



Community Health Needs Assessment

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TABLE OF CONTENTS

St. Martin Hospital at a Glance	4
Community Overview	5
Purpose	6
Requirements	7
CHNA Strategy	8
Actions Taken Since 2013 CHNA	9
Health Profile	11
Community Leader Interviews	30
Community Health Phone Survey	33
Community Health Priorities	38
Resources	42
References	47
Appendix A: Carnahan Group Qualifications	48
Appendix B: Community Leader Interview Organizations	49
Appendix C: Community Phone Survey	50
Company Overview	51



St. Martin Hospital at a Glance



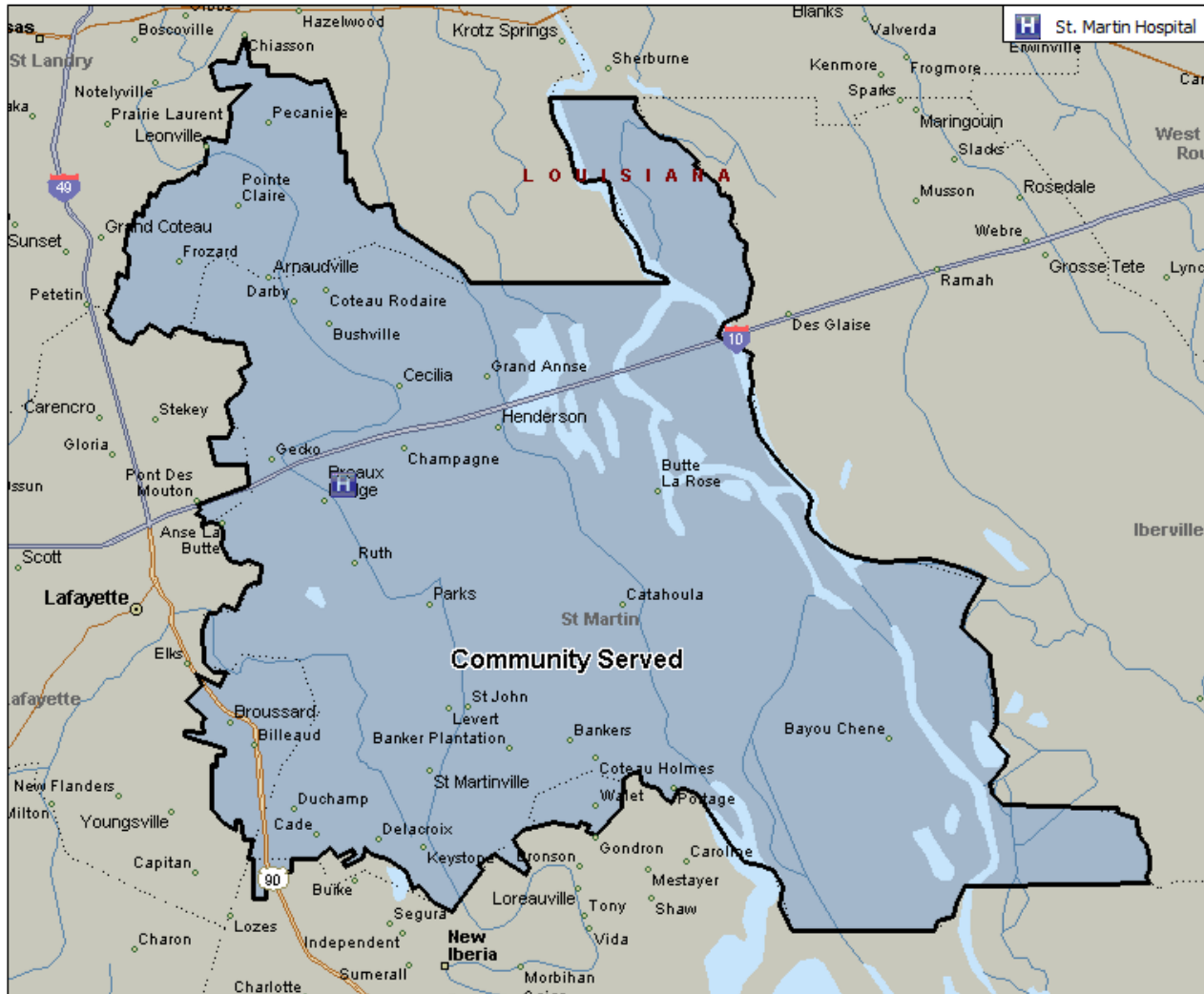
St. Martin Hospital (SMH) is a critical access hospital maintaining inpatient acute beds and a skilled nursing unit, as well as a staffed 24-hour ER. Patient satisfaction scores reflect a sincere dedication to quality care, as St. Martin Hospital ranks among the highest scores achievable. The hospital recently built a new Outpatient Services area and renovated the Emergency Department - spending over \$2.5 million.



Community Overview

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

The map below represents the SMH service area.



Sources: SMH; Microsoft MapPoint 2013



Purpose

Community Health Needs Assessment Background

On February 24, 2016, SMH 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 SMH that addresses the community health needs will be developed and adopted by the end of fiscal year 2016.



Requirements

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

- A description of the community served;
- A description of the process and methods used to conduct the CHNA, including:
 - A description of the sources and dates of the data and the other information used in the assessment; and,
 - The analytical methods applied to identify community health needs.
- The identification of all organizations with which SMH collaborated, if applicable, including their qualifications;
- A description of how SMH took into account input from persons who represented the broad interests of the community served by SMH, 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 SMH;
- A prioritized description of all of the community health needs identified through the CHNA and a description of the process and criteria used in prioritizing those needs;
- A description of the resources potentially available to address the significant health needs identified through the CHNA; and,
- An evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA (s).



CHNA Strategy

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

- Input from persons who represented the broad interests of the community served by SMH, 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 SMH, leaders, representatives, or members of medically underserved, low-income, and minority populations with chronic disease needs in the community served by SMH; and,
- Consultation or input from other persons located in and/or serving SMH’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 SMH’s CHNA are provided in the References and Appendix B: Community Leader Interviewees. Information was gathered by conducting interviews with individuals representing community health and public service organizations, medical professionals, hospital administration, and other hospital staff members.



Actions Taken Since 2013 CHNA

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

- Promote a tobacco-free community by maintaining a tobacco-free hospital campus.
- Increase marketing of biannual blood pressure screenings in order to increase the number community members who are screened.
- Expand community outreach and marketing efforts to increase knowledge of services offered by SMH.
- Increase the number of primary care physicians in the community.

Two family medicine physicians, Dr. Ben Degatur and Dr. Deanne Blanchard, have joined SMH since 2013.

- Promote monthly community nutrition awareness group to increase knowledge of health food options and practices.
- Conduct biannual glucose screenings with education and referral components in the community.

SMH nutritionist participated in local health fairs and community efforts by offering glucose, diabetes, and nutritional screenings. SMH nutritionist holds monthly "The Cajun Delights" meetings where she provides diabetes and nutrition education.

- Utilize colorectal screening kits for elderly community members.

Lafayette General Endoscopy Center and KLFY TV10 advertised the colorectal screenings and disseminated 2,250 kits through Walgreens throughout Lafayette, Jennings, Crowley, Rayne, Scott, New Iberia, Abbeville, Opelousas, Carencro, Breaux Bridge, Broussard, Youngsville and received 624 completed screening kits. Twenty-two of the 624 had positive findings for occult blood and were recommended to undergo further testing with their physicians. Five gastroenterology physicians each gave away one free colonoscopy picked out of the 624 returned kits. Of the five colonoscopies, no cancer was found but two of the five had positive polyp findings.

- Enhance resource directory of all existing programs and participating organizations available throughout the community.

SMH CEO promotes SMH and its services and programs through her membership in the Breaux Bridge Chamber of Commerce (Board Member), Kiwanis of Breaux Bridge, and Rotary Club Member in St. Martinville. SMH also promotes its services/programs in the two local newspapers and through participation in community sponsored functions. SMH has been a lead sponsor at 29 community events in fiscal year 2016 where SMH's services/programs were promoted.



Actions Taken Since 2013 CHNA

Additional accomplishments (not listed on 2013 Implementation Strategy):

- Heart Disease: SMH CEO worked with Lafayette cardiologists to expand their services in Breaux Bridge and SMH has seen an increase in retaining their CHF/CV appropriate patients, providing cardiac care close to home rather than transferring those patients to Lafayette.
- Growth and Development (for accessibility to care): SMH developed a local not-for-profit fund in coordination with LGH. The first SMH Foundation Gala was held in May 2016 and raised \$38,000 for SMH Growth and Development to address patient accessibility to care in St. Martin Parish. A Growth and Development Committee has been developed with community leaders from throughout St. Martin Parish. An additional patient room has been added and SMH is currently working on a master plan to design a 24-bed inpatient unit.

The following strategies were not accomplished:

- Maintain smoking cessation education for patients who state they currently use tobacco.

SMH will start a robust smoking cessation program for patients and families in fiscal year 2017.



Secondary Data Collection and Analysis Methodology

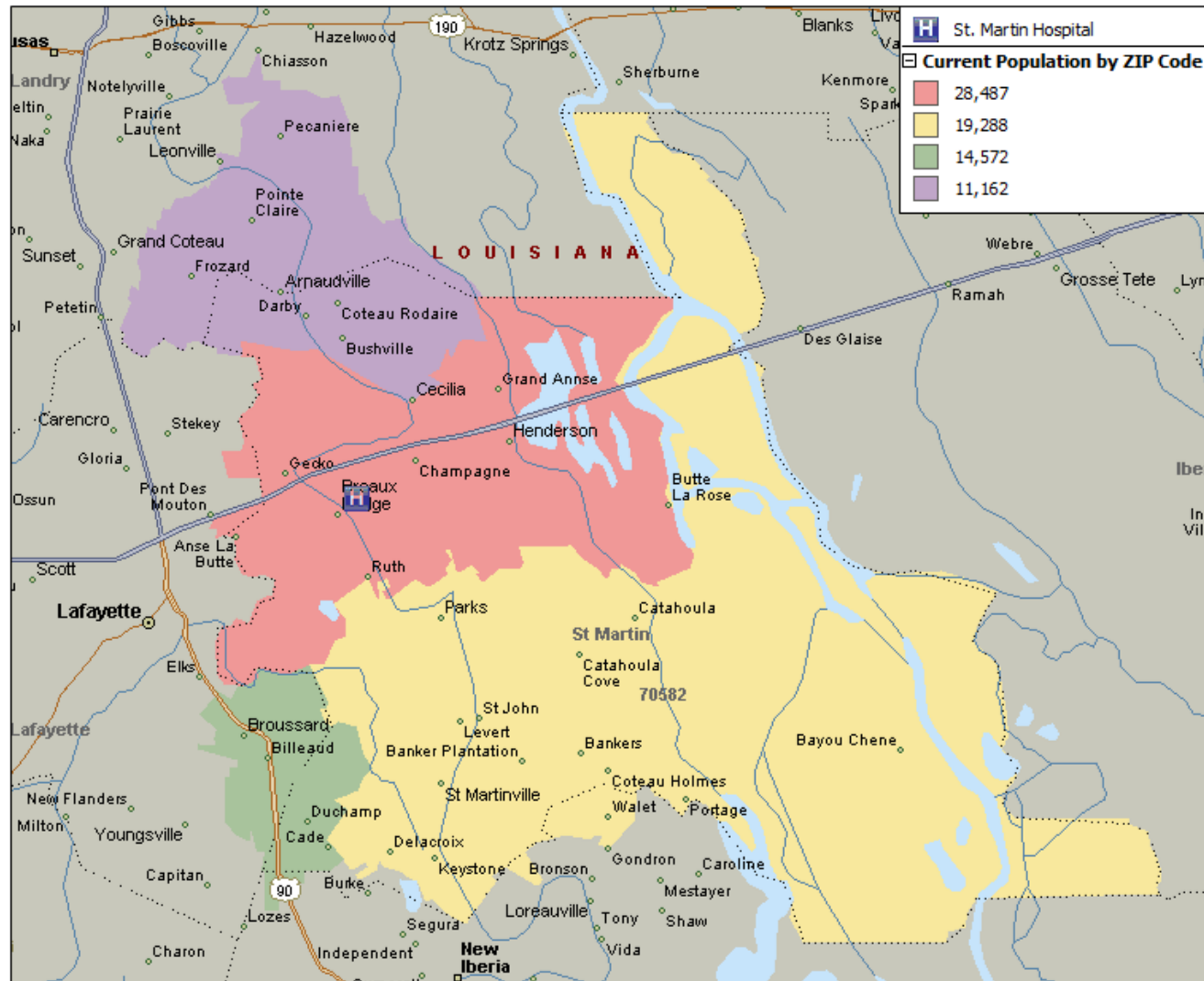
A variety of data sources were utilized to gather demographic and health indicators for the community served by SMH. Commonly used data sources include Esri, the U.S. Census Bureau, the Centers for Disease Control and Prevention (CDC), the National Cancer Institute, and the Louisiana Department of Health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



Demographics

Population in St. Martin Hospital's Community

Population Density by ZIP Code, 2015



Sources: Esri 2016; Microsoft MapPoint 2013



Population Change by ZIP Code

The overall projected population growth for the service area is 4.2% over the next five years.

Current and Projected Population Change by ZIP Code, 2015

ZIP Code	Community	Current Population	Projected 5-year Population	Percent Change
70517	Breaux Bridge	28,487	29,469	3.4%
70582	Saint Martinville	19,288	19,579	1.5%
70518	Broussard	14,572	15,894	9.1%
70512	Arnaudville	11,162	11,630	4.2%
Total		73,509	76,572	4.2%

Source: Esri 2016



Population Change by Age and Gender

The population of residents aged 20 through 44 is expected to decrease slightly (-0.6%). Marginal population growth is expected for adults aged 45 through 64 (0.4%). Moderate population growth is expected for children and adults aged 0 through 19 (5.0%). Substantial population growth is expected for adults aged 65 and older (23.2%).

Current and Projected Population Change by Age and Sex, 2015

Age Group	2015			2020			Percent Change		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Age 0 through 19	10,291	9,911	20,202	10,755	10,448	21,203	4.5%	5.4%	5.0%
Age 20 through 44	12,077	12,094	24,171	12,086	11,939	24,025	0.1%	-1.3%	-0.6%
Age 45 through 64	9,733	10,246	19,979	9,780	10,278	20,058	0.5%	0.3%	0.4%
Age 65 and older	4,219	4,938	9,157	5,273	6,013	11,286	25.0%	21.8%	23.2%
Total	36,320	37,189	73,509	37,894	38,678	76,572	4.3%	4.0%	4.2%

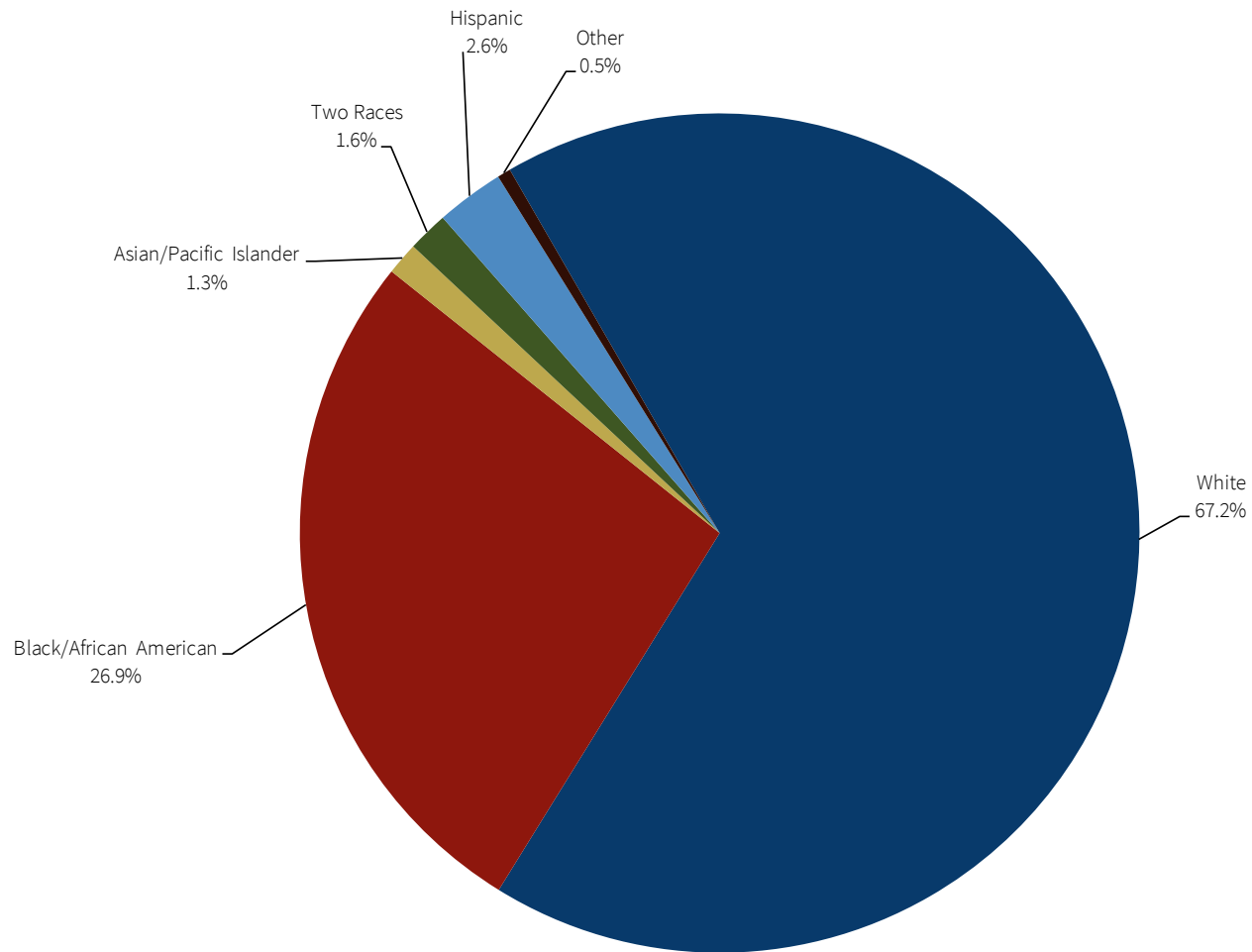
Source: Esri 2016



Population by Race and Ethnicity

The most common race/ethnicity in SMH's community is white (67.2%) followed by black/African American (26.9%), Hispanic (2.6%), individuals of two races (1.6%), Asian/Pacific Islander (1.3%), and other races (0.5%).

Race/Ethnic Composition 2015



Source: Esri 2016



Population Change by Race and Ethnicity

Substantial population growth is expected for individuals of two races (32.9%), Hispanics (30.4%), Asian/Pacific Islanders (19.1%), and other races (12.2%). Slight population growth is expected for black/African Americans (3.2%) and the white population (2.5%).

Current and Projected Population Change by Race/Ethnicity, 2015

Race/Ethnicity	2015	2020	Percent Change
White	49,364	50,613	2.5%
Black/African American	19,772	20,402	3.2%
Asian/Pacific Islander	923	1,099	19.1%
Two Races	1,148	1,526	32.9%
Hispanic	1,924	2,508	30.4%
Other	378	424	12.2%

Source: Esri 2016



Socioeconomic Characteristics

According to the U.S. Bureau of Labor Statistics, the 2014 annual unemployment average for St. Martin Parish (5.7%) is lower when compared to Louisiana (6.4%).

The U.S. Census American Community Survey (ACS) publishes median household income and poverty estimates. According to 2010–2014 estimates, the median household income in St. Martin Parish (\$42,948) is lower than Louisiana’s (\$44,991).

Poverty thresholds are determined by family size, number of children and age of the head of the household. A family’s income before taxes is compared to the annual poverty thresholds. If the income is below the threshold, the family and each individual in it are considered to be in poverty. In 2014, the poverty threshold for a family of four was \$24,008. The ACS estimates indicate that St. Martin Parish residents are less likely to live in poverty (18.8%) compared to Louisiana residents (19.6%). Children in St. Martin Parish are more likely to be living below the poverty level (29.9%) compared to all children in Louisiana (27.8%).

Socioeconomic Characteristics

	St. Martin Parish		Louisiana
Unemployment Rate ¹	5.7%		6.4%
Median Household Income ²	\$ 42,948		\$ 44,991
Individuals Below Poverty Level ²	18.8%		19.6%
Children Below Poverty Level ²	29.9%		27.8%

¹ Source: Bureau of Labor Statistics, 2014 annual average

² Source: U.S. Census - ACS, 2010–2014 estimates



Educational Attainment

The U.S. Census ACS publishes estimates of the highest level of education completed for residents aged 25 years and older. The ACS 2010–2014 estimates indicate that more St. Martin Parish residents are more likely to have not earned a high school degree or equivalent (22.8%) compared to Louisiana residents (17.2%). Adults aged 25 years and older in St. Martin Parish are more likely to have a high school degree, but less likely to have a bachelor’s degree than adults aged 25 years and older in Louisiana (see table).

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

	St. Martin Parish	Louisiana
Less than a high school degree	22.8%	17.2%
High school degree or equivalent	41.9%	33.9%
Some college, no degree	17.1%	21.4%
Bachelor's degree	9.7%	14.7%
Graduate or professional degree	4.2%	7.4%

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



Crime Rates

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

Violent Crime Rates, 2013

	St. Martin Parish	Louisiana
Murder and non-negligent manslaughter	0.0	10.8
Rape	11.3	27.1
Robbery	34.0	119.9
Aggravated Assault	166.2	352.8

Source: Louisiana Commission on Law Enforcement

Rates are per 100,000 population



Mortality Indicators

According to CDC Wonder, the age-adjusted mortality from all causes is lower in St. Martin Parish (880.0 per 100,000) when compared to Louisiana (896.0 per 100,000).

The Institute for Health Metrics and Evaluation publishes life expectancies by county and gender. The life expectancy for males in St. Martin Parish (74.1 years) is lower than Louisiana’s (76.5 years). The life expectancy for females is also lower in St. Martin Parish (78.3 years) compared to Louisiana (81.2 years).

Mortality Indicators

	St. Martin Parish	Louisiana
Age-adjusted mortality from all causes ¹	880.0	896.0
Male life expectancy, 2013 ²	74.1	76.5
Female life expectancy, 2013 ²	78.3	81.2

¹ Source: CDC Wonder, 2010–2014

² Source: Institute for Health Metrics and Evaluation
Mortality rates are per 100,000 population



Leading Causes of Death

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

Leading Causes of Death , 2010–2014

	St. Martin	
	Parish	Louisiana
Heart disease	221.3	216.9
Cancer	200.9	191.2
Accidents	48.4	48.3
Chronic lower respiratory disease	48.2	44.5
Stroke	46.0	44.8
Alzheimer's disease	44.8	32.8
Kidney disease	29.4	25.0
Influenza and pneumonia	19.4	18.5
Septicemia	18.2	18.4
Suicide	13.8	12.8
Diabetes	10.7	26.4

Source: CDC Wonder, 2010–2014

Rates are per 100,000 population



Cardiovascular Outcomes

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

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

	St. Martin Parish	Louisiana
Heart Disease, All	1,289.7	1,283.5
Heart Disease, White (Non-Hispanic)	1,254.1	1,295.8
Heart Disease, Black (Non-Hispanic)	1,528.2	1,349.3
Heart Disease, Male	1,498.4	1,561.9
Heart Disease, Female	1,179.4	1,087.8

Source: Centers for Disease Control and Prevention

St. Martin Parish residents, regardless of race or gender, are about as likely to die from a heart attack compared to Louisiana residents (see table). It is important to note that St. Martin Parish males are more likely to have a heart attack when compared to all males in Louisiana.

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

	St. Martin Parish	Louisiana
Heart Attack, All	200.1	204.2
Heart Attack, White (Non-Hispanic)	196.2	201.6
Heart Attack, Black (Non-Hispanic)	231.6	231.3
Heart Attack, Male	293.0	268.3
Heart Attack, Female	149.6	158.0

Source: Centers for Disease Control and Prevention



Cardiovascular Outcomes (continued)

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

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

	St. Martin Parish Louisiana	
Hypertension, All	368.2	726.6
Hypertension, White (Non-Hispanic)	349.2	649.1
Hypertension, Black (Non-Hispanic)	493.4	1,052.9
Hypertension, Male	397.7	793.6
Hypertension, Female	373.6	672.6

Source: Centers for Disease Control and Prevention

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

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

	St. Martin Parish Louisiana	
Stroke, All	285.5	286.4
Stroke, White (Non-Hispanic)	285.8	273.6
Stroke, Black (Non-Hispanic)	299.4	352.7
Stroke, Male	306.6	292.0
Stroke, Female	265.6	278.6

Source: Centers for Disease Control and Prevention



Cancer Incidence

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

Prostate cancer incidence is higher in St. Martin Parish (162.9 per 100,000 males) and Louisiana (161.1 per 100,000 males) compared to the United States (131.7 per 100,000 males).

Breast cancer incidence rates are lower in St. Martin Parish (117.4 per 100,000 females) and in Louisiana (121.9 per 100,000 females) compared to the United States (123.0 per 100,000 females).

Lung and bronchus cancer incidence in St. Martin Parish (86.4 per 100,000 population) is higher than in Louisiana (73.0 per 100,000 population) and the United States (63.7 per 100,000 population).

Colon and rectum cancer incidence is substantially higher in St. Martin Parish (70.9 per 100,000 population) than in Louisiana (50.2 per 100,000 population) and the United States (41.9 per 100,000 population).

Cervical cancer incidence for St. Martin Parish data is unavailable.

Stomach cancer incidence for St. Martin Parish data is unavailable.

Select Cancer Incidence Rates, 2008–2012

	St. Martin Parish	Louisiana	United States
Prostate ¹	162.9	161.1	131.7
Breast (female) ²	117.4	121.9	123.0
Lung and bronchus ³	86.4	73.0	63.7
Colon and rectum ³	70.9	50.2	41.9
Cervical ²	*	9.3	7.7
Stomach ³	*	7.8	6.6

Source: National Cancer Institute - State Cancer Profiles

¹Rates are per 100,000 males

²Rates are per 100,000 females

³Rates are per 100,000 population

* Data has been suppressed to ensure confidentiality and stability of rate estimates



Cancer Mortality

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

Lung and bronchus cancer mortality in St. Martin Parish (65.5 per 100,000 population) is higher than in Louisiana (57.6 per 100,000 population) and the United State’s rate (47.2 per 100,000 population).

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

Breast cancer mortality is higher in St. Martin Parish (28.5 per 100,000 females) compared to Louisiana (25.0 per 100,000 females) and the United States (21.9 per 100,000 females).

Colon and rectum cancer mortality is substantially lower in St. Martin Parish (15.4 per 100,000 population) than in Louisiana (22.7 per 100,000 population), but similar to the national rate (15.5 per 100,000 population).

Stomach cancer mortality rates for St. Martin Parish are unavailable .

Cervical cancer mortality rates for St. Martin Parish are unavailable.

Select Cancer Mortality Rates, 2008-2012

	St. Martin Parish	Louisiana	United States
Lung and bronchus ¹	65.5	57.6	47.2
Prostate ²	28.4	24.2	21.4
Breast ³	28.5	25.0	21.9
Colon and rectum ¹	15.4	22.7	15.5
Stomach ¹	*	4.5	3.4
Cervical ³	*	3.0	2.3

Source: National Cancer Institute - State Cancer Profiles

¹Rates are per 100,000 population

²Rates are per 100,000 males

³Rates are per 100,000 females

* Data has been suppressed to ensure confidentiality and stability of rate estimates



Reported Health Status, Risk Factors, and Behaviors

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

Adults in St. Martin Parish are about as likely to report having fair or poor general health (21.0%) compared to all Louisiana adults (21.0%).

Adults in St. Martin Parish are about as likely to report being diagnosed with diabetes (10.7%) compared to all Louisiana adults (10.4%).

Adults in St. Martin Parish are less likely report being current smokers (23.0%) compared to all Louisiana adults (24.0%).

Physical inactivity is defined as not participating in any leisure-time physical activities (physical activities or exercises other than their regular job). Adults in St. Martin Parish are more likely to report being sedentary (31.0%) than all adults in Louisiana (30.0%).

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

Obesity is defined as having a BMI greater than or equal to 30. Adults in St. Martin Parish are more likely to report being obese (35.0%) compared to all Louisiana respondents (34.0%).

Reported Health Status, Risk Factors, and Behaviors

	St. Martin	
	Parish	Louisiana
Fair or poor general health, 2014	21.0%	21.0%
Diagnosed diabetes, 2013	10.7%	10.4%
Current smokers, 2014	23.0%	24.0%
Physical inactivity, 2012	31.0%	30.0%
Excessive drinking, 2014	19.0%	18.0%
Obesity, 2012	35.0%	34.0%

Source: County Health Rankings & Roadmaps



Sexually Transmitted Infections

Reported rates of sexually transmitted infections are available through the Louisiana Department of Health and Hospitals. St. Martin Parish has a substantially lower HIV diagnosis rate (9.0 per 100,000 population) compared to Louisiana (28.0 per 100,000 population). The chlamydia rate in St. Martin Parish (589.0 per 100,000 population) is substantially lower than the state rate (621.0 per 100,000 population). The gonorrhea rate in St. Martin Parish (218.0 per 100,000 population) is higher than Louisiana’s (187.0 per 100,000 population). In St. Martin Parish, the primary and secondary syphilis rate is the same as the rate in Louisiana (see table).

Reported Sexually Transmitted Infections, 2013

	St. Martin Parish	Louisiana
HIV diagnosis rate	9.0	28.0
Chlamydia	589.0	621.0
Gonorrhea	218.0	187.0
Primary and secondary syphilis	9.0	9.0

Source: Louisiana Department of Health and Hospitals - 2013 Louisiana STD Annual Report
 Rates are per 100,000 population



Maternal and Child Health

The Kids Count Data Center contains data on maternal and child health indicators. The birth rates in St. Martin Parish and Louisiana are similar (14.0 per 1,000 population and 13.4 per 1,000 population, respectively). The teen birth rate in St. Martin Parish (54.0 per 1,000 women aged 15–19) is higher than Louisiana’s (45.0 per 1,000 women aged 15–19). The infant mortality rate in St. Martin Parish (12.5 per 1,000 live births) is higher than Louisiana’s (9.4 per 1,000 live births). Low birthweight and preterm births are less likely to occur in St. Martin Parish compared to Louisiana (see table).

Births and Infant Deaths

	St. Martin	
	Parish	Louisiana
Birth rate (per 1,000 population), 2011 ¹	14.0	13.4
Teen birth rate (per 1,000 women aged 15–19 years), 2011 ²	54.0	45.0
Infant mortality rate (per 1,000 births), 2005–2009 ²	12.5	9.4
Low birthweight ²	8.8%	11.0%
Preterm births ²	11.9%	12.4%

¹Source: Kids Count Data Center; U.S. Census Bureau (calculated rate)

²Source: Kids Count Data Center



Access to Care

According to the ACS 2010–2014 estimates, St. Martin Parish residents are more likely to have health insurance coverage (84.7%) than all Louisiana residents (83.4%).

Private insurance coverage is more common among St. Martin Parish residents (60.2%) compared to all Louisiana residents (59.4%).

Public insurance coverage is more common among St. Martin Parish residents (36.2%) than among all Louisiana residents (34.2%).

Residents in St. Martin Parish are less likely to be uninsured (15.3%) compared to all Louisiana residents (16.6%). Children in St. Martin Parish are less likely to be uninsured (3.8%) compared to all children in Louisiana (5.6%).

Health Insurance Coverage, 2010–2014

	St. Martin	
	Parish	Louisiana
Health insurance coverage	84.7%	83.4%
Private insurance	60.2%	59.4%
Public coverage	36.2%	34.2%
No health insurance coverage	15.3%	16.6%
No health insurance coverage (children)	3.8%	5.6%

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



Community Leader Interviews

Interview Methodology

Eight phone interviews were conducted from June 28, 2016 to July 18, 2016. Interviews required approximately 20 minutes to complete. Interviewers followed the same process for each interview, which included documenting the interviewee's expertise and experience related to the community. Additionally, the following community-focused questions were used as the basis for discussion:

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



Community Leader Interview Summary

Topic	Discussion Points/Highlights
Health Strengths	<ul style="list-style-type: none"> • Several interviewees mentioned SMH as the top health strength in the community. Interviewees noted that not only does St. Martin Parish benefit from the hospital presence, but so do the surrounding communities. • Another strength discussed by interviewees was the amount of healthcare professionals and clinics in the community. Several interviewees feel that there is a sufficient amount of physicians in the community. • One interviewee mentioned that there are several health clubs and athletic programs for children in the community.
Health Concerns	<ul style="list-style-type: none"> • Cancer, diabetes, and mental health were the top health concerns discussed by interviewees. • Obesity and children’s health related services including pediatric dental and mental health services were also mentioned. • One interviewee noted that while currently there is a sufficient amount of physicians in the community, access to health services and physicians could become a problem in the future.
Resources Available	<ul style="list-style-type: none"> • Several interviewees noted that the Council on Aging provides a variety of services to seniors in the community. These services include presentations, workshops, transportation, and more. • The St. Martin Parish Health Center was mentioned during interviews. This health center provides information and services to the low income population. • Other resources mentioned during interviews include the VA, in-school public health offices, several pharmacies, Lourdes Urgent Care, and an afterhours facility in Breaux Bridge.



Community Leader Interview Summary (continued)

<p>Resources Needed</p>	<ul style="list-style-type: none"> • Mental health resources, urgent care clinics, and more specialized health services were frequently mentioned by interviewees as community needs. • Multiple interviewees also mentioned that the community needs more medical specialists. Endocrinologists and rheumatologists were mentioned specifically. • Interviewees noted that programs promoting preventative services and health habits are needed in the community.
<p>Medically Underserved Populations</p>	<ul style="list-style-type: none"> • Individuals of low socioeconomic status • Elderly • Working poor • Mentally ill individuals • Medicaid population
<p>Barriers to obtaining health services</p>	<ul style="list-style-type: none"> • Cost/insurance issues • Transportation • Health literacy • Access/availability
<p>Ways to improve the overall health in the community</p>	<ul style="list-style-type: none"> • The majority of interviewees feel that focusing on healthy behaviors and preventative care would improve the overall health in the community. • Other suggestions include expanding the hospital so that it can serve more people in the community and placing a focus on smoking cessation.



Community Health Phone Survey

Phone surveys were conducted between June 7, 2016 and June 25, 2016. There were 200 respondents to the survey, all from St. Martin Parish. Respondents were asked about their top concerns for the health of the community, their satisfaction with the community resources available to deal with their concerns, and whether their concerns were getting worse over time. A full version of the survey questionnaire is attached as Appendix C.

Phone Survey Responses

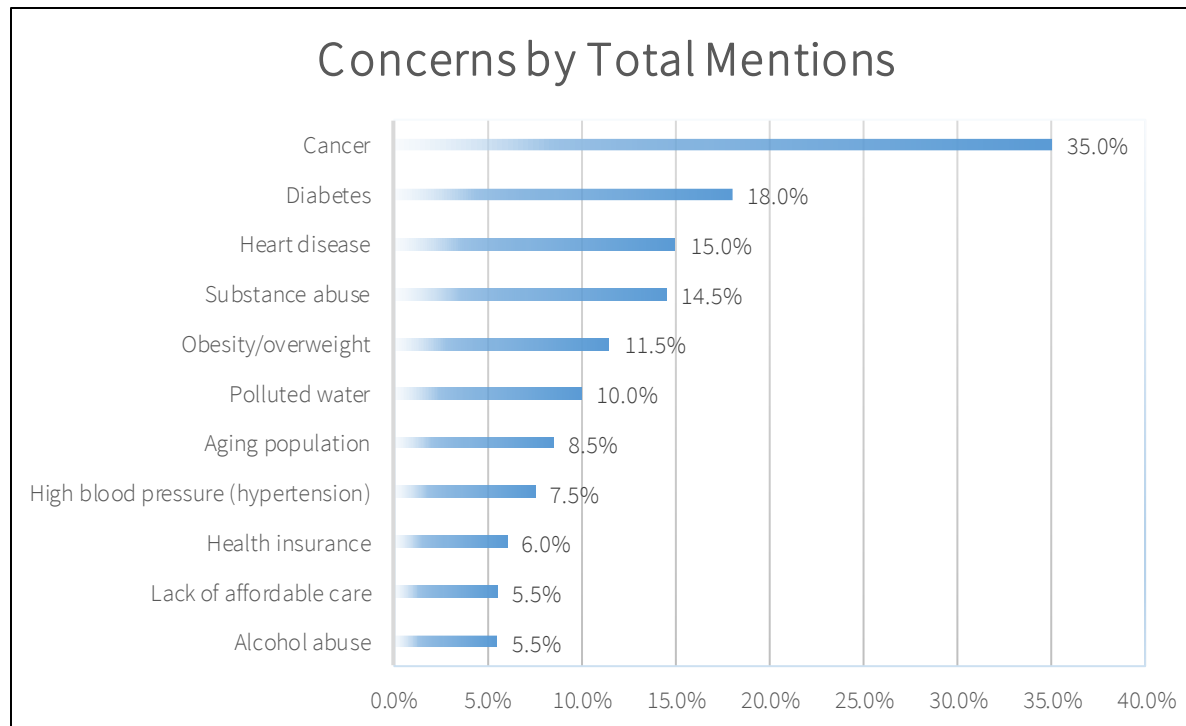
The community’s top three concerns by total mentions are cancer (35.0%), diabetes (18.0%), and heart disease (15.0%). Cancer was the most frequently mentioned primary concern (23.5%), though it is important to note that polluted water was the second most commonly mentioned primary concern (7.5%).

Top Health Concerns by Total Mentions

Community Concerns	Primary Concern	Secondary Concern	Tertiary Concern	Total Mentions
Cancer	23.5%	8.0%	3.5%	35.0%
Diabetes	5.0%	7.5%	5.5%	18.0%
Heart disease	4.5%	7.5%	3.0%	15.0%
Substance abuse	4.5%	6.5%	3.5%	14.5%
Obesity/overweight	6.5%	2.5%	2.5%	11.5%
Polluted water	7.5%	2.0%	0.5%	10.0%
Aging population	4.0%	2.0%	2.5%	8.5%
High blood pressure (hypertension)	3.5%	1.0%	3.0%	7.5%
Health insurance	5.5%	0.5%	0.0%	6.0%
Alcohol abuse	2.0%	1.5%	2.0%	5.5%
Lack of affordable care	4.0%	1.5%	0.0%	5.5%

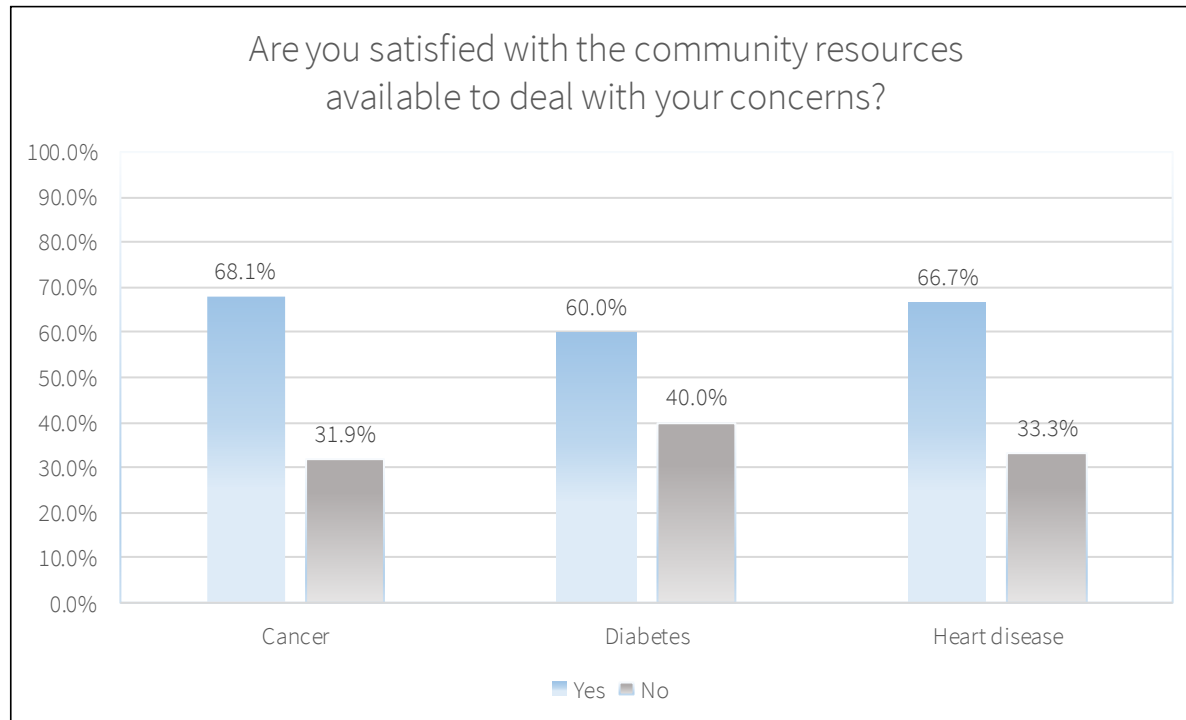


Phone Survey Responses (Continued)



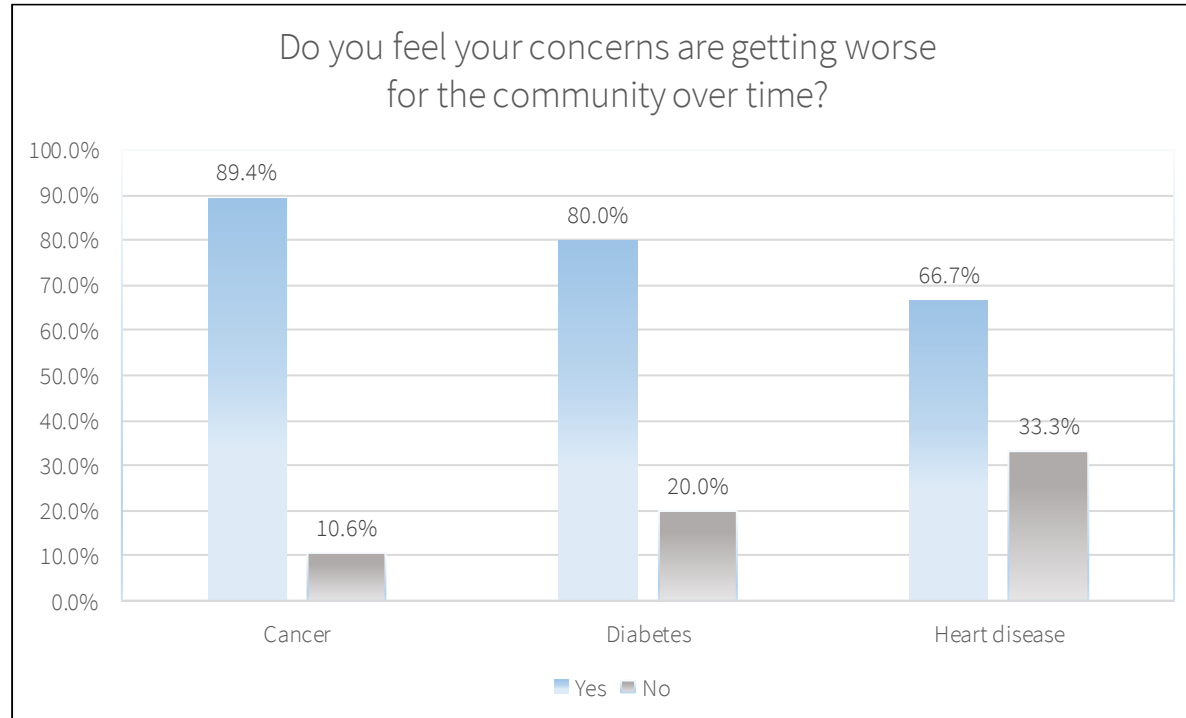
Phone Survey Responses (Continued)

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



Phone Survey Responses (continued)

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



Phone Survey Critical Analysis

The most commonly mentioned concern mentioned by respondents was cancer. More than two-thirds of respondents (68.1%) feel the community has adequate resources to deal with cancer. However, when asked if cancer is getting worse for the community over time, 89.4% of respondents answered 'yes'. When asked what could be done to address cancer in the community, the most common responses were related to research, educating residents on how to lower their risk (healthy diets, smoking cessation, screenings, etc.), and increasing the number of cancer care providers in the community. Multiple respondents referenced the polluted water as a possible source for the cancer issue in the community.

Diabetes was the second most commonly mentioned health concern. Sixty percent of respondents are satisfied with the community resources available to deal with diabetes. The majority of respondents (80.0%) feel that diabetes is getting worse for the community over time. The most common suggestion mentioned by interviewees was related to improving nutrition. Some respondents suggested nutrition education classes offered to the public as a method for addressing this concern.

The third most commonly mentioned concern was heart disease. The majority of respondents are satisfied with the community resources available to address heart disease, but feel that heart disease is getting worse for the community over time. The most common suggestion for addressing this issue is to eat better and increase activity levels.



Community Health Priorities

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

St. Martin Hospital's executive board, which consists of hospital leadership and key community stakeholders, reviewed the primary and secondary data compiled and ordered the priority health needs based on capacity to meet the needs identified. The five health priorities identified through the CHNA are: cancer, heart disease, diabetes, mental health, and social determinants of health.



Cancer

- Cancer is the second leading cause of death in St. Martin Parish, with a mortality rate higher than the statewide rate.
- Lung and bronchus, prostate, and breast cancer mortality rates are higher in St. Martin Parish than in Louisiana.
- Cancer was frequently mentioned by community leaders as a top health concern in the parish.
- Among phone survey respondents, cancer was the most mentioned health concern; approximately one in four respondents identified cancer as their top health concern.
- The majority of phone survey respondents who identified cancer as their primary concern feel that it is getting worse for the community over time.

Heart Disease

- Heart disease is the leading cause of death in St. Martin Parish, with a mortality rate higher than the statewide rate.
- Diabetes and obesity, which are common comorbidities that accompany heart disease, were commonly mentioned by community leaders as top health concerns.
- Adults in St. Martin Parish are more likely to report physical inactivity and being obese compared to all Louisiana adults.
- Heart disease was the third most commonly mentioned health concern by phone survey respondents.
- The majority of phone survey respondents who identified heart disease as their primary concern feel that it is getting worse for the community over time.



Diabetes

- Adults in St. Martin Parish are more likely to report physical inactivity and being obese compared to all Louisiana adults.
- Diabetes and obesity were frequently mentioned as top community health concerns by interviewees.
- Among phone survey respondents, diabetes was the second most frequently mentioned health concern in the community.
- The majority of phone survey respondents who identified diabetes as their primary concern feel that it is getting worse for the community over time.

Mental Health

- Alzheimer's disease mortality is substantially more common in St. Martin Parish compared to all of Louisiana.
- Mental health was one of the most commonly discussed health concerns by interviewees.
- Community leader interviewees mentioned that mental health resources are needed in the community.
- Patients with mental illness were described by interviewees as a medically underserved population.
- Substance abuse was the fourth most commonly mentioned health concern by phone survey respondents.



Social Determinants of Health

- Median household income is lower in St. Martin Parish compared to all of Louisiana.
- Children in St. Martin Parish are more likely to lived below poverty level when compared to all children in Louisiana.
- St. Martin Parish residents aged 25 and older are more likely to have not received a high school degree compared to all Louisiana residents aged 25 and older.
- When asked about medically underserved populations in St. Martin Parish, community leader interviewees mentioned that individuals of low socioeconomic status, the working poor, and the Medicaid population are medically underserved.
- Community leaders identified cost/insurance and health literacy as barriers that residents in the community frequently encounter when trying to obtain health services.



Resources

Cancer

Lafayette General Health (LGH) operates Cancer Center of Acadiana (CCA) at Lafayette General Medical Center. CCA is recognized as an Accredited Cancer Program and in March 2016 was awarded Three-Year Accreditation with Commendation and received the Outstanding Achievement Award from the Commission on Cancer. Located less than 11 miles from St. Martin Hospital, CCA offers coordinated care and specialized services to patients throughout the Acadiana region. CCA has additional locations in Eunice, Abbeville, and Crowley.

Beginning on October 1, 2016, St. Martin Hospital will offer its patients the most advanced technology and procedures available anywhere to help detect breast cancer as early as possible. The team of specialists is dedicated to treating women with personalized care and compassion while providing a wide range of diagnostic procedures. Service offerings will include digital mammography, breast ultrasound, and ultrasound-guided biopsy.

St. Martin Hospital was recently awarded a grant from the Susan G. Komen foundation in Acadiana that will support screenings, mammograms, patient education, and patient navigation services. The grant for SMH focuses on women over 40 who need a mammogram and are current residents of Iberia, Lafayette, or St. Martin parishes. Women over 40 who have a first-degree family history of breast cancer, as well as women with Medicare and Medicaid, will qualify.

The American Cancer Society sponsors Relay for Life events in communities across the United States to raise funds for cancer research. The Relay for Life of St. Martin Parish is planned for October 15, 2016. The participants currently registered have raised more than \$3,400 for cancer research.



Resources (continued)

Heart Disease

LGH provides health fairs throughout the Acadiana region. The health fairs include screening for blood pressure, heart rate, height, weight, body composition, BMI, and cholesterol.

Beginning in December 2016, SMH will offer an outpatient specialty center which will house infusion, Coumadin, a CHF clinic, therapy, and cardiac rehabilitation.

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

Cardiovascular Institute of the South (CIS) is a cardiology group of 35 physicians with 14 locations throughout south Louisiana. The Breaux Bridge location has two physicians who specialize in interventional cardiology and a nurse practitioner to provide care to residents of St. Martin Parish.

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

LGH also operates LGMC Wellness at the Townhouse, which is approximately 11 miles from St. Martin Hospital. This wellness center promotes health through education, attention to lifestyle, and specialized physical activity. Memberships are available to the public and the center is staffed by an exercise physiologist, a wellness LPN, personal trainers, and fitness instructors. Members are also offered the option of undergoing a full fitness evaluation with various health screenings to include blood pressure analysis, lipid profile with blood glucose screening, YMCA bike test, strength and flexibility testing, body composition, and waist/hip measurements.



Resources (continued)

Diabetes

The programs and services discussed on page 41 for heart disease are also valuable to diabetic patients in the community.

Diabetes education classes are available to community members and are held at SMH and the Council on Aging.

On April 7, 2016, LGH promoted World Health Day by advocating diabetes awareness. On World Health Day, all LGH employees, from CEOs to office staff, wore scrubs in an effort to start the conversation about health. Throughout the day, walks were hosted at LGH hospitals and urgent care to promote the goal of getting at least 30 minutes of moderate physical activity daily.

Acadiana Foot Center has a location in Lafayette, which is just over 15 miles from St. Martin Hospital. As a podiatry clinic focused on foot ailments, Acadiana Foot Center provides preventive and routine care programs for diabetic patients. These services include care of ingrown nails and infections, debridement of nails, diabetic foot care and education, and more.



Resources (continued)

Mental Health

Genesis Behavioral Hospital offers inpatient services at its location in Breaux Bridge. This 18-bed private psychiatric facility is licensed by the state of Louisiana to provide psychiatric inpatient services to adults and geriatric patients. Genesis offers comprehensive treatment programs for adults with depression, bi-polar disorders, anxiety disorders, chronic mental illness, and many other conditions. The staff at Genesis prioritize proper discharge planning in order to reduce the need for future hospitalizations.

LGH offers mental health services through the Lafayette Behavioral Health Unit (LBHU). This 24-bed secure psychiatric inpatient facility provides short-term hospitalization and treatment for individuals coping with an acute mental health disorder. LBHU was established through a partnership with the Louisiana Department of Health and Hospitals, thus securing quality of care and access to services for uninsured individuals in need of acute psychiatric care.

Also located in Lafayette, is the Dr. Joseph Henry Tyler, Jr. Behavioral Health Center, or Tyler Mental Health Clinic (TMHC). TMHC serves Lafayette, upper St. Martin, and Vermilion parishes and provides quality care to individuals with serious mental illness or co-occurring mental health/substance abuse needs. The basic psychiatric service offerings include psychosocial, psychological, and psychiatric evaluations, individual and group counseling, crisis management, and medication management.



Resources (continued)

Social Determinants of Health

The St. Martin Parish Community Health Center (SMPCHC), located in St. Martinville, is a satellite location of Iberia Comprehensive Community Health Center (ICCHC). ICCHC's vision is to be the leading provider of primary healthcare in Iberia, Vermilion, St. Martin, Lafayette, Beauregard, Sabine, and the surrounding parishes. ICCHC seeks to serve those healthcare consumers who comprise the underserved populations, including the poor, working poor, and uninsured. The centers offer medical, dental, and wellness services. The St. Martinville location has one physician, three dentists, and three nurse practitioners. The clinic is open five days a week, with extended hours on Monday.

Another resource for the underserved populations of the region is the Northside Community Health Center. Northside, located in Lafayette less than 10 miles from St. Martin Hospital, provides primary care, behavioral health, podiatry, and dental services. As a Federally Qualified Health Center (FQHC), Northside's primary mission is to serve individuals who are uninsured, underinsured, and insured. By operating on a sliding fee scale, all individuals are served regardless of their ability to pay. The clinic is open six days a week, with extended hours on Wednesday.



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Appendix A: Carnahan Group Qualifications

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

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



Appendix B: Community Leader Interview Organizations

Organization	Area Represented
City of Breaux Bridge	Public Servant; Elected Official
Concepts of Care	Medically Underserved and Low Income Populations
St. Martin Hospital Board of Trustees	Hospital Leadership
Lafayette General Medical Doctors - Family Medicine	Healthcare Provider



Appendix C: Community Phone Survey

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

Record <PRIMARY> verbatim:

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

Record <SECOND> verbatim:

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

Record <THIRD> verbatim.

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



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