2010 PRC Community Health Report

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PRC Experience Excellence

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INTRODUCTION

The PRC Community Health Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of our community residents.

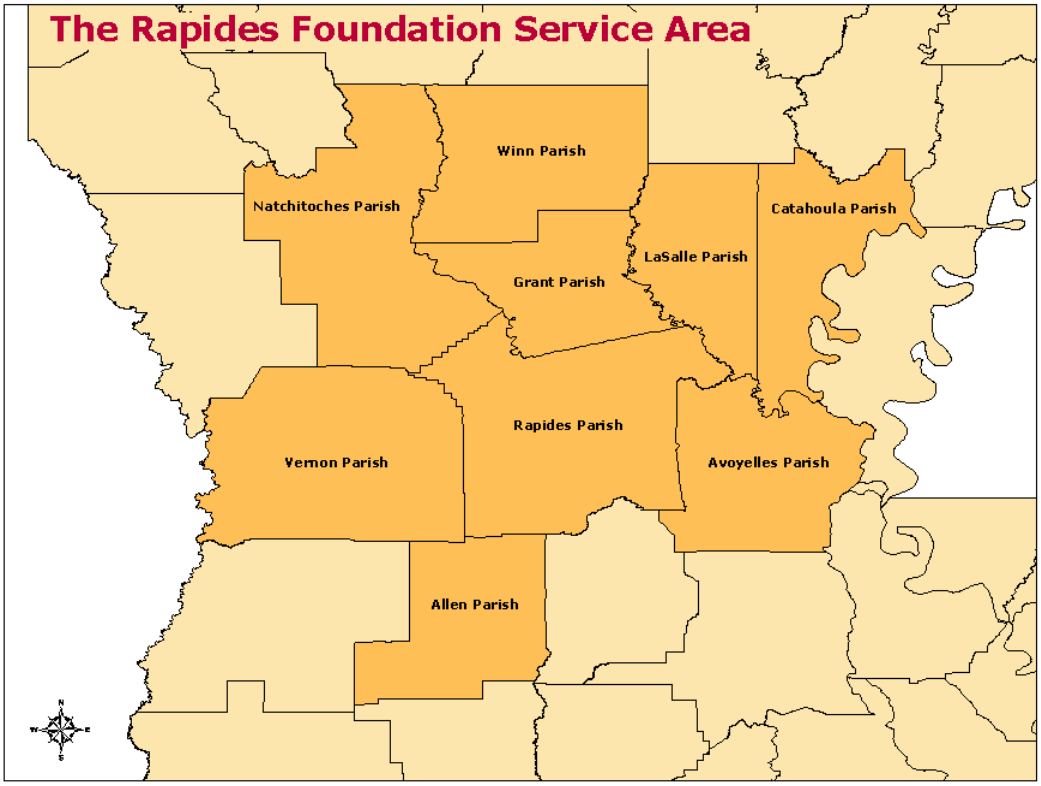
Project Overview

Project Goals

This Community Health Assessment, a follow-up to similar research conducted in the area in 2002 and 2005, is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the service area of The Rapides Foundation. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

Community Defined for This Assessment

The study area for this effort is defined as the nine-parish Rapides Foundation Service Area (RFSA) in Central Louisiana. A geographical description of the study area is illustrated in the following map.



Methodology

2010 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 The Rapides Foundation and Professional Research Consultants (PRC), and is similar to the previous surveys used in the region, allowing for data trending.

Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *2010 PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities.

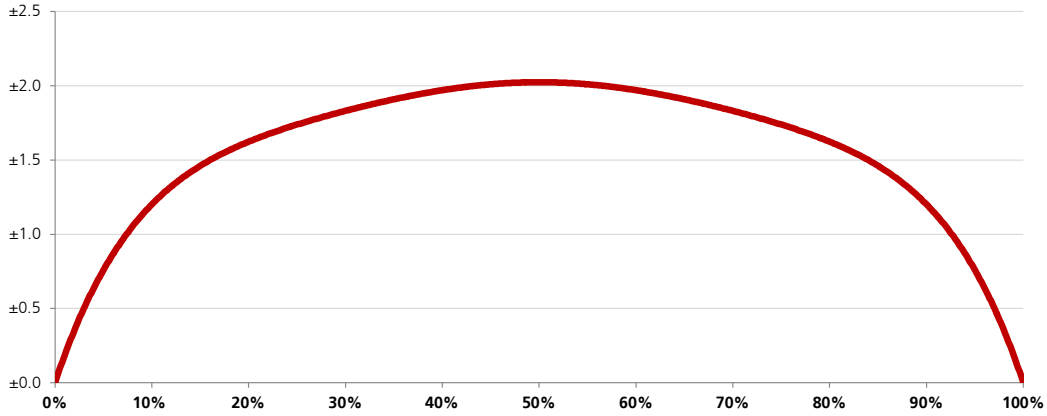
The sample design used for this effort consisted of a stratified random sample of 2,350 individuals aged 18 and older, including 200 each in Allen, Avoyelles, Catahoula, Grant, LaSalle, Natchitoches, Vernon, and Winn Parishes, and 750 individuals in Rapides Parish. Once these data were collected, the sample for each region was weighted in proportion to the actual population distribution at the parish level so that estimates better reflect the region as a whole. Population estimates were based on census projections of adults aged 18 and over provided in the latest *ESRI BIS Demographic Portfolio*.

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

Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 2,350 respondents is ±2.2% at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 2,350 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.

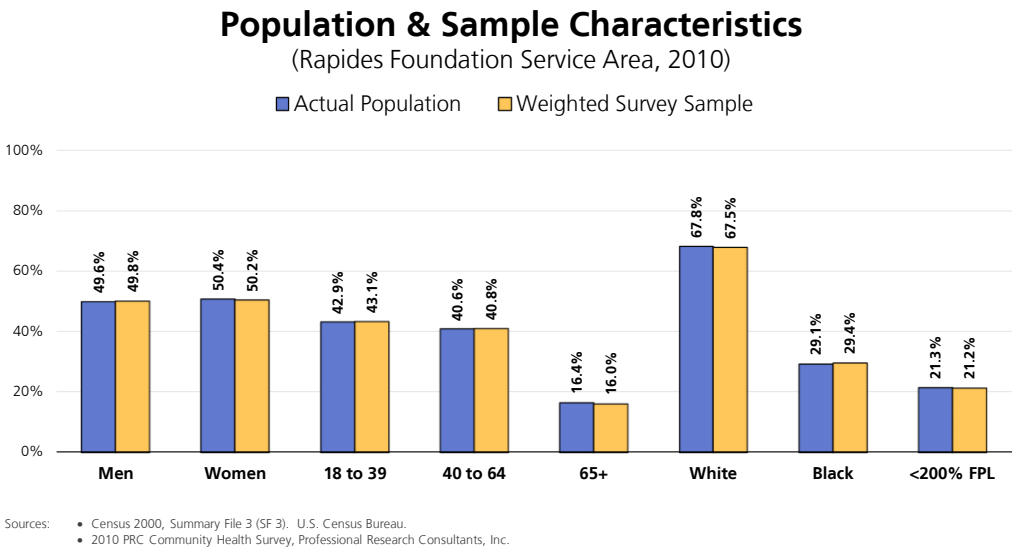
Examples:
- If 10% of the sample of 2,350 respondents answered a certain question with a "yes," it can be asserted that between 8.8% and 11.2% (10% ± 1.2%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 48.0% and 52.0% (50% ± 2.0%) of the total population would respond "yes" if asked this question.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias.

Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

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



Sources:
- Census 2000, Summary File 3 (SF 3). U.S. Census Bureau.
- 2010 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household *(e.g., the 2009 guidelines – the most current available – place the poverty threshold for a family of four at $22,050 annual household income or lower)*. In sample segmentation: "Very Low Income" refers to community members living in a household with defined poverty status; "Low Income" includes those households living just above the poverty level, earning up to twice the poverty threshold; and "Middle/High Income" refers to households with incomes more than twice the poverty threshold defined for the household size.

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

Public Health, Vital Statistics & Other Data

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

- Centers for Disease Control & Prevention
- ESRI BIS Demographic Portfolio (Projections Based on the US Census)
- Louisiana Department of Health and Hospitals – Office of Public Health
- National Center for Health Statistics

Benchmark Data

Trending

Similar surveys were administered in the region in 2002 and 2005 by PRC on behalf of The Rapides Foundation. Trending data, as revealed by comparison to prior results, are provided throughout this report whenever available.

Louisiana Risk Factor Data

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

Nationwide Risk Factor Data

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

Healthy People 2010

Healthy People 2010: Understanding and Improving Health is part of the Healthy People 2010 initiative that is sponsored by the U. S. Department of Health & Human Services. Healthy People 2010 outlines a comprehensive, nationwide health promotion and disease prevention agenda. It is designed to serve as a roadmap for improving the health of all people in the United States during the first decade of the 21st century. Like the preceding Healthy People 2000 initiative—which was driven by an ambitious, yet achievable, 10-year strategy for improving the nation's health by the end of the 20th century—Healthy People 2010 is committed to a single, overarching purpose: promoting health and preventing illness, disability and premature death.

Summary of Findings

Significant Trends in the Rapides Foundation Service Area

The following table highlights both positive and negative trends observed in health indicators in comparison with baseline data.

TREND SUMMARY
(Current vs. Baseline Data)

Survey Data Indicators:
Trends for survey-derived indicators represent significant changes since 2002 (or 2005, for questions not asked in 2002).

Other 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).

	FAVORABLE TRENDS	UNFAVORABLE TRENDS
Access to Healthcare Services	• Health Insurance Coverage • Difficulty Accessing Healthcare • Appointment Availability • Cost of Prescriptions • Prescription Drug Coverage • Children's Routine Care	
Arthritis	• Arthritis Prevalence	
Cancer	• Cancer Deaths • Colonoscopy Screening	• Cancer Prevalence • Blood Stool Testing • Pap Smear Testing
Diabetes	• Diabetes That Is Treated	• Diabetes Prevalence
Family Planning	• Births to Teenagers	• Births to Unwed Mothers
Heart Disease	• Heart Disease Deaths • Stroke Deaths • Action to Control Blood Pressure • Cholesterol Screening • Action to Control Cholesterol	• Heart Disease Prevalence • Stroke Prevalence • High Blood Pressure • High Blood Cholesterol
HIV	• HIV/AIDS Deaths • HIV/AIDS Incidence	
Immunization & Infectious Disease	• Hepatitis A Incidence • Hepatitis C Incidence	
Injury & Violence	• Homicide Deaths	• Unintentional Injury Deaths
Kidney Disease	• Kidney Disease Deaths	
Infant Health	• Adequate Prenatal Care • Neonatal Deaths	• Low-Weight Births
Mental Health	• Depressed Persons Seeking Help	• Self-Reported Mental Health • Chronic Depression • Alzheimer's Disease Deaths
Nutrition & Overweight	• Fruit/Vegetable Consumption • Overweights Trying to Lose • Childhood Overweight/Obesity • Children's Fast Food Consumption	• Adult Overweight/Obesity
Physical Activity & Fitness	• Moderate Physical Activity • Strengthening Activity • Children's Television Viewing Time	
Physical Health		• Activity Limitations • Self-Reported Health Status
Respiratory Disease	• Chronic Lower Respiratory Disease (CLRD) Deaths • Pneumonia/Influenza Deaths • Tuberculosis Incidence	• Chronic Lung Disease Prevalence
STDs	• Syphilis Incidence • Hepatitis B Incidence	• Gonorrhea Incidence • Chlamydia Incidence
Substance Abuse	• Cirrhosis/Liver Disease Deaths • Seeking Help for Drug/Alcohol Abuse	
Tobacco Use	• Smoking Cessation Attempts • Tobacco Smoke in the Home • Children Exposed to Smoke at Home	

Comparisons With Benchmark Data

The following tables provide an overview of indicators in the RFSA, including comparisons among the individual parishes. These data are grouped to correspond with the Focus Areas presented in Healthy People 2010.

Reading the Summary Tables

■ In the following charts, RFSA results are shown in the larger, blue column.

■ The tan columns [to the left of the RFSA column] provide comparisons among the nine parishes, identifying differences for each as "better than" (), "worse than" (), or "similar to" () the combined opposing areas.

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

Access to Healthcare Services

	Each Parish vs. All Others Combined									RFSA	RFSA vs. Benchmarks			
	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn		TREND*	vs. LA	vs. US	vs. HP2010
% Lack Health Insurance (Aged 18-64)	17.8	22.7	31.5	21.2	25.3	26.7	22.4	12.7	27.5	22.0	25.7	23.1	17.7	0.0
% Insured Respondents With Partial Rx Coverage	96.3	92.3	92.2	91.2	84.5	93.8	93.5	95.0	96.2	93.4	90.3		94.4	
% Medicare Recipients With Supplemental Coverage	73.0	60.6	38.4	51.2	62.1	83.5	66.0	68.1	48.1	65.0	62.1		77.7	
% Difficulty Accessing Healthcare in Past Year	42.4	43.9	41.1	37.8	37.2	33.9	37.4	29.7	43.2	37.7	42.3		42.4	
% Difficulty Finding Physician in Past Year	5.6	12.2	8.6	10.9	13.9	6.5	13.0	8.5	14.7	10.9	12.1		12.9	
% Difficulty Getting Appointment in Past Year	11.7	23.0	16.6	13.1	13.4	7.3	13.6	9.7	16.9	13.7	16.8		18.9	
% Inconvenient Hrs Prevented Dr Visit in Past Year	10.1	20.4	14.0	14.9	8.0	12.9	13.0	5.6	14.8	12.9	14.0		18.8	
% Transportation Prevented Dr Visit in Past Year	9.0	19.4	13.9	9.8	11.8	11.3	10.3	8.0	12.1	11.4	10.1		8.5	
% Cost Prevented Physician Visit in Past Year	21.6	19.6	17.2	16.5	25.4	19.1	20.0	12.4	21.6	19.1	18.2		18.2	
% Cost Prevented Getting Rx in Past Year	25.0	26.8	26.2	19.0	20.7	8.9	21.6	10.9	25.5	20.0	22.9		19.7	
% Difficulty Getting Child's Healthcare in Past Year	0.7	10.9	7.8	7.8	1.5	2.4	2.5	5.4	0.0	4.2	4.7		7.7	
% Have a Specific Source of Ongoing Care	76.1	70.8	77.3	64.9	71.5	70.2	70.0	72.0	74.0	71.0	72.2		76.8	96.0
% Have Had Routine Checkup in Past Year	73.5	75.1	64.7	71.4	65.4	62.1	72.2	77.3	65.9	71.3	69.6		65.2	
% Child Has Had Checkup in Past Year							87.2			88.2	83.9		91.3	
% Gone to ER More Than Once in Past Year	13.6	15.3	14.1	7.7	7.5	13.5	13.3	14.1	14.8	13.2	13.8		10.6	

Note: Each parish is compared against the combined total of all other parishes in the service area.

* trend vs. earliest data | blank = no data | favorable | unfavorable | similar

Heart Disease & Stroke

	Each Parish vs. All Others Combined									RFSA	RFSA vs. Benchmarks			
	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn		TREND*	vs. LA	vs. US	vs. HP2010
Diseases of the Heart (Age-Adjusted Death Rate)	178.6	295.2	377.8	300.9	332.9	309.0	276.7	239.9	301.9	279.8	345.8	247.4	209.6	213.7
Stroke (Age-Adjusted Death Rate)	49.0	71.0	55.7	54.8	79.7	26.9	59.8	39.6	45.8	54.4	76.2	55.9	46.7	48.0
% Chronic Heart Disease	7.9	17.9	14.9	11.4	13.8	8.7	13.7	10.4	7.5	12.5	7.7		6.7	
% Stroke	3.9	3.2	5.7	5.3	7.9	3.8	3.5	2.4	4.4	3.8	2.7	3.3	4.9	
% Blood Pressure Checked in Past 2 Years	97.6	94.4	96.4	97.9	95.7	87.9	96.8	97.9	94.1	95.6	96.0		94.5	95.0
% Told Have High Blood Pressure	48.9	49.5	54.6	38.1	39.2	40.9	44.3	35.1	44.9	43.6	34.5	35.6	34.0	16.0
% Taking Action to Control High Blood Pressure	85.2	98.1	99.0	93.1	97.5	99.1	92.0	93.2	94.9	93.7	86.3		90.9	95.0
% Cholesterol Checked in Past 5 Years	87.4	90.5	80.3	86.4	83.7	87.6	87.2	88.9	85.8	87.4	80.7	77.2	87.0	80.0
% Told Have High Cholesterol	35.0	41.8	32.9	30.2	36.1	35.2	30.5	29.9	34.3	33.2	24.6	36.9	30.5	17.0
% Taking Action to Control High Blood Cholesterol	83.9	78.8	92.6	86.2	92.3	84.6	92.9	89.1	88.3	87.9	70.4		90.4	
% 1+ Cardiovascular Risk Factor	92.1	96.7	95.4	86.4	88.7	76.6	88.7	87.4	88.2	88.5			85.1	

Note: Each parish is compared against the combined total of all other parishes in the service area.

* trend vs. earliest data

blank = no data

favorable

unfavorable

similar

Cancer

Cancer	Each Parish vs. All Others Combined									RFSA vs. Benchmarks			
	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn	RFSA	TREND*	vs. LA	vs. US	vs. HP2010
Cancer (Age-Adjusted Death Rate)	156.8	248.0	220.3	219.3	247.6	216.5	200.3	170.8	217.9	206.2	231.4	211.0	183.6	159.9
Lung Cancer (Age-Adjusted Death Rate)	44.7	76.8	69.1	69.1	87.9	67.9	60.9	59.8	62.3	64.3		64.4	52.5	44.8
Female Breast Cancer (Age-Adjusted Death Rate)	12.9	26.1	20.1	18.3	20.0	29.8	24.5	18.7	32.9	23.7		29.3	24.5	22.3
% Cancer	6.6	9.4	7.6	9.2	9.2	8.3	8.4	6.8	6.7	8.2	5.6		9.6	
% Sigmoid/Colonoscopy Ever (Aged 50+)	58.7	58.1	62.7	60.9	48.2	69.3	71.2	67.4	62.3	65.2	45.4	52.6	64.8	50.0
% Blood Stool Test in Past 2 Yrs (Aged 50+)	39.7	30.0	36.0	28.9	34.2	31.6	32.0	35.1	14.8	31.9	41.7	23.8	36.5	50.0
% Mammogram in Past 2 Years (Women 40+)	76.3	77.8	72.2	79.7	59.2	78.4	80.3	69.3	70.6	76.8	74.7	76.0	74.6	70.0
% Pap Smear in Past 3 Years (Women)	81.0	76.7	75.1	70.0	66.6	79.6	83.6	87.7	74.5	80.3	83.7	76.7	81.3	90.0
% Prostate Exam in Past 2 Years (Men 50+)	78.8	75.4	73.7	71.3	68.7	77.0	80.4	85.6	80.4	78.4	77.6		73.7	

Note: Each parish is compared against the combined total of all other parishes in the service area.

* trend vs. earliest data | blank = no data | favorable | unfavorable | similar

Respiratory Disease

Respiratory Disease	Each Parish vs. All Others Combined									RFSA vs. Benchmarks			
	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn	RFSA	TREND*	vs. LA	vs. US	vs. HP2010
CLRD (Age-Adjusted Death Rate)	36.2	57.4	19.4	35.9	38.6	33.7	43.4	52.2	56.8	43.8	47.4	40.8	41.6	
% Chronic Lung Disease	9.3	16.7	13.2	8.2	17.0	10.3	13.0	14.2	8.2	12.7	10.8		9.9	
Pneumonia/Influenza (Age-Adjusted Death Rate)	16.3	32.8	38.3	32.5	54.3	34.7	34.5	16.7	38.7	32.4	39.5	21.5	19.3	
Tuberculosis Incidence/100,000	1.6	1.6	0.0	0.0	0.0	2.5	1.8	0.0	2.0	1.4	8.2	5.2	4.4	1.0

Note: Each parish is compared against the combined total of all other parishes in the service area.

* trend vs. earliest data | blank = no data | favorable | unfavorable | similar

Injury & Violence

Injury & Violence	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn	RFSA	TREND*	vs. LA	vs. US	vs. HP2010
Unintentional Injury (Age-Adjusted Death Rate)	54.8	68.2	83.7	56.2	65.6	54.3	52.3	50.9	79.1	57.3	54.3	59.4	39.0	17.5
Motor Vehicle Crashes (Age-Adjusted Death Rate)	34.2	36.8	43.0	24.8	26.0	24.7	22.0	26.3	24.6	26.3	27.2	23.0	15.1	9.2
Homicide (Age-Adjusted Death Rate)	5.4	5.6	0.0	6.9	4.8	11.5	8.1	7.0	10.3	7.2	11.3	13.0	6.1	3.0
Suicide (Age-Adjusted Death Rate)	8.9	16.9	5.4	17.7	11.8	10.9	10.2	12.0	10.7	11.5	11.2	11.7	10.9	5.0
% Victim of Violent Crime in Past 5 Years	3.9	0.6	0.3	2.2	0.3	3.2	4.8	4.8	2.5	3.4	2.7		2.4	
% Ever Hurt By An Intimate Partner	7.7	11.6	4.8	12.9	11.3	10.1	12.4	11.4	8.2	11.1			15.0	
% Victim of Domestic Violence in Past 5 Years	3.1	1.2	1.0	1.5	1.9	2.2	4.7	1.6	0.6	2.9	3.7			

Each Parish vs. All Others Combined

RFSA vs. Benchmarks

Note: Each parish is compared against the combined total of all other parishes in the service area.

* trend vs. earliest data | blank = no data | favorable | unfavorable | similar

Diabetes

Diabetes	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn	RFSA	TREND*	vs. LA	vs. US	vs. HP2010
Diabetes Mellitus (Age-Adjusted Death Rate)	31.4	37.0	28.2	51.6	24.7	16.8	23.0	15.0	46.5	27.0	27.3	38.2	24.2	15.1
% Diabetes/High Blood Sugar	17.1	18.5	16.5	15.4	23.9	11.6	14.9	14.8	14.9	15.6	9.9	11.0	11.1	
% (Diabetics) Taking Insulin/Medication	67.2	93.3	98.2	85.8	81.5	88.9	84.3	86.4	91.7	85.5	78.9		84.2	

Each Parish vs. All Others Combined

RFSA vs. Benchmarks

Note: Each parish is compared against the combined total of all other parishes in the service area.

* trend vs. earliest data | blank = no data | favorable | unfavorable | similar

Kidney Disease

Kidney Disease	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn	RFSA	TREND*	vs. LA	vs. US	vs. HP2010
Kidney Disease (Age-Adjusted Death Rate)	12.0	30.0	25.6	24.4	15.2	38.5	24.4	16.6	24.1	24.5	27.3	25.4	14.0	
% Kidney Disease	2.4	3.7	4.7	4.0	1.5	2.6	4.1	2.4	2.4	3.4	4.1			

Each Parish vs. All Others Combined

RFSA vs. Benchmarks

Note: Each parish is compared against the combined total of all other parishes in the service area.

* trend vs. earliest data | blank = no data | favorable | unfavorable | similar

Arthritis

Each Parish vs. All Others Combined

	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% Arthritis/Rheumatism	26.6	33.1	29.9	27.2	29.9	20.4	26.8	27.9	36.3

Note: Each parish is compared against the combined total of all other parishes in the service area.

RFSA vs. Benchmarks

RFSA	TREND*	vs. LA	vs. US	vs. HP2010
27.7	30.6	26.0	24.2	

* trend vs. earliest data | blank = no data | favorable | unfavorable | similar

Disability

Each Parish vs. All Others Combined

	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% Activity Limitations	25.9	26.2	31.9	25.8	23.1	27.0	25.9	27.0	27.4
% Experienced 4+ Days of Poor Physical/Mental Health/Past Month	21.0	17.2	24.8	20.5	24.2	8.5	16.6	18.1	19.2

Note: Each parish is compared against the combined total of all other parishes in the service area.

RFSA vs. Benchmarks

RFSA	TREND*	vs. LA	vs. US	vs. HP2010
26.3	20.0	20.3	21.8	
17.2	16.4			

* trend vs. earliest data | blank = no data | favorable | unfavorable | similar

Nutrition & Overweight	Each Parish vs. All Others Combined									RFSA	RFSA vs. Benchmarks			
	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn		TREND*	vs. LA	vs. US	vs. HP2010
% Eat 5+ Servings of Fruit or Vegetables per Day	24.5	26.6	33.9	32.6	34.7	37.9	32.6	42.0	27.9	32.8	23.6	16.9	43.5	
% Eat 2+ Servings of Fruit per Day	39.5	45.4	51.6	43.1	38.0	48.4	45.6	52.5	42.4	45.8	33.7		58.4	75.0
% Eat 3+ Servings of Vegetables per Day	17.3	21.9	27.4	31.1	25.1	25.6	28.8	29.0	28.6	26.7			38.8	50.0
% Adults Consume 1+ Sweetened Drinks Per Day	62.8	66.9	65.3	65.7	63.6	69.4	63.3	63.3	69.9	64.9				
% "Very Difficult" to Purchase Fresh Fruits & Vegetables	9.2	4.0	5.9	8.0	6.6	2.7	4.2	4.5	3.2	4.8				
% Child Eats 5+ Fruits/Vegetables Per Day							51.2			51.5				
% Child Drinks 1+ Sweetened Drink Per Day							66.4			72.2				
% Child Eats 3+ Fast Food Meals Per Week							22.5			21.9	29.3			
% Unhealthy Weight (BMI <18.5 or 25+)	70.3	83.9	73.1	72.1	69.7	62.4	73.7	74.8	77.0	73.5	68.8		68.0	40.0
% Overweight	70.2	83.2	71.9	69.2	68.0	61.6	72.2	72.6	75.4	72.1	67.0	67.6	67.4	
% Obese	37.1	48.0	37.1	32.7	38.6	37.5	35.5	34.7	40.4	37.6	29.2	33.9	29.0	15.0
% Overweights Advised to Lose Weight	28.0	24.7	25.9	29.8	32.2	31.9	30.4	29.3	21.2	28.9			33.4	
% Overweight Trying to Lose	32.0	39.0	27.7	32.3	35.5	34.8	33.5	34.6	37.7	34.5	29.7		43.0	
% Children (Aged 6-17) Overweight							38.4			37.0	48.0		42.7	
% Children (Aged 6-17) Obese							23.3			22.8	30.6		26.1	

Note: Each parish is compared against the combined total of all other parishes in the service area.

* trend vs. earliest data | blank = no data | favorable | unfavorable | similar

Physical Activity & Fitness	Each Parish vs. All Others Combined									RFSA	RFSA vs. Benchmarks			
	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn		TREND*	vs. LA	vs. US	vs. HP2010
% No Leisure-Time Physical Activity	39.0	49.7	45.4	29.1	33.6	24.5	27.5	25.7	32.2	31.8	30.1	28.5	28.8	20.0
% Meeting Physical Activity Recommendations	34.6	27.8	30.3	45.0	45.5	48.4	40.0	50.7	45.6	40.7		43.5	38.5	
% Vigorous Physical Activity	25.7	22.5	18.5	30.1	39.5	32.6	31.7	41.2	36.1	31.3	31.9	22.0	28.0	30.0
% Moderate Physical Activity	19.3	18.7	20.2	35.1	32.6	29.2	22.8	36.3	33.3	25.8	20.0		22.6	30.0
% Strengthening Activity	34.6	34.2	21.8	23.8	29.3	39.7	33.9	45.5	37.0	35.1	29.4			
% Adults Walk for >10 Minutes At Least 7 Times Weekly	37.2	36.9	53.6	47.7	42.3	47.2	38.3	48.7	50.9	42.2				
% "Fair/Poor" Opportunities for Physical Activity in the Community	38.4	41.5	52.0	47.5	41.3	31.8	28.7	34.9	35.9	34.8				
% Child is Physically Active on a Regular Basis							86.6			85.7				
% Child Watches 3+ Hours of TV on a School Day							20.6			27.2	34.8			
% Child Spends 3+ Hours of Screen Time on a School Day							12.2			9.9				

Note: Each parish is compared against the combined total of all other parishes in the service area.

* trend vs. earliest data | blank = no data | favorable | unfavorable | similar

Substance Abuse

Each Parish vs. All Others Combined

	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% Chronic Drinker	4.6	4.5	1.7	5.4	5.2	5.6	4.2	3.2	6.4
% Binge Drinker	18.9	17.2	10.7	11.8	11.9	9.7	12.8	13.1	11.5
% Drinking & Driving in Past Month	0.0	4.7	2.8	4.9	3.4	0.3	3.9	1.0	0.8
% Driving Drunk or Riding with Drunk Driver	3.2	10.6	6.5	7.1	8.5	5.3	6.8	2.5	4.2
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	8.2	8.7	5.8	14.6	17.4	6.4	6.9	8.4	9.7
% Illicit Drug Use in Past Month	1.6	1.4	5.4	1.8	0.9	0.6	3.2	2.0	4.1
% Sought Help for Alcohol or Drug Problem	2.3	2.3	4.9	2.4	5.8	3.7	5.8	3.9	5.2

Note: Each parish is compared against the combined total of all other parishes in the service area.

RFSA vs. Benchmarks

RFSA	TREND*	vs. LA	vs. US	vs. HP2010
4.5	4.3	4.9	4.5	
13.3	15.0	14.3	17.8	6.0
2.8	3.4		3.8	
6.3	6.0		8.6	
8.2	9.6	8.1	8.9	3.0
2.3	1.9		2.9	2.0
4.3	2.8		5.5	

* trend vs. earliest data | blank = no data | favorable | unfavorable | similar

Tobacco Use

Each Parish vs. All Others Combined

	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% Current Smoker	26.5	20.5	27.1	28.7	29.7	15.5	19.3	23.2	25.2
% Received Advice to Quit Smoking (Smokers)	75.1	69.3	45.8	64.7	51.1	66.8	69.2	51.0	50.9
% Have Quit Smoking 1+ Days in Past Year (Smokers)	29.2	61.6	65.7	63.0	70.6	68.5	61.1	56.7	54.0
% Smokers Considering Quitting in Next 6 Months	60.0	65.8	81.4	68.4	67.5	77.6	69.7	62.4	59.0
% Adults Aware of Services/Programs to Help Quit Smoking	31.9	26.1	28.4	37.0	28.6	24.1	45.4	51.7	21.6
% Someone Smokes at Home	19.8	20.2	17.9	17.0	29.0	20.1	14.0	16.5	17.1
% Children <18 Exposed to Smoke at Home							9.4		
% Use Smokeless Tobacco	5.8	7.0	11.3	7.6	6.0	6.3	5.1	9.3	11.5

Note: Each parish is compared against the combined total of all other parishes in the service area.

RFSA vs. Benchmarks

RFSA	TREND*	vs. LA	vs. US	vs. HP2010
21.5	23.5	22.0	19.2	12.0
64.0			61.4	
58.4	50.7		57.0	75.0
67.8				
37.4				
17.3	21.1		16.3	
16.2	20.1		13.3	
6.7	7.3		3.9	0.4

* trend vs. earliest data | blank = no data | favorable | unfavorable | similar

Physical Health

Each Parish vs. All Others Combined

	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% "Fair/Poor" Physical Health	26.2	26.0	33.8	22.3	31.1	21.3	23.9	24.2	27.8

Note: Each parish is compared against the combined total of all other parishes in the service area.

RFSA vs. Benchmarks

RFSA	TREND*	vs. LA	vs. US	vs. HP2010
24.8	20.0	20.8	17.4	

* trend vs. earliest data; blank = no data; favorable; unfavorable; similar

Mental Health & Mental Disorders

Each Parish vs. All Others Combined

	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% "Fair/Poor" Mental Health	17.4	24.7	13.6	20.4	19.3	18.8	15.5	10.1	13.8
% Chronic Depression (2+ Years)	35.4	41.0	34.6	34.7	32.0	34.6	35.2	31.2	33.0
% Depressed Persons Seeking Help	46.8	37.1	39.1	58.1	58.7	44.0	45.3	48.5	40.3
Alzheimer's Disease (Age-Adjusted Death Rate)	17.9	25.5	16.7	37.9	9.6	17.9	43.1	32.2	21.4

Note: Each parish is compared against the combined total of all other parishes in the service area.

RFSA vs. Benchmarks

RFSA	TREND*	vs. LA	vs. US	vs. HP2010
16.9	13.8		12.9	
35.1	30.0		30.3	
45.3	34.2		42.2	50.0
30.9	19.6	31.6	22.5	

* trend vs. earliest data; blank = no data; favorable; unfavorable; similar

Maternal, Child & Infant Health

Each Parish vs. All Others Combined

	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% Adequate Prenatal Care	14.2	12.8	17.0	11.0	9.1	27.8	10.7	25.8	20.0
% of Low Birthweight Births	10.1	12.3	13.4	9.4	10.2	12.7	10.9	9.3	9.0
Infant Death Rate	11.3	10.3	6.9	18.2	7.6	10.0	10.7	8.0	6.8
Neonatal Death Rate	5.7	7.1	4.4	3.9	0.0	6.2	5.0	3.2	3.3

Note: Each parish is compared against the combined total of all other parishes in the service area.

RFSA vs. Benchmarks

RFSA	TREND*	vs. LA	vs. US	vs. HP2010
16.2	29.6	18.1		10.0
10.8	8.7	11.4	8.2	5.0
10.1	10.1	10.4	6.9	4.5
4.8	6.2	6.1	4.5	2.9

* trend vs. earliest data; blank = no data; favorable; unfavorable; similar

Family Planning

Each Parish vs. All Others Combined

	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% of Births to Unwed Mothers	39.7	49.1	48.8	32.6	27.5	56.4	46.5	19.3	46.7
% Births to Teenagers	16.1	18.8	16.6	16.1	15.8	17.1	15.1	11.6	15.4

Note: Each parish is compared against the combined total of all other parishes in the service area.

RFSA vs. Benchmarks

RFSA	TREND*	vs. LA	vs. US	vs. HP2010
45.3	38.7	46.3	33.5	
15.3	20.4	14.0	10.3	

* trend vs. earliest data; blank = no data; favorable; unfavorable; similar

Immunization & Infectious Disease

	Each Parish vs. All Others Combined								
	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
Hepatitis A Incidence/100,000	1.3	0.8	0.0	0.0	0.0	0.8	0.3	0.7	0.0
Hepatitis C, non-A non-B Incidence/100,000	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.0
% Flu Shot in Past Yr (Aged 65+)	72.7	55.2	77.4	70.5	56.4	60.5	67.6	74.7	65.8
% Pneumonia Vaccine Ever (Aged 65+)	77.5	54.1	73.0	58.6	58.7	73.7	75.2	77.0	73.3

Note: Each parish is compared against the combined total of all other parishes in the service area.

RFSA	RFSA vs. Benchmarks			
	TREND*	vs. LA	vs. US	vs. HP2010
0.5	1.7	0.6	1.0	4.5
0.1	1.5	0.2	0.3	
66.1	69.4	68.1	73.2	90.0
70.4	67.4	69.3	69.7	90.0

* trend vs. earliest data; blank = no data; favorable; unfavorable; similar

HIV

	Each Parish vs. All Others Combined								
	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
HIV/AIDS (Age-Adjusted Death Rate)	1.3	1.7	16.5	4.8	0.0	4.2	10.5	0.8	4.1
HIV/AIDS Incidence/100,000	15.8	12.4	9.6	8.2	20.0	21.4	20.2	5.4	19.2

Note: Each parish is compared against the combined total of all other parishes in the service area.

RFSA	RFSA vs. Benchmarks			
	TREND*	vs. LA	vs. US	vs. HP2010
5.7	7.7	8.9	4.2	0.7
15.9	23.0	10.0		1.0

* trend vs. earliest data; blank = no data; favorable; unfavorable; similar

Sexually Transmitted Diseases

	Each Parish vs. All Others Combined								
	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
Gonorrhea Incidence/100,000	164.1	282.4	207.7	116.0	109.2	561.3	246.2	245.7	268.5
Primary & Secondary Syphilis Incidence/100,000	0.0	7.1	6.4	1.7	0.0	1.7	2.3	0.7	2.1
Chlamydia Incidence/100,000	242.2	366.8	313.1	237.1	173.3	834.8	391.8	442.0	363.0
Hepatitis B Incidence/100,000	0.0	1.6	6.4	0.0	2.4	1.7	0.8	0.0	0.0

Note: Each parish is compared against the combined total of all other parishes in the service area.

RFSA	RFSA vs. Benchmarks			
	TREND*	vs. LA	vs. US	vs. HP2010
267.2	197.4	244.2	116.8	19.0
2.4	21.0	12.2	3.9	0.2
413.6	269.5	465.9	372.2	
1.0	2.4	0.2	1.5	

* trend vs. earliest data; blank = no data; favorable; unfavorable; similar

Housing

Each Parish vs. All Others Combined

	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% Condition of Neighborhood Homes Are "Fair/Poor"	16.8	19.4	24.2	13.0	22.8	17.5	17.7	17.0	24.0
% Availability of Affordable Housing is "Fair/Poor"	52.9	42.7	58.7	43.5	49.9	43.2	41.0	47.7	48.7

Note: Each parish is compared against the combined total of all other parishes in the service area.

RFSA vs. Benchmarks

RFSA	TREND*	vs. LA	vs. US	vs. HP2010
18.1	16.3		12.3	
44.6	42.4		52.3	

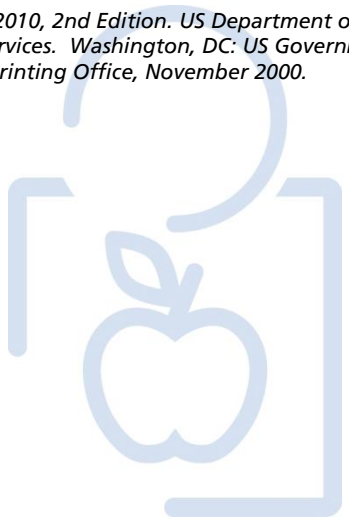
* trend vs. earliest data; blank = no data; favorable; unfavorable; similar

ACCESS TO HEALTHCARE SERVICES

Access to quality care is important to eliminate health disparities and increase the quality and years of healthy life for all persons in the United States.

Limitations in access to care extend beyond basic causes, such as a shortage of healthcare providers or a lack of facilities. Individuals also may lack a usual source of care or may face other barriers to receiving services, such as financial barriers (having no health insurance or being underinsured), structural barriers (no facilities or healthcare professionals nearby), and personal barriers (sexual orientation, cultural differences, language differences, not knowing what to do, or environmental challenges for people with disabilities).

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



Health Insurance Coverage

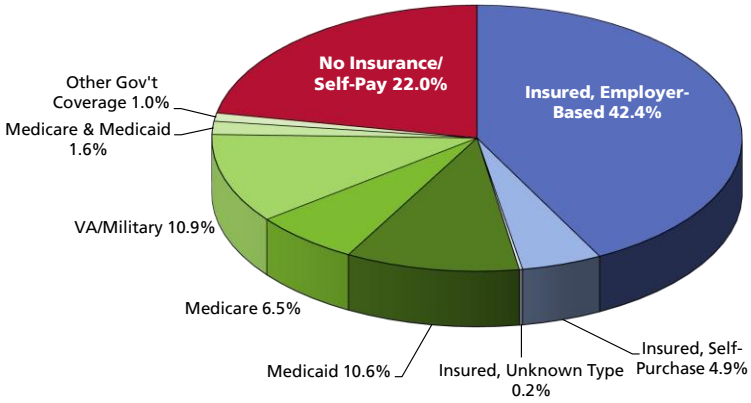
Type of Healthcare Coverage

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

A total of 47.3% of RFSA adults aged 18 to 64 report having healthcare coverage through private insurance. Another 30.6% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits)**.**

Healthcare Insurance Coverage

(Among Adults Age 18 to 64; Rapides Foundation Service Area, 2010)



Sources: • 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 178]
Notes: • Reflects respondents aged 18 to 64.

Hospital & Physician Coverage

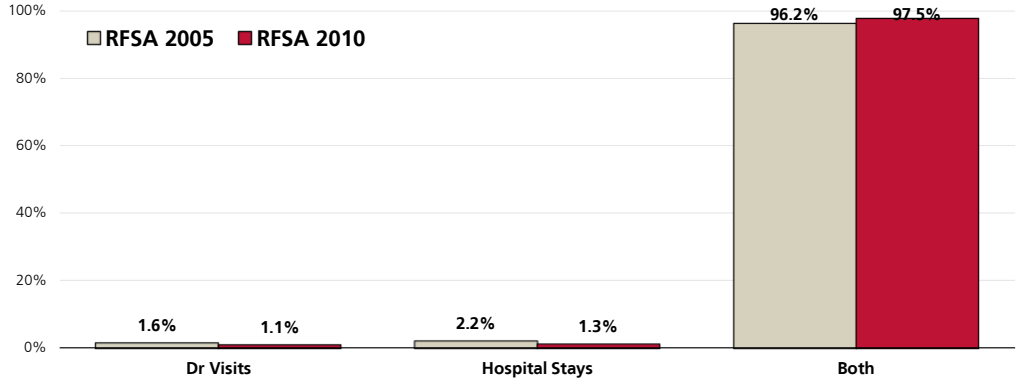
Among insured adults, the vast majority (97.5%) are at least partially covered for both physician and hospital visits.

NOTE
Trends are measured against baseline data – i.e., the earliest year that data are available.

- Statistically unchanged from the 2005 survey results.

Aspects of Healthcare Coverage

(Among Insured Adults, Excluding Medicare-Only)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 73]
Notes: • Asked of all respondents with healthcare coverage (excluding those with Medicare only).

Prescription Drug Coverage

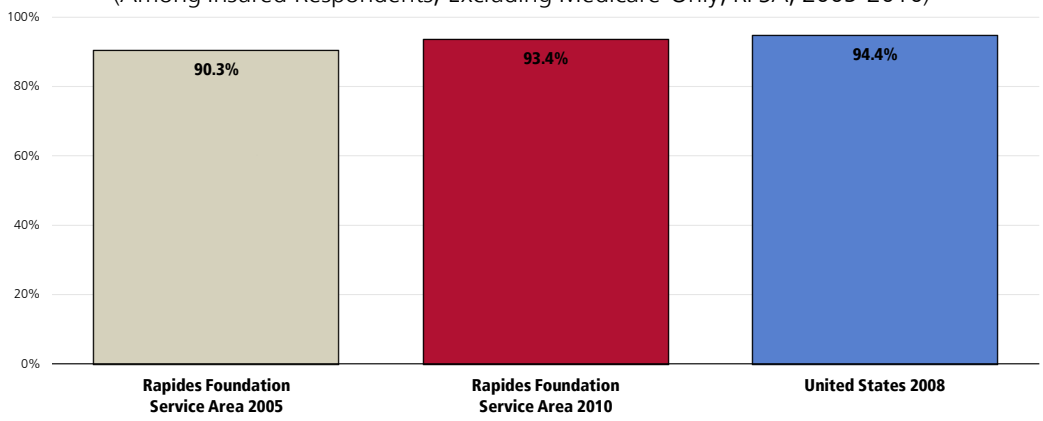
Among insured adults, 93.4% report having prescription coverage as part of their insurance plan.

- Nearly identical to the national prevalence (94.4%).
- Notably lower (84.5%) in LaSalle Parish (not shown).
- Marks a statistically significant increase since 2005 (90.3%).

● NOTE
Differences noted in the text represent significant differences determined through statistical testing.

Insurance Covers At Least Partial Prescriptions

(Among Insured Respondents, Excluding Medicare-Only; RFSA, 2005-2010)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 74]
2008 PRC National Health Survey, Professional Research Consultants.
Notes: Asked of all respondents with healthcare insurance coverage (excluding those with Medicare only).

Supplemental Medicare Coverage

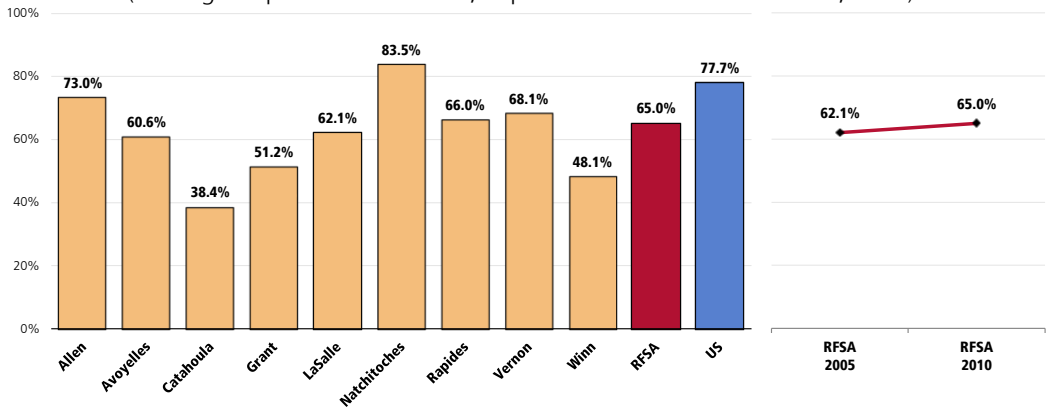
Among Medicare recipients, 65.0% report that they have additional supplemental insurance.

- Less favorable than the 77.7% among Medicare recipients nationwide.
- Notably lower in the following parishes: Catahoula, Grant and Winn. Most favorable (83.5%) in Natchitoches Parish.
- Statistically unchanged since the 2005 survey (this question was not asked in 2002).

● NOTE
Where sample sizes permit, parish-level data are provided.

Have Additional Supplemental Coverage

(Among Recipients of Medicare; Rapides Foundation Service Area, 2010)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 72]
2008 PRC National Health Survey, Professional Research Consultants.
Notes: Asked of all respondents with Medicare coverage.

Lack of Health Insurance Coverage

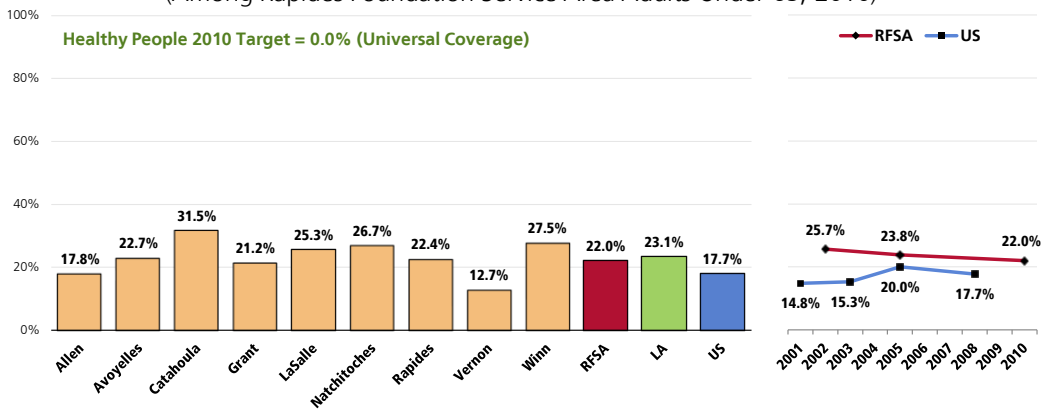
Here, lack of health insurance coverage reflects respondents aged 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults aged 18 to 64, 22.0% report having no insurance coverage for healthcare expenses.

- Similar to the state finding (23.1%).
- Less favorable than the latest national finding (17.7%).
- The Healthy People 2010 target is universal coverage (0% uninsured).
- Highest (31.5%) in Catahoula Parish; lowest (most favorable) in Vernon Parish (only 12.7% lack healthcare coverage).
- The prevalence of adults under 65 without healthcare insurance coverage has improved significantly in the RFSA since 2002.
- Nationally, the uninsured level stayed statistically the same between 2001 and 2008.

Lack of Healthcare Insurance Coverage

(Among Rapides Foundation Service Area Adults Under 65, 2010)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 178]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2009 Louisiana data.
2008 PRC National Health Survey, Professional Research Consultants.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 1-1]

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

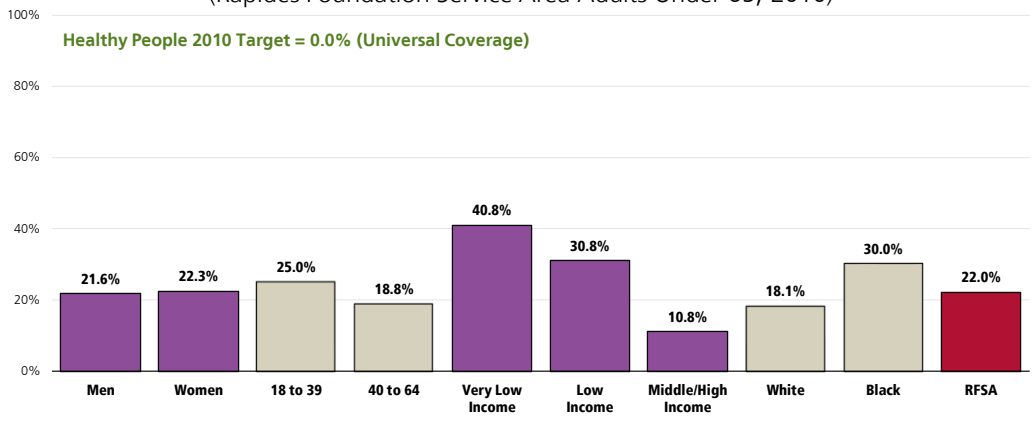
The following population segments (under age 65) are more likely to be without healthcare insurance coverage:

- Adults under age 40.
- Residents living at lower incomes (note the 40.8% uninsured prevalence among very low-income adults).
- Blacks.

NOTE
In demographic survey charts, "White" and "Black" represent non-Hispanic race categorizations.

Lack of Healthcare Insurance Coverage

(Rapides Foundation Service Area Adults Under 65, 2010)

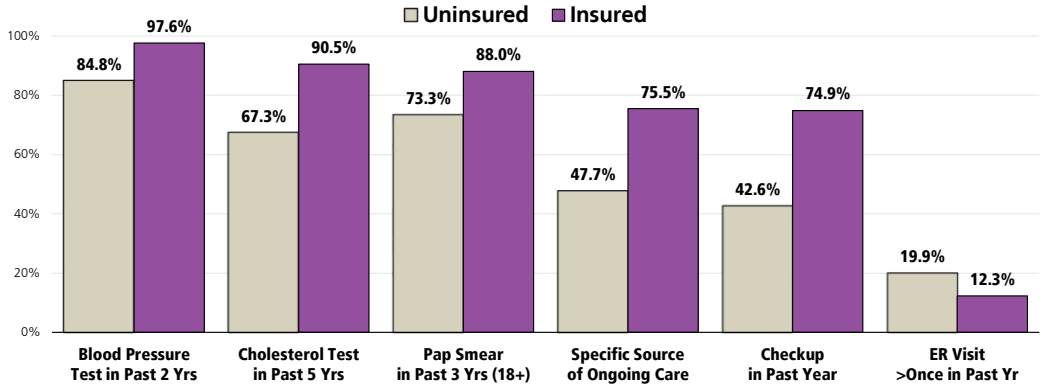


Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 178]
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 1-1]
Notes: Asked of all respondents under the age of 65.
Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Uninsured adults in the Rapides Foundation Service Area are less likely to receive routine care and preventive health screenings, and more likely to have multiple hospital ER visits.

Preventive Healthcare

(By Insured Status; Rapides Foundation Service Area, 2010)



Sources: • 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 16, 17, 33, 36, 78, 179]
Notes: • Asked of all respondents.

Difficulties Accessing Healthcare

Access to quality care is important to eliminate health disparities and increase the quality and years of healthy life for all persons in the United States. Access to high-quality healthcare across each of the components in the continuum of care must be improved to realize the full potential of prevention. For example, success in reducing the burden of heart disease and narrowing the gap in heart disease outcomes between different racial groups will depend on several factors. These factors include ensuring access to clinical preventive services, such as blood pressure and cholesterol screening; effective primary care to educate people about modifiable risk factors, such as smoking, and to manage effectively chronic conditions like hypertension; high-quality emergency services to improve outcomes of acute cardiac events; and access to rehabilitative and long-term care for heart disease patients.

Improving access to appropriate preventive care requires addressing many barriers, including those that involve the patient, provider, and system of care. Patient barriers include lack of knowledge, skepticism about the effectiveness of prevention, lack of a usual source of primary care, and lack of money to pay for preventive care. Having health insurance, a high income, and a primary care provider are strong predictors that a person will receive appropriate preventive care.

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

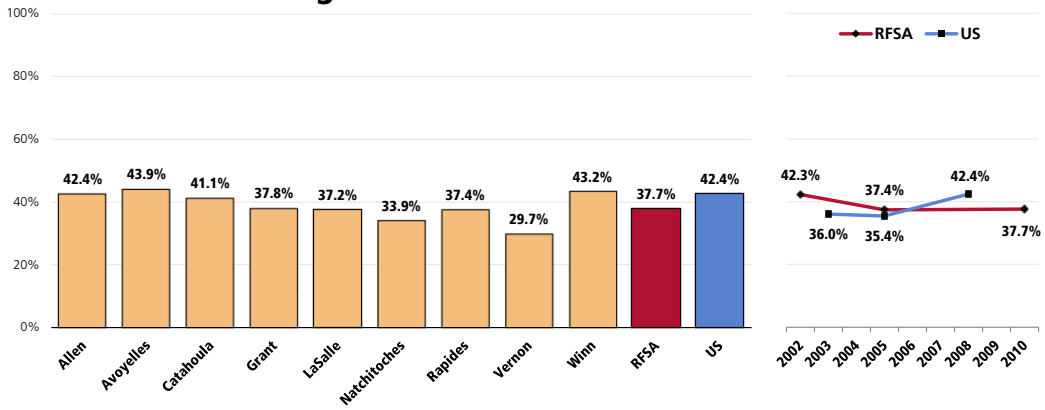
Difficulties Accessing Services

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

A total of 37.7% of RFSA adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- More favorable than national findings (42.4%).
- Notably lower (more favorable) in Vernon Parish (29.7%).
- Denotes a statistically significant *improvement* since 2002 (although similar to 2005 findings).
- Nationally, this proportion *worsened* between 2003 and 2008.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



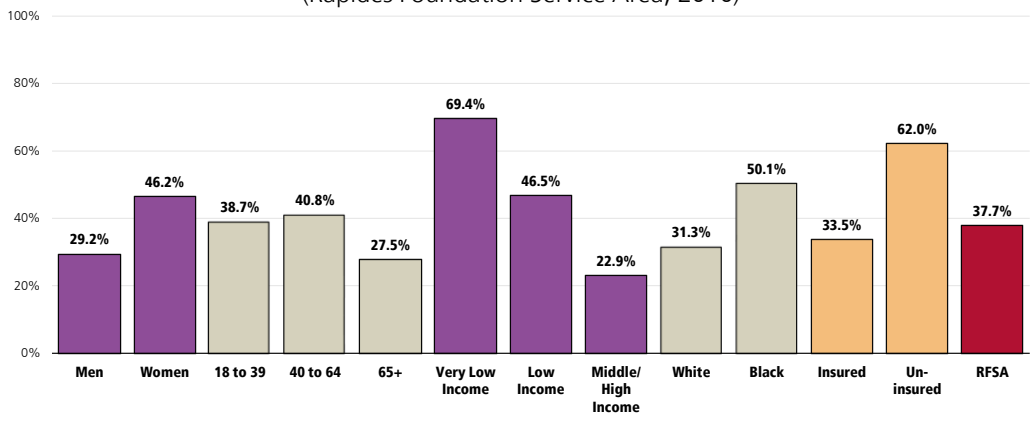
Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 180]
2008 PRC National Health Survey, Professional Research Consultants.
Notes: Asked of all respondents.

Note that the following demographic groups more often report difficulties accessing healthcare services:

- Women.
- Adults under the age of 65.
- Low-income, and especially very low-income residents.
- Blacks.
- Uninsured residents.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

(Rapides Foundation Service Area, 2010)



Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 180]
Notes: Asked of all respondents.
Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: "very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Barriers to Healthcare Access

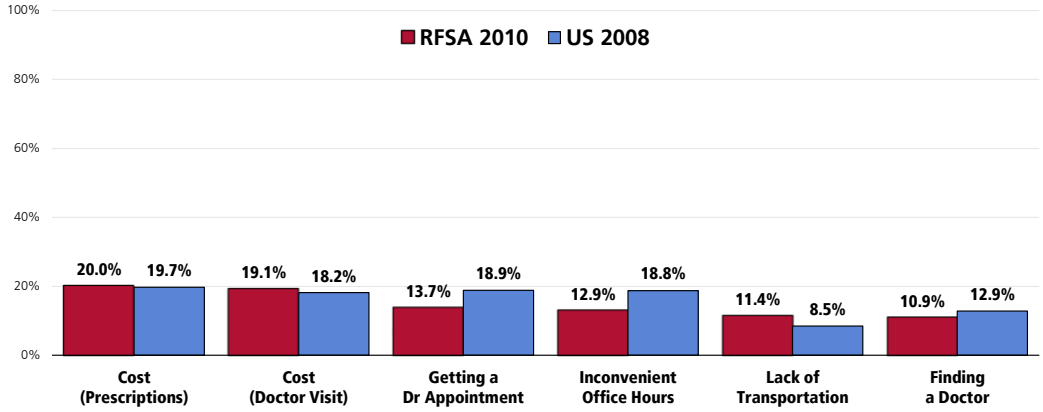
To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Of the tested barriers, cost of prescription medications impacted the greatest share of service area adults (20.0% say that cost prevented them from obtaining a necessary prescription in the past year).

The proportion of RFSA adults impacted was statistically comparable to or better than that found nationwide for each of the tested barriers, with the exception of **lack of transportation**, for which the RFSA fared less favorably.

Barriers to Access Have Prevented Medical Care in the Past Year



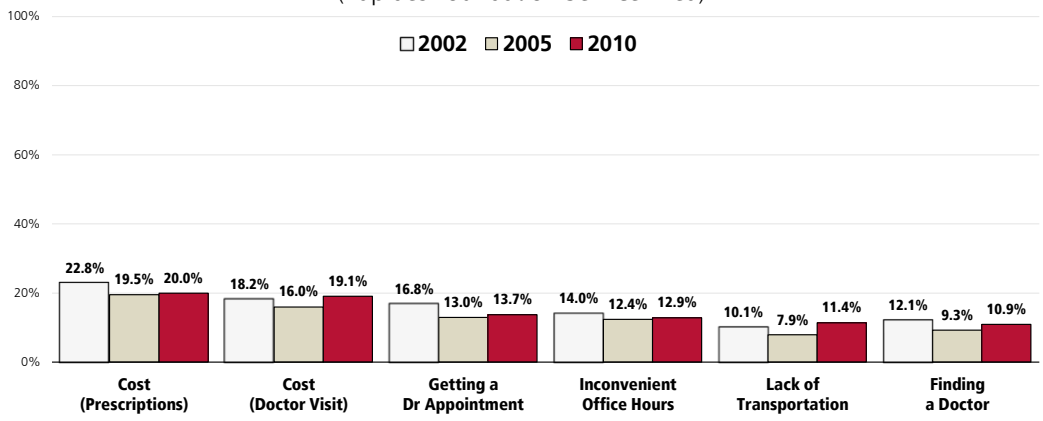
Sources:
- 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-12]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Compared to baseline 2002 data, the RFSA has seen significant improvements with regard to the barriers of **obtaining medical appointments** and **cost of prescriptions**.
- All other differences shown in the following chart are not statistically significant.

Trend in Access Barriers

(Rapides Foundation Service Area)



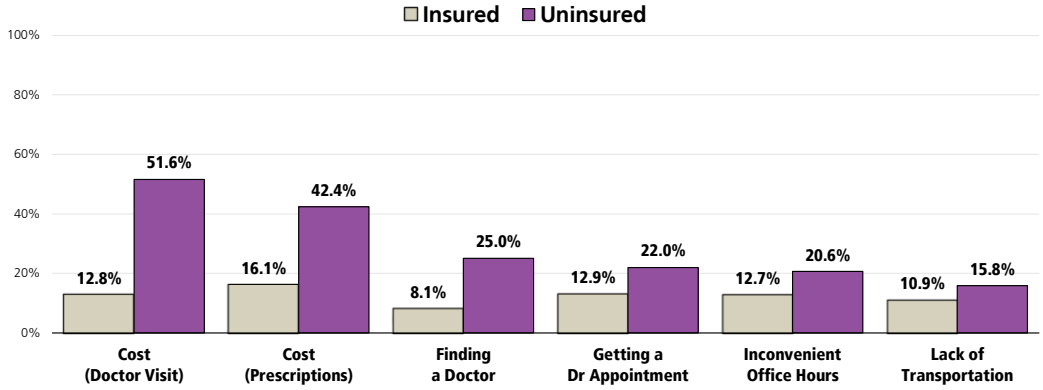
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 7-12]

Notes:
- Asked of all respondents.

- As might be expected, those without health insurance are much more likely to report access barriers when compared to the insured population in the Rapides Foundation Service Area.

Barriers to Healthcare Access

(By Insured Status, 18+; Rapides Foundation Service Area, 2010)



Sources: • 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-12]
Notes: • Asked of all respondents.

Accessing Healthcare for Children

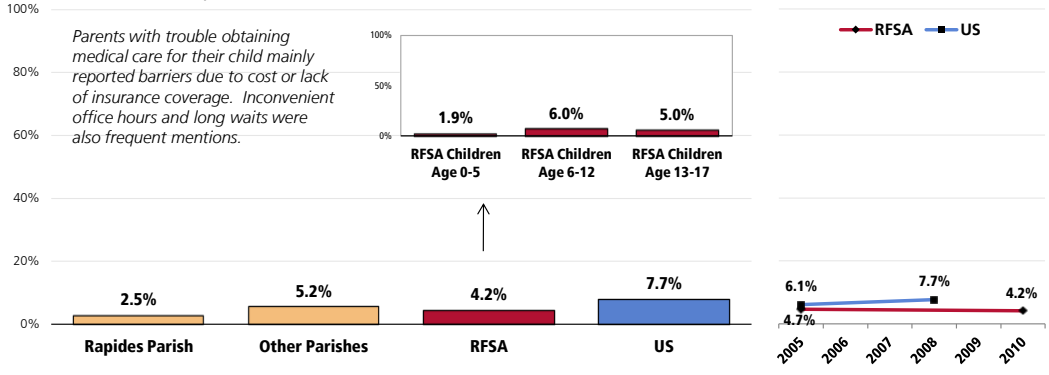
Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

A total of 4.2% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

- More favorable than the 7.7% reported nationwide.
- Lower in Rapides Parish than in the remaining parishes (in this case, sample sizes are too small to detail parish-level data).
- Lowest (1.9%) among parents of children under 6.
- No significant change in the RFSA since 2005.
- No significant change nationally between 2005 and 2008.

Had Trouble Obtaining Medical Care for Child in the Past Year

(Rapides Foundation Service Area Parents of Children <18, 2010)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 120-121]
2008 PRC National Health Survey, Professional Research Consultants.
Notes: Asked of all respondents with children under 18 at home.

Among the parents experiencing difficulties, the majority cited **cost or a lack of insurance** as the primary reason; other reasons cited included inconvenient office hours and long waits.

Primary Care Services

Improving primary care across the nation depends in part on ensuring that people have a usual source of care. Having a primary care provider as the usual source of care is especially important because of the beneficial attributes of primary care. These benefits include the provision of integrated, accessible healthcare services by clinicians who are accountable for addressing a large majority of personal healthcare needs, developing a sustained partnership with patients, and practicing in the context of family and community. Increasing the number and proportion of members of underrepresented racial and ethnic groups who are primary care providers also is important because they are more likely to practice in areas where health services are in short supply and in areas with high percentages of underrepresented racial and ethnic populations.

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

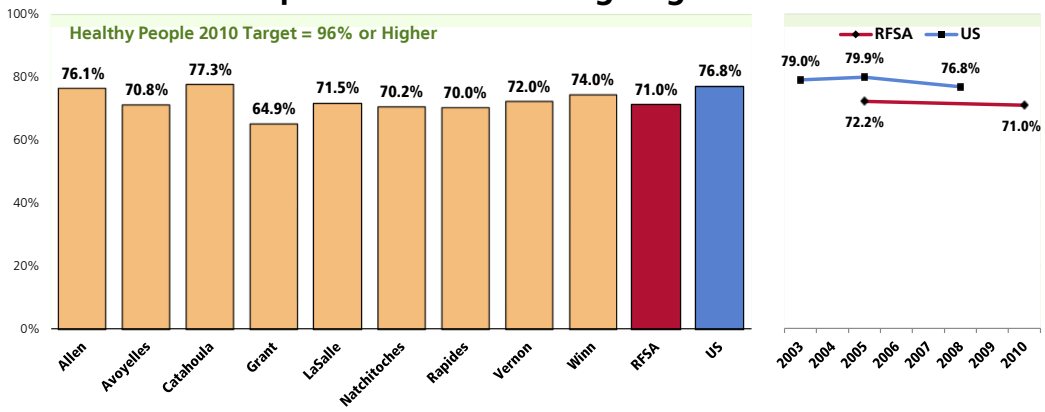
Specific Source of Ongoing Care

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. A hospital emergency room is not considered a source of ongoing care in this instance.

A total of 71.0% of RFSA adults were determined to have a specific source of ongoing medical care.

- Less favorable than national findings (76.8%).
- Fails to satisfy the Healthy People 2010 target (96% or higher).
- Most favorable (77.3%) in Catahoula Parish.
- Statistically unchanged in the RFSA since 2005.
- No significant change was found nationally between 2003 and 2008.

Have a Specific Source of Ongoing Medical Care



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 179]
2008 PRC National Health Survey, Professional Research Consultants.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 1-4]

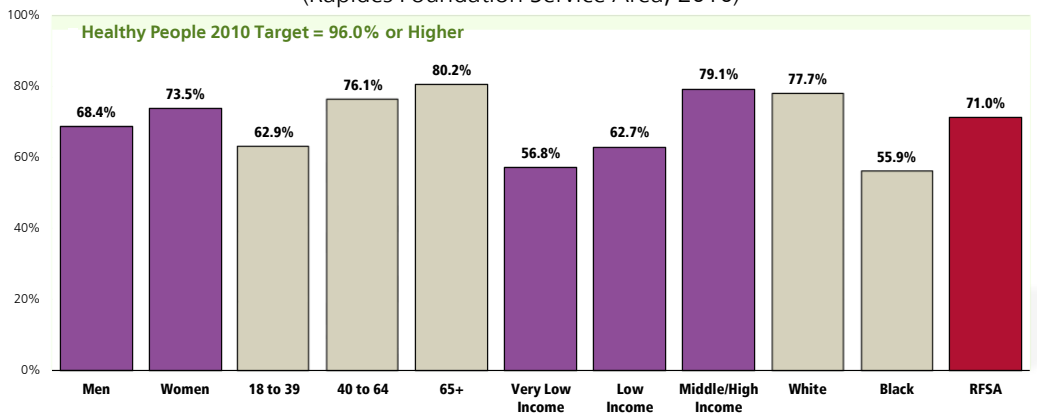
Notes: Asked of all respondents.

When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Men.
- Adults under age 40.
- Very low-income and low-income adults.
- Blacks.

Have a Specific Source of Ongoing Medical Care

(Rapides Foundation Service Area, 2010)



Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 179]
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 1-4]
Notes: Asked of all respondents.
Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

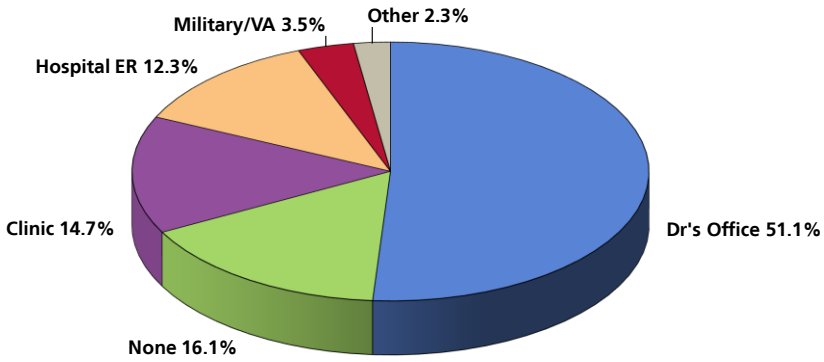
Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (51.1%) identified a particular doctor's office.

A total of 14.7% say they usually go to some type of clinic, while 12.3% rely on a hospital emergency room.

Particular Place Utilized for Medical Care

(Rapides Foundation Service Area, 2010)



Sources: • 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 14-15]
Notes: • Asked of all respondents.

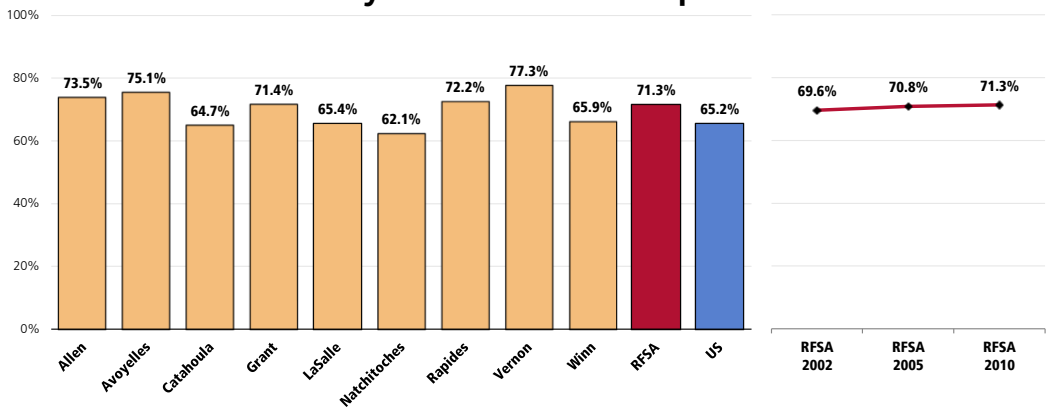
Utilization of Primary Care Services

Adults

A total of 71.3% of adults visited a physician for a routine checkup in the past year.

- More favorable than national findings (65.2%).
- Highest in Vernon Parish; lowest in Catahoula and Natchitoches Parishes.
- Statistically unchanged over time.

Have Visited a Physician for a Checkup in the Past Year



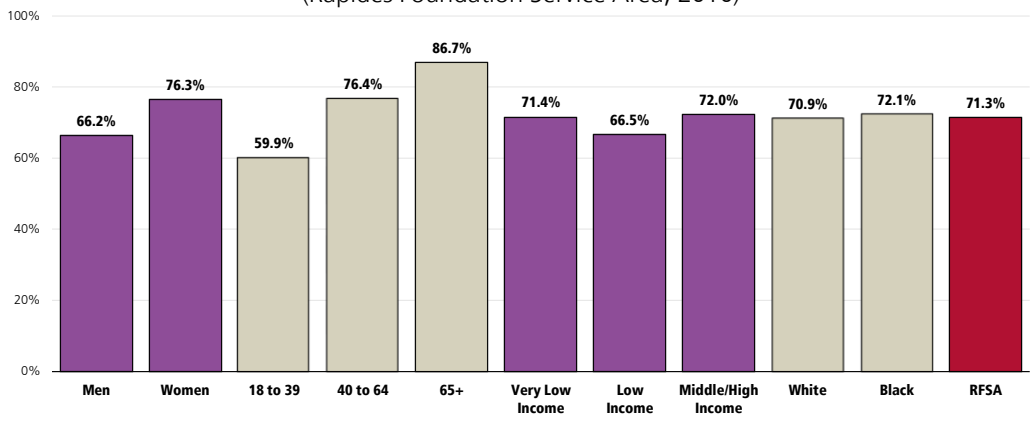
Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 16]
2008 PRC National Health Survey, Professional Research Consultants.
Notes: Asked of all respondents.

When viewed by demographic characteristics, the following populations are <u>less likely</u> to have received routine care in the past year:

- Men.
- Younger residents (note the positive correlation with age).
- Low-income respondents.

Have Visited a Physician for a Checkup in the Past Year

(Rapides Foundation Service Area, 2010)



Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 16]
Notes: Asked of all respondents.
Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: "very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

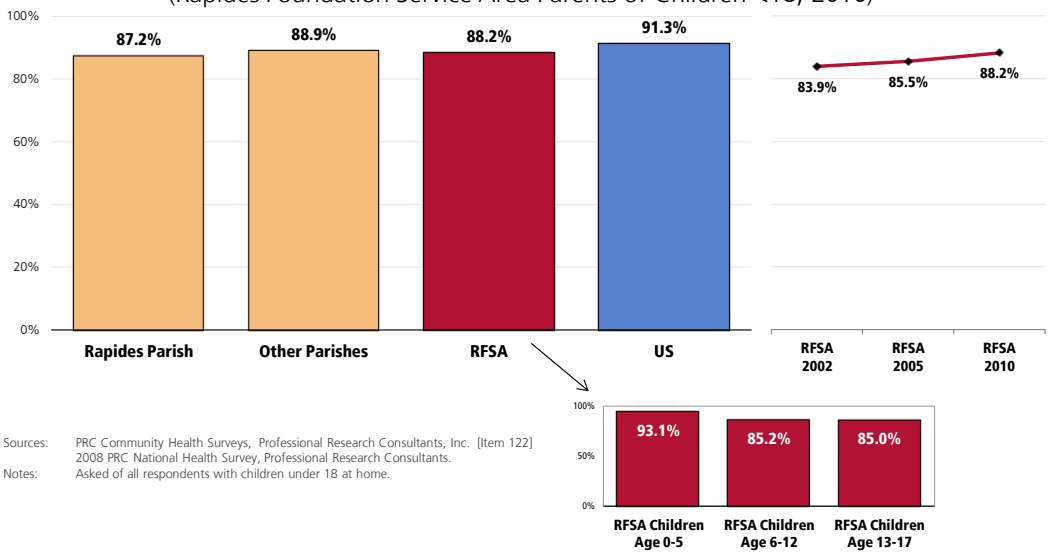
Children

Among surveyed parents, 88.2% report that their child has had a routine checkup in the past year.

- Statistically similar to national findings (91.3%).
- Similar between Rapides and Other Parishes.
- Note that routine checkups are highest in the service area among children aged 0-5.
- Note the significant increase in the proportion of children's routine checkups since 2002.

Child Has Visited a Physician for a Routine Checkup in the Past Year

(Rapides Foundation Service Area Parents of Children <18, 2010)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 122]
2008 PRC National Health Survey, Professional Research Consultants.
Notes: Asked of all respondents with children under 18 at home.

Availability of Primary Care & Other Health Services

Health Professional Shortage Areas (HPSAs)[1]

Health Professional Shortage Area (HPSA) designations are approved by the federal Shortage Designation Branch in the Health Resources and Services Administration located in Rockville, Maryland. Louisiana's Bureau of Primary Care and Rural Health typically submits requests pertaining to areas within the state. Designated HPSAs are valid for three years and must be reviewed at the end of that time. Upon review, if the area continues to qualify, an updated request is submitted to the Shortage Designation Branch.

Types of HPSA Designations & Sub-Categories

- Primary Care Designations
- Dental Designations
- Mental Health Designations

For each of the three HPSA Designation types, there are three sub-categories, which include:

- **Geographic Designations** take into account the entire population of the requested area to all available primary care physicians.
- **Population Group Designations** are special groups, the most common of which are Low-Income and Medicaid-Eligible designations. Low-income designations use a ratio built upon the low-income population of the area and the physicians providing services to this population. Medicaid-eligible designations are based on the number of Medicaid-eligible people in the area and the physicians that accept Medicaid.
- **Facility Designations** look at a facility's outpatient census, waiting times, patients' residences and in-house faculty to evaluate a facility's designation eligibility.

Benefits Of HPSA Designations

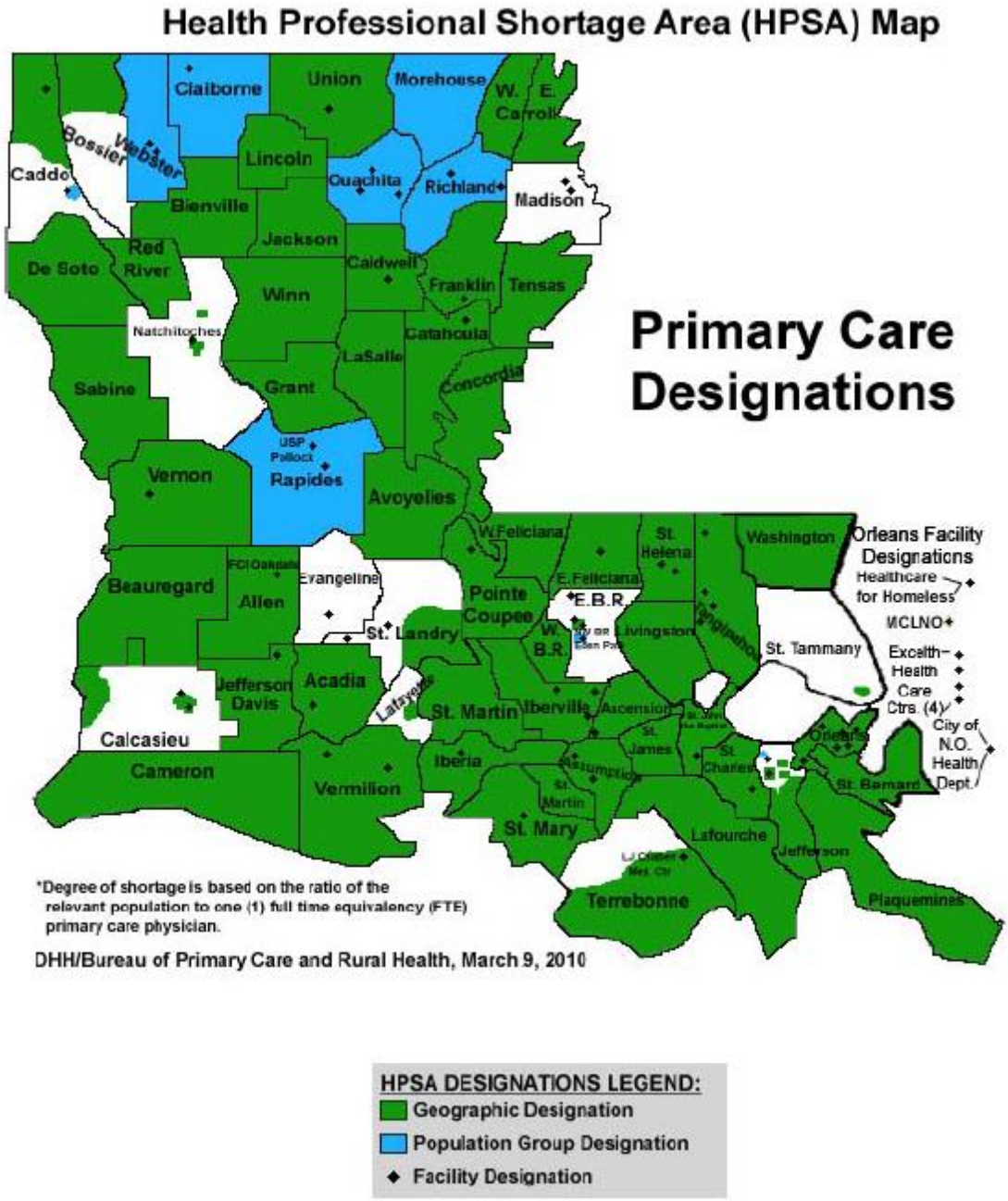
Several assistance programs use HPSA designations as a requirement or guide in approving grants and other funding. Some of these include J-1 Visa Waiver Program, National Health Service Corps Scholar and Loan Repayment Programs, Louisiana's State Loan Repayment Program, the 10% Bonus Medicare Incentive Program (geographic Primary Care HPSAs only), designating RHCs and FQHCs, and several grants, including the Graduate Training in Family Medicine and Physician Assistant Training grants.

Maps of the most current designations of parishes in the Rapides Foundation Service Area are presented on the following pages.

[1] Louisiana Department of Health and Hospitals. Bureau of Primary Care and Rural Health Shortage Designation Branch. http://www.dhh.louisiana.gov/offices/page.asp?ID=88&Detail=3814

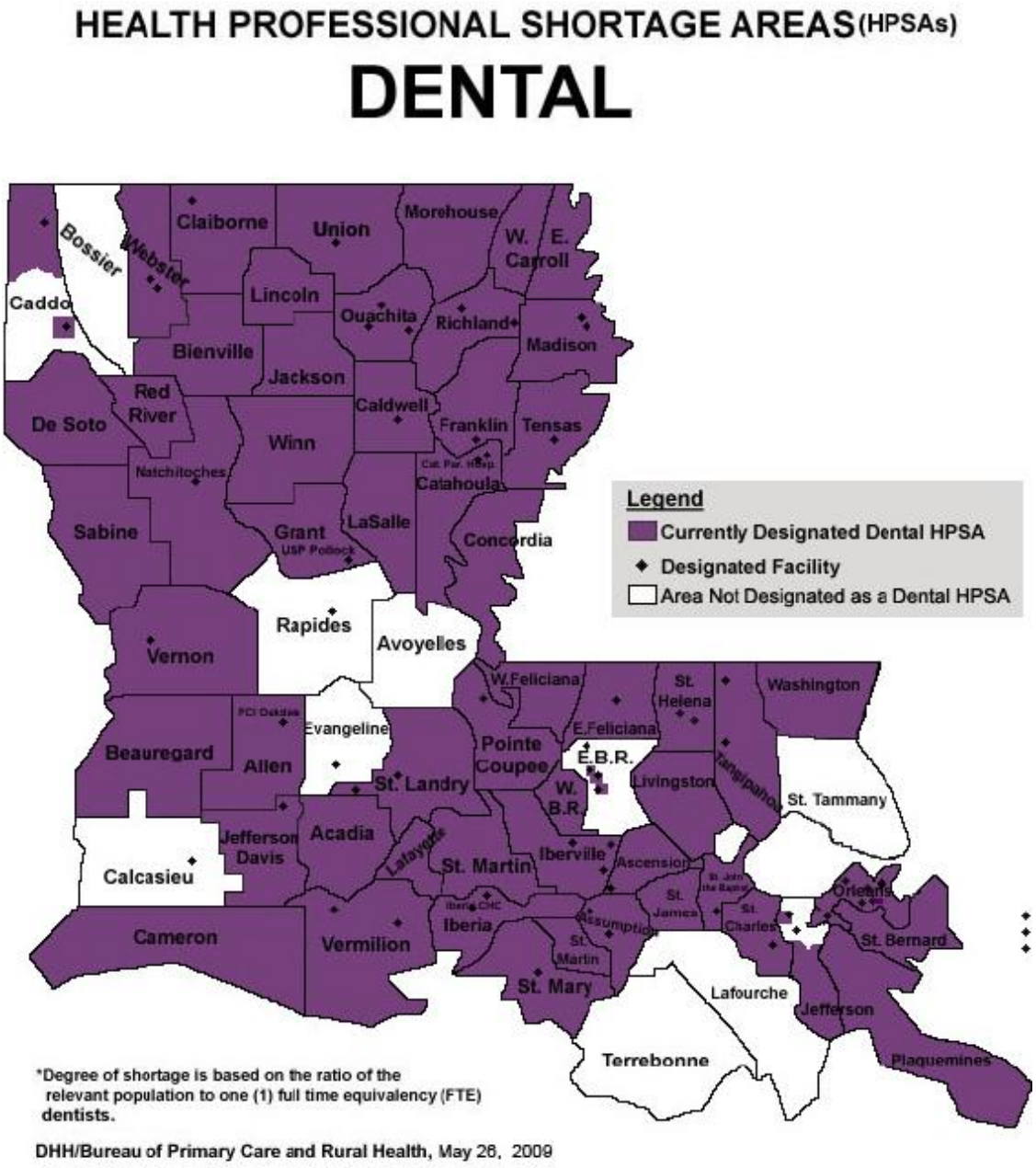
Primary Care

Primary care designations pertain to an area's access to physicians that principally practice one of the following: family practice, general practice, internal medicine, pediatrics and OB/GYN. A ratio is used to measure the level of primary care access needed to be considered underserved. Most areas in the state are considered to be high needs areas; therefore, a ratio of more than 3,000 possible patients to one primary care physician full-time equivalent (FTE) is usually required. Provider FTEs are determined by taking the number of hours per week the physician spends in primary care services, either in-office or on-rounds at a hospital, divided by 40. The total of these FTEs is divided by the total resident/civilian population of the area.[2]



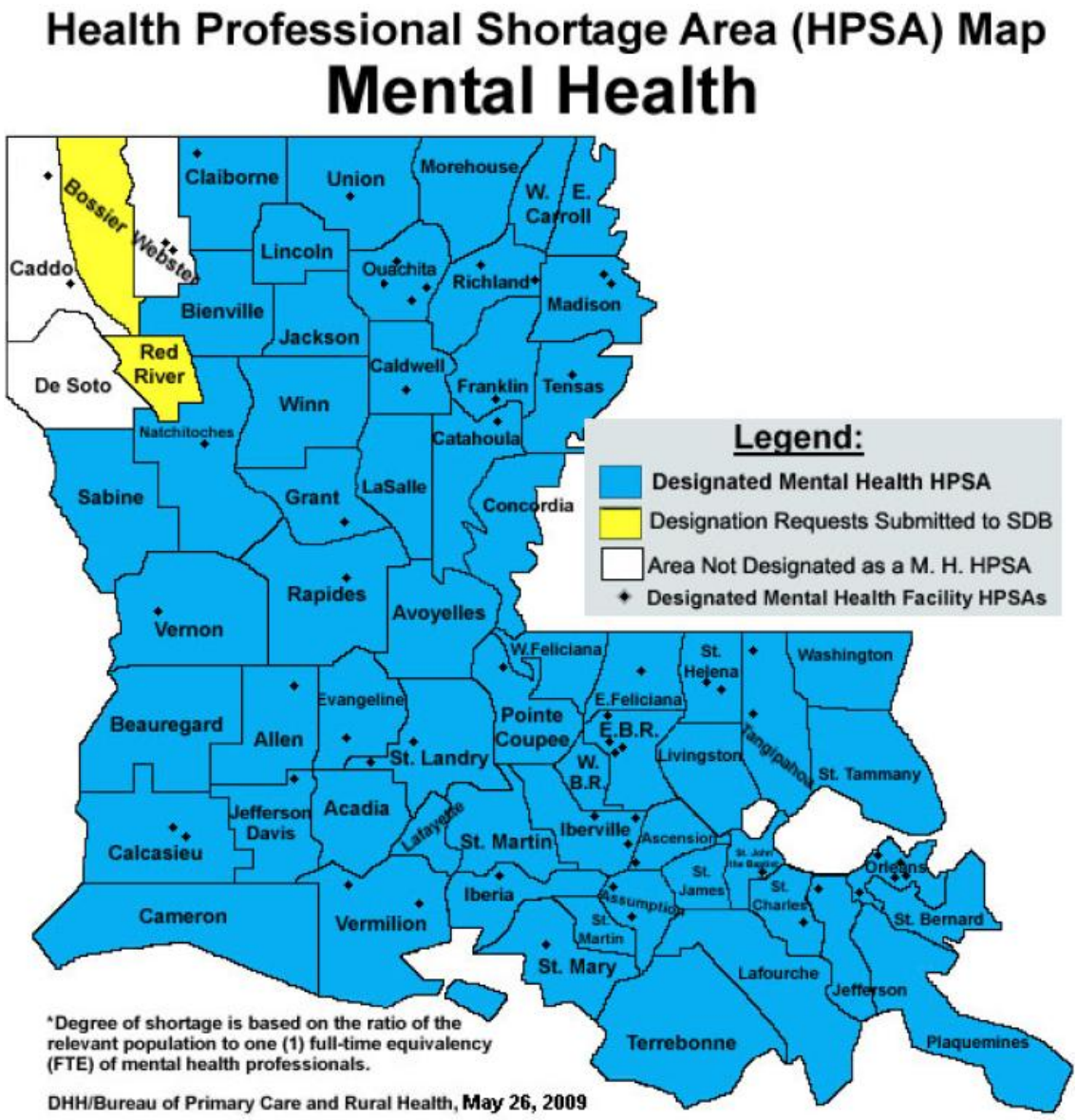
[2] Louisiana Department of Health and Hospitals. Bureau of Primary Care and Rural Health Shortage Designation Branch. http://www.dhh.louisiana.gov/offices/page.asp?ID=88&Detail=3814

Dental designations are also approved by the Shortage Designation Branch. These are designated on a similar ratio scheme. Dental FTEs are calculated by starting with the number of hours of patient care provided by a dentist per week . The FTE is then weighted according to the dentist's age and the number of assistants the dentist employs. A ratio of more than 4,000 possible patients to one dentist FTE is usually required in high needs areas. [3]



[3] Louisiana Department of Health and Hospitals. Bureau of Primary Care and Rural Health Shortage Designation Branch. http://www.dhh.louisiana.gov/offices/page.asp?ID=88&Detail=3814

Mental health designations are also approved by the Shortage Designation Branch. There are several ways to figure an area's mental health ratio that include looking at the number of psychiatrists and/or that number plus the other core mental health providers in the area. [4]



[4] Louisiana Department of Health and Hospitals. Bureau of Primary Care and Rural Health Shortage Designation Branch. http://www.dhh.louisiana.gov/offices/page.asp?ID=88&Detail=3814

Medically Underserved Areas[5]

Medically Underserved Areas (MUAs) identify areas or populations with a shortage of healthcare services. Documentation of shortage for MUAs includes several indicators in addition to the availability of healthcare providers. These factors include infant mortality rate, poverty rate, and percentage of population aged 65 or over.

All parishes throughout the RFSA are designated as MUAs.

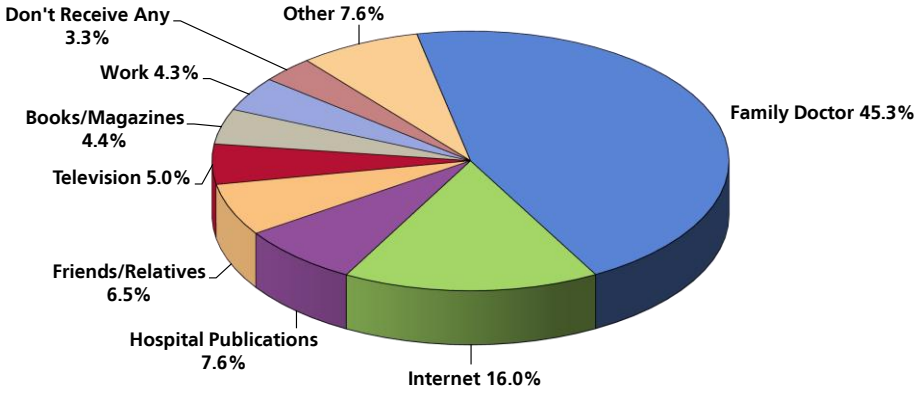
Healthcare Information Sources

Family physicians and the Internet are residents' primary sources of healthcare information.

- 45.3% of adults cited their **family physician** as their primary source of healthcare information, compared to 36.1% across the United States.
- 16.0% of adults cited the **Internet** as their primary source of healthcare information, compared to 17.4% nationally.
- Note that mention of the **Internet** as a primary source of information has increased significantly from 5.9% in 2002 to 16.0% this year (not shown in the following chart).

Primary Source of Healthcare Information

(Rapides Foundation Service Area, 2010)



Sources: • 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
Notes: • Asked of all respondents.

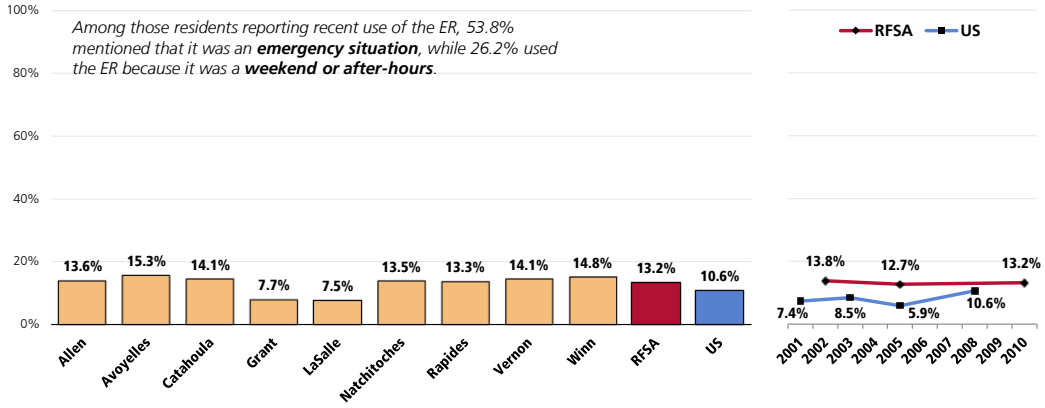
[5] http://muafind.hrsa.gov/index.aspx

Emergency Room Services

A total of 13.2% of adults throughout the RFSA have gone to a hospital emergency room more than once in the past year about their own health.

- Higher than national findings (10.6%).
- Notably lower in Grant and LaSalle Parishes.
- Statistically unchanged from the previous findings.
- Nationally, this proportion increased between 2001 and 2008.

Have Used a Hospital Emergency Room More Than Once in the Past Year



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 17-18]
2008 PRC National Health Survey, Professional Research Consultants.
Notes: Asked of all respondents.

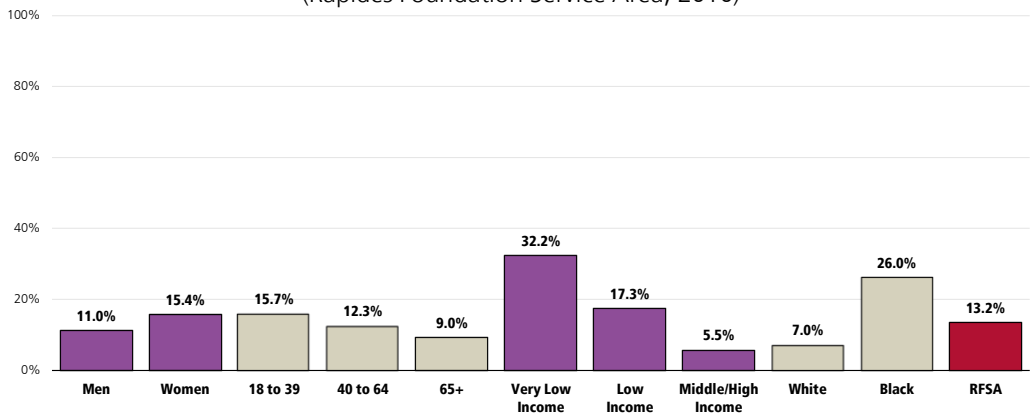
Of those using a hospital ER, 53.8% say this was due to an **emergency or life-threatening situation** (US=42.7%), while 26.2% indicated that the visit was during **after-hours or on the weekend** (US=38.7%).

Multiple ER visits were most often noted among:

- Women.
- Adults aged 18 to 39.
- Residents living at lower incomes (note the negative correlation).
- Blacks.

Have Used a Hospital Emergency Room More Than Once in the Past Year

(Rapides Foundation Service Area, 2010)



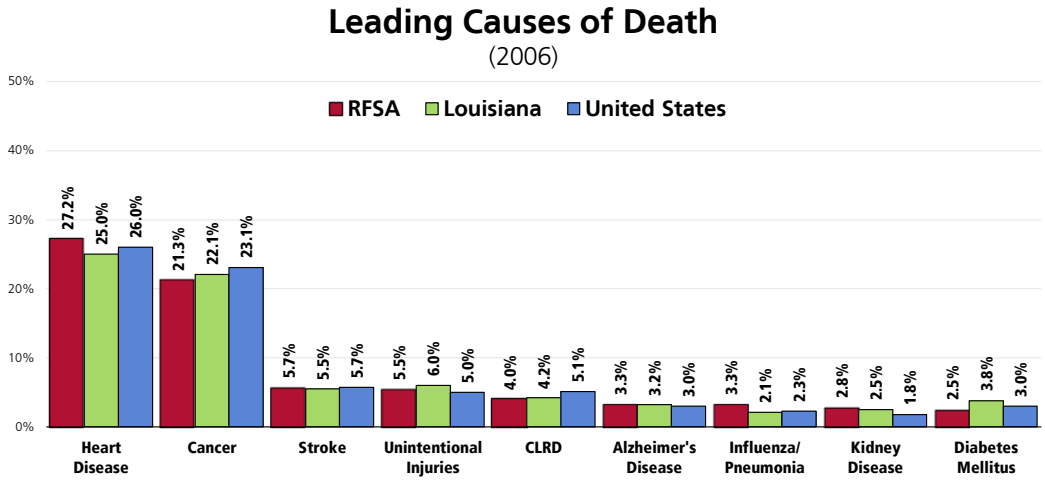
Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]
Notes: Asked of all respondents.
Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

DEATH & DISABILITY

Leading Causes of Death

Distribution of Deaths by Cause

Together, heart disease and cancers accounted for nearly one-half of all deaths in the Rapides Foundation Service Area in 2006.

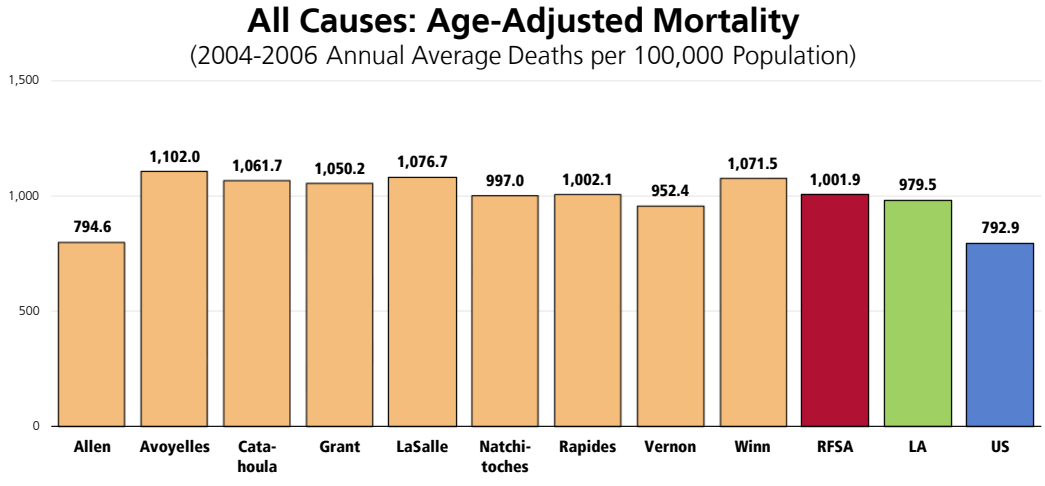


Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
CLRD is chronic lower respiratory disease.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Age-Adjusted Death Rates for All Causes

Between 2004 and 2006, there was an annual average age-adjusted mortality rate of 1,001.9 deaths per 100,000 population in the Rapides Foundation Service Area (all causes).

- Just above the Lousiana rate (979.5).
- Much higher than the national rate (792.9).
- While the rate was lowest in Allen Parish, there are known reporting errors for Allen Parish 2006 deaths; therefore, this rate might not be reliable.

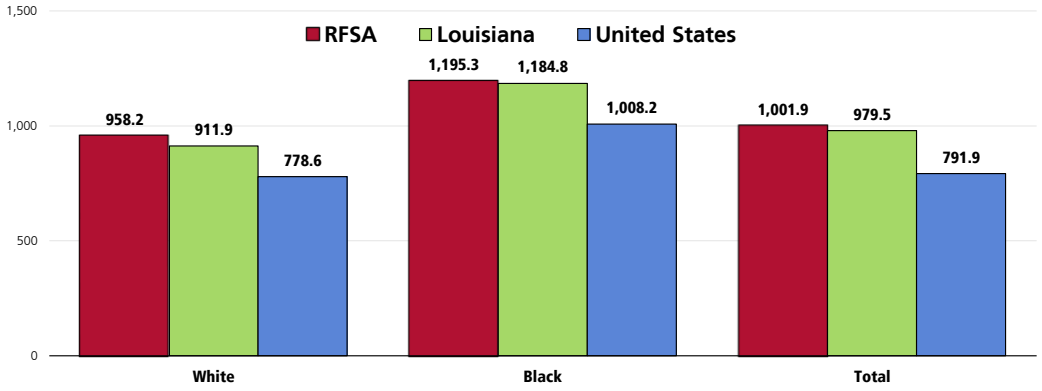


Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
Parish, state and national data are simple three-year averages; the RFSA three-year average is weighted by population.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Blacks experience a notably higher death rate than do Whites in the Rapides Foundation Service Area. The same is true statewide and nationwide as well.

All Causes: Age-Adjusted Mortality by Race

(2004-2006 Annual Average Deaths per 100,000 Population)



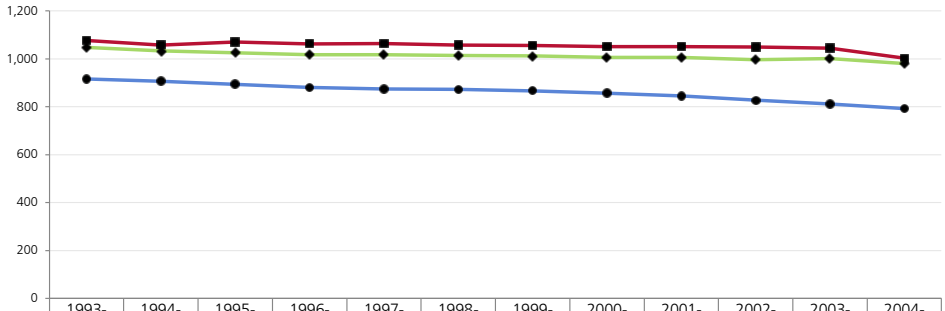
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.

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 U.S. Standard Population.
Parish, state and national data are simple three-year averages; the RFSA three-year average is weighted by population.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Regionally, statewide and nationally, mortality rates have been declining in the past several years.

All Causes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1993-1995	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006
RFSA	1,076.1	1,057.1	1,070.5	1,061.8	1,063.1	1,056.9	1,054.8	1,051.4	1051.1	1048.8	1045	1001.9
Louisiana	1,047.2	1,032.6	1,025.4	1,016.5	1,016.4	1,013.0	1,011.7	1,005.1	1005.4	996.1	1000.5	979.5
United States	916.5	905.8	894.0	880.9	874.8	871.7	866.4	856.3	844.5	826.9	811.4	792.9

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.

Notes: Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Age-Adjusted Death Rates for Selected Causes

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 2010* targets.

The following chart outlines 2004-2006 annual average age-adjusted death rates per 100,000 population for selected causes of death in the Rapides Foundation Service Area.

Note that, with the exception of cirrhosis/liver disease deaths, RFSA death rates are worse than US rates for each of the selected causes.

RFSA death rates also fail to meet the available Healthy People 2010 objectives for all available targets.

Death rates and disease incidence rates for the Rapides Foundation Service Area are calculated using individual parish-level rates, weighted by population.

Age-Adjusted Death Rates for Selected Causes

(2004-2006 Deaths per 100,000)

	RFSA	LA	US	HP2010
Diseases of the Heart	279.8	247.4	209.6	213.7*
Malignant Neoplasms (Cancers)	206.2	211.0	183.6	159.9
Cerebrovascular Disease (Stroke)	54.4	55.9	46.7	48.0
Chronic Lower Respiratory Disease (CLRD)	43.8	40.8	41.6	n/a
Diabetes Mellitus	27.0	38.2	24.2	15.1*
Alzheimer's Disease	30.9	31.6	22.5	n/a
Influenza/Pneumonia	32.4	21.5	19.3	n/a
Motor Vehicle Crashes	26.3	23.0	15.1	9.2
Cirrhosis/Liver Disease	8.2	8.1	8.9	3.0
Homicide/Legal Intervention	7.2	13.0	6.1	3.0
Intentional Self-Harm (Suicide)	11.5	11.7	10.9	5.0
Kidney Disease	24.5	25.4	14.0	n/a
Unintentional Injuries	57.3	59.4	39.0	17.5
HIV/AIDS	5.7	8.9	4.2	0.7

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
- Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Note:
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population and coded using ICD-10 codes.
- *The Healthy People 2010 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.
- Parish, state and national data are simple three-year averages, the RFSA three-year averages are weighted by population.
  NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

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

Cardiovascular Disease

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

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

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

- About 61 million adults (almost one-fourth of the population) live with the effects of stroke or heart disease.
- Heart disease is a leading cause of disability among working adults.
- Stroke alone accounts for the disability of more than 1 million adults.
- Almost 6 million hospitalizations each year are due to heart disease or stroke.
- About 4.5 million stroke survivors are alive today.

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

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

Age-Adjusted Heart Disease & Stroke Deaths

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

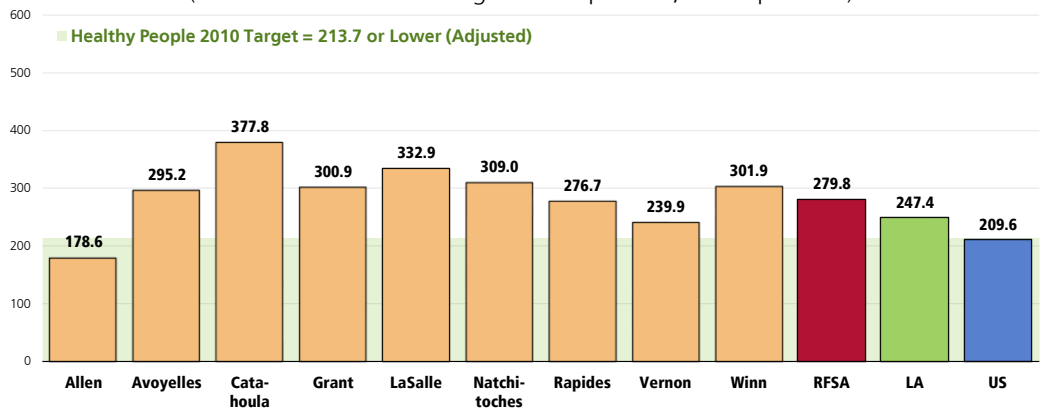
Heart Disease Deaths

Between 2004 and 2006, there was an annual average age-adjusted heart disease mortality rate of 279.8 deaths per 100,000 population in the Rapides Foundation Service Area.

- Higher than found statewide (247.4).
- Much higher than the national rate (209.6).
- Fails to satisfy the Healthy People 2010 objective of 213.7 or lower (adjusted to account for all diseases of the heart).
- Highest (least favorable) in Catahoula, LaSalle and Natchitoches Parishes; lowest (most favorable) in Allen, Rapides and Vernon Parishes.

Heart Disease: Age-Adjusted Mortality

(2004-2006 Annual Average Deaths per 100,000 Population)



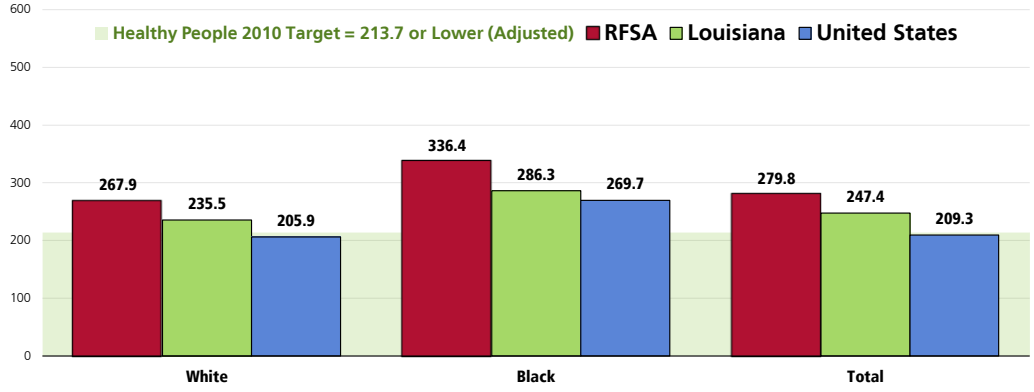
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-1]

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 U.S. Standard Population.
Parish, state and national data are simple three-year averages; the RFSA three-year average is weighted by population.
The Healthy People 2010 Heart Disease target is adjusted to account for all diseases of the heart.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

By race, mortality rates are notably higher in the RFSA among Blacks (this is true both statewide and nationwide as well).

Heart Disease: Age-Adjusted Mortality by Race

(2004-2006 Annual Average Deaths per 100,000 Population)



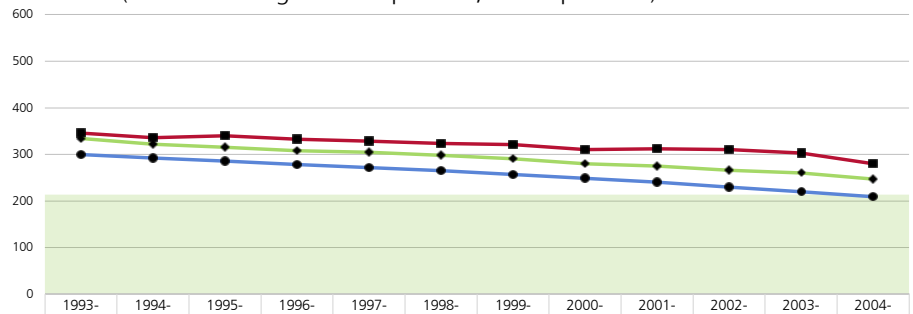
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-1]

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 U.S. Standard Population.
Parish, state and national data are simple three-year averages; the RFSA three-year average is weighted by population.
The Healthy People 2010 Heart Disease target is adjusted to account for all diseases of the heart.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

- Mortality rates have decreased across the RFSA over the past decade, echoing the decreasing trends across Louisiana and the US overall.

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1993-1995	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006
Healthy People 2010	213.7	213.7	213.7	213.7	213.7	213.7	213.7	213.7	213.7	213.7	213.7	213.7
RFSA	345.8	335.9	339.8	332.9	328.2	323.5	321.3	310.4	311.8	310	303.1	279.8
Louisiana	334.3	321.6	315.0	307.6	304.7	298.3	290.6	279.7	274.8	265.9	260.3	247.4
United States	299.7	292.2	285.6	278.2	271.8	265.1	257.3	248.7	240.3	230.1	220.3	209.6

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-1]

Notes: Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
The Healthy People 2010 Heart Disease target is adjusted to account for all diseases of the heart.

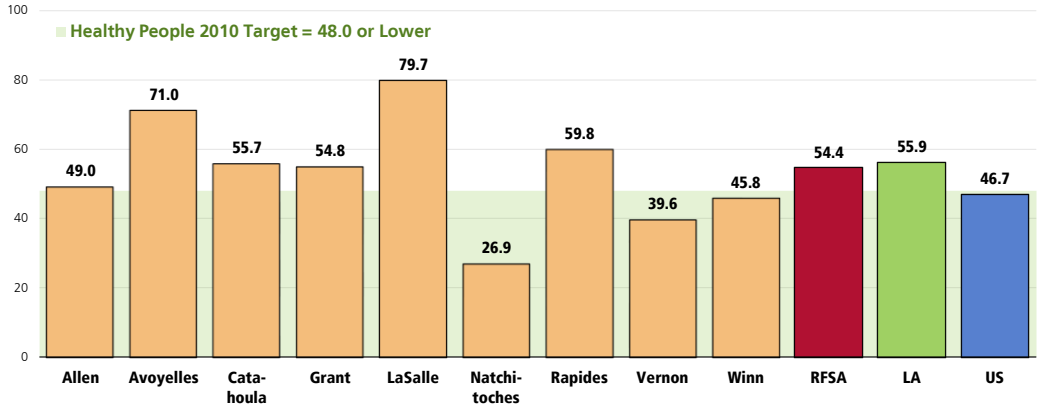
Stroke Deaths

Between 2004 and 2006, there was an annual average age-adjusted stroke mortality rate of 54.4 deaths per 100,000 population in the Rapides Foundation Service Area.

- Similar to the Louisiana rate (55.9).
- Higher than the national rate (46.7).
- Fails to satisfy the Health People 2010 target.
- Highest in Avoyelles, LaSalle and Rapides Parishes; particularly low in Natchitoches Parish.

Stroke: Age-Adjusted Mortality

(2004-2006 Annual Average Deaths per 100,000 Population)



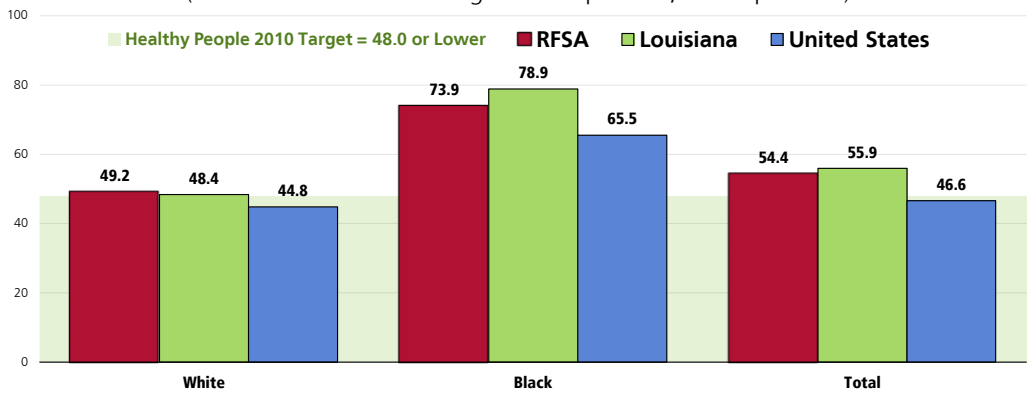
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-7]

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 U.S. Standard Population.
Parish, state and national data are simple three-year averages; the RFSA three-year average is weighted by population.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Stroke mortality is notably higher among Blacks.

Stroke: Age-Adjusted Mortality by Race

(2004-2006 Annual Average Deaths per 100,000 Population)



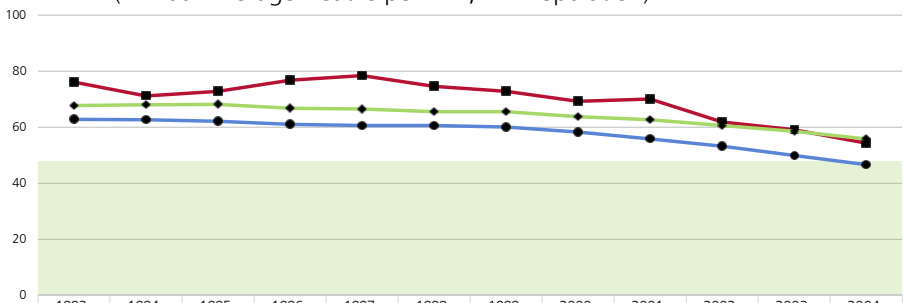
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-7]

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 U.S. Standard Population.
Parish, state and national data are simple three-year averages; the RFSA three-year average is weighted by population.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Stroke rates have declined in recent years.

Stroke: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1993-1995	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006
Healthy People 2010	48.0	48.0	48.0	48.0	48.0	48.0	48.0	48.0	48.0	48.0	48.0	48.0
RFSA	76.2	71.2	72.9	76.8	78.4	74.6	72.9	69.3	70.1	61.9	59.1	54.4
Louisiana	67.8	68.1	68.2	66.8	66.6	65.6	65.6	63.8	62.7	60.7	58.6	55.9
United States	62.8	62.7	62.2	61.0	60.7	60.6	60.1	58.3	55.9	53.3	50	46.7

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-7]

Notes: Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

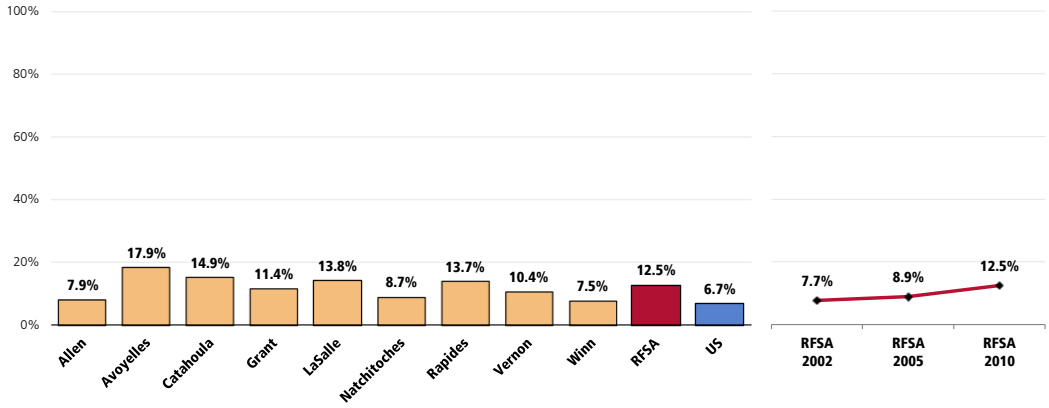
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 12.5% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Nearly twice the national prevalence (6.7%).
- Notably higher in Avoyelles Parish.
- The prevalence of chronic heart disease in the RFSA has increased significantly since the 2002 survey was conducted.

Prevalence of Heart Disease

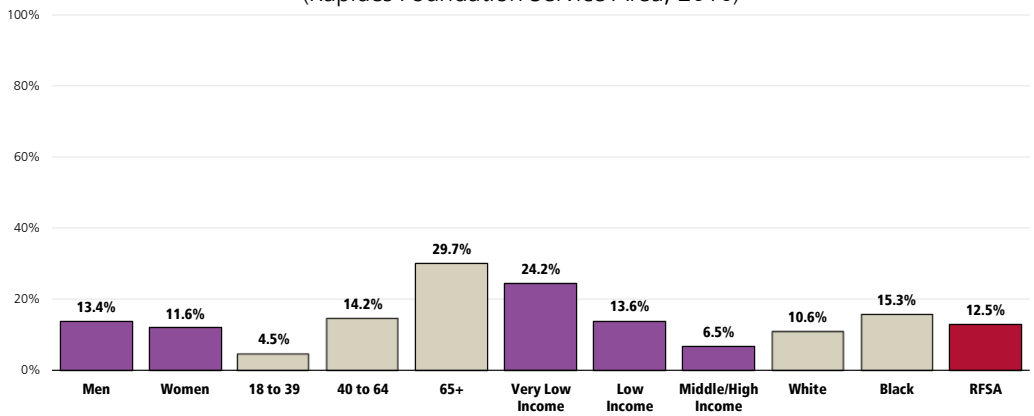


Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 141]
2008 PRC National Health Survey, Professional Research Consultants.
Notes: Asked of all respondents.

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

- Adults aged 40 and older (and especially those 65+).
- Residents living at lower incomes (note the negative correlation).
- Blacks.

Prevalence of Heart Disease
(Rapides Foundation Service Area, 2010)

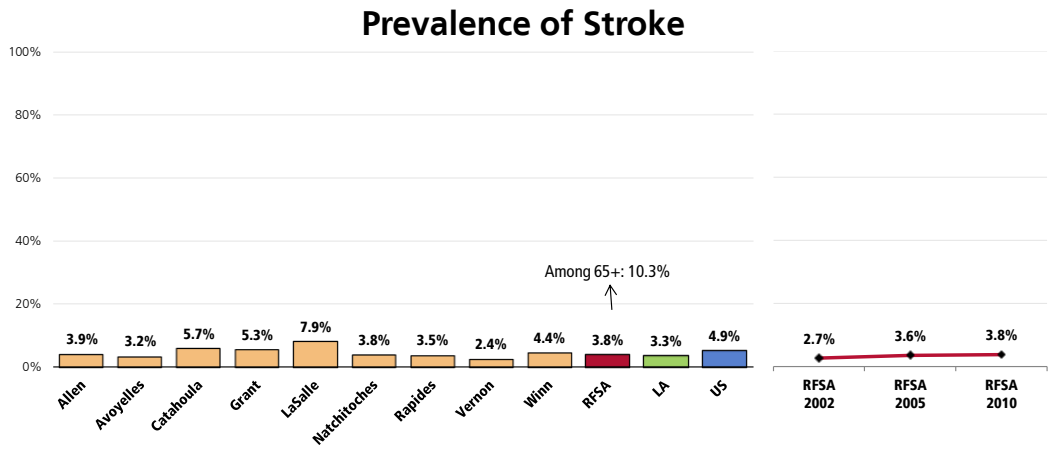


Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 141]
Notes: Asked of all respondents.
Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Prevalence of Stroke

A total of 3.8% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to statewide findings (3.3%).
- Similar to national findings (4.9%).
- Notably higher in LaSalle Parish.
- Note: Among RFSA residents aged 65 and older, 10.3% have had a stroke.
- The prevalence of stroke in the RFSA community has increased since 2002.



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 26]
2008 PRC National Health Survey, Professional Research Consultants.
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2009 Louisiana data.
Notes: Asked of all respondents.

Cardiovascular Risk Factors

Hypertension (High Blood Pressure)

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

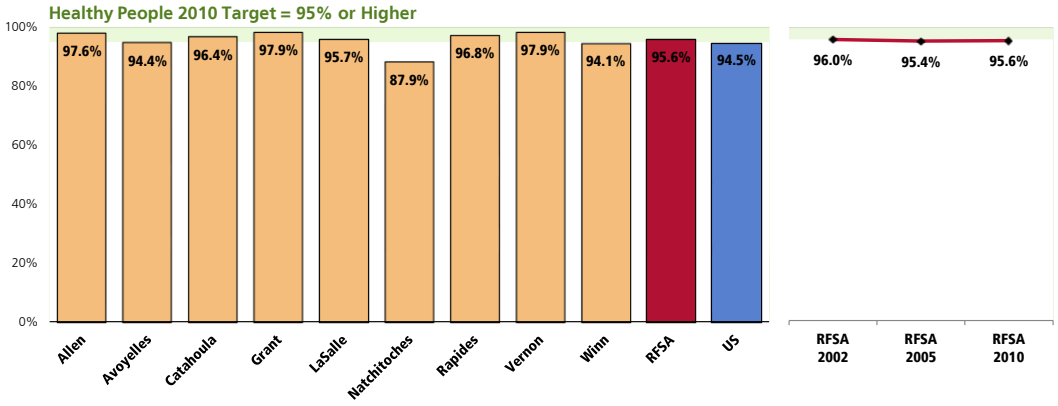
– Healthy People 2010, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

High Blood Pressure Testing

A total of 95.6% of RFSA adults have had their blood pressure tested within the past two years.

- Similar to national findings (94.5%).
- Similar to the Healthy People 2010 target (95% or higher).
- Notably lower in Natchitoches Parish.
- Hypertension screening has remained statistically unchanged in the RFSA since 2002.

Have Had Blood Pressure Checked in the Past 2 Years



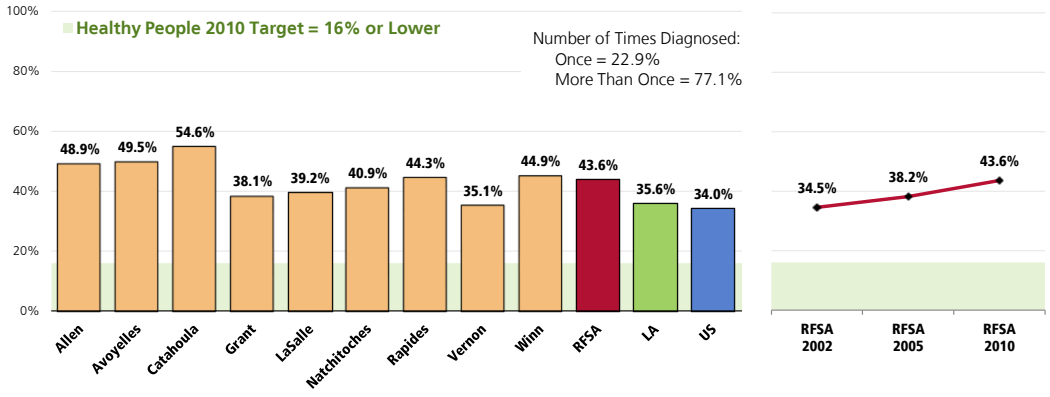
Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 33]
2008 PRC National Health Survey, Professional Research Consultants.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-12]
Notes: Asked of all respondents.

Prevalence of Hypertension

A full 43.6% of adults have been told at some point that their blood pressure was high (an additional 2.5% have not been tested in the past five years).

- Less favorable than the Louisiana prevalence (35.6%).
- Less favorable than the national prevalence (34.0%).
- More than twice the Healthy People 2010 target (16% or lower).
- Highest in Catahoula Parish.
- Since 2002, the RFSA prevalence of hypertension has increased significantly.

Prevalence of High Blood Pressure



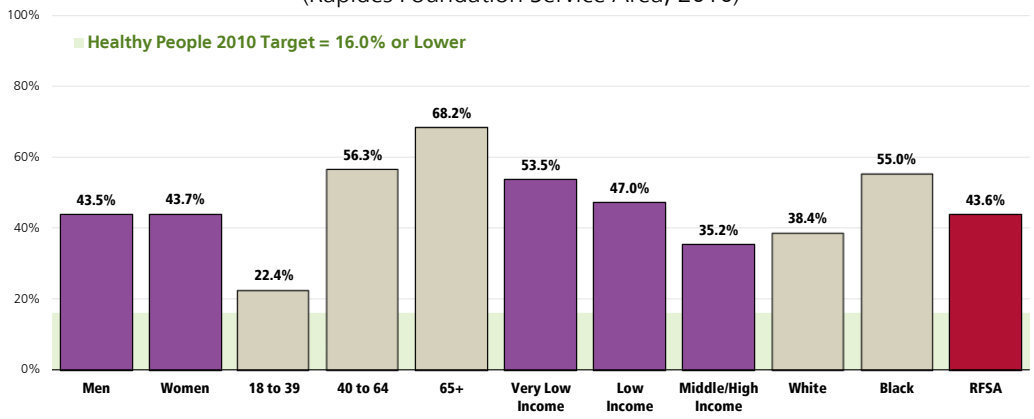
Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 30-31, 138]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2009 Louisiana data.
2008 PRC National Health Survey, Professional Research Consultants.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-9]
Notes: Asked of all respondents.

Hypertension diagnoses are higher among:

- Adults aged 40 and older (note the positive correlation with age).
- Low-income and very low-income residents.
- Blacks.

Prevalence of High Blood Pressure

(Rapides Foundation Service Area, 2010)



Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-9]
Notes: Asked of all respondents.
Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

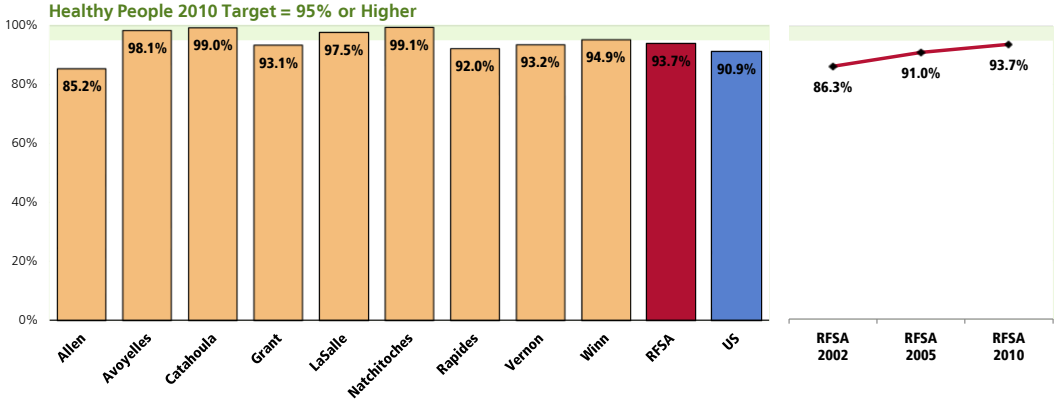
Hypertension Management

Among respondents who have been told that their blood pressure was high, 93.7% report that they are currently taking actions to control their condition, such as through medication, diet and/or exercise.

- Similar to national findings (90.9%).
- Similar to the Healthy People 2010 target of 95% or higher.
- Notably higher in Avoyelles, Catahoula, LaSalle, and Natchitoches Parishes; notably lower (less favorable) in Allen Parish.
- Since 2002, the prevalence of hypertensive adults who are taking action to control their high blood pressure has improved.

Taking Action to Control Hypertension

(Among RFSA Adults with High BP, 2010)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 32]
2008 PRC National Health Survey, Professional Research Consultants.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-11]
Notes: Asked of all respondents who have been diagnosed with high blood pressure.
In this case, the term "action" refers to medication, change in diet, and/or exercise.

High Blood Cholesterol

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

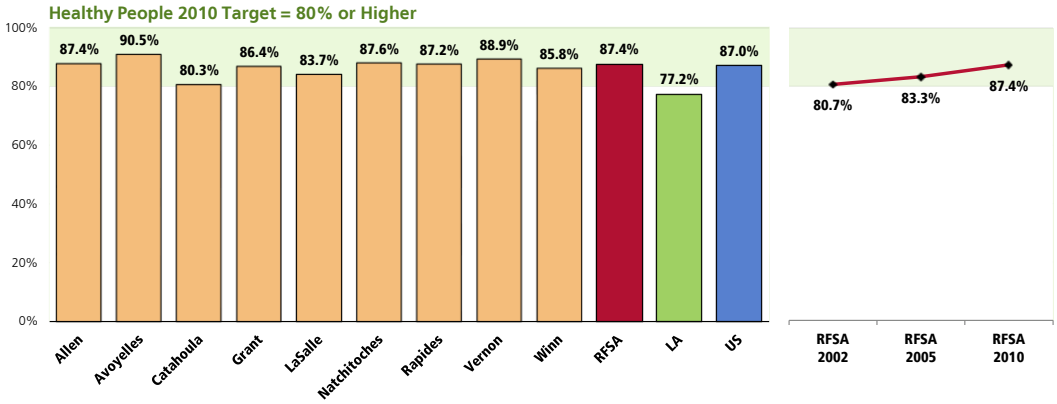
– Healthy People 2010, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Blood Cholesterol Testing

A total of 87.4% of RFSA adults have had their blood cholesterol checked within the past five years.

- More favorable than Louisiana findings (77.2%).
- Nearly identical to national findings (87.0%).
- Satisfies the Healthy People 2010 target (80% or higher).
- Notably lower in Catahoula Parish.
- Since 2002, the prevalence of RFSA adults with recent cholesterol screenings has increased significantly.

Have Had Blood Cholesterol Levels Checked in the Past 5 Years



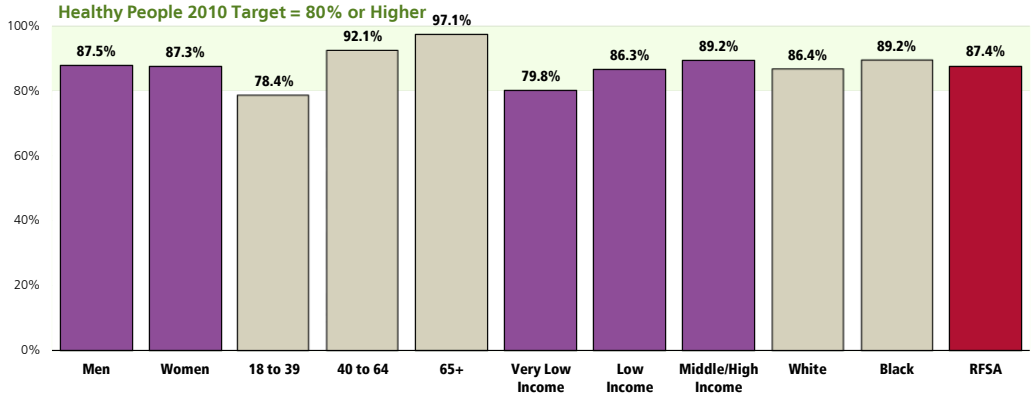
Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 36]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2009 Louisiana data.
2008 PRC National Health Survey, Professional Research Consultants.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-15]
Notes: Asked of all respondents.

The following demographic segments report a lower prevalence of recent cholesterol screenings:

- Young adults.
- Residents with very low incomes.

Have Had Blood Cholesterol Levels Checked in the Past 5 Years

(Rapides Foundation Service Area, 2010)



Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-15]

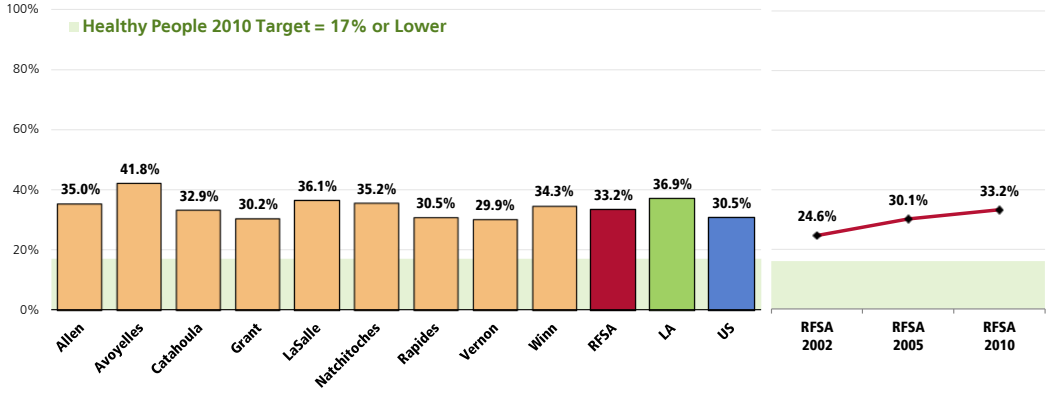
Notes: Asked of all respondents.
Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Self-Reported High Blood Cholesterol

A total of 33.2% of adults have been told by a health professional that their cholesterol level was high (an additional 17.3% have not had their cholesterol tested in the past five years)**.**

- More favorable than Louisiana findings (36.9%).
- Similar to the national prevalence (30.5%).
- Nearly twice the Healthy People 2010 target (17% or lower).
- Notably higher in Avoyelles Parish.
- Since 2002, the RFSA prevalence of high cholesterol has increased significantly.

Prevalence of High Blood Cholesterol



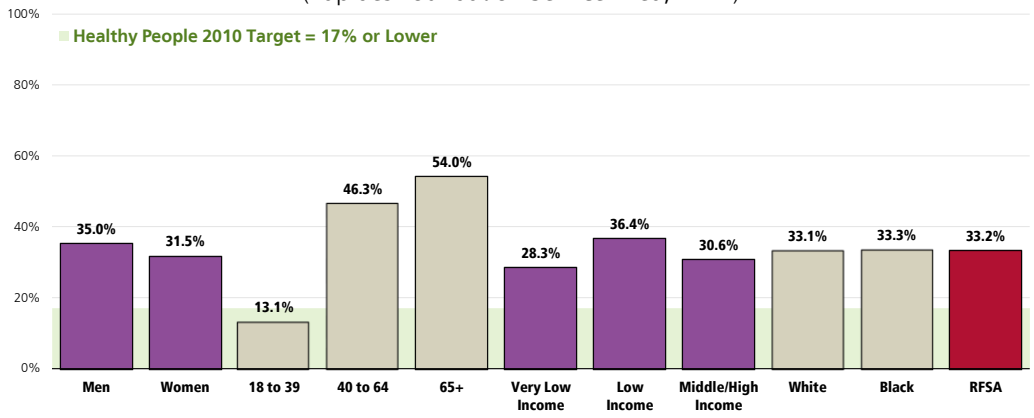
Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 34, 139]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2009 Louisiana data.
2008 PRC National Health Survey, Professional Research Consultants.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-14]

Notes: Asked of all respondents.
*The Louisiana data reflects those adults who have been tested for high cholesterol and who have been diagnosed with it.

- Note the positive correlation between age and high blood cholesterol diagnoses.
- Note also the higher prevalence among low-income adults.
- In addition, note that "unknowns" are relatively high in young adults and low-income residents (not shown).

Prevalence of High Blood Cholesterol

(Rapides Foundation Service Area, 2010)



Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 139]
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-14]
Notes: Asked of all respondents.
Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

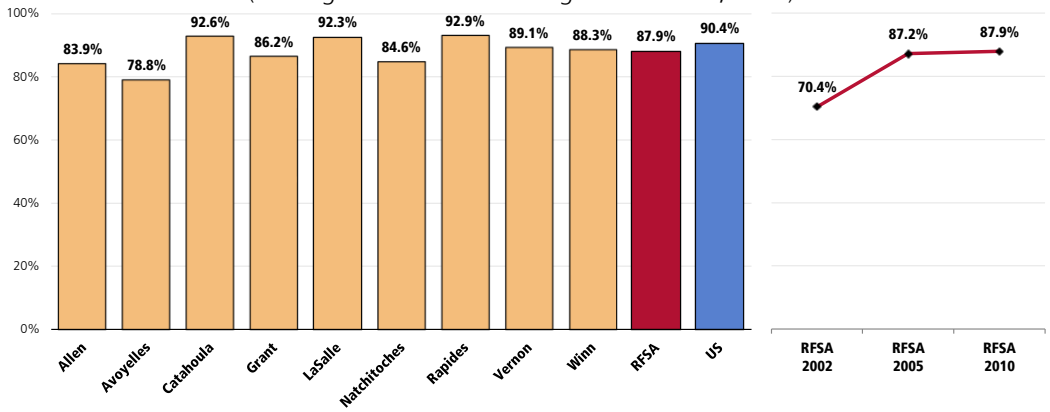
High Cholesterol Management

Among adults who have been told that their blood cholesterol was high, 87.9% report that they are currently taking actions to control their cholesterol levels, such as through medication, diet and/or exercise.

- Statistically similar to the national finding (90.4%).
- Lowest in Avoyelles Parish.
- Similar to 2005 findings, but denotes a statistically significant increase since 2002.

Taking Action to Control High Blood Cholesterol Levels

(Among RFSA Adults with High Cholesterol, 2010)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 35]
2008 PRC National Health Survey, Professional Research Consultants.
Notes: Asked of all respondents who have been diagnosed with high blood cholesterol levels.
In this case, the term "action" refers to medication, change in diet, and/or exercise.

Total Cardiovascular Risk

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

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

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

Three health-related behaviors contribute markedly to cardiovascular disease:

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

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

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

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

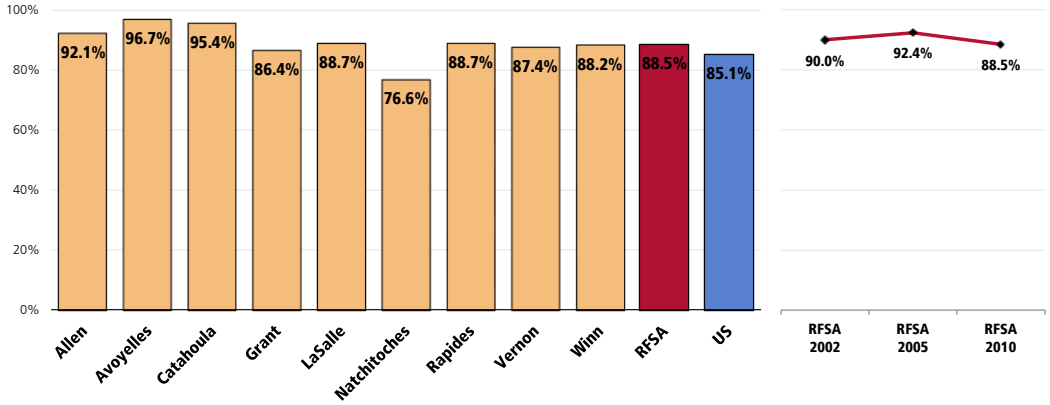
– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

A total of 88.5% of RFSA adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Less favorable than national findings (85.1%).
- Highest in Avoyelles and Catahoula Parishes; lowest in Natchitoches Parish.
- Lower than found in 2005, but statistically similar to 2002 findings.

RELATED ISSUE:
See also *Nutrition & Overweight, Physical Activity & Fitness* and *Tobacco Use* in the **Modifiable Health Risk** section of this report.

Present One or More Cardiovascular Risks or Behaviors



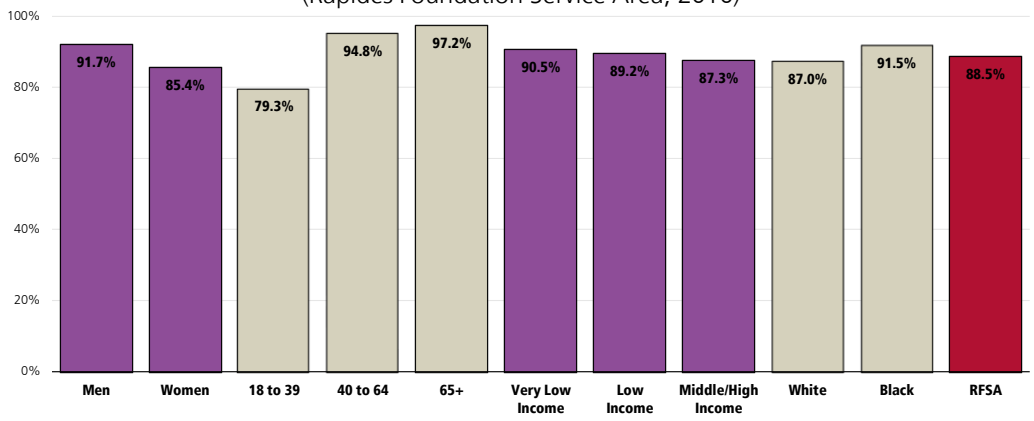
Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 137]
2008 PRC National Health Survey, Professional Research Consultants.
Notes: Asked of all respondents.

Adults more likely to exhibit cardiovascular risk factors include:

- Men.
- Adults aged 40 and older.
- Blacks.

Present One or More Cardiovascular Risks or Behaviors

(Rapides Foundation Service Area, 2010)



Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 137]
Notes: Asked of all respondents.
Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Cancer

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

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

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

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

Age-Adjusted Cancer Deaths

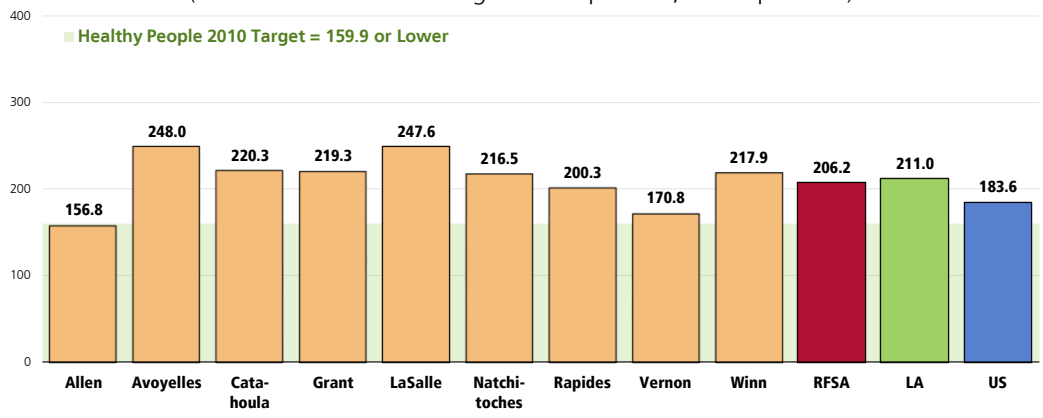
All Cancer Deaths

Between 2004 and 2006, there was an annual average age-adjusted cancer mortality rate of 206.2 deaths per 100,000 population in the Rapides Foundation Service Area.

- Similar to the 211.0 rate reported across Louisiana.
- Less favorable than the national rate (183.6).
- Far from satisfying the Health People 2010 target.
- Higher in Avoyelles and LaSalle Parishes; lower in Allen, Rapides and Vernon Parishes.

Cancer: Age-Adjusted Mortality

(2004-2006 Annual Average Deaths per 100,000 Population)



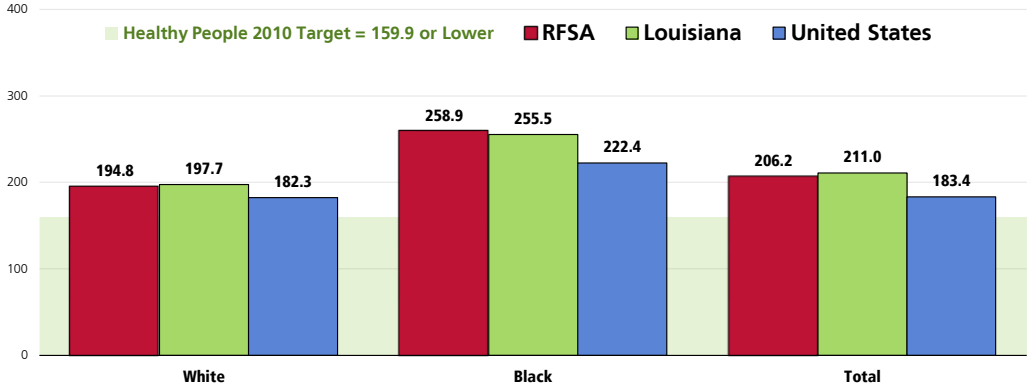
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-1]

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 U.S. Standard Population.
Parish, state and national data are simple three-year averages; the RFSA three-year average is weighted by population.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Cancer mortality rates are notably higher among Blacks.

Cancer: Age-Adjusted Mortality by Race

(2004-2006 Annual Average Deaths per 100,000 Population)



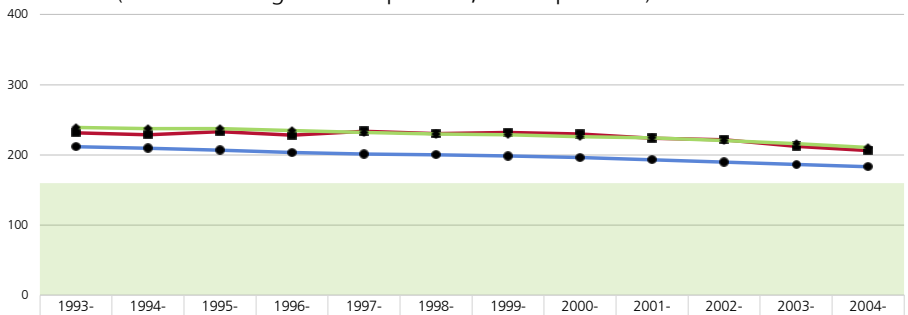
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-1]

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 U.S. Standard Population.
Parish, state and national data are simple three-year averages; the RFSA three-year average is weighted by population.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Cancer mortality rates have <u>decreased</u> over the past decade.

Cancer: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1993-1995	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006
Healthy People 2010	159.9	159.9	159.9	159.9	159.9	159.9	159.9	159.9	159.9	159.9	159.9	159.9
RFSA	231.4	228.9	233.1	228.4	233.7	230.7	232.1	230.1	223.9	221.8	212.5	206.2
Louisiana	239.5	237.8	237.6	234.7	232.4	230.2	228.7	226.1	224.5	220.9	216.5	211
United States	211.7	209.4	206.7	203.6	201.6	200.4	198.8	196.4	193.2	189.8	186.6	183.6

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-1]

Notes: Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Cancer Deaths by Site

LUNG CANCER

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

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

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

Other leading sites include prostate cancer among men, breast cancer among women, and colorectal cancer (both genders).

As can be seen in the following chart (referencing 2004-2006 annual average age-adjusted death rates):

- The RFSA **lung cancer** death rate is similar to the state rate, but less favorable than the national rate.
- The RFSA **prostate cancer** death rate is higher than both the state and national rates.
- The RFSA **female breast cancer** death rate is more favorable than the state rate and similar to the national rate.
- The RFSA **colorectal cancer** death rate is higher than both the state and the national rate.

Note that none of the RFSA rates satisfies the related Healthy People 2010 objectives.

Age-Adjusted Cancer Death Rates by Site

(2004-2006)

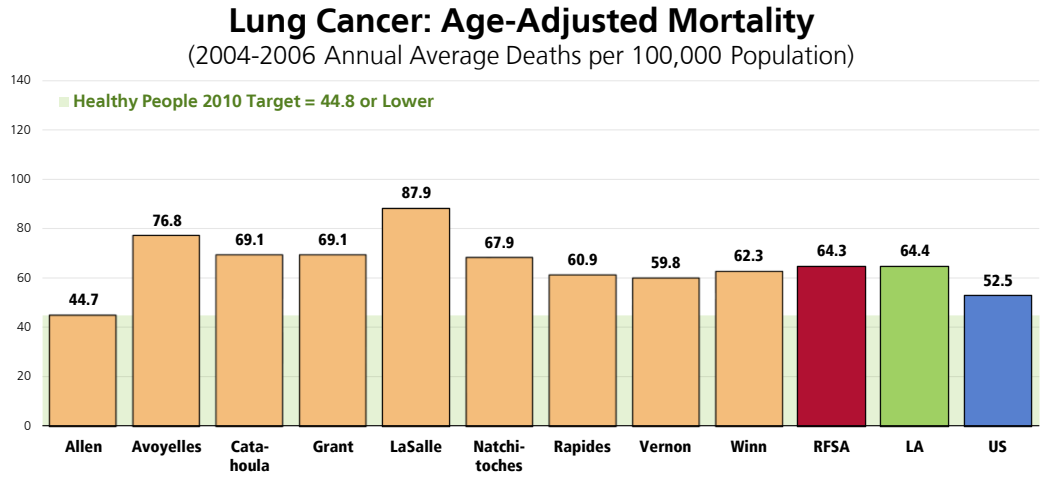
	RFSA	LA	US	HP2010
Lung Cancer	**64.3**	**64.4**	**52.5**	**44.8**
Prostate Cancer	**31.3**	**29.5**	**25.5**	**28.8**
Female Breast Cancer	**23.7**	**29.3**	**24.5**	**22.3**
Colorectal Cancer	**22.4**	**20.4**	**17.6**	**13.9**

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

Further, the following charts provide illustrations of the RFSA age-adjusted lung, prostate, breast cancer, and colorectal cancer rates, segmented by parish.

Lung Cancer Age-Adjusted Death Rates by Parish

- The 64.3 age-adjusted lung cancer death rate across the RFSA is higher in Avoyelles and LaSalle Parishes, lower in Allen, Rapides, Vernon and Winn Parishes.

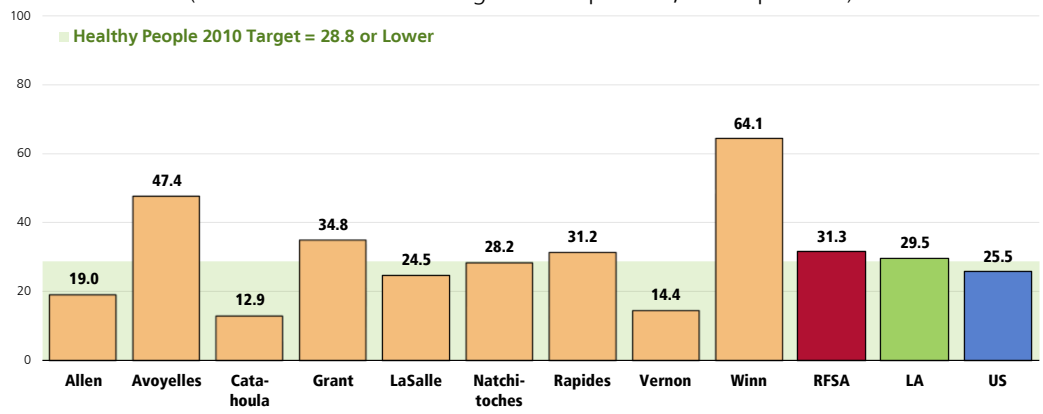


Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-2]

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 U.S. Standard Population.
Parish, state and national data are simple three-year averages; the RFSA three-year average is weighted by population.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Prostate Cancer Age-Adjusted Death Rates by Parish

- While many of the individual parish rates for prostate cancer satisfy the Healthy People 2010 objective of 28.8 or lower, age-adjusted death rates in Avoyelles and Winn Parishes are particularly high.

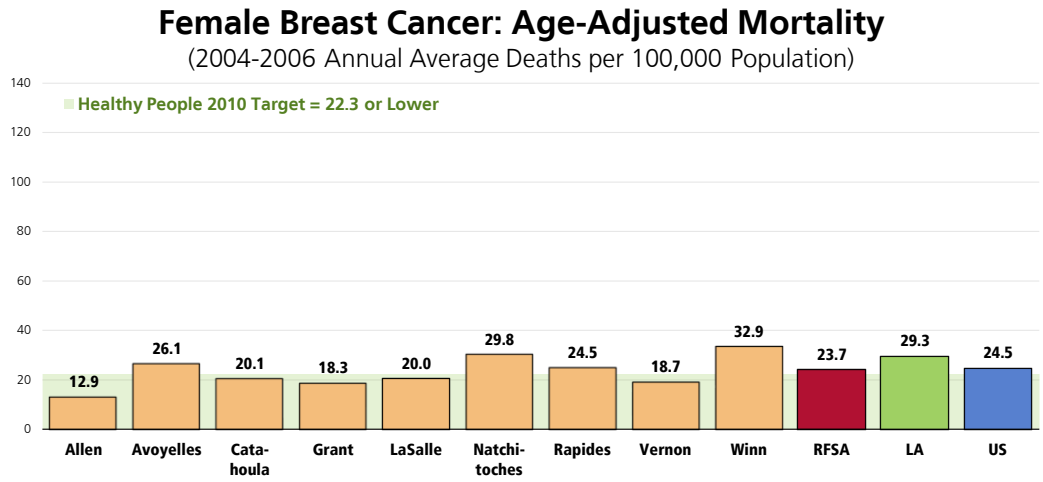


Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-7]

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 U.S. Standard Population.
Parish, state and national data are simple three-year averages; the RFSA three-year average is weighted by population.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Female Breast Cancer Age-Adjusted Death Rates by Parish

- The 23.7 female breast cancer death rate among RFSA women is higher in Avoyelles, Natchitoches and Winn Parishes, but lower (more favorable) in Allen, Catahoula, Grant, LaSalle and Vernon Parishes.

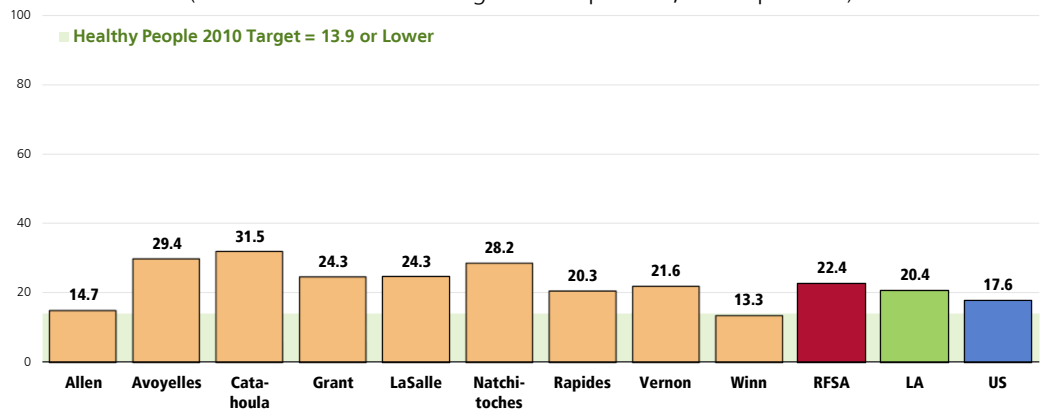


Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-3]

Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
Parish, state and national data are simple three-year averages; the RFSA three-year average is weighted by population.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Colorectal Cancer Age-Adjusted Death Rates by Parish

- Colorectal cancer death rates are notably high in Avoyelles, Catahoula and Natchitoches Parishes; much lower rates are reported in Allen and Winn Parishes.



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-5]

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 U.S. Standard Population.
Parish, state and national data are simple three-year averages; the RFSA three-year average is weighted by population.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

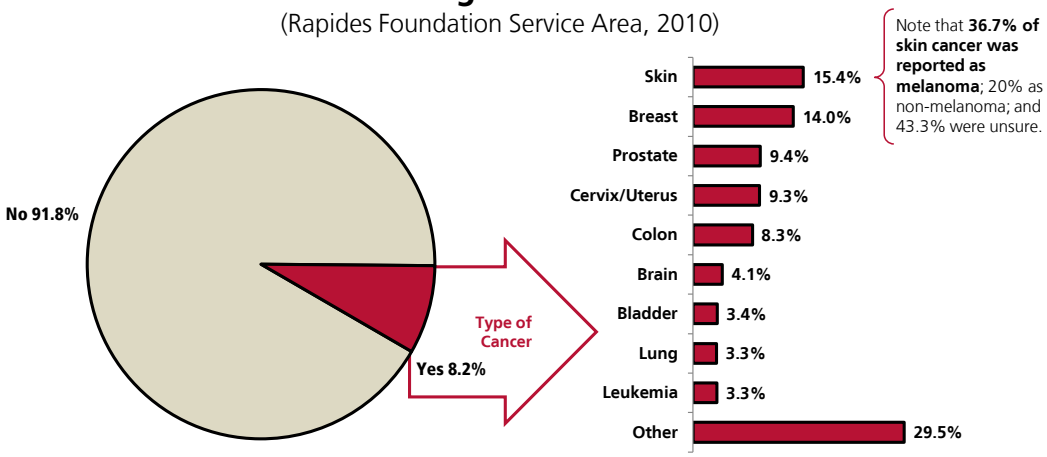
Prevalence of Cancer

A total of 8.2% of surveyed RFSA adults report having been diagnosed with some type of cancer.

- Among these respondents, skin cancer was most often reported (15.4% of responses, with just over one-third of these reported as melanoma).
- Breast, prostate, cervical and colon cancers were the next most-often reported types of cancers.

Have Been Diagnosed With Cancer

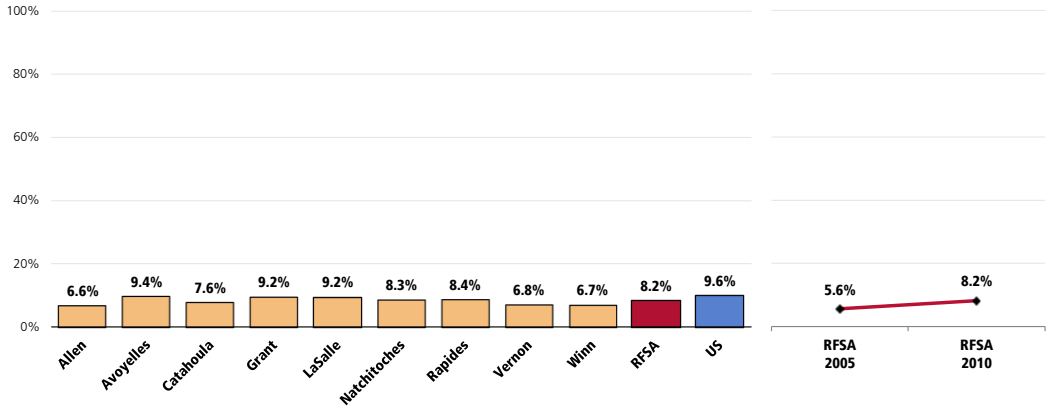
(Rapides Foundation Service Area, 2010)



Sources: • 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 21-22]
Notes: • Asked of all respondents.

- The prevalence of RFSA adults with cancer is statistically similar to the national average (9.6%).
- Statistically similar by parish.
- The prevalence of cancer in the RFSA has increased significantly since the 2005 survey was conducted.

Prevalence of Cancer



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 21]
2008 PRC National Health Survey, Professional Research Consultants.
Notes: Asked of all respondents.

Cancer Risk

RELATED ISSUE: See also *Nutrition & Overweight, Physical Activity & Fitness* and *Tobacco Use* in the **Modifiable Health Risk** section of this report.

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

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

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

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the 2010 Community Health Survey relative to four cancer sites: prostate cancer (prostate-specific antigen testing and digital rectal examination); female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Prostate Cancer Screenings

PROSTATE CANCER

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

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

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

The US Preventive Services Task Force (USPSTF) concludes that the current evidence is insufficient to assess the balance of benefits and harms of prostate cancer screening in men younger than age 75 years.

Rationale: Prostate cancer is the most common nonskin cancer and the second-leading cause of cancer death in men in the United States. The USPSTF found convincing evidence that prostate-specific antigen (PSA) screening can detect some cases of prostate cancer.

In men younger than age 75 years, the USPSTF found inadequate evidence to determine whether treatment for prostate cancer detected by screening improves health outcomes compared with treatment after clinical detection.

The USPSTF found convincing evidence that treatment for prostate cancer detected by screening causes moderate-to-substantial harms, such as erectile dysfunction, urinary incontinence, bowel dysfunction, and death. These harms are especially important because some men with prostate cancer who are treated would never have developed symptoms related to cancer during their lifetime.

There is also adequate evidence that the screening process produces at least small harms, including pain and discomfort associated with prostate biopsy and psychological effects of false-positive test results.

The USPSTF recommends against screening for prostate cancer in men age 75 years or older.

Rationale: In men age 75 years or older, the USPSTF found adequate evidence that the incremental benefits of treatment for prostate cancer detected by screening are small to none.

Given the uncertainties and controversy surrounding prostate cancer screening in men younger than age 75 years, a clinician should not order the PSA test without first discussing with the patient the potential but uncertain benefits and the known harms of prostate cancer screening and treatment. Men should be informed of the gaps in the evidence and should be assisted in considering their personal preferences before deciding whether to be tested.

– 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.

PSA Testing and/or Digital Rectal Examination

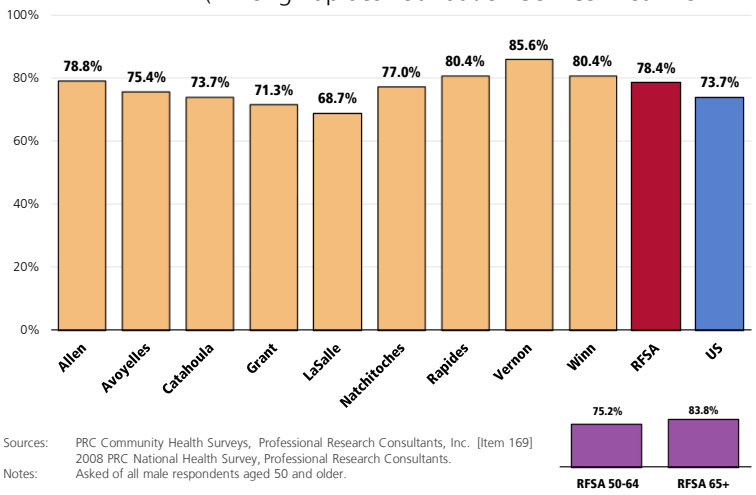
Among men aged 50 and older, more than three-fourths (78.4%) have had a PSA (prostate-specific antigen) test and/or a digital rectal examination for prostate problems within the past two years.

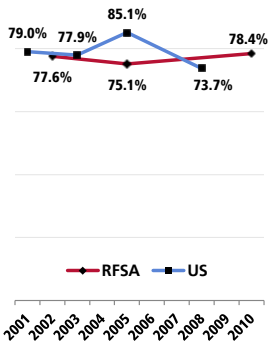
- Similar to national findings (73.7%).
- Similar by parish.
- Significantly higher in men aged 65+.
- Statistically unchanged over time (in both the RFSA and nationally).

Note: Due to recent (2008) changes in clinical recommendations against routine PSA testing, it is anticipated that testing levels will begin to decline.

Have Had a Prostate Screening in the Past 2 Years

(Among Rapides Foundation Service Area Men 50+, 2010)





Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 169]
2008 PRC National Health Survey, Professional Research Consultants.

Notes: Asked of all male respondents aged 50 and older.

Female Breast Cancer Screening

FEMALE BREAST CANCER

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

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

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

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women aged 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women aged 50-69, the age group generally included in screening trials. For women aged 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women aged 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women aged 40-49.

– 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.

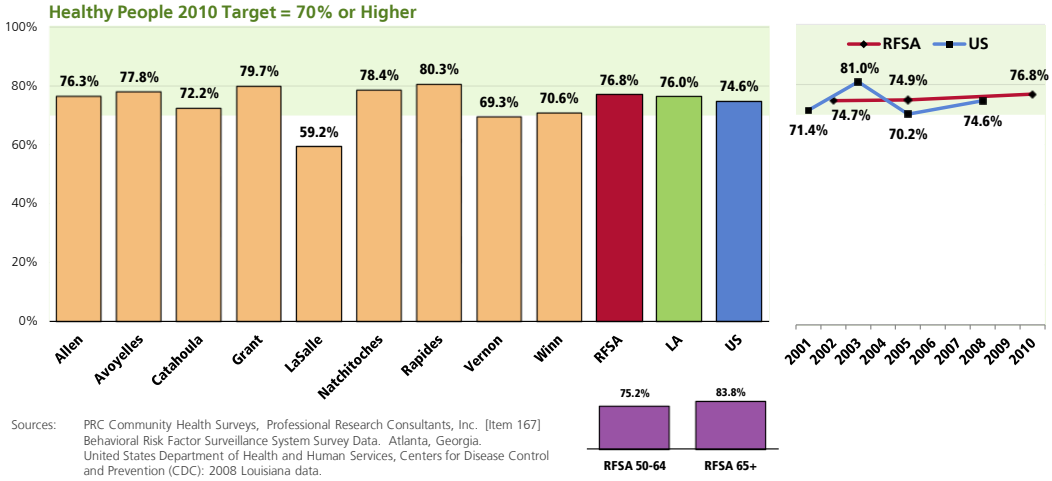
Mammography

Among women aged 40 and older, 76.8% have had a mammogram within the past two years.

- Similar to statewide findings (76.0%).
- Similar to national findings (74.6%).
- Satisfies the Healthy People 2010 target (70% or higher).
- Notably lower (59.2%) in LaSalle Parish.
- Higher in women aged 65+.
- Since 2002, the prevalence of RFSA women aged 40+ who received a mammogram in the past two years has remained statistically unchanged.
- Nationally, prevalence was statistically unchanged between 2001 and 2008.

Have Had a Mammogram in the Past Two Years

(Among Rapides Foundation Service Area Women 40+, 2010)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 167]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia.
United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2008 Louisiana data.
2008 PRC National Health Survey, Professional Research Consultants.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-13]

Notes: Asked of all female respondents aged 40 and older.

Cervical Cancer Screenings

CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

– 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.

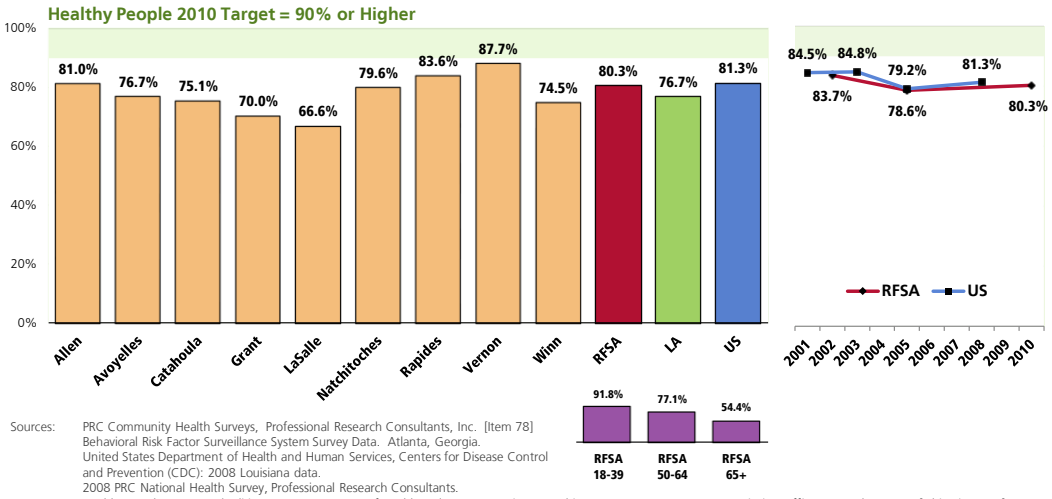
Pap Smear Testing

Among women aged 18 and older, 80.3% have had a Pap smear within the past three years.

- More favorable than the Louisiana percentage (76.7%).
- Comparable to national findings (81.3%).
- Fails to satisfy the Healthy People 2010 target (90% or higher).
- Notably higher in Vernon Parish; notably lower in Grant and LaSalle Parishes.
- Note: Women under age 40 (91.8%) satisfy the Healthy People 2010 target.
- Marks a statistically significant decrease in Pap smear testing in the RFSA since 2002 (although similar to 2005 findings).
- Nationally, testing levels did not change significantly between 2001 and 2008.

Have Had a Pap Smear in the Past 3 Years

(Among Rapides Foundation Service Area Women 18+, 2010)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 78]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia.
United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2008 Louisiana data.
2008 PRC National Health Survey, Professional Research Consultants.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-11]

Notes: Asked of all female respondents.

Colorectal Cancer Screenings

COLORECTAL CANCER

Colorectal cancer is the third most common type of cancer and the second leading cause of cancer death in the United States. Current levels of screening in this country lag behind those of other effective cancer screening tests; it has been estimated that attainment of goals for population colorectal cancer screening could save 18,800 lives per year. Colorectal cancer incidence and mortality show health disparities, with a disproportionate burden occurring in certain minority populations, including African American adults and Alaska Natives.

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (FOBT, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.

– 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.

Risk factors for colorectal cancer may include age, personal and family history of polyps or colorectal cancer, inflammatory bowel disease, inherited syndromes, physical inactivity (colon only), obesity, alcohol use, and a diet high in fat and low in fruits and vegetables. Detecting and removing precancerous colorectal polyps and detecting and treating the disease in its earliest stages will reduce deaths from colorectal cancer.

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

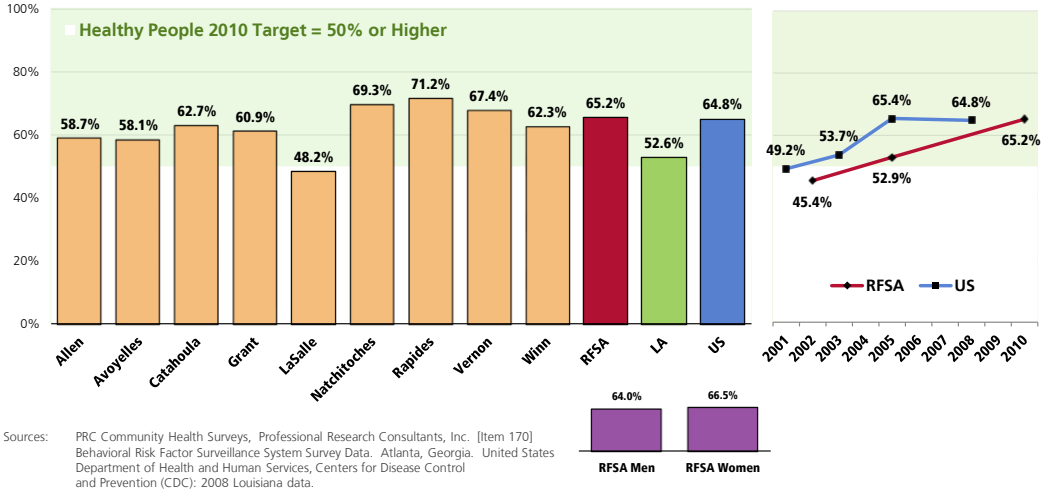
Sigmoidoscopy/Colonoscopy

Among adults aged 50 and older, nearly two-thirds (65.2%) have had a sigmoidoscopy or colonoscopy at some point in their lives.

- More favorable than Louisiana findings (52.6%).
- Similar to national findings (64.8%).
- Satisfies the Healthy People 2010 target (50% or higher).
- Higher (71.2%) in Rapides Parish; lower (48.2%) in LaSalle Parish.
- Statistically similar by gender.
- The RFSA prevalence of sigmoidoscopy/colonoscopy has increased significantly since 2002. The same is true nationally.

Have Ever Had a Sigmoidoscopy/Colonoscopy Exam

(Among Rapides Foundation Service Area Adults 50+, 2010)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 170]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2008 Louisiana data.
2008 PRC National Health Survey, Professional Research Consultants.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-12b]

Notes: Asked of all respondents 50+.

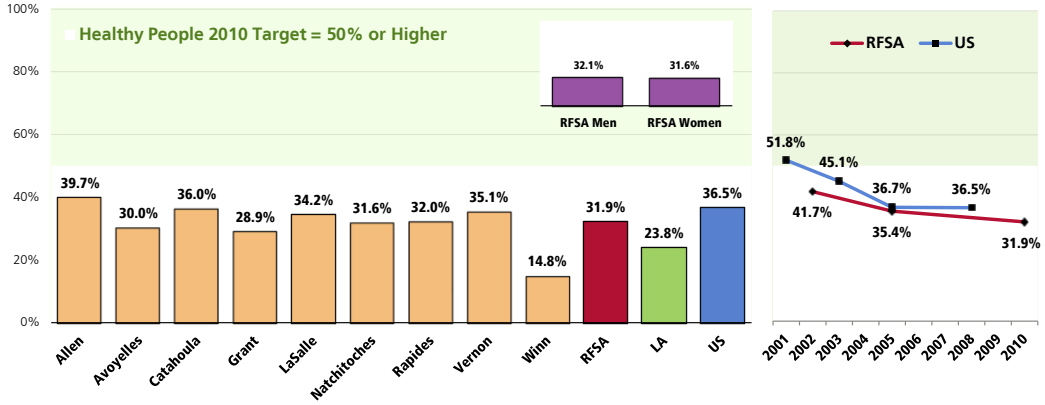
Blood Stool Testing

Among adults aged 50 and older, 31.9% have had a blood stool test (aka "fecal occult blood test") within the past two years.

- More favorable than Louisiana findings (23.8%).
- Similar to national findings (36.5%).
- Fails to satisfy the Healthy People 2010 target (50% or higher).
- Notably higher in Allen Parish (39.7%); very low (14.8%) in Winn Parish.
- Statistically similar by gender.
- Since 2002, the prevalence of recent blood stool exams has decreased significantly. The same is true nationally.

Have Had a Blood Stool Test in the Past 2 Years

(Among Rapides Foundation Service Area Adults 50+, 2010)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 171]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2008 Louisiana data.
2008 PRC National Health Survey, Professional Research Consultants.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-12b]

Notes: Asked of all respondents 50+.

Respiratory Disease

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

Asthma is a serious and growing health problem. An estimated 14.9 million persons in the United States have asthma. Asthma is responsible for about 500,000 hospitalizations, 5,000 deaths, and 134 million days of restricted activity a year. Yet most of the problems caused by asthma could be averted if persons with asthma and their healthcare providers managed the disease according to established guidelines.

COPD includes chronic bronchitis and emphysema—both of which are characterized by irreversible airflow obstruction and often exist together. Similar to asthma, COPD may be accompanied by an airway hyperresponsiveness. Most patients with COPD have a history of cigarette smoking. COPD worsens over time with continued exposure to a causative agent—usually tobacco smoke or sometimes a substance in the workplace or environment. COPD occurs most often in older people.

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

Age-Adjusted Respiratory Disease Deaths

Chronic Respiratory Disease Deaths (CLRD)

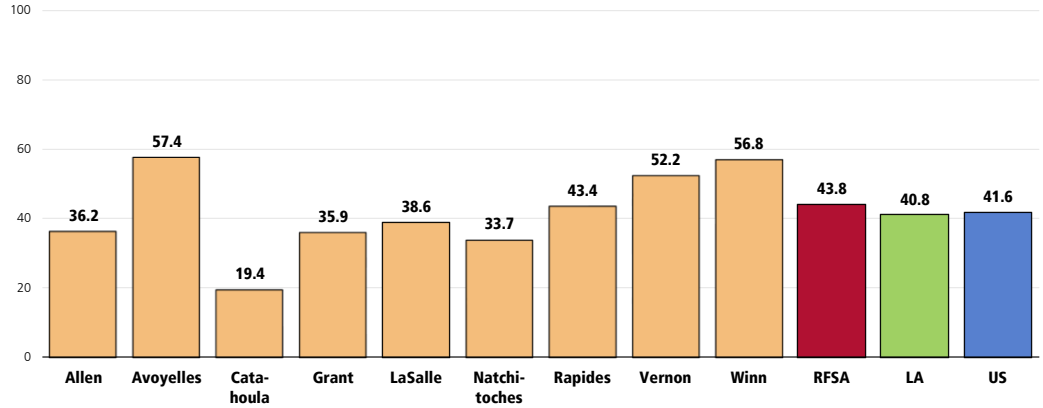
Note: What was previously termed COPD (chronic obstructive pulmonary disease) has been reclassified as CLRD (chronic lower respiratory disease).

Between 2004 and 2006, there was an annual average age-adjusted CLRD mortality rate of 43.8 deaths per 100,000 population in the Rapides Foundation Service Area.

- Higher than found statewide (40.8).
- Higher than the national rate (41.6).
- Highest in Avoyelles, Vernon and Winn Parishes; lowest (most favorable) in Allen, Catahoula, Grant, LaSalle and Natchitoches Parishes.

CLRD: Age-Adjusted Mortality

(2004-2006 Annual Average Deaths per 100,000 Population)



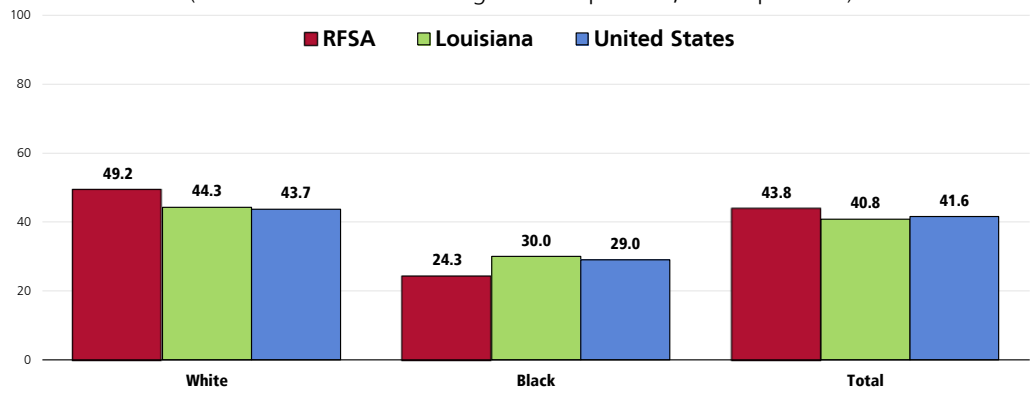
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.

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 U.S. Standard Population.
Parish, state and national data are simple three-year averages; the RFSA three-year average is weighted by population.
CLRD is chronic lower respiratory disease.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

CLRD mortality rates are notably higher among Whites; this is true both statewide and nationwide as well.

CLRD: Age-Adjusted Mortality by Race

(2004-2006 Annual Average Deaths per 100,000 Population)



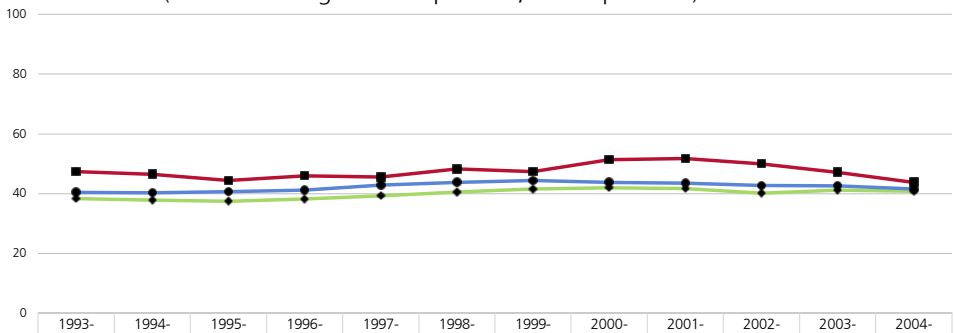
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.

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 U.S. Standard Population.
Parish, state and national data are simple three-year averages; the RFSA three-year average is weighted by population.
CLRD is chronic lower respiratory disease.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

CLRD mortality in the RFSA increased during the late 1990s/early 2000s, but has since declined.

CLRD: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1993-1995	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006
RFSA	47.4	46.4	44.4	45.9	45.6	48.2	47.4	51.4	51.8	50	47.1	43.8
Louisiana	38.3	37.8	37.4	38.2	39.2	40.5	41.6	41.9	41.7	40.1	41.2	40.8
United States	40.4	40.3	40.6	41.2	42.8	43.8	44.4	43.8	43.5	42.7	42.6	41.6

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.

Notes: Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
CLRD is chronic lower respiratory disease.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

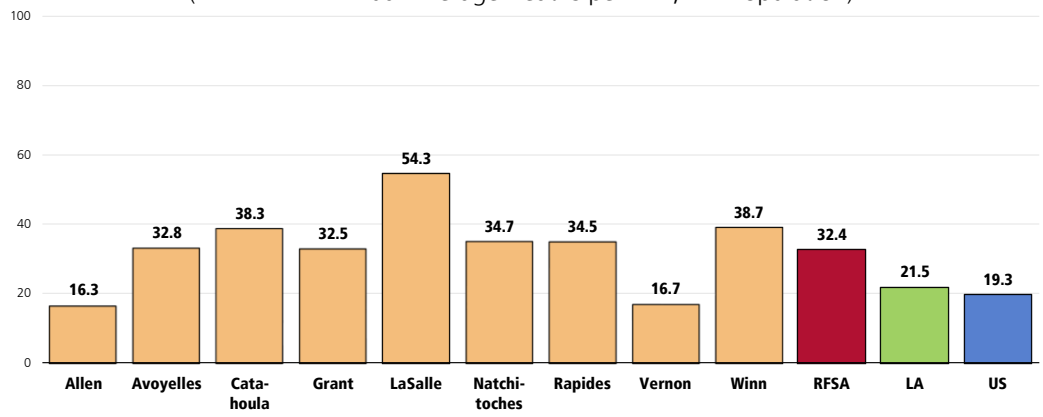
Pneumonia/Influenza Deaths

Between 2004 and 2006, there was an annual average age-adjusted pneumonia/influenza mortality rate of 32.4 deaths per 100,000 population in the Rapides Foundation Service Area.

- Much higher than found statewide (21.5).
- Much higher than the national rate (19.3).
- Higher rates are reported in Catahoula, LaSalle and Winn Parishes; lower rates are found in Allen and Vernon Parishes.

Pneumonia/Influenza: Age-Adjusted Mortality

(2004-2006 Annual Average Deaths per 100,000 Population)



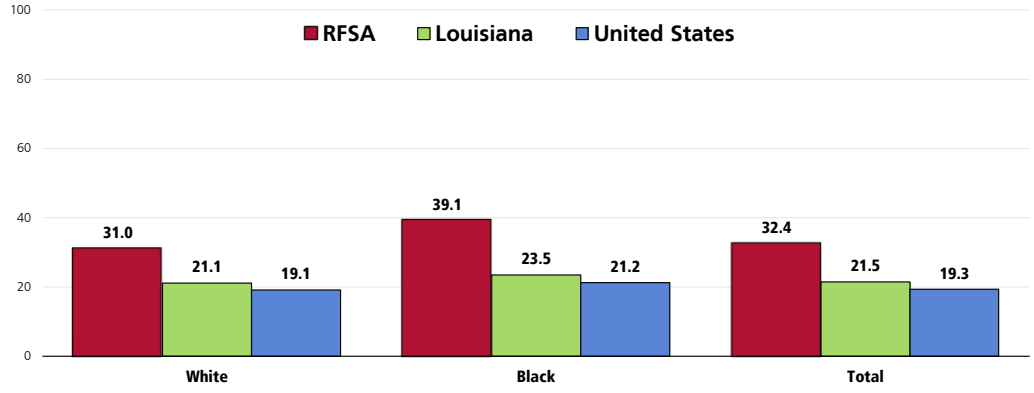
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.

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 U.S. Standard Population.
Parish, state and national data are simple three-year averages; the RFSA three-year average is weighted by population.
CLRD is chronic lower respiratory disease.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

- Pneumonia/influenza mortality rates in the RFSA are higher among Blacks; this disparity is more pronounced than seen statewide or nationwide.

Pneumonia/Influenza: Age-Adjusted Mortality by Race

(2004-2006 Annual Average Deaths per 100,000 Population)



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.

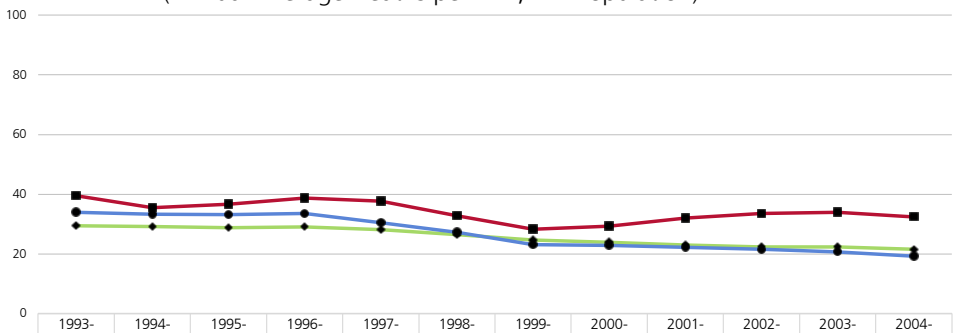
Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
Parish, state and national data are simple three-year averages; the RFSA three-year average is weighted by population.
CLRD is chronic lower respiratory disease.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

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

- Mortality rates have fluctuated in the RFSA, but have <u>decreased</u> overall since the 1993-1995 reporting period.

Pneumonia/Influenza: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1993-1995	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006
RFSA	39.5	35.5	36.6	38.7	37.7	32.8	28.3	29.3	32	33.6	33.9	32.4
Louisiana	29.4	29.2	28.8	29.0	28.2	26.5	24.7	23.9	23	22.4	22.3	21.5
United States	34.0	33.3	33.2	33.6	30.5	27.3	23.1	22.8	22.2	21.5	20.7	19.3

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.

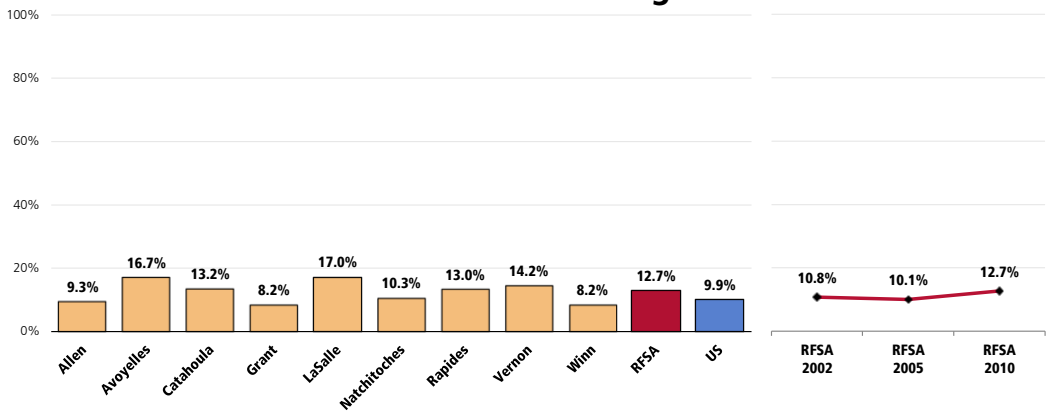
Notes: Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
CLRD is chronic lower respiratory disease.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Prevalence of Chronic Lung Disease

A total of 12.7% of surveyed RFSA adults report suffering from chronic lung disease.

- Higher than the 9.9% percentage reported across the nation.
- Notably lower (8.2%) in both Grant and Winn Parishes.
- The prevalence of chronic lung has <u>increased</u> since 2002.

Prevalence of Chronic Lung Disease



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 19]
2008 PRC National Health Survey, Professional Research Consultants.

Notes: Asked of all respondents.

Injury & Violence

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

For ages 1 through 44 years, [US] deaths from injuries far surpass those from cancer—the overall leading natural cause of death at these ages—by about three to one. Injuries cause more than two out of five deaths (43 percent) of children aged 1 through 4 years and result in four times the number of deaths due to birth defects, the second leading cause of death for this age group. For ages 15 to 24 years, injury deaths exceed deaths from all other causes combined from ages 5 through 44 years. For ages 15 to 24 years, injuries are the cause of nearly four out of five deaths. After age 44 years, injuries account for fewer deaths than other health problems, such as heart disease, cancer, and stroke. However, despite the decrease in the proportion of deaths due to injury, the death rate from injuries is actually higher among older persons than among younger persons.

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

Unintentional Injury

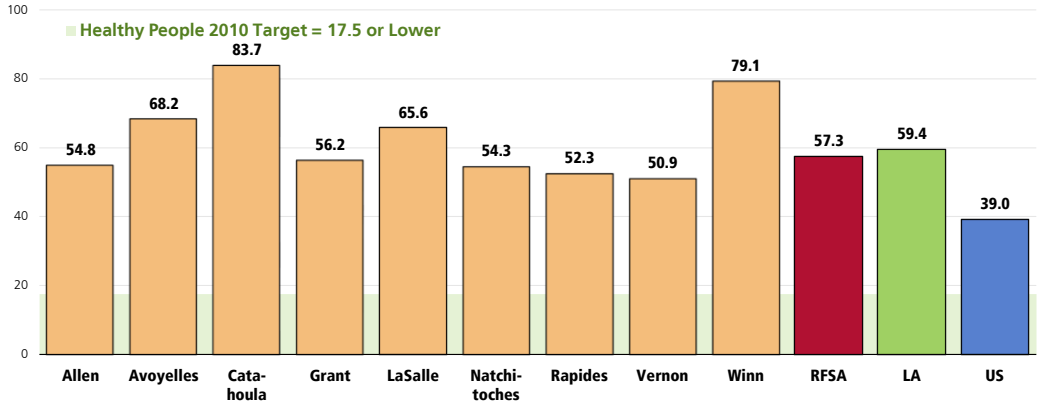
Age-Adjusted Unintentional Injury Deaths

Between 2004 and 2006, there was an annual average age-adjusted unintentional injury mortality rate of 57.3 deaths per 100,000 population in the Rapides Foundation Service Area.

- Similar to the Louisiana rate (59.4).
- Higher than the national rate (39.0).
- More than three times the Health People 2010 target.
- By parish: higher rates are reported in Avoyelles, Catahoula and Winn Parishes; the parishes of Allen, Grant, Natchitoches, Rapides and Vernon fared better.

Unintentional Injuries: Age-Adjusted Mortality

(2004-2006 Annual Average Deaths per 100,000 Population)



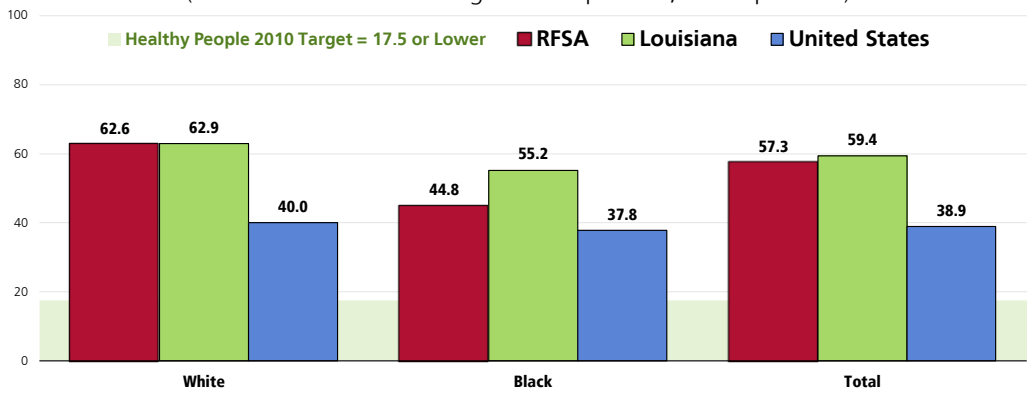
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-3]

Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
Parish, state and national data are simple three-year averages; the RFSA three-year average is weighted by population.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Mortality rates are notably higher among Whites.

Unintentional Injuries: Age-Adjusted Mortality by Race

(2004-2006 Annual Average Deaths per 100,000 Population)



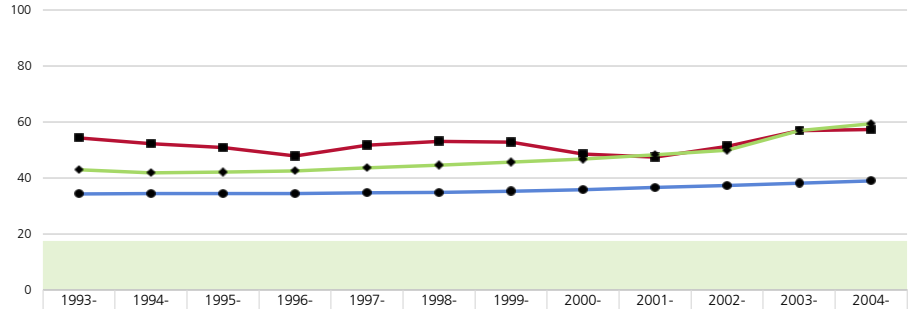
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-3]

Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
Parish, state and national data are simple three-year averages; the RFSA three-year average is weighted by population.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Unintentional injury mortality rates have <u>increased</u> across the RFSA in recent years.

Unintentional Injuries: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1993-1995	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006
Healthy People 2010	17.5	17.5	17.5	17.5	17.5	17.5	17.5	17.5	17.5	17.5	17.5	17.5
RFSA	54.3	52.3	50.9	47.9	51.7	53.1	52.8	48.6	47.5	51.3	56.9	57.3
Louisiana	42.9	41.9	42.2	42.5	43.7	44.6	45.7	46.8	48.3	50	57	59.4
United States	34.3	34.4	34.4	34.4	34.7	34.9	35.3	35.8	36.6	37.4	38.1	39

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-3]

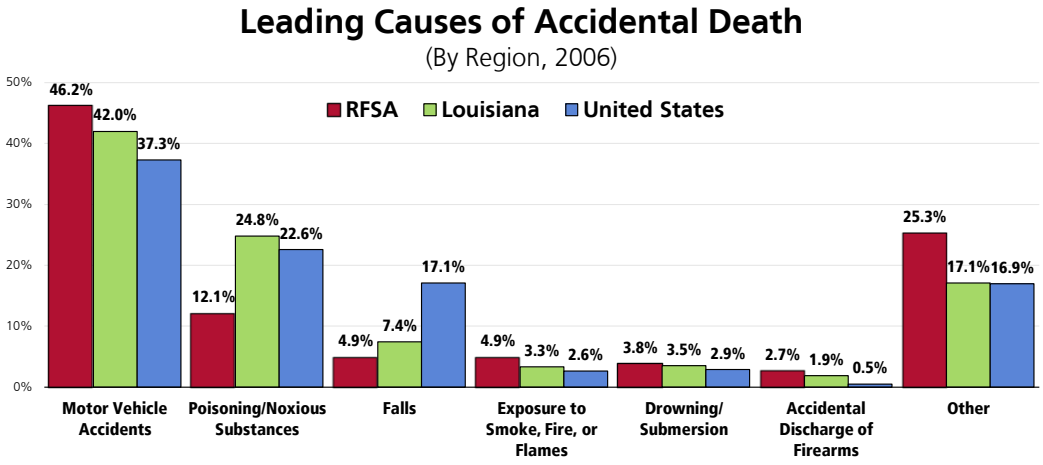
Notes: Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Motor Vehicle Safety

Related Issue: See also "Substance Abuse."

Leading Causes of Unintentional Injury Deaths

Motor vehicle crashes are clearly the leading cause of accidental deaths in the region, accounting for nearly one-half in 2006.

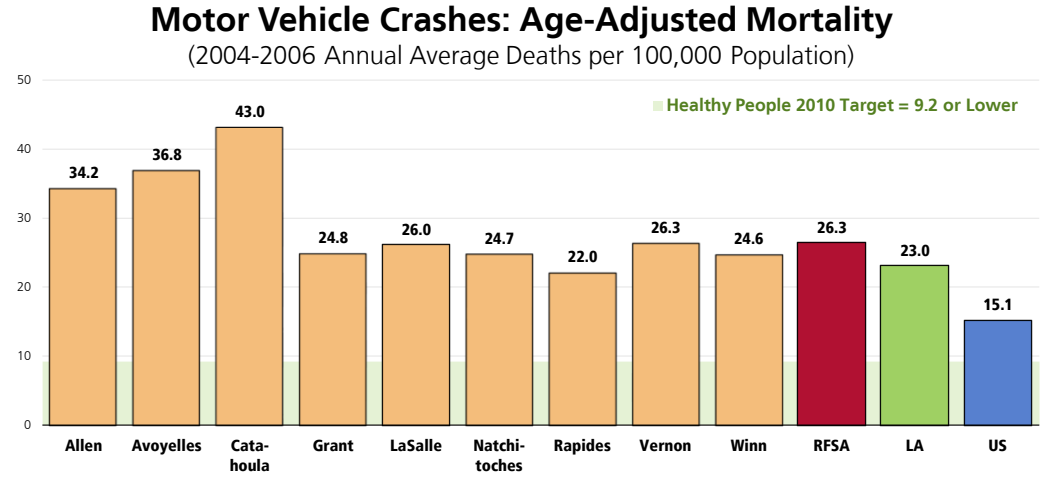


Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Age-Adjusted Motor-Vehicle Related Deaths

Between 2004 and 2006, there was an annual average age-adjusted motor vehicle crash mortality rate of 26.3 deaths per 100,000 population in the Rapides Foundation Service Area.

- Higher than found statewide (23.0).
- Much higher than the national rate (15.1).
- Fails to satisfy the Health People 2010 target.
- Particularly high in Allen, Avoyelles and especially Catahoula Parishes; lower (more favorable) in the remaining parishes.

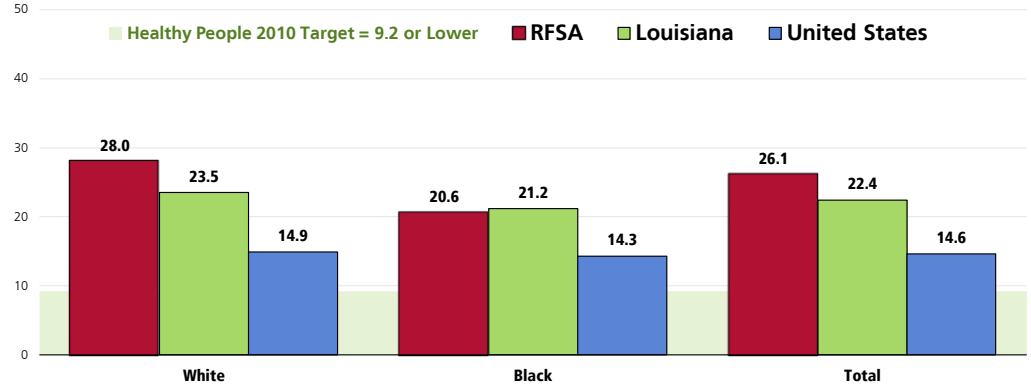


Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-15a]
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 U.S. Standard Population.
Parish, state and national data are simple three-year averages; the RFSA three-year average is weighted by population.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Mortality rates are notably higher among Whites in the RFSA.

Motor Vehicle Crashes: Age-Adjusted Mortality by Race

(2004-2006 Annual Average Deaths per 100,000 Population)



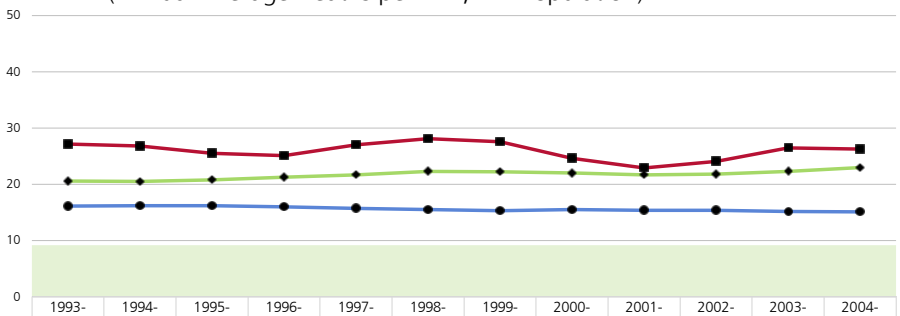
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-15a]

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 U.S. Standard Population.
Parish, state and national data are simple three-year averages; the RFSA three-year average is weighted by population.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Mortality rates in the RFSA have fluctuated over the past decade, showing no clear trend.

Motor Vehicle Crashes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1993-1995	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006
Healthy People 2010	9.2	9.2	9.2	9.2	9.2	9.2	9.2	9.2	9.2	9.2	9.2	9.2
RFSA	27.2	26.8	25.5	25.1	27.0	28.1	27.6	24.6	22.9	24.1	26.5	26.3
Louisiana	20.6	20.5	20.8	21.3	21.7	22.3	22.2	22.0	21.7	21.8	22.3	23
United States	16.1	16.2	16.2	16.0	15.7	15.5	15.3	15.5	15.4	15.4	15.2	15.1

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-15a]

Notes: Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Intentional Injury (Violence)

Age-Adjusted Intentional Injury Deaths

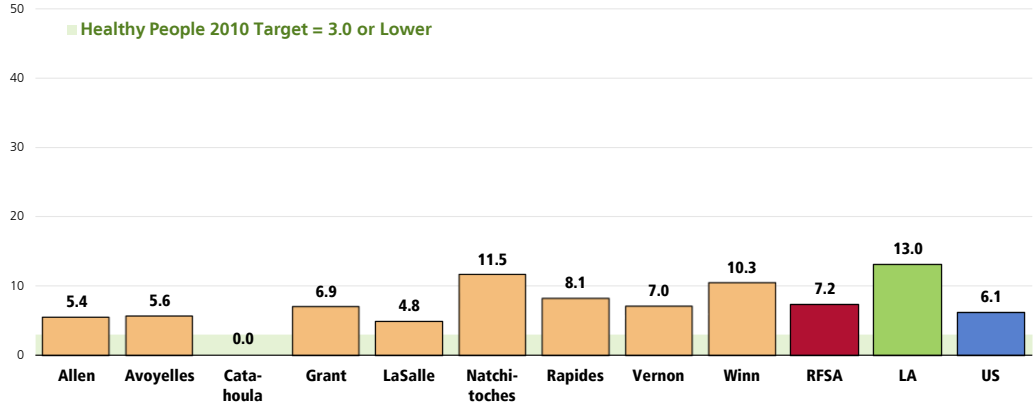
Homicide

Between 2004 and 2006, there was an annual average age-adjusted homicide rate of 7.2 deaths per 100,000 population in the Rapides Foundation Service Area.

- More favorable than the rate found statewide (13.0).
- Just above the national rate (6.1).
- Fails to satisfy the Health People 2010 target.
- Higher rates are found in Natchitoches, Rapides, Vernon and Winn Parishes; lower rates are reported in Allen, Avoyelles, Catahoula and LaSalle Parishes.

Homicide: Age-Adjusted Mortality

(2004-2006 Annual Average Deaths per 100,000 Population)



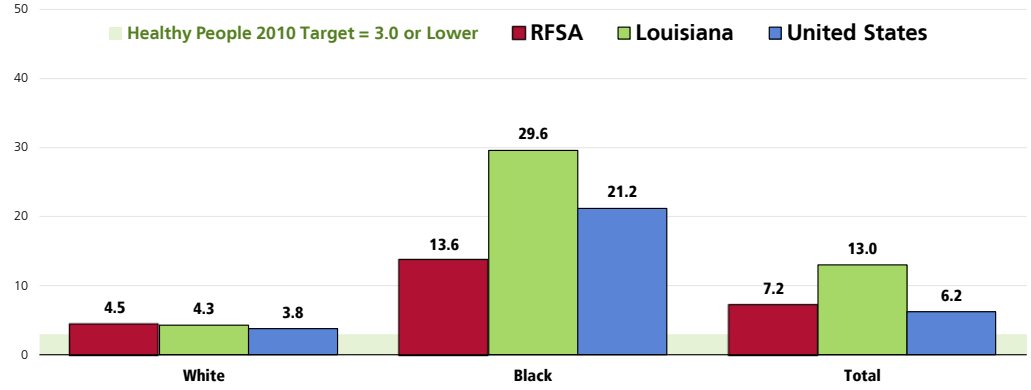
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-32]

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 U.S. Standard Population.
Parish, state and national data are simple three-year averages; the RFSA three-year average is weighted by population.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Homicide rates are notably higher among Blacks in the RFSA. The same can be said both statewide and nationwide.

Homicide: Age-Adjusted Mortality by Race

(2004-2006 Annual Average Deaths per 100,000 Population)



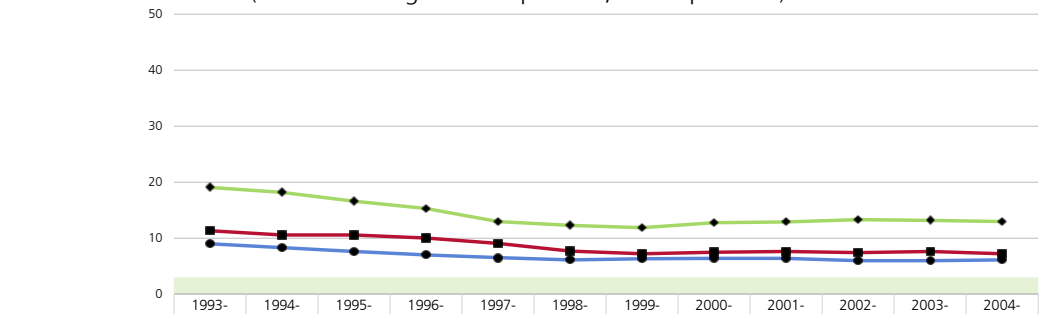
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-32]

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 U.S. Standard Population.
Parish, state and national data are simple three-year averages; the RFSA three-year average is weighted by population.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Homicide rates have <u>decreased</u> over the past decade.

Homicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1993-1995	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006
Healthy People 2010	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0
RFSA	11.3	10.6	10.6	10.0	9.1	7.7	7.2	7.5	7.6	7.4	7.6	7.2
Louisiana	19.1	18.2	16.6	15.3	13.0	12.3	11.9	12.8	12.9	13.3	13.2	13
United States	9.0	8.3	7.6	7.0	6.5	6.1	6.3	6.4	6.4	6	6	6.1

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-32]

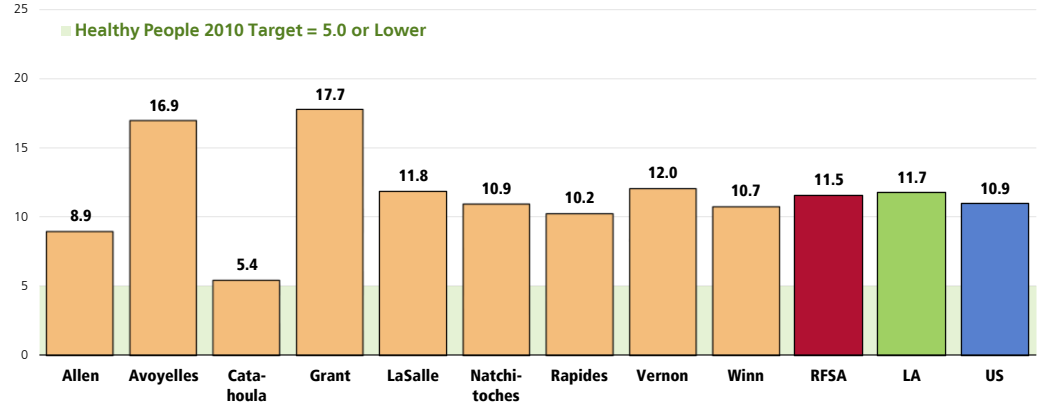
Notes: Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Between 2004 and 2006, there was an annual average age-adjusted suicide rate of 11.5 deaths per 100,000 population in the Rapides Foundation Service Area.

- Similar to the 11.7 found statewide.
- Just above the national rate (10.9).
- More than twice the Health People 2010 target.
- By parish: suicide rates are higher in Avoyelles and Grant Parishes; lower rates are reported in Allen, Catahoula, Natchitoches, Rapides and Winn Parishes.

Suicide: Age-Adjusted Mortality

(2004-2006 Annual Average Deaths per 100,000 Population)



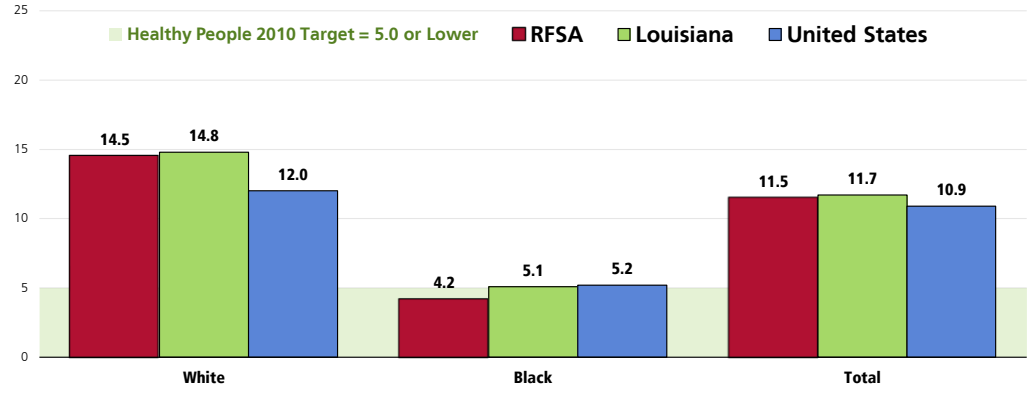
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 18-1]

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 U.S. Standard Population.
Parish, state and national data are simple three-year averages; the RFSA three-year average is weighted by population.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Suicide rates across the RFSA are dramatically higher among Whites.

Suicide: Age-Adjusted Mortality by Race

(2004-2006 Annual Average Deaths per 100,000 Population)



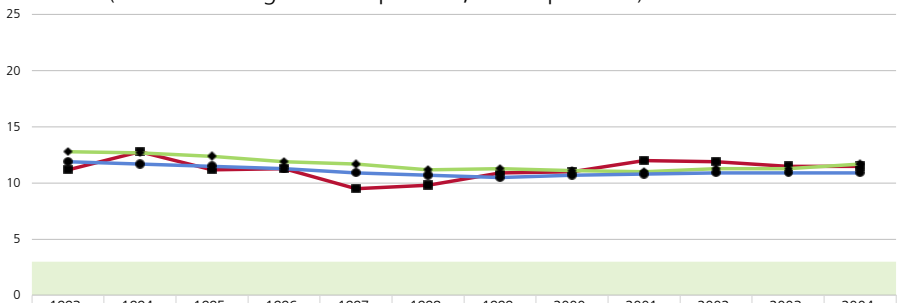
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 18-1]

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 U.S. Standard Population.
Parish, state and national data are simple three-year averages; the RFSA three-year average is weighted by population.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

- Suicide rates have not changed significantly since the 1993-1995 reporting period across the RFSA.

Suicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1993-1995	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006
Healthy People 2010	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0
RFSA	11.2	12.8	11.2	11.3	9.5	9.8	10.9	11.0	12	11.9	11.5	11.5
Louisiana	12.8	12.7	12.4	11.9	11.7	11.2	11.3	11.1	11	11.3	11.3	11.7
United States	11.9	11.7	11.5	11.3	10.9	10.7	10.5	10.7	10.8	10.9	10.9	10.9

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 18-1]
Notes: Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Violent Crime

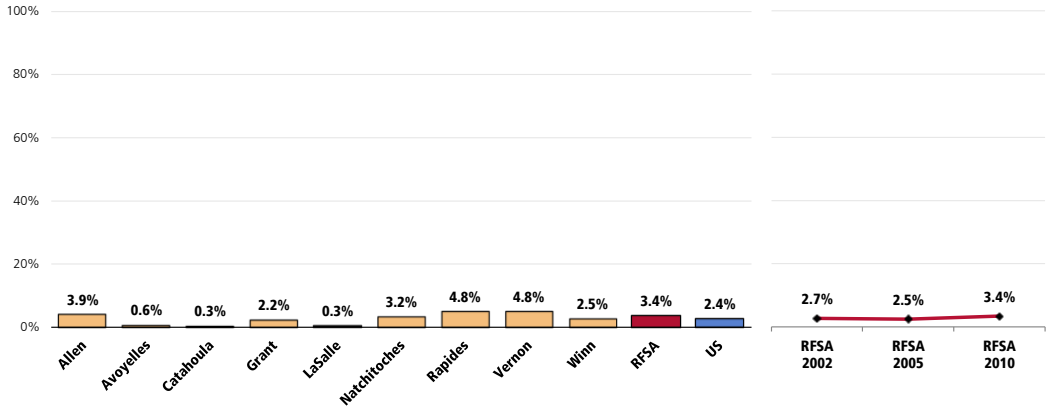
Self-Reported Violence

NOTE:
Due to sparse reporting for several parishes in recent years, reliable offense-based violent crime data are not available for the Rapides Foundation Service Area.

A total of 3.4% of RFSA adults acknowledge being the victim of a violent crime in the past five years.

- Similar to national findings (2.4%).
- Significantly higher in Rapides parish; lower in Avoyelles, Catahoula and LaSalle Parishes.
- The prevalence of residents who have been victims of a violent crime in the past 5 years has remained stable.

Victim of a Violent Crime in the Past 5 Years



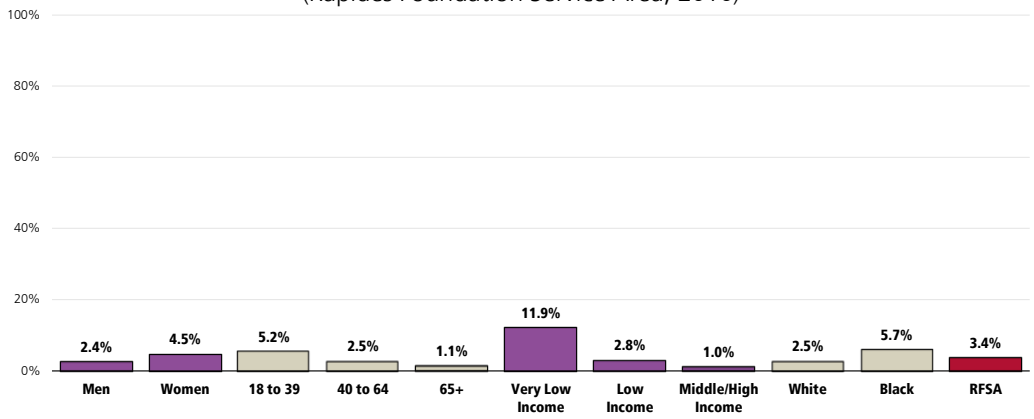
Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 37]
2008 PRC National Health Survey, Professional Research Consultants.
Notes: Asked of all respondents.

Reports of violence are also notably higher among:

- Women.
- Adults under 40 (note the negative correlation with age).
- Residents with very low incomes.
- Blacks.

Victim of a Violent Crime in the Past 5 Years

(Rapides Foundation Service Area, 2010)

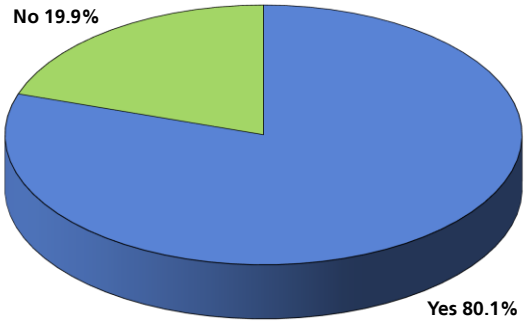


Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 37]
Notes: Asked of all respondents.
Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

When asked whether the recent crime occurred in their area, 80.1% of the victims answered affirmatively.

Recent Crime Occurred in the Area

(Victims of Recent Crime; Rapides Foundation Service Area, 2010)



Sources: • 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 38]
Notes: • Asked of those respondents who were victims of a violent crime in the past 5 years.

Family Violence

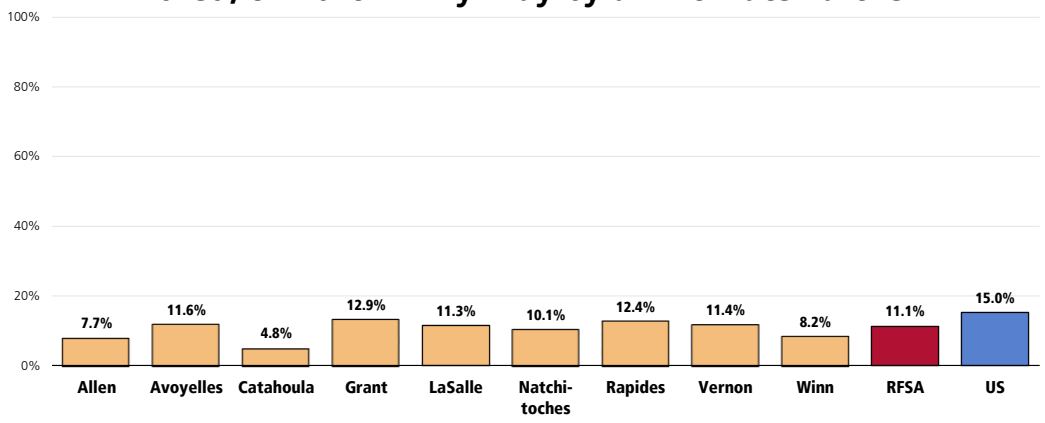
Respondents were told:

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

A total of 11.1% of RFSA adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- More favorable than national findings (15.0%).
- Notably lower (4.8%) in Catahoula Parish.

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

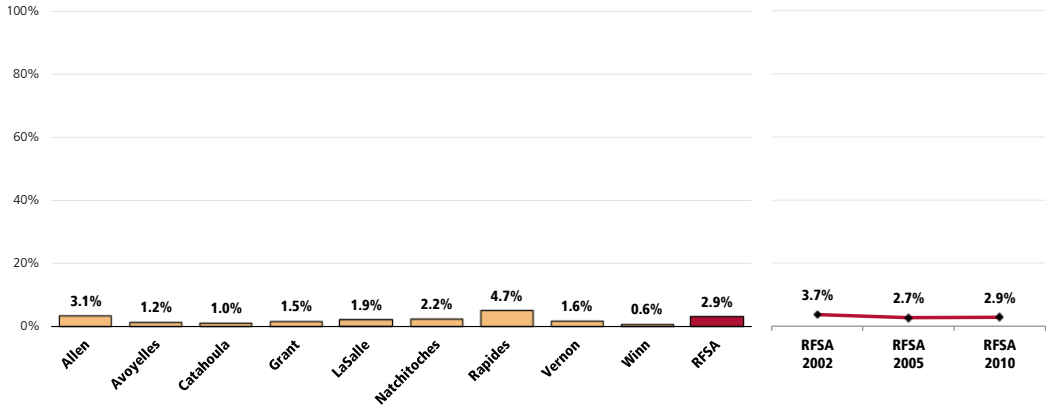


Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]
2008 PRC National Health Survey, Professional Research Consultants.
Notes: Asked of all respondents.

More specifically, 2.9% of RFSA adults acknowledge that they have been the victim of domestic violence some time in the past five years.

- Notably higher in Rapides Parish; lower in Avoyelles, Catahoula and Winn Parishes.
- Over time, the prevalence of self-reported domestic violence has remained stable.

Victim of Domestic Violence in the Past 5 Years



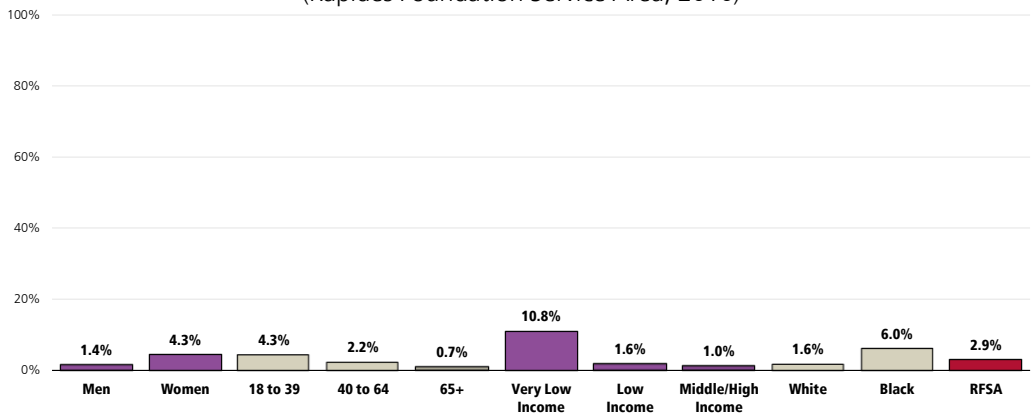
Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 39]
Notes: Asked of all respondents.

Reports of domestic violence are notably higher among:

- Women.
- Adults under age 40 (note the negative correlation with age).
- Residents with very low incomes.
- Blacks.

Victim of Domestic Violence in the Past 5 Years

(Rapides Foundation Service Area, 2010)



Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 39]
Notes: Asked of all respondents.
Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Diabetes

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

Among adults, diagnosed diabetes (including gestational diabetes) increased 49% from 1990 to 2000. The largest increase was among people aged 30–39. Type 2 affects 90%–95% of people with diabetes and is linked to obesity and physical inactivity.

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

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

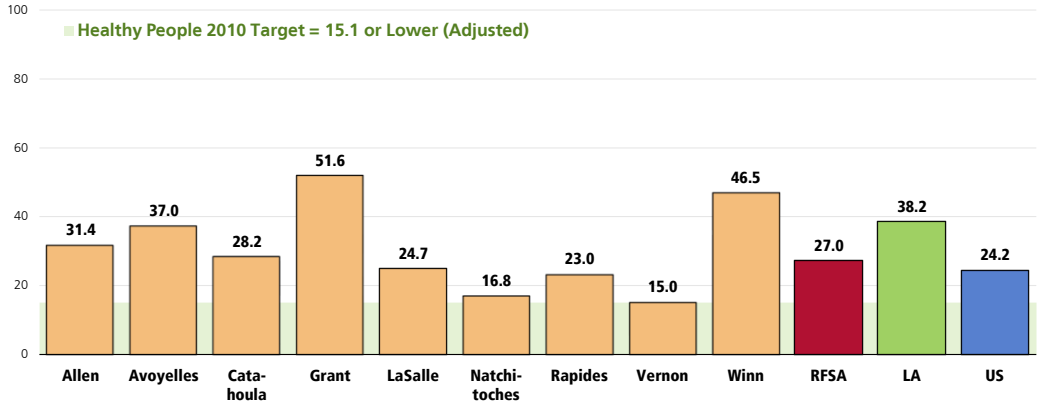
Age-Adjusted Diabetes Mellitus Deaths

Between 2004 and 2006, there was an annual average age-adjusted diabetes mortality rate of 27.0 deaths per 100,000 population in the Rapides Foundation Service Area.

- Much lower than found statewide (38.2).
- Higher than the national rate (24.2).
- Fails to satisfy the Health People 2010 target.
- Particularly high in Avoyelles, Grant and Winn Parishes; lower (more favorable) in Catahoula, LaSalle, Natchitoches, Rapides and Vernon Parishes.

Diabetes: Age-Adjusted Mortality

(2004-2006 Annual Average Deaths per 100,000 Population)



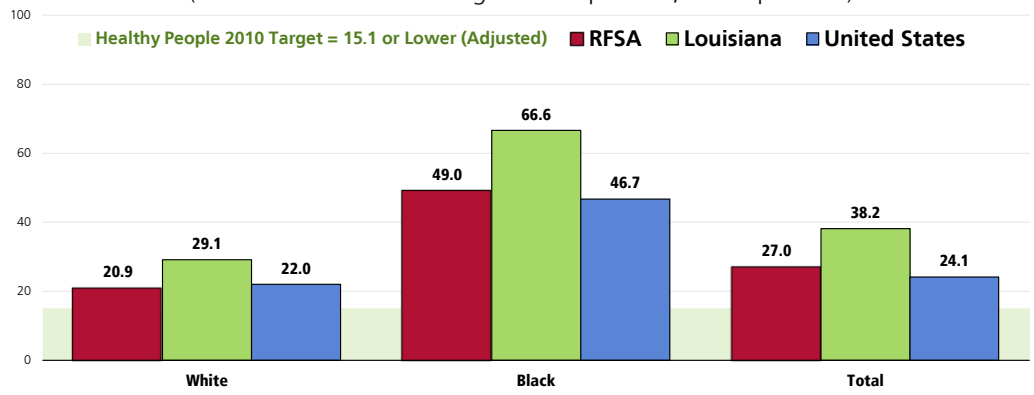
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 5-5]

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 U.S. Standard Population.
Parish, state and national data are simple three-year averages; the RFSA three-year average is weighted by population.
The Healthy People 2010 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Diabetes mortality rates in the RFSA are notably higher among Blacks; the same is true statewide and nationwide.

Diabetes: Age-Adjusted Mortality by Race

(2004-2006 Annual Average Deaths per 100,000 Population)



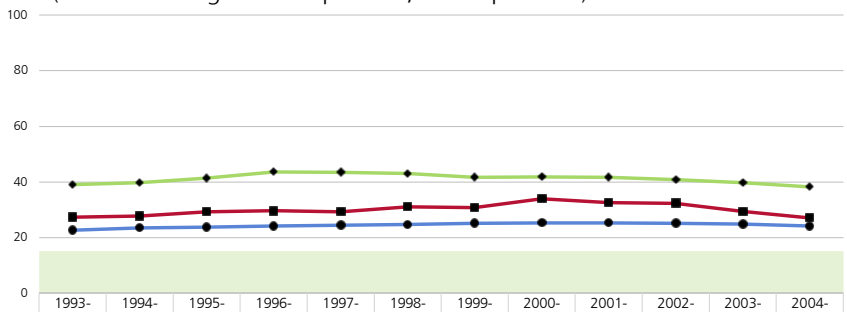
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 5-5]

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 U.S. Standard Population.
Parish, state and national data are simple three-year averages; the RFSA three-year average is weighted by population.
The Healthy People 2010 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

While declining in the past few years, diabetes mortality rates have remained largely unchanged over time.

Diabetes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1993-1995	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006
Healthy People 2010 (Adjusted)	15.1	15.1	15.1	15.1	15.1	15.1	15.1	15.1	15.1	15.1	15.1	15.1
RFSA	27.3	27.7	29.3	29.6	29.3	31.1	30.8	34.0	32.5	32.3	29.4	27
Louisiana	39.0	39.8	41.4	43.6	43.5	43.0	41.7	41.8	41.6	40.9	39.8	38.2
United States	22.7	23.4	23.8	24.1	24.4	24.7	25.1	25.2	25.3	25.1	24.8	24.2

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 5-5]

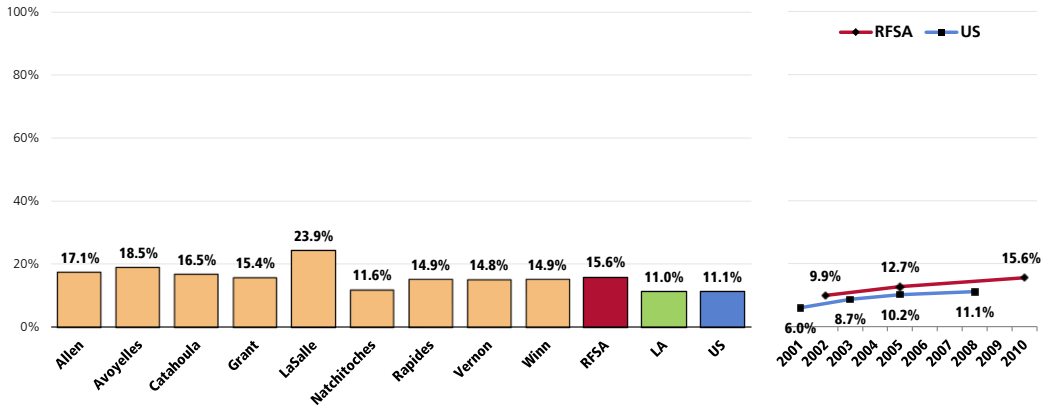
Notes: Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
The Healthy People 2010 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

A total of 15.6% of RFSA adults report having been diagnosed with diabetes.

- Higher than the proportion statewide (11.0%).
- Higher than the national proportion (11.1%).
- Affecting a full 23.9% of respondents in LaSalle Parish.
- The diabetes prevalence has increased significantly in the RFSA since 2002. The same increase is seen nationally.

Prevalence of Diabetes



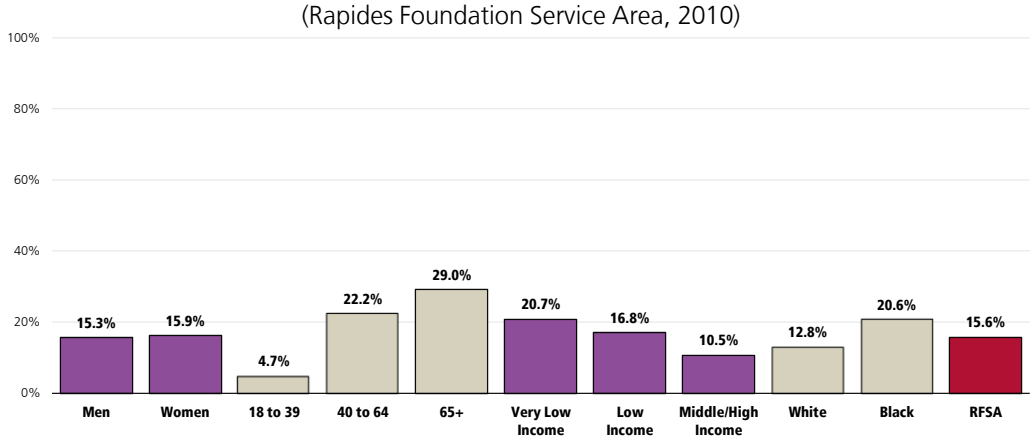
Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 27]
2008 PRC National Health Survey, Professional Research Consultants.
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2009 Louisiana data.
Notes: Asked of all respondents.

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

- Adults aged 40 and older (note a positive correlation with age, with 29.0% of seniors with diabetes).
- Note the negative correlation of diabetes with income.
- Blacks experience a significantly higher prevalence than Whites.

Prevalence of Diabetes

(Rapides Foundation Service Area, 2010)



Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 27]
Notes: Asked of all respondents.
Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

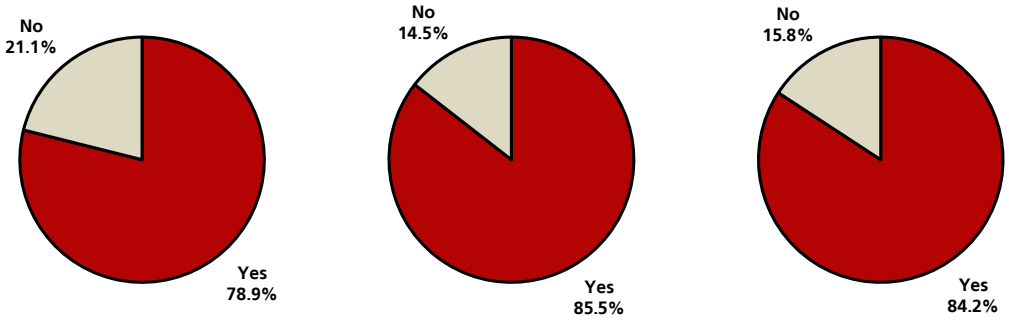
Diabetes Treatment

Among adults with diabetes, most (85.5%) are currently taking insulin or some type of medication to manage their condition.

- Statistically similar to the 84.2% found nationally.
- Marks a statistically significant increase over time.

Taking Insulin or Other Medication for Diabetes

(Among Diabetics; Rapides Foundation Service Area, 2010)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 28]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

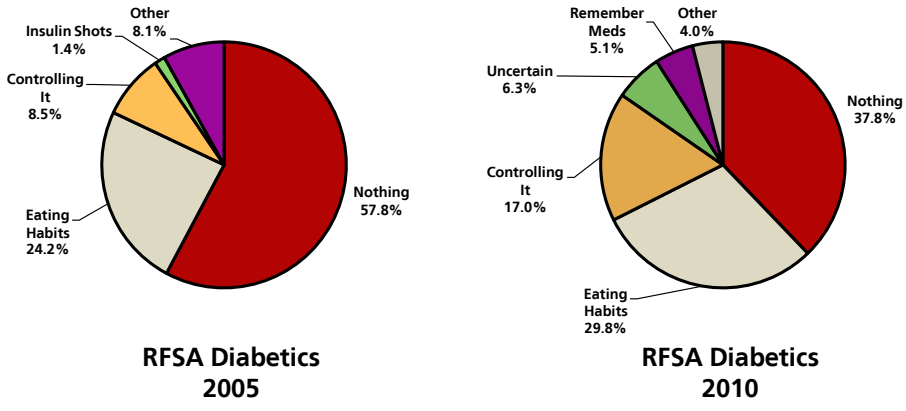
Notes:
- Asked of all diabetic respondents.

Among diabetics, 37.8% report not having any problem controling their blood sugar.

- In 2005, 57.8% of diabetics reported having no problems controlling their blood sugar.

Problems Controlling Blood Sugar

(Among Diabetics; Rapides Foundation Service Area, 2010)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 29]

Notes:
- Asked of all diabetic respondents.

Kidney Disease

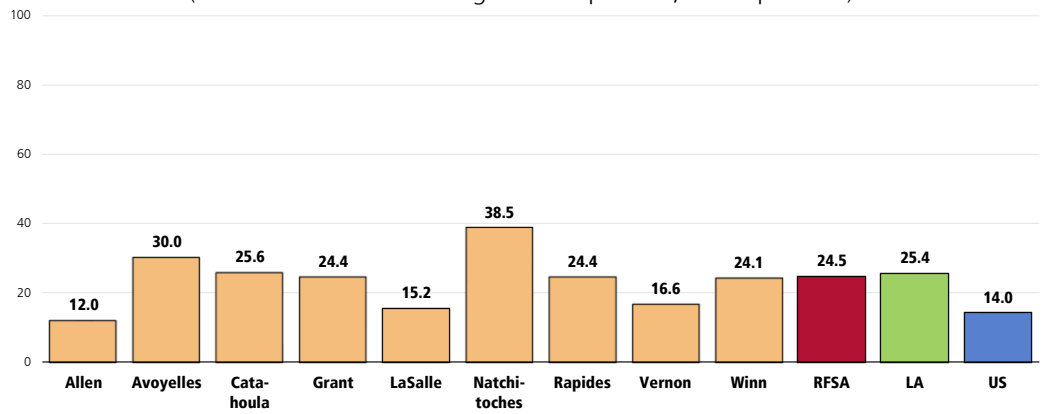
Age-Adjusted Kidney Disease Deaths

Between 2004 and 2006, there was an annual average age-adjusted kidney disease mortality rate of 24.5 deaths per 100,000 population in the Rapides Foundation Service Area.

- Comparable to the rate found statewide (25.4).
- Much less favorable than the national rate (14.0).
- Higher (less favorable) in Avoyelles, Catahoula and Natchitoches Parishes; lower in Allen, LaSalle and Vernon Parishes.

Kidney Disease: Age-Adjusted Mortality

(2004-2006 Annual Average Deaths per 100,000 Population)



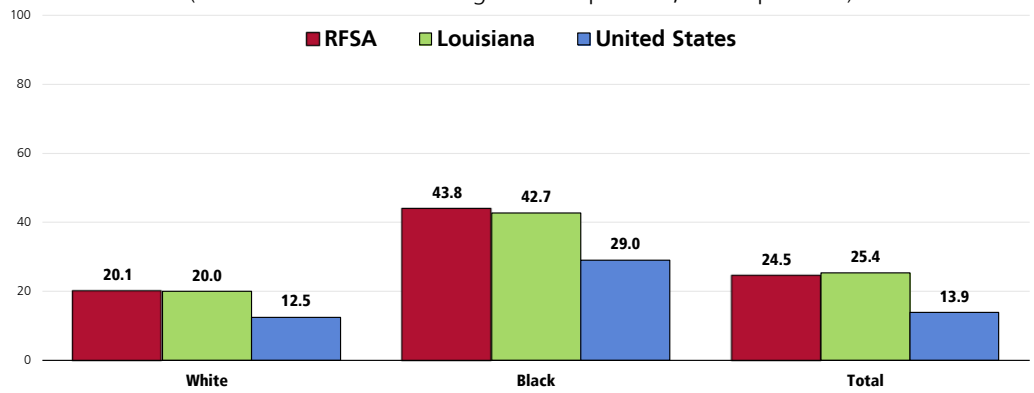
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.

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 U.S. Standard Population.
Parish, state and national data are simple three-year averages; the RFSA three-year average is weighted by population.
CLRD is chronic lower respiratory disease.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Kidney disease mortality rates in the RFSA are notably higher among Blacks, as they are statewide and nationwide.

Kidney Disease: Age-Adjusted Mortality by Race

(2004-2006 Annual Average Deaths per 100,000 Population)



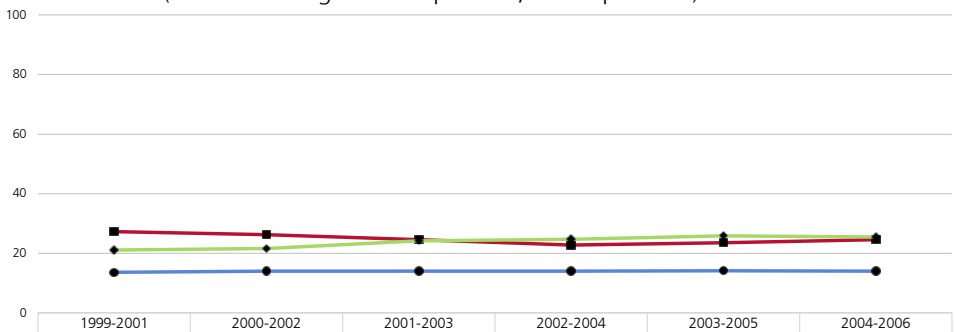
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.

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 U.S. Standard Population.
Parish, state and national data are simple three-year averages; the RFSA three-year average is weighted by population.
CLRD is chronic lower respiratory disease.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Between the 1999-2001 and 2004-2006 reporting periods, the age-adjusted kidney disease death rate decreased overall across the RFSA.

Kidney Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006
RFSA	27.3	26.2	24.5	22.7	23.5	24.5
Louisiana	21.1	21.6	24.1	24.7	25.8	25.4
United States	13.5	13.9	14	14	14.1	14

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.

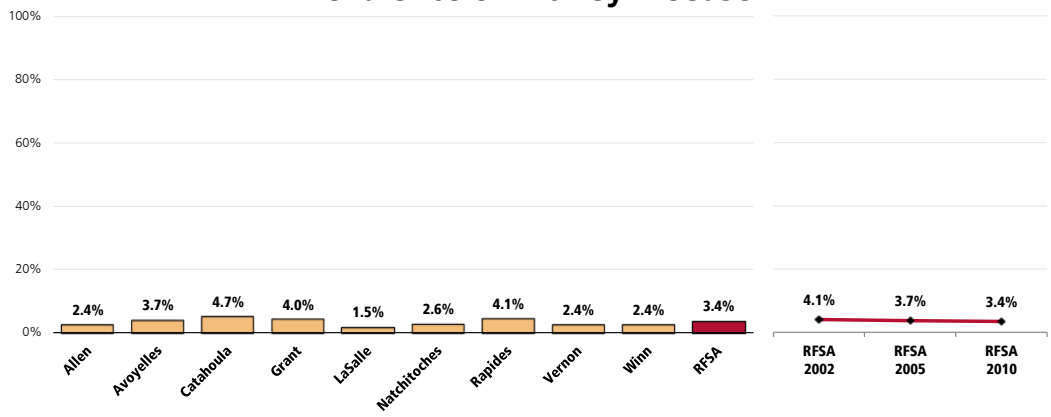
Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
CLRD is chronic lower respiratory disease.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Prevalence of Kidney Disease

A total of 3.4% of RFSA adults have been diagnosed with kidney disease.

- Notably lower (1.5%) among LaSalle Parish respondents.
- The prevalence of kidney disease has remained statistically unchanged since 2002.

Prevalence of Kidney Disease



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 23]
Notes: Asked of all respondents.

Arthritis & Rheumatism

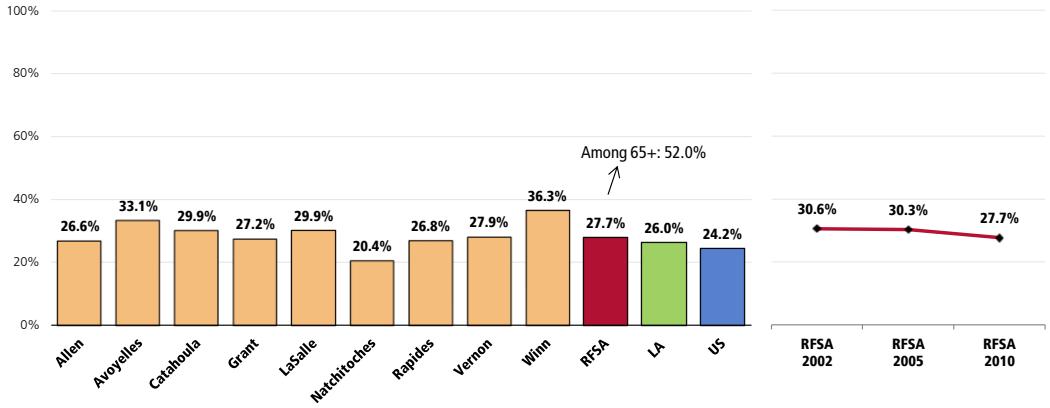
The current and projected growth in the number of people aged 65 years and older in the United States has focused attention on preserving quality of life, as well as length of life. Chief among the factors involving preserving quality of life are the prevention and treatment of musculoskeletal conditions—the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

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

More than one-fourth (27.7%) of RFSA adults report suffering from arthritis or rheumatism.

- Similar to the statewide prevalence (26.0%).
- Less favorable than that found nationwide (24.2%).
- Lower (20.4%) among adults in Natchitoches Parish; higher (36.3%) in Winn Parish.
- Among RFSA adults aged 65 and older, the prevalence of arthritis or rheumatism is 52.0%.
- The prevalence of arthritis/rheumatism has <u>decreased</u> since 2002.

Prevalence of Arthritis/Rheumatism



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 20]
2008 PRC National Health Survey, Professional Research Consultants.
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2009 Louisiana data.

Notes: Asked of all respondents.

Activity Limitations

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

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

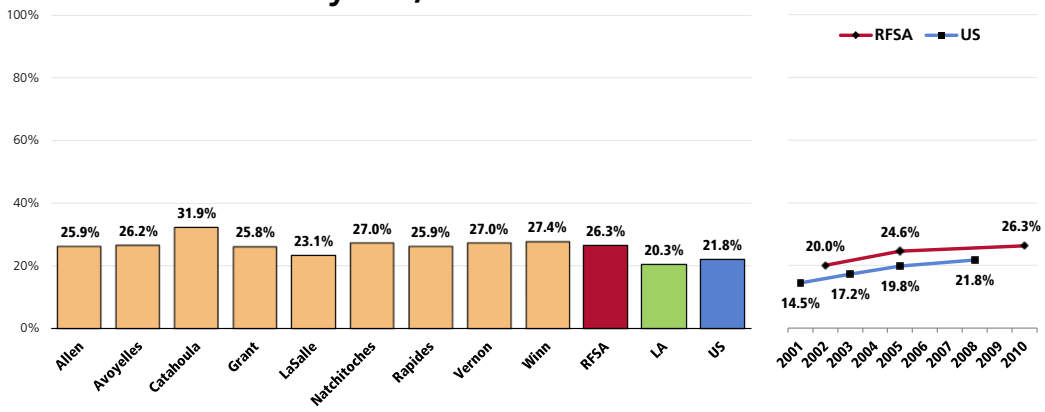
The health promotion and disease prevention needs of people with disabilities are not nullified because they are born with an impairing condition or have experienced a disease or injury that has long-term consequences. People with disabilities have increased health concerns and susceptibility to secondary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

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

A total of 26.3% of RFSA adults are limited in some way in some activities due to a physical, mental or emotional problem.

- Less favorable than the 20.3% prevalence in Louisiana.
- Less favorable than the 21.8% prevalence nationwide.
- No statistically significant differences among the parishes.
- The prevalence of activity limitations has increased significantly in the RFSA since 2002. The same is true nationally.

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



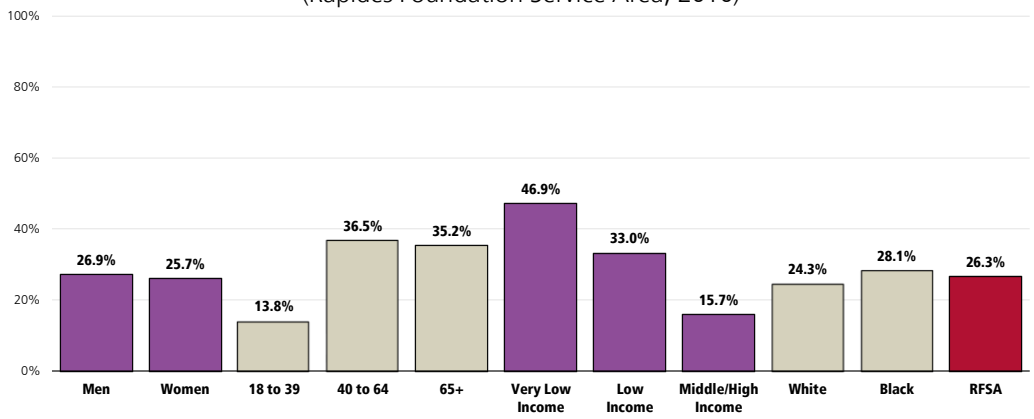
Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 104]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2009 Louisiana data.
2008 PRC National Health Survey, Professional Research Consultants.
Notes: Asked of all respondents.

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

- Adults aged 40 or older are more often limited in activities.
- Note also that respondents living at lower incomes are more likely to report some type of activity limitation.

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

(Rapides Foundation Service Area, 2010)

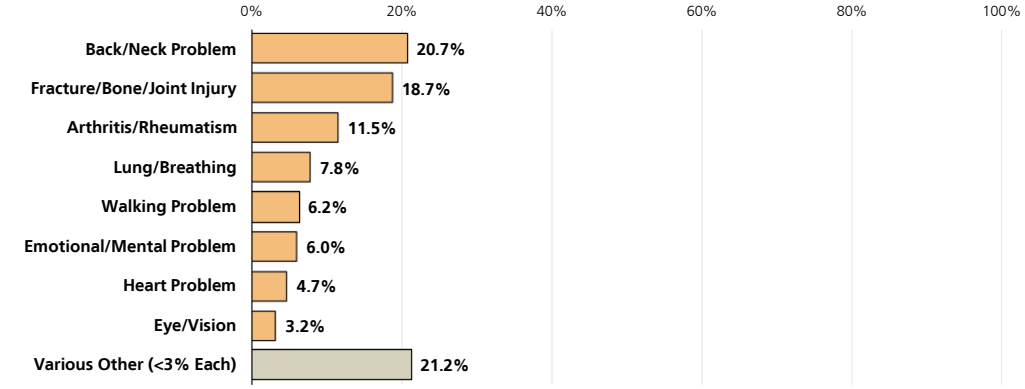


Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 104]
Notes: Asked of all respondents.
Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

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

Type of Problem That Limits Activities

(Among Those Reporting Activity Limitations; RFSA, 2010)



Sources: • 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
Notes: • Asked of those respondents reporting activity limitations.

MODIFIABLE HEALTH RISK BEHAVIORS

It is estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors, such as the daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress. Behavior patterns represent the single-most prominent domain of influence over health prospects in the US.

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

Actual Causes Of Death

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

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

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

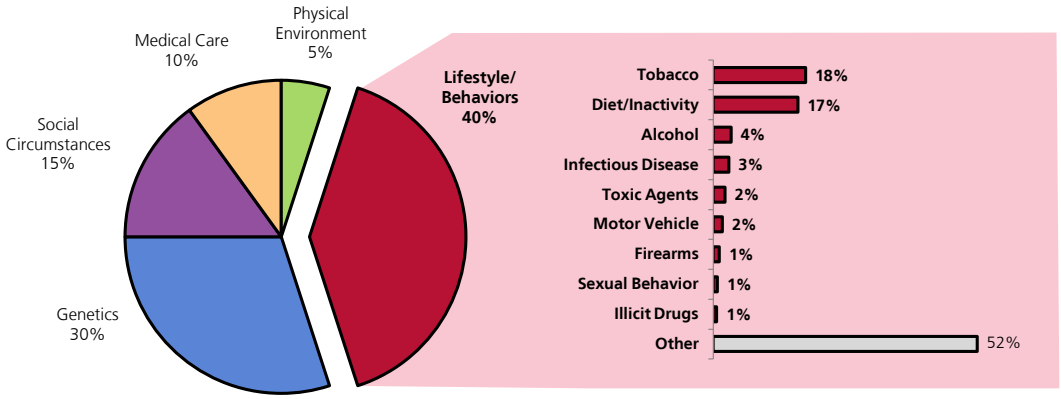
– Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

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

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

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

Factors Contributing to Premature Deaths in the United States



Sources: "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs, Vol. 21, No. 2, March/April 2002. "Actual Causes of Death in the United States"; (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH) JAMA, 291(2000):1238-1245.

Nutrition

Adults

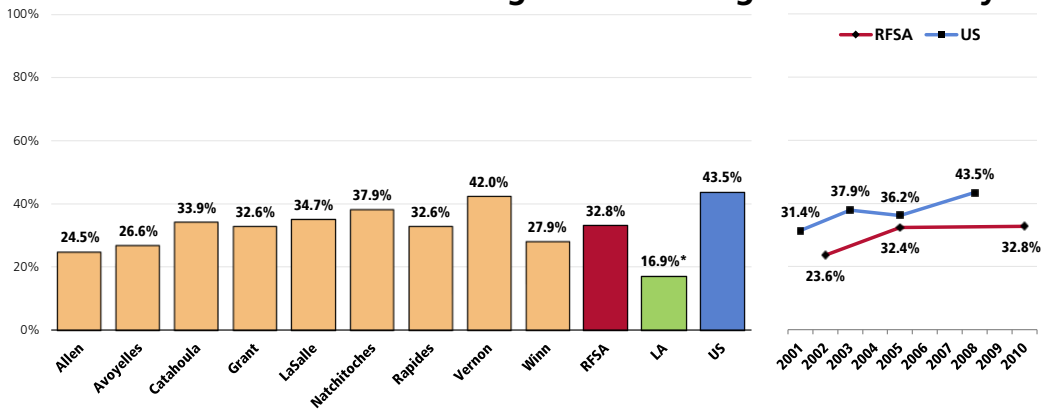
Daily Recommendation of Fruits/Vegetables

To measure food and beverage consumption, survey respondents were asked specifically about the foods and drinks they consumed on the day prior to the interview.

A total of 32.8% of area adults report eating five or more servings of fruits and/or vegetables per day.

- Higher than the Louisiana percentage (16.9%) – *note, however, that the state-level question is asked slightly differently, perhaps limiting comparability*.
- Lower than national findings (43.5%).
- Higher in Vernon Parish; lower in Allen and Avoyelles Parishes.
- Marks a statistically significant increase in fruit/vegetable consumption in the RFSA since 2002 (similar to 2005 findings).
- Nationally, a significant increase over time is found as well.

Consume Five or More Servings of Fruits/Vegetables Per Day



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 153]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2009 Louisiana data.
2008 PRC National Health Survey, Professional Research Consultants.

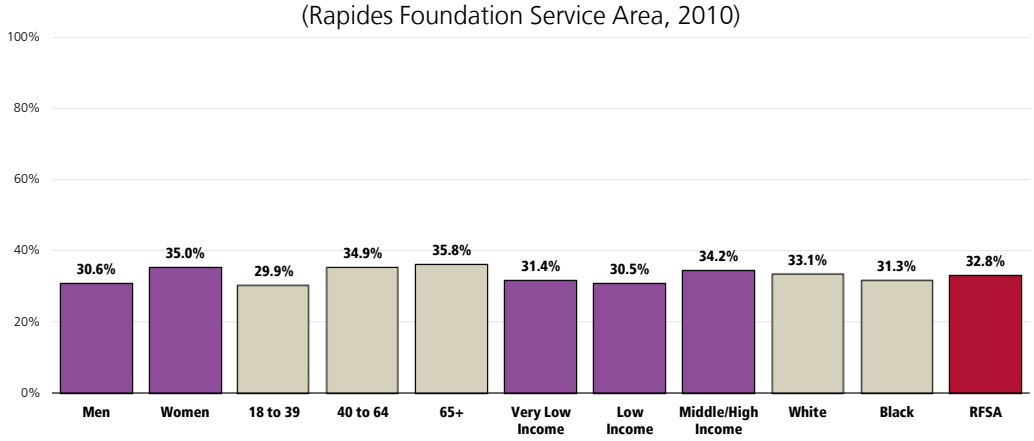
Notes: Asked of all respondents.
For this issue, respondents were asked to recall their food intake on the previous day.
Note that the state-level question is asked slightly differently, perhaps limiting comparability.

Respondents less likely to get the recommended servings of fruits/vegetables include:

- Men.
- Residents under 40.

Consume Five or More Servings of Fruits/Vegetables Per Day

(Rapides Foundation Service Area, 2010)



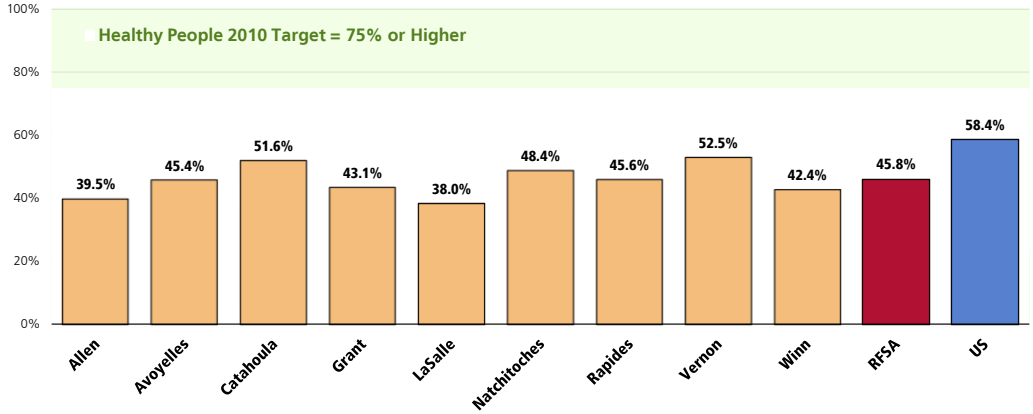
Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 153]
Notes: Asked of all respondents.
Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.
For this issue, respondents were asked to recall their food intake on the previous day.

Fruits

A total of 45.8% of RFSA adults report eating at least two servings of fruit per day.

- Less favorable than national findings (58.4%).
- Fails to satisfy the Healthy People 2010 target (75% or higher).
- Highest in Vernon Parish; lowest in LaSalle Parish.

Consume Two or More Servings of Fruits/Fruit Juices Per Day



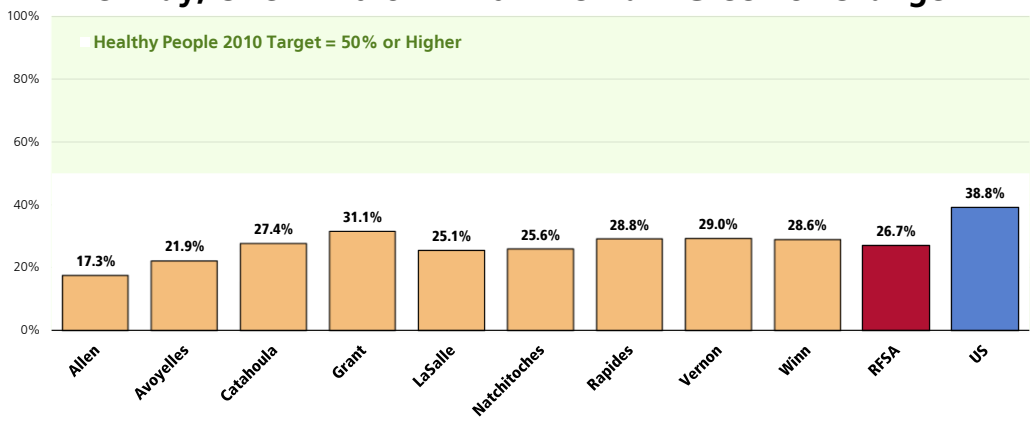
Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
2008 PRC National Health Survey, Professional Research Consultants.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 19-5]
Notes: Asked of all respondents.

Vegetables

A total of 26.7% of survey respondents report eating three or more servings of vegetables per day, at least one-third of which are dark green or orange vegetables.

- Less favorable than national findings (38.8%).
- Fails to satisfy the Healthy People 2010 target (50% or higher).
- Notably lower in Allen Parish.

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



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 152]
2008 PRC National Health Survey, Professional Research Consultants.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 19-6]
Notes: Asked of all respondents.

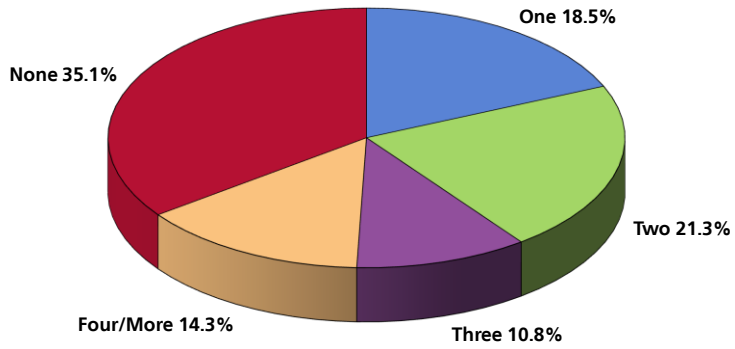
Consumption of Sugar-Sweetened Beverages

In this instance, sweetened drinks include, but are not limited to, non-diet soda, sweet tea, Gatorade, Monster or "power" drinks, and specialty coffee drinks in 12-ounce servings.

Nearly two-thirds (64.9%) of RFSA adults drink at least one sugar-sweetened beverage per day.

Adults: Servings of Sugar-Sweetened Drinks Consumed Per Day

(Rapides Foundation Service Area, 2010)



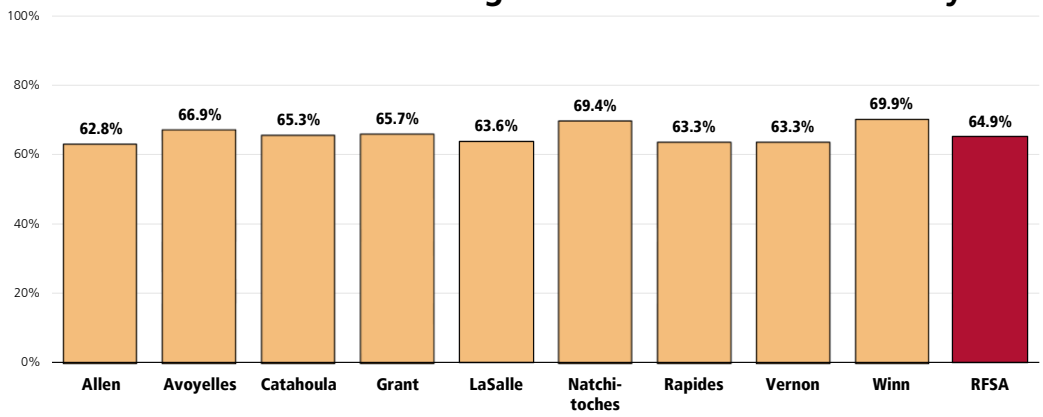
Sources:
- 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 83]

Notes:
- Asked of all respondents.

In this case, respondents were asked to consider their beverage consumption from the previous day.
Sugar-sweetened drinks include (but are not limited to) non-diet soda, sweet tea, Gatorade/Monster/"power" drinks, specialty coffee drinks, etc., in 12-ounce portions.

- Statistically similar among the parishes.

Consume One or More Sugar-Sweetened Drinks Per Day



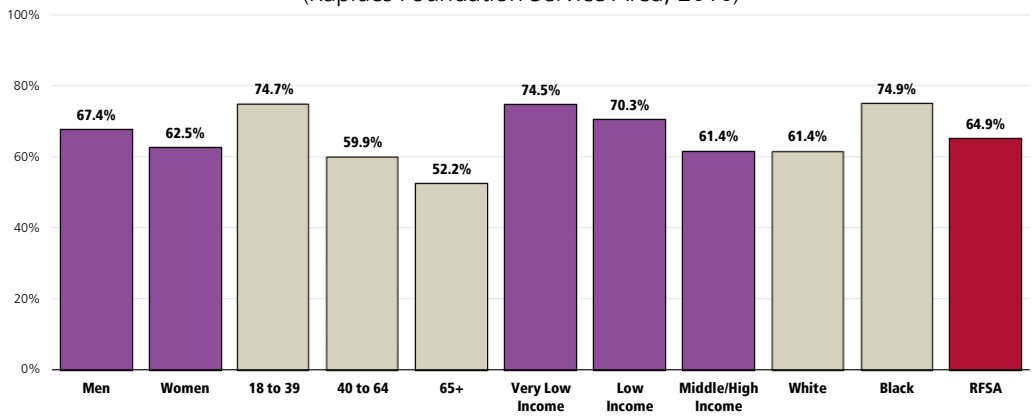
Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 83]
Notes: Asked of all respondents.
In this case, respondents were asked to consider their beverage consumption from the previous day.
Sugar-sweetened drinks include (but are not limited to) regular soda, sweet tea, Gatorade/Monster/"power" drinks, specialty coffee drinks, etc. in 12-ounce portions.

Respondents more likely to drink sugar-sweetened beverages include:

- Men.
- Residents under age 40 (note the negative correlation with age).
- Residents with low or very low incomes.
- Blacks.

Consume One or More Sugar-Sweetened Drinks Per Day

(Rapides Foundation Service Area, 2010)

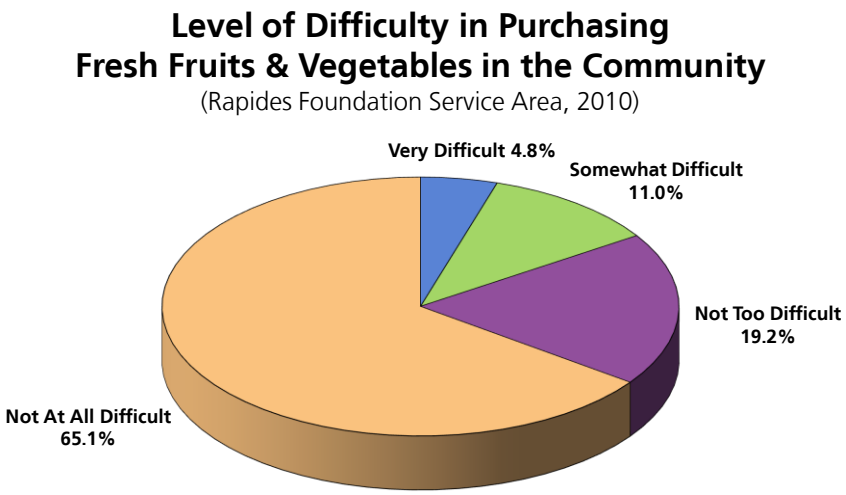


Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 83]
Notes: Asked of all respondents.
Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.
For this issue, respondents were asked to recall their beverage intake on the previous day.
Sugar-sweetened drinks include (but are not limited to) regular soda, sweet tea, Gatorade/Monster/"power" drinks, specialty coffee drinks, etc. in 12-ounce portions.

Difficulty Purchasing Fresh Produce

The majority (65.1%) of RFSA residents indicates that it is "not at all difficult" to buy fresh produce like fruits and vegetables in their community.

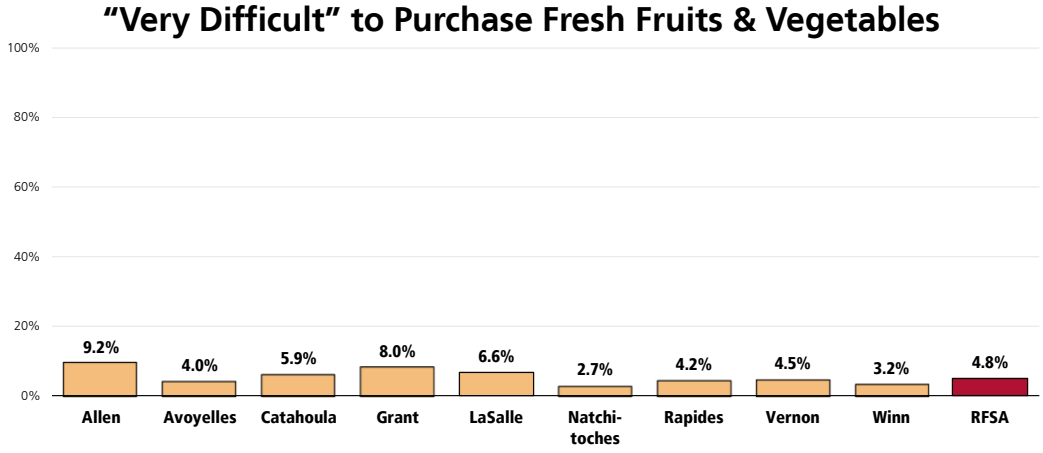
- Another 19.2% report this as "not too difficult."



Sources: • 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 88]
Notes: • Asked of all respondents.

However, 11.0% of residents find the purchase of fresh fruits and vegetables to be "somewhat difficult," and 4.8% find it "very difficult."

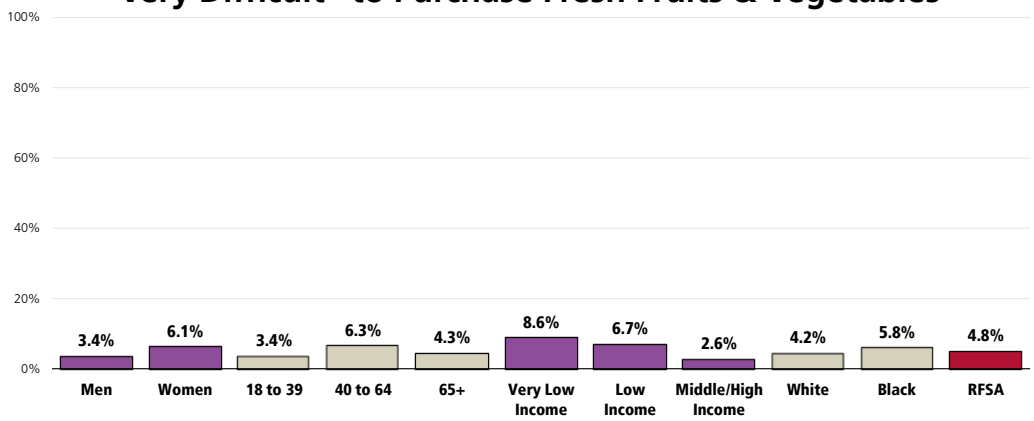
- Adults in Allen Parish are most likely to give "very difficult" ratings.



Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 88]
Notes: Asked of all respondents.

Higher among women and very low/low-income residents.

"Very Difficult" to Purchase Fresh Fruits & Vegetables



Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 88]
Notes: Asked of all respondents.

Children

Children's Consumption of Fruits and Vegetables

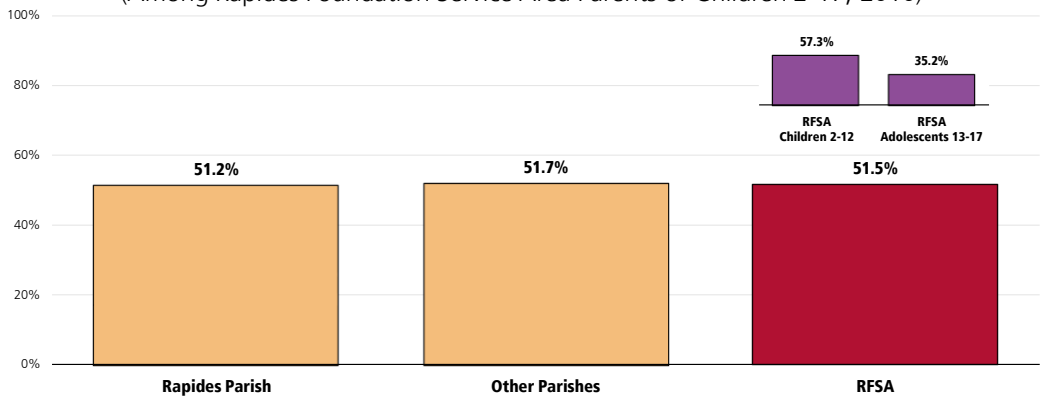
To measure children's food and beverage consumption, parents were asked specifically about the foods and drinks their child consumed on the day prior to the interview.

Just over one-half (51.5%) of RFSA parents of children aged 2-17 report that their child has five or more servings of fruits/vegetables per day.

- Similar between children in Rapides Parish and those in Other Parishes (combined).
- Lower in adolescents.

Child Eats Five or More Servings of Fruits/Vegetables Per Day

(Among Rapides Foundation Service Area Parents of Children 2-17, 2010)



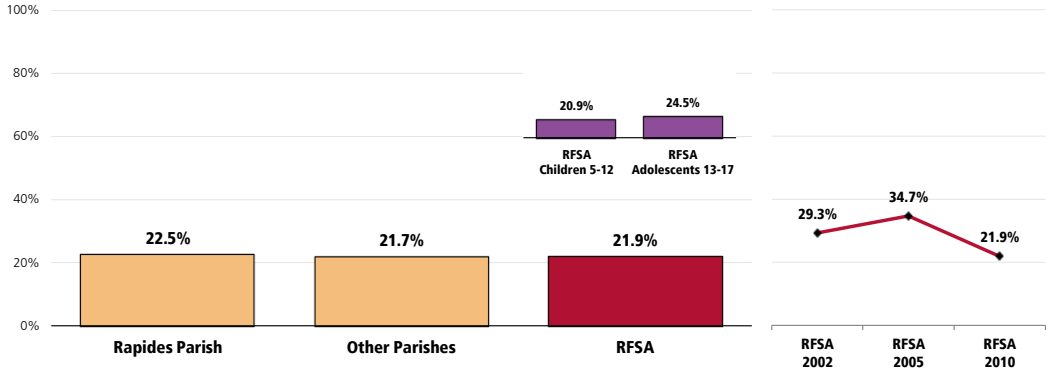
Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 187]
Notes: Asked of all respondents with children aged 2-17 at home.
In this case, parents were asked to consider their child's food intake on the previous day.

Children & Fast Food

One-fifth (21.9%) of RFSA children aged 2-17 are reported to have three or more fast food meals in an average week.

- Similar between children in Rapides Parish and those in Other Parishes (combined).
- No significant difference among age groups.
- Denotes a statistically significant decrease in fast food consumption over previous findings.

Child Eats Three or More Fast Food Meals Per Week



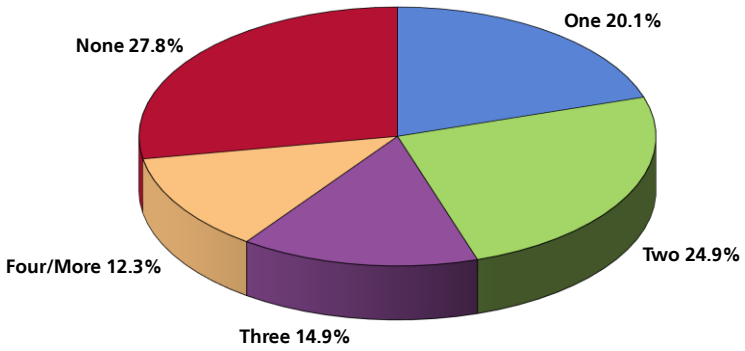
Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 131]
Notes: Asked of all respondents with children aged 5-17 at home.
For this issue, respondents were asked to consider breakfast, lunch, and dinner.

Children & Sugar-Sweetened Beverages

While 27.8% of RFSA children do not drink any sugar-sweetened beverages, 20.1% drink one per day, and 24.9% drink two per day.

- 14.9% drink three per day, and 12.3% drink four or more daily.

Children: Servings of Sugar-Sweetened Drinks Consumed Per Day
(Rapides Foundation Service Area Children 2-17, 2010)



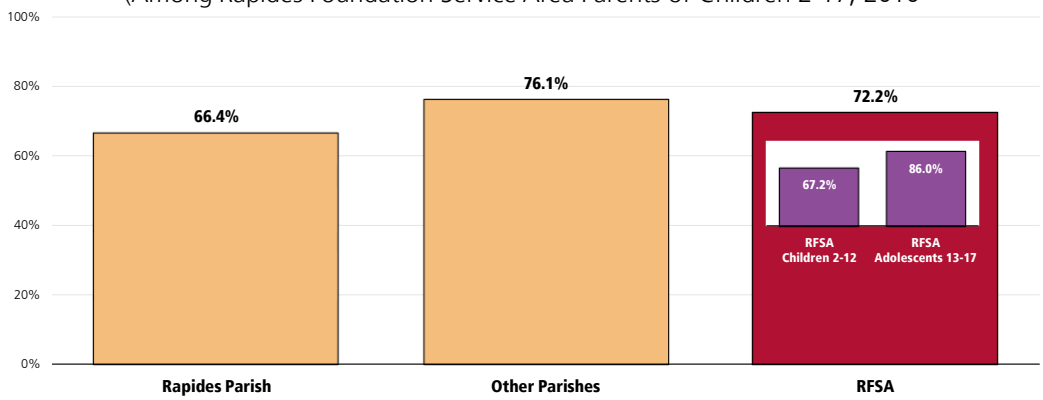
Sources: • 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]
Notes: • Asked of all respondents with children aged 2-17 at home.
In this case, respondents were asked to consider their child's beverage consumption from the previous day.
Sugar-sweetened drinks include (but are not limited to) regular soda, sweet tea, Gatorade/Monster/"power" drinks, specialty coffee drinks, etc. in 12-ounce portions.

A full 72.2% of RFSA children drink at least one sugar-sweetened beverage per day.

- Higher in the RFSA outside of Rapides Parish.
- Significantly higher in adolescents.

Child Consumes One or More Sugar-Sweetened Drinks Per Day

(Among Rapides Foundation Service Area Parents of Children 2-17, 2010



Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]
Notes: Asked of all respondents with children aged 2-17 at home.
In this case, respondents were asked to consider their child's beverage consumption from the previous day.
Sugar-sweetened drinks include (but are not limited to) regular soda, sweet tea, Gatorade/Monster/"power" drinks, specialty coffee drinks, etc. in 12-ounce portions.

Body Weight

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

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI of □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 of □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.

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

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

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

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

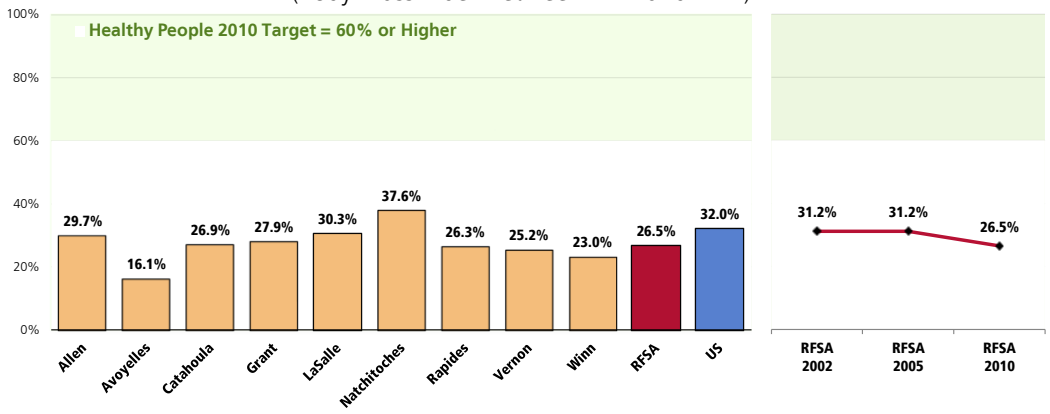
Healthy Weight

Based on self-reported heights and weights, only 26.5% of RFSA adults are at a healthy weight (neither underweight nor overweight, BMI = 18.5-24.9).

- Less favorable than national findings (32.0%).
- Far from reaching the Healthy People 2010 target (60% or higher).
- Worst in Avoyelles Parish; best in Natchitoches Parish.
- Marks a statistically significant decrease in healthy weight over time.

Healthy Weight

(Body Mass Index Between 18.5 and 24.9)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 143]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.
- Healthy People 2010. 2nd Edition. US Department of Health & Human Services. Washington, DC: US Government Printing Office, November 2000. [Objective 19-1]

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

Overweight Status

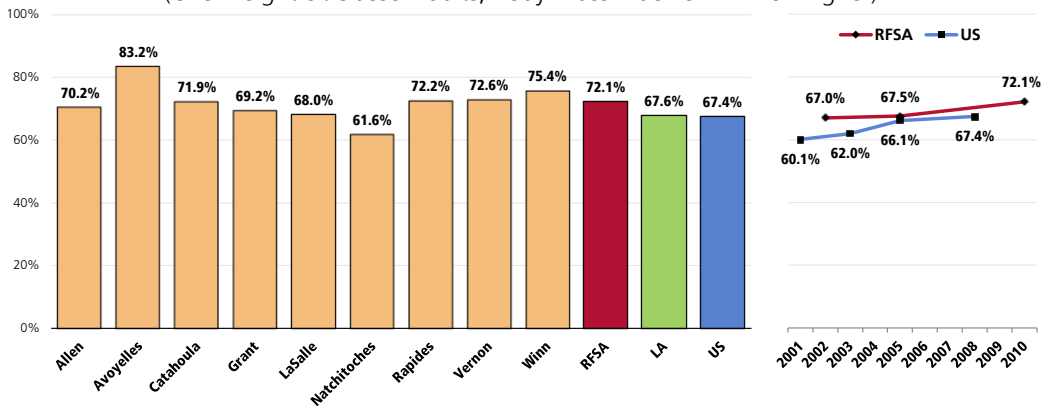
Adults

Based on self-reported heights and weights, 72.1% of RFSA adults are overweight or obese (BMI ≥25).

- Higher than the Louisiana prevalence (67.6%).
- Higher than the US overweight prevalence (67.4%).
- Highest in Avoyelles Parish; lowest in Natchitoches Parish.
- Denotes a statistically significant increase in overweight since 2002 in the RFSA.
- Nationally, overweight prevalence has increased significantly in recent years as well.

Prevalence of Total Overweight

(Overweight or/Obese Adults; Body Mass Index of 25.0 or Higher)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 143]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.
- Healthy People 2010. 2nd Edition. US Department of Health & Human Services. Washington, DC: US Government Printing Office, November 2000. [Objective 19-2]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2009 Louisiana Data.

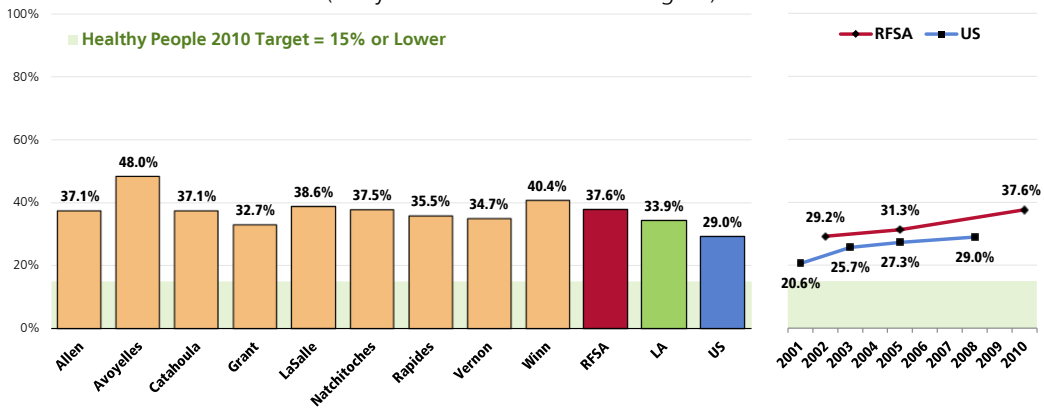
Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater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

Specifically, 37.6% of RFSA adults are obese
(BMI ≥30, also included in overweight prevalence discussed previously).

- Less favorable than the Louisiana percentage (33.9%).
- Less favorable than US findings (29.0%).
- More than twice the Healthy People 2010 target (15% or lower).
- Notably higher in Avoyelles Parish.
- Marks a statistically significant increase in obesity over time (both in the RFSA, as well as nationally).

Prevalence of Obesity

(Body Mass Index of 30.0 or Higher)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 143]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.
- Healthy People 2010. 2nd Edition. US Department of Health & Human Services. Washington, DC: US Government Printing Office, November 2000. [Objective 19-2]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2009 Louisiana Data.

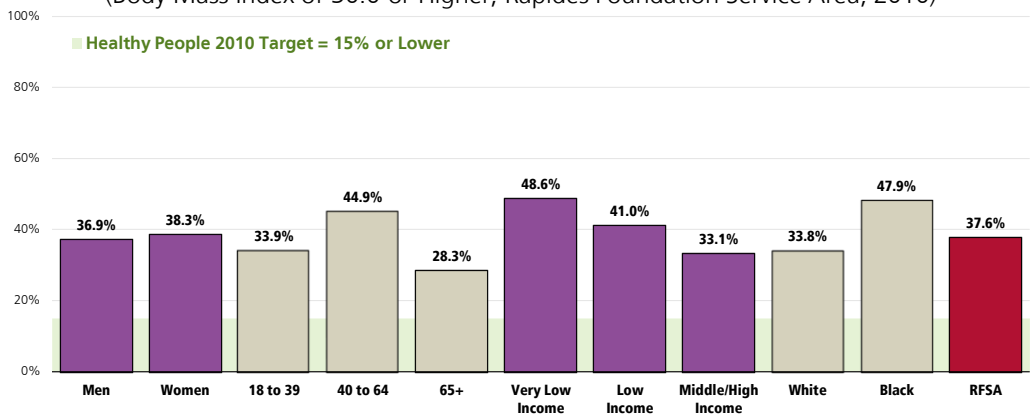
Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Obesity is notably more prevalent among:

- Adults between 40 and 64.
- Respondents with lower incomes (note the negative correlation).
- Blacks.

Prevalence of Obesity

(Body Mass Index of 30.0 or Higher; Rapides Foundation Service Area, 2010)



Sources:
- 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]
- Healthy People 2010. 2nd Edition. US Department of Health & Human Services. Washington, DC: US Government Printing Office, November 2000. [Objective 19-2]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

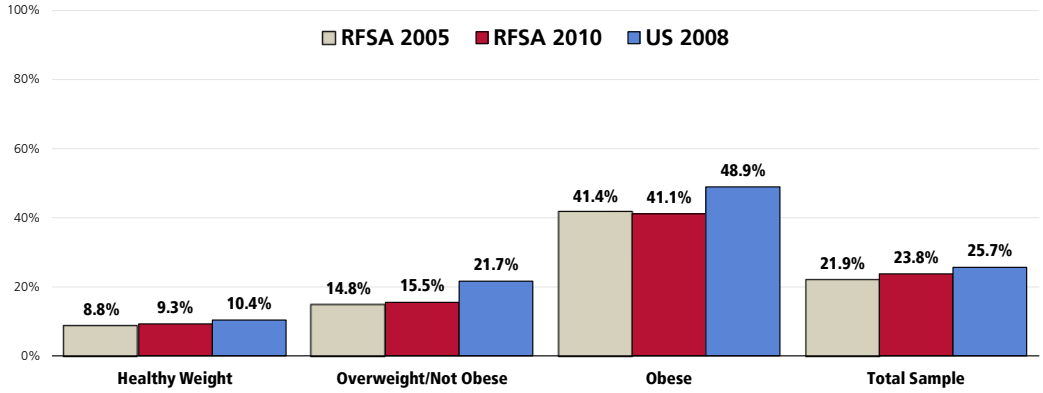
Health Advice About Weight Management

A total of 23.8% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Statistically similar to the national findings (25.7%).
- Note that 41.1% of obese adults have been given advice about their weight by a health professional in the past year (while over one-half have not).
- Statistically similar to 2005 findings.

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 99]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Weight Control

Many diseases are associated with overweight and obesity. Persons who are overweight or obese are at increased risk for high blood pressure, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea, respiratory problems, and some types of cancer. The health outcomes related to these diseases, however, often can be improved through weight loss or, at a minimum, no further weight gain.

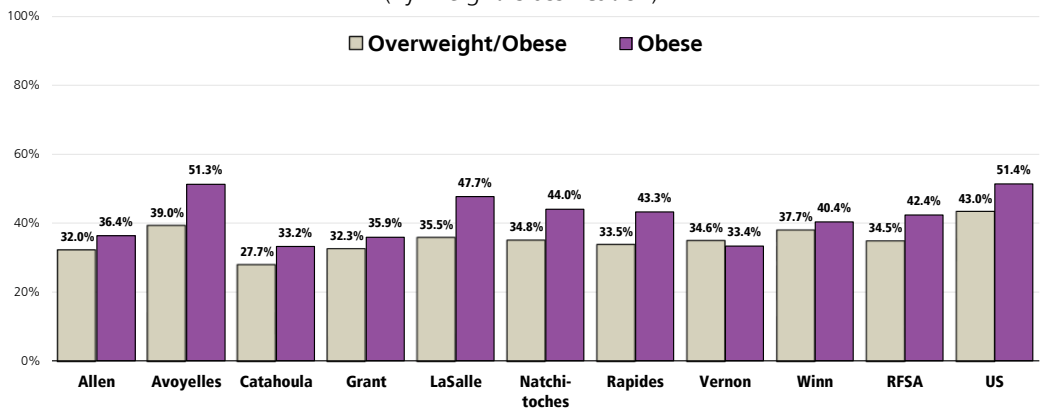
– Healthy People 2010, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

A total of 34.5% of RFSA adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- Lower than national findings (43.0%).
- Statistically similar by parish.
- Note: 42.4% of obese RFSA adults report that they are trying to lose weight through a combination of diet and exercise, lower than the 51.4% across the nation.

Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity

(By Weight Classification)



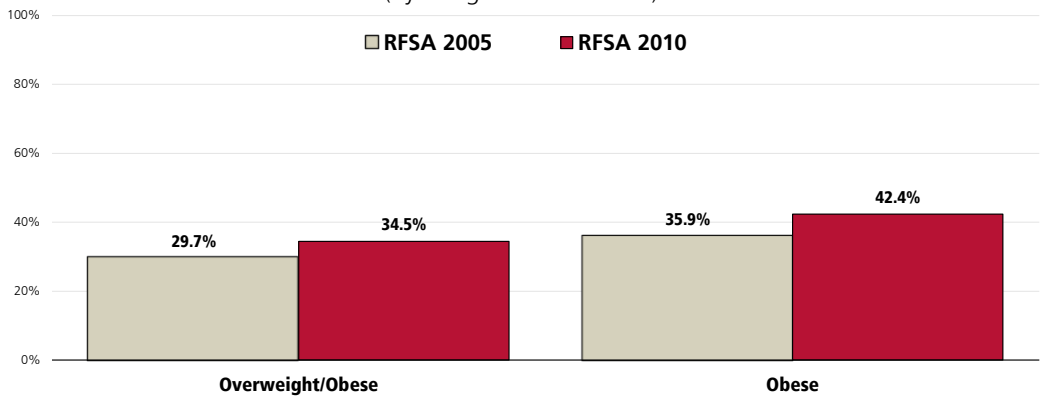
Sources:
- 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 144]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

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

The proportion of overweight and obese adults in the Rapides Foundation Service Area who are using diet and exercise to try to lose weight has improved since the 2005 survey.

Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity

(By Weight Classification)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 99]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Relationship of Overweight With Other Health Issues

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

Overweight and obese adults are more likely to report a number of adverse health conditions.

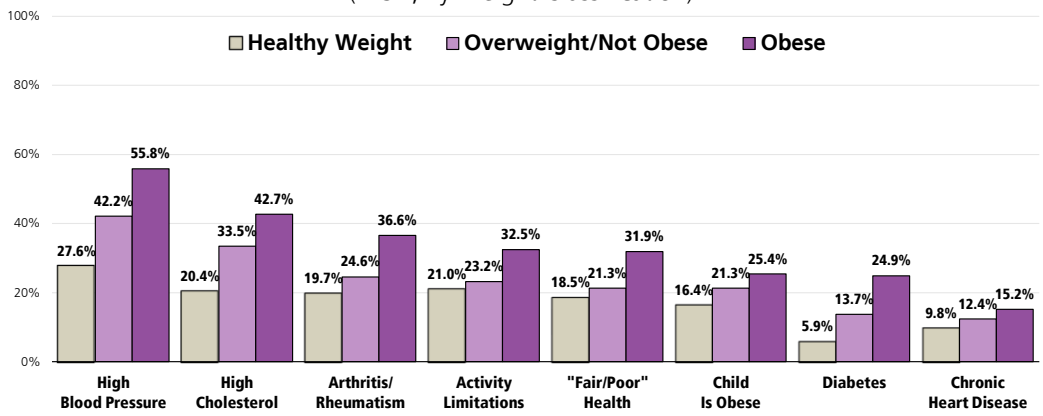
These include:

- Hypertension (high blood pressure).
- High cholesterol.
- Arthritis/rheumatism.
- Activity Limitations.
- "Fair" or "poor" physical health.
- Diabetes.
- Chronic heart disease.

Overweight/obese residents are also more likely to have obese children.

Relationship of Overweight With Other Health Issues

(RFSA; By Weight Classification)



Sources: • 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 5, 20, 27, 30, 34, 104, 141, 146]
Notes: • Based on reported heights and weights, asked of all respondents.

Childhood Overweight & Obesity

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

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

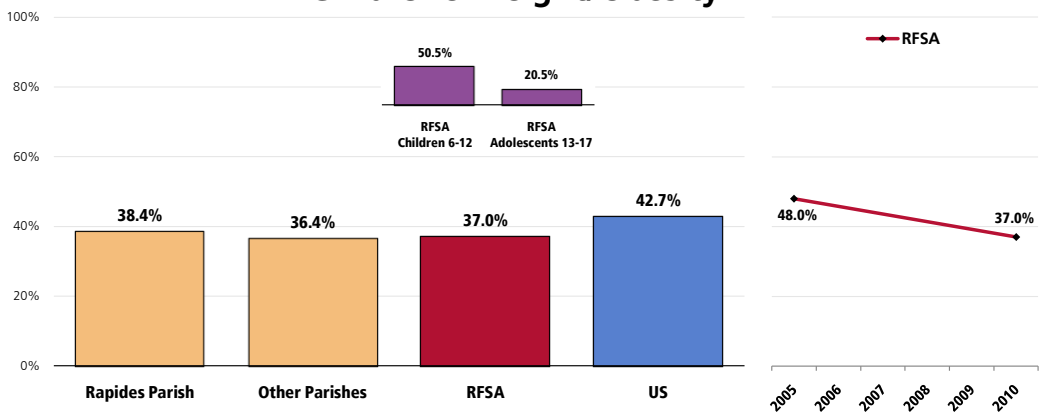
- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

– Centers for Disease Control and Prevention.

Based on the heights/weights reported by surveyed parents, 37.0% of RFSA children aged 6 to 17 are overweight or obese (≥85th percentile).

- Statistically similar to the 42.7% found nationally.
- Statistically similar between children in Rapides Parish and those in Other Parishes.
- Notably higher in children younger than 13.
- In the service area, overall childhood overweight/obesity is significantly below that reported in 2005.

Child Overweight/Obesity

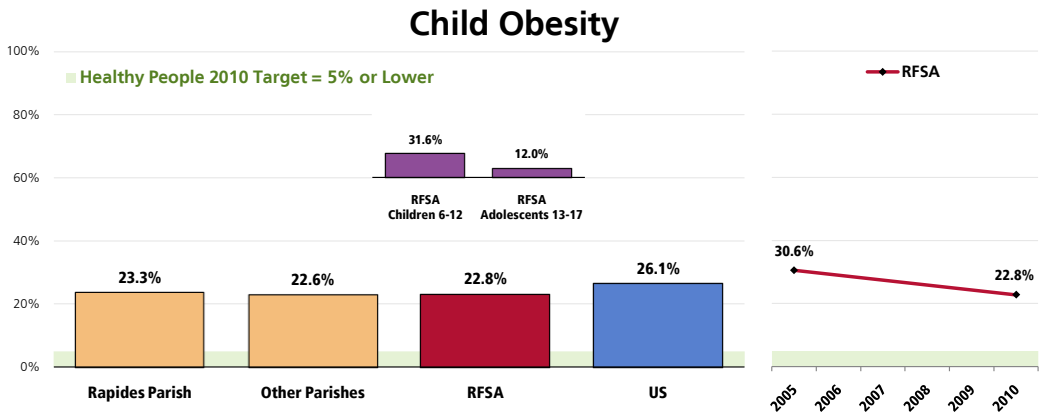


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 146]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children aged 6-17 at home.
- Overweight among children is estimated based on children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Specifically, 22.8% of RFSA children aged 6 to 17 are obese (≥95th percentile).

- Statistically comparable to the national percentage (26.1%).
- Fails to satisfy the Healthy People 2010 target (5% or lower).
- Statistically similar between children in Rapides Parish and those in Other Parishes.
- Statistically similar by child's gender; notably higher among children aged 6-12 (31.6%) when compared with RFSA adolescents (12.0%).
- Denotes a statistically significant decrease in children's obesity in the RFSA since 2005.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 146]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.
- Healthy People 2010. 2nd Edition. US Department of Health & Human Services. Washington, DC: US Government Printing Office, November 2000. [Objective 19-3]

Notes:
- Asked of all respondents with children aged 6-17 at home.
- Obesity among children is estimated based on children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Physical Activity & Fitness

The 1990s brought a historic new perspective to exercise, fitness, and physical activity by shifting the focus from intensive vigorous exercise to a broader range of health-enhancing physical activities. Research has demonstrated that virtually all individuals will benefit from regular physical activity. A Surgeon General's report on physical activity and health concluded that moderate physical activity can reduce substantially the risk of developing or dying from heart disease, diabetes, colon cancer, and high blood pressure. Physical activity also may protect against lower back pain and some forms of cancer (for example, breast cancer), but the evidence is not yet conclusive.

On average, physically active people outlive those who are inactive. Regular physical activity also helps to maintain the functional independence of older adults and enhances the quality of life for people of all ages.

The role of physical activity in preventing coronary heart disease (CHD) is of particular importance, given that CHD is the leading cause of death and disability in the United States. Physically inactive people are almost twice as likely to develop CHD as persons who engage in regular physical activity. The risk posed by physical inactivity is almost as high as several well-known CHD risk factors, such as cigarette smoking, high blood pressure, and high blood cholesterol. Physical inactivity, though, is more prevalent than any one of these other risk factors. People with other risk factors for CHD, such as obesity and high blood pressure, may particularly benefit from physical activity.

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

Adults' Physical Activity

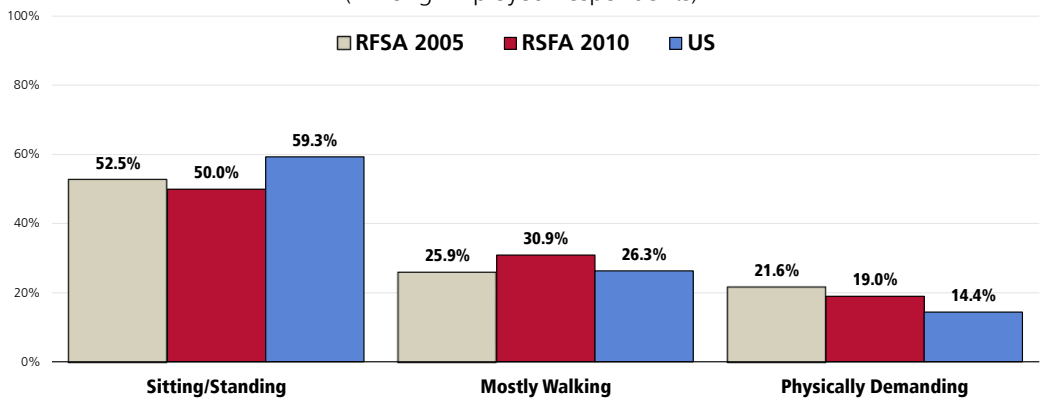
Level of Activity at Work

A majority of employed respondents report low levels of physical activity at work.

- One-half (50.0%) of employed respondents reports that their job entails mostly sitting or standing, lower than the US figure (59.3%).
- 30.9% report that their job entails mostly walking (higher than the 26.3% reported nationally).
- 19.0% report that their work is physically demanding (higher than the 14.4% reported across the nation).

Primary Level of Physical Activity At Work

(Among Employed Respondents)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 89]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of those respondents who are employed for wages.

Leisure-Time Physical Activity

Effects of Physical Inactivity & Unhealthy Diets

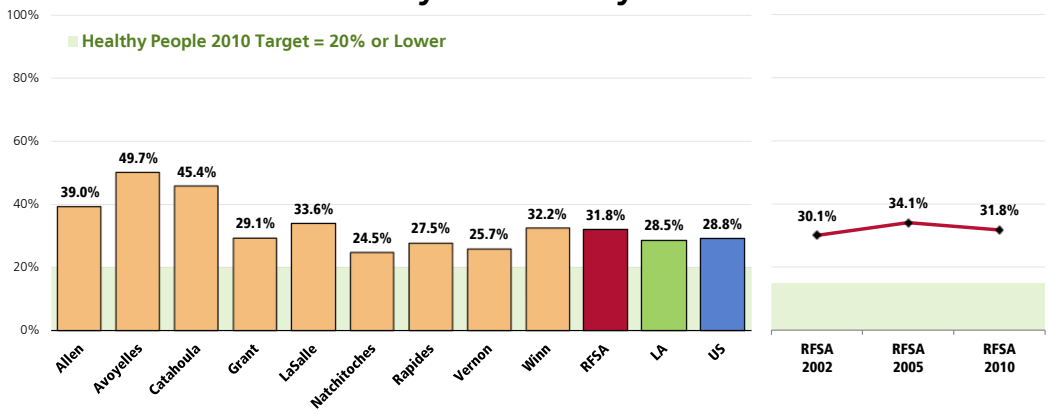
- Poor diet and physical inactivity lead to 300,000 deaths each year—second only to tobacco use.
- People who are overweight or obese increase their risk for heart disease, diabetes, high blood pressure, arthritis-related disabilities, and some cancers.
- Not getting an adequate amount of exercise is associated with needing more medication, visiting a physician more often, and being hospitalized more often.

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

A total of 31.8% of RFSA adults report no leisure-time physical activity in the past month.

- Less favorable than the 28.5% reported across Louisiana.
- Similar to national findings (28.8%).
- Fails to satisfy the Healthy People 2010 objective (20% or lower).
- Notably higher in the following parishes: Allen, Avoyelles and Catahoula. Notably lower in Natchitoches, Rapides and Vernon Parishes.
- Lack of leisure-time physical activity has remained stable since 2002.

No Leisure-Time Physical Activity in the Past Month



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 90]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2009 Louisiana data.
2008 PRC National Health Survey, Professional Research Consultants.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 22-1]

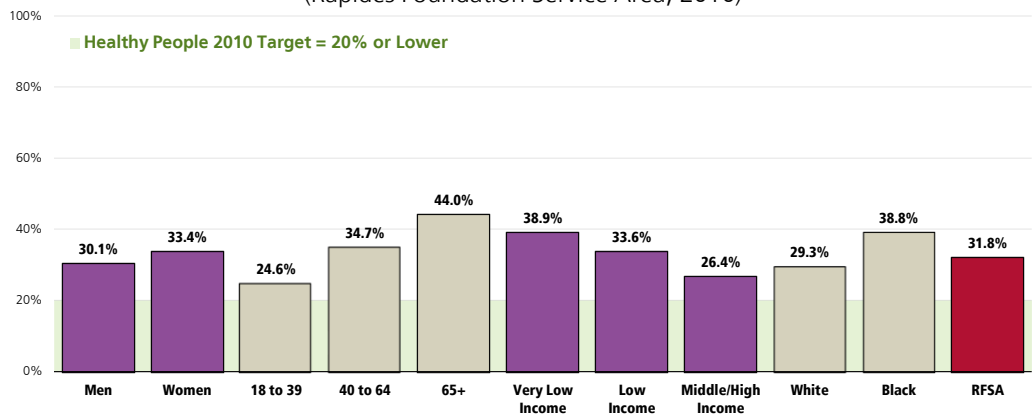
Notes: Asked of all respondents.

Lack of leisure-time physical activity in the area is higher among:

- Residents aged 40+, and especially those aged 65+ (note the positive correlation).
- Low-income and very low-income residents.
- Blacks.

No Leisure-Time Physical Activity in the Past Month

(Rapides Foundation Service Area, 2010)



Sources:
- 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 90]
- Healthy People 2010. 2nd Edition. US Department of Health & Human Services. Washington, DC: US Government Printing Office, November 2000. [Objective 22-1]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Activity Levels

All adults should strive to meet either of the following physical activity recommendations:

- **Moderate-intensity physical activities** (inducing only light sweating or a slight to moderate increase in breathing or heart rate) for at least 30 minutes on 5 or more days of the week.

– Centers for Disease Control and Prevention/American College of Sports Medicine

OR

- **Vigorous-intensity physical activity** (inducing heavy sweating or a large increase in breathing or heart rate) 3 or more days per week for 20 or more minutes per occasion.

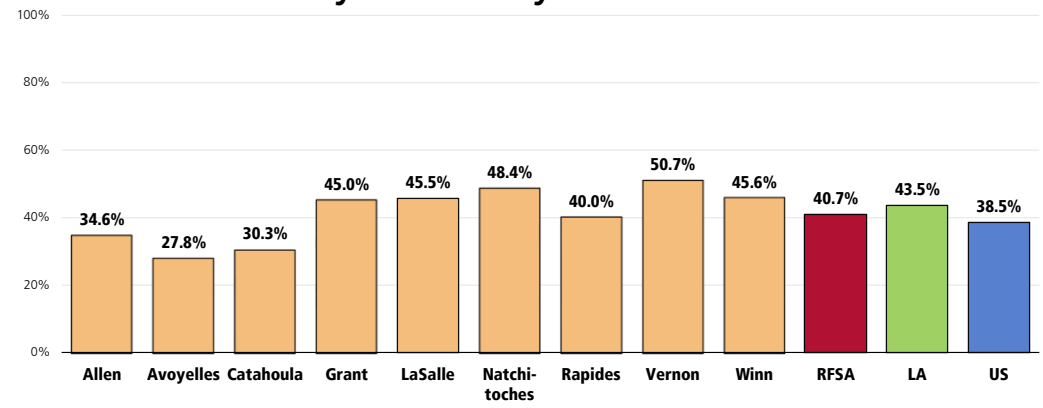
– Healthy People 2010

Recommended Levels of Physical Activity

A total of 40.7% of RFSA adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Less favorable than the 43.5% reported across Louisiana.
- Comparable to national findings (38.5%).
- Notably better in Natchitoches and Vernon Parishes; least favorable in Avoyelles and Catahoula Parishes.

Meets Physical Activity Recommendations



Sources:
- 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 150]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

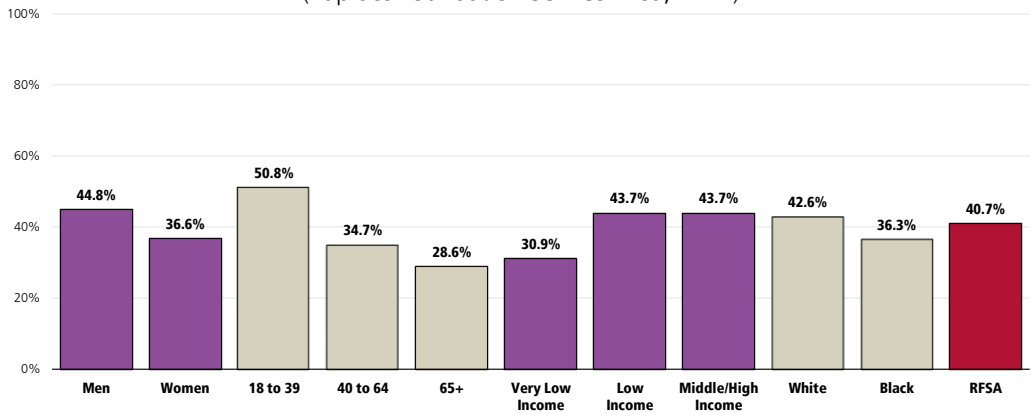
Notes:
- Asked of all respondents.
- In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Adults less likely to meet physical activity requirements include:

- Women.
- Adults aged 40+.
- Residents with very low incomes.
- Blacks.

Meets Physical Activity Recommendations

(Rapides Foundation Service Area, 2010)



Sources:
- 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 150]

Notes:
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members [US Department of Health & Human Services poverty guidelines].
- In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

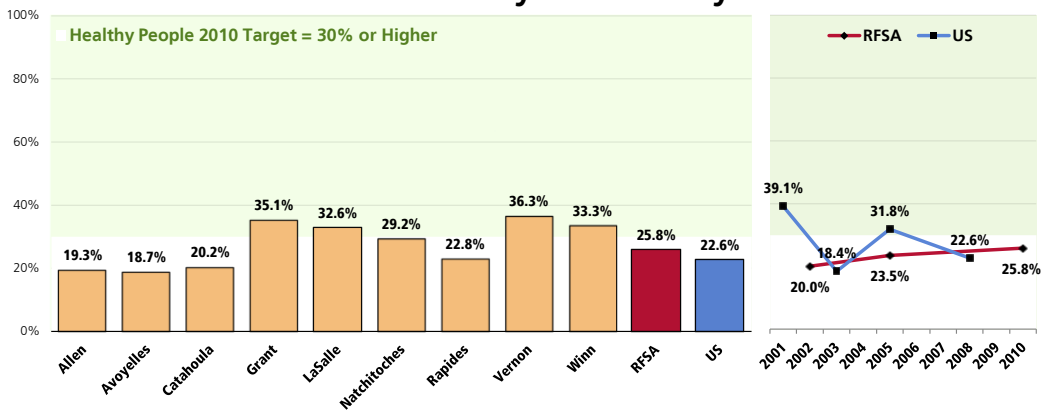
The individual indicators of moderate physical activity, vigorous physical activity, and strengthening activities are shown in the following charts.

In the past month:

In the past month, 25.8% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

- More favorable than the national level (22.6% nationally).
- Fails to satisfy the Healthy People 2010 objective (30% or higher).
- Notably lower in Allen, Avoyelles, Catahoula and Rapides Parishes; higher (more favorable) in Grant, LaSalle, Vernon and Winn Parishes.
- Participation in regular, moderate-intensity physical activity has *improved* significantly in the service area since 2002.
- Nationally, activity levels *declined* between 2001 and 2008.

Moderate Physical Activity



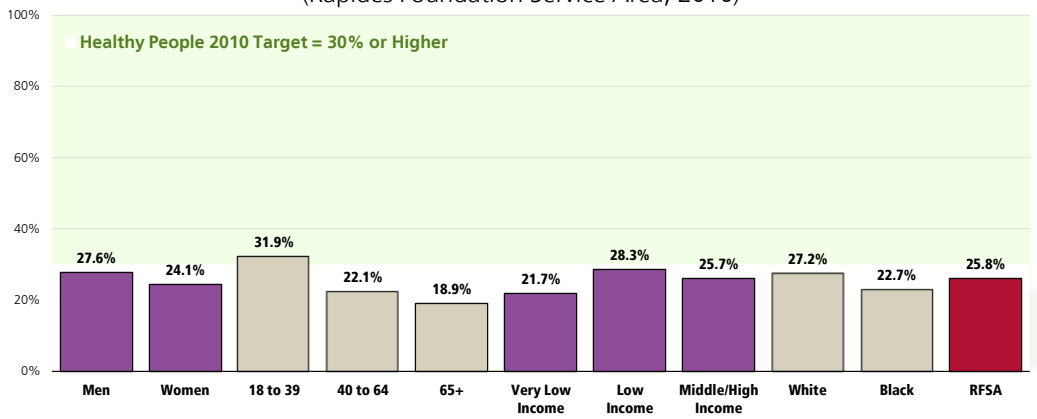
Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 149]
2008 PRC National Health Survey, Professional Research Consultants.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 22-2]

Notes: Asked of all respondents.
Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times a week for at least 30 minutes per time.

Moderate physical activity decreases with age.

Moderate Physical Activity

(Rapides Foundation Service Area, 2010)



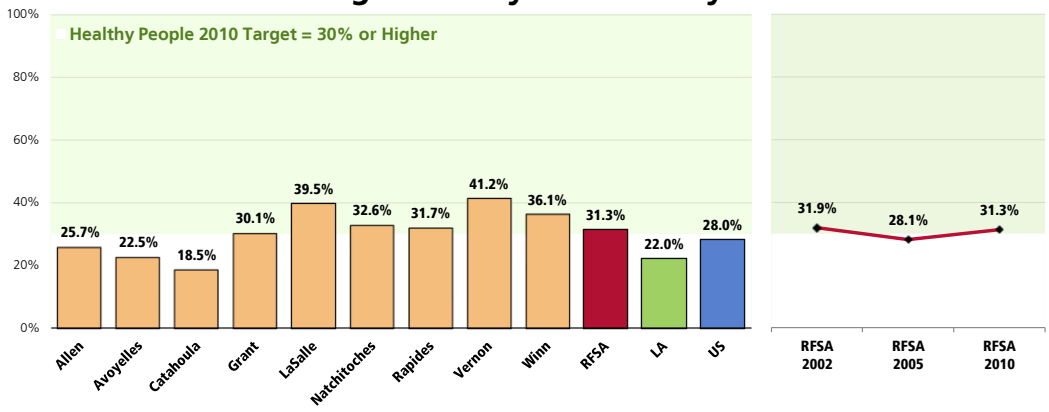
Sources:
- 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
- Healthy People 2010. 2nd Edition. US Department of Health & Human Services. Washington, DC: US Government Printing Office, November 2000. [Objective 22-2]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: "very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.
- Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times a week for at least 30 minutes per time.

A total of 31.3% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

- More favorable than the 22.0% across Louisiana.
- Comparable to the nationwide figure (28.0%).
- Comparable to the Healthy People 2010 objective for vigorous activity (30% or higher).
- Notably higher in LaSalle and Vernon Parishes; lowest in Avoyelles and Catahoula Parishes.
- Although this is higher than reported in 2005, it is not significantly different from that reported in 2002.

Vigorous Physical Activity

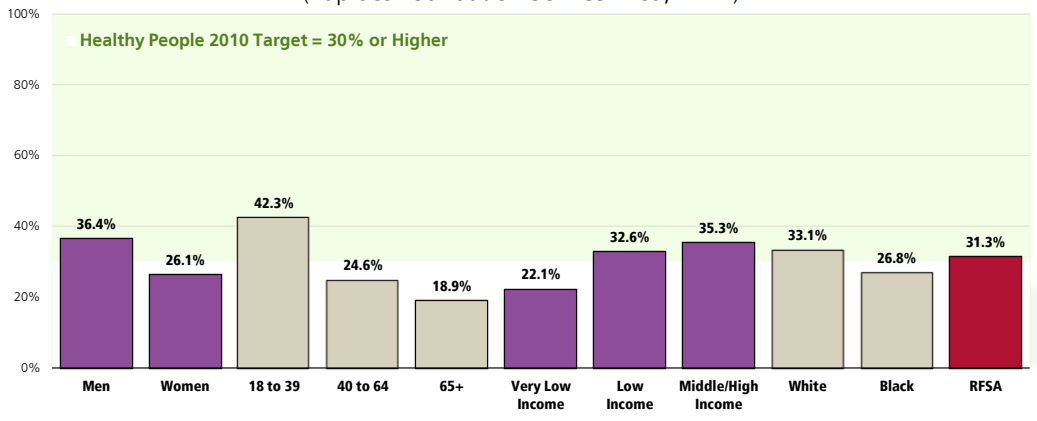


Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 148]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2009 Louisiana data.
2008 PRC National Health Survey, Professional Research Consultants.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 22-3]

Notes: Asked of all respondents.
Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for 20 minutes each time.

- Vigorous physical activity decreases with age.

Vigorous Physical Activity
(Rapides Foundation Service Area, 2010)



Sources:
- 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
- Healthy People 2010. 2nd Edition. US Department of Health & Human Services. Washington, DC: US Government Printing Office, November 2000. [Objective 22-3]

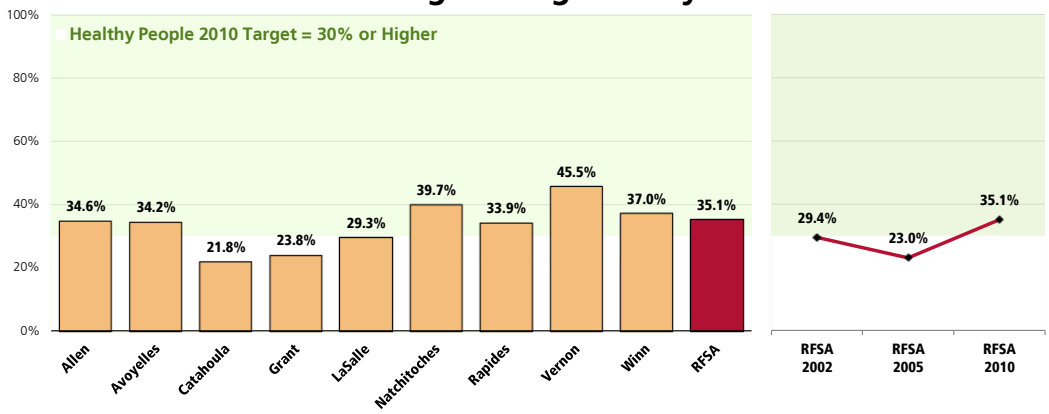
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.
- Takes part in activities that produce heavy sweating or large increases in breathing or heart rate at least 3 times per week for 20 minutes each time.

In the past month:

A total of 35.1% of adults regularly participated in strengthening activities (at least twice weekly) **– activities designed to strengthen muscles, such as lifting weights or doing calisthenics.**

- Highest among Vernon adults; lowest in Catahoula and Grant Parishes.
- Marks a statistically significant increase in strengthening activities over previous findings.

Strengthening Activity

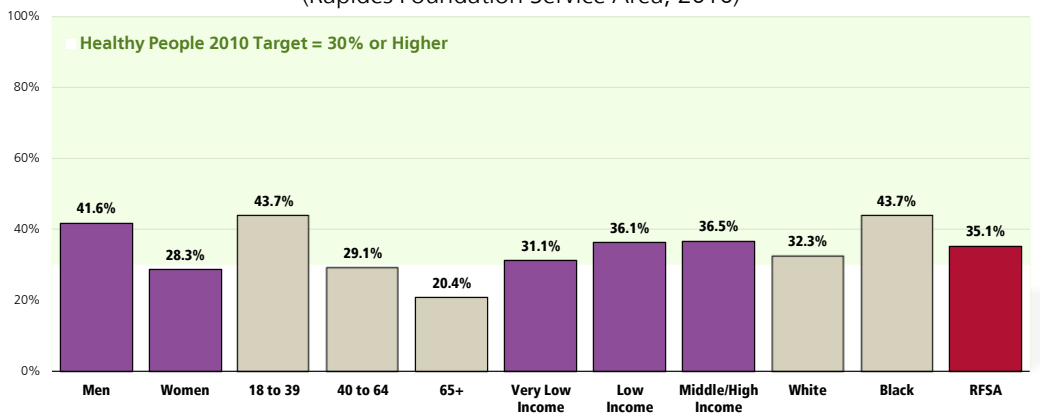


Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 93]
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 22-4]

Notes: Asked of all respondents.
Takes part in activities that are specifically designed to strengthen muscles, such as lifting weights or performing calisthenics, at least twice weekly.

Strengthening Activity

(Rapides Foundation Service Area, 2010)



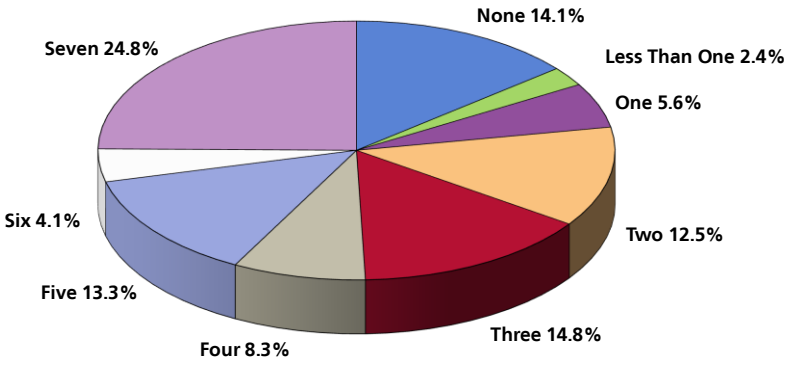
Sources:
- 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 93]
- Healthy People 2010. 2nd Edition. US Department of Health & Human Services. Washington, DC: US Government Printing Office, November 2000. [Objective 22-4]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.
- Takes part in activities that are specifically designed to strengthen muscles, such as lifting weight or performing calisthenics, at least twice weekly.

A total of 42.2% of RFSA adults typically walk regularly (at least five times per week for more than 10 minutes at a time)**.**

Average Number of Days Per Week on Which Respondent Walks for More Than 10 Minutes at a Time

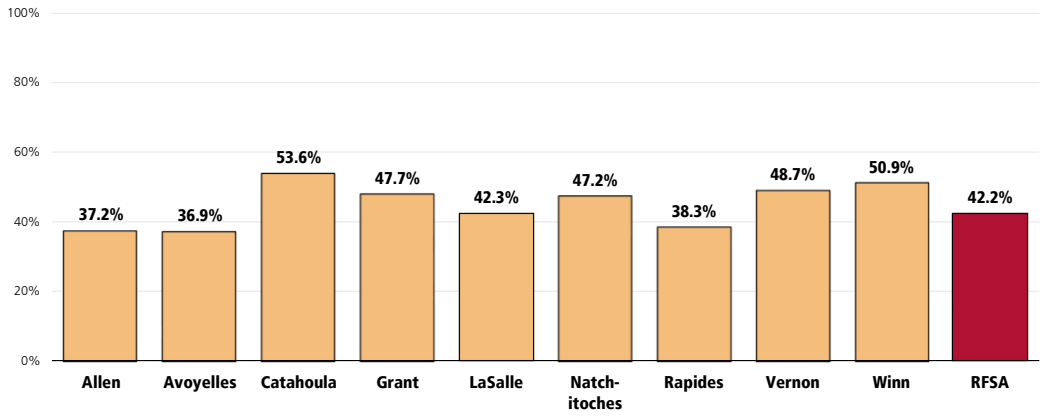
(Rapides Foundation Service Area, 2010)



Sources: • 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 94]
Notes: • Asked of all respondents.

- Higher among Grant and Winn Parish adults; lower in Rapides Parish.

Walk for More Than 10 Minutes at a Time at Least Five Times Per Week



Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 94]
Notes: Asked of all respondents.

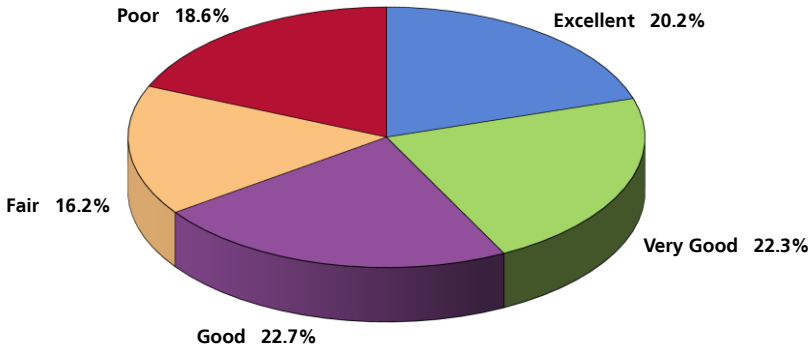
Rating of the Availability of Opportunities for Physical Activity

A total of 42.5% of survey respondents give "excellent" or "very good" ratings of the availability of opportunites for physical activity in the community.

- Another 22.7% gave "good" ratings.

Rating of the Availability of Opportunities to Participate in Physical Activity in the Community

(Rapides Foundation Service Area, 2010)

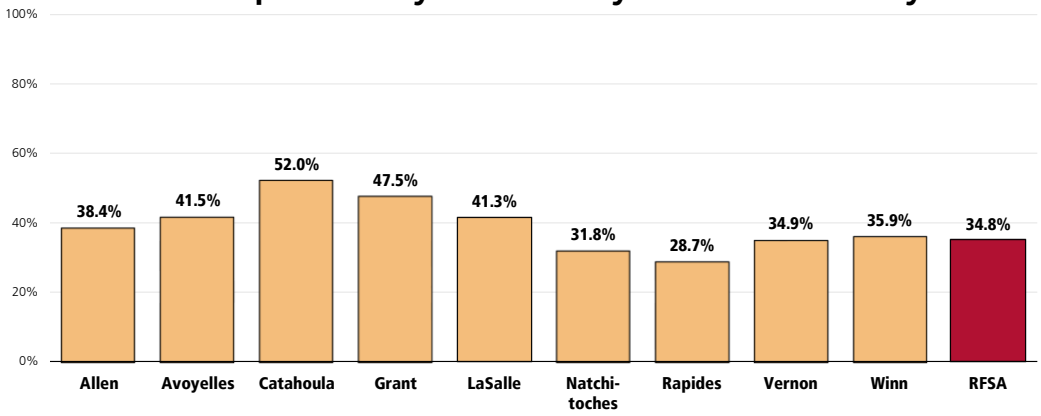


Sources: • 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 95]
Notes: • Asked of all respondents.

In contrast, more than one-third (34.8%) of RFSA adults gave "fair/poor" ratings of the availability of opportunities for physical activity within the community.

- Notably higher (less favorable) in Avoyelles, Catahoula and Grant Parishes; lower (more favorable) in Rapides Parish.

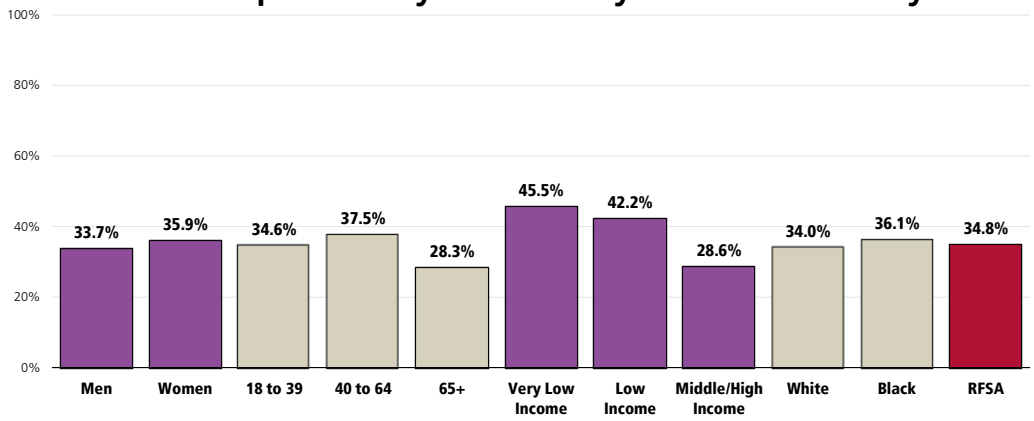
"Fair" or "Poor" Evaluations of the Availability of Opportunities to Participate in Physical Activity in the Community



Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 95]
Notes: Asked of all respondents.

- Over 40% of residents with low or very low incomes rate physical activity opportunities in their communities as "fair" or "poor.".

"Fair" or "Poor" Evaluations of the Availability of Opportunities to Participate in Physical Activity in the Community



Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 95]
Notes: Asked of all respondents.

Children's Physical Activity

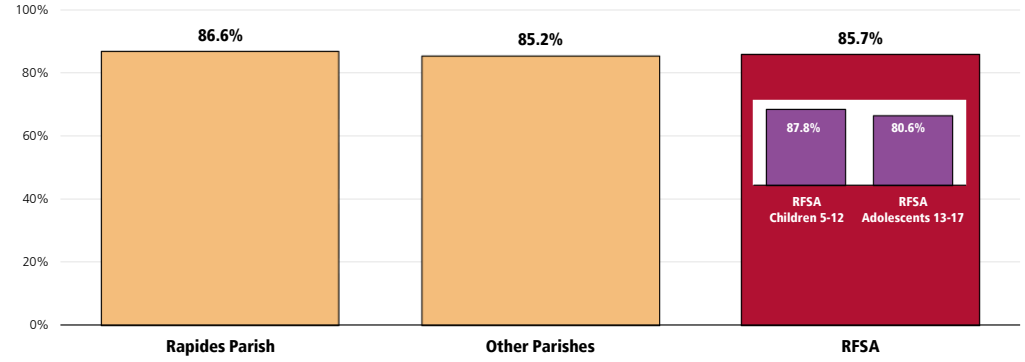
Participation in Physical Activity

Overall, 85.7% of RFSA parents of children 5-17 report that their child is physically active on a regular basis *(as defined by 3+ days weekly of vigorous physical activity or 5+ days weekly of moderate activity)*.

- Similar between Rapides Parish and Other Parishes (combined).
- The overall prevalence decreases with the child's age, as shown.

Child Is Physically Active on a Regular Basis

(Among RFSA Parents of Children Aged 5-17, 2010)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 189]
Notes: Asked of all respondents with children aged 5-17 at home.
In this case, the term "regular basis" infers 3+ days per week of vigorous physical activity or 5+ days of moderate physical activity.

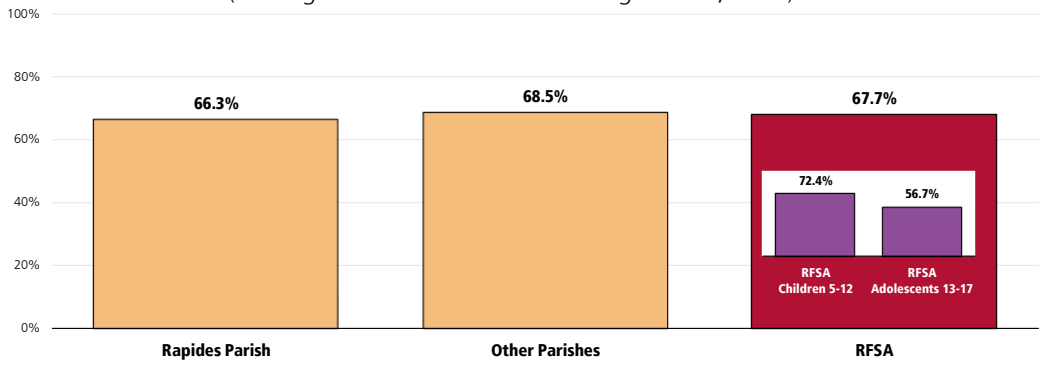
Children's Moderate Physical Activity

Roughly two-thirds (67.7%) of children engage in regular moderate physical activity *(5+ times per week for 30+ minutes at a time)*.

- Similar between Rapides Parish and Other Parishes (combined).
- Notably lower among adolescents.

Child Engages in Regular Moderate Physical Activity

(Among RFSA Parents of Children Aged 5-17, 2010)



Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]
Notes: Asked of all respondents with children aged 5-17 at home.
Takes part in activities that produce some increase in breathing or heart rate at least 5 times a week for at least 30 minutes per time.

Children's Screen Time

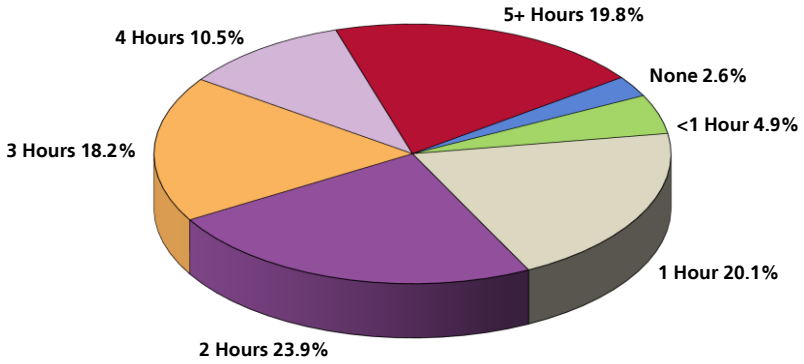
Total Screen Time

On a typical school day, roughly one-half of school-aged children in the Rapides Foundation Service Area spend three or more hours watching television, playing video games, or using the computer/Internet for entertainment.

- Almost 20% have five or more hours of "screen time" on a typical school day.

Children's Total Screen Time per School Day: TV, Computer, Video Games, Etc. for Entertainment

(Rapides Foundation Service Area Parents of Children Ages 5-17, 2010)

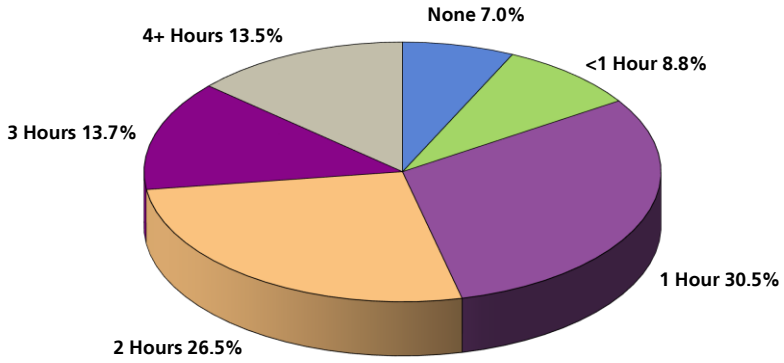


Sources: • 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]
Notes: • Asked of respondents with children ages 5-17 at home.
• "1 Hour" = 60-119 minutes of total screen time; "2 Hours" = 120-179 minutes; "3 Hours" = 180-239 minutes; etc.

On a typical school day, 27.2% of RFSA children aged 5-17 spend three or more hours watching television.

Children: Hours of Television Watching on a Typical School Day

(Rapides Foundation Service Area Parents of Children Ages 5-17, 2010)

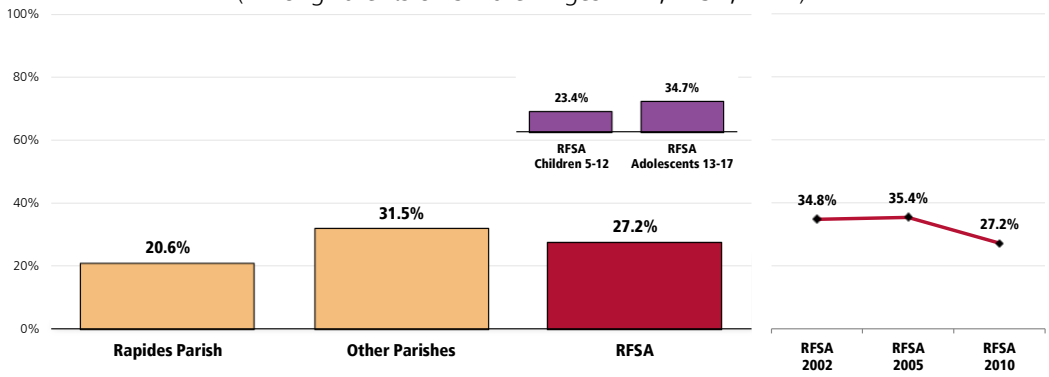


Sources: • 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]
Notes: • Asked of respondents with children ages 5-17 at home.
• "1 Hour" = 60-119 minutes of reported television watching; "2 Hours" = 120-179 minutes; "3 Hours" = 180-239 minutes; etc.

- Significantly higher in the RFSA outside of Rapides Parishes.
- Higher in adolescents age 13-17.
- Marks a statistically significant decrease over time.

Child Watches Three or More Hours of Television on a Typical School Day

(Among Parents of Children Ages 5-17; RFSA, 2010)



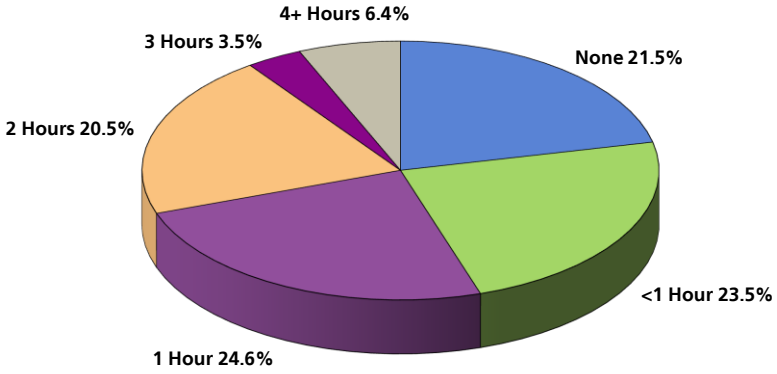
Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 134]
Notes: Asked of respondents with children ages 5-17 at home.
• "3+ Hours" includes reported television watching of 180 minutes or more per school day.

With regard to non-television screen time, 9.9% of RFSA children aged 5-17 spend three or more hours on a typical school day.

- Another 20.5% spend two hours on non-television screen time on a typical school day.

Children: Hours of Non-TV Screen Time on a Typical School Day

(Rapides Foundation Service Area Parents of Children Ages 5-17, 2010)

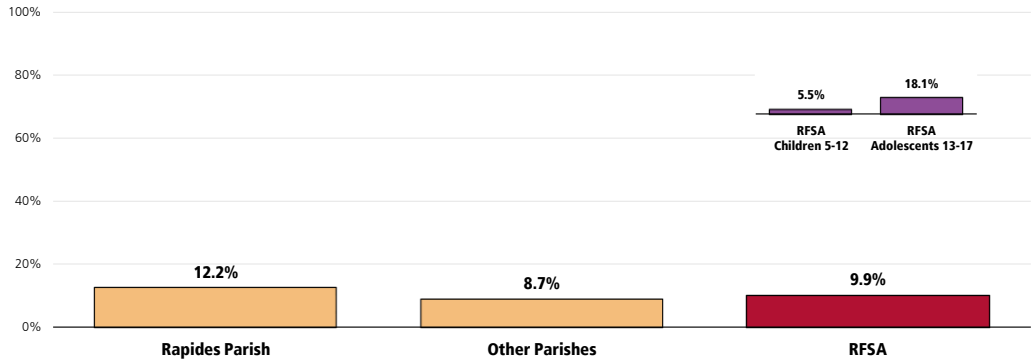


Sources: • 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 135]
Notes: • Asked of respondents with children ages 5-17 at home.
• In this case, the term "screen time" includes video games and computer/Internet use for entertainment.
• "1 Hour" = 60-119 minutes of reported screen time; "2 Hours" = 120-179 minutes; "3 Hours" = 180-239 minutes; etc.

- Statistically similar between Rapides Parish and Other Parishes.
- Much higher in adolescents age 13-17.

Child Has Three or More Hours of Non-TV Screen Time on a Typical School Day

(Among Parents of Children Ages 5-17; RFSA, 2010)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 135]
Notes: Asked of respondents with children ages 5-17 at home.
Screen time includes video games and computer/Internet use.
• "3+ Hours" = 180 or more minutes of reported non-TV screen time per school day.

Substance Abuse

Chronic drinkers include survey respondents reporting 60 or more drinks of alcohol in the month preceding the interview. For the purposes of this study, a "drink" is considered one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor.

Substance abuse and its related problems are among society's most pervasive health and social concerns. Each year, about 100,000 deaths in the United States are related to alcohol consumption. Illicit drug abuse and related acquired immunodeficiency syndrome (AIDS) deaths account for at least another 12,000 deaths. In 1995, the economic cost of alcohol and drug abuse was $276 billion. This represents more than $1,000 for every man, woman, and child in the United States to cover the costs of healthcare, motor vehicle crashes, crime, lost productivity, and other adverse outcomes of alcohol and drug abuse.

A substantial proportion of the population drinks alcohol. Alcohol use and alcohol-related problems also are common among adolescents. Excessive drinking has consequences for virtually every part of the body. The wide range of alcohol-induced disorders is due (among other factors) to differences in the amount, duration, and patterns of alcohol consumption, as well as differences in genetic vulnerability to particular alcohol-related consequences. Alcohol use has been linked with a substantial proportion of injuries and deaths from motor vehicle crashes, falls, fires, and drownings. It also is a factor in homicide, suicide, marital violence, and child abuse and has been associated with high-risk sexual behavior.

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

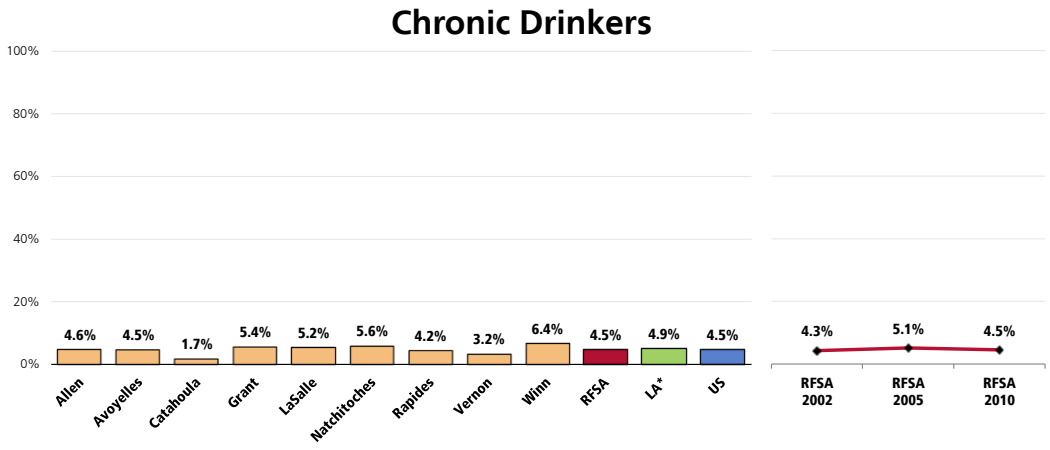
Alcohol Use

High-Risk Alcohol Use

Chronic Drinking

A total of 4.5% of area adults averaged two or more drinks of alcohol per day in the past month (chronic drinkers).

- Similar to the 4.9% across Louisiana.
- Identical to the national figure (4.5%).
- Notably lower (1.7%) in Catahoula Parish.
- The chronic drinking prevalence has not changed significantly since 2002.



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 158]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2009 Louisiana data.
2008 PRC National Health Survey, Professional Research Consultants.

Notes: Asked of all respondents.
Chronic drinkers are defined as having 60+ alcoholic drinks in the past month.
*The Louisiana definition for chronic drinkers is males consuming 2+ drinks per day and females consuming 1+ drink per day.

Binge drinkers include:

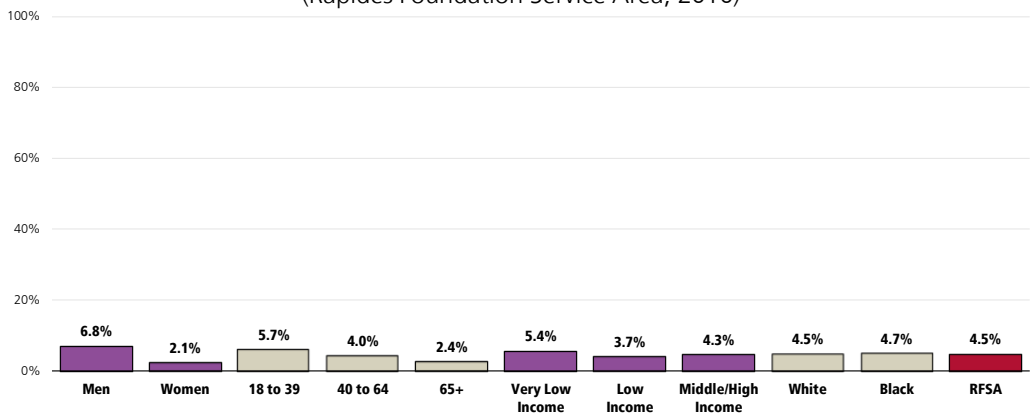
1) MEN who report drinking 5 or more alcoholic drinks on any single occasion during the past month; and

2) WOMEN who report drinking 4 or more alcoholic drinks on any single occasion during the past month.

- Chronic drinking is more prevalent among men.
- Adults under 40 are more likely to be chronic drinkers.

Chronic Drinkers

(Rapides Foundation Service Area, 2010)



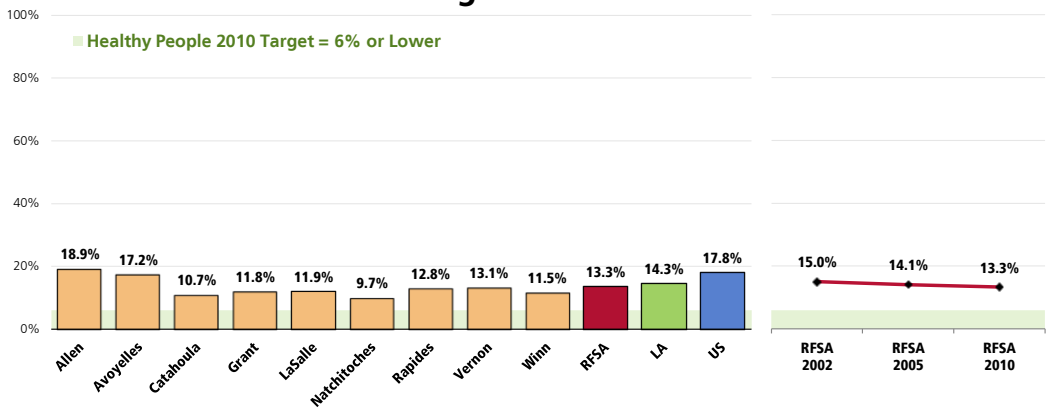
Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
Notes: Asked of all respondents.
Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.
Chronic drinkers are defined as those having 60+ alcoholic drinks in the past month.

Binge Drinking

A total of 13.3% of RFSA adults are binge drinkers.

- Similar to the 14.3% in Louisiana.
- More favorable than the 17.8% reported nationwide.
- Fails to satisfy the Healthy People 2010 target (6% or lower).
- Notably higher in Allen Parish (18.9%).
- Statistically unchanged since 2002.

Binge Drinkers



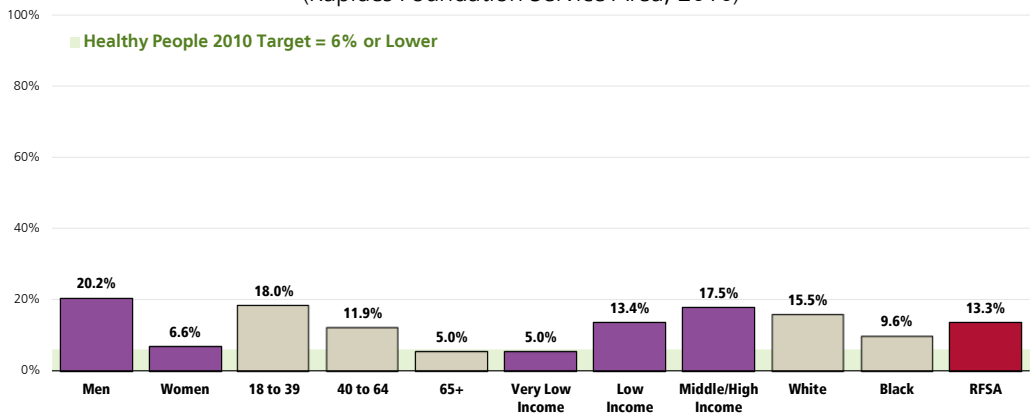
Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 159]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2009 Louisiana data.
2008 PRC National Health Survey, Professional Research Consultants.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 26-11c]
Notes: Asked of all respondents.
Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

Binge drinking is more prevalent among:

- Men.
- Younger adults.
- Residents living at higher incomes.
- Whites.

Binge Drinkers

(Rapides Foundation Service Area, 2010)



Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 26-11c]
Notes: Asked of all respondents.
Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.
Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion

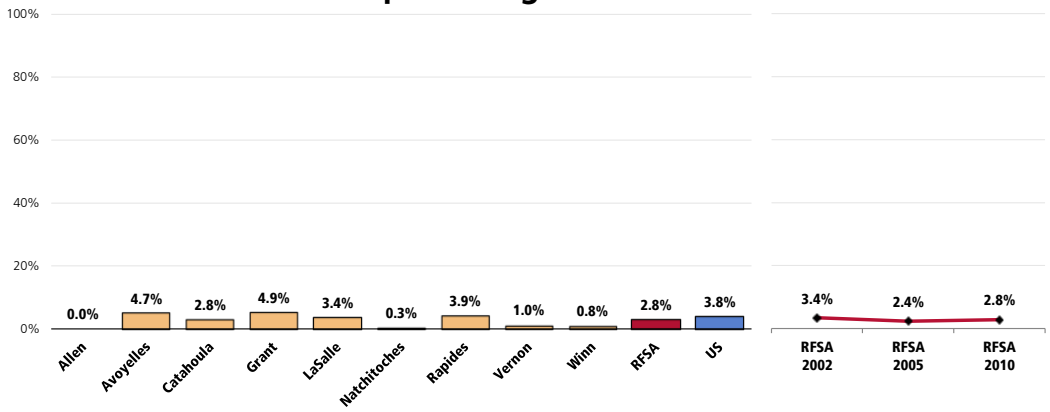
Drinking & Driving

A total of 2.8% of RFSA adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Similar to the national findings (3.8%).
- Higher in Rapides Parish; notably low in Allen, Natchitoches, Vernon and Winn Parishes.
- The drinking and driving prevalence has not changed significantly since 2002.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

Have Driven in the Past Month After Perhaps Having Too Much to Drink

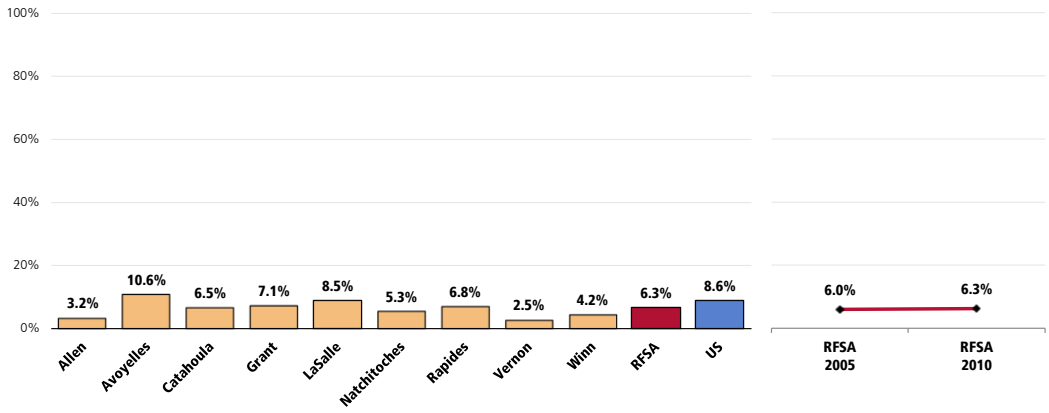


Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 57]
2008 PRC National Health Survey, Professional Research Consultants.
Notes: Asked of all respondents.

A total of 6.3% of RFSA adults acknowledge either drinking and driving or riding with a drunk driver in the past month.

- More favorable than the national findings (8.6%).
- Lower in Allen and Vernon Parishes; higher in Avoyelles Parish.
- No significant change from previous findings.

Have Driven Drunk OR Ridden With a Driver in the Past Month Who Had Too Much to Drink



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 160]
2008 PRC National Health Survey, Professional Research Consultants.
Notes: Asked of all respondents.

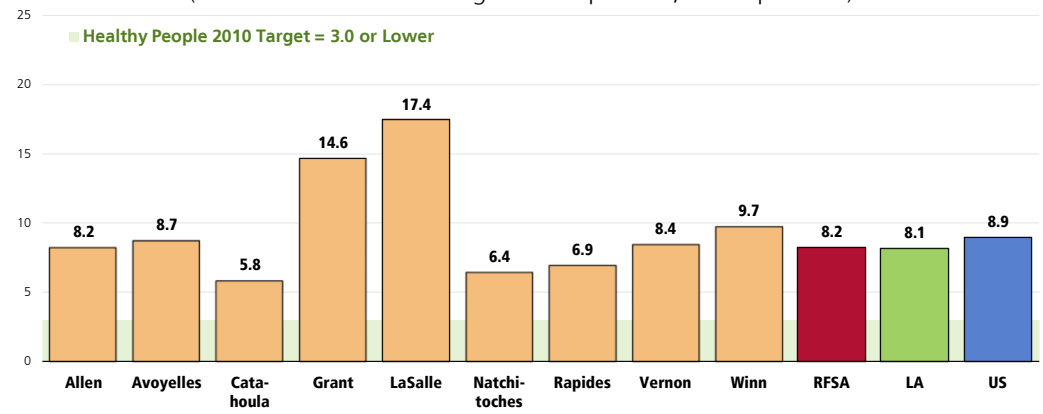
Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2004 and 2006, there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 8.2 deaths per 100,000 population in the Rapides Foundation Service Area.

- Nearly identical to the 8.1 rate reported across Louisiana.
- More favorable than the national rate of 8.9.
- Fails to satisfy the Health People 2010 target.
- Notably higher in Grant and LaSalle Parishes; lower (more favorable) in the remaining parishes.

Cirrhosis/Liver Disease: Age-Adjusted Mortality

(2004-2006 Annual Average Deaths per 100,000 Population)

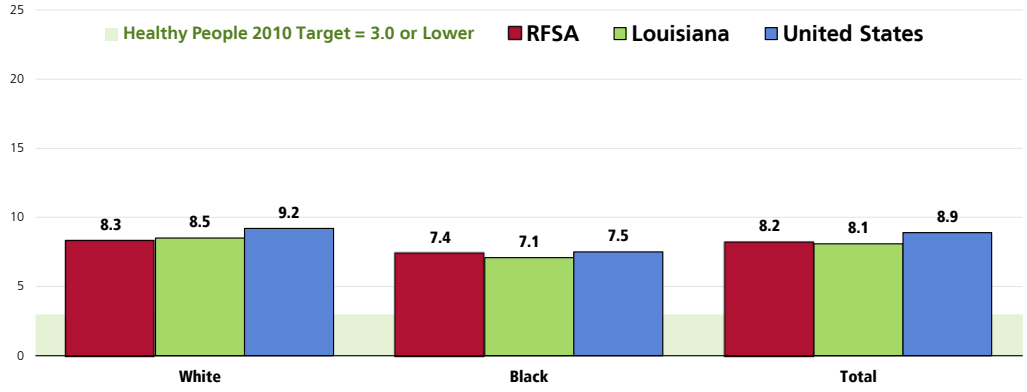


Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 26-2]
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 U.S. Standard Population.
Parish, state and national data are simple three-year averages; the RFSA three-year average is weighted by population.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Cirrhosis mortality rates are slightly higher among Whites than among Blacks.

Cirrhosis/Liver Disease: Age-Adjusted Mortality by Race

(2004-2006 Annual Average Deaths per 100,000 Population)



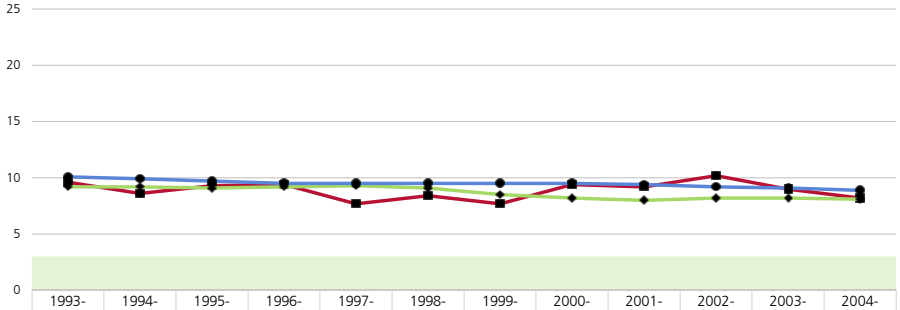
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 26-2]

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 U.S. Standard Population.
Parish, state and national data are simple three-year averages; the RFSA three-year average is weighted by population.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Mortality rates have fluctuated, although the current rate is below that a decade ago.

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1993-1995	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006
Healthy People 2010	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0
RFSA	9.6	8.6	9.3	9.4	7.7	8.4	7.7	9.4	9.2	10.2	9	8.2
Louisiana	9.2	9.2	9.1	9.2	9.3	9.1	8.5	8.2	8	8.2	8.2	8.1
United States	10.1	9.9	9.7	9.5	9.5	9.5	9.5	9.5	9.4	9.2	9.1	8.9

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 26-2]

Notes: Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Illicit Drug Use

Illegal use of drugs, such as heroin, marijuana, cocaine, and methamphetamine, is associated with other serious consequences, including injury, illness, disability, and death, as well as crime, domestic violence, and lost workplace productivity. Drug users and persons with whom they have sexual contact run high risks of contracting gonorrhea, syphilis, hepatitis, tuberculosis, and human immunodeficiency virus (HIV). The relationship between injection drug use and HIV/AIDS transmission is well known. Injection drug use also is associated with hepatitis B and C infections. Long-term consequences, such as chronic depression, sexual dysfunction, and psychosis, may result from drug use.

Although there has been a long-term drop in overall use, many people in the United States still use illicit drugs. Drug use among adolescents aged 12 to 17 years doubled between 1992 and 2005. Drug and alcohol use by youth also is associated with other forms of unhealthy and unproductive behavior, including delinquency and high-risk sexual activity.

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

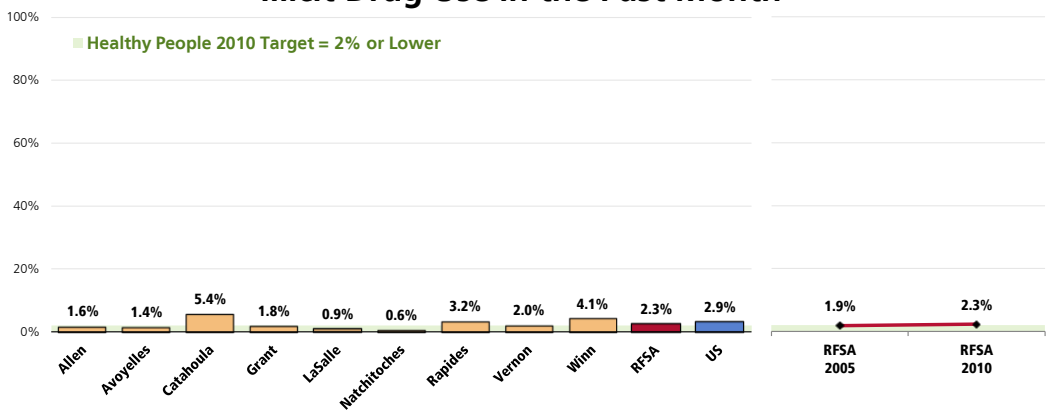
For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

A total of 2.3% of RFSA adults acknowledge using an illicit drug in the past month.

- Similar to the 2.9% reported across the nation.
- Similar to the Healthy People 2010 objective of 2% or lower.
- Notably higher in Catahoula Parish; lower in LaSalle and Natchitoches Parishes.
- No significant change from previous findings.

Illicit Drug Use in the Past Month



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 59]
2008 PRC National Health Survey, Professional Research Consultants.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 26-10c]

Notes: Asked of all respondents.
Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

Alcohol & Drug Treatment

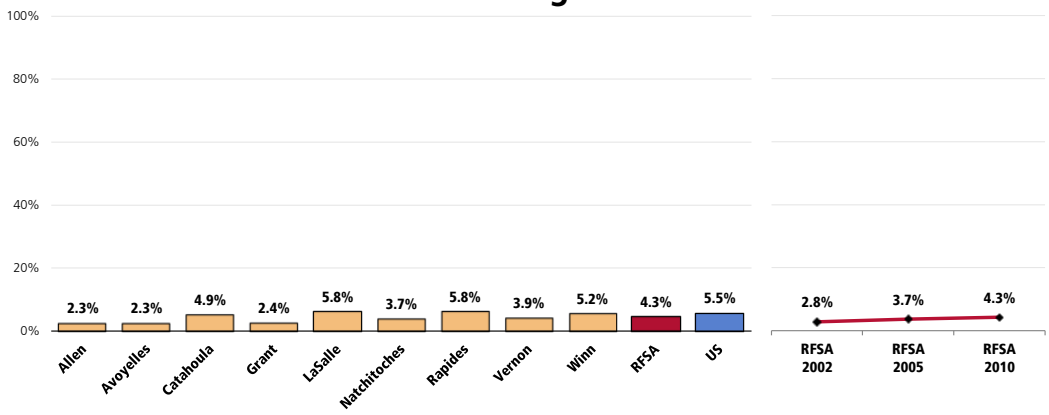
The stigma attached to substance abuse increases the severity of the problem. The hiding of substance abuse, for example, can prevent persons from seeking and continuing treatment and from having a productive attitude toward treatment. Compounding the problem is the gap between the number of available treatment slots and the number of persons seeking treatment for illicit drug use or problem alcohol use.

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

A total of 4.3% of RFSA adults say that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to the 5.5% reported across the nation.
- Higher (5.8%) in Rapides Parish.
- Marks a statistically significant increase over time in the RFSA.

Have Ever Sought Professional Help for an Alcohol- or Drug-Related Problem



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 60]
2008 PRC National Health Survey, Professional Research Consultants.
Notes: Asked of all respondents.

Tobacco Use

Cigarette smoking causes heart disease, several kinds of cancer (lung, larynx, esophagus, pharynx, mouth, and bladder), and chronic lung disease. Cigarette smoking also contributes to cancer of the pancreas, kidney, and cervix. Smoking during pregnancy causes spontaneous abortions, low birthweight, and sudden infant death syndrome. Other forms of tobacco are not safe alternatives to smoking cigarettes.

Tobacco use is responsible for more than 430,000 deaths per year among adults in the United States [about 20% of all deaths]… If current tobacco use patterns persist in the United States, an estimated 5 million persons under age 18 years will die prematurely from a smoking-related disease. Direct medical costs related to smoking total at least $50 billion per year [other sources estimate more than $75 billion in 1998 (about 8% of the personal healthcare expenditures in the US)]; direct medical costs related to smoking during pregnancy are approximately $1.4 billion per year.

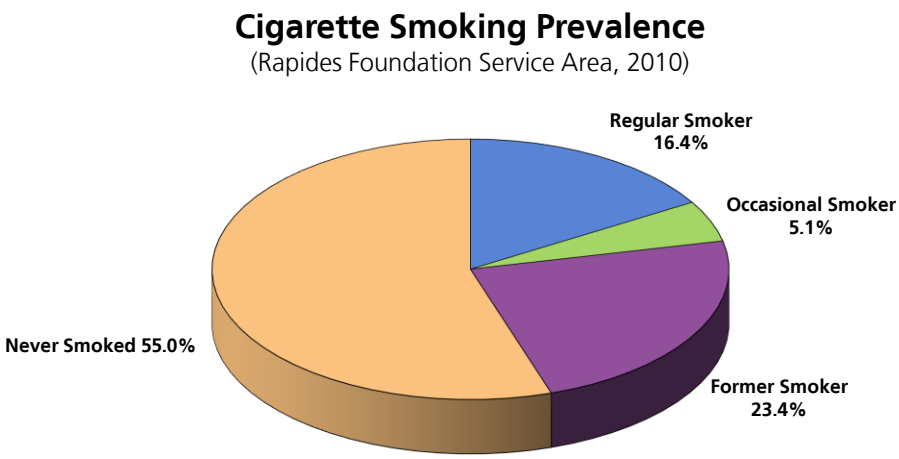
Evidence is accumulating that shows maternal tobacco use is associated with mental retardation and birth defects such as oral clefts. Exposure to secondhand smoke also has serious health effects. Researchers have identified more than 4,000 chemicals in tobacco smoke; of these, at least 43 cause cancer in humans and animals. Each year, because of exposure to secondhand smoke, an estimated 3,000 nonsmokers die of lung cancer, and 150,000 to 300,000 infants and children under age 18 months experience lower respiratory tract infections.

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

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 21.5% of RFSA adults currently smoke cigarettes, either regularly (16.4% every day) or occasionally (5.1% on some days).

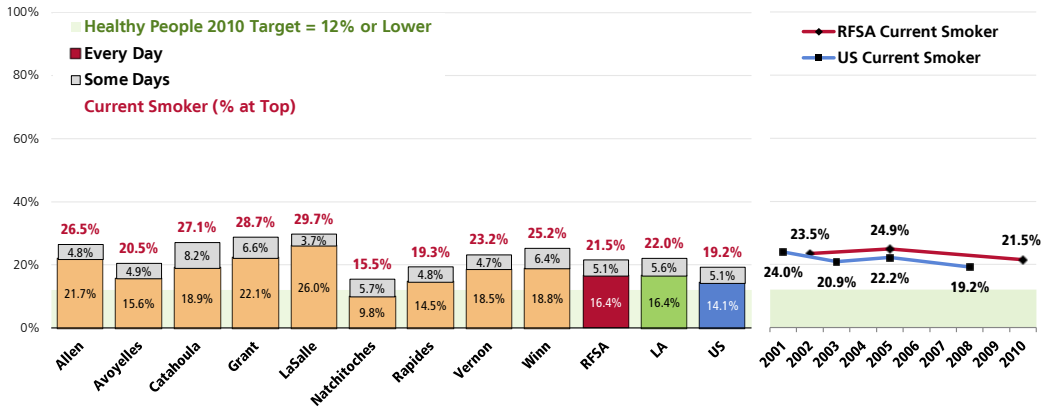


Sources: • 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
Notes: • Asked of all respondents.

- Similar to the 22.0% reported across Louisiana.
- Similar to national findings (19.2%).
- Fails to satisfy the Healthy People 2010 target (12% or lower).
- Notably higher in Grant and LaSalle Parishes; lower in Natchitoches Parish.

- The current smoking percentage is statistically similar to that reported in the RFSA in 2002 (although the 2005-2010 change represents a significant decrease).
- Nationally, there was a significant decrease in adult smoking levels between 2001 and 2008.

Current Smokers



Sources:
- 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services,
- Centers for Disease Control and Prevention (CDC): 2009 Louisiana Data.
- Healthy People 2010. 2nd Edition. US Department of Health & Human Services. Washington, DC: US Government Printing Office, November 2000. [Objective 27-1a]

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (everyday and some days).

Cigarette smoking is more prevalent among:

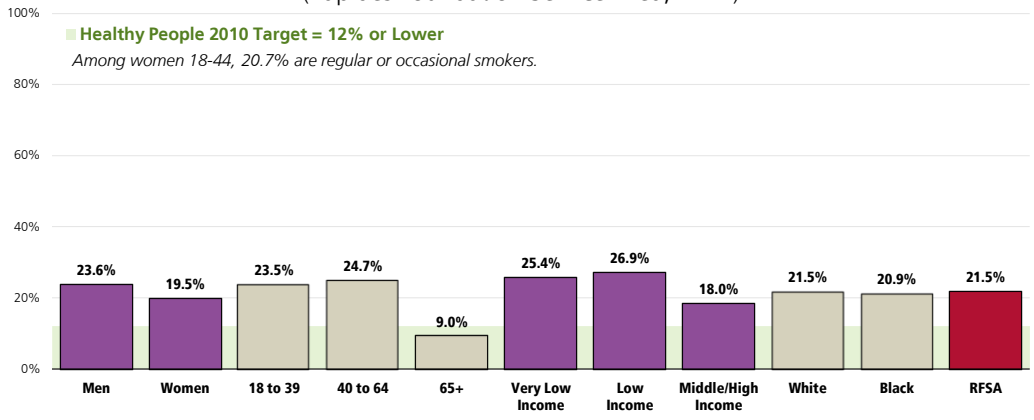
- Men.
- Adults under age 65.
- Low-income and very low-income residents.

Note also:

- 20.7% of women of child-bearing age (ages 18 to 44) currently smoke. This is notable given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth and low birthweight for women who smoke during pregnancy.

Current Smokers

(Rapides Foundation Service Area, 2010)



Sources:
- 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 154-155]
- Healthy People 2010. 2nd Edition. US Department of Health & Human Services. Washington, DC: US Government Printing Office, November 2000. [Objective 27-1a]

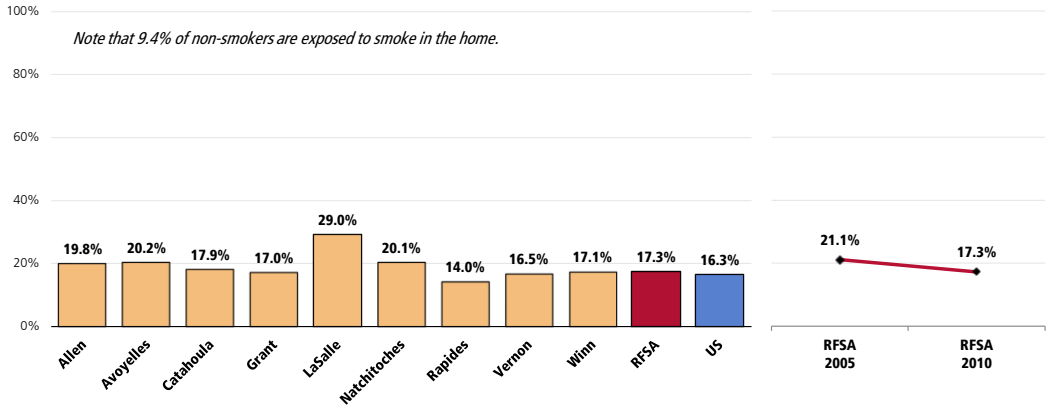
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: "very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Environmental Tobacco Smoke

A total of 17.3% of RFSA adults (including smokers and non-smokers) report that a member of their household has smoked cigarettes in the home in the past month an average of four or more times per week.

- Similar to the 16.3% national findings.
- Notably high in LaSalle Parish; lower in Rapides Parish.
- Note that 9.4% of RFSA non-smokers are exposed to cigarette smoke at home.
- This indicator has improved since 2005.

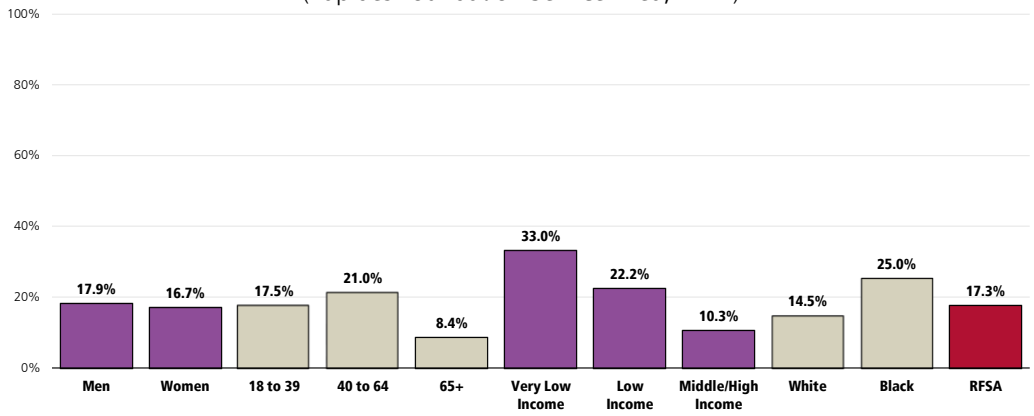
Member of Household Smokes at Home



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 47]
2008 PRC National Health Survey, Professional Research Consultants.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 27-5]
Notes: Asked of all respondents.
"Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

- Notably higher among respondents under 65, residents living at lower incomes, and Blacks.

Member of Household Smokes At Home
(Rapides Foundation Service Area, 2010)

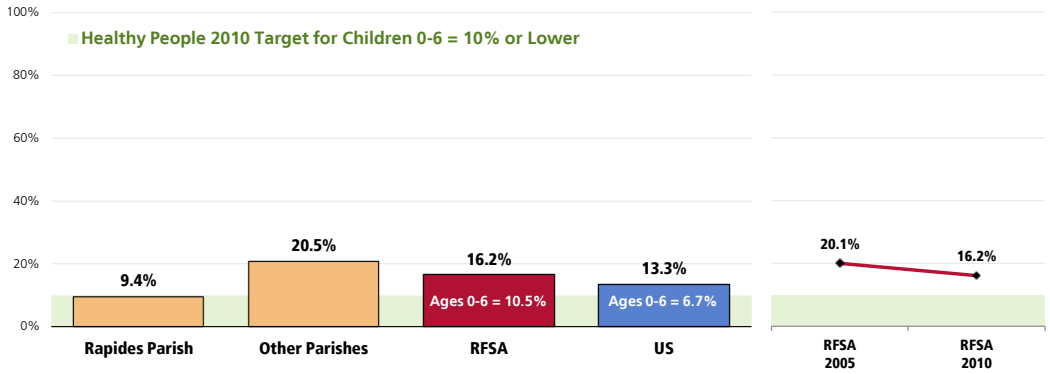


Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
Notes: Asked of all respondents.
Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.
"Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Among households with children, 16.2% have someone who smokes cigarettes in the home.

- Similar to national findings (13.3%).
- Statistically similar between Rapides Parish and Other Parishes.
- Marks a statistically significant decrease over time.
- Among households with children under age 7, 10.5% report that someone smokes in the home (compared to 6.7% across the US and a Healthy People 2010 objective of 10% or lower).

Percentage of Households With Children In Which Someone Smokes in the Home



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 156]
2008 PRC National Health Survey, Professional Research Consultants.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 27-9]
Notes: Asked of all respondents.
"Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Smoking Cessation

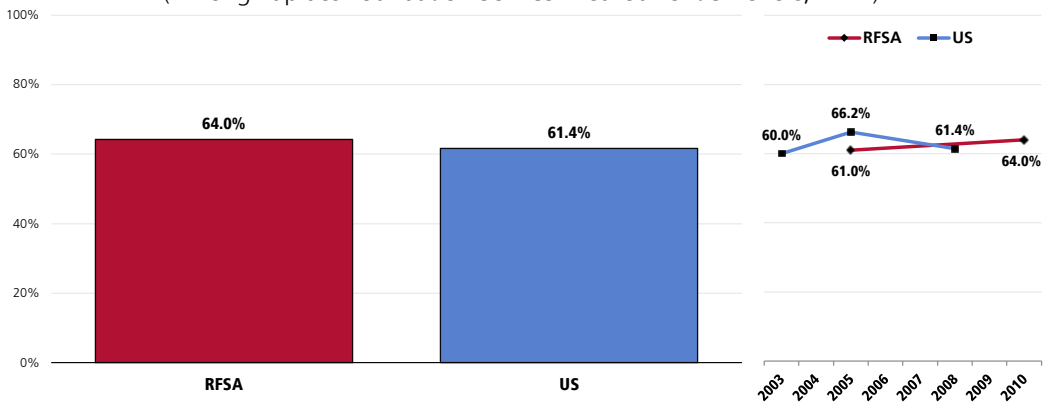
Health Advice About Smoking Cessation

A total of 64.0% of smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- Statistically comparable to the national percentage (61.4%).
- Statistically unchanged in the RFSA since 2005. No significant change is seen nationally either in recent years.

Received Advice to Quit Smoking by a Healthcare Professional

(Among Rapides Foundation Service Area Current Smokers, 2010)



Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]
2008 PRC National Health Survey, Professional Research Consultants.
Notes: Asked of all current smokers.

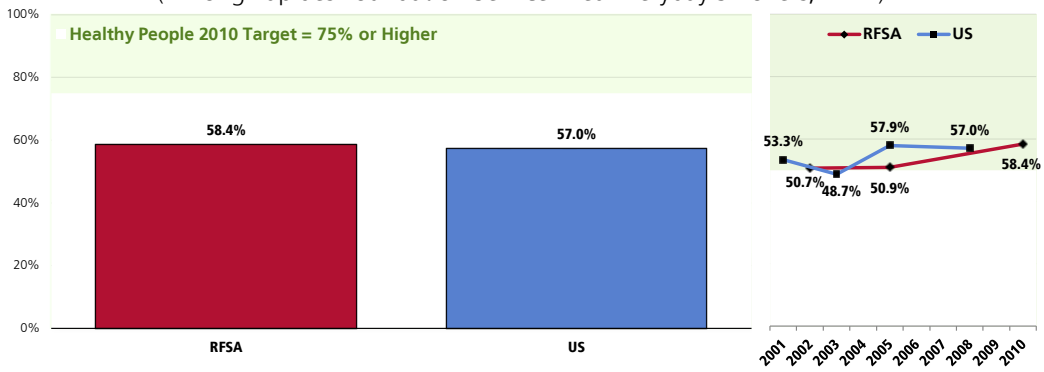
Smoking Cessation Attempts

A total of 58.4% of regular smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.

- Similar to the national percentage (57.0%).
- Fails to satisfy the Healthy People 2010 target (75% or higher).
- Denotes a statistically significant increase over time.
- Nationally, ther has *not* been a significant change in recent years (2001-2008).

Have Stopped Smoking for 1 Day or Longer in the Past Year in an Attempt to Quit Smoking

(Among Rapides Foundation Service Area Everyday Smokers, 2010)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 43]
2008 PRC National Health Survey, Professional Research Consultants.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 27-5]

Notes: Asked of respondents who smoke cigarettes every day.

Plans to Quit Smoking

More than two-thirds (67.8%) of current smokers report that they are "seriously considering" quitting in the next 6 months.

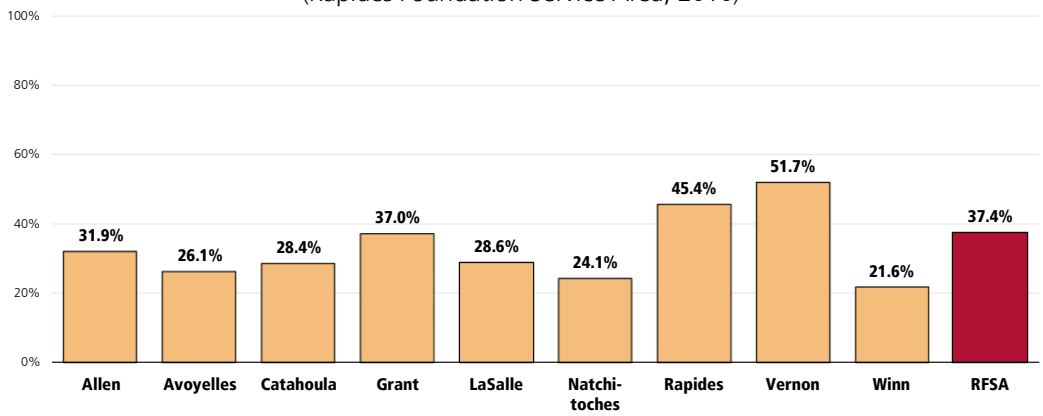
- Of the RFSA smokers who are considering quitting within 6 months, over one-half plan to quit within the next 30 days.

More than one-third (37.4%) of all RFSA residents (smokers and non-smokers) are aware of services, programs, or classes to help smokers quit smoking.

- Notably low in Avoyelles, Catahoula, LaSalle, Natchitoches and Winn Parishes; higher in Rapides and Vernon Parishes.

Aware of Services, Programs or Classes to Help Smokers Quit Smoking

(Rapides Foundation Service Area, 2010)



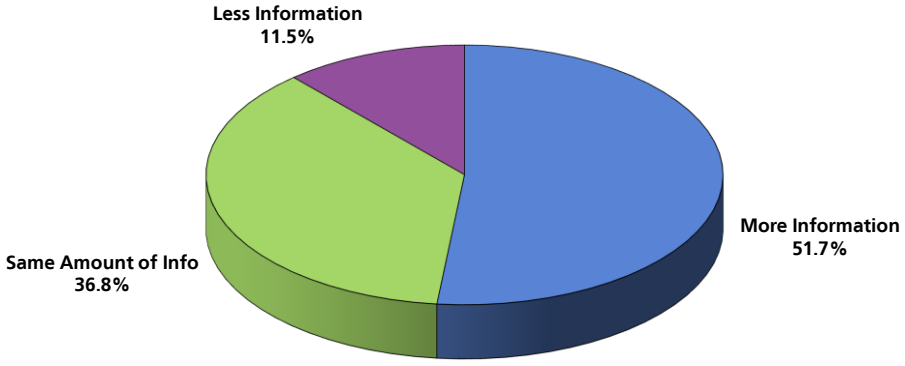
Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
Notes: Asked of all respondents.

When asked to gauge the current amount of information given by the media regarding the dangers of smoking, 51.7% of RFSA residents feel they are receiving more information now than in the past.

- Another 36.8% feel they are receiving the same amount as they have before, while 11.5% report that the media is giving less information these days on the dangers of smoking.
- When smokers were asked whether the information given by the media on the dangers of smoking ever caused them to consider quitting, nearly two-thirds (65.6%) responded affirmatively.

Amount of Health Information by the Media on the Dangers of Smoking in the Past Year

(Rapides Foundation Service Area, 2010)



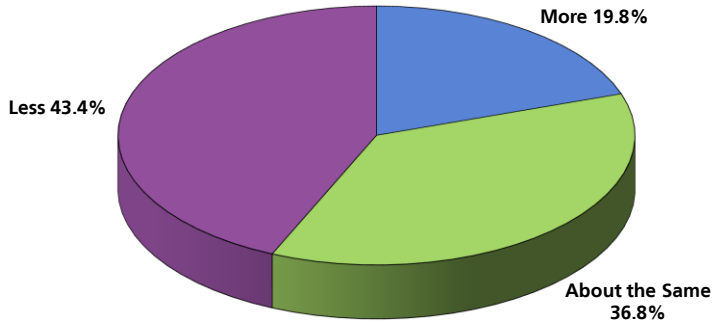
Sources: • 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
Notes: • Asked of all respondents.

In the past year or so, a plurality (43.4%) of parents feel that their child has talked to them "less" about tobacco control activities in his or her school.

- 36.8% feel the amount of discussion has not changed over the past year or so ("about the same"), while fewer (19.8%) believe that their child has talked with them "more" about school tobacco control activities.

In the Past Year or So, Child Has Talked With Parents More/Less/Same Regarding School Tobacco Control Activities

(Rapides Foundation Service Area Parents of Children <18, 2010)



Sources: • 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]
Notes: • Asked of all respondents with children under 18.

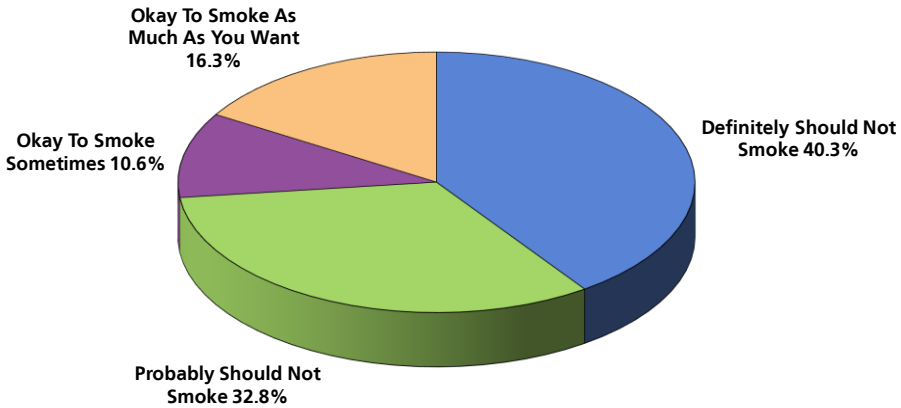
Public Perceptions of Smoking

The majority of RFSA survey respondents believes that most people are against smoking, indicating that the public feels a person *"definitely should not smoke"* (40.3%) or *"probably should not smoke"* (32.8%).

- Another 10.6% believe that the general public opinion is that it is "*okay to smoke sometimes,*" and another 16.3% believe that public opinion says it is okay to smoke "*as much as a person wants*."

Perception of How Most People in the Community Feel About Adults Smoking

(Rapides Foundation Service Area, 2010)



Sources: • 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]
Notes: • Asked of all respondents.

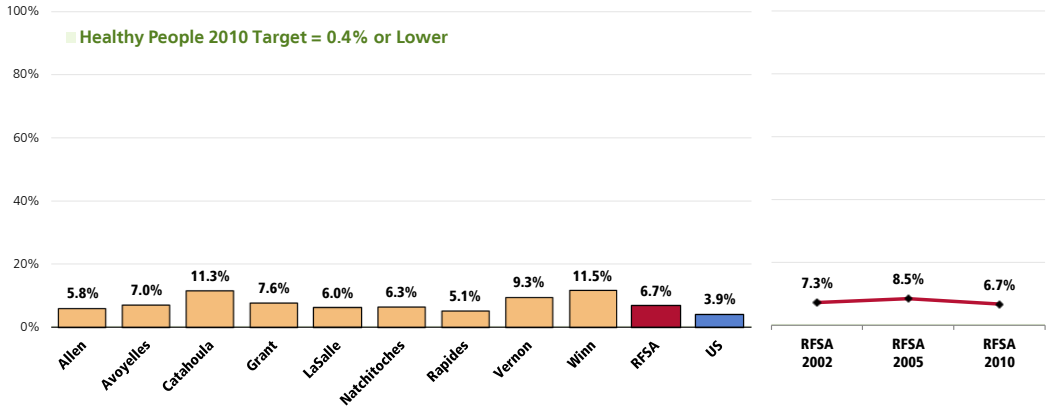
Other Tobacco Use

Smokeless Tobacco

A total of 6.7% of RFSA adults use chewing tobacco or snuff every day or on some days.

- Much higher than the national percentage (3.9%).
- Fails to satisfy the Healthy People 2010 target (0.4% or lower).
- Notably higher in Catahoula and Winn Parishes; lower in Rapides.
- Smokeless tobacco use in the RFSA is statistically unchanged since 2002.

Use of Smokeless Tobacco



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 52]
2008 PRC National Health Survey, Professional Research Consultants.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objectives 27-1b and 27-1c]

Notes: Asked of all respondents.
Smokeless tobacco includes chewing tobacco or snuff.

SELF-REPORTED HEALTH STATUS

Physical Health Status

Self-Reported Health Status

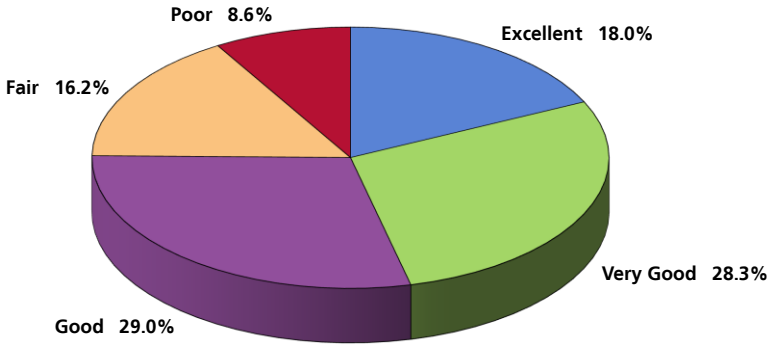
The initial inquiry of the 2010 PRC Community Health Survey asked respondents the following:

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

A total of 46.3% of RFSA adults rate their overall health as "excellent" or "very good."

- Another 29.0% gave "good" ratings of their overall health.

Self-Reported Health Status
(Rapides Foundation Service Area, 2010)

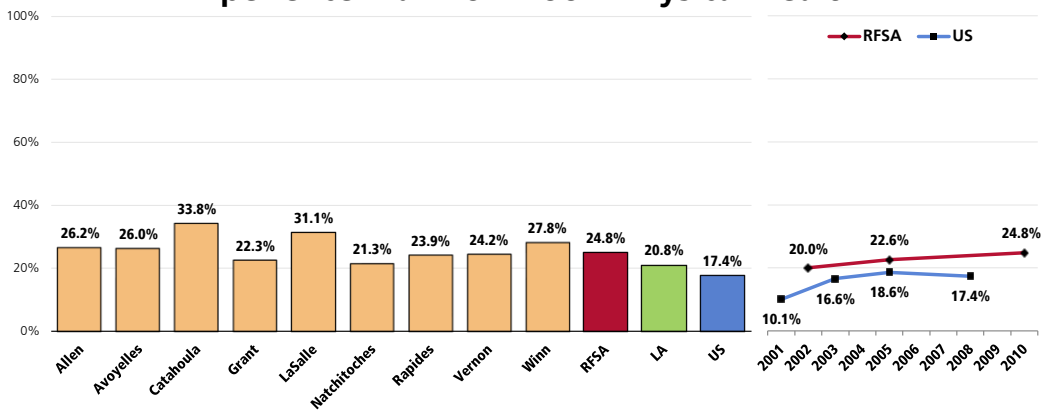


Sources: • 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

A full one-fourth (24.8%) of adults believe that their overall health is "fair" or "poor."

- Higher than statewide findings (20.8% "fair/poor").
- Much higher than the national percentage (17.4% "fair/poor").
- Notably high in Catahoula and LaSalle Parishes.
- "Fair/poor" responses have increased significantly in the RFSA since the 2002 survey.
- Nationally, a significant increase occurred between 2001 and 2008.

Experience "Fair" or "Poor" Physical Health



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 5]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2009 Louisiana data.
2008 PRC National Health Survey, Professional Research Consultants.
Notes: Asked of all respondents.

Charts throughout this report (such as that below) detail survey findings among key demographic groups – namely by gender, age groupings, income (based on poverty status), and race/ethnicity.

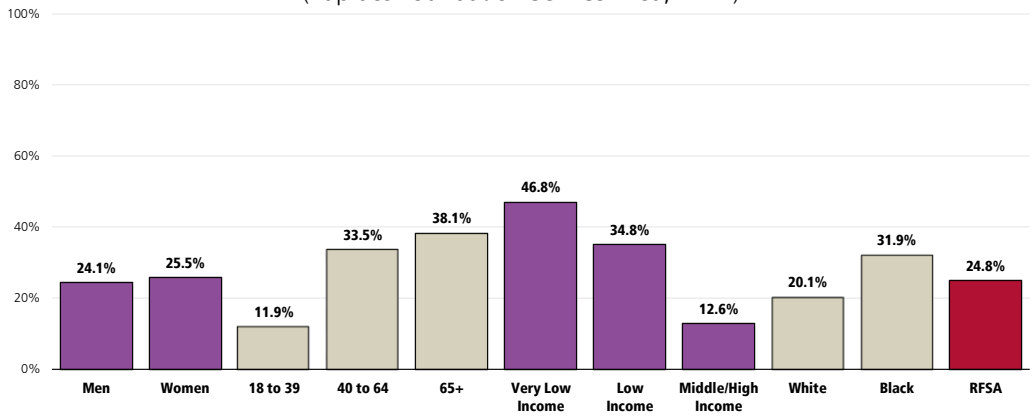
The following charts further examine self-reported health status by various key demographic characteristics.

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

- Adults aged 40 and older.
- Residents living at lower incomes (note the negative correlation with income).
- Blacks.

Experience "Fair" or "Poor" Physical Health

(Rapides Foundation Service Area, 2010)



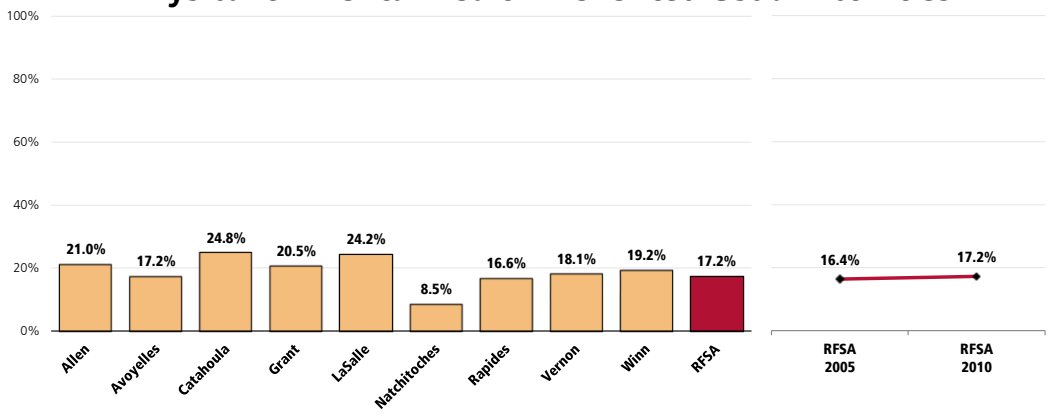
Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: Asked of all respondents.
Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Days of Poor Physical/Mental Health

While a majority (75.7%) of RFSA adults report no days in the past month when poor physical or mental health prevented their usual activities, 17.2% report experiencing four or more such days.

- Notably higher in Catahoula and LaSalle Parishes; lower (more favorable) in Natchitoches Parish.
- Statistically unchanged over time.

Experience 4+ Days in the Past Month On Which Physical or Mental Health Prevented Usual Activities



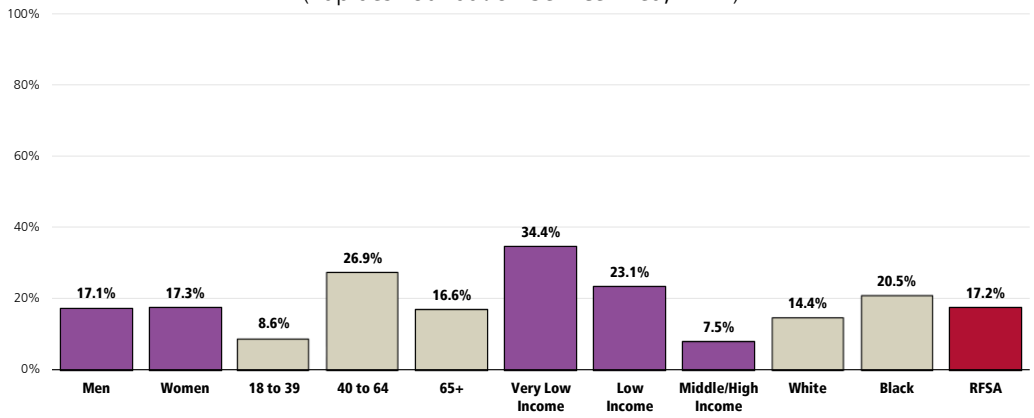
Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 6]
Notes: Asked of all respondents.

Adults more likely to indicate that health limited their usual activities include:

- Residents aged 40 through 64.
- Respondents living on lower incomes (note the negative correlation).
- Blacks.

Experience 4+ Days in the Past Month On Which Poor Physical/Mental Health Prevented Usual Activities

(Rapides Foundation Service Area, 2010)



Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: Asked of all respondents.
Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Mental Health & Mental Disorders

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

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

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

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

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

Mental Health Status

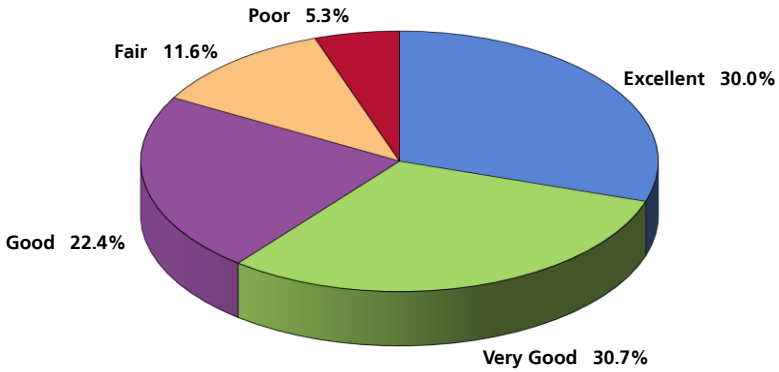
Self-Reported Mental Health Status

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

Rapides Foundation Service Area: 60.7% of RFSA adults rate their overall mental health as "excellent" or "very good."

- Another 22.4% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status
(Rapides Foundation Service Area, 2010)

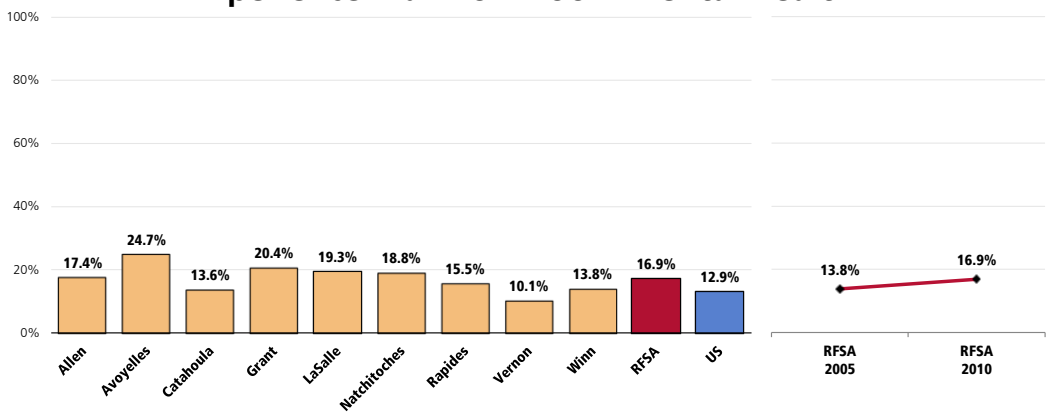


Sources: • 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
Notes: • Asked of all respondents.

A total of 16.9% of RFSA adults believe that their overall mental health is "fair" or "poor."

- Notably higher than the 12.9% "fair/poor" reported across the nation.
- Least favorable (24.7%) in Avoyelles Parish; most favorable (10.1%) in Vernon Parish.
- Marks a statistically significant increase in low ratings over time.

Experience "Fair" or "Poor" Mental Health

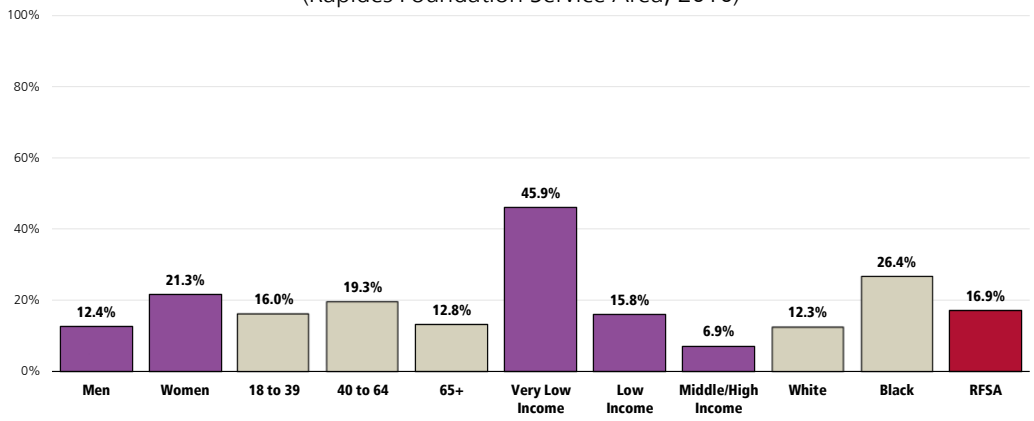


Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 100]
2008 PRC National Health Survey, Professional Research Consultants.
Notes: Asked of all respondents.

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

- Women.
- Those aged 40-64, when compared with seniors.
- Residents at lower incomes (note the strong negative correlation).
- Blacks.

Experience "Fair" or "Poor" Mental Health
(Rapides Foundation Service Area, 2010)

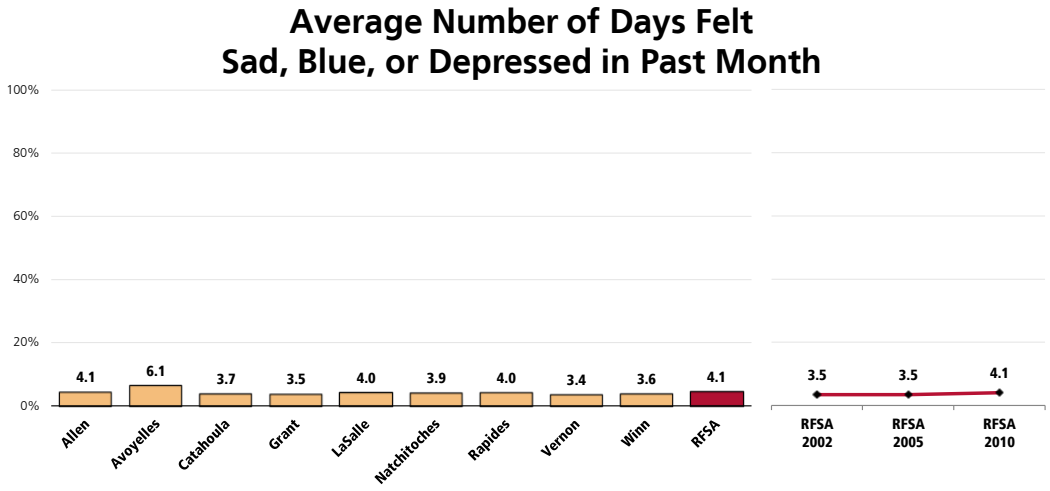


Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
Notes: Asked of all respondents.
Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Days of Feeling Sad, Blue or Depressed

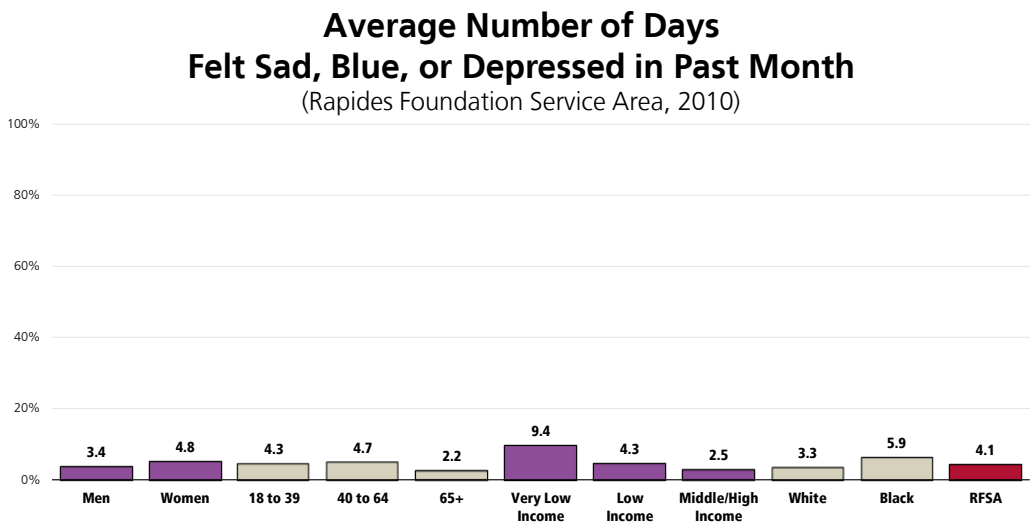
RFSA adults average 4.1 days per month when they were sad, blue, or depressed.

- Ranging from 3.4 days in Vernon Parish to 6.1 in Avoyelles Parish.
- Increasing from the 3.5-day average reported in both 2002 and 2005.



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 102]
Notes: Asked of all respondents.

- Note the negative correlation with income level.



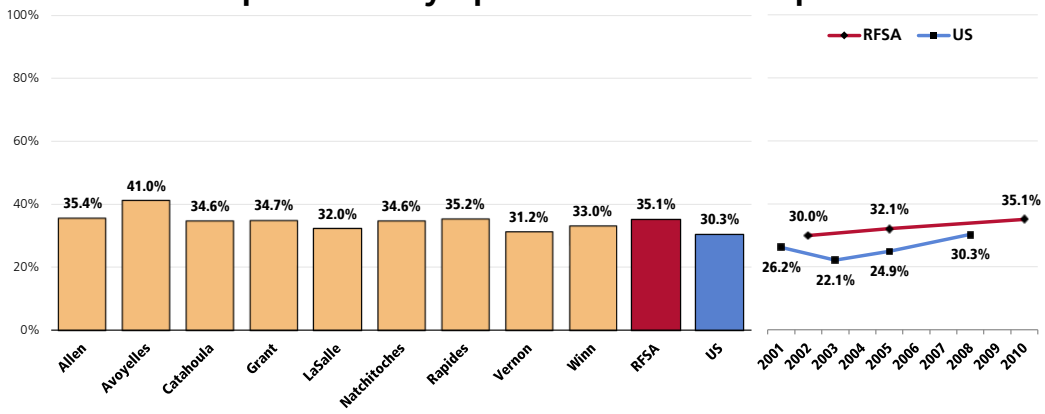
Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
Notes: Asked of all respondents.
Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Chronic Depression

A total of 35.1% of RFSA adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes.

- Less favorable than national findings (30.3%).
- Statistically similar by parish.
- Note the significant increase in the prevalence of chronic depression among RFSA residents since 2002. A similar increase is seen nationally.

Have Experienced Symptoms of Chronic Depression

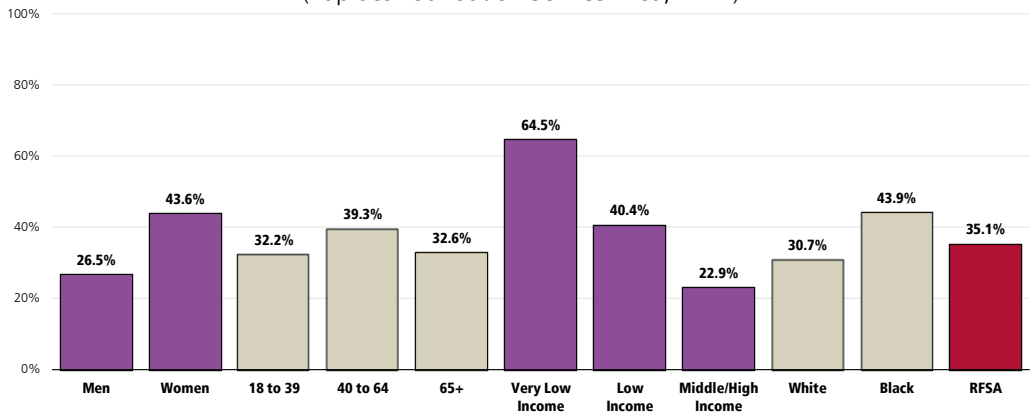


Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 101]
2008 PRC National Health Survey, Professional Research Consultants.
Notes: Asked of all respondents.

Note that the prevalence of chronic depression is notably higher among:

- Women.
- Adults between the ages of 40 and 64.
- Community members living at lower income levels (note the negative correlation).
- Blacks.

Have Experienced Symptoms of Chronic Depression
(Rapides Foundation Service Area, 2010)



Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
Notes: Asked of all respondents.
Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Mental Health Treatment

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

Evidence that mental disorders are legitimate and highly responsive to appropriate treatment promises to be a potent antidote to stigma. Stigma creates barriers to providing and receiving competent and effective mental health treatment and can lead to inappropriate treatment, unemployment, and homelessness.

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

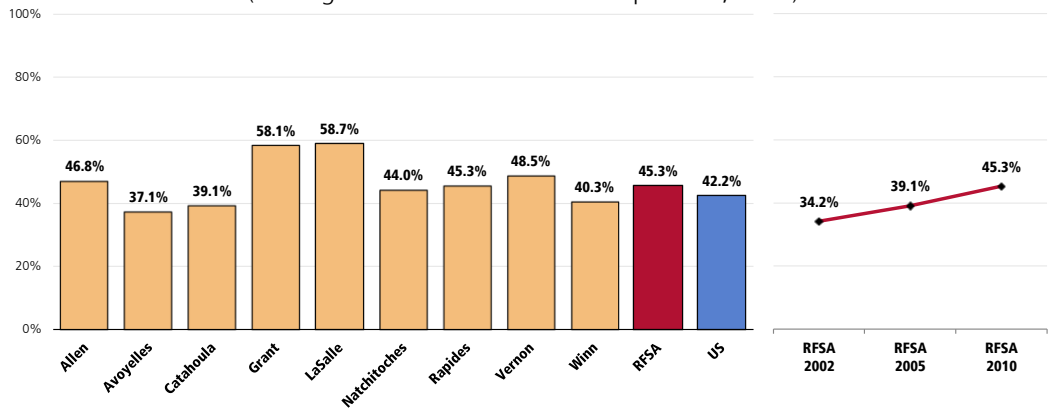
– Healthy People 2010, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Among adults with chronic depression, 45.3% acknowledge that they have sought professional help for a mental or emotional problem.

- Similar to corresponding national findings (42.2%).
- Fails to satisfy the Healthy People 2010 goal of 50% or higher.
- Higher in Grant and LaSalle Parishes.
- Note the statistically significant increase in the percentage of RFSA adults with chronic depression who sought professional help in the past year.

Have Sought Professional Help for a Mental or Emotional Problem

(Among Residents With Chronic Depression, 2010)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 166]
2008 PRC National Health Survey, Professional Research Consultants.
Notes: Asked of those respondents who have experienced chronic depression.

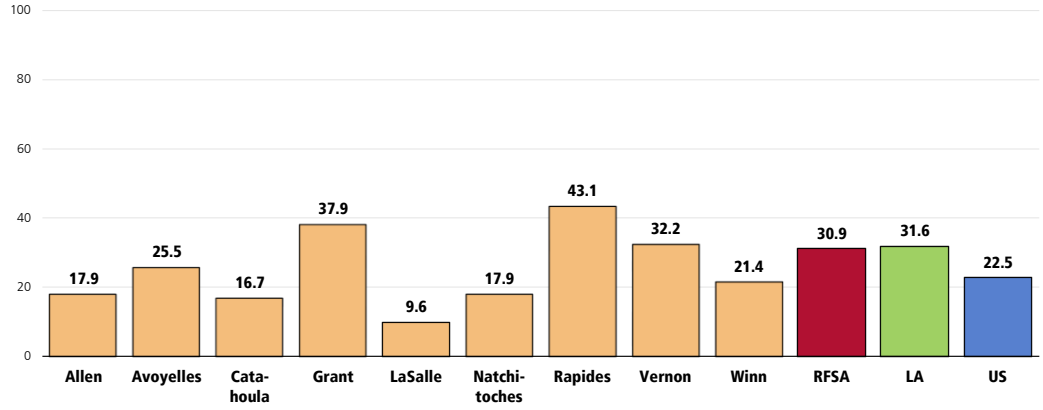
Age-Adjusted Alzheimer's Disease Deaths

Between 2004 and 2006, there was an annual average age-adjusted Alzheimer's disease mortality rate of 30.9 deaths per 100,000 population in the Rapides Foundation Service Area.

- Similar to the 31.6 reported statewide.
- Higher than the national rate (22.5).
- Notably higher in Grant, Rapides and Vernon Parishes; lower (more favorable) in Allen, Catahoula, LaSalle, Natchitoches and Winn Parishes.

Alzheimer's Disease: Age-Adjusted Mortality

(2004-2006 Annual Average Deaths per 100,000 Population)



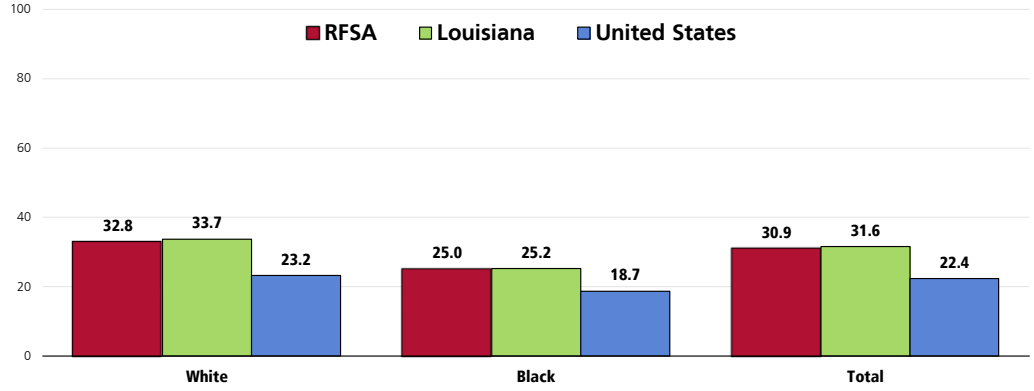
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.

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 U.S. Standard Population.
Parish, state and national data are simple three-year averages; the RFSA three-year average is weighted by population.
CLRD is chronic lower respiratory disease.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Alzheimer's disease mortality rates are notably higher among Whites.

Alzheimer's Disease: Age-Adjusted Mortality by Race

(2004-2006 Annual Average Deaths per 100,000 Population)



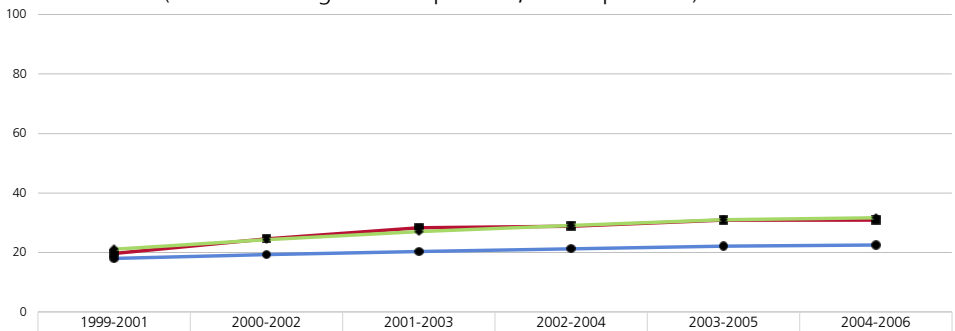
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.

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 U.S. Standard Population.
Parish, state and national data are simple three-year averages; the RFSA three-year average is weighted by population.
CLRD is chronic lower respiratory disease.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

- Alzheimer's disease mortality rates have <u>increased</u> over the past several years.

Alzheimer's Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006
RFSA	19.6	24.5	28.3	28.8	30.8	30.9
Louisiana	21.0	24.3	27	29.1	31	31.6
United States	18.0	19.2	20.3	21.2	22.1	22.5

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.

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 U.S. Standard Population.
State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
CLRD is chronic lower respiratory disease.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

BIRTHS

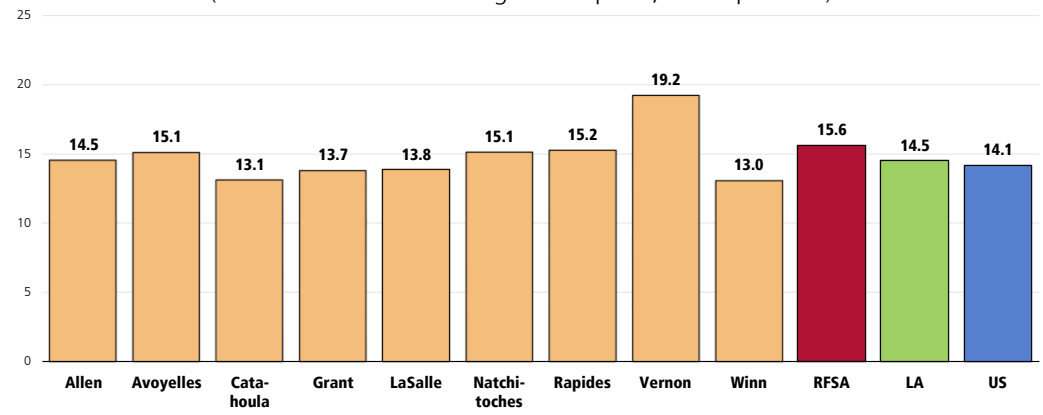
Birth Rates

Between 2005 and 2007, the RFSA experienced a 15.6 birth rate per 1,000 population.

- Higher than the 14.5 reported statewide.
- Higher than the national birth rate (14.1).
- Ranging from 13.0 in Winn Parish to 19.2 in Vernon Parish.

Birth Rate

(2005-2007 Annual Average Births per 1,000 Population)

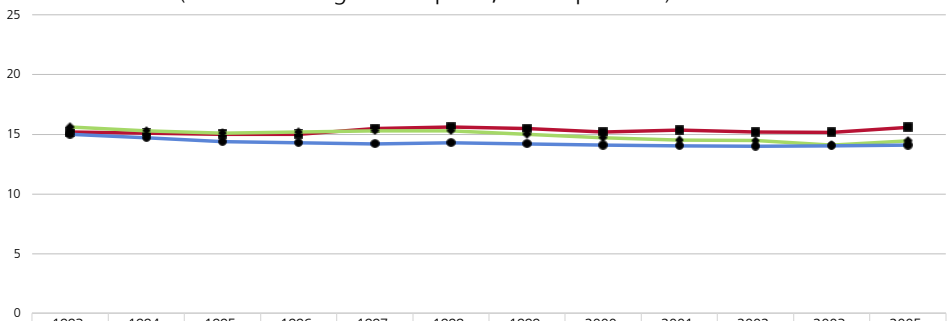


Sources: Louisiana Department of Health & Hospitals.
Centers for Disease Control and Prevention, National Vital Statistics System..
Notes: Rates are births per 1,000 population.

The RFSA birth rate remained fairly stable between the 1993-1995 and 2005-2007 reporting periods. In contrast, both the stateside and nationwide rates decreased slightly during this time period.

Birth Rate

(Annual Average Births per 1,000 Population)



	1993-1995	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2005-2007
RFSA	15.2	15.1	15.0	15.0	15.5	15.6	15.5	15.2	15.4	15.2	15.2	15.6
Louisiana	15.6	15.3	15.1	15.2	15.3	15.3	15.0	14.7	14.5	14.5	14.1	14.5
United States	15.0	14.7	14.4	14.3	14.2	14.3	14.2	14.1	14.0	14.0	14.0	14.1

Sources: Louisiana Department of Health & Hospitals.
Centers for Disease Control and Prevention, National Vital Statistics System..
Notes: Rates are births per 1,000 population.

Timely Prenatal Care

Many risk factors can be mitigated or prevented with good pre-conception and prenatal care. Prenatal visits offer an opportunity to provide information about the adverse effects of substance use, including alcohol and tobacco during pregnancy, and serve as a vehicle for referrals to treatment services. The use of timely, high-quality prenatal care can help to prevent poor birth outcomes and improve maternal health by identifying women who are at particularly high risk and taking steps to mitigate risks, such as the risk of high blood pressure or other maternal complications.

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

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

Early and continuous prenatal care is the best assurance of infant health.

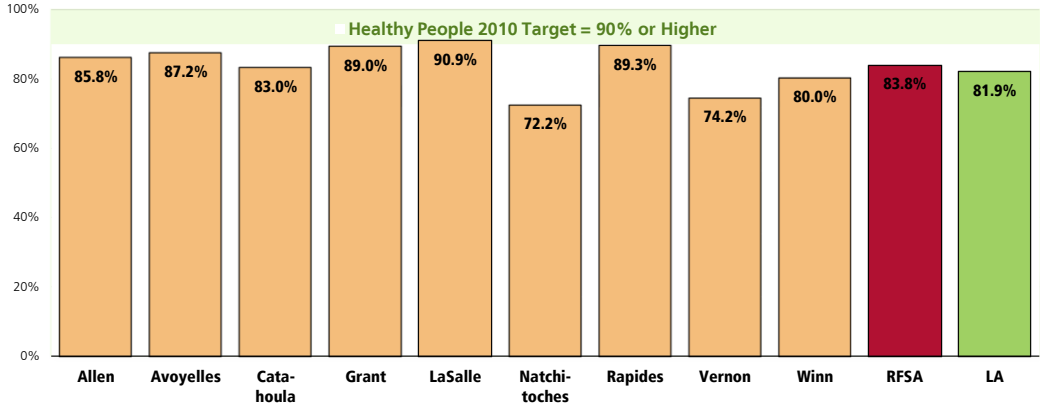
Adequate prenatal care here is measured by a modified Kessner Index, which defines prenatal care as adequate if the first prenatal visit occurred in the first trimester of pregnancy, and if the total number of visits was appropriate to the gestational age of the baby at birth.

Between 2005 and 2007, 83.8% of all RFSA births received adequate prenatal care.

- More favorable than the Louisiana proportion (81.9%).
- Fails to satisfy the Healthy People 2010 target (90% or higher).
- Adequate prenatal care is notably lower among women in Natchitoches, Vernon and Winn Parishes.

Mothers Receiving At Least Adequate Prenatal Care

(Percentage of Live Births, 2005-2007)



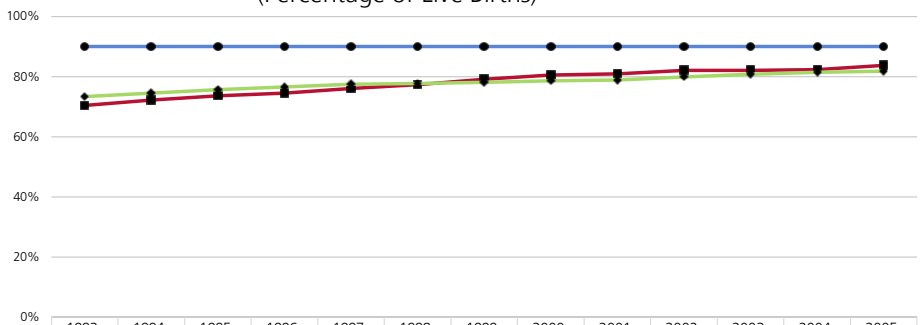
Sources:
- Louisiana Department of Health and Hospitals.
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 16-6].

Note:
- Numbers are a percentage of all live births within each population.
- Adequate prenatal care is measured by the modified Kessner Index, which defines prenatal care as adequate if the first prenatal visit occurred in the first trimester of pregnancy and if the total number of visits was appropriate to the gestational age of the baby at birth.

Receipt of prenatal care has improved significantly over time in the Rapides Foundation Service Area.

Mothers Receiving At Least Adequate Prenatal Care

(Percentage of Live Births)



	1993-1995	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
RFSA	70.4%	72.2%	73.7%	74.5%	76.1%	77.4%	79.2%	80.6%	81.0%	82.1%	82.1%	82.4%	83.8%
Louisiana	73.4%	74.6%	75.7%	76.6%	77.5%	77.8%	78.2%	78.6%	78.9%	80.0%	80.9%	81.5%	81.9%
Healthy People 2010	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%

Sources:
- Louisiana Department of Health and Hospitals.
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 16-6].

Note:
- Numbers are a percentage of all live births within each population.
- Adequate prenatal care is measured by the modified Kessner Index, which defines prenatal care as adequate if the first prenatal visit occurred in the first trimester of pregnancy and if the total number of visits was appropriate to the gestational age of the baby at birth.

Birth Outcomes & Risks

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

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

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

Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

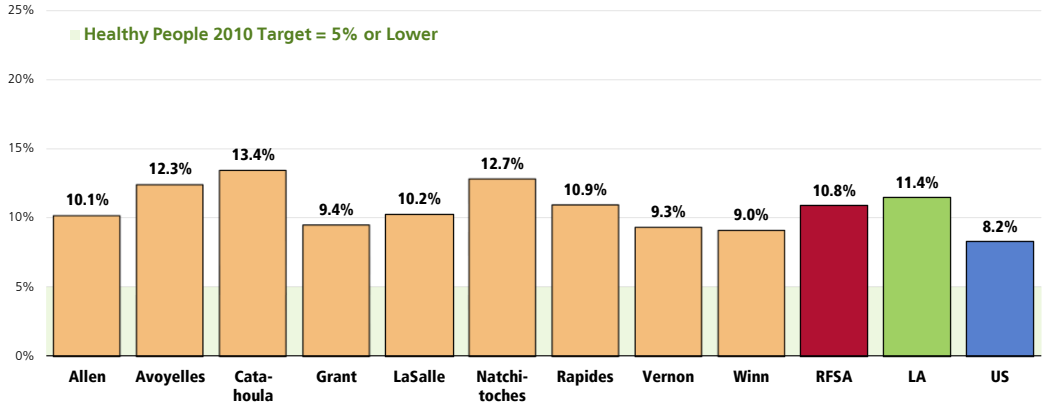
Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

A total of 10.8% of 2005-2007 RFSA births were low-weight.

- More favorable than the Louisiana proportion (11.4%).
- Less favorable than the national proportion (8.2%).
- Fails to satisfy the Healthy People 2010 target (5% or lower).
- Low-weight births are more prevalent in Avoyelles, Catahoula and Natchitoches Parishes.

Low-Weight Births

(Percentage of Live Births, 2005-2007)



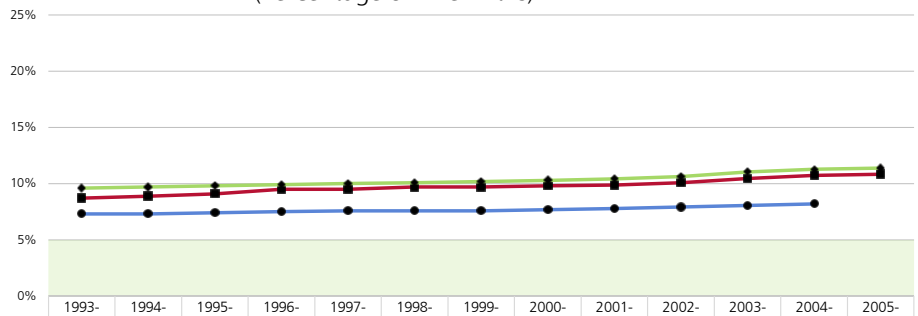
Sources:
- Louisiana Department of Health and Hospitals.
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 16-10].

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

This proportion has increased in the RFSA in recent years; the same can be said for both Louisiana and the US.

Low-Weight Births

(Percentage of Live Births)



	1993-1995	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2010	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
RFSA	8.7%	8.9%	9.1%	9.5%	9.5%	9.7%	9.7%	9.8%	9.9%	10.1%	10.5%	10.7%	10.8%
Louisiana	9.6%	9.7%	9.8%	9.9%	10.0%	10.1%	10.2%	10.3%	10.4%	10.6%	11.0%	11.3%	11.4%
United States	7.3%	7.3%	7.4%	7.5%	7.6%	7.6%	7.6%	7.7%	7.8%	7.9%	8.1%	8.2%	

Sources:
- Louisiana Department of Health and Hospitals.
- Centers for Disease Control and Prevention, National Vital Statistics System. Births: Final Data for 2002.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 16-10].

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

Infant Mortality

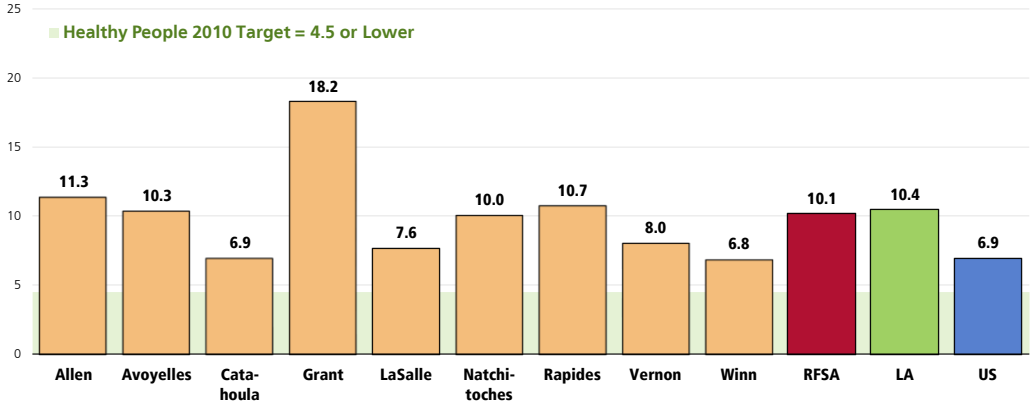
Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2004 and 2006, there was an annual average of 10.1 infant deaths per 1,000 live births.

- Nearly identical to the Louisiana rate (10.4).
- Higher than the national rate (6.9).
- Fails to satisfy the Healthy People 2010 goal of 4.5 per 1,000 live births.
- Particularly high in Grant Parish.

Infant Mortality Rate

(2004-2006 Annual Average Infant Deaths per 1,000 Live Births)



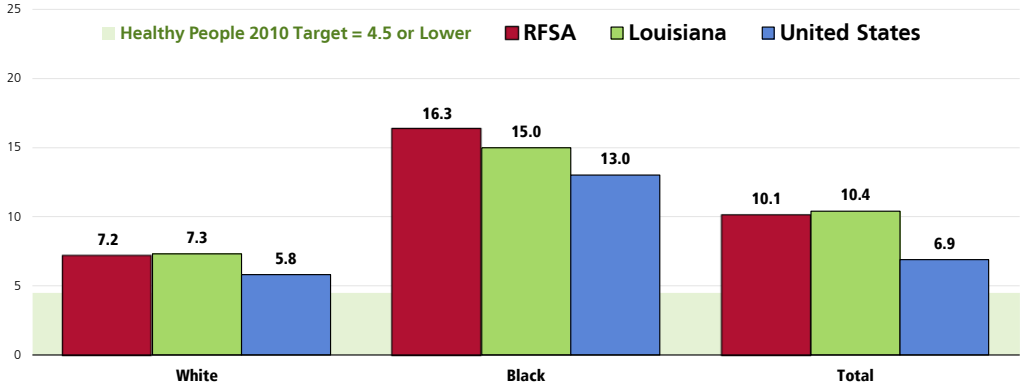
Sources:
- Louisiana Department of Health and Hospitals.
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 16-1].

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Infant mortality rates are dramatically higher among births to Black mothers.

Infant Mortality Rate

(2004-2006 Annual Average Infant Deaths per 1,000 Live Births)

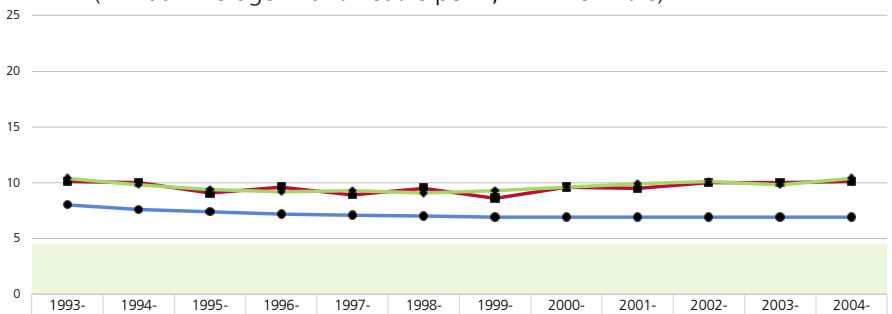


Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 16-1]
Notes: Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

The RFSA infant mortality rate has remained fairly stable over the past decade.

Infant Mortality Rate

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



	1993-1995	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006
Healthy People 2010	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.5
RFSA	10.1	10.0	9.1	9.6	8.9	9.5	8.6	9.6	9.5	10	10	10.1
Louisiana	10.4	9.8	9.4	9.2	9.3	9.1	9.3	9.6	9.9	10.1	9.8	10.4
United States	8.0	7.6	7.4	7.2	7.1	7.0	6.9	6.9	6.9	6.9	6.9	6.9

Sources:
- Louisiana Department of Health and Hospitals.
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 16-1].

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Neonatal Mortality

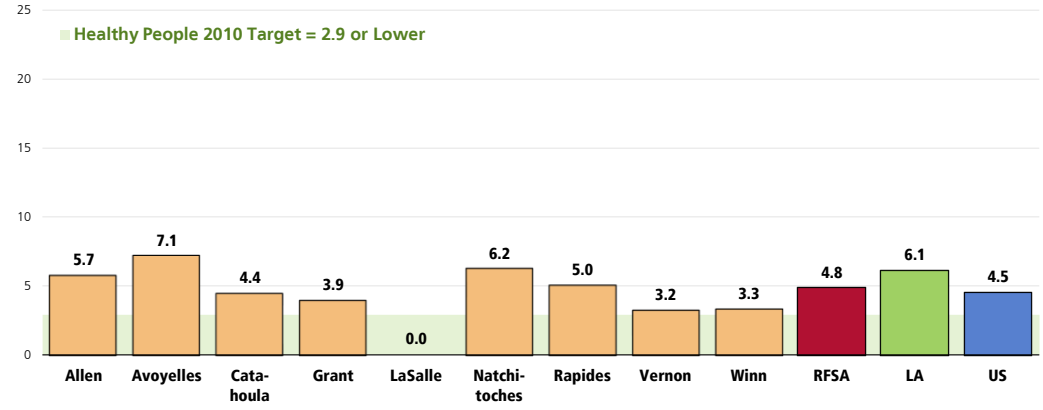
Neonatal mortality rates reflect deaths of children within the first 28 days of life per 1,000 live births.

Between 2004 and 2006, there was an annual average of 4.8 neonatal deaths per 1,000 live births.

- Lower than the Louisiana rate (6.1).
- Higher than the national rate (4.5).
- Fails to satisfy the Healthy People 2010 goal of 2.9 per 1,000 live births.
- Highest in Avoyelles Parish.

Neonatal Mortality Rate

(2004-2006 Annual Average Neonatal Deaths per 1,000 Live Births)



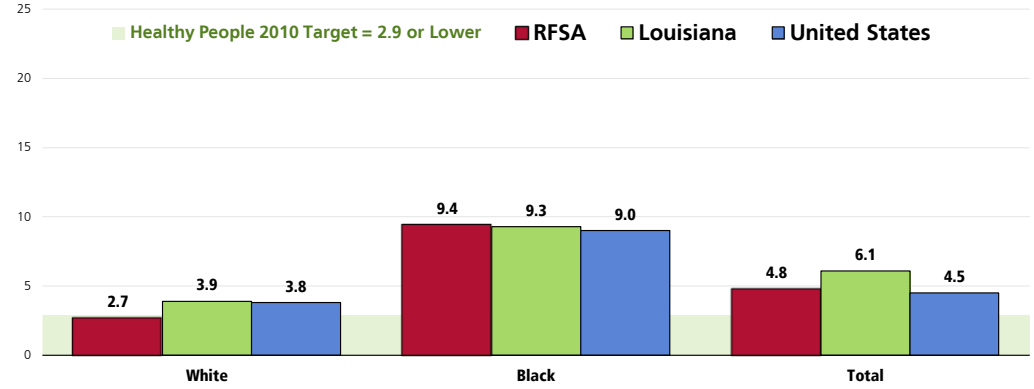
Sources:
- Louisiana Department of Health and Hospitals.
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 16-1].

Notes:
- Rates are three-year averages of deaths of children within the first 28 days of life per 1,000 live births.

Neonatal mortality rates are dramatically higher among births to Black mothers.

Neonatal Mortality Rate

(2004-2006 Annual Average Neonatal Deaths per 1,000 Live Births)



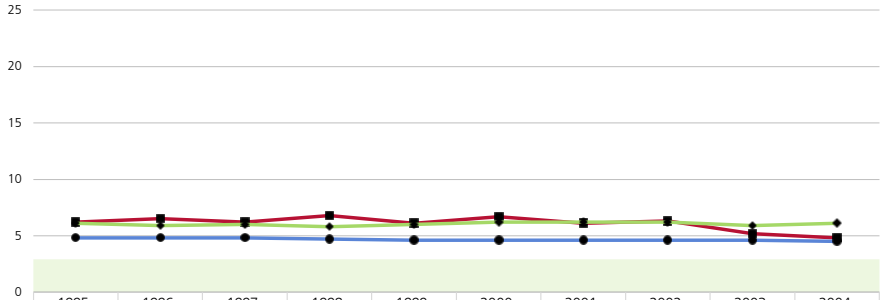
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 16-1]

Notes:
- Rates are three-year averages of deaths of children within the first 28 days of life per 1,000 live births.

The RFSA neonatal mortality rate has decreased in recent years.

Neonatal Mortality Rate

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



	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006
Healthy People 2010	2.9	2.9	2.9	2.9	2.9	2.9	2.9	2.9	2.9	2.9
RFSA	6.2	6.5	6.2	6.8	6.1	6.7	6.1	6.3	5.2	4.8
Louisiana	6.1	5.9	6.0	5.8	6.0	6.2	6.2	6.2	5.9	6.1
United States	4.8	4.8	4.8	4.7	4.6	4.6	4.6	4.6	4.6	4.5

Sources:
- Louisiana Department of Health and Hospitals.
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 16-1].

Notes:
- Rates are three-year averages of deaths of children within the first 28 days of life per 1,000 live births.

Family Planning

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

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

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

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

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

Births to Unwed Mothers

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

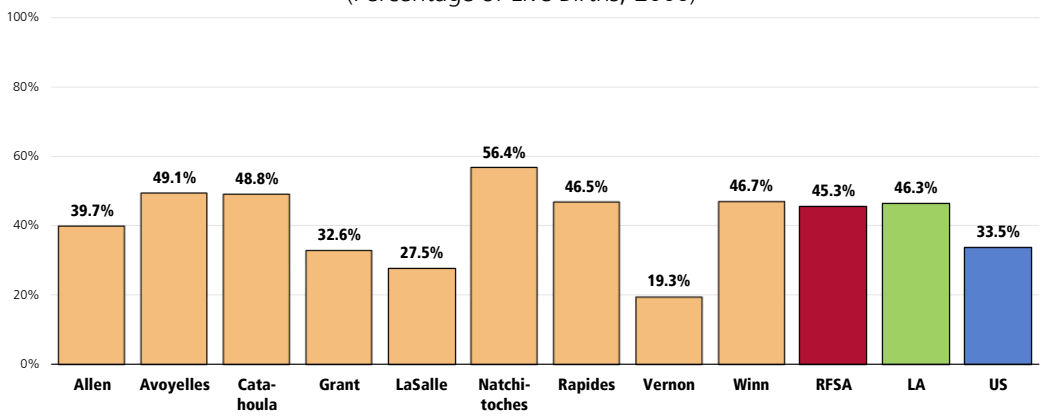
Because it is impossible to measure the true incidence of unintended pregnancy in the US, the following indicator looks at births occurring among unmarried mothers as a proxy measure for pregnancies that are not intended (knowing that this is not always the case).

A total of 45.3% of 2006 RFSA births were to unmarried mothers.

- Comparable to the Louisiana proportion (46.3%).
- Much higher than the 33.5% reported nationally.
- Notably high in Avoyelles, Catahoula and Natchitoches Parishes.

Births to Unwed Mothers

(Percentage of Live Births, 2006)

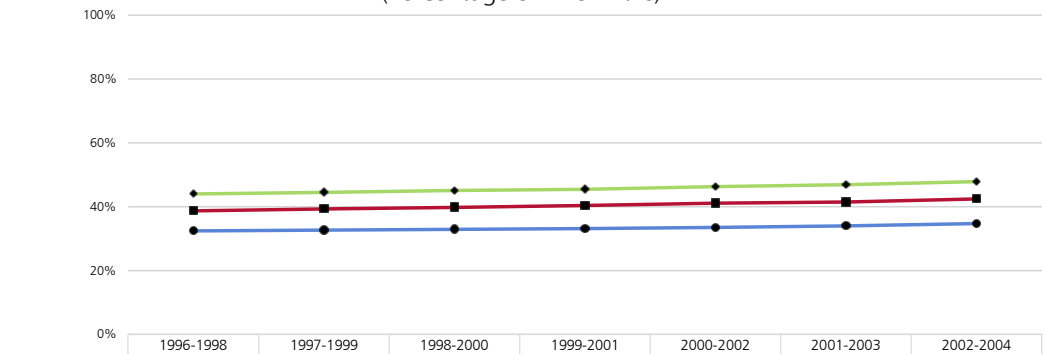


Sources: • Louisiana Department of Health and Hospitals.
• Centers for Disease Control and Prevention, National Vital Statistics System.
Note: • Numbers are a percentage of all live births within each population.

This percentage has increased steadily across the RFSA; the same can be said for both the state and nation.

Births to Unwed Mothers

(Percentage of Live Births)



	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004
RFSA	38.7%	39.3%	39.8%	40.4%	41.1%	41.5	42.5
Louisiana	44.0%	44.5%	45.1%	45.5%	46.3%	46.9	47.9
United States	32.5%	32.7%	33.0%	33.2%	33.6%	34.0	34.8

Sources: • Louisiana Department of Health and Hospitals.
• Centers for Disease Control and Prevention, National Vital Statistics System. Births: Final Data for 2002.
Note: • Numbers are a percentage of all live births within each population.

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Births to Teenage Mothers

For teenagers, the problems associated with unintended pregnancy are compounded, and the consequences are well documented. Teenaged mothers are less likely to get or stay married, less likely to complete high school or college, and more likely to require public assistance and to live in poverty than their peers who are not mothers. Infants born to teenaged mothers, especially mothers under age 15 years, are more likely to suffer from low birth weight, neonatal death, and sudden infant death syndrome. The infants may be at greater risk of child abuse, neglect, and behavioral and educational problems at later stages. Nearly 1 million teenage pregnancies occur each year in the United States.

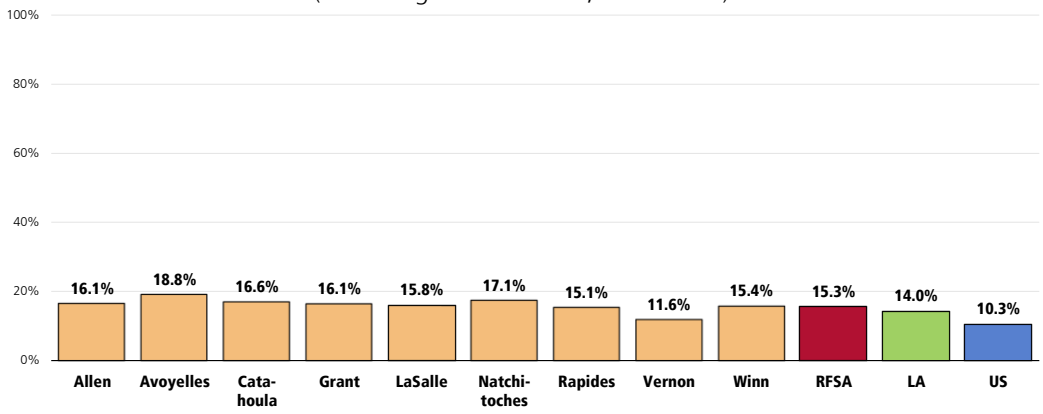
– Healthy People 2010, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

A total of 15.3% of 2004-2006 births were to females under the age of 20.

- Higher than the 14.0% reported across Louisiana.
- Higher than the 10.3% found nationally.
- Highest in Avoyelles and Natchitoches Parishes.

Births to Mothers Under Age 20

(Percentage of Live Births, 2004-2006)

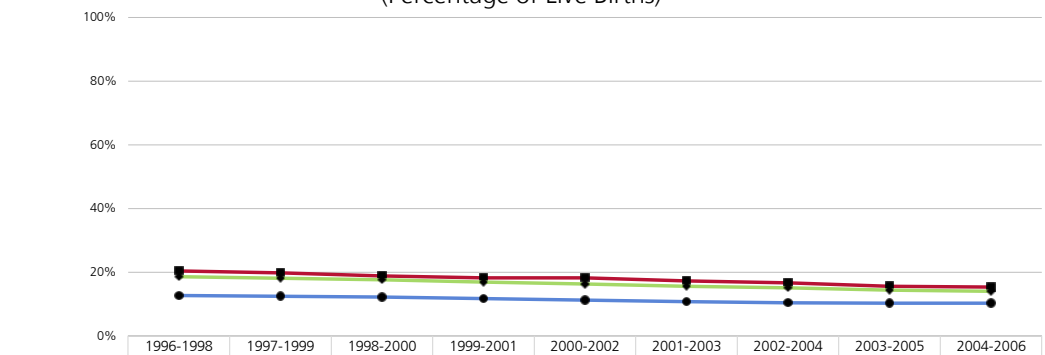


Sources: • Louisiana Department of Health and Hospitals.
• Centers for Disease Control and Prevention, National Vital Statistics System.
Note: • Numbers are a percentage of all live births within each population.

This percentage of births to teens has decreased over the past several years in the RFSA; the same can be said for Louisiana and the US.

Births to Mothers Under Age 20

(Percentage of Live Births)



	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006
RFSA	20.4%	19.8%	18.9%	18.3%	18.2%	17.3	16.7	15.6	15.3
Louisiana	18.6%	18.1%	17.6%	16.9%	16.3%	15.6	15.1	14.4	14.0
United States	12.7%	12.5%	12.2%	11.8%	11.3%	10.8	10.4	10.3	10.3

Sources: • Louisiana Department of Health and Hospitals.
• Centers for Disease Control and Prevention, National Vital Statistics System. Births: Final Data for 2002.
Note: • Numbers are a percentage of all live births within each population.

INFECTIOUS DISEASE

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

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

Vaccine-Preventable Conditions

"Incidence rate" is the number of new cases of a disease occurring during a given period of time.

It is usually expressed as cases per 1,000 or 100,000 population per year.

Measles, Mumps, Rubella

Between 2006 and 2008, there were no reported cases of measles, mumps, or rubella in any of the parishes in the Rapides Foundation Service Area.

Reported Case Rates for Vaccine-Preventable Diseases

(2006-2008)

	RFSA	LA	US	HP2010
Measles	**0.0**	**0.0**	**0.0**	**0.0**
Mumps	**0.0**	**0.0**	**0.9**	**0.0**
Rubella	**0.0**	**0.0**	**0.0**	**0.0**
Pertussis	**0.3**	**0.9**	**4.4**	n/a

Sources:
- Louisiana Department of Health and Hospitals.
- Centers for Disease Control and Prevention, Division of Public Health Surveillance and Informatics. Epidemiology Program Office.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 27-9]

Notes:
- United States measles cases only include those infected while in the United States.

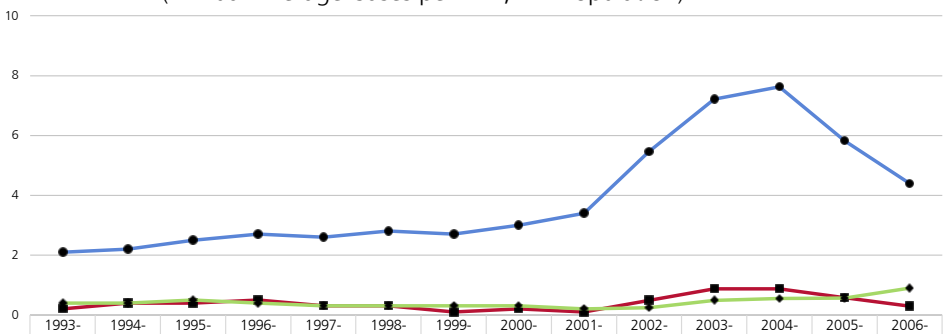
Pertussis

Between 2006 and 2008, the annual average pertussis incidence rate (new cases per year) was 0.3 cases per 100,000 population in the Rapides Foundation Service Area.

- Lower than the Louisiana incidence rate (0.9).
- Much lower than the national incidence rate (4.4).
- Incidence has fluctuated over the past several years: after increasing dramatically around 2004, the incidence rate has decreased in recent years across the RFSA.

Pertussis Incidence

(Annual Average Cases per 100,000 Population)



	1993-1995	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008
RFSA	0.2	0.4	0.4	0.5	0.3	0.3	0.1	0.2	0.1	0.5	0.9	0.9	0.6	0.3
Louisiana	0.4	0.4	0.5	0.4	0.3	0.3	0.3	0.3	0.2	0.2	0.5	0.6	0.6	0.9
United States	2.1	2.2	2.5	2.7	2.6	2.8	2.7	3.0	3.4	5.5	7.2	7.6	5.8	4.4

Sources:
- Louisiana Department of Health and Hospitals.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes:
- Rates are annual average new cases per 100,000 population.

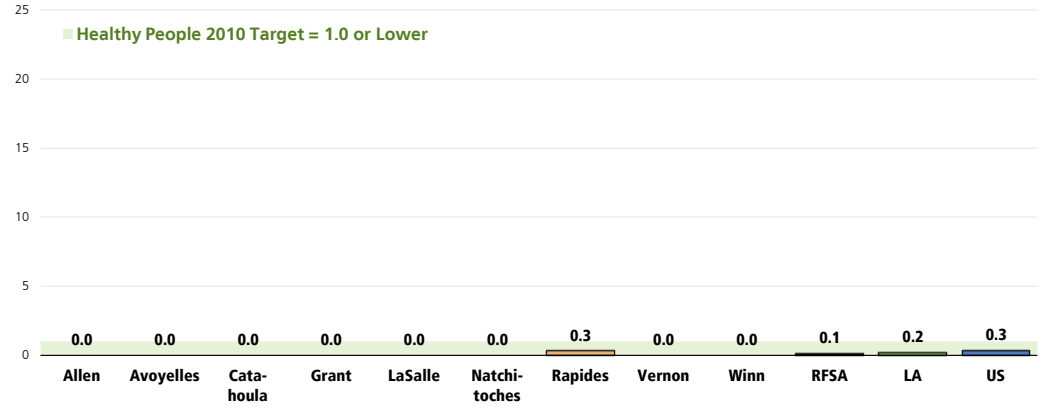
Acute Hepatitis C

With the exception of Rapides Parish (rate of 0.3), there were no incidences of acute hepatitis C between 2006 and 2008 in the RFSA.

- The RFSA rate is more favorable than the 0.2 statewide rate and the 0.3 national rate.

Hepatitis C (Acute) Incidence

(2006-2008 Annual Average Cases per 100,000 Population)



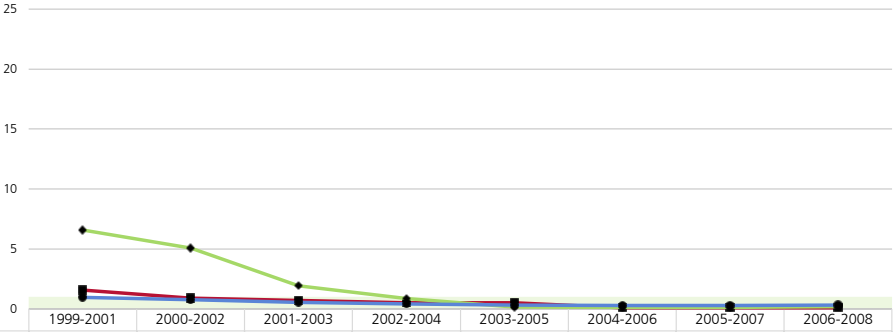
Sources:
- Louisiana Department of Health and Hospitals.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 14-9]

Notes:
- Rates are annual average new cases per 100,000 population.

- Incidence has declined in the Rapides Foundation Service Area from the rate of 1.5 reported in 1999-2001.

Hepatitis C (Acute) Incidence

(Annual Average Cases per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008
Healthy People 2010	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
RFSA	1.5	0.9	0.7	0.5	0.5	0.1	0.1	0.1
Louisiana	6.6	5.1	1.9	0.9	0.1	0.1	0.1	0.2
United States	1.0	0.8	0.5	0.4	0.3	0.3	0.3	0.3

Sources:
- Louisiana Department of Health and Hospitals.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 14-9]

Notes:
- Rates are annual average new cases per 100,000 population.

Influenza & Pneumonia Vaccination

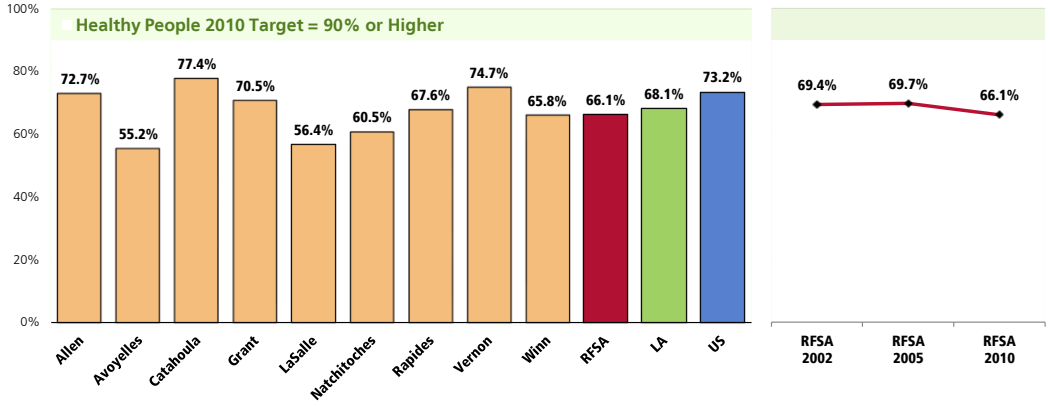
Flu Shots

Among adults aged 65 and older, two-thirds (66.1%) received a flu shot within the past year.

- Statistically comparable to the Louisiana finding (68.1%).
- Lower than the national finding (73.2%).
- Fails to satisfy the Healthy People 2010 target (90% or higher).
- Highest (77.4%) among seniors in Catahoula Parish.
- Statistically unchanged since 2002.

Have Had a Flu Shot in the Past Year

(Among Rapides Foundation Service Area Seniors 65+, 2010)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 173]
2008 PRC National Health Survey, Professional Research Consultants.
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2009 Louisiana data.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 14-29a]

Notes: Asked of all respondents aged 65 and older.

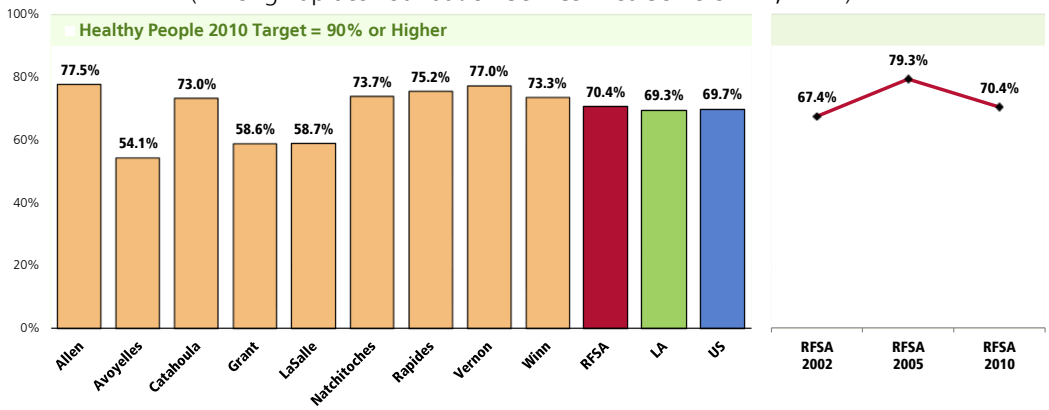
Pneumonia Vaccination

Among adults aged 65 and older, 70.4% have received a pneumonia vaccination at some point in their lives.

- Similar to the Louisiana finding (69.3%).
- Similar to the national finding (69.7%).
- Fails to satisfy the Healthy People 2010 objective of 90% or higher.
- Lowest among seniors in Avoyelles Parish (54.1%).
- Lower than found in 2005, but similar to 2002 findings.

Have Ever Had a Pneumonia Vaccine

(Among Rapides Foundation Service Area Seniors 65+, 2010)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 175]
2008 PRC National Health Survey, Professional Research Consultants.
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2009 Louisiana data.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 14-29b]

Notes: Asked of all respondents aged 65 and older.

Tuberculosis

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

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

- Tuberculosis now occurs in ever-smaller numbers in most regions of the country.
- Foreign-born people (both legal and undocumented immigrants) coming to the United States from countries with high rates of TB now account for nearly half of all TB cases.
- Higher numbers of cases are concentrated in pockets located in major metropolitan areas, and this increased prevalence is due, in large part, to the increased number of people with or at risk for HIV/AIDS infection.
- Other groups, such as HIV-infected people and the growing population of prison inmates, the homeless, and intravenous drug abusers, are emerging as being at high risk.

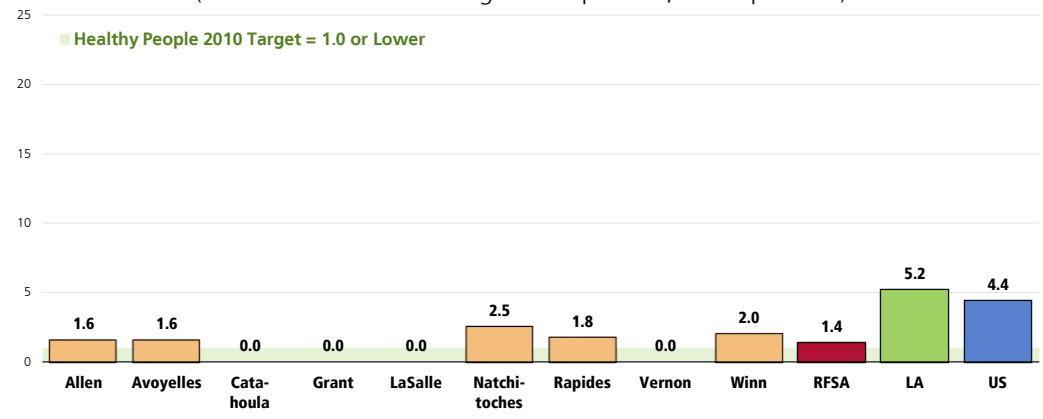
– Ending Neglect: The Elimination Of Tuberculosis In The United States. National Academy of Sciences, Institute of Medicine. Funded by the Centers for Disease Control and Prevention. 2000.

Between 2006 and 2008, the annual average tuberculosis incidence rate (new cases per year) was 1.4 cases per 100,000 population in the Rapides Foundation Service Area.

- Much lower than the Louisiana incidence rate (5.2).
- Much lower than the national incidence rate (4.4).
- Fails to satisfy the Healthy People 2010 target.
- Tuberculosis was reported in Allen, Avoyelles, Natchitoches, Rapides and Winn Parishes between 2006 and 2008.

Tuberculosis Incidence

(2006-2008 Annual Average Cases per 100,000 Population)



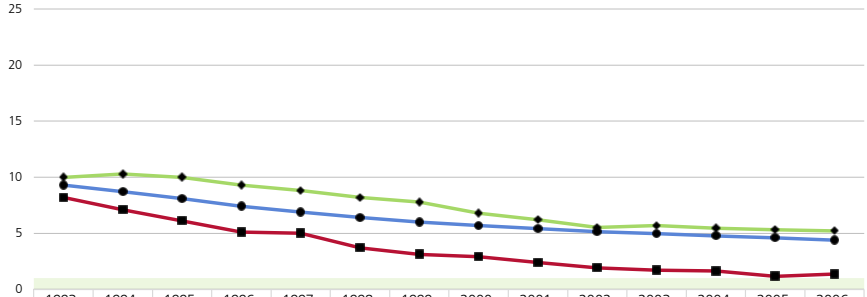
Sources:
- Louisiana Department of Health and Hospitals.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 14-11]

Notes:
- Rates are annual average new cases per 100,000 population.

- Tuberculosis incidence has decreased dramatically since the early 1990s across the RFSA. This decreasing trend is noted across Louisiana and the US as well.

Tuberculosis Incidence

(Annual Average Cases per 100,000 Population)



	1993-1995	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008
Healthy People 2010	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
RFSA	8.2	7.1	6.1	5.1	5.0	3.7	3.1	2.9	2.4	1.9	1.7	1.6	1.2	1.4
Louisiana	10.0	10.3	10.0	9.3	8.8	8.2	7.8	6.8	6.2	5.5	5.7	5.4	5.3	5.2
United States	9.3	8.7	8.1	7.4	6.9	6.4	6.0	5.7	5.4	5.1	5.0	4.8	4.6	4.4

Sources:
- Louisiana Department of Health and Hospitals.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 14-11]

Notes:
- Rates are annual average new cases per 100,000 population.

Enteric Disease

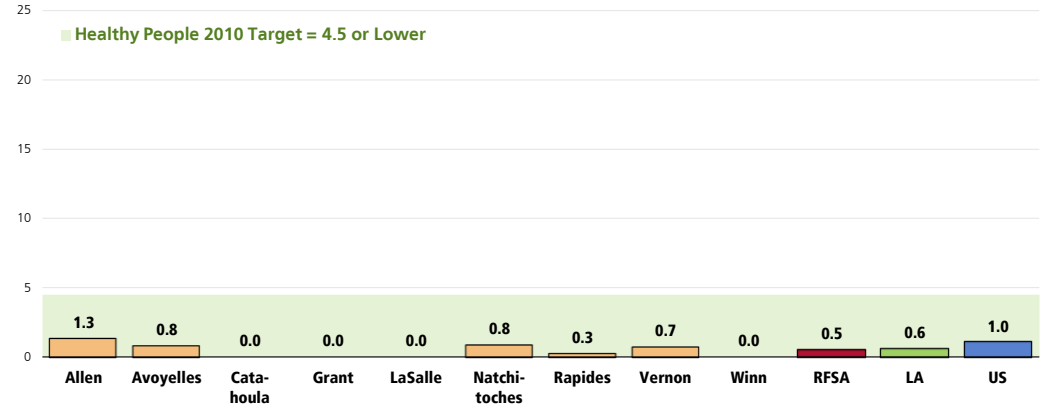
Acute Hepatitis A

Between 2006 and 2008, the annual average hepatitis A incidence rate (new cases per year) was 0.5 cases per 100,000 population in the Rapides Foundation Service Area.

- Just below the Louisiana incidence rate (0.6).
- More favorable than the national incidence rate (1.0).
- Satisfies the Healthy People 2010 target.
- Cases of hepatitis A were reported in Allen, Avoyelles, Natchitoches, Rapides and Vernon Parishes between 2006 and 2008.

Hepatitis A Incidence

(2006-2008 Annual Average Cases per 100,000 Population)



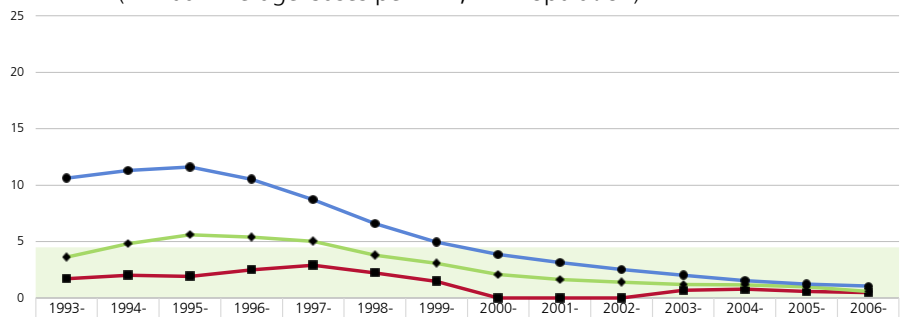
Sources:
- Louisiana Department of Health and Hospitals.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 14-6]

Notes:
- Rates are annual average new cases per 100,000 population.

The hepatitis A incidence has decreased dramatically since the early 1990s across the RFSA. This decreasing trend is noted across Louisiana and the US as well.

Hepatitis A Incidence

(Annual Average Cases per 100,000 Population)



	1993-1995	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008
Healthy People 2010	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.5
RFSA	1.7	2.0	1.9	2.5	2.9	2.2	1.4	0.0	0.0	0.0	0.7	0.8	0.6	0.5
Louisiana	3.6	4.8	5.6	5.4	5.0	3.8	3.1	2.1	1.6	1.4	1.2	1.1	1.0	0.6
United States	10.6	11.3	11.6	10.5	8.7	6.6	4.9	3.9	3.1	2.5	2.0	1.5	1.2	1.0

Sources:
- Louisiana Department of Health and Hospitals.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 14-6]

Notes:
- Rates are annual average new cases per 100,000 population.

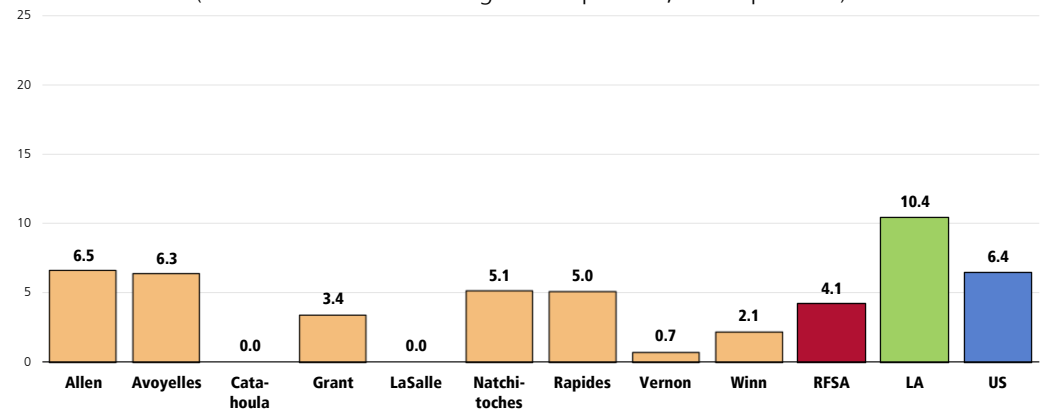
Shigellosis

Between 2006 and 2008, the annual average shigellosis incidence rate (new cases per year) was 4.1 cases per 100,000 population in the Rapides Foundation Service Area.

- Much lower than the Louisiana incidence rate (10.4).
- Lower than the national incidence rate (6.4).
- Case rates range from 0.0 in Catahoula and LaSalle Parishes to 6.5 in Allen Parish.

Shigellosis Incidence

(2006-2008 Annual Average Cases per 100,000 Population)

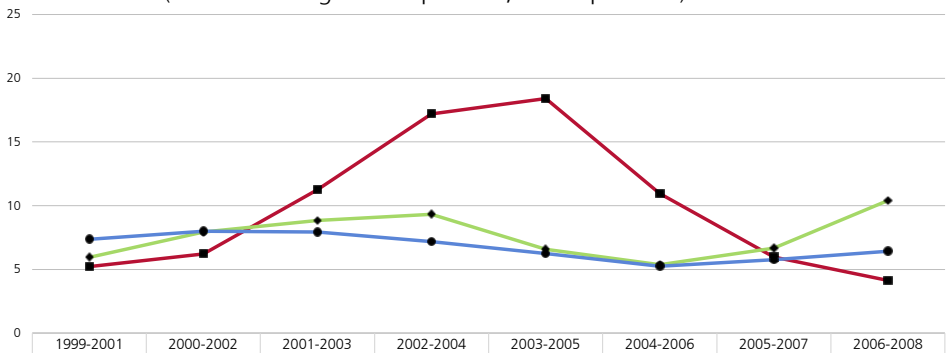


Sources: • Louisiana Department of Health and Hospitals.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.

- Shigellosis incidence in the RFSA spiked in the early 2000s, but has since subsided.

Shigellosis Incidence

(Annual Average Cases per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008
RFSA	5.2	6.2	11.3	17.2	18.4	10.9	6.0	4.1
Louisiana	5.9	7.9	8.8	9.3	6.6	5.4	6.7	10.4
United States	7.3	8.0	7.9	7.2	6.2	5.2	5.8	6.4

Sources: • Louisiana Department of Health and Hospitals.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.

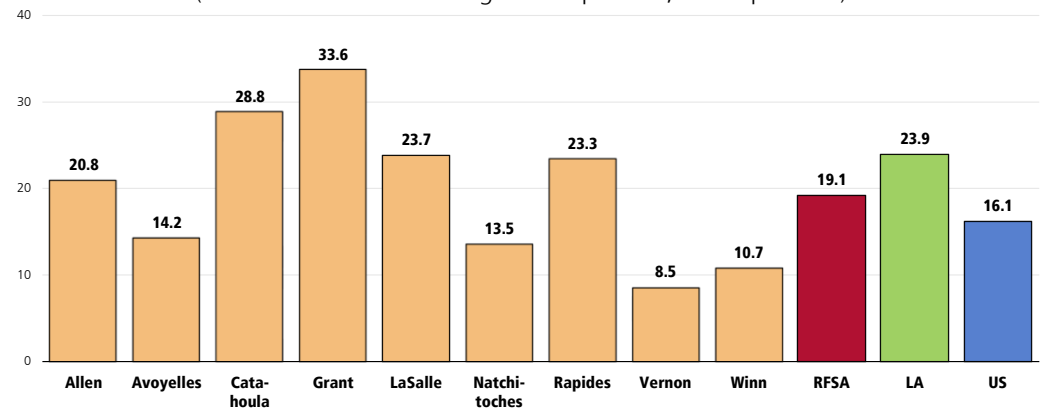
Salmonellosis

The annual average salmonellosis incidence rate between 2006 and 2008 was 19.1 per 100,000 population across the RFSA.

- More favorable than the Louisiana incidence rate (23.9).
- Less favorable than the national incidence rate (16.1).
- Highest in Allen, Catahoula, Grant, LaSalle and Rapides Parishes.

Salmonellosis Incidence

(2006-2008 Annual Average Cases per 100,000 Population)



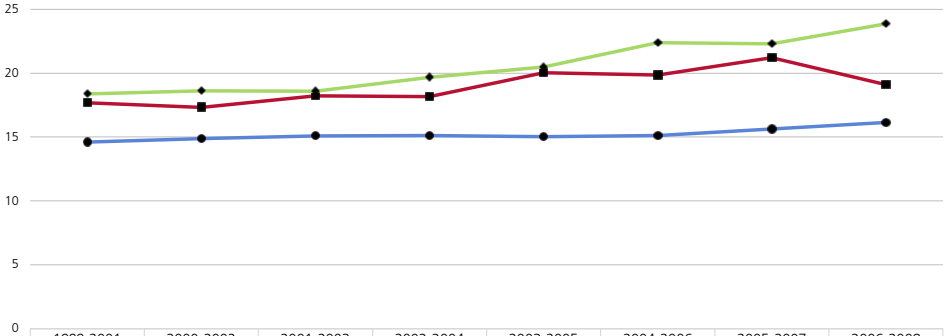
Sources:
- Louisiana Department of Health and Hospitals.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes:
- Rates are annual average new cases per 100,000 population.
- Excludes typhoid fever.

Salmonellosis has increased overall in the RFSA, mirroring the trends reported across Louisiana and the US overall.

Salmonellosis Incidence

(Annual Average Cases per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008
RFSA	17.7	17.3	18.2	18.2	20.1	19.9	21.2	19.1
Louisiana	18.4	18.6	18.6	19.7	20.5	22.4	22.3	23.9
United States	14.6	14.9	15.1	15.1	15.0	15.1	15.6	16.1

Sources:
- Louisiana Department of Health and Hospitals.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes:
- Rates are annual average new cases per 100,000 population.
- Excludes typhoid fever.

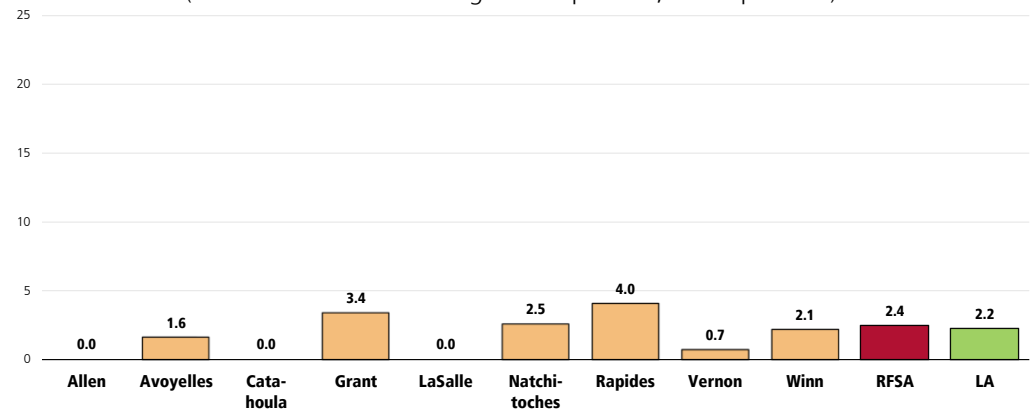
Campylobacteriosis

Between 2006 and 2008, the RFSA experienced a campylobacteriosis incidence rate of 2.4 per 100,000 population.

- Just above the Louisiana incidence rate (2.2).
- Cases of campylobacteriosis were reported in Avoyelles, Grant, Natchitoches, Rapides, Vernon and Winn Parishes between 2006 and 2008.

Campylobacteriosis Incidence

(2006-2008 Annual Average Cases per 100,000 Population)

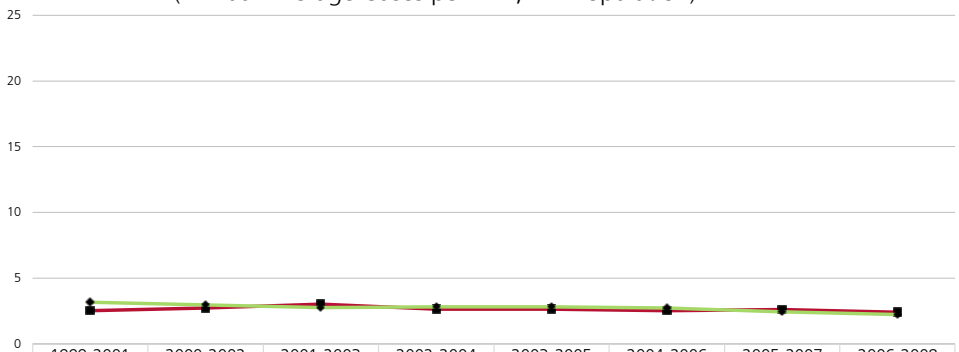


Sources: • Louisiana Department of Health and Hospitals.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.

- The campylobacteriosis incidence rate in the RFSA has been stable in recent years.

Campylobacteriosis Incidence

(Annual Average Cases per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008
RFSA	2.5	2.7	3.0	2.6	2.6	2.5	2.6	2.4
Louisiana	3.2	3.0	2.7	2.8	2.8	2.7	2.4	2.2

Sources: • Louisiana Department of Health and Hospitals.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.

HIV

In the United States, HIV/AIDS remains a significant cause of illness, disability, and death, despite declines in 2002 and 2005.

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

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

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

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

- Because of the long period of time from initial HIV infection to AIDS and because highly active antiretroviral therapy (HAART) has slowed the progression to AIDS, new cases of AIDS no longer provide accurate information about the current HIV epidemic in the United States.
- Because of a lack of awareness of HIV serostatus as well as delays in accessing counseling, testing, and care services by individuals who may be infected or are at risk of infection, some populations do not perceive themselves to be at risk. As a result, some HIV-infected persons are not identified and provided care until late in the course of their infection.

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

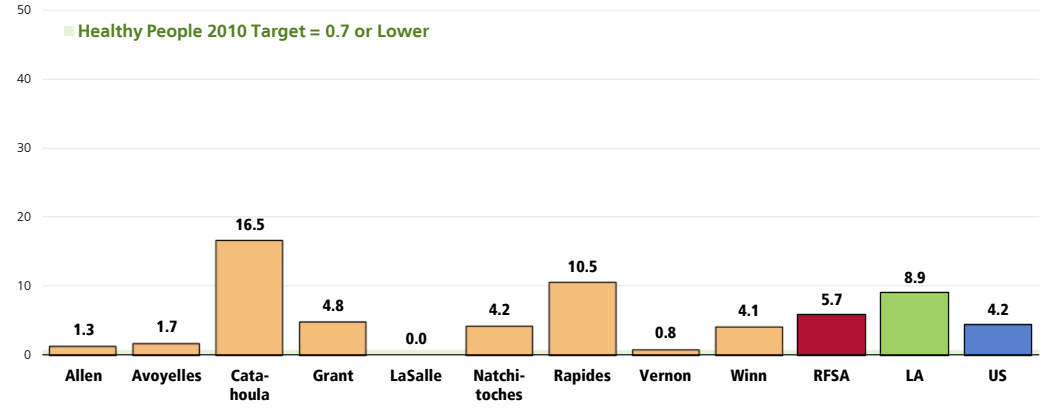
Age-Adjusted HIV/AIDS Deaths

Between 2004 and 2006, there was an annual average age-adjusted HIV/AIDS mortality rate of 5.7 deaths per 100,000 population in the Rapides Foundation Service Area.

- Lower than found statewide (8.9).
- Higher than the 4.2 reported nationally.
- Fails to satisfy the Health People 2010 target.
- HIV mortality is higher in Catahoula and Rapides Parishes; much lower in the remaining parishes.

HIV/AIDS: Age-Adjusted Mortality

(2004-2006 Annual Average Deaths per 100,000 Population)



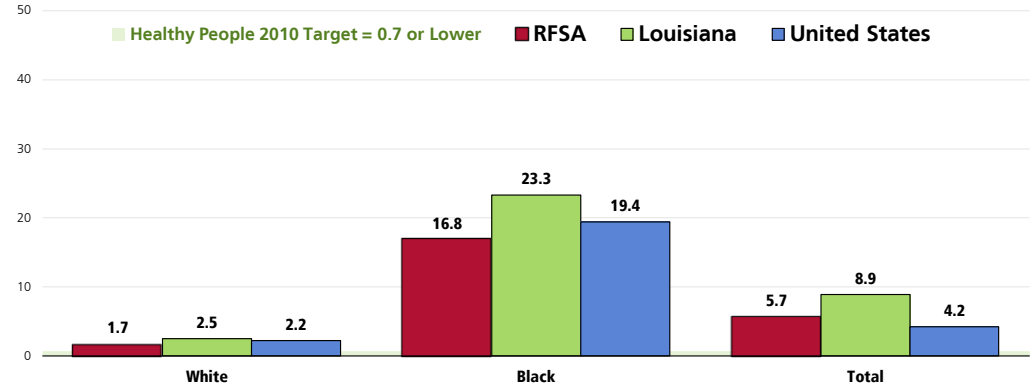
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 13-14]

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 U.S. Standard Population.
Parish, state and national data are simple three-year averages; the RFSA three-year average is weighted by population.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

HIV mortality rates are dramatically higher among Blacks.

HIV/AIDS: Age-Adjusted Mortality by Race

(2004-2006 Annual Average Deaths per 100,000 Population)



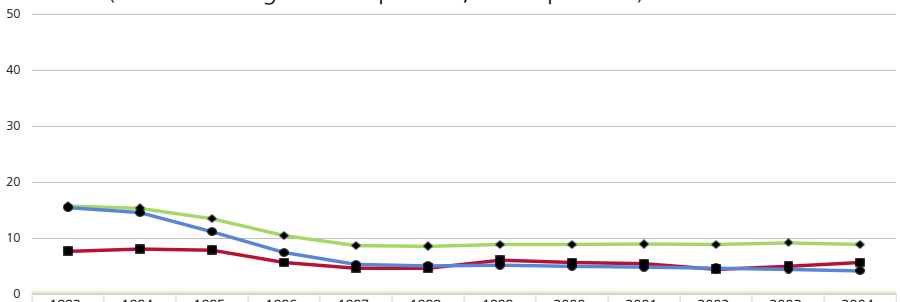
Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 13-14]

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 U.S. Standard Population.
Parish, state and national data are simple three-year averages; the RFSA three-year average is weighted by population.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

HIV mortality rates have decreased in recent years, mirroring the declining trend reported statewide and nationwide.

HIV/AIDS: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1993-1995	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006
Healthy People 2010	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7
RFSA	7.7	8.1	7.9	5.7	4.7	4.7	6.1	5.7	5.5	4.5	5	5.7
Louisiana	15.8	15.4	13.5	10.5	8.7	8.6	8.9	8.9	9	8.9	9.2	8.9
United States	15.5	14.6	11.2	7.5	5.4	5.1	5.2	5.0	4.9	4.7	4.5	4.2

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2010.
Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 13-14]

Notes: Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
NOTE: Deaths for Allen Parish in 2006 are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

HIV/AIDS Cases

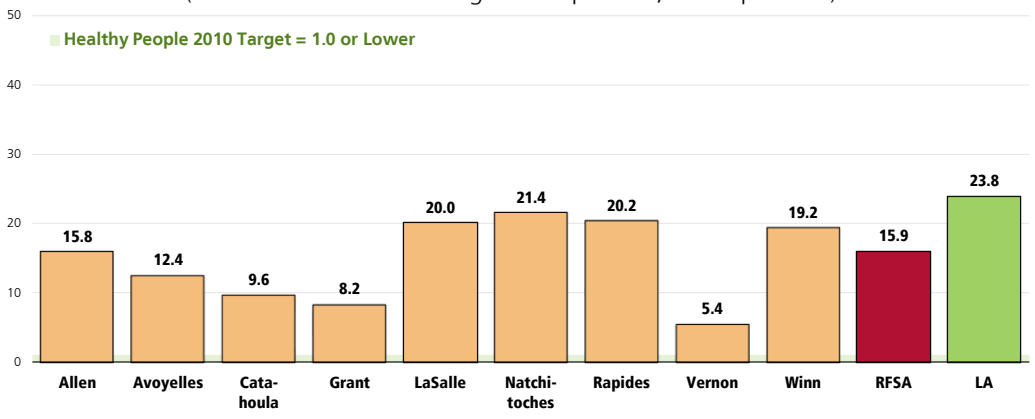
HIV/AIDS Incidence

Between 2004 and 2008, there were 15.9 new HIV/AIDS cases per 100,000 population in the Rapides Foundation Service Area.

- Lower than the Louisiana incidence rate (23.8).
- Fails to satisfy the Healthy People 2010 target.
- Higher among adults in LaSalle, Natchitoches, Rapides and Winn Parishes; lower (more favorable) in the remaining parishes.

HIV/AIDS Incidence

(2004-2008 Annual Average Cases per 100,000 Population)



Sources:
- Louisiana Department of Health and Hospitals.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 13-1]

Notes:
- Rates are annual average new cases per 100,000 population.

- The HIV/AIDS incidence rate has decreased since the early 2000s, echoing the statewide trend.

HIV/AIDS Incidence

(Annual Average Cases per 100,000 Population)

	1999-2003	2004-2008
Healthy People 2010	1.0	1.0
RFSA	23.0	15.9
Louisiana	32.8	23.8

Sources: • Louisiana Department of Health and Hospitals.
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 13-1]
Notes: • Rates are annual average new cases per 100,000 population.

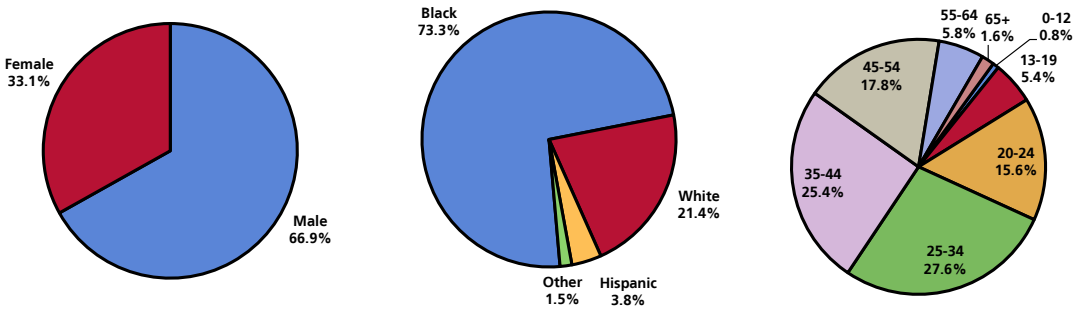
HIV/AIDS Characteristics

The following chart provides an illustration of the demographic characteristics of new HIV/AIDS cases in the RFSA. Note:

- Incidence was much more prominent in **males**.
- **Black** residents made up the majority of new cases.
- The greatest proportion of new cases occurred in the **25-44** age group.

Characteristics of New HIV Cases

(2004-2008)

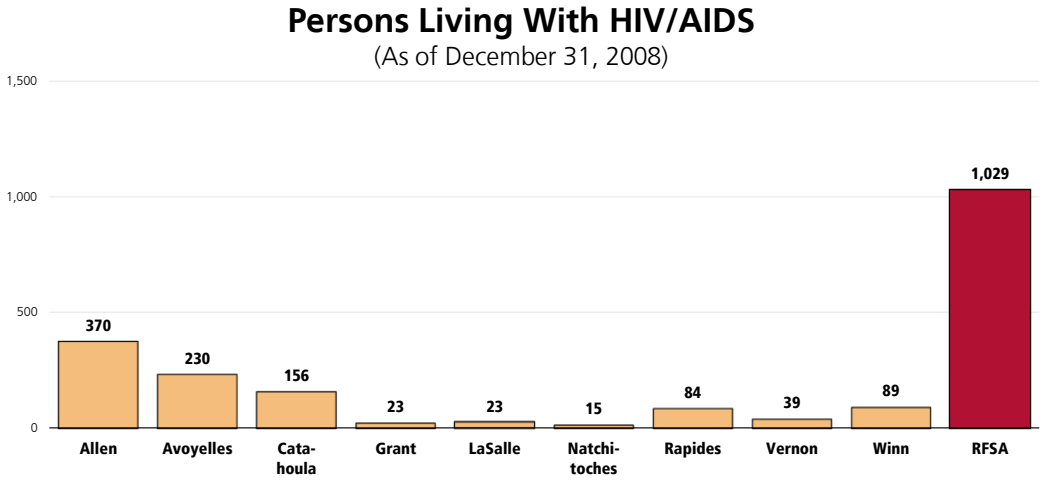


Sources: • Louisiana Department of Health and Hospitals.

Persons Living With HIV/AIDS

As of the end of 2008, there were 1,029 RFSA residents living with HIV/AIDS.

- Of these people, 370 live in Allen Parish, 230 live in Avoyelles Parish, and 156 live in Catahoula Parish.



Sources: • Louisiana Department of Health and Hospitals.

Sexually Transmitted Diseases

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

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

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

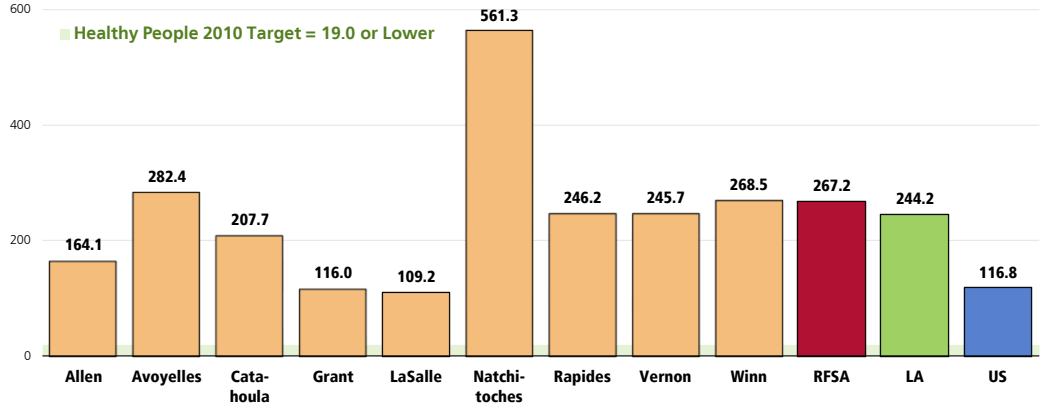
Gonorrhea

Between 2006 and 2008, the annual average gonorrhea incidence rate was 267.2 cases per 100,000 population in the Rapides Foundation Service Area.

- Higher than the Louisiana incidence rate (244.2).
- Much higher than the national incidence rate (116.8).
- Far from satisfying the Healthy People 2010 target.
- Dramatically higher in Natchitoches Parish (561.3).

Gonorrhea Incidence

(2006-2008 Annual Average Cases per 100,000 Population)



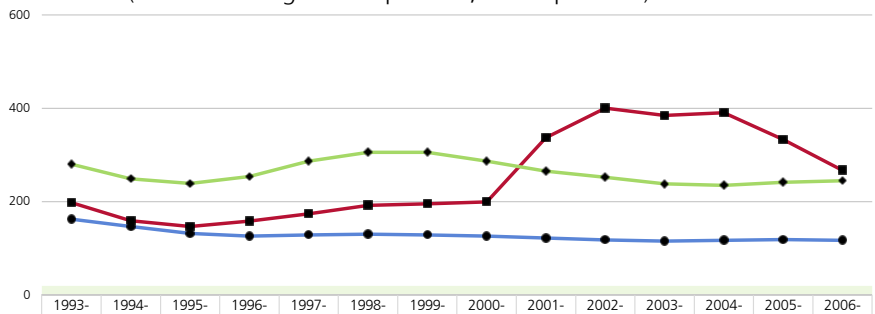
Sources:
- Louisiana Department of Health and Hospitals.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 25-2]

Notes:
- Rates are annual average new cases per 100,000 population.

Gonorrhea rates increased significantly across the RFSA in the early to mid-2000s, but have since subsided. Note the decreasing trends reported both statewide and nationwide.

Gonorrhea Incidence

(Annual Average Cases per 100,000 Population)



	1993-1995	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008
Healthy People 2010	19.0	19.0	19.0	19.0	19.0	19.0	19.0	19.0	19.0	19.0	19.0	19.0	19.0	19.0
RFSA	197.4	158.6	146.3	157.9	173.9	191.6	194.8	199.4	336.6	400.2	385.0	390.3	333.0	267.2
Louisiana	279.8	248.7	238.6	254.0	286.3	305.7	305.7	286.3	264.9	251.6	237.5	234.7	241.3	244.2
United States	162.4	146.1	131.5	126.0	128.1	130.3	128.3	125.8	121.7	117.2	115.1	116.7	118.2	116.8

Sources:
- Louisiana Department of Health and Hospitals.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 25-2]

Notes:
- Rates are annual average new cases per 100,000 population.

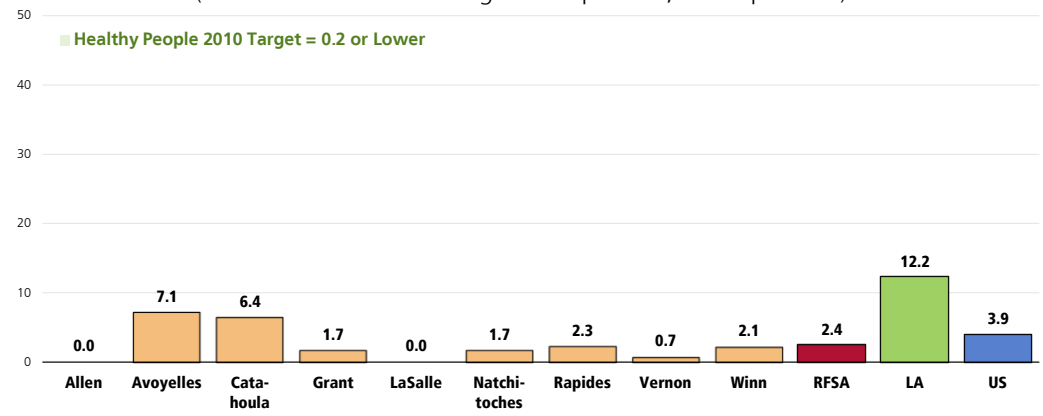
Syphilis

Between 2006 and 2008, the annual average primary/secondary syphilis incidence rate was 2.4 cases per 100,000 population in the Rapides Foundation Service Area.

- Notably lower than the Louisiana incidence rate (12.2).
- Lower than the national incidence rate (3.9).
- Fails to satisfy the Healthy People 2010 target.
- Highest in Avoyelles and Catahoula Parishes; lower in the remaining parishes.

Primary/Secondary Syphilis Incidence

(2006-2008 Annual Average Cases per 100,000 Population)



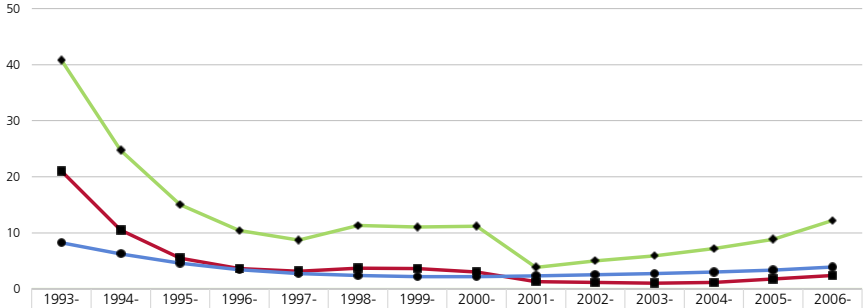
Sources:
- Louisiana Department of Health and Hospitals.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 25-2]

Notes:
- Rates are annual average new cases per 100,000 population.

After decreasing significantly in the 1990s, the RFSA syphilis incidence appears to be on the rise once again.

Primary/Secondary Syphilis Incidence

(Annual Average Cases per 100,000 Population)



	1993-1995	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008
Healthy People 2010	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
RFSA	21.0	10.5	5.5	3.6	3.1	3.7	3.6	3.0	1.3	1.2	1.0	1.2	1.7	2.4
Louisiana	40.8	24.7	15.0	10.4	8.7	11.3	11.0	11.2	3.8	5.0	5.9	7.2	8.8	12.2
United States	8.2	6.2	4.6	3.4	2.7	2.4	2.2	2.2	2.3	2.5	2.7	3.0	3.4	3.9

Sources:
- Louisiana Department of Health and Hospitals.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 25-2]

Notes:
- Rates are annual average new cases per 100,000 population.

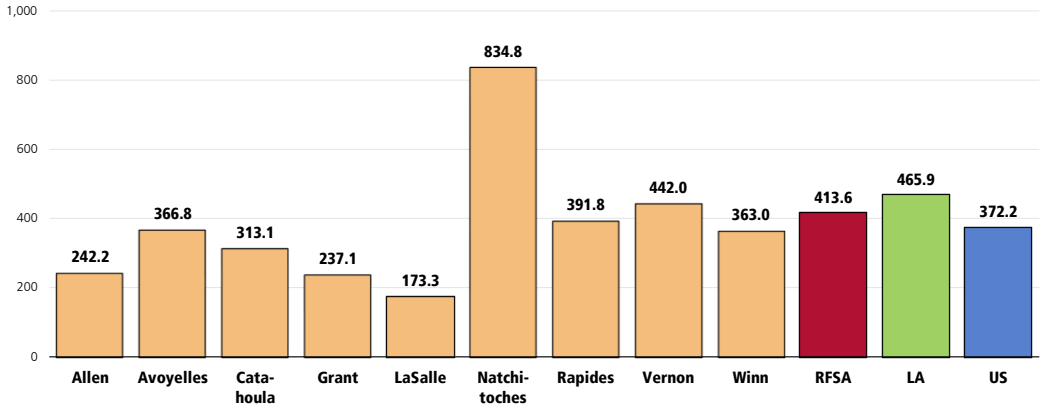
Chlamydia

Between 2006 and 2008, the annual average chlamydia incidence rate was 413.6 cases per 100,000 population in the Rapides Foundation Service Area.

- Lower than the Louisiana incidence rate (465.9).
- Higher than the national incidence rate (372.2).
- Natchitoches Parish had an exceptionally high rate in 2006-2008.

Chlamydia Incidence

(2006-2008 Annual Average Cases per 100,000 Population)



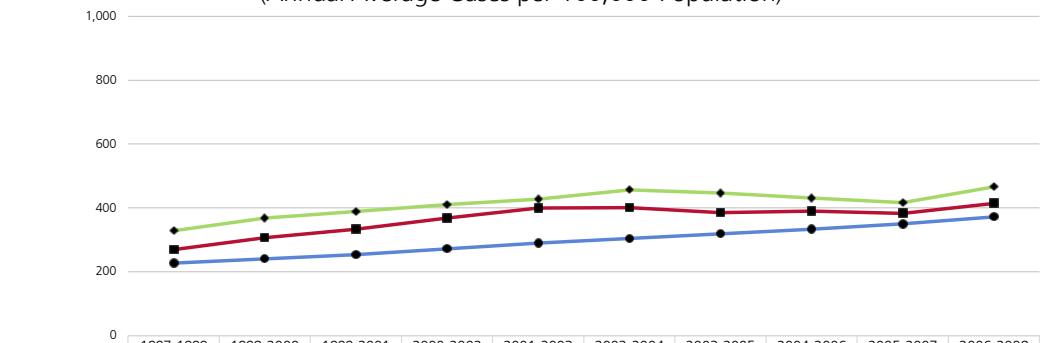
Sources:
- Louisiana Department of Health and Hospitals.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes:
- Rates are annual average new cases per 100,000 population.

Chlamydia incidence has increased in recent years across the RFSA, echoing the trends across Louisiana and the US overall.

Chlamydia Incidence

(Annual Average Cases per 100,000 Population)



	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008
RFSA	269.5	306.9	332.9	368.4	399.6	400.2	385.0	390.3	382.0	413.6
Louisiana	328.3	368.3	388.3	409.7	427.2	456.1	446.2	430.4	415.8	465.9
United States	226.5	240.4	253.0	270.8	289.4	304.4	318.8	333.3	349.3	372.2

Sources:
- Louisiana Department of Health and Hospitals.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes:
- Rates are annual average new cases per 100,000 population.

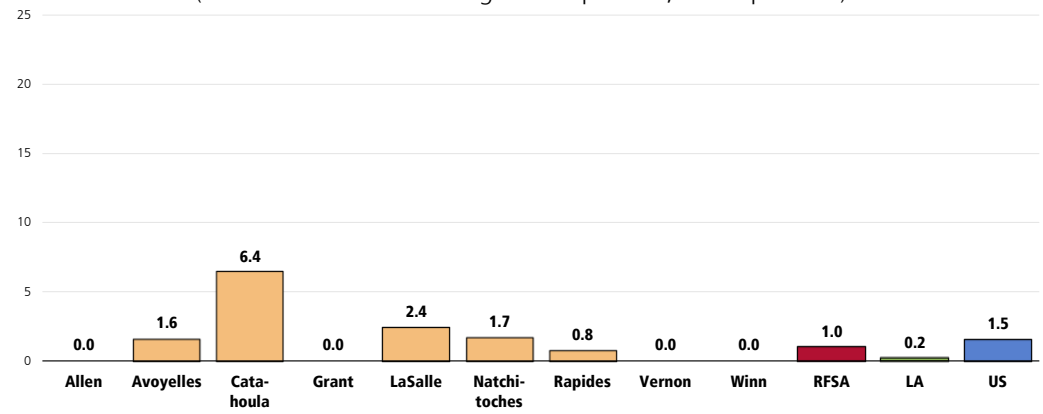
Acute Hepatitis B

Between 2006 and 2008, the annual average hepatitis B incidence rate was 1.0 case per 100,000 population in the Rapides Foundation Service Area.

- Higher than the Louisiana incidence rate (0.2).
- Lower than the national incidence rate (1.5).
- Particularly high in Catahoula Parish.

Hepatitis B (Acute) Incidence

(2006-2008 Annual Average Cases per 100,000 Population)



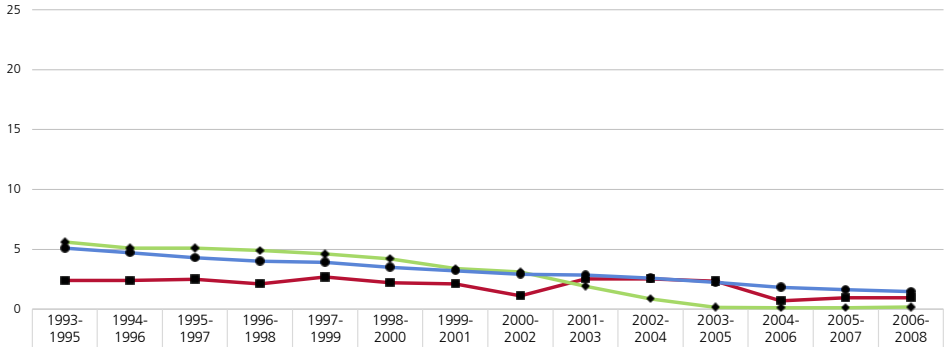
Sources:
- Louisiana Department of Health and Hospitals.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes:
- Rates are annual average new cases per 100,000 population.

Hepatitis B incidence has decreased across the RFSA over time.

Hepatitis B (Acute) Incidence

(Annual Average Cases per 100,000 Population)



	1993-1995	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008
RFSA	2.4	2.4	2.5	2.1	2.7	2.2	2.1	1.1	2.5	2.5	2.3	0.7	1.0	1.0
Louisiana	5.6	5.1	5.1	4.9	4.6	4.2	3.4	3.1	1.9	0.9	0.1	0.1	0.1	0.2
United States	5.1	4.7	4.3	4.0	3.9	3.5	3.2	2.9	2.9	2.6	2.2	1.8	1.6	1.5

Sources:
- Louisiana Department of Health and Hospitals.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes:
- Rates are annual average new cases per 100,000 population.

HOUSING

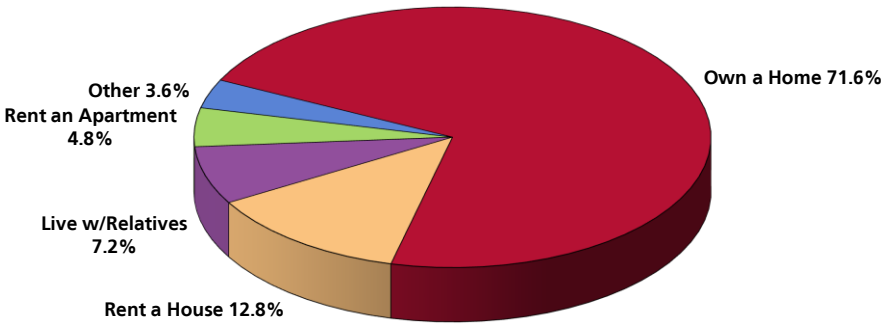
Housing Conditions

Type of Dwelling

The majority of RFSA residents (71.6%) own their own homes, while 17.6% rent a house or apartment.

- Another 7.2% live with family members.
- Note that relatively high proportions of adults in Natchitoches and Vernon Parishes rent, as opposed to own, their housing (not shown).

Type of Dwelling
(Rapides Foundation Service Area, 2010)



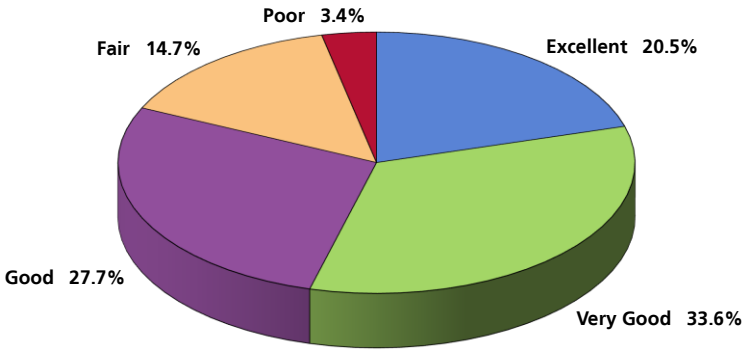
Sources: • 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 114]
Notes: • Asked of all respondents.

Condition of Local Housing

More than one-half (54.1%) of survey respondents consider the condition of neighborhood homes to be "excellent" or "very good."

- Another 27.7% gave good ratings.

Rating of Condition of Neighborhood Homes
(Rapides Foundation Service Area, 2010)

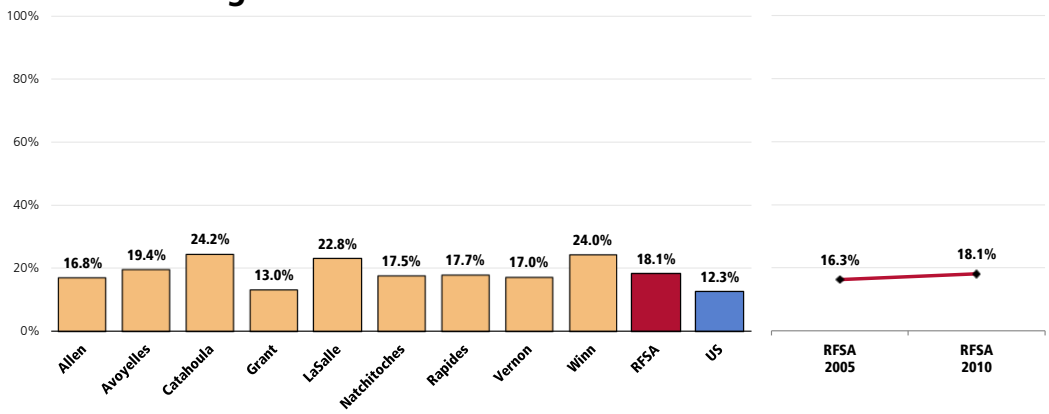


Sources: • 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 115]
Notes: • Asked of all respondents.

However, 18.1% of RFSA residents consider the condition of homes in their neighborhoods to be "fair" or "poor."

- Less favorable than the 12.3% reported nationally.
- Highest in Catahoula and Winn Parishes.
- Statistically unchanged since 2005.

Perceive Condition of Neighborhood Homes to Be "Fair" or "Poor"



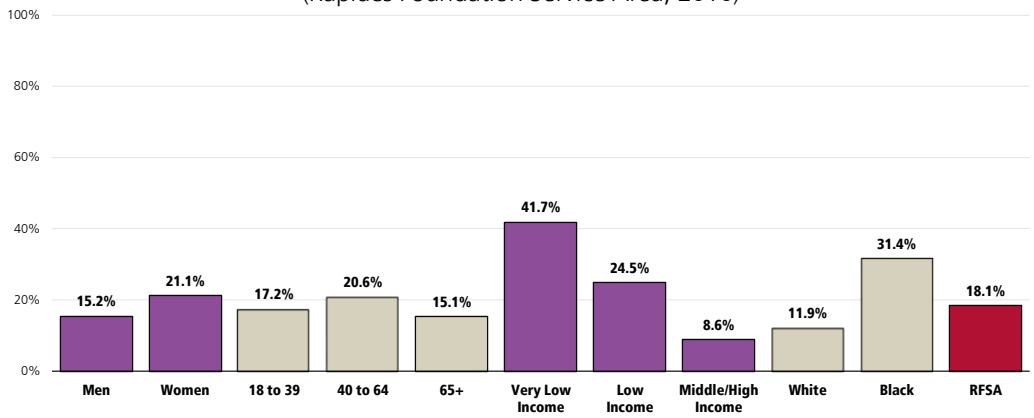
Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 115]
2008 PRC Quality of Life Survey, Professional Research Consultants.
Notes: Asked of all respondents.

Viewed by demographic segment, residents more likely to give low ratings of the condition of neighborhood homes include the following:

- Women.
- Adults aged 40 to 64.
- Residents living at lower incomes (note the negative correlation).
- Blacks.

Perceive Condition of Neighborhood Homes to Be "Fair" or "Poor"

(Rapides Foundation Service Area, 2010)



Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 115]
Notes: Asked of all respondents.
Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

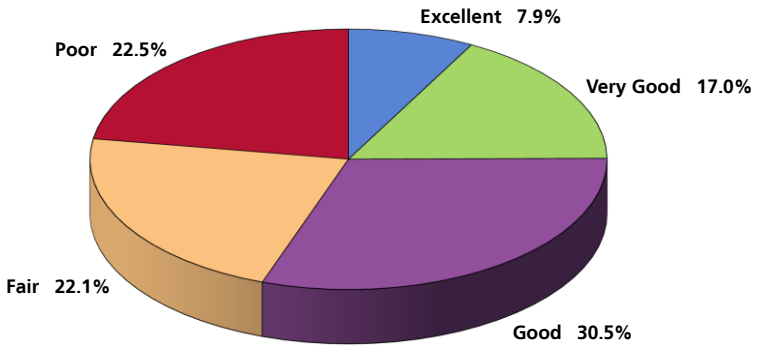
Housing Affordability

Availability of Affordable Housing

When asked to rate the availability of affordable local housing, just one-fourth (24.9%) of survey respondents gave "excellent" or "very good" opinions.

- Another 30.5% gave "good" ratings.

Rating of the Availability of Affordable Local Housing
(Rapides Foundation Service Area, 2010)

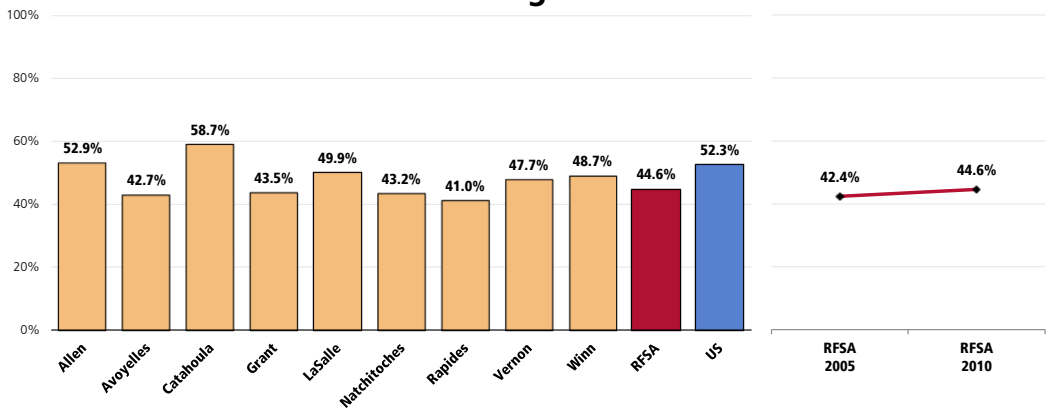


Sources: • 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]
Notes: • Asked of all respondents.

However, 44.6% of RFSA residents consider the affordability of homes in their neighborhoods to be "fair" or "poor."

- More favorable than the 52.3% reported nationally.
- Least favorable in Allen and Catahoula Parishes.
- Statistically unchanged since 2005.

Perceive the Availability of Affordable Local Housing to Be "Fair" or "Poor"



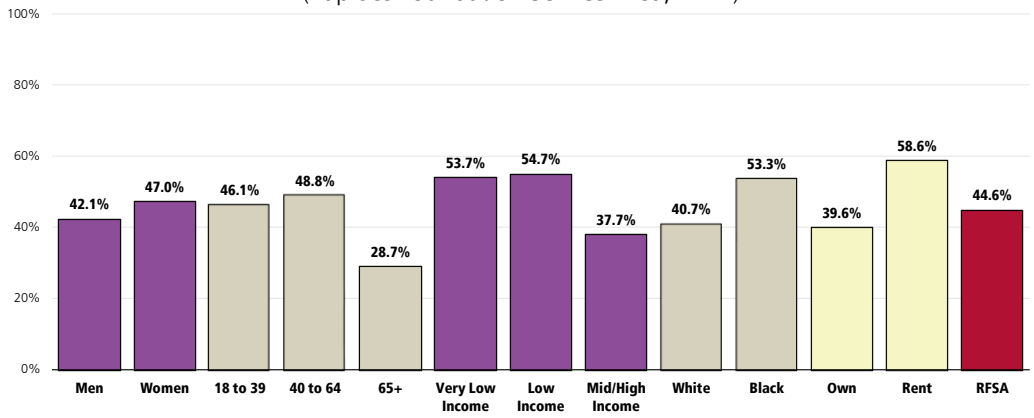
Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 112]
2008 PRC Quality of Life Survey, Professional Research Consultants.
Notes: Asked of all respondents.

Segmented by demographic characteristic, residents more likely to give low ratings of the availability of affordable homes in the community include:

- Women.
- Residents under age 65.
- Low-income and very low-income residents.
- Blacks.
- As may be expected, survey respondents who rent are more likely to give low ratings than those who own their own homes.

Perceive the Availability of Affordable Local Housing to Be "Fair" or "Poor"

(Rapides Foundation Service Area, 2010)



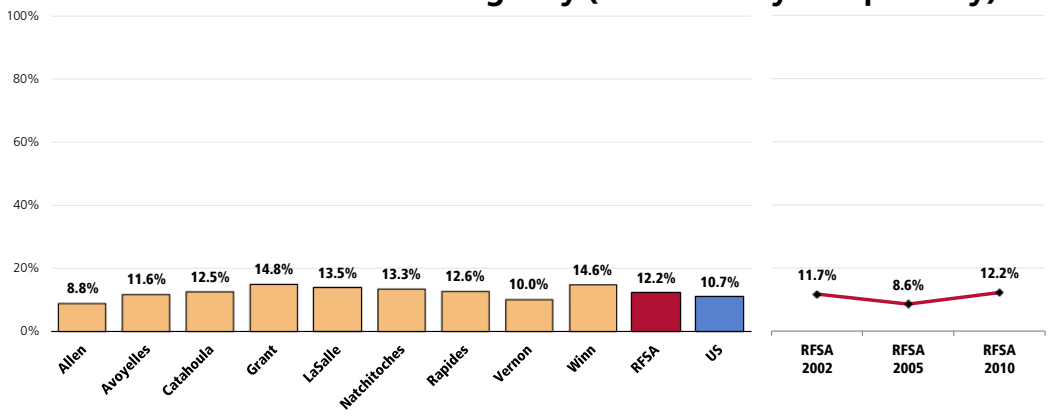
Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]
Notes: Asked of all respondents.
Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Housing Displacement

A total of 12.2% of survey respondents have had to live with a friend or relative at some point in the past two years, even if only temporarily, because of an emergency.

- Statistically similar to the 10.7% reported across the US.
- Highest (14.8%) in Grant Parish.
- Higher than reported in 2005, but statistically similar to 2002 findings.

Had to Live With a Friend/Relative in the Past 2 Years Due to an Emergency (Even if Only Temporarily)



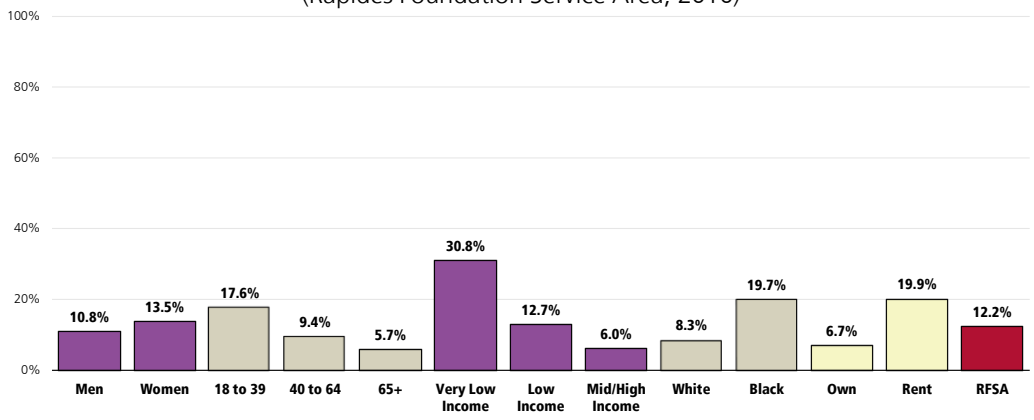
Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 113]
2008 PRC Quality of Life Survey, Professional Research Consultants.
Notes: Asked of all respondents.

Segmented by demographic characteristic, residents more likely to report having to live with a friend or relative in the past two years include:

- Women.
- Young adults.
- Respondents with very low incomes.
- Blacks.
- Respondents who currently rent were more likely to indicate having to live with a friend or relative.

Had to Live With a Friend/Relative in the Past 2 Years Due to an Emergency (Even if Only Temporarily)

(Rapides Foundation Service Area, 2010)



Sources: 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 113]
Notes: Asked of all respondents.
Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

PERCEPTIONS OF TEEN ISSUES

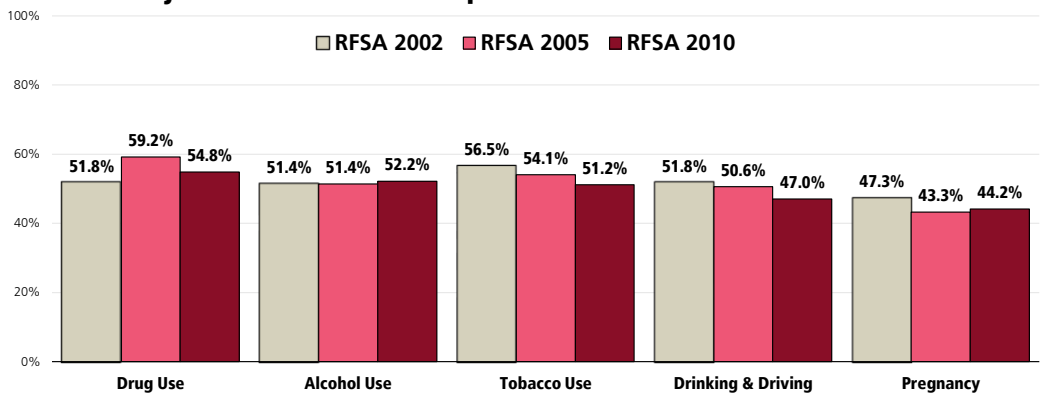
Issues Perceived as "Major Problems" for Teens

In this instance, survey respondents were presented with five issues facing teenagers and asked to rate each as a "major problem," "moderate problem," "minor problem" or "no problem at all" in their own community.

Of the tested issues, teenage drug use, alcohol use and tobacco use were most often identified as "major problems" for teens in RFSA communties (each receiving over 50% "major problem" responses).

- Evaluations of **teen drug use** are lower than reported in 2005, but higher than first reported in 2002.
- Evaluations of **teen alcohol use** have remained steady.
- Evaluations of **teen tobacco use** have declined as being perceived as a "major problem."
- "Major problem" evaluations of teen drinking and driving and teen pregnancy have also declined since 2002.

Teen Issues Perceived As "Major" Problems In Rapides Foundation Service Area



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 107-111]
Notes: • Asked of all respondents.

DEMOGRAPHIC PROFILE

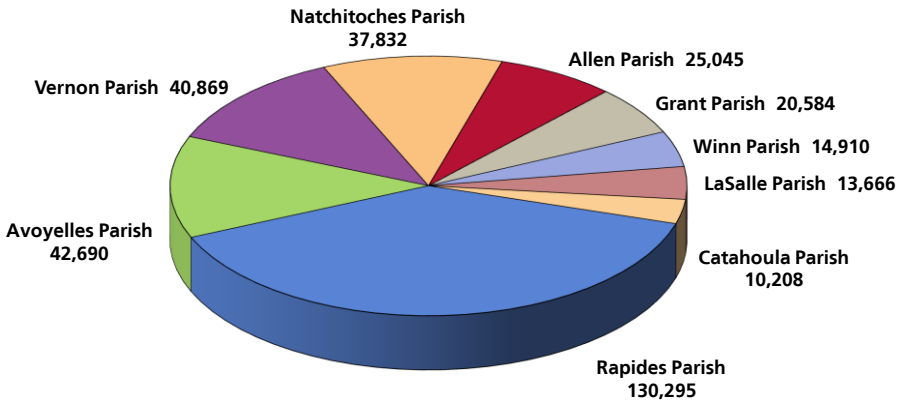
Population

The 2009 estimated population for the nine-parish area comprising The Rapides Foundation Service Area is 336,099 residents. The following chart illustrates the individual parish population figures, equivalent to the following proportions:

- Rapides Parish (38.8% of the RFSA population)
- Avoyelles Parish (12.7%)
- Vernon Parish (12.2%)
- Natchitoches Parish (11.3%)
- Allen Parish (7.5%)
- Grant Parish (6.1%)
- Winn Parish (4.4%)
- LaSalle Parish (4.1%)
- Catahoula Parish (3.0%)

Population Distribution of The Rapides Foundation Service Area

(2009 Estimated Population)

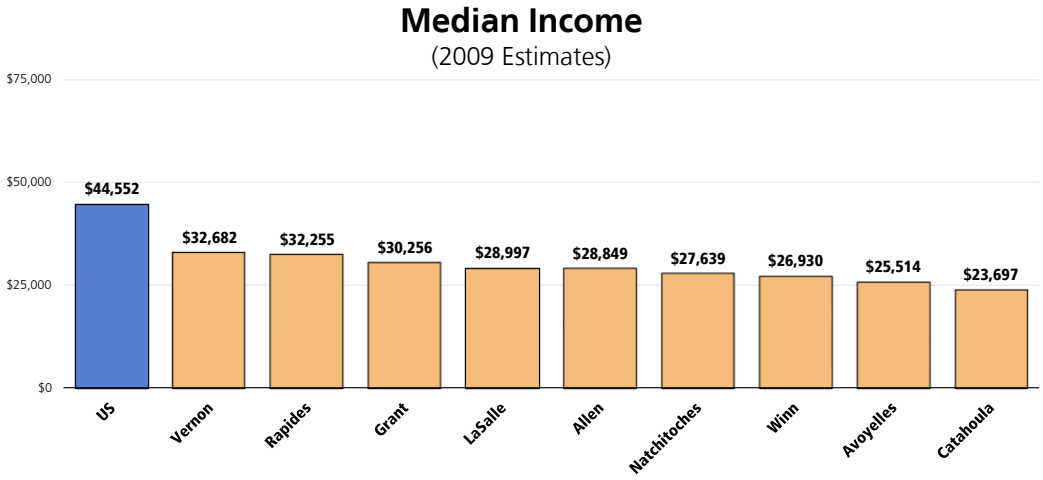


Sources: • 2009 Estimates, Projections, and Consumer Expenditures: Estimates and Projections Summary Report. EPCE Pro 2009-2014. Geolytics, Inc.

Income

Estimated median incomes in the RFSA range from a low of $23,697 in Catahoula Parish to a high of $32,682 in Vernon Parish (just above that in Rapides Parish).

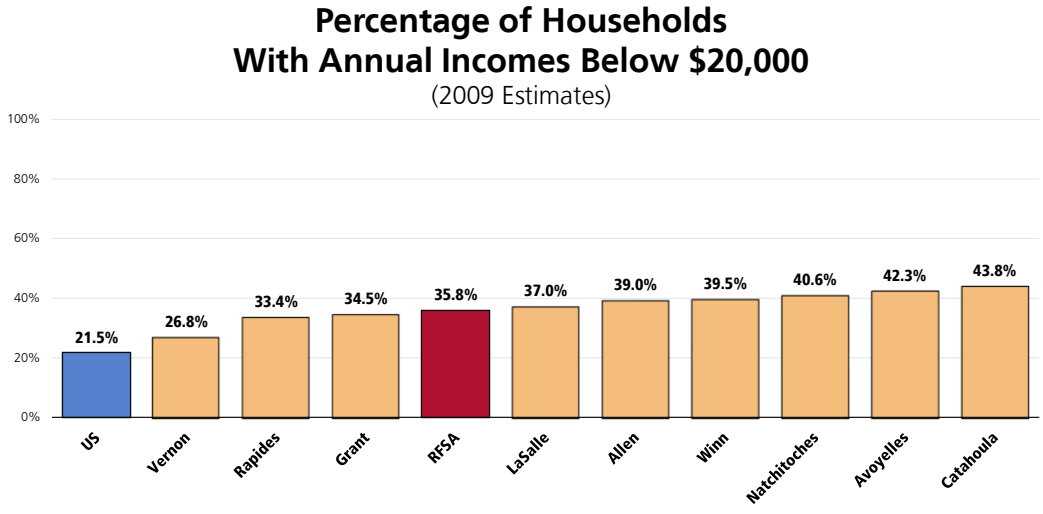
- However, note that these are substantially below the US median income of $44,552.



Sources: • 2009 Estimates, Projections, and Consumer Expenditures: Estimates and Projections Summary Report. EPCE Pro 2009-2014. Geolytics, Inc.

In all, an estimated 35.8% of RFSA households have annual incomes below $20,000.

- Highest (least favorable) in Catahoula Parish; lowest (most favorable) in Vernon Parish.
- The estimated US proportion of households with annual incomes below $20,000 (21.5%) is lower than found for any of the service area parishes.



Sources: • 2009 Estimates, Projections, and Consumer Expenditures: Estimates and Projections Summary Report. EPCE Pro 2009-2014. Geolytics, Inc.

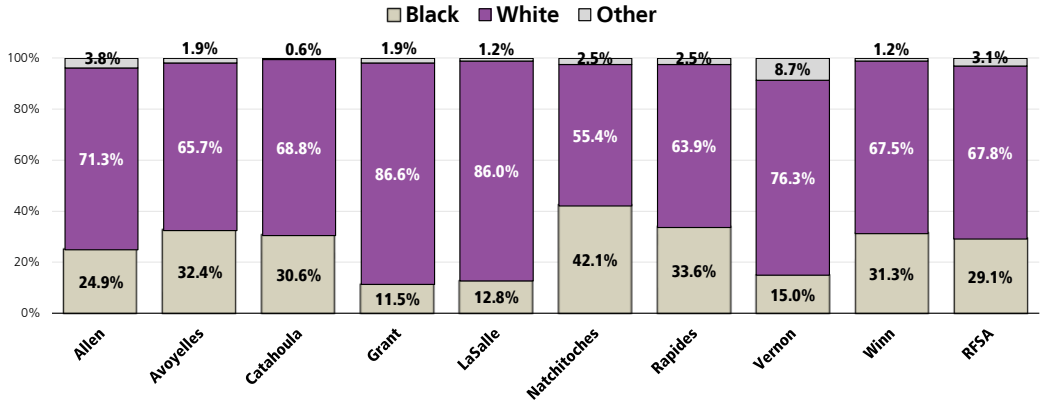
Race

A total of 67.8% of the RFSA population is White, 29.1% is Black/African American, and 3.1% is other races. The RFSA has a much larger proportion of the population that is Black/African American than the nation as a whole.

- Note that Grant and LaSalle Parishes have notably lower proportions of Blacks when compared with other parishes in the service area.

Racial Distribution of the Population

(2009 Estimated Population)



Sources: 2009 Estimates, Projections, and Consumer Expenditures: Estimates and Projections Summary Report. EPCE Pro 2009-2014. Geolytics, Inc.
Notes: Race includes Hispanics who also identify with a race category (White, Black, Other).

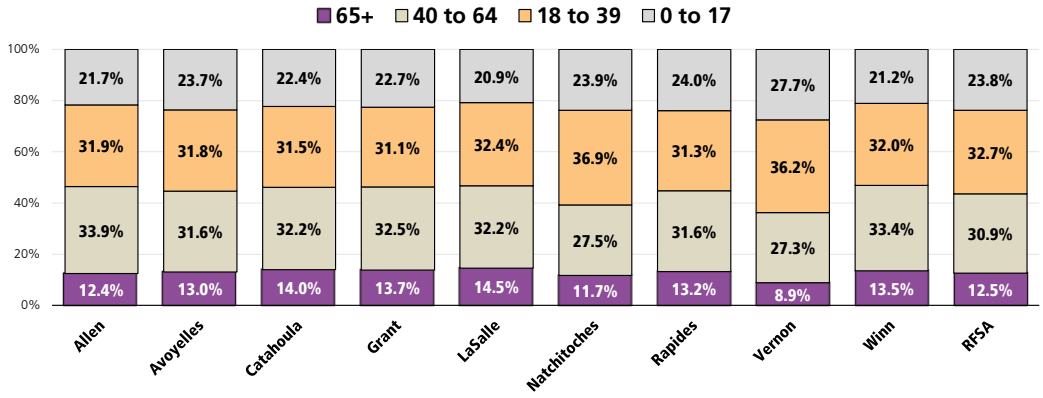
Age

In the RFSA, 23.8% of the population is under the age of 18 years. Another 32.7% of residents are 18 to 39, and 30.9% are between 40 and 64 years of age. A total of 12.5% of the RFSA population is age 65 or older.

- Vernon Parish has the highest proportion of young adults, and the lowest proportion of seniors age 65 or older.

Age Distribution of the Population

(2009 Estimated Population)



Sources: 2009 Estimates, Projections, and Consumer Expenditures: Estimates and Projections Summary Report. EPCE Pro 2009-2014. Geolytics, Inc.