Lafayette General Surgical Hospital

Community Health Needs Assessment

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CARNAHAN GROUP
Strategic Healthcare Advisors

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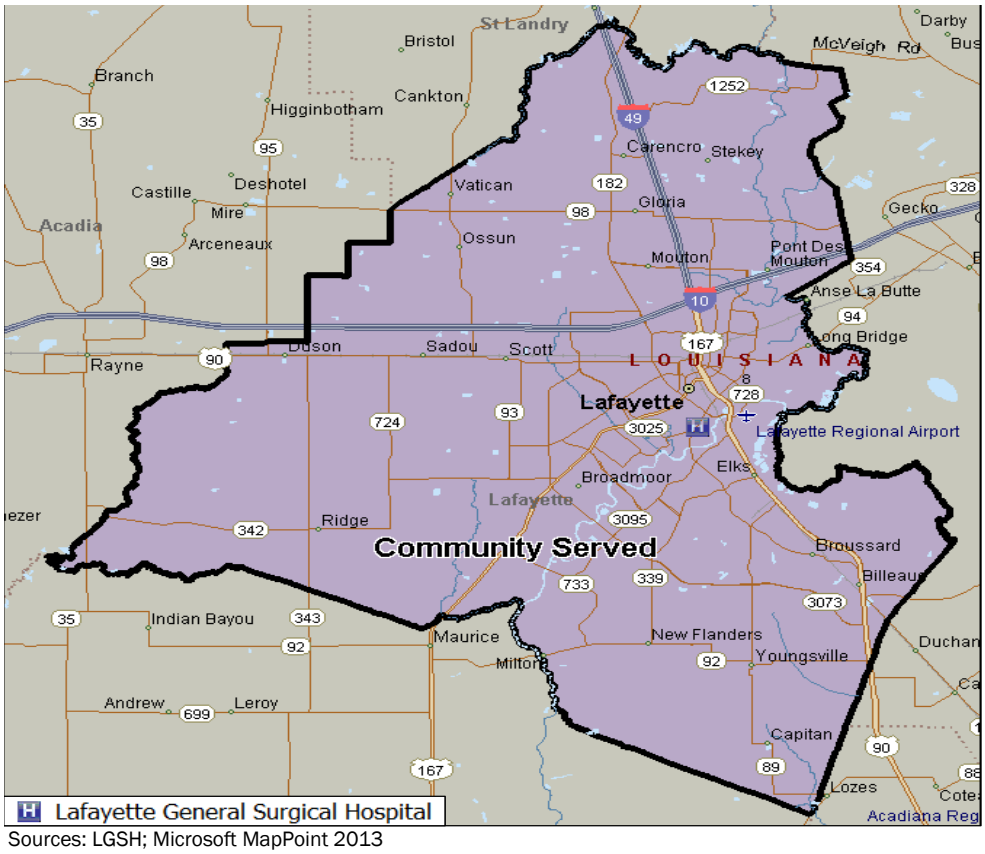
Introduction

Lafayette General Surgical Hospital at a Glance

Lafayette General Surgical Hospital (LGSH), located in Lafayette, Louisiana, is part of a joint venture between Lafayette General Medical Center and local physicians. LGSH is committed to providing high quality and compassionate health care. The 10-bed hospital ranks in the 99th percentile in both employee and patient satisfaction national surveys. LGSH's services include ear, nose, and throat medicine (ENT), facial plastic surgery, general surgery, ophthalmology, orthopedics, pain management, and urology.

Community Overview

For the purpose of this report, Lafayette General Surgical Hospital has defined its community as Lafayette Parish. The map below represents the community served by LGSH.



Sources: LGSH; Microsoft MapPoint 2013

Purpose

Community Health Needs Assessment Background

Lafayette General Surgical Hospital has contracted Carnahan Group to provide a Community Health Needs Assessment (CHNA).

The Patient Protection and Affordable Care Act (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 of the Internal Revenue Code 501(r), set forth by the PPACA. The PPACA defines a hospital organization as an organization that operates a facility that is 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 assesses the health issues in a hospital organization's community and that community's access to services related to those issues. Lafayette General Health offers the CHNAs of its hospitals to the public on their website (www.lafayettegeneral.com).

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.
- A description of information gaps that impacted LGSH's ability to assess the health needs of the community served;
- The identification of all organizations with which LGSH collaborated, if applicable, including their qualifications;
- A description of how LGSH took into account input from persons who represented the broad interests of the community served by LGSH, including those with special knowledge of or

expertise in public health and any individual providing input who was a leader or representative of the community served by LGSH; 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:

- Consultation or input from other persons located in and/or serving LGSH's community, including community stakeholders who represent the broad interest of the community and have knowledge of or expertise in public health; and,
- 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 LGSH, leaders, representatives, or members of medically underserved, low-income, and minority populations with chronic disease needs in the community served by LGSH.

The sources used for LGSH's CHNA are provided in the Reference List. Carnahan Group also utilized the qualitative information obtained through community leader interviews conducted in June 2013. Eight additional interviews were conducted via phone between September 22 and September 26, 2014.

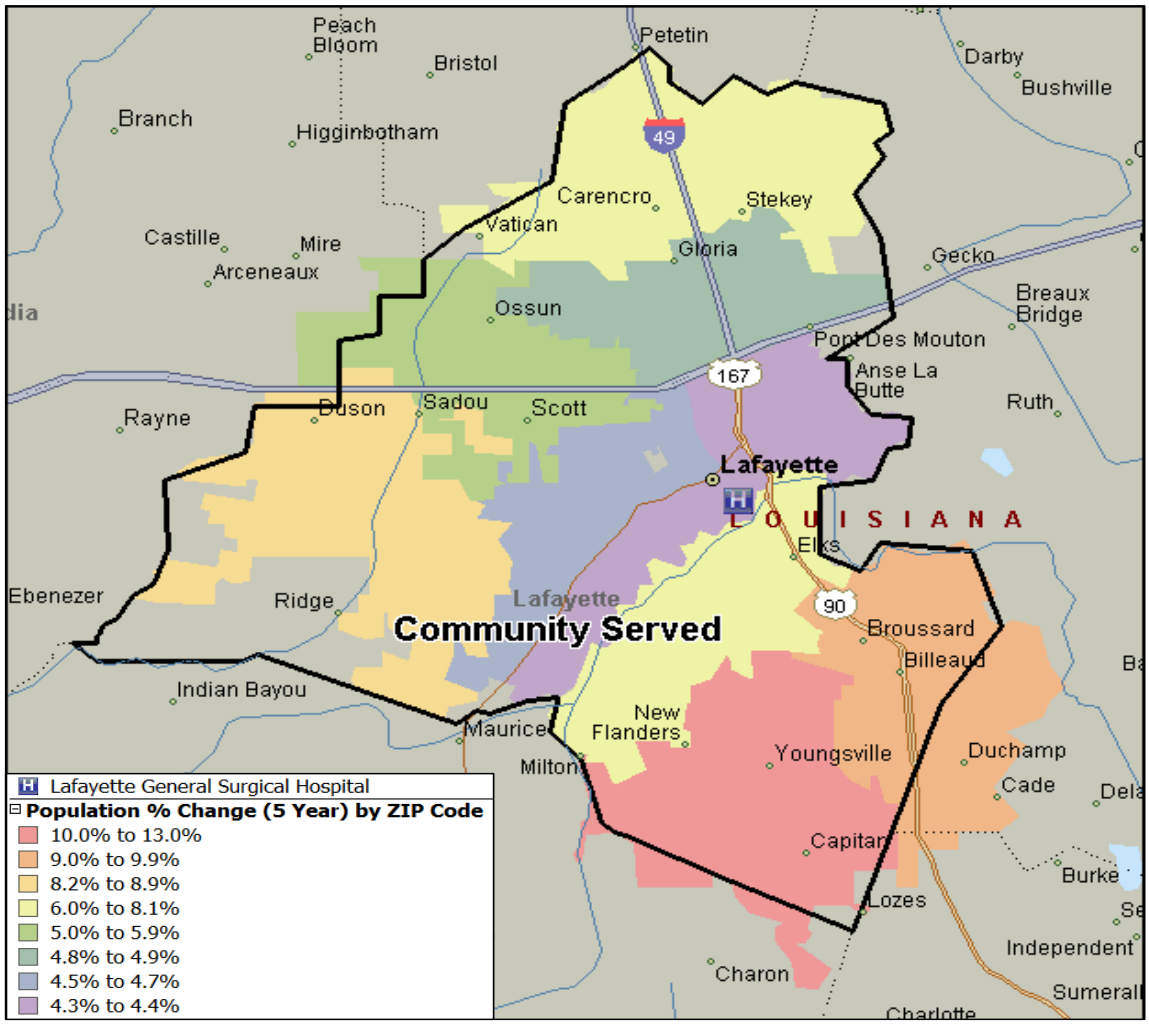
Health Profile

Secondary Data Collection and Analysis Methodology

A variety of data sources were utilized to gather demographic and health indicators for the community served by LGSH. Commonly used data sources include Esri, the Louisiana Department of Health and Hospitals, and the Centers for Disease Control and Prevention (CDC). County level data is presented in this report.

Demographics

Population in the LGSH Community



Sources: Esri 2015; Microsoft MapPoint 2013

Population Change by ZIP Code

The population in Lafayette Parish is expected to grow 6.6% over the next five years.

Current and Projected Population by ZIP Code

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

Source: Esri 2015

Population Change by Age and Gender

In Lafayette Parish, substantial population growth is expected among residents aged 65 and older (24.4%). Moderate population growth is expected for children and young adults aged 0 through 19 (6.0%) and adults aged 25 through 44 (5.4%). Slight population growth is expected for adults aged 45 through 64 (0.8%).

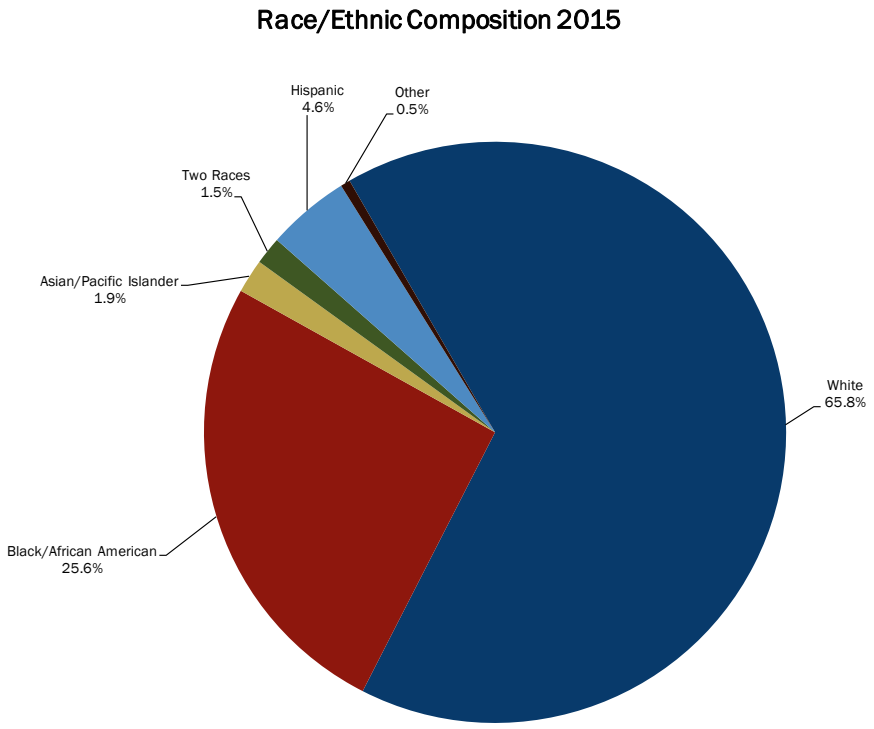
Lafayette Parish Current and Projected Population Change by Age and Sex

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

Source: Esri 2015

Population by Race and Ethnicity

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



Source: Esri 2015

Population Change by Race and Ethnicity

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

Lafayette Parish Current and Projected Population by Race/Ethnicity

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

Source: Esri 2015

Socioeconomic

Socioeconomic Characteristics

According to the 2009–2013 U.S. Census American Community Survey (ACS) estimates, unemployment in Lafayette Parish (4.3%) is less common than all of Louisiana (5.4%).

The ACS publishes median household income and poverty estimates. According to 2009–2013 estimates, the median household income in Lafayette Parish ($51,462) is higher than Louisiana's ($44,874).

Poverty thresholds are determined by family size, number of children and age of the head of the household. A family's income before taxes is compared to the annual poverty thresholds. If the income is below the threshold, the family and each individual in it are considered to be in poverty. In 2013, the poverty threshold for a family of four was $23,834. The ACS estimates indicate that Lafayette Parish (16.2%) residents are slightly less likely to live in poverty compared to Louisiana residents (19.1%).

Residents in Lafayette Parish are less likely to be uninsured (16.0%) compared to all Louisiana residents (17.1%). Children in Lafayette Parish are also less likely to be uninsured (4.4%) compared to all children in Louisiana (5.8%).

Social and Economic Characteristics in Lafayette Parish and Louisiana, 2009–2013

Select Social and Economic Indicators	Lafayette Parish	Louisiana
Unemployment	4.3%	5.4%
Median household income	$51,462	$44,874
Persons below poverty level	16.2%	19.1%
Adults with no health insurance coverage	16.0%	17.1%
Children with no health insurance coverage	4.4%	5.8%

Source: U.S. Census Bureau, 2009–2013 American Community Survey Estimates

Education

Educational Attainment

The U.S. Census ACS publishes estimates of the highest level of education completed for residents aged 25 years and older. The ACS 2009–2013 estimates indicate that fewer Lafayette Parish residents have not earned a high school degree or equivalent (14.5%) compared to Louisiana residents (17.4%). Lafayette Parish residents aged 25 and older are more likely to have a college education, compared to all Louisiana adults aged 25 and older (see table).

Educational Attainment of Adults Aged 25 and Older in Lafayette Parish and Louisiana, 2009–2013

Educational Attainment	Lafayette Parish	Louisiana
Less than high school diploma	14.5%	17.4%
High school graduate	29.4%	34.1%
Some college	22.4%	21.5%
Bachelor's degree	20.0%	14.6%
Graduate degree or higher	8.4%	7.3%

Source: U.S. Census Bureau, 2009–2013 American Community Survey Estimates

Health Outcomes and Risk Factors

Leading Causes of Death

According to the Louisiana Center for Records and Statistics, heart disease is the leading cause of death in both Lafayette Parish and Louisiana. Cancer is the second leading cause of death in Lafayette Parish, with a mortality rate slightly lower than Louisiana. Stroke and accidents rank third and fourth, respectively, in Lafayette Parish. Chronic lower respiratory disease (CLRD) is the fifth leading cause of death in Lafayette Parish. Other leading causes of death in Lafayette Parish and Louisiana are Alzheimer's disease, diabetes, kidney disease, influenza/pneumonia, and septicemia.

Leading Causes of Death in the Primary Service Area Parishes and Louisiana, 2009

Leading Causes of Death	Lafayette Parish	Louisiana
All causes	826.8	898.8
Heart disease	226.3	219.5
Cancer	183.3	193.7
Accidents	39.3	48.0
Stroke	39.9	45.1
CLRD	38.1	44.0
Alzheimer's disease	37.8	32.0
Diabetes	26.6	27.0
Kidney disease	22.2	25.3
Influenza/pneumonia	13.6	19.2
Septicemia	13.5	18.3

Source: Louisiana Department of Health and Hospitals, Center for Records and Statistics, 2009

Rates are per 100,000 population

Heart Disease Mortality

The table below shows heart disease mortality data for individuals aged 35 years and older. According to the CDC, Lafayette Parish residents are more likely to die from coronary heart disease

(253.7 per 100,000 population) compared to all Louisiana residents (217.2 per 100,000 population).

Acute myocardial infarctions (AMI), or heart attacks, are less common in Lafayette Parish (32.3 per 100,000 population) than all of Louisiana (74.3 per 100,000 population).

Lafayette residents are less likely to die from heart failure (143.3 per 100,000 population) compared to all Louisiana residents (176.2 per 100,000 population).

Select Heart Disease Mortality Rates in the Primary Service Area, 2011–2013

	Lafayette Parish	Louisiana
Coronary heart disease	253.7	217.2
Acute myocardial infarction	32.3	74.3
Heart failure	143.3	176.2

Source: Centers for Disease Control and Prevention, Interactive Atlas of Heart Disease and Stroke, 2011–2013
Rates are per 100,000 population

Cancer Incidence

According to the Louisiana State Cancer Profile published by the National Cancer Institute, breast cancer incidence is higher in Lafayette Parish (139.2 per 100,000 population) compared to Louisiana (121.9 per 100,000 population).

Lung and bronchus cancer incidence rates are similar in Lafayette Parish (73.1 per 100,000 population) and in Louisiana (73.0 per 100,000 population).

Lafayette Parish has a similar prostate cancer incidence rate (162.1 per 100,000 population) compared to Louisiana (161.1 per 100,000 population).

Incidence of colon and rectum cancer is slightly higher in Lafayette Parish (52.0 per 100,000 population) than in Louisiana (50.2 per 100,000 population).

Lafayette Parish has a similar cervical cancer incidence rate (10.0 per 100,000 population) compared to Louisiana (9.3 per 100,000 population).

Cancer Incidence Rates in the Primary Service Area, 2008–2012

Cancer Type	Lafayette Parish	Louisiana
Breast (female)	139.2	121.9
Lung & bronchus	73.1	73.0
Prostate	162.1	161.1
Colon & rectum	52.0	50.2
Cervical	10.0	9.3

Source: National Cancer Institute, State Cancer Profiles, 2008–2012

*Data suppressed to ensure confidentiality and stability of rate estimates

Rates are per 100,000 population

Cancer Mortality

Breast cancer mortality is slightly lower in Lafayette Parish (23.1 per 100,000 population) compared to Louisiana (25.0 per 100,000 population).

The lung and bronchus cancer mortality rate is slightly lower in Lafayette Parish (56.4 per 100,000 population) than in Louisiana (57.6 per 100,000 population).

Prostate cancer mortality is similar in Lafayette Parish (23.8 per 100,000 population) and Louisiana (24.2 per 100,000 population).

The colon and rectum cancer mortality rate is lower in Lafayette Parish (14.1 per 100,000 population) than in Louisiana (18.5 per 100,000 population).

The cervical cancer mortality rate is higher in Lafayette Parish (3.5 per 100,000 population) than in Louisiana (3.0 per 100,000 population).

Cancer Mortality Rates in the Primary Service Area, 2008–2012

Cancer Type	Lafayette Parish	Louisiana
Breast (female)	23.1	25.0
Lung & bronchus	56.4	57.6
Prostate	23.8	24.2
Colon & rectum	14.1	18.5
Cervical	3.5	3.0

Source: National Cancer Institute, State Cancer Profiles, 2008–2012

*Data suppressed to ensure confidentiality and stability of rate estimates

Rates are per 100,000 population

Sexually Transmitted Infections

According to the Louisiana Department of Health and Hospitals, residents in Lafayette Parish are substantially less likely to have been diagnosed with HIV (16.0 per 100,000 population) compared to all Louisiana residents (30.3 per 100,000 population).

The chlamydia rate in Lafayette Parish is lower (514.0 per 100,000 population) than in Louisiana (621.3 per 100,000 population).

The gonorrhea rate in Lafayette Parish is higher (206.0 per 100,000 population) than in Louisiana (187.4 per 100,000 population).

The syphilis rate in Lafayette Parish is lower (7.0 per 100,000 population) than in Louisiana (9.1 per 100,000 population).

Reported STI Rates in Lafayette Parish 2013

	Lafayette Parish	Louisiana
HIV diagnosis rate[1]	16.0	30.3
Chlamydia[2]	514.0	621.3
Gonorrhea[2]	206.0	187.4
Syphilis[2]	7.0	9.1

Source: Louisiana Department of Health and Hospitals

Rates are per 100,000 population

*Rate unavailable due to numerator less than 5

[1] Rate based on 2010 data

[2] Rate based on 2011 data

Health Status, Risk Factors and Behaviors

The table on the following page shows data gathered through the Behavioral Risk Factor Surveillance Survey (BRFSS), which is a federally funded telephone survey conducted on a monthly basis of randomly selected adults to collect lifestyle risk factor data.

Residents in Lafayette Parish were less likely to report fair to poor general health (18.9%) compared to Louisiana residents (21.1%).

Diabetes refers to adults who reported being diagnosed with diabetes (not including gestational). Lafayette Parish residents were more likely to report being diagnosed with diabetes (11.2%) compared to all residents in Louisiana (10.3%).

Lafayette Parish residents are less likely to report having had a heart attack (4.7%) compared to all Louisiana residents (5.1%).

Current smoker refers to adults who reported having smoked more than 100 cigarettes in their lifetime and now smoke every day or some days. Lafayette Parish residents were less likely to report current smoking (19.0%) compared to all Louisiana residents (22.1%).

Obesity refers to the percentage of residents who reported having a BMI greater than or equal to 30. Lafayette Parish residents were more likely to report being obese (35.3%) compared to all Louisiana residents (31.7%).

Reported Behavioral Risk Factors in Lafayette Parish and Louisiana, 2008–2010

	Lafayette Parish	Louisiana
Fair or poor general health	18.9%	21.1%
Diabetes	11.2%	10.3%
Heart attack	4.7%	5.1%
Current smoker	19.0%	22.1%
Obesity	35.3%	31.7%

Source: Louisiana Department of Health and Hospitals

Lafayette Parish Market Share

The table below shows market share data from Q3 2013–Q2 2014. The data was obtained from the Intellimed Intelliclient database on November 11, 2015. According to Intellimed, LGSH accounts for 0.01% of all inpatients originating from Lafayette Parish (not shown in table).

Distribution of Patients in LGSH's Service Area

Facility	Market Share
Lafayette General Medical Center	39.81%
Our Lady of the Lake Regional Medical Center	20.25%
Womens Childrens Hospital	19.42%
Regional Medical Center of Acadiana	7.50%
University Medical Center	3.89%
Opelousas General Health System	1.63%
Heart Hospital of Lafayette	1.58%
Ochsner Medical Center	0.78%
Iberia Medical Center	0.50%
Childrens Hospital	0.42%
All Other Facilities	4.22%
Total	100.00%

Source: Intellimed Intelliclient 2015

Community Input

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

Interview Methodology

Carnahan Group previously gathered primary data from nineteen interviewees, either in person or via phone, who represent Lafayette Parish. Eight additional interviews were conducted via phone between September 22 and September 26, 2014. Interviews required approximately 20 to 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 are the health assets and resources available in the community?
- What are the health assets or resources that the community lacks?
- What are the barriers to obtaining health services in the community?
- What is the single most important thing that could be done to improve the health in the community?
- What other information can be provided about the community that has not already been discussed?

Community Leader Interviews

Interviewees discussed that in recent years the Acadiana region, particularly Lafayette, has become a medical hub, providing healthcare services in a variety of specialties. Most interviewees discussed the Lafayette General Health System as a strength in the community. Coordination of care, the electronic

health network, and numerous clinics were specifically mentioned. The friendliness and willingness of health organizations to help community members were also mentioned as strengths.

Among the most discussed health concerns was the working poor's lack of access to the expanse of primary and specialty care services. Some interviewees felt that either Medicaid patient capacity has been reached or some physicians no longer accept it. As a result, patients are forced to seek alternate care and the options are not robust. Lafayette Community Health Clinic was mentioned as the main resource for low-income individuals. The clinic utilizes a medical-home model, is staffed by volunteer health professionals and is supported by donations. The clinic also houses a community pharmacy which provides free medications to underinsured and uninsured individuals. Many interviewees stated that this is perceived by the low-income community to be the only existing primary care health clinic, and because of the limited hours of the clinic and high intake volume, individuals do not always seek out services elsewhere as they are concerned about the ability to pay.

Another frequently mentioned issue related to healthcare access was transportation. The community served by LGSH is growing rapidly and many community members feel that public transportation does not adequately meet the needs of the expanding population. Additionally, not all community members have access to reliable personal transportation and even if they do have a vehicle, rising gas prices have created a barrier for some of these individuals.

A strong emphasis was placed on preventive care and health education in the community among interviewees. Almost all individuals discussed lifestyle as a contributing factor to chronic disease rates in the community, particularly in relation to a culture revolving around celebrations and festivals, fried and high-fat foods and alcohol. Many interviewees feel that an increase in awareness about the consequences of an unhealthy diet, especially in low-income populations, is needed. One interviewee stated that while there are grocery stores and farmer's markets in the community that place an emphasis on healthy eating habits, the majority of these are in affluent areas that are not easily accessible by lower income individuals. Interviewees also discussed high smoking rates, low activity levels, and the diseases and comorbidities that these and other poor health habits and behaviors lead to.

Chronic illnesses most frequently mentioned among interviewees were cardiovascular disease, diabetes, mental health and cancer. Specifically, heart disease, hypertension, stroke and heart attacks were discussed, and an increase in community-wide awareness of existing preventive screenings and other resources was suggested as a preventive measure for cardiovascular issues. Diabetes was also frequently discussed as a result of obesity. Many interviewees feel that there has been an increase in

diabetes development among adolescents and that poor diet is a contributing factor along with a lack of nutrition education. Obesity was another commonly mentioned risk factor, and interviewees discussed it as a community-wide problem in need of more intensive public health interventions. One interviewee stated that some individuals consider community-wide initiatives "food policing," and suggested more of an emphasis be placed on one-on-one nutrition education interventions to encourage understanding and acceptance of these initiatives. There is also a sense that nutritional counseling may be challenging because in this region food is such an important part of the culture.

A lack of mental health resources for children and low-income populations was also discussed. One interviewee stated that community-wide education to reduce stigma would greatly benefit the health and safety of those living in the region.

Specific forms of cancer discussed by interviewees included breast, colon and lung cancers. While interviewees stated that high cancer rates are a statewide concern, some feel this is an issue in their community because of lifestyle habits. However, cancer treatment and support services were often discussed when health strengths were mentioned, particularly the Miles Perret Cancer Services Center which provides support for those battling cancer, survivors and caretakers.

One strength in the community that several people felt could be utilized to improve health outcomes is information technology (IT). Lafayette has one of the best fiber optics networks in the country and this could be leveraged to improve home monitoring of patients with chronic health conditions or provide primary care in the home setting. One goal of using IT to reach people in their homes is to lower readmissions. Another IT related topic was electronic medical records (EMR). One interviewee discussed that EMR could improve healthcare delivery by allowing providers to have full patient histories and tests results. Access to recent tests performed by any provider a patient sees could reduce duplication of tests and thereby cost. Interviewees also discussed using "gaming" to improve health habits. There was a recent code-a-thon sponsored by Fibercorp to create games and apps to address childhood obesity.

Focus Groups

Focus groups were conducted to allow participants to provide information about their experiences in the community and ways in which they think the services and resources provided to the community can be improved. Participants completed a demographic questionnaire and a consent form agreeing to participate in the focus group.

Focus group participants were notified prior to divulging information that it would be used solely to benefit the public good, and all information would be presented in an anonymous nature. All participants were encouraged to share their ideas, opinions and experiences, including any positive or negative feedback.

Each focus group session required approximately two hours to complete and the African-American and Senior focus groups followed this agenda:

- Session Opening – 15 Minutes
    - Introductions
    - Explanation of the purpose of the focus group
    - Overview of the rules governing the session
- Nominal Group Technique was utilized to identify priority health needs in the community. The Nominal Group Technique process is as follows:
    - Participants are instructed to separately write on a piece of paper their top 3 perceived health concerns within the community
    - Each participant calls out in order the health concerns round robin style until all options for every person have been exhausted
    - Participants instruct the facilitator on which like items, if any, they would like to combine
    - Participants are instructed to separately rank the items most important (3) to least important (1)
    - Each member calls out round robin style their 3's, then 2's and so on until all ranked items have been exhausted and recorded
    - The facilitator adds up the rankings for each item, ranking the highest to lowest in importance based on the added result, taking the item that has the largest number as highest importance and so on
- After this process has been completed, a discussion is facilitated about the results of the process. Examples of these questions include:
    - Was there anything that surprised you?
    - Why do you feel these are the top health concerns?
    - How do you feel these needs could be addressed in the community?
- Session Conclusion – 15 minutes
    - Summary of findings
    - Closing discussion

- Distribution of incentives for participation

The cancer focus group was conducted by asking open ended questions about cancer related health concerns, cancer related health resources, barriers to accessing care and opportunities for improvement.

Data Analysis

The collected qualitative data was analyzed using Dedoose software utilizing a thematic approach. These themes and the resulting analysis, combined with quantitative data, served as the foundation of the CHNA, including identifying areas where the needs of the community were properly addressed and where service offerings could be improved.

Summary

Three focus groups were conducted from November 15-16, 2012. All of the focus groups were facilitated by two consultants from Carnahan Group. A total of 30 individuals participated in the three focus groups. The first focus group consisted of adult cancer patients, survivors and caregivers. Another involved African American adult community members. A third focus group included adults aged 65 and older. The purpose of the focus groups was to gather information about health concerns from members of the community to add to the richness of the quantitative data collected. The health concerns most commonly discussed are presented in the following sections.

Cancer Focus Group

Breast cancer was the most commonly mentioned type of cancer discussed in the focus group. Colon, pediatric and nonmelanoma skin cancers were also frequently mentioned. Focus group members expressed that they had noticed a rise in pediatric cancers, and this was concerning because there was no apparent cause. More general health concerns discussed revolved primarily around the discussion of lifestyle habits of residents in the Acadiana region such as diabetes, overweight/obesity, and cardiovascular disease. These issues were not discussed in depth.

Focus group members were most concerned about health education for those living with cancer, as well as their support system. General health education was also discussed among this group. For cancer patients and survivors, education about their particular condition, what to expect during treatment and lifestyle decisions were discussed as important aspects of health education that can be improved. Focus group members emphasized the need for preventive health education programs

in schools addressing cancer risk awareness and healthy lifestyle habits including nutrition and physical activity. Young children were discussed as a target of this initiative.

The Miles Perret Cancer Services Center was continuously mentioned as a resource providing substantial support to those affected by cancer in the community. Many focus group members mentioned it as a vehicle to enhance health education and social support services. Social support for caregivers, patients and family members was frequently discussed by focus group members. For patients, a comprehensive care team that would include survivors, social workers, nutritionists, spiritual advisors and physicians was unanimously agreed upon as the best way to provide consistent support beginning at the point of diagnosis.

Caregiver and family support, particularly for children, was important to all focus group members. Creating programs that revolve around social activities was also described as a good way to provide emotional support for these groups. Additionally, social media outlets such as discussion forums and Facebook were mentioned as a way for children and adolescents to talk about their experiences when a family member is going through treatment. Focus group members feel that sitting in a room with peers might deter children from participating. Education for counselors in schools on handling cancer-specific grief in adolescents was also seen as an important enhancement when supporting young family members.

Senior Focus Group

Participants were not concerned about specific health conditions. The most prevalent topics mentioned by participants were health support services and issues regarding navigating the insurance system. Many individuals expressed the frustrations in making decisions about additional health insurance policies; often the information is confusing and there are not any resources that individuals are aware of to help the community members through the process. A suggestion discussed to address this issue was an advocate phone line people could call to provide support and advice.

A number of focus group members feel that healthcare professionals are not always cognizant of the difference between adult care and geriatric care, and do not approach senior care appropriately, which leaves patients confused and unsure of how to manage their illnesses. In discussing solutions, focus group members feel that nursing students should be educated with an emphasis on proper senior care. They feel that enacting a program early in the students' careers will steadily improve the offering of senior care in the region.

Additionally, community awareness of programs focused on the 65 and older population could be improved through increased attendance at health promotion events and programs. Suggestions for improving awareness included advertising on local television channels as well as through faith-based organizations, especially for the African American seniors.

African American Focus Group

The most frequently mentioned health concerns in this focus group were diabetes, breast and prostate cancer, HIV/AIDS, and mental health in children, particularly ADHD. Many participants felt a need to raise awareness through church health ministries, schools, and the workplace. Community involvement is an important part of the landscape in this region and the current health education programs are underutilized. For example, The Care Bus is a collaboration by The Junior League of Lafayette, Our Lady of Lourdes Regional Medical Center, the Lafayette Parish School System and Cecil J. Picard Center for Child Development and Lifelong Learning aimed at increasing healthcare access for children in Lafayette Parish. Participants felt that an increase in hospital involvement, particularly in community-wide events like health fairs and flu shot drives, would bring more educational programs into areas lacking such resources.

ADHD was said to be "running rampant" in Lafayette Parish, with many parents unaware of how they can address their child's mental health. One suggestion for improving education among parents who have children with ADHD was through school nurses, as many parents experience difficulties in bringing their child to a primary care physician due to long workdays. Nutrition was also an important topic for participants, as many of the health concerns discussed cite nutrition as a risk factor. Participants felt a common reason for the unhealthy eating habits in the Acadiana region is a lack of knowledge about healthy food choices. Participants felt that even those who are knowledgeable about healthy eating habits consume unhealthy foods because of cost. Many felt that it is easier and less expensive to go to a fast food restaurant than it is to go to the grocery store and buy fresh produce to cook at home. For children, parental and school involvement in nutrition education were discussed as key elements to increasing knowledge. For example, an after-school program through the Junior League teaches children about healthy food choices that they can cook at home.

Focus group participants also expressed that physician involvement in health education should be improved. Many individuals felt that doctors should take more time to explain health improvement and lifestyle choices to patients, particularly within the elderly population. Elderly patients often leave their physician's office with prescriptions for expensive drugs because they were not told about cheaper generic alternatives.

Health Needs Prioritization

Community Health Priorities

The overarching goal in conducting this Community Health Needs Assessment is to identify those health needs of the community served by LGSH, and consequently to assess the comprehensiveness of LGSH's strategies in addressing these needs. For the purpose of identifying health needs for LGSH, 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. With this in mind, 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.

An exhaustive list of health needs was compiled based on the health profile, interviews and focus group data. Concerns that did not fall within the definition of an identified health priority, such as social determinants of health, are discussed in conjunction with the health priorities where applicable. The six health priorities identified through the CHNA are: behavioral risk factors, cancer, cardiovascular disease, diabetes, healthcare access and availability, and overweight/obesity. For the sake of continuity, the priorities are presented alphabetically.

Behavioral Risk Factors

A risk factor is defined by the World Health Organization (WHO) as an attribute, characteristic or exposure of an individual that increases the likelihood of disease or injury. Some of these attributes can be behavioral, such as eating habits and alcohol consumption; these will be included in this category.

- Approximately 1 in 5 adults in the community reported current smoking.
- In Lafayette Parish, adults were more likely to report a BMI of 30 or higher compared to all Louisiana adults.
- The majority of interviewees felt poor eating and exercise habits were commonplace in the community.
- Nutrition was discussed in both the Cancer and African American focus groups; commonly discussed under this topic were fresh fruit and vegetable consumption and nutrition education in children.

- Both interviewees and focus group members discussed the culture's emphasis on unhealthy foods and alcohol consumption.

Cancer

- Cancer is the second leading cause of death in Lafayette Parish.
- Interviewees discussed cancer as a health concern in the community, particularly with respect to a lack of screenings.
- Breast and colon cancer were among the most frequently mentioned types of cancer among focus group participants.

Cardiovascular Disease

- Heart disease is the leading cause of death in Lafayette Parish.
- Stroke is the third leading cause of death in Lafayette Parish.
- Adults in Lafayette Parish are more likely to report a BMI >= 30 compared to all Louisiana adults.
- Among adults aged 35 and older, coronary heart disease mortality is higher in Lafayette Parish compared to Louisiana.
- Heart disease, hypertension and stroke were mentioned in community leader interviews.
- Interviewees also discussed heart disease in the context of the culture. They feel that the unhealthy eating habits are contributing to high rates of cardiovascular disease and related conditions.

Diabetes

- Adults in four of six parishes were more likely to report being told by a doctor they have diabetes compared to all Louisiana residents.
- Diabetes was frequently mentioned by interviewees as a health concern in the community.
- The African American and Cancer focus groups discussed diabetes and comorbidities as community health concerns. They feel there is a lack of health education aimed at addressing this issue.

Healthcare Access and Availability

- Interviewees discussed the working poor's lack of access to primary and specialty care services.

- Transportation was frequently discussed as a barrier to obtaining health services in the community.
- Health support services, issues navigating the health insurance system and a need for geriatric care were commonly discussed in the senior focus group.

Overweight/Obesity

- Adults in Lafayette Parish are more likely to report a BMI >= 30 compared to all Louisiana adults.
- Interviewees frequently discussed obesity as a cause for diabetes and cardiovascular disease.
- Interviewees feel that obesity is an issue affecting the entire Acadiana region, and thus there is a need for intensive public health interventions.
- Focus group members discussed overweight and obesity as a health concern in the community, particularly in relation to nutrition education and affordability of health food.

Community Resources

The following is an overview of organizations and programs in the community that aim to address the priority health needs identified.

Behavioral Risk Factors

Lafayette General Health provides health fairs in the community with an emphasis on screening for chronic illnesses and stroke. Information is provided during these events about preventive measures including nutrition and other healthy lifestyle habits. Additionally, an interviewee discussed a nutrition media campaign that works to raise awareness about varying ways to prepare healthy, popular foods. Living Right is a collaborative effort between a local television station and Our Lady of Lourdes Hospital which educates community residents on various health topic, focusing primarily on preventive measures. Lafayette General Medical Center (LGMC) offers a Wellness Center, staffed by an exercise physiologist, a Wellness LPN personal trainers and fitness instructors, which offers memberships to the general public. Personal training and private yoga sessions are available to members at a discounted rate.

Cancer

Miles Perret Cancer Services, located in Lafayette, was consistently discussed as the primary support services organization for cancer survivors and their families. There are four CCA locations which strive to deliver the highest quality patient care. The center provides support groups, workshops, nutritional

support and a resource library. Additionally, the Mobile Miles program, operated through the center, brings support services to those in need who may not be able to access the services because of a lack of transportation.

Lafayette General Health's Cancer Center of Acadiana (CCA) is among a nationally elite group of cancer care providers recognized as an Accredited Cancer Program. CCA provides lifelong follow-up for its patients, in addition to a comprehensive care team which includes a social worker and nutritionist to assist patients through their treatment process. LGMC also provides various cancer screenings throughout the community including free or low-cost colon and breast cancer screenings.

Cardiovascular Disease

LGMC hosts annual health fairs which provide the following assessments: blood pressure, heart rate, height, weight, body composition, BMI, waist/hip measurements and cholesterol screenings. Additionally, the Pocket EKG program, provided by LGMC, allows community members to receive an EKG screening that is analyzed by a physician on-site. The community members then receive a wallet-sized card that provides a baseline EKG reading as well as the individual's name, physician and physician contact. Local ambulance providers have agreed to look for these cards when responding to a cardiac event. The Cardiovascular Institute of the South works with a local television station to provide educational opportunities for women to increase awareness of heart disease risk. The American Heart Association also promotes heart health in women in the community through its Go Red for Women program. Through a recent partnership between University Hospital and Clinics (UHC) and Cardiovascular Institute of the South, cardiac care has improved through increased clinic hours, which translates into more availability for patients.

Diabetes

LGMC has a diabetes resource center provides that information about self-management and other concerns associated with diabetes; assistance is provided by diabetes educators. Additionally, the health fairs provided by LGMC and Life Line offer glucose screenings. Diabetes self-management classes are offered throughout the community by Healthcare Group.

Healthcare Access and Availability

LGSH provides charity care to individuals who meet financial eligibility requirements. LGSH is committed to providing high quality care to all community residents, including underinsured and uninsured residents.

There are five Federally Qualified Health Centers (FQHC) in Lafayette Parish. FQHCs are non-profit, community-owned clinics that function primarily as a medical home offering high quality, affordable primary care and preventive services. They offer services at discounted rates based on income and family size. Additionally, there are numerous civic organizations to address the general health and wellbeing of the community, including United Way, Lafayette YMCA Regional Nutrition Assistance, Inc. and Southwest Louisiana Area Health Education and three area Council on Aging locations. The Louisiana Department of Health and Hospitals has multiple health department locations throughout the community and provide services including preventive screenings, immunizations and nutrition education.

Free or low-cost comprehensive healthcare, including dental, is available to eligible community members through the Lafayette Community Healthcare Clinic. The clinic also offers discounted medications to eligible community members. The clinic offers evening hours to serve patients who are unable to leave work during the day.

Overweight/Obesity

As previously mentioned, the annual health fairs address chronic illness and risk factors including overweight and obesity. Community members can also take advantage of reduced personal training rates at the LGMC Wellness Center. The Center is staffed by professionals trained in guiding those seeking to transform their bodies. Additionally, LGMC hosts a fun run to promote physical activity, and promotes wellness in employees through attention to healthy lifestyle habits including nutrition and exercise. One unique project happening in Lafayette is the Health Living Club. The goal of this three-year project is to encourage families in the area to make healthy living choices. The program is funded by a grant from Blue Cross and Blue Shield of Louisiana Foundation.

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Appendix A: Carnahan Group Qualifications

Carnahan Group is an independent and objective healthcare consulting firm that focuses on the convergence of regulations and planning. For over 13 years, 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. Carnahan Group serves a variety of healthcare organizations, such as, but not limited to, hospitals and health systems, large and small medical practices, imaging centers and ambulatory surgery centers. Carnahan Group offers services through highly trained and experienced employees, and Carnahan Group's dedication to healthcare organizations ensures relevant and specific insight into the needs of our clients.

Our staff members offer diverse capabilities and backgrounds, including:

- CPAs, JDs and MBAs, as well as Masters of Science, Masters of Public Health, Masters of Accounting and Masters of Health Administration; and,
- Serving as members of the American Institute of CPAs (AICPA), Medical Group Management Association (MGMA) and the National Association of Certified Valuation Analysts (NACVA).

Appendix B: Community Leader Interviewees

Interviewee	Title/Organization	Area(s) Represented
Mandi Mitchell	Director of Governmental Affairs, Louisiana Department of Economic Development	Government Official
Rebecca Benoit	Chief Nursing Officer, UHC	Hospital Staff
Dr. Bryan Sibley	Pediatrician	Community Physician
Clay Allen	Chairman of the Board of Trustees, UHC	Hospital Administration
David Callecod	President and CEO, Lafayette General Health	Hospital Administration
Flo Meadows	Board of Trustees Member, UHC; Realtor, Coldwell Banker Pelican Real Estate	Hospital Administration
Dr. Gary Guidry	Pulmonologist and Board of Trustees Member, UHC	Hospital Staff
Jeanette Alcon	Executive Director, Lafayette Community Healthcare Clinic	Community Health Organization Representative
Joey Durel	President, Lafayette City-Parish	Government Official
Maria Placer	Executive Director, 232-HELP	Community Health Organization Representative
Patrick Gandy	Chief Operating Officer, UHC	Hospital Administration
Paula Walters	Executive Director, Lafayette Council on Aging	Medically Underserved Community Organization Representative
Philip Gachassin	Bariatric Surgeon, Acadiana Weight Loss Surgery	Community Physician
Raymond Hebert	Executive Director, Community Foundation of Acadiana	Community Health Organization Representative
Ziad Ashkar	Chief Medical Officer, UHC	Hospital Administration
Margaret Trahan	United Way of Acadiana	Community Health Organization Representative
Louis Hebert	Hospice Foundation of Acadiana, Inc.	Community Health Organization Representative
Dr. Phillip Caillouet	Professor, University of Louisiana at Lafayette	Hospital Representative
Jared Stark	Chief Executive Officer, UHC	Hospital Administration
Dr. Linda Oge	Family Practice Physician	Community Physician
Laurence Vincent	Chief Nursing Officer, UHC	Hospital Administration
Dr. Joby John	Dean at College of Business, University of Louisiana at Lafayette	Academic Administration
Carolyn Huval	Vice President, Lafayette General Medical Center	Hospital Administration
Margaret “Bootsy” Durand	Chief Executive Officer, Southwest Louisiana Area Health Education Center	Community Health Organization Representative
Dr. James Faulterman, Jr.	Designated Institutional Officer, UHC	Hospital Administration
Dr. Rosemary St. Clergy	UHC Board Member; Medical Director of Acadiana Ambulance	Community Health Organization Representative
Vincent Pierre	State Representative	Government Official

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