2021 COMMUNITY HEALTH NEEDS ASSESSMENT

Beauregard & Vernon Parish, Louisiana

Sponsored by

BEAUREGARD HEALTH SYSTEM

2021-0846-02

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INTRODUCTION

PROJECT OVERVIEW

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

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status.

This assessment was conducted on behalf of Beauregard Health System by PRC, a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

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

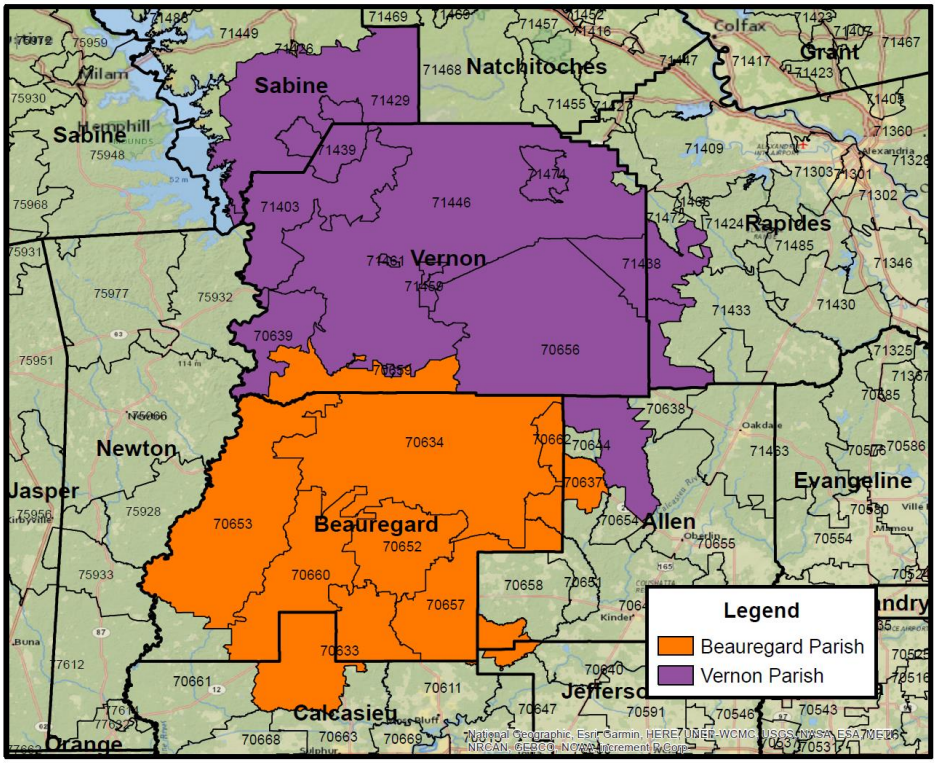
PRC Community Health Survey

Survey Instrument

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

Community Defined for This Assessment

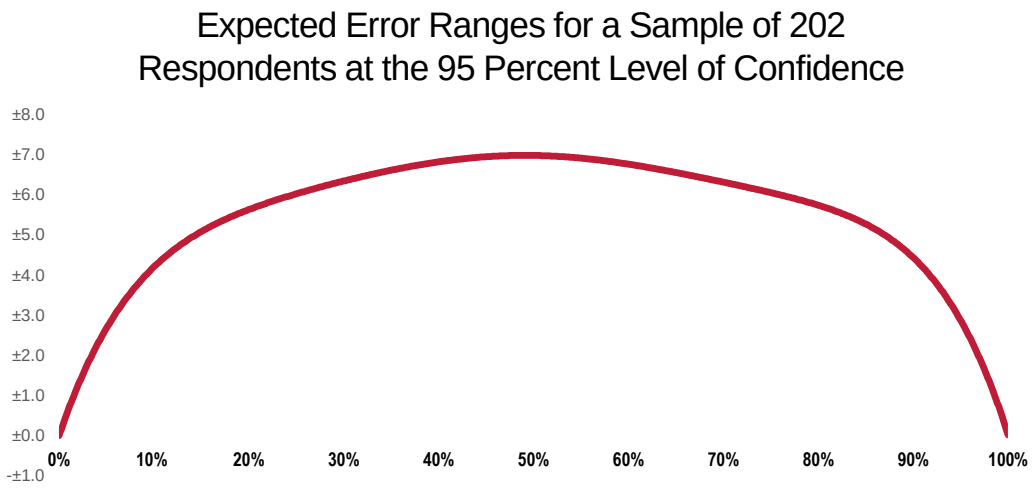
The study area for the survey effort (referred to as the “Total Area” in this report) is defined as each of the residential ZIP Codes comprising Beauregard and Vernon parishes in Louisiana. This community definition, determined based on the ZIP Codes of residence of recent patients of Beauregard Health System, is illustrated in the following map.



Sample Approach & Design

The survey was administered through the internet as an online survey. PRC hosted the online survey instrument, and Beauregard Health System and local partners used a variety of communication tools to drive residents to take the survey online. Examples include press releases, social media advertising, posting on organizational websites, and email campaigns to community members and community partners. In all, a total of 202 surveys in Beauregard and Vernon parishes were achieved.

For statistical purposes, the maximum rate of error associated with a sample size of 202 respondents is ±6.9% at the 95 percent confidence level.



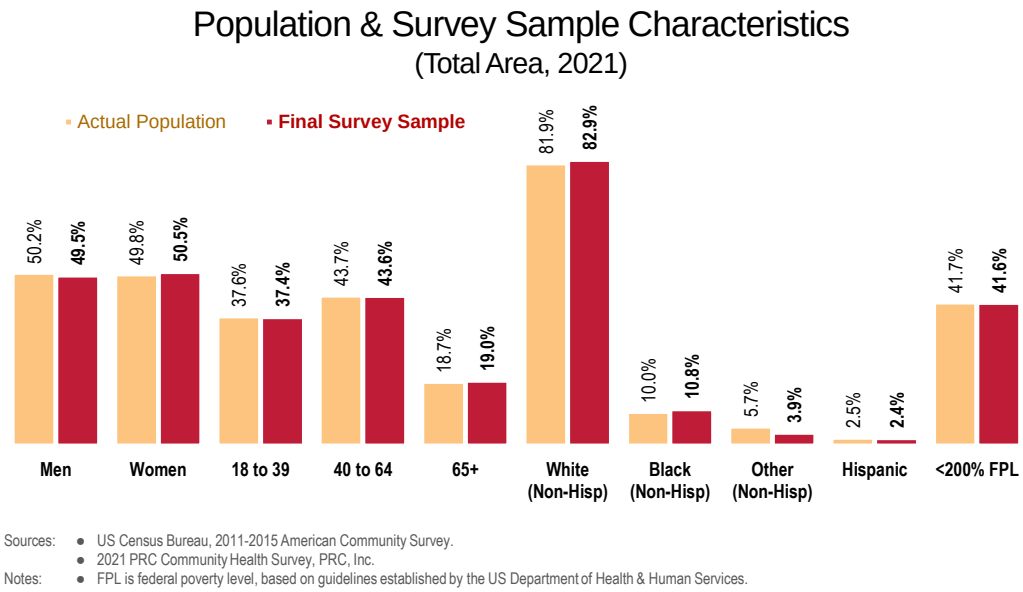
Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:
- If 10% of the sample of 202 respondents answered a certain question with a "yes," it can be asserted that between 5.8% and 14.2% (10% ± 4.2%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 43.1% and 56.9% (50% ± 6.9%) of the total population would respond "yes" if asked this question.

Sample Characteristics

Once all interviews were completed, these were combined and weighted to best reflect the area as a whole. To accurately represent the population studied, it is a common and preferred practice to “weight” the raw data to improve the representativeness of the sample. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual’s responses is maintained, one respondent’s responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following charts outline the characteristics of samples for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; children were not surveyed in this effort and are therefore not represented demographically in these charts.]



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

INCOME & RACE/ETHNICITY

INCOME ► Poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2020 guidelines place the poverty threshold for a family of four at $26,200 annual household income or lower). In sample segmentation: "low income" refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; "mid/high income" refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

RACE & ETHNICITY ► While the survey data are representative of the racial and ethnic makeup of the population, the samples for individual race groups were not of sufficient size for independent analysis.

Online Key Informant Survey

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

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 24 community stakeholders took part in the Online Key Informant Survey, as outlined in the following table:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	4
Public Health Representatives	3
Other Health Providers	3
Social Services Providers	2
Other Community Leaders	12

Final participation included representatives of the organizations outlined below.

- Amerisafe
- b1BANK
- Beauregard Chamber of Commerce
- Beauregard Health System
- Beauregard Home Health
- Beauregard Parish Health Unit
- Beauregard Parish Police Jury
- City of DeRidder
- Dentist
- First National Bank in DeRidder
- Glenn Dean Insurance Agency
- Imperial Health - Beauregard Behavioral Health
- Ingevity
- Office of Public Health, Southwest Regional Office
- Public Health
- RC Paving
- Town of Rosepine

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

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

NOTE ► These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area.

Public Health, Vital Statistics & Other Data

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

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

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

Note that secondary data reflect data from the combined area of Beauregard and Vernon parishes.

Benchmark Data

Louisiana Risk Factor Data

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

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2020 PRC National Health Survey*; these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2030

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

Healthy People 2030's overarching goals are to:

- Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.
- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.

- Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.
- Promote healthy development, healthy behaviors, and well-being across all life stages.
- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

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

Determining Significance

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

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/ transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

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

Public Comment

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

IRS Form 990, Schedule H Compliance

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

IRS FORM 990, SCHEDULE H (2019)	See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility	4
Part V Section B Line 3b Demographics of the community	26
Part V Section B Line 3c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	98
Part V Section B Line 3d How data was obtained	4
Part V Section B Line 3e The significant health needs of the community	12
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs	13
Part V Section B Line 3h The process for consulting with persons representing the community's interests	7
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	104

SUMMARY OF FINDINGS

Significant Health Needs of the Community

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

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

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	▪ Barriers to Access – Cost of Prescriptions – Cost of Physician Visits ▪ Foregoing Care Due to the Pandemic ▪ Willingness to Use Telehealth ▪ Primary Care Physician Ratio ▪ Ratings of Local Health Care ▪ Lack of Emergency Funds
CANCER	▪ Leading Cause of Death ▪ Cancer Deaths ▪ Cancer Incidence – Including Lung Cancer and Colorectal Cancer ▪ Female Breast Cancer Screening
HEART DISEASE & STROKE	▪ Leading Cause of Death ▪ Coronary Heart Disease Deaths ▪ Heart Disease Prevalence ▪ Stroke Deaths ▪ High Blood Pressure Prevalence ▪ High Blood Cholesterol Prevalence ▪ Overall Cardiovascular Risk ▪ Key Informants: Heart disease and stroke ranked as a top concern.
INFANT HEALTH & FAMILY PLANNING	▪ Infant Deaths ▪ Teen Births
INJURY & VIOLENCE	▪ Motor Vehicle Crash Deaths ▪ Homicide Deaths
MENTAL HEALTH	▪ "Fair/Poor" Mental Health ▪ Diagnosed Depression ▪ Suicide Deaths ▪ Mental Health Provider Ratio

—continued on the next page—

AREAS OF OPPORTUNITY (continued)	
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	▪ Difficulty Accessing Fresh Produce ▪ Low Food Access ▪ Overweight & Obesity [Adults]
ORAL HEALTH	▪ Access to Dentists
POTENTIALLY DISABLING CONDITIONS	▪ Disability Prevalence
RESPIRATORY DISEASE	▪ Lung Disease Deaths ▪ Key Informants: Coronavirus/COVID-19 ranked as a top concern.
SUBSTANCE ABUSE	▪ Use of Prescription Opioids ▪ Personally Impacted by Substance Abuse (Self or Other's) ▪ Key Informants: Substance abuse ranked as a top concern.

Community Feedback on Prioritization of Health Needs

On December 1, 2021, Beauregard Health System convened an online meeting among community stakeholders (representing a cross-section of community-based agencies and organizations) to evaluate, discuss and prioritize health issues for community, based on findings of this Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above). Following the data review, PRC answered any questions. Finally, participants were provided an overview of the prioritization exercise that followed.

In order to assign priority to the identified health needs (i.e., Areas of Opportunity), a wireless audience response system was used in which each participant was able to register his/her ratings using a small remote keypad. The participants were asked to evaluate each health issue along two criteria:

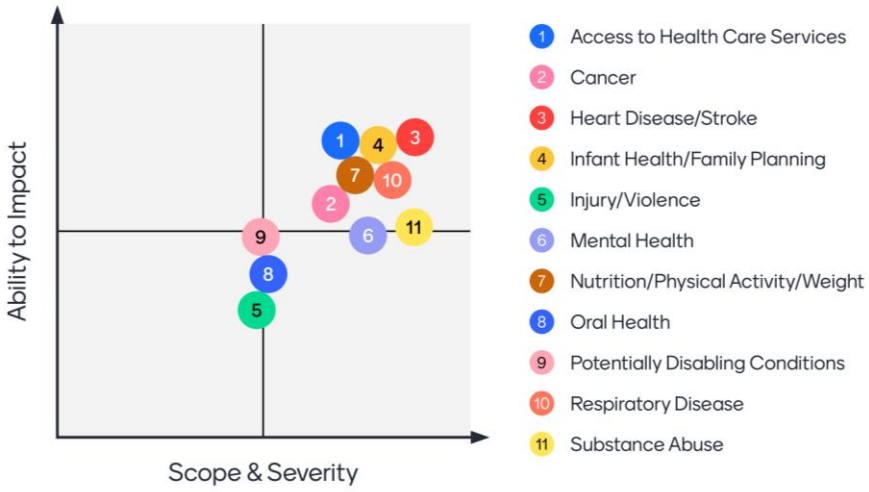
- Scope & Severity — The first rating was to gauge the magnitude of the problem in consideration of the following:
    - *How many people are affected?*
    - *How does the local community data compare to state or national levels, or Healthy People 2020 targets?*
    - *To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?*

  Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).
- Ability to Impact — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

Individuals' ratings for each criteria were averaged for each tested health issue, and then these composite criteria scores were averaged to produce an overall score. This process yielded the following prioritized list of community health needs:

1. Heart Disease & Stroke
2. Infant Health & Family Planning
3. Respiratory Disease
4. Nutrition, Physical Activity & Weight
5. Access to Health Care
6. Substance Abuse
7. Cancer
8. Mental Health
9. Potentially Disabling Conditions
10. Oral Health
11. Injury & Violence

Plotting these overall scores in a matrix illustrates the intersection of the Scope & Severity and the Ability to Impact scores. Below, those issues placing in the upper right quadrant represent health needs rated as most severe, with the greatest ability to impact.



Hospital Implementation Strategy

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

Note: An evaluation of the hospital's past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the Total Area, grouped by health topic.

Reading the Summary Tables

- In the following tables, Total Area results are shown in the larger, gray column.
- The columns to the right of the Total Area column provide comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Symbols indicate whether the Total Area compares favorably (☀), unfavorably (☂), or comparably (⛅) to these external data.

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

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

SOCIAL DETERMINANTS	Total Area	TOTAL AREA vs. BENCHMARKS vs. LA	vs. US	vs. HP2030
Linguistically Isolated Population (Percent)	0.6	1.7	4.3	
Population in Poverty (Percent)	16.5	19.2	13.4	8.0
Children in Poverty (Percent)	20.8	27.2	18.5	8.0
Housing Exceeds 30% of Income	20.5	27.9	30.9	
% Unable to Pay Cash for a $400 Emergency Expense	41.6		24.6	
% HH Member Lost Job, Wages, Insurance Due to Pandemic	23.0			
No High School Diploma (Age 25+, Percent)	13.9	14.8	12.0	
% Unhealthy/Unsafe Housing Conditions	13.8		12.2	
		better	similar	worse

OVERALL HEALTH	Total Area	TOTAL AREA vs. BENCHMARKS vs. LA	vs. US	vs. HP2030
% "Fair/Poor" Overall Health	17.9	22.8	12.6	
		better	similar	worse

ACCESS TO HEALTH CARE	Total Area	TOTAL AREA vs. BENCHMARKS		
		vs. LA	vs. US	vs. HP2030
% [Age 18-64] Lack Health Insurance	2.1	14.4	8.7	7.9
% Cost Prevented Physician Visit in Past Year	20.1	14.8	12.9	
% Cost Prevented Getting Prescription in Past Year	21.8		12.8	
% Transportation Hindered Dr Visit in Past Year	9.7		8.9	
% Difficulty Getting Child's Health Care in Past Year	5.7		8.0	
% Have Foregone Medical Care Due to Pandemic	20.4			
% "Extremely/Very" Likely to Use Telehealth	50.3			
Primary Care Doctors per 100,000	38.3	68.2	75.8	
% Have Had Routine Checkup in Past Year	67.6	80.1	70.5	
% Child Has Had Checkup in Past Year	69.7		77.4	
% Rate Local Health Care "Fair/Poor"	27.7		8.0	
% Outmigration for Care in the Past Year	80.5			
% Likelihood of Using Beauregard Health System is "Fair/Poor"	37.9			
% Opinion of Beauregard Health System Has Worsened in the Past Year	16.9			
		better	similar	worse

CANCER	Total Area	TOTAL AREA vs. BENCHMARKS vs. LA	vs. US	vs. HP2030
Cancer (Age-Adjusted Death Rate)	201.5	172.8	152.3	122.7
Cancer Incidence Rate (All Sites)	492.8	481.0	448.7	
Female Breast Cancer Incidence Rate	104.9	125.9	125.9	
Prostate Cancer Incidence Rate	105.0	131.2	104.5	
Lung Cancer Incidence Rate	81.5	66.2	58.3	
Colorectal Cancer Incidence Rate	48.8	45.1	38.4	
% Cancer	4.0	12.3	10.0	
Mammogram in Past Year (% Medicare Women 35+)	25.0	32.0	32.0	77.1
		better	similar	worse

DIABETES	Total Area	TOTAL AREA vs. BENCHMARKS vs. LA	vs. US	vs. HP2030
% Diabetes/High Blood Sugar	18.1	12.6	13.8	
		better	similar	worse

HEART DISEASE & STROKE	Total Area	TOTAL AREA vs. BENCHMARKS vs. LA	vs. US	vs. HP2030
Coronary Heart Disease (Age-Adjusted Death Rate)	140.6	97.1	92.6	90.9
% Heart Disease (Heart Attack, Angina, Coronary Disease)	15.4	7.3	6.1	
Stroke (Age-Adjusted Death Rate)	45.6	46.1	37.3	33.4
% Stroke	4.8	4.5	4.3	
% Told Have High Blood Pressure	48.1	39.7	36.9	27.7
% Told Have High Cholesterol	41.5		32.7	
% 1+ Cardiovascular Risk Factor	91.0		84.6	
		better	similar	worse

INFANT HEALTH & FAMILY PLANNING	Total Area	TOTAL AREA vs. BENCHMARKS vs. LA	vs. US	vs. HP2030
Infant Death Rate	7.3	7.9	5.8	5.0
Births to Adolescents Age 15 to 19 (Rate per 1,000)	48.6	32.1	20.9	31.4
		better	similar	worse

INJURY & VIOLENCE	Total Area	TOTAL AREA vs. BENCHMARKS vs. LA	vs. US	vs. HP2030
Unintentional Injury (Age-Adjusted Death Rate)	49.1	58.5	47.5	43.2
Motor Vehicle Crashes (Age-Adjusted Death Rate)	20.0	16.7	11.3	10.1
Homicide (Age-Adjusted Death Rate)	9.9	13.8	6.0	5.5
Violent Crime Rate	232.8	562.3	416.0	
		better	similar	worse

MENTAL HEALTH	Total Area	TOTAL AREA vs. BENCHMARKS vs. LA	vs. US	vs. HP2030
% "Fair/Poor" Mental Health	26.0		13.4	
% Diagnosed Depression	32.3	23.9	20.6	
Suicide (Age-Adjusted Death Rate)	18.5	14.9	13.8	12.8
Mental Health Providers per 100,000	35.8	65.9	57.2	
% Unable to Get Mental Health Svcs in Past Yr	10.2		7.8	
		better	similar	worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Total Area	TOTAL AREA vs. BENCHMARKS		
		vs. LA	vs. US	vs. HP2030
% "Very/Somewhat" Difficult to Buy Fresh Produce	31.8		21.1	
Population With Low Food Access (Percent)	51.9	26.4	22.2	
Fast Food (Restaurants per 100,000)	60.2	78.2	82.2	
% No Leisure-Time Physical Activity	25.5	31.9	31.3	21.2
% Child [Age 2-17] Physically Active 1+ Hours per Day	56.5		33.0	
% Overweight (BMI 25+)	86.7	70.9	61.0	
% Obese (BMI 30+)	42.4	35.9	31.3	36.0
% Children [Age 5-17] Overweight (85th Percentile)	29.6		32.3	
% Children [Age 5-17] Obese (95th Percentile)	16.1		16.0	15.5
		better	similar	worse

ORAL HEALTH	Total Area	TOTAL AREA vs. BENCHMARKS		
		vs. LA	vs. US	vs. HP2030
Dentists per 100,000	43.5	51.8	65.6	
% [Age 18+] Dental Visit in Past Year	54.8	58.1	62.0	45.0
		better	similar	worse

POTENTIALLY DISABLING CONDITIONS	Total Area	TOTAL AREA vs. BENCHMARKS		
		vs. LA	vs. US	vs. HP2030
Disability Prevalence (%)	18.9	15.3	12.6	
% Activity Limitations	27.6		24.0	
		better	similar	worse

RESPIRATORY DISEASE	Total Area	TOTAL AREA vs. BENCHMARKS		
		vs. LA	vs. US	vs. HP2030
Lung Disease (Age-Adjusted Death Rate)	61.4	42.8	40.2	
% Asthma	13.2	7.9	12.9	
% COPD (Lung Disease)	2.8	8.6	6.4	
% Rate Coronavirus/COVID-19 as a "Major Problem"	63.8			
% Have Been Tested for COVID-19	72.2			
% "Extremely Strict" Adherence to Coronavirus Recommendations	17.6			
		better	similar	worse

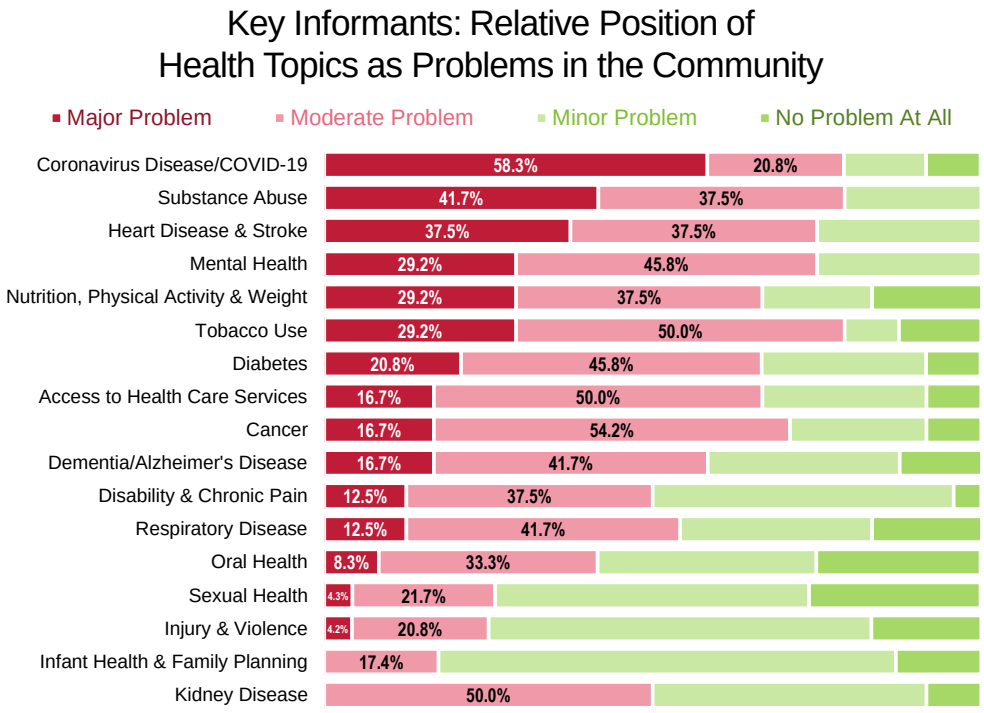
SEXUAL HEALTH	Total Area	TOTAL AREA vs. BENCHMARKS		
		vs. LA	vs. US	vs. HP2030
HIV Prevalence Rate	149.5	541.0	372.8	
Chlamydia Incidence Rate	508.8	774.8	539.9	
Gonorrhea Incidence Rate	136.9	257.1	179.1	
		better	similar	worse

SUBSTANCE ABUSE	Total Area	TOTAL AREA vs. BENCHMARKS		
		vs. LA	vs. US	vs. HP2030
% Binge Drinker	29.7	20.8	24.5	
% Used an Prescription Opioid in Past Year	22.1		12.9	
% Personally Impacted by Substance Abuse	46.7		35.8	
		better	similar	worse

TOBACCO USE	Total Area	TOTAL AREA vs. BENCHMARKS		
		vs. LA	vs. US	vs. HP2030
% Current Smoker	16.4	21.9	17.4	5.0
% Currently Use Vaping Products	6.0	4.5	8.9	
		better	similar	worse

Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 17 health issues is a problem in their own community, using a scale of “major problem,” “moderate problem,” “minor problem,” or “no problem at all.” The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)



DATA CHARTS & KEY INFORMANT INPUT

The following sections present data from multiple sources, including the population- based PRC Community Health Survey, public health and other existing data sets (secondary data), as well as qualitative input from the Online Key Informant Survey.

Data indicators from these sources are intermingled and organized by health topic. To better understand the source data for specific indicators, please refer to the footnotes accompanying each chart.

COMMUNITY CHARACTERISTICS

Population Characteristics

Total Population

Data from the US Census Bureau reveal the following statistics for our community relative to size, population, and density. [COUNTY-LEVEL DATA]

Total Population
(Estimated Population, 2015-2019)

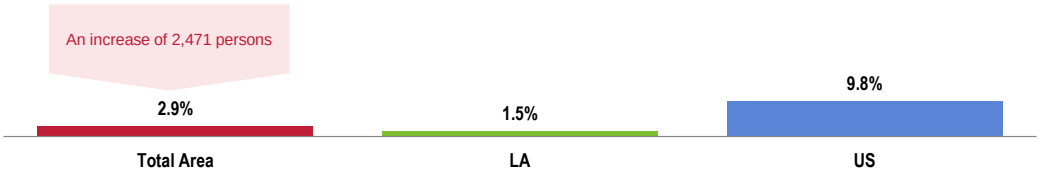
	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Total Area	86,689	2,485.28	34.88
Louisiana	4,664,362	43,206.73	107.95
United States	324,697,795	3,532,068.58	91.93

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).

Population Change 2000-2010

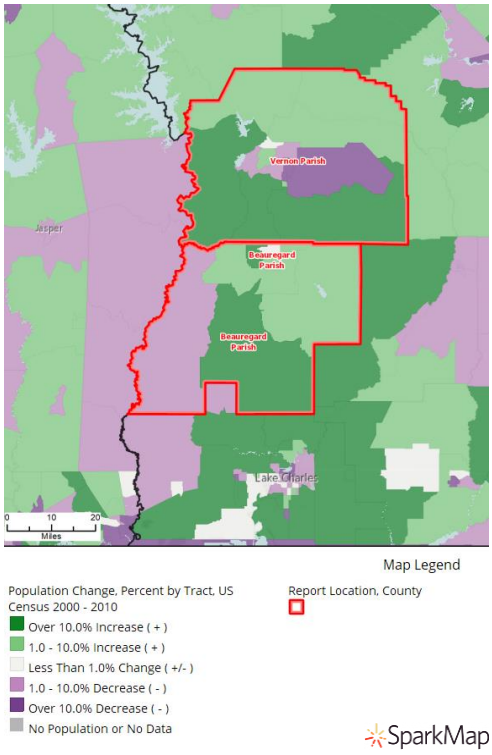
A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources. The following chart and map illustrate the changes that have occurred in the Total Area between the 2000 and 2010 US Censuses. [COUNTY-LEVEL DATA]

Change in Total Population
(Percentage Change Between 2000 and 2010)



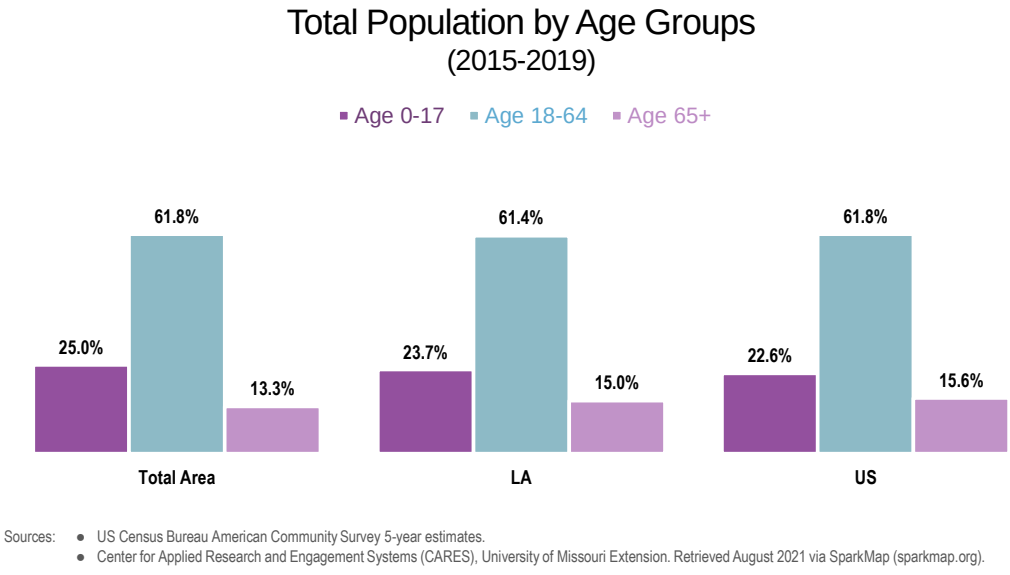
Sources:
- US Census Bureau Decennial Census (2000-2010).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).

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

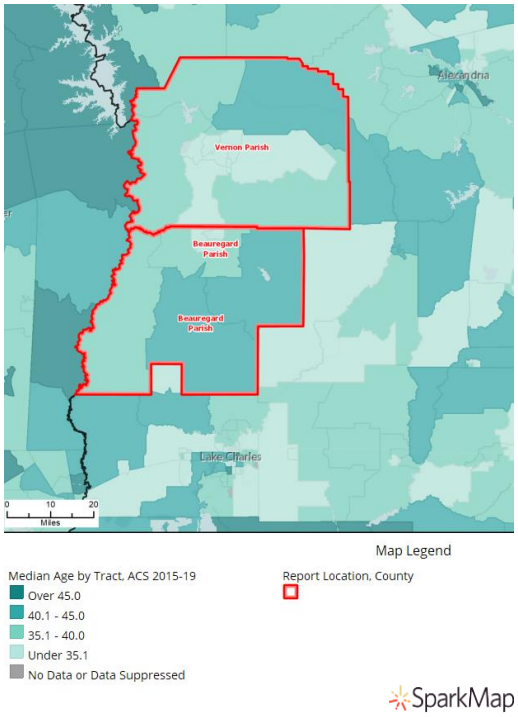


Age

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

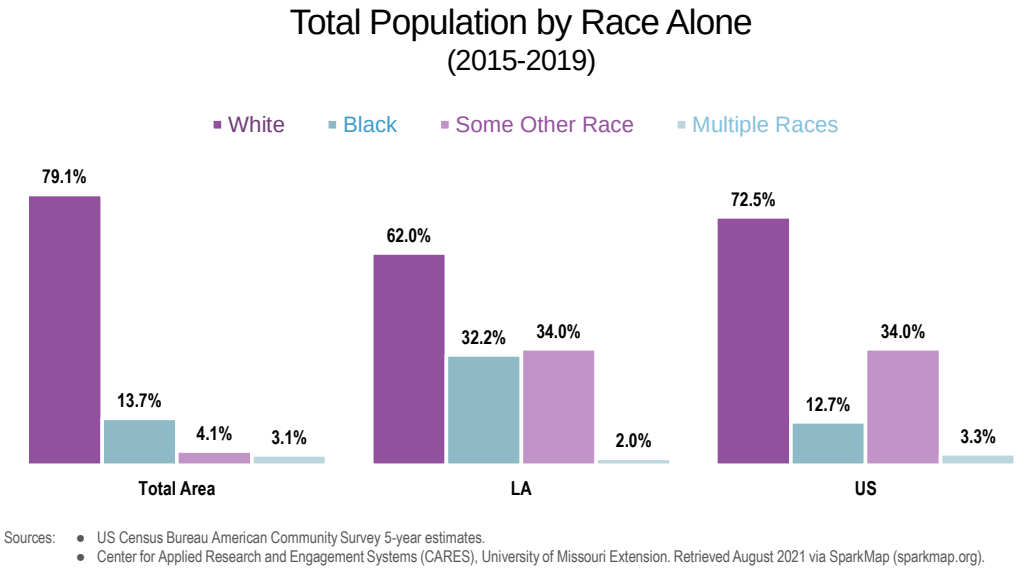


Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).



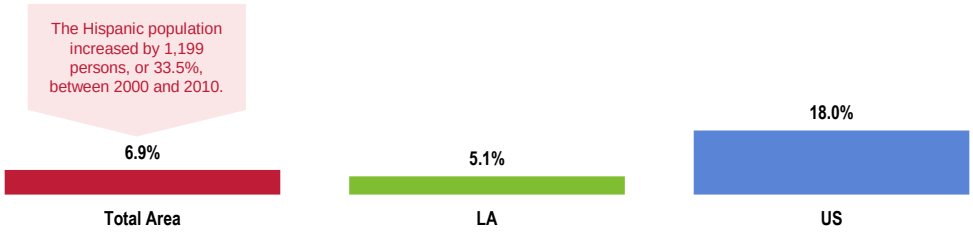
Race & Ethnicity

The following charts illustrate the racial and ethnic makeup of our community. Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States — people who identify their origin as Hispanic, Latino, or Spanish may be of any race. [COUNTY-LEVEL DATA]



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).

Hispanic Population
(2015-2019)



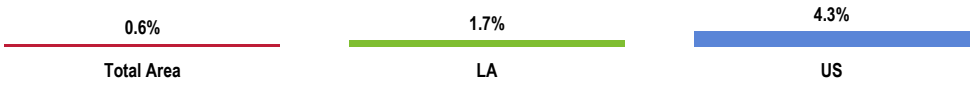
Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).

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

Linguistic Isolation

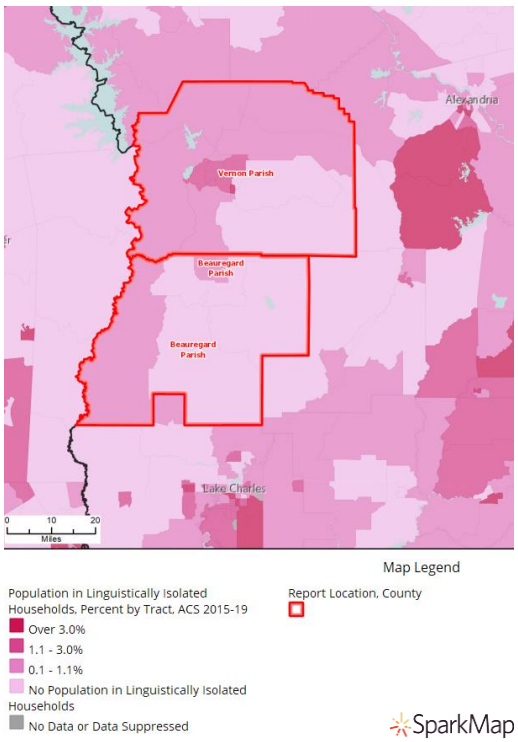
This indicator reports the percentage of the population age 5 years and older who live in a home in which: 1) no person age 14 years or older speaks only English; or 2) no person age 14 years or older speaks a non-English language but also speaks English "very well." [COUNTY-LEVEL DATA]

Linguistically Isolated Population
(2015-2019)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English "very well."


Alexandria
Vernon Parish
Beauregard Parish
Beauregard Parish
Lake Charles
0 10 20
Miles
Map Legend
Population in Linguistically Isolated Households, Percent by Tract, ACS 2015-19
Over 3.0%
1.1 - 3.0%
0.1 - 1.1%
No Population in Linguistically Isolated Households
No Data or Data Suppressed
Report Location, County
SparkMap

Social Determinants of Health

ABOUT SOCIAL DETERMINANTS OF HEALTH

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

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

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

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

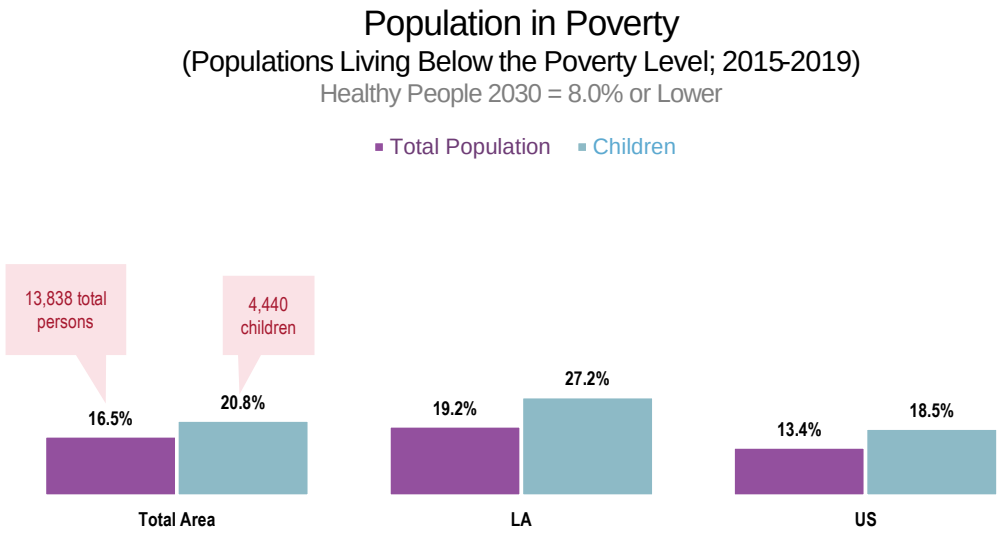
Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

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

Income & Poverty

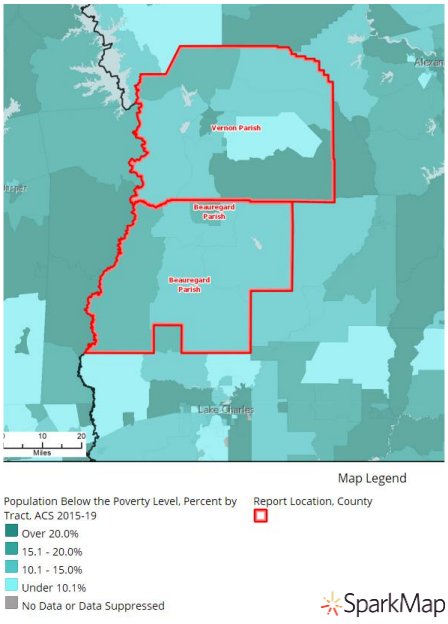
Poverty

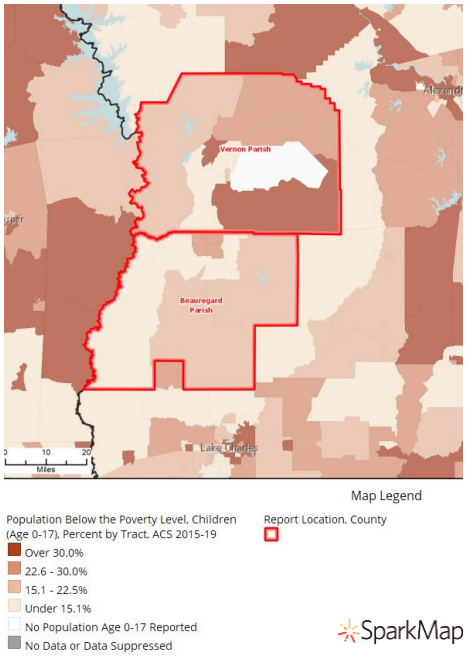
The following chart outlines the proportion of our population below the federal poverty threshold (for the total population as well as only among children) in comparison to state and national proportions. [COUNTY-LEVEL DATA]



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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



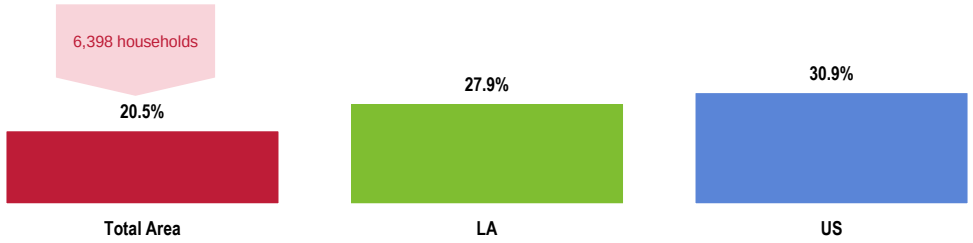


Housing Burden

The following chart shows the housing burden in the Total Area. This serves as a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels. [COUNTY-LEVEL DATA]

"Housing burden" reports the percentage of the households where housing costs (rent or mortgage costs) exceed 30% of total household income.

Housing Costs Exceed 30% of Household Income
(2015-2019)



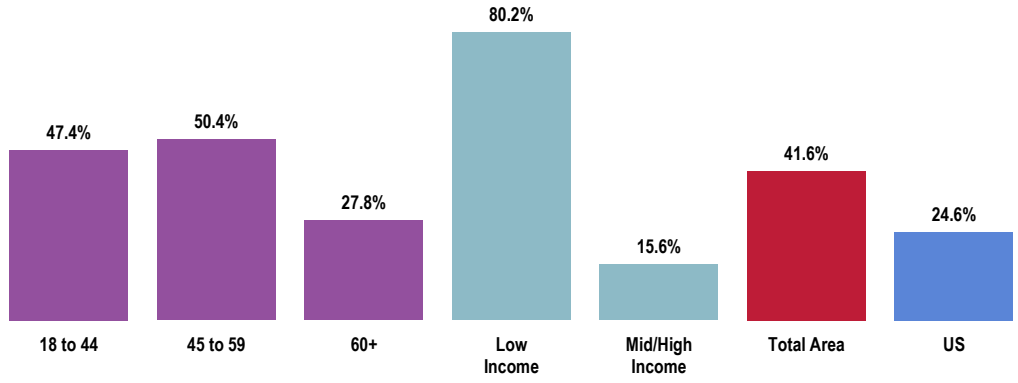
Sources:
- US Census Bureau, American Community Survey.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the percentage of the households where housing costs exceed 30% of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels.

Financial Resilience

"Suppose that you have an emergency expense that costs $400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full at the next statement?"

Do Not Have Cash on Hand to Cover a $400 Emergency Expense
(Total Area, 2021)



Sources:
- 2021 PRC Community Health Survey, PRC, Inc.

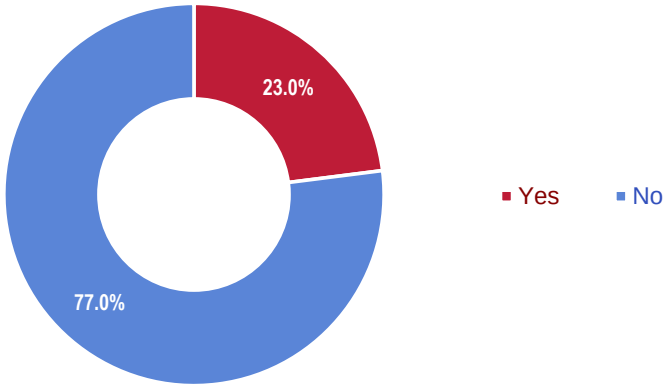
Notes:
- Asked of all respondents.
- Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

Financial Loss Due to the Coronavirus Pandemic

See also *Coronavirus Disease/COVOD-19* in the **Death, Disease & Chronic Conditions** section of this report.

"Has the coronavirus pandemic caused you or other household members to lose a job, work fewer hours than you wanted or needed, or led to a loss of health insurance coverage?"

Household Member has Lost a Job, Hours/Wages, or Health Insurance as a Result of the Pandemic
(Total Area, 2021)

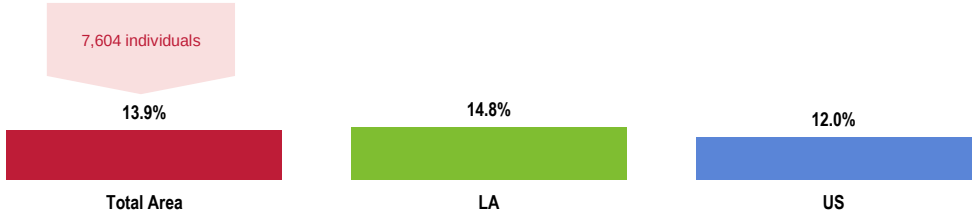


Sources: ● 2021 PRC Community Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

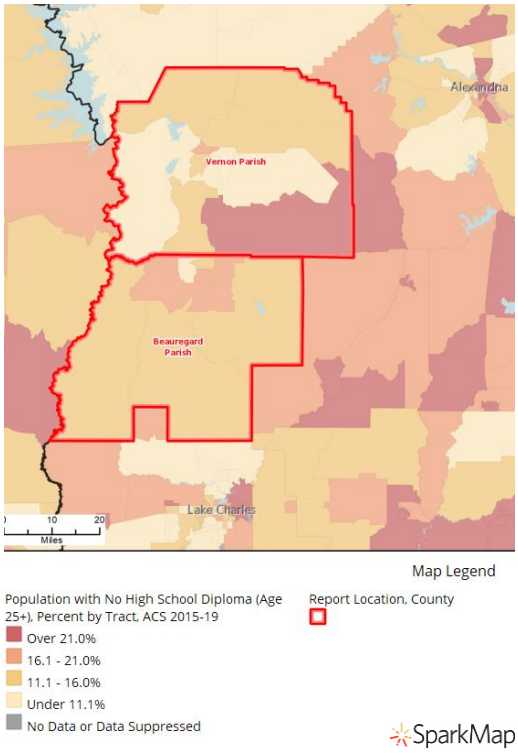
Education

Education levels are reflected in the proportion of our population without a high school diploma. [COUNTY-LEVEL DATA]

Population With No High School Diploma
(Population Age 25+ Without a High School Diploma or Equivalent, 2015-2019)



Sources: ● US Census Bureau American Community Survey 5-year estimates.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
Notes: ● This indicator is relevant because educational attainment is linked to positive health outcomes.



Housing

Unhealthy or Unsafe Housing

"Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?"

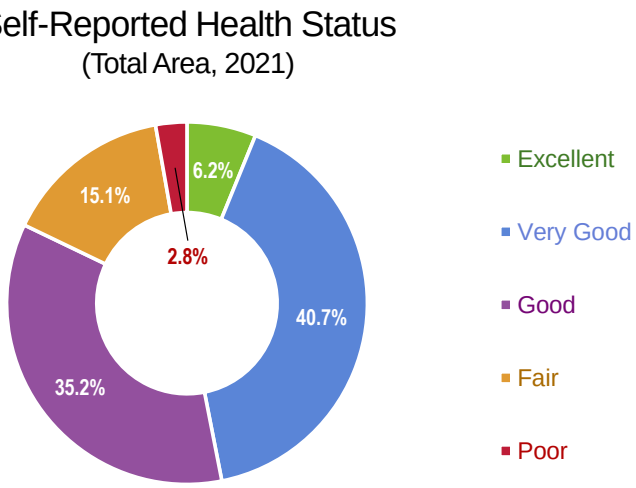
Unhealthy or Unsafe Housing Conditions in the Past Year
(Total Area, 2021)

Sources: • 2021 PRC Community Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

HEALTH STATUS

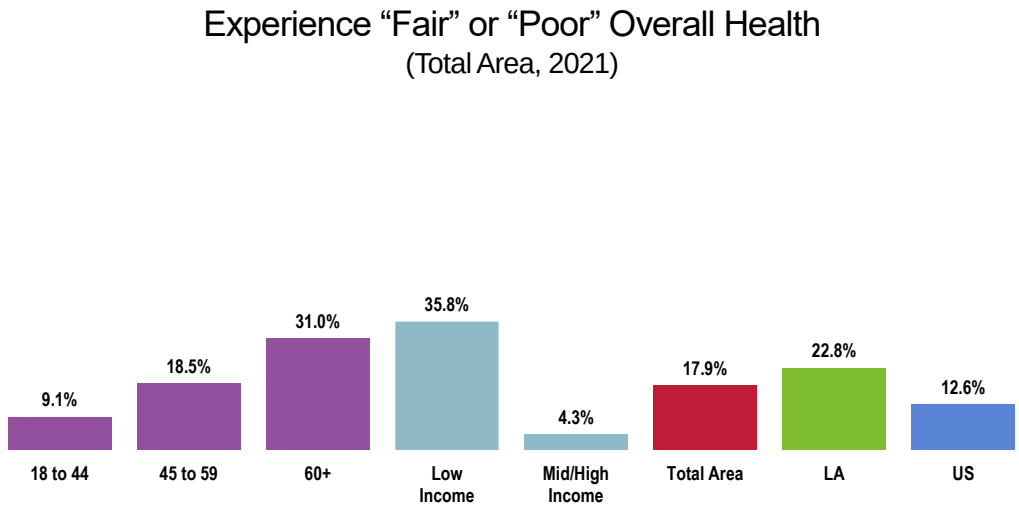
Overall Health

"Would you say that in general your health is: excellent, very good, good, fair, or poor?"



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

The following charts further detail "fair/poor" overall health responses in the Total Area in comparison to benchmark data, as well as by basic demographic characteristics (namely by age groupings and income [based on poverty status]).



Sources: ● 2021 PRC Community Health Survey, PRC, Inc.
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Mental Health

ABOUT MENTAL HEALTH & MENTAL DISORDERS

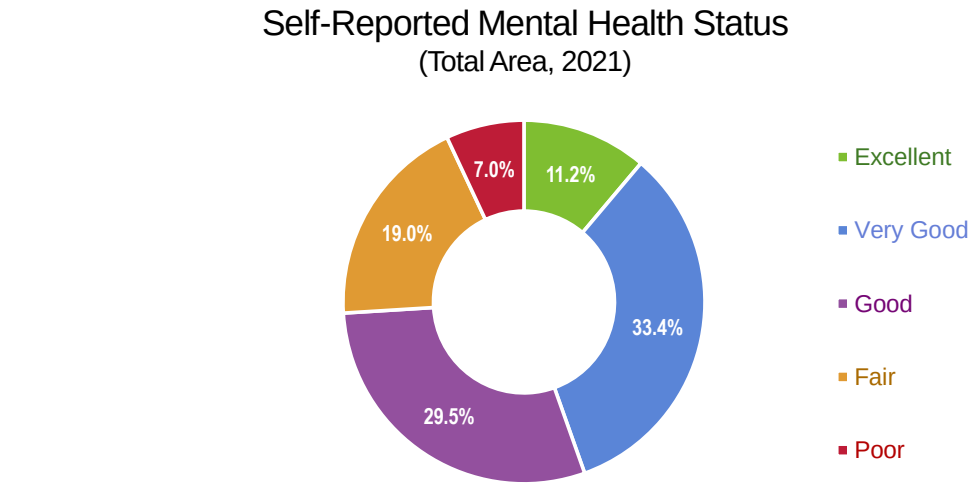
About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. …Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental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

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

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

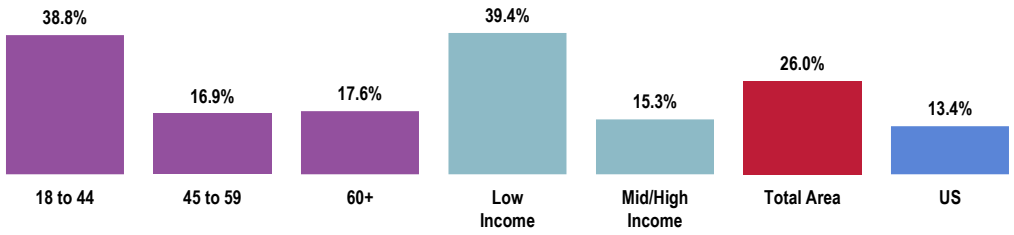
Mental Health Status

"Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair, or poor?"



Sources: • 2021 PRC Community Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Experience “Fair” or “Poor” Mental Health
(Total Area, 2021)

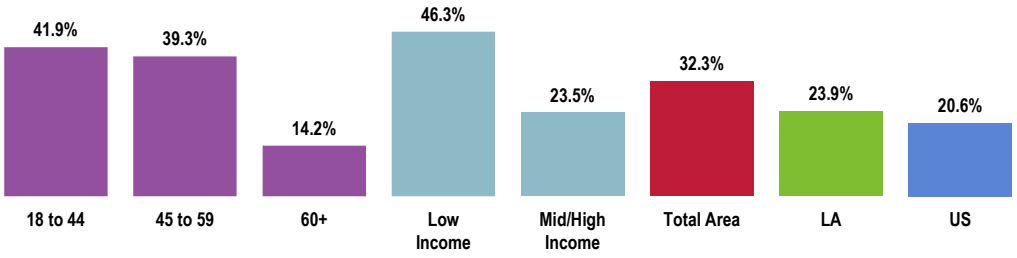


Sources: ● 2021 PRC Community Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Diagnosed Depression

“Has a doctor or other healthcare provider ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?”

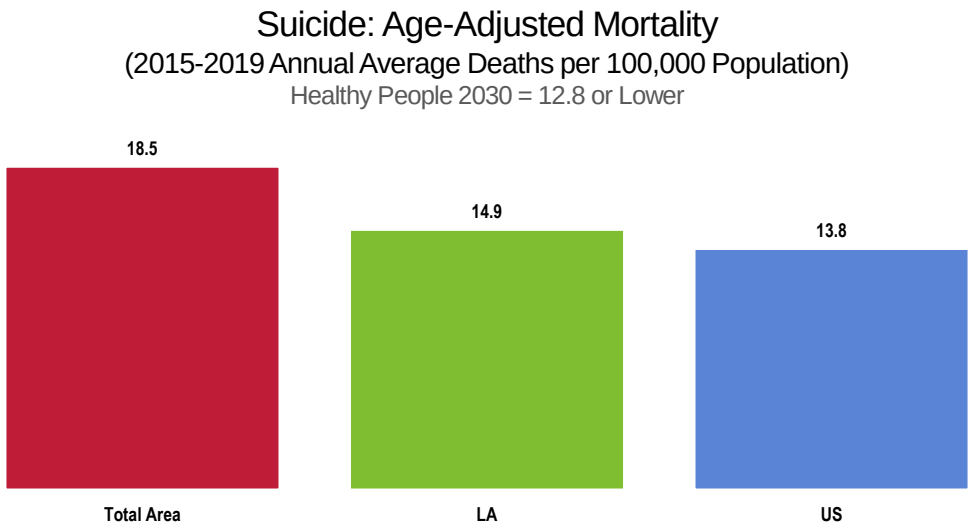
Have Been Diagnosed With a Depressive Disorder



Sources: ● 2021 PRC Community Health Survey, PRC, Inc.
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Depressive disorders include depression, major depression, dysthymia, or minor depression.

Suicide

The following chart outlines the most current age-adjusted mortality rates attributed to suicide in our population (refer to "Leading Causes of Death" for an explanation of the use of age-adjusting for these rates). [COUNTY-LEVEL DATA]



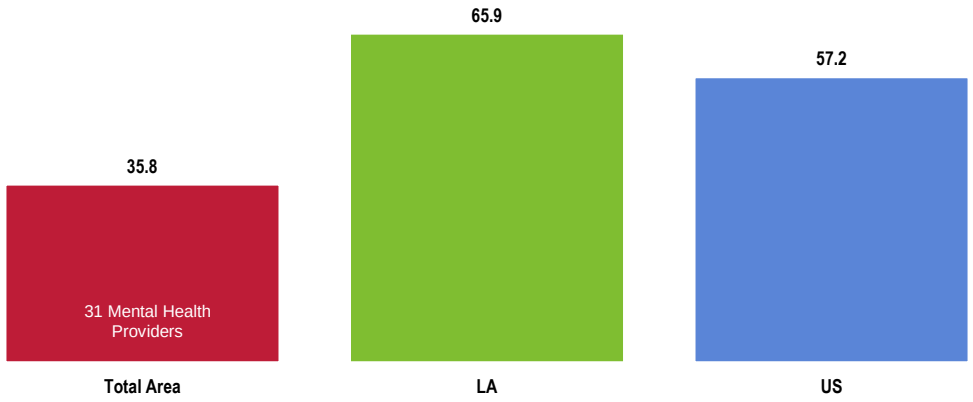
Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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

Mental Health Treatment

The following chart outlines access to mental health providers, expressed as the number of providers (psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care) per 100,000 residents. [COUNTY-LEVEL DATA]

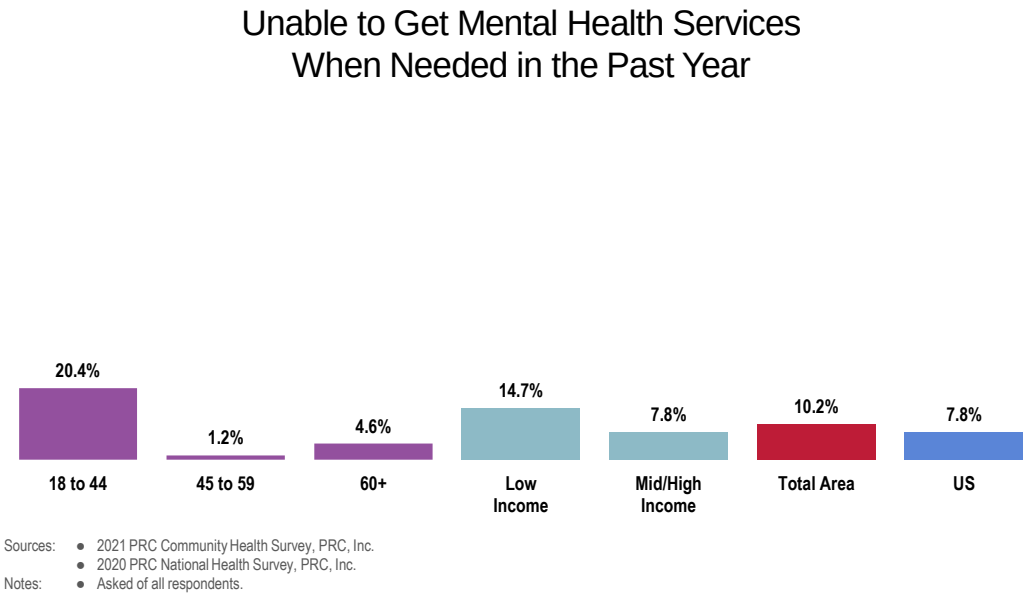
Here, "mental health providers" includes psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care. Note that this indicator only reflects providers practicing in the Total Area and residents in the Total Area; it does not account for the potential demand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



Sources:
- University of Wisconsin Population Health Institute, County Health Rankings.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).

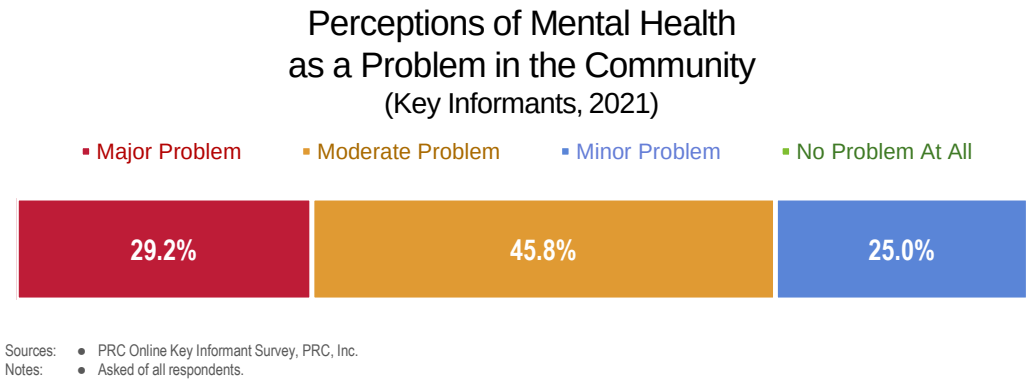
Notes:
- This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

"Was there a time in the past 12 months when you needed mental health services but were not able to get them?"



Key Informant Input: Mental Health

The following chart outlines key informants' perceptions of the severity of *Mental Health* as a problem in the community:



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

Access to Care/Services

> Lack of access and resources. Again, I live in a rural area and have worked ER where half the beds were tied up with adult Medicaid patients who could not be placed. There is almost no inpatient psychiatric care and the few places that are around are typically full. – Other Health Care Provider
>
> Placement issues. – Physician
>
> Limited availability of quality providers and immediate needs. – Community Leader
>
> Lack of providers with decent caseloads. Only two places accept Medicaid in this area, and they are overwhelmed. – Social Service Provider

Contributing Factors

> 1. Stigma surrounding mental health conditions, fear of treatment. 2. Lack of inpatient mental health beds in the area. 3. Lack of Medication Assisted Treatment (MAT) providers to help people with substance use. 4. Ongoing trauma due to lack of basic needs being met (like housing, food, transportation) following recent hurricanes and now COVID19 surge – so basically people continue to be traumatized, without real solutions available, probably creating exacerbation of depression and anxiety. – Public Health Representative
>
> Identifying mental health as a major to moderate problem is due to the number of violations that are answered throughout the week. There is little help for the people seeking a resolution. Rehabilitation hospitals help, this is only a quick fix, due to the duration. Also, intervention and support groups are available, most people lack transportation to the meeting to have the adequate time to fully recover. – Community Leader

Denial/Stigma

> Stigma. – Community Leader

DEATH, DISEASE & CHRONIC CONDITIONS

Cardiovascular Disease

ABOUT HEART DISEASE & STROKE

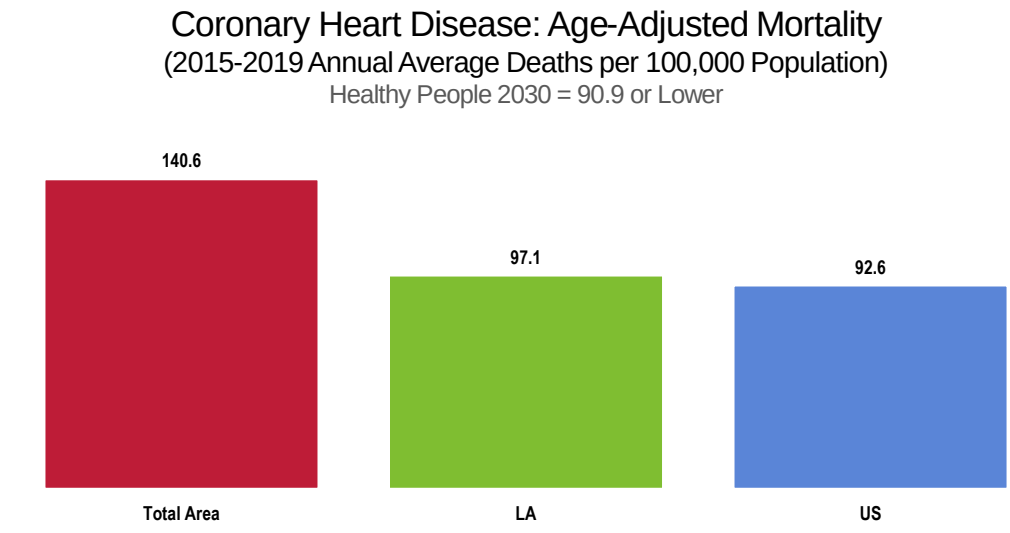
Heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. …Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure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

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

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

Age-Adjusted Coronary Heart Disease & Stroke Deaths

The greatest share of cardiovascular deaths is attributed to heart disease. The following charts outline age-adjusted mortality rates for coronary heart disease and for stroke in our community. [COUNTY-LEVEL DATA]



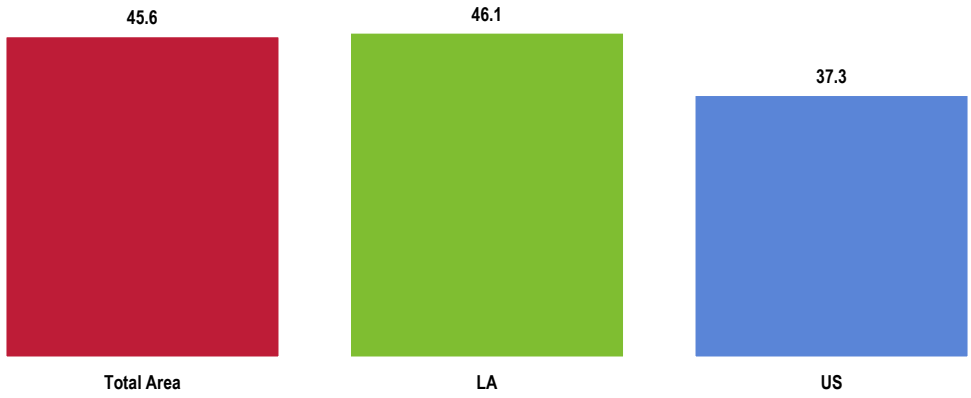
Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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

Stroke: Age-Adjusted Mortality

(2015-2019 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 33.4 or Lower



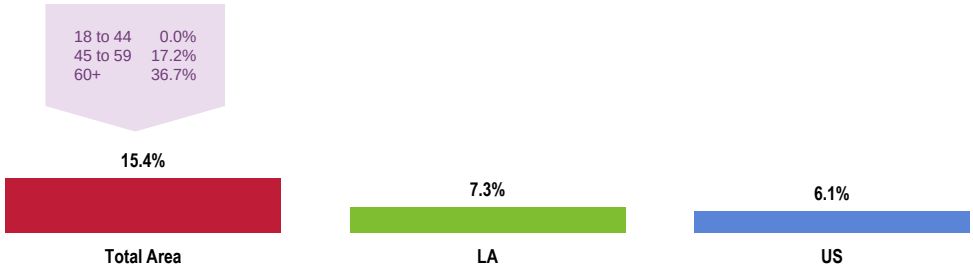
Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov [Objective HDS-3]

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

Prevalence of Heart Disease & Stroke

"Has a doctor, nurse, or other health professional ever told you that you had heart disease, including heart attack or myocardial infarction, angina, or coronary heart disease?"

Prevalence of Heart Disease

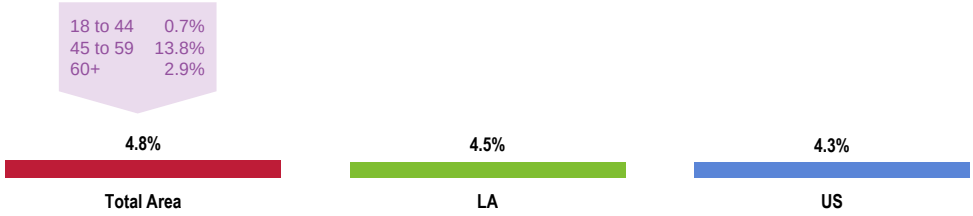


Sources:
- 2021 PRC Community Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.

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

"Has a doctor, nurse, or other health professional ever told you that you had a stroke?"

Prevalence of Stroke



Sources:
- 2021 PRC Community Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Cardiovascular Risk Factors

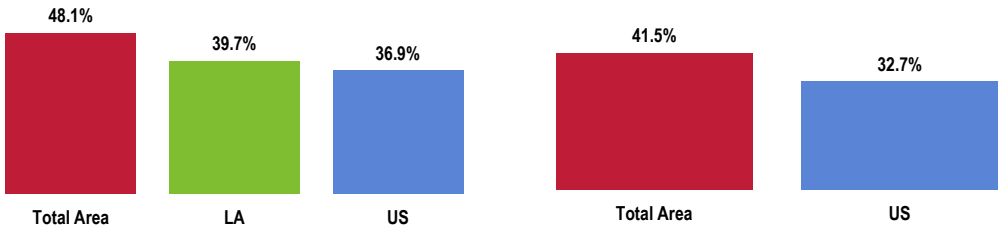
Blood Pressure & Cholesterol

"Have you ever been told by a doctor, nurse, or other health care professional that you had high blood pressure?"

"Blood cholesterol is a fatty substance found in the blood. Have you ever been told by a doctor, nurse, or other health care professional that your blood cholesterol is high?"

Prevalence of
High Blood Pressure
Healthy People 2030 = 27.7% or Lower

Prevalence of
High Blood Cholesterol



Sources:
- 2021 PRC Community Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

Total Cardiovascular Risk

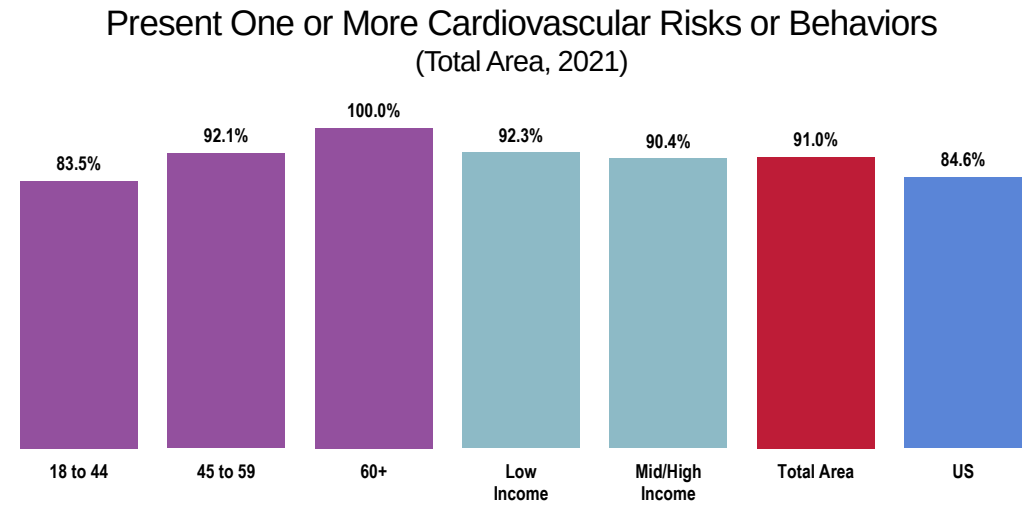
Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

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

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

The following chart reflects the percentage of adults in the Total Area who report one or more of the following: being overweight; smoking cigarettes; being physically inactive; or having high blood pressure or cholesterol.

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

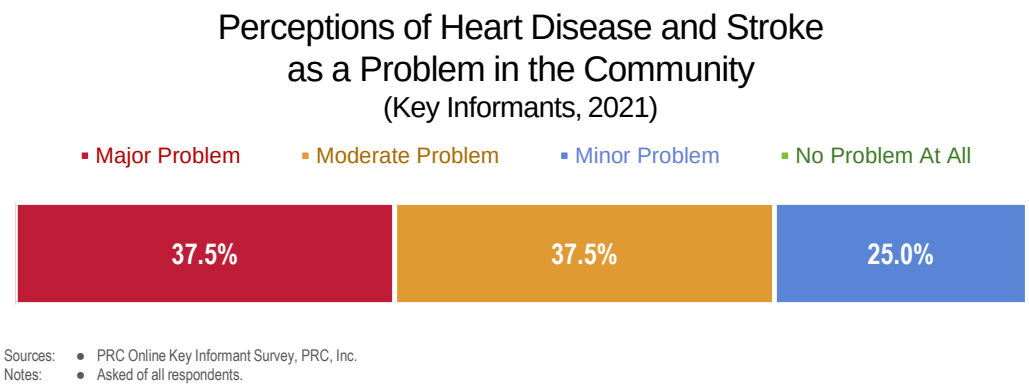


Sources:
- 2021 PRC Community Health Survey, PRC, Inc.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Reflects all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Key Informant Input: Heart Disease & Stroke

The following chart outlines key informants' perceptions of the severity of *Heart Disease & Stroke* as a problem in the community:



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

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

Contributing Factors

> Tobacco, obesity and diabetes. – Physician
>
> Poor diet and obesity. – Other Health Care Provider
>
> The majority of patients seen through the clinic are overweight with diabetes and hypertension. – Public Health Representative
>
> Diet, inactivity, lack of knowledge. The town does not even have walkable sidewalks to encourage activity safely. – Other Health Care Provider

Health Education

> Health education is an issue. Health literacy of the general community is low, which contributes to many other health problems. Focus on health education and literacy could improve the outcomes of numerous disease states. – Public Health Representative

Access to Care/Services

> No inpatient cardiac services. No neurology, but telehealth services available. – Physician

Education/Awareness

> There is a high percentage of inactive overweight children and adults in the community. The community does not offer any programs free of charge to our youth or adults promoting weight loss or activities to educate and prevent heart disease and stroke. – Community Leader

Specialty Care

> Lack of specialty care. – Physician

Lifestyle

> Lifestyle. – Community Leader

Cancer

ABOUT CANCER

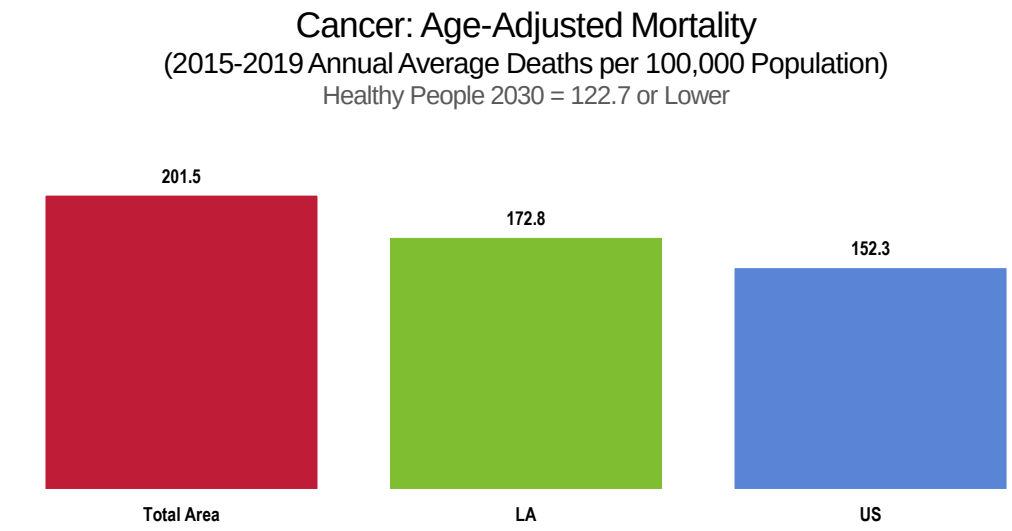
Cancer is the second leading cause of death in the United States. …The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are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

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

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

Age-Adjusted Cancer Deaths

The following chart illustrates age-adjusted cancer mortality (all types) in the Total Area. [COUNTY-LEVEL DATA]

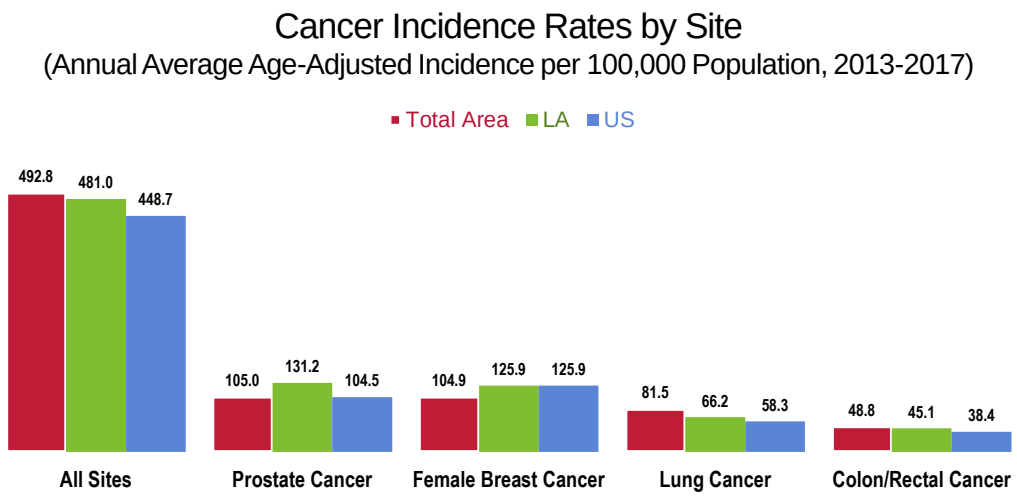


Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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

Cancer Incidence

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



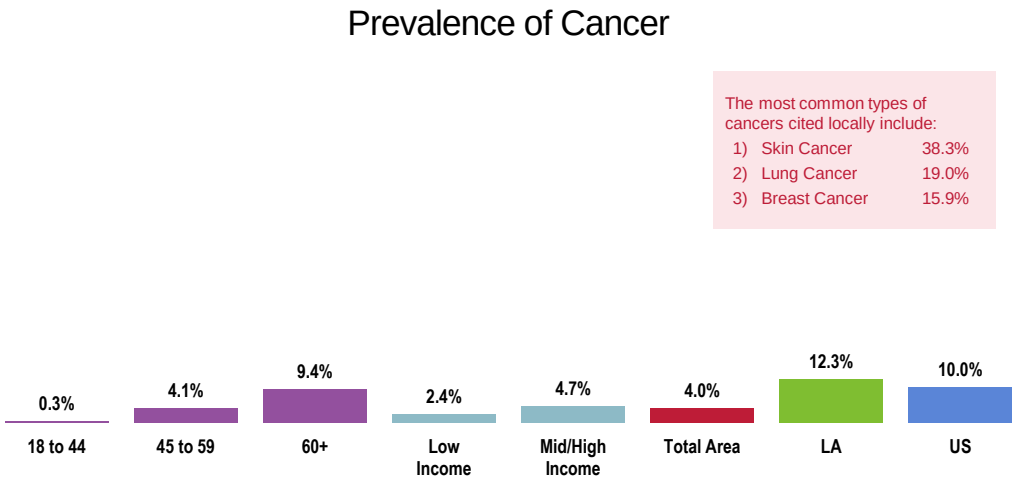
Sources:
- State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).

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

Prevalence of Cancer

"Have you ever suffered from or been diagnosed with cancer?"

"Which type of cancer were you diagnosed with? (If more than one past diagnosis, respondent was asked about the most recent.)



Sources:
- 2021 PRC Community Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Reflects all respondents.

ABOUT CANCER RISK

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

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

FEMALE BREAST CANCER

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

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

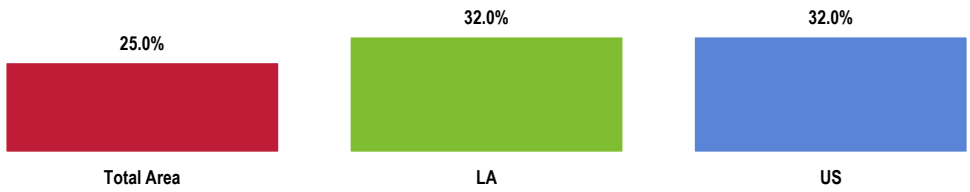
Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

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

Mammograms

The following indicator outlines the percentage of female Medicare enrollees, age 67-69 years, who have received a mammogram in the past two years. Mammography is important as a preventive behavior for early detection and treatment of health problems. Low screening levels can highlight a lack of access to preventive care, a lack of health knowledge, or other barriers. [COUNTY-LEVEL DATA]

Mammogram in the Past Year
(Female Medicare Enrollees Age 35 and Older; 2017)
Healthy People 2030 = 77.1% or Higher

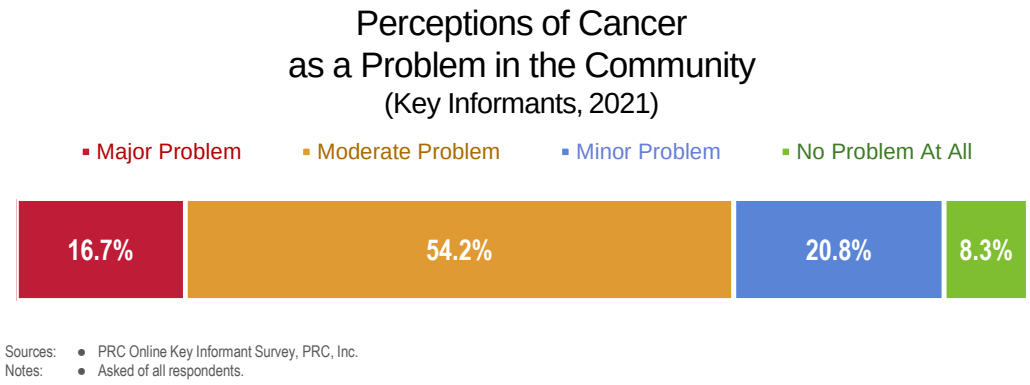


Sources:
- Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems.

Key Informant Input: Cancer

The following chart outlines key informants' perceptions of the severity of *Cancer* as a problem in the community:



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

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

Lack of Local Treatment Options

> Cancer unfortunately is very common in our community and being involved in the community I hear from so many that the majority of the patients travel to Houston for care and treatment. If we had the facility locally that would administer care and treatment under the guidance of M D Anderson these patients would not have the expense, risk involved in travel and the planning/scheduling involved. – Community Leader

Prevention

> Demographics and preventive care. – Community Leader

Incidence/Prevalence

> Very high rate of cancer in our area. – Public Health Representative

Specialty Care

> Limited access to a specialist. – Community Leader

Respiratory Disease

ABOUT RESPIRATORY DISEASE

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

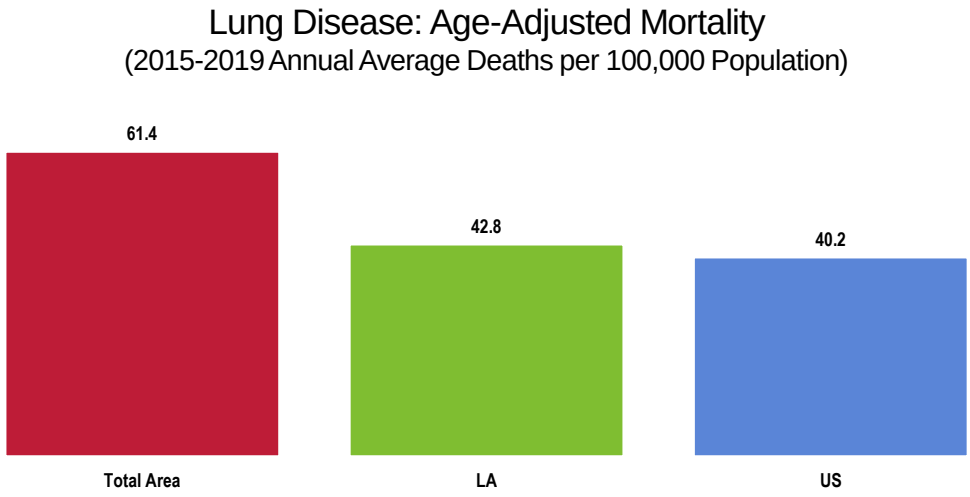
Interventions tailored to at-risk groups can also help prevent and treat other respiratory diseases — for example, pneumonia in older adults and pneumoconiosis in coal miners. And increasing lung cancer screening rates can help reduce deaths from lung cancer through early detection and treatment.

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

Lung Disease Deaths

The mortality rate for lung disease in the Total Area is summarized below, in comparison with Louisiana and national rates. [COUNTY-LEVEL DATA]

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



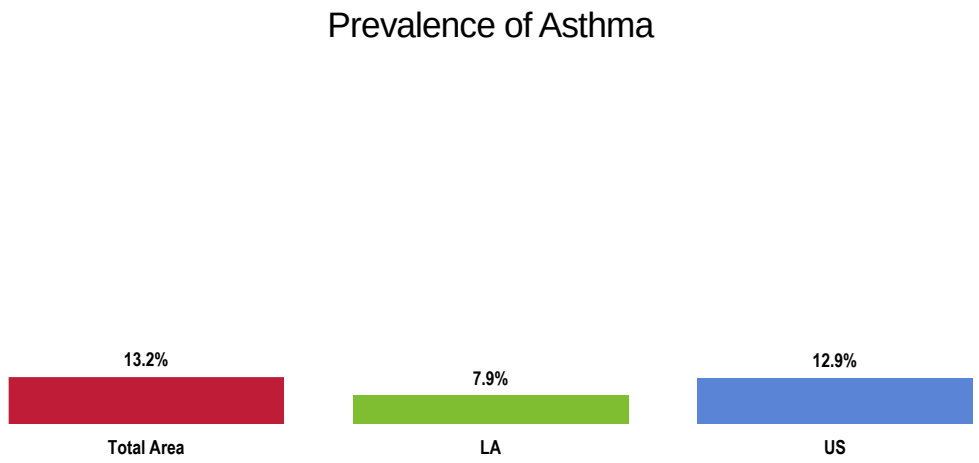
Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- This indicator is relevant because lung disease is a leading cause of death in the United States.

Prevalence of Respiratory Disease

Asthma

"Do you currently have asthma that was diagnosed by a doctor, nurse, or other health professional?"

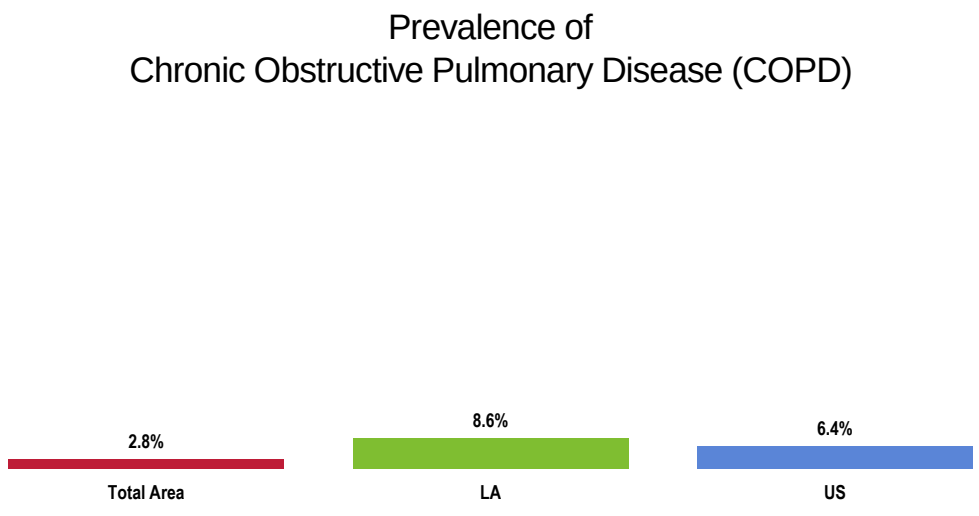


Sources:
- 2021 PRC Community Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes those who have ever been diagnosed with asthma and report that they still have asthma.

Chronic Obstructive Pulmonary Disease (COPD)

"Would you please tell me if you have ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema?"

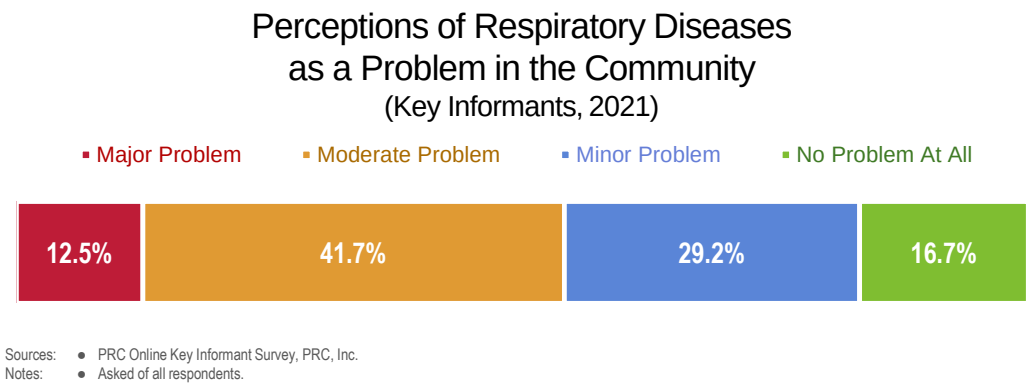


Sources:
- 2021 PRC Community Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.

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

Key Informant Input: Respiratory Disease

The following chart outlines key informants' perceptions of the severity of *Respiratory Disease* as a problem in the community:



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

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

Contributing Factors

> Environmental, industry, pollution, and smoking are all major causes of respiratory disease. We lack a pulmonary rehab program. Limited access to pulmonologists in this area. – Other Health Care Provider

> Smoking and lack of exercise. – Community Leader

COVID-19

> Covid-19. – Other Health Care Provider

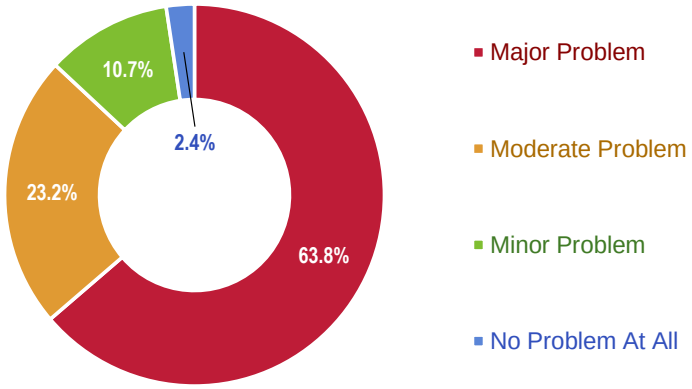
Coronavirus Disease/COVID-19

Perceived Severity

"The following questions are specifically about COVID-19 and the coronavirus pandemic. Overall, how much of a problem do you consider coronavirus or COVID-19 to be in this community? Would you say it is a major problem, moderate problem, minor problem, or no problem at all?"

See also *Financial Loss Due to the Coronavirus Pandemic* in the **Social Determinants of Health** section of this report.

Rating of the Coronavirus Pandemic/ COVID-19 as a Problem in the Community
(Total Area, 2021)



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

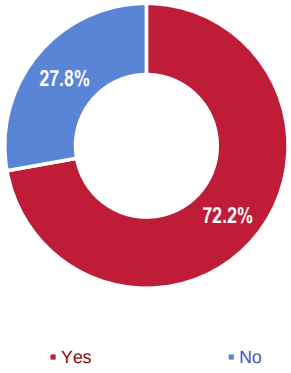
Testing & Prevention

"A test to detect coronavirus infection or COVID-19 involves the use of a swab inserted into the nose or throat. Have you personally received this kind of test?"

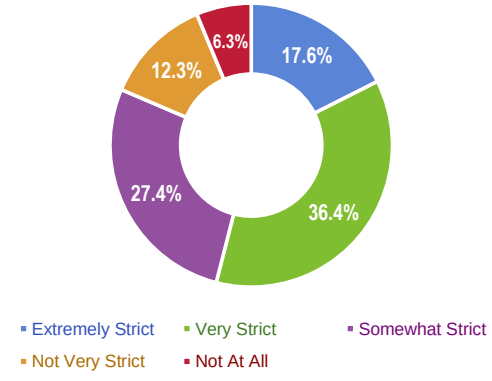
"How strict have you been about observing social distancing and stay-at-home recommendations? Would you say extremely strict, very strict, somewhat strict, not very strict, or not at all strict?"

See also *Medical Care Related to the COVID-19 Pandemic* in the **Access to Health Care** section of this report.

Have Been Tested for Coronavirus Infection/COVID-19
(Total Area, 2021)



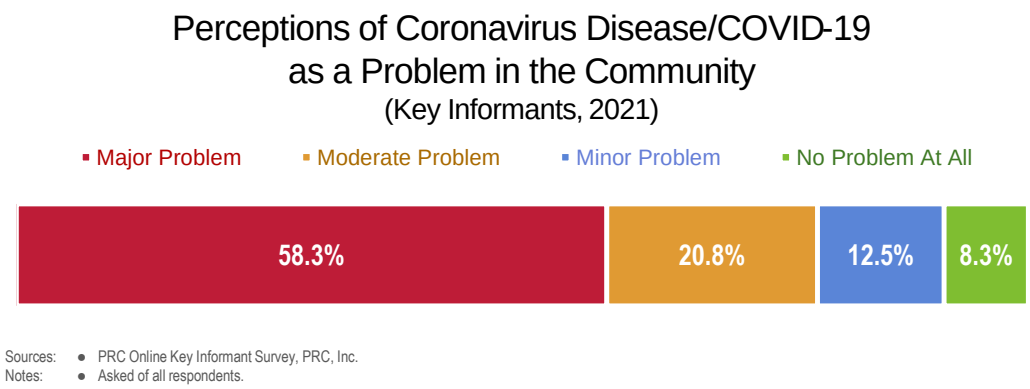
Adherence to Social Distancing and Stay-at-Home Recommendations
(Total Area, 2021)



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

Key Informant Input: Coronavirus Disease/COVID-19

The following chart outlines key informants' perceptions of the severity of *Coronavirus Disease/COVID-19* as a problem in the community:



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

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

Contributing Factors

> Significance and unpredictability of the disease, as well as resistance to vaccinations. – Physician
>
> Public health concern and burden on employers. – Community Leader
>
> COVID has quickly risen to a leading cause of death. Although other health conditions (like heart disease and cancer) are also leading causes of death, infrastructure, and process to handle and care for these patients already exists. With COVID being a new threat, it has the potential to not only kill large numbers of people, it also has the potential to undermine the provision of care for other conditions (so both direct and indirect impacts on life expectancy). In addition, there is NOT currently acceptance within the community for mitigation measures, like masking and vaccination, which leaves the area very vulnerable to future outbreaks and overwhelming of the entire healthcare system. It will also cause long-standing mental health problems, as people deal with the trauma and stress of the severe illness and deaths of family members and friends. Resources should be devoted to build infrastructure to handle COVID19 for the future, because it is unlikely to just go away. – Public Health Representative
>
> Low vaccination rates, disbelief about COVID being real, distrust in what government officials say about the disease; and this includes healthcare personnel. We are a very rural parish and community with transportation being an issue for many. We only have 1 hospital in the entire parish and very few outlying clinics without coming into Deridder. We have limited resources. – Other Health Care Provider
>
> 1. Businesses, churches, funeral homes not enforcing the mask mandate. 2. Physicians not ordering medications that have been proven to work and inconsistent treatment among health care providers. 3. Residents of our community unwilling to be vaccinated. 4. Workplaces not pre-screening employees by checking temperatures and asking the basic questions upon arrival to work to catch those not conscientious of spreading the virus. 5. Confusing information about the vaccine on social media creates confusion and fear – Other Health Care Provider
>
> COVID 19 is a problem in our community primarily because of the lack of responsibility by the citizens. They have gotten very laxed in wearing mask and maintaining 6 feet distance, avoiding large gatherings not only for themselves but for others in their circle of interaction rather it be at work, home, socially, businesses patronized, church etc. compounded by the fear of receiving the vaccine available. At the end of the day everyone one of us either interacts with someone during the day or works with others all day, that go home to their own families, children, parents, or grandparents that end up being exposed. We must respect others everywhere we go and those that we come into contact with. – Community Leader
>
> Poor vaccine record. Lack of understanding and misconceptions by public. Saturation of health care resources. – Physician

Vaccination Rate

> Unvaccinated people. – Other Health Care Provider
>
> Vaccination rate and lack of public awareness. – Physician
>
> Many people in our area have refused to be vaccinated. The Delta variant seems to be spreading more quickly. – Community Leader

Incidence/Prevalence

> High number of positive tests. – Public Health Representative
>
> Our numbers and people in our hospital are the highest it has ever been. – Public Health Representative

Limited Hospital Equipment

> Because the local hospital is overwhelmed by COVID cases, vent allocation will soon be the topic of discussion if the numbers keep increasing. – Social Service Provider

Injury & Violence

ABOUT INJURY & VIOLENCE

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

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

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

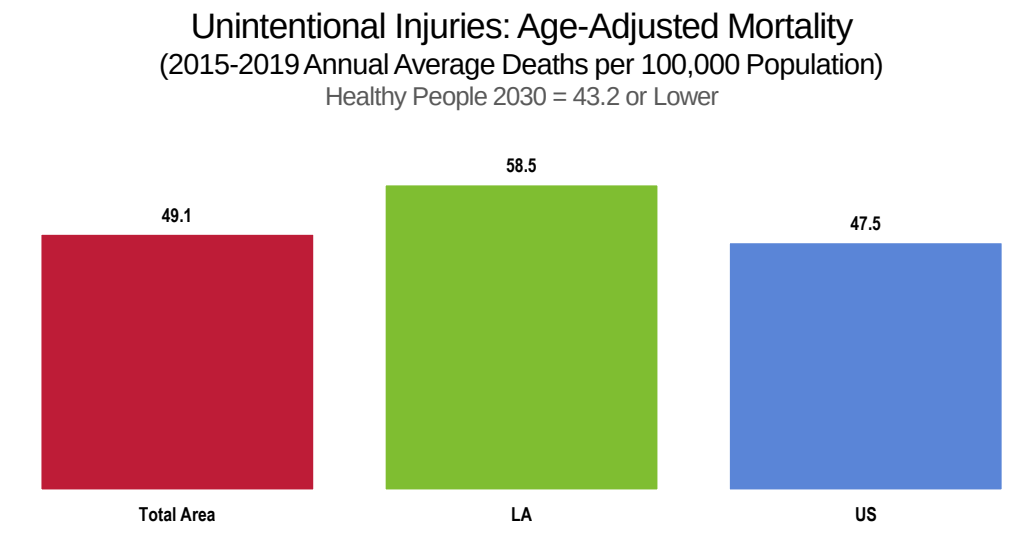
Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

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

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Unintentional injury is a leading cause of death. The chart that follows illustrates unintentional injury death rates for the Total Area, Louisiana, and the US. [COUNTY-LEVEL DATA]

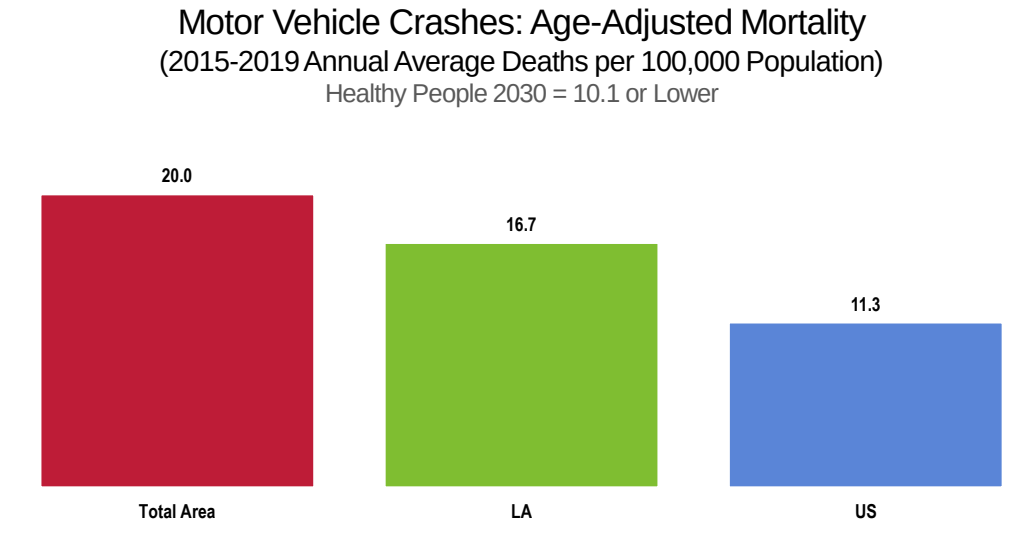


Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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

Age-Adjusted Motor Vehicle Crash Deaths

Motor vehicle crashes contribute to a significant share of unintentional injury deaths in the community. Mortality rates for motor vehicle crash deaths are outlined below. [COUNTY-LEVEL DATA]



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

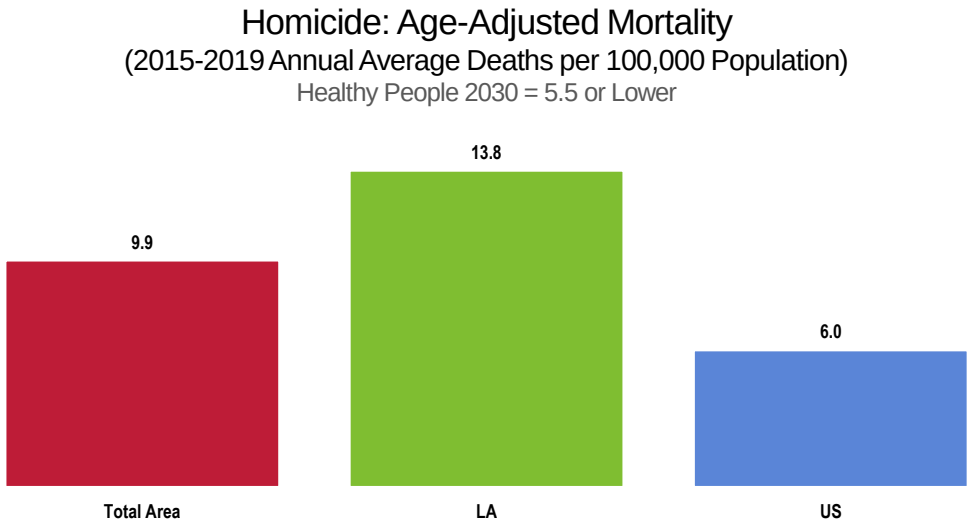
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- This indicator is relevant because motor vehicle crash deaths are preventable, and they are a cause of premature death.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

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

Age-adjusted mortality attributed to homicide is shown in the following chart. [COUNTY-LEVEL DATA]



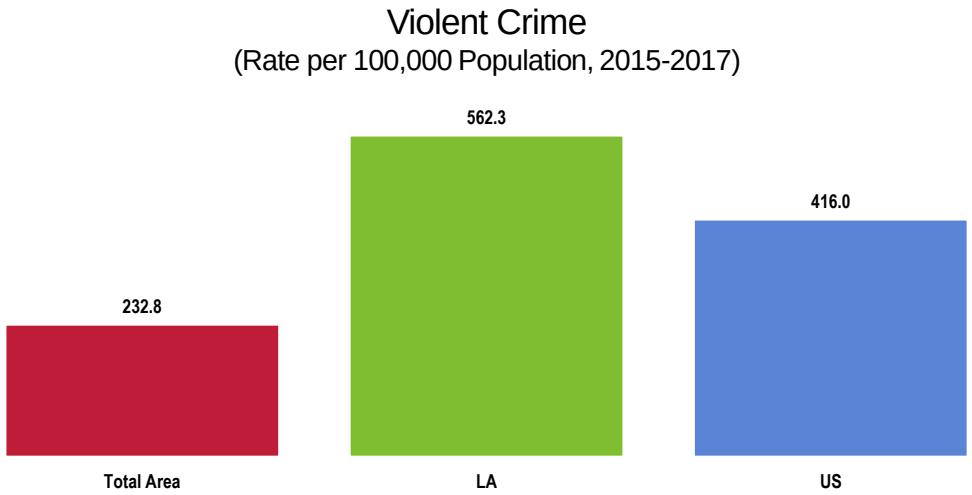
Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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

Violent Crime

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

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

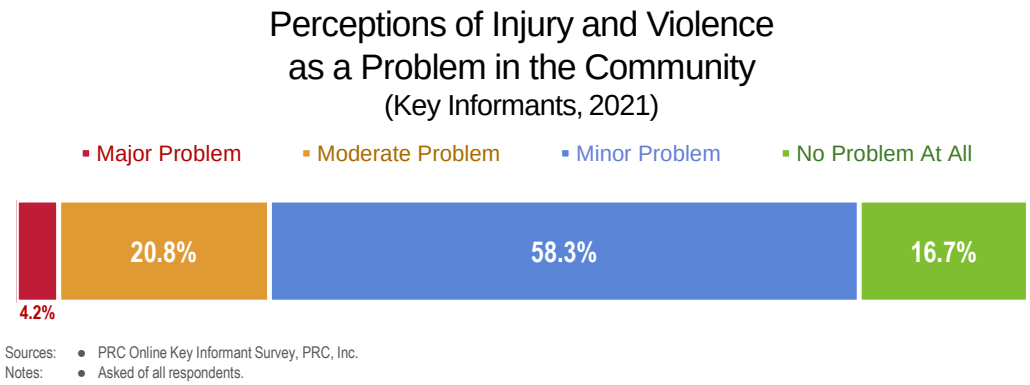


Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).

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

Key Informant Input: Injury & Violence

The following chart outlines key informants' perceptions of the severity of *Injury & Violence* as a problem in the community:



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

Access to Care/Services

> Limited capacity or availability for access to local care for severe trauma. – Community Leader

Diabetes

ABOUT DIABETES

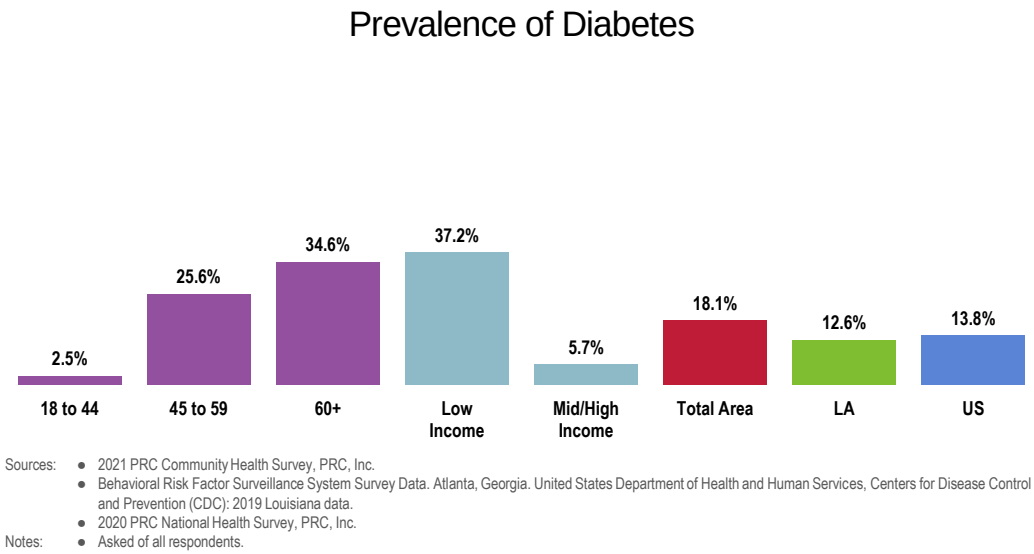
More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. …Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

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

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

Prevalence of Diabetes

"Have you ever been told by a doctor, nurse, or other health professional that you have diabetes? (If female, add: not counting diabetes only occurring during pregnancy?)**"**

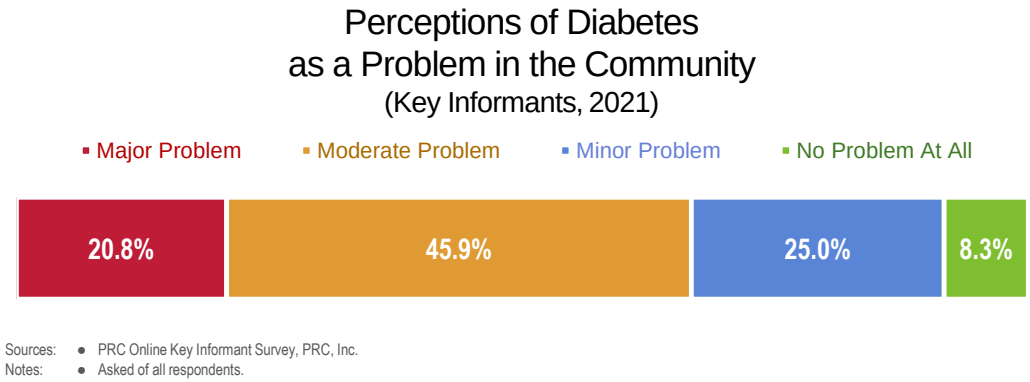


Sources:
- 2021 PRC Community Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Key Informant Input: Diabetes

The following chart outlines key informants' perceptions of the severity of *Diabetes* as a problem in the community:



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

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

Contributing Factors

> Education and follow up resources to help them. Diabetes is an extremely complex and chronic disease. How can we possibly expect them to learn to manage their disease in a few minute office visit every so often or with a few nutritional visits? And there is no one to follow up, offer encouragement, and answer questions when they need help. Additionally, insurance that denies treatments that we have for diabetics that are much better at controlling the disease and prevent chronic complications are often denied due to upfront cost despite the decrease in long term complications. – Other Health Care Provider

> Lack of team approach. No nutritional services, few exercise options, no education. – Physician

Obesity

> Obesity and poor diet. – Other Health Care Provider

Nutrition

> Diet. – Community Leader

Kidney Disease

ABOUT KIDNEY DISEASE

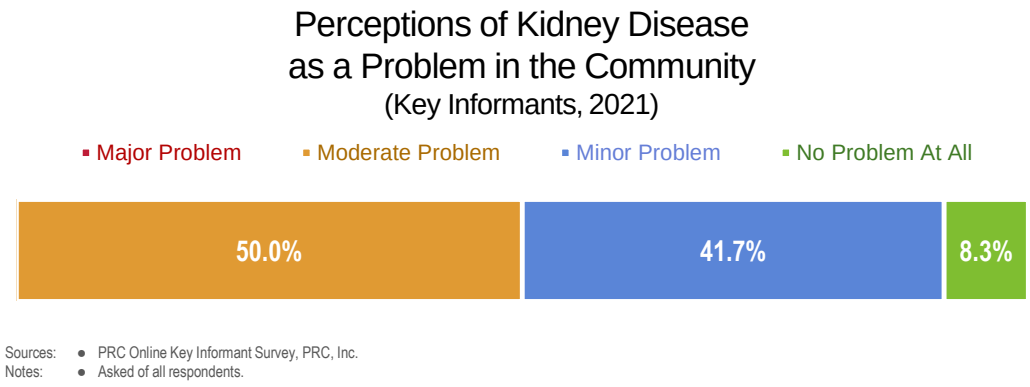
More than 1 in 7 adults in the United States may have chronic kidney disease (CKD), with higher rates in low-income and racial/ethnic minority groups. And most people with CKD don't know they have it. …People with CKD are more likely to have heart disease and stroke — and to die early. Managing risk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

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

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

Key Informant Input: Kidney Disease

The following chart outlines key informants' perceptions of the severity of *Kidney Disease* as a problem in the community:



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

Potentially Disabling Conditions

ABOUT DISABILITY & HEALTH

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

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

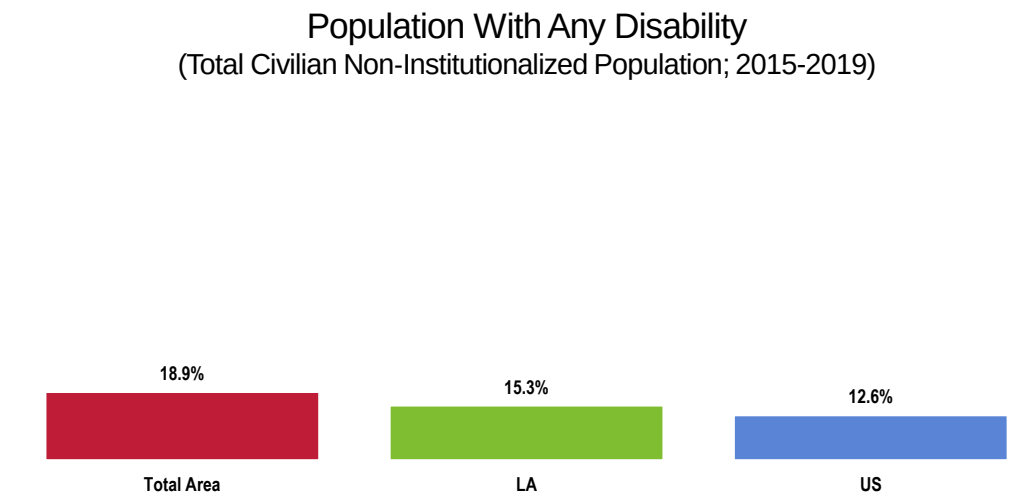
– Healthy People 2030 (https://health.gov/healthypeople)

Disability

The following represents the percentage of the total civilian, non-institutionalized population in the Total Area with a disability. This indicator is relevant because disabled individuals may comprise a vulnerable population that requires targeted services and outreach. [COUNTY-LEVEL DATA]

Disability data come from the US Census Bureau's American Community Survey (ACS), Survey of Income and Program Participation (SIPP), and Current Population Survey (CPS). All three surveys ask about six disability types: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent-living difficulty.

Respondents who report any one of the six disability types are considered to have a disability.

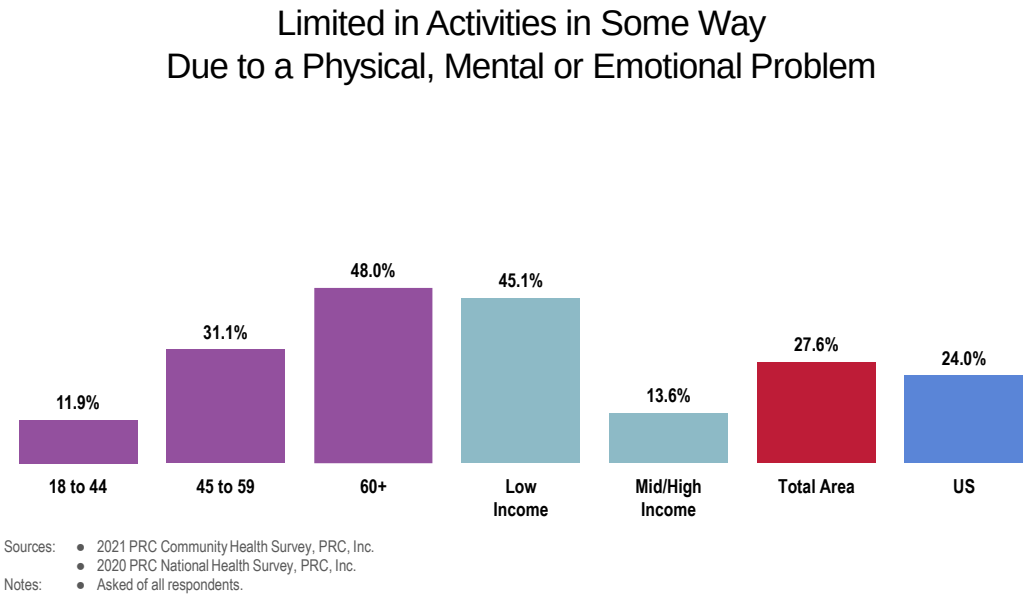


Sources:
- US Census Bureau, American Community Survey.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).

Notes:
- This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Activity Limitations

"Are you limited in any way in any activities because of physical, mental, or emotional problems?"

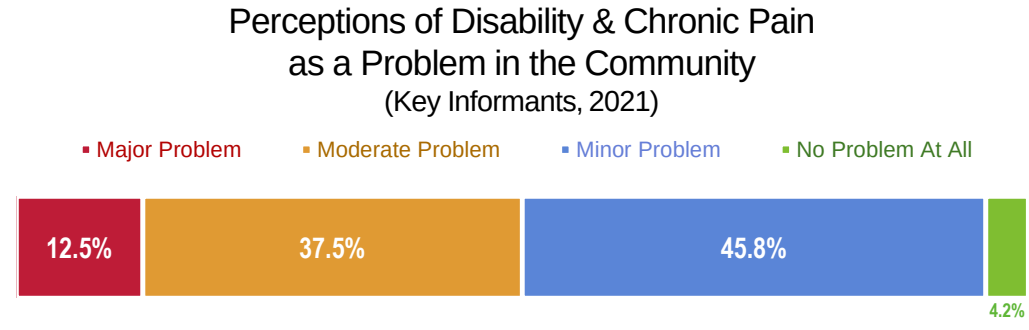


Sources:
- 2021 PRC Community Health Survey, PRC, Inc.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Key Informant Input: Disability & Chronic Pain

The following chart outlines key informants' perceptions of the severity of *Disability & Chronic Pain* as a problem in the community:



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

Notes:
- Asked of all respondents.

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

Local Treatment Options

> Regulations prevent most Physicians from prescribing needed narcotics for the elderly with chronic disease processes. Patients are sent to pain management center which has a negative stigma attached to these services due to the history of over medication prescribed and the drug seekers that utilize these facilities. – Other Health Care Provider

Access to Care

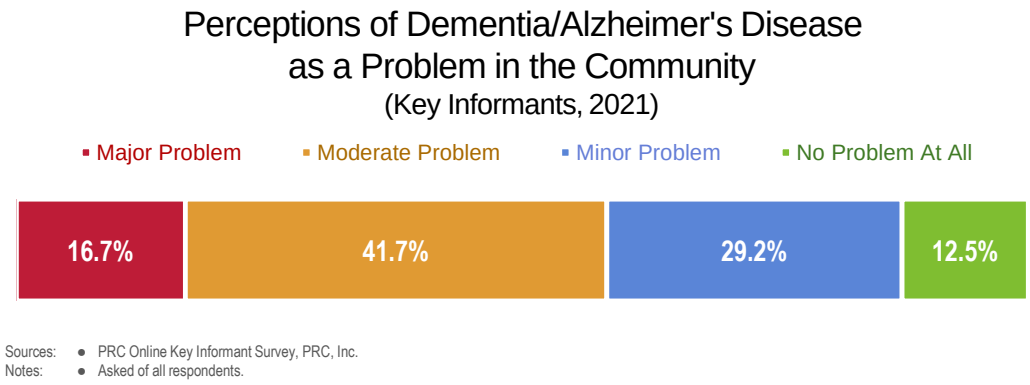
> There are no chronic pain clinics here. We have a large Medicaid population, and it does not cover pain management. These patients also have to deal with stigmas related to chronic pain management. They often end up in Emergency Rooms and Urgent Care Clinics. – Other Health Care Provider

Co-Occurrences

> The amount of obesity and diabetes. – Other Health Care Provider

Key Informant Input: Dementia/Alzheimer's Disease

The following chart outlines key informants' perceptions of the severity of *Dementia, Including Alzheimer's Disease* as a problem in the community:



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

Cost of Care

> In the home health setting this is the largest percentage of patients that have unmet outcomes due to no support from community or family in many cases. This people group needs 24-hour assistance. Medicaid provided some resources (Companion care, Life at Home) but currently Medicare only provides intermittent care from Home Health or Hospice. – Other Health Care Provider

Lack Family/Social Support

> Many people live alone and as they age, become seriously injured or ill due to dementia and self-neglect. They lack family and friend support. – Social Service Provider

Access to Care/Services

> Lack of local resources and/or treatment. – Community Leader

BIRTHS

ABOUT INFANT HEALTH

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

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

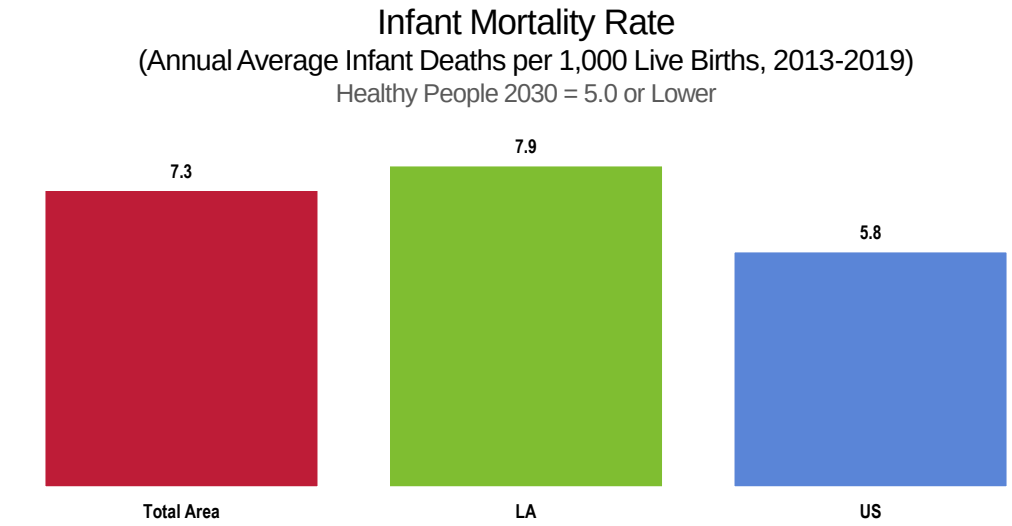
– Healthy People 2030 (https://health.gov/healthypeople)

Birth Outcomes & Risks

Infant Mortality

Infant mortality includes the death of a child before his/her first birthday, expressed as the number of such deaths per 1,000 live births.

The following chart shows the number infant deaths per 1,000 live births in the Total Area. High infant mortality can highlight broader issues relating to health care access and maternal/child health. [COUNTY-LEVEL DATA]



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Family Planning

ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. …Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

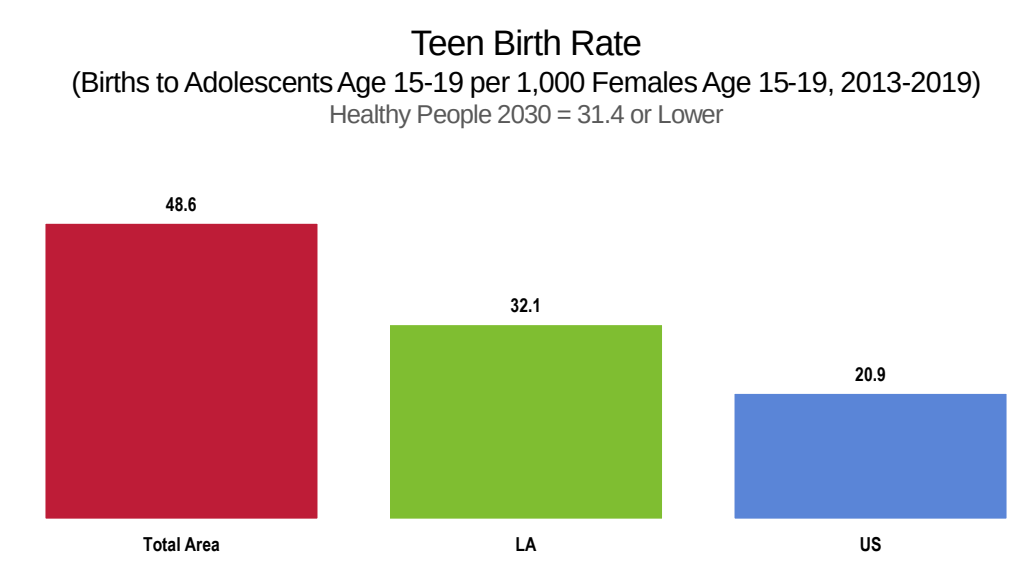
Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

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

Births to Adolescent Mothers

The following chart outlines the teen birth rate in the Total Area, compared to rates statewide and nationally. In many cases, teen parents have unique health and social needs. High rates of teen pregnancy might also indicate a prevalence of unsafe sexual behavior. [COUNTY-LEVEL DATA]

Here, teen births include births to women ages 15 to 19 years old, expressed as a rate per 1,000 female population in this age cohort.

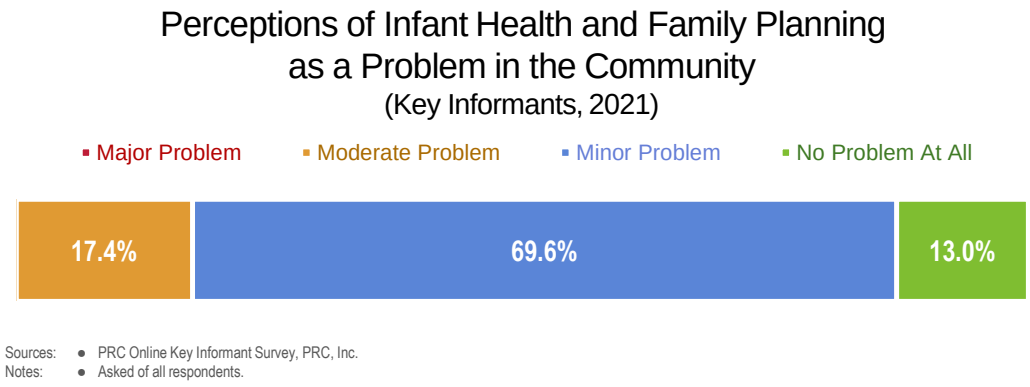


Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Key Informant Input: Infant Health & Family Planning

The following chart outlines key informants' perceptions of the severity of *Infant Health and Family Planning* as a problem in the community:



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

MODIFIABLE HEALTH RISKS

Nutrition

ABOUT NUTRITION & HEALTHY EATING

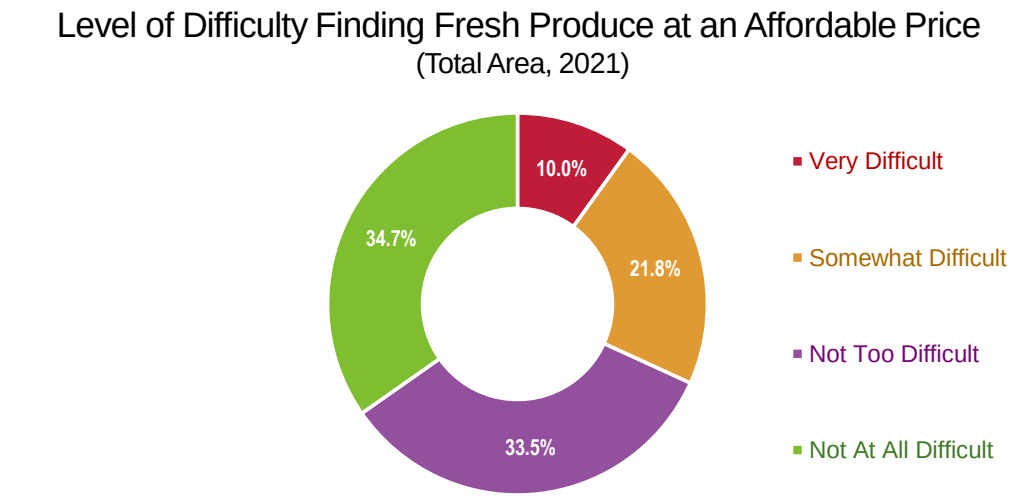
Many people in the United States don't eat a healthy diet. …People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

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

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

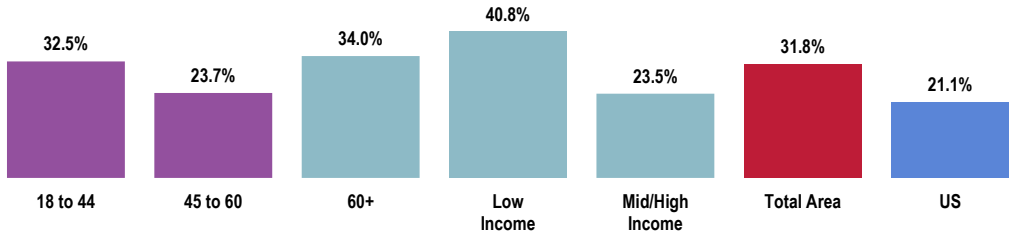
Access to Fresh Produce

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



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

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce
(Total Area, 2021)

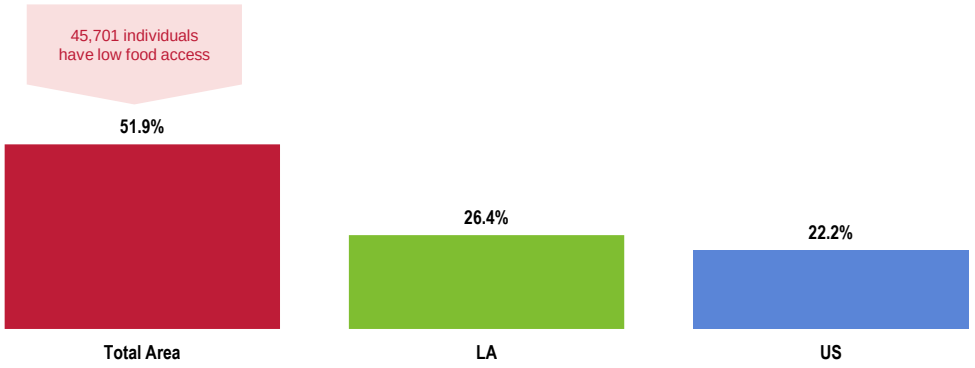


Sources:
- 2021 PRC Community Health Survey, PRC, Inc.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

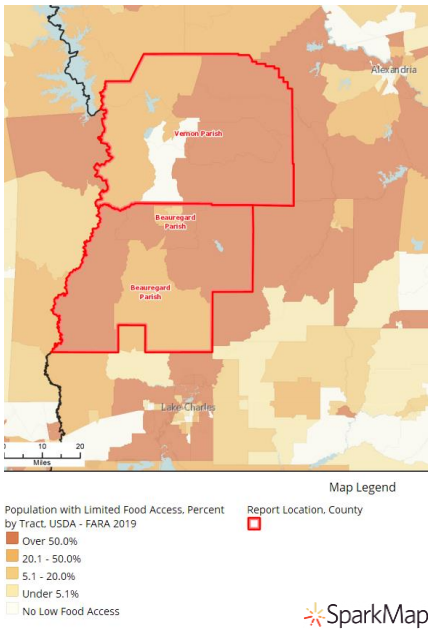
Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This related chart is based on US Department of Agriculture data. [COUNTY-LEVEL DATA]

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



Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).

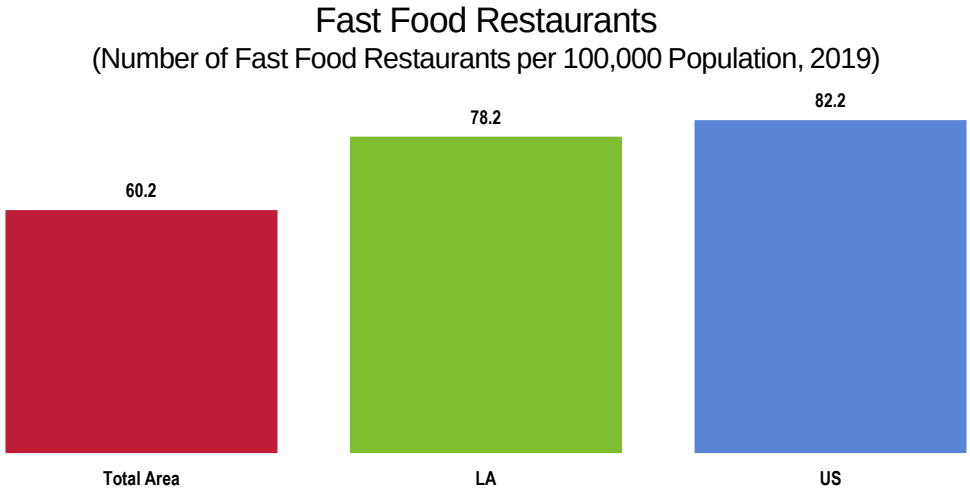
Notes:
- This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.



Food Environment: Fast Food

Here, fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating.

The following shows the number of fast food restaurants in the Total Area, expressed as a rate per 100,000 residents. This indicator provides a measure of healthy food access and environmental influences on nutrition. [COUNTY-LEVEL DATA]



Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).

Notes:
- This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Physical Activity

ABOUT PHYSICAL ACTIVITY

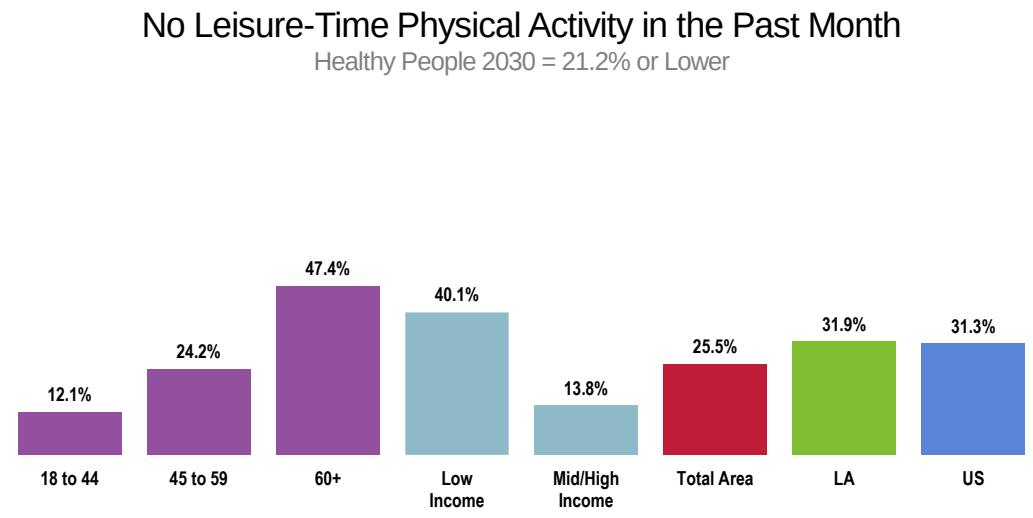
Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

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

Leisure-Time Physical Activity

"During the past month, other than your regular job, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?"



Sources:
- 2021 PRC Community Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

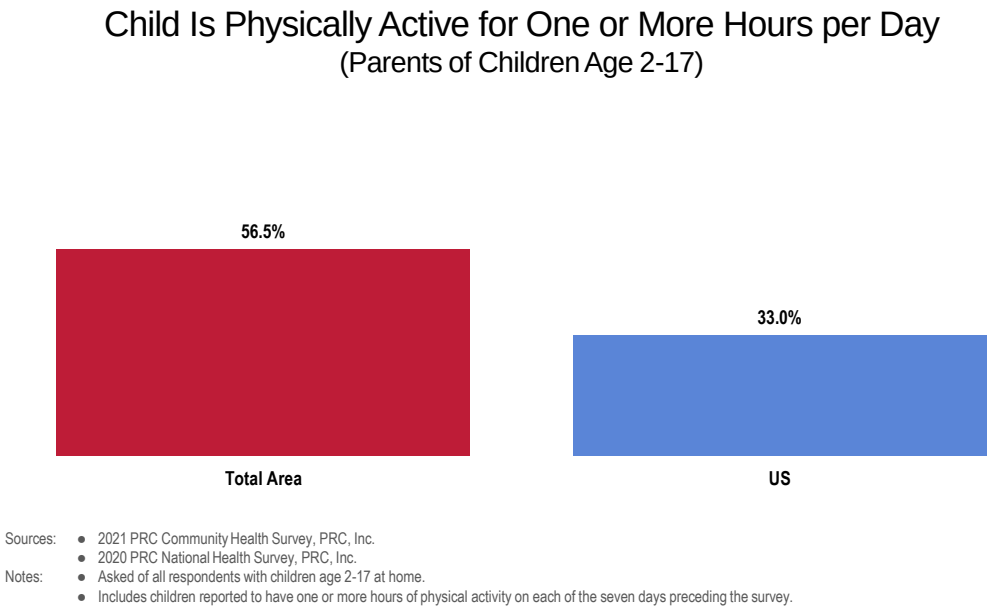
Children's Physical Activity

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

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

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

"During the past 7 days, on how many days was this child physically active for a total of at least 60 minutes per day?"



Sources:
- 2021 PRC Community Health Survey, PRC, Inc.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Weight Status

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

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

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

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

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

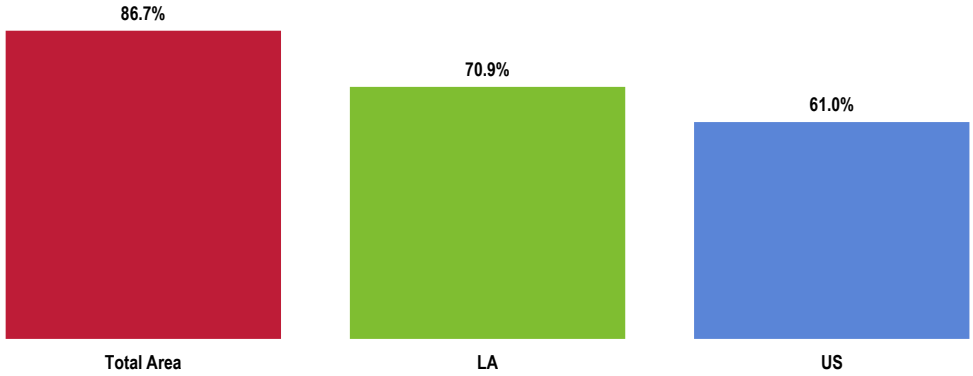
Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

"About how much do you weigh without shoes?"

"About how tall are you without shoes?"

Reported height and weight were used to calculate a Body Mass Index or BMI value (described above) for each respondent. This calculation allows us to examine the proportion of the population who is at a healthy weight, or who is overweight or obese (see table above).

Prevalence of Total Overweight (Overweight and Obese)



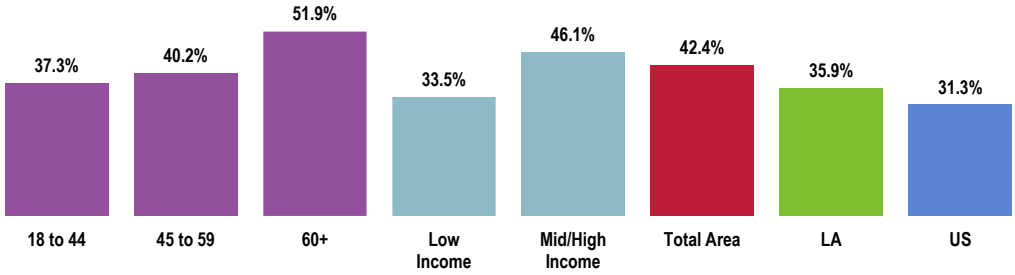
Sources:
- 2021 PRC Community Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Prevalence of Obesity

(Total Area, 2021)

Healthy People 2030 = 36.0% or Lower



Sources:
- 2021 PRC Community Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Children's Weight Status

ABOUT WEIGHT STATUS IN CHILDREN & TEENS

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

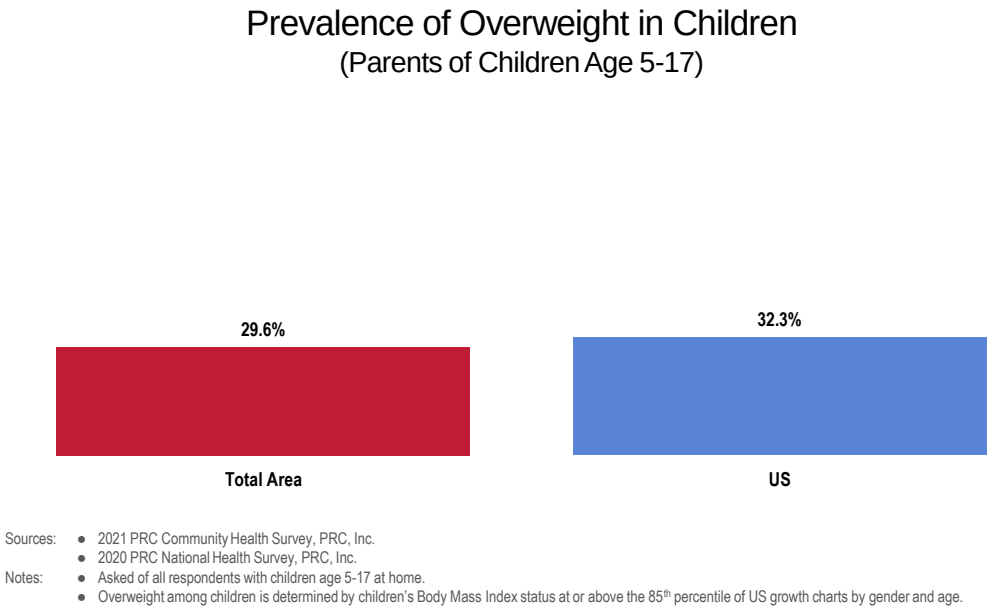
- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

  – Centers for Disease Control and Prevention

The following questions were used to calculate a BMI value (and weight classification as noted above) for each child represented in the survey:

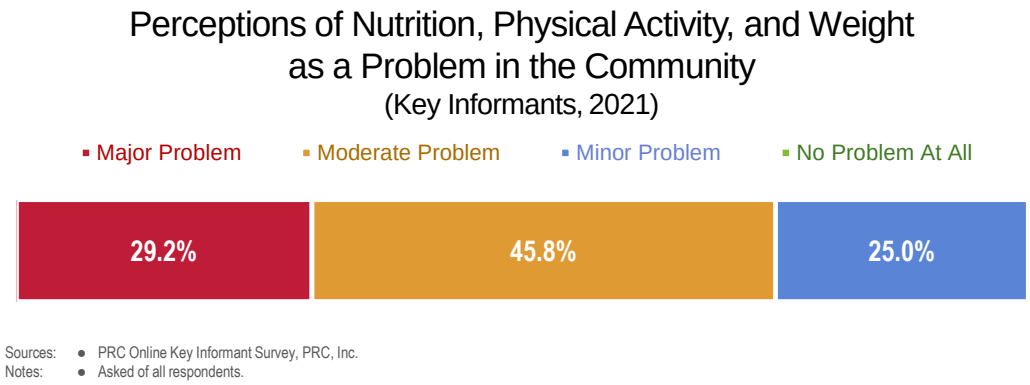
"How much does this child weigh without shoes?"

"About how tall is this child?"



Key Informant Input: Nutrition, Physical Activity & Weight

The following chart outlines key informants' perceptions of the severity of *Nutrition, Physical Activity & Weight* as a problem in the community:



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

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

Built Environment

> Lack of park space and recreational facilities to promote exercise. Our town only has school playgrounds that are off limits to anyone. We do have a park that is operated by a local society. We could all be more healthy if we had more opportunity for recreation. – Community Leader
>
> We have a gym and two parks for exercise. – Public Health Representative
>
> Motivation is a big factor. Lack of access to safe places to get outside and get moving. We don't have walkable sidewalks in the town and walking can be dangerous. – Other Health Care Provider

Contributing Factors

> There is a large number of overweight adults and children in the community. There are a couple of exercise facilities but not affordable to many. The community needs to provide education on nutrition, weight loss and increase available activities for adults and children promoting a change in lifestyle. – Community Leader
>
> People in this area lack access to nutritious food, such as organic, clean, fresh fruits and vegetables. Many in this community are obese and lack information on how to prevent this for themselves and their young children. – Other Health Care Provider

Affordable Care/Services

> Health care costs. – Community Leader

Obesity

> Obesity is a real issue in this area. – Other Health Care Provider

Substance Abuse

ABOUT DRUG & ALCOHOL USE

More than 20 million adults and adolescents in the United States have had a substance use disorder in the past year. …Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

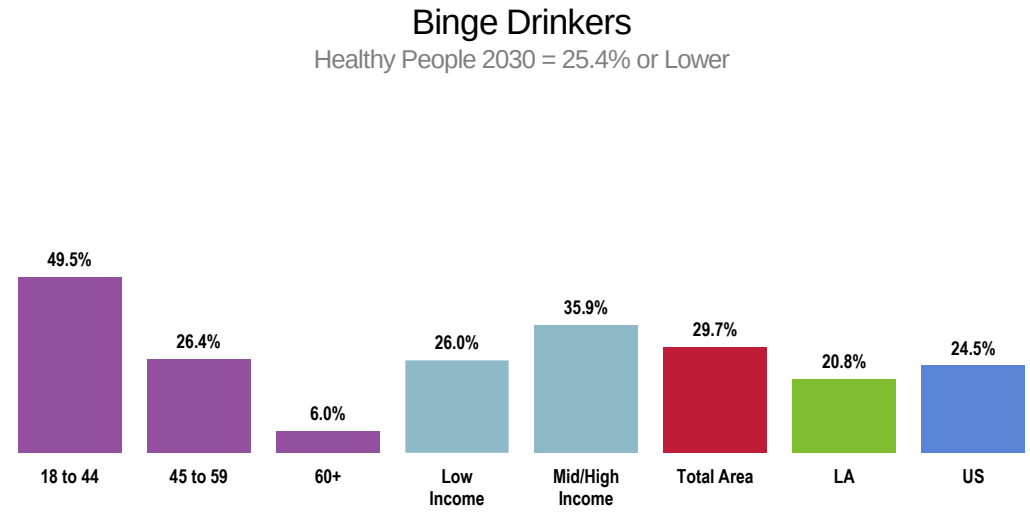
Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

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

Alcohol

Binge Drinking

"Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 (if male)**/4** (if female) **or more drinks on an occasion?"**



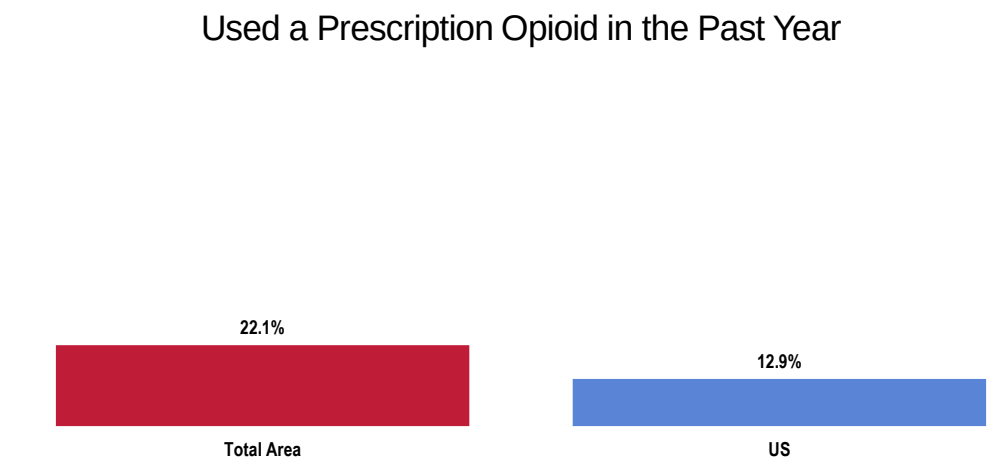
Sources:
- 2021 PRC Community Health Survey, PRC, Inc.
- 2020 PRC National Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.
- Binge drinking reflects the number of persons aged 18 years and over who drank 5 or more drinks on a single occasion (for men) or 4 or more drinks on a single occasion (for women) during the past 30 days.

Use of Prescription Opioids

Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

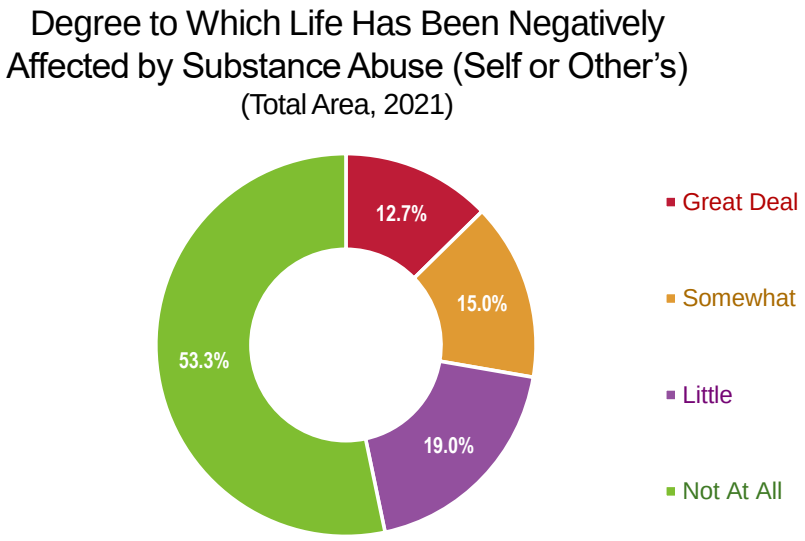
"Opiates or opioids are drugs that doctors prescribe to treat pain. Examples of prescription opiates include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. In the past year, have you used any of these prescription opiates?"



Sources: • 2021 PRC Community Health Survey, PRC, Inc.
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

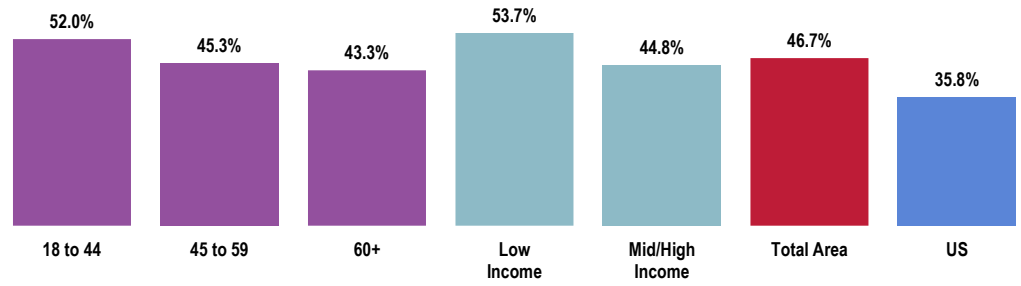
Personal Impact From Substance Abuse

"To what degree has your life been negatively affected by your own or someone else's substance abuse issues, including alcohol, prescription, and other drugs? Would you say: a great deal, somewhat, a little, or not at all?"



Sources: • 2021 PRC Community Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)
(Total Area, 2021)



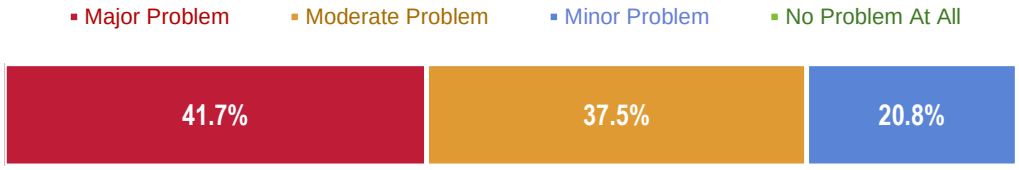
Sources:
- 2021 PRC Community Health Survey, PRC, Inc.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes response of "a great deal," "somewhat," and "a little."

Key Informant Input: Substance Abuse

The following chart outlines key informants' perceptions of the severity of *Substance Abuse* as a problem in the community:

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



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

Notes:
- Asked of all respondents.

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

Access to Care/Services

> Available licensed staff. – Social Service Provider
>
> Lack of basic services. Lack of anonymity. Underutilization of available services. – Community Leader
>
> Lack of potential opportunity. – Community Leader
>
> We have AA in our community. – Public Health Representative

Drugs/Alcohol

> Access to drugs is easy and widespread. It is normalized in many areas. – Social Service Provider
>
> Meth. – Community Leader

Awareness/Education

> There needs to be a program for our school age children, educating them on the effects of substance abuse and the outcome. The community needs more outreach programs and availability for treatment for those with substance abuse. – Community Leader

Affordable Care/Services

> Many of those needing access to needed substances lack finances needed for this resource. – Other Health Care Provider

Income/Poverty

> Lack of funds, especially for those people who work and can't afford health insurance or don't qualify for Medicaid. – Public Health Representative

Denial/Stigma

> Reluctance of abusers to seek treatment. – Physician

Tobacco Use

ABOUT TOBACCO USE

More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year.

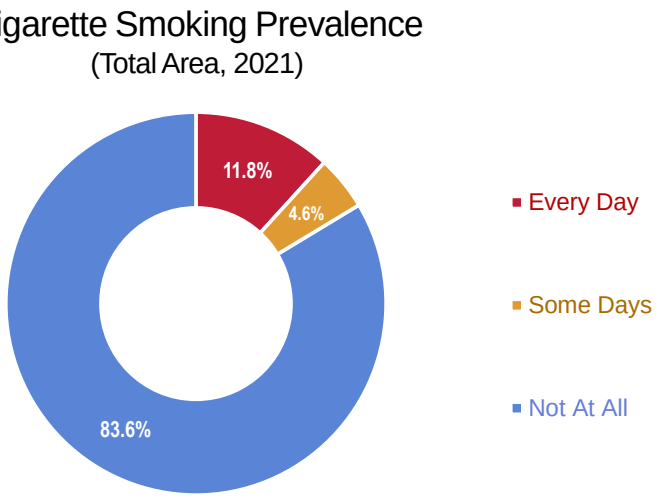
Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

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

Cigarette Smoking

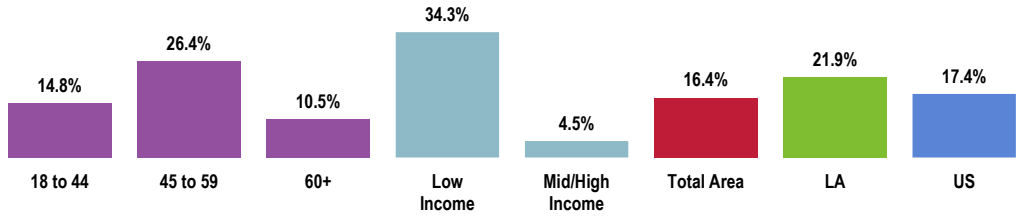
"Do you now smoke cigarettes every day, some days, or not at all?" ("Current smokers" include those smoking "every day" or on "some days.")



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

Current Smokers

Healthy People 2030 = 5.0% or Lower



Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 193]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

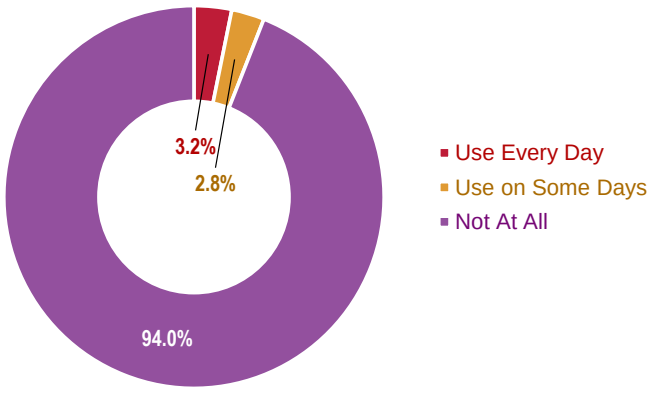
Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

Use of Vaping Products

"The next questions are about electronic vaping products, such as electronic cigarettes, also known as e-cigarettes. These are battery-operated devices that simulate traditional cigarette smoking, but do not involve the burning of tobacco. Do you now use electronic vaping products, such as e-cigarettes, "every day," "some days," or "not at all"?"

Use of Vaping Products

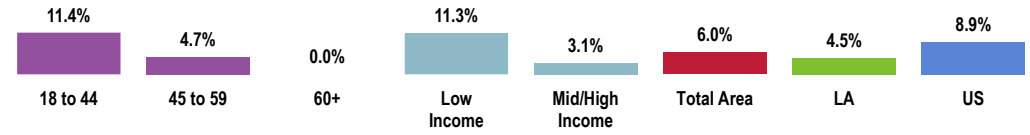
(Total Area, 2021)



Sources:
- 2021 PRC Community Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Currently Use Vaping Products
(Every Day or on Some Days)



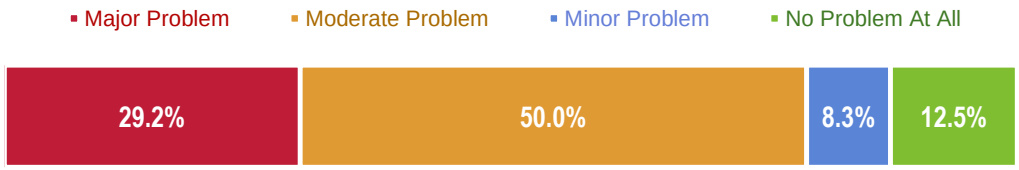
Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 194]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Key Informant Input: Tobacco Use

The following chart outlines key informants' perceptions of the severity of *Tobacco Use* as a problem in the community:

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



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

Notes:
- Asked of all respondents.

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

Social Norms/Community Attitude

> Wildly accepted. – Physician
>
> Vaping is considered socially acceptable. – Community Leader

Easy Access

> Students find a way to obtain tobacco and are regular users even though businesses have guidelines to purchase the product. There should be more businesses with strict policies not to allow smoking or smoking areas, if they want to smoke, they should smoke at home or in their vehicles not where nonsmokers patronize. The product is too readily available and not taxed enough. – Community Leader

Awareness/Education

> Lack of education. – Other Health Care Provider

Co-Occurrences

> Increase number of COPD emphysema patients. – Public Health Representative

Incidence/Prevalence

> Because there are still many who smoke. – Other Health Care Provider

Sexual Health

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

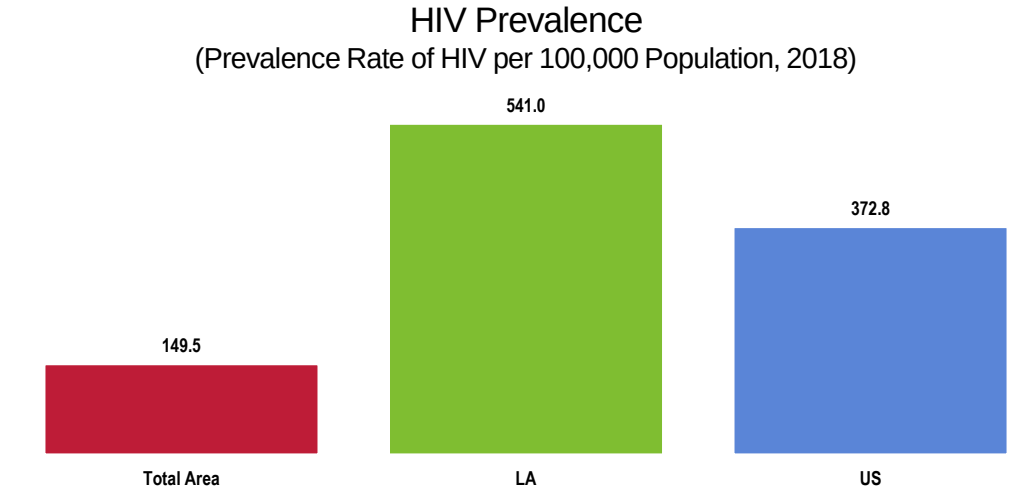
Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

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

HIV

The following chart outlines prevalence (current cases, regardless of when they were diagnosed) of HIV per 100,000 population in the area. [COUNTY-LEVEL DATA]



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).

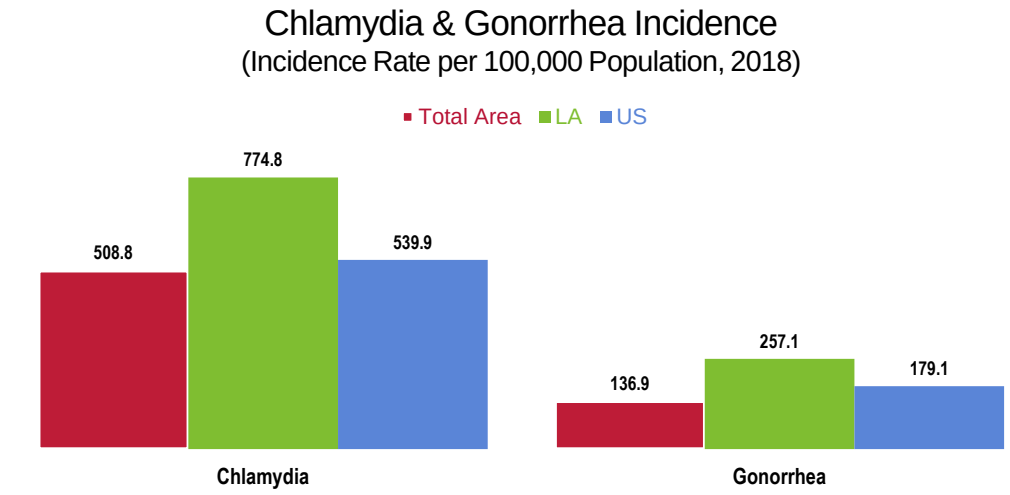
Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Sexually Transmitted Infections (STIs)

CHLAMYDIA ► Chlamydia is the most commonly reported STI in the United States; most people who have chlamydia are unaware, since the disease often has no symptoms.

GONORRHEA ► Anyone who is sexually active can get gonorrhea. Gonorrhea can be cured with the right medication; left untreated, however, gonorrhea can cause serious health problems in both women and men.

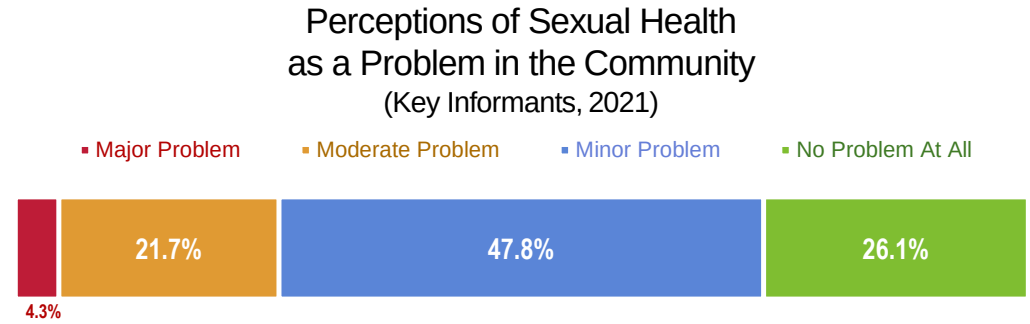
The following chart outlines local incidence for these STIs. [COUNTY-LEVEL DATA]



Sources: ● Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
Notes: ● This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Key Informant Input: Sexual Health

The following chart outlines key informants' perceptions of the severity of *Sexual Health* as a problem in the community:



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

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

Incidence/Prevalence

> Increase in STDs and unplanned pregnancy. – Public Health Representative

ACCESS TO HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. …About 1 in 10 people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

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

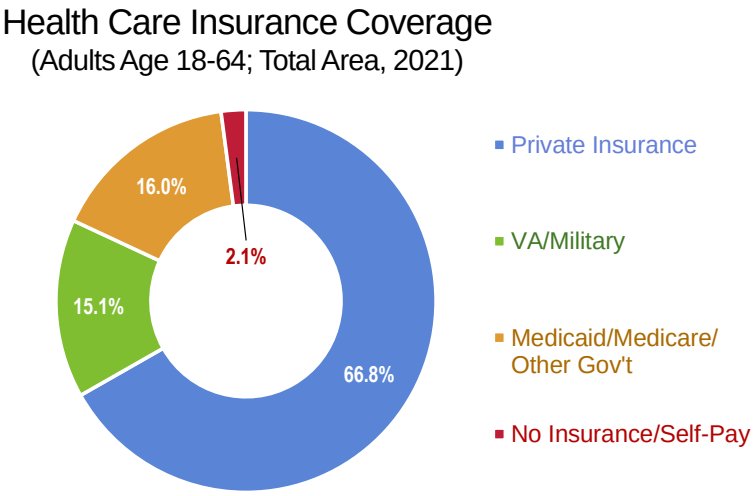
Lack of Health Insurance Coverage

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

"Do you have any government-assisted healthcare coverage, such as Medicare, Medicaid (or another state-sponsored program)**, or VA/military benefits?"**

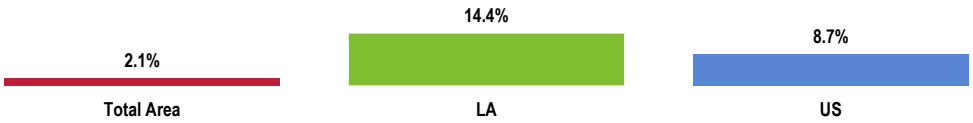
"Do you currently have: health insurance you get through your own or someone else's employer or union; health insurance you purchase yourself; or, you do not have health insurance and pay for health care entirely on your own?"

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus excluding the Medicare population), who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).



Sources: ● 2021 PRC Community Health Survey, PRC, Inc.
Notes: ● Reflects respondents age 18 to 64.

Lack of Health Care Insurance Coverage
(Adults Age 18-64; Total Area, 2021)
Healthy People 2030 = 7.9% or Lower



Sources:
- 2021 PRC Community Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents under the age of 65.

Difficulties Accessing Health Care

Barriers to Health Care Access

To better understand healthcare access barriers, survey participants were asked whether any of the following barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

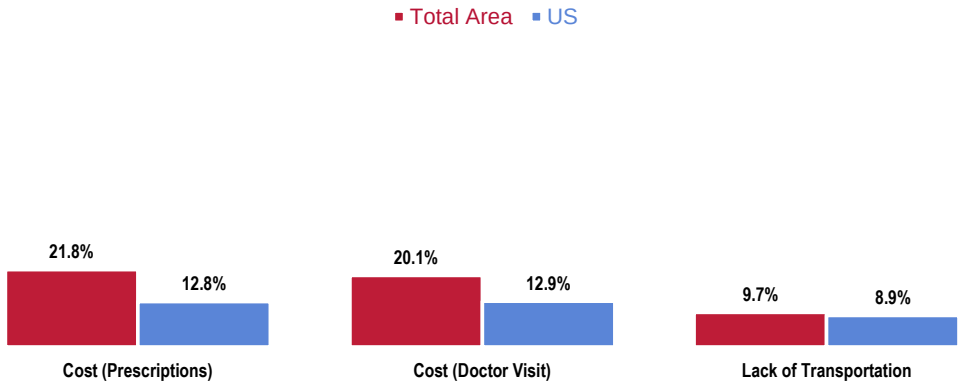
"Was there a time in the past 12 months when you needed to see a doctor, but could not because of the cost?"

"Was there a time in the past 12 months when you needed a prescription medicine, but did not get it because you could not afford it?"

"Was there a time in the past 12 months when a lack of transportation made it difficult or prevented you from seeing a doctor or making a medical appointment?"

The percentages shown in the following chart reflect the total population, regardless of whether medical care was needed or sought.

Barriers to Access Have Prevented Medical Care in the Past Year



Sources:
- 2021 PRC Community Health Survey, PRC, Inc.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Accessing Health Care for Children

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

"Was there a time in the past 12 months when you needed medical care for this child, but could not get it?"

Had Trouble Obtaining Medical Care for Child in the Past Year

(Parents of Children 0-17)

Sources:
- 2021 PRC Community Health Survey, PRC, Inc.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.

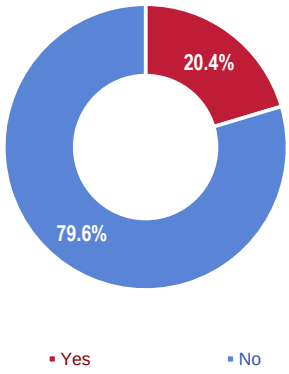
Medical Care Related to the COVID-19 Pandemic

See also *Coronavirus Disease/COVID-19* in the **Lung Disease** section of this report.

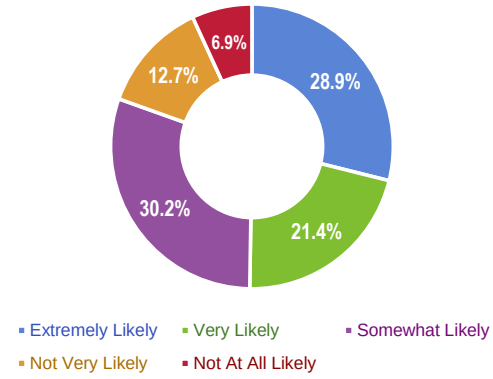
"Has there been a time since March 11, 2020, when you needed medical care or had a medical appointment scheduled, but you chose to avoid receiving care due to concerns about coronavirus?"

"Doctors and other medical providers sometimes use telemedicine or tele-health to evaluate, diagnose, or treat a patient using a computer, smartphone, or telephone to communicate in real time without being face-to-face. In the future, how likely would you be to use telemedicine instead of office visits if you needed routine medical care, such as a check-up, if your child got sick or hurt, or you needed advice about a health problem? Would you say extremely likely, very likely, somewhat likely, not very likely, or not at all likely?"

Went Without Needed or Planned Medical Care Due to the Pandemic
(Total Area, 2021)



Likelihood of Using Telehealth for Future Routine Health Care
(Total Area, 2021)

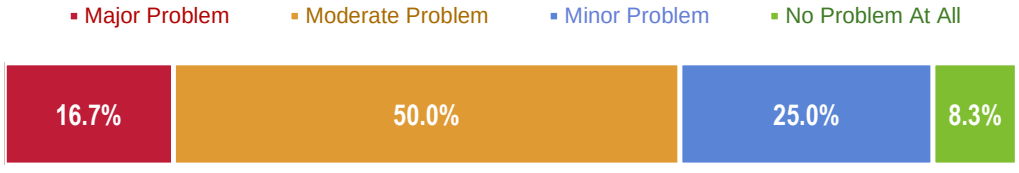


Sources: ● 2021 PRC Community Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Access to Health Care Services

The following chart outlines key informants' perceptions of the severity of *Access to Health Care Services* as a problem in the community:

Perceptions of Access to Health Care Services as a Problem in the Community
(Key Informants, 2021)



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

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

Access to Care/Services

> Not enough primary care, pediatrics and family medicine. Lack of rapid access to consultants. – Physician
>
> Beauregard Parish Health Unit is the only place in this area offering services, it's a matter if you can pay or not, and those services are limited to specific specialties. – Public Health Representative
>
> Lack of doctor's offices taking new patients. – Community Leader

Specialty Care

> Beauregard Parish has phenomenal family practice doctors. However, our citizens do not have access to specialized medicine without leaving the parish. – Community Leader

Primary Care Services

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

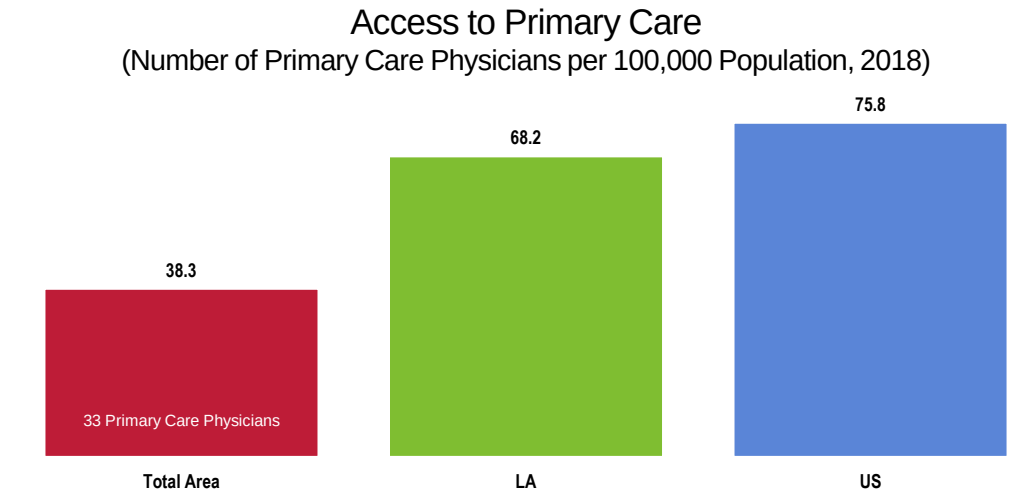
Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

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

Access to Primary Care

This indicator is relevant because a shortage of health professionals contributes to access and health status issues. [COUNTY-LEVEL DATA]



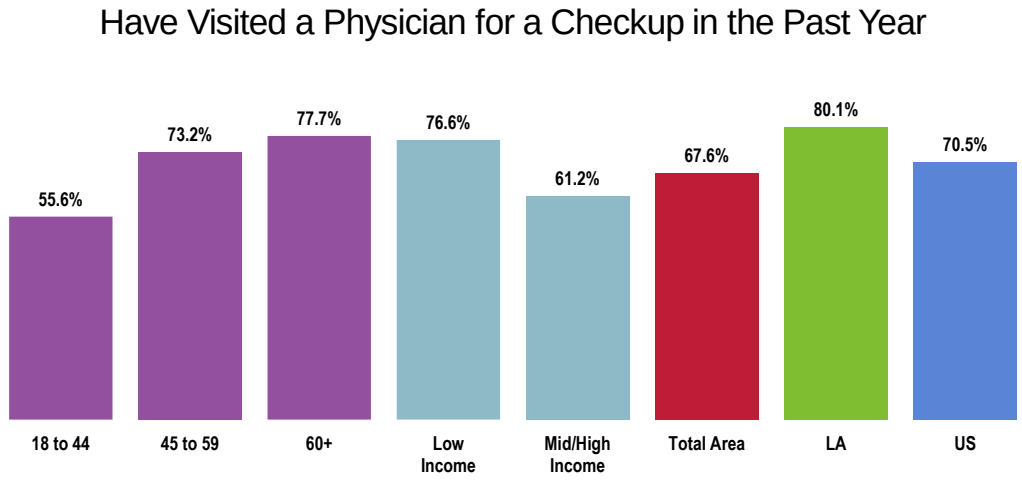
Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).

Notes:
- Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Utilization of Primary Care Services

"A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition. About how long has it been since you last visited a doctor for a routine checkup?"

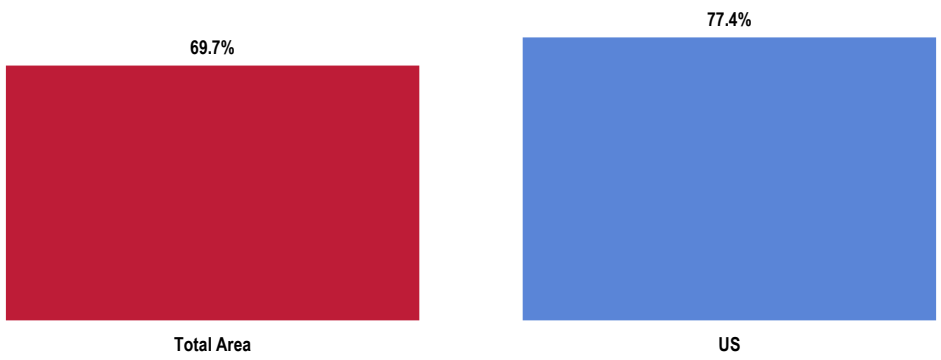
[Parents] "About how long has it been since this child visited a doctor for a routine checkup or general physical exam, not counting visits for a specific injury, illness, or condition?"



Sources:
- 2021 PRC Community Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Child Has Visited a Physician for a Checkup in the Past Year
(Parents of Children 0-17)



Sources:
- 2021 PRC Community Health Survey, PRC, Inc.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.

Oral Health

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. …Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

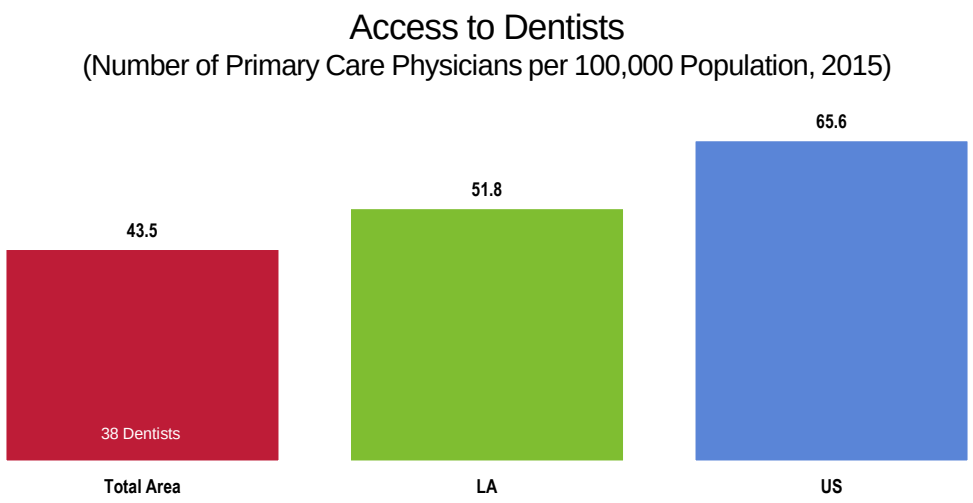
Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

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

Access to Dentists

The following chart outlines the number of dentists for every 100,000 residents in the Total Area. [COUNTY-LEVEL DATA]

This indicator includes all dentists — qualified as having a doctorate in dental surgery (DDS) or dental medicine (DMD), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

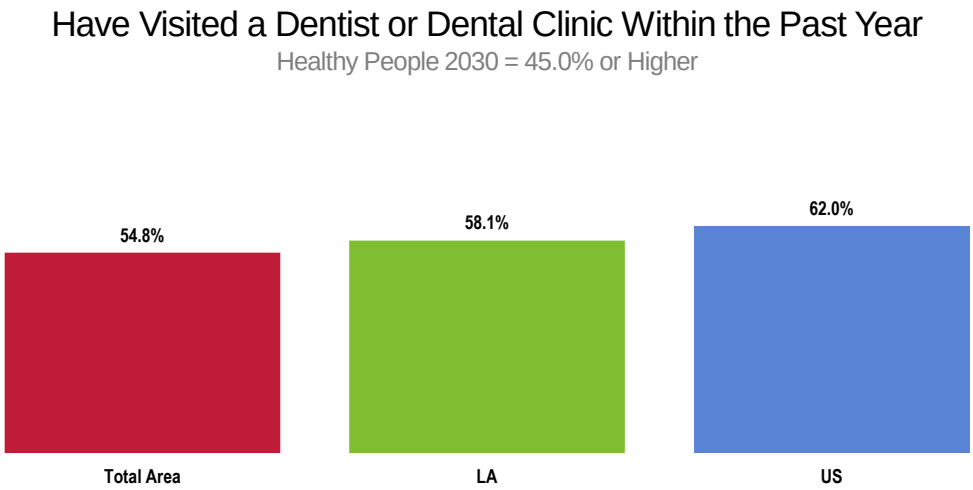


Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

Dental Care

"About how long has it been since you last visited a dentist or a dental clinic for any reason?"

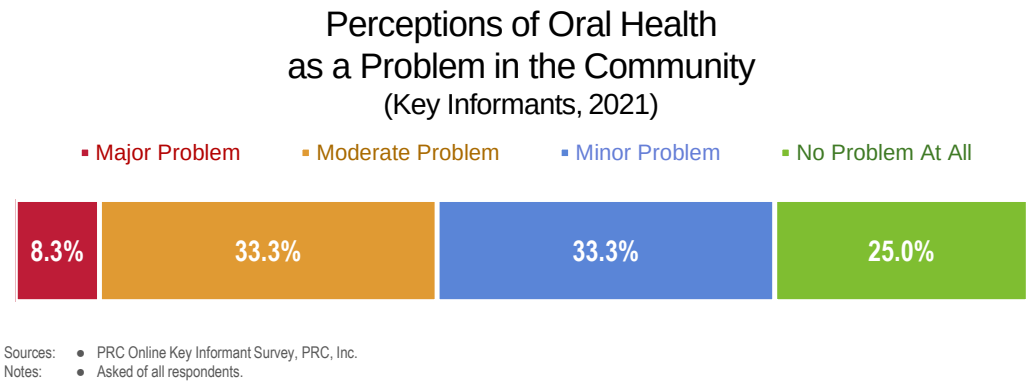


Sources:
- 2021 PRC Community Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

Key Informant Input: Oral Health

The following chart outlines key informants' perceptions of the severity of *Oral Health* as a problem in the community:



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

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

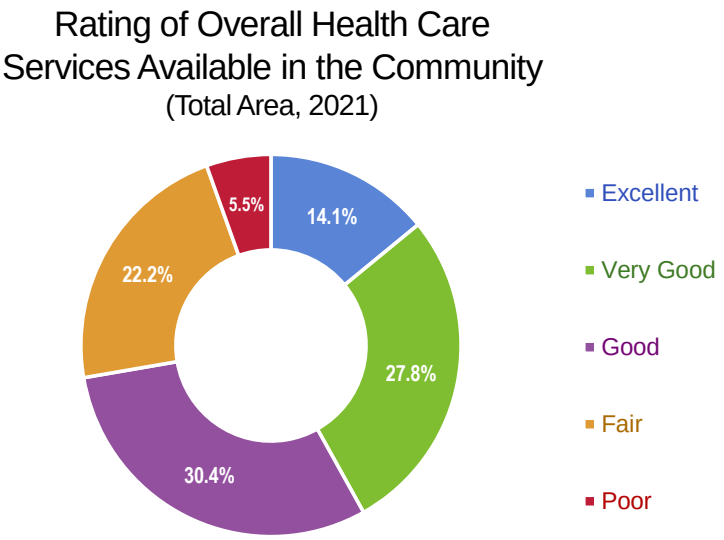
Access for Medicare/Medicaid Patients

> Lack of providers that accept adult Medicaid for dental care. – Other Health Care Provider
>
> The people that have Medicare/Medicaid do not have access to dentist appointments in our area. Most dentists do not accept this insurance. The ones that do are located too far, so this goes back to transportation issues. – Community Leader

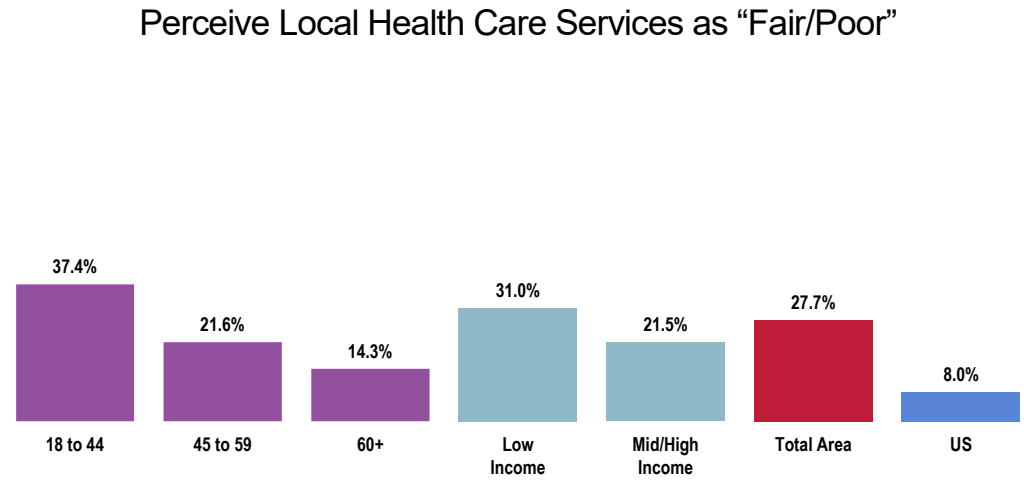
LOCAL RESOURCES

Perceptions of Local Health Care Services

"How would you rate the overall health care services available to you? Would you say: excellent, very good, good, fair, or poor?"



Sources: • 2021 PRC Community Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

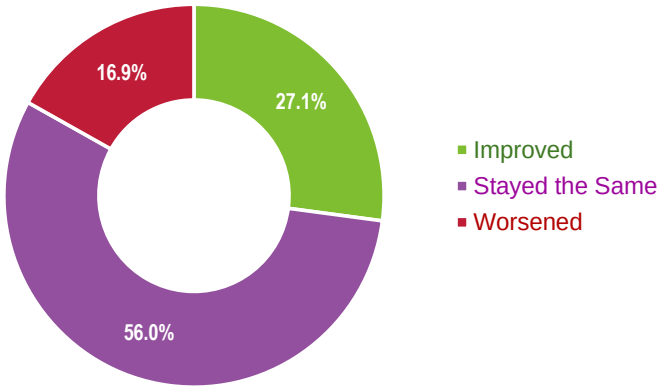


Sources: • 2021 PRC Community Health Survey, PRC, Inc.
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Beauregard Health System

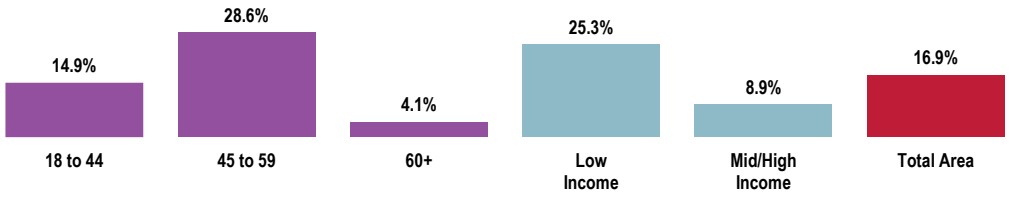
"Over the past 12 months, would you say that your overall opinion of Beauregard Health System has improved, stayed the same, or worsened?"

Opinion of Beauregard Health System Over the Past 12 Months
(Total Area, 2021)



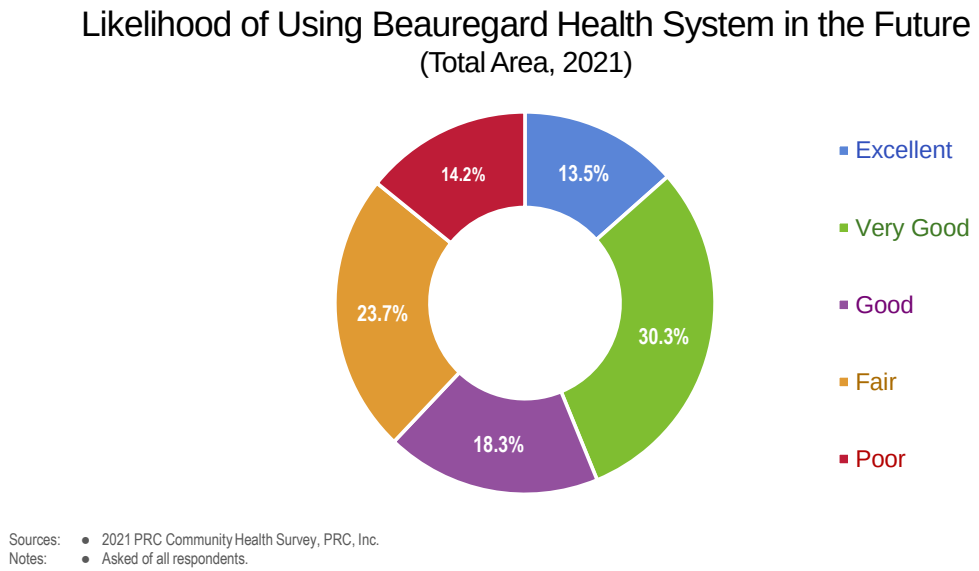
Sources: • 2021 PRC Community Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Opinion of Beauregard Health System Has Worsened Over the Past 12 Months

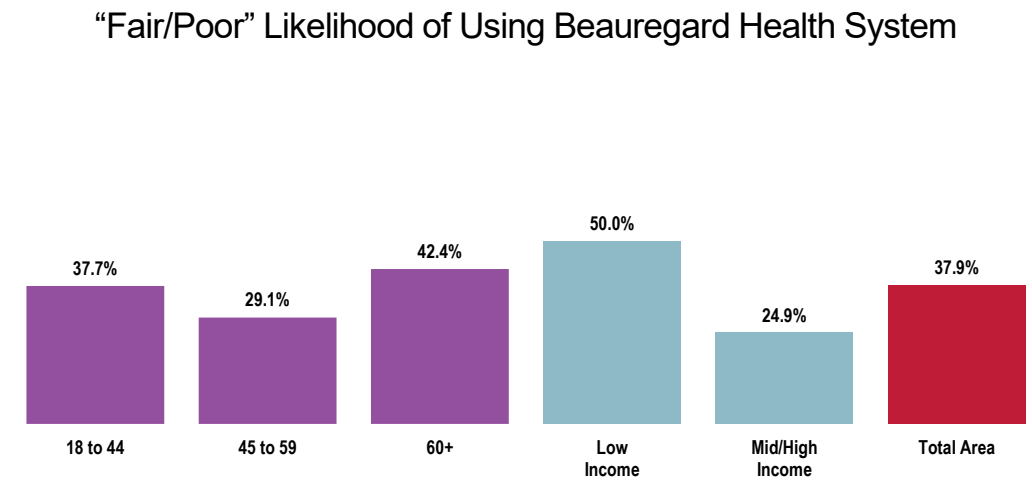


Sources: • 2021 PRC Community Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

"In general, if you or a member of your household needed to use a hospital in the future, what is the likelihood that you would use Beauregard Health System?"



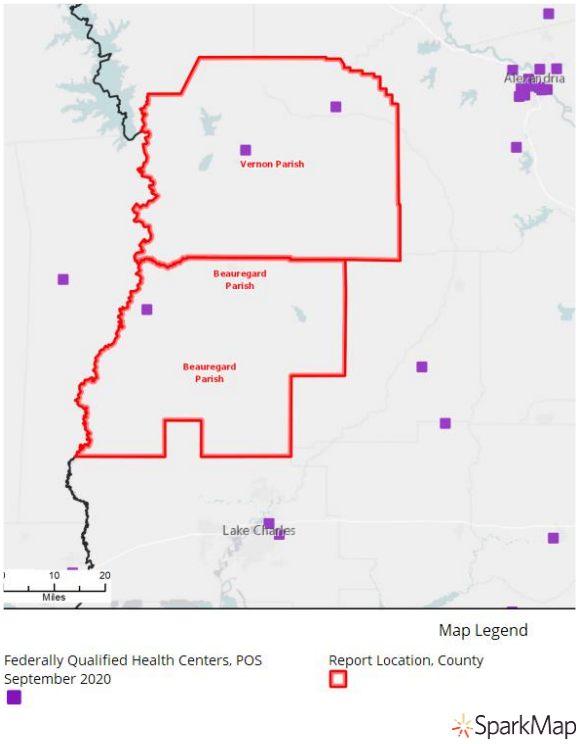
Sources: ● 2021 PRC Community Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.



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

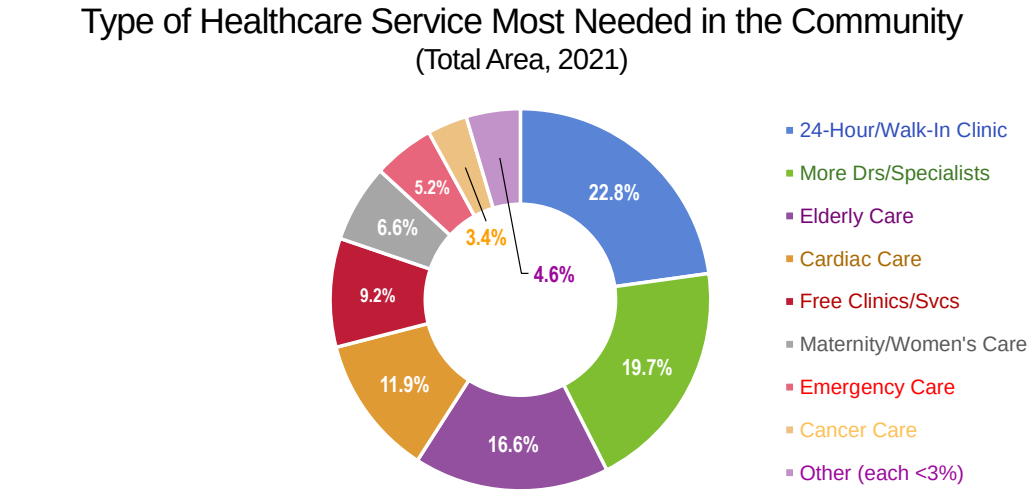
Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within the Total Area as of September 2020. [COUNTY-LEVEL DATA]



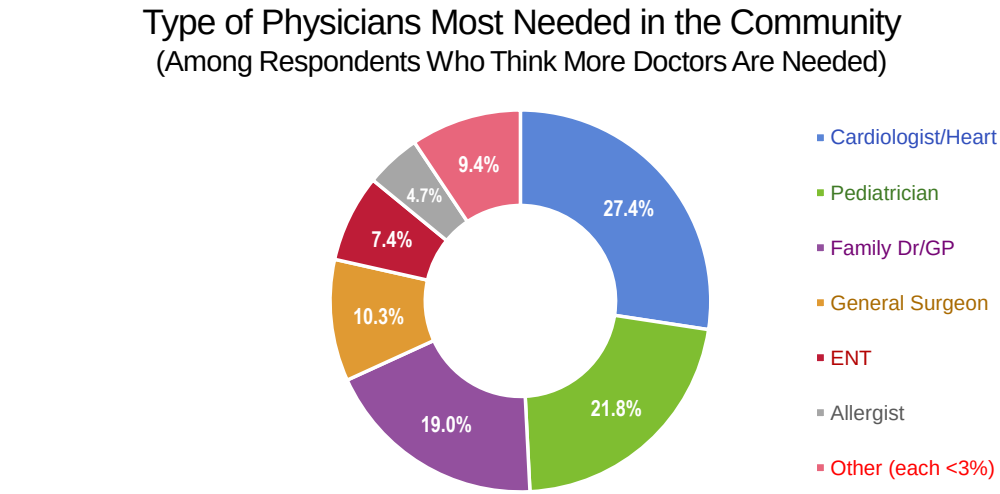
Resources Needed Locally

"Which type of healthcare service, if any, do you feel is most needed in your community?"



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

"Which type of doctor do you feel is most needed in your community?"



Sources: ● 2021 PRC Community Health Survey, PRC, Inc.
Notes: ● Asked of all respondents who believe the community needs more physicians and/or specialists.

Outmigration for Medical Care

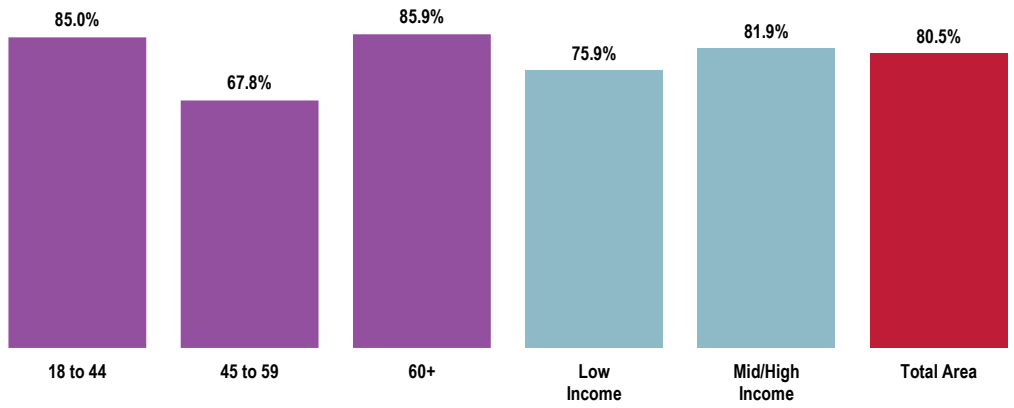
"Was there a time in the past 12 months when you or any member of your household traveled outside of your parish to obtain medical care?"

"What type of medical care was that?"

"Which community did you go to for that care?"

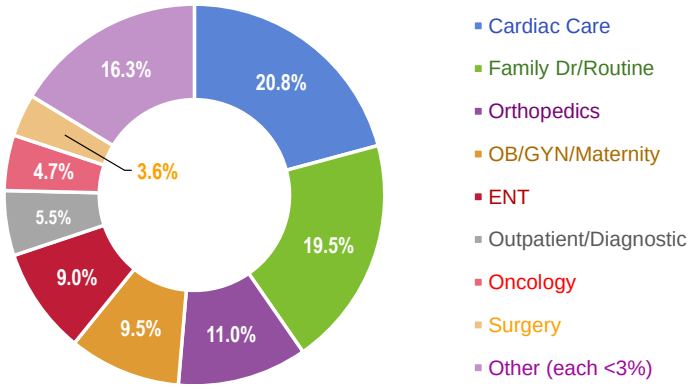
"What is the main reason that you chose to leave your parish for care?"

Member of Household Traveled Outside the Parish for Medical Care in the Past Year



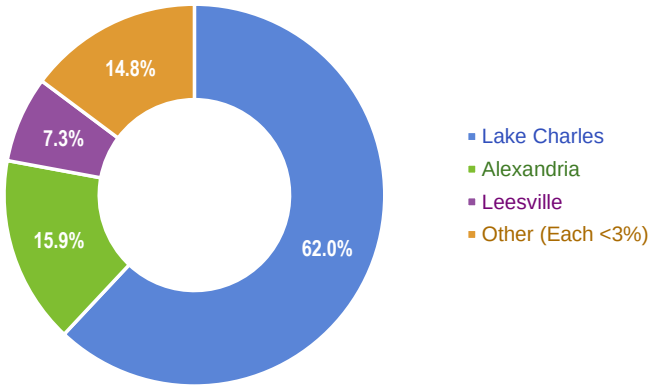
Sources: ● 2021 PRC Community Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Type of Medical Care Sought Outside the Parish
(Among Respondents Who Left the Parish for Medical Care)



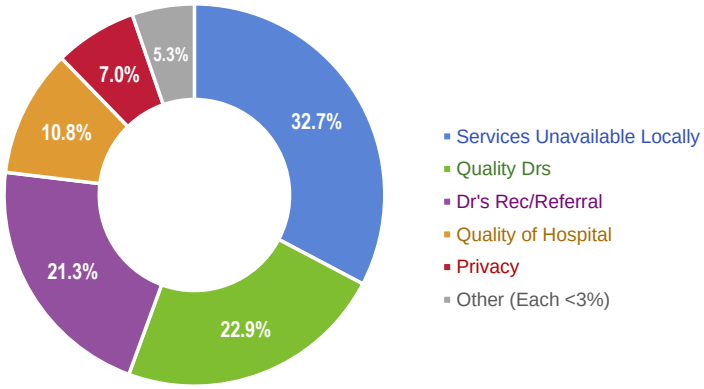
Sources: ● 2021 PRC Community Health Survey, PRC, Inc.
Notes: ● Asked of all respondents who left the parish for medical care in the past year.

Community Visited for Medical Services
(Among Respondents Who Left the Parish for Medical Care)



Sources: ● 2021 PRC Community Health Survey, PRC, Inc.
Notes: ● Asked of all respondents who left the parish for medical care in the past year.

Main Reason for Leaving the Parish for Medical Care
(Among Respondents Who Left the Parish for Medical Care)



Sources: ● 2021 PRC Community Health Survey, PRC, Inc.
Notes: ● Asked of all respondents who left the parish for medical care in the past year.

Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

- Beauregard Health System
- Beauregard Parish Health Unit
- Doctor's Offices
- Pregnancy Center
- Women's Shelter

Cancer

- American Cancer Society
- Beauregard Agape Community Clinic
- Beauregard Health System
- Beauregard Hematology Oncology
- Doctor's Offices

Coronavirus

- Acute Rehab Facility
- Beauregard Health System
- Beauregard Hospital
- Beauregard Medical Surgical Walk-In Clinic
- Beauregard Parish Health Unit
- Beauregard Parish School Board
- Brookshire Brothers
- Durable Medical Equipment Companies
- Home Health
- Hospice
- Hospitals
- Louisiana Updates From the Governor
- Pharmacies
- Public Health Unit
- United Way of Southwest Louisiana
- Urgent Care
- Walgreens
- Wal-Mart

Dementia/Alzheimer's Disease

- Adult Protective Services/Elderly Protective Services
- Beauregard Health System
- Council on Aging
- Home Health
- Hospice
- Medicaid Waiver Programs
- Mental Health Services
- Nursing Homes
- Oceans Behavioral Hospital

Diabetes

- Beauregard Health System
- Beauregard Hospital
- Doctor's Offices
- Hospitals

Disabilities

- Beauregard Mental Health
- Doctor's Offices

Heart Disease

- Agape
- Beauregard Health System
- Beauregard Mental Health
- Memorial Medical Group
- Merryville Health Clinic
- South Beauregard Clinic

Mental Health

- ABC Medical Wellness
- Adult Protective Services/Elderly Protective Services
- Beauregard Behavioral Health Services
- Beauregard Mental Health
- Churches
- Crisis Lines
- Elite Medical Wellness
- Hospitals
- Imperial Calcasieu Mental Health Clinic
- Law Enforcement
- Mental Health Services
- Oceans Behavioral Hospital
- Ocean's Hospital
- Rehab Services of Southwest Louisiana

Nutrition, Physical Activity, and Weight

- All Hours Fitness
- Awareness/Education
- Beauregard Health System
- Beauregard Hospital
- Cross Fitness
- Hospitals
- Library
- Online Food Delivery
- Parks and Recreation
- School System
- Weight Loss Clinic

Oral Health

- Dentist's Offices
- Merryville Health Clinic

Respiratory Diseases

- Beauregard Health System
- Doctor's Offices
- Home Health
- Lincare Oxygen Supplier
- Pharmacies
- Smoking Cessation Programs
- The Rapides Foundation

Sexual Health

- Beauregard Parish Health Unit

Substance Abuse

- ABC Medical Wellness
- Beauregard Behavioral Health Services
- Beauregard Prevention Coalition
- Caring Choices of Leesville
- Department of Human Services
- Imperial Calcasieu Human Services Authority
- Mental Health Services
- Oceans Behavioral Hospital
- Religious Institutions

Tobacco Use

- Doctor's Offices

APPENDIX

EVALUATION OF PAST ACTIVITIES

Addressing Significant Health Needs

BEAUREGARD HEALTH SYSTEM conducted its last CHNA in 2018-19 and reviewed the health priorities identified through that assessment (Research conduction July, August and September 2018; Assessment and Implementation Plan publicly posted January 2019). Taking into account the top-identified needs — as well as hospital resources and overall alignment with the hospital's mission, goals and strategic priorities — it was determined at that time that BEAUREGARD HEALTH SYSTEM would focus on developing and/or supporting strategies and initiatives to improve:

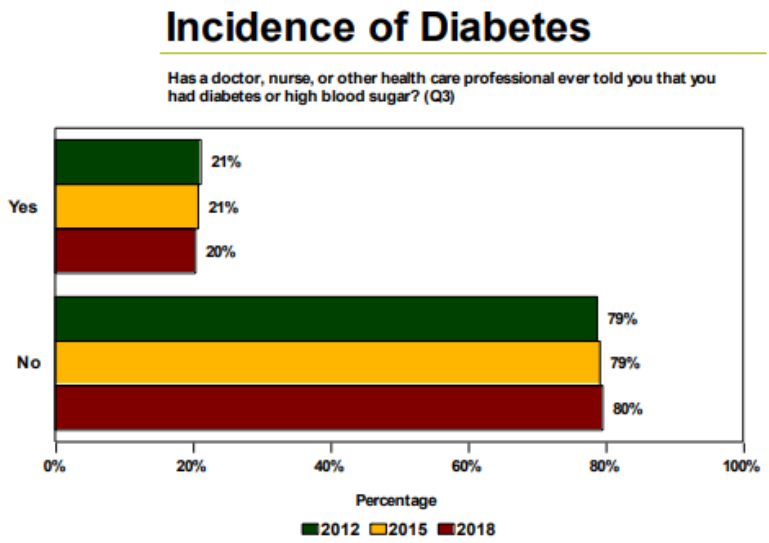
- PREVENTIVE HEALTHCARE
- LIFESTYLE CHOICES
- PRIMARY HEALTH CONCERNS
- BHS URGENT CARE (WALK-IN CLINIC)

Strategies for addressing these needs were outlined in BEAUREGARD HEALTH SYSTEM's Implementation Strategy. Pursuant to IRS requirements, the following sections provide an evaluation of the impact of the actions taken by BEAUREGARD HEALTH SYSTEM to address these significant health needs in our community.

Evaluation of Impact

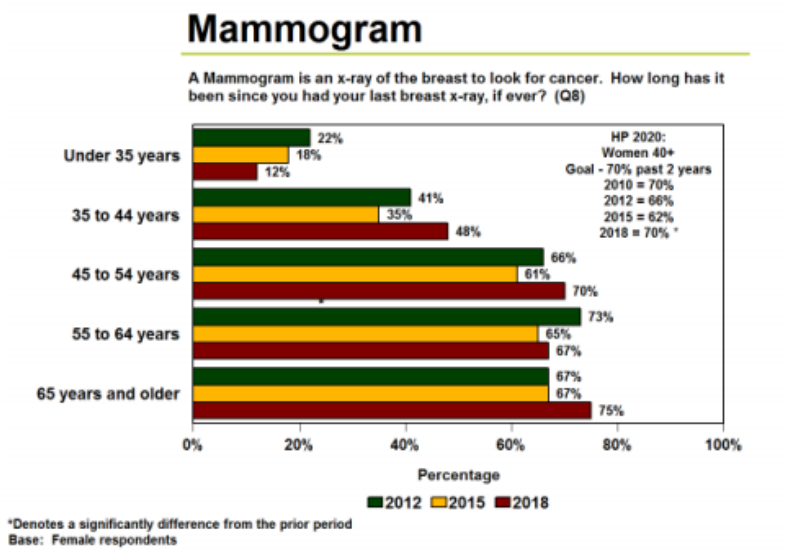
Community Health Need	PREVENTIVE HEALTHCARE
Goal(s)	(1) Offer Diabetic Education to the community. (2) Promote Breast Health Awareness and Mammogram Education. (3) Provide education on screenings and the importance of vaccinations.

- **Strategy 1** **Continue to grow Diabetes Education Classes conducted by the Hospital Dietitian on a monthly basis. Invite additional speakers to conduct classes, such as internal medicine physicians, exercise physiologist and wound care specialist. Offer free diabetic meals and recipes to the community and class when appropriate. Promote Diabetic health at community and employer health fairs.**

Strategy Was Implemented?	Yes
Target Population(s)	Patients with Diabetes and Pre-Diabetes
Partnering Organization(s)	Health System Dietitian
Results/Impact	Consistent increase in diabetes class participation *In 2015, Research indicated that BHS fell short of the Diabetes and Mammogram Healthy People 2020 Goal and focus group findings indicated the need for more community outreach. Beauregard Health System set goals and priorities to improve in these areas and the 2018 research indicates improvement in each area. 

- **Strategy #2: In 2017 Beauregard Health System invested in the Genius 3D Mammography system developed by Hologic, a worldwide leader in Women's Health. BHS also promoted the new system and the importance of mammograms via an extensive marketing campaign including a digital media platform, print, billboard and radio ads. BHS saw a significant increase in scheduled mammograms and will continue to promote women's health and breast health well into the future.**
- **Promote breast health awareness at community events and offer discounted mammograms during the month of October to the uninsured and underinsured.**

Strategy Was Implemented?	Yes
Target Population(s)	Women 40+
Partnering Organization(s)	Internal: Imaging Department
Results/Impact	*In 2015, Research indicated that BHS fell short of the Diabetes and Mammogram Healthy People 2020 Goal and focus group findings indicated the need for more community outreach. Beauregard Health System set goals and priorities to improve in these areas and the 2018 research indicates improvement in each area.



- **Strategy #3: Beauregard Health System provided community health education via community health fairs – Beauregard Parish Fair – Senior Day – free blood pressure checks and health education. Continued community health education by working with schools, churches and civic organizations to provide on-site education and screenings as needed and requested.**

Strategy Was Implemented?	Yes
Target Population(s)	Community Members
Partnering Organization(s)	Beauregard Parish Fair, Civic Organizations, Churches, Local Businesses, Schools

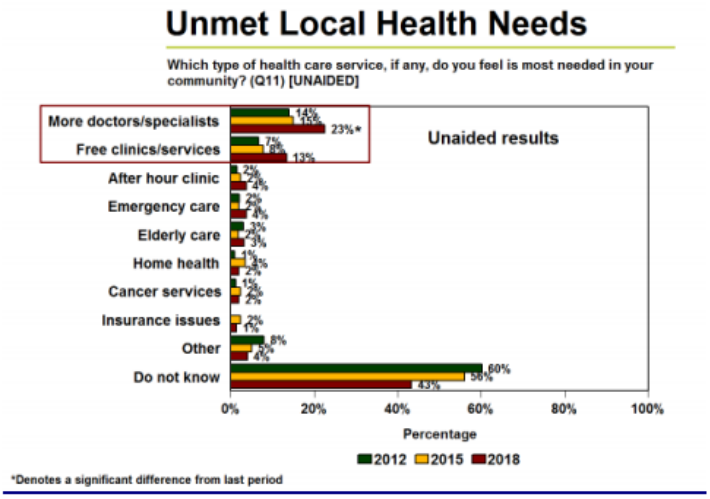
Results/ Impact: Education and free screenings for the community. Internal influenza vaccination campaign for BHS patients – 94% of patients vaccinated during the 2017-2018 flu season.

Priority Area:	
Community Health Need	LIFESTYLE CHOICES: Beauregard Parish residents did not meet the Healthy People 2020 goals for smoking and moderate exercising.
Goal(s)	(1) Promote Smoke Free Campus and Smoking Cessation. (2) Promote BHS Fitness Center, Weekly Fitness Classes and Special Boot Camps. (3) Promote Fitness Challenges to associates and community employers. (4) Promote one-on-one nutritional counseling.

Strategy # 1 : In conjunction with Beauregard Health System's commitment to provide a healthy and safe environment for associates, patients, visitors, volunteers, vendors, contractors, and physicians, BHS became a Tobacco-Free Campus in 2017. • BHS provided Nicotine Replacement Therapy (NRT) to all associates and in-patients who were smokers free of charge for a specified period of time.	
Strategy Was Implemented?	Yes
Target Population(s)	Associates, patients, visitors, volunteers, vendors, contractors and physicians
Partnering Organization(s)	BHS
Results/Impact	• Too many Beauregard adults smoke. The goal of Healthy People 2010 is to reduce cigarette smoking among adults 18 years and older to 12 percent. Currently, the incidence of cigarette smoking among Beauregard residents (28%) is slightly over the goal. *Reduce smoking on BHS campus to zero. Reduction in number of BHS smokers. Nicotine Replacement Therapy offered to associates in need and also in-patients in need.

Strategy # 2: BHS offers free fitness memberships for all BHS associates. BHS fitness center is open to the public with 24 hour access. BHS fitness center offers personal trainers. BHS fitness center offers weekly fitness classes to the public. BHS fitness center offers special boot camps at least two times per year. • Promote BHS fitness center and the importance of physical exercise via social media outlets. • Continue to promote fitness 'challenges' in-house, in the community and with employers:	
Strategy Was Implemented?	Yes
Target Population(s)	Employees and Community Members
Partnering Organization(s)	BHS Fitness Center and Team members
Results/Impact	• Beauregard residents are more physically active this year, however they did not quite meet the goal for moderate exercise. The goal of Healthy People 2020 is to reduce the proportion of adults who engage in no leisure time activity to 20 percent. Currently, the physical activity level reported by Beauregard residents (no physical activity=19%) exceeds the goal. In addition, Healthy People 2020 would like to have 35 percent of adults engage in moderate physical activity for at least 30 minutes per occasion 5 or more days per week. The moderate physical activity for Beauregard residents is 29%, which is similar to the desired goal.

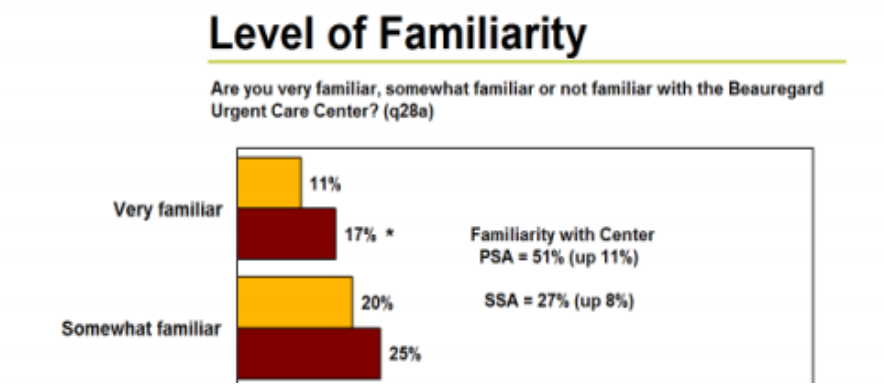
Priority Area:	
Community Health Need	PRIMARY HEALTH CONCERNS: Heart disease and cancer in Beauregard and Vernon Parish remain the leading causes of death in the area. Community-wide efforts to reduce the risks for and promote the early detection of these diseases need to be continued. Address the need for more doctors and specialists.
Goal(s)	• (1) Continue to provide education on high blood pressure and blood pressure checks at community and employer health fairs and events. (2) Continue to offer Diabetic Education to the community. (3) Continue clinical affiliation agreement and focus on producing high quality, coordinated care to the community. (4) Continue to explore and utilize telehealth services in identified specialty areas. (5) Recruit physicians and non-physician providers – promote greater access to primary care.

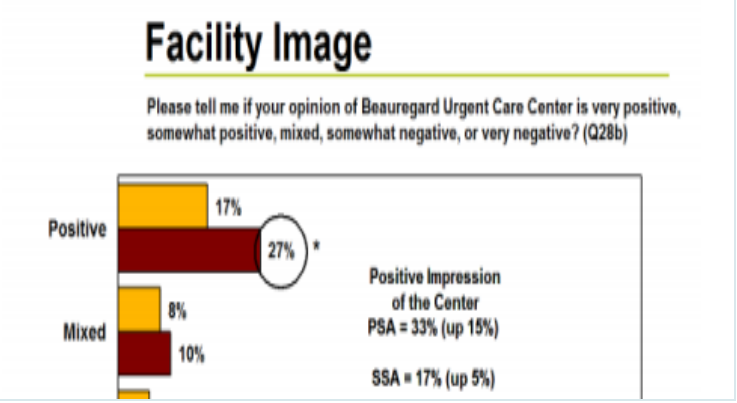
Strategy # 1: Continue partnership with LCMHS. The clinical affiliation will deliver quality care more efficiently, leading to better patient outcomes. Additionally, BHS will work to be the premiere provider of health and wellness services in the community, and through the clinical affiliation with LCMHS, BHS will be the connector or 'gateway' to health care solutions where individuals and families are best served. • Memorial Medical Group will provide subspecialist in the community where the need exists. (Oncology, Cardiology, Orthopedics, ENT).	
Strategy Was Implemented?	Yes
Target Population(s)	Patients with Heart Disease and Cancer
Partnering Organization(s)	Lake Charles Memorial Health System
Results/Impact	Improved access to sub-specialty care 

Strategy # 2: Beauregard Health System will continue partnership with a tele stroke program that provides rapid assessment from a neurologist to help determine course of treatment for stoke patients. Beauregard Health System will also continue its partnership with a tele psych program that assists with placement of patients who are in need of mental health treatment.	
Strategy Was Implemented?	Yes
Target Population(s)	Stroke and Psych Patients
Partnering Organization(s)	Telemedicine companies and platforms
Results/Impact	Improved access to care for stroke and psych patients

Strategy # 3: Beauregard Health System will continue to work to recruit physicians and non-physician providers as recommended in the recruitment and retention plan. Beauregard Health System will work to reduce outmigration by providing and promoting greater access to primary care via Rural Health Clinics (Walk-In Clinic) and mid-level providers.	
Strategy Was Implemented?	Yes
Target Population(s)	Patients in the primary and secondary service area in need of a primary care physician.
Partnering Organization(s)	Internal
Results/Impact	BHS recruited a Family Physician in August 2018 to assist in providing greater access to primary care for the community. Four rural health clinics in the community are now staffed with primary care physicians as well as mid-level providers to provide greater access to primary care in the community. BHS will utilize mid-level providers in the rural health clinics and the walk-in clinic to provide greater access to primary care in the community.

Priority Area:	
Community Health Need	BHS URGENT CARE (WALK-IN CLINIC) - Beauregard Health System has done a tremendous job building awareness for its Urgent Center (Walk-In Clinic), as a majority of primary service area respondents are now familiar with the facility. In addition, positive impressions of the center are increasing. Finally, the utilization of the urgent care center is increasing and users have indicated a positive experience accessing the facility. Two improvement recommendations include: greater physician access and expanded hours of operation.
Goal(s)	• (1) Continue to build awareness and utilization for the Urgent Care Center/ Walk-in Clinic. (2) Position clinic for continued success in a competitive environment.

Strategy # 1 : Provide consistent hours of operation with local, reliable mid-level providers	
Strategy Was Implemented?	Yes
Target Population(s)	Patients without a primary care physician
Partnering Organization(s)	BHS and BHS Walk-In Clinic
Results/Impact	

Strategy # 2: Promote hours of operation and services offered to the general public to generate greater awareness.	
Strategy Was Implemented?	Yes
Target Population(s)	Patients without a primary care physician
Partnering Organization(s)	BHS and BHS Walk-In Clinic
Results/Impact	

Strategy # 3: Monitor and report user volume.	
Strategy Was Implemented?	Yes
Target Population(s)	Patients without a primary care physician
Partnering Organization(s)	BHS and BHS Walk-In Clinic
Results/Impact