Joint Community Health Needs Assessment for Lafayette General Medical Center, Our Lady of Lourdes Regional Medical Center, Heart Hospital of Lafayette and Park Place Surgical Hospital

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CARNAHAN GROUP
Strategic Healthcare Advisors

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

Comments or requests for paper copies of this report may be sent to:

Carolyn Huval

VP of Physician Recruiting & Retention

Lafayette General Health

chuval@lgh.org or (337)289-8976

Bently B. Senegal, CPA, CGMA

Director of Community Services

Our Lady of Lourdes Regional Medical Center

Bently.Senegal@fmolhs.org or (337)470-2937

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Introduction

Our Lady of Lourdes Regional Medical Center

Our Lady of Lourdes Regional Medical Center (OLOL RMC) is an acute care facility located at 4801 Ambassador Caffery Pkwy, Lafayette, LA 70508 and is one of five hospitals within the Franciscan Missionaries of Our Lady Health System. OLOL RMC acquired Women & Children's Hospital in March of 2019 and the facility has been renamed as **Our Lady of Lourdes Women's & Children's Hospital**. OLOL Women's & Children's Hospital is included within the 2019 CHNA assessment.

Heart Hospital of Lafayette (HHL) is located at 1105 Kaliste Saloom Road, Lafayette, LA 70508. HHL provides heart disease care and features a 24/7 Heart Emergency Center. OLOL owns 60% of Heart Hospital.

Lafayette General Medical Center (LGMC) is an acute care facility located at 1214 Coolidge Street, Lafayette, LA 70503 and is part of the Lafayette General Health (LGH) system.

Lafayette General Medical Center

Park Place Surgical Hospital (PPSH) is co-located with OLOL RMC at 4811 Ambassador Caffery Pkwy, Lafayette, LA 70508. The facility is a surgical hospital with a limited number of inpatient and observation beds. OLOL owns 45% of PPSH.

Methodology

Community Health Needs Assessment Background

On April 6, 2018, Lafayette General Health (LGH) and Our Lady of Lourdes (OLOL) 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 LGH and OLOL that addresses the community health needs will be developed and adopted by the end of fiscal year 2019.

Secondary Data Collection and Analysis Methodology

A variety of data sources were utilized to gather demographic and health indicators for the community served by LGH and OLOL. Commonly used data sources include Esri, the U.S. Census Bureau, and the Centers for Disease Control and Prevention (CDC). Acadia, Iberia, Lafayette, St. Landry, St. Martin, Vermilion, Evangeline, St. Mary and Jefferson Davis parishes define the community served by LGH and OLOL. Demographic and health indicators are presented for these nine parishes.

For select indicators, parish level data are compared to state and national benchmarks. Additionally, Healthy People 2020 (HP 2020) Goals are presented where applicable. The HP 2020 Goals, launched in December 2010, are science-based, ten-year national objectives for improving the health of all Americans.

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 LGH and OLOL collaborated, if applicable, including their qualifications;
- A description of how LGH and OLOL took into account input from persons who represented the broad interests of the community served by LGH and OLOL, 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 LGH and OLOL; and,
- 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.

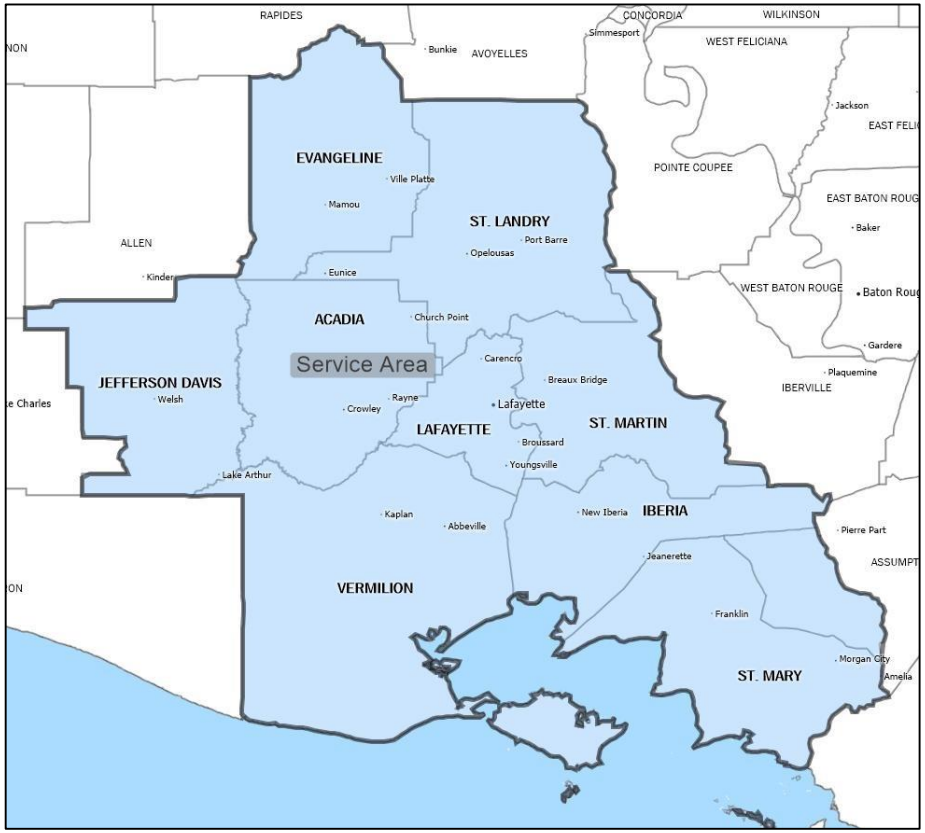
CHNA Strategy

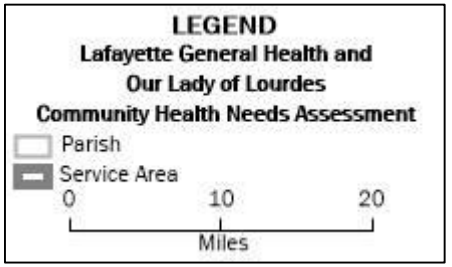
This CHNA was conducted following the requirements outlined by the Treasury and the IRS, which included obtaining necessary information from the following sources:

- Input from persons who represented the broad interests of the community served by LGH and OLOL, 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 LGH and OLOL, leaders, representatives, or members of medically underserved, low-income, and minority populations with chronic disease needs in the community served by LGH and OLOL; and,
- Consultation or input from other persons located in and/or serving LGH and OLOL'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 LGH and OLOL'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.

Community Overview

Lafayette General Health (LGH) and Our Lady of Lourdes (OLOL) treat patients from across the Acadiana region. For the purposes of the CHNA report, LGH and OLOL chose the nine parish Acadiana region as their service area, including Lafayette, St. Landry, St. Martin, Acadia, Iberia, Vermillion, Evangeline, St. Mary, and Jefferson Davis parishes. Because this community was chosen purely by geography, it includes medically underserved, low income, and minority populations. All patients, regardless of health insurance status or the ability to pay for care, were taken into account within the nine parish service area.





Source: Maptitude 2018

Community Overview (continued)

Health Professional Shortage Areas

Health Professional Shortage Areas (HPSAs) are designations that indicate health care provider shortages in primary care, dental health, or mental health.

Shortages may be geographic-, population-, or facility-based:

- **Geographic Area** - A shortage of providers for the entire population within a defined geographic area.
- **Population Groups** - A shortage of providers for a specific population group(s) within a defined geographic area (e.g., low income, migrant farmworkers, and other groups)

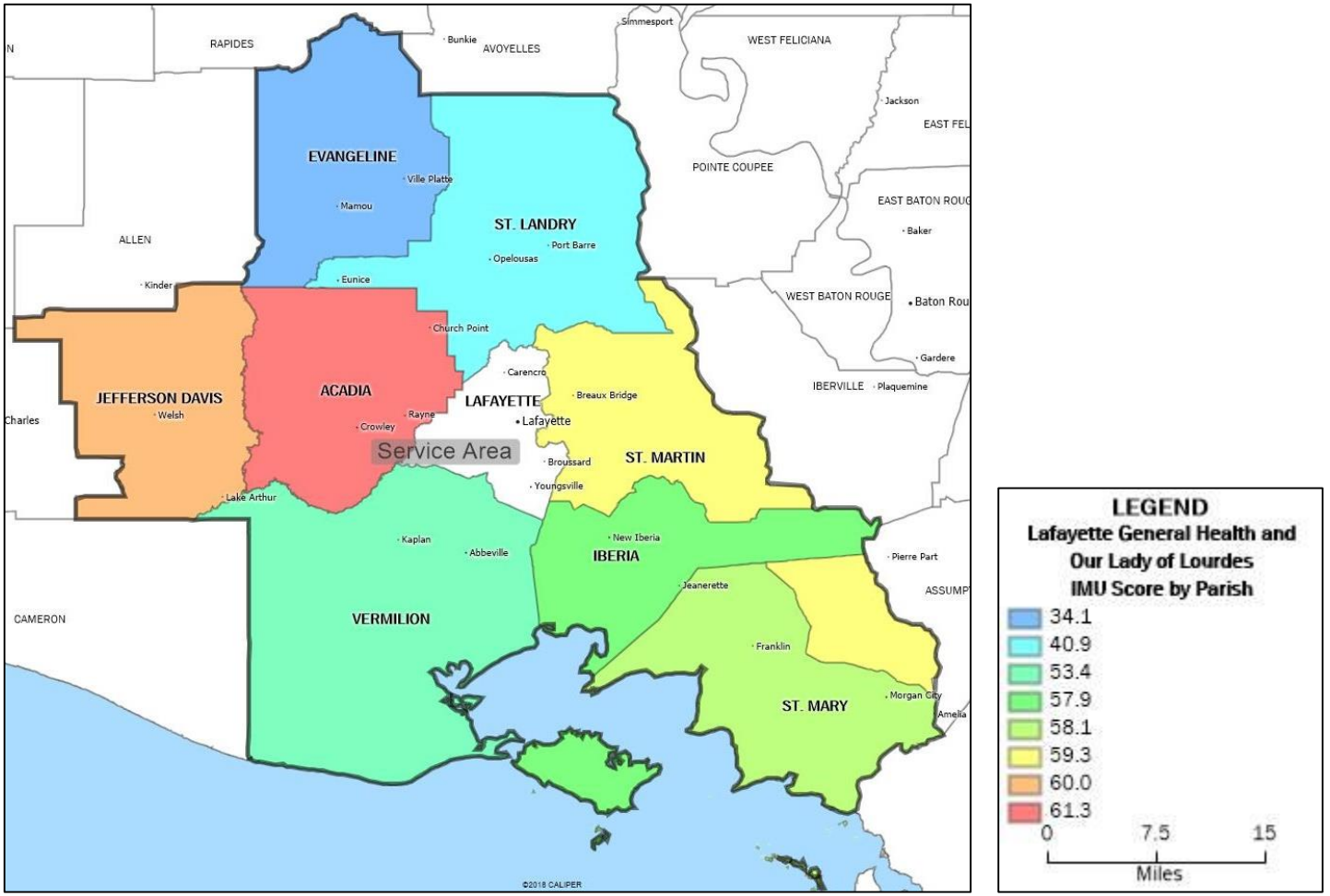
The following parishes are characterized as Health Professional Shortage Areas (HPSA) within the service area:

Parish	Primary Care Designation	Dental Health Designation	Mental Health Designation	Rural Status
Acadia Parish	Low Income Population	Low Income Population	High Needs Geographic	Partially Rural
Evangeline Parish	Low Income Population	*None*	High Needs Geographic	Rural
Iberia Parish	Low Income Population	Low Income Population	High Needs Geographic	Non-Rural
Jefferson Davis Parish	Low Income Population	High Needs Geographic	Geographic	Rural
Lafayette Parish	Low Income Population	Low Income Population	Low Income Population	Non-Rural
St. Landry Parish	Low Income Population	High Needs Geographic	High Needs Geographic	Rural
St. Martin Parish	Geographic	High Needs Geographic	Geographic	None
St. Mary Parish	Low Income Population	High Needs Geographic	High Needs Geographic	Rural
Vermilion Parish	Geographic	High Needs Geographic	Geographic	Partially Rural

Source: HRSA

Community Overview (continued)

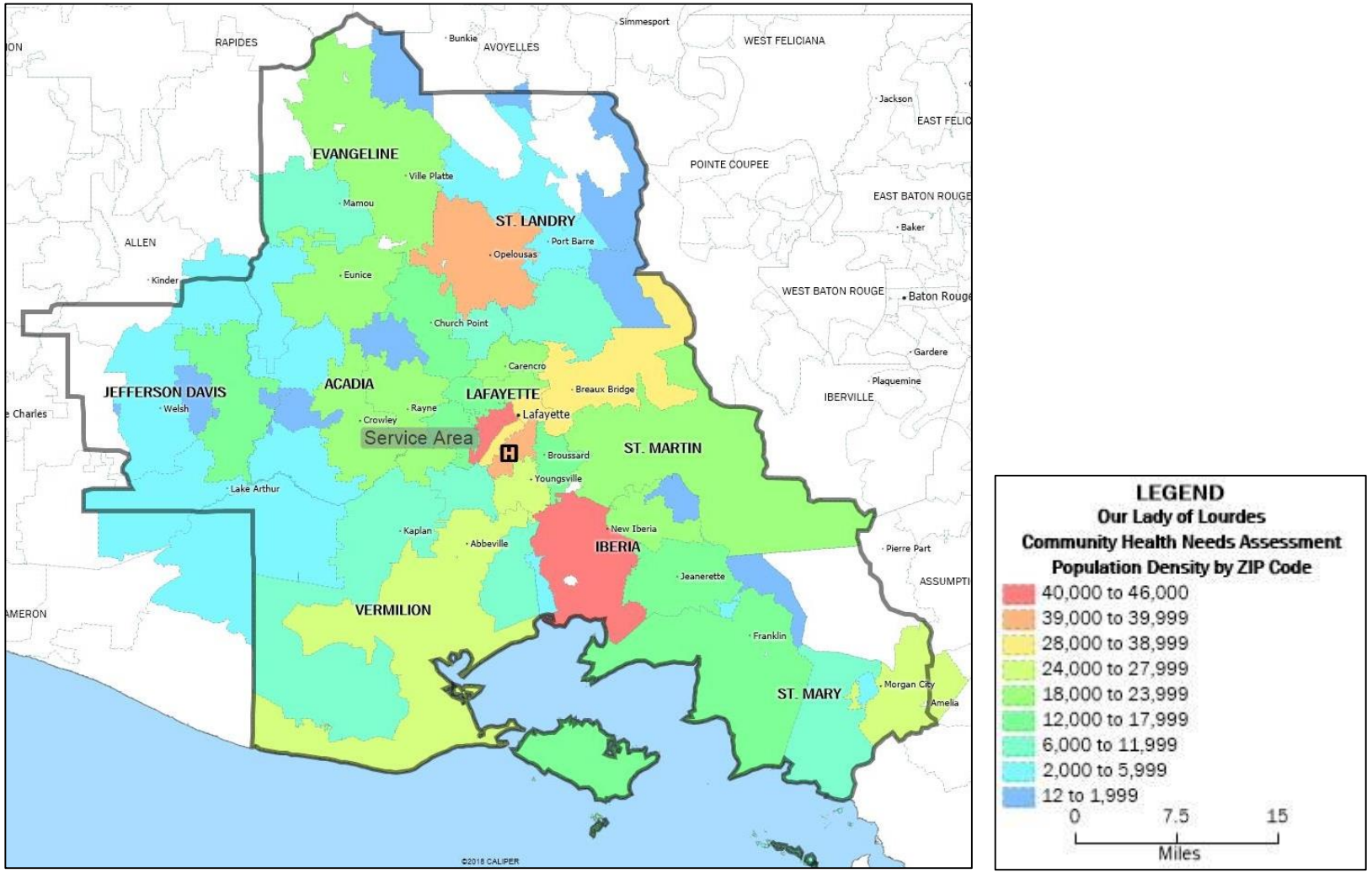
Medically Underserved Areas



Source: HRSA, Maptitude 2018

Health Profile

Demographics - Population Density by ZIP Code in LGH and OLOL's Community, 2018



Source: Esri 2018; Maptitude 2018

Population Change by ZIP Code

The overall projected population growth for the Service Area is 4.1% over the next five years. Substantial population growth is expected for ZIP Codes 70650 (9.6%), 70555 (8.5%), 70508 (8.9%), 70518 (10.5%), 70520 (8.2%), 70529 (8.9%), and 70592 (13.7%), while minimal growth (less than 1.0%) is anticipated in ZIP Codes 70514, 70523, 70538, 70535, 70541, 70570, and 71356. Slight population decline is expected in ZIP Codes 70544, 70552, and 70560.

Total Service Area Population Change by ZIP Code, 2018-2023

ZIP Code	Community	Current Population	Projected 5-year Population	Percent Change
70516	Branch	1,537	1,620	5.4%
70525	Church Point	13,936	14,281	2.5%
70526	Crowley	19,482	19,728	1.3%
70531	Egan	1,492	1,578	5.8%
70534	Estherwood	14	15	7.1%
70537	Evangeline	602	627	4.2%
70543	Iota	4,459	4,699	5.4%
70556	Mermentau	688	708	2.9%
70559	Morse	3,741	3,896	4.1%
70578	Rayne	18,018	18,704	3.8%
70515	Basile	4,479	4,590	2.5%
70554	Mamou	6,917	7,064	2.1%
70586	Ville Platte	21,815	22,165	1.6%
71367	Saint Landry	1,456	1,498	2.9%
70532	Elton	2,692	2,756	2.4%
70546	Jennings	16,771	17,030	1.5%
70549	Lake Arthur	3,998	4,114	2.9%
70581	Roanoke	1,049	1,078	2.8%
70591	Welsh	5,448	5,599	2.8%
70650	Lacassine	417	457	9.6%
70517	Breaux Bridge	28,999	30,391	4.8%
70582	Saint Martinville	20,466	20,925	2.2%
70342	Berwick	5,186	5,250	1.2%
70380	Morgan City	24,563	24,973	1.7%
70392	Patterson	9,342	9,666	3.5%
70514	Baldwin	2,675	2,700	0.9%
70523	Charenton	12	12	0.0%
70512	Arnaudville	10,732	11,154	3.9%
70538	Franklin	15,401	15,455	0.4%
70535	Eunice	18,554	18,709	0.8%
70541	Grand Coteau	665	669	0.6%
70570	Opelousas	39,549	39,903	0.9%
70577	Port Barre	4,935	5,038	2.1%
70584	Sunset	8,071	8,458	4.8%
70589	Washington	3,899	3,950	1.3%
70750	Krotz Springs	1,919	1,977	3.0%
71353	Melville	1,756	1,791	2.0%
71356	Morrow	381	384	0.8%
70510	Abbeville	26,216	26,743	2.0%
70528	Delcambre	2,764	2,836	2.6%
70533	Erath	7,578	7,761	2.4%
70542	Gueydan	3,566	3,637	2.0%
70548	Kaplan	10,682	10,960	2.6%
70555	Maurice	8,833	9,585	8.5%
70544	Jeanerette	12,300	12,257	-0.3%
70552	Loreauville	1,400	1,399	-0.1%
70560	New Iberia	42,520	42,454	-0.2%
70563	New Iberia	19,911	20,121	1.1%
70501	Lafayette	33,464	34,939	4.4%
70503	Lafayette	30,631	32,669	6.7%
70506	Lafayette	45,280	47,822	5.6%
70507	Lafayette	18,479	19,823	7.3%
70508	Lafayette	39,939	43,494	8.9%
70518	Broussard	15,907	17,584	10.5%
70520	Carencro	20,428	22,095	8.2%
70529	Duson	13,059	14,215	8.9%
70583	Scott	12,997	13,847	6.5%
70592	Youngsville	24,513	27,879	13.7%
Total		**716,583**	**745,732**	**4.1%**

Source: Esri 2018; Maptitude 2018

Population Change by Age and Gender

Within the Service Area, the population aged 65 and older is expected to experience the greatest amount of growth over the next five years (19.9%). The populations aged 0 through 19 (4.5%) and 20 through 44 (1.3%) are also expected to experience growth. A decline in the number of individuals aged 45 through 64 is anticipated over the next five years (-1.7%).

Total Service Area Population Change by Age and Gender, 2018-2023

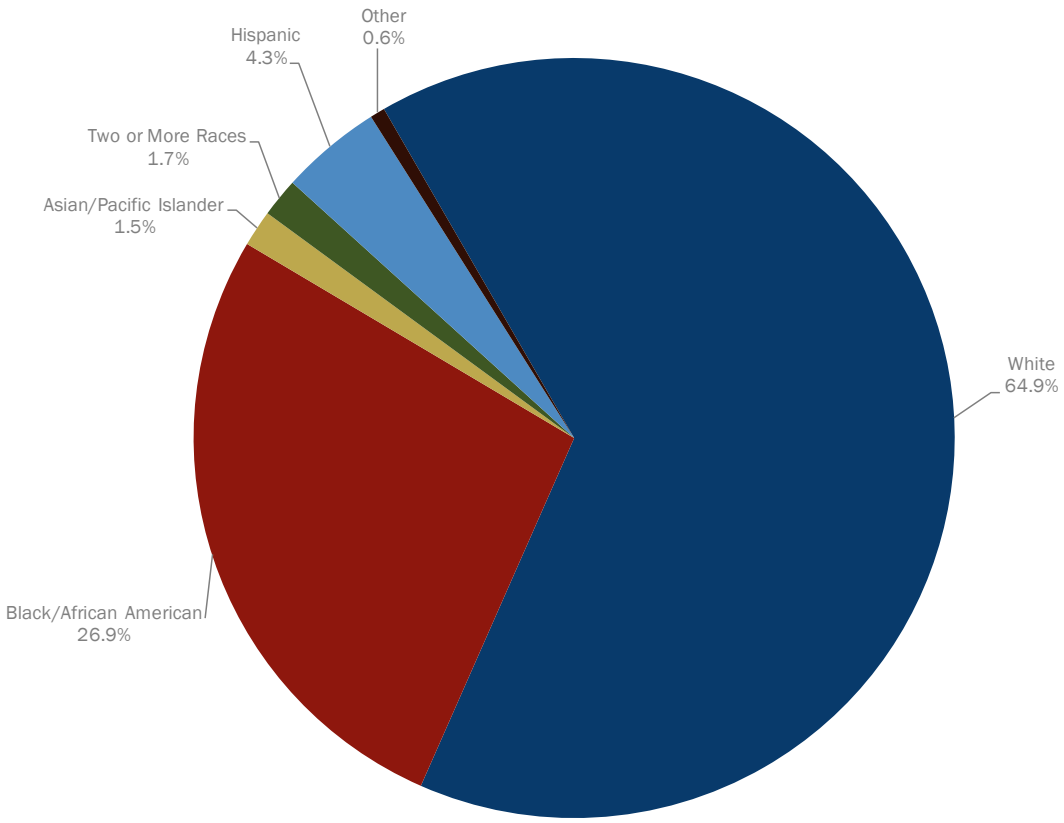
	2018			2023			Percent Change		
Age Group	Male	Female	Total	Male	Female	Total	Male	Female	Total
Age 0 through 19	96,656	93,621	190,277	101,550	97,207	198,757	5.1%	3.8%	4.5%
Age 20 through 44	120,086	119,523	239,609	122,126	120,568	242,694	1.7%	0.9%	1.3%
Age 45 through 64	87,911	94,323	182,234	86,799	92,278	179,077	-1.3%	-2.2%	-1.7%
Age 65 and older	46,317	58,146	104,463	56,216	68,988	125,204	21.4%	18.6%	19.9%
Total	**350,970**	**365,613**	**716,583**	**366,691**	**379,041**	**745,732**	**4.5%**	**3.7%**	**4.1%**

Source: Esri 2018

Current Population Race/Ethnic Composition

The most common race/ethnicity in LGH and OLOL's Service Area is White (64.9%), followed by Black/African American (26.9%), Hispanic (4.3%), individuals of two or more races (1.7%), Asian/Pacific Islander (1.5%), and other races (0.6%).

Total Service Area Population by Race/Ethnicity, 2018



Source: Esri 2018; Maptitude 2018

Population Change by Race/Ethnicity

Within the Service Area, substantial population growth is expected for Hispanics (27.1%), individuals of two or more races (22.8%), and Asian/Pacific Islanders (16.1%). The white and Black/African American populations within the service area are expected to experience less significant growth (2.0% and 3.5%, respectively).

Total Service Area Population Change by Race/Ethnicity, 2018-2023

Race/Ethnicity	2018	2023	Percent Change
White	465,302	474,491	2.0%
Black/African American	192,988	199,794	3.5%
Asian/Pacific Islander	11,070	12,856	16.1%
Two or More Races	11,851	14,551	22.8%
Hispanic	30,844	39,202	27.1%
Other	4,528	4,838	6.8%

Source: Esri 2018

Socioeconomic Characteristics

According to HP2020, socioeconomic status (SES) is most often based on a person's income, education level, occupation, social status in the community, and geographic location. Studies have found that SES, more than race or ethnicity, predicts the likelihood of an individual's or group's access to education, health insurance, health care services, and safe and healthy living or working conditions.

According to the U.S. Bureau of Labor Statistics, the 2017 annual unemployment rate averages for Jefferson Davis Parish and Lafayette Parish (4.9%) were similar to Louisiana (5.1%), while unemployment rates in Acadia Parish (5.9%), Evangeline Parish (5.9%), Vermilion Parish (6.0%), St. Martin Parish (6.1%), St. Landry Parish (6.7%), Iberia Parish (7.3%), and St. Mary Parish (8.0%) were higher than the state rate. The U.S. Census Bureau publishes the American Community Survey (ACS), which includes median household income and poverty estimates. According to 2012-2016 ACS estimates, the median household income in Lafayette Parish ($52,435) was higher than the rest of Louisiana ($45,652), while in St. Mary Parish ($40,771), Acadia Parish ($39,837), Jefferson Davis Parish ($39,202), St. Landry Parish ($31,464), and Evangeline Parish ($30,724) the median household income was significantly lower than the state median income. Median household income ranged from $44,573 to $47,083 in Iberia, St. Martin, and Vermilion parishes (see tables on following page).

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 household and each individual in it are considered to be in poverty. As of January 13, 2018, the 2018 federal poverty threshold for a family of four was $25,100. The ACS estimates indicate that those in Lafayette Parish (18.1%), St. Martin Parish (18.5%), Jefferson Davis Parish (19.3%), and Vermilion Parish (19.6%) are less likely to live in poverty compared to overall Louisiana residents (20.2%), while residents of Acadia, St. Mary, Iberia, Evangeline, and St. Landry parishes are more likely to live in poverty than Louisiana residents (see tables on the following page). Children in Vermilion Parish (20.1%), Lafayette Parish (21.6%), Acadia Parish (23.2%), Jefferson Davis Parish (24.7%), and St. Martin Parish (25.9%) are less likely to be living below the poverty level as compared to all children in Louisiana (27.6%). Children in St. Mary (30.1%), Iberia (30.6%), Evangeline (37.2%), and St. Landry (41.4%) parishes are more likely to live in poverty compared to children in Louisiana.

Socioeconomic Characteristics

Socioeconomic Characteristics

	Lafayette Parish	St. Landry Parish	St. Martin Parish	Louisiana
Unemployment Rate[1]	4.9%	6.7%	6.1%	**5.1%**
Median Household Income[2]	$ 52,435	$ 31,464	$ 46,450	**$ 45,652**
Individuals Below Poverty Level[2]	18.1%	26.6%	18.5%	**20.2%**
Children Below Poverty Level2	21.60%	41.4%	25.9%	**27.6%**

[1] Source: Bureau of Labor Statistics, 2017 annual average

[2] Source: U.S. Census - ACS, 2012-2016 estimates

	Iberia Parish	Vermilion Parish	Acadia Parish	Louisiana
Unemployment Rate[1]	7.3%	6.0%	5.9%	**5.1%**
Median Household Income[2]	$ 44,573	$ 47,083	$ 39,837	**$ 45,652**
Individuals Below Poverty Level[2]	23.40%	19.6%	23.1%	**20.2%**
Children Below Poverty Level[2]	30.6%	20.1%	23.2%	**27.6%**

[1] Source: Bureau of Labor Statistics, 2017 annual average

[2] Source: U.S. Census - ACS, 2012-2016 estimates

	St. Mary Parish	Evangeline Parish	Jefferson Davis Parish	Louisiana
Unemployment Rate[1]	8.0%	5.9%	4.9%	**5.1%**
Median Household Income[2]	$ 40,771	$ 30,724	$ 39,202	**$ 45,652**
Individuals Below Poverty Level[2]	22.2%	29.4%	19.3%	**20.2%**
Children Below Poverty Level[2]	30.1%	37.2%	24.7%	**27.6%**

[1] Source: Bureau of Labor Statistics, 2017 annual average

[2] Source: U.S. Census - ACS, 2012-2016 estimates

Educational Attainment

The U.S. Census Bureau publishes the ACS which includes estimates of the highest level of education completed for residents aged 25 years and older. The ACS 2012-2016 estimates indicated that residents in Lafayette Parish were more likely to have a graduate or professional degree (9.3%) compared to the rest of Louisiana (7.9%), while residents in other parishes in the service area were less likely to have earned a graduate or professional degree. Adults aged 25 years and older in Lafayette Parish are also more likely to have earned a bachelor's degree than adults aged 25 years and older in the rest of Louisiana (see tables below). Adults aged 25 years and older in St. Landry, St. Martin, Iberia, Vermillion, Acadia, St. Mary, Evangeline, and Jefferson Davis parishes were less likely to have some college education or a bachelor's degree than adults aged 25 years and older in the rest of Louisiana (see tables below).

Highest Level of Education Completed by Persons 25 Years and Older, 2012-2016

	Lafayette Parish	St. Landry Parish	St. Martin Parish	Louisiana
Less than high school degree	13.7%	24.0%	20.9%	**16.2%**
High school degree or equivalent	28.2%	43.5%	41.1%	**33.9%**
Some college, no degree	21.6%	14.6%	19.1%	**21.3%**
Bachelor's degree	21.6%	8.9%	10.2%	**15.1%**
Graduate or professional degree	9.3%	4.2%	3.5%	**7.9%**

Source: U.S. Census, ACS 2012-2016 estimates

	Iberia Parish	Vermilion Parish	Acadia Parish	Louisiana
Less than high school degree	22.3%	24.0%	24.6%	**16.2%**
High school degree or equivalent	41.3%	41.3%	40.4%	**33.9%**
Some college, no degree	18.2%	16.5%	17.7%	**21.3%**
Bachelor's degree	9.7%	9.2%	8.0%	**15.1%**
Graduate or professional degree	4.1%	3.1%	3.1%	**7.9%**

Source: U.S. Census, ACS 2012-2016 estimates

	St. Mary Parish	Evangeline Parish	Jefferson Davis Parish	Louisiana
Less than high school degree	21.8%	28.7%	21.0%	**16.2%**
High school degree or equivalent	47.3%	36.6%	41.3%	**33.9%**
Some college, no degree	16.2%	17.4%	18.9%	**21.3%**
Bachelor's degree	7.6%	8.5%	9.3%	**15.1%**
Graduate or professional degree	3.4%	3.4%	5.2%	**7.9%**

Source: U.S. Census, ACS 2012-2016 estimates

Crime Rates

According to the Louisiana Commission on Law Enforcement, Lafayette, St. Landry, St. Martin, Iberia, Vermilion, Acadia, St. Mary, Evangeline, and Jefferson Davis parishes have lower rates of all reported crimes (murder and non-negligent manslaughter, rape, robbery, and aggravated assault) when compared to the rest of Louisiana (see tables below). While the rates of aggravated assault in St. Mary Parish (238.0 per 100,000) and St. Landry Parish (245.6 per 100,000) are significantly lower than the rate in Louisiana (396.4 per 100,000), they are much higher than the rates in Lafayette Parish, St. Martin Parish, Iberia Parish, Vermilion Parish, Acadia Parish, Evangeline Parish, and Jefferson Davis Parish (see tables below).

Violent Crime Rates, 2016

	Lafayette Parish	St. Landry Parish	St. Martin Parish	Louisiana
Murder and non-negligent manslaughter	4.1	6.0	7.4	**11.8**
Rape (Revised Definition)	3.7	3.6	24.1	**38.8**
Robbery	12.8	16.7	29.6	**119.1**
Aggravated Assault	107.3	245.6	177.8	**396.4**

Source: Louisiana Commission on Law Enforcement

Rates are per 100,000 population

	Iberia Parish	Vermilion Parish	Acadia Parish	Lousiana
Murder and non-negligent manslaughter	*	6.6	11.2	**11.8**
Rape (Revised Definition)	5.5	1.7	0.0	**38.8**
Robbery	87.3	28.2	31.9	**119.1**
Aggravated Assault	92.8	111.3	127.7	**396.4**

Source: Louisiana Commission on Law Enforcement

Rates are per 100,000 population

	St. Mary Parish	Evangeline Parish	Jefferson Davis Parish	Lousiana
Murder and non-negligent manslaughter	3.8	3.0	*	**11.8**
Rape (Revised Definition)	9.6	3.0	*	**38.8**
Robbery	32.6	3.0	*	**119.1**
Aggravated Assault	238.0	83.1	*	**396.4**

Source: Louisiana Commission on Law Enforcement

Rates are per 100,000 population

* Rates are unavailable

Health Outcomes & Risk Factors

Mortality Indicators

The Institute for Health Metrics and Evaluation publishes life expectancy data by county and gender. The life expectancy in 2014 for males in Lafayette Parish (75.0 years), Vermilion Parish (73.8), St. Martin Parish (73.3), and Iberia Parish (73.1) is higher than or equal to Louisiana's (73.1), while the life expectancy is lower for males in St. Mary Parish (72.5 years), Jefferson Davis Parish (71.9), Evangeline Parish (71.7), Acadia Parish (71.4), and St. Landry Parish (71.0) when compared to Louisiana (see tables on following page). The life expectancy for females is also higher than the rest of Louisiana in Lafayette, Vermilion, and St. Martin parishes (see tables on following page). Women in St. Mary (78.0 years), Jefferson Davis (77.5), Iberia (77.7), Acadia (77.1), St. Landry (77.1), and Evangeline (76.6) parishes had lower life expectancy when compared to women in the rest of Louisiana (78.6 years).

According to the CDC Wonder database, from 2012-2016 the age-adjusted death rates in Lafayette Parish (782.9 per 100,000 population) and Vermillion Parish (845.3 per 100,000 population) were lower than the rest of Louisiana (884.1 per 100,000 population), while the age-adjusted death rates in Evangeline, St. Martin, St. Mary, Iberia, Acadia, St. Landry, and Jefferson Davis parishes were higher than the rest of Louisiana. Notably, the age-adjusted death rates in Jefferson Davis Parish (1,003.3 per 100,000 population), Evangeline Parish (1,025.0 per 100,000 population), and St. Landry Parish (1,043.4 per 100,000 population) were significantly higher than the rate in Louisiana (see tables on following page).

Health Outcomes & Risk Factors

Mortality Indicators

	Lafayette Parish	St. Landry Parish	St. Martin Parish	Louisiana
Age-adjusted mortality from all causes[1]	782.9	1,043.4	888.0	**884.1**
Male life expectancy, 2014[2]	75.0	71.0	73.3	**73.1**
Female life expectancy, 2014[2]	79.8	77.1	78.7	**78.6**

[1] Source: CDC Wonder, 2012-2016

[2] Source: Institute for Health Metrics and Evaluation

Mortality rates are per 100,000 population

	Iberia Parish	Vermilion Parish	Acadia Parish	Louisiana
Age-adjusted mortality from all causes[1]	961.4	845.3	963.7	**884.1**
Male life expectancy, 2014[2]	73.1	73.8	71.4	**73.1**
Female life expectancy, 2014[2]	77.7	79.2	77.1	**78.6**

[1] Source: CDC Wonder, 2012–2016

[2] Source: Institute for Health Metrics and Evaluation

Mortality rates are per 100,000 population

	St. Mary Parish	Evangeline Parish	Jefferson Davis Parish	Louisiana
Age-adjusted mortality from all causes[1]	936.3	1,025.0	1,003.3	**884.1**
Male life expectancy, 2014[2]	72.5	71.7	71.9	**73.1**
Female life expectancy, 2014[2]	78.0	76.6	77.5	**78.6**

[1] Source: CDC Wonder, 2012–2016

[2] Source: Institute for Health Metrics and Evaluation

Mortality rates are per 100,000 population

Leading Causes of Death

According to the CDC Wonder database, heart disease and cancer were the first and second leading causes of death, respectively, in all of the service area parishes, as well as the rest of Louisiana, from 2012 to 2016. St. Landry Parish had a significantly higher heart disease mortality rate (292.7 per 100,000 population) than the state as a whole (see tables on following pages). The cancer mortality rate in Jefferson Davis Parish was higher than all other parishes and the state rate. Unintentional injuries, chronic lower respiratory disease (CLRD), and stroke were among the top six leading causes of death for Lafayette, St. Landry, St. Martin, Iberia, Vermilion, Acadia, St. Mary, Evangeline, and Jefferson Davis parishes and the rest of Louisiana. The stroke mortality rate was higher than the state rate in every parish except for Lafayette Parish, and was significantly higher in Jefferson Davis Parish. Alzheimer's disease was the sixth leading cause of death Louisiana, and the death rates all parishes in the LGH and OLOL community, aside from Jefferson Davis Parish, were higher that the state rate. It is important to note that suicide rates in Evangeline Parish (28.8 per 100,000 population), St. Martin Parish (20.1 per 100,000 population), and St. Landry Parish (19.4 per 100,000 population) were significantly higher than the state rate (13.7 per 100,000). Other leading causes of death are featured in the tables on the following page.

Leading Causes of Death

Leading Causes of Death, 2012-16

	Lafayette Parish	St. Landry Parish	St. Martin Parish	Louisiana
Heart disease	199.6	292.7	225.4	**213.7**
Cancer	175.2	203.7	194.9	**183.3**
(Unintentional injury) Accident	41.0	58.0	50.0	**52.7**
Chronic lower respiratory disease	37.2	53.1	47.5	**44.7**
Stroke	38.4	52.0	48.3	**45.1**
Alzheimer's disease	50.6	44.0	55.5	**37.7**
Diabetes	29.0	22.2	10.4	**25.5**
Kidney disease	17.2	28.7	26.5	**23.6**
Septicemia	13.7	24.9	19.2	**18.9**
Influenza and pneumonia	11.0	26.4	17.5	**16.6**
Suicide	14.5	19.4	20.1	**13.7**
Assault (homicide)	6.5	12.8	13.5	**12.5**
Chronic liver disease and cirrhosis	7.1	11.3	7.6	**9.7**
Hypertension[1]	2.6	5.9	*	**8.3**
Parkinson's disease	6.5	7.6	*	**7.2**

Source: CDC Wonder, 2012-2016

Age-Adjusted Death Rates are per 100,000 population

[1]Hypertension includes essential primary hypertension and hypertensive renal disease with renal failure

* Rate Unreliable or Suppressed

	Iberia Parish	Vermilion Parish	Acadia Parish	Lousiana
Heart disease	240.2	287.0	256.5	**213.7**
Cancer	194.1	166.9	201.4	**183.3**
(Unintentional injury) Accident	65.1	47.1	44.9	**52.7**
Chronic lower respiratory disease	49.8	35.6	48.6	**44.7**
Stroke	52.0	49.1	50.1	**45.1**
Alzheimer's disease	59.1	40.0	51.2	**37.7**
Diabetes	17.9	12.7	15.1	**25.5**
Kidney disease	29.6	21.1	26.1	**23.6**
Septicemia	19.7	13.5	20	**18.9**
Influenza and pneumonia	22.1	18.7	26.4	**16.6**
Suicide	10.2	14.8	16.2	**13.7**
Assault (homicide)	9.8	7.8	12.4	**12.5**
Chronic liver disease and cirrhosis	8.3	5.9	8.4	**9.7**
Hypertension[1]	*	*	6.5	**8.3**
Parkinson's disease	10.4	*	6.3	**7.2**

Source: CDC Wonder, 2012-2016

Age-Adjusted Death Rates are per 100,000 population

[1]Hypertension includes essential primary hypertension and hypertensive renal disease with renal failure

* Rate Unreliable or Suppressed

	St. Mary Parish	Evangeline Parish	Jefferson Davis Parish	Lousiana
Heart disease	202.2	202.3	269.6	**213.7**
Cancer	196.1	201.8	221.3	**183.3**
(Unintentional injury) Accident	50.8	52.4	42.9	**52.7**
Chronic lower respiratory disease	44.3	66.6	56.9	**44.7**
Stroke	46.6	55.6	67.9	**45.1**
Alzheimer's disease	52.0	50.7	35.3	**37.7**
Diabetes	41.8	55.9	38.4	**25.5**
Kidney disease	24.8	23.7	24.7	**23.6**
Septicemia	21.9	18.1	12.3	**18.9**
Influenza and pneumonia	18.9	40.3	35.7	**16.6**
Suicide	14.6	28.8	*	**13.7**
Assault (homicide)	9.1	*	14.6	**12.5**
Chronic liver disease and cirrhosis	11.9	14.4	*	**9.7**
Hypertension[1]	*	*	*	**8.3**
Parkinson's disease	8.4	*	*	**7.2**

Source: CDC Wonder, 2012-2016

Age-Adjusted Death Rates are per 100,000 population

[1]Hypertension includes essential primary hypertension and hypertensive renal disease with renal failure

* Rate Unreliable or Suppressed

Diabetes Incidence

According to the Centers for Disease Control and Prevention Division of Diabetes Translation, in 2014 the percentage of adults aged 20 and older who had been diagnosed with diabetes was highest in St. Landry and Iberia parishes (12.3%) compared with other parishes in the LGH and OLOL community. Vermilion parish had the lowest percentage of adults diagnosed with diabetes (9.7%). The statewide incidence rate provided below considers adults aged 18 and older.

Age-Adjusted Diabetes in Adults Ages 20 and Older, 2014

	Lafayette Parish	St. Landry Parish	St. Martin Parish	Louisiana
Adults with diagnosed diabetes	10.7%	12.3%	10.7%	**10.4%**

Source: Centers for Disease Control and Prevention, Division of Diabetes Translation

* State Level Data Age 18 and Older

	Iberia Parish	Vermilion Parish	Acadia Parish	Louisiana
Adults with diagnosed diabetes	12.3%	9.7%	10.7%	**10.4%**

Source: Centers for Disease Control and Prevention, Division of Diabetes Translation

* State Level Data Age 18 and Older

	St. Mary Parish	Evangeline Parish	Jefferson Davis Parish	Louisiana
Adults with diagnosed diabetes	11.8%	11.8%	11.4%	**10.4%**

Source: Centers for Disease Control and Prevention, Division of Diabetes Translation

* State Level Data Age 18 and Older

Heart Disease Mortality

According to the Centers for Disease Control and Prevention, age-adjusted mortality rates for heart disease per 100,000 adults aged 45 to 64 were higher than the rest of Louisiana in St. Landry, St. Martin, Iberia, Vermilion, Acadia, St. Mary, Evangeline, and Jefferson Davis parishes, while Lafayette Parish had a mortality rate lower than the rest of Louisiana from 2014 to 2016 (see tables below).

Within the state of Louisiana and across all parishes within the service area, heart disease mortality in adults aged 45 to 64 and older was higher for males than females (see tables below).

Adults aged 45 to 64 with Black (Non-Hispanic) race/ethnicity were more likely than those with White (Non-Hispanic) race/ethnicity to die of heart disease in every parish in the service area. The mortality rate for White (Non-Hispanic) adults age 45 to 64 throughout Louisiana was 168.2, while the mortality rate for Black (Non-Hispanic) adults aged 45 to 64 was 274.0. A person of Black (Non-Hispanic) race/ethnicity in Iberia Parish was over three times more likely to die of heart disease than a person of White (Non-Hispanic) race/ethnicity in Lafayette Parish (see tables below).

Age-Adjusted All Heart Disease Death Rates per 100,000 Adults Age 45 to 64 by Race and Gender, 2014-2016

	Lafayette Parish	St. Landry Parish	St. Martin Parish	Louisiana
Heart Disease, All	158.5	314.8	244.7	**193.7**
Heart Disease, White (Non-Hispanic)	147.0	241.0	207.9	**168.2**
Heart Disease, Black (Non-Hispanic)	229.3	419.8	336.3	**274.0**
Heart Disease, Male	232.2	430.5	375.8	**267.7**
Heart Disease, Female	95.5	193.3	116.9	**124.6**

Source: Centers for Disease Control and Prevention

	Iberia Parish	Vermilion Parish	Acadia Parish	Louisiana
Heart Disease, All	249.0	235.2	244.8	**193.7**
Heart Disease, White (Non-Hispanic)	173.8	225.1	229.8	**168.2**
Heart Disease, Black (Non-Hispanic)	451.3	314.1	304.0	**274.0**
Heart Disease, Male	310.6	312.8	325.5	**267.7**
Heart Disease, Female	179.2	146.8	161.6	**124.6**

Source: Centers for Disease Control and Prevention

	St. Mary Parish	Evangeline Parish	Jefferson Davis Parish	Louisiana
Heart Disease, All	195.0	256.7	243.6	**193.7**
Heart Disease, White (Non-Hispanic)	165.3	228.2	226.1	**168.2**
Heart Disease, Black (Non-Hispanic)	303.4	392.4	346.5	**274.0**
Heart Disease, Male	293.8	354.1	324.2	**267.7**
Heart Disease, Female	101.1	169.3	167.3	**124.6**

Source: Centers for Disease Control and Prevention

Heart Attack Mortality

According to the Centers for Disease Control and Prevention, age-adjusted mortality rates for heart attacks per 100,000 adults aged 45 to 64 were significantly higher in St. Landry Parish (244.0) than in other parishes in the service areas and the rest of Louisiana (43.8) from 2014 to 2016. Adults aged 45 to 64 in St. Martin, Acadia, Evangeline, and Jefferson Davis parishes were also more likely to die of a heart attack than those in the rest of Louisiana, while Lafayette, Iberia, Vermilion, and St. Mary parishes had mortality rates lower than the rest of Louisiana.

Within the service area, Black (Non-Hispanic) adults aged 45 to 64 in St. Landry Parish were most likely to die of a heart attack (338.2), although those in St. Martin, Acadia, St. Mary, Evangeline, and Jefferson Davis parishes had mortality rates greater than Black (Non-Hispanic) adults in the rest of Louisiana (53.8).

The heart attack mortality rate for males aged 45 to 64 in St. Landry, St. Martin, Acadia, St. Mary, Evangeline, and Jefferson Davis parishes were greater than the state rate of 64.1 per 100,000, with St. Landry being exceptionally high at 338.4 per 100,000.

Age-Adjusted Heart Attack Mortality Rates per 100,000 Adults Ages 45 to 64 by Race and Gender, 2014-2016

	Lafayette Parish	St. Landry Parish	St. Martin Parish	Louisiana
Heart Attack, All	14.3	244.0	112.8	**43.8**
Heart Attack, White (Non-Hispanic)	17.0	186.1	98.8	**42.1**
Heart Attack, Black (Non-Hispanic)	9.2	338.2	159.2	**53.8**
Heart Attack, Male	23.9	338.4	168.5	**64.1**
Heart Attack, Female	6.1	152.0	58.8	**24.8**

Source: Centers for Disease Control and Prevention

	Iberia Parish	Vermilion Parish	Acadia Parish	Louisiana
Heart Attack, All	19.7	12.9	111.8	**43.8**
Heart Attack, White (Non-Hispanic)	15.8	15.5	114.3	**42.1**
Heart Attack, Black (Non-Hispanic)	30.2	8.7	107.2	**53.8**
Heart Attack, Male	29.5	21.5	152.8	**64.1**
Heart Attack, Female	11.3	6.5	71.6	**24.8**

Source: Centers for Disease Control and Prevention

	St. Mary Parish	Evangeline Parish	Jefferson Davis Parish	Louisiana
Heart Attack, All	42.5	79.9	62.4	**43.8**
Heart Attack, White (Non-Hispanic)	36.8	77.0	57.4	**42.1**
Heart Attack, Black (Non-Hispanic)	64.0	130.9	92.7	**53.8**
Heart Attack, Male	65.3	128.5	73.6	**64.1**
Heart Attack, Female	22.7	44.6	50.8	**24.8**

Source: Centers for Disease Control and Prevention

Hypertension Mortality

According to the Centers for Disease Control and Prevention, the age-adjusted mortality rate for hypertension per 100,000 adults aged 45 to 64 was higher in St. Landry Parish (231.9), St. Martin Parish (189.9), and Evangeline Parish (201.6) compared with the rest of Louisiana (141.2) from 2014 to 2016. Mortality rates for hypertension in Lafayette, Iberia, Acadia, Vermilion, St. Mary, and Jefferson Davis parishes were lower than the rest of Louisiana (see tables below).

Males aged 45 to 64 were more likely to die of hypertension (188.3) than Females in the same age group (97.1) throughout Louisiana.

Black (Non-Hispanic) adults aged 45 to 64 had higher hypertension mortality rates than White (Non-Hispanic) adults aged 45 to 64 throughout the service areas and the rest of Louisiana. Black (Non-Hispanic) adults in St. Landry Parish (339.2), St. Martin Parish (268.6), and Evangeline Parish (318.6) had higher hypertension mortality rates than the state rate (234.5).

Age-Adjusted Hypertension Death Rates per 100,000 Adults Ages 45 to 64 by Race and Gender, 2014-2016

	Lafayette Parish	St. Landry Parish	St. Martin Parish	Louisiana
Hypertension, All	130.4	231.9	189.9	**141.2**
Hypertension, White (Non-Hispanic)	103.8	163.6	154.4	**105.9**
Hypertension, Black (Non-Hispanic)	233.0	339.2	268.6	**234.5**
Hypertension, Male	193.8	306.3	273.6	**188.3**
Hypertension, Female	73.2	154.1	102.5	**97.1**

Source: Centers for Disease Control and Prevention

	Iberia Parish	Vermilion Parish	Acadia Parish	Louisiana
Hypertension, All	133.5	33.5	63.9	**141.2**
Hypertension, White (Non-Hispanic)	102.0	35.3	65.3	**105.9**
Hypertension, Black (Non-Hispanic)	219.5	106.7	89.2	**234.5**
Hypertension, Male	165.8	49.7	95.1	**188.3**
Hypertension, Female	101.8	30.5	41.0	**97.1**

Source: Centers for Disease Control and Prevention

	St. Mary Parish	Evangeline Parish	Jefferson Davis Parish	Louisiana
Hypertension, All	115.2	201.6	55.7	**141.2**
Hypertension, White (Non-Hispanic)	92.5	157.0	48.6	**105.9**
Hypertension, Black (Non-Hispanic)	189.1	318.6	144.1	**234.5**
Hypertension, Male	163.6	251.3	87.6	**188.3**
Hypertension, Female	69.0	142.3	38.1	**97.1**

Source: Centers for Disease Control and Prevention

Stroke Mortality

According to the Centers for Disease Control and Prevention, age-adjusted mortality rates for stroke per 100,000 adults aged 45 to 64 were highest in St. Landry Parish (37.1), Evangeline Parish (47.0), and Jefferson Davis Parish (40.6), which exceeded the mortality rate for adults aged 45 to 64 in the rest of Louisiana (32.3) from 2014 to 2016.

For adults ages 45 to 64 with White (Non-Hispanic) race/ethnicity, stroke mortality rates were higher than the state rate in Jefferson Davis and Evangeline parishes. For adults ages 45 to 64 with Black (Non-Hispanic) race/ethnicity, stroke mortality rates were higher in St. Landry, St. Martin, St. Mary, Evangeline, and Jefferson Davis parishes than the rest of Louisiana (58.8, see tables below).

Females ages 45 to 64 within Lafayette, Vermilion, and St. Mary parishes were more likely than males ages 45 to 64 to die of a stroke (see Tables). Males age 45 to 64 in St. Landry, Evangeline, and Jefferson Davis parishes had higher stroke mortality rates than males in all of Louisiana (39.7).

Age-Adjusted Stroke Death Rates per 100,000 Adults Ages 45 to 64 by Race and Gender, 2014-2016

	Lafayette Parish	St. Landry Parish	St. Martin Parish	Louisiana
Stroke, All	23.2	37.1	28.3	**32.3**
Stroke, White (Non-Hispanic)	17.6	21.4	16.3	**21.7**
Stroke, Black (Non-Hispanic)	55.9	66.3	59.5	**58.8**
Stroke, Male	22.6	52.1	32.4	**39.7**
Stroke, Female	22.7	21.0	24.1	**25.5**

Source: Centers for Disease Control and Prevention

	Iberia Parish	Vermilion Parish	Acadia Parish	Louisiana
Stroke, All	25.2	22.0	28.1	**32.3**
Stroke, White (Non-Hispanic)	15.9	16.6	21.6	**21.7**
Stroke, Black (Non-Hispanic)	55.1	51.2	57.7	**58.8**
Stroke, Male	25.5	20.1	39.2	**39.7**
Stroke, Female	24.9	21.2	18.8	**25.5**

Source: Centers for Disease Control and Prevention

	St. Mary Parish	Evangeline Parish	Jefferson Davis Parish	Louisiana
Stroke, All	28.7	47.0	40.6	**32.3**
Stroke, White (Non-Hispanic)	18.9	30.3	35.4	**21.7**
Stroke, Black (Non-Hispanic)	59.6	90.7	68.7	**58.8**
Stroke, Male	27.9	59.3	51.0	**39.7**
Stroke, Female	29.5	44.8	28.3	**25.5**

Source: Centers for Disease Control and Prevention

Cancer Incidence

The National Cancer Institute reports cancer incidence rates on a state and parish level. Tables detailing select cancer incidence rates can be found on the following page.

- Prostate cancer incidence was highest in Vermilion Parish (175.1 per 100,000 males) although Lafayette, St. Landry, St. Martin, and St. Mary parishes also had incidence rates higher than the state rate (137.4 per 100,000 males) and national rate (109.0 per 100,000 males).
- St. Mary and Lafayette parishes had the highest breast cancer incidence rates in the service area (140.6 and 140.4 per 100,000 females, respectively). St. Martin, Evangeline, and Jefferson Davis parishes had incidence rates lower than the state rate (124.1 per 100,000 females).
- Lung and bronchus cancer incidence rates were higher than the state rate in every service area parish except for St. Mary Parish (64.1 per 100,000 population). The Louisiana state rate for lung and bronchus cancer of 68.8 per 100,000 population was higher than the national rate of 60.2 per 100,000 population.
- The incidence rates for colorectal cancer were higher than the Louisiana incidence rate (46.5 per 100,000 population) and national rate (39.2 per 100,000 population) in every service area parish.
- Iberia parish had a higher incidence rate for cervical cancer than the state rate (12.1 per 100,000 females and 9.0 per 100,000 females, respectively) while Lafayette and St. Landry parishes had lower incidence rates compared to the Louisiana rate. Rates were unavailable or unstable for St. Martin, Vermilion, Acadia, St. Mary, Evangeline, and Jefferson Davis parishes.
- Stomach cancer incidence rates were lower than the Louisiana rate (7.3 per 100,000 population) for Iberia, Vermilion, Acadia, and St. Mary parishes. Lafayette, St. Landry, and St. Martin parishes had elevated incidence of stomach cancer compared to the state rate. Rates for Evangeline and Jefferson Davis parishes were unavailable or unstable.

Cancer Incidence (continued)

Select Cancer Incidence Rates, 2011 – 2015

	Lafayette Parish	St. Landry Parish	St. Martin Parish	Louisiana	United States
Prostate[1]	150.9	145.4	153.6	**137.4**	**109.0**
Breast (female)[2]	140.4	128.1	105.1	**124.1**	**124.7**
Lung and bronchus[3]	69.5	81.5	72.0	**68.8**	**60.2**
Colon and rectum[3]	49.7	65.2	58.5	**46.5**	**39.2**
Cervix[2]	8.2	8.7	*	**9.0**	**7.5**
Stomach[3]	7.6	8.0	12.5	**7.3**	**6.6**

Source: National Cancer Institute - State Cancer Profiles

[1]Rates are per 100,000 males

[2]Rates are per 100,000 females

[2]Rates are per 100,000 population

* Indicates rate is unstable

	Iberia Parish	Vermilion Parish	Acadia Parish	Louisiana	United States
Prostate[1]	127.8	175.1	133.1	**137.4**	**109.0**
Breast (female)[2]	130.4	126.7	124.5	**124.1**	**124.7**
Lung and bronchus[3]	75.9	73.5	80.6	**68.8**	**60.2**
Colon and rectum[3]	56.5	52.6	57.3	**46.5**	**39.2**
Cervix[2]	12.1	*	*	**9.0**	**7.5**
Stomach[3]	5.6	5.7	6.3	**7.3**	**6.6**

Source: National Cancer Institute - State Cancer Profiles

[1]Rates are per 100,000 males

[2]Rates are per 100,000 females

[2]Rates are per 100,000 population

* Indicates rate is unstable

	St. Mary Parish	Evangeline Parish	Jefferson Davis Parish	Louisiana	United States
Prostate[1]	165.3	135.9	112.8	**137.4**	**109.0**
Breast (female)[2]	140.6	98.6	106.0	**124.1**	**124.7**
Lung and bronchus[3]	64.1	81.8	82.5	**68.8**	**60.2**
Colon and rectum[3]	53.2	73.1	55.5	**46.5**	**39.2**
Cervix[2]	*	*	*	**9.0**	**7.5**
Stomach[3]	6.8	*	*	**7.3**	**6.6**

Source: National Cancer Institute - State Cancer Profiles

[1]Rates are per 100,000 males

[2]Rates are per 100,000 females

[2]Rates are per 100,000 population

* Indicates rate is unstable

Cancer Mortality

The National Cancer Institute reports cancer mortality rates on a state and parish level. Tables detailing select cancer incidence rates can be found on the following page.

- Lung and bronchus cancer mortality rates were lower in Lafayette Parish than the rest of Louisiana (53.6 per 100,000 population), while all other parishes in the service area had higher mortality rates than the state rate (see tables on following page).
- Prostate cancer mortality was highest in St. Mary Parish (30.2 per 100,000 males) although Lafayette, St. Landry, and Acadia parishes also had mortality rates higher than the Louisiana incidence rate (21.6 per 100,000 males).
- Jefferson Davis Parish had the highest breast cancer mortality rate in the service area (33.5 per 100,000 females). Mortality rates for St. Landry, Iberia, Acadia, and St. Mary parishes were also greater than the mortality rate for the state of Louisiana (23.7 per 100,000 females).
- The mortality rate for colorectal cancer in Evangeline Parish was the highest rate in the service area (29.0 per 100,000 population). Lafayette Parish had a lower mortality rate than the rest of Louisiana (16.6 per 100,000 population) while the colorectal cancer mortality rates in all other service area parishes exceeded the incidence rate for the state. All parishes in the LGH and OLOL community, as well as the state of Louisiana, had a higher rate than the national reported rate of 14.5 per 100,000.
- Stomach cancer mortality rates in St. Landry and St. Martin parishes were greater than the mortality rate for the state of Louisiana. Rates were unavailable or unstable for Iberia, Vermilion, Acadia, St. Mary, Evangeline, and Jefferson Davis parishes.
- The Cervical cancer mortality rate in Lafayette Parish (3.7 per 100,000 females) was higher than the mortality rate for the state of Louisiana (3.0 per 100,000 females) and the overall United States (2.3 per 100,000 females). All other parishes in the service area had unavailable or unstable cervical cancer mortality rates.

Cancer Mortality

Select Cancer Mortality Rates, 2011 – 2015

	Lafayette Parish	St. Landry Parish	St. Martin Parish	Louisiana	United States
Lung and bronchus[1]	52.4	62.3	60.1	**53.6**	**43.4**
Prostate[2]	22.1	26.2	15.4	**21.6**	**19.5**
Breast[3]	21.6	24.9	23.4	**23.7**	**20.9**
Colon and rectum[1]	16.6	23.1	19.3	**17.5**	**14.5**
Stomach[1]	3.1	5.9	6.5	**3.8**	**3.2**
Cervical[3]	3.7	*	*	**3.0**	**2.3**

Source: National Cancer Institute - State Cancer Profiles

[1]Rates are per 100,000 population

[2]Rates are per 100,000 males

[3]Rates are per 100,000 females

* Indicates rate is unstable

	Iberia Parish	Vermilion Parish	Acadia Parish	Louisiana	United States
Lung and bronchus[1]	62.2	55.6	65.6	**53.6**	**43.4**
Prostate[2]	19.2	19.9	29.7	**21.6**	**19.5**
Breast[3]	27.2	22.0	26.3	**23.7**	**20.9**
Colon and rectum[1]	19.9	18.4	22.9	**17.5**	**14.5**
Stomach[1]	*	*	*	**3.8**	**3.2**
Cervical[3]	*	*	*	**3.0**	**2.3**

Source: National Cancer Institute - State Cancer Profiles

[1]Rates are per 100,000 population

[2]Rates are per 100,000 males

[3]Rates are per 100,000 females

* Indicates rate is unstable

	St. Mary Parish	Evangeline Parish	Jefferson Davis Parish	Louisiana	United States
Lung and bronchus[1]	55.3	69.5	72.4	**53.6**	**43.4**
Prostate[2]	30.2	*	*	**21.6**	**19.5**
Breast[3]	25.4	20.5	33.5	**23.7**	**20.9**
Colon and rectum[1]	21.0	29.0	22.9	**17.5**	**14.5**
Stomach[1]	*	*	*	**3.8**	**3.2**
Cervical[3]	*	*	*	**3.0**	**2.3**

Source: National Cancer Institute - State Cancer Profiles

[1]Rates are per 100,000 population

[2]Rates are per 100,000 males

[3]Rates are per 100,000 females

* Indicates rate is unstable

Sexually Transmitted Infections

Reported rates of sexually transmitted infections (STIs) are available by parish through the Louisiana Department of Health (formerly the Louisiana Department of Health and Hospitals). Evangeline Parish had a higher HIV diagnosis rate in 2016 than the rest of Louisiana (27.0 per 100,000 population and 24.1 per 100,000 population, respectively), while other service area parishes had lower diagnosis rates than the state rate. The reported chlamydia rate in Iberia Parish was significantly higher than the state rate (856.0 per 100,000 population and 677.7 per 100,000 population, respectively), while the rates in all other service area parishes were lower than the state rate (see tables below).

The gonorrhea rate in Iberia Parish (266.0 per 100,000 population) was higher than the rest of Louisiana (230.3 per 100,000 population), while the rates in all other service area parishes were lower (see tables below). Within the service area, Lafayette Parish had the highest reported rate of primary and secondary syphilis infection (15.0 per 100,000 population), although all parishes in the service area had lower rates than the state rate (16.0 per 100,000 population).

Reported Sexually Transmitted Infections, 2016

	Lafayette Parish	St. Landry Parish	St. Martin Parish	Louisiana
HIV diagnosis rate	18.0	19.0	19.0	**24.1**
Chlamydia	570.0	629.0	613.0	**677.7**
Gonorrhea	203.0	229.0	196.0	**230.3**
Primary and secondary syphilis	15.0	10.0	9.0	**16.0**

Source: Louisiana Department of Health and Hospitals - 2016 Louisiana STD Annual Report

Rates are per 100,000 population

	Iberia Parish	Vermilion Parish	Acadia Parish	Louisiana
HIV diagnosis rate	18.0	12.0	19.0	**24.1**
Chlamydia	856.0	437.0	562.0	**677.7**
Gonorrhea	266.0	126.0	168.0	**230.3**
Primary and secondary syphilis	11.0	13.0	*	**16.0**

Source: Louisiana Department of Health and Hospitals - 2016 Louisiana STD Annual Report

Rates are per 100,000 population

* Indicates rate is unstable

	St. Mary Parish	Evangeline Parish	Jefferson Davis Parish	Louisiana
HIV diagnosis rate	12.0	27.0	*	**24.1**
Chlamydia	622.0	581.0	493.0	**677.7**
Gonorrhea	140.0	184.0	150.0	**230.3**
Primary and secondary syphilis	*	*	*	**16.0**

Source: Louisiana Department of Health and Hospitals - 2016 Louisiana STD Annual Report

Rates are per 100,000 population

* Indicates rate is unstable

Weight Status

The Behavioral Risk Factor Surveillance System (BRFSS) collects data and reports on health-related risk behaviors, chronic health conditions, and use of preventative services. Adults in St. Martin, Vermilion, and Acadia parishes had a greater percentage of adults who reported an overweight BMI than the rest of Louisiana (34.5%). The percentage of adults who reported a BMI between 25.0 and 30.0 was lower than the state rate for Lafayette (33.4%), St. Landry (30.0%), Iberia (28.9%), St. Mary (31.1%), Evangeline (31.3%), and Jefferson Davis (29.5%) parishes.

St. Landry, Iberia, St. Mary, Evangeline, and Jefferson Davis parishes had a higher percentage of adults who reported a BMI greater than 30.0 than the state rate (34.4%). Fewer adults in Lafayette, St. Martin, Vermilion, and Acadia parishes reported a BMI greater than 30.0 compared to the percentage of adults in Louisiana who reported a BMI in the obese range (see tables below).

BRFSS Overweight and Obesity Rates - 2011-2013

	Lafayette Parish	St. Landry Parish	St. Martin Parish	Louisiana
Adults who report their BMI at 25.0 to 30.0 (Overweight)*	33.4%	30.0%	40.5%	**34.5%**
Adults who report their BMI above 30.0 (Obesity)	30.8%	39.5%	33.9%	**34.4%**

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion 2013

*Centers for Disease Control and Prevention, Behavioral Risk Factor Surveliance System 2011-2012

	Iberia Parish	Vermilion Parish	Acadia Parish	Louisiana
Adults who report their BMI at 25.0 to 30.0 (Overweight)*	28.9%	36.4%	37.0%	**34.5%**
Adults who report their BMI above 30.0 (Obesity)	35.8%	31.0%	32.8%	**34.4%**

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion 2013

*Centers for Disease Control and Prevention, Behavioral Risk Factor Surveliance System 2011-2012

	St. Mary Parish	Evangeline Parish	Jefferson Davis Parish	Louisiana
Adults who report their BMI at 25.0 to 30.0 (Overweight)*	31.1%	31.3%	29.5%	**34.5%**
Adults who report their BMI above 30.0 (Obesity)	37.9%	41.9%	36.2%	**34.4%**

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion 2013

*Centers for Disease Control and Prevention, Behavioral Risk Factor Surveliance System 2011-2012

Weight Status (continued)

The Centers for Disease Control and Prevention and the US Department of Agriculture collect data and report on obesity-related risk behaviors, access to healthy nutrition, and physical fitness venues.

Adults in Vermilion and St. Mary parishes were more likely to have adequate fruit and vegetable consumption than adults in the rest of Louisiana (81.1%). In 2015, the population in St. Mary Parish (33.4%) was the only parish in the service area to have a higher population with low grocery store access than the state rate (26.8%).

A greater percentage of Lafayette Parish adults participated in leisure time physical activity than adults in the rest of Louisiana (28.2%). In contrast, a larger percentage of those in all other service area parishes participated in no leisure time physical activity compared with the state as a whole.

St. Martin, Vermilion, St. Mary, and Evangeline parishes had a lower number of recreation and fitness facilities per 100,000 population compared to Louisiana as a whole (9.5 per 100,000 population). Acadia Parish (16.2 per 100,000 population) and Lafayette Parish (14.9 per 100,000 population) had the greatest ratio of recreation and physical fitness facilities to population within the service area (see tables on following page).

Weight Status (continued)

Obesity Related Factors

	Lafayette Parish	St. Landry Parish	St. Martin Parish	Lousiana
Adults with inadequate fruit and vegetable consumption[1]	81.4%	87.0%	82.1%	**81.1%**
Population with low access to grocery stores [2]	22.9%	16.3%	4.1%	**26.8%**
Adults who report no leisure time physical activity [3]	25.4%	30.7%	32.4%	**28.2%**
Number of recreation and fitness facilities [4]	14.9	9.6	3.8	**9.5**

[1] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System 2005-2009

[2] US Department of Agriculture Food Environment Atlas 2015

[3] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion 2013

[4] Establishments per 100,000 population, US Census Bureau and CARES, 2015

	Iberia Parish	Vermilion Parish	Acadia Parish	Lousiana
Adults with inadequate fruit and vegetable consumption[1]	84.0%	79.3%	83.3%	**81.1%**
Population with low access to grocery stores [2]	19.3%	6.3%	1.8%	**26.8%**
Adults who report no leisure time physical activity [3]	29.4%	28.8%	33.5%	**28.2%**
Number of recreation and fitness facilities [4]	9.6	5.2	16.2	**9.5**

[1] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System 2005-2009

[2] US Department of Agriculture Food Environment Atlas 2015

[3] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion 2013

[4] Establishments per 100,000 population, US Census Bureau and CARES, 2015

	St. Mary Parish	Evangeline Parish	Jefferson Davis Parish	Lousiana
Adults with inadequate fruit and vegetable consumption[1]	79.5%	83.0%	87.5%	**81.1%**
Population with low access to grocery stores [2]	33.4%	26.3%	7.1%	**26.8%**
Adults who report no leisure time physical activity [3]	32.4%	32.2%	29.4%	**28.2%**
Number of recreation and fitness facilities [4]	3.7	2.9	9.5	**9.5**

[1] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System 2005-2009

[2] US Department of Agriculture Food Environment Atlas 2015

[3] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion 2013

[4] Establishments per 100,000 population, US Census Bureau and CARES, 2015

Maternal and Child Health

The Louisiana State Center for Health Statistics publishes data on maternal and child health indicators.

St. Landry Parish had the highest birth rate in the service area (15.4 births per 1,000 population) while Vermilion Parish had the lowest birth rate (12.5 births per 1,000 population). The birth rates in Lafayette, Iberia, Acadia, St. Mary, Evangeline, and Jefferson Davis parishes exceeded the state birth rate (13.5 births per 1,000 population). The teen birth rate was highest in St. Landry and Evangeline parishes (71.6 and 70.5 births per 1,000 women aged 15-19 years, respectively). Lafayette Parish was the only parish in the service area with a teen birth rate lower than the rest of Louisiana (50.2 births per 1,000 women aged 15-19 years).

From 2010 to 2014 the infant mortality rates in St. Martin, Acadia, Evangeline, and Jefferson Davis parishes exceeded the Louisiana infant mortality rate (8.9 deaths per 1,000 births). St. Mary Parish had the lowest infant mortality rate in the service area (6.1 deaths per 1,000 births), while Jefferson Davis Parish had the highest rate (10.7 deaths per 1,000 births).

St. Martin (11.6%), Iberia (11.5%), and Evangeline (11.9%) parishes had a greater percentage of low birth-weight infants than the rest of Louisiana (10.9%) in 2014 (see tables on following page). Preterm births occurred more frequently in Iberia, Vermilion, St. Mary, Evangeline, and Jefferson Davis parishes than in the state as a whole (10.2%). Mothers in Lafayette, St. Landry, St. Martin, and Acadia parishes were less likely to deliver preterm (see tables on following page).

Maternal and Child Health (continued)

Birth Rates and Infant Morbidity and Mortality, 2010–2016

	Lafayette Parish	St. Landry Parish	St. Martin Parish	Louisiana
Birth rate (per 1,000 population), 2016[1]	14.0	15.4	13.3	**13.5**
Teen birth rate (per 1,000 women aged 15–19 years), 2014[1]	38.3	71.6	53.2	**50.2**
Infant mortality rate (per 1,000 births), 2010–2014[2]	8.1	7.8	10.5	**8.9**
Low birth-weight, 2014[2]	9.5%	10.9%	11.6%	**10.9%**
Preterm births, 2014[2]	9.5%	9.8%	9.6%	**10.2%**

[1]Source: Louisiana State Center for Health Statistics; U.S. Census Bureau

[2]Source: Louisiana State Center for Health Statistics

	Iberia Parish	Vermilion Parish	Acadia Parish	Louisiana
Birth rate (per 1,000 population), 2016[1]	14.3	12.5	14.1	**13.5**
Teen birth rate (per 1,000 women aged 15–19 years), 2014[1]	65.1	52.9	64.6	**50.2**
Infant mortality rate (per 1,000 births), 2010–2014[2]	8.1	6.7	10.3	**8.9**
Low birth-weight, 2014[2]	11.5%	10.0%	10.6%	**10.9%**
Preterm births, 2014[2]	11.0%	12.8%	10.1%	**10.2%**

[1]Source: Louisiana State Center for Health Statistics; U.S. Census Bureau

[2]Source: Louisiana State Center for Health Statistics, 2014

	St. Mary Parish	Evangeline Parish	Jefferson Davis Parish	Louisiana
Birth rate (per 1,000 population), 2016[1]	13.6	14.5	14.1	**13.5**
Teen birth rate (per 1,000 women aged 15–19 years), 2014[1]	61.2	70.5	55.6	**50.2**
Infant mortality rate (per 1,000 births), 2010–2014[2]	6.1	9.7	10.7	**8.9**
Low birth-weight, 2014[2]	10.8%	11.9%	9.5%	**10.9%**
Preterm births, 2014[2]	10.9%	11.1%	11.5%	**10.2%**

[1]Source: Louisiana State Center for Health Statistics; U.S. Census Bureau

[2]Source: Louisiana State Center for Health Statistics, 2014

Access to Care

According to the ACS 2012–2016 estimates, every parish in the service area, with the exception of St. Mary Parish (83.6%), had rates of health insurance coverage greater than or equal to the rate for the state of Louisiana (84.4%). Residents of St. Mary Parish and Evangeline Parish were less likely than those in the rest of the service area and Louisiana (56.6%) to be privately insured (see tables below). Those in Lafayette Parish were most likely to be privately insured (67.9%).

Within Louisiana, 26.2% of residents received Medicaid benefits. Lafayette Parish had a lower proportion of Medicaid recipients (19.4%), while all other parishes in the service area had a greater percentage of residents receiving benefits when compared to the state. Evangeline Parish (38.4%) and St. Mary Parish (34.8%) had the greatest rates of Medicaid coverage within the service area.

Acadia Parish, Iberia Parish, Evangeline Parish, and St. Mary Parish experienced greater levels of uninsured adults than other parishes in the service area and the rest of Louisiana (14.1%). Children in St. Landry parish were more likely to be uninsured than those in the state as a whole (5.6% and 4.8%, respectively). Jefferson Davis Parish had the lowest level of un-insured adults (11.9%) and children (1.8%) in the service area..

Health Insurance Coverage, 2012-16

	Lafayette Parish	St. Landry Parish	St. Martin Parish	Louisiana
Health insurance coverage	86.6%	85.9%	86.4%	**84.4%**
Private insurance	67.9%	57.0%	61.1%	**56.6%**
Population receiving Medicaid	19.4%	27.7%	28.1%	**26.2%**
No health insurance coverage	13.4%	14.1%	13.6%	**14.1%**
No health insurance coverage (children)	3.7%	5.6%	2.8%	**4.8%**

Source: US Census, ACS 2012-2016

	Iberia Parish	Vermilion Parish	Acadia Parish	Louisiana
Health insurance coverage	84.7%	86.8%	84.4%	**84.4%**
Private insurance	57.2%	61.0%	56.6%	**56.6%**
Population receiving Medicaid	29.4%	27.1%	29.9%	**26.2%**
No health insurance coverage	15.3%	13.2%	15.6%	**14.1%**
No health insurance coverage (children)	4.2%	3.0%	4.3%	**4.8%**

Source: US Census, ACS 2012-2016

	St. Mary Parish	Evangeline Parish	Jefferson Davis Parish	Louisiana
Health insurance coverage	83.6%	85.7%	88.1%	**84.4%**
Private insurance	51.7%	50.4%	59.5%	**56.6%**
Population receiving Medicaid	34.8%	38.4%	31.5%	**26.2%**
No health insurance coverage	16.4%	14.3%	11.9%	**14.1%**
No health insurance coverage (children)	3.3%	2.4%	1.8%	**4.8%**

Source: US Census, ACS 2012-2016

Health Behaviors

County Health Rankings provides a snapshot of reported health behaviors from the Centers for Disease Control and Prevention.

A greater percentage of residents in St. Landry, Acadia, St. Mary, and Evangeline parishes reported poor or fair health than those in the rest of Louisiana (21.1%) in 2016 (see tables on following page). Lafayette Parish had the lowest percentage of adults who reported poor or fair health within the service area (17.5%).

Evangeline Parish residents were more likely to report smoking (23.9%) than those in other service area parishes and the rest of Louisiana (22.8%). Within the service area, Vermilion parish had the lowest percentage of adults who reported smoking (19.5%).

A greater percentage of Lafayette Parish residents participated in physical activity than those in the rest of Louisiana (27.4% and 29.6%, respectively, reported physical inactivity). Those in all other service area parishes were the same or less physically active than those in Louisiana as a whole. Acadia Parish had the greatest percentage of physically inactive adults (36.1%) compared to those in other service area parishes.

Lafayette Parish had the highest percentage of residents who reported excessive drinking (19.7%) within the service area. St. Martin, Vermilion, and Acadia parishes also had a greater percentage of residents who reported excessive drinking than Louisiana as a whole (18.5%).

Obesity was most prevalent in Jefferson Davis Parish (40.1%) and least prevalent in Lafayette Parish (32.0%) within the service area. In comparison, 34.7% of Louisiana adults reported being obese.

Health Behaviors

Health Behaviors

	Lafayette Parish	St. Landry Parish	St. Martin Parish	Louisiana
Poor or fair health [1]	17.5%	22.7%	19.8%	**21.1%**
Adult smokers [1]	20.9%	21.4%	20.1%	**22.8%**
Physical inactivity [2]	27.4%	33.3%	32.6%	**29.6%**
Excessive drinking [1]	19.7%	15.4%	18.9%	**18.5%**
Adult obesity [2]	32.0%	38.8%	38.3%	**34.7%**

Source: [1] Behavioral Risk Factor Surveillance System, 2016

[2] Centers for Disease Control and Prevention, 2014

	Iberia Parish	Vermilion Parish	Acadia Parish	Louisiana
Poor or fair health [1]	20.7%	18.4%	22.0%	**21.1%**
Adult smokers [1]	20.2%	19.5%	21.0%	**22.8%**
Physical inactivity [2]	32.0%	29.6%	36.1%	**29.6%**
Excessive drinking [1]	18.4%	19.6%	19.0%	**18.5%**
Adult obesity [2]	34.8%	32.5%	33.8%	**34.7%**

Source: [1] Behavioral Risk Factor Surveillance System, 2016

[2] Centers for Disease Control and Prevention, 2014

	St. Mary Parish	Evangeline Parish	Jefferson Davis Parish	Louisiana
Poor or fair health [1]	24.0%	24.9%	20.6%	**21.1%**
Adult smokers [1]	21.0%	23.9%	20.5%	**22.8%**
Physical inactivity [2]	33.2%	34.0%	29.8%	**29.6%**
Excessive drinking [1]	16.7%	17.1%	18.4%	**18.5%**
Adult obesity [2]	36.0%	39.6%	40.1%	**34.7%**

Source: [1] Behavioral Risk Factor Surveillance System, 2016

[2] Centers for Disease Control and Prevention, 2014

Community Input

The interview and focus group data is qualitative in nature and should be interpreted as reflecting the values and perceptions of those interviewed. This portion of the CHNA process is designed to gather input from persons who represent the broad interest of the community serviced by LGH and OLOL, as well as individuals providing input who have special knowledge or expertise in public health. It is intended to provide depth and richness to the quantitative data collected.

Community Leader Interviews

Interview Methodology

Forty-five interviews were conducted from April 13 through May 17, 2018. Interviews required approximately 30 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 strengths of the community?
- What are the top health concerns of the community?
- What do you think is the single most important thing that could be done to improve the health in your community?
- What are the barriers to obtaining health services in your community?
- What health resources are available in your community?
- What health resources does your community currently need more of?
- What sub-populations are medically underserved in your community?
- Is there anything else we should know about your community that we have not already discussed?

Community Leader Interview Summary

During the Community Leader Interviews, 45 leaders discussed a variety of health-related topics that affect the service area. Interviewees represented multiple organizations in the community including Lafayette General Health, Our Lady of Lourdes, the Diocese of Lafayette, Miles Perret Cancer Services, and others. A list of organizations and individuals included in community leader interviews is provided in Appendix B. Interviewees discussed specific strengths in the community as they relate to healthcare. Several interviewees discussed nutrition as a strength and referenced community garden projects taking place in local schools, donations of excess produce to food banks, and nutrition education provided by the LSU AgCenter Extension office. Other interviewees noted that the availability of high-quality healthcare services in the Acadiana region is a very important strength. Community leaders specifically mentioned the number of medical facilities and clinics that have opened in Acadiana recently, improvement in local cancer care, the offering of telemedicine in the community, and several regular health fairs that provide free screenings in the community. Beyond this, interviewees discussed other health strengths in the community including the number of faith-based organizations and their wellness programs, nutrition education in schools, Medicaid expansion, and the variety of community-based organizations that provide health-related programs.

Community Leaders also discussed their health-related concerns. Access to care was discussed by several leaders as a major concern in the service area. Interviewees noted that there are many physicians in the area who do not accept Medicaid, making it difficult for those patients to receive care outside of the emergency room. An interviewee noted that it is a challenge to recruit Medicaid providers to the area, and that preventative care should be a focus for this patient population. Obesity was also discussed by several interviewees as a main concern for the community. Interviewees felt that cultural norms impact the rates of obesity in the community as local diets often consist of high fat and high cholesterol foods. It was also noted that many children in the area do not receive three nutritious meals a day or enough exercise, contributing to an increased likelihood that they will become overweight or obese at a young age. Beyond this, older adults in the region also lack access to nutritious meals. Although there are organizations in the community that provide home-delivered meals to seniors, they often lack capacity to serve all of those in need. One interviewee noted the public perception that “everything helps” in terms of food donation contributes to poor nutrition outcomes for community members experiencing homelessness or housing insecurity. Specific conditions like diabetes and heart disease were also discussed as health concerns in the community. Leaders who expressed concern for heart disease morbidity and mortality specifically mentioned the need for a smoke free ordinance in Acadiana, high rates of congestive heart disease and hypertension, and rates of stroke complications for rural individuals. Other health concerns discussed during interviews included access to long-term acute care hospitals (LTACs) and skilled nursing facilities (SNFs).

Community Leader Interview Summary (continued)

Community Leaders also discussed barriers to obtaining health services in the community. Interviewees indicated that low income individuals throughout the service area may struggle to afford necessary care. The high costs associated with specific diseases, such as cancer, were discussed. One interviewee mentioned that individuals with lower levels of health literacy may avoid seeking out care for minor issues because of the associated costs, which then leads to a higher severity when the individual does eventually obtain care. Another major barrier discussed was the lack of Medicaid providers in the community. One interviewee noted that most surgeons in the area are not specialized and do not accept Medicaid patients. Transportation was discussed as well; interviewees indicated the need for additional resources to fund transportation programs or services. Leaders consider the rural parishes in Acadiana to be severely lacking in terms of transportation, which is of concern since many specialized providers are located within Lafayette and require travel by patients living in other parishes. Many interviewees discussed awareness as a barrier to obtaining health and human services. Individuals throughout the region may be widely unaware of the services or organizations that are available; for instance, some community-based organizations regularly encounter eligible individuals who were unaware of the recent Medicaid expansion. There is also a perceived need for improved marketing of free or low-cost screening opportunities in the community to spread awareness. Community Leaders also discussed the stigma surrounding mental and behavioral health services. Many mentioned a lack of inpatient mental health services in the area and the high costs associated with inpatient treatment.

Health resources available in the community were discussed at length by Community Leaders. Prominent resources included cancer support organizations like Miles Perret Cancer Services and Komen Acadiana. Miles Perret offers support groups for cancer patients and their caregivers, wellness and exercise programs, and bridges the gap between cancer treatment and hospice resources. Leaders also mentioned tobacco cessation resources like the 1-800-QUITNOW hotline and initiatives run by Cardiovascular Institute of the South. As food insecurity is a major concern for children in low income neighborhoods, the local library system provides summer lunches in conjunction with other educational activities to ensure children receive a nutritious meal every day. Other resources mentioned by community leaders include: community action committees, faith-based programs that assist families with basic needs, Acadiana transit, the Acadiana Coalition on Homelessness and Housing, Volunteers of America, the local Council on Aging, and One Acadiana.

Community Leader Interview Summary (continued)

Community leaders spoke at length about local resources that are lacking or could be bolstered. The need for clinical mental and behavioral health resources was discussed by several interviewees. One community leader specifically mentioned the need for improved medication management at the organizational level in order to reduce substance abuse. Interviewees also noted the lack of inpatient beds, crisis intervention teams, and follow up with patients with mental health diagnoses after discharge. One interviewee noted that greater care coordination is desperately needed for mental health cases to reduce the number of readmissions among this patient population.

Physical activity and nutrition resources were also thoroughly discussed. Interviewees noted that more evidence-based interventions for youth focused on physical activity and nutrition education are needed. One interviewee suggested that the local governments establish arrangements with the school systems to allow the public to utilize playgrounds for exercise outside of school hours. Interviewees discussed the role that the media can play in marketing public health initiatives and positive lifestyle choices. Leaders suggested media campaigns focused on promoting less strenuous physical activity options such as dancing or walking as well as promoting nutritious foods to young people. Resources for those who have higher rates of food insecurity are crucial; while there are food banks serving the community, the existing organizations are often unable to meet the needs of a given family for an entire week.

Community leaders also mentioned the need for outreach efforts for those in rural or low-income neighborhoods. Interviewees noted that it is crucial to embed health education and support services within rural or underserved communities, essentially meeting people where they are. Churches, schools, and workplaces were all mentioned as spaces where community members already gather that would make excellent locations for embedded services. Telemedicine was considered a viable option for bringing care to remote locations and targeting those who struggle to access transportation. Interviewees also noted that better communication and marketing regarding sliding fee scales would encourage individuals to access existing services within their communities and improve population health outcomes. Community leaders also spoke about various other resources that are needed in the service area. Examples include additional specialized providers, health education, health resources for older adults, primary care services, health navigation, and maternal and child health resources.

Focus Groups

Five focus groups were conducted at various locations throughout the service area from September 10-13, 2018. The purpose of the focus groups was to gather information about health concerns from particular interest groups in the Acadiana Region Parishes. Participants provided qualitative information about their experiences obtaining healthcare in the community and shared ways in which they think healthcare delivery and supportive services can be improved.

Focus Group Methodology

Focus groups consisted of community members over the age of 18. Target populations representing cross sections of the Acadiana Region were recruited through promotion in the media and outreach to local community-based organizations. Five separate focus groups were held, including participants with diverse backgrounds and opinions from the following population sub-sets: African American race/ethnicity, Medicaid recipients, individuals with heart disease, individuals with cancer and cancer survivors, and those living in rural communities.

Focus group participants were notified prior to divulging information that their ideas, experiences, and opinions would be utilized as part of the CHNA in order to improve health outcomes within the community, and that all information gathered by the facilitators would be de-identified within the CHNA report. All participants were encouraged to share their ideas, opinions, and experiences, including any positive or negative feedback. Participants also completed a consent form and an optional demographic questionnaire prior to participation in the focus group.

The focus group sessions were recorded and the collected qualitative data was analyzed using a thematic approach. These themes and the resulting analyses, combined with quantitative data, served as the foundation of the development of health priorities, including identifying areas where the needs of the community were properly addressed and where service offerings could be improved.

Focus Group Structure

Opening: 15 minutes

- Explain the purpose of the focus group and introduce facilitators
- Obtain signed consent forms and demographic surveys
    - Establish ground rules:
        - Only one person speaks at a time.
        - Confidentiality: what individuals say will not be quoted with names. Information will be grouped with answers from other people so that individuals are not identified.
        - It is important for us to hear everyone's ideas and opinions. There are no right or wrong answers to questions – just ideas, experiences, and opinions, which are all valuable.
        - It is important for us to hear all sides of an issue – both the positive and the negative.
        - It is important for everyone's ideas be equally represented and respected.
- Ask participants to give a brief introduction
- Define the service area/community

Question Guide: 1 hour 15 minutes

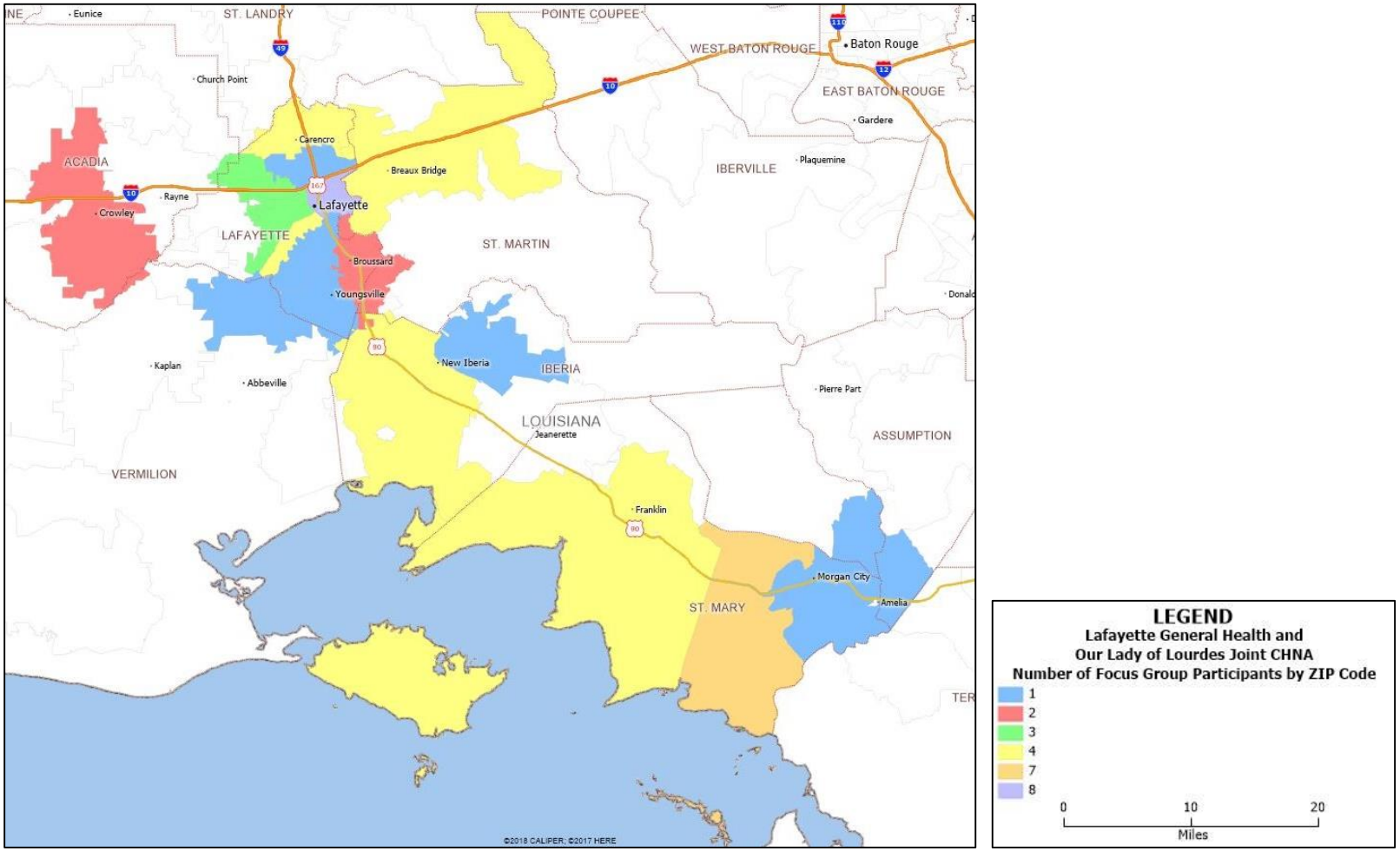
1. What are the most serious health concerns in the community?
2. How would you prioritize the most important health concerns in the community?
3. What are the barriers to receiving healthcare in the community?
4. What actions can be taken to improve the health of people in the community?
5. What are the greatest strengths in this community related to health and well-being?
6. Are you aware of any of the free or low-cost community-based services offered by Our Lady of Lourdes or Lafayette General Health? *(Reference list of services provided by hospital representatives)*

Conclusion: 15 minutes

- Summarize findings and let participants know where the CHNA report will be posted online
- Thank participants and distribute incentives

Focus Group Participants

Focus Group Participants by ZIP Code



Source: Carnahan Group; Maptitude 2018

Rural Focus Group

Twelve individuals participated in the focus group for rural community members. Twelve demographic surveys were completed indicating nine female and three male participants, with five aged 18 to 44 and seven aged 45 to 64 participants.

The health concerns most discussed by rural participants were cancer, heart disease, sexually transmitted infections, and barriers influencing healthcare access. Surrounding many of these issues – especially cancer and sexually transmitted infections – there was a general consensus among the group that a lack of screening and early detection contributes to the overall impact of these health issues on the community. Many individuals expressed concern over health insurance restrictions on screening coverage, and a lack of affordable or alternative screening methods. One individual stated that some previous solutions, such as free mammograms via mobile screening, are no longer offered in the community. Others suggested that, although there are some free screenings currently offered in the community, most of the residents are not aware of these programs or events so the overall reach is relatively low. Providing additional low-cost or free screening programs within the community, along with advertising efforts to increase awareness of current programs, would help to alleviate this issue. Marketing efforts in the rural areas could focus on workplace advertising, as well as flyers in public spaces such as grocery stores or libraries.

When discussing concerns surrounding heart disease, participants suggested that rural areas in Acadiana have a lack of access to healthy food and affordable physical activity options. The group referred to a lack of health education for youth within their community. The community members described how children receive limited physical exertion during the school day and also participate in social interactions focused on eating unhealthy foods. Finally, participants felt as though a lack of primary care providers accepting uninsured or under-insured patients has led to heart disease or underlying heart issues going undiagnosed throughout the community. Participants stated that there is only one pediatric clinic in Morgan City that is often booked far in advance.

Rural Focus Group (continued)

Along with limited access to primary care providers, the group discussed many issues contributing to a lack of access to healthcare services. Many participants stated that healthcare access was hindered due to lack of transportation combined with many specialists being located outside of their area. The closest hospital facilities, located in Morgan City and Franklin, are seen as either having a bad reputation or as being less than fully-equipped. Some residents take it upon themselves to drive friends and neighbors to distant appointments, but not everyone has that option. While the group described the area's sense of community and the caring nature of its residents as strengths, the closeness of the population can also negatively impact one's ability to access healthcare services. According to many participants, confidentiality can be seen as an issue because of small town "gossip" and a perceived lack of anonymity. A potential solution for these confidentiality concerns would be to strictly enforce patient confidentiality procedures and keep patients well-informed of such procedures while indicating how personal information will be used, to ensure all patients feels protected.

Cancer Patients and Survivors Focus Group

Eleven individuals participated in the focus group for cancer patients and survivors. Ten demographic surveys were completed indicating 10 female participants, with one aged 18 to 44, four aged 45 to 64 and five participants over age 65.

The focus group participants expressed the need for cancer treatment providers to employ a “team approach.” One participant noted that doctors, nurses, and front-end staff do not seem to communicate effectively and this causes patients to suffer. Another participant noted that the team approach should include more than just doctors and nurses; they mentioned that having a dietician and social worker in the hospital setting would greatly improve treatment and would better equip patients to manage their disease.

Focus group participants spoke at length about the variety of cancer-related resources available in the community. Some of the strengths noted include Camp Bluebird, Thrive 365, Miles Perret Cancer Services, Lydia Cancer, the LGH Foundation, a local Geneticist, and both Lafayette General Health and Our Lady of Lourdes health systems. Houston’s MD Anderson Cancer Center was also mentioned several times as a resource often utilized by those in the Acadiana Region. While all resources were noted as being crucial to those with cancer, it was also noted that there seems to be lack of cohesion among the organizations providing supports and resources. Participants pointed out that there is no centralized source for information on local cancer resources in Acadiana. They discussed the potential for hospitals to implement a system or information hub that would direct cancer patients and their families to resources and services provided by organizations throughout the community. Participants described the need for one-on-one patient navigation services to support a newly-diagnosed cancer patient during his or her clinical treatment process and help with access to community-based resources. It was suggested that these patient navigators could be local survivors of a similar cancer type so that new patients feel that they have a support net during a difficult and potentially confusing time.

Other concerns related to cancer care included: private rooms for chemotherapy, the need for additional provider trainings on end of life and hospice care, the need for simpler medical billing, the lack of pediatric oncologists in the community, and support for men who may not feel comfortable talking about their experiences with cancer.

Cancer Focus Group (continued)

In addition to cancer-related topics, concerns related to general preventative care were also discussed. One participant noted that it is difficult to receive insurance authorization for potentially life-saving screenings unless you qualify according to age-based screening guidelines. In order to obtain early preventative screenings, individuals anticipated that they would need to pay out of pocket and were unsure of any free or low-cost options in the community. The discussion also included concerns regarding social norms that contribute to high rates of obesity. Focus Group participants noted that the culture in the Acadiana Region can be very food focused and that this lifestyle often leads to an increased number of overweight and obese community members. Participants also noted that having more access to education on physical activity and nutrition topics would help cancer patients, and any community members, struggling with high BMI or other lifestyle-related health concerns.

Other health concerns mentioned during the cancer focus group included: substance abuse, mental illness and depression, heart disease, diabetes, lifestyle-based risk factors, lack of education, and teen pregnancy.

Heart Disease Focus Group

Nine individuals participated in the focus group for community members with heart disease. Nine demographic surveys were completed indicating seven female and two male participants, with three aged 45 to 64 participants and six participants over age 65.

The heart disease focus group participants felt that there are a variety of factors influencing heart disease prevalence in the Acadiana Region. One participant noted that prescription prices and availability pose issues for some patients with heart disease. They noted that there used to be a local organization that provided medication assistance, but it is no longer available. Participants discussed the need for education on which prescriptions are “most important” when they are taking several prescriptions but can only afford one. Another participant discussed the lack of patient education and personalized care that took place during their initial appointments, follow up appointments, and rehabilitation. He mentioned that while he received plenty of information about procedures, there was no information provided on how to make lifestyle changes to improve his health for the future. Focus group participants agreed that their most positive experiences with physicians and nurses were times when the doctor sat down and thoroughly reviewed their condition or the procedure. Focus group participants discussed the importance of timely screenings and their personal experiences with long wait times for these tests. One focus group participant mentioned having to wait two weeks for a cardiac stress test and how they needed to advocate for themselves. He mentioned that “waiting until the problem is too bad to fix” can be detrimental to the patient’s overall experience. Additional education on the early signs of heart disease would prevent community members from ignoring potential health problems. Lastly, focus group participants discussed the need for rehab facilities on the north side of Lafayette and in surrounding rural parishes where community members may have difficulties in obtaining transportation.

Although discussion was centered on heart disease, the group also mentioned other health concerns in the community including the affordability of healthcare, a lack of nutrition knowledge, delays in seeking care, unhealthy cultural norms, cancer, a lack of personalized care from physicians, and lack of health education in schools. Knowledge of proper nutrition was discussed thoroughly by the group as they felt that poor nutrition can be a major risk factor for patients with heart disease. One participant noted that nutrition is especially concerning in rural areas where some community members live in food deserts with no transportation. Group members noted that education on nutrition label reading and specific diets would be especially helpful. A lack of personalized care was also discussed in detail. Participants mentioned negative experiences with physicians who were charting on the computer for their entire appointment. They described a desire for physicians to give their patients tailored solutions specific to their individual cases. They also mentioned a lack of follow up information and follow up care initiated by providers.

Heart Disease Focus Group

Focus group participants discussed a variety of resources that are available in the community. They noted the importance of access to rehab facilities. One focus group participant discussed the quality of cardiology services in Lafayette and that the healthcare in general is “awesome”. Other resources mentioned include church-based exercise classes, shuttle services, Iberia Rec Center, Teche Action Clinic, St. Bernadette’s Clinic, Iberia Comprehensive Health, Miles Perret Cancer Services, various support groups, Rose House & Green House Garden, and the increase in individualized portions of veggies in grocery stores.

The group also discussed improvement ideas for the community. One participant noted that training younger physicians to spend more face time with their patients and less time charting on the computer during appointments may be helpful. Another focus group participant mentioned that there should be additional community programs for those who are underinsured. This launched into a conversation about the community’s collective awareness of supportive programs that are already available. It was suggested that social media may be the best way to spread information and improve awareness of existing resources. Another focus group participant noted the need for additional support groups and educational seminars throughout the community, specifically for stress management and the related health risk factors.

African American Focus Group

Thirteen individuals participated in the focus group for African American community members. Eleven demographic surveys were completed indicating eight female and three male participants, with two aged 18 to 44, four aged 45 to 64 and five participants over age 65.

The top health concern discussed by participants was health insurance and the affordability of care. Several focus group participants noted that when they made the switch from “Obamacare” to Medicare, they experienced unexpected difficulties. Participants felt that there was little to no warning of the implications of their new health insurance policies, and education on the new plan choices was difficult to find. Participants also mentioned that there is a lack of awareness of available health insurance benefits or programs. It was suggested that having a readily available case worker at the hospital may help to inform eligible individuals about Medicare benefits. Participants with Medicaid noted that a large number of providers in the area do not accept Medicaid patients. This sparked a broader discussion about a lack of clarity regarding which providers accept each type of insurance. One participant noted that there is no centralized system or database that outlines this information and that even provider websites are often outdated. For those who are able to use their insurance to receive healthcare, many discussed the long wait times for an appointment to see both primary care doctors and specialists.

When speaking about the affordability of health care, participants also mentioned other issues related to access to care. Participants noted that specialists in the community seem to over-book their appointment slots, which leads to long patient wait times and a lack of personal touch by the physicians and nurse practitioners. One focus group participant mentioned that the walk-in clinics in the community allow patients to obtain an appointment time more quickly and that having a list of questions ready for their providers helps them to take an active role in their own care. Participants with Medicare coverage described that the Medicare transportation benefit that is supposed to help them get to and from appointments is often unreliable or completely unavailable when they need it. The group discussed some of the resources available for those who struggle with access to care including St. Bernadette’s Clinic and school-based health centers, which both provide low-cost and no-cost services. One participant mentioned that while St. Bernadette’s offers free services, there is a stigma present, and those who access the services may be looked down upon.

African American Focus Group (continued)

Focus group participants discussed access to preventative care as a main health concern. The group noted that there are age restrictions that prevent early screening coverage for certain diseases like colon cancer. One participant mentioned that even with health insurance, testing is expensive. A participant shared that she received “surprise bills” after preventative health screenings. Others described confusion surrounding the cost of preventative procedures because of the facility and other fees that are included and the lack of communication about billing. Focus group participants discussed screening resources that are available in the community and mentioned that all current faculty and retirees of the Lafayette Parish School System have access to some free health screenings up to twice a year. Participants also discussed healthcare ministries that employ nurses to check blood pressure and offer other screenings in community churches and faith-based organizations. The group would like to see a greater number of health screening events conducted at local schools.

The group discussed health related strengths in the community including: the availability of clinics in the area, primary care providers and the use of nurse practitioners. Participants mentioned the bedside manner of many providers, the community culture and the healthcare ministries in church as strengths. Telemedicine and the use of online patient portals were both well received by the African American focus group. Participants specified that the Lafayette General’s Burdin Reihl outpatient lab was a strength of the community.

Focus group participants spoke about a variety of potential actions that local hospitals could take to address their main health concerns. Participants agreed that having an up-to-date physician database with insurance information would be key to keeping the community informed about their healthcare options. They also felt that a centralized referral service, similar to 232 Help but focused on health & wellness services, would be beneficial. The implementation of a physician forum or workshops and seminars led by physicians would be widely appreciated. One focus group participant mentioned that a 24 hour reminder for appointments would be helpful and would reduce the number of cancelled and no-show appointments. While discussing health education, group members mentioned the need for improved understanding of how one’s family history of medical conditions can impact their health outcomes. The group also discussed the need for health education for young children with a focus on establishing healthy behaviors and habits. Participants mentioned that churches and faith-based ministries should increase their involvement in health and wellness activities and that collaboration between different faith-based organizations should be encouraged.

Medicaid Population Focus Group

Eleven individuals participated in the focus group for Medicaid recipients. Eleven demographic surveys were completed indicating one male and ten female participants, with eight aged 18 to 44 and three aged 45 to 64 participants.

Discussion during the Medicaid population focus group centered on the issues of cancer and access to care. Cancer was the most frequently mentioned health concern, and participants shared the perception that cancer prevalence is relatively high in the community. The group felt as though the lack of inexpensive early detection options contributed to the frequency of advanced cancer diagnoses. Some participants noted that they were unable to obtain health insurance coverage for screenings or tests due to age restrictions. Group members voiced their concerns regarding age restrictions for screenings since some have a family history of specific diseases and remember the age(s) of family members when they were diagnosed. One participant discussed the need for additional research into more affordable and innovative cancer treatments. They would like for customized cancer care plans to be made available to all patients regardless of their ability to pay for treatments or procedures.

The group cited several barriers to obtaining health care services in the community, including finding transportation to and from appointments. Many participants described long wait times for appointments with Medicaid providers – sometimes many months. The group faced challenges securing appointments with local physicians since a limited number of providers and clinics accept new Medicaid patients. Updated physician listings, clearly showing which providers are accepting new patients and the various types of insurance, were mentioned as a potential strategy to overcome this access issue. While many people have access to physician listings, the group stated that they are bulky, often outdated, and are of little use.

The focus group participants discussed how dental care is unavailable or hard to access for Medicaid recipients in Acadiana. There was a general consensus that uninsured or underinsured children in the community are able to receive appropriate dental care, but the same services or funding streams are not available for adults. One participant shared their experience waiting to have a tooth extracted and how thankful they were when they found a clinic willing to complete the much-needed procedure.

Medicaid Population Focus Group (continued)

During the Medicaid focus group, participants identified reliable transportation as a major issue in the community. In many instances, patients need to travel outside of Acadiana in order to obtain specialty care. One participant noted that she travels to New Orleans in order for her son to see a pediatric neurologist. While the group stated that there is a transportation system available for individuals who have Medicaid/Medicare in the community, it is viewed as unreliable. Many participants mentioned that they are picked up late for appointments or the driver never arrives. When patients are forced to reschedule appointments, their visit may be delayed by weeks or months since many physicians have full patient panels and very busy schedules. Further, patients are often required to wait at their doctors office for hours before or after their appointment due to a lack of coordination and resources within the transportation system. The group suggested that additional funding could solve many of these issues. Participants discussed whether a process for prioritizing patients could help increase the effectiveness of the transportation programs; for example, mental health patients could be prioritized ahead of patients attending routine check-ups.

The group felt as though there are some community resources that offer a tremendous amount of help to the underinsured population in the region. Participants discussed the Louisiana Healthcare Connections health plan as a valuable resource and mentioned that the plan provides free EpiPens to those who qualify. The group was optimistic when considering new health programs that were recently implemented throughout the area. Programs that were popular amongst participants included those that incentivize preventative care or screenings by providing patients with gift cards. Finally, St. Bernadette Clinic in Lafayette was mentioned as an incredible resource where every patient is cared for and treated with respect.

Health Survey

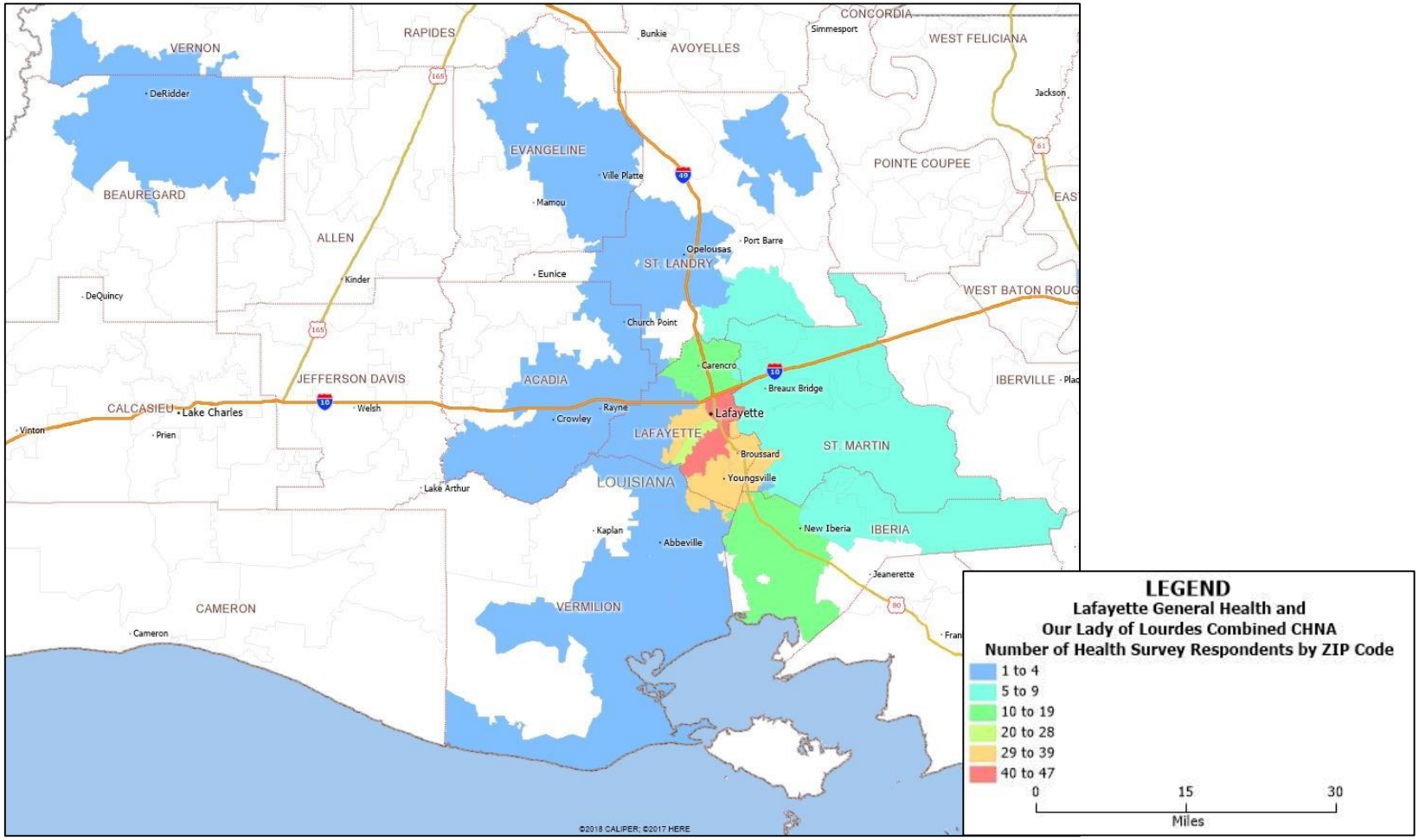
A total of 363 paper health surveys were completed by community members within the service area. The full health survey questionnaire is available in Appendix C.

Community Health Survey Methodology

Paper surveys were distributed to multiple Lourdes Physician Group offices in addition to various churches participating in the OLOL Congregational Health Program. The survey instrument asked respondents to rate their own health and the overall health of community members, in addition to questions related to accessing preventative and sick care. Respondents were also asked to prioritize five health problems and five social problems in Acadiana from lists of options. Lastly, optional demographic questions were also included at the end of the survey.

Health Survey Summary

Community Health Survey Distribution



Source: Carnahan Group; Maptitude 2018

Health Survey Summary (continued)

Community Health Survey Respondent Demographics

11.5% of n=358 survey respondents indicated that they did not own a smartphone. The majority of respondents indicated that they have private health insurance (65.3%), while 30.0% had Medicare coverage, and 11.0% had Medicaid coverage.

Age	Percentage of Respondents
18-44 years	30.5%
45-64 years	47.4%
65+ years	23.1%

n=327

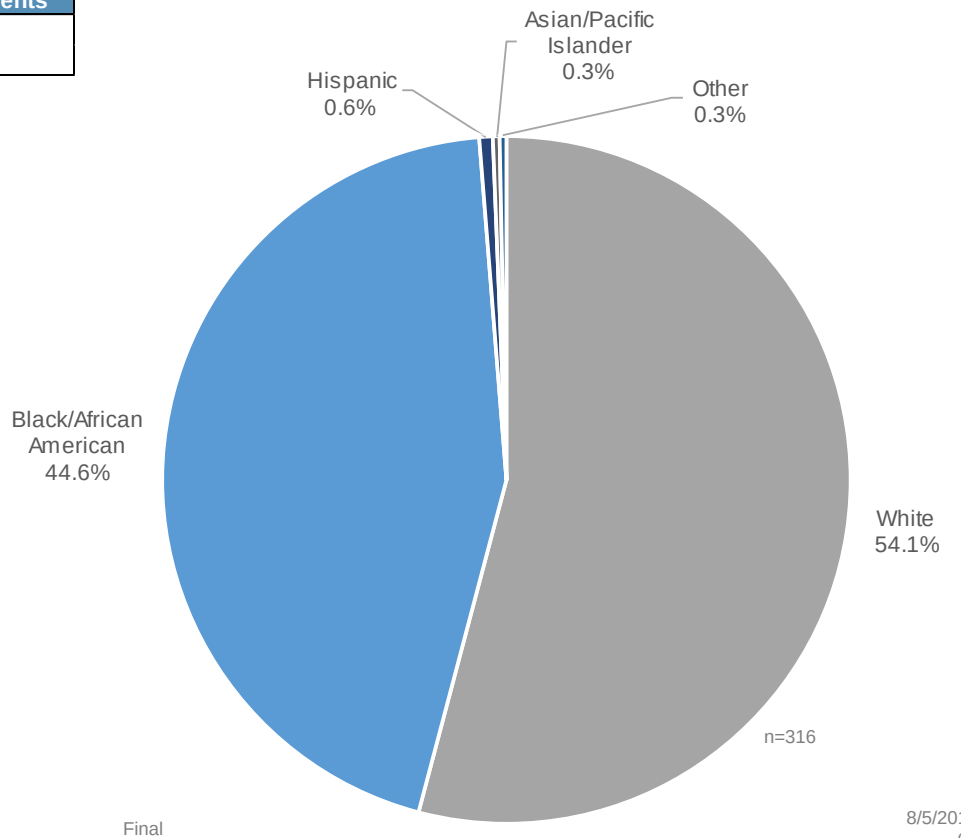
Age	Percentage of Respondents
Female	64.6%
Male	35.4%

n=316

Household Income	Percentage of Respondents
$100,000 to $149,999	13.6%
$15,000 to $24,999	9.9%
$150,000 to $199,999	6.8%
$200,000 and above	3.7%
$25,000 to $34,999	8.5%
$35,000 to $49,999	10.5%
$50,000 to $74,999	17.7%
$75,000 to $99,999	9.9%
Under $15,000	12.2%
I dont know	7.1%

n=294

Race/Ethnicity of Respondents



Health Survey Summary (continued)

Community Health Survey Results

When asked to select five serious health problems, n=326 respondents selected the following options*:

1. Cancer – 83.1%
2. Obesity – 67.2%
3. Diabetes – 65.3%
4. Heart disease and stroke – 62.3%
5. High blood pressure – 57.4%
6. Mental health issues (ex. depression) – 35.9%
7. Alzheimer's disease – 29.8%
8. Substance abuse/addiction – 27.6%

When asked to select five serious social problems, n=297 respondents selected the following options*:

1. Poverty – 68.7%
2. Crime – 67.7%
3. Homelessness – 50.2%
4. Racism and discrimination – 46.5%
5. Not enough jobs in the area – 38.4%
6. No health insurance – 37.7%
7. Not enough free or affordable health screenings – 33.7%
8. Not enough education – 32.0%
9. Not enough healthy food – 29.0%

**Note that some respondents indicated fewer or greater than five selections.*

Health Survey Summary (continued)

Community Health Survey Results

When asked “Have you had any of the following health services in the past year?”, the majority of respondents (n=333) indicated that they had received blood work (85.3%), a blood pressure check (78.1%), and dental care (53.2%).

The majority of respondents indicated that they would rate their health as “good” in general (56.5%). However, only 39.3% of respondents indicated that they would rate the overall health of community members as “good” in general (n=361).

22.8% of respondents have missed 1-5 days of work or other activities (ex. church, school) over the past 3 months because they were sick or not feeling well (n=360).

85.8% of respondents have had a physical exam (checkup, well visit) with a doctor in the past year (n=358).

When asked “When you are sick or need health care, are you able to visit the doctor?”, the majority of respondents indicated that they were always able to visit the doctor (73.5%) while 23.2% indicated that they were sometimes able to visit the doctor (n=362).

When asked “Is there anything that makes it hard for you to see a doctor when you are sick?”, n=163 respondents were more likely to indicate the following barriers:

- It is too expensive (27.0%)
- I don’t think I need to see a doctor (21.5%)
- I cannot get time off work (20.2%)

Feedback from Prior CHNA

Both LGH and OLOL collected input from the community on their most recently posted CHNA needs assessment reports which were made available for download on the hospitals' public webpages. Both organizations continue to provide copies of previous and current CHNA reports in print format upon request.

LGH solicited comments on their most recent CHNA for Lafayette General Medical Center within the publicly posted report. The organization did not receive any written feedback on the 2016 CHNA or Implementation Strategy.

OLOL solicited feedback on their 2016 CHNA through collaborative workgroups. Although no written feedback was received for the CHNA, the comments and input provided by workgroup attendees was consistent with written comments incorporated in the 2013 CHNA.

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 LGH and OLOL, 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 and interviews. 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.

The nine health needs identified through the CHNA, in order of priority are:

1. Access to Care
2. Cancer
3. Health Literacy
4. Heart Disease & Stroke
5. Nutrition & Weight Status
6. Mental Health / Behavioral Health
7. Physical Activity
8. Maternal & Child Health
9. Diabetes

Access to Care

Priority Definition

The Institute of Medicine previously defined access to care as “the timely use of personal health services to achieve the best health outcomes.” Key topics within this priority include:

- Health insurance and the affordability of care
- Transportation and proximity to services
- Availability of health care providers

Qualitative Findings

COMMUNITY LEADER CONCERNS:

- Emergency Department over-utilization
- Lack of health insurance coverage for part-time workers
- Need for additional Medicaid providers
- High costs of medications and diagnostic screenings
- Lack of access to walk-in clinics and urgent care facilities
- Individuals without primary care providers

NEEDS DISCUSSED DURING FOCUS GROUPS:

- Long wait times to see physicians in the area
- Lack of access to specialty care providers, dental care, and rehabilitation services
- Lack of implementation of team-based care models
- Restrictive guidelines associated with preventative health screenings and diagnostic tests

Quantitative Findings

Of 362 respondents, 23.2% indicated that they are sometimes able to visit the doctor when they are sick or need healthcare, while 3.0% indicated that they are rarely able.

37.7%

Of respondents (n=297) consider a lack of health insurance to be a serious social problem in Acadiana.

33.7% of respondents (n=297) indicated that a lack of access to free or affordable health screenings was a serious social problem in Acadiana

6/9 parishes

Had fewer individuals with health insurance coverage than the state as a whole

Within the service area, Evangeline Parish, Iberia Parish, St. Landry Parish, and St. Mary Parish had a greater population with no vehicle available compared to the Louisiana average of 8.44%

Dental and mental health providers are scarce in the rural parishes surrounding Lafayette according to the physician-to-population ratio (County Health Rankings).

Cancer

Priority Definition

One of the HP2020 goals is to "reduce the number of new cancer cases, as well as illness, disability, and death caused by cancer." Key topics within this priority include:

- Understanding of risk factors
- Access to screenings and diagnostic tests
- Affordability of care
- Support services for patients and family members

Qualitative Findings

COMMUNITY LEADER CONCERNS:

- Lack of access to clinical specialists
- Dietary and other lifestyle-related risk factors, such as smoking

NEEDS DISCUSSED DURING FOCUS GROUPS:

- Need for implementation of team-based care models
- Low breast cancer screening rates within the African American population
- Need for a centralized information and referral hub
- Need for new models of one-on-one patient navigation
- Financial barriers associated with cancer screenings and lack of early screening options
- Need for hospice and end-of-life care provider education

Quantitative Findings

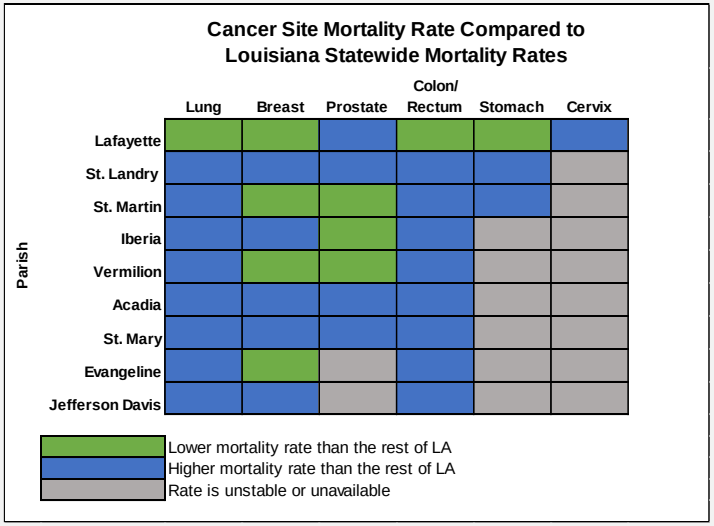
Across all nine parishes in the service area, cancer was the second leading cause of death.

6/9 parishes

Performed worse than the state as a whole for the County Health Rankings mammogram indicator.

83.1%

Of health survey respondents (n=297) consider cancer a serious health problem in Acadiana.



Health Literacy

Priority Definition

According to HRSA, health literacy is defined as “the degree to which individuals have the capacity to obtain, process, and understand basic health information needed to make appropriate health decisions.” Key topics within this priority include:

- Health literacy levels amongst healthcare consumers
- Education for healthcare providers

Qualitative Findings

COMMUNITY LEADER CONCERNS:

- Need for self-management education
- Lack of education surrounding behavioral risk factors for chronic disease
- Need for education on navigating the healthcare system
- Lack of understanding of health insurance policy benefits
- Need for educational interventions to be strategically placed where vulnerable individuals already gather

NEEDS DISCUSSED DURING FOCUS GROUPS:

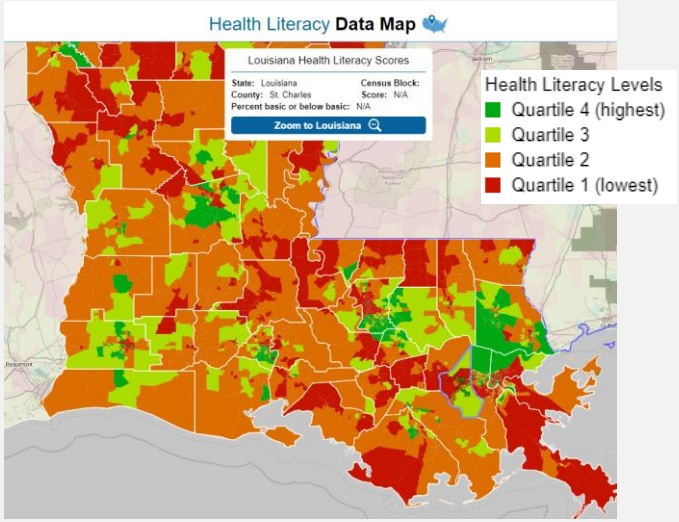
- Lack of understanding of screening guidelines
- Complexity of medical billing processes
- Need for individualized patient education during clinical appointments
- Lack of understanding of health insurance policy benefits
- Lack of understanding of how health history can impact health outcomes

Quantitative Findings

Low health literacy is more prevalent amongst the following populations: older adults, minority populations, individuals with low socioeconomic status, and medically underserved people (HRSA).

Of n=324 health survey respondents, 47.5% indicated that they utilize the internet to find information about health and wellness, while 33.0% indicated that they turn to family and friends.

According to the University of North Carolina at Chapel Hill, the following health literacy levels (by national quartile) were assigned to census tracts throughout Louisiana.



Heart Disease & Stroke

Priority Definition

One of the HP2020 goals is to “improve cardiovascular health and quality of life through prevention, detection, and treatment of risk factors for heart attack and stroke; early identification and treatment of heart attacks and strokes; prevention of repeat cardiovascular events; and reduction in deaths from cardiovascular disease.” Key topics within this priority include: modifiable risk factors, education, screening, and early intervention.

Qualitative Findings

COMMUNITY LEADER CONCERNS:

- Smoking as a risk factor
- Heightened risk of stroke complications in rural areas
- High incidence rate of congestive heart failure
- Need for effective nutrition interventions for individuals with heart disease

NEEDS DISCUSSED DURING FOCUS GROUPS:

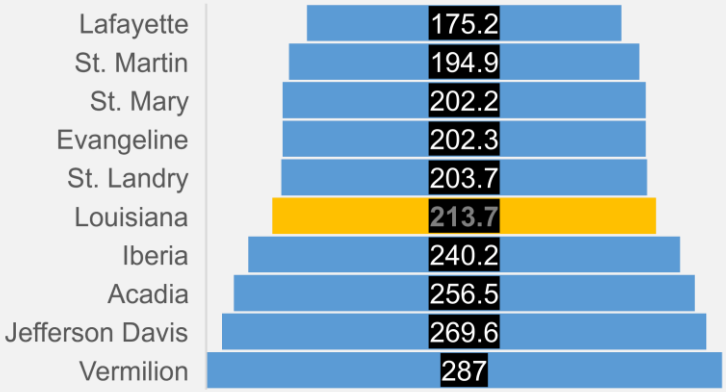
- High heart disease prevalence rates
- Undiagnosed heart conditions amongst those with limited access to primary care
- High cost of prescription medications
- Lack of coaching on positive behavior change
- Lack of timely screenings and diagnostic tests
- Need for additional cardiac rehabilitation facilities

Quantitative Findings

Heart disease was the leading cause of death in all service area parishes from 2012 to 2016 (CDC Wonder).

62.3% Of health survey respondents indicated that heart disease and stroke are a serious health problem in Acadiana.

Age-Adjusted All Heart Disease Mortality Rates for All Ages



Source: CDC Interactive Atlas of Heart Disease and Stroke

The leading modifiable risk factors for heart disease and stroke are: high blood pressure, high cholesterol, cigarette smoking, diabetes, unhealthy diet and physical activity, and overweight/obese status (HP2020).

Nutrition & Weight Status

Priority Definition

One of the HP2020 goals is to "promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights." Key topics within this priority include:

- Food insecurity and hunger
- Access to healthy food and environmental risk factors
- Nutrition knowledge, understanding, and skills

Qualitative Findings

COMMUNITY LEADER CONCERNS:

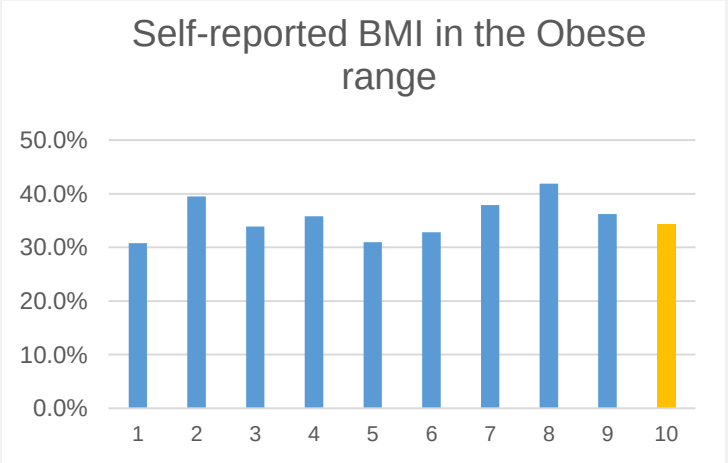
- Food insecurity rates
- Lack of awareness and understanding of how poor nutrition impacts health outcomes
- Poor nutrition amongst older adults, young children, and those experiencing housing insecurity
- Misinformation and marketing of unhealthy food items
- Lack of skills needed to maintain a healthy diet
- Lack of coaching from healthcare providers

NEEDS DISCUSSED DURING FOCUS GROUPS:

- Lack of nutrition knowledge and understanding
- Food deserts in rural areas
- Need for nutrition education for individuals with chronic disease
- Social norms related to eating unhealthy foods

Quantitative Findings

Of health survey respondents, 67.2% consider obesity a serious health problem in Acadiana.



Residents of St. Mary, Evangeline, and Lafayette parishes were most likely to experience low access to grocery stores, according to the 2015 Food Environment Atlas published by the US Department of Agriculture.

Across the United States, the prevalence of obesity is highest amongst middle-aged people, women with non-Hispanic black race/ethnicity, and Mexican-American women (HP2020).

Mental Health / Behavioral Health

Priority Definition

One of the HP2020 goals is to "improve mental health through prevention and by ensuring access to appropriate, quality mental health services." Key topics within this priority include:

- Screening for mental/behavioral health conditions
- Increasing access to mental health providers
- Reducing risk factors and increasing protective factors

Qualitative Findings

COMMUNITY LEADER CONCERNS:

- Urgent need for additional inpatient psychiatric services
- Need for crisis intervention teams
- Need for care coordination following discharge
- Mental health provider shortages, especially in rural areas
- Increased prevalence amongst populations experiencing homelessness or housing insecurity
- Need for early childhood interventions and education for childcare workers and educators related to emotional intelligence
- Need for psychiatric care for pregnant women and new mothers
- Substance abuse including, but not limited to, alcohol, opioids, tobacco, and synthetic marijuana
- Need for medication management programs

Quantitative Findings

Of n=326 health survey respondents, 35.9% considered mental health issues to be a serious health problem in Acadiana, while 27.6% considered substance abuse and addiction to be a serious health problem.

Compared to Louisiana as a whole, individuals in the following parishes were more likely to self-report poor mental health days in the previous 30 days: Acadia, Evangeline, Jefferson Davis, St. Landry, St. Martin, St. Mary, and Vermilion (BRFSS via County Health Rankings).

With the exception of Lafayette Parish, all parishes in the service area had worse ratios for population to mental health provider than the Louisiana ratio (NPI via County Health Rankings).

In any given year, an estimated 18.1% (43.6 million) of U.S. adults aged 18 years or older suffered from any mental illness and 4.2% (9.8 million) suffered from a seriously debilitating mental illness. Neuropsychiatric disorders are the leading cause of disability in the United States, accounting for 18.7% of all years of life lost to disability and premature mortality (HP2020). According to the National Alliance on Mental Illness, one half of all chronic mental illness begins by the age of 14, and three quarters by the age of 24.

Physical Activity

Priority Definition

One of the HP2020 goals is to "improve health, fitness, and quality of life through daily physical activity." Key topics within this priority include:

- Access to physical activity opportunities
- Health-promoting environments and marketing
- Education to improve understanding of the importance of physical activity
- Interventions to increase self-efficacy

Qualitative Findings

COMMUNITY LEADER CONCERNS:

- Need for additional physical education curriculum for school-aged children
- Access to parks and recreation facilities
- Need for education on the health benefits of physical activity
- Need for improvements in the built environment (ex. walkability and bike-ability)
- Need to modify public perceptions about physical activity

NEEDS DISCUSSED DURING FOCUS GROUPS:

- Access to affordable physical activity options
- Health education related to physical activity for individuals with chronic disease

Quantitative Findings

In all service area parishes except for Lafayette parish, individuals participated in less leisure time physical activity than the state average.

4/9 parishes

In the service area had less recreation and fitness facilities per 100,00 population when compared to the Louisiana average of 9.5.

Individuals in St. Martin, Vermilion, St. Mary, and Evangeline parishes had reduced access to recreation and fitness facilities compared to the state as a whole.

"Among adults and older adults, physical activity can lower the risk of coronary heart disease, stroke, high blood pressure, type 2 diabetes, breast and colon cancer, falls, and depression. Among children and adolescents, physical activity can improve bone health, reduce symptoms of depression, improve cognitive skills, and improve the ability to concentrate and pay attention. For people who are inactive, even small increases in physical activity are associated with health benefits." (HP2020)

Maternal & Child Health

Priority Definition

One of the HP2020 goals is to “improve the health and well-being of women, infants, children, and families.” Key topics within this priority include:

- Health disparities in birth outcomes data
- Child poverty
- Prenatal and postnatal care for mothers and babies
- Mental health

Qualitative Findings

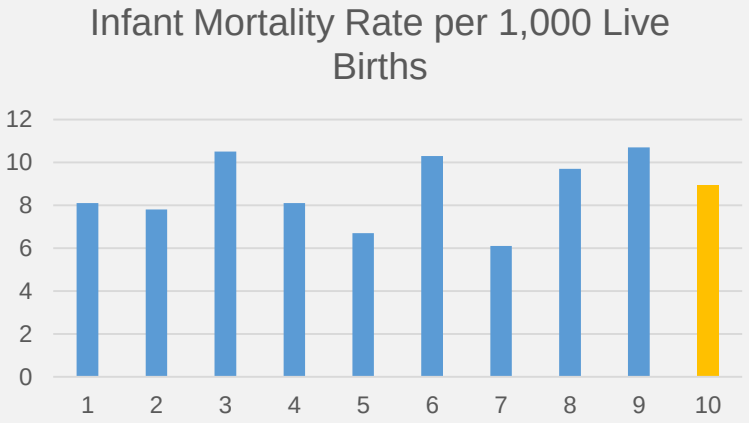
COMMUNITY LEADER CONCERNS:

- Poor mental health amongst young children and adolescents
- Lack of awareness of emotional intelligence amongst educators and early childhood care providers
- Safe sleep risk factors
- High rates of childhood poverty
- Smoking during pregnancy and substance abuse amongst pregnant women or new mothers
- Meeting the unique needs of alternative family units or multi-family households

Quantitative Findings

St. Landry Parish, Iberia Parish, St. Mary Parish, and Evangeline Parish had higher levels of childhood poverty than the statewide average from 2012 to 2016.

“Factors influencing pregnancy and childbirth include: preconception health status, age, access to preconception, prenatal and inter-conception health care, and poverty. Factors influencing the health of infants and children include sociodemographic and behavioral risk factors like education level, household income, breastfeeding practices, and the physical and mental health of parents/caregivers.” (HP2020)



Diabetes

Priority Definition

One of the HP2020 goals is to "reduce the disease burden of diabetes mellitus (DM) and improve the quality of life for all persons who have, or are at risk for, DM." Key topics within this priority include:

- Prevention
- Health education to improve self-management
- Quality clinical care including case management and care coordination
- Support services for individuals with DM

Qualitative Findings

COMMUNITY LEADER CONCERNS:

- Need for additional interventions targeting at-risk populations
- Need for preventative health education interventions for children and youth
- Need for additional endocrinologists

NEEDS DISCUSSED DURING FOCUS GROUPS:

- High diabetes prevalence across the service area

Quantitative Findings

With the exception of Vermilion Parish, all parishes in the service area had higher diabetes prevalence rates than the 2014 state rate of 10.4%.

65.3% Of health survey respondents (n=326) consider diabetes a serious health problem in Acadiana.

HP2020 describes the four "transition points" in diabetes care and their accompanying opportunities for intervention:

1. Primary prevention: Movement from no diabetes to diabetes
2. Testing and early diagnosis: Movement from unrecognized to recognized diabetes
3. Access to care for people with diabetes: Movement to having timely access to appropriate care
4. Quality of care: Movement to adequate care

"African Americans, Hispanic/Latino Americans, American Indians, and some Asian Americans, Native Hawaiians, and other Pacific Islanders are at particularly high risk for the development of type 2 diabetes." (HP2020)

Resources

Hospital-based, community-based, and government-sponsored resources related to each of the health priorities are featured throughout the following pages.

Resources – Access to Care

The Acadiana region contains a number of programs and services designed to assist lower-income, uninsured, and underinsured populations in accessing healthcare. A variety of organizations seek to increase the number of individuals with health insurance, provide care coordination and clinical outreach, and assist individuals with necessities like transportation.

Within Lafayette, University Hospital & Clinics (UHC) provides charity care to individuals who meet financial eligibility requirements. UHC employs dedicated Medicaid Enrollment Specialists to assist new enrollees in accessing primary care and preventive services. In addition to dedicated Medicaid appointments and case management, UHC is actively recruiting providers to serve the Medicaid population in Acadiana. Heart Hospital of Lafayette has developed an action plan that describes how the hospital can best care for low-income or underserved populations. Physicians and other providers at Lafayette General Medical Center (LGMC) participate in the Acadiana Healthcare Alliance, an initiative designed to improve clinical integration and the quality of care across the region.

OLOL's St. Bernadette Clinic provides free, comprehensive health care, including dental care and preventative tests and screenings, to those experiencing housing insecurity in the Lafayette region. Lourdes' School-based Health Clinics also provide services to youth in underserved areas. LGH provides urgent care at three centers throughout Acadiana and is striving to increase extended hours at the centers. St. Martin Hospital recently opened a new Medicaid clinic at the St. Martin Hospital Specialty Center and in 2017 UHC opened an Urgent Care Clinic on West Congress Street that also accepts Medicaid. UHC's outpatient pharmacy and prescription discount program, and other programs like SeniorRX, help individuals overcome cost barriers and are highly valued by community members.

Local non-profits and community-based organizations working to improve access to care include the United Way of Acadiana, Southwest Louisiana Area Health Education Center, Lafayette Council on Aging, Acadiana Cares, Catholic Charities of Acadiana, SMILE Community Action Agency, The Beacon Project, The American Red Cross, Acadiana Transit, Cajun Area Agency on Aging, and Goodwill. The United Way's ALICE Report details the needs of the "Asset-Limited, Income-Constrained and Employed" population throughout Acadiana and the rest of the state.

Within the service area there are multiple Federally Qualified Health Centers (FQHCs). The centers function as medical homes offering high quality, affordable primary care, and preventive health care services. The Louisiana Department of Health has multiple health department locations throughout Acadiana that provide free or low-cost services to residents of all ages. These facilities provide direct care, care coordination, and health education. Lafayette Consolidated Government participates in innovative telehealth programs by partnering with local schools and employers.

Resources – Cancer

The Acadiana region contains a number of programs and services which aim to reduce cancer incidence rates and provide support to cancer patients and survivors. A variety of organizations seek to increase cancer screening rates, provide care at a reduced cost, and offer supportive services to patients, family members, and survivors.

LGH's Cancer Center of Acadiana (CCA) is an Accredited Cancer Program that provides multidisciplinary care, access to an onsite laboratory and radiological testing, genetic counseling, and one-on-one patient navigation services. CCA also continues to educate the general public on a variety of cancer-related topics. University Hospital & Clinics' (UHC) oncology clinic and infusion center allows low-income patients to seek cancer care close to home. UHC also provides free and low cost cancer screenings and diagnostic patient navigation. The Lourdes Cancer Network offers a full range of oncology services and is accredited by the American College of Surgeons' Commission on Cancer. OLOL provides personalized nurse navigation, surgical oncology procedures, and an on-site infusion center. Free or low-cost cancer screenings are provided through Lourdes' various outreach programs embedded within the community.

Miles Perret Cancer Services offers a comprehensive resource center helping those in Acadiana fight, survive, and live with cancer. Community leaders indicated that the Miles Perret Mobile Miles program and Wellness Center are a strength of the community. A recent partnership with Hospice of Acadiana has enabled Miles Perret to provide a transition program that helps families establish rapport with hospice providers. Komen Acadiana promotes awareness and also regularly awards local grants to support breast cancer screenings, patient education, and patient navigation services for Medicaid and Medicare patients within the community. The local branch of the American Cancer Society also provides services and support throughout the area.

The Louisiana Campaign For Tobacco-Free Living continues to work on local health policies across the region. The Campaign also provides local residents access to tobacco cessation support.

Resources – Nutrition and Weight Status

The Acadiana region contains a number of programs and services designed to provide nutrition education, encourage community members to make healthy choices, lower obesity rates, and improve access to healthy foods.

The OLOL congregational health program provides nutrition education and BMI screenings within the community. OLOL also provides a range of bariatric procedures and hosts a regular bariatric support group. Healthcare professionals at St. Bernadette Clinic also partner with the Catholic Charities of Acadiana St. Joseph Diner to provide vulnerable population and those experiencing housing insecurity with nutritious meals and education.

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, a dietitian, a patient advocate, a behavior modification educator, a licensed practical counselor, and an exercise physiologist.

Organizations dedicated to reducing food insecurity include: Catholic Charities of Acadiana, FoodNet, and Second Harvest. A variety of local farmers markets throughout the region provide community members with access to fresh, healthy foods. The Acadiana Food Alliance is a multi-sector initiative that aims to capitalize on the increasing demand for local food while fostering a healthier, more sustainable community and Acadiana region. Eat Fit Acadiana is a program that encourages local restaurants to designate menu items that meet certain nutritional criteria. The program includes a mobile application where locals can browse dishes at participating restaurants and find recipes and community wellness resources.

Local Louisiana WIC offices provide nutrition counseling and access to healthcare services for low-income women, infants, and children. The Lafayette Council on Aging offers nutrition education courses, a Home-Delivered Meal Program, and Congregate Meal Program for adults over age 60. The Cajun Area Agency on Aging also provides home-delivered meals through federal funding allocated by Title III-C of the Older Americans Act.

The LSU Extension Office provides regular nutrition education courses and cooking demonstrations to the community. Local schools have implemented healthy gardens projects to improve children's intake of fruits and vegetables. Libraries throughout the community also participate in summer meal programs.

Resources – Mental/Behavioral Health

The Acadiana region contains a number of programs and services designed to minimize risk factors and promote protective factors related to mental illness and addiction, screen for mental and behavioral health conditions, and provide interventions.

LGMC provides inpatient services to the community through its behavioral health unit. Through a partnership with Compass Health, University Hospital & Clinics offers the only hospital-based inpatient medical detox program in the area and also provides inpatient psychiatric care using telemedicine.

The Family Tree provides counseling services on a sliding fee scale and works with children as young as 3 years old. It also facilitates a program aimed at improving early childhood educators' understanding of infant mental health and child development and continues to work to embed counseling services within senior living centers. The Extra Mile provides mental health services to individuals experiencing housing insecurity and those working with state agency programs.

The United Way of Acadiana funds "The Leader in Me", an evidence-based program designed to empower youth with leadership and life skills. The Justice and Health Collaboration works to implement strategies to divert mental health patients from local jails and emergency departments. The organization also provides free, short-term counseling to those in need. Project LAUNCH is a federally-funded program that provides services for children aged eight and younger with behavioral health needs.

Resources – Health Literacy

The Department of Health and Human Services defines health literacy as “the ability to obtain, process, and understand basic health information and services to make appropriate health decisions.” The Acadiana region contains a number of programs and services designed to increase health literacy levels, and educate providers so they can better treat individuals with low levels of health literacy.

LGH patients can access a breadth of health education resources through the online patient portal system. The patient portal enables providers to answer questions and converse with their patients outside of scheduled visits. LGH’s University Hospital & Clinics employs dedicated Medicaid Enrollment Specialists to assist new enrollees in accessing primary care and preventive services. OLOL provides health education and outreach at various faith-based organizations through their Congregational Health program. Both LGH and OLOL facilities provide a variety of case management and patient navigation programs that aim to assist members of the community in obtaining the right healthcare services at the right time. LGH has a multitude of provider education resources available for physicians and other healthcare professionals through their medical library.

Navigators for a Healthy Louisiana is a program of the Southwest Louisiana Area Health Education Center that educates citizens and documented residents regarding the Federally-Facilitated Marketplace, and assists consumers in enrolling in qualified health plans, Medicaid managed-care plans, or refers individuals to other appropriate agencies or programs. Local colleges and universities train the next generation of healthcare providers and include community-based experiences aimed at exposing students to patients with a variety of health literacy levels.

Resources – Heart Disease

The Acadiana region contains a number of programs and services designed to prevent heart disease and provide high-quality cardiovascular care. A variety of organizations seek to reduce individual cardiovascular risk factors, promote healthy behaviors, and increase screening rates.

Heart Hospital of Lafayette (HHL) provides patient-centered care for cardiovascular patients, and includes a 24/7 heart emergency center. Services available include cardiac rehabilitation, a catheterization lab, coumadin suite, pacemaker procedures, advanced surgical procedures, and tobacco cessation support. HHL conducts spot ECHO and EKG testing throughout the community in order to promote the early identification of heart disease. Additionally, OLOL has been designated as a Stroke Center of Excellence.

The Heart and Vascular Center at LGMC offers several programs including the non-invasive cardiac lab, catheterization lab, cardiovascular and thoracic surgery, inpatient care, and the Coumadin and infusion center. Cardiac Health Education classes, the WomenHeart of Acadiana Support Group meetings, and Acadiana Stroke Support Group meetings are held monthly at LGMC. LGH also maintains a strong partnership with the Cardiovascular Institute of the South (CIS), whose providers implement telemedicine services across the region. CIS also provides a smoking cessation program that combines physician evaluations, medications (prescription and Nicotine Replacement), and supportive counseling sessions (individual and group).

Resources – Physical Activity

The Acadiana region contains a number of programs and services designed to encourage individuals of all ages to participate in healthy physical activity. A variety of organizations seek to improve individual's self-efficacy for behavior change, increase neighborhood access to safe venues for physical activity, and promote healthy workspaces.

LGMC facilitates a wellness center that is open to the general public. Similarly, the Lourdes Fitness Center is a full service health club and medically-based wellness facility. The center offers group fitness classes, personal training, massage therapy, and health screening assessments to members.

Local physical fitness businesses offer a wide range of activities to community members throughout Lafayette. The annual city-wide health and fitness expo also offers residents a chance to explore a variety of physical activities and related services. The Healthy Acadiana initiative has a taskforce focused specifically on physical activity.

Local governments participate in "Complete Street" initiatives that aim to improve the built environment in order to encourage physical activity. The Lafayette Consolidated Government is involved in efforts to implement a Unified Development Code in order to increase the walkability and bike-ability of neighborhoods.

Collaborations between local schools and community-based organizations have led to improved physical education classes for young students. Similarly, corporate wellness initiatives have increased the awareness and understanding of the importance of physical activity for adults throughout the region.

Resources – Maternal & Child Health

The Acadiana region contains a number of programs and services designed to improve birth outcomes, maternal mortality, and health outcomes for children of all ages. A variety of organizations seek to provide care to pregnant women, young families, and children to promote good health across the life course.

LGMC's Women's and Children's Services Department provides family-centered care and utilizes a mother-baby nursing model to care for new mothers and babies. The LGMC facility also includes a Level III NICU. Additionally, LGH offers outpatient pediatric services to University Hospital & Clinics' (UHC) patients. Children treated by UHC physicians have access to developmental and behavioral treatments, imaging, and state of the art speech therapy and audiology services. The Pediatric Treatment Area within LGMC's Emergency Department received the "Silver Bear" Award from the Governor's Emergency Medical Services for Children (EMSC) Council. LGH continues partnerships with local schools to bring telemedicine services to hundreds of students.

OLOL maintains strong partnerships with local schools and facilitates the Northside High School Health Center in Lafayette. The Center offers free health care services to students and staff. OLOL Women's and Children's Hospital, located in Lafayette, provides specialized healthcare services including a pediatric emergency room and a full array of pediatric specialty services.

Local non-profit and community-based organizations serving mothers and children throughout Acadiana include The Family Tree, Boys and Girls Clubs of Acadiana, and the Kiwanis Club of Lafayette. The Louisiana Nurse Family Partnership program provides evidence-based care within the community and is implemented by the regional office of public health. National and statewide public health programs like Supplemental Nutrition Assistance Program (SNAP); Women, Infants, and Children (WIC); and Early Start serve eligible families across Acadiana.

Resources – Diabetes

The Acadiana region contains a number of programs and services designed to reduce the prevalence of diabetes and improve health outcomes for those diagnosed with diabetes.

LGH offers diabetes nutrition education courses as part of the American Association of Diabetes Educators' certified Diabetes Self-Management Education Program. This comprehensive program is taught by trained diabetes educators. Additionally, LGH's Diabetes Resource Center offers patients educational materials.

OLOL's Congregational Health Program continues to provide programming designed to increase access to needed medications for community members with Diabetes. The Program also educates individuals on healthy eating and positive behavior changes in order to improve overall health and wellness. The Northside High School Health Center conducts regular diabetes screenings for patients.

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Appendix A

Carnahan Group Qualifications

Carnahan Group is an independent healthcare technology and consulting firm that focuses on providing innovative and cost-effective compliance solutions to healthcare systems and organizations throughout the nation. Since 2002, Carnahan Group has been trusted by healthcare organizations throughout the nation as an industry leader in providing Fair Market Valuations, Medical Staff Demand Analyses, Community Health Needs Assessments, and Strategic Planning. Our executive team has risen through the ranks of some of the world's largest healthcare systems and has firsthand knowledge of working within a hospital system undergoing federal scrutiny and under OIG Corporate Integrity Agreements. We have not spent our lives as consultants and are therefore acutely aware of the sensitivity surrounding the timeliness, the objectivity, and the correctness of strategic reports. Carnahan Group is dedicated to providing unsurpassed customer service and quality to our clients.

Appendix B

Community Leader Interview Organizations

Organization	Title	Organization Type or Population Represented
Lafayette General Health	SVP	Hospital administration
Women's Foundation	Executive Director	Non-profit
Nurse Family Partnership, LA Department of Health		Public health
Lafayette General Health	Chief Nursing Officer	Hospital administration
Healthy Acadiana		Non-profit
Our Lady of Lourdes - Park Place Surgical Center	Administrator	Hospital administration
Our Lady of Lourdes	CEO	Hospital administration
Lafayette General Health	President	Hospital administration
Our Lady of Lourdes	Chief Operating Officer	Hospital administration
Cardiovascular Institute of the South	CEO	Healthcare provider
University of Louisiana at Lafayette	Dean and Professor	Academic institution
Lafayette General Medical Center	Chief Medical Officer	Healthcare provider
Region 4 Office of Public Health	Regional Medical Director	Public health
Our Lady of Lourdes	VP Ortho Neuro Stroke	Hospital administration
Lafayette General Health	LGH Board Member	Community member
LA State Senator		Local government
SMILE Community Action Agency		Underserved, low-income, minority, or chronic disease populations
Justice and Health Collaborative	Executive Director	Underserved, low-income, minority, or chronic disease populations
Northside School-Based Health Center	Nurse Practitioner	Underserved, low-income, minority, or chronic disease populations
Lafayette General Health	Administrator	Hospital administration
FoodNet		Underserved, low-income, minority, or chronic disease populations
Catholic Charities of Acadiana		Underserved, low-income, minority, or chronic disease populations
The Extra Mile	Executive Director	Underserved, low-income, minority, or chronic disease populations
Our Lady of Lourdes	Nurse Liaison, Congregational Health Services	Healthcare provider

Community Leader Interview Organizations (continued)

Organization	Title	Organization Type or Population Represented
Cajun Area Agency on Aging		Underserved, low-income, minority, or chronic disease populations
United Way of Acadiana	CEO/President	Underserved, low-income, minority, or chronic disease populations
The Family Tree	Executive Director	Underserved, low-income, minority, or chronic disease populations
Nurse Family Partnership, LA Department of Health		Public health
Lafayette Consolidated Government	Public Works Director	Local government
Lafayette General Health	Director of Case Management	Hospital administration
Second Harvest Food Bank		Underserved, low-income, minority, or chronic disease populations
Red Cross Capital West	Chapter Executive	Non-profit
Our Lady of Lourdes - Heart Hospital of Lafayette	Chief Operating Officer	Hospital administration
Boys and Girls Club of Acadiana	CEO	Non-profit
Lafayette General Health	Chief Executive Officer	Hospital administration
Miles Perret Cancer Services		Non-profit
Haynie and Associates		Community member
The Louisiana Campaign for Tobacco-Free Living	Regional Manager	Non-profit
Miles Perret Cancer Services	Executive Director	Non-profit
Lafayette Consolidated Government	Director of Community Development	Local government
Our Lady of Lourdes	Interim Chief Nursing Officer	Hospital administration
Miles Perret Cancer Services		Non-profit
Black Catholic Ministries, Diocese of Lafayette	Director	Non-profit
Destiny of Faith Christian Center	Healthcare Ministry	Non-profit
Our Lady of Lourdes	VP Oncology	Hospital administration
SMILE Community Action Agency		Underserved, low-income, minority, or chronic disease populations

Appendix C

Community Health Survey

1. **Are you 18 years of age or older?** ☐ Yes ☐ No
2. **Which type of health insurance do you have?**
   - ☐ Medicare
   - ☐ Medicaid
   - ☐ Private insurance (ex. through your job)
   - ☐ I do not have health insurance
   - ☐ I don't know
3. **Do you have a smart phone?**
   - ☐ Yes ☐ No
4. **How would you rate your health in general (most days)?**
   - ☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ I don't know
5. **Thinking about your community within Acadiana, how would you rate the overall health of community members?**
   - ☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ I don't know
6. **Over the last 3 months (90 days), how many days have you missed work or other activities (ex. church, school) because you were sick or not feeling well?**
   - ☐ None
   - ☐ 1-5 days
   - ☐ 6-10 days
   - ☐ 11-15 days
   - ☐ 16-20 days
   - ☐ More than 30 days
7. **When you are sick or need health care, are you able to visit the doctor?**
   - ☐ Always ☐ Sometimes ☐ Rarely ☐ Never
8. **Is there anything that makes it hard for you to see a doctor when you are sick? (*Choose all that apply*)**
   - ☐ It is too expensive
   - ☐ I don't think I need to see a doctor
   - ☐ I don't have health insurance
   - ☐ I am not ready to talk about my health problem(s)
   - ☐ I do not have transportation
   - ☐ The doctor is too far away
   - ☐ My culture or religious beliefs
   - ☐ I can't find a doctor who accepts my insurance
   - ☐ I can't get time off from work
   - ☐ Other _____
9. **When was your last physical exam (checkup, well visit) with a doctor?**
   - ☐ In the past year
   - ☐ Less than 2 years ago
   - ☐ Between 2-5 years ago
   - ☐ More than 5 years ago
   - ☐ I have never had a checkup or physical exam visit with my doctor

Community Health Survey (continued)

10. Have you had any of the following health services in the past year? (*Choose all that apply*)

- ☐ Heart screening
- ☐ Dental appointment
- ☐ Blood work
- ☐ Skin cancer screening
- ☐ Blood sugar check
- ☐ Blood pressure check
- ☐ Mammogram (breast cancer screening – for females)
- ☐ Pap smear (cervical cancer screening – for females)
- ☐ Colon/rectal exam
- ☐ Prostate exam (for males)

11. Which of the following do you consider serious health problems in Acadiana? (*Please choose five*)

- ☐ Alzheimer's Disease
- ☐ Cancer
- ☐ Tooth problems (dental health)
- ☐ Obesity
- ☐ Heart disease and stroke
- ☐ Suicide
- ☐ Diabetes
- ☐ Injuries
- ☐ Infectious diseases (ex. flu virus, hepatitis, tuberculosis)
- ☐ Mental health issues (ex. depression)
- ☐ Motor vehicle injuries
- ☐ High blood pressure
- ☐ Prenatal and infant health (ex. babies born underweight)
- ☐ Breathing problems (ex. asthma, COPD)
- ☐ Sexually transmitted diseases
- ☐ Violence
- ☐ Child abuse or neglect
- ☐ Substance abuse/addiction
- ☐ Other _____

12. Which of the following do you consider serious social problems in Acadiana? (*Please choose five*)

- ☐ Poverty (low income)
- ☐ Not enough jobs in the area
- ☐ Overcrowded housing
- ☐ Homelessness
- ☐ Not enough education (ex. high school dropouts)
- ☐ Racism and discrimination
- ☐ No health insurance
- ☐ Not enough interesting activities for youth
- ☐ Crime
- ☐ Not enough healthy food
- ☐ Not enough childcare options
- ☐ Public transportation
- ☐ Not enough free or affordable health screenings (ex. tests for cancer or infectious diseases)
- ☐ Other _____

13. Which of the following do you consider important parts of healthy, thriving community? (*Please choose five*)

- ☐ Safe worksites
- ☐ Affordable housing
- ☐ Good schools
- ☐ Access to healthy foods
- ☐ Diversity
- ☐ Parks and recreation
- ☐ Sanitation and public works
- ☐ Good jobs
- ☐ Low crime and violence
- ☐ Good healthcare
- ☐ Childcare
- ☐ Faith-based organizations (ex. churches)
- ☐ Services for the elderly
- ☐ Support organizations (ex. nonprofits)
- ☐ Other _____

Community Health Survey (continued)

1. **Your Home ZIP Code** _____
2. **Age:**
   - ☐ Under 18 ☐ 18-44 ☐ 45-64 ☐ 65+
3. **Gender:**
   - ☐ Male ☐ Female
4. **Race/Ethnicity:**
   - ☐ White
   - ☐ Black/African American
   - ☐ Hispanic
   - ☐ Asian/Pacific Islander
   - ☐ Other
5. **Household income last year:**
   - ☐ Under $15,000
   - ☐ $15,000 to $24,999
   - ☐ $25,000 to $34,999
   - ☐ $35,000 to $49,999
   - ☐ $50,000 to $74,999
   - ☐ $75,000 to $99,999
   - ☐ $100,000 to $149,999
   - ☐ $150,000 to $199,999
   - ☐ $200,000 and above
   - ☐ I don't know
6. **Which of the following best describes your employment status?**
   - ☐ Employed full-time
   - ☐ Employed part-time
   - ☐ Full-time student
   - ☐ Retired
   - ☐ Unemployed
   - ☐ Homemaker
   - ☐ Other _____
7. **If you answered "Employed" in Question 6, what field do you work in?**
   - ☐ Healthcare
   - ☐ Education
   - ☐ Public service (emergency response, government agency etc.)
   - ☐ Small Business
   - ☐ Technology
   - ☐ Energy
   - ☐ Finance
   - ☐ Other
8. **Where do you go for information about health and wellness?** ***Check all that apply***
   - ☐ Doctors, nurses, and pharmacists in my community
   - ☐ Family and friends
   - ☐ Newspapers or magazines
   - ☐ Television or radio
   - ☐ Books
   - ☐ Social media (Facebook, Twitter, Instagram)
   - ☐ Internet (websites)
   - ☐ Hospital
   - ☐ Church
   - ☐ School or college
   - ☐ Health fairs
   - ☐ The health department
   - ☐ Your place of work
   - ☐ Other _____

Carnahan Group – Company Overview

Headquarter Address

Carnahan Group, Inc.

813.289.2588

info@carnahangroup.com

5005 West Laurel Street

Suite 204

Branch Offices

Nashville, TN

Thank you for the opportunity to serve Lafayette General Health and Our Lady of Lourdes. We are committed to being your innovative strategic partner.


CARNAHAN
GROUP
Strategic Healthcare Advisors