

# 2025 COMMUNITY HEALTH NEEDS ASSESSMENT

Avoyelles, Grant & Rapides Parishes, Louisiana

Prepared for



In collaboration with



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# INTRODUCTION

# PROJECT OVERVIEW

## Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in 2002, 2005, 2010, 2013, 2018, and 2021, 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 conducted on behalf of Rapides Regional Medical Center by Professional Research Consultants, Inc. (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.

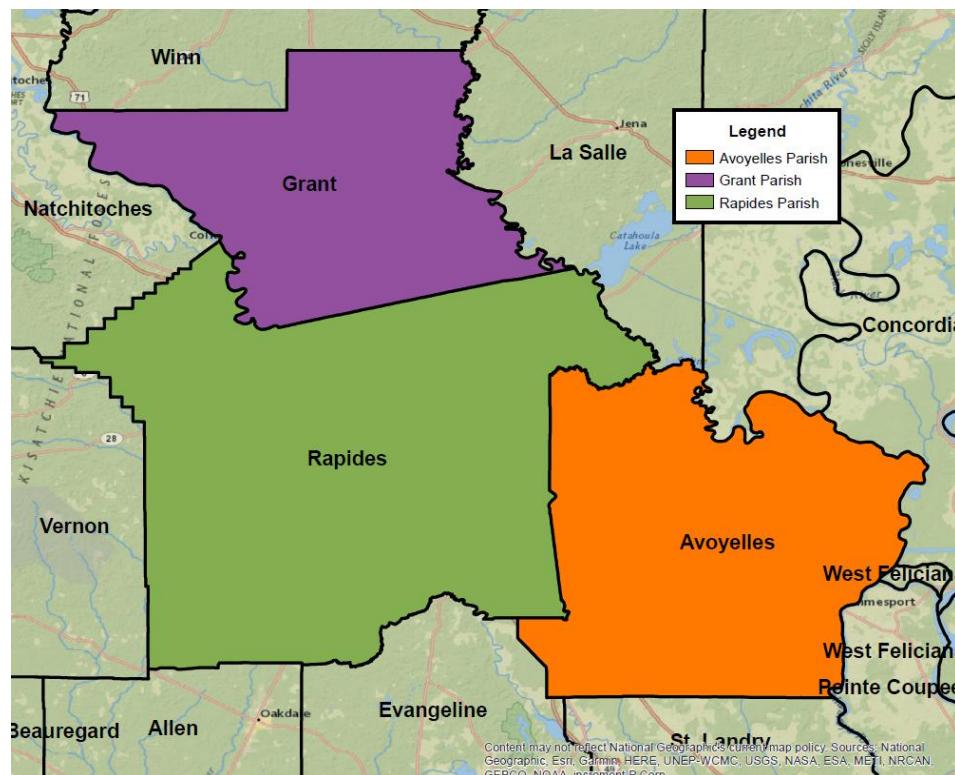
#### Survey Instrument

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

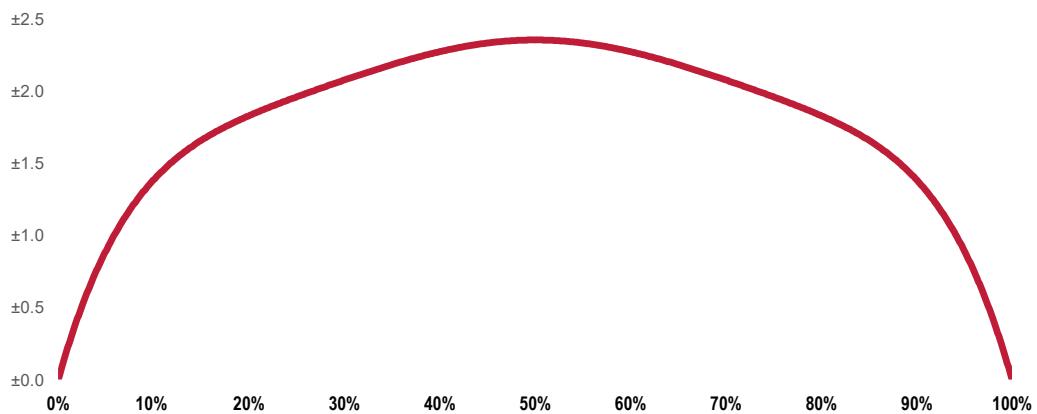
In 2024, a comprehensive health survey of Central Louisiana was completed by PRC on behalf of The Rapides Foundation. To ensure the best representation of the population surveyed, a mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires.

Data from that survey for the three-parish service area of Rapides Regional Medical Center serve to inform this Community Health Needs Assessment. The data were drawn from a sample of 1,797 individuals age 18 and older in the service area, including 415 in Avoyelles Parish, 246 in Grant Parish, and 1,136 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 1,797 respondents is  $\pm 2.3\%$  at the 95 percent confidence level.



## Expected Error Ranges for a Sample of 1,797 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 1,797 respondents answered a certain question with a "yes," it can be asserted that between 8.6% and 11.4% (10% - 1.4%) 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 47.7% and 52.3% (50% - 2.3%) of the total population would respond "yes" if asked this question.

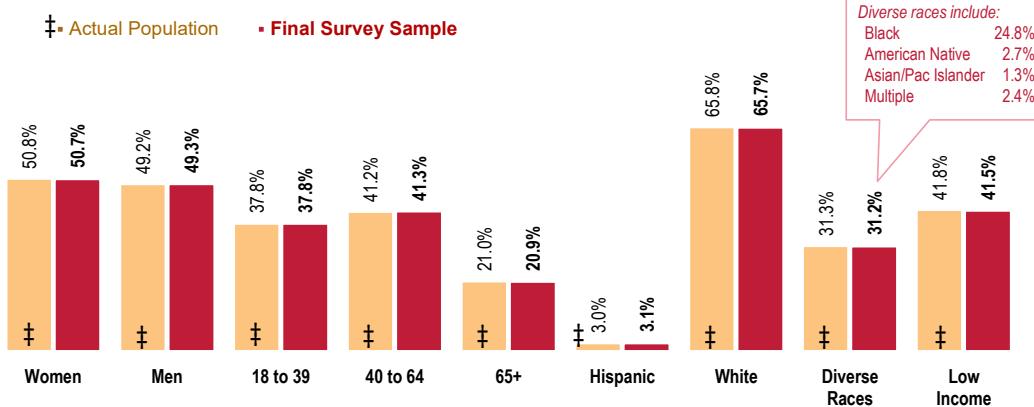
## Sample Characteristics

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 might contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics might have been slightly oversampled, might 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, 2024)



Sources: US Census Bureau, 2016-2020 American Community Survey.  
2024 PRC Community Health Survey, PRC, Inc.

Notes: "Low Income" reflects those living under 200% of the federal poverty level, based on guidelines established by the US Department of Health & Human Services. All Hispanic respondents are grouped, regardless of identity with any other race group. Race reflects those who identify with a single race category, without Hispanic origin. "Diverse Races" includes those who identify as Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.

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

### Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented in 2025 on behalf of the hospital. A list of recommended participants was provided by Rapides Regional Medical Center; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

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

#### ONLINE KEY INFORMANT SURVEY PARTICIPATION

KEY INFORMANT TYPE	NUMBER PARTICIPATING
Public Health Representatives	4
Other Health Providers	6
Social Services Providers	25
Other Community Leaders	15



Through this process, input was gathered from individuals whose organizations work with low-income, minority, or other medically underserved populations. Final participation included representatives of the organizations outlined in the following table.

- Access Health Louisiana
- Albert L. Hayward Community Development Corporation
- Arts Council of Central Louisiana
- Avoyelles Parish Police Jury
- Avoyelles Parish School Board
- Bunkie General Hospital
- Bureau of Family Health
- Cenla Medication Access Program
- Central Louisiana AIDS Support Services
- Central Louisiana Amateur Radio Club
- Central Louisiana Area Health Education Center
- Central Louisiana Arts & Healthcare
- Central Louisiana Chamber of Commerce
- City of Pineville
- Community Health WoRx
- Crest Industries, LLC
- Department of Health & Hospitals
- Dry Prong Historical Society
- Goodwill Industries of North Louisiana
- Grant Parish Library
- Gulf Coast Teaching Family Services
- Inner City Revitalization Corporation
- Keller Williams Realty
- Kiwanis Club of Alexandria
- Kramer Funeral Home
- LHC Group, Inc. – Bunkie Home Care
- Live Oak Community Church
- Louisiana College
- Louisiana Department of Health
- Louisiana Federation of Families
- Louisiana State University – Alexandria Foundation
- Manna House
- Mt. Olive Baptist Church
- Mt. Triumph Baptist Church
- Rapides Parish School Board
- Red River Chorale
- Region 6 Office of Aging and Adult Services
- Renaissance Home for Youth
- Second Christian Baptist Church
- Southern Forest Heritage Museum
- St. Mary's Training School
- T.R.E.E. House
- The Food Bank of Central LA
- United Way of Central Louisiana
- Village of Hessmer
- Village of McNary
- Winn Community Health Center

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.



## 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](http://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, National Center for Health Statistics
- National Cancer Institute, State Cancer Profiles
- US Census Bureau, American Community Survey
- US Census Bureau, Parish 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

Secondary data in this report represent a composite of Avoyelles, Grant, and Rapides Parishes.

## Benchmark Comparisons

### Trending

Similar surveys providing data for the three-parish service area were administered in the region in 2002, 2005, 2010, 2013, 2018, and 2021 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 Data

State-level findings are provided where available as an additional benchmark against which to compare local findings. For survey indicators, these are taken from the most recently published data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS). For other indicators, these draw from vital statistics, census, and other existing data sources.

### National Data

National survey data, which are also provided in comparison charts, are taken from the *2023 PRC National Health Survey*; these data may be generalized to the US population with a high degree of confidence. National-level findings (from various existing resources) are also provided for comparison of secondary data indicators.



## Healthy People 2030 Objectives

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.



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 receiving feedback from individuals and organizations and input from subject matter experts, the US 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, LGBTQ+ residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — while included in the overall findings, might not be individually identifiable or might not comprise a large-enough sample 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 nonprofit 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	See Report Page
<b>Part V Section B Line 3a</b> A definition of the community served by the hospital facility	7
<b>Part V Section B Line 3b</b> Demographics of the community	33
<b>Part V Section B Line 3c</b> Existing health care facilities and resources within the community that are available to respond to the health needs of the community	188
<b>Part V Section B Line 3d</b> How data was obtained	6
<b>Part V Section B Line 3e</b> The significant health needs of the community	14
<b>Part V Section B Line 3f</b> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
<b>Part V Section B Line 3g</b> The process for identifying and prioritizing community health needs and services to meet the community health needs	16
<b>Part V Section B Line 3h</b> The process for consulting with persons representing the community's interests	9
<b>Part V Section B Line 3i</b> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	193



# 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 key informants giving input to this process.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	<ul style="list-style-type: none"><li>▪ Barriers to Access<ul style="list-style-type: none"><li>○ Appointment Availability</li><li>○ Difficulty Finding a Physician</li><li>○ Lack of Transportation</li></ul></li><li>▪ Primary Care Physician Ratio</li><li>▪ Reliance on the Internet for Health Care Information</li><li>▪ Ratings of Local Health Care</li></ul>
CANCER	<ul style="list-style-type: none"><li>▪ Leading Cause of Death</li><li>▪ Cancer Deaths<ul style="list-style-type: none"><li>○ Including Lung Cancer and Colorectal Cancer Deaths</li></ul></li><li>▪ Cancer Incidence<ul style="list-style-type: none"><li>○ Including Lung Cancer and Colorectal Cancer</li></ul></li><li>▪ Cancer Prevalence</li><li>▪ Female Breast Cancer Screening</li><li>▪ Cervical Cancer Screening</li></ul>
DIABETES	<ul style="list-style-type: none"><li>▪ Diabetes Prevalence</li><li>▪ Prevalence of Borderline/Pre-Diabetes</li><li>▪ Kidney Disease Deaths</li><li>▪ Kidney Disease Prevalence</li><li>▪ Key Informants: <i>Diabetes</i> ranked as a top concern.</li></ul>
DISABLING CONDITIONS	<ul style="list-style-type: none"><li>▪ Multiple Chronic Conditions</li><li>▪ Activity Limitations</li><li>▪ High-Impact Chronic Pain</li><li>▪ Alzheimer's Disease Deaths</li><li>▪ Caregiving</li></ul>
HEART DISEASE & STROKE	<ul style="list-style-type: none"><li>▪ Leading Cause of Death</li><li>▪ Heart Disease Deaths</li><li>▪ Heart Disease Prevalence</li><li>▪ Stroke Deaths</li><li>▪ Stroke Prevalence</li><li>▪ High Blood Pressure Prevalence</li><li>▪ High Blood Cholesterol Prevalence</li><li>▪ Overall Cardiovascular Risk</li><li>▪ Key Informants: <i>Heart Disease &amp; Stroke</i> ranked as a top concern.</li></ul>

— *continued on the following page* —

## AREAS OF OPPORTUNITY (continued)

HOUSING	<ul style="list-style-type: none"> <li>▪ Housing Conditions</li> <li>▪ Availability of Affordable Housing</li> <li>▪ Key Informants: <i>Social Determinants of Health (especially Housing)</i> ranked as a top concern.</li> </ul>
INFANT HEALTH & FAMILY PLANNING	<ul style="list-style-type: none"> <li>▪ Low-Weight Births</li> <li>▪ Infant Deaths</li> <li>▪ Teen Births</li> </ul>
INJURY & VIOLENCE	<ul style="list-style-type: none"> <li>▪ Unintentional Injury Deaths           <ul style="list-style-type: none"> <li>○ Including Motor Vehicle Crash Deaths</li> </ul> </li> <li>▪ Homicide Deaths</li> <li>▪ Violent Crime Experience</li> <li>▪ Intimate Partner Violence</li> <li>▪ Key Informants: <i>Injury &amp; Violence</i> ranked as a top concern.</li> </ul>
MENTAL HEALTH	<ul style="list-style-type: none"> <li>▪ “Fair/Poor” Mental Health</li> <li>▪ 3+ Days of Poor Mental Health in Past Month</li> <li>▪ Diagnosed Depression</li> <li>▪ Symptoms of Chronic Depression</li> <li>▪ Receiving Treatment for Mental Health</li> <li>▪ Key Informants: <i>Mental Health</i> ranked as a top concern.</li> </ul>
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	<ul style="list-style-type: none"> <li>▪ Low Food Access</li> <li>▪ Difficulty Accessing Fresh Produce</li> <li>▪ Meeting Physical Activity Guidelines</li> <li>▪ Awareness of Others Being Physically Active</li> <li>▪ Local Opportunities to be Physically Active</li> <li>▪ Screen Time Daily [Children]</li> <li>▪ Overweight &amp; Obesity [Adults &amp; Children]</li> <li>▪ Professional Advice About Weight</li> <li>▪ Key Informants: <i>Nutrition, Physical Activity &amp; Weight</i> ranked as a top concern.</li> </ul>
ORAL HEALTH	<ul style="list-style-type: none"> <li>▪ Regular Dental Care [Adults &amp; Children]</li> </ul>
RESPIRATORY DISEASE	<ul style="list-style-type: none"> <li>▪ Lung Disease Deaths</li> <li>▪ Pneumonia/Influenza Deaths</li> </ul>
SEXUAL HEALTH	<ul style="list-style-type: none"> <li>▪ HIV Prevalence</li> <li>▪ Chlamydia Incidence</li> <li>▪ Gonorrhea Incidence</li> </ul>
SUBSTANCE USE	<ul style="list-style-type: none"> <li>▪ Alcohol-Induced Deaths</li> <li>▪ Unintentional Drug-Induced Deaths</li> <li>▪ Illicit Drug Use</li> <li>▪ Use of Prescription Opioids</li> <li>▪ Key Informants: <i>Substance Use</i> ranked as a top concern.</li> </ul>
TOBACCO USE	<ul style="list-style-type: none"> <li>▪ Cigarette Smoking</li> <li>▪ Professional Advice to Quit Smoking</li> <li>▪ Use of Vaping Products</li> </ul>



## 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 providers and other community leaders (representing a cross-section of community-based agencies and organizations) as part 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 Use
2. Mental Health
3. Diabetes
4. Nutrition, Physical Activity & Weight
5. Injury & Violence
6. Heart Disease & Stroke
7. Housing (Social Determinants of Health)
8. Cancer
9. Tobacco Use
10. Disabling Conditions
11. Access to Health Care Services
12. Sexual Health
13. Oral Health
14. Infant Health & Family Planning
15. Respiratory Disease

## 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, the Rapides Regional Medical Center service area results 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.

### TREND SUMMARY

(Current vs. Baseline Data)

### SURVEY DATA INDICATORS:

Trends for survey-derived indicators represent significant changes since 2002 (or earliest available data).

### OTHER (SECONDARY) DATA INDICATORS:

Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade).

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	SERVICE AREA vs. BENCHMARKS			
	Avoyelles Parish	Grant Parish	Rapides Parish		vs. LA	vs. US	vs. HP2030	TREND
Linguistically Isolated Population (Percent)				1.1				
	0.7	0.0	1.5		1.9	3.9		
Population in Poverty (Percent)				20.3				
	27.4	16.1	18.9		18.9	12.4	8.0	
Children in Poverty (Percent)				27.8				
	38.0	20.7	25.8		25.7	16.3	8.0	
No High School Diploma (Age 25+, Percent)				15.5				
	23.0	18.5	12.6		13.1	10.6		
Unemployment Rate (Age 16+, Percent)				4.4				
	5.3	4.9	4.1		4.7	4.6		
% "Fair/Poor" Condition of Neighborhood Homes				24.2				
	22.6	27.8	24.0					16.1
% "Fair/Poor" Availability of Affordable Housing				52.4				
	49.9	52.4	53.2					41.8
Population With Low Food Access (Percent)				33.9				
	20.6	19.5	40.6		26.4	22.2		

Note: In the section above, each parish is compared against the other parishes 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	SERVICE AREA vs. BENCHMARKS			
	Avoyelles Parish	Grant Parish	Rapides Parish		vs. LA	vs. US	vs. HP2030	TREND
% "Fair/Poor" Overall Health				21.0				
	23.4	25.3	19.5		23.3	15.7		19.3
% 3+ Days Poor Physical Health in Past Month				34.6				
	33.3	37.1	34.8					28.3
Note: In the section above, each parish is compared against the other parishes 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	DISPARITY AMONG PARISHES			Service Area	SERVICE AREA vs. BENCHMARKS			
	Avoyelles Parish	Grant Parish	Rapides Parish		vs. LA	vs. US	vs. HP2030	TREND
% [Age 18-64] Lack Health Insurance				9.3				
	5.1	7.6	11.0		6.6	8.1	7.6	28.1
% Difficulty Accessing Health Care in Past Year (Composite)				47.1				
	44.3	44.4	48.5			52.5		43.3
% Cost Prevented Physician Visit in Past Year				17.7				
	18.0	19.6	17.2		11.5	21.6		18.6
% Cost Prevented Getting Prescription in Past Year				16.7				
	13.9	14.7	17.9			20.2		24.1
% Difficulty Getting Appointment in Past Year				21.3				
	18.3	20.9	22.3			33.4		17.4
% Inconvenient Hrs Prevented Dr Visit in Past Year				14.3				
	15.5	13.9	14.1			22.9		14.5

ACCESS TO HEALTH CARE (continued)	DISPARITY AMONG PARISHES			Service Area	SERVICE AREA vs. BENCHMARKS			
	Avoyelles Parish	Grant Parish	Rapides Parish		vs. LA	vs. US	vs. HP2030	TREND
% Difficulty Finding Physician in Past Year				<b>16.1</b>			22.0	
	14.6	16.4	16.6					12.8
% Transportation Hindered Dr Visit in Past Year				<b>14.3</b>			18.3	
	13.1	12.1	15.1					11.1
% Difficulty Getting Child's Health Care in Past Year				<b>6.5</b>			11.1	
	5.9	2.7	7.4					4.2
Primary Care Doctors per 100,000				<b>90.2</b>				
	50.4	18.0	114.6		97.2	118.5		
% Have a Specific Source of Ongoing Care				<b>69.7</b>				
	69.6	75.5	68.7			69.9	84.0	71.3
% Routine Checkup in Past Year				<b>73.5</b>				
	75.7	72.4	73.0		82.6	65.3		70.3
% [Child 0-17] Routine Checkup in Past Year				<b>84.8</b>				
	88.4	83.1	84.0			77.5		81.0
% Two or More ER Visits in Past Year				<b>15.1</b>				
	13.3	14.2	15.8			15.6		14.5
% Internet is the Primary Source for Healthcare Information				<b>22.2</b>				
	18.8	17.4	24.0					5.6
% Rate Local Health Care "Fair/Poor"				<b>22.1</b>				
	21.8	23.0	21.9		11.5			16.7

Note: In the section above, each parish is compared against the other parishes 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

CANCER	DISPARITY AMONG PARISHES			Service Area	SERVICE AREA vs. BENCHMARKS			
	Avoyelles Parish	Grant Parish	Rapides Parish		vs. LA	vs. US	vs. HP2030	TREND
Cancer Deaths per 100,000				210.5				
	258.6	237.4	191.3		200.5	182.5	122.7	205.9
Lung Cancer Deaths per 100,000				52.8				
					48.7	39.8	25.1	52.8
Female Breast Cancer Deaths per 100,000				25.1				
					27.0	25.1	15.3	25.1
Prostate Cancer Deaths per 100,000				17.0				
					19.0	20.1	16.9	17.0
Colorectal Cancer Deaths per 100,000				22.1				
					18.9	16.3	8.9	22.1
Cancer Incidence per 100,000				483.1				
	495.8	479.4	479.6		483.6	444.4		
Lung Cancer Incidence per 100,000				64.1				
	71.0	61.9	62.2		61.1	53.1		
Female Breast Cancer Incidence per 100,000				114.7				
	111.9	112.4	116.0		130.4	129.8		
Prostate Cancer Incidence per 100,000				131.3				
	137.3	116.7	131.7		141.6	113.2		
Colorectal Cancer Incidence per 100,000				48.3				
	51.5	63.5	44.8		44.5	36.4		
% Cancer				8.6				
	9.2	7.4	8.7		10.8	7.4		5.9

CANCER (continued)	DISPARITY AMONG PARISHES			Service Area	SERVICE AREA vs. BENCHMARKS			
	Avoyelles Parish	Grant Parish	Rapides Parish		vs. LA	vs. US	vs. HP2030	TREND
% [Women 50-74] Breast Cancer Screening				75.0			64.0	80.5
	71.6	71.1	76.6					82.7
% [Women 21-65] Cervical Cancer Screening				69.9			75.4	84.3
	67.4	65.8	71.1					86.2
% [Age 45-75] Colorectal Cancer Screening				67.4			71.5	74.4
	69.3	76.4	65.3					51.3

Note: In the section above, each parish is compared against the other parishes 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	DISPARITY AMONG PARISHES			Service Area	SERVICE AREA vs. BENCHMARKS			
	Avoyelles Parish	Grant Parish	Rapides Parish		vs. LA	vs. US	vs. HP2030	TREND
Diabetes Deaths per 100,000				14.0				18.4
	21.5	27.2	9.4		38.6	30.5		
% Diabetes/High Blood Sugar				15.7				10.7
	17.6	17.4	14.9		16.1	12.8		
% Borderline/Pre-Diabetes				11.1			15.0	6.3
	8.3	9.5	12.2					
Kidney Disease Deaths per 100,000				24.6				23.8
	26.6		26.2		23.7	16.9		
% Kidney Disease				5.8				5.5
	6.9	7.2	5.2		4.2	4.1		

Note: In the section above, each parish is compared against the other parishes 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

DISABLING CONDITIONS	DISPARITY AMONG PARISHES			Service Area	SERVICE AREA vs. BENCHMARKS			
	Avoyelles Parish	Grant Parish	Rapides Parish		vs. LA	vs. US	vs. HP2030	TREND
% 3+ Chronic Conditions				45.1				
	46.0	50.6	43.9			38.0		34.0
% Activity Limitations				30.7				
	28.4	31.3	31.2			27.5		20.0
% High-Impact Chronic Pain				23.5				
	25.9	24.7	22.5			19.6	6.4	
% Arthritis/Rheumatism				27.5				
	27.2	28.9	27.3					31.5
Alzheimer's Disease Deaths per 100,000				70.5				
	72.2	63.5	71.2		45.4	35.8		65.7
% Caregiver to a Friend/Family Member				28.6				
	26.0	26.2	29.9			22.8		31.1

Note: In the section above, each parish is compared against the other parishes 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

HEART DISEASE & STROKE	DISPARITY AMONG PARISHES			Service Area	SERVICE AREA vs. BENCHMARKS			
	Avoyelles Parish	Grant Parish	Rapides Parish		vs. LA	vs. US	vs. HP2030	TREND
Heart Disease Deaths per 100,000				401.2				
	405.5	263.1	423.7		268.6	209.5	127.4	290.4
% Heart Disease				11.9				
	13.7	15.3	10.8		8.5	10.3		7.6

HEART DISEASE & STROKE (continued)	DISPARITY AMONG PARISHES			Service Area	SERVICE AREA vs. BENCHMARKS			
	Avoyelles Parish	Grant Parish	Rapides Parish		vs. LA	vs. US	vs. HP2030	TREND
Stroke Deaths per 100,000				73.1				
	73.0	42.3	78.5		59.1	49.3	33.4	65.7
% Stroke				4.5				
	2.9	4.6	5.0		4.9	5.4		2.2
% High Blood Pressure				47.8				
	44.3	56.2	47.5		43.4	40.4	42.6	34.3
% High Cholesterol				35.4				
	33.3	42.9	34.8			32.4		25.9
% 1+ Cardiovascular Risk Factor				92.2				
	92.5	94.6	91.7			87.8		93.9

Note: In the section above, each parish is compared against the other parishes 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

INFANT HEALTH & FAMILY PLANNING	DISPARITY AMONG PARISHES			Service Area	SERVICE AREA vs. BENCHMARKS			
	Avoyelles Parish	Grant Parish	Rapides Parish		vs. LA	vs. US	vs. HP2030	TREND
Teen Births per 1,000 Females 15-19				34.7				
	41.5	39.5	32.2		25.9	15.5		
Low Birthweight (Percent of Births)				11.8				
	11.7	11.5	11.9		11.0	8.4		
Infant Deaths per 1,000 Births				6.5				
	6.6	6.8			7.7	5.5	5.0	6.2

Note: In the section above, each parish is compared against the other parishes 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

INJURY & VIOLENCE	DISPARITY AMONG PARISHES			Service Area	SERVICE AREA vs. BENCHMARKS			
	Avoyelles Parish	Grant Parish	Rapides Parish		vs. LA	vs. US	vs. HP2030	TREND
Unintentional Injury Deaths per 100,000	 122.9	 95.2	 113.1	113.0	 94.8	 67.8	 43.2	 61.3
Motor Vehicle Crash Deaths per 100,000	 27.5	 46.9	 23.0	26.7	 20.0	 13.3	 10.1	
Homicide Deaths per 100,000	 12.9		 24.1	19.8	 19.5	 7.6	 5.5	 10.1
% Victim of Violent Crime in Past 5 Years	 6.0	 3.9	 5.3	5.3		 7.0		 3.2
% Victim of Intimate Partner Violence	 24.5	 18.9	 21.8	22.0		 20.3		 12.3
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	 86.1	 88.8	 88.0	87.7				 81.5

Note: In the section above, each parish is compared against the other parishes 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	DISPARITY AMONG PARISHES			Service Area	SERVICE AREA vs. BENCHMARKS			
	Avoyelles Parish	Grant Parish	Rapides Parish		vs. LA	vs. US	vs. HP2030	TREND
% "Fair/Poor" Mental Health				<b>26.2</b>				15.4
% 3+ Days Poor Mental Health in Past Month				<b>42.5</b>				25.2
% Diagnosed Depression				<b>30.9</b>				27.5
% Symptoms of Chronic Depression				<b>46.1</b>				29.8
Suicide Deaths per 100,000				<b>15.9</b>			12.8	20.6
Mental Health Providers per 100,000				<b>345.5</b>				
	186.4	45.1	445.3		292.7	327.7		
% Have Ever Sought Help for Mental Health				<b>34.1</b>				24.5
	31.9	31.8	35.2					
% Receiving Mental Health Treatment				<b>24.8</b>				16.9
	27.3	24.2	24.2			21.9		
% Unable to Get Mental Health Services in Past Year				<b>9.2</b>				12.6
	6.7	6.6	10.4			13.2		

Note: In the section above, each parish is compared against the other parishes 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

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	DISPARITY AMONG PARISHES			Service Area	SERVICE AREA vs. BENCHMARKS			
	Avoyelles Parish	Grant Parish	Rapides Parish		vs. LA	vs. US	vs. HP2030	TREND
% "Very/Somewhat" Difficult to Buy Fresh Produce				<b>36.6</b>			30.0	
	36.8	38.2	36.1					
% No Leisure-Time Physical Activity				<b>31.6</b>				
	35.6	32.1	30.3		30.1	30.2	21.8	30.7
% Meet Physical Activity Guidelines				<b>22.8</b>				
	19.2	21.3	24.1		26.9	30.3	29.7	18.2
% "Often" See Others in Community Being Physically Active				<b>36.1</b>				
	32.3	27.1	38.9					46.9
% "Fair/Poor" Local Physical Activity Opportunities				<b>38.7</b>				
	43.2	42.4	36.6					33.5
% [Child 2-17] Physically Active 1+ Hours per Day				<b>47.7</b>				
	43.3	50.4	48.6		27.4			53.6
% [Child Age 2-17] 3+ Hours per Day of Screen Time				<b>47.0</b>				
	44.6	51.0	47.0					39.3
% Overweight (BMI 25+)				<b>72.8</b>				
	69.3	74.4	73.6		72.0	63.3		67.2
% Obese (BMI 30+)				<b>40.8</b>				
	38.2	44.4	40.9		39.9	33.9	36.0	29.7
% [Overweights] Trying to Lose Weight Both Diet/Exercise				<b>34.3</b>				
	35.2	31.4	34.5					27.2
% [Child 5-17] Overweight (85th Percentile)				<b>40.2</b>				
	50.4	39.9	37.0		31.8			50.9
% [Child 5-17] Obese (95th Percentile)				<b>26.7</b>				
	32.3	20.2	25.9		19.5	15.5		35.1

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	DISPARITY AMONG PARISHES			Service Area	SERVICE AREA vs. BENCHMARKS			
	Avoyelles Parish	Grant Parish	Rapides Parish		vs. LA	vs. US	vs. HP2030	TREND
% Medical Advice on Weight in Past Year				22.2				26.1
% 2+ Servings of Fruit per Day				40.8				
% 3+ Servings of Vegetables per Day				10.0				
% [Child] 2+ Servings of Fruit per Day				63.4				
% [Child] 3+ Servings of Vegetables per Day				12.1				

Note: In the section above, each parish is compared against the other parishes 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	DISPARITY AMONG PARISHES			Service Area	SERVICE AREA vs. BENCHMARKS			
	Avoyelles Parish	Grant Parish	Rapides Parish		vs. LA	vs. US	vs. HP2030	TREND
% Dental Visit in Past Year				50.8	60.4	56.5	45.0	60.2
% [Child 2-17] Dental Visit in Past Year				78.2		77.8	45.0	85.8

Note: In the section above, each parish is compared against the other parishes 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	DISPARITY AMONG PARISHES			Service Area	SERVICE AREA vs. BENCHMARKS			
	Avoyelles Parish	Grant Parish	Rapides Parish		vs. LA	vs. US	vs. HP2030	TREND
Lung Disease Deaths per 100,000				<b>72.0</b>				68.1
	78.2	78.6	69.1		47.5	43.5		
Pneumonia/Influenza Deaths per 100,000				<b>30.6</b>				29.3
	24.9	31.7	32.2		13.3	13.4		
% [Age 65+] Flu Vaccine in Past Year				<b>69.6</b>				70.8
	65.9	48.8	74.0		52.9	70.9		
% [Age 65+] Pneumonia Vaccine Ever				<b>71.0</b>				65.3
	65.8	68.7	73.0					
% COVID-19 Vaccine or Booster				<b>20.5</b>				
	22.9	18.9	20.0					
% COPD (Lung Disease)				<b>8.0</b>				10.4
	8.6	9.5	7.6		8.7	11.0		

Note: In the section above, each parish is compared against the other parishes 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

SEPTICEMIA	DISPARITY AMONG SUBAREAS			Service Area	SERVICE AREA vs. BENCHMARKS			
	Avoyelles Parish	Grant Parish	Rapides Parish		vs. LA	vs. US	vs. HP2030	TREND
Septicemia Deaths per 100,000				<b>30.1</b>				26.1
	36.1	22.7	29.6		23.3	12.5		

Note: In the section above, each subarea is compared against the other parishes 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

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 Prevalence per 100,000				483.5				
	468.0	266.5	527.1		568.3	386.6		
Chlamydia Incidence per 100,000				838.8				
	809.7	456.4	914.0		792.4	492.2		
Gonorrhea Incidence per 100,000				351.1				
	294.2	191.7	396.0		288.4	179.0		

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



SUBSTANCE USE	DISPARITY AMONG PARISHES			Service Area	SERVICE AREA vs. BENCHMARKS			
	Avoyelles Parish	Grant Parish	Rapides Parish		vs. LA	vs. US	vs. HP2030	TREND
Alcohol-Induced Deaths per 100,000				8.7				
			9.4		10.7	15.7		5.9
% Excessive Drinking				19.5				
	26.0	12.7	18.8		17.4	34.3		23.5
% Rode w/ Drunk Driver in Past Month				5.3				
	5.9	7.3	5.1					7.5
Unintentional Drug-Induced Deaths per 100,000				54.6				
	58.4	22.7	58.9		48.3	29.7		14.1
% Used an Illicit Drug in Past Month				7.0				
	7.0	6.6	7.1			8.4		1.6
% Used a Prescription Opioid in Past Year				20.5				
	16.0	18.4	22.2			15.1		25.3

SUBSTANCE USE (continued)	DISPARITY AMONG PARISHES			Service Area	SERVICE AREA vs. BENCHMARKS			
	Avoyelles Parish	Grant Parish	Rapides Parish		vs. LA	vs. US	vs. HP2030	TREND
% Ever Sought Help for Alcohol or Drug Problem				6.4				3.1
% Personally Impacted by Substance Use						45.4		
Note: In the section above, each parish is compared against the other parishes 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	
TOBACCO USE	DISPARITY AMONG PARISHES			Service Area	SERVICE AREA vs. BENCHMARKS			
	Avoyelles Parish	Grant Parish	Rapides Parish		vs. LA	vs. US	vs. HP2030	TREND
% Smoke Cigarettes			33.3	26.6	15.7		6.1	22.8
% Someone Smokes at Home			20.1	19.7			17.7	22.9
% Use Vaping Products			13.5	16.3	9.8			5.3
% [Smokers] Received Advice to Quit Smoking			53.5	50.9			58.1	63.9
% [Smokers] Have Quit Smoking 1+ Days in Past Year			42.3	45.9	57.1		65.7	49.0
% Use Smokeless Tobacco			4.4	6.2				5.3
Note: In the section above, each parish is compared against the other parishes 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 2,799.54 square miles and houses a total population of 189,769 residents, according to latest census estimates.

**Total Population**  
(Estimated Population, 2019-2023)

	<b>TOTAL POPULATION</b>	<b>TOTAL LAND AREA</b> (square miles)	<b>POPULATION DENSITY</b> (per square mile)
Avoyelles	39,176	831.68	47
Grant	22,123	643.75	34
Rapides	128,470	1,324.11	97
<b>Service Area</b>	<b>189,769</b>	<b>2,799.54</b>	<b>68</b>
Louisiana	4,621,025	43,216.59	107
United States	332,387,540	3,533,298.58	94

Sources: US Census Bureau American Community Survey, 5-year estimates.  
Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2025 via SparkMap (sparkmap.org).



## Population Change 2010-2020

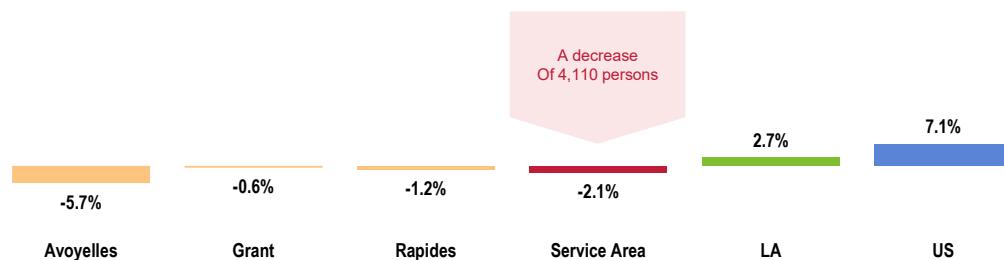
A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.

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

**BENCHMARK** ► Contrasts state and national growth.

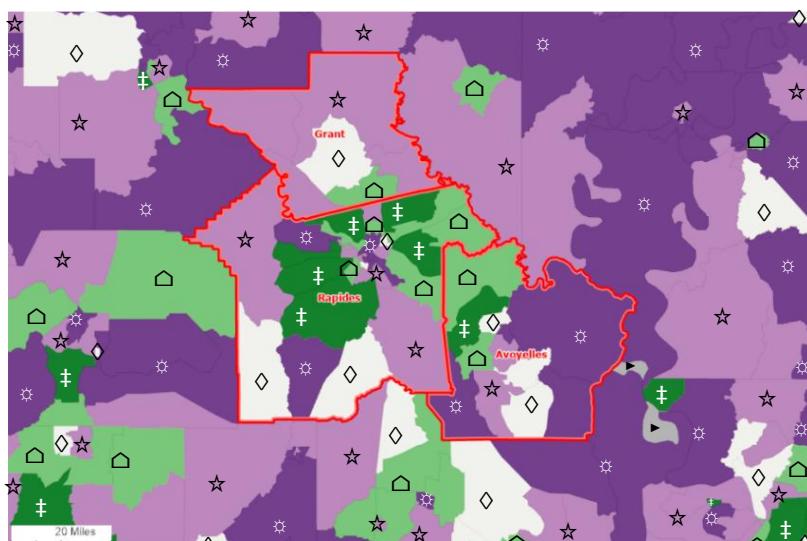
**DISPARITY** ► The greatest proportional decrease was in Avoyelles Parish.

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



Sources: US Census Bureau Decennial Census (2010-2020).  
Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2025 via SparkMap (sparkmap.org).

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



Report Location, County



Map Legend  
Population Change, Percent by Tract, US  
Census Bureau 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

SparkMap



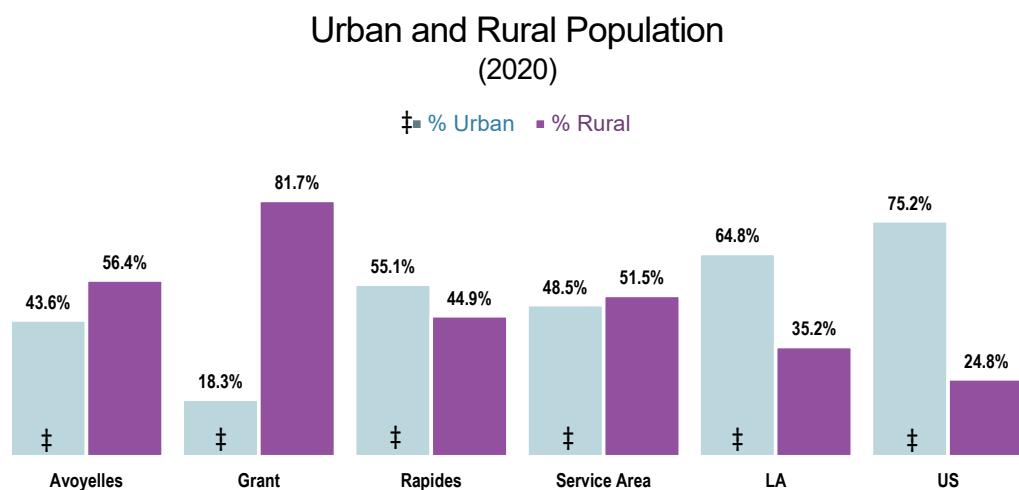
## Urban/Rural Population

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 service area population is almost evenly split, with 48.5% of the population living in areas designated as urban and 51.5% of the population living in areas designated as rural.**

BENCHMARK ► Louisiana the US have higher urban populations.

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



Sources: US Census Bureau Decennial Census.

Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2025 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.

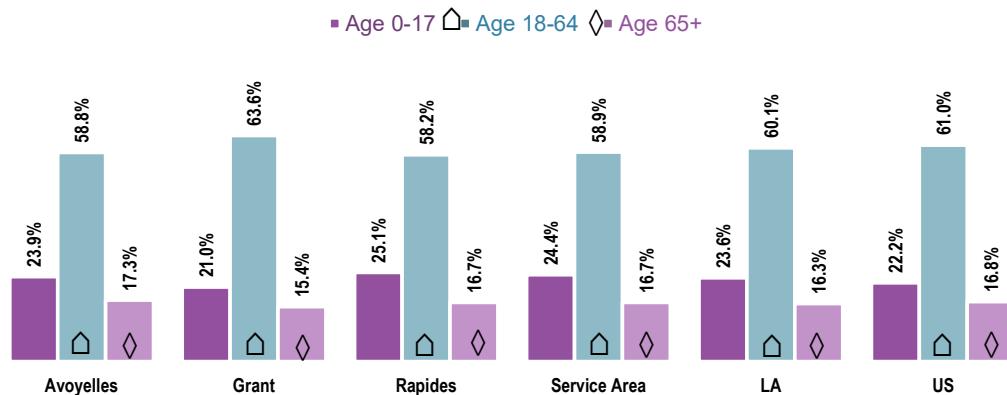


## Age

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, 24.4% of the population are children age 0-17; another 58.9% are age 18 to 64, while 16.7% are age 65 and older.**

**Total Population by Age Groups  
(2019-2023)**

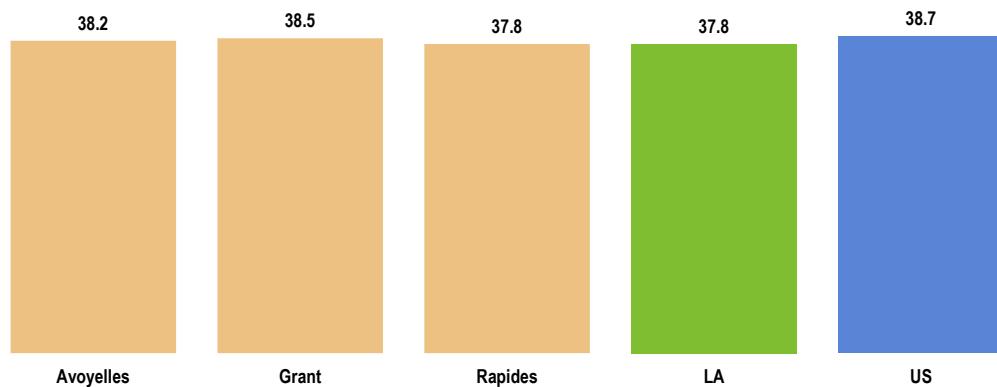


Sources: US Census Bureau American Community Survey, 5-year estimates. Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2025 via SparkMap ([sparkmap.org](http://sparkmap.org)).

## Median Age

**The median age of residents in the service area does not vary considerably by parish.**

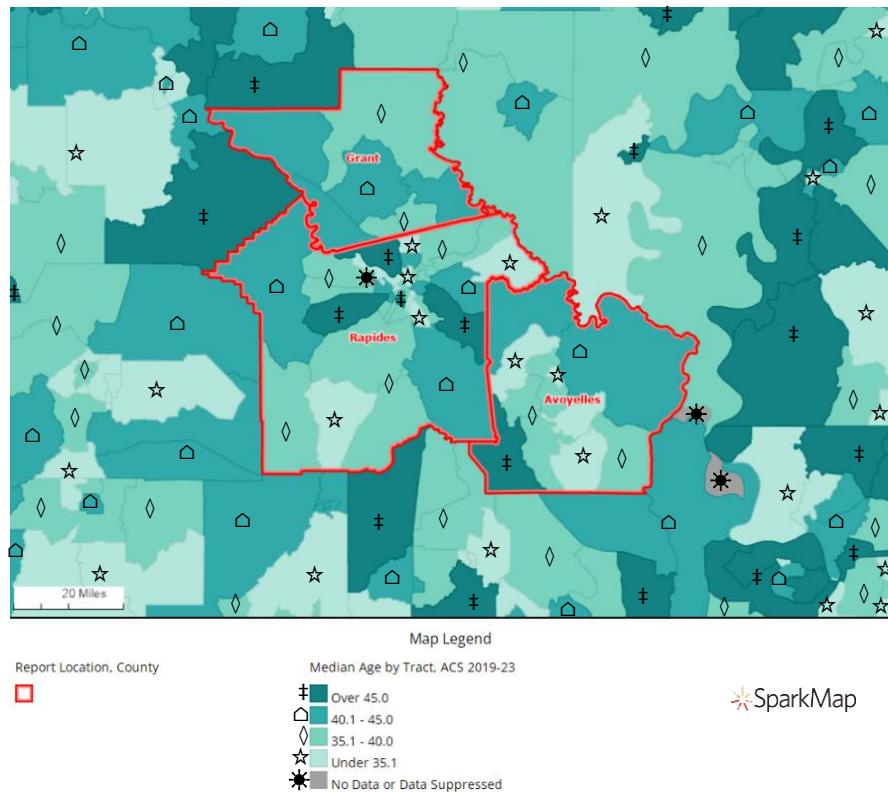
**Median Age  
(2019-2023)**



Sources: US Census Bureau American Community Survey, 5-year estimates. Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2025 via SparkMap ([sparkmap.org](http://sparkmap.org)).



The following map provides an illustration of median age by census tract throughout the service area.



## Race & Ethnicity

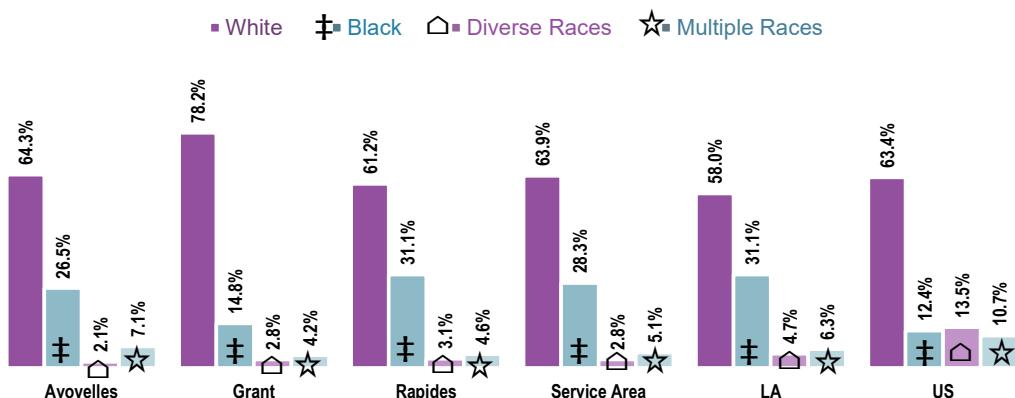
### Race

Race reflects those who identify with a single race category, regardless of Hispanic origin. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

In looking at race independent of ethnicity (Hispanic or Latino origin), 63.9% of residents of the service area are White and 28.3% are Black.

BENCHMARK ► Compared to the US, the service area has a higher proportion of Black residents.

### Total Population by Race Alone (2019-2023)



Sources: US Census Bureau American Community Survey, 5-year estimates.  
 Notes: Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2025 via SparkMap ([sparkmap.org](http://sparkmap.org)).  
 "Diverse Races" includes those who identify as American Indian or Alaska Native, Asian, or Native Hawaiian/Pacific Islander, without Hispanic origin.

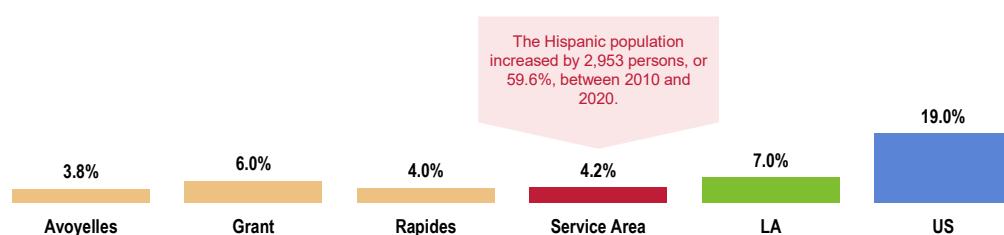
## Ethnicity

**A total of 4.2% of service area residents are Hispanic or Latino.**

BENCHMARK ► A lower proportion than found both statewide and (especially) nationally.

DISPARITY ► Highest in Grant Parish.

### Hispanic Population (2019-2023)



Sources: US Census Bureau American Community Survey, 5-year estimates.  
Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2025 via SparkMap (sparkmap.org).

Notes: People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

## Linguistic Isolation

**A total of 1.1% of the service area population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English or speaking English “very well”).**

BENCHMARK ► Lower than the percentages for Louisiana and especially the US.

DISPARITY ► Highest in Rapides Parish.

### Linguistically Isolated Population (2019-2023)

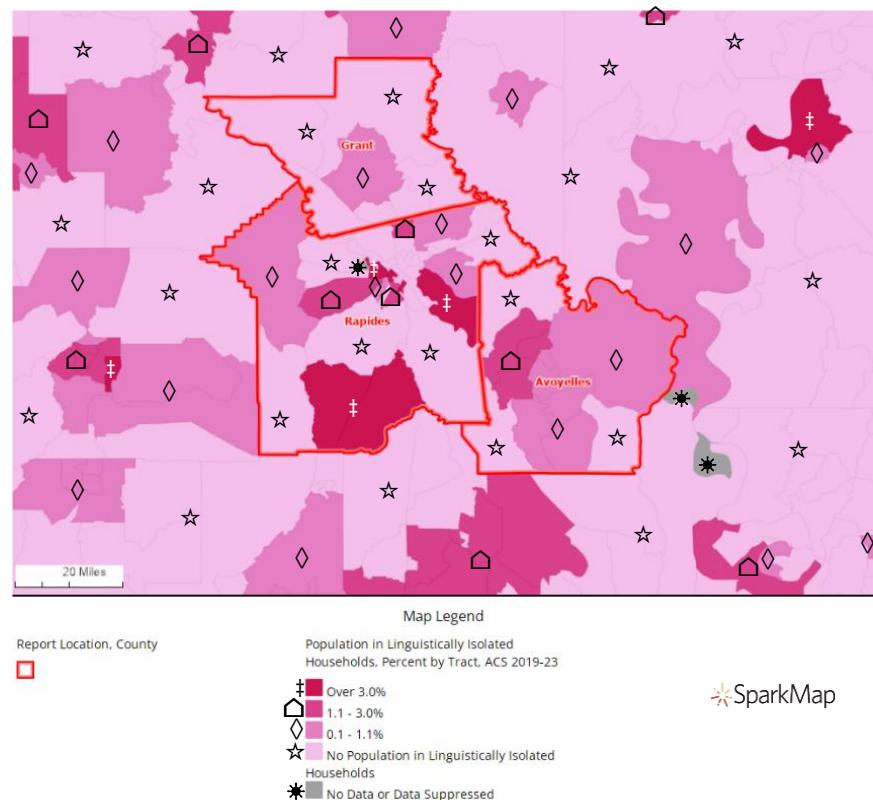


Sources: US Census Bureau American Community Survey, 5-year estimates.  
Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2025 via SparkMap (sparkmap.org).

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+ speaks a non-English language and speak English “very well.”



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



# 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

Poverty is considered a key driver of health status because it creates barriers to accessing health services, healthy food, and other necessities that contribute to overall health.

**The latest census estimate shows 20.3% of the service area total population living below the federal poverty level.**

**BENCHMARK** ► Higher than the US prevalence. 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 27.8% (representing nearly 12,700 children).**

**BENCHMARK** ► Higher than the US prevalence. Fails to satisfy the Healthy People 2030 objective.

**DISPARITY** ► Significantly higher in Avoyelles Parish.

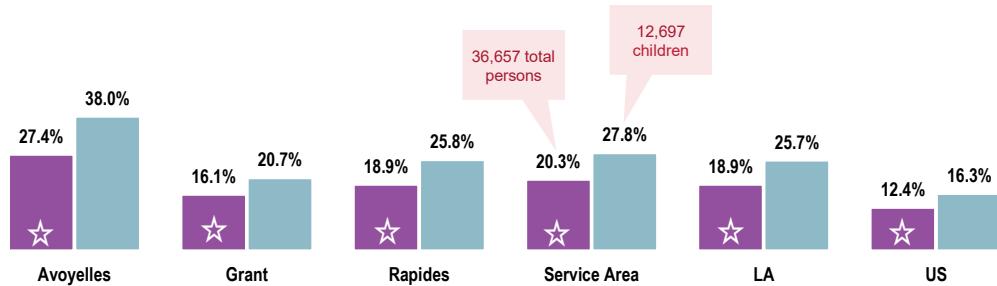


## Percent of Population in Poverty

(2019-2023)

Healthy People 2030 = 8.0% or Lower

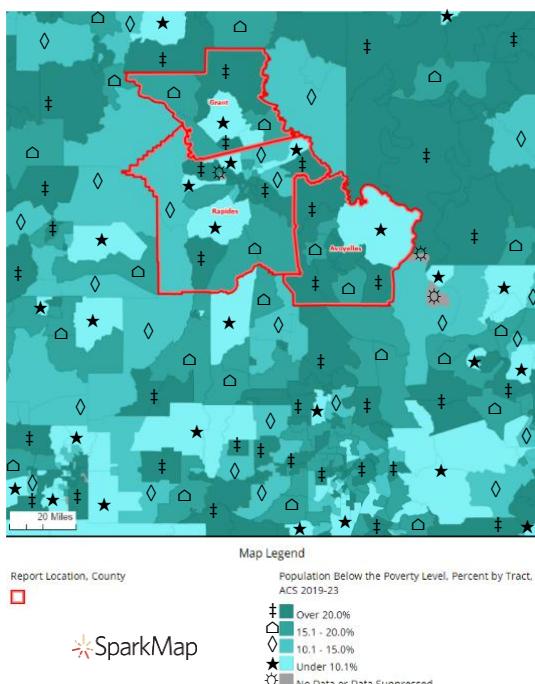
★ Total Population ■ Children



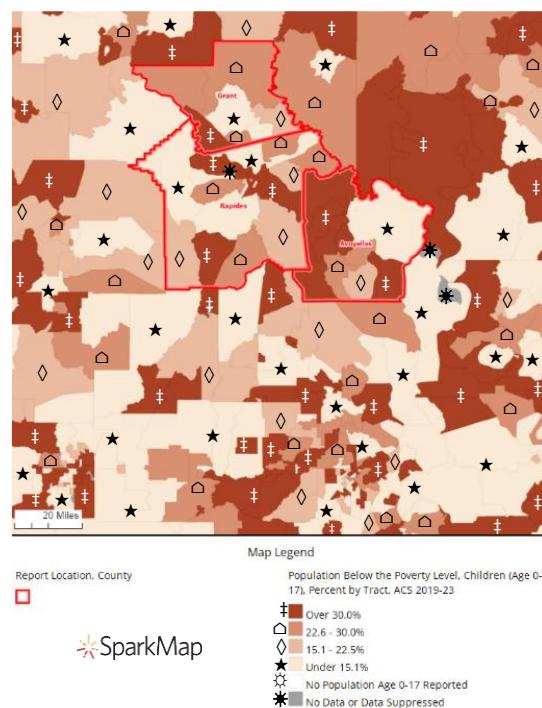
Sources: US Census Bureau American Community Survey, 5-year estimates. Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2025 via SparkMap (sparkmap.org). US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

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

Total Population Below the Poverty Level



Children Below the Poverty Level



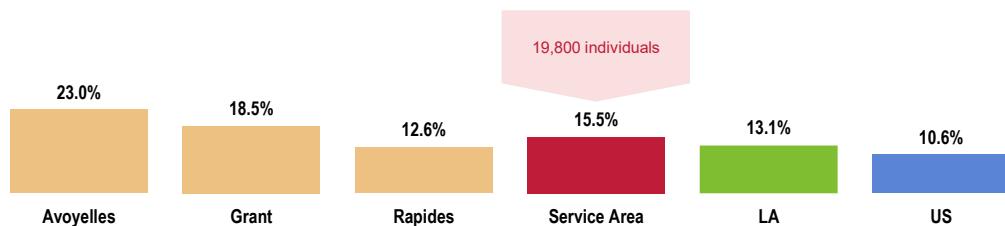
## Education

Among the service area population age 25 and older, an estimated 15.5% (19,800 people) do not have a high school education.

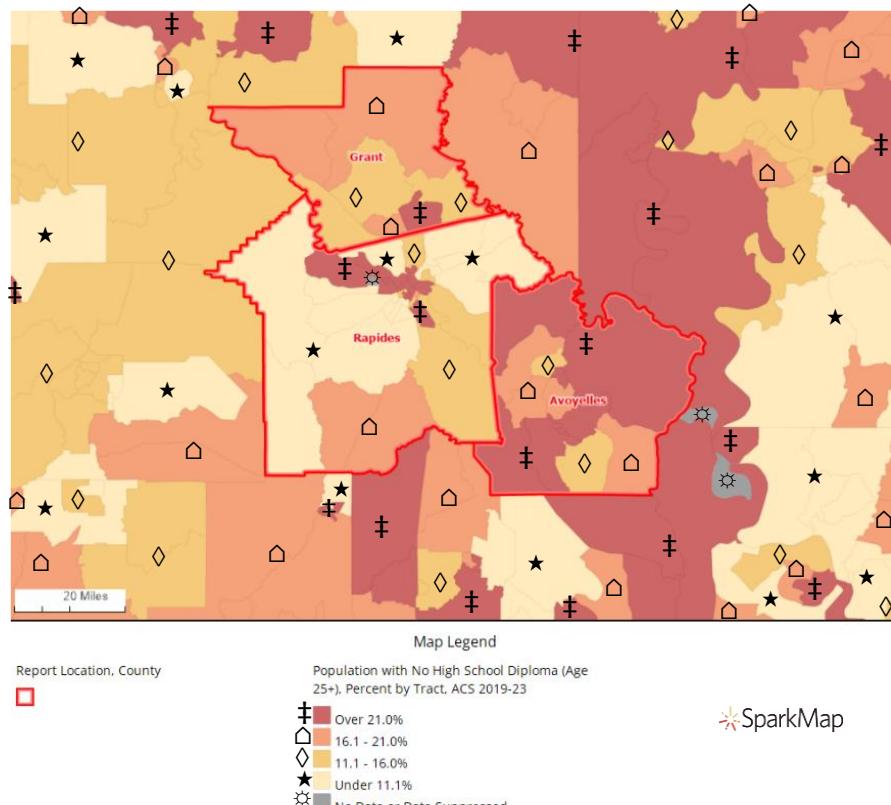
BENCHMARK ► Higher than both the state and national percentages.

DISPARITY ► Highest in Avoyelles Parish.

### Population With No High School Diploma (Adults Age 25 and Older; 2019-2023)



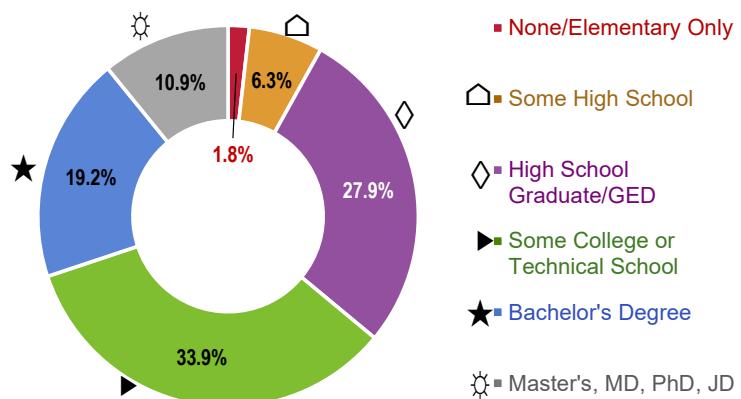
Sources: US Census Bureau American Community Survey, 5-year estimates.  
Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2025 via SparkMap ([sparkmap.org](http://sparkmap.org)).



## Highest Level of Education

Respondents were asked the highest grade or year of school completed.

### Highest Grade or School Year Completed (Service Area, 2024)



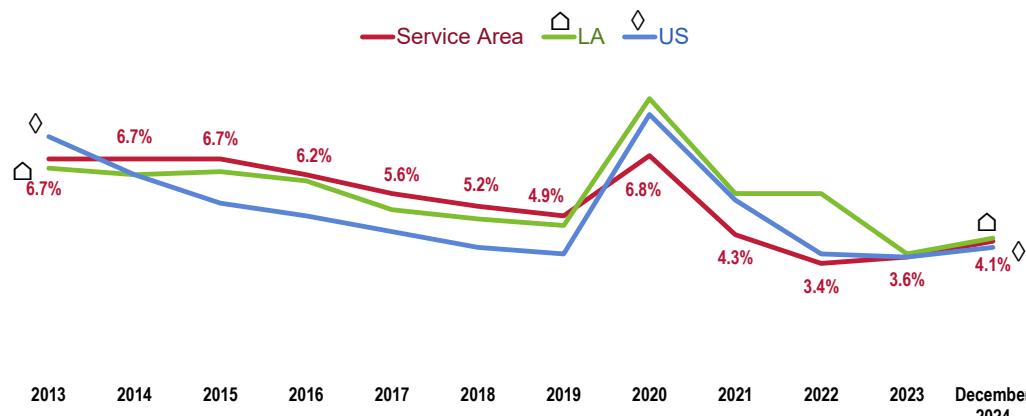
Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 316]  
Notes: Asked of all respondents.

## Employment

According to data derived from the US Department of Labor, the unemployment rate in the service area as of December 2024 was 4.1%.

TREND ► Following significant increases in 2020 (attributed to the COVID-19 pandemic), unemployment has dropped below pre-pandemic levels, and much lower than found a decade ago.

### Unemployment Rate



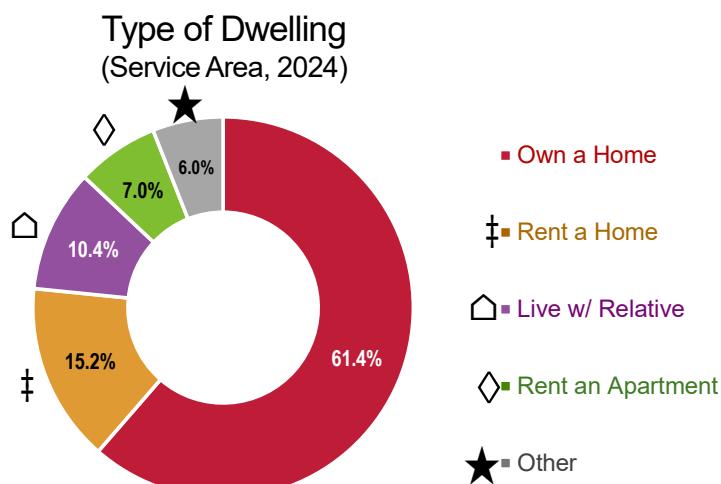
Sources: US Department of Labor, Bureau of Labor Statistics.  
Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2025 via SparkMap (sparkmap.org).  
Notes: Percent of non-institutionalized population age 16+ who are unemployed (not seasonally adjusted).



# Housing

## Type of Dwelling

A majority of service area residents (61.4%) own their own home, while 22.2% rent a house or apartment.

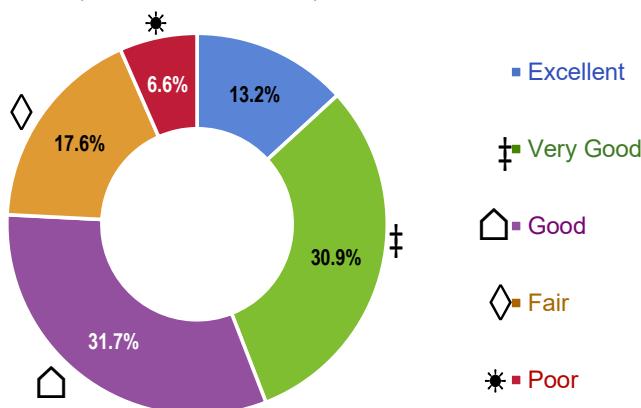


Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 54]  
Notes: Asked of all respondents.

## Condition of Neighborhood Homes

About four in 10 surveyed adults (44.1%) consider the condition of the homes in their neighborhood to be “excellent” or “very good.”

## Rating of the Condition of Neighborhood Homes (Service Area, 2024)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 329]  
Notes: Asked of all respondents.

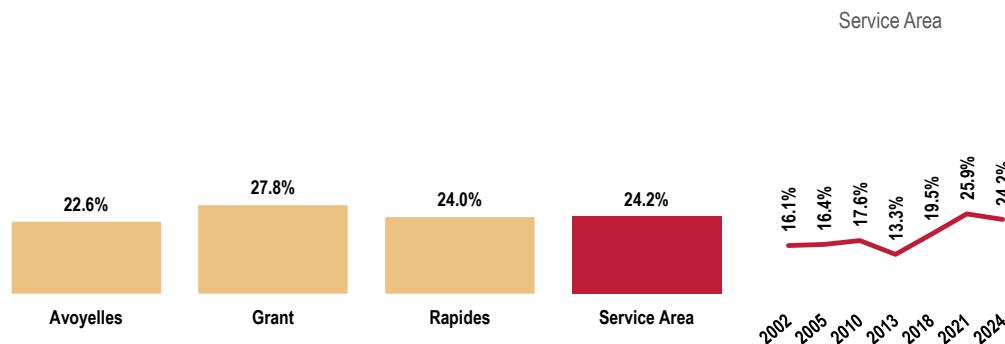


However, 24.2% of service area residents consider the conditions of homes in their neighborhood to be only “fair” or “poor.”

TREND ► Higher than the 2002 baseline.

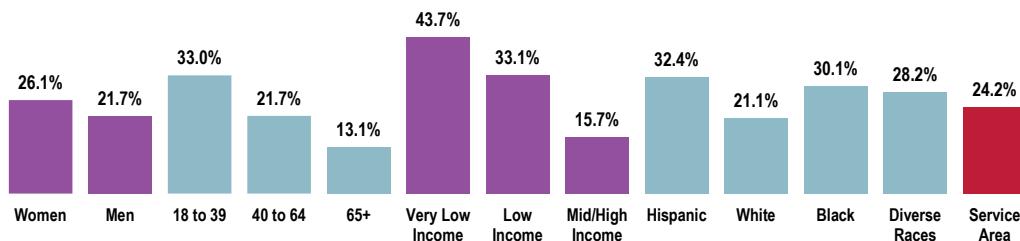
DISPARITY ► Reported more often among women, adults under the age of 65, low-income households, and Black residents.

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



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 329]  
 Notes: Asked of all respondents.

### Perceive the Condition of Neighborhood Homes to be “Fair” or “Poor” (Service Area, 2024)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 329]  
 Notes: Asked of all respondents.



## INCOME & RACE/ETHNICITY

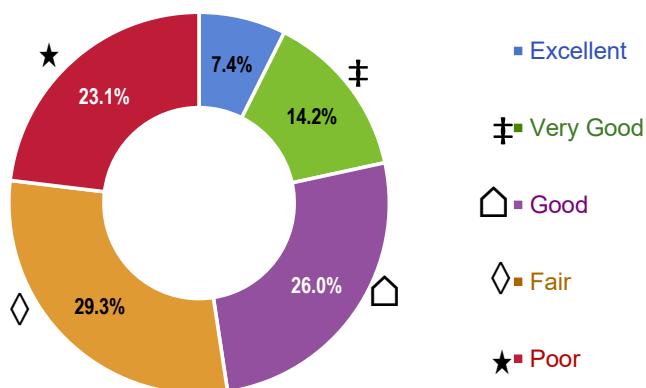
**INCOME** ► Income categories used to segment survey data in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2023 guidelines place the poverty threshold for a family of four at \$30,000 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 ( $\geq 200\%$  of) the federal poverty level.

**RACE & ETHNICITY** ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. All Hispanic respondents are grouped, regardless of identity with any other race group. Data are also detailed for individuals identifying with a race category, without Hispanic origin. “White” reflects those who identify as White alone, without Hispanic origin. “Black” reflects those who identify as Black or African American alone, without Hispanic origin. “Diverse Races” includes those who identify as American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.

## Availability of Affordable Housing

**When asked to rate the availability of affordable housing in their community, 21.6% of survey respondents gave “excellent” or “very good” ratings.**

**Rating of the Availability of Affordable Local Housing  
(Service Area, 2024)**



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 328]  
Notes: Asked of all respondents.

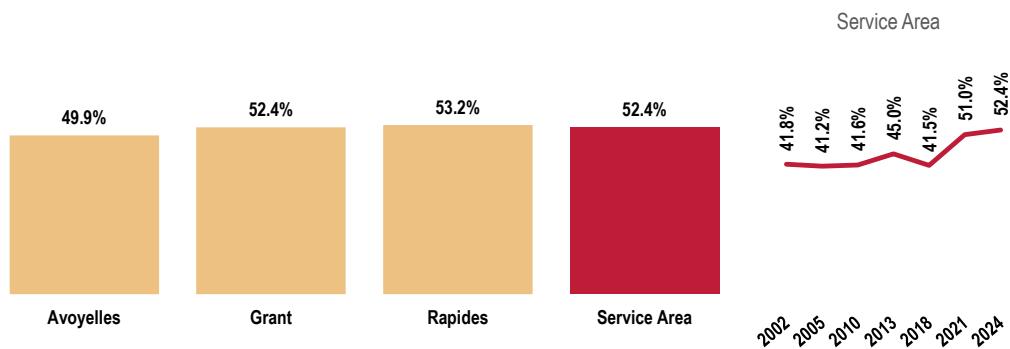


However, over half (52.4%) of respondents gave “fair” or “poor” ratings.

TREND ► Higher than the 2002 baseline.

DISPARITY ► Most often reported by adults under the age of 65 and those at lower incomes.

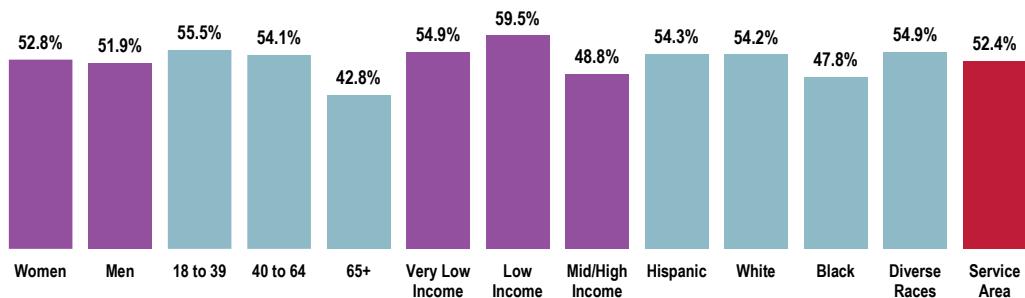
### Perceive the Availability of Affordable Local Housing to be “Fair” or “Poor”



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 328]

Notes: Asked of all respondents.

### Perceive the Availability of Affordable Local Housing to be “Fair” or “Poor” (Service Area, 2024)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 328]

Notes: Asked of all respondents.



# Low (Geographic) Food Access

Low food access is defined as living more than 1 mile (in urban areas, or 10 miles in rural areas) from the nearest supermarket, supercenter, or large grocery store.

## RELATED ISSUE

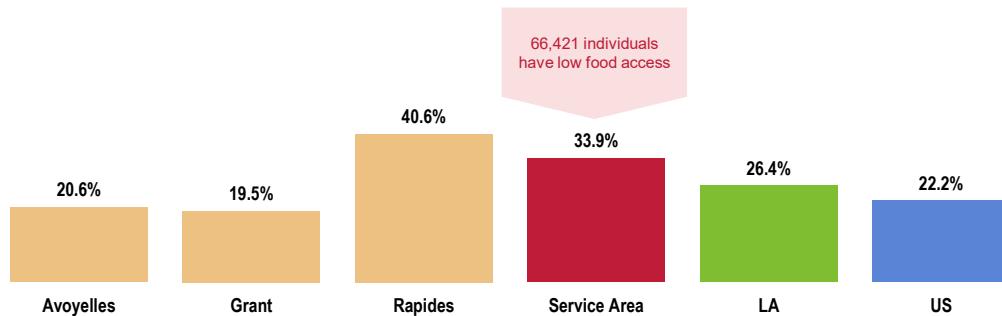
See also Difficulty Accessing Fresh Produce in the *Nutrition, Physical Activity & Weight* section of this report.

US Department of Agriculture data show that 33.9% of the service area population (representing 66,421 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.

BENCHMARK ► Higher than the statewide and national prevalence.

DISPARITY ► Particularly high in Rapides Parish.

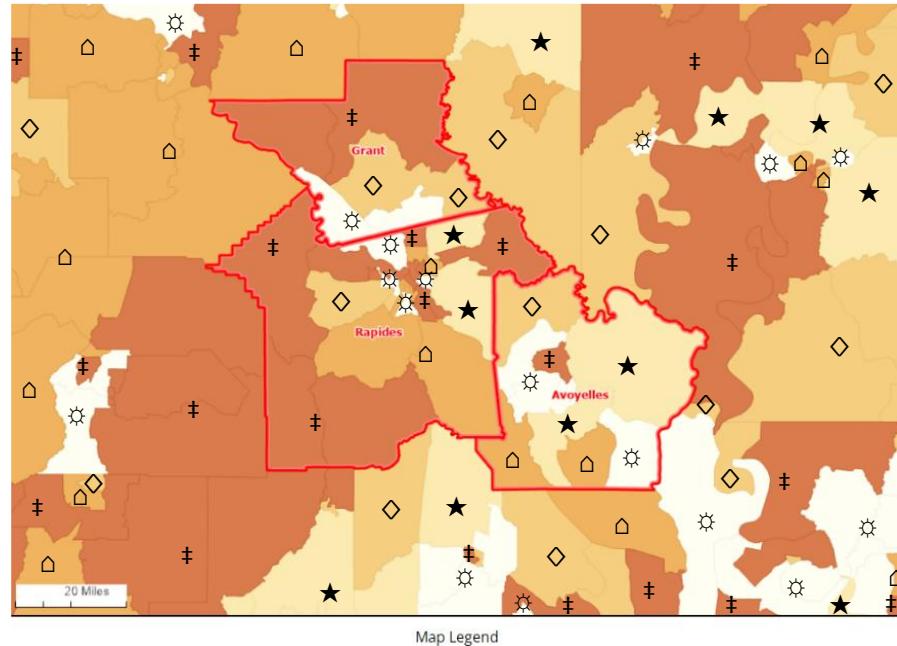
## Population With Low Food Access (2019)



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 June 2025 via SparkMap (sparkmap.org).

Notes: Low food access is defined as living far (more than 1 mile in urban areas, more than 10 miles in rural areas) from the nearest supermarket, supercenter, or large grocery store.



Report Location, County



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

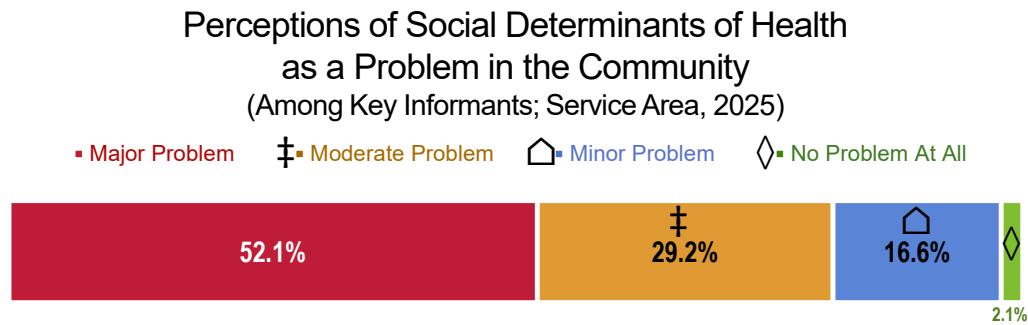
- ‡ Over 50.0%
- ◻ 20.1 - 50.0%
- ◊ 5.1 - 20.0%
- ★ Under 5.1%
- ☀ No Low Food Access

SparkMap



# Key Informant Input: Social Determinants of Health

The greatest share of key informants taking part in an online survey characterized *Social Determinants of Health* as a “major problem” in the community.



Sources: 2024 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:

## Lifestyle

Social determinants of health will always be a major problem in communities as everyone's lifestyles are not equal. People usually become a product of the environment they are brought up in at no fault of their own; but on few occasions others are strong enough to overcome it. – Community Leader (Rapides Parish)

## Income/Poverty

I believe the social determinants of health are major problem in the community because of not having adequate resources, primarily financial resources will limit a person to attain the basic needs to live.  
– Social Services Provider (Rapides Parish)

Our population for the most part is lower middle class or impoverished. – Community Leader (Rapides Parish)  
High number of low-income households across Central Louisiana. – Social Services Provider (Rapides Parish)

Many people who need all of these services are low income, some homeless, undereducated (did not finish school), and unemployed. They barely get by and live with other family members because of the unemployment; many are not employable. – Public Health Representative (Rapides Parish)

More than 50% of Louisiana citizens are below the federal poverty line. Housing and living expense have continued to increase but incomes have not increased at the same rate. Our state has been behind in education for years and this contributes to cycle of poverty. The social constructs that make discrimination possible are still a barrier to some. – Community Leader (Rapides Parish)

Avoyelles Parish has a low median income per household, low education and literacy levels, and poor health outcomes when compared to other parishes. – Social Services Provider (Avoyelles Parish)

## Educational Attainment

I think it has a lot to do with education level, income level, poverty, mental illness around Rapides Parish. Lack of full time educated employment increases all of the previously listed items ... which ultimately leads to poverty, lack of resources, etc. – Community Leader (Rapides Parish)

## Housing

Our participants and transition coordinators have a very difficult time in locating affordable housing, numerous people have minimal education, and discrimination and prejudice continue to be issues.  
– Public Health Representative (Rapides Parish)

## Parental Influence

Lack of discipline in the home affects behavior of students in school which affects the classroom environment. It ends up being a continuous cycle where students do not have any direction and end of committing crimes, using drugs, and not being a productive citizen. – Community Leader (Rapides Parish)



## Crime Rate

High crime and homelessness, poor education, lack of high paying jobs (individuals end up moving out of the parish to South LA for better jobs and opportunities). – Health Care Provider (Rapides Parish)

## Employment

Jobs, better pay, people getting a better education, more diversity in the workplace, less racism and prejudice.  
– Social Services Provider (Rapides Parish)

## Unhoused Population

The increase in the number of homeless in this community. – Social Services Provider (Rapides Parish)

## Environmental Contributors

Where we are born, grow, live and work. – Community Leader (Avoyelles Parish)





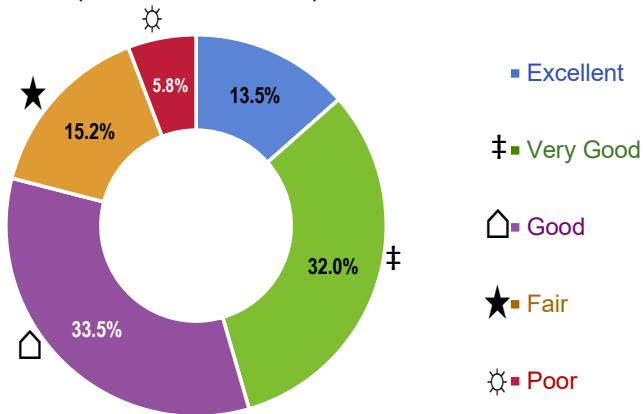
# HEALTH STATUS

# OVERALL HEALTH STATUS

The initial inquiry of the PRC Community Health Survey asked: "Would you say that in general your health is excellent, very good, good, fair, or poor?"

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

**Self-Reported Health Status  
(Service Area, 2024)**



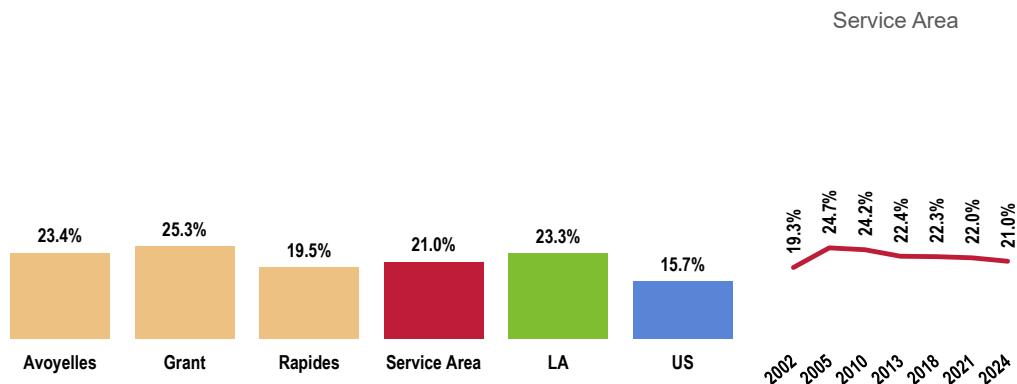
Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 4]  
Notes: Asked of all respondents.

**However, 21.0% of service area adults believe that their overall health is "fair" or "poor."**

**BENCHMARK** ► Lower than the state but higher than the nation.

**DISPARITY** ► Reported less often in Rapides Parish. Older adults and lower-income residents are more likely to report "fair" or "poor" health.

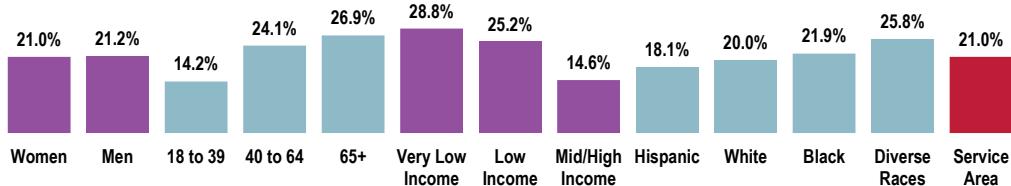
## Experience "Fair" or "Poor" Overall Health



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 4]  
Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Louisiana data.  
2023 PRC National Health Survey, PRC, Inc.  
Notes: Asked of all respondents.



## Experience “Fair” or “Poor” Overall Health (Service Area, 2024)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 4]  
Notes: Asked of all respondents.

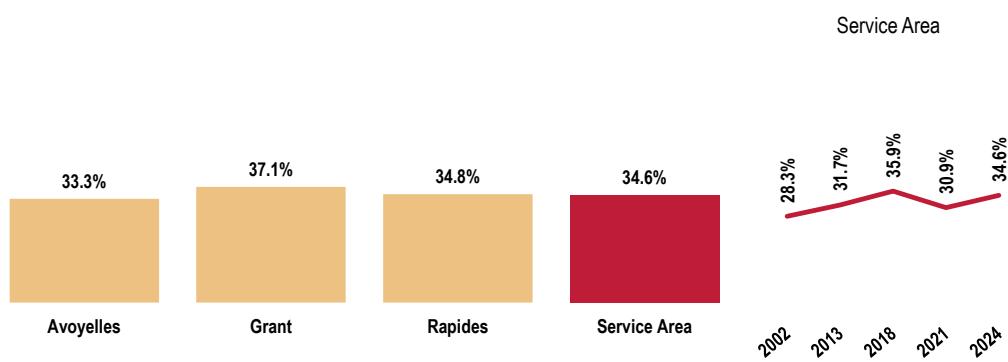
## Days of Poor Physical Health

Among survey respondents, 34.6% report experiencing three or more days of poor physical health in the past month.

TREND ► An increase from baseline 2002 findings.

DISPARITY ► Reported more often among lower-income residents.

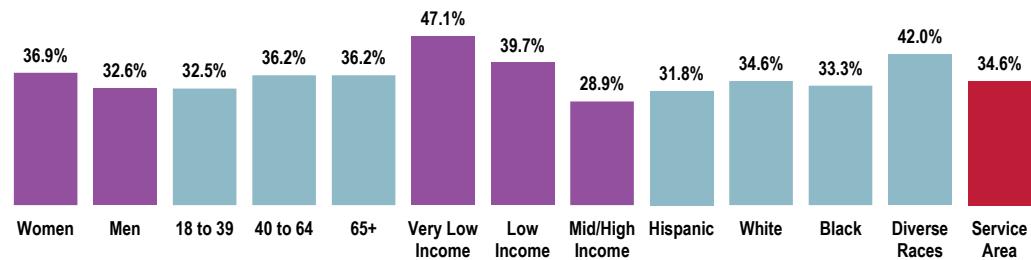
### 3+ Days of Poor Physical Health In the Past Month



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 302]  
Notes: Asked of all respondents.



## 3+ Days of Poor Physical Health In the Past Month (Service Area, 2024)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 302]  
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 ages 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.

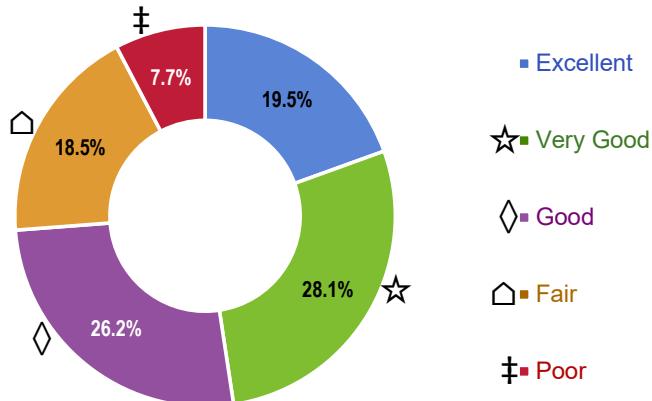
– Healthy People 2030 (<https://health.gov/healthypeople>)

## 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, 2024)**



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 77]  
Notes: Asked of all respondents.

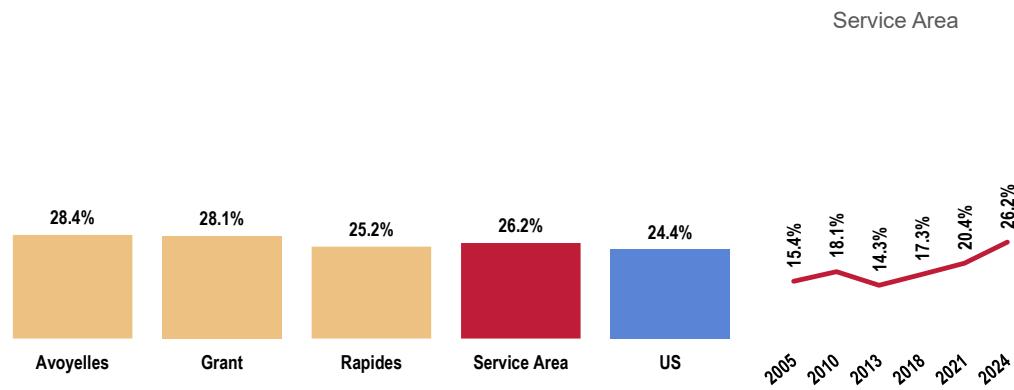


However, 26.2% believe that their overall mental health is “fair” or “poor.”

TREND ► An increase from the 2005 baseline.

DISPARITY ► More often reported among women, young adults, and lower-income residents.

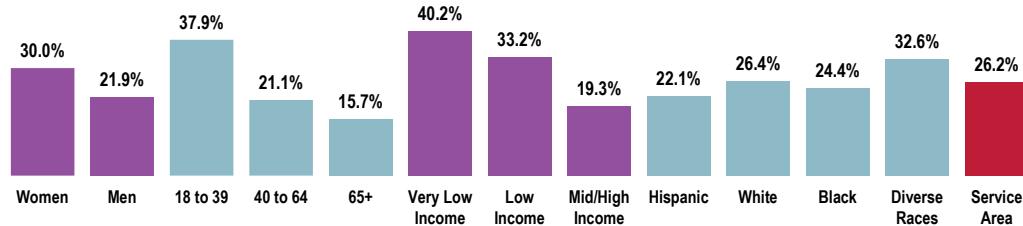
### Experience “Fair” or “Poor” Mental Health



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 77]  
2023 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents.

### Experience “Fair” or “Poor” Mental Health (Service Area, 2024)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 77]  
Notes: Asked of all respondents.



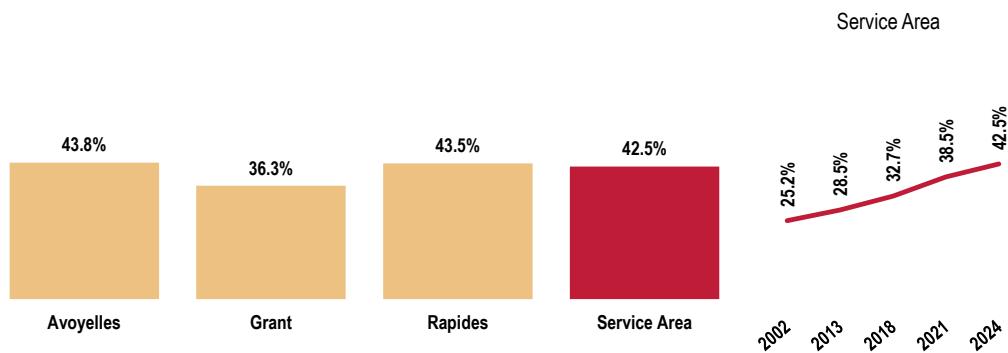
## Days of Poor Mental Health

Over four in 10 surveyed adults (42.5%) report experiencing three or more days of poor mental health in the past month.

TREND ► Consistently increasing since 2002.

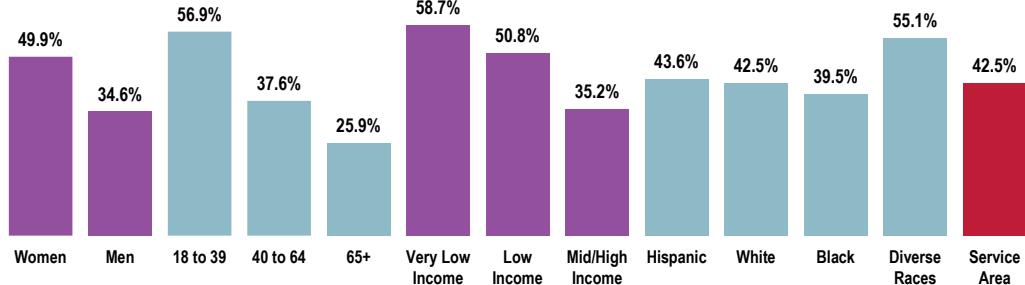
DISPARITY ► More often reported among women, young adults, lower-income residents, and respondents of diverse races.

### 3+ Days of Poor Mental Health In the Past Month



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 303]  
Notes: Asked of all respondents.

### 3+ Days of Poor Mental Health In the Past Month (Service Area, 2024)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 303]  
Notes: Asked of all respondents.



# Depression

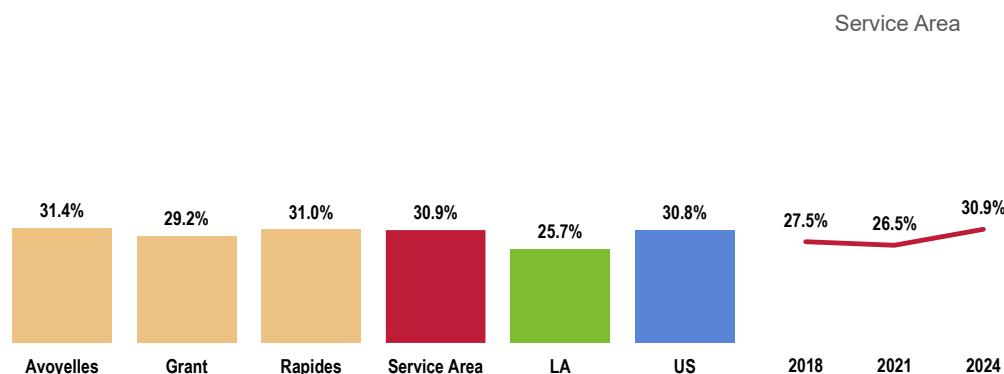
## Diagnosed Depression

**A total of 30.9% of service area adults have been diagnosed by a physician or other health professional as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).**

BENCHMARK ► Higher than the statewide prevalence.

TREND ► An increase from the 2018 baseline.

### Have Been Diagnosed With a Depressive Disorder



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 80]  
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2023 Louisiana data.

2023 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents.

Depressive disorders include depression, major depression, dysthymia, or minor depression.



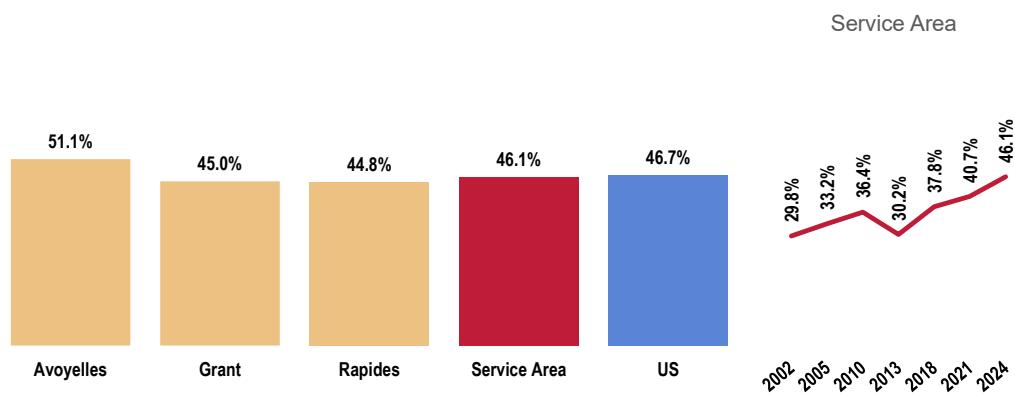
## Symptoms of Chronic Depression

**A total of 46.1% 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).**

**TREND** ► A significant increase since 2002.

**DISPARITY** ► More often reported by Avoyelles Parish residents, women, adults under age 65, and lower-income respondents.

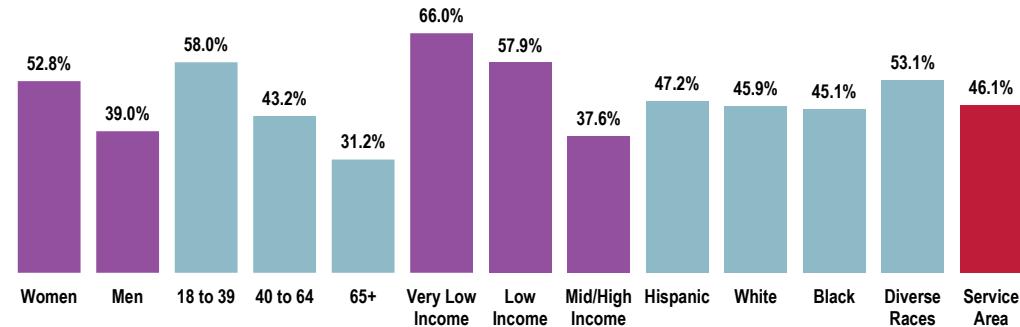
### Have Experienced Symptoms of Chronic Depression



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 78]  
2023 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, 2024)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 78]

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

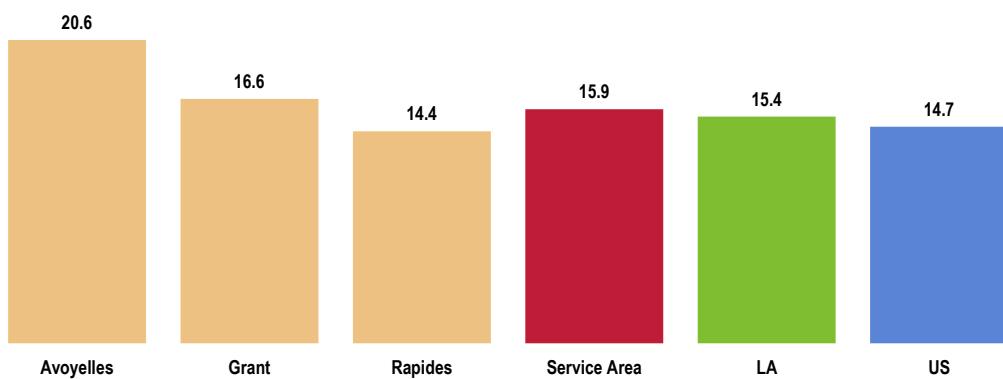
**The service area reported 15.9 suicides per 100,000 population (2021-2023 annual average rate).**

**BENCHMARK** ► Fails to satisfy the Healthy People 2030 objective.

**TREND** ► A decrease over the past decade.

**DISPARITY** ► Highest in Avoyelles Parish and among White residents.

**Suicide Mortality**  
(2021-2023 Annual Average Deaths per 100,000 Population)  
Healthy People 2030 = 12.8 or Lower



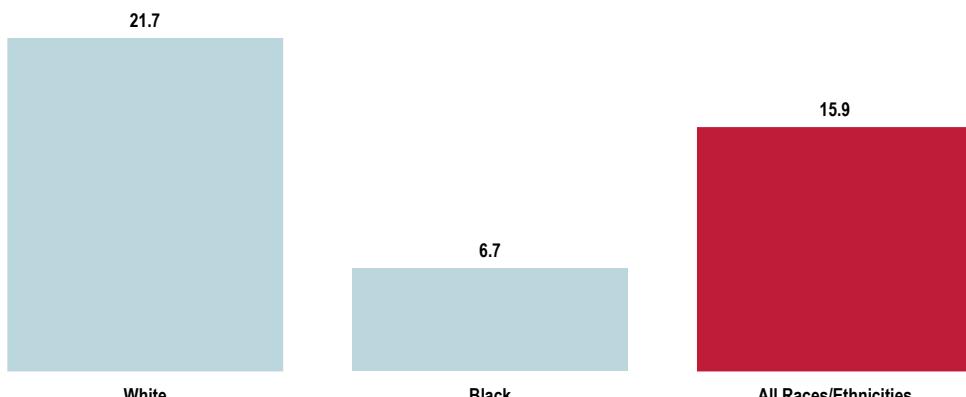
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

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

Rates are per 100,000 population.

**Suicide Mortality by Race/Ethnicity**  
(2018-2020 Annual Average Deaths per 100,000 Population; Service Area)  
Healthy People 2030 = 12.8 or Lower



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

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

Rates are per 100,000 population.

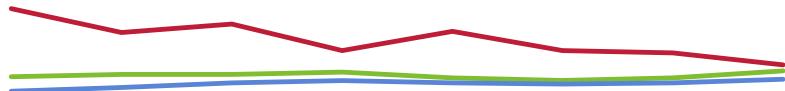
Race categories reflect individuals without Hispanic origin.



## Suicide Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 12.8 or Lower



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Service Area	20.6	18.6	19.3	17.1	18.7	17.1	16.9	15.9
LA	14.9	15.1	15.1	15.3	14.8	14.6	14.8	15.4
US	13.7	14.0	14.4	14.6	14.4	14.3	14.4	14.7

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

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

Rates are per 100,000 population.

## Mental Health Treatment

### Mental Health Providers

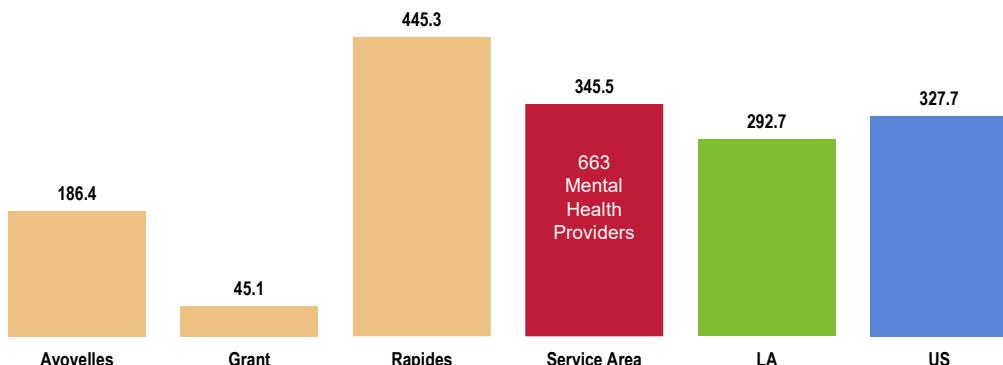
Note that this indicator only reflects providers practicing in the service area and residents in the service area; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

**In the service area in 2025, there were 663 mental health providers (including psychiatrists, psychologists, clinical social workers, and counselors who specialize in mental health care), translating to a rate of 345.5 per 100,000 population.**

**BENCHMARK** ► More favorable than the statewide ratio.

**DISPARITY** ► Substantially lower in Grant Parish.

### Number of Mental Health Providers per 100,000 Population (2025)



Sources: Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).

Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2025 via SparkMap ([sparkmap.org](http://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 counselors that specialize in mental health care.



## Receiving Treatment

**A total of 34.1% of service area adults acknowledge having ever sought professional help for a mental or emotional problem.**

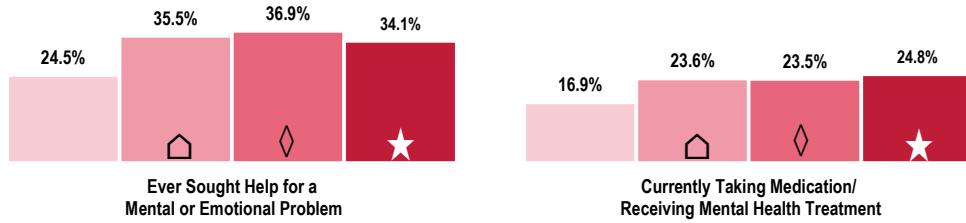
TREND ► Higher than the 2013 baseline, but similar to more recent years.

**A total of 24.8% 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.**

TREND ► Higher than the 2013 baseline, but similar to more recent years.

### Mental Health Treatment

■ 2013 □ 2018 ◇ 2021 ★ 2024



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Items 81, 325]

2023 PRC National Health Survey, PRC, Inc.

Notes: Reflects the total sample of respondents.



## Difficulty Accessing Mental Health Services

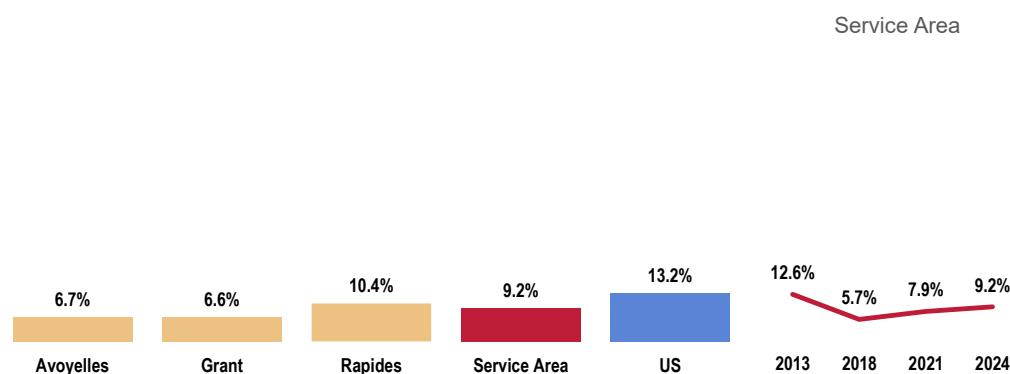
**A total of 9.2% of service area adults report a time in the past year when they needed mental health services but were not able to get them.**

BENCHMARK ► Lower than the national percentage.

TREND ► A significant decrease from the 2013 baseline.

DISPARITY ► Reported more often among women, younger adults, and lower-income residents.

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



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 82]

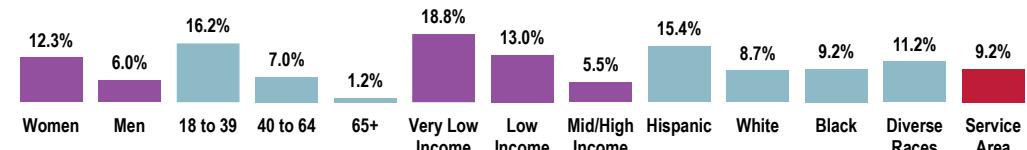
2023 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents.

### Unable to Get Mental Health Services When Needed in the Past Year (Service Area, 2024)

Top reasons for not receiving mental health services include:

Cost	21.3%
Transportation	11.2%
Time	8.7%
Insurance Issues	7.7%



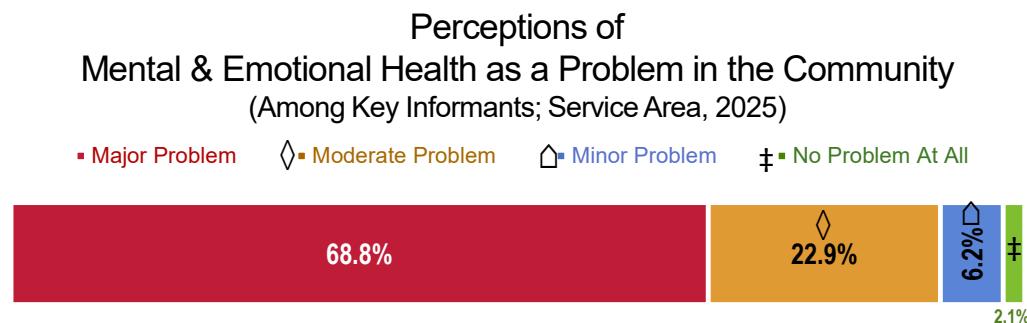
Sources: 2024 PRC Community Health Survey, PRC, Inc. [Items 82, 326]

Notes: Asked of all respondents.



# Key Informant Input: Mental Health

Over two-thirds of key informants taking part in an online survey characterized *Mental Health* as a “major problem” in the community.



Sources: 2024 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 mental health advisors, social workers, specialists, insurance won't cover and stigma of mental health.  
– Community Leader (Rapides Parish)

Getting the treatment that they need and programs to help them be consistent with medicals.  
– Community Leader (Rapides Parish)

Lack of resources and opportunities. – Community Leader (Avoyelles Parish)

1. Lack of professional resources: There are very few counselors in our areas, so patients are isolated and have few trained clinical professionals to address issues. 2. Heath stigma for families looking for care for family members. 3. No professional or guided groups for public to attend info on how to care for someone who is mentally ill (NAMI, etc.). 4. No professional facilities that offer specialized treatment with enough beds available (opioid addiction patients are housed and treated alongside depression/anxiety patients. To find a specialty facility, you have to look out of Louisiana). – Social Services Provider (Avoyelles Parish)

No access to care since they closed Huey P Long. – Community Leader (Rapides Parish)

Access to treatment. – Social Services Provider (Rapides Parish)

Lack of local resources. – Health Care Provider (Rapides Parish)

The lack of facilities and information to the general public. There may be services, but it is very hard to learn about them and find ways for public to get access. – Social Services Provider (Rapides Parish)

Not enough resources for those with mental health issues in our community. Families often don't know what's available or how to access services. Once in treatment, time available at facilities is often not long enough.  
– Social Services Provider (Rapides Parish)

## Diagnosis/Treatment

Timely diagnosis and treatment; cost of medications; self-medication with illicit substances; individuals with mental health issues disagreeing with provider evaluation and treatment plans; lack of providers; lack of transportation to appointments for mental health condition management.  
– Social Services Provider (Rapides Parish)

Severe mentally ill people do not seek out treatment often. Many also are dual diagnosed.  
– Health Care Provider (Rapides Parish)

Getting the help they need. – Social Services Provider (Rapides Parish)

## Affordable Care/Services

Having facilities that can be afforded by those needing these services. The uninsured have limited to no access to get effective counseling and medications they end up homeless or incarcerated.  
– Public Health Representative (Rapides Parish)

Lack of treatment facilities for the poor and underserved. – Social Services Provider (Rapides Parish)



## Unhoused Population

Homelessness, suicide, violence, disability, substance abuse and self-medicating, etc.  
– Public Health Representative (Rapides Parish)

Homelessness and the lack of resources to ensure medications are taken, housing is maintained and general individual monitoring. – Public Health Representative (Rapides Parish)

## Compliance with Treatment Plan

Patient compliance with medications and provider appointment. – Health Care Provider (Avoyelles Parish)  
Willingness to seek ongoing treatment. – Health Care Provider (Rapides Parish)

## Income/Poverty

Poverty and access to mental health resources as well as a way to lead productive lives helping or contributing to the community. – Community Leader (Rapides Parish)

Poverty, homelessness and not enough help to cope or get counseling.  
– Social Services Provider (Rapides Parish)

## Law Enforcement

Police having to deal with persons with mental health. All too often the police must take the mentally ill person to acute care hospitals when there is nowhere else to take the person whose behavior threatens himself or others.  
– Community Leader (Rapides Parish)

## Denial/Stigma

I believe the biggest challenges for mental health are due to the stigma about seeking help with life struggles and access to mental health providers. – Social Services Provider (Rapides Parish)

## Lack of Providers

Not enough skilled people to treat them. Lots of misdiagnosis and improper drug therapies. People not wanting to get help. The stigma/embarrassment of it for some people. – Health Care Provider (Rapides Parish)

## Parental Influence

Poor parenting appears to be the biggest challenge for people with mental health issues.  
– Community Leader (Rapides Parish)

## Awareness/Education

Lack of knowledge as to where they can go for help. – Community Leader (Rapides Parish)

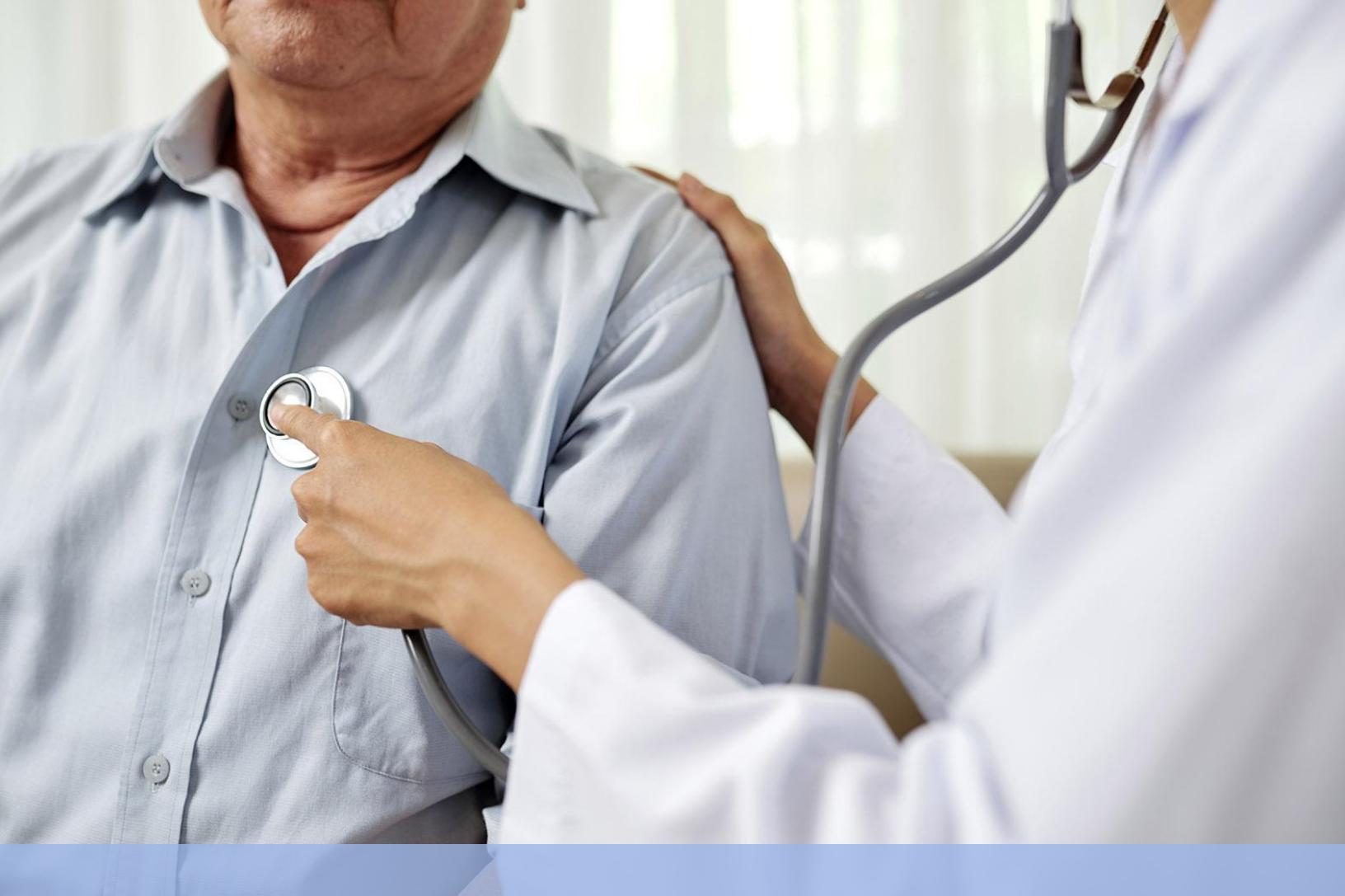
## Follow-Up/Support

Not enough aftercare for individual. – Social Services Provider (Rapides Parish)

## Addiction

Addiction. – Social Services Provider (Rapides Parish)





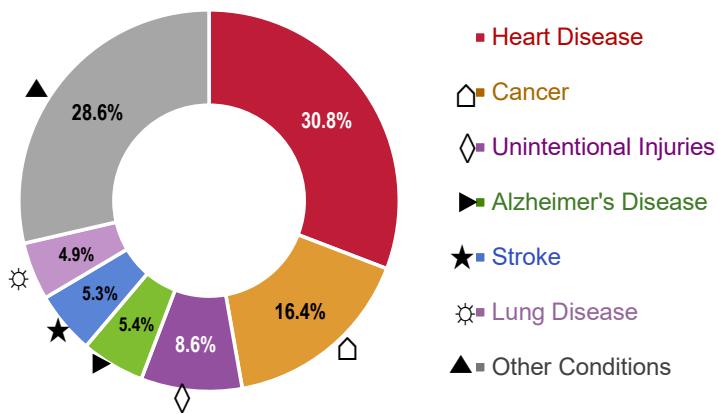
# DEATH, DISEASE & CHRONIC CONDITIONS

# LEADING CAUSES OF DEATH

## Distribution of Deaths by Cause

Together, heart disease and cancers accounted for nearly one-half of all deaths in the service area in 2023.

Leading Causes of Death  
(Service Area, 2023)



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

Notes: Lung disease includes deaths classified as chronic lower respiratory disease.



# Death Rates for Selected Causes

Here, 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.

The following chart outlines 2021-2023 annual average death rates per 100,000 population for selected causes of death in the service area.

Leading causes of death are discussed in greater detail in subsequent sections of this report.

For infant mortality data,  
see *Birth Outcomes &  
Risks in the Births*  
section of this report.

## Death Rates for Selected Causes (2021-2023 Deaths per 100,000 Population)

	Service Area	Louisiana	US	Healthy People 2030
<b>Diseases of the Heart</b>	401.2	268.6	209.5	127.4*
<b>Malignant Neoplasms (Cancers)</b>	210.5	200.5	182.5	122.7
<b>Unintentional Injuries</b>	113.0	94.8	67.8	43.2
<b>Cerebrovascular Disease (Stroke)</b>	73.1	59.1	49.3	33.4
<b>Chronic Lower Respiratory Disease (CLRD)</b>	72.0	47.5	43.5	—
<b>Alzheimer's Disease</b>	70.5	45.4	35.8	—
<b>Unintentional Drug-Induced</b>	54.6	48.3	29.7	—
<b>Pneumonia/Influenza</b>	30.6	13.3	13.4	—
<b>Septicemia</b>	30.1	23.3	12.5	—
<b>Motor Vehicle Deaths</b>	26.7	20.0	13.3	10.1
<b>Kidney Disease</b>	24.6	23.7	16.9	—
<b>Homicide</b>	19.8	19.5	7.6	5.5
<b>Intentional Self-Harm (Suicide)</b>	15.9	15.4	14.7	12.8
<b>Diabetes</b>	14.0	38.6	30.5	—
<b>Alcohol-Induced</b>	8.7	10.7	15.7	—

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.  
US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Note: \*The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.  
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.



# CARDIOVASCULAR DISEASE

## ABOUT HEART DISEASE & STROKE

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>)

## Heart Disease & Stroke Deaths

### Heart Disease Deaths

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

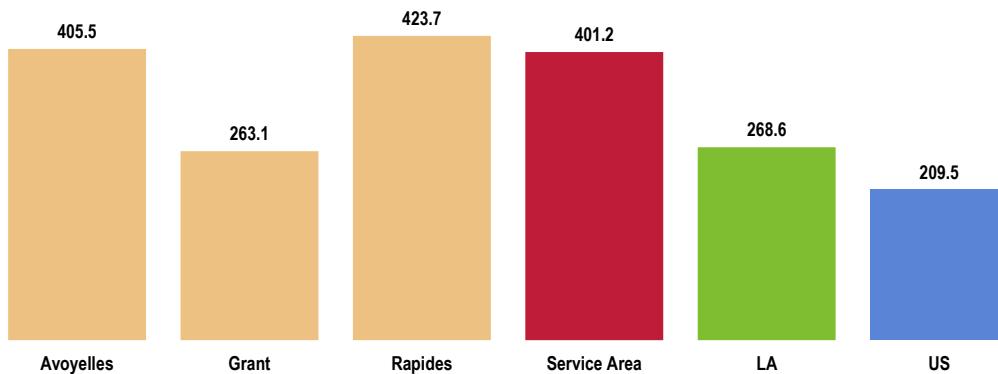
**Between 2021 and 2023, there was an annual average heart disease mortality rate of 401.2 deaths per 100,000 population in the service area.**

**BENCHMARK** ► Much higher than the state and national rates. Fails to satisfy the Healthy People 2030 objective.

**TREND** ► An increase from the 2014-2016 reporting period.

**DISPARITY** ► Lowest in Grant Parish.

**Heart Disease Mortality**  
(2021-2023 Annual Average Deaths per 100,000 Population)  
Healthy People 2030 = 127.4 or Lower (Adjusted)



Sources: CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

Notes: US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.

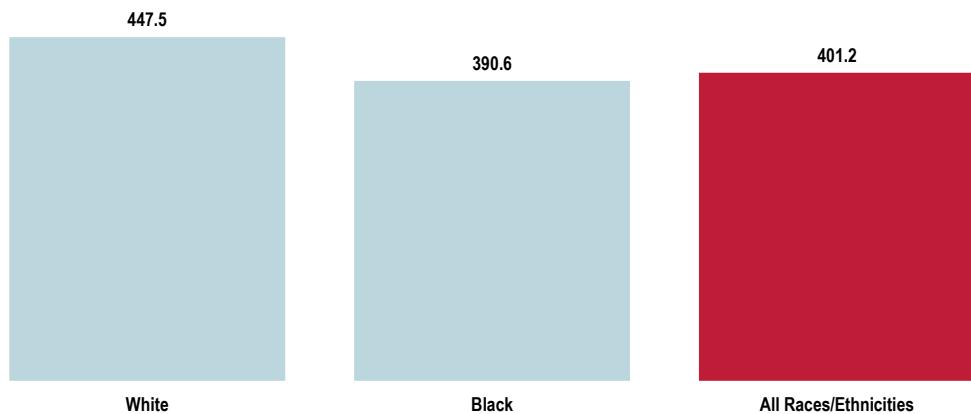
Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Rates are per 100,000 population.



## Heart Disease Mortality by Race/Ethnicity

(2018-2020 Annual Average Deaths per 100,000 Population; Service Area)  
 Healthy People 2030 = 127.4 or Lower (Adjusted)

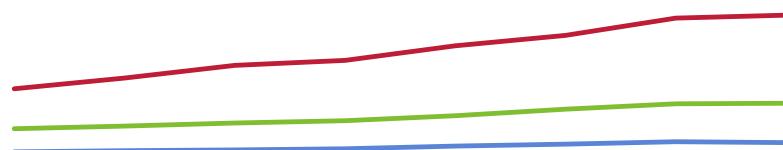


Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

Notes: US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>  
 The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.  
 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.  
 Race categories reflect individuals without Hispanic origin.

## Heart Disease Mortality Trends

(Annual Average Deaths per 100,000 Population)  
 Healthy People 2030 = 127.4 or Lower (Adjusted)



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Service Area	290.4	306.8	325.5	333.1	355.2	370.7	396.5	401.2
LA	230.3	234.1	239.1	242.3	250.1	259.5	267.7	268.6
US	195.5	197.5	198.6	200.0	204.2	207.3	210.7	209.5

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

Notes: US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>  
 The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.  
 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.



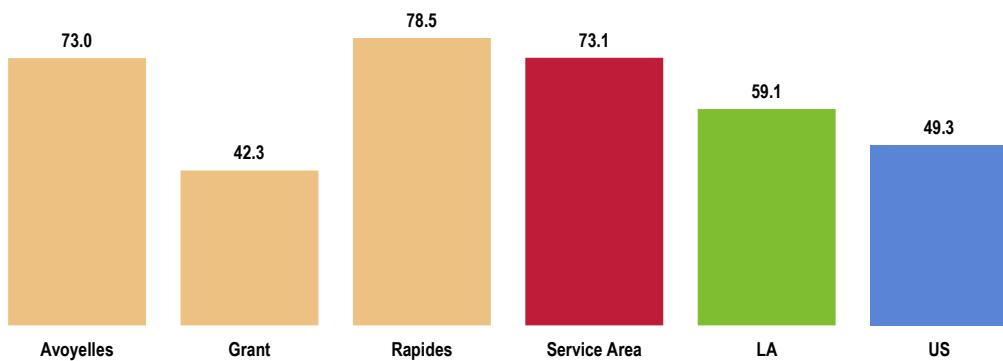
## Stroke Deaths

**Between 2021 and 2023, there was an annual average stroke mortality rate of 73.1 deaths per 100,000 population in the service area.**

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

**DISPARITY** ► Lowest in Grant Parish.

### Stroke Mortality (2021-2023 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 33.4 or Lower

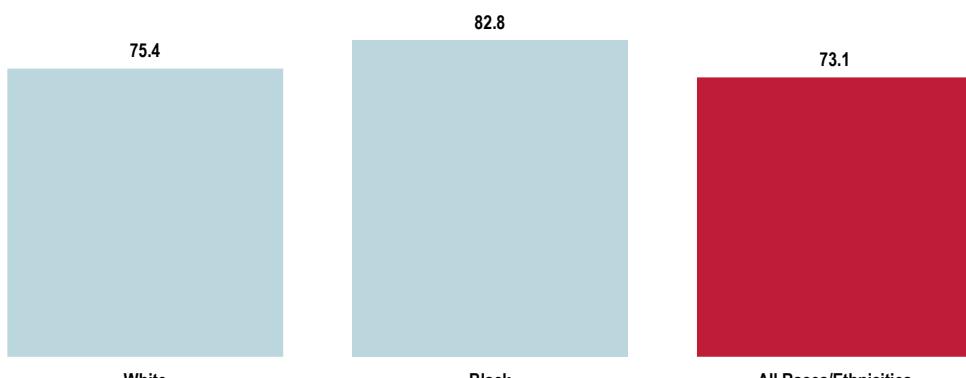


Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

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

### Stroke Mortality by Race/Ethnicity (2018-2020 Annual Average Deaths per 100,000 Population; Service Area) Healthy People 2030 = 33.4 or Lower



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

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

Rates are per 100,000 population.

Race categories reflect individuals without Hispanic origin.



## Stroke Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 33.4 or Lower



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Service Area	65.7	67.3	66.7	66.6	65.4	70.7	71.4	73.1
LA	48.8	50.3	51.8	52.4	53.3	55.4	58.0	59.1
US	43.1	44.2	44.7	45.3	46.5	47.8	49.1	49.3

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

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

## Prevalence of Heart Disease & Stroke

### Prevalence of Heart Disease

**A total of 11.9% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.**

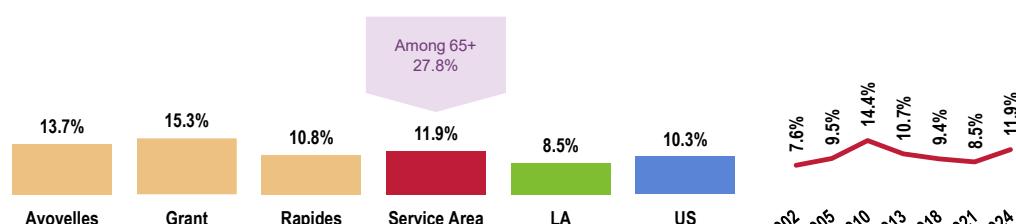
BENCHMARK ▶ Higher than the statewide prevalence.

TREND ▶ An increase from the 2002 baseline.

DISPARITY ▶ Lowest in Rapides Parish.

### Prevalence of Heart Disease

Service Area



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 22]

Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2023 Louisiana data.

2023 PRC National Health Survey, PRC, Inc.

Asked of all respondents.

Includes diagnoses of heart attack, angina, or coronary heart disease.



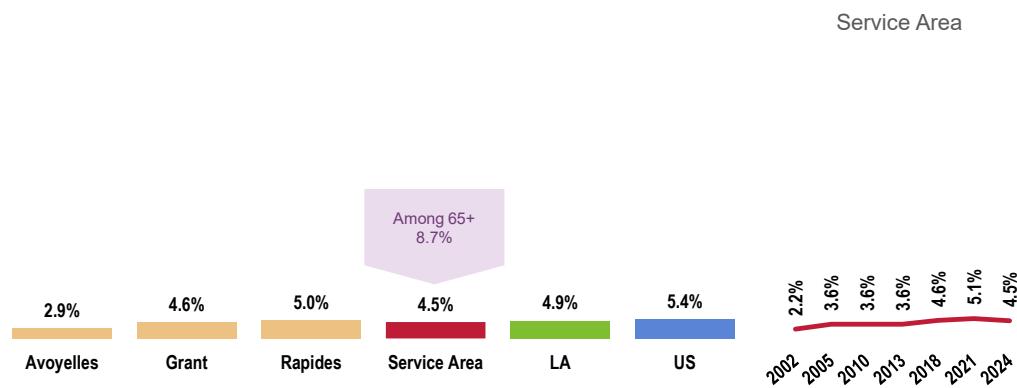
## Prevalence of Stroke

A total of 4.5% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

TREND ► Higher than the 2002 baseline.

DISPARITY ► Lowest in Avoyelles Parish.

## Prevalence of Stroke



Sources: 2024 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); 2023 Louisiana data.  
2023 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents.

## Cardiovascular Risk Factors

### Blood Pressure & Cholesterol

A total of 47.8% of service area adults have been told by a health professional at some point that their **blood pressure** was high.

BENCHMARK ► Higher than both the state and national prevalence. Fails to satisfy the Healthy People 2030 objective.

TREND ► Higher than the 2002 baseline.

DISPARITY ► Highest in Grant Parish.

A total of 35.4% of adults have been told by a health professional that their **cholesterol level was high**.

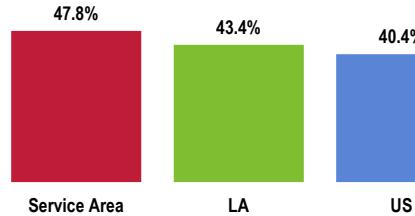
TREND ► Higher than the 2002 baseline.

DISPARITY ► Highest in Grant Parish.

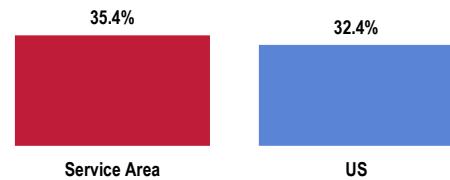


## Prevalence of High Blood Pressure

Healthy People 2030 = 42.6% or Lower



## Prevalence of High Blood Cholesterol



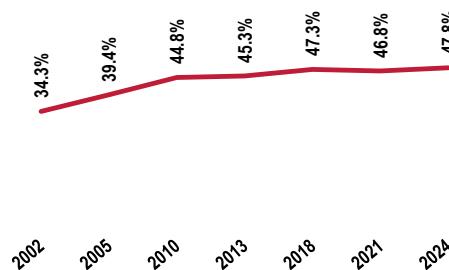
Sources: 2024 PRC Community Health Survey, PRC, Inc. [Items 29-30]  
 Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2023 Louisiana data.

2023 PRC National Health Survey, PRC, Inc.  
 US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

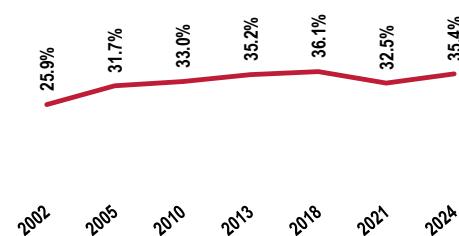
Notes: Asked of all respondents.

## Prevalence of High Blood Pressure (Service Area)

Healthy People 2030 = 42.6% or Lower



## Prevalence of High Blood Cholesterol (Service Area)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Items 29-30]  
 US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

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.

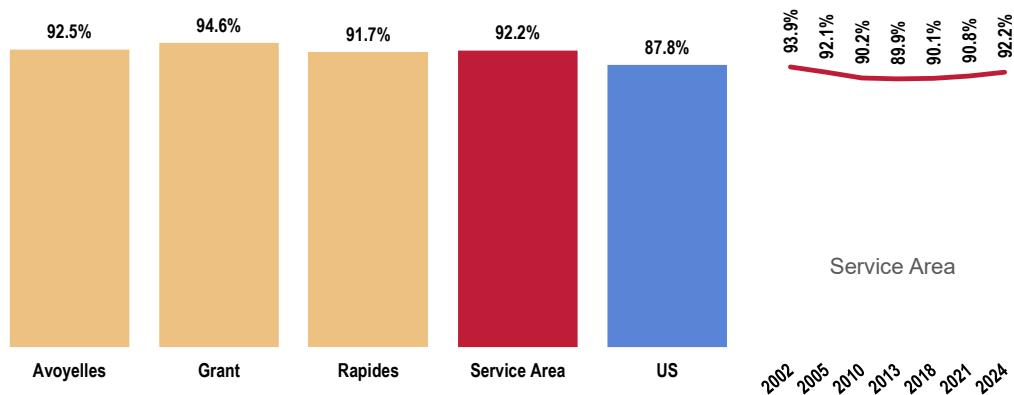
**RELATED ISSUE**  
See also *Nutrition, Physical Activity & Weight* and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

**A total of 92.2% 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** ► Higher than the national prevalence.

**DISPARITY** ► Reported more often among men, adults over 40, and White respondents.

### Exhibit One or More Cardiovascular Risks or Behaviors



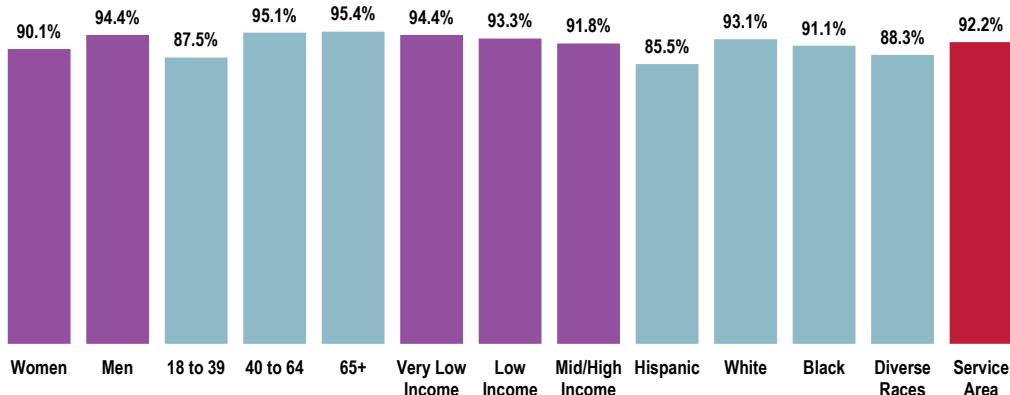
Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 100]  
2023 PRC National Health Survey, PRC, Inc.

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.



## Exhibit One or More Cardiovascular Risks or Behaviors (Service Area, 2024)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 100]

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.

## 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 & Stroke as a Problem in the Community (Among Key Informants; Service Area, 2025)

▪ Major Problem    ‡ Moderate Problem    □ Minor Problem    ◊ No Problem At All



Sources: 2024 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:

### Nutrition

Most people do not eat as healthily as they should, and diabetes, obesity, and high blood pressure contribute greatly to heart disease and people seem not to be as concerned as they should be.

– Community Leader (Rapides Parish)

All the fried foods, so few healthy options. So many people having heart attacks and strokes and ages are getting younger. – Community Leader (Rapides Parish)

Poor diet and education on prevention. – Social Services Provider (Rapides Parish)

Poor dietary habits associated increased cost of healthy eating. Educational deficits.  
– Public Health Representative (Rapides Parish)

I think because people either opt to eat unhealthy or do not have the proper information/knowledge, their diets lead to obesity, diabetes, blood pressure concerns etc. which eventually lead to heart disease and stroke.

– Community Leader (Rapides Parish)

Central Louisiana encourages food as a method of social interaction and a way to bring people together.

– Health Care Provider (Rapides Parish)



## Incidence/Prevalence

Our instances of heart disease in Avoyelles Parish are very high in comparison the other parishes. When I did a health study several years ago, we were 7th highest in heart disease in the state of Louisiana. I can only imagine the numbers are even higher now, moving Avoyelles Parish up in the rankings (more unfavorable).

– Social Services Provider (Avoyelles Parish)

High death rate from heart disease. – Social Services Provider (Avoyelles Parish)

From discussions, it appears as though people are experiencing more of these health issues.

– Social Services Provider (Rapides Parish)

Heart disease is more prevalent in central Louisiana with the mortality rate being higher than the national average by approximately 19.2%. Stroke mortality in Louisiana is also 21.7% higher than the national rate.

– Community Leader (Rapides Parish)

Because of the number of people from our community who suffer from this.

– Social Services Provider (Rapides Parish)

Numerous individuals that I interact with have heart related conditions and many have either had a stroke or are at high risk for stroke. – Public Health Representative (Rapides Parish)

Because it is, it is the worst major disease that kills people and families, it's not talked about enough, nor funded enough. – Social Services Provider (Rapides Parish)

## Lifestyle

Lifestyle choices. – Community Leader (Avoyelles Parish)

Statistics available from The Rapides Foundations and other research. Poor diet, lack of exercise, use of tobacco products, and family history. – Social Services Provider (Rapides Parish)

Again, years of unhealthy eating, lifestyles and stress. – Community Leader (Rapides Parish)

Diet is bad, no exercise and use of tobacco. – Community Leader (Avoyelles Parish)

## Affordable Medications/Supplies

Patients can't afford medication and most not interested in early screenings.

– Health Care Provider (Avoyelles Parish)

## Diagnosis/Treatment

I believe heart disease and stroke are major problems due to early detection and treatment because of access to health services. Other contributing factors would a healthy diet and regular physical exercise engagement. There is a significant part of the population that uses Medicaid as their primary insurance and there are physicians that will not use that as a payment. – Social Services Provider (Rapides Parish)

## Genetics

I think it is a major problem because they are usually hereditary. Also, people do not follow health diets and exercise as suggested. – Community Leader (Rapides Parish)

## Obesity

Due to obesity and other factors, this is a common problem in this area. You can see that from the numbers in hospitals and the statistics. – Public Health Representative (Rapides Parish)

## Vulnerable Populations

In the African American culture follow up care it nearly impossible to get.

– Social Services Provider (Rapides Parish)



# CANCER

## ABOUT CANCER

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>)

## Cancer Deaths

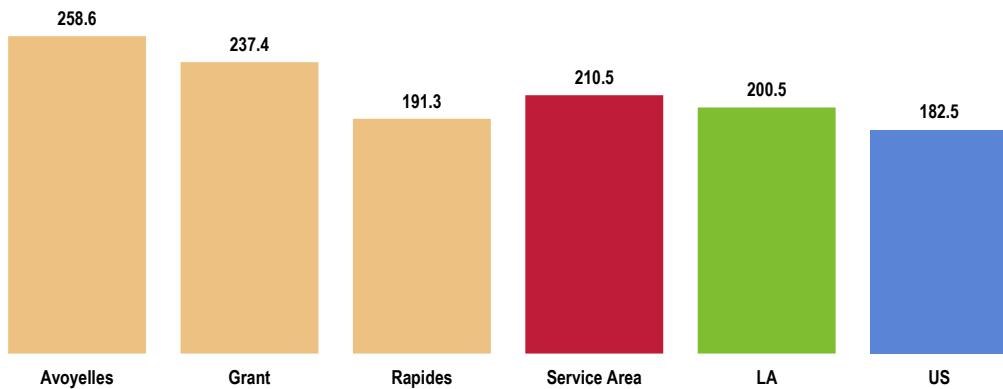
### All Cancer Deaths

**Between 2021 and 2023, there was an annual average cancer mortality rate of 210.5 deaths per 100,000 population in the service area.**

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Highest in Avoyelles Parish and among White residents.

**Cancer Mortality**  
(2021-2023 Annual Average Deaths per 100,000 Population)  
Healthy People 2030 = 122.7 or Lower



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

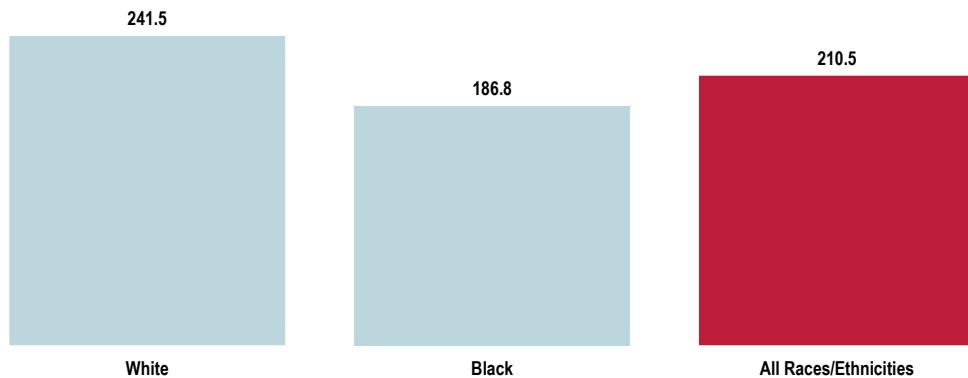
Notes: US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>  
Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
Rates are per 100,000 population.



## Cancer Mortality by Race/Ethnicity

(2018-2020 Annual Average Deaths per 100,000 Population; Service Area)

Healthy People 2030 = 122.7 or Lower



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

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

Rates are per 100,000 population.

Race categories reflect individuals without Hispanic origin.

## Cancer Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 122.7 or Lower



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

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

Rates are per 100,000 population.



## Cancer Deaths by Site

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

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

### BENCHMARK

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

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

Prostate Cancer ► Lower than the national rate.

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

### Cancer Death Rates by Site (2021-2023 Annual Average Deaths per 100,000 Population)

	Service Area	Louisiana	US	Healthy People 2030
<b>ALL CANCERS</b>	<b>210.5</b>	<b>200.5</b>	<b>182.5</b>	<b>122.7</b>
<b>Lung Cancer</b>	<b>52.8</b>	<b>48.7</b>	<b>39.8</b>	<b>25.1</b>
<b>Female Breast Cancer</b>	<b>25.1</b>	<b>27.0</b>	<b>25.1</b>	<b>15.3</b>
<b>Colorectal Cancer</b>	<b>22.1</b>	<b>18.9</b>	<b>16.3</b>	<b>8.9</b>
<b>Prostate Cancer</b>	<b>17.0</b>	<b>19.0</b>	<b>20.1</b>	<b>16.9</b>

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

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

Rates are per 100,000 population.



# 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. 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.**

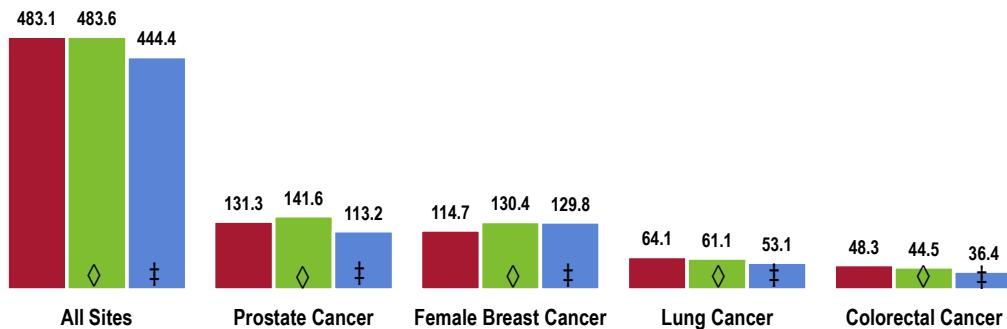
## BENCHMARK

Lung Cancer ► Higher than the national rate.

Colorectal Cancer ► Higher than the national rate.

## Cancer Incidence Rates by Site (2017-2021)

■ Service Area ◇ LA ‡ US



Sources: State Cancer Profiles.

Notes: Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2025 via SparkMap (sparkmap.org).

This indicator reports the incidence rate (cases per 100,000 population per year) for select cancers.



# Prevalence of Cancer

**A total of 8.6% of surveyed service area adults report having ever been diagnosed with cancer.**

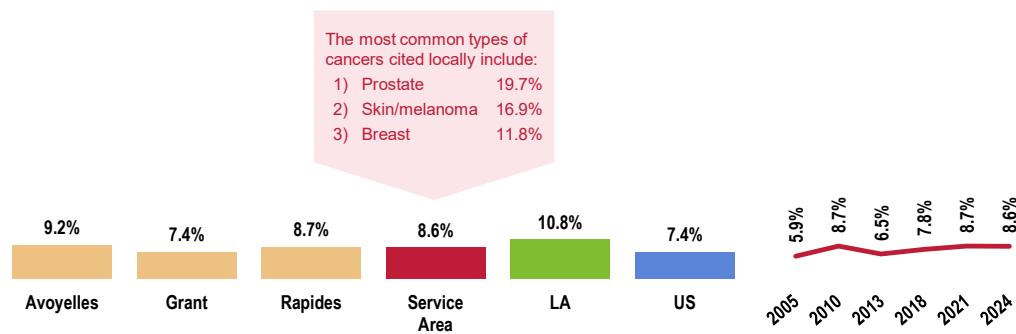
BENCHMARK ► Lower than the statewide prevalence.

TREND ► Higher than the 2005 baseline.

DISPARITY ► Reported more often among adults age 40 and older, upper-income residents, White respondents, and respondents of diverse races.

## Prevalence of Cancer

Service Area

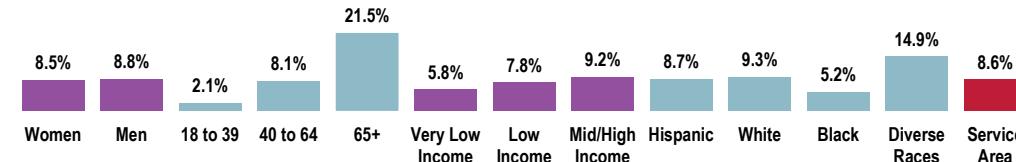


Sources: 2024 PRC Community Health Survey, PRC, Inc. [Items 24-25]  
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2023 Louisiana data.

Notes: 2023 PRC National Health Survey, PRC, Inc.

Asked of all respondents.

## Prevalence of Cancer (Service Area, 2024)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 24]

Notes: Asked of all respondents.



# 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 the following cancer sites:

## FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women age 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 age 21 to 29 years. For women age 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 45 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.

### Among women age 50 to 74, 75.0% have had a mammogram within the past 2 years.

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

TREND ► Lower than the 2002 baseline.

### Among service area women age 21 to 65, 69.9% have had appropriate cervical cancer screening.

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

TREND ► Lower than the 2002 baseline.

### Among all adults age 45 to 75, 67.4% have had appropriate colorectal cancer screening.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

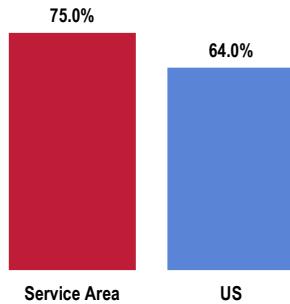
TREND ► Higher than the 2010 baseline.

"Appropriate cervical cancer screening" includes Pap smear testing (cervical cytology) every 3 years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65.4

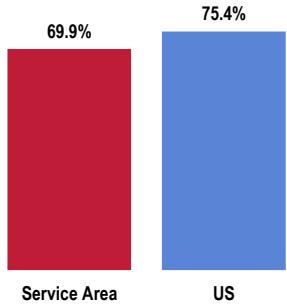
"Appropriate colorectal cancer screening" includes a fecal occult blood test within the past year and/or lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.



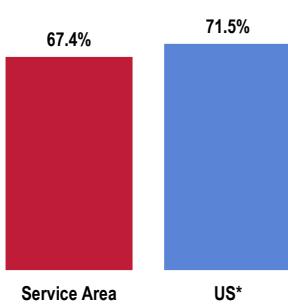
**Breast Cancer Screening**  
(Women 50-74)  
Healthy People 2030 = 80.5% or Higher



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

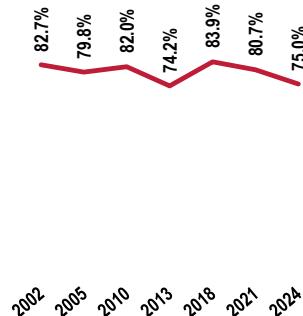


**Colorectal Cancer Screening**  
(All Adults 45-75)  
Healthy People 2030 = 74.4% or Higher

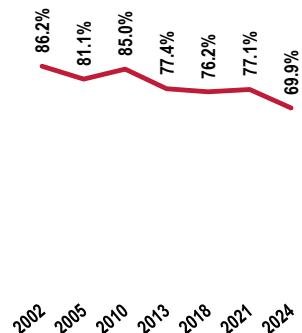


Sources: 2024 PRC Community Health Survey, PRC, Inc. [Items 101-103]  
2023 PRC National Health Survey, PRC, Inc.  
US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>  
Notes: Each indicator is shown among the gender and/or age group specified.  
\*National data for colorectal cancer screening reflect adults age 50 to 75.

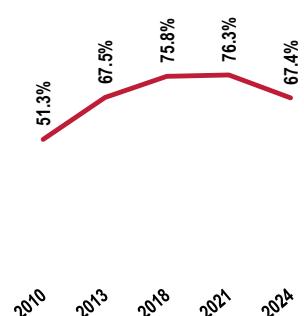
**Breast Cancer Screening**  
(Women 40-74)  
Healthy People 2030 = 80.5% or Higher



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



**Colorectal Cancer Screening**  
(All Adults 45-75)  
Healthy People 2030 = 74.4% or Higher



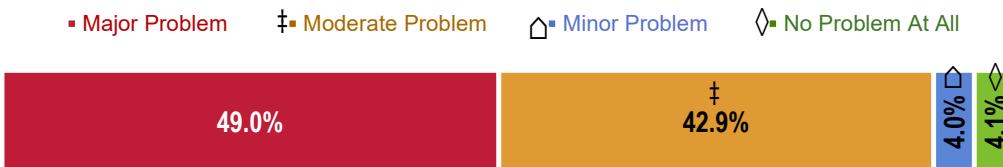
Sources: 2024 PRC Community Health Survey, PRC, Inc. [Items 101-103]  
US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>  
Notes: Each indicator is shown among the gender and/or age group specified.  
\*Note that trend data for breast cancer screening reflect the age group (50 to 74) of the previous recommendation.  
Trend data for colorectal cancer screening reflect the age group (50 to 75) of the previous recommendation.



# Key Informant Input: Cancer

The greatest share of key informants taking part in an online survey characterized Cancer as a “major problem” in the community.

## Perceptions of Cancer as a Problem in the Community (Among Key Informants; Service Area, 2025)



Sources: 2024 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:

### Incidence/Prevalence

- So many in the community have cancer and are dying. – Social Services Provider (Rapides Parish)
- Statistics for central Louisiana show that cancer is more prevalent here than in other areas of the country. – Community Leader (Rapides Parish)
- You can see the number of patients who are seeing oncologists and others and those receiving chemo and radiation. – Public Health Representative (Rapides Parish)
- It seems like everyone you know is touched by cancer in some way. Just about everyone I know has a family member who has passed away from cancer or currently has cancer. – Health Care Provider (Rapides Parish)
- Avoyelles Parish has one of the highest rates of lung cancer in the state. – Health Care Provider (Avoyelles Parish)
- It's obviously a problem because of the number of people in our community who have it. – Social Services Provider (Rapides Parish)
- Prevalence and expense of treatment. – Social Services Provider (Rapides Parish)
- Large numbers of Grant Parish residents are affected by cancer. I feel that lifestyle prevention, and early detection should be emphasized more by primary doctors and public awareness. I also feel that it would be good if oncologists here kept up with new treatments and consulted with leaders such as M. D Anderson Cancer Center, which offers peer to peer consultation. – Social Services Provider (Grant Parish)
- The number of people who have cancer seems to have increased. – Public Health Representative (Rapides Parish)
- So many people being diagnosed, living with cancer and dying from cancer. – Community Leader (Rapides Parish)

### Access to Care/Services

- Disparities in access to healthcare, environmental exposure and lifestyle choices. – Community Leader (Avoyelles Parish)
- Lack of resources, education, homelessness, low income, resident can't afford care and medication. – Social Services Provider (Rapides Parish)
- It is common knowledge that if you are diagnosed with cancer, you better go somewhere else to be treated, like Houston, New Orleans, or even Shreveport. – Community Leader (Rapides Parish)

### Prevention/Screenings

- Lack of screening and services for all ages. Also, exposure to toxins in water and air and heavy use of tobacco. – Social Services Provider (Rapides Parish)
- People fail to have annual checkups. Once a checkup has been completed and cancer is found then the problem becomes out of pocket cost associated with the treatment. – Community Leader (Rapides Parish)



## Diagnosis/Treatment

I believe cancer is a major problem due to early detection and treatment because of access to health services. There is a significant part of the population that uses Medicaid as their primary insurance and there are physicians that will not use that as a payment. – Social Services Provider (Rapides Parish)

## Tobacco Use

Individuals use tobacco, not sure why they ignore the risks. Medical care available here is substandard for major surgeries or expert care, patient must travel to Lafayette or Alexandria. – Community Leader (Avoyelles Parish)

## Affordable Care/Services

I see a lot of individuals with cancer and can't afford to pay for the treatment.  
– Social Services Provider (Rapides Parish)

## Awareness/Education

Lack of knowledge about risks related to different types of cancer. Community members are not proactive with screenings. – Community Leader (Rapides Parish)

## Environmental Contributors

More new forms of cancer in younger individuals suggests environment and culture is contributing to some increase. – Social Services Provider (Rapides Parish)

## Lifestyle

Unhealthy living and lifestyles for decades. – Community Leader (Rapides 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.

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

## Respiratory Disease Deaths

### Lung Disease Deaths

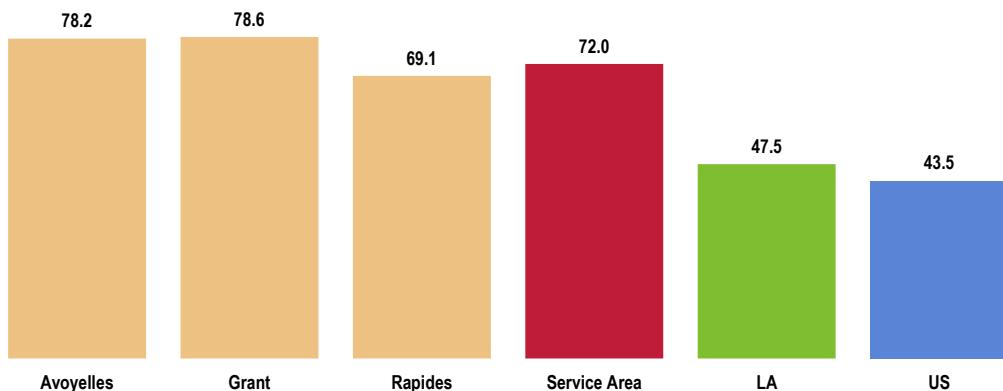
Note: Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.

**Between 2021 and 2023, the service area reported an annual average lung disease mortality rate of 72.0 deaths per 100,000 population.**

**BENCHMARK** ► Higher than both state and US rates.

**DISPARITY** ► Higher among White residents.

**Lung Disease**  
(2021-2023 Annual Average Deaths per 100,000 Population)

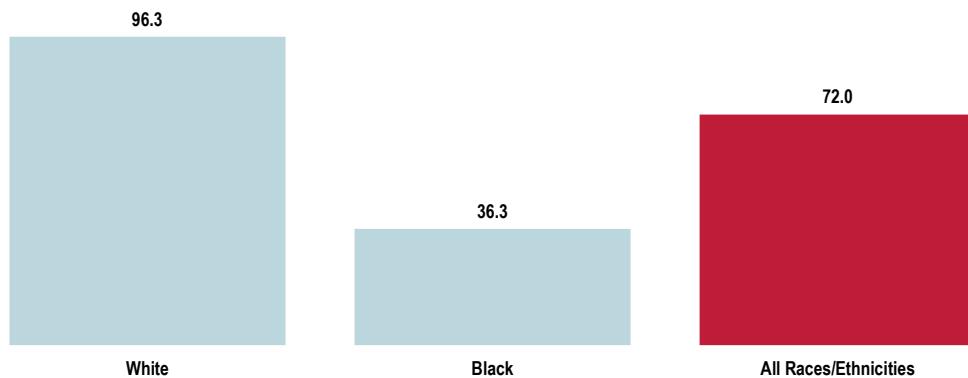


Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

Notes: Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma. 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.



## Lung Disease Mortality by Race/Ethnicity (2018-2020 Annual Average Deaths per 100,000 Population; Service Area)



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

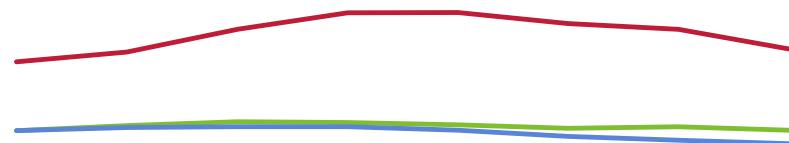
Notes: Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.

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.

Race categories reflect individuals without Hispanic origin.

## Lung Disease Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

Notes: Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.

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.

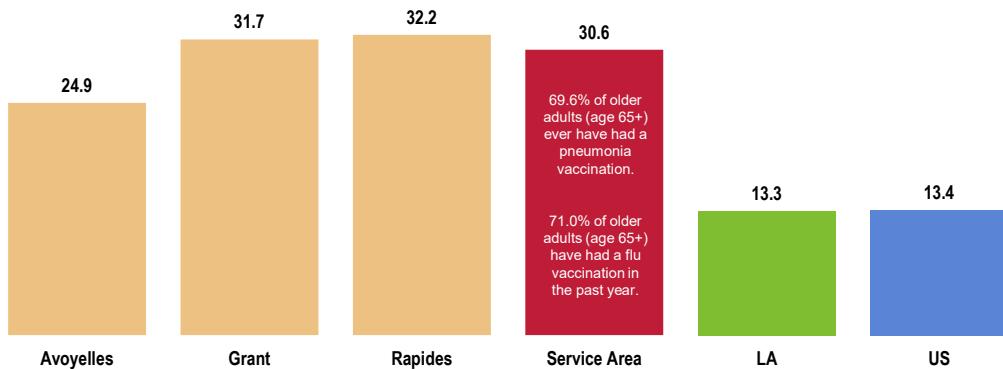


## Pneumonia/Influenza Deaths

**Between 2021 and 2023, the service area reported an annual average pneumonia/influenza mortality rate of 30.6 deaths per 100,000 population.**

**BENCHMARK** ► Significantly higher than state and US rates.

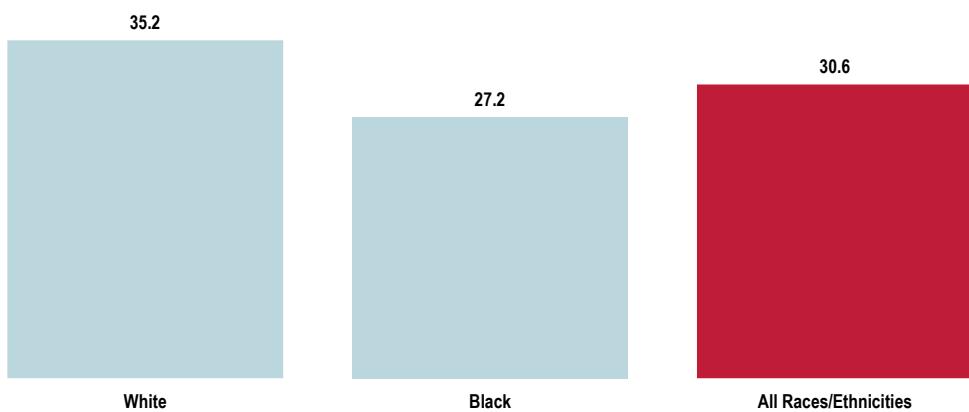
### Pneumonia/Influenza Mortality (2021-2023 Annual Average Deaths per 100,000 Population)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Items 108, 342]  
CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

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

### Pneumonia/Influenza Mortality by Race/Ethnicity (2018-2020 Annual Average Deaths per 100,000 Population; Service Area)

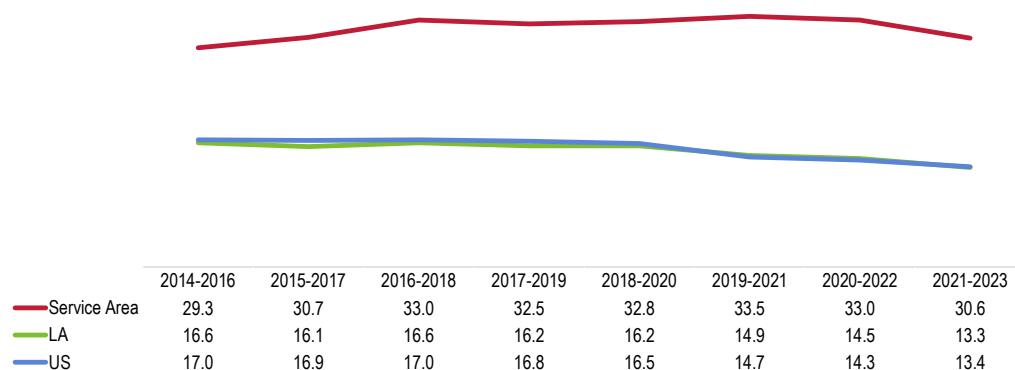


Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
Rates are per 100,000 population.  
Race categories reflect individuals without Hispanic origin.



## Pneumonia/Influenza Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

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

## Coronavirus Disease (COVID-19)

**One in five (20.5%) service area adults received a COVID-19 vaccination or booster in the past 12 months.**

**DISPARITY ▶** Reported less often among adults under age 65, White respondents, and respondents of diverse races.

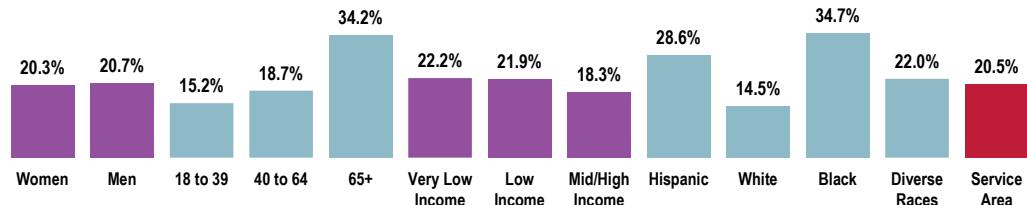
### Received a COVID-19 Vaccination or Booster in the Past 12 Months



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 315]  
Notes: Asked of all respondents.



## Received a COVID-19 Vaccination or Booster in the Past 12 Months (Service Area, 2024)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 315]  
Notes: Reflects all respondents.

## Prevalence of Respiratory Disease

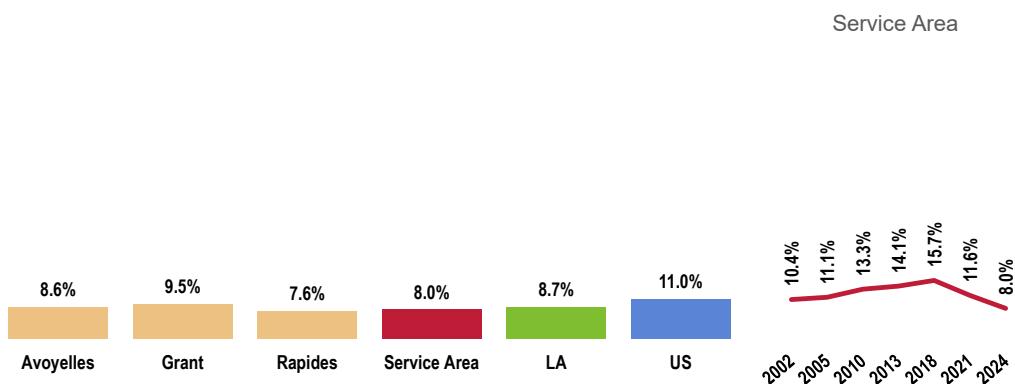
### Chronic Obstructive Pulmonary Disease (COPD)

A total of 8.0% of service area adults suffer from chronic obstructive pulmonary disease (COPD).

BENCHMARK ► Lower than the national prevalence.

TREND ► Lower than the 2002 baseline.

### Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 21]  
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2023 Louisiana data.

2023 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents.

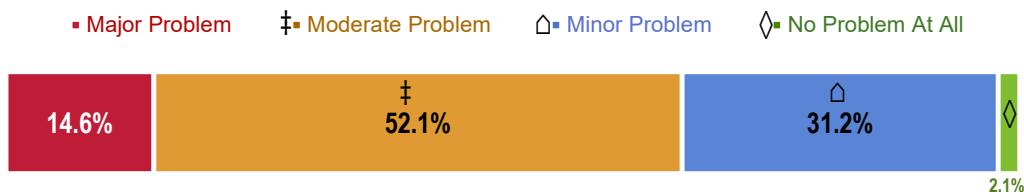
Includes conditions such as chronic bronchitis and emphysema.



# 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 Disease as a Problem in the Community (Among Key Informants; Service Area, 2025)



Sources: 2024 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:

### Due to COVID-19

Most importantly because of COVID, a lot of people died that had respiratory problems, a lot of people smoke or have heart problems. – Social Services Provider (Rapides Parish)  
Since the first COVID-19 outbreak, there have been repeated small outbreaks in the area.  
– Community Leader (Rapides Parish)

### Incidence/Prevalence

COPD is common in this area. You can tell by the statistics and those in the hospitals.  
– Public Health Representative (Rapides Parish)  
High instances of COPD, Pneumonia, COVID, asthma in the community with no pulmonary specialists in the area. – Social Services Provider (Avoyelles Parish)

### Environmental Contributors

Burning of sugar cane fields and large percentage of population smoking and or vaping.  
– Health Care Provider (Avoyelles Parish)

### Lack of Specialists

Lack of pulmonologists in community. – Social Services Provider (Rapides Parish)

### Tobacco Use

Smoking and poor air quality. – Social Services Provider (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

### Unintentional Injury Deaths

**The service area reported a 2021-2023 annual average unintentional injury mortality rate of 113.0 deaths per 100,000 population.**

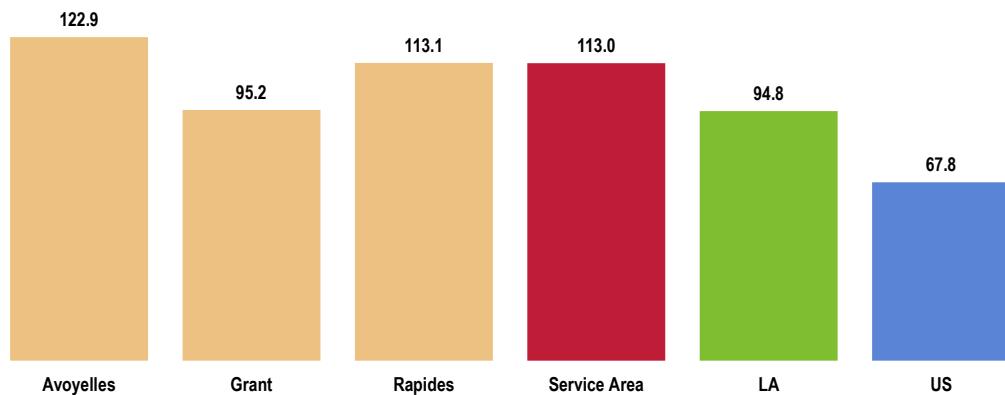
**BENCHMARK** ► Higher than state and US rates. Fails to satisfy the Healthy People 2030 objective.

**TREND** ► Considerably higher than the 2014-2016 reporting period.

**DISPARITY** ► Lower in Grant Parish.



## Unintentional Injury Mortality (2021-2023 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 43.2 or Lower

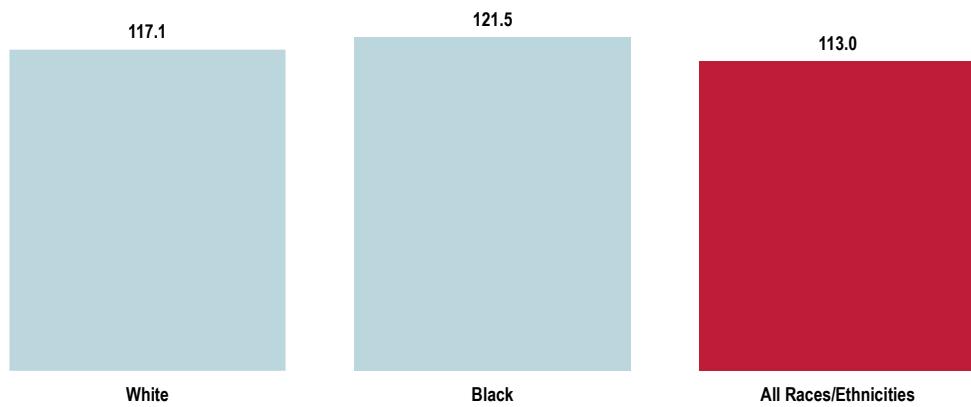


Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

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

## Unintentional Injury Mortality by Race/Ethnicity (2018-2020 Annual Average Deaths per 100,000 Population; Service Area) Healthy People 2030 = 43.2 or Lower



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

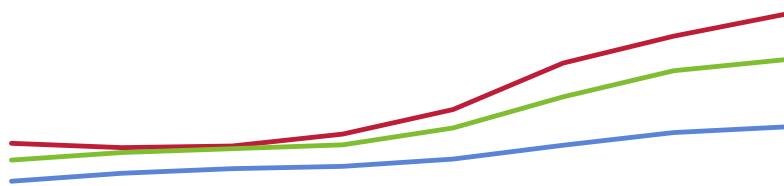
US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

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



## Unintentional Injury Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 43.2 or Lower



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Service Area	61.3	59.5	60.1	65.0	74.8	93.4	104.3	113.0
LA	54.5	57.5	59.0	60.6	67.4	79.9	90.4	94.8
US	46.0	49.2	51.1	52.0	54.9	60.5	65.6	67.8

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

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

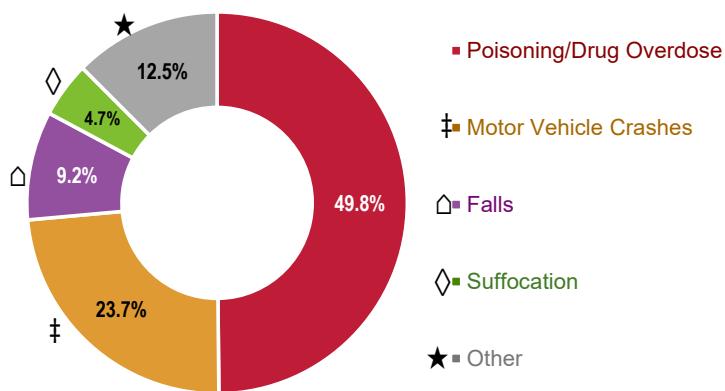
Rates are per 100,000 population.

## Leading Causes of Unintentional Injury Deaths

**Poisoning (including unintentional drug overdose), motor vehicle crashes, and falls accounted for most unintentional injury deaths in the service area between 2021 and 2023.**

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

### Leading Causes of Unintentional Injury Deaths (Service Area, 2021-2023)



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

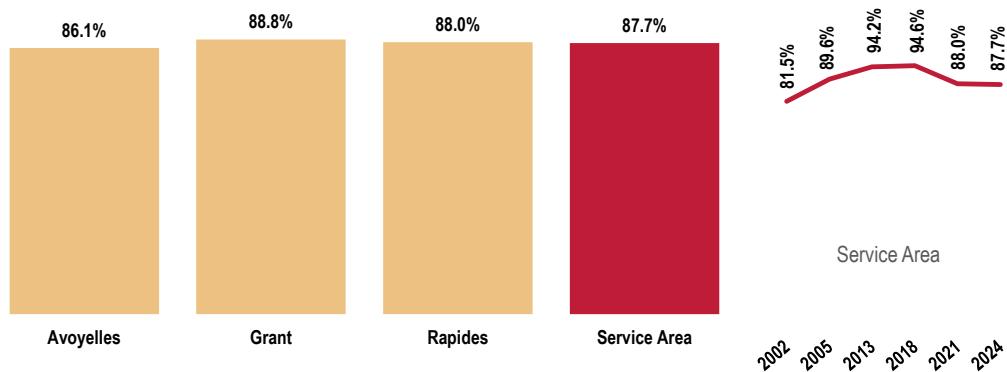


## Child Seat Belt Usage

**Most (87.7%) 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 ► Fluctuating over time but significantly higher than baseline results.

### Child “Always” Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle (Service Area Children <18; 2024)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 336]

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

## Intentional Injury (Violence)

### Homicide Deaths

**The area reported 19.8 homicides per 100,000 population (2021-2023 annual average rate).**

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

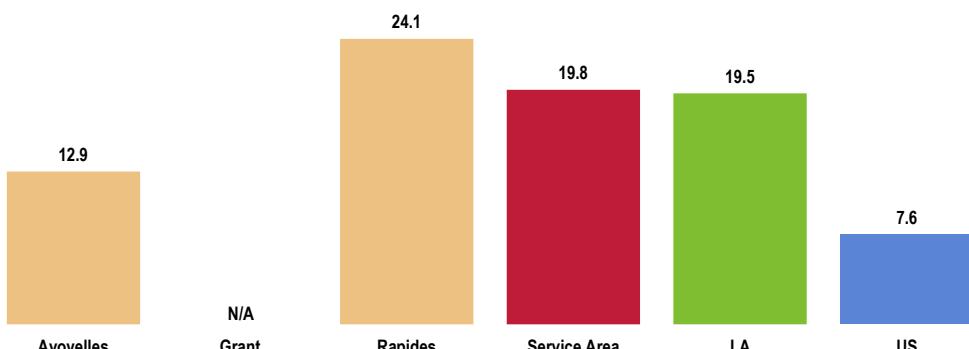
TREND ► Nearly double the 2014-2016 reporting period.

DISPARITY ► Highest in Rapides Parish and among Black residents.

### Homicide Mortality

(2021-2023 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 5.5 or Lower



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

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

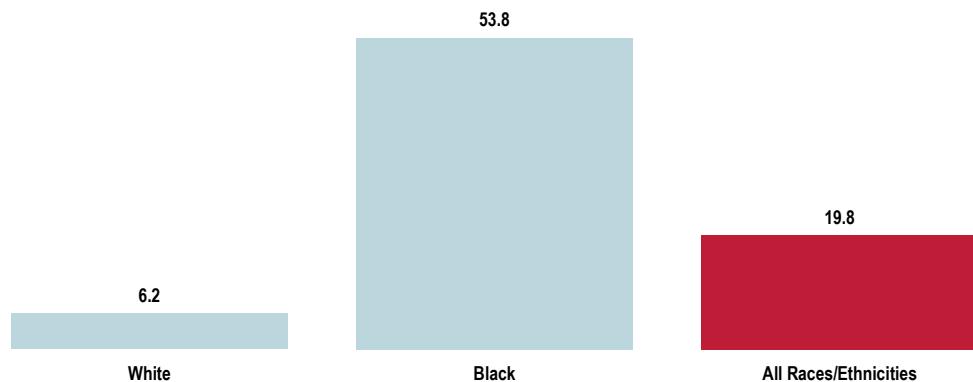
Rates are per 100,000 population.



## Homicide Mortality by Race/Ethnicity

(2018-2020 Annual Average Deaths per 100,000 Population; Service Area)

Healthy People 2030 = 5.5 or Lower



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

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

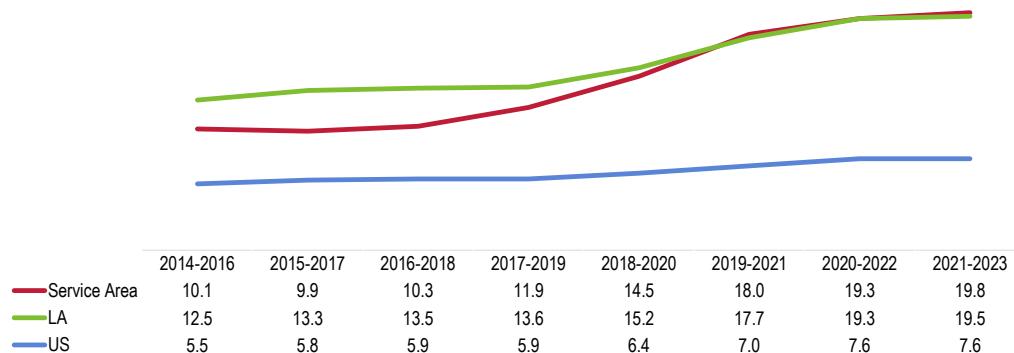
Rates are per 100,000 population.

Race categories reflect individuals without Hispanic origin.

## Homicide Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 5.5 or Lower



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

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

Rates are per 100,000 population.



## Violent Crime

### Community Violence

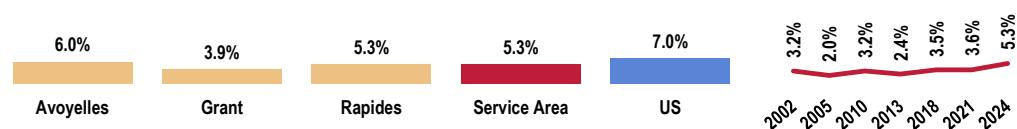
**A total of 5.3% of surveyed adults acknowledge being the victim of a violent crime in the area in the past five years.**

TREND ► A significant increase since 2002.

DISPARITY ► Reported more often among women, adults under age 65, and lower-income residents.

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

Service Area

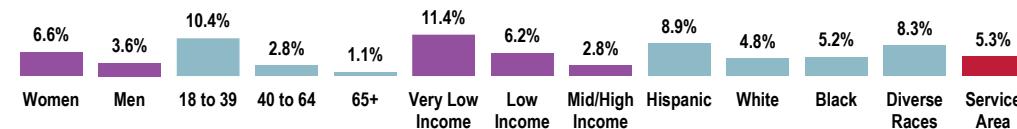


Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 32]

2023 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents.

### Victim of a Violent Crime in the Past Five Years (Service Area, 2024)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 32]

Notes: Asked of all respondents.



## Intimate Partner Violence

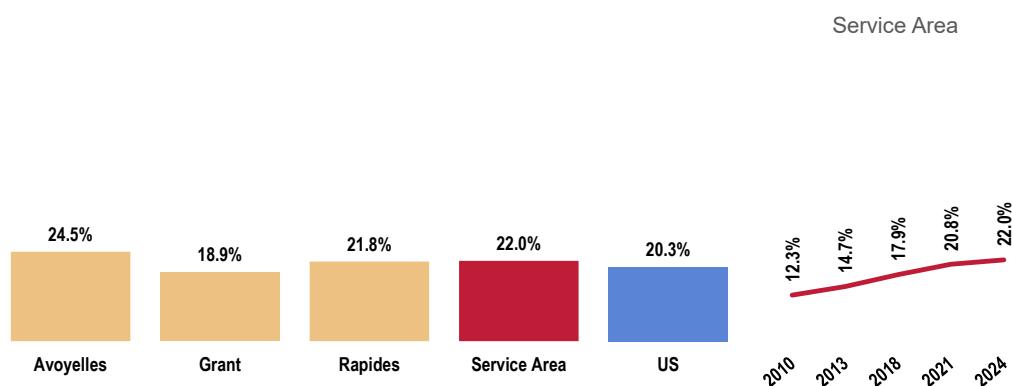
Respondents were read: "By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

**A total of 22.0% of service area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.**

**TREND ▶ Increasing significantly over time.**

**DISPARITY ▶ Reported more often among women, adults under 65, lower-income residents, and Hispanic respondents.**

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

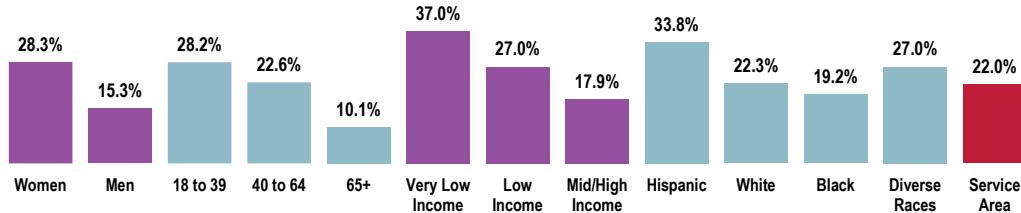


Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 33]

2023 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents.

### Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner (Service Area, 2024)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 33]

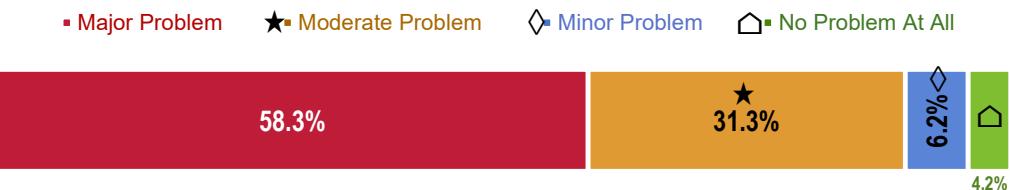
Notes: Asked of all respondents.



# 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 & Violence as a Problem in the Community (Among Key Informants; Service Area, 2025)



Sources: 2024 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:

### Incidence/Prevalence

Read the newspaper and listen to the news concerning violence in this area and all areas. Violence is now out of control in this area. – Public Health Representative (Rapides Parish)

News reports of occurrences of violence in Central Louisiana almost daily.  
– Social Services Provider (Rapides Parish)

I believe this because of the numerous reports for violence in Alexandria and other parts of Rapides Parish. Additionally, I have personally witnessed many acts of violence occur in Alexandria.  
– Public Health Representative (Rapides Parish)

Avoyelles Parish has one of the highest instances of domestic violence, gun violence, and suicide rates in the state. I am a medical professional and keep a pretty "vanilla (plain)" group of friends and in the past twelve months, I have had 3 friends die by suicide, 2 friends have DV situations in their own families, and there is an increasing number of homicides in Avoyelles Parish this year. – Social Services Provider (Avoyelles Parish)

Too many young people are killing each other. – Social Services Provider (Rapides Parish)

Violence in our community is frightening, especially from the Black community.  
– Social Services Provider (Rapides Parish)

The sheer numbers of violent crimes, shootings are problematic across the nation. Not enough police, poverty, drugs, etc. – Community Leader (Rapides Parish)

There has been an increase every year of violent crime and injuries including homicides. So far, any suggestion of how to curtail the violence has not worked. – Social Services Provider (Rapides Parish)

### Gun Violence

I believe injury and violence are a major problem in this community due to the almost daily instances of gun violence and violent crimes. – Community Leader (Rapides Parish)

Gun violence has become a leading cause of death and injury and happens at least once weekly.  
– Community Leader (Rapides Parish)

Gun violence is out of control in Alexandria. – Community Leader (Rapides Parish)

UrbanCast on Facebook reports all the gun violence. – Community Leader (Rapides Parish)

### Income/Poverty

Poverty level, hopelessness, limited activities, disparity between races, sexism and illegal drug activity.  
– Public Health Representative (Rapides Parish)

Poverty and drug abuse/addiction are core issues increasing violence in Rapides Parish.  
– Community Leader (Rapides Parish)

I believe violence is a major problem in the community due to the percentage of citizens living in the lower socioeconomic status. There is significant percentage of the population living on minimum wage and a fixed income. There are social barriers such as past criminal records and drug abuse that have caused individuals to sustain their living by engaging in illegal practices which can lead to violence. I am not sure as to the injury perspective in the community because I am not sure of the prevalence is any larger than other communities.  
– Social Services Provider (Rapides Parish)



## Access to Resources

Look around in the community, our youth don't have enough programs to get involved in and the parents need to be more involved as well. – Social Services Provider (Rapides Parish)

Lack of resources and opportunities. – Community Leader (Avoyelles Parish)

## Law Enforcement

We have a major issue with people who have committed a violent crime being released from jail pending trial who then commit more violent crimes. – Health Care Provider (Rapides Parish)

Lack of good law enforcement and court system. – Social Services Provider (Rapides Parish)

## Educational Attainment

Low rates of educational attainment (low literacy is linked to cycles of poverty and crime), gun violence and attainability-often intersecting with drug trafficking, possession, distribution, etc. Poverty is an overarching challenge that our injury and violence issues stem from. – Social Services Provider (Rapides Parish)

## Lifestyle

Many injuries are caused by careless behaviors, just as violence is caused by disruptive behaviors without serious punishment. You have to usually commit many crimes before real incarceration occur.  
– Community Leader (Rapides Parish)

## Alcohol/Drug Use

Increase in drug usage has brought on an increase in crime in our community. Focus any and all resources on the drug problem. – Community Leader (Rapides Parish)

## Crime Rate

Constant rise in crime rate. Culture of laziness/entitlement. – Social Services Provider (Rapides Parish)

## Discrimination

African American aren't treated the same in the Emergency Room. – 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>)

## Diabetes Deaths

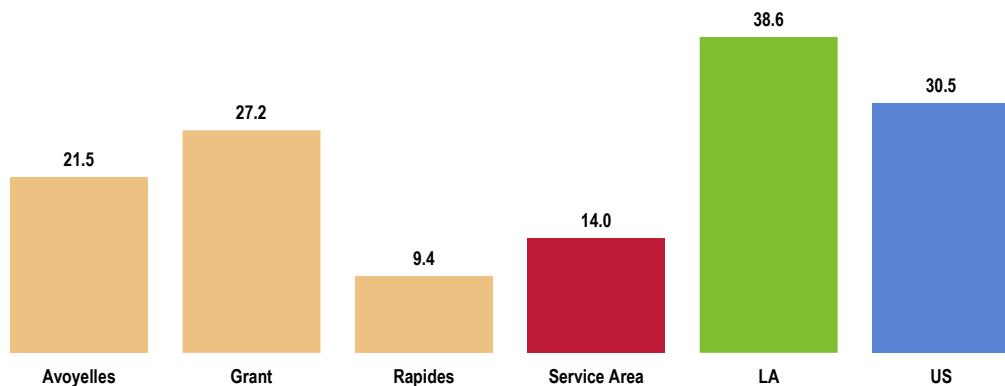
**Between 2021 and 2023, there was an annual average diabetes mortality rate of 14.0 deaths per 100,000 population in the service area.**

**BENCHMARK** ► Significantly lower than Louisiana and the US.

**TREND** ► A decrease from the 2014-2016 reporting period.

**DISPARITY** ► Highest in Grant Parish.

**Diabetes Mortality**  
(2021-2023 Annual Average Deaths per 100,000 Population)

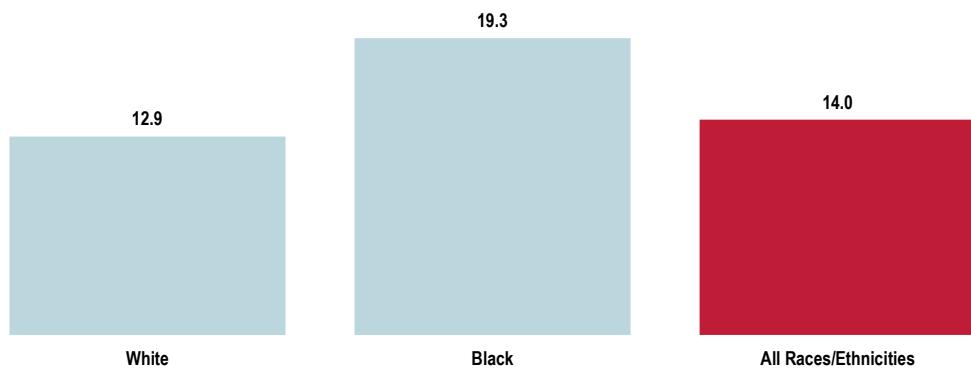


Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

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



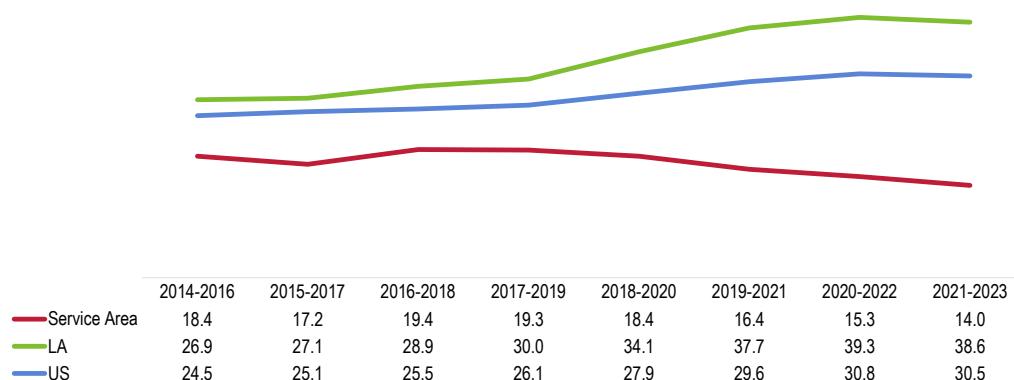
## Diabetes Mortality by Race/Ethnicity (2018-2020 Annual Average Deaths per 100,000 Population; Service Area)



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population. Race categories reflect individuals without Hispanic origin.

## Diabetes Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

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



# Prevalence of Diabetes

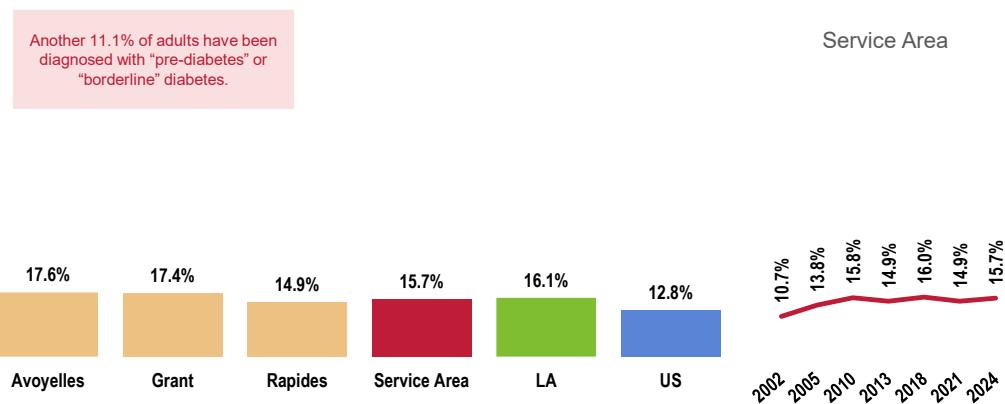
**A total of 15.7% of service area adults report having been diagnosed with diabetes.**

BENCHMARK ► Higher than the national prevalence.

TREND ► Significantly higher than the 2002 baseline.

DISPARITY ► More often reported among adults age 40 and older and Black respondents.

## Prevalence of Diabetes



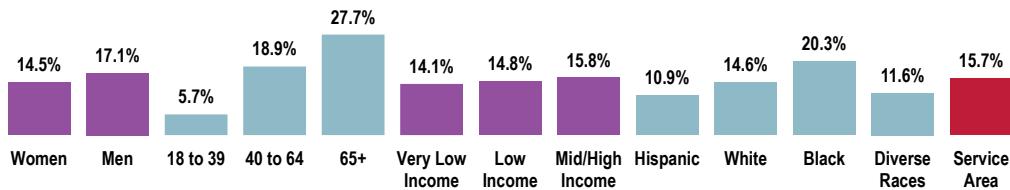
Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 106]

Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Louisiana data.

2023 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents. Excludes gestational diabetes (occurring only during pregnancy).

## Prevalence of Diabetes (Service Area, 2024)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 106]

Notes: Asked of all respondents.

Excludes gestational diabetes (occurring only during pregnancy).



# Kidney Disease Deaths

## ABOUT KIDNEY DISEASE & DIABETES

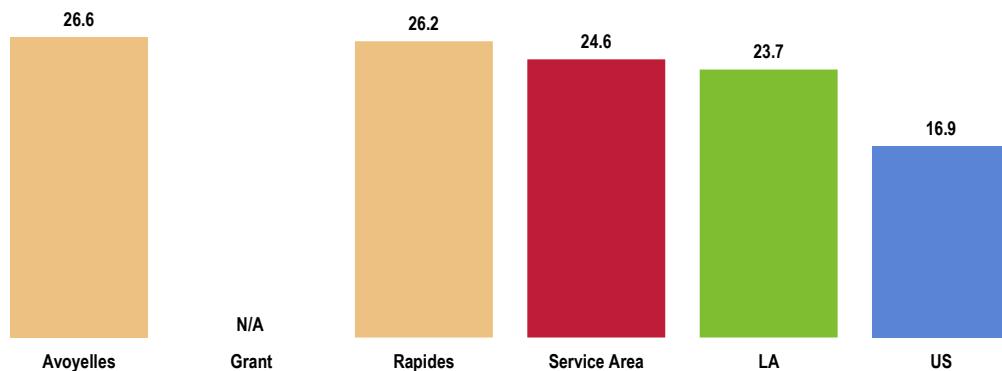
Chronic kidney disease (CKD) is common in people with diabetes. Approximately one in three adults with diabetes has CKD. Both type 1 and type 2 diabetes can cause kidney disease. CKD often develops slowly and with few symptoms. Many people don't realize they have CKD until it's advanced and they need dialysis (a treatment that filters the blood) or a kidney transplant to survive.

- Centers for Disease Control and Prevention (CDC)  
<https://www.cdc.gov/diabetes/managing/diabetes-kidney-disease.html>

**Between 2021 and 2023, there was an annual average kidney disease mortality rate of 24.6 deaths per 100,000 population in the service area.**

BENCHMARK ► Higher than the national rate.

**Kidney Disease Mortality**  
(2021-2023 Annual Average Deaths per 100,000 Population)

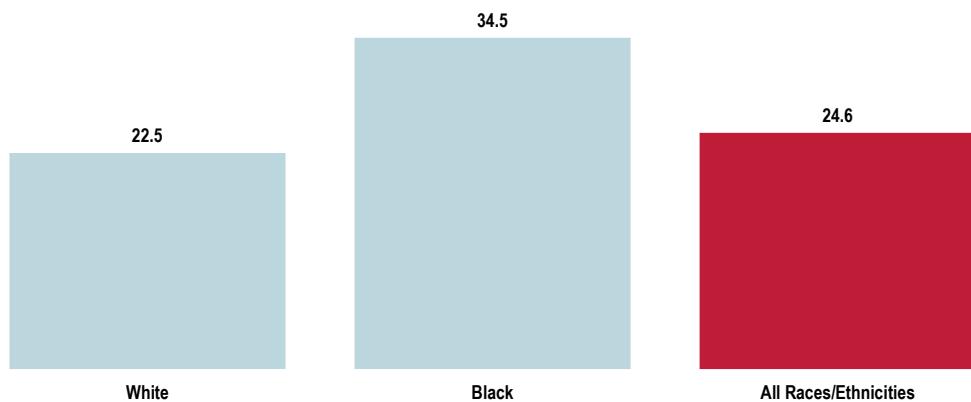


Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

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



## Kidney Disease Mortality by Race/Ethnicity (2018-2020 Annual Average Deaths per 100,000 Population; Service Area)



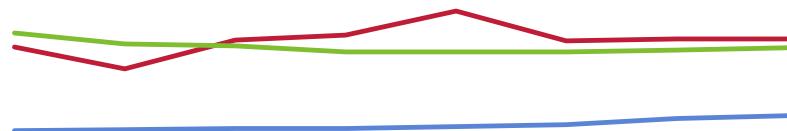
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

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

Rates are per 100,000 population.

Race categories reflect individuals without Hispanic origin.

## Kidney Disease Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

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

Rates are per 100,000 population.



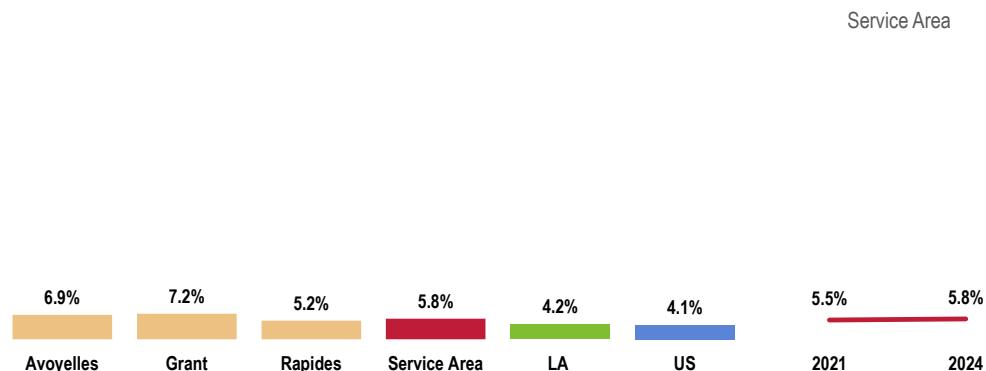
# Prevalence of Kidney Disease

A total of 5.8% of service area adults report having been diagnosed with kidney disease.

BENCHMARK ► A higher percentage than the state and US percentages.

DISPARITY ► Reported more often among adults over 40 and respondents of diverse races.

## Prevalence of Kidney Disease

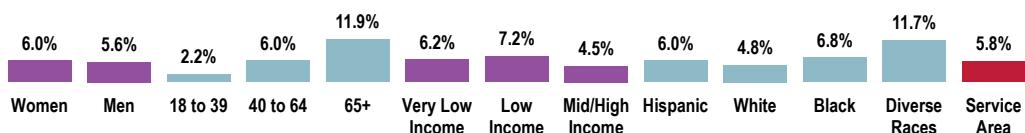


Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 307]  
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2022 Louisiana data.

Notes: 2023 PRC National Health Survey, PRC, Inc.  
Asked of all respondents.

"US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

## Prevalence of Kidney Disease (Service Area, 2024)



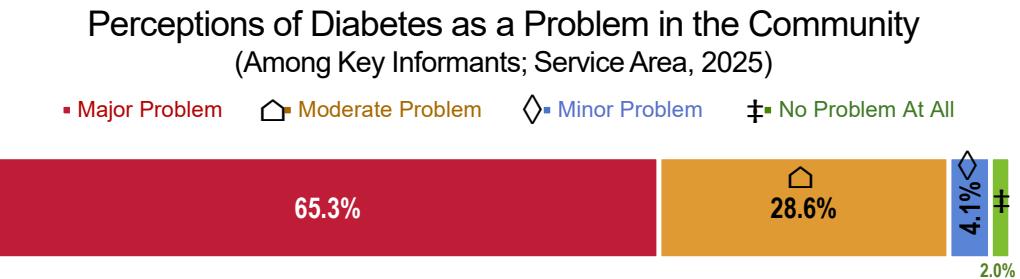
Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 307]

Notes: Asked of all respondents.



# 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.



Sources: 2024 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:

## Nutrition

Lack of nutritious food available to many. Lack of knowledge about healthy eating and cooking. Family history of unhealthy eating. – Social Services Provider (Rapides Parish)  
Diet: We are from Central LA and the food is too good! And we eat too much of it! Lack of Educational resources: There are no diabetic education programs in the Avoyelles Parish area. Cost prohibitive medications: Insulins and GLP1s are expensive, even with insurance. – Social Services Provider (Avoyelles Parish)  
Food deserts and access to healthy lifestyle options. – Community Leader (Rapides Parish)  
Dietary habits, inability to afford medications, non-compliance with diet, obesity, access to timely and preventative health care. – Community Leader (Rapides Parish)  
Diet, exercise, lack of information, education and treatment. – Social Services Provider (Rapides Parish)  
Too much good food around here. There seems to be a great deal of educational resources available for diabetes education locally. – Health Care Provider (Rapides Parish)

## Affordable Medications/Supplies

Funds to purchase medicine. – Community Leader (Avoyelles Parish)  
Access to medications. The cost of diabetes medicine, insulin, etc., is unattainable for those on limited income. – Public Health Representative (Rapides Parish)  
Costs of medication and diabetes education programs. – Health Care Provider (Rapides Parish)  
Affordable insulin costs, affordable healthy choices for food, sedentary lifestyle for many and education as to how to live with diabetes. – Community Leader (Rapides Parish)  
Access to affordable medications, affordable places to exercise, and affordable diabetic nutritional options. – Public Health Representative (Rapides Parish)

## Awareness/Education

Self-care and awareness of problematic concurrent diseases. – Public Health Representative (Rapides Parish)  
Lack of knowledge of people in our area. – Social Services Provider (Rapides Parish)  
Lack of knowledge related to nutrition and importance of being physically active. – Community Leader (Rapides Parish)  
Continued lack of education. – Social Services Provider (Rapides Parish)  
Early access to information and testing. – Community Leader (Rapides Parish)

## Access to Affordable Healthy Food

Access to healthy foods and nutrition planning. – Social Services Provider (Rapides Parish)  
Access and cost of healthy food. I also think knowledge of what a person should/should not be eating is a major issue as well. I feel like many people opt for fast food instead of cooking healthier food at home due to the cheaper cost and convenience. Also, sugary beverages -- including energy drinks. I think people drink more sugary beverages and energy drinks than they consume water. – Community Leader (Rapides Parish)



## Disease Management

- Not following diet or taking medication. – Social Services Provider (Rapides Parish)
- Not following the care that is required to overcome challenges caused by diabetes.  
– Community Leader (Rapides Parish)

## Lifestyle

- It's probably self-induced by lifestyle. – Social Services Provider (Rapides Parish)
- Lifestyle. – Social Services Provider (Rapides Parish)

## Income/Poverty

- 40% of Avoyelles Parish is below poverty level, lack of education and lack of understanding diet, etc.  
– Health Care Provider (Avoyelles Parish)

## Access to Care/Services

- Disparities in access to healthcare. – Community Leader (Avoyelles Parish)

## Affordable Care/Services

- Free access to care. – Social Services Provider (Rapides Parish)

## Lack of Specialty Care

- Lack of available endocrinologist's services. – Social Services Provider (Rapides Parish)

## Weight Loss

- Weight loss. – Social Services Provider (Avoyelles Parish)



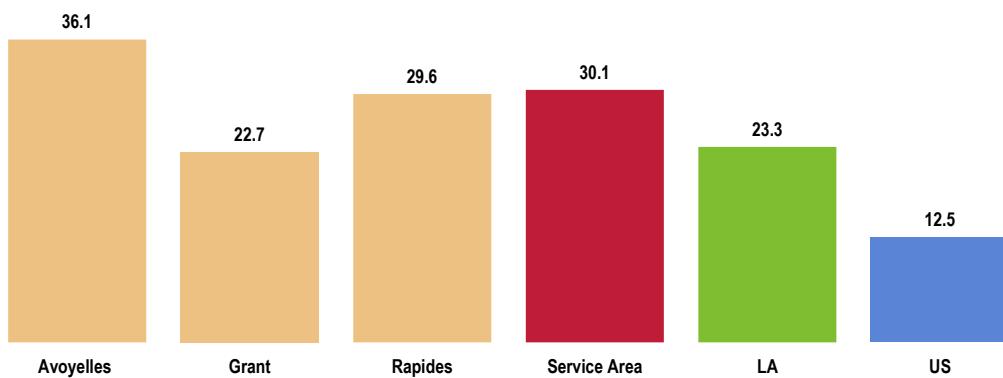
# SEPTICEMIA

The service area reported an annual average septicemia mortality rate of 30.1 deaths per 100,000 population during the 2021-2023 reporting period.

BENCHMARK ▶ Higher than the state and (especially) US rates.

DISPARITY ▶ Highest in Avoyelles Parish.

## Septicemia Mortality (2021-2023 Annual Average Deaths per 100,000 Population)



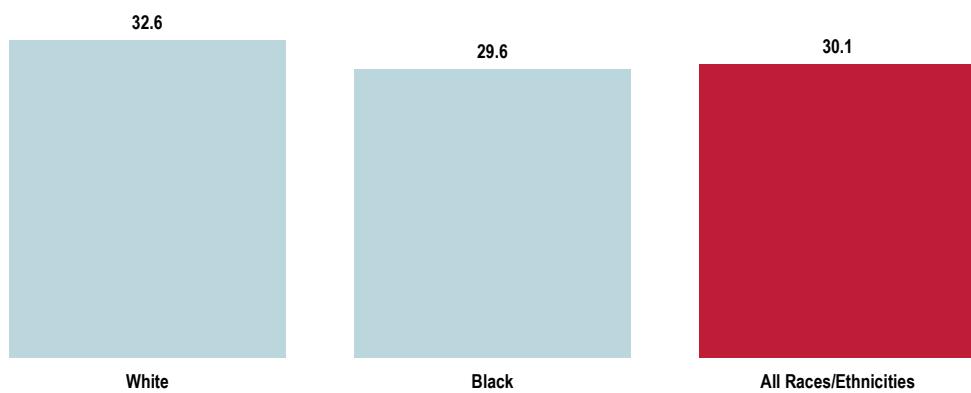
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

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

Rates are per 100,000 population.

Race categories reflect individuals without Hispanic origin.

## Septicemia Mortality by Race (2018-2020 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 June 2025.

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

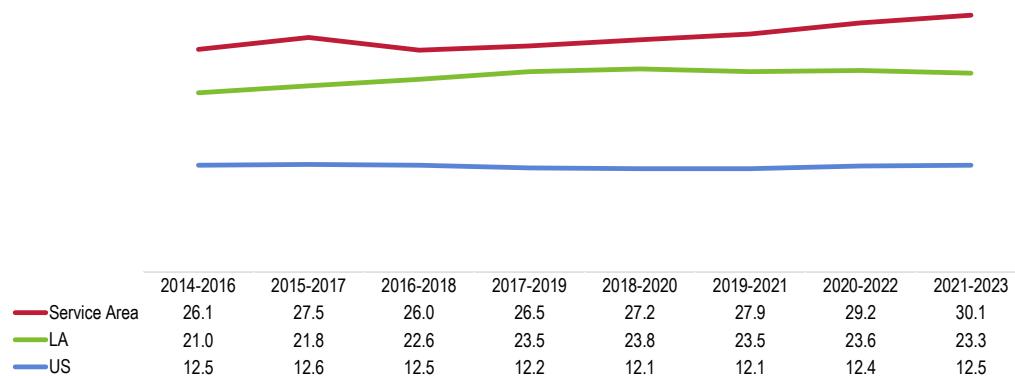
Rates are per 100,000 population.

Race categories reflect individuals without Hispanic origin.



## Septicemia Mortality Trends

(Annual Average Deaths per 100,000 Population)



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

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

Rates are per 100,000 population.

Race categories reflect individuals without Hispanic origin.



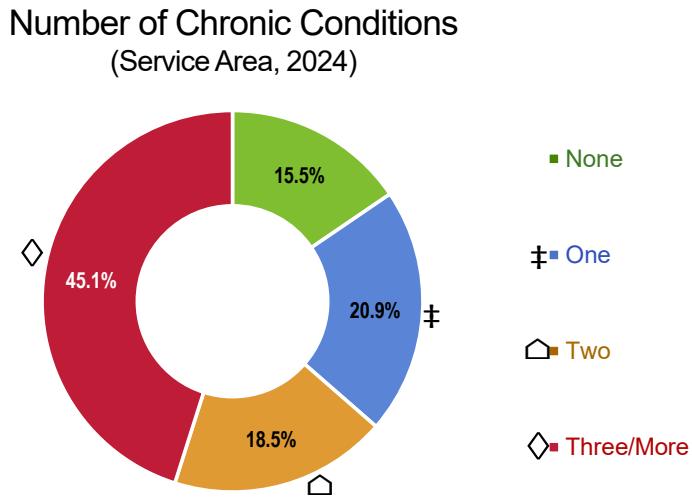
# DISABLING CONDITIONS

## Multiple Chronic Conditions

For the purposes of this assessment, chronic conditions include:

- Cancer
- Chronic pain
- Diabetes
- Diagnosed depression
- Heart disease
- High blood cholesterol
- High blood pressure
- Lung disease
- Obesity
- Stroke

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



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 107]

Notes: Asked of all respondents.

In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and stroke.

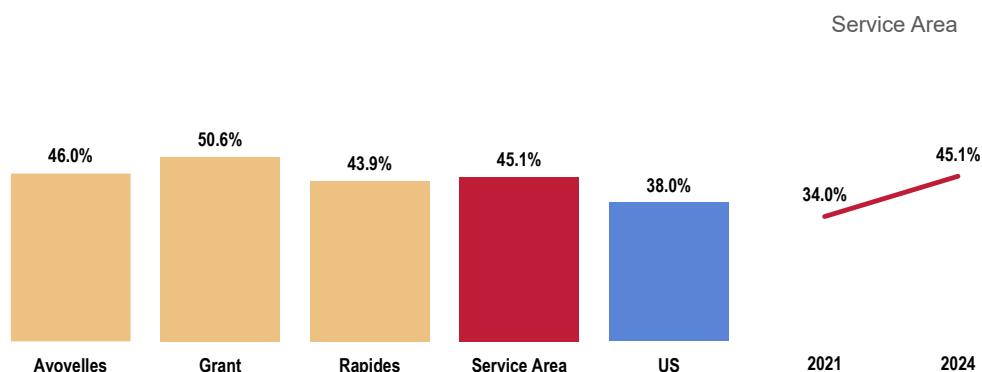
In fact, 45.1% of service area adults report having three or more chronic conditions.

BENCHMARK ▶ Higher than the national percentage.

TREND ▶ A sharp increase from the 2021 baseline.

DISPARITY ▶ Reported more often among women, adults age 40+, and lower-income residents.

### Have Three or More Chronic Conditions



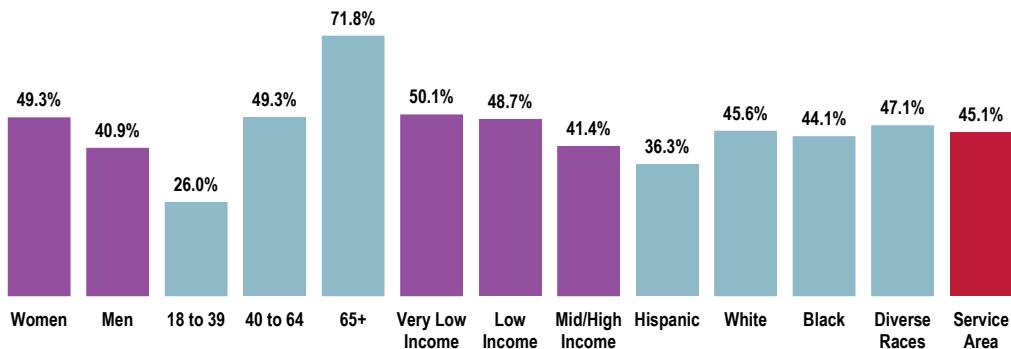
Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 107]

2023 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents.

In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and/or stroke.

## Have Three or More Chronic Conditions (Service Area, 2024)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 107]

Notes: Asked of all respondents.

In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and/or stroke.

## 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>)

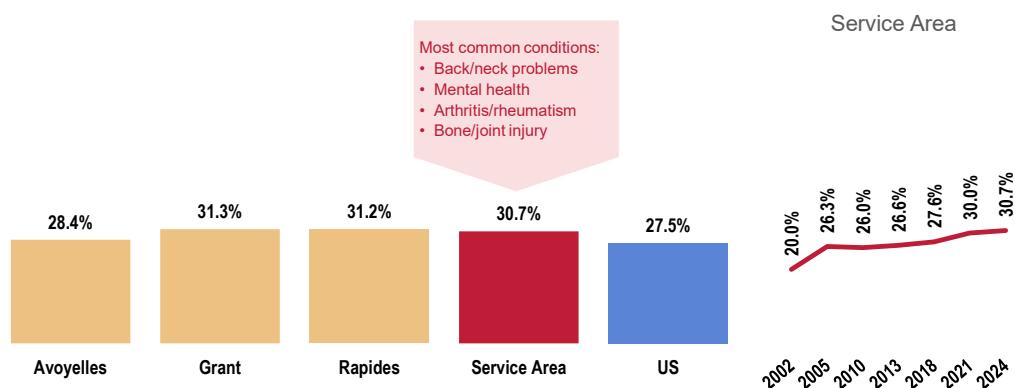


**A total of 30.7% of service area adults are limited in some way in some activities due to a physical, mental, or emotional problem.**

**TREND** ► Significantly higher than the 2002 baseline.

**DISPARITY** ► More often reported by women, adults over 40, lower-income residents, Hispanic respondents, White respondents, and respondents of diverse races.

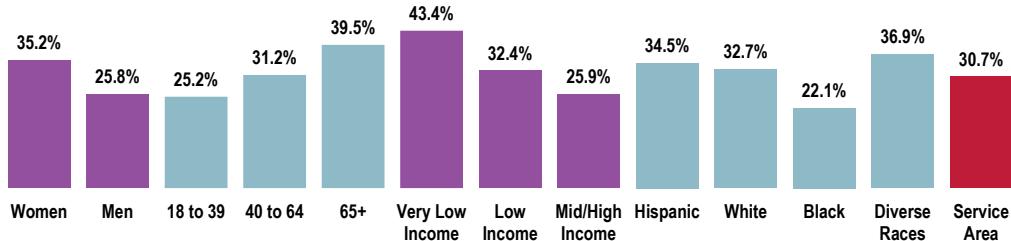
### Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Items 83-84]  
2023 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, 2024)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 83]  
Notes: Asked of all respondents.



# Chronic Pain

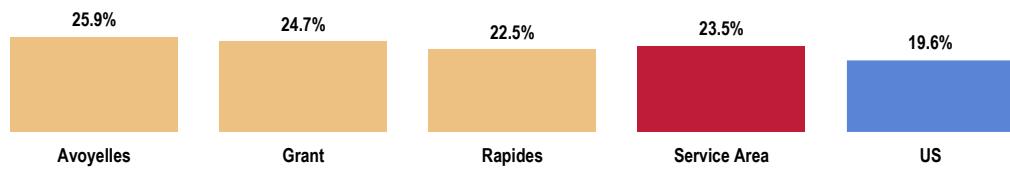
**A total of 23.5% of service area adults experience high-impact chronic pain, meaning physical pain that has limited their life or work activities “every day” or “most days” during the past six months.**

**BENCHMARK** ► Higher than the US prevalence. Fails to satisfy the Healthy People 2030 objective.

**DISPARITY** ► Reported more often among women, older adults, and lower-income residents.

## Experience High-Impact Chronic Pain

Healthy People 2030 = 6.4% or Lower



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 31]  
2023 PRC National Health Survey, PRC, Inc.

US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

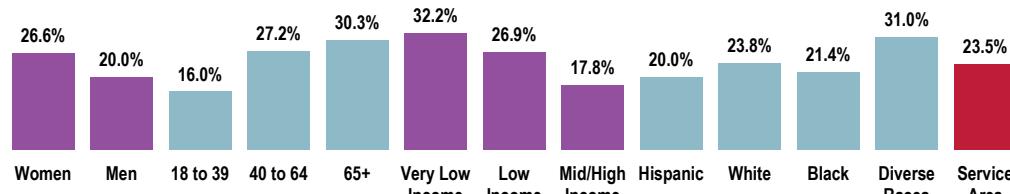
Notes: Asked of all respondents.

High-impact chronic pain includes physical pain that limits life or work activities on “most days” or “every day” of the past six months.

## Experience High-Impact Chronic Pain

(Service Area, 2024)

Healthy People 2030 = 6.4% or Lower



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 31]

US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: Asked of all respondents.

High-impact chronic pain includes physical pain that limits life or work activities on “most days” or “every day” of the past six months.

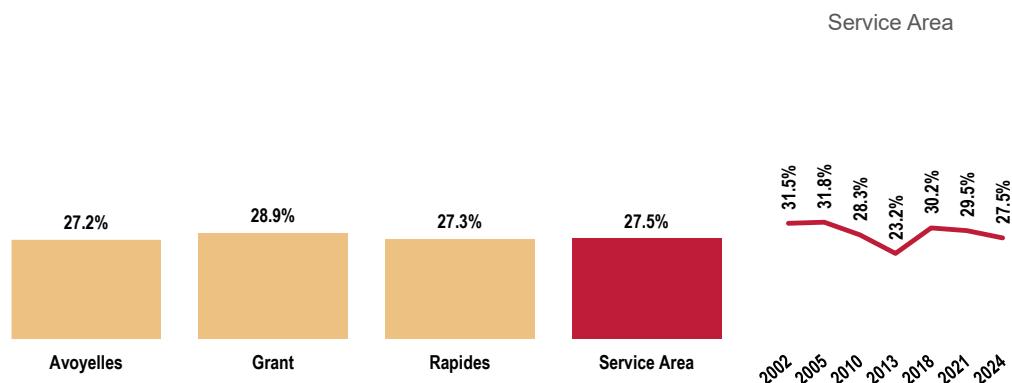


## Arthritis/Rheumatism

**A total of 27.5% of service area adults report suffering from arthritis or rheumatism.**

TREND ► A significant decrease from the 2002 baseline.

### Prevalence of Arthritis/Rheumatism



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 306]

2023 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents.

## Alzheimer's Disease

### ABOUT DEMENTIA

Alzheimer's disease is the most common cause of dementia. 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>)

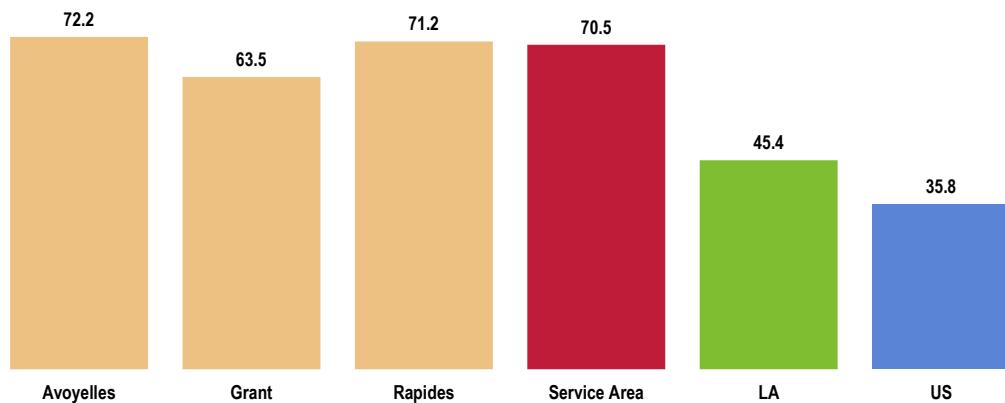


## Alzheimer's Disease Deaths

**Between 2021 and 2023, there was an annual average Alzheimer's disease mortality rate of 70.5 deaths per 100,000 population in the service area.**

BENCHMARK ► Higher than the state and national rates. Much higher among White residents.

### Alzheimer's Disease Mortality (2021-2023 Annual Average Deaths per 100,000 Population)

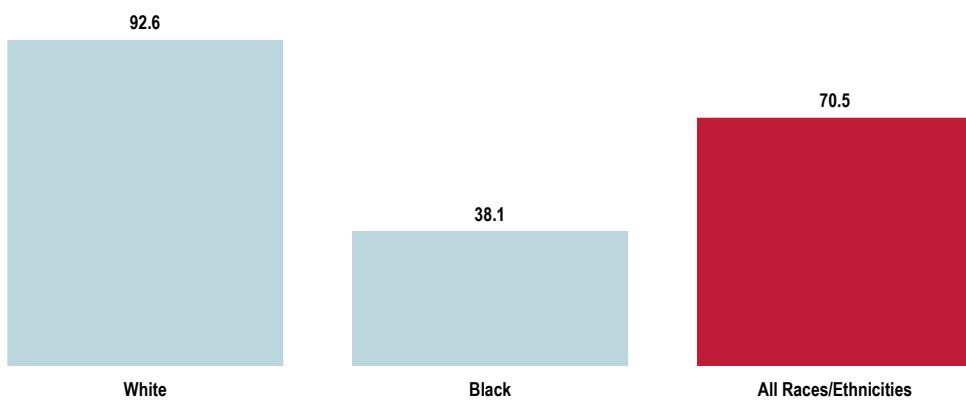


Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

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

Rates are per 100,000 population.

### Alzheimer's Disease Mortality by Race/Ethnicity (2018-2020 Annual Average Deaths per 100,000 Population; Service Area)



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

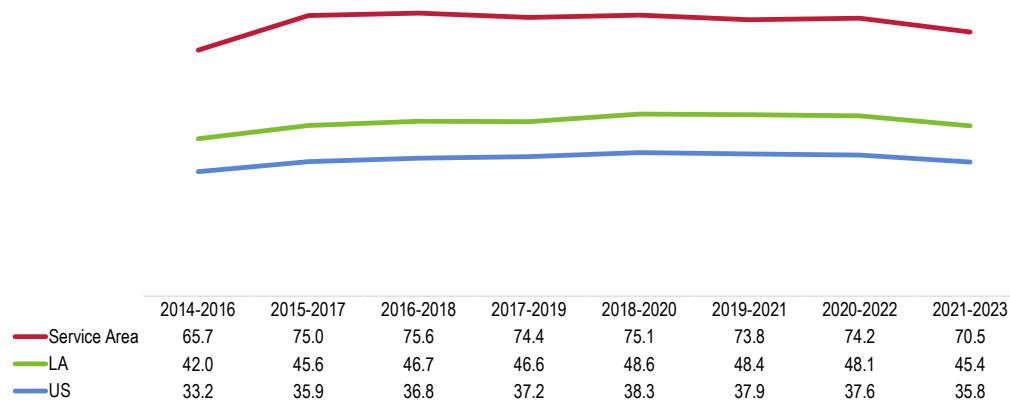
Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Rates are per 100,000 population.

Race categories reflect individuals without Hispanic origin.



## Alzheimer's Disease Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

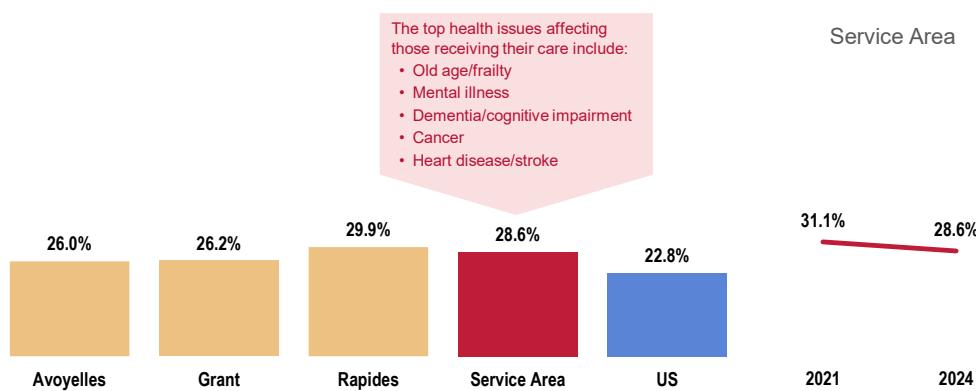
Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population.

## Caregiving

**A total of 28.6% 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



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Items 85-86]  
2023 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents.



# Key Informant Input: Disabling Conditions

**Key informants taking part in an online survey most often characterized *Disabling Conditions* as a “moderate problem” in the community.**

## Perceptions of Disabling Conditions as a Problem in the Community (Among Key Informants; Service Area, 2025)



Sources: 2024 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:

### Incidence/Prevalence

So many people are caring for parents with dementia/Alzheimer's. – Community Leader (Rapides Parish)

Mental health is one of the biggest disabling problems in the area. Alcohol and drug use also.  
– Social Services Provider (Rapides Parish)

Numerous of our participants and other community members suffer from disabling conditions like fibromyalgia, stress-related depilating conditions, mental health related conditions, etc. There is a large homeless population in the Alexandria area, and it is evident that some suffer from conditions that keep them from working/living a “normal” life. Additionally, there are few resources for these people.  
– Public Health Representative (Rapides Parish)

Sickle cell. – Social Services Provider (Avoyelles Parish)

Because they are, if people were not disabled to lack of resources, income and education and it would be more healthier people. – Social Services Provider (Rapides Parish)

Dementia is so prevalent in our area today. Additionally, the loss of vision and hearing as these are not normally covered by some of the insurance companies and the cost is not attainable for the low income.  
– Public Health Representative (Rapides Parish)

### Access for Medicaid Patients

My rating for this was around chronic pain. As regulations change around chronic pain, the closest Medicaid provider specializing in chronic pain is 90 miles away. – Health Care Provider (Rapides Parish)

### Access to Care

Most common disabling condition that you hear most is dementia and no treatment helps. Sitters are expensive and care is limited. – Community Leader (Rapides Parish)

### Aging Population

We have a growing population of elderly community residents, with no consistent specialists in our area to address chronic pain, dementia and loss of hearing. – Social Services Provider (Avoyelles Parish)

### Awareness/Education

Lack of knowledge as to what it takes to prevent chronic diseases which leads to disabling conditions.  
– Community Leader (Rapides Parish)

### Built Environment

Rapides Parish doesn't offer enough safe parks or outdoor spaces that encourage activity. Other larger parishes put money into parks and recreation, children's parks, etc. – Health Care Provider (Rapides Parish)



## Disparities

Disparities in access to healthcare, environmental exposures and socioeconomic conditions.  
– Community Leader (Avoyelles Parish)

## Income/Poverty

Many conditions are chronic in nature. Income levels at or below poverty level are contributing factors.  
– Public Health Representative (Rapides Parish)

## Transportation

Lack of transportation to travel to specialist. – Health Care Provider (Avoyelles Parish)





# BIRTHS

# BIRTH OUTCOMES & RISKS

## ABOUT INFANT HEALTH

Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women's health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants' health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

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

## Low-Weight Births

**A total of 11.8% of 2017-2023 service area births were low-weight.**

**BENCHMARK ▶ Higher than the national rate.**

### Low-Weight Births (Percent of Live Births, 2017-2023)



Sources: University of Wisconsin Population Health Institute, County Health Rankings.  
Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2025 via SparkMap ([sparkmap.org](http://sparkmap.org)).  
Note: This indicator reports the percentage of total births that are low birth weight (Under 2500g).



# Infant Mortality

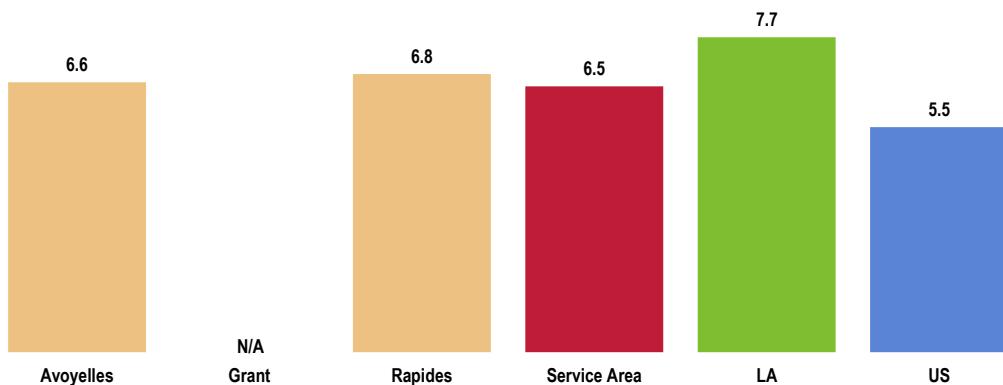
Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2018-2020, there was an annual average of 6.5 infant deaths per 1,000 live births.

**BENCHMARK** ► Lower than the state but higher than the US. Fails to satisfy the Healthy People 2030 objective.

**DISPARITY** ► Twice as high among births to Black mothers.

## Infant Mortality Rate (Annual Average Infant Deaths per 1,000 Live Births, 2018-2020) Healthy People 2030 = 5.0 or Lower

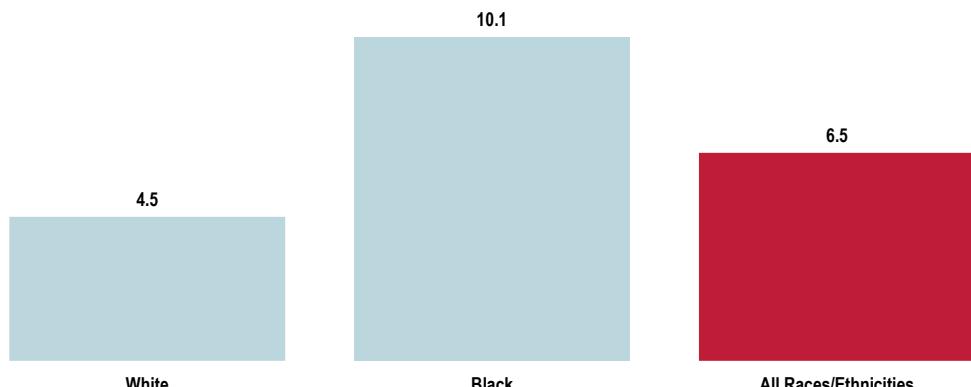


Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics.  
Data extracted June 2025.

US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: Infant deaths include deaths of children under 1 year old.

## Infant Mortality Rate by Race/Ethnicity (2018-2020 Annual Average Infant Deaths per 1,000 Live Births; Service Area) Healthy People 2030 = 5.0 or Lower



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics.  
Data extracted June 2025.

US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: Infant deaths include deaths of children under 1 year old.

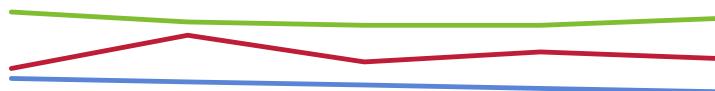
Race categories reflect individuals without Hispanic origin.



## Infant Mortality Trends

(Annual Average Infant Deaths per 1,000 Live Births)

Healthy People 2030 = 5.0 or Lower



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Service Area	6.2	7.2	6.4	6.7	6.5
LA	7.9	7.6	7.5	7.5	7.7
US	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 June 2025.

Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes: US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>  
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

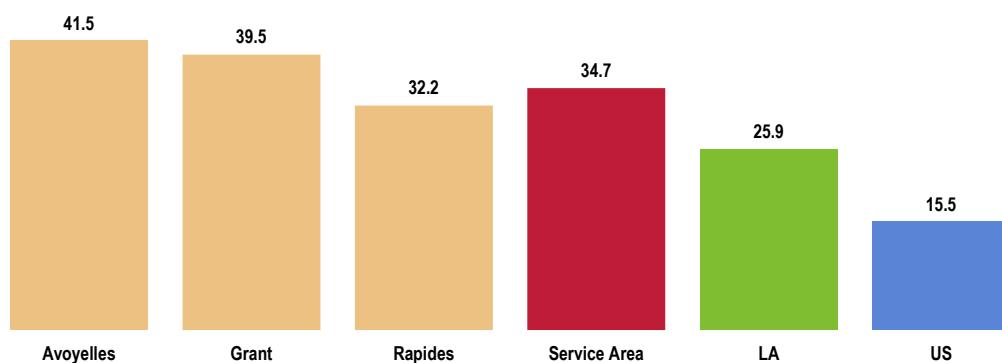
**Between 2017-2023, there were 34.7 births to females age 15 to 19 (per 1,000 females age 15 to 19) in the service area.**

**BENCHMARK** ► Higher than the state and (especially) the national rate.

**DISPARITY** ► Lowest in Rapides Parish; highest among Black residents.

### Teen Birth Rate

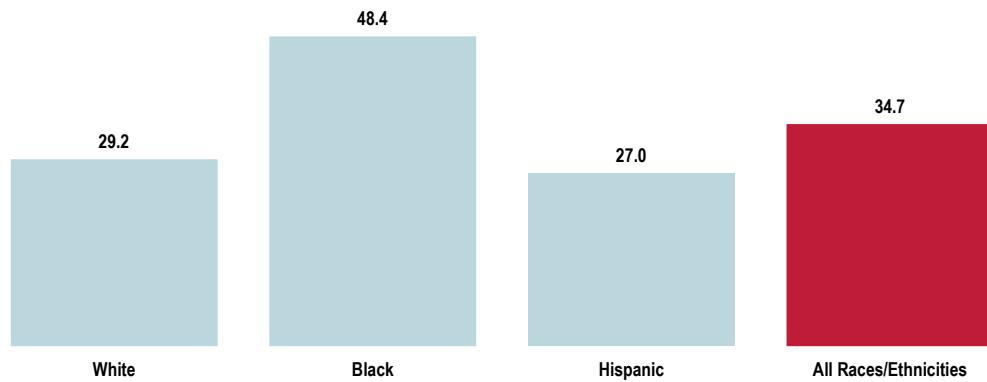
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2017-2023)



Sources: Centers for Disease Control and Prevention, National Vital Statistics System.  
Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2025 via SparkMap ([sparkmap.org](http://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.



**Teen Birth Rate by Race/Ethnicity**  
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19;  
Service Area, 2017-2023)



Sources:

Centers for Disease Control and Prevention, National Vital Statistics System.

Notes:

Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2025 via SparkMap (sparkmap.org).

This indicator reports the rate of total births to women under the age of 15-19 per 1,000 female population age 15-19.

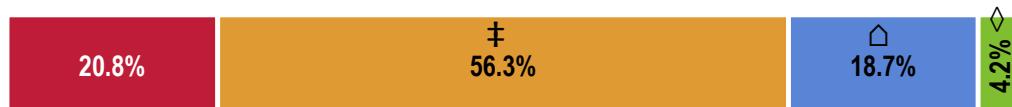
Race categories reflect individuals without Hispanic origin.

## Key Informant Input: Infant Health & Family Planning

**Key informants taking part in an online survey largely characterized *Infant Health & Family Planning* as a “moderate problem” in the community.**

**Perceptions of Infant Health & Family Planning  
as a Problem in the Community**  
(Among Key Informants; Service Area, 2025)

▪ Major Problem    ‡ Moderate Problem    □ Minor Problem    ◊ No Problem At All



Sources:

2024 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

Family planning is not being taught to young people coming through school today as it was years ago. Young people do not know how to take care of themselves so how can they take care of an infant? Unfortunately, the State of Louisiana makes it easy for parents to allow their young high school students to have children because they know the state will offer them all types of benefits. – Community Leader (Rapides Parish)

Very much needed and people need to be educated on before planning and after planning, not enough single parents and families are educated on this topic. – Social Services Provider (Rapides Parish)

### Infant Mortality

Increasing infant mortality rates in our region related to preventable causes, including rates of infant homicide. While family planning is supported through LDH programming at regional health units, there are still high rates of unintended pregnancies, often with infants being born into high-risk households lacking the ability and knowledge to provide adequate care for them. And there is again the overarching issue throughout central Louisiana communities of challenges with access to care, cost of services, gaps in individual knowledge and understanding. Areas such as CenLA, with fewer social and economic opportunities, have poorer health outcomes overall, including reproductive, infant, and child health. – Social Services Provider (Rapides Parish)

### Lack of Providers

Lack of medical providers for OB/GYN. – Health Care Provider (Avoyelles Parish)

### Teen Pregnancy

Too many teenage pregnancies. – Social Services Provider (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.

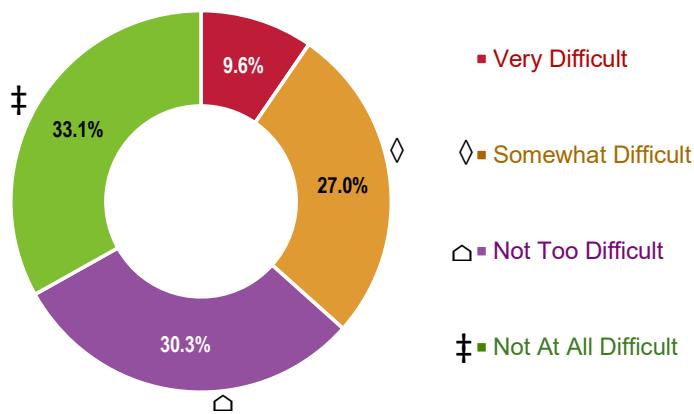
Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

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

## Difficulty Accessing Fresh Produce

**Most service area adults report little or no difficulty buying fresh produce at a price they can afford.**

**Level of Difficulty Finding Fresh Produce at an Affordable Price  
(Service Area, 2024)**



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 66]  
Notes: Asked of all respondents.

Respondents were asked, "How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say very difficult, somewhat difficult, not too difficult, or not at all difficult?"

**RELATED ISSUE**  
See also **Food Access in the Social Determinants of Health** section of this report.

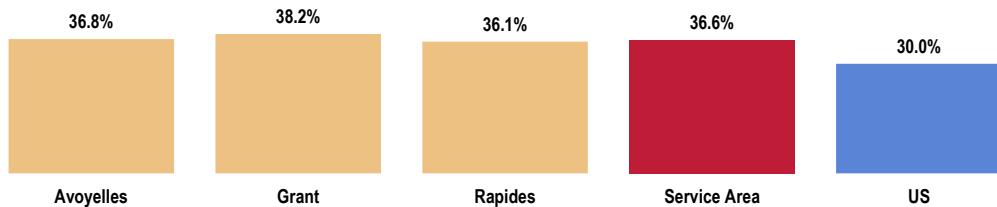


However, 36.6% of service area adults find it “very” or “somewhat” difficult to access affordable fresh fruits and vegetables.

BENCHMARK ► Higher than the national percentage.

DISPARITY ► Reported more often by women, adults under 65, lower-income residents, and respondents of diverse races.

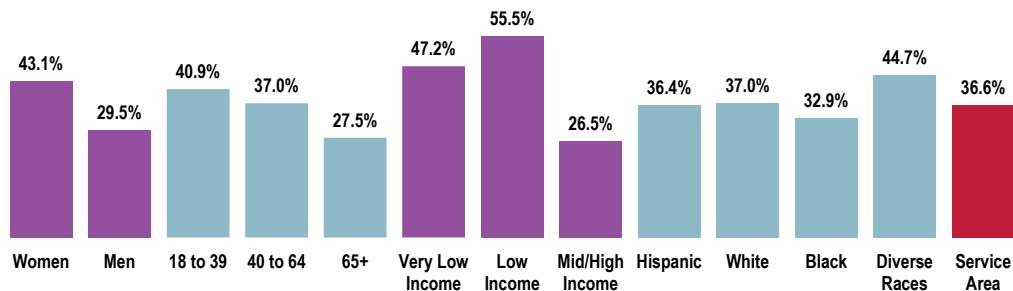
### Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 66]  
2023 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents.

### Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Service Area, 2024)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 66]  
Notes: Asked of all respondents.



# 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.

## Adults

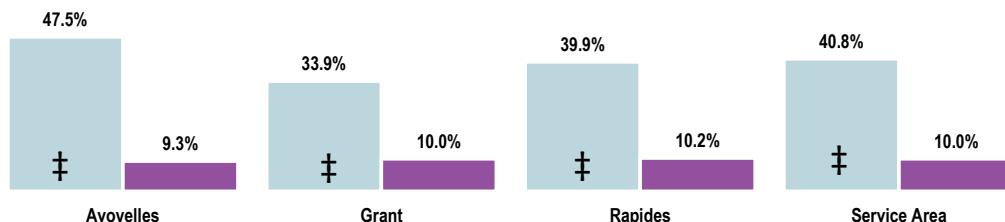
**A total of 40.8% of service area adults report eating two or more servings of fruits per day.**

**DISPARITY** ► Lowest among Grant Parish residents.

**Separately, 10.0% report eating 3 or more servings of vegetables per day.**

### Consume Two or More Servings of Fruits/Vegetables Per Day

‡ = 2+ Servings of Fruit ■ = 3+ Servings of Dark Green/Orange Vegetables



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Items 337-338]  
Notes: Asked of all respondents.  
For this issue, respondents were asked to recall their food intake on the previous day.

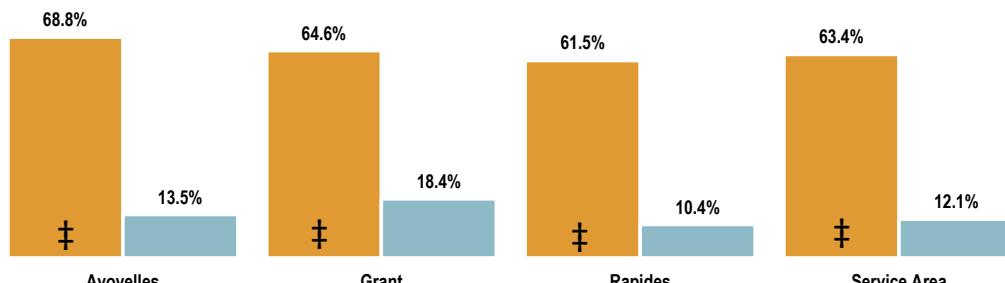
## Children

**A total of 63.4% of service area parents report their child consumes two or more servings of fruits per day.**

**Another 12.1% of parents report that their child eats 3 or more servings of vegetables per day.**

### Child Consumes Two or More Servings of Fruits/Vegetables Per Day (Parents of Children Age 2-17)

‡ = 2+ Servings of Fruit ■ = 3+ Servings of Dark Green/Orange Vegetables

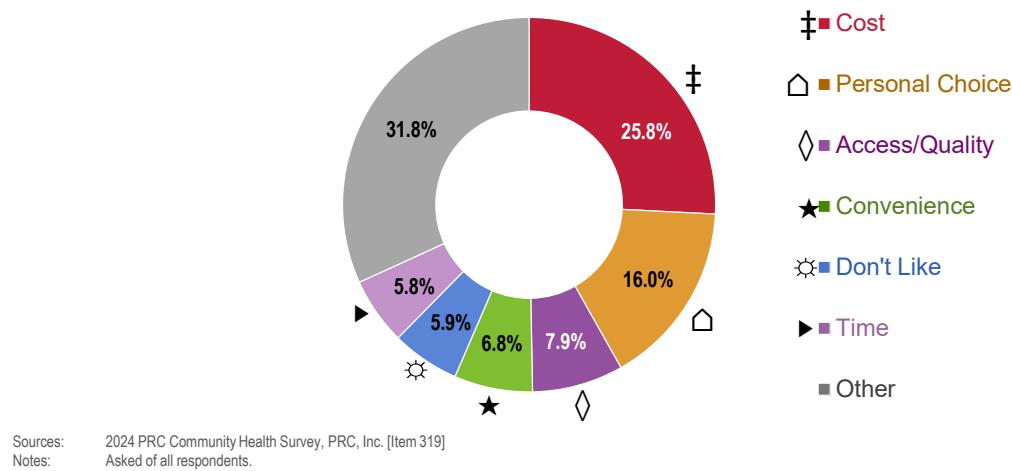


Sources: 2024 PRC Community Health Survey, PRC, Inc. [Items 339-340]  
Notes: Asked of all respondents with a child age 2-17 at home.  
For this issue, respondents were asked to recall their child's food intake on the previous day.

## Barriers Preventing Families from Eating more Fruits/Vegetables

The top barriers preventing families from eating more fruits and vegetables include cost, personal choice, and access to quality fruits/vegetables.

### Main Barrier Preventing Families from Eating More Fruits and Vegetables



# 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

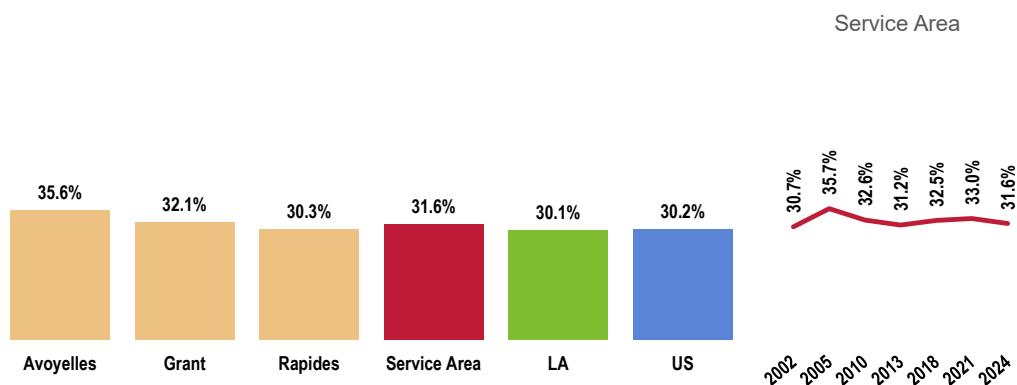
Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

**A total of 31.6% of service area adults report no leisure-time physical activity in the past month.**

**BENCHMARK** ► Fails to satisfy the Healthy People 2030 objective.

### No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.8% or Lower



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 69]  
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Louisiana data.  
2023 PRC National Health Survey, PRC, Inc.

Notes: US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>  
Asked of all respondents.



# Activity Levels

## Adults

### ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

For adults, “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 (such as walking), 75 minutes per week of vigorous activity (such as jogging), or an equivalent combination of both.
- **Strengthening activity** is at least two sessions per week of exercise designed to strengthen muscles (such as push-ups, sit-ups, or activities using resistance bands or weights).

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services.  
[www.cdc.gov/physicalactivity](http://www.cdc.gov/physicalactivity)

**A total of 22.8% of service area adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).**

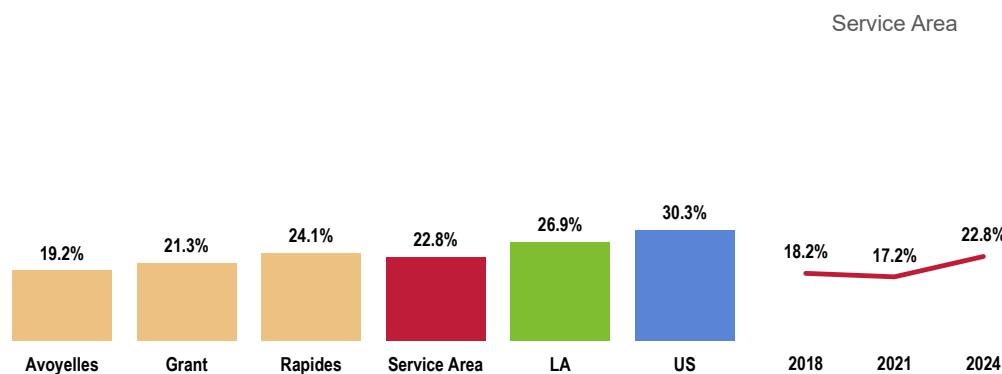
**BENCHMARK** ► Lower than the state and national percentages. Fails to satisfy the Healthy People 2030 objective.

**TREND** ► Improving significant since 2018.

**DISPARITY** ► Reported less often among Avoyelles Parish residents, women, adults over 40, and respondents in the lowest income segment.

### Meets Physical Activity Recommendations

Healthy People 2030 = 29.7% or Higher



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 110]  
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Louisiana data.

2023 PRC National Health Survey, PRC, Inc.

US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: Asked of all respondents

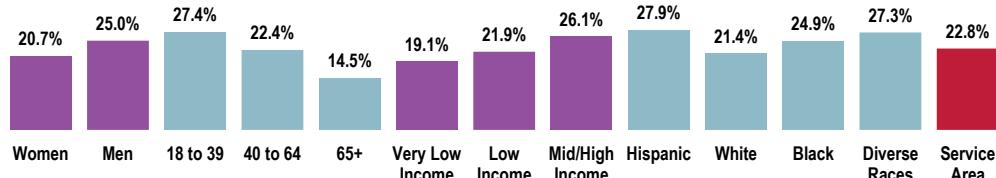
Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week (or an equivalent combination of moderate and vigorous-intensity activity) and who also report doing physical activities specifically designed to strengthen muscles at least twice per week.



## Meets Physical Activity Recommendations

(Service Area, 2024)

Healthy People 2030 = 29.7% or Higher



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 110]

US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

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* who also report doing physical activities specifically designed to strengthen muscles at least twice per week.

## Children

### CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

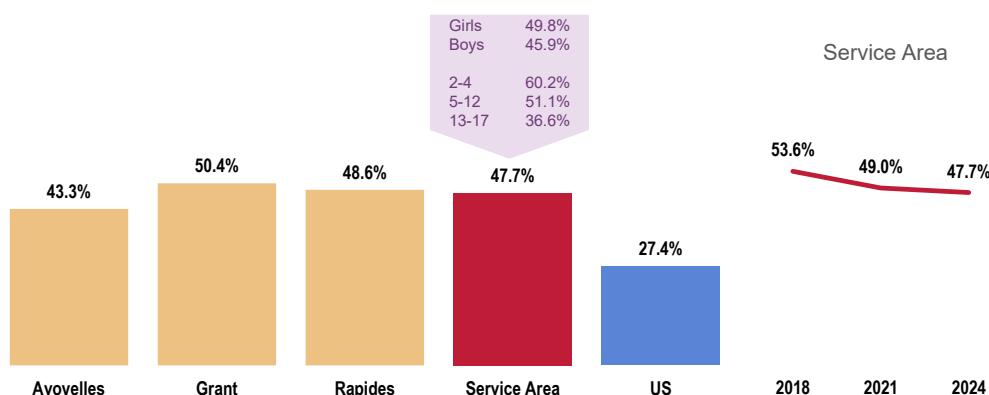
– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services.  
[www.cdc.gov/physicalactivity](http://www.cdc.gov/physicalactivity)

**Among service area children age 2 to 17, 47.7% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).**

**BENCHMARK** ► Significantly higher than the national rate.

**DISPARITY** ► Reported less often among parents with children age 13 to 17.

### Child Is Physically Active for One or More Hours per Day (Children 2-17)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 94]

2023 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents with children age 2-17 at home.

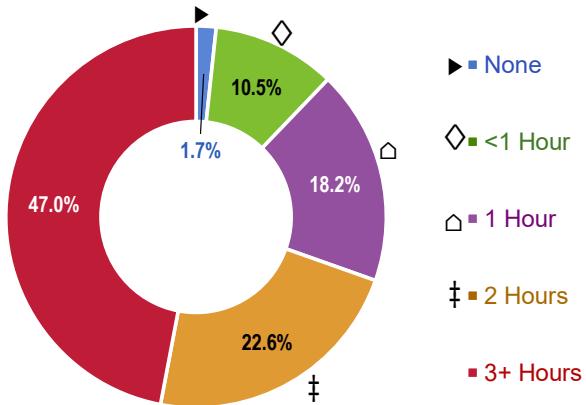
Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.



## Children's Screen Time

Service area parents were asked how many hours of screentime (television as well as other screens, including phones) their children watched per day.

Children: Time Spent Watching Screens  
for Entertainment on an Average Weekday  
(Children Age 2-17; 2024)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 335]

Notes: Asked of all respondents with children age 2-17 at home.

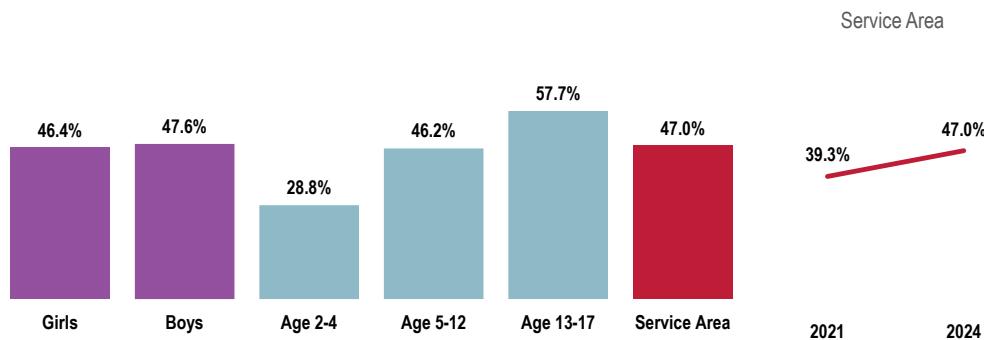
In this case, the term "screens" includes TV programming, video games, cell phones, and other electronic devices.

Among service area children age 2-17, 47.0% are reported to watch screens for entertainment for three or more hours on an average weekday.

TREND ► A significant increase since 2021.

DISPARITY ► Reported more often among parents of children age 5 to 17.

Children: 3+ Hours Watching Screens for Entertainment on Weekdays  
(Children Age 2-17)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 341]

Notes: Asked of all respondents with children age 2-17 at home.

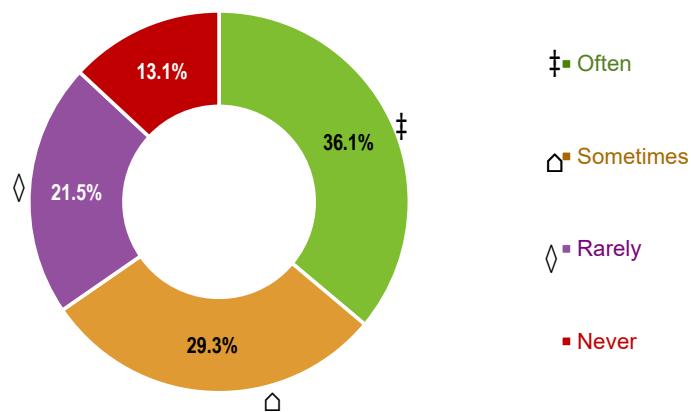
In this case, the term "screens" includes TV programming, video games, cell phones, and other electronic devices.



# Community Participation in Physical Activity

A total of 34.6% 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, 2024)



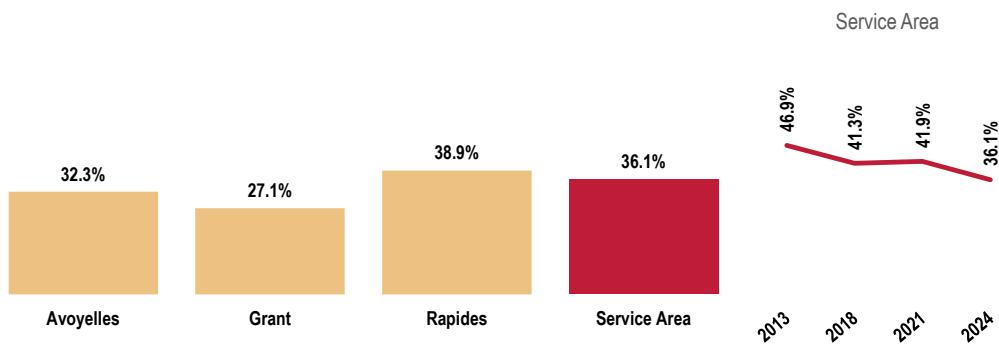
Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 320]  
Notes: Asked of all respondents.

However, 36.1% report that they “often” see others being active.

TREND ▶ A significant decrease since 2013.

DISPARITY ▶ Reported less often among Grant Parish residents.

## “Often” See Others in the Community Being Physically Active



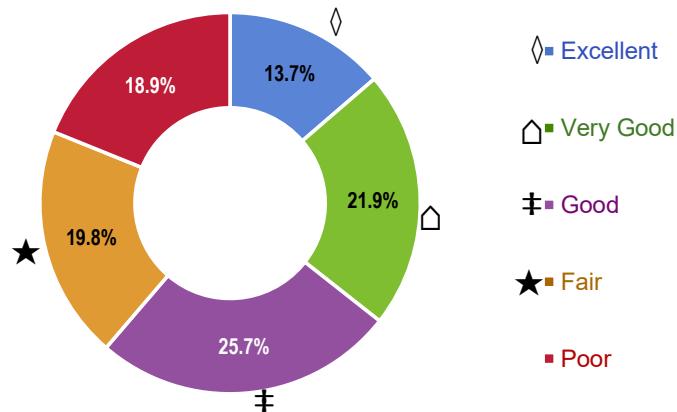
Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 320]  
Notes: Asked of all respondents.



## Opportunities for Activity in the Community

A total of 35.6% 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, 2024)



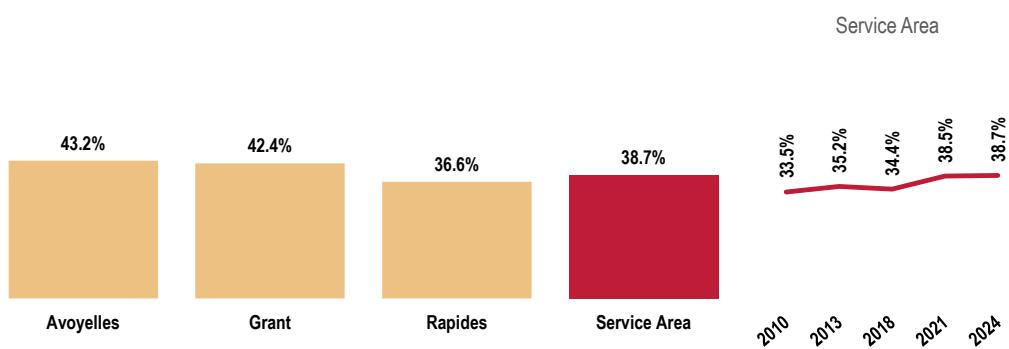
Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 321]  
Notes: Asked of all respondents.

In contrast, 38.7% of service area adults gave “fair” or “poor” ratings of the availability of opportunities for physical activity within the community.

TREND ▶ A significant increase since 2010.

DISPARITY ▶ Reported more often among Avoyelles Parish residents, women, lower-income residents, White respondents, and Diverse respondents.

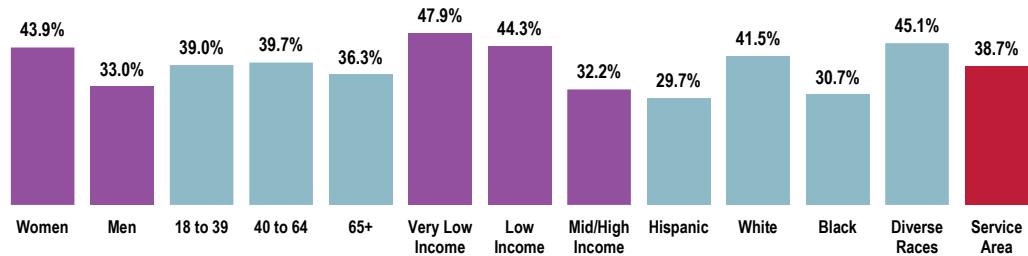
### “Fair” or “Poor” Evaluations of the Availability of Opportunities to Participate in Physical Activity in the Community



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 321]  
Notes: Asked of all respondents.



## “Fair” or “Poor” Evaluations of the Availability of Opportunities to Participate in Physical Activity in the Community (Service Area, 2024)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 321]  
Notes: Asked of all respondents.



# 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 $^2$ )]  $\times 703$ .

In this report, overweight is defined as a BMI of 25.0 to 29.9  $kg/m^2$  and obesity as a BMI  $\geq 30 kg/m^2$ . 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  $\geq 30 kg/m^2$ , 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
Healthy Weight	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	$\geq 30.0$

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

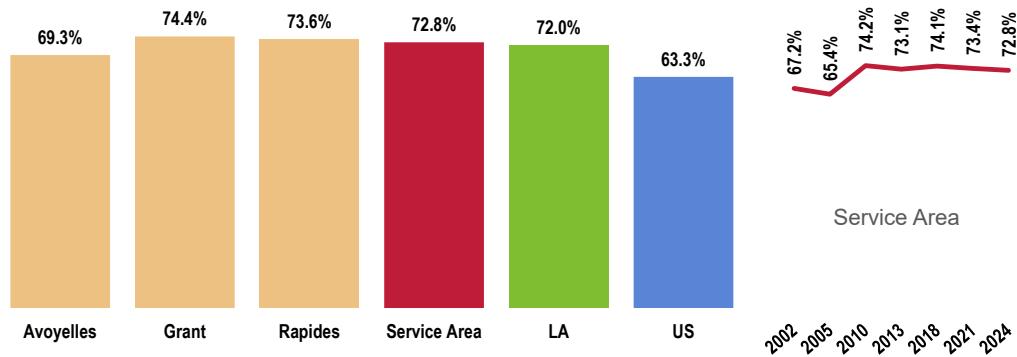
Here, "overweight" includes those respondents with a BMI value  $\geq 25$ .

**Nearly three in four service area adults (72.8%) are overweight.**

**BENCHMARK** ► Higher than the national prevalence.

**TREND** ► An increase from the 2002 baseline.

### Prevalence of Total Overweight (Overweight and Obese)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 112]  
Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2023 Louisiana data.

2023 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.

The definition for obesity is a BMI greater than or equal to 30.0.

**The overweight prevalence above includes 40.8% of service area adults who are obese.**

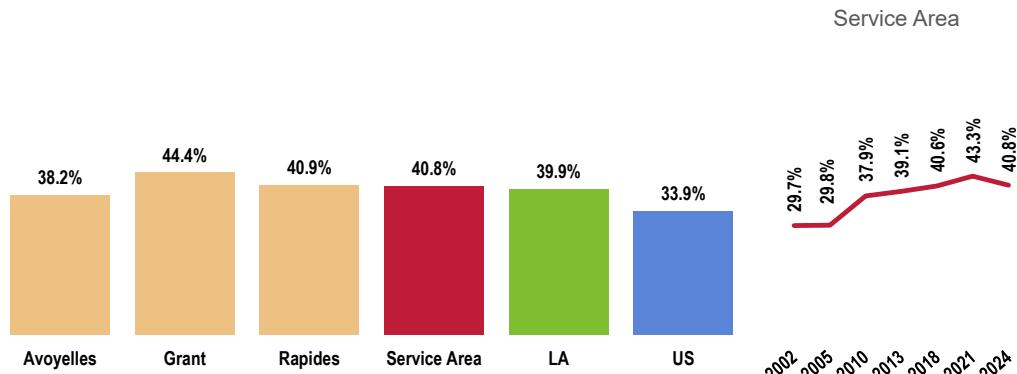
**BENCHMARK** ► Higher than the US prevalence. Fails to satisfy the Healthy People 2030 objective.

**TREND** ► An increase from the 2002 baseline.

**DISPARITY** ► Reported more often among adults age 40 to 64, lower-income residents, White respondents, and Black respondents.

### Prevalence of Obesity

Healthy People 2030 = 36.0% or Lower



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 112]  
Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2023 Louisiana data.

2023 PRC National Health Survey, PRC, Inc.

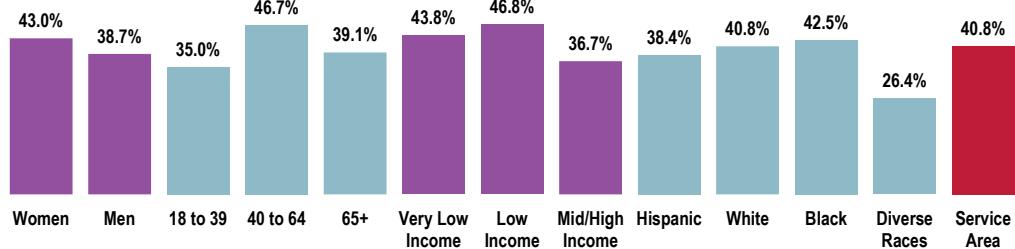
US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

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.

## Prevalence of Obesity (Service Area, 2024)

Healthy People 2030 = 36.0% or Lower



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 112]

US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

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.

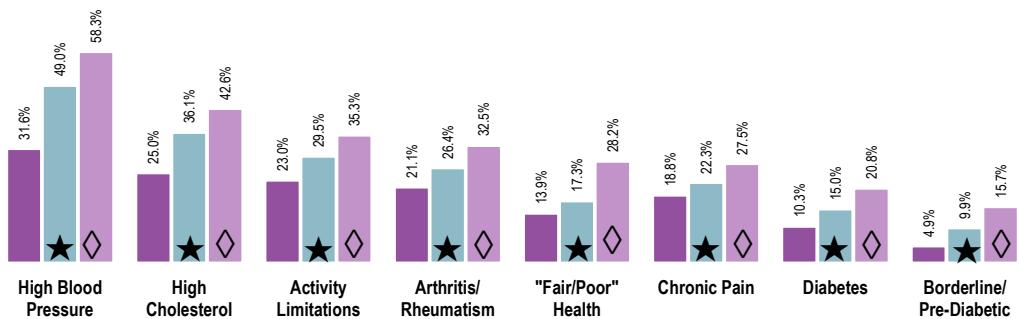
## Relationship of Overweight With Other Health Issues

The correlation between overweight and various health issues cannot be disputed.

Overweight and obese adults are more likely to report a number of adverse health conditions, as outlined in the following chart.

### Relationship of Overweight With Other Health Issues (Service Area, 2024)

■ Among Healthy Weight ★ Among Overweight/Not Obese ◇ Among Obese



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 112]

Notes: Based on reported heights and weights, asked of all respondents.

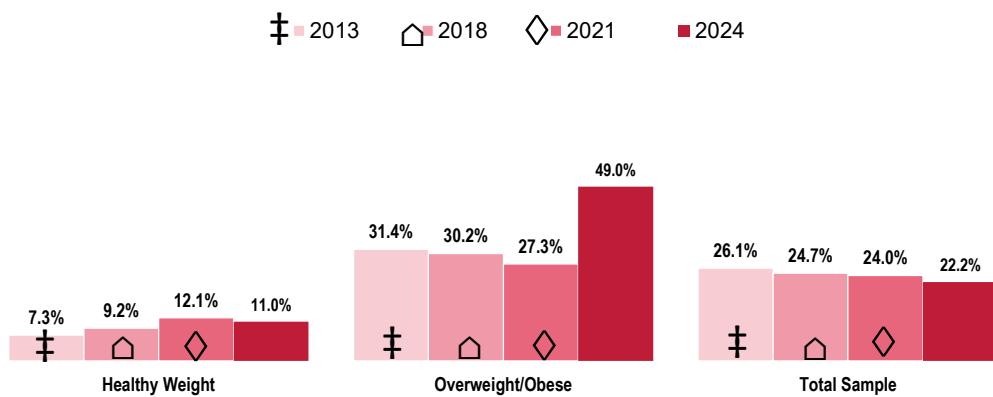


## Health Advice

**A total of 22.2% of adults have been given advice about their weight by a doctor, nurse, or other health professional in the past year.**

TREND ► Lower than the 2013 baseline.

### Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



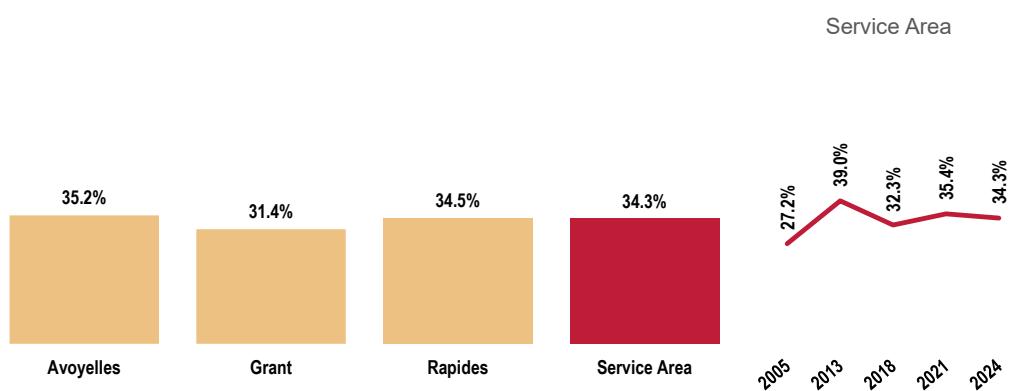
Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 324]  
Notes: Asked of all respondents.

## Weight-Loss Attempts

**A total of 34.3% of service area adults who are overweight or obese say that they are both modifying their diet and increasing their physical activity to try to lose weight.**

TREND ► Significantly higher than the 2005 percentage.

### Overweight/Obese Adults Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity (Overweight/Obese Adults; Service Area)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 343]  
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      <5<sup>th</sup> percentile
- Healthy Weight    ≥5<sup>th</sup> and <85<sup>th</sup> percentile
- Overweight        ≥85<sup>th</sup> and <95<sup>th</sup> percentile
- Obese              ≥95<sup>th</sup> percentile

– Centers for Disease Control and Prevention

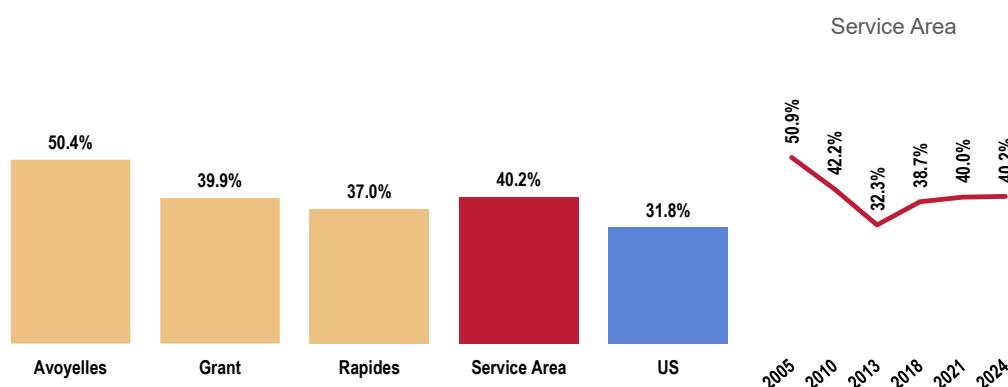
**Based on the heights/weights reported by surveyed parents, 40.2% of service area children age 5 to 17 are overweight or obese (≥85th percentile).**

**BENCHMARK** ► Higher than the national prevalence.

**TREND** ► Decreasing significantly since 2005.

**DISPARITY** ► Reported more often by parents in Avoyelles Parish.

## Prevalence of Overweight in Children (Children 5-17)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 113]

2023 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 85<sup>th</sup> percentile of US growth charts by gender and age.

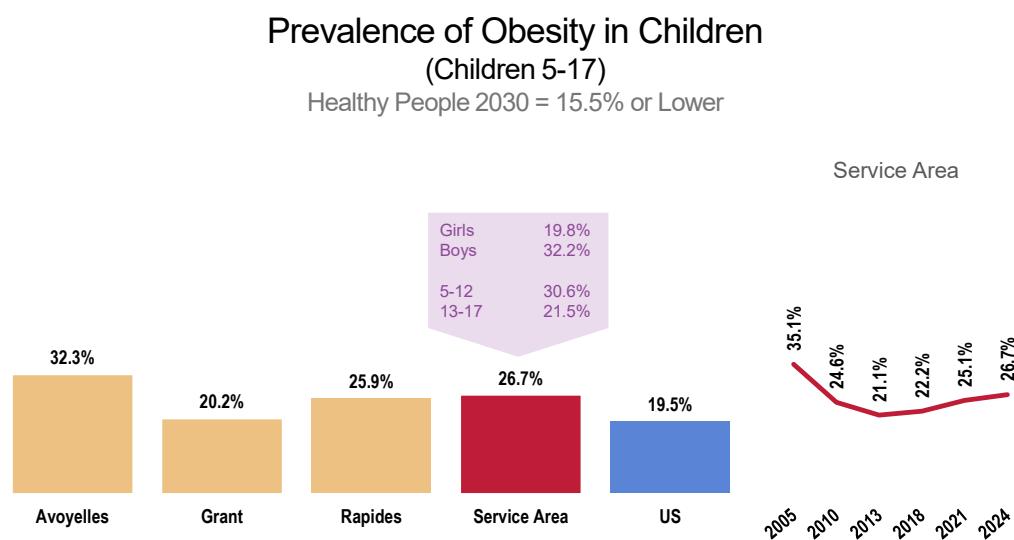


The childhood overweight prevalence above includes 26.7% of area children age 5 to 17 who are obese ( $\geq 95^{\text{th}}$  percentile).

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

TREND ► A significant improvement from the 2005 baseline.

DISPARITY ► Reported more often among parents of boys and children age 5 to 12.



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 113]  
2023 PRC National Health Survey, PRC, Inc.

Notes: US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>  
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 95<sup>th</sup> percentile of US growth charts by gender and age.

## Key Informant Input: Nutrition, Physical Activity & Weight

**Key informants taking part in an online survey most often characterized *Nutrition, Physical Activity & Weight* as a “major problem” in the community.**

### Perceptions of Nutrition, Physical Activity & Weight as a Problem in the Community (Among Key Informants; Service Area, 2025)

■ Major Problem      ▲ Moderate Problem      ± Minor Problem      □ No Problem At All



Sources: 2024 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:

## Lifestyle

Dietary and lifestyle choices are the biggest challenges. Fast food and other caloric choices coupled with lack of exercise. – Community Leader (Rapides Parish)

Poor diets, little activity leads to obesity issues. Need more knowledge and incentives to be healthier. – Health Care Provider (Rapides Parish)

The biggest challenges related to nutrition, physical activity, and weight for people within the community are food insecurity, food culture in Louisiana and the sedentary lifestyle choices. – Social Services Provider (Rapides Parish)

A relaxed attitude by patients, not taking their lifestyle seriously. Doctors who do not emphasize more the damage this does to patients, and do not help patients set goals. Learn about nutrition and lack of low-cost physical activity options. – Social Services Provider (Grant Parish)

## Nutrition

Processed food, laziness and lack of exercise. – Social Services Provider (Rapides Parish)

One in five people in Central Louisiana live in food insecure households. Families often don't have enough resources to provide healthy food for themselves and their families. – Social Services Provider (Rapides Parish)

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

Systemic issues, fake food is cheap, too convenient. Effort, time and expense to have home cooked food. – Community Leader (Rapides Parish)

## Access to Affordable Healthy Food

Healthy foods are expensive. – Health Care Provider (Avoyelles Parish)

Price of good nutritious food. – Social Services Provider (Rapides Parish)

Healthy foods are expensive, free physical activity offerings and monitoring. Financial limitations. – Public Health Representative (Rapides Parish)

Access to affordable healthy food options, this is a very high-level problem that is not specific just to Rapides Parish. Also, the education and knowledge of how important nutrition and exercise is to longevity and health. – Community Leader (Rapides Parish)

## Insufficient Physical Activity

Getting people to increase their level of physical activity. – Community Leader (Rapides Parish)

## Awareness/Education

Information about healthy foods. Activity availability to get kids and adults off the sofa and on to physical activity. – Social Services Provider (Rapides Parish)

Lack of education and literacy regarding these topics (family cycles of poor nutrition and obesity). Cost of healthy foods causes individuals to purchase less healthy foods. Lack of understanding of importance in maintaining healthy nutrition, physical activity, and weight. – Social Services Provider (Rapides Parish)

Lack of education, lack of outdoor parks and recreation, lack of spaces and businesses that offer reasonably priced gym memberships and lack of fun exercise activities, Zumba, bungee fitness. – Health Care Provider (Rapides Parish)

## Obesity

Obesity in adults and children. – Social Services Provider (Rapides Parish)

It's hard losing weight, structure healthy meals and planning meals when busy and on the go. – Social Services Provider (Rapides Parish)

## Cultural/Personal Beliefs

The culture and access to healthy foods are challenges. The cost of foods, in many instances, is not cost effective for families especially if they have a large family to buy for and feed. Many adults continue to eat as they were fed when they were younger -- and it becomes the norm. – Public Health Representative (Rapides Parish)

## Income/Poverty

A large number of community members have small to very small income, which makes it difficult to purchase food, join any fitness clubs, or participant in support groups. – Public Health Representative (Rapides Parish)



## Built Environment

Local park improvements that will entice the community to utilize the available assets and an incisive program to keep them engaged. – Community Leader (Rapides Parish)

## Environmental Contributors

Environmental factors. – Community Leader (Avoyelles Parish)



# SUBSTANCE USE

## ABOUT DRUG & ALCOHOL USE

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>)

## Alcohol Use

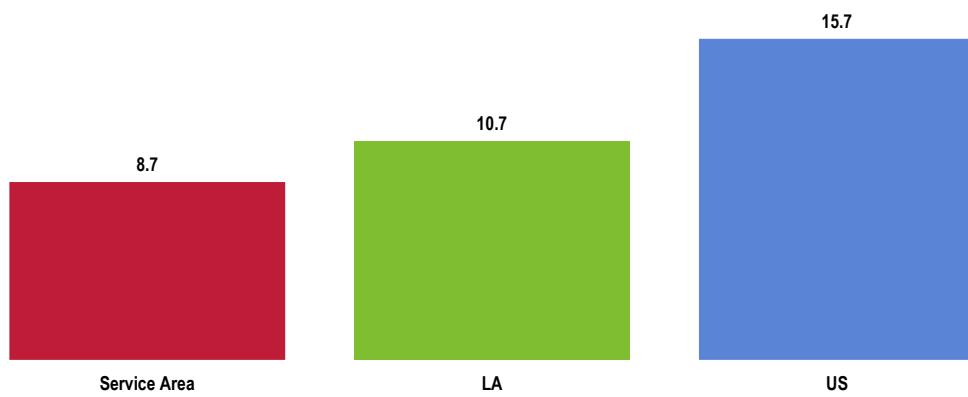
### Alcohol-Induced Deaths

**Between 2021 and 2023, the service area reported an annual average mortality rate of 8.7 alcohol-induced deaths per 100,000 population.**

BENCHMARK ► Lower than the state and national rate.

TREND ► Increasing over the past decade.

**Alcohol-Induced Mortality**  
(2021-2023 Annual Average Deaths per 100,000 Population)

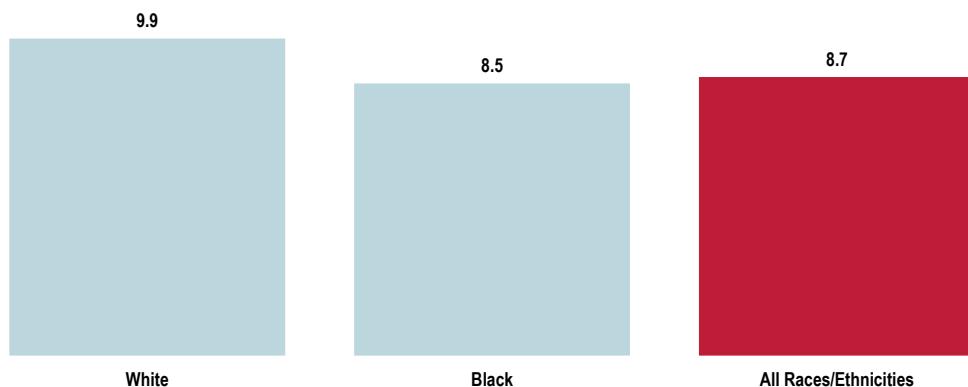


Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

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



## Alcohol-Induced Mortality by Race/Ethnicity (2018-2020 Annual Average Deaths per 100,000 Population; Service Area)



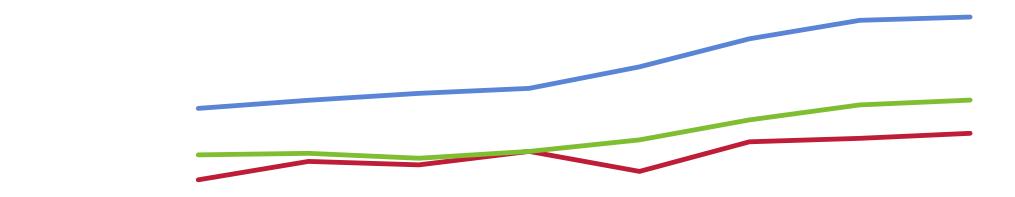
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

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

Rates are per 100,000 population.

Race categories reflect individuals without Hispanic origin.

## Alcohol-Induced Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

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

Rates are per 100,000 population.



## Excessive Drinking

**Excessive drinking** includes heavy and/or binge drinkers:

- **HEAVY DRINKING** ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **BINGE DRINKING** ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

**A total of 19.5% of area adults engage in excessive drinking (heavy and/or binge drinking).**

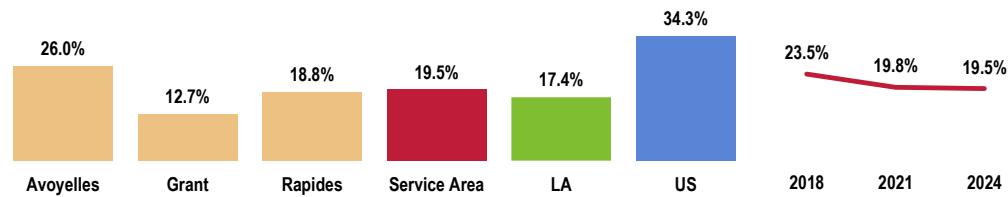
**BENCHMARK** ► Well below the national prevalence.

**TREND** ► A significant decrease from the 2018 baseline.

**DISPARITY** ► Reported more often among Avoyelles Parish residents, men, and adults under age 65.

### Engage in Excessive Drinking

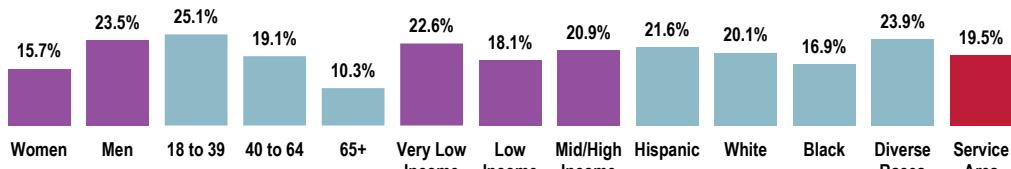
Service Area



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 116]  
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2023 Louisiana data.

Notes: Asked of all respondents.  
Excessive drinking reflects the percentage of persons age 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.

### Engage in Excessive Drinking (Service Area, 2024)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 116]

Notes: Asked of all respondents.  
Excessive drinking reflects the percentage of persons age 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

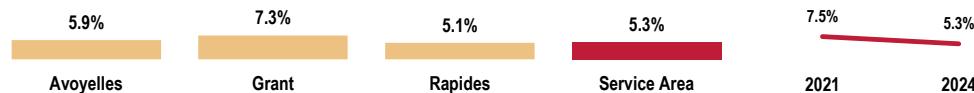
Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

**A total of 5.3% of service area adults acknowledge having ridden with a driver who may have had too much to drink.**

TREND ► A significant improvement since 2021.

### Have Ridden with a Driver in the Past Month Who Had Too Much to Drink

Service Area



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 312]  
Notes: Asked of all respondents.



# Drug Use

## Unintentional Drug-Induced Deaths

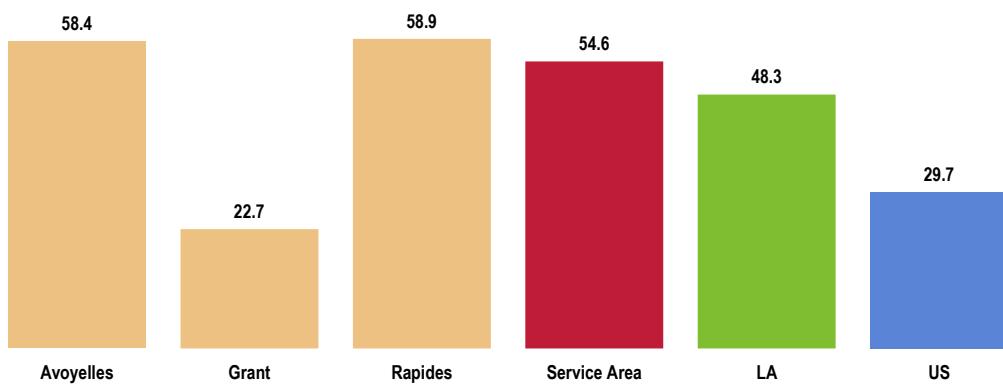
**Between 2021 and 2023, there was an annual average mortality rate of 54.6 unintentional drug-induced deaths per 100,000 population in the service area.**

**BENCHMARK** ► Substantially higher than the national rate.

**TREND** ► Almost four times higher than the 2014-2016 reporting period.

**DISPARITY** ► Lowest in Grant Parish.

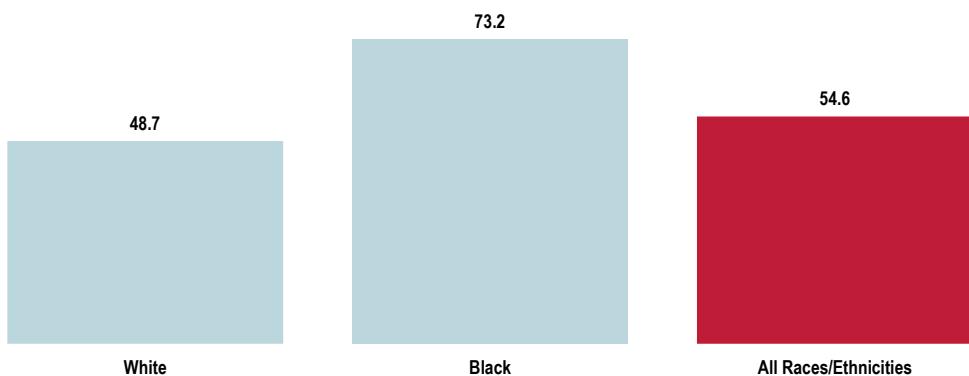
### Unintentional Drug-Induced Mortality (2021-2023 Annual Average Deaths per 100,000 Population)



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

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

### Unintentional Drug-Induced Mortality by Race/Ethnicity (2018-2020 Annual Average Deaths per 100,000 Population; Service Area)

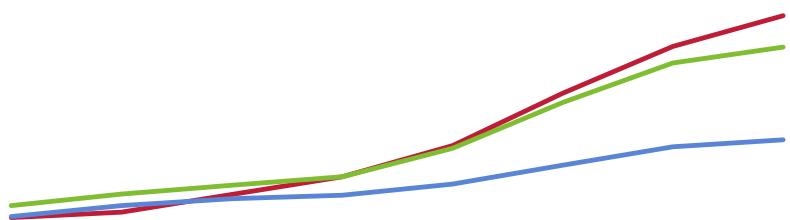


Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

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



## Unintentional Drug-Induced Mortality Trends (Annual Average Deaths per 100,000 Population)



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Service Area	14.1	15.2	18.7	22.3	28.5	39.0	48.4	54.6
LA	16.5	18.8	20.6	22.3	28.0	37.2	45.1	48.3
US	14.3	16.5	17.9	18.6	20.8	24.6	28.3	29.7

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

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

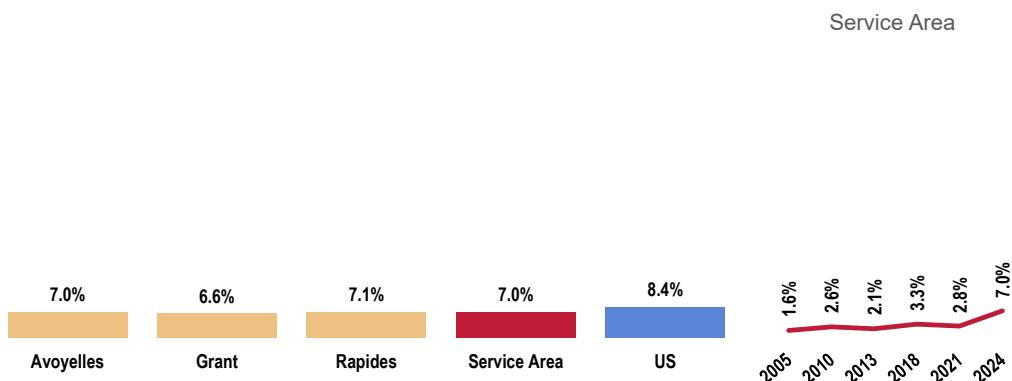
## Illicit Drug Use

**A total of 7.0% of service area adults acknowledge using an illicit drug in the past month.**

**TREND** ► Increasing significantly since 2005.

**DISPARITY** ► Reported more often among adults under the age of 65 and lower-income residents.

### Illicit Drug Use in the Past Month



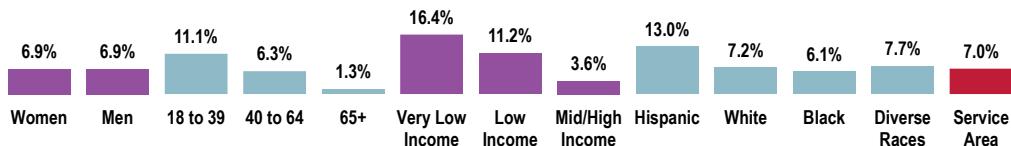
Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 40]

2023 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents.



## Illicit Drug Use in the Past Month (Service Area, 2024)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 40]  
Notes: Asked of all respondents.

## Use of Prescription Opioids

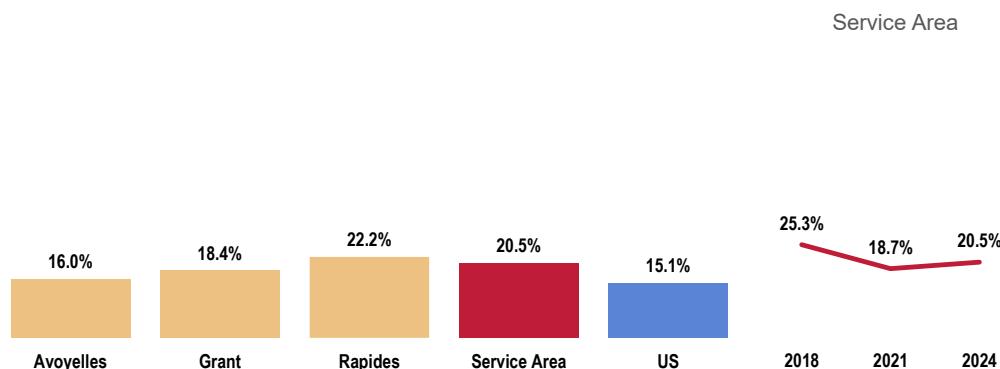
**A total of 20.5% of service area adults report using a prescription opioid drug in the past year.**

**BENCHMARK** ► Higher than the national percentage.

**TREND** ► A significant decrease since 2018.

**DISPARITY** ► Reported more often among Rapides Parish residents, adults over 40, and residents in households with the lowest incomes.

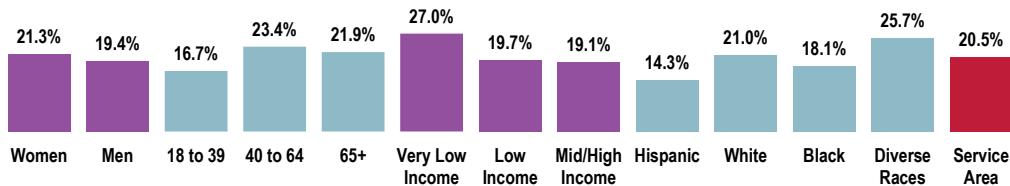
### Used a Prescription Opioid in the Past Year



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 41]  
2023 PRC National Health Survey, PRC, Inc.  
Notes: Asked of all respondents.



## Used a Prescription Opioid in the Past Year (Service Area, 2024)



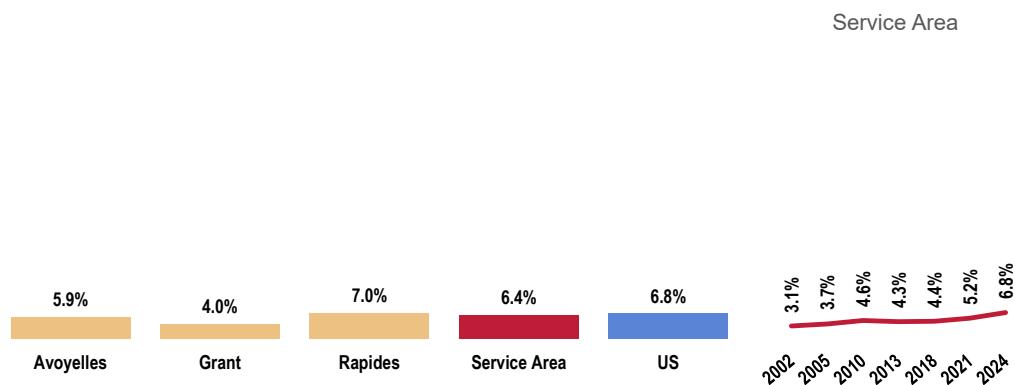
Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 41]  
Notes: Asked of all respondents.

## Alcohol & Drug Treatment

**A total of 6.4% of service area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.**

TREND ► Increasing significantly since 2002.

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



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 42]  
2023 PRC National Health Survey, PRC, Inc.  
Notes: Asked of all respondents.



# Key Informant Input: Substance Use

The greatest share of key informants taking part in an online survey characterized Substance Use as a “major problem” in the community.

## Perceptions of Substance Use as a Problem in the Community (Among Key Informants; Service Area, 2025)

■ Major Problem    ‡ Moderate Problem    □ Minor Problem    ▨ No Problem At All



Sources: 2024 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

- Local programs and meetings for the community. – Social Services Provider (Rapides Parish)
- Access is an issue. – Community Leader (Rapides Parish)
- Not enough facilities. – Social Services Provider (Rapides Parish)
- Programs to address substance abuse. Knowledge of resources available, and information on how access those resources. – Public Health Representative (Rapides Parish)
- Finding help, people not recognizing that they need help and the stigma of it in society.  
– Health Care Provider (Rapides Parish)
- I don't know of any place in my area where such is offered. Perhaps in Alexandria, but transportation can be a problem. – Social Services Provider (Grant Parish)
- No substance treatment in Bunkie. – Health Care Provider (Avoyelles Parish)

### Affordable Care/Services

- The cost of rehab and the limited number of available facilities. – Public Health Representative (Rapides Parish)
- No treatment available for the underserved or poor. – Social Services Provider (Rapides Parish)
- There are no barriers and many facilities are available. It's the cost that breaks down the system.  
– Community Leader (Rapides Parish)

### Denial/Stigma

- Stigma and social shame associated with addiction. – Community Leader (Avoyelles Parish)
- The greatest barrier is denial by the addict and their families, that professional help is necessary.  
– Social Services Provider (Avoyelles Parish)
- Embarrassment, that there is a stigma, fear of losing family members and fear of losing family support. Lack of community education. – Public Health Representative (Rapides Parish)

### Funding

- Funding for programs is an obstacle. – Community Leader (Rapides Parish)
- Funding for treatment. – Community Leader (Rapides Parish)
- Funding and available programs. – Social Services Provider (Rapides Parish)

### Awareness/Education

- Unsure about the treatment facilities in our community. – Social Services Provider (Rapides Parish)
- Lack of knowledge of as to where to go for programs that would help. – Community Leader (Rapides Parish)



## Lifestyle

The individual. – Social Services Provider (Avoyelles Parish)  
There aren't barriers, just lack of self-control. – Social Services Provider (Rapides Parish)

## Law Enforcement

I believe the greatest barriers related to accessing needed substance treatment services is the risk of being charged with a crime and the state of denying a substance abuse problem.  
– Social Services Provider (Rapides Parish)

## Incidence/Prevalence

Because we have people fired every day from drugs, drugs that are laced with Fentanyl and other things, mental illnesses and just different issues. – Social Services Provider (Rapides Parish)

## Transportation

Ruralness and transportation. Grant Parish is very rural and lacks public transportation to various health facilities.  
– Social Services Provider (Grant Parish)

## Employment

Opportunities for those who have had problems in the past with drugs. Second chance employers.  
– Community Leader (Rapides Parish)

## Diagnosis/Treatment

People who abuse drugs do not regularly seek treatment. – Health Care Provider (Rapides Parish)

## Denial

Willingness to seek treatment and access to services. – Health Care Provider (Rapides Parish)

## Lack of Providers

Lack of providers. – Health Care Provider (Rapides Parish)

## Most Problematic Substances

Key informants (who rated this as a “major problem”) clearly identified **alcohol** as causing the most problems in the community, followed by **methamphetamine/other amphetamines**. Other substances used with some frequency include **cocaine/crack** and **heroin/other opioids**.

### SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Use as a “Major Problem”)

ALCOHOL	34.5%
METHAMPHETAMINE OR OTHER AMPHETAMINES	24.1%
COCAINE OR CRACK	13.8%
HEROIN OR OTHER OPIOIDS	13.8%
MARIJUANA	3.4%
SYNTHETIC DRUGS (e.g. Bath Salts, K2/Spice)	3.4%
OVER-THE-COUNTER MEDICATIONS	3.4%
HALLUCINOGENS OR DISSOCIATIVE DRUGS (e.g. Ketamine, PCP, LSD, DXM)	3.4%



# TOBACCO USE

## ABOUT TOBACCO USE

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.

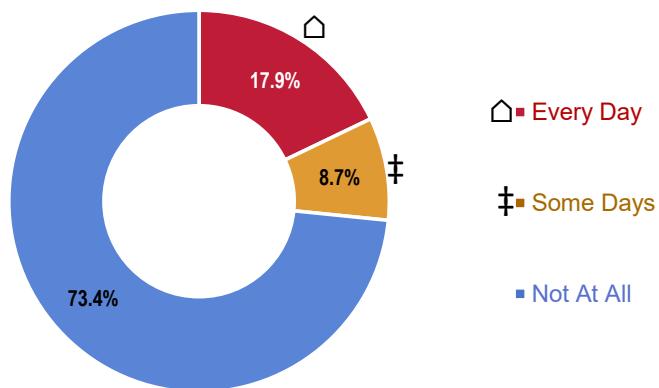
– Healthy People 2030 (<https://health.gov/healthypeople>)

## Cigarette Smoking

### Prevalence of Cigarette Smoking

**A total of 26.6% of service area adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).**

Prevalence of Cigarette Smoking  
(Service Area, 2024)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 34]  
Notes: Asked of all respondents.



Note the following findings related to cigarette smoking prevalence in the service area.

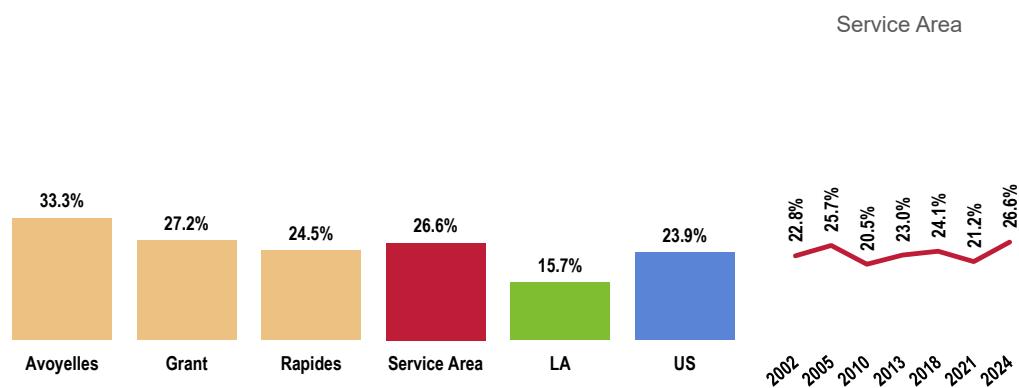
**BENCHMARK** ► Higher than the statewide prevalence. Fails to satisfy the Healthy People 2030 objective.

**TREND** ► Increasing significantly since 2002.

**DISPARITY** ► Reported more often among Avoyelles Parish residents, men, adults under 65, and lower-income respondents.

## Currently Smoke Cigarettes

Healthy People 2030 = 6.1% or Lower



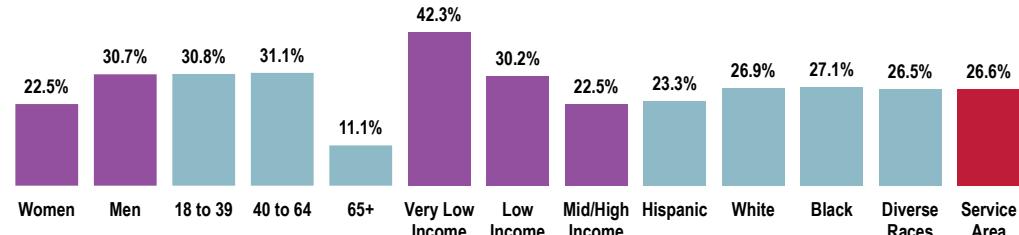
Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 34]  
Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Louisiana data.

2023 PRC National Health Survey, PRC, Inc.

Notes: US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>  
Asked of all respondents.  
Includes those who smoke cigarettes every day or on some days.

## Currently Smoke Cigarettes (Service Area, 2024)

Healthy People 2030 = 6.1% or Lower



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 34]  
US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: Asked of all respondents.  
Includes those who smoke cigarettes every day or on some days.

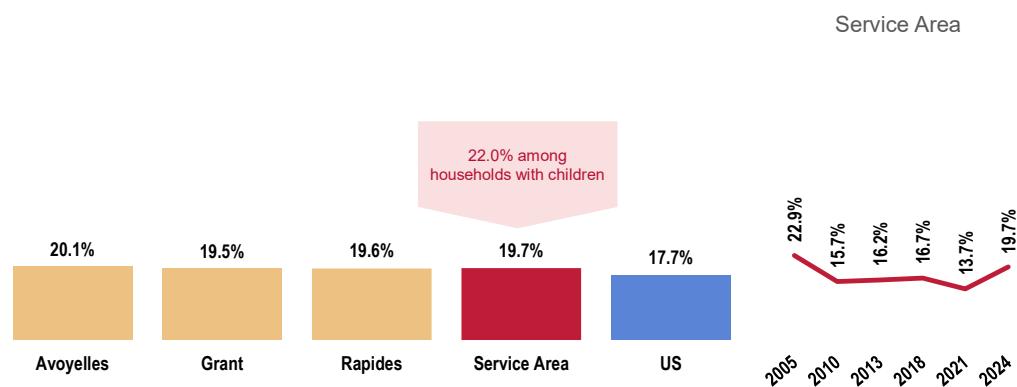


## Environmental Tobacco Smoke

**Among all surveyed households in the service area, 19.7% report that someone has smoked cigarettes, cigars, or pipes anywhere in their home an average of four or more times per week over the past month.**

TREND ► Fluctuating over time but significantly lower than the 2005 findings.

### Member of Household Smokes at Home



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Items 35, 114]  
2023 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.

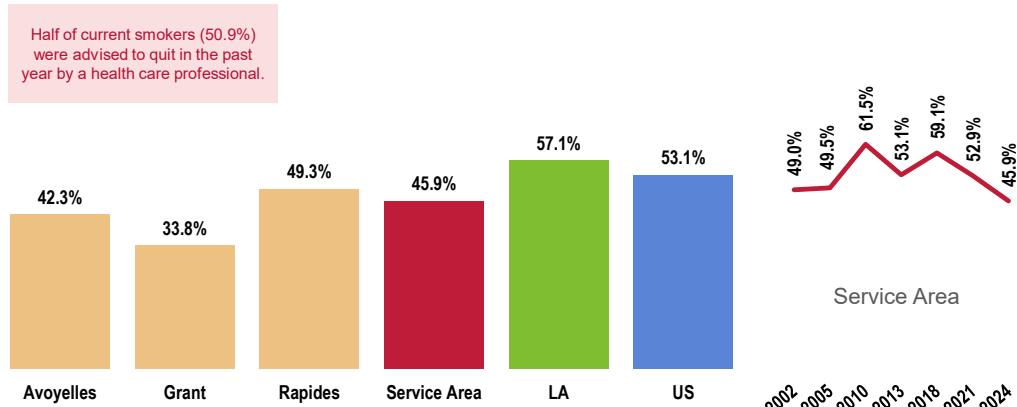
## Smoking Cessation

**Nearly half of adults who regularly smoke cigarettes (45.9%) went without smoking for one day or longer in the past year because they were trying to quit smoking.**

BENCHMARK ► Lower than the statewide percentage. 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



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Items 308-309]  
2023 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents.

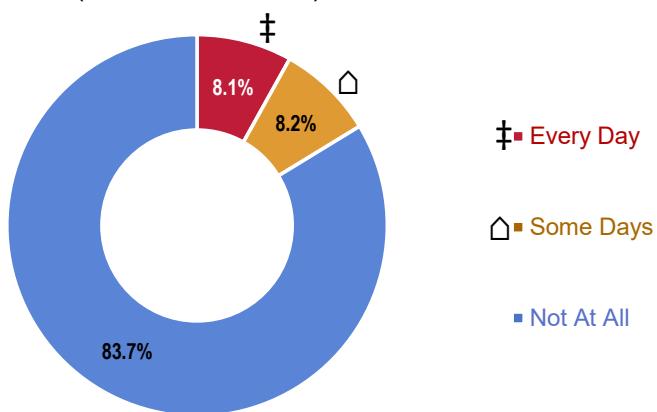
"Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.



# Use of Vaping Products

Most service area adults do not use electronic vaping products.

Use of Vaping Products  
(Service Area, 2024)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 36]  
Notes: Asked of all respondents.

**However, 16.3% currently use electronic vaping products either regularly (every day) or occasionally (on some days).**

BENCHMARK ▶ Higher than the statewide prevalence.

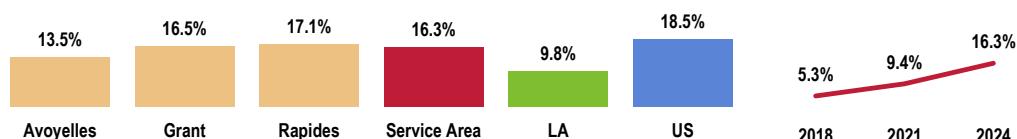
TREND ▶ A significant increase since 2018.

DISPARITY ▶ Reported more often among adults under 65, lower-income residents, Hispanic respondents, and White respondents.

Currently Use Vaping Products  
(Every Day or on Some Days)

A total of 31.8% of adults have ever used an electronic vaping product (such as an e-cigarette), even just once in their lifetime.

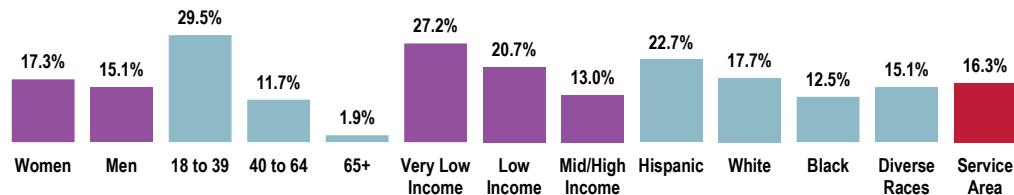
Service Area



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Items 36, 311]  
2023 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): 2023 Louisiana data.  
Notes: Asked of all respondents.  
Includes those who use vaping products every day or on some days.



## Currently Use Vaping Products (Service Area, 2024)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 36]  
 Notes: Asked of all respondents.  
 Includes those who use vaping products every day or on some days.

## Other Tobacco Use

### Smokeless Tobacco

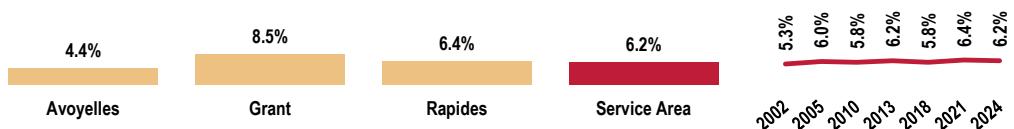
Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

**A total of 6.2% of service area adults use some type of smokeless tobacco every day or on some days.**

### Use Smokeless Tobacco (Chewing Tobacco, Snuff, or Snus)

Healthy People 2030 = 0.2% or Lower

Service Area



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 310]  
 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.  
 Includes those who use smokeless tobacco every day or on some days.



# Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a “moderate problem” in the community.

## Perceptions of Tobacco Use as a Problem in the Community (Among Key Informants; Service Area, 2025)

▪ Major Problem    □ Moderate Problem    ‡ Minor Problem    ▨ No Problem At All



Sources: 2024 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:

### Incidence/Prevalence

Everyone smokes or vapes. – Community Leader (Rapides Parish)  
The percentage of the population that uses tobacco is very high. – Social Services Provider (Rapides Parish)  
Observation of people smoking. – Public Health Representative (Rapides Parish)  
Adults continue to use tobacco in higher numbers. – Social Services Provider (Rapides Parish)  
The number of people in the community who are addicted. – Social Services Provider (Rapides Parish)  
People smoke, some people have been smoking since they were in junior high school on into high school and college, some don't want to quit, have a hard problem quitting and then their parents smoke.  
– Social Services Provider (Rapides Parish)  
Tobacco use and vaping is still happening in our community regardless of the information out to the public about its harmful effects. – Community Leader (Rapides Parish)

### Impact on Quality of Life

Heart and lung illness. – Community Leader (Rapides Parish)  
People do not care if they develop diseases and illnesses caused by tobacco.  
– Community Leader (Rapides Parish)  
Tobacco use is linked to various cancers, heart disease, stroke, lung diseases like COPD, and other conditions.  
It also negatively impacts reproductive health and reduces overall quality of life.  
– Community Leader (Avoyelles Parish)  
High incidence of lung cancer. – Health Care Provider (Avoyelles Parish)

### Teen/Young Adult Usage

Children are beginning to use tobacco products at a young age. It has become easy access for the younger generation. – Community Leader (Avoyelles Parish)

### Easy Access

Easily accessible. – Social Services Provider (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>)

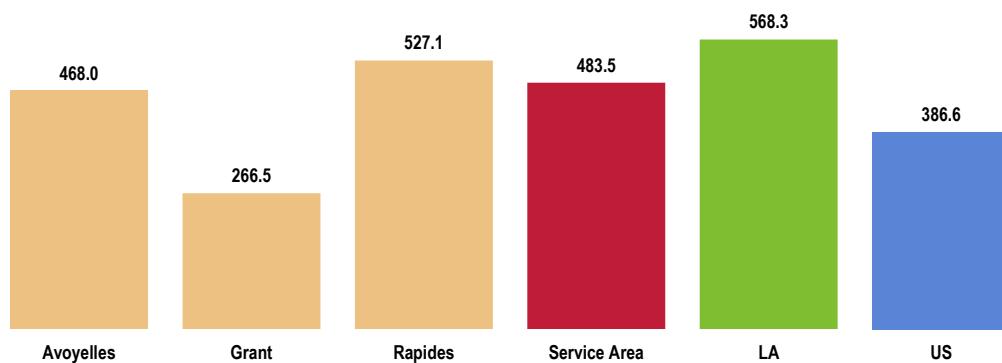
## HIV

**In 2022, there was a prevalence of 483.5 HIV cases per 100,000 population in the service area.**

**BENCHMARK** ► Higher than the national rate.

**DISPARITY** ► Lower in Grant Parish; higher among Black residents.

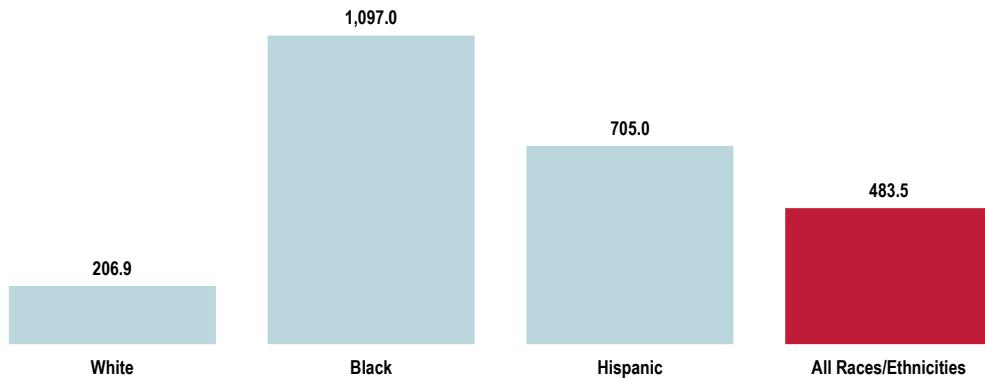
**HIV Prevalence**  
(Prevalence Rate of HIV per 100,000 Population, 2022)



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 June 2025 via SparkMap ([sparkmap.org](http://sparkmap.org)).



## HIV Prevalence by Race/Ethnicity (Rate per 100,000 Population; Service Area, 2022)



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 June 2025 via SparkMap (sparkmap.org).

Notes: Race categories reflect individuals without Hispanic origin.

## Sexually Transmitted Infections (STIs)

### Chlamydia & Gonorrhea

In 2023, the chlamydia incidence rate in the service area was 838.8 cases per 100,000 population.

BENCHMARK ▶ Higher than the national rate.

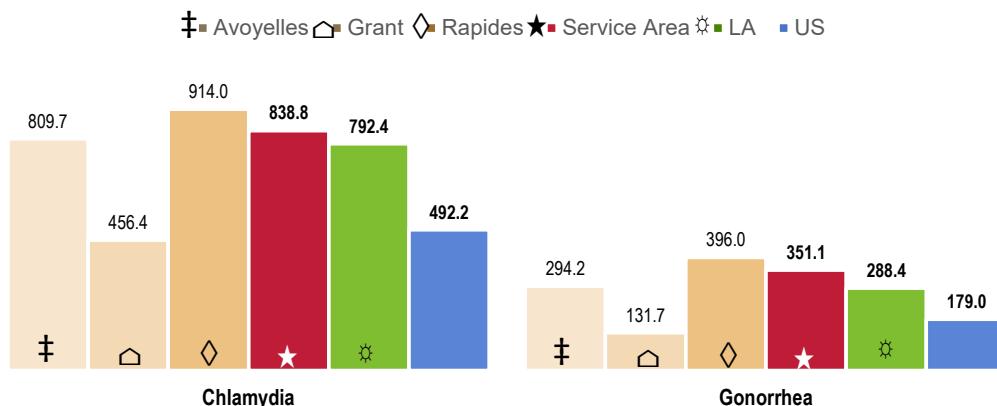
DISPARITY ▶ Lower in Grant Parish.

The service area gonorrhea incidence rate in 2023 was 351.1 cases per 100,000 population.

BENCHMARK ▶ Higher than the state and national rate.

DISPARITY ▶ Higher in Rapides Parish.

### Chlamydia & Gonorrhea Incidence (Incidence Rate per 100,000 Population, 2023)



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 June 2025 via SparkMap (sparkmap.org).

# Key Informant Input: Sexual Health

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

## Perceptions of Sexual Health as a Problem in the Community (Among Key Informants; Service Area, 2025)

▪ Major Problem ☀ ▪ Moderate Problem ☀ ‡ ▪ Minor Problem ☀ ▪ No Problem At All



Sources: 2024 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:

### Incidence/Prevalence

Region 6, central Louisiana, has one of the highest documented rates of STI, particularly syphilis in the state.  
– Social Services Provider (Rapides Parish)

Increase in STD conditions. – Health Care Provider (Rapides Parish)

Louisiana has an increase in STDs. – Community Leader (Rapides Parish)

Reports by OPH has indicated that there is a high rate of STDs, including Syphilis in our area. Additionally, there is a high number of young adults taking over-the-counter morning after pills, which can be indicative of under education of sexual health. – Public Health Representative (Rapides Parish)

High numbers of sexually transmitted diseases in Central Louisiana. – Social Services Provider (Rapides Parish)

Growing number of infections as reported annually by OPH. – Health Care Provider (Rapides Parish)

Based upon statistics provided by the Department of Health. – Public Health Representative (Rapides Parish)

Central Louisiana has high rates of STDs. – Community Leader (Rapides Parish)

### Alcohol/Drug Use

Alcohol and drug use can impair judgment and leading to risky sexual behaviors.  
– Community Leader (Avoyelles Parish)

Sex for drugs. – Health Care Provider (Avoyelles Parish)

### Awareness/Education

Lack of education about prevention. – Social Services Provider (Rapides Parish)

Our youth and adults need to be more educated and homelessness. – Social Services Provider (Rapides Parish)

### Sexually Active

I believe sexual health is a major problem due the promiscuous society in which we live, the influence of social media platforms, less emphasis on parental involvement and lack of spiritual direction.  
– Social Services Provider (Rapides Parish)





# ACCESS TO HEALTH CARE

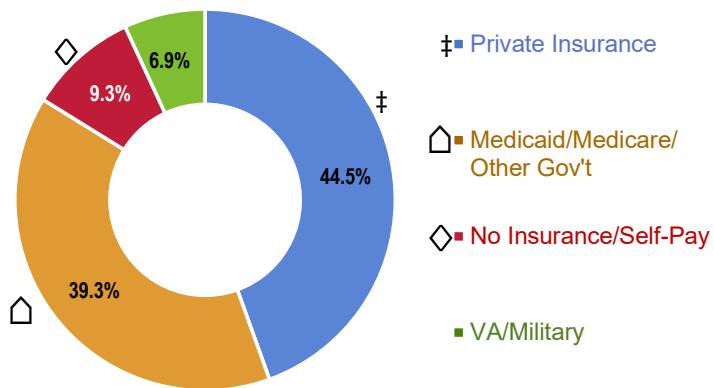
# HEALTH INSURANCE COVERAGE

## 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 44.5% of service area adults age 18 to 64 report having health care coverage through private insurance. Another 46.2% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Health Care Insurance Coverage  
(Adults 18-64; Service Area, 2024)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 117]  
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, 9.3% report having no insurance coverage for health care expenses.**

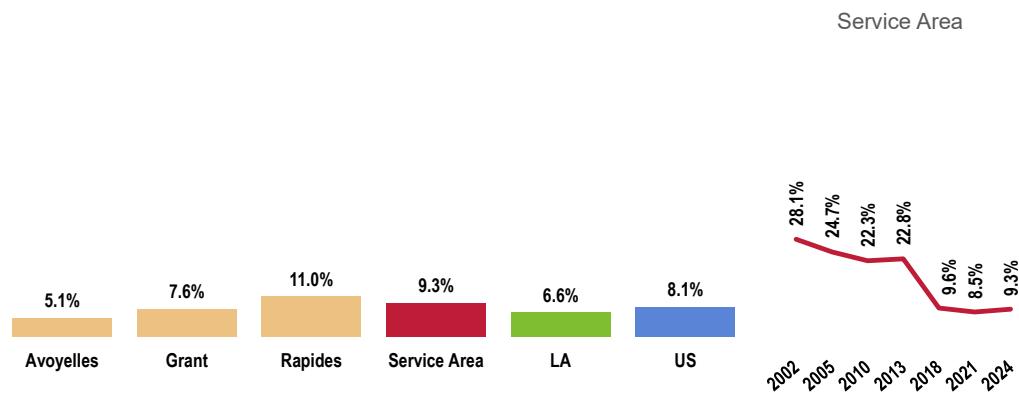
**BENCHMARK** ► Higher than the statewide prevalence. Fails to satisfy the Healthy People 2030 objective.

**TREND** ► Significantly lower than the 2002 baseline.

**DISPARITY** ► Reported more often among Rapides Parish residents and low-income respondents.

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

Healthy People 2030 = 7.6% or Lower



Sources:

2024 PRC Community Health Survey, PRC, Inc. [Item 117]  
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2023 Louisiana data.  
2023 PRC National Health Survey, PRC, Inc.

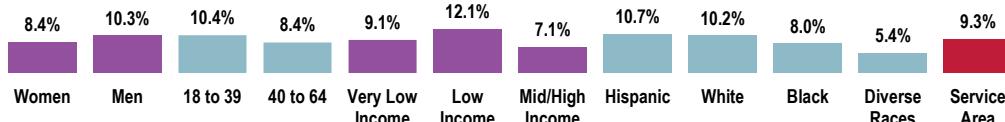
Notes:

US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Reflects respondents age 18 to 64.

## Lack of Health Care Insurance Coverage (Adults 18-64; Service Area, 2024)

Healthy People 2030 = 7.6% or Lower



Sources:

2024 PRC Community Health Survey, PRC, Inc. [Item 117]  
US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

Reflects respondents age 18 to 64.

# DIFFICULTIES ACCESSING HEALTH CARE

## ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. ...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 47.1% of service area adults report some type of difficulty or delay in obtaining health care services in the past year.**

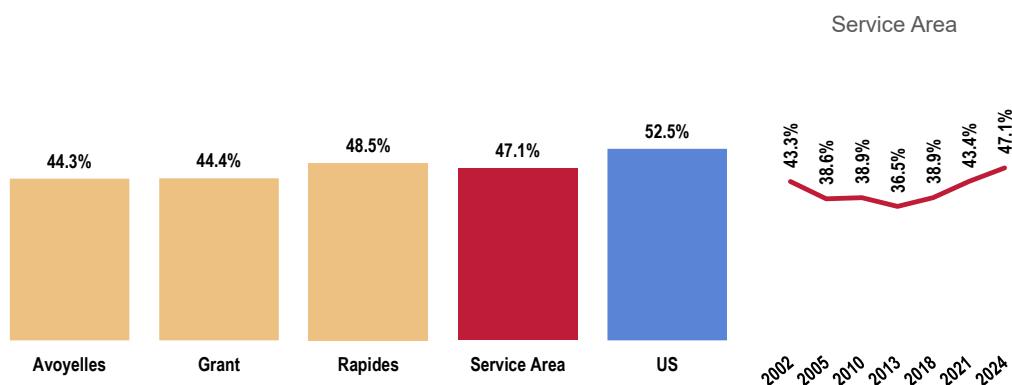
**BENCHMARK** ► Lower than the national prevalence.

**TREND** ► Significantly higher than previous findings.

**DISPARITY** ► Most often reported by women, adults under 65, lower-income residents, Hispanic respondents, and respondents of diverse races.

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



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 119]

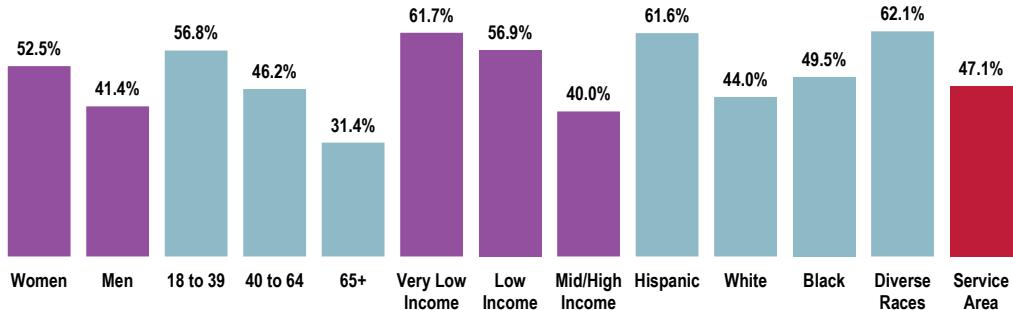
2023 PRC National Health Survey, PRC, Inc.

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, 2024)



Sources:

2024 PRC Community Health Survey, PRC, Inc. [Item 119]

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 and cost of a physician visit impacted the greatest shares of service area adults.**

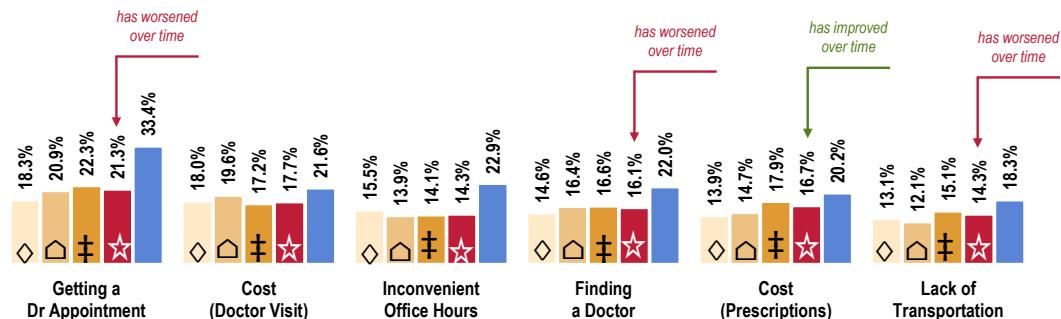
**BENCHMARK** ► More favorable than the national prevalence for all tested barriers.

**TREND** ► Barriers related to appointment availability, finding a physician, and transportation have all increased (worsened) over time.

**DISPARITY** ► The impact of the cost of prescriptions is greatest among Rapides Parish residents.

## Barriers to Access Have Prevented Medical Care in the Past Year

◇ Avoyelles □ Grant ‡ Rapides ★ Service Area ■ US



Sources:

2024 PRC Community Health Survey, PRC, Inc. [Items 6-10, 12]

2023 PRC National Health Survey, PRC, Inc.

Notes:

Asked of all respondents.



# Accessing Health Care for Children

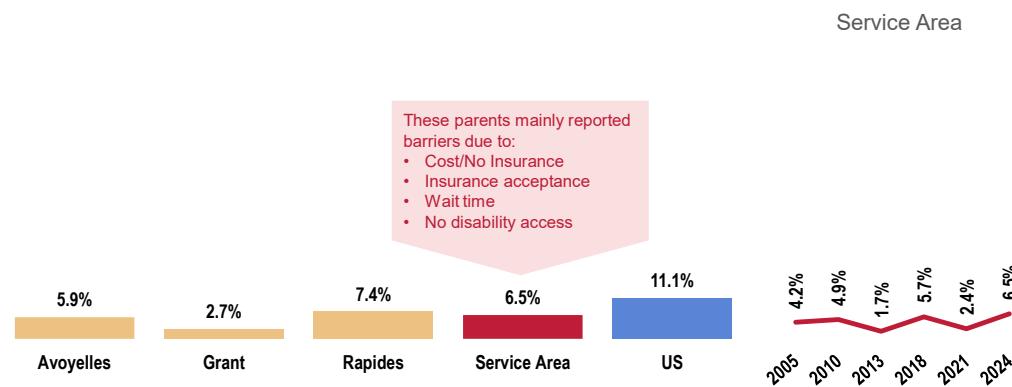
Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

**A total of 6.5% 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** ► Lower than the US percentage.

**DISPARITY** ► Lowest in Grant Parish.

## Had Trouble Obtaining Medical Care for Child in the Past Year (Children 0-17)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Items 90, 331]

2023 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents with children age 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 (Among Key Informants; Service Area, 2025)

■ Major Problem    ‡ Moderate Problem    □ Minor Problem    ◇ No Problem At All



Sources: 2025 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:

### Transportation

Transportation and affordable healthcare insurance. – Social Services Provider (Rapides Parish)

Transportation to care, quality of care, affordability and price transparency of care for those who pay co-insurance/co-pay and out-of-pocket costs, stigmatism/fear and population lack of knowledge of existing services. – Social Services Provider (Rapides Parish)

Lack of transportation for specialist. – Health Care Provider (Avoyelles Parish)

Transportation. 1. Few specialty physicians in our area, so patients have to travel 1+ hours for specialty care.2. Lack of transportation options.3. Lack of knowledge how to set up transportation.4. Even those able to get transportation may be too elderly or weak to withstand the physical efforts required to travel long distances for care (for example: our home health patient is wheelchair bound and was scheduled for a colonoscopy in the afternoon. Council on Aging [Medicaid] transportation was set up by our staff. The van was scheduled to pick him up between 6-8am for his procedure in the afternoon. Then he will have to wait till transportation can pick him up afterwards. This will end up being an all-day affair for him, and he is already disabled and weak). Knowledge. 1. Community members are unaware of healthcare resources in the area. Knowing there is a clinic or hospital in the area, does not specify to patients what kind of programs/services are available.

– Social Services Provider (Avoyelles Parish)

Transportation is one of the largest reasons that people lack access to healthcare. For those outside of Alexandria, it can be incredibly difficult for them to get to and from their medical appointments, which are typically in Alexandria. Additionally, many people in the area don't have a phone, either cell or home, and aren't able to communicate back and forth with their providers to schedule appointments and coordinate access to these appointments. Lastly, many people within the community lack healthcare literacy and they aren't sure what healthcare providers there are and what they should be going to certain providers for. Many of these providers aren't flexible with their scheduling and their appointment times, and this creates a barrier to access.

– Social Services Provider (Rapides Parish)

## Access to Care/Services

Finding a doctor in a timely manner, especially specialists. I have heard of many people having to wait weeks or even months to get something repaired. Also, a trip to an emergency room around here is a disaster. The waiting time to be seen and to get a room if you are admitted is unacceptable. – Health Care Provider (Rapides Parish)

Many communities, especially low-income and rural areas, struggle with limited access to healthcare providers, insurance coverage, and medical facilities. This leads to untreated conditions, delayed diagnoses, and poor overall health outcomes. The demand for mental health services is rising, but access remains a challenge. Factors like stress, financial strain, and social isolation contribute to issues such as anxiety, depression, and substance abuse. Conditions like diabetes, hypertension, heart disease, and respiratory illnesses are common and often exacerbated by poor lifestyle habits, pollution, and lack of preventive care. Opioid abuse, alcohol dependency, and other substance-related issues significantly impact individuals and families, leading to increased hospitalizations, mental health challenges, and community-wide concerns.

– Social Services Provider (Rapides Parish)

Availability of primary care therefore most people are using the emergency room as their primary health care.

– Social Services Provider (Rapides Parish)

Availability of appointments with providers. – Community Leader (Rapides Parish)

## Access to Care for Uninsured/Underinsured

We serve many rural areas. A high percentage of our patients are uninsured and underinsured. The ability to make proper referrals for specialties is very difficult. – Health Care Provider (Rapides Parish)

Difficulty in seeing a doctor, either because of no insurance or inadequate insurance and even with insurance, the availability of good care is just not there. – Public Health Representative (Rapides Parish)

## Affordable Care/Services

The ability to pay for services and medication even when you have insurance.

– Social Services Provider (Rapides Parish)

What I see as the biggest challenges related to access to health care will be the financial barriers and the number of physicians, particularly specialists within the region. – Social Services Provider (Rapides Parish)

## Incidence/Prevalence

Stroke, cancer, homelessness, tobacco use and diabetes. – Social Services Provider (Rapides Parish)

## Insurance Issues

Access to health insurance. – Social Services Provider (Rapides Parish)

## Communication

Lack of communication skills by the patient and taking too much time to get an appointment.

– Community Leader (Rapides Parish)

## Access to Behavioral Health

Mental health and substance abuse treatment is very limited in our area. – Community Leader (Avoyelles 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

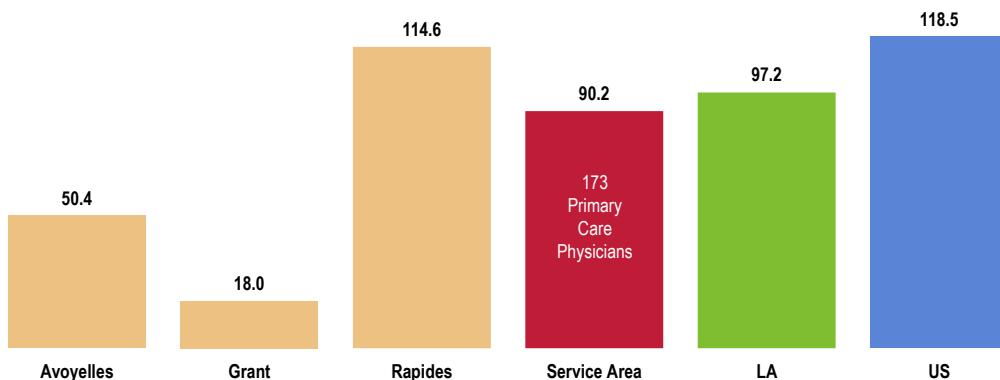
Note that this indicator takes into account *only* primary care physicians. It does not reflect primary care access available through advanced practice providers, such as physician assistants or nurse practitioners.

**In 2025, there were 173 primary care physicians in the service area, translating to a rate of 90.2 primary care physicians per 100,000 population.**

**BENCHMARK** ► Lower than the national rate.

**DISPARITY** ► Substantially lower in Grant Parish.

**Number of Primary Care Physicians per 100,000 Population (2025)**



Sources: Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES). Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2025 via SparkMap ([sparkmap.org](http://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.



## Specific Source of Ongoing Care

**A total of 69.7% of service area adults were determined to have a specific source of ongoing medical care.**

**BENCHMARK** ► Fails to satisfy the Healthy People 2030 objective.

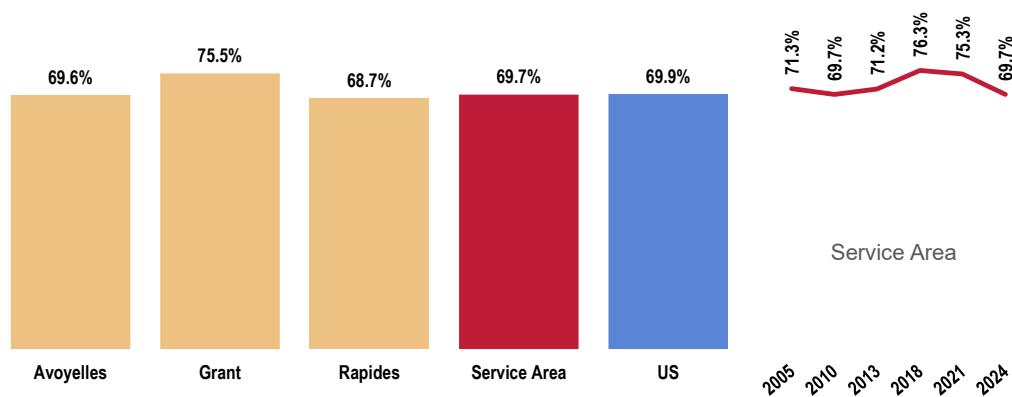
**DISPARITY** ► Higher among Grant Parish residents. Lower among men, adults under 65, residents living on the lowest incomes, and Black respondents.

Having a specific source of ongoing care includes having a doctor's office, public health clinic, community health center, urgent care or walk-in clinic, military/VA facility, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

### Have a Specific Source of Ongoing Medical Care

Healthy People 2030 = 84.0% or Higher



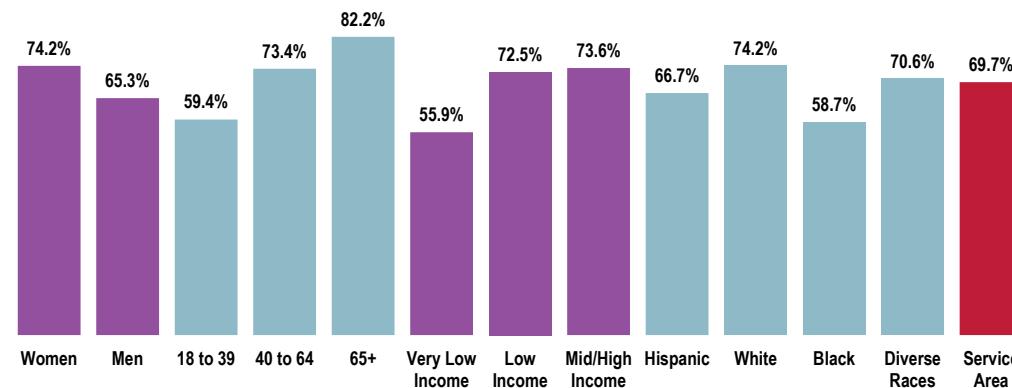
Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 118]  
2023 PRC National Health Survey, PRC, Inc.  
US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: Asked of all respondents.

### Have a Specific Source of Ongoing Medical Care

(Service Area, 2024)

Healthy People 2030 = 84.0% or Higher



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 118]  
Notes: Asked of all respondents.



# Utilization of Primary Care Services

## Adults

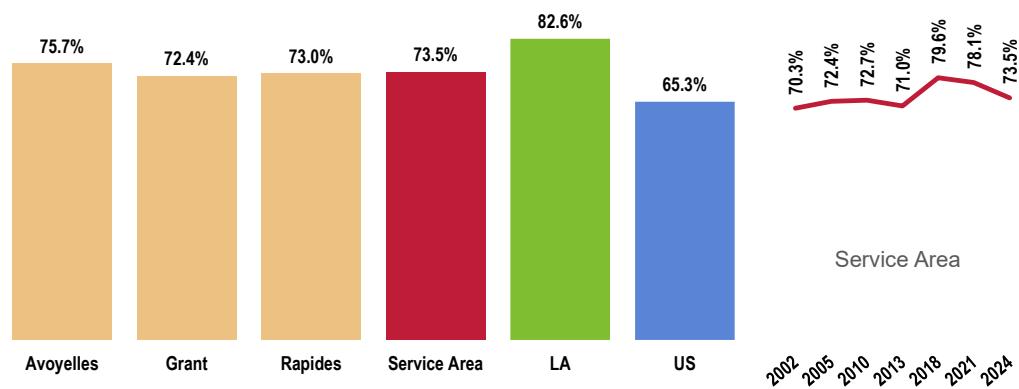
**Nearly three in four adults (73.5%) visited a physician for a routine checkup in the past year.**

BENCHMARK ► Lower than the statewide percentage.

TREND ► An increase from the 2002 baseline.

DISPARITY ► Reported less often among adults under 65, residents living on very low incomes, and respondents of diverse races.

### Have Visited a Physician for a Checkup in the Past Year

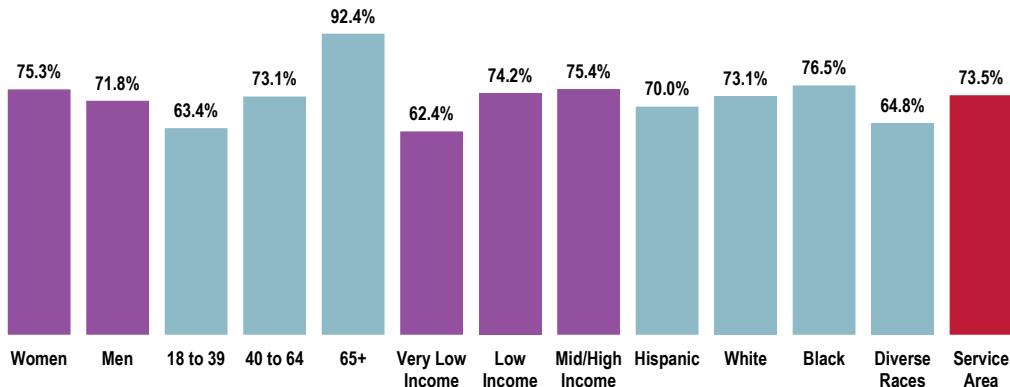


Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 16]  
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Louisiana data.

2023 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents.

### Have Visited a Physician for a Checkup in the Past Year (Service Area, 2024)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 16]  
Notes: Asked of all respondents.

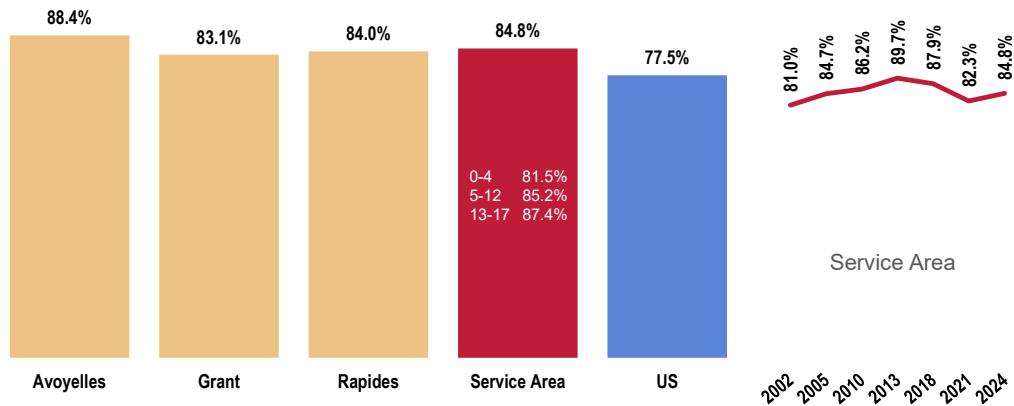


## Children

Among surveyed parents, 84.8% report that their child has had a routine checkup in the past year.

BENCHMARK ► Higher than the national percentage.

### Child Has Visited a Physician for a Routine Checkup in the Past Year (Children 0-17)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 91]

2023 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents with children age 0 to 17 in the household.

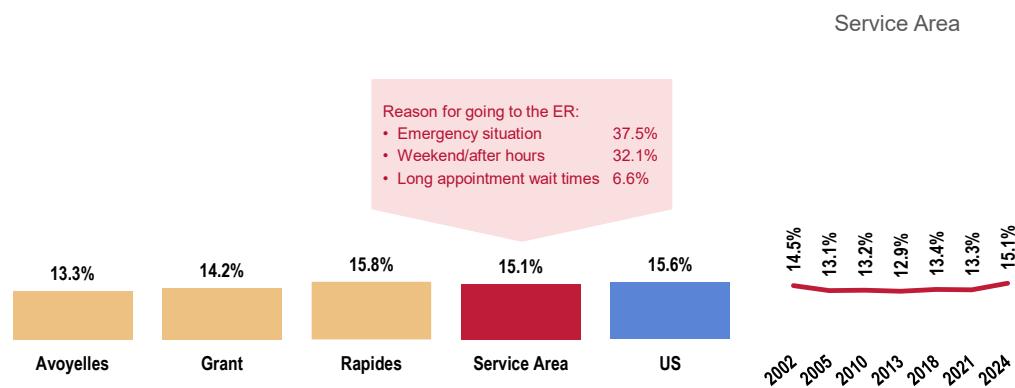


# EMERGENCY ROOM UTILIZATION

A total of 15.1% of service area adults have gone to a hospital emergency room more than once in the past year about their own health.

DISPARITY ► Reported more often among women, adults under 40, lower-income residents, Black respondents, and respondents of diverse races.

## Have Used a Hospital Emergency Room More Than Once in the Past Year



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 19, 304]

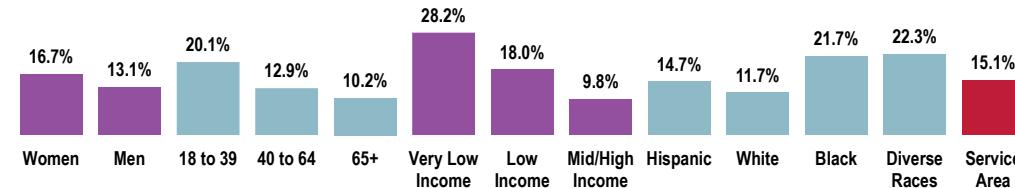
2023 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents.

## Have Used a Hospital Emergency Room

### More Than Once in the Past Year

(Service Area, 2024)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 19]

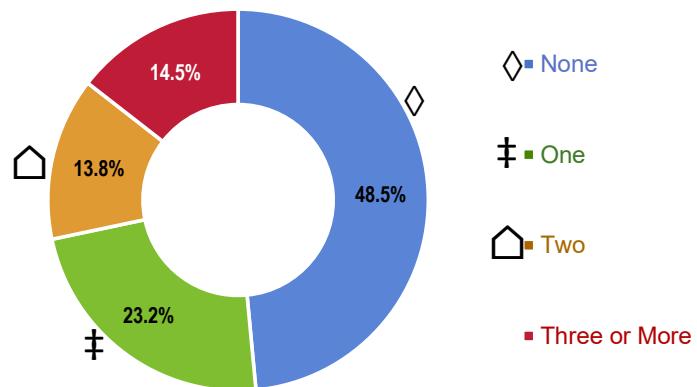
Notes: Asked of all respondents.



## Urgent Care Centers/Walk-in Clinics

A total of 28.3% of service area adults have gone to an urgent care or walk-in health clinic at least twice in the past year about their own health.

Number of Visits to Urgent Care or Walk-In Clinics in the Past Year  
(Service Area, 2024)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 305]  
Notes: Reflects the total sample of 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 Care

### Adults

**A total of 50.8% of service area adults have visited a dentist or dental clinic (for any reason) in the past year.**

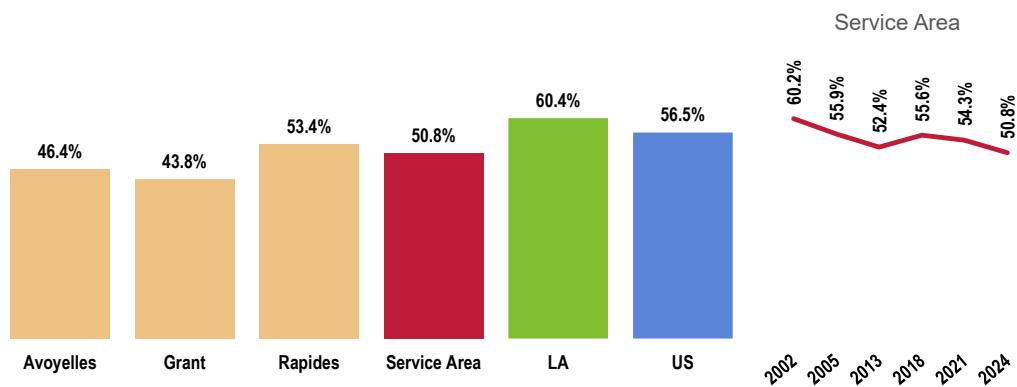
**BENCHMARK** ► Lower than both the state and national percentages. Satisfies the Healthy People 2030 objective.

**TREND** ► A significant decrease from the 2002 baseline.

**DISPARITY** ► Lower in Avoyelles and Grant parishes and among men, adults under 65, lower-income residents, and Black respondents.

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

Healthy People 2030 = 45.0% or Higher



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 17]  
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Louisiana data.

2023 PRC National Health Survey, PRC, Inc.  
US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

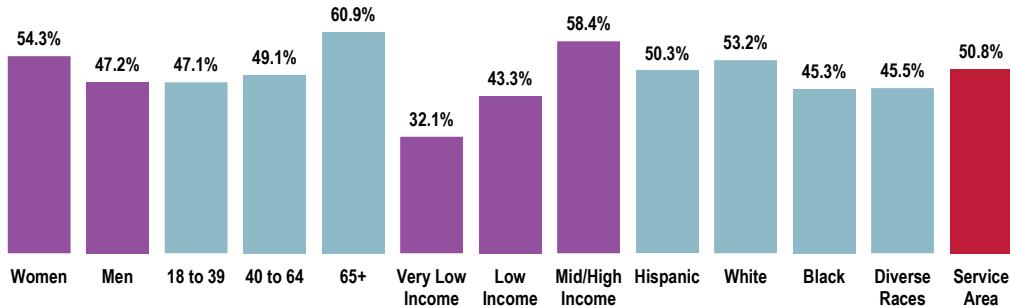
Notes: Asked of all respondents.



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

(Service Area, 2024)

Healthy People 2030 = 45.0% or Higher



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 17]

US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

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.

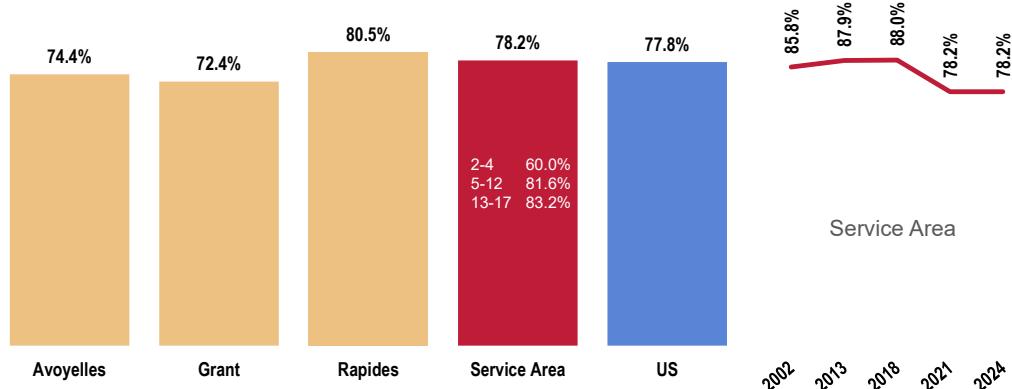
BENCHMARK ► Satisfies the Healthy People 2030 objective.

TREND ► Lower than the 2002 baseline.

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

(Children 2-17)

Healthy People 2030 = 45.0% or Higher



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 93]

2023 PRC National Health Survey, PRC, Inc.

US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

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.



Sources: 2025 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:

## Incidence/Prevalence

There are so many adults with poor oral hygiene and teeth that are missing.  
– Community Leader (Rapides Parish)  
Increase in oral problems in children. – Social Services Provider (Rapides Parish)

## Access for Medicaid Patients

There are hardly any providers that accept adult Medicaid for dental. Those are the patients that seem to be suffering the most. – Public Health Representative (Rapides Parish)  
Most insurances do not cover dental without a high premium. Additionally, limited services under Medicaid - also, local dentists do not typically accept adult Medicaid. Therefore, some dental patients seek help from the emergency room as they do not have funds to see a dentist. – Public Health Representative (Rapides Parish)

## Income/Poverty

Poverty, drug addiction, lack of affordable dental hygiene options --- oral health is typically not affordable for people without money or insurance. Insurance doesn't help much and is only provided by fulltime employment.  
Lots of part time work in Rapides Parish. – Community Leader (Rapides Parish)

## Prevention/Screenings

People need good healthy hygiene, they need to see the dentist and keep their teeth clean, and they also need to afford insurance. – Social Services Provider (Rapides Parish)

## Affordable Care/Services

So many people just get their teeth pulled because they can't afford preventative/restorative dental care.  
– Community Leader (Rapides Parish)

## Delayed Treatment

People often do not see a need for services until they have a major problem.  
– Health Care Provider (Rapides Parish)

## Awareness/Education

Lack of education about oral health. – Social Services Provider (Rapides Parish)

## Lack of Providers

Lack of providers in the area. – Social Services Provider (Avoyelles Parish)



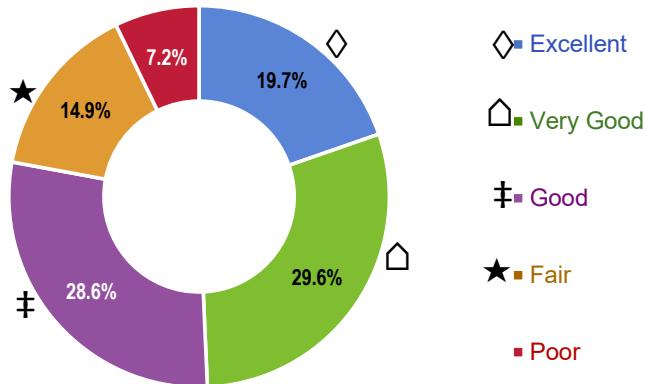


## LOCAL RESOURCES

# PERCEPTIONS OF LOCAL HEALTH CARE SERVICES

Nearly half (49.3%) 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, 2024)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 5]  
Notes: Asked of all respondents.

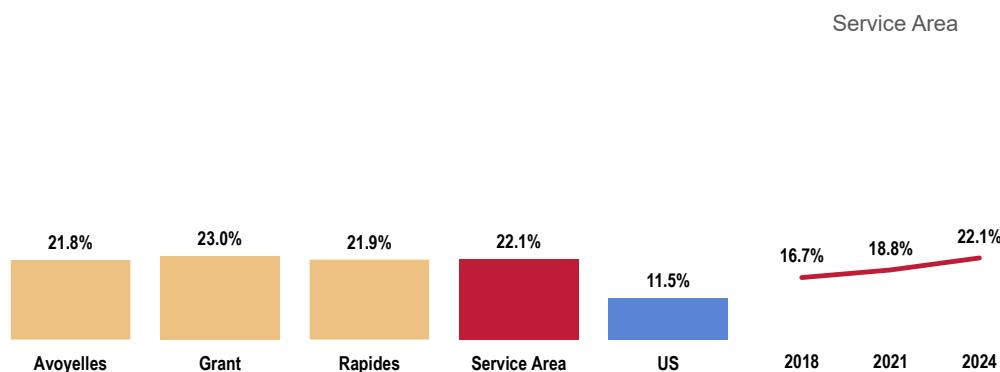
However, 22.1% of residents characterize local health care services as “fair” or “poor.”

BENCHMARK ▶ Higher than the national percentage.

TREND ▶ A significant increase since 2018.

DISPARITY ▶ Reported more often among adults under 65, lower-income residents, respondents of diverse races, and those with recent access difficulties.

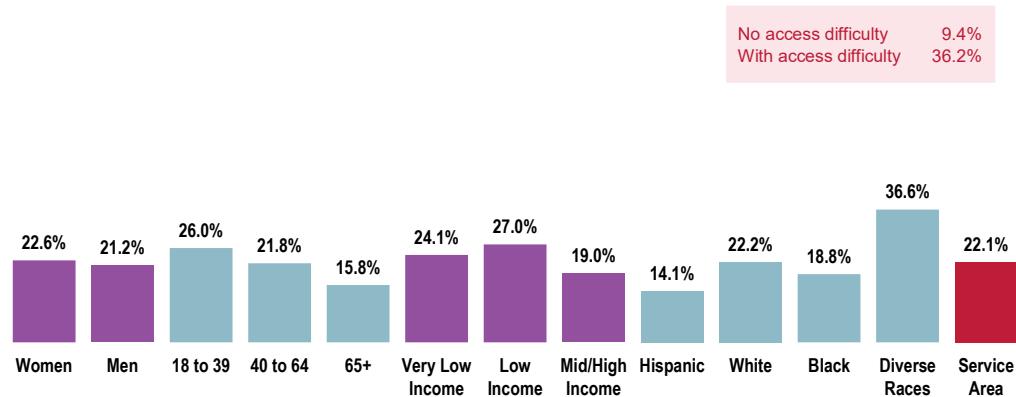
## Perceive Local Health Care Services as “Fair/Poor”



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 5]  
2023 PRC National Health Survey, PRC, Inc.  
Notes: Asked of all respondents.



## Perceive Local Health Care Services as “Fair/Poor” (Service Area, 2024)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 5]  
Notes: Asked of all respondents.

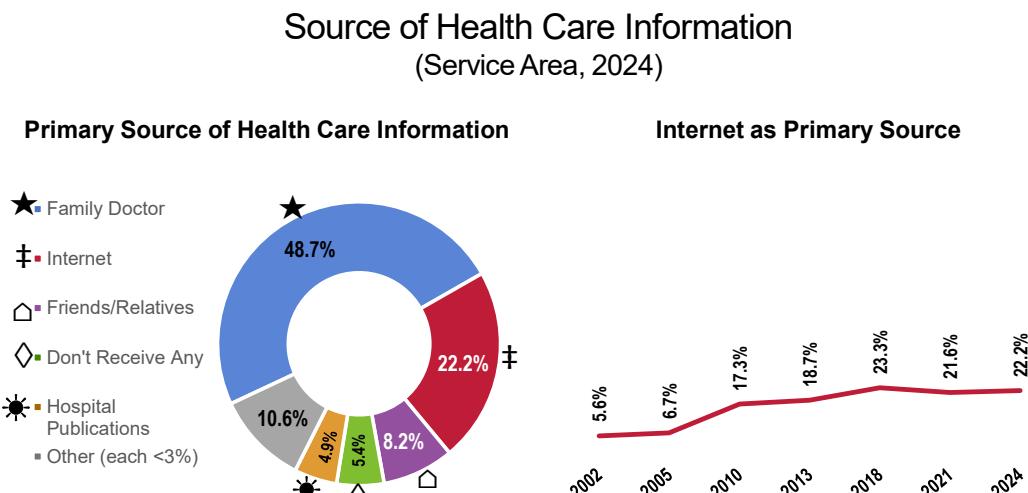


# HEALTH CARE INFORMATION

Asked where they receive most of their healthcare information, roughly half of survey respondents (48.7%) mentioned their family physician, followed by references to the internet (mentioned by 22.2%).

**TREND** ► Since 2002, the percentage of respondents indicating that their healthcare information comes primarily from the **internet** has increased significantly.

**DISPARITY** ► Rapides Parish residents (not shown) reported the highest use of the internet for health care information.



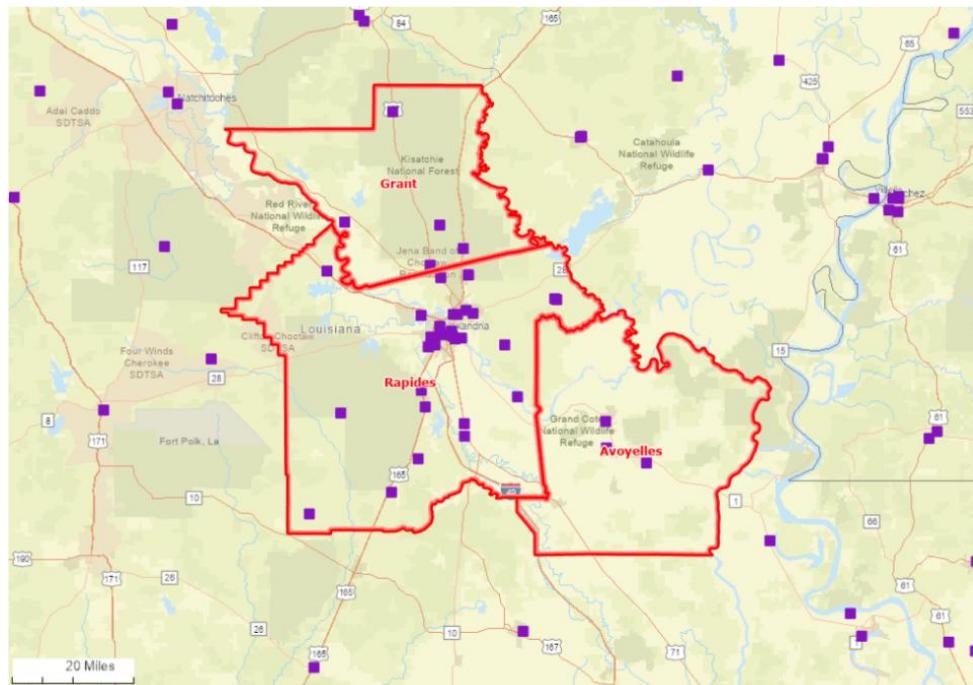
Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 327]  
Notes: Asked of all respondents.



# HEALTH CARE RESOURCES & FACILITIES

## Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within the service area as of June 2025.



# Resources Available to Address 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

- 34B Pharmacy
- Acadian Ambulance Medical Transport
- Avoyelles Community Health Center
- Avoyelles Council on Aging
- Cancer Foundation
- Catholic Charities
- Central Louisiana Human/Health Service District
- Central Louisiana Mental Health
- Christus Community Clinic
- Community Healthworx
- Community Partners
- Department of Health and Human Services
- Doctors' Offices
- Family Medicine Clinic
- Federal Health Centers
- Friends/Relatives
- Healthy Coalition
- Hospitals
- Maternal-Child Home Visiting Programs
- Office of Public Health
- Rapides Area Planning Commission
- Rapides Foundation
- Rural Community Healthcare Facilities
- Save Cenla
- School System
- Urgent Care

- Healthy Coalition
- Hospitals
- Medicaid/Medicare
- Office of Public Health
- Rapides Foundation
- Rapides Mobile Mammogram Bus
- Rapides Regional Medical Center

## Diabetes

- 34B Pharmacy
- American Diabetes Association
- Cenla Medication Access Program
- Christus St. Frances Cabrini Hospital
- Churches
- Community Clinics
- Community Health Agencies
- Community Healthworx
- Doctors' Offices
- Food Bank of Central Louisiana
- Healthcare Facilities
- Hospitals
- Medicaid/Medicare
- Mobile Health Care
- Parks and Recreation
- Physical Therapy
- Rapides Foundation
- Rapides Foundation Healthy Steps
- Rapides Regional Medical Center
- Rural Community Healthcare Facilities
- Support Groups
- Urgent Care
- Virtual Health Care
- Women, Infants and Children

## Cancer

- American Cancer Society
- American Lung Association
- Avoyelles Council on Aging
- Avoyelles Hospital
- Bunkie General Hospital
- Cabrini Cancer Center
- Cancer Centers
- Cancer Screenings
- Christus St. Frances Cabrini Hospital
- Churches
- Court Appointed Special Advocate
- Doctors' Offices

## Disabling Conditions

- Anytime Fitness
- Arc
- Bunkie General Hospital
- Counseling Services
- Doctors' Offices
- Homeless Coalition



Louisiana Care Planning Council  
Parks and Recreation  
Psychiatric Hospital

### Heart Disease & Stroke

American Heart Association  
Bunkie General Hospital  
Cancer Centers  
Cardiac Rehabilitation  
Cardio Rehab Programs  
Christus Community Clinic  
Christus St. Frances Cabrini Hospital  
Doctors' Offices  
Fitness Centers/Gyms  
Get Healthy Cenla Program  
Healthy Coalition  
Hospitals  
Huey P. Long Clinic  
Nutrition Consultant  
Office of Public Health  
Rapides Foundation  
Rapides Foundation Healthy Steps  
Rapides Regional Medical Center  
Support Groups  
Urgent Care  
Well Ahead Louisiana

Churches  
Department of Children and Family Services  
Department of Health and Human Services  
Discipleship and Recovery Group  
Faith House Domestic Violence Crisis Center  
Family Justice Center  
Friends/Relatives  
Haven Battered Women's Program  
Hope House of Central Louisiana  
Jail  
Law Enforcement  
Longleaf Hospital  
Office of Public Health  
Prevent Child Abuse Louisiana  
Probation and Parole  
Rapides Parish Sheriff's Department  
Rapides Regional Medical Center  
Re-Entry Solutions  
Save Cenla  
Turning Point Shelter  
Youth Challenge

### Infant Health & Family Planning

Adoption Agencies  
Catholic Charities  
Central Louisiana Pregnancy Center  
Churches  
Department of Health and Human Services  
Doctors' Offices  
Family Planning Clinics  
Grant Parish Health Unit  
Healthy Start  
Maternal, Infant, and Early Childhood Home Visiting  
Medicaid/Medicare  
Pregnancy Center  
Women, Infants and Children

### Mental Health

811  
Alexandria Solutions  
Beacon Behavioral Hospital  
Caring Choices  
Catholic Charities  
Central Louisiana Human/Health Service District  
Central State Hospital  
Christus St. Frances Cabrini Hospital  
Churches  
Compass  
Counseling Services  
Doctors' Offices  
Edgefield  
Extra Mile Behavioral Health  
Healing Hands  
Homeless Coalition  
Hospitals  
Law Enforcement  
Longleaf Hospital  
Mental Health Facilities  
Oceans  
Office of Public Health  
Outpatient Resources  
Pinecrest  
Rapides Regional Medical Center  
Red River Treatment  
Salvation Army  
Save Cenla

### Injury & Violence

988  
Alexandria Police Department  
Calvary Baptist Church GriefShare  
Christ Church  
Christus St. Frances Cabrini Hospital



School System

Rapides Regional Medical Center  
Urgent Care

### Nutrition, Physical Activity & Weight

American Cancer Society  
Athletic Centers  
Bunkie General Hospital  
Christus St. Frances Cabrini Hospital  
Churches  
Community Healthworx  
Doctors' Offices  
Fitness Centers/Gyms  
Food Bank  
Food Bank of Central Louisiana  
Free Community Programs  
Friends/Relatives  
Healthy Lifestyle Program  
LSU  
Manna House  
Move Bunkie Forward  
Office of Public Health  
Parks and Recreation  
Physical Therapy  
Rapides Foundation  
Rapides Foundation Healthy Steps  
School System  
Weight Loss Clinics  
Well Ahead Louisiana  
Women, Infants and Children  
YMCA/YWCA  
Yourself

### Sexual Health

Central Louisiana AIDS Support Services  
Department of Health and Human Services  
Doctors' Offices  
Family Justice Center  
Health Units  
Hospitals  
Office of Public Health  
PFLAG Alexandria  
Rapides Parish Health Unit  
Sexual Trauma Awareness and Response  
Tulane CD4 Clinic

### Social Determinants of Health

Alexandria Housing Authority  
Banking Institutions  
Cenla Community Action Committee  
Churches  
Department of Health and Human Services  
Educational Institutions  
Employers  
Health Units  
Homeless Coalition  
Move Bunkie Forward  
Office of Public Health  
Parks and Recreation  
Rapides Station Community Ministries  
Salvation Army  
SingleCare  
Trinity Community Health Centers of Louisiana

### Oral Health

Avoyelles Community Health Center  
Community Healthworx  
Dental Offices  
LSU  
Medicaid/Medicare  
Rapides Primary Care

### Substance Use

AA/NA  
BAART Programs  
Beacon Behavioral Hospital  
Caring Choices  
Central Louisiana Human/Health Service District  
Central State Hospital  
Churches  
Council on Aging  
Counseling Services  
Drug Court  
Grant Parish Health Unit  
Hope Center  
Hospitals

### Respiratory Diseases

Avoyelles Hospital  
Bunkie General Hospital  
Christus Community Clinic  
Christus St. Frances Cabrini Hospital  
Community Healthworx  
Doctors' Offices  
Hospitals  
Huey P. Long Clinic  
Office of Public Health



Jail  
Law Enforcement  
Longleaf Hospital  
Methadone Clinic  
Oceans  
Office of Public Health  
Prison  
Rainbow Treatment Center  
Red River Treatment  
Treatment Center

### **Tobacco Use**

American Cancer Society  
American Heart Association  
American Lung Association  
Catholic Charities  
Cenla Medication Assistance Program  
Doctors' Offices  
Goodwill Industries  
Health Units  
Louisiana Tobacco Quitline  
Online Services  
School System  
Smoking Cessation Program  
Tobacco Free Living





## APPENDIX

# EVALUATION OF PAST ACTIVITIES

## Rapides Regional Medical Center 2022-2025 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 380 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 IIIN 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 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 2022 CHNA. Rapides Regional Medical Center continued its work to improve the health of the community.

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.

Results: Provided \$56,987 in funding in 2023, 2024, and 1st quarter of 2025

- Diabetes classes attended by 92 community residents
- Sponsorship of local community events and organizations in the amount of \$54,249
- Community events attended by 1,230 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 \$14,068 in funding in 2023, 2024, and 1st quarter of 2025

- Community Events attended by 1,843 participants
- Heart Health Profiler completed by 522 community residents
- Basic Life Support training provided to 608 community residents
- Stroke education provided to 1,600 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.

Results: Provided \$51,034 in funding in 2023, 2024, and 1st quarter of 2025

- Cancer education provided to 1,582 community residents
- Don’t Fry Day event attended by 322 community residents
- American Cancer Society Event/Donation in the amount of \$26,500



## 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.
- Provide fall prevention education to community residents.

Results: Provided \$56,232 in funding in 2023, 2024, and 1st quarter of 2025

- Sudden Impact programs attended by 5,001 students
- Provided 719 child passenger safety seat checks
- Provided hemorrhage control education to 7,203 community residents
- Provided fall prevention education to 825 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.
- 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.
- Collaborate with AHEC and other community programs to increase student interest in healthcare professions.
- Provide transportation for community residents for access to healthcare.

Results: Provided \$12,906,242 in funding in 2023, 2024, and 1st quarter of 2025

- Support of the LSU Family Residency program in the amount of \$8,627,378
- Support of the LSU OMFS Residency program in the amount of \$851,209
- Support of the Tulane Gynecological Residency program in the amount of \$1,938,997
- Support of the Tulane Ophthalmology Residency program in the amount of \$1,036,113
- Support to local colleges health care programs in the amount of \$287,500
- Provided transportation services for access to healthcare in the amount of \$101,195
- Provided healthcare career education to 6,467 students



## 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 \$14,043 in funding in 2023, 2024, and 1st quarter of 2025

- Childbirth Classes attended by 197 community residents
- Distributed 960 baby packets to expectant mothers
- Perinatal Loss Support Group attended by 16 community residents

