



2024 COMMUNITY HEALTH NEEDS ASSESSMENT

Beauregard Parish, Louisiana

Sponsored by
Beauregard Health System



TABLE OF CONTENTS

INTRODUCTION	3
PROJECT OVERVIEW	4
Methodology	4
IRS Form 990, Schedule H Compliance	10
SUMMARY OF FINDINGS	11
DATA CHARTS & KEY INFORMANT INPUT	23
COMMUNITY CHARACTERISTICS	24
Population Characteristics	24
Social Determinants of Health	29
HEALTH STATUS	36
Overall Health	36
Mental Health	38
DEATH, DISEASE & CHRONIC CONDITIONS	44
Cardiovascular Disease	44
Cancer	49
Respiratory Disease	53
Injury & Violence	56
Diabetes	59
Disabling Conditions	61
BIRTHS	64
Birth Outcomes	64
Family Planning	65
MODIFIABLE HEALTH RISKS	67
Nutrition	67
Physical Activity	70
Weight Status	72
Substance Use	75
Tobacco Use	80
Sexual Health	83
ACCESS TO HEALTH CARE	85
Lack of Health Insurance Coverage	85
Difficulties Accessing Health Care	87
Primary Care Services	89
Oral Health	92
LOCAL RESOURCES	94
Perceptions of Local Health Care Services	94
Federally Qualified Health Centers (FQHCs)	97
Resources Needed Locally	97
Resources Available to Address Significant Health Needs	101
APPENDIX	102
EVALUATION OF PAST ACTIVITIES	103
Community Benefit	103
Addressing Significant Health Needs	103
Evaluation of Impact	104





INTRODUCTION

PROJECT OVERVIEW

This Community Health Needs Assessment, a follow-up to a similar study conducted in 2021, 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 Professional Research Consultants, Inc. (PRC), a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

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

PRC Community Health Survey

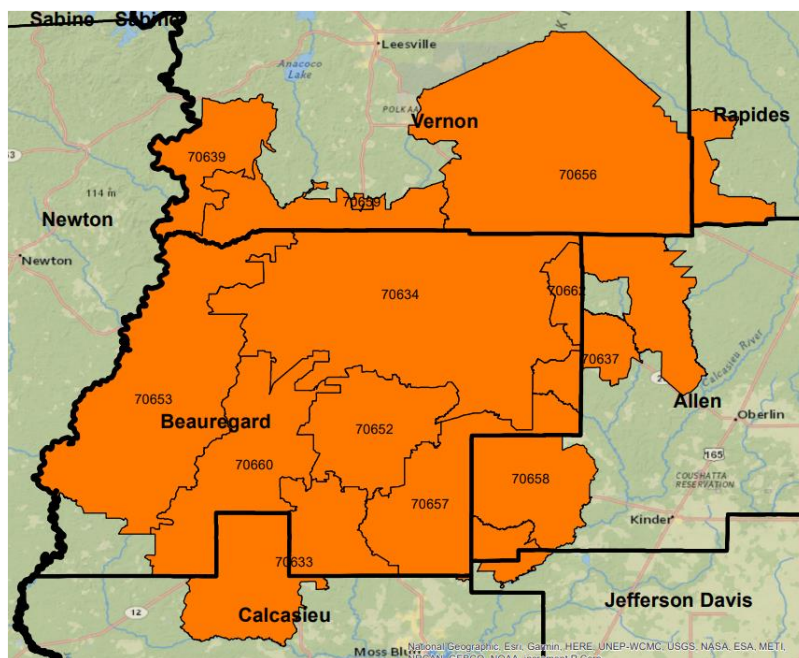
Survey Instrument

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 and is similar to the previous survey used, allowing for data trending.

Community Defined for This Assessment

The study area for the survey is defined as residential ZIP Codes in and around Beauregard Parish in Louisiana (for the purposes of this report, referred to as Beauregard Parish). This community definition, determined based on the ZIP Codes of residence of recent patients of Beauregard Health System, is illustrated in the following map.



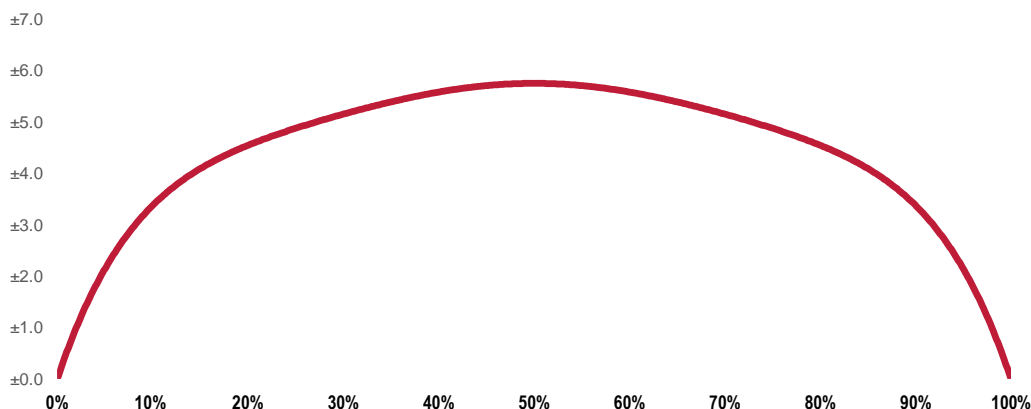


Sample Approach & Design

The survey was administered via the internet. 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 307 surveys in Beauregard Parish were achieved.

For statistical purposes, the maximum rate of error associated with a sample size of 307 respondents is $\pm 5.7\%$ at the 95 percent confidence level.

Expected Error Ranges for a Sample of 307 Respondents at the 95 Percent Level of Confidence



- Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
- Examples:
- If 10% of the sample of 307 respondents answered a certain question with a "yes," it can be asserted that between 6.6% and 13.4% ($10\% \pm 3.4\%$) of the total population would offer this response.
 - If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 44.3% and 55.7% ($50\% \pm 5.7\%$) of the total population would respond "yes" if asked this question.

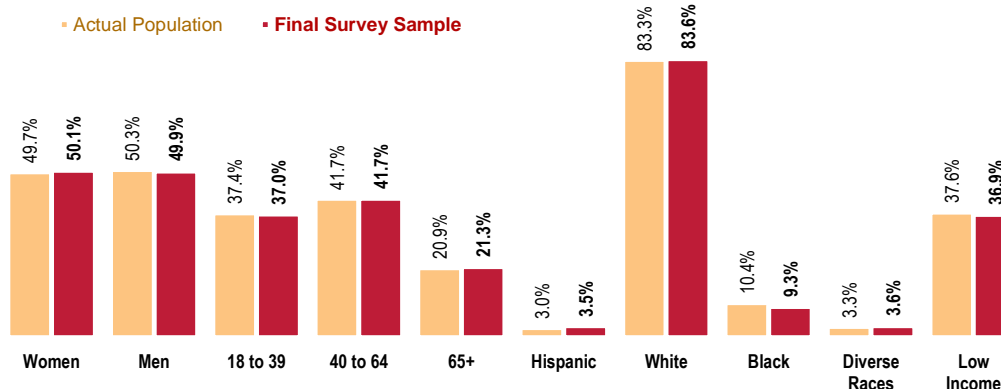


Sample Characteristics

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 this representativeness even further. This is accomplished by adjusting the results of a sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual’s responses is maintained, one respondent’s responses might contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics might have been slightly oversampled, may contribute the same weight as 0.9 respondents.

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

Population & Survey Sample Characteristics
(Beauregard Parish, 2024)



Sources: • US Census Bureau, 2016-2020 American Community Survey.

• 2024 PRC Community Health Survey, PRC, Inc.

Notes: • “Low Income” reflects those living under 200% FPL (federal poverty level, based on guidelines established by the US Department of Health & Human Services).

• All Hispanic respondents are grouped, regardless of identity with any other race group. Race reflects those who identify with a single race category, without Hispanic origin. “Diverse Races” includes those who identify as Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.

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

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented 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, 15 community representatives took part in the Online Key Informant Survey, as outlined in the table that follows:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	1
Public Health Representatives	3
Other Health Providers	3
Other Community Leaders	8

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

- [AMERISAFE](#)
- [b1BANK](#)
- [Beauregard Health System](#)
- [Beauregard Home Health](#)
- [Beauregard Parish Sheriff](#)
- [DeRidder City Council](#)
- [First National Bank in DeRidder](#)
- [Greater Beauregard Chamber of Commerce](#)
- [Lestage Law Office](#)
- [Office of Public Health, Southwest Regional Office](#)
- [PCA](#)
- [RS ESF-8 Health and Medical Coalition](#)

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

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for Beauregard Parish 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, National Center for Health Statistics](#)
- [National Cancer Institute, State Cancer Profiles](#)
- [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 parish-level data for Beauregard Parish.

Benchmark Comparisons

Trending

A similar survey was administered in the service area in 2021 by PRC on behalf of Beauregard Health System. Trending data, as revealed by comparison to prior survey results in Beauregard Parish, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

Louisiana Data

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

National Data

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

Healthy People 2030 Objectives

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



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

Determining Significance

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



Information Gaps

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

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, LGBTQ+ residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — while included in the overall findings, might not be individually identifiable or might not comprise a large enough sample for independent analyses.

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

Public Comment

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

IRS FORM 990, SCHEDULE H (2022)		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		24
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		94
Part V Section B Line 3d How data was obtained		4
Part V Section B Line 3e The significant health needs of the community		11
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		12
Part V Section B Line 3h The process for consulting with persons representing the community's interests		6
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)		103



SUMMARY OF FINDINGS

Significant Health Needs of the Community

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

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

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	<ul style="list-style-type: none">▪ Lack of Health Insurance▪ Primary Care Physician Ratio
CANCER	<ul style="list-style-type: none">▪ Leading Cause of Death▪ Cancer Deaths▪ Cancer Incidence<ul style="list-style-type: none">– Including Lung Cancer, Colorectal Cancer
DIABETES	<ul style="list-style-type: none">▪ Kidney Disease Deaths▪ Key Informants: <i>Diabetes</i> ranked as a top concern.
DISABLING CONDITIONS	<ul style="list-style-type: none">▪ Alzheimer’s Disease Deaths
HEART DISEASE & STROKE	<ul style="list-style-type: none">▪ Leading Cause of Death▪ Heart Disease Deaths▪ Stroke Deaths
INFANT HEALTH & FAMILY PLANNING	<ul style="list-style-type: none">▪ Teen Births
MENTAL HEALTH	<ul style="list-style-type: none">▪ Mental Health Provider Ratio▪ Key Informants: <i>Mental Health</i> ranked as a top concern.
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	<ul style="list-style-type: none">▪ Low Food Access▪ Overweight & Obesity [Adults]
ORAL HEALTH	<ul style="list-style-type: none">▪ Access to Dentists

— continued on the following page —



AREAS OF OPPORTUNITY (continued)

RESPIRATORY DISEASE	<ul style="list-style-type: none"> ▪ Lung Disease Deaths
TOBACCO USE	<ul style="list-style-type: none"> ▪ Key Informants: <i>Tobacco Use</i> ranked as a top concern.

Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment (“Areas of Opportunity” above) was determined based on a prioritization exercise conducted among providers and other community leaders (representing a cross-section of community-based agencies and organizations) as part of the Online Key Informant Survey.

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

1. Tobacco Use
2. Mental Health
3. Diabetes
4. Nutrition, Physical Activity & Weight
5. Heart Disease & Stroke
6. Access to Health Care Services
7. Oral Health
8. Disabling Conditions
9. Cancer
10. Respiratory Disease
11. Infant Health & Family Planning



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

Reading the Summary Tables

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

TREND SUMMARY

(Current vs. Baseline Data)

SURVEY DATA INDICATORS:

Trends for survey-derived indicators represent significant changes since 2021. Note that survey data reflect the ZIP Code-defined Beauregard Parish.

OTHER (SECONDARY) DATA INDICATORS:























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

Local secondary data reflect parish-level 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	Beauregard Parish	BEAUREGARD PARISH vs. BENCHMARKS			TREND
		vs. LA	vs. US	vs. HP2030	
Linguistically Isolated Population (Percent)	0.1 [Parish-Level Data]	 1.6	 3.9		
Population in Poverty (Percent)	13.3 [Parish-Level Data]	 18.7	 12.5	 8.0	
Children in Poverty (Percent)	16.6 [Parish-Level Data]	 25.8	 16.7	 8.0	
No High School Diploma (Age 25+, Percent)	11.8 [Parish-Level Data]	 13.3	 10.9		
Unemployment Rate (Age 16+, Percent)	3.9 [Parish-Level Data]	 4.3	 4.5		 7.1
% Unable to Pay Cash for a \$400 Emergency Expense	36.6		 34.0		 38.6
Housing Cost Exceeds 30% of Income (Percent)	13.4 [Parish-Level Data]	 27.9	 30.5	 25.5	
% Unhealthy/Unsafe Housing Conditions	10.8		 16.4		 13.9
Population With Low Food Access (Percent)	55.8 [Parish-Level Data]	 26.4	 22.2		


better


similar



























worse




OVERALL HEALTH	Beauregard Parish	BEAUREGARD PARISH vs. BENCHMARKS			TREND
		vs. LA	vs. US	vs. HP2030	
% "Fair/Poor" Overall Health	13.6	 21.7	 15.7		 21.1

























better













similar










worse


























ACCESS TO HEALTH CARE	Beauregard Parish	BEAUREGARD PARISH vs. BENCHMARKS			
		vs. LA	vs. US	vs. HP2030	TREND
% [Age 18-64] Lack Health Insurance	4.1	 8.7	 8.1	 7.6	 0.7
% Cost Prevented Physician Visit in Past Year	17.3	 12.1	 21.6		 17.2
% Cost Prevented Getting Prescription in Past Year	19.3		 20.2		 16.4
% Transportation Hindered Dr Visit in Past Year	4.3		 18.3		 9.7
% Difficulty Getting Child's Health Care in Past Year	3.9		 11.1		 3.4
Primary Care Doctors per 100,000	44.9 [Parish-Level Data]	 70.1	 76.4		
% Routine Checkup in Past Year	72.0	 80.6	 65.3		 70.2
% [Child 0-17] Routine Checkup in Past Year	87.5		 77.5		 70.4
% Rate Local Health Care "Fair/Poor"	14.1		 11.5		 28.4
% Outmigration for Care in the Past Year	82.8				 81.4
% Likelihood of Using Beauregard Health System is "Fair/Poor"	28.2				 39.6
% Opinion of Beauregard Health System Has Worsened in the Past Year	3.3				 18.8









 better
 similar
 worse













CANCER	Beauregard Parish	BEAUREGARD PARISH vs. BENCHMARKS			TREND
		vs. LA	vs. US	vs. HP2030	
Cancer Deaths per 100,000 (Age-Adjusted)	207.5 [Parish-Level Data]	 165.7	 146.5	 122.7	 190.2
Cancer Incidence per 100,000 (Age-Adjusted)	492.6 [Parish-Level Data]	 478.3	 442.3		
Lung Cancer Incidence per 100,000 (Age-Adjusted)	72.2 [Parish-Level Data]	 61.5	 54.0		
Female Breast Cancer Incidence per 100,000 (Age-Adjusted)	104.3 [Parish-Level Data]	 127.5	 127.0		
Prostate Cancer Incidence per 100,000 (Age-Adjusted)	120.0 [Parish-Level Data]	 138.1	 110.5		
Colorectal Cancer Incidence per 100,000 (Age-Adjusted)	46.0 [Parish-Level Data]	 44.3	 36.5		
% Cancer	7.5	 10.4	 7.4		 4.6
[Women 50-74] Breast Cancer Screening (Percent)	77.4 [Parish-Level Data]	 78.7	 76.0	 80.5	
		 better	 similar	 worse	

















DIABETES	Beauregard Parish	BEAUREGARD PARISH vs. BENCHMARKS			TREND
		vs. LA	vs. US	vs. HP2030	
Diabetes Deaths per 100,000 (Age-Adjusted)	7.0 [Parish-Level Data]	 26.5	 21.7		
% Diabetes/High Blood Sugar	13.8	 14.7	 12.8		 19.2
Kidney Disease Deaths per 100,000 (Age-Adjusted)	30.0 [Parish-Level Data]	 20.5	 12.9		 23.0
		 better	 similar	 worse	





















DISABLING CONDITIONS	Beauregard Parish	BEAUREGARD PARISH vs. BENCHMARKS			
		vs. LA	vs. US	vs. HP2030	TREND
% Activity Limitations	23.7		 27.5		 28.1
Alzheimer's Disease Deaths per 100,000 (Age-Adjusted)	34.3 [Parish-Level Data]	 43.1	 30.9		 29.1
		 better	 similar	 worse	

HEART DISEASE & STROKE	Beauregard Parish	BEAUREGARD PARISH vs. BENCHMARKS			
		vs. LA	vs. US	vs. HP2030	TREND
Heart Disease Deaths per 100,000 (Age-Adjusted)	250.0 [Parish-Level Data]	 213.8	 164.4	 127.4	 276.8
% Heart Disease	5.4	 8.0	 10.3		 17.1
Stroke Deaths per 100,000 (Age-Adjusted)	44.8 [Parish-Level Data]	 45.8	 37.6	 33.4	 39.7
% Stroke	4.8	 4.9	 5.4		 5.8
% High Blood Pressure	45.4	 40.2	 40.4	 42.6	 53.3
% High Cholesterol	32.7		 32.4		 44.9
% 1+ Cardiovascular Risk Factor	85.9		 87.8		 95.5
		 better	 similar	 worse	

INFANT HEALTH & FAMILY PLANNING	Beauregard Parish	BEAUREGARD PARISH vs. BENCHMARKS			TREND
		vs. LA	vs. US	vs. HP2030	
Teen Births per 1,000 Females 15-19	33.4 [Parish-Level Data]	 27.0	 16.6		
Infant Deaths per 1,000 Births	4.5 [Parish-Level Data]	 7.9	 5.8	 5.0	
		 better	 similar	 worse	

INJURY & VIOLENCE	Beauregard Parish	BEAUREGARD PARISH vs. BENCHMARKS			TREND
		vs. LA	vs. US	vs. HP2030	
Unintentional Injury Deaths per 100,000 (Age-Adjusted)	40.2 [Parish-Level Data]	 66.8	 51.6	 43.2	 41.1
Homicide Deaths per 100,000 (Age-Adjusted)	6.8 [Parish-Level Data]	 13.7	 5.9	 5.5	
Violent Crimes per 100,000	129.2 [Parish-Level Data]	 562.3	 416.0		
		 better	 similar	 worse	

MENTAL HEALTH	Beauregard Parish	BEAUREGARD PARISH vs. BENCHMARKS			TREND
		vs. LA	vs. US	vs. HP2030	
% "Fair/Poor" Mental Health	22.9		 24.4		 24.1
% Diagnosed Depression	31.8	 26.4	 30.8		 33.6
Suicide Deaths per 100,000 (Age-Adjusted)	13.3 [Parish-Level Data]	 14.7	 13.2	 12.8	 12.5
Mental Health Providers per 100,000	74.0 [Parish-Level Data]	 339.0	 313.7		
% Unable to Get Mental Health Services in Past Year	7.5		 13.2		 9.5
		 better	 similar	 worse	

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Beauregard Parish	BEAUREGARD PARISH vs. BENCHMARKS			
		vs. LA	vs. US	vs. HP2030	TREND
% "Very/Somewhat" Difficult to Buy Fresh Produce	24.9		 30.0		 31.1
% No Leisure-Time Physical Activity	30.7	 28.3	 30.2	 21.8	 26.5
% [Child 2-17] Physically Active 1+ Hours per Day	43.4		 27.4		 59.2
% Overweight (BMI 25+)	75.5	 71.7	 63.3		 92.0
% Obese (BMI 30+)	45.4	 40.1	 33.9	 36.0	 43.3
% [Child 5-17] Overweight (85th Percentile)	21.9		 31.8		 30.3
% [Child 5-17] Obese (95th Percentile)	11.4		 19.5	 15.5	 14.9









better



similar



worse

ORAL HEALTH	Beauregard Parish	BEAUREGARD PARISH vs. BENCHMARKS			
		vs. LA	vs. US	vs. HP2030	TREND
Dentists per 100,000	19.0 [Parish-Level Data]	 59.0	 73.4		
% Dental Visit in Past Year	56.0	 60.4	 56.5	 45.0	 59.1















better

























similar













worse

RESPIRATORY DISEASE	Beauregard Parish	BEAUREGARD PARISH vs. BENCHMARKS			
		vs. LA	vs. US	vs. HP2030	TREND
Lung Disease Deaths per 100,000 (Age-Adjusted)	65.9 [Parish-Level Data]	 41.1	 38.1		 45.0
% Asthma	8.7	 10.0	 17.9		 10.0
% COPD (Lung Disease)	5.7	 9.3	 11.0		 3.0
		 better	 similar	 worse	

SEXUAL HEALTH	Beauregard Parish	BEAUREGARD PARISH vs. BENCHMARKS			
		vs. LA	vs. US	vs. HP2030	TREND
HIV Prevalence per 100,000	163.5 [Parish-Level Data]	 568.3	 386.6		
Chlamydia Incidence per 100,000	347.3 [Parish-Level Data]	 788.6	 495.0		
Gonorrhea Incidence per 100,000	103.9 [Parish-Level Data]	 327.1	 194.4		
		 better	 similar	 worse	

SUBSTANCE USE	Beauregard Parish	BEAUREGARD PARISH vs. BENCHMARKS			
		vs. LA	vs. US	vs. HP2030	TREND
% Binge Drinking	20.7	 16.9	 30.6	 25.4	 30.3
Unintentional Drug-Induced Deaths per 100,000 (Age-Adjusted)	6.1 [Parish-Level Data]	 19.7	 15.8		
% Used a Prescription Opioid in Past Year	14.4		 15.1		 21.7
% Personally Impacted by Substance Use	33.9		 45.4		 48.8
		 better	 similar	 worse	

TOBACCO USE	Beauregard Parish	BEAUREGARD PARISH vs. BENCHMARKS			
		vs. LA	vs. US	vs. HP2030	TREND
% Smoke Cigarettes	7.3	 16.7	 23.9	 6.1	 17.6
% Use Vaping Products	5.5	 10.4	 18.5		 6.0

 better
 similar
 worse



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. [PARISH-LEVEL DATA]

Total Population
(Estimated Population, 2018-2022)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Beauregard Parish	36,553	1,157.48	32
Louisiana	4,640,546	43,212.90	107
United States	331,097,593	3,533,269.34	94

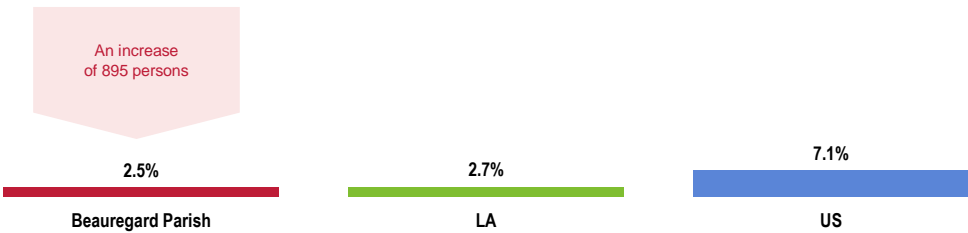
Sources:

- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).

Population Change

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 Beauregard Parish between the 2010 and 2020 US Censuses. [PARISH-LEVEL DATA]

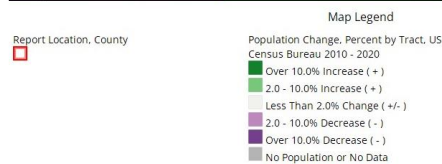
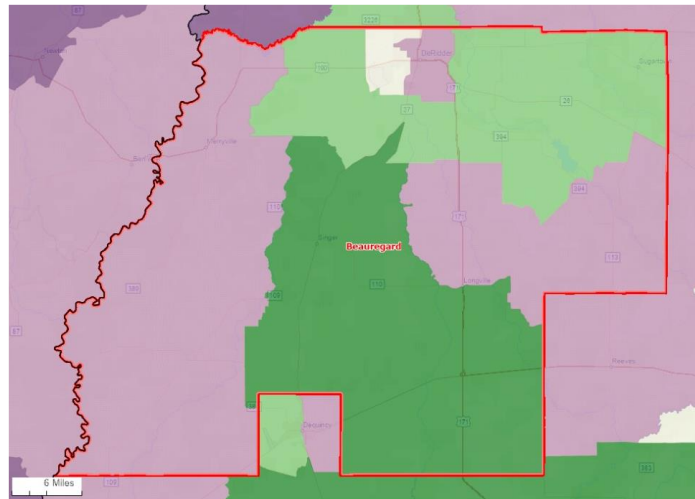
Change in Total Population
(Percentage Change Between 2010 and 2020)



Sources:

- US Census Bureau Decennial Census (2010-2020).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).



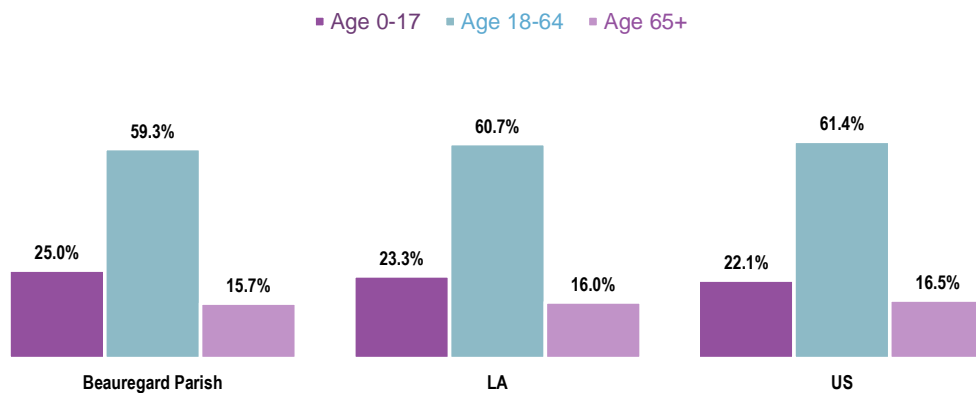


SparkMap

Age

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

Total Population by Age Groups (2018-2022)



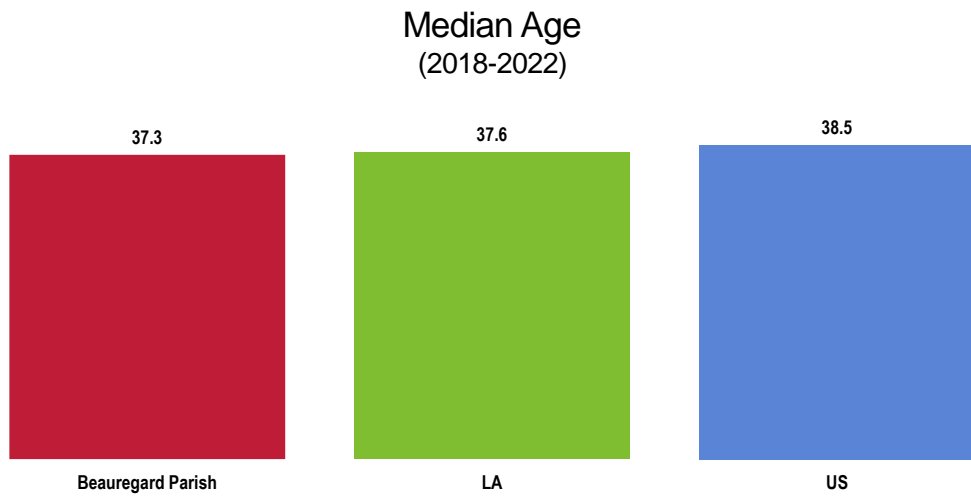
Sources:

- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).



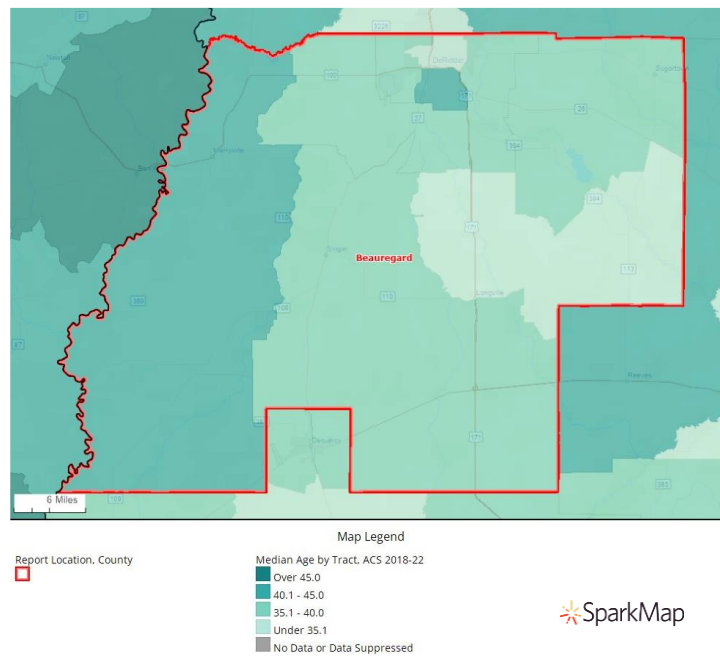
Median Age

Note the median age of our population, relative to state and national medians. [PARISH-LEVEL DATA]



Sources:

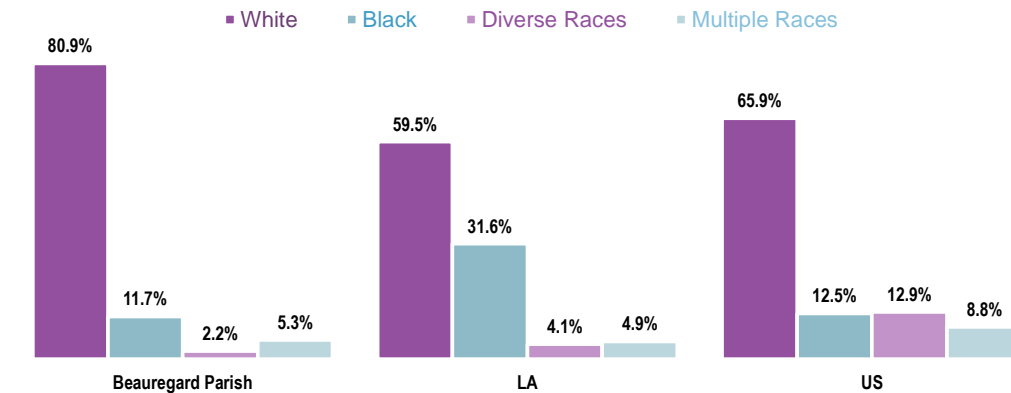
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).



Race & Ethnicity

The following charts illustrate the racial and ethnic makeup of our community. Race reflects those who identify with a single race category, regardless of Hispanic origin. People who identify their origin as Hispanic, Latino, or Spanish may be of any race. [PARISH-LEVEL DATA]

Total Population by Race Alone
(2018-2022)



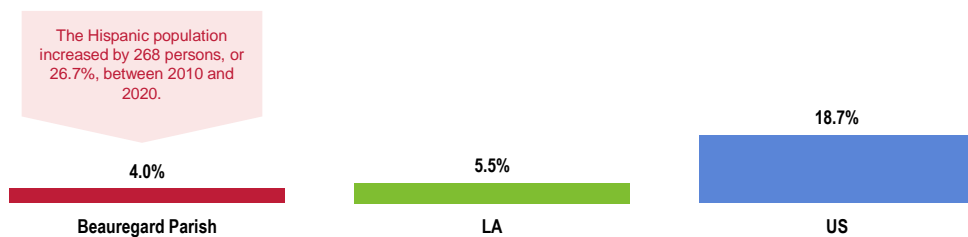
Sources:

- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).

Notes:

- "Diverse Races" includes those who identify as American Indian or Alaska Native, Asian, or Native Hawaiian/Pacific Islander, without Hispanic origin.

Hispanic Population
(2018-2022)



Sources:

- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).

Notes:

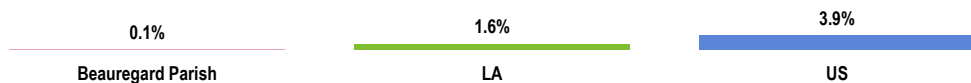
- People who identify their origin as Hispanic, Latino, or Spanish may be of any race.



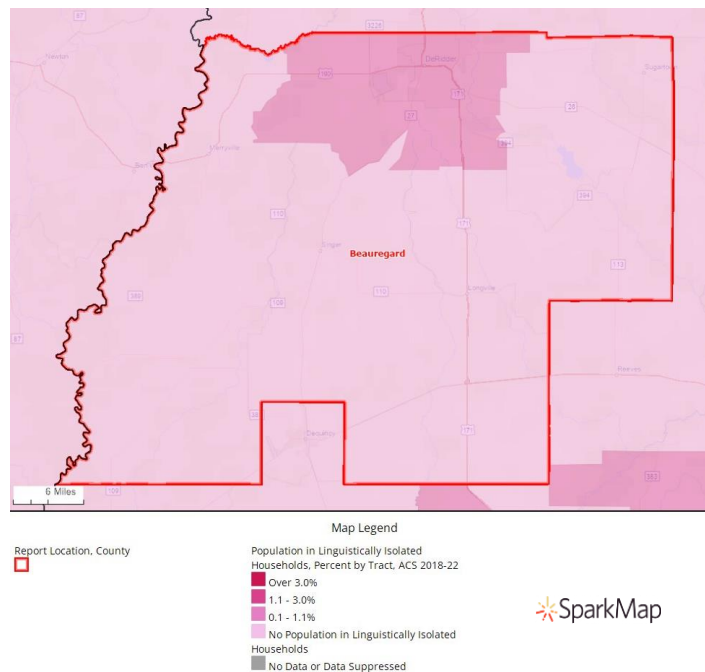
Linguistic Isolation

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.” [PARISH-LEVEL DATA]

Linguistically Isolated Population (2018-2022)



- Sources:
- US Census Bureau American Community Survey, 5-year estimates.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speaks a non-English language and speak English “very well.”



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

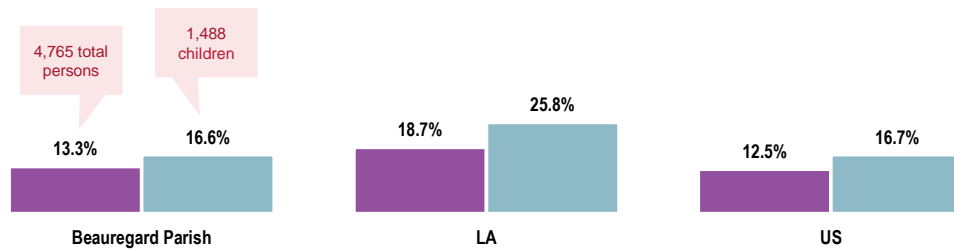
Poverty

Poverty is considered a key driver of health status because it creates barriers to accessing health services, healthy food, and other necessities that contribute to overall health. The 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. [PARISH-LEVEL DATA]

Percent of Population in Poverty (2018-2022)

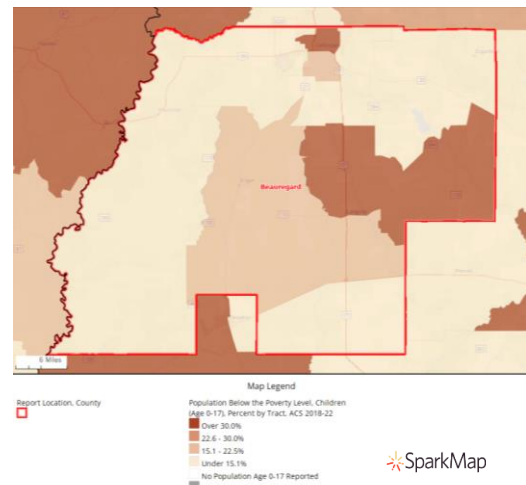
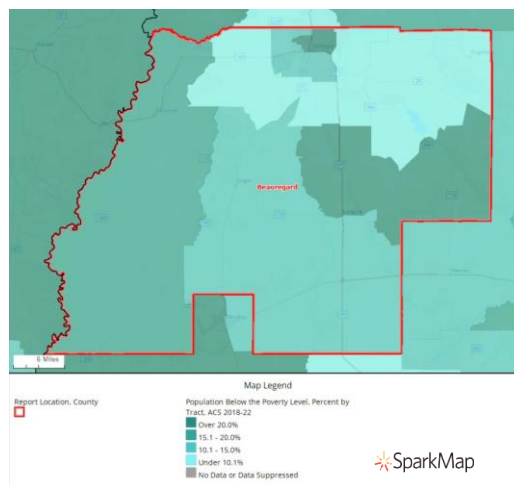
Healthy People 2030 = 8.0% or Lower

■ Total Population ■ Children



Sources:

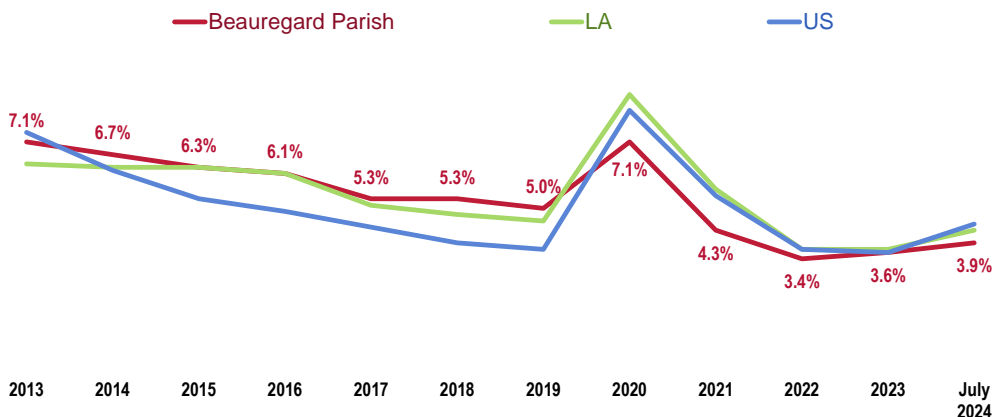
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>



Employment

According to data derived from the US Department of Labor, the unemployment rate in Beauregard Parish as of July 2024 was 3.9%. [PARISH-LEVEL DATA]

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



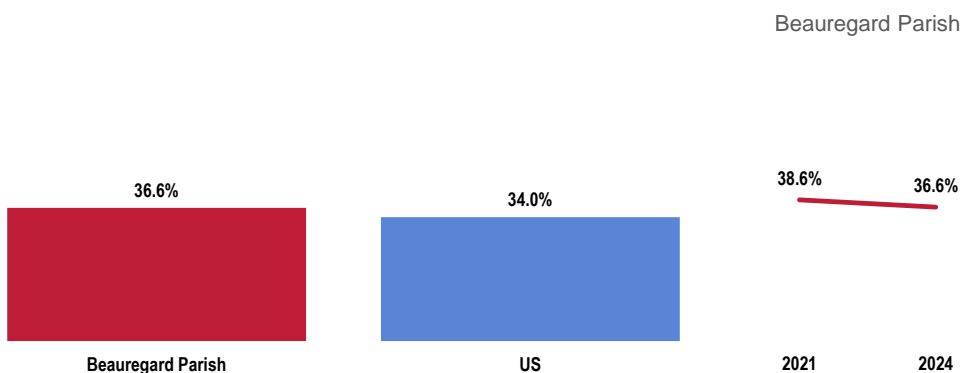
Sources: • US Department of Labor, Bureau of Labor Statistics.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).

Financial Resilience

PRC SURVEY ► “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?”

The following charts detail “no” responses in Beauregard Parish in comparison to benchmark data, as well as by basic demographic characteristics (namely by age groupings and income [based on poverty status]).

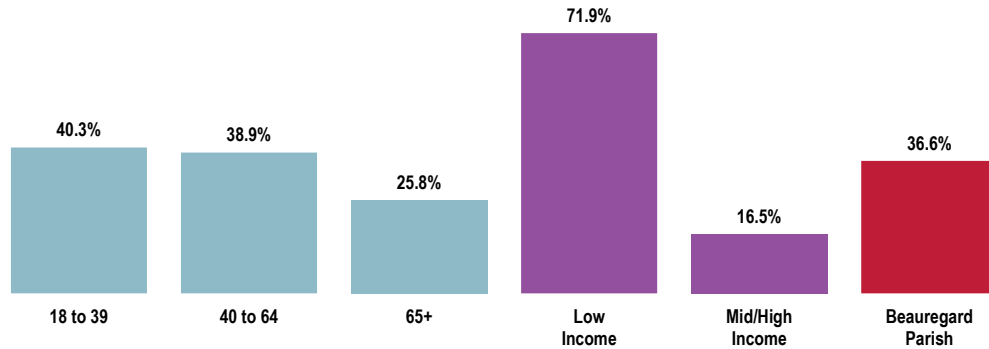
Do Not Have Cash on Hand to Cover a \$400 Emergency Expense



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 30]
• 2023 PRC National 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.



Do Not Have Cash on Hand to Cover a \$400 Emergency Expense (Beauregard Parish, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 30]

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.

INCOME & RACE/ETHNICITY

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

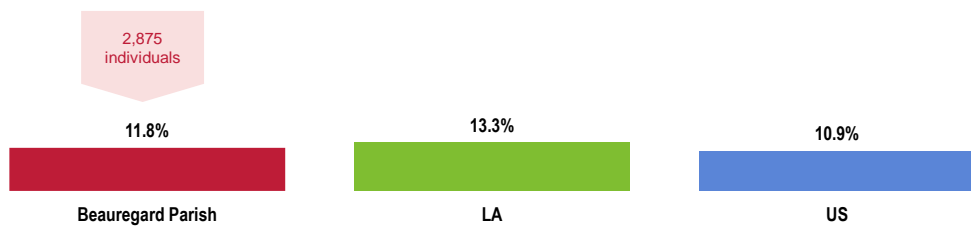
RACE & ETHNICITY ► While the survey data are representative of the full racial and ethnic makeup of the population, samples were not of sufficient size for independent analysis by race and/or ethnicity.



Education

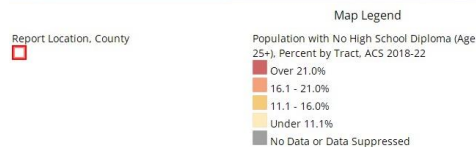
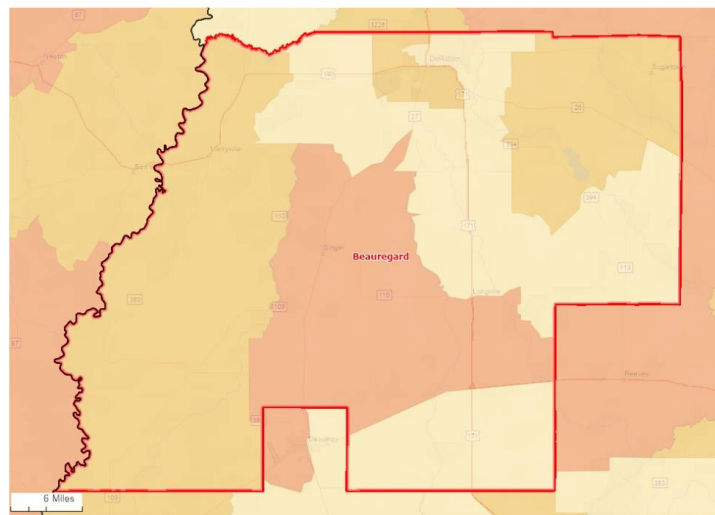
Education levels are reflected in the proportion of our population without a high school diploma. This indicator is relevant because educational attainment is linked to positive health outcomes. [PARISH-LEVEL DATA]

Population With No High School Diploma (Adults Age 25 and Older; 2018-2022)



Sources:

- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).



SparkMap



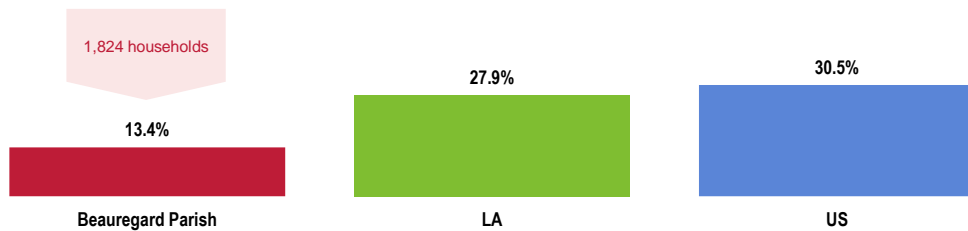
Housing

Housing Burden

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

The following chart shows the housing burden in Beauregard Parish. 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. [PARISH-LEVEL DATA]

Percent of Individuals for Whom Housing Costs Exceed 30% of Household Income (2018-2022) Healthy People 2030 = 25.5% or Lower



Sources:

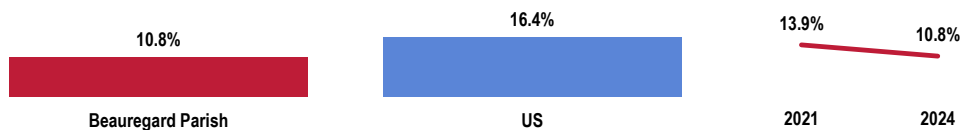
- US Census Bureau, American Community Survey.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Unhealthy or Unsafe Housing

PRC SURVEY ► “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

Beauregard Parish



Sources:

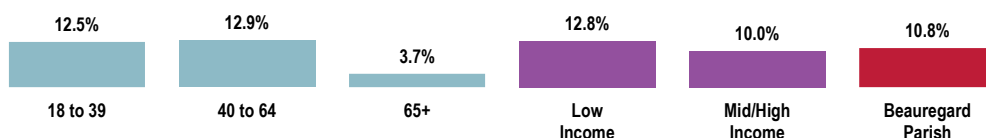
- 2024 PRC Community Health Survey, PRC, Inc. [Item 31]
- 2023 PRC National Health Survey, PRC, Inc.

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.



Unhealthy or Unsafe Housing Conditions in the Past Year (Beauregard Parish, 2024)

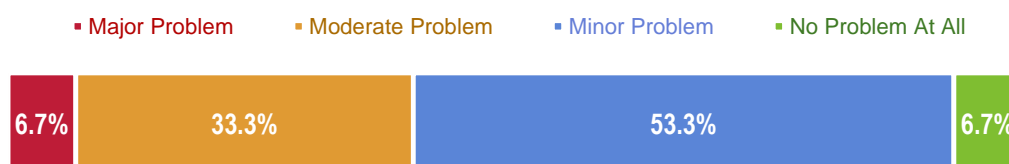


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 31]
 Notes: • Asked of all respondents.
 • Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Key Informant Input: Social Determinants of Health

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

Perceptions of Social Determinants of Health as a Problem in the Community (Among Key Informants; Beauregard Parish, 2024)



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

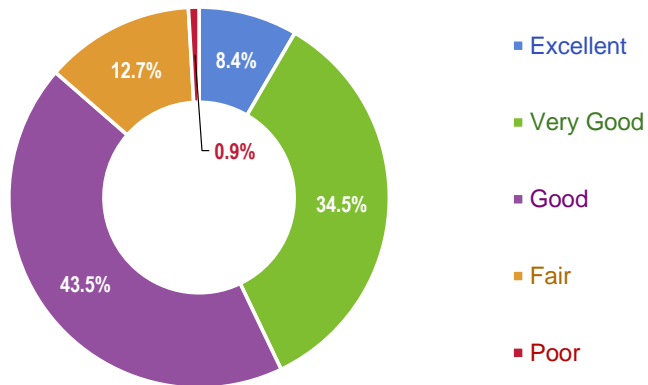


HEALTH STATUS

Overall Health

PRC SURVEY ► “Would you say that in general your health is: excellent, very good, good, fair, or poor?”

Self-Reported Health Status
(Beauregard Parish, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 3]
Notes: • Asked of all respondents.

Experience “Fair” or “Poor” Overall Health

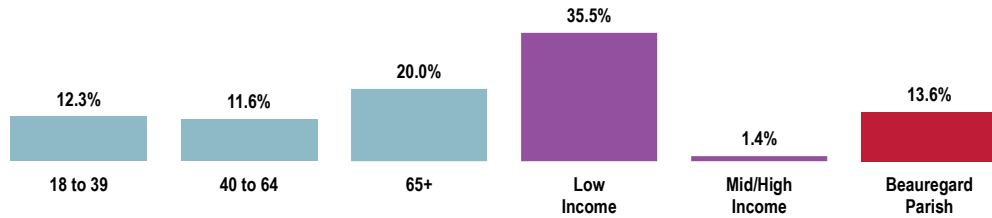
Beauregard Parish



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 3]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Experience “Fair” or “Poor” Overall Health (Beauregard Parish, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 3]
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.

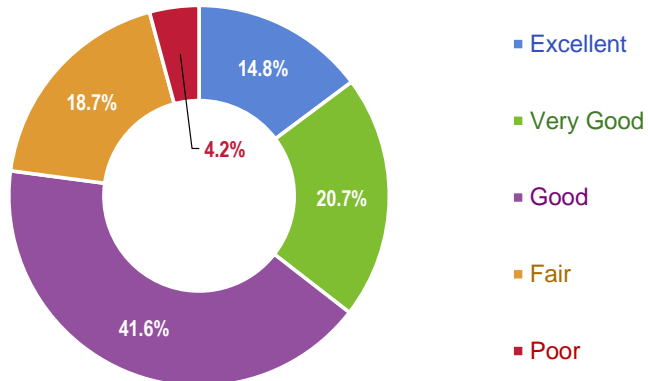
In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening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

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

Mental Health Status

PRC SURVEY ► “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?”

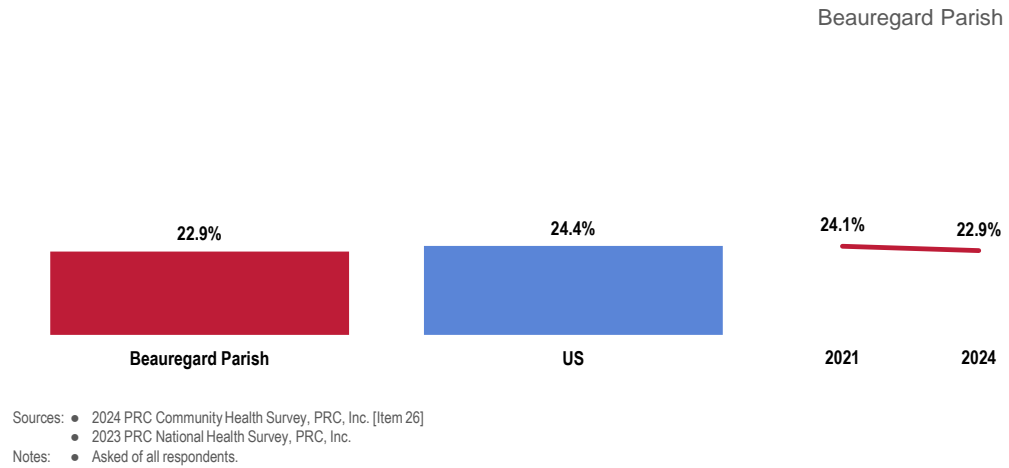
Self-Reported Mental Health Status
(Beauregard Parish, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 26]
Notes: • Asked of all respondents.



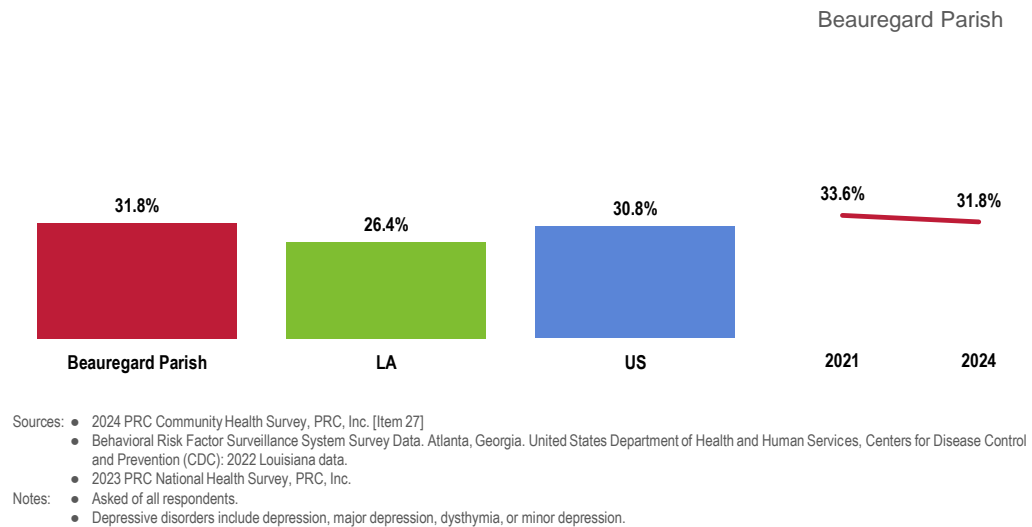
Experience “Fair” or “Poor” Mental Health



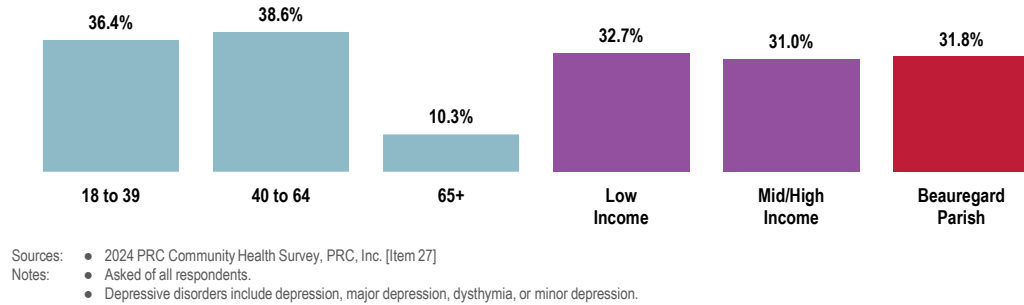
Diagnosed Depression

PRC SURVEY ▶ “Has a doctor, nurse, or other health 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



Have Been Diagnosed With a Depressive Disorder (Beauregard Parish, 2024)



Suicide

The following chart outlines the most current age-adjusted mortality rates attributed to suicide in our population. [PARISH-LEVEL DATA]

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

Healthy People 2030 = 12.8 or Lower



	2011-2015	2016-2020
Beauregard Parish	12.5	13.3
LA	13.4	14.7
US	12.8	13.2

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.
 US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>



AGE-ADJUSTED DEATH RATES

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

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 2030 objectives.

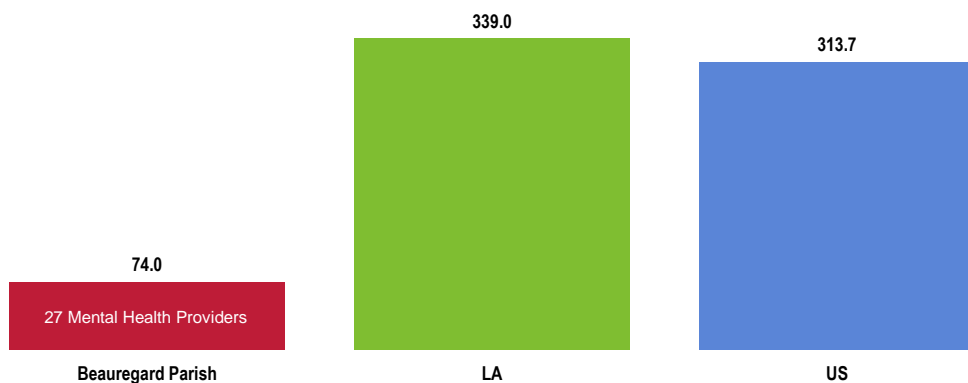
Note that deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Mental Health Treatment

Access to Mental Health Providers

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

Number of Mental Health Providers per 100,000 Population
(2023)



- Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 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 counselors that specialize in mental health care.

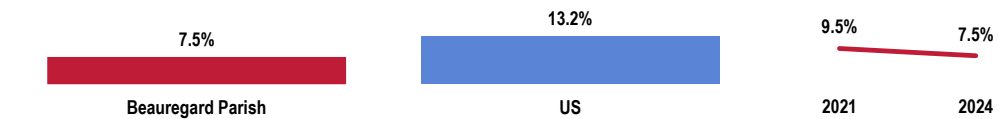


Difficulty Accessing Mental Health Care

PRC SURVEY ► “Was there a time in the past 12 months when you needed mental health services but were not able to get them?”

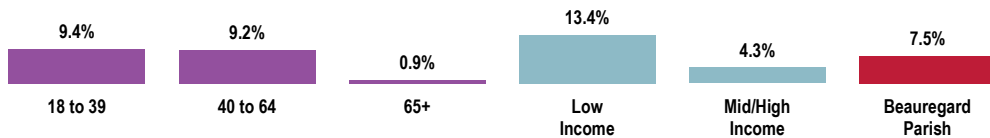
Unable to Get Mental Health Services When Needed in the Past Year

Beauregard Parish



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 28]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Unable to Get Mental Health Services When Needed in the Past Year (Beauregard Parish, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 28]
Notes: • Asked of all respondents.



Key Informant Input: Mental Health

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

Perceptions of Mental Health as a Problem in the Community (Among Key Informants; Beauregard Parish, 2024)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

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

Access to Care/Services

Access to care. – Physician

There are really no mid-term or long-term treatment facilities in our area. – Community Leader

No mental health facilities or physicians to address issues related to mental health. Statewide problem. – Community Leader

Diagnosis/Treatment

Diagnosis and treatment, especially for teens and children. – Community Leader

Lack of Providers

There is a severe shortage of mental health providers. There are zero providers of buprenorphine for substance use disorder in the parish (which is standard of care). Mental health challenges, particularly anxiety and depression, are becoming increasingly prevalent in youth. – Public Health Representative

Transportation

Transportation to appointments, inadequate support networks, and instability with housing. – Health Care Provider



DEATH, DISEASE & CHRONIC CONDITIONS

Cardiovascular Disease

ABOUT HEART DISEASE & STROKE

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

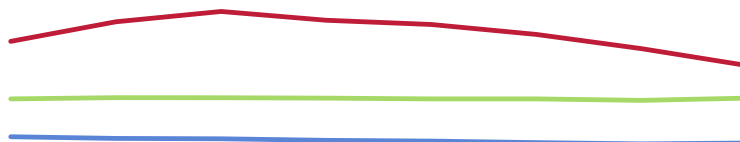
In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they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

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

Age-Adjusted Heart Disease & Stroke Deaths

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

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



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Beauregard Parish	276.8	298.1	309.7	300.1	295.2	284.1	268.6	250.0
LA	213.2	214.5	214.2	213.8	213.2	213.2	211.5	213.8
US	171.3	169.6	168.9	167.5	166.3	164.7	163.4	164.4

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.

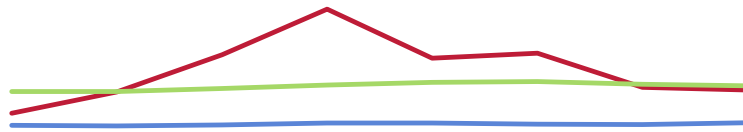
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

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



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

Healthy People 2030 = 33.4 or Lower



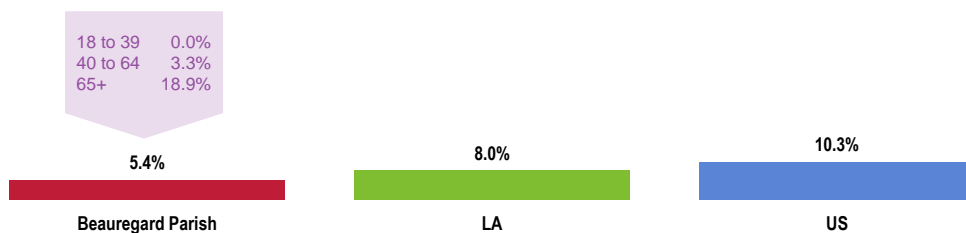
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Beauregard Parish	39.7	44.4	52.6	62.7	51.9	53.0	45.4	44.8
LA	44.5	44.5	45.2	45.9	46.5	46.7	46.1	45.8
US	37.0	36.9	37.1	37.5	37.5	37.3	37.2	37.6

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Prevalence of Heart Disease & Stroke

PRC SURVEY ► “Have you ever suffered from or been diagnosed with heart disease, including heart attack or myocardial infarction, angina, or coronary heart disease?”

Prevalence of Heart Disease



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 12]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Louisiana data.
• 2023 PRC National Health Survey, PRC, Inc.

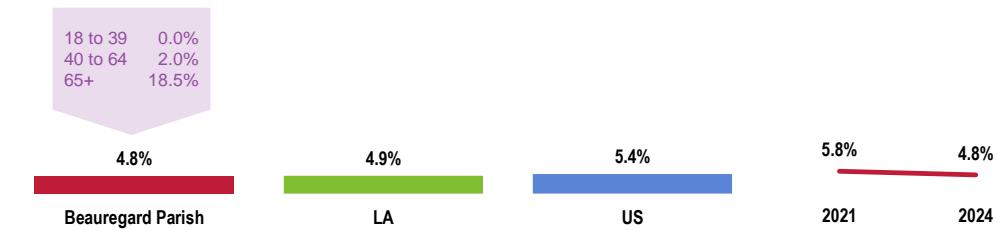
Notes: • Asked of all respondents.
• Includes diagnoses of heart attack, angina, or coronary heart disease.



PRC SURVEY ► “Have you ever suffered from or been diagnosed with a stroke?”

Prevalence of Stroke

Beauregard Parish



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 13]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Cardiovascular Risk Factors

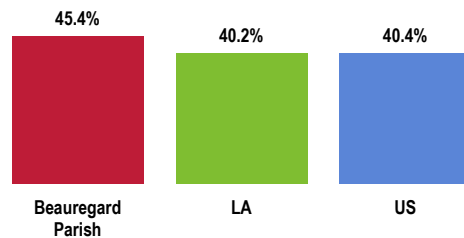
Blood Pressure & Cholesterol

PRC SURVEY ► “Have you ever suffered from or been diagnosed with high blood pressure?”

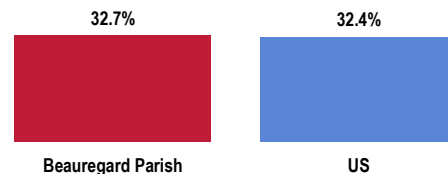
PRC SURVEY ► “Have you ever suffered from or been diagnosed with high blood cholesterol?”

Prevalence of High Blood Pressure

Healthy People 2030 = 42.6% or Lower



Prevalence of High Blood Cholesterol



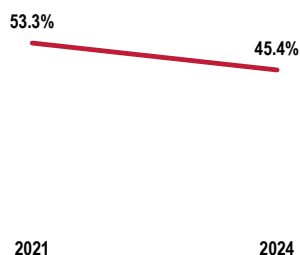
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 14-15]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
 • 2023 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Asked of all respondents.

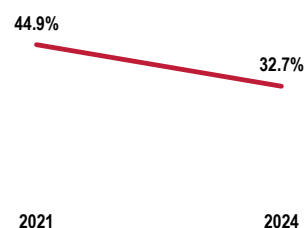


Prevalence of High Blood Pressure (Beauregard Parish)

Healthy People 2030 = 42.6% or Lower



Prevalence of High Blood Cholesterol (Beauregard Parish)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 14-15]
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
 Notes: • Asked of all respondents.

Total Cardiovascular Risk

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

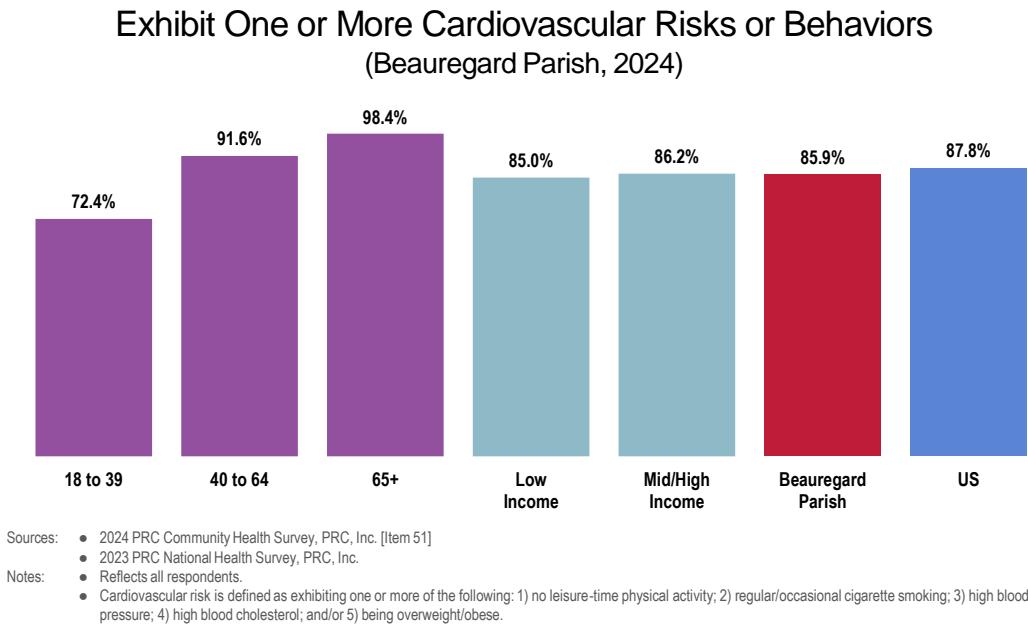
- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

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



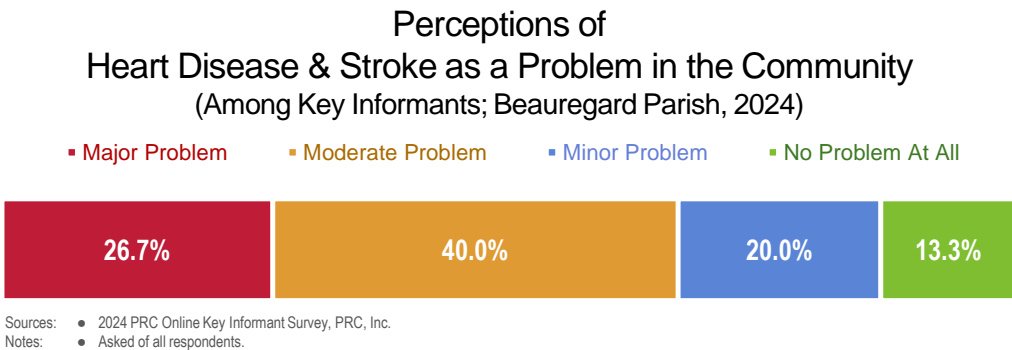
RELATED ISSUE
See also *Nutrition, Physical Activity & Weight and Tobacco Use* in the **Modifiable Health Risks** section of this report.

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



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:



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

Incidence/Prevalence

Very common issue, and time is of the essence when treatment is needed. – Community Leader

Leading Cause of Death

Heart disease is the number one cause of death in Beauregard Parish. Many people have chronic underlying conditions (such as hypertension, obesity, and diabetes) that are silent and go undetected. Cardiovascular disease deaths can be preventable, so there is much room for improvement. – Public Health Representative



Lifestyle

The culture and diet, smoking, sedentary lifestyles. – Health Care Provider

Nutrition

I think our normal style of cooking and eating leads to obesity, and that leads to heart disease and diabetes. I would expect our rates of both to be higher than average. – Community Leader

Cancer

ABOUT CANCER

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

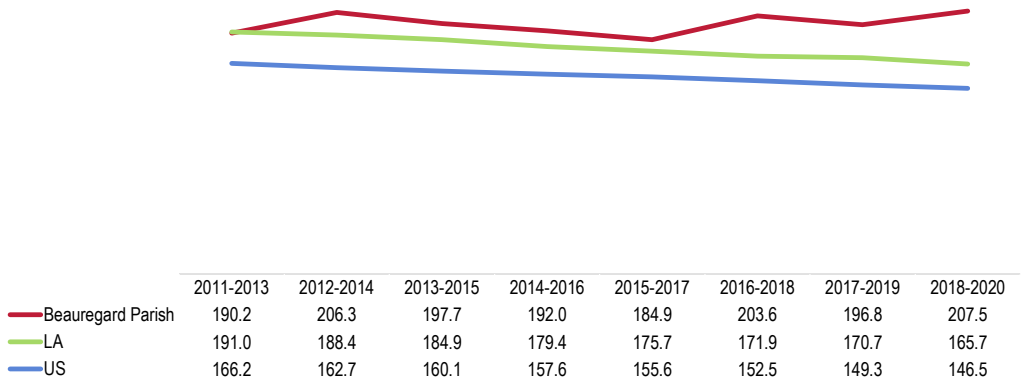
Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote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

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

Age-Adjusted Cancer Deaths

The following chart illustrates age-adjusted cancer mortality (all types) in Beauregard Parish. [PARISH-LEVEL DATA]

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



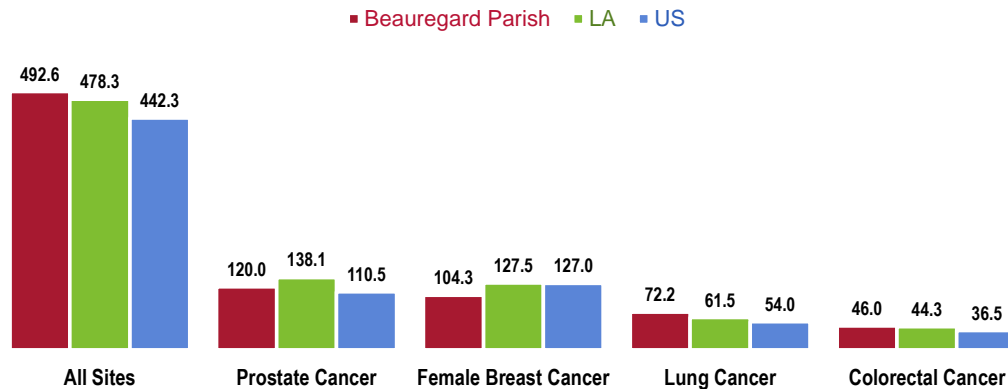
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>



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. [PARISH-LEVEL DATA]

Cancer Incidence Rates by Site
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2016-2020)

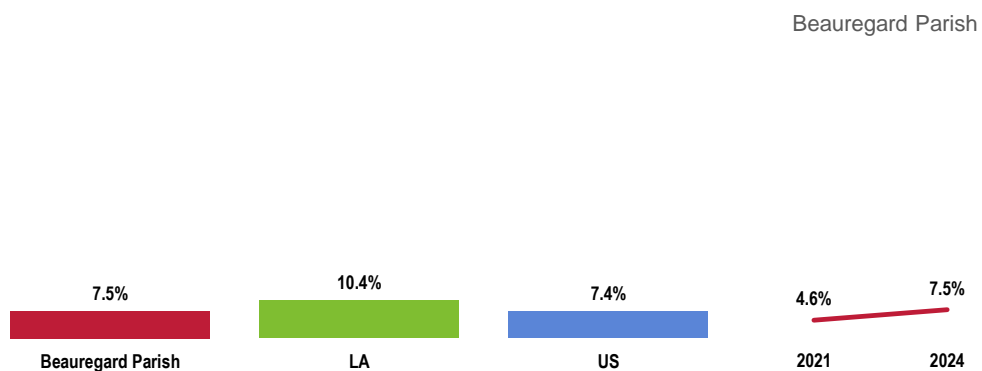


Sources: • National Cancer Institute, State Cancer Profiles.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).
Notes: • This indicator reports the age-adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population.

Prevalence of Cancer

PRC SURVEY ► “Have you ever suffered from or been diagnosed with cancer?”

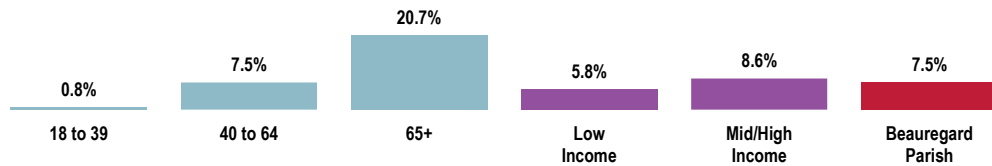
Prevalence of Cancer



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 17]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Prevalence of Cancer (Beauregard Parish, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 17]
Notes: • Asked of all respondents.

Mammograms

FEMALE BREAST CANCER

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

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

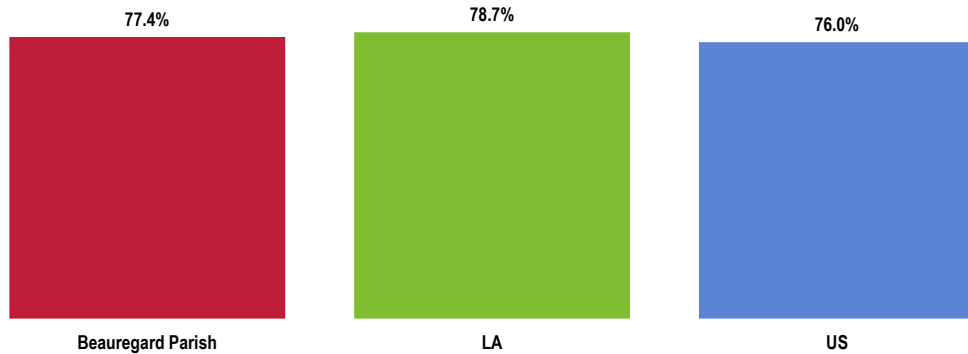
Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

The following indicator outlines the percentage of women age 50 to 74 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. [PARISH-LEVEL DATA]



Mammogram in Past Two Years (Women 50 to 74; 2022)

Healthy People 2030 = 80.5% or Higher

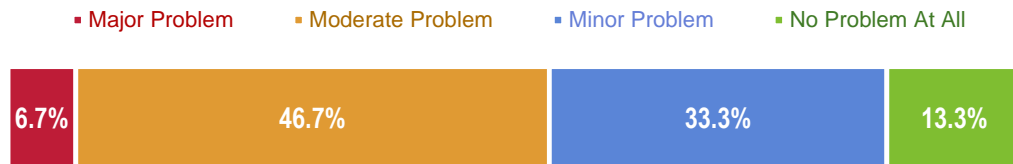


Sources: • Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Key Informant Input: Cancer

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

Perceptions of Cancer as a Problem in the Community (Among Key Informants; Beauregard Parish, 2024)



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

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

Incidence/Prevalence

It seems to be more and more common, and people in our parish have to travel for treatment. – 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.

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

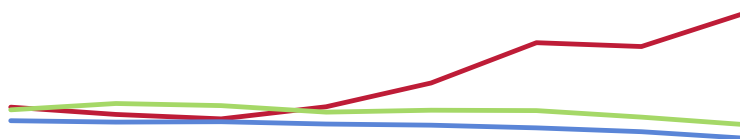
Note that this section also includes data relative to COVID-19 (coronavirus disease).

Lung Disease Deaths

The mortality rate for lung disease in Beauregard Parish is summarized below, in comparison with Louisiana and national rates. [PARISH-LEVEL DATA]

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

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



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Beauregard Parish	45.0	43.4	42.4	45.1	50.3	59.2	58.4	65.9
LA	44.4	45.8	45.3	43.9	44.3	44.2	42.8	41.1
US	42.0	41.7	41.8	41.3	41.0	40.4	39.6	38.1

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.

Notes: • Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.
• Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.



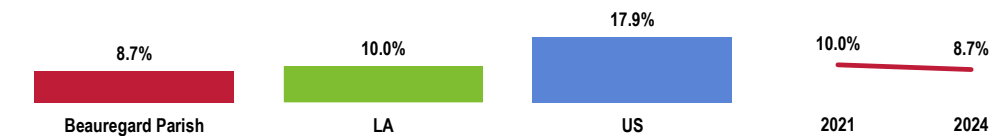
Prevalence of Respiratory Disease

Asthma

PRC SURVEY ► “Do you currently have asthma?”

Prevalence of Asthma

Beauregard Parish



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 10]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
• 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Chronic Obstructive Pulmonary Disease (COPD)

PRC SURVEY ► “Have you ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema?”

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

Beauregard Parish



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 11]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
• 2023 PRC National Health Survey, PRC, Inc.

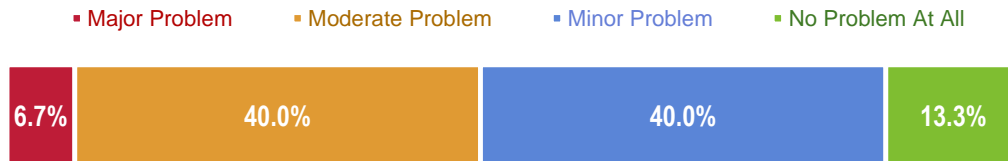
Notes: • Asked of all respondents.
• Includes conditions such as chronic bronchitis and emphysema.



Key Informant Input: Respiratory Disease

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

Perceptions of Respiratory Disease as a Problem in the Community (Among Key Informants; Beauregard Parish, 2024)



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

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

Tobacco Use

Smoking. – Health Care 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>)

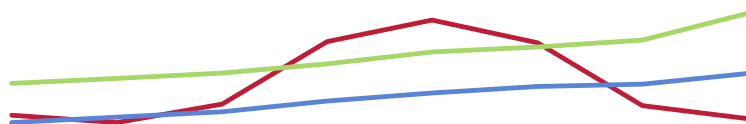
Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

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

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

Healthy People 2030 = 43.2 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.

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

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

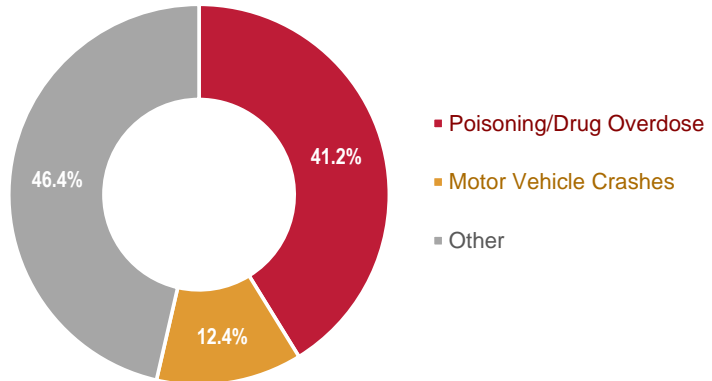
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.



Leading Causes of Unintentional Injury Deaths

The leading causes of unintentional injury deaths in Beauregard Parish are shown below. [PARISH-LEVEL DATA]

Leading Causes of Unintentional Injury Deaths (Beauregard Parish, 2018-2020)



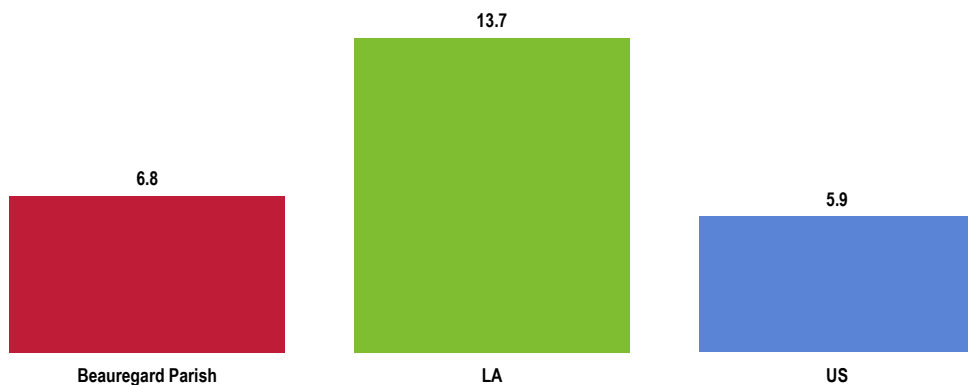
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

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

Homicide: Age-Adjusted Mortality (2011-2020 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 5.5 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.

Notes: • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
• Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

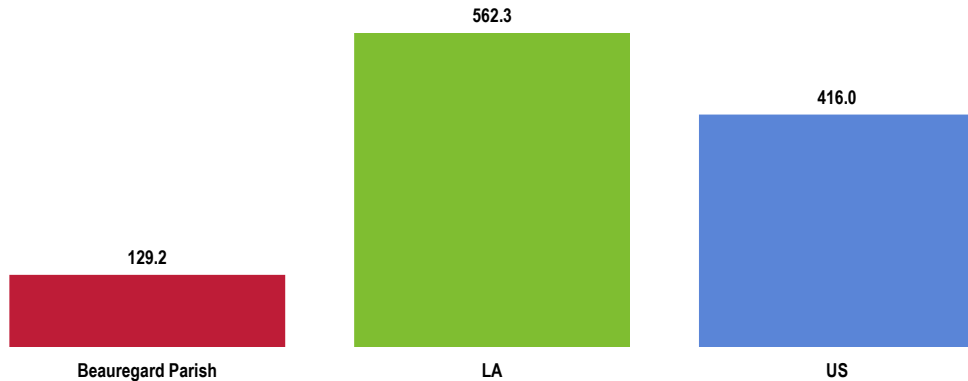


Violent Crime

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. [PARISH-LEVEL DATA]

Violent Crime Rate
(Reported Offenses per 100,000 Population, 2015-2017)

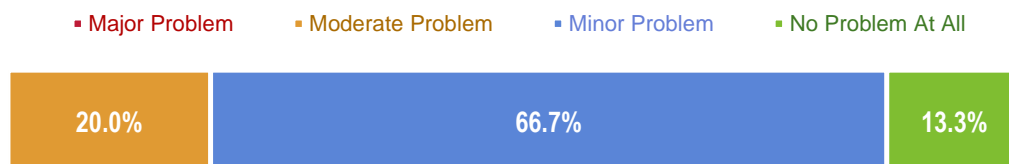


- Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports (UCR).
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, forcible rape, robbery, and aggravated assault.
 - 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:

Perceptions of Injury & Violence as a Problem in the Community
(Among Key Informants; Beauregard Parish, 2024)



- Sources:
- 2024 PRC Online Key Informant Survey, PRC, Inc.
- Notes:
- Asked of all respondents.



Diabetes

ABOUT DIABETES

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

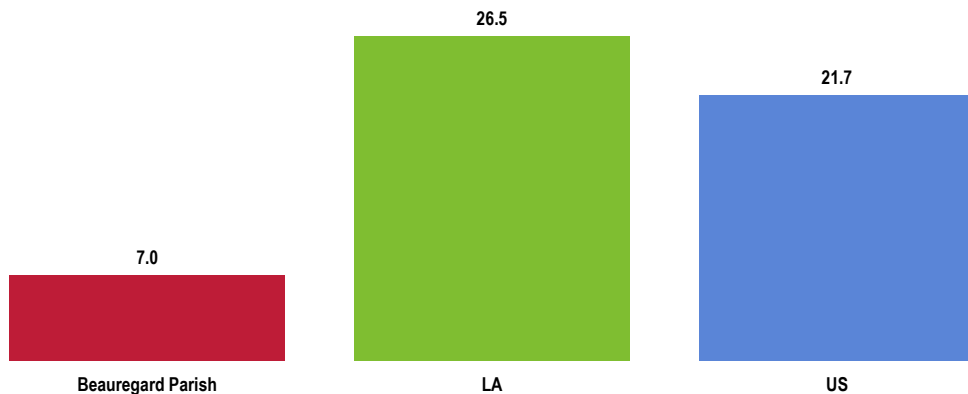
Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity,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

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

Age-Adjusted Diabetes Deaths

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

Diabetes: Age-Adjusted Mortality
(2011-2020 Annual Average Deaths per 100,000 Population)



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.

Notes:

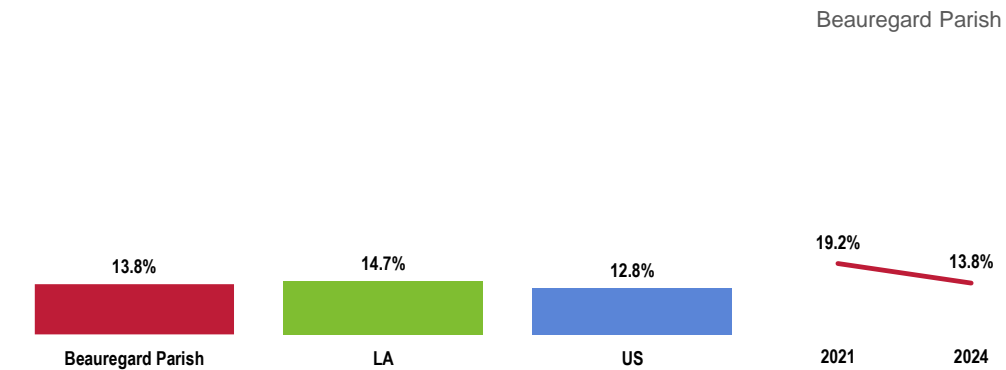
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.



Prevalence of Diabetes

PRC SURVEY ► “Have you ever suffered from or been diagnosed with diabetes, not counting diabetes only occurring during pregnancy?”

Prevalence of Diabetes



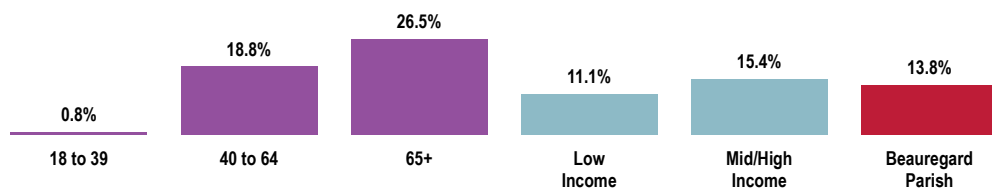
Sources:

- 2024 PRC Community Health Survey, PRC, Inc. [Item 16]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:

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

Prevalence of Diabetes (Beauregard Parish, 2024)



Sources:

- 2024 PRC Community Health Survey, PRC, Inc. [Item 16]

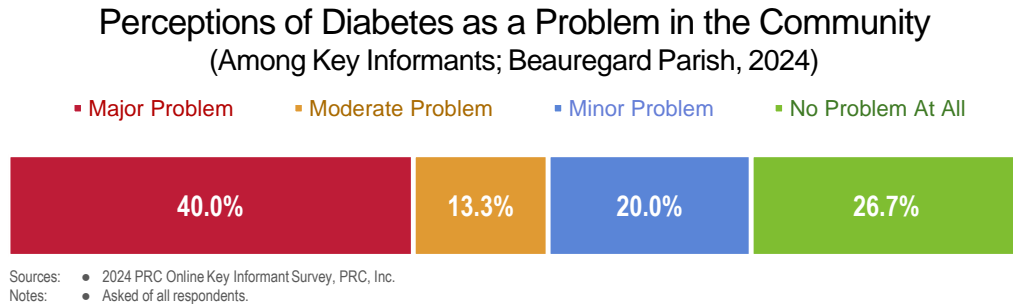
Notes:

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



Key Informant Input: Diabetes

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



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

Nutrition

- Food insecurity, transportation, education deficits. – Health Care Provider
- The typical diet of our community leads to many people being overweight, and our residents don't exercise enough. – Community Leader
- Food culture, education. – Public Health Representative

Awareness/Education

- Knowledge and access to treatment and medications. – Community Leader

Lifestyle

- Lifestyle factors, such as diet, exercise, and education around the disease. – Community Leader

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.

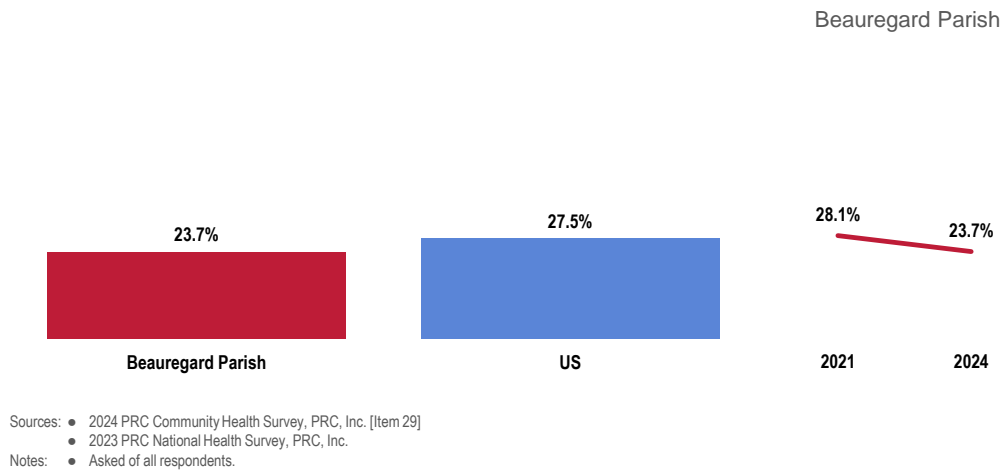
– Healthy People 2030 (<https://health.gov/healthypeople>)



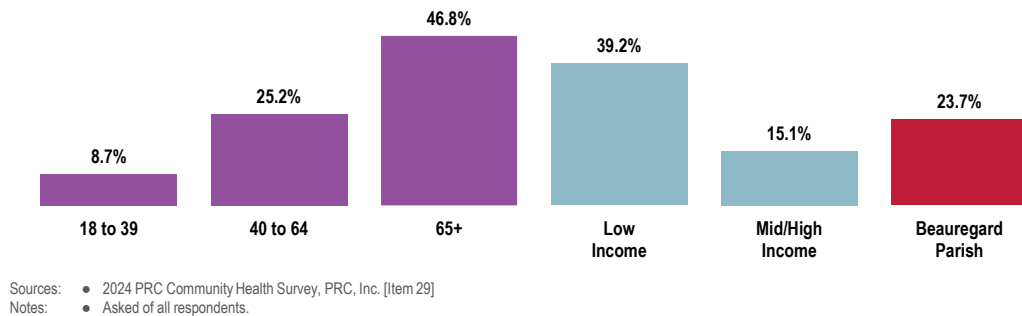
Activity Limitations

PRC SURVEY ▶ “Are you limited in any way in any activities because of physical, mental, or emotional problems?”

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



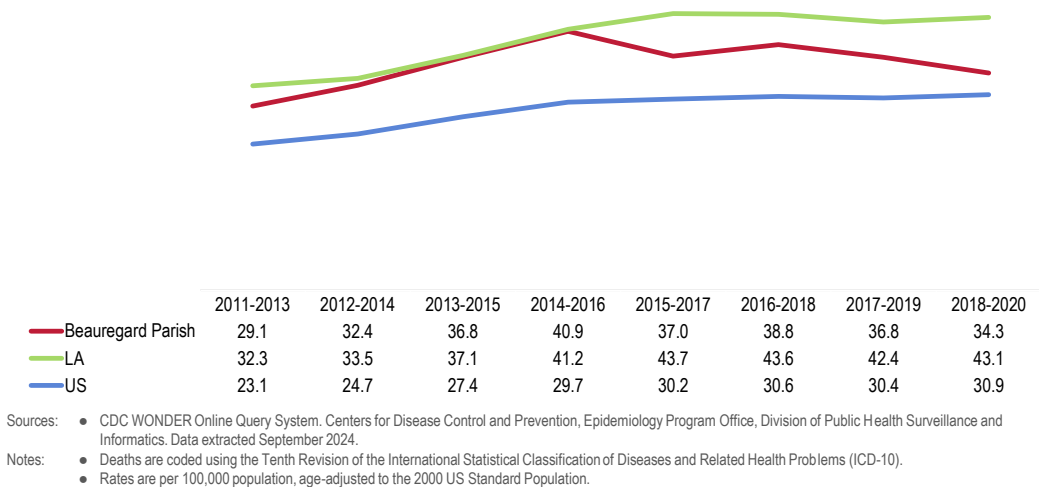
Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem (Beauregard Parish, 2024)



Age-Adjusted Alzheimer's Disease Deaths

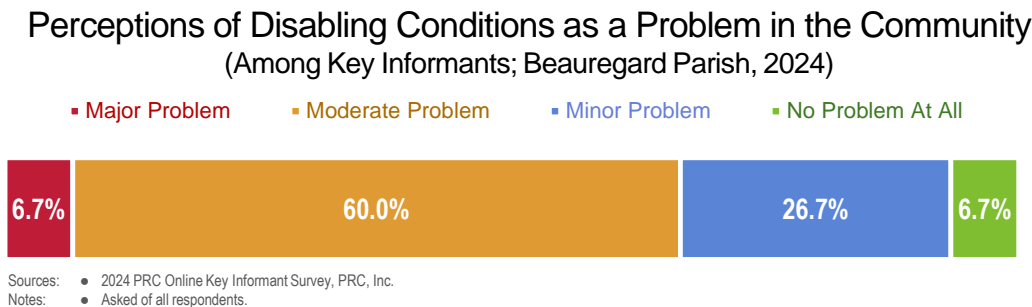
Age-adjusted mortality attributed to Alzheimer's Disease is shown in the following chart. [PARISH-LEVEL DATA]

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



Key Informant Input: Disabling Conditions

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



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.

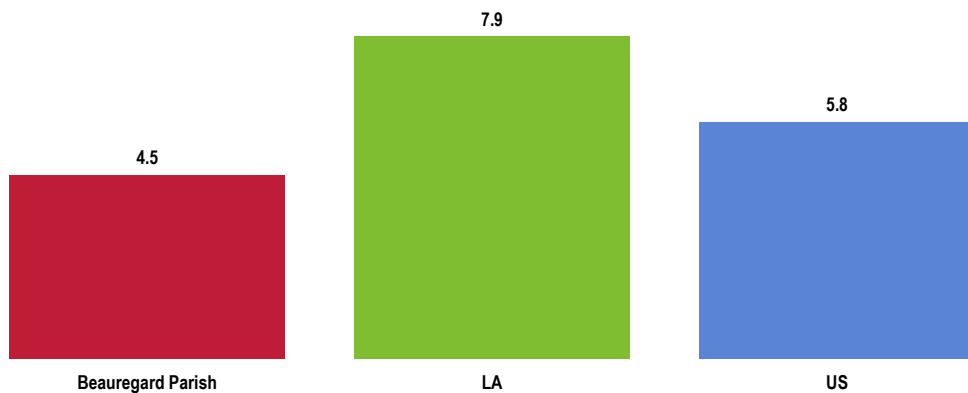
– Healthy People 2030 (<https://health.gov/healthypeople>)

Birth Outcomes

Infant Mortality

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

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2011-2020)
Healthy People 2030 = 5.0 or Lower



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted September 2024.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

- This indicator reports deaths of children under 1 year old per 1,000 live births.



Family Planning

ABOUT FAMILY PLANNING

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

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

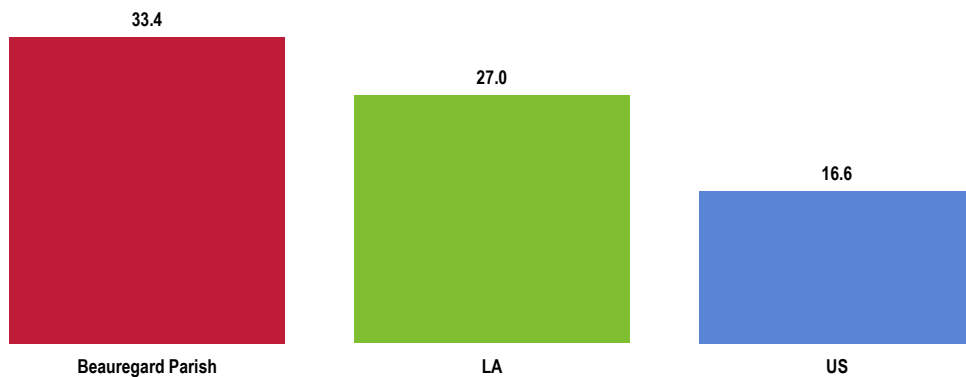
– Healthy People 2030 (<https://health.gov/healthypeople>)

Births to Adolescent Mothers

The following chart outlines the teen birth rate in Beauregard Parish, 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. [PARISH-LEVEL DATA]

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

Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2016-2022)



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).

Notes:

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



Key Informant Input: Infant Health & Family Planning

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

Perceptions of Infant Health & Family Planning as a Problem in the Community (Among Key Informants; Beauregard Parish, 2024)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • 2024 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.

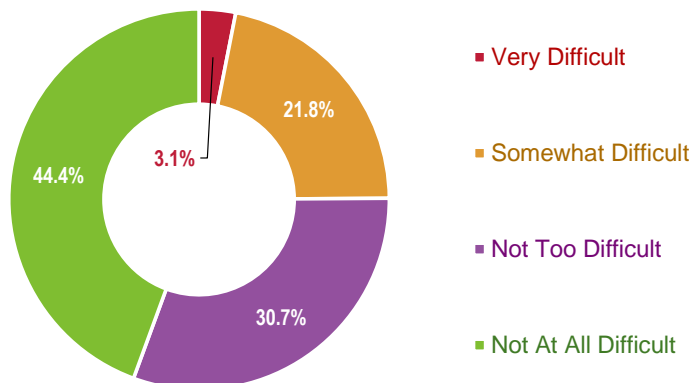
Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

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

Difficulty Accessing Fresh Produce

PRC SURVEY ► “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?”

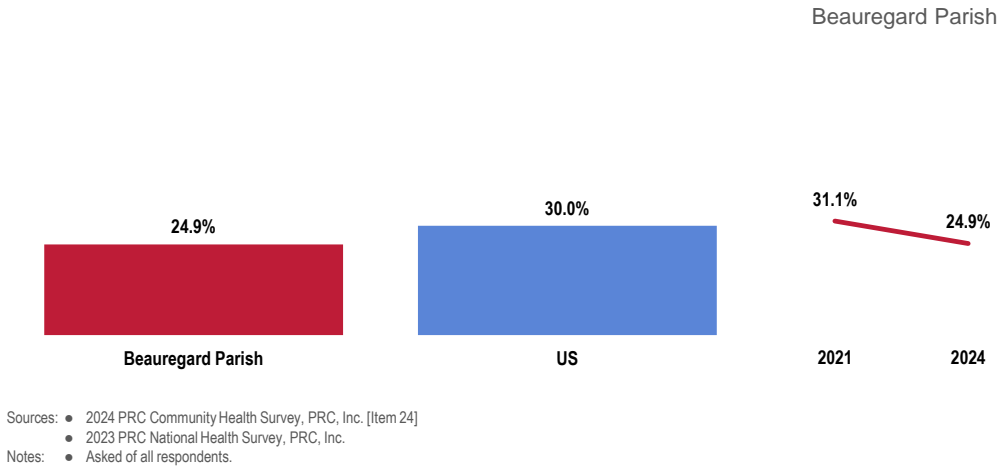
Level of Difficulty Finding Fresh Produce at an Affordable Price
(Beauregard Parish, 2024)



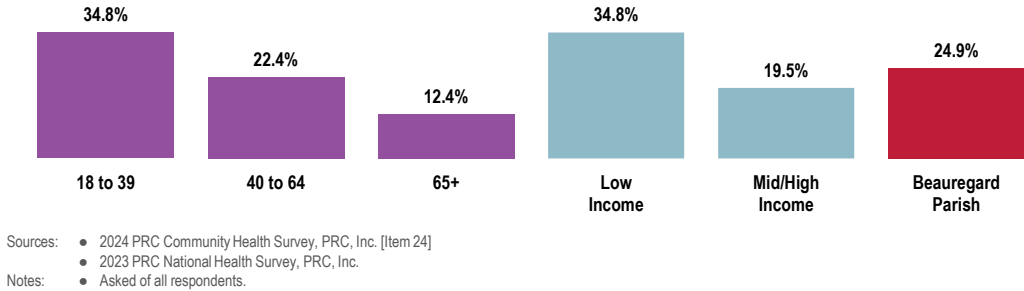
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 24]
Notes: • Asked of all respondents.



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



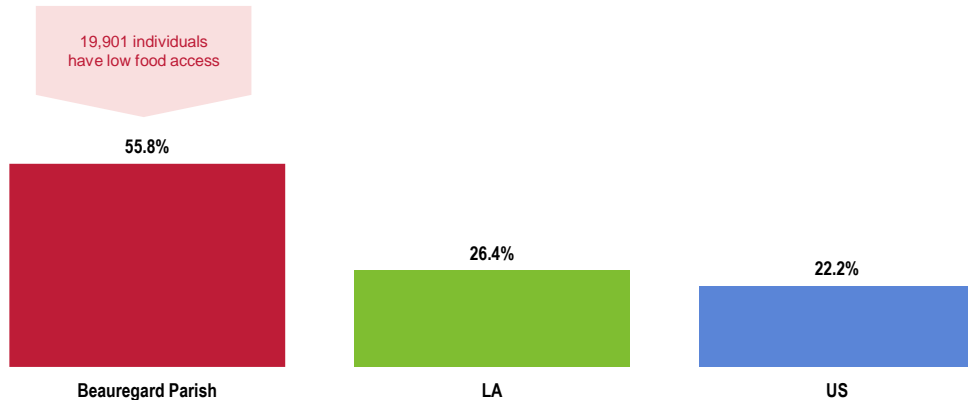
Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Beauregard Parish, 2024)



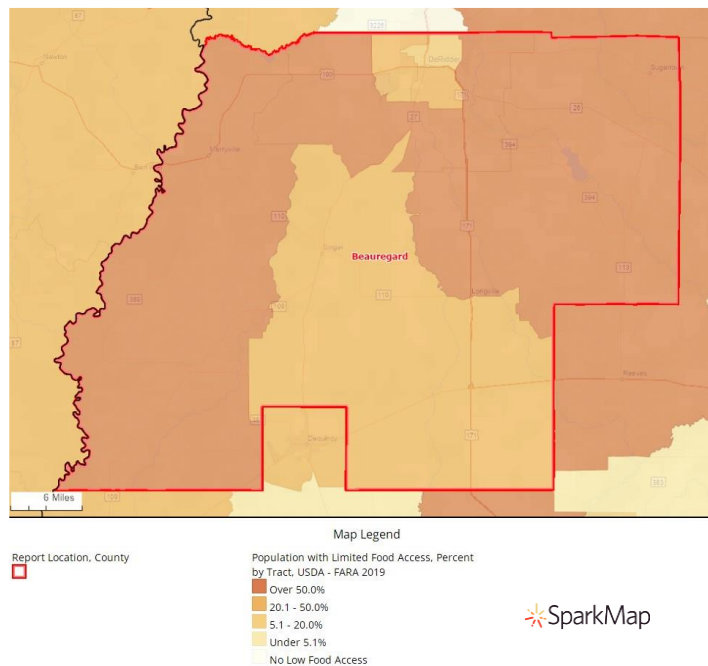
Low Food Access

Low food access is defined as living more than one mile from the nearest supermarket, supercenter, or large grocery store for urban census tracts, and 10 miles for rural ones. This related chart is based on US Department of Agriculture data. [PARISH-LEVEL DATA]

Population With Low Food Access (2019)



- Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).
- Notes:
- Low food access is defined as living more than 1 mile from the nearest supermarket, supercenter, or large grocery store for urban census tracts, and 10 miles for rural ones.



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

PRC SURVEY ► “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?”

No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.8% or Lower

Beauregard Parish



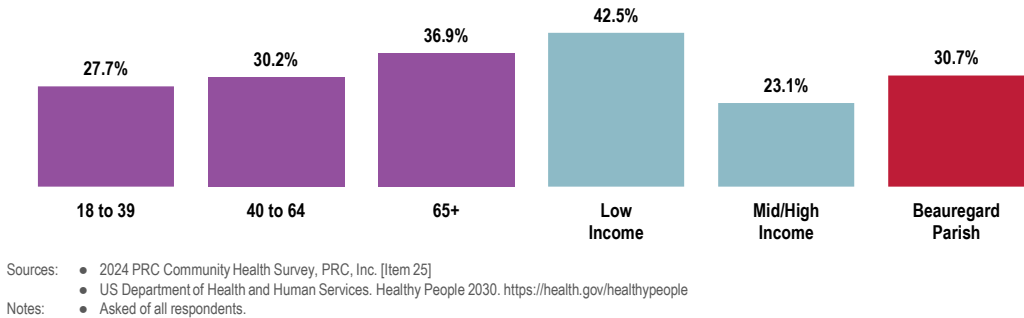
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 25]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
• 2023 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Asked of all respondents.



No Leisure-Time Physical Activity in the Past Month (Beauregard Parish, 2024)

Healthy People 2030 = 21.8% or Lower



Children’s Physical Activity

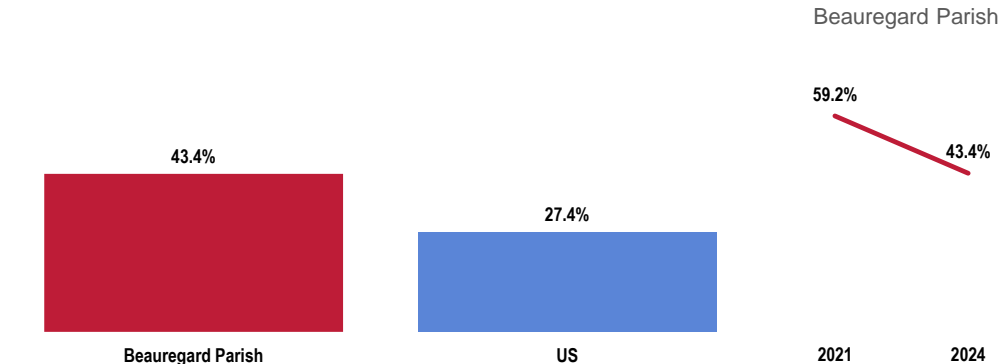
CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

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

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

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



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 47]
• 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents with children age 2 to 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: $[\text{weight (pounds)}/\text{height squared (inches}^2)] \times 703$.

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

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

Adult Weight Status

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

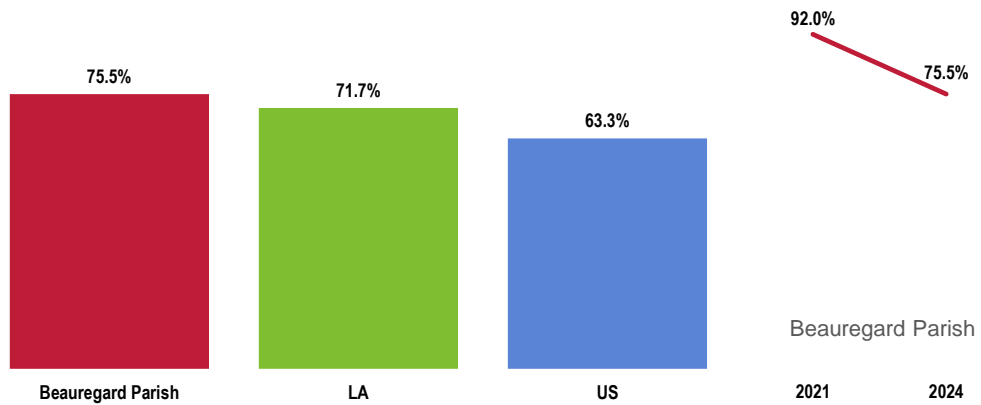
PRC SURVEY ► “About how much do you weigh without shoes?”

PRC SURVEY ► “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)

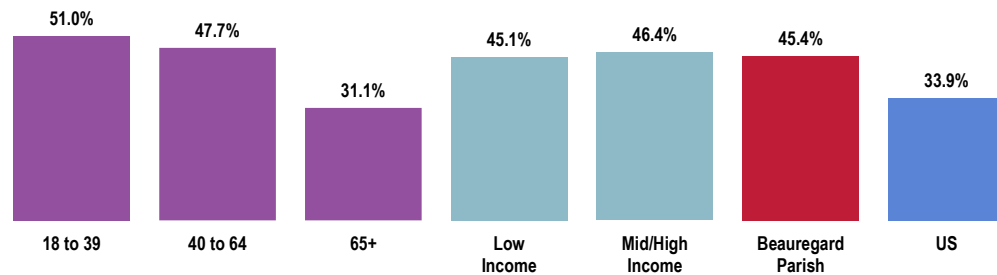


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 53]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
 • 2023 PRC National Health Survey, PRC, Inc.

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

Prevalence of Obesity (Beauregard Parish, 2024)

Healthy People 2030 = 36.0% or Lower



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 53]
 • 2023 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

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

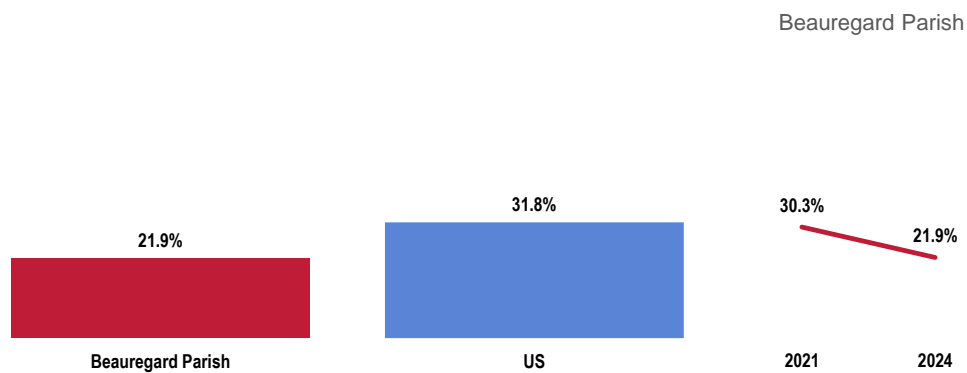
– Centers for Disease Control and Prevention

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

PRC SURVEY ► “How much does this child weigh without shoes?”

PRC SURVEY ► “About how tall is this child?”

Prevalence of Overweight in Children (Children 5 to 17)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 54]

● 2023 PRC National Health Survey, PRC, Inc.

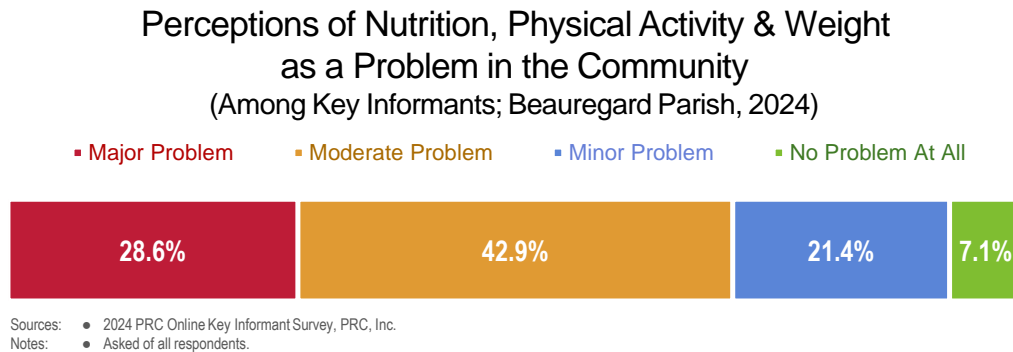
Notes: ● Asked of all respondents with children age 5-17 at home.

● Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.



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:



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

Awareness/Education

- Lack of education, expenses. – Health Care Provider
- Education on diet. – Community Leader

Access to Care/Services

- Not enough programs. – Physician

Lifestyle

- As stated, the way we eat, and the typical types of foods we eat, our lack of exercise, and to some degree I think the weather temperatures cause some people to not want to get outside for physical activity, and many people don't feel comfortable going to a gym. – Community Leader

Substance Use

ABOUT DRUG & ALCOHOL USE

Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

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

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



Alcohol Use

Binge Drinking

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

Engage in Binge Drinking Healthy People 2030 = 25.4% or Lower

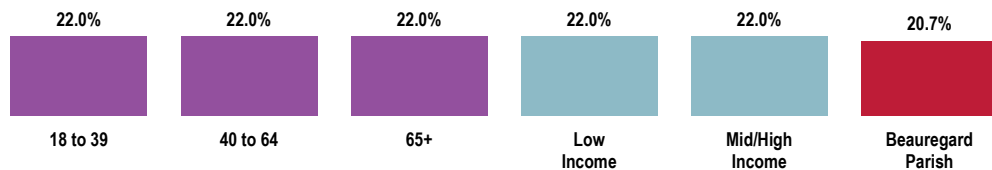
Beauregard Parish



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 21]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
• 2023 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Asked of all respondents.
• Binge drinking reflects the percentage of persons age 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.

Engage in Binge Drinking (Beauregard Parish, 2024) Healthy People 2030 = 25.4% or Lower



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 21]
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Asked of all respondents.
• Binge drinking reflects the percentage of persons age 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.

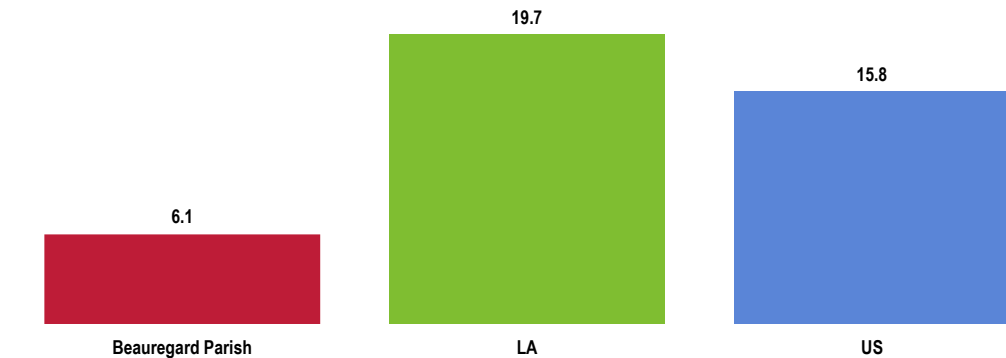


Drug Use

Age-Adjusted Unintentional Drug-Induced Deaths

Unintentional age-adjusted, drug-related mortality is shown in the following chart. [PARISH-LEVEL DATA]

Unintentional Drug-Induced Deaths: Age-Adjusted Mortality (2011-2020 Annual Average Deaths per 100,000 Population)

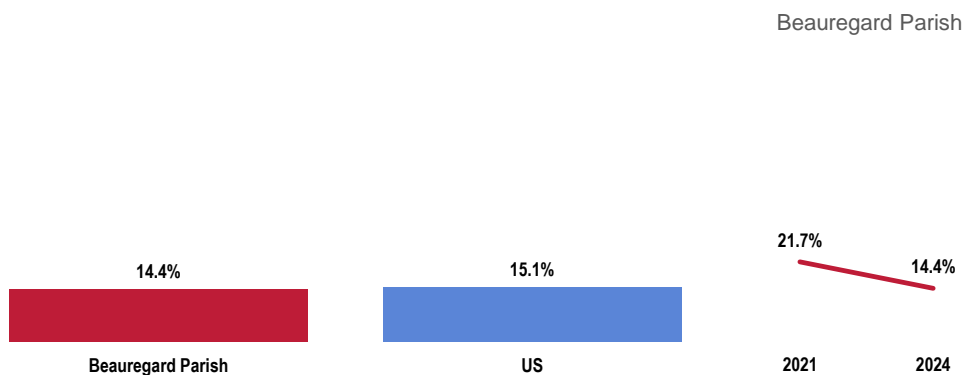


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Use of Prescription Opioids

PRC SURVEY ► “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?”

Used a Prescription Opioid in the Past Year



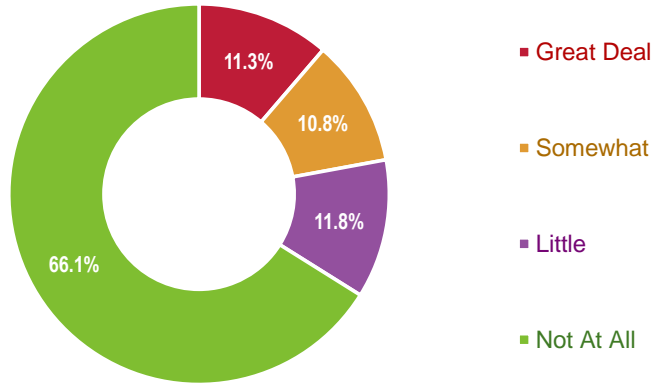
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 22]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Personal Impact From Substance Use

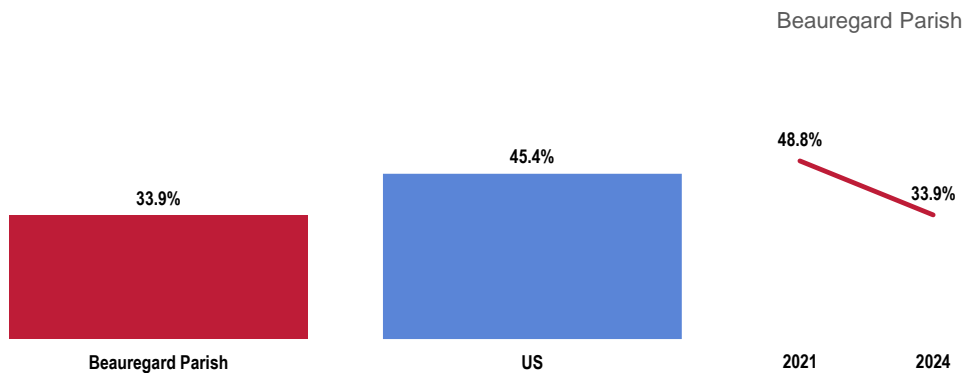
PRC SURVEY ▶ “To what degree has your life been negatively affected by your own or someone else’s substance use issues, including alcohol, prescription, and other drugs? Would you say: a great deal, somewhat, a little, or not at all?”

Degree to Which Life Has Been Negatively Affected by Substance Use (Self or Other’s)
(Beauregard Parish, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 23]
Notes: • Asked of all respondents.

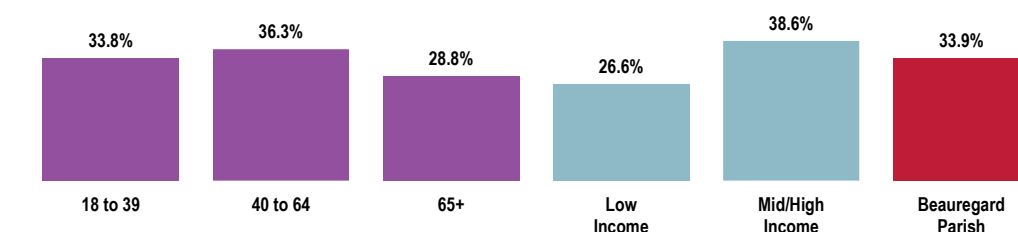
Life Has Been Negatively Affected by Substance Use (by Self or Someone Else)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 23]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Life Has Been Negatively Affected by Substance Use (by Self or Someone Else) (Beauregard Parish, 2024)

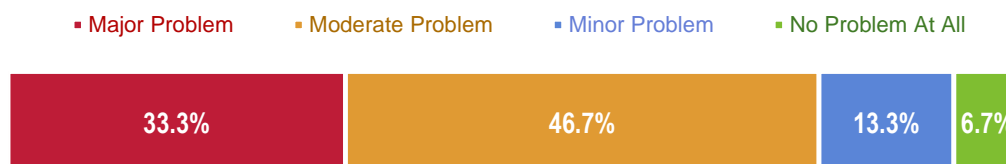


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 23]
Notes: • Asked of all respondents.
• Includes response of "a great deal," "somewhat," or "a little."

Key Informant Input: Substance Use

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

Perceptions of Substance Use as a Problem in the Community (Among Key Informants; Beauregard Parish, 2024)



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

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

Access to Care

No physicians or facilities to treat substance abuse. – Community Leader

There are no MAT prescribers in the entire parish. There is a huge stigma surrounding substance use disorder. – Public Health Representative

Patients committing to treatment, limited treatment centers in town, and transportation. – Health Care Provider

Denial/Stigma

I think many people struggling with addiction either don't see they have a problem and need help, or they aren't ready to accept help. I think the financial reasons are also a contributing factor for some. I also think that many people don't know about what services are available to them. – Community Leader



Tobacco Use

ABOUT TOBACCO USE

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

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

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

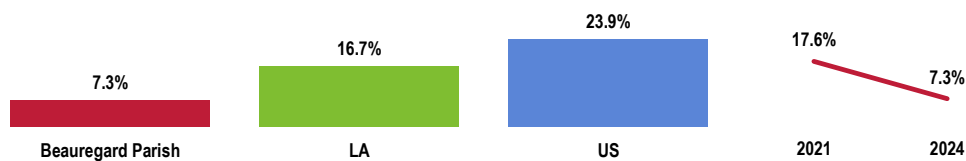
Cigarette Smoking

PRC SURVEY ► **“Do you currently smoke cigarettes every day, some days, or not at all?”**
(“Currently Smoke Cigarettes” includes those smoking “every day” or on “some days.”)

Currently Smoke Cigarettes

Healthy People 2030 = 6.1% or Lower

Beauregard Parish

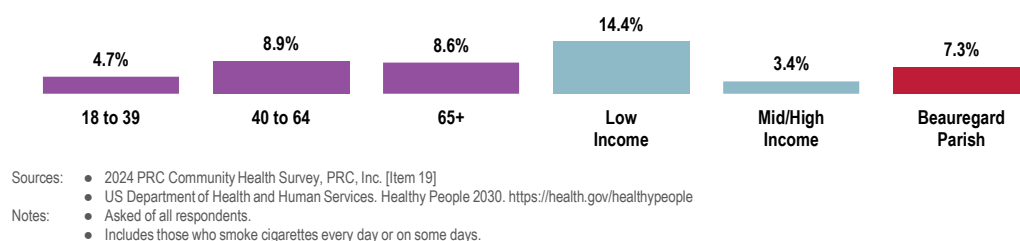


- Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 19]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
 - 2023 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Asked of all respondents.
 - Includes those who smoke cigarettes every day or on some days.



Currently Smoke Cigarettes (Beauregard Parish, 2024)

Healthy People 2030 = 6.1% or Lower

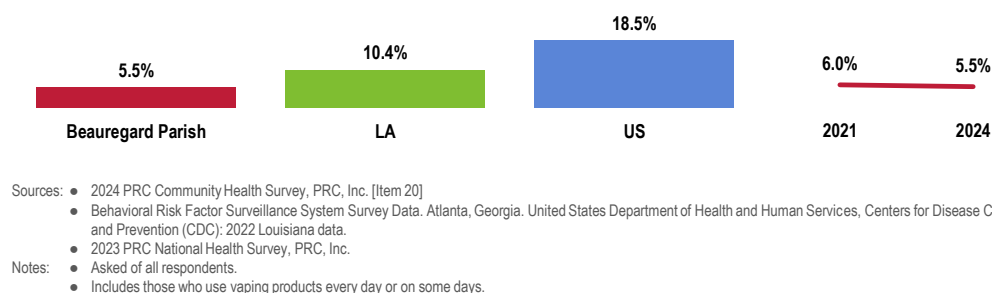


Use of Vaping Products

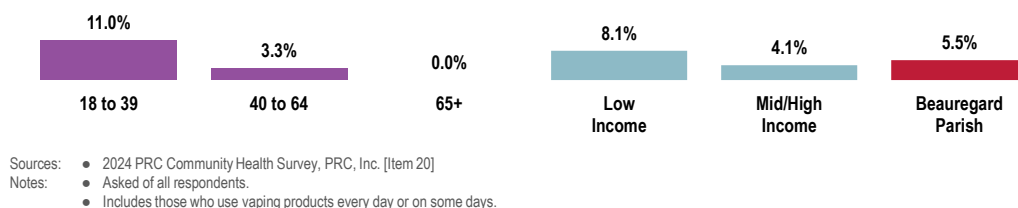
PRC SURVEY ▶ “Electronic vaping products, such as electronic cigarettes, are battery-operated devices that simulate traditional cigarette smoking but do not involve the burning of tobacco. Do you currently use electronic vaping products, such as e-cigarettes, every day, some days, or not at all?”

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

Beauregard Parish



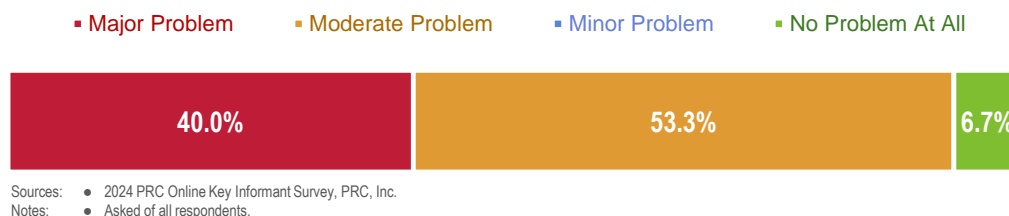
Currently Use Vaping Products (Beauregard Parish, 2024)



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 (Among Key Informants; Beauregard Parish, 2024)



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

Incidence/Prevalence

Visually see people using tobacco products. Stories of those who have cancer related to tobacco use. – Community Leader

Rates of tobacco use in Beauregard Parish are higher than state and national averages. Tobacco use is a major contributor to heart disease, which is the leading killer. In addition, the youth vaping epidemic is creating an entire new generation of people dependent on tobacco. Over half of youth have used e-cigs containing more nicotine than traditional cigarettes. – Public Health Representative

Awareness/Education

Habit, not enough education. – Physician

Co-Morbidities

Smoking can lead to cancer and heart and lung diseases. It seems that our community has a high percentage of smokers. – Community Leader



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).

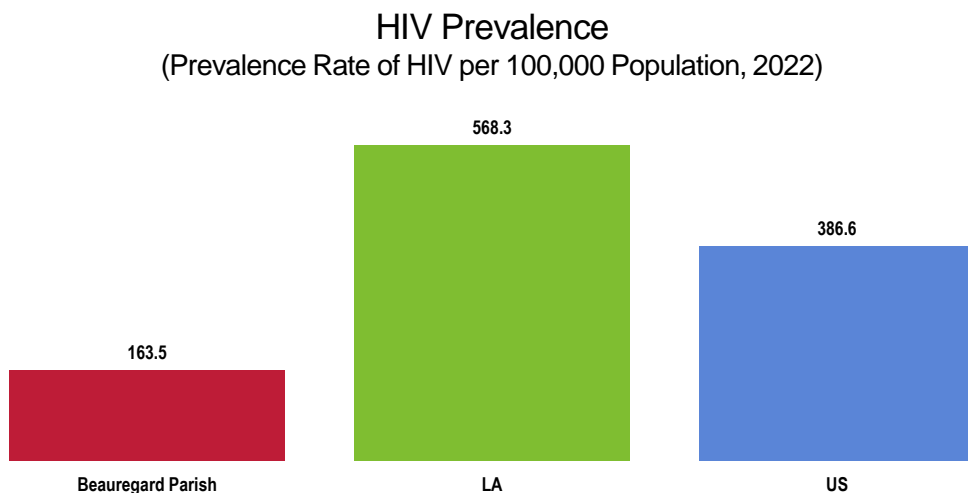
Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

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. [PARISH-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 September 2024 via SparkMap (sparkmap.org).

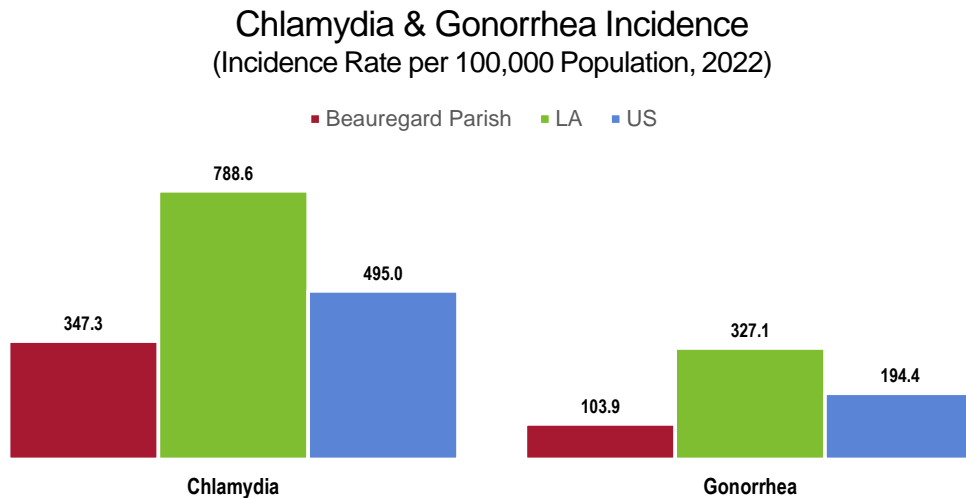


Sexually Transmitted Infections (STIs)

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.

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. [PARISH-LEVEL DATA]



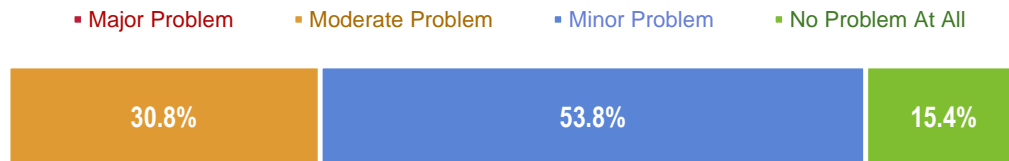
Sources:

- 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 September 2024 via SparkMap (sparkmap.org).

Key Informant Input: Sexual Health

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

Perceptions of Sexual Health as a Problem in the Community (Among Key Informants; Beauregard Parish, 2024)



Sources:

- 2024 PRC Online Key Informant Survey, PRC, Inc.

Notes:

- Asked of all respondents.



ACCESS TO HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. ... People without [health] 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

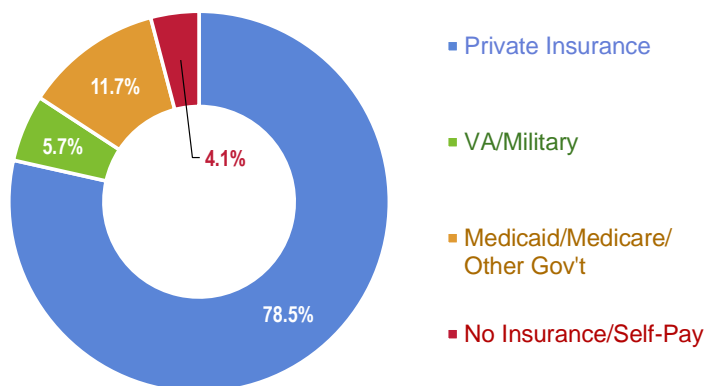
Survey respondents were asked a series of questions to determine their health care insurance coverage, if any, from either private or government-sponsored sources.

PRC SURVEY ► “Do you have any government-assisted health care coverage, such as Medicare, Medicaid, or VA/military benefits?”

PRC SURVEY ► “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 health care services — neither private insurance nor government-sponsored plans.

Health Care Insurance Coverage
(Adults 18 to 64; Beauregard Parish, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 55]
Notes: • Reflects respondents age 18 to 64.



Lack of Health Care Insurance Coverage (Adults 18 to 64)

Healthy People 2030 = 7.6% or Lower

Beauregard Parish



Sources:

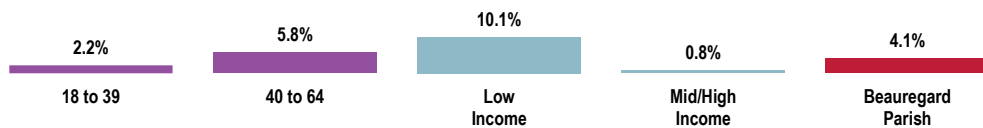
- 2024 PRC Community Health Survey, PRC, Inc. [Item 55]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

- Reflects respondents age 18 to 64.

Lack of Health Care Insurance Coverage (Adults 18 to 64; Beauregard Parish, 2024)

Healthy People 2030 = 7.6% or Lower



Sources:

- 2024 PRC Community Health Survey, PRC, Inc. [Item 55]
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

- Reflects respondents age 18 to 64.



Difficulties Accessing Health Care

Barriers to Health Care Access

To better understand health care 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.

PRC SURVEY ▶ “Was there a time in the past 12 months when you needed to see a doctor, but could not because of the cost?”

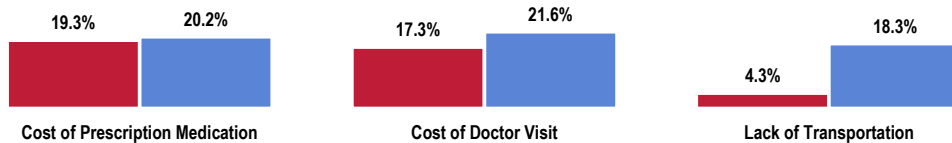
PRC SURVEY ▶ “Was there a time in the past 12 months when you needed a prescription medicine, but did not get it because you could not afford it?”

PRC SURVEY ▶ “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 Prevented Medical Care in the Past Year (Beauregard Parish, 2024)

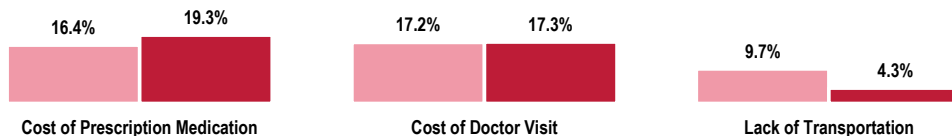
■ Beauregard Parish ■ US



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 5-7]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Barriers to Access Prevented Medical Care in the Past Year (Beauregard Parish)

■ 2021 ■ 2024



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 5-7]
Notes: • Asked of all respondents.



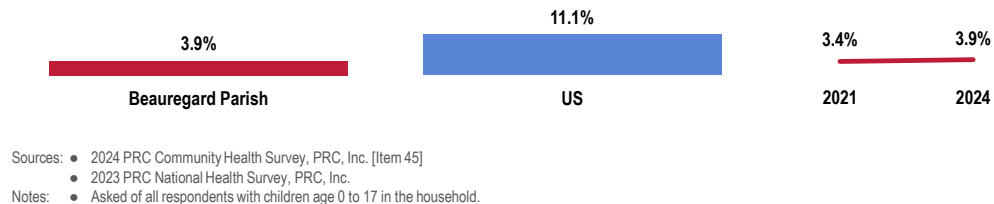
Accessing Health Care for Children

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.

PRC SURVEY ► “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 (Children 0 to 17)

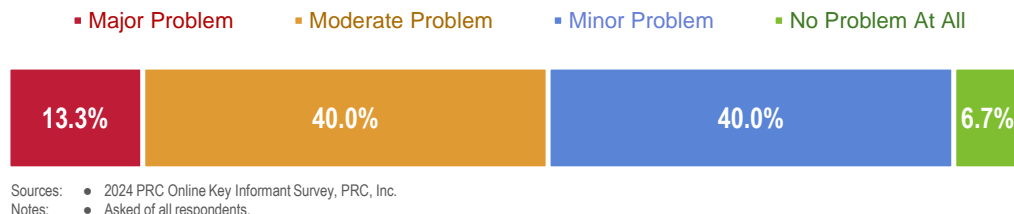
Beauregard Parish



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 (Among Key Informants; Beauregard Parish, 2024)



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

Access to Care/Services

General health care services are covered in our area, but I feel that more serious health conditions, such as heart surgery and cancer surgery, may be more challenging, requiring travel for the necessary care required. – Community Leader

Lack of Providers

Not enough primary care providers. – Physician



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.

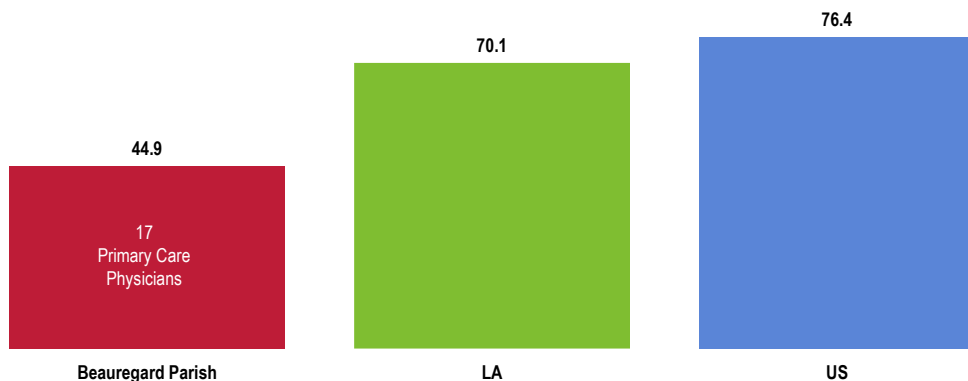
Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

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

Access to Primary Care

The following chart shows the number of active primary care physicians per 100,000 population. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. [PARISH-LEVEL DATA]

Number of Primary Care Physicians per 100,000 Population
(2021)



Sources: • Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 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.

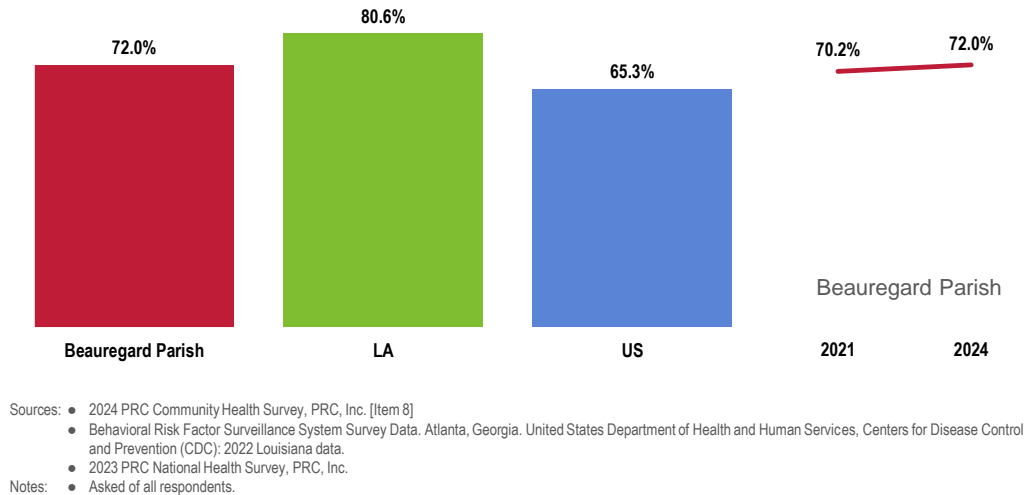


Utilization of Primary Care Services

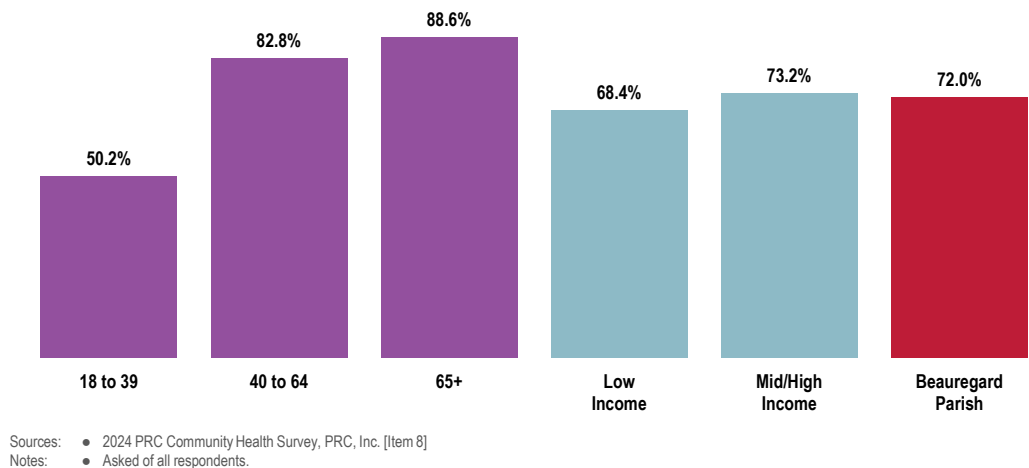
Adults

PRC SURVEY ► “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?”

Have Visited a Physician for a Checkup in the Past Year



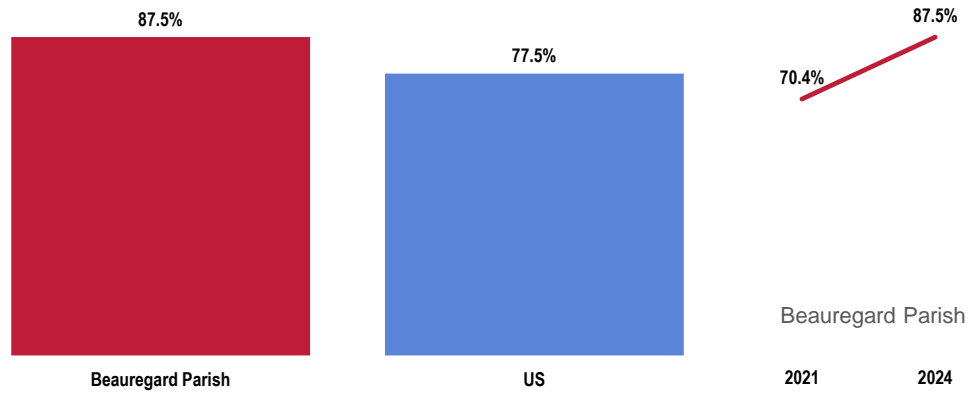
Have Visited a Physician for a Checkup in the Past Year (Beauregard Parish, 2024)



Children

PRC SURVEY ▶ “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?”

Child Has Visited a Physician for a Routine Checkup in the Past Year (Children 0 to 17)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 46]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents with children age 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.

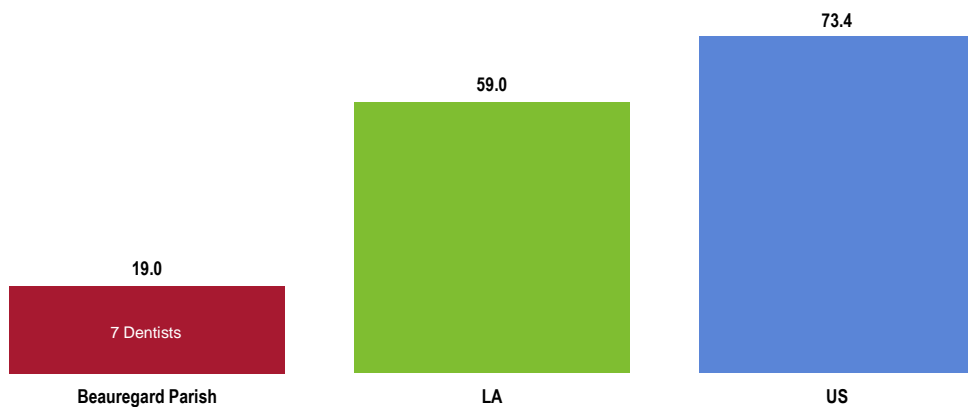
Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching 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 Beauregard Parish. [PARISH-LEVEL DATA]

Number of Dentists per 100,000 Population
(2022)



Sources:

- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 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 (DDS) or dental medicine (DMD) — who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

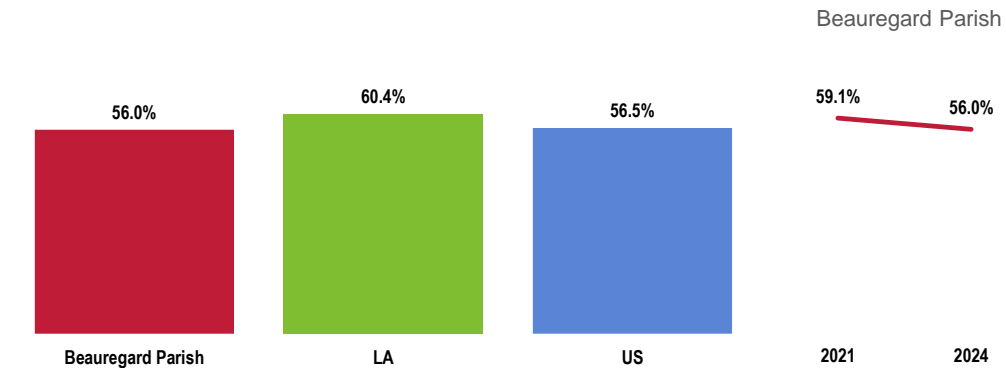


Dental Care

PRC SURVEY ▶ “About how long has it been since you last visited a dentist or a dental clinic for any reason?”

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2030 = 45.0% or Higher



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 9]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Louisiana data.
• 2023 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Asked of all respondents.

Key Informant Input: Oral Health

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

Perceptions of Oral Health as a Problem in the Community (Among Key Informants; Beauregard Parish, 2024)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

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

Access for Medicare/Medicaid Patients

■ Limited dentists in our area that accept adult Medicaid. – Health Care Provider

Lack of Providers

■ Not enough providers, access to care, cost. – Physician

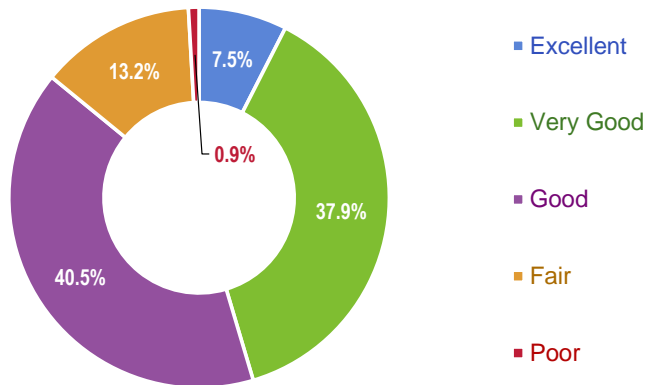


LOCAL RESOURCES

Perceptions of Local Health Care Services

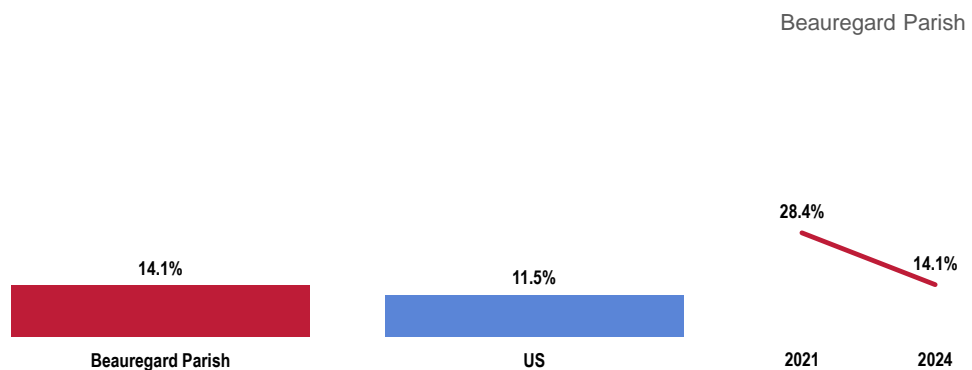
PRC SURVEY ► “How would you rate the overall health care services available to you? Would you say: excellent, very good, good, fair, or poor?”

Rating of Overall Health Care Services Available in the Community
(Beauregard Parish, 2024)



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

Perceive Local Health Care Services as “Fair/Poor”



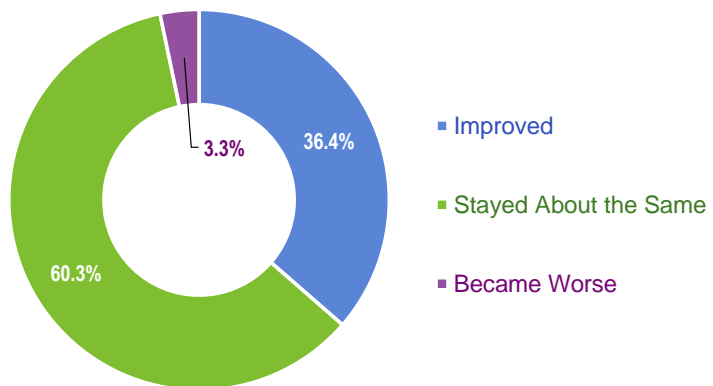
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 4]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Beauregard Health System

“Over the past 12 months, would you say that your overall opinion of Beauregard Health System has improved, stayed about the same, or become worse?”

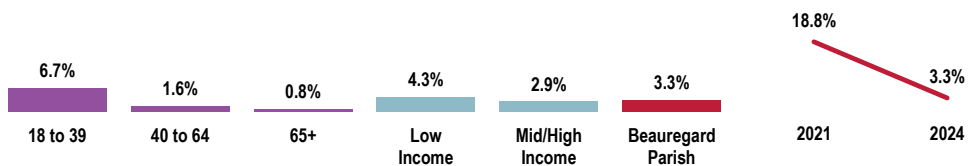
Change in Opinion of Beauregard Health System
Over the Past 12 Months
(Beauregard Parish, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 308]
Notes: • Asked of all respondents.

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

Beauregard Parish

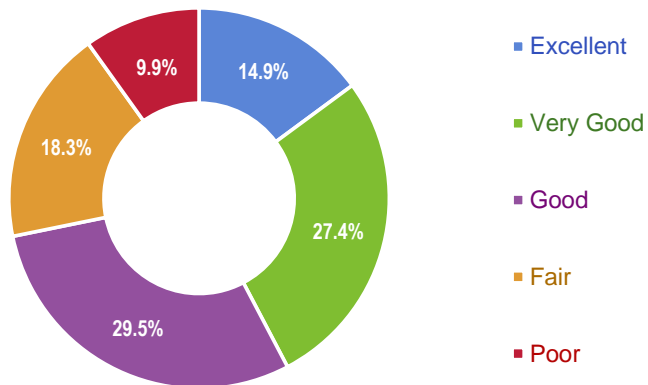


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 308]
Notes: • Asked of all respondents.



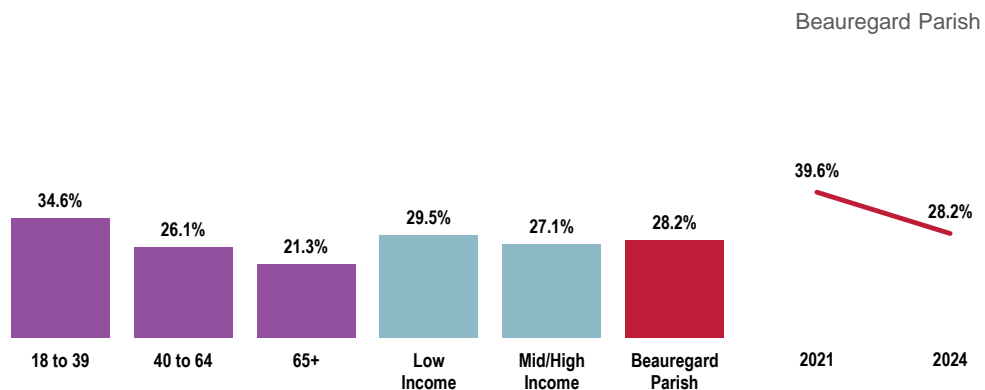
“In general, if you or a member of your household needed to use a hospital in the future, what is the likelihood that you would use Beauregard Health System? Would you say: excellent, very good, good, fair, or poor?”

Likelihood of Using Beauregard Health System in the Future (Beauregard Parish, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 307]
Notes: • Asked of all respondents.

“Fair/Poor” Likelihood of Using Beauregard Health System (Beauregard Parish)

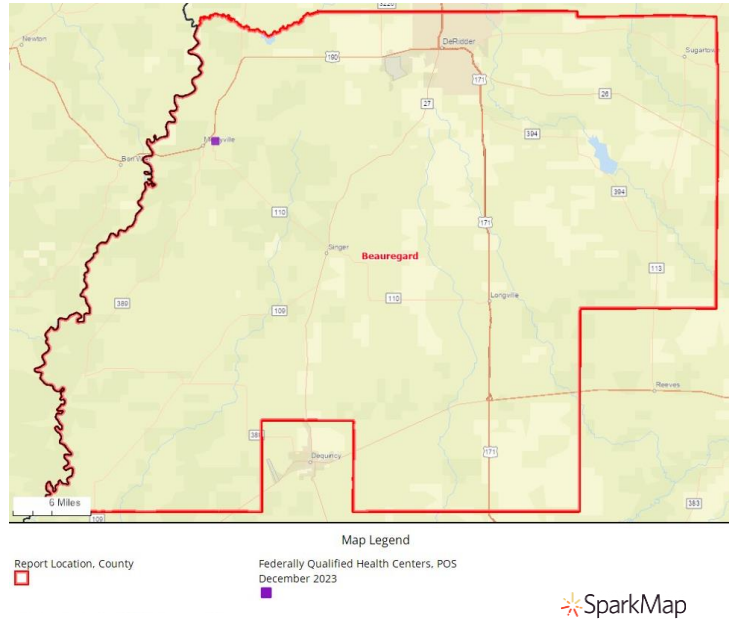


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 307]
Notes: • Asked of all respondents.



Federally Qualified Health Centers (FQHCs)

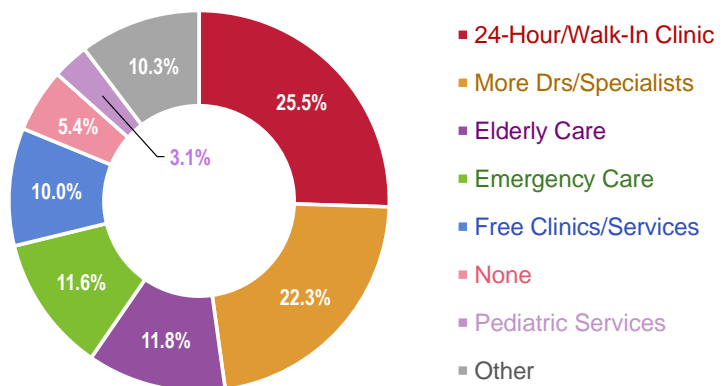
The following map details Federally Qualified Health Centers (FQHCs) within Beauregard Parish as of December 2023. [PARISH-LEVEL DATA]



Resources Needed Locally

“Which type of health care service, if any, do you feel is most needed in your community?”

Type of Health Care Service Most Needed in the Community
(Beauregard Parish, 2024)

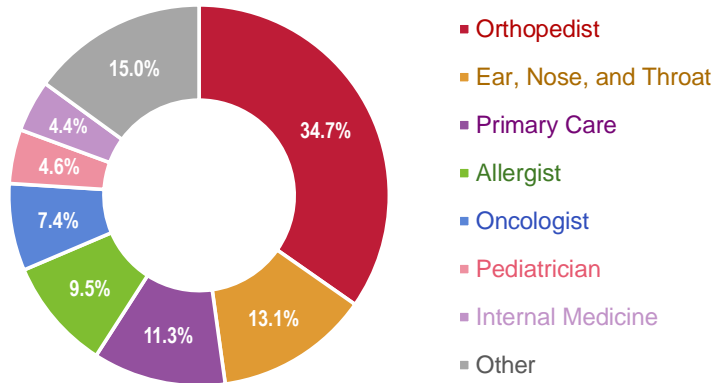


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 301]
Notes: • Asked of all respondents.



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

Type of Physician Most Needed in the Community
(Beauregard Parish, 2024)



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

Outmigration for Medical Care

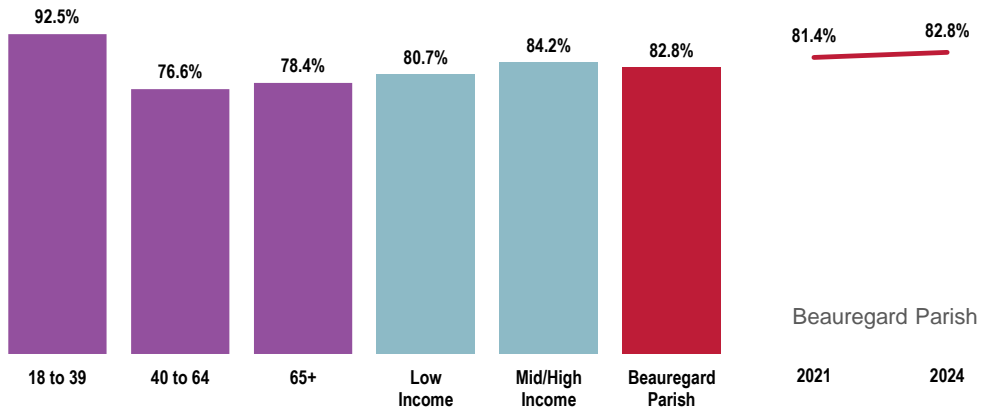
“Was there a time in the past 12 months when you or any member of your household traveled outside of your parish to obtain medical care?”

“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?”

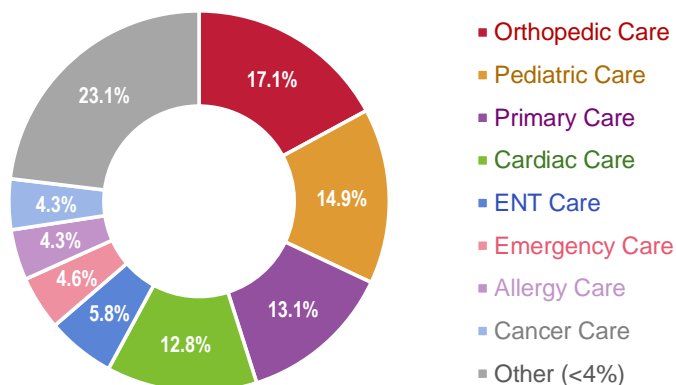
Member of Household Traveled
Outside the Parish for Medical Care in the Past Year
(Beauregard Parish)



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

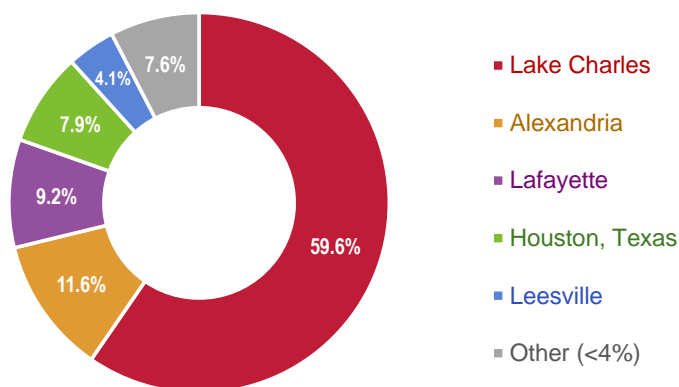


Type of Medical Care Sought Outside the Parish (Among Respondents Who Left the Parish for Medical Care, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 304]
Notes: • Asked of all respondents who left the parish for medical care in the past year.

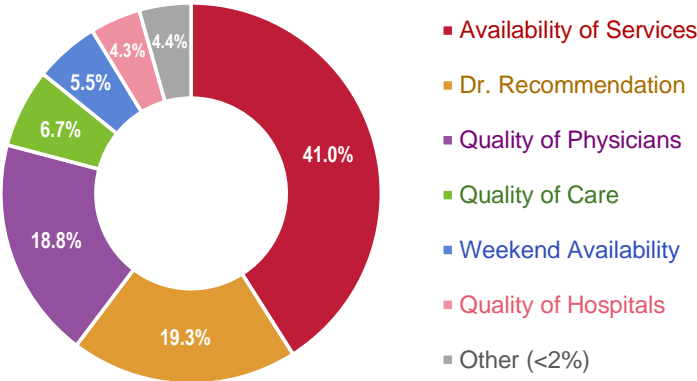
Community Visited for Medical Care (Among Respondents Who Left the Parish for Medical Care, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 305]
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, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 306]
Notes: • Asked of all respondents who left the parish for medical care in the past year.



Resources Available to Address Significant Health Needs

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

Access to Health Care Services

- Beauregard Health Infusion Center
- Beauregard Health System
- Crisis Pregnancy
- Urgent Care

- Outpatient Counseling Services

Nutrition, Physical Activity & Weight

- Fitness Centers/Gyms
- Parks and Recreation
- Physical Activities at Home

Cancer

- Beauregard Health Infusion Center

Oral Health

- Dentists' Offices

Diabetes

- Agape Clinic
- Beauregard Health System
- Doctors' Offices
- Fitness Centers/Gyms
- God's Food Box
- Grace Church
- Hospitals
- School System
- Weight Loss Treatments

Substance Use

- AA/NA
- Drug Court
- Narcan

Tobacco Use

- 1-800-QUIT-NOW
- Doctors' Offices
- Health Unit

Heart Disease & Stroke

- Beauregard Health System
- CPR Training
- Dietician
- Doctors' Offices
- Educational Resources
- Fitness Centers/Gyms
- Louisiana Emergency Response Network
- Smoking Cessation Programs
- Weight Loss Treatments

Mental Health

- 988
- Beauregard Behavioral Health Clinic
- Counselors
- Hospitals
- Imperial Calcasieu Human Services Authority
- Oceans Medical Clinic





APPENDIX

EVALUATION OF PAST ACTIVITIES

Community Benefit

Over the past three years, Beauregard Health System has invested in improving the health of our community's most vulnerable populations. Our commitment to this goal is reflected in:

- Over \$76,384,361 in community benefit, excluding uncompensated Medicare.
- More than \$26,602,112 in charity care and other financial assistance programs.

Our work also reflects a focus on community health improvement, as described below.

Addressing Significant Health Needs

Beauregard Health System conducted its last CHNA in 2021-2022 and reviewed the health priorities identified through that assessment. Research conducted July, August, and September 2021. Assessment and Implementation Plan publicly reported January 2022. 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:

- Access to Health Care Services
- Cancer Care
- Heart Disease
- Infant Health and Family Planning

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

Priority Area: Access to Health Care Services	
Community Health Need	Improve access to healthcare services
Goal(s)	<ul style="list-style-type: none"> • Build the capacity of local clinics to provide primary and preventive healthcare services. • Work toward reducing healthcare disparities. • Create plans for a new Emergency Department to improve access to emergency services. The current facility was built to serve 12,000-13,000 patients per year and serves over 20,000 patients per year.

Strategy 1: Recruit Primary Care Providers	
Strategy Was Implemented?	Yes
Target Population(s)	Beauregard Parish and Surrounding Communities
Partnering Organization(s)	BHS Administration, Recruitment, Credentialing and Marketing Departments
Results/Impact	<ul style="list-style-type: none"> • Recruitment of the following physicians and Advanced Practice Providers to improve access to healthcare services in Beauregard Parish and surrounding communities: <ul style="list-style-type: none"> *August 2022 – General Surgeon and OB-GYN *August 2022 – Family Nurse Practitioner *November 2022 – Podiatrist *June 2023 – Nurse Midwife *November 2023 – Internal Medicine Physician

Strategy 2: Partner with VCOM Medical School to become a core rotation site	
Strategy Was Implemented?	Yes
Target Population(s)	Medical School Students
Partnering Organization(s)	Internal: Beauregard Health System External: Edward Via College of Osteopathic Medicine
Results/Impact	<ul style="list-style-type: none"> • Filling the pipeline to ensure Physician Lead Care in Beauregard Parish and Surrounding Communities • Three VCOM Medical School Students on Scholarship with Beauregard Health System.



Strategy 3: Build a team to focus on reducing health care disparities.

Strategy Was Implemented?	Yes
Target Population(s)	Select patient population
Partnering Organization(s)	Internal: Quality Team, Population Health Nurse External: List of community resources compiled, updated and made widely available to the community.
Results/Impact	<ul style="list-style-type: none"> 17,000 social determinants of health assessments in 2023. Reported need: transportation (363), food (332), utilities (320), housing (231), and safety (96). Respondents were provided with Comprehensive Community Resource Guides and directed for assistance.

Strategy 4: Create Plans for a new emergency department to improve access to emergency services.

Strategy Was Implemented?	Yes
Target Population(s)	Beauregard Parish and Surrounding Communities
Partnering Organization(s)	Internal: BHS Administration and Boards External: USDA, Government Officials, Architect, Contractor.
Results/Impact	<ul style="list-style-type: none"> Funding established Engagement with architect and contractor Floor-plans established Construction started June 2024

Priority Area:

Community Health Need	Cancer Care
Goal(s)	<ul style="list-style-type: none"> Establish plans to provide preventive cancer care on a local level. Improve education and outreach efforts in reference to female breast cancer screenings.

Strategy #1: Establish a working relationship with an Oncologist to provide local care.

Strategy Was Implemented?	Yes
Target Population(s)	Patients with a cancer diagnosis
Partnering Organization(s)	Internal: Beauregard Health System External: Michael Bergeron, MD, Oncologist / Lake Charles Memorial Health System
Results/Impact	<ul style="list-style-type: none"> Local clinic visits for patients. Physician to serve as Medical Director for the Beauregard Health System Infusion Center Physician to oversee outpatient chemotherapy procedures at the Beauregard Health System Infusion Center.



Strategy #2: Invest in space for a dedicated infusion center

Strategy Was Implemented?	Yes
Target Population(s)	Patients that need dedicated infusion services, with an emphasis on patients with a cancer diagnosis
Partnering Organization(s)	Internal: Beauregard Health System Administration, Board, Physicians and Nursing Teams. External: Architects, Contractors
Results/Impact	<ul style="list-style-type: none"> Dedicated space for immunocompromised patients to receive infusion services. Local service to the community, eliminating long drives and additional expenses. Center Opened in April 2022 providing 749 patients visits (236 outpatient chemotherapy patient visits). In 2023 the center provided 1,608 patient visits (484 outpatient chemotherapy patient visits) 2024 (January-May) – the center provided 907 patient visits ((357 outpatient chemotherapy patient visits)

Strategy #3: Improve breast cancer education and screening percentage

Strategy Was Implemented?	Yes
Target Population(s)	Women ages 40+
Partnering Organization(s)	Internal: Mammography Department, Women's Center, Women's Healthcare Providers, Marketing Department, Quality Team, Population Health Nurse. External: Partnership with DeRidder Junior Women's Club for Annual Breast Cancer Awareness Walk. Partnership with local Chamber of Commerce for Women In Business Conference with a focus on Breast Cancer Awareness and Education.
Results/Impact	<ul style="list-style-type: none"> Discounted Mammogram Days for the uninsured and under-insured – appointments filled to capacity. Continual education via the mammography department, women's center and marketing. Partnerships with community organizations to promote top-of-mind awareness and the importance of mammograms. BHS exceeded CMS goal for breast cancer screening in 2023: Goal > 50%, 2022 BHS achieved 46% and 2023 BHS achieved 59% (an increase of 13%) for clinic patients.

Priority Area:

Community Health Need	Heart Disease
Goal(s)	<ul style="list-style-type: none"> Provide 24-7 Cardiovascular Care in Beauregard Parish Open Heart Catheterization Laboratory at Beauregard Health System Perform peripheral and cardiac stent procedures at Beauregard Health System



Strategy 1: Partner with Cardio Solutions to provide staff and training for start-up program

Strategy Was Implemented?	Yes
Target Population(s)	Patients with heart disease or underlying factors that contribute to heart disease.
Partnering Organization(s)	Internal: Beauregard Health System External: Cardio Solutions
Results/Impact	<ul style="list-style-type: none"> Partnership provides for 24-7 cardiovascular services in DeRidder and Beauregard Parish. Partnership provides Cath Lab training for start-up program and recruitment of Interventional Cardiologist to work locally.

Strategy #2: Recruit and train local staff for continuation of program.

Strategy Was Implemented?	Yes
Target Population(s)	Local qualified staff
Partnering Organization(s)	Internal: Beauregard Health System External: Cardio Solutions
Results/Impact	<ul style="list-style-type: none"> Continuation of program with qualified local staff, including an on-call team for 24-7 coverage.

Strategy #3: Recruit Interventional Cardiologists to lead the local program.

Strategy Was Implemented?	Yes
Target Population(s)	Interventional Cardiologists
Partnering Organization(s)	Internal: Beauregard Health System External: Cardio Solutions
Results/Impact	<ul style="list-style-type: none"> Continuation of program with local interventional cardiologists to lead the program. 2022- 17 Cath Lab Cases, 2023 – 160 Cath Lab Cases, 2024 (January – May) 150 Cath Lab Cases

Strategy #4: Open local cardiology clinic to provide continuity of care.

Strategy Was Implemented?	Yes
Target Population(s)	Patients with heart disease or underlying factors that contribute to heart disease
Partnering Organization(s)	Internal: Beauregard Health System External: Interventional Cardiologists
Results/Impact	<ul style="list-style-type: none"> Provide continuity of care for patients locally. 2024 averaging over 600 clinic visits per month.



Priority Area:

Community Health Need	Infant Health and Family Planning
Goal(s)	<ul style="list-style-type: none">• Improve access to care for new mothers.• Engage in deliberate and targeted community outreach and education efforts.

Strategy #1: Recruit Women's Healthcare Providers

Strategy Was Implemented?	Yes
Target Population(s)	Qualified OB-GYNs and Nurse Midwives
Partnering Organization(s)	Internal: Beauregard Health System External: Recruitment Firms
Results/Impact	<ul style="list-style-type: none">• Recruitment of OB-GYN in 2022 to join existing OB-GYN• Recruitment of Nurse Midwife in 2023 to join existing Nurse Midwife.• Allowing BHS to continue to provide birthing services in an underserved area in a time when many rural communities are discontinuing the service.

Strategy #2: Provide pre-natal education classes; promote and host outreach programs

Strategy Was Implemented?	Yes
Target Population(s)	Females of child bearing age
Partnering Organization(s)	Internal: Beauregard Health System, Labor and Delivery, Women's Clinic External: Aetna Better Health of Louisiana (partner for community baby shower).
Results/Impact	<ul style="list-style-type: none">• Pre-natal education classes offered at no charge.• Breastfeeding classes offered at no charge.• Community Baby Shower - celebrating expectant and new parents, providing baby safety tips, pregnancy resources and parenting resources.• Wellness Without Walls – community wide event promoting health and wellness for all (featuring promotions for expectant and new mothers).



Strategy #3: Engage OB coordinator to provide extensive pre-natal care

Strategy Was Implemented? Yes

Target Population(s) Expectant Mothers

Partnering Organization(s) Internal: Beauregard Health System Women's Center

Results/Impact

- Engage with approximately 35 expectant mothers monthly:
 - Complete medical/surgical history and obstetric history.
 - Establish estimated date of delivery.
 - Medication review and management.
 - Point of care ultrasound if indicated; physical assessment.
 - Schedule dating sonogram and follow up prenatal appointment.
 - What to expect in Labor and Delivery.
 - Promote Childbirth and Breastfeeding classes.
 - Coordinate referrals as needed (Behavioral health, Cardiology, Neurology, Pelvic Floor therapy, etc.)
 - Resources include but are not limited to: Genetic screening test options, Deridder Pregnancy Care Center, Nurse Family Partnership program, Breastfeeding magazine, Pregnancy magazine, link to our website with further information and links: Preparing for your big day, Pregnancy nausea tips, OTC safe medication list, local pediatricians list, birth certificate information, Tdap and Flu vaccination information, gestational diabetes information, meal planning and nutrition, explanation of OB blood work, preparing for birth, *Evidence Based Birth* website.

Strategy #4: Build out third floor of the health system for a comprehensive women's center.

Strategy Was Implemented? Yes

Target Population(s) Women of all ages in Beauregard Parish and Surrounding Areas

Partnering Organization(s) Internal: BHS Administration and Boards
External: USDA, Government Officials, Architect, Contractor.

Results/Impact

- Funding established
- Engagement with architect and contractor
- Floor-plans established
- Construction started June 2024
- Provide a diverse range of services tailored specifically to meet the distinctive health care needs of women, including gynecological care, breast health services, menopause management, and prenatal and postnatal care.
- Provide labor, delivery, recovery, and postpartum suites to ensure that new mothers receive the best care during and after childbirth.

