2024
JOINT COMMUNITY HEALTH NEEDS ASSESSMENT

United Way of Acadiana
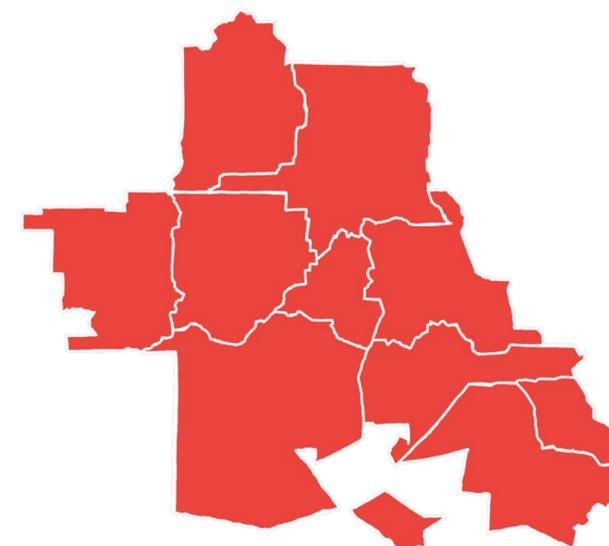
Ochsner Health

Our Lady of Lourdes Health

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Executive Summary

Ochsner Lafayette General, Our Lady of Lourdes, and United Way of Acadiana are pleased to present the **2024 Joint Community Health Needs Assessmen**t to the community. This joint effort represents the 12 institutions represented by Ochsner Health and Our Lady of Lourdes Health in a 9-parish region of Acadiana as well as the input and efforts of United Way of Acadiana, one of the leading social service agencies in the region.

Six of these health priorities are medical conditions requiring medical treatment and rely primarily on healthcare services. Other priorities are root causes of health conditions that may rely on community programs and policy changes. To best address all conditions, it is recommended to use a social determinants of health framework in the creation of the community health implementation plan.

The institutions represented by this report are motivated by the spirit of cooperation evidenced in this assessment process, the needs identified and exacerbated by the COVID-19 pandemic, and the opportunity to build a stronger community by uniting to identify and address community health needs.

Following months of interviews, a focus group and data compilation, the team recognizes the following community health priorities as part of this assessment process:

1. **Crime and Violence**
2. **Heart Disease**
3. **Weight Status and Nutrition (Obesity)**
4. **Cancer**
5. **Access to Healthcare**
6. **Substance Abuse/Addiction**
7. **Health Disparities**
8. **Pulmonary/ Respiratory**
9. **Mental/Behavioral Health**
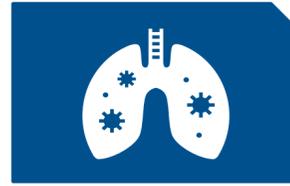10. **Diabetes**

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Facilities Profile

This assessment covers 12 facilities operated by Ochsner Health and Our Lady of Lourdes Health in the Acadiana region.

Our Mission
We serve, heal, lead, educate and innovate

Our Vision
Inspiring healthier lives and stronger communities

Ochsner Health will seek to address the following health priorities for the 9-parishes:

Access to Healthcare	Heart Disease
Cancer	Mental/ Behavioral Health
Diabetes	Substance Abuse/Addiction
Health Disparities	

Ochsner Lafayette General Medical Center

Ochsner Lafayette General Medical Center (OLGMC) is an acute care facility located at 1214 Coolidge St., Lafayette, La. 70503, and is part of the Ochsner Lafayette General system. OLGMC has a total of 525 beds under its current license, which is inclusive of 423 beds at their main campus, 24 beds at their Behavioral Health Unit, 10 beds at the Ochsner Lafayette General Surgical Hospital campus and 68 beds at the Ochsner Lafayette General Orthopedic Hospital.

Ochsner Abrom Kaplan Memorial Hospital

Ochsner Abrom Kaplan Memorial Hospital (OAKMH), part of the Ochsner Lafayette General system, is a full-service hospital in the "Gateway to Acadiana's Wetlands" with 35 licensed beds and a staffed 24-hour Emergency Department. Since 2002, OAKMH and Orchsner Lafayette General's alliance has strengthened the quality of healthcare being delivered to residents of Vermilion Parish and beyond.

Ochsner American Legion Hospital

Ochsner American Legion Hospital is a 49-bed, nonprofit hospital offering state of the art medical care without the hassle of extensive travel. Located in Jennings, La., Ochsner American Legion Hospital offers a wide range of inpatient and outpatient services including cardiology, OBGYN services, surgical care and emergency department. In response to community need, the membership of James O. Hall Post 19 American Legion committed to establishing a hospital, which was ultimately dedicated and operational in December 1960. The hospital continues its commitment to patients though a mission-driven culture of excellence.

Ochsner University Hospital & Clinics

Ochsner University Hospital & Clinics (OUHC), located in Lafayette, La., 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 underinsured. OUHC 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.

Ochsner Acadia General Hospital

Ochsner Acadia General Hospital (OAGH) is an acute care facility located at 1305 Crowley Rayne Hwy., Crowley, La. 70526. It is one of eight hospitals within the Ochsner Lafayette General system with 113 licensed beds. Ochsner Acadia General Hospital provides acute medical and surgical care, gynecology, pediatrics, orthopedics, otolaryngology, cardiac, nephrology, ophthalmology, oncology, emergency services, vein therapy, wound care and hyperbaric medicine

Ochsner St. Martin Hospital

Ochsner St. Martin Hospital (OSMH) is located at 210 Champagne Blvd., Breaux Bridge, La. 70517. OSMH is a critical access hospital maintaining 25 inpatient acute beds and a skilled nursing rehabilitation unit as well as a staffed 24-hour emergency room. As a nonprofit hospital, OSMH is committed to helping patients who need help paying their hospital bills. The hospital features the only emergency room available in all of St. Martin Parish. As an alternative to the ER, OSMH offers primary care through its walk-in community health clinic

Ochsner Lafayette General Orthopedic Hospital

As the region's only hospital dedicated to orthopedics, Ochsner Lafayette General Orthopedic Hospital is committed to providing patients with a comprehensive understanding of their joint pain and offering a range of treatment options. Serving as an extension of Ochsner Lafayette General Medical Center, this full-service hospital delivers high-quality orthopedic care to the community. From preoperative services to post-surgery needs, Ochsner Lafayette General Orthopedic Hospital helps patients achieve the highest quality of life with minimal risk. The hospital offers a variety of orthopedic treatments and services, including sports medicine, outpatient diagnostics, a 24-hour emergency department, and inpatient physical therapy. Their specialists provide surgical, diagnostic and rehabilitation services to enhance healing and keep patients active.

Ochsner Lafayette General Orthopedic Hospital

Ochsner Lafayette General Surgical Hospital, part of the Ochsner Lafayette General family for over 15 years, is an 18,500-square-foot facility with 10 inpatient rooms and four operating rooms. Performing nearly 8,000 surgeries annually, the hospital focuses on critical patients and procedures. Known for exceptional patient experience, it ranks in the 99th percentile for patient satisfaction. The hospital offers advanced technology and innovative procedures to ensure the best outcomes across many specialties and subspecialties.

Mission
Inspired by the vision of St. Francis of Assisi and the tradition of the Roman Catholic Church, we extend the healing ministry of Jesus Christ to God's people, especially those most in need. We call forth all who serve in this healthcare ministry to share their gifts and talents to create a *Spirit of Healing* — with reverence and love for all of life, with joyfulness of spirit, and with humility and justice for all those entrusted to our care.

Vision
Our vision is to make a significant difference in our communities through Catholic health services. God's help, a healing and spiritual presence for each other and for the communities we are privileged to serve.

Our Lady of Lourdes Health will seek to address the following health priorities for the 9-parishes. These key health priorities are listed in priority order:

1. Access to Healthcare
2. Mental/Behavioral Health
3. Health Disparities
4. Cancer
5. Diabetes
6. Heart Disease

Our Lady of Lourdes Regional Medical Center (OLOL)

Our Lady of Lourdes Regional Medical Center (OLOL) is an acute care facility located at 4801 Ambassador Caffery Pkwy., Lafayette, La. 70508. It is a wholly owned subsidiary of the Franciscan Missionaries of Our Lady Health System, which is the largest locally-owned, not-for-profit health system in Louisiana. At OLOL, there are 200 licensed beds.

Our Lady of Lourdes Women's and Children's Hospital (WCH)

Our Lady of Lourdes Women's & Children's Hospital (WCH) is an acute care facility with 110 licensed beds, 45 non-licensed as bassinets nursery, and 51 licensed beds for the NICU. They are located at 4600 Ambassador Caffery Pkwy., Lafayette, La. 70508, focused on the unique healthcare needs of Acadiana's women and children.

Our Lady of Lourdes Heart Hospital (HH)

Our Lady of Lourdes Heart Hospital (HH) is located at 1105 Kaliste Saloom Road, Lafayette, La. 70508. It provides heart disease care and features a 24/7 Heart Emergency Center. At HH, there are 32 licensed beds.

Park Place Surgical Hospital (PPSH)

Park Place Surgical Hospital (PPSH) is located at 4811 Ambassador Caffery Pkwy., Lafayette, La. 70508, adjacent to OLOL. The facility is an outpatient surgery center with 10 licensed beds. OLOL owns 45% of PPSH.

UWA's Profile

This portion describes United Way of Acadiana (UWA) and contributions to the

Acadiana Region.

Please refer to <u>appendix A</u>, for more information on UWA's credentials.

United Way of Acadiana is committed to serving Acadia, Iberia, Lafayette, St. Martin, and Vermilion parishes.

United Way fights for the health, education and financial stability of every person in every community. We envision a world where all individuals and families achieve their human potential.

Advancing the common good is less about helping one person at a time and more about changing systems to help all of us. We are all connected and interdependent.

CHNA Partners

This portion gives a brief introduction on our 2024 partners.

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Background and Process

This section describes the process and partners involved in the production of this report.

Background and Requirements

In February 2021, Ochsner Lafayette General (OLG) and Our Lady of Lourdes (OLOL) contracted with United Way of Acadiana (UWA) to conduct a Community Health Needs Assessment (CHNA) as required by the Patient Protection and Affordable Care Act (PPACA). Please refer to Appendix A for more information about United Way of Acadiana.

The PPACA, enacted on March 23, 2010, required not-for-profit hospital organizations to conduct a CHNA once every three taxable years that meets the requirement 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 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 OLG and OLOL that addresses the community health needs will be developed and implemented within six months of the adoption of this report.

Under the stipulations of the Patient Protection and Affordable Care Act of 2010 (ACA), tax-exempt hospitals are mandated to develop a Community Health Needs Assessment (CHNA) triennially. This CHNA was formulated in collaboration with various community stakeholders.

The CHNA process encompasses several key requirements:

- Delineation of the community served by the hospital.
- Evaluation of the health needs of the identified community.
- Solicitation and incorporation of input from individuals representing a broad spectrum of community interests, particularly those possessing specialized knowledge or expertise in public health.
- Documentation of the CHNA in a written report, which is subsequently adopted for the hospital facility by an authorized governing body.
- Dissemination of the CHNA report to the public, ensuring wide accessibility.

In the case of OLOL and OLG, facilities decided to adopt a unified CHNA. This necessitated extensive collaboration among the hospitals and stakeholders, underscoring the integral role of cooperative efforts in the CHNA process.

Source: IRS

Process and Strategy

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

Data collection begins

Focus groups

Community interviews and survey

Prioritization and report creation
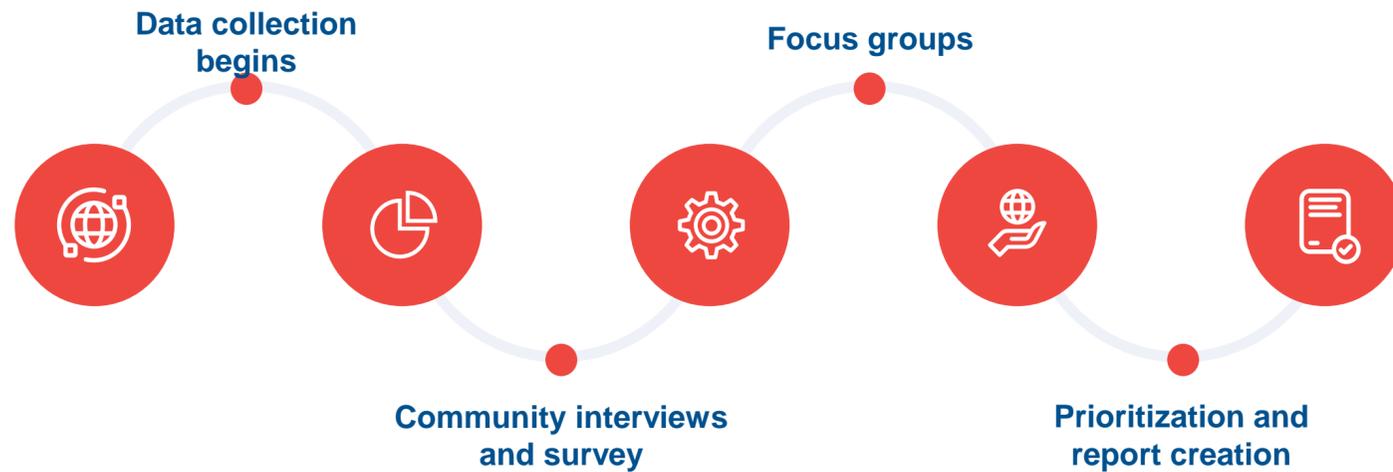
The Community Health Needs Assessment process involved significant professional and community input.

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

Consultation or input from other persons located in and/or serving OLG and OLOL'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 OLG and OLOL's CHNA are provided in the References and Appendix B. Information was gathered by conducting interviews with individuals representing community health and public service organizations, medical professionals, hospital administration and other hospital staff members.

Data Collection

A variety of data sources were used to gather demographic and health indicators for the community served by OLG and OLOL.

Commonly used data sources include, but are not limited to, the Louisiana State Health Assessment, County Health Rankings, the US Census Bureau, and the Centers for Disease Control and Prevention (CDC).

Acadia Parish, Evangeline Parish, Iberia Parish, Jefferson Davis Parish, Lafayette Parish, St. Landry Parish, St. Martin Parish, St. Mary Parish, and Vermilion Parish define the community served by OLG and OLOL. Demographic and health indicators are presented for these nine parishes. For select indicators, parish-level data is compared to state and national benchmarks.

Ochsner Lafayette General (OLG) and Our Lady of Lourdes (OLOL) treat patients from across the Acadiana region. Because this community was chosen purely by geography, it includes medically-underserved, low-income, and minority populations. All patients within the 9-parish service area, regardless of health insurance or the ability to pay for care, were considered.

Acadiana Region

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Community Overview

The section provides a geographic overview of the 9-parish area covered by the

Assessment as well as data regarding Health Professional Shortage Areas.

Health Professional Shortage Areas Overview

Health Professional Shortage Areas (HPSAs) are designated regions that indicate a scarcity of healthcare providers in critical areas such as primary care, dental care or mental health. The data collected spans from 2021 to 2023. These designations play a pivotal role in establishing health maintenance organizations or community health centers. Medically Underserved Areas (MUAs) typically encompass entire counties, clusters of neighboring counties/parishes, urban census tracts, or county/civil divisions that lack sufficient primary care health services. These areas face challenges in accessing essential healthcare. Medically Underserved Populations (MUPs) refer to specific subsets of people within these geographic areas who encounter additional hurdles when seeking healthcare. These hurdles may include economic constraints, cultural differences or linguistic barriers. MUPs include individuals experiencing homelessness, low-income populations, Medicaid recipients, Native Americans and migrant farm workers. Additionally, Maternity Care Target Areas (MCTAs) are specific regions within existing Primary Care Health Professional Shortage Areas (HPSAs) that experience shortages of maternity healthcare professionals. These areas lack sufficient maternal health services, which can significantly impact the well-being of pregnant individuals and their infants. Identifying and addressing MCTAs is crucial for improving maternal and child health outcomes.

Health Professional Shortage Areas

Geographic Area Shortages occur when there is a scarcity of healthcare providers for the entire population within a defined geographic area. In other words, the region lacks sufficient healthcare professionals to meet the needs of all residents. They can impact both urban and rural communities, affecting access to primary care, specialty services and other healthcare resources.

Population Group Shortages specifically target certain population groups within a defined geographic area. Examples of population groups include low-income individuals, ethnic minorities, elderly populations and other vulnerable groups. When providers are insufficient to serve these specific populations, it creates a population group shortage.

Parish	Primary Care Designation	Dental Health Designation	Mental Health Designation	Rural Status
Acadia	Low Income Population	Low Income Population	High Needs Geographic	Partially Rural
Evangeline	Low Income Population	Geographic	High Needs Geographic	Rural
Iberia	Low Income Population	Low Income Population	High Needs Geographic	Non-Rural
Jefferson Davis	Low Income Population	Low Income Population	Geographic	Rural
Lafayette	Low Income Population	Low Income Population	Low Income Population	Non-Rural
St. Landry	Low Income Population	High Needs Geographic	High Needs Geographic	Rural
St. Martin	Low Income Population	Low Income Population	Geographic	Partially Rural
St. Mary	Low Income Population	Low Income Population	High Needs Geographic	Rural
Vermilion	Low Income Population	Low Income Population	Geographic	Partially Rural

Maternity Care Target Areas

This attribute represents the Maternity Care Target Areas (MCTA) supplementary score. MCTA Supplementary Scores are only available for Primary Care Health Professional Shortage Areas (HPSAs).

Parish	PC MCTA Score
Acadia	16
Evangeline	22
Iberia	18
Jefferson Davis	20
Lafayette	15
St. Landry	21
St. Martin	17
St. Mary	19
Vermilion	18

Medically Underserved and Health Professional Shortage Areas

Index of Medically Underserved (IMU) serves as a critical criterion for identifying Medically Underserved Areas. When an area or population has an IMU of 62.0 or below, it qualifies for designation as a Medically Underserved Area. The IMU is calculated based on the following factors:

- Ratio of Primary Medical Care Physicians: This ratio considers the number of primary care physicians per 1,000 population.
- Infant Mortality Rate: An essential indicator reflecting the health outcomes of infants within the area.
- Percentage of Population Below the Poverty Level: A socioeconomic factor that impacts access to healthcare services.
- Percentage of Population Age 65 or Over: An important demographic characteristic affecting healthcare needs.

For the Health Professional Shortage Area (HPSA), the HPSA Score was developed by the National Health Service Corps (NHSC). It plays a pivotal role in prioritizing clinician assignments. Scores range from 0 to 25, with higher scores indicating greater priority. These designations are crucial for ensuring equitable access to healthcare services.

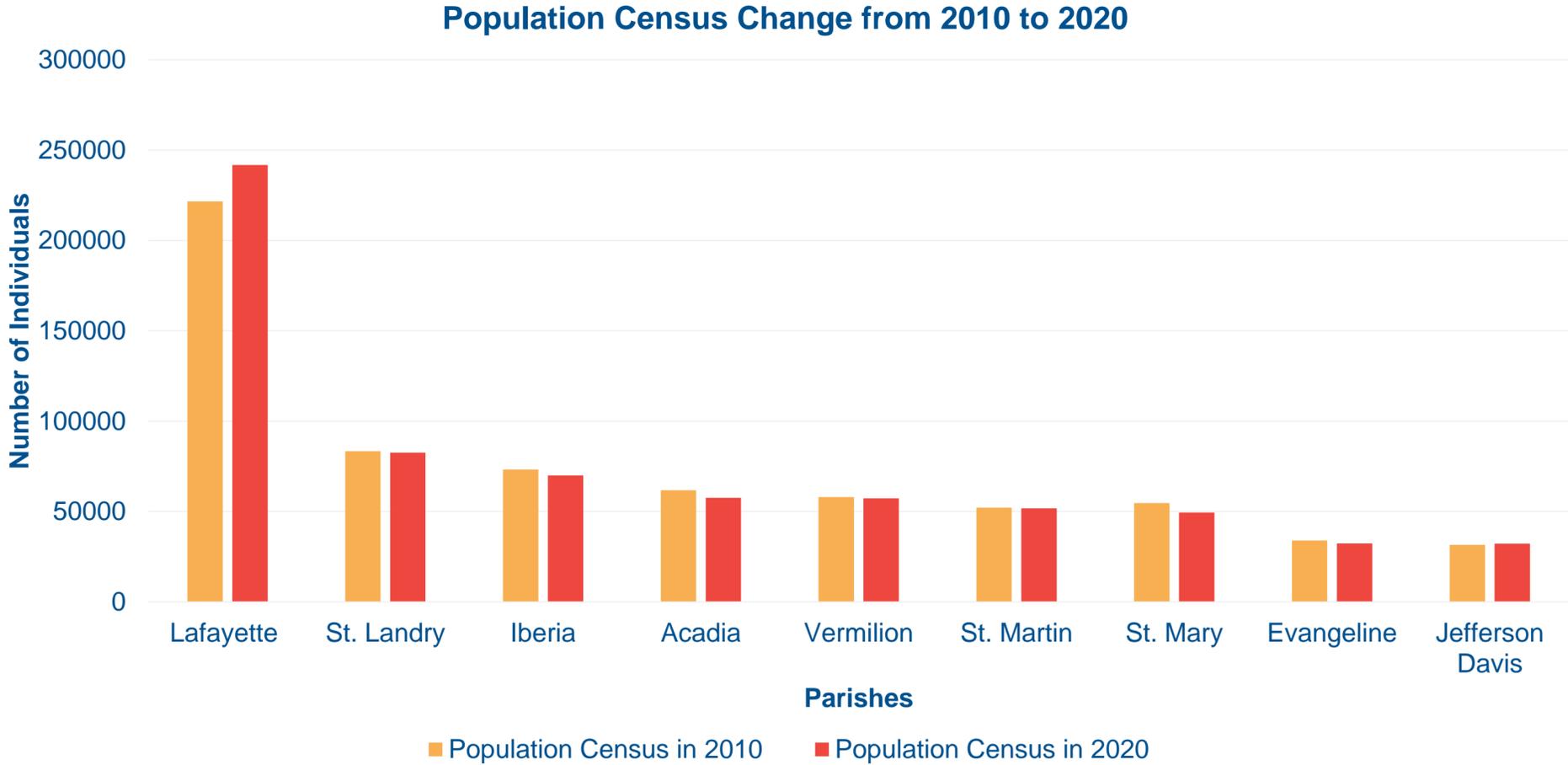| Parish	IMU	HPSA (Primary Care)	HPSA (Dental Care)	HPSA (Mental Health)
Acadia	61.3	15	20	19
Evangeline	34.1	17	11	18
Iberia	57.9	12	18	18
Jefferson Davis	60.0	14	18	19
Lafayette	53.9	15	14	12
St. Landry	40.9	13	14	20
St. Martin	59.3	18	18	17
St. Mary	58.1	13	18	15
Vermilion	53.4	14	18	17

Community Profile

This section contains demographic data and data pertaining to social determinants of health.

Population

According to the 2020 Decennial Census, the overall population growth in Louisiana from 2010-2020 was 2.67%.

The biggest increase in population growth took place in the most urban parish – Lafayette Parish – which experienced 8.35%. In contrast, the more rural parishes and parishes further away from the urban center of the region, were more likely to experience population decline.

Parish	Population Census in 2010	Population Census in 2020	Population Change from 2010-2020
Acadia	61,773	57,576	-7.29%
Evangeline	33,984	32,350	-5.05%
Iberia	73,240	69,929	-4.73%
Jefferson Davis	31,594	32,250	2.03%
Lafayette	221,578	241,753	8.35%
St. Landry	83,384	82,540	-1.02%
St. Martin	52,160	51,767	-0.76%
St. Mary	54,650	49,406	-10.61%
Vermilion	57,999	57,359	-1.12%
Total in Louisiana	4,533,372	4,657,757	2.67%

Population Census Change from 2010 to 2020

Number of Individuals / Parishes

Population Census in 2010 ■ Population Census in 2020

Population Race/ Ethnic Composition

In the regional population served, "White alone" has the highest percentage of 63.97%. The races mentioned in the chart include the following from highest percentage of population to lowest percentage: White alone, Black or African American alone, Population of two or more races, some other race alone, Asian alone, American Indian and Alaska Native alone, and Native Hawaiian and Other Pacific Islander alone. For an in-depth understanding of the categorization of the Hispanic/Latino population within the U.S. Census Bureau's framework, please consult page 25 for comprehensive details.

White alone	63.97%	431,765
Black or African American alone	26.74%	180,497
American Indian and Alaska Native alone	0.48%	3,250
Asian alone	1.54%	10,388
Native Hawaiian and Other Pacific Islander alone	0.02%	139
Some Other Race alone	2.33%	15,736
Population of two or more races:	4.91%	33,155

Regional Population Served | 2020

White alone	63.97%
Black or African American alone	26.74%
Population of two or more races:	4.91%
Some Other Race alone	2.33%
Asian alone	1.54%
American Indian and Alaska Native alone	0.48%
Native Hawaiian and Other Pacific Islander alone	0.02%
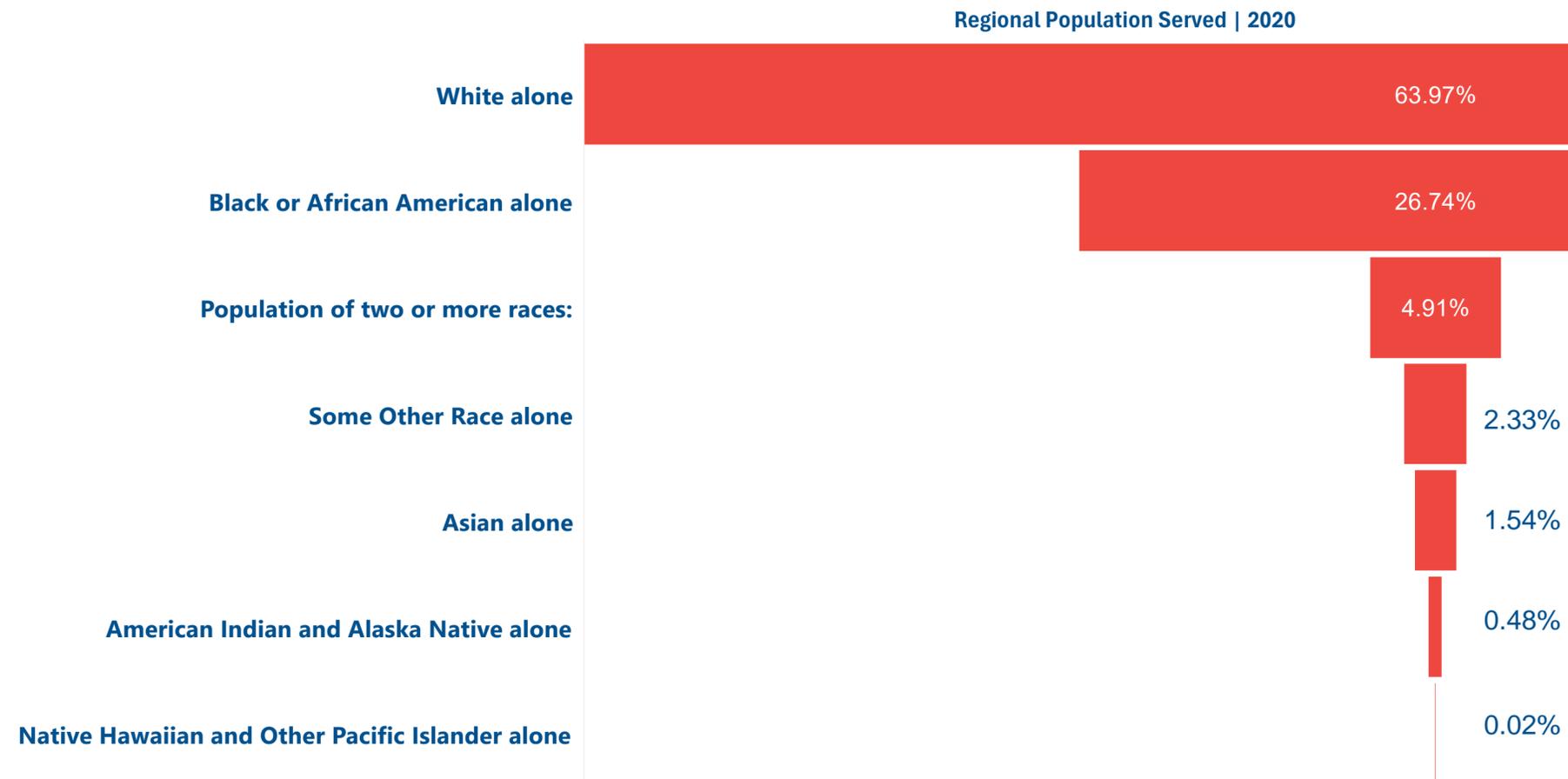
Non-White Population

| Parish	2020 Population	Non-White Population
St. Landry	82,540	47.16%
St. Mary	49,406	45.45%
Iberia	69,929	43.93%
Lafayette	241,753	36.56%
St. Martin	51,767	35.75%
Evangeline	32,350	33.99%
Acadia	57,576	22.75%
Vermilion	57,359	22.46%
Jefferson Davis	32,250	22.28%

In a comprehensive demographic analysis of Louisiana parishes, St. Landry Parish was identified as having the highest proportion of non-white residents, comprising 47.16% of the total population. This indicates a significant level of racial and ethnic diversity within this parish.

On the other end of the spectrum, Jefferson Davis Parish was found to have the lowest proportion of non-white residents, accounting for only 22.28% of its total population. This suggests a comparatively lower level of racial and ethnic diversity within this parish.

Hispanic or Latino Population

Parish	Hispanic/ Latino
Lafayette	15,983
St. Mary	4,524
Iberia	3,897
Vermilion	2,296
St. Landry	2,178
St. Martin	1,679
Acadia	1,641
Evangeline	1,336
Jefferson Davis	734

Hispanic or Latino Population | 2020
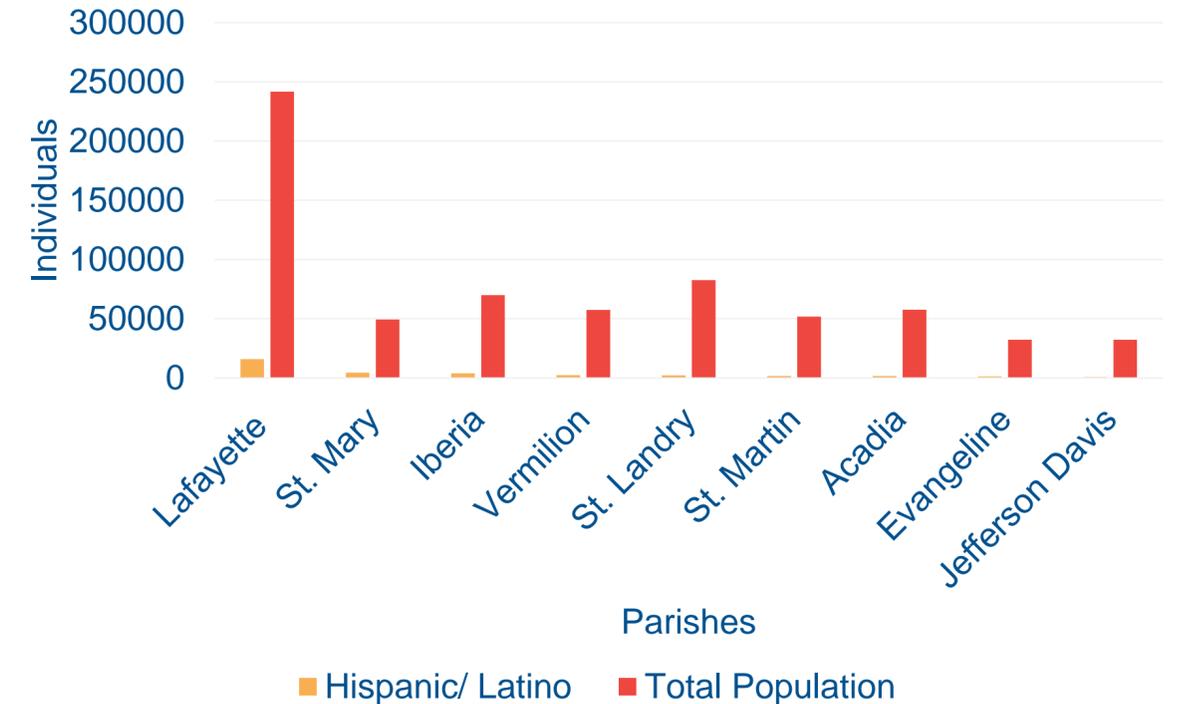
The underreporting of Hispanic ethnicity is influenced by cultural and linguistic barriers. Language differences and cultural nuances can lead to individuals not self-identifying as Hispanic. Additionally, the distinction between ethnicity (Hispanic) and race (e.g., White, Black) can result in misclassification. Many Latinos identify as both Hispanic and White, further complicating accurate population estimates. Moreover, immigrant status plays a role; foreign-born Hispanics may be less likely to participate in official surveys.
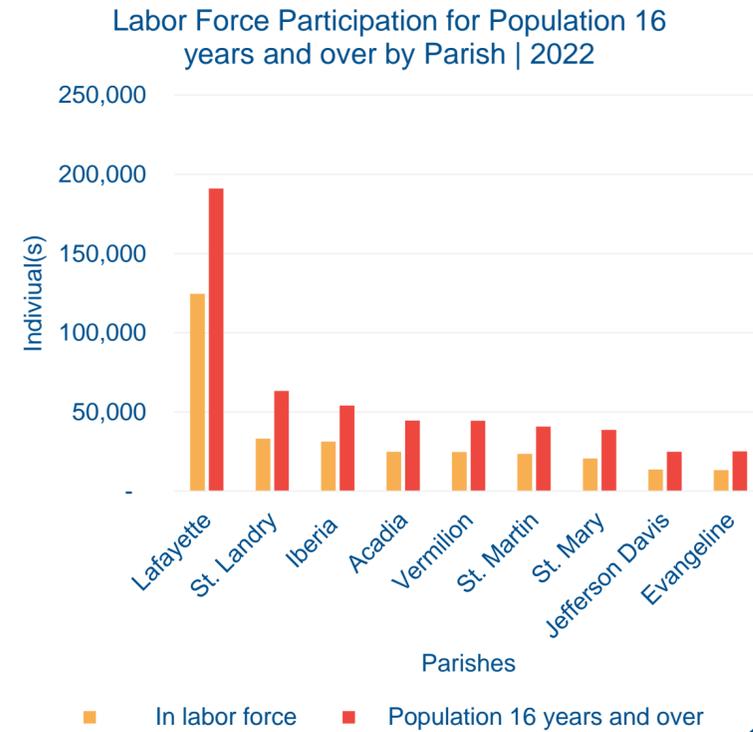
According to the U.S. Census Bureau, Lafayette Parish has the highest population of 15,983. Jefferson Davis Parish has the lowest population of 734 individuals.

Source: Census Bureau Tables; ACS 5-year Estimate

Economic Stability

Labor Force Participation

Lafayette Parish has the highest labor force participation (65.2%) from the population of 16 years and older. The average labor force that is 16 and over is 34,412 people in the Acadiana region.

Parish	In labor force	Population 16 years and older
Lafayette	124,530	190,947
St. Landry	33,144	63,217
Iberia	31,302	54,011
Acadia	24,845	44,623
Vermilion	24,744	44,487
St. Martin	23,520	40,746
St. Mary	20,627	38,619
Jefferson Davis	13,717	24,877
Evangeline	13,282	25,177

Labor Force Participation for Population 16 years and over by Parish | 2022

Legend: In labor force, Population 16 years and over

Health Insurance

Economic factors play a significant role, as many people cannot afford the premiums, deductibles, and out-of-pocket costs associated with health insurance plans.

Parish	Uninsured
Evangeline	9.1%
St. Landry	8.8%
Iberia	8.0%
St. Martin	7.9%
Lafayette	7.6%
Vermilion	7.5%
Jefferson Davis	6.7%
Acadia	6.4%
St. Mary	6.2%

Uninsured by Parish
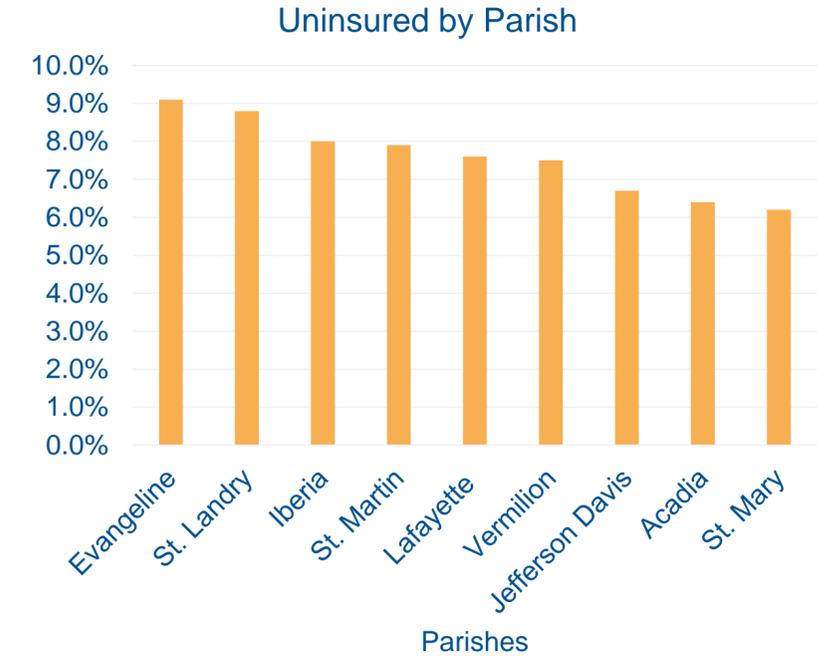
Median Income

From highest median income to lowest median income, Lafayette Parish has the highest median income of $66,617. The average median income in the Acadiana Region is $50,286.67.

Parish	Median income (dollars)
Lafayette	$ 66,617.00
Vermilion	$ 56,194.00
Iberia	$ 55,190.00
Jefferson Davis	$ 52,470.00
St. Martin	$ 50,806.00
St. Mary	$ 47,322.00
Acadia	$ 44,977.00
St. Landry	$ 44,478.00
Evangeline	$ 34,526.00

Median Income by Parish Comparison | 2022

Legend: Median income (dollars), Louisiana's Median Income
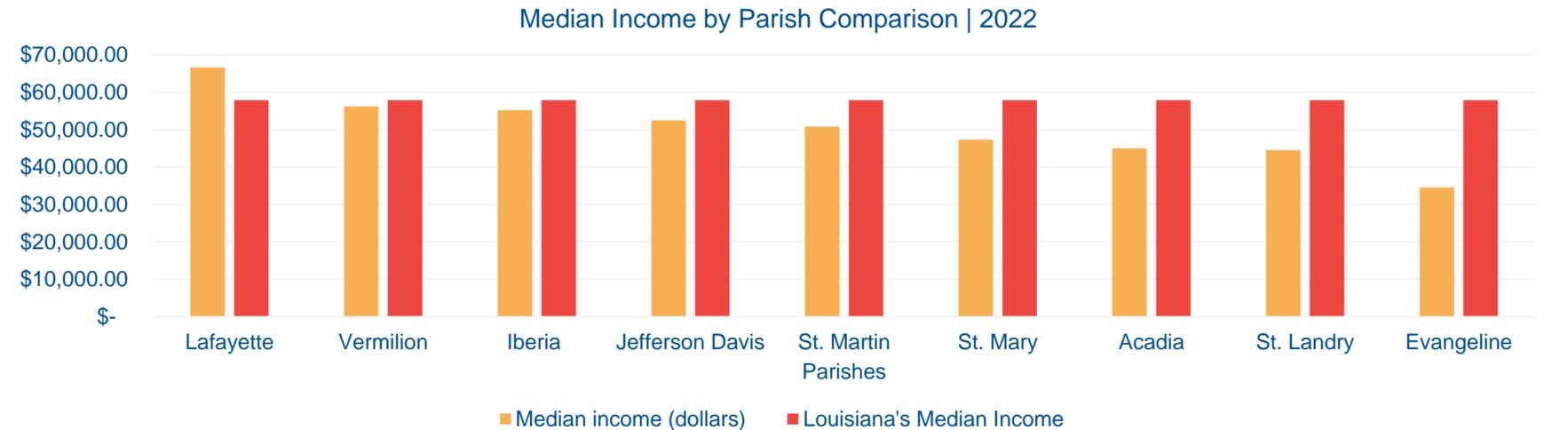
Poverty and Homelessness

From lowest to highest percentage of parishes who are below poverty, Jefferson Davis has the least percentage of 16.0%. Louisiana's percentage below poverty level is 18.6%. It indicates that fewer people are living in poverty, which can be associated with improved living conditions, better access to education and healthcare, and overall economic stability. However, six out of the nine parishes are above average: Vermilion, St. Mary, Iberia, Acadia, St. Landry, and Evangeline.

Below Poverty Percentage

Parish	Percent Below Poverty Level
Jefferson Davis	16.0%
Lafayette	16.8%
St. Martin	17.6%
Vermilion	19.3%
St. Mary	21.9%
Iberia	23.1%
Acadia	23.7%
St. Landry	27.5%
Evangeline	27.8%

Below Poverty Percentage by Parish Comparison

Legend: ■ Percent Below Poverty Level ■ Louisana's Percent Below Poverty Level

X-axis: Parishes (Jefferson Davis, Lafayette, St. Martin, Vermilion, St. Mary, Iberia, Acadia, St. Landry, Evangeline)

Y-axis: Below Poverty Percentage (0.0% – 30.0%)
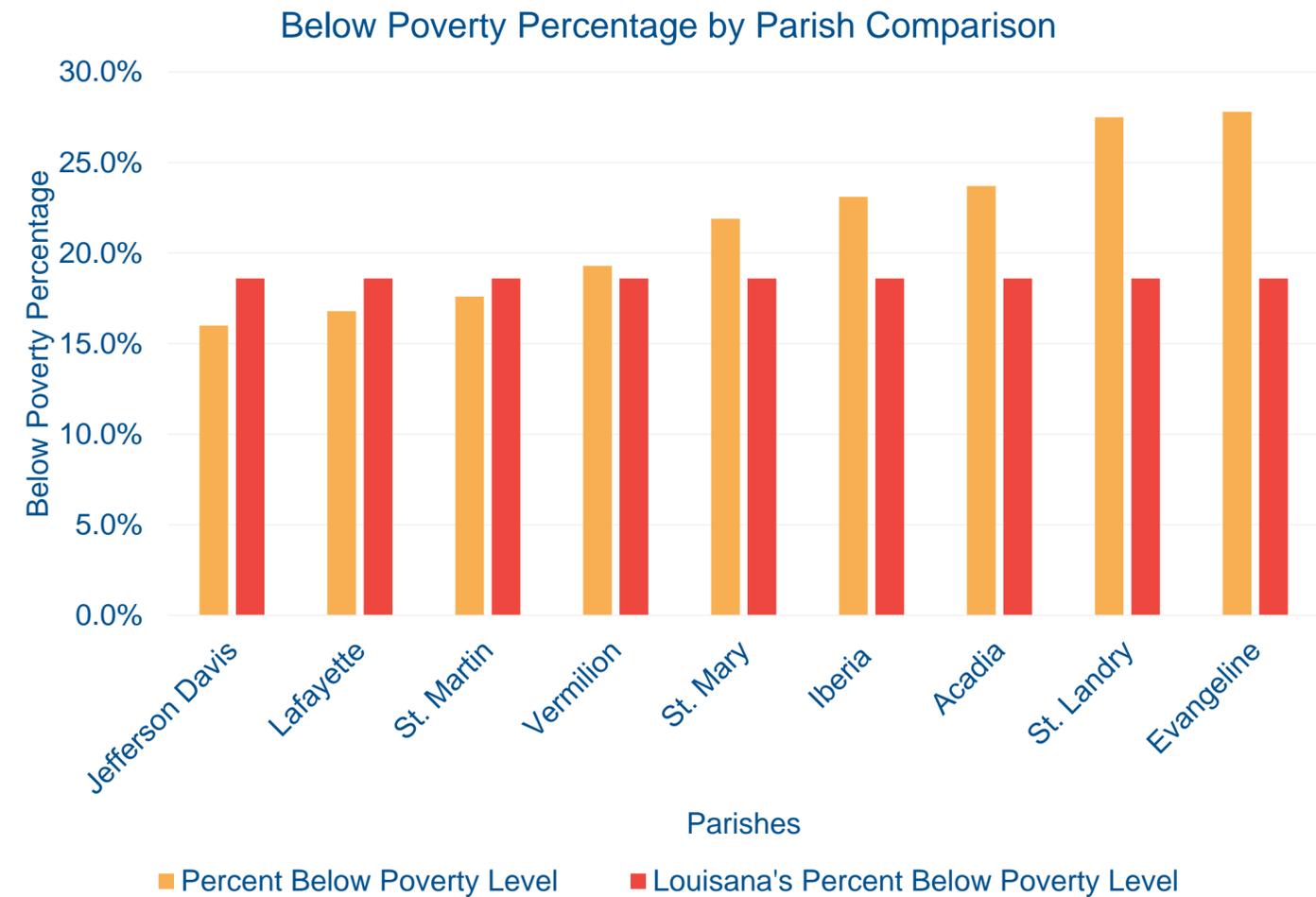
Environmental and Climate Indicators

According to One Acadiana, Acadiana has key industries that include the following: aviation, agribusiness, energy, manufacturing, maritime, and software.

Aviation: This industry could contribute to particulate matter, ozone and diesel particulate matter due to the burning of aviation fuel. air toxic cancers and respiratory hazards could also be a concern due to exposure to certain chemicals and pollutants.

Agribusiness: This industry could contribute to air toxic releases due to the use of pesticides and other chemicals. It could also contribute to wastewater discharge from irrigation and other farming practices.

Energy: This industry could contribute to particulate matter, ozone, diesel particulate matter, air toxic cancers, respiratory hazards, toxic air releases, and wastewater discharge. Proximity to hazardous waste sites could also be a concern, especially for nuclear energy.

Manufacturing: This industry could contribute to particulate matter, ozone, diesel particulate matter, air toxic cancers, respiratory hazards, and toxic air releases due to various manufacturing processes. It could also contribute to wastewater discharge and might often be in proximity to hazardous waste sites or underground storage tanks.

Maritime: This industry could contribute to particulate matter, ozone and diesel particulate matter due to ship emissions. Oil spills from ships could lead to toxic air releases and wastewater discharge.

Software: While this industry might not directly contribute to these environmental factors, data centers used in the software industry can consume significant amounts of energy, leading to indirect contributions to particulate matter, ozone and diesel particulate matter.

By inspecting how each industry may affect the environment, UWA pulled information from U.S. Environmental Protection Agency, using the EJScreen, to determine which environmental and climate indicator would be most prevalent to the region. The charts highlighted represent the comparison of the Acadiana Region's average.

Particulate Matter

Environmental Indicators: Particulate Matter
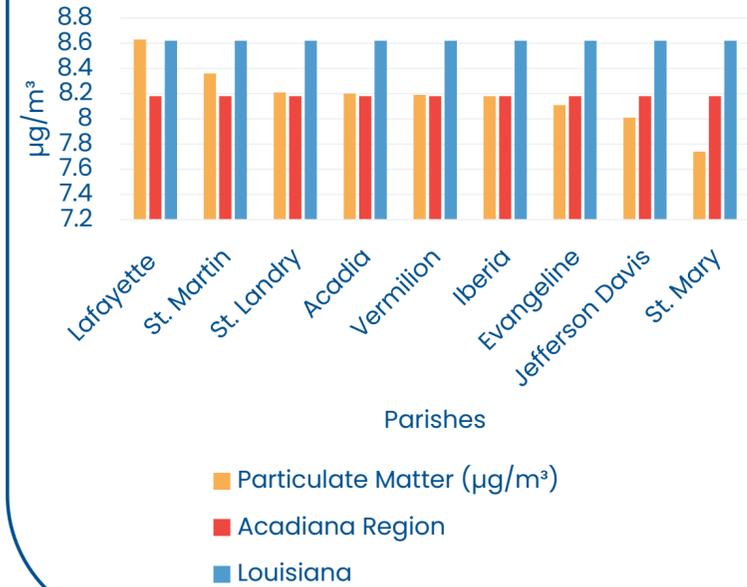
Acadiana Region AVG: 8.18
LA: 8.62

Lafayette Parish is above Louisiana's average of 8.62. For the Acadiana region's average, six out of the nine parishes are above the average in the chart below.

Parish	Particulate Matter (µg/m³)
Lafayette	8.63
St. Martin	8.36
St. Landry	8.21
Acadia	8.2
Vermilion	8.19
Iberia	8.18
Evangeline	8.11
Jefferson Davis	8.01
St. Mary	7.74

Diesel Particulate Matter

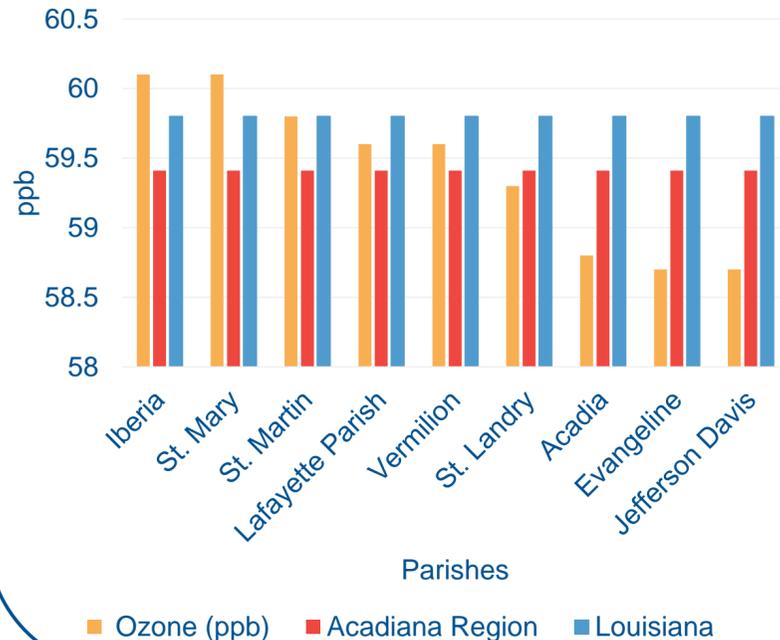### Environmental Indicators: Diesel Particulate Matter
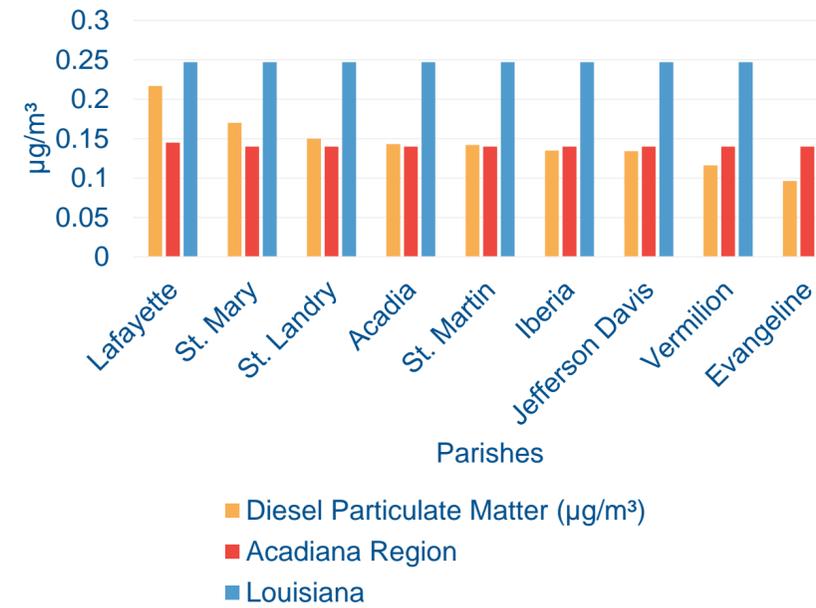
Acadiana Region AVG: 0.140
LA: 0.247

None of the parishes are above the Louisiana's average of 0.247. For the Acadiana region's average, five out of the nine parishes are above the average in the chart below.

Parish	Diesel Particulate Matter (µg/m³)
Lafayette	0.217
St. Mary	0.17
St. Landry	0.15
Acadia	0.143
St. Martin	0.142
Iberia	0.135
Jefferson Davis	0.134
Vermilion	0.116
Evangeline	0.0963

Ozone (ppb)

Environmental Indicators: Ozone (ppb)

Acadiana Region AVG: 59.41
LA: 59.80

Iberia Parish and St. Mary Parish tie with 60.1 and are above Louisiana's average of 59.8. For the Acadiana region's average, five out of the nine parishes are above the average in the chart below.

Parish	Ozone (ppb)
Iberia	60.1
St. Mary	60.1
St. Martin	59.8
Lafayette Parish	59.6
Vermilion	59.6
St. Landry	59.3
Acadia	58.8
Evangeline	58.7
Jefferson Davis	58.7

Air Toxic Cancer Risk

Environmental Indicators: Air Toxic Cancer Risk*:
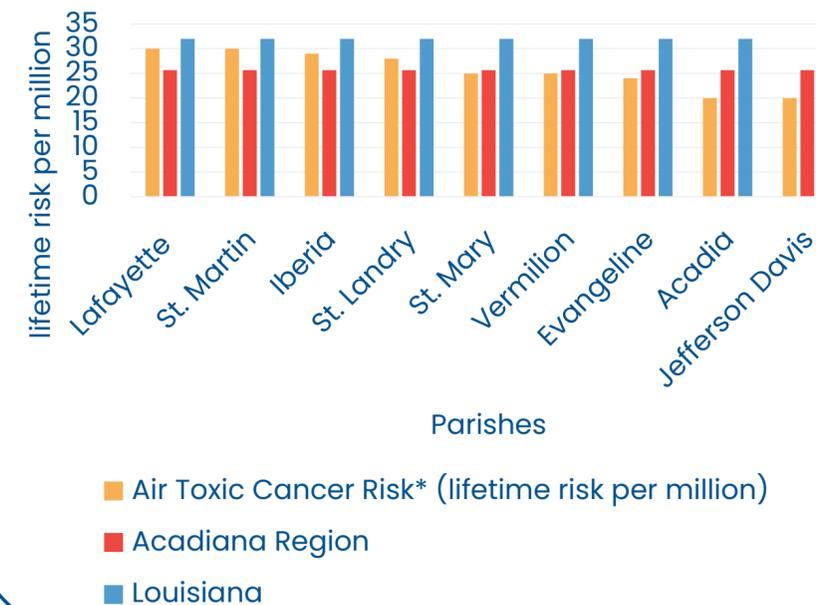
Acadiana Region AVG: 25.67
LA: 32.00

None of the parishes are above Louisiana's average of 32. For the Acadiana region's average, four out of the nine parishes are above the average in the chart below.

Parish	Air Toxic Cancer Risk* (lifetime risk per million)
Lafayette	30
St. Martin	30
Iberia	29
St. Landry	28
St. Mary	25
Vermilion	25
Evangeline	24
Acadia	20
Jefferson Davis	20

Toxic Air Releases
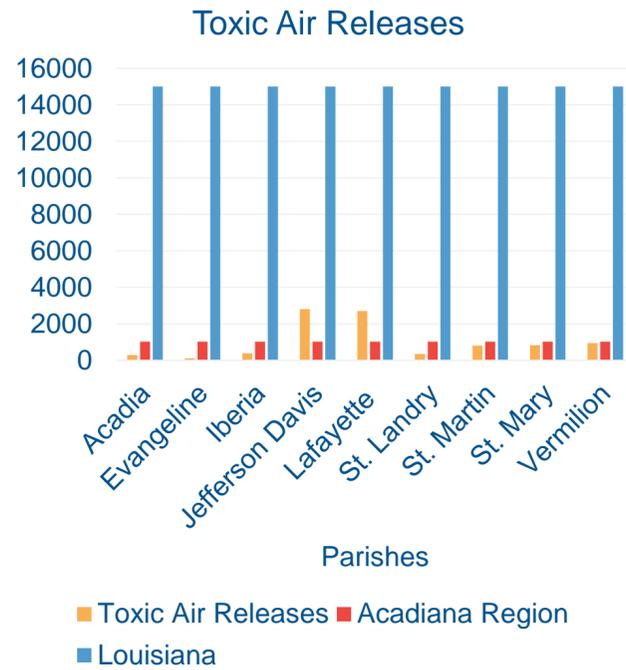
Toxic Air Releases

Acadiana Region AVG: 1,023
LA: 15,000

None of the parishes are above the Louisiana's average of 15,000. For the Acadiana region's average, two out of the nine parishes are above the average in the chart below.

Parish	Toxic Air Releases
Jefferson Davis	2,800
Lafayette	2,700
Vermilion	940
St. Mary	830
St. Martin	810
Iberia	380
St. Landry	350
Acadia	290
Evangeline	110

Measurement: RSEI modeled toxicity-weighted concentrations in air of TRI listed chemicals.

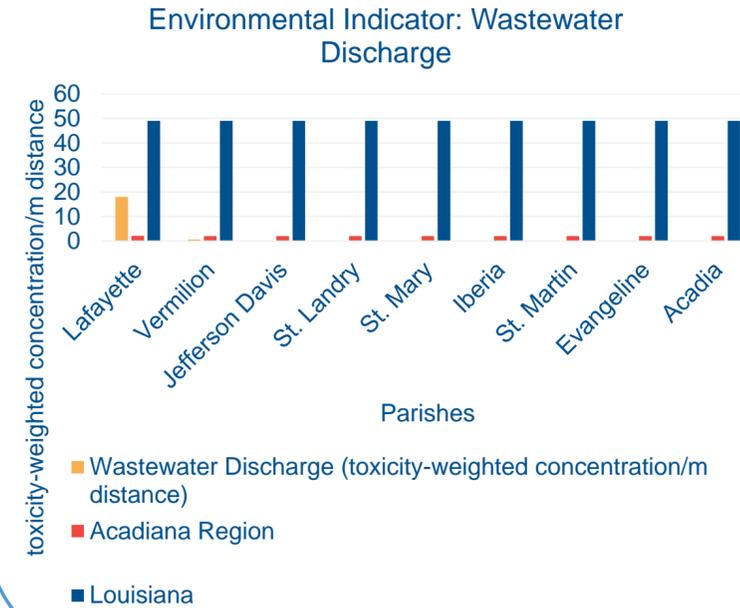## Wastewater Discharge

Environmental Indicator: Wastewater Discharge

Acadiana Region AVG: 2.07
LA: 49.00

None of the parishes are above Louisiana's average of 49. For the Acadiana region's average, one out of the nine parishes is above the average in the chart below.

Parish	Wastewater Discharge (toxicity-weighted concentration/m distance)
Lafayette	18
Vermilion	0.63
Jefferson Davis	0.027
St. Landry	0.0076
St. Mary	0.0016
Iberia	0.0014
St. Martin	0.0014
Evangeline	0.00043
Acadia	5E-05

Flood Risk

Climate Indicator: Flood Risk
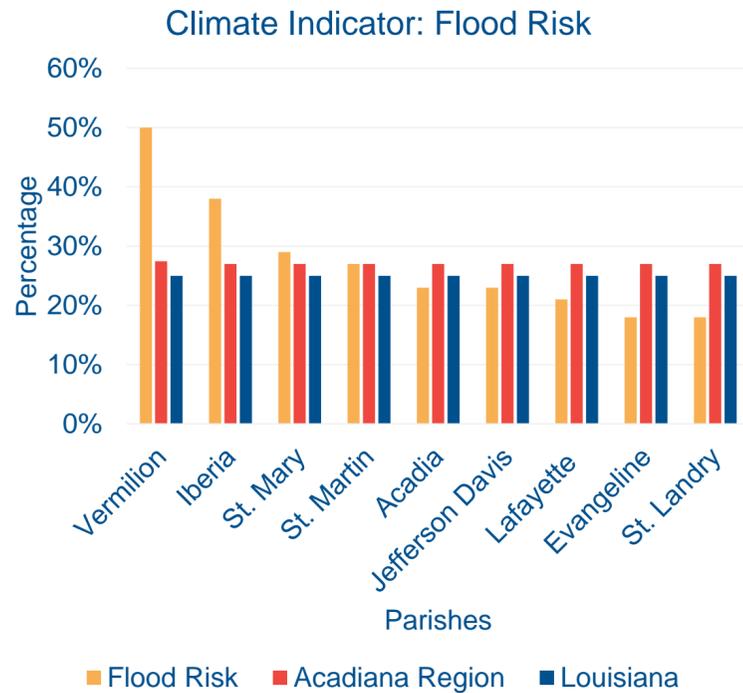
Acadiana Region AVG: 27%
LA: 25%

Vermilion Parish, Iberia Parish, St. Mary Parish, and St. Martin Parish are above Louisiana's average of 25%. For the Acadiana region's average, four out of the nine parishes are above the average in the chart below.

Parish	Flood Risk
Vermilion	50%
Iberia	38%
St. Mary	29%
St. Martin	27%
Acadia	23%
Jefferson Davis	23%
Lafayette	21%
Evangeline	18%
St. Landry	18%

Wildfire Risk

Climate Indicator: Wildfire Risk
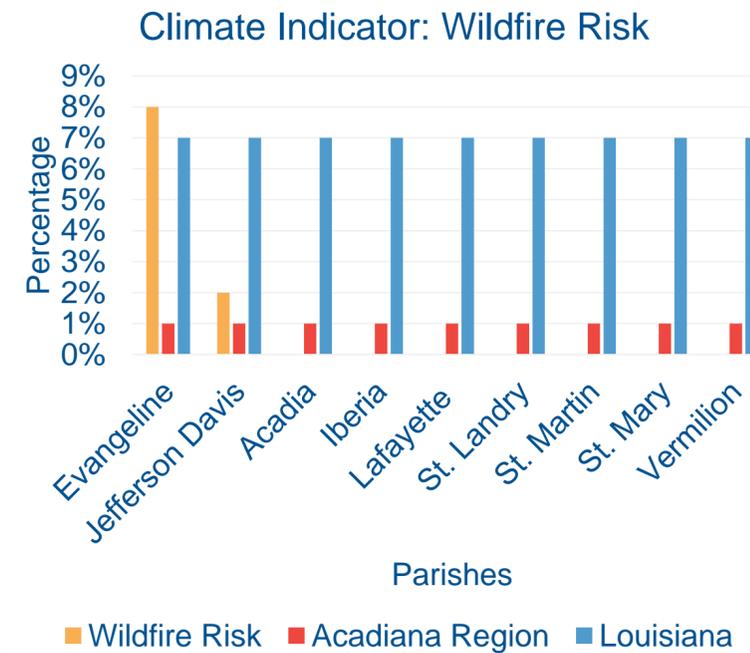
Acadiana Region AVG: 1%
LA: 7%

Evangeline Parish is above Louisiana's average of 7%. For the Acadiana region's average, two out of the nine parishes are above the average in the chart below.

Parish	Wildfire Risk
Evangeline	8%
Jefferson Davis	2%
Acadia	0%
Iberia	0%
Lafayette	0%
St. Landry	0%
St. Martin	0%
St. Mary	0%
Vermilion	0%

Sources: One Acadiana: Key Industries | Overview of Environmental Indicators in EJScreen | US EPA

Educational Attainment

Population by Educational Attainment | Acadia Region 2022

- Grade School: 5%
- High School: 9%
- Associates Degree: 7%
- High School Diploma: 38%
- Bachelors Degree: 15%
- Graduate Degree: 7%
- Some College: 18%

Legend:
- Grade School
- High School
- Associates Degree
- Bachelors Degree
- Graduate Degree
- Some College
- High School Diploma
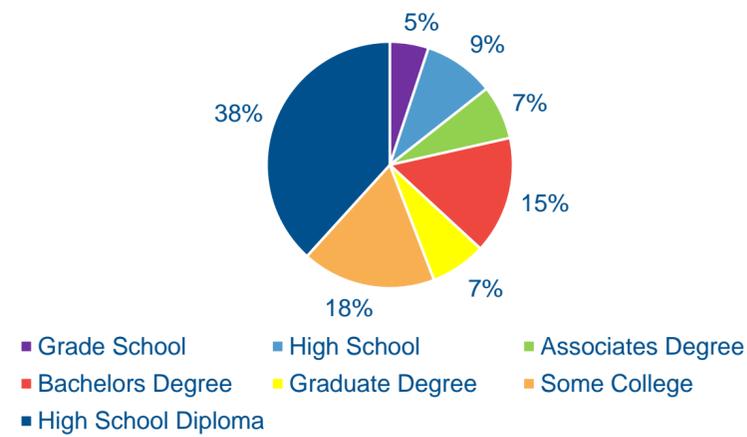
Parish	Education Attainment (Population 25 Years and Older)	2022				
	High School with no degree or less	High School degree or equivalent degree	Some college, no degree	Associate's degree	Bachelor's degree	Graduate or professional degree
Acadia	19.9%	43.5%	15.4%	7.5%	9.9%	3.8%
Evangeline	23.4%	40.6%	17.0%	6.7%	9.4%	2.9%
Iberia	17.3%	41.90%	18.10%	8.50%	10.60%	3.60%
Jefferson Davis	16.9%	42.4%	19.3%	6.2%	9.1%	6.1%
Lafayette	10.5%	29.20%	19.30%	6.30%	23.60%	11.10%
St. Landry	21.5%	39.60%	18.00%	6.80%	9.20%	4.90%
St. Martin	17.2%	46.1%	16.9%	5.6%	10.3%	3.9%
St. Mary	19.8%	45.5%	15.9%	6.4%	8.4%	4.0%
Vermilion	15.2%	40.6%	17.8%	7.7%	13.8%	4.9%

One Acadiana publishes the "55 by 25" dashboard, which includes data regarding educational attainment of all adults aged 25 years of age or older in the Acadiana region of Louisiana from the Census Bureau.

Bachelor's or Higher

Bachelor's or Higher Comparison

Legend:
- Bachelor's or higher for Parish
- Bachelor's or higher for State
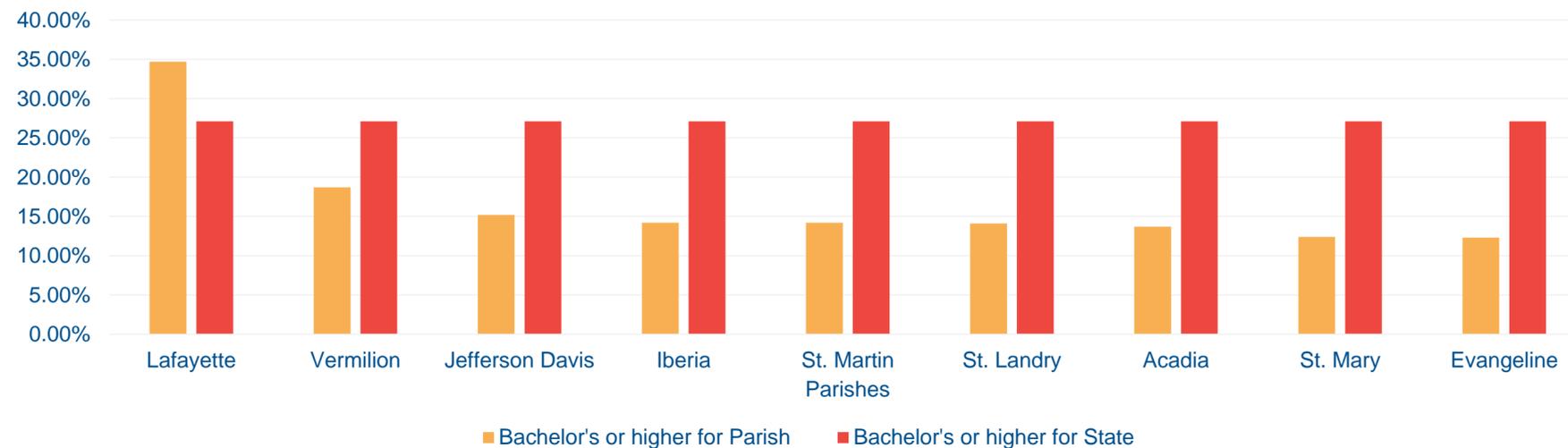
Parish	Bachelor's or higher for Parish
Lafayette	34.70%
Vermilion	18.70%
Jefferson Davis	15.20%
Iberia	14.20%
St. Martin	14.20%
St. Landry	14.10%
Acadia	13.70%
St. Mary	12.40%
Evangeline	12.30%

Non-English Speakers

The average percentage of Louisiana residents aged 5 years and older who speak a language other than English at home is 7.6%. Evangeline Parish has the highest percentage of non-English speakers, with 16.9% of its population speaking a language other than English at home. Evangeline Parish surpasses the state average by a significant margin.

Language Spoken at Home

Parish	Non-English Speakers Percentage in Parish
Evangeline	16.9%
St. Martin	11.9%
Vermilion	10.3%
Lafayette	8.9%
St. Mary	8.7%
Iberia	8.5%
Acadia	8.3%
St. Landry	8.3%
Jefferson Davis	7.7%

Language Spoken at Home for Population of 5 Years and Older

■ Non-English Speakers Percentage in Parish
■ Non-English Speakers Percentage in Louisiana

29
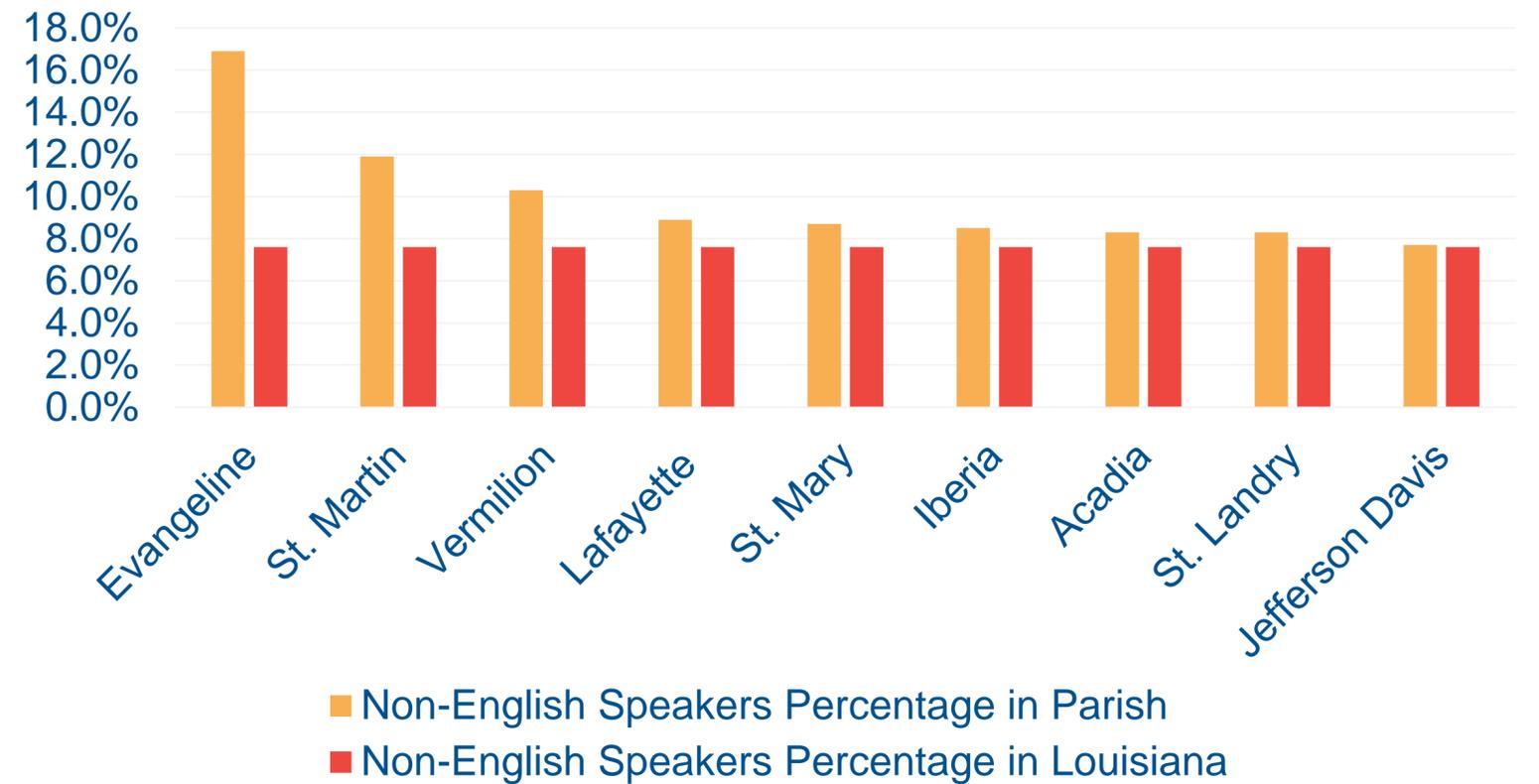
Crime

According to the data provided by CrimeGrade.org, Vermilion Parish has been identified as having the highest rate of violent crime among the parishes in Louisiana, with a rate of 119.6 incidents per 1,000 residents. To put this into perspective, this rate is 18 times higher than the average violent crime rate for the state of Louisiana.

The violent crime rate is a measure of the number of violent crimes reported per 1,000 residents in a given area during a standard year. Violent crimes typically include offenses such as murder, rape, robbery and aggravated assault.

According to the ACLU Justice Lab, Acadia Parish has been identified as having the highest mortality rate among the parishes in Louisiana. Specifically, the mortality rate in Acadia Parish is reported to be 12.16 deaths per 100,000 residents.

The mortality rate is a measure of the number of deaths in a particular population, scaled to the size of that population, per unit of time. It is typically expressed in units of deaths per 1,000 or 100,000 individuals per year. In this case, for every 100,000 residents in Acadia Parish, there are approximately 12.16 deaths in a standard year.

Violent Crime

Violent Crime Rate per 1,000 Residents by Parish

Parish	Violent Crime Rate per 1,000 Residents
Vermilion	119.6
Acadia	48.57
St. Landry	43.25
St. Mary	6.83
Evangeline	4.988
Iberia	4.432
Lafayette	3.78
St. Martin	3.583
Jefferson Davis	2.857
Louisiana	6.625

Source: Crime Grade

Mortality

Number of Killings per 100,000 Residents
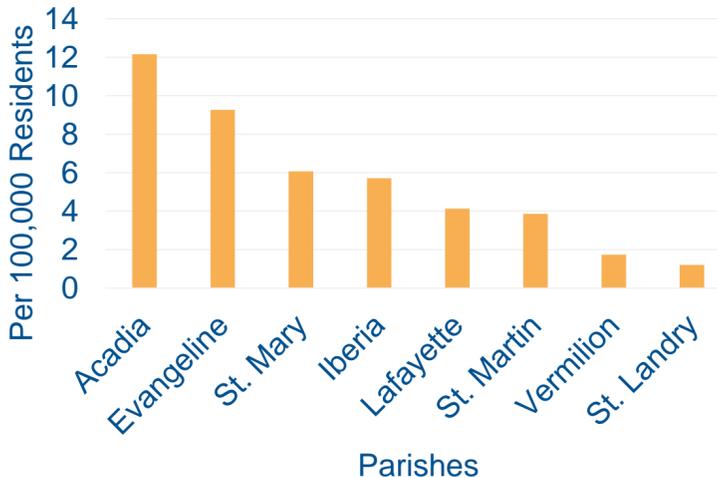
Parish	Number of Killings per 100,000 Residents
Acadia	12.16
Evangeline	9.27
St. Mary	6.07
Iberia	5.72
Lafayette	4.14
St. Martin	3.86
Vermilion	1.74
St. Landry	1.21
Jefferson Davis	*

Note: * means data cannot be found

Source: ACLUJusticeLab

Prison Metrics

Prison Admission Rate

The prison admission rate stands as a pivotal indicator within the realm of criminal justice, delineating the count of individuals incarcerated during a defined timeframe in correlation to the populace. As per data from Vera, Evangeline, St. Mary, Iberia, Vermilion, and Acadia parishes exhibit admission rates surpassing the average of 26.3 per 10,000 residents.

Parish	Prison Admission Rate
Evangeline	59.5
St. Mary	33.1
Iberia	29.7
Vermilion	28.6
Acadia	27.5
St. Landry	24.4
St. Martin	21.0
Jefferson Davis	18.6
Lafayette	14.6

*note all columns are per 10,000 Residents

Prison Admission Rate

Legend: Prison Admission Rate, Louisiana

Prison Incarceration by Parish

Parish	All	American Indian and Alaska Native (NH)	Asian, Native Hawaiian, and Pacific Islander (NH)	Black or African American	Hispanic or Latino	White (NH)	Children in Adult Facility
St. Mary	940	161	1,553	1,777	410	725	2
Iberia	865	<0.1	367	1,691	<0.1	533	1
St. Landry	581	<0.1	<0.1	872	238	355	3
St. Martin	504	<0.1	124	799	182	436	0
Lafayette	488	<0.1	<0.1	869	13	277	12
Evangeline	460	1,099	<0.1	1,303	1,205	157	0
Vermilion	372	<0.1	235	1,099	196	240	0
Jefferson Davis	371	273	<0.1	1,019	477	219	0
Acadia	196	<0.1	<0.1	605	96	137	0
Total in Region 4	4,777	1,533	2,279	10,034	2,817	3,079	18

Note. NH: Non-Hispanic. Please refer to page 25 for more information on the Hispanic population.

Pretrial Incarceration Rate

Pretrial incarceration, also known as pretrial detention or remand, refers to the practice of detaining individuals who have been accused of a crime but have not yet been tried or convicted. According to Vera, Louisiana's rate is 29.4 per 10,000 residents. None of the parishes are above the state's average.

Parish	Pretrial Incarceration Rate
Iberia	28.1
St. Martin	28.1
Jefferson Davis	27.9
St. Mary	26.3
St. Landry	24.0
Acadia	23.1
Lafayette	19.8
Vermilion	18.4
Evangeline	0.9

*note all columns are per 10,000 Residents

Pretrial Incarceration Rate

Legend: Pretrial Incarceration Rate, Louisiana

Releases by Parish of Conviction

In 2023, among the various parishes based on convictions, Lafayette exhibited the highest number of releases. In total of Region 4, there was a count of 1,524 releases of conviction.

Parish	Count
Lafayette	379
Iberia	197
St. Landry	175
St. Mary	173
Acadia	145
Evangeline	142
Vermilion	125
St. Martin	106
Jefferson Davis	82
Total in Region 4	1524

2023 Releases by Parish of Conviction
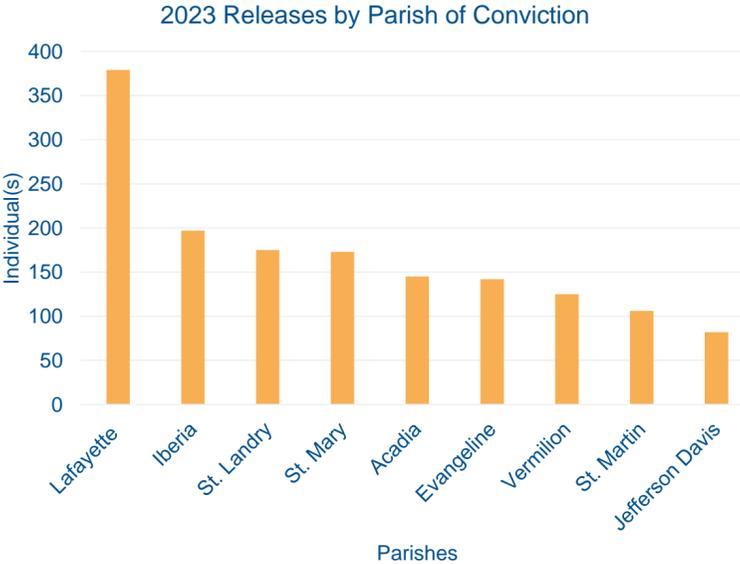
ALICE Data

This section contains information on families or individuals who may be considered as ALICE.

Background

In the Acadiana Region, a segment of the community is represented by ALICE, an acronym for Asset Limited, Income Constrained, Employed. The data collected and showcased was created by United For Alice. Despite being employed, many individuals struggle to afford necessities to make ends meet. ALICE households earn above the federal poverty level, yet they cannot qualify for public assistance.

Below, the chart is placed in alphabetical order. Keep note that the data obtained is from 2021.

Parish	Number of Households	Median Household Income	Labor Force Participation	ALICE Households	Households in Poverty
Acadia	21,555	$42,368.00	56.30%	33.00%	22.00%
Evangeline	12,076	$32,465.00	53.80%	36.00%	27.00%
Iberia	26,697	$49,447.00	53.90%	27.00%	20.00%
Jefferson Davis	11,351	$45,578.00	53.90%	37.00%	18.00%
Lafayette	97,877	$59,093.00	64.40%	25.00%	17.00%
St. Landry	32,213	$38,599.00	55.60%	30.00%	27.00%
St. Martin	19,537	$46,711.00	58.30%	41.00%	18.00%
St. Mary	18,565	$43,097.00	54.30%	39.00%	22.00%
Vermilion	21,580	$56,347.00	57.40%	26.00%	17.00%

For more information, visit the Louisiana | UnitedForALICE

Percentage of ALICE and Poverty

In Region 4, comprising 70 cities, the intersection of ALICE (Asset Limited, Income Constrained, Employed) individuals and poverty is a critical concern. The box plot reveals a nuanced picture: Within the shaded area, most towns exhibit a range of 50.5% to 69.25% of residents falling into both the ALICE category and poverty.

ALICE Struggle: ALICE households represent hardworking individuals who earn above the federal poverty level but still face financial instability. These families often grapple with high housing costs, healthcare expenses, and child care needs.

Poverty Threshold: The shaded region encompasses towns where a significant proportion of residents live below the poverty threshold. These families confront daily challenges related to necessities, education and healthcare access.

Amelia, St. Mary Parish: Among the cities, Amelia stands out with the highest percentage of ALICE individuals facing poverty. This underscores the urgency for targeted interventions to address economic disparities and enhance community well-being.

Egan, Acadia Parish: Among the cities, Egan stands out with the lowest percentage of ALICE individuals facing poverty.


Percentage ALICE & Poverty by Community
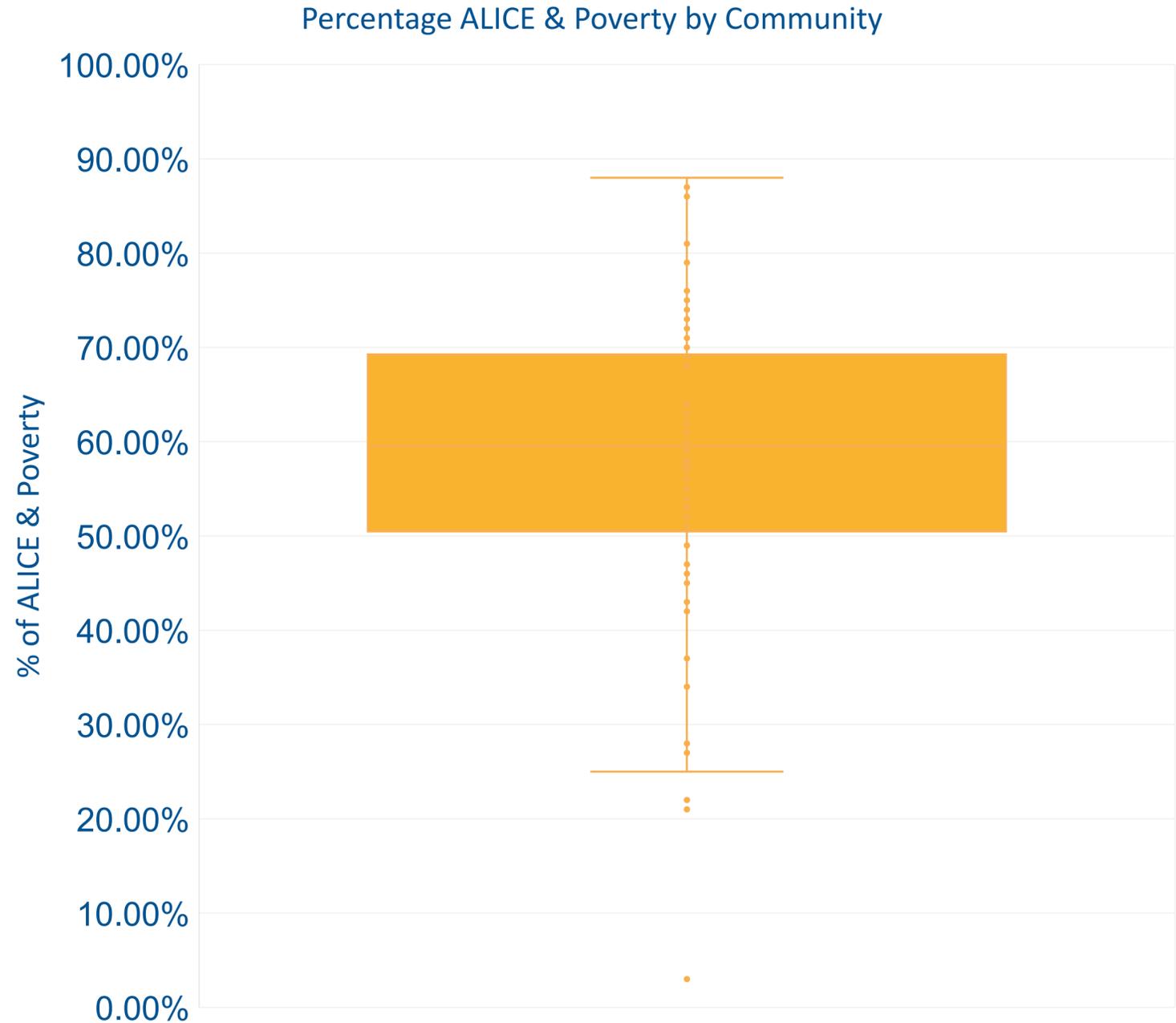
ALICE Data Collection

Median Household Income

Parish	Median Household Income
Lafayette	$59,093.00
Vermilion	$56,347.00
Jefferson Davis	$45,578.00
Iberia	$49,447.00
St. Martin	$46,711.00
St. Mary	$43,097.00
Acadia	$42,368.00
St. Landry	$38,599.00
Evangeline	$32,465.00
State Average	$52,087.00
Parish Average	$45,967.22

Median Household Income

22% Above Average
78% Below Average
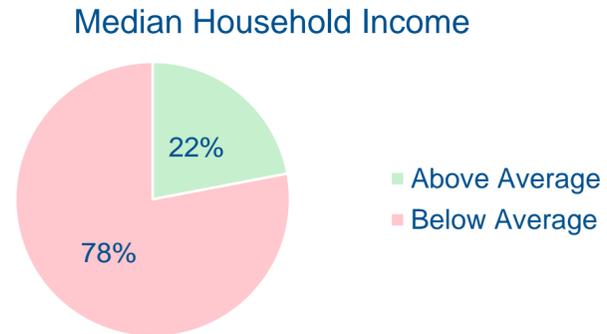
Acadiana region's median household income averages $45,967.22. Two out of nine parishes make above the average: Lafayette Parish and Vermillion Parish.

ALICE Household

Parish	ALICE Households
St. Martin	41.00%
St. Mary	39.00%
Jefferson Davis	37.00%
Evangeline	36.00%
Acadia	33.00%
St. Landry	30.00%
Iberia	27.00%
Vermilion	26.00%
Lafayette	25.00%
State Average	32.00%
Parish Average	32.67%

ALICE Households

44.00% Below Average
56.00% Above Average
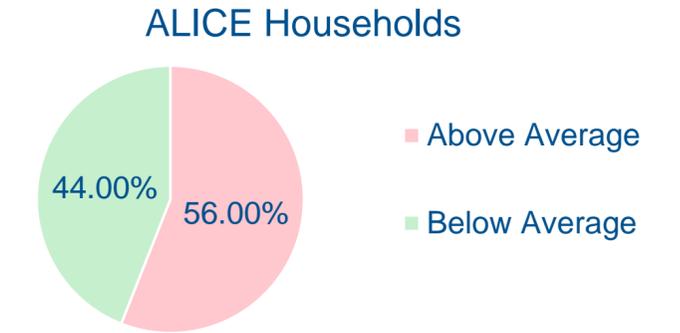
This portion discusses households who are considered as ALICE. The Acadiana region's ALICE households average is 32.67%. Five out of nine parishes are above the average households: St. Martin Parish, St. Mary Parish, Evangeline Parish, Acadia Parish, and Jefferson Davis Parish.

Labor Force Participation

Parish	Labor Force Participation
Lafayette	64.40%
St. Martin	58.30%
Vermilion	57.40%
Acadia	56.30%
St. Landry	55.60%
St. Mary	54.30%
Jefferson Davis	53.90%
Iberia	53.90%
Evangeline	53.80%
State Average	58.50%
Parish Average	56.43%

Labor Force Participation

11.00% Above Average
89.00% Below Average
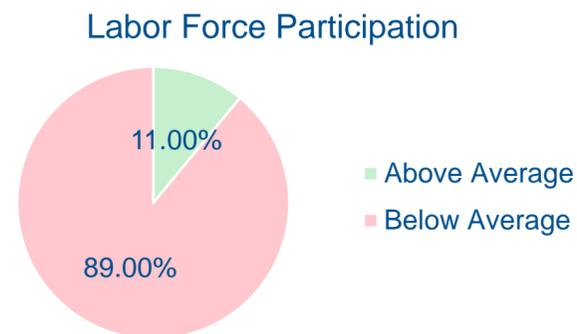
Acadiana region's labor force participation averages 56.43%. One out of nine parishes is above the average: Lafayette Parish.

Households in Poverty

Parish	Households in Poverty
Evangeline	27.00%
St. Landry	27.00%
Acadia	22.00%
St. Mary	22.00%
Iberia	20.00%
St. Martin	18.00%
Jefferson Davis	18.00%
Lafayette	17.00%
Vermilion	17.00%
State Average	19.00%
Parish Average	20.89%

Households in Poverty

44.00% Below Average
56.00% Above Average
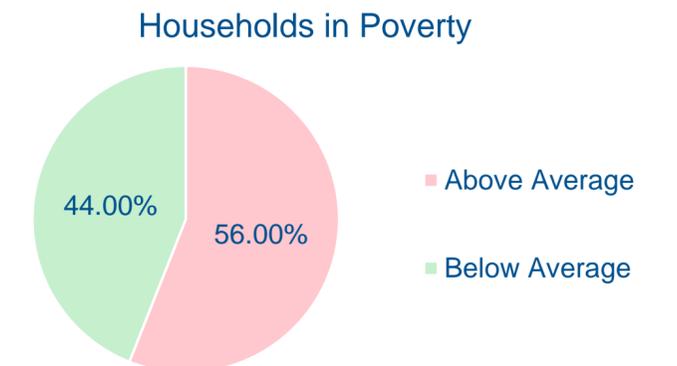
This portion discusses households that are in poverty. The Acadiana region's households in poverty average 20.89%. Five out of nine parishes make above the average: Evangeline Parish, St. Landry Parish, Acadia Parish, St. Mary Parish, and Iberia Parish.

COVID-19 Pandemic

This section discusses the brief overview of the COVID-19 pandemic's state.

Overview

According to Centers for Disease Control and Prevention(CDC), "COVID-19 (coronavirus disease 2019) is a disease caused by a virus named SARS-CoV-2. It can be very contagious and spreads quickly. Over one million people have died from COVID-19 in the United States." Varied symptoms that may have been felt are flu, cold or pneumonia. People still may have lingering effects that can develop into "Post-COVID conditions." People who are most vulnerable to the disease are the older-aged population, people who are immunocompromised, have underlying health conditions or certain disabilities.

In the Acadiana Region, data reported by USAFacts indicates that there have been 2,569 fatalities attributed to COVID-19, alongside a cumulative total of 205,608 confirmed cases. In Louisiana, they have reported 18,136 fatalities, with a total of 1,459,308 confirmed cases. Lafayette Parish had the most confirmed cases and fatalities.

Mortality and Cases

Parish	Deaths	Cases
Lafayette	520	73,077
St. Landry	426	26,159
Acadia	301	18,241
St. Mary	281	14,665
Iberia	271	23,088
Vermilion	241	18,067
St. Martin	197	14,540
Jefferson Davis	171	7,913
Evangeline	161	9,858
Acadiana Region	2,569	205,608
Louisiana	18,136	1,459,308

In Lafayette Parish, there have been a total of 520 fatalities, with 73,077 individuals reported as affected. (Last updated July 23, 2023)

COVID-19 Deaths and Cases by Parish
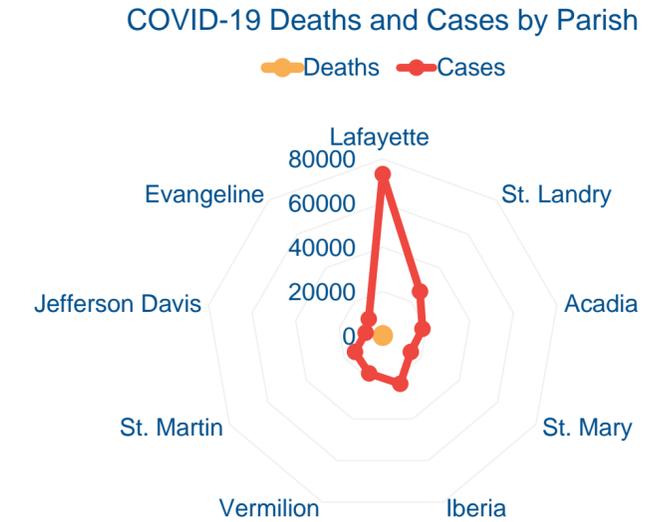
Source: USAFacts

Vaccination

Parish	At least one dose
Acadia	65%
Lafayette	58%
Iberia	55%
St. Mary	53%
St. Landry	49%
St. Martin	47%
Vermilion	46%
Evangeline	46%
Jefferson Davis	41%

In Acadia Parish, there is a high percentage of individuals who are vaccinated with at least one dose.

COVID-19 Vaccinations: At least one dose
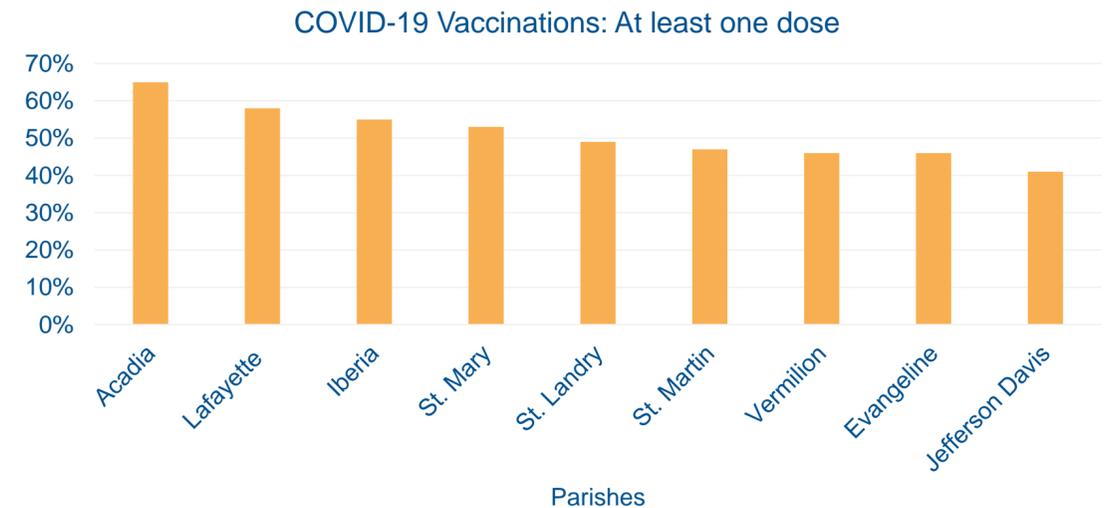
Source: Health Equity Tracker

Source: CDC Covid Index

Health Outcomes and Risk Factors

The following pages have subtopics of the nine parishes listing the mortality indicators, access to care, health behaviors and leading causes of death.

Background

The County Health Rankings & Roadmaps program is an initiative jointly developed by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. It provides an annual report that ranks the health of nearly every county in the United States. This comprehensive evaluation is based on a robust set of data and statistical analyses aimed at understanding and improving public health outcomes across the nation.

United Way of Acadiana (UWA) conducted a thorough analysis by incorporating a wide array of data on health factors and health outcomes. This comprehensive approach was designed to systematically identify and evaluate the various determinants of health within the community. By examining both the contributing factors that influence health and the resulting health outcomes, UWA, OLG, and OLOL were able to gain a detailed understanding of the underlying issues and challenges affecting community health. This analysis provided a robust foundation for developing targeted interventions and strategies aimed at improving overall health and well-being.

Source: County Health Rankings

Health Outcomes

HIV Prevalence

Acadiana Region AVG: 305.4
Louisiana AVG: 559.0

In HIV prevalence, the data is for every 100,000 residents (age 13 and older). Five out of the nine parishes are above the region's average. However, none of the parishes are above the state's average.

Parish	HIV Prevalence
Acadia	531
Iberia	434
Lafayette	417
St. Landry	411
Evangeline	318
Vermilion	189
St. Mary	183
Jefferson Davis	147
St. Martin	119

HIV Prevalence (Parish vs. State)

Per 100,000 residents — Parishes

Legend: HIV Prevalence, Louisiana
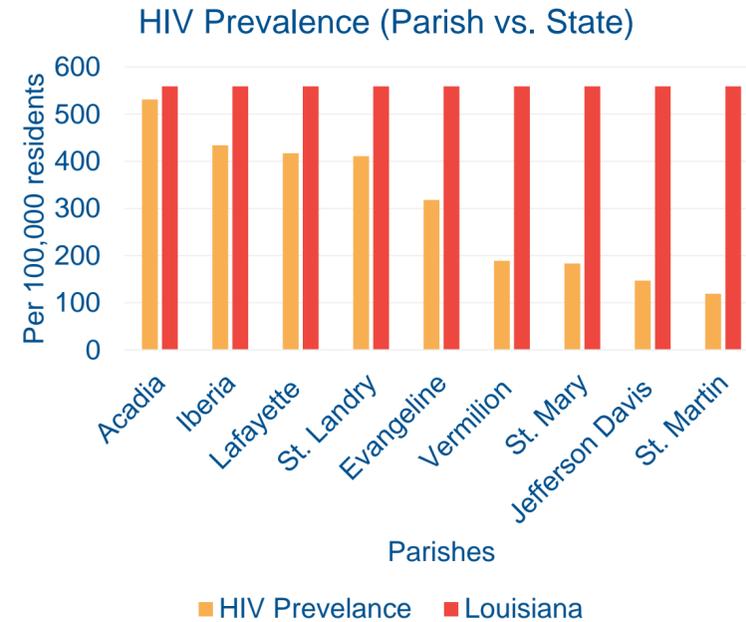
Low Birthweight

Acadiana Region AVG: 10%
Louisiana AVG: 11%

In low birthweight, the data is being compared to percentage of live births with low birthweight (< 2,500 grams). Six out of the nine parishes are above the region's average. For the state's average, three out of nine parishes are above it.

Parish	Low Birthweight
St. Landry	12%
Evangeline	11%
Iberia	11%
St. Mary	10%
St. Martin	10%
Vermilion	10%
Acadia	9%
Jefferson Davis	9%
Lafayette	9%

Low Birthweight (Parish vs. State)

Parishes

Legend: Low Birthweight, Louisiana
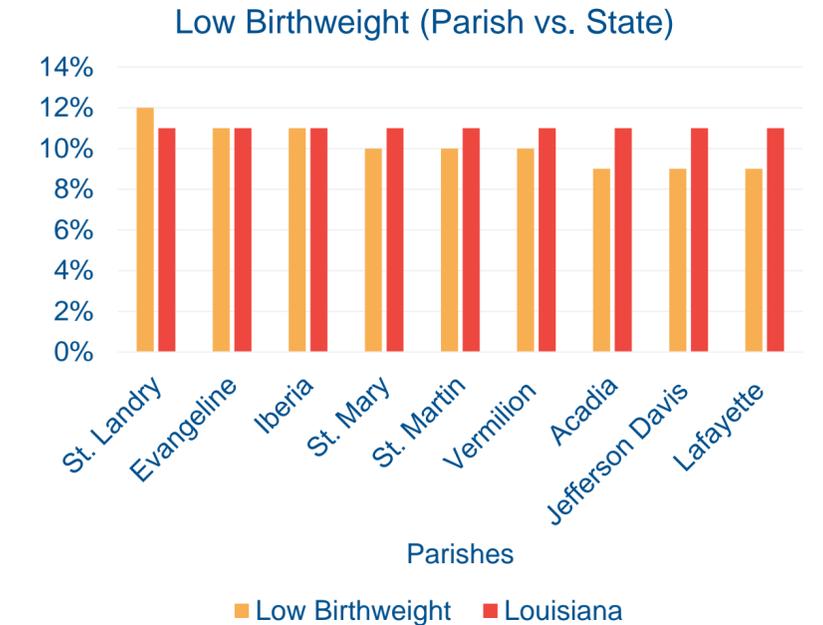
Frequent Physical Distress

Acadiana Region AVG: 14%
Louisiana AVG: 13%

In frequent physical distress, the data is being compared to percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted). Seven out of the nine parishes are above the region's average. For the state's average, eight out of nine parishes are above it.

Parish	Frequent Physical Distress
Evangeline	17%
St. Landry	16%
Acadia	15%
St. Mary	15%
Iberia	14%
Jefferson Davis	14%
St. Martin	14%
Vermilion	13%
Lafayette	12%

Frequent Physical Distress (Parish vs. State)

Parishes

Legend: Frequent Physical Distress, Louisiana
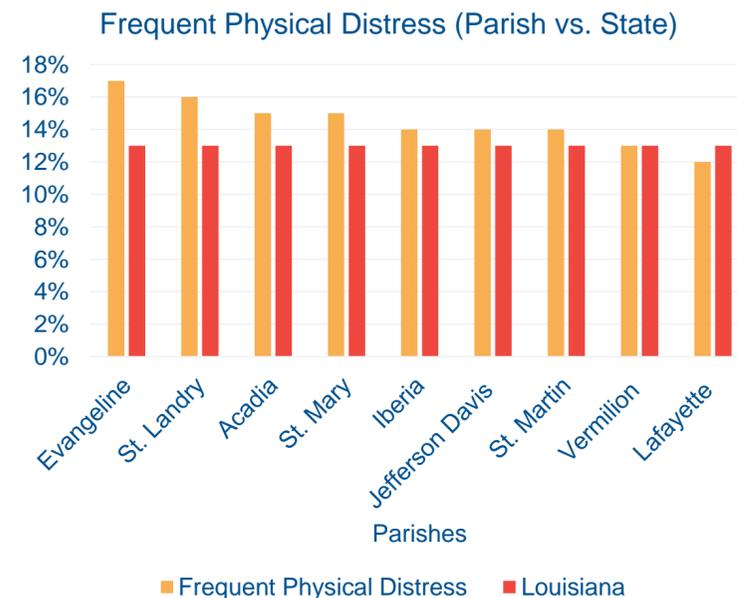
Poor Physical Health Days

Acadiana Region AVG: 4.6
Louisiana AVG: 4.2

In poor physical health days, the data is being compared to the average number of physically unhealthy days reported in past 30 days (age-adjusted). Four out of the nine parishes are above the region's average. For the state's average, eight out of nine parishes are above it.

Parish	Poor Physical Health Days
Evangeline	5.2
St. Mary	4.9
St. Landry	4.8
Acadia	4.7
St. Martin	4.5
Iberia	4.4
Jefferson Davis	4.4
Vermilion	4.3
Lafayette	3.9

Poor Physical Health Days (Parish vs. State)

Day(s) — Parishes

Legend: Poor Physical Health Days, Louisiana
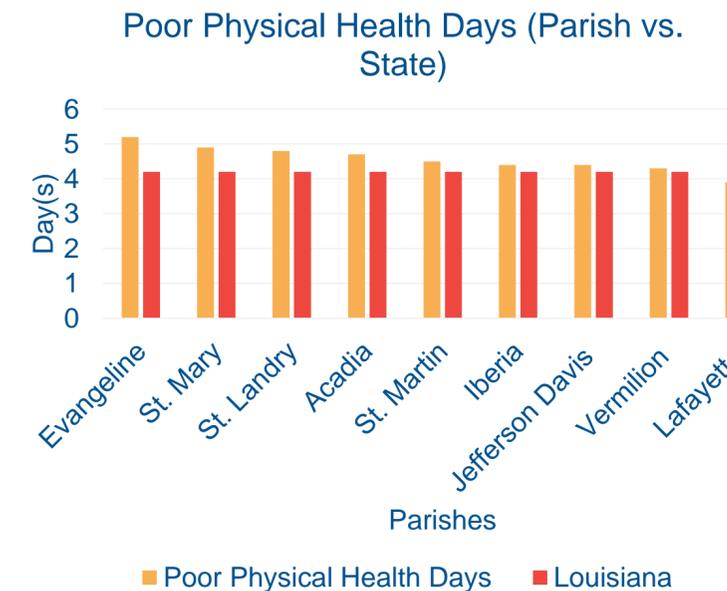
Source: County Health Rankings

Poor Mental Health Days

Acadiana Region AVG: 6.0
Louisiana AVG: 5.7

In poor mental health days, the data is being compared to the average number of mentally unhealthy days reported in past 30 days (age-adjusted). Five out of the nine parishes are above the region's average. For the state's average, eight out of nine parishes are above it.

Parish	Poor Mental Health Days
Evangeline	6.6
Acadia	6.5
St. Landry	6.2
Jefferson Davis	6.1
St. Martin	6
St. Mary	5.8
Vermilion	5.8
Iberia	5.7
Lafayette	5.4

Poor Mental Health Days (Parish vs. State)


- Poor Mental Health Days
- Louisiana
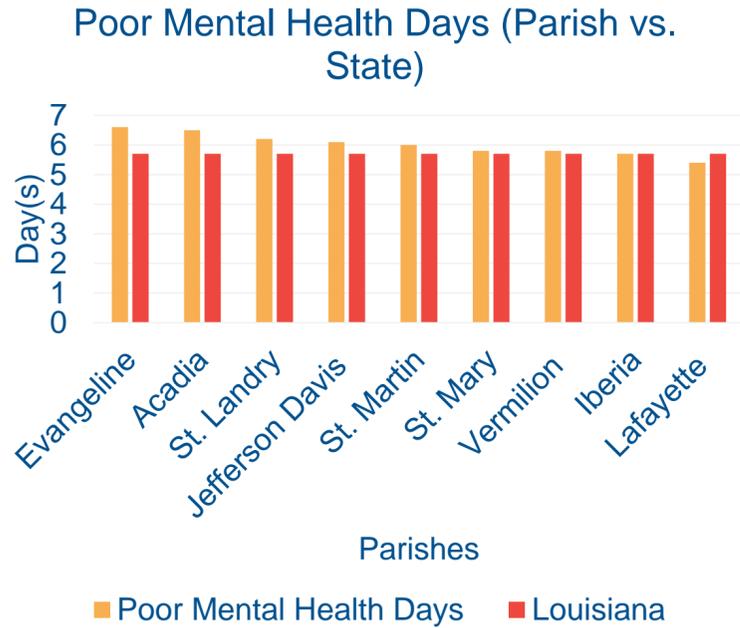
Life Expectancy

Acadiana Region AVG: 72.9
Louisiana AVG: 74.0

In life expectancy, the data is being compared to the average number of years people are expected to live. Four out of the nine parishes are above the region's average. For the state's average, three out of nine parishes are above it.

Parish	Life Expectancy
Lafayette	76.5
Vermilion	75
St. Martin	74.5
St. Mary	72.9
Iberia	72.6
Jefferson Davis	72
Acadia	71.5
Evangeline	71.1
St. Landry	70

Life Expectancy (Parish vs. State)

- Life Expectancy
- Louisiana
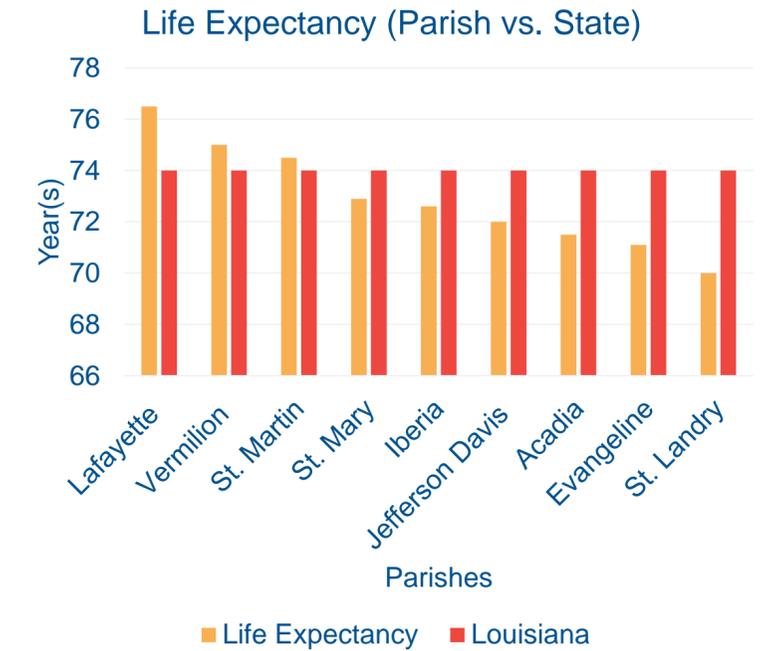
Premature Age-Adjusted Mortality

Acadiana Region AVG: 581
Louisiana AVG: 540

In premature age-adjusted mortality, the data is being compared to number of deaths among residents under age 75 per 100,000 population (age-adjusted). Five out of the nine parishes are above the region's average. For the state's average, six out of nine parishes are above it.

Parish	Premature Age-Adjusted Mortality
St. Landry	710
Evangeline	690
Acadia	650
Jefferson Davis	600
St. Mary	590
Iberia	580
St. Martin	500
Vermilion	480
Lafayette	430

Premature Age-Adjusted Mortality (Parish vs. State)

- Premature Age-Adjusted Mortality
- Louisiana
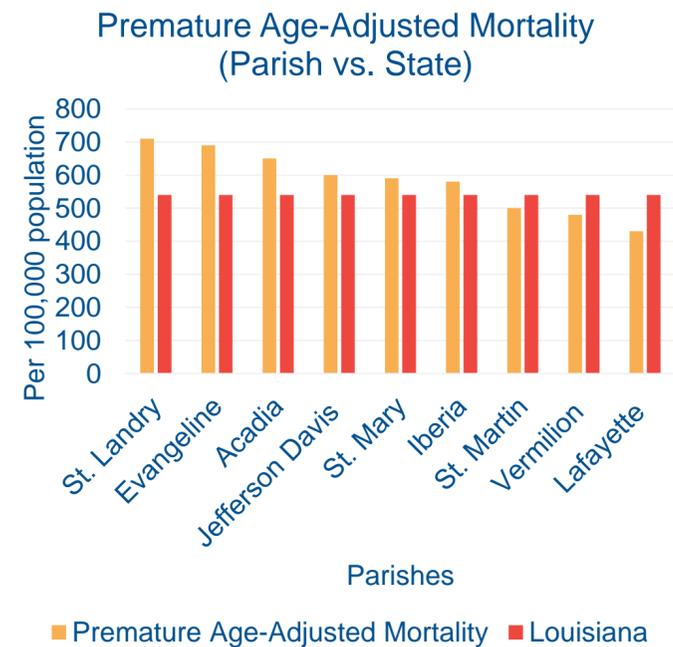
Frequent Mental Distress

Acadiana Region AVG: 20%
Louisiana AVG: 19%

In frequent mental distress, the data is being compared to the percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted). Six out of the nine parishes are above the region's average. For the state's average, eight out of nine parishes are above it.

Parish	Frequent Mental Distress
Evangeline	22%
Acadia	21%
St. Landry	21%
Iberia	20%
Jefferson Davis	20%
St. Mary	20%
St. Martin	19%
Vermilion	19%
Lafayette	18%

Frequent Mental Distress (Parish vs. State)

- Frequent Mental Distress
- Louisiana

Source: County Health Rankings
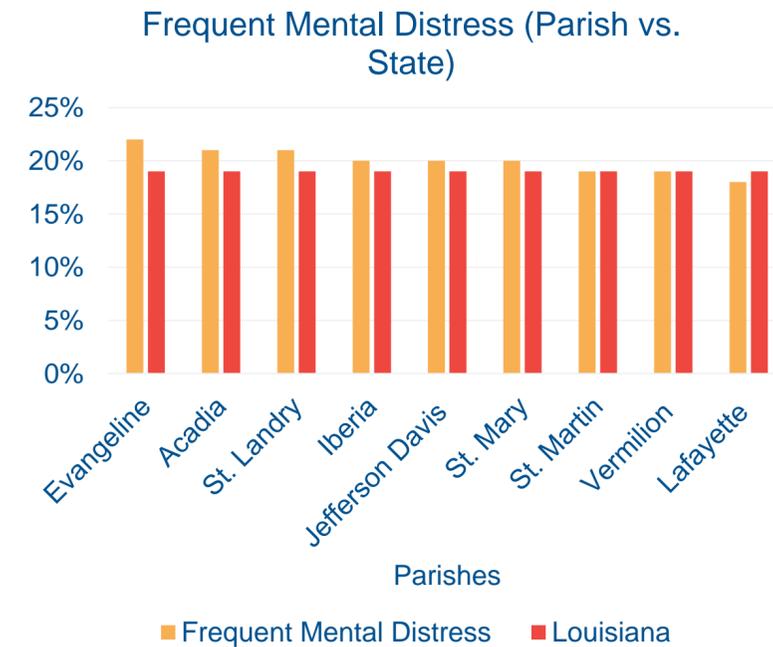
Child Mortality

Acadiana Region AVG: 71
Louisiana AVG: 80

In child mortality, the data is being compared to the average number of deaths among residents under age 18 per 100,000 population. Four out of the nine parishes are above the region's average. For the state's average, four out of nine parishes are above it.

Parish	Child Mortality
St. Landry	100
Iberia	90
Acadia	80
St. Mary	80
Evangeline	70
Jefferson Davis	60
Lafayette	60
St. Martin	60
Vermilion	40

Child Mortality (Parish vs. State)

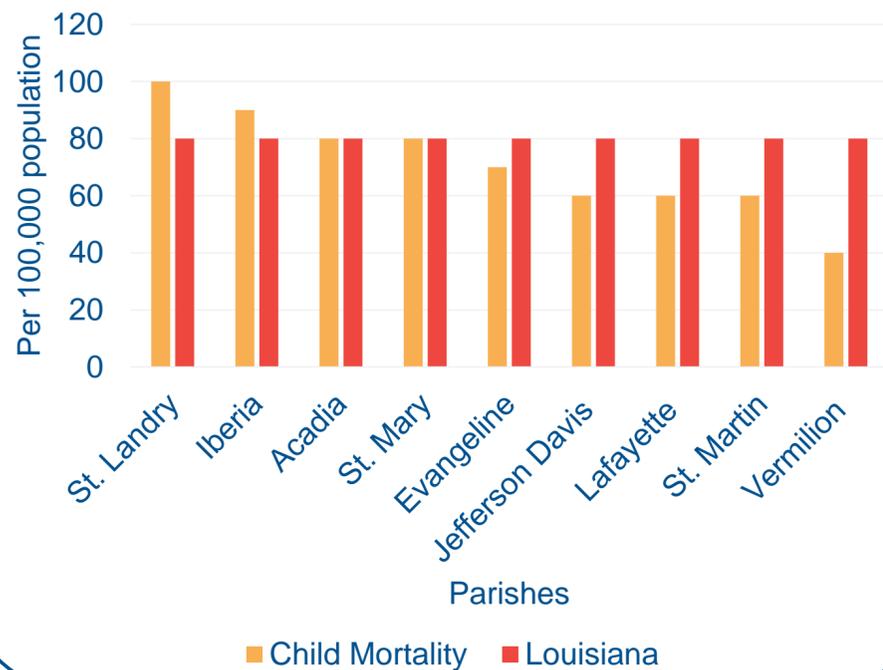## Infant Mortality

Acadiana Region AVG: 7
Louisiana AVG: 8

In infant mortality, the data is being compared to the average number of infant deaths (within 1 year) per 1,000 live births. Four out of the nine parishes are above the region's average. For the state's average, two out of nine parishes are above it. Jefferson Davis parish has no data collected.

Parish	Infant Mortality
St. Landry	9
Iberia	8
Evangeline	7
St. Martin	7
Acadia	6
Lafayette	6
St. Mary	6
Vermilion	5
Jefferson Davis	*

Note: * means data cannot be found

Infant Mortality (Parish vs. State)
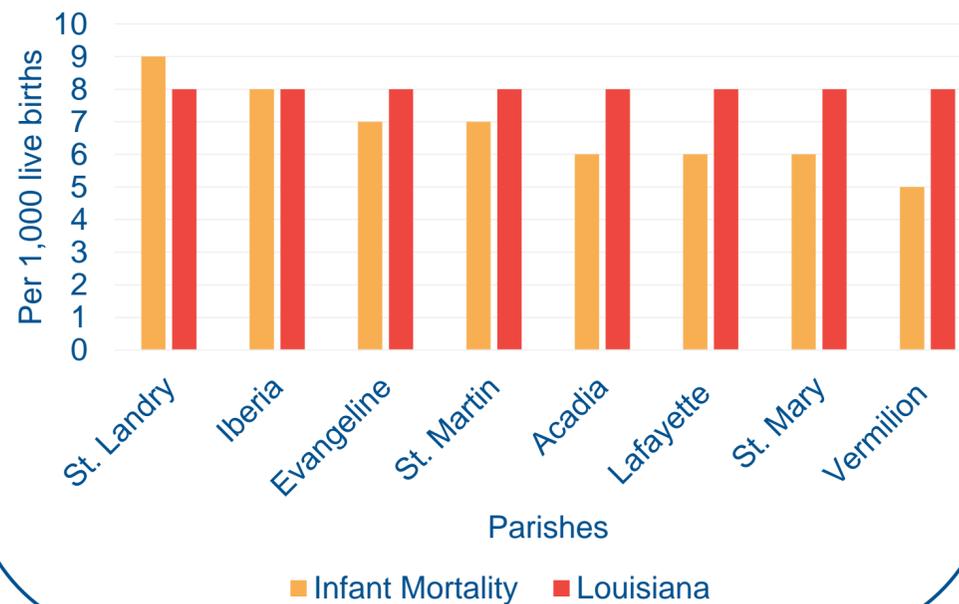
Diabetes Prevalence

Acadiana Region AVG: 13%
Louisiana AVG: 12%

In diabetes prevalence, the data is being compared to the percentage of adults aged 20 and above with diagnosed diabetes (age-adjusted). Five out of the nine parishes are above the region's average. For the state's average, six out of nine parishes are above it.

Parish	Diabetes Prevalence
Evangeline	15%
St. Landry	14%
St. Mary	14%
Acadia	13%
Iberia	13%
St. Martin	12%
Jefferson Davis	11%
Lafayette	11%
Vermilion	11%

Diabetes Prevalence (Parish vs. State)

Source: County Health Rankings
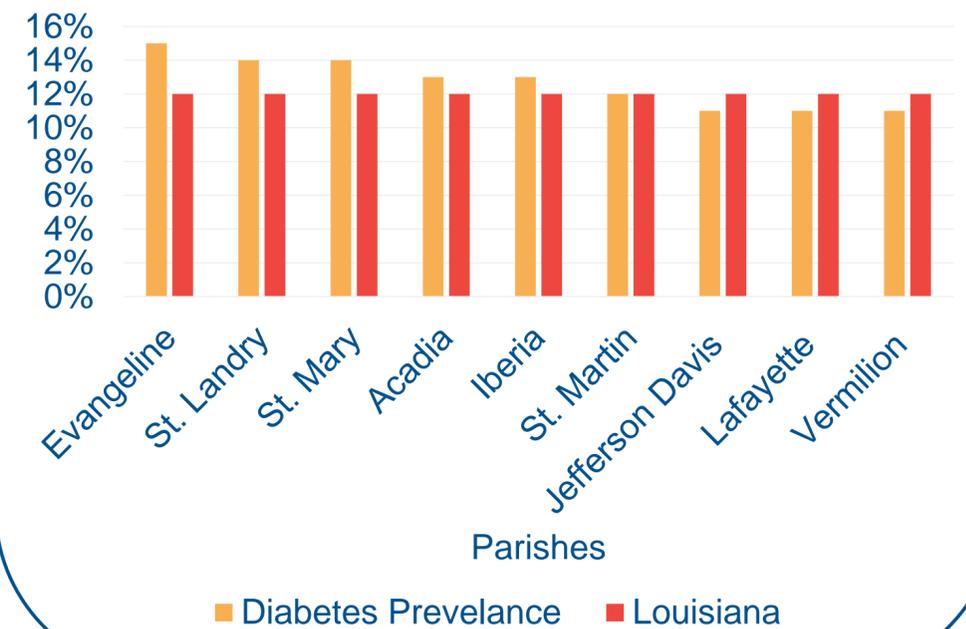
Health Factors

Adult Smoking
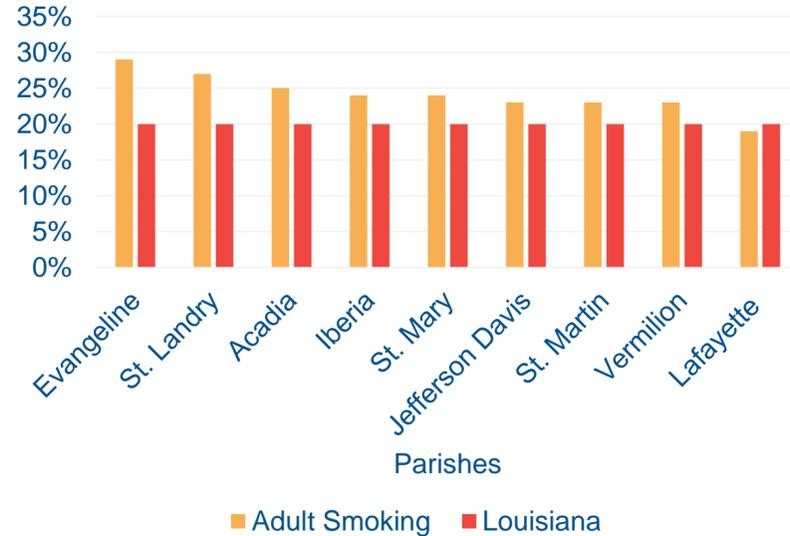
Acadiana Region AVG: 24%
Louisiana AVG: 20%

The data is being compared to the percentage of adults who are current smokers (age-adjusted). Comparing to the Acadiana Region, five out of nine parishes are above the average. For state average, eight out of nine parishes are above the average.

Parish	Adult Smoking
Evangeline	29%
St. Landry	27%
Acadia	25%
Iberia	24%
St. Mary	24%
Jefferson Davis	23%
St. Martin	23%
Vermilion	23%
Lafayette	19%

Adult Smoking (Parish vs. State)


Legend: Adult Smoking, Louisiana

Low Birthweight

Acadiana Region AVG: 40%
Louisiana AVG: 39%

The data is being compared to the percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted). Comparing to the Acadiana Region, six out of nine parishes are above the average. For state average, all the parishes are above the average.

Parish	Adult Obesity
Iberia	43%
Evangeline	42%
Jefferson Davis	41%
St. Martin	41%
Acadia	40%
St. Landry	40%
Lafayette	39%
St. Mary	39%
Vermilion	39%

Adult Obesity (Parish vs. State)

Legend: Adult Obesity, Louisiana
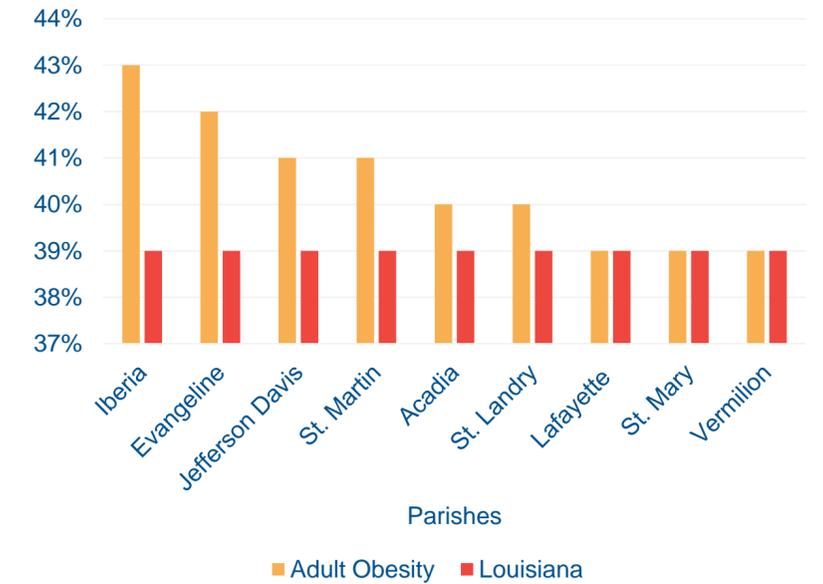
Frequent Physical Distress

Acadiana Region AVG: 7.0
Louisiana AVG: 2.8

The data is being compared to the index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best). Comparing to the Acadiana Region, five out of nine parishes are above the average. For state average, all the parishes are above the average.

Parish	Food Environment Index
St. Martin	7.7
Vermilion	7.5
Lafayette	7.4
Jefferson Davis	7.2
Acadia	7.1
Iberia	6.9
St. Landry	6.5
St. Mary	6.5
Evangeline	6.2

Food Environment Index (Parish vs. State)

Legend: Food Environment Index, Louisiana
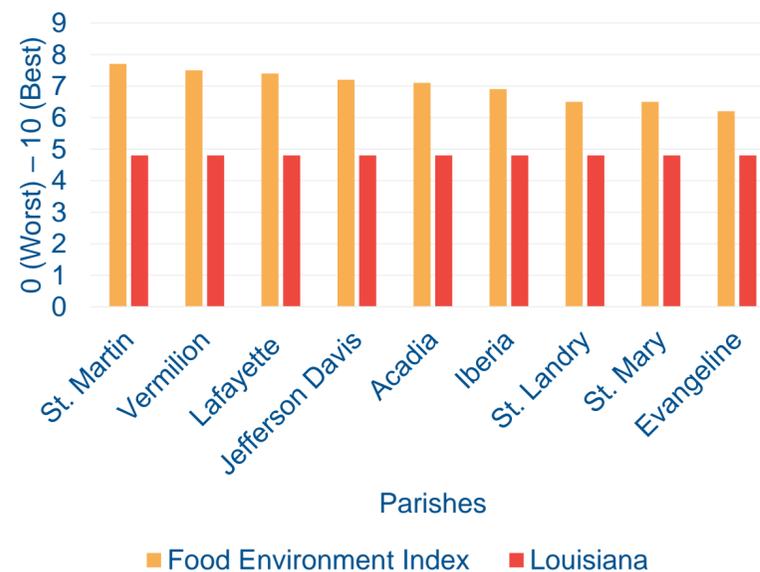
Poor Physical Health Days

Acadiana Region AVG: 32%
Louisiana AVG: 28%

The data is being compared to the percentage of adults ages 18 and over reporting no leisure-time physical activity (age-adjusted). Comparing to the Acadiana Region, five out the nine parishes are above the average. For state average, eight out of the nine parishes are above the average.

Parish	Physical Inactivity
Evangeline	38%
St. Landry	35%
St. Mary	35%
Acadia	33%
Iberia	33%
Jefferson Davis	30%
St. Martin	30%
Vermilion	30%
Lafayette	27%

Physical Inactivity (Parish vs. State)

Legend: Physical Inactivity, Louisiana

43

Source: County Health Rankings
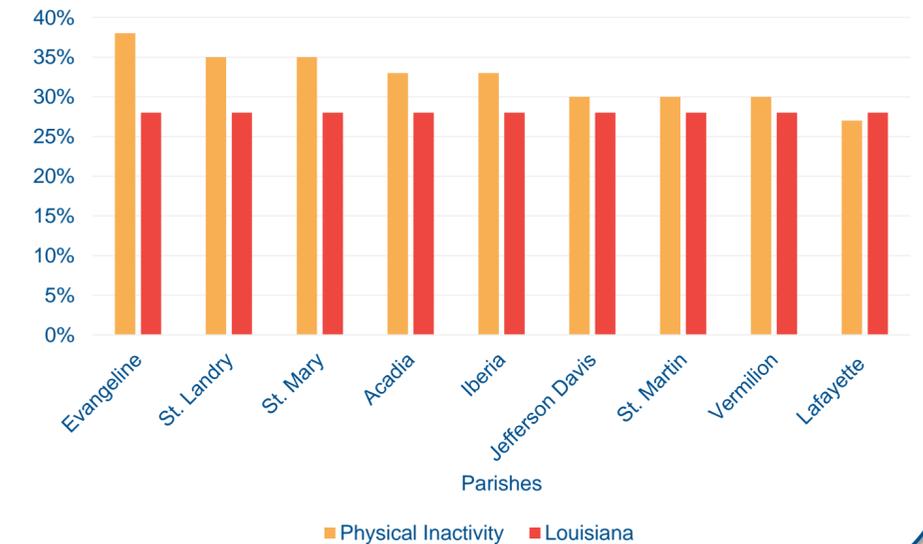
Access to Exercise Opportunities

Acadiana Region AVG: 61%
Louisiana AVG: 75%

The data is being compared to the percentage of population with adequate access to locations for physical activity. Comparing to the Acadiana Region, four out the nine parishes are above the average. For state average, two out of the nine parishes are above the average.

Parish	Access to Exercise Opportunities
St. Mary	85%
Lafayette	83%
Iberia	69%
St. Martin	63%
Evangeline	56%
Jefferson Davis	50%
Vermilion	49%
Acadia	46%
St. Landry	46%

Access to Exercise Opportunities (Parish vs. State)

Excessive Drinking
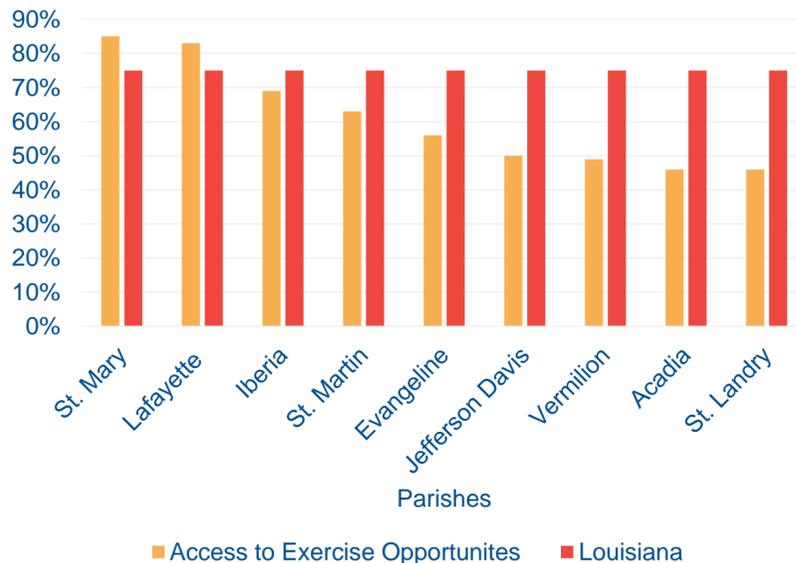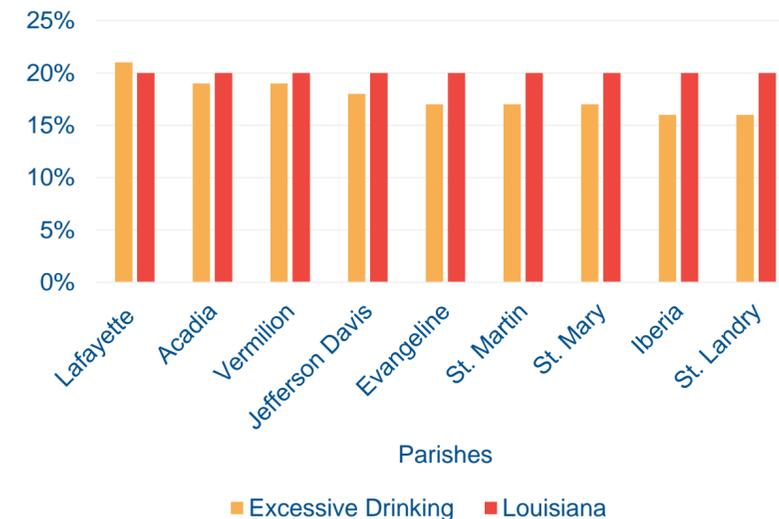
Acadiana Region AVG: 18%
Louisiana AVG: 20%

The data is being compared to the percentage of adults reporting binge or heavy drinking (age-adjusted). Comparing to the Acadiana Region, four out the nine parishes are above the average. For state average, one out of the nine parishes are above the average.

Parish	Excessive Drinking
Lafayette	21%
Acadia	19%
Vermilion	19%
Jefferson Davis	18%
Evangeline	17%
St. Martin	17%
St. Mary	17%
Iberia	16%
St. Landry	16%

Excessive Drinking (Parish vs. State)

Alcohol-Impaired Driving Deaths

Acadiana Region AVG: 29%
Louisiana AVG: 31%

The data is being compared to the percentage of driving deaths with alcohol involvement. Comparing to the Acadiana Region, five out the nine parishes are above the average. For state average, four out of the nine parishes are above the average.

Parish	Alcohol-Impaired Driving Deaths
Evangeline	40%
Lafayette	35%
St. Martin	34%
St. Mary	32%
St. Landry	30%
Acadia	27%
Jefferson Davis	24%
Vermilion	22%
Iberia	21%

Alcohol-Impaired Driving Deaths (Parish vs. State)
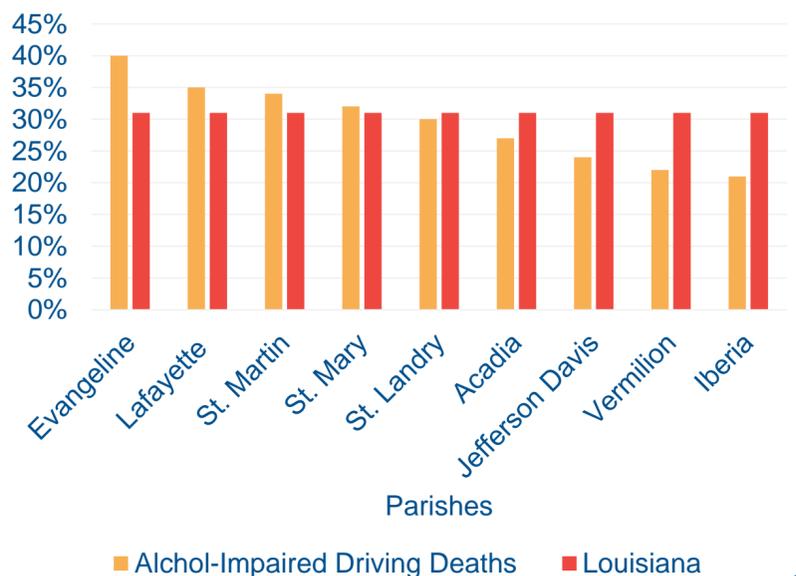
Sexually Transmitted Infections

Acadiana Region AVG: 643.6
Louisiana AVG: 730.1

The data is being compared to the number of newly diagnosed chlamydia cases per 100,000 population. Comparing to the Acadiana Region, five out the nine parishes are above the average. For state average, two out of the nine parishes are above the average.

Parish	Sexually Transmitted Infections
St. Landry	779.8
Iberia	761.1
St. Martin	712.1
Lafayette	671.2
Acadia	659.8
St. Mary	626.1
Evangeline	589.8
Vermilion	519.2
Jefferson Davis	473

Sexually Transmitted Infections (Parish vs. State)

44

Source: County Health Rankings
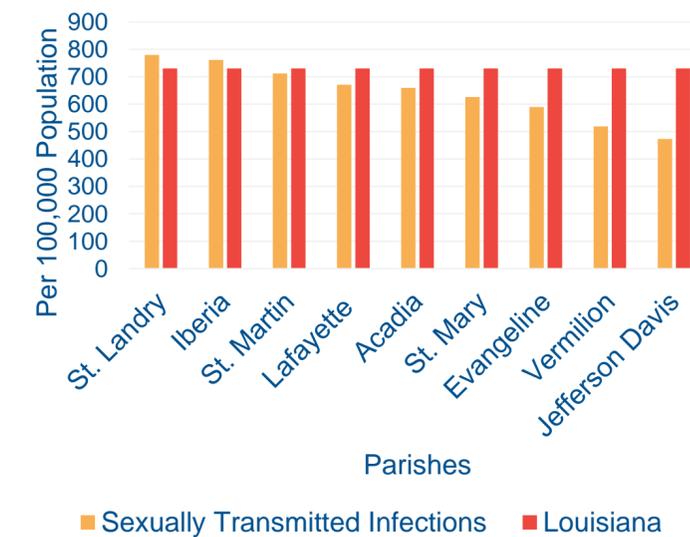
Teen Birth

Acadiana Region AVG: 33
Louisiana AVG: 27

The data is being compared to the number of births per 1,000 female population ages 15-19. Comparing to the Acadiana Region, six out the nine parishes are above the average. For state average, eight out of the nine parishes are above the average.

Parish	Teen Births
Evangeline	38
St. Landry	38
Acadia	35
St. Mary	34
Iberia	33
Jefferson Davis	33
Vermilion	32
St. Martin	30
Lafayette	24

Teen Births (Parish vs. State)

Insufficient Sleep

Acadiana Region AVG: 37%
Louisiana AVG: 37%

The data is being compared to the percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted). Comparing to the Acadiana Region and the state average, four out the nine parishes are above the average.

Parish	Insufficient sleep
Evangeline	40%
Iberia	39%
St. Martin	39%
St. Mary	37%
St. Landry	36%
Vermilion	36%
Acadia	35%
Jefferson Davis	34%
Lafayette	33%

Insufficient Sleep (Parish vs. State)

Food Insecurity

Acadiana Region AVG: 15%
Louisiana AVG: 15%

The data is being compared to the percentage of population who lack adequate access to food. Comparing to the Acadiana Region and the state average, five out the nine parishes are above the average.

Parish	Food Insecurity
Evangeline	19%
Acadia	16%
Iberia	16%
St. Landry	15%
St. Mary	15%
Jefferson Davis	14%
Vermilion	14%
Lafayette	12%
St. Martin	12%

Food Insecurity (Parish vs. State)
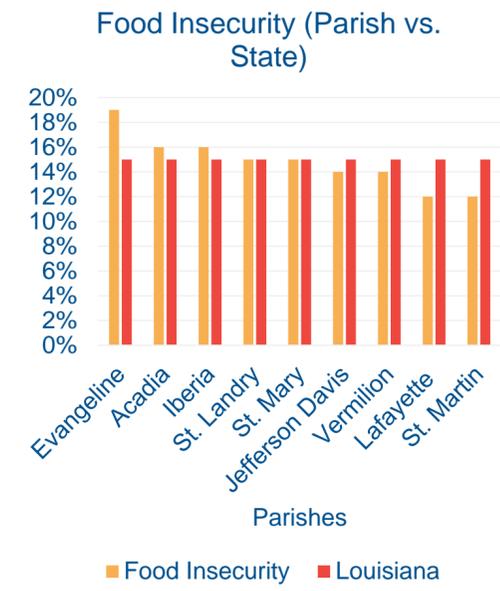
Limited Access to Healthy Foods
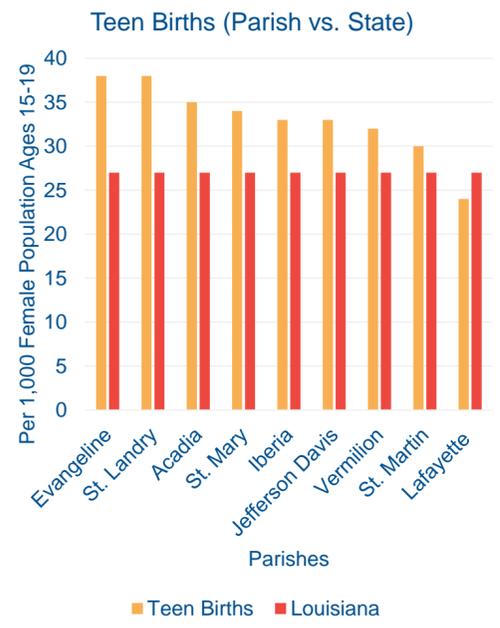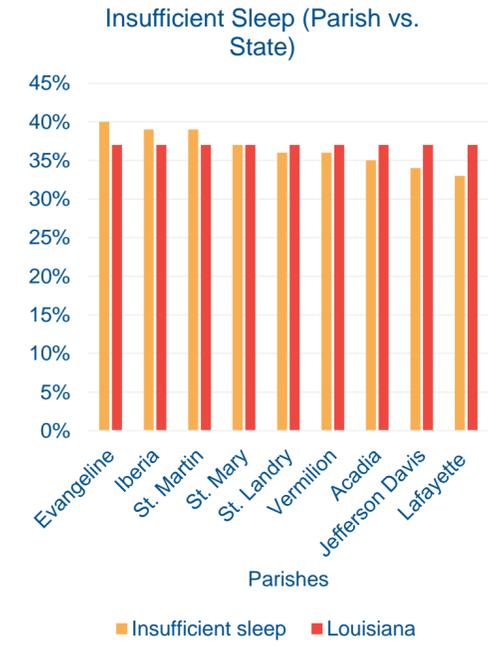
Acadiana Region AVG: 7%
Louisiana AVG: 11%

The data is being compared to the percentage of population who are low-income and do not live close to a grocery store. Comparing to the Acadiana Region, four out the nine parishes are above the average. For state average, one out of the nine parishes are above the average.

Parish	Limited Access to Healthy Foods
St. Landry	11%
St. Mary	10%
Lafayette	9%
Jefferson Davis	8%
Evangeline	6%
Iberia	6%
St. Martin	6%
Vermilion	4%
Acadia	3%

Limited Access to Healthy Foods (Parish vs. State)
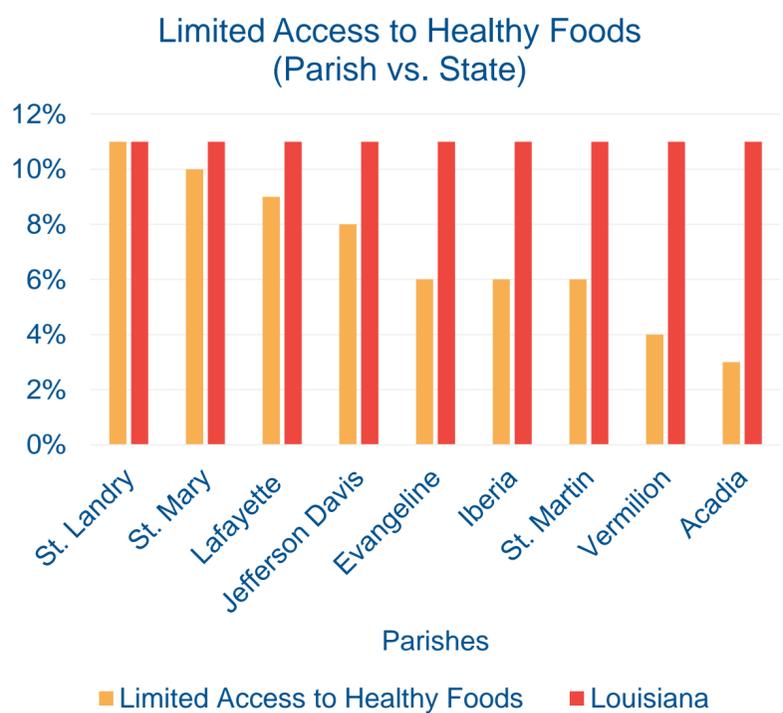
Drug Overdose Deaths

Acadiana Region AVG: 32
Louisiana AVG: 40

The data is being compared to the number of drug poisoning deaths per 100,000 population. Comparing to the Acadiana Region, five out the nine parishes are above the average. For state average, one out of the nine parishes are above the average.

Parish	Drug Overdose Deaths
Jefferson Davis	46
Lafayette	39
St. Mary	36
Acadia	35
St. Landry	33
Iberia	29
Evangeline	25
St. Martin	25
Vermilion	24

Drug Overdose Deaths (Parish vs. State)

45

Source: County Health Rankings
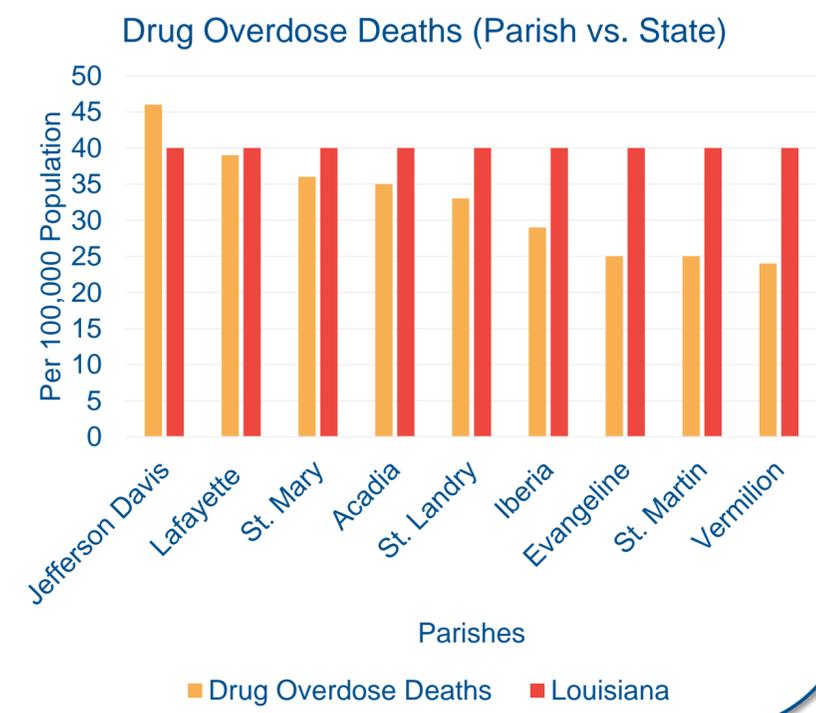
Cancer

According to the State Cancer Profiles by the National Cancer Institute and the CDC, the top five cancers with the highest incidence rates are prostate, breast, lung and bronchus, colon and rectum, and kidney and renal pelvis. A subset within the breast cancer category is breast cancer in situ. This data, collected from 2016 to 2020, encompasses all races, including Hispanics, both sexes, and all age groups (age-adjusted), with incidence and death rates reported as cases per 100,000 individuals. Prostate cancer occurs in the prostate gland, with risk factors including age, family history, and race. Breast cancer forms in the cells of the breasts, commonly in the ducts or lobules, and includes invasive breast cancer and breast cancer in situ. Risk factors for breast cancer include gender, age, family history, and genetic mutations. Lung and bronchus cancer, strongly associated with smoking, begins in the lungs or bronchial tubes. Colon and rectum cancer, often grouped as colorectal cancer, starts in the colon or rectum, typically as benign polyps. Risk factors include age, family history, and diet. Kidney and renal pelvis cancer starts in the kidneys or renal pelvis, with risk factors such as smoking, obesity, and high blood pressure. These cancers are tracked and analyzed to guide public health policies and improve prevention and treatment strategies.

Incidence Rate

Parish	All Cancer Sites (All Stages^)
St. Landry	544.8
St. Martin	510.5
Iberia	504.0
Jefferson Davis	500.8
Acadia	500.5
Evangeline	499.4
Vermilion	496.3
St. Mary	490.3
Lafayette	464.6
Louisiana	478.3
United States	442.3

Incidence Rate for Louisiana by Parish: All Cancer Sites
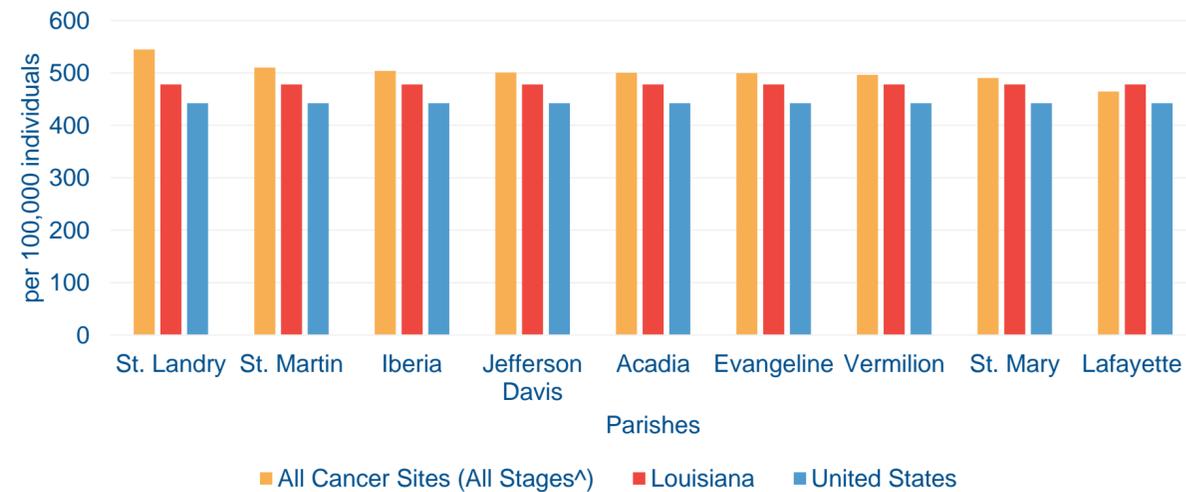
Death Rate

Parish	Death Rate
Acadia	187.7
Evangeline	185.4
Iberia	180.7
Jefferson Davis	195.9
Lafayette	154.7
St. Landry	202.9
St. Martin	174.2
St. Mary	188.4
Vermilion	163.6
Louisiana	168.3
United States	149.4

Death Rate Report for Louisiana by County: All Cancer Sites
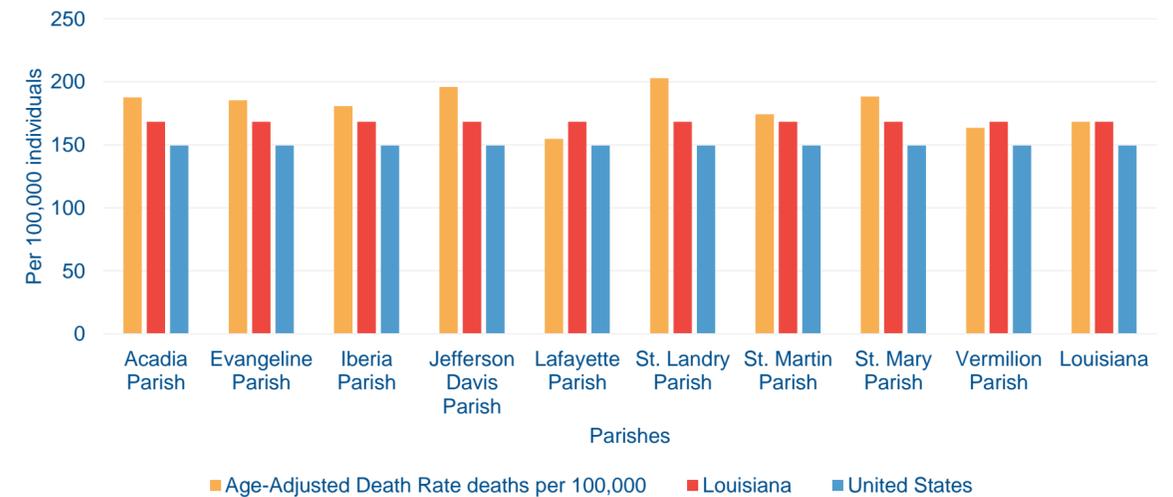
All Cancer Sites

Parish	All Cancer Sites (All Stages^)
St. Landry	544.8
St. Martin	510.5
Iberia	504.0
Jefferson Davis	500.8
Acadia	500.5
Evangeline	499.4
Vermilion	496.3
St. Mary	490.3
Lafayette	464.6
Louisiana	478.3
United States	442.3

All Cancer Sites (All Stages^)

Prostate (All Stages^)
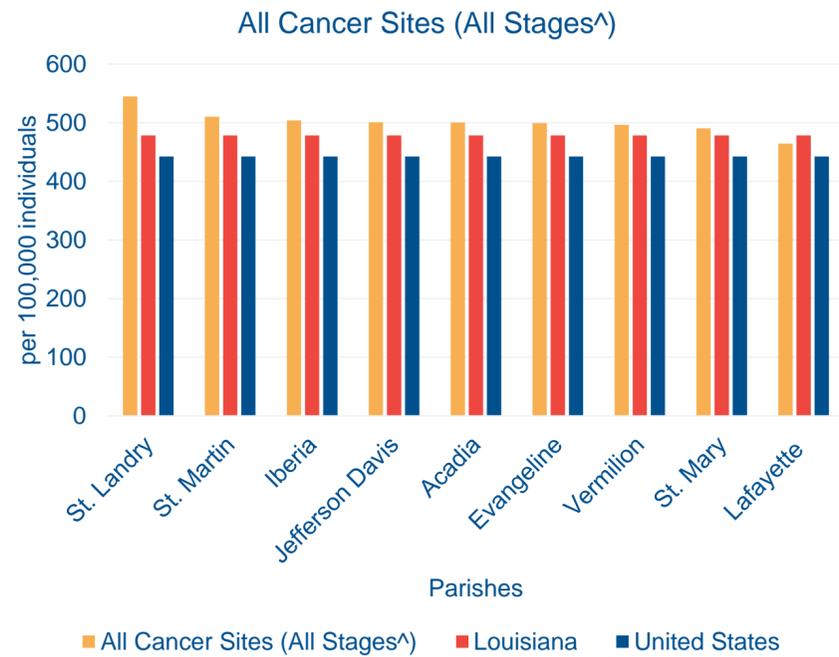
Breast (All Stages^)

Parish	Cancer Incidence Rate for Louisiana by Parish: Top 5				
	Prostate (All Stages^)	Breast (All Stages^)	Lung & Bronchus (All Stages^)	Colon & Rectum (All Stages^)	Kidney & Renal Pelvis
Acadia	133.0	106.8	62.2	35.1	17.3
Evangeline	96.8	109.6	69.4	46.5	29.4
Iberia	142.0	142.7	53.5	43.5	14.7
Jefferson Davis	154.0	127.5	54.8	48.1	18.2
Lafayette	144.7	135.8	48.0	36.9	14.8
St. Landry	148.6	152.9	62.5	48.9	20.4
St. Martin	145.4	131.7	51.2	43.2	12.6
St. Mary	126.6	117.6	55.5	39.9	20.0
Vermilion	142.6	119.3	61.2	40.9	19.8
Louisiana	138.1	127.5	61.5	44.3	22.8
United States	110.5	127.0	54.0	36.5	17.2

Lung & Bronchus (All Stages^)

Colon & Rectum (All Stages^)

Kidney & Renal Pelvis

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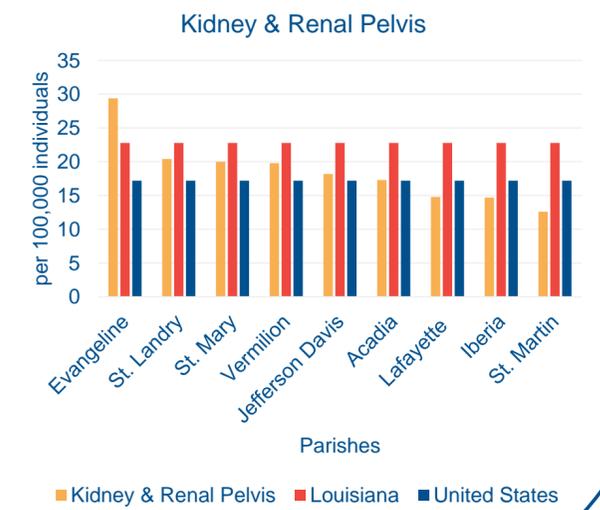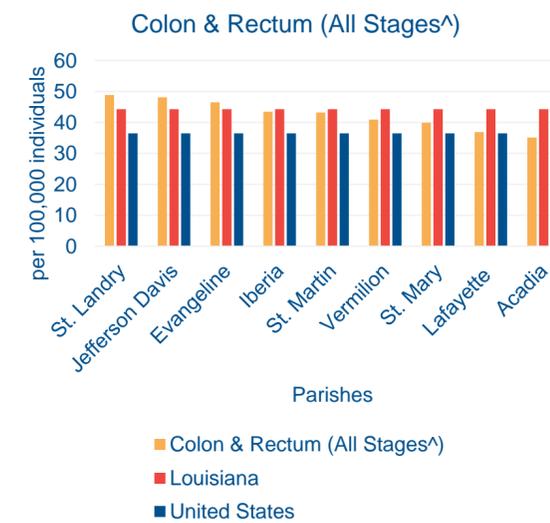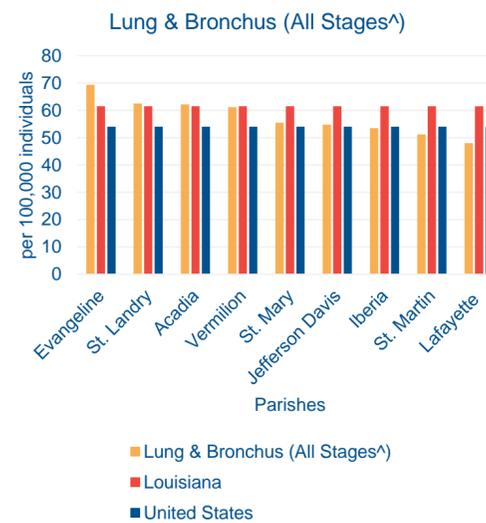
LDH 2022 Health Report Card: STIs

According to the LDH 2022 Health Report Card, the high rates of sexually

transmitted infections (STIs) in Louisiana, particularly chlamydia, gonorrhea, and

primary and secondary syphilis, have a significant impact on Region 4. Louisiana's

STI rates are consistently among the highest in the United States, significantly

surpassing the national average and exceeding rates in most other southern states,

except Mississippi, and Alabama for gonorrhea. These elevated STI rates indicate

that Region 4, like Louisiana, faces a substantial public health challenge regarding

STIs, which increases the risk of other infections, such as HIV, among its population.

The most recent data from the National Center for HIV/AIDS, Viral Hepatitis, STD,

and TB Prevention in 2019 highlights the growing problem and underscores the

urgent need for targeted public health interventions in this region.

Parish	Chlamydia	Gonorrhea	P&S Syphilis	HIV Diagnosis	PLWHA
Acadia	606	329	22	13	236
Evangeline	567	284	*	21	290
Iberia	742	457	23	14	244
Jefferson Davis	487	283	*	16	223
Lafayette	673	354	21	26	386
St. Landry	773	365	12	12	397
St. Martin	685	379	*	11	226
St. Mary	604	298	18	16	208
Vermilion	497	254	8	12	186

Note: * means data cannot be found; PLWHA (People Living With HIV/Aids)

Total Cardiovascular Death: Prevalence and Risk Factors

Parish	Total Cardiovascular Death Rate 2019+	All Heart Disease Death Rate 2019+	Coronary Heart Disease (%)	High Blood Pressure (%)	Stroke (%)	High Cholesterol (%)	Diagnosed Diabetes (%)	Obesity (%)	Leisure-Time Physical Inactivity (%)	Current Smoker Status (%)
Acadia	349.4	278.9	8.1	42.1	4.3	39.3	11.3	34.5	26.6	24.9
Evangeline	330.5	261.1	8.9	44.5	4.9	40.1	9.0	26	24.1	27.9
Iberia	359.3	286.1	7.7	43.3	4.3	39.7	11.2	36.7	26.2	23.0
Jefferson Davis	333.2	258.6	7.6	39.4	4.0	38.6	7.5	33.9	22.6	22.4
Lafayette	263.8	214.1	5.9	37.4	3.3	34.4	10.5	34.1	21.6	18.8
St. Landry	319.3	260.8	8.6	44.8	5.0	39.6	9.0	33.4	26.3	26.0
St. Martin	310.3	250.4	7.5	42.2	4.2	38.2	10.5	35.1	21.8	22.8
St. Mary	314.3	255.1	8.5	43.7	4.8	39.7	12.0	29.6	27.9	23.7
Vermilion	324.3	271.2	7.6	40.7	3.9	41.0	9.7	35.6	25.5	22.3

According to the Centers for Disease Control and Prevention (CDC), their Interactive Atlas of Heart Disease and Stroke provides a comprehensive overview of the prevalence and risk factors associated with these conditions. Two of the key metrics presented in this atlas are the Total Cardiovascular Disease Death Rate and the All Heart Disease Death Rate. The Total Cardiovascular Disease Death Rate is a measure of the number of deaths due to cardiovascular disease per 100,000 people in each population. Similarly, the All Heart Disease Death Rate is a measure of the number of deaths due to all types of heart disease per 100,000 people. These rates are important indicators of the overall health of the population and the effectiveness of healthcare services in managing and preventing cardiovascular and heart diseases. In the context of the CDC's Interactive Atlas, these rates are presented for all races and ethnicities, all genders, and all age groups. This comprehensive approach allows for a more inclusive understanding of the impact of cardiovascular and heart diseases across different segments of the population. The data provided in the atlas spans from 2019 to 2021, offering a recent snapshot of the state of cardiovascular health in the population. This timeframe allows for the examination of recent trends and patterns, which can be crucial for informing public health strategies and interventions.

Community Input

This section shares input from the community interviews and focus groups.

Community Leaders Overview

The interviews conducted as part of this study are qualitative in nature and should be understood as reflecting the values and perceptions of the individuals interviewed. This portion of the Community Health Needs Assessment (CHNA) process is specifically designed to gather input from a diverse group of individuals who represent the broad interests of the community served by OLG and OLOL. It also includes insights from individuals who possess specialized knowledge or expertise in public health. The primary goal of these interviews is to provide additional depth and richness to the quantitative data that has been collected.

The individuals who participated in the interviews and surveys come from a wide range of backgrounds and areas of expertise, ensuring a comprehensive view of the community's health needs and concerns. In total, 40 interviews were conducted over the course of the month, from May 1, 2024, through May 30, 2024. Each interview took approximately 30 minutes to complete, allowing for a thorough discussion of each participant's insights and perspectives.

Health officials and community leaders were posed a few different questions tailored to their specific roles and expertise; however, most of the questions remained consistent across all interviews to maintain a cohesive approach to data collection. This method ensures that the information gathered is robust and reflective of the community's diverse viewpoints.

For a detailed list of the interview questions used in this study, please refer to the Appendix C.

Roles

In the context of a **Community Health Needs Assessment** (CHNA), the roles of healthcare leaders and community leaders are paramount. They are instrumental in the development, implementation and sustainability of strategies aimed at enhancing the overall health of their respective communities and populations. This necessitates robust communication and collaboration among various stakeholders, including health delivery organizations, public health agencies, employers, school systems and other key community entities.

Health care leaders bear the responsibility of fostering a commitment to the enhancement of community health status. They address societal issues contributing to poor health and health disparities, and they personally strive toward the betterment of the community. Furthermore, they play a pivotal role in liaising with senior leadership about the CHNA process and its subsequent report.

Conversely, community leaders contribute to the CHNA by offering local insights and perspectives, aiding in the identification of community health needs, and participating in the prioritization of these needs. They often engage in more localized work, thereby supporting the development of assessment skills that can be leveraged within the community. They are the bridge between healthcare leaders and the community.

In the 2024 CHNA, United Way of Acadiana, Ochsner and Lourdes collectively conducted interviews with a total of **40 leaders**. The expertise of these leaders, informed by their roles, provided invaluable insights into their ideals and beliefs during the interviews.

The roles of the individuals involved in our study were diverse and encompassed a wide range of positions within their respective organizations. These roles included, but were not limited to, the following:

- **Directorship Roles**: This category includes individuals who hold various levels of directorship, such as Senior, Medical, Regional and Executive Directors.
- **Executive Roles**: This category encompasses roles such as Chief Executive Officers (CEOs), Founders of organizations, Vice Presidents, Market Presidents, AVP Nursing and Hospital Administrators.
- **Coordinator and Supervisor Roles**: Individuals who serve as Coordinators, specifically those involved in outreach initiatives or performance improvement, and Supervisors overseeing various operations fall under this category.
- **Committee Members and Advocacy Roles**: This category includes Members of Committees (both Executive and Sub-Committees) and Lobbyists advocating for specific causes or policies.
- **Nursing Roles**: This category includes Nurses in various capacities, such as Executive, Regional Chief, Practitioners, Registered Nurses, and those with advanced degrees like Doctor of Nursing Practice (DNP), Master of Science in Nursing (MSN), and Associate degrees.
- **Social Work and Community Health Roles**: Licensed Clinical Social Workers, Community Health Workers and individuals involved in Care Giving are included in this category.
- **Scientific Roles**: This category includes individuals who work as Scientists, including those in clinical labs.
- **Consultancy and Market Specialist Roles**: This category includes roles such as Consultants and Market Specialists.
- **Political Roles**: This category includes political roles such as Louisiana State Senators.

This diverse array of roles provided a comprehensive perspective on the health needs and resources of the community. The varied expertise and experiences of these individuals enriched the data collected and contributed to a more holistic understanding of the community's health landscape.

Top 3 Strengths/ Assets

In a series of interviews with 40 health officials and community leaders, participants were asked to identify the **top three strengths or assets of the community**, resulting in a total of 114 responses. The most frequently cited strength, with 19 responses (17%), was the **collaborative spirit and culture of the diverse community**. This collaborative effort is particularly evident in initiatives addressing homelessness, such as the successful partnership with the Acadiana Regional Coalition on Homelessness and Housing (ARCH). These efforts showcase the community's commitment to supporting its most vulnerable members through coordinated actions and shared resources.

The second most frequently mentioned **strength**, with 16 responses (14.0%), was the **strong network of community partnerships that foster a caring and supportive environment**. These partnerships strive to create stronger relationships among neighbors, contributing to a healthier community. For instance, the Ed Pugh Family Foundation works to build resilience by ensuring that community members have access to necessary resources and support systems. This network of partnerships reflects the community's dedication to collective well-being and mutual support.

The third most cited strength, with 11 responses (10%), was the **region's excellence in healthcare and education**. Responses highlighted the significant role of the University of Louisiana at Lafayette (ULL) as a major asset capable of transforming the community landscape through its educational programs and healthcare initiatives. Furthermore, the accessibility of healthcare in the region is enhanced by higher education partnerships with institutions like LSUE and SLCC as well as various university nursing programs. These educational institutions not only provide high-quality training for future healthcare professionals but also contribute to the overall health and education of the community.

The subsequent question sought to understand **how these strengths impact the community's health**. Out of the 73 responses received, the 22 responses (30.1%), mentioned about **increased access to healthcare services.** Responses noted enhanced access to specialists, resources, healthcare professionals, and various forms of care. Numerous organizations contribute to this increased access; for instance, Beacon operates a community coalition that collaborates with hospice, home health and assisted living services, ensuring there is no duplication of services.

The second most common response, with 17 mentions (23.3%), highlighted the **community's collaborative efforts to address issues, thereby enhancing the quality of care and fostering peace**. This collaboration cultivates a competitive spirit among community members, driving them to seek training to help others. Consequently, this culture inspires healthcare leaders and strengthens the community.

8 responses (11.0%) pointed to the **desire of health leaders to encourage future healthcare workers to become more engaged within the community**. Lastly, 5 responses (6.8%) emphasized that **health education provides opportunities to improve health literacy**

Top 3 Strengths/Assets

Legend: ■ Collaborative Spirit ■ Partnership ■ Education ■ Other

Pie chart segments: 17%, 14%, 10%, 59%
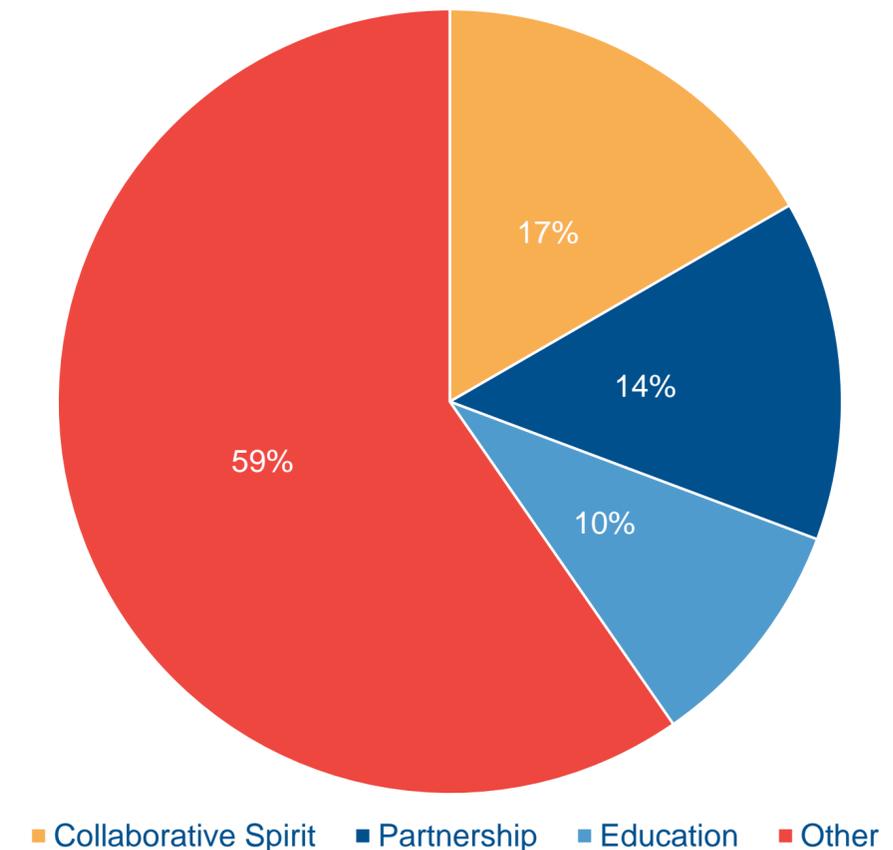
Top 3 Problems/Challenges

In a survey querying the **top three community challenges**, 131 responded. The primary concern, identified by 17 responses (approximately 12.98%), was the **triad of homelessness, poverty and insufficient affordable housing**. This underscores the area's acute socioeconomic issues and the urgency for affordable housing initiatives and poverty reduction measures.

Mental and behavioral health emerged as the second most cited problem, with 16 mentions (12.21%), signaling a pressing need for enhanced mental health services and support infrastructures to tackle conditions like depression and anxiety.

Access to healthcare was the third most noted challenge, with 13 responses (9.92%). They pinpointed specific obstacles such as stigma, inadequate insurance, shortages in healthcare staffing, and geographical barriers. This indicates the necessity for broader healthcare coverage, improved medical resource allocation, and strategies to diminish the stigma associated with seeking healthcare.

The follow-up question sought to understand **how these challenges relate to the health of the community**. Out of 71 responses, the most frequently mentioned issue, cited by 11 responses (15.5%), was **the lack of knowledge about available resources**. This lack of awareness leads people to believe there are insufficient resources and prevents them from knowing about or following up on preventive measures.

The second most common response, with 7 mentions (9.9%), highlighted the **difficulty in improving health status, particularly in mental health, which can lead to homelessness**. This underscores the significant impact that mental health issues have on the overall well-being of the community and the critical need for accessible mental health services.

Next, 6 responses (8.5%) pointed out that **geographical location still dictates access to care, forcing people to move closer to healthcare facilities**. This indicates the persistent barrier of geographic inaccessibility to essential healthcare services.

There was a tie for the subsequent issues, each with 4 responses (5.6%). One issue was **homelessness, ALICE (Asset Limited, Income Constrained, Employed), and poverty, which directly affect the community's health by limiting access to necessary resources and services**. The other issue was the need for improved health education, emphasizing the role of education in enhancing health literacy and empowering individuals to make informed health decisions.

Top 3 Problems/Challenges in the Community
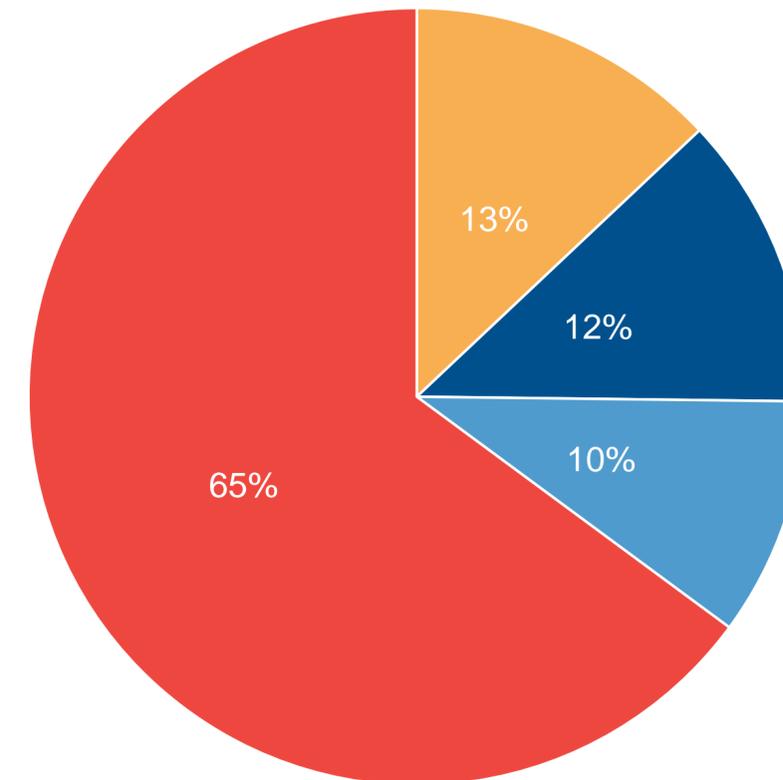
- Homeless, Poverty, Affordable Housing
- Mental and behavioral health
- Access to healthcare
- Other

Obstacles

The interviews aimed to identify the **obstacles people face in accessing health services**, garnering a total of 114 responses.

The most frequently cited obstacle, accounting for 26 out of the 114 responses (22.8%), is **transportation issues**. This highlights a critical challenge in the healthcare system, as a considerable segment of the population struggles with reaching healthcare facilities due to inadequate transportation options.

The second most reported barrier is the **lack of Medicaid providers**, with 12 responses (10.5%). This issue underscores the limitations within the Medicaid system, where insufficient provider availability restricts access to necessary care. Additionally, uninsured individuals face significant difficulties in accessing health services, pointing to the broader issue of insurance coverage and its role in healthcare accessibility. The leaders also noted that even insured individuals find healthcare services unaffordable, reflecting the high out-of-pocket costs that can deter individuals from seeking care despite having insurance.

Health literacy and stigma each received 9 responses (7.9%). These responses suggest that a notable portion of the population encounters difficulties in understanding health information, which can impede their ability to navigate the healthcare system effectively. Simultaneously, stigma, possibly related to specific health conditions or the use of certain services, creates additional barriers to accessing care.

Trust in the provider also garnered 9 responses (7.9%), indicating that a lack of trust in healthcare providers can significantly impact individuals' willingness to seek care. This issue highlights the importance of building strong, trust-based relationships between healthcare providers and patients to ensure effective healthcare delivery.

Access to services was identified as an obstacle by 7 responses (6.1%). This category likely encompasses a range of issues, from long waiting times to the geographic distribution of healthcare facilities, which collectively hinder timely and adequate access to care.

Lastly, **economic barriers** were cited by 6 responses (5.3%), reflecting the financial constraints that prevent individuals from obtaining necessary health services. These barriers can include high costs of care, lack of financial resources and other economic factors that contribute to healthcare inaccessibility.

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Obstacles People May Face
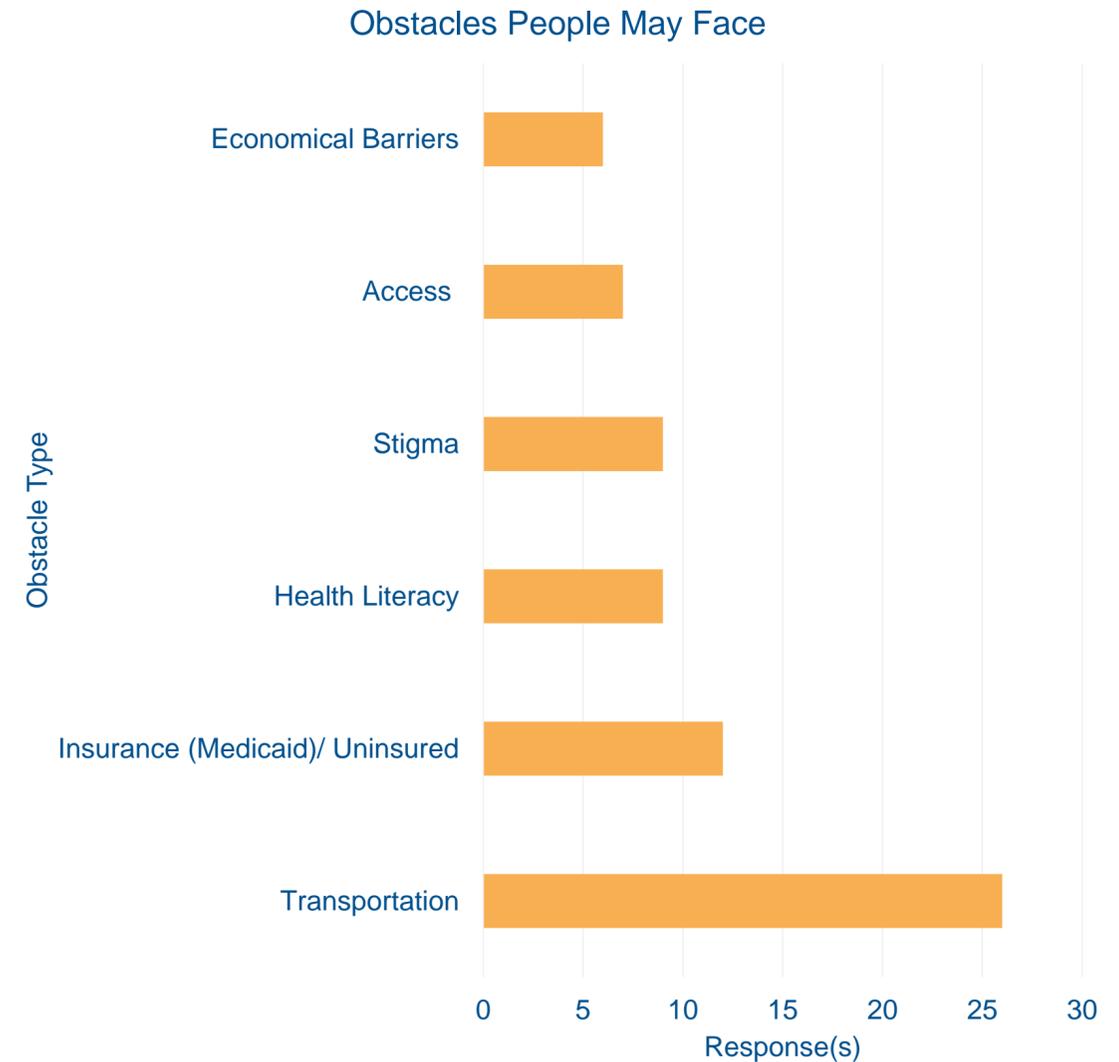
Groups That May Face Challenges

The question posed was, **"Which groups might face more access challenges than others?"** Out of a total of 125 responses, the most frequently mentioned group was the **elderly**, cited by 16 responses (12.8%). This suggests that seniors in the community face significant barriers to accessing necessary services and resources.

The second most common response, with 15 mentions (12%), highlighted **lower-income individuals, those classified as ALICE (Asset Limited, Income Constrained, Employed), and those living in poverty**. This indicates that economic constraints are a major barrier to access for a substantial portion of the community.

Thirteen responses (10.4%) identified **immigrants** as a group facing considerable access challenges, reflecting issues such as language barriers, legal status, and cultural differences that impede their ability to obtain services.

Twelve responses (9.6%) pointed to the **uninsured**, emphasizing the difficulties faced by those without health insurance in accessing medical care and other essential services.

Eleven responses (8.8%) highlighted **individuals on Medicaid**, suggesting that even those with some form of health coverage may still encounter obstacles due to the limitations of the Medicaid program.

Nine responses (7.2%) mentioned **minorities**, indicating that racial and ethnic minority groups face distinct access challenges, possibly due to systemic inequities and discrimination.

There was a tie for the next group, with eight responses (6.4%) each for **rural communities and the homeless**. This underscores the geographic and socioeconomic barriers these groups face in accessing services.

Six responses (4.8%) pointed to the **disabled and mentally challenged**, highlighting the additional support and accommodations required to ensure they can access necessary services.

Finally, there was a three-way tie with five responses (4%) each for the **mentally ill, parents (including single parents and teenage parents), and the uneducated**. These groups face unique challenges that impact their ability to access resources and services effectively.

People Who Might Face Access Challenges Than Others
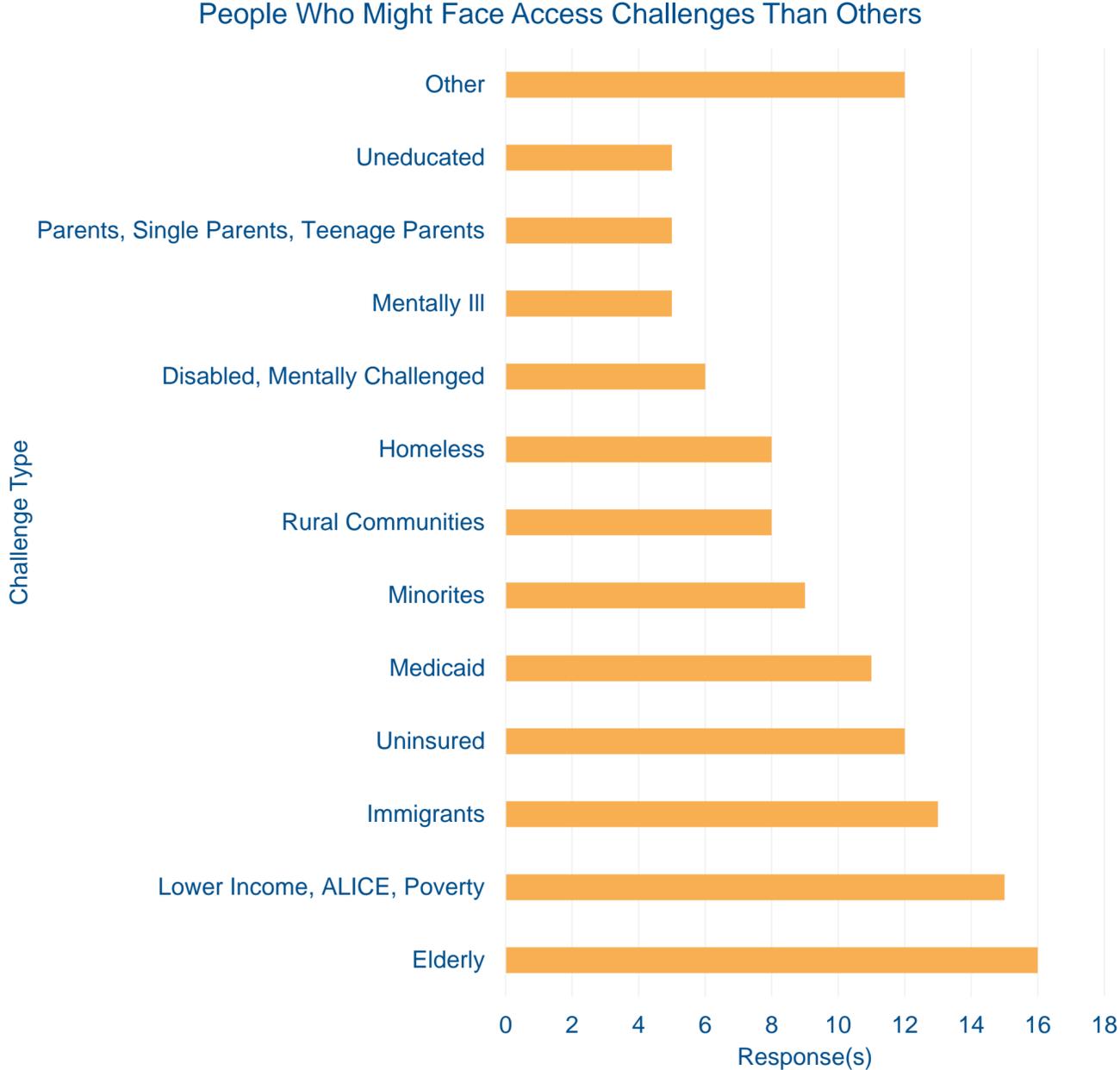
Resources

The question the interviewees were asked was, "**Which services or programs in the community have you or someone you know utilized?**" There were 170 total responses. Below is a list of services and programs mentioned more than twice.

Beacon Community Connection: Aims to improve the well-being of individuals and families by connecting them with community resources and support services, particularly in health and social services.

Catholic Charities: Offers a wide range of services including emergency assistance, food programs, housing support, immigration services, and disaster relief, aimed at improving the quality of life for vulnerable populations.

Council on Aging: Offers services and support to older adults, including transportation, meal programs, health screenings, and social activities to enhance their quality of life.

Education (HeadStart and Afterschool Programs):

- **Early Head Start and HeadStart:** A federal program that promotes school readiness for children from low-income families through education, health, social, and nutritional services.
- **Afterschool Programs:** Provide safe, educational, and recreational activities for children after school hours, supporting their academic and social development.

Emergency Department: Delivers urgent medical care for acute illnesses and injuries, providing critical health services to those in immediate need.

Family Tree: Provides counseling and support services aimed at strengthening families and individuals. Services include parenting education, family therapy, and support for victims of abuse and neglect.

Food Banks: Provide emergency food assistance to individuals and families facing food insecurity through various programs and distributions.

Healing House: Provides grief support for children, teenagers, and their families who have experienced the death of a loved one. The organization offers a safe place for healing and emotional support.

Homeless Shelters: Offer temporary housing and support services to individuals and families experiencing homelessness, providing a safe place to stay and assistance in finding permanent housing.

Junior League: With a mission to "advance women's leadership for meaningful community impact through volunteer action, collaboration, and training"
- **(Diaper Bank):** Provides diapers to families in need, addressing the essential needs of infants and toddlers to ensure their health and well-being.

Meals on Wheels: Delivers nutritious meals to homebound seniors and individuals with disabilities, helping them maintain their independence and well-being.

Mental Health Services (Unite Us, The Family Tree, Tyler Mental Health, AAHD):
- **Unite Us:** A care coordination platform that connects health and social service providers to address the holistic needs of individuals.
- **The Family Tree:** Offers mental health services including counseling and support groups.
- **Tyler Mental Health:** Provides mental health services and support for individuals with mental illnesses.
- **AAHD (Acadiana Area Human Services District):** Delivers behavioral health services including mental health and substance abuse treatment.

Northside School-Based Health Center (SBHC): Provides medical, mental health, and sometimes dental services to students in schools, ensuring accessible and comprehensive healthcare for children and adolescents.

Public Transportation: Provides accessible transportation options for the public, including bus services and special transportation for seniors and individuals with disabilities.

Second Harvest Food Bank: Distributes food to individuals and families in need through a network of partner agencies, including food pantries and soup kitchens.

SMILE: Community Action Agency that provides services aimed at reducing poverty, including housing assistance, emergency food, and employment programs.

SNAP (Supplemental Nutrition Assistance Program): Offers food assistance to low-income individuals and families, helping them to purchase nutritious food and improve their diet and health.

St. Bernadette Clinic: Offers free or low-cost healthcare services to uninsured and underinsured individuals, focusing on primary care and preventative health services.

St. Joseph Diner: Provides hot meals to individuals in need, addressing hunger and food insecurity in the community.

United Way of Acadiana: Works to advance the common good by focusing on education, financial stability, and health. They collaborate with local organizations to address community needs through funding, advocacy, and volunteer efforts.

WIC (Women, Infants, and Children): A nutrition program that provides healthy food, nutrition education, breastfeeding support, and healthcare referrals to low-income pregnant women, new mothers, infants, and young children.

233 HELP: A helpline service that provides information and referrals to community resources and services, assisting individuals in finding the help they need.

Health Issues: Worsened or Improved

The question posed was, **"What health issues have improved or worsened in the last 5-10 years?"** Out of 121 total responses, 43 responses indicated improvements, while 75 responses indicated worsening health issues. Additionally, 3 responses felt there was no significant change, falling in between.

Improvements in the last 5-10 years:

The most frequently mentioned improvements, each with 7 responses (5.8%), were **Cancer Center Access and Awareness and Physical Activity Awareness**. **Health education** was also noted as having improved, with 5 responses (4.1%), highlighting increased **engagement and awareness among the community**. Lastly, 4 responses (3.3%) pointed out **improved access to cardiovascular care**.

Deterioration in the last 5-10 years:

The most frequently mentioned issue that has worsened was **mental and behavioral health**, cited by 12 responses (9.9%). A tie, with 7 responses (5.8%) each, identified worsening **heart problems and the increase in STD/STI rates**, indicating significant public health concerns in these areas. Another tie, with 6 responses (4.9%) each, pointed to rising **obesity rates and the prevalence of food deserts**, highlighting nutritional and lifestyle challenges within the community. **Illicit drug** use was cited by 5 responses (4.1%) as a worsening issue, reflecting the ongoing challenges related to substance abuse. Finally, there was a tie with 3 responses (2.5%) each, noting increased **high blood pressure rates and a decrease in flu shot uptake**, indicating concerns about chronic disease management and preventive care.

In between in the last 5-10 years:

There were 3 responses (2.5%) that felt the health issues **neither significantly improved nor worsened**, indicating a perceived stability in certain health areas.

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In response to the question, "What changes or initiatives would you implement?", a total of 90 responses were received. The most frequently mentioned initiative, cited by 16 responses (17.8%), was the elimination of disparities, including issues such as homelessness and affordability. This significant concern highlights the community's awareness of the inequalities that affect overall health and well-being. Health and community leaders likely felt this way due to the visible and tangible impact that economic and social inequalities have on health outcomes. Addressing these disparities is seen as a fundamental step toward creating a more equitable health environment where everyone can achieve optimal health.

The second most common suggestion, with 15 responses (16.7%), was to invest in people through health screenings, health education and literacy programs. This indicates a strong desire for preventive measures and educational initiatives that can empower individuals to take control of their health. The responses understand that by educating the community about health and providing regular screenings, many health issues can be detected early and managed more effectively, leading to better long-term health outcomes.

Nine responses (10%) suggested employing more doctors in primary care, subspecialties and specialties. This reflects the community's recognition of the need for increased medical personnel to improve access to comprehensive healthcare services. A shortage of healthcare providers can lead to long wait times and inadequate care, thus increasing the need for a larger, more diverse medical workforce to meet the community's healthcare needs.

There was a tie with eight responses each (8.9%) for initiatives aimed at promoting overall health and well-being and fixing the school system, from improving pay to enhancing the quality of education. These responses underscore the interconnectedness of health and education, with community members advocating for systemic changes that support both. Promoting overall health indicates a holistic approach, recognizing the need for lifestyle changes and public health initiatives. Improving the school system reflects the understanding that education is a critical determinant of health. Better education can lead to improved health literacy, better job opportunities and healthier lifestyles.

Six responses (6.7%) called for more funding for local organizations, suggesting that additional resources are necessary to enhance the capacity and effectiveness of community-based programs. This recommendation suggests that community members see these organizations as crucial players in addressing health and social issues but recognize that they are often underfunded and under-resourced. More funding could enhance their ability to provide services, support, and outreach.

Four responses (4.4%) recommended changing the Medicaid system, indicating concerns about the current structure and accessibility of Medicaid services. These responses may perceive barriers to access, limitations in coverage, or administrative hurdles that prevent people from receiving necessary care.

Three responses (3.3%) advocated for free healthcare, reflecting a segment of the community's belief in the need for universal health coverage to ensure that everyone has access to necessary medical services. The suggestion for free healthcare reflects a belief in the importance of universal access to medical services. responses who support this initiative likely see healthcare as a basic human right and believe that removing financial barriers is essential for ensuring everyone can receive the care they need.

Lastly, there was a tie with two responses each (2.2%) for initiatives aimed at reducing addiction and offering more mental health services. These responses highlight the critical need for addressing mental health and substance abuse issues within the community. By focusing on these areas, responses recognize the need for comprehensive treatment programs, preventive measures, and increased support for those struggling with addiction and mental health challenges.

Facility's Priorities

The question specifically targeted health officials, asking them to identify the "**main priorities of the health system or their facility**." A total of 90 responses were collected, revealing a range of priorities. The most frequently mentioned priority, cited by 11 responses (12.2%), was **improving access to care**, reflecting a widespread recognition of the barriers that patients face in obtaining timely and adequate healthcare services. Following closely, 10 responses (11.1%) focused on **addressing specific health issues such as heart problems, hypertension, high blood pressure, hemorrhaging, diabetes, smoking, dietary concerns, and BMI,** highlighting the need for targeted interventions to manage and prevent these conditions. **Health education and awareness** were identified by 9 responses (10%) as a key priority, indicating a strong belief in the power of education to improve health outcomes through increased community knowledge. **Maternal and child health** was emphasized by 5 responses (5.6%), underscoring the importance of early health interventions. Additionally, 4 responses (4.4%) highlighted the **need for growth in healthcare services and the number of physicians**, suggesting a recognition of current service limitations. **Addressing social determinants of health (SDoH)** and providing quality care were each identified by 3 responses (3.3%), reflecting an understanding of the broad factors influencing health outcomes and a commitment to high standards of care. **Keeping care closer to home** was also cited by 3 responses (3.3%), indicating a desire to make healthcare more accessible and convenient. Furthermore, 3 responses (3.3%) mentioned the importance of **providing quality care, emphasizing the commitment to maintaining high standards in healthcare services**.

New Initiatives/ Steps

Health officials were asked about **new initiatives or steps taken following the last Community Health Needs Assessment (CHNA),** resulting in a total of 64 responses. The responses revealed a range of initiatives aimed at addressing various community health needs.

The most frequently mentioned was cited by 8 responses (12.5%) and talked about the **extension and expansion of services and capacity**. This included significant enhancements at St. Bernadette's, where services were broadened to include mental health, dental and psychiatric care. Additionally, more inpatient beds were added through a partnership with Oceans, addressing the need for increased capacity to serve patients requiring extended care. These expansions signify a robust effort to provide comprehensive care and meet the growing demands of the community.

Five responses (7.8%) highlighted the **introduction of mobile units**, which are designed to bring healthcare services directly to underserved and remote populations. Mobile units can provide a range of services, including medical check-ups, vaccinations and health screenings, thereby improving access to care for those who may face barriers such as transportation or geographic isolation.

Four responses (6.3%) noted the addition of **more pediatricians, maternal physicians and neonatal physicians**. This initiative addresses critical gaps in specialized healthcare for children and mothers, ensuring that these vulnerable populations have access to expert medical care. By increasing the number of specialists, the health system aims to improve outcomes for both maternal and child health.

Three responses (4.7%) indicated **improvements in maternal and child care services**, further reflecting a dedicated focus on the health and well-being of mothers and their children. Enhancements in these services can lead to better prenatal care, reduced infant mortality rates and overall improved health outcomes for families.

Another three responses (4.7%) mentioned an **expanded focus on substance abuse, particularly addressing the opioid crisis**. This initiative, supported by a grant involving the school system, aims to provide education, prevention and treatment services to combat substance abuse. The involvement of the school system highlights the importance of early intervention and education in preventing substance abuse among young people.

Three responses (4.7%) also highlighted the **creation of partnerships with schools,** such as nursing workforce programs and Graduate Medical Education (GME) programs. These partnerships are designed to enhance healthcare education and training, ensuring a well-prepared and competent healthcare workforce. By collaborating with educational institutions, the health system can support the development of future healthcare professionals and improve the overall quality of care.

Finally, three responses (4.7%) emphasized a **focus on senior services**, recognizing the growing needs of the elderly population. This initiative may include services such as geriatric care, support for chronic conditions, and programs designed to improve the quality of life for seniors. By prioritizing senior services, the health system acknowledges the importance of addressing the unique health challenges faced by older adults.

Lessons from Pandemic

Health officials were asked about the **lessons learned from the COVID-19 pandemic**. A total of 71 responses were collected, revealing several key insights.

The most frequently mentioned lesson, cited by 11 responses (15.5%), was that **hospitals developed comprehensive plans in response to the pandemic**. This proactive approach allowed healthcare facilities to better manage patient care, resource allocation and operational continuity during the crisis. The development of these plans highlights the importance of preparedness and strategic planning in enhancing healthcare system resilience.

Six responses (8.5%) indicated that the **pandemic exposed the level of social determinants of health (SDOH) in the community**. This acknowledgment underscores the significant impact that factors such as socioeconomic status, education and living conditions have on health outcomes. The pandemic brought these disparities to the forefront, emphasizing the need for targeted interventions to address SDoH and improve health equity.

Another six responses (8.5%) pointed to the **increased use of telemedicine**. The necessity for remote healthcare services during the pandemic accelerated the adoption of telemedicine, which provided patients with access to medical care while minimizing the risk of virus transmission. This shift has highlighted the potential of telehealth to enhance healthcare accessibility and convenience, even beyond the pandemic.

Five responses (7%) noted that **healthcare providers have had to become more upfront and flexible with patients and their needs**. This adaptability has been crucial in maintaining patient trust and ensuring that healthcare services remain patient-centered, despite the challenges posed by the pandemic.

Four responses (5.6%) reflected a **decrease in trust in medicine, particularly evidenced by vaccine hesitancy**. This decline in trust presents a significant challenge for public health officials, as vaccine acceptance is crucial for controlling the spread of infectious diseases. Addressing vaccine hesitancy through transparent communication and public education is essential for restoring confidence in medical interventions.

Three responses (4.2%) mentioned that the pandemic prompted **the creation of more health education specifically related to COVID-19**. This increased focus on public health education has been vital in informing the community about virus prevention, treatment options and the importance of vaccination.

Community Health Survey

Results from the Community Health Survey

Overview of Process and Distribution Strategy

In the designated service area of Acadiana, a comprehensive health survey was conducted to gather insights from community members, yielding **441 completed responses.** The survey, administered using the RedCap instrument monitored by the Louisiana Public Health Institute (LPHI), included categories of the following: individual health, community health, and demographic and household. Participants also prioritized top health and social issues in Acadiana. To ensure equity, the survey was distributed electronically and in paper format upon request, accommodating diverse needs and language preferences. Collaborations with community-based organizations, hospitals like Ochsner and Lourdes, and entities such as United Way of Acadiana facilitated distribution through social media, news outlets, health fairs, coalition meetings, and direct engagement with hospital staff, community clients, and various organizational stakeholders. This approach aimed to reach all demographics, including those in urban and rural areas, underserved neighborhoods, and marginalized communities, with sensitivity to cultural differences. Ongoing feedback mechanisms were established to maintain transparency and address participant concerns throughout the survey process.

View Appendix D, Appendix E, and Appendix I for more information on the survey.

Individual Health

1

A total of 437 participants responded. Of these, the largest proportion, consisting of 175 individuals, indicated that they perceive their general health status as "good".

Would you say
that in general your health is…
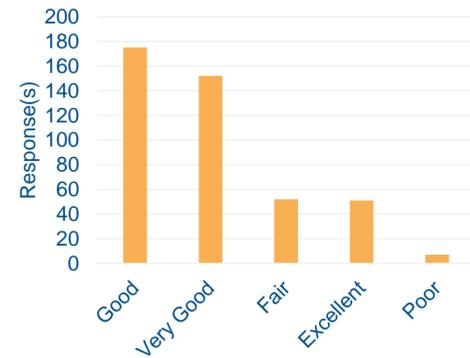
Good	175	40.00%
Very Good	152	34.80%
Fair	52	11.90%
Excellent	51	11.70%
Poor	7	1.60%

2

A total of 435 participants responded. Of these, the largest proportion, consisting of 138 individuals, indicated that their health is "a lot better" compared to others in their community.

Compared to others
in my community, my health is…
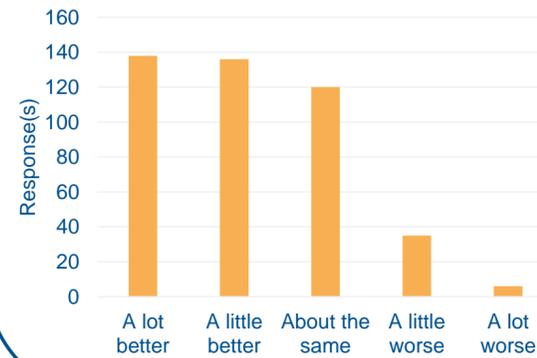
A lot better	138	31.70%
A little better	136	31.30%
About the same	120	27.60%
A little worse	35	8.00%
A lot worse	6	1.40%

3

A total of 434 participants responded. Of these, the largest proportion, consisting of 242 individuals, indicated that they did not miss work or other activities because they were unwell or sick.

Over the last 3 months
or so, how many days have you missed
work or other activities (i.e. church, school)
because you were sick or not feeling well?
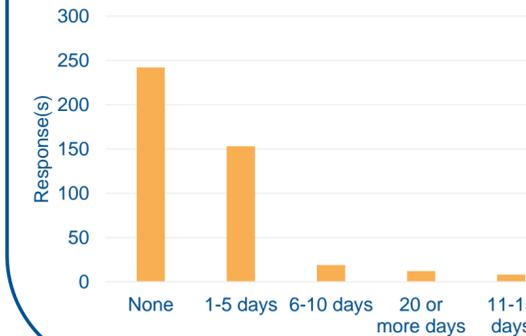
None	242	55.80%
1-5 days	153	35.30%
6-10 days	19	4.40%
20 or more days	12	2.80%
11-15 days	8	1.80%

4

A total of 435 participants responded. Of these, the largest proportion, consisting of 278 individuals, indicated that they did not miss any work or other activities due to caring for a family member who was ill or disabled.

Over the last 3 months
or so, how many days have
you missed work or other
activities (i.e. Church, school)
because you were caring for a
family member who was ill or
disabled?
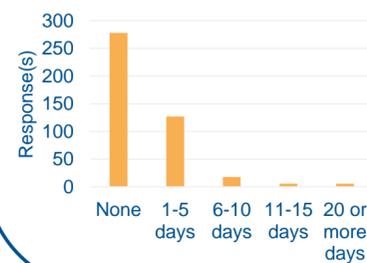
None	278	63.90%
1-5 days	127	29.20%
6-10 days	18	4.10%
11-15 days	6	1.40%
20 or more days	6	1.40%

5

A total of 436 participants responded. Of these, the largest proportion, consisting of 256 individuals, indicated that they are 'always' to visit a doctor/healthcare provider.

When you are sick or
need healthcare, are you able
to visit a doctor/healthcare
provider?
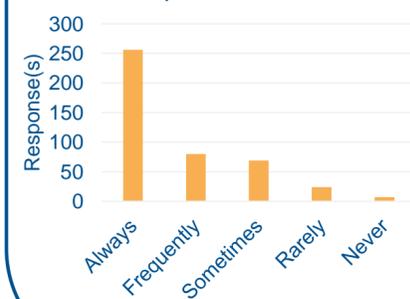
Always	256	58.70%
Frequently	80	18.30%
Sometimes	69	15.80%
Rarely	24	5.50%
Never	7	1.60%

6

If you have ever chosen
not to see a doctor when you needed to, what were the
reasons? Please select the top 3 reasons.
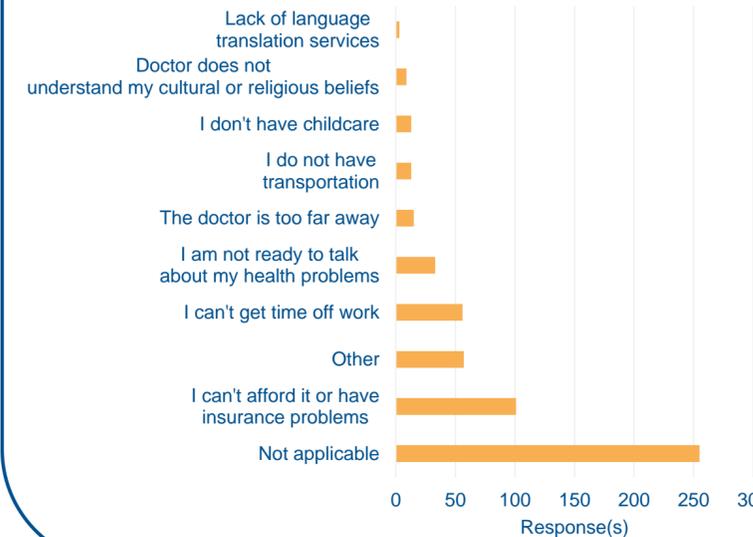
A total of 430 participants responded. Of these, the largest proportion, consisting of 255 individuals, indicated that it was "not applicable" to them. However, the next top 3 reasons are: "I can't afford it or have insurance problems" (101 participants), "Other" (57 participants), and "I can't get time off work" (56 participants).

Not applicable	255	59.30%
I can't afford it or have insurance problems	101	23.50%
Other	57	13.30%
I can't get time off work	56	13.00%
I am not ready to talk about my health problems	33	7.70%
The doctor is too far away	15	3.50%
I do not have transportation	13	3.00%
I don't have childcare	13	3.00%
Doctor does not understand my cultural or religious beliefs	9	2.10%
Lack of language translation services	3	0.70%

A total of 434 participants responded. Of these, the largest proportion, consisting of 387 individuals, indicated it has been "less than 2 years ago" since their last physical exam.

When was your last physical exam (i.e. checkup, well visit, screening) with a doctor?

- Never had a checkup or physical exam with a doctor
- More than 5 years ago
- Between 2-5 years ago
- Less than 2 years ago

Response(s)

Less than 2 years ago	387	89.20%
Between 2-5 years ago	20	4.60%
More than 5 years ago	20	4.60%
Never had a checkup or physical exam with a doctor	7	1.60%

Have you ever had a doctor's appointment through telehealth or teleservices?

2%
46%   52%

- Yes
- No
- I do not know what telehealth or teleservices are
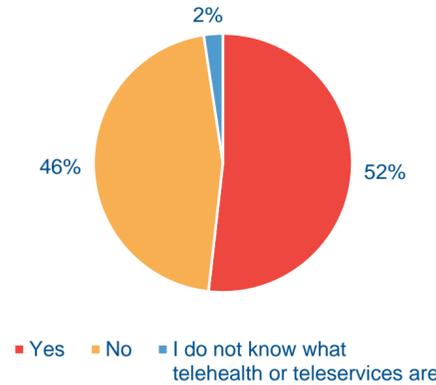
A total of 421 participants responded. Of these, the largest proportion, consisting of 218 individuals, indicated that they had a doctor's appointment through telehealth or teleservices.

Yes	218	51.80%
No	193	45.80%
I do not know what telehealth or teleservices are	10	2.40%

How would you rate the quality of the telehealth care you received?

Response(s)

Very good | Good | Fair | Poor | Very poor

This question was a follow up to "Have you ever had a doctor's appointment through telehealth or teleservices?" A total of 218 participants responded. Of these, the largest proportion, consisting of a tie of two choices (87 participants) indicating that they rate the quality of tele-healthcare "very good" and "good".

Very good	87	39.90%
Good	87	39.90%
Fair	36	16.50%
Poor	4	1.80%
Very poor	4	1.80%

Have you had any of the following cancer screenings in the past three years?

- Prostate exam
- Heart screening
- Skin Cancer screening
- Colonoscopy or rectal exam
- Mammogram (breast cancer screening)
- Pap smear (cervical cancer screening)

Response(s)
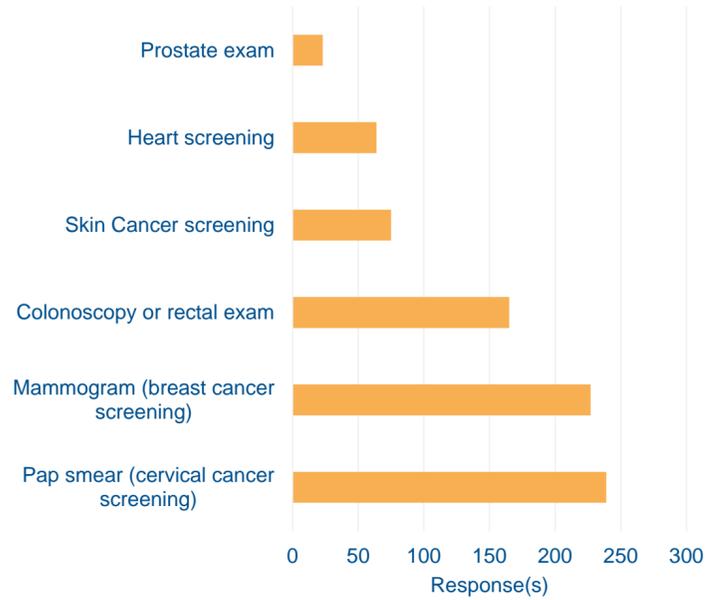
A total of 367 participants responded. Of these, the largest proportion, consisting of 239 individuals, indicating that pap smear (cervical cancer screening) was done the most.

Pap smear (cervical cancer screening)	239	65.10%
Mammogram (breast cancer screening)	227	61.90%
Colonoscopy or rectal exam	165	45.00%
Skin Cancer screening	75	20.40%
Heart screening	64	17.40%
Prostate exam	23	6.30%

How confident do you feel in understanding information provided by your doctor?

Response(s)

Very confident | Slightly confident | Unsure | Not too confident | Not at all confident
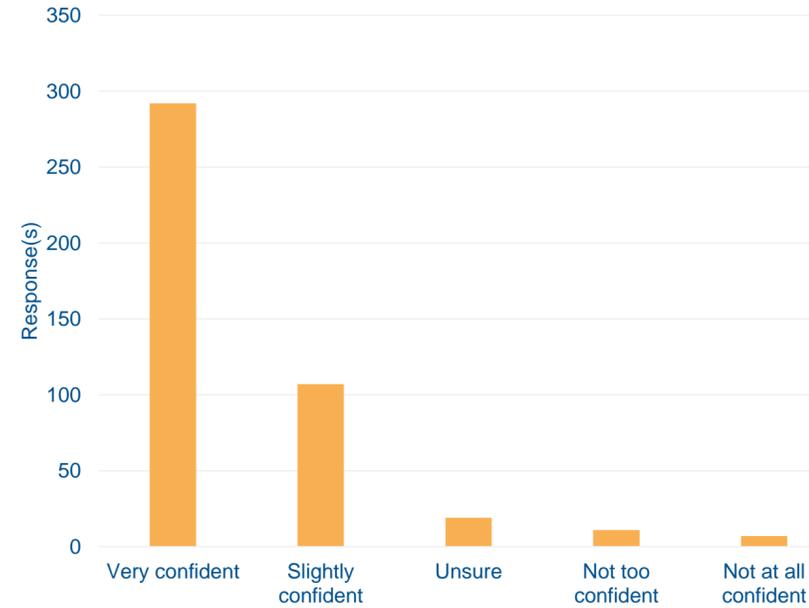
A total of 436 participants responded. Of these, the largest proportion, 292 participants feel "very confiden" on the understanding of information provided by their doctor.

Very confident	292	67.00%
Slightly confident	107	24.50%
Unsure	19	4.40%
Not too confident	11	2.50%
Not at all confident	7	1.60%

12

Where do you go for information about health and wellness?

Church
School or college
Other (please specify)
Television or radio
Newspapers and magazines
Social media (Facebook, Twitter, Instagram)
Health department
Health fairs
Your place of work
Hospital
Books
Family and friends
Online (internet) informational resources
Doctors, nurses, pharmacists in my community

Response(s)
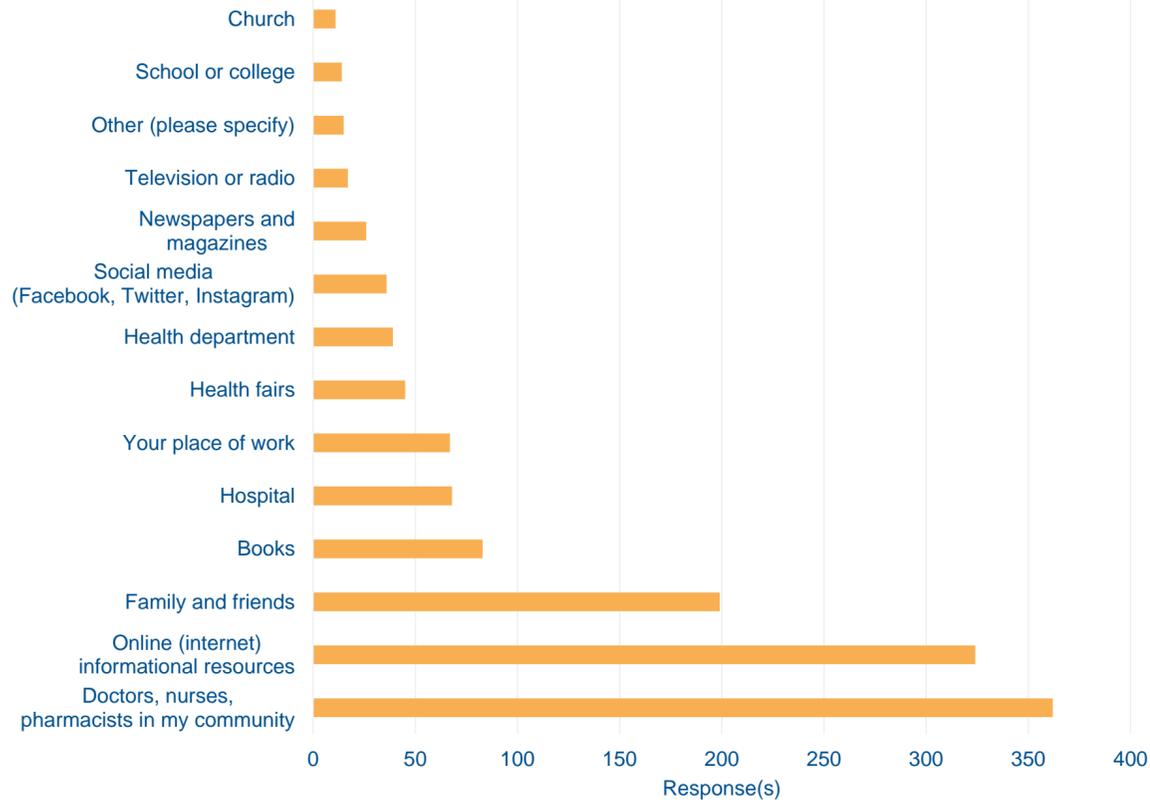
A total of 437 participants responded. Of these, the largest proportion, consisting of 362 individuals, indicated that they get their information on health and wellness from "doctors, nurses, and pharmacists in their community."

Doctors, nurses, pharmacists in my community	362	82.80%
Online (internet) informational resources	324	74.10%
Family and friends	199	45.50%
Books	83	19.00%
Hospital	68	15.60%
Your place of work	67	15.30%
Health fairs	45	10.30%
Health department	39	8.90%
Social media (Facebook, Twitter, Instagram)	36	8.20%
Newspapers and magazines	26	5.90%
Television or radio	17	3.90%
Other (please specify)	15	3.40%
School or college	14	3.20%
Church	11	2.50%

13

During health crises, which individuals do you turn to for support?

I don't know
Other
Online support groups
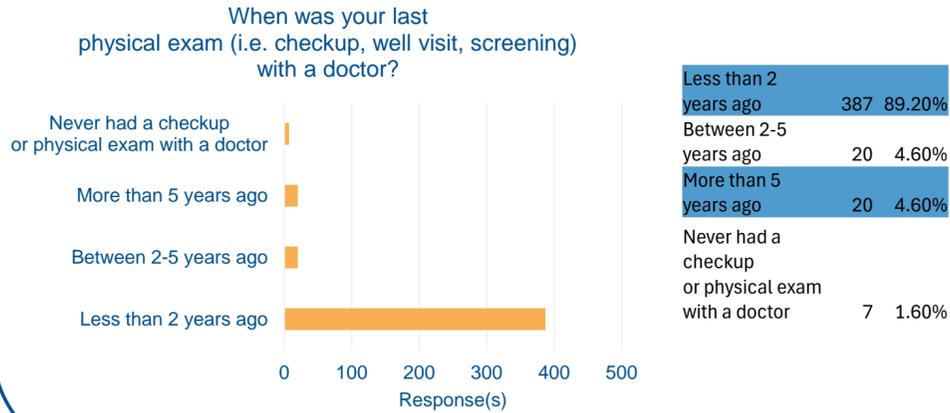Local community organizations
Friends, neighbors, or co-workers
Family or relatives

Response(s)

A total of 436 participants responded. Of these, the largest proportion, consisting of 391 individuals, indicated that they turn to "family or relatives" during a health crisis.

Family or relatives	391	89.70%
Friends, neighbors, or co-workers	233	53.40%
Local community organizations	51	11.70%
Online support groups	30	6.90%
Other	23	5.30%
I don't know	14	3.20%

14

### Have you received mental health services or counseling in the past year?

25%
75%

■ No ■ Yes
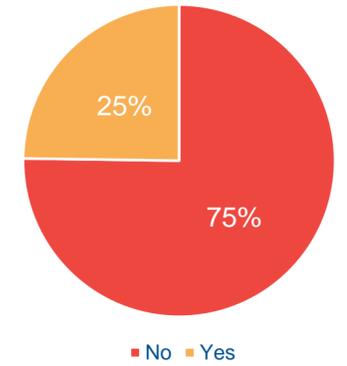
A total of 436 participants responded. Of these, the largest proportion, consisting of 328 individuals, indicated that they have not received mental health services or counseling in the past year.

No	328	75.20%
Yes	108	24.80%

15

What barriers, if any, prevent you from seeking mental health support when needed?

I don't know how to find mental health support
Fear of stigma/my friends and family might find out
I'm not ready to talk about my problems
Other
Cost or insurance problems

Response(s)
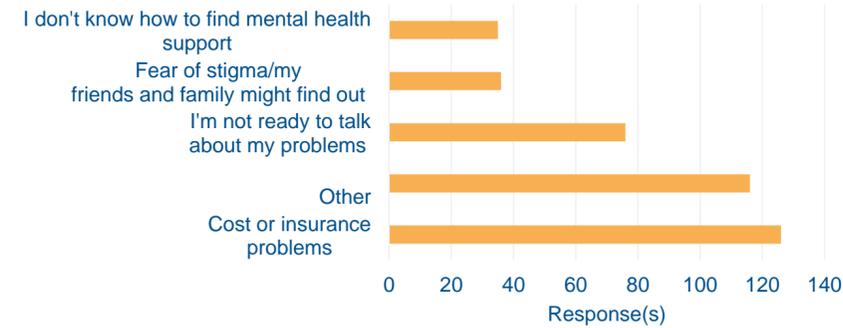
This question was a follow up to "What barriers, if any, prevent you from seeking mental health support when needed?" A total of 330 participants responded. Of these, the largest proportion, 126 participants said, "cost or insurance problems."

Cost or insurance problems	126	38.20%
Other	116	35.20%
I'm not ready to talk about my problems	76	23.00%
Fear of stigma/my friends and family might find out	36	10.90%
I don't know how to find mental health support	35	10.60%

16

How important are community activities or events for maintaining your overall health and well-being?

Response(s)

Very important | Somewhat important | Not very important
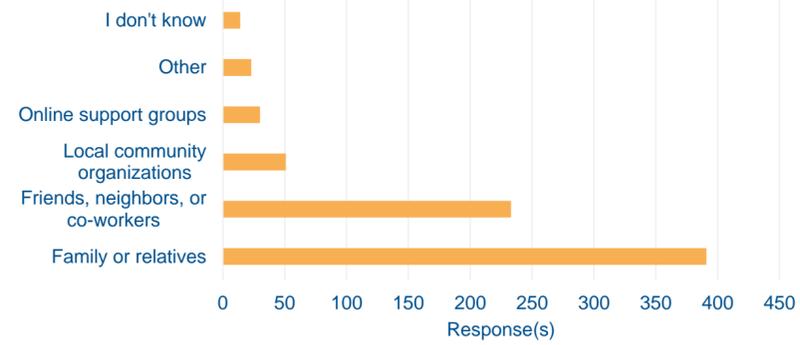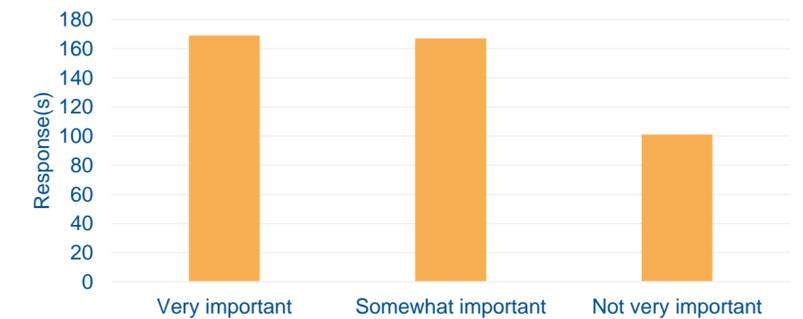
A total of 437 participants responded. Of these, the largest proportion, consisting of 175 individuals, indicated that community activities or events are "very important" in maintaining their overall health and well-being.

Very important	169	38.70%
Somewhat important	167	38.20%
Not very important	101	23.10%

67

Community Health

Please read through the following list and select the top 5 health problems in your community.
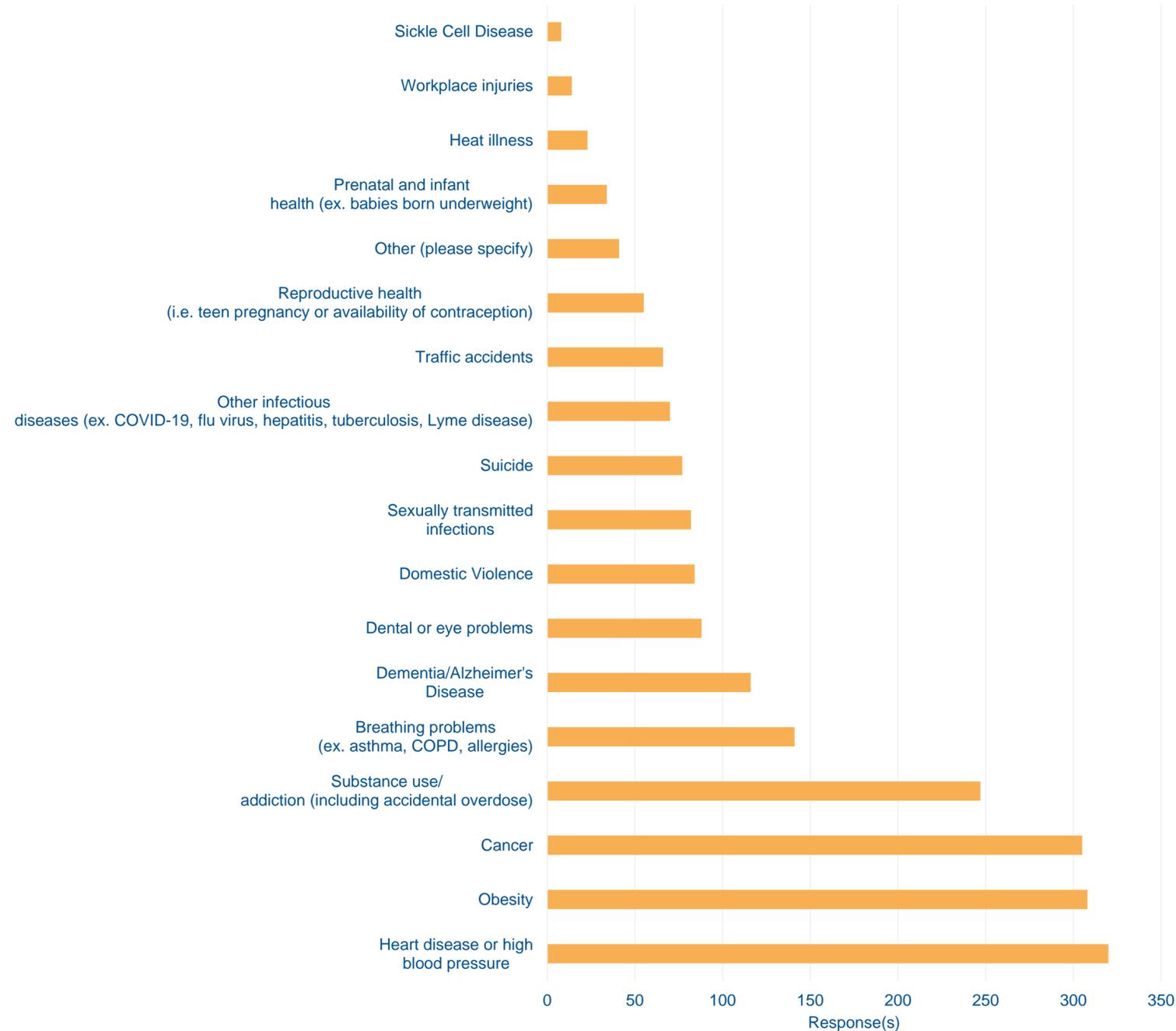
There was a total of 439 participants. According to the data collected, the five most prevalent health issues, in descending order of frequency, were identified as follows: "Heart Disease/High Blood Pressure", "Obesity", "Cancer", "Substance Abuse/Addiction (including instances of accidental overdose)", and "Respiratory Issues (such as Asthma, COPD, allergies)."

Heart disease or high blood pressure	320	72.90%
Obesity	308	70.20%
Cancer	305	69.50%
Substance use/ addiction (including accidental overdose)	247	56.30%
Breathing problems (ex. asthma, COPD, allergies)	141	32.10%
Dementia/Alzheimer's Disease	116	26.40%
Dental or eye problems	88	20.00%
Domestic Violence	84	19.10%
Sexually transmitted infections	82	18.70%
Suicide	77	17.50%
Other infectious diseases (ex. COVID-19, flu virus, hepatitis, tuberculosis, Lyme disease)	70	15.90%
Traffic accidents	66	15.00%
Reproductive health (i.e. teen pregnancy or availability of contraception)	55	12.50%
Other (please specify)	41	9.30%
Prenatal and infant health (ex. babies born underweight)	34	7.70%
Heat illness	23	5.20%
Workplace injuries	14	3.20%
Sickle Cell Disease	8	1.80%

Please read through the following list and select the top 5 social problems in your community.
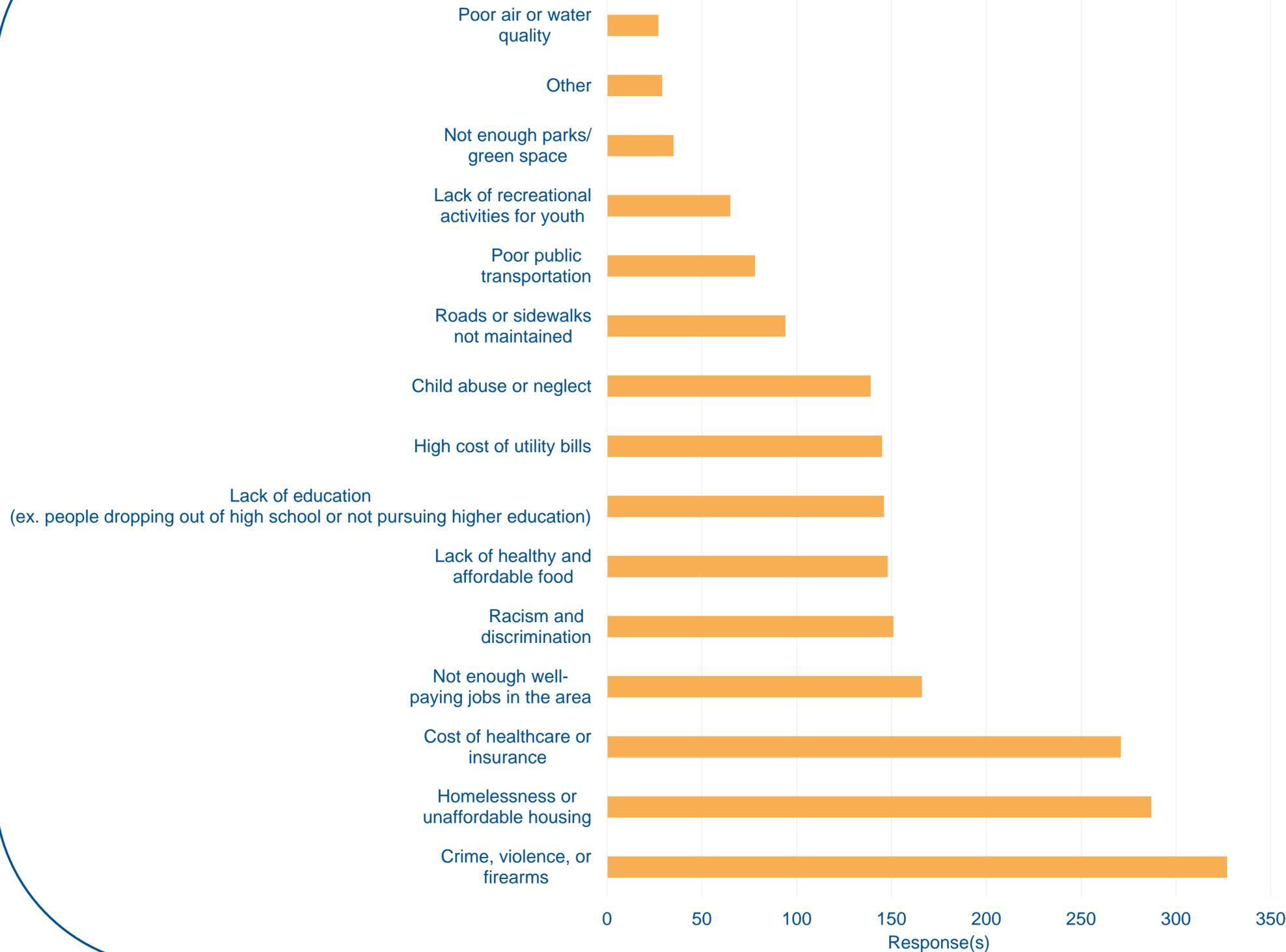
There was a total of 436 participants. According to the data collected, the five most prevalent social issues, in descending order of frequency, were identified as follows: "Crime, violence, or firearms", "Homelessness or unaffordable housing", "Cost of healthcare or insurance", "Not enough well-paying jobs in the area", and "Racism and discrimination."

Crime, violence, or firearms	327	75.00%
Homelessness or unaffordable housing	287	65.80%
Cost of healthcare or insurance	271	62.20%
Not enough well-paying jobs in the area	166	38.10%
Racism and discrimination	151	34.60%
Lack of healthy and affordable food	148	33.90%
Lack of education (ex. people dropping out of high school or not pursuing higher education)	146	33.50%
High cost of utility bills	145	33.30%
Child abuse or neglect	139	31.90%
Roads or sidewalks not maintained	94	21.60%
Poor public transportation	78	17.90%
Lack of recreational activities for youth	65	14.90%
Not enough parks/green space	35	8.00%
Other	29	6.70%
Poor air or water quality	27	6.20%

Please read through the following list and select items you consider the most positive aspects of your community.
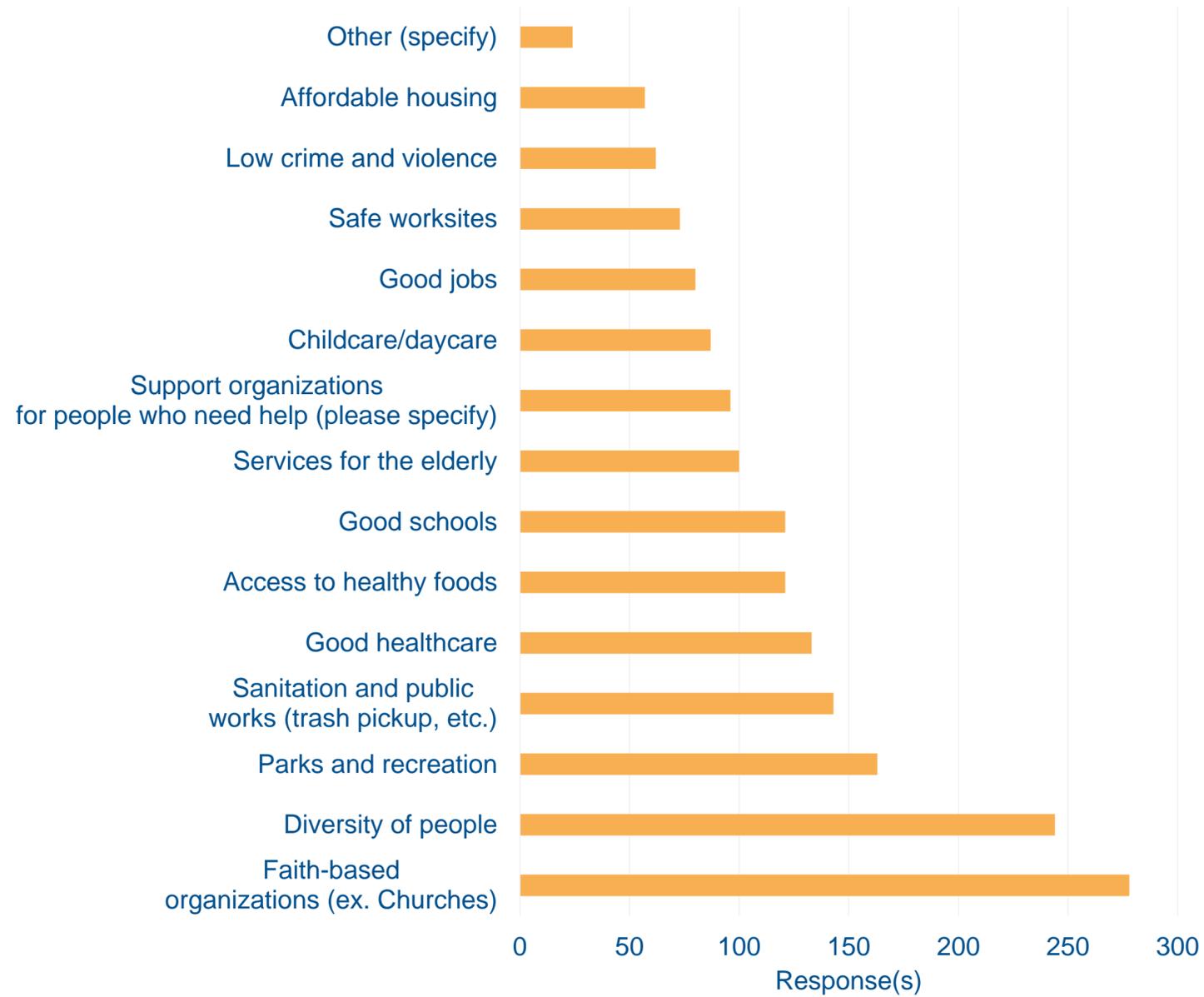
There was a total of 432 participants. According to the data collected, the five most prevalent health issues, in descending order of frequency, were identified as follows: "Faith-based organizations (ex. Churches)", Diversity of people", "Parks and recreation", "Sanitation and public works (trash pickup, etc.)", and "Good healthcare."

Faith-based organizations (ex. Churches)	278	64.40%
Diversity of people	244	56.50%
Parks and recreation	163	37.70%
Sanitation and public works (trash pickup, etc.)	143	33.10%
Good healthcare	133	30.80%
Access to healthy foods	121	28.00%
Good schools	121	28.00%
Services for the elderly	100	23.10%
Support organizations for people who need help (please specify)	96	22.20%
Child care/day care	87	20.10%
Good jobs	80	18.50%
Safe worksites	73	16.90%
Low crime and violence	62	14.40%
Affordable housing	57	13.20%
Other (specify)	24	5.60%

How important are environmental factors in affecting your health? (Environmental factors can include aspects of the air, water, food, chemicals, temperature, or weather)
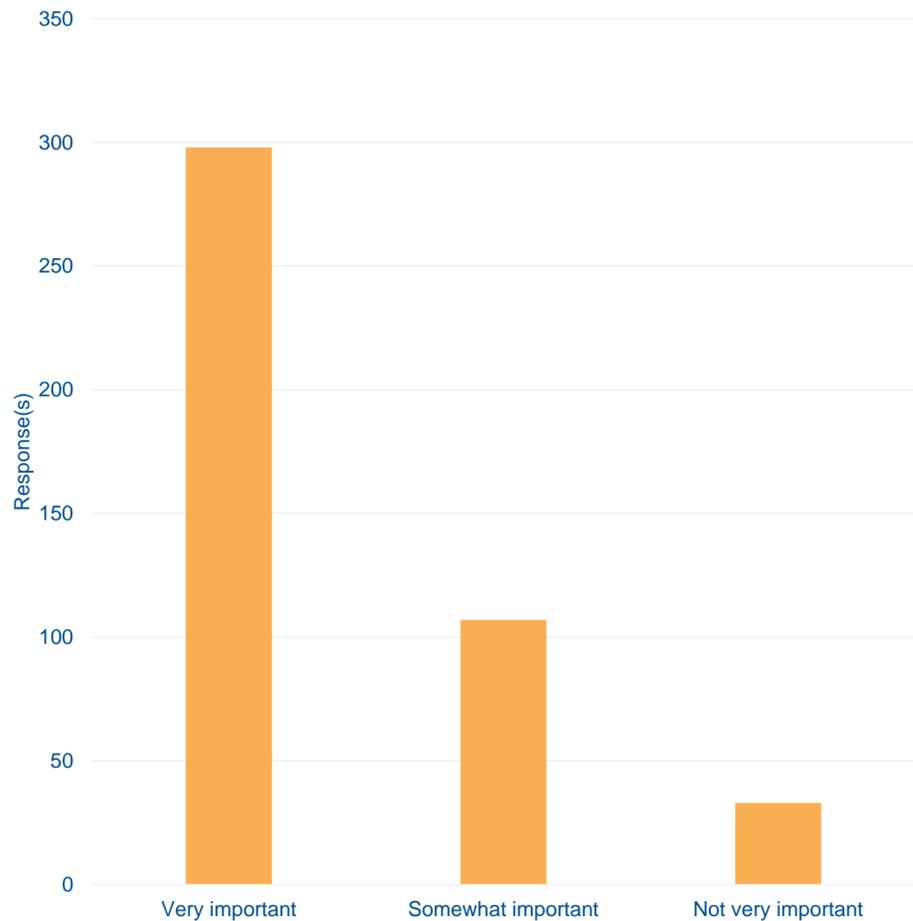

A total of 438 participants responded. Of these, the largest proportion, consisting of 298 individuals, indicated that they felt it was "very important" to environmental factors affecting their health.

Very important	298	68.00%
Somewhat important	107	24.40%
Not very important	33	7.50%

Please read through the following list and select the three environmental factors that most significantly affect your health.
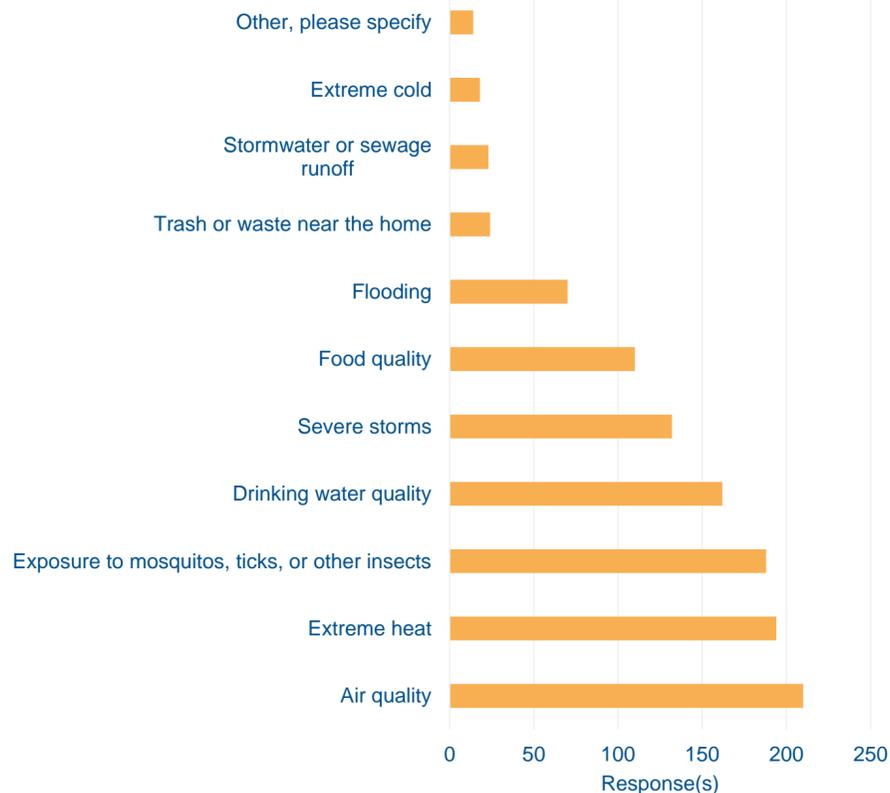
This portion is a follow-up question to environmental factors. A total of 398 participants responded. According to the data collected, the five most prevalent health issues, in descending order of frequency, were identified as follows: "Air quality", "Extreme heat", "Exposure to mosquitos, ticks, or other insects", "Drinking water quality", and "Severe storms."

Air quality	210	52.80%
Extreme heat	194	48.70%
Exposure to mosquitos, ticks, or other insects	188	47.20%
Drinking water quality	162	40.70%
Severe storms	132	33.20%
Food quality	110	27.60%
Flooding	70	17.60%
Trash or waste near the home	24	6.00%
Stormwater or sewage runoff	23	5.80%
Extreme cold	18	4.50%
Other, please specify	14	3.50%

Please select how much you agree or disagree with the following statement: "Everyone in my community regardless of race, gender, or age has equal access to opportunities and resources."
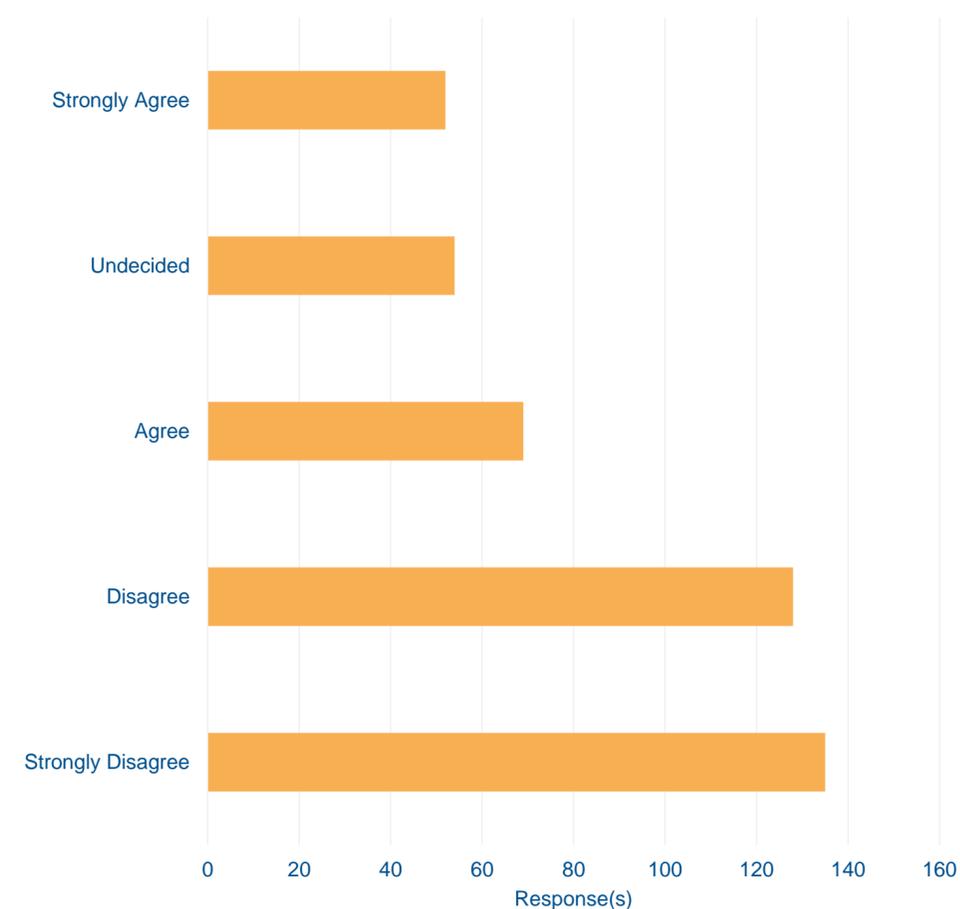
A total of 438 participants responded. Of these, the largest proportion, consisting of 135 individuals, indicated that they "strongly disagreed" with the statement.

Strongly Disagree	135	30.80%
Disagree	128	29.20%
Agree	69	15.80%
Undecided	54	12.30%
Strongly Agree	52	11.90%

Demographics and Household

Participation by Parish

Lafayette	310	70.30%
Vermilion	38	8.60%
Acadia	23	5.20%
Iberia	23	5.20%
St Landry	23	5.20%
St Martin	17	3.90%
Jefferson Davis	3	0.70%
St Mary	3	0.70%
Evangeline	1	0.20%

A total of 441 participants responded. Of these, the largest proportion, consisting of 310 individuals, indicated that they are from Lafayette Parish.
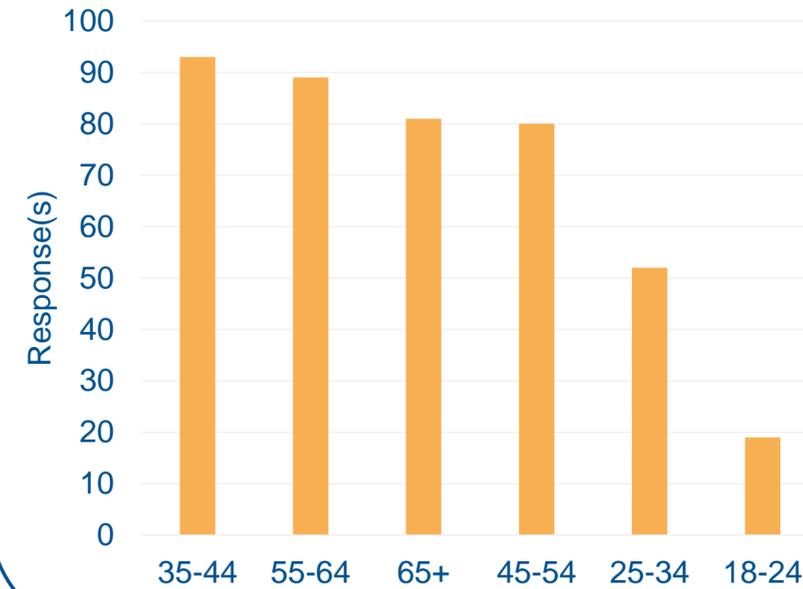
Age Range

A total of 414 participants responded. Of these, the largest proportion, consisting of 93 individuals, their age range was 35-44.

35-44	93	22.50%
55-64	89	21.50%
65+	81	19.60%
45-54	80	19.30%
25-34	52	12.60%
18-24	19	4.60%
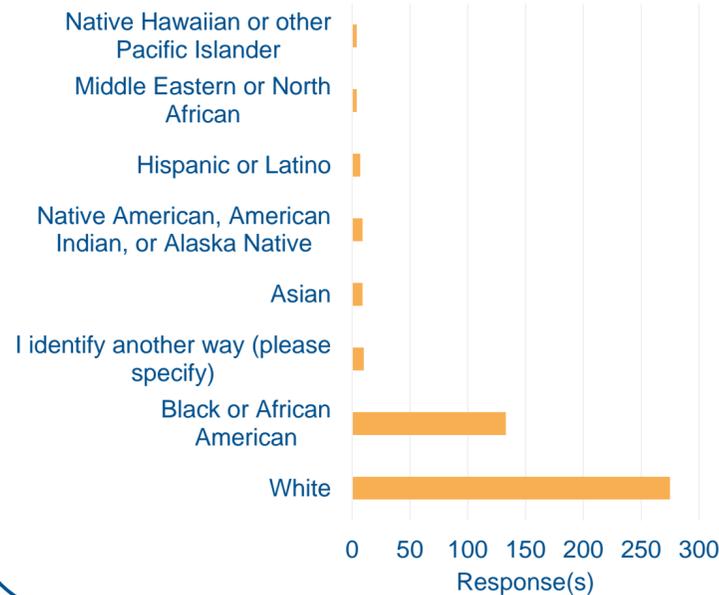
Race/Ethnicity

A total of 432 participants responded. Of these, the largest proportion, consisting of 275 individuals, indicated that the survey was answered by the ethnicity of whites.

White	275	63.70%
Black or African American	133	30.80%
I identify another way (please specify)	10	2.30%
Asian	9	2.10%
Native American, American Indian, or Alaska Native	9	2.10%
Hispanic or Latino	7	1.60%
Middle Eastern or North African	4	0.90%
Native Hawaiian or other Pacific Islander	4	0.90%

Gender of Participants
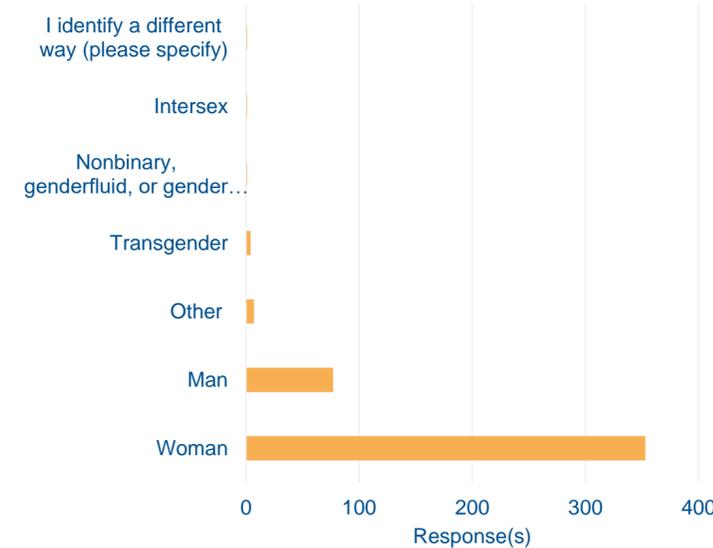
A total of 432 participants responded. Of these, the largest proportion, consisting of 353 individuals, are women.

Woman	353	81.70%
Man	77	17.80%
Other	7	1.60%
Transgender	4	0.90%
Nonbinary, genderfluid, or gender nonconforming	1	0.20%
Intersex	1	0.20%
I identify a different way (please specify)	1	0.20%

27

Sexual Orientation
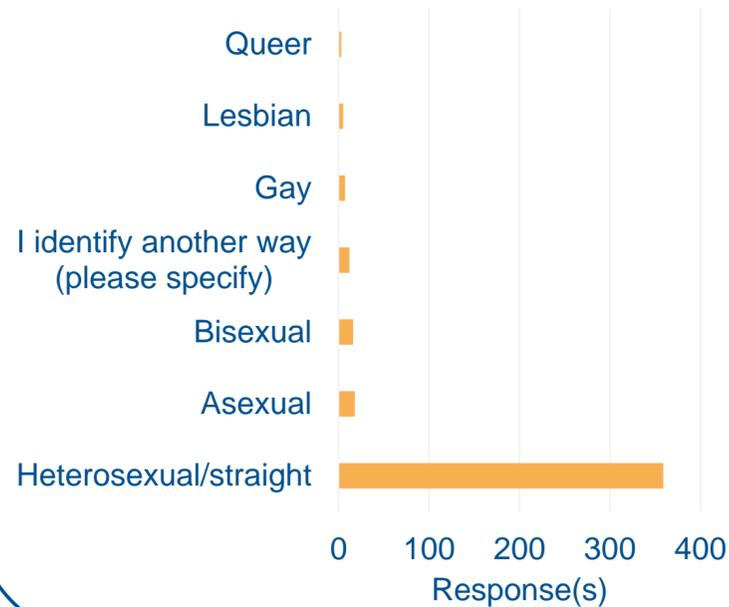
A total of 419 participants responded. Of these, the largest proportion, consisting of 359 individuals, are straight/heterosexual.

Heterosexual/straight	359	85.70%
Asexual	18	4.30%
Bisexual	16	3.80%
I identify another way (please specify)	12	2.90%
Gay	7	1.70%
Lesbian	5	1.20%
Queer	3	0.70%

28

Internet Connection at their home
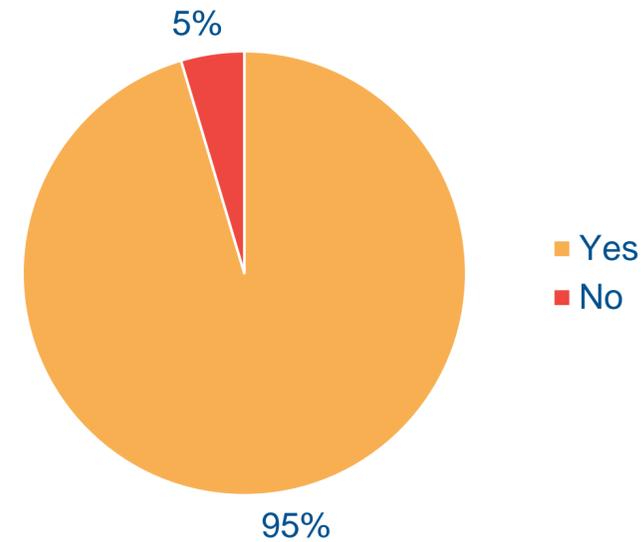
434 individuals participated. The results indicate that a substantial majority, accounting for 414 respondents, confirmed the presence of an internet connection in their homes.

Yes	414	95.40%
No	20	4.60%

29

Smartphone Ownership
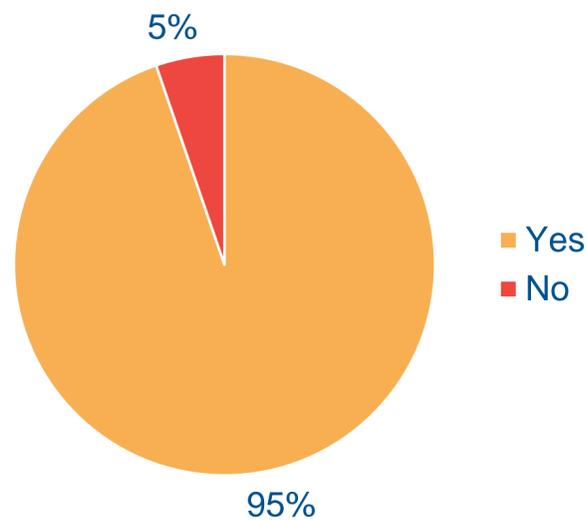
A total of 437 participants responded. Of these, the largest proportion, consisting of 414 individuals, own a smartphone.

Yes	414	94.70%
No	23	5.30%

30

Household Number (including participant)
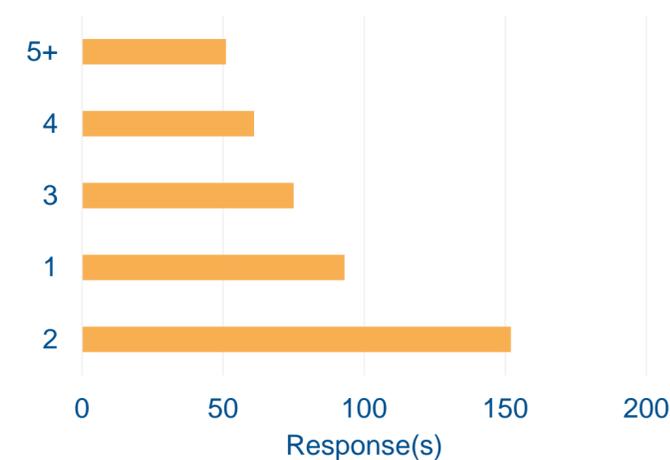
A total of 432 participants responded. Of these, the largest proportion, consisting of 152 individuals, indicated that there were two people in the household.

2	152	35.20%
1	93	21.50%
3	75	17.40%
4	61	14.10%
5+	51	11.80%

73

2023 Household Income

A total of 414 participants responded. Of these, the largest proportion, consisting of 79 individuals, indicated that their household income last year was $100,000- $149,999.

Income	Responses	Percent
$100,000- $149,999	79	19.10%
$50,000- $74,999	64	15.50%
$150,000+	58	14.00%
$75,000- $99,999	50	12.10%
$35,000- $49,999	44	10.60%
$15,000- $24,999	38	9.20%
$25,000- $34,999	30	7.20%
Under $15,000	26	6.30%
I don't know	25	6.00%

Highest Level of Education
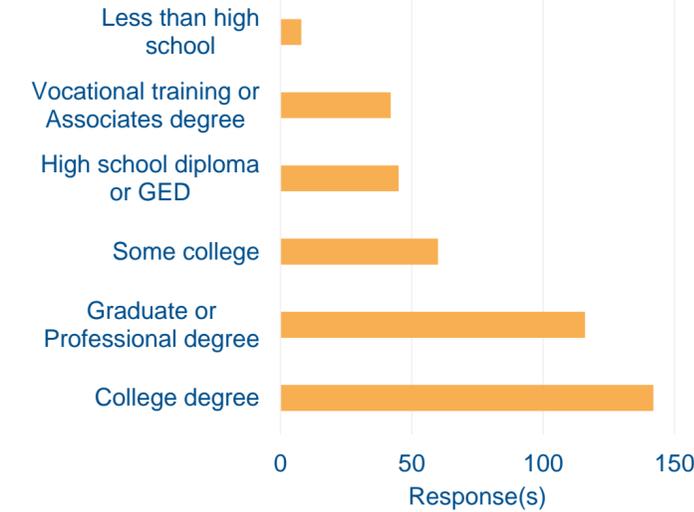
A total of 413 participants responded. Of these, the largest proportion, 142 participants said they have a college degree.

Education	Responses	Percent
College degree	142	34.40%
Graduate or Professional degree	116	28.10%
Some college	60	14.50%
High school diploma or GED	45	10.90%
Vocational training or Associates degree	42	10.20%
Less than high school	8	1.90%

Employment Status
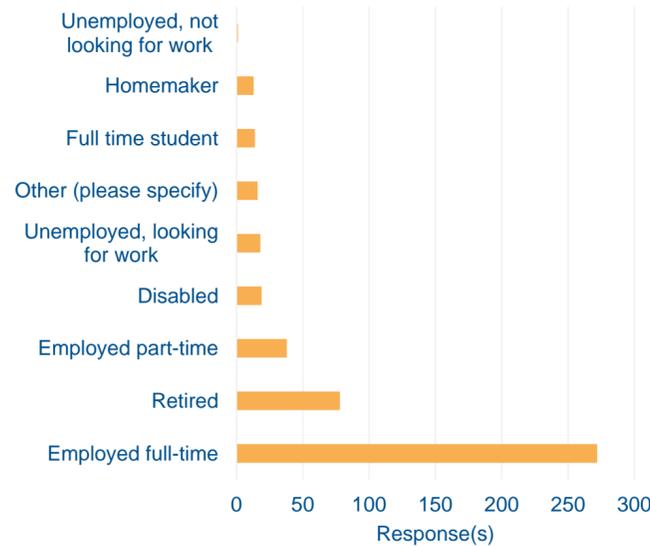
A total of 433 participants responded. Of these, the largest proportion, consisting of 272 individuals, indicated they are full-time employed.

Status	Responses	Percent
Employed full-time	272	62.80%
Retired	78	18.00%
Employed part-time	38	8.80%
Disabled	19	4.40%
Unemployed, looking for work	18	4.20%
Other (please specify)	16	3.70%
Full time student	14	3.20%
Homemaker	13	3.00%
Unemployed, not looking for work	1	0.20%
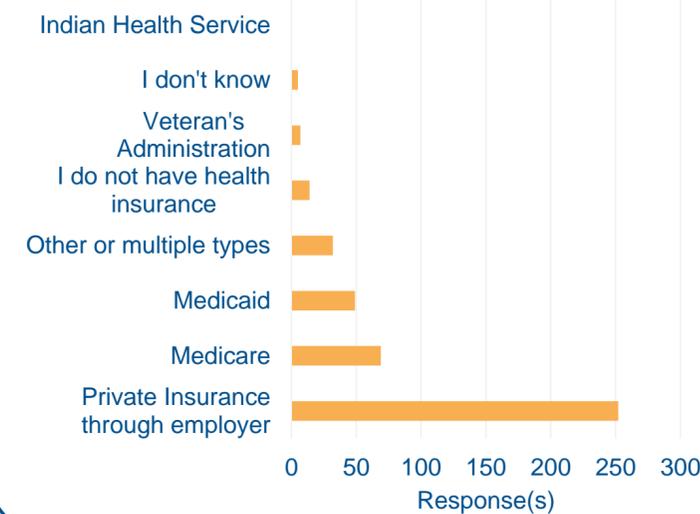
Insurance Type

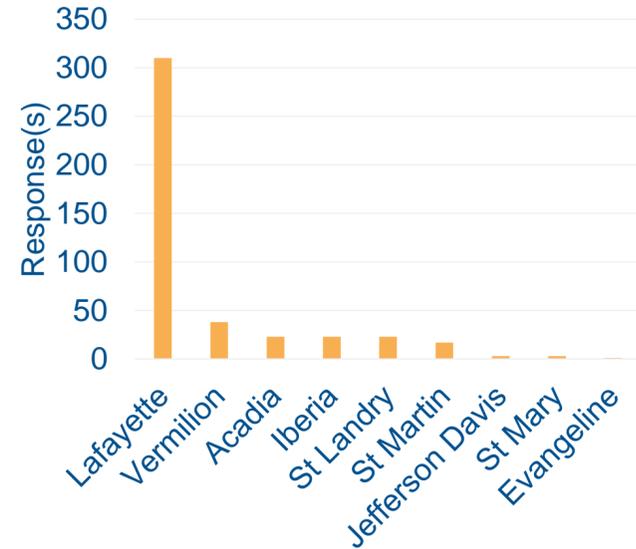A total of 428 participants responded. Of these, the largest proportion, consisting of 252 individuals, indicated that they have private insurance.

Insurance	Responses	Percent
Private Insurance through employer	252	58.90%
Medicare	69	16.10%
Medicaid	49	11.40%
Other or multiple types	32	7.50%
I do not have health insurance	14	3.30%
Veteran's Administration	7	1.60%
I don't know	5	1.20%
Indian Health Service	0	0.00%

Focus Group

This section discusses the focus group held with Catholic

Charities of Acadiana.

Overview

The data collected from the focus group, Catholic Charities of Acadiana, will be used by various organizations, including United Way of Acadiana, Our Lady of

Lourdes and Ochsner Lafayette General. The facilitator outlined the session's guidelines: It would last approximately 30 minutes, ensure confidentiality, and

respect everyone's opinions without attributing names to any comments. The objective was to gather a wide range of ideas and experiences, addressing both

positive and negative aspects of community issues. Five participants were reassured that their contributions were valuable, and that the session aimed to reflect

all sides of the issues discussed. The facilitator then prepared to proceed with the questions, reiterating that participation was voluntary and no one would be

singled out unless side conversations required clarification.

See Appendix F to see the questions.

Insight and Discussion

How did you become homeless?
Participants shared a range of personal stories that revealed their paths to homelessness, including job loss, the death of a parent and family issues. For instance, one individual mentioned losing their job and being forced to return to their mother's home, which was not sustainable due to their mental condition. Another participant described fleeing an abusive husband.

How long have you been homeless or were you homeless?
The duration of homelessness varied among participants. Some had been homeless for a few months, while others had been without stable housing for several years. One individual mentioned living in a hotel before coming to a shelter.

How has homelessness affected the way you think about yourself?
Homelessness significantly impacted participants' self-perception, often leading to feelings of frustration, helplessness and anxiety. The emotional toll was evident as individuals struggled with maintaining their dignity and self-worth amidst their circumstances.

Thinking back to when you first became homeless, what would it have taken to prevent it?
Participants suggested that stronger family support, better job opportunities and more accessible resources could have prevented their homelessness. They emphasized the need for timely and effective interventions before their situations became dire.

What do you need to maintain a home/housing?
To maintain stable housing, participants highlighted the necessity of consistent employment, accessible healthcare and robust social support systems. They also pointed out the importance of affordable housing options and assistance with basic needs.

What would you do if you had unlimited resources and could end homelessness?
With unlimited resources, participants expressed a desire to create comprehensive support systems that include housing, healthcare and job training programs. They envisioned a society where every individual's basic needs are met and where support is readily available.

What effect has homelessness had on your children?
Homelessness has profound effects on children, causing instability and stress. One participant mentioned the challenge of maintaining family cohesion and ensuring their children's well-being while navigating homelessness.

Many experts think estimates of the numbers who are homeless are not accurate because they do not include people who are doubling up with relatives or friends. Did you ever double up?
Yes, some participants reported doubling up with relatives or friends as a temporary measure to avoid being on the streets. This often led to overcrowded and unstable living conditions.

Do you know others who have?
Yes, participants knew others who had also resorted to doubling up due to lack of stable housing options, further indicating the hidden nature of homelessness.

What three things should Acadiana do to end homelessness?
Participants suggested increasing job opportunities, providing more affordable housing and enhancing access to healthcare as key measures to end homelessness in Acadiana. They also emphasized the need for community compassion and support.

Is there anything else you would like to share?
Participants expressed frustration with the current assistance systems and emphasized the need for more human-centered and efficient support mechanisms. They called for a better understanding and addressing of the root causes of homelessness.

What are the most serious health concerns in the community?
The most serious health concerns identified were high blood pressure, mental health issues such as depression and PTSD, and inadequate dental care. Participants also mentioned the challenges of managing chronic conditions without stable housing.

How would you prioritize them?
Participants prioritized mental health services and chronic disease management as critical areas needing immediate attention. They emphasized that addressing these issues would significantly improve their quality of life.

Let's talk about getting the healthcare you need. What are the barriers to receiving healthcare in the community?
Barriers to healthcare included transportation difficulties, long wait times, inconsistent care and lack of awareness about available services. Participants also highlighted the bureaucratic challenges in accessing and maintaining healthcare benefits.

What actions can be taken to improve the health of the people in the community?
Improving healthcare access through mobile clinics, increasing funding for mental health services and reducing bureaucratic hurdles were suggested as actions to improve community health. Participants also called for more compassionate and personalized care.

How could the barriers mentioned in the previous questions be taken down?
Addressing transportation issues, simplifying the process to access healthcare services, and increasing community outreach to inform individuals about available resources were recommended. Building trust within the community through consistent and empathetic care was also emphasized.

What needs are more specific to your situation?
Specific needs included stable employment opportunities, reliable healthcare and secure housing. Participants also expressed a need for community support systems that address their unique challenges, such as those faced by veterans or single parents.

Are you aware of any of the free or low-cost opportunities provided by Our Lady of Lourdes or Ochsner Lafayette General to meet the needs in the community?
Awareness of free or low-cost opportunities was limited among participants, suggesting a need for better communication and outreach about these services.

What sub-populations are medically underserved in your community?
Sub-populations identified as medically underserved included the homeless, veterans and low-income families. Participants stressed the importance of tailored healthcare services to meet the specific needs of these groups.

What, if any, lessons have you learned in the wake of the COVID-19 pandemic?
The COVID-19 pandemic underscored the fragility of their living situations and the critical importance of accessible healthcare and emergency support services. Participants learned the value of community solidarity and the need for robust public health infrastructure.

Have any of you been incarcerated?
Most of the participants indicated they have been incarcerated. The conversation did not go into detail regarding the specifics of the participant's incarceration or its impact on their current situation. There was a mention of reentry programs and coalitions, suggesting a recognition of the need for support systems for those reentering society after incarceration.

Is there anything else we should know about your community that we have not already discussed?
Participants reiterated the need for a more integrated approach to addressing homelessness, encompassing healthcare, housing, employment and social support. They called for ongoing dialogue and action to create lasting solutions. The participants mentioned about challenges with accessing dental care and healthcare services, highlighting issues related to Medicaid coverage and waiting times for appointments. They briefly touch on the presence of a clinic outside their parish and its role in healthcare provision.

Feedback from Prior CHNA

This section discusses the feedback from the previous CHNA.

Feedback from Prior CHNA

The CHNA was displayed prominently by both OLG and OLOL on their respective websites. No written feedback was collected since the last CHNA process. Although no written feedback was received for the 2021 CHNA, input and comments received through community workgroups/collaborations such as United In Health, Community Benefits Assurance Committee and other meetings where CHNA is talked about throughout the implementation plan. The previous joint CHNA process for the same region identified the following priority areas:

Access to Health Care	**Heart Disease**
Cancer	**Mental/Behavioral Health**
Crime/ Violence	**Pulmonary/ Respiratory**
Diabetes	**Substance Abuse/Addiction**
Health Disparities	**Weight Status and Nutrition (Obesity)**

Efforts Since Prior CHNAs

This section discusses the efforts adopted from the previous CHNA.

Our Lady of Lourdes Health

Lourdes has identified as its priority needs in the prior CHNA. They have chosen to focus on the needs of "Access to Primary Care", "Health Disparities", "Maternal and Child Health" and "Cancer".

Access to Primary Care/ Addressing Health Equity & Health Disparities / Social Determinants of Health (SDOH)
- **Patient Screening Tool**: Implemented for better identification of patient needs.
- **Ambulatory Office Visits**: Enhanced services to improve outpatient care.
- **Inpatient Admissions**: Increased focus on equitable treatment during hospital stays.
- **MyChart Integration**: Enabled patients to access health information and resources online.
- **Resource Library**: Developed to provide patients with necessary health information.
- **Local Community Engagement**: Strengthened community outreach and support.
- **Pathways/Find Help Integration**: Embedded in EPIC EMR for resource matching.
- **Closed Loop Referrals**: Ensured follow-up on patient referrals.
- **Epic Integration**: Improved user interface and SDOH prioritization.
- **Integrated Resource Matching in Workflow**: Seamlessly incorporated into patient care processes.
- **Translate Screenings to Z-Code Capture**: Facilitated better tracking of social needs.
- **Improving Access to Primary Care**
- **Medicaid Access Clinic**: Opened in Broussard, La., providing primary care for Medicaid patients.
- **Lourdes St. Bernadette's Dental Clinic**: Expanded hours to serve the homeless, uninsured and under-resourced populations.
- **Combating Heart Disease & Strokes**
- **Quarterly Free Screenings**: Offered to the community, including:
  - Glucose levels
  - Blood pressure
  - Body Mass Index (BMI)
  - Limited Echocardiogram (ECHO)
  - Electrocardiogram (EKG)
  - Onsite Physician/Provider Consultations

Enhancing Mental/Behavioral Health
- **Lourdes St. Bernadette's Clinic**: Continued funding for a Psychiatric Nurse Practitioner (Psych-NP) to provide mental and behavioral health services to the homeless population after initial grant funds expired.

Maternal & Child Health
Our Lady of Lourdes Health – Women's & Children's Hospital team members are currently participating in Louisiana Department of Health Maternal and Child Health Priority Workgroup where some of the objectives are as follows:
- Improve Birth Outcomes
- Decrease the percentage of preterm births from 13.5% to 12%
- Improve Child & Adolescent Health
- Increase the percentage of children aged 24 months up to date for the 7-vaccination series from 60.9% to 75%
- Improve Maternal Health
- Decrease the percentage of women with self-reported postpartum depression from 16.8% to 15%

Cancer
- Our Lady of Lourdes Health – St. Bernadette's Clinic for Homeless, Uninsured and Under-resourced population
- Screened 50% of patients for tobacco use and referred them to our Heart Hospital – Smoking Cessation Program
- Screened all women of the appropriate age for mammograms and referred all of them to our breast center if abnormities are detected
- Screened all women for pap smears and referred them for further testing if the need arises

Ochsner Health

Since the last CHNA, Ochsner Lafayette General has done much to increase access to care, and address health equity and health disparities by focusing on many social determinants of health. The Ochsner Lafayette General Community Health Center on Jefferson Street opened its doors in January 2021. It is an off-campus extension of Ochsner University Hospital & Clinics. It serves the Downtown, Port Rico and Freetown communities. The center provides primary care, behavioral health and social services as well as diabetes management. This initiative is designed to address access to primary care issues and health disparities, with a particular focus on marginalized populations.

Addressing Health Equity / Social Determinants of Health (SDOH) / Access to Care
- **Addressed healthcare workforce shortage** by partnering with local colleges and universities to develop affordable and lucrative LPN, RN, radiology tech and surgical tech degree programs.
- **Led the region in COVID-19 vaccine efforts** by administering nearly 75,000 vaccines to adults and children. Vaccine clinics were in underserved areas to minimize barriers to access.
- **Received and implemented MAT/OPIOD grant.** Developed prevention, treatment and education programs in Jeff Davis Parish, focusing on schools and families facing addiction. Partnered with BEACON to create the first 24/7 community outreach platform.
- **OLG partnered with Second Harvest Food Bank** to address food deserts in Acadiana. Hosted mobile food markets to reach our most vulnerable patients at Ochsner University Hospital & Clinics, the region's only safety net hospital.
- **Epic Integration**: Enabled patients to access health information and resources online as well as find providers in their area and schedule appointments - both virtual and in-person.
- **Improved Access to Primary Care:** Added dozens of primary care physicians and advanced practice providers: many placed in rural and underserved areas.

Provided free eye screenings at Ochsner Lafayette General Community Health Center.

Offered Multi-Cancer Early Detection Research at Ochsner Cancer Center of Acadiana through GRAIL Pathfinder Study

Behavioral Health Enhancements: Announced partnership with Oceans Behavioral Health to offer adolescent inpatient care as well as an increase to adult treatment inpatient and outpatient services. Additionally, added behavioral services to the Ochsner Lafayette General Community Health Center.

Furthermore, Ochsner has begun leveraging digital medicine, a field that applies advanced digital technologies such as artificial intelligence, machine learning, and big data analytics to improve patient outcomes and healthcare delivery. This allows Ochsner to provide sub-specialty care to families, enhancing the scope and quality of care offered.

Community Health Priorities and Resources

The following pages provide the identified Health Priorities of this assessment with relevant data points as well as resources to aid the community.

Access to Healthcare

There is a recognized need for an increase in healthcare providers and the strategic placement of care facilities in areas of high demand to optimize primary care usage. Health literacy is a critical area for improvement, and there is a need to address the over-utilization of emergency departments.

Issues such as prolonged wait times for both primary care and specialist appointments have been highlighted. There is a lack of awareness about available resources, which underscores the necessity to foster trust-building relationships between healthcare providers and the community.

Financial barriers to healthcare have also been brought to attention, including the high cost of care and the challenges faced by those without insurance.

Quantitative Findings

Parish	Primary Care Designation	Dental Health Designation	Mental Health Designation	Rural Status
Acadia	Low Income Population	Low Income Population	High Needs Geographic	Partially Rural
Evangeline	Low Income Population	Geographic	High Needs Geographic	Rural
Iberia	Low Income Population	Low Income Population	High Needs Geographic	Non-Rural
Jefferson Davis	Low Income Population	Low Income Population	Geographic	Rural
Lafayette	Low Income Population	Low Income Population	Low Income Population	Non-Rural
St. Landry	Low Income Population	High Needs Geographic	High Needs Geographic	Rural
St. Martin	Low Income Population	Low Income Population	Geographic	Partially Rural
St. Mary	Low Income Population	Low Income Population	High Needs Geographic	Rural
Vermilion	Low Income Population	Low Income Population	Geographic	Partially Rural

Our Lady of the Lourdes (OLOL) and Oschner Lafayette General (OLG) are expanding healthcare access in Louisiana with the opening of new facilities. OLOL has opened a new PCP Medicaid Clinic in Broussard. Also, OLG has opened the new OLG Community Health Center on Jefferson St. and a new PCP Medicaid Clinic in Crowley. Region IV operates multiple Parish Health Units and supports several Rural Health Clinics. 232-HELP/ LA211 provides information and referral for medical needs.

Access to healthcare was the third most noted challenge noted by health officials and community leaders during their interview. They pinpointed specific obstacles such as stigma, inadequate insurance, shortages in healthcare staffing and geographical barriers.

Sickle Cell Disease

Louisiana Action to Support SCD

- Act 117 in the 2013 session for creation of the Sickle Cell Commission within LDH
- Act 387 in 2015 session for SCD patient navigator program
- Act 280 in 2020 session for composition of the Louisiana Sickle Cell Commission
- In 2020, the National Academies of Sciences, Engineering, and Medicine released "Addressing Sickle Cell Disease: a Strategic Plan and Blueprint for Action".
- 2023 LDH's Business Plan Commitment 2: Support Vulnerable and Underserved Populations, Initiative 5: Improve Systems to Support People Living with Sickle Cell Disease
- Act 647 HB 968 of 2022 session requires LDH to establish and maintain the Skylar-Cooper Database, a registry for SCD
- Act 670 in 2022 session for annual review of Medical coverage for SCD
- HCR 76 in 2022 for equitable access to transformative therapies for SCD
- HR 289 in 2023 for Medicaid prior authorization criteria for prescribing L-glutamine to treat acute SCD
- Sickle Cell Disease Toolkit for Schools 2023 through LDH

Opportunities for Louisiana to Support SCD

- Preventive and specialized acute and non-acute services for SCD patients were limited due to low Medicaid reimbursement rates
- There are almost no programs geared toward individuals who were transitioning from pediatric to adult SCD treatment
- No registry/database or program existed to track SCD patients throughout their lifetime to ensure that they were not lost to follow-up
- Remote patient monitoring for all sickle cell families for 24/7 service to have direct access to care in the home to avert ED visit

Testimony by Karen Wyble, DNP, MSN, MHA, MBA, RN

HB 939 SCD healthcare delivery model represents a beacon of hope for approximately 3,000 Louisiana residents living with Sickle Cell Disease (SCD) under Medicaid coverage. It aims to provide continuous, comprehensive healthcare through digital monitoring and at-home care services, aligning with the goals of the Louisiana Department of Health's (LDH) FY 2023 Business Plan for Sickle Cell care.

In Louisiana, a state with a population of 4.68 million, 34% are African Americans, and of this demographic, 15.5% live in deep poverty. This economic environment leads to disparities in healthcare, with a lack of access to providers and clinics. SCD primarily affects the African American community, with the disorder occurring in about 1 in every 365 Black births.

While Louisiana Medicaid provides healthcare coverage to approximately 3,000 individuals living with SCD in the state each year, the true number of individuals living with the condition is unknown due to the absence of a comprehensive population-level public health monitoring system. However, Act 647 HB 968 of the 2022 session mandated LDH to establish and maintain the Skylar-Cooper Database, a registry for SCD.

The proposed initiative seeks to address the challenges faced by SCD patients, including the transition from pediatric to adult care, which is linked to more medical problems. It also aims to tackle the issue of access to care for families living in deep poverty and rural communities, who often lack transportation to clinics. The initiative proposes a 24/7 monitoring service to support SCD families and provide them with access to care, thereby reducing the overall cost of caring for SCD families and improving patient outcomes.

The initiative aligns with the goals of Act No. 117 (Senate Bill 57) of the 2013 Regular Legislative Session, which mandated the creation of the Louisiana Sickle Cell Commission to ensure the adequate delivery of services to all persons and formulate new actions to reduce the burden of SCD in Louisiana. The proposed monitoring and home care service is not a novice approach, as it is currently being provided to complex chronic diseases by specially trained clinical team members. The initiative requests that SCD be added to this list with Medicaid reimbursement coverage, meeting the aim of the FY 2023 LDH business plan to support every person living with SCD to achieve their fullest health potential.

Source: Karen Wyble, DNP, MSN, MHA, MBA, RN ; Louisiana Department of Health (LDH)

Cancer

The need for more preventative screenings has been identified as a key health strategy. This approach can help detect health issues early, when they're easier to treat and before they develop into more serious conditions.

There is also a recognized lack of understanding about the connection between behaviors and health outcomes. This highlights the importance of health education and awareness programs that can help individuals make informed decisions about their health.

Concerns have been raised about increasing rates of certain health conditions. This underlines the importance of monitoring health trends and implementing interventions to address these rising rates. It also emphasizes the need for ongoing research to understand the factors contributing to these increases.

OLG expanded provider schedules across their entire provider group to ensure patients at Ochsner University Hospital & Clinics can be seen in a timely manner. They have also hired three new Advanced Practice Providers to improve access to care as well as a nurse navigator to help their patients navigate the complexity of cancer care.

Quantitative Findings

Parish	Prostate (All Stages^)	Breast (All Stages^)	Lung & Bronchus (All Stages^)	Colon & Rectum (All Stages^)	Kidney & Renal Pelvis	All Cancer Sites (All Stages^)
Acadia	133	106.8	62.2	35.1	17.3	500.5
Evangeline	96.8	109.6	69.4	46.5	29.4	499.4
Iberia	142	142.7	53.5	43.5	14.7	504
Jefferson Davis	154	127.5	54.8	48.1	18.2	500.8
Lafayette	144.7	135.8	48	36.9	14.8	464.6
St. Landry	148.6	152.9	62.5	48.9	20.4	544.8
St. Martin	145.4	131.7	51.2	43.2	12.6	510.5
St. Mary	126.6	117.6	55.5	39.9	20	490.3
Vermilion	142.6	119.3	61.2	40.9	19.8	496.3
Louisiana	138.1	138.1	138.1	138.1	138.1	478.3
United States	110.5	127	54	36.5	17.2	442.3

Of the 439 participants, 305 participants ranked cancer to be one of the top 5 health problems in the community survey.

Crime/ Violence

Qualitative Findings

Safety concerns in certain areas have been identified, potentially linked to an increase in crime rates and mortalities. This situation underscores the need for effective community safety measures and crime prevention strategies. It also highlights the importance of public health interventions to address the rising mortality rates.

Quantitative Findings

Parish	Violent Crime Rate per 1,000 Residents	Number of Killings per 100,000 Residents
Acadia	48.57	12.16
Evangeline	4.988	9.27
Iberia	4.432	5.72
Jefferson Davis	2.857	*
Lafayette	3.78	4.14
St. Landry	43.25	1.21
St. Martin	3.583	3.86
St. Mary	6.83	6.07
Vermilion	119.6	1.74

Of the 436 participants, 305 participants ranked crime and violence to be one of the top 5 social problems in the community survey.

OLG expanded provider schedules across their entire provider group to ensure patients at Ochsner University Hospital & Clinics can be seen in a timely manner. They also hired three new Advanced Practice Providers to improve access to care as well as a nurse navigator to help their patients navigate the complexity of cancer care.

Diabetes

Qualitative Findings

There has been a significant increase in the prevalence of diabetes, particularly among younger demographics. This increase is hypothesized to be linked to lifestyle factors, with quality of life being a potential determinant. The severity of diabetes and its potential impact on public health have made this issue a priority in the region. Several risk factors contributing to the development of diabetes have been identified. These include poor dietary habits, genetic predisposition, lack of health literacy and sedentary behavior.

Ochsner Lafayette General Diabetes & Wellness Clinic has resources that offer multiple services.

For the list of resources, please refer to Appendix F made by Jennifer Ransonet (Diabetic Educator): "Diabetes Self-Management Resources for Ongoing Support".

Quantitative Findings

Parish	Diabetes Prevalence	Diagnosed Diabetes (%)
Acadia	13%	11.3
Evangeline	15%	9
Iberia	13%	11.2
Jefferson Davis	11%	7.5
Lafayette	11%	10.5
St. Landry	14%	9
St. Martin	12%	10.5
St. Mary	14%	12
Vermilion	11%	9.7

Health Disparities

Qualitative Findings

There is a noted lack of trust in healthcare providers who do not demonstrate cultural competencies. This can create barriers to care and negatively impact patient-provider relationships. It underscores the importance of cultural sensitivity and competence in healthcare delivery.

Access to care is a multifaceted issue that includes financial barriers and location-based challenges. These obstacles can prevent individuals from seeking care, leading to delayed diagnoses and treatment.

Health education and literacy are crucial in addressing racial, ethnic and income disparities in health. A lack of understanding about health issues and how to navigate the healthcare system can exacerbate these disparities.

There is a sense of discomfort and feeling of not being taken seriously when seeking healthcare. This can deter individuals from seeking care and contribute to poorer health outcomes. Home affordability struggles are another concern that can impact health.

Quantitative Findings

Parish	Median Household Income	Labor Force Participation	ALICE Households	Households in Poverty
Acadia	$42,368.00	56.30%	33.00%	22.00%
Evangeline	$32,465.00	53.80%	36.00%	27.00%
Iberia	$49,447.00	53.90%	27.00%	20.00%
Jefferson Davis	$45,578.00	53.90%	37.00%	18.00%
Lafayette	$59,093.00	64.40%	25.00%	17.00%
St. Landry	$38,599.00	55.60%	30.00%	27.00%
St. Martin	$46,711.00	58.30%	41.00%	18.00%
St. Mary	$43,097.00	54.30%	39.00%	22.00%
Vermilion	$56,347.00	57.40%	26.00%	17.00%

Of the 436 participants, 287 participants ranked poverty, homelessness and ALICE to be in the top 5 social problems in the community survey.

Our Lady of Lourdes is committed to a comprehensive approach to healthcare that includes the systematic tracking and capturing of Social Determinants of Health (SDOH).

To facilitate this, they have used Z-codes within their electronic health record system, EPIC. These codes allow them to effectively track and monitor SDOH, providing valuable data that can inform their care strategies and interventions.

Furthermore, they have integrated the Pathways Referral software into their EPIC system. This powerful tool enhances their ability to manage referrals, ensuring that their patients receive the necessary services and support to address identified social determinants.

OLG is tracking and capturing Social Determinants of Health and use of Z-codes.

Addressing Racism and Health Disparities:

The report acknowledges the role of racism in exacerbating health disparities. The Centers for Disease Control and Prevention (CDC) has declared racism a public health threat and emphasizes that both structural and interpersonal racism significantly impact the health of minority communities. This includes higher rates of poor health outcomes, barriers to accessing healthcare, and exposure to harmful environmental conditions (CDC) (CDC). Based on the findings, Acadiana is not immune to this. While the report itself doesn't specify detailed partnerships explicitly aimed at combating racism, it does provide insights into organizations that play a crucial role in improving community health and can be leveraged to address these issues locally. By leveraging social service agencies, health systems, nonprofit organizations, local government agencies and public health departments, K-12 schools and colleges, and focusing on local efforts, the community can make significant strides in addressing racism and health disparities.

What Creates Health Inequity?

```
┌──────────────┐      ┌──────────────┐      ┌──────────────┐
│ Differential │◄───► │   Racism and │◄───► │ Differential │
│  Access to   │      │Discrimination│      │    Living    │
│  Resources   │      │              │      │  Conditions  │
└──────────────┘      └──────────────┘      └──────────────┘
```

Chronic Stress

Epigenetic Changes

Increased Allostatic Load

Health Inequities
Cancers, Heart Disease, High Blood Pressure, Kidney Disease, Mental Illness, Trauma, etc.
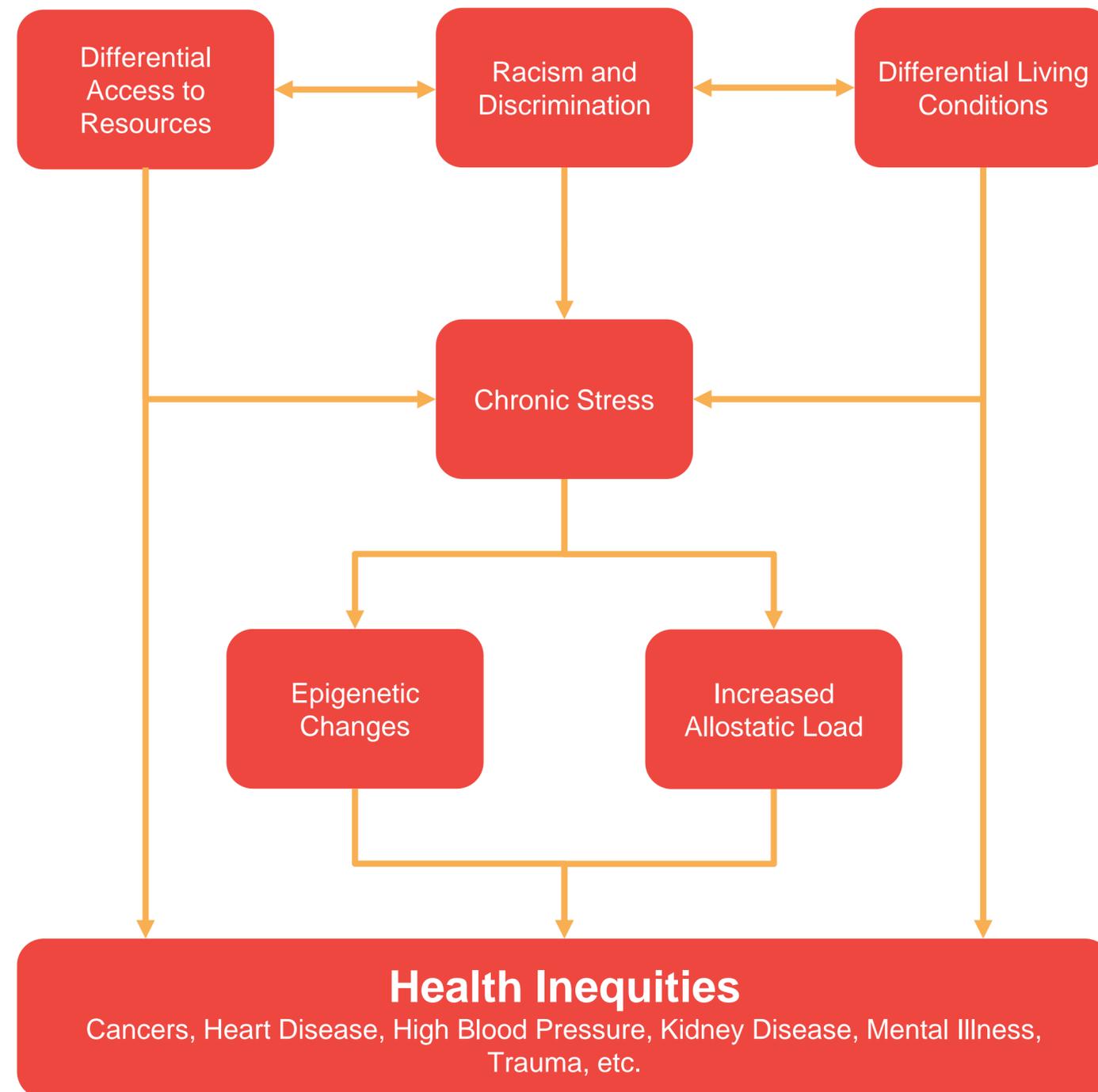
Health inequity, a pervasive global issue, refers to the unfair and avoidable differences in health status seen within and between communities. These disparities arise from social, economic and environmental conditions that are not distributed equally among populations. Factors such as socioeconomic status, race, ethnicity, gender and geographic location can significantly influence an individual's opportunity for optimal health. A diagram provided by Dr. Camara Phyllis Jones displays the factors that may create health inequity. Addressing health inequity requires a comprehensive approach that not only focuses on improving access to healthcare services but also targets the social determinants of health. This includes advocating for policies that promote social and economic equality, fostering environments that support healthy behaviors, and implementing culturally competent healthcare practices.

90

Source: Camara Phyllis Jones, MD, MPH, PhD

Heart Disease

Qualitative Findings

There was an identification to a significant increase in the prevalence of heart disease over the past 5 to 10 years, particularly among the younger demographic. This trend is hypothesized to be linked to lifestyle factors, with quality of life being a potential determinant.

There was a prioritization to this issue due to its severity and potential impact on public health. Several risk factors have been identified that may contribute to the development of heart disease. These may include poor dietary habits, genetic predisposition, lack of health literacy and sedentary behavior.

Our Lady of Lourdes Heart Hospital offers Quarterly Heart Screenings to the community. This initiative aims at early detection and management of heart disease.

OLG provided community screenings at Martin Luther King event for hypertension/heart disease and at different community events. Additionally, they have partnered with Lafayette Consolidated Government for "Back to School" events to provide cardiac and blood pressure screenings. They have also partnered with a local cardiovascular surgeon (Antoine Keller, MD) to provide cardiac screenings through a program named Heart Sense. In addition, they host an annual stroke screening every December at Burdin Riehl.

Quantitative Findings

Parish	Total Cardiovascular Death Rate 2019+	All Heart Disease Death Rate 2019+	Coronary Heart Disease (%)	High Blood Pressure (%)	Stroke (%)	High Cholesterol (%)
Acadia	349.4	278.9	8.1	42.1	4.3	39.3
Evangeline	330.5	261.1	8.9	44.5	4.9	40.1
Iberia	359.3	286.1	7.7	43.3	4.3	39.7
Jefferson Davis	333.2	258.6	7.6	39.4	4	38.6
Lafayette	263.8	214.1	5.9	37.4	3.3	34.4
St. Landry	319.3	260.8	8.6	44.8	5	39.6
St. Martin	310.3	250.4	7.5	42.2	4.2	38.2
St. Mary	314.3	255.1	8.5	43.7	4.8	39.7
Vermilion	324.3	271.2	7.6	40.7	3.9	41

Of the 439 participants, 320 participants ranked heart disease/ high blood pressure to be one of the top 5 health problems in the community survey.

Mental/ Behavioral Health

Qualitative Findings

Access to care is a significant concern, with issues such as a lack of providers and community infrastructure that does not support health behaviors. These barriers can prevent individuals from receiving the care they need, leading to untreated or undiagnosed mental health issues. These untreated issues can have secondary impacts on the health system in general, further straining resources and affecting the quality of care.

There is also a concern about the culture around healthy behaviors, particularly related to eating and physical activity. The lack of these behaviors being ingrained in the culture can contribute to poor health outcomes.

Furthermore, there is a sense of not being taken seriously when seeking care. This can deter individuals from seeking help and contribute to the underdiagnosis or misdiagnosis of mental health issues.

Ochsner Lafayette General and Oceans healthcare have partnered to enhance behavioral health services in southwest Louisiana. They're developing a new hospital, Ochsner Behavioral Health Acadiana, expected to open in late 2026. They aim to increase access to care and create the region's largest behavioral health center.

Additionally, St. Bernadette's Clinic provides free health and mental health services in Lafayette.

Ochsner Lafayette General partnered with Oceans Behavioral Health to serve our Acadiana families and added a psychiatrist and NP to the OLG Community Health Center on Jefferson Street.

Quantitative Findings

Parish	Mental Health Designation	Poor Mental Health Days	Frequent Mental Distress	Insufficient Sleep
Acadia	High Needs Geographic	6.5	21%	35%
Evangeline	High Needs Geographic	6.6	22%	40%
Iberia	High Needs Geographic	5.7	20%	39%
Jefferson Davis	Geographic	6.1	20%	34%
Lafayette	Low Income Population	5.4	18%	33%
St. Landry	High Needs Geographic	6.2	21%	36%
St. Martin	Geographic	6	19%	39%
St. Mary	High Needs Geographic	5.8	20%	37%
Vermilion	Geographic	5.8	19%	36%

Health officials and community leaders frequently mentioned that mental and behavioral health has worsened in the last 5 to 10 years.

Pulmonary/ Respiratory

Qualitative Findings

Community members reported prevalent respiratory issues, including asthma, COPD, and heightened sensitivity to air pollutants. Symptoms such as chronic coughing and shortness of breath were commonly noted, often linked to poor air quality and secondhand smoke exposure. These qualitative insights underscore a need for enhanced respiratory health resources, environmental interventions, and educational efforts to support affected populations

Quantitative Findings

Parish	Particulate Matter (µg/m³)	Ozone (ppb)	Diesel Particulate Matter (µg/m³)	Air Toxic Cancer Risk* (lifetime risk per million)	Toxic Air Releases	Current Smoker Status (%)
Acadia	8.2	58.8	0.143	20	290	24.9
Evangeline	8.11	58.7	0.0963	24	110	27.9
Iberia	8.18	60.1	0.135	29	380	23
Jefferson Davis	8.01	58.7	0.134	20	2,800	22.4
Lafayette	8.63	59.6	0.217	30	2,700	18.8
St. Landry	8.21	59.3	0.15	28	350	26
St. Martin	8.36	59.8	0.142	30	810	22.8
St. Mary	7.74	60.1	0.17	25	830	23.7
Vermilion	8.19	59.6	0.116	25	940	22.3

Of the 439 participants, 141 participants ranked respiratory problems (e.g,. asthma, COPD, allergies) to be one of the top 5 health problems.

Our Lady of Lourdes Health -Pulmonology Group
Bronchoscopic Lung Volume Reduction
Expert Care Keeps Lungs Breathing

Pulmonology is the medical specialty focused on caring for and treating diseases of the respiratory system, the lungs and other organs that help people breathe. Providers in their pulmonology departments provide comprehensive testing and specialized care for the diagnosis, treatment and tests of lung and airway disorders such as asthma, emphysema, bronchitis, sleep disorders, pneumonia and cancer. Their team of specialists provides exceptional care by following best practices, carefully planned protocols and utilizing modern technology.

In addition to outpatient care, the inpatient respiratory care services provide comprehensive and specialized care for the treatment of lung-related illnesses such as asthma, emphysema, bronchitis and occupational lung exposure. Using the most advanced technology, their team of specialists provide consistent care through carefully planned protocols and utilizing leading-edge technology to create the best outcomes.
St. Bernadette's Clinic for the Homeless, Uninsured & Under-resourced population – Screens patients for tobacco use and make referrals to their Smoking Cessation Program at their Heart Hospital.

Ochsner Lafayette General – Lafayette Pulmonology Clinic

Getting proper care is vital if someone may experience breathing problems or lung disease. At Ochsner Lafayette General, they work closely with their board-certified pulmonologists and other lung experts to provide comprehensive pulmonary critical care services to help residents breathe more easily. Whether a person has asthma, are at risk of lung cancer or experience other pulmonary problems, they can provide the patient with diagnostic and treatment solutions. If additional care is necessary, providers will refer the patients to specialists who can help. Services offered:

- Pulmonary function testing
- Low dose CT for lung cancer screening
- Lung screening navigation
- Endobronchial ultrasound
- CT guided biopsy
- Thoracentesis
- Smoking Cessation Program

Substance Abuse

Qualitative Findings

Substance abuse, including alcohol and drug misuse, is a significant risk factor for various types of cancer. The harmful substances in these products can damage cells and lead to mutations that cause cancer. The risk varies depending on the substance used, the amount and frequency of use, and individual health and lifestyle factors.

MAT/ Opioid clinics in Vermilion, Acadia and Jefferson Davis parishes aid in opioid addiction prevention, treatment and recovery.

St. Bernadette's Clinic provides free health and mental health services.

Lourdes Heart Hospital offers a Smoking Cessation Program.

OLG created a Medicated Assisted Treatment/Opioid Clinic for prevention/treatment/recovery in the rural areas of Vermilion, Acadia and Jefferson Davis parishes.

Quantitative Findings

Parish	Adult Smoking	Excessive Drinking	Alcohol-Impaired Driving Deaths	Drug Overdose Deaths
Acadia	25%	19%	27%	35
Evangeline	29%	17%	40%	25
Iberia	24%	16%	21%	29
Jefferson Davis	23%	18%	24%	46
Lafayette	19%	21%	35%	39
St. Landry	27%	16%	30%	33
St. Martin	23%	17%	34%	25
St. Mary	24%	17%	32%	36
Vermilion	23%	19%	22%	24
Acadiana Region	24%	18%	29%	32
Louisiana	20%	20%	31%	40

Of the 439 participants, 247 participants ranked substance abuse to be one of the top 5 health problems in the survey.

Weight Status and Nutrition

Qualitative Findings

Culture has been identified as a significant barrier to community health, particularly due to poor nutrition choices and knowledge. Food deserts, areas where access to affordable and nutritious food is limited, are a prevalent issue in many low-income neighborhoods. The built environment of the region often does not encourage or accommodate an active lifestyle, further exacerbating health issues.

There is a lack of information about healthy food choices and a culture that celebrates unhealthy foods. This can contribute to poor dietary habits and health outcomes. The lack of access to healthy foods, particularly in food deserts, is a significant concern. Unsafe neighborhoods can make walking and outdoor activities inaccessible, limiting opportunities for physical activity.

Quantitative Findings

Parish	Adult Obesity	Food Environment Index	Physical Inactivity	Access to Exercise Opportunities	Food Insecurity	Limited Access to Healthy Foods
Acadia	40%	7.1	33%	46%	16%	3%
Evangeline	42%	6.2	38%	56%	19%	6%
Iberia	43%	6.9	33%	69%	16%	6%
Jefferson Davis	41%	7.2	30%	50%	14%	8%
Lafayette	39%	7.4	27%	83%	12%	9%
St. Landry	40%	6.5	35%	46%	15%	11%
St. Martin	41%	7.7	30%	63%	12%	6%
St. Mary	39%	6.5	35%	85%	15%	10%
Vermilion	39%	7.5	30%	49%	14%	4%
Acadiana Region	40%	7	32%	61%	15%	7%
Louisiana	39%	4.8	28%	75%	15%	11%

Of the 439 participants, 308 participants ranked obesity to be one of the top 5 health problems in the survey.

Ochsner Health offers a comprehensive weight management program for all employees. This program is overseen by a team of dieticians, providing individualized treatment plans to help employees manage their weight effectively.

Our Lady of the Lake (OLOL) conducts regular screenings at Lourdes. These screenings are part of their commitment to preventative healthcare and early detection of health issues.

The Northside School Based Health Center, although not directly mentioned on the OLOL website, is likely to be involved in similar initiatives, focusing on childhood obesity, diabetes and BMI, among other health concerns. It is always a good idea to contact the center directly for the most accurate and up-to-date information.

Ochsner Health has a weight management program for all employees.

Key Takeaways

This section gives an overview of all responses to SDOH.

Overview

The 2024 Community Health Needs Assessment (CHNA) report by Ochsner Lafayette General, Our Lady of Lourdes and United Way of Acadiana highlights the primary health challenges and disparities faced by the community in the Acadiana region. The report is the culmination of extensive data collection, community input and collaborative efforts to address the pressing health needs of the region.

Key Health Priorities:

Drivers of Health Disparities (but not limited to):

Socioeconomic Status: Economic instability is a significant factor, with poverty rates varying across the parishes. For example, St. Landry Parish has a poverty rate of 27.5%, which is significantly higher than the state's average of 18.6%.

Education: Educational attainment also varies, impacting health literacy and access to health services. For instance, Lafayette Parish has a higher percentage of residents with a bachelor's degree compared to other parishes.

Racial and Ethnic Disparities: The region's demographic composition shows significant racial and ethnic diversity, with varying health outcomes. Structural racism has been identified as a fundamental driver of health inequities, affecting access to care, quality of care and overall health outcomes (CDC) (CDC).

Environmental Factors: Industrial activities in the region contribute to environmental health risks, such as air quality issues from particulate matter and ozone levels, which affect respiratory health (CDC) (CDC).

Healthcare Infrastructure: The distribution of healthcare facilities and professionals is uneven, leading to shortages in critical areas. Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas (MUAs) are prevalent, indicating the need for better healthcare access in rural and low-income communities.

Chronic Diseases and Conditions: High prevalence rates of chronic conditions like diabetes, heart disease, pulmonary or respiratory issues and obesity highlight the need for targeted health interventions and education programs to manage and prevent these diseases.

The CHNA report for 2024 underscores the need for a comprehensive approach to tackle the health disparities in the Acadiana region. This involves addressing socioeconomic determinants, improving healthcare access and infrastructure, and actively combating racism to ensure health equity for all residents. The collaboration between Ochsner Lafayette General, Our Lady of Lourdes and United Way of Acadiana aims to build a healthier community through targeted interventions and community-driven solutions.

Social Determinants of Health Framework

Social determinants of health (SDOH), as defined by Healthy People 2030, are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. These determinants can be grouped into five domains: Healthcare Access and Quality, Neighborhood and Built Environment, Social and Community Context, Economic Stability, and Education Access and Quality.

United Way of Acadiana has integrated Health Factors/Outcomes into this framework to represent the various health factors and outcomes identified by the community in this document. Including health factors and outcomes in discussions about SDOH is crucial for understanding the broader context and impact of these determinants. By doing so, we can measure the effectiveness of interventions targeting SDOH and identify areas needing improvement, ensuring a comprehensive approach to community health.

Additionally, United Way of Acadiana wanted to include the entire list of community issues, recognized throughout the process to provide a broader perspective on the overall challenges faced by the community.

Health Factors and Outcomes

Healthcare Access and Quality

Neighborhood and Built Environment

Education Access and Quality

Social and Community Context

Economic Stability

The top 10 health priorities identified through the survey, interviews, and focus groups are highlighted in bold. This comprehensive list encompasses all the issues recognized throughout the process from community members. Some items may appear under multiple categories.

Health Factors and Outcomes

Heart disease (cardiac issues)

Cancer

High Blood Pressure/Hypertension

Obesity

STI's, STD's

Diabetes

Elderly

Women's health

Pulmonary/ Respiratory (ex. asthma, COPD, allergies)

Chronic health issues

Education Access and Quality

Health Education

Health Literacy

Kindergarten Readiness

High School Graduation Rates

Economic Stability

Shelters: Insufficient shelter availability.

Cost of healthcare and Insurance: High healthcare and insurance costs.

Job Issues: Low-paying jobs and layoffs.

Health Disparities: Food insecurity, poverty, homelessness, limited affordable housing, and unstable housing.

Healthcare Access and Quality

Access to care: Accessing healthcare services, including behavioral health, psychiatric care, specialty care, maternal health, pediatric services, acute care in rural areas, primary care physicians (PCP), complementary therapies, advanced treatments, and management of chronic diseases, especially for those of us on Medicaid.

Coordinated care: Facing challenges with coordinated care, such as capacity issues and the ability to schedule timely appointments.
Behavioral health: Experiencing a shortage of behavioral health resources and other necessary supports.

Health disparities: Dealing with health disparities related to social determinants of health (SDOH) and dental care.

Provider recruitment: Recruiting and retaining healthcare providers in our community.
Sickle cell clinics: Needing more sickle cell clinics and providers who accept Medicaid.

Emergency care: Many young people like me resort to using the ER for primary care needs.

Neutral party: The community would benefit from a neutral party to help navigate these issues.

Neighborhood and Built Environment

Transportation: Issues with access and availability.

Crime/ Violence: High crime rates and general violence affecting community health.

Traffic: Problems with road congestion and safety.

Trafficking: Concerns about human trafficking.

Infrastructure: Challenges with public infrastructure and facilities.

Rural Areas: Unique challenges faced in rural communities.

Social and Community Context

Substance Use Disorders: Issues with illegal drug use and addiction.

Mental/Behavioral Health: Stigma, provider shortages, depression, PTSD, burnout.

Crime/ Violence: High crime rates and general violence affecting community health.

Behavioral Health Access: Limited access to services and inadequate resources.

Homelessness: Persistent issue impacting health.

Education Issues: Problems related to educational quality and access.

Health Disparities: Racism, discrimination, and challenges in rural areas.

Appendix

This section serves as an extension to the sources used in this CHNA.

Appendix A

United Way is a distinguished nonprofit organization that tirelessly advocates for the health, education, and financial stability of every individual in every community. With a vision of a world where all individuals and families can realize their full potential, United Way is deeply committed to fostering community collaboration.

In particular, the United Way of Acadiana has made it its mission to unite people and organizations who share a passion for community development and have the expertise and resources to create more opportunities for a better life. This commitment is evident in their active engagement with the community and their continuous interaction with a diverse range of community partners.

One of the key initiatives undertaken by United Way is the Community Health Needs Assessment (CHNA) project. This project underscores United Way's dedication to improving health outcomes in the community. By spearheading the CHNA project, United Way ensures that there is robust local engagement and that a broad spectrum of community partners are involved in the collective effort to enhance health outcomes.

Through these efforts, United Way continues to strengthen its community presence and reaffirms its commitment to creating a positive and lasting impact on the communities it serves.

Unitedwayofacadiana.org

United Way of Acadiana

Appendix B

Health Officials	
15th JDC	Judicial System
16th JDC	Judicial System
Acadian Ambulance	Medical Organization
Cancer Center of Acadiana	Hospital Management
Cardiovascular Institute of the South	Hospital Management
FMOL Health System	Hospital Administration
Franciscan Missionaries of Our Lady Health System	Medical Organization
Governor's Health Equity Task Force/UL Lafayette	Public Health/Education
Haynie and Associates	Lobbyist
LGMD	Hospital Management
Lourdes - Heart Hospital of Lafayette	Hospital Administration
Lourdes - Northside School Based Health Clinic	Outpatient/Adolescents
Lourdes - St. Bernadette's Clinic	Outpatient/Homeless
Lourdes - Women's & Children's Hospital	Hospital Administration
Lourdes Foundation	Hospital Management
Lourdes Physician Group	Hospital Administration
Ochsner Abrom Kaplan Memorial Hospital	Hospital Administration
Ochsner Acadia General Hospital	Hospital Administration
Ochsner American Legion Hospital	Hospital Administration
Ochsner Lafayette General	Hospital Administration
Ochsner Lafayette General	Hospital Administration
Ochsner Lafayette General	Hospital Administration
Ochsner Lafayette General	Hospital Administration
Ochsner Lafayette General Medical Center	Hospital Administration
Ochsner St. Martin Hospital	Hospital Administration
Ochsner University Hospital & Clinics	Hospital Administration
On Track by 5	Early Childhood Education
Our Lady of Lourdes	Hospital Administration
Our Lady of Lourdes	Hospital Administration
Our Lady of Lourdes	Hospital Administration
Our Lady of Lourdes	Hospital Administration
Region 4 Office of Public Health	Public Health
State Senator	Government
Triumphant Services LLC	Mental/Behavioral Health

Community Leaders	
Black Catholic Ministries, Diocese of Lafayette	Faith Based
Acadian Ambulance	Medical Organization
Acadiana Black Nurses Association	Medical Organization
Foundation for Wellness (Formerly Women's Foundation)	Social Services Nonprofit
Justice and Health Collaborative/Beacon Community Connections	Social Services Nonprofit
Miles Perret Cancer Services	Social Services Nonprofit
Nurse Family Partnership, LDH	Public Health
Red Cross	Social Services Nonprofit
The Family Tree	Social Services Nonprofit

To fulfill the requirements for the Community Health Needs Assessment (CHNA), input was gathered from:

- A City Court Judge from the 15th and 16th Judicial District in local government
- A State Senator representing tribal/regional government
- The Region 4 Medical Director from the public health department

These contributions ensured that perspectives from multiple levels of government and public health leadership were integrated into the assessment process.

Appendix C

CHNA Interviews – Health system leaders

This template to be filled out during interview, using questions from the interview guide.

Name of UW member(s)	Date	Name of interviewee	Location

Domain	Notes	
Health system background		
(1) Role or occupation (may include volunteering)		
(2) Main priorities of health system OR their facility		
(3) New initiatives/steps taken after last CHNA		
Community health needs & priorities		
(4) Top 3 strengths/assets in community		
(5) How the strengths relate to health of community		
(6) Top 3 problems/challenges in community		
(7) How the challenges relate to health of community		
Health Service Access & Disparities		
(8) Obstacles people face in accessing health services		
(9) Groups who might face more access challenges than others		
Resource availability		
(10) Services/programs in the community used by them or someone they know (including awareness of different resources)		
COVID-19 and Emerging Issues		
(11) Health issues that have improved or worsened in last 5-10 years		

(12) Lessons learned from the COVID-19 pandemic	
Close-out	
(13) Magic wand – what changes or initiatives would you implement	
(14) Anything else to share	
Contacts	
Leads on other potential interviewees (name, org, etc.)	
Notetaker Debrief	
Take note of any general notes or observations (i.e., interview interruptions, connection issues, other dynamics that stood out)	

CHNA Interviews - Community

This notetaking template to be filled out during the interview, using the interview guide with the actual questions.

Name of UW member(s)	Date	Name of interviewee		Location
Domain		**Summary of Response**		
Background of interviewee				
(1) Role or occupation serving the community (may include volunteering)		•		
Community health needs & priorities				
(2) Top 3 strengths/assets in community		•		
(3) How the strengths relate to health of community		•		
(4) Top 3 problems/challenges in community		•		
(5) How the challenges relate to health of community		•		
Health Service Access & Disparities				
(6) Obstacles people face in accessing health services		•		
(7) Groups who might face more access challenges than others		•		

Resource availability	
(8) Services/programs in the community used by them or someone they know	•
(9) Level of awareness about resources that exist	•
COVID-19 and Emerging Issues	
(10) Health issues that have improved or worsened in last 5-10 years	•
Close-out	
(11) Magic wand – what changes or initiatives would you implement	
(12) Anything else to share	•
Contacts	
Leads on other interviewees (name, org, etc.)	• •
Notetaker Debrief	
Take note of any general notes or observations (i.e., interview interruptions, connection issues, other dynamics that stood out)	• •

Appendix E

Community Health Survey

Thank you for participating in this survey! Louisiana Public Health Institute and United Way of Louisiana are partnering to conduct Community Health Needs Assessments for nonprofit hospitals in our state to ensure hospitals are meeting the health priorities of people in the community. Your thoughts are very valuable to know how health services can be improved.

This survey should take about 10 minutes to complete. Your answers are confidential and will not affect any services or benefits you are currently receiving. You may skip any question you do not feel comfortable answering. Thank you for your time!

Today's date:

1. "Are you 18 years or older? If so, please keep going! **If you are less than 18, please do not fill out this survey**."

INDIVIDUAL HEALTH

2. Would you say that in general your health is
   - o Excellent
   - o Very Good
   - o Good
   - o Fair
   - o Poor

3. Please choose the answer that best fits this statement: *Compared to others in my community, my health is….*
   - o A lot worse
   - o A little worse
   - o About the same
   - o A little better
   - o A lot better

4. Over the last 3 months or so, how many days have you missed work or other activities (i.e. church, school) because you were sick or not feeling well?
   - o None
   - o 1-5 days
   - o 6-10 days
   - o 11-15 days
   - o 20 days or more

5. Over the last 3 months or so, how many days have you missed work or other activities (i.e. Church, school) because you were caring for a family member who was ill or disabled?
   - o None
   - o 1-5 days
   - o 6-10 days
   - o 11-15 days
   - o 20 days or more

6. When you are sick or need healthcare, are you able to visit a doctor/healthcare provider?
   - o Never
   - o Rarely
   - o Sometimes
   - o Frequently
   - o Always

7. If you have ever chosen not to see a doctor when you needed to, what were the reasons? Please select the top 3 reasons.
   - □ I am not ready to talk about my health problem(s)
   - □ Doctor does not understand my culture or religious beliefs
   - □ Lack of language translation services
   - □ The doctor is too far away
   - □ I can't afford it or have insurance problems
   - □ I do not have transportation
   - □ I can't get time off work
   - □ I don't have childcare
   - □ Not applicable - I always see a doctor when I need to
   - □ Other, specify: _____

8. When was your last physical exam (i.e. checkup, well visit, screening) with a doctor?
   - o Less than 2 years ago
   - o Between 2-5 years ago
   - o More than 5 years ago
   - o I have never had a checkup or physical exam with my doctor [if you selected this, please skip directly to Q11.]

9. Have you ever had a doctor's appointment through telehealth or teleservices?
   - o Yes
   - o No
   - o I don't know what telehealth or teleservices are

10. If you answered yes to Q9, how would you rate the quality of the care you received?
   - o Very good
   - o Good
   - o Fair
   - o Poor
   - o Very poor

11. Have you had any of the following cancer screenings in the past three years?
   - □ Colonoscopy or rectal exam
   - □ Heart screening
   - □ Mammogram (breast cancer screening)
   - □ Pap smear (cervical cancer screening)
   - □ Prostate exam
   - □ Skin cancer screening

12. How confident do you feel in understanding information provided by your doctor?
   - o Not at all confident
   - o Not too confident
   - o Unsure
   - o Slightly confident
   - o Very confident

13. Where do you go for information about health and wellness? <u>Please check all that apply</u>.
- ☐ Doctors, nurses, pharmacists in my community
- ☐ Family and friends
- ☐ Books
- ☐ Newspapers and magazines
- ☐ Television or radio
- ☐ Online (internet) informational resources
- ☐ Social media (Facebook, Twitter, Instagram)
- ☐ Hospital
- ☐ Church
- ☐ School or college
- ☐ Health fairs
- ☐ Health department
- ☐ Your place of work
- ☐ Other, specify: _____

14. During health crises, which individuals do you turn to for support? Please select <u>up to three.</u>
- ☐ Family or relatives
- ☐ Friends, neighbors, or co-workers
- ☐ Local community organizations
- ☐ Online support groups
- ☐ I don't know
- ☐ Other, specify: _____

15. Have you received mental health services or counseling in the past year?
- o Yes
- o No

16. What barriers, if any, prevent you from seeking mental health support when needed? <u>Please select all that apply</u>.
- ☐ I am not ready to talk about my problems
- ☐ Fear of stigma/my friends and family might find out
- ☐ Cost or insurance problems
- ☐ I don't know how to find mental health support
- ☐ Other, specify: _____

17. How important are community activities or events for maintaining your overall health and well-being?
- o Not very important
- o Somewhat important
- o Very important

18. Please read through the following list and <u>select the 5 items</u> that you think are the <u>top 5 health problems in your community.</u>
- ☐ Breathing problems (ex. asthma, COPD, allergies)
- ☐ Heat illness
- ☐ Cancer
- ☐ Dementia/Alzheimer's Disease
- ☐ Dental or eye problems
- ☐ Workplace injuries
- ☐ Traffic accidents
- ☐ Heart disease or high blood pressure
- ☐ Obesity
- ☐ Sickle Cell Disease
- ☐ Prenatal and infant health (ex. babies born underweight)
- ☐ Reproductive health (i.e. teen pregnancy or availability of contraception)
- ☐ Sexually transmitted infections
- ☐ Other infectious diseases (ex. COVID-19, flu virus, hepatitis, tuberculosis, Lyme disease)
- ☐ Substance use/addiction (including accidental overdose)
- ☐ Suicide
- ☐ Domestic Violence
- ☐ Other, specify: _____

19. Please read through the following list and <u>select the 5 items</u> that you think are the <u>top 5 social problems in your community</u>.
- ☐ Crime, violence, or firearms
- ☐ Child abuse or neglect
- ☐ Racism and discrimination
- ☐ Homelessness or unaffordable housing
- ☐ Cost of healthcare or insurance
- ☐ High cost of utility bills
- ☐ Lack of education (ex. people dropping out of high school or not pursuing higher education)
- ☐ Not enough well-paying jobs in the area
- ☐ Lack of healthy and affordable food
- ☐ Lack of recreational activities for youth
- ☐ Poor air or water quality
- ☐ Roads or sidewalks not maintained
- ☐ Not enough parks/green space
- ☐ Poor public transportation
- ☐ Other, specify:

20. Please read through the following list and <u>select the 5 items</u> that you consider the most positive aspects of your community.
   - ☐ Access to healthy foods
   - ☐ Affordable housing
   - ☐ Childcare/daycare
   - ☐ Diversity of people
   - ☐ Faith-based organizations (ex. Churches)
   - ☐ Good healthcare
   - ☐ Good jobs
   - ☐ Good schools
   - ☐ Low crime and violence
   - ☐ Parks and recreation
   - ☐ Safe worksites
   - ☐ Sanitation and public works (trash pickup, etc.)
   - ☐ Services for the elderly
   - ☐ Support organizations for people who need help (please specify)
   - ☐ Other, specify: _____

21. How important are environmental factors in affecting your health? (Environmental factors can include aspects of the air, water, food, chemicals, temperature, or weather)
   - o Not at all important [if you selected this, please skip directly to Q23.]
   - o A little important
   - o Very important

22. If you answered a little important or very important to Q21, please read through the following list and <u>select the three environmental factors</u> that most significantly affect your health.
   - ☐ Air quality
   - ☐ Extreme heat
   - ☐ Extreme cold
   - ☐ Exposure to mosquitos, ticks, or other insects
   - ☐ Food quality
   - ☐ Flooding
   - ☐ Severe storms
   - ☐ Stormwater or sewage runoff
   - ☐ Trash or waste near the home
   - ☐ Drinking water quality
   - ☐ Other, specify: _____

Please select how much you agree or disagree with the following statement:
23. Everyone in my community regardless of race, gender, or age has equal access to opportunities and resources.
   - o Strongly Agree
   - o Agree
   - o Undecided
   - o Disagree
   - o Strongly Disagree

24. What is your home zip code? _____
25. What is your home parish? _____

26. Which age group do you belong to?
   - o 18-24
   - o 25-34
   - o 35-44
   - o 45-54
   - o 55-64
   - o 65+

27. To what race/ethnicity category do you most strongly identify? <u>Please choose all that apply.</u>
   - ☐ Asian
   - ☐ Black or African American
   - ☐ Hispanic or Latino
   - ☐ Middle Eastern or North African
   - ☐ Native American, American Indian, or Alaska Native
   - ☐ Native Hawaiian or other Pacific Islander
   - ☐ White
   - ☐ I identify another way, specify: _____

28. To which gender identity do you most identify? <u>Please select all that apply.</u>
   - ☐ Man
   - ☐ Nonbinary, genderfluid, or gender nonconforming
   - ☐ Transgender
   - ☐ Woman
   - ☐ Intersex
   - ☐ I identify another way, specify: _____

29. How do you define your sexual orientation? <u>Please select all that apply.</u>
   - ☐ Asexual
   - ☐ Bisexual
   - ☐ Gay
   - ☐ Heterosexual/straight
   - ☐ Lesbian
   - ☐ Queer
   - ☐ I identify another way, specify: _____

30. Do you have an internet connection at home?
   - o Yes
   - o No

31. Do you have a smartphone?
  - o Yes
  - o No

32. How many people are in your household, including you?
  - o 1
  - o 2
  - o 3
  - o 4
  - o 5 or more

33. About how much was your household income last year?

  - o Under $15,000
  - o $15,000- $24,999
  - o $25,000- $34,999
  - o $35,000- $49,999
  - o $50,000- $74,999
  - o $75,000- $99,999
  - o $100,000- $149,999
  - o $150,000+
  - o I don't know

34. What is the highest level of education you have completed?
  - o Less than high school
  - o High school diploma or GED
  - o Vocational training or Associates degree
  - o Some college
  - o College degree
  - o Graduate or Professional degree

35. Which of the following best describes your employment status? Please select all that apply.
  - □ Disabled
  - □ Employed full-time
  - □ Employed part-time
  - □ Full time student
  - □ Homemaker
  - □ Retired
  - □ Unemployed, looking for work
  - □ Unemployed, not looking for work
  - □ Other, specify: _____

36. Which type of health insurance do you have?
  - o Medicare
  - o Medicaid
  - o Private Insurance through employer
  - o Veteran's Administration
  - o Indian Health Service
  - o I do not have health insurance
  - o I don't know
  - o Other or multiple types, specify:
    _____

Thank you for making your voice heard! The Community Health Needs Assessment will be posted online in July. If you have any further questions or concerns please email spanchang@lphi.org.

Appendix F

Individuals Experiencing Homelessness Focus Group Framework

Who?
- Any individual experiencing homelessness in the service area (Region 4) of the ages 18 and over

How and Why?
- This focus group will be conducted by the United Way of Acadiana on behalf of Our Lady of Lourdes and Ochsner Lafayette General Hospitals in order to collect experiences, opinions, ideas, and feedback for the Joint Community Health Needs Assessment.
- Participants will engage in providing conductors with qualitative data of the communities around them.
- Each focus group will last up to 30 minutes which includes a 10 minute introduction, 15 minute conversation, and five minute conclusion. Within the introduction time, participants will be given a brief time to introduce themselves.

Opening
- Explain the history of CHNA and the introduce the roles of the facilitators.
- Sign consent forms and complete a demographic survey.
- There will be five ground rules which will be agreed to by all participants at the opening.
  - Only one person speaks at a time.
  - Confidentiality will be ensured: what individuals say will not be quoted with names. Information will be grouped with answers from other people so that individuals are not identified.
  - It is important to hear everyone's ideas and opinions. There are not right or wrong answers to questions- just ideas, experiences, and opinions, which are all valuable.
  - It is important to give all sides of an issue- both the positive and the negative.
  - It is important for everyone's ideas to be equally represented and respected.
- The service area/community will be defined to the participants.

Sample Focus Group questions

How did you become homeless?
How long have you been homeless or were you homeless?
How has homelessness affected the way you think about yourself?
Thinking back to when you first became homeless, what would it have taken to prevent it?
What do you need to maintain a home/housing?
What would you do if you had unlimited resources and could end homelessness?
What effect has homelessness had on your children?
Many experts think estimates of the numbers who are homeless are not accurate because they do not include people who are doubling up with relatives or friends. Did you ever double up?
Do you know others who have? 10.
What three things should Acadiana do to end homelessness?
Is there anything else you would like to share?

- What are the most serious health concerns in the community?
- How would you prioritize them?
- Let's talk about getting the health care you need. What are the barriers to receiving healthcare in the community?
- What actions can be taken to improve the health of the people in the community?
- How could the barriers mentioned in the previous questions be taken down?

- We brought you here to discuss <insert topic>. What needs are more specific to your particular situation?
- Are you aware of any of the free or low cost opportunities provided by Our Lady of Lourdes or Ochsner Lafayette General to meet the needs in the community?

Secondary questions:
- What sub-populations are medically underserved in your community?
- What, if any, lessons have you learned in the wake of the COVID-19 pandemic?
- Is there anything else we should know about your community that we have not already discussed?

Conclusion (15 minutes)
- A summary of findings and announcement of where the CHNA report can be found.
- Thank participants and distribute incentives.

Appendix G

Wellness & Diabetes Clinic *at Lafayette General*

Diabetes Self-Management
Resources for Ongoing Support

Below are ideas to support your ongoing needs for diabetes self-management. Choose the best option for you or create your own plan for ongoing support and needs.

RELIABLE WEB-BASED INFORMATION	
American Diabetes Association ADA	www.diabetes.org
AADE	www.diabeteseducator.org
Cornerstones4care.com	www.cornerstones4care.com

PRESCRITPION ASSISTANCE	
LIS - Low Income Subsidy (Medicare Prescription Drug Costs)	Apply at: www.socialsecurity.gov/exrahelp or 1-800-325-0778

FOOD ASSISTANCE PROGRAMS	
FoodNet Food Bank www.foodnetlafayette.org 217 Surrey Street Lafayette, LA 70505 337-232-3663	A referral letter from "232-HELP" is required each month. Individuals can obtain only one order of food per month, per housegold. 232-HELP chooses the pantry location for the client.
Meals on Wheels www.mealsonwheelsamerica.org **Lafayette Council on Aging, Inc.** 160 Industrial Pkwy, Lafayette, LA 70508 337-262-5990	Meals on Wheels operates in virtually every community in America through independently-run local programs. Find a location near you usig the Meals on Wheels Website, or contact the local Lafayette Council on Aging.

RECREATION, PARKS AND COMMUNITY RESOURCES	
Comeaux Recreation Center www.lafayettela.gov/ParksAndRecreation/RecreationCenters 411 W. Bluebird Drive, Lafayette, LA 70508 337-291-8875	Offering: aerobics, dance, jazz dance, photo club meeting, free play basketball, weight room, karate, free play pickleball Visit the Lafayette, LA gov parks and recreation website to find other Community Centers near you.
THE ROSEHOUSE (Senior Center) 120 Statesman Dr. Lafayette, LA 70506 337-291-5444	Membership is free and is open to persons who reside in Lafayette Parish and are 55 years of age and older. Activites consist of health talks, an exercise equipment room, chair volleyball, bingo, line dancing and exercise classes. Free gym open from 7:30 am-4:00 pm.
Greenhouse Senior Center 110 N.E. Evangeline Thruway, Lafayette, LA 70501 337-291-5458	Activities include: excerise class, bingo, line dancing, computer classes, horticulture class, potlucks, intergenerational activites, safety driver classes and informational luncheons.
Grocery Store Tours: Rouses Market 601 Bertrand Dr. Lafayette, LA 70506 **Contact to schedule your tour:** Dietician - April Sins email: april.sins@rouses.com	Complimentary tours designated to teach you how to effectively shop your local Rouses are available by appointment. They're perfect for small groups or groups of up to 12 people. Popular topics include diabetes, heart health, weight management, low sodium, vegan and vegetarian, and food allergies. To schedule a tour, email **Rouses Registerd Dietician** at april.sins@rouses.com

JOURNALS AND MAGAZINES		
Diabetes Forecast	1-800-342-2383	www.diabetesforecast.org
Diabetes Self-Care Management	1-855-367-4813	www.diabetesselfmanagement.com
Guide to Diabetes (Health Monitor)	Provided in class	

EMOTIONAL SUPPORT	
The Family Tree Information, Education and Counseling www.acadianafamilytree.org 1602 W. Pinhook Road, Ste, 100A, Lafayette, LA 70508 337-981-2180	Parenting, behavioral therapy for teens, dealing with loss, divorce, counseling, etc
Overeaters Anonymous www.oa.org 505-891-2664	A community of people who through shared experience, strength, and hope are recovering from unhealthy relationship with food and body image.
Anxiety and Depression Association of America www.adaa.org	Dedicated to the prevention, treatment, and cure of anxiety, depression, OCD, PTSD, and co-occuring disorders through education, patractice, and research.
National Suicide Prevention Lifeline www.suicidepreventionlifeline.org 1-800-273-8255	Committed to improving crisis services and advancing suicide prevention by empowering individuals, advancing professional best practices, and building awareness.

DIABETES PHONE APPS	
www.Gomeals.com	Nutrition info, find restaurants, track daily food
www.Myfitnesspal.com	Record meals, exercise, water, weight and measurements
www.Glucosebuddy.com	Record blood sugar, insulin doses, exercise and food. Syncs to an online accout to manage data

DIABETES EDUCATORS AT LGMD WELLNESS & DIABETES CENTER*	
Jennifer, RN 337-703-4874	

*****Ask your employer if there is a wellness program for the employees of your company.**

Appendix H

Resource Directory Link

United Way of Acadiana's Care Network assists individuals and families in need by connecting them to resources and support through the Unite Us platform. This network, comprising over 100 community partners, helps with rental and mortgage payments, medical expenses, educational support, housing, emergency food, mental health services and more. United Way collaborates with these partners to ensure clients receive comprehensive support and keep updated on available resources as well as advocates for the needs of clients and families in the community.

Care Network form:
unitedwayofacadiana.org/carenetworkform

RESOURCE DIRECTORY

ASSIST AGENCY - ACADIA

Phone: (337) 824-7800
assistagency@bellsouth.net
http://assistagency.org/

- HUD-Approved Housing Counseling
- Medicaid and SNAP Application
- VITA Tax Preparation
- Emergency Assistance
- Crisis Assistance
- Food Vouchers
- Toys for Tots
- Revolving Loan for Small Business Development and Expansion
- Affordable Housing
- Housing Counseling
- Summer Food Services Program

ASSIST AGENCY - VERMILION

Phone: (337) 898-9554
khuntly@assist.glacoxmail.com
http://assistagency.org/

- Emergency Assistance
- HUD-Approved Housing Counseling
- Housing Counseling
- Home Loans and Financing
- Revolving Loan for Small Business Development and Expansion

For more information, contact us directly.

United Way of Acadiana
215 East Pinhook Road
Lafayette, Louisiana 70505
(o) 337-233-8302
Email: info@unitedwayofacadiana.org

United Way
United Way of Acadiana

Appendix I

CHNA Survey Distribution Activity Template

The purpose of this template is to record methods through which surveys are distributed. Please fill out each field as it best applies to the activity. For example, if one method of distribution is to post the link on a website, you may enter 'Ongoing starting April 20' in the date. You may fill out this document in Word, by hand on a printed version, or keep a copy in both formats.

United Way of Acadiana

Date of activity	Location or Website	Brief Description (include community partner contacts, if applicable)
April 11, 2024	HOPE-Homeless Outreach Providing Essentials Paper Surveys completed by 30 homeless individuals	Our Lady of Lourdes St. Bernadette Clinic 326 South Washington St. Lafayette, LA (St. Paul Church Parking Lot)
April 14, 2024	Resources Fair with Second Harvest and Sun Wellness.	In attendance: LAAEYC • Lafayette Ready Start • Family Tree • Blue Cliff College • United Healthcare • LDH vaccines and resources materials • LA Healthcare Connection • Home Health Care 2000 • Aetna • Sun Wellness Resource Center • United Way of Acadiana • Humana • Legal Aid Justice Center • Partner for Family Health • Our Lady of Lourdes • PACE Lafayette • St. Bernadette Community Clinic
Ongoing starting April 20	Unitedwayofacadiana.org/CHNA	
Ongoing starting April 20	Ochsner Hospitals Internal to employees	
Ongoing starting April 20	OLOL Hospitals Internal to employees	
April 22, 2024	LCTF- Resource Table at conference	Louisiana Childrens Trust Fund- Together We Can Conference https://latwc.org/index.html

April 22, 2024	Uncharitable Movie and Panel Discussion	
April 30, 2024	Greaux Baby & Me Community Baby Shower	
May 1, 2024	https://www.facebook.com/story.php/?story_fbid=864872009010842&id=100064641521599	
May 1, 2024	https://www.klfy.com/local/ochsner-lafayette-our-lady-of-lourdes-partners-with-united-way-for-health-survey/	
May 6, 2024	https://www.kadn.com/features/we-need-you-acadiana-share-your-input-for-our-lady-of-lourdes-ochsner-lafayette-general/article_a8b818f8-0bdc-11ef-b64b-9f0894dad307.html	
Ongoing starting April 20	Beacon Community Connections shared with clients, employees and social media	https://beaconconnections.org
Ongoing starting April 20	Foundation for Wellness shared with clients, employees and social media	https://womansfoundation.com/about-us/
Ongoing starting April 20	Catholic Charities of Acadiana shared with clients, employees and social media	https://catholiccharitiesacadiana.org/
May 9, 2024	St. Martin Reentry Resource Fair	
May 10, 2024	SoLaCC Acadiana Regional Advisory Council- Advisory board for South Louisiana Community College	
May 23, 2024	Homeless to Housed, a 4 part series focused on mitigating Homelessness in Acadiana	https://catholiccharitiesacadiana.org/homelesstohoused
May 28, 2024	Healthy Acadiana Coalition Meeting	

May 30, 2024	https://www.instagram.com/reel/C7mSYzAuLPr/	

Community Partners

This section extends appreciation to community partners for their contributions.

Thank you to The Family Tree, Beacon Community Connections, Foundation for Wellness and United Way of Southwest Louisiana for contributing to the 2024 Joint Community Health Needs Assessment. Without partners like you, this would not have been possible.