



**Lafayette General Health
Acadia General Hospital
Community Health Needs Assessment**

**Assessment Date: June 24, 2019
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Introduction



Acadia General Hospital

Acadia General Hospital (AGH) is an acute care facility located at 1305 Crowley Rayne Highway, Crowley, LA 70526. It is one of seven hospitals within Lafayette General Health's system. Acadia General Hospital provides acute medical and surgical care, gynecology, pediatrics, orthopedics, otolaryngology, cardiac, nephrology, ophthalmology, oncology, emergency services, vein therapy, wound care, and hyperbaric medicine.

Methodology

Community Health Needs Assessment Background

On June 24, 2019 Lafayette General Health 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 AGH that addresses the community health needs will be developed and adopted no later than 5.5 months following 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 AGH. Commonly used data sources include Esri, the U.S. Census Bureau, and the Centers for Disease Control and Prevention (CDC). Acadia Parish defines the community served by AGH. Demographic and health indicators are presented for the parish.

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

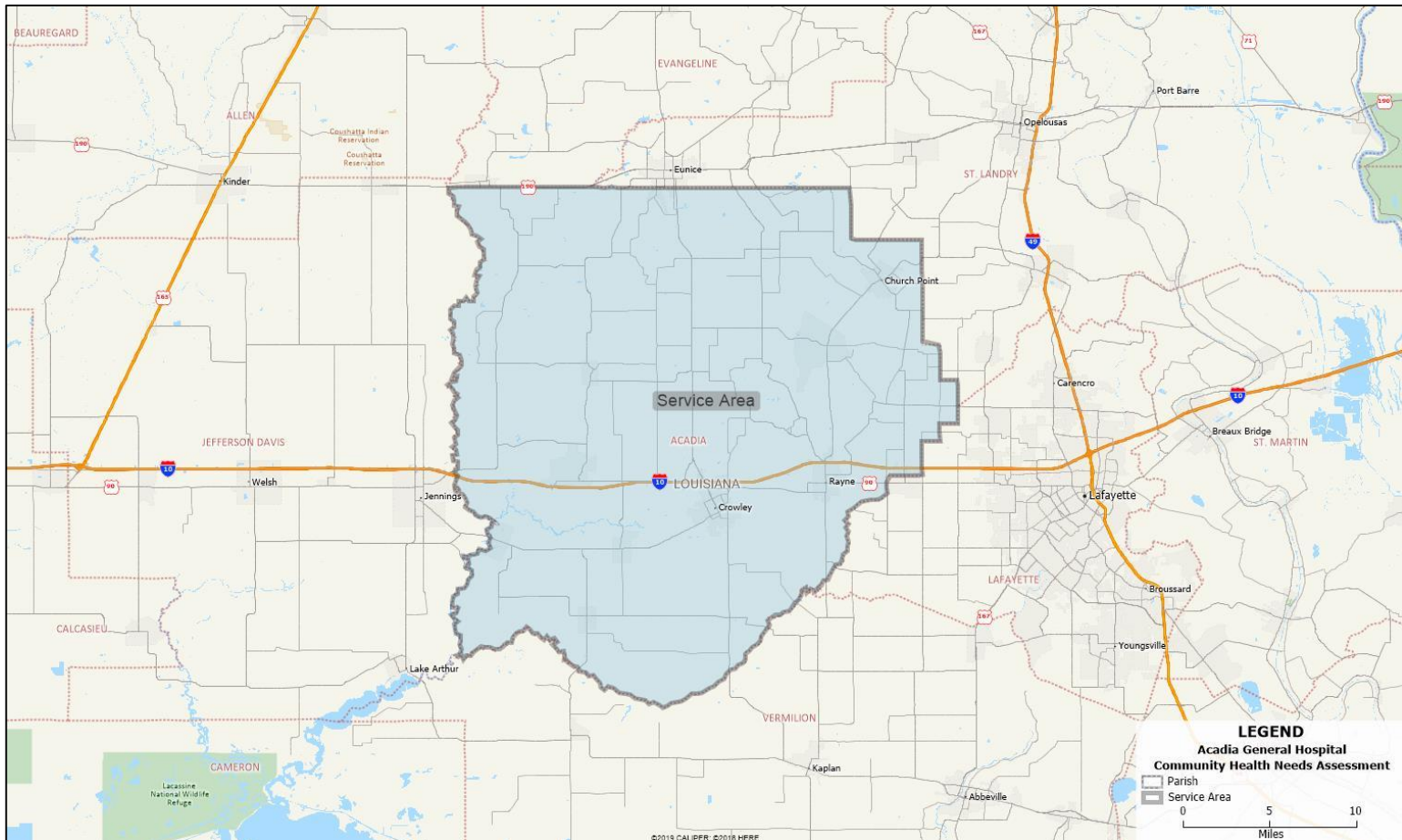
CHNA Strategy

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

Community Overview

Acadia General Hospital treats patients from across the Acadiana region. For the purposes of the CHNA report, AGH chose Acadia Parish as its community. 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 community.



Source: Maptitude 2019

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 are characterized as Health Professional Shortage Areas (HPSA) within the community:

| 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 |

Source: HRSA

Community Overview (continued)

Medically Underserved Areas

Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) identify geographic areas and populations with a lack of access to primary care services.

MUAs have a shortage of primary care health services for residents within a geographic area while MUPs are specific sub-groups of people living in a defined geographic area with a shortage of primary care health services.

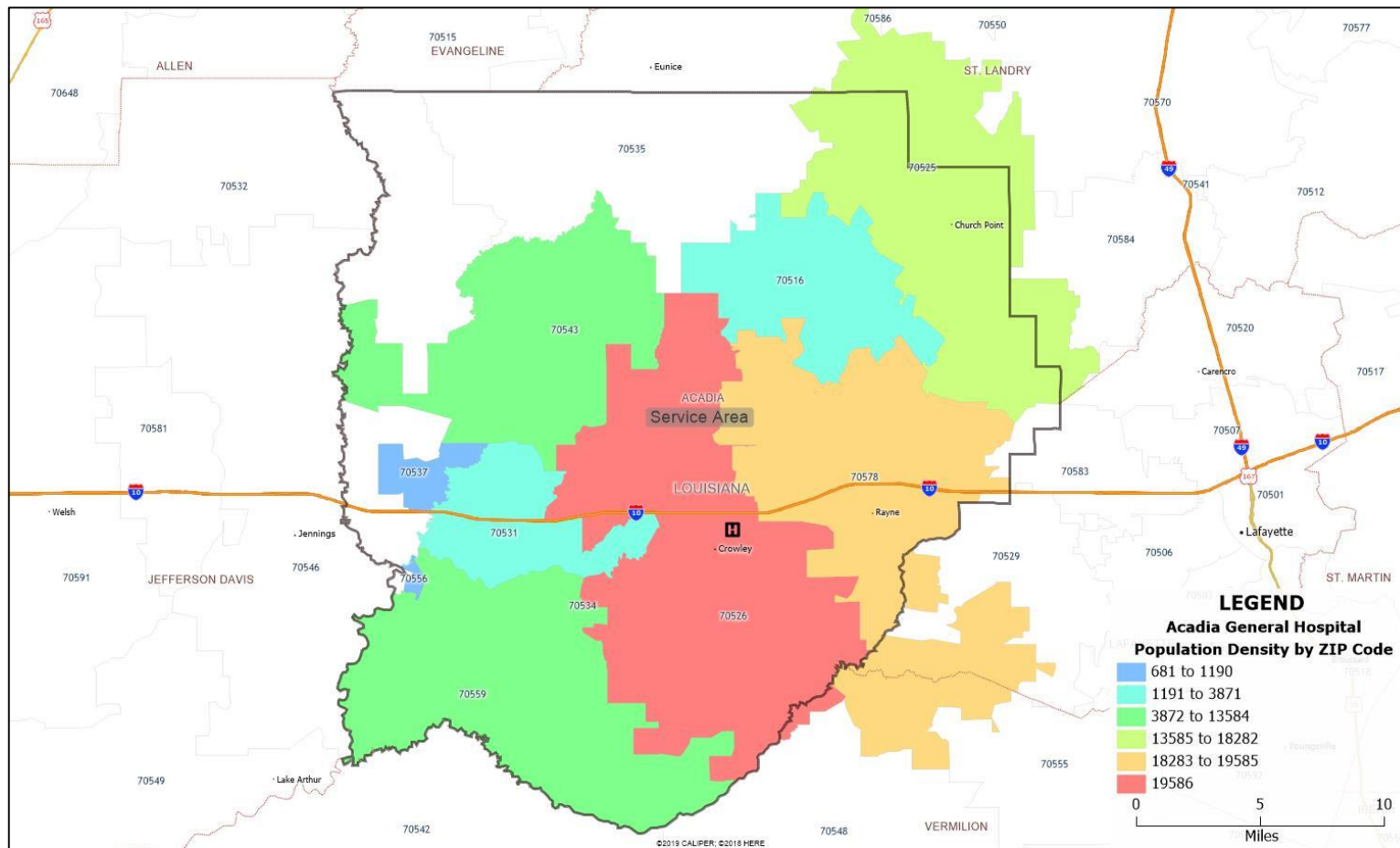
The following table describes the MUA within the community:

| Parish | MUA | IMU Score | Rural Status |
|----------------------|----------------|-----------|-----------------|
| Acadia Parish | Designated MUA | 61.3 | Partially Rural |

Source: HRSA

Health Profile

Demographics - Population Density by ZIP Code in AGH's Community, 2018



Source: Esri 2018; Maptitude 2019

Population Change by ZIP Code

The overall projected population growth for the community is 2.0% over the next five years. Relatively speaking, substantial growth is forecasted for ZIP Codes 70531 (4.6%), 70537 (3.7%), 70559 (3.5%), and 70516 (3.5%). Conversely, minimal growth (less than 1.5%) is expected for ZIP Codes 70525 and 70526.

Total Community Population Change by ZIP Code, 2019-2024

| ZIP Code | Community | Current Population | Projected 5-year Population | Percent Change |
|--------------|--------------|--------------------|-----------------------------|----------------|
| 70516 | Branch | 1,191 | 1,233 | 3.5% |
| 70525 | Church Point | 13,585 | 13,762 | 1.3% |
| 70526 | Crowley | 19,586 | 19,678 | 0.5% |
| 70531 | Egan | 1,346 | 1,408 | 4.6% |
| 70537 | Evangeline | 766 | 794 | 3.7% |
| 70543 | Iota | 4,205 | 4,392 | 4.4% |
| 70556 | Mermentau | 681 | 691 | 1.5% |
| 70559 | Morse | 3,872 | 4,008 | 3.5% |
| 70578 | Rayne | 18,283 | 18,794 | 2.8% |
| Total | | 63,515 | 64,760 | 2.0% |

Source: Esri 2018

Population Change by Age and Gender

Within the community, the population aged 65 and older is expected to experience the greatest amount of growth over the next five years (17.5%). The population aged 0 through 19 are also expected to experience growth, though at a much lower rate (3.0%). As for the age groups of 20 through 44 and 45 to 64, there is a projected decline in growth over the next five years (-2.7% and -2.8%, respectively).

Total Community Population Change by Age and Gender, 2019-2024

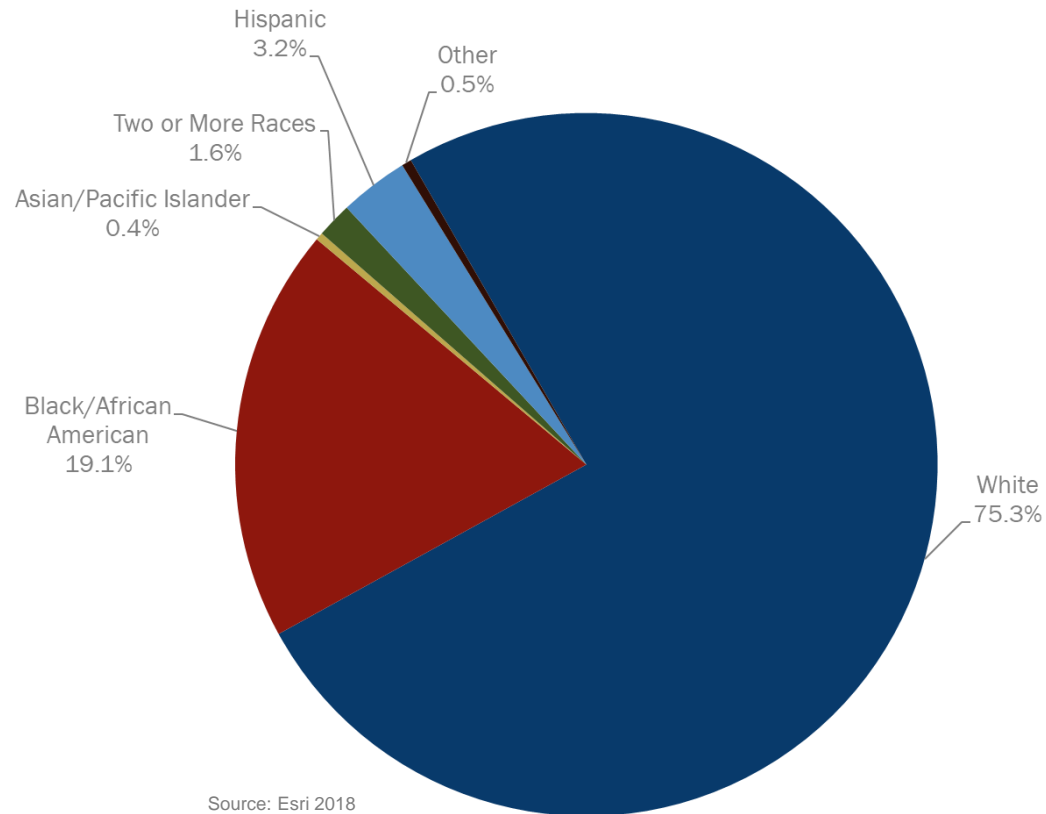
| Age Group | 2019 | | | 2024 | | | Percent Change | | |
|-------------------|---------------|---------------|---------------|---------------|---------------|---------------|----------------|-------------|-------------|
| | Male | Female | Total | Male | Female | Total | Male | Female | Total |
| Age 00 through 04 | 2,266 | 2,109 | 4,375 | 2,239 | 2,078 | 4,317 | -1.2% | -1.5% | -1.3% |
| Age 05 through 09 | 2,350 | 2,146 | 4,496 | 2,338 | 2,132 | 4,470 | -0.5% | -0.7% | -0.6% |
| Age 10 through 14 | 2,317 | 2,155 | 4,472 | 2,462 | 2,240 | 4,702 | 6.3% | 3.9% | 5.1% |
| Age 15 through 19 | 2,018 | 1,923 | 3,941 | 2,247 | 2,062 | 4,309 | 11.3% | 7.2% | 9.3% |
| Age 20 through 24 | 1,878 | 1,755 | 3,633 | 1,722 | 1,659 | 3,381 | -8.3% | -5.5% | -6.9% |
| Age 25 through 29 | 2,225 | 2,179 | 4,404 | 1,789 | 1,734 | 3,523 | -19.6% | -20.4% | -20.0% |
| Age 30 through 34 | 2,173 | 2,132 | 4,305 | 2,086 | 2,083 | 4,169 | -4.0% | -2.3% | -3.2% |
| Age 35 through 39 | 2,038 | 2,105 | 4,143 | 2,181 | 2,093 | 4,274 | 7.0% | -0.6% | 3.2% |
| Age 40 through 44 | 1,808 | 1,855 | 3,663 | 2,130 | 2,125 | 4,255 | 17.8% | 14.6% | 16.2% |
| Age 45 through 49 | 1,764 | 1,953 | 3,717 | 1,849 | 1,914 | 3,763 | 4.8% | -2.0% | 1.2% |
| Age 50 through 54 | 1,924 | 2,073 | 3,997 | 1,776 | 1,936 | 3,712 | -7.7% | -6.6% | -7.1% |
| Age 55 through 59 | 2,168 | 2,224 | 4,392 | 1,907 | 2,045 | 3,952 | -12.0% | -8.0% | -10.0% |
| Age 60 through 64 | 1,985 | 2,093 | 4,078 | 2,095 | 2,205 | 4,300 | 5.5% | 5.4% | 5.4% |
| Age 65 through 69 | 1,633 | 1,806 | 3,439 | 1,905 | 2,024 | 3,929 | 16.7% | 12.1% | 14.2% |
| Age 70 through 74 | 1,173 | 1,416 | 2,589 | 1,420 | 1,662 | 3,082 | 21.1% | 17.4% | 19.0% |
| Age 75 through 79 | 754 | 972 | 1,726 | 986 | 1,216 | 2,202 | 30.8% | 25.1% | 27.6% |
| Age 80 through 84 | 446 | 646 | 1,092 | 539 | 783 | 1,322 | 20.9% | 21.2% | 21.1% |
| Age 85 and over | 339 | 714 | 1,053 | 373 | 725 | 1,098 | 10.0% | 1.5% | 4.3% |
| Total | 31,259 | 32,256 | 63,515 | 32,044 | 32,716 | 64,760 | 2.5% | 1.4% | 2.0% |

Source: Esri 2018

Current Population Race/Ethnic Composition

The most common race/ethnicity in AGH's community is White (75.3%), followed by Black/African American (19.1%), Hispanic (3.2%), individuals of two or more races (1.6%), Other races (0.5%), and Asian/Pacific Islanders (0.4%).

Total Community Population by Race/Ethnicity, 2018



Source: Esri 2018

Population Change by Race/Ethnicity

Within the community, substantial population growth is expected for Asian/Pacific Islanders (33.2%), Hispanics (26.4%), as well as within the population involving two or more races (23.4%). White and Black/African American populations within the community are expected to experience less significant growth (0.5% and 0.9%, respectively).

Total Community Population Change by Race/Ethnicity, 2018-2023

| Race/Ethnicity | 2019 | 2024 | Percent Change |
|------------------------|--------|--------|----------------|
| White | 47,846 | 48,095 | 0.5% |
| Black/African American | 12,114 | 12,223 | 0.9% |
| Asian/Pacific Islander | 223 | 297 | 33.2% |
| Two or More Races | 1,032 | 1,273 | 23.4% |
| Hispanic | 2,014 | 2,546 | 26.4% |
| Other | 286 | 326 | 14.0% |

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 2018 annual unemployment rate average for Acadia Parish (5.4%) was slightly higher than the Louisiana average (4.9%). The U.S. Census Bureau publishes the American Community Survey (ACS), which includes median household income and poverty estimates. According to 2013-2017 ACS estimates, the median household income in Acadia Parish (\$40,492) was lower than both the state and national averages (\$46,710 and \$57,652, respectively).

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 below the poverty level. As of January 11, 2019, the 2019 federal poverty threshold for a family of four was \$25,750. The ACS estimates indicate that Acadia Parish (21.5%) has a slightly higher percentage of residents below the poverty level than Louisiana (19.6%) as well as a significantly higher number of residents than the United States estimate (12.3%). Acadia Parish has a similar number of children living below the poverty level when compared to the state of Louisiana (27.6% and 27.7%, respectively), although both have a much greater percentage of children living in poverty when compared to the nation (20.3%).

| | Acadia Parish | Louisiana | United States |
|--|---------------|-----------|---------------|
| Unemployment Rate ¹ | 5.4% | 4.9% | 3.9% |
| Median Household Income ² | \$ 40,492 | \$ 46,710 | \$ 57,652 |
| Individuals Below Poverty Level ² | 21.5% | 19.6% | 12.3% |
| Children Below Poverty Level ² | 27.6% | 27.7% | 20.3% |

¹ Source: Bureau of Labor Statistics, 2018 Annual Average

² Source: U.S. Census Bureau ACS, 2013-2017 estimates

Housing

The U.S. Census Bureau ACS 2013-2017 estimates indicated that residents of Acadia Parish had a higher rate of home ownership (71.3%) than the Louisiana and U.S. rates (65.5% and 64.0%, respectively). The Department of Housing and Urban Development publishes an estimate of the percent of residents faced with a severe housing cost burden by county. Fewer individuals within the parish faced a severe housing cost burden from 2011 to 2015 (8.8%) when compared to the state and the nation.

From 2013-2017, the segregation index for Black/White populations was lower within Acadia Parish than in Louisiana and the United States. Although the non-White/White population segregation index in Acadia Parish was lower than that the statewide index, it was slightly higher than the national estimate.

Home Ownership and Residential Segregation, 2013-2017

| | Acadia Parish | Louisiana | United States |
|--|---------------|-----------|---------------|
| Homeownership ¹ | 71.3% | 65.5% | 64.0% |
| Severe housing cost burden ² | 8.8% | 14.4% | 15.0% |
| Residential segregation - Black/White ¹ | 51.5 | 55.7 | 62.0 |
| Residential segregation - non-White/White ¹ | 49.0 | 51.3 | 47.0 |

¹Source: U.S. Census - ACS, 2013-2017 estimates

²Source: U.S. Department of Housing and Urban Development 2011-2015

Residential segregation shown as a segregation index

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 2013-2017 estimates indicated that residents in Acadia Parish were less likely to have completed a high school degree or additional education compared to the Louisiana averages. Louisiana's residents were more likely to have completed some high school without earning a degree (10.3%) than the United States average (7.2%).

Highest Level of Education Completed by Persons 25 Years and Older, 2013-2017

| | Acadia Parish | Louisiana | United States |
|----------------------------------|---------------|-----------|---------------|
| Less than 9th grade | 10.3% | 5.4% | 5.4% |
| 9th to 12th grade, no diploma | 12.0% | 10.3% | 7.2% |
| High school degree or equivalent | 40.8% | 33.8% | 27.3% |
| Some college, no degree | 18.4% | 21.3% | 20.8% |
| Associate's degree | 6.3% | 5.8% | 8.3% |
| Bachelor's degree | 8.3% | 15.3% | 19.1% |
| Graduate or professional degree | 3.9% | 8.1% | 11.8% |

Source: U.S. Census, ACS 2013-2017 estimates

Crime Rates

According to the Louisiana Commission on Law Enforcement, Acadia Parish had significantly lower rates of rape, robbery, and aggravated assault when compared to both state and national benchmarks.

Violent Crime Rates, 2017

| | Acadia Parish | Louisiana | United States* |
|---------------------------------------|---------------|-----------|----------------|
| Murder and non-negligent manslaughter | N/A | 12.5 | 5.4 |
| Rape (Revised Definition) | 6.4 | 40.0 | 42.4 |
| Robbery | 35.1 | 114.9 | 101.2 |
| Aggravated Assault | 119.8 | 392.1 | 252.4 |

Source: Louisiana Commission on Law Enforcement

Rates are per 100,000 population

Health Outcomes & Risk Factors

The Centers for Disease Control and Prevention (CDC) publish mortality and life expectancy data by county. The age-adjusted mortality from all causes in Acadia Parish from 2013-2017 was greater than the mortality rate in Louisiana during the same time frame (945.4 deaths per 100,000 population).

According to the CDC National Center for Health Statistics, from 2015-2017 the life expectancy in Acadia Parish was similar to the life expectancy within the state of Louisiana. The life expectancy for black individuals was lower than that of white individuals within Acadia Parish, which is similar to the trend observed at the national level. In the United States, the life expectancy at birth for the white population was 78.8 years in 2017 while the life expectancy for the black population was 75.3 years.

Mortality Indicators

| | Acadia Parish | Louisiana |
|---|---------------|--------------|
| Age-adjusted mortality from all causes ¹ | 945.4 | 883.2 |
| Life expectancy ² | 75.2 | 76.1 |
| White life expectancy ² | 76.1 | * |
| Black life expectancy ² | 71.1 | * |

¹ Source: CDC Wonder, 2013-2017

² Source: National Center for Health Statistics Mortality File 2015-2017

Mortality rates are per 100,000 population and life expectancy is shown in years of age

* comparative data unavailable

Leading Causes of Death

According to the CDC Wonder database, heart disease and cancer were the first and second leading causes of death within Acadia Parish. From 2013 to 2017, Acadia Parish experienced a higher rate of heart disease mortality (253.6 per 100,000 population) as well as a higher rate of cancer mortality (190.8 per 100,000 population) compared to Louisiana and the United States. Acadia Parish's diabetes (16.1) and unintentional injury (41.7) death rates were lower than the rates for Louisiana and the United States. For other leading causes of death, the parish's rates were similar to or exceeded the state and national benchmarks.

Leading Causes of Death, 2013-2017

| | Acadia Parish | Louisiana | United States |
|-------------------------------------|---------------|--------------|---------------|
| Heart disease | 253.6 | 214.0 | 167.1 |
| Cancer | 198.2 | 180.2 | 158.1 |
| (Unintentional injury) Accident | 41.7 | 54.3 | 44.0 |
| Chronic lower respiratory disease | 49.5 | 45.1 | 41.1 |
| Stroke | 46.9 | 45.8 | 37.1 |
| Alzheimer's disease | 53.7 | 40.2 | 28.0 |
| Diabetes | 16.1 | 24.9 | 21.2 |
| Kidney disease | 25.7 | 22.8 | 13.2 |
| Septicemia | 21.9 | 19.3 | 10.7 |
| Influenza and pneumonia | 24.4 | 16.1 | 14.8 |
| Suicide | 16.3 | 14.3 | 13.3 |
| Assault (homicide) | 11.3 | 13.0 | 5.7 |
| Chronic liver disease and cirrhosis | 10.1 | 9.9 | 10.6 |
| Hypertension ¹ | * | 7.9 | 8.6 |
| Pneumonitis | * | 4.4 | 5.2 |
| Parkinson's disease | 7.2 | 7.9 | 7.8 |

Source: CDC Wonder, 2013-2017

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 CDC's Division of Diabetes Translation, in 2016 the percentage of adults aged 20 and older who had been diagnosed with diabetes was 10.2% in Acadia Parish. The state and national benchmarks, 11.1% and 8.5%, respectively, reflect the percentage of adults aged 18 and older.

Age-Adjusted Diabetes in Adults Ages 20 and Older, 2016

| | Acadia Parish | Louisiana | United States |
|--------------------------------|---------------|-----------|---------------|
| Adults with diagnosed diabetes | 10.2% | 11.1% | 8.5% |

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

*State and national data reflect adults aged 18 and up

Heart Disease Mortality

According to the Centers for Disease Control and Prevention, the age-adjusted mortality rate for all heart disease per 100,000 adults aged 45 to 64 was higher in Acadia Parish than in Louisiana and the United States from 2014-2016. Similarly, the death rates for Black (non-Hispanic), White (non-Hispanic), and both male and female sub-populations were also higher within Acadia Parish (see table below).

Across all of the various heart disease death rates included within this report, the death rates for Black (non-Hispanic) individuals were higher than the death rates for White (non-Hispanic) individuals. In comparing male and female sub-populations, the death rates for males were also higher across all of the heart disease rates included (see following pages).

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

| | Acadia Parish | Louisiana | United States |
|-------------------------------------|---------------|--------------|---------------|
| Heart Disease, All | 244.8 | 193.7 | 122.6 |
| Heart Disease, Black (Non-Hispanic) | 304.0 | 274.0 | 213.2 |
| Heart Disease, White (Non-Hispanic) | 229.8 | 168.2 | 121.4 |
| Heart Disease, Male | 325.5 | 267.7 | 175.1 |
| Heart Disease, Female | 161.6 | 124.6 | 72.8 |

Source: Centers for Disease Control and Prevention

Heart Attack Mortality

According to the Centers for Disease Control and Prevention, the age-adjusted mortality rate for heart attacks per 100,000 adults aged 45 to 64 was significantly higher in Acadia Parish (111.8) when compared to the rate in Louisiana (43.8) and the United States (27.9). All of the sub-population heart attack death rates for Acadia Parish were also higher than the state and national benchmarks.

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

| | Acadia Parish | Louisiana | United States |
|------------------------------------|---------------|-------------|---------------|
| Heart Attack, All | 111.8 | 43.8 | 27.9 |
| Heart Attack, Black (Non-Hispanic) | 107.2 | 53.8 | 34.8 |
| Heart Attack, White (Non-Hispanic) | 114.3 | 42.1 | 30.0 |
| Heart Attack, Male | 152.8 | 64.1 | 41.3 |
| Heart Attack, Female | 71.6 | 24.8 | 15.2 |

Source: Centers for Disease Control and Prevention, Atlas of Heart Disease and Stroke

Hypertension Mortality

According to the Centers for Disease Control and Prevention, the age-adjusted mortality rate for hypertension was significantly lower in Acadia Parish than in Louisiana and the United States from 2014-2016. Similarly, the death rates for Black (non-Hispanic), White (non-Hispanic), male, and female sub-populations were also lower within Acadia Parish than the state and national benchmarks.

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

| | Acadia Parish | Louisiana | United States |
|------------------------------------|---------------|-----------|---------------|
| Hypertension, All | 63.9 | 141.2 | 89.7 |
| Hypertension, Black (Non-Hispanic) | 89.2 | 234.5 | 189.1 |
| Hypertension, White (Non-Hispanic) | 65.3 | 105.9 | 80.4 |
| Hypertension, Male | 95.1 | 188.3 | 121.8 |
| Hypertension, Female | 41.0 | 97.1 | 59.4 |

Source: Centers for Disease Control and Prevention, Atlas of Heart Disease and Stroke

Stroke Mortality

According to the Centers for Disease Control and Prevention, the age-adjusted mortality rate for stroke per 100,000 adults aged 45 to 64 was lower in Acadia Parish (28.1) than Louisiana (32.3). However, both the parish and state stroke death rates exceeded the national benchmark (19.1). The death rates for black (non-Hispanic), white (non-Hispanic), male, and female sub-populations were also lower than the state benchmark, but higher than the national death rate.

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

| | Acadia Parish | Louisiana | United States |
|------------------------------|---------------|-------------|---------------|
| Stroke, All | 28.1 | 32.3 | 19.1 |
| Stroke, Black (Non-Hispanic) | 57.7 | 58.8 | 41.4 |
| Stroke, White (Non-Hispanic) | 21.6 | 21.7 | 16.0 |
| Stroke, Male | 39.2 | 39.7 | 22.4 |
| Stroke, Female | 18.8 | 25.5 | 16.0 |

Source: Centers for Disease Control and Prevention, Atlas of Heart Disease and Stroke

Cancer Incidence

The National Cancer Institute reports cancer incidence rates on a state and parish level. Tables detailing select cancer incidence rates per 100,000 population for the 2012-2016 time frame can be found on the following page.

- The total incidence rate for all cancers within Acadia Parish (500.3 per 100,000 population) was higher than the Louisiana and United States rates.
- Within Acadia Parish, the lung and bronchus cancer incidence rate (81.3 per 100,000 population) was higher than the state and national benchmarks.
- The state and national benchmarks for prostate cancer incidence were lower than the parish rate (138.6 per 100,000 males).
- The breast cancer incidence rate in Acadia Parish (120.1 per 100,000 females) was lower than the Louisiana rate (124.2) and the United States rate (125.2).
- The colorectal cancer incidence rate within Acadia Parish (55.7 per 100,000 population) was higher than both the Louisiana and United States rates.
- The incidence rate for pancreatic cancer within Acadia Parish was lower than the Louisiana rate (14.3 per 100,000 population) but higher than the national benchmark.
- Within Acadia Parish, the incidence of ovarian cancer (10.4 per 100,000 females) was higher than the state incidence rate but lower than the national benchmark.
- The brain cancer incidence rate within Acadia Parish (5.6 per 100,000 population) was lower than the state and national benchmarks.
- The incidence of stomach cancer in Acadia Parish (6.8 per 100,000 population) was lower than the Louisiana rate but higher than the United States incidence rates.
- The cervical cancer incidence rate within Acadia Parish (10.0 per 100,000 population) was higher than both the state and national benchmarks.

Cancer Incidence (continued)

Select Age-Adjusted Cancer Incidence Rates, 2012 – 2016

| | Acadia Parish | Louisiana | United States |
|--------------------------------|------------------|--------------|------------------|
| All Cancer Sites ³ | 500.3 | 480.6 | 448.0 |
| Lung and bronchus ¹ | 81.3 | 67.5 | 59.2 |
| Prostate ² | 138.6 | 131.7 | 104.1 |
| Breast ³ | 120.1 | 124.2 | 125.2 |
| Colon and rectum ¹ | 55.7 | 45.8 | 38.7 |
| Pancreas ¹ | 14.1 | 14.3 | 12.8 |
| Ovarian ³ | 10.4 | 9.5 | 11.1 |
| Brain ¹ | 5.6 | 6.0 | 6.5 |
| Stomach ¹ | 6.8 | 7.1 | 6.6 |
| Cervical ³ | 10.0 | 8.8 | 7.6 |

Source: National Cancer Institute - State Cancer Profiles

¹Rates are per 100,000 population

²Rates are per 100,000 males

³Rates are per 100,000 females

* Indicates rate is unstable

Cancer Mortality

The National Cancer Institute reports cancer mortality rates on a state and parish level. Tables detailing select cancer mortality rates per 100,000 population for the 2012-2016 time frame are featured below. All of the death rates included for Acadia Parish were higher than the state and national benchmarks.

Select Age-Adjusted Cancer Mortality Rates, 2012 – 2016

| | Acadia Parish | Louisiana | United States |
|--------------------------------|---------------|-----------|---------------|
| All Cancer Sites ³ | 199.2 | 183.0 | 161.0 |
| Lung and bronchus ¹ | 60.3 | 51.5 | 41.9 |
| Prostate ² | 25.4 | 21.0 | 19.2 |
| Breast ³ | 26.0 | 23.2 | 20.6 |
| Colon and rectum ¹ | 23.0 | 17.1 | 14.2 |
| Pancreas ¹ | 15.4 | 12.9 | 11.0 |
| Ovarian ³ | * | 6.3 | 7.0 |
| Brain ¹ | * | 4.3 | 4.4 |
| Stomach ¹ | * | 3.6 | 3.1 |
| Cervical ³ | * | 2.9 | 2.3 |

Source: National Cancer Institute - State Cancer Profiles

¹Rates are per 100,000 population

²Rates are per 100,000 males

³Rates are per 100,000 females

* Indicates rate is unstable

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). Acadia Parish had a lower HIV diagnosis rate (13.0 per 100,000 population) in 2017 than the Louisiana rate (22.0 per 100,000 population) but a higher rate than the United States. The reported chlamydia rate in Acadia Parish (588.0 per 100,000 population) was lower than the state rate but higher than the national benchmark. Acadia Parish had a lower gonorrhea rate (153.0 per 100,000 population) than the state and national benchmarks.

Reported Sexually Transmitted Infections, 2017

| | Acadia Parish | Louisiana | United States |
|--------------------------------|---------------|-----------|---------------|
| HIV diagnosis rate | 13.0 | 22.0 | 11.9 |
| Chlamydia | 588.0 | 742.0 | 528.8 |
| Gonorrhea | 153.0 | 256.0 | 171.9 |
| Primary and secondary syphilis | N/A | 15.0 | 9.5 |

Source: Louisiana Department of Health and Hospitals - 2017 Louisiana STD Annual Report
Centers for Disease Control, STD Surveillance 2017 Report

Rates are per 100,000 population

Nutrition & 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. The 2017 adult obesity rate in Acadia Parish (33.1%) was higher than the national benchmark but lower than the Louisiana benchmark (36.2%).

The U.S. Department of Agriculture publishes the Food Environment Atlas which includes information on food insecurity, food deserts, and access to healthy foods. Acadia Parish's food environment index rating was higher than the Louisiana and United States ratings based on 2015 – 2016 data points. The percent of parish residents experiencing limited access to healthy foods (0.6%) was far lower than the state and national benchmarks. According to Map the Meal Gap, published by Feeding America in 2016, the percent of individuals experiencing food insecurity within Acadia Parish was lower than the state average (16.7%) but higher than the U.S. average (13.0%).

Adult Obesity, 2017

| | Acadia Parish | Louisiana | United States |
|--------------------|---------------|-----------|---------------|
| Adult obesity rate | 33.1% | 36.2% | 30.1% |

Source: Behavioral Risk Factor Surveillance System

Access to Healthy Foods, 2015 – 2016

| | Acadia Parish | Louisiana | United States |
|--|---------------|-----------|---------------|
| Food environment index ¹ | 7.9 | 5.3 | 7.7 |
| Food insecurity ² | 15.3% | 16.7% | 13.0% |
| Limited access to healthy foods ¹ | 0.6% | 9.5% | 6.0% |

¹ Source: USDA Food Environment Atlas, 2015-2016

² Map the Meal Gap, 2016

Physical Activity

The Centers for Disease Control and Prevention and County Health Rankings collect data and report on physical activity and access to recreational and/or physical fitness opportunities. The percentage of adults in Acadia Parish who were physically inactive (34.6%) was significantly higher than the state and national benchmarks in 2015. Compared to the Louisiana and United States averages (74.7% and 84.0%, respectively), fewer residents of Acadia parish had adequate access to locations for physical activity (46.6%).

Physical Activity

| | Acadia Parish | Louisiana | United States |
|---|---------------|--------------|---------------|
| Physical inactivity ¹ | 34.6% | 28.5% | 22.0% |
| Access to exercise opportunities ² | 46.6% | 74.7% | 84.0% |

¹ Source: CDC Diabetes Interactive Atlas, 2015

² County Health Rankings 2019

Maternal and Child Health

The Louisiana State Center for Health Statistics, the U.S. Census Bureau and the Centers for Disease Control and Prevention publish data on maternal and child health indicators. Acadia Parish's birth rate in 2017 was similar to the state rate, but higher than the United States birth rate (11.8 per 1,000 population). The teen birth rates in Louisiana and Acadia Parish were significantly higher than the United States average (18.8 per 1,000 women aged 15-19 years).

The five year average infant mortality rate in Acadia Parish was 4.7 deaths per 1,000 live births from 2013 to 2017. The most recent one year infant mortality rates for Louisiana and the United States were 7.1 and 5.8 deaths per 1,000 live births, respectively.

In 2017 Acadia Parish had fewer low birthweight and preterm births than the state and national averages.

Birth Rates and Infant Morbidity and Mortality, 2013-2017

| | Acadia Parish | Louisiana | United States |
|---|---------------|--------------|---------------|
| Birth rate (per 1,000 population), 2017 ¹ | 13.6 | 13.0 | 11.8 |
| Teen birth rate (per 1,000 women aged 15–19 years), 2017 ¹ | 30.5 | 28.7 | 18.8 |
| Infant mortality rate (per 1,000 births), 2013–2017 ² | 4.7 | 7.1* | 5.8* |
| Low birthweight, 2017 ² | 7.5% | 10.7% | 8.3% |
| Preterm births, 2017 ² | 9.4% | 12.7% | 9.9% |

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

²Source: Louisiana State Center for Health Statistics 2013-2017 Five Year Average, Centers for Disease Control and Prevention

* State and national infant mortality rates reflect 2017 data only

Access to Care

According to the U.S. Census Bureau's ACS 2013–2017 estimates, Acadia Parish had a lower percent of insured individuals (86.5%) than Louisiana and the United States. However, Acadia Parish had less uninsured children (4.8%) than the national average (5.7%).

Within Acadia Parish, the majority of insured individuals had private coverage (58.0%), while 39.5% of residents received Medicaid from 2013 to 2017. The percentage of individuals receiving Medicaid in Acadia Parish was significantly greater than the national benchmark (19.3%).

Health Insurance Coverage, 2012-16

| | Acadia Parish | Louisiana | United States |
|---|---------------|--------------|---------------|
| Health insurance coverage | 86.5% | 87.6% | 89.5% |
| Private insurance | 58.0% | 61.1% | 67.2% |
| Population receiving Medicaid | 39.5% | 34.7% | 19.3% |
| No health insurance coverage | 13.5% | 12.4% | 10.5% |
| No health insurance coverage (children) | 4.8% | 4.5% | 5.7% |

Source: US Census Bureau, ACS 2013-2017

Health Behaviors

The Behavioral Risk Factor Surveillance System collects data on adult smoking and alcohol consumption. In 2016, Acadia Parish's adult smoking rate (21.0%) was lower than Louisiana's rate (22.8%) but higher than the national benchmark. The parish had a slightly higher rate of excessive drinking (19.0%) than Louisiana (18.5%) and the United States (18.0%).

Behavioral Risk Factors - 2016

| | Acadia Parish | Louisiana | United States |
|--------------------|---------------|--------------|---------------|
| Adult smokers | 21.0% | 22.8% | 17.0% |
| Excessive drinking | 19.0% | 18.5% | 18.0% |

Source: Behavioral Risk Factor Surveillance System, 2016

Health Outcomes

The National Center for Health Statistics provides estimates of premature death. Acadia Parish's premature death indicator (10,194 years of potential life lost per 100,000 population) was higher than the indicators for Louisiana (9,532 years) and the United States (6,900 years) from 2015 to 2017.

The Behavioral Risk Factor Surveillance System collects data on self-reported physical and mental health. In 2016, more individuals in Acadia Parish reported poor or fair health (22.0%) when compared to Louisiana (21.1%) and the United States (16.0%).

Residents in Acadia Parish reported slightly more poor physical and mental health days than the state and national averages.

Health Outcomes 2015-2017

| | Acadia Parish | Louisiana | United States |
|--|---------------|--------------|---------------|
| Premature death indicator ¹ | 10,194 | 9,532 | 6,900 |
| Poor or fair health ² | 22.0% | 21.1% | 16.0% |
| Poor physical health days ² | 4.3 | 4.1 | 3.7 |
| Poor mental health days ² | 4.5 | 4.2 | 3.8 |

Source: ¹ National Center for Health Statistics, 2015-2017, shown in years of potential life lost before age 75 per 100,000 population

² Behavioral Risk Factor Surveillance System, 2016

Community Input

The interview 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 AGH, 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

Fifteen interviews were conducted from July 23, 2019 to August 14, 2019. 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 Community Leader interviews, 15 leaders discussed a variety of health-related topics that affect the community. Interviewees represented multiple organizations in the community including Acadia General Hospital, Crowley Christian Care Center, Southern Louisiana Community College, Crowley Behavioral Health Clinic, 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 and public health.

Throughout the discussions with leaders, numerous community health strengths were touched upon. Namely, approximately 73 percent of participants were very satisfied with the number of hospitals, clinics, and nursing homes in the area. Many noted that the growth of the healthcare industry has been beneficial for the majority of citizens who are able to easily access the local healthcare system. Community leaders expressed excitement for the upgraded ER at Acadia General Hospital. A few interviewees mentioned the ER wait time has been reduced considerably. Some leaders deemed the ER becoming “Geriatric Certified” as a health strength. Furthermore, the oncology and orthopedic departments at AGH are thought of as assets to the community. Leaders were impressed by the expansion of telemedicine services at the hospital and in the local schools. Beyond this, interviewees also discussed other health strengths in the community including the number of inclusive health related events happening in and around Acadia Parish.

Community leaders within Acadia Parish also discussed their health-related concerns. Of those interviewed, approximately 53 percent mentioned a lack of health education and low health literacy levels as issues within the community. This topic led to discussions about the lack of access to healthcare for those with low socio-economic status and Medicaid recipients. One interviewee stressed the hardships Medicaid patients face in seeking quality healthcare services due to the large number of local physicians who do not accept Medicaid. Some interviewees also discussed the lack of access to transportation options and how that impacts an individual’s access to healthcare services. An interviewee noted that a program providing buses as a form of public transit was previously a helpful resource, but shared that the grant funding for the program had run out. The social determinants of health (SDOH) were also discussed as significant concerns for the community. Many leaders noted that they were troubled by the high prevalence of chronic disease within the parish. Interviewees felt that cultural norms impacted the high obesity prevalence as local diets often consist of high fat and high cholesterol foods. Other topics discussed during interviews included physician shortages (both primary and specialty care), the lack of local mental health service providers, food insecurity, and the diversification of primary care or emergency care settings as it relates to fragmented care.

Community Leader Interview Summary (continued)

Community leaders also discussed barriers to obtaining care in Acadia Parish. Nearly all of the interviewees reiterated that a lack of health education and health literacy, insufficient public transportation, and poverty made it difficult for some members of the community to access quality healthcare services. A few interviewees also felt that the Medicaid provider network is a major barrier for local residents enrolled in the program. The rural status of the parish was mentioned as impeding some individuals from accessing the healthcare system. Multiple leaders felt that limited finances coupled with a culture that does not emphasize preventative care makes it very challenging for some community members to seek care before their medical problem gets out of hand.

Local healthcare and public health resources were also discussed during community leader interviews. Approximately 73 percent of those interviewed mentioned Acadia General Hospital and local health clinics like the Parish Health Unit as vital resources for the community. It was noted by a few interviewees that the quarterly Community Action meetings held by AGH have boosted the knowledge base of those attending. South Louisiana Community College's licensed practical nurse (LPN) program was also seen as an important resource within Acadia Parish. Additional resources mentioned by leaders included Alcoholics Anonymous meetings, farmers' markets, faith-based organizations with nursing services, and the SWLA Center for Health Services.

Community leaders spoke at length about local health resources that were lacking or could be improved upon. Access to primary care physicians and specialists, regardless of health insurance status, was among one of the most discussed topics. A desired increase in community awareness and also in tangible resources was noted for prenatal care, mental health services, and care management or care coordination services. Leaders felt that hospital and governmental agencies should conduct outreach within the low-income and rural areas of Acadia Parish.

When leaders were asked what could be done to improve community health, participants pointed to education as a starting point. Interviewees believed more could be done to market and promote existing local health resources. Interviewees would like to see the hospital continue to develop cross-sector partnerships with local businesses. Finally, one leader saw a need for additional peer support groups designed for individuals with specific diagnoses or health issues.

Feedback from Prior CHNA

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

Evaluation of Impact

The table below includes updates on progress made towards the goals outlined in AGH's previous Implementation Strategy document.

| Community Health Need | Action Plan | Goals | Update on Progress Made |
|-----------------------|--|---|---|
| Cancer | Increase number of chairs in medical oncology clinic's infusion center from six to twelve | To provide a wider breadth of infusion center services to better serve the community | The Cancer Center of Acadiana at Acadia General Hospital expanded infusion service capacity to 12 chairs in May, 2017. |
| Cancer | Expand service offerings of surgical oncologist on-site | To limit the number of patients who must be transferred outside the parish for care | A local surgeon with privileges at Acadia General Hospital, as well as a clinical practice in Crowley, is also credentialed to provide surgical oncology services at Lafayette General Medical Center. |
| Heart Disease | Complete recruitment of cardiologist to Crowley | To add a full-time cardiologist to the community served by AGH | Dr. Arti Singh, a cardiologist with Cardiovascular Institute of the South (CIS), joined the CIS office in Crowley on August 1, 2018. |
| Heart Disease | Implement telecardiology service | To increase the proportion of patients in Acadia Parish who receive the required cardiac care | AGH implemented 24/7 telecardiology services for all patients in September, 2016. |
| Obesity | Create a culture of health and wellness in the workplace | Improve overall health and well-being of AGH employees to set an example of healthy living in the community | Over the past year, Acadia General Hospital has contributed over 450 hours of community service. Our focus has been educating our community on healthy eating habits, physical activity, cardiovascular disease, diabetes, and mental health. AGH utilizes a series of games known as the "Wacky Olympics" that educate kids about proper nutrition. Activities include nutritional bingo and games that encourage physical activity like jump rope, wheel barrow racing, animal crawls, and pool noodle "sword fights". This engagement aims to teach kids about the importance of proper nutrition and physical activity, and how they can help prevent heart disease and diabetes. The hospital brought "Wacky Olympics" downtown to the annual Kid's Day Main Street event, hosted by Crowley Main Street. AGH also works closely with the Second Harvest Food Bank. Staff collected over 40 boxes of nonperishable goods to donate to local families in need. The hospital also hosted a Living with Diabetes course for the general public giving them information on healthy recipes and managing their condition. AGH hosts an annual 5K Color Run alongside the "Wacky Olympics" to kick off Breast Cancer Awareness Month. Proceeds from the event are used to cover the expenses of mammograms for uninsured patients in Acadia Parish all while providing a day of free family fun for our community. |
| Obesity | Strengthen the presence of the AGH bariatric program in Acadia Parish and provide patients with all options available for bariatric surgery | To ensure these patients are presented with all possible care options | On March 20, 2018, a presentation was made to the Acadia General Hospital Medical Staff by Dr. Phillip Gachassin, Lafayette General Medical Center General Surgeon who specializes in bariatric surgery. |

Evaluation of Impact

| Community Health Need | Action Plan | Goals | Update on Progress Made |
|----------------------------------|--|--|---|
| Substance Abuse | Conduct internal discussions regarding the most effective referral protocol | To ensure patients with substance abuse issues receive the appropriate care in a timely manner | On May 1, 2017, Acadia General Hospital contracted with Compass Healthcare, Inc., for psychiatric services and coordination of care to better meet the mental health needs of the community. |
| Diabetes | Partner with local primary care physicians to provide diabetic lab testing | Increase the number partnerships created with local primary care physicians | Primary care physicians (PCP's) were approached to provide diabetic lab testing through a contracted third party service, effective April 2018. The third party ceased services in November 2019. Subsequently, AGH's dietician approached PCP's regarding outpatient diabetic education; however, it was determined that it would be difficult to customize education to individual practices and maintain consistency. Currently, outpatient diabetic education is being trialed at Lafayette General Medical Center. |
| Diabetes | Educate outpatients about diabetes care and management | Increase the number of patients who receive counseling from the Nutritional Counseling for Diabetes Program and provide monthly education sessions for outpatients with diabetes | In January 2019, the Acadia General Hospital Food Service Manager began hosting a monthly "Living with Diabetes" course for the general public, providing information on healthy recipes and managing their condition. |
| Social and Cultural Determinants | Educate the community about the Medicaid Enrollment Specialists at AGH | Increase awareness concerning the Medicaid enrollment specialists and their role at the hospital | Acadia General Hospital is a Medicaid Enrollment Center with the State of Louisiana. Lafayette General Health System contracts with a third party, Change Healthcare. All Acadia General Hospital patients who are eligible are referred to Change Healthcare's onsite representative, who provides individual consulting and Medicaid enrollment assistance. |
| Social and Cultural Determinants | Continue working with Southwest Louisiana (SWLA) Center for Health Services to improve follow-up care for emergency department patients | Educate 75% of self pay patients who are eligible for care at SWLA about the available services | Acadia General Hospital Chief Executive Officer met with Southwest Louisiana Center for Health Services Chief Executive Officer on September 15, 2017 and Southwest Louisiana Center for Health Services Chief Health Officer on October 10, 2018. Emergency Room patients (as well as Hospital inpatients) who do not have a primary care provider and who qualify are referred to Southwest Louisiana Center for Health Services. |
| Social and Cultural Determinants | Complete recruitment a new primary care physician to Crowley | Ensure the physician's practice is established in the community by the beginning of August 2017 | Dr. Claire Ronkartz was recruited and began practice on August 1, 2017. Dr. Danielle Fuselier was recruited and began practice on August 1, 2019. |

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 AGH, 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 five health needs identified through the CHNA, in order of priority are:

1. Heart Disease and Risk Factors
2. Social Determinants of Health
3. Access to Care
4. Mental Health and Substance Abuse
5. Weight Status

Heart Disease and Risk Factors

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:

- Heart disease
- Stroke
- Modifiable risk factors like smoking and nutrition
- Hypertension
- Diabetes
- Smoking

Qualitative Findings

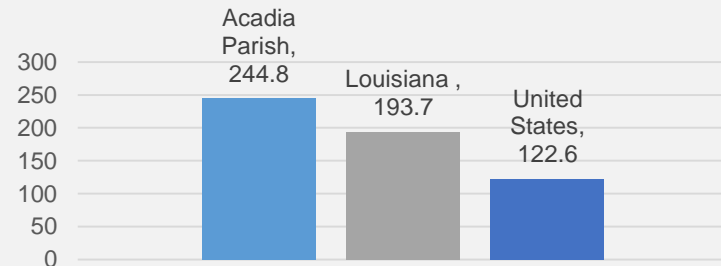
COMMUNITY LEADER CONCERNS:

- Numerous leaders noted that they were concerned with the cultural norms involving fatty, deep fried foods as they increase individuals risk of developing cardiovascular disease.
- Community leaders reported they were concerned with the presence of food deserts across Acadia Parish.

Quantitative Findings

Heart disease was the leading cause of death in Acadia Parish from 2012 through 2016 (CDC Wonder). 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).

All Heart Disease Death Rates Per 100,000 Adults Aged 45 to 64



“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)

10.2%
adults with diabetes

In 2016, 21.0% of adults surveyed self-reported smoking in Acadia Parish (BRFSS)

Social Determinants of Health

Priority Definition

According to the CDC, the social determinants of health (SDOH) are defined as “conditions in the places where people live, learn, work, and play.” The World Health Organization expands upon that definition, stating that the SDOH are “shaped by the distribution of money, power, and resources.”

Key topics within this priority include:

- Medically underserved populations
- Poverty
- Housing
- Education
- Employment
- Health literacy
- Transportation

Qualitative Findings

COMMUNITY LEADER CONCERNS:

- Leaders want public health interventions to take the social determinants into consideration.
- Many felt that individuals with lower income levels were medically underserved.
- Community leaders stated that there is a lack of health education opportunities within the parish.
- Many leaders felt that lower levels of health literacy are a barrier to accessing the right care at the right time.

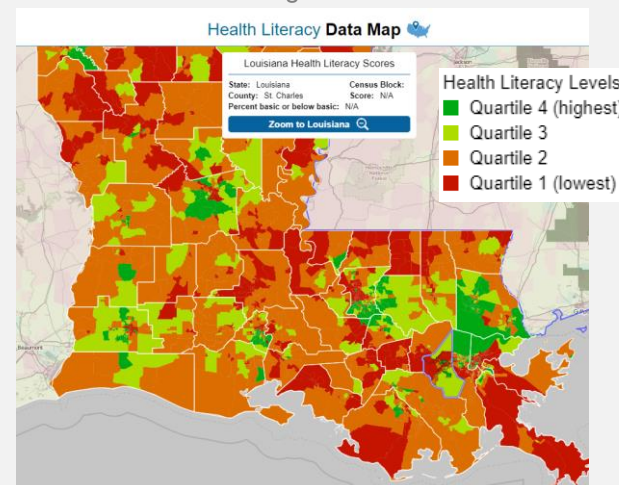
Quantitative Findings

21.5% of individuals below poverty level

Within Acadia Parish, 8.2% of households had no vehicle available from 2013-2017.

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

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.



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
- Network adequacy
- Telemedicine

Qualitative Findings

COMMUNITY LEADER CONCERNS:

- Access to care was especially concerning for the Medicaid population
- Leaders want to ensure that parish residents have adequate access to health screenings
- Belief that the community needs additional primary care and specialty physicians in order to adequately care for the Parish’s population

Quantitative Findings

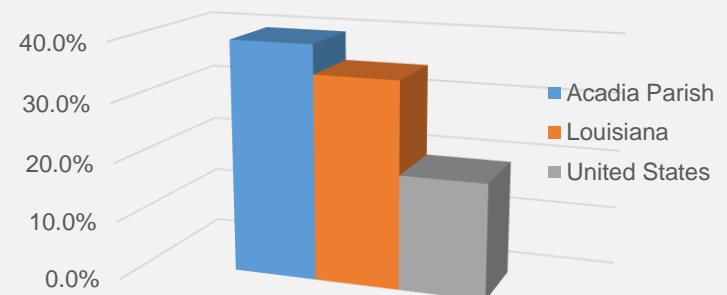
2,720 : 1

ratio of population-to-physician for primary care in Acadia Parish in 2016

The percentage of children without health insurance within the parish (4.8%) was worse than the state benchmark (4.5%) from 2013-2017. Individuals in Acadia Parish were less likely to have private health insurance coverage than the Louisiana and national averages. The percent of the population receiving Medicaid was significantly higher than the state (34.7%) and national (19.3%) percentages.

13.5% of Acadia Parish was uninsured from 2013-2017

Population Receiving Medicaid



Mental Health and Substance Abuse

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
- Substance abuse
- Availability of inpatient psychiatric beds

Qualitative Findings

COMMUNITY LEADER CONCERNS:

- Access to mental health and behavioral health care services could be improved, especially for adolescents
- Although some outpatient mental health services exist in the community, leaders would like to see these expanded

Quantitative Findings

From 2013 - 2017 the suicide death rate in Acadia Parish was 16.3 per 100,000 population.

Compared to the Louisiana average, individuals in Acadia Parish were more likely to self-report poor mental health days in the previous 30 days (BRFSS 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).

Within Acadia Parish, 19.0% of adults self-reported excessive drinking in 2016.

In 2017, the Opioid prescribing rate in Acadia Parish was 72.1 prescriptions per 100 population, which was higher than the national average of 58.7 prescriptions.

1,280 : 1

ratio of population to mental health providers
in Acadia Parish in 2016

Weight Status

Priority Definition

The HP2020 goals include to “promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights” and to “improve health, fitness, and quality of life through daily physical activity.”

Key topics within this priority include:

- Obesity
- Food insecurity and hunger
- Access to healthy food and environmental risk factors
- Nutrition knowledge, understanding, and skills
- Physical activity
- Access to exercise or activity opportunities
- Health-promoting environments and marketing
- Self-efficacy

Qualitative Findings

COMMUNITY LEADER CONCERNS:

- Lack of access to exercise opportunities in the community
- Concern that some parish residents may not have adequate access to healthy foods

Quantitative Findings

“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)

Within Acadia Parish, individuals participated in less leisure time physical activity than the state average.

The USDA’s Food Environment Index for Acadia Parish was 7.9 in 2015-2016, which exceeded the state and national benchmarks.

Within Acadia Parish, 46.6% of residents had access to exercise opportunities which was significantly lower than the Louisiana average of 74.7% and the national average of 84.0%

33.1% obesity rate

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).

Resources

Based on each of the previously identified health priorities, analyses have been completed on hospital-based, community-based, and government-sponsored resources. These resources are featured throughout the following pages.

Resources – Heart Disease and Risk Factors

Acadia Parish contains a number of programs and services designed to prevent heart disease and provide high-quality cardiovascular care. The list below includes local resources related to this health priority:

- AGH provides 24/7 access to a cardiologist through the tele-cardiology program. The hospital also participates in a tele-stroke program to reduce stroke-related complications.
- The hospital participates in the Pocket EKG program. After screening, community members receive a card that provides a baseline EKG reading and physician contact information. Local ambulance providers have agreed to utilize the cards when responding to a cardiac event.
- LGH maintains a strong partnership with Cardiovascular Institute of the South (CIS). At the Crowley location, CIS provides cardiology care, smoking cessation, and more. The group also hosts local screening events throughout the community.
- AGH provides monthly Diabetic Education classes that are open to the community.
- LGH provides a variety of health screenings including screenings for cardiovascular risk factors at local health fairs.
- The Healthy Solutions Clinic (HSC) in Crowley offers smoking cessation and medical weight loss services.
- Sterling Wellness Solutions in Crowley provides comprehensive corporate wellness programs.
- The SWLA Center for Health Services provides nutrition services, diabetes education, and weight loss services.

Resources – Social Determinants of Health

Acadia Parish contains a number of programs and services designed to provide assistance or services to low-income community members, increase health literacy levels, and provide opportunities for education or employment. The list below includes local resources related to this health priority:

- The Acadia Parish Chamber of Commerce works to promote local business growth and improve citizens' access to a variety of resources.
- The SWLA Center for Health Services, an FQHC, provides care to low-income and uninsured individuals.
- The Acadia Parish Health Unit offers community members family planning services, nutrition services, infectious disease and STD testing, and immunizations.
- Acadia Parish's Council on Aging provides services to seniors including meal assistance, material aid, medication management, nutrition education, recreation, transportation, and more.
- The ASSIST Agency, located in Crowley, seeks to improve the standard of living and quality of life for individuals, families, and community experiencing economic hardship in southwestern Louisiana. ASSIST provides outreach and referrals to individuals who qualify, as well as Food for Families and an Affordable Housing Program.
- 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.
- The AMIkids Acadiana facility provides residential services to children involved with the state office of Juvenile Justice, including education and vocational training components.
- A number of local shelters serve individuals experiencing housing insecurity.

Resources – Access to Care

Acadia Parish 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, and ensure adequate access to primary care and specialty care providers. The list below includes local resources related to this health priority:

- AGH continues to recruit primary care and specialty physicians to serve the local population.
- AGH is a Medicaid Enrollment Center through a partnership with Change Healthcare. All AGH patients who are eligible are referred to an onsite representative.
- The SWLA Center for Health Services provides care to low-income and uninsured individuals as an FQHC.
- LGH continues to participate in a number of telehealth initiatives which expand access to primary care and specialty care services.
- Some local churches provide access to nursing staff during services and events.
- The Acadia Parish Council on Aging provides transportation and medical assistance, including Medicaid enrollment assistance.
- The ASSIST Agency provides enrollment assistance for programs like Medicaid or LACHIP.
- Multiple WIC (Women, Infants, and Children) program locations throughout the parish offer breastfeeding promotion and support, and access to health services for low-income women and families.

Resources – Mental Health and Substance Abuse

Acadia Parish 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. The list below includes local resources related to this health priority:

- AGH offers patients telepsychology services using the latest technology.
- Crowley Behavioral Health Clinic provides services for individuals who are experiencing serious mental health or co-occurring mental health and substance abuse issues.
- AGH provides space for local AA and Al-Anon meetings.
- Project LAUNCH is a federally-funded program that provides services for children aged eight and younger with behavioral health needs.
- Compass Behavioral Center of Crowley is an 18-bed inpatient psychiatric facility that specializes in caring for adults aged 21 and older. Compass offers individual, group, and family therapy, as well as 24-hour care directed by a psychiatrist.
- The statewide Mental Health Advocacy Service provides legal counsel and representation to both children and adults who have a mental illness or substance-related/addictive disorder and are admitted for treatment pursuant to Louisiana's mental health law.

Resources – Weight Status

Acadia Parish 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 list below includes local resources related to this health priority:

- The Assist Agency (Community Action Partnership) provides summer recreation and feeding programs throughout the parish, welcoming any child aged 1-18.
- 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 LSU Extension Office provides regular nutrition education courses and cooking demonstrations to the community.
- Local physical fitness facilities and recreation centers offer a wide range of activities to community members.
- Crowley Christian Care Center is a collaborative of multiple faith-based organizations who operate a local food pantry.
- Students at all Acadia Parish public schools are eligible to receive free breakfast and lunch as part of the Community Eligibility Program. Households are *not* required to complete an application for free/reduced lunch.
- Multiple WIC (Women, Infants, and Children) program locations throughout the parish offer nutrition counseling services for low-income women and families.

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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(s) | Organization Type of Population Represented |
|---|---|---|
| Acadia General Hospital | Chief Executive Officer | Hospital administration |
| Acadia General Hospital | Associate Administrator | Hospital administration |
| General Surgery of Crowley | Physician | Clinical provider |
| Crowley Primary Care, LLC | Physician | Clinical provider |
| City of Crowley | Mayor | Local government |
| Louisiana Department of Health | Region 4 Medical Director | Public Health Expert |
| Crowley Christian Care Center | Vice President | Non-profit organization |
| Crowley Behavioral Health Clinic | Manager | Clinical provider |
| Carmichael's Pharmacy & Medical Equipment | General Manager | Community member |
| Arkansas Elder Outreach | Chief Operating Officer | Clinical provider |
| South Louisiana Community College | Campus Director | Academic institution |
| N/A | Community Member | Community member |
| SWLA Center for Helath Services | Chief Operating Officer, Chief Executive Officer, Clinical Site Manager | Non-profit organization, Clinical provider |
| Acadia Parish Chamber of Commerce | President & Chief Operating Officer | Local government |

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



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