2009 PRC COMMUNITY HEALTH ASSESSMENT

Lincoln Parish, Louisiana

Sponsored By

Lincoln Health Foundation

TABLE OF CONTENTS

| NTRODUCTION | 7 |
|---|----|
| PROJECT OVERVIEW | 7 |
| METHODOLOGY | 8 |
| 2009 PRC Community Health Survey | 8 |
| Public Health. Vital Statistics and Other Data | |
| Benchmark Data | |
| Community Focus Groups & Key Informant Interviews | 12 |
| UMMARY OF ASSESSMENT FINDINGS | 13 |
| COMPARISON WITH NATIONAL BENCHMARKS | 13 |
| SUMMARY DATA | 16 |
| AREAS OF OPPORTUNITY FOR COMMUNITY HEALTH IMPROVEMENT | 25 |
| ELF-REPORTED HEALTH STATUS | 27 |
| Ονεγαι Η Εαι τη δτατώς | 27 |
| Self-Reported Health Status | |
| Activity Limitations | |
| MENTAL HEALTH & MENTAL DISORDERS | 31 |
| Self-Reported Mental Health Status | |
| Depression | 33 |
| Major Depression | 33 |
| Chronic Depression | 34 |
| Mental Health Treatment | 35 |
| Stress | 37 |
| Children & ADD/ADHD | |
| Alzheimer's Disease | 39 |
| EATH & DISABILITY | 42 |
| LEADING CAUSES OF DEATH | 42 |
| Leading Causes of Death | |
| Age-Adjusted Death Rates for All Causes | |
| Age-Adjusted Death Rates for Selected Causes | 45 |
| CARDIOVASCULAR DISEASE | 46 |
| | 16 |
| Age-Adjusted Heart Disease & Stroke Deaths | |
| Age-Adjusted Heart Disease & Stroke Deaths Heart Disease | |

| Prevalence of Heart Disease & Stroke | 50 |
|---|-----|
| Prevalence of Heart Disease | 50 |
| Prevalence of Stroke | 51 |
| Cardiovascular Risk Factors | 51 |
| Hypertension (High Blood Pressure) | 51 |
| High Blood Cholesterol | 54 |
| Total Cardiovascular Risk | 57 |
| CANCER | 59 |
| Age-Adjusted Cancer Deaths | |
| All Cancer Deaths | 59 |
| Cancer Deaths by Site | 61 |
| Prevalence of Cancer | |
| Cancer Risk | |
| Cancer Screenings | |
| Colorectal Cancer Screenings | 63 |
| Female Breast Cancer Screening | 66 |
| Cervical Cancer Screenings | 67 |
| Prostate Cancer Screenings | 69 |
| RESPIRATORY DISEASE | 71 |
| Age-Adjusted Respiratory Disease Deaths | |
| Chronic Respiratory Disease Deaths | 71 |
| Pneumonia/Influenza Deaths | 73 |
| Prevalence of Respiratory Conditions | |
| Asthma in Children | 76 |
| INJURY & VIOLENCE | 77 |
| Unintentional Injury | 77 |
| Leading Causes of Unintentional Injury Deaths | 77 |
| Age-Adjusted Unintentional Injury Deaths | 78 |
| Motor Vehicle Safety | 79 |
| Bicycle Safety | 83 |
| Firearms Safety | 84 |
| Violence | |
| Age-Adjusted Intentional Injury Deaths | 86 |
| Violent Crime | 89 |
| Family Violence | |
| DIABETES | 92 |
| Age-Adjusted Diabetes Mellitus Deaths | |
| Prevalence of Diabetes | |
| ARTHRITIS OSTEOPOROSIS & CHRONIC PAIN | 30 |
| Prevalence of Arthritis & Osteonorosis | 04 |
| Prevalence of Chronic Pain | |
| | |
| VISION & HEARING | 99 |
| Hearing Trouble | |
| Vision Trouble | 100 |

ENVIRONMENTAL HEALTH

| Air Contaminants | . 101 |
|------------------|-------|
| Mold in the Home | . 103 |

INFECTIOUS DISEASE

IMMUNIZATION & INFECTIOUS DISEASE

| Vaccine-Preventable Disease Incidence | |
|---------------------------------------|-----|
| Mumps and Rubella | 104 |
| Pertussis | 104 |
| Hepatitis C | 105 |
| Influenza/Pneumonia Vaccination | |
| Influenza Vaccination | 105 |
| Pneumonia Vaccination | 107 |
| Hepatitis B Vaccination | 108 |
| | |

TUBERCULOSIS

HIV Age-Adjusted HIV/AIDS Deaths III HIV Cases II3 New HIV Diagnoses II3 HIV/AIDS Characteristics II4 HIV Testing II5

SEXUALLY TRANSMITTED DISEASES

| Safe Sexual Practices | |
|-----------------------|-----|
| Sexual Partners | 116 |
| Condom Use | 118 |
| Gonorrhea | |
| Syphilis | |
| Chlamydia | |
| Hepatitis B | |

BIRTHS

| MATERNAL, INFANT & CHILD HEALTH | 123 |
|---------------------------------|-----|
| Adequate Prenatal Care | |
| Birth Outcomes | |
| Low-Weight Births | 125 |
| Infant Mortality | 126 |
| FAMILY PLANNING | 129 |
| Births to Unwed Mothers | |
| Births to Teenage Mothers | |

101 . 101

123

104

109

116

104

| IODIFIABLE HEALTH RISKS | |
|---|---|
| ACTUAL CAUSES OF DEATH | |
| NUTRITION & OVERWEIGHT | |
| Nutrition | |
| Consumption of Fruits & Vegetables | |
| Health Advice About Diet & Nutrition | |
| Body Weight | |
| Healthy Weight | |
| Overweight Status | |
| Relationship of Overweight With Other Health Issues | |
| Health Advice About Weight Management | |
| Weight Control | |
| Child Overweight | |
| Physical Activity & Fitness | |
| Work-Related Activity | |
| Leisure-Time Physical Activity | |
| Activity Levels | |
| Recommended Levels of Physical Activity | |
| Moderate & Vigorous Physical Activity | |
| Health Advice About Physical Activity & Exercise | |
| SUBSTANCE ABUSE | |
| Cirrhosis/Liver Disease | |
| Self-Reported Alcohol Use | |
| High-Risk Alcohol Use | |
| Drinking & Driving | |
| Illicit Drug Use | |
| Substance Abuse Treatment | |
| Τοβάζοο Use | |
| Cigarette Smoking | |
| Cigarette Smoking Prevalence | |
| Health Advice About Smoking Cessation | |
| Smoking Cessation Attempts | |
| Environmental Tobacco Smoke | |
| Other Tobacco Use | |
| | (|
| CCESS I O REALINCARE SERVICES | |
| | |

| Type of Healthcare Coverage | |
|-----------------------------------|-----|
| Supplemental Medicare Coverage | 169 |
| Prescription Drug Coverage | 169 |
| Recent Lack of Coverage | 170 |
| Lack of Health Insurance Coverage | |
| Impact of Poor Access | |

| DIFFICULTIES ACCESSING HEALTHCARE | 174 |
|--|-----|
| Difficulties Accessing Services | 174 |
| Barriers to Healthcare Access | 176 |
| Prescriptions | 177 |
| Accessing Healthcare for Children | |
| PRIMARY CARE SERVICES | 182 |
| Specific Source of Ongoing Care | |
| Utilization of Primary Care Services | |
| EMERGENCY ROOM SERVICES | 186 |
| ORAL HEALTH | 188 |
| Dental Care | |
| Adults | 188 |
| Children | 189 |
| Dental Insurance | |
| VISION CARE | 191 |
| PERCEPTIONS OF LOCAL HEALTHCARE SERVICES | 192 |
| HEALTH EDUCATION & OUTREACH | 195 |
| HEALTHCARE INFORMATION SOURCES | 195 |
| | |
| EDUCATIONAL & COMMUNITY-BASED PROGRAMS | 196 |
| NEEDS OF SPECIAL POPULATIONS | 200 |

INTRODUCTION

PROJECT OVERVIEW

Project Goals

This Community Health Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in Lincoln Parish, Louisiana. Subsequently, this information may be used to formulate strategies to improve community health and wellness.

A PRC Community Health Assessment provides the 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 Assessment will serve as a tool toward reaching three basic goals:

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

METHODOLOGY

2009 PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to national health promotion and disease prevention objectives and other recognized health issues.

Community Defined for This Assessment

The study area for this effort is defined as Lincoln Parish, Louisiana, as illustrated in the following chart.



Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the 2009 PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random selection capabilities.

The sample design used for this effort consisted of a random sample of 1,003 individuals aged 18 and older in the defined communities. Once these data were collected, the sample was weighted in proportion to the actual population distribution at the ZIP Code level so that area estimates reflect the area as a whole. Population estimates were based on census projections of adults aged 18 and over provided in the latest *ESRI BIS Demographic Portfolio*.

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

Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 1,003 respondents is $\pm 3.1\%$ at the 95 percent level of confidence.



Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

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

Population & Sample Characteristics



Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the U.S. Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2008 guidelines place the poverty threshold for a family of four at \$21,200 annual household income or lower). In sample segmentation: "<FPL" (or "<Federal Poverty Level") refers to community members living in a household with defined poverty status; "100-199% FPL" includes those households living just above the poverty level, earning up to twice the poverty threshold; and "200%+ FPL" refers to households with incomes more than twice the poverty threshold defined for their household size.

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

Public Health, Vital Statistics and Other Data

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

- Centers for Disease Control & Prevention
- ESRI BIS Demographic Portfolio (Projections Based on Census 2000)
- FBI, Crime in the United States
- Louisiana Department of Health and Hospitals
- Louisiana State Center for Health Statistics
- National Center for Health Statistics
- Prevent Child Abuse Louisiana

All secondary data are at the parish level.

Statewide Risk Factor Data

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

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the 2008 PRC National Health Survey. The methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the U.S. population with a high degree of confidence.

Healthy People 2010

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



decade of the 21st century. Like the preceding Healthy People 2000 initiative-which was driven by an ambitious, yet achievable, 10-year strategy for improving the nation's health by the end of the 20th century—Healthy People 2010 is committed to a single, overarching purpose: promoting health and preventing illness, disability and premature death.

Focus Groups

As part of the community health assessment, there were five community focus groups held with key informants in the defined community. These focus groups included meetings with Physicians, Other Health Professionals, Business Leaders, Community Leaders and Social Services Providers.

A list of recommended participants for the focus groups was provided by Lincoln Health Foundation. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Community focus group candidates were first contacted by letter to request their participation. Follow-up phone calls were then made to ascertain whether or not they would be able to attend. Confirmation calls were placed the day before the groups were scheduled to insure they would have a reasonable turnout. Final participation rates are segmented below.

| DATE | TIME | GROUP | PARTICIPANTS |
|----------|------|---------------------------|--------------|
| 10/28/08 | 7am | Community Leaders | 19 |
| 10/28/08 | Noon | Business Leaders | 6 |
| 10/29/08 | 7am | Physicians | 11 |
| 10/29/08 | Noon | Social Services Providers | 14 |
| 10/30/08 | 7am | Health Professionals | 11 |

The focus group sessions were recorded on audio tapes from which verbatim comments in the report are taken. After each quote, the speaker's group is denoted; however, aside from this group affiliation, there are no names connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

Key Informant Interviews

To supplement the focus group findings, an additional three one-on-one interviews were conducted with key informants. These interviews were conducted in a format similar to that used for the focus groups, and the comments of these individuals are integrated in this report along with the focus group to which they would be affiliated (e.g., social service provider, community leader, etc.).

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

COMPARISON WITH NATIONAL BENCHMARKS

Self-Reported Health Status

Lincoln Parish adults' self-reported assessments of their own physical health are comparable to those reported nationwide.

Favorable Compared to National Benchmarks

Lincoln Parish adults' self-reported assessments of their own mental health are more favorable than what is reported nationwide. The Lincoln Parish age-adjusted Alzheimer's disease death rate is also more favorable than national findings.

Death & Disability

Favorable Compared to National Benchmarks

In comparison with national findings, there are many positive indicators relative to injury and disease in Lincoln Parish. Note these findings with regard to **heart disease and stroke**: lower age-adjusted death rates from heart disease, as well as a lower prevalence of high cholesterol.

With regard to **respiratory disease**, the Lincoln Parish age-adjusted death rate from CLRD is lower than that reported nationally.

Among **violence** variables, the community fares better than the nation in terms of suicide deaths, violent crime rates, and physical injury due to domestic violence.

Pertaining to **disability**, local residents are less likely to report activity limitations when compared to their national counterparts.

Also, pertaining to **chronic pain**, the area exhibits lower percentages of adults with arthritis/rheumatism, osteoporosis, and chronic neck pain.

Regarding **environmental health**, the percentage of Lincoln Parish adults with mold in the home is more favorable than that reported nationally. Area residents are also less likely to attribute illness to indoor or outdoor air quality.

With regard to **sexually transmitted diseases**, condom use among unmarried residents is higher than seen nationwide. Similarly, the area's syphilis and hepatitis B rates are lower than seen nationally.

In regards to **vision/hearing**, area residents are less likely to suffer from trouble hearing/deafness.

Lastly, the area's **HIV** death rates and incidence rates are below the national averages.

Unfavorable Compared to National Benchmarks

However, Lincoln Parish compares unfavorably to national findings in the following regards:

- Cancer. Adults aged 50+ in Lincoln Parish are less likely to participate in colorectal screenings (namely blood stool tests). Further, age-adjusted death rates due to cancer (including female breast cancer and lung cancer) are higher across Lincoln Parish when compared with rates nationwide.
- Cholesterol. The prevalence of community members with recent cholesterol screening is less favorable than that reported across the nation.
- **Diabetes**. The area's diabetes death rate is higher than seen nationally.
- Immunization. The percentage of seniors across the Lincoln Parish area who have had a recent influenza immunization is less favorable than seen nationwide.
- Injury Control. Age-adjusted death rates from unintentional injuries (including motor vehicle accidents) are higher in Lincoln Parish when compared with those nationwide. Also the proportion of small children who are properly restrained in a car seat is less favorable than seen nationwide. Bicycle helmet use among area children aged 5 to 16 is also less favorable. Also, the proportion of Lincoln Parish homes with firearms (including homes with children and homes with unlocked, loaded firearms) exceeds that reported nationally.
- Respiratory Disease. The prevalence of sinusitis in Lincoln Parish is higher than the national prevalence. The Lincoln Parish death rate due to pneumonia/influenza is also higher than seen nationally.
- Sexually Transmitted Disease. The area's gonorrhea and chlamydia rates are higher than national rates.
- **Stroke**. The Lincoln Parish death rate due to stroke is higher than seen nationally.
- **Tuberculosis**. The area's tuberculosis rate is higher than seen nationally.
- **Vision**. Area residents are more likely to report vision problems/blindness when compared to adults nationwide.

Births

Unfavorable Compared to National Benchmarks

- Family Planning. Births to unwed mothers and teen mothers are each higher than those recorded nationally.
- Birth Outcomes. Also the proportion of low-weight births in the area are higher than national proportions. Additionally, the infant mortality rate is much higher than seen nationally.

Favorable Compared to National Benchmarks

In comparison to national averages, positive findings relating to modifiable health risk behavior in Lincoln Parish include: a lower proportion of childhood obesity; a lower cirrhosis/liver disease death rate; lower prevalences of overall alcohol use and binge drinking; and lower reports of drinking and driving.

Unfavorable Compared to National Benchmarks

In contrast, note the following <u>negative</u> findings:

- Nutrition. Fruit and vegetable consumption in Lincoln Parish is much lower than national findings. Area adults are also much less likely to receive medical advice on nutrition.
- Overweight. Overweight residents in the area are less likely to receive medical advice on losing weight. Similarly, they are also less likely to try to lose weight through diet and exercise.
- **Physical Activity & Fitness**. Area residents are less likely to receive advice on exercise.
- Substance Abuse. Residents of Lincoln Parish are less likely to have sought advice for an alcohol or drug problem.
- Tobacco Use. Adults in Lincoln Parish are more than twice as likely as their national counterparts to use smokeless tobacco.

Access to Healthcare Services

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

Unfavorable Compared to National Benchmarks

Note the following <u>negative</u> findings in comparison with national benchmarks:

- Difficulty Accessing Healthcare. Area adults are overall more likely to report having difficulty accessing healthcare in the past year (including such barriers as insurance issues, prescription costs, physician availability, transportation, and appointment availability).
- Prescription Medications. Survey respondents in Lincoln Parish are more likely than U.S. adults to report skipping prescription doses in order to make a prescription last longer.
- Oral Health. Lincoln Parish residents are less likely than adults nationwide to have insurance coverage for their dental needs. Area children are also less likely to have had a recent dental visit.
- Vision Screening. Lincoln Parish residents are less likely than adults nationwide to have had a recent eye exam.

SUMMARY DATA

Survey Data

The following tables provide an overview of indicators in Lincoln Parish, including individual analyses of the geographic subareas. These data are grouped to correspond with the Focus Areas presented in Healthy People 2010.

Reading the Summary Tables

In the following charts, Lincoln Parish results are shown in the larger, blue column.

■ The green columns [to the left of Lincoln Parish column] provide comparisons between the geographic subareas, identifying differences as "better than" (♣), "worse than" (♠), or "similar to" () the combined opposing areas.

The columns to the right of the Lincoln Parish column provide comparisons between Lincoln Parish and any available state and national findings, as well as Healthy People 2010 targets. Again, symbols indicate whether Lincoln Parish compares favorably (♥), unfavorably (♥), or comparably (⇔) to these external data.

| | Each Sub- | Area vs. Others | |
|---|---|---|--|
| Access to Healthcare Services | Ruston | Other Lincoln Parish | |
| % Lack Health Insurance (Aged 18-64) | 2 | 2 | |
| % Have Additional Supplemental Coverage (Medicare Recipients) | 19.4 | 21.5 | |
| | 69.0 | 59.0 | |
| % Current Healthcare Covers Prescriptions (Among Insured) | ~ | 4 | |
| | 90.3 | 90.2 | |
| % Went Without Coverage At Some Point Last Year (Among Insured) | 23 | 12.9 | |
| % Difficulty Accessing Healthcare in Past Year | 2 | 2 | |
| | 49.7 | 46.2 | |
| % Difficulty Finding Physician in Past Year | 20.2 | <u>۲</u> | |
| % Difficulty Getting Appointment in Past Year | ~ | Â | |
| | 23.4 | 20.7 | |
| % Inconvenient Hrs Prevented Dr Visit in Past Year | 2 191 | <u>ک</u> | |
| | ~ | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | |
| % Transportation Prevented Dr Visit in Past Year | 12.1 | 9.4 | |
| % Cost Prevented Physician Visit in Past Year | 23.2 | () 17.4 | |
| % Cost Prevented Getting Rx in Past Year | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | |
| | ~ | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | |
| % Skipped Rx Doses to Save Costs | 21.6 | 21.0 | |
| % Difficulty Getting Child's Healthcare in Past Year | ~ | Ŕ | |
| | 5.8 | 3.1 | |
| % Have a Specific Source of Ongoing Care | É | Â | |
| | 74.6 | 76.9 | |
| % Have Had Routine Checkup in Past Year | ~ | ~ | |
| | 66.4 | 66.9 | |
| % Child Has Had Checkup in Past Year | 90.5 | 87.5 | |
| % Gone to ER More Than Once in Past Year | | Ö | |
| | 15.9 | 10.1 | |
| % Rate Local Healthcare "Excellent/Very Good" | 39.1 | 36.1 | |
| | Note: Each sub-are others | Note: Each sub-area is compared against all others combined. | |

| | Linco | In Parish vs. Ben | chmarks |
|--------------------|--------------|-------------------|---------------|
| Lincoln Parish | vs. LA | vs. US | vs. HP2010 |
| 20.0 | 2 3.8 | 6 17.7 | 0.0 |
| 65.7 | | 11.1 | |
| 90.2 | | 94.4 | |
| 13.8 | | 10.3 | |
| 48.7 | | 42.4 | 7.0 |
| 19.0 | | 12.9 | |
| 22.6 | | 18.9 | |
| 18.4 | | 2 18.8 | |
| 11.3 | | 8.5 | |
| 21.5 | | 2 18.2 | |
| 24.8 | | 19.7 | |
| 21.4 | | 17.5 | |
| 5.0 | | 2 11 | |
| 75.3 | | 2 76.8 | 96.0 |
| 66.6 | | 65.2 | |
| 89.7 | | 91.3 | |
| 14.1 | | 10.6 | |
| 38.2 | | 47.7 | |
| -blank- no data | favorable | unfavorable | similar |

| | Each Sub-Area vs. Others | |
|--|-------------------------------|--|
| Arthritis, Osteoporosis & Chronic Pain | Ruston | Other Lincoln Parish |
| % Arthritis/Rheumatism | () 16.0 | 24.2 |
| % Osteoporosis | 4.6 | 2 4.6 |
| % Sciatica/Chronic Back Pain | 22.6 | 2 17.7 |
| % Migraine/Severe Headaches | <u>6</u> 19.4 | 2 19.2 |
| % Chronic Neck Pain | 8.3 | 6 10.2 |
| | Note: Each sub-area others | a is compared against all combined. |

| | Lincoln Parish vs. Benchmarks | | |
|--------------------|-------------------------------|-------------|---------------|
| Lincoln Parish | vs. LA | vs. US | vs. HP2010 |
| 18.5 | 2 5.4 | 24.2 | |
| 4.6 | | 6 .7 | |
| 21.1 | | 22.2 | |
| 19.3 | | 6.8 | |
| 8.9 | | 12.5 | |
| -blank- no data | favorable | unfavorable | similar 🗠 |

| | Each Sub-Area vs. Others | | | |
|--|------------------------------|--|--|--|
| Cancer | Ruston | Other Lincoln Parish | | |
| Cancer (Age-Adjusted Death Rate) | | | | |
| Lung Cancer (Age-Adjusted Death Rate) | | | | |
| Female Breast Cancer (Age-Adjusted Death Rate) | | | | |
| % Skin Cancer | 2.7 | 7.3 | | |
| % Cancer (Other Than Skin) | * 4.5 | 8.1 | | |
| % Sigmoid/Colonoscopy Ever (Aged 50+) | 65.6 | 62.6 | | |
| % Blood Stool Test in Past 2 Yrs (Aged 50+) | 20.6 | X 32.2 | | |
| % Mammogram in Past 2 Years (Women 40+) | 2.6 | 2 76.5 | | |
| % Pap Smear in Past 3 Years (Women) | 62.4 | 87.1 | | |
| % Prostate Exam in Past 2 Years (Men 50+) | 2 79.2 | 2 72.8 | | |
| | Note: Each sub-are others | a is compared against all s combined. | | |

| | Lincoln Parish vs. Benchmarks | | |
|--------------------|-------------------------------|-----------------|---------------|
| Lincoln Parish | vs. LA | vs. US | vs. HP2010 |
| 214.8 | 216.0 | 186.5 | 159.9 |
| 61.7 | 6 5.8 | 53.3 | 44.8 |
| 39.7 | 29.2 | 24.6 | 22.3 |
| 4.1 | | 2 4.6 | |
| 5.6 | | <u>ح</u> 5.8 | |
| 64.6 | 4 9.8 | 64.8 | 5 0.0 |
| 24.7 | 24.2 | 36.5 | 50.0 |
| 73.9 | 2 75.8 | 2 74.6 | 20.0 70.0 |
| 83.7 | 84.5 | 81.3 | 90.0 |
| 76.7 | | 2 73.7 | |
| -blank- no data | favorable | unfavorable | similar |

| | Each Su | Each Sub-Area vs. Others | |
|---|----------------------|---|--|
| Diabetes | Ruston | Other Lincoln Parish | |
| Diabetes Mellitus (Age-Adjusted Death Rate) | | | |
| % Diabetes/High Blood Sugar | <u>8.5</u> | <u>6</u> 11.6 | |
| % (Diabetics) Taking Insulin/Medication | <u>م</u> 81.0 | 84.3 | |
| | Note: Each sub ot | -area is compared against all hers combined. | |

| | Each Sub-Area vs. Others | |
|------------------------|------------------------------|--|
| Disability | Ruston | Other Lincoln Parish |
| % Activity Limitations | 2 18.1 | <u>61</u> |
| | Note: Each sub-are others | a is compared against all combined. |

| | Lincoln Parish vs. Benchmarks | | | |
|--------------------|-------------------------------|-------------|---------------|--|
| Lincoln Parish | vs. LA | vs. US | vs. HP2010 | |
| 53.8 | 39.7 | 24.8 | 15.1 | |
| 9.4 | 6 10.2 | 6 11.1 | | |
| 82.3 | | 84.2 | | |
| -blank- no data | favorable | unfavorable | similar | |

| | Lincoln Parish vs. Benchmarks | | |
|--------------------|-------------------------------|-------------|---------------|
| Lincoln Parish | vs. LA | vs. US | vs. HP2010 |
| 17.5 | ۲ <u>۲</u> ۱8.2 | 21.8 | |
| -blank- no data | k favorable | unfavorable | Similar |

| | Each Sub-Area vs. Others | |
|---|---------------------------|--|
| Education & Community-Based Programs | Ruston | Other Lincoln Parish |
| % Attended Health Event in Past Year (Aged 65+) | ۲ <u>۲</u> ۱0.0 | <u>6</u> 14.4 |
| % Attended Employer-Sponsored Health Event (Employed) | () 19.3 | 8.5 |
| | Note: Each sub-are others | a is compared against all s combined. |

| | Lincoln Parish vs. Benchmarks | | | |
|--------------------|-------------------------------|-------------|---------------|--|
| Lincoln Parish | vs. LA | vs. US | vs. HP2010 | |
| 11.4 | | 6 13.3 | 90.0 | |
| 16.3 | | 2 17.2 | 75.0 | |
| -blank- no data | 💭 favorable | unfavorable | Similar | |

Lincoln Parish vs. Benchmarks vs. US

> **()** 19.0 **()** 12.0

0 6.2 unfavorable vs. HP2010

🖄 similar

| | Each Sub-Area vs. Others | | | | L |
|---|-----------------------------|---|--|--------------------|----------------|
| Environmental Health | Ruston | Other Lincoln Parish | | Lincoln Parish | vs. LA |
| % Attribute Illness in Past Year to Indoor Air Quality | 2 15.0 | <u>61</u> | | 15.4 | |
| % Attribute Illness in Past Year to Outdoor Air Quality | 2 7.9 | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | 7.7 | |
| % Have Mold in the Home | 25 | <u>ح</u> 3.6 | | 2.9 | |
| | Note: Each sub-are other | ea is compared against all s combined. | | -blank- no data | 🔅 favorable |

| | Each Sub-Area vs. Others |
|------------------------------|---|
| Family Planning | Ruston Other Lincoln Parish |
| % of Births to Unwed Mothers | |
| % Births to Teenagers | |
| | Note: Each sub-area is compared against all others combined. |

| | Lincoln Parish vs. Benchmarks | | |
|--------------------|-------------------------------|-------------|---------------|
| Lincoln Parish | vs. LA | vs. US | vs. HP2010 |
| 46.2 | ۲.9 47.9 | 34.8 | |
| 13.9 | ۲ <u>۲</u> | 10.3 | |
| -blank- no data | favorable | unfavorable | similar |

| | Each Sub- | Each Sub-Area vs. Others | | |
|---|----------------------------|---|--|--|
| Heart Disease & Stroke | Ruston | Other Lincoln Parish | | |
| Diseases of the Heart (Age-Adjusted Death Rate) | | | | |
| Stroke (Age-Adjusted Death Rate) | | | | |
| % Chronic Heart Disease | 6.7 | 2 72 | | |
| % Stroke | 2 3.4 | 2 3.8 | | |
| % Blood Pressure Checked in Past 2 Years | 25.3 State | <u>م</u> 95.3 | | |
| % Told Have High Blood Pressure | * 32.9 | 39.7 | | |
| % Taking Action to Control High Blood Pressure | 22.5 S | 2 95.0 | | |
| % Cholesterol Checked in Past 5 Years | <u>69</u> | 2.0 82.0 | | |
| % Told Have High Cholesterol | 20.9 | 31.2 | | |
| % Taking Action to Control High Blood Cholesterol | <u>6</u> 89.0 | 87.6 | | |
| % 1+ Cardiovascular Risk Factor | <u>6</u> 85.5 | 86.3 | | |
| | Note: Each sub-an other | ea is compared against all s combined. | | |

| | Lincoln Parish vs. Benchmarks | | |
|--------------------|-------------------------------|-------------------|------------------|
| Lincoln Parish | vs. LA | vs. US | vs. HP2010 |
| 181.0 | 259.6 | 220.1 | 213.7 |
| 67.3 | 58.5 | 50.0 | 48.0 |
| 6.8 | | 6.3 | |
| 3.5 | 2 3.2 | 2 4.9 | |
| 95.3 | | 94.5 | 95.0 |
| 34.9 | 32.1 | 24.0 | 16.0 |
| 93.3 | | 90.9 | 95.0 |
| 78.4 | () 75.3 | 87.0 | <u>م</u> ۵۵.0 |
| 24.0 | | \$ 30.5 | 17.0 |
| 88.4 | | 2 90.4 | |
| 85.7 | | 85.1 | |
| -blank- no data | favorable | unfavorable | similar |

| | Each Sub-Area vs. Others | | |
|------------------------------------|------------------------------|--|--|
| HIV | Ruston | Other Lincoln Parish | |
| HIV (Age-Adjusted Death Rate) | | | |
| AIDS Incidence/100,000 | | | |
| % Ever Tested for HIV (Ages 18-64) | <u>م</u> 49.4 | <u>م</u> 44.0 | |
| | Note: Each sub-are others | a is compared against all combined. | |

| | Lincoln Parish vs. Benchmarks | | |
|--------------------|-------------------------------|-------------------|---------------|
| Lincoln Parish | vs. LA | vs. US | vs. HP2010 |
| 0.0 | 0 .2 | () 4.5 | 0 .7 |
| 12.5 | 21.8 | () 14.6 | |
| 47.8 | | 6 47.2 | |
| -blank- no data | 💭 favorable | unfavorable | similar |

| | Each Sub-Area vs. Others | |
|---|------------------------------|--|
| Immunization & Infectious Disease | Ruston | Other Lincoln Parish |
| % Flu Shot in Past Yr (Aged 65+) | 58.0 | 6 58.9 |
| % Flu Shot in Past Yr (High-Risk Aged 18-64) | 2 36.5 | 2 33.3 |
| % Pneumonia Vaccine Ever (Aged 65+) | 69.8 | 62.9 |
| % Pneumonia Vaccine Ever (High-Risk Aged 18-64) | 2 30.3 | 25.7 |
| % Have Had the Hepatitis B Vaccine | 3 5.9 | 25.9 |
| | Note: Each sub-are others | a is compared against all combined. |

| | Lincoln Parish vs. Benchmarks | | |
|--------------------|-------------------------------|------------------|---------------|
| Lincoln Parish | vs. LA | vs. US | vs. HP2010 |
| 58.3 | 68.4 | 73.2 | 90.0 |
| 35.5 | | 43.7 | 60.0 |
| 67.5 | 66.6 | 69.7 | 90.0 |
| 28.9 | | <u>م</u> 36.1 | 60.0 |
| 32.9 | | 23.9 | |
| -blank- no data | O favorable | unfavorable | Similar |

| | Each Sub | -Area vs. Others |
|--|--|---|
| Injury & Violence | Ruston | Other Lincoln Parish |
| Unintentional Injury (Age-Adjusted Death Rate) | | |
| Motor Vehicle Crashes (Age-Adjusted Death Rate) | | |
| % "Always" Wear Seat Belt | 25 E | 2.4 82.4 |
| % Child (Aged 0-4) "Always" Uses Auto Child Restraint | | |
| % Child (Aged 5-17) "Always" Uses Seat Belt | | |
| % Child (Aged 0-17) "Always" Uses Seat Belt/Car Seat | <u>ح</u> 88.5 | <u>94.4</u> |
| % Child "Always" Wears Bicycle Helmet (Aged 5-16) | 19.9 | 26 .1 |
| % Firearm in Home | 2 | 63.3 |
| % Homes With Children With a Firearm | <u>ح</u> ے 51.0 | <u>ح</u> 53.7 |
| % Homes w/Unlocked Loaded Firearm | 20.9 | 21.9 |
| Homicide (Age-Adjusted Death Rate) | | |
| Suicide (Age-Adjusted Death Rate) | | |
| % Victim of Violent Crime in Past 5 Years | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| % Threatened w/Physical Violence by Intimate Partner | <u>.</u> | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| % Hit. Slapped. Pushed. Kick. Hurt by Intimate Partner | 13.6 | 12.9 |
| | 13.3 | 10.2 |
| | Note: Each sub-a othe | rea is compared against all rs combined. |

| | Linco | In Parish vs. Benr | hmarks |
|--------------------|-----------|--------------------|---------------|
| Lincoln Parish | vs. LA | vs. US | vs. HP2010 |
| 57.4 | 6 56.9 | 38.1 | 17.5 |
| 26.4 | 22.2 | 15.2 | 9.2 |
| 82.5 | | 83.5 | 92.0 |
| 89.9 | | 97.4 | 100.0 |
| 90.3 | | 93.0 | 92.0 |
| 90.2 | | <u>م</u> 94.3 | |
| 25.0 | | 41.7 | |
| 53.4 | | 35.3 | |
| 51.7 | | 31.2 | |
| 21.2 | | 15.2 | 16.0 |
| 6.8 | 13.3 | 6.2 | 3.0 |
| 8.2 | 11.2 | 10.9 | 5.0 |
| 3.7 | | 2.4 | |
| 13.4 | | 6 14.6 | |
| 12.4 | | 15.0 | |
| -blank- no data | favorable | unfavorable | similar |

| | Each Sub-Area vs. Others | |
|---------------------------------|---|-----|
| Maternal, Child & Infant Health | Ruston Other Linco Parish | In |
| % Adequate Prenatal Care | | |
| % of Low Birthweight Births | | |
| Infant Death Rate | | |
| | Note: Each sub-area is compared against a others combined. | ıll |

| | Lincoln Parish vs. Benchmarks | | |
|--------------------|-------------------------------|-------------|---------------|
| Lincoln Parish | vs. LA | vs. US | vs. HP2010 |
| 78.6 | 60.9 | 6 77.2 | 90.0 |
| 9.4 | () 10.5 | 7.9 | 5.0 |
| 15.1 | 9.7 | 6.9 | 4.5 |
| -blank- no data | favorable | unfavorable | similar |

| | Each Sub-A | Area vs. Others |
|---|------------------------------|--|
| Mental Health & Mental Disorders | Ruston | Other Lincoln Parish |
| % "Fair/Poor" Mental Health | 9.0 | ۲ <u>۲</u> 11.2 |
| % Major Depression | 6.9 | <u>6</u> 10.5 |
| % Chronic Depression (2+ Years) | 2 32.3 | 26.7 |
| % Depressed Persons Seeking Help | 2 38.9 | <u>م</u> 34.3 |
| % Typical Day Is "Extremely/Very" Stressful | 2 13.7 | 12.3 |
| % Child Takes Rx for ADD/ADHD | 9.8 | <u>6</u> 11.6 |
| Alzheimer's Disease (Age-Adjusted Death Rate) | | |
| | Note: Each sub-are others | a is compared against all combined. |

| | Linco | In Parish vs. Bend | hmarks |
|--------------------|------------------|--------------------|---------------|
| Lincoln Parish | vs. LA | vs. US | vs. HP2010 |
| 9.7 | | () 12.9 | |
| 7.9 | | 2.7 | |
| 30.6 | | 2 30.3 | |
| 37.6 | | 43.0 | 50.0 |
| 13.3 | | 2 13.4 | |
| 10.3 | | 6.3 | |
| 17.2 | * 30.9 | 22.0 | |
| -blank- no data | favorable | unfavorable | similar |

| | Each | Sub-Area vs. Others |
|--|------------------|---|
| Nutrition & Overweight | Ruston | Other Lincoln Parish |
| % Eat 5+ Servings of Fruit or Vegetables per Day | 2 35.7 | 22.2 |
| % Eat 2+ Servings of Fruit per Day | 2 44.8 | <u>ح</u> 41.1 |
| % Eat 3+ Servings of Vegetables per Day | 2 31.9 | 22.5 |
| % Received Advice on Nutrition in Past Year | 28.1 | X 38.9 |
| % Unhealthy Weight (BMI <18.5 or 25+) | 2 66.6 | <u>ب</u> ۲ |
| % Overweight | <u>会</u> 65.2 | <u>م</u> 67.2 |
| % Obese | 26.7 | 34.2 |
| % Overweights Advised to Lose Weight | 23.9 | 24.0 |
| % Overweight Trying to Lose | 2 37.7 | 2 33.8 |
| % Children (Aged 6-17) Overweight | <u>2</u> 14.7 | <u>20.1</u> |
| | Note: Each s | ub-area is compared against all others combined. |

Each Sub-Area vs. Others

Note: Each sub-area is compared against all others combined.

Ruston

60.6

ŝ

78.6

ŝ

50.1

Other Lincoln Parish

ß

59.2

78.1

É

56.3

| | Lincoln Parish vs. Benchmarks | | |
|--------------------|-------------------------------|--------------|---------------|
| Lincoln Parish | vs. LA | vs. US | vs. HP2010 |
| 34.7 | | 43.5 | |
| 43.7 | | 58.4 | 75.0 |
| 32.1 | | 8 .8 | 50.0 |
| 31.4 | | 38.2 | |
| 67.1 | 65.2 | 68.0 | 40.0 |
| 65.9 | 65.2 | 67.4 | |
| 29.0 | 20.7 | 29.0 | 15.0 |
| 23.9 | | 33.4 | |
| 36.5 | | 43.0 | |
| 16.6 | | 2 6.1 | |
| -blank- no data | 💭 favorable | unfavorable | similar |

| | Lincoln Parish vs. Benchmarks | | |
|----------------|-------------------------------|-------------|---------------|
| Lincoln Parish | vs. LA | vs. US | vs. HP2010 |
| 60.2 | Ŕ | ŝ | ۵ |
| | 63.5 | 63.5 | 56.0 |
| 78.5 | | - | ۵ |
| | | 85.1 | 56.0 |
| 51.9 | | 617 | |
| -blank- | ő | | R |
| no data | favorable | unfavorable | similar |

PRC COMMUNITY HEALTH ASSESSMENT

Oral Health

% Have Visited Dentist in Past Yr (18+)

% Have Dental Insurance

% Child (Aged 2-17) Has Visited Dentist in Past Year

| | Each Sub- | Area vs. Others |
|---|------------------------------|--|
| Physical Activity & Fitness | Ruston | Other Lincoln Parish |
| % No Leisure-Time Physical Activity | <u>م</u> 30.0 | 20.4 |
| % Meeting Physical Activity Recommendations | 41.4 | 34.3 |
| % Vigorous Physical Activity | ۲ 31.1 | 26.5 |
| % Moderate Physical Activity | 22.8 | 26.2 |
| % Received Advice on Exercise in Past Year | 34.1 | () 43.0 |
| | Note: Each sub-are others | a is compared against all combined. |

| | Lincoln Parish vs. Benchmarks | | |
|--------------------|-------------------------------|-------------|---------------|
| Lincoln Parish | vs. LA | vs. US | vs. HP2010 |
| 30.1 | ý 30.0 | 28.8 | 20.0 |
| 39.3 | 2 38.6 | 2 38.5 | |
| 29.7 | 2 0.7 | 28.0 | 20.0 |
| 23.8 | 27.5 | 22.6 | 30.0 |
| 36.8 | | 42.7 | |
| -blank- no data | favorable | unfavorable | similar |

| | Each Sub-Area vs. Others | |
|-------------------------------|------------------------------|--|
| Physical Health | Ruston | Other Lincoln Parish |
| % "Fair/Poor" Physical Health | () 15.5 | 21.1 |
| | Note: Each sub-are others | a is compared against all combined. |

| | Lincoln Parish vs. Benchmarks | | | |
|--------------------|-------------------------------|-------------|---------|--|
| Lincoln Parish | vs. vs. vs. LA US HP20 | | | |
| 17.2 | () 19.0 | 2 17.4 | | |
| -blank- no data | 💭 favorable | unfavorable | similar | |

| | Each Sub-4 | Area vs. Others |
|---|------------------------------|--|
| Respiratory Disease | Ruston | Other Lincoln Parish |
| CLRD (Age-Adjusted Death Rate) | | |
| Pneumonia/Influenza (Age-Adjusted Death Rate) | | |
| % Sinusitis | 27.5 | 25.9 |
| % Nasal/Hay Fever Allergies | 20.0 × 20.0 | 2.9 32.9 |
| % Chronic Lung Disease | 27.7 7.7 | 9.6 |
| % Asthma | 2 7.0 | <u>ح</u> 5.0 |
| % Child Has Asthma | 13.5 | 5.2 |
| Tuberculosis Incidence/100,000 | | |
| | Note: Each sub-are others | a is compared against all combined. |

| | Lincoln Parish vs. Benchmarks | | |
|--------------------|-------------------------------|------------------|---------------|
| Lincoln Parish | vs. LA | vs. US | vs. HP2010 |
| 37.4 | 4 1.1 | 42.6 | |
| 22.2 | 22.2 | 20.7 | |
| 27.0 | | 18.2 | |
| 30.9 | | 28.4 | |
| 8.3 | | 29.9 | |
| 6.4 | 6.3 | 6 8.3 | |
| 11.2 | | <u>6</u> 11.4 | |
| 7.5 | 5.3 | 4.8 | 1.0 |
| -blank- no data | Ö favorable | unfavorable | Similar |

| | Each Sub-Area vs. Others | |
|--|----------------------------|--------------------------------------|
| Sexually Transmitted Diseases | Ruston | Other Lincoln Parish |
| % 3+ Sexual Partners in Past Year (18-64) | 26 96 | 2 198 |
| % Used Condom During Last Sexual Intercourse (18-64) | A95 | <u>د</u> 40.2 |
| Gonorrhea Incidence/100,000 | 10.0 | |
| Primary & Secondary Syphilis Incidence/100,000 | | |
| Chlamydia Incidence/100,000 | | |
| Hepatitis B Incidence/100,000 | | |
| | Note: Each sub-area others | is compared against all combined. |

| | Lincoln Parish vs. Benchmarks | | |
|--------------------|-------------------------------|------------------|---------------|
| Lincoln Parish | vs. LA | vs. US | vs. HP2010 |
| 12.5 | | 2 10.8 | |
| 46.8 | | 3 5.1 | |
| 305.8 | 253.4 | 116.7 | 19.0 |
| 2.3 | 0 .1 | 0 3.0 | 0.2 |
| 663.2 | 459.5 | 333.3 | |
| 1.6 | () 1.8 | () 1.8 | |
| -blank- no data | favorable | unfavorable | 🖄 similar |

| | Each Sub-Area vs. Others | |
|---|---|-------------------------|
| Substance Abuse | Ruston | Other Lincoln Parish |
| Cirrhosis/Liver Disease (Age-Adjusted Death Rate) | | |
| % Current Drinker | 44.1 | 3 0.0 |
| % Chronic Drinker | 2 3.3 | ۲ <u>۲</u> 45 |
| % Binge Drinker | 2 11.3 | 9.1 |
| % Drinking & Driving in Past Month | 2.1 | 2 1.9 |
| % Driving Drunk or Riding with Drunk Driver | 6.4 | <u>م</u> 4.0 |
| % Illicit Drug Use in Past Month | 2.0 3.0 | 2 1.6 |
| % Sought Help for Alcohol or Drug Problem | <u>ح</u> 3.1 | 2 4.5 |
| | Note: Each sub-area is compared against all others combined. | |

| | Lincoln Parish vs. Benchmarks | | |
|--------------------|-------------------------------|-------------------|---------------|
| Lincoln Parish | vs. LA | vs. US | vs. HP2010 |
| 7.1 | 8 .2 | 9 .1 | 3.0 |
| 39.8 | \$ 43.5 | \$ | |
| 3.6 | <u>م</u> 4.5 | ۲ <u>۲</u> 4.5 | |
| 10.7 | () 13.4 | () 17.8 | 6.0 |
| 2.0 | | Ö 3.8 | |
| 5.7 | | 8 .6 | |
| 2.6 | | 2.9 | 2.0 |
| 3.5 | | 5.5 | |
| -blank- no data | favorable | unfavorable | Similar |

| | Each Sub-Area vs. Others | |
|--|---|-------------------------|
| Tobacco Use | Ruston | Other Lincoln Parish |
| % Current Smoker | 2 19.9 | <u>6</u> 18.7 |
| % Received Advice to Quit Smoking (Smokers) | 62.9 | 60.1 |
| % Have Quit Smoking 1+ Days in Past Year (Smokers) | 61.1 | 66.6 |
| % Someone Smokes at Home | 2 13.7 | <u>66</u> |
| % Children <18 Exposed to Smoke at Home | 2 12.3 | 20.3 |
| % Use Smokeless Tobacco | <u>م</u> 8.0 | 28 9.8 |
| % Smoke Cigars | <u>ح</u> 4.6 | <u>ح</u> 4.9 |
| | Note: Each sub-area is compared against all others combined. | |

| | Lincoln Parish vs. Benchmarks | | |
|--------------------|-------------------------------|-------------|---------------|
| Lincoln Parish | vs. LA | vs. US | vs. HP2010 |
| 19.6 | 22.6 | 2 19.2 | 12.0 |
| 62.1 | | 61.4 | |
| 62.9 | | 57.0 | 75.0 |
| 14.5 | | 6.3 | |
| 14.6 | | 2 13.3 | |
| 8.5 | | 4.0 | 0.4 |
| 4.7 | | 2 4.5 | 2.0 |
| -blank- no data | favorable | unfavorable | similar |

| | Each St | Each Sub-Area vs. Others | |
|----------------------------|---------------------|---|--|
| Vision & Hearing | Ruston | Other Lincoln Parish | |
| % Deafness/Trouble Hearing | 7.6 | 12.2 | |
| % Blindness/Trouble Seeing | <u> </u> | 10.4 | |
| % Eye Exam in Past 2 Years | ** 48.7 | 41.4 | |
| | Note: Each sut o | Note: Each sub-area is compared against all others combined. | |

| | Lincoln Parish vs. Benchmarks | | |
|--------------------|-------------------------------|-------------------|---------------------|
| Lincoln Parish | vs. LA | vs. US | vs. HP2010 |
| 9.0 | | () 11.7 | |
| 12.4 | | 9.1 | |
| 46.6 | | 59.2 | |
| -blank- no data | Ö favorable | unfavorable | <u>C</u> similar |

Top Issues Among Focus Group Participants

The following topics represent some of the "priorities" that emerged from focus group discussions. Under each is a selection of quotes that characterize the tone of the discussion around these topic (however, these are not exhaustive of all discussion heard about these issues).

Healthcare Access

I think if you have insurance, you can get good medical service. If you have Medicaid and Medicare, you have a lot of providers who do not want to serve you, or you have very limited providers, so you'd have to go out of the parish. There's only one dentist who takes the Medicare card for our kids in this parish, which is sad because we've got only so many spots that you can get those children into. – Social Services Provider

One of our problems is just a shortage of physicians in this area. That's one of the needs that we have here, to find some qualified specialty physicians to come into the area. You can't prevent anything if you don't have the physicians to work in that capacity. – Social Services Provider

Mental Health Services

We still have a mental health unit that provided counseling services and I think some physician referrals, but it is just a shell of an organization that evidently is not effective whatsoever. – Business Leader

What do you do with people who have behavior problems at an early age? And what's a behavior problem and what's a criminal activity, and where does that cross? It leads on into drugs and other types of issues and it's so much better if you catch it early and to move somebody from having a problem back to where they can function and handle things normally. – Business Leader

Obesity/Nutrition

Louisiana has one of the highest obese rates in the nation. - Business Leader

We're from a state where residents eat a high-fat diet coupled with lower activities, and it's probably something that's going to be difficult to change in the short run. – Business Leader

I was at the school the other day looking down in the cafeteria and over half of the children were fat. They're obese. They have fat hanging off their poor little tummies and it's because they don't know how to go outside and play. They don't know how to eat correctly because many of their parents don't set an example for them to eat. – Community Leader

I think these elementary kids, they're such an impressionable age; more funds could be put into that education of that particular age group. PE has to be done. I don't know why they've gotten away from that, but not just PE—throwing a ball out there and letting it be every man for himself—but more education with wellness and with eating habits and so forth. – Other Healthcare Professional

Personal Responsibility

I think we need to make people accountable for the things that they do that cause health problems. – Other Healthcare Professional

We can't make people have personal responsibility and be responsible for their own actions and take their kids to the doctor. But we can educate. One huge resource available to use in the community is the university. – Other Healthcare Professional

Substance Abuse

The drug culture: it's huge. It's affecting health from our premature babies on through our old age. – Other Healthcare Professional

So many mothers are positive for the drug screens and then from there you go on to babies with health problems and behavioral disorders, and that's going to hit our schools because they've got to start when they're three-years-old then, sending transportation out to them, to send them to an early intervention or whatever. – Other Healthcare Professional

The ones who are drinking, they aren't drinking to get a buzz. They're drinking to get drunk. And I think that too has contributed to the violence. I think what's been brought out here, the lack of psychological services to get these youngsters when they're down in the elementary grades and they're bullied, that leads to this violence. The substance abuse problem and the bullying problem at a very early age led to this increase. – Social Services Provider

AREAS OF OPPORTUNITY FOR COMMUNITY HEALTH IMPROVEMENT

The following "health priorities" represent recommended areas of intervention, based on the information gathered through this Community Health Assessment and the guidelines set forth in *Healthy People 2010*. From these data, opportunities for health improvement exist in the area with regard to the following health areas (see also the summary tables presented in the following section). These areas of concern are subject to the discretion of area providers, the steering committee, or other local organizations and community leaders as to actionability and priority.

Areas of Opportunity

Death, Disease & Disability

- Cancer
- Cholesterol Screening
- Diabetes
- Flu Shots
- Mental Health
- Respiratory Disease (Influenza/Pneumonia, Tuberculosis)
- STDs
- Stroke
- Unintentional Injury
- Vision Health

Maternal, Infant & Child Health

- Infant Mortality
- Low Birthweight
- Unplanned Pregnancies (Including Unwed and Teen Births)

Modifiable Health Risks

- Nutrition
- Smokeless Tobacco Use
- Weight Loss

Access to Healthcare Services

- Barriers to Access (Including Prescriptions)
- Oral Health
- Perceptions of Local Healthcare

Selecting Health Priorities

There are various mechanisms through which individual organizations may wish to identify priority areas, such as through community direction and feedback, through analyses of primary and secondary data, or through a combination of the two. Regardless of which mechanism is applied, a variety of criteria must be considered when identifying priority areas, and these are outlined below. Keep in mind that no single criterion determines a specific area of need. Rather, the interplay among the different criteria should be considered in identifying priority areas.

Furthermore, it is important to recognize two important facts: 1) that many local efforts are currently active in addressing aspects of several of the outlined issues; and 2) that no individual or organization acting alone can remedy all of the implications of a given issue or problem. In identifying priorities for community action and designing strategies for implementation, a variety of criteria should be applied to the consideration process, including:

- Impact. The degree to which the issue affects or exacerbates other quality of life and health-related issues.
- Magnitude. The number of persons affected, also taking into account variance from benchmark data and Year 2010 targets.
- Seriousness. The degree to which the problem leads to death, disability or impairs one's quality of life.
- **Feasibility**. The ability of organizations to reasonably impact the issue, given available resources.
- **Consequences of Inaction**. The risk of exacerbating the problem by not addressing at the earliest opportunity.

SELF-REPORTED HEALTH STATUS

OVERALL HEALTH STATUS

Self-Reported Health Status

The initial inquiry of the 2009 PRC Community Health Survey asked respondents the following: "Would you say that in general your health is: excellent, very good, good, fair or poor?"

A majority of Lincoln Parish adults (54.9%) rate their overall physical health as "excellent" or "very good."

Another 27.9% of survey respondents gave "good" ratings of their overall health.

Self-Reported Health Status (Lincoln Parish, 2008)

Source: • 2008 PRC Community Health Survey, Professional Research Consultants. (Item 5) Note: • Asked of all respondents.

In contrast, 17.2% of adults believe that their overall health is "fair" or "poor."

- More favorable than Louisiana findings (19.0% "fair/poor").
- Comparable to the national percentage (17.4% "fair/poor").
- Viewed by area, residents of Ruston exhibit lower reports of "fair/poor" health (15.5%) when compared with the rest of Lincoln Parish (with a higher 21.1%).



Experience "Fair" or "Poor" Overall Health

PRC COMMUNITY HEALTH ASSESSMENT

Asked of all respondents.

Note

.

The following chart further examines self-reported health status by various demographic characteristics. As shown, Lincoln Parish adults more likely to report experiencing "fair" or "poor" overall health include:

- the Adults aged 40 and older, especially seniors 65+.
- m Those living below or just above the federal poverty level (a "fair/poor" response more than three times that found among adults with incomes over 200% of poverty).
- m Blacks, when compared to Whites.



Experience "Fair" or "Poor" Overall Health

2008 PRC Community Health Survey, Professional Research Consultants. (Item 5) Source: • Note

Asked of all respondents

FPL = Federal Poverty Level based on household income and number of household members (U.S. Dept. of Health & Human Services poverty guidelines). . White and Black are non-Hispanic race categorizations.

Activity Limitations

An estimated 54 million persons in the United States, or nearly 20 percent of the population, currently live with disabilities. The increase in disability among all age groups indicates a growing need for public health programs serving people with disabilities.

The direct medical and indirect annual costs associated with disability [in the U.S.] are more than \$300 billion, or 4 percent of the gross domestic product. This total cost includes \$160 billion in medical care expenditures (1994 dollars) and lost productivity costs approaching \$155 billion.

The health promotion and disease prevention needs of people with disabilities are not nullified because they are born with an impairing condition or have experienced a disease or injury that has long-term consequences. People with disabilities have increased health concerns and susceptibility to secondary conditions. Having a long-term condition increases the need for health promotion that can be medical, physical, social, emotional, or societal.

- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

A total of 17.5% of Lincoln Parish adults are limited in some way in some activities due to a physical, mental or emotional problem.

- Similar to the 18.2% prevalence in Louisiana.
- More favorable than the 21.8% prevalence nationwide.
- + No statistical difference between Ruston and the rest of Lincoln Parish.



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

In looking at responses by key demographic characteristics, note the following:

- m Adults aged 40 or older are more often limited in activities.
- Activity limitations are much more prevalent among adults living just above the poverty threshold (100%-199% of poverty).

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



Among persons reporting activity limitations, these are most often attributed to musculoskeletal issues, such as back/neck problems, walking problems, arthritis/rheumatism, or fractures/joint injuries.

Type of Problem That Limits Activities

(Among Those Reporting Activity Limitations; Lincoln Parish, 2008)



MENTAL HEALTH & MENTAL DISORDERS

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity. Mental health is indispensable to personal well-being, family and interpersonal relationships, and contribution to community or society. *Mental disorders* are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof), which are associated with distress and/or impaired functioning and spawn a host of human problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders...

Mental disorders generate an immense public health burden of disability. The World Health Organization, in collaboration with the World Bank and Harvard University, has determined ... that the impact of mental illness on overall health and productivity in the United States and throughout the world often is profoundly underrecognized [*Global Burden of Disease* study]. In established market economies such as the United States, mental illness is on a par with heart disease and cancer as a cause of disability. Suicide—a major public health problem in the U.S.—occurs most frequently as a consequence of a mental disorder.

Mental disorders occur across the lifespan, affecting persons of all racial and ethnic groups, both genders, and all educational and socioeconomic groups...

• Modern treatments for mental disorders are highly effective, with a variety of treatment options available for most disorders...[however], the majority of persons with mental disorders do not receive mental health services.

The co-occurrence of addictive disorders among persons with mental disorders is gaining increasing attention from mental health professionals...Having both mental and addictive disorders...is a particularly significant clinical treatment issue, complicating treatment for each disorder...

- There is increasing awareness and concern in the public health sector regarding the impact of stress, its prevention and treatment, and the need for enhanced coping skills...
- Evidence that mental disorders are legitimate and highly responsive to appropriate treatment promises to be a potent antidote to stigma. Stigma creates barriers to providing and receiving competent and effective mental health treatment and can lead to inappropriate treatment, unemployment, and homelessness.

As the life expectancy of individuals continues to grow longer, the sheer number—although not necessarily the proportion—of persons experiencing mental disorders of late life will expand. This trend will present society with unprecedented challenges in organizing, financing, and delivering effective preventive and treatment services for mental health.

- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Self-Reported Mental Health Status

Two in three Lincoln Parish adults (67.6%) rate their overall mental health as "excellent" or "very good."

Another 22.7% gave "good" ratings of their own mental health status.



However, 9.7% of adults believe that their overall mental health is "fair" or "poor."

- More favorable than the 12.9% "fair/poor" reported across the nation.
- Comparable between the two sub-areas of Lincoln Parish.



Experience "Fair" or "Poor" Mental Health



Adults more likely to report experiencing "fair" or "poor" mental health include:

- m Those living at lower incomes.
- **H** Blacks.



Experience "Fair" or "Poor" Mental Health

(Lincoln Parish, 2008)

FPL = Federal Poverty Level based on household income and number of household members (U.S. Dept. of Health & Human Services poverty guidelines).
 White and Black are non-Hispanic race categorizations.

Depression

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

Major Depression

Across Lincoln Parish, 7.9% of adults report that they have been diagnosed with major depression by a physician at some point in their lives.

- Statistically similar to national findings (9.7%).
- Prevalence of Major Depression 100.0% 80.0% 60.0% 40.0% 20.0% 10.5% 9.7% 7.9% 6.9% 0.0% Ruston Other Lincoln Lincoln Parish United States 2008 2008 2008 2008 2008 PRC Community Health Survey, Professional Research Consultants. (Item 33) 2008 PRC National Health Survey, Professional Research Consultants. Source Note Asked of all respondents. In this case, the term "major depression" refers to self-reported major depression as diagnosed by a physician.

+ No difference by sub-area.

By key demographic characteristics, note the following findings:

- m Women report a higher prevalence of major depression than do men.
- m Adults aged 40 and older more often report a diagnosis of major depression than do younger adults.



Prevalence of Major Depression (Lincoln Parish, 2008)

White and Black are non-Hispanic race categorizations.

In this case, the term "major depression" refers to self-reported major depression as diagnosed by a physician

Chronic Depression

Three in 10 Lincoln Parish adults (30.6%) report that they have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes.

- Statistically similar to national findings (30.3%). 0
- No statistically significant difference between the two sub-areas. ✦



Have Experienced Symptoms of Chronic Depression

2008 PRC National Health Survey, Professional Research Consultants. Note: Asked of all respondents.

In this case, the term "chronic depression" refers to periods of self-reported depression lasting two years or longer

Note that self-reported prevalence of chronic depression is notably higher among:

- m Adults under age 65.
- Community members living at lower incomes (roughly three times higher in those living below poverty when compared with those living at >200% of poverty).
- m Blacks (more than twice that of Whites).



Have Experienced Symptoms of Chronic Depression

Mental Health Treatment

Among Lincoln Parish respondents, 19.2% acknowledge that they have sought professional help for a mental or emotional problem at some point in their lives.

- Just below national findings (22.6%).
- + Higher among adults living in Ruston (21.1%).



Have Sought Professional Help With a Mental or Emotional Problem

Adults less likely to have sought professional help for a mental issue include

- then.
- the Seniors.
- m Adults living at the highest income level.

Have Sought Professional Help With a Mental or Emotional Problem



Among Lincoln Parish respondents with recognized depression, 37.6% acknowledge that they have sought professional help for a mental or emotional problem.

- Comparable to national findings (43.0%).
- Fails to satisfy the Healthy People 2010 objective of 50% or higher among adults with recognized depression.
- Similar among the two subareas (not shown in the following chart).

Have Sought Professional Help With a Mental or Emotional Problem

(Among Respondents With Recognized Depression;

Lincoln Parish, 2008)



Objective is 50% or higher

Source: 2008 PRC Community Health Survey, Professional Research Consultants. (Item 169)
 2008 PRC National Health Survey, Professional Research Consultants.
 Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC U.S. Government Printing Office, November 2000. (Objective 18-9b)

Note: • Reflects respondents who have been diagnosed with major depression or who have experienced two more years of depression at some point in their lives.

(Related Issue: see also "Substance Abuse.")




In contrast, 13.3% say their typical day is "extremely" or "very" stressful.

- Statistically similar to national data (13.4%).
- Statistically similar by area.



Note: • Asked of all respondents.

Adults more likely to perceive their days to be "extremely/very stressful" include:

- Adults under age 65 (especially young adults).
- Residents living below the federal poverty level. ŧ**Ť**Ťŧ

Perceive Most Days as "Extremely" or "Very" Stressful

(Lincoln Parish, 2008)



Children & ADD/ADHD

A total of 10.3% of Lincoln Parish children take medication for attention-deficit/ hyperactivity disorder (ADD/ADHD).

- Similar to national findings (6.3%). 0
- Higher among Lincoln Parish boys (12.6%) than girls (6.7%). 榊栫
- Much lower among Lincoln Parish teens when compared with children under age 13. **特特**特
- Statistically similar by sub-area. **特特**特



Child Takes Medication for ADD/ADHD

(Lincoln Parish 2008; Among Parents of Children Age 5 to 17)

2008 PRC Community Health Survey, Professional Research Consultants. (Item 132) Source:

2008 PRC National Health Survey, Professional Research Consultants. Note

Asked of all respondents with children aged 5 through 17 at home. "ADD/ADHD" refers to "Attention-Deficit Disorder" and "Attention-Deficit/Hyperactivity Disorder."

Alzheimer's Disease

Between 2003 and 2005, the age-adjusted mortality rate due to Alzheimer's disease was 17.2 per 100,000 population in Lincoln Parish.*

- More favorable than the 30.9 rate recorded throughout Louisiana.
- More favorable than the 22.0 rate recorded nationwide.

Age-Adjusted Mortality: Alzheimer's Disease



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

Wiewed by race, Alzheimer's disease mortality appears to affect Whites more than Blacks within Lincoln Parish.

Age-Adjusted Mortality: Alzheimer's Disease

(2003-2005 Annual Average Deaths per 100,000 Population; Lincoln Parish by Race)



 Source: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2008.
 Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

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

^{*} For an explanation of age-adjusted death rates, see "Death & Disability" in the following section.

Age-adjusted Alzheimer's disease mortality rates increased from 14.3 to 17.2 in recent years; statewide and nationally, an increasing trend is also apparent.



Age-Adjusted Mortality: Alzheimer's Disease

Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2008.

Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Related Focus Group Findings: Mental Health

Focus group participants perceive a real need for mental health facilities in the parish. There are not enough counselors to handle each case and many focus group members feel as though those with mental issues are simply being drugged in order to control their illness; others feel that the local jails are full of people who need mental health services, but who aren't being helped. Mental health issues are seen in all age groups, but the perception is that if the younger ones could get help early on, it may alleviate some health problems later. The following highlights the main themes established:

I don't think we have any really true mental healthcare. It's a huge need because these people are being ignored and they're being drugged to kind of keep them down at a level where they don't act out. - Business Leader

A lot of insurance doesn't cover mental health issues and counseling. If they do cover it, they cover only a small portion. – Other Healthcare Professional

The other thing we don't have enough here is psychiatric beds. It's next to impossible to get a psychiatric bed for anybody, let alone the people here in Lincoln Parish, and that's what frustrates me about a 15-bed facility sitting empty in our parish. – Social Services Provider

And if you start talking juvenile psychiatric beds, you're talking about sending children hundreds of miles away from home. – Social Services Provider

Our prisons and jails are where we're putting our most seriously mentally ill or substance abuse people who could benefit from treatment. And they're being housed in our prisons because we don't have beds in the state to keep their services up. – Social Services Provider

Probably half of the people in the detention center have a mental problem more than a criminal problem. And the federal government and the state have pushed this all back to the local level. Take any prisoner in the detention center now: the parish is responsible for their drugs, their healthcare, etc. And we're spending about three thousand dollars a month just for drugs for people that have some mental problems. – Community Leader

The health facilities are almost nonexistent for 24-hour care where police can take them, so that's how they end up in jail. – Community Leader

We don't have a psychiatrist and we don't have an addictionologist. Most parishes do have access to both psychiatry and an addictionologist. – Social Services Provider

There's no psychiatrist for adolescents or children. - Social Services Provider

We also have a tremendous need for psychological testing services in our area. A lot of our substance abuse in the Ruston area is made up of people self-medicating because they don't know they meet diagnostic criteria for services. – Social Services Provider

There's a loophole with Medicaid; it's terrible to try to get help for anybody with psychiatric issues. – Physician

One of the problems with psychiatric and counseling is the quality of what's available, and I think that's not just here, that's everywhere. – Physician

There's a solid network, there's just not enough of them. It's hard to get into the counselors that are there, whether it's at the Methodist Children's Home or some people in Monroe. – Physician

I think there's a health unit that's probably still functioning, but on a far scaled-back basis. I think it's a huge need. – Business Leader

I'll tell you that we don't have any mental health treatment here. Like I say, they give them enough medicine to calm them down. That's about it. – Business Leader

We still have a mental health unit that provided counseling services, and I think some physician referrals, but it is just a shell of an organization that evidently is not effective whatsoever. – Business Leader

What do you do with people who have behavior problems at an early age? And what's a behavior problem and what's a criminal activity, and where does that cross? It leads on into drugs and other types of issues, and it's so much better if you catch it early and to move somebody from having a problem back to where they can function and handle things normally. – Business Leader

What happens is these people go to these doctors at the mental health clinics, and they prescribe medication for them and they do well as long as they take the medication, but somewhere between the facility and home, they don't get the proper medication and that's what caused the problem. – Community Leader

They're on their medication and then feel normal again, and so you've got a big compliance problem and getting back in and that straightened out. You may only have two or three days where you can go in and have medication adjusted, get back on – so staying on top of those people has been an issue. – Other Healthcare Professional

No doubt that mental illness poses a challenge to the community because of the lack of means or knowing where to go or what to do. – Community Leader

We have substance abuse and mental health issues not addressed very easily. There are waiting lists for people to be served, and I know of no services for juveniles. We have a court counselor that we send people to, but we would love to have a counselor specific to substance abuse and mental health. I would love to see mental health group homes where people would be monitored but could still get treatment. – Community Leader

DEATH & DISABILITY

LEADING CAUSES OF DEATH

Leading Causes of Death

Together, heart disease (22.9%), cancers (21.8%) and stroke (9.7%) account for more than one-half of all deaths in Lincoln Parish (2005 data).

Other leading causes of death include diabetes mellitus (5.9%), unintentional injuries (5.1%), and chronic lower respiratory disease or CLRD (4.6%).



Leading Causes of Death

Age-Adjusted Death Rates for All Causes

In order to compare mortality in Lincoln Parish with other localities (in this case, Louisiana and the United States), it is necessary to look at *rates* of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these "age-adjusted" rates provides the most valuable means of gauging mortality against benchmark data, as well as *Healthy People 2010* targets.

In Lincoln Parish, the 2003-2005 annual average age-adjusted death rate (for all causes) was 861.7 deaths per 100,000 population.

- Lower than the Louisiana mortality rate for all causes (998.3). 0
- Higher than the United States mortality rate for all causes (810.7). Ο

Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population



Age-Adjusted Mortality: All Causes

(2003-2005 Annual Average Deaths per 100,000 Population)

m Viewed by race, age-adjusted mortality in Lincoln Parish is considerably higher among Whites (931.9) when compared with Blacks (800.5).



Age-Adjusted Mortality: All Causes

CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance Source and Informatics. Data extracted November 2008. Note:

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

Age-adjusted death rates (for all causes) have increased in Lincoln Parish in recent years, contrary to decreasing trends seen across Louisiana and the U.S. overall.



Age-Adjusted Mortality: All Causes

Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2008. Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Note: •

Age-Adjusted Death Rates for Selected Causes

The following chart outlines 2003-2005 annual average age-adjusted death rates per 100,000 population for selected causes of death in Lincoln Parish. Note the following comparisons:

- Death rates were similar or better than U.S. rates for a few of the selected causes, most notably heart disease.
- However, Lincoln Parish death rates compared <u>unfavorably</u> for the following:
 - Cancer
 - Diabetes
 - Stroke
 - Unintentional Injuries [including Motor Vehicle Accidents]
 - Homicide
 - Pneumonia/Influenza
- Lincoln Parish death rates failed to meet the available Healthy People 2010 objectives for all of the selected causes, with the exceptions of heart disease and HIV.

Age-Adjusted Death Rates for Selected Causes

(2003-2005 Annual Average Deaths per 100,000 Population)

| | Lincoln Parish | Louisiana | United States | HP2010 |
|------------------------------------|----------------|-----------|------------------|--------|
| Malignant Neoplasms (Cancers) | 214.8 | 216.0 | 186.5 | 159.9 |
| Diseases of the Heart | 181.0 | 259.6 | 220.1 | 213.7* |
| Cerebrovascular Disease (Stroke) | 67.3 | 58.5 | 50.0 | 48.0 |
| Unintentional Injuries (Accidents) | 57.4 | 56.9 | 38.1 | 17.5 |
| Diabetes Mellitus | 53.8 | 39.7 | 24.8 | 15.1* |
| Chronic Lower Respiratory Diseases | 37.4 | 41.1 | 42.6 | |
| Motor Vehicle Accidents | 26.4 | 22.2 | 15.2 | 9.2 |
| Influenza/Pneumonia | 22.2 | 22.2 | 20.7 | |
| Alzheimer's Disease | 17.2 | 30.9 | 22.0 | |
| Intentional Self-Harm (Suicide) | 8.2 | 11.2 | 10.9 | 5.0 |
| Homicide/Legal Intervention | 6.8 | 13.3 | 6.2 | 3.0 |
| Liver Disease/Cirrhosis | 7.1 | 8.2 | 9.1 | 3.0 |
| HIV | 0.0 | 9.2 | 4.5 | 0.7 |

Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office,

Division of Public Health Surveillance and Informatics. Data extracted November 2008. • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC:

 Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. U.S. Government Printing Office, November 2000.

Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population and coded using ICD-10 codes. • The Healthy People 2010 Heart Disease target is adjusted to account for all diseases of the heart;

the Healthy People 2010 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

(For infant mortality data, see also "Maternal, Infant & Child Health.")

CARDIOVASCULAR DISEASE

Heart disease and stroke—the principal components of cardiovascular disease—are the first and third leading causes of death in the United States, accounting for more than 40% of all deaths.

- About 950,000 Americans die of heart disease or stroke each year, which amounts to one death every 33 seconds.
- Although heart disease and stroke are often thought to affect men and older people primarily, it is
 also a major killer of women and people in the prime of life. More than half of those who die of
 heart disease or stroke each year are women.
- · Each year, about 63 of every 100,000 deaths are due to stroke.

Looking at only deaths due to heart disease or stroke, however, understates the health effects of these two conditions:

- About 61 million Americans (almost one-fourth of the population) live with the effects of stroke or heart disease.
- · Heart disease is a leading cause of disability among working adults.
- · Stroke alone accounts for the disability of more than I million Americans.
- · Almost 6 million hospitalizations each year are due to heart disease or stroke.
- · About 4.5 million stroke survivors are alive today.

The economic effects of heart disease and stroke on the U.S. healthcare system grow larger as the population ages. In 2001, for example, the [nationwide] cost for all cardiovascular diseases was \$300 billion: for heart disease the cost was \$105 billion; for stroke, \$28 billion. Lost productivity due to stroke and heart disease cost more than \$129 billion.

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

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease

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

The Lincoln Parish annual average age-adjusted heart disease death rate for 2003-2005 was 181.0 deaths per 100,000 population.

- Below the Louisiana rate (259.6 deaths per 100,000 population).
- Below the U.S. rate (220.1).
- Satisfies the adjusted Healthy People 2010 objective of 213.7 per 100,000 or lower.

Age-Adjusted Mortality: Heart Disease

(2003-2005 Annual Average Deaths per 100,000 Population)



Source . CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2008. Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

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

Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population. The Healthy People 2010 Heart Disease target is adjusted to account for all diseases of the heart (Objective 12-1).

Note

Note:

m Viewed by race, the heart disease mortality rate in Lincoln Parish is higher among Blacks (198.3/100,000) than among Whites (175.0 per 100,000).

Age-Adjusted Mortality: Heart Disease

(2003-2005 Annual Average Deaths per 100,000 Population; Lincoln Parish by Race)



CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance Source: and Informatics. Data extracted November 2008

Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population. The Healthy People 2010 Heart Disease target is adjusted to account for all diseases of the heart (Objective 12-1).

Heart disease death rates have shown no clear trend in recent years in Lincoln Parish; a downward trend is evident across Louisiana and the nation as a whole.



Age-Adjusted Mortality: Heart Disease

(Annual Average Deaths per 100,000 Population)

• CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Source Data extracted November 2008

Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. Note

Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population. The Healthy People 2010 Heart Disease target is adjusted to account for all diseases of the heart (Objective 12-1).

Stroke Deaths

The 2003-2005 Lincoln Parish annual average age-adjusted death rate for stroke (cerebrovascular disease) was 67.3 deaths per 100,000 population.

- Higher than the statewide rate (58.5 deaths per 100,000 population). Ο
- Higher than the U.S. rate (50.0). Ο
- Fails to satisfy the Healthy People 2010 objective of 48.0 per 100,000 or lower.



Age-Adjusted Mortality: Stroke

CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2008. Source: .

Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. (Objective 12-7)

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

⁽²⁰⁰³⁻²⁰⁰⁵ Deaths per 100,000 Population)

Blacks in Lincoln Parish experience an age-adjusted stroke mortality rate greater than that of Whites (86.4 vs. 50.7, respectively).

Age-Adjusted Mortality: Stroke

(2003-2005 Annual Average Deaths per 100,000 Population; Lincoln Parish by Race)



 CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2008.
 Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

 Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 (Objective 12-7)
 Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Although increasing between 2002-2004 and 2003-2005, area age-adjusted death rates for stroke (cerebrovascular disease) have otherwise followed a general decline over the past several years. Steady declines in stroke mortality are also seen across Louisiana and the U.S. overall.

Age-Adjusted Mortality: Stroke



(Annual Average Deaths per 100,000 Population)

Data extracted November 2008. • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. (Objective 12-7)

Note:

Note:

Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Prevalence of Heart Disease

A total of 6.8% of surveyed Lincoln Parish adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Statistically similar to the national percentage (6.3%).
- + Further, no significant differences are found between the two sub-areas.



Self-Reported Prevalence of Chronic Heart Disease

Adults more likely to have been diagnosed with chronic heart disease include:

- 🚻 Men.
- m Adults aged 65 and older.



Self-Reported Prevalence of Chronic Heart Disease

Source: • 2008 PRC Community Health Survey, Professional Research Consultants. (Item 142)

Note: • Asked of all respondents.

· FPL = Federal Poverty Level based on household income and number of household members (U.S. Dept. of Health & Human Services poverty guidelines).

White and Black are non-Hispanic race categorizations.

Respondents were asked if they have ever been diagnosed with chronic heart disease, including coronary heart disease, angina, or a heart attack.

Prevalence of Stroke

A total of 3.5% of surveyed Lincoln Parish adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to statewide findings (3.2%).
- Similar to national findings (4.9%).
- + No significant differences are found when segmented by area.
- m Note: Among Lincoln Parish residents aged 65 and older, 10.3% have had a stroke.



Self-Reported Prevalence of Stroke

Cardiovascular Risk Factors

Hypertension (High Blood Pressure)

High blood pressure is known as the "silent killer" and remains a major risk factor for coronary heart disease, stroke, and heart failure. About 50 million adults in the United States have high blood pressure.

Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

High Blood Pressure Testing

95.3% of Lincoln Parish adults have had their blood pressure tested within the past two years.

- Similar to national findings (94.5%).
- Just above the Healthy People 2010 target (95% or higher).
- + Similar by area.



Prevalence of Hypertension

Over one-third (34.9%) of surveyed Lincoln Parish adults have been told at some point that their blood pressure was high (an additional 2.3% have not been tested in the past five years).

- Less favorable than the Louisiana prevalence (32.1%).
- Similar to national findings (34.0%).
- More than twice the Healthy People 2010 target (16% or lower).
- Viewed by sub-area: significantly lower (32.9%) in the city of Ruston, when compared with the rest of Lincoln Parish (39.7%).

Self-Reported Prevalence of High Blood Pressure

| 100.0% | Healthy People 20 | 10 Objective is 16% o | or low er | | | | | |
|---|--|-----------------------|------------------------|-------------------|-----------------------|--|--|--|
| 80.0% | Among all 2008 Lincoln Parish adults told that they have high blood pressure: - • 26.2% were told this only once. - • 73.8% were told this more than once. | | | | | | | |
| 60.0% | | | | | | | | |
| 40.0% | 35.7% | 41.0% | 37.2% | 32.1% | 35.5% | | | |
| 20.0% | | - | | _ | | | | |
| 0.0% | Ruston 2008 | Other Lincoln 2008 | Lincoln Parish 2008 | Louisiana 2007 | United States 2008 | | | |
| Unknown (Not Tested in Past 5 Yrs) | 2.8% | 1.3% | 2.3% | | 1.5% | | | |
| Have Been Told Blood Pressure Was High | 32.9% | 39.7% | 34.9% | 32.1% | 34.0% | | | |

Source: 2008 PRC Community Health Survey, Professional Research Consultants. (Items 46, 139)
 Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2007 Louisiana data.

- 2008 PRC National Health Survey, Professional Research Consultants.
- 2 2000 FICH Matching Head and Mark Filler South And South Consuming.
 4 Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000. (Objective 12-9)
- Asked of the total sample of respondents.

Note:

- HBP refers to adults who have been told they have high blood pressure.
- "Unknown" includes persons never tested, not tested within the past 5 years, or who were uncertain or did not respond to the testing question.

Self-reported hypertension diagnoses are higher among the following populations:

- m Adults aged 40 and older, and especially those aged 65 and older.
- m Respondents living at 100%-199% of the federal poverty level.
- m Blacks.

Self-Reported Prevalence of High Blood Pressure

(Lincoln Parish, 2008)



Hypertension Management

Among Lincoln Parish respondents who have been told that their blood pressure was high, 93.3% report that they are currently taking actions to control their condition, such as through medication, diet and/or exercise.

- Similar to national findings (90.9%).
- Similar to the Healthy People 2010 target of 95% or higher.
- + Does not vary significantly by area.



Taking Action to Control High Blood Pressure

Note: • Asked of respondents who have been told more than once that their blood pressure was high

In this case, "taking action" includes medication, diet modification, and/or exercise.

High Blood Cholesterol

High blood cholesterol is a major risk factor for coronary heart disease that can be modified. More than 50 million U.S. adults have blood cholesterol levels that require medical advice and treatment. More than 90 million adults have cholesterol levels that are higher than desirable. Experts recommend that all adults aged 20 years and older have their cholesterol levels checked at least once every 5 years to help them take action to prevent or lower their risk of coronary heart disease. Lifestyle changes that prevent or lower high blood cholesterol include eating a diet low in saturated fat and cholesterol, increasing physical activity, and reducing excess weight.

- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Blood Cholesterol Testing

A total of 78.4% of Lincoln Parish adults have had their blood cholesterol checked within the past five years.

- More favorable than Louisiana findings (75.3%). 0
- Less favorable than national findings (87.0%). Ο
- Near the Healthy People 2010 target (80% or higher). Ο
- +Similar by area.

Have Had Blood Cholesterol Level Checked Within the Past Five Years



2008 PRC National Health Survey, Professional Research Consultants. Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC

- U.S. Government Printing Office, November 2000. (Objective 12-15)
- Asked of all respondents Note: Excludes uncertain responses

Note that testing levels are notably lower among:

- Younger adults.
- Adults living at lower incomes.
- m Blacks.

Have Had Blood Cholesterol Level Checked Within the Past Five Years



Excludes uncertain responses.

Self-Reported High Blood Cholesterol

In all, 24.0% of Lincoln Parish adults have been told by a health professional that their cholesterol level was high (note that an additional 27.9% have not had their cholesterol tested in the past five years).

- More favorable than the national prevalence (30.5%). 0
- Fails to satisfy the Healthy People 2010 target (17% or lower). Ο
- Lower (more favorable) in the city of Ruston (20.9%). ✦



Self-Reported

Source 2008 PRC Community Health Survey, Professional Research Consultants. (Item 140)

2008 PRC National Health Survey, Professional Research Consultants.

Note

Healthy People 2010, 2nd Edition, U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000, (Objective 12-14) Asked of the total sample of respondents.

HBC reflects adults who have been told they have high blood cholesterol.

"Unknown" includes persons never tested, not tested within the past 5 years, or who were uncertain or did not respond to the testing question.

Note the following demographic breakout of self-reported prevalence of high blood cholesterol. Adults more likely to experience high cholesterol levels include:

- m Adults aged 40 and older.
- Those living above the federal poverty level.
- া Whites.
- Mote: "Unknowns" are relatively high in young adults, Blacks, and lower-income respondents.



High Cholesterol Management

Among Lincoln Parish adults who have been told that their blood cholesterol was high, 88.4% report that they are currently taking actions to control their cholesterol levels, such as through medication, diet and/or exercise.

- Similar to national findings (90.4%).
- + Statistically similar by sub-area.



Taking Action to Control High Blood Cholesterol

Total Cardiovascular Risk

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

- · High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- · Physical Inactivity
- Poor Nutrition
- · Overweight/Obesity
- Diabetes
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

In all, 85.7% of Lincoln Parish adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Similar to national findings (85.1%). 0
- + Similar by sub-area.



Present One or More Cardiovascular Risk Factors or Behaviors

2008 PRC Community Health Survey, Professional Research Consultants. (Item 138) 2008 PRC National Health Survey, Professional Research Consultants. Source

Note:

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

Lincoln Parish adults more likely to exhibit cardiovascular risk factors include:

- Men.
- m Adults aged 40 and older.
- m Residents living at lower incomes.
- m Blacks.

Present One or More Cardiovascular Risk Factors or Behaviors



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

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of U.S. adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of U.S. adults do not achieve recommended levels of physical activity.

Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the U.S.

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

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

(Related Issue: See also "Nutrition & Overweight," "Physical Activity & Fitness" and "Tobacco Use" in the Modifiable Health Risk section.)

CANCER

Cancer, the second leading cause of death among Americans, is responsible for one of every four deaths in the United States. In 2003, over half a million Americans—or more than 1,500 people a day—will die of cancer. Black Americans are more likely to die from cancer than people of any other racial or ethnic group.

The financial costs of cancer are staggering. According to the National Institutes of Health, cancers cost the United States more than \$170 billion in 2002. This includes more than \$110 billion in lost productivity and over \$60 billion in direct medical costs.

The number of new cancer cases can be reduced substantially, and many cancer deaths can be prevented. Healthier lifestyles can significantly reduce a person's risk for cancer—for example, avoiding tobacco use, increasing physical activity, improving nutrition, and avoiding sun exposure. Making cancer screening and information services available and accessible to all Americans is also essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths from these diseases by finding them early, when they are most treatable. Screening tests for cervical and colorectal cancers can actually prevent these cancers from developing by detecting treatable precancerous conditions.

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

Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2003 and 2005, the annual average age-adjusted cancer death rate in Lincoln Parish was 214.8 deaths per 100,000 population.

- Nearly identical to the corresponding Louisiana rate (216.0 deaths per 100,000).
- Worse than the U.S. rate (186.5).
- Far from satisfying the Healthy People 2010 objective (159.9 or lower).



Age-Adjusted Mortality: Cancer

Cancer mortality rates are notably higher among Lincoln Parish Blacks than among Lincoln Parish Whites.



Age-Adjusted Mortality: Cancer

(2003-2005 Annual Average Deaths per 100,000 Population; Lincoln Parish by Race)

 Source: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2008.
 Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

 Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. (Objective 3-1)

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

Over the past decade, Lincoln Parish age-adjusted cancer death rates have shown no clear trend; downward trends are reported both statewide and nationwide.

Age-Adjusted Mortality: Cancer

(Annual Average Deaths per 100,000 Population)



Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2008.

Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. (Objective 3-1)
 Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Note:

Cancer Deaths by Site

LUNG CANCER

Lung cancer is the most common cause of cancer death among both females and males in the United States. Cigarette smoking is the most important risk factor for lung cancer, accounting for 68 to 78 percent of lung cancer deaths among females and 88 to 91 percent of lung cancer deaths among males. Other risk factors include occupational exposures (radon, asbestos) and indoor and outdoor air pollution (radon, environmental tobacco smoke). One to two percent of lung cancer deaths are attributable to air pollution. After 10 years of abstinence, smoking cessation decreases the risk of lung cancer to 30 to 50 percent of that of continuing smokers.

Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Lung cancer is by far the leading cause of cancer deaths in the parish. Other leading sites include breast cancer among women, prostate cancer among men, and colorectal cancer (both genders).

As can be seen in the following chart (referencing 2003-2005 annual average age-adjusted rates):

- The Lincoln Parish lung cancer death rate is worse than the national rate, but better than the state rate.
- The female breast cancer death rate is worse than found either statewide or nationwide.
- The prostate cancer death rate is also worse than both state and national rates.
- The colorectal cancer death rate is also worse than found either statewide or nationwide.

Age-Adjusted Cancer Death Rates by Leading Sites

(2003-2005 Annual Average Deaths per 100,000 Population)

| | Lincoln Parish | Louisiana | United States |
|-------------------------|----------------|-----------|---------------|
| Lung Cancer | 61.7 | 65.8 | 53.3 |
| Female Breast Cancer | 39.7 | 29.2 | 24.6 |
| Prostate Cancer (Males) | 33.8 | 29.5 | 25.5 |
| Colorectal Cancer | 24.3 | 21.6 | 18.2 |

Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2008.

Prevalence of Cancer

A total of 4.1% of Lincoln Parish adults report having been diagnosed with skin cancer.

- Similar to the national average (4.6%).
- + Particularly high in the areas of Lincoln Parish outside of the city of Ruston (7.3%).

A total of 5.6% of Lincoln Parish adults report having been diagnosed with another type of cancer (non-skin).

- Again, similar to the national average (5.8%).
- Also particularly high in the areas of Lincoln Parish outside of the city of Ruston (8.1%).



Self-Reported Prevalence of Cancer

2008 PRC Community Health Survey, Professional Research Consultants. (Items 30, 31)
 2008 PRC National Health Survey, Professional Research Consultants.

Note: • Asked of all respondents.

Cancer Risk

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

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

(Related Issue: see also "Nutrition & Overweight," "Physical Activity & Fitness" and "Tobacco Use" in the Modifiable Health Risk section.)

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 Lincoln Parish were measured in the survey relative to four cancer sites: colorectal cancer (**sigmoidoscopy** and **fecal occult blood testing**); female breast cancer (**mammography**); cervical cancer (**Pap smear testing**); and prostate cancer (**prostate-specific antigen testing** and **digital rectal examination**).

Colorectal Cancer Screenings

COLORECTAL CANCER

Colorectal cancer (CRC) is the second leading cause of cancer-related deaths in the United States. When cancer-related deaths are estimated separately for males and females, however, CRC becomes the third leading cause of cancer death behind lung and breast cancers for females and behind lung and prostate cancers for males.

Risk factors for CRC may include age, personal and family history of polyps or colorectal cancer, inflammatory bowel disease, inherited syndromes, physical inactivity (colon only), obesity, alcohol use, and a diet high in fat and low in fruits and vegetables. Detecting and removing precancerous colorectal polyps and detecting and treating the disease in its earliest stages will reduce deaths from CRC. Fecal occult blood testing and sigmoidoscopy are widely used to screen for CRC, and barium enema and colonoscopy are used as diagnostic tests.

- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Beginning at age 50, both men and women should follow one of these five testing schedules:

- · Flexible sigmoidoscopy every 5 years
- Yearly fecal occult blood test plus flexible sigmoidoscopy every 5 years**
- Double-contrast barium enema every 5 years
- Colonoscopy every 10 years

*For FOBT, the take-home multiple sample method should be used.

**The combination of FOBT and flexible sigmoidoscopy is preferred over either of these two tests alone.

All positive tests should be followed up with a colonoscopy. People should begin colorectal cancer screening earlier and/or undergo screening more often if they have certain colorectal cancer risk factors.

- American Cancer Society

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

Sigmoidoscopy/Colonoscopy

Among Lincoln Parish adults aged 50 and older, 64.6% had a sigmoidoscopy or colonoscopy at some point in their lives.

- More favorable than Louisiana findings (49.8%).
- Statistically similar to national findings (64.8%).
- Satisfies the Healthy People 2010 target (50% or higher).
- + Does not vary significantly between the two sub-areas.
- m Note: Includes 66.1% of Lincoln Parish men 50+ and 62.8% of parish women 50+.



Have Ever Had a Sigmoidoscopy/Colonoscopy Examination

Fecal Occult Blood Testing

Among Lincoln Parish adults aged 50 and older, 24.7% had a blood stool test (a.k.a., fecal occult blood test) within the past two years.

- Similar to Louisiana findings (24.2%).
- Less favorable than national findings (36.5%).
- Fails to satisfy the Healthy People 2010 target (50% or higher).
- + Less favorable in the city of Ruston (20.6%).
- m Note: Includes 27.2% of Lincoln Parish men 50+ and 21.9% of parish women 50+.

Have Had a **Blood Stool Test in the Past Two Years**



2008 PRC Community Health Survey, Professional Research Consultants. (Item 173)
 Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2006 Louisiana data.

•

2008 PRC National Heath Survey, Professional Research Consultants. Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000. • (Objective 3-12a)

 Asked of respondents aged 50 and older. Note:

Female Breast Cancer Screening

FEMALE BREAST CANCER

Breast cancer is the most common cancer [diagnosis] among women in the United States. Death from breast cancer can be reduced substantially if the tumor is discovered at an early stage. Mammography is the most effective method for detecting these early malignancies. Clinical trials have demonstrated that mammography screening can reduce breast cancer deaths by 20 to 39 percent in women aged 50 to 74 years and about 17 percent in women aged 40 to 49 years. Breast cancer deaths can be reduced through increased adherence with recommendations for regular mammography screening.

Many breast cancer risk factors, such as age, family history of breast cancer, reproductive history, mammographic densities, previous breast disease, and race and ethnicity, are not subject to intervention. However, being overweight is a well-established breast cancer risk for postmenopausal women that can be addressed. Avoiding weight gain is one method by which older women may reduce their risk of developing breast cancer.

- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Screenings for female breast cancer are recommended as outlined below:

- · Yearly mammograms starting at age 40 and continuing for as long as a woman is in good health.
- Clinical breast exams (CBE) should be part of a periodic health exam, about every three years for women in their 20s and 30s and every year for women 40 and over.
- Women should report any breast change promptly to their healthcare providers. Breast self-exam (BSE) is an option for women starting in their 20s.
- Women at increased risk (e.g., family history, genetic tendency, past breast cancer) should talk with their doctors about the benefits and limitations of starting mammography screening earlier, having additional tests (e.g., breast ultrasound or MRI), or having more frequent exams.
- American Cancer Society

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

Mammography

Among Lincoln Parish women aged 40 and older, 73.9% had a mammogram within the past two years.

- Similar to statewide findings (75.8%).
- Also similar to national findings (74.6%).
- Just above the Healthy People 2010 target (70% or higher).
- Does not vary significantly between the two sub-areas.
- Note that 78.8% of Lincoln Parish women <u>aged 65 and older</u> had a mammogram in the preceding two years.

Have Had a Mammogram in the Past Two Years



Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2006 Louisiana data.

 Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000. (Objective 3-13)
 Asked of women aged 40 and over.

Cervical Cancer Screenings

Note:

Screenings for cervical cancer are recommended as outlined below:

- All women should begin cervical cancer screening about 3 years after they begin having vaginal intercourse, but no later than when they are 21 years old. Screening should be done every year with the regular Pap test or every 2 years using the newer liquid-based Pap test.
- Beginning at age 30, women who have had 3 normal Pap test results in a row may get screened every 2 to 3 years with either the conventional (regular) or liquid-based Pap test. Women who have certain risk factors such as diethylstilbestrol (DES) exposure before birth, HIV infection, or a weakened immune system due to organ transplant, chemotherapy, or chronic steroid use should continue to be screened annually.
- Another reasonable option for women over 30 is to get screened every 3 years (but not more frequently) with either the conventional or liquid-based Pap test, *plus* the HPV DNA test.
- Women 70 years of age or older who have had 3 or more normal Pap tests in a row and no abnormal Pap test results in the last 10 years may choose to stop having cervical cancer screening. Women with a history of cervical cancer, DES exposure before birth, HIV infection or a weakened immune system should continue to have screening as long as they are in good health.
- Women who have had a total hysterectomy (removal of the uterus and cervix) may also choose to stop having cervical cancer screening, unless the surgery was done as a treatment for cervical cancer or precancer. Women who have had a hysterectomy without removal of the cervix should continue to follow the guidelines above.
- American Cancer Society

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

Pap Smear Testing

Among Lincoln Parish women aged 18 and older, 83.7% had a Pap smear within the past three years.

- Similar to the Louisiana percentage (84.5%). 0
- Statistically similar to national findings (81.3%). 0
- Fails to satisfy the Healthy People 2010 target (90% or higher). 0
- Statistically similar between the two sub-areas. +
- Note: Women under age 40 (89.2%) are close to satisfying the Healthy People 2010 *** target.



Have Had a Pap Smear Within the Past Three Years

Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000. (Objective 3-11)

Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2006 Louisiana data. Asked of all female respondents.

Note:

Prostate Cancer Screenings

PROSTATE CANCER

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

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

- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Guideline Statement: Both prostate-specific antigen (PSA) testing and digital rectal examination (DRE) should be offered annually, beginning at age 50 years, to men who have at least a 10-year life expectancy. Men at high risk should begin testing at age 45 years. Information should be provided to men regarding potential risks and benefits of early detection and treatment of prostate cancer. Men at even higher risk, due to multiple first-degree relatives affected at an early age, could begin testing at age 40. Depending on the results of this initial test, no further testing might be needed until age 45. Information should be provided to men regarding potential risks and benefits of early detection and treatment of prostate cancer.

- Men who choose to undergo testing should begin at age 50 years. However, men in high-risk groups, such as African Americans and men who have a first-degree relative diagnosed with prostate cancer at a young age, should begin testing at 45 years. [Note: a first-degree relative is defined as a father, brother, or son.]
- Men who ask their doctor to make the decision on their behalf should be tested. Discouraging testing is not appropriate. Also not offering testing is not appropriate.
- Testing for prostate cancer in asymptomatic men can detect tumors at a more favorable stage (anatomic extent of disease). There has been a reduction in mortality from prostate cancer, but it has not been established that this is a direct result of screening.
- An abnormal Prostate-Specific Antigen (PSA) test result has been defined as a value of above 4.0 ng/ml. Some elevations in PSA may be due to benign conditions of the prostate.
- The Digital Rectal Examination (DRE) of the prostate should be performed by healthcare workers skilled in recognizing subtle prostate abnormalities, including those of symmetry and consistency, as well as the more classic findings of marked induration or nodules. DRE is less effective in detecting prostate carcinoma compared with PSA.
- American Cancer Society

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

PSA Testing and/or Digital Rectal Examination

Among Lincoln Parish men aged 50 and older, 76.7% had a PSA (prostate-specific antigen) test and/or a digital rectal examination for prostate problems within the past two years.

- Similar to national findings (73.7%).
- + Statistically similar between Ruston and the rest of Lincoln Parish.

Have Had a Prostate-Specific Antigen (PSA) Test OR a Digital Rectal Exam in Past Two Years

(Among Men Aged 50 and Older)



Related Focus Group Findings: Cancer

The focus group comprised of physicians shared some discussion about preventive cancer screenings. The perception is that people aren't getting cancer screenings because they don't have the money or the insurance to pay for the screening. The community needs to come up with a way to get these people screened in order for people to detect cancers early enough.

We really need assistance for people to get those healthcare screenings. - Physician

The second major area is cancer prevention screenings, principally breast, colon, and prostate. – $\mathsf{Physician}$

Healthcare screening – as far as breast cancer, colon cancer and prostate cancer. We see a lot of each one of those in advanced states in our area. And we really need some type of assistance for people who don't have the funds, who totally fall through the cracks, who don't get mammograms, who don't get colonoscopies because they can't afford it. – Physician

RESPIRATORY DISEASE

Asthma and COPD (chronic obstructive pulmonary disease) are among the 10 leading chronic conditions causing restricted activity [in Americans]. After chronic sinusitis, asthma is the most common cause of chronic illness in children. Methods are available to treat these respiratory diseases and promote respiratory health.

- · Asthma is a serious and growing health problem. An estimated 14.9 million persons in the United States have asthma. Asthma is responsible for about 500,000 hospitalizations, 5,000 deaths, and 134 million days of restricted activity a year. Yet most of the problems caused by asthma could be averted if persons with asthma and their healthcare providers managed the disease according to established guidelines.
- · COPD includes chronic bronchitis and emphysema—both of which are characterized by irreversible airflow obstruction and often exist together. Similar to asthma, COPD may be accompanied by an airway hyperresponsiveness. Most patients with COPD have a history of cigarette smoking. COPD worsens over time with continued exposure to a causative agentusually tobacco smoke or sometimes a substance in the workplace or environment. COPD occurs most often in older people.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

[Note: Chronic lower respiratory disease (CLRD) was called chronic obstructive pulmonary disease (COPD) prior to 1999 with the issuance of the International Classification of Diseases, Tenth Revision (ICD-10). Healthy People 2010 refers to COPD rather than CLRD.]

Age-Adjusted Respiratory Disease Deaths

Chronic Respiratory Disease Deaths

Between 2003 and 2005, the annual average age-adjusted chronic lower respiratory disease death rate in Lincoln Parish was 37.4 deaths per 100,000 population.

- Better than the corresponding Louisiana rate (41.1). Ο
- Better than the U.S. rate (42.6). Ο



Age-Adjusted Mortality: CLRD

(2003-2005 Annual Average Deaths per 100,000 Population)

Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

m Comparing Lincoln Parish rates by race (White and Black), Whites experience a higher age-adjusted mortality rate from CLRD than do Blacks.



Age-Adjusted Mortality: CLRD

 CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2008. Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Note:

Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

In Lincoln Parish the age-adjusted chronic lower respiratory disease death rate has ~ increased over the past few years; rates are stable statewide, but have decreased nationally.



Age-Adjusted Mortality: CLRD

CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Source Data extracted November 2008 Note

Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
Pneumonia/Influenza Deaths

Between 2003 and 2005, the annual average age-adjusted pneumonia/influenza death rate in Lincoln Parish was 22.2 per 100,000 population.

- Identical to the corresponding Louisiana rate (22.2).
- Worse than the national rate (20.7).



Age-Adjusted Mortality: Pneumonia/Influenza

Mage-adjusted pneumonia/influenza mortality rates are similar between Whites and Blacks in Lincoln Parish.



Age-Adjusted Mortality: Pneumonia/Influenza

Source: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillan and Informatics. Data extracted November 2008.
 Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Between 1999 and 2004, age-adjusted pneumonia/influenza death rates have declined in Lincoln Parish, similar to state and national trends.



Age-Adjusted Mortality: Pneumonia/Influenza

Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2008.

Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

(For prevalence of vaccinations for pneumonia and influenza, see also "Immunization & Infectious Disease.")

Prevalence of Respiratory Conditions

Survey respondents were next asked to indicate whether they suffer from various respiratory conditions, including nasal/hay fever allergies, sinusitis, asthma, and/or chronic lung disease.

A full 3 in 10 Lincoln Parish adults (30.9%) report suffering from nasal or hay fever allergies.

Statistically similar to national findings (28.4%).

Another 27.0% of survey respondents report suffering from sinusitis.

Much less favorable than national findings (18.2%).

A total of 8.3% of Lincoln Parish adults suffer from chronic lung disease.

Statistically similar to the 9.9% found nationally.

A total of 6.4% of Lincoln Parish adults currently suffer from asthma.

Similar to both statewide (6.3%) and national (8.3%) prevalence reports.



Self-Reported Respiratory Conditions

2008 PRC National Health Survey, Professional Research Consultants. · Asked of all respondents. Note:

Asthma prevalence is similar between the two sub-areas. +



Currently Has Asthma

2008 PRC Community Health Survey, Professional Research Consultants. (Item 143) 2008 PRC National Health Survey, Professional Research Consultants. Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2007 Louisiana data. Asked of all respondents. Reflects those who have ever been diagnosed with asthma and state that they still have the condition.

Note:

Asthma in Children

While the number of adults with asthma is greater than the number of children with asthma, the asthma rate is rising more rapidly in preschool-aged children than in any other group.

- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Among Lincoln Parish children under 18, 11.2% currently have asthma.

- Nearly identical to national findings (11.4%).
- + Childhood asthma is higher among children in Ruston (13.5%).
- We Viewed by age and gender, differences in asthma prevalence are not statistically significant.



Child Has Asthma

Source: 2008 PRC Community Health Survey, Professional Research Consultants. (Item 144) 2008 PRC National Health Survey, Professional Research Consultants.

Note:

Asked of respondents with children aged 0-17. Reflects children who have ever been diagnosed with asthma and whose parent states that they still have the condition.

INJURY & VIOLENCE

The risk of injury is so great that most persons sustain a significant injury at some time during their lives. Nevertheless, this widespread human damage too often is taken for granted, in the erroneous belief that injuries happen by chance and are the result of unpreventable "accidents." In fact, many injuries are not "accidents," or random, uncontrollable acts of fate; rather, most injuries are predictable and preventable.

For ages I through 44 years, [U.S.] deaths from injuries far surpass those from cancer—the overall leading natural cause of death at these ages—by about three to one. Injuries cause more than two out of five deaths (43 percent) of children aged I through 4 years and result in four times the number of deaths due to birth defects, the second leading cause of death for this age group. For ages 15 to 24 years, injury deaths exceed deaths from all other causes combined from ages 5 through 44 years. For ages 15 to 24 years, injuries are the cause of nearly four out of five deaths. After age 44 years, injuries account for fewer deaths than other health problems, such as heart disease, cancer, and stroke. However, despite the decrease in the proportion of deaths due to injury, the death rate from injuries is actually higher among older persons than among younger persons.

- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Unintentional Injury

Leading Causes of Unintentional Injury Deaths

Motor vehicle crashes (47.1%), poisoning (8.6%) and falls (8.6%) were the top three causes of accidental deaths in Lincoln Parish between 2003 and 2005.



(Related Issue: see also "Substance Abuse.")

Age-Adjusted Unintentional Injury Deaths

Between 2003 and 2005, the annual average age-adjusted unintentional injury death rate in Lincoln Parish was 57.4 deaths per 100,000 population.

- Similar to the rate found statewide (56.9).
- Much higher than found nationally (38.1).
- More than three times the Healthy People 2010 objective (17.5 or lower).

Age-Adjusted Mortality: Unintentional Injuries (2003-2005 Annual Average Deaths per 100,000 Population) Healthy People 2010 Objective is 17.5/100,000 or lower 100.0 80.0 57.4 56.9 60.0 38.1 40.0 20.0 0.0 Lincoln Parish Louisiana **United States** Source:

 CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2008.
 Healthy People 2010. 2nd Edition, U.S. Denartment of Health and Human Services. Washington, DC: U.S. Government Printing Office. November 2000

 Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. (Objective 15-13)
 Note: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Deams are coded using the renth Revision of the International Statistical Classification of Diseases and Related Realth Pro Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Wiewed by race, unintentional injury death rates are much higher among Whites than Blacks in Lincoln Parish.

Age-Adjusted Mortality: Unintentional Injuries



(2003-2005 Annual Average Deaths per 100,000 Population; Lincoln Parish by Race) Healthy People 2010 Objective is 17.5/100,000 or lower

Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2008.

 Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. (Objective 15-13)

Note: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population. In recent years, Lincoln Parish age-adjusted unintentional injury death rates have increased significantly. Statewide rates have also increased, more so than found nationwide.

Age-Adjusted Mortality: Unintentional Injuries



Ince: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2008.

Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. (Objective 15-13)
 Note: Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Motor Vehicle Safety

Age-Adjusted Motor-Vehicle Related Deaths

Between 2003 and 2005, the annual average age-adjusted motor vehicle crash death rate in the area was 26.4 deaths per 100,000 population.

- Less favorable than the Louisiana rate (22.2).
- Less favorable than the national rate (15.2).
- Nearly three times the Healthy People 2010 objective (9.2 or lower).

Age-Adjusted Mortality: Motor Vehicle Accidents

(2003-2005 Annual Average Deaths per 100,000 Population)



m Motor vehicle accident mortality is much higher among Whites in Lincoln Parish.

Age-Adjusted Mortality: Motor Vehicle Accidents

(2003-2005 Annual Average Deaths per 100,000 Population; Lincoln Parish by Race)



 Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. (Objective 15-15a)

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

Across Lincoln Parish, motor vehicle accident deaths have increased overall between 1999 and 2005.

Age-Adjusted Mortality: Motor Vehicle Accidents



Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2008.

 Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. (Objective 15-15a)

Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Note:

Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2008.

Seat Belt Usage - Adults

Most Lincoln Parish adults (82.5%) report "always" wearing a seat belt when driving or riding in a vehicle.

- Similar to national findings (83.5%).
- Fails to satisfy the Healthy People 2010 objective of 92% or higher.
- Similar by sub-area.



The following demographic segments are less likely to report consistent seat belt usage:

- ith Men.
- m Blacks.

"Always" Wear a Seat Belt When Driving or Riding in a Vehicle (Lincoln Parish, 2008) Healthy People 2010 Objective is 92% or higher 100.0% 86.1% 85.6% 85.1% 84.3% 83.3% 82.5% 82.2% 80.3% 79.7% 79.7% 77.7% 80.0% 60.0% 40.0% 20.0% 0.0% Men Women 18-39 40-64 100%-199% 200%+ White Black Lincoln 65+ Below FPL FPL FPL Parish 2008 PRC Community Health Survey, Professional Research Consultants. (Item 55) Source: .

Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

(Objective 15-19)

Note: • Asked of all respondents.

FPL = Federal Poverty Level based on household income and number of household members (U.S. Dept. of Health & Human Services poverty guidelines).
 White and Black are non-Hispanic race categorizations.

Seat Belt Usage - Children

A total of 90.2% of Lincoln Parish parents report that their child (aged 0 to 17) "always" wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- Statistically similar to national findings (94.3%).
- + Statistically similar by sub-area.
- m Similar by age.

Child "Always" Wear a Seat Belt or Appropriate Restraint When Riding in a Vehicle



 Source:
 2008 PRC Community Health Survey, Professional Research Consultants. (Item 133, 167, 168)

 2008 PRC National Health Survey, Professional Research Consultants.

 Health y People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000. (Objective 15-19)

 Note:
 Asked of respondents with children aged 0 to 17 living in the household.

Bicycle Safety

Only one-fourth (25.0%) of Lincoln Parish children aged 5 to 16 are reported to "always" wear a helmet when riding a bicycle.

- 0 Much less favorable than national findings (41.7%).
- Lower within the city of Ruston (19.9%). +
- in Note also that helmet usage is higher among teenagers.

Child "Always" Wears a Helmet When Riding a Bicycle



Note:

Firearms Safety

Survey respondents were further asked about the presence of weapons in the home: "Are there any firearms now kept in or around your home, including those kept in a garage, outdoor storage area, truck, or car?" For the purposes of this inquiry, "firearms" include pistols, shotguns, rifles, and other types of guns, but do NOT include starter pistols, BB guns, or guns that cannot fire.

Overall, 53.4% of Lincoln Parish adults have a firearm kept in or around their home.

- Much higher than the national prevalence (35.3%). 0
- + Higher in the parts of Lincoln Parish outside the city of Ruston.
- m Note that 51.7% of area households with children have a firearm in or around the home (much higher than the national prevalence of 31.2%).



Have a Firearm Kept in or Around the Home

2008 PRC Community Health Survey, Professional Research Consultants. (Items 59, 165) 2008 PRC National Health Survey, Professional Research Consultants. Source:

Note:

In this case, the term "firearm" includes pistols, shotguns, rifles, and other types of guns. This does NOT include starter pistols, BB guns, or guns that cannot fire. Guns can be in or around the home, including those kept in a garage, outdoor storage area, truck, or car.

Asked of all respondents.

Reports of firearms in or around the home are more prevalent among the following respondent groups:

- া Men.
- m Adults aged 40 and older.
- m Higher-income households.
- White respondents.



Have a Firearm Kept in or Around the Home

fire. Guns can be in or around the home, including those kept in a garage, outdoor storage area, truck, or car.

Among Lincoln Parish households with firearms, 21.2% report that there is at least one weapon that is kept unlocked and loaded.

- Less favorable than found nationally (15.2%).
- Fails to satisfy the *Healthy People 2010* target (16% or lower).
- + Similar by sub-area (not shown).

Household Has An Unlocked, Loaded Firearm

(Among Respondents Reporting a Firearm in or Around the Home)



Age-Adjusted Intentional Injury Deaths

Homicide

Between 2003 and 2005, the annual average age-adjusted homicide death rate in the area was 6.8 deaths per 100,000 population.

- More favorable than the Louisiana rate (13.3). 0
- Just above the national homicide rate (6.2). Ο
- Fails to satisfy the Healthy People 2010 goal of 3.0 or lower. Ο



Age-Adjusted Mortality: Homicide

(2003-2005 Annual Average Deaths per 100,000 Population)

Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

m The Lincoln Parish homicide death rate is slightly higher among Blacks in the parish when compared with Whites.



Age-Adjusted Mortality: Homicide

Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

(Objective 15-32) Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) · Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population

Note



Age-Adjusted Mortality: Homicide

Data extracted November 2008

Healthy People 2010, 2nd Edition, U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000, (Objective 15-32) · Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population. Note

Suicide

Between 2003 and 2005, the annual average age-adjusted suicide death rate in Lincoln Parish was 8.2 deaths per 100,000 population.

- 0 More favorable than the statewide rate (11.2).
- More favorable than the national rate (10.9). 0
- Fails to satisfy the Healthy People 2010 objective (5.0 or lower). Ο



Age-Adjusted Mortality: Suicide

and Informatics. Data extracted November 2008. Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

(Objective 18-1) Note: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

ŧŤŧ Suicide mortality rates in 2003-2005 were twice as high among Whites in Lincoln Parish than among Blacks.



Age-Adjusted Mortality: Suicide

(2003-2005 Annual Average Deaths per 100,000 Population; Lincoln Parish by Race)

CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance Source and Informatics. Data extracted November 2008.

Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. (Objective 18-1)

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

Over the past several years, no significant trend is apparent in suicide mortality in Lincoln Parish.



Age-Adjusted Mortality: Suicide

Data extracted November 2008.

Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. (Objective 18-1) . Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population. Note

(Related Issue: see also "Mental Health.")

Violent Crime

Violence claims the lives of many of the Nation's young persons and threatens the health and wellbeing of many persons of all ages in the United States. On an average day in America, 53 persons die from homicide, and a minimum of 18,000 persons survive interpersonal assaults, 84 persons complete suicide, and as many as 3,000 persons attempt suicide.

Youth continue to be involved as both perpetrators and victims of violence. Elderly persons, females, and children continue to be targets of both physical and sexual assaults, which are frequently perpetrated by individuals they know.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Self-Reported Violent Crime Victimization

Among surveyed adults, 3.7% acknowledged being the victim of a violent crime in the past five years.

- Statistically similar to national findings (2.4%).
- Statistically similar between the two sub-areas.



Victim of a Violent Crime in the Past Five Years

Family Violence

Child Abuse Reports

In Lincoln and Jackson Parishes combined, there were 100 validated allegations of child abuse in 2006.

- 67% of these reports were due to neglect.
- 30% were due to physical abuse and 3% were due to sexual abuse.



Intimate Partner Violence

13.4% of survey respondents in Lincoln Parish indicate that they have been threatened with physical violence by an intimate partner at some time in their life.

- Similar to national findings (14.6%).
- Statistically similar between areas.



Have Ever Been Threatened With Physical Violence by an Intimate Partner

A total of 12.4% of residents report that they have been hit, slapped, pushed, kicked, or hurt in some way by an intimate partner.

- More favorable than the 15.0% reported across the nation. 0
- No statistical difference by sub-area.



Have Ever Been Hit, Slapped, Pushed,

Related Focus Group Findings: Injury & Violence

The focus group participants often attributed violence in the area to drug and alcohol use. Violence in school-aged children has gone up; participants discussed the possibility that a lack of mental health services in the area is causing the problem. Children aren't getting the help they need at an early age, thus causing them to become or remain violent. That, coupled with substance abuse, leads to violence, especially in the youth sector. Focus group participants also cited a number of sociological reasons for the increase in violence.

The ones who are drinking, they aren't drinking to get a buzz. They're drinking to get drunk. And I think that, too, has contributed to the violence. I think what's been brought out here, the lack of psychological services to get these youngsters when they're down in the elementary grades and they're bullied, that leads to this violence. The substance abuse problem and the bullying problem at a very early age led to this increase. - Social Services Provider

The violence on TV, the gratuitous things they can see on the Internet, video games, the violent video games. They don't go outside and play anymore, so they're not learning social skills. - Social Services Provider

Our community is beginning to see more. There needs to be more in the way of mental health. Issues that breed violence need to be addressed. If the right resources aren't there, and people aren't directed to taking advantage of that, they won't be able to control themselves. Home environment has a direct effect on injury and violence in the community. - Community Leader

On initial evaluation, they say about 90% of the people were doing drugs or alcohol when they committed their crimes. - Community Leader

DIABETES

Diabetes affects nearly 16 million Americans and contributes to about 200,000 deaths a year. Diabetes can cause heart disease, stroke, blindness, kidney failure, leg and foot amputations, pregnancy complications, and deaths related to influenza and pneumonia. About 5.4 million Americans are unaware they have the disease.

- Among U.S. adults, diagnosed diabetes (including gestational diabetes) increased 49% from 1990 to 2000. The largest increase was among people aged 30–39. Type 2 affects 90%–95% of people with diabetes and is linked to obesity and physical inactivity.
- · More than 18% of U.S. adults older than age 65 have diabetes.
- · Diabetes affects more women than men.

The direct and indirect costs of diabetes in America are nearly \$100 billion a year.

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

Age-Adjusted Diabetes Mellitus Deaths

Between 2003 and 2005, there was an annual average of 53.8 age-adjusted diabetes mellitus deaths per 100,000 population in Lincoln Parish.

- Much higher than the statewide rate (39.7).
- More than double the U.S. rate (24.8).
- Far from satisfying the Healthy People 2010 objective of 15.1 or lower.



Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2008.

- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. (Objective 15-13)
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 - *The Healthy People 2010 target for diabetes is adjusted to account for only diabetes mellitus coded deaths (Objective 5-5).

Note:

m Diabetes mellitus deaths in Lincoln Parish are nearly three times as prevalent among Blacks than among Whites.



Age-Adjusted Mortality: Diabetes Mellitus

CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance Source and Informatics. Data extracted November 2008.

Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. (Objective 15-13) Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Note:

Note:

Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population. *The Healthy People 2010 target for diabetes is adjusted to account for only diabetes mellitus coded deaths (Objective 5-5).

Between 1999 and 2005, age-adjusted diabetes mellitus deaths in Lincoln Parish showed

no clear trend.

Age-Adjusted Mortality: Diabetes Mellitus

(Annual Average Deaths per 100,000 Population)



CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Source • Data extracted November 2008.

Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. (Objective 15-13) Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population. *The Healthy People 2010 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths (Objective 5-5)

Prevalence of Diabetes

Among surveyed Lincoln Parish adults, 9.4% report having been diagnosed with diabetes.

- Statistically similar to the proportion statewide (10.2%). Ο
- Statistically similar to national proportion (11.1%). \circ
- No difference between the two Lincoln Parish sub-areas. +



Self-Reported Prevalence of Diabetes

A higher prevalence of diabetes is reported among the following demographic groups:

- m Older adults (note a positive correlation with age, with 27.5% of seniors with diabetes).
- ŧŤŧ Persons living just above the poverty threshold.
- **钟钟** Blacks.



Self-Reported Prevalence of Diabetes

(Lincoln Parish, 2008)

Asked of all respondents.

FPL = Federal Poverty Level based on household income and number of household members (U.S. Dept. of Health & Human Services poverty guidelines). White and Black are non-Hispanic race categorizations

²⁰⁰⁸ PRC Community Health Survey, Professional Research Consultants. (Item 43) Source: Note

Among Lincoln Parish adults with diabetes, most (82.3%) are currently taking insulin or some type of medication to manage their condition.

- Similar to the 84.2% found nationally.
- No difference by sub-area (not shown).



Related Focus Group Findings: Diabetes

Local physicians raised the issue of diabetes during their focus group. Diabetes is an issue that has grown with the increased amount of obesity. There is a need for more education regarding diabetes and how to prevent it. There is also a perceived increase in diabetes among children due to overeating.

Diabetes education and blood pressure screening are major things that would be helpful in the community for diabetes. – Physician

Probably the top three diagnoses I see are hypertension, diabetes, and hyperthyroidism, and they're abundant. That's very common in the South anyway; people here are obese. – Physician

From pediatrics that's probably the biggest thing. Because of obesity on the rise then diabetes, I'm seeing much more of that than I have in the last five or six years. – Physician

ARTHRITIS, OSTEOPOROSIS & CHRONIC PAIN

The current and projected growth in the number of people aged 65 years and older in the United States has focused attention on preserving quality of life as well as length of life. Chief among the factors involving preserving quality of life are the prevention and treatment of musculoskeletal conditions—the major causes of disability in the United States. Among musculoskeletal conditions, arthritis and other rheumatic conditions, osteoporosis, and chronic back conditions have the greatest impact on public health and quality of life.

- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Prevalence of Arthritis & Osteoporosis

Arthritis & Rheumatism

Note:

In all, 18.5% of Lincoln Parish adults report suffering from arthritis or rheumatism.

- More favorable than the statewide prevalence (25.4%).
- More favorable than that found nationwide (24.2%).
- + Lower within the city of Ruston (16.0%).



Self-Reported Prevalence of Arthritis/Rheumatism

Among Lincoln Parish adults aged 65 and older, the prevalence of arthritis or rheumatism is 53.0%.

Asked of all respondents.

Osteoporosis

A total of 4.6% of Lincoln Parish adults report suffering from osteoporosis.

- Lower than that found nationwide (6.7%).
- + Similar by sub-area.

Self-Reported Prevalence of Osteoporosis



Further note that osteoporosis is much more prevalent among women aged 65 and older (affecting 24.8% of this segment).

Prevalence of Chronic Pain

More than one in five Lincoln Parish adults (21.1%) report suffering from sciatica or chronic back pain.

- Comparable to that found nationwide (22.2%).
- + No difference by sub-area.

A total of 19.3% of parish adults suffer from migraines or severe headaches.

- Similar to the 16.8% reported across the United States.
- + Similar by sub-area.

A total of 8.9% of parish adults suffer from chronic neck pain.

- Lower than that found nationwide (12.5%).
- + Similar by sub-area.



Self-Reported Prevalence of Chronic Pain

Source: 2008 PRC Community Health Survey, Professional Research Consultants. (Items 29, 36, 37) 2008 PRC National Health Survey, Professional Research Consultants.

Note: • Asked of all respondents.

VISION & HEARING

Among the five senses, people depend on vision and hearing to provide the primary cues for conducting the basic activities of daily life. At the most basic level, vision and hearing permit people to navigate and to stay oriented within their environment. These senses provide the portals for language, whether spoken, signed, or read. They are critical to most work and recreation and allow people to interact more fully. For these reasons, vision and hearing are defining elements of the quality of life. Either, or both, of these senses may be diminished or lost because of heredity, aging, injury, or disease. Such loss may occur gradually, over the course of a lifetime, or traumatically in an instant.

Conditions of vision or hearing loss that are linked with chronic and disabling diseases pose additional challenges for patients and their families. From the public health perspective, the prevention of either the initial impairment or additional impairment from these environmentally orienting and socially connecting senses requires significant resources. Prevention of vision or hearing loss or their resulting disabling conditions through the development of improved disease prevention, detection, or treatment methods or more effective rehabilitative strategies must remain a priority.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Hearing Trouble

In all, 9.0% of Lincoln Parish adults report being deaf or having difficulty hearing.

- More favorable than that found nationwide (11.7%).
- Lower (7.6%) in Ruston.



Self-Reported Prevalence of Hearing Problems

Among Lincoln Parish adults aged 65 and older, 27.5% have partial or complete hearing loss.

Vision Trouble

A total of 12.4% of Lincoln Parish adults are blind, or have trouble seeing even when wearing corrective lenses.

- Less favorable than that found nationwide (9.1%).
- + Similar by sub-area.



m Among Lincoln Parish adults aged 65 and older, 23.2% have vision trouble.

ENVIRONMENTAL HEALTH

Air Contaminants

A total of 15.4% of Lincoln Parish adults had an illness or symptom in the past year that they believed to be caused by *indoor* air contaminants (such as dust, mold, smoke or chemicals inside the home or office).

- Lower than national findings (19.0%).
- ✤ Similar by sub-area.

Fewer respondents (7.7%) reported an illness or symptom in the past year that they believed to be caused by <u>outdoor</u> contaminants (such as smog, automobile exhaust or chemicals).

- Lower than found nationwide (12.0%).
- + Similar by sub-area.

Had an Illness or Symptoms in the Past Year Believed to Be Caused by Air Contaminants



Examples of indoor air contaminants include dust, mold, smoke and chemicals.
 Examples of outdoor air contaminants include smog, automobile exhaust and chemicals.

m Men, young adults, and seniors less often report symptoms from indoor contaminants in the past year.



Had an Illness or Symptoms in the Past Year Believed to Be Caused by Indoor Air Contaminants

Examples of indoor air contaminants include dust, mold, smoke and chemicals.

m Middle-aged adults more often report symptoms from outdoor contaminants in the past year.

Had an Illness or Symptoms in the Past Year Believed to Be Caused by Outdoor Air Contaminants



(Lincoln Parish, 2008)

2008 PRC Community Health Survey, Professional Research Consultants. (Item 53) Note:

Asked of all respondents.

FPL = Federal Poverty Level based on household income and number of household members (U.S. Dept. of Health & Human Services poverty guidelines). White and Black are non-Hispanic race categorizations. Examples of outdoor air contaminants include smog, automobile exhaust and chemicals. •

Mold in the Home

Just 2.9% of respondents report having an area of mold in their homes that is greater than the size of a dollar bill.

- Better than found nationwide (6.2%).
- + Similar between the two Lincoln Parish sub-areas (not shown).

Have an Area of Mold in the Home Greater Than the Size of a Dollar Bill (Lincoln Parish, 2008) (Lincoln Parish, 2008) Use 6.2% No 97.1% Use 6.2% Curre : 2008 PCC comunity Heath Survey, Professional Research Consultants. (Item 54) 2008 PCC National Heath Survey, Professional Research Consultants. (Item 54) Tor : Weither Strategy of respondents.

Related Focus Group Findings: Environmental Health

The Ruston environment is perceived as a clean one—one without pollution to make the residents ill.

There is a wonderful environment quality in our community. There might be some areas with substandard housing. There are wonderful parks and recreation. Can all afford that? I don't know what's being made available to the indigent population and their children. The environment itself is a clean community. The majority of the citizens take pride in clean living and healthy living, although it doesn't necessarily translate into all sectors. – Community Leader

INFECTIOUS DISEASE

MMUNIZATION & INFECTIOUS DISEASE

Infectious diseases remain major causes of illness, disability, and death. Moreover, new infectious agents and diseases are being detected, and some diseases considered under control have reemerged in recent years. In addition, antimicrobial resistance is evolving rapidly in a variety of hospital- and community-acquired infections. These trends suggest that many challenges still exist in the prevention and control of infectious diseases.

- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Vaccine-Preventable Disease Incidence

Mumps and Rubella

Between 2005 and 2007, there were no reported cases of mumps or rubella in Lincoln Parish.

Pertussis

Between 2005 and 2007, there were no reported cases of pertussis in Lincoln Parish.

- The Louisiana incidence rate was 0.7 between 2004 and 2006. Ο
- The national pertussis incidence rate was 7.2 (2003-2005 data). 0



Pertussis Incidence

(Annual Average Cases per 100,000 Population)

Louisiana Department of Health and Hospitals •

Centers for Disease Control and Prevention, Division of Public Health Surveillance and Informatics. Epidemiology Program Office.

Rates are per 100,000 population. Note:

Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Hepatitis C

Between 2005 and 2007, there were no reported cases of acute hepatitis C in Lincoln Parish.

- The statewide incidence rate was 0.1 (for 2004 to 2006). 0
- The national hepatitis C incidence rate was 0.3 (for 2003-2005). 0
- Satisfies the Healthy People 2010 objective of 1.0 per 100,000 population. Ο
- The Lincoln Parish hepatitis C incidence rate has remained low and steady over the past several years.



Acute Hepatitis C Incidence

Centers for Disease Control and Prevention, Division of Public Health Surveillance and Informatics. Epidemiology Program Office.

Rates are per 100,000 population. Note:

Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000. (Objective 14-9)

Influenza/Pneumonia Vaccination

Influenza Vaccination

Seniors

Among Lincoln Parish adults aged 65 and older, 58.3% received a flu shot within the past year.

- Less favorable than the Louisiana finding (68.4%). Ο
- Less favorable than the national finding (73.2%). 0
- Ο Fails to satisfy the Healthy People 2010 target (90% or higher).
- Does not vary significantly by sub-area. +
- m Includes 64.2% of men 65+ and 51.9% of women 65+ in Lincoln Parish.

Have Had a Flu Shot in the Past Year



High-Risk Adults*

One-third (35.5%) of Lincoln Parish high-risk adults aged 18 to 64 received a flu shot within the past year.

- Statistically similar to national findings (43.7%).
- Fails to satisfy the Healthy People 2010 target (60% or higher).
- Does not vary significantly by sub-area.
- Includes 38.9% of high-risk men aged 18-64 and 32.4% of high-risk women aged 18-64 in Lincoln Parish.



Have Had a Flu Shot in the Past Year (Among High-Risk Adults Aged 18 to 64)

 Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. (Objective 14-29c)

"High-Risk" includes adults aged 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

^{* &}quot;High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

Pneumonia Vaccination

Seniors

A total of 67.5% of Lincoln Parish adults aged 65 and older have received a pneumonia vaccination at some point in their lives.

- Similar to the Louisiana finding (66.6%).
- Similar to national findings (69.7%).
- Fails to satisfy the Healthy People 2010 objective of 90% or higher.
- + Does not vary significantly by sub-area.
- m Includes 71.6% of men 65+ and 62.9% of women 65+ in Lincoln Parish.



Have Ever Had a Pneumonia Vaccination

High-Risk Adults*

A total of 28.9% of Lincoln Parish high-risk adults aged 18 to 64 have received a pneumonia vaccination at some point in their lives.

- Statistically similar to national findings (36.1%).
- Fails to satisfy the Healthy People 2010 target (60% or higher).
- Does not vary significantly by sub-area.
- Includes 38.1% of high-risk men aged 18-64 and 20.7% of high-risk women aged 18-64 in Lincoln Parish.

Have Ever Had a Pneumonia Vaccination



Hepatitis B Vaccination

A total of 32.9% of Lincoln Parish adults have received a hepatitis B vaccination at some point in their lives.

- Statistically similar to national findings (33.9%). 0
- Higher within the city of Ruston (35.9%). ✦



Have Ever Had a Hepatitis B Vaccine
TUBERCULOSIS

Tuberculosis (TB) is an infectious disease caused by a type of bacteria called *Mycobacterium tuberculosis*. TB is spread from person to person through the air, as someone with active tuberculosis of the respiratory tract coughs, sneezes, yells, or otherwise expels bacteria-laden droplets.

The Institute of Medicine (IOM), an arm of the National Academy of Sciences, released a report in May 2000 that lays out an action plan for eliminating tuberculosis in the United States ... As a key part of the plan, new TB treatment and prevention strategies must be developed that are tailored to the current environment. Among today's hallmarks:

- · Tuberculosis now occurs in ever-smaller numbers in most regions of the country.
- Foreign-born people (both legal and undocumented immigrants) coming to the United States from countries with high rates of TB now account for nearly half of all TB cases.
- Higher numbers of cases are concentrated in pockets located in major metropolitan areas, and this increased prevalence is due, in large part, to the increased number of people with or at risk for HIV/AIDS infection.
- Other groups, such as HIV-infected people and the growing population of prison inmates, the homeless, and intravenous drug abusers, are emerging as being at high risk.
- Ending Neglect: The Elimination Of Tuberculosis In The United States. National Academy of Sciences, Institute of Medicine. Funded by the Centers for Disease Control and Prevention. 2000.

The annual average tuberculosis incidence rate in Lincoln Parish between 2005 and 2007 was 7.5 per 100,000 population.

- Worse than the rate statewide (5.3).
- Worse than the rate nationwide (4.8).
- Fails to satisfy the Healthy People 2010 objective of 1.0 or lower.



Tuberculosis Incidence

(2005-2007 Annual Average Cases per 100,000 Population)

Source:
 Louisiana Department of Health and Hospitals

National Center for Health Statistics. Health, United States.

Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report. Summary of Select Notifiable Diseases.

- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.
- Rates are per 100,000 population.
 The U.S. rate reflects 2004-2006 data

Note:

Ine U.S. rate reflects 2004-2006 data.

Market Tuberculosis incidence has shown no clear trend in Lincoln Parish over the past several years; decreasing trends have been seen statewide and nationally.





Source: Louisiana Department of Health and Hospitals. •

Centers for Disease Control and Prevention. Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Note: • Rates are per 100,000 population. In the United States, HIV/AIDS remains a significant cause of illness, disability, and death, despite declines in 1996 and 1997.

Principal health determinants. Behaviors (sexual practices, substance abuse, and accessing prenatal care) and biomedical status (having other STDs) are major determinants of HIV transmission. Unprotected sexual contact, whether homosexual or heterosexual, with a person infected with HIV and sharing drug-injection equipment with an HIV-infected individual account for most HIV transmission in the United States. Increasing the number of people who know their HIV serostatus is an important component of a national program to slow or halt the transmission of HIV in the United States.

For persons infected with HIV, behavioral determinants also play an important role in health maintenance. Although drugs are available specifically to prevent and treat a number of opportunistic infections, HIV-infected individuals also need to make lifestyle-related behavioral changes to avoid many of these infections. The new HIV antiretroviral drug therapies for HIV infection bring with them difficulties in adhering to complex, expensive, and demanding medication schedules, posing a significant challenge for many persons infected with HIV.

Because HIV infection weakens the immune system, people with tuberculosis (TB) infection and HIV infection are at very high risk of developing active TB disease.

Comparing the 1980s to the 1990s, the proportion of AIDS cases in White men who have sex with men *declined*, whereas the proportion in females and males in other racial and ethnic populations *increased*, particularly among African Americans and Hispanics. AIDS cases also appeared to be *increasing* among injection drug users and their sexual partners. The true extent of the epidemic remains difficult to assess for several reasons, including the following:

- Because of the long period of time from initial HIV infection to AIDS and because highly active antiretroviral therapy (HAART) has slowed the progression to AIDS, new cases of AIDS no longer provide accurate information about the current HIV epidemic in the United States.
- Because of a lack of awareness of HIV serostatus as well as delays in accessing counseling, testing, and care services by individuals who may be infected or are at risk of infection, some populations do not perceive themselves to be at risk. As a result, some HIV-infected persons are not identified and provided care until late in the course of their infection.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Age-Adjusted HIV/AIDS Deaths

Between 2003 and 2005, there were no HIV/AIDS deaths in Lincoln Parish.

- The statewide rate was 9.2 during this time.
- The mortality rate nationwide was 4.5 per 100,000.
- Satisfies the Healthy People 2010 objective (0.7 or lower).

Age-Adjusted Mortality: HIV



and Informatics. Data extracted November 2008. . Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

(Objective 13-14) Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

HIV/AIDS deaths are declining nationally.

Note:



Age-Adjusted Mortality: HIV

(Annual Average Deaths per 100,000 Population)

 CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Source: Data extracted November 2008.

Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. (Objective 13-14) Note: · Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

HIV Cases

New HIV Diagnoses

Between 2005 and 2007, the annual average incidence of new HIV diagnoses was 12.5 per 100,000 population.

Lower than the statewide rate (21.8) and national rate (14.6).



The U.S. rate reflects 2004-2006 data.

Market The incidence of new HIV cases has shown no clear trend in Lincoln Parish.



New HIV Diagnoses

Source:
 Louisiana HIV/AIDS Surveillance Program

Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000. (Objective 13-1)
 Represents cases in adolescents and adults (aged 13 years and older).

Note: • Represents cases in adolescents a • Rates are per 100,000 population.

HIV/AIDS Characteristics

The following data represent characteristics of all persons living with HIV/AIDS in Lincoln Parish through 2007, with a cumulative 23 persons as of 2007.

- Blacks are disproportionately represented among the Lincoln Parish HIV/AIDS population (82.6%).
- Three-fourths of HIV/AIDS cases are men (78.3%).



Estimated Number of Persons Living With AIDS

Among HIV/AIDS cases with a reported mode of transmission, over one-half were contracted through men having sex with men (MSM).



Represents cases in adolescents and adults (aged 13 years and older).
 "IDU" refers to "injected drug use;" "MSM" refers to "men having sex with men," "HRH" is "high-risk heterosexual contact," and
 "NIR" is "no identified risk."

HIV Testing

Among Lincoln Parish adults aged 18 to 64 years, 47.8% report that they have been tested for human immunodeficiency virus (HIV).

- Nearly identical to the proportion found nationwide (47.2%). 0
- No statistical difference by sub-area.

Have Ever Been Tested for Human Immunodeficiency Virus (HIV)



By demographic characteristics:

- It Women more often report having been tested for HIV.
- m A greater proportion of young adults (aged 18 to 39) report that they have been tested for HIV, compared with adults aged 40 to 64.
- m Persons at lower income levels more often report having been tested for HIV.
- m A very high proportion of Lincoln Parish Blacks have had HIV testing.



Have Ever Been Tested for Human Immunodeficiency Virus (HIV)

(Among Respondents Aged 18 to 64; Lincoln Parish, 2008)

• 2008 PRC Community Health Survey, Professional Research Consultants. (Item 101) Source: Note:

Asked of respondents aged 18 through 64.

FPL = Federal Poverty Level based on household income and number of household members (U.S. Dept. of Health & Human Services poverty quidelines) White and Black are non-Hispanic race categorizations.

SEXUALLY TRANSMITTED DISEASES

Sexually transmitted diseases (STDs) refer to the more than 25 infectious organisms transmitted primarily through sexual activity. STDs are among many related factors that affect the broad continuum of reproductive health agreed on in 1994 by 180 governments at the International Conference on Population and Development (ICPD). At ICPD, all governments were challenged to strengthen their STD programs. STD prevention as an essential primary care strategy is integral to improving reproductive health.

Despite the burdens, costs, complications, and preventable nature of STDs, they remain a significant public health problem, largely unrecognized by the public, policymakers, and public health and healthcare professionals in the United States. STDs cause many harmful, often irreversible, and costly clinical complications, such as reproductive health problems, fetal and perinatal health problems, and cancer. In addition, studies of the worldwide human immunodeficiency virus (HIV) pandemic link other STDs to a causal chain of events in the sexual transmission of HIV infection.

- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Safe Sexual Practices

Sexual Partners

Among unmarried Lincoln Parish adults aged 18 to 64, just over one-half (51.7%) report one sexual partner in the past 12 months.

Note that 12.5% report three or more sexual partners in the past 12 months.

- This prevalence is similar to national findings (10.8%).
- + Similar by sub-area.

Number of Sexual Partners in the Past 12 Months

(Among Unmarried Respondents Aged 18 to 64)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. (Item 99) Note: • Asked of unmarried respondents age 18 through 64.

Had Three or More Sexual Partners in the Past Year



Women (aged 18 to 64) are less likely to report three or more sexual partners in the past year.



Had Three or More Sexual Partners in the Past Year

(Among Unmarried Respondents Aged 18 to 64; Lincoln Parish, 2008)

Source: • 2008 PRC Community Health Survey, Professional Research Consultants. (Item 99) Note: • Asked of unmarried resoondents aged 18 through 64.

Asked of unmarried respondents aged 18 through 64.
 FPL = Federal Poverty Level based on household income and number of household members (U.S. Dept. of Health & Human Services poverty guidelines).
 White and Black are non-Hispanic race categorizations.

Condom Use

A total of 46.8% of unmarried Lincoln Parish adults aged 18 to 64 report using a condom during their last sexual intercourse.

- More favorable than the 35.1% reported nationally.
- ✤ Similar by sub-area.



tower among women.



White and Black are non-Hispanic race categorizations.

Gonorrhea

Between 2005 and 2007 in Lincoln Parish, there was an annual average incidence of 305.8 cases of gonorrhea per 100,000 population.

- 0 Worse than found statewide (253.4).
- Worse than found nationally (116.7). \circ
- Fails to satisfy the Healthy People 2010 objective (19.0 or lower). Ο
- In 2007 across Lincoln Parish, 90 of the 98 gonorrhea cases were among Blacks (91.8%). ŧŴŧ



Gonorrhea Incidence

Gonorrhea incidence is decreasing in Lincoln Parish, as found statewide and nationally. ~

Gonorrhea Incidence



Louisiana Department of Health and Hospitals. Source

Centers for Disease Control and Prevention

Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000. (Objective 25-2) Note: Rates are per 100,000 population.

Syphilis

Between 2005 and 2007 in Lincoln Parish, there was an annual average incidence of 2.3 cases of primary and secondary syphilis per 100,000 population.

- Better than found statewide (9.1). 0
- Better than found nationally (3.0). Ο
- Fails to satisfy the Healthy People 2010 objective (0.2 or lower). Ο
- in 2007 across Lincoln Parish, each of the three primary/secondary syphilis cases were among Blacks (100%).

Healthy People 2010 Objective is 0.2/100,000 or lower 20.0 15.0 9.1 10.0 5.0 3.0 2.3 0.0 Lincoln Parish Louisiana **United States** Source: . Louisiana Department of Health and Hospitals Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report. Summary of Select Notifiable Diseases.

Primary/Secondary Syphilis Incidence

(2005-2007 Annual Average Cases per 100,000 Population)

Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000 (Objective 25-3)

Rates are per 100,000 population. Note:

The U.S. rate reflects 2004-2006 data

Syphilis incidence has varied dramatically across Lincoln Parish in recent years. Statewide and nationally, incidence is increasing.



Primary/Secondary Syphilis Incidence

(Annual Average Cases per 100,000 Population)

Louisiana Department of Health and Hospitals Source

Centers for Disease Control and Prevention

Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000. (Objective 25-3)

Note Rates are per 100,000 population.

Chlamydia

Between 2005 and 2007 in Lincoln Parish, there was an annual average incidence of 663.2 cases of chlamydia per 100,000 population.

- Less favorable than found statewide (459.5). 0
- Less favorable than found nationally (333.3). 0
- + In 2007 across Lincoln Parish, 89.1% of the 276 chlamydia cases were among Blacks; 9.1% were among Whites.



Chlamydia Incidence

(2005-2007 Annual Average Cases per 100,000 Population)

Chlamydia incidence is increasing in Lincoln Parish, as it is statewide and nationwide. ~



Chlamydia Incidence

(Annual Average Cases per 100,000 Population)

Centers for Disease Control and Prevention.

Rates are per 100,000 population. Note .

Hepatitis **B**

Between 2005 and 2007 in Lincoln Parish, there was an annual average incidence of 1.6 cases of hepatitis B per 100,000 population.

- Better than found statewide (1.8). 0
- Better than the nationwide incidence rate (1.8). 0



Hepatitis B incidence in Lincoln Parish has fluctuated during recent years.



Centers for Disease Control and Prevention

Note: • Rates are per 100,000 population.

BIRTHS

MATERNAL, INFANT & CHILD HEALTH

The health of mothers, infants, and children is of critical importance, both as a reflection of the current health status of a large segment of the U.S. population and as a predictor of the health of the next generation ... Infant mortality is an important measure of a nation's health and a worldwide indicator of health status and social well-being. As of 1995, the U.S. infant mortality rates ranked 25th among industrialized nations. In the past decade, critical measures of increased risk of infant death, such as new cases of low birth weight (LBW) and very low birth weight (VLBW), actually have increased in the United States. In addition, the disparity in infant mortality rates between Whites and specific racial and ethnic groups (especially African Americans, American Indians or Alaska Natives, Native Hawaiians, and Puerto Ricans) persists. Although the overall infant mortality rate has reached record low levels, the rate for African Americans remains twice that of Whites.

LBW is associated with long-term disabilities, such as cerebral palsy, autism, mental retardation, vision and hearing impairments, and other developmental disabilities ... The general category of LBW infants includes both those born too early (preterm infants) and those who are born at full term but who are too small, a condition known as intrauterine growth retardation (IUGR). Maternal characteristics that are risk factors associated with IUGR include maternal LBW, prior LBW birth history, low prepregnancy weight, cigarette smoking, multiple births, and low pregnancy weight gain. Cigarette smoking is the greatest known risk factor.

African American and Hispanic women also are less likely than Whites to enter prenatal care early. For both African American and White women, the proportion entering prenatal care in the first trimester rises with maternal age until the late thirties, then begins to decline ... Women in certain racial and ethnic groups also are less likely than White women to breastfeed their infants.

Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Adequate Prenatal Care

Early and continuous prenatal care is the best assurance of infant health. One measure of adequate prenatal care is the modified Kessner Index. Prenatal care is defined as adequate with this index if the first prenatal visit occurs in the first trimester of pregnancy and if the total number of visits was appropriate to the gestational age of the baby at birth.

Just over three-fourths (78.6%) of all 2003-2005 Lincoln Parish births received at least adequate prenatal care during pregnancy.

- Similar to the proportion statewide (80.9%).
- Similar to the proportion nationwide (77.2%).
- Fails to meet the Healthy People 2010 target (90% or higher).

Mothers Receiving Adequate Prenatal Care



Percent of women receiving adequate prenatal care according to modified Kessner index. Prenatal care is defined as adequate if the first prenatal visit occurs in the first trimester of pregnancy and if the total number of visits was appropriate to the gestational age of the baby at birth.
 The U.S. percentage reflects 2002-2004 data.

Adequate prenatal care is notably lower among Black Lincoln Parish mothers when compared with White mothers.



Mothers Receiving Adequate Prenatal Care

(2003-2005 Percentage of Live Births, by Race)

Source: • Louisiana State Center for Health Statistics

 Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. (Objective 16-6a).

Note: • Percent of women receiving adequate prenatal care according to modified Kessner index. Prenatal care is defined as adequate if the first prenatal visit occurs in the first trimester of pregnancy and if the total number of visits was appropriate to the gestational age of the baby at birth.

The proportion of women receiving adequate prenatal care has dramatically increased in Lincoln Parish since 1996-1998.



Mothers Receiving Adequate Prenatal Care

· Louisiana State Center for Health Statistics

Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000 (Objective 16-6a). Note Percent of women receiving adequate prenatal care according to modified Kessner index. Prenatal care is defined as adequate if the first prenatal visit occurs in the first trimester of pregnancy and if the total number of visits was appropriate to the gestational age of the baby at birth.

Birth Outcomes

Low-Weight Births

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

9.4% of 2002-2004 Lincoln Parish births were of low birthweight.

- Better than the statewide proportion (10.5%). 0
- 0 Worse than the percentage nationwide (7.9%).
- Fails to satisfy the Healthy People 2010 target (5% or lower). Ο



Low-Weight Births



Low-Weight Births

(2002-2004 Percentage of Live Births, by Race)

Low-weight births have risen in recent years within Lincoln Parish.



Low-Weight Births

Note . Numbers are a percentage of all live births within each population

Infant Mortality

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

Between 2003 and 2005 in Lincoln Parish, there was an annual average of 15.1 infant deaths per 1,000 live births.

- Much higher than the Louisiana infant mortality rate (9.7). 0
- More than twice the infant mortality rate nationwide (6.9). \circ
- Fails to satisfy the Healthy People 2010 target (4.5 per 1,000 live births). Ο

Infant Mortality Rates



Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC:

Note:

Note:

U.S. Covernment Printing Office, November 2000 (Objective 16-1c). Rates are three-year averages of deaths of children under 1 year old per 1,000 live births. Regional numbers are based on state data weighted by population. .

m Note that Blacks in the parish experience a higher rate of infant mortality.



Infant Mortality Rates

(2003-2005 Infant Deaths per Live Births, by Race)

CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Source . Data extracted November 2008.

Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 (Objective 16-1c). Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

. Regional numbers are based on state data weighted by population. Market Infant mortality rates have increased dramatically in Lincoln Parish. However, these rates are based on relatively few infant deaths.



Infant Mortality Rates

CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2008.

. Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC:

Note:

U.S. Government Printing Office, November 2000 (Objective 16-1c).
Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.
Regional numbers are based on state data weighted by population.

FAMILY PLANNING

In an era when technology should enable couples to have considerable control over their fertility, half of all pregnancies in the United States are unintended. Although between 1987 and 1994 the proportion of pregnancies that were unintended declined in the United States from 57 to 49 percent, other industrialized nations report fewer unintended pregnancies, suggesting that the number of unintended pregnancies can be reduced further. Family planning remains a keystone in attaining a national goal aimed at achieving planned, wanted pregnancies and preventing unintended pregnancies.

Socially, the costs can be measured in unintended births, reduced educational attainment and employment opportunity, greater welfare dependency, and increased potential for child abuse and neglect. Economically, healthcare costs are increased ... The consequences of unintended pregnancy are not confined to those occurring in teenagers or unmarried couples. In fact, unintended pregnancy can carry serious consequences at all ages and life stages.

With an unintended pregnancy, the mother is less likely to seek prenatal care in the first trimester and more likely not to obtain prenatal care at all. She is less likely to breastfeed and more likely to expose the fetus to harmful substances, such as tobacco or alcohol. The child of such a pregnancy is at greater risk of low birth weight, dying in its first year, being abused, and not receiving sufficient resources for healthy development. A disproportionate share of the women bearing children whose conception was unintended are unmarried or at either end of the reproductive age span—factors that, in themselves, carry increased medical and social burdens for children and their parents. Pregnancy begun without some degree of planning often prevents individual women and men from participating in preconception risk identification and management.

Unintended pregnancies occur among females of all socioeconomic levels and all marital status and age groups, but females under age 20 years and poor and African American women are especially likely to become pregnant unintentionally. More than 4 in 10 pregnancies to White and Hispanic females [nationwide] are unintended; 7 in 10 pregnancies to African American females [nationwide] are unintended; 8 pregnancies to greater difficulty in using reversible contraceptive methods successfully, with these females also the least likely to have the resources necessary to access family planning services and the most likely to be affected negatively by an unintended pregnancy.

- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Births to Unwed Mothers

According to the CDC, an unintended pregnancy is a pregnancy that is either mistimed or unwanted at the time of conception. It is a core concept in understanding the fertility of populations and the unmet need for contraception. Unintended pregnancy is associated with an increased risk of morbidity for women, and with health behaviors during pregnancy that are associated with adverse effects. For example, women with an unintended pregnancy may delay prenatal care, which may affect the health of the infant. Women of all ages may have unintended pregnancies, but some groups, such as teens, are at a higher risk.

Because it is impossible to measure the true incidence of unintended pregnancy in the U.S., the following indicator looks at births occurring among unmarried mothers as a proxy measure for pregnancies that are not intended (knowing that this is not always the case).

A total of 46.2% of 2002-2004 Lincoln Parish births were to unmarried mothers.

- Similar to the proportion statewide (47.9%).
- Higher than the proportion nationwide (34.8%).



Births to Unwed Mothers

(2002-2004 Average Annual Percentage of Births to Unwed Mothers)

Over the past several years, the proportions of births to unmarried women have increased slightly (in Lincoln Parish as well as at the state and national levels).



Births to Unwed Mothers (Percentage of Live Births)

Source:
 Louisiana State Center for Health Statistics

Note

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

Numbers are a percentage of all live births within each population.

Births to Teenage Mothers

For teenagers, the problems associated with unintended pregnancy are compounded, and the consequences are well documented. Teenage mothers are less likely to get or stay married, less likely to complete high school or college, and more likely to require public assistance and to live in poverty than their peers who are not mothers. Infants born to teenage mothers, especially mothers under age 15 years, are more likely to suffer from low birth weight, neonatal death, and sudden infant death syndrome. The infants may be at greater risk of child abuse, neglect, and behavioral and educational problems at later stages. Nearly I million teenage pregnancies occur each year in the United States.

- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Between 2003 and 2005, 13.9% of area births were to women under 20 years of age.

- Similar to the statewide percentage (14.4%). 0
- Higher than the proportion seen nationally (10.3%). 0



Births to Teens (Under Age 20)

Note:

Numbers are a percentage of all live births. Regional numbers are based on state data weighted by population. m Viewed by race, note that teen birth rates are twice as prevalent among Blacks than among Whites.



Births to Teens (Under Age 20)

Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC:

U.S. Government Printing Office, November 2000 (Objective 16-1c).

Note:

Numbers are percentages of all live births. · Regional numbers are based on state data weighted by population.

The percentage of births to teens is decreasing in Lincoln Parish overall, echoing the ~ decreasing trend reported across Louisiana and the nation as a whole.

Births to Teens (Under Age 20)

(Teen Births as a Percentage of All Live Births) 50.0% 40.0% 30.0% 20.0% 10.0% 0.0% 1998-2000 1999-2001 2000-2002 2001-2003 2002-2004 2003-2005 1996-1998 1997-1999 Lincoln Parish 17.6% 18.1% 17.1% 16.2% 16.0% 15.0% 15.0% 13.9% Louisiana🌣 18.6% 18.1% 17.6% 16.8% 16.2% 15.5% 15.1% 14.4% 12.2% United States 12.7% 11.8% 10.8% 10.4% 10.3% 12.5% 11.3%

Source:

Louisiana State Center for Health Statistics
Numbers are a percentage of live births. Note:

· Regional numbers are based on state data weighted by population.

ACTUAL CAUSES OF DEATH

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the *actual* causes of premature death (reflecting underlying risk factors) are often preventable.

| Leading Causes of Death | Underlying Risk Factors (Actual Causes of Death) | |
|-------------------------|--|---|
| Cardiovascular disease | Tobacco use Elevated serum cholesterol High blood pressure | Obesity Diabetes Sedentary lifestyle |
| Cancer | Tobacco use Improper diet | Alcohol Occupational/environmental exposures |
| Cerebrovascular disease | High blood pressure Tobacco use | Elevated serum cholesterol |
| Accidental injuries | Safety belt noncompliance Alcohol/substance abuse Reckless driving | Occupational hazards Stress/fatigue |
| Chronic lung disease | Tobacco use | Occupational/environmental exposures |

Source: National Center for Health Statistics/U.S. Department of Health and Human Services, Health United States: 1987. DHHS Pub. No. (PHS) 88–1232.

In particular, a 2002 study (an update to a landmark 1993 study), estimated that **as many as 40% of premature deaths in the United States are attributed to behavioral factors**. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.²

The most prominent contributors to mortality in the United States in 2000 were **tobacco** (an estimated 435,000 deaths), **diet and activity patterns** (400,000), **alcohol** (85,000), **microbial agents** (75,000), **toxic agents** (55,000), **motor vehicles** (43,000), **firearms** (29,000), **sexual behavior** (20,000), **and illicit use of drugs** (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, **poor diet and physical inactivity may soon overtake tobacco as the leading cause of death.** These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the U.S. healthcare and public health systems has become more urgent.

- Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

² "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs, Vol. 21, No. 2, March/April 2002.



Sources: "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs, Vol. 21, No. 2, March/April 2002. "Actual Causes of Death in the United States"; (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH) JAMA, 291(2004):1238-1245.

NUTRITION & OVERWEIGHT

Nutrition

Consumption of Fruits & Vegetables

Daily Recommendation

A total of 34.7% of surveyed Lincoln Parish adults report eating five or more servings of fruits and/or vegetables per day.

- Worse than national findings (43.5%). 0
- + Similar by area.



Consume Five or More Servings of Fruits/Vegetables per Day

The following chart further examines fruit/vegetable consumption by various demographic characteristics. As shown, fruit and vegetable consumption does not appear to vary significantly by select demographics.



Consume Five or More Servings of Fruits/Vegetables per Day

Source: • 2008 PRC Community Health Survey, Professional Research Consultants. (Item 156) Note: • Asked of all resonndents

FPL = Federal Poverty Level based on household income and number of household members (U.S. Dept. of Health & Human Services poverty guidelines). White and Black are non-Hispanic race categorizations

Fruits

Less than one-half of Lincoln Parish adults (43.7%) report eating at least two servings of fruit per day.

- 0 Less favorable than national findings (58.4%).
- Fails to satisfy the Healthy People 2010 target (75% or higher). Ο
- No difference by sub-area. +

Consume Two or More Servings of Fruits per Day



Vegetables

32.1% of survey respondents report eating three or more servings of vegetables per day, at least one-third of which are dark green or orange vegetables.

- Less favorable than national findings (38.8%). 0
- Fails to satisfy the Healthy People 2010 target (50% or higher). Ο
- No significant differences by area. +

Consume Three or More Servings of Vegetables per Day, One-Third of Which Are Dark Green or Orange



2008 PRC National Health Survey, Professional Research Consultants. Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. (Objective 19-6) Asked of all respondents.

For this issue, respondents were asked to recall the foods they had eaten on the day prior to the interview

Note:

Health Advice About Diet & Nutrition

A total of 31.4% of Lincoln Parish respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Less favorable than to national findings (38.2%). 0
- + Lower among residents in Ruston (not shown).
- m Note: Among Lincoln Parish obese respondents, 41.6% report receiving diet/nutrition advice.

Physician Has Asked About or Given Advice Regarding Diet & Nutrition in the Past Year



(By Weight Status)

2008 PRC National Health Survey, Professional Research Consultants.

Body Weight

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m²). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] \times 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m² and obesity as a BMI of \geq 30 kg/m². The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m². The increase in mortality, however, tends to be modest until a BMI of 30 kg/m² is reached. For persons with a BMI of \geq 30 kg/m², mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/ m^2 .

Overweight and obesity result from a complex interaction between genes and the environment characterized by long-term energy imbalance due to a sedentary lifestyle, excessive caloric consumption, or both. They develop in a socio-cultural environment characterized by mechanization, sedentary lifestyle, and ready access to abundant food. Attempts to prevent overweight and obesity are difficult to both study and achieve.

- 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.

Asked of all respondents. Note:

| CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI | | | |
|---|--|--|--|
| | | BMI (kg/m2) | |
| Underweight | | <18.5 | |
| Normal | | 18.5 – 24.9 | |
| Overweight | | 25.0 – 29.9 | |
| Obesity | Obesity Class | | |
| | Ι | 30.0 - 34.9 | |
| | II | 35.0 - 39.9 | |
| Extreme Obesity | III | ≥40 | |
| Source: Clinical Guidelines on the Identification, Evalua | tion, and Treatment of Overweight and Obesity in A | dults: The Evidence Report. National Institutes of Health. | |

Healthy Weight

Based on self-reported heights and weights, 32.9% of Lincoln Parish adults are at a healthy weight (neither underweight nor overweight, BMI = 18.5-24.9).

- Statistically similar to the Louisiana ratio (34.8%).
- Comparable to the national findings (32.0%).
- Far from reaching the Healthy People 2010 target (60% or higher).
- No statistical difference by area.



Healthy Weight

 Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2007 Louisiana data.

Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.
 Based on self-reported height and weight, asked of all respondents.

The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

Overweight Status

Note:

Adults

In all, 65.9% of Lincoln Parish adults are overweight (BMI \geq 25).

- Nearly identical to the Louisiana percentage (65.2%).
- Similar to the U.S. overweight proportion (67.4%).
- + Similar between the two sub-areas in Lincoln Parish.

Specifically, 29.0% of Lincoln Parish adults are obese (BMI \geq 30).

- Near the Louisiana percentage (30.7%). 0
- Identical to U.S. findings (29.0%). 0
- Fails to satisfy the Healthy People 2010 target (15% or lower). Ο
- More favorable (26.7%) in the city of Ruston. +



Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and

- Prevention (CDC): 2007 Louisiana data. 2008 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. (Objective 19-2) Based on self-reported height and weight, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0

Obesity is more prevalent among:

- m Adults aged 40 to 64.
- ŧŤŧ Blacks.

Note:

Note:



Prevalence of Obesity

Source: .

2008 PRC Community Health Survey, Professional Research Consultants. (Item 146) Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000. (Objective 19-2)

Based on self-reported height and weight, asked of all respondents. FPL = Federal Poverty Level based on household income and number of household members (U.S. Dept. of Health & Human Services poverty guidelines). White and Black are non-Hispanic race categorizations

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.

Relationship of Overweight With Other Health Issues

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

Among Lincoln Parish community members, overweight and obese adults are more likely to report a number of adverse health conditions.

These include:

- Hypertension (high blood pressure).
- Chronic depression.
- High cholesterol.
- "Fair" or "poor" physical health.
- Arthritis/rheumatism.
- Sciatica/chronic back pain.
- Activity limitations.
- "Fair" or "poor" mental health.
- Diabetes.
- Major depression.
- Chronic lung disease.



Relationship of Overweight With Other Health Issues

(Lincoln Parish, 2008)

Source: • 2008 PRC Community Health Survey, Professional Research Consultants. (Items 5,25,28,29,33,43,113,114,117,139,140) Note: • Reflects responses among all of respondents, segmented by their bodyweight category (categories are mutually exclusive).

Health Advice About Weight Management

18.3% of Lincoln Parish adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Less favorable than national findings (25.7%).
- **M** Note that 31.5% of <u>obese</u> Lincoln Parish adults have been given advice about their weight by a health professional in the past year.

Physician, Nurse or Other Health Professional Has Given Advice About Weight in the Past Year



(By Weight Status)

Note: • Asked of all respondents.

Weight Control

Many diseases are associated with overweight and obesity. Persons who are overweight or obese are at increased risk for high blood pressure, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea, respiratory problems, and some types of cancer. The health outcomes related to these diseases, however, often can be improved through weight loss or, at a minimum, no further weight gain. Total costs (medical costs and lost productivity) attributable to obesity alone amounted to an estimated \$99 billion in 1995.

Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

36.5% of Lincoln Parish adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- Less favorable than the national findings (43.0%).
- + Similar by area (not shown).
- Note: 43.2% of obese Lincoln Parish adults report that they are trying to lose weight through a combination of diet and exercise.

Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity



(Among Respondents Who Are Overweight; By Weight Status)

Source: 2008 PRC Community Health Survey, Professional Research Consultants. (Item 147) 2008 PRC National Health Survey, Professional Research Consultants.

Reflects responses among overweight respondents (categories are not mutually exclusive).

Child Overweight

In children and teens, body mass index is used to assess underweight, overweight, and risk for overweight. Children's body fatness changes over the years as they grow. Also, girls and boys differ in their body fatness as they mature. This is why BMI for children (also referred to as BMI-for-age) is gender- and age-specific. BMI-for-age is plotted on gender specific growth charts. These charts are used for children and teens 2 - 20 years of age. Healthcare professionals use the following established percentile cutoff points to identify underweight and overweight in children.



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

16.6% of Lincoln Parish children aged 6 to 17 are overweight, based on heights/ weights reported by surveyed parents.

- Much more favorable than the national ratio (26.1%). 0
- 🔶 Similar by area.
- m Varies from 25.6% among Lincoln Parish children aged 6 to 12 to 6.2% among teens, and from 10.6% among area girls to 21.7% among area boys.



Child Overweight

2008 PRC National Health Survey, Professional Research Consultants.

Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000. (Objective 19-3a-b) Asked of all respondents with children aged 6 to 17 at home

Note:

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

Related Focus Group Findings: Nutrition & Overweight

The issues of obesity and nutrition were discussed at length in each of the five focus groups. Various related topics included families not eating together, convenience ruling over healthfulness, and schools serving carbohydrate-rich foods. The Southern culture of fried foods was brought up more than once. Focus group participants indicate that there has been an effort to educate the public on healthy eating and healthy lifestyles, but there is still much work to do.

You have the salad bar, you've got the cold line, and then you have the hot line. But yet they take away PE. They might go to PE twice a week. There are no water bottles. The teachers stand at the water line and students have three seconds: "One, two, three. Next. One, two, three." They're not taught any health issues. Look at what the kids are offered at lunchtime. I think they could be more cost-effective and go back to some basics and start teaching the kids more health issues. – Other Healthcare Professional

I would say obesity is a big health concern for the community. - Social Services Provider

We eat a high-fat diet. Drive down the street. There's a fast food restaurant that serves fried food on every corner in Ruston. And that's where they eat." – Social Services Provider

We had an obesity workshop that the state approved several years ago: we tried to get in and do obesity studies and we had the curriculum and it was state-approved. To even find one week in the school year for the health teachers to be able to teach that was difficult because of all of the testing that the schools do. – Social Services Provider

Educating a 50-year old about obesity when she's 150 pounds overweight: I'm not sure she's going to want to lose that weight. But if we can catch the kids at a young age and have a sustained effort there, that can make a difference. – Physician

Louisiana has one of the highest obese rates in the nation. - Business Leader

We're from a state where residents eat a high-fat diet coupled with lower activities, and it's probably something that's going to be difficult to change in the short run. – Business Leader

I was at the school the other day looking down in the cafeteria and over half of the children were fat. They're obese. They have fat hanging off their poor little tummies and it's because they don't know how to go outside and play. They don't know how to eat correctly because many of their parents don't set an example for them to eat. – Community Leader

Our children are heading for heart disease. I mean it doesn't take a brain surgeon to know that. And so we have a society coming that is unhealthy. Our youngsters are not healthy; therefore, we know they're not going to be healthy adults. – Community Leader

I think it hits home with families and what they're buying at the grocery store. If parents can't control themselves, children have a difficult time also. It's a losing battle if parents aren't engaged. – Community Leader
PHYSICAL ACTIVITY & FITNESS

The 1990s brought a historic new perspective to exercise, fitness, and physical activity by shifting the focus from intensive vigorous exercise to a broader range of health-enhancing physical activities. Research has demonstrated that virtually all individuals will benefit from regular physical activity. A Surgeon General's report on physical activity and health concluded that moderate physical activity can reduce substantially the risk of developing or dying from heart disease, diabetes, colon cancer, and high blood pressure. Physical activity also may protect against lower back pain and some forms of cancer (for example, breast cancer), but the evidence is not yet conclusive.

On average, physically active people outlive those who are inactive. Regular physical activity also helps to maintain the functional independence of older adults and enhances the quality of life for people of all ages.

The role of physical activity in preventing coronary heart disease (CHD) is of particular importance, given that CHD is the leading cause of death and disability in the United States. Physically inactive people are almost twice as likely to develop CHD as persons who engage in regular physical activity. The risk posed by physical inactivity is almost as high as several well-known CHD risk factors, such as cigarette smoking, high blood pressure, and high blood cholesterol. Physical inactivity, though, is more prevalent than any one of these other risk factors. People with other risk factors for CHD, such as obesity and high blood pressure, may particularly benefit from physical activity.

- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Work-Related Activity

A majority of employed Lincoln Parish respondents report low levels of physical activity at work.

- 57.0% of employed Lincoln Parish respondents report that their job entails mostly sitting or standing, similar to the U.S. figure (59.3%).
- 29.6% report that their job entails mostly walking (similar to the 26.3% reported 0 nationally).
- 13.4% report that their work is physically demanding (similar to the 14.4% reported 0 across the nation).



Primary Level of Physical Activity at Work

(Among Employed Respondents)

Source 2008 PRC Community Health Survey, Professional Research Consultants. (Item 105) 2008 PRC National Health Survey, Professional Research Consultants

Note Asked of all employed respondents

30.1% of Lincoln Parish adults report no leisure-time physical activity in the past month.

- Nearly identical to the 30.0% across Louisiana. 0
- Similar to national findings (28.8%). 0
- Fails to satisfy the Healthy People 2010 objective (20% or lower). 0
- No difference by area. ✦

No Leisure-Time Physical Activity in the Past Month



Control and Prevention (CDC): 2007 Louisiana data.

2008 PRC National Health Survey, Professional Research Consultants. Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000. (Objective 22-1)

 Asked of all respondents. Note:

The following chart further examines physical inactivity by various demographic characteristics. Lack of leisure-time physical activity is notably higher among the following Lincoln Parish adults:

- ith Women.
- Seniors. ***
- ŧŤŧ Residents living below the federal poverty level.
- Blacks. ***

Note:

No Leisure-Time Physical Activity in Past Month



Source: .

2008 PRC Community Health Survey, Professional Research Consultants. (Item 106) Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC:

U.S. Government Printing Office, November 2000. (Objective 22-1) . Asked of all respondents.

• FPL = Federal Poverty Level based on household income and number of household members (U.S. Dept. of Health & Human Services poverty guidelines). • White and Black are non-Hispanic race categorizations.

Activity Levels

Effects of Physical Inactivity and Unhealthy Diets

- Poor diet and physical inactivity lead to 300,000 deaths each year—second only to tobacco use.
- · People who are overweight or obese increase their risk for heart disease, diabetes, high blood pressure, arthritis-related disabilities, and some cancers.
- Not getting an adequate amount of exercise is associated with needing more medication, visiting a
 physician more often, and being hospitalized more often.

Costs

- The direct medical cost associated with physical inactivity was \$29 billion in 1987 and nearly \$76.6 billion in 2000.
- The annual cost of obesity in the United States is about \$100 billion.
- After controlling for physical limitations and socioeconomic status, researchers found that more than 12% of the annual medical costs of inactive people with arthritis is associated with their inactivity.
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Recommended Levels of Physical Activity

Lincoln Parish adults should strive to meet either of the following physical activity recommendations:

Moderate-intensity physical activities (inducing only light sweating or a slight to moderate increase in breathing or heart rate) for at least 30 minutes on 5 or more days of the week.

- Centers for Disease Control and Prevention/American College of Sports Medicine

<u>OR</u>

Vigorous-intensity physical activity (inducing heavy sweating or a large increase in breathing or heart rate) 3 or more days per week for 20 or more minutes per occasion.

- Healthy People 2010

A total of 39.3% of Lincoln Parish adults participate in regular, sustained moderate or vigorous physical activity.

- Comparable to findings in Louisiana (38.6%).
- Comparable to national findings (38.5%).
- Higher (41.4%) in Ruston.



Lincoln Parish demographic groups less likely to meet the physical activity recommendations include:

- IIII Women.
- m Adults aged 65 and over.



Meets Physical Activity Recommendations

(Lincoln Parish, 2008)

2008 PRC Community Health Survey, Professional Research Consultants. (Item 153) Source: . Note:

Asked of all respondents.

FPL = Federal Poverty Level based on household income and number of household members (U.S. Dept. of Health & Human Services poverty guidelines). White and Black are non-Hispanic race categorizations.

In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Moderate & Vigorous Physical Activity

The individual indicators of moderate and vigorous physical activity are shown in the following chart.

In the past month:

23.8% of Lincoln Parish adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

- Less favorable than the state-wide findings (27.5% in Louisiana) but similar to U.S. findings (22.6% nationally).
- Fails to satisfy the Healthy People 2010 objective for moderate activity (30% or higher).
- ✤ No difference by sub-area (not shown).

Another 29.7% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

- More favorable than the 20.7% reported across Louisiana but similar to the nationwide figure (28.0%).
- Near the Healthy People 2010 objective for vigorous activity (30% or higher).
- + No difference by sub-area (not shown).



Moderate & Vigorous Physical Activity

(Lincoln Parish, 2008)

Health Advice About Physical Activity & Exercise

A total of 36.8% of Lincoln Parish adults report that their physician has asked about or given advice to them about physical activity in the past year.

- Less favorable than the national average (42.7%).
- Lower (less favorable) in Ruston (34.1%).
- Mote: 43.7% of obese Lincoln Parish respondents say that they have talked with their doctor about physical activity/exercise in the past year.

Physician Has Asked About or Given Advice Regarding Physical Activity/Exercise in Past Year



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. (Item 19) • 2008 PRC National Health Survey, Professional Research Consultants.

Note: • Asked of all respondents.

Related Focus Group Findings: Physical Activity

Focus group members do not perceive Lincoln Parish as a community that promotes a healthy lifestyle. The perception is that the community is not doing much to motivate those residents who are unmotivated. This lack of healthy living in turn causes further health issues—issues that possibly could have been prevented. Focus group participants perceive the need for greater emphasis placed on physical education in the schools so that children can get up and get moving, rather than sit all day as they do now.

I think these elementary kids, they're such an impressionable age; more funds could be put into that education of that particular age group. PE has to be done. I don't know why they've gotten away from that, but not just PE—throwing a ball out there and letting it be every man for himself—but more education with wellness and with eating habits and so forth. – Other Healthcare Professional

The sports that are out there are for the child that doesn't have any weight problems. Where is something for the kids that are overweight? They can't go play soccer, they can't go play baseball, they can't go play basketball. You say, 'Yes they can.' Well, where are they going to sit when the game comes? On the bench. – Other Healthcare Professional

It gets down to probably four things: if people would stop smoking, wear their seatbelt, eat right and exercise, the cost of healthcare and the health of the community would improve dramatically. Those are all self-motivated things and they don't teach health like they used to. – Other Healthcare Professional

I believe our parishes are lacking when it comes to having facilities where you can use the education you received. Be it walking trails, running trails, I've got the education—I know I need to exercise, I know I need to eat right. Where do they go ... there is not a pedestrian-friendly area in North Louisiana. – Social Services Provider

We went outside and played, physical activity was our source of entertainment when I grew up, and now things have become where you sit and do. You play video games. You watch television. – Community Leader

We do know that children need more physical activity. - Community Leader

You've got to have more than just the facility. You have to have the program. That's where the education takes place. You can't just build a softball complex and throw the balls out there and let the kids show up. That doesn't educate them; that doesn't teach them anything. It gets them outside, but you also have to find a way to bring the people in there who understand how to get the message across to the kids and then, as part of the education process, we've got to get it through the kids back to the parents. You don't just educate the kids, you also have to educate the parents. – Community Leader

Who takes advantage of the options that are available? Those who are more educated. The indigent population does not engage themselves in health-related programs. There are PE programs in schools but for it to become a reality in the homes is going to require a lot to change habits within citizens. – Community Leader

We don't create an atmosphere of healthy lifestyles. There are places in the country that promote a lot of outdoor activity and things like that. And we have some of that, but we're not known for that in this community. – Business Leader

[In other parts of the country]You'll see bike trails, you'll see all sorts of running trails or walking paths. We do have a park, but we're pretty much void of those types of items that you would find if you went to places much more conscious of diet. – Business Leader

There's not a wellness focus, and if you don't have that, then do you do any kind of preventive healthcare? It becomes a cost issue. – Business Leader

We poorly promote or support our athletics programs and our community activity programs. – Business Leader

SUBSTANCE ABUSE

Substance abuse and its related problems are among society's most pervasive health and social concerns. Each year, about 100,000 deaths in the United States are related to alcohol consumption. Illicit drug abuse and related acquired immunodeficiency syndrome (AIDS) deaths account for at least another 12,000 deaths. In 1995, the economic cost of alcohol and drug abuse was \$276 billion. This represents more than \$1,000 for every man, woman, and child in the United States to cover the costs of healthcare, motor vehicle crashes, crime, lost productivity, and other adverse outcomes of alcohol and drug abuse.

A substantial proportion of the population drinks alcohol ... Alcohol use and alcohol-related problems also are common among adolescents. Excessive drinking has consequences for virtually every part of the body. The wide range of alcohol-induced disorders is due (among other factors) to differences in the amount, duration, and patterns of alcohol consumption, as well as differences in genetic vulnerability to particular alcohol-related consequences ... Alcohol use has been linked with a substantial proportion of injuries and deaths from motor vehicle crashes, falls, fires, and drownings. It also is a factor in homicide, suicide, marital violence, and child abuse and has been associated with high-risk sexual behavior ...

Illegal use of drugs, such as heroin, marijuana, cocaine, and methamphetamine, is associated with other serious consequences, including injury, illness, disability, and death, as well as crime, domestic violence, and lost workplace productivity. Drug users and persons with whom they have sexual contact run high risks of contracting gonorrhea, syphilis, hepatitis, tuberculosis, and human immunodeficiency virus (HIV). The relationship between injection drug use and HIV/AIDS transmission is well known. Injection drug use also is associated with hepatitis B and C infections... Long-term consequences, such as chronic depression, sexual dysfunction, and psychosis, may result from drug use.

Although there has been a long-term drop in overall use, many people in the United States still use illicit drugs... Drug use among adolescents aged 12 to 17 years doubled between 1992 and 1997... Drug and alcohol use by youth also is associated with other forms of unhealthy and unproductive behavior, including delinquency and high-risk sexual activity.

The stigma attached to substance abuse increases the severity of the problem. The hiding of substance abuse, for example, can prevent persons from seeking and continuing treatment and from having a productive attitude toward treatment. Compounding the problem is the gap between the number of available treatment slots and the number of persons seeking treatment for illicit drug use or problem alcohol use.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Cirrhosis/Liver Disease

Between 2003 and 2005, the Lincoln Parish age-adjusted cirrhosis/liver disease death rate was 7.1 per 100,000 population.

- More favorable than the 8.2/100,000 rate reported across Louisiana.
- More favorable than the 9.1/100,000 rate found nationally.
- Fails to satisfy the Healthy People objective of 3.0/100,000 or lower.

Age-Adjusted Mortality: Cirrhosis/Liver Disease



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

Wiewed by race, the age-adjusted cirrhosis/liver disease death rate among Blacks in Lincoln Parish is marginally higher than among Whites.

Healthy People 2010 Objective is 3.0/100,000 or low er 50.0 40.0 30.0 20.0 10.0 6.7 8.9 7.1 0.0 White Black TOTAL

Age-Adjusted Mortality: Cirrhosis/Liver Disease (2003-2005 Annual Average Deaths per 100,000 Population; Lincoln Parish by Race)

Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2008.

 Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. (Objective 26-2)

Note: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population. Cirrhosis/liver disease death rates have decreased steadily in recent years across Lincoln Parish.



Age-Adjusted Mortality: Cirrhosis/Liver Disease

(Annual Average Deaths per 100,000 Population)

rce: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2008.

Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. (Objective 26-2)
 Note: Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Self-Reported Alcohol Use

High-Risk Alcohol Use

Chronic Drinking

Chronic drinkers include survey respondents reporting 60 or more drinks of alcohol in the month preceding the interview. For the purposes of this study, a "drink" is considered one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail or one shot of liquor.

3.6% of Lincoln Parish adults report an average of two or more drinks of alcohol per day in the past month.

- Comparable to the 4.5% across Louisiana.
- Comparable to national findings (4.5%).
- + Does not vary significantly by area.



In Lincoln Parish, chronic drinking is more prevalent among the following population segments:



Chronic Drinkers

Source: • 2008 PRC Community Health Survey, Professional Research Consultants. (Item 161) Note: • Asked of all respondents.

Men.

the Whites.

FPL = Federal Poverty Level based on household income and number of household members (U.S. Dept. of Health & Human Services poverty guidelines).
 White and Black are non-Hispanic race categorizations.

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

Binge Drinking

Binge drinkers include survey respondents who report that there was one or more times in the past month when they drank five or more drinks on a single occasion.

A total of 10.7% of Lincoln Parish adults are binge drinkers.

- More favorable than the 13.4% in Louisiana.
- More favorable than the 17.8% reported nationwide.
- Fails to satisfy the Healthy People 2010 target (6% or lower).
- Statistically comparable between the two sub-areas.



Binge Drinkers

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

- m Binge drinking in Lincoln Parish is more prevalent among young men.
- Most key demographic groups (all except those 65+) fall outside the targeted Healthy People 2010 range.



Binge Drinkers

FPL = Federal Poverty Level based on household income and number of household members (U.S. Dept. of Health & Human Services poverty guidelines).
 White and Black are non-Hispanic race categorizations.

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

Drinking & Driving

A total of 2.0% of Lincoln Parish adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- More favorable than national findings (3.8%).
- + No statistical differences between Ruston and the rest of Lincoln Parish.



Have Driven in the Past Month After Perhaps Having Too Much to Drink

A total of 5.7% of Lincoln Parish adults acknowledge <u>either</u> drinking and driving <u>or</u> riding with a drunk driver in the past month.

- Also more favorable than national findings (8.6%).
- Comparable between the two sub-areas.



Have Driven Drunk in the Past Month or Ridden With a Driver Who Had Too Much to Drink

Illicit Drug Use

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Just 2.6% of Lincoln Parish residents acknowledge using an illicit drug in the past month.

- Statistically similar to the 2.9% reported across the nation. Ο
- Comparable to the Healthy People 2010 objective of 2% or lower. Ο
- No significant difference by area. +

Healthy People 2010 Objective is 2% or lower 25.0% 20.0% 15.0% 10.0% 5.0% 3.0% 2.9% 2.6% 1.6% 0.0% Other Lincoln Lincoln Parish Ruston United States 2008 2008 2008 2008 2008 PRC Community Health Survey, Professional Research Consultants. (Item 74) Source: . 2008 PRC National Health Survey, Professional Research Consultants. Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. (Objective 26-10c) Note: . Asked of all respondents. In this case, the term "illicit drug use" includes use of an illegal drug and/or use of a prescription drug without a physician's orders.

Self-Reported Illicit Drug Use in the Past Month

Substance Abuse Treatment

3.5% of Lincoln Parish adults say that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Less favorable than the 5.5% reported across the nation. 0
- No difference by sub-area. +



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

Related Focus Group Findings: Substance Abuse

Substance abuse is considered by focus group participants to be a major issue in the area. Both alcohol and illegal/prescription drugs are creating problems in the community. Not only is substance abuse an issue in that it creates other health issues, but focus group members feel that there just aren't enough treatment centers in the area to house all of the people who are in need of substance abuse treatment. There is an extreme need for additional facilities to treat those in the area instead of having to find somewhere else to send them or, worse yet, not getting them help at all.

The drug culture: it's huge. It's affecting health from our premature babies on through our old age. – Other Healthcare Professional

So many mothers are positive for the drug screens and then from there you go on to babies with health problems and behavioral disorders, and that's going to hit our schools because they've got to start when they're three-years-old then, sending transportation out to them, to send them to an early intervention or whatever. – Other Healthcare Professional

You've got them coming in end-stage adrenal disease and that's another huge problem because of drugs—taking drugs and ruining their kidneys and everything. – Other Healthcare Professional

With elderly people we witness primarily when they may go to two separate doctors and come back with prescriptions from each of them without there ever having been a review so that they know whether or not the drugs interact. The family thinks that they're having struggles with dementia or Alzheimer's, when in fact all they're struggling with is over-medication. – Other Healthcare Professional

Alcohol's primary, but we've got a tremendous problem with crack cocaine and those types of illicit drugs as well. Plus there's an increased number of people who are addicted to their prescription medications and are drug-seeking. – Social Services Provider

And overall in this particular parish, substance abuse is a major problem, a health care issue, and I would say as far as availability of treatment, it's probably poor. – Social Services Provider

Ruston Alcohol and Drug Abuse Clinic is the only game in town for this particular parish and right now we have a day program which is primarily IOP four days a week for about three hours a day and then I do an afternoon program and it's only two days a week, Tuesday and Thursday. And we do some adjunct programs such as continuing care once a week. We do regular outpatient programs, once a week, and we do a step study once a week. All of those programs are once a week because we don't have the availability of the funding we need or the staff. That's the problem. – Social Services Provider

Federal funding has just been cut as far as access to recovery programs throughout our region. We've lost two or three providers here in this parish in the last 90 days, as far as access to recovery, treatment of substance abuse issues. We also have a tremendous need for dual recovery—co-occurring, self-led, peer-led groups, because that is a problem that is exacerbated by not having access to treatment. – Social Services Provider

It's kind of difficult to come to our clinic on our time schedule and keep your job. Most of what we see now for the first time in the groups, I'm seeing 85-90 of the clients have to be legally mandated to come by way of probation, parole, OFS, OCS or some other legal entity. At one time that wasn't the case. About 70% were coming because they voluntarily wanted to get help. The bed availability is just not there like it should be. As a matter of fact, there are no beds here in this parish at all. Everybody who has a problem, we have to send them to a different parish. – Social Services Provider

We have one [treatment center] that's at Monroe and they recently opened up the old Larsen home that's over in Richland parish. Other than those two outlets, we have nowhere to send the clientele. Because we're state funded, you could always have a person in the beds. At a time like this, it would be good to make an effort toward that goal, to get some bed availability right here. – Social Services Provider

Rehabilitation programs are available but they're extremely expensive. This population that we're talking about right now doesn't have insurance at all or has very limited government sponsored health

care services and may not be eligible for those care sites. It's often very difficult for a family to deal with it. – Physician

The Sheriff's Office transports drug users several times a week to substance abuse clinics and it's a huge burden on the taxpayer. – Community Leader

Every day we have grandparents who register children and I have to ask by law, 'Where's mom?' because her name's on the birth certificate. 'She's drugged out,' that's what we hear. 'She's on the street,' 'We don't know where she is,' and 'I've had the baby since she was born.' That's what we hear very often. – Community Leader

Alcoholism and drug use is so prevalent among the younger generation that it's almost impossible for some young parents to raise their children because they're so involved in heartbreak. – Community Leader

It's a greater problem than we probably know. I think that is a growing concern within our population. There are those individuals who are substance abusers. There are areas within the community that there is drug activity that poses difficulty for law enforcement. It's going to be difficult to ever stamp out. – Community Leader

We would love to have a counselor specific to substance abuse. - Community Leader

It seems like almost every arrest they make now they find some prescription medication in the inventory. – Business Leader

Typically your pain killers are what the younger crowd is dealing with now. - Business Leader

There's RADC which is Ruston Addictive Disorders Clinic that does some addictive disorders as far as alcoholism or drug abuse. We've got the drug court now that's doing a lot of intervention. – Business Leader

[Drug Court] is a very negative experience. Their way of solving that is to put them in AA with a much older crowd with a lot of different problems. – Business Leader

Ruston Addictive Disorders is the only thing that I know that's in town and it's very limited capacity. – Business Leader

There are only a few doctors, be it counselors or psychologists or psychiatrists, who are here in town who they refer to, so a lot has to out of town for the more extreme cases. – Business Leader

TOBACCO USE

Cigarette smoking causes heart disease, several kinds of cancer (lung, larynx, esophagus, pharynx, mouth, and bladder), and chronic lung disease. Cigarette smoking also contributes to cancer of the pancreas, kidney, and cervix. Smoking during pregnancy causes spontaneous abortions, low birth weight, and sudden infant death syndrome. Other forms of tobacco are not safe alternatives to smoking cigarettes.

Tobacco use is responsible for more than 430,000 deaths per year among adults in the United States [about 20% of all deaths]... If current tobacco use patterns persist in the United States, an estimated 5 million persons under age 18 years will die prematurely from a smoking-related disease. Direct medical costs related to smoking total at least \$50 billion per year [other sources estimate more than \$75 billion in 1998 (about 8% of the personal healthcare expenditures in the U.S.)]; direct medical costs related to smoking during pregnancy are approximately \$1.4 billion per year.

Evidence is accumulating that shows maternal tobacco use is associated with mental retardation and birth defects such as oral clefts. Exposure to secondhand smoke also has serious health effects. Researchers have identified more than 4,000 chemicals in tobacco smoke; of these, at least 43 cause cancer in humans and animals. Each year, because of exposure to secondhand smoke, an estimated 3,000 nonsmokers die of lung cancer, and 150,000 to 300,000 infants and children under age 18 months experience lower respiratory tract infections.

Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 19.6% of Lincoln Parish adults currently smoke cigarettes, either regularly (13.3% every day) or occasionally (6.3% on some days).

- More favorable than the 22.6% reported across Louisiana.
- Similar to national findings (19.2%).
- Fails to satisfy the Healthy People 2010 target (12% or lower).
- ✤ Similar by sub-area.



Source: 2008 PRC Community Health Survey, Professional Research Consultants. (Item 157) Note: Asked of all respondents.



 version 2008 PRC Community Health Survey, Professional Research Consultants. (Item 157)
 Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2007 Louisiana data.

2008 PRC National Health Survey, Professional Research Consultants.

Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000. (Objective 27-1a)
 Asked of all respondents.

Includes regular and occasional smokers (everyday and some days).

Cigarette smoking is more prevalent among:

- those under age 65.
- m Those living at lower income levels.
- **H** Blacks.

Note:

Note also that 22.8% of women of child-bearing age (ages 18 to 44) currently smoke. This is notable given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth and low birthweight for women who smoke during pregnancy.



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. (Items 157, 158)

 Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. (Objective 27-1a)
 Asked of all respondents.

FPL = Federal Poverty Level based on household income and number of household members.

 PPL = rederal Poverty Level based on nousehold income and number of nousehold member White and Black are non-Hispanic race categorizations.

Includes those who smoke everyday or on some days.

Health Advice About Smoking Cessation

62.1% of Lincoln Parish smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- Similar to the national percentage (61.4%).
- + Statistically comparable among smokers in the two sub-areas (not shown).



Smoking Cessation Attempts

62.9% of Lincoln Parish regular smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.

- Similar to the national percentage (57.0%).
- Fails to satisfy the Healthy People 2010 target (75% or higher).
- + Statistically comparable among smokers in the two sub-areas (not shown).



Environmental Tobacco Smoke

In all, 14.5% of Lincoln Parish adults report that a member of their household has smoked cigarettes in the home in the past month an average of four or more times per week.

- Statistically similar to national findings (16.3%).
- + No significant difference by area.
- m Note that 7.9% of Lincoln Parish non-smokers are exposed to cigarette smoke at home.



Member of Household Smokes at Home

"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.

Note: • Asked of all respondents.

Those who more often report that they live with a smoker in the home:

- m Adults aged 40 through 64.
- m Those living at lower incomes.
- m Blacks.



Member of Household Smokes at Home

Among Lincoln Parish households with children, 14.6% have someone who smokes cigarettes in the home.

- Similar to national findings (13.3%).
- Does not vary significantly by area (not shown).

Percentage of Households With Children In Which Someone Smokes in the Home

(Among Households With Children Under 18; Lincoln Parish, 2008)



Other Tobacco Use

A total of 4.7% of Lincoln Parish adults smoke cigars every day or on some days.

- Nearly identical to national findings (4.5%).
- Fails to meet the Healthy People 2010 target (2% or lower).
- + Statistically comparable between the two sub-areas.

Another 8.5% of Lincoln Parish adults use chewing tobacco or snuff every day or on some days.

- \blacksquare More than twice the national percentage (4.0%).
- Fails to satisfy the Healthy People 2010 target (0.4% or lower).
- Statistically comparable between the two sub-areas.



Use of Cigars or Smokeless Tobacco

(2008)

Related Focus Group Findings: Tobacco Use

Includes respondents who smoke cigars or use chewing tobacco/snuff every day or on some days

Tobacco use is very prevalent in Lincoln Parish. People of all ages are seen smoking, including young teenagers, the age group for which smoking is on the rise. However, overall tobacco use is perceived to be declining.

The parents themselves smoked, and the child may take it - so if they're not smoking in their home, they're smoking somewhere else. By the time they're a teenager that somehow has become acceptable for the parents. So they're smoking, and the parent is smoking too. – Physician

With young females, it's a weight issue. It's a way to control weight, and weight is a big issue. – Business Leader

And I think the young females are primarily smoking because Sally does and it's like ... it's not as big a habit as it has been in the past. – Business Leader

Asked of all respondents.

Note

ACCESS TO HEALTHCARE SERVICES

Access to quality care is important to eliminate health disparities and increase the quality and years of healthy life for all persons in the United States... Limitations in access to care extend beyond basic causes, such as a shortage of healthcare providers or a lack of facilities. Individuals also may lack a usual source of care or may face other barriers to receiving services, such as financial barriers (having no health insurance or being underinsured), structural barriers (no facilities or healthcare professionals nearby), and personal barriers (sexual orientation, cultural differences, language differences, not knowing what to do, or environmental challenges for people with disabilities).

- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

HEALTH INSURANCE COVERAGE

Type of Healthcare Coverage

The majority (58.6%) of Lincoln Parish adults aged 18 to 64 report having healthcare coverage through private insurance.

Another 20.5% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).



Healthcare Insurance Coverage

Source: 2008 PRC Community Health Survey, Professional Research Consultants. (Item 178) Note: Reflects respondents age 18 to 64.

Supplemental Medicare Coverage

Among Medicare recipients, 65.7% report that they have additional supplemental insurance.

- Less favorable than the 77.7% of Medicare recipients nationwide.
- + Statistically similar by sub-area (not shown).

Have Additional Supplemental Coverage

(Among Recipients of Medicare; Lincoln Parish, 2008)



Prescription Drug Coverage

Among all adults with health insurance coverage, 90.2% report having prescription coverage as part of their insurance plan.

- Less favorable than the national prevalence (94.4%).
- + Statistically similar by sub-area (not shown).



Recent Lack of Coverage

Further, among currently insured adults in Lincoln Parish, 13.8% report that they were without healthcare coverage at some point in the past year.

- Less favorable than U.S. findings (10.3%).
- + Statistically similar by sub-area.

Went Without Healthcare Insurance Coverage at Some Point in the Past Year



Among insured adults, those more likely to have gone without healthcare insurance coverage in the past year:

- া Women
- m Adults under age 40.
- the Low-income residents.
- **H** Blacks.

Went Without Healthcare Insurance Coverage at Some Point in the Past Year

(Among Insured Adults; Lincoln Parish, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. (Item 90)

Note: • Reflects adults with healthcare insurance coverage

FPL = Federal Poverty Level based on household income and number of household members (U.S. Dept. of Health & Human Services poverty guidelines).
 White and Black are non-Hispanic race categorizations.

Among Lincoln Parish adults aged 18 to 64, one-fifth (20.0%) reports having no insurance coverage for healthcare expenses.

- More favorable than findings within Louisiana (23.8%). 0
- Comparable to national findings (17.7%). Ο
- The Healthy People 2010 target is universal coverage (0% uninsured). 0
- No difference between Ruston and the rest of Lincoln Parish. ✦



Lack Healthcare Insurance Coverage

Sebavioral Risk Factor Survey Sem Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2007 Louisiana data. 2008 PRC National Health Survey, Professional Research Consultants.

- . Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000. (Objective 1-1)
- Reflects respondents aged 18 through 64. Note:

The following population segments (under 65) are more likely to be without healthcare insurance coverage:

- া Men.
- m Adults under 40.
- Residents living at lower incomes (for those below 200% of the federal poverty level, the uninsured prevalence is more than three times that of those living at higher incomes).
- **H** Blacks.



Lack Healthcare Insurance Coverage

 Heathy People 2010, 2nd Edition. U.S. Department of Heath and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. (Objective 1-1)
 Note: Reflects respondents age 18 through 64.

FPL = Federal Poverty Level based on household income and number of household members.

White and Black are non-Hispanic race categorizations.

Impact of Poor Access

Persons without health insurance coverage are less likely to have a regular medical care provider, receive routine care, or receive preventive healthcare screenings.

Uninsured adults are also more likely to experience access difficulties.



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. (Items 17,48,51,170,171,179,180)

Asked of all respondents.

Note:

Insured respondents include those with either private or government-sponsored insurance plans.

DIFFICULTIES ACCESSING HEALTHCARE

Difficulties Accessing Services

In all, 48.7% of Lincoln Parish adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Less favorable than national findings (42.4%).
- Fails to satisfy the Healthy People 2010 target (7% or lower).
- ✤ No difference by sub-area.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



The following chart examines access difficulties by respondent demographics. Note:

- m Women more often report access difficulties than do men.
- m Adults under age 65 report difficulties accessing healthcare more often than older adults.
- As may be expected, adults living at lower incomes are more likely to experience difficulties or delays of some kind in receiving healthcare in the past year.
- m Blacks more often report difficulties when compared with Whites.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



 2008 PRC Community Health Survey, Professional Research Consultants. (Item 180)
 Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: Source:

U.S. Government Printing Office, November 2000.

Note:

.

Asked of all respondents. FPL = Federal Poverty Level based on household income and number of household members (U.S. Dept. of Health & Human Services poverty guidelines).

. White and Black are non-Hispanic race categorizations. Includes difficulties related to availability, cost, office hours, transportation or other unspecified troubles/delays. .

Barriers to Healthcare Access

To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a prescription in the past year.

Of the tested barriers, prescription costs impacted the greatest share of adults in Lincoln Parish (24.8% say they had trouble affording a prescription).

The proportions of Lincoln Parish adults impacted were less favorable than those found nationwide for each of the following:

- Trouble Affording a Prescription 0
- Trouble Obtaining an Appointment 0
- Trouble Finding a Physician Ο
- Lack of Transportation Ο

Barriers to Access Have Prevented Medical Care in the Past Year





2008 PRC Community Health Survey, Professional Research Consultants. (Items 7-12) 2008 PRC National Health Survey, Professional Research Consultants.

Note . Asked of all respondents.

Prescriptions

Among all Lincoln Parish adults, 21.4% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- 0 Less favorable than the 17.5% reported nationwide.
- + Statistically comparable between the two sub-areas.



Skipped or Reduced Doses in the Past Year in Order to Stretch Prescriptions and Save Money

The following chart outlines adults improperly using prescription medicine to save money, segmented by demographic characteristics. Adults more likely to have skipped or reduced their prescription doses include:

- IIII Women.
- Adults under 65.
- Respondents living at lower incomes. **特性**
- \$\$\$\$ Blacks.

Skipped or Reduced Doses in the Past Year in Order to Stretch Prescriptions and Save Money



(Lincoln Parish, 2008)

2008 PRC Community Health Survey, Professional Research Consultants. (Item 13) Source: . Note:

Asked of all respondents

FPL = Federal Poverty Level based on household income and number of household members (U.S. Dept. of Health & Human Services poverty guidelines).

White and Black are non-Hispanic race categorizations

Accessing Healthcare for Children

Surveyed parents were also asked if, within the past year, they experienced any trouble in receiving medical care for a randomly-selected child in their household.

A total of 5.0% 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.

- Similar to the 7.7% reported nationwide.
- + Similar by area.
- m No significant difference by child's age.

Have Had Trouble Obtaining Medical Care for Child in the Past Year (Among Households With Children Under Age 18) 50.0% Inconvenient office hours and cost/lack of insurance were each mentioned by nearly one-third of those reporting difficulty obtaining medical care for their child in the past year. 40.0% 30.0% 7.1% 4.1% 4.7% 20.0% Aged Aged 6-12 13-17 Aged 0-5 7.7% 10.0% 5.8% 5.0% 3.1% 0.0% Ruston 2008 Other Lincoln 2008 Lincoln Parish United States 2008 2008 2008 PRC Community Health Survey, Professional Research Consultants. (Items 126, 127) Source: 2008 PRC National Health Survey, Professional Research Consultants. Note: Asked of respondents with children under the age of 18.

Among the parents experiencing difficulties, the majority cited **inconvenient office hours** or **cost/lack of insurance** as the primary reasons.

A number of barriers to healthcare access arose during focus group discussions. Among these were:

Transportation

Transportation is THE number-one complaint when you start talking to people about their access to treatment of any kind. – Social Services Provider

Oftentimes transportation is an issue in any community. Certainly the poor people we have in this community, that's an issue. The car breaks down, they can't get a ride. If they do get a ride they have to take all their children. Well if you are there all day long you have to feed those children. They don't have money to do that. – Other Healthcare Professional

We have no public transportation system. There are services available for different agencies, but they are from this part in the parish and they have to be scheduled in advance and end up being very inconvenient (if you have to be there at a certain time for an appointment, you may have to catch something that's three or four hours early). – Social Services Provider

They live out in more rural areas and there's not any, as far as I'm aware of, organized transportation system. And so people are dependent upon rides from neighbors and that becomes a problem if they have multiple physicians and no way to see them. – Physician

And you've got Medicaid transportation that is just not very reliable. - Social Services Provider

And Medicaid transportation isn't very flexible at all, and they were even refusing to pick people up when the gas was so expensive ... Transportation is a tremendous barrier. – Social Services Provider

Cost/Lack of Insurance

Even those who are on Medicare or Medicaid struggle to find physicians who are willing to take either of those. Those who don't have insurance or Medicare really have nowhere to go, as there are no physicians giving free services.

Cost is a huge concern as it relates to healthcare and our ability to seek healthcare. - Business Leader

It's the high cost and the inability to pay—they have no insurance and have to pay up front. – Business Leader

A lack of money and insurance are the greatest barriers to accessing healthcare. Education is second. Some people don't know that programs are available. Transportation is third. People don't have a way to get there easily. – Community Leader

If they have insurance, they can't afford the co-pay or they can't take off from their jobs. – Other Healthcare Professional

A school-based health clinic would solve some of the problems, especially among some of those who don't have the means to see the doctor. It could be run by the school nurse with a physician coming occasionally to do screening. – Community Leader

Because this area has become a community care area and preschool children with whom I work have been assigned a doctor, they can't see another doctor unless they receive a referral from their primary care provider. That's where I'm finding a major problem. – Social Services Provider

What about Medicaid not being accepted in doctors' offices? I was blown away by the doctors, particularly for children who don't accept Medicaid. – Other Healthcare Professional

There is only one physician taking Medicaid patients. This has a huge impact on accessing medical care. – Other Healthcare Professional

Even the Green Clinic doesn't take Medicaid. And that is our big medical provider in the community and they don't accept Medicaid. If you were established before, then you can continue to see those patients but they are not accepting new patients. – Social Services Provider

If you're a young woman who's pregnant, you qualify for Medicaid and your child may qualify for Medicaid, but if you're a young woman employed on an average salary (\$20,000) and your employer doesn't provide insurance, then it's hard to pay for those services. – Other Healthcare Professional

I think if you have insurance, you can get good medical service. If you have Medicaid and Medicare, you have a lot of providers who do not want to serve you, or you have very limited providers, so you'd have to go out of the parish. There's only one dentist who takes the Medicare card for our kids in this parish, which is sad because we've got only so many spots that you can get those children into. – Social Services Provider

It takes forever to get in to see the physicians we do have, and one of the other problems that we have is with our significant indigent population. They don't have access to Medicaid and Medicare; if they have a medical issue they have to go to Shreveport or Monroe to be seen. – Social Services Provider

We have one dentist who takes Medicaid in the parish. Our programs that provided free dental services were either in Shreveport or Monroe and there you have the transportation issue. And now those programs have been cut, so LSU has taken over both the operation of the hospital in Shreveport and the hospital in Monroe. – Social Services Provider

I think a lot of people just don't know what's out there and what's available, but then you have all these other things that we mentioned come in play such as lack of insurance and lack of people— professionals who will take people without insurance. – Community Leader

I think in communities all over there are low-income families but they're working and they don't qualify for any assistance. For instance, children of low-income working families, they do not get any kind of dental care essentially or healthcare because the parents just cannot afford it and they can't afford the deductibles if they've got insurance. – Other Healthcare Professional

Money and access to get in and see a physician because of the way our business is structured here locally. It took us two months to get into see an ENT and not that it was urgent, but just the fact that it's booked up almost 90 days. – Business Leader

The majority of the people in the parish are not going to end up in the surgery center or clinic and the care is wonderful. It's just very expensive and it's just not available to everyone. – Business Leader

There are a whole lot of folks who have no real place to go and sometimes childhood illnesses go on longer than they should until they realize they have no money to access anywhere. – Business Leader

There is an issue with not enough pediatricians wanting to or able to care for children with no insurance. – Community Leader

We have a number of facilities here that will not let you in the door until they know who you've got health insurance with. As a matter of fact, they don't want to know your name, they want to know who your healthcare provider is first. – Community Leader

We've got people who don't go to the doctor because they don't have the gas money. - Social Services Provider

Availability of Physicians

According to focus group participants, finding physicians in the area is a bit daunting as there seems to be a lack of them even with two teaching colleges in the area.

One of our problems is just a shortage of physicians in this area. That's one of the needs that we have here, to find some qualified specialty physicians to come into the area. You can't prevent anything if you don't have the physicians to work in that capacity. – Social Services Provider

I think we need to get some of the kids from here and entice them to come back to our community to practice medicine. They want to come back, but we're not getting them back. – Other Healthcare Professional
There is need for more physicians in this community. The hospital is recruiting 19 physicians this year. – Other Healthcare Professional

Office Hours

I think one of the best ideas to come out of here was the idea of having some kind of after-hours access to healthcare for all those people who can't afford to leave their jobs. – Other Healthcare Professional

If you want to make an appointment for a well-child check-up, the last time you can do it is 3 pm. Well if momma works till five then that's a problem. Or the same with dental care if you have to take off work and take your child out of school. So if the clinics in the area would consider one or two days a week, some expanded hours, maybe till seven, that would encourage people to come in and have consistent care. – Other Healthcare Professional

Many of the people who don't have health insurance work on an hourly basis and for them to take off to go for themselves or for a child to the doctor could take all day long and that's a double whammy. You don't have the money to pay for it plus you lose those eight hours of very critical income. If we had something that was after-hours, it would be much more beneficial to that group of individuals. – Community Leader

Emergency Room Use

Use of the emergency department for primary healthcare services also arose as a factor in the healthcare access equation.

And research shows you can keep some of that traffic out of the emergency room when you have that extended care. – Other Healthcare Professional

Emergency room, that's a big problem; coming to the emergency room. - Physician

Some sort if indigent clinic is needed to provide broader access to healthcare, particularly on the front end before it gets to an emergency room visit, that's affordable or at no cost. – Business Leader

Well it's like everywhere, the emergency is used as a family practice site. - Physician

Education

I was going to say, another barrier is education. All the screening that they had for their students with high blood pressure...the students didn't even know. The children's parents didn't even know. – Social Services Provider

PRIMARY CARE SERVICES

Specific Source of Ongoing Care

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. A hospital emergency room is <u>not</u> considered a source of ongoing care in this instance.

75.3% of Lincoln Parish adults were determined to have a specific source of ongoing medical care.

- Similar to national findings (76.8%).
- Fails to satisfy the Healthy People 2010 target (96% or higher).
- + Similar by sub-area.



Have a Specific Source of Ongoing Medical Care

- 2008 PRC National Health Survey, Professional Research Consultants.
 Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.
- (Objective 1-4) Note: • Asked of all respondents

 A specific source of ongoing care includes having a doctor's office, dinic, urgent care/wak-in clinic, health center facility, hospital outpatient dinic, HMO (health maintenance organization)/pre-paid group, military/VA healthcare, or some other kind of place to go if one is sick or needs advice about his/her health. A hospital emergency room is NOT considered a source of ongoing care in this instance. When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- the Young adults.
- Those living at lower incomes. **†††**†
- ŧŴŧ Blacks.



- 2008 PRC Community Health Survey, Professional Research Consultants. (Item 179) Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. (Objective 1-4)
- Note:
- Asked of all respondents. FPL = Federal Poverty Level based on household income and number of household members (U.S. Dept. of Health & Human Services poverty guidelines). . White and Black are non-Hispanic race categorizations.

A specific source of ongoing care includes having a doctor's office, dinic, urgent care/walk-in dinic, health center facility, hospital outpatient dinic, HMO (health maintenance organization/pre-paid group, military or other VA healthcare, or some other kind of place to go if one is sick or needs advice about his/her health. A hospital emergency room is NOT considered a source of ongoing care in this instance

Adults

Two-thirds (66.6%) of Lincoln Parish adults visited a physician for a routine checkup in the past year.

- Statistically similar to national findings (65.2%).
- + Statistically similar between the two Lincoln Parish sub-areas.



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

Routine checkups increase with age in Lincoln Parish, and are higher among women and Blacks as well.



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

Source: • 2008 PRC Community Health Survey, Professional Research Consultants. (Item 17)

Asked of all respondents.

Note:

FPL = Federal Poverty Level based on household income and number of household members (U.S. Dept. of Health & Human Services poverty guidelines).
 White and Black are non-Hispanic race categorizations.

Children

Among surveyed parents, 89.7% report that their child had a routine checkup in the past year.

- Similar to national findings (91.3%). 0
- + No difference by sub-area.
- m Note that routine checkups are highest among Lincoln Parish children under six.



(Among Households With Children Under the Age of 18)



2008 PRC Community Health Survey, Professional Research Consultants. (Item 128) 2008 PRC National Health Survey, Professional Research Consultants. Source Note:

Asked of respondents with children under the age of 18.

EMERGENCY ROOM SERVICES

A total of 14.1% of Lincoln Parish adults have gone to a hospital emergency room more than once in the past year about their own health.

- Higher than national findings (10.6%).
- + Higher within the city of Ruston (15.9%).
- Of those using a hospital ER, 55.1% say this was due to an emergency or life-threatening situation, while 29.0% indicated that the visit was during after-hours or on the weekend.

Have Used a Hospital Emergency Room More Than Once in the Past Year



Source: 2008 PRC Community Health Survey, Professional Research Consultants. (Items 23-24)
 2008 PRC National Health Survey, Professional Research Consultants.
 Note: Asked of all respondents.

Multiple ER visits were most often noted among:

- Women.
- Young adults.
- Residents living in poverty.
- Blacks.

Source:

Note:

Have Used a Hospital Emergency Room More Than Once in the Past Year





2008 PRC Community Health Survey, Professional Research Consultants. (Item 23)

Asked of all respondents.

FPL = Federal Poverty Level based on household income and number of household members (U.S. Dept. of Health & Human Services poverty guidelines).
 White and Black are non-Hispanic race categorizations.

Note that 24.8% of Lincoln Parish adults report relying on a doctor's office for their regular medical care, while 48.2% usually go to a clinic or health center.

- 6.6% say that they rely on a **hospital emergency room** for their medical care.
- Note that 15.1% do not consider themselves to have a regular source for medical care.



Note that these findings represent a much heavier reliance on clinics/health centers versus private physicians offices, compared to national findings (US: 53.4% say they usually go to a doctor's office, and 34.1% go to some kind of clinic).

ORAL HEALTH

Dental Care

Adults

60.2% of Lincoln Parish adults have visited a dentist or dental clinic (for any reason) in the past year.

- Statistically similar to statewide and national findings (both 63.5%).
- Satisfies the Healthy People 2010 target (56% or higher).
- + Similar by sub-area.



Have Visited a Dentist or Dental Clinic for Any Reason Within the Past Year

Note the following:

- Persons living in the highest income breakout are report much <u>higher</u> utilization of oral health services (persons living at or near poverty fail to satisfy the Healthy People 2010 objective).
- m Blacks show a low proportion of recent dental visits.

Have Visited a Dentist or Dental Clinic for Any Reason Within the Past Year



FPL = Federal Poverty Level based on household income and number of household members (U.S. Dept. of Health & Human Services poverty guidelines). White and Black are non-Hispanic race categorizations.

Children

78.5% of parents report that their child (aged 2 to 17) has been to a dentist or dental clinic within the past year.

- Less favorable than national findings (85.1%). 0
- Ο Satisfies the Healthy People 2010 target (56% or higher).
- Similar between the two sub-areas. +
- As may be expected, regular dental care is lowest among children under the age of 6. **特特**特



Child Has Visited a Dentist

2008 PRC Community Health Survey, Professional Research Consultants. (Item 129) Source:

2008 PRC National Health Survey, Professional Research Consultants.

Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: DC: US Government Printing Office, November 2000. (Objective 21-10)

Asked of respondents with children aged 2 to 17. Note: .

PRC COMMUNITY HEALTH ASSESSMENT

Dental Insurance

One-half (51.9%) of Lincoln Parish adults have dental insurance that covers all or part of their dental care costs.

- Less favorable than national findings (61.7%).
- + Does not vary significantly by area.

Have Insurance Coverage That Pays All or Part of Dental Care Costs



Note: • Asked of all respondents.

VISION CARE

A total of 46.6% of Lincoln Parish residents had an eye exam in the past two years during which their pupils were dilated.

- Less favorable than national findings (59.2%). 0
- Higher in Ruston (48.7%). +



Have Had a Dilated

Recent vision care is more often reported among the following:

- m Adults aged 40 and older.
- m Those living at higher incomes.
- Ithe Whites.

100.0%







• 2008 PRC Community Health Survey, Professional Research Consultants. (Item 20)

Note: Asked of all respondents.

FPL = Federal Poverty Level based on household income and number of household members (U.S. Dept. of Health & Human Services poverty guidelines). . White and Black are non-Hispanic race categorizations.

PERCEPTIONS OF LOCAL HEALTHCARE SERVICES



However, 28.4% of Lincoln Parish residents characterize local healthcare services as "fair" or "poor."

- Also less favorable than national findings (22.2%).
- + No statistically significant difference by sub-area.



Perceive Local Healthcare Services as "Fair/Poor"

Source: 2008 PRC Community Health Survey, Professional Research Consultants. (Item 6) 2008 PRC National Health Survey, Professional Research Consultants. Note: Asked of all respondents. m Note that young adults, residents living in poverty, and Blacks are more critical of local healthcare services.



Perceive Local Healthcare Services as "Fair/Poor"

FPL = Federal Poverty Level based on household income and number of household members (U.S. Dept. of Health & Human Services poverty guidelines).

White and Black are non-Hispanic race categorizations. Percentages represent combined "fair" and "poor" responses.

By Insurance Status

m Note in the following chart the correlation between personal insurance status and ratings of local healthcare services. As might be expected, insured adults are more likely to give positive ratings of local healthcare than are the uninsured.

Ratings of Local Healthcare Services

(By Insured Status; Lincoln Parish, 2008)



2008 PRC Community Health Survey, Professional Research Consultants. (Items 6, 178) Source: ٠ Note: Asked of all respondents.

Asked of all respondents.

By Prevalence of Access Difficulties

The next chart correlates access difficulties with ratings of local healthcare services. Lincoln Parish residents with recent access difficulties gave much lower overall ratings of local healthcare services.



By Personal Health Status

With regard to personal health status, adults in good health standing gave much higher ratings of their local healthcare services when compared with adults in poor health.



Source: 2008 PRC Community Health Survey, Professional Research Consultants. (Items 5, 6) Note: Asked of all respondents.

HEALTH EDUCATION & OUTREACH

HEALTHCARE INFORMATION SOURCES

Family physicians remain residents' primary source of healthcare information.

- One-half (46.1%) of Lincoln Parish adults cited their family physician as their primary source of healthcare information, much higher than the 26.6% across the United States.
- The Internet received the second-highest response (16.4%), higher than the 12.0% nationally.

Primary Source of Healthcare Information

- Other sources mentioned include friends and relatives (11.1%), books and magazines (6.4%), and hospital publications (6.3%).
- Note that 2.7% of survey respondents say they do not receive any healthcare information.



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. (Item 119) Note: • Asked of all respondents.

EDUCATIONAL & COMMUNITY-BASED PROGRAMS

Participation in Health Promotion Activities

A total of 21.2% of Lincoln Parish adults participated in some type of organized health promotion activity in the past year, such as health fairs, health screenings, or seminars.

- Comparable to the national prevalence (19.9%).
- + Similar by area.
- Note that 49.5% of adults who participated in a health promotion activity in the past year indicate that it was sponsored by their employer.



Participated in a Health Promotion Activity in the Past Year

The following chart outlines participation by various demographic characteristics.

- **M** Note that women, adults under 65 and residents with higher incomes more often report participation in health promotion activities.
- Healthy People 2010 has set a target that 90% or more of older adults (65+) participate in health promotion activities — in Lincoln Parish, only 11.4% of older adults acknowledged doing so in the past year (similar to the 13.3% nationally).

Participated in a Health Promotion Activity in the Past Year

(Lincoln Parish, 2008)



Source: ٠

2008 PRC Community Health Survey, Professional Research Consultants. (Item 120) Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000. (Objective 7-12)

Note:

Asked of all respondents. FPL = Federal Poverty Level based on household income and number of household members (U.S. Dept. of Health & Human Services poverty guidelines). White and Black are non-Hispanic race categorizations. • .

Related Focus Group Findings: Health Education/Outreach

Focus group participants perceive a need for an assessment of the services that are available so that leaders of the community can begin the process of finding out what is still needed and then sharing that with the community. The consensus was that there needs to be a concerted effort to educating the public about healthy living; physicians feel that a central location would work well for reaching the most people about a healthy lifestyle. In addition, focus group participants perceive a need for health educators to target the community's youth and go into schools to reach as many as possible.

The best way you could improve the healthcare of the community is through education, but how do you force somebody to learn something they don't want to learn? They're not interested because they have other things on their mind. And that's personal accountability. – Other Healthcare Professional

I think we need to make people accountable for the things that they do that cause health problems. – Other Healthcare Professional

We can't make people have personal responsibility and be responsible for their own actions and take their kids to the doctor. But we can educate. One huge resource available to use in the community is the university. – Other Healthcare Professional

This is our responsibility. It is our individual responsibility. And somehow or another get the message across that nobody is entitled to anything except that which they themselves are accessing. I don't know how that message would get across but I believe that is one of the critical things. – Other Healthcare Professional

People aren't accessing resources because they don't pay attention until they need it. There are people who know how to work the system. They get everything they need plus somebody else's. – Other Healthcare Professional

People just don't care until there's a crisis and then they don't know where to go. They don't even know who to call because they don't take that information down. I don't know how you can make that available on a constant basis but this community does a lot to advertise the various kinds of resources that are available. – Other Healthcare Professional

There's nothing from Kindergarten up through the DARE program starting in the 5^{th} grade (for drug resistance). If we're ever going to do anything about the problems that we're talking about, we've got to start with the prevention end of it first. – Social Services Provider

And while we do have health educational institutions right here, I think the focus really needs to be health promotion and disease prevention. – Social Services Provider

We have 211. A lot of people aren't aware of that. - Social Services Provider

The majority of the time that I talk to well-educated business groups, they don't know what's available. - Social Services Provider

We still have to give out brochures to people and make sure that we do a lot of focus groups and we have open houses, community services ... it's always amazing how many people just had no idea. But it's not something you go looking for unless you need it, either. – Social Services Provider

There were 3,000 resource guides that were sent out to different groups, schools and everything, to let people know what was available here, and it's going to be revised and redistributed again. – Social Services Provider

And the other thing is to educate parents. I mean, the parenting skills, there's a total lack. You need a license to drive a car, fly a plane, be a mental health professional, be an addictions counselor, but any idiot can be a parent? A lot of people need some training in how to be a parent. – Social Services Provider

Education is so powerful because we can teach about prevention and we can plug people into counseling, which is a huge need. – Physician

We probably need an assessment of all that's available. We may find out something's opened up that we didn't even know was available to offer them as an alternative to taking them to jail. – Community Leader

We need a comprehensive list of what's available, and we need to get that to the people who need it the most. – Community Leader

We have the population that is not aware of where they can go, what they should do, when they should do it. People are going to the ER instead of a clinic for minor care. Maybe they don't understand what an ER is for. Our community could have a better advertising campaign for where people can go for certain health need for indigents. Campaigns help those who truly are limited in understanding where to go, how to do it. – Community Leader

The other thing is, starting earlier with prenatal care, the education on alcohol abuse, smoking obesity, training them on exercise ... bringing that into the picture of educating our children. – Community Leader

We need to work together to try to educate people, to tell people where to go. Access needs to be made a lot easier and more well-known. – Community Leader

You mentioned a vicious cycle and somehow I think we need to find a way to break that cycle. In the school day there is limited time in the state curriculum and once they come to us with certain backgrounds and in a certain society, it's hard to break that. And we want to. We don't want babies having babies, but it is part of our life that has increased over the years. – Community Leader

You've got to do something that's exciting and more entertaining than just exercising their thumbs ... maybe something like canoeing out at the park or kayaking classes or bicycling at the parish park. It's not just obesity. Smoking drinking, obesity, drugs, or whatever order you want to put those in, but training our kids up, it's got to be something exciting for them. – Community Leader

Early knowledge of good habits is critical in the community. - Business Leader

Through the school system, through teachers, through the school board office, I think we can create some awareness. I really feel like we can promote awareness through several vehicles once we create something that will serve when you need it. – Business Leader

Indigent care is a huge need. If there is some facility that's created or supported through the school system, that's one course. Public media is another. Physicians who may be aware of something like that. – Business Leader

Related Focus Group Findings: Seniors

Healthcare professionals discussed the issues facing the elderly in the community. Conversation primarily focused on issues with Medicare. Too many of the elderly don't have family living in the area anymore so there is no support system for them. There is a need for those seniors to have somewhere to go where they can get the help they need, whether it be filling out their Medicare form or simply figuring out which pills they should be taking.

We get four or five calls every week from individuals who need assisted living but are not getting it. They're not severe enough for nursing care, but they are in danger everyday from being home by themselves and they need assisted living. It's getting to the point where it seems that families are reaching such crises with their own situations until very elderly parents or elderly relatives are just pretty much left to fend for themselves. – Other Healthcare Professional

We've got so many elderly in the community who are not even identified as to what their needs are. If we could find some means of identifying those people and making sure that at least we reach out to them and offer them the services they need, because we're seeing some people in bad shape, in deplorable living conditions and without food. – Other Healthcare Professional

There are families who keep their elderly parents at home just so they have that additional income. They get that check every month, and they'll let momma sit in that back room. – Other Healthcare Professional