University Hospital and Clinics
Community Health Needs Assessment

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University Hospital & Clinics
Lafayette General Health

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Introduction

University Hospital & Clinics

University Hospital & Clinics (UHC), located in Lafayette, Louisiana, is a full-service, acute care hospital that serves Acadiana as its primary graduate medical education center by training residents and fellows, cultivating physicians for the future. The hospital is licensed for 116 beds and is Acadiana's largest provider of primary care and specialist appointments for patients who have Medicaid or who are under-insured.

UHC is open to all community members as a full-service hospital and offers numerous specialized clinics. Available services include: surgery, intensive care, cardiac catheterization lab, gastrointestinal lab, laboratory testing, radiology, cancer treatments, infusion, and emergency medicine. From major emergencies to basic illnesses, UHC has the resources to provide care to all patients. As a nonprofit hospital, UHC is committed to help patients who need help paying their hospital bills.

Community Overview

For the purposes of the CHNA report, UHC chose Lafayette Parish, St. Landry Parish, and St. Martin Parish as its primary service area and Acadia Parish, Iberia Parish, and Vermillion Parish as its secondary service area. Because this community was chosen purely by geography, it includes medically underserved, low income, and minority populations.

Source: Maptitude 2018

Methodology

Community Health Needs Assessment Background

On March 7, 2018, UHC contracted with Carnahan Group to conduct a Community Health Needs Assessment (CHNA) as required by the Patient Protection and Affordable Care Act (PPACA). Please refer to Appendix A: Carnahan Group Qualifications for more information about Carnahan Group.

The PPACA, enacted on March 23, 2010, requires not-for-profit hospital organizations to conduct a CHNA once every three taxable years that meets the requirements the Internal Revenue Code 501(r) set forth by the PPACA. The PPACA defines a hospital organization as an organization that operates a facility required by a state to be licensed, registered, or similarly recognized as a hospital; or, a hospital organization is any other organization that the Treasury's Office of the Assistant Secretary ("Secretary") determines has the provision of hospital care as its principal function or purpose constituting the basis for its exemption under section 501(c)(3).

A CHNA is a report based on epidemiological, qualitative, and comparative methods that assess the health issues in a hospital organization's community and that community's access to services related to those issues. Based on the findings of the CHNA, an implementation strategy for UHC that addresses the community health needs will be developed and adopted by the end of fiscal year 2018.

Secondary Data Collection and Analysis Methodology

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

For select indicators, county level data are compared to state and national benchmarks.

Requirements

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

- A description of the community served;
- A description of the process and methods used to conduct the CHNA, including:
    - A description of the sources and dates of the data and the other information used in the assessment; and,
    - The analytical methods applied to identify community health needs.
- The identification of all organizations with which UHC collaborated, if applicable, including their qualifications;
- A description of how UHC took into account input from persons who represented the broad interests of the community served by UHC, 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 UHC; and,
- A prioritized description of all of the community health needs identified through the CHNA and a description of the process and criteria used in prioritizing those needs.

CHNA Strategy

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

- Input from persons who represented the broad interests of the community served by UHC, 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 UHC, leaders, representatives, or members of medically underserved, low-income, and minority populations with chronic disease needs in the community served by UHC; and,

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

  - Healthcare community advocates;

  - Nonprofit organizations;

  - Local government officials;

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

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

- The sources used for UHC's CHNA are provided in the References and Appendix B: Community Leader Interviewees. Information was gathered by conducting interviews with individuals representing community health and public service organizations, medical professionals, hospital administration and other hospital staff members.

Demographics - Population Density by ZIP Code in University Hospital and Clinics Community, 2017
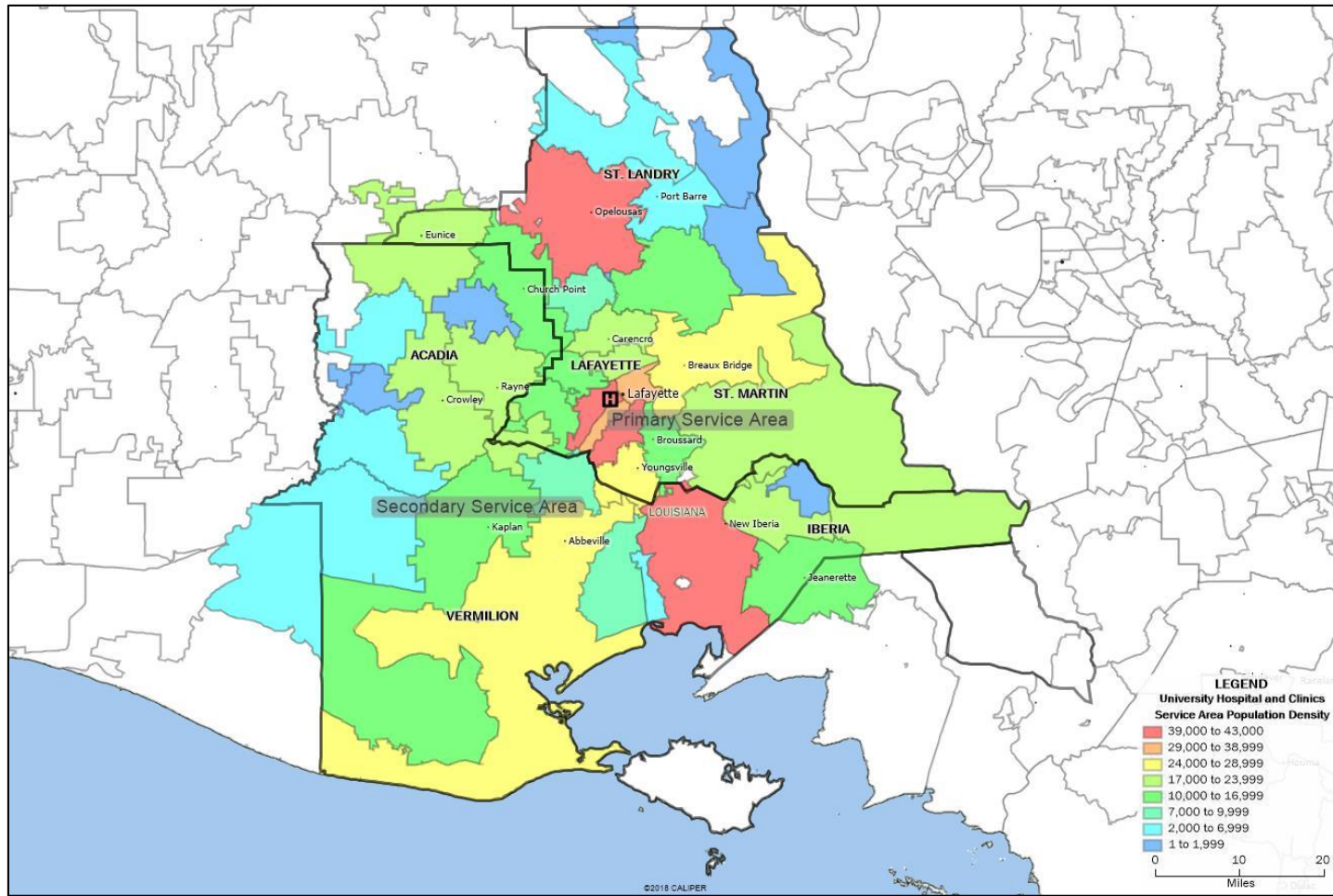
Source: Esri 2017; Maptitude 2018

Population Change by ZIP Code

The overall projected population growth for the Primary Service Area is 6.3% over the next five years. Substantial population growth is expected for ZIP Codes 70518 (10.8%) and 70592 (15.0%), while very little growth is expected in ZIP Codes 71345, 71358, 70535, and 70541.

Total Primary Service Area Population Change by ZIP Code, 2017-2022

ZIP Code	Community	Current Population	Projected 5-year Population	Percent Change
70501	Lafayette	33,396	35,149	5.2%
70503	Lafayette	29,996	32,016	6.7%
70506	Lafayette	44,361	46,899	5.7%
70507	Lafayette	18,439	19,783	7.3%
70508	Lafayette	39,884	43,803	9.8%
70518	Broussard	15,003	16,622	10.8%
70520	Carencro	20,583	22,442	9.0%
70529	Duson	12,803	14,049	9.7%
70583	Scott	12,736	13,669	7.3%
70592	Youngsville	24,436	28,092	15.0%
70512	Arnaudville	11,356	11,843	4.3%
70535	Eunice	18,391	18,515	0.7%
70541	Grand Coteau	663	669	0.9%
70570	Opelousas	39,382	39,812	1.1%
70577	Port Barre	5,266	5,366	1.9%
70584	Sunset	8,266	8,734	5.7%
70589	Washington	3,450	3,530	2.3%
70750	Krotz Springs	1,921	1,988	3.5%
71345	Lebeau	48	48	0.0%
71353	Melville	1,680	1,723	2.6%
71356	Morrow	292	295	1.0%
71358	Palmetto	1,154	1,157	0.3%
70517	Breaux Bridge	27,435	28,874	5.2%
70582	Saint Martinville	21,375	22,055	3.2%
Total		**392,316**	**417,133**	**6.3%**

Source: Esri 2017; Maptitude 2018

Population Change by ZIP Code (continued)

The overall projected population growth for the Secondary Service Area is 2.8% over the next five years. Substantial growth is expected for ZIP Code 70555 (9.9%) while ZIP Codes 70513 (-6.9%), 70544 (-0.5%), and 70552 (-0.4%) are expected to experience population decline over the next five years.

Total Secondary Service Area Population Change by ZIP Code, 2017-2022

ZIP Code	Community	Current Population	Projected 5-year Population	Percent Change
70516	Branch	1,918	2,026	5.6%
70525	Church Point	13,272	13,609	2.5%
70526	Crowley	19,518	19,818	1.5%
70531	Egan	1,171	1,245	6.3%
70537	Evangeline	891	923	3.6%
70543	Iota	4,288	4,491	4.7%
70556	Mermentau	768	817	6.4%
70559	Morse	3,780	3,854	2.0%
70578	Rayne	17,920	18,685	4.3%
70513	Avery Island	72	67	-6.9%
70544	Jeanerette	11,847	11,784	-0.5%
70552	Loreauville	1,222	1,217	-0.4%
70560	New Iberia	42,928	43,582	1.5%
70563	New Iberia	19,781	20,355	2.9%
70510	Abbeville	26,645	27,468	3.1%
70528	Delcambre	2,662	2,712	1.9%
70533	Erath	7,081	7,310	3.2%
70542	Gueydan	3,712	3,823	3.0%
70548	Kaplan	10,950	11,314	3.3%
70555	Maurice	9,074	9,972	9.9%
Total		**199,500**	**205,072**	**2.8%**

Source: Esri 2017; Maptitude 2018

Population Change by Age and Gender

Within the Primary Service Area all population age groups are expected to experience growth over the next five years. The populations ages 20 through 44 (-0.4%) and 45 through 64 (-2.2%) are expected to decline within the Secondary Service Area. Both service areas are expected to experience significant growth in the population aged 65 and older.

Total Primary Service Area Population Change by Age and Gender, 2017-2022

Age Group	2017			2022			Percent Change		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Age 0 through 19	52,513	51,400	103,913	56,039	54,351	110,390	6.7%	5.7%	6.2%
Age 20 through 44	68,354	68,356	136,710	71,267	71,041	142,308	4.3%	3.9%	4.1%
Age 45 through 64	47,126	51,427	98,553	47,676	51,520	99,196	1.2%	0.2%	0.7%
Age 65 and older	23,360	29,780	53,140	28,883	36,356	65,239	23.6%	22.1%	22.8%
Total	191,353	200,963	392,316	203,865	213,268	417,133	6.5%	6.1%	6.3%

Source: Esri 2017

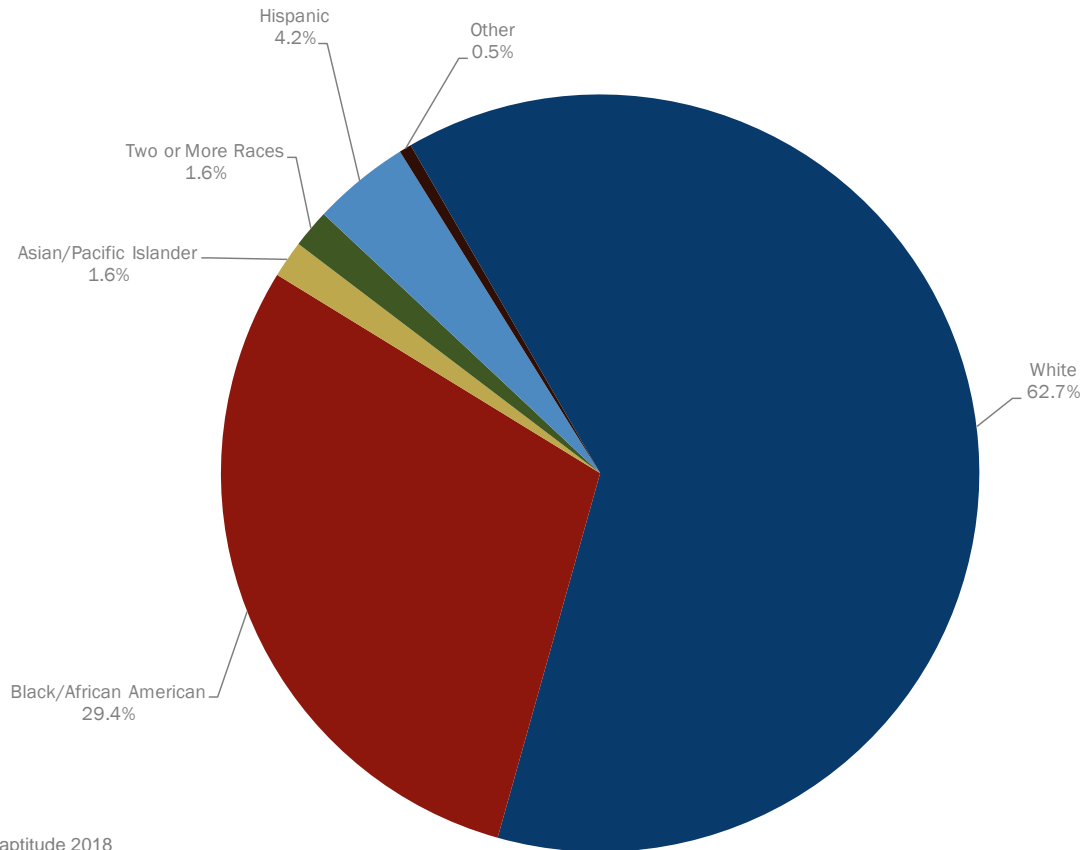Total Secondary Service Area Population Change by Age and Gender, 2017-2022

Age Group	2017			2022			Percent Change		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Age 0 through 19	27,995	26,498	54,493	29,120	27,047	56,167	4.0%	2.1%	3.1%
Age 20 through 44	31,429	31,970	63,399	31,487	31,689	63,176	0.2%	-0.9%	-0.4%
Age 45 through 64	25,328	26,918	52,246	24,849	26,266	51,115	-1.9%	-2.4%	-2.2%
Age 65 and older	13,018	16,344	29,362	15,636	18,978	34,614	20.1%	16.1%	17.9%
Total	97,770	101,730	199,500	101,092	103,980	205,072	3.4%	2.2%	2.8%

Source: Esri 2017

Current Population by Race/Ethnicity

The most common race/ethnicity in UHC's Primary Service Area is white (62.7%) followed by Black/African American (29.4%), Hispanic (4.2%), Asian/Pacific Islander (1.6%), individuals of two or more races (1.6%) and other races (0.5%).

Total Primary Service Area Population by Race/Ethnicity, 2017
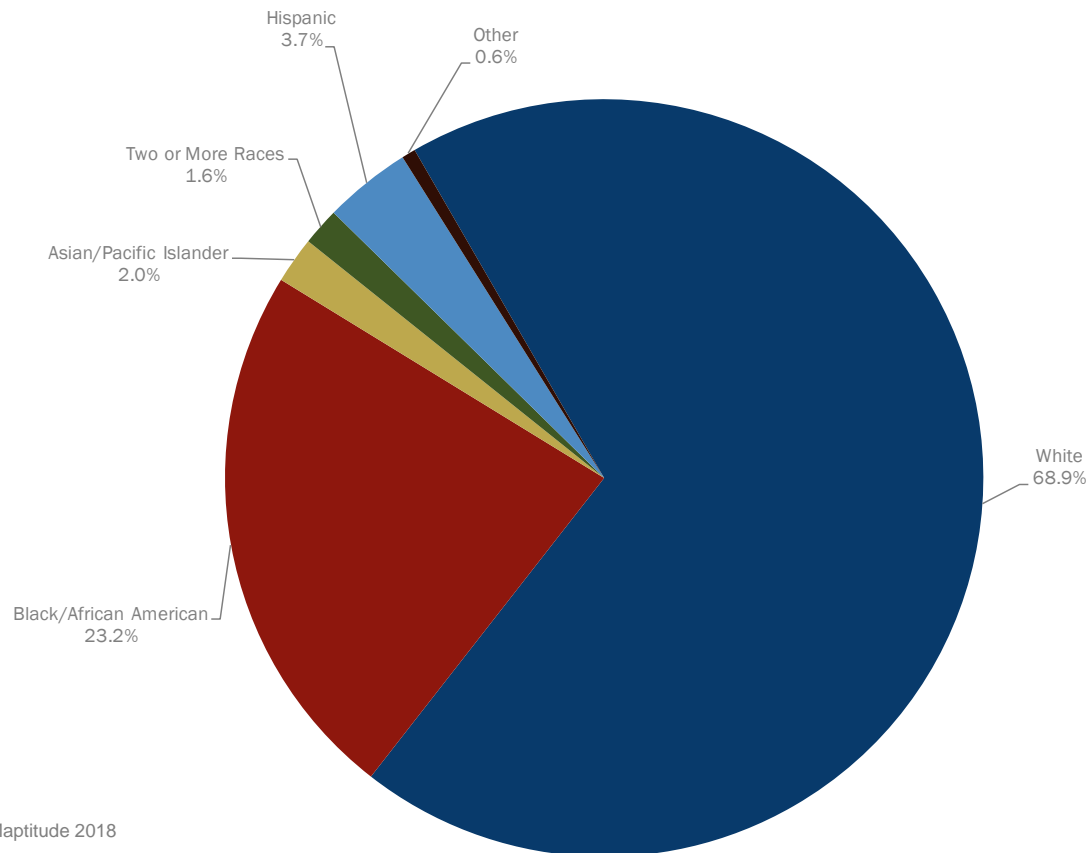

Source: Esri 2017; Maptitude 2018

Current Population by Race/Ethnicity (continued)

The most common race/ethnicity in UHC's Secondary Service Area is white (68.9%) followed by Black/African American (23.2%), Hispanic (3.7%), Asian/Pacific Islander (2.0%), individuals of two or more races (1.6%) and other races (0.6%).

Total Secondary Service Area Population by Race/Ethnicity, 2017

Source: Esri 2017; Maptitude 2018

Population Change by Race/Ethnicity

Within the Primary Service Area, substantial population growth is expected for Asian/Pacific Islanders (25.2%), individuals of two or more races (28.3%), and Hispanics (31.0%). Similarly, within the Secondary Service Area individuals of two or more races (22.4%), Asian/Pacific Islanders (22.9%) and Hispanics (30.8%) are expected to experience significant population growth, while Whites are expected to experience minor growth (0.3%).

Total Primary Service Area Population Change by Race/Ethnicity, 2017-2022

Race/Ethnicity	2017	2022	Percent Change
White	245,953	255,526	3.9%
Black/African American	115,392	121,983	5.7%
Asian/Pacific Islander	6,187	7,749	25.2%
Two or More Races	6,449	8,271	28.3%
Hispanic	16,288	21,337	31.0%
Other	2,047	2,267	10.7%

Source: Esri 2017

Total Secondary Service Area Population Change by Race/Ethnicity, 2017-2022

Race/Ethnicity	2017	2022	Percent Change
White	137,412	137,820	0.3%
Black/African American	46,322	47,495	2.5%
Asian/Pacific Islander	3,956	4,863	22.9%
Two or More Races	3,203	3,919	22.4%
Hispanic	7,429	9,714	30.8%
Other	1,178	1,261	7.0%

Source: Esri 2017

Socioeconomic Characteristics

According to the U.S. Bureau of Labor Statistics, the 2017 annual unemployment average for Lafayette Parish (4.9%) was similar to Louisiana (5.1%), while unemployment rates in Acadia Parish (5.9%), Vermilion Parish (6.0%), St. Martin Parish (6.1%), St. Landry Parish (6.7%), and Iberia Parish (7.3%) were higher.

The U.S. Census American Community Survey (ACS) publishes median household income and poverty estimates. According to 2012-2016 estimates, the median household income in Lafayette Parish ($52,435) is higher than Louisiana's ($45,652), while Acadia Parish ($39,837) and St. Landry Parish ($31,464) median household income is significantly lower. Median household income ranges from $44,573 to $47,083 in Iberia Parish, St. Martin Parish, and Vermilion Parish (See Tables).

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 13, 2018, the 2018 federal poverty guideline for a family of four was $25,100. The ACS estimates indicate that Lafayette Parish residents (18.1%), St. Martin Parish residents (18.5%), and Vermilion Parish residents (19.6%) are less likely to live in poverty compared to Louisiana residents (20.2%), while Acadia Parish residents, Iberia Parish residents, and St. Landry Parish residents are more likely to live in poverty (See Tables). Children in Vermilion Parish (20.1%), Lafayette Parish (21.6%), Acadia Parish (23.2%), and St. Martin Parish (25.9%) are less likely to be living below the poverty level as compared to all children in Louisiana (27.6%). Children in Iberia Parish (30.6%) and St. Landry Parish (41.4%) are more likely to live in poverty compared all children in Louisiana.

Socioeconomic Characteristics - Primary Service Area

	Lafayette Parish	St. Landry Parish	St. Martin Parish	Louisiana
Unemployment Rate[1]	4.9%	6.7%	6.1%	**5.1%**
Median Household Income[2]	$ 52,435	$ 31,464	$ 46,450	**$ 45,652**
Individuals Below Poverty Level[2]	18.1%	26.6%	18.5%	**20.2%**
Children Below Poverty Level[2]	21.6%	41.4%	25.9%	**27.6%**

[1] Source: Bureau of Labor Statistics, 2017 annual average
[2] Source: U.S. Census - ACS, 2012-2016 estimates

Socioeconomic Characteristics - Secondary Service Area

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

[1] Source: Bureau of Labor Statistics, 2017 annual average
[2] Source: U.S. Census - ACS, 2012-2016 estimates

The U.S. Census ACS publishes estimates of the highest level of education completed for residents aged 25 years and older. The ACS 2012-2014 estimates indicated that residents in Lafayette Parish were more likely to have a high school degree compared to the rest of Louisiana, while residents in St. Martin Parish, Iberia Parish, Vermilion Parish, St. Landry Parish and Acadia Parish were less likely to have earned a high school degree (see Table). Adults aged 25 years and older in Lafayette Parish are less likely to have a high school degree, but more likely to have a some college education or a bachelor's degree than adults aged 25 years and older in Louisiana (see tables). Adults aged 25 years and older in St. Landry, St. Martin, Iberia, Vermillion, and Acadia parishes are more likely to have a high school degree, and less likely to have a some college education or a bachelor's degree than adults aged 25 years and older in Louisiana (see tables below).

Highest Level of Education Completed by Persons 25 Years and Older – Primary Service Area

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

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

Highest Level of Education Completed by Persons 25 Years and Older – Secondary Service Area

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

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

Crime Rates

According to the Louisiana Commission on Law Enforcement, there are lower levels of murder and non-negligent manslaughter, rape, robbery, and aggravated assault rates in Lafayette, St. Landry, St. Martin, Iberia, Vermilion, and Acadia parishes compared to Louisiana (see Tables). While the rate of aggravated assault in St. Landry Parish (245.6 per 100,000) is significantly lower than the rate in Louisiana (396.4 per 100,000), it is much higher than the rates in Lafayette Parish, St. Martin Parish, Iberia Parish, Vermilion Parish, and Acadia Parish (see Tables).

Violent Crime Rates, 2016 – Primary Service Area

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

Source: Louisiana Commission on Law Enforcement

Rates are per 100,000 population

Violent Crime Rates, 2016 – Secondary Service Area

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

Source: Louisiana Commission on Law Enforcement

Rates are per 100,000 population

Mortality Indicators

The Institute for Health Metrics and Evaluation publishes life expectancies by county and gender. The life expectancy for males in Lafayette Parish (75.0 years), Vermilion Parish (73.8 years), St. Martin Parish (73.3), and Iberia Parish (73.1) is higher than Louisiana's (73.1 years). The life expectancy is lower for males in Acadia Parish (71.4 years) and St. Landry Parish (71.0 years) when compared to Louisiana (see Tables). The life expectancy for females is also higher in Lafayette Parish, Vermilion Parish, and St. Martin Parish when compared to Louisiana (see Tables). Women in Iberia Parish (77.7 years), Acadia Parish (77.1 years), and St. Landry Parish (77.1 years) have lower life expectancy when compared to women in Louisiana (78.6 years).

According to CDC Wonder 2012-2016, the age-adjusted death rate in Lafayette Parish (782.9 per 100,000 population) and Vermillion Parish (845.3 per 100,000 population) is lower compared to Louisiana (884.1 per 100,000 population), while the age-adjusted death rates St. Martin Parish, Iberia Parish, Acadia Parish, and St. Landry Parish are higher when compared to Louisiana. Notably, the age-adjusted death rate in St. Landry Parish (1,043.4 per 100,000 population) is significantly higher than the rate in Louisiana (see Tables).

Mortality Indicators – Primary Service Area

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

[1] Source: CDC Wonder, 2012-2016

[2] Source: Institute for Health Metrics and Evaluation

Mortality rates are per 100,000 population

Mortality Indicators – Secondary Service Area

	Iberia Parish	Vermilion Parish	Acadia Parish	Louisiana
Age-adjusted mortality from all causes[1]	961.4	845.3	963.7	**884.1**
Male life expectancy, 2014[2]	73.14	73.78	71.4	**73.1**
Female life expectancy, 2014[2]	77.74	79.23	77.1	**78.6**

[1] Source: CDC Wonder, 2012–2016

[2] Source: Institute for Health Metrics and Evaluation

Mortality rates are per 100,000 population

Leading Causes of Death

According to CDC Wonder, heart disease and cancer are the first and second leading causes of death, respectively, in all of the service area parishes as well as the rest of Louisiana. St. Landry Parish (292.7 per 100,000 population) has a significantly higher heart disease rate than the state as a whole (see Tables). The cancer mortality rate in St. Landry Parish is higher than all other parishes and the state rate. Unintentional injuries, chronic lower respiratory disease (CLRD) and stroke are among the top five leading causes of death for St. Landry and Vermilion, parishes and the rest of Louisiana. The stroke mortality rate is higher than the state rate in every parish but Lafayette Parish and is significantly higher in St. Landry and Iberia parishes. Alzheimer's disease is the sixth leading cause of death Louisiana, and the rates in all service area parishes are higher that the state rate. It is important to note that suicide rates in St. Martin Parish (20.1 per 100,000 population) and St. Landry (19.4 per 100,000 population) are significantly higher than the state rate (13.7 per 100,000) (see Tables). Other leading causes of death can be found in the Table below.

Leading Causes of Death, 2012-16 – Primary Service Area

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

Source: CDC Wonder, 2012-2016

Age-Adjusted Death Rates are per 100,000 population

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

* Rate Unreliable or Suppressed

Leading Causes of Death, 2012-16 – Secondary Service Area

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

Source: CDC Wonder, 2012-2016

Age-Adjusted Death Rates are per 100,000 population

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

* Rate Unreliable or Suppressed

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Diabetes Incidence

According to the Centers for Disease Control and Prevention Division of Diabetes Translation, in 2014 the percentage of adults in St. Landry and Iberia parishes aged 20 and older who had been diagnosed with diabetes was 12.3% . Rates in these parishes exceeded the 2015 Louisiana average of 11.8%. However, adults aged 20 and older in Lafayette, St. Martin, Acadia, and Vermillion parishes were less likely to have been diagnosed with diabetes than the state average (see table).

Age-Adjusted Diabetes in Adults Ages 20 and Older, 2014 – Primary Service Area

Age-Adjusted Diabetes in Adults Ages 20 and Older, 2014 – Primary Service Area

	Lafayette Parish	St. Landry Parish	St. Martin Parish	Louisiana
Adults with diagnosed diabetes	10.7%	12.3%	10.7%	**11.8%***

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

* State Level Data 2015

	Iberia Parish	Vermilion Parish	Acadia Parish	Louisiana
Adults with diagnosed diabetes	12.3%	9.7%	10.7%	**11.8%***

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

* State Level Data 2015

Heart Disease Mortality

According to the Centers for Disease Control and Prevention, age adjusted mortality rates for all heart disease per 100,000 adults age 45 to 64 were higher than the rest of Louisiana in St. Landry, Vermilion, Acadia, St. Martin, and Iberia parishes, while Lafayette Parish had a mortality rate lower than the rest of Louisiana (158.5) from 2014 to 2016.

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

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

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

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

Source: Centers for Disease Control and Prevention

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

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

Source: Centers for Disease Control and Prevention

Heart Attack Mortality

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

Within the primary and secondary service areas, Black (Non-Hispanic) adults age 45 to 64 in St. Landry Parish were most likely to die of a heart attack (338.2), although those in St. Martin Parish (159.2) and Acadia Parish (107.2) had mortality rates greater than the rest of Louisiana (53.8). Although Black (Non-Hispanic) adults age 45 to 64 in Lafayette Parish were more likely to have a heart attack than White (Non-Hispanic) adults age 45 to 64, the morbidity rate was higher for White (Non-Hispanic) than for Black (Non-Hispanic) adults (see Tables).

The heart attack morbidity rate for males age 45 to 64 was highest in St. Landry Parish (338.4), although St. Martin and Acadia parishes also had mortality rates greater than the rest of the state (64.1).

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

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

Source: Centers for Disease Control and Prevention

Age-Adjusted Heart Attack Mortality Rates per 100,000 Adults Ages 46 to 64 and Older by Race and Gender, 2014-2016 – Secondary Service Area

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

Source: Centers for Disease Control and Prevention

Hypertension Mortality

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

Males aged 45 to 64 were more likely to die of hypertension (188.3) than Females aged 45 to 64 (97.1) for all of Louisiana.

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

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

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

Source: Centers for Disease Control and Prevention

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

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

Source: Centers for Disease Control and Prevention

Stroke Mortality

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

In every parish in the primary and secondary service areas and throughout the state, adults ages 45 to 64 with Black (Non-Hispanic) race/ethnicity had higher stroke mortality rates than those with White (Non-Hispanic) race/ethnicity (see Tables). For adults ages 45 to 64 with White (Non-Hispanic) race/ethnicity, stroke mortality rates were highest in St. Martin and Acadia parishes, although all parishes in the service areas had lower stroke mortality than the rest of Louisiana (21.7). For adults ages 45 to 64 with Black (Non-Hispanic) race/ethnicity, stroke mortality rates were higher in St. Landry and St. Martin parishes than the rest of Louisiana (58.8).

Males ages 45 to 64 within St. Landry, St. Martin, Iberia and Acadia parishes were more likely than Females ages 45 to 64 to die of a stroke (see Tables). Males age 45 to 64 in St. Landry Parish (52.1) had higher stroke mortality rates than males in the rest of the state (39.7).

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

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

Source: Centers for Disease Control and Prevention

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

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

Source: Centers for Disease Control and Prevention

Cancer Incidence

The National Cancer Institute reports Cancer Incidence Rates on a state and parish level.

- Prostate cancer incidence is higher in Vermillion Parish (179.5 per 100,000 males), St. Landry Parish (164.5 per 100,000 males), St. Martin Parish (158.0 per 100,00 males), and Lafayette Parish (154.5 per 100,00 males) compared to Louisiana (144.4 per 100,000 males).

- Breast cancer incidence rates are higher in Iberia Parish (134.0 per 100,000 females), Lafayette Parish (133.9 per 100,000 females), St. Landry Parish (127.3 per 100,000 females), and Vermilion Parish (126.4 per 100,000 females) compared to females in Louisiana (see Tables).

- Lung and bronchus cancer incidence in St. Landry, Acadia, St. Martin, Iberia, Vermilion and Lafayette parishes was higher compared to the rate in Louisiana (see Tables).

- Colorectal cancer incidence is higher in St. Landry, St. Martin, Iberia, Vermilion, Acadia, and Lafayette parishes compared to Louisiana (see Tables).

- Cervical cancer incidence is higher in Iberia Parish (12.9 per 100,000 females) when compared to Louisiana (8.8 per 100,000 females). However, cervical cancer incidence is lower in Lafayette Parish (8.6 per 100,000 females) and in St. Landry Parish (8.7 per 100,000 females) when compared to Louisiana (see Tables).

- Stomach cancer incidence is lower in Acadia Parish (5.6 per 100,000 population), Iberia Parish (5.8 per 100,000 population), Lafayette Parish (6.3 per 100,000 population), and in Vermilion Parish (6.4 per 100,000 population) compared to Louisiana (7.6 per 100,000 population).

Select Cancer Incidence Rates, 2010 – 2014 – Primary Service Area

	Lafayette Parish	St. Landry Parish	St. Martin Parish	Louisiana	United States
Prostate[1]	154.5	164.5	158.0	**144.4**	**114.8**
Breast (female)[2]	133.9	127.3	111.6	**123.2**	**123.5**
Lung and bronchus[3]	70.6	82.6	77.6	**70.5**	**61.2**
Colon and rectum[3]	50.9	66.8	62.0	**47.8**	**39.8**
Cervical[2]	8.6	8.7	*	**8.8**	**7.6**
Stomach[3]	6.3	8.0	11.4	**7.6**	**6.7**

Source: National Cancer Institute - State Cancer Profiles
[1]Rates are per 100,000 males
[2]Rates are per 100,000 females
[2]Rates are per 100,000 population
* Indicates rate is unstable

Select Cancer Incidence Rates, 2010 – 2014 – Secondary Service Area

	Iberia Parish	Vermilion Parish	Acadia Parish	Louisiana	United States
Prostate[1]	139.0	179.5	138.0	**144.4**	**114.8**
Breast (female)[2]	134.0	126.4	118.9	**123.2**	**123.5**
Lung and bronchus[3]	75.9	74.9	80.4	**70.5**	**61.2**
Colon and rectum[3]	56.2	55.8	55.6	**47.8**	**39.8**
Cervical[2]	12.9	*	*	**8.8**	**7.6**
Stomach[3]	5.8	6.4	5.6	**7.6**	**6.7**

Source: National Cancer Institute - State Cancer Profiles
[1]Rates are per 100,000 males
[2]Rates are per 100,000 females
[2]Rates are per 100,000 population
* Indicates rate is unstable

Cancer Mortality

The National Cancer Institute reports Cancer Mortality Rates on a state and parish level.

- Lung and bronchus cancer mortality is lower in Lafayette Parish (52.2 per 100,000 population) compared to Louisiana (55.5 per 100,000). However, the lung and bronchus cancer mortality rates are higher in Iberia, St. Landry, Acadia, St. Martin, and Vermilion parishes when compared to Louisiana (see Tables).

- Prostate cancer mortality is higher in Acadia Parish (29.8 per 100,000 males) and St. Landry Parish (28.9 per 100,000 males) compared to Louisiana (22.5 per 100,000 males). The prostate cancer mortality rate is lower in Vermilion Parish, St. Martin Parish, Iberia Parish, and Lafayette Parish when compared to Louisiana (see Tables).

- Breast cancer mortality rates are lower in Lafayette Parish (20.7 per 100,000 females) and Vermilion Parish (22.5 per 100,000 females) compared to Lafayette (24.2 per 100,000 females). However, the breast cancer mortality rates are higher in Acadia Parish, Iberia Parish, St. Landry Parish, and St. Martin Parish compared to Louisiana (see Tables).

- Colorectal cancer mortality is higher in St. Landry Parish, Acadia Parish, Iberia Parish, and St. Martin Parish compared to Louisiana (see Tables). The colorectal cancer mortality rates are lower in Vermilion Parish and Lafayette Parish compared to the rate in Louisiana (see Tables).

- Stomach cancer mortality is higher in St. Martin Parish (6.8 per 100,000 population) and in St. Landry Parish (5.8 per 100,000 population) compared to Louisiana (4.1 per 100,000 population). The stomach cancer mortality rate is lower in Lafayette Parish (3.2 per 100,000 population) compared to Louisiana (see Tables).

- Cervical cancer mortality is similar in Lafayette Parish compared to the state of Louisiana (see Tables).

Select Cancer Mortality Rates, 2010 – 2014 – Primary Service Area

	Lafayette Parish	St. Landry Parish	St. Martin Parish	Louisiana	United States
Lung and bronchus[1]	52.2	64.6	60.9	55.1	44.7
Prostate[2]	21.8	28.9	18.7	22.5	20.1
Breast[3]	20.7	26.3	26.1	24.2	21.2
Colon and rectum[1]	15.1	22.3	19.5	17.9	14.8
Stomach[1]	3.2	5.8	6.8	4.1	3.2
Cervical[3]	2.9	*	*	2.9	2.3

Source: National Cancer Institute - State Cancer Profiles
[1]Rates are per 100,000 population
[2]Rates are per 100,000 males
[3]Rates are per 100,000 females
* Indicates rate is unstable

Select Cancer Mortality Rates, 2010 – 2014 – Secondary Service Area

	Iberia Parish	Vermilion Parish	Acadia Parish	Louisiana	United States
Lung and bronchus[1]	65.5	56.6	61.6	55.1	44.7
Prostate[2]	19.5	17.9	29.8	22.5	20.1
Breast[3]	27.7	22.5	29.6	24.2	21.2
Colon and rectum[1]	21.6	15.1	21.9	17.9	14.8
Stomach[1]	*	*	*	4.1	3.2
Cervical[3]	*	*	*	2.9	2.3

Source: National Cancer Institute - State Cancer Profiles
[1]Rates are per 100,000 population
[2]Rates are per 100,000 males
[3]Rates are per 100,000 females
* Indicates rate is unstable

FINAL

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Sexually Transmitted Infections

Reported rates of sexually transmitted infections (STIs) are available by parish through The Louisiana Department of Health and Hospitals. Lafayette, Iberia, and Acadia parishes have substantially lower HIV diagnosis rates (18.0 per 100,000 population,11.0 per 100,000 population, and 10.0 per 100,000, respectively) compared to Louisiana (24.0 per 100,000 population), while St. Landry Parish is slightly higher (25.0 per 100,000 population). The chlamydia rates in Iberia Parish and St. Landry Parish (869.0 per 100,000 population and 757.0 per 100,000 population, respectively) are significantly higher than the state rate (692.0 per 100,000 population), while the rates in Vermilion, Acadia, St. Martin, and Lafayette Parishes are lower than the state rate (see Tables). The gonorrhea rates in Iberia and St. Landry Parishes (338.0 per 100,000 population and 359.0 per 100,000 population, respectively) are higher than Louisiana's (232.2 per 100,000 population), while the rates in Acadia Parish, Vermilion Parish, Lafayette Parish, and St. Martin Parish are lower (see Tables). In Iberia Parish, the primary and secondary syphilis rate is higher than the state rate (see Tables).

Reported Sexually Transmitted Infections, 2014 – Primary Service Area

	Lafayette Parish	St. Landry Parish	St. Martin Parish	Louisiana
HIV diagnosis rate	18.0	25.0	*	24.0
Chlamydia	588.0	757.0	578.0	692.0
Gonorrhea	166.0	359.0	201.0	232.0
Primary and secondary syphilis	10.0	7.2	9.3	14.9

Source: Louisiana Department of Health and Hospitals - 2014 Louisiana STD Annual Report
Rates are per 100,000 population
* Indicates rate is unstable

Reported Sexually Transmitted Infections, 2014 – Secondary Service Area

	Iberia Parish	Vermilion Parish	Acadia Parish	Louisiana
HIV diagnosis rate	11.0	*	10.0	24.0
Chlamydia	869.0	419.0	468.0	692.0
Gonorrhea	338.0	127.0	121.0	232.0
Primary and secondary syphilis	21.6	*	*	14.9

Source: Louisiana Department of Health and Hospitals - 2014 Louisiana STD Annual Report
Rates are per 100,000 population
* Indicates rate is unstable

Obesity

The Behavioral Risk Factor Surveillance System collects data and reports on health-related risk behaviors, chronic health conditions, and use of preventative services. Adults in St. Martin Parish (40.5%), Acadia Parish (37.0%), and Vermilion Parish (36.4%) are more likely to report their BMI being between 25.0 to 30.0 (overweight) as compared to adults statewide (34.5%). Adults in Lafayette Parish, St. Landry Parish, and Iberia Parish are less likely to report being overweight when compared to adults in Louisiana (see Tables).

Adults in St. Landry Parish (39.5%) and Iberia Parish (35.8%) are more likely to report having a BMI above 30.0 (Obese) when compared to adults statewide (34.4%). Adults in St. Martin Parish, Acadia Parish, Vermilion Parish, and Lafayette Parish are less likely to report being obese as compared to adults in Louisiana (see Tables).

Behavioral Risk Factor Surveillance System 2011-2013 – Primary Service Area

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

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

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

Behavioral Risk Factor Surveillance System 2011-2013 – Secondary Service Area

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

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

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

Obesity (continued)

The Behavioral Risk Factor Surveillance System collects data and reports on health-related risk behaviors, chronic health conditions, and use of preventative services. Adults in St. Landry Parish (87.0%), Iberia Parish (84.0%), Acadia Parish (83.3%), St. Martin Parish (82.1%), and Lafayette Parish (81.4%) are more likely to report having inadequate fruit/vegetable consumption as compared to adults in Louisiana (81.1%). Those living in Lafayette, Iberia, St. Landry, Vermilion, St. Martin, and Acadia Parishes are more likely to have access to grocery stores as compared to adults statewide (see Tables).

Adults in Acadia (33.4%), St. Martin (32.4%), St. Landry (30.7%), Iberia (29.4%), and Vermilion (28.8%) Parishes are more likely to report having no physical activity as compared to adults in Louisiana (28.2%), while adults in Lafayette Parish are less likely (25.4%). There are less recreation and fitness facilities in St. Martin Parish (3.83), Vermilion Parish (6.90), and Iberia Parish (8.19) as compared to Louisiana as a whole (9.53). There are more recreation and fitness facilities reported in Lafayette Parish, Acadia Parish, and St. Landry Parish (see Tables).

Behavioral Risk Factor Surveillance System
– Primary Service Area

	Lafayette Parish	St. Landry Parish	St. Martin Parish	Lousiana
Adults with inadequate fruit/vegetable consumption*	81.4%	87.0%	82.1%	**81.1%**
Population with low access to grocery stores	22.9%	16.3%	4.1%	**23.4%**
Adults who report no physical activity	25.4%	30.7%	32.4%	**28.2%**
Number of recreation and fitness facilities	16.25	9.59	3.83	**9.53**

*Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System 2005-2009
US Department of Agriculture Food Environment Atlas 2015
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion 2013
US Census Bureau and Center for Applied Research and Engagement Systems (CARES), 2015

Behavioral Risk Factor Surveillance System
– Secondary Service Area

	Iberia Parish	Vermilion Parish	Acadia Parish	Lousiana
Adults with inadequate fruit/vegetable consumption*	84.0%	79.3%	83.3%	**81.1%**
Population with low access to grocery stores	19.3%	6.3%	1.8%	**23.4%**
Adults who report no physical activity	29.4%	28.8%	33.4%	**28.2%**
Number of recreation and fitness facilities	8.19	6.90	11.33	**9.53**

*Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System 2005-2009
US Department of Agriculture Food Environment Atlas 2015
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion 2013
US Census Bureau and Center for Applied Research and Engagement Systems (CARES), 2015

Maternal and Child Health

The Louisiana State Center for Health Statistics contains data on maternal and child health indicators. The birth rates in St. Landry Parish (15.4 per 1,000 population), Iberia Parish (15.3 per 1,000 population), St. Martin Parish (14.8 per 1,000 population), Lafayette Parish (14.6 per 1,000 population), Vermilion Parish (14.3 per 1,000 population), and Acadia Parish (14.3 per 1,000 population) are higher than Louisiana's (13.8 per 1,000 population). The teen birth rate in St. Landry (52.2 per 1,000 women aged 15-19 years), Iberia (48.7 per 1,000 women aged 15-19 years), Acadia (48.4 per 1,000 women aged 15-19 years), and Vermilion (38.7 per 1,000 women aged 15-19 years) parishes are much higher than the state rate (35.5 per 1,000 women aged 15-19 years). Infant mortality rates in Acadia, Iberia, St. Landry, St. Martin, Vermilion, and Lafayette parishes are similar or lower than the rate in Louisiana (see Tables).

The percentages of very low birthweight births in Iberia Parish (12.2%), Vermilion Parish (11.5%), and St. Landry Parish (11.0%) are higher than the percentage statewide (10.5%), whereas the percentage in Lafayette Parish, St, Martin Parish and Acadia Parish are lower (see Tables). Preterm births are more likely to occur in Vermilion Parish and Iberia Parish (13.2% and 12.7%, respectively) when compared to Louisiana (12.3%). St. Landry Parish, St. Martin Parish, Lafayette Parish, and Acadia Parish are less likely to have preterm births when compared to the state (see Tables).

Births and Infant Deaths, 2010–2014 – Primary Service Area

	Lafayette Parish	St. Landry Parish	St. Martin Parish	Louisiana
Birth rate (per 1,000 population), 2014[1]	14.6%	15.4%	14.8%	**13.8%**
Teen birth rate (per 1,000 women aged 15–19 years), 2014	29.2%	52.2%	43.5%	**35.5%**
Infant mortality rate (per 1,000 births), 2010–2014[2]	6.2%	7.9%	6.9%	**8.1%**
Low birth-weight[2]	8.8%	11.0%	8.6%	**10.5%**
Preterm births[2]	10.8%	12.0%	10.9%	**12.3%**

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

Births and Infant Deaths, 2010–2014 – Secondary Service Area

	Iberia Parish	Vermilion Parish	Acadia Parish	Louisiana
Birth rate (per 1,000 population), 2014[1]	15.3%	14.3%	14.3%	**13.8%**
Teen birth rate (per 1,000 women aged 15–19 years), 2014	48.7%	38.7%	48.4%	**35.5%**
Infant mortality rate (per 1,000 births), 2010–2014[2]	8.0%	6.3%	8.1%	**8.1%**
Low birth-weight[2]	12.2%	11.5%	7.9%	**10.5%**
Preterm births[2]	12.7%	13.2%	10.3%	**12.3%**

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

Access to Care

According to the ACS 2012–2016 estimates, residents of Vermilion, Lafayette, St. Martin, St. Landry, Iberia, and Acadia parishes are as likely or more than likely to have health insurance coverage when compared to Louisiana (see Tables).

Private insurance coverage is as common or more common among residents of Lafayette, St. Martin, Vermilion, Iberia, St. Landry, and Acadia parishes when compared to the state as a whole (see Tables).

The percentage of the population receiving Medicaid is higher in Acadia Parish (29.9%), Iberia Parish (29.4%), St. Martin Parish (28.1%), St. Landry Parish (27.7%), and Vermilion Parish (27.1%) than among all Louisiana residents (26.2%). The percentage of the population receiving Medicaid is lower in Lafayette Parish (19.4%) than the state rate (see Tables).

Residents in Vermilion Parish, Lafayette Parish, St. Martin Parish, St. Landry Parish, Iberia Parish and Acadia Parish are as likely or less than likely to be uninsured when compared to residents statewide (see Tables). Children in St. Landry Parish (5.6%) are more likely to be uninsured when compared to children statewide (see Tables).

Health Insurance Coverage, 2012-16 – Primary Service Area

	Lafayette Parish	St. Landry Parish	St. Martin Parish	Louisiana
Health insurance coverage	86.6%	85.9%	86.4%	**84.4%**
Private insurance	67.9%	57.0%	61.1%	**56.6%**
Population receiving Medicaid	19.4%	27.7%	28.1%	**26.2%**
No health insurance coverage	13.4%	14.1%	13.6%	**15.6%**
No health insurance coverage (children)	3.7%	5.6%	2.8%	**4.3%**

Source: US Census, ACS 2012-2016

Health Insurance Coverage, 2012-16 – Secondary Service Area

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

Source: US Census, ACS 2012-2016

Health Behaviors

The County Health Rankings provides a snapshot of reported health behaviors. Residents in St. Landry Parish (26.0%), Iberia Parish (22.0%), and Acadia Parish (22.0%) are more likely to report poor or fair health as compared to residents statewide (21.0%). Residents in Lafayette Parish (18.0%) and in Vermilion Parish (18.0%) are less likely to report poor or fair health compared to Louisiana (21.0%).

Residents in St. Landry Parish (25.0%) are more likely to report being a smoker when compared to residents statewide, whereas residents in Lafayette Parish, St. Martin Parish, Acadia Parish, Vermilion Parish, and Iberia Parish are less likely to report being a smoker (see Tables).

Residents in Acadia Parish (38.0%), Iberia Parish (34.0%), St. Landry Parish (34.0%), Vermilion Parish (33.0%), and St. Martin Parish (31.0%) are more likely to report physical inactivity than residents statewide (see Tables). Residents in Lafayette Parish are less likely to report physical inactivity than residents in Louisiana (see Tables).

Residents in Lafayette Parish (20.0%), St. Martin Parish (19.0%), Vermilion Parish (19.0%), and Acadia Parish (19.0%) are more likely to report excessive drinking than residents in Louisiana (18.0%), while residents in Iberia Parish (17.0%) and St. Landry Parish (16.0%) are less likely when compared to residents statewide.

Residents in St. Landry Parish (42.0%) are significantly more likely to report being obese when compared to residents in Louisiana (34.0%). Residents in Iberia Parish (38.0%) and St. Martin Parish (35.0%) are more likely to report being obese when compared to residents statewide (see Tables).

Health Behaviors – Primary Service Area

	Lafayette Parish	St. Landry Parish	St. Martin Parish	Louisiana
Poor or fair health, 2014	18.0%	26.0%	21.0%	**21.0%**
Adult smokers, 2014	23.0%	25.0%	23.0%	**24.0%**
Physical inactivity, 2012	26.0%	34.0%	31.0%	**30.0%**
Excessive drinking, 2014	20.0%	16.0%	19.0%	**18.0%**
Adult obesity, 2012	29.0%	42.0%	35.0%	**34.0%**

Source: County Health Rankings & Roadmaps, 2016

Health Behaviors – Secondary Service Area

	Iberia Parish	Vermilion Parish	Acadia Parish	Louisiana
Poor or fair health, 2014	22.0%	18.0%	22.0%	**21.0%**
Adult smokers, 2014	22.0%	22.0%	23.0%	**24.0%**
Physical inactivity, 2012	34.0%	33.0%	38.0%	**30.0%**
Excessive drinking, 2014	17.0%	19.0%	19.0%	**18.0%**
Adult obesity, 2012	38.0%	32.0%	32.0%	**34.0%**

Source: County Health Rankings & Roadmaps, 2016

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.

Community Leader Interviews

Interview Methodology

Sixteen phone interviews were conducted from April 13 through May 17, 2018. Interviews required approximately 30 minutes to complete. Interviewers followed the same process for each interview, which included documenting the interviewee's expertise and experience related to the community. Additionally, the following community-focused questions were used as the basis for discussion:

- Interviewee's name

- Interviewee's title

- Interviewee's organization

- Overview information about the interviewee's organization

- What are the top three strengths of the community?

- What are the top three health concerns of the community?

- What are the health assets and resources available in the community?

- What are the health assets or resources that the community lacks?

- What are the barriers to obtaining health services in the community?

- What is the single most important thing that could be done to improve the health in the community?

- That other information can be provided about the community that has not already been discussed?

Community leaders described Acadiana's characteristic social connectedness as an asset. Leaders also noted a recent increase in focus on population health outcomes and chronic disease prevention throughout the region. Healthcare organizations in the area have invested in primary care resources such as patient navigation to assist individuals in accessing health care services. Clinical services identified as strengths include: primary care for older adults, coordinated care for HIV positive patients, oncology, critical care, audiology, and pharmacy services. Midlevel providers were also identified as an asset to the community. However, many expressed concern over extended wait times to see specialists.

Louisiana's expansion of Medicaid program coverage has led to an increased number of individuals with health insurance throughout the region. However, many community leaders articulated concerns over the number of primary care and specialty care providers who accept Medicaid. Besides a lack of timely access to care , concerns regarding the affordability of healthcare services were voiced. In addition to individuals with income below the Federal Poverty Level, leaders identified concerned for those with income above the FPL who may be unable to sustain large unexpected expenses like medical bills or lost wages due to poor health. The "working poor" or Asset-Limited, Income-Constrained and Employed (ALICE) population was described as needing additional assistance in accessing services and navigating the healthcare system. Community leaders identified a need to address poverty before individual health behaviors can be influenced.

Community leaders expressed that the social connectedness throughout the region includes a shared love of Cajun cuisine. Locals gather around meals and enjoy cooking for one another. Along with this cultural attitude towards food, many share the perception that conditions like diabetes, obesity, or hypertension are "fate" and cannot be prevented. Simultaneously, vulnerable populations within the region struggle with food insecurity and a lack of affordable, healthy options.

Physical activity was also expressed as a concern by many community leaders. Older adults in the region possess a perception that exercise must be strenuous to be effective. Community leaders also mentioned a need for non-competitive physical activities that promote movement for school-aged children. Additionally, many leaders identified a lack of equitable access to public parks and recreational activities for low-income individuals or those in rural areas.

Substance abuse was identified as a major concern throughout Acadiana. Community leaders specifically mentioned the need to decrease the widespread misuse of tobacco, alcohol, opiates, and prescription medications to improve population health outcomes. Other clinical areas of concern acknowledged by community leaders include: dental care, mental health and behavioral health, infectious disease, endocrinology, hematology, gynecologic oncology, pediatric surgery, neurosurgery, and pediatric orthopedics. Multiple leaders mentioned a lack of urgent care facilities serving Medicaid patients or the uninsured, which has led to inappropriate emergency department usage.

Leaders described the need for additional patient navigation programs throughout Acadiana to increase awareness of existing health resources and community-based organizations. Many perceived that community-based organizations and public health programs continue to work in "silos" and that resource sharing would increase their reach and effectiveness. Medicaid Managed Care organizations were identified as a potential means of improving both patient navigation and care coordination for vulnerable individuals.

Many community leaders emphasized a high demand for mental health services in the region and shared a perception that there are too few inpatient psychiatric beds and psychiatric providers throughout the state. Outpatient services such as family counseling and behavioral health therapies for children were also mentioned as needed resources.

One interviewee referenced the health disparities in infant mortality and low birthweight statistics and expressed a desire for additional resources to aid new mothers, citing Nurse Family Partnership as an example. Another community leader indicated a lack of resources for low-income young children who have not yet entered the school system. Adolescents were identified as at-risk of abstaining from preventative care. Older adults were also referred to as a vulnerable population within Acadiana. Leaders mentioned that this population would be greatly impacted by proposed funding cuts for Medicare nursing home beds and senior centers. Concerns were also voiced regarding the affordability of durable medical equipment, prescriptions, and therapies for the Medicare population.

Transportation was frequently mentioned by community leaders as a significant barrier to receiving health services for many individuals throughout Acadiana. Leaders noted that the shuttles or transportation options available could be unreliable and that the public bus system that runs through Lafayette was not far reaching enough to assist individuals in other parishes.

Community Leader Interview Summary (continued)

Financial barriers to obtaining care were highlighted by many community leaders. Facilities often refuse to complete elective procedures if they are not able to obtain proof of insurance or payment up-front. Care coordinators were identified as supportive advocates for self-pay individuals, or those who are un- or under-insured.

Low levels of health literacy and a lack of patient education causes strain on local healthcare organizations and leads to poor health outcomes for individuals throughout Acadiana. Community leaders described how many patients are readmitted due to non-compliance stemming from a lack of understanding about their disease state. One leader emphasized that patients may not be able to successfully advocate for their own health if they are not properly educated. Some members of the community are hesitant to obtain preventative health screenings due to a belief that "god will take care of them" while others do not understand the function of a primary care provider and will wait to seek care until an emergency arises.

Community leaders seek improved health education across the region. Many felt that it is important for physicians and other healthcare providers to be allotted additional time in consultations with vulnerable patients. Education efforts should focus on promoting healthy behaviors, managing chronic disease, and improving health literacy. Examples of desired education initiatives included cookbooks and cooking classes demonstrating healthy Cajun recipes, a model for chronic disease management clinics, non-conventional exercise classes, group patient education sessions, and community health worker programs.

Community Health Priorities

The overarching goal in conducting this Community Health Needs Assessment is to identify significant health needs of the community, prioritize those health needs, and identify potential measures and resources available to address the health needs. For the purpose of identifying health needs for UHC, a health priority is defined as a medical condition or factor that is central to the state of health of the residents in the community. An exhaustive list of health needs was compiled based on the health profile and interviews. A modified version of Fowler and Dannenberg's Revised Decision Matrix was developed to capture priorities from the primary and secondary data. This matrix tool is used in health program planning intervention strategies, and uses a ranking system of "high," "medium" and "low" to distinguish the strongest options based on effectiveness, efficiency, and sustainability. As the CHNA is meant to identify the community's most significant health needs, only the health needs falling under the "high" and "medium" categories are highlighted.

UHC executives reviewed the primary and secondary data compiled and selected the priority health needs based on capacity to meet the needs identified. The seven health priorities identified through the CHNA are: heart disease, access to care, nutrition & physical activity, health literacy and cancer.

Heart Disease

- Heart disease is the leading cause of death in all six of the parishes that make up the primary and secondary service areas. It is also the leading cause of death in all of Louisiana.
- The mortality rate for heart disease is significantly higher in St. Landry and Vermilion Parishes as compared to the rest of the service area and state.
- The heart disease mortality rates are highest among men in St. Landry Parish.
- Heart disease incidence rates are higher than the state rate in St. Landry Parish, Vermilion Parish, and Acadia Parish.
- Rates for heart disease are higher in all six parishes for Black (Non-Hispanic) individuals as compared to the incidence rates statewide.
- Males in St. Landry Parish, Acadia Parish, and Vermilion Parish are significantly more likely to have heart disease as compared to males in Louisiana.
- Heart attack incidence rates are higher in St. Landry Parish, St. Martin Parish, and Acadia Parish as compared to the other parishes and the state.
- Mortality rates for heart attack are also higher in St. Landry Parish, St. Martin Parish, and Acadia Parish as compared to the other parishes and the state, with Black individuals in St. Landry being the most likely to have significantly higher rates of heart attack mortality.

Access to Care

- Iberia and Acadia parishes had the highest number of individuals with no health insurance coverage within the service areas.
- Individuals residing in St. Landry, St. Martin, Vermilion, Iberia, and Acadia parishes were more likely to receive Medicaid than those in the rest of Louisiana.
- Community leaders indicated that a lack of providers accepting Medicaid leads to decreased access to care for the Medicaid population.
- Multiple Community Leaders mentioned a lack of urgent care facilities serving Medicaid patients or the uninsured.
- During Community Leader interviews, the "working poor" or Asset-Limited, Income-Constrained, and Employed (ALICE) population was described as needing additional assistance in accessing services and navigating the healthcare system.
- Residents of Acadia, Iberia, and St. Landry parishes were more likely to live in poverty than those in the rest of Louisiana.
- Transportation was frequently mentioned by community leaders as a significant barrier to receiving health services for many individuals throughout Acadiana.
- Households in Iberia and St. Landry parishes are less likely to have access to a motor vehicle than the rest of Louisiana.
- Community leaders emphasized a high demand for mental health services in the region and shared a perception that there are too few inpatient psychiatric beds and psychiatric providers throughout the state.
- Access to mental health care is lower for parishes in the service areas than the rest of Louisiana.

Nutrition & Physical Activity

- Adults in St. Martin, Acadia, and Vermilion parishes were more likely to report their BMI being in the overweight range compared to adults statewide.
- St. Landry Parish and Iberia Parish adults were more likely to report being obese compared to adults in Louisiana.
- Adults in St. Landry, Iberia, Acadia, St. Martin, and Lafayette parishes are more likely to report having inadequate fruit/vegetable consumption as compared to adults in Louisiana.
- St. Landry Parish and Iberia Parish adults were more likely than adults in the rest of Louisiana to have been diagnosed with diabetes.
- Healthy eating and nutrition education were frequently mentioned by community leaders as a public health priority.
- Residents in Acadia, Iberia, St. Landry, Vermilion, and St. Martin parishes are more likely to report physical inactivity than residents statewide.
- Community leaders mentioned a need for non-competitive physical activities that promote movement for school-aged children.
- Interviewees also identified a lack of equitable access to public parks and recreational activities for low-income individuals or those in rural areas throughout Acadiana.

Health Literacy

Health Literacy is defined as "*the ability to obtain, process, and understand basic health information and services to make appropriate health decisions*" by the Department of Health and Human Services.

- Adults who self-report the worst health have limited literacy, numeracy, and health literacy.
- Residents in St. Martin, Iberia, Vermilion, St. Landry, and Acadia parishes were less likely to have graduated from high school than those in the rest of Louisiana.
- Uninsured, Medicaid or Medicare populations, and older adults are more likely to have basic or below basic health literacy.
- Community leaders stressed the importance of patient navigation and care coordination for the Medicaid population as a means to help newly enrolled Medicaid clients understand how to utilize primary care services.
- Interviewees also described how many patients are readmitted due to non-compliance stemming from a lack of understanding about their disease state.
- Community leaders expressed concern over the amount of time physicians are able to spend with patients. Many felt that those with low health literacy did not participate in preventative health care services and screenings and were not well equipped to manage their own chronic conditions.

Cancer

- Cancer is the second leading cause of death within the primary and secondary service areas.
- Lung cancer mortality was higher in five service area parishes compared to the rest of Louisiana.
- Breast cancer mortality was higher in four service area parishes compared to the rest of Louisiana.
- Colon and rectal cancer mortality was higher in four service area parishes compared to the rest of Louisiana.
- Community leaders expressed concern over a lack of cancer screening or early intervention amongst older adults or those with lower levels of health literacy.
- Females in Iberia, St. Landry, St. Martin, and Vermilion parishes were less likely to receive mammograms than those in the rest of Louisiana.
- Adults in all service area parishes were less likely to receive a sigmoidoscopy or colonoscopy screening than those in the rest of Louisiana.

Resources

<u>Heart Disease</u>

UHC has adopted a CMS quality metric related to control of hypertension in admitted patients. The hospital also utilizes Electronic Medical Record (EMR) health maintenance tools and registries to monitor heart disease risk factors and disease indicators. Administration is able to create provider scorecards utilizing this data.

UHC's congestive heart failure clinic was mentioned as a community strength by interviewees. Additionally, the hospital maintains a strong partnership with the Cardiovascular Institute of the South, who continues to promote smoking cessation throughout the Acadiana region.

Cardiac Health Education classes, the WomenHeart of Acadiana Support Group meetings, and Acadiana Stroke Support Group meetings are held monthly at LGMC.

Access to Care

UHC provides charity care to individuals who meet financial eligibility requirements. The hospital is committed to providing high quality inpatient and outpatient care to all community members, including the uninsured and under-insured. UHC employs dedicated Medicaid Enrollment Specialists to assist new enrollees in accessing primary care and preventive services. In addition to dedicated Medicaid appointments and case management, the hospital is actively recruiting providers to serve the Medicaid population in Acadiana.

Lafayette General Health provides urgent care at three centers throughout Acadiana and is striving to increase extended hours at the centers. St. Martin Hospital recently opened a new Medicaid clinic at the St. Martin Hospital Specialty Center and in 2017 UHC opened an Urgent Care Clinic on West Congress Street that also accepts Medicaid. UHC's outpatient pharmacy and prescription discount programs were mentioned as a strength by community leaders as they improve compliance for lower-income, uninsured, and underinsured populations.

Within the primary and secondary service areas there are multiple Federally Qualified Health Centers (FQHC). The centers function as medical homes offering high quality, affordable primary care, and preventive health care services. Additionally, community-based organizations including the United Way of Acadiana, Southwest Louisiana Area Health Education Center, and local Councils on Aging provide direct services and patient navigation to low-income individuals and families. The Louisiana Department of Health has multiple health department locations throughout Acadiana. These facilities provide direct care, care coordination, and health education.

Through a partnership with Compass Health, UHC offers the only hospital-based inpatient medical detox program in the area and also provides inpatient psychiatric care using telemedicine.

Resources (continued)

<u>Nutrition & Physical Activity</u>

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

In addition to local farmers markets throughout Acadiana, UHC hosts a regular market for staff and patients to purchase local fresh fruits and vegetables. The hospital also hosts health fairs to promote healthy eating and physical activity and the management of chronic illnesses.

The Eat Fit Acadiana program encourages local restaurants to designate menu items that meet certain nutritional criteria. The program includes an app where locals can browse dishes at participating restaurants and find recipes and community wellness resources.

Local Louisiana WIC offices provide nutrition counseling and access to healthcare services for low-income women, infants, and children. The Lafayette Council on Aging offers nutrition education courses, a Home-Delivered Meal Program, and Congregate Meal Program for adults over age 60.

Resources (continued)

Health Literacy

The Department of Health and Human Services defines health literacy as "the ability to obtain, process, and understand basic health information and services to make appropriate health decisions."

UHC patients can access a breadth of health education resources through the online patient portal system. The patient portal enables providers to answer questions and converse with their patients outside of scheduled visits. The Health Loop text message notification system will further enable UHC's providers to communicate with patients before and after procedures to improve outcomes.

As previously mentioned, UHC hosts community health fairs and employs dedicated Medicaid Enrollment Specialists to assist new enrollees in accessing primary care and preventive services. Many case management and patient navigation services are available from UHC as well as clinical providers and public health organizations throughout Acadiana.

UHC has a multitude of provider education resources available for physicians and other healthcare professionals through a medical library. The hospital plans to incorporate health literacy trainings into the medical library in order to encourage providers to tailor clinical education to a given patient's level of health literacy.

Cancer

The UHC Oncology clinic and infusion center allows low-income patients to seek cancer care close to home. Additionally, LGH's Cancer Center of Acadiana provides needed cancer screenings and treatments to those living in the primary and secondary service areas.

UHC provides quality breast exams, mammograms, ultrasounds, pelvic exams, pap smears, and cervical and breast biopsies at no cost for low-income, uninsured, or under-insured women. Komen Acadiana regularly awards local grants to support breast cancer screenings, patient education, and patient navigation services for Medicaid and Medicare patients within the community. In addition to a number of other free or low-cost cancer screening programs, UHC provides a diagnostic patient navigation program that includes follow up after a cancer screening.

In 2017 UHC conducted a study of colorectal cancer in the Acadiana region and continues to allocate resources to understanding the high incidence rates throughout the area. Similarly, a population-based cohort study of primary liver cancer was conducted at UHC.

Community leaders indicated that the Miles Perret Cancer Services facilities and Mobile Miles program are a strength of the community. The campaign and webpage www.quitwithusla.org provides all residents of Louisiana access to tobacco cessation support. UHC has a designated tobacco cessation support staff member that connects providers with regional and state-level resources.

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Carnahan Group Qualifications

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Appendix B

Community Leader Interview Organizations

Organization	Area Represented
Lafayette General Health	Hospital Leadership and Medical Professionals
LSU Health New Orleans School of Medicine Lafayette Medical Education	Medical Professionals
Southwest Louisiana Area Health Education Center	Public Health Organization
United Way of Acadiana	Public Service Organization
Lafayette Council on Aging	Medically Underserved and Low-Income Populations
Louisiana Department of Health, Region 4 Office of Public Health	Public Health Organization
Komen Acadiana	Public Service Organization

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