Lafayette General
Health

Abrom Kaplan Memorial Hospital
Community Health Needs Assessment

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Public Comment Notice

Comments or feedback about this report are welcomed.

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Introduction and CHNA Methodology

Abrom Kaplan Memorial Hospital at a Glance

Overview

Abrom Kaplan Memorial Hospital (AKMH), part of the Lafayette General Health (LGH) system, is a full-service hospital in the "Gateway to Acadiana's Wetlands" with 35 licensed beds and a staffed 24-hour Emergency Department.

Since 2002, AKMH and Lafayette General Health's alliance has strengthened the quality of healthcare being delivered to residents of Vermilion Parish and beyond.

Services

AKMH offers an extensive line of medical services including telemedicine, inpatient acute care and skilled nursing facility beds, inpatient and ambulatory surgical procedures, digital radiology and imaging, pediatric services, inpatient behavioral health.

Delving deeper into their services, AKMH has the ability to care for a variety of illnesses. Their behavioral health unit is able to provide specialized care for adults and seniors suffering from clinical depression and other forms of chronic mental illness. AKMH's upgraded radiology and laboratory services are improving citizens' quality of life and curbing the need to travel far for imaging or lab testing. Additionally, their outpatient infusion clinic offers high quality compassionate care from nurses who specialize in intravenous treatments and vascular access.

Awards

AKMH was named one of America's 100 Best Hospitals for Patient Experience by Women's Choice Award. The National Rural Health Association ranked AKMH among the top 20 critical access hospitals for best practice inpatient satisfaction in 2019. Abrom Kaplan Memorial Hospital was also listed as one of Modern Healthcare's best places to work in 2019.

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501(r)(3) CHNA Regulations

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).

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

- A description of the community served;

- A description of the process and methods used to conduct the CHNA, including:

  - A description of the sources and dates of the data and the other information used in the assessment; and,

  - The analytical methods applied to identify community health needs.

- The identification of all organizations with which AKMH collaborated, if applicable, including their qualifications;

- A description of how AKMH took into account input from persons who represented the broad interests of the community served by AKMH, including those with special knowledge of or expertise in public health, written comments regarding the hospital's previous CHNA, and any individual providing input who was a leader or representative of the community served by AKMH; 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.

Primary Data Collection Strategy

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

- Input from persons who represented the broad interests of the community served by AKMH, which included those with special knowledge of or expertise in public health;

- Identifying federal, regional, state, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by AKMH, leaders, representatives, or members of medically underserved, low-income, and minority populations with chronic disease needs in the community served by AKMH; and,

- Consultation or input from other persons located in and/or serving AKMH's community, such as:

    - Healthcare community advocates;

    - Nonprofit organizations;

    - Local government officials;

    - Community-based organizations, including organizations focused on one or more health issues;

    - Healthcare providers, including community health centers and other providers focusing on medically underserved populations, low-income persons, minority groups, or those with chronic disease needs.

- The primary data sources utilized for AKMH's CHNA are provided in 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.

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Secondary Data Collection Strategy

A variety of data sources were utilized to gather demographic and health indicators for the community served by AKMH. Commonly used data sources include Esri, the U.S. Census Bureau, and the Centers for Disease Control and Prevention (CDC). Vermilion Parish defines the community served by AKMH. Demographic and health indicators are presented for this Parish.

For select indicators, county 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.

Community Overview

Community Definition

For the purposes of the CHNA report, AKMH chose Vermilion 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 included within the community.
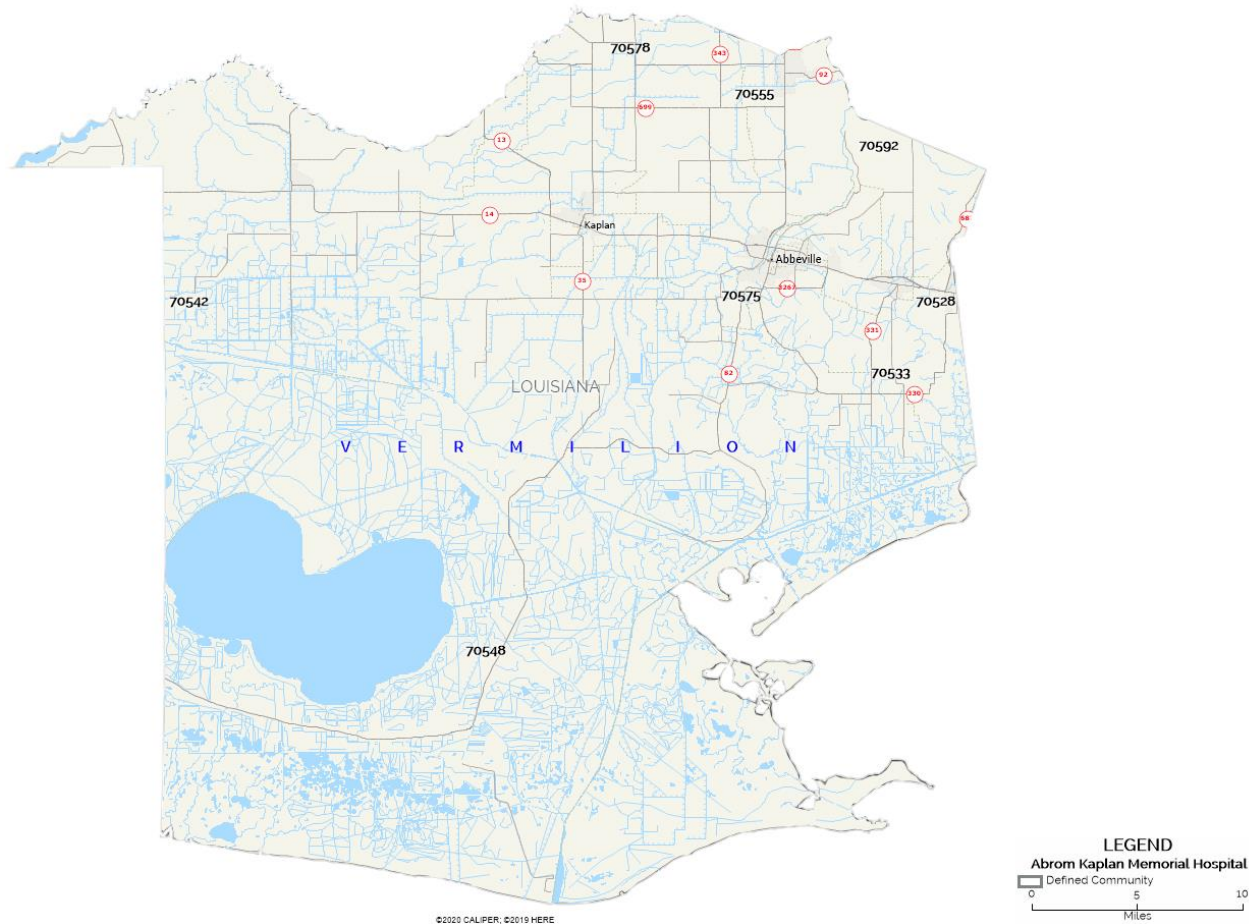
Source: Maptitude 2020

Secondary Data

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

Parish	Primary Care Designation	Dental Health Designation	Mental Health Designation	Rural Status
Vermilion Parish	Geographic HPSA	High Needs Geographic HPSA	Geographic HPSA	Partially Rural

Source: HRSA

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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.

Designations are based on the Index of Medical Underservice (IMU). The IMU is calculated based on four criteria:
- the population to provider ratio;
- the percent of the population below the federal poverty level;
- the percent of the population over age 65; and
- the infant mortality rate.

IMU can range from 0 to 100, where zero represents the completely underserved. Areas or populations with IMUs of 62.0 or less qualify for designation as an MUA/P.
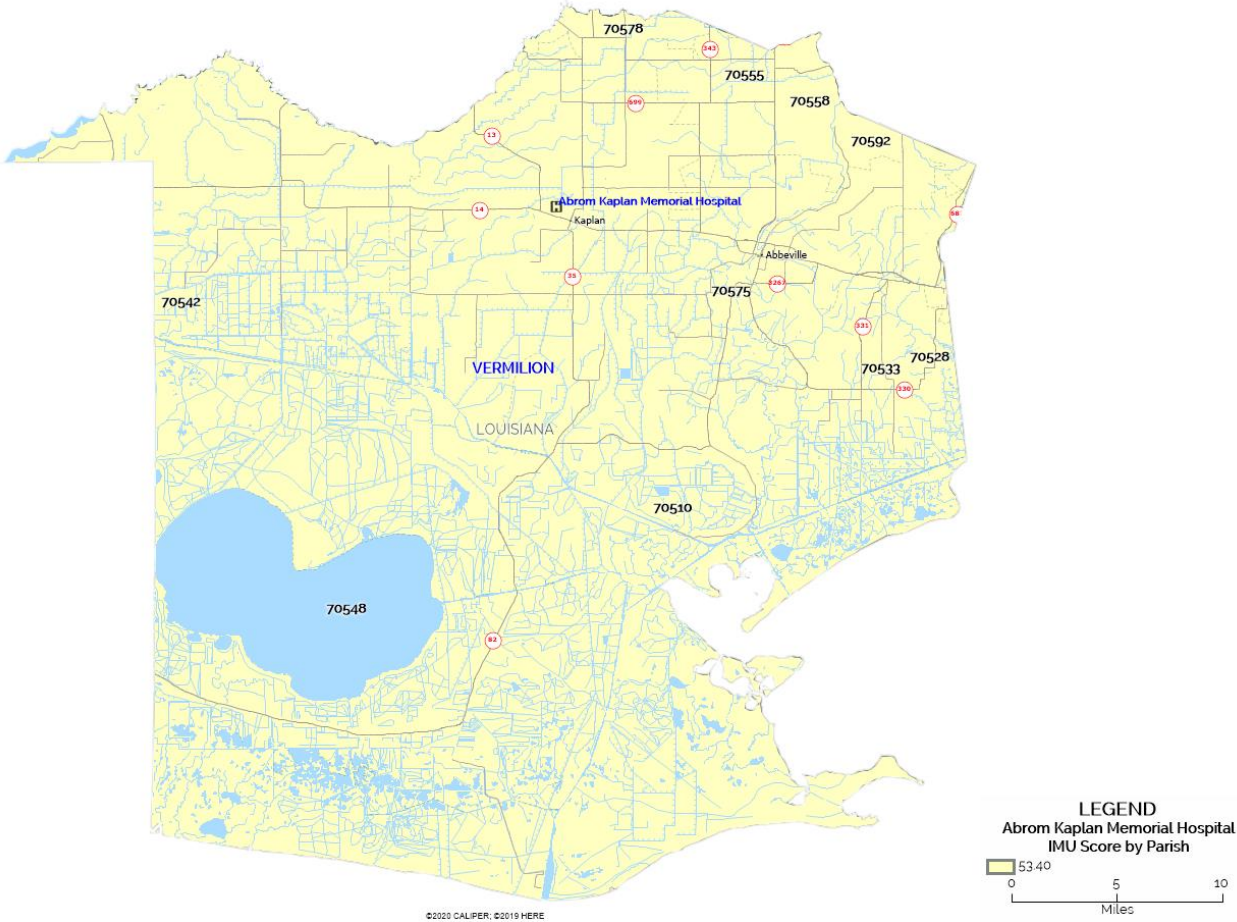
The following table describes the MUA within the community:

Parish	IMU Score	Medically Underserved Area Designation
Vermilion Parish	53.4	MUA

Source: HRSA

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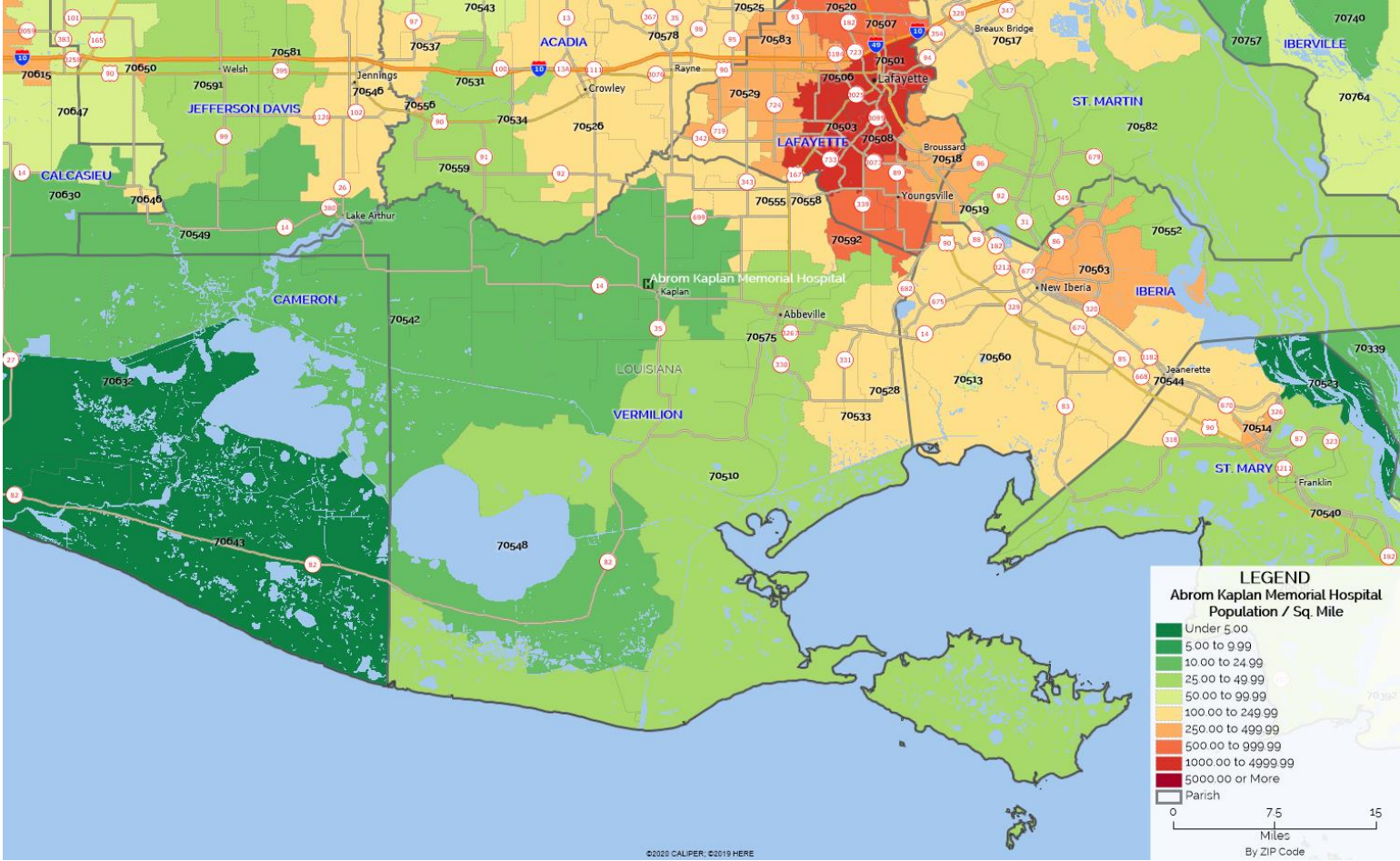
Medically Underserved Areas, Cont'd.

Community Medically Underserved Areas - Map

Source: Maptitude 2020

Population Density

Population Density by ZIP Code in AKMH Community, 2019

Source: Maptitude 2020

Population Change by ZIP Code

Total Defined Community Population Change by ZIP Code, 2019-2024

The overall projected **population growth** for the defined community is **4.6%** over the next five years. Slight to moderate population growth is expected for most ZIP Codes, while substantial growth is expected for ZIP Codes 70592 (12.3%).

ZIP Code	Community	Current Population	Projected 5-Year Population	Percentage Change
70510	Abbeville	26,126	26,413	1.1%
70528	Delcambre	2,603	2,647	1.7%
70533	Erath	7,278	7,353	1.0%
70542	Gueydan	3,529	3,545	0.5%
70548	Kaplan	10,535	10,667	1.3%
70555	Maurice	8,945	9,525	6.5%
70578	Rayne	18,283	18,794	2.8%
70592	Youngsville	25,321	28,445	12.3%
Total		102,620	107,389	4.6%

Source: Esri 2019

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Population Change by Age and Gender

Total Defined Community Population Change by Age & Gender – 2019 to 2024
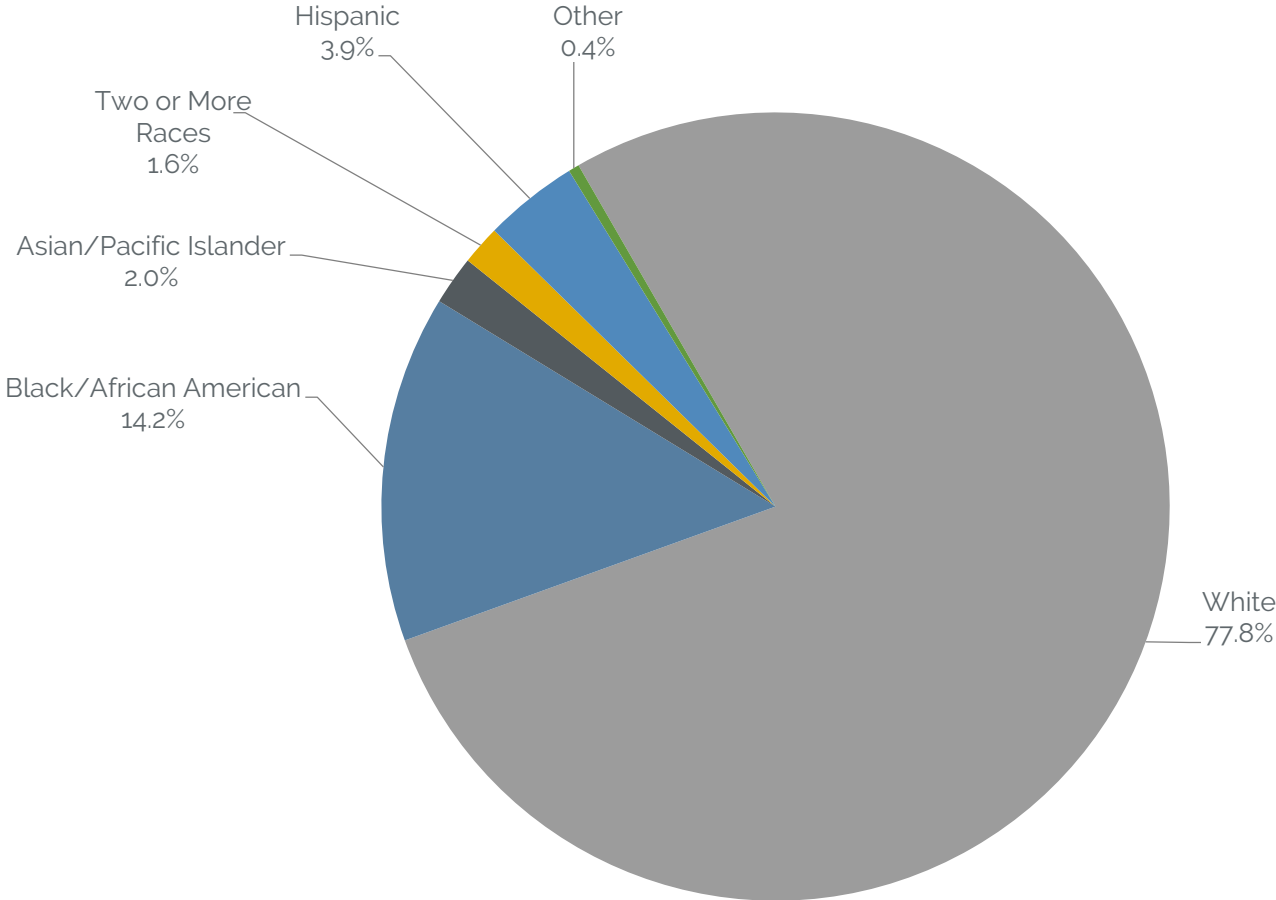
Over the next five years, the population of **residents aged 25 to 29** will **decrease heavily** (-13.1%). Population growth is expected for the majority of age groups, save for those aged 20 to 24 and 50 to 59. **Substantial growth** is expected in population of **residents aged 65 to 84**.

Age Group	2019			2024			Percent Change		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Age 00 through 04	3,693	3,492	7,185	3,815	3,583	7,398	3.3%	2.6%	3.0%
Age 05 through 09	3,822	3,570	7,392	3,937	3,690	7,627	3.0%	3.4%	3.2%
Age 10 through 14	3,831	3,579	7,410	4,134	3,800	7,934	7.9%	6.2%	7.1%
Age 15 through 19	3,273	3,123	6,396	3,736	3,420	7,156	14.1%	9.5%	11.9%
Age 20 through 24	2,804	2,783	5,587	2,690	2,734	5,424	-4.1%	-1.8%	-2.9%
Age 25 through 29	3,447	3,520	6,967	2,974	3,080	6,054	-13.7%	-12.5%	-13.1%
Age 30 through 34	3,504	3,664	7,168	3,672	3,712	7,384	4.8%	1.3%	3.0%
Age 35 through 39	3,632	3,757	7,389	3,728	3,841	7,569	2.6%	2.2%	2.4%
Age 40 through 44	3,243	3,381	6,624	3,793	3,887	7,680	17.0%	15.0%	15.9%
Age 45 through 49	3,160	3,299	6,459	3,281	3,377	6,658	3.8%	2.4%	3.1%
Age 50 through 54	3,180	3,331	6,511	3,123	3,255	6,378	-1.8%	-2.3%	-2.0%
Age 55 through 59	3,316	3,595	6,911	3,079	3,257	6,336	-7.1%	-9.4%	-8.3%
Age 60 through 64	3,069	3,269	6,338	3,204	3,500	6,704	4.4%	7.1%	5.8%
Age 65 through 69	2,377	2,664	5,041	2,839	3,139	5,978	19.4%	17.8%	18.6%
Age 70 through 74	1,760	2,013	3,773	2,096	2,400	4,496	19.1%	19.2%	19.2%
Age 75 through 79	1,079	1,303	2,382	1,419	1,720	3,139	31.5%	32.0%	31.8%
Age 80 through 84	648	915	1,563	787	1,074	1,861	21.5%	17.4%	19.1%
Age 85 and over	509	1,015	1,524	564	1,049	1,613	10.8%	3.3%	5.8%
Total	50,347	52,273	102,620	52,871	54,518	107,389	5.0%	4.3%	4.6%

Source: Esri 2019

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Current Population by Race/Ethnicity

Vermilion Parish Population by Race/Ethnicity, 2019

Hispanic
3.9%

Other
0.4%

Two or More
Races
1.6%

Asian/Pacific Islander
2.0%

Black/African American
14.2%

White
77.8%

Source: Esri 2019

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Population Change by Race/Ethnicity

Substantial population growth is expected for the community's **Hispanic** (30.6%) and **multiple races** (24.7%) **populations**. Moderate **growth** is projected for residents identifying as **Asian/Pacific Islander** (15.3%) and those identifying as **other races** (8.6%). The **least growth** is expected in populations of residents identifying as **Black/African American** (4.8%) and **White** (2.6%).

Vermilion Parish Population Change by Race/Ethnicity, 2019-2024

Race/Ethnicity	2019	2024	Percentage Change
White	79,858	81,947	2.6%
Black/African American	14,613	15,313	4.8%
Asian/Pacific Islander	2,062	2,377	15.3%
Two or More Races	1,660	2,070	24.7%
Hispanic	3,974	5,190	30.6%
Other	453	492	8.6%

Source: Esri 2019

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Socioeconomic Status

Per Healthy People 2020 (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 2019 annual unemployment average for Vermilion Parish (5.1%) was slightly higher than Louisiana's average rate (4.8%). Both Vermilion Parish and the state of Louisiana's unemployment rates were well above the United States average (3.7%).The U.S. Census American Community Survey (ACS) publishes median household income and poverty estimates. According to 2014-2018 estimates, the median household income in Vermilion Parish ($50,690) was higher than Louisiana's ($47,942).

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. As of January 21, 2020 the 2020 federal poverty threshold for a family of four was $26,200. The ACS estimates indicate that Vermilion Parish residents were less likely to live in poverty (17.6%) compared to Louisiana residents (27.4%). Children in Vermilion Parish were less likely to be living below the poverty level (21.0%) compared to all children in Louisiana (26.0%).

	Vermilion Parish	Louisiana	United States
Unemployment Rate[1]	5.1%	4.8%	3.7%
Median Household Income[2]	$ 50,690	$ 47,942	$ 60,293
Individuals Below Poverty Level[2]	17.6%	27.4%	19.5%
Children Below Poverty Level[2]	21.0%	26.0%	20.3%

[1] Source: Bureau of Labor Statistics, 2019 Annual Average

[2] Source: U.S. Census, ACS 2014-2018 estimates

Note: Shaded data indicates the county measure is worse than the state benchmark

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Education

The U.S. Census Bureau ACS publishes estimates of the highest level of education completed for residents aged 25 years and older. The ACS 2014-2018 estimates indicated more Vermilion Parish residents earned a high school degree or equivalent (41.9%) compared to Louisiana residents (34.0%). Though residents of Vermilion Parish were more likely to have obtained a high school diploma or equivalent than the rest of Louisiana citizens, they were less likely to have completed a college level degree.

Highest Level of Education Completed by Persons 25 Years and Older, 2014-2018

	Vermilion Parish	Louisiana	United States
Less than 9th grade	8.2%	5.1%	5.3%
9th to 12th grade, no diploma	13.4%	10.1%	7.1%
High school degree or equivalent	41.9%	34.0%	27.1%
Some college, no degree	16.5%	21.1%	20.6%
Associate's degree	5.8%	6.0%	8.4%
Bachelor's degree	10.7%	15.5%	19.4%
Graduate or professional degree	3.6%	8.2%	12.1%

Source: U.S. Census, ACS 2014-2018 estimates

Note: Shaded data indicates the county measure is worse than the state benchmark

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Crime and Violence

According to the Federal Bureau of Investigation Department of Justice's 2018 report, *Crime in the United States*, the Lafayette Metropolitan Area, which included Vermilion Parish, had lower rates of all listed crime categories compared to the rest of Louisiana (see table). However, for homicide and assault, the Lafayette Metropolitan Area had substantially higher rates than the rest of the United States.

Violent Crime Rates, 2018

	Lafayette Metropolitan Area	Louisiana	United States
Homicide	9.0	11.4	5.4
Rape	23.9	44.7	42.4
Robbery	67.3	97.9	101.2
Assault	366.5	383.1	252.4

Source: Federal Bureau of Investigation Department of Justice - Crime in the United States, 2018

Rates are per 100,000 population

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Housing

The U.S. Census Bureau ACS 2014-2018 estimates indicated that residents of Vermilion Parish had higher rates of home ownership (77.5%) than the Louisiana and U.S. averages (65.3% and 63.8%, respectively). County Health Rankings also published an estimate of the percent of residents faced with a severe housing cost burden by county. A fewer number of individuals within Vermilion Parish faced a severe housing cost burden from 2014 to 2018 (8.4%) when compared to the state (14.4%) and the nation (15.0%). During that same timeframe, the segregation index for Black/White (50.4) populations in Vermilion Parish was lower than Louisiana and United States averages. The segregation index for Non-White/White (49.2) populations in Vermilion Parish was also lower than Louisiana's average but higher than the nation's average.

Home Ownership and Residential Segregation, 2014-2018

	Vermilion Parish	Louisiana	United States
Homeownership	77.5%	65.3%	63.8%
Severe housing cost burden	8.4%	14.4%	15.0%
Residential segregation - Black/White	50.4	55.6	62.0
Residential segregation - Non-White/White	49.2	51.2	47.0

Source: U.S. Census, ACS 2014-2018 estimates, County Health Rankings 2020

Residential segregation shown as a segregation index

Housing Insecurity

	Lafayette/Acadiana Region	Louisiana
Homeless Population	5.5	6.3

Source: National Alliance to End Homelessness, U.S. HUD Annual Homeless Assessment Report 2019

Homeless Rate per 10,000 People in General Population

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Mortality

According to the Centers for Disease Control and Prevention (CDC) WONDER application, Vermilion Parish's overall age-adjusted mortality rate (847.2 per 100,000 population) was less than Louisiana's rate (878.0 per 100,000 population). As part of their annual report, County Health Rankings published life expectancy rates by county. Vermilion Parish's overall life expectancy rate (76.8) was slightly higher than Louisiana (76.1).

Mortality Indicators

	Vermilion Parish	Louisiana
Age-adjusted mortality from all causes[1]	847.2	878.0
Life expectancy[2]	76.8	76.1
White life expectancy[2]	77.7	*
Black life expectancy[2]	70.7	*
Hispanic life expectancy[2]	90.4	*

[1] Source: CDC Wonder, Multiple Cause of Death 2014-2018

[2] Source: National Center for Health Statistics - Mortality Files 2016-2018, County Health Rankings 2020

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

*Insufficient data or comparable data unavailable

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Leading Causes of Death

According to CDC WONDER, Vermilion Parish had higher death rates for heart disease, stroke, Alzheimer's disease, suicide, and pneumonitis when compared to state and national rates. Although Louisiana outperformed or was equivalent to Vermilion Parish in all other mortality indicators, it should be noted that Vermilion Parish had higher rates than the United States for certain causes of death. These included cancer, unintentional injury, kidney disease, septicemia, and homicide.

Mortality Indicators

	Vermilion Parish	Louisiana	United States
Heart disease	323.0	235.0	197.1
Cancer	194.2	200.9	184.6
Chronic lower respiratory disease	39.4	49.0	48.0
Stroke	56.4	50.4	43.9
Accident (Unintentional injury)	49.4	56.5	48.3
Alzheimer's disease	60.1	43.8	34.9
Diabetes	14.3	27.8	25.0
Influenza and pneumonia	13.7	16.9	17.2
Kidney disease	21.4	24.6	15.5
Septicemia	18.0	21.9	12.5
Suicide	16.7	15.1	14.1
Chronic liver disease and cirrhosis	*	11.3	12.6
Hypertension[1]	*	8.2	8.0
Assault (Homicide)	6.2	12.9	5.9
Pneumonitis	7.0	5.7	6.0
Parkinson's disease	9.0	9.0	9.3

Source: CDC Wonder, Multiple Cause of Death 2014-2018

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

*Insufficient data or comparable data unavailable

Crude-Adjusted Death Rates are per 100,000 population

Note: Shaded data indicates the county measure is worse than the state benchmark

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Cancer Risk Factors and Screening Rates

Vermilion Parish residents receiving Medicare benefits had higher screening rates for prostate, colorectal, and cervical cancers when compared to the Louisiana state benchmark.

Medicare Beneficiaries Receiving Cancer Screenings, 2017

	Vermilion Parish	Louisiana
Mammogram	31.0%	32.0%
Prostate Cancer Screening	26.0%	23.0%
Colorectal Cancer Screening	6.0%	5.0%
Cervical Cancer Screening (Pap Smear)	8.0%	7.0%

Source: Centers for Medicare and Medicaid, Mapping Medicare Disparities Tool 2017

Note: Shaded data indicates the county measure is worse than the state benchmark

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Cancer Incidence Rates

The National Cancer Institute reports cancer incidence rates on a state and parish level.
- Vermilion Parish's incidence rate for all cancers (502.7 per 100,000 population) was higher than both the state rate (480.6 per 100,000 population) and the national rate (448.0 per 100,000 population) from 2014 to 2018.
- The incidence rates for lung and bronchus, prostate, and colorectal cancers were higher in Vermilion Parish than the Louisiana and United States incidence rates (see table).
- Louisiana had higher cancer incidence rates than the United States in all categories except breast, ovarian, and brain (see table).

Age-Adjusted Cancer Incidence Rates, 2012-2016

	Vermilion Parish	Louisiana	United States
All Cancer Sites[1]	502.7	480.6	448.0
Lung and bronchus[1]	69.9	67.5	59.2
Prostate[2]	168.2	131.7	104.1
Breast[3]	121.0	124.2	125.2
Colon and rectum[1]	50.3	45.8	38.7
Pancreas[1]	14.1	14.3	12.8
Ovarian[3]	*	9.5	11.1
Brain[1]	*	6.0	6.5
Stomach[1]	*	7.1	6.6
Cervical[3]	*	8.8	7.6

Source: National Cancer Institute 2012-2016

[1]Rates are per 100,000 males

[2]Rates are per 100,000 females

[3]Rates are per 100,000 population

* Insufficient Data

Note: Shaded data indicates the county measure is worse than the state benchmark

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Cancer Mortality Rates

The National Cancer Institute reports cancer incidence rates on a state and parish level.

- From 2014 to 2018, Vermilion Parish had a higher mortality rate for all cancer sites combined (166.3 per 100,000 population) and colorectal cancer (13.2 per 100,000 population) when compared to the state and national benchmarks.
- Although lower than the Louisiana benchmark, cancer mortality rates for lung and bronchus, breast, colorectal sites were higher in Vermilion Parish than the United State rates (see table).
- Louisiana had higher rates of mortality for all categories except ovarian and brain cancer sites when compared to the United States (see table).

Age-Adjusted Cancer Mortality Rates, 2012-2016

	Vermilion Parish	Louisiana	United States
All Cancer Sites[1]	166.3	183.0	161.0
Lung and bronchus[1]	50.7	51.5	41.9
Prostate[2]	18.8	21.0	19.2
Breast[3]	21.8	23.2	20.6
Colon and rectum[1]	16.5	17.1	14.2
Pancreas[1]	13.2	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 2012-2016

[1]Rates are per 100,000 population

[2]Rates are per 100,000 males

[3]Rates are per 100,000 females

* Insufficient Data

Note: Shaded data indicates the county measure is worse than the state benchmark

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Pulmonary Disease Hospitalizations

According to the Louisiana Department of Health, Vermilion Parish residents were substantially less likely to be hospitalized from COPD or asthma compared to Louisiana residents in 2015.

Chronic Lower Respiratory Disease Hospitalizations for Adults Over Age 25, 2015

	Vermilion Parish	Louisiana
Age-adjusted hospitalization rate from COPD, 2015	18.9	25.1
Age-adjusted hospitalization rate from asthma, 2015	3.6	7.5

Source: Louisiana Department of Health 2015

Rates are per 10,000 population

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Heart Disease Mortality Rates

According to the Centers for Disease Control and Prevention, Vermilion Parish's age-adjusted mortality rates for heart disease per 100,000 adults aged 45 to 64 were higher than the rest of Louisiana during 2016 to 2018. The highest heart disease death rates within Vermilion Parish were experienced by Black residents. Furthermore, adults aged 45 to 64 with Black (non-Hispanic) race/ethnicity were more likely than their White (non-Hispanic) counterparts to die of heart disease. Male residents of Vermilion Parish were nearly 40% more likely to die of heart disease than female residents in the parish.

Age-Adjusted All Heart Disease Mortality Rates for Adults Age 45 to 64 by Race and Gender, 2016-2018

	Vermilion Parish	Louisiana	United States
All Heart Disease, All Races/Ethnicities	237.1	192.9	122.9
All Heart Disease, Black (Non-Hispanic)	391.2	271.3	217.2
All Heart Disease, White (Non-Hispanic)	208.9	168.1	121.7
All Heart Disease, Hispanic	*	77.4	73.5
All Heart Disease, Male	339.3	266.5	175.6
All Heart Disease, Female	135.2	124.4	72.9

Source: Centers for Disease Control and Prevention, 2016-2018

*Insufficient Data

Note: Shaded data indicates the county measure is worse than the sate benchmark

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Heart Attack Mortality Rates

According to the CDC, the age-adjusted mortality rate for myocardial infarction (heart attack) per 100,000 adults aged 45 to 64 was significantly lower in Vermilion Parish (24.1) than the rest of Louisiana (37.6) and the United States (26.8) from 2014 to 2016. Black (non-Hispanic) adults aged 45 to 64 were equally as likely as White (non-Hispanic) adults to die from heart attacks in Vermilion Parish. Males residing in AKMH's defined community were overwhelmingly more likely to die from myocardial infarctions than female residents. Though Vermilion Parish saw lower rates in all categories compared to the state benchmark, Louisiana saw higher death rates than the United States for nearly every sub-population.

Age-Adjusted Heart Attack Mortality Rates per 100,000 Adults, 2016-2018

	Vermilion Parish	Louisiana	United States
Heart Attack, All Races/Ethnicities	24.1	37.6	26.8
Heart Attack, Black (Non-Hispanic)	23.2	45.3	34.4
Heart Attack, White (Non-Hispanic)	23.2	36.2	28.9
Heart Attack, Hispanic	*	15.3	16.2
Heart Attack, Male	45.4	56.5	39.8
Heart Attack, Female	5.6	20.1	14.5

Source: Centers for Disease Control and Prevention, 2016-2018

*Insufficient Data

Note: Shaded data indicates the county measure is worse than the sate benchmark

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Hypertension Mortality Rates

According to the Centers for Disease Control and Prevention, the age-adjusted mortality rate for hypertension per 100,000 adults aged 45 to 64 was lower in Vermilion Parish (66.4) than the rest of Louisiana (145.4) from 2016 to 2018. Males aged 45 to 64 were more likely to die of hypertension (107.6) than females in the same age group (38.8) throughout Vermilion Parish, Louisiana, and United States. Black (non-Hispanic) adults aged 45 to 64 had higher hypertension mortality rates than White (non-Hispanic) adults aged 45 to 64 throughout the defined community and the rest of Louisiana.

Age-Adjusted Hypertension Mortality Rates per 100,000 Adults, 2016-2018

	Vermilion Parish	Louisiana	United States
Hypertension, All Races/Ethnicities	66.4	145.4	95.3
Hypertension, Black (Non-Hispanic)	175.7	231.7	196.4
Hypertension, White (Non-Hispanic)	61.9	112.6	86.4
Hypertension, Hispanic	*	77.3	69.8
Hypertension, Male	107.6	190.3	129.9
Hypertension, Female	38.8	103.7	62.6

Source: Centers for Disease Control and Prevention, 2016-2018

*Insufficient Data

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Stroke Mortality Rates

According to the CDC, the age-adjusted stroke mortality rate per 100,000 adults aged 45 to 64 was lower in Vermilion Parish (25.9) when compared to Louisiana (32.0) but higher than the United States rate (19.4).

For adults aged 45 to 64 with Black (non-Hispanic) race/ethnicity, the stroke mortality rate was higher in Vermilion Parish (55.5) than the rest of Louisiana (54.9) and the nation (41.0). For adults aged 45 to 64 with White (non-Hispanic) race/ethnicity living in Vermilion Parish from 2016 to 2018 saw a higher stroke mortality rate than the state and national levels.

Females aged 45 to 64 within AKMH's defined community, were more likely to die of a stroke when compared to the state and national benchmarks. Though lower than the Louisiana rate, males aged 45 to 64 residing within the parish were more likely to die of stroke compared to Vermilion Parish female residents.

Age-Adjusted Stroke Mortality Rates per 100,000 Adults, 2016-2018

	Vermilion Parish	Louisiana	United States
All Stroke, All Races/Ethnicities	25.9	32.0	19.4
All Stroke, Black (Non-Hispanic)	55.5	54.9	41.0
All Stroke, White (Non-Hispanic)	27.1	22.1	16.3
All Stroke, Hispanic	*	*	17.3
All Stroke, Male	28.9	38.6	22.9
All Stroke, Female	26.8	25.8	16.1

Source: Centers for Disease Control and Prevention, 2016-2018

*Insufficient Data

Note: Shaded data indicates the county measure is worse than the state benchmark

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Diabetes

According to the CDC Division of Diabetes Translation, in 2016, Vermilion Parish residents were substantially less likely to be diagnosed with diabetes (8.7%) when compared to the rest of Louisiana (11.1%). Those in Vermilion Parish were slightly more likely to be diagnosed with diabetes than the national benchmark.

Adult Diabetes, 2016

	Vermilion Parish	Louisiana	United States
Adults with diagnosed diabetes	8.7%	11.1%	8.5%

Source: Centers for Disease Control and Prevention, Division of Diabetes Translation, 2016

*State and national data reflect adults aged 18+

Note: Shaded data indicates the county measure is worse than the sate benchmark

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. According to BRFSS data from 2017, Vermilion Parish adults were less likely than the rest of Louisiana and the United States to self-report obesity.

Overweight and Obesity Rates, 2017

	Vermilion Parish	Louisiana	United States
Adult obesity rate	31.2%	36.2%	31.6%

Source: Louisiana Department of Health & Behavioral Risk Factor Surveillance System, 2017

Nutrition and Food Insecurity

The U.S. Department of Agriculture publishes the Food Environment Atlas which includes information on food insecurity, food deserts, and access to healthy foods. The food environment index is scored from 1 (worst) to 10 (best). Vermilion Parish's food environment index (8.1) was higher than the state (5.2) and the nation (7.7). Residents of Vermilion Parish were less likely to have limited access to healthy foods and were less likely to experience food insecurity when compared to Louisiana.

According to Feeding America's 2017 Map the Meal Gap study, the average cost of a meal in Vermilion Parish is lower than the average cost of a meal in the rest of Louisiana and the United States.

<u>Access to Healthy Foods</u>

	Vermilion Parish	Louisiana	United States
Food environment index [1]	8.1	5.2	7.7
Limited access to healthy foods [1]	2.3%	9.5%	6.0%
Food insecurity [2]	13.0%	16.5%	12.5%
Average meal cost [2]	$ 2.94	$ 3.01	$ 3.02

[1] Source: USDA Food Environment Atlas, 2015 & 2017

[2] Source: Map the Meal Gap, 2017

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Physical Activity

County Health Rankings collects data on physical inactivity and access to physical fitness venues. Vermilion Parish residents were more likely to experience physical inactivity and less likely to have access to exercise opportunities when compared to both the state and national benchmarks.

Physical Activity Measures

	Vermilion Parish	Louisiana	United States
Physical inactivity	33.6%	29.2%	23.0%
Access to exercise opportunities	59.6%	75.0%	84.0%

Source: United States Diabetes Surveillance System 2016, Business Analyst, Delorme map data, Esri, US Census Tigerline Files 2010 & 2019, County Health Rankings 2020

Note: Shaded data indicates the county measure is worse than the state benchmark

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Communicable Diseases

There was insufficient data at the parish level for Vermilion Parish's tuberculosis case rate in 2018. Louisiana's rate (2.3 per 100,000 population) was slightly less than the overall national rate (2.8 per 100,000 population).

Tuberculosis Case Rate, 2018

	Vermilion Parish	Louisiana	United States
Tuberculosis case rate	*	2.3	2.8

Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2018

*Insufficient Data

Rate are per 100,000 population

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Sexually Transmitted Infections

According to the Center for Disease Control and Prevention, in 2018, Vermilion Parish had lower rates of chlamydia, gonorrhea, primary and secondary syphilis, and HIV when compared to Louisiana and the United States.

Sexually Transmitted Infections Case Rate, 2018

	Vermilion Parish	Louisiana	United States
Chlamydia	478.9	774.8	539.9
Gonorrhea	134.7	257.1	179.1
Primary and Secondary Syphilis	6.7	14.3	10.8

Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2018

Rates are per 100,000 population

*Insufficient Data

	Vermilion Parish	Louisiana	United States
HIV prevalence	212.2	541.0	372.8
Newly diagnosed HIV case rate	10.2	25.2	13.6

Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2018

Rates are per 100,000 population

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Maternal and Child Health

The Louisiana Department of Health publishes data on maternal and child health indicators. The crude birth rate (per 1,000 population) in Vermilion Parish was slightly lower than Louisiana's rate (13.0) and slightly higher than the U.S. rate (11.9) from 2016 to 2018. The teen birth rate in Vermilion Parish (39.3 per 1,000 women aged 15 to 19) was much higher than the state and national rates. Vermilion Parish's infant mortality rate (6.2 per 1,000 live births) was less than Louisiana's rate but slightly higher than the U.S. rate. The same trend was present in Vermilion Parish's low birthweight and preterm birth rates.

Women residing in Vermilion Parish were more likely to receive a primary Cesarean delivery than women in the rest of Louisiana and the nation from 2016 to 2018. The rate of deliveries with a less than 24-month interbirth interval was higher in Vermilion Parish (28.2%) than the state (25.4%). Women in Vermilion Parish were more likely to receive prenatal care in their first trimester compared to Louisiana and the United States. Less than one percent of women in Vermilion Parish did not receive prenatal care, compared to the state rate of 2.1%.

Birth Rates and Infant Morbidity and Mortality Outcomes, 2016-2018

	Vermilion Parish	Louisiana	United States
Crude birth rate (per 1,000 population)	12.7	13.0	11.9
Teen birth rate (per 1,000 women aged 15–19 years)	39.3	29.9	24.1
Infant mortality rate (per 1,000 live births)	6.2	7.7	5.8
Low birthweight	9.5%	10.7%	8.3%
Preterm birth	10.2%	12.8%	9.9%
Primary Cesarean delivery among low risk women	31.1%	30.3%	21.9%
Births within 24 months of a previous birth	28.2%	25.4%	*
Began prenatal care in first trimester	79.5%	71.0%	77.3%
No Prenatal Care	0.9%	2.1%	*

Source: Louisiana Department of Health, Bureau of Family Health 2016-2018

*Indicates no comparable national measure

Note: Shaded data indicates the county measure is worse than the state benchmark

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Access to Care

According to the U.S. Census Bureau ACS 2014–2018 estimates, Vermilion Parish residents were less likely to have private health insurance compared to Louisiana and the United States. Residents were also more likely to have public health insurance compared to the state and national benchmarks. Vermilion Parish Youth under the age of 19 were less likely to be uninsured compared to the state and national rates. Similarly, Vermilion Parish's uninsured rate was lower than Louisiana and the U.S. rates.

Health Insurance Coverage, 2014-2018

	Vermilion Parish	Louisiana	United States
Private insurance coverage	60.5%	61.1%	67.7%
Public insurance coverage	41.2%	39.2%	34.7%
No health insurance coverage	10.1%	10.7%	9.4%
No health insurance coverage (under 19 years)	2.9%	3.9%	5.2%

Source: U.S. Census, ACS 2014-2018 estimates

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Mental Health

County Health Rankings provides an estimate of access to mental health providers in the form of a ratio of the county population to mental health providers. The ratio for Vermilion Parish was 2,493:1 in 2018, which indicates worse access to mental health providers than in Louisiana and the United States.

Mental Health Provider Ratio, 2018

	Vermilion Parish	Louisiana	United States
Mental health provider ratio	2,493:1	336:1	400:1
Poor mental health days	5.1	5.1	4.0

Source: County Health Rankings 2020, CMS, National Provider Identification 2019

Note: Shaded data indicates the county measure is worse than the state benchmark

Ratio is persons to mental health provider

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Substance Abuse

The CDC's National Center for Injury Prevention and Control provides estimates of the number of opioid prescriptions dispensed per person, per year. Within Vermilion Parish, the prescribing rate (61.4) was far less than the state rate (79.4) and slightly less than the national rate (61.8) in 2018.

Opioid Prescriptions Dispensed per 100 Persons per Year

	Vermilion Parish	Louisiana	United States
Opioid prescribing rate	61.4	77.4	61.8

Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2018

Rate per 100 population

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Health Behaviors

Examining data from County Health Rankings, Vermilion Parish adults were less likely to smoke when compared to the state rate but more likely to smoke when compared to the national rate.

Citizens residing in Vermilion Parish were more likely to self-report excessive drinking of alcohol (19.9%) when compared to the rates of Louisiana and the United States (19.6% and 18.0%, respectively).

<u>Health Behaviors</u>

	Vermilion Parish	Louisiana	United States
Adult smokers	20.4%	23.1%	17.0%
Excessive drinking	19.9%	19.6%	18.0%

Source: County Health Rankings 2020, BRFSS 2017

Note: Shaded data indicates the county measure is worse than the state benchmark

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Health Outcomes

County Health Rankings provides data surrounding involving premature death, poor or fair health of a population, and poor physical health days. Their 2020 data indicates Vermilion Parish ranks higher in all categories than the national benchmarks (see table), although Louisiana's rates for each category outpaced Vermilion Parish.

Health Outcomes

	Vermilion Parish	Louisiana	United States
Premature death indicator*	8,500	9,500	6,900
Poor or fair health	20.8%	21.9%	17.0%
Poor physical health days	4.7	4.8	3.8

Source: County Health Rankings 2020, Behavioral Risk Factor Surveillance System 2017, Shown in days per month

*Premature death rate shown in years of potential life lost before age 75 per 100,000 population

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Other Assessments & Indicators

Lafayette General Medical Center completed a joint Community Health Needs Assessment on August 5, 2019. The following health priorities were identified:

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

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Primary Data and Community Input

Qualitative Data

The community leader 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 AKMH, 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

Fifteen interviews were conducted from April 23, 2020 through June 26, 2020. Interviews required approximately 30 minutes to complete. Interviewers followed the same process for each interview. The following community-focused questions were used as the basis for discussion:

o What are some strengths of your community?

o What health concerns are affecting your community?

o What barriers make it hard for community members to remain healthy?

o Which health resources do you feel are most needed within your community?

o Are there any subpopulations that you feel are medically underserved?

o What could be done to improve the health of your community?

o Are there any emerging health needs that we have not touched upon?

o Is there anything else you think is important for me to know about healthcare delivery in the community?

Community Leader Interview Summary

There was a variety of topics discussed during community leader interviews. The most common themes revolved around chronic disease, the current infectious disease COVID-19, care for older adults, and social determinants of health.

<u>Concerns</u>

Hypertension, cardiovascular disease, diabetes, and obesity were mentioned by nearly half of leaders as health concerns for Vermilion Parish residents. When the leaders were asked why these diseases were prevalent within the community, common answers included a culture of overindulging and lack of healthy lifestyles.

The growing aging population was a worry for some interviewees. They were concerned with older adults accessing transportation to physician appointments, the increase in disease incidence that naturally comes with aging, and the lack of specific exercise programs for seniors. Many leaders felt that older adults should be a target population for public health programming within Vermilion Parish.

Social determinants of health (SDOH) and the COVID-19 pandemic were also noted as having impacted Vermilion Parish's overall health. When discussing the broad SDOH, stakeholders believed poverty and built environment impacted community members' well-being. Leaders mentioned that many community members do not understand the connection between the built environment and individual health outcomes. Additionally, community leaders shared that the COVID-19 pandemic has gravely impacted every facet of life for residents, impacting many aspects of overall wellbeing in addition to health.

<u>Barriers</u>

Nearly thirty-five percent of interviewees believed access to care and social determinants of health hindered community members from achieving their optimal health. Specifically mentioned were a lack of local specialists and primary care physicians as well as a lack of public transportation options. Additionally, nutrition and environmental issues were cited as barriers to healthy living. Other obstacles discussed included health literacy, racism, and lack of community outreach.

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Community Leader Interview Summary, Cont'd.

Resources Needed

Leaders were asked to share resources that they felt were missing from the community. An overwhelming majority requested resources that would increase access to care. Suggestions included recruiting physicians, both specialists and primary care providers, the expansion of telemedicine, increasing the number of specialists who accept Medicaid and self-pay patients, and adding additional walk-in clinics throughout the parish. Numerous interviewees indicated a need for more affordable health education centered around increasing health literacy and navigating the healthcare system. One leader reported a need for additional comprehensive developmental screenings for children and more widespread use of the Louisiana state run VROOM parenting tool.

Some community leaders related housing to health outcomes and mentioned the need for affordable housing resources within the community. They emphasized how an individual's living situation impacts physical and emotional health.

Strengths and Assets

When asked to discuss Vermilion Parish's strengths, more than half of those interviewed touted the close-knit community made up of loyal, hardworking people who have a strong cultural identity and connection to their culture. Over twenty percent of leaders described Abrom Kaplan Memorial Hospital, the healthcare services provided, and an updated walking path in Kaplan as assets to the community.
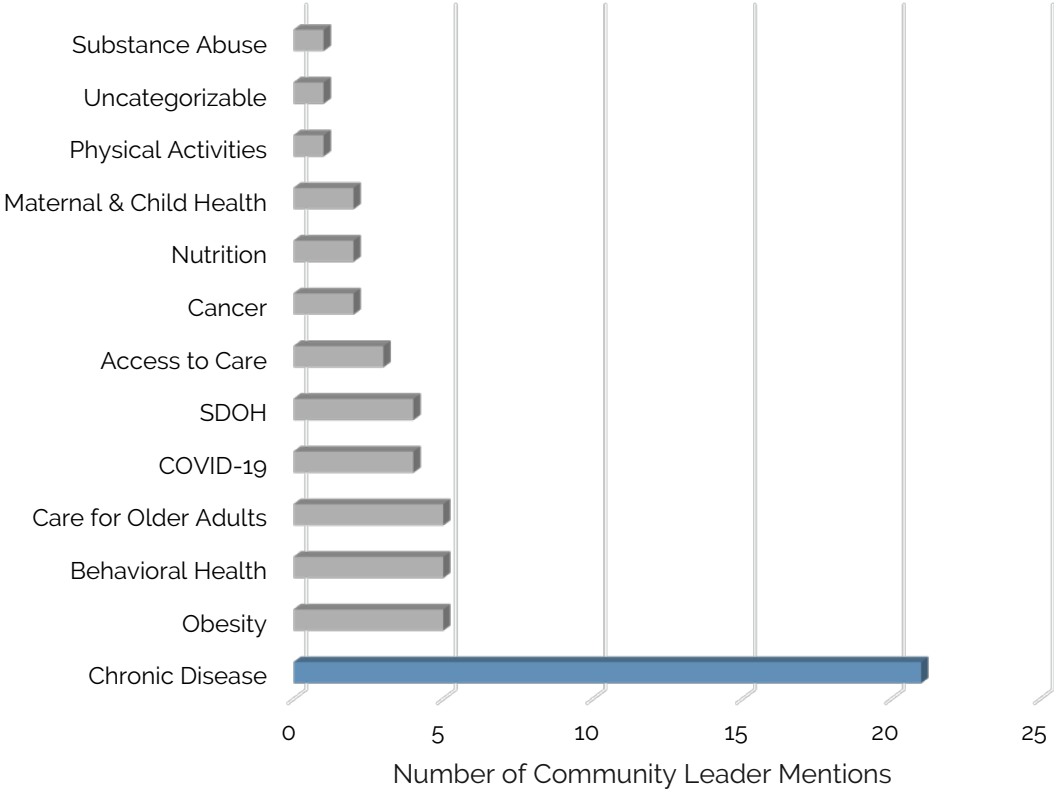
Community Leader Interview Themes

Emerging Themes Discussed During Interviews

Topic	Emerging Themes
Strengths & Assets	Community - Tight-knit Culture - Strong Identity Positive Healthcare Outlook
Concerns	Chronic Disease Obesity Behavioral Health Care for Older Adults COVID-19 Social Determinants of Health (SDOH)
Barriers	Access to Care Nutrition SDOH Environmental Factors Lack of Exercise Opportunities
Medically Underserved Populations	Impoverished Racial/Ethnic Minorities Uninsured

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Community Leader Interview Response Data

Significant Overarching Health Concerns
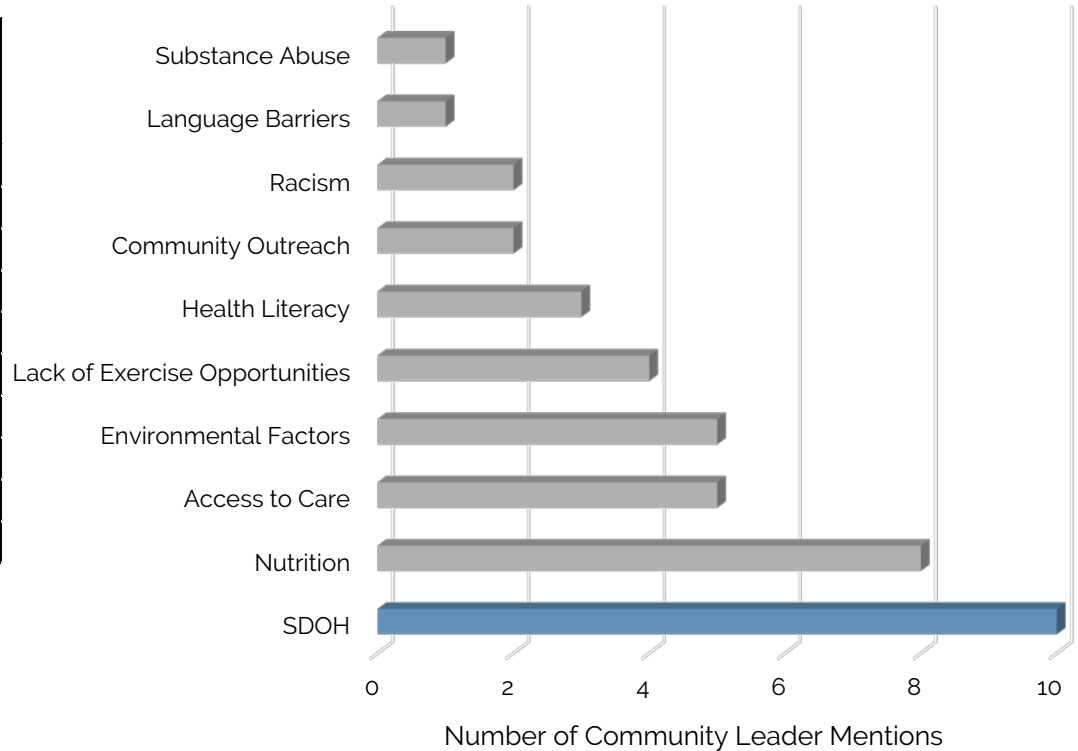
Response Categories	Number of Mentions
Chronic Disease	21
Obesity	5
Behavioral Health	5
Care for Older Adults	5
COVID-19	4
SDOH	4
Access to Care	3
Cancer	2
Nutrition	2
Maternal & Child Health	2
Physical Activities	1
Uncategorizable	1
Substance Abuse	1

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Community Leader Interview Response Data, Cont'd.

Community Health Barriers

Response Categories	Number of Mentions
SDOH	10
Nutrition	8
Access to Care	5
Environmental Factors	5
Lack of Exercise Opportunities	4
Health Literacy	3
Community Outreach	2
Racism	2
Language Barriers	1
Substance Abuse	1

Number of Community Leader Mentions

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Community Leader Interview Response Data, Cont'd.

Community Resources Needed

Response Categories	Number of Mentions
Access to Care	13
Health Education	9
Social Determinants of Health	3
Nutrition	2
Collective Impact Approach	2
Health Literacy	2

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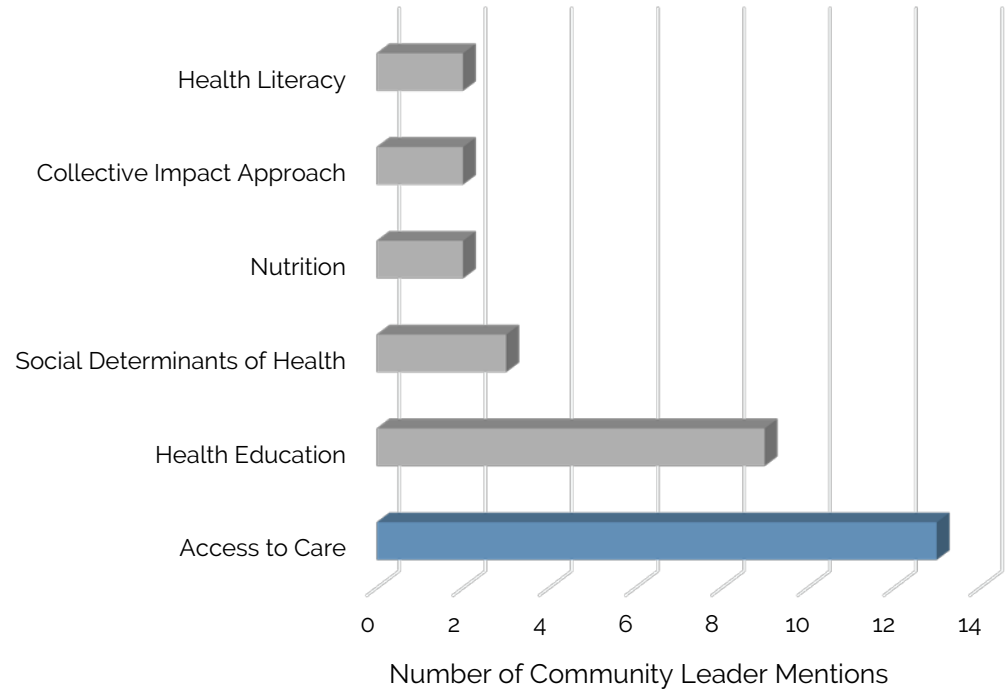
Community Leader Interview Response Data, Cont'd.

Community's Medically Underserved Populations

Response Categories	Number of Mentions
African American	4
Impoverished	4
Uninsured	2
Hispanic	2
Vietnamese	2
Transportation	1
Medicaid	1
Uneducated	1
Medicare	1
Rural	1
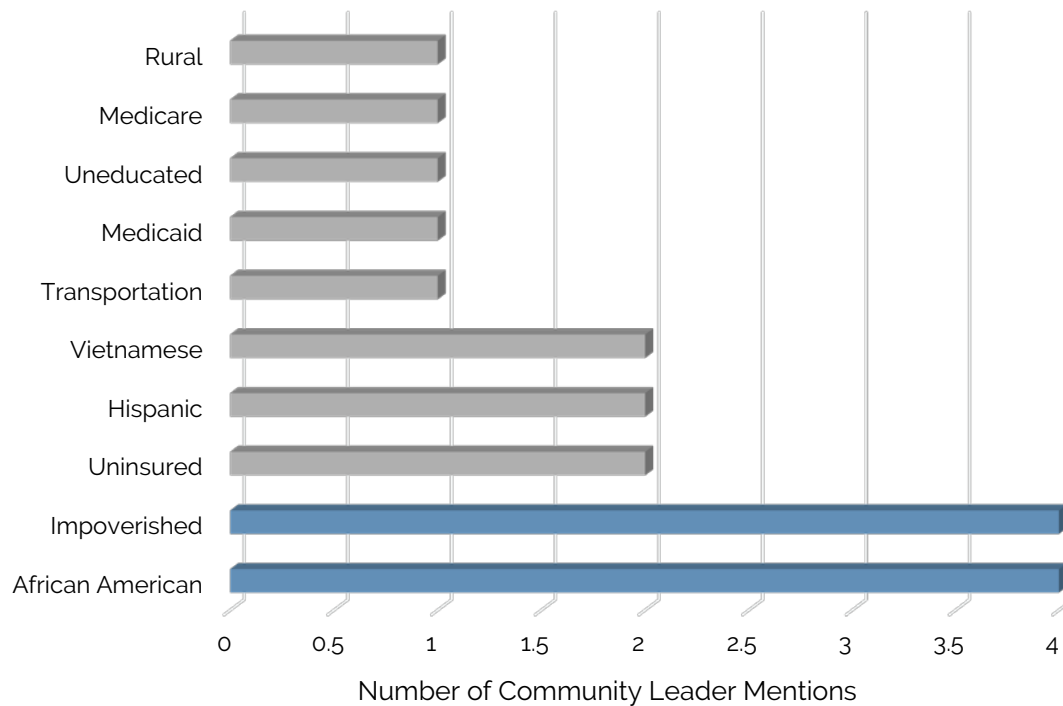
Community Leader Interview Response Data, Cont'd.

Community Health Improvements

Response Categories	Number of Mentions
Health Education	8
Physical Activity Opportunities	5
Access to Care	4
Built Environment	2
Community Engagement	1
Behavioral Health	1
Nutrition	1
Collective Impact	1
Financial Support	1

Number of Community Leader Mentions

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Community Leader Interview Response Data, Cont'd.

Feedback on AKMH's Services – Difficult to Access

Response Categories	Number of Mentions
Physician Specialists	4
Surgery	2
Dialysis	1
Radiology Services	1
Health Education	1
Behavioral Health	1
Home Health Options	1

Feedback on AKMH's Services – Growth Opportunities

Response Categories	Number of Mentions
Service Expansion	9
Physician Recruitment	7
No Response	5
Engagement	2
Outpatient Access	2
Local Hiring	1
Urgent Care	1
Health Literacy	1

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Prioritized Community Health Needs

Priority Needs

The overarching goal in conducting this Community Health Needs Assessment was to identify significant health needs of the community, prioritize those health needs, and ascertain potential measures and resources available to address the health needs.

For the purpose of identifying health needs for AKMH, a health priority is defined as a medical condition or factor that is central to the state of health of the residents in the community. An exhaustive list of health needs was compiled based on the health profile 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 priorities.

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 were considered. The top five health priorities identified through this process are:

1. Chronic Disease
2. Care for Older Adults (Aging Population)
3. Social Determinants of Health
4. Behavioral Health
5. Obesity

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Chronic Disease

Priority Definition

One of the Healthy People 2020 (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:

- Cancer
- Diabetes
- Heart disease
- Stroke
- Smoking
- Modifiable risk factors

Community Leader Concerns

- Hypertension
- Heart Disease
- Diabetes
- Comorbidities

Quantitative Data

Chronic diseases are the leading cause of death and disability in the United States, causing 7 out of 10 deaths each year. From a national perspective, heart disease, cancer, and stroke alone cause more than 50% of all deaths each year.

The leading modifiable risk factors for heart disease and stroke are high blood pressure, high cholesterol, tobacco use, diabetes, unhealthy diet and physical activity, and overweight/obese status.

Vermilion Parish residents were more likely than their fellow Louisianans and the rest of America to die of heart disease and stroke. From 2016 to 2018, all heart disease death rates were higher for every ethnicity and for both males and females in Vermilion Parish when compared to the rest of Louisiana. Black non-Hispanic persons, White non-Hispanic persons, and females living within Vermilion Parish were more likely than the rest of Louisiana's residents to die of a stroke according to 2016 to 2018 data.

8.7% of adults in Vermilion Parish were diagnosed with diabetes in 2016

From 2014 to 2018, 14.3 per 100,000 people in Vermilion Parish died of diabetes or related causes.

Tobacco use causes a myriad of diseases, including heart disease, chronic obstructive pulmonary disease, and diabetes. In 2017, smoking rates for adults in Vermilion Parish exceeded the United States benchmark.

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Healthy Aging – Care for Older Adults

Priority Definition

Per Healthy People 2020, "Growth in the number of older adults is unprecedented. The US population aged 65 or older is projected to reach 23.5% (98 million) by 2060." One HP2020 goal is to improve the health, function, and quality of life of older adults.

Key topics within this priority include:

- Person-centered care planning that includes caregivers

- Quality measures of care and monitoring of health conditions

- Minimum levels of geriatric training for health progressions

- Enhanced data on certain subpopulations of older adults

Community Leader Concerns

- Less transportation options for older adults

- Comorbidities seen in older adults

- Lack of health education

Quantitative Data

Aging adults experience higher risk of chronic disease. Sixty percent of older adults managed two or more chronic conditions (HP2020). Chronic conditions, like heart disease and Alzheimer's disease, can lower quality of life for older adults and can contribute to the leading causes of death among this population.

60.1 per 100,000 adults in Vermilion Parish died from Alzheimer's disease, out pacing both Louisiana and the United States benchmarks.

Physical activity can help prevent disease and injury. However, Vermilion Parish residents experienced on average 4.7 physically unhealthy days in a month's span during 2017. Moreover, those living in AKMH's defined community, were more likely than the rest of the nation to experience poor or fair health during that same timeframe. Access to exercise opportunities was far lower in Vermilion Parish than Louisiana and the United States benchmarks.

Vermilion Parish's population with a disability was higher than both the state and national benchmarks. From 2014-2018, those aged 65 and older living in Vermilion Parish were more likely than their fellow Louisianans to have a disability, like vision impairment or self-care difficulty.

Further, low health literacy among older adults is associated with increased reports of poor physical functioning, pain, limitations of daily activities, poor mental health status.

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Social Determinants of Health

Priority Definition

Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Resources that enhance quality of life can have a significant influence on population health outcomes. Healthy People 2020's overarching goal is to, "Create social and physical environments that promote good health for all."

Key topics within this priority include:

- Economic Stability

- Education

- Social and Community Context

- Health and Health Care

- Neighborhood and Built Environment

Community Leader Concerns

- Poverty

- Lack of education

- Built environment

- Asset Limited Income Constrained and Employed (ALICE) Population

- Health Literacy

- Urban Planning

Quantitative Data

Poverty and education can be used to predict health outcomes (HP2020).

5.1% of adults in Vermilion Parish were unemployed from 2014 to 2018.

Highest Level of Education Completed by Persons 25 Years and Older
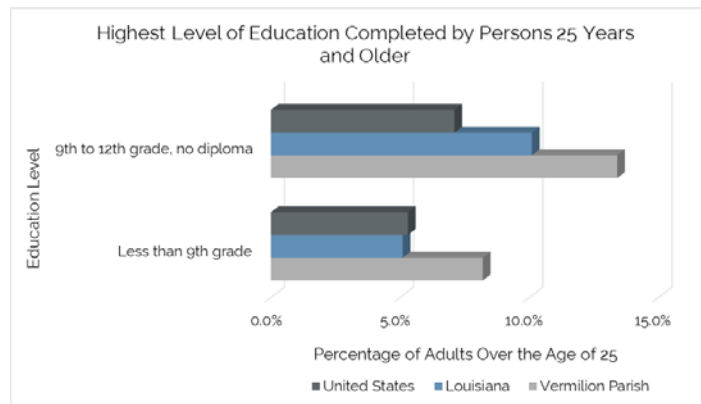
13.4% of adults aged 25 and older living in Vermilion Parish did not obtain a high school diploma from 2014 to 2018.

Another hinderance to good health outcomes is poor health literacy. 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 National Institute on Aging in collaboration with the University of North Carolina at Chapel Hill and others, the majority of Vermilion Parish residents had low health literacy levels.

AKMH'S defined community contains both Health Professional Shortage Areas and Medically Underserved Areas. With a limited supply of physicians in the area, transportation may impact residents' ability to safely get to and from healthcare services and appointments.

Though overall crime rates were lower in Vermilion Parish, the rate of death by assault (homicide) was higher than the national average.

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Behavioral Health

Priority Definition

One of the HP2020 goals is to "improve mental health through prevention and by ensuring access to appropriate, quality mental health services." Another key goal is to "reduce substance abuse to protect the health, safety, and quality of life for all, especially children." Substance use disorders refer to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Many individuals who develop substance use disorders are also diagnosed with mental disorders, and vice versa (NIH).

Community Leader Concerns

- Substance Abuse

- Alcohol Abuse

- Deficit of outpatient behavioral health services

- Need for mental health consultants for prenatal and pediatric patients

Quantitative Data

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).

Leading Cause of Death - Suicide
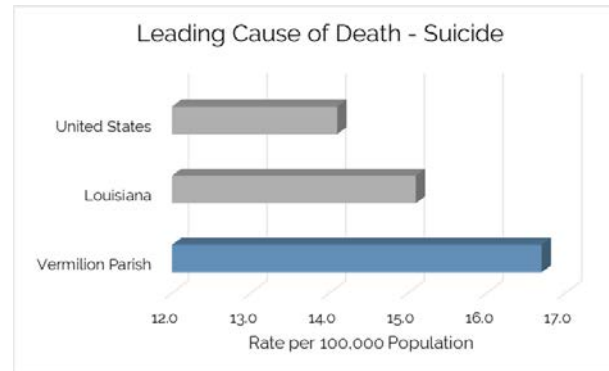
Evidence has shown that mental health disorders are strongly associated with the risk, occurrence, management, progression, and outcome of serious chronic diseases and health conditions, including diabetes, hypertension, stroke, heart disease, and cancer (HP2020).

Those in Vermilion Parish were just as likely as their fellow Louisianans to experience poor mental health days. Those residing in AKMH's defined community were more likely to experience poor mental health days than the rest of America. There was a lack of mental health providers within Vermilion Parish to help deal with these disorders. The ratio for persons to mental health providers was 2,493:1 in Vermilion Parish, which is over seven times as many people to one provider as Louisiana (336:1).

The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems (HP2020). Opioid prescribing rates were lower in AKMH's defined community than the rest of the United States. Additionally, nearly 20% of Vermilion Parish's population reported excessive drinking.

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Obesity

Priority Definition

The HP2020 goals include promoting "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

- Nutrition knowledge, understanding, and skills

- Physical activity

- Access to exercise or activity opportunities

Community Leader Concerns

- Obesity

- Poor diet

- Physical Inactivity

Quantitative Data

For 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. For people who are inactive, even small increases in physical activity are associated with health benefits (HP2020).

31.2% of Vermilion Parish residents were considered obese in 2017.

Food insecurity was higher in Vermilion Parish than the rest of the United States (13.0% to 12.5%, respectively). AKMH's defined community population were more likely than other residents of Louisiana and the rest of America to have access to healthy foods.

33.6% of Vermilion Parish residents were physically inactive in 2017.

Those residing in AKMH's defined community were more likely to be physically inactive compared to other Louisianans and Americans as a whole. Access to exercise opportunities was extremely lacking in Vermilion Parish compared to the state and national benchmarks.

Individuals who are at a healthy weight are less likely to develop chronic disease risk factors, such as high blood pressure, develop chronic diseases, such as type 2 diabetes and heart disease, experience complications during pregnancy, and die at an earlier age (HP2020). Acknowledgement of how social factors influence a diet was seen among interviewees. Nearly 20% of community leaders voiced concerns that the culture of overindulgence seen throughout Vermilion Parish was hindering their ability to lead healthy lifestyles.

Community Resources

Community Resources to Address Priority Needs

Chronic Diseases
- Lafayette General Health System
- Outpatient Diabetes Self Management Education and Support Services – Abbeville General Hospital
- Multiple outdoor recreation sites
- Well-Ahead Louisiana initiative
- Vermilion Parish Health Unit
- The Louisiana Diabetes Educators Network (LaDEN)
- Cancer Center of Acadiana (CCA)

Behavioral Health
- Vermilion Behavioral Health Systems
- Woodlake Addiction Recovery Center
- The Family Tree
- The Stepping Up Initiative
- Acadiana Area Human Services District
- Project LAUNCH
- Abrom Kaplan Memorial Hospital Behavioral Health Unit

Care for Older Adults
- Vermilion Council on Aging
- Vermilion Public Transit
- Arc of Vermilion
- Louisiana Department of Health Office of Aging and Adult Services Resources
- Community Choices Waiver Services
- Adult Protective Services

Obesity
- Lafayette General Health System – Bariatric Surgery Program
- Abbeville Farmers Market
- Kaplan Farmers Market
- Gueydan Farmers Market
- The Governor's Council on Physical Fitness and Sports (GCPFS) Tour deFitness workshops

Social Determinants of Health
- United Way of Acadiana
- Commodity Supplemental Food Program (CSFP)
- Vermilion Economic Development Alliance Resources
- Louisiana Clinical & Translational Science Center Health Literacy Core

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Impact Evaluation

Impact Evaluation

Due to construction and lack of meeting space during the continued expansion and renovation of the facility, education sessions were cancelled, resulting in an unmet health priority.

2017 Health Priorities	Evaluation Strategy	Goals	2020 Update - Strategy Addressed
Obesity	Record employee team weight loss or activity levels as a way to measure improvement, as well as provide incentives.	Increase health awareness and activity levels through company involvement and motivation	Yes
Obesity	Monitor activity and attendance at the trail, as well as any events that may be held there.	Increase physical activity and create an environment that is convenient and accessible to the public for exercise and play outdoors	Yes
Obesity	Document the informational materials dispersed throughout Vermilion Parish.	Increase activity and healthy eating habits in Vermilion Parish through educating residents about local resources	Yes
Cancer	Track attendance at support group meetings and educational classes.	Provide support and information for both cancer patients and survivors	No
Cancer	Track attendance at area screenings	Increase awareness and provide screenings for those predisposed to the disease	In Progress
Cancer	Document the informational materials created and dispersed throughout Vermilion Parish	Promote smoking cessation and cut down on the incidence of smoking related illness	Yes
Heart Disease	Track patient compliance trends within AKMH and surrounding healthcare facilities	Improve patient self-care and compliance with medications	Yes
Heart Disease	Track attendance at all heart health events, as well as any changes in utilization of the hospital's cardiovascular services.	Participate in local heart walks and expos held by the community through volunteer work and educational booths	Yes
Access and Availability	Document the expansion by recording where the secondary Community Health Fair will take place and how many attendees are present.	Host an additional Community Health Fair in Vermilion Parish by 2019	Yes
Access and Availability	Track the number of Pediatrics and Primary Care cases that are leaving Vermilion Parish to seek care from outside providers, as well as the increase in cases being handled within AKMH.	Increase access to providers; particularly those specialties severely lacking such as Pediatrics and Primary Care	Yes

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Impact Evaluation: Comments Received on Previous CHNA

AKMH solicited comments within the 2017 CHNA Report. No written comments were received regarding AKMH's 2017 CHNA or Implementation Strategy.

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Appendix A: Carnahan Group Qualifications

Carnahan Group, Inc. is an ingenious healthcare services firm that employs game-changing technology to drive compliance improvements and cost reductions for some of the nation's largest healthcare organizations. For almost two decades, Carnahan Group has served the healthcare industry by providing physician compensation and business valuations, as well as providing healthcare litigation support and conducting Community Needs Assessments and Community Health Needs Assessments.

Carnahan Group also powers the industry leading FMV platform, FMVMD™, which allows hospitals and healthcare entities to receive physician fair market valuations instantly. For more information, please visit: http://carnahangroup.com/our-expertise/ .

Appendix B: Organizations Providing Input

The following individuals and organizations provided feedback during community leader interviews:

Organization	Title(s)	Organization Type of Population Represented
LA Department of Public Health, Bureau of Family Health	CSHS Statewide Care Coordinator Supervisor	Public Health Expert
United Way of Acadiana	President & Chief Executive Officer	Community-based organization, underserved, low-income, minority, or chronic disease population
United Way of Acadiana	Community Impact & Communications Specialist	Community-based organization, underserved, low-income, minority, or chronic disease population
City of Kaplan/Kaplan Food Bank	Councilwoman/President, Director	Local Government/Community-based organization, underserved, low-income, minority, or chronic disease population
City of Kaplan	Mayor	Local Government
Abrom Kaplan Memorial Hospital	Board Member	Hospital Administration
Abrom Kaplan Memorial Hospital	Chief Executive Officer of LGH System, AKMH Board Member	Hospital Administration
Abrom Kaplan Memorial Hospital	Chief Executive Officer	Hospital Administration
Abrom Kaplan Memorial Hospital	Board Member	Hospital Administration
N/A	Community Member	Community Member
N/A	Community Member	Community Member
Kaplan Healthcare Center	Director of Business Development	Community Business
Gardner Clinic	Office Manager	Community Business
General Surgery of Crowley	Physician	Clinical Provider
Primary Care Clinic - Kaplan	Physician	Clinical Provider

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