

2002 PRC Community Health Assessment

LaSalle Parish, Louisiana

Community Report *Prepared for The Rapides Foundation*

*... Never doubt that a small group of thoughtful, committed citizens
can change the world; indeed, it's the only thing that ever has.*
—Margaret Mead

For more information, please contact:



THE RAPIDES FOUNDATION

(318) 443-3394 (800) 994-3394 www.rapidesfoundation.org



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SUMMARY OF ASSESSMENT FINDINGS

Summary of Findings

Key Points

HEALTH STATUS

There are many indicators of health status in LaSalle Parish that are comparable to or better than national benchmarks. For example, in LaSalle Parish, death rates related to breast cancer, respiratory disease, diabetes, homicide and suicide are below the U.S. rates. Reports of murder, rape and robbery are lower than are found nationally, and fewer people report being the victim of a violent crime. The infant and neonatal death rates are also lower. Also, the incidence of new cases of chlamydia, gonorrhea, syphilis, hepatitis A and hepatitis B are below national rates.

However, in comparison to national benchmarks, health status in LaSalle Parish is below average in many regards:

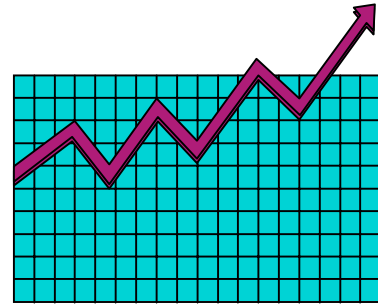
Self-Reported Health Status. A significantly greater share of LaSalle Parish adults report “fair” or “poor” physical health in the past month.

Obesity. Almost two-thirds of LaSalle Parish adults are overweight, and one-third are obese. Almost two-thirds of adults have an unhealthy weight, which includes being underweight. These levels are significantly higher than reported nationwide. Of parish adults who are overweight, only 28.9% are trying to lose weight. This is lower than the U.S. rate.

Mental Health. Almost one-third of LaSalle Parish adults report bouts of depression lasting two or more years during their lives. More than 40% of adults felt worried, tense or anxious more than three days within the past month. These levels are higher than found nationwide. About one-third of people with depression in LaSalle Parish have sought professional help, which is lower than the national average.

Causes of Death. Compared to U.S. rates, age-adjusted death rates for most leading causes of death are higher in LaSalle Parish, particularly for heart disease, cancer, influenza/pneumonia, motor vehicle accidents and stroke (keep in mind that age-adjusted rates account for any difference in the ages of the populations compared).

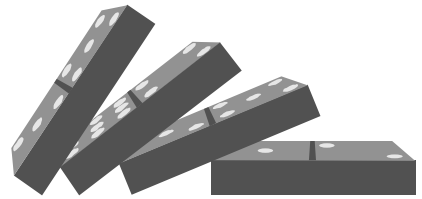
Chronic Illness. In terms of self-reported illnesses, a greater percentage of LaSalle Parish adults report suffering from arthritis/rheumatism, diabetes, stroke and chronic lung disease than found nationwide.



Infant Health. Indicators of infant health compare unfavorably to national indicators and *Healthy People 2010* targets, including births to teenagers, lack of prenatal care and low-weight births.

MODIFIABLE HEALTH RISKS

In comparison to national averages, positive findings relating to modifiable health risk behavior in LaSalle Parish include a lower proportion of adults who use alcohol or who report illegal or prescription drug abuse, and a higher proportion of adults with high blood pressure who are taking action to control their condition.



Risk behaviors that compare unfavorably to national averages include:

Cardiovascular Risk. A high percentage of LaSalle Parish adults (92.4%) present one or more risk factors or behaviors for heart disease and stroke.

Nutrition. LaSalle Parish adults more often report having diets high in fat and less often report eating enough vegetables and/or fruits or using food labels to make nutritious food selections.

Physical Activity. More than one-fourth of LaSalle Parish adults report not engaging in any type of physical activity outside of work.

Tobacco. About one-fourth of LaSalle Parish adults smoke more than one pack of cigarettes per day, significantly higher than the national average. A total of 8.4% of LaSalle Parish adults use smokeless tobacco, which is more than twice the national rate.

Substance Abuse. The percentage of adults in LaSalle Parish who sought help for an alcohol or drug problem is significantly lower than the national average.

Blood Pressure: In comparison to the nation as a whole, LaSalle Parish exhibits significantly high proportions of adults reporting high blood pressure. In fact, the percentage of adults reporting high blood pressure fails to satisfy the *Healthy People 2010* target.

PREVENTION

Regarding preventive care measures, a significantly greater percentage of infants and toddlers in LaSalle Parish are properly immunized. Significantly more LaSalle Parish adults report they have had a routine checkup in the past year. Also, a significantly greater percentage of LaSalle Parish children have visited a dentist in the past year.

Areas for which LaSalle Parish compares unfavorably to national benchmarks include:

Dental Care. A low percentage of adults report having visited a dentist or dental professional in the past year, which does not satisfy the *Healthy People 2010* target.

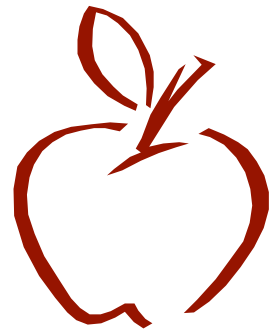
Eye Care. The percentage of adults who have had an eye exam in the past year is significantly lower than the national average.

Colorectal Cancer Screening. The proportion of LaSalle Parish adults age 50 and older who have had a digital rectal exam in the past year is significantly lower than the U.S. finding.

Blood Stool Screening. The percentage of adults who have had a blood stool test in the past two years is significantly lower than the national rate and does not satisfy the *Healthy People 2010* target.

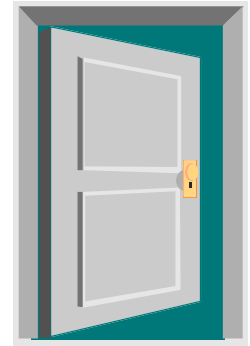
Testicular Cancer Screening. A significantly lower proportion of men have ever had a testicular exam by a physician. Of those who know how to conduct a testicular self-exam, only 7.6% perform the test every month. Also, a significantly greater percentage of LaSalle Parish men do not know how to perform a testicular self-exam.

Safety Seat/Seat Belt Usage. A low proportion of LaSalle Parish parents of children younger than 5 report that their child “always” uses a child safety seat when riding in an automobile. Also, relatively few adults “always” wear a seat belt. These percentages do not satisfy the *Healthy People 2010* targets.



ACCESS

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



While some indicators of access are comparable to national benchmarks, several appear to have a much stronger impact in LaSalle Parish:

Health Insurance Coverage. A total of 24.3% of LaSalle Parish adults between the ages of 18 and 64 are without any type of insurance coverage for health care. This is significantly worse than the state and national averages and far from reaching the *Healthy People 2010* goal of universal coverage.

Cost of Medical Care. Cost was prohibitive for a significantly higher portion of LaSalle Parish adults who needed medical attention within the past year.

Transportation. Lack of transportation to health care services impacts a greater share of adults in LaSalle Parish than found nationally.

Cost of Prescriptions. A total of 18.3% of LaSalle Parish adults have gone without a needed prescription in the past year because they could not afford it, almost twice the national average.

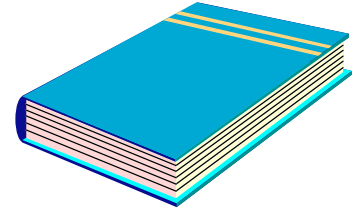
Emergency Room Utilization. A significantly higher percentage of LaSalle Parish adults have used a local emergency room more than once in the past year.

Rating of Local Health Care. Compared to adults across the nation, a significantly lower share of LaSalle Parish adults rate local health care as “excellent” or “very good.”

EDUCATION & OUTREACH

Throughout the community health panels, participants stressed that education is crucial to improving the community's health status — whether that is health education through the schools, disseminating information to the public or increased communication and coordination of services among providers.

Furthermore, health panel members emphasized the need to involve the entire community in health improvement efforts.



YOUTH

Risk Behaviors. In comparison to national data, some of the key findings from the 1997 Central Louisiana Youth Risk Factor Survey conducted for The Rapides Foundation by the Tulane School of Public Health and Tropical Medicine include:

- High youth tobacco use
- High binge drinking; drinking and driving
- High percentage trying inhalants and steroids
- Low seat belt usage
- High prevalence of physical fighting
- Poor nutrition
- Low proportion who have been taught about HIV/AIDS

Top Perceived Issues. Adult survey respondents in 2002 identified the following as the most significant adolescent health problems facing LaSalle Parish: **drinking and driving, alcohol use, youth tobacco use, drug use and teen pregnancy.**

INTRODUCTION

Project Overview

The Rapides Foundation, dedicated to improving the quality of life in Central Louisiana, is one of the largest grant-making foundations per capita in the Southeast. The Foundation contracted with Professional Research Consultants, Inc., to conduct a community health assessment in its service area to better inform their grant-making decisions based on current, valid, and parish-specific data. The *2002 Community Health Assessment* is designed to build on the work begun by The Rapides Foundation in 1997 with assistance from the Tulane School of Public Health and Tropical Medicine.

Project Goals

The *2002 Community Health Assessment* is a systemic, data-driven approach to determining the health status, behaviors and needs of residents in Central Louisiana. The *Community Health Assessment* provides the information needed to consider when developing effective interventions so that communities and parishes may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status.

This *Community Health Assessment* will serve as a tool toward reaching three basic goals:

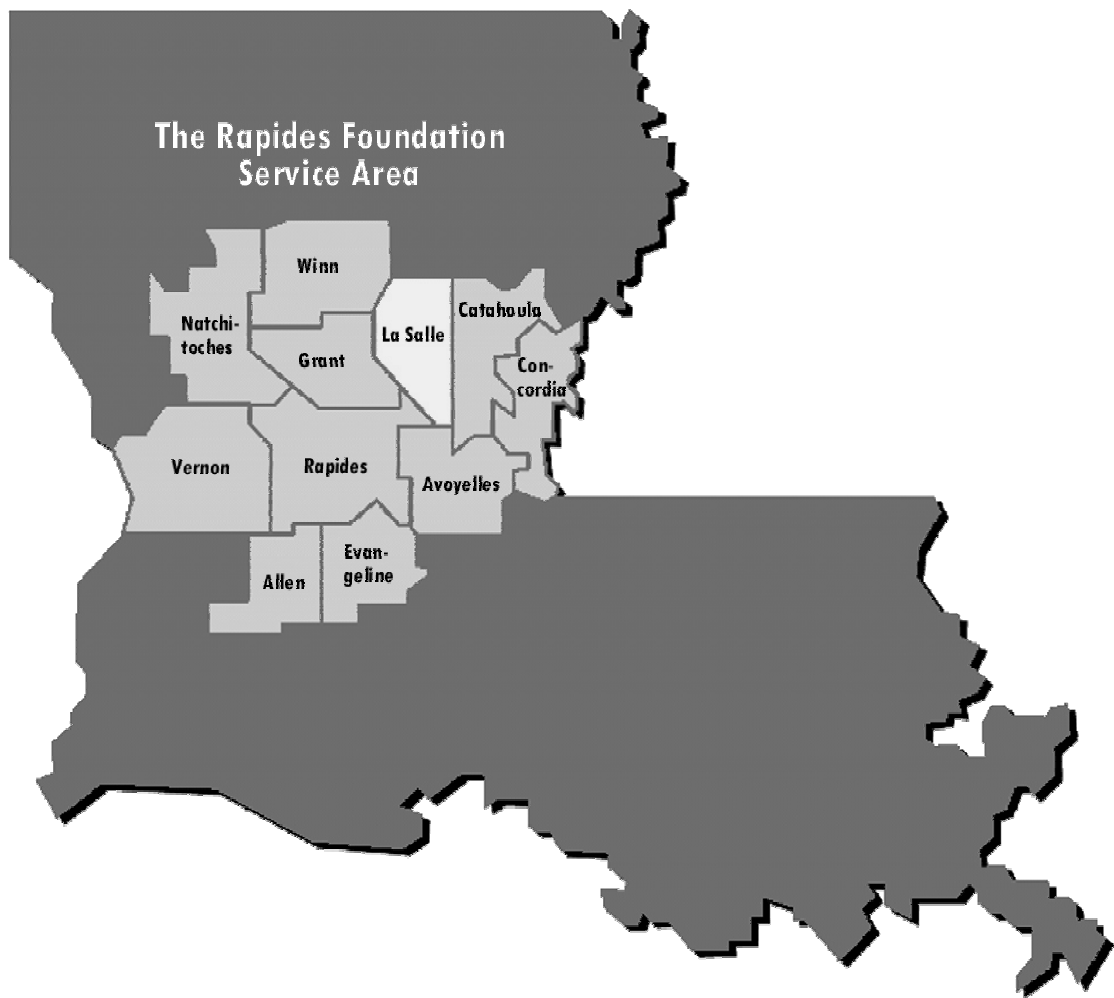
- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health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



Community Defined for This Assessment

This report focuses on the health findings in LaSalle Parish, Louisiana.

This assessment is part of a larger assessment addressing the needs throughout an 11-parish area in Central Louisiana that makes up the Rapides Foundation Service Area. These include Allen, Avoyelles, Catahoula, Concordia, Evangeline, Grant, LaSalle, Natchitoches, Rapides, Vernon and Winn Parishes.



Methodology

There are three components that are essential in rendering a complete picture of the health of a community: the community health survey (primary quantitative data); existing data (secondary quantitative data); and community health panels (primary qualitative data).

- The **PRC Community Health Survey** developed for LaSalle Parish gives us a remarkably complete and accurate view of the health status of area residents through a randomized telephone survey of the health and behaviors of community members.
- **Existing data** — especially public health data and statewide and nationwide risk assessments — complement the survey process and, in some cases, provide a benchmark against which the results of the survey may be compared.
- **Community Health Panels** offer a unique perspective by gathering, in a focus group setting, individuals who are leaders of or have special insight to different segments of the population.

Community Health Survey

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the **2002 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.

Sample Design

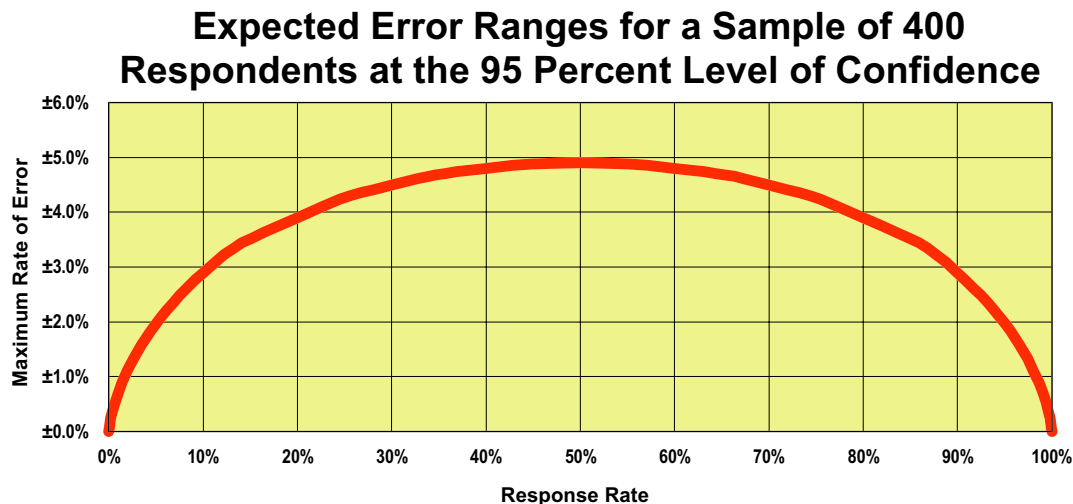
The sample design utilized for this effort consists of a random sample of 411 individuals age 18 and older in LaSalle Parish. The interviews were conducted in proportion to the actual population distribution at the ZIP Code level. ZIP Code populations were based on the latest census projections of adults age 18 and over provided in the **2000 CACI Census Update**. Parishwide, these correspond very closely to Census 2000 populations.



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 411 respondents is $\pm 4.9\%$ 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.

Example 1: For example, if 10% of the sample of 411 respondents answered a certain question with a "yes," it can be asserted that between 7.1% and 12.9% ($10\% \pm 2.9\%$) of the total population would offer this response.

Example 2: If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 45.1% and 54.9% ($50\% \pm 4.9\%$) of the total population would respond "yes" if asked this question.

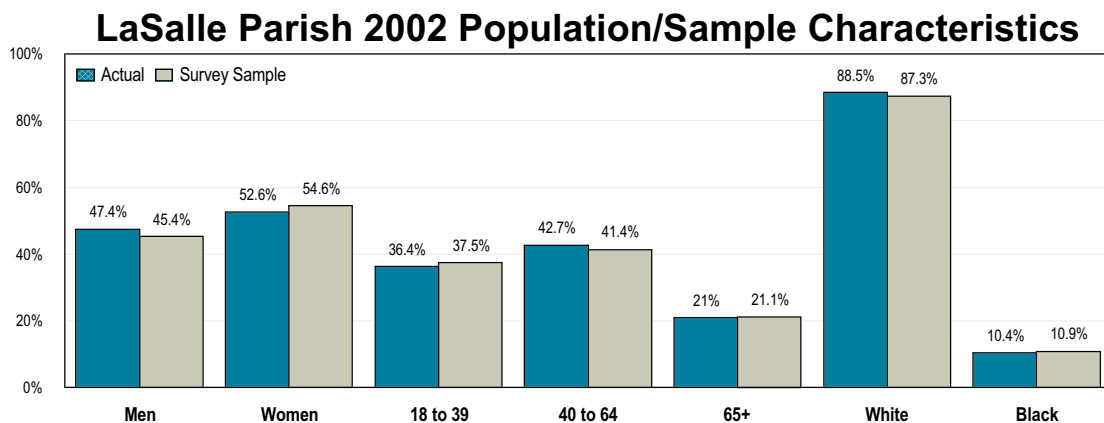
In addition, for further analysis, keep in mind that each percentage point recorded among the total sample of survey respondents is representative of approximately 103 residents age 18 and older in LaSalle Parish (based on current population estimates). Thus, in a case where 3.4% of the total population responds to a survey question, this is representative of nearly 350 people and therefore must not be dismissed as too small to be significant.

Sample Characteristics

To accurately represent the population studied, it was necessary to constantly monitor the demographic composition (e.g., age, gender, household location) of the community sample throughout the data collection process. 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, 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, income and ZIP Code) and a statistical application package applies weighting variables which 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 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

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



Sources: 1. CACI 2000 Census Update.
2. 2002 PRC Community Health Survey, Professional Research Consultants

Further note that the poverty descriptions and segmentation used in this report are based on 2001 administrative poverty thresholds determined by the U.S. Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2001 guidelines place the poverty threshold for a family of four at \$17,650 annual household income or lower). In sample segmentation: “< Poverty” refers to community members living in a household with defined poverty status; “100% to 200% Poverty” refers to households living just above the poverty level, earning up to twice the poverty threshold; and “>200% Poverty” refers to households with incomes more than twice the poverty threshold defined for their household size.

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

Existing Data

Public Health, Vital Statistics and Other Data

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

- *Census 2000 & CACI 2000 Census Update*
- *National Center for Health Statistics*
- *Centers for Disease Control & Prevention*
- *State of Louisiana, Department of Health and Hospitals, Office of Public Health*
- *State of Louisiana, Department of Justice*
- *United States Department of Justice*



Statewide Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local findings. These data are reported in the *BRFSS (Behavioral Risk Factor Surveillance System) Summary Prevalence Report (Years 1998 – 2000)* published by the Centers for Disease Control and Prevention and the U.S. Department of Health & Human Services.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2000 PRC National Health Survey*. The methodological approach for the national study is identical to that employed in this assessment. Therefore, PRC assures that these data may be generalized to the U.S. population with a high degree of confidence.

Healthy People 2010 Targets



**Understanding and
Improving Health**

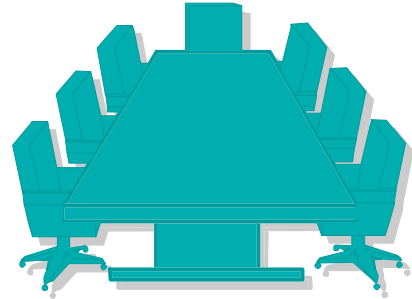
Healthy People 2010: Understanding and Improving Health is part of the Healthy People 2010 initiative that is sponsored by the U. S. Department of Health & Human Services. Healthy People 2010 outlines a comprehensive, nationwide health promotion and disease prevention agenda. It is designed to serve as a roadmap for improving the health of all people in the United States during the first decade of the 21st century.

With [specific] health objectives in 28 focus areas, Healthy People 2010 will be a tremendously valuable asset to health planners, medical practitioners, educators, elected officials, and all of us who work to improve health. Healthy People 2010 reflects the very best in public health planning—it is comprehensive, it was created by a broad coalition of experts from many sectors, it has been designed to measure progress over time, and, most important, it clearly lays out a series of objectives to bring better health to all people in this country. — Donna E. Shalala, Secretary of Health & Human Services

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.

Community Health Panels

As part of the community health assessment process, a community health panel was held in LaSalle Parish among key informants within the parish, including health care providers, social services providers, and other community leaders.



A list of prospective participants for the health panels was provided by Rapides Foundation. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Health panel candidates were first contacted by letter to request their participation. Follow-up phone calls were then made to ascertain whether or not they would be able to attend. Confirmation calls were placed the day before the group was scheduled to ensure a reasonable turnout. Final participation is outlined below.

<u>Date</u>	<u>Time</u>	<u>Group</u>	<u>Participants</u>
March 21, 2002	6:30 p.m. to 8:00 p.m.	LaSalle Parish Key Informants	19 Attendees

The health panel sessions were recorded on audio tapes from which verbatim comments in the report are taken. There are no names connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

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

SELF-REPORTED HEALTH STATUS

Physical Health Status

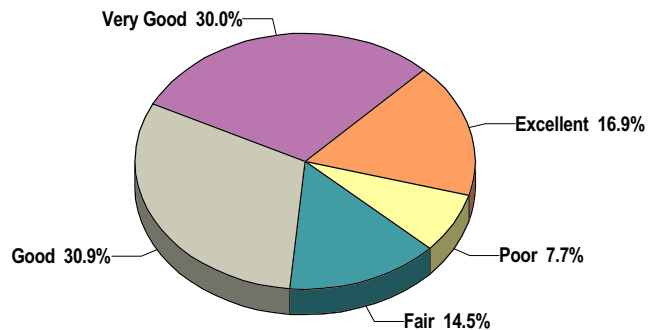
This section describes various self-reported measures of the general physical health among LaSalle Parish residents.

Self-Reported Physical Health

Overall Health Status

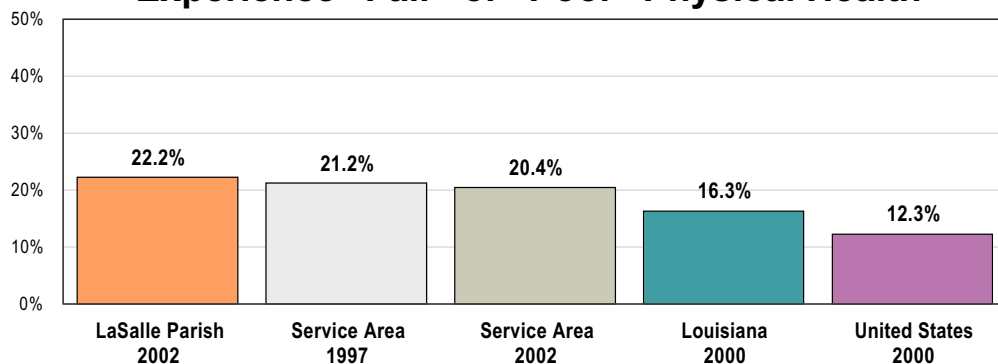
- **Less than one-half (46.9%) of LaSalle Parish adults participating in the 2002 Community Health Survey view their overall physical health as “excellent” or “very good.”**
- **22.2% of LaSalle Parish adults say that their overall physical health is “fair” or “poor.”**
 - Less favorable than statewide findings (16.3%).
 - Similar to Rapides Foundation Service Area findings.
 - Significantly higher than nationwide findings (12.3%).

Self-Reported Health Status
(LaSalle Parish 2002)



Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Asked of all respondents.

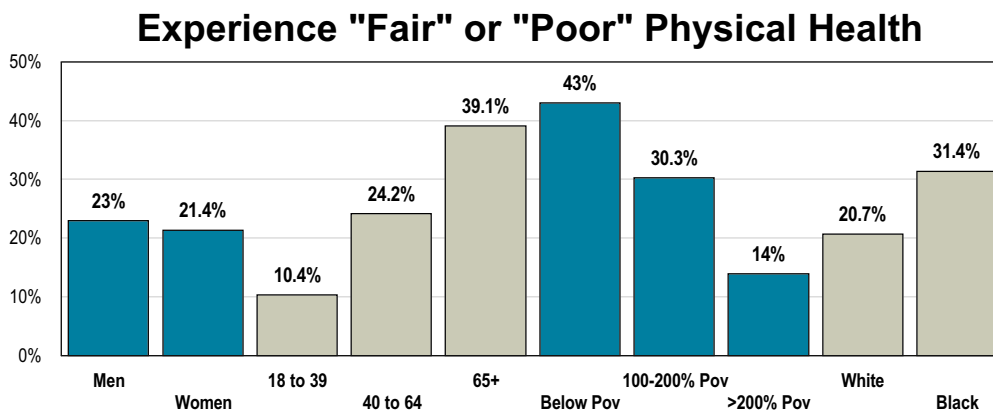
Experience "Fair" or "Poor" Physical Health



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
3. 2000 PRC National Health Survey, Professional Research Consultants
4. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.
Note: Asked of all respondents.

The following chart further examines self-reported health status by various demographic characteristics.

- As might be expected, indications of “fair” or “poor” health increase with age; that is, older residents much more often report their health as “fair” or “poor.”
- There is a negative correlation with income.
- Black respondents more often report “fair/poor” health than White respondents.
- Men more often report “fair/poor” health than women.

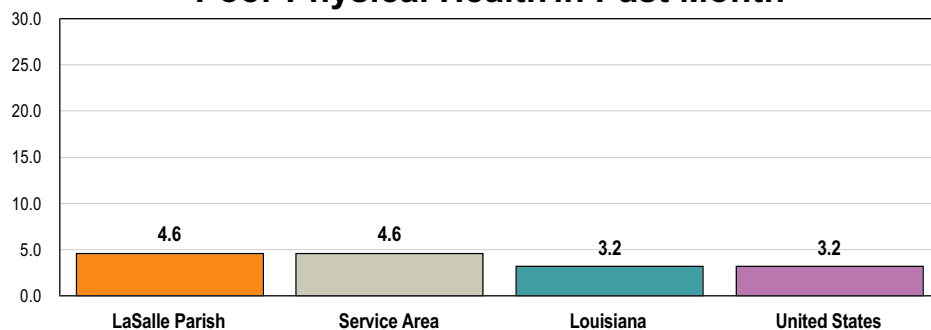


Source: 2002 PRC Community Health Survey, Professional Research Consultants
Notes: 1. Demographic breakouts are among findings in LaSalle Parish.
2. Asked of all respondents.

Days of Poor Physical Health

- **LaSalle Parish adults report an average 4.6 days in the past month on which their physical health was not good.**
 - Identical to the Rapides Foundation Service Area average.
 - Less favorable than the statewide average (3.2 days/month).
 - Less favorable than the national average (3.2 days/month).

Average Number of Days of Poor Physical Health in Past Month

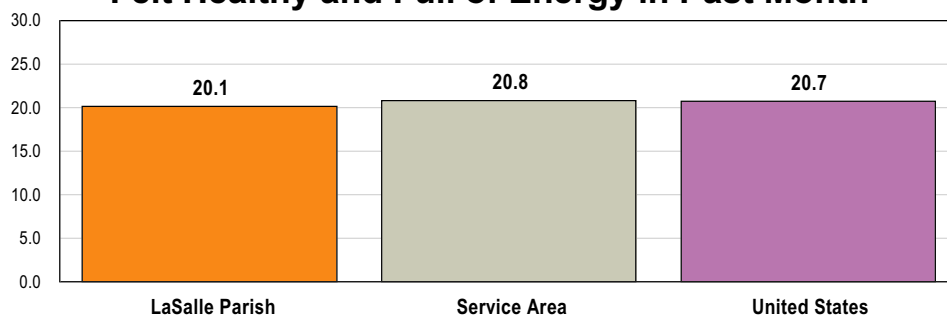


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
3. 2000 PRC National Health Survey, Professional Research Consultants
Note: Asked of all respondents.

Days Felt Healthy and Full of Energy

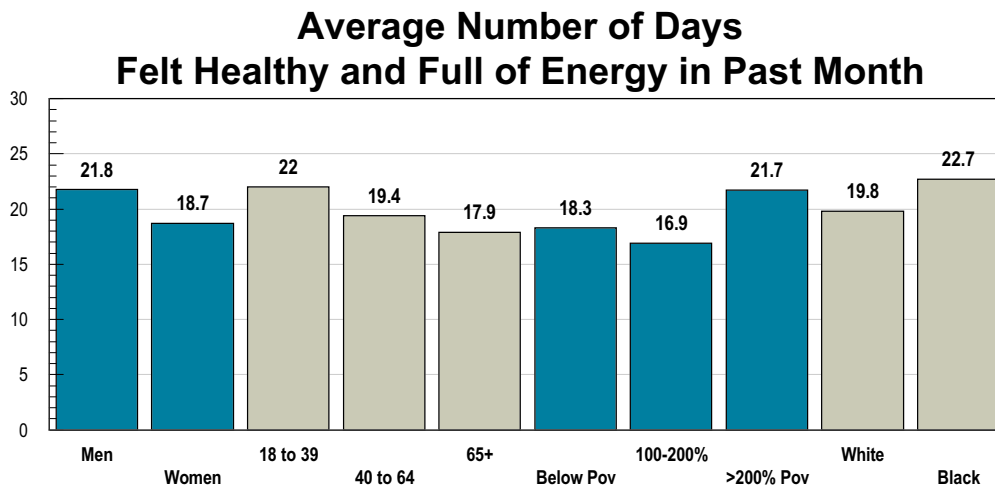
- **LaSalle Parish adults report an average of 20.1 days in the last month on which they felt very healthy and full of energy.**
 - Similar to the Rapides Foundation Service Area average and the national average.

Average Number of Days Felt Healthy and Full of Energy in Past Month



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Note: Asked of all respondents.

- Self-reported number of healthy days increases considerably with income level.
- Self-reported number of healthy days decreases with age.



Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in LaSalle Parish.
 2. Asked of all respondents.

Missed Days of Work

- **LaSalle Parish adults who are currently employed report missing an average of 3.8 days of work in the past year due to personal illness.**
 - This compares to an average of 3.8 days/year nationwide.

Mental Health Status

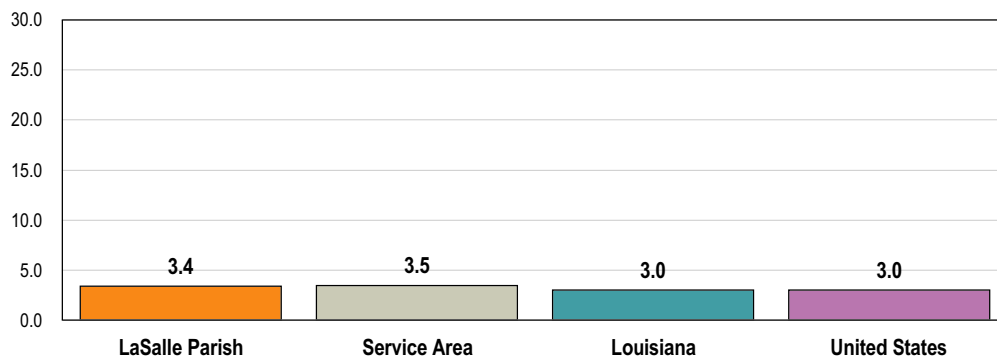
The following section outlines general assessments of the prevalence of depression among area residents, along with the number of people seeking professional help for problems with depression, stress and emotions.

Self-Reported Mental Health Status

Days of Poor Mental Health

- **LaSalle Parish adults report an average of 3.4 days in the last month on which their mental health was not good.**
 - Similar to the Rapides Foundation Service Area, statewide and national averages.

Average Number of Days of Poor Mental Health in Past Month



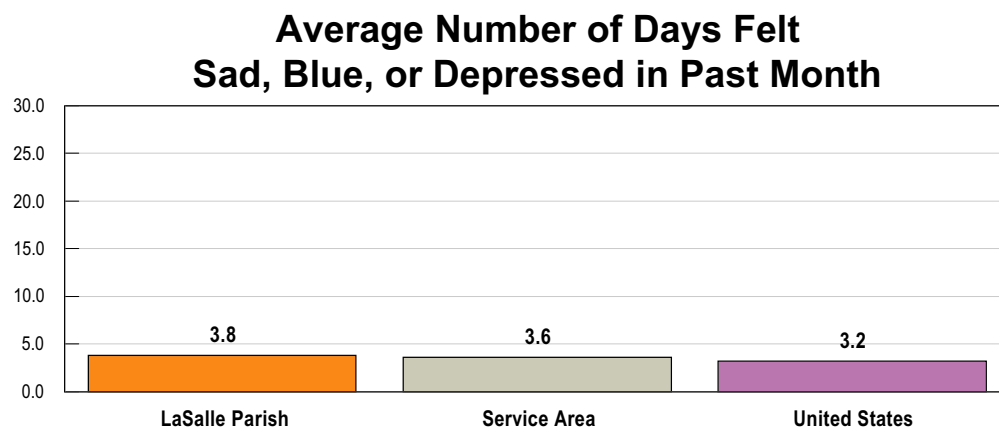
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
3. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
Note: Asked of all respondents.

Depression

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

Days of Depression

- **In the past month, adults in LaSalle Parish reported an average of 3.8 days on which they felt sad, blue or depressed.**
 - Similar to Rapides Foundation Service Area and national averages.

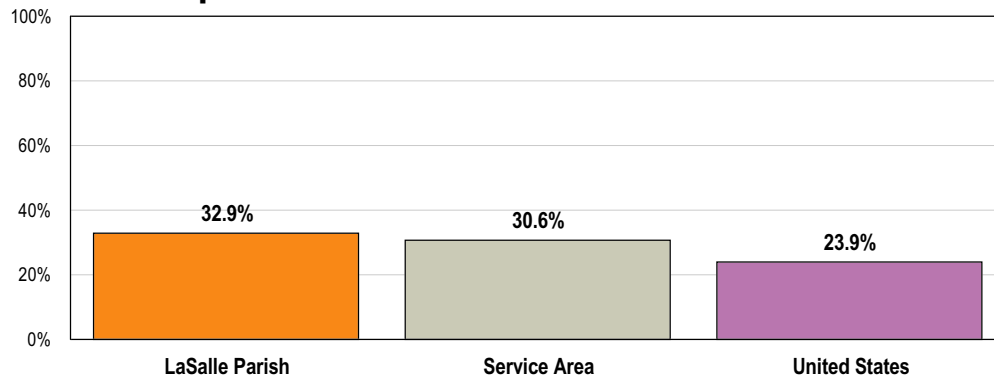


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

Prolonged Depression

- **32.9% of LaSalle Parish adults report that they have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt OK sometimes.**
 - Similar to that found throughout the Rapides Foundation Service Area.
 - Significantly higher than found nationally (23.9%).
 - This represents nearly **3,389 adults** in LaSalle Parish who have faced or are facing prolonged bouts with depression.

Have Experienced Periods of Depression Which Lasted 2 or More Years

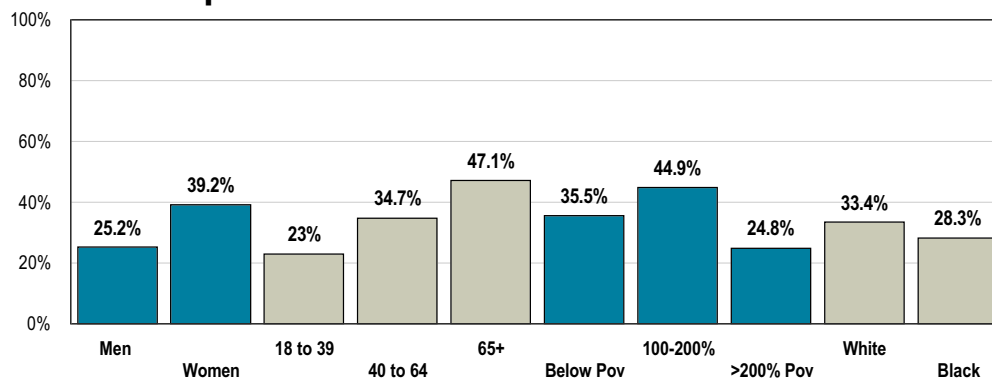


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of all respondents.
 2. State data not available.

Reported bouts of prolonged depression in LaSalle Parish are notably higher among:

- Respondents living 100% to 200% above the poverty threshold.
- White respondents.
- Adults age 40 and older.
- Women.

Have Experienced Periods of Depression Which Lasted 2 or More Years



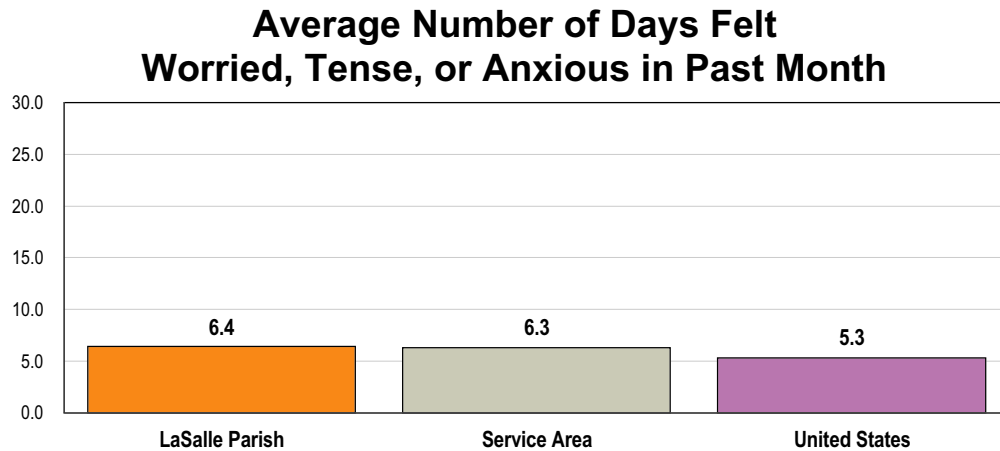
Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in LaSalle Parish.
 2. Asked of all respondents.

Stress

Stress Levels

Excessive stress can be a detriment to one's mental health and can have significant physical ramifications, as well.

- **Adults in LaSalle Parish report an average of 6.4 days in the past month on which they felt worried, tense or anxious.**
 - Similar to the Rapides Foundation Service Area average.
 - Slightly higher than the national average (5.3 days/month).

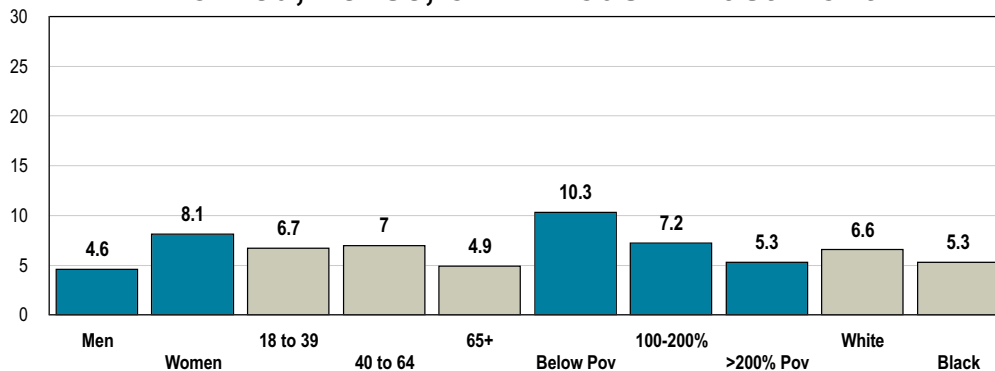


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Note: Asked of all respondents.

Those reporting a greater number of stressful days per month in LaSalle Parish:

- Low-income respondents.
- Women.
- White respondents.

Average Number of Days Felt Worried, Tense, or Anxious in Past Month

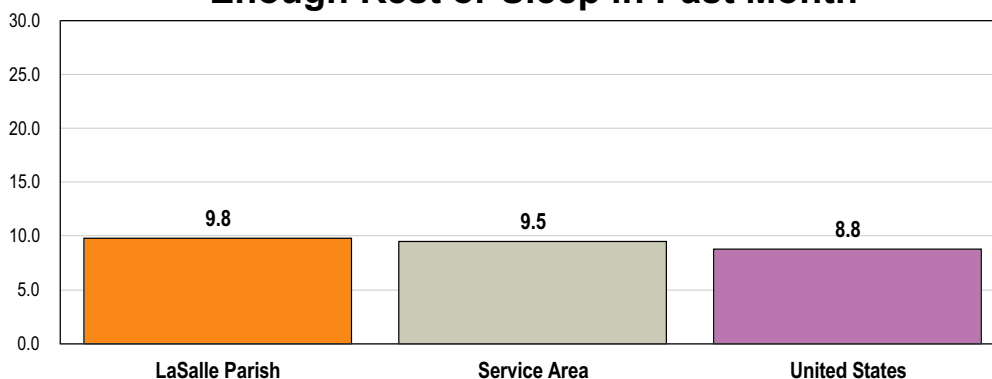


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in LaSalle Parish.
 2. Asked of all respondents.

Sleep & Rest

- **Adults in LaSalle Parish report an average of 9.8 days in the past month on which they did not get enough rest or sleep.**
 - Similar to Rapides Foundation Service Area findings (9.5 days/month).
 - Higher than found nationwide (8.8 days/month).

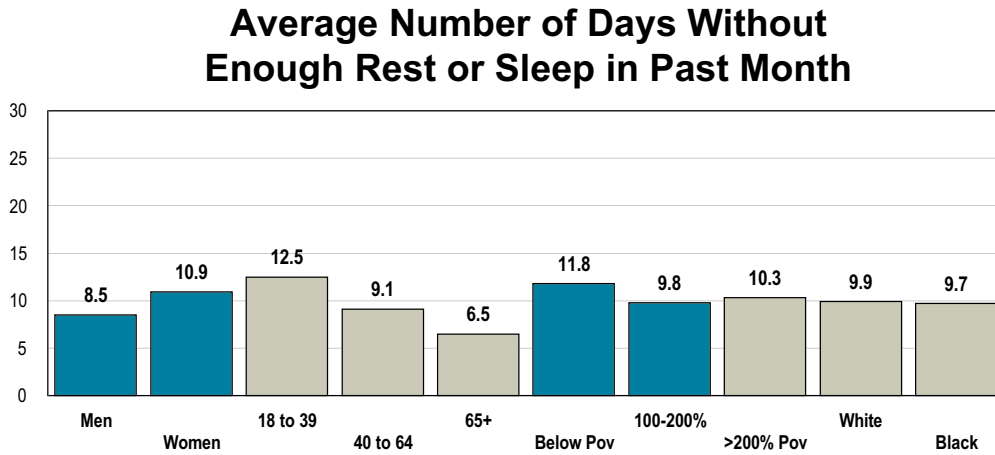
Average Number of Days Without Enough Rest or Sleep in Past Month



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Note: Asked of all respondents.

Those reporting a greater number of days of poor rest or sleep per month include:

- Younger adults.
- Low-income respondents.
- Women.

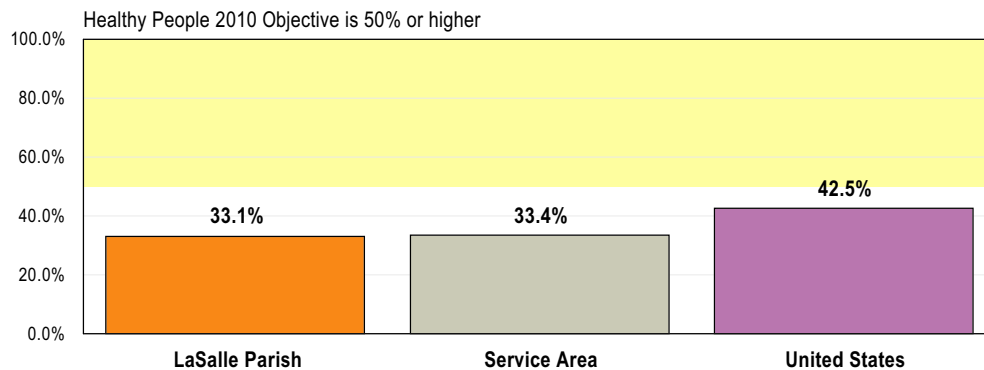


Source: 2002 PRC Community Health Survey, Professional Research Consultants
Notes: 1. Demographic breakouts are among findings in LaSalle Parish.
2. Asked of all respondents.

Utilization of Mental Health Services

- **33.1% of LaSalle Parish respondents who have experienced bouts of prolonged depression report that they have sought professional help for a mental or emotional problem.**
 - Similar to the nationwide proportion (42.5%) and the Rapides Foundation Service Area overall (33.4%).
 - Fails to satisfy the *Healthy People 2010* target (50% or higher).

Persons With Depression Who Have Sought Professional Help



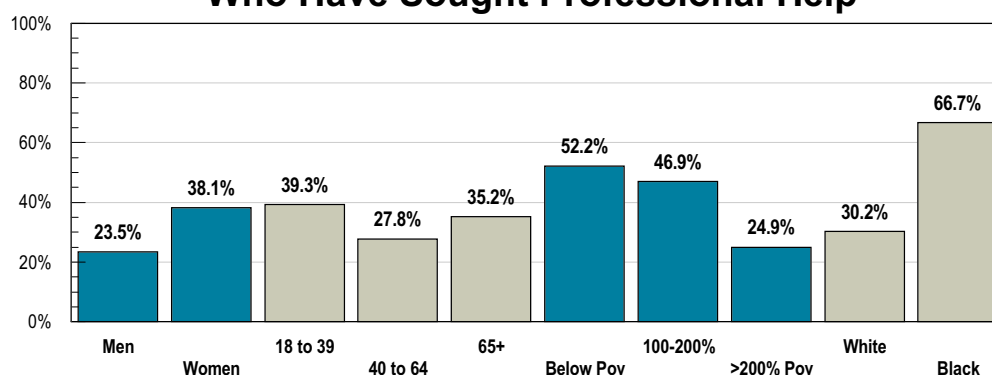
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Notes: 1. Asked of respondents who have experienced 2 or more years of depression.
2. State data not available.

Among persons reporting depression, utilization of mental health services is higher among:

- Those at lower income levels.
- Black respondents.
- Younger adults (18 to 39 years old).
- Women.

Persons With Depression Who Have Sought Professional Help



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in LaSalle Parish.
2. Asked of all respondents.

Community Health Panel Findings*

Focus group participants cited a need for increased availability of mental health services in the area.

“I think we have a lot of adults and kids with a lot of issues that can’t be addressed because they can’t afford to go to a psychiatrist or a psychologist in Monroe or Alexandria.”

“I see lot of behavioral problems go untreated because we lack in counseling services.”

“We also need to educate people about what mental health is really all about. There is a strong stigma here against getting help for mental problems, and there is an overall lack of knowledge about mental health. People think that you can heal your mind even though they know you can’t heal your heart or gallbladder.”

“We need school counselors in the lower grades to deal with anger management. We have a psychiatrist that comes once a week to the private agency we have in town, and that is it.. When people are diagnosed and given prescriptions, nobody is here to follow up with the treatment.”

“We need the counseling services in dealing with behavioral problems more than we need a substance abuse treatment center. We can send those folks out of town for treatment.”

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

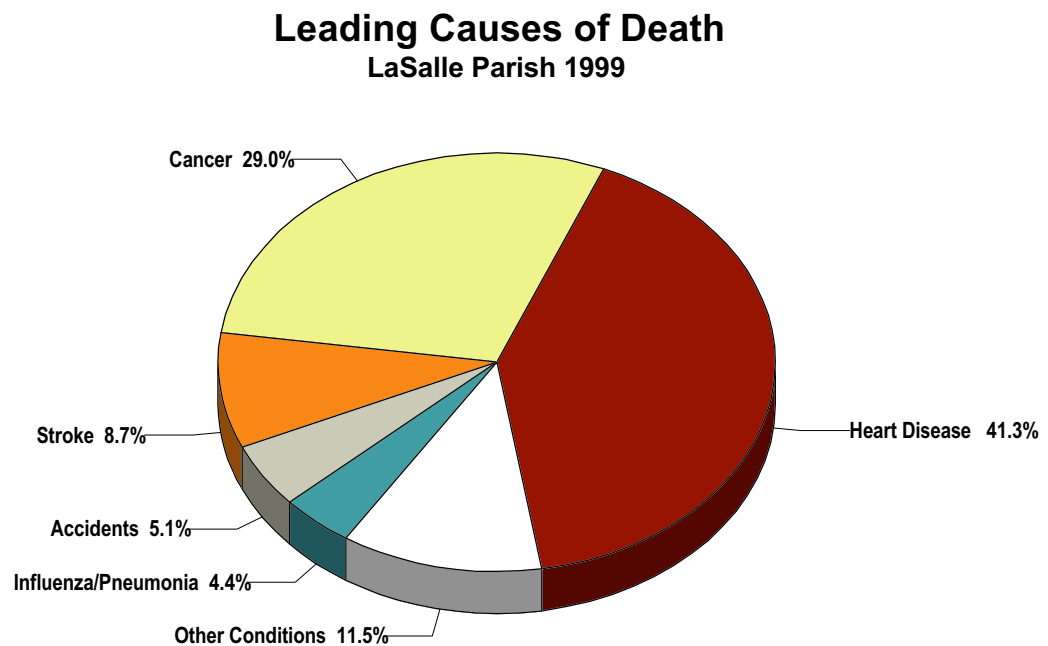
LEADING CAUSES OF DEATH & DISABILITY

Leading Causes of Death

Leading Causes of Death

Together, the top five causes of death account for 88.5% of all 1999 deaths in LaSalle Parish:

- **Heart disease** is the leading cause of death in LaSalle Parish, accounting for 41.3% of all deaths in 1999.
- **Cancers** are the second leading cause of death in LaSalle Parish, accounting for 29.0% of all 1999 deaths.
- **Stroke** is the third leading cause of death in LaSalle Parish, accounting for 8.7% of all 1999 deaths.
- Other leading causes include **accidents** and **influenza/pneumonia**.
- This distribution is similar to that presented in the 1997 Tulane study.



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health, Death Records.
Note: 1999 deaths are coded using ICD-10 codes.

Age-Adjusted Death Rates for Selected Causes

In order to compare mortality in LaSalle Parish with other localities (in this case, the Rapides Foundation Service Area, 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 normative or benchmark data, as well as *Healthy People 2010* targets.

NOTE: It is important to understand that the procedure used to calculate age-adjusted death rates was extensively revised beginning with 1999 deaths, when the adjustment standard was changed from the 1940 U.S. standard population to the 2000 U.S. standard population. Because of this revision, 1999 cause-specific death rates appear to be drastically higher than 1998 and earlier years' rates (as are presented later in this report for trending purposes). This large increase is an artifact of the changes in the rate calculation methodology, rather than a true increase in rate. Thus, the 1999 rates presented here are not comparable to earlier years' calculated rates.

Another factor limiting comparability between 1999 and earlier rates is that, beginning in 1999, deaths are coded using the *Tenth Revision International Classification of Disease* (ICD-10), replacing ICD-9 classifications used prior to 1999.

The following chart outlines 1999 age-adjusted death rates per 100,000 population for selected causes of death.

- **In 1999, LaSalle Parish fails to satisfy each of the outlined Healthy People 2010 targets, including: *heart disease, cancer, stroke and motor vehicle accidents*.**
- **LaSalle Parish compares unfavorably to Louisiana death rates for *heart disease, cancer, influenza/pneumonia and septicemia*.**
- **LaSalle Parish also compares unfavorably to U.S. death rates for the many of the same causes: *heart disease, cancer, stroke, influenza/pneumonia and septicemia*.**

- **LaSalle Parish death rates are also notably higher than the Rapides Foundation Service Area median rates for *septicemia* (meaning the LaSalle Parish age-adjusted death rates are among the highest in the 11-parish Rapides Foundation Service Area for this cause).**

Age-Adjusted Death Rates for Selected Causes

1999 Deaths per 100,000 2000 U.S. Standard Population

	LaSalle Parish	Service Area Median	Louisiana	United States	HP2010
Diseases of the Heart	345.7	344.9	306.6	267.8	213.7*
Malignant Neoplasms (Cancers)	251.0	251.0	232.8	202.7	159.9
Cerebrovascular Disease (Stroke)	69.0	69.0	69.1	61.8	48.0
Diabetes Mellitus	0.0	29.4	42.4	25.2	15.1*
Chronic Lower Respiratory Diseases	24.7	47.2	40.8	45.8	
Influenza/Pneumonia	33.6	33.6	25.9	23.6	
Motor Vehicle Accidents	21.2	28.3	21.5	15.5	9.0
Septicemia	23.1	16.8	18.2	11.3	
Intentional Self-Harm (Suicide)	0.0	10.3	12.0	10.7	5.0
Assault (Homicide)	0.0	4.9	10.7	6.2	3.0

Sources: 1. State of Louisiana, Department of Health and Hospitals, Office of Public Health, Death Records; 1999 data.

2. U.S. Department of Health and Human Services; Health in the United States, 2001.

3. Healthy People 2010: National Health Promotion and Disease Prevention Objectives for the Nation, US Public Health Services.

Notes: 1. Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Million and coded using ICD-10 codes.

2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

3. Healthy People 2010 Heart Disease target is adjusted to account for all diseases of the heart; the Healthy People 2010 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- Subsequent discussions as to leading causes of death and disability build on data considered in the 1997 Rapides Foundation Service Area assessment conducted by the Tulane School of Public Health and Tropical Medicine.

Cardiovascular Disease

Heart disease and stroke are the principal components of cardiovascular disease. About 950,000 Americans die of cardiovascular disease each year, which amounts to one death every 33 seconds. Although cardiovascular disease is often thought to primarily affect men and older people, it is also a major killer of women and people in the prime of life.

A consideration of deaths alone understates the burden of cardiovascular disease. About 61 million Americans (almost one-fourth of the population) live with this disease. Heart disease is a leading cause of disability among working adults. Stroke alone accounts for disability among more than 1 million Americans. Almost 6 million hospitalizations each year are due to cardiovascular disease.

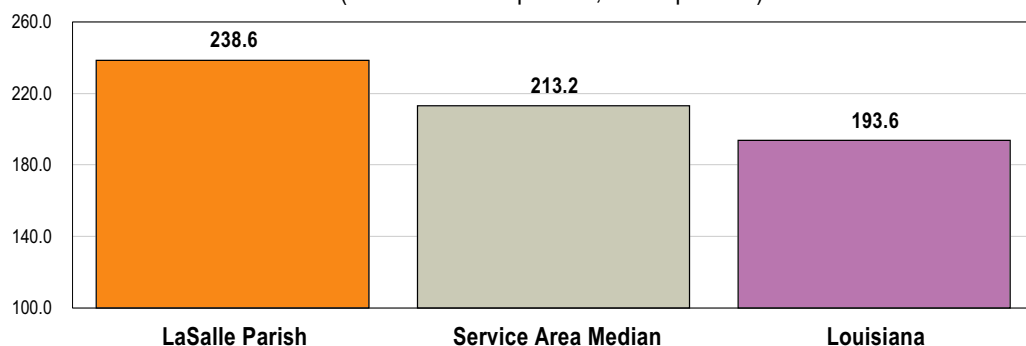
The economic impact of cardiovascular disease on the U.S. health care system continues to grow as the population ages. The estimated cost of cardiovascular disease in the United States in 2001 is \$298 billion, including health care expenditures and lost productivity (National Center for Chronic Disease Prevention and Health Promotion).

Cardiovascular Disease Deaths

- **The age-adjusted cardiovascular death rate in LaSalle Parish is significantly higher than the corresponding Louisiana death rate.**
- Considerably higher than the Rapides Foundation Service Area median age-adjusted death rate (i.e., the rate among the 11 parishes for which one-half of rates fall above, and one-half fall below).

Age-Adjusted Mortality: Cardiovascular Disease

(1996-98 Deaths per 100,000 Population)

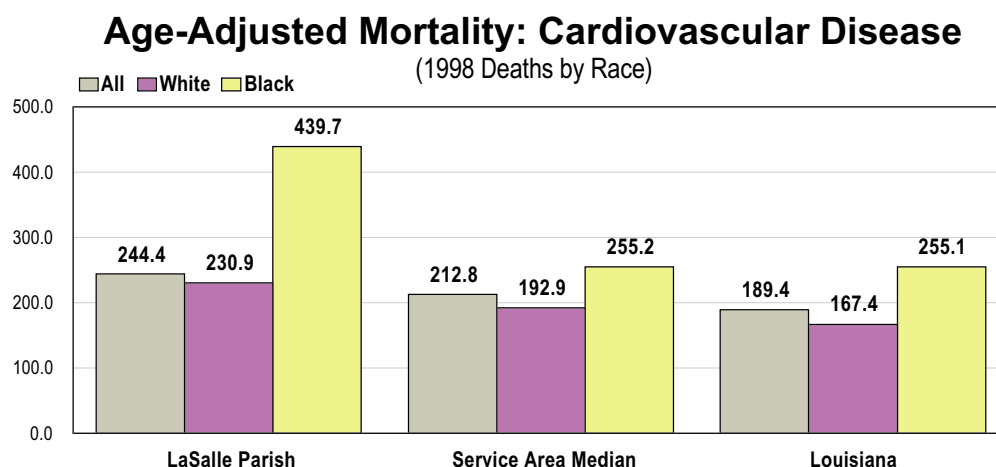


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- Blacks experience a much greater age-adjusted cardiovascular death rate than Whites (439.7 versus 230.9 deaths per 100,000 in LaSalle Parish in 1998).
- This single-year rate difference in LaSalle Parish is higher than the statewide rate and the median death rates among the 11 parishes in the Rapides Foundation Service Area (keep in mind that single-year rates can fluctuate considerably when numbers of deaths are small).

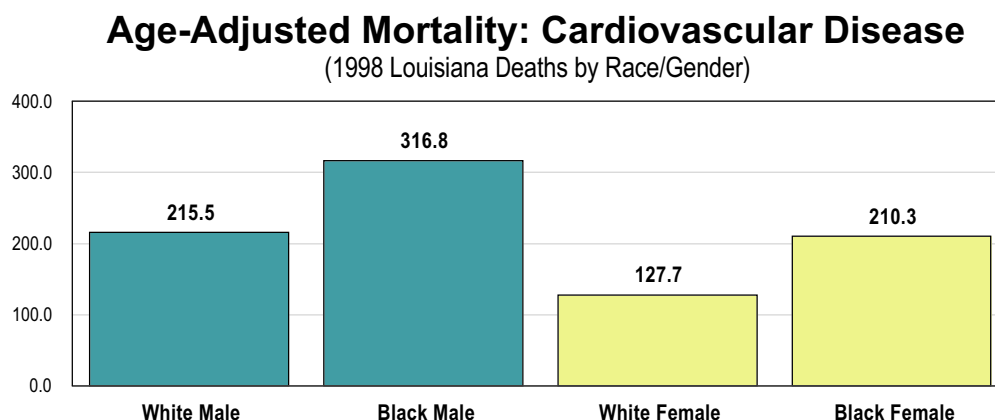


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- In looking at 1998 Louisiana age-adjusted cardiovascular death rates by race and by gender, we see significantly higher rates among Black males (316.8/100,000), followed by White males (215.5/100,000) and Black females (210.3/100,000) with similar rates. White females exhibit the lowest rate (127.7/100,000).



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

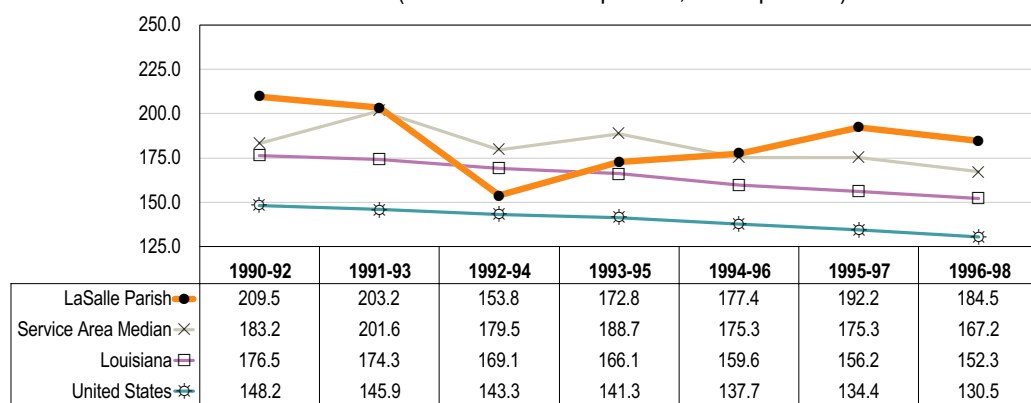
Heart Disease Deaths

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

- From 1990 to 1998, the age-adjusted heart disease death rate in LaSalle Parish fluctuated more than the corresponding Louisiana rate.
- Nationally and statewide, heart disease deaths have been declining consistently. In LaSalle Parish, this trend is less apparent.

Age-Adjusted Mortality: Heart Disease

(1990-1998 Deaths per 100,000 Population)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

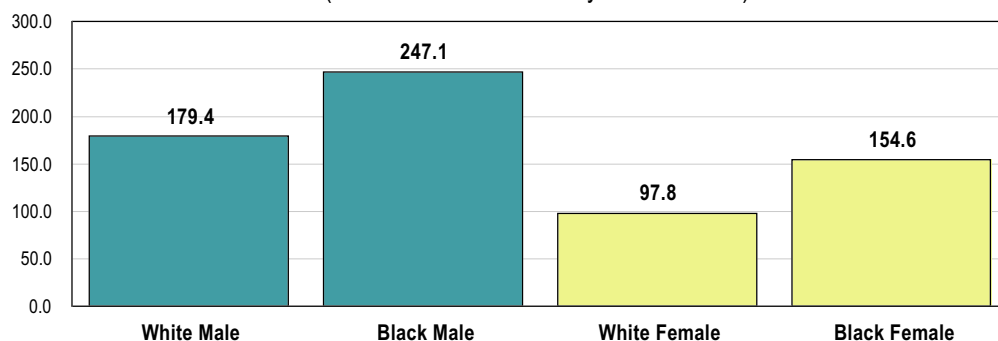
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- Again, Black males exhibit a much higher age-adjusted mortality rate for cardiovascular disease statewide (247.1/100,000), followed by White males (179.4/100,000) and Black females (154.6/100,000). White females exhibit the lowest rate by race and gender (97.8/100,000).

Age-Adjusted Mortality: Heart Disease

(1998 Louisiana Deaths by Race/Gender)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

Community Health Panel Findings*

One focus group participant raised concerns about the prevalence of cardiovascular disease in the area.

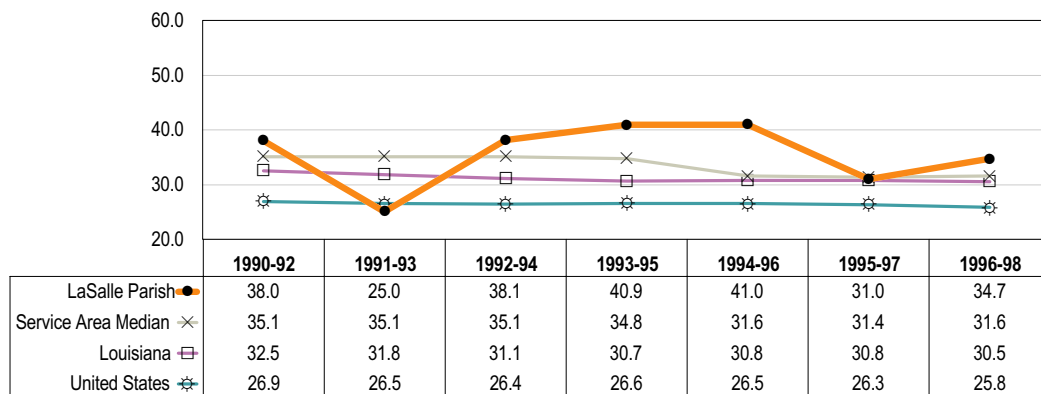
“I think one of our biggest long-term problems is probably heart disease. Our population in this parish is aging and, because of this, we see a lot of heart problems and high cholesterol.”

Stroke Deaths

- The LaSalle Parish age-adjusted death rate for cerebrovascular disease tracked higher than statewide rates for most of the 1990-98 period.
- In LaSalle Parish, the stroke death rate was highest between 1994 and 1996.

Age-Adjusted Mortality: Stroke

(1990-1998 Deaths per 100,000 Population)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

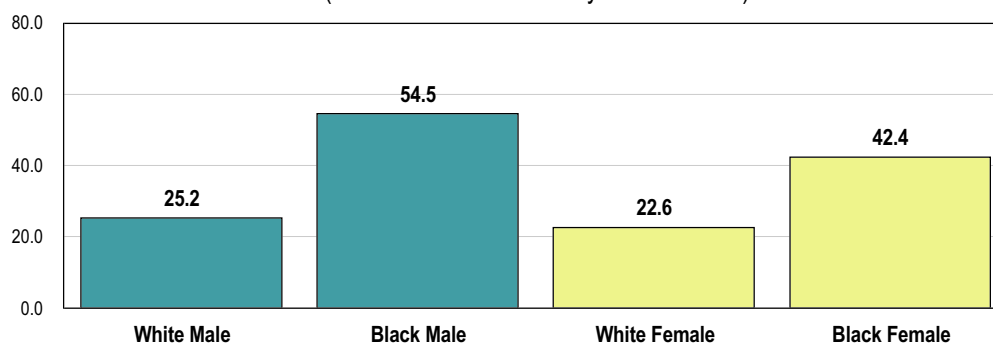
2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- Statewide, Black males experience markedly higher age-adjusted death rates due to stroke (54.5/100,000), followed by Black females (42.4/100,000), and White males and females (25.2/100,000 and 22.6/100,000, respectively).

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

Age-Adjusted Mortality: Stroke

(1998 Louisiana Deaths by Race/Gender)

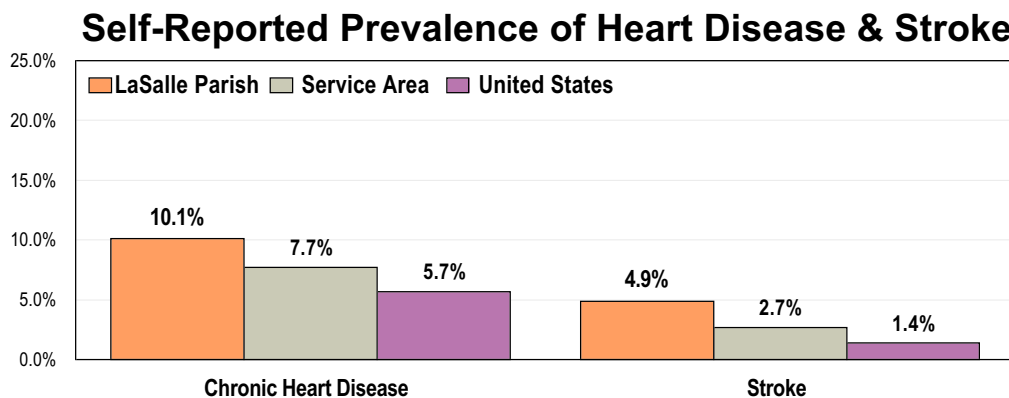


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).
Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

Self-Reported Prevalence of Heart Disease & Stroke

From the 2002 Community Health Survey:

- **10.1% of LaSalle Parish adult respondents report that they suffered from or have been diagnosed with heart disease, such as congestive heart failure, angina or a heart attack.**
 - Significantly higher than the Rapides Foundation Service Area prevalence and the national prevalence.
- **4.9% of LaSalle Parish respondents report that they have suffered from or have been diagnosed with a stroke.**
 - Significantly higher than the Rapides Foundation Service Area and the national prevalence.



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

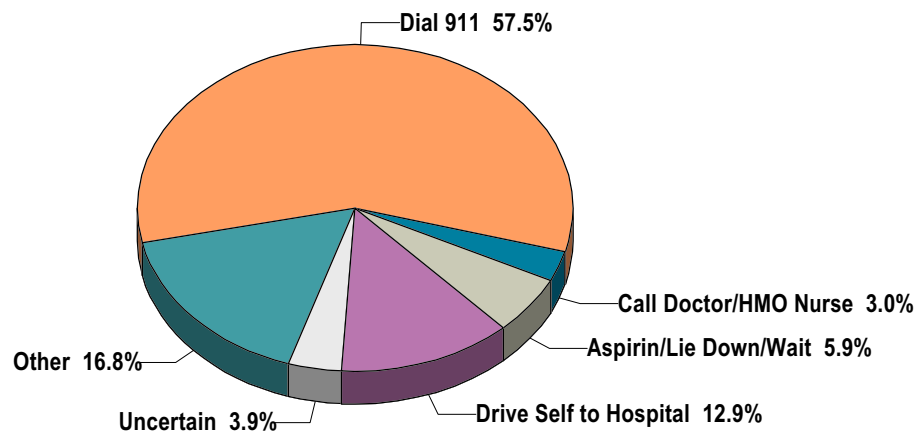
Response to Symptoms of Heart Attack

Survey respondents were asked what their response would be if they or someone in their household experienced symptoms of a heart attack.

- **More than one-half (57.5%) of LaSalle Parish adults would *call 911* upon symptoms of a heart attack.**
- 12.9% say they would ***drive themselves to the hospital***.
- 5.9% say they would ***take aspirin, lie down and see if the symptoms subsided***.

- 23.7% identified a wide variety of other responses (none receiving more than 5% of responses), including calling a physician or nurse.

Action Taken if Someone in the Household Had Symptoms of a Heart Attack (LaSalle Parish)



Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Asked of all respondents.

Cardiovascular Risk Factors

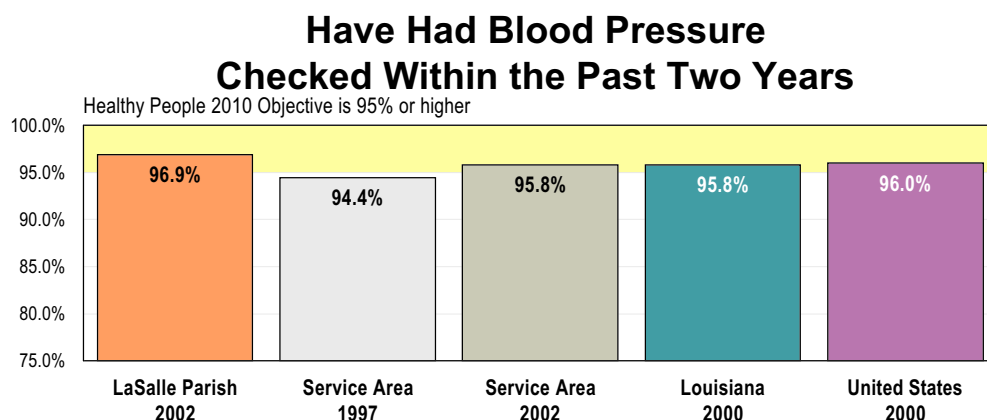
Hypertension (High Blood Pressure)

Hypertension, or high blood pressure, is a condition wherein one's systolic blood pressure is equal to or greater than 140 mm Hg and/or his or her diastolic blood pressure is equal to or greater than 90 mm Hg. Hypertension prevalence increases with age, and women and Blacks are generally at higher risk.

The implications of hypertension are great, placing an individual at increased risk for a variety of health problems, including coronary heart disease, stroke, congestive heart failure, kidney failure and peripheral vascular disease. However, high blood pressure can often be controlled through medication and/or behavior modification. The health risks associated with high blood pressure can be greatly reduced through weight reduction, increased physical activity, and reduced alcohol consumption. It is also recommended that hypertensive patients eliminate tobacco use and reduce intake of saturated fat and cholesterol since these compound the risk for coronary heart disease and stroke.

Blood Pressure Testing

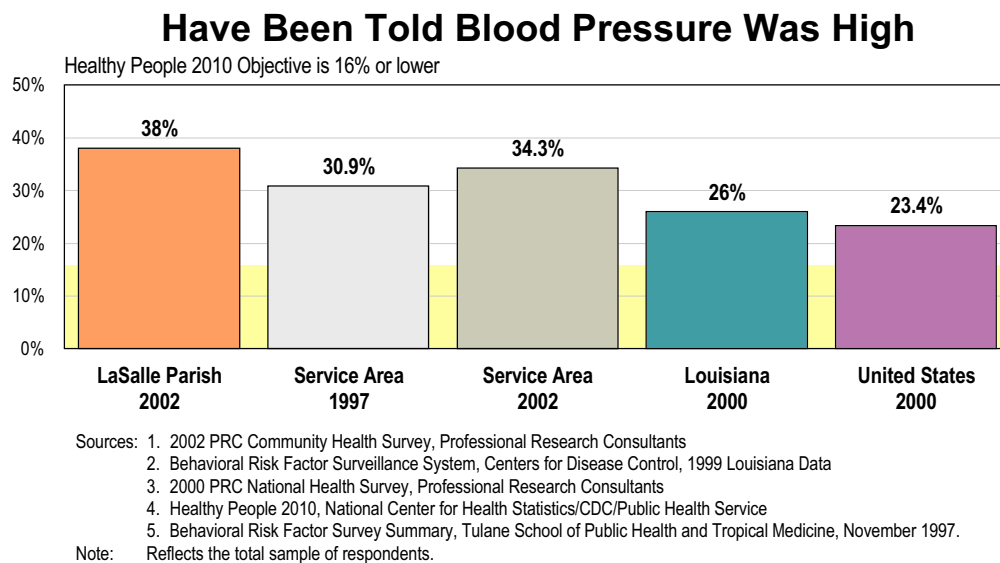
- **96.9% of adults in LaSalle Parish have had their blood pressure tested within the past two years.**
 - Higher than Rapides Foundation Service Area, Louisiana and U.S. findings.
 - Satisfies the *Healthy People 2010* target (95% or higher).



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data
3. 2000 PRC National Health Survey, Professional Research Consultants
4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
5. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.
Note: Reflects the total sample of respondents.

High Blood Pressure Prevalence

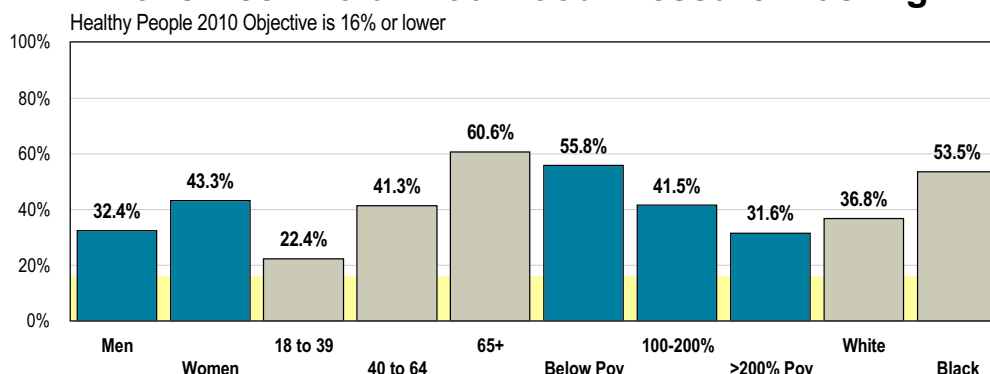
- **38.0% of LaSalle Parish adults have been told at some point that their blood pressure was high.**
 - Higher than that found in the Rapides Foundation Service Area (34.3%).
 - Significantly higher than found statewide (26.0%).
 - Significantly higher than found nationwide (23.4%).
 - Fails to satisfy the *Healthy People 2010* target (16% or lower).
- **27.5% of LaSalle Parish adults have been told more than once that their blood pressure was high.**



As shown in the following chart:

- In looking at age cohorts, hypertension rates in LaSalle increase with age.
- Women experience a higher prevalence than men.
- Blacks experience a higher prevalence than Whites.
- Those with lower incomes experience a higher prevalence than those with higher incomes.

Have Been Told That Blood Pressure Was High



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in LaSalle Parish.

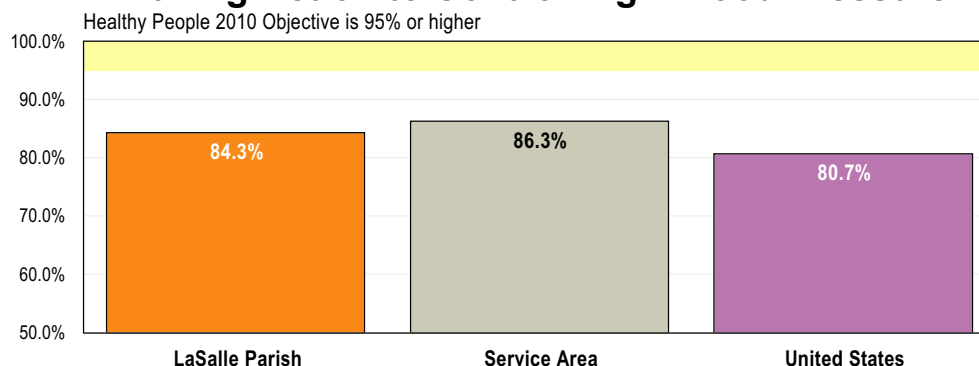
2. Reflects the total sample of respondents.

Controlling High Blood Pressure

Medication is one means of controlling high blood pressure; other means involve behavior modification such as dietary control and regular exercise.

- **84.3% of LaSalle Parish adults who have been told that their blood pressure was high report that they are currently taking actions to control it.**
 - Statistically similar to Rapides Foundation Service Area findings and national findings.
 - Falls short of meeting the *Healthy People 2010* target (95% or higher).

Taking Action to Control High Blood Pressure



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. 2000 PRC National Health Survey, Professional Research Consultants

3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Notes: 1. Asked of respondents with high blood pressure.

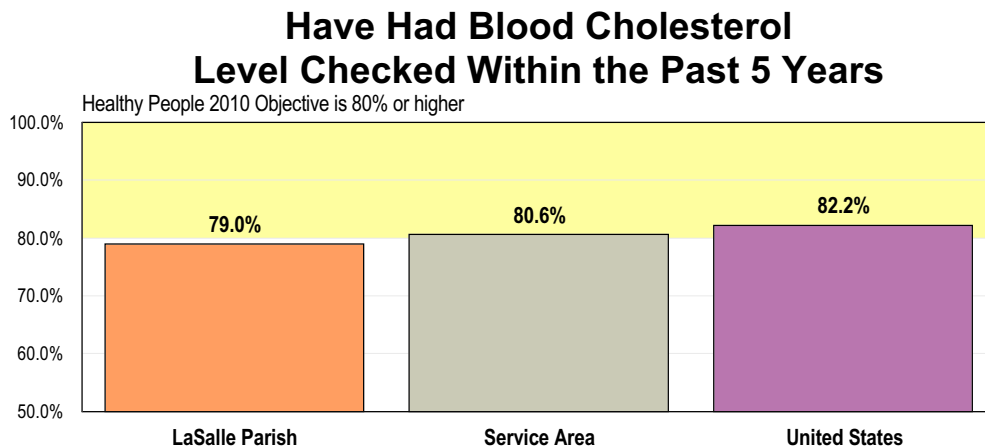
2. State data not available.

High Blood Cholesterol

High blood cholesterol is one of the major risk factors for coronary heart disease (along with cigarette smoking, high blood pressure and physical inactivity). High cholesterol is defined as having a serum total cholesterol level of 240 mg/dL or greater.

Blood Cholesterol Testing

- **79.0% of adults in LaSalle Parish have had a blood cholesterol screening within the past 5 years.**
 - Similar to levels found throughout the Rapides Foundation Service Area and nationwide.
 - Fails to satisfy the *Healthy People 2010* target (80% or higher).



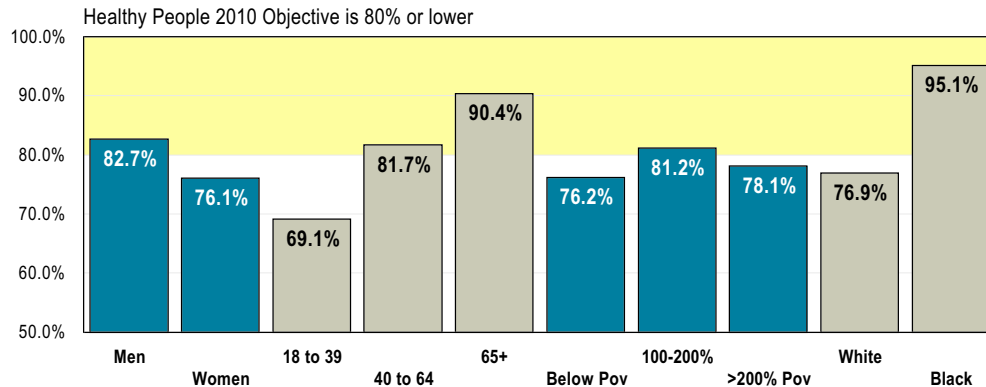
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data
3. 2000 PRC National Health Survey, Professional Research Consultants
4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Note: Reflects the total sample of respondents.

Further note in the following demographic breakout:

- Prevalence of recent cholesterol screenings increase considerably with age.
- Screening levels are notably higher among men and blacks.

Have Had Blood Cholesterol Level Checked Within the Past 5 Years

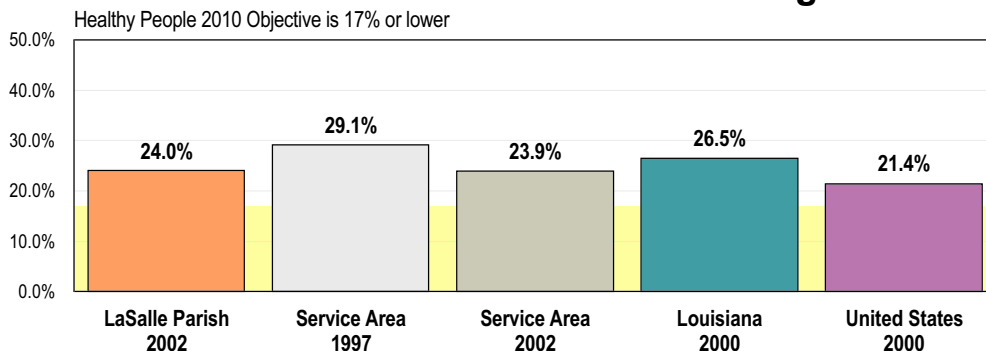


Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in LaSalle Parish.
 2. Reflects the total sample of respondents.

High Blood Cholesterol Prevalence

- **24.0% of adults in LaSalle Parish have been told by a health professional that their cholesterol level was high.**
 - Statistically similar to the Rapides Foundation Service Area, statewide and nationwide prevalence levels.
 - Fails to satisfy the *Healthy People 2010* target (17% or lower).

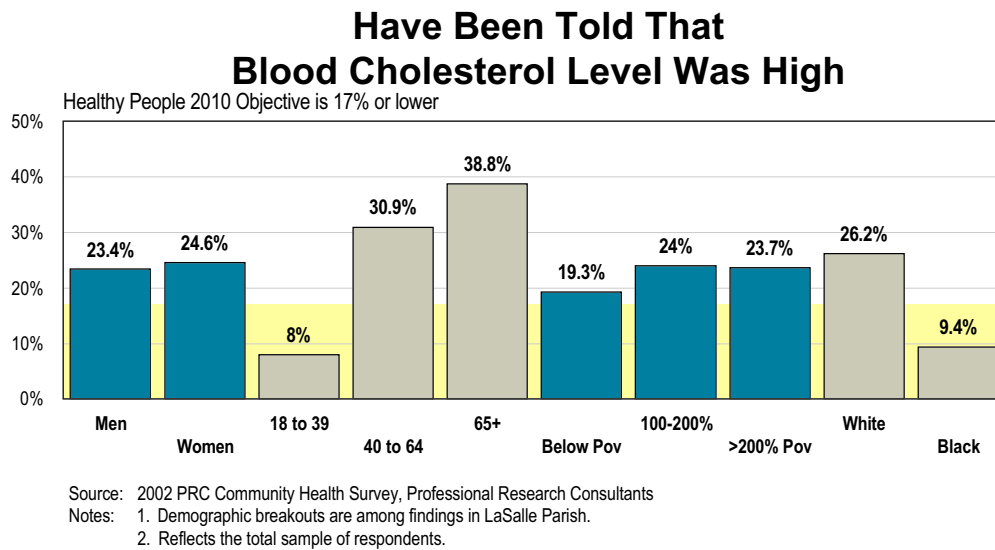
Have Been Told That Blood Cholesterol Level Was High



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
 5. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.
 Note: Reflects the total sample of respondents.

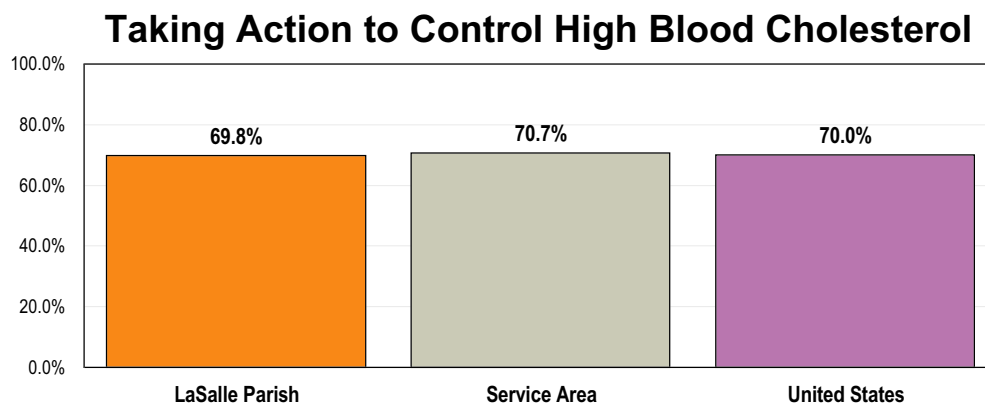
As shown in the following chart:

- High cholesterol increases dramatically with age.
- Higher cholesterol levels are much higher among Whites.



Controlling High Blood Cholesterol

- **69.8% of adults in LaSalle Parish with high blood cholesterol levels are taking some type of action to control their condition.**
 - Similar to the Rapides Foundation Service Area and nationwide findings.



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of respondents with high blood cholesterol.
 2. State data not available.

Cardiovascular Risk Behavior

Three health-related behaviors contribute markedly to cardiovascular disease (National Center for Chronic Disease Prevention and Health Promotion):

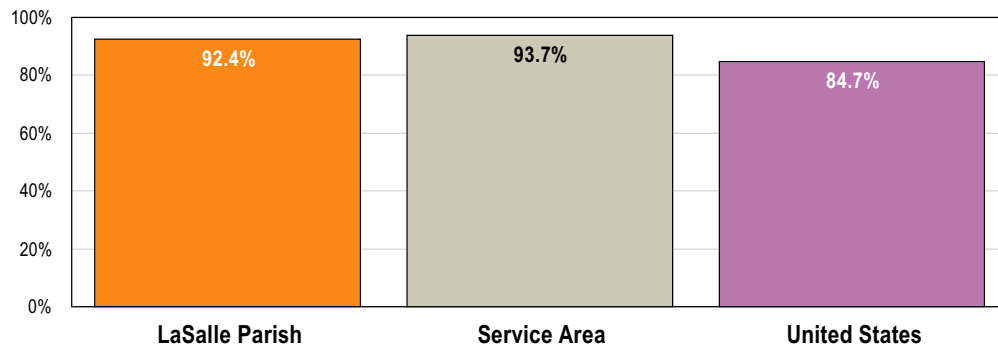
- **Poor nutrition.** People who are overweight have a higher risk for cardiovascular disease. Almost 60% of U.S. adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.
- **Lack of physical activity.** People who are not physically active have twice the risk for heart disease of those who are active. More than half of U.S. adults do not achieve recommended levels of physical activity.
- **Tobacco use.** Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the U.S.

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

Prevalence of Cardiovascular Risk Factors/Behaviors

- **92.4% of LaSalle Parish adults present one or more cardiovascular risk factors or behaviors, including overweight prevalence, cigarette smoking, high blood pressure, high cholesterol or a lack of physical activity.**
 - Lower than that found throughout the Rapides Foundation Service Area.
 - Significantly worse than found nationwide (84.7%).

Present One or More Cardiovascular Risk Factors or Behaviors

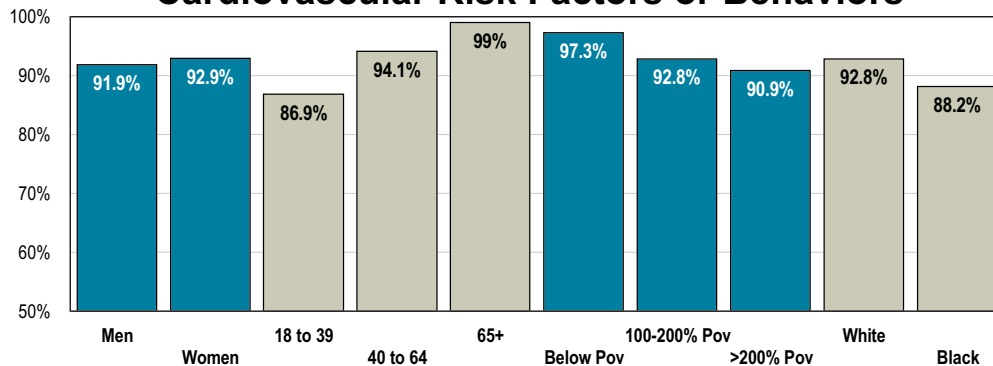


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants

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

- Cardiovascular risk factors are highest among White respondents and those living below the poverty level.
- Prevalence increases with age.

Present One or More Cardiovascular Risk Factors or Behaviors



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in LaSalle Parish.

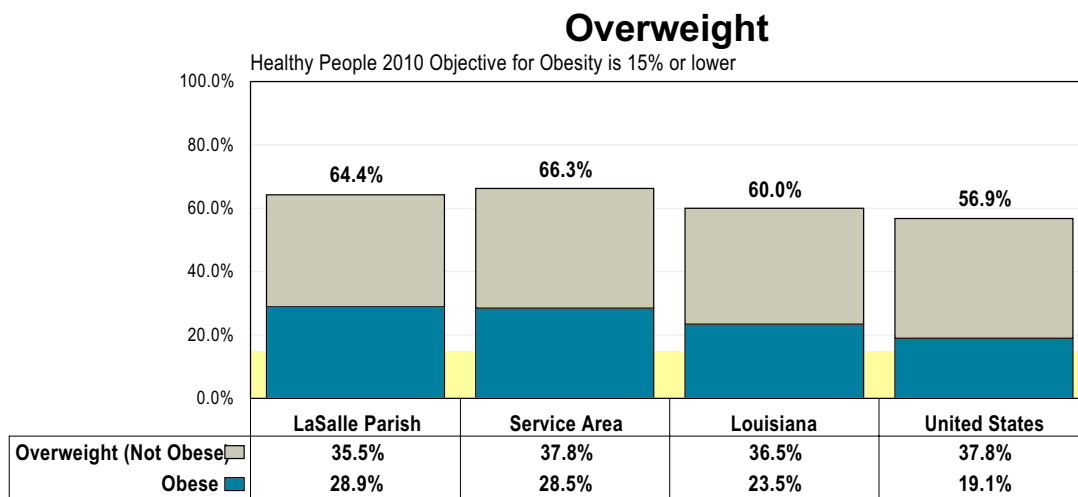
2. Includes respondents reporting any of the following: overweight, cigarette smoking, high blood pressure, high cholesterol, or physical inactivity.

Overweight Prevalence

Being overweight afflicts a considerable portion of the U.S. population and carries significant health risks. Individuals who are overweight are at increased risk for high blood pressure, high blood cholesterol, coronary heart disease and stroke, as well as diabetes, atherosclerosis, gall bladder disease, some types of cancer and osteoarthritis.

One of the more precise measurements of being overweight is body mass index (BMI), a ratio of weight to height (kg/m^2). One is considered to be overweight with a BMI greater than or equal to 25.0, and one is considered obese with a BMI greater than or equal to 30.0. The rationale for these thresholds is that it is believed that these are where actual increased risk for overweight co-morbidities (such as high blood pressure, high cholesterol, heart disease, etc.) occur.

- **64.4% of LaSalle Parish adults are overweight ($\text{BMI} \geq 25$), based on self-reported heights and weights.**
 - Similar to that found throughout the Rapides Foundation Service Area (66.3%).
 - Similar to that found statewide (60.0%).
 - Significantly worse than found nationwide (56.9%).
- **28.9% of LaSalle Parish adults are obese ($\text{BMI} \geq 30$).**
 - Similar to that found throughout the Rapides Foundation Service Area (28.5%).
 - Significantly worse than found statewide (23.5%).
 - Significantly worse than found nationwide (19.1%).
 - Fails to satisfy the *Healthy People 2010* target (15% or lower).

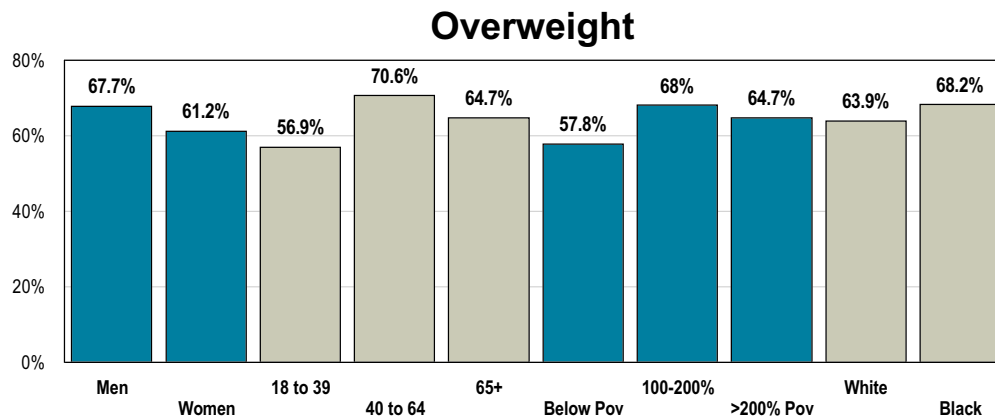


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Notes: 1. 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.
 2. Asked of all respondents.

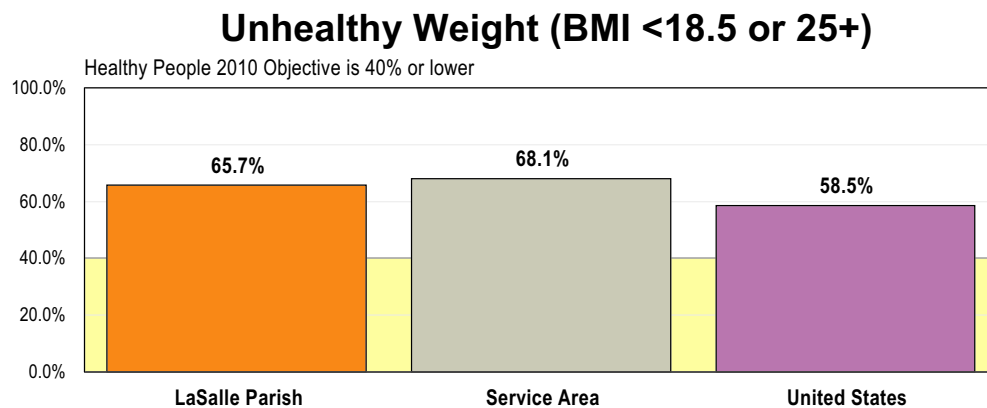
Overweight prevalence is higher in LaSalle Parish among:

- Black respondents.
- Middle-aged adults (40 to 64 years old).
- Men.



Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. 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.
 2. Asked of all respondents.

- **65.7% of LaSalle Parish adults are of an unhealthy weight (including overweight and the small percentage of adults who are underweight).**
 - Better than the Rapides Foundation Service Area proportion (68.1%).
 - Significantly worse than found nationwide (58.5%).
 - Far from reaching the *Healthy People 2010* target (40% or lower).

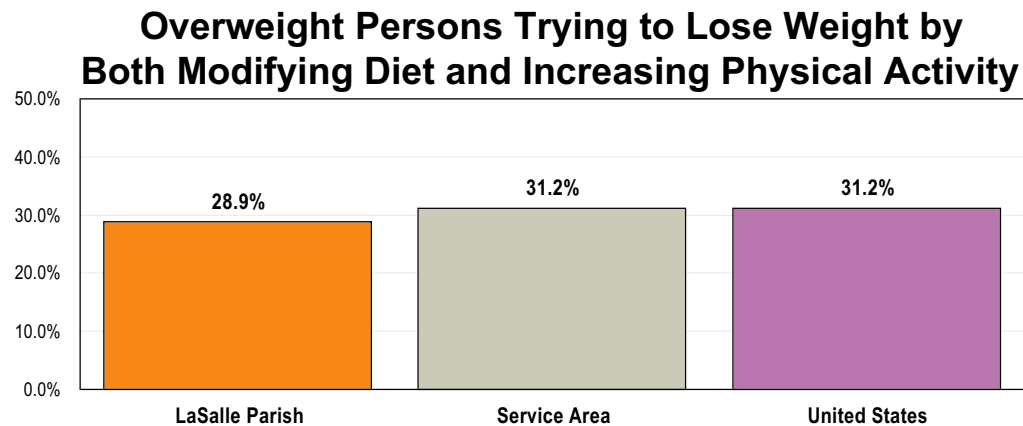


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
 Notes: 1. The definition as outlined in Healthy People 2010 is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), lower than 18.5 or higher than 25.0.
 2. Asked of all respondents.

Weight Control

Among surveyed adults who are overweight:

- **28.9% are using a combined regimen of diet and exercise as a means to lose weight.**
 - Statistically similar to the Rapides Foundation Service Area and national findings (both 31.2%)



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants

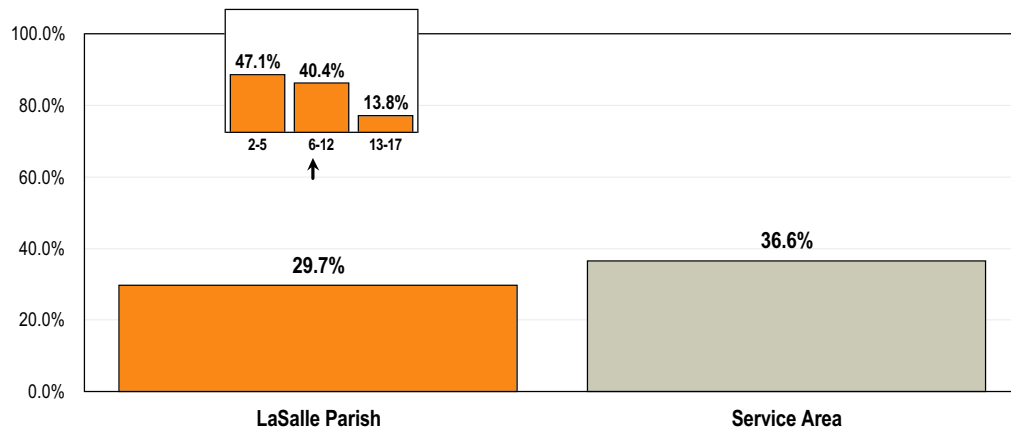
Notes: 1. Asked of all overweight respondents
2. State data not available.

Overweight Children

Survey respondents were also asked to report heights and weights of children age 2 or older in their households. From this information, a BMI was calculated for each child and compared against overweight thresholds (based on status above the 95 percentile of U.S. growth charts for the child's age).

- **29.7% of LaSalle Parish children between the ages of 2 and 18 are overweight.**
- Overweight prevalence is noted particularly among younger children and decreases with age.
 - Lower than that found throughout the Rapides Foundation Service Area.

Child Overweight



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Asked of all respondents with children under 18 at home.
2. Overweight among children is estimated based on children's Body Mass Index status above the 95th percentile of U.S. growth charts.

Community Health Panel Findings*

Focus group participants recognized problems associated with nutrition.

“We don’t have good nutrition. We eat a lot of fried foods. It is part of our culture.”

Nutrition

Diet is a key component of good health. In fact, dietary habits have been linked to five of the 10 leading causes of death in the United States, including coronary heart disease, some types of cancer (colorectal, breast and prostate), stroke, noninsulin-dependent diabetes mellitus and atherosclerosis. A well-balanced, low-fat diet can also help limit the risks associated with excessive weight, high blood pressure and high blood cholesterol.

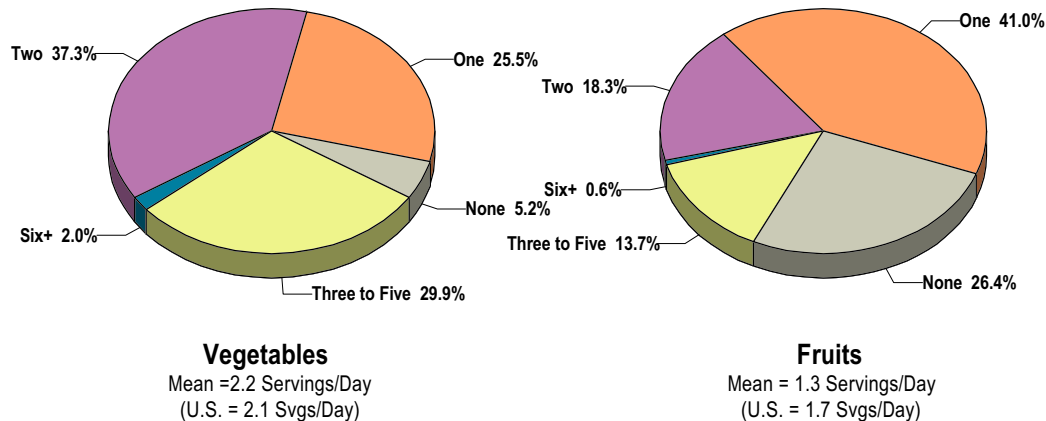
Whereas nutrient deficiencies may have once been a primary concern, the greatest problems today involve the excesses and imbalances of some foods in the American diet. Ideally, one’s diet should: be low in fat, saturated fat and cholesterol; include plenty of vegetables, fruits and grain products; contain moderate amounts of sugars, salt and sodium; and include alcohol use in moderation if at all.

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

Dietary Habits: Fruits & Vegetables

- Residents of LaSalle Parish report eating an average of 2.2 servings of vegetables per day and an average of 1.3 servings of fruits per day.

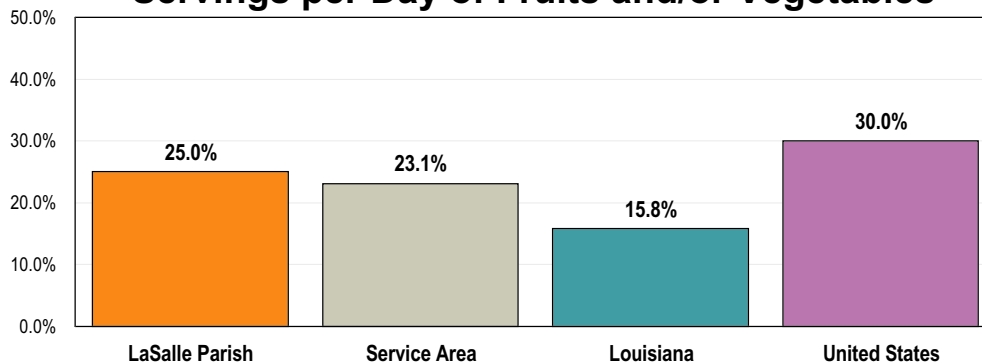
Self-Reported Daily Servings of Fruits and Vegetables



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Community Health Survey, Professional Research Consultants
Note: Asked of all respondents.

- Only 25.0% of LaSalle Parish adults eat the recommended five or more servings per day of fruits and/or vegetables.
 - Similar to that found throughout the Rapides Foundation Service Area.
 - Significantly better than found statewide (15.8%).
 - Statistically similar to that found nationwide (30.0%).

Eat the Recommended 5 or More Servings per Day of Fruits and/or Vegetables

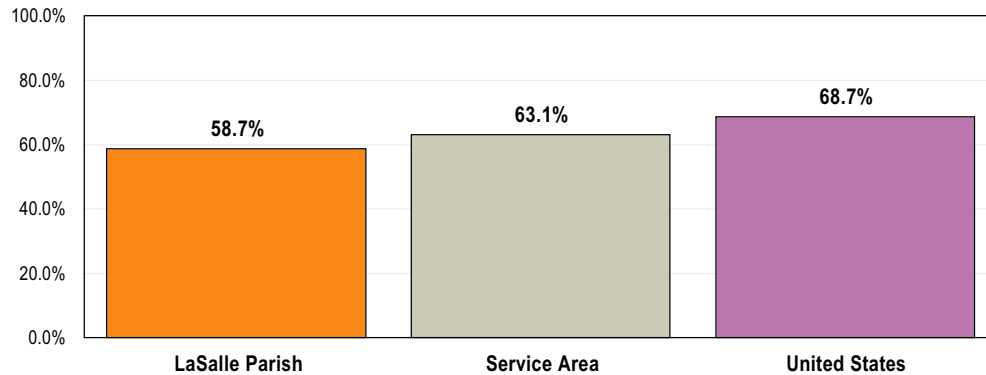


Source: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
3. 2000 PRC National Health Survey, Professional Research Consultants
Note: Asked of all respondents.

Use of Food Labels

- **58.7% of LaSalle Parish adults report reading food labels when shopping for groceries in order to make more nutritious food selections.**
 - Lower than Rapides Foundation Service Area findings.
 - Significantly worse than found nationwide (68.7%).

Use Labels to Make Nutritious Food Selections

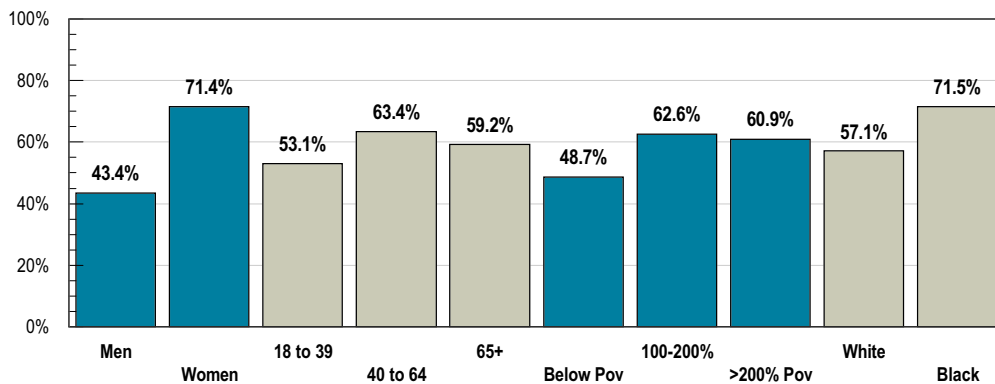


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of all respondents.
 2. State data not available.

Use of food labels is notably higher among:

- Women.
- Blacks.

Use Labels to Make Nutritious Food Selections

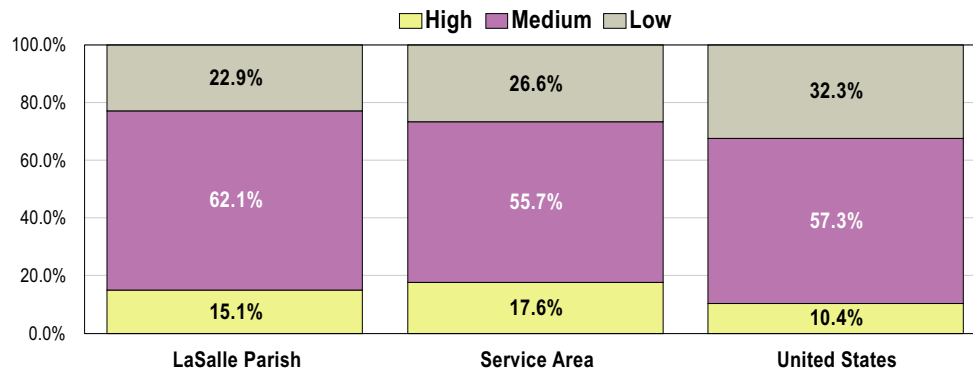


Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in LaSalle Parish.
 2. Asked of all respondents.

Dietary Fat Content

- **15.1% of LaSalle Parish adults report eating a diet that they characterize as “high” in fat.**
 - Similar to the proportion found throughout the Rapides Foundation Service Area.
 - Significantly worse than found nationwide (10.4%).

Self-Reported Dietary Fat Content

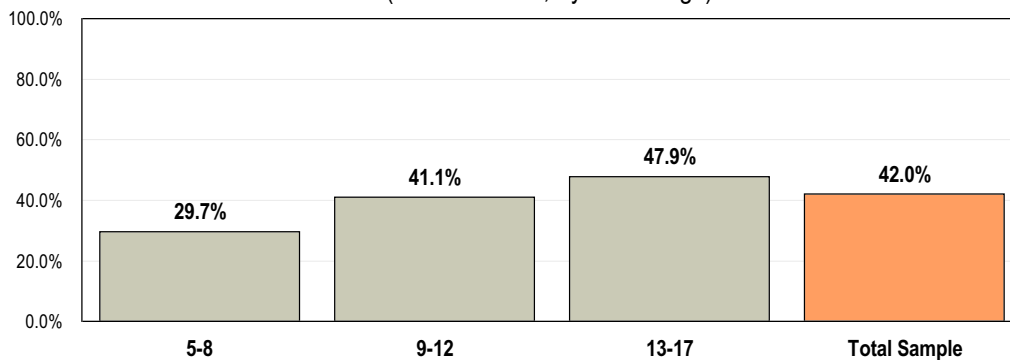


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Community Health Survey, Professional Research Consultants
 Note: Asked of all respondents.

Children & Fast Food

- **42.0% of LaSalle Parish parents report that their child eats three or more of his/her meals per week from a fast-food restaurant.**
- Frequent fast-food meals are more common among older children.

Child Eats Three or More Fast Food Meals per Week (LaSalle Parish; By Child's Age)



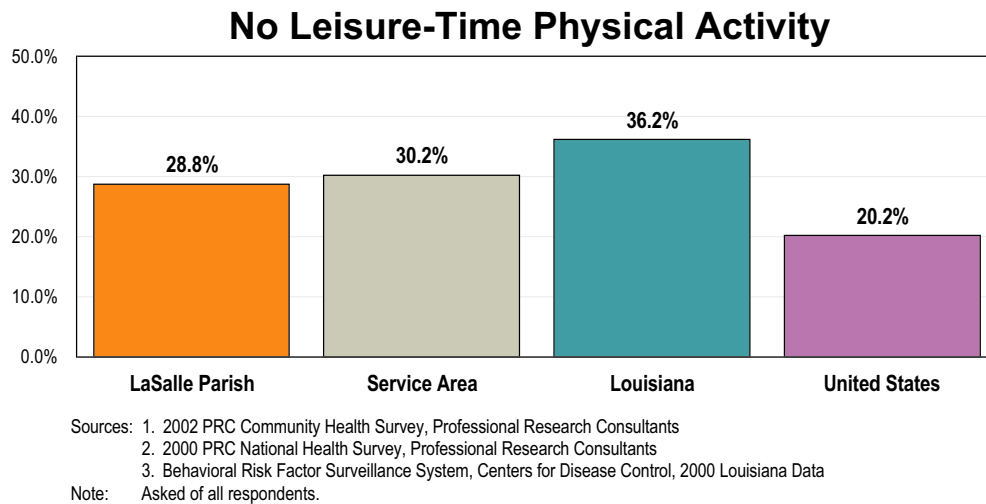
Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Note: Asked of all respondents with children aged 5 and older.

Physical Activity

Regular physical activity contributes to a longer and healthier life. The health benefits of exercise are irrefutable; it has been asserted that employing regular physical activity toward cardiorespiratory fitness can prevent or limit one's risk for such afflictions as coronary heart disease, hypertension, noninsulin-dependent diabetes mellitus, osteoporosis, obesity, depression, colon cancer, stroke and back injury.

No Leisure-Time Physical Activity

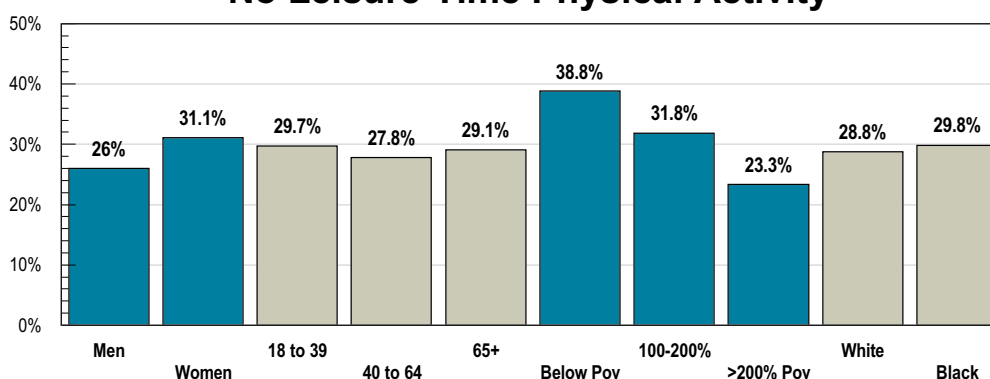
- **28.8% of LaSalle Parish adults have not participated in any type of physical activity outside work during the past month.**
 - Significantly better than statewide findings.
 - Similar to the Rapides Foundation Service Area (30.2%).
 - Significantly worse than found nationwide (20.2%).



The following chart segments levels of inactivity by various demographic characteristics. As shown, a lack of leisure-time physical activity is found among a greater share of:

- Women.
- Those living at lower income levels.

No Leisure-Time Physical Activity



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in LaSalle Parish.

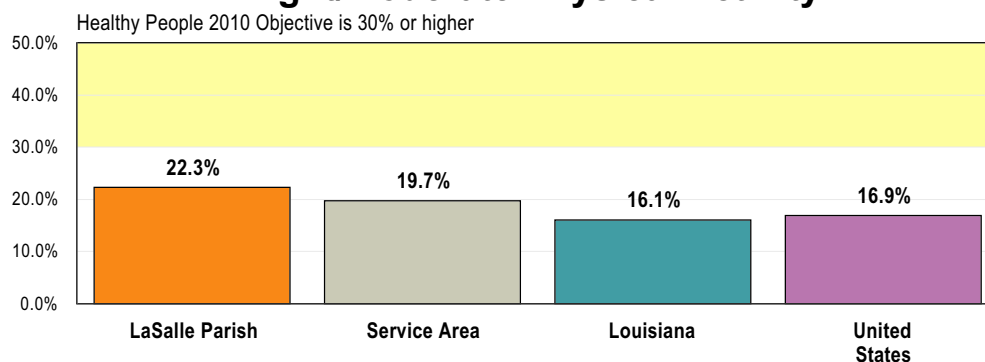
2. Asked of all respondents.

Light/Moderate Physical Activity

“Light/moderate” physical activity is defined as activities that cause only light sweating or a slight to moderate increase in breathing or heart rate.

- **22.3% of LaSalle Parish adults report taking part in “light” or “moderate” physical activity at least five times per week for at least 30 minutes at a time.**
 - Better than Rapides Foundation Service Area findings (19.7%).
 - Significantly better than statewide findings (16.1%).
 - Significantly better than U.S. findings (16.9%).
 - Fails to satisfy the *Healthy People 2010* target (30% or higher).

Light/Moderate Physical Activity



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1998 Louisiana Data

3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

4. 2000 PRC National Health Survey, Professional Research Consultants

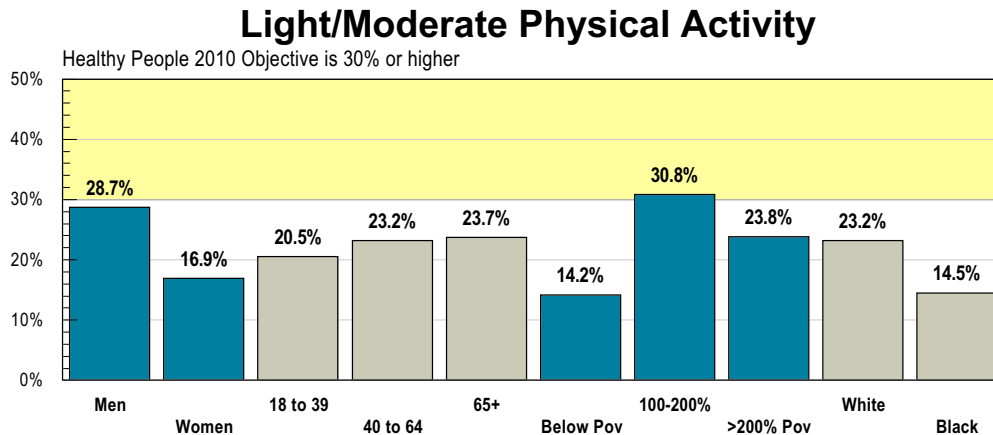
Notes: 1. Asked of all respondents.

2. Takes part in “light/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.

3. The Healthy People 2010 goal is to increase to at least 30% the proportion of people who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes per day.

Moderate physical activity is lowest among:

- Women.
- Persons living below the poverty threshold.
- Black respondents.
- Adults age 18 to 39.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Asked of all respondents.

2. Takes part in "light/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.

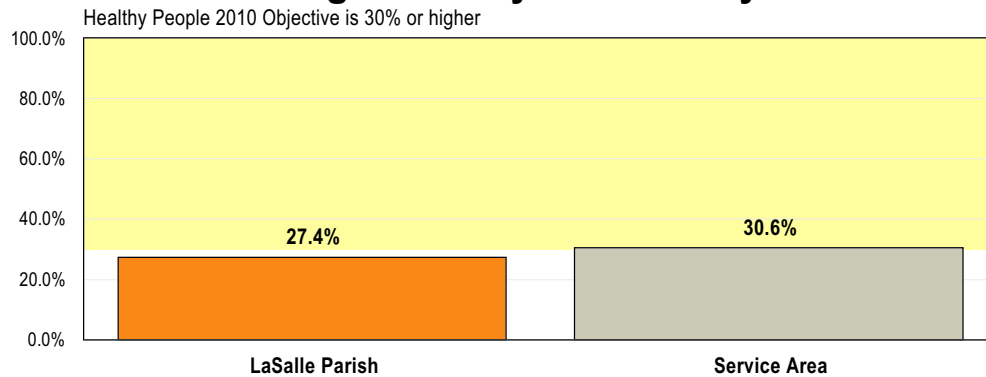
3. The Healthy People 2010 goal is to increase to at least 30% the proportion of people who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes per day.

Vigorous Physical Activity

“Vigorous” physical activity is defined as activities that cause heavy sweating or large increases in breathing or heart rate.

- **27.4% of LaSalle Parish adults report taking part in vigorous physical activity at least three times a week for at least 20 minutes at a time.**
 - Lower than that found throughout the 11-parish Rapides Foundation Service Area.
 - Does not satisfy the *Healthy People 2010* target (30% or higher).

Vigorous Physical Activity



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Notes: 1. Asked of all respondents.

2. Takes part in "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.

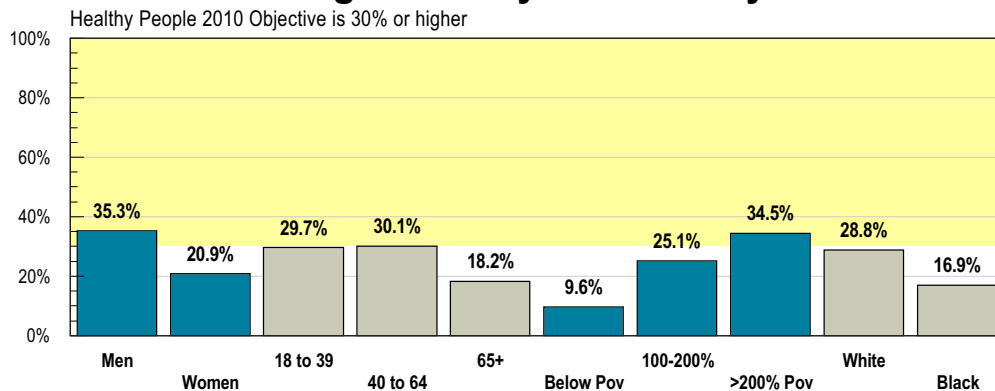
3. The Healthy People 2010 goal is to increase to at least 30% the proportion of people who engage regularly, preferably 3 times or more weekly, in vigorous physical activity for at least 20 minutes per exercise session.

4. State and U.S. data not available.

Vigorous physical activity levels are lowest among:

- Lower-income adults.
- Black respondents.
- Those age 65 or older.
- Women.

Vigorous Physical Activity



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in LaSalle Parish.

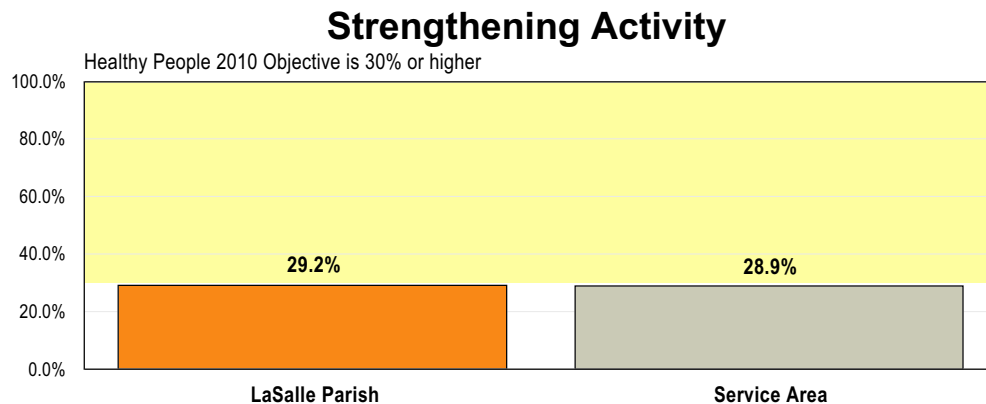
2. Asked of all respondents.

3. Takes part in "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.

Strengthening Activity

“Strengthening activities” are activities specifically designed to strengthen muscles, such as lifting weights or doing calisthenics.

- **29.2% of LaSalle Parish adults report taking part in strengthening activities at least twice a week.**
 - Similar to Rapides Foundation Service Area findings.
 - Close to satisfying the *Healthy People 2010* target (30% or higher).



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Notes: 1. Asked of all respondents.

2. In this case, "strengthening activity" refers to performing any activity which enhances and maintains strength and endurance at least twice a week.

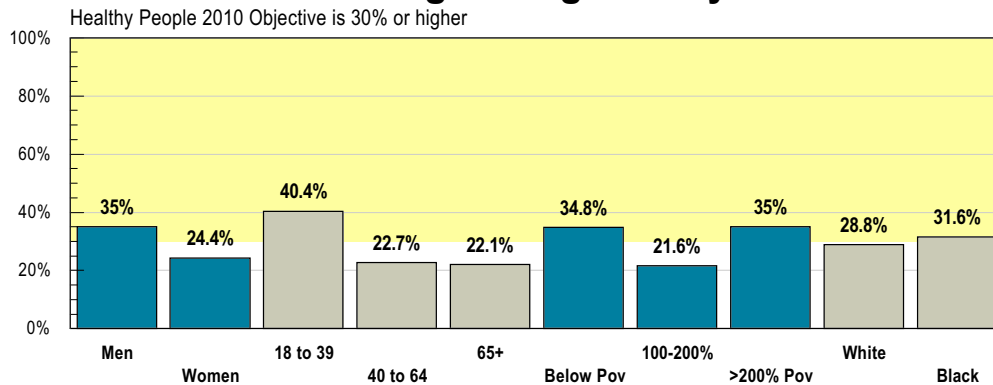
3. The Healthy People 2010 goal is to increase to at least 30% the proportion of people who engage in activity which enhances and maintains strength and endurance at least two times weekly.

4. State and national data not available.

Strengthening activity levels are lowest among:

- Those age 65 or older.
- Women.
- Those living just above poverty level (100% to 200% poverty).

Strengthening Activity



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in LaSalle Parish.

2. Asked of all respondents.

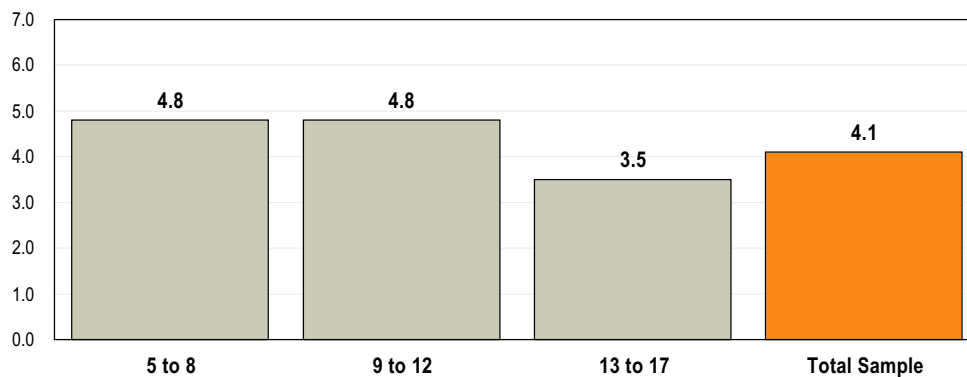
3. In this case, "strengthening" refers to performing exercise which enhances and maintains strength and endurance at least twice weekly.

Physical Activity in Children

LaSalle Parish parents report that their children take part in physical activity lasting 20 minutes or more on an average 4.1 days per week.

- Children ages 5 to 12 appear to be more physically active than older children.

Average Days per Week on Which Child Participates in Physical Activity Lasting 20+ Minutes (LaSalle Parish; By Child's Age)



Source: 2002 PRC Community Health Survey, Professional Research Consultants

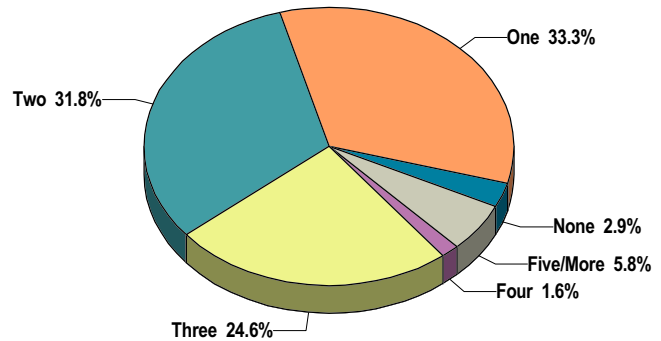
Notes: 1. Asked of all respondents with children under 18 at home.

2. In this case, the term "physical activity" refers to exercise that causes the child to sweat or breathe hard.

Television watching is a leading sedentary behavior in children. Survey respondents with children between the ages of 5 and 17 were asked how much television their child watches on a typical school day.

- **56.4% of LaSalle Parish parents report that their child watches television an average of two to three hours on a typical school day.**
- **7.4% of LaSalle Parish parents report that their child watches television an average of four or more hours on a typical school day.**

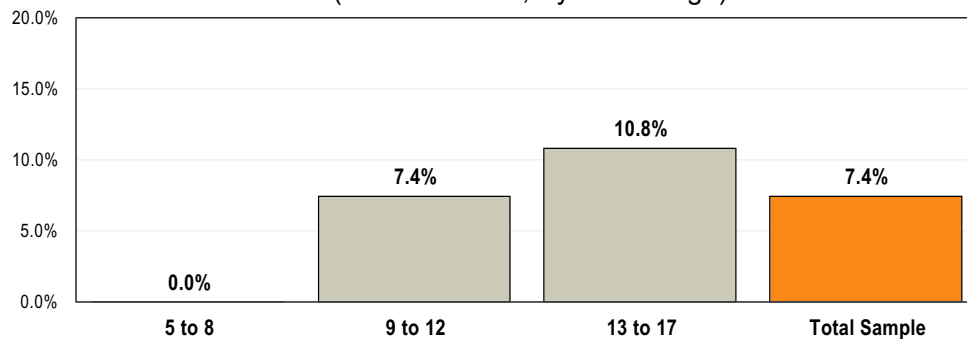
Hours Child Watches Television on a Typical School Day



Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Note: Asked of all respondents with children under 18 at home.

- Children aged 13 to 17 spend the most amount of time watching television on an average school day.

Child Watches Four or More Hours of Television on a Typical School Day (LaSalle Parish; By Child's Age)

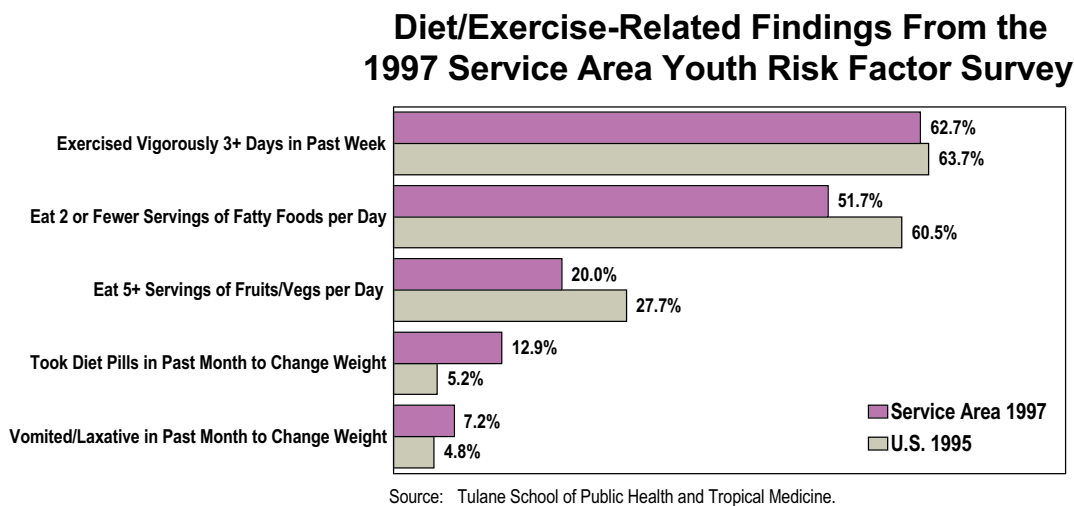


Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Note: Asked of all respondents with children under 18 at home.

Adolescent Nutrition & Exercise

In 1997, the Tulane School of Public Health and Tropical Medicine administered a youth risk factor survey to high school students in the Rapides Foundation Service Area. Note the following findings in comparison to 1995 national survey data:

- Service area youth reported fewer servings per day of fruits/vegetables and reported a greater share of daily meals with fatty foods.
- Service area youth reported higher usage of diet pills and laxatives/vomiting to lose weight.



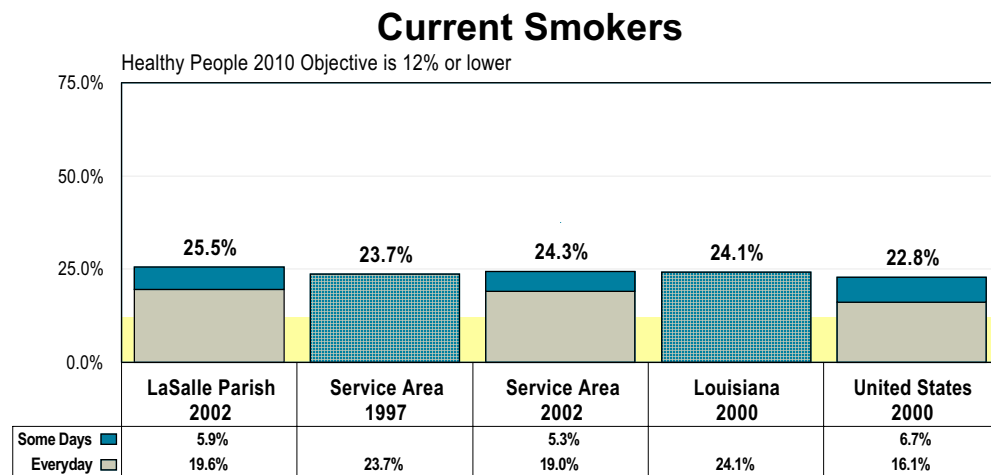
Tobacco Use

Tobacco use remains the leading preventable cause of death in the United States, causing more than 400,000 deaths each year and resulting in an annual cost of more than \$50 billion in direct medical costs. Each year, smoking kills more people than AIDS, alcohol, drug abuse, car crashes, murders, suicides and fires — combined.

Nationally, smoking results in more than 5 million years of potential life lost each year. Approximately 80% of adult smokers started smoking before the age of 18. Every day, nearly 3,000 young people under the age of 18 become regular smokers. More than 5 million children living today will die prematurely because of a decision they will make as adolescents — the decision to smoke cigarettes. (Center for Disease Control and Prevention).

Cigarette Smoking Prevalence

- **25.5% of LaSalle Parish adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).**
 - Statistically similar to service area, statewide and national prevalence levels.
 - Far from reaching the *Healthy People 2010* target (12% or lower).

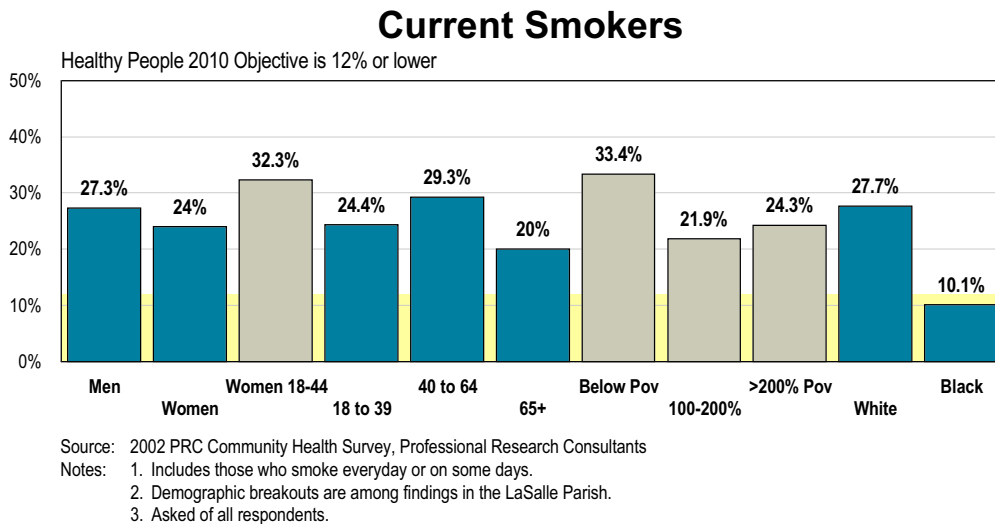


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
 5. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.

Notes: 1. Includes regular and occasional smokers (everyday and some days).
 2. 1997 parish and service area data and 1999 state data do not distinguish between, but include both, regular and occasional smokers.

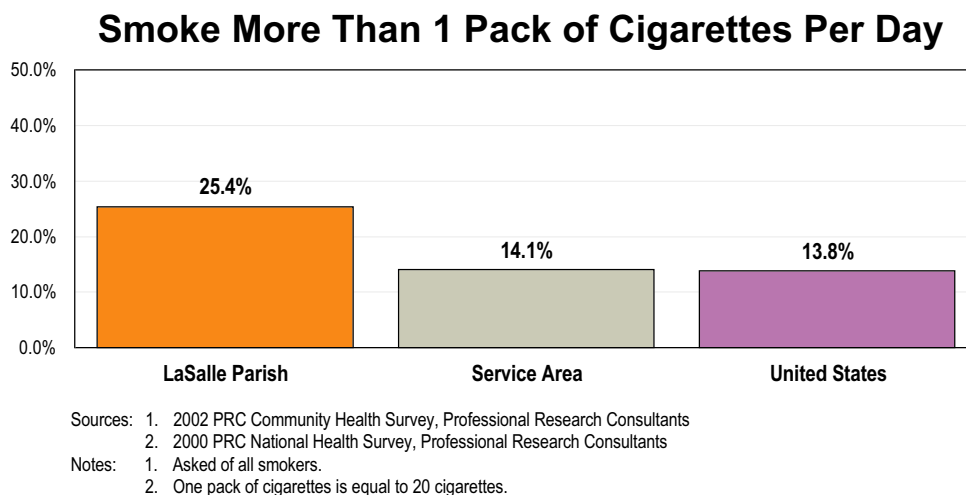
Cigarette smoking is higher among:

- Those living below poverty level.
- White respondents.
- Men.
- Smoking is also higher among women of child-bearing age (ages 18 to 44). 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.



Number of Cigarettes Smoked per Day

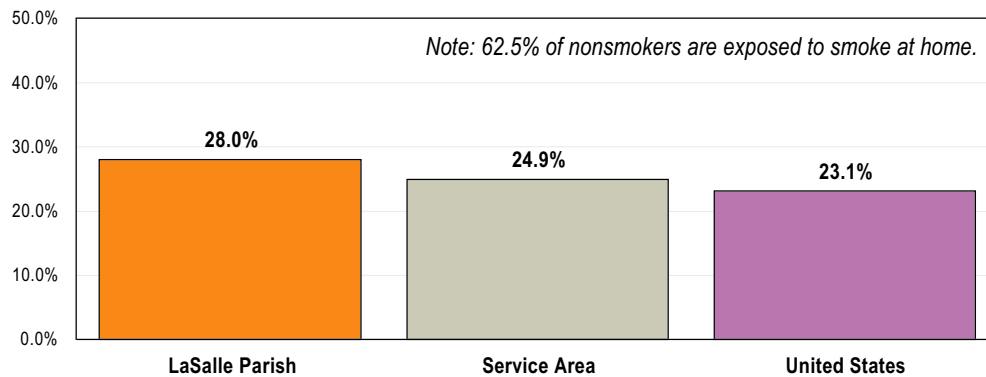
- **25.4% of smokers report smoking more than one pack per day.**
 - Significantly worse than Rapides Foundation Service Area findings (14.1%).
 - Significantly worse than national findings (13.8%).



Exposure to Second-Hand Smoke

- **28.0% of LaSalle Parish adults report that a member of their household smokes at home on three or more days per week.**
 - Significantly higher than Rapides Foundation Service Area and national findings.
- **62.5% of nonsmokers live with someone who smokes in the home.**

Member of Household Smokes at Home

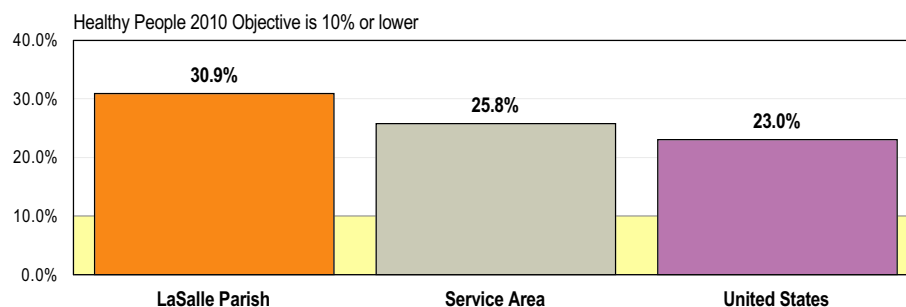


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of all respondents.
2. State data not available.
3. "Smokes at home" refers to a someone smoking in the home at least 3 times per week in the past 30 days.

- **30.9% of LaSalle Parish households with children have someone who smokes in the home three or more days per week.**
 - Significantly higher than Rapides Foundation Service Area and national findings.
 - Fails to satisfy the *Healthy People 2010* target (10% or lower).

Households With Children In Which Someone Smokes in the Home

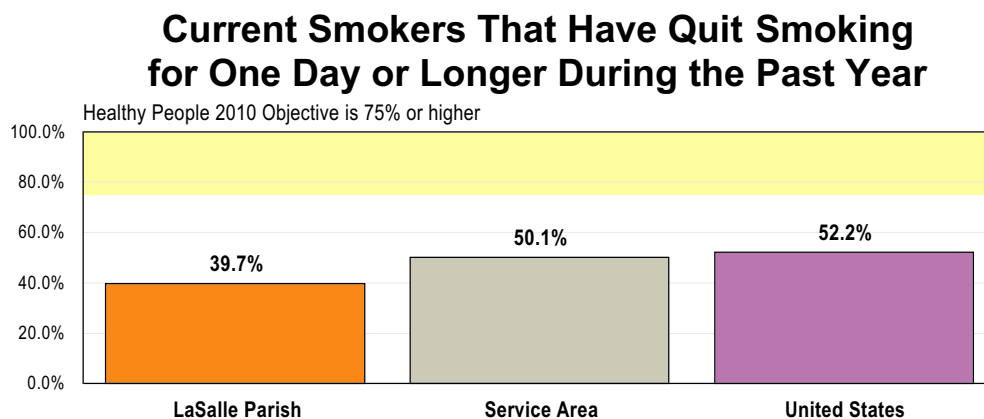


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Note: Percentage of households with children under the age of 18.

Smoking Cessation Attempts

- **39.7% of LaSalle Parish adults who currently smoke every day report that they have stopped smoking for one day or longer in the past year in an effort to quit smoking altogether.**
 - Significantly worse than that found among smokers throughout the 11-parish Rapides Foundation Service Area.
 - Statistically similar to national findings.
 - Far from reaching the *Healthy People 2010* target (75% or higher).



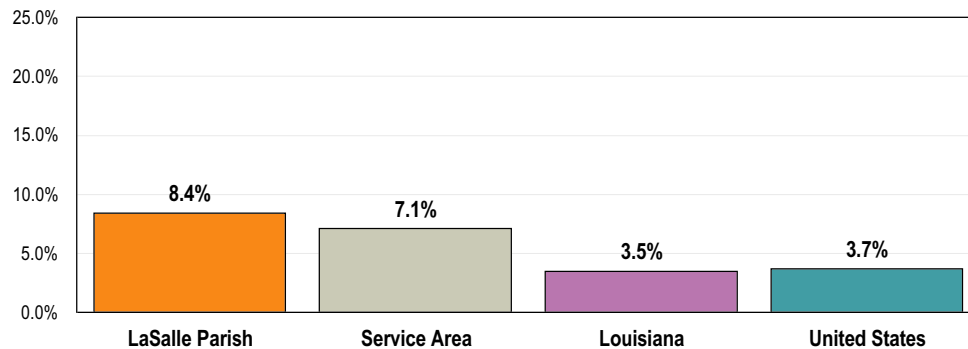
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Notes: 1. Asked of regular (everyday) smokers.
2. State data not available.

Smokeless Tobacco

- **8.4% of LaSalle Parish adults report using smokeless tobacco, such as chewing tobacco or snuff.**
 - Similar to Rapides Foundation Service Area findings.
 - Significantly higher than statewide and national findings.

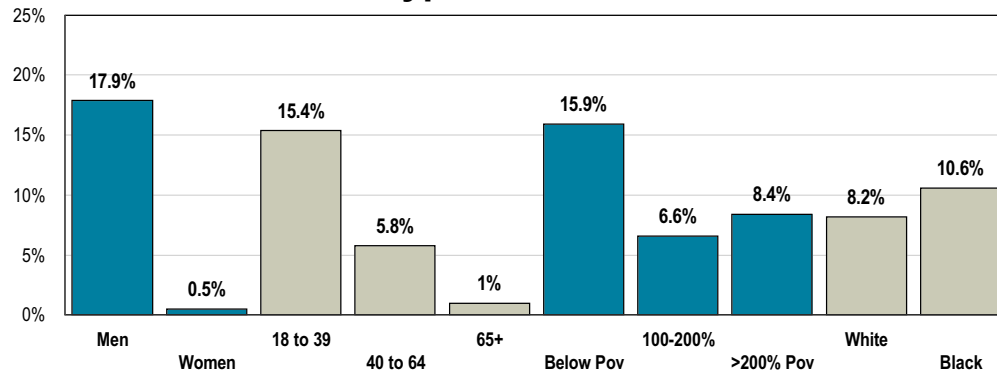
Use Some Type of Smokeless Tobacco



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of all respondents.

- **17.9% of LaSalle Parish men currently use smokeless tobacco products.**

Use Some Type of Smokeless Tobacco



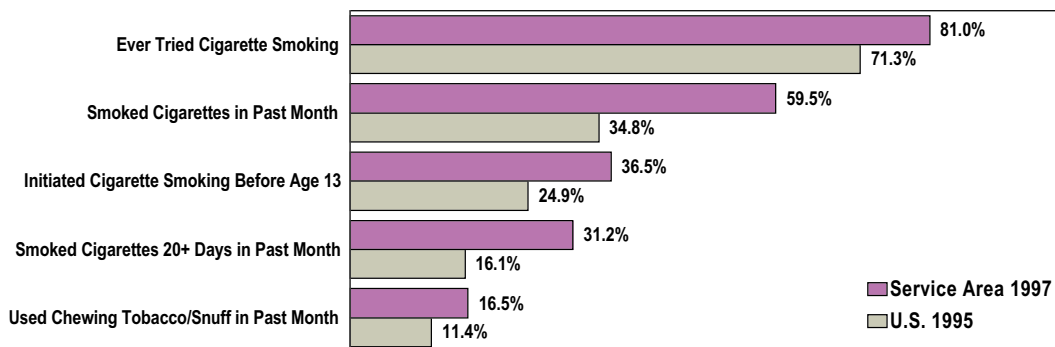
Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in LaSalle Parish.
 2. Reflects the total sample of respondents.

Adolescent Tobacco Use

Note the following comparisons between the 1997 Central Louisiana Youth Risk Factor Survey findings and 1995 national data:

- **Rapides Foundation Service Area high school students report a much higher prevalence of cigarette smoking, both in terms of the percentage of students who smoked at all in the 30 days preceding the interview and the percentage of students who smoked on 20 or more days of the 30 days preceding the interview.**
- **A greater share of service area youth report trying cigarettes before the age of 13.**
- **Service area youth report a higher prevalence of using chewing tobacco or snuff.**

Tobacco-Related Findings From the 1997 Service Area Youth Risk Factor Survey



Source: Tulane School of Public Health and Tropical Medicine.

Community Health Panel Findings*

Focus group participants observed a problem with tobacco use among area youth.

“We see a lot of kids in middle school smoking and chewing tobacco.”

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

Cancers

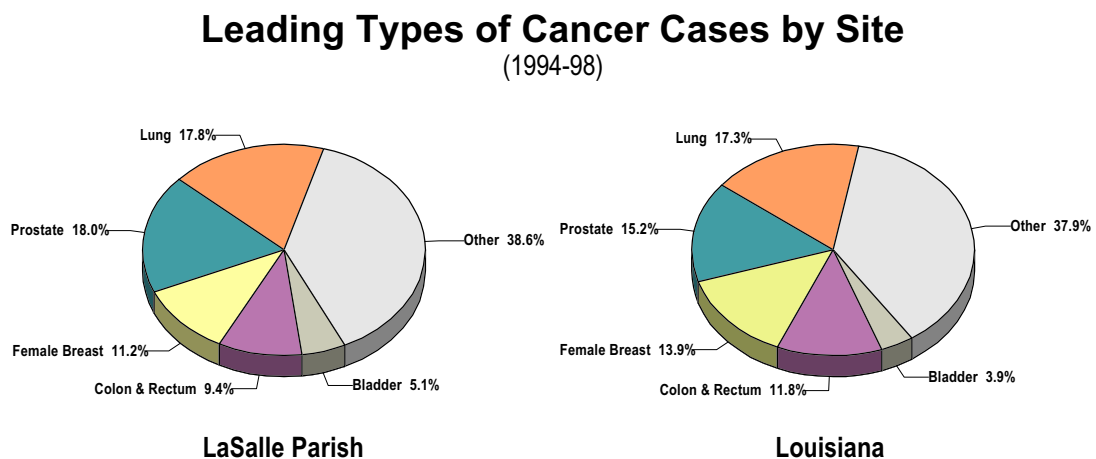
Cancer is a group of diseases characterized by uncontrolled growth and spread of abnormal cells. If the spread is not controlled, it can result in death. Cancer is caused by both external factors (tobacco, chemicals, radiation and infectious organisms) and internal factors (inherited mutations, hormones, immune conditions and mutations that occur from metabolism).

Causal factors may act together or in sequence to initiate or promote carcinogenesis. Ten or more years often pass between exposures or mutations and detectable cancer. Cancer is treated by surgery, radiation, chemotherapy, hormones and immunotherapy (American Cancer Society).

Leading Cancer Diagnoses by Site

Between 1994 and 1998, the leading cancer diagnoses in LaSalle Parish were for:

- **Prostate cancer (18.0%)**
- **Lung cancer (17.8%)**
- **Female breast cancer (11.2%)**
- **Colorectal cancer (9.4%)**



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

Community Health Panel Findings*

One focus group participant correctly noted the high number of cancer diagnoses within the parish.

“We have a lot of cancer patients. I think nationally, one in four or one in five people have cancer, and I think we are probably right there with our cancer patients. I can’t really think of one type of cancer over another - just a lot of it.”

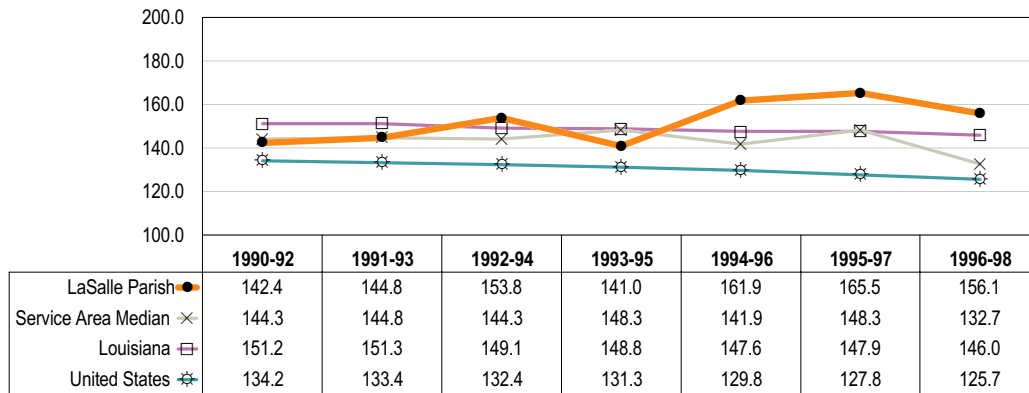
** The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.*

Cancer Deaths

- Age-adjusted death rates for cancer in LaSalle Parish have fluctuated in recent years but have not shown the slight decline seen statewide and nationwide.

Age-Adjusted Mortality: Cancers

(1990-1998 Deaths per 100,000 Population)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

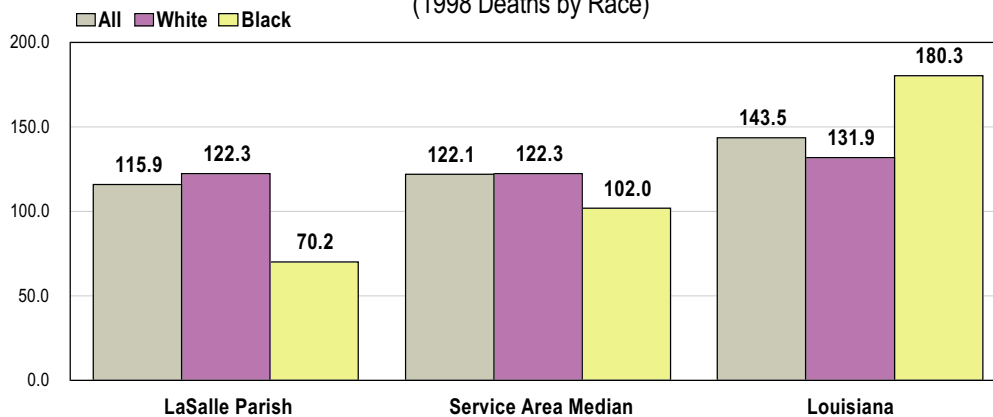
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- In 1998, Whites in LaSalle Parish experienced a notably higher cancer death rate. However, Blacks exhibited a notably higher cancer death rate statewide during the same period.

Age-Adjusted Mortality: Cancers

(1998 Deaths by Race)



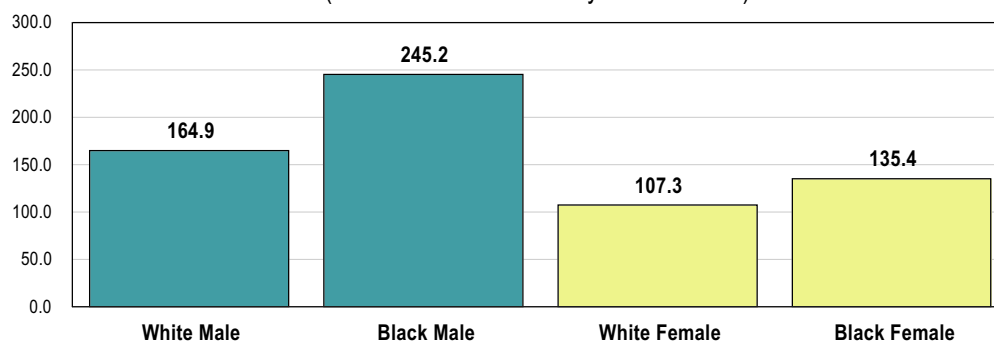
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- Statewide in 1998, Black males had the highest cancer death rate by gender and race (245.2/100,000), followed by White males (164.9/100,000), Black females (135.4/100,000) and White females (107.3/100,000).

Age-Adjusted Mortality: Cancers (1998 Louisiana Deaths by Race/Gender)



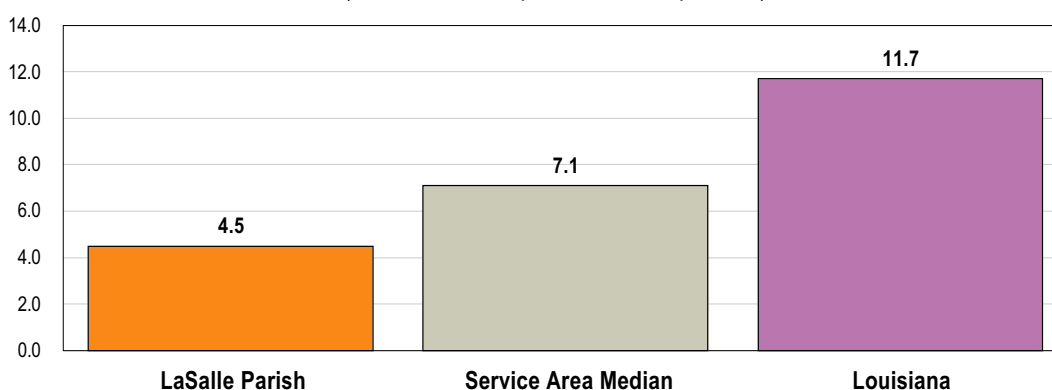
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).
Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

Cancer Deaths by Site

Note that the following rates include the very small portion of breast cancer deaths that occur among males.

- The 1996-98 LaSalle Parish breast cancer death rate is considerably lower than the statewide rate and the Rapides Foundation Service Area rate.

Age-Adjusted Mortality: Breast Cancer (1996-98 Deaths per 100,000 Population)



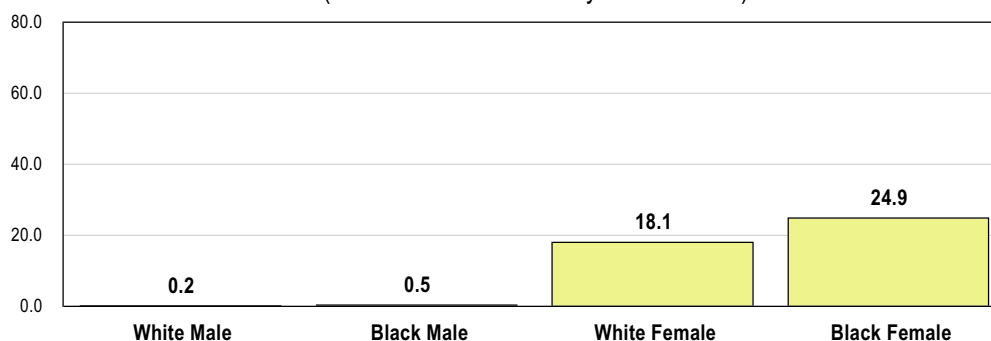
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

- Notes:
- Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.
 - Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).
 - Includes both male and female breast cancer.

- Statewide, Black females experience a higher age-adjusted breast cancer death rate (24.9/100,000) than do White females (18.1/100,000).

Age-Adjusted Mortality: Breast Cancer

(1998 Louisiana Deaths by Race/Gender)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

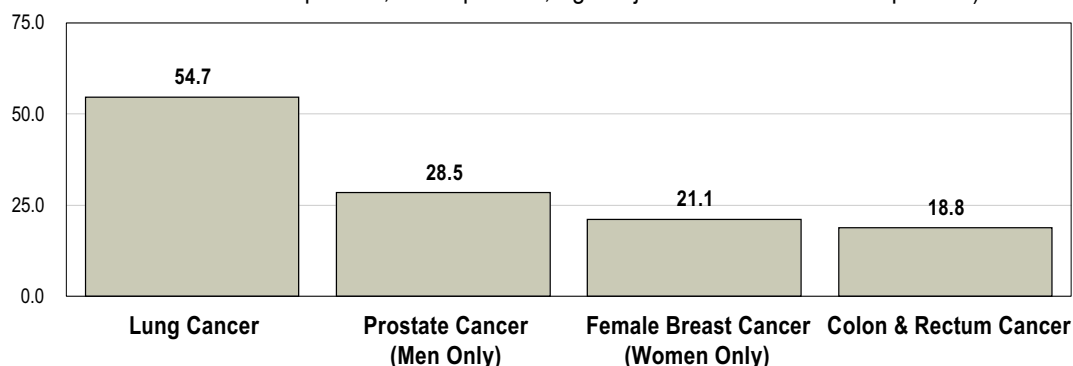
NOTE: While cancer death rates by site (other than breast cancer) are not typically tracked in state vital statistics records, some death rate data are available through the Louisiana Tumor Registry. However, these death rates use an alternative age-adjusting method (adjusted to the 1970 US Standard Population), and are thus not comparable to death rates outlined elsewhere in this report. Further, individual parish data for these are not available.

- Of the leading cancer sites, lung cancer yields the highest death rate in the Rapides Foundation Service Area (54.7 age-adjusted deaths per 100,000 population), nearly twice the rate of the second leading cancer death site, prostate cancer (28.5/100,000). These death rates are followed by female breast cancer (21.1/100,000) and colon and rectum cancer (18.8/100,000).

Age-Adjusted Cancer Mortality by Leading Sites

(Rapides Foundation Service Area;

1996-98 Deaths per 100,000 Population, Age-Adjusted to the 1970 US Population)



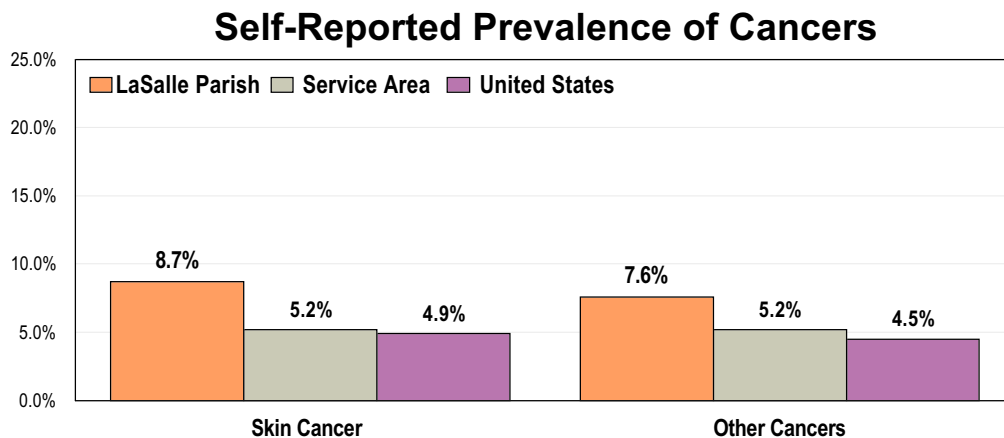
Source: Louisiana Tumor Registry, Department of Public Health & Preventive Medicine.

Note: Rates are per 100,000 population, age-adjusted to the 1970 U.S. Standard Million.

Self-Reported Prevalence of Cancers

From the 2002 Community Health Survey:

- **8.7% of LaSalle Parish adults report that they have suffered from or been diagnosed with skin cancer.**
 - Significantly higher than the Rapides Foundation Service Area and national prevalence levels.
- **7.6% of LaSalle Parish adults report that they have suffered from or been diagnosed with cancer other than skin cancer.**
 - Significantly higher than the Rapides Foundation Service Area and national findings.



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

Cancer Risk

The risk for many cancers can be significantly reduced by practicing preventive measures. The National Cancer Institute estimates that:

- **Tobacco accounts for 30% of cancers.**
 - See also Cardiovascular Risk Behaviors: Tobacco Use.
- **Dietary factors account for 35% of cancers.**
 - See also Cardiovascular Risk Behaviors: Nutrition.

Cancer Screenings

Many forms of cancer are preventable, and some, if detected and treated early, are curable. Thus, the greatest potential for reducing cancer prevalence in years to come lies in stronger prevention strategies, improved means of early detection, and wider use of screening techniques.

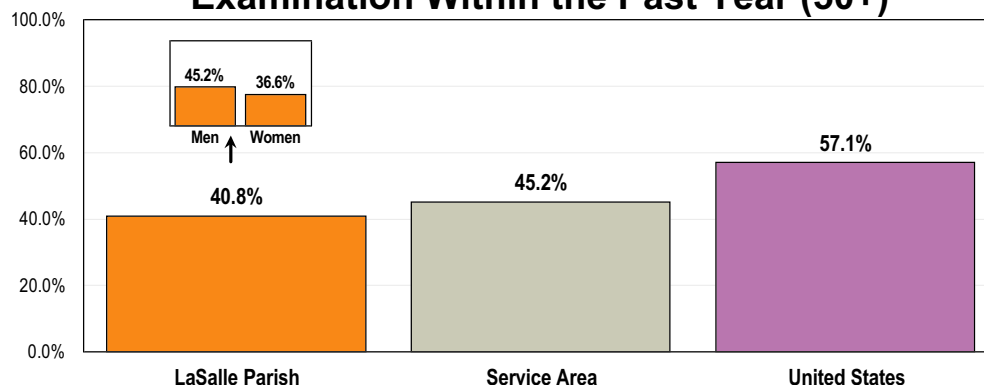
Colorectal Cancer Screening

Digital Rectal Examination

A *digital rectal exam* is a screening procedure in which a physician or other health professional inserts a finger into the rectum to check for colorectal cancer and other health problems.

- **40.8% of LaSalle Parish adults age 50 and older have had a digital rectal examination within the past year.**
 - Higher among men than women (digital rectal examination is also used as a screening procedure for prostate cancer in men).
 - Lower than Rapides Foundation Service Area findings.
 - Significantly lower than the testing prevalence found nationwide among adults in this age group (57.1%).

Have Had a Digital Rectal Examination Within the Past Year (50+)



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. 2000 PRC National Health Survey, Professional Research Consultants

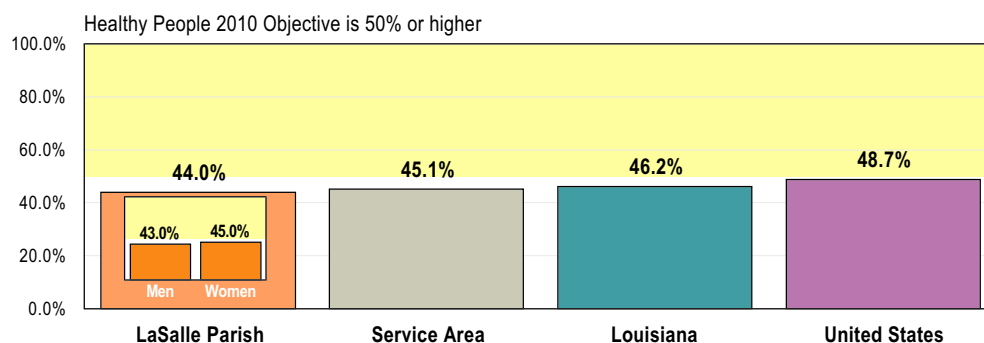
Note: Asked of all respondents aged 50 and older.

Sigmoidoscopy/Colonoscopy

Another method of screening for colorectal cancer is the *sigmoidoscopy/colonoscopy examination*, in which a tube is inserted in the rectum.

- **44.0% of LaSalle Parish adults age 50 or older have ever had a sigmoidoscopy/colonoscopy examination.**
 - Similar to service area, statewide and national testing prevalence levels.
 - Does not satisfy the *Healthy People 2010* target (50% or higher).

Have Ever Had a Sigmoidoscopy/Colonoscopy Examination (50+)



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data

3. 2000 PRC National Health Survey, Professional Research Consultants

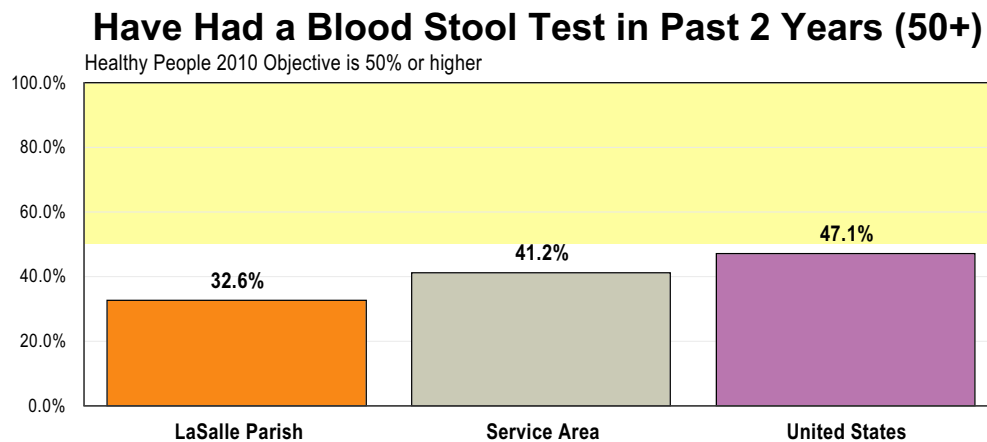
4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Note: Asked of all respondents aged 50 or over.

Blood Stool Test

A blood stool test tests the bowel movement for blood and is administered by a physician or by using a home testing kit.

- **32.6% of LaSalle Parish adults age 50 or older have had a blood stool test in the past two years.**
 - Significantly lower than Rapides Foundation Service Area findings among adults in this age group (41.2%).
 - Significantly lower than national findings (47.1%).
 - Does not satisfy the *Healthy People 2010* target (50% or higher).

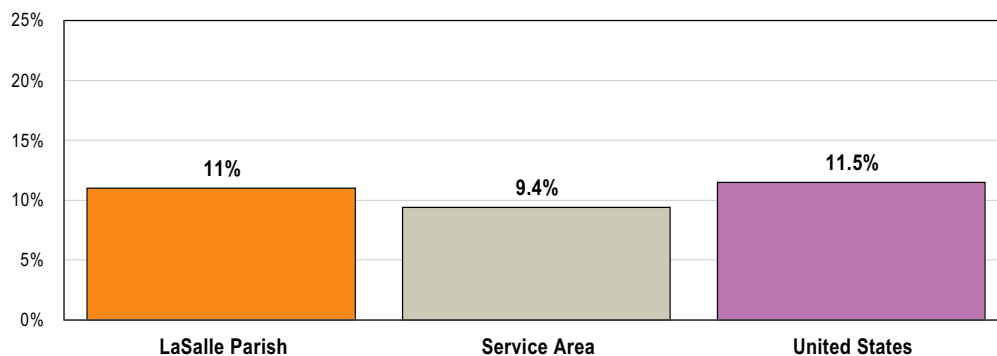


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
Notes: 1. Asked of respondents aged 50 and older
2. State data not available.

Female Breast Cancer Screening

- **11.0% of LaSalle Parish women have had a mother or sister who was diagnosed with breast cancer.**
 - Statistically similar to Rapides Foundation Service Area and national findings.

Mother/Sister Has Been Diagnosed With Breast Cancer



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of all female respondents.

2. State data not available.

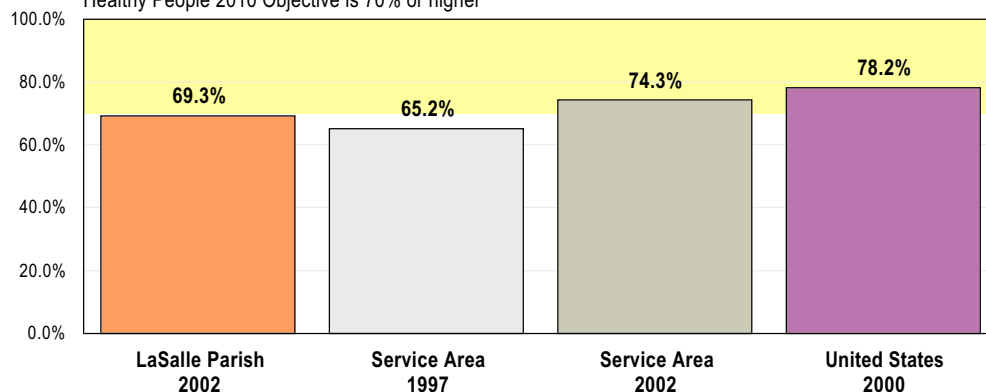
Mammography & Breast Examination

One of the most effective screening tools for breast cancer is the **mammogram**, an X-ray of the breast; women over the age of 40 should have a mammogram annually.

- **Over two-thirds (69.3%) of LaSalle Parish women age 40 and older have had a mammogram in the past two years.**
 - Statistically similar to findings throughout the Rapides Foundation Service Area and nationwide.
 - Close to satisfying the *Healthy People 2010* target (70% or higher).

Have Had a Mammogram in the Past 2 Years (40+)

Healthy People 2010 Objective is 70% or higher



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. 2000 PRC National Health Survey, Professional Research Consultants

3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

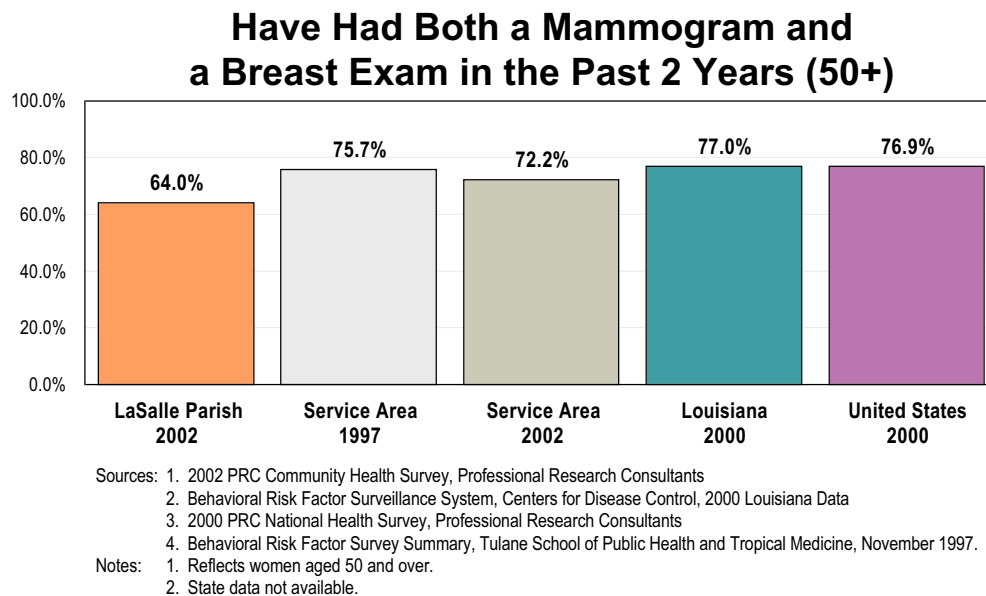
4. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.

Notes: 1. Reflects women aged 40 and over.

2. State data not available.

Another method of screening for breast cancer is the **clinical breast exam**; this is when a physician, nurse or other health professional feels the breast for lumps. Used in conjunction with one another, a mammogram and clinical breast exam are a woman's best defense against breast cancer, given that early detection and treatment bring the best chances for survival.

- **64.0% of LaSalle Parish women age 50 and older have had both a mammogram and a clinical breast exam in the past two years.**
 - Significantly lower than service area, statewide and national findings.

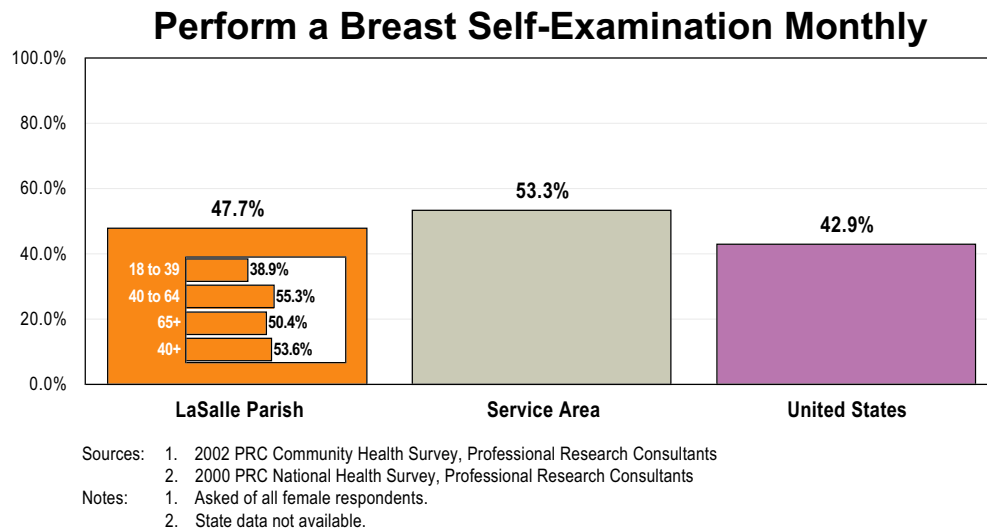


Breast Self-Examination

As a further means of early detection, it is recommended that women examine their own breasts each month to check for potentially cancerous lumps.

- **5.0% of LaSalle Parish women do not know how to perform a breast self-exam.**
- **47.7% of LaSalle Parish women perform a breast self-exam monthly.**
 - Worse than Rapides Foundation Service Area findings (53.3%).
 - Better than found nationwide (42.9%).

- 53.6% of LaSalle Parish women age 40 and older perform a breast self-exam monthly.

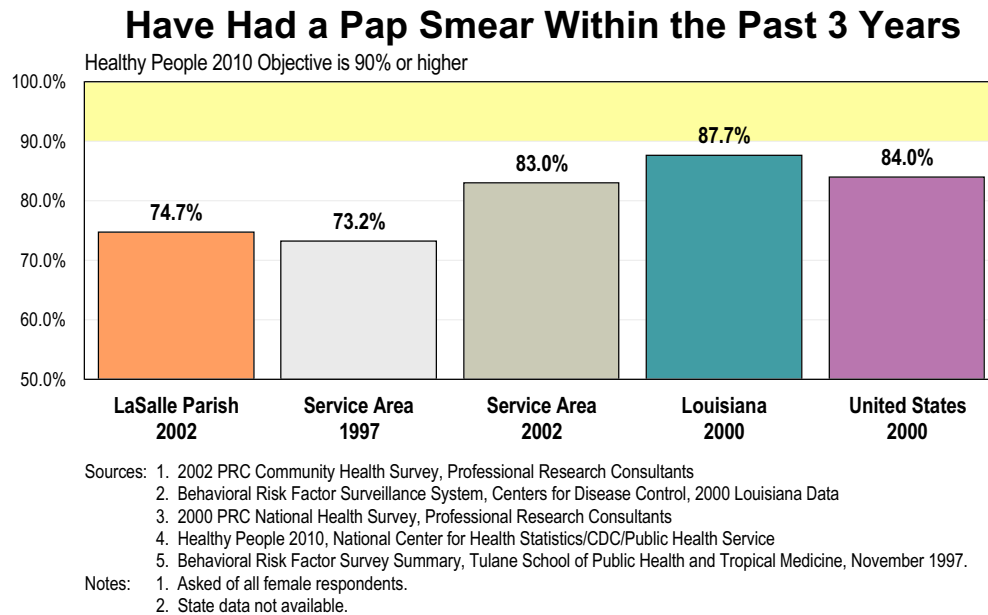


Cervical Cancer Screening

Pap Smear Testing

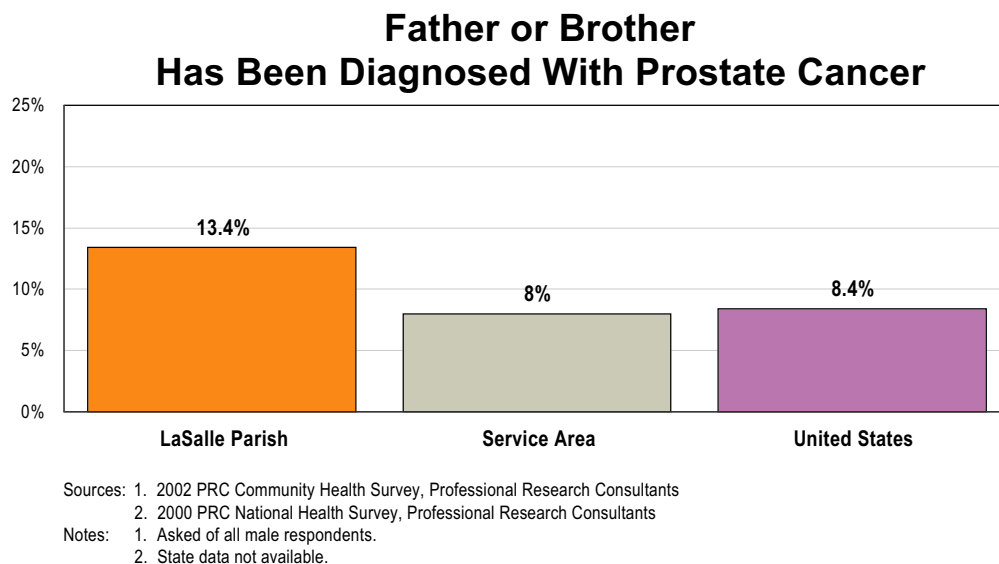
The most effective means of detecting cervical cancer in women is through a **Pap smear** test. Women over the age of 18 should undergo a Pap smear test regularly. Early detection of cervical cancer through a Pap smear can dramatically increase a woman's probability of long-term survival.

- **74.7% of LaSalle Parish women have had a Pap smear test in the past three years.**
 - Significantly lower than Rapides Foundation Service Area (83.0%), state (87.7%) and national (84.0%) findings.
 - Fails to satisfy the *Healthy People 2010* target (90% or higher).



Prostate Cancer

- **13.4% of LaSalle Parish men have a father or brother who has been diagnosed with prostate cancer.**
 - Significantly worse than Rapides Foundation Service Area findings (8.0%).
 - Significantly worse than national findings (8.4%).



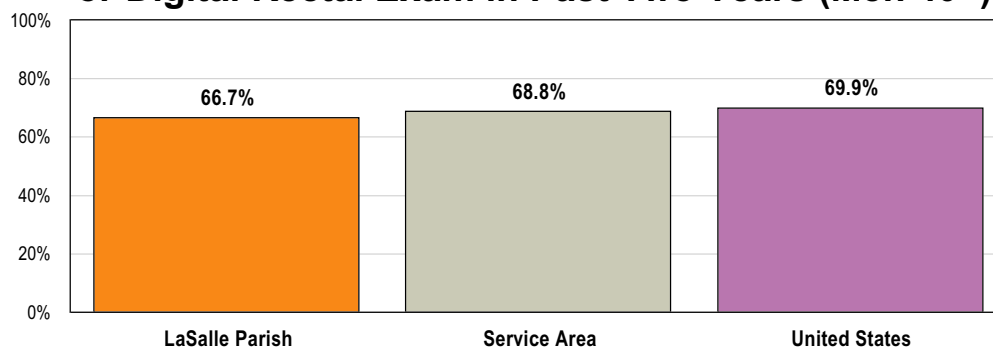
Prostate-Specific Antigen & Digital Rectal Examination

Prostate-specific antigen (PSA) is a “tumor marker,” a substance produced by cancer cells and sometimes normal cells that can be found in large amounts in the blood or urine of some patients with cancer. PSA is the only marker currently used for screening and is specific for prostate disease. The American Cancer Society recommends discussing with your doctor the decision to use this test to screen for prostate cancer if you are between 50 and 70 because doctors are not yet sure that the use of this test will lower the morbidity and mortality from this disease, and the treatment of prostate cancer has many side effects.

Digital rectal examination is a screening procedure in which a physician or other health professional inserts a finger into the rectum to check for prostate cancer.

- **66.7% of LaSalle Parish men age 40 or older have had either a PSA test or a digital rectal exam in the past two years.**
 - Similar to Rapides Foundation Service Area and national findings.

Had Either a Prostate-Specific Antigen (PSA) Test or Digital Rectal Exam in Past Two Years (Men 40+)



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants

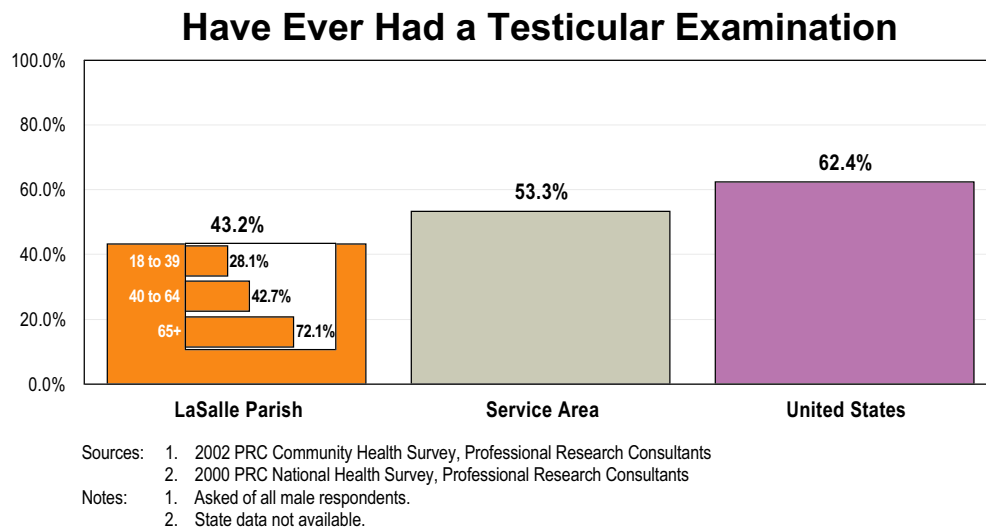
Notes: 1. Reflects male respondents aged 40 and older.
2. State and national data not available.

Testicular Cancer

Testicular cancer is a disease that often strikes men in late adolescence to early adulthood. However, if detected and treated early, testicular cancer has a very high cure rate.

Clinical Testicular Examination

- **43.2% of LaSalle Parish men have ever had a testicular examination by a physician.**
 - Significantly lower than found throughout the Rapides Foundation Service Area.
 - Significantly lower than found nationwide (62.4%).
 - Only 28.1% of LaSalle Parish men between the ages of 18 and 39 have ever had a clinical testicular examination (most testicular cancers occur between the ages of 15 and 40).

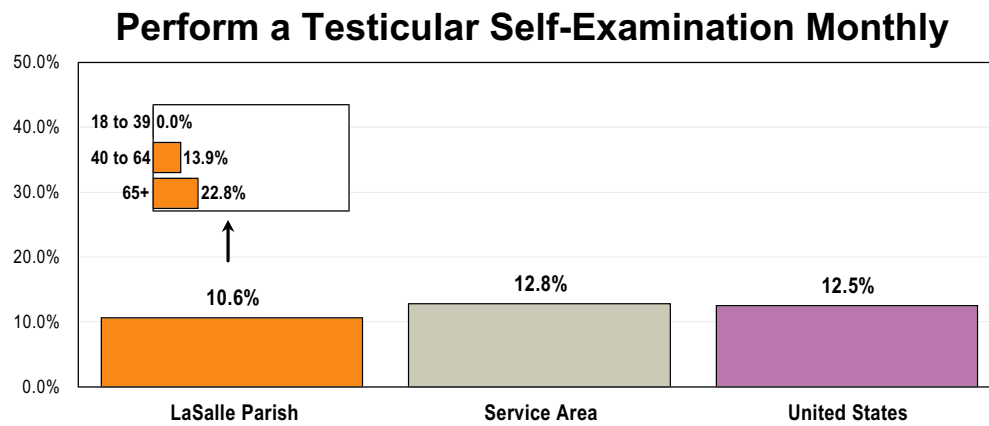


Testicular Self-Examination

Men should know how to examine themselves for lumps on the testicles which may be cancerous. It is recommended that men perform a testicular self-examination monthly.

- **Only 10.6% of LaSalle Parish men perform a testicular self-examination monthly.**
 - Similar to service area (12.8%) and national findings (12.5%).

- No LaSalle Parish men between the ages of 18 and 39 perform a testicular self-examination monthly.



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of all male respondents.
 2. State data not available.

Respiratory Diseases

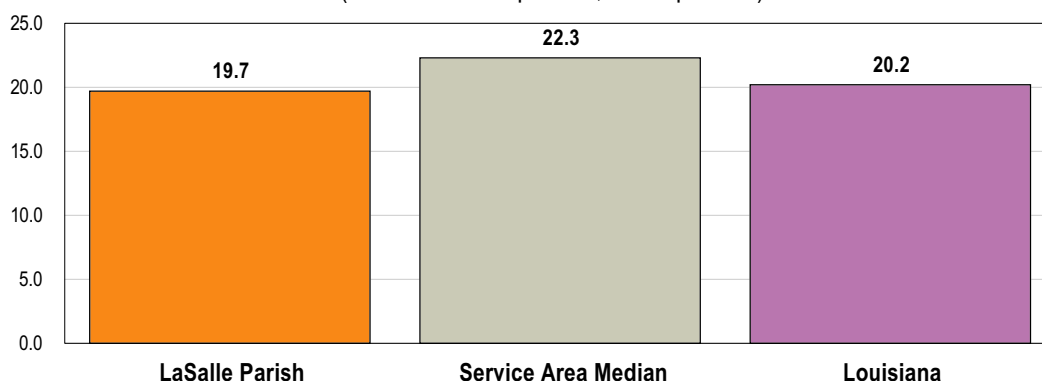
Respiratory diseases include a variety of diseases that can impact the lung and respiratory system, such as chronic obstructive pulmonary disease (which includes emphysema and chronic bronchitis), asthma, influenza and pneumonia.

Chronic Obstructive Pulmonary Disease Deaths

Chronic obstructive pulmonary disease (COPD) includes emphysema and chronic bronchitis — diseases that are characterized by obstruction to air flow.

- **The 1996-98 age-adjusted COPD death rate in LaSalle Parish is lower than the median rate for the 11-parish area and the corresponding statewide rate.**

**Age-Adjusted Mortality:
Chronic Obstructive Pulmonary Disease**
(1996-98 Deaths per 100,000 Population)

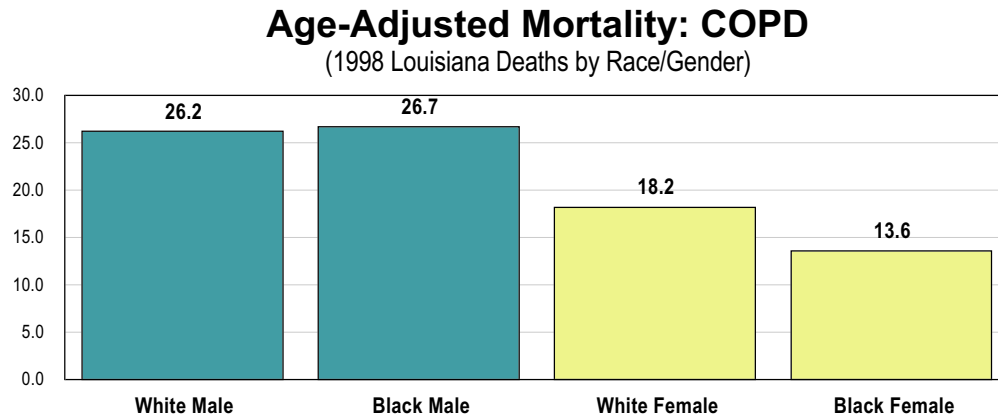


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- Statewide in 1998, both Black and White males experienced much higher age-adjusted death rates (26.7/100,000 and 26.2/100,000, respectively) than did White females (18.2/100,000) or Black females (13.6/100,000).



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

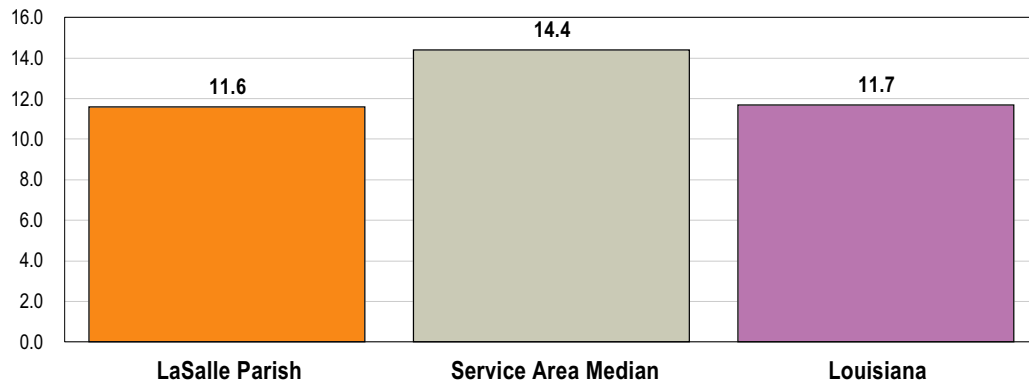
Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

Pneumonia/Influenza Deaths

- The 1996-98 age-adjusted pneumonia/influenza death rate in LaSalle Parish is below the Rapides Foundation Service Area median rate and is similar to the statewide rate.

Age-Adjusted Mortality: Pneumonia/Influenza

(1996-98 Deaths per 100,000 Population)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

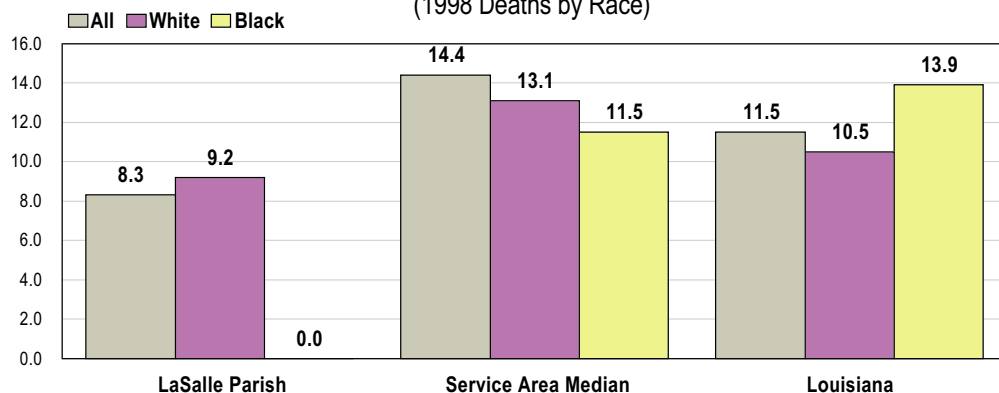
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- In LaSalle Parish in 1998, Whites experienced a notably higher age-adjusted pneumonia/influenza death rate than did Blacks.

Age-Adjusted Mortality: Pneumonia/Influenza

(1998 Deaths by Race)

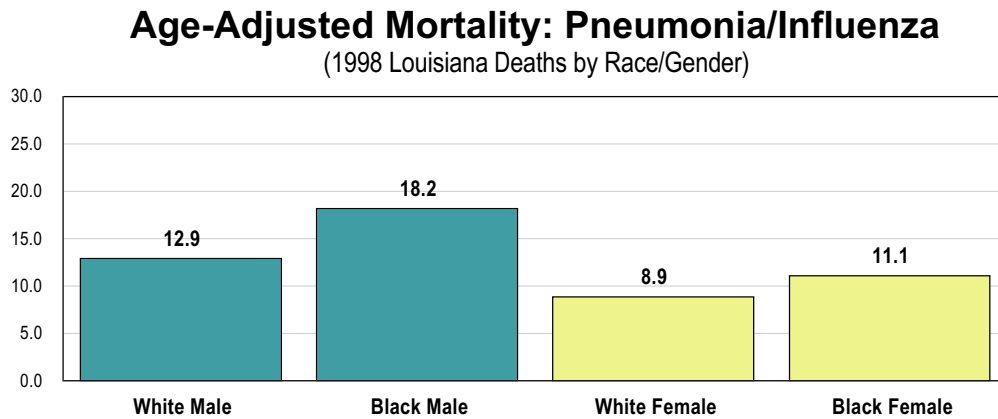


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- Statewide, Black males exhibited the highest age-adjusted death rate due to pneumonia/influenza in 1998 (18.2/100,000), followed by White males (12.9/100,000), Black females (11.1/100,000) and White females (8.9/100,000).

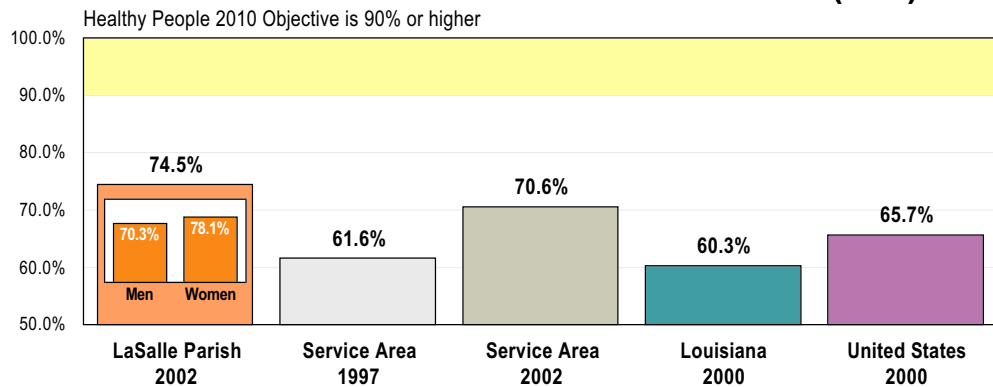


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).
Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

Flu Shots Among Seniors

- **74.5% of LaSalle Parish seniors age 65 and older have had a flu shot in the past year.**
 - Statistically similar to national findings.
 - Higher than Rapides Foundation Service area findings (70.6%).
 - Better than Louisiana findings (60.3%).
 - Fails to satisfy the *Healthy People 2010* target (90% or higher).
 - Higher in LaSalle Parish among women age 65 and older.

Have Had a Flu Shot in the Past Year (65+)

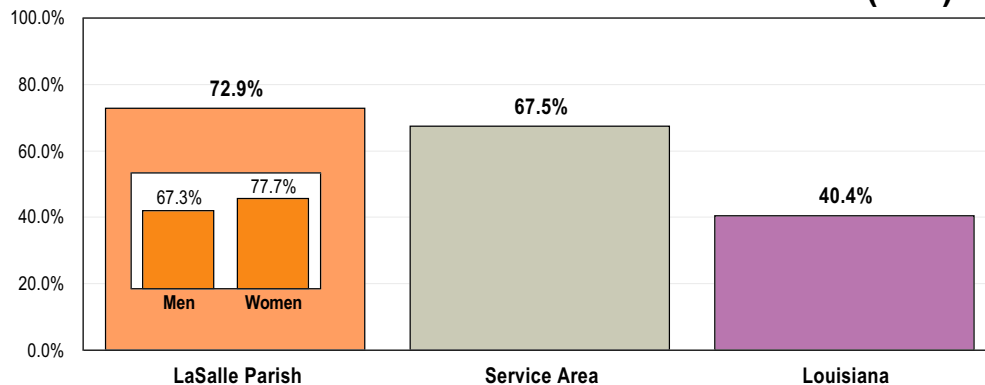


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, CDC, 1999 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.
 Note: Asked of respondents aged 65 and older.

Pneumonia Vaccination Among Seniors

- **72.9% of LaSalle Parish seniors age 65 and older have ever had a pneumonia vaccination.**
 - Higher than Rapides Foundation Service Area findings.
 - Significantly higher than found statewide in 1999 (40.4%).

Have Ever Had a Pneumonia Vaccination (65+)

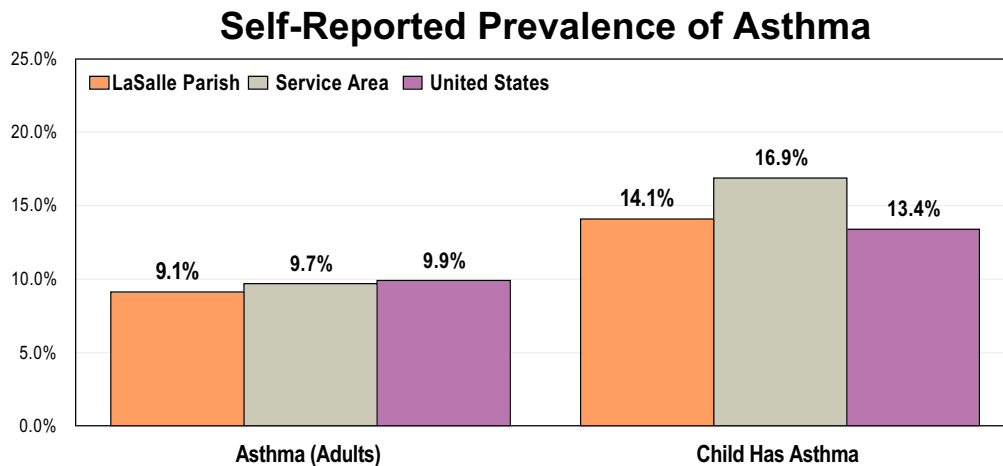


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data
 Notes: 1. Asked of respondents aged 65 and older.
 2. National data not available.

Self-Reported Asthma & Chronic Lung Disease Prevalence

Asthma

- **9.1% of LaSalle Parish adults report suffering from or having been diagnosed with asthma.**
 - Statistically similar to Rapides Foundation Service Area and national findings.
- **14.1% of LaSalle Parish parents report that their child has been diagnosed by a doctor or health professional with asthma.**
 - Statistically similar to Rapides Foundation Service Area and national findings.



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

Community Health Panel Findings*

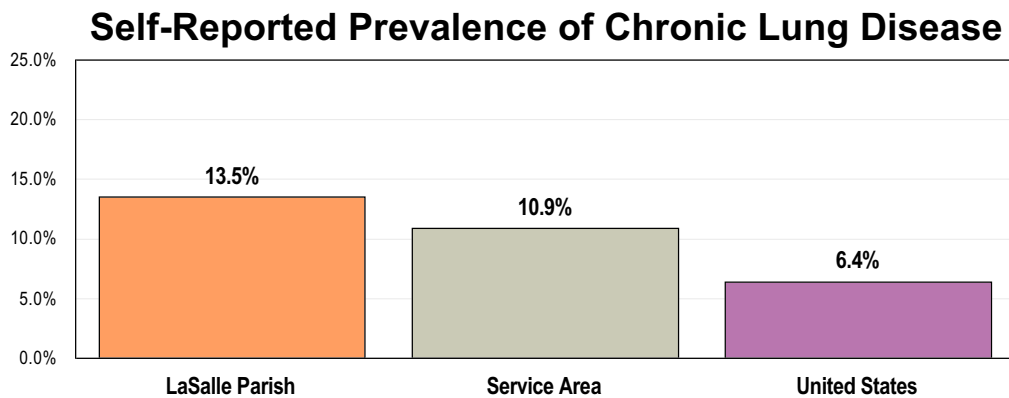
Focus group participants mentioned the prevalence of asthma in their community.

“Asthma is a big problem here.”

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

Chronic Lung Disease

- **13.5% of LaSalle Parish adults report suffering from or having been diagnosed with chronic lung disease.**
 - Higher than Rapides Foundation Service Area.
 - Significantly higher than national findings.



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

Injury

Injury is a serious public health problem because of its impact on the health of Americans, including premature death, disability and the burden on our health care system. Nationwide, injury is the leading cause of death and disability among children and young adults.

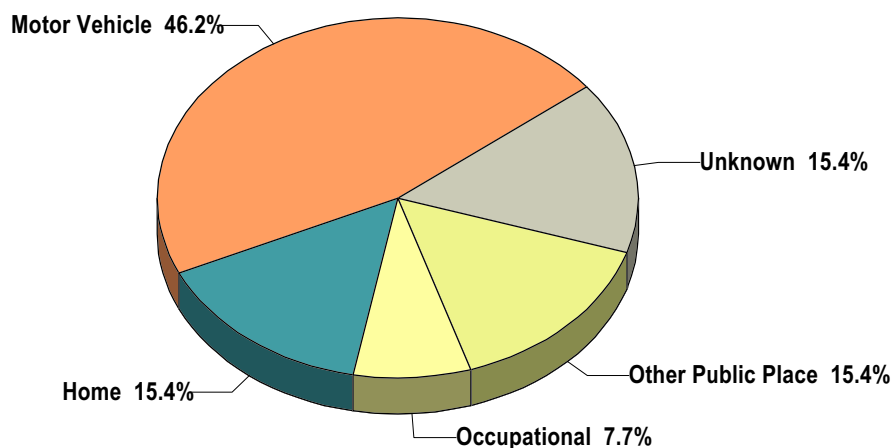
Like diseases, injuries do not occur at random and are preventable. Injury prevention strategies focus primarily on environmental design (e.g., road construction that permits optimum visibility), product design, human behavior, education and legislative and regulatory requirements that support environmental and behavioral change.

Unintentional Injury Deaths

Leading Causes of Accidental Deaths

- **46.2% of unintentional injury deaths in LaSalle Parish in 1998 were the result of motor vehicle accidents.**
- **30.8% of unintentional injury deaths in LaSalle Parish in 1998 occurred in another public place or in the home.**

Leading Causes of Accidental Death
(LaSalle Parish, 1998)



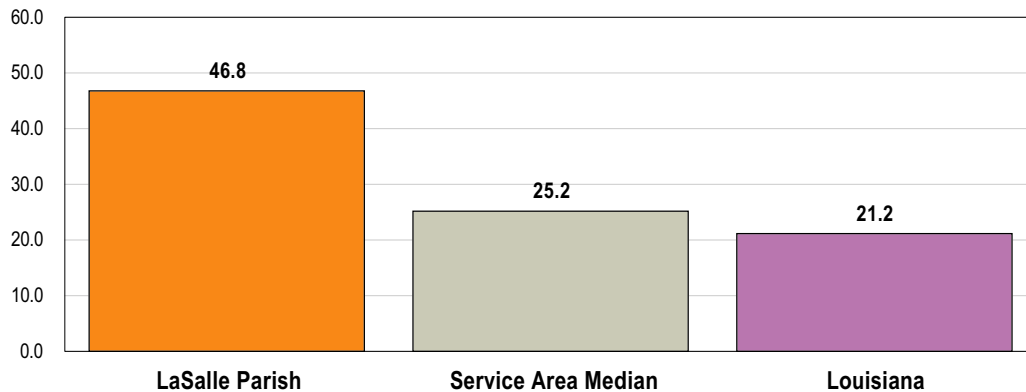
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

Motor Vehicle-Related Deaths

- The 1996-98 age-adjusted death rate for motor vehicle accidents in LaSalle Parish is more than twice the statewide rate and higher than found in most parishes throughout the Rapides Foundation Service Area.

Age-Adjusted Mortality: Motor Vehicle Accidents

(1996-98 Deaths per 100,000 Population)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

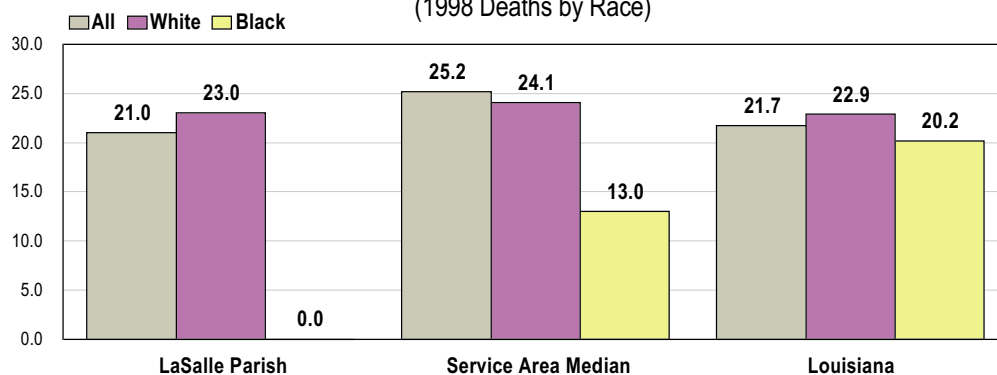
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- In 1998, the motor vehicle accident death rate in LaSalle Parish was exceptionally high among Whites (23.0/100,000) in comparison to Blacks, who reported no motor vehicle fatalities (0.0/100,000). However, this difference in rates is not evident statewide (where the greater numbers of deaths produce more reliable single-year rates).

Age-Adjusted Mortality: Motor Vehicle Accidents

(1998 Deaths by Race)

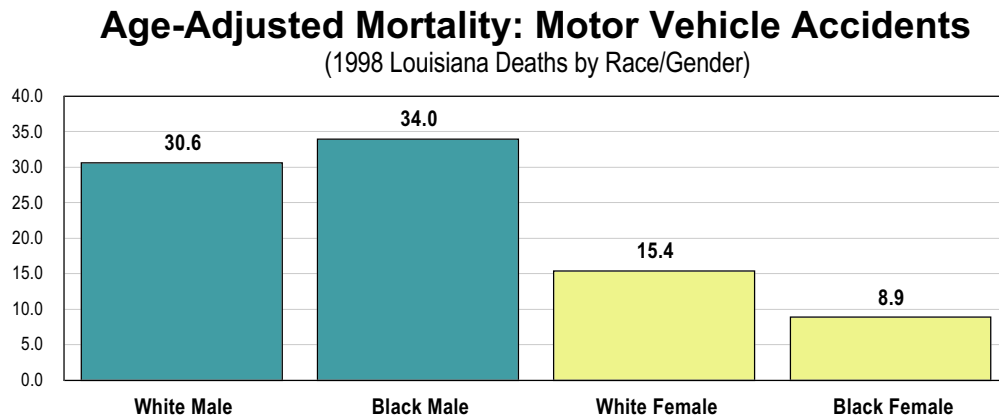


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- In 1998 Louisiana data, motor vehicle accident death rates are markedly higher among males, regardless of race (34.0/100,000 among Black males and 30.6/100,000 among White males) than among females (15.4/100,000 among White females and 8.9/100,000 among Black females).



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).
Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

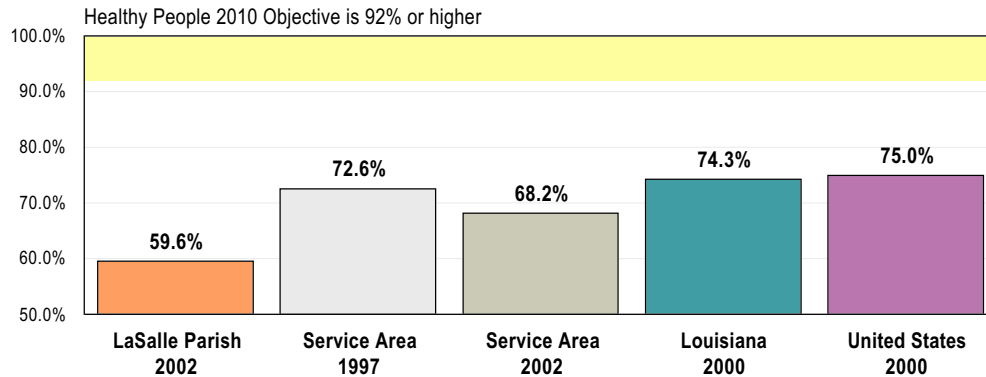
Injury Control

Motor Vehicle Safety

In recent years, mandatory safety belt use laws in many states and the design of occupant protection systems by auto manufacturers have greatly increased seat belt usage and consequently saved lives. Seat belts for adults and older children and child safety seats or booster seats (appropriate to the child's age and size) are the greatest means of protection against bodily injury in the event of a crash.

- **59.6% of LaSalle Parish adults report “always” wearing a seat belt when driving or riding in an automobile.**
 - Significantly worse than Rapides Foundation Service Area findings (68.2%).
 - Significantly worse than the statewide prevalence (74.3%).
 - Significantly worse than the national prevalence (75.0%).
 - Far from reaching the *Healthy People 2010* target (92% or higher).

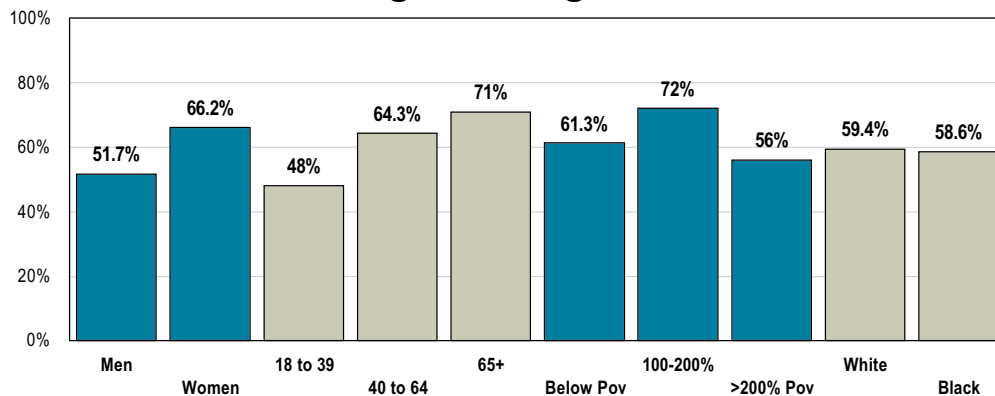
Always Wear a Seat Belt When Driving or Riding in an Automobile



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1997 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
 5. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.
 Note: Asked of all respondents.

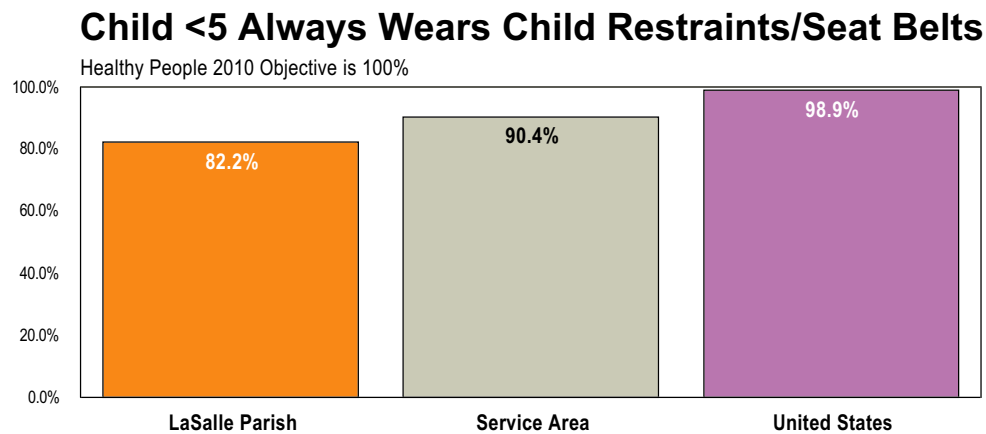
- There is a very strong correlation with seat belt usage and age, with younger adults reporting much lower usage.
- Those with higher incomes wear seat belts less often.
- Men less often report “always” wearing a seat belt than women.

Always Wear a Seat Belt When Driving or Riding in an Automobile



Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in LaSalle Parish.
 2. Asked of all respondents.

- **82.2% of LaSalle Parish parents with children under the age of 5 years report that their child “always” wears a seat belt or uses an appropriate child safety seat when riding in an automobile.**
 - Significantly lower than found throughout the Rapides Foundation Service Area (90.4%).
 - Significantly lower than found nationwide (98.9%).
 - Does not satisfy the *Healthy People 2010* target (100%).



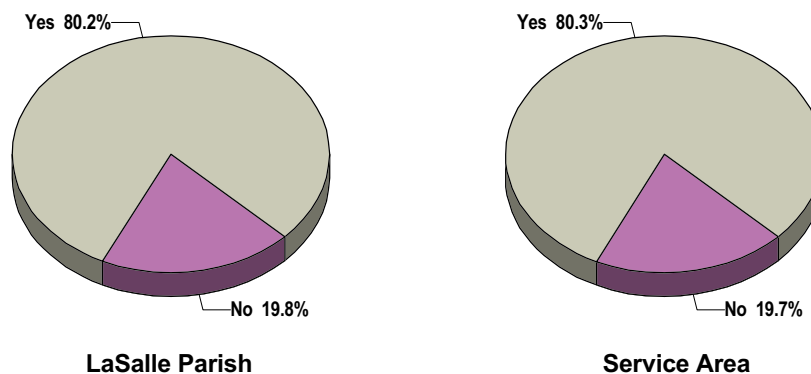
Source: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Note: Asked of respondents with children under the age of 5.

Fire Safety

- **80.2% of LaSalle Parish respondents report having at least one working smoke detector on each floor of their homes.**
 - Almost identical to Rapides Foundation Service Area findings.

Have at Least One Working Smoke Detector on Each Floor of Home



Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Asked of all respondents.

Work-Related Injuries

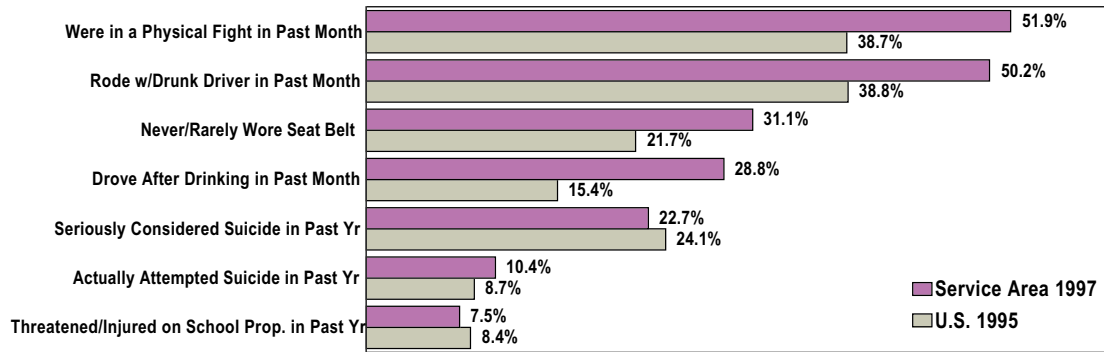
- See “Self-Reported Chronic Illness: Activity Limitations.”

Adolescent Injury & Violence

The 1997 Central Louisiana Youth Risk Factor Survey conducted by the Tulane School of Public Health and Tropical Medicine points out notable differences in findings relative to 1995 national youth risk data:

- **Service area youth much more often reported being in a physical fight in the month preceding the interview (51.9%) than did youth nationwide (38.7%).**
- **Service area youth much more often reported having driven with a drunk driver (50.2%) or driving drunk themselves (38.8%) in the month preceding the interview.**
- **31.1% of service area youth report “rarely” or “never” wearing a seat belt when driving or riding in an automobile, much higher than national findings.**

Violence/Injury-Related Findings From the 1997 Service Area Youth Risk Factor Survey



Source: Tulane School of Public Health and Tropical Medicine.

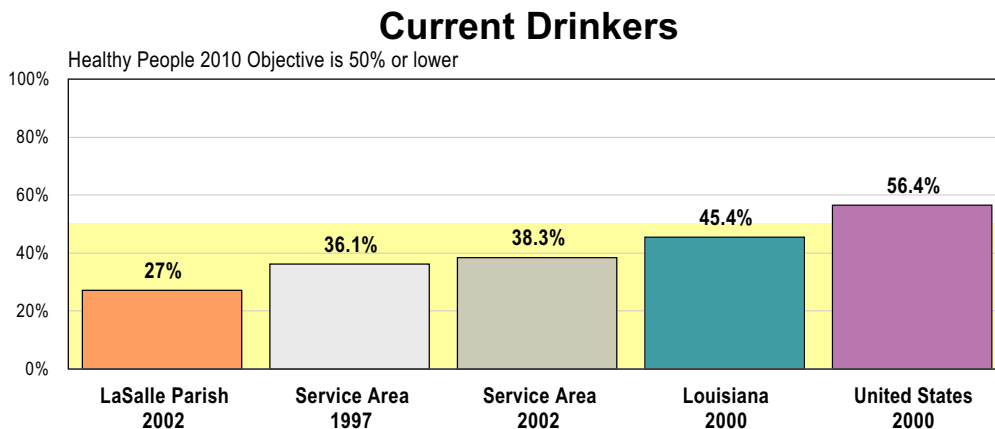
Substance Abuse

The misuse of alcohol and other drugs is associated with several health risks (injury-related death and disability to HIV transmission) and has tremendous societal and economic costs, as well. Alcohol/drug use is implicated in nearly one-half of all deaths from motor vehicle accidents and intentional injuries (including homicides and suicides).

Current Drinkers

Alcohol abuse has also been linked to heart disease and stroke and is the primary contributor to cirrhosis of the liver.

- **27.0% of LaSalle Parish adults are “current drinkers,” meaning that they have had at least one drink of alcohol (one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail or one shot of liquor) in the past month.**
 - Significantly better than Rapides Foundation Service Area findings (38.3%).
 - Significantly better than found statewide (45.4%).
 - Significantly better than found nationwide (56.4%).
 - Satisfies the *Healthy People 2010* target (50% or lower).

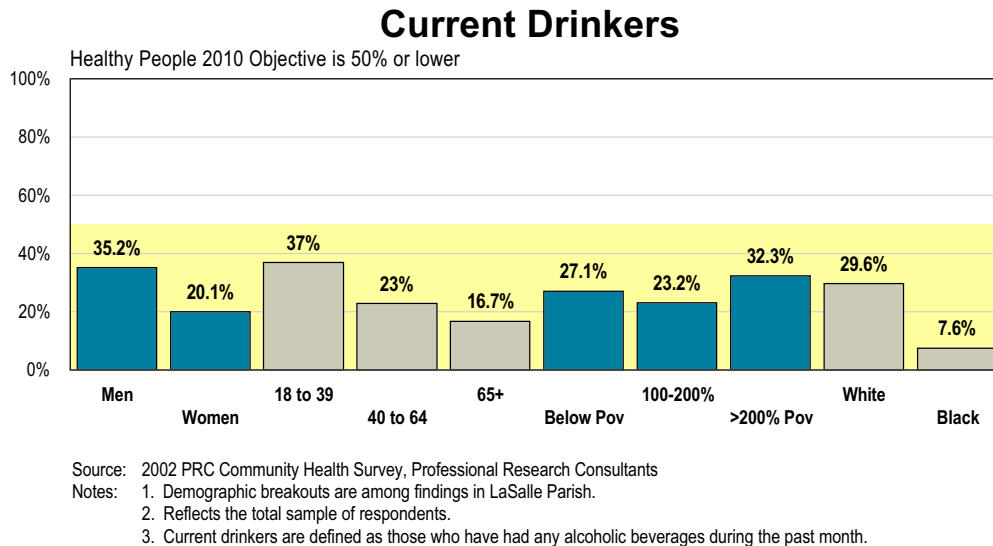


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, State Survey Data, 1999
3. 2000 PRC National Health Survey, Professional Research Consultants
4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
5. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.

Notes: 1. Current drinkers are defined as those who have had any alcoholic beverages during the past month.
2. Reflects the total sample of respondents.

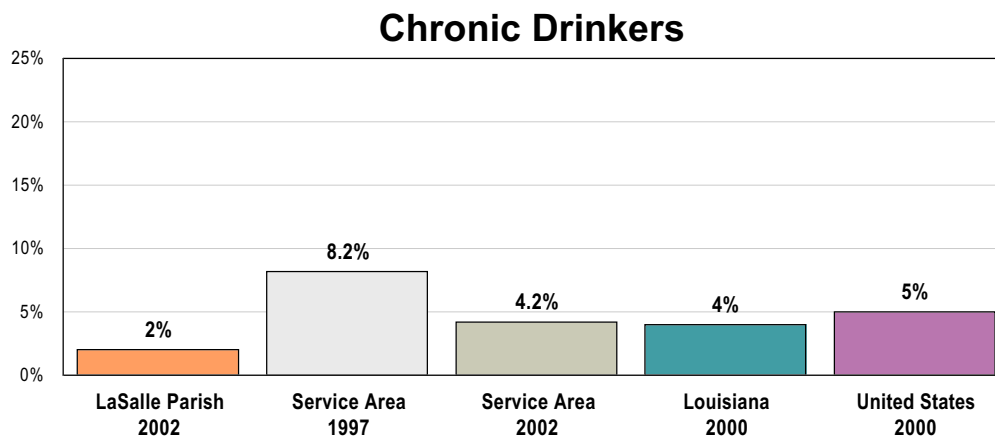
- There is a negative correlation with age, with young adults demonstrating markedly higher consumption of alcohol.
- Men much more often report alcohol use than women.

- Whites more often report current drinking than Blacks.



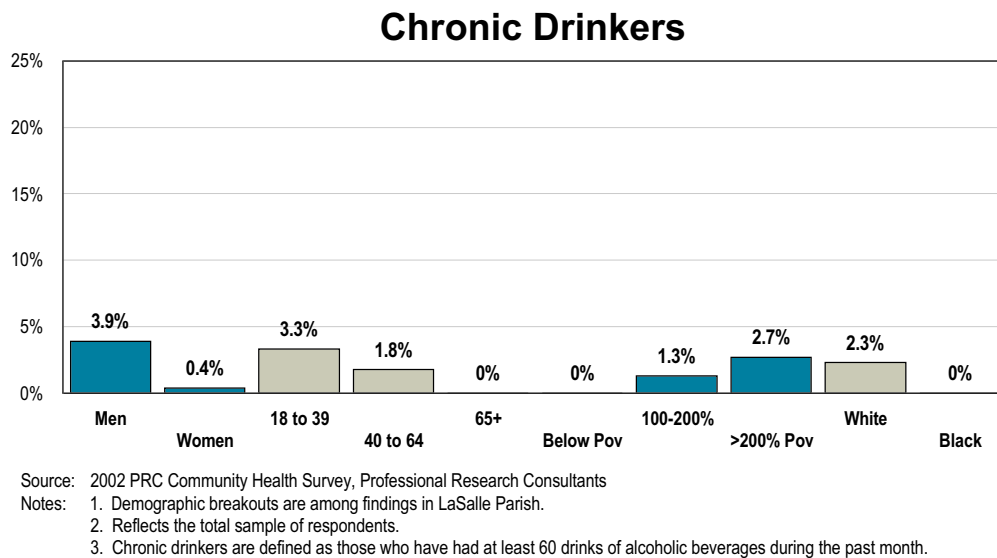
Chronic Drinkers

- **2.0% of LaSalle Parish adults are “chronic drinkers,” meaning that they average two or more drinks of alcohol per day (60 drinks within the past month).**
 - Lower than current Rapides Foundation Service Area and statewide findings.
 - Significantly lower than national findings.
 - This translates to approximately 206 adults in LaSalle Parish.



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, State Survey Data, 1999
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.
 Notes: 1. Chronic drinkers are defined as those who have had at least 60 drinks of alcoholic beverages during the past month.
 2. Reflects the total sample of respondents.

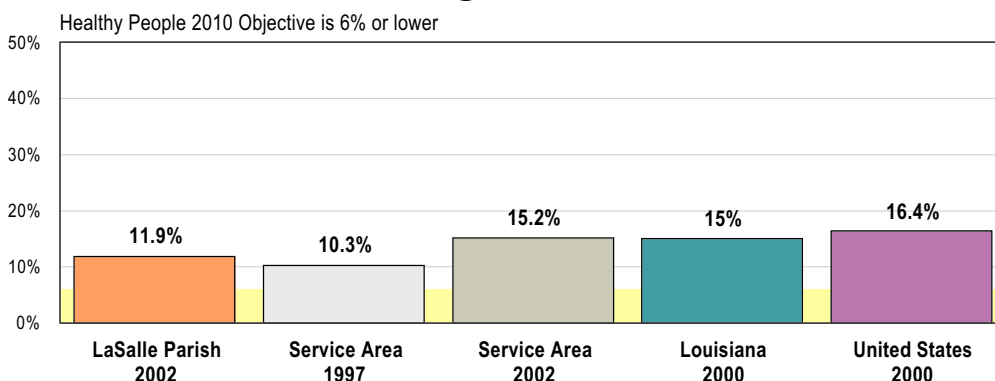
- Men report the highest prevalence of chronic drinking.
- Chronic drinking is much more prevalent among younger adults (ages 18 to 39).
- Those living 200% or more above the poverty level report the highest drinking rates among the income classes.
- White respondents more often report chronic drinking than Black respondents.



Binge Drinkers

- **11.9% of LaSalle Parish adults are “binge drinkers,” meaning that they have had five or more alcoholic beverages on any one occasion in the past month.**
 - Lower than current Rapides Foundation Service Area and statewide findings.
 - Significantly lower than national findings.
 - Fails to satisfy the *Healthy People 2010* target (6% or lower).

Binge Drinkers



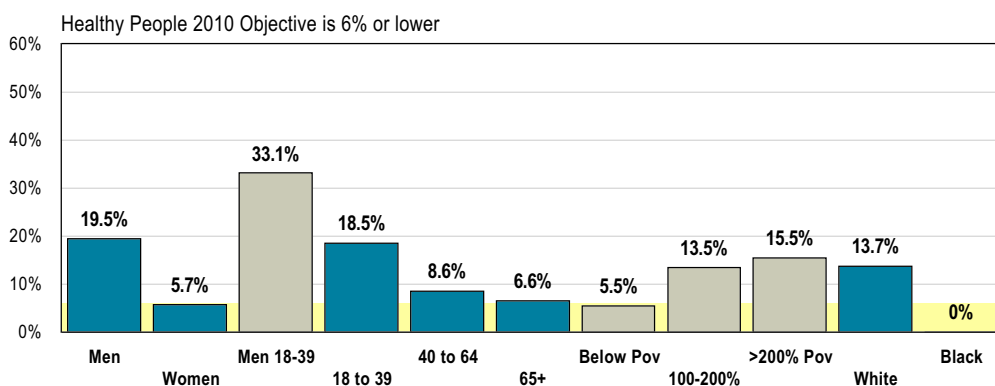
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
 5. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.

Notes: 1. Binge drinkers are those who have had 5 or more alcoholic drinks on any one occasion at least once during the past month.
 2. Reflects the total sample of respondents.

Binge drinking is more prevalent among:

- Men ages 18 to 39.
- Persons at higher income levels.
- White respondents.

Binge Drinkers

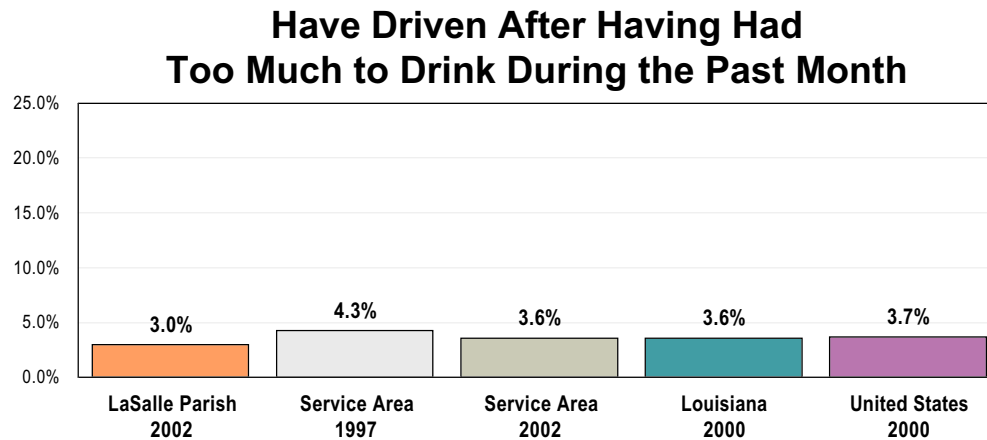


Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in LaSalle Parish.
 2. Reflects the total sample of respondents.
 3. Binge drinkers are those who have had 5 or more alcoholic drinks on any one occasion at least once during the past month.

Drinking & Driving

- **3.0% of LaSalle Parish adults admit to driving during the past month after they had perhaps too much alcohol to drink.**
 - Similar to service area, state and national findings.
 - This translates to nearly 309 adults in LaSalle Parish who acknowledge driving after having too much to drink in the past month.

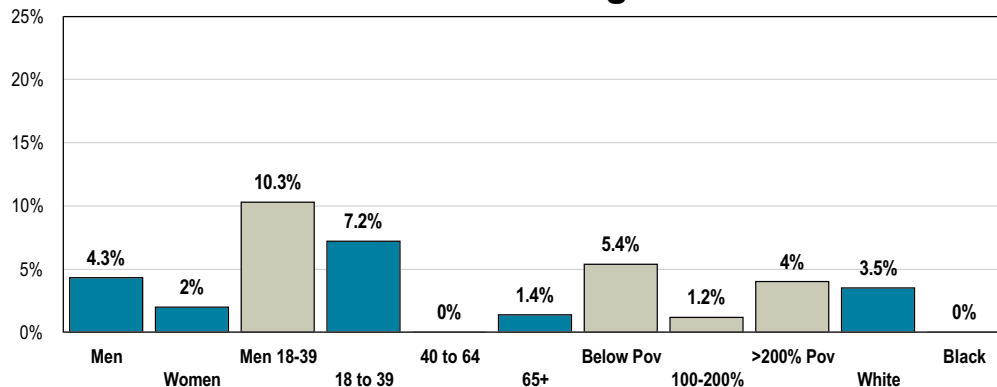


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data
3. 2000 PRC National Health Survey, Professional Research Consultants
4. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.
Note: Asked of all respondents.

Drinking and driving is more prevalent among:

- Men ages 18 to 39.
- Persons living below the poverty level.
- White respondents.

Have Driven After Having Had Too Much to Drink During the Past Month



Source: 2002 PRC Community Health Survey, Professional Research Consultants

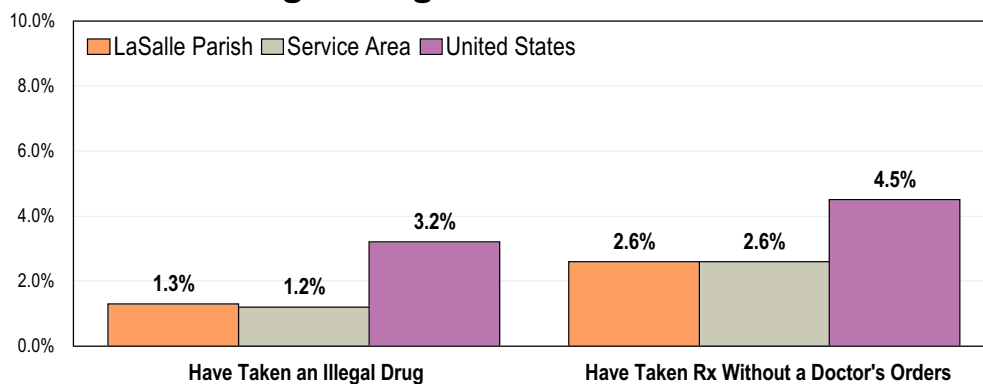
Notes: 1. Demographic breakouts are among findings in LaSalle Parish.

2. Reflects the total sample of respondents.

Other Drug Abuse

- **1.3% of LaSalle Parish adults report having taken an illegal drug in the past year.**
 - Similar to Rapides Foundation Service Area findings.
 - Significantly better than reported nationwide (3.2%).
- **2.6% of LaSalle Parish adults report having taken a prescription drug without a doctor's orders in the past year.**
 - Statistically similar to Rapides Foundation Service Area and national findings.

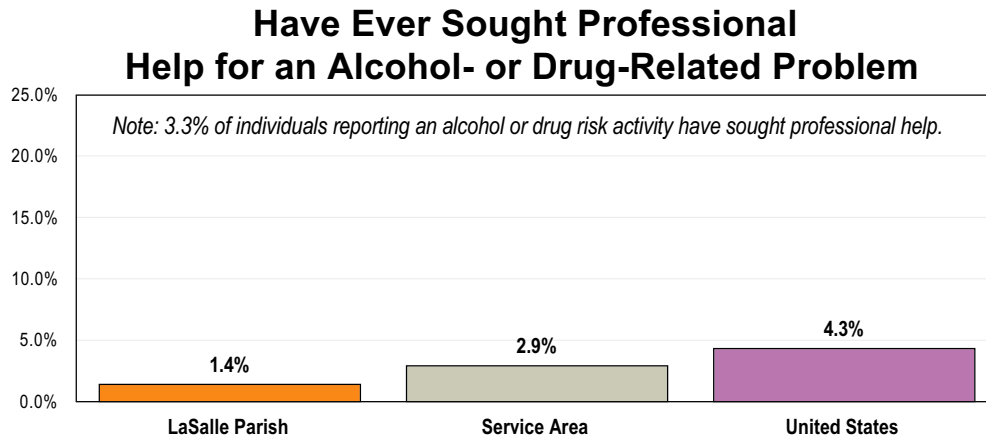
Illegal Drug Use in the Past Month



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Note: Asked of all respondents.

- **1.4% of LaSalle Parish adults have ever sought help for an alcohol- or drug-related problem.**
 - Lower than Rapides Foundation Service Area findings.
 - Significantly worse than U.S. findings (4.3%).
- **3.3% of LaSalle Parish adults reporting one or more drug or alcohol risk activity report that they have sought help for dependency or addiction.**



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants

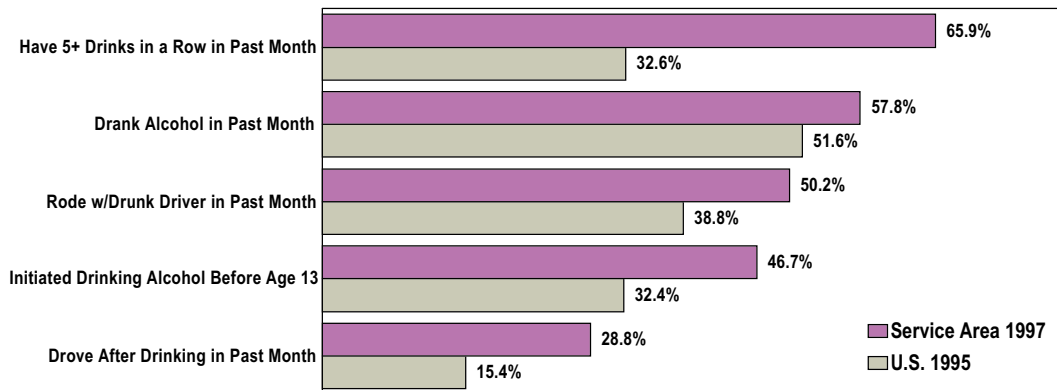
Notes: 1. Asked of all respondents.
 2. Alcohol/drug risk activities include prescription abuse, illegal drug use, drunk driving, or chronic or binge drinking.

Adolescents, Alcohol & Drug Use

In comparison to national findings, service area youth report a much higher prevalence of key alcohol-related risk behaviors in the 1997 Central Louisiana Youth Risk Factor Survey:

- **Prevalence of binge drinking is twice as high among service area youth (65.9%) than among youth nationwide (32.6%).**
- **Service area youth much more often reported having driven with a drunk driver (50.2%) or driving drunk themselves (38.8%) in the month preceding the interview.**
- **Service area youth much more often report having first tried alcohol before the age of 13 (46.7% vs. 32.4% nationwide).**

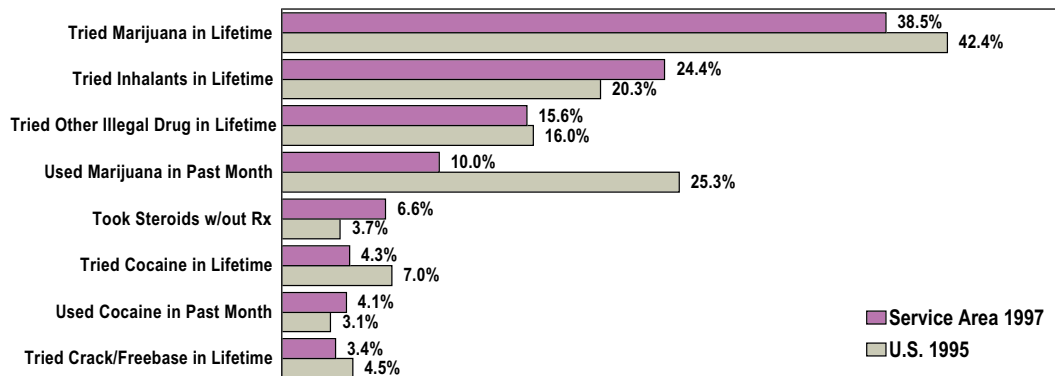
Alcohol-Related Findings From the 1997 Service Area Youth Risk Factor Survey



Source: Tulane School of Public Health and Tropical Medicine.

- Service area youth report lower use of marijuana (38.5% have tried marijuana, 10% have used marijuana in the past month) in comparison to youth nationwide (42.4% and 25.3%, respectively).
- Service area youth report a higher prevalence of having ever tried inhalants to get high (24.4%) in comparison to national findings (20.3%).
- Service area youth report a higher prevalence of having ever taken steroids without a doctor's prescription (6.6%) in comparison to national findings (3.7%).
- Service area youth less often report having ever tried cocaine (4.3%) in comparison to youth nationwide (7%).

Drug-Related Findings From the 1997 Service Area Youth Risk Factor Survey



Source: Tulane School of Public Health and Tropical Medicine.

Community Health Panel Findings*

Focus group participants discussed topics regarding alcohol and drug abuse among youth.

“We see kids using marijuana and meth.”

“A lot of the kids start drinking alcohol at a very young age, and it is well-accepted by the family.”

“I think the lack of activity for high school-age children is a big factor and the main reason kids get into drinking alcohol and doing drugs. They don’t have anything to do. If they are not interested in sports, the activities are very limited.”

** The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.*

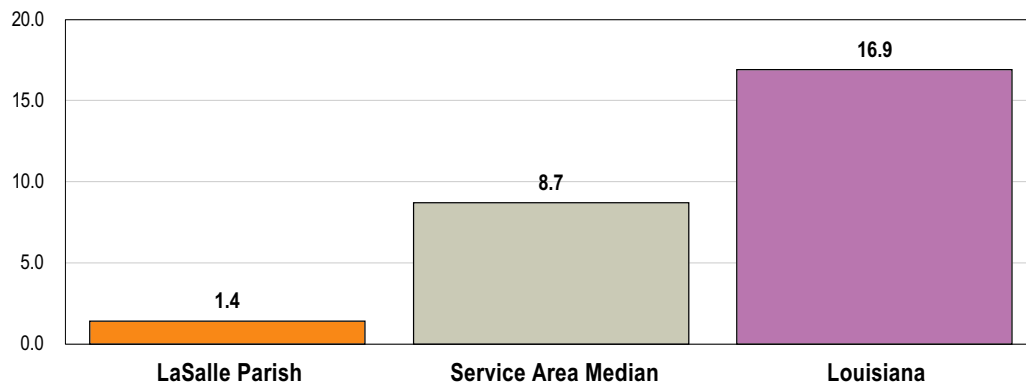
Intentional Injury Deaths

Homicide

- The 1996-98 age-adjusted homicide death rate in LaSalle Parish is well below the statewide rate for the same period.

Age-Adjusted Mortality: Homicide

(1996-98 Deaths per 100,000 Population)



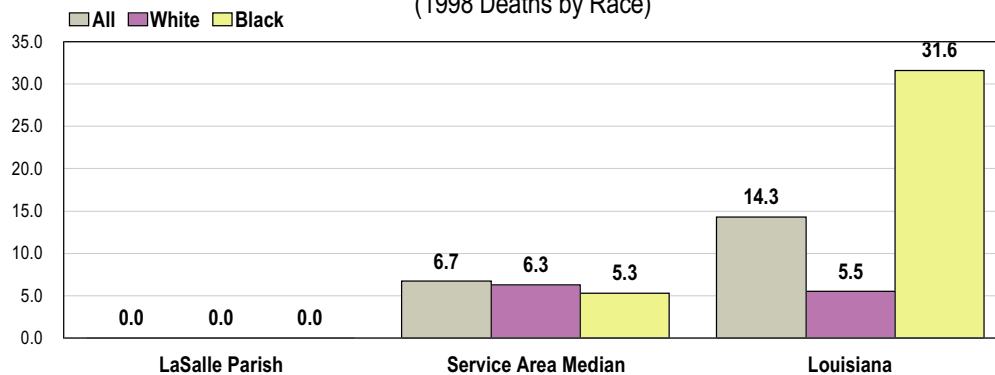
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

- Notes:
1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.
 2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).
 3. Includes homicide and legal intervention deaths.

- When looking at age-adjusted homicide deaths, it can be seen that no deaths were recorded among LaSalle Parish adults.

Age-Adjusted Mortality: Homicide

(1998 Deaths by Race)



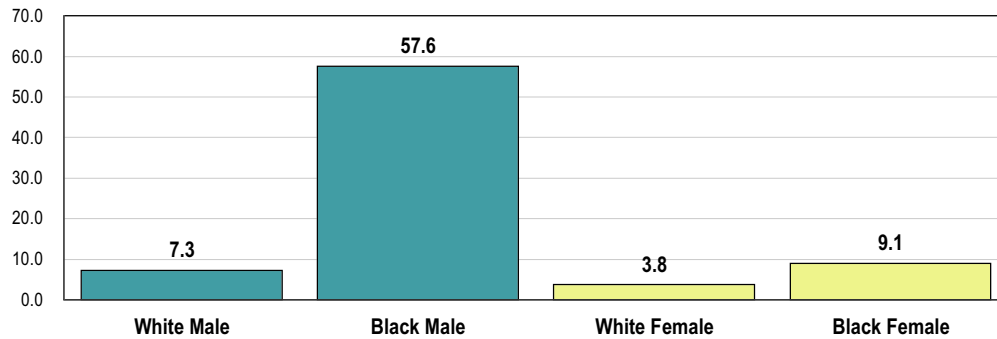
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

- Notes:
1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.
 2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).
 3. Includes homicide and legal intervention deaths.

- Statewide, Black males experience a dramatically higher age-adjusted homicide death rate (57.6/100,000) in comparison to White men (7.3/100,000) or Black or White females (9.1/100,000 and 3.8/100,000, respectively).

Age-Adjusted Mortality: Homicide

(1998 Louisiana Deaths by Race/Gender)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

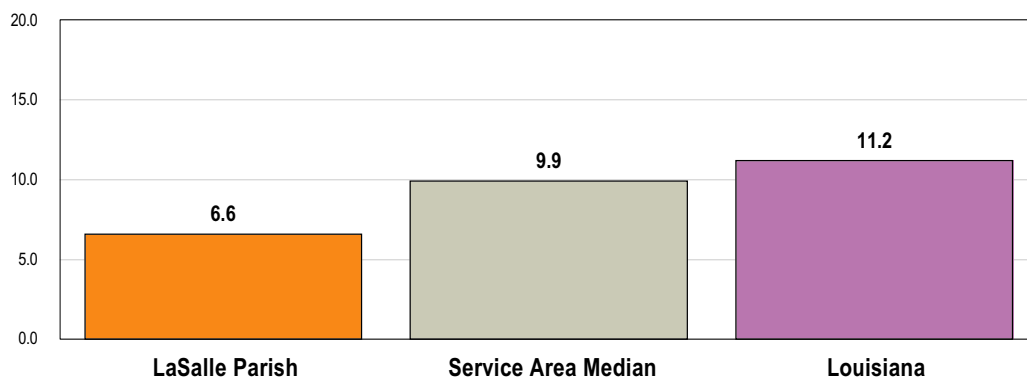
2. Includes homicide and legal intervention deaths.

Suicide

- The 1996-98 age-adjusted suicide death rate in LaSalle Parish is below the corresponding Louisiana rate and is lower than most parishes in the Rapides Foundation Service Area.

Age-Adjusted Mortality: Suicide

(1996-98 Deaths per 100,000 Population)



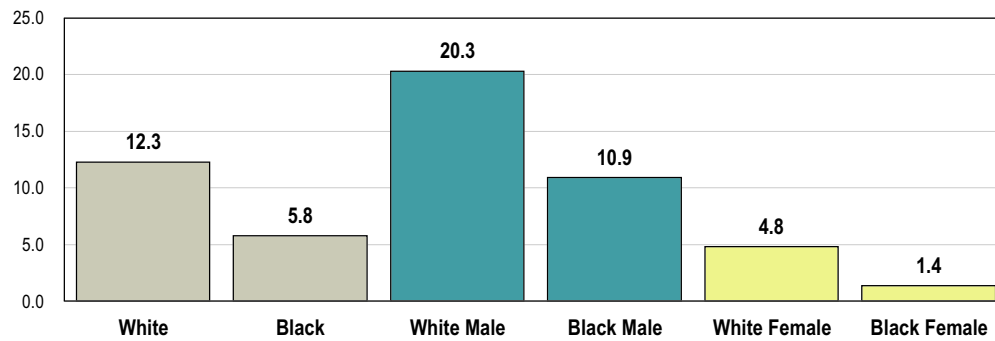
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- Statewide, White males have a much higher age-adjusted suicide death rate (20.3/100,000) than Black males (10.9/100,000) or White or Black females (4.8/100,000 and 1.4/100,000, respectively).

Age-Adjusted Mortality: Suicide (1998 Louisiana Deaths by Race/Gender)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.
2. Includes homicide and legal intervention deaths.

Diabetes

Diabetes mellitus is a disease caused by a deficiency of insulin, which is a hormone secreted by the pancreas. Diabetes is classified into two main types: type 1 and type 2 . Type 1 diabetes (insulin-dependent) affects 5%-10% of those with diabetes and most often occurs during childhood or adolescence. Type 2 diabetes (non-insulin- dependent) is the more common type, affecting 90%-95% of those with diabetes. Type 2 diabetes usually occurs after age 40.

Diabetes and its complications occur among Americans of all ages and racial/ethnic groups, but the elderly and certain racial/ethnic groups are more commonly affected by the disease. About 18% of Americans 65 years of age and older have diabetes. Diabetes patients risk debilitating complications such as blindness, kidney disease and lower-extremity amputations.

Cardiovascular disease is two to four times more common among persons with diabetes; the risk of stroke is two to four times higher; 60%-65% have high blood pressure; and 60%-70% have mild to severe diabetic nerve damage.

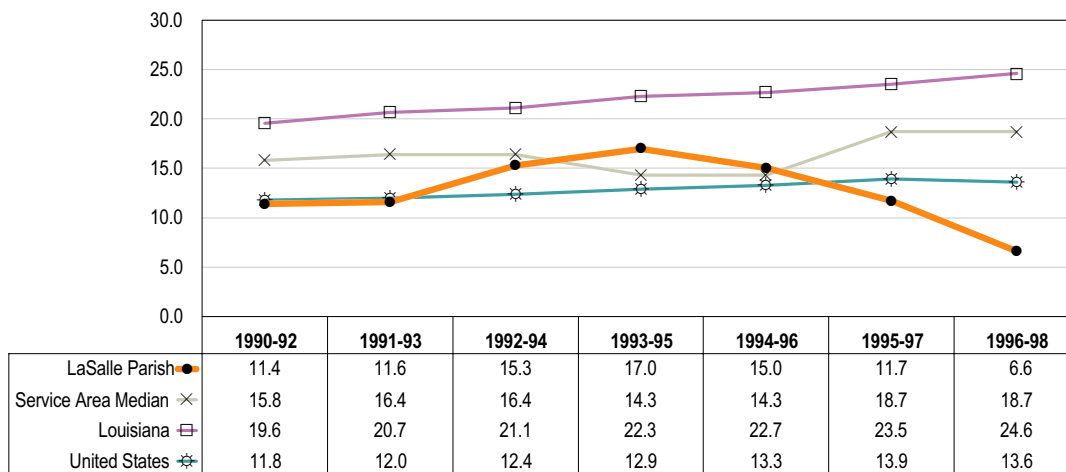
About 16 million Americans have diabetes, but only about 10 million have been diagnosed. Approximately 798,000 new cases of diabetes are diagnosed annually in the United States. Nationwide, the number of persons diagnosed with diabetes has increased sixfold, from 1.6 million in 1958 to 10 million in 1997 (National Diabetes Fact Sheet, Centers for Disease Control and Prevention).

Diabetes Deaths

- In LaSalle Parish, age-adjusted deaths due to diabetes have been declining in recent years.

Age-Adjusted Mortality: Diabetes

(1990-1998 Deaths per 100,000 Population)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

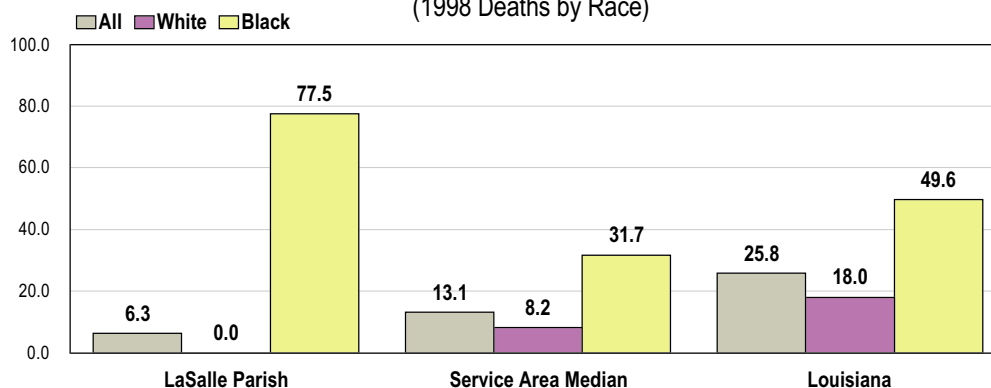
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- Blacks experience much higher age-adjusted death rates attributed to diabetes than Whites in LaSalle Parish, the service area and the state in 1998.

Age-Adjusted Mortality: Diabetes

(1998 Deaths by Race)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

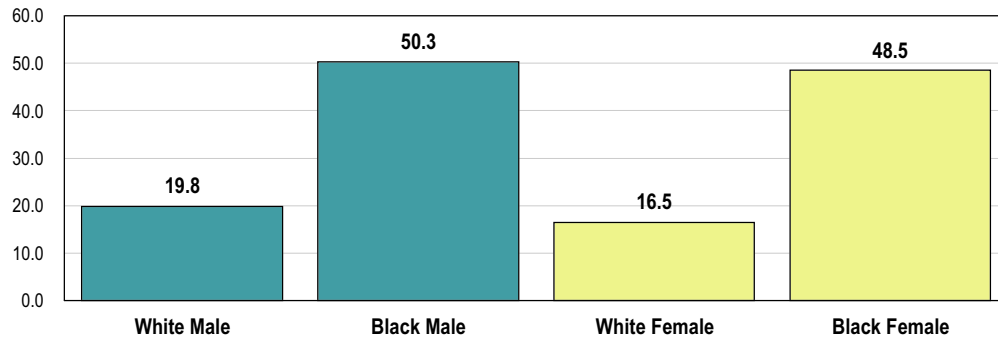
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- Statewide, age-adjusted death rates attributed to diabetes are equally high among Black males (50.3/100,000) and Black females (48.5/100,000) in comparison to White males (19.8/100,000) or White females (16.5/100,000).

Age-Adjusted Mortality: Diabetes

(1998 Louisiana Deaths by Race/Gender)



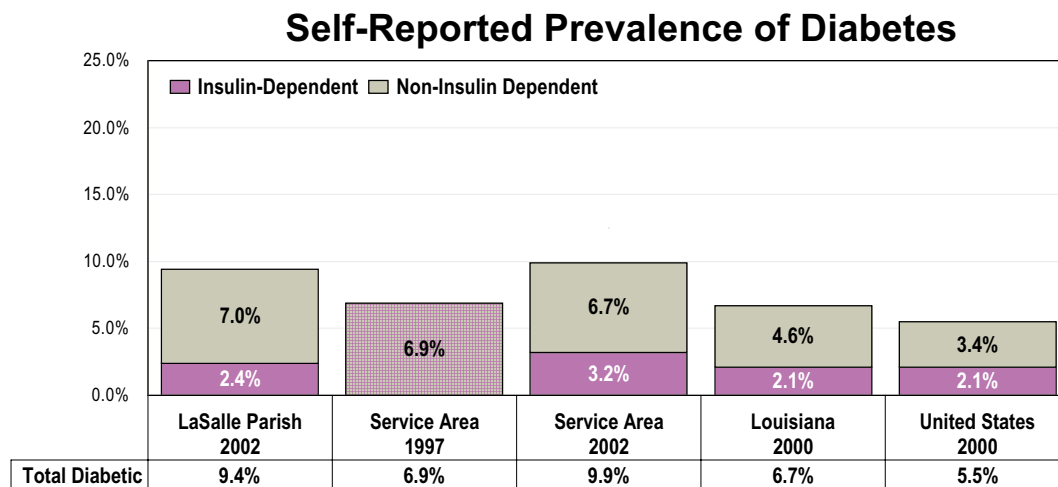
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

Self-Reported Diabetes Prevalence

Diabetes Prevalence

- **9.4% of LaSalle Parish adults report suffering from or having been diagnosed with diabetes.**
 - Statistically similar to Rapides Foundation Service Area findings.
 - Considerably higher than found statewide (6.7%).
 - Significantly higher than found nationwide (5.5%).
 - It is estimated that more than one-third of diabetes cases nationwide remain undiagnosed.



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
 4. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.

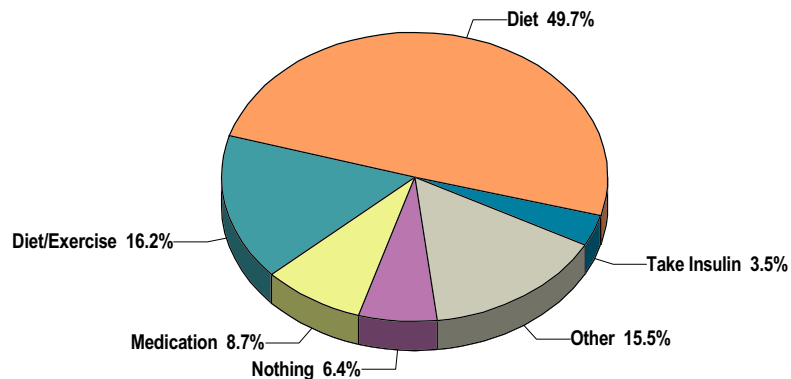
Notes: 1. Asked of all respondents.
 2. 1997 data does not distinguish between insulin-dependent and non-insulin dependent diabetes.

See also “Cardiovascular Risk Behavior: Overweight Prevalence.”

Needs of Diabetics

- **49.7% of diabetics surveyed in LaSalle Parish report that their greatest need in managing their diabetes is diet.**

Self-Perceived Greatest Need for Controlling Diabetes (Among LaSalle Parish Diabetics)



Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Asked of all respondents with diabetes.

Community Health Panel Findings*

Education is seen as key to reducing risk among the local diabetic population.

“We have a high amount of juvenile diabetes. Once they are diagnosed with diabetes, we don’t have a program to teach the family how to take care of this disease.”

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

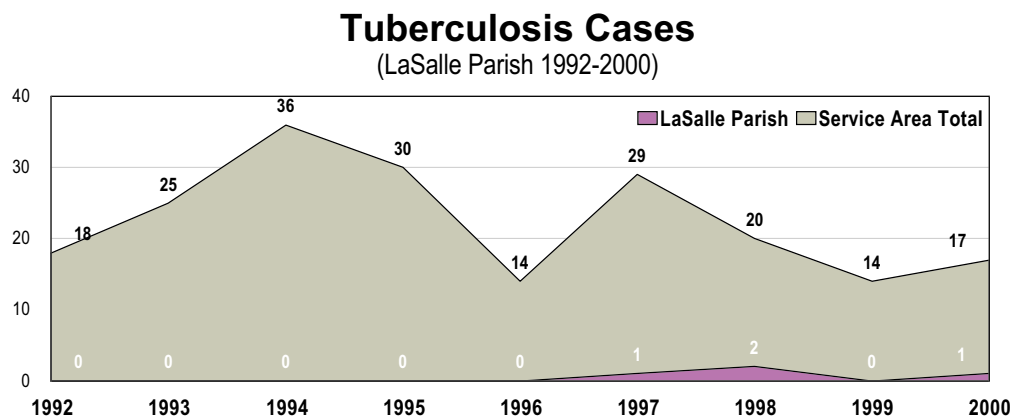
INFECTIOUS & CHRONIC DISEASE

Tuberculosis

Tuberculosis (TB) is spread from person to person through the air. TB usually affects the lungs but can also affect other parts of the body, such as the brain, kidneys or spine.

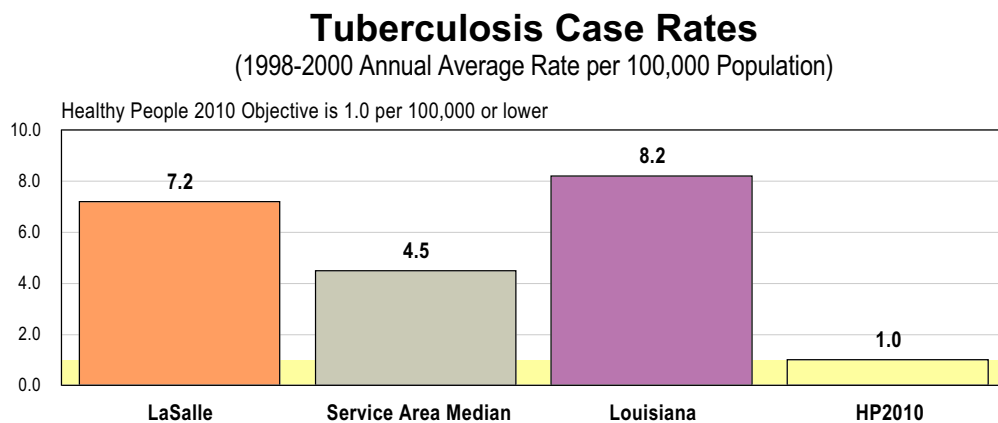
Tuberculosis Incidence

- Between 1992 and 2000, a high of 2 cases were diagnosed in LaSalle Parish – in 1998.



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

- Between 1998 and 2000, there was an annual average of 7.2 cases of tuberculosis diagnosed in LaSalle Parish per 100,000 population.
 - Below the statewide 1998-2000 annual average case rate (8.2/100,000).
 - Fails to satisfy the *Healthy People 2010* target (1.0/100,000 or lower).



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

HIV/AIDS

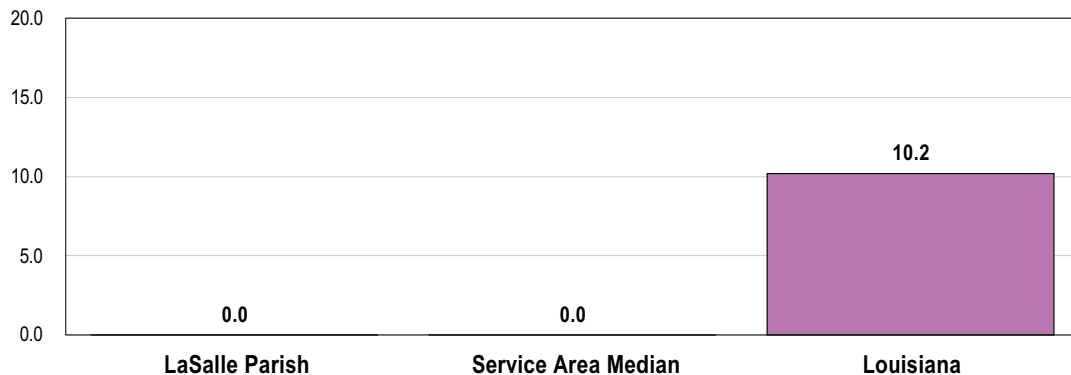
The AIDS (acquired immunodeficiency syndrome) epidemic is a problem of national and international importance, a disease for which there is as of yet no cure. Although there is no cure or vaccine, recent advances in human immunodeficiency virus (HIV) treatment can slow or halt the progression from HIV infection to AIDS. Prevention of HIV infection is complex, requiring targeted behavioral-based, culture- and age-specific risk reduction programs.

AIDS Death Rates

- The 1996-98 LaSalle Parish age-adjusted AIDS death rate is below the corresponding Louisiana rate and is among the lowest in the Rapides Foundation Service Area.

Age-Adjusted Mortality: AIDS

(1996-98 Deaths per 100,000 Population)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

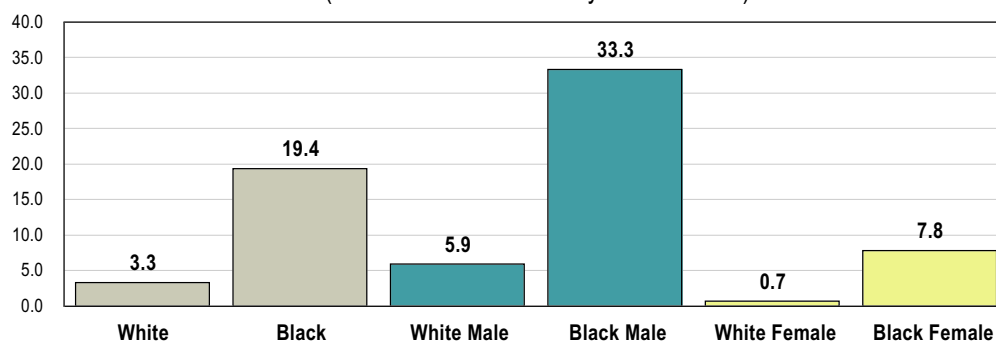
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- The Louisiana age-adjusted AIDS death rate is much higher among Blacks than among Whites: it is particularly high among Black males (33.3/100,000 in 1998), followed by Black females (7.8/100,000).

Age-Adjusted Mortality: AIDS

(1998 Louisiana Deaths by Race/Gender)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.
2. Includes homicide and legal intervention deaths.

HIV/AIDS Rates

Note the following findings from the *2000 Louisiana HIV/AIDS Annual Report*:^{*}

- There are persons living with HIV in every parish in Louisiana, and this number continues to increase each year, largely due to more effective drug therapies.
- Although the number of newly-detected HIV/AIDS cases has decreased in recent years, this decline may not reflect a true decrease in HIV transmission.
- Since 1996, the number of new AIDS cases and deaths of persons with AIDS has decreased dramatically, coinciding with the widespread use of more effective treatments. However, data from 2000 indicate a leveling of these declines, which may be due to factors such as late testing behaviors, limited access to or use of health care services, and limitations of current therapies.
- The HIV detection rates for African-Americans continue to be disproportionately high. In 2000, 75% of newly-detected HIV cases and 76% of newly-diagnosed AIDS cases were in African-Americans. The HIV detection rates for African-Americans are over six times higher than those among whites.
- The percentage of newly-detected HIV/AIDS cases reported among women in Louisiana has steadily been increasing, and women represented 34% of new HIV/AIDS cases in 2000. Although HIV/AIDS rates have been declining in men since 1993, rates in African-American women have remained stable.
- Although the number of women living with HIV in Louisiana has risen, perinatal transmission rates have dropped dramatically from over 25% in 1993 to only 6% in 1999, due to screening programs for pregnant women and increased use of antiretroviral therapy in pregnant women and their infants.
- Among African-Americans, high-risk heterosexual contact has been the predominant mode of exposure since 1996. Among whites, the predominant exposure remains men who have sex with men (MSM), although the number of cases has declined substantially since 1993.

^{*} *Louisiana HIV/AIDS Annual Report, 2000.* Louisiana Department of Health and Hospitals, Office of Public Health, HIV/AIDS Program

Interpretation of HIV Detection Data

Because antiretroviral treatment regimens are initiated much earlier in the course of HIV infection than previous treatments, effective therapies postpone and/or prevent the onset of AIDS, resulting in a decrease in AIDS incidence. Consequently, recent incident AIDS data can no longer provide the basis of HIV transmission estimates and trends, and the dissemination of surveillance data has moved toward placing heavier emphasis on the representation of HIV-positive persons. Typically, AIDS data are depicted by characteristics at year of AIDS diagnosis under the 1993 AIDS case definition, whereas HIV data are characterized at year of HIV detection (earliest positive test reported to the health department).

HIV detection data are not without limitations. Although HIV detection is usually closer in time to HIV infection than is an AIDS diagnosis, data represented by the time of HIV detection must be interpreted with caution. Unlike AIDS data where the date of diagnosis is relatively precise for monitoring AIDS incidence, HIV detection trends do not accurately depict HIV transmission trends. This is because HIV detection data represent cases who were reported after a positive result from a confidential HIV test, which may first occur several years after HIV infection. In addition, the data are under detected and under reported because only persons with HIV who choose to be tested confidentially are counted. HIV detection counts do not include persons who have not been tested for HIV and persons who only have been tested anonymously.

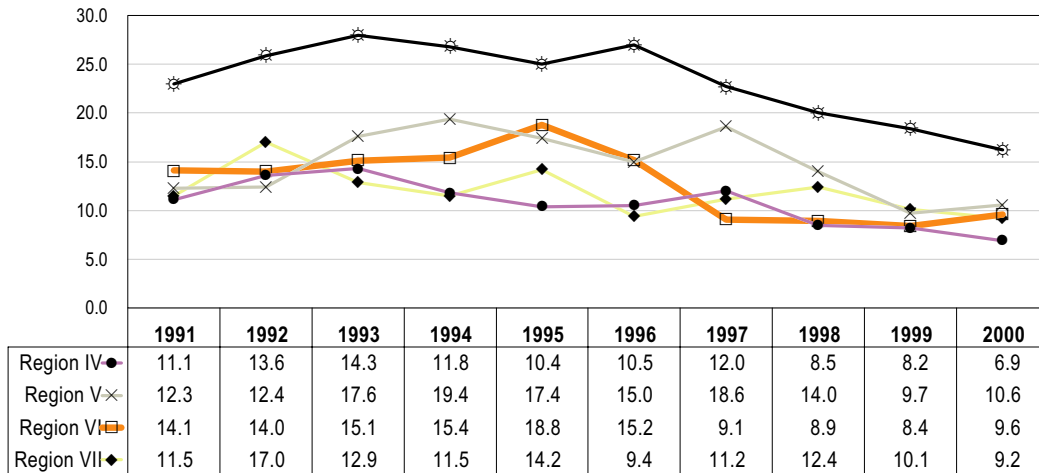
Therefore, HIV detection data do not necessarily represent characteristics of person who have been recently infected with HIV, nor do they provide true HIV incidence. Demographic and geographic subpopulations are disproportionately sensitive to differences and changes in access to health care, HIV testing patterns, and targeted prevention programs and services. All of these issues must be carefully considered when interpreting HIV data.

With this in mind:

- **AIDS case rates followed a general decline in the latter half of the 1990s.**
 - However, in 2000, Public Health Region VI (which includes LaSalle Parish) realized a slight increase in case rates for the first time since 1995.

AIDS Case Rates

(Rates of New AIDS Cases per Year per 100,000 Population; By Public Health Region)



Source: Louisiana HIV/AIDS Annual Report, 2000. Louisiana Department of Health and Hospitals, Office of Public Health, HIV/AIDS Program.

Notes: 1. Public Health Region IV includes Evangeline Parish and six other parishes in and around Lafayette, Louisiana.

2. Public Health Region V includes Allen Parish and four other parishes in and around Lake Charles, Louisiana.

3. Public Health Region VI includes Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon and Winn Parishes.

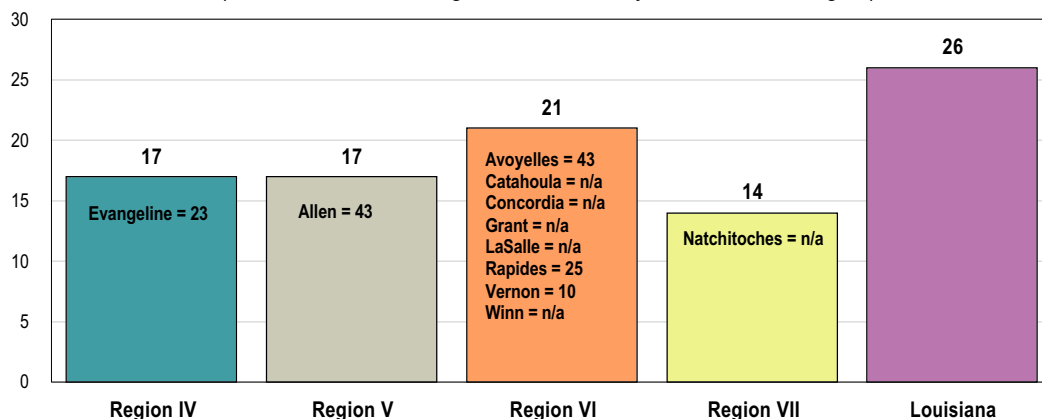
4. Public Health Region VII includes Natchitoches and eight other parishes in and around Shreveport, Louisiana.

- **In Public Health Region VI (which includes LaSalle Parish), there was an annual HIV/AIDS detection rate of 21 cases per 100,000 population in 2000.**

- The Public Health Region VI rate is slightly below the rate reported statewide (26/100,000).
- The Public Health Region VI rate is higher than other nearby regions which include parishes from the Rapides Foundation Service Area.

HIV/AIDS Detection Rates

(Rates of New HIV Diagnoses in 2000; By Public Health Region)



Source: Louisiana HIV/AIDS Annual Report, 2000. Louisiana Department of Health and Hospitals, Office of Public Health, HIV/AIDS Program.

Notes: 1. Public Health Region IV includes Evangeline Parish and six other parishes in and around Lafayette, Louisiana.

2. Public Health Region V includes Allen Parish and four other parishes in and around Lake Charles, Louisiana.

3. Public Health Region VI includes Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon and Winn Parishes.

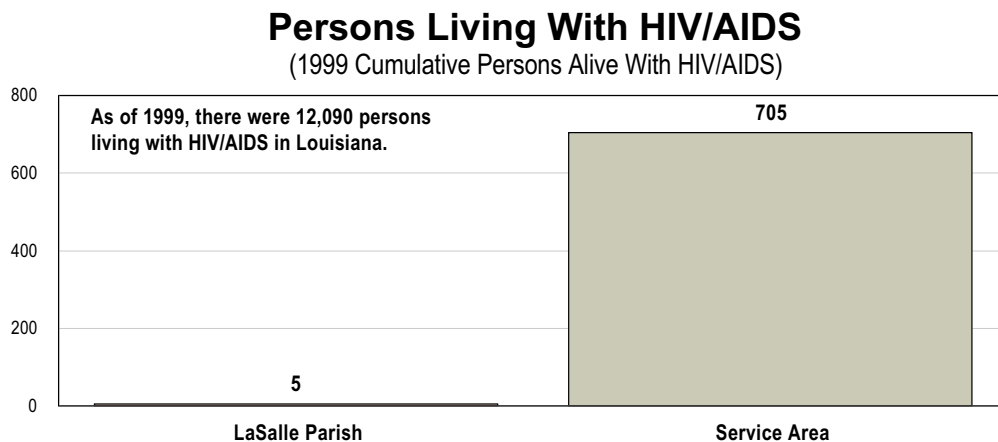
4. Public Health Region VII includes Natchitoches and eight other parishes in and around Shreveport, Louisiana.

5. Includes AIDS diagnoses for persons first detected with HIV at an AIDS diagnosis. Rates are unstable and not available (n/a) for parishes with low case counts.

Persons Living With HIV/AIDS

While new developments in treatment in recent years have greatly expanded the life expectancy and quality of life of AIDS patients, the treatments are extremely costly and they bring rise to new issues for a growing population of persons living with AIDS.

- **As of 1999, there were 5 persons living with AIDS in LaSalle Parish and 705 throughout the Rapides Foundation Service Area.**

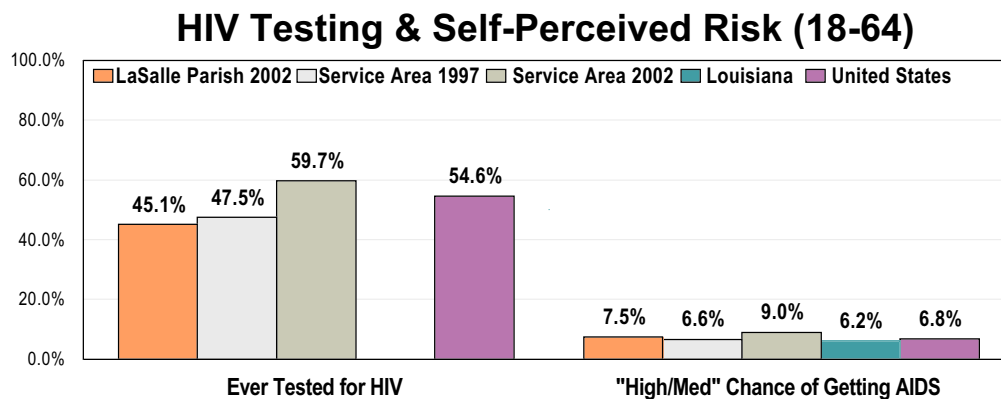


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

- **In 2000, three parishes in the Rapides Foundation Service Area had greater than 300 persons living with HIV per 100,000 population: Allen Parish, Avoyelles Parish and Winn Parish. *These and many other parishes with disproportionate HIV/AIDS prevalence rates house correctional facilities which have reported large numbers of HIV/AIDS cases.***

HIV Testing & Perceived Risk

- **45.1% of LaSalle Parish adults between the ages of 18 and 64 report that they have been tested for HIV at some time in the past (not counting tests they may have had when donating blood).**
 - Significantly lower than Rapides Foundation Service Area findings (59.7%).
 - Lower than national findings.
- **7.5% of LaSalle Parish adults between the ages of 18 and 64 believe themselves to be at “high” or “medium” risk for getting AIDS.**
 - Lower than Rapides Foundation Service Area.
 - Higher than statewide and national findings.



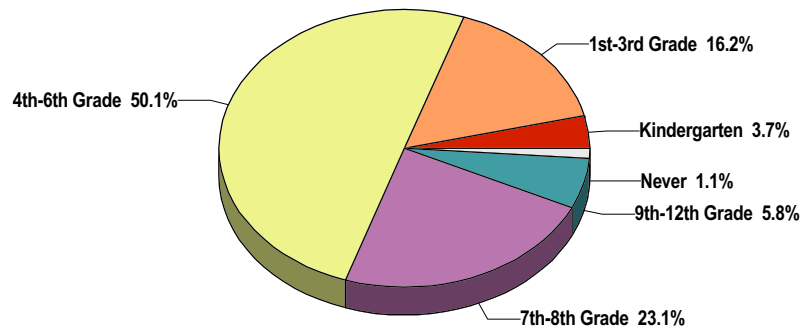
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
 4. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.

Note: Reflects respondents aged 18 through 64.

Children & HIV/AIDS Education

- **70.0% of LaSalle Parish adults between the ages of 18 and 64 believe children should begin receiving HIV/AIDS education in school during elementary school years (K-6).**
- **Only 1.1% of LaSalle Parish adults between the ages of 18 and 64 believe HIV/AIDS education should not be taught in school at all.**

Grade in Which Children Should Begin AIDS/HIV Education
(LaSalle Parish; 18-64)

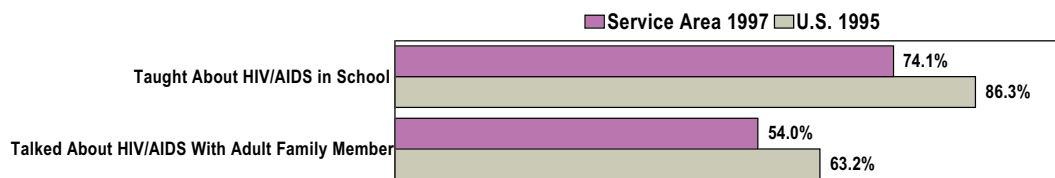


Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Asked among respondents aged 18 through 64.

In the 1997 Central Louisiana Youth Risk Factor Survey:

- **74.1% of service area youth report that they had been taught about HIV/AIDS in school, lower than found nationwide (86.3%).**
- **54.0% of service area youth report that they had talked about HIV/AIDS with an adult family member, lower than found nationwide (63.2%).**

HIV/AIDS-Related Findings From the 1997 Service Area Youth Risk Factor Survey



Source: Tulane School of Public Health and Tropical Medicine.

Community Health Panel Findings*

“We don’t have a big problem with HIV/AIDS in this parish. We just don’t have that kind of population. I don’t think we have that heavy IV-user population or sexual practices.”

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

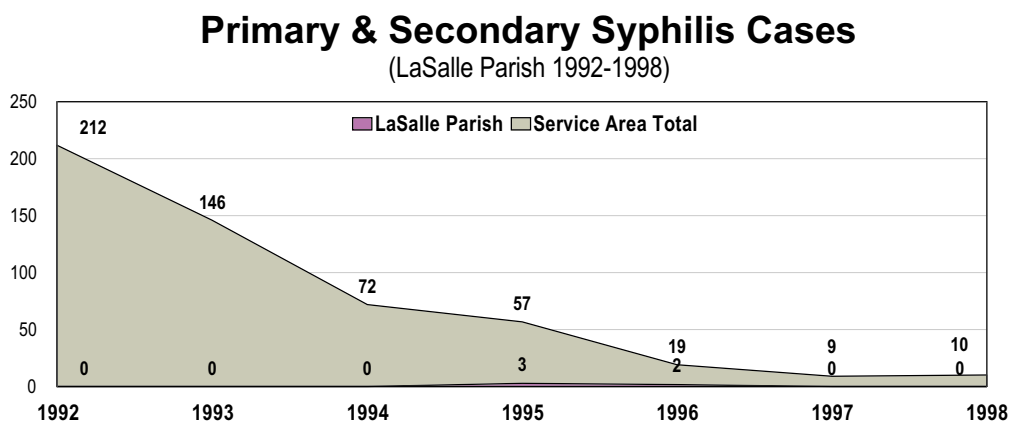
Sexually Transmitted Diseases

In the United States, more than 65 million people are currently living with an incurable sexually transmitted disease (STD). An additional 15 million people become infected with one or more STDs each year, roughly half of whom contract lifelong infections. Yet, STDs are one of the most under-recognized health problems in the country today. Despite the fact that STDs are extremely widespread, have severe and sometimes deadly consequences, and add billions of dollars to the nation's healthcare costs each year, most people in the United States remain unaware of the risks and consequences of all but the most prominent STD—the human immunodeficiency virus, or HIV.

While extremely common, STDs are difficult to track. Many people with these infections do not have symptoms and remain undiagnosed. Even diseases that are diagnosed are frequently not reported and counted. These “hidden” epidemics are magnified with each new infection that goes unrecognized and untreated (Centers for Disease Control and Prevention).

Syphilis

- From 1992 to 1998, 5 cases of primary and secondary syphilis were reported in LaSalle Parish.

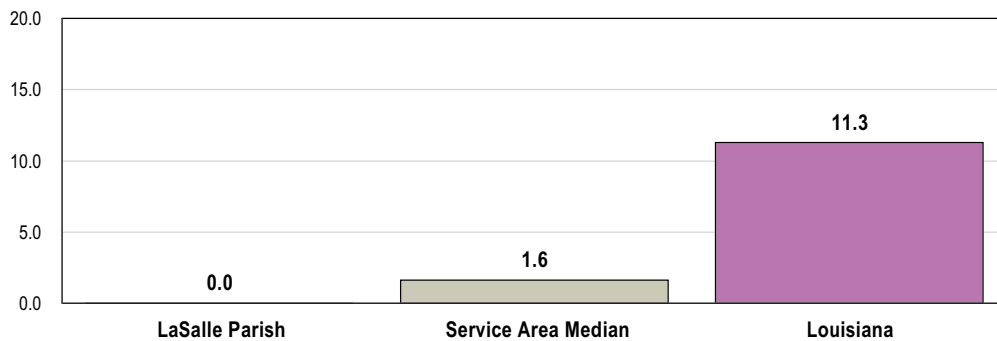


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

- **Between 1998 and 2000, there was an annual average of 0.0 cases of primary or secondary syphilis in LaSalle Parish per 100,000 population.**
 - Well below the statewide case rate (11.3/100,000).
 - Lower than in most Rapides Foundation Service Area parishes (median = 1.6/100,000).
 - Satisfies the *Healthy People 2010* target (0.2/100,000).

Primary & Secondary Syphilis Case Rates

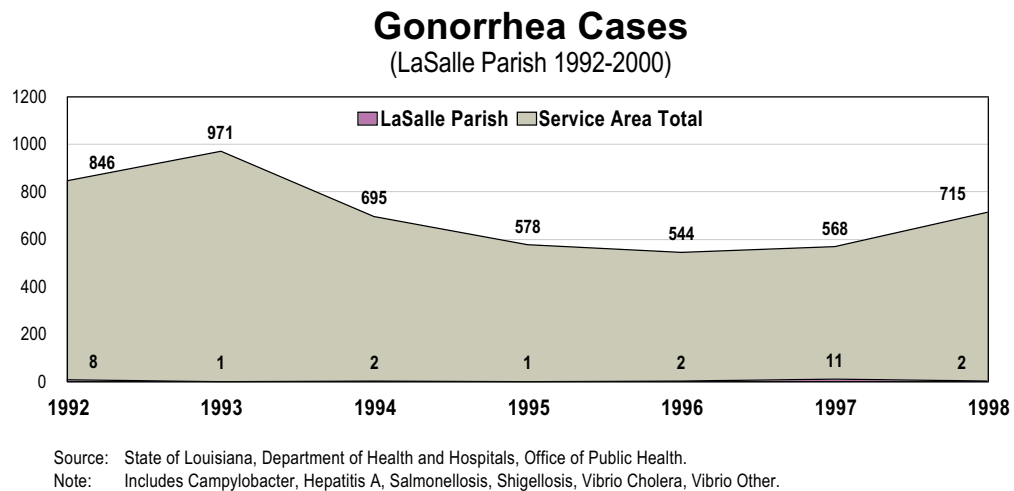
(1998-2000 Annual Average Rate per 100,000 Population)



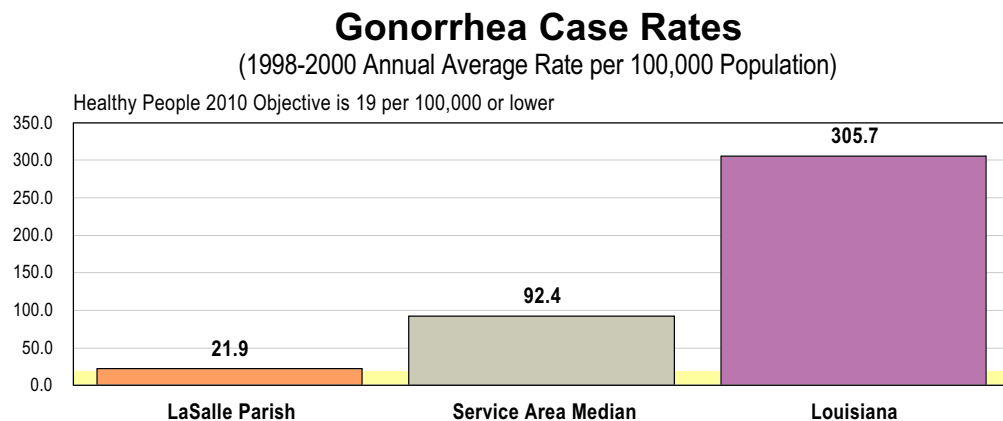
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

Gonorrhea

- Between 1992 and 1998, gonorrhea cases in LaSalle Parish followed a general decline, with a high of 11 cases in 1997 to a low of 1 in 1993 and 1995.



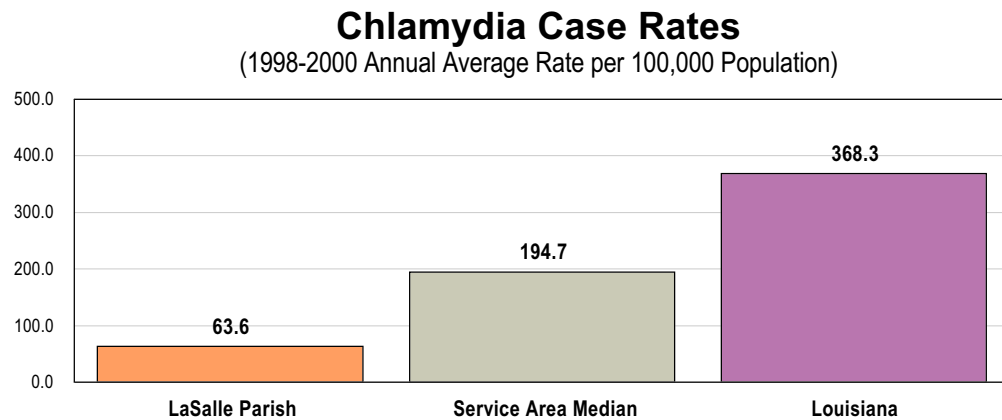
- Between 1998 and 2000, there was an annual average of 21.9 newly diagnosed gonorrhea cases per 100,000 population in LaSalle Parish.
 - Lower than in most Rapides Foundation Service Area parishes (median = 92.4/100,000).
 - Significantly lower than the statewide annual average case rate (305.7/100,000) but does not satisfy *Healthy People 2010* target (19.0/100,000 or lower).



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

Chlamydia

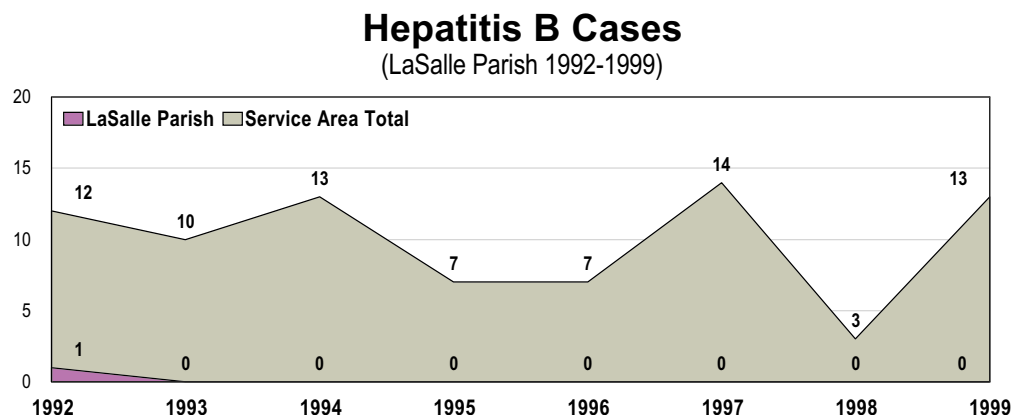
- Between 1998 and 2000, there was an annual average of 63.6 newly diagnosed cases of *chlamydia trachomatis* per 100,000 population in LaSalle Parish.
 - Lower than in most Rapides Foundation Service Area parishes (median = 194.7 cases/100,000).
 - Significantly lower than the annual average case rate statewide (368.3/100,000).



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

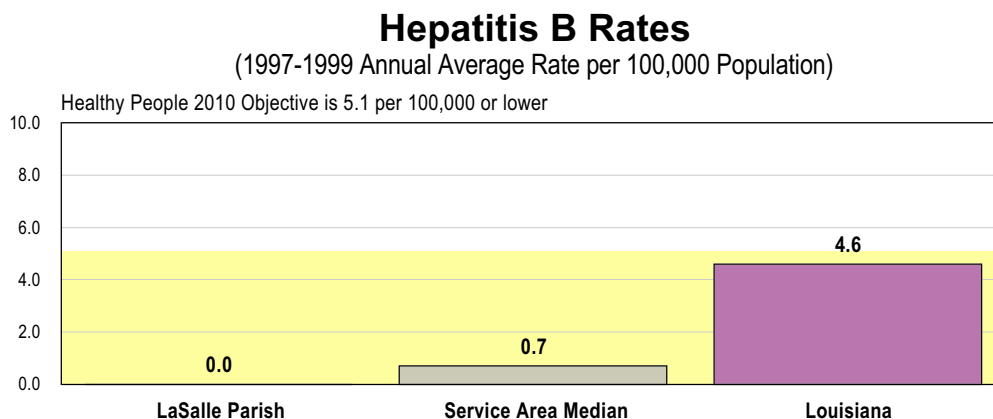
Hepatitis B

- Between 1992-1999, a total of 1 case of hepatitis B was diagnosed in LaSalle Parish.



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

- Between 1997 and 1999, there were no reported cases of hepatitis B in LaSalle Parish.
 - Lower than in most Rapides Foundation Service Area parishes (median = 0.7 cases/100,000).
 - The statewide annual average case rate is 4.6/100,000.



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

Community Health Panel Findings*

“We have active sexual teen-agers who are bound to have STDs.”

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

Vaccine-Preventable Disease Incidence

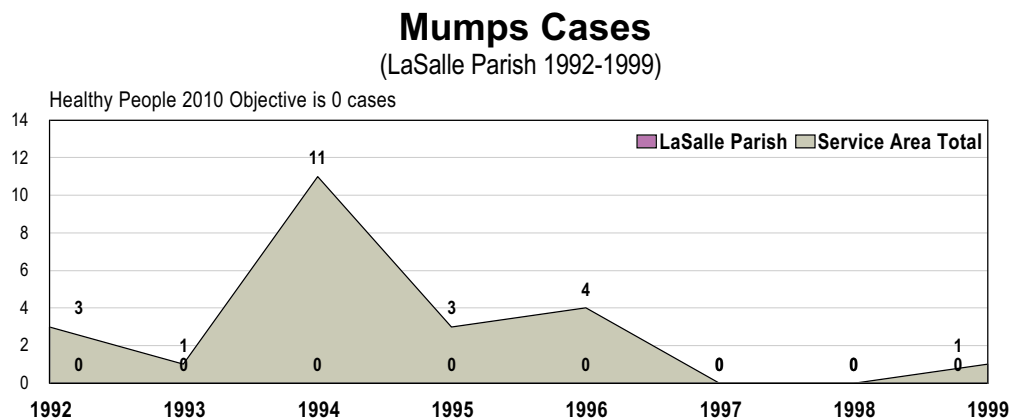
Examples of diseases which are preventable through vaccination include measles, mumps, rubella and pertussis.

Measles

- Between 1992 and 1999, there were no reported cases of measles in LaSalle Parish.

Mumps

- Between 1992 and 1999, there were no reported cases of mumps in LaSalle Parish.



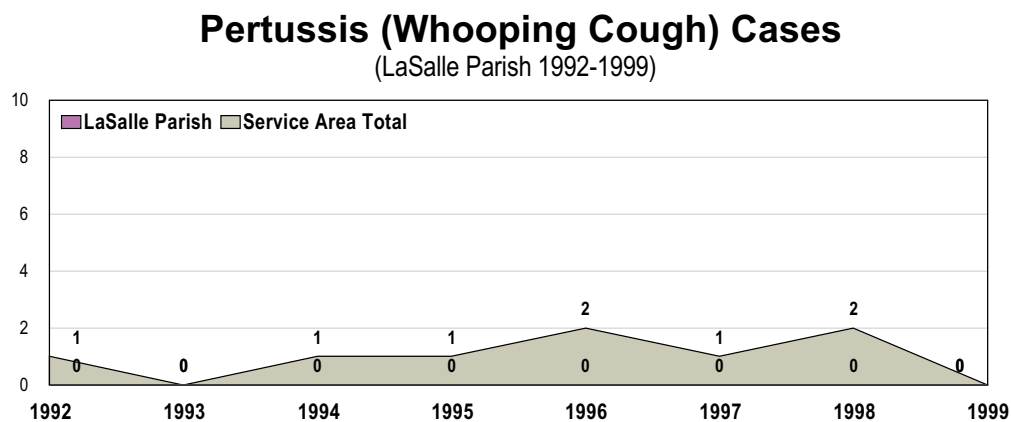
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

Rubella

- Between 1992 and 1999, there were no reported cases of rubella in LaSalle Parish.

Pertussis

- Between 1992 and 1999, there were no reported cases of pertussis (whooping cough) in LaSalle Parish.



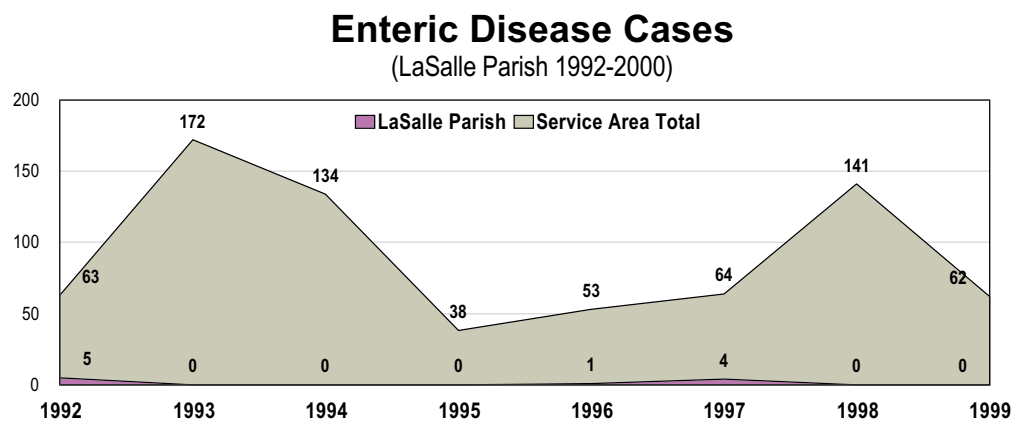
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

Enteric Disease Incidence

Enteric diseases are gastrointestinal illnesses caused by bacteria, parasites or viruses. Transmission from person to person is via hand-to-mouth. A person must actually ingest the organism in order to become infected. Enteric diseases are among the most frequently reported diseases. They include such known and lesser-known diseases as campylobacter, salmonellosis, shigellosis, hepatitis A, vibrio cholera and vibrio other.

Enteric Disease

- The incidence of enteric disease is prone to localized outbreaks. Between 1992 and 1999, LaSalle Parish experienced an average of 1.3 cases annually.

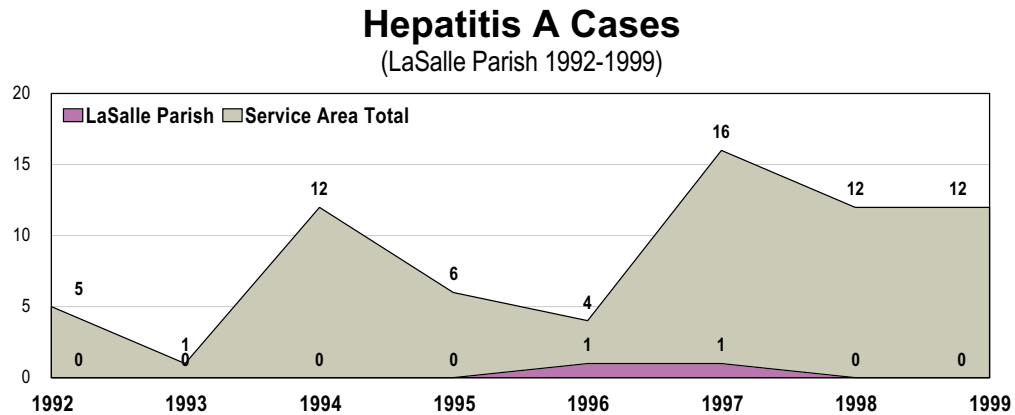


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

Note: Includes Campylobacter, Hepatitis A, Salmonellosis, Shigellosis, Vibrio Cholera, Vibrio Other.

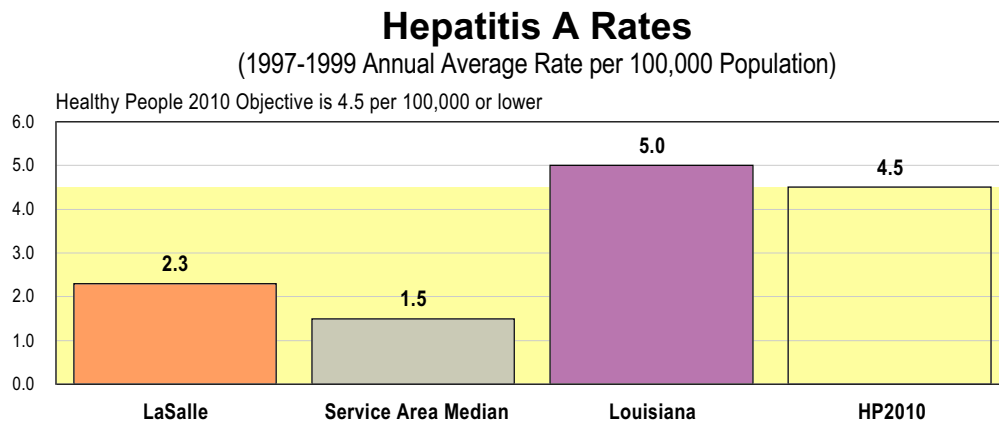
Hepatitis A

- Between 1992 and 1999, LaSalle Parish experienced 2 cases of hepatitis A, including 1 case in 1996 and 1 in 1997.



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

- Between 1997 and 1999, there was an annual average of 2.3 hepatitis A cases in LaSalle Parish per 100,000.
 - Higher than in most Rapides Foundation Service Area parishes (median = 1.5 cases/100,000).
 - Lower than the statewide annual average case rate (5.0/100,000).
 - Satisfies the *Healthy People 2010* target (4.5/100,000 or lower).



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

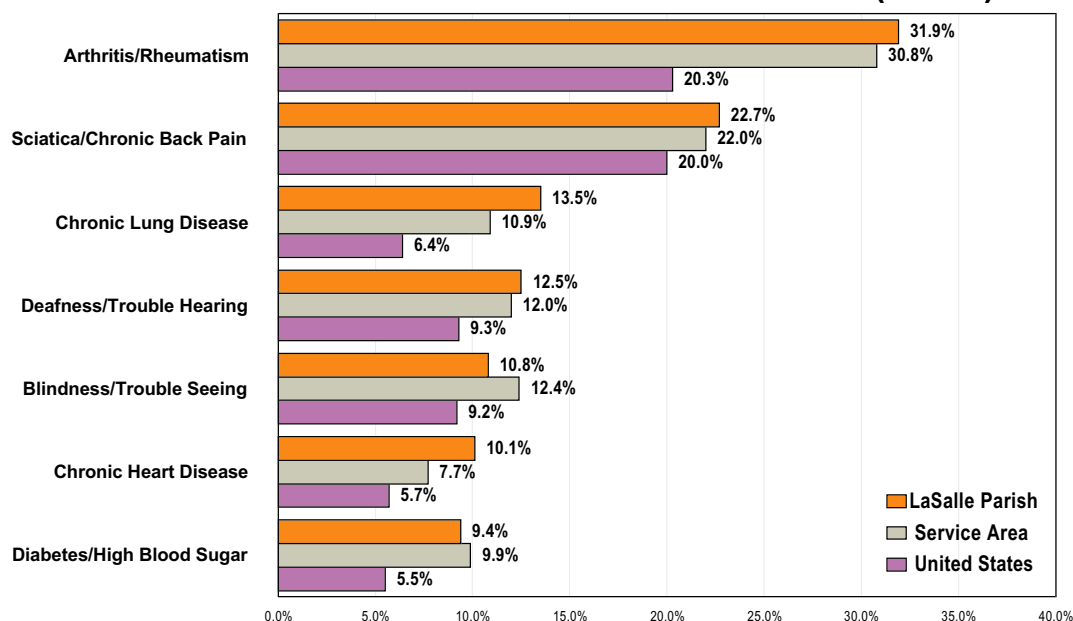
Self-Reported Chronic Illness

Self-Reported Prevalence of Chronic Illness

As part of the *2002 Community Health Survey*, LaSalle Parish adults were asked to report the prevalence of any of 13 chronic conditions. Many of these conditions are largely age-related; keep in mind that these data are not age-adjusted in order to show estimates of true prevalence levels in the area.

- **Arthritis/rheumatism, sciatica/chronic back pain, chronic lung disease, deafness/trouble hearing, blindness/trouble seeing and chronic heart disease were the most prevalent conditions reported, each affecting more than one out of 10 adults in LaSalle Parish.**
- **Six of the tested conditions are significantly more prevalent in LaSalle Parish than nationwide:**
 - 13.5% of LaSalle Parish adults report suffering from **chronic lung disease** (compared to 6.4% nationwide).
 - 10.1% of LaSalle Parish adults report suffering from **chronic heart disease** (compared to 5.7% nationwide).
 - 9.4% of LaSalle Parish adults report suffering from **diabetes/high blood sugar** (compared to 5.5% nationwide).
 - 8.7% of LaSalle Parish adults report suffering from **skin cancer** (compared to 4.9% nationwide).
 - 7.6% of LaSalle Parish adults report suffering from **cancer- other than skin** (compared to 4.9% nationwide).
 - 4.9% of LaSalle Parish adults report suffering from **cerebrovascular disease/stroke** (compared to 1.4% nationwide).

Prevalence of Chronic Illness (1 of 2)

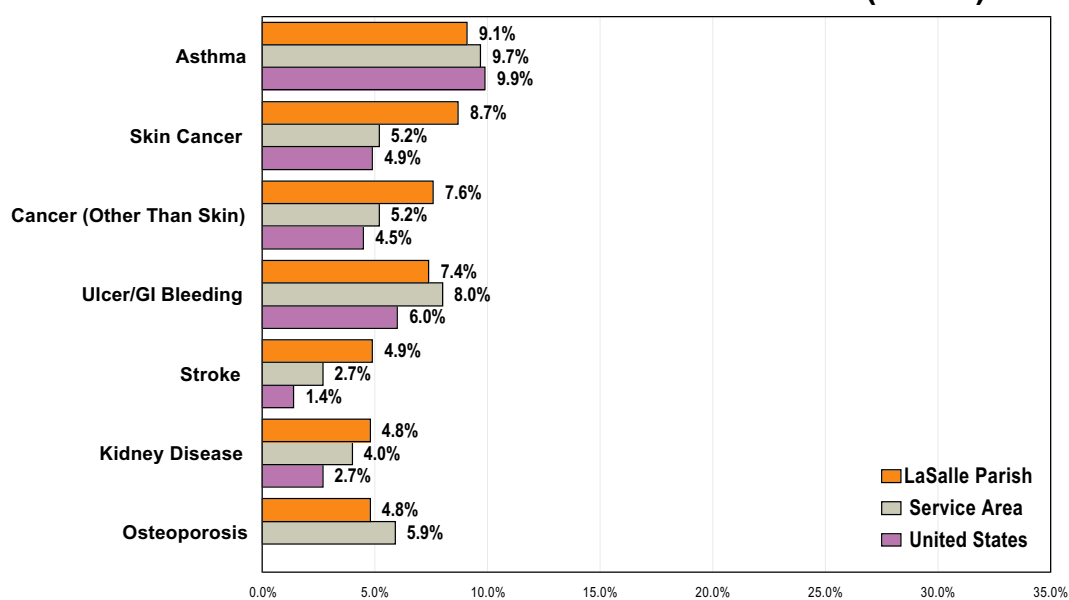


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. 2000 PRC National Health Survey, Professional Research Consultants

Note: Asked of all respondents.

Prevalence of Chronic Illness (2 of 2)



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of all respondents.

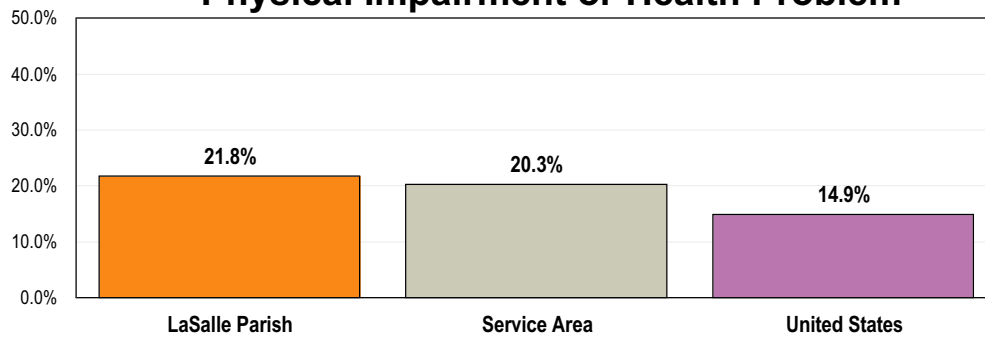
2. A national prevalence for osteoporosis is not available.

Keep in mind that each percentage point above represents approximately 103 adults in LaSalle Parish.

Activity Limitations

- **21.8% of LaSalle Parish adults report being limited in some way in some activity because of a physical impairment or health problem.**
 - Similar to Rapides Foundation Service Area findings.
 - Significantly higher than national findings.
 - This represents more than 2,245 adults in LaSalle Parish.

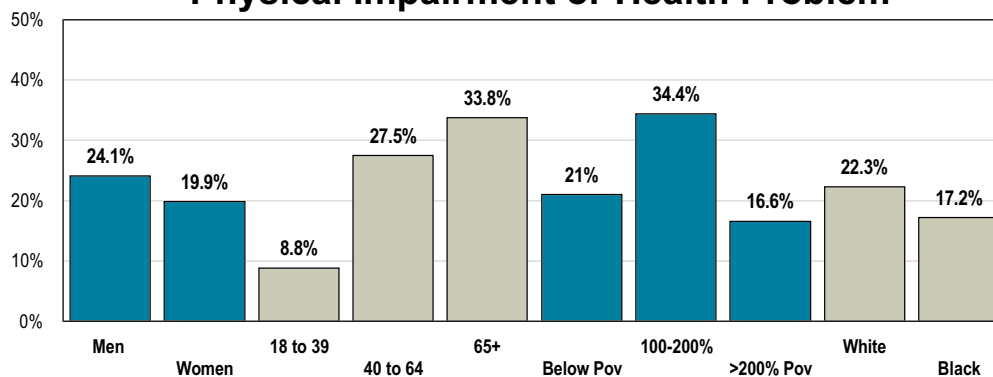
Activity Limitation Due to Physical Impairment or Health Problem



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Reflects the total sample of respondents.
 2. State data not available.

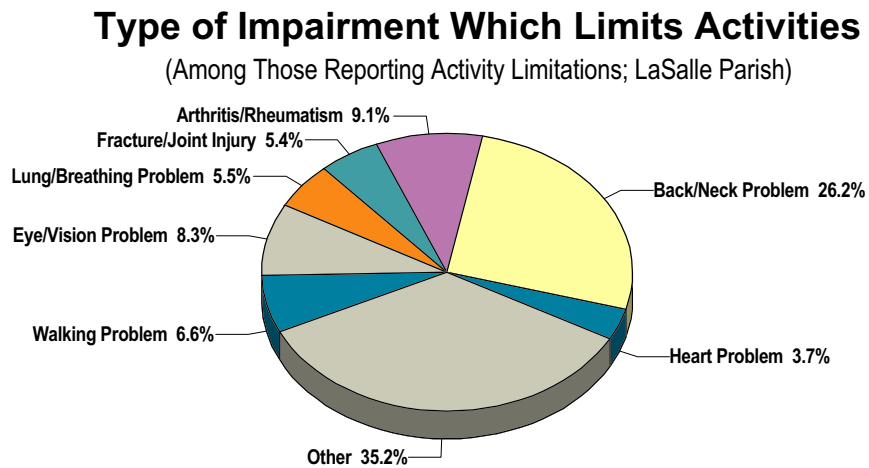
- Activity limitations affect a significant share of those age 65 or older.
- Activity limitations are also more prevalent among those at lower income levels.

Activity Limitation Due to Physical Impairment or Health Problem



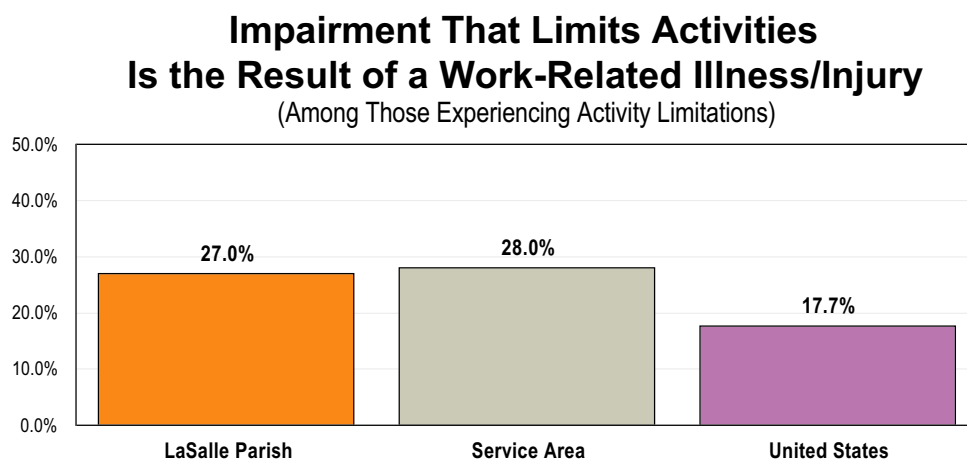
Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in LaSalle Parish.
 2. Reflects the total sample of respondents.

- The top three impairments that limit LaSalle Parish respondents include back/neck problems, arthritis/rheumatism and eye/vision problems.



Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Reflects those respondents who experience activity limitations.

- 27.0% of LaSalle Parish adults who currently suffer an illness or health impairment that limits their activities report that this illness or impairment is the result of a work-related injury.
 - Similar to Rapides Foundation Service Area findings (28.0%).
 - Statistically similar to national findings.



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Note: Reflects those respondents who experience activity limitations.

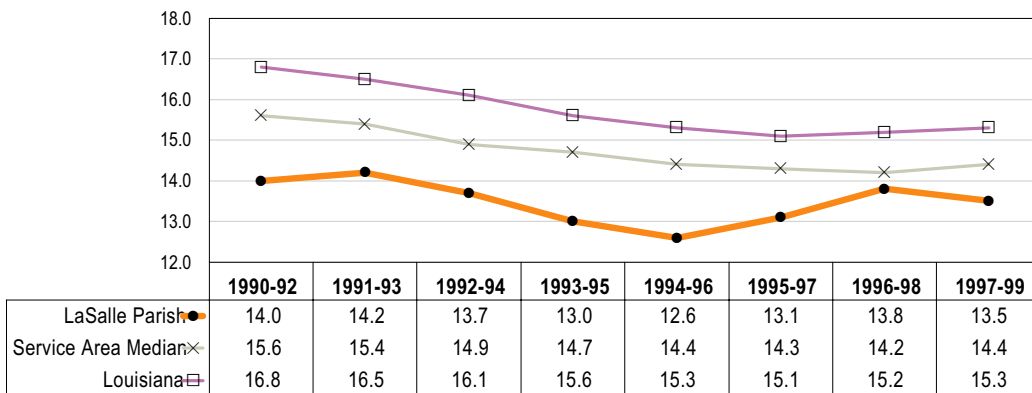
BIRTHS

Birth Rate

- Between 1997 and 1999, there was an annual average of 13.5 births in LaSalle Parish per 1,000 population.
 - Similar to the annual average statewide birth rate for the same period (15.3/1,000).

Crude Birth Rates

(Three-Year Averages; Births per 1,000 Population)



Source: Louisiana Department of Health and Hospitals, Office of Public Health.

Notes: 1. Rates represent live births per 1,000 population.

2. Service Area Median is the median birth rate among the 11 parishes included in this assessment (one-half of the parish birth rates fall below this rate, and one-half fall above).

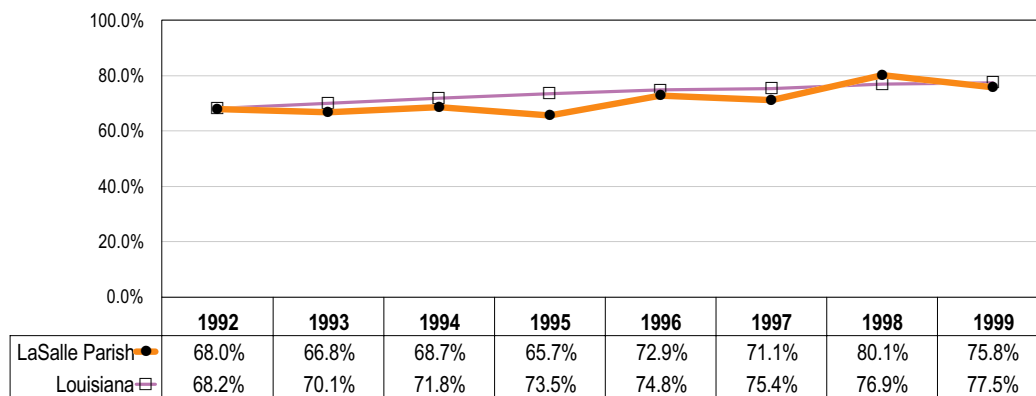
Prenatal Care

Adequacy of Prenatal Care

Early and continuous prenatal care is the best assurance of infant health. Adequacy of prenatal care 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.

- **In 1999, 75.8% of LaSalle Parish mothers received adequate prenatal care.**
 - Similar to the percentage statewide.
- **Since the early 1990s, the proportion of mothers receiving adequate prenatal care has been improving in LaSalle Parish, as it has statewide.**
- **Still, 24.2% of LaSalle Parish mothers received care that was less than adequate in 1999.**

Mothers Receiving Adequate Prenatal Care
(Percentage of Live Births)



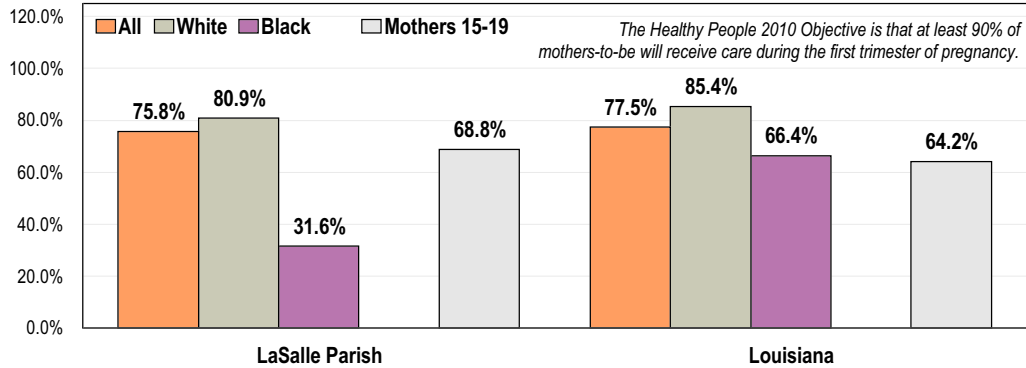
Source: Louisiana Department of Health and Hospitals, Office of Public Health.

Note: Adequate prenatal care 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.

- A much lower proportion of Black mothers (31.6%) received adequate prenatal care in comparison to White mothers (80.9%) in LaSalle Parish in 1999.
- Only 68.8% of teen-age mothers (ages 15 to 19) in LaSalle Parish in 1999 received adequate prenatal care.

Mothers Receiving Adequate Prenatal Care

(Percentage of 1999 Births by Race and Age of Mother)



Source: Louisiana Department of Health and Hospitals, Office of Public Health.

Note: Adequate prenatal care 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.

Community Health Panel Findings*

“Transportation is one of the biggest barriers in trying to get prenatal care. There isn’t a way to get the client to make the appointment, and if she is late or misses it, she has to wait another month before she sees the doctor. This appointment problem happens frequently.”

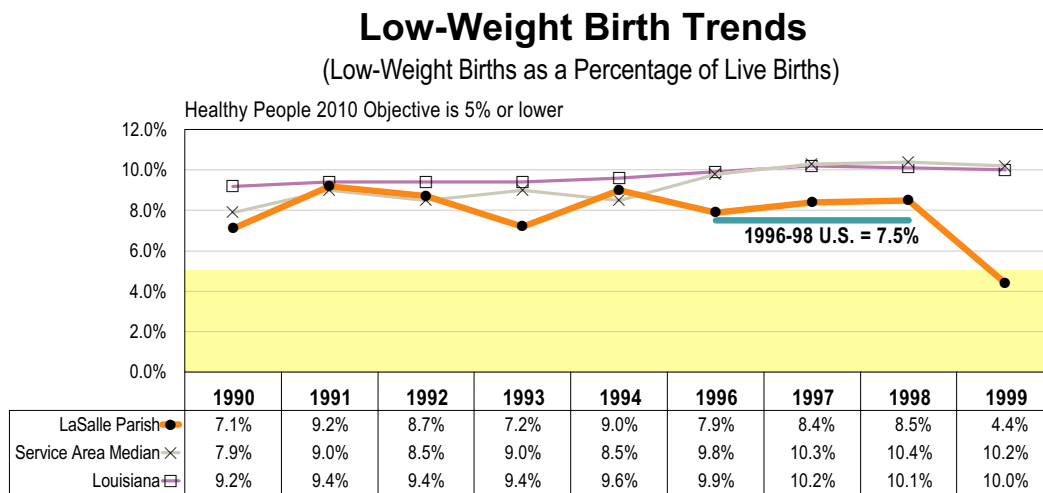
* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

Birth Outcomes

Low-Weight Births

Low-birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and infant 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.

- **In 1999, 4.4% of LaSalle Parish births were of low birthweight.**
 - Satisfies the *Healthy People 2010* target (5% or lower).
- **LaSalle Parish low-weight births have tracked lower than statewide proportions throughout most of the past decade.**



Sources: 1. Louisiana Department of Health and Hospitals, Office of Public Health.

2. Healthy People 2010: National Health Promotion and Disease Prevention Objectives for the Nation, United States Public Health Services.

Notes: 1. Numbers represent low-weight births as a percentage of all live births.

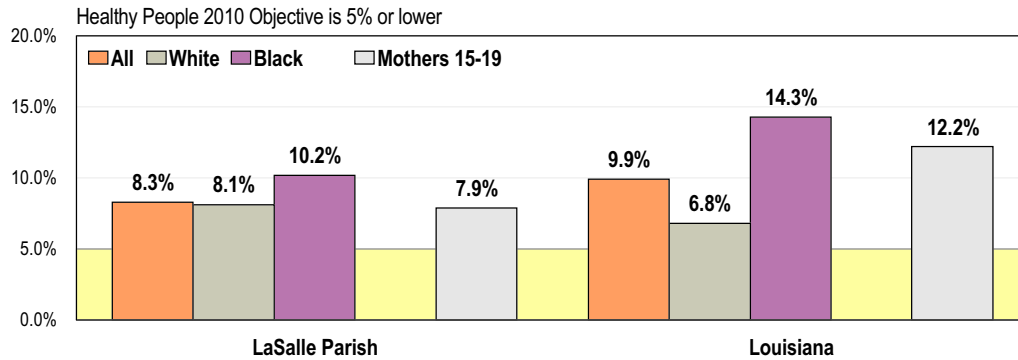
2. Low birthweight includes infants less than 2,500 grams at birth (approximately 5 pounds, 8 ounces).

3. 1995 data not available for Winn Parish.

- **Between 1994 and 1998, 10.2% of births to Black mothers in LaSalle Parish were low birthweight, compared to a lower 8.1% of births to White mothers.**
- **Between 1994 and 1998, 7.9% of births to teen-age mothers in LaSalle Parish were low birthweight.**

Low-Weight Births as a Percentage of Live Births

(1994-1998 Averages by Race and Age of Mother)



Sources: 1. Louisiana Department of Health and Hospitals, Office of Public Health.
 2. Healthy People 2010: National Health Promotion and Disease Prevention Objectives for the Nation/United States Public Health Svcs.

Notes: 1. Numbers represent the five-year average percentages of low-weight births.
 2. Low birthweight includes infants less than 2,500 grams at birth (approximately 5 pounds, 8 ounces).

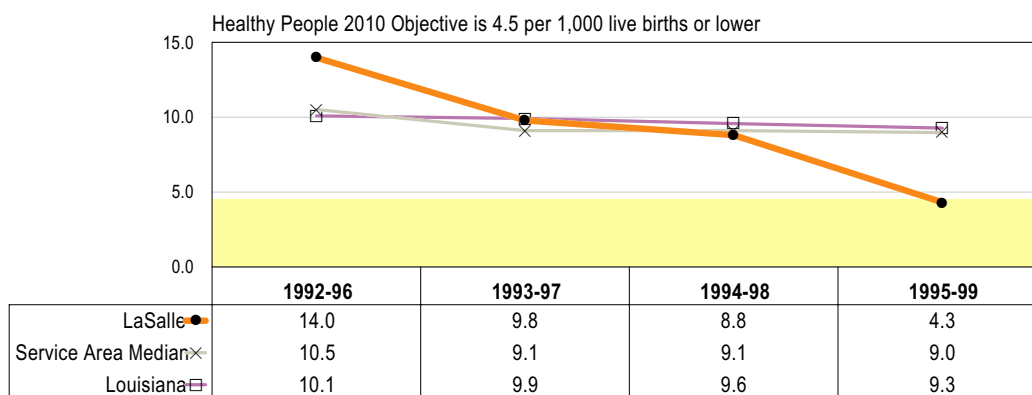
Infant Mortality

Infant death is the death of a child less than 1 year old. This issue was identified as a key concern in the 1997 Tulane study.

- **Between 1995 and 1999, there was an annual average of 4.3 infant deaths per 1,000 live births in LaSalle Parish.**
 - Much lower than the 1995-99 statewide annual average rate (9.3/1,000).

Infant Mortality Rates

(Five-Year Averages; Infants Deaths per 1,000 Live Births)



Source: Louisiana Department of Health and Hospitals, Office of Public Health.

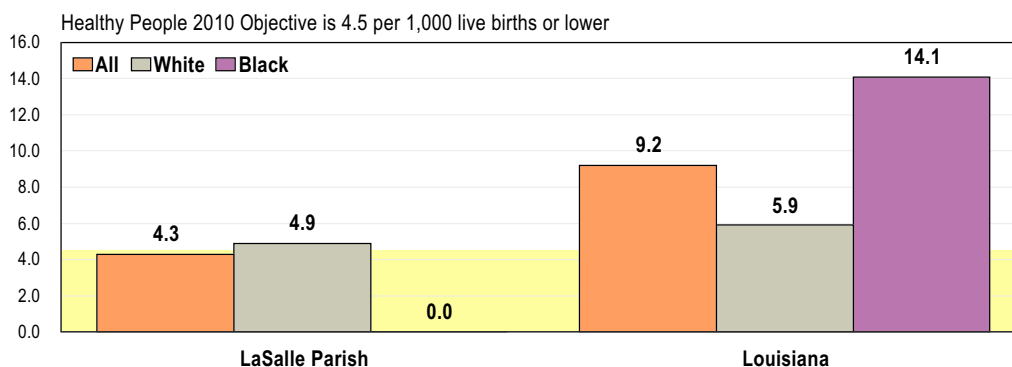
Notes: 1. Rates represent deaths occurring to infants under the age of one per 1,000 live births.

2. Service Area Median is the median infant mortality rate among the 11 parishes included in this assessment (one-half of the parish rates fall below this rate, and one-half fall above).

- **Infant mortality is much higher among Whites in LaSalle Parish (4.9/1,000 annual average 1995-99) than among Blacks (0.0/1,000).**

Infant Mortality Rates

(1995-99 Infant Deaths per 1,000 Live Births by Race)



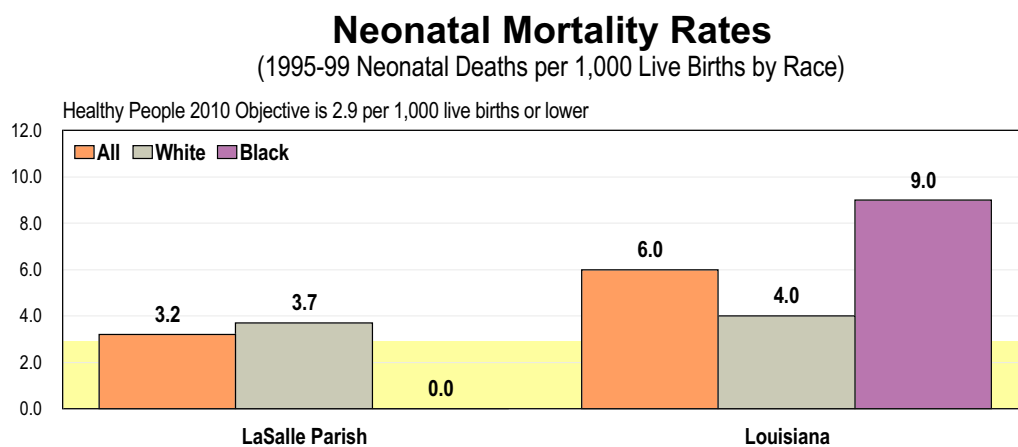
Source: Louisiana Department of Health and Hospitals, Office of Public Health.

Notes: Rates represent deaths occurring to infants under the age of one per 1,000 live births.

Neonatal Mortality

Neonatal death is the death of a child during the first 28 days of life.

- **Between 1995 and 1999, there was an annual average of 3.2 neonatal deaths per 1,000 live births in LaSalle Parish.**
 - Lower than the statewide annual average rate for the same period (6.0/1,000).
- Neonatal mortality was much higher among Whites in LaSalle Parish (3.7/1,000 annual average 1995-99) than among Blacks (0.0/1,000).



Source: Louisiana Department of Health and Hospitals, Office of Public Health.

Note: Represent the rates of death occurring to newborns within the first 28 days of life per 1,000 live births.

Births to Teen-age Mothers

Teen-age mothers are often at higher risk of problems associated with improper or inadequate prenatal care, especially in minority and lower socio-economic populations. They have a higher-than-average chance of suffering pregnancy complications, are less likely to ever complete a high school education and earn about half the lifetime income of women who first give birth in their 20s.

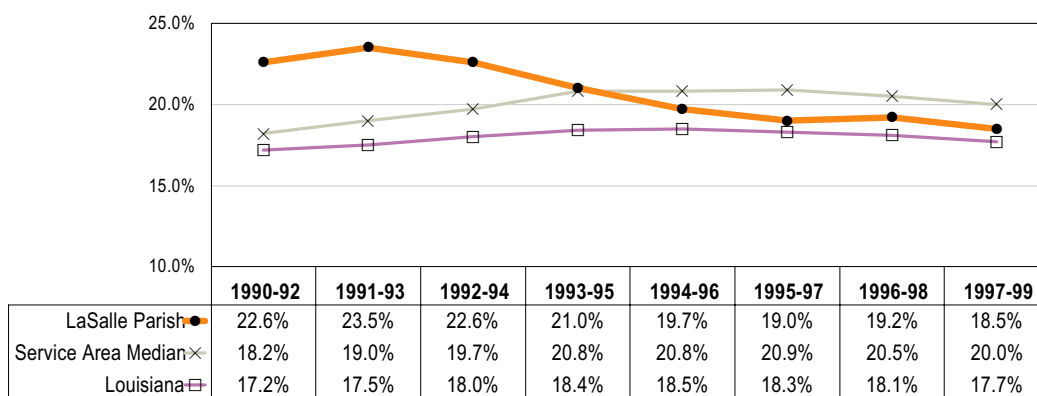
The following examination of teen births in LaSalle Parish builds on prior research in 1997 by the Rapides Foundation and Tulane School of Public Health and Tropical Medicine.

Percentage of Births to Teen Mothers

- **Between 1997 and 1999, 18.5% of LaSalle Parish births were to mothers between the ages of 15 and 19.**
 - Higher than statewide (17.7%).
 - Much higher than nationwide (12.3%).
- **The proportion of LaSalle Parish births to teen-age mothers has trended downward throughout the 1990s, but has consistently tracked higher than the statewide proportion.**
 - The LaSalle Parish rate has recently tracked lower than the median percentage among parishes in the Rapides Foundation Service Area.

Percentage of Births to Teenage Mothers (15-19)

(Three-Year Averages; Percentage of Live Births)



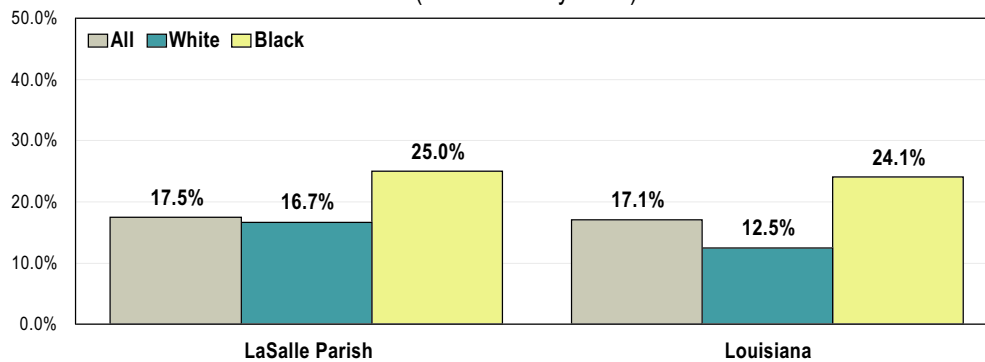
Source: Louisiana Department of Health and Hospitals, Office of Public Health.

Note: Represent teen births (births to mothers aged 15 to 19) as a percentage of all live births.

- 25.0% of 1999 LaSalle Parish births among Blacks were to teen-age mothers, compared to 16.7% among Whites.

Percentage of Births to Teenage Mothers (15-19)

(1999 Births by Race)



Source: Louisiana Department of Health and Hospitals, Office of Public Health.

Note: Represent teen births (births to mothers aged 15 to 19) as a percentage of all live births within each population.

Community Health Panel Findings*

Teen pregnancy is recognized as a problem in LaSalle Parish. One focus group participant mentioned that teen sex is beginning at very young ages.

“Teen pregnancy is a real problem here. We have plenty of girls getting pregnant in junior high school.”

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

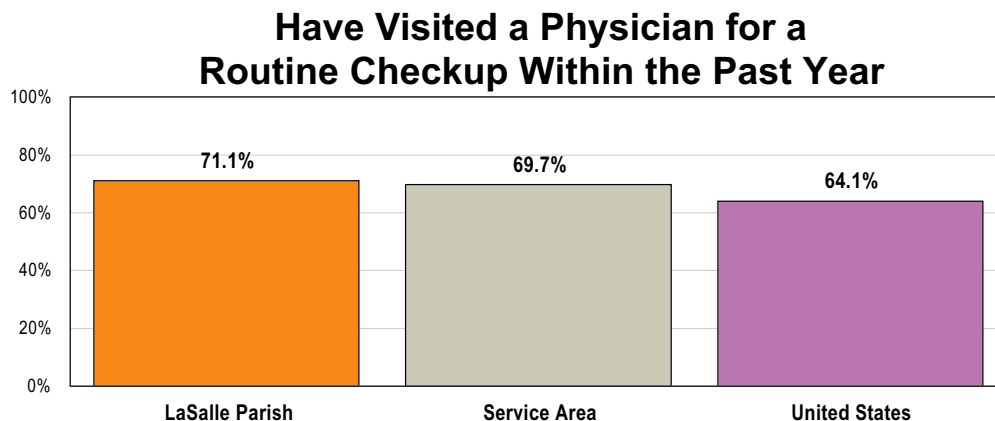
PREVENTIVE HEALTH CARE

Primary Medical Care

Regular medical care is a key component of preventive medicine. The following section examines community members' use of medical, dental and vision care services.

Routine Physician Care

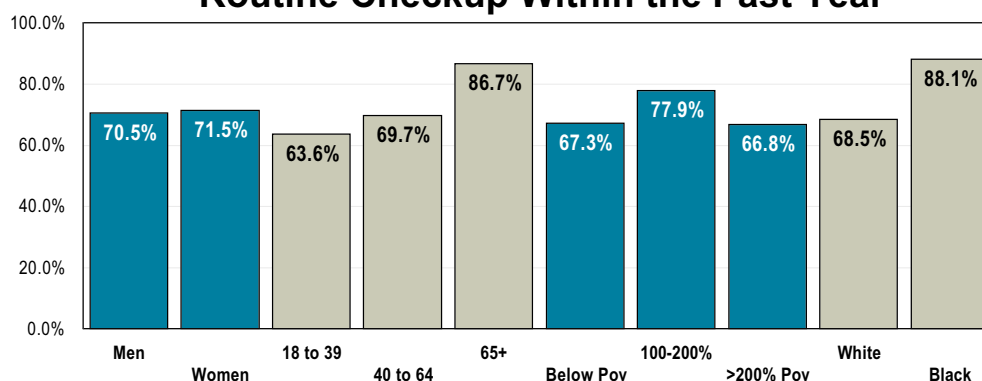
- **71.1% of LaSalle Parish adults report that they have visited a physician for a routine checkup in the past year.**
 - Similar to that found throughout the Rapides Foundation Service Area.
 - Significantly higher than nationwide findings.



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

- Older adults, Blacks and those with lower incomes demonstrate lower levels of routine physician care.

Have Visited a Physician for a Routine Checkup Within the Past Year



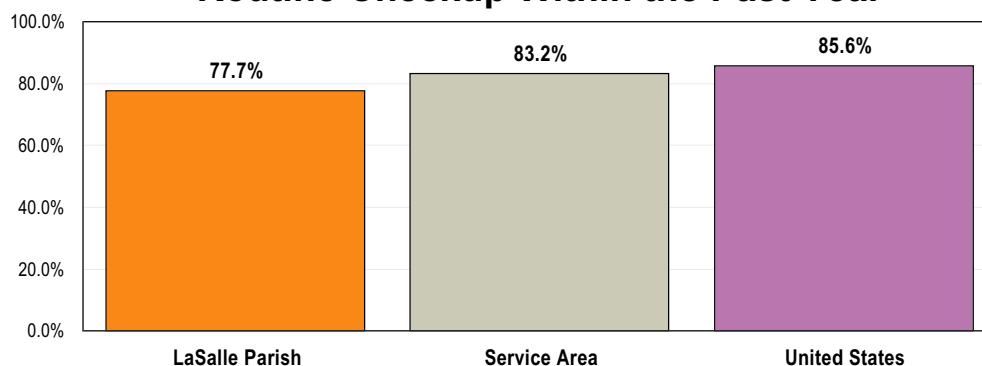
Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in LaSalle Parish.

2. Asked of all respondents.

- **77.7% of LaSalle Parish parents report that their child has visited a physician for a routine checkup in the past year.**
 - Significantly lower than Rapides Foundation Service Area findings (83.2%) and national findings (85.6%).

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



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. 2000 PRC National Health Survey, Professional Research Consultants

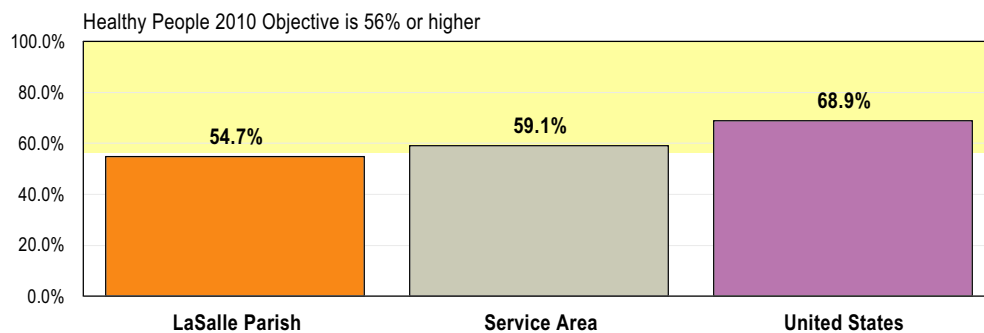
Notes: 1. Asked of respondents with children under the age of 18.

2. State data not available.

Dental Care

- **54.7% of LaSalle Parish adults have been to a dentist or dental clinic in the past year.**
 - Lower than that found throughout the 11-parish Rapides Foundation Service Area.
 - Significantly lower than found nationwide (68.9%).
 - Does not satisfy the *Healthy People 2010* target (56% or higher).

Have Visited a Dentist or Dental Professional Within the Past Year



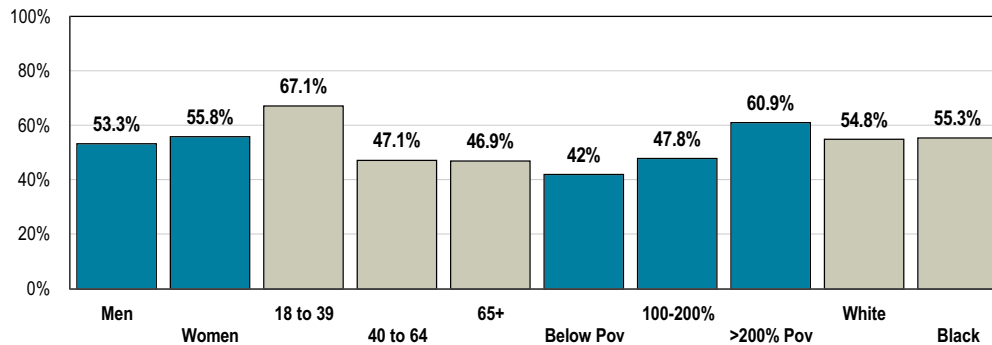
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Notes: 1. Asked of all respondents.
2. State and U.S. data not available.
3. Includes dentists, orthodontists, oral surgeons and dental hygienists.

Recent dental care is particularly low among:

- Those with lower incomes.
- Older adults.

Have Visited a Dentist or Dental Professional Within the Past Year



Source: 2002 PRC Community Health Survey, Professional Research Consultants

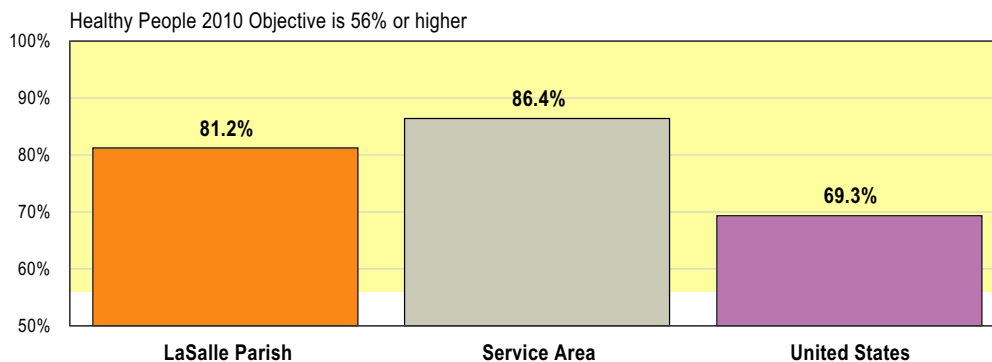
Notes: 1. Demographic breakouts are among findings in LaSalle Parish.

2. Asked of all respondents.

3. Includes dentists, orthodontists, oral surgeons and dental hygienists.

- **81.2% of LaSalle Parish parents report that their child has visited a dentist or dental clinic in the past year.**
 - Significantly lower than Rapides Foundation Service Area findings (86.4%).
 - Significantly higher than national findings.
 - Satisfies the *Healthy People 2010* target (56% or higher).

Child Has Visited a Dentist or Dental Clinic Within the Past Year



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. 2000 PRC National Health Survey, Professional Research Consultants

3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Notes: 1. Asked of respondents with children aged 4 through 17.

2. State data not available.

Community Health Panel Findings*

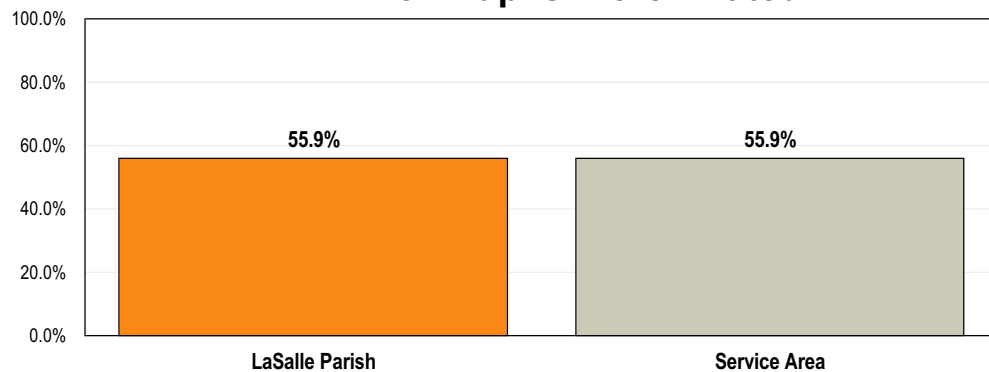
“We don’t have fluoridated water. We see a lot of young adults who have complete dentures at a very young age. We need free dental screenings, because our people cannot afford to go to the dentist.”

** The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.*

Vision Care

- **55.9% of LaSalle Parish adults have had an eye exam in which their pupils were dilated in the past two years.**
 - Identical to Rapides Foundation Service Area findings.

Have Had an Eye Exam in the Past Two Years in Which Pupils Were Dilated

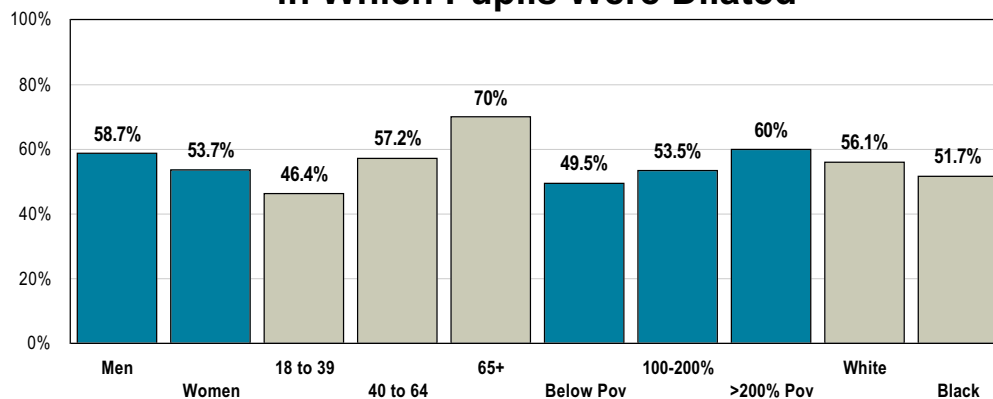


Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Asked of all respondents.
2. State and U.S. data not available.

- As might be expected, prevalence of recent eye exams increases with age and income.

Have Had an Eye Exam in the Past Two Years in Which Pupils Were Dilated



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in LaSalle Parish.
2. Asked of all respondents.

Childhood Immunization

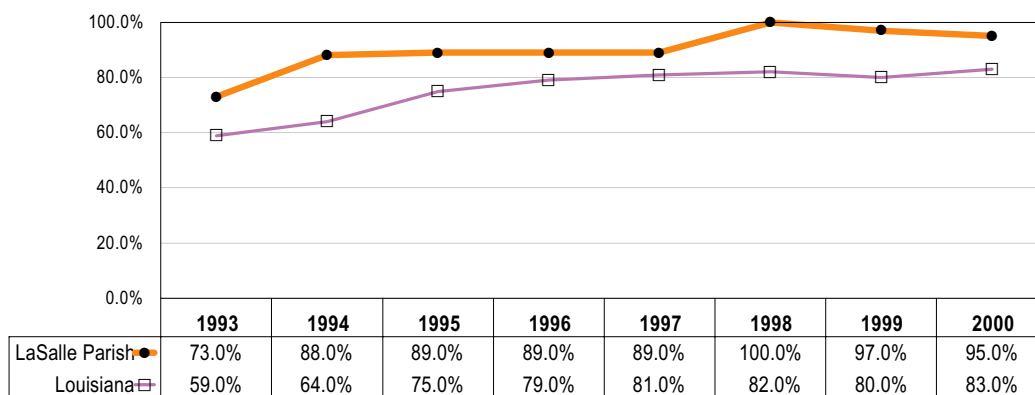
Immunization is the best line of defense against many infectious diseases, and childhood immunizations are an essential component to community health. Immunization may even lead to the complete eradication of such diseases as tetanus and diphtheria.

Public Clinic Immunization Assessments

While immunization data covering the total child population is lacking, immunization levels among children seen at public clinics give some indication of immunization levels in LaSalle Parish.

- **95.0% of toddlers seen at public clinics in LaSalle Parish in 2000 were up to date for immunizations at age 24 months.**
- Public clinic assessment immunization levels in LaSalle Parish have tracked higher than statewide percentages.

Percent of Children 24 to 35 Months Who Were Up-to-Date for Immunizations At Age 24 Months
(Results of Public Clinic Assessments)



Source: Louisiana Department of Health and Hospitals, Office of Public Health.
Note: Represent children seen at public clinics.

Community Health Panel Findings*

Focus group participants expressed great satisfaction with parish immunization programs.

“The health unit does a great job in getting the immunizations done on time and on a consistent basis.”

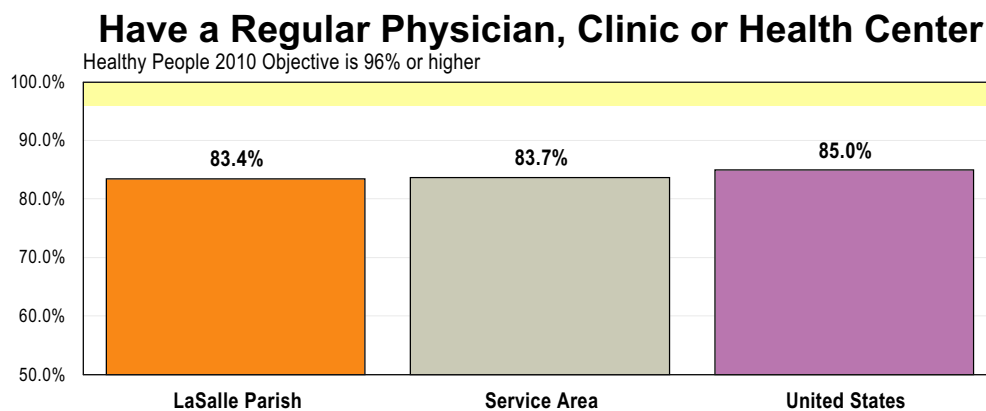
** The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.*

ACCESS TO HEALTH CARE SERVICES

Access to Primary Care Services

Regular Use of Physicians' Offices/Clinics

- **83.4% of LaSalle Parish adults have a regular physician, clinic or health center that they go to if they are sick or need advice about their health.**
 - Similar to Rapides Foundation Service Area findings.
 - Similar to national findings (85.0%).
 - Fails to satisfy *Healthy People 2010* target (96.0%).



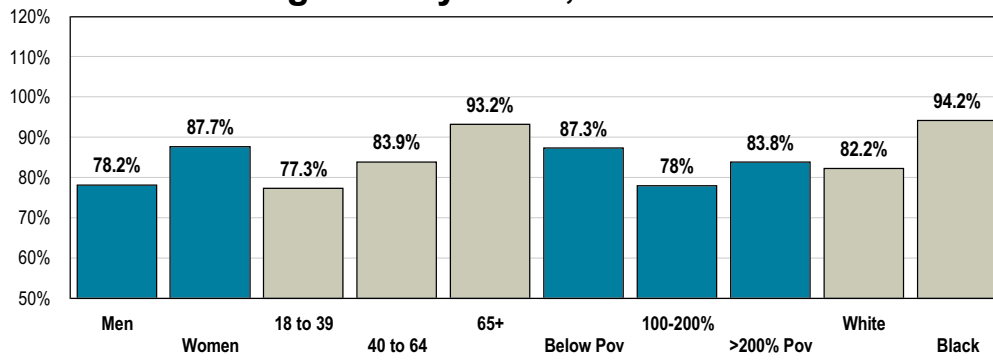
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Notes: 1. Asked of all respondents.
2. State data not available.

The following demographic groups demonstrate a low incidence of having a usual source of medical care:

- Young adults.
- Persons living 100-200% above the poverty threshold.
- Men.
- White respondents.

Have a Regular Physician, Clinic or Health Center

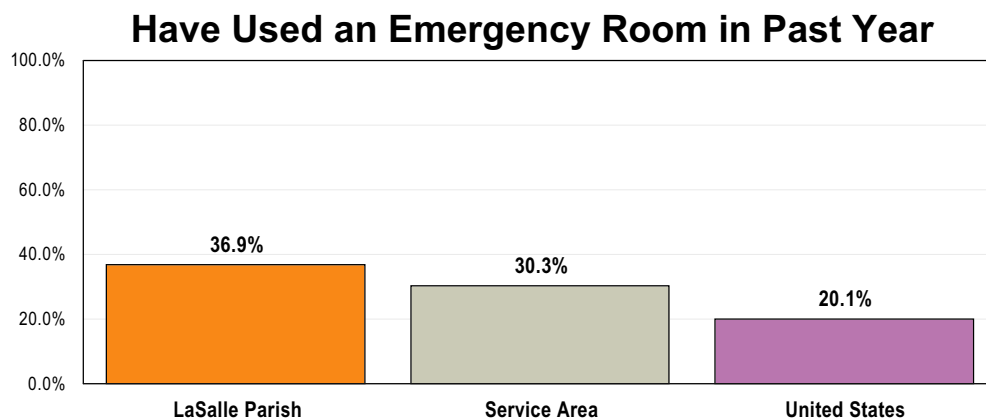


Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in LaSalle Parish.
2. Asked of all respondents.

Emergency Room Utilization

- **36.9% of LaSalle Parish adults have gone to an emergency room in the past year about their own health.**
 - Significantly higher than Rapides Foundation Service Area findings.
 - Significantly higher than found nationwide (20.1%).
- **15.6% of LaSalle Parish adults have gone to an emergency room more than once in the past year about their own health.**
 - Similar to Rapides Foundation Service Area findings.
 - Significantly higher than found nationwide (5.6%).

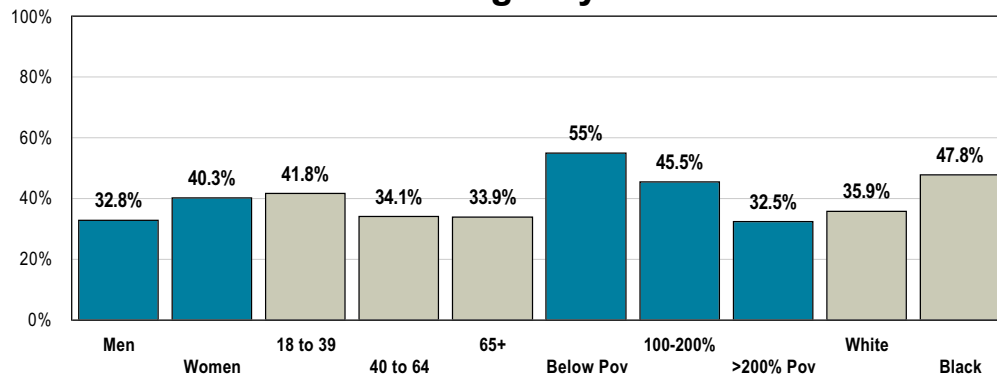


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

Emergency room utilization is higher among:

- Respondents age 18 to 39.
- Low-income respondents.
- Black respondents.
- Women.

Have Used an Emergency Room in Past Year

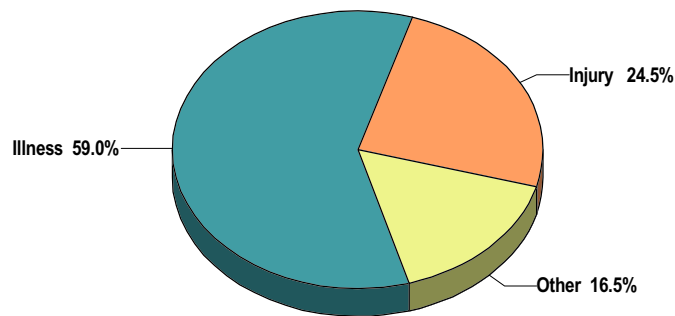


Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in LaSalle Parish.
2. Asked of all respondents.

- **59.0% of LaSalle Parish adults visiting an emergency room in the past year say this was to treat an illness, and 24.5% say this was to treat an injury.**

Reason for Recent ER Visit



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Note: Asked of those respondents who received recent medical care in an emergency room.

Community Health Panel Findings*

One focus group participant's appreciation for a local ER stemmed from personal experience.

“I think if we had a clinic associated with the hospital where non-emergency patients could be seen, it would help the ER. People would be referred to this clinic after normal working hours and on weekends. I don’t think this parish could support an independent clinic. We just don’t have the traffic.”

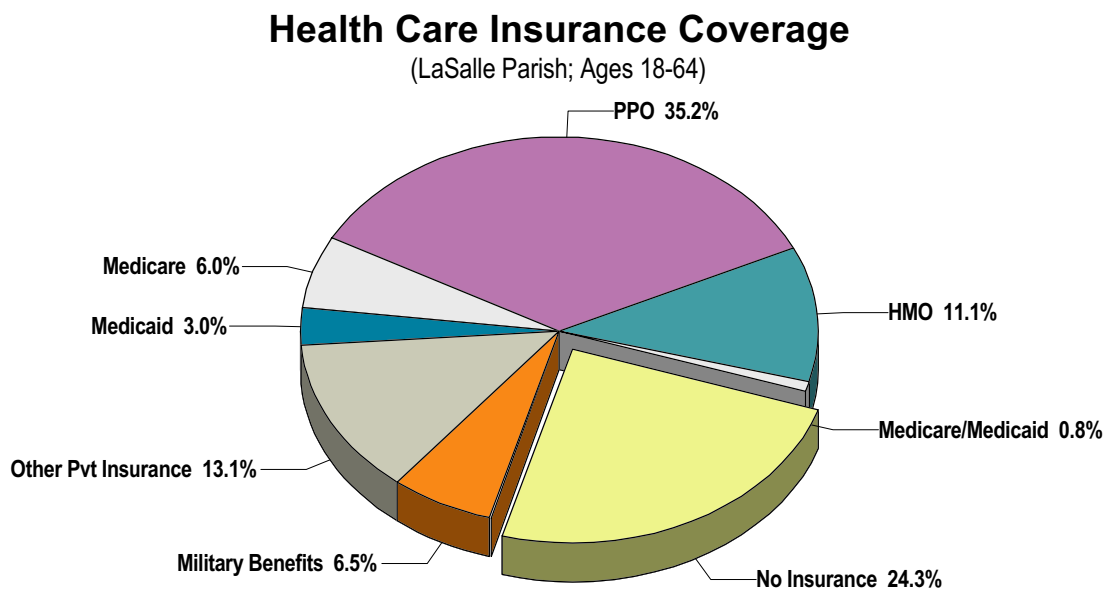
* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

Health Insurance Coverage

Along with enhancing quality and moderating costs, improving the accessibility of health care services is one of the principal hopes for the American health care system and a key element in any preventive approach to community health. Certainly one of the various barriers to access is a lack of insurance coverage for many Americans.

Insurance Coverage by Type

- **75.7% of LaSalle Parish adults ages 18 to 64 currently have some type of health insurance coverage.**
- **46.3% of LaSalle Parish adults ages 18 to 64 have health care coverage through an HMO (health maintenance organization) or PPO (preferred provider organization); 13.1% have other private health insurance coverage.**
- **9.8% of LaSalle Parish adults ages 18 to 64 have Medicaid and/or Medicare.**
- **6.5% have CHAMPUS or veterans' benefits.**

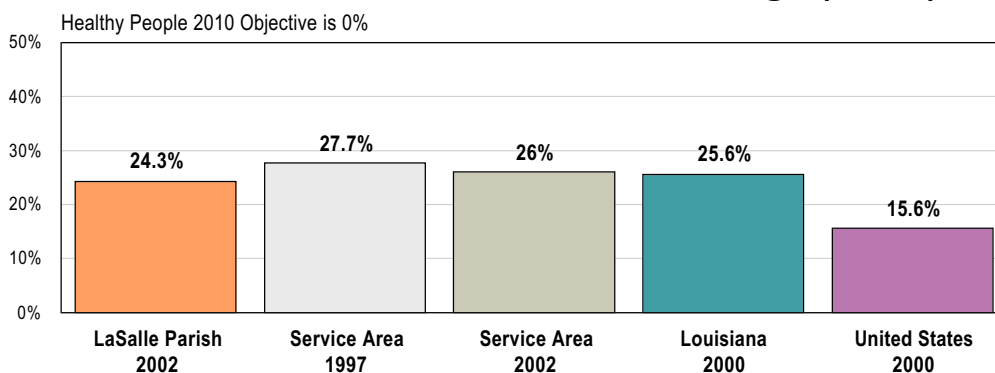


Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Reflects respondents aged 18 to 64.

Lack of Health Insurance Coverage

- **24.3% of LaSalle Parish adults ages 18 to 64 have no health insurance coverage, representing nearly 2,503 adults.**
 - Similar to Rapides Foundation Service Area (26.0%) and Louisiana (25.6%) findings.
 - Significantly worse than found nationwide (15.6%).

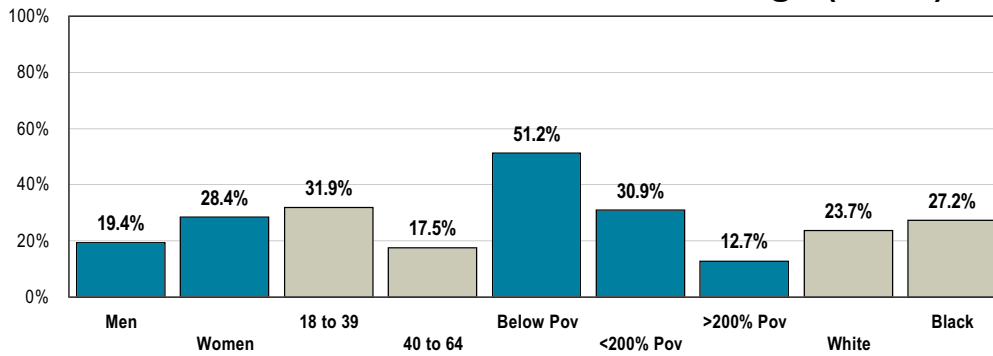
Lack Health Care Insurance Coverage (18-64)



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
 5. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.
 Note: Reflects respondents aged 18 through 64.

- Low-income adults report the highest prevalence of not having health insurance, including over 50% of those living below the poverty threshold.
- Black respondents more often are without health insurance than White respondents.
- More women than men are without health insurance.
- Younger respondents (ages 18 to 39) are most often without health insurance .

Lack Health Care Insurance Coverage (18-64)



Source: 2002 PRC Community Health Survey, Professional Research Consultants

- Notes:
1. Demographic breakouts are among findings in LaSalle Parish.
 2. Reflects respondents aged 18 through 64.

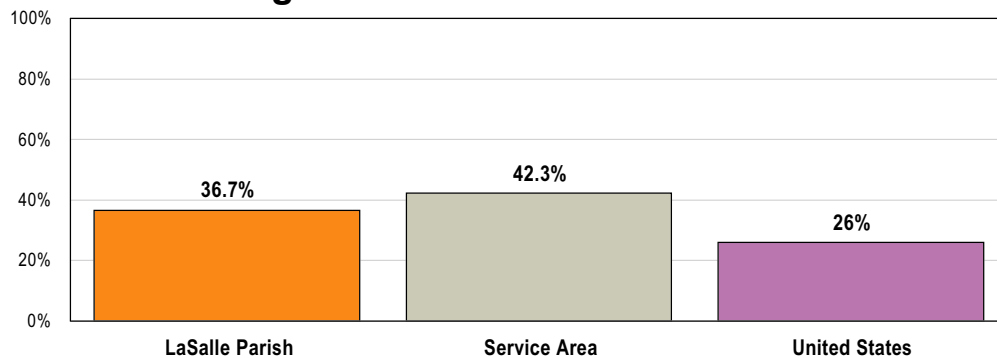
Barriers to Primary Care

This section examines access to preventive care services, including community members' experience with the availability of physician services and cost or transportation as inhibitors to receiving care.

Overview of Health Care Barriers

- **36.7% of LaSalle Parish adults report some type of difficulty accessing or receiving health care services in the past year.**
 - Significantly lower than Rapides Foundation Service Area findings (42.3%).
 - Significantly higher than found nationwide (26.0%).
 - Far from reaching the *Healthy People 2010* target (7.0% or lower).

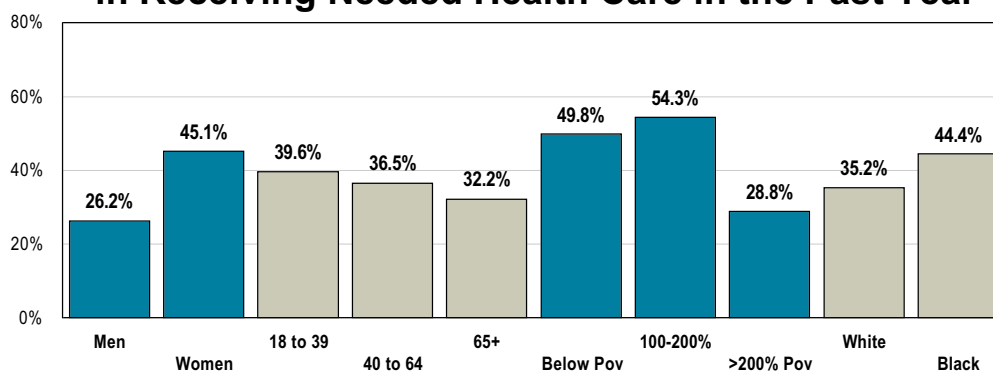
Experienced Difficulties or Delays of Any Kind in Receiving Needed Health Care in the Past Year



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

- Cost is the most predictive barrier to health care access, with almost 50% of adults in poverty experiencing some difficulty accessing or receiving health care services in the past year.
- Women more often face access barriers than do men.
- Black respondents more often face access barriers than do White respondents.

Experienced Difficulties or Delays of Any Kind in Receiving Needed Health Care in the Past Year



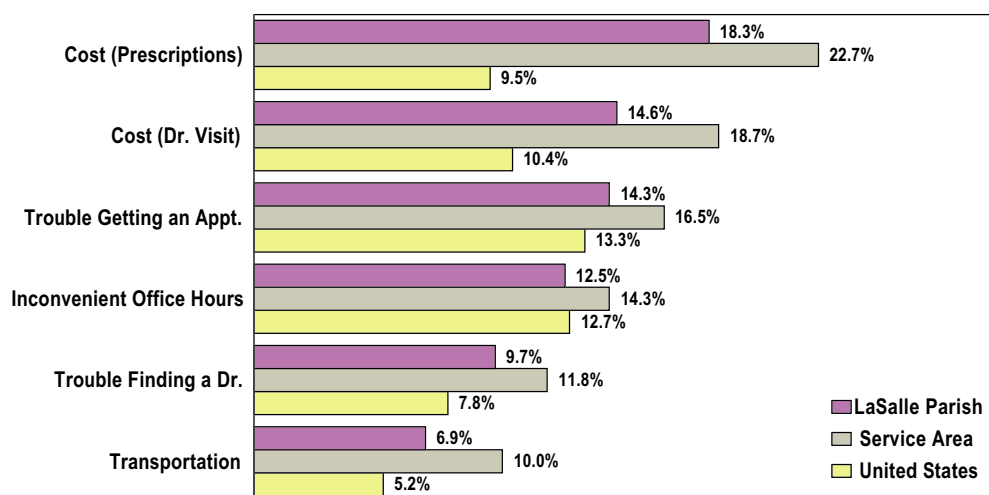
Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in LaSalle Parish.

2. Asked of all respondents.

- Of six types of barriers to access tested in the survey, cost of prescription medicines impacted the greatest share of adults in LaSalle Parish.
- The proportion of the LaSalle Parish population impacted was significantly greater than found nationwide for two of the six tested barriers: cost of prescription medicines and cost of physician visit.

Barriers to Access Have Prevented or Hindered Medical Care in the Past Year



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. 2000 PRC National Health Survey, Professional Research Consultants

Note: Asked of all respondents.

Cost of Health Services

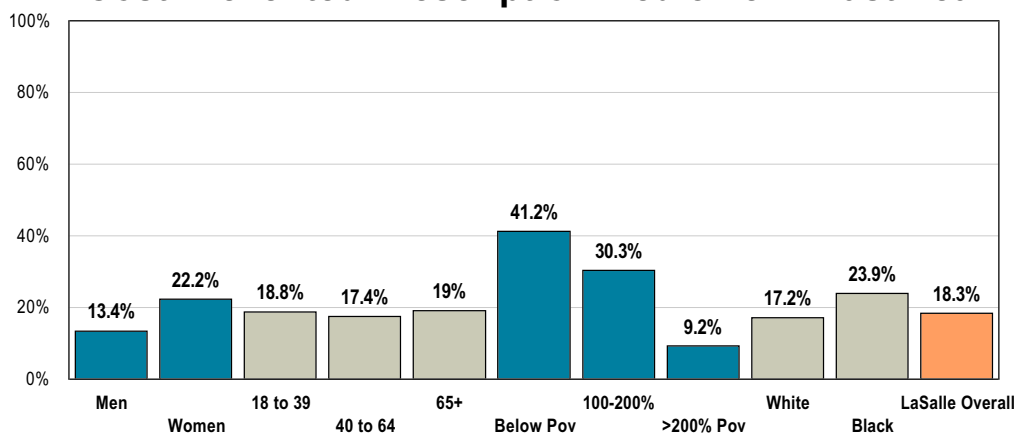
Cost of Prescriptions

- **18.3% of LaSalle Parish adults say that there has been a medicine they have needed in the past year, but they were unable to get it because of the cost. This represents nearly 1,885 adults in LaSalle Parish.**
 - Lower than Rapides Foundation Service Area findings.
 - Significantly higher than found nationwide (9.5%).

The following segments in LaSalle Parish more often report going without a prescription because of the cost:

- Persons living below the poverty threshold.
- Black respondents.
- Women.
- The proportion of seniors reporting that they have not gotten a needed prescription because of the cost is consistent with what is found nationwide and in other communities; keep in mind, however, that in some cases, seniors may be sacrificing other needs in order to be able to afford needed medicines.

Cost Prevented Prescription Medicine in Past Year



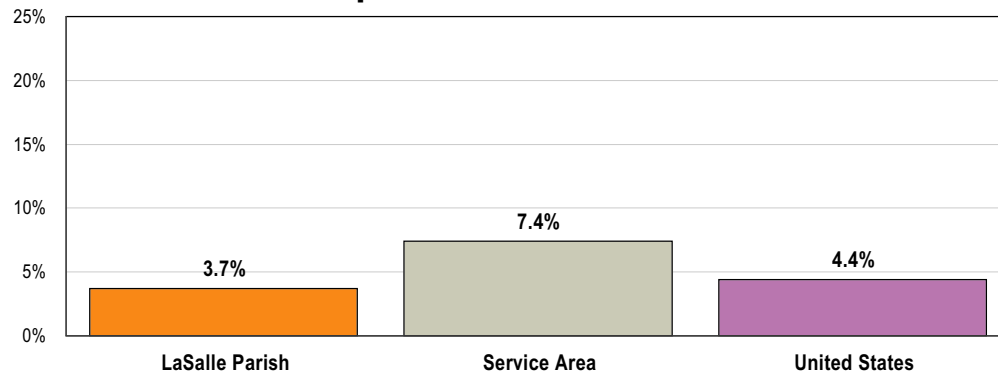
Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in LaSalle Parish.

2. Asked of all respondents.

- **3.7% of LaSalle Parish parents report that they have not gotten a needed prescription for their child in the past year because they could not afford it.**
 - Significantly lower than findings throughout the Rapides Foundation Service Area.
 - Similar to national findings (4.4%).

Cost Prevented Child's Prescription Medicine in Past Year



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of all respondents with children under 18.
 2. State data not available.

Community Health Panel Findings*

Cost of medications is a major barrier to proper health care, but one focus group participant cited a new program that will help some parish residents.

“Our elderly people can’t afford to pay for their prescriptions. We are going to start the Foundation’s drug program this June. The hospital here will be the sign-up place. It is a great program which will meet a particular need we have in this parish.”

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

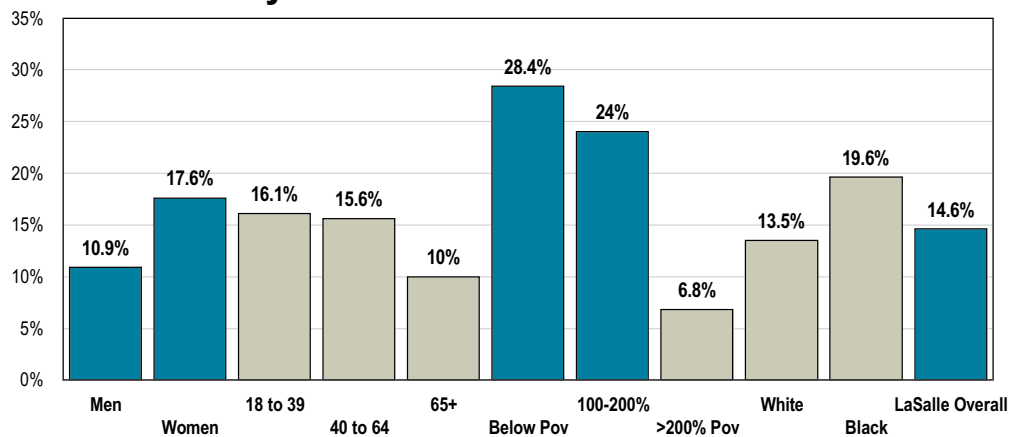
Cost of Physician Care

- **14.6% of LaSalle Parish adults report that there has been a time in the past year when they needed to see a doctor, but could not because of the cost. This represents over 1,504 LaSalle Parish adults.**
 - Lower than Rapides Foundation Service Area findings.
 - Significantly higher than found nationwide (10.4%).

In LaSalle Parish, cost as a barrier to accessing physician care has greater impact on:

- Persons living below the poverty level.
- Women.
- Young adults.
- Black respondents.

Cost Prevented a Physician Visit Within the Past Year



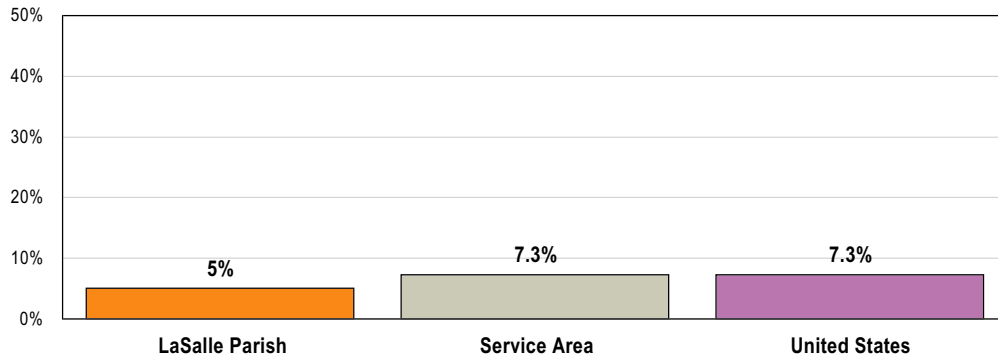
Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in LaSalle Parish.

2. Asked of all respondents.

- **5.0% of LaSalle Parish parents say that cost or a lack of insurance has prevented a physician visit for their child in the past year.**
 - Lower than Rapides Foundation Service Area findings and national findings (both 7.3%).

Cost or Lack of Insurance Prevented Child's Health Care in the Past Year



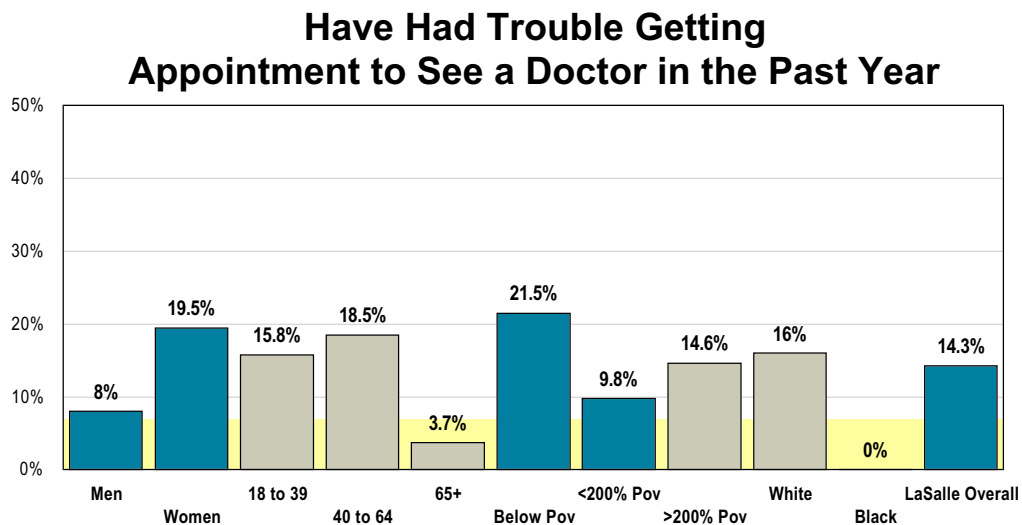
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of respondents with children under the age of 18.
 2. State data not available.

Appointment Availability

- **14.3% of LaSalle Parish adults have had trouble getting an appointment to see a doctor in the past year, representing over 1,473 residents.**
 - Lower than Rapides Foundation Service Area findings.
 - Similar to nationwide findings (13.3%).
 - Fails to satisfy *Healthy People 2010* target (7% or lower).

LaSalle Parish adults more often reporting trouble getting a doctor's appointment:

- Persons living below the poverty threshold.
- White respondents.
- Women.



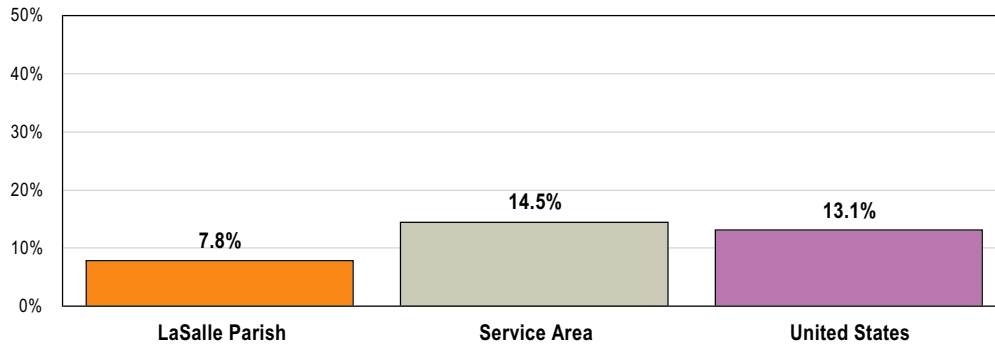
Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in LaSalle Parish.

2. Asked of all respondents.

- **7.8% of LaSalle Parish parents report trouble getting a doctor appointment for their child.**
 - Considerably lower than Rapides Foundation Service Area and national findings.

Had Trouble Getting an Appointment for Child to See a Doctor in the Past Year



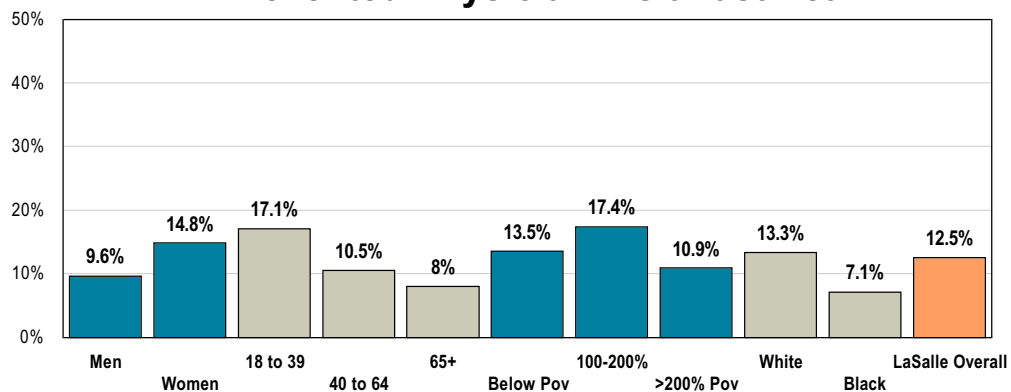
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of respondents with children under the age of 18.
2. State data not available.

Inconvenient Office Hours

- **12.5% of LaSalle Parish adults say that inconvenient office hours prevented them from seeing a doctor in the past year.**
 - Similar to that found throughout the Rapides Foundation Service Area, as well as nationwide.
- Younger adults are more often impacted by inconvenient office hours.
- White respondents more often forego physician care because the office hours are not convenient.

Inconvenient Office Hours Prevented Physician Visit Last Year

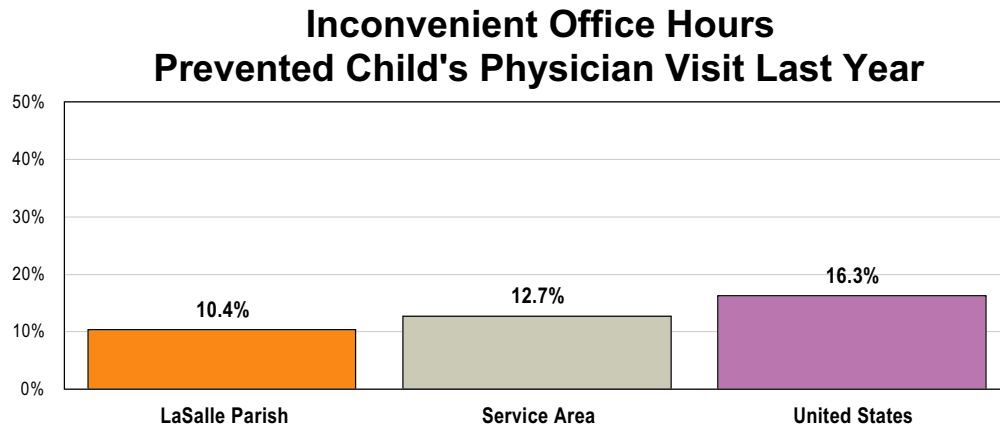


Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in LaSalle Parish.

2. Asked of all respondents.

- **10.4% of LaSalle Parish parents say there has been a time in the past year when they did not take their child to the doctor because the hours were not convenient.**
 - Lower than Rapides Foundation Service Area and national findings.



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of all respondents with children under 18.
 2. State data not available.

Community Health Panel Findings*

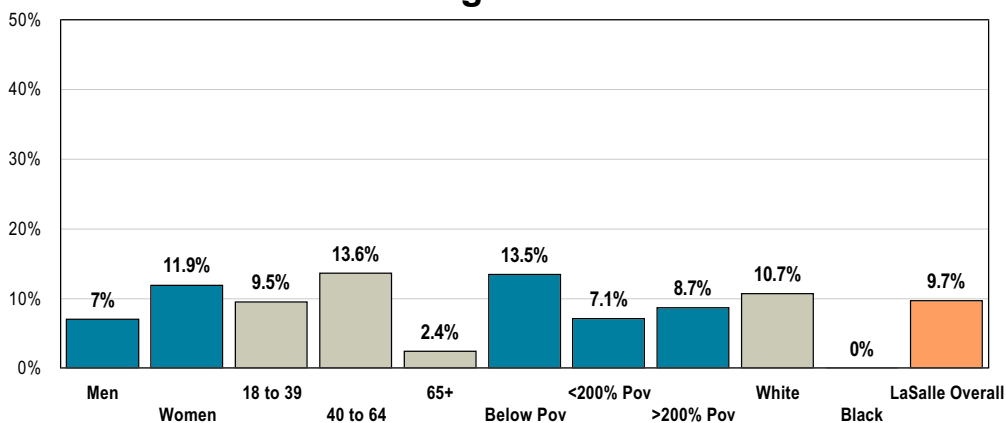
“The primary care offices close around 5 p.m., and we don’t have any other access to health care until the next morning, except for the ER. We need a walk-in clinic that stays up after normal hours and on weekends.”

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

Lack of Physician Availability

- **9.7% of LaSalle Parish adults report having difficulty finding a doctor in the past year.**
 - Lower than Rapides Foundation Service Area findings.
 - Similar to that found nationally (7.8%).
- Persons living in poverty more often report difficulty finding a doctor.
- White respondents more often report difficulty finding a doctor.

Had Trouble Finding a Doctor in the Past Year



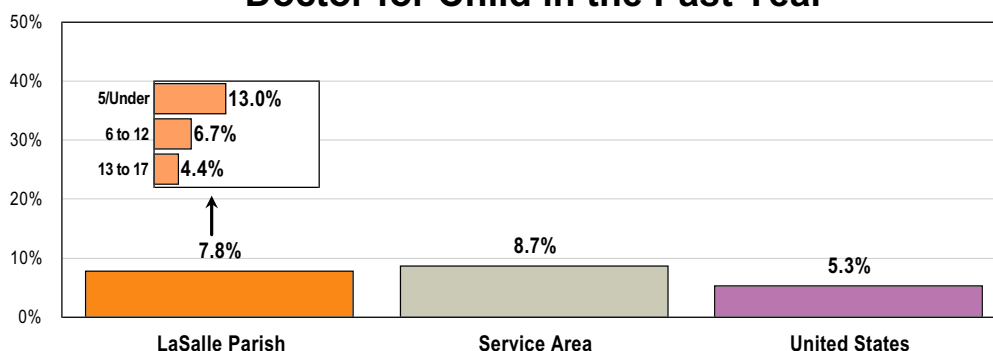
Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in LaSalle Parish.

2. Asked of all respondents.

- **7.8% of LaSalle Parish parents say that they have had trouble finding a doctor for their child in the past year.**
 - Lower than Rapides Foundation Service Area findings.
 - Statistically similar to national findings.

Had Trouble Finding a Doctor for Child in the Past Year



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of respondents with children under the age of 18.

2. State data not available.

Community Health Panel Findings*

Focus group participants most often identified a need for an OB/GYN in LaSalle Parish.

“I think the lack of physicians is our number one concern for this parish.”

“We need more primary health care physicians. Alexandria takes care of all of the medical specialists, but we need general practitioners or family doctors in our parish.”

“We don’t have enough doctors. We have one doctor that goes to the schools to do screenings, and she also takes care of all the nursing home patients. It is one doctor trying to do everything.”

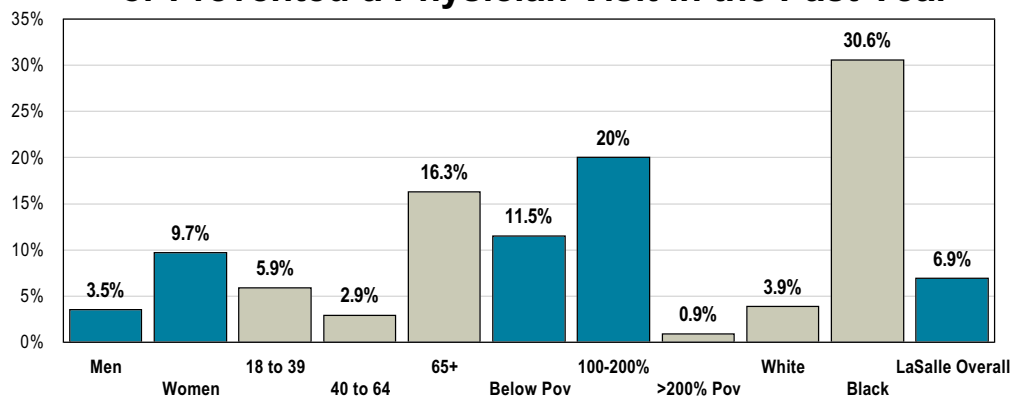
“We don’t have a OB/GYN physician in the parish, so our moms have to go to Alexandria or Monroe to deliver the babies.”

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

Lack of Transportation to Health Care Services

- **6.9% of LaSalle Parish adults report that a lack of transportation has made it difficult or prevented them from seeing a physician in the past year.**
 - Lower than that found throughout the Rapides Foundation Service Area.
 - Similar to that found nationwide (5.2%).
- A dramatically greater share of Blacks are impacted by a lack of transportation.

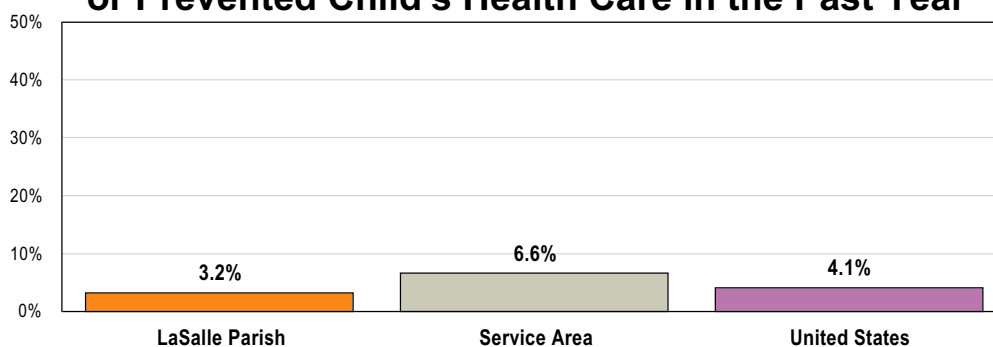
Lack of Transportation Made Difficult or Prevented a Physician Visit in the Past Year



Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in LaSalle Parish.
 2. Asked of all respondents.

- **3.2% of LaSalle Parish parents report that a lack of transportation has made it difficult or prevented them from taking their child to see a doctor in the past year.**
 - Lower than Rapides Foundation Service Area (6.6%) and nationwide findings (4.1%).

Lack of Transportation Made Difficult or Prevented Child's Health Care in the Past Year



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of respondents with children under the age of 18.

2. State data not available.

Community Health Panel Findings*

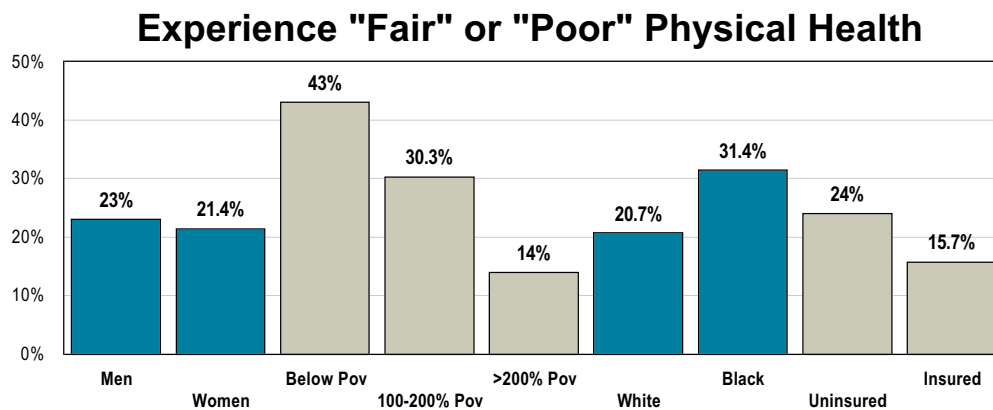
“We need public transportation. We don’t even have vans to take the elderly for their appointments.”

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

Implications of Poor Access

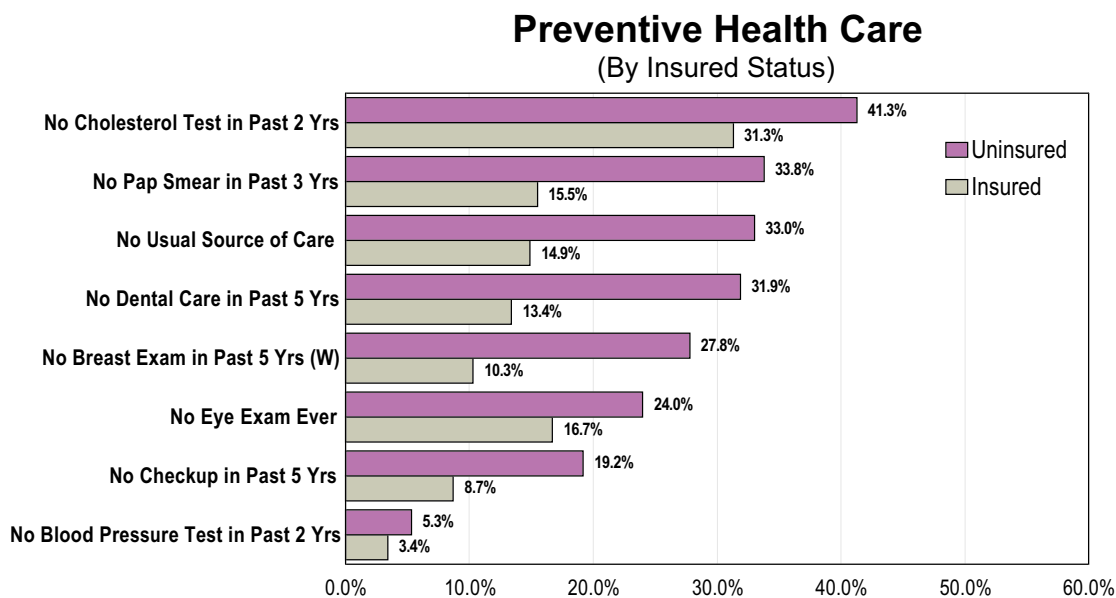
Limitations in access have a discernible impact on the health status of residents and in the way that health care is delivered in the community. Note the following survey findings:

- **Those demographic groups that more often report difficulty accessing health care — persons in poverty, Black respondents, men and uninsured respondents — more often report their general health status as “fair” or “poor.”**



Source: 2002 PRC Community Health Survey, Professional Research Consultants
Notes: 1. Demographic breakouts are among findings in LaSalle Parish.
2. Asked of all respondents.

- **Those without health insurance coverage report lower usage of many preventive health services when compared to insured individuals (e.g., routine check-ups, dental care, eye exams, blood pressure testing, cholesterol testing, breast exam, Pap smear testing, etc.)**



Source: 2002 PRC Community Health Survey, Professional Research Consultants

- Notes:
1. Asked of all respondents.
 2. Percentages represent "major problem" responses.

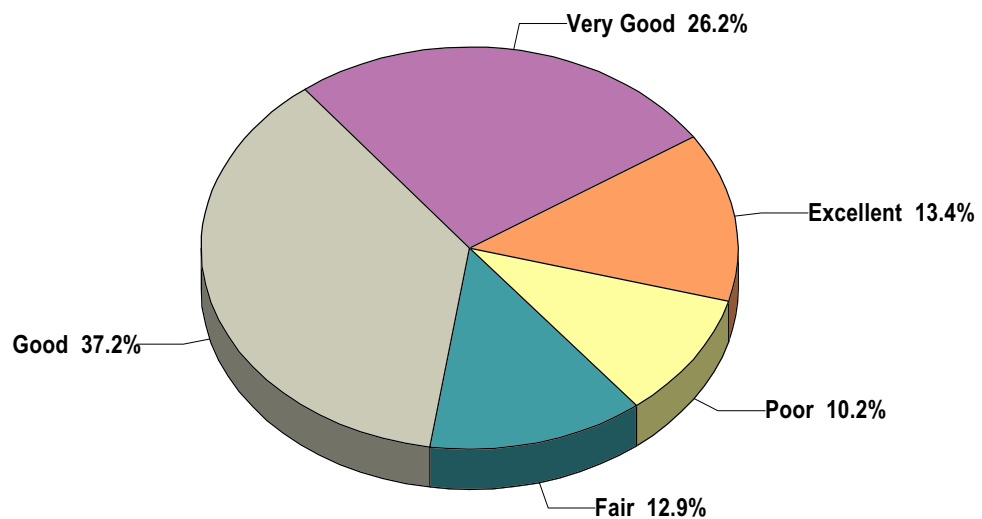
PERCEPTIONS OF HEALTH CARE SERVICES

Local Health Care Services

Satisfaction With Local Health Care

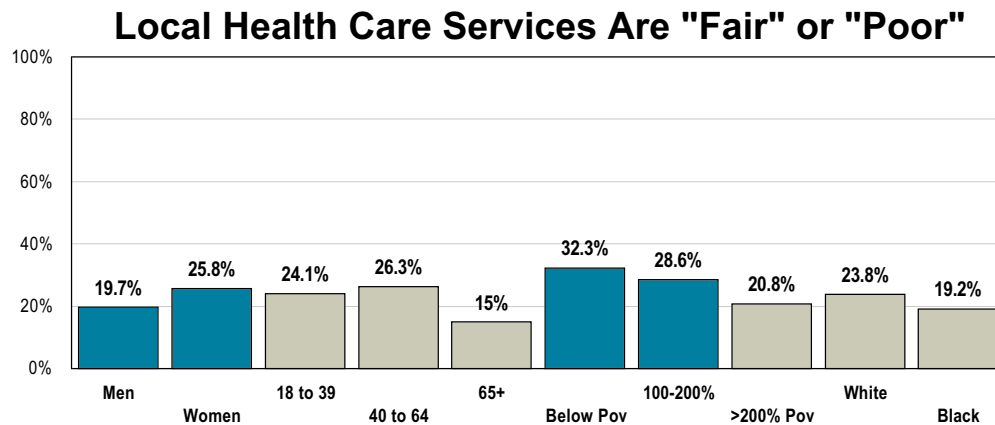
- **39.6% of LaSalle Parish adults rate their satisfaction with the overall health care services available to them as “excellent” or “very good.”**
- **23.1% rate overall health care services as “fair” or “poor.”**
 - Similar to that found throughout the Rapides Foundation Service Area.
 - Significantly less favorable than found nationwide (13.6%).

Satisfaction With Local Health Care
(LaSalle Parish)



Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Asked of all respondents.

- Persons living below the poverty threshold are most critical of local health care services.
- Middle-aged adults (40 to 64) are more critical of local health care services than are younger and older adults.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

- Notes:
1. Demographic breakouts are among findings in LaSalle Parish.
 2. Asked of all respondents.
 3. Percentages represent combined "fair" and "poor" responses.

Community Health Panel Findings*

“The rural areas need health clinics or better access to the health care services in town.”

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

CRIME & HOUSING ISSUES

Crime

Index Crime Rates

The following chart outlines rates for reported FBI Index Crimes in LaSalle Parish, Louisiana, and the United States.

- In 2000, LaSalle Parish experienced a rate of **321.8 violent crimes** (murder, rape, robbery and aggravated assault/battery) per 100,000 population, much lower than the statewide violent crime rate.
 - LaSalle Parish experienced lower violent crime rates than the state of Louisiana for every category.
- LaSalle Parish experienced a rate of **998.5 property (non-violent) crimes** (burglary, motor vehicle theft, larceny-theft) per 100,000 population, much lower than the Louisiana rate.
 - LaSalle Parish experienced lower property crime rates than the state of Louisiana for every category.

Reported FBI Index Crimes

Crime Rates per 100,000 Population

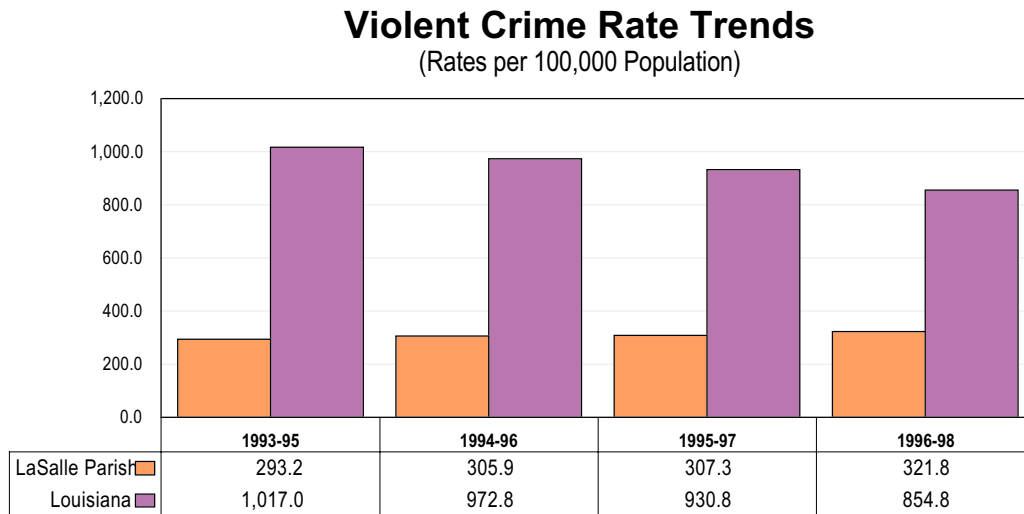
	LaSalle Parish (1996-1998)	Louisiana (1996-1998)
VIOLENT CRIMES	321.8	854.8
Homicide	2.8	15.3
Forcible Rape	30.3	39.9
Robbery	11.0	237.9
Aggravated Assault	277.8	561.7
PROPERTY CRIMES	998.5	5,607.3
Burglary	321.8	1,235.7
Larceny Theft	640.9	3,778.5
Motor Vehicle Theft	35.8	593.1
TOTAL CRIME INDEX	1,320.4	6,462.1

Source: Crime in the United States, 2000, Uniform Crime Reports/Louisiana Commission on Law Enforcement.

Note: Rates are per 100,000 population. Includes only agencies reporting.

Violent Crime Rate Trends

- The rate of violent crime in LaSalle Parish increased from 307.3/100,000 in 1995-97 to 321.8/100,000 in 1996-98.

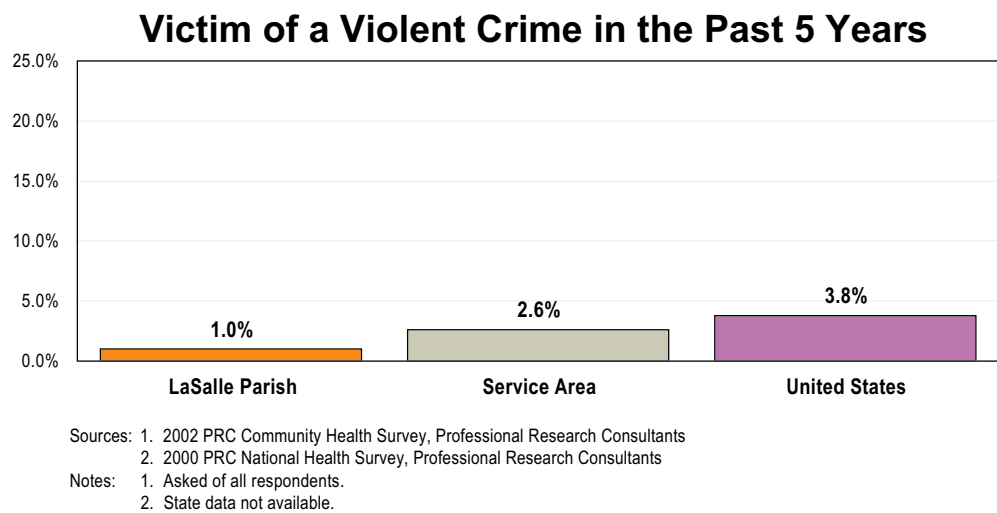


Source: Crime in the United States, Uniform Crime Reports (1993-2000)/Louisiana Commission on Law Enforcement.

- Notes:
1. Rates are per 100,000 population. Includes only agencies reporting.
 2. Violent crime includes homicide, forcible rape, robbery, and aggravated assault.

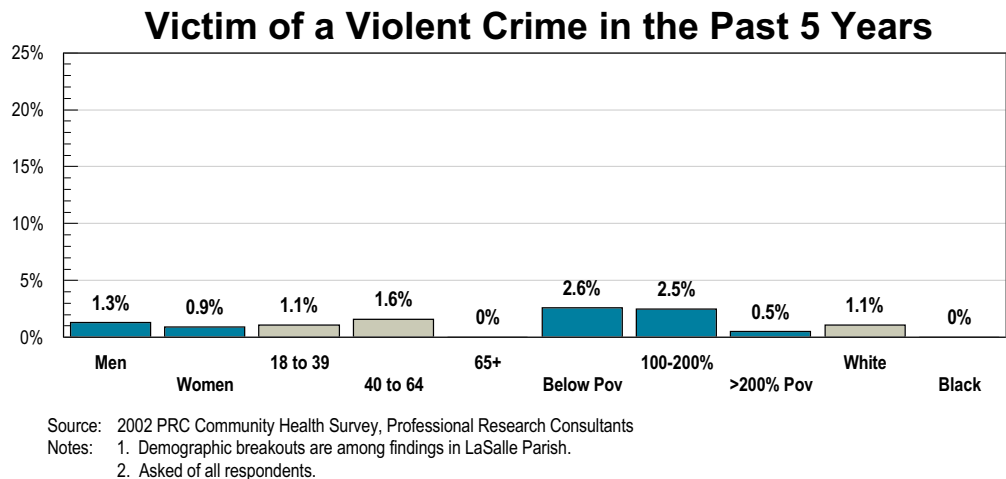
Victimization

- **1.0% of LaSalle Parish adults report having been the victim of a violent crime in the area in the past five years.**
 - Significantly lower than Rapides Foundation Service Area (2.6%) and national findings (3.8%).



In LaSalle Parish, violent crime victimization is higher among:

- Those living below the poverty threshold.
- Men.

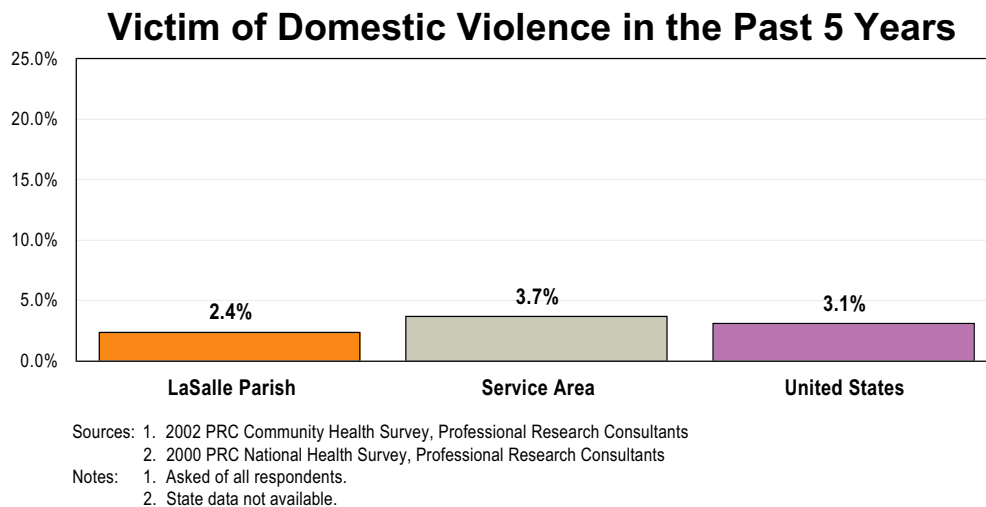


Family Violence

Family violence is a serious problem which has recently received greater recognition. However, the true extent of family violence is difficult to ascertain.

Domestic Violence

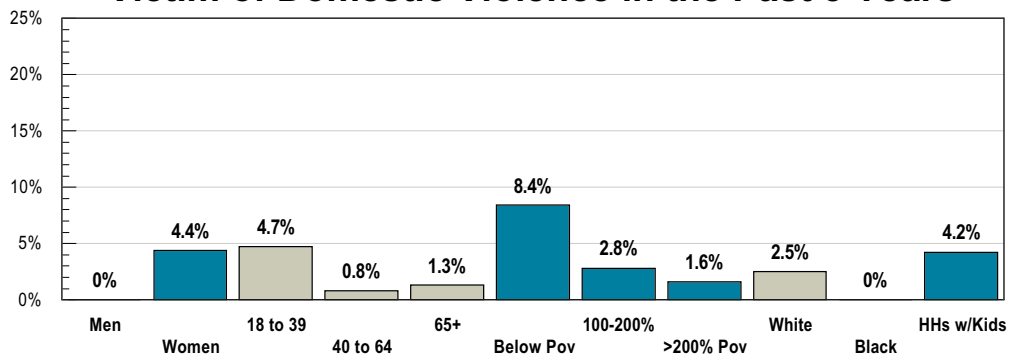
- **2.4% of LaSalle Parish adults acknowledge that they have been the victim of domestic abuse in the past five years.**
 - Lower than Rapides Foundation Service Area and national findings.



In LaSalle Parish, domestic violence victimization is more often reported by:

- Young adults.
- Households with children.
- Those living below the poverty level.
- Women.

Victim of Domestic Violence in the Past 5 Years



Source: 2002 PRC Community Health Survey, Professional Research Consultants

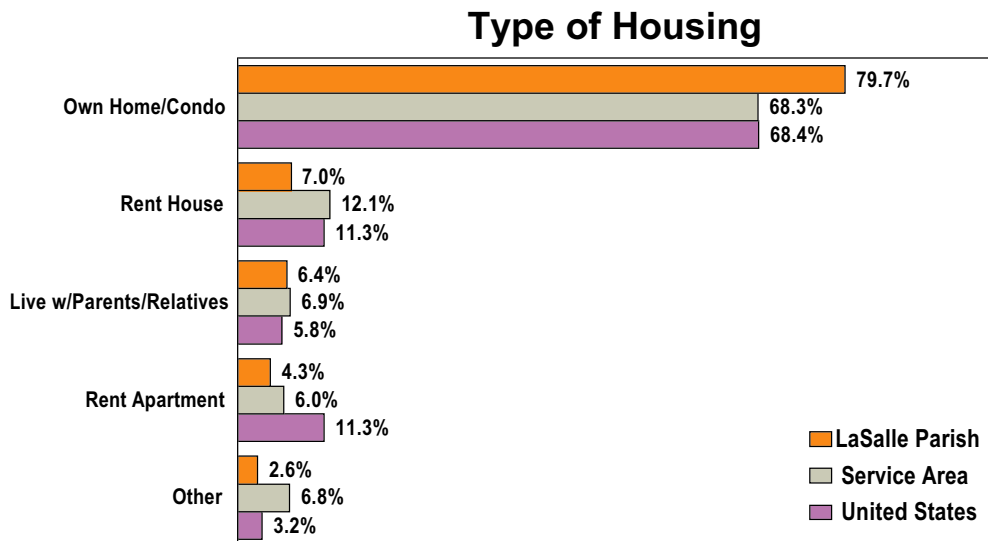
Notes: 1. Demographic breakouts are among findings in LaSalle Parish.

2. Asked of all respondents.

Housing

Type of Housing

- **79.7% of LaSalle Parish adults participating in the survey report that they own their own home or condo.**
 - This distribution is generally higher than that found throughout the Rapides Foundation Service Area and similar to that seen nationwide.
- **11.3% rent a house (7.0%) or apartment (4.3%).**
 - In comparison to national findings, a smaller share of LaSalle Parish adults rent houses and apartments.
- **6.4% live with parents or relatives.**

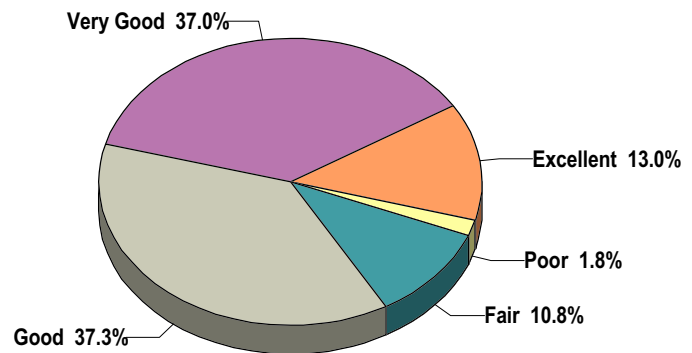


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2001 PRC National Quality of Life Survey, Professional Research Consultants
Note: Asked of all respondents.

Housing Condition

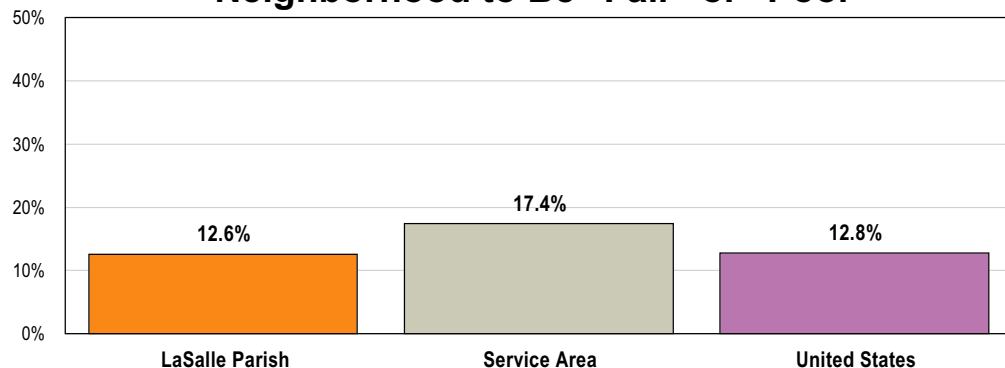
- **50.0% of LaSalle Parish adults rate the condition of homes in their neighborhoods as “excellent” or “very good.”**
- **37.3% rate the condition of neighborhood homes as “good.”**
- **12.6% rate the condition of neighborhood homes as “fair” or “poor.”**
- Lower than Rapides Foundation Service Area and national findings.

Rating of Condition of Homes in Neighborhood
(LaSalle Parish)



Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Asked of all respondents.

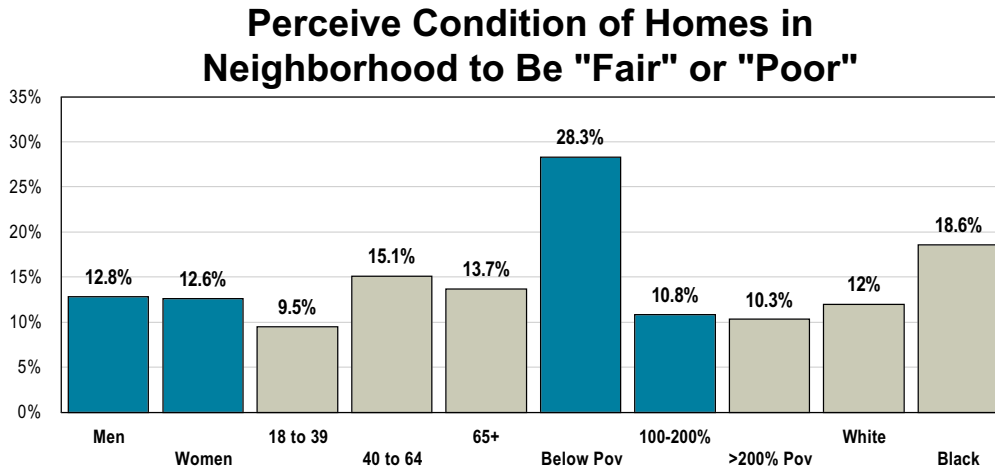
Perceive Condition of Homes in Neighborhood to Be "Fair" or "Poor"



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2001 PRC National Quality of Life Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

Those giving higher “fair/poor” ratings of the condition of homes in their neighborhoods:

- Persons living below the poverty level.
- Black respondents.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in LaSalle Parish.

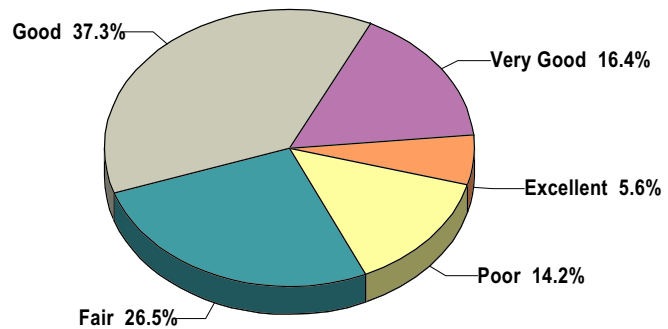
2. Asked of all respondents.

3. Percentages represent combined "fair" and "poor" responses.

Perceived Affordability of Local Housing

- **22.0% of LaSalle Parish adults rate the availability of affordable housing in the area as “excellent” or “very good.”**
- **37.3% rate the availability of affordable housing as “good.”**

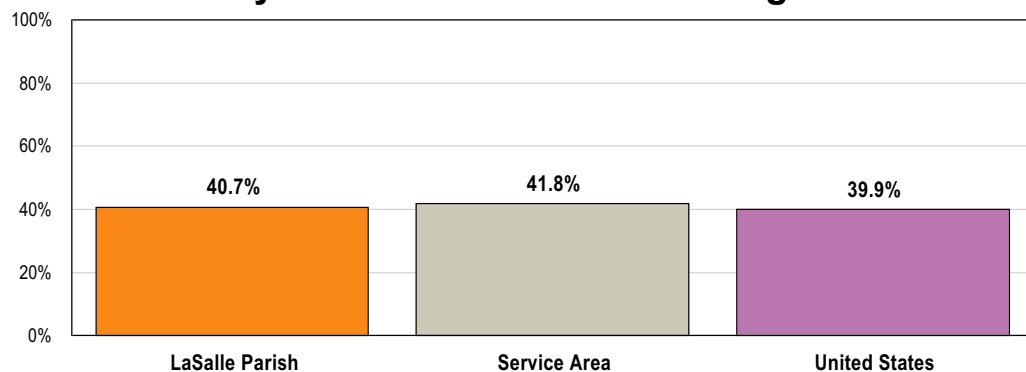
**Rating of Availability
of Affordable Local Housing**
(LaSalle Parish)



Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Asked of all respondents.

- **40.7% of LaSalle Parish adults rate the availability of affordable housing in the area as “fair” or “poor.”**
 - Similar to responses throughout the Rapides Foundation Service Area, as well as nationwide.

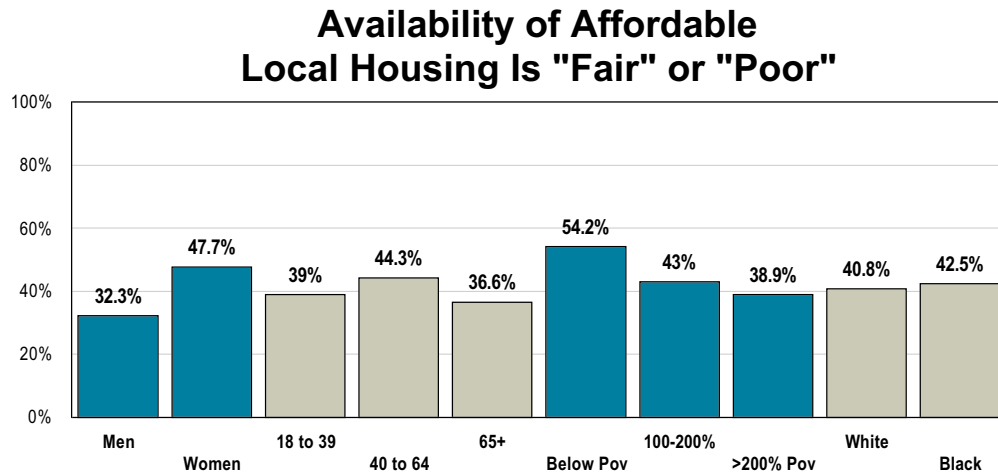
Availability of Affordable Local Housing Is "Fair/Poor"



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2001 PRC National Quality of Life Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

Those giving highest “fair/poor” ratings of the availability of affordable local housing:

- Persons living at lower incomes.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in LaSalle Parish.

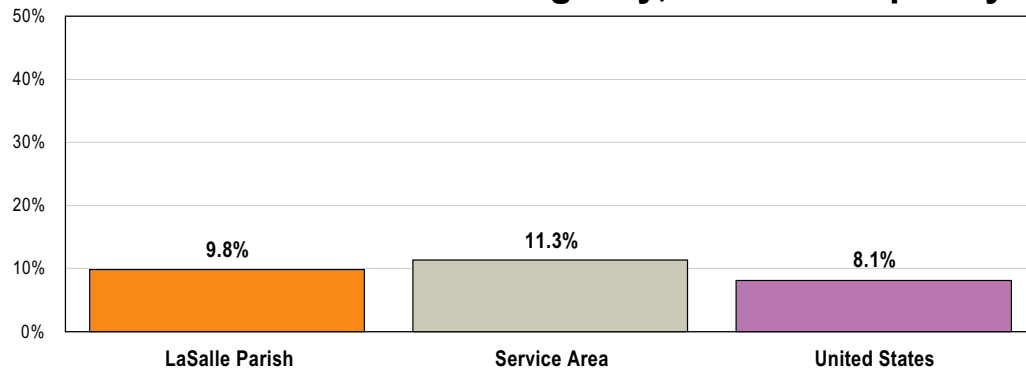
2. Asked of all respondents.

3. Percentages represent combined "fair" and "poor" responses.

Housing Displacement

- **9.8% of LaSalle Parish adults report that there has been a time in the past two years when they had to live with a friend or relative, even if only temporarily, because of an emergency. This represents about 1,009 households in LaSalle Parish.**
 - Lower than Rapides Foundation Service Area overall findings.
 - Similar to nationwide findings (8.1%).

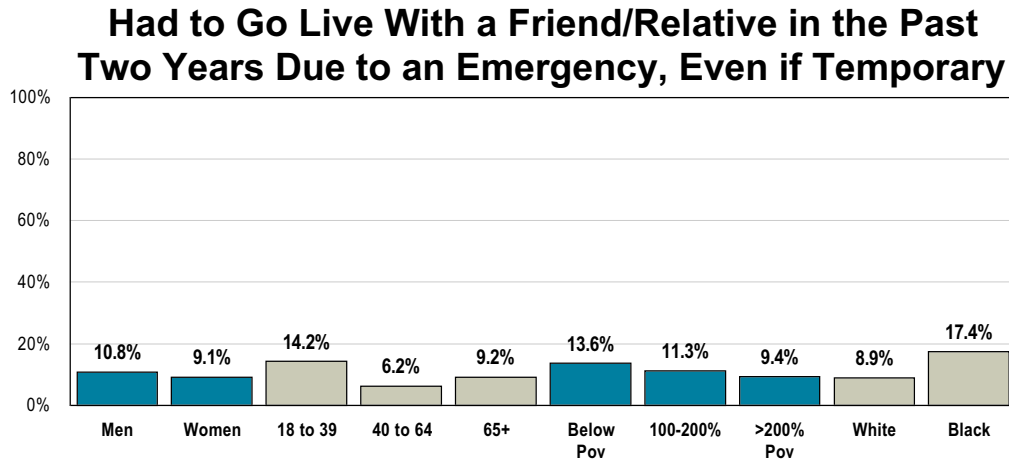
Had to Go Live With a Friend/Relative in the Past Two Years Due to an Emergency, Even if Temporary



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2001 PRC National Quality of Life Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

Those more often having had to live with a friend/relative in the past two years:

- Persons living below the poverty threshold.
- Young adults.
- Blacks.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in LaSalle Parish.

2. Asked of all respondents.

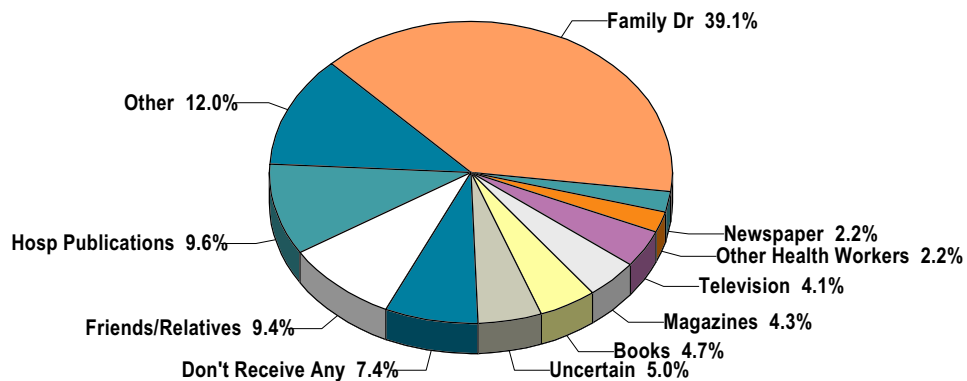
HEALTH EDUCATION & OUTREACH

Health Education Services

Sources of Health Care Information

- **39.1% of LaSalle Parish adults get most of their health care information from their *family physician*.**
- **Other identified primary sources of health care information (each mentioned by approximately 2%-10% of respondents) include: *hospital publications, books, friends/relatives, magazines, television, other health care professionals and newspapers*.**

LaSalle Source of Health Care Information
(LaSalle Parish)



Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Asked of all respondents.

Community Health Panel Findings*

“The Workforce Investment Board is working on a parish directory, which would list all the agencies and services.”

“I know that the United Way has some kind of directory online.”

“Any type of health education programs need to be advertised through announcements at church or some other public place because people here don’t read the newspaper.”

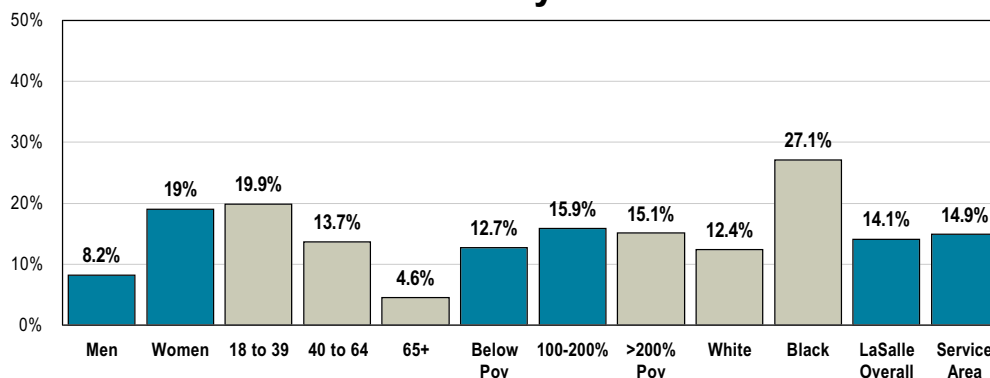
“We seem to have a problem here in getting people to participate in programs. If we want to get funding for a program, we can’t get enough people to participate so that we can apply for the grants. I don’t know whether the problem is getting the information to the people or people just not responding to the information. I think it is a cultural thing, because I think people hear about the information or see it, but they just don’t respond to it. It can be very frustrating.”

** The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.*

Health Promotion Activities

- 14.1% of LaSalle Parish adults have participated in a health promotion activity (e.g., a health fair, health screening, or seminar) in the past year.

Participated in a Health Promotion Activity in the Past Year

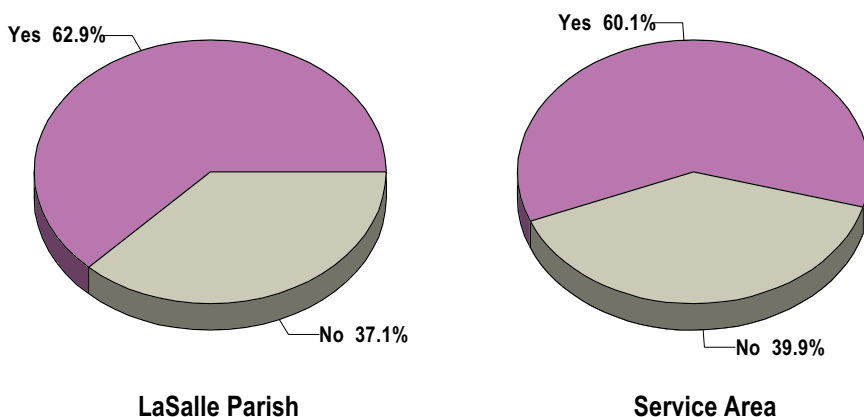


Source: 2002 PRC Community Health Survey, Professional Research Consultants

- Notes:
1. Demographic breakouts are among findings in LaSalle Parish.
 2. Asked of all respondents.
 3. Percentages represent "yes" responses.

- 62.9% of the health promotion activities in which respondents participated were offered through employers.

Health Promotion Activity Was Offered by Employer (Among Those Participating in Activities in the Past Year)



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Note: Asked of respondents who participated in a health promotion activity in the past year.

Community Health Panel Findings*

“The health unit offers a monthly clinic for women to get a pap smear. They also have health fairs once in a while, but a lot of people don’t participate. The people that need the screenings are the ones that don’t come.”

“I think that if the health unit would have health fairs in the rural communities, we would have more participation. We need, like, a mobile unit that would travel around the rural areas.”

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

Coordination of Services

Community Involvement and Outreach

Community Health Panel Findings*

“I would say that 90 percent of the services provided to the elderly are done through the churches. If it weren’t for these church groups, we would be in real tough shape with the elderly in the parish.”

“The churches also do a lot of youth programs. The problem is that if you are not part of that church group, which most of the people with problems aren’t, then they don’t have access to the programs for their kids or their families.”

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

NEEDS OF SPECIAL POPULATIONS

Youth

Early Childhood Care

Community Health Panel Findings*

“We don’t have a licensed day care center in Jena. People who take care of children do it out of their homes. We really need one which is licensed and affordable.”

Supporting Parents

Community Health Panel Findings*

“We have a high dropout rate, especially in the ninth and 10th grades. I think a lot of this problem is happening because of the parents. They lack parenting skills, and we have too many young and single parents.”

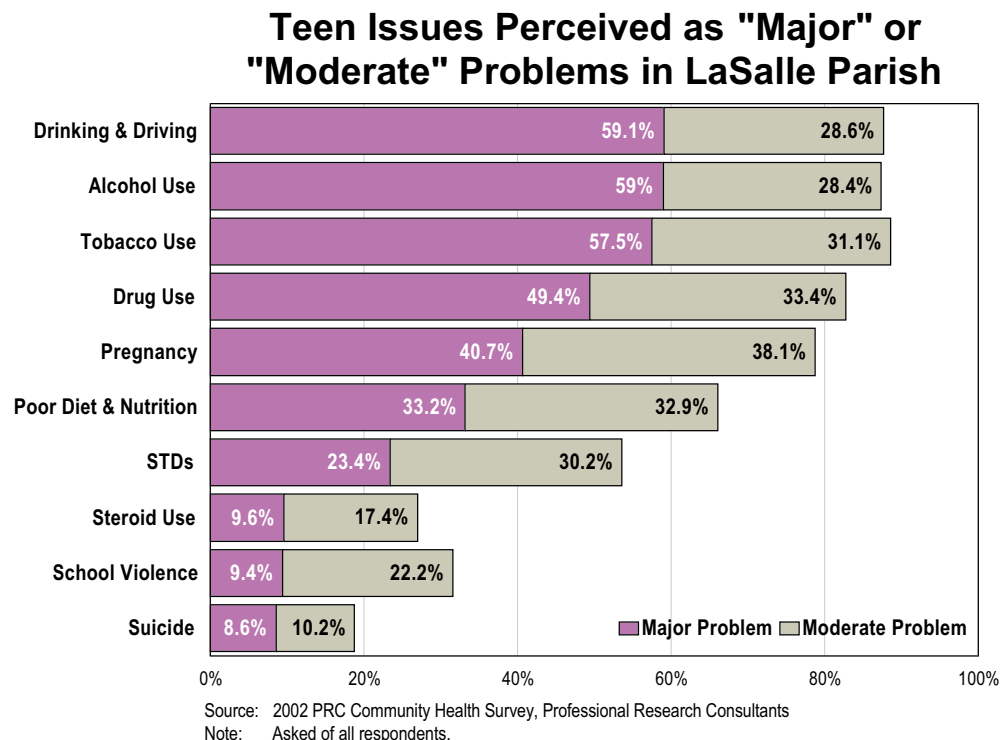
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* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

Community Perceptions of Adolescent Health Issues

In the 2002 Community Health Survey, respondents were presented with 10 adolescent health issues and asked to rate each as a “major problem,” a “moderate problem,” a “minor problem” or “not a problem at all.”

- 59.1% rate *teen drinking and driving* as a “major problem” in LaSalle Parish.
- 59.0% rate *teen alcohol use* as a “major problem” in LaSalle Parish.
- 57.5% of LaSalle Parish adults rate *teen tobacco use* as a “major problem” in LaSalle Parish.
- 49.4% rate *teen drug use* as a “major problem” in LaSalle Parish.
- 40.7% rate *teen pregnancy* as a “major problem” in LaSalle Parish.
- Over 70% of adults rate each of these problems as “major” or “moderate” problems.



- Youth in the Rapides Foundation Service Area reported high tobacco and alcohol usage and a high prevalence of drinking and driving in the 1997 Central Louisiana Youth Risk Factor Survey conducted by Tulane School of Public Health and Tropical Medicine.

Community Health Panel Findings*

Community health panel comments about adolescent health issues include:

“We need a place for the children who don’t have a place to go, like a group home.”

“We need some after-school activities for our children, something like a YMCA or a Boys and Girls Club.”

“The north end of this parish needs more health services for the children.”

“I think the lack of activity for high school-age children is a big factor and the main reason kids get into drinking alcohol and doing drugs. They don’t have anything to do. If they are not interested in sports, the activities are very limited.”

“If the young people are going to succeed, they have to leave the parish. We don’t have a lot of jobs to offer them, either full-time or part-time.”

“We need a YMCA on each end of the parish. This type of program encourages volunteerism, leadership and a lot of other activities for kids.”

“We have kids who are raised here, and college is never mentioned in their home. The highest goal for most kids is to graduate from high school. They have very low expectations. If they graduate from high school and get a job offshore, then they feel they really made it in life.”

“I think a lot of the jobs in the parish don’t require a college education, and kids see that their parents are making a living without even a high school diploma, so they think it is OK to drop out of high school and follow in their parents’ footsteps. The saddest part is that the parents don’t try to stop them. They feel it is also OK.”

“We try to get our young men interested in some type of skills, like electricians, plumbers and concrete finishers, but they laugh at us and say they are not interested. Some of these construction trades are lacking in our parish.”

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

Seniors

Senior Health Needs

Community Health Panel Findings*

Other issues identified for area seniors include:

“I see that our nursing home patients, when they are admitted, they have a problem with depression because they are at home alone and don’t have transportation to get out of the house or family nearby to visit them.”

“We have a Meals on Wheels program, but it has a waiting list. We don’t have a van available for this program. The lady who runs it has to use private cars to deliver the food.”

“It seems that we have a large population of widows. There are more single women here than the average, and men die younger than the national trend. The women have a high rate of depression, malnutrition, lack of transportation and money.”

“I think it would be great if we could have a day care facility for our seniors. This would help them stay active and be able to socialize outside of their home.”

“We have a lot of seniors who can’t afford to have somebody come and stay with them at home, and yet they don’t qualify for Medicaid or Medicare. There is a big gap here for services. We find a lot of people who are in their late 40s or early 50s who are not on Medicaid or Medicare and need home services.”

“We have a big need in affordable assisted living for our elderly. It costs about \$1,595 for an apartment, not even a nursing home, so you have to add the cost of medicines to his amount. I figure a person would need an income of \$30,000 to be able to afford assisted living.”

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

APPENDICES

Summary Tables of Quantitative Findings

The following represents the findings of this Community Health Assessment, categorized into the topic divisions used by *Healthy People 2010* in organizing its health promotion and disease prevention objectives. Local, U.S. and *Healthy People 2010* data are provided, as well as comparative analyses of local findings with U.S. findings and *Healthy People 2010* goals. Note that “similar” and “indeterminable” indicate that a determination cannot be made because the expected error is greater than the difference in data points.

Data under each health priority area are grouped first by the statistical significance of variation with U.S. findings (WORSE, similar, BETTER), then sorted within each of these divisions by degree of variation (by relative percentage difference)

Findings by Health Topic

Health Status	LaSalle Parish	US	HP2010	vs. US	vs. HP2010
Physical	% "Fair" or "Poor" Physical Health	22.2	12.3	WORSE	
	% >1 Day/Month Poor Physical Health	33.7	34.4	similar	
	% No Days/Month Very Healthy/Full of Energy	13.6	11.5	similar	
	% Activity Limitations	21.8	14.9	WORSE	
	% Impairment a Result of Work-Related Injury	27	17.7	similar	
	% >1 Workday/Year Missed Due to Illness	39.9	43.1	similar	
	% Overweight	64.4	56.9	WORSE	
	% Overweight Trying to Lose	28.9	31.2	similar	
	% Unhealthy Weight (BMI <18.5 or 25+)	65.7	58.5	40	WORSE Does NOT Meet Goal
	% Obese	28.9	19.1	15	WORSE Does NOT Meet Goal
Mental Health	% >1 Day/Month Poor Mental Health	28.1	31.9	similar	
	% Prolonged Depression (2+ Yrs)	32.9	23.9	WORSE	
	% Depressed Persons Seeking Help	33.1	42.5	50	similar Does NOT Meet Goal
	% >3 Days/Month Sad, Blue or Depressed	24.3	22.7	similar	
	% >3 Days/Month Worried, Tense or Anxious	41.4	35.8	similar	
	% >3 Days/Month Did Not Get Enough Rest/Sleep	58.2	56.1	similar	
Mortality	Age-Adjusted Breast Cancer Deaths/100,000	12.5	27	22.3	BETTER Meets Goal
	Age-Adjusted Cancer Deaths/100,000	251	202.7	159.9	WORSE Does NOT Meet Goal
	Age-Adjusted Resp Disease Deaths/100,000	24.7	45.8		BETTER
	Age-Adjusted Diabetes Mellitus Deaths/100,000	0	25.2	15.1	BETTER Meets Goal
	Age-Adjusted Heart Disease Deaths/100,000	345.7	267.8	213.7	WORSE Does NOT Meet Goal
	Age-Adjusted HIV Deaths/100,000	0	5.4	0.7	BETTER Meets Goal

Health Status		LaSalle	US	HP2010	vs. US	vs. HP2010
	Age-Adjusted Homicide Deaths/100,000	0	6.2	3	BETTER	Meets Goal
	Age-Adjusted MV Accident Deaths/100,000	21.2	15	9.2	WORSE	Does NOT Meet Goal
	Age-Adjusted Pneumonia/Influenza Deaths/100,000	33.6	23.6		WORSE	
	Age-Adjusted Stroke Deaths/100,000	69	61.8	48	WORSE	Does NOT Meet Goal
	Age-Adjusted Suicide Deaths/100,000	0	10.7	5	BETTER	Meets Goal
Morbidity	Chlamydia Incidence/100,000	63.6	257.5		BETTER	
	Gonorrhea Incidence/100,000	21.9	131.6	19	BETTER	Does NOT Meet Goal
	Hepatitis A Incidence/100,000	2.3	12	4.5	BETTER	Meets Goal
Morbidity	Hepatitis B Incidence/100,000	0	4.2		BETTER	
	Tuberculosis Incidence/100,000	7.2	5.8	1	WORSE	Does NOT Meet Goal
	(All) Syphilis Incidence/100,000	0	11.6		BETTER	
	% Arthritis/Rheumatism	31.9	20.3		WORSE	
	% Sciatica/Chronic Back Pain	22.7	20		similar	
	% Deafness/Trouble Hearing	12.5	9.3		similar	
	% Diabetes/High Blood Sugar	9.4	5.5		WORSE	
	% Asthma	9.1	9.9		similar	
	% Chronic Heart Disease	10.1	5.7		WORSE	
	% Blindness/Trouble Seeing	10.8	9.2		similar	
	% Cancer (Other Than Skin)	7.6	4.5		WORSE	
	% Chronic Lung Disease	13.5	6.4		WORSE	
	% Ulcer/GI Bleeding	7.4	6		similar	
	% Skin Cancer	8.7	4.9		WORSE	
	% Kidney Disease	4.8	2.7		similar	
	% Stroke	4.9	1.4		WORSE	
	% Tested for AIDS Virus in Past Yr (18-64)	20.3	30.6		WORSE	
	% "High" Chance of Getting AIDS (18-64)	1.5	2.1		similar	
	% Child Has Asthma	14.1	13.4		similar	
Natality	% Births to Teenagers	17.5	12.3		WORSE	
	% No Prenatal Care in 1st Trimester	24.2	17	10	WORSE	Does NOT Meet Goal
	% of Low Birthweight Births	8.3	7.6	5	WORSE	Does NOT Meet Goal
	Infant Death Rate	4.3	7	4.5	BETTER	Meets Goal
	Neonatal Death Rate	3.2	4.7	2.9	BETTER	Does NOT Meet Goal
Crime	Murder Rate/100,000	2.8	5.5		BETTER	
	Rape Rate/100,000	30.3	32		BETTER	
	Robbery Rate/100,000	11	144.9		BETTER	
	Aggravated Assault/Battery Rate/100,000	277.8	323.6		BETTER	
	% Victim of Violent Crime in Past 5 Yrs	1	3.8		BETTER	
	% Victim of Domestic Violence in Past 5 Yrs	2.4	3.1		similar	

Health Risk		LaSalle	US	HP2010	vs. US	vs. HP2010
CV Risk	% 1+ Cardiovascular Risk Factor	92.4	84.7		WORSE	
Nutrition	% "High" Fat Diet	15.1	10.4		WORSE	
	% Use Food Labels	58.7	68.7		WORSE	
	% Eat 5+ Servings of Fruit or Vegetables/Day	25	30		similar	
Exercise	% No Leisure-Time Physical Activity	28.8	20.2		WORSE	
	% Vigorous Exercise 3+ Times/Wk	27.4			similar	
Tobacco	% Current Smoker	25.5	22.8	12	similar	Does NOT Meet Goal
	% Smoke >1 Pack/Day	25.4	13.5		WORSE	
	% Have Quit 1+ Days in Past Yr	39.7	52.2	75	similar	Does NOT Meet Goal
	% Use Smokeless Tobacco	8.4	3.7		WORSE	
	% Someone Smokes at Home (HH w/Kids)	30.9	23	10	similar	Does NOT Meet Goal
Substance	% Current Drinker	27	56.4	50	BETTER	Meets Goal
	% Chronic Drinker	2	5		BETTER	
	% Binge Drinker	11.9	16.4	6	BETTER	Does NOT Meet Goal
	% Drinking & Driving in Past Month	3	3.7		similar	
	% Taken Rx Without Dr's Orders in Past Yr	2.6	4.5		similar	
	% Taken Illegal Drug in Past Yr	1.3	3.2		BETTER	
	% Sought Help for Alcohol or Drug Problem	1.4	4.3		WORSE	
Hypertension	% Blood Pressure Checked in Past 2 Yrs	97	96	95	similar	Meets Goal
	% Told Have High Blood Pressure	38.3	23.4	16	WORSE	Does NOT Meet Goal
	% Taking Action to Control High BP	84.3	80.7	95	similar	Does NOT Meet Goal
Cholesterol	% Cholesterol Checked in Past 5 Yrs	79	82.2	80	similar	similar to goal
	% Told Have High Cholesterol	24	21.4	17	similar	Does NOT Meet Goal
	% Taking Action to Control High Cholesterol	69.8	70		similar	

Prevention		LaSalle	US	HP2010	vs. US	vs. HP2010
Preventive	% Have Had Routine Checkup in Past Yr	71.1	64.1		BETTER	
	% Child Has Had Checkup in Past Yr	77.7	85.6		WORSE	
	% Have Visited Dentist in Past Yr (18+)	54.7	68.9	56	WORSE	similar to goal
	% Child (1-17) Has Visited Dentist in Past Yr	81.2	69.3	56	BETTER	Meets Goal
	% Have Had Eye Exam in Past Yr	40.5	54.2		WORSE	
Immunization	% Children (<24 Mos) Immunized Appropriately	95	82	90	BETTER	Meets Goal
	% Flu Shot in Past Yr (65+)	74.5	65.7	90	similar	Does NOT Meet Goal
Cancer	% Digital Rectal Exam in Past Yr (50+)	40.8	57.1		WORSE	
	% Sigmoid/Colonoscopy Ever (50+)	44	48.7	50	similar	similar to goal
	% Blood Stool Test in Past 2 Yrs (50+)	32.6	47.1	50	WORSE	Does NOT Meet Goal
	% Mother/Sister Diagnosed Breast Cancer (W)	11	11.5		similar	
	% Mammogram in Past 2 Yrs (W40+)	69.3	78.2	70	similar	similar to goal
	% Don't Know Breast Self-Exam (W)	5	4.2		similar	
	% Perform Breast Self-Exam Monthly (W)	47.7	42.9		similar	
	% Pap Smear in Past 3 Yrs (W)	74.7	84	90	WORSE	Does NOT Meet Goal
	% Father/Brother Diagnosed Prostate Cancer (M)	13.4	8.4		similar	
	% PSA or Digital Rectal Exam in Past 2 Yrs (M40+)	66.7	69.9		similar	
	% Testicular Exam Ever (M)	43.2	62.4		WORSE	
	% Don't Know Testicular Self-Exam (M)	76.5	63.5		WORSE	
	% Perform Testicular Self-Exam Monthly (M)	10.6	12.5		similar	
Injury Control	% "Always" Wear Seat Belt	59.6	75	92	WORSE	Does NOT Meet Goal
	% Child (<5) "Always" Uses Auto Child Restraint	82.2	98.9	100	WORSE	Does NOT Meet Goal
	% Tested Smoke Detector in Past Yr	80.2	76.7		similar	

Access		LaSalle	US	HP2010	vs. US	vs. HP2010
Insurance Cvg	% Lack Health Insurance (18-64)	24.3	15.6	0	WORSE	Does NOT Meet Goal
Primary Care	% Have a Regular Clinic or Physician	83.4	85	96	similar	Does NOT Meet Goal
	% Cost Prevented Physician Visit in Past Yr	14.6	10.4		WORSE	
	% Cost Prevented Child's Care in Past Yr	5	7.3		similar	
	% Transportation Prevented Dr Visit in Past Yr	6.9	5.2		similar	
	% Transportation Prevented Child's Care in Past Yr	3.2	4.1		similar	
	% Difficulty Getting Appointment in Past Yr	14.3	13.3	7	similar	Does NOT Meet Goal
	% Inconvenient Hrs Prevented Dr Visit in Past Yr	12.5	12.7		similar	
	% Cost Prevented Getting Rx in Past Yr	18.3	9.5		WORSE	
	% Difficulty Finding Dr for Child in Past Yr	7.8	5.3		similar	
	% Difficulty Getting Appt for Child in Past Yr	7.8	13.1		similar	
	% Inconv Hrs Prevented Child's Dr Visit in Past Yr	10.4	16.3		similar	
	% Cost Prevented Getting Child's Rx in Past Yr	3.7	4.4		similar	
	% Gone to ER More Than Once in Past Yr	15.6	5.6		WORSE	
	% Difficulty Finding Physician in Past Yr	9.7	7.8		similar	
Health Care	% Rate Local Health Care "Excellent/Very Good"	39.6	53.1		WORSE	

Summary of Findings by Issue

Cancer	LaSalle	US	HP2010	Significance vs. US	Significance vs. HP2010
% Skin Cancer	8.7	4.9		WORSE	
% Cancer (Other Than Skin)	7.6	4.5		WORSE	
% "High" Fat Diet	15.1	10.4		WORSE	
% Blood Stool Test in Past 2 Yrs (50+)	32.6	47.1	50	WORSE	Does NOT Meet Goal
% Testicular Exam Ever (M)	43.2	62.4		WORSE	
% Digital Rectal Exam in Past Yr (50+)	40.8	57.1		WORSE	
Age-Adjusted Cancer Deaths/100,000	251	202.7	159.9	WORSE	Does NOT Meet Goal
% Don't Know Testicular Self-Exam (M)	76.5	63.5		WORSE	
% Pap Smear in Past 3 Yrs (W)	74.7	84	90	WORSE	Does NOT Meet Goal
% Father/Brother Diagnosed Prostate Cancer (M)	13.4	8.4		similar	
% Don't Know Breast Self-Exam (W)	5	4.2		similar	
% Eat 5+ Servings of Fruit or Vegetables/Day	25	30		similar	
% Perform Testicular Self-Exam Monthly (M)	10.6	12.5		similar	
% Current Smoker	25.5	22.8	12	similar	Does NOT Meet Goal
% Mammogram in Past 2 Yrs (W40+)	69.3	78.2	70	similar	indeterminable
% Perform Breast Self-Exam Monthly (W)	47.7	42.9		similar	
% Sigmoid/Colonoscopy Ever (50+)	44	48.7	50	similar	indeterminable
% PSA or Digital Rectal Exam in Past 2 Yrs (M40+)	66.7	69.9		similar	
% Mother/Sister Diagnosed Breast Cancer (W)	11	11.5		similar	
Age-Adjusted Breast Cancer Deaths/100,000	12.5	27	22.3	BETTER	Meets Goal

Chronic Disabling Conditions	LaSalle	US	HP2010	Significance vs. US	Significance vs. HP2010
% "Fair" or "Poor" Physical Health	22.2	12.3		WORSE	
% Diabetes/High Blood Sugar	9.4	5.5		WORSE	
% Arthritis/Rheumatism	31.9	20.3		WORSE	
% Activity Limitations	21.8	14.9		WORSE	
% No Leisure-Time Physical Activity	28.8	20.2		WORSE	
% Kidney Disease	4.8	2.7		similar	
% Impairment a Result of Work-Related Injury	27	17.7		similar	
% Deafness/Trouble Hearing	12.5	9.3		similar	
% Ulcer/GI Bleeding	7.4	6		similar	
% No Days/Month Very Healthy/Full of Energy	13.6	11.5		similar	
% Blindness/Trouble Seeing	10.8	9.2		similar	
% Sciatica/Chronic Back Pain	22.7	20		similar	
% >1 Day/Month Poor Mental Health	28.1	31.9		similar	
% Asthma	9.1	9.9		similar	
% >1 Workday/Year Missed Due to Illness	39.9	43.1		similar	
% Child Has Asthma	14.1	13.4		similar	
% >1 Day/Month Poor Physical Health	33.7	34.4		similar	
Age-Adjusted Diabetes Mellitus Deaths/100,000	0	25.2	15.1	BETTER	Meets Goal

Clinical Preventive Services	LaSalle	US	HP2010	Significance vs. US	Significance vs. HP2010
% Gone to ER More Than Once in Past Yr	15.6	5.6		WORSE	
% Cost Prevented Getting Rx in Past Yr	18.3	9.5		WORSE	
% Lack Health Insurance (18-64)	24.3	15.6	0	WORSE	Does NOT Meet Goal
% Cost Prevented Physician Visit in Past Yr	14.6	10.4		WORSE	
% Rate Local Health Care "Excellent/Very Good"	39.6	53.1		WORSE	
% Have Had Eye Exam in Past Yr	40.5	54.2		WORSE	
% Child Has Had Checkup in Past Yr	77.7	85.6		WORSE	
% Difficulty Finding Dr for Child in Past Yr	7.8	5.3		similar	
% Difficulty Getting Appt for Child in Past Yr	7.8	13.1		similar	
% Inconv Hrs Prevented Child's Dr Visit in Past Yr	10.4	16.3		similar	
% Transportation Prevented Dr Visit in Past Yr	6.9	5.2		similar	
% Cost Prevented Child's Care in Past Yr	5	7.3		similar	
% Difficulty Finding Physician in Past Yr	9.7	7.8		similar	
% Transportation Prevented Child's Care in Past Yr	3.2	4.1		similar	
% Cost Prevented Getting Child's Rx in Past Yr	3.7	4.4		similar	
% Flu Shot in Past Yr (65+)	74.5	65.7	90	similar	Does NOT Meet Goal
% Difficulty Getting Appointment in Past Yr	14.3	13.3	7	similar	Does NOT Meet Goal
% Have a Regular Clinic or Physician	83.4	85	96	similar	Does NOT Meet Goal
% Inconvenient Hrs Prevented Dr Visit in Past Yr	12.5	12.7		similar	
% Have Had Routine Checkup in Past Yr	71.1	64.1		BETTER	

Education & Community-Based Programs	LaSalle	US	HP2010	Significance vs. US	Significance vs. HP2010
% Activity Limitations	21.8	14.9		WORSE	

Environmental Health	LaSalle	US	HP2010	Significance vs. US	Significance vs. HP2010
% Asthma	9.1	9.9		similar	

Family Planning	LaSalle	US	HP2010	Significance vs. US	Significance vs. HP2010
% Births to Teenagers	17.5	12.3		WORSE	

Heart Disease & Stroke	LaSalle	US	HP2010	Significance vs. US	Significance vs. HP2010
% Stroke	4.9	1.4		WORSE	
% Chronic Heart Disease	10.1	5.7		WORSE	
% Told Have High Blood Pressure	38.3	23.4	16	WORSE	Does NOT Meet Goal
% Obese	28.9	19.1	15	WORSE	Does NOT Meet Goal
% "High" Fat Diet	15.1	10.4		WORSE	
% No Leisure-Time Physical Activity	28.8	20.2		WORSE	
Age-Adjusted Heart Disease Deaths/100,000	345.7	267.8	213.7	WORSE	Does NOT Meet Goal
% Overweight	64.4	56.9		WORSE	
% Unhealthy Weight (BMI <18.5 or 25+)	65.7	58.5	40	WORSE	Does NOT Meet Goal
Age-Adjusted Stroke Deaths/100,000	69	61.8	48	WORSE	Does NOT Meet Goal
% 1+ Cardiovascular Risk Factor	92.4	84.7		WORSE	
% Told Have High Cholesterol	24	21.4	17	similar	Does NOT Meet Goal
% Current Smoker	25.5	22.8	12	similar	Does NOT Meet Goal
% Overweight Trying to Lose	28.9	31.2		similar	
% Taking Action to Control High BP	84.3	80.7	95	similar	Does NOT Meet Goal
% Cholesterol Checked in Past 5 Yrs	79	82.2	80	similar	indeterminable
% Blood Pressure Checked in Past 2 Yrs	97	96	95	similar	Meets Goal
% Taking Action to Control High Cholesterol	69.8	70		similar	

HIV Infection	LaSalle	US	HP2010	Significance vs. US	Significance vs. HP2010
% Tested for AIDS Virus in Past Yr (18-64)	20.3	30.6		WORSE	
% "High" Chance of Getting AIDS (18-64)	1.5	2.1		similar	
Age-Adjusted HIV Deaths/100,000	0	5.4	0.7	BETTER	Meets Goal

Immunization & Infectious Diseases	LaSalle	US	HP2010	Significance vs. US	Significance vs. HP2010
Age-Adjusted Pneumonia/Influenza Deaths/100,000	33.6	23.6		WORSE	
Tuberculosis Incidence/100,000	7.2	5.8	1	WORSE	Does NOT Meet Goal
% Flu Shot in Past Yr (65+)	74.5	65.7	90	similar	Does NOT Meet Goal
Hepatitis B Incidence/100,000	0	4.2		BETTER	
Hepatitis A Incidence/100,000	2.3	12	4.5	BETTER	Meets Goal
% Children (<24 Mos) Immunized Appropriately	95	82	90	BETTER	Meets Goal

Maternal & Infant Health	LaSalle	US	HP2010	Significance vs. US	Significance vs. HP2010
% No Prenatal Care in 1st Trimester	24.2	17	10	WORSE	Does NOT Meet Goal
% of Low Birthweight Births	8.3	7.6	5	WORSE	Does NOT Meet Goal
Infant Death Rate	4.3	7	4.5	BETTER	Meets Goal
Neonatal Death Rate	3.2	4.7	2.9	BETTER	Does NOT Meet Goal

Mental Health & Mental Disorders	LaSalle	US	HP2010	Significance vs. US	Significance vs. HP2010
% Prolonged Depression (2+ Yrs)	32.9	23.9		WORSE	
% Depressed Persons Seeking Help	33.1	42.5	50	similar	Does NOT Meet Goal
% >3 Days/Month Worried, Tense or Anxious	41.4	35.8		similar	
% >3 Days/Month Sad, Blue or Depressed	24.3	22.7		similar	
% >3 Days/Month Did Not Get Enough Rest/Sleep	58.2	56.1		similar	
Age-Adjusted Suicide Deaths/100,000	0	10.7	5	BETTER	Meets Goal

Nutrition	LaSalle	US	HP2010	Significance vs. US	Significance vs. HP2010
% Chronic Heart Disease	10.1	5.7		WORSE	
% Cancer (Other Than Skin)	7.6	4.5		WORSE	
% "High" Fat Diet	15.1	10.4		WORSE	
Age-Adjusted Heart Disease Deaths/100,000	345.7	267.8	213.7	WORSE	Does NOT Meet Goal
Age-Adjusted Cancer Deaths/100,000	251	202.7	159.9	WORSE	Does NOT Meet Goal
% Use Food Labels	58.7	68.7		WORSE	
% Overweight	64.4	56.9		WORSE	
% Unhealthy Weight (BMI <18.5 or 25+)	65.7	58.5	40	WORSE	Does NOT Meet Goal
% Eat 5+ Servings of Fruit or Vegetables/Day	25	30		similar	
% Overweight Trying to Lose	28.9	31.2		similar	

Oral Health	LaSalle	US	HP2010	Significance vs. US	Significance vs. HP2010
% Have Visited Dentist in Past Yr (18+)	54.7	68.9	56	WORSE	Does NOT Meet Goal
% Child (1-17) Has Visited Dentist in Past Yr	81.2	69.3	56	BETTER	Meets Goal

Physical Activity & Fitness	LaSalle	US	HP2010	Significance vs. US	Significance vs. HP2010
% Chronic Heart Disease	10.1	5.7		WORSE	
% Obese	28.9	19.1	15	WORSE	Does NOT Meet Goal
% No Leisure-Time Physical Activity	28.8	20.2		WORSE	
Age-Adjusted Heart Disease Deaths/100,000	345.7	267.8	213.7	WORSE	Does NOT Meet Goal
% Overweight	64.4	56.9		WORSE	
% Unhealthy Weight (BMI <18.5 or 25+)	65.7	58.5	40	WORSE	Does NOT Meet Goal
% Overweight Trying to Lose	28.9	31.2		similar	

Sexually Transmitted Diseases	LaSalle	US	HP2010	Significance vs. US	Significance vs. HP2010
Hepatitis B Incidence/100,000	0	4.2		BETTER	
(All) Syphilis Incidence/100,000	0	11.6		BETTER	
Gonorrhea Incidence/100,000	21.9	131.6	19	BETTER	Does NOT Meet Goal
Chlamydia Incidence/100,000	63.6	257.5		BETTER	

Substance Abuse	LaSalle	US	HP2010	Significance vs. US	Significance vs. HP2010
% Sought Help for Alcohol or Drug Problem	1.4	4.3		WORSE	
% Taken Rx Without Dr's Orders in Past Yr	2.6	4.5		similar	
% Drinking & Driving in Past Month	3	3.7		similar	
% Chronic Drinker	2	5		BETTER	
% Taken Illegal Drug in Past Yr	1.3	3.2		BETTER	
% Current Drinker	27	56.4	50	BETTER	Meets Goal
% Binge Drinker	11.9	16.4	6	BETTER	Does NOT Meet Goal

Tobacco	LaSalle	US	HP2010	Significance vs. US	Significance vs. HP2010
% Use Smokeless Tobacco	8.4	3.7		WORSE	
% Chronic Lung Disease	13.5	6.4		WORSE	
% Smoke >1 Pack/Day	25.4	13.5		WORSE	
% Chronic Heart Disease	10.1	5.7		WORSE	
Age-Adjusted Heart Disease Deaths/100,000	345.7	267.8	213.7	WORSE	Does NOT Meet Goal
% Someone Smokes at Home (HH w/Kids)	30.9	23	10	similar	Does NOT Meet Goal
% Have Quit 1+ Days in Past Yr	39.7	52.2	75	similar	Does NOT Meet Goal
% Current Smoker	25.5	22.8	12	similar	Does NOT Meet Goal
Age-Adjusted Resp Disease Deaths/100,000	24.7	45.8		BETTER	

Unintentional Injuries	LaSalle	US	HP2010	Significance vs. US	Significance vs. HP2010
Age-Adjusted MV Accident Deaths/100,000	21.2	15	9.2	WORSE	Does NOT Meet Goal
% "Always" Wear Seat Belt	59.6	75	92	WORSE	Does NOT Meet Goal
% Child (<5) "Always" Uses Auto Child Restraint	82.2	98.9	100	WORSE	Does NOT Meet Goal
% Tested Smoke Detector in Past Yr	80.2	76.7		similar	

Violent & Abusive Behavior	LaSalle	US	HP2010	Significance vs. US	Significance vs. HP2010
% Victim of Domestic Violence in Past 5 Yrs	2.4	3.1		similar	
Age-Adjusted Homicide Deaths/100,000	0	6.2	3	BETTER	Meets Goal
Age-Adjusted Suicide Deaths/100,000	0	10.7	5	BETTER	Meets Goal
Robbery Rate/100,000	11	144.9		BETTER	
% Victim of Violent Crime in Past 5 Yrs	1	3.8		BETTER	
Murder Rate/100,000	2.8	5.5		BETTER	
Aggravated Assault/Battery Rate/100,000	277.8	323.6		BETTER	
Rape Rate/100,000	30.3	32		BETTER	