare/Medicaid Patients

Medicaid doesn't cover preventive maintenance on health plans. No cleanings, X-rays or cavities fillings are covered. Only an exam for adult dentures is covered. – Social Services Provider (Rapides Parish)

Medicaid and the Veterans Administration does not pay for the majority of dental work needed. People cannot afford the high cost of dental care. Due to unaffordability, people delay getting dental care until they have a major problem. – Public Health Representative (Rapides Parish)

Access to Care/Services

Poor access. – Physician (Rapides Parish)

Affordable Care/Services

Dental care is too expensive, so people go without fixing their teeth. – Community Leader (Rapides Parish)

Awareness/Education

Lack of education or understanding of the importance of oral health beginning at a young age. – Social Services Provider (Rapides Parish)

VISION CARE

A total of 57.3% of service area residents had an eye exam in the past two years during which their pupils were dilated.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Higher in Rapides Parish. Those <u>less</u> likely to have received vision care include men, adults younger than 65, and respondents with very low incomes.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated
Healthy People 2030 = 61.1% or Higher

Service Area

					2002	2005	2013	2018	2021
55.1%	51.4%	59.1%	57.3%	61.0%	57.9%	64.1%	62.1%	60.4%	57.3%
Avoyelles	Grant	Rapides	Service Area	US					
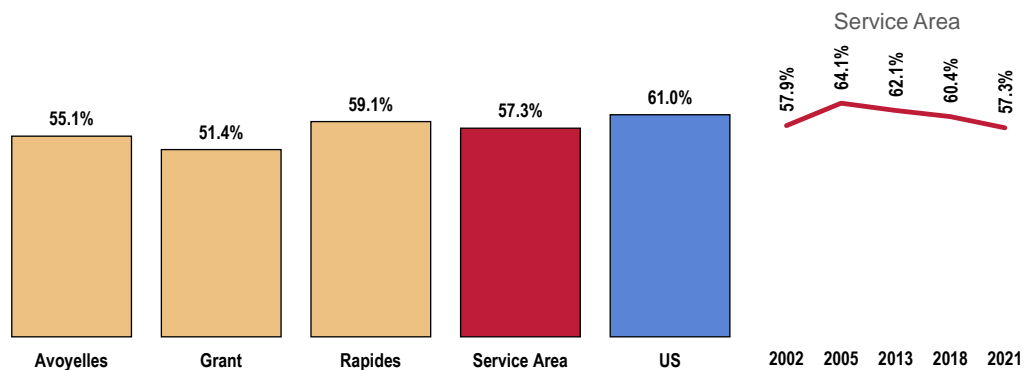
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 19]
　　　　 ● 2020 PRC National Health Survey, PRC, Inc.
　　　　 ● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Asked of all respondents.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated
(Service Area, 2021)
Healthy People 2030 = 61.1% or Higher

Men	Women	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	White	Black	Diverse Races	Service Area
51.5%	62.9%	42.9%	60.0%	78.2%	45.9%	59.5%	59.8%	57.1%	55.3%	65.9%	57.3%
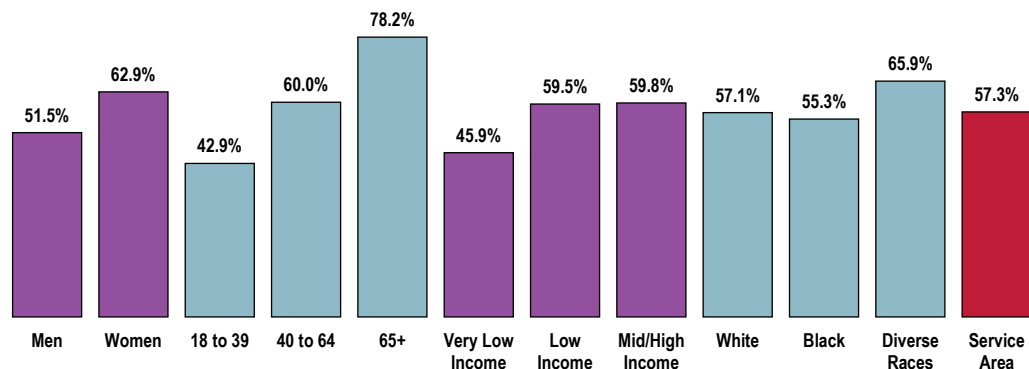
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 19]
　　　　 ● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Asked of all respondents.

LOCAL RESOURCES

PERCEPTIONS OF LOCAL HEALTH CARE SERVICES

Over one-half of service area adults rate the overall health care services available in their community as "excellent" or "very good."

Rating of Overall Health Care Services Available in the Community
(Service Area, 2021)
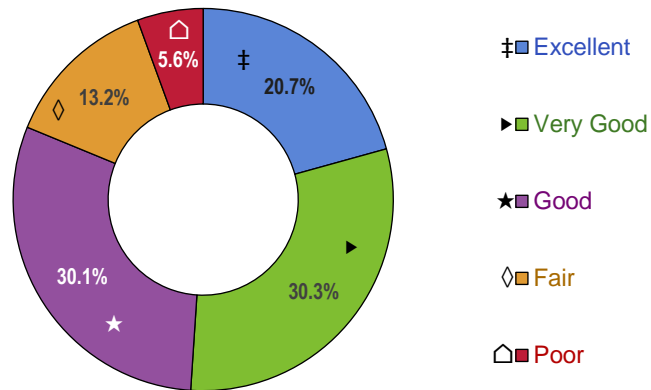
- ‡■ Excellent
- ▶■ Very Good
- ★■ Good
- ◊■ Fair
- ⌂■ Poor

Excellent 20.7%
Very Good 30.3%
Good 30.1%
Fair 13.2%
Poor 5.6%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 6]
Notes: ● Asked of all respondents.

However, 18.8% of residents characterize local health care services as "fair" or "poor."

BENCHMARK ► Considerably worse than the national percentage.

DISPARITY ► Lower in Rapides Parish. More often reported among adults younger than 65 and lower-income residents.

Perceive Local Health Care Services as "Fair/Poor"

Service Area

Avoyelles	Grant	Rapides	Service Area	US	2018	2021
23.0%	20.5%	17.3%	18.8%	8.0%	16.7%	18.8%
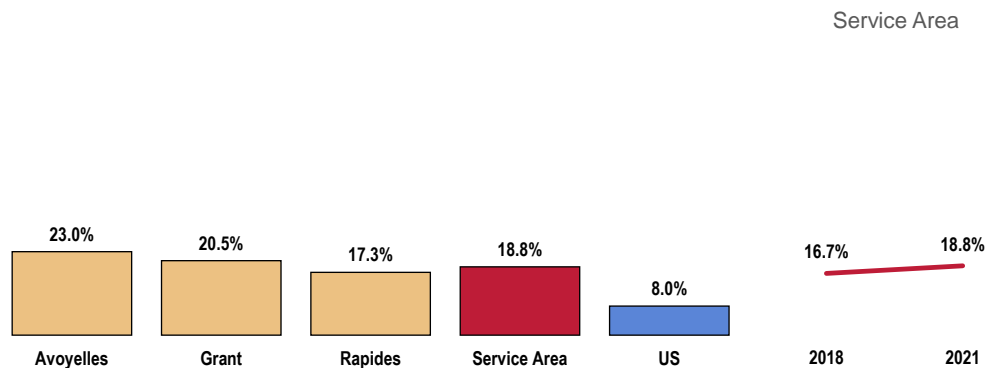
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 6]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Perceive Local Health Care Services as "Fair/Poor"
(Service Area, 2021)

With Access Difficulty	30.9%
No Access Difficulty	9.6%
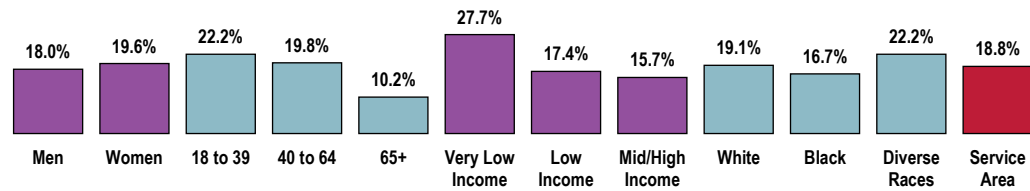
Men	Women	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	White	Black	Diverse Races	Service Area
18.0%	19.6%	22.2%	19.8%	10.2%	27.7%	17.4%	15.7%	19.1%	16.7%	22.2%	18.8%

Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 6]
Notes: • Asked of all respondents.

HEALTH CARE INFORMATION

Asked where they receive most of their healthcare information, roughly half of survey respondents (49.6%) mentioned their family physician, followed by references to the internet (mentioned by 21.6%).

TREND ► Since 2002, the percentage of respondents indicating that their healthcare information comes primarily from the internet has increased significantly.

DISPARITY ► Higher in Grant Parish (not shown).

Primary Source of Healthcare Information
(Service Area, 2021)

Service Area:
Internet is Primary Source

‡ ■ Family Doctor
► ■ Internet
★ ■ Friends/Relatives
◇ ■ Hospital Pub.
✳ ■ Insurance
＋ ■ Don't Receive Any
▼ ■ Other (each <3%)

Family Doctor 49.6%
Internet 21.6%
Friends/Relatives 9.8%
Other 10.9%
1.9%
3.1%
3.1%

Internet trend: 5.6% (2002), 6.7% (2005), 17.3% (2010), 18.7% (2013), 23.3% (2018), 21.6% (2021)
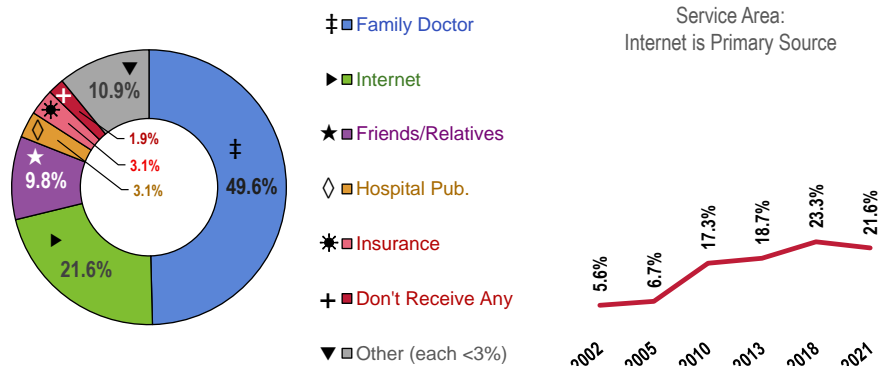
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 333]
Notes: ● Asked of all respondents.

Among surveyed parents of school-age children, 47.6% 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).

TREND ► Denotes a significant decline since 2018.

Child Has Mentioned
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; 2021)

Service Area

Service Area Boys 46.6%
Service Area Girls 48.8%
Service Area Age 5-12 43.1%
Service Area Age 13-17 54.9%
Service Area 47.6%

2018 56.0%
2021 47.6%
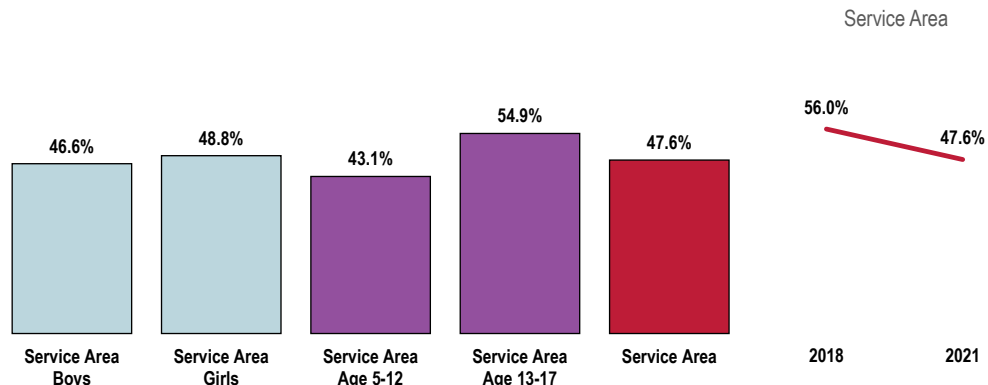
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 344]
Notes: ● Asked of all respondents with children age 5-17 at home.

HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within the service area as of September 2020.
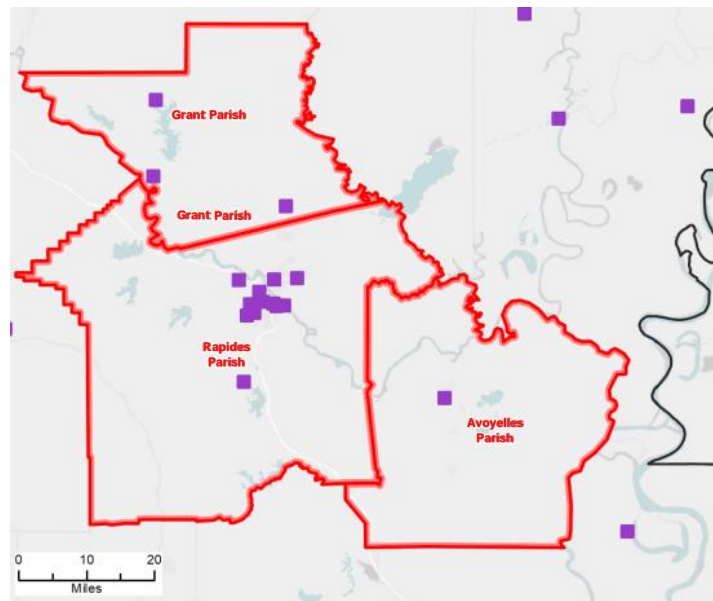
Map Legend

Federally Qualified Health Centers, POS
September 2020

Report Location, County

SparkMap

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 Health Care Services

Avoyelles Council on Aging
Avoyelles Health Unit
Cabrini Health Center
Cabrini Hospital
CHRISTUS Health Systems
Church Education Ministry
CLASS
Community Health Family Center
Community HealthWorx
Community Involvement
Doctor's Offices
Family/Friends
Federally Qualified Health Centers
Freedman Clinic
Health Department
Health Unit
Higher Heights Outreach
Hospitals
Huey P. Long Clinic
Incarnate Word
Longleaf Behavioral Hospital
Louisiana Healthcare Connections
Office of Public Health
Public Transit System
Rapides Primary Health Care
Rapides Regional Medical Center
Re-Entry Solutions
Religious Organizations
Urgent Care Center
VA Hospital

Cancer

American Cancer Society
Avoyelles Hospital
Bunkie General Hospital
Cabrini Cancer Center
Cabrini Hospital
Cancer Center
CHRISTUS St. Frances Cabrini Hospital
Doctor's Offices

Health Department
Hospitals
Huey P. Long Clinic
LSU Feist-Weiller
Rapides Breast Center
Rapides Foundation
Rapides Foundation Healthy Lifestyles Program
Rapides Parish Health Unit
Rapides Regional Cancer Center
Rapides Regional Medical Center
Religious Organizations
School System
Susan B. Komen Breast Cancer Association
Tobacco Free Living

Coronavirus Disease/COVID-19

American Heart Association
Avoyelles Parish School Board
Central Louisiana Human Services District
CHRISTUS Health Systems
CHRISTUS St. Frances Cabrini Hospital
Churches
Community Clinics
Community HealthWorx
Community Leaders
CVS
Department of Health and Hospitals
Doctor's Offices
Education and Awareness
Federally Qualified Health Centers
GOSEP/FEMA
Health Department
Health Unit
Hospitals
Huey P. Long Clinic
Louisiana Department of Health
LSU Strike Team
Media
National Guard
Office of Public Health
Parish Health Facilities

Parks and Recreation

Pharmacies

Physical Therapy

Rapides Foundation

Rapides Parish Health Unit

Rapides Primary Health Care

Rapides Regional Medical Center

Religious Organizations

Rotary Clubs

School System

Sleeve's Up Avoyelles

State Vaccine Equity Project

Testing Sites

The Power Coalition

TREE House

United Way of Central Louisiana

Urgent Care Center

Vaccinations

Walgreens

Dementia/Alzheimer's Disease

Alzheimer's Association

Alzheimer's Care Facilities

Churches

Day Programs

Doctor's Offices

Library

NARFE Alzheimer's Research Program

Nursing Homes

Rapides Regional Medical Center

Diabetes

American Diabetes Association

Bunkie General Hospital

Cabrini Health Center

Cabrini Hospital

CHRISTUS Health Systems

CHRISTUS St. Frances Cabrini Hospital

CMAP

Community Clinics

Community Health Center

Community HealthWorx

Diabetes Association

Diabetes Related Pharmaceutical Reps

Doctor's Offices

Federally Qualified Health Centers

Fitness Centers/Gyms

Food Bank

Freedman Clinic

Good Food Project

Health Department

Health Unit

Healthy Lifestyle

Hospitals

Huey P. Long Clinic

Incarnate Word

LDH Well-Ahead Well-Spots Program

Legacy Clinic

Library

Longleaf Behavioral Hospital

MLK Healthcare Clinic

Parks and Recreation

Rapides Foundation

Rapides Foundation Healthy Lifestyles Program

Rapides Parish Health Unit

Rapides Primary Health Care

Rapides Regional Medical Center

Red Cross

Religious Organizations

Rural Health Clinic

Urgent Care Center

VA Hospital

YWCA

Disability & Chronic Pain

Caring Choices

Central Louisiana Human Services District

Community Clinics

Community HealthWorx

Doctor's Offices

Federally Qualified Health Centers

Hospitals

Medicaid

Medicare

Opioid Coordinator

Pain Management Clinic

Rehab Centers

Spas/Massage Salons

YWCA

Heart Disease & Stroke

American Heart Association

American Heart Society

Avoyelles Council on Aging

Bunkie General Hospital

Cabrini Hospital

Calcium Scoring and Preventative Screenings

CHRISTUS Health Systems

CHRISTUS St. Frances Cabrini Hospital

Community Clinics

Community HealthWorx
Doctor's Offices
Education and Awareness
Farmer's Market
Federally Qualified Health Centers
Fitness Centers/Gyms
Freedman Clinic
Health Department
Healthy Community Coalitions
Healthy Lifestyle
Hospitals
Incarnate Word
MLK Healthcare Clinic
Move Bunkie Forward Grant
Parish Health Initiatives
Parks and Recreation
Rapides Foundation
Rapides Foundation Healthy Lifestyles Program
Rapides Regional Medical Center
Wellness Centers

Infant Health & Family Planning

Bureau of Family Health
CASA
Central Louisiana Aids Support Services
Central Louisiana Pregnancy Center
Community HealthWorx
Doctor's Offices
Education and Awareness
Family Court
Family Justice Center
FEMIR - Health Department
Fostering Families
Health Department
Health Unit
Rapides Parish Health Unit
Welfare and Housing Programs
WIC

Injury & Violence

911
AA/NA
Alexandria Emergency Hospital
Alexandria Police Department
Alpha Phi Alpha Fraternity, Inc
At-Risk Youth Organizations
Avoyelles Parish School Board
Cabrini Hospital
Caring Choices
Central Louisiana Advocacy Network

Central Louisiana Human Services District
CHRISTUS Health Systems
Churches
Community Health Center
Community Meetings
Community Outreach Programs
Council Meetings
Drug Court
Education and Awareness
Hospitals
Huey P. Long Clinic
Law Enforcement
Mayors and City Councils
Mental Health Services
Mentor Program
Methadone Clinics
Neighborhood Associations
Neighborhood Groups
Neighborhood Watch Programs
Police Department
Private Security
Psychiatric Hospitals
Rapides Foundation
Rapides Parish Domestic Violence Office
Rapides Parish School System
Rapides Parish Sheriff's Office
Rapides Regional Medical Center
Rapides Urgent Care
Re-Entry Program
Re-Entry Solutions
Salvation Army
Save Cenla
School System
Stop the Violence
Substance Abuse Services
The Last Adam Initiative
Trauma Center
Urgent Care Center
VOA
Youth Centers
YWCA

Kidney Disease

CHRISTUS Health Systems
Community Clinics
Community HealthWorx
Dialysis Center
Doctor's Offices
Federally Qualified Health Centers
Fresenius
Hospitals
Incarnate Word

Rapides Regional Medical Center

Mental Health

Avoyelles Community Health Center
Behavioral Health Court
Bunkie General Hospital
Cabrini Hospital
Cabrini House
Caring Choices
Central Louisiana Counseling Service
Central Louisiana Human Services District
Central Louisiana State Hospital
Choices of Louisiana
Churches
Compass Hospital
Counselors
Crossroads
Doctor's Offices
Federally Qualified Health Centers
Health Department
Homeless Coalition Resource Center
Hope House
Hospitals
Longleaf Behavioral Hospital
Louisiana Spirit Crisis Counseling
Manna House
Medicaid Counseling Service - Bunkie
Mental Health Services
Merakey
Oasis
Oceans Behavioral Health
Paces
Psychiatric Hospital - Bunkie
Psychiatric Hospitals
Rapides Primary Health Care
Red River Treatment Center
Religious Organizations
Rivers
Rural Health Clinic
Salvation Army
School System
State Run Programs
The Extra Mile
University Counselors
VA Hospital
We Care Behavioral Health
WellSpring

Nutrition, Physical Activity, & Weight

AMoA

CHRISTUS Health Systems
City of Alexandria Recreation Department
Community Sports Programs
Courtyard Health Club
Crossroads Soccer Association
Dixie Youth Basketball
Doctor's Offices
Farmers
Farmer's Market
Federally Qualified Health Centers
Fitness Centers/Gyms
Food Bank
Good Food Project
Grocery Stores
Healthy Lifestyle
Hospitals
Incarnate Word
LA SNAP
Louisiana Athletic Club
LSU Ag Center
MLK Healthcare Clinic
Move Bunkie Forward Grant
Nutrition Services
Parks and Recreation
Rapides Foundation
Rapides Foundation Healthy Lifestyles Program
Rapides Regional Medical Center
Sycamore Farms
Wellness Centers
YWCA

Oral Health

Affordable Dentures
AG Family Dentistry, LLC
Alexandria Dental
Bear Family Dentistry
Community HealthWorx
Dentist's Offices
Federally Sponsored Dental Clinic
Health Department
Rapides Primary Health Care
Red River Dental

Respiratory Diseases

Community Clinics
Community HealthWorx
Doctor's Offices
Health Department
Healthy Lifestyle
Hospitals

Outreach Programs
Public Health Facilities
Tobacco Free Living

Sexual Health

Acadiana Cares
Avoyelles Pregnancy Center
Caring Choices
Churches
CLASS
Community Clinics
Community HealthWorx
Doctor's Offices
Family/Friends
Federally Qualified Health Centers
Health Department
Health Unit
Hospitals
Huey P. Long Clinic
Office of Public Health
Pregnancy Center
Rapides Parish Health Department
Rapides Parish Health Unit
Rapides Primary Health Care
School System
Tulane Medical Group

Substance Abuse

AA/NA
Beacon Behavioral Health
CADA
Caring Choices
Celebrate Recovery
Central Louisiana Human Services District
Central Louisiana State Hospital
Churches
CLASS
Compass Hospital
DARE Program
Detox Centers
Doctor's Offices
Edgefield Recovery Center
Federally Qualified Health Centers
Health Department
Homeless Coalition Resource Center
Hope House
Hospitals
Law Enforcement
Longleaf Behavioral Hospital
Louisiana Spirit Crisis Counseling

Methadone Clinics
Narcan
No Limit for Recovery Clubhouse
Office of Public Health
Police Department
Private Programs
Rapides Drug Court Treatment
Rapides Primary Health Care
Recovery Mission
Red River Treatment Center
Religious Organizations
Salvation Army
School System
State Run Programs
Substance Abuse Services
The Extra Mile
WellSpring

Tobacco Use

American Cancer Society
Anti-Tobacco Campaigns
Central Louisiana Human Services District
CMAP
DARE Program
Doctor's Offices
Federally Qualified Health Centers
Healthy Lifestyle
Hospitals
Insurance Companies
Legislation, Smoke-Free Ordinances
Medicaid
Nicotine Patches/Gum
Rapides Foundation
School System
Smoke-Free Facilities
Tobacco Free Living

QUALITY OF LIFE

PERCEPTIONS OF QUALITY OF LIFE

Quality of Life in Central Louisiana

Just over one-fourth of survey respondents (26.9%) rate the overall quality of life in central Louisiana as "excellent" or "very good."

Rating of Quality of Life in Central Louisiana
(Service Area, 2021)
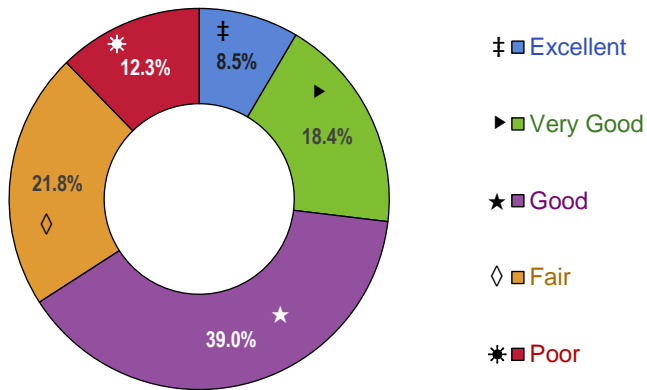
- ‡ ▪ Excellent — 8.5%
- ▶ ▪ Very Good — 18.4%
- ★ ▪ Good — 39.0%
- ◊ ▪ Fair — 21.8%
- ✳ ▪ Poor — 12.3%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 334]
Notes: ● Asked of all respondents.

However, 34.1% of residents characterize the quality of life in central Louisiana to be "fair" or "poor."

TREND ▶ Represents a significant increase since 2018.

DISPARITY ▶ Less favorable in Grant Parish. More often reported among adults younger than 65, those at lower incomes, and Black residents.

Quality of Life in Central Louisiana is "Fair/Poor"
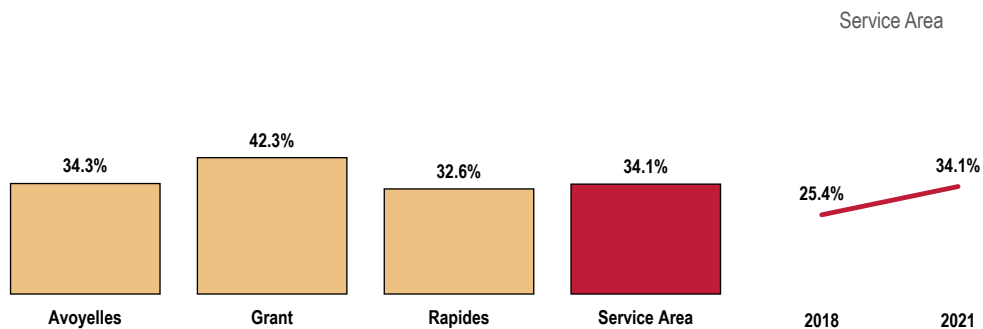
Service Area

Avoyelles 34.3%	Grant 42.3%	Rapides 32.6%	Service Area 34.1%	2018 25.4% — 2021 34.1%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 334]
Notes: ● Asked of all respondents.

Quality of Life in Central Louisiana is "Fair/Poor"
(Service Area, 2021)

	Men	Women	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	White	Black	Diverse Races	Service Area
	35.6%	32.7%	37.2%	36.9%	23.0%	43.3%	35.4%	30.4%	30.8%	44.0%	33.3%	34.1%
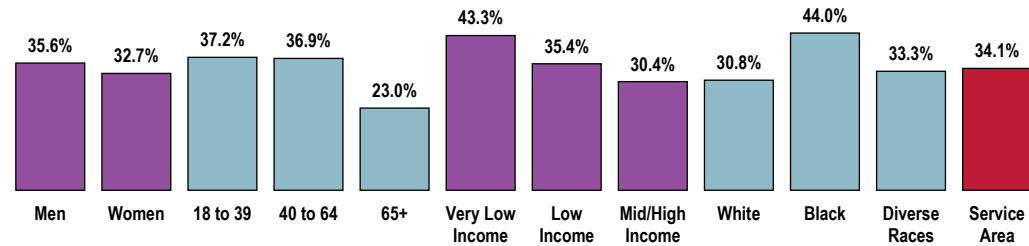
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 334]
Notes: ● Asked of all respondents.

Quality of Life in the Parish

Asked about the quality of life in their respective parishes, 23.3% of survey respondents report that it is on the right track and getting better, while 49.6% feel it is staying about the same and 27.1% consider the quality of parish life to be on the wrong track and getting worse.

TREND ► "*Wrong track and getting worse*" responses have increased significantly since 2018.

DISPARITY ► "*Wrong track and getting worse*" ratings are more often reported among Avoyelles and Rapides residents.

Quality of Life in Respondent's Parish of Residence

‡ ▢ Right Track/Getting Better   ► ▢ About the Same   ★ ▢ Wrong Track/Getting Worse

Service Area:
Wrong Track/Getting Worse

	Avoyelles	Grant	Rapides	Service Area
★	32.5%	20.0%	26.6%	27.1%
►	52.1%	51.9%	48.4%	49.6%
‡	15.4%	28.0%	25.0%	23.3%

2018	2021
15.1%	27.1%
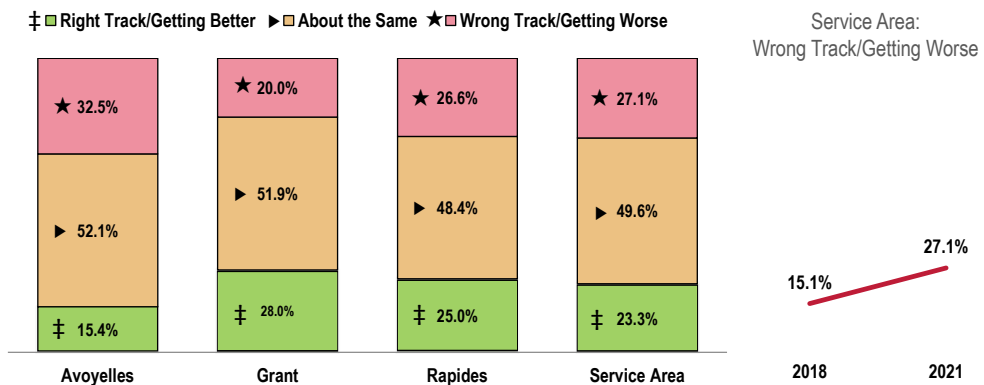
Sources: ● 2021 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 335]
Notes: ● Asked of all respondents.

VOLUNTEERISM

While 43.1% of survey respondents "never" volunteer and 19.7% "seldom" volunteer, a total of 22.2% of service area adults "sometimes" volunteer and 15.0% do so "frequently."

Frequency of Volunteering for
Charitable Organizations or Community Groups
(Service Area, 2021)
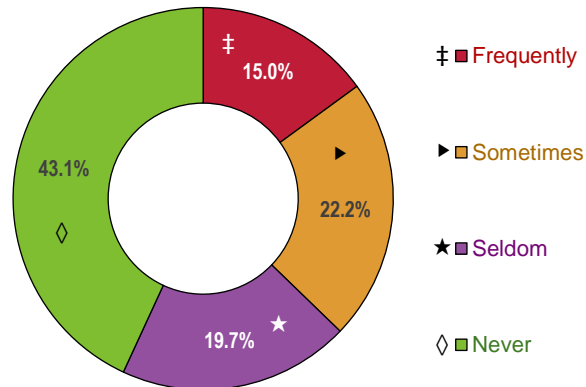
‡ ■ Frequently

▶ ■ Sometimes

★ ■ Seldom

◊ ■ Never

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 338]
Notes: ● Asked of all respondents.

TREND ▶ The prevalence of survey respondents who "frequently" or "sometimes" volunteer has declined since 2018.

DISPARITY ▶ Reported more often among those with higher incomes.

"Frequently/Sometimes" Volunteer

Service Area

34.1%	34.3%	38.8%	37.2%
Avoyelles	Grant	Rapides	Service Area

42.2% → 37.2%

2018 — 2021
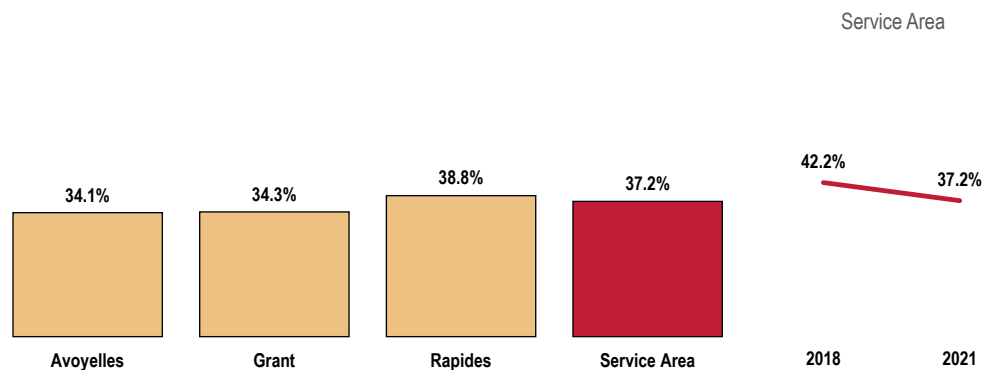
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 338]
Notes: ● Asked of all respondents.

"Frequently/Sometimes" Volunteer
(Service Area, 2021)
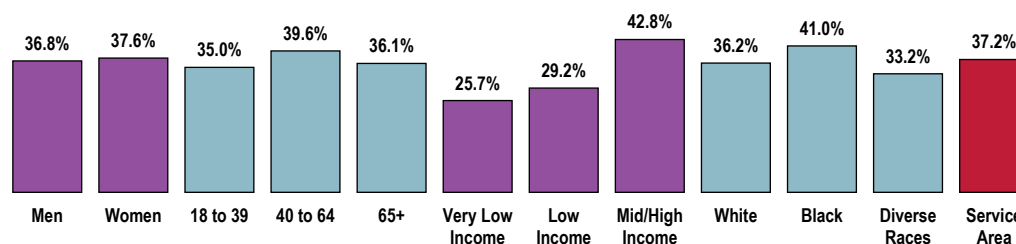
36.8%	37.6%	35.0%	39.6%	36.1%	25.7%	29.2%	42.8%	36.2%	41.0%	33.2%	37.2%
Men	Women	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	White	Black	Diverse Races	Service Area

Among survey respondents who volunteer, 37.3% spend between one and four hours per month on volunteering, and 36.9% spend between five and 10 hours.

Number of Hours Spent Volunteering in a Typical Month
(Service Area, 2021)
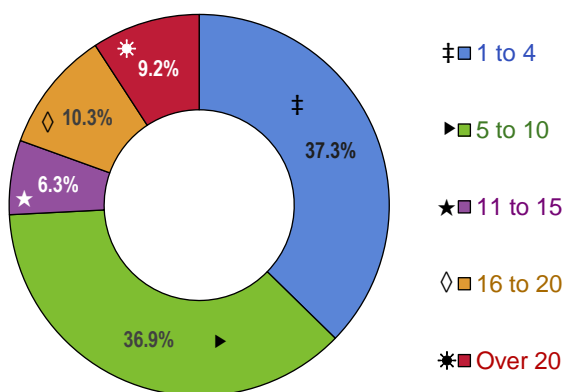
- ‡ ■ 1 to 4 — 37.3%
- ▶ ■ 5 to 10 — 36.9%
- ★ ■ 11 to 15 — 6.3%
- ◊ ■ 16 to 20 — 10.3%
- ✳ ■ Over 20 — 9.2%

LOCAL ASSISTANCE

Among adults in the service area, 7.2% have received assistance from a local program, church, or charitable organization in the past month.

TREND ► The prevalence of service area residents who have received assistance has increased significantly since 2018.

DISPARITY ► Assistance is lowest in Grant Parish. Those more likely to have received assistance include women, lower-income residents, and Black respondents.

Received Assistance from a Local Program, Church, or Charitable Organization in the Past Month

Service Area

Avoyelles	Grant	Rapides	Service Area	2018	2021
6.9%	6.0%	7.5%	7.2%	5.3%	7.2%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 340]
Notes: ● Asked of all respondents.

Received Assistance from a Local Program, Church, or Charitable Organization in the Past Month
(Service Area, 2021)

Men	Women	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	White	Black	Diverse Races	Service Area
3.9%	10.3%	7.7%	6.4%	7.3%	14.1%	13.3%	3.3%	5.1%	12.8%	6.4%	7.2%
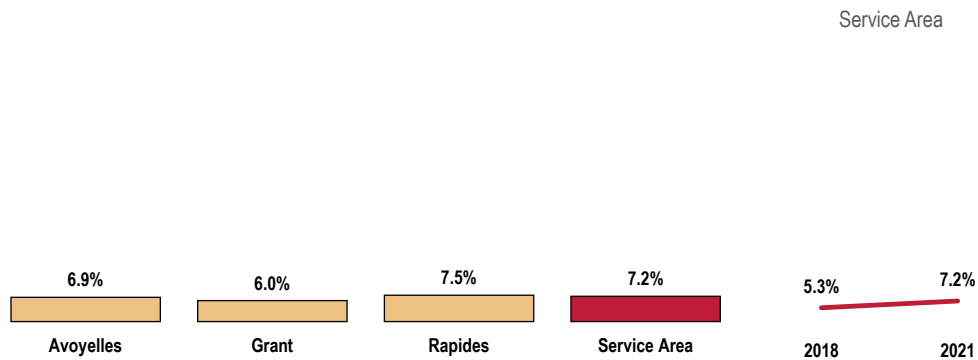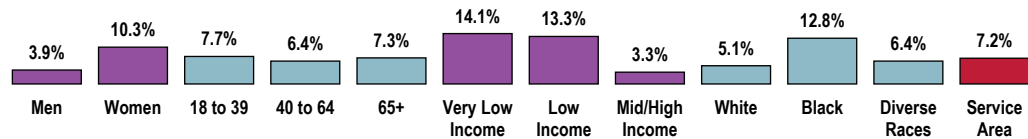
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 340]
Notes: ● Asked of all respondents.

Asked to estimate the number of acquaintances who have benefited from charitable organizations or community groups, a total of 31.2% of respondents said 10 or more.

Approximate Number of Acquaintances Who Have Benefited from Charitable Organizations or Community Groups
(Service Area, 2021)

‡ ■ None

► ■ 1 to 4

★ ■ 5 to 9

◊ ■ 10+
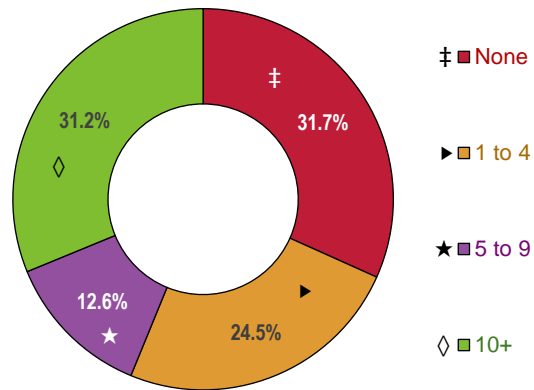
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 341]
Notes: ● Asked of all respondents.

TREND ► Represents a significant decrease from 2018 results (not shown).

DISPARITY ► Lower in Rapides Parish (not shown). Reported more often among adults age 40+ and those with higher incomes.

Know At Least 10 People Benefiting from Charities
(Service Area, 2021)

Men	Women	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	White	Black	Diverse Races	Service Area
29.8%	32.6%	28.0%	32.6%	34.8%	25.2%	25.4%	34.9%	32.3%	26.8%	33.3%	31.2%
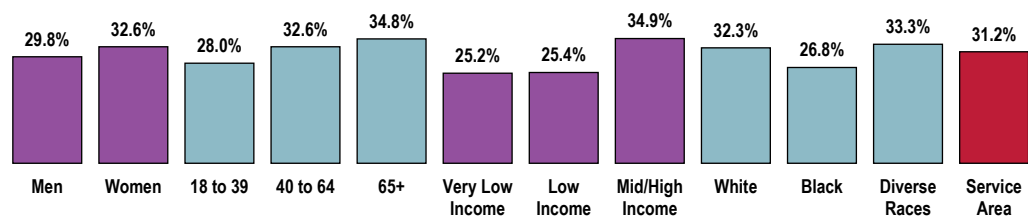
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 161]
Notes: ● Asked of all respondents.

APPENDIX

EVALUATION OF PAST ACTIVITIES

RAPIDES REGIONAL MEDICAL CENTER 2020-2022 CHNA SUMMARY

Rapides Regional Medical Center (RRMC) has been providing healthcare on a higher level in Central Louisiana since its founding in 1903. Today, Rapides Regional Medical Center is licensed for 346 beds and fully accredited by The Joint Commission. In addition, Rapides is also an Advanced Stroke Center, Certified Chest Pain Center, Accredited Cancer Center and a Level II Trauma Center. The medical staff includes physicians in more than thirty medical specialties.

In 1993, the operating assets and name of Rapides Regional Medical Center were sold to Central Louisiana Healthcare System Partnership. In 1998, the joint venture restructured to a limited liability corporation – Rapides Healthcare System (RHS). Today, HCA owns 74% interest and The Rapides Foundation owns 26% interest in 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 since the completion of the 2019 CHNA. Although COVID-19 greatly impacted community activities, Rapides Regional Medical Center continued its work to improve the health of the community. Many major community events were cancelled as residents were uncomfortable attending gatherings. This required creativity and flexibility with virtual classes and new ideas.

In reviewing the status of each of the six priority areas, RRMC reports the following:

1. Diabetes, Nutrition, Physical Activity and Weight

Goal: To increase awareness of nutrition, physical activity and weight status as contributing factors in chronic health diseases (diabetes, heart disease and cancer).

Strategies:
- Provide free monthly Diabetes/Nutrition classes – taught by Registered Dietician and Registered Nurse
- Promote physical activity through sponsorship of active community events, i.e. 5K runs, bicycle events, sporting events.
- Provide nutritional information and healthy lifestyle recommendations at various community events/health fairs.
- Partner with Alexandria Museum of Art (AMoA) to promote healthy living.

Results: Provided $98,405 in funding in 2020 and 2021 for
- Diabetes classes attended by 30
- Sponsorship of local community events and organizations in the amount of $86,130
- Community events attended by 400 participants
- AMoA events attended by 1,313 participants

2. Heart Disease and Stroke

Goal: To educate community residents on cardiovascular health

Strategies:
- Provide educational materials, presentations and screenings to community residents on cardiovascular health.
- Educate the community on availability of free resource – Heart Health Profiler.
- Provide monetary support for cardiovascular health and prevention research to American Heart Association.
- Provide Basic Life Support (BLS) training to community organizations.
- Educate the community on stroke signs and symptoms.

Results: Provided $36,169 in funding for 2020 and 2021
- Community Events attended by 632 participants
- Heart Health Profiler completed by 621 community residents
- American Heart Association Event/Donation in the amount of $5,270
- Basic Life Support training provided to 362 community residents
- Stroke education provided to 200 community residents

3. Cancer

Goal: To educate community residents on cancer prevention and screening

Strategies:
- Provide educational materials on cancer (colorectal, skin, breast, prostate, lung) to community groups
- Partner with 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."
- Provide monetary support for cancer research and prevention to American Cancer Society.
- Facilitate Cancer Support Group for community residents.

Results: Provided $110,538 in funding for 2020 and 2021
- Cancer education provided to 476 community residents
- Don't Fry Day event attended by 151 community residents
- American Cancer Society Event/Donation in the amount of $8,500
- Cancer Support Group attended by 18 participants

4. Injury and Violence

Goal: To decrease traumatic injury in service area

Strategies:
- Partner with Louisiana State Police to conduct Sudden Impact programs.
- Provide monthly child passenger safety seat checks.
- Provide hemorrhage control education to community residents.

Results: Provided $23,510 in funding for 2020& 2021
- Sudden Impact programs attended by 2,811 students
- Provided 288 child passenger safety seat checks
- Provided hemorrhage control education to 257 community residents

5. Access to Health Services

Goal: To increase access to health services to community residents

Strategies:
- 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 care/emergent care.
- Provide Physician Directories at Community functions.
- Support the LSU Family Residency, LSU Oral Maxillofacial Residency (OMFS), Tulane Gynecological Residency, Tulane Ophthalmology Residency programs which provides access to health care services to community residents.
- Provide funds to local colleges to promote health care workforce development.

Results:
- Provided $11,314,178 in funding for 2020 & 2021
- 8,508 copies of Primary/Urgent/Emergent education flyer distributed
- 2,411 Physician Directories distributed to community residents
- Support of the LSU Family Residency program in the amount of $7,279,370
- Support of the LSU OMFS Residency program in the amount of $612,514
- Support of the Tulane Gynecological Residency program in the amount of $2,102,271
- Support of the Tulane Ophthalmology Residency program in the amount of $1,320,021
- Support to local colleges health care programs in the amount of $392,500

6. Maternal/Infant Health

Goal: To improve maternal/infant health in the service area

Strategies:
- Provide free Childbirth Classes to community residents.
- Distribute baby packets to expectant mothers providing education, community resources and safe sleep information.
- Provide free Perinatal Loss Support Group.

Results:
- Provided $9,042 in funding for 2020 & 2021
- Childbirth Classes attended by 206 community residents
- Distributed 586 baby packets to expectant mothers
- Perinatal Loss Support Group attended by 96 community residents