



**Lafayette General
Medical Center**

Your Health. Your Hospital. Your Choice.

Community Health Needs Assessment

Adopted on: September 27, 2016

CARNAHAN GROUP

Strategic Healthcare Advisors

Phone: 813.289.2588
info@carnahangroup.com
5005 West Laurel Street
Suite 204
Tampa, FL 33607
www.carnahangroup.com

www.carnahangroup.com

Comments about this report can be sent to:

Carolyn Huval

Vice President of Physician Recruiting & Development

Lafayette General Health

1214 Coolidge

Lafayette, LA 70503

chuval@lgh.org



TABLE OF CONTENTS

Lafayette General Medical Center at a Glance	4
Community Overview	5
Purpose	6
Requirements	7
CHNA Strategy	8
Actions Taken Since 2013 CHNA	9
Health Profile	10
Community Leader Interviews	30
Community Health Phone Survey	32
Community Health Priorities	37
Resources	40
References	44
Appendix A: Carnahan Group Qualifications	45
Appendix B: Community Leader Interview Organizations	46
Appendix C: Community Phone Survey	47
Company Overview	48



Lafayette General Medical Center at a Glance



Lafayette General Medical Center (LGMC), part of Lafayette General Health (LGH), staffs a total of 477 beds, including 342 at its main campus and 111 at its Southwest campus and 24 at the Behavioral Health Unit. LGMC is the largest full-service acute care medical center in Acadiana. LGMC operates the busiest emergency room in Acadiana and handles the highest level of trauma in the region.

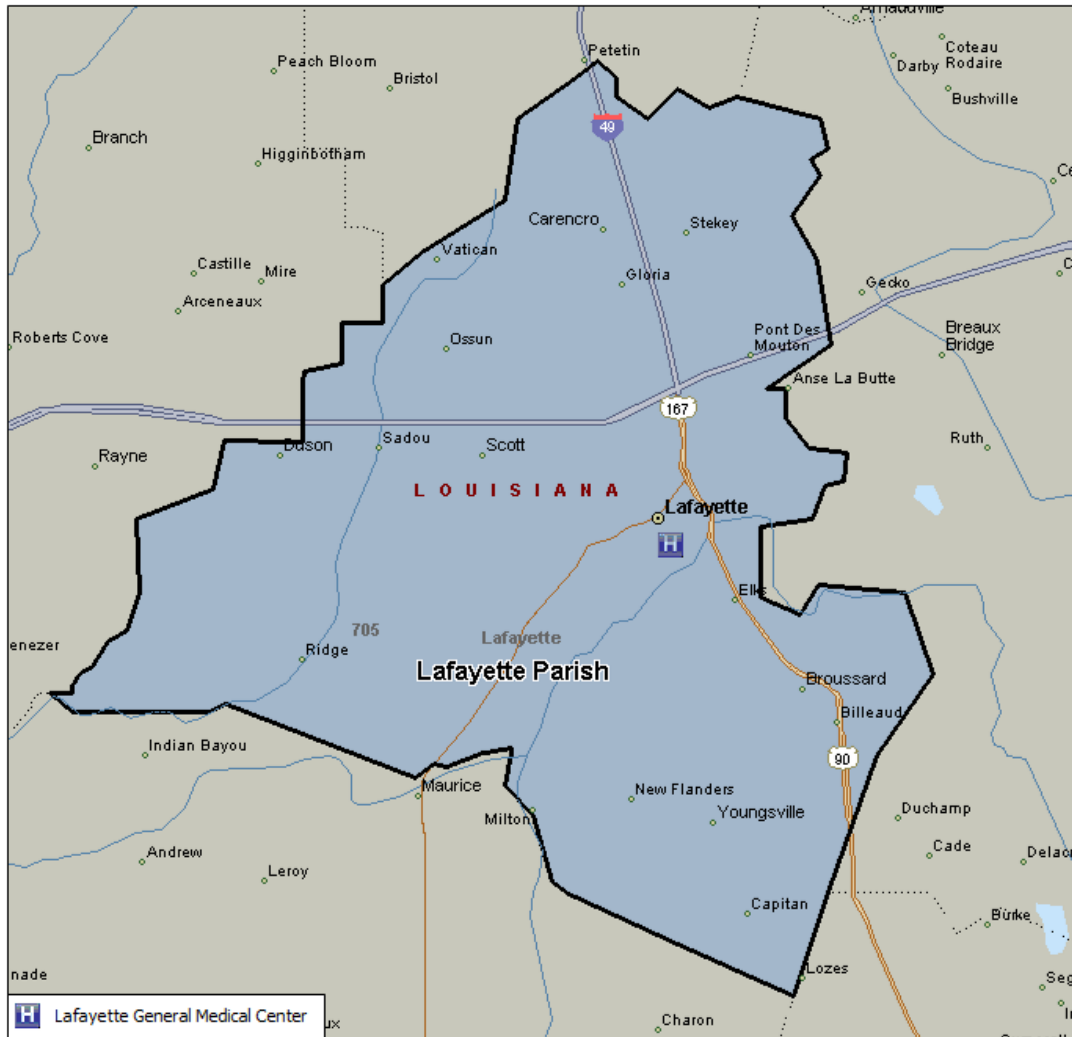
In an effort to meet the needs of the community, LGMC boasts a Center of Excellence in Breast Imaging, has an Accredited Cancer Center, an accredited Metabolic and Bariatric Surgery program and is an Advanced Certified Primary Stroke Center, and is a Blue Cross Blue Shield Blue Distinction Center in Maternity Care and in Bariatrics.



Community Overview

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

The map below represents the LGMC service area.



Sources: LGMC; Microsoft MapPoint 2013



Purpose

Community Health Needs Assessment Background

On April 28th, 2016, LGMC 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 LGMC that addresses the community health needs will be developed and adopted by the end of fiscal year 2016.



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 LGMC collaborated, if applicable, including their qualifications;
- A description of how LGMC took into account input from persons who represented the broad interests of the community served by LGMC, 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 LGMC;
- 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; and,
- An evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA (s).



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 LGMC, 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 LGMC, leaders, representatives, or members of medically underserved, low-income, and minority populations with chronic disease needs in the community served by LGMC; and,
- Consultation or input from other persons located in and/or serving LGMC’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 LGMC’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.



Actions Taken Since 2013 CHNA

LGMC's previous Implementation Strategy outlined a plan for addressing the following priorities identified in the 2013 CHNA: behavioral risk factors, cancer, cardiovascular disease, diabetes, healthcare access, mental health, and overweight/obesity. The below list describes the strategies completed by LGMC.

- Encourage medical students in LSU Family Medicine Residency Program at UHC to engage in education intervention programming to improve healthcare providers' knowledge of nutrition concepts.
- Increase mammography screening rates in the community.
- Increase the number of community members participating in the mail-in colorectal screening kit program.
- Increase comprehensive care team linkage to cancer-specific wellness services in the community.
- Increase community outreach to engage community residents in education and screening while linking those in need to care.
- Increase high blood pressure screenings and subsequent physician referrals in the community.
- Increase community participation in LGMC's Pocket EKG program.
- Increase the number of LGMC patients diagnosed with diabetes who are referred to self-education programming.
- Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education.
- Develop online patient portal for patients to access health records and other appropriate health information.
- Provide acute mental health services through newly acquired behavioral health unit.
- Require physicians to measure the BMI of their adult patients and provide educational opportunities for physicians to increase self-efficacy discussing behavioral interventions.
- Expand community outreach programs focused on healthy eating habits and physical activity.

The following strategy was not accomplished:

- Provide informational support to parents to increase nutrition knowledge.

The program that LGMC was to utilize for communication to parents was not implemented by Lafayette Parish School System.



Secondary Data Collection and Analysis Methodology

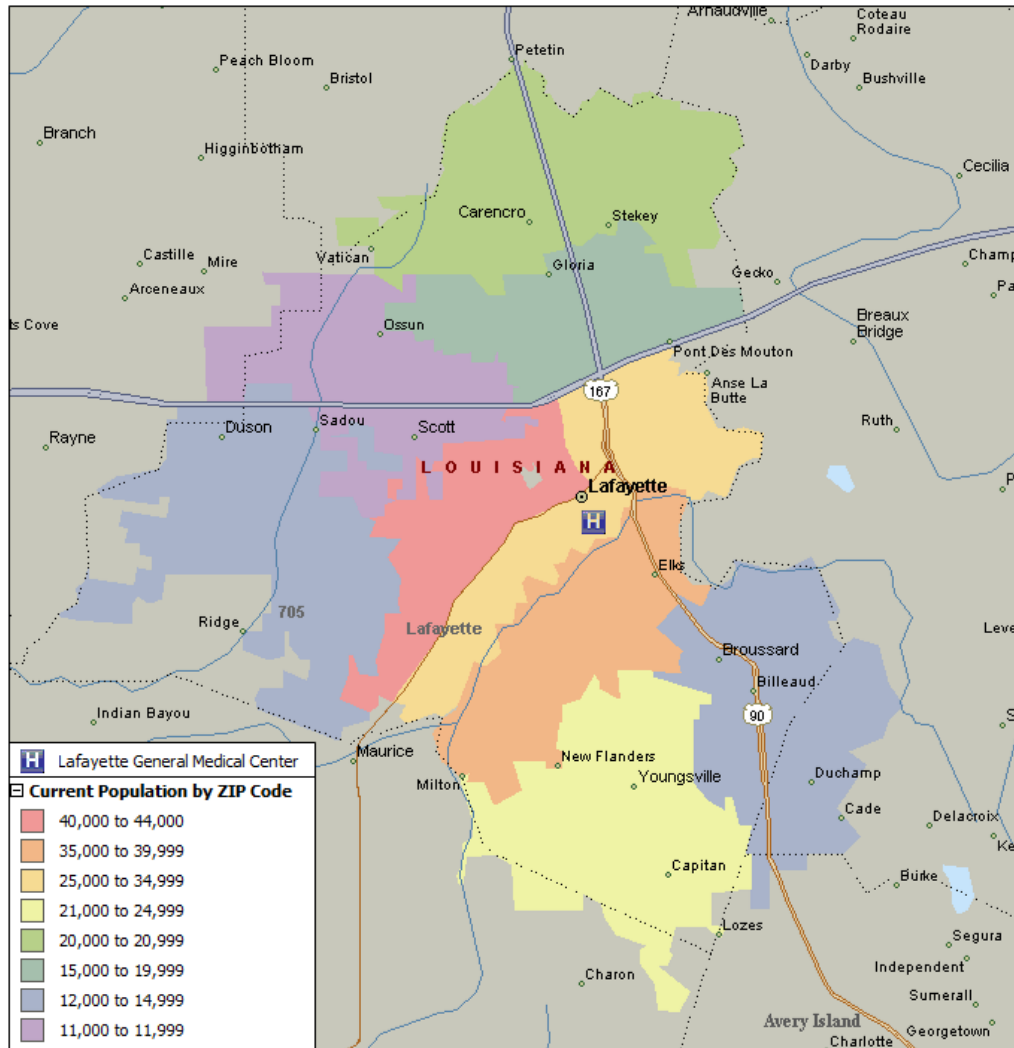
A variety of data sources were utilized to gather demographic and health indicators for the community served by LGMC. Commonly used data sources include Esri, the U.S. Census Bureau, the Centers for Disease Control and Prevention (CDC), the National Cancer Institute, and the Louisiana Department of Health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



Demographics

Population in LGMC's Community

Population Density by ZIP Code, 2015



Sources: Esri 2016; Microsoft MapPoint 2013



Population Change by ZIP Code

The overall projected population growth for the community is 6.6% over the next five years. Slight or moderate population growth is expected for most ZIP Codes, while substantial growth is expected for ZIP Code 70592 (13.0%).

Projected Population Change by ZIP Code, 2015

ZIP Code	Community	Current Population	Projected 5-year Population	Percent Change
70501	Lafayette	32,490	33,873	4.3%
70503	Lafayette	25,945	27,055	4.3%
70506	Lafayette	43,405	45,427	4.7%
70507	Lafayette	18,367	19,261	4.9%
70508	Lafayette	39,647	42,821	8.0%
70518	Broussard	14,572	15,894	9.1%
70520	Carencro	20,022	21,586	7.8%
70529	Duson	12,284	13,302	8.3%
70583	Scott	11,703	12,353	5.6%
70592	Youngsville	21,656	24,477	13.0%
Total		240,091	256,049	6.6%

Source: Esri 2016



Population Change by Age and Gender

The population of residents aged 45 through 64 is expected to increase marginally (0.8%). Moderate population growth is expected for individuals aged 20 through 44 (5.4%) and children and young adults aged 0 through 19 (6.0%). Substantial population growth is expected among residents aged 65 and older (24.4%).

Projected Population Change by Age and Gender, 2015

Age Group	2015			2020			Percent Change		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Age 0 through 19	32,147	31,381	63,528	34,102	33,207	67,309	6.1%	5.8%	6.0%
Age 20 through 44	44,634	44,044	88,678	47,030	46,397	93,427	5.4%	5.3%	5.4%
Age 45 through 64	28,366	31,133	59,499	28,718	31,283	60,001	1.2%	0.5%	0.8%
Age 65 and older	12,315	16,071	28,386	15,464	19,848	35,312	25.6%	23.5%	24.4%
Total	117,462	122,629	240,091	125,314	130,735	256,049	6.7%	6.6%	6.6%

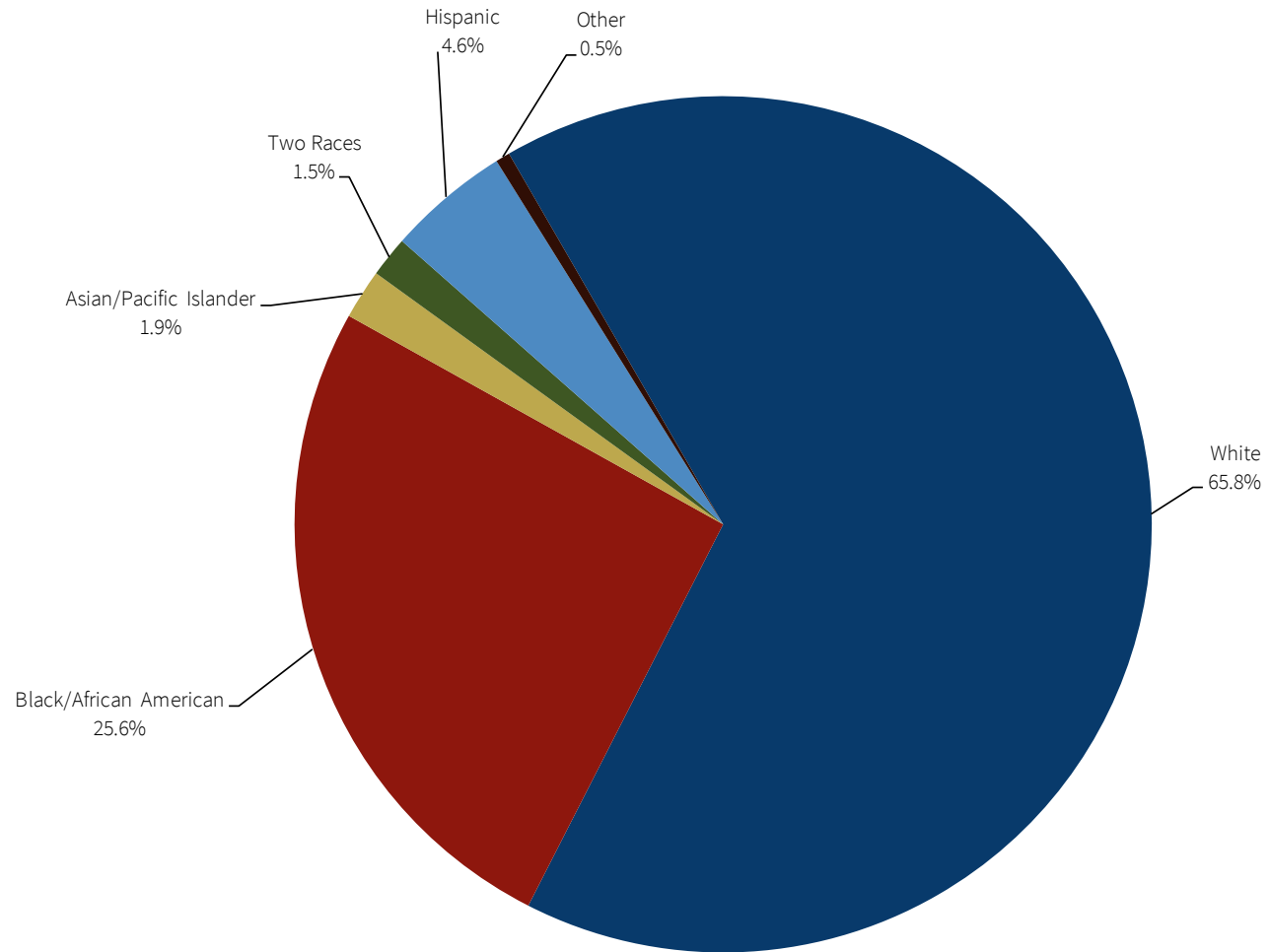
Source: Esri 2016



Population by Race and Ethnicity

The most common race/ethnicity in LGMC's community is white (65.8%), followed by black/African American (25.6%), Hispanic (4.6%), Asian/Pacific Islanders (1.9%), individuals of two races (1.5%), and other races (0.5%).

Race/Ethnic Composition 2015



Source: Esri 2016



Population Change by Race and Ethnicity

Substantial population growth is expected for Hispanics (28.3%), individuals of two races (23.1%), Asian/Pacific Islanders (20.5%), and other races (16.6%). Moderate population growth is expected for black/African Americans (7.9%) and slight population growth is expected for the white population (3.8%).

Projected Population Change by Race/Ethnicity, 2015

Race/Ethnicity	2015	2020	Percent Change
White	158,092	164,082	3.8%
Black/African American	61,420	66,256	7.9%
Asian/Pacific Islander	4,516	5,441	20.5%
Two Races	3,690	4,541	23.1%
Hispanic	11,084	14,226	28.3%
Other	1,289	1,503	16.6%

Source: Esri 2016



Socioeconomic Characteristics

According to the U.S. Bureau of Labor Statistics, the 2014 annual unemployment average for Lafayette Parish (4.9%) is lower when compared to Louisiana (6.4%).

The U.S. Census American Community Survey (ACS) publishes median household income and poverty estimates. According to 2010–2014 estimates, the median household income in Lafayette Parish (\$51,406) is higher than Louisiana’s (\$44,991).

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. In 2014, the poverty threshold for a family of four was \$24,008. The ACS estimates indicate that Lafayette Parish residents are less likely to live in poverty (16.3%) compared to Louisiana residents (19.6%). Children in Lafayette Parish are less likely to be living below the poverty level (20.8%) compared to all children in Louisiana (27.8%).

Socioeconomic Characteristics

	Lafayette	
	Parish	Louisiana
Unemployment Rate ¹	4.9%	6.4%
Median Household Income ²	\$ 51,406	\$ 44,991
Individuals Below Poverty Level ²	16.3%	19.6%
Children Below Poverty Level ²	20.8%	27.8%

¹ Source: Bureau of Labor Statistics, 2014 annual average

² Source: U.S. Census - ACS, 2010–2014 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 2010–2014 estimates indicate that fewer Lafayette Parish residents have not earned a high school degree or equivalent (14.2%) compared to Louisiana residents (17.2%). Adults aged 25 years and older in Lafayette Parish are less likely to have a high school degree, but more likely to have a bachelor’s degree than adults aged 25 years and older in Louisiana (see table).

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

	Lafayette	
	Parish	Louisiana
Less than a high school degree	14.2%	17.2%
High school degree or equivalent	28.9%	33.9%
Some college, no degree	22.4%	21.4%
Bachelor's degree	20.3%	14.7%
Graduate or professional degree	8.7%	7.4%

Source: U.S. Census, ACS 2010–2014 estimates



Crime Rates

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

Violent Crime Rates, 2013

	Lafayette	
	Parish	Louisiana
Murder and non-negligent manslaughter	1.3	10.8
Rape	11.3	27.1
Robbery	24.7	119.9
Aggravated Assault	122.2	352.8

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 Lafayette Parish (814.8 per 100,000) when compared to Louisiana (896.0 per 100,000).

The Institute for Health Metrics and Evaluation publishes life expectancies by county and gender. The life expectancy for males in Lafayette Parish (75.6 years) is slightly lower than Louisiana's (76.5 years). The life expectancy for females is also slightly lower in Lafayette Parish (79.8 years) compared to Louisiana (81.2 years).

Mortality Indicators

	Lafayette Parish	Louisiana
Age-adjusted mortality from all causes ¹	814.8	896.0
Male life expectancy, 2013 ²	75.6	76.5
Female life expectancy, 2013 ²	79.8	81.2

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 Lafayette Parish and Louisiana. Alzheimer’s disease, accidents, and stroke are among the top five leading causes of death for Lafayette Parish and Louisiana. It is important to note that Alzheimer’s disease mortality rate in Lafayette Parish is substantially higher than in Louisiana (see table). Other leading causes of death in Lafayette Parish and Louisiana include chronic lower respiratory disease, diabetes, kidney disease, septicemia, influenza and pneumonia, and suicide.

Leading Causes of Death , 2010–2014

	Lafayette	
	Parish	Louisiana
Heart disease	215.9	216.9
Cancer	180.1	191.2
Alzheimer's disease	41.4	32.8
Accidents	39.4	48.3
Stroke	39.4	44.8
Chronic lower respiratory disease	37.4	44.5
Diabetes	28.0	26.4
Kidney disease	21.2	25.0
Septicemia	14.2	18.4
Influenza and pneumonia	13.4	18.5
Suicide	12.5	12.8

Source: CDC Wonder, 2010–2014

Rates are per 100,000 population



Cardiovascular Outcomes

According to Centers for Disease Control and Prevention, heart disease mortality rates are higher across all races and genders in Lafayette 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

	Lafayette Parish Louisiana	
Heart Disease, All	1,419.6	1,283.5
Heart Disease, White (Non-Hispanic)	1,424.3	1,295.8
Heart Disease, Black (Non-Hispanic)	1,582.3	1,349.3
Heart Disease, Male	1,773.5	1,561.9
Heart Disease, Female	1,209.7	1,087.8

Source: Centers for Disease Control and Prevention

Lafayette 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

	Lafayette Parish Louisiana	
Heart Attack, All	107.5	204.2
Heart Attack, White (Non-Hispanic)	90.1	201.6
Heart Attack, Black (Non-Hispanic)	213.8	231.3
Heart Attack, Male	113.6	268.3
Heart Attack, Female	102.0	158.0

Source: Centers for Disease Control and Prevention



Cardiovascular Outcomes (continued)

According to Centers for Disease Control and Prevention, hypertension mortality rates are lower across all races and genders in Lafayette Parish when compared to Louisiana (See table).

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

	Lafayette	
	Parish	Louisiana
Hypertension, All	333.3	726.6
Hypertension, White (Non-Hispanic)	315.1	649.1
Hypertension, Black (Non-Hispanic)	468.0	1,052.9
Hypertension, Male	378.2	793.6
Hypertension, Female	303.7	672.6

Source: Centers for Disease Control and Prevention

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

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

	Lafayette	
	Parish	Louisiana
Stroke, All	292.0	286.4
Stroke, White (Non-Hispanic)	296.3	273.6
Stroke, Black (Non-Hispanic)	318.9	352.7
Stroke, Male	347.5	292.0
Stroke, Female	271.7	278.6

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 Lafayette Parish (162.1 per 100,000 males) and Louisiana (161.1 per 100,000 males) compared to the United States (131.7 per 100,000 males).

Breast cancer incidence is higher in Lafayette Parish (132.9 per 100,000 females) than in Louisiana (121.9 per 100,000 females) and the United States (123.0 per 100,000 females).

Lung and bronchus cancer incidence in Lafayette Parish (73.1 per 100,000 population) is similar to Louisiana (73.0 per 100,000 population), but higher than the United States (63.7 per 100,000 population).

Colon and rectum cancer incidence is higher in Lafayette Parish (52.0 per 100,000 population) and in Louisiana (50.2 per 100,000 population) when compared to the United States (41.9 per 100,000 population).

Cervical cancer incidence is higher in Lafayette Parish (10.0 per 100,000 females) and Louisiana (9.3 per 100,000 females) compared to the United States (7.7 per 100,000 females).

Stomach cancer incidence is lower in Lafayette Parish (6.5 per 100,000 population) and the United States (6.6 per 100,000 population) compared to Louisiana (7.8 per 100,000 population).

Select Cancer Incidence Rates, 2008-2012

	Lafayette Parish	Louisiana	United States
Prostate ¹	162.1	161.1	131.7
Breast (female) ²	132.9	121.9	123.0
Lung and bronchus ³	73.1	73.0	63.7
Colon and rectum ³	52.0	50.2	41.9
Cervical ²	10.0	9.3	7.7
Stomach ³	6.5	7.8	6.6

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



Cancer Mortality

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

Lung and bronchus cancer mortality in Lafayette Parish (56.4 per 100,000 population) is lower than in Louisiana (57.6 per 100,000 population), but higher than the national rate (47.2 per 100,000 population).

Prostate cancer mortality is lower in Lafayette Parish (23.8 per 100,000 males) compared to Louisiana (24.2 per 100,000 males), but higher than the national rate (21.4 per 100,000 males).

Breast cancer mortality is lower in Lafayette Parish (23.1 per 100,000 females) compared to Louisiana (25.0 per 100,000 females), but higher when compared to the United States (21.9 per 100,000 females).

Colon and rectum cancer mortality is substantially lower in Lafayette Parish (14.1 per 100,000 population) than in Louisiana (22.7 per 100,000 population), but slightly lower than the national rate (15.5 per 100,000 population).

Stomach cancer mortality rates are similar in Lafayette Parish (4.4 per 100,000 population) and in Louisiana (4.5 per 100,000 population), but higher than in the United States (3.4 per 100,000 population).

Cervical cancer mortality is higher in Lafayette Parish (3.5 per 100,000 females) compared to Louisiana (3.0 per 100,000 females) and the United States (2.3 per 100,000 females).

Select Cancer Mortality Rates, 2008-2012

	Lafayette Parish	Louisiana	United States
Lung and bronchus ¹	56.4	57.6	47.2
Prostate ²	23.8	24.2	21.4
Breast ³	23.1	25.0	21.9
Colon and rectum ¹	14.1	22.7	15.5
Stomach ¹	4.4	4.5	3.4
Cervical ³	3.5	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



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

Adults in Lafayette Parish are slightly less likely to report being diagnosed with diabetes (10.1%) compared to all Louisiana adults (10.4%).

Adults in Lafayette Parish are less likely report being current smokers (23.0%) 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 Lafayette Parish are less likely to report physical inactivity (26.0%) than all adults in Louisiana (30.0%).

Lafayette 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 (20.0%) compared to all Louisiana adults (18.0%).

Obesity is defined as having a BMI greater than or equal to 30. Adults in Lafayette Parish are less likely to report being obese (29.0%) compared to all Louisiana respondents (34.0%).

Reported Health Status, Risk Factors, and Behaviors

	Lafayette Parish	Louisiana
Fair or poor general health, 2014	18.0%	21.0%
Diagnosed diabetes, 2013	10.1%	10.4%
Current smokers, 2014	23.0%	24.0%
Physical inactivity, 2012	26.0%	30.0%
Excessive drinking, 2014	20.0%	18.0%
Obesity, 2012	29.0%	34.0%

Source: County Health Rankings & Roadmaps



Sexually Transmitted Infections

Reported rates of sexually transmitted infections are available through the Louisiana Department of Health and Hospitals. Lafayette Parish has a lower HIV diagnosis rate (19.0 per 100,000 population) compared to Louisiana (28.0 per 100,000 population). The chlamydia rate in Lafayette Parish (514.0 per 100,000 population) is substantially lower than that of the state rate (621.0 per 100,000 population). The gonorrhea rate in Lafayette Parish (206.0 per 100,000 population) is higher than Louisiana's (187.0 per 100,000 population). In Lafayette Parish, the primary and secondary syphilis rate is lower than the rate in Louisiana (see table).

Reported Sexually Transmitted Infections, 2013

	Lafayette Parish	Louisiana
HIV diagnosis rate	19.0	28.0
Chlamydia	514.0	621.0
Gonorrhea	206.0	187.0
Primary and secondary syphilis	7.0	9.0

Source: Louisiana Department of Health and Hospitals - 2013 Louisiana STD Annual Report

Rates are per 100,000 population



Maternal and Child Health

The Kids Count Data Center contains data on maternal and child health indicators. The birth rates in Lafayette Parish and Louisiana are similar (13.7 per 1,000 population and 13.4 per 1,000 population, respectively). The teen birth rate in Lafayette Parish (34.0 per 1,000 women aged 15–19) is substantially lower than Lafayette’s (45.0 per 1,000 women aged 15–19). Infant mortality in Lafayette Parish (9.7 per 1,000 live births) is similar to Louisiana (9.4 per 1,000 live births). Lafayette Parish has a lower rate of both low birthweight babies and preterm births when compared to Louisiana (see table).

Select Maternal and Child Health Indicators

	Lafayette	
	Parish	Louisiana
Birth rate (per 1,000 population), 2011 ¹	13.7	13.4
Teen birth rate (per 1,000 women aged 15–19 years), 2011 ²	34.0	45.0
Infant mortality rate (per 1,000 births), 2005–2009 ²	9.7	9.4
Low birthweight	8.8%	11.0%
Preterm births	10.1%	12.4%

¹Source: Kids Count Data Center; U.S. Census Bureau

²Source: Kids Count Data Center



Access to Care

According to the ACS 2010–2014 estimates, Lafayette Parish residents are slightly more likely to have health insurance coverage (83.9%) than all Louisiana residents (83.4%).

Private insurance coverage is more common among Lafayette Parish residents (66.6%) compared to all Louisiana residents (59.4%).

Public insurance coverage is less common among Lafayette Parish residents (26.2%) than among all Louisiana residents (34.2%).

Residents in Lafayette Parish are less likely to be uninsured (16.1%) compared to all Louisiana residents (16.6%). Children in Lafayette Parish are less likely to be uninsured (4.6%) compared to all children in Louisiana (5.6%).

Health Insurance Coverage, 2010–2014

	Lafayette	
	Parish	Louisiana
Health insurance coverage	83.9%	83.4%
Private insurance	66.6%	59.4%
Public coverage	26.2%	34.2%
No health insurance coverage	16.1%	16.6%
No health insurance coverage (children)	4.6%	5.6%

Source: U.S. Census, ACS 2010–2014 estimates



Community Leader Interviews

Interview Methodology

Thirteen phone interviews were conducted from July 7–27, 2016. 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?
- That other information can be provided about the community that has not already been discussed?



Community Leader Interview Summary

Topic	Discussion Points/Highlights
Health Strengths	<ul style="list-style-type: none"> • Several Interviewees noted that there is an abundance of services available in Lafayette Parish and to many interviewees, this is considered a health strength. One interviewee described Lafayette as a “healthcare hub”. • Another health strength brought up by multiple interviewees was the University Hospital and Clinics service line. This hospital provides care to patients that have Medicaid or are underinsured.
Health Concerns	<ul style="list-style-type: none"> • The primary health-related concerns mentioned during interviews include a lack of preventative care, dental care, behavioral health, obesity, and cancer. • One interviewee pointed out that Louisiana as a state comes last in the overall health rankings completed by America’s Health Rankings United Health Foundation.
Resources Available	<ul style="list-style-type: none"> • The University Hospital and Clinics service line was cited as a health resource several times. Interviewees noted that this resource allows residents of the community to obtain health services, regardless of their insurance coverage. • Other resources mentioned include the Miles Perret Cancer Services, three Federally Qualified Health Centers, and screenings and education provided to the community by LGMC.
Resources Needed	<ul style="list-style-type: none"> • Several interviewees suggested that the community needs more community-based resources, such as peer navigators to assist those who need guidance in terms of healthcare. • One interviewee noted that there needs to be a better referral system for the ER of the hospital. He suggested that by referring patients to another healthcare source, they could receive the care they need while also preventing high rates of readmission to the ER. • Other resources needed in the community include a sickle cell program for children, a stronger oncology/hematology program, and more preventative care options.



Community Leader Interview Summary

<p>Medically Underserved Populations</p>	<ul style="list-style-type: none"> • Medically underserved populations mentioned during interviews include the “working class poor”, the elderly, and African Americans.
<p>Ways to improve the overall health in the community</p>	<ul style="list-style-type: none"> • One interviewee noted that promoting community health and partnerships between parishes and health related organizations was the best way to improve the overall health in the community. • Several interviewees noted that organizations need to offer more than just health services, the community also needs seminars, phone calls, and information about preventative healthcare.



Community Health Phone Survey

Phone surveys were conducted between June 7, 2016 and June 25, 2016. There were 300 respondents to the survey, all from Lafayette 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

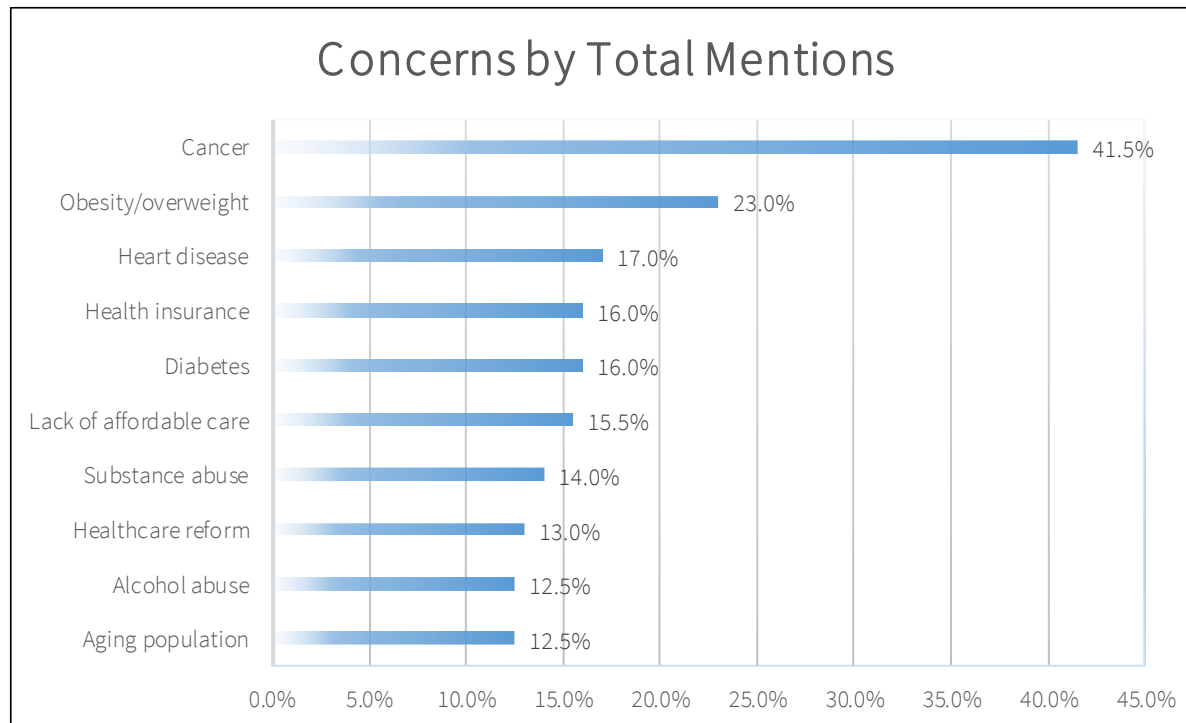
The community’s top three concerns by total mentions are cancer (41.5%), obesity/overweight (23.0%), and heart disease (17.0%). Cancer was the most frequently mentioned primary concern (15.7%), though it is important to note that health insurance was the second most commonly mentioned primary concern (8.7%).

Top Health Concerns by Total Mentions

Community Concerns	Primary Concern	Secondary Concern	Tertiary Concern	Total Mentions
Cancer	15.7%	6.3%	5.7%	41.5%
Obesity/overweight	7.3%	4.0%	4.0%	23.0%
Heart disease	3.0%	6.3%	2.0%	17.0%
Diabetes	3.3%	4.3%	3.0%	16.0%
Health insurance	8.7%	1.0%	1.0%	16.0%
Lack of affordable care	7.7%	2.3%	0.3%	15.5%
Substance abuse	4.0%	2.7%	2.7%	14.0%
Healthcare reform	6.3%	1.0%	1.3%	13.0%
Aging population	4.3%	3.3%	0.7%	12.5%
Alcohol abuse	4.3%	3.0%	1.0%	12.5%

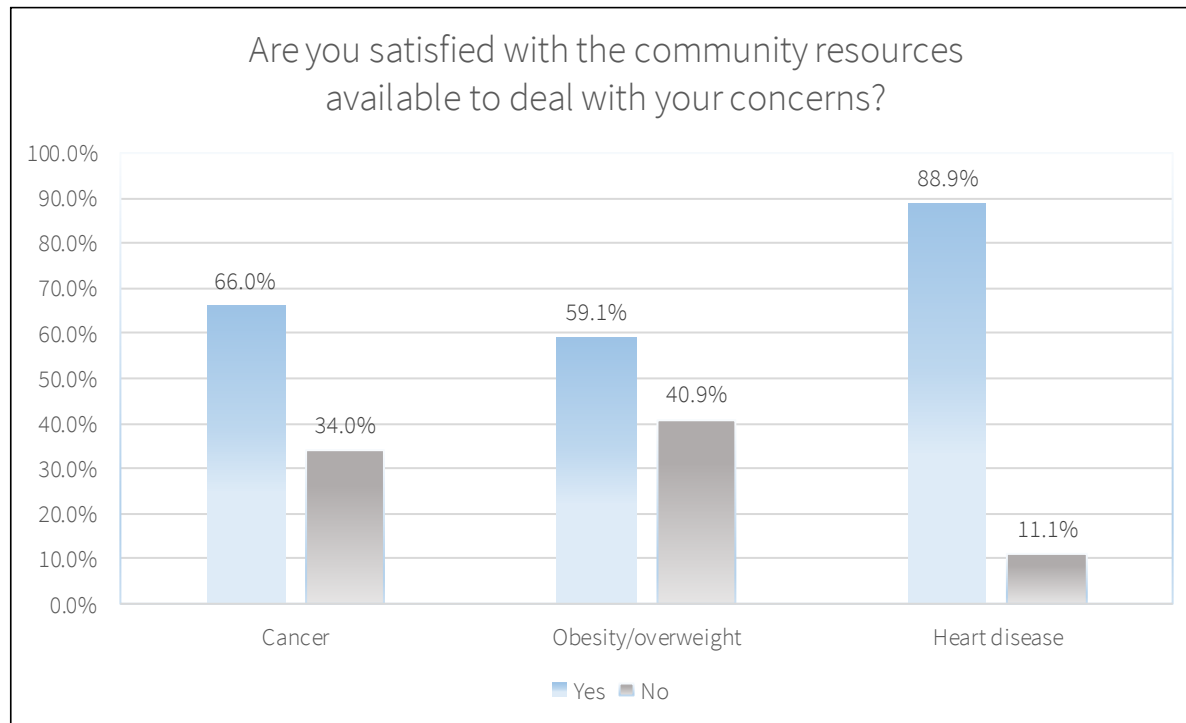


Phone Survey Responses (continued)



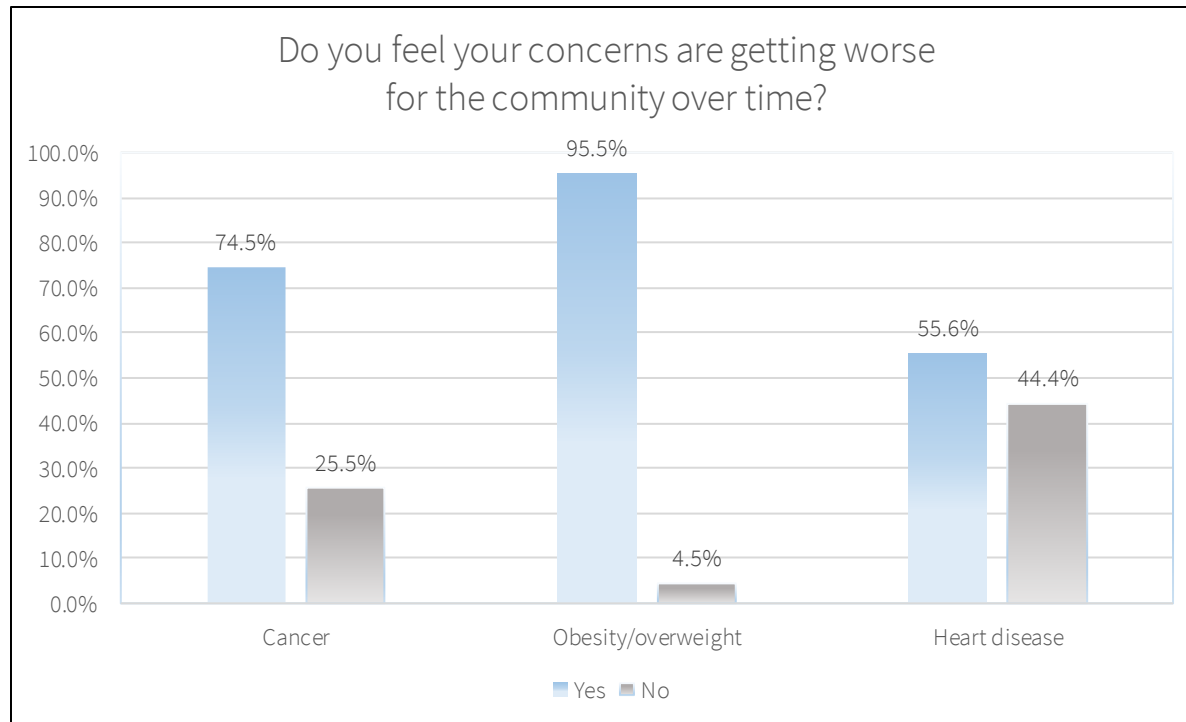
Phone Survey Responses (continued)

Respondents are satisfied with the community resources available to address the top three health concerns.



Phone Survey Responses (continued)

Respondents feel that the top three concerns are getting worse for the community over time.



Phone Survey Critical Analysis

The most commonly mentioned concern was cancer. When asked if cancer has gotten worse for the community over time, 74.5% of respondents answered 'yes'. When asked what could be done to address cancer in the community, research and funding for research, as well as better nutrition and lifestyle habits were commonly mentioned as suggestions. A few respondents discussed the need to address the issue of pesticides and pollution in order to improve cancer in the community.

Obesity/overweight 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 obesity/overweight has gotten worse for the community over time, 95.5% of respondents answered 'yes'. The most common suggestions mentioned by interviewees were related to community-based activities including education and exercise. Some respondents discussed the need for advertisements or public service announcements to inform residents about lifestyle habits that help improve fitness and body weight.

The third most commonly mentioned concern was heart disease. Most respondents are satisfied with the community resources available to address heart disease, but feel that heart disease is getting worse for the community over time. The most common suggestion for addressing this issue is to improve dieting and exercise levels.



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 LGMC, 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.

Lafayette General Medical Center'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 Lafayette Parish.
- The lung and bronchus cancer mortality in Lafayette Parish is substantially higher than the nationwide rate.
- Nearly one in four adults in Lafayette 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”.



Heart Disease

- Heart disease is the leading cause of death in Lafayette Parish.
- Heart disease was the third most commonly mentioned health concern by phone survey respondents.
- Heart disease mortality rates among residents aged 65 and older are higher across all races and genders in Lafayette Parish when compared to Louisiana.

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.
- 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.



Resources

Cancer

LGH's Cancer Center of Acadiana (CCA) is an elite group that is a recognized Accredited Cancer Program. 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.

Miles Perret Cancer Services is located in Lafayette and is dedicated to being a comprehensive resource center whose mission is to help those in Acadiana fight, survive, and live with cancer. Miles Perret Cancer Services has several fundraising events throughout the year and is a non-profit organization. All of the services provided are free of charge with no appointment necessary. Miles Perret Cancer Services has a mobile unit that extends services to the surrounding communities.; some of the services and resources provided include support groups, massage therapy, nutritional navigation, medical supplies, treatment care kits, wigs, hats, scarves, and many more at no cost.



Resources (continued)

Obesity

LGCM 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 insure 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, do not have insurance to cover the cost of surgery or may just be interested in losing only 20 to 30 pounds. 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.

LGH provides health fairs throughout the Acadiana region. The health fairs include screening for blood pressure, heart rate, height, weight, body composition, BMI, and cholesterol. These fairs are open to the public and free of charge.



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.

The Pocket EKG program, also provided by LGH, 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.

On April 1, 2016, LGH and CIS celebrated a five-year partnership that has offered advanced, high-quality cardiovascular diagnostics and care at four CIS clinics. As a result of this partnership, multiple screening events have been held throughout the region which promote cardiovascular disease awareness.

The community has several other resources dedicated to heart disease care and prevention including the Heart Hospital of Lafayette, an affiliate of Our Lady of Lourdes, and Heart and Vascular Associates of Acadiana.

The health fairs mentioned on page 40 can also benefit diabetic patients by assisting with screening and access to healthcare professionals.



Resources (continued)

Access and Availability

Acadiana's largest provider of primary care and specialist appointments for patients that have Medicaid or are underinsured is University Hospital & Clinics (UHC), a full service acute care hospital that has 116 beds. UHC has several free screening programs for women, including free mammograms. Several interviewees noted that UHC has been instrumental in the community having the means to offer care to all persons, regardless of insurance status.

The Lafayette Community Health Care Clinic (LCHCC) is a non-profit organization aimed at service the underserved population in Lafayette Parish. They provide healthcare services and programs to address health needs in the community through collaborative partnerships. The primary goal of the clinic is to make basic healthcare services accessible to lower income residents of the parish so they can maintain their health and independence.

Lafayette is also home to three Federally Qualified Health Centers: Iberia Comprehensive Community Health Center, Northside Community Health Center, and SWLA Center for Health Services.

Lafayette Parish is seen as a "healthcare hub" and is home to many healthcare professionals. There are many hospitals, clinics, private practices, and physicians in the community. One interviewee noted that a individual can receive care from the preventative level to the tertiary level when needed.

The office of public health has a strong presence in the community and offers several programs to the community, including "Shots for Tots". Shots for Tots Coalition is a non profit organization that works with public and private entities to educate parents and providers to "achieve the highest level of immunization for children".



References

INTELLIMED International. (2016). Esri 2016.

United States Census Bureau. (2016). Poverty thresholds by size of family and number of children. Retrieved from <http://www.census.gov/hhes/www/poverty/data/threshld/>

United States Department of Labor, Bureau of Labor Statistics. (2016). Labor force data by county, 2014 annual average. Retrieved from <http://www.bls.gov/lau/laucntycur14.txt>

U.S. Census Bureau, American Fact Finder. (n.d.). 2010–2014 American community survey 3-year estimates. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Louisiana Commission on Law Enforcement. (2015). Crime in Louisiana 2013. Retrieved from <http://fcad.fldoe.org/mediapacket/2014/default.asp>

Centers for Disease Control and Prevention. (2016). Underlying Cause of Death, 1999–2014 Request. Retrieved from <http://wonder.cdc.gov/controller/datarequest/D76>

Institute for Health Metrics and Evaluation. (2016). US County Profiles. Retrieved from <http://www.healthdata.org/us-county-profiles>

Centers for Disease Control and Prevention. (n.d.). Interactive Atlas of Heart Disease and Stroke. Retrieved from <http://nccd.cdc.gov/DHDSPAtlas/Default.aspx?state=NJreports.aspx?geographyType=county&state=NJ#report>

National Cancer Institute. (2016). State Cancer Profiles. Retrieved from <http://statecancerprofiles.cancer.gov/>

County Health Rankings and Roadmaps. (2016). Health Rankings. Retrieved from <http://www.countyhealthrankings.org/app/louisiana/2016/overview>

Louisiana Department of Health and Hospitals. (n.d.). Sexually Transmitted Diseases - Louisiana 2013 Annual Report. Retrieved from http://new.dhh.louisiana.gov/assets/oph/HIVSTD/hiv-aids/2013_Louisiana_STD_Annual_Report.pdf

Kids Count Data Center. (2016). Louisiana Indicators. Retrieved from <http://datacenter.kidscount.org/data#LA/2/0/char/0>



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
SW Louisiana 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]



Company Overview

Headquarter Address

Carnahan Group Inc.
813.289.2588
info@carnahangroup.com
5005 West Laurel Street
Suite 204
Tampa, FL 33607

Branch Offices

Nashville, TN

Thank you for the opportunity to serve Lafayette General Health.
We are committed to being your innovative strategic partner.





Strategic Healthcare Advisors