

Abrom Kaplan Memorial Hospital

Community Health Needs Assessment

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Abrom Kaplan Memorial Hospital at a Glance



Abrom Kaplan Memorial Hospital (AKMH), part of Lafayette General Health (LGH), is a 35-bed critical access hospital which maintains a staffed 24-hour Emergency Department.

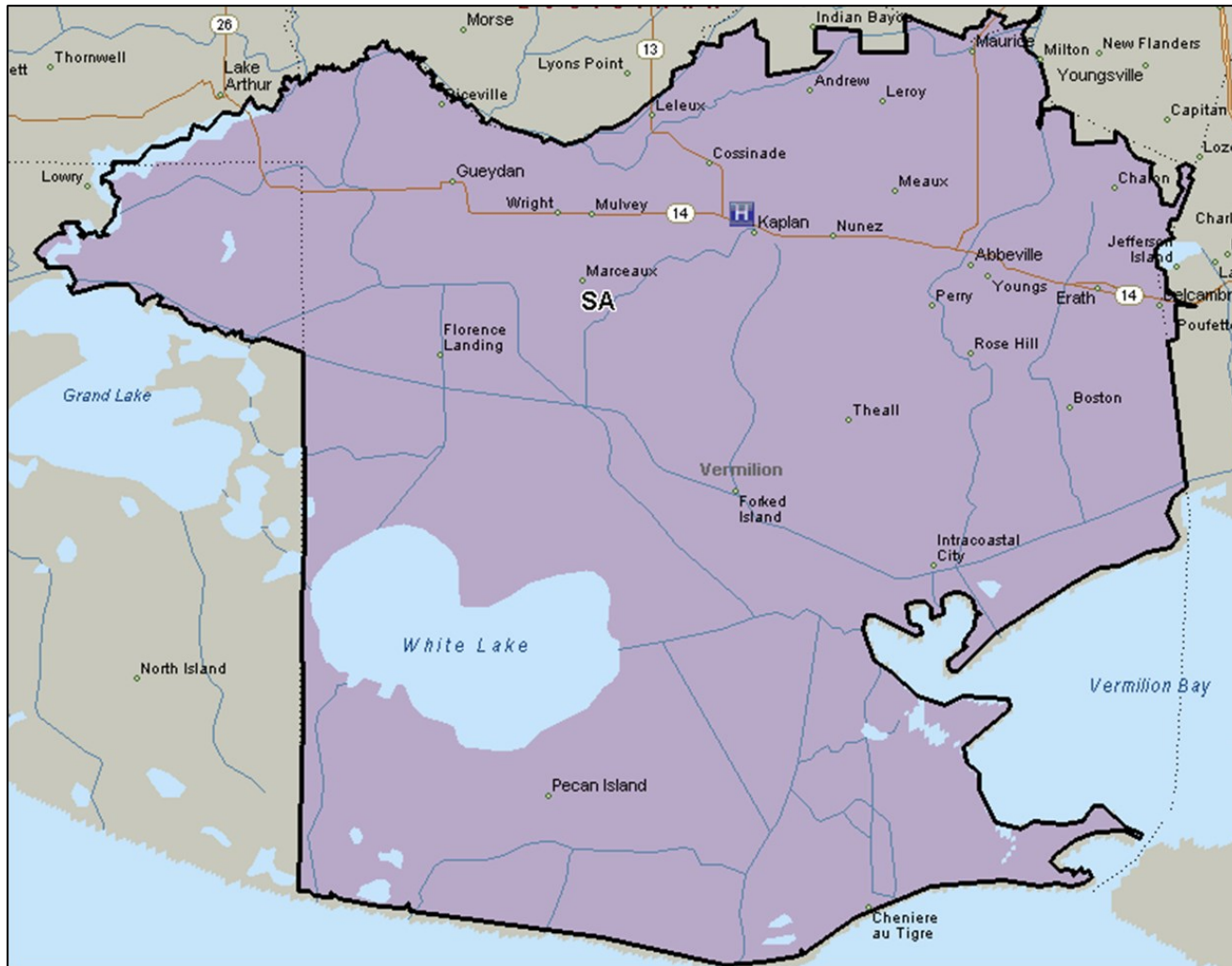
In the 2002, Abrom Kaplan Memorial Hospital formed an affiliation with Lafayette General Medical Center to strengthen its ability to offer top-quality healthcare, through a partnership that enabled AKMH to draw on the resources of a larger hospital. The affiliation holds strong today and benefits Abrom Kaplan Memorial Hospital and its surrounding community.



Community Overview

For the purposes of the CHNA report, AKMH chose Vermillion Parish as its service area. Because this community was chosen purely by geography, it includes medically underserved, low income, and minority populations.

The map below represents the AKMH service area.



Sources: Microsoft MapPoint 2013



Purpose

Community Health Needs Assessment Background

On December 6, 2016, AKMH contracted with Carnahan Group to conduct a Community Health Needs Assessment (CHNA) as required by the Patient Protection and Affordable Care Act (PPACA). Please refer to Appendix A: Carnahan Group Qualifications for more information about Carnahan Group.

The PPACA, enacted on March 23, 2010, requires not-for-profit hospital organizations to conduct a CHNA once every three taxable years that meets the requirements the Internal Revenue Code 501(r) set forth by the PPACA. The PPACA defines a hospital organization as an organization that operates a facility required by a state to be licensed, registered, or similarly recognized as a hospital; or, a hospital organization is any other organization that the Treasury's Office of the Assistant Secretary ("Secretary") determines has the provision of hospital care as its principal function or purpose constituting the basis for its exemption under section 501(c)(3).

A CHNA is a report based on epidemiological, qualitative, and comparative methods that assess the health issues in a hospital organization's community and that community's access to services related to those issues. Based on the findings of the CHNA, an implementation strategy for AKMH that addresses the community health needs will be developed and adopted by the end of fiscal year 2017.



Requirements

As required by the Treasury Department (“Treasury”) and the Internal Revenue Service (IRS), this CHNA includes the following:

- A description of the community served;
- A description of the process and methods used to conduct the CHNA, including:
 - A description of the sources and dates of the data and the other information used in the assessment; and,
 - The analytical methods applied to identify community health needs.
- The identification of all organizations with which AKMH collaborated, if applicable, including their qualifications;
- A description of how AKMH took into account input from persons who represented the broad interests of the community served by AKMH, including those with special knowledge of or expertise in public health, written comments regarding the hospital’s previous CHNA, and any individual providing input who was a leader or representative of the community served by AKMH;
- A prioritized description of all of the community health needs identified through the CHNA and a description of the process and criteria used in prioritizing those needs;
- A description of the resources potentially available to address the significant health needs identified through the CHNA



CHNA Strategy

This CHNA was conducted following the requirements outlined by the Treasury and the IRS, which included obtaining necessary information from the following sources:

- Input from persons who represented the broad interests of the community served by AKMH, which included those with special knowledge of or expertise in public health;
- Identifying federal, regional, state, or local health or other departments or agencies with current data or other information relevant to the health needs of the community served by AKMH, leaders, representatives, or members of medically underserved, low-income, and minority populations with chronic disease needs in the community served by AKMH; and,
- Consultation or input from other persons located in and/or serving AKMH's community, such as:
 - Healthcare community advocates;
 - Nonprofit organizations;
 - Local government officials;
 - Community-based organizations, including organizations focused on one or more health issues;
 - Healthcare providers, including community health centers and other providers, focusing on medically underserved populations, low-income persons, minority groups, or those with chronic disease needs.
- The sources used for AKMH's CHNA are provided in the References and Appendix B: Community Leader Interviewees. Information was gathered by conducting interviews with individuals representing community health and public service organizations, medical professionals, hospital administration, and other hospital staff members.



Secondary Data Collection and Analysis Methodology

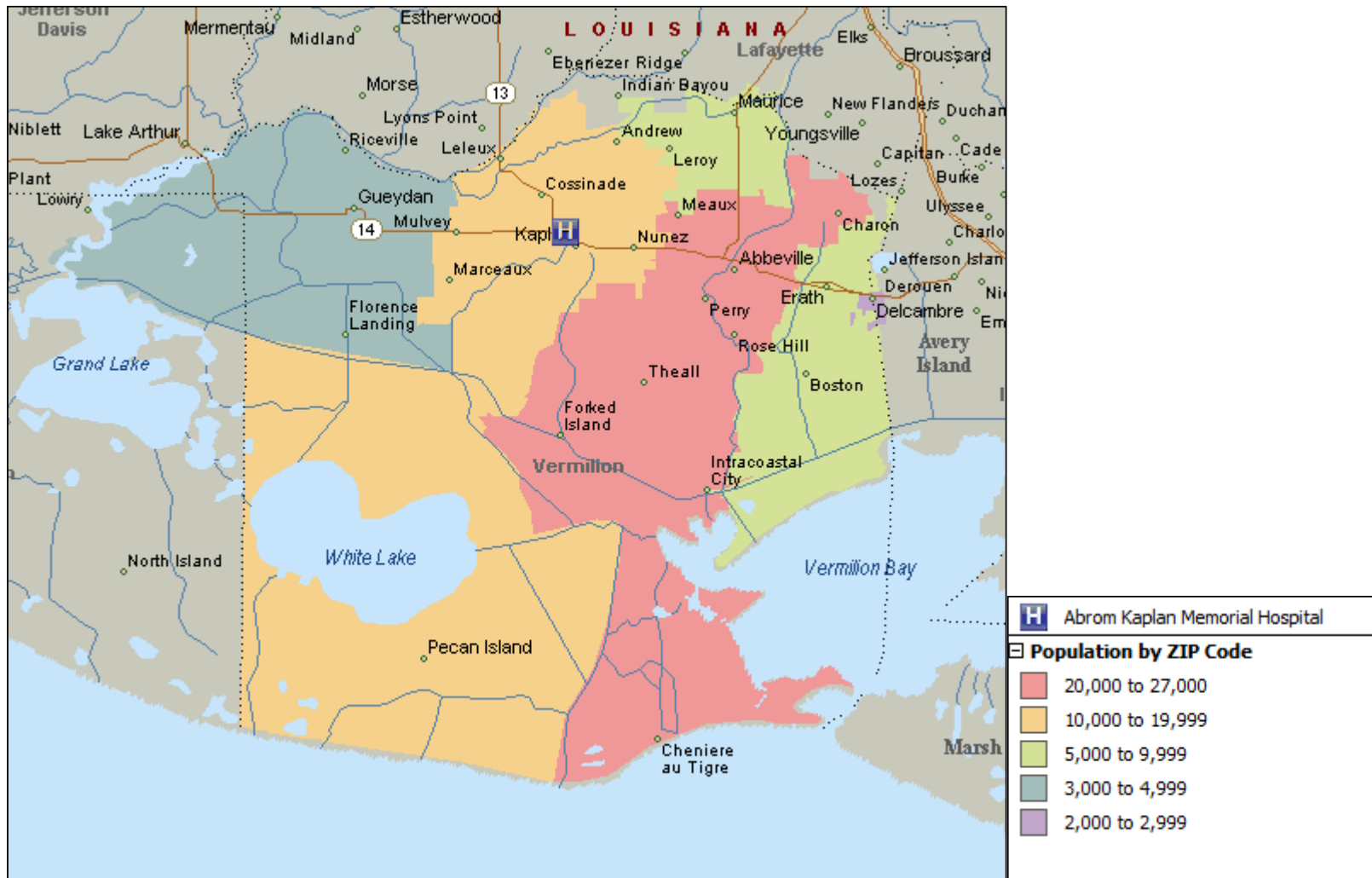
A variety of data sources were utilized to gather demographic and health indicators for the community served by AKMH. Commonly used data sources include Esri, the U.S. Census Bureau, the Centers for Disease Control and Prevention (CDC), the National Cancer Institute, and the Louisiana Department of Health and Hospitals. As previously mentioned, Vermilion Parish defines the community for AKMH. Demographic and health indicators are presented for this parish. Parish level data are compared to state benchmarks.



Demographics

Population in AKMH's Community

Population Density by ZIP Code, 2016



Sources: Esri 2016; Microsoft MapPoint 2013



Population Change by ZIP Code

The overall projected population growth for the community is 5.1% over the next five years. Slight population growth is expected for most ZIP Codes, while substantial growth is expected for ZIP Code 70555 (11.8%).

Current and Projected Population by ZIP Code

ZIP Code	Community	Current Population	Projected 5-year Population	Percent Change
70510	Abbeville	26,100	27,079	3.8%
70528	Delcambre	2,562	2,668	4.1%
70533	Erath	7,400	7,702	4.1%
70542	Gueydan	3,552	3,678	3.5%
70548	Kaplan	10,955	11,435	4.4%
70555	Maurice	9,045	10,114	11.8%
Total		59,614	62,676	5.1%

Source: Esri 2016



Population Change by Age and Gender

The population of residents aged 45 through 64 is expected to increase marginally (0.7%). Slight population growth is expected for individuals aged 20 through 44 (2.2%). Moderate growth is expected in children and young adults aged 0 through 19 (5.8%), while substantial population growth is expected among residents aged 65 and older (18.3%).

Vermilion Parish Current and Projected Population by Age and Sex

Age Group	2016			2021			Percent Change		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Age 0 through 19	8,425	7,985	16,410	8,967	8,387	17,354	6.4%	5.0%	5.8%
Age 20 through 44	9,237	9,623	18,860	9,505	9,773	19,278	2.9%	1.6%	2.2%
Age 45 through 64	7,636	8,075	15,711	7,722	8,105	15,827	1.1%	0.4%	0.7%
Age 65 and older	3,820	4,813	8,633	4,607	5,610	10,217	20.6%	16.6%	18.3%
Total	29,118	30,496	59,614	30,801	31,875	62,676	5.8%	4.5%	5.1%

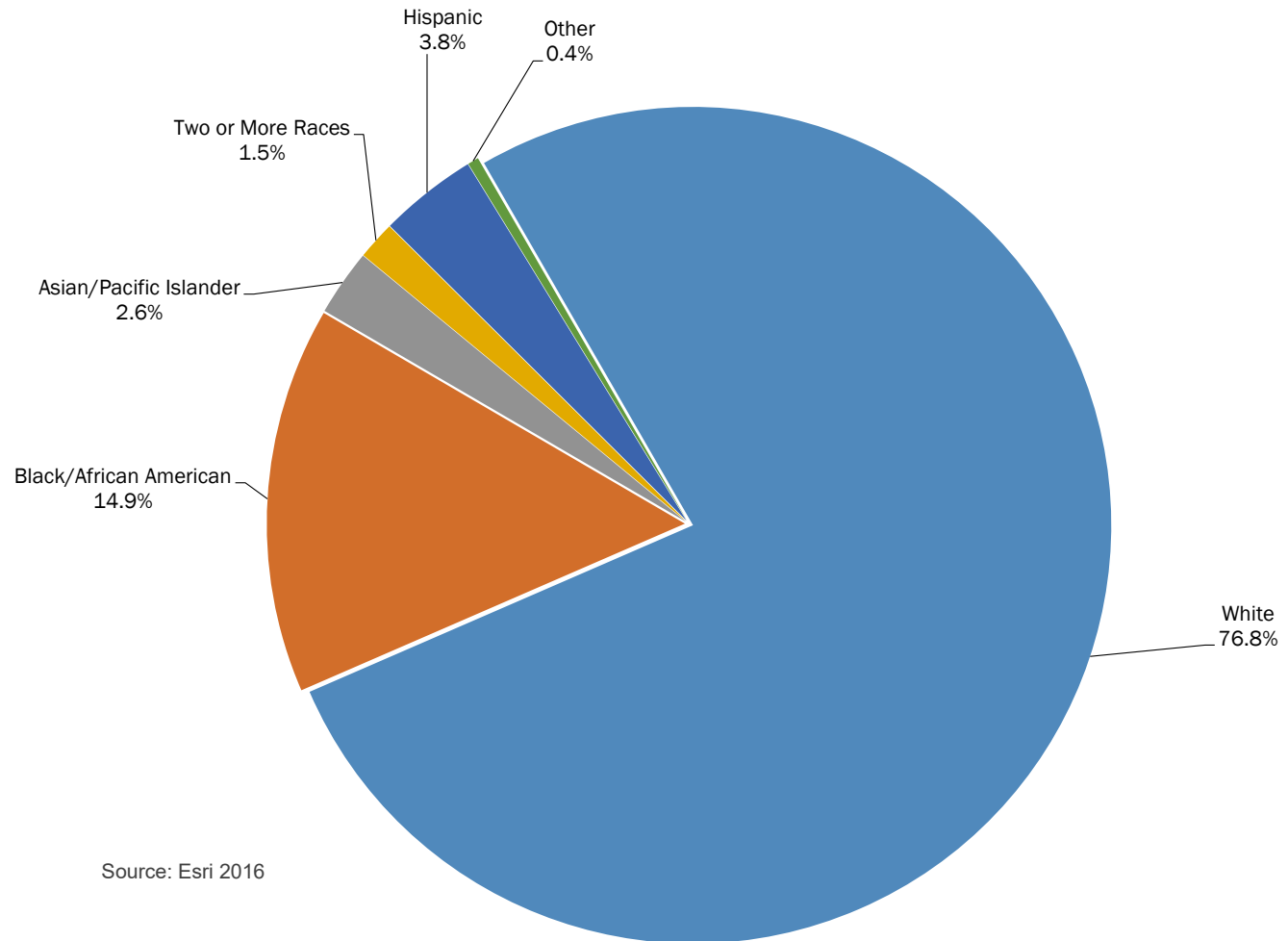
Source: Esri 2016



Population by Race and Ethnicity

The most common race/ethnicity in AKMH's community is white (76.8%), followed by black/African American (14.9%), Hispanic (3.8%), Asian/Pacific Islanders (2.6%), individuals of two or more races (1.5%), and other races (0.4%).

Race/Ethnic Composition 2016



Source: Esri 2016



Population Change by Race and Ethnicity

Substantial population growth is expected for Hispanics (35.1%), individuals of two or more races (29.0%), and Asian/Pacific Islanders (22.0%). The population of Other races is showing Moderate growth (6.7%), along with the black/African American population (6.7%). Slight population growth is expected for the white population (2.3%).

Service Area Current and Projected Population by Race/Ethnicity

Race/Ethnicity	2016	2021	Percent Change
White	45,791	46,852	2.3%
Black/African American	8,897	9,493	6.7%
Asian/Pacific Islander	1,529	1,866	22.0%
Two or More Races	882	1,138	29.0%
Hispanic	2,262	3,057	35.1%
Other	253	270	6.7%

Source: Esri 2016



Socioeconomic Characteristics

According to the U.S. Bureau of Labor Statistics, the 2015 annual average unemployment rate for Vermilion Parish (5.1%) is higher when compared to the state of Louisiana (4.9%).

The U.S. Census American Community Survey (ACS) publishes median household income and poverty estimates. According to 2011–2015 estimates, the median household income in Vermilion Parish (\$45,374) is higher than Louisiana’s (\$45,047).

Poverty thresholds are determined by family size, number of children, and age of the head of the household. A family’s income before taxes is compared to the annual poverty thresholds. If the income is below the threshold, the family and each individual in it are considered to be in poverty. The ACS estimates indicate that Vermilion Parish residents, including children, are less likely to be living below the poverty level (17.8%) than Louisiana residents as a whole (19.6%).

Socioeconomic Characteristics

	Vermilion Parish	Louisiana
Unemployment Rate	5.1%	4.9%
Median Household Income	\$ 45,374	\$ 45,047
Individuals Below Poverty Level	17.8%	19.6%
Children Below Poverty Level	22.7%	28.0%

¹ Source: Bureau of Labor Statistics, 2015 annual average

² Source: U.S. Census - ACS, 2011-2015 estimates



Educational Attainment

The U.S. Census ACS publishes estimates of the highest level of education completed for residents aged 25 years and older. The ACS 2011–2015 estimates indicate that more Vermillion Parish adults aged 25 years and older in Vermillion Parish are more likely to have a high school degree, but less likely to have a bachelor’s degree than adults aged 25 years and older in Louisiana as a whole (see table).

Highest Level of Education Completed Persons 25 Years and Older, 2010--2014

	Vermilion	
	Parish	Louisiana
Less than a high school degree	23.7%	16.6%
High school degree or equivalent	41.0%	33.9%
Some college, no degree	17.0%	21.4%
Bachelor's degree	9.6%	14.8%
Graduate or professional degree	2.8%	7.7%

Source: U.S. Census, ACS 2011-2015 estimates



Crime Rates

Murder and non-negligent manslaughter, rape, robbery, and aggravated assault rates in Vermillion Parish are substantially lower compared to Louisiana (see table).

Violent Crime Rates, 2014

	Vermillion Parish	Louisiana
Murder and non-negligent manslaughter	1.7	10.3
Rape	3.4	29.6
Robbery	26.8	122.5
Aggravated Assault	114.0	352.4

Source: Louisiana Commission on Law Enforcement

Rates are per 100,000 population



Mortality Indicators

According to CDC Wonder, the age-adjusted mortality from all causes is lower in Vermillion Parish (931.9 per 100,000) when compared to Louisiana (971.5 per 100,000).

The Institute for Health Metrics and Evaluation publishes life expectancies by county and gender. The life expectancy for males and females in Vermillion Parish (73.8 years) are both slightly higher than Louisiana's (72.9 years). The life expectancy for females is also slightly higher in Vermillion Parish (78.6 years).

Mortality Indicators, 2014

	Vermilion Parish	Louisiana
Age-adjusted mortality from all causes	931.9	971.5
Male life expectancy, 2013 ²	73.8	72.9
Female life expectancy, 2013 ²	78.6	78.5

¹ Source: CDC Wonder, 2010–2014

² Source: Institute for Health Metrics and Evaluation

Mortality rates are per 100,000 population



Leading Causes of Death

According to CDC Wonder, heart disease and cancer are the first and second leading causes of death, respectively, in Vermillion Parish and Louisiana. Stroke, accidents, and chronic lower respiratory disease are among the top five leading causes of death for Vermillion Parish and Louisiana. It is important to note that the heart disease mortality rate in Vermillion Parish is substantially higher than in Louisiana (see table). Other leading causes of death in Vermillion Parish and Louisiana include Alzheimer’s disease, kidney disease, influenza and pneumonia, suicide, diabetes, and septicemia.

Leading Causes of Death , 2013-2015

	Vermillion	
	Parish	Louisiana
Heart disease	293.5	213.9
Cancer	165.7	186.3
Stroke	47.9	44.9
Accidents	42.2	51.5
Chronic lower respiratory disease	36.1	45.1
Alzheimer's	36.0	35.8
Kidney disease	21.1	23.9
Influenza and Pneumonia	21.2	17.2
Suicide	15.6	13.6
Diabetes	13.0	25.5
Septicemia	13.1	18.8

Source: CDC Wonder, 2013-2015

Rates are per 100,000 population



Cardiovascular Outcomes

According to Centers for Disease Control and Prevention, heart disease mortality rates are much higher across all races and genders in Vermillion Parish when compared to Louisiana (see table).

Age-Adjusted Heart Disease Mortality Rates per 100,000 Adults Ages 65 and Older by Race and Gender, 2011-2013

	Vermillion	
	Parish	Louisiana
Heart Disease, All	1,701.1	1,282.6
Heart Disease, White (Non-Hispanic)	1,702.9	1,297.4
Heart Disease, Black (Non-Hispanic)	1,643.9	1,344.8
Heart Disease, Male	1,899.7	1,569.2
Heart Disease, Female	1,466.6	1,079.8

Source: Centers for Disease Control and Prevention

Vermillion Parish residents, regardless of race or gender, are substantially less likely to die from a heart attack compared to all Louisiana residents (see table).

Age-Adjusted Heart Attack Mortality Rates per 100,000 Adults Ages 65 and Older by Race and Gender, 2011-2013

	Vermillion	
	Parish	Louisiana
Heart Attack, All	133.4	196.8
Heart Attack, White (Non-Hispanic)	150.0	196.1
Heart Attack, Black (Non-Hispanic)	101.4	218.5
Heart Attack, Male	157.2	261.4
Heart Attack, Female	113.2	150.8

Source: Centers for Disease Control and Prevention



Cardiovascular Outcomes (continued)

Whites in Vermillion Parish are more likely to die from a stroke compared to all whites in Louisiana, while blacks in Vermillion Parish are less likely to die from a stroke compared to all blacks in Louisiana (see table). Males and Females in Vermillion Parish are more likely to die from a stroke compared to Louisiana.

Age-Adjusted Stroke Mortality Rates per 100,000 Adults Ages 65 and Older by Race and Gender, 2011-2013

	Vermilion	
	Parish	Louisiana
Stroke, All	303.8	283.8
Stroke, White (Non-Hispanic)	300.9	267.7
Stroke, Black (Non-Hispanic)	355.2	357.0
Stroke, Male	324.5	287.6
Stroke, Female	295.3	277.0

Source: Centers for Disease Control and Prevention



Cancer Incidence

The table below shows select cancer incidence rates from the National Cancer Institute.

Prostate cancer incidence is higher in Vermillion Parish (197.2 per 100,000 males) and Louisiana (154.4 per 100,000 males) compared to the United States (123.1 per 100,000 males).

Breast cancer incidence is higher in Vermillion Parish (132.7 per 100,000 females) than in Louisiana (123.4 per 100,000 females) and the United States (123.3 per 100,000 females).

Lung and bronchus cancer incidence in Vermillion Parish (61.5 per 100,000 population) is similar to the United States (62.4 per 100,000 population), but lower than Louisiana (71.4 per 100,000 population).

Colon and rectum cancer incidence is higher in Vermillion Parish (55.6 per 100,000 population) and in Louisiana (48.6 per 100,000 population) when compared to the United States (40.6 per 100,000 population).

Select Cancer Incidence Rates, 2008–2012

	Vermillion Parish	Louisiana	United States
Prostate ¹	197.2	154.4	123.1
Breast (female) ²	132.7	123.4	123.3
Lung and bronchus ³	61.5	71.4	62.4
Colon and rectum ³	55.6	48.6	40.6
Cervical ²	*	8.8	7.6
Stomach ³	*	7.6	6.7

Source: National Cancer Institute - State Cancer Profiles

¹Rates are per 100,000 males

²Rates are per 100,000 females

³Rates are per 100,000 population

* Indicates rate is unstable



Cancer Mortality

The table below reflects select cancer incidence rates for Vermillion Parish, Louisiana, and the United States.

Lung and bronchus cancer incidence in Vermillion Parish (67.9 per 100,000 population) is higher than both in Louisiana (56.4 per 100,000 population) and the United States (46 per 100,000 population).

Prostate cancer incidence is lower in Vermillion Parish (19.0 per 100,000 males) compared to Louisiana (23.1 per 100,000 males) and the national rate (20.7 per 100,000 males).

Breast cancer incidence is lower in Vermillion Parish (20.2 per 100,000 females) compared to Louisiana (24.5 per 100,000 females) and to the United States (21.5 per 100,000 females).

Colon and rectum cancer incidence is substantially higher in Vermillion Parish (55.6 per 100,000 population) than in Louisiana (18.1 per 100,000 population).

Select Cancer Mortality Rates, 2008-2012

	Vermilion Parish	Louisiana	United States
Lung and bronchus ¹	67.9	56.4	46.0
Prostate ²	19.0	23.1	20.7
Breast ³	20.2	24.5	21.5
Colon and rectum ¹	55.6	18.1	15.1
Stomach ¹	*	4.3	3.3
Cervical ³	*	3.0	2.3

Source: National Cancer Institute - State Cancer Profiles

¹Rates are per 100,000 population

²Rates are per 100,000 males

³Rates are per 100,000 females

* Indicates rate is unstable



Reported Health Status, Risk Factors, and Behaviors

Data on health status, risk factors, and behaviors are available from the County Health Rankings and Roadmaps.

Adults in Vermillion Parish are less likely to report having fair or poor general health (18.0%) compared to all Louisiana adults (21.0%).

Adults in Vermillion Parish are less likely to report being diagnosed with diabetes (10.0%) compared to all Louisiana adults (11.0%).

Adults in Vermillion Parish are less likely report being current smokers (22.0%) compared to all Louisiana adults (24.0%).

Physical inactivity is defined as not participating in any leisure-time physical activities (physical activities or exercises other than their regular job). Adults in Vermillion Parish are more likely to report physical inactivity (33.0%) than all adults in Louisiana (30.0%).

Vermillion Parish adults are more likely to report engaging in heavy drinking in the 30 days prior to the survey or binge drinking on at least one occasion during that period (19.0%) compared to all Louisiana adults (18.0%).

Obesity is defined as having a BMI greater than or equal to 30. Adults in Vermillion Parish are less likely to report being obese (32.0%) compared to all Louisiana respondents (34.0%).

Reported Health Status, Risk Factors, and Behaviors

	Vermilion	
	Parish	Louisiana
Fair or poor general health, 2014	18.0%	21.0%
Diagnosed diabetes, 2013	10.0%	11.0%
Current smokers, 2014	22.0%	24.0%
Physical inactivity, 2012	33.0%	30.0%
Excessive drinking, 2014	19.0%	18.0%
Obesity, 2012	32.0%	34.0%

Source: County Health Rankings & Roadmaps



Reported Health Status, Risk Factors, and Behaviors

Data on health status, risk factors, and behaviors are available from the Community Commons website.

Nearly half of adults in Vermilion Parish admit to having smoked at least 100 or more cigarettes in their life (44.4%). This number is just above the national average (44.2%).

Reported Health Status, Risk Factors, and Behaviors

Report Area	Total adults ever smoking 100 or more cigarettes	Percent adults ever smoking 100 or more cigarettes
Vermilion Parish, LA	19,055	44.4%
Louisiana	1,610,705	47.3%
United States	103,842,020	44.2%

Source: Communitycommons.org



Heart Health

Data on health behaviors is available from the Community Commons website.

32.3% of adults in Vermilion Parish have been diagnosed with high blood pressure. This figure is considerably higher than the national average (28.2%), but slightly lower than the state of Louisiana (34.1%).

Of the Vermilion population diagnosed with high blood pressure, 10.9% admit to not taking their prescribed blood pressure medications.

Reported Health Status, Risk Factors, and Behaviors

Report Area	Total adults with high blood pressure	Perent adults with high blood pressure
Vermilion Parish, LA	13,602	32.2%
Lousiana	1,150,146	34.1%
United States	65,476,522	28.2%

Source: Communitycommons.org



Health Behaviors

Adults in Vermillion Parish are less likely to engage in active habits during their leisure time than individuals in Louisiana or the United States as a whole.

28.8% of adults in Vermillion Parish report having no physical activity during their leisure time throughout the day, as compared to 28.2% in the state, and only 21.8% in the United States.

Reported Health Status, Risk Factors, and Behaviors

Report Area	Population with no leisure time physical activity	Percent population with no leisure time physical activity
Vermillion Parish, LA	12,556	28.8%
Lousiana	974,318	28.2%
United States	52,147,893	21.8%

Source: Communitycommons.org



Health Behaviors

Data on health and dietary behaviors is available from the Community Commons website.

Adults in Vermillion Parish demonstrate a relatively high rate of inadequate fruit and vegetable consumption (79.3%) when compared to that of the United States as a whole (75.7%).

Reported Health Status, Risk Factors, and Behaviors

Report Area	Total adults with inadequate fruit/vegetable consumption	Percent adults with inadequate fruit/vegetable consumption
Vermilion Parish, LA	32,453	79.3%
Louisiana	2,674,013	81.1%
United States	171,972,118	75.7%
Source: Communitycommons.org		



Sexually Transmitted Infections

Reported rates of sexually transmitted infections are available through the Louisiana Department of Health and Hospitals. The rate of all STI's is considerably lower in Vermilion Parish than the state of Louisiana as a whole (see table).

Reported Sexually Transmitted Infections, 2014

	Vermilion Parish	Louisiana
HIV diagnosis rate	8.0	30.4
Chlamydia	384.0	621.5
Gonorrhea	97.0	193.1
Primary and secondary syphilis	*	12.4

Source: Louisiana Department of Health and Hospitals - 2014

Louisiana STD Annual Report

Rates are per 100,000 population

* Indicates rate is unstable



Maternal and Child Health

The Community Commons site contains data on maternal and child health indicators. The teen birth rates in Vermillion Parish and Louisiana are similar (52.9 per 1,000 population and 50.2 per 1,000 population, respectively). The teen birth rate in Vermillion Parish is substantially higher than the national average of 36.6 per 1,000 population.

Infant mortality in Vermillion Parish (6.7 per 1,000 live births) is similar to that of the United States (6.5 per 1,000 live births), but is considerably lower than the state of Louisiana (8.9 per 1,000 live births).

Select Maternal and Child Health Indicators 2006-2012

Report Area	Total Infant Deaths	Infant Mortality Rate (per 100,000 births)
Vermillion Parish, LA	27	6.7%
Louisiana	2,836	8.9%
United States	136,369	6.5%

Source: Communitycommons.org

Report Area	Births to mothers age 15-19	Teen birth rate (per 1,000 population)
Vermillion Parish, LA	105	52.9%
Louisiana	8,084	50.2%
United States	392,962	36.6%

Source: Communitycommons.org



Access to Care

According to the ACS 2011–2015 estimates, Vermillion Parish residents are slightly more likely to have health insurance coverage (85.5%) than all Louisiana residents (84.5%).

Private insurance coverage is used at the same rate among Vermillion Parish residents compared to all Louisiana residents (60.1%).

Public insurance coverage is slightly more common among Vermillion Parish residents (36.7%) than among all Louisiana residents (34.7%).

Residents in Vermillion Parish are less likely to be uninsured (14.5%) compared to all Louisiana residents (15.5%), and more likely to be uninsured than children in Vermillion Parish (4.4%).

Health Insurance Coverage, 2011-2015

	Vermilion Parish	Louisiana
Health insurance coverage	85.5%	84.5%
Private insurance	60.1%	60.1%
Public coverage	36.7%	34.7%
No health insurance coverage	14.5%	15.5%
No health insurance coverage (children)	4.4%	5.2%

Source: US Census, ACS 2011-2015



Community Leader Interviews

Interview Methodology

Nineteen phone interviews were conducted from January 2017-March 1, 2017. Interviews required approximately 20 minutes to complete. Interviewers followed the same process for each interview, which included documenting the interviewee's expertise and experience related to the community. Additionally, the following community-focused questions were used as the basis for discussion:

- Interviewee's name
- Interviewee's title
- Interviewee's organization
- Overview information about the interviewee's organization
- What are the top three strengths of the community?
- What are the top three health concerns of the community?
- What are the health assets and resources available in the community?
- What are the health assets or resources that the community lacks?
- What are the barriers to obtaining health services in the community?
- What is the single most important thing that could be done to improve the health in the community?
- What other information can be provided about the community that has not already been discussed?



Community Leader Interview Summary

Topic	Discussion Points/Highlights
Health Strengths	<p>Several interviewees noted that there is an abundance of exercise clubs and classes for members of the community to participate in. They also acknowledged the soccer, football, and baseball fields for the youth, along with new walking trails for the adults.</p> <p>Another health strength brought up by multiple interviewees was the presence of the hospital and the quality of service that they provide with the new partnership and upgrades.</p>
Health Concerns	<p>The primary health-related concerns mentioned during interviews included Cancer, Obesity, Heart Disease, and Diabetes. Obesity and the related comorbidities were of the greatest concern.</p> <p>One interviewee pointed out that there is fear in the community of being out at night and a lack of lighting in the streets that prevent people from walking or riding their bikes in the evening like they used to.</p> <p>Many of the interviewees were concerned with the poor dietary habits of the community that are tied into the culture, and the impact that they have on overall health.</p>
Resources Available	<p>Almost all of the interviewees listed the hospital and local physicians as one of the biggest resources available to the community.</p> <p>Most interviewees felt that, aside from the hospital, there are no health resources available to them or other members of the community.</p> <p>Some of the health resources that were mentioned included: health walks and school PE for the children.</p>



Community Leader Interview Summary

Topic	Discussion Points/Highlights
<p>Resources Needed</p>	<p>Several interviewees suggested that the community needs more education-based resources such as Diabetic classes and educational programs for the elderly.</p> <p>The most common resources cited in the interviews were clinics and specialists. Many of the interviewees reported a severe shortage in specialties; primarily Cardiologists, Pediatricians, and Gynecologists.</p>
<p>Medically Underserved Populations</p>	<p>Medically underserved populations mentioned during interviews include the lower income families, the elderly, and children.</p>
<p>Ways to improve the overall health in the community</p>	<p>The single most common response in regards to what is needed to improve health in the community was "education." Almost every interviewee felt that this was the biggest way that members of the community could improve their lifestyle and overall health.</p> <p>Another common suggestion for improving overall health in the community was to increase awareness about common health concerns in the community, while providing low cost treatments for lower income groups.</p>



Community Health Phone Survey

Phone surveys were conducted between January 28, 2017 and January 29, 2017. There were 200 respondents to the survey, all from Vermillion Parish. Respondents were asked about their top concerns for the health of the community, their satisfaction with the community resources available to deal with their concerns, and whether their concerns were getting worse over time. A full version of the survey questionnaire is attached as Appendix C.

Phone Survey Responses

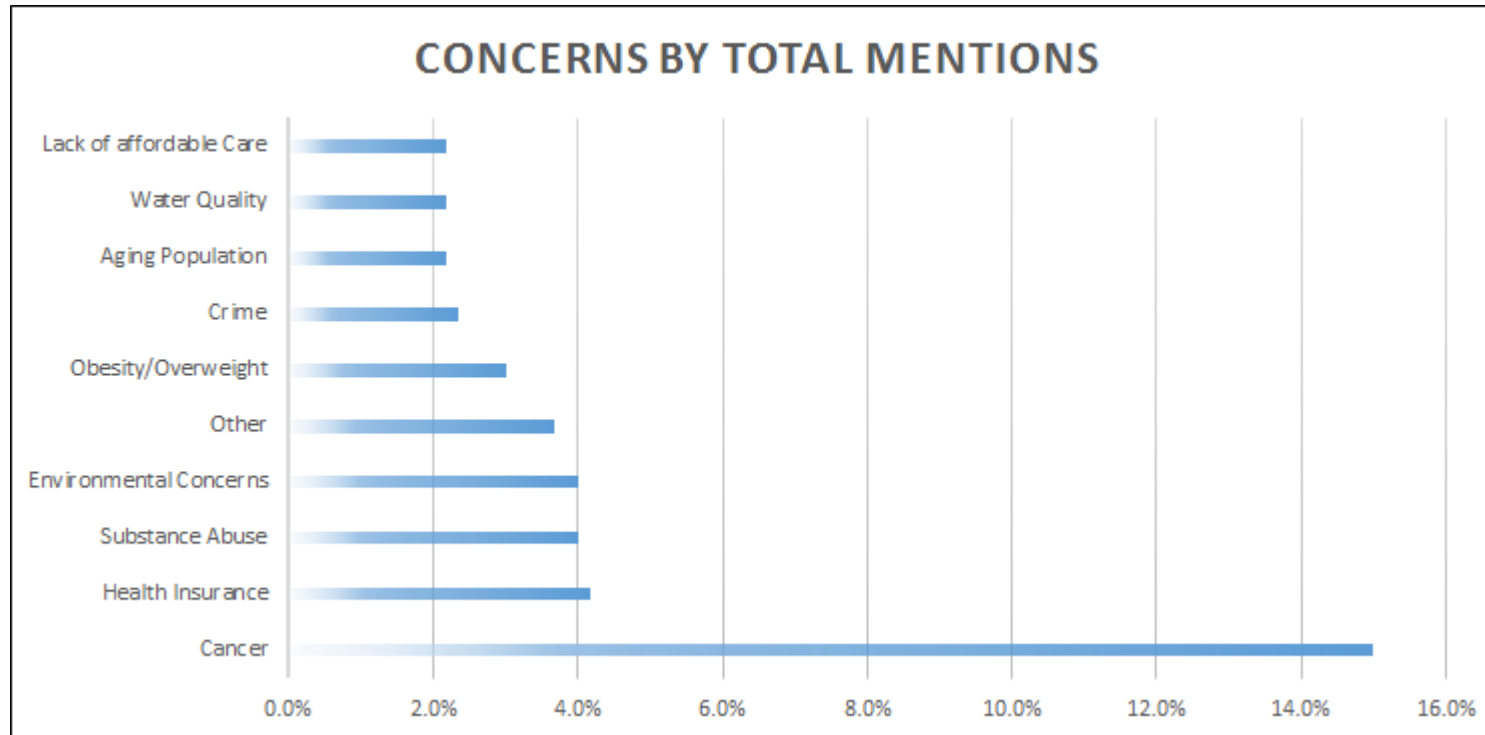
The community’s top three concerns by total mentions are cancer (15.0%), obesity/overweight (4.2%), and substance abuse (4.0%). Cancer was the most frequently mentioned primary concern (33.0%) and secondary concern (7.5%).

Top Health Concerns by Total Mentions

Community Concerns	Primary Concern	Secondary Concern	Tertiary Concern	Total Mentions
Cancer	33.0%	7.5%	4.5%	15.0%
Health Insurance	10.5%	1.0%	1.0%	4.2%
Substance Abuse	6.5%	4.5%	1.0%	4.0%
Environmental Concerns	5.0%	3.5%	3.5%	4.0%
Crime	5.0%	0.5%	2.5%	2.3%
Aging Population	4.5%	1.5%	1.0%	2.2%
Obesity/Overweight	4.5%	1.5%	3.0%	3.0%
Other	4.5%	2.5%	4.0%	3.7%
Water Quality	4.0%	1.5%	1.0%	2.2%
Lack of affordable Care	3.5%	1.5%	1.5%	2.2%

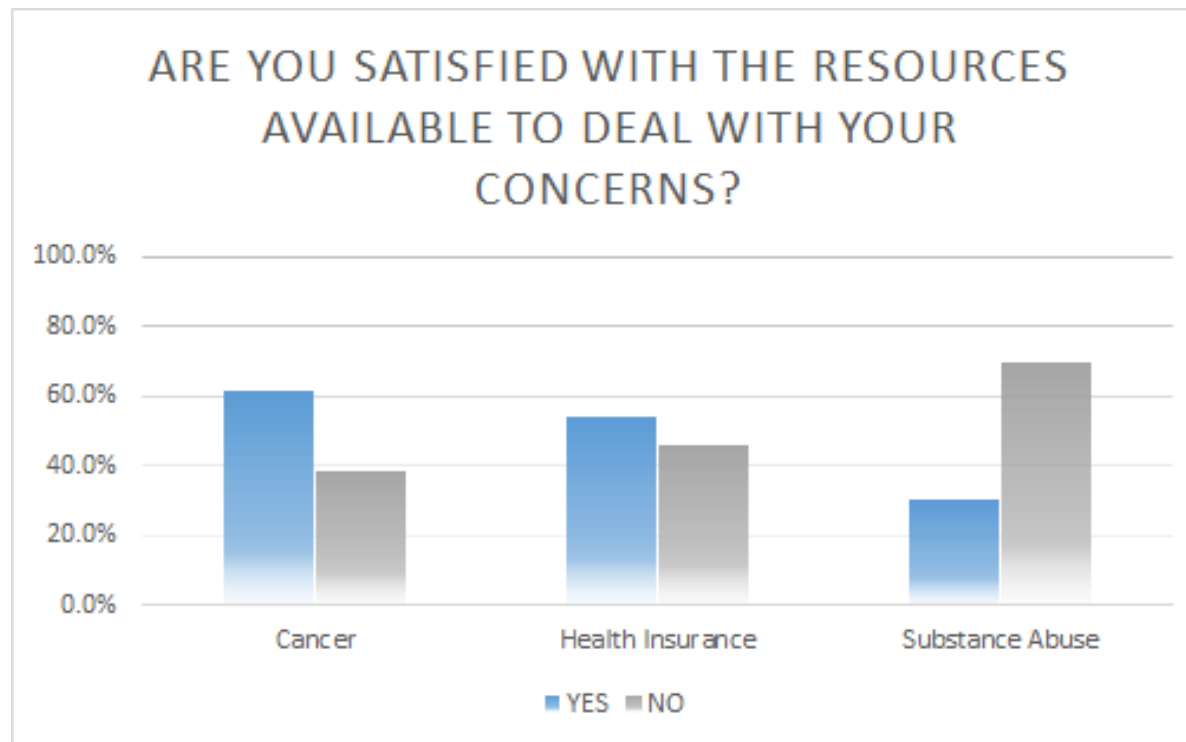


Phone Survey Responses (continued)



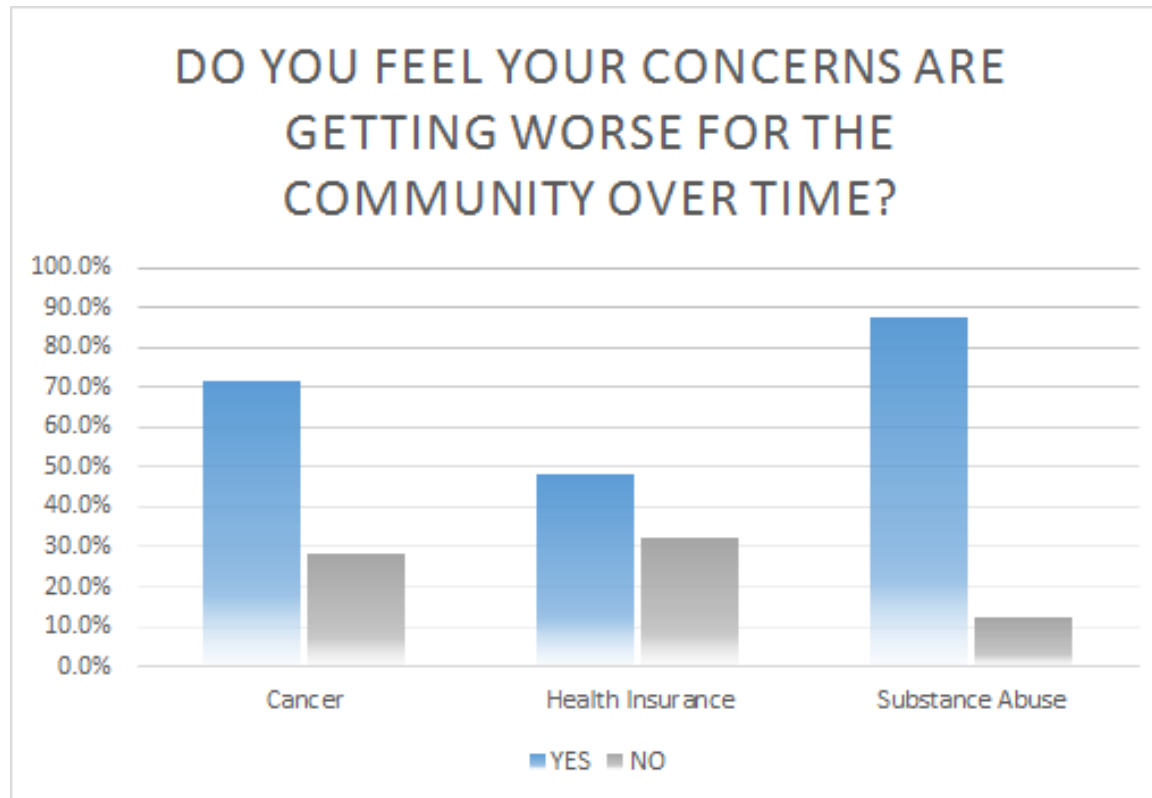
Phone Survey Responses (continued)

Respondents are reasonably satisfied with the community resources available to address their concerns with Cancer (61.8%). Respondents are moderately satisfied with the resources available to deal with concerns regarding Health Insurance (53.8%). However, respondents are substantially less satisfied with their access to resources dealing with Substance Abuse (30.4%).



Phone Survey Responses (continued)

Respondents feel that the top three concerns are getting worse for the community over time. Substance Abuse (87.5%) and Cancer (71.6%) received substantially less favorable responses than Health Insurance (48.0%).



Phone Survey Critical Analysis

The most commonly mentioned concern was cancer. When asked if cancer has gotten worse for the community over time, 71.6% of respondents answered 'yes'. When asked what could be done to address cancer in the community, research and access to screening for early detection were mentioned frequently. A few respondents discussed the need to address the issue of poor life-style and eating habits.

Access to Health Insurance was the second most commonly mentioned health concern. The majority of respondents reported being satisfied with the community resources available to address this issue. When asked if access to health insurance has gotten worse for the community over time, 48% of respondents answered 'yes'. The most common suggestions mentioned by interviewees were related to legislation to reduce cost and increase accessibility to Health Insurance. Some respondents suggested more insurance companies be brought in to service the area, offering residents more and better options.

The third most commonly mentioned concern was substance abuse. Most respondents are substantially unsatisfied with the community resources available to address substance abuse (69.6%) and feel that substance abuse is getting worse for the community over time (87.5%). The most common suggestion for addressing this issue is to improve access to education on drugs and drug addictions.



Community Health Priorities

The overarching goal in conducting this Community Health Needs Assessment is to identify significant health needs of the community, prioritize those health needs, and identify potential measures and resources available to address the health needs. For the purpose of identifying health needs for AKMH, a health priority is defined as a medical condition or factor that is central to the state of health of the residents in the community. An exhaustive list of health needs was compiled based on the health profile, interviews, and focus group data. Concerns that did not fall within the definition of an identified health priority, such as social determinants of health, are discussed in conjunction with the health priorities where applicable. A modified version of Fowler and Dannenberg's Revised Decision Matrix was developed to capture priorities from the primary and secondary data. This matrix tool is used in health program planning intervention strategies and uses a ranking system of "high," "medium," and "low" to distinguish the strongest options based on effectiveness, efficiency, and sustainability. As the CHNA is meant to identify the community's most significant health needs, only the health needs falling under the "high" and "medium" categories are highlighted.

Abrom Kaplan Memorial Hospital's executive board, which consists of hospital leadership and key community stakeholders, reviewed the primary and secondary data compiled and ordered the priority health needs based on capacity to meet the needs identified. The four health priorities identified through the CHNA are: cancer, obesity, heart disease, and access and availability.



Cancer

- Cancer is the second leading cause of death in Vermillion Parish.
- Nearly one in four adults in Vermillion Parish reported current smoking.
- Cancer was one of the most discussed health concerns by community leaders.
- Community leaders mentioned a stronger hematology/ oncology program as a needed community resource.
- Cancer was the most commonly mentioned health concern among the phone survey respondents; it was also the most commonly mentioned primary health concern.
- Two-thirds of phone survey respondents who identified cancer as their primary health concern feel the issue is getting worse for the community over time.

Obesity

- Obesity was one of the most discussed health concerns by community leaders; interviewees also mentioned the lack of preventive care as a health concern.
- Multiple interviewees mentioned the need for community-based activities involving preventative healthcare as a way to improve health in the community.
- Obesity was the second most commonly mentioned health concern by phone survey respondents.
- When asked if they feel this issue is getting worse for the community over time, 95.5% of phone survey respondents answered “yes”.
- Vermillion Parish ranks higher than both the state of Louisiana and the United States average in percentage of the population with no leisure time physical activity (28.8%)
- 79.3% of Vermillion Parish residents have inadequate fruit and vegetable consumption



Heart Disease

- Heart disease is the leading cause of death in Vermillion Parish.
- Heart disease mortality rates among residents aged 65 and older are higher across all races and genders in Vermillion Parish when compared to Louisiana.
- The percentage of Vermilion Parish residents who have currently or in the past smoked over 100 cigarettes is 44.37%, which is higher than the national average of 44.16%.
- 32.2% of Vermilion Parish adults have been diagnosed with High Blood Pressure, while 10.9% of those report that they do not take their prescribed medications.

Access and Availability

- The lack of preventative care was a top health concern mentioned by community leader interviewees.
- Community leaders mentioned the need for community-based resources aimed at helping patients navigate the healthcare system.
- Several community leaders expressed a need for greater access to primary care physicians and internists.
- When asked to identify the single most important thing to improve the health of the community, multiple community leaders mentioned the need for seminars and other preventative care services that could educate the public.
- Issues related to access and availability, which include health insurance, lack of affordable care, and healthcare reform, were mentioned by 44.5% of phone survey respondents; health insurance was the second most mentioned primary health concern.
- The Primary Care physician rate per 100,000 individuals in Vermilion Parish is 33.55. This number is drastically lower than the U.S. average of 87.8.



Resources

Cancer

The Cancer Center of Acadiana (CCA) is a nearby Accredited Cancer Program run by Lafayette General Health. The main campus is located at the LGMC campus in Lafayette, LA, and a satellite clinic is located at Acadia General Hospital in Crowley, LA.

The multidisciplinary team includes oncologists, oncology nurses, a dietician, genetic counselor, patient educator, patient navigator, and a social worker. In March 2016, CCA was awarded Three-Year Accreditation with Commendation and also received the Outstanding Achievement Award from the Commission on Cancer for meeting or exceeding all 34 quality-care standards. Patients receiving care at CCA will have access to onsite laboratory and radiological testing, prevention, and early detection. Clinical trials, advanced treatments, genetic counseling, and several other patient-centered services are also available.

Cancer public education programs are offered through CCA. Topics include breast and ovarian cancer, breast cancer risk, advances in lung cancer treatment, and pancreatic cancer. CCA is also conducting presentations on “The Mind-Body Connection to Illness” throughout 2016.



Resources (continued)

Obesity

LGMC offers several programs aimed at alleviating the problems caused by obesity. The weight loss (bariatric) surgery program at LGMC offers preoperative education, as well as postoperative support for patients looking for healthy weight loss options. Nutrition, exercise, behavior modification, counseling, and support groups are among the resources offered to ensure patients' success after weight loss surgery. LGMC's Bariatric Surgery Department performs laparoscopic gastric bypass, laparoscopic adjustable gastric band, and laparoscopic gastric sleeve procedures. The bariatric support team includes surgeons, a registered nurse, dietitian, patient advocate, behavior modification educator, licensed practical counselor, and an exercise physiologist.

LGMC's Bariatric Surgery program has developed a comprehensive weight loss program for people who want to lose weight, but for whom surgery is not a desire or option. The Medically Supervised Weight Loss Program is an ideal avenue for patients who may exceed the weight limit for surgery or do not have insurance to cover the cost of surgery. The program, underway since November 2012, helps people make realistic dietary changes under the continuous guidance of a physician, dietitian, and support staff. Participants have the option of a three month, six month, or a one year plan.

Members of the Vermilion Parish community have also started local walking, jogging, and biking clubs to help encourage others to become more active and create a fun, social environment for exercise. One such club, the Tour de Louisiané Walking Club, was organized by the Vermilion Parish School Board and incentivizes groups and schools who participate with prizes for the longest distance walked. The goal of the club is to keep both adults and children active and help combat obesity prevalence in Vermilion Parish.



Resources (continued)

Heart Disease

LGMC is the regional leader in the fight against heart disease. The Heart and Vascular Center offers several programs including the non-invasive cardiac lab, catheterization lab, cardiovascular and thoracic surgery, inpatient care, and the Coumadin and infusion center. These programs provide many services including coronary artery bypass, pacemaker lead placements, dosing and education for specialty drug therapy, Holter monitoring, electrocardiograms, and many more. In addition to these therapies, AKMH utilizes Telecardiology to provide increased access to cardiac care within the facility.

The Pocket EKG program, provided by LGMC and CIS physicians, allows community members to receive an EKG screening that is analyzed by a physician on-site. The community members then receive a wallet-sized card that provides a baseline EKG reading, as well as the individual's name, physician, and physician contact. Local ambulance providers have agreed to look for these cards when responding to a cardiac event.

Cardiovascular Institute of the South (CIS) is a cardiology group of 35 physicians with 14 locations throughout south Louisiana. CIS has multiple locations in Lafayette to serve patients suffering from heart disease and its associated ailments.

The Vermilion Parish School District supports heart health in the community by conducting Health and Wellness expos and events throughout the year. The 2017 Health and Wellness Expo is set to provide free blood pressure and cholesterol screenings, tobacco cessation resources, and educational presentations on heart health and heart disease prevention.



Resources (continued)

Access and Availability

AKMH is one of the largest health resources in Vermilion Parish, serving residents of Kaplan, Gueydan, Pecan Island, Florence Landing, and Forked Island. The hospital participates in health fairs throughout the year to help educate the public with booths providing information regarding healthy habits and dietary resources. The health fairs also provide screenings for glucose, cholesterol, and PSA.

The Vermilion Parish Health Unit is a public health clinic that is open Monday-Friday 8am—4:30pm. At this clinic, residents can seek medical treatment for various conditions, as well as immunizations and basic lab testing.

The Louisiana Department of Health also serves as an access point for members of the community in need of medical attention and direction. Their website provides specific health resources and guidance for individualized needs and questions.



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Appendix A: Carnahan Group Qualifications

Carnahan Group is a strategic healthcare consulting firm focused on the convergence of regulations, transactions, and strategies. For over 15 years, we have been trusted by healthcare organizations and other entities throughout the nation as an industry leader in providing Fair Market Valuations, Community Needs Assessments, Community Health Needs Assessments, Medical Staff Demand Analyses, and other integrated strategies. We serve a variety of healthcare organizations, including but not limited to, hospitals and health systems, large and small medical practices, and public health agencies. Our highly educated and experienced staff provides only exceptional customer service, quality work, and unsurpassed insight into their specific needs.

Carnahan Group strives to become each of our clients' trusted partner by providing customized solutions, rapid turnaround time, and competitive pricing. Our staff members offer varied backgrounds and diverse capabilities, allowing us to understand that our clients need more than just a document; they need a sound plan to guide them through time-sensitive transactions in the face of the healthcare industry's most challenging scrutiny and in litigation.



Appendix B: Community Leader Interview Organizations

Organization	Area Represented
Board of Trustees	Hospital Leadership
United Way of Acadiana	Public Service Organization
Lafayette General Health	Hospital Leadership
Lafayette General Medical Center	Hospital Leadership
Community Physician – Pediatrician	Healthcare Provider
Office of Public Health	Public Health Expert
Acadiana Weight Loss Surgery	Healthcare Provider
SWLA Center for Health Services	Public Service Organization
LGMC – Cancer Center	Healthcare Provider
SWLouisiana Area Health Education Center	Public Service Organization



Appendix C: Community Phone Survey

1. Are you at least 18 years of age? [Yes or No]; **If No, not eligible for survey**
2. Are you a resident of [County of interest]? [Yes or No]; **If No, not eligible for survey**
3. When thinking about your community, what do you feel is the number one health concern facing your community today?

Record <PRIMARY> verbatim:

4. Are you satisfied with the community resources available to deal with <PRIMARY>? [Yes or No]
5. Do you feel that <PRIMARY> is getting worse for the community over time? [Yes or No]
6. What do you feel the community can do to address <PRIMARY>?
7. What do you feel is your second highest health concern in your community?

Record <SECOND> verbatim:

8. Are you satisfied with the community resources available to deal with <SECOND>? [Yes or No]
9. Do you feel that <SECOND> is getting worse for the community over time? [Yes or No]
10. And finally, what do you feel is your third highest health concern in your community?

Record <THIRD> verbatim.

11. Are you satisfied with the community resources available to deal with <THIRD>? [Yes or No]
12. Do you feel that <THIRD> is getting worse for the community over time? [Yes or No]



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