

# JOINT COMMUNITY HEALTH NEEDS ASSESSMENT



Ochsner Abrom Kaplan Memorial Hospital  
Ochsner Acadia General Hospital  
Ochsner Lafayette General Medical Center  
Ochsner St. Martin Hospital  
Ochsner University Hospital & Clinics



Heart Hospital of Lafayette  
Our Lady of Lourdes Regional Medical Center  
Our Lady of Lourdes Women's & Children's Hospital  
Park Place Surgical Center

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# Executive Summary

Ochsner Lafayette General, Our Lady of Lourdes, and the United Way of Acadiana are pleased to present this joint Community Health Needs Assessment to the community. This joint effort represents the nine institutions represented by Ochsner and Lourdes systems as well as the input and efforts of the United Way of Acadiana, one of the leading social service agencies in the region.

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

- Access to primary care
- Cancer
- Diabetes
- Health disparities
- Health education/literacy
- Heart disease and stroke
- Mental/behavioral health
- Maternal and child health
- Rural health
- Weight status and nutrition (obesity)

Several of these health priorities are medical conditions requiring medical treatment and rely primarily on health care services. Other priorities are root causes of health conditions that may rely on community programs and policy changes.

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.

# Our Facilities

This assessment covers nine facilities operated by Ochsner Lafayette General (OLGH) and Our Lady of Lourdes (OLOL) in the Acadiana region.

# Our Lady of Lourdes



## 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.



## 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 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.



## 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 and has limited number of inpatient and observation beds. OLOL owns 45% of PPSH.

# Ochsner Lafayette General



## 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 Ochsner Lafayette General’s alliance has strengthened the quality of healthcare being delivered to residents of Vermilion Parish and beyond.



## Ochsner Acadia General Hospital

Ochsner Acadia General Hospital (OAGH) is an acute care facility located at 1305 Crowley Rayne Highway, Crowley, LA 70526. It is one of seven hospitals within the Ochsner Lafayette General system. 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 University Hospital & Clinics

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

Ochsner Lafayette General Medical Center (OLGMC) is an acute care facility located at 1214 Coolidge Street, Lafayette, LA 70503 and is part of the Ochsner Lafayette General system.



## Ochsner St. Martin Hospital

Ochsner St. Martin Hospital (OSMH) is located at 210 Champagne Boulevard, Breaux Bridge, LA 70517. OSMH is a critical access hospital maintaining inpatient acute beds and a skilled nursing rehabilitation unit, as well as a staffed 24-hour emergency room. As a non-profit 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.

# Background and Process

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

# Background

## Community Health Needs Assessment

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: United Way Qualifications 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 adopted within six months of the adoption of this report.

# Requirements

The Patient Protection and Affordable Care Act of 2010 (ACA) requires tax-exempt hospitals to create a hospital Community Health Needs Assessment every three years. This CHNA was developed alongside community stakeholders. The requirements of a Community Health Needs Assessment include:

- Define the community it serves.
- Assess the health needs of that community.
- In assessing the community's health needs, solicit and take into account input received from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health.
- Document the CHNA in a written report (CHNA report) that is adopted for the hospital facility by an authorized body of the hospital facility.
- Make the CHNA report widely available to the public.

With OLOL and OLG facilities all serving patients across Acadiana region, they pursued adopting one joint CHNA. Collaboration across hospitals as well as with stakeholders was an essential component of the process.

Source:

<https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>

# CHNA Process

The Community Health Needs Assessment process involved significant professional and community input. A concise overview of the process is included below.



# CHNA Strategy

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



Input from persons who represented the broad interests of the community served by 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: Community Leader Interviewees. Information was gathered by conducting interviews with individuals representing community health and public service organizations, medical professionals, hospital administration and other hospital staff members.

# Data Collection

## Secondary Data Collection and Analysis Methodology

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

Commonly used data sources include the Louisiana State Health Assessment, County Health Rankings, the US Census Bureau, and the Centers for Disease Control and Prevention (CDC).

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

# Community Overview

The section provides a geographic overview of the nine-parish area covered by the Assessment as well as data regarding Health Professional Shortage Areas.

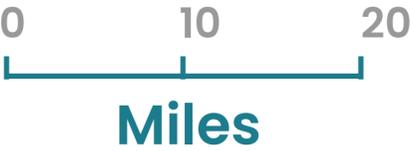
# Geographic Area

Ochsner Lafayette General (OLG) and Our Lady of Lourdes (OLOL) treat patients from across the Acadiana region. For the purposes of the CHNA report, OLG and OLOL chose the nine parish Acadiana region as their service area, including Acadia, Evangeline, Iberia, Jefferson Davis, Lafayette, St. Landry, St. Martin, St. Mary, and Vermilion parishes. Because this community was chosen purely by geography, it includes medically underserved, low income, and minority populations. All patients within the nine-parish service area, regardless of health insurance or the ability to pay for care, were considered.



## Legend

■ Parishes served



# Health Professional Shortage Areas

Health Professional Shortage Areas (HPSAs) are designations that indicate healthcare provider shortages in primary care, dental care, or mental health.

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

Source: HRSA

**Shortages may be geographic, population, or facility-based:**

- **Geographic Area** - A shortage of providers for the entire population within a defined geographic area.
- **Population Groups** - A shortage of providers for a specific population group within a defined geographic area (e.g. low income and other groups)

# Medically Underserved and Health Professional Shortage Areas

Health Professional Shortage Areas (HPSAs) are designations that indicate healthcare provider shortages in primary care, dental care, or mental health.

Parish	IMU	HPSA (Primary Care)	HPSA (Mental Health)
Acadia Parish	61.3	14	19
Evangeline Parish	34.1	16	18
Iberia Parish	57.9	12	18
Jefferson Davis Parish	60	9	18
Lafayette Parish	*	14	12
St. Landry Service Area	40.9	13	18
St. Martin Parish	59.3	16	17
St. Mary Parish	58.1	12	18
Vermilion Parish	53.4	17	17

Source: HRSA (retrieved July 2021, <https://data.hrsa.gov/>)

**Index of Medically Underserved (IMU):** Under the established criteria, an area or population with an IMU of 62.0 or below qualifies for designation as a Medically Underserved Area. These scores are calculated based on a ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over.

**HPSA:** This attribute represents the Health Professional Shortage Area (HPSA) Score developed by the National Health Service Corps (NHSC) in determining priorities for assignment of clinicians. The scores range from 0 to 25 where the higher the score, the greater the priority.

# Community Profile

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

# Population

The overall population growth in Louisiana from 2010-2019 was 2.5%.

The biggest increase in population growth took place in the most urban parish – Lafayette Parish – which experienced 9.33%. In contrast, the more rural parishes and parishes further away from the urban center of the region were more likely to experience population decline.

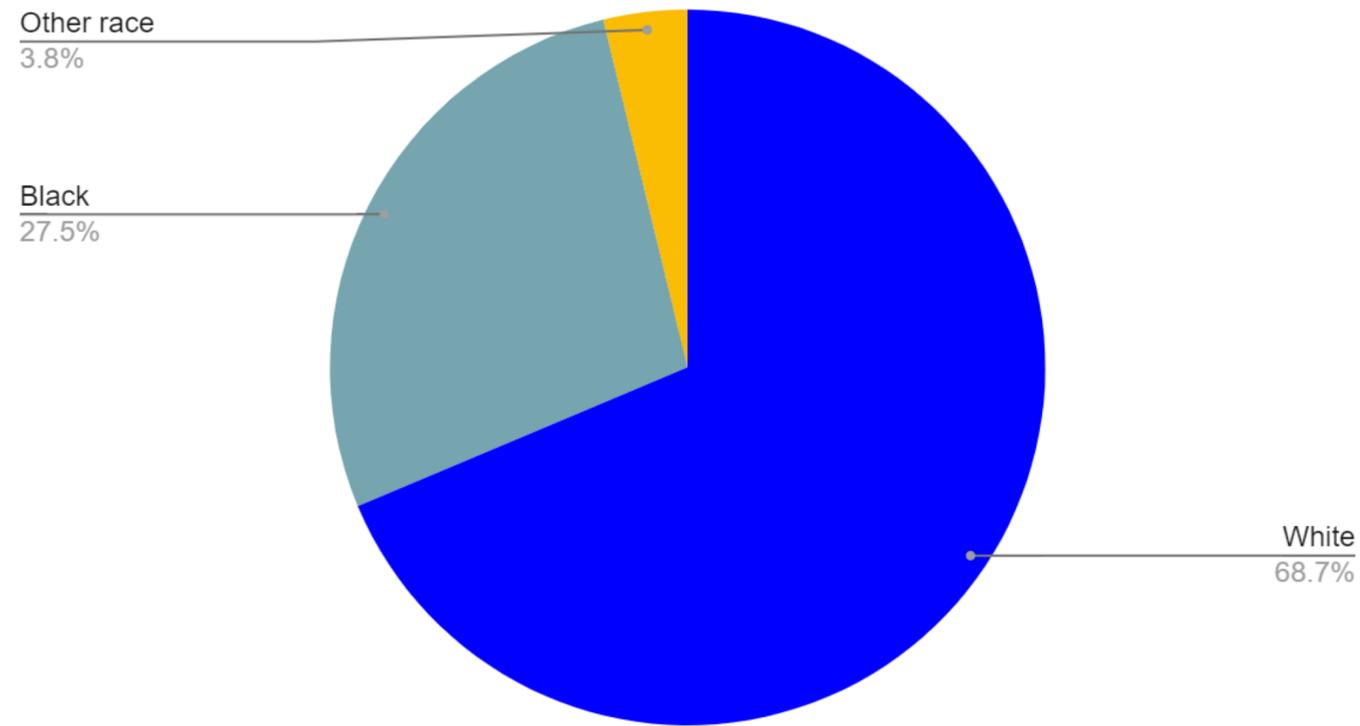
## Total Service Area Population Change by Parish | 2010-2019

	Population Census in 2010	Population Census in 2019	Population Change from 2010-2019
Acadia Parish	61,773	62,045	0.44%
Evangeline Parish	33,984	33,395	-1.76%
Iberia Parish	69,830	73,240	4.66%
Jefferson Davis Parish	31,594	31,368	-0.72%
Lafayette Parish	221,578	244,390	9.33%
St. Landry Parish	83,384	82,124	-1.53%
St. Martin Parish	52,160	53,431	2.38%
St. Mary Parish	54,650	49,348	-10.74%
Vermilion Parish	57,999	59,511	2.54%
Louisiana	4,533,372	4,648,794	2.48%

Source: US Census Bureau, American Community Survey

# Current Population Race/Ethnic Composition

Regional Population



Parish	2019 Population	Non-white population
Acadia	62045	20.3
Evangeline	33395	30.5
Iberia	69830	38.1
Jefferson Davis	31368	20.1
Lafayette	244390	30.9
St. Landry	82124	43.8
St. Martin	53431	33.2
St. Mary	49348	38.2
Vermilion	59511	18.5

4% of the region's service area is Hispanic or Latino according to the 2019 American Community Survey.

St. Landry Parish has the region's highest minority (non-white) population at 43.8%. Vermilion Parish has the lowest minority population. St. Mary Parish has the highest percentage of Hispanic/Latino residents at 7.2%.

Source: US Census, American Community Survey

# Socioeconomic Characteristics

- According to the American Psychological Association (APA), socioeconomic status (SES) is defined as the social standing or class of an individual or group. It is often measured as a combination of education, income and occupation.
- The Louisiana State Health Assessment, data taken from Bureau of Labor Statistics (BLS), reports St. Landry Parish's unemployment rate (7.1%) was the one closest to the state of Louisiana's (7.3%). While Lafayette (5.3), Jefferson Davis (5.6%), Acadia (5.7%), Evangeline and Vermilion (5.9%), St. Martin (6.6%), and St. Landry (7.1%) parishes had rates below the state's, St. Mary and Iberia have a rate much higher (8.1%).
- Lafayette (\$56,999) and Vermilion (\$51,945) parishes have median household incomes that are higher than the state of Louisiana's. On the other hand, Acadia (\$43,396), Evangeline (\$31,965), Iberia (\$46,861), Jefferson Davis (\$42,105), St. Landry (\$36,403), St. Martin (\$48,656), and St. Mary (\$40,485) parishes have median household incomes lower than Louisiana's average.
- Evangeline Parish percent of individuals below poverty (28.60%) is significantly higher than the state's and the rest of the parishes throughout Region 4. Less drastically, Acadia (20.3%), Iberia (21.9%), St. Landry (22.6%), and St. Mary (23.8%) parishes have individuals below poverty rates higher than the state's. However, Jefferson Davis (19.1%), Lafayette (16.6%), St. Martin (18.7%), and Vermilion (17%) have individuals below poverty rates lower than the state's.
- The 2020 ALICE Report conducted by United Way measures the percent of the population who are asset limited, income constrained, but still employed who make over the Federal Poverty Level but less than the basic cost of living in the area. According to this report, in the year 2018, Evangeline parish had the highest percentage (40%) of those who are classified as ALICE. On the other hand, Lafayette and St. Landry parish has the lowest percentage (28%) of those who are ALICE. Acadia, Iberia, Lafayette, St. Landry, and Vermilion parishes have percentages of those in ALICE below the state's percentage (33%), while Evangeline, Jefferson Davis, St. Martin, and St. Mary parishes have percentages of those in ALICE above the state's percentage.

	Unemployment Rate <sup>1</sup>	Median income <sup>1</sup>	Individuals below poverty <sup>1</sup>	Children below poverty <sup>2</sup>	ALICE <sup>3</sup>
Acadia Parish	5.7%	\$43,396	20.3%	27%	31%
Evangeline Parish	5.9%	\$31,965	28.6%	33%	40%
Iberia Parish	8.1%	\$46,861	21.9%	31%	32%
Jefferson Davis Parish	5.6%	\$42,105	19.1%	25%	34%
Lafayette Parish	5.3%	\$56,999	16.6%	23%	28%
St. Landry Parish	7.1%	\$36,403	22.6%	30%	28%
St. Martin Parish	6.6%	\$48,656	18.7%	26%	34%
St. Mary Parish	8.1%	\$40,485	23.8%	32%	39%
Vermilion Parish	5.9%	\$51,945	17.0%	23%	30%
Louisiana	7.3%	\$49,469	19.2%	26%	33%

<sup>1</sup>Louisiana State Health Assessment, 2021

<sup>2</sup>County Health Rankings, 2021

<sup>3</sup>ALICE Report, 2020

# Educational Attainment

## Highest Level of Education Completed | 2019

	Less than 9th Grade	9th to 12th Grade, No Diploma	High School Degree	Some College, No Degree	Associates Degree	Bachelor's Degree	Graduate Degree	Disconnected Youth <sup>1</sup>
Acadia Parish	8.90%	12.10%	41.30%	17.80%	6.60%	10.00%	3.30%	27.00%
Evangeline Parish	12.10%	12.20%	41.50%	15.60%	7.00%	8.70%	2.90%	33.00%
Iberia Parish	7.70%	12.40%	43.70%	16.60%	6.10%	9.60%	3.90%	31.00%
Jefferson Davis Parish	6.70%	12.00%	40.40%	18.20%	5.80%	10.80%	6.10%	25.00%
Lafayette Parish	3.80%	7.60%	30.40%	20.10%	5.10%	22.80%	10.20%	23.00%
St. Landry Parish	9.00%	14.30%	41.20%	15.50%	5.30%	10.00%	4.80%	30.00%
St. Martin Parish	7.10%	11.00%	43.00%	19.00%	5.40%	11.00%	3.50%	26.00%
St. Mary Parish	5.90%	11.30%	51.00%	14.90%	6.60%	7.00%	3.20%	32.00%
Vermilion Parish	8.00%	14.10%	41.30%	15.70%	6.70%	9.90%	4.30%	23.00%
Louisiana	4.90%	9.90%	34.00%	20.90%	6.20%	15.70%	8.40%	26.00%

- One Acadiana publishes the “55 by 25” dashboard which includes data regarding educational attainment within the Acadiana region of Louisiana. Of all adults aged twenty-five years of age or older within Lafayette Parish, 10.2% have a graduate or professional degree. This percentage is significantly higher than others within the region, and it is higher than Louisiana’s average rate.
- Adults in Evangeline Parish (12.1%) were most likely to have gone to school less than 9th grade. The highest percentage of adults who are considered “disconnected youth” (those who are neither working nor in school) are also located in Evangeline Parish at 33%. All parishes had rates lower than the one of the state for not completing college (20.9%).

Source: One Acadiana 55 by 25 published 2018, updated 2021, data from 2019  
<sup>1</sup>County Health Rankings, 2021, data from 2019 US Census bureau (SAIPE)

More information:  
<https://www.55by25acadiana.org/thedashboard/>

# Crime Rates

Rates of crime are one of the social determinants of health. According to Healthy People 2030, “repeated exposure to crime and violence may be linked to an increase in negative health outcomes. For example, people who fear crime in their communities may engage in less physical activity.<sup>5</sup> As a result, they may report poorer self-rated physical and mental health.<sup>5</sup> One study found that people who perceive their environment to be less safe from crime may also have higher body mass index scores and higher levels of obesity due to reduced physical activity.”

According to the state of Louisiana’s health dashboard, the rate of violent crime in the state of Louisiana was 540.5 violent crimes for everyone 100,000 individuals.

St. Landry is the only parish in the region that the violent crime rate exceeds that of the state average.

## Violent Crime Rates | 2019

Parish	2019 - Violent Crime Rate
Acadia	443.41
Evangeline	190.58
Iberia	195.72
Jefferson Davis	346.34
Lafayette	506.47
St. Landry	673.86
St. Martin	263.32
St. Mary	516.96
Vermilion	387.05
Louisiana	540.5

Data source: Louisiana State Health Assessment, 2021  
Healthy People 2030 retrieved from

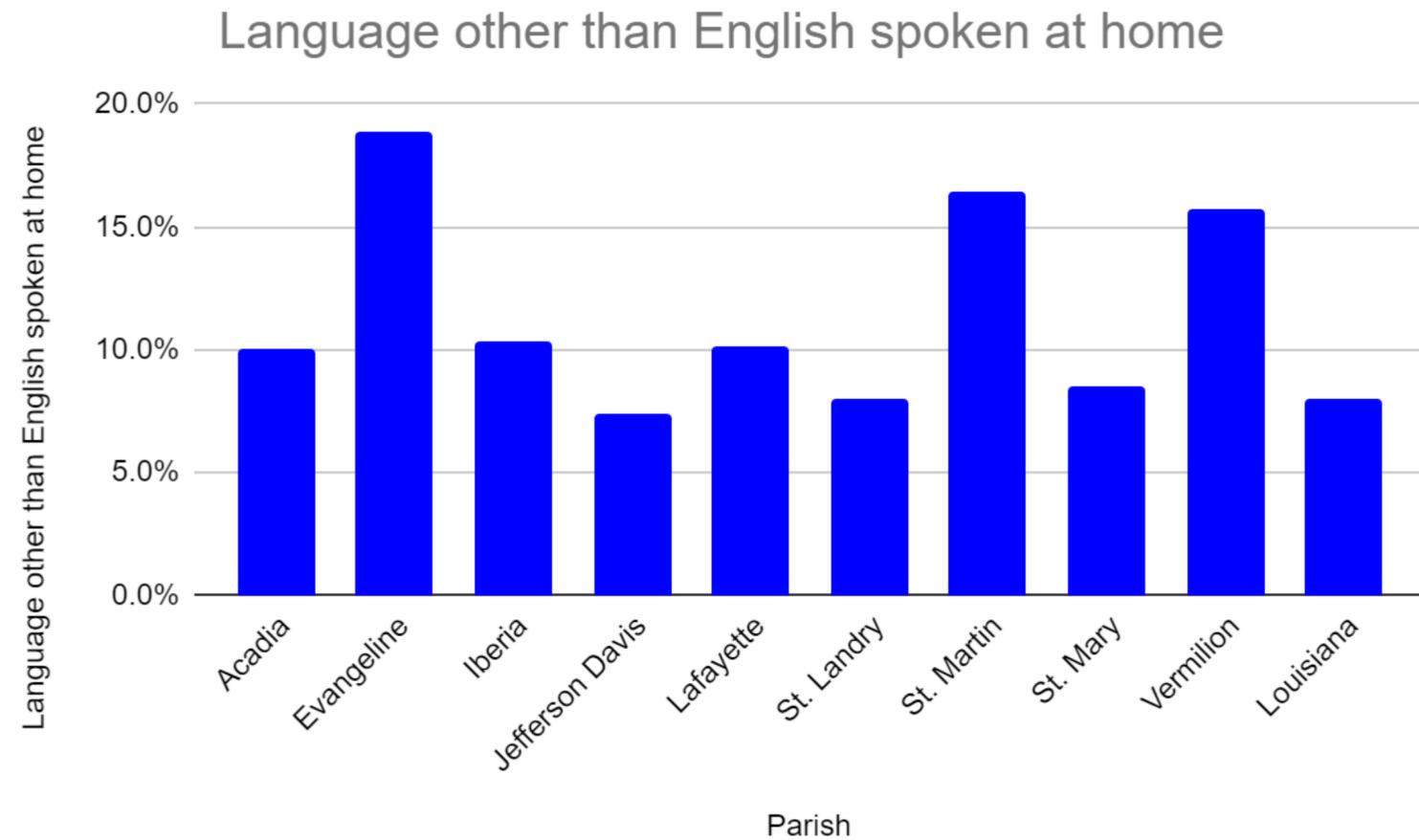
<https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/crime-and-violence#:~:text=Crime%20and%20violence%20experienced%20by,an%20important%20public%20health%20issue.&text=Repeated%20exposure%20to%20crime%20and,engage%20in%20less%20physical%20activity>

# Percent non-English speakers

Evangeline Parish (18.9%) and St. Martin Parish (16.4%) have the highest percentages of residents speaking a language other than English at home, reflecting the region's French heritage.

The percentage of non-English speakers will continue to be monitored as community demographics change.

Language other than English spoken at home, percent of persons age 5 years+ 2015-2019



Source: United States Census, American Community Survey

# Health Outcomes and Risk Factors

The following pages indicate health conditions and their relative rates of occurrence in the service area.

This includes mortality indicators, access to care, health behaviors, and leading causes of death.

# Leading Causes of Death

- According to the LA State Health Assessment, heart disease and cancer were the top two leading causes of death not only within the state of Louisiana as a whole, but within each individual parish of Region 4 as well which encompasses the assessment area (except Jefferson Davis). Within the region, Vermilion Parish has the highest death rate of heart disease (303 per 100,000 population) compared to the state as a whole and the other parishes. When compared to the other parishes and Louisiana's overall cancer mortality rates, St. Landry Parish's rate was highest (227 per 100,000 population).
- St. Mary Parish had the largest number of accidents resulting in death at 79 per 100,000 population. Iberia, Evangeline, and St. Landry Parish rates were also higher than Louisiana's overall accidental death rate, which is 59 per 100,000 population.
- Stroke, Chronic Respiratory Diseases, and Alzheimer's Disease were among the top six leading causes of death. Jefferson Davis Parish rate (76 per 100,000 population) of deaths due to a stroke was significantly higher than those of other area parishes, as well as the state of Louisiana's rate which was 47 per 100,000 population. Jefferson Davis was also the parish with the highest death rate by Chronic Respiratory Diseases, with a rate of 76 per 100,000 population. Every other parish, other than Lafayette and St. Martin Parish had a rate higher than Louisiana's Chronic Respiratory Disease death rate (43 per 100,000 population). Other than St. Mary Parish, all other parishes in the region had a higher rate of Alzheimer's Disease than the state as a whole.
- According to the CDC, while complete data was not yet available for 2020, COVID-19 was the third leading cause of death in the state (behind only Cancer and heart disease), and its long-term health impacts on the region's population will continue to be monitored.

## Leading Causes of Death | 2018

	Heart Disease	Cancer	Accidents	Stroke	Chronic Respiratory Diseases	Alzheimer's Disease	Diabetes	Kidney Disease	Sepsis	Flu and Pneumonia
Acadia Parish	257	194	50	44	50	69	*	28	29	33
Evangeline Parish	249	212	72	65	73	*	*	*	*	*
Iberia Parish	257	190	75	66	55	71	*	*	25	27
Jefferson Davis Parish	238	191	*	76	76	76	*	52	*	*
Lafayette Parish	195	160	43	52	38	63	24	15	17	9
St. Landry Parish	263	227	69	54	59	75	*	20	20	26
St. Martin Parish	268	170	44	46	39	53	*	*	*	*
St. Mary Parish	212	176	79	46	58	39	*	*	*	*
Vermilion Parish	303	161	40	50	*	66	*	*	*	*
Louisiana	212	169	59	47	43	42	27	21	21	16

Source: Louisiana State Health Assessment, 2021  
 \*Rates were not accessible  
 Rates are per 100,000 population

# Diabetes Incidence

According to Louisiana’s State Health Assessment, the percent of those adults diagnosed with diabetes who are twenty years of age or older was highest in Evangeline Parish (17%). Within every other parish in the region, the percent of diabetic adults was lower than the Louisiana percent, which is 14.1%. St. Martin and Vermilion Parishes had the lowest percentage of those with diagnosed diabetes.

## Age-Adjusted Diabetes in Adult Ages 20 and Older | 2017

	Adults with Diagnosed Diabetes
Acadia Parish	12%
Evangeline Parish	17%
Iberia Parish	13%
Jefferson Davis Parish	11%
Lafayette Parish	11%
St. Landry Parish	13%
St. Martin Parish	10%
St. Mary Parish	14%
Vermilion Parish	10%
Louisiana	14.1%

Source: Louisiana State Health Assessment, 2021

# Heart Disease Mortality

- According to the Louisiana State Health Assessment, the rate of those who died from heart disease was highest in Vermilion Parish. In addition, all parishes within the service area except Lafayette and St. Mary Parishes had rates higher than the one of the state (212 per 100,000 population). In comparison to Vermilion Parish, Lafayette Parish had a significantly lower rate of those who died from heart disease (195 per 100,000 population).
- In all parishes, adults with Black race/ethnicity were more likely than whites to have died from heart disease.
- Within each parish of the region, males were significantly more likely to have died from heart disease than females.

## Age-Adjusted All Heart Disease Death Rates per 100,000 Adults Age 45 to 64 by Race and Gender | 2018

	Heart Disease, White	Heart Disease, Black	Heart Disease, Female	Heart Disease, Male	Heart Disease, All
Acadia Parish	234	321	196	330	257
Evangeline Parish	207	319	215	275	249
Iberia Parish	233	318	197	332	257
Jefferson Davis Parish	245	308	170	316	238
Lafayette Parish	188	253	156	249	195
St. Landry Parish	264	313	187	356	263
St. Martin Parish	226	289	224	321	268
St. Mary Parish	215	233	177	249	212
Vermilion Parish	268	314	232	384	303
Louisiana	204.8	243.3	168	268	212

Source: Louisiana State Health Assessment, 2021  
\*Rates are per 100,000 population

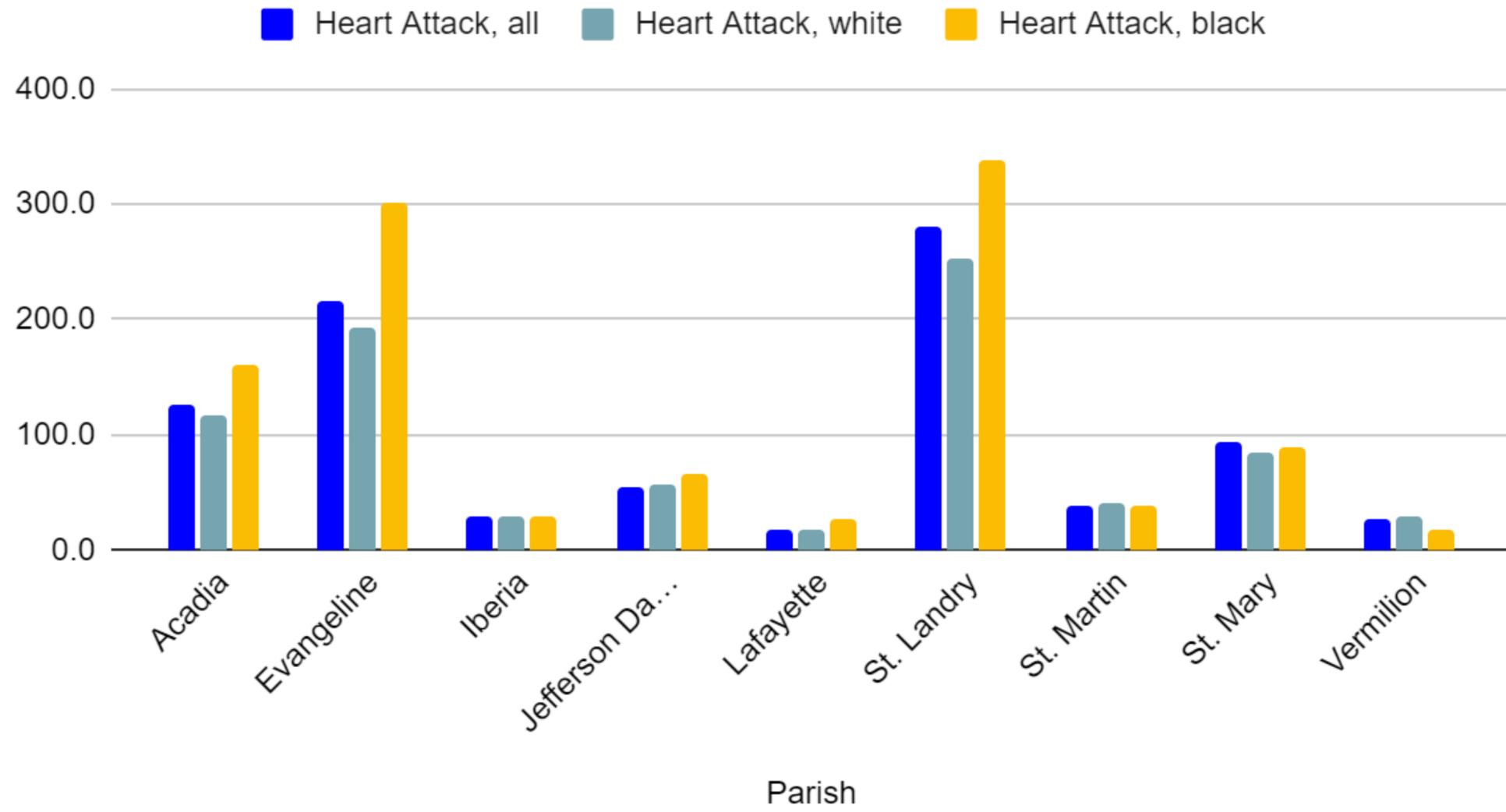
# Heart Attack Mortality

As the chart to the right shows, the risk of death by heart attack is the greatest in St. Landry, Acadia, and Evangeline Parishes,

Most parishes in the region have a higher rate of heart attack mortality for African-American residents than whites, and higher rates for males.

**Age-Adjusted Heart Attack Mortality Rates per 100,000 Adults Age 35+ by Race 2017-2019**

## Heart Attacks total, by race



Source: Centers for Diseases Control (CDC), Retrieved 2021  
 \*Rates are per 100,000 population

# Hypertension Mortality

Age-Adjusted Hypertension Death Rates per 100,000 Adults Age 35+ by Race 2017-2019

As the table to the right shows, hypertension is most prevalent in St. Landry Parish, impacting both genders and black and white race in much higher rates than other parishes in the region.

Across the region, Black individuals and males suffer with higher rates of hypertension.

Jefferson Davis Parish had the lowest rates of hypertension across all demographics and overall.

Parish	Death rate (all)	White	Black	Male	Female
Acadia	289.1	284.6	340.1	304.1	279
Evangeline	177.5	153.9	275.9	204.4	151.8
Iberia	248	202.3	389.8	292.2	207.5
Jefferson Davis	100.1	92.6	195.4	114.1	99.4
Lafayette	211	184	340.6	282.9	154.6
St. Landry	614.3	540.7	766.8	743.6	504
St. Martin	304.3	270.9	427.2	360.2	253.3
St. Mary	322.7	277.7	447.6	368.8	251.5
Vermilion	185.3	184.9	272.6	202.7	172

Source: CDC, Retrieved 2021  
 \*Rates are per 100,000 population

# Stroke Mortality

- According to the Louisiana State Health Assessment, the number of those who died from a stroke within 2018 was highest in Jefferson Davis Parish (76 per 100,000 population). Jefferson Davis, Lafayette, St. Landry, Vermilion, Evangeline, and Iberia Parishes all had rates higher than the one of the state (47 per 100,000 population).
- In each parish of the service area, the number of people who have Black race/ethnicity and died from a stroke was higher than those who have White race/ethnicity.
- Of the rates accounted for, the rate of males and the rate of females who died from a stroke within each parish was higher than the state's rate of males who died from a stroke (47 per 100,000 males) and females who died from a stroke (46 per 100,000 females).

## Age-Adjusted Stroke Death Rates per 100,000 Adults Age 45 to 64 by Race and Gender | 2018

	Stroke, All	Stroke, White	Stroke, Black	Stroke, Male	Stroke, Female
Acadia Parish	44	43	75	*	*
Evangeline Parish	65	45	*	*	*
Iberia Parish	66	49	89	70	60
Jefferson Davis Parish	76	68	141	*	*
Lafayette Parish	52	42	65	43	58
St. Landry Parish	54	49	51	57	50
St. Martin Parish	46	38	63	*	*
St. Mary Parish	46	44	66	*	*
Vermilion Parish	50	50	*	*	54
Louisiana	47	41	62.5	47	46

Source: Louisiana State Health Assessment, 2021

\*Rates were not accessible

# Cancer Incidence

- Prostate cancer was highest within Lafayette Parish (150 per 100,000 males); however, Acadia, Lafayette, St. Martin, St. Mary, and Vermilion Parishes' rates were all higher than Louisiana's rate of prostate cancer. All parishes in the region were higher than the United States' rate of prostate cancer (104.5 per 100,00 males).
- St. Landry Parish had the highest rate of females with breast cancer, with 135 per 100,000 females. All parishes of the service area except St. Mary, Lafayette, St. Landry, and Iberia Parishes had rates lower than that of the United States and Louisiana (125.9 per 100,000 females).
- All parishes except Lafayette Parish had rates of lung and bronchus cancer higher than the one of Louisiana (66.2 per 100,000 population) and the United States (58.3 per 100,000 population).
- Every parish within the service area had colon and rectum cancer rates higher than the one of the country (38.4 per 100,000 population) and the state (45.1 per 100,000 population).
- Of the rates which were accounted for, Vermilion, Acadia, and Iberia Parishes had the highest rates of cervical cancer (11 per 100,000 females). Compared to the state (9.1 per 100,000 females) and the nation (7.6 per 100,000 females), this rate was higher.
- St. Martin Parish had the highest rate of incidences of stomach cancer. This rate was also higher than the state and nation rate as well.

## Select Cancer Incidence Rates | 2013-2017

	Prostate <sup>1</sup>	Breast (Female) <sup>2</sup>	Lung and Bronchus <sup>3</sup>	Colon and Rectum <sup>3</sup>	Cervix <sup>2</sup>	Stomach <sup>3</sup>
Acadia Parish	136	103	80	54	11	9
Evangeline Parish	113	106	73	63	*	*
Iberia Parish	119	133	70	48	11	6
Jefferson Davis Parish	126	110	81	49	*	*
Lafayette Parish	150	132	62	46	9	8
St. Landry Parish	129	135	77	68	9	8
St. Martin Parish	148	106	75	58	*	12
St. Mary Parish	138	132	68	54	*	9
Vermilion Parish	149	119	69	48	11	6
United States <sup>^</sup>	104.5	125.9	58.3	38.4	7.6	6.5
Louisiana <sup>^</sup>	131.2	125.9	66.2	45.1	9.1	7.1

Source: CDC Cancer Statistics: Cancer Burden Chart 2013-2017

<sup>^</sup>Source: National Cancer Institute State Profiles 2013-2017

<sup>1</sup>Rates are per 100,000 males

<sup>2</sup>Rates are per 100,000 females

<sup>3</sup>Rates are per 100,000 population

\*Rates were not accessible and less than 16

# Cancer Mortality

- Deaths due to prostate cancer was highest within St. Mary Parish (27 per 100,000 males); however, Lafayette, St. Mary, St. Landry, Acadia, and Iberia Parishes all had a rate of deaths due to prostate cancer higher than Louisiana’s rate (20.5 per 100,000 males). St. Martin Parish had the lowest number of deaths from prostate cancer (14 per 100,000 males).
- Jefferson Davis Parish had a higher rate of women who died from breast cancer (34 per 100,000 females). Compared to the state (22.8 per 100,000 females) and national rate (20.1 per 100,000 females), this rate was significantly higher.
- Jefferson Davis also had a higher rate of those who died from lung and bronchus cancer (67 per 100,000 population) compared to the other parishes. This rate was significantly higher than the state (47.5 per 100,000 population) and national rate (38.5 per 100,000 population), in which all parishes except Lafayette exceeded.
- Deaths caused by colon and rectum cancer were highest in Evangeline Parish (26 per 100,000 population). All parishes of the service area had rates that were higher than the one of the nation. All parishes except Lafayette Parish had rates of colon and rectum cancer causing deaths that were higher than the one of Louisiana.

### Select Cancer Mortality Rates | 2013-2017

	Prostate <sup>1</sup>	Breast (Female) <sup>2</sup>	Lung and Bronchus <sup>3</sup>	Colon and Rectum <sup>3</sup>	Cervix <sup>2</sup>	Stomach <sup>3</sup>
Acadia Parish	24	26	62	22	*	*
Evangeline Parish	*	17	64	26	*	*
Iberia Parish	22	25	61	18	*	*
Jefferson Davis Parish	20	34	67	25	*	*
Lafayette Parish	21	21	45	16	4	3
St. Landry Parish	25	25	58	22	*	4
St. Martin Parish	14	19	55	23	*	*
St. Mary Parish	27	28	56	20	*	5
Vermilion Parish	17	22	52	18	*	*
United States <sup>^</sup>	19	20.1	38.5	13.7	2.2	3
Louisiana <sup>^</sup>	20.5	22.8	47.5	16.4	3.1	3.5

Source: CDC Cancer Statistics: Cancer Burden Chart 2013-2017

<sup>^</sup>Source: National Cancer Institute State Profiles 2013-2017

<sup>1</sup>Rates are per 100,000 males

<sup>2</sup>Rates are per 100,000 females

<sup>3</sup>Rates are per 100,000 population

\*Rates were not accessible

# Sexually Transmitted Infections

Rates of sexually transmitted infections reported in 2018 are accessible through the Louisiana State Health Assessment. The rate of Chlamydia (781 per 100,000 population) in Iberia Parish was significantly higher than those of the other parishes within the region and higher than the state of Louisiana’s rate. However, the other parishes’ rates were much lower than the one of the state. Reported Gonorrhea infections were higher in St. Landry Parish compared to other parishes and the state’s rate. All other rates of Gonorrhea cases were below the state’s rate (257 per 100,000 population). St. Landry Parish also had the highest rate of HIV diagnoses (442 per 100,000 population) closest to the Louisiana rate (541 per 100,000 population). Primary and Secondary Syphilis cases within Iberia Parish (13 per 100,000 population) were lower than those of the other parishes and Louisiana’s.

## Reported Sexually Transmitted Infections | 2018

	Chlamydia	Gonorrhea	Primary and Secondary Syphilis	HIV Prevalence Rate
Acadia Parish	527	149	8	241
Evangeline Parish	573	217	12	300
Iberia Parish	781	198	13	229
Jefferson Davis Parish	674	232	3	280
Lafayette Parish	594	184	4	409
St. Landry Parish	634	262	5	442
St. Martin Parish	674	194	9	240
St. Mary Parish	714	163	4	234
Vermilion Parish	479	135	7	212
Louisiana	775	257	14	541

Source: Louisiana State Health Assessment, 2021  
 \*Rates are per 100,000 population

# Weight and Nutrition Status

- St. Mary Parish had the highest rate (43%) of individuals who struggle with obesity within the service area parishes. This rate was higher than Louisiana’s rate of obesity, which is 36.8%. All of the other parishes, which are Acadia (40%), Evangeline (37%), Iberia (41%), Jefferson Davis (39%), St. Landry (37%), St. Mary (43%), and Vermilion (41%) Parishes have obesity rates higher than the one of the state. However, Lafayette (29%) and St. Martin (34%) Parishes have obesity rates lower than Louisiana’s obesity rate.
- Lafayette (86%) and St. Mary (89%) Parishes have the highest percentages of individuals with access to exercise opportunities. All other parishes have percentages lower than the average percent of individuals with access to exercise activities.
- Evangeline and St. Mary Parishes have the highest percent of individuals with limited access to healthy foods (15%). All other parishes’ percentages of individuals with limited access to healthy foods is under 10%.
- According to Feeding America, food insecurity is defined as a lack of consistent access to enough food for every person in a household to live an active, healthy life. County Health Rankings report that 21% of individuals within Evangeline Parish struggle with food insecurity, which is 5% higher than the state’s rate. Lafayette (13%), St. Martin (14%), and Vermilion Parishes all have percentages lower than the rate of people who have food insecurity within Louisiana as a whole. On the other hand, Acadia (18%), Evangeline (21%), Iberia (17%), Jefferson Davis (16%), St. Landry (18%), and St. Mary (17%) Parishes have rates higher than Louisiana’s average rate of individuals with food insecurity.

	Obesity <sup>1</sup>	Access to Exercise Opportunities <sup>2</sup>	% Limited Access to Healthy Foods <sup>2</sup>	% Food Insecurity <sup>2</sup>
Acadia Parish	40%	43%	1%	18%
Evangeline Parish	37%	56%	15%	21%
Iberia Parish	41%	63%	8%	17%
Jefferson Davis Parish	39%	45%	3%	16%
Lafayette Parish	29%	86%	7%	13%
St. Landry Parish	37%	52%	9%	18%
St. Martin Parish	34%	60%	2%	14%
St. Mary Parish	43%	89%	15%	17%
Vermilion Parish	41%	60%	2%	15%
Louisiana	36.80%	75.00%	10.00%	16.00%

<sup>1</sup>Louisiana State Health Assessment 2021

<sup>2</sup>County Health Rankings 2021

# Food Access

Parish	Low Access to Grocery Stores
Acadia	2.0%
Evangeline	26.0%
Iberia	19.0%
Jefferson Davis	7.0%
Lafayette	21.0%
St. Landry	16.0%
St. Martin	4.0%
St. Mary	35.0%
Vermilion	6.0%
Louisiana	23.0%

According to the Louisiana State Health Assessment, “when there’s fast food on every corner but the closest grocery store selling fresh food is miles away, choosing the dollar menu is the easier choice. We start to build habits based on the choices we make every day, and we pass those habits onto our children. Designing communities that encourage quality nutrition, physical activity, and safe alcohol use will boost our quality of life - and our pocketbooks. Best of all, it will ensure we all can access these health building blocks, no matter our age, race, or income.”

The data presented is retrieved from the U.S. Department of Agriculture indicates that the rural parishes of Evangeline and St. Mary Parishes, as well as the urban Parish of Lafayette have the highest percentage of residents with low access to grocery stores.

Source: USDA ERS Food Envir. Atlas, 2015  
 Quote retrieved from <https://dashboards.mysidewalk.com/louisiana-state-health-assessment/foundations-community-health-in-2021>, Foundations of Community Health

# Vehicle Access

Parish	Housing Units with No Access to a Vehicle
Acadia	7.70%
Evangeline	11.70%
Iberia	9.70%
Jefferson Davis	7.30%
Lafayette	6.90%
St. Landry	9.80%
St. Martin	6.70%
St. Mary	8.90%
Vermilion	7.20%

Access to care is a major health care issue, and that issue takes many forms.

Transportation is cited as one of the dominant access issues, and the region’s parishes range from approximately 7% to almost 12% of housing units without access to a vehicle. With so many of the region’s residents living in areas considered rural, access to transportation will continue to be a health care barrier.

Source: Louisiana State Health Assessment 2021

# Maternal and Child Health

## Birth rates and Infant Mortality | 2017-2019

	Teen Birth Rate (per 1,000 people 15-19)	Infant Mortality Rate (per 1,000 live births)	Low Birth-Weight	Preterm Births
Acadia Parish	33.4	7.1	8.8%	11.1%
Evangeline Parish	44.8	11.1	11.8%	13.9%
Iberia Parish	32.8	7.7	11.0%	13.7%
Jefferson Davis Parish	29.7	8.1	9.6%	12.2%
Lafayette Parish	22.5	6.1	8.7%	11.5%
St. Landry Parish	36.8	9.2	11.5%	12.7%
St. Martin Parish	31.7	7.4	9.5%	11.9%
St. Mary Parish	31.9	4.0	10.4%	12.9%
Vermilion Parish	33.0	5.4	9.6%	11.4%
Louisiana	27.9	7.7	10.8%	12.9%

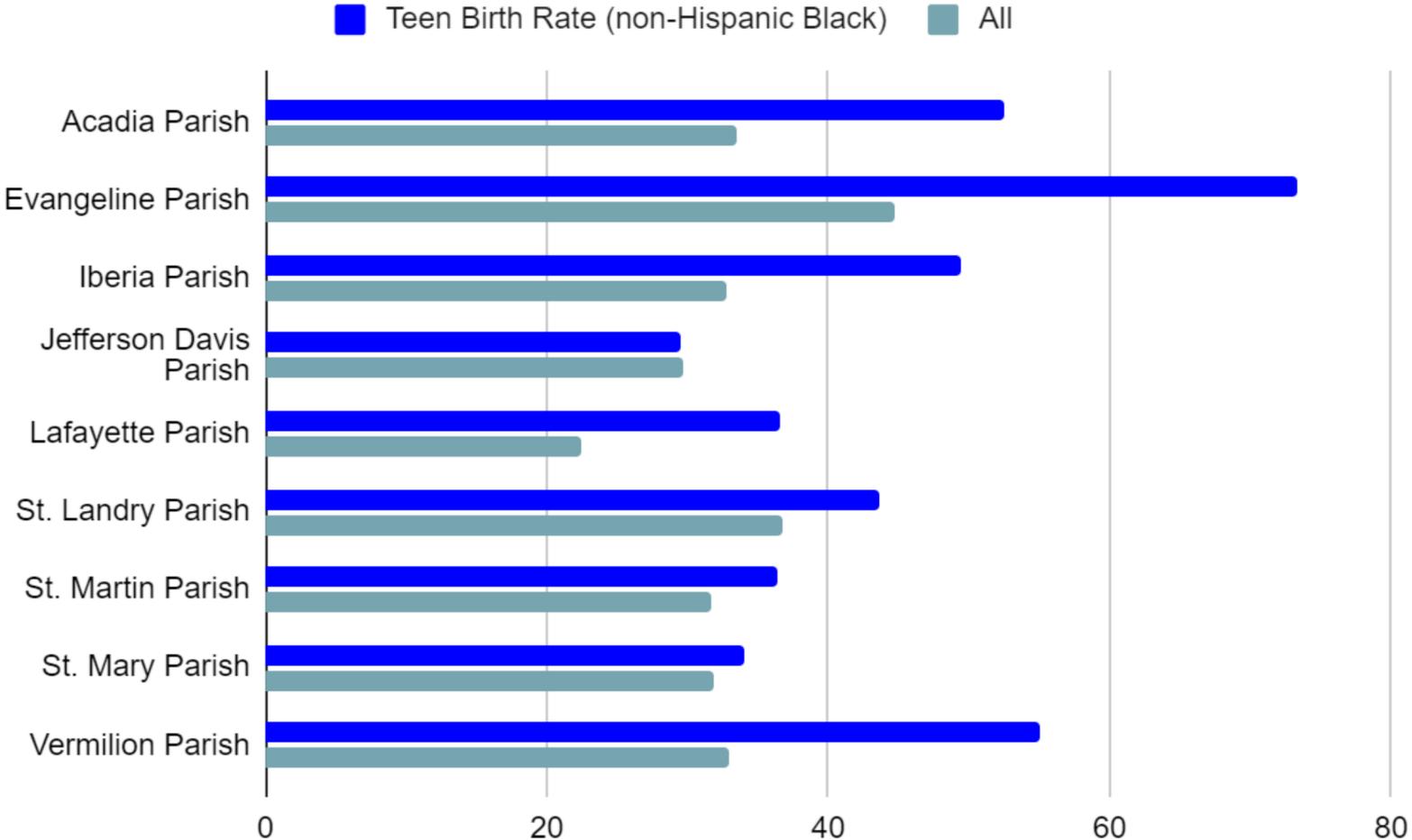
- All Acadiana Parishes have a teen birth rate that is at or above the state average except Lafayette Parish.
- Infant mortality is highest in Evangeline Parish and is lowest in St. Mary Parish.

Source: 2017-2019 Live births, fetal deaths and deaths; Louisiana State Center for Health Statistics  
2017-2019 Population estimates: United States Census

# Maternal and Child Health

Birth rates | 2017-2019

### Teen Birth Rate (non-Hispanic Black) and All



- Acadia, Evangeline, Iberia, Lafayette, and Vermilion Parishes all have teen birth rates for Black teens that are 1.5 times greater than their non-white peers (data is per 1000 births).

Source: 2017-2019 Live births, fetal deaths and deaths; Louisiana State Center for Health Statistics  
2017-2019 Population estimates: United States Census

# Access to Care

Out of all of the Region 4 parishes, Evangeline Parish had the highest percentage of the population who are uninsured (12%). Vermilion Parish had the highest percentage of adults who are uninsured; however, all parishes, except Lafayette Parish, have a rate of uninsured adults higher than Louisiana's rate (12%). Jefferson Davis and St. Mary Parishes had the highest rates of those who had health insurance (92%).

## Health Insurance Coverage | 2018

	Uninsured <sup>1</sup>	Uninsured Adults <sup>2</sup>	Uninsured Children <sup>2</sup>	Health Insurance Coverage <sup>1</sup>
Acadia Parish	11%	13%	4%	89%
Evangeline Parish	12%	13%	3%	88%
Iberia Parish	11%	13%	4%	89%
Jefferson Davis Parish	8%	13%	4%	92%
Lafayette Parish	9%	10%	3%	91%
St. Landry Parish	10%	13%	3%	90%
St. Martin Parish	11%	12%	3%	89%
St. Mary Parish	8%	13%	4%	92%
Vermilion Parish	9%	14%	4%	91%
Louisiana	9.50%	12%	3%	90.50%

<sup>1</sup>Louisiana State Health Assessment 2021

<sup>2</sup>County Health Rankings 2021

# Access to Care

## Primary Care Physicians | 2018

	Primary Care Physicians
Acadia Parish	3270:1
Evangeline Parish	1520:1
Iberia Parish	1490:1
Jefferson Davis Parish	1960:1
Lafayette Parish	730:1
St. Landry Parish	1070:1
St. Martin Parish	3140:1
St. Mary Parish	1450:1
Vermilion Parish	2200:1
Louisiana	960:1

This ratio represents how many residents there are for each primary care provider in the parishes listed.

All parishes except Lafayette Parish (730:1) had a higher ratio of people to primary care physicians when compared to the state's ratio (960:1).

Source: County Health Rankings, 2021  
\*Ratio is (number of people:primary care physicians)

# Health Behaviors

- According to County Health Rankings, who derived data from Behavioral Risk Factor Surveillance System (BRFSS), Evangeline (30%) Parish had the highest percentage of adult smokers in 2018. This percentage was higher than the one of Louisiana (21%). However, Lafayette Parish had the lowest percentage of adult smokers, which was equivalent to Louisiana's.
- County Health Rankings compiled data which reported that Evangeline (29%), St. Landry (28%), and St. Mary (27%) Parishes have the highest number of those who reported having poor or fair health in 2018. These percentages of people with poor or fair health were higher than the one of Louisiana, which was 21%.
- St. Mary and Evangeline Parishes had a rate of 35% of people who felt that they were physically inactive, while Vermilion Parish had a rate of 36% of people who had little to no physical inactivity, as reported by County Health Rankings. These percentages were higher than Louisiana's rate of people who were physically inactive, which was 29% according to Louisiana's State Health Assessment.
- Lafayette Parish had the highest percentage of those who excessively drink, which was 22% of the population. Vermilion and St. Martin Parishes also had a percentage (21%) which was higher than Louisiana's percentage (20%) of excessive drinkers.

	Poor or Fair Health	Adult Smokers	Physical Inactivity	Excessive Drinking
Acadia Parish	25%	27%	32%	19%
Evangeline Parish	29%	30%	35%	19%
Iberia Parish	25%	25%	28%	19%
Jefferson Davis Parish	23%	25%	31%	20%
Lafayette Parish	19%	21%	24%	22%
St. Landry Parish	28%	28%	32%	18%
St. Martin Parish	23%	26%	32%	21%
St. Mary Parish	27%	26%	35%	18%
Vermilion Parish	23%	24%	36%	21%
Louisiana	21%	21%	28%	20%

# COVID-19 Cases

- According to the Louisiana Department of Health, Lafayette Parish has a significantly higher amount (27,666) of COVID-19 cases compared to the other parishes within the region, likely due to Lafayette being the population center of the region. The state of Louisiana reports 541,679 cases as of July 30, 2021.
- Vermilion Parish has the highest percentage (65.80%) of their cases which are from people with White race/ethnicity – which is significantly below their overall share of the parish’s population (81.5%). While St. Landry Parish has the highest percentage (40.21%) of their cases which are from people with Black race/ethnicity. That figure is slightly lower than the parish’s percent black population (41.5%).
- The overall share of cases vs. population in the Black community varied at the most by less than 4%. On the following page, the gap widens in several parishes when deaths are examined.

	Cases, All	Cases, White	Population, White	Cases, Black	Population, Black	Cases, Other Race	Cases, Unknown
Acadia Parish	7398	53.97%	79.7%	21.45%	18.0%	16.51%	8.07%
Evangeline Parish	5313	47.41%	69.5%	28.84%	28.2%	15.26%	8.48%
Iberia Parish	8535	50.78%	61.9%	34.04%	32.8%	8.88%	6.30%
Jefferson Davis Parish	3453	65.51%	79.9%	18.56%	16.5%	9.78%	6.16%
Lafayette Parish	27666	51.70%	69.1%	28.75%	26.9%	11.80%	7.76%
St. Landry Parish	10098	45.78%	56.2%	40.21%	41.5%	8.62%	5.39%
St. Martin Parish	6279	54.82%	66.8%	31.28%	30.0%	10.35%	3.56%
St. Mary Parish	6178	51.57%	61.8%	30.59%	31.9%	12.76%	5.07%
Vermilion Parish	6618	65.80%	81.5%	17.03%	14.3%	10.56%	6.61%

Source: Louisiana Department of Health, data as of 7/30/2021

\*Rates were not accessible or suppressed

# COVID-19 Deaths

- According to the Louisiana Department of Health, Lafayette Parish has the highest number (309) of deaths due to COVID-19, while Jefferson Davis Parish has the lowest number (99).
- Of all the deaths within the region parishes, Vermilion Parish had the highest percentage of deaths (82.95%) who were people of the race/ethnicity of white within its COVID-19 death composition. St. Mary Parish had the highest percentage (44.90%) of deaths who were people of the race/ethnicity of Black. St. Mary Parish had the highest percentage (2.72%) of people with other race/ethnicity within its COVID-19 death composition, when compared to the other parishes within the region.
- In all parishes in the region except Iberia Parish and St. Landry Parish, the percentage of deaths in the Black population exceeded their share of the population in the parish as a whole. In addition to COVID-19 deaths, the population of Black individuals is included in the table below.

	Deaths, All	Deaths, White	Deaths, Black	Population, Black	Deaths, Other Race
Acadia Parish	200	77.00%	22.00%	18.0%	1.00%
Evangeline Parish	100	66.00%	32.00%	28.2%	2.00%
Iberia Parish	166	69.88%	28.92%	32.8%	1.20%
Jefferson Davis Parish	99	80.81%	17.17%	16.5%	2.02%
Lafayette Parish	309	66.45%	32.57%	26.9%	.99%
St. Landry Parish	269	63.30%	36.70%	41.5%	*
St. Martin Parish	122	62.81%	37.19%	30.0%	*
St. Mary Parish	147	52.38%	44.90%	31.9%	2.72%
Vermilion Parish	129	82.95%	14.73%	14.3%	2.33%

Source: Louisiana Department of Health, data as of 7/30/2021

\*Rates were not accessible or suppressed

# COVID-19 Vaccinations

- According to the Centers for Disease Control and Prevention, all parishes within this region of Louisiana have percentages of all of those who are vaccinated for COVID-19 below Louisiana’s percentage (36.69%); however, Lafayette Parish has the highest percentage of the population who is vaccinated (34.82%).
- Out of the population who is at the age of twelve or older within the region, Lafayette Parish had the highest percentage of those of the ages that are fully vaccinated for the COVID-19 virus (39.50%).
- Lafayette Parish has the highest percentage of those who are eighteen years old or older and vaccinated (42.10%).
- Acadia Parish had the highest percentage of those who are sixty-five years of age or older and are vaccinated for COVID-19 (80%). Vermilion Parish has the lowest rate of those who are aged sixty-five or older (55.70%).

	% of Population Vaccinated, All	% of Population Vaccinated, 12 or Older*	% of Population Vaccinated, 18 or Older*	% of Population Vaccinated, 65 or Older*
Acadia Parish	24.26%	39.00%	43.00%	80.00%
Evangeline Parish	29.63%	28.50%	31.20%	56.70%
Iberia Parish	29.75%	36.10%	39.30%	69.80%
Jefferson Davis Parish	26.49%	27.60%	30.40%	57.50%
Lafayette Parish	34.82%	39.50%	42.10%	73.40%
St. Landry Parish	32.92%	32.50%	35.40%	58.20%
St. Martin Parish	29.64%	30.00%	32.40%	61.10%
St. Mary Parish	30.26%	36.20%	39.30%	68.60%
Vermilion Parish	26.16%	28.20%	30.80%	55.70%
Louisiana	36.69%			

Source: CDC, 2021

\*Source: Louisiana Department of Health, data as of 7/30/2021

# COVID-19 Vaccinations

- According to the Louisiana Department of Health, Vermilion Parish has the highest percentage of those who are vaccinated and have the race/ethnicity of White (71.75%). All parishes within the region have higher percentages than Louisiana’s percentage (33.48%) of those who have White race/ethnicity and are vaccinated.
- St. Landry Parish has the highest percentage of those who have Black race/ethnicity and are vaccinated (42.74%). Acadia, Jefferson Davis, Lafayette, and Vermillion Parishes all have percentages lower than Louisiana’s percentage of those who have Black race/ethnicity and are vaccinated.
- Iberia and Lafayette Parishes have the highest rates (13.19% and 13.18%) of those who are other races and are vaccinated.

	% of Population Vaccinated, White	% of Population Vaccinated, Black	% of Population Vaccinated, Other Race	% of Population Vaccinated, Unknown
Acadia Parish	67.41%	19.27%	11.79%	1.53%
Evangeline Parish	56.81%	28.43%	12.09%	2.67%
Iberia Parish	52.13%	33.06%	13.19%	1.61%
Jefferson Davis Parish	69.81%	18.53%	9.78%	1.88%
Lafayette Parish	62.75%	22.82%	13.18%	1.26%
St. Landry Parish	45.57%	42.74%	9.41%	2.28%
St. Martin Parish	57.19%	32.72%	8.77%	1.32%
St. Mary Parish	55.05%	33.401%	10.19%	1.74%
Vermilion Parish	71.75%	15.20%	11.38%	1.67%
Louisiana	33.48%	31.6%	*	*

Source: Louisiana Department of Health, data as of 7/30/2021

# Community Input

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

# Community Input

The interview and focus group data is qualitative in nature and should be interpreted as reflecting the values and perceptions of those interviewed.

This portion of the CHNA process is designed to gather input from persons who represent the broad interest of the community serviced by OLG and OLOL, as well as individuals providing input who have special knowledge or expertise in public health. It is intended to provide depth and richness to the quantitative data collected. Three modes of input were used to collect the information – interviews, focus groups, and a community survey.

The individuals interviewed and surveyed reflected a wide range of backgrounds and areas of expertise. These ranged from the Regional Director of the Office of Public Health to community members who completed a survey.

# Community Leader Interviews

More than fifty interviews were conducted from March 16 through June 15, 2021. Interviews required approximately 45 minutes to complete. Interviewers followed the same process for each interview, which included documenting the interviewee's expertise and experience related to the community. Additionally, the following community-focused questions were used as the basis for discussion:

- What are the top (health) strengths of your community?
- What are the top health concerns of the community?
- What do you think is the single most important thing that could be done to improve the health in your community?
- What are the barriers to obtaining health services in your community?
- What health resources are available in your community?
- What health resources does your community currently need more of?
- What sub-populations are medically underserved in your community?
- What health disparities do you see the most evidence of?
- 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?

# Community Leader Interview Summary

During the interviews, the leaders discussed a variety of health-related topics that affect the service area.

Interviewees represented multiple organizations in the community including medical professionals from the respective institutions -- Ochsner Lafayette General and Our Lady of Lourdes. In addition, local government entities, nonprofits, and individuals with a record in and around public health were included. A list of organizations and individuals included in community leader interviews is provided in Appendix B.

## Positive Themes:

Interviewees discussed specific strengths in the community as they relate to healthcare. Several interviewees discussed collaboration as a local strength, particularly what they may witness relative to other parts of the state. Interviewees noted not only the cooperation between peoples within the communities themselves, but also between the hospitals within the service area and the nonprofit-hospital relationships. Other interviewees also mentioned the wide breadth of services provided throughout the hospital systems of Acadiana as a strength. Additionally, interviewees mentioned specialties that were served thoroughly, such as cardiology, primary care, and free clinics.

# Community Leader Interview Summary (continued)

Regarding the region's response to the COVID-19 pandemic, community leaders identified the advancement of telehealth and telemedicine as a positive within the service area. Others felt that COVID provided an opportunity to shine a light on health disparities in the community.

## Areas of improvement:

Lifestyle choices and local culture were seen as environmental factors contributing negatively to health. Obesity – seen as a result of physical inactivity and unhealthy eating habits – was mentioned by many different community leaders. Many interviewees contribute this lifestyle to the lack of education within the community on healthy living as well as cultural influences. Community leaders suggested that better education starting from a young age on diet and physical activity is needed to progress Acadiana in nutrition – while others acknowledged that education was not sufficient due to the expanding problem of food deserts in many portions of the service area.

Interviewees also discussed health conditions directly impacting treatment. Access to care was discussed by several leaders as a major concern in the service area. Interviewees discussed how there are many physicians in the area who do not accept Medicaid or accept only a percentage of patients, making it difficult for those patients to receive care outside of the emergency room.

# Community Leader Interview Summary (continued)

Those without private insurance have also been underserved in many specialties. Even though they are necessities, primary care providers who are available to people with all types of insurance are lacking.

Specific conditions like diabetes, heart disease, mental health, and cancer were also discussed as health concerns in the community.

Community leaders noticed the significant lack of resources for mental/behavioral health patients of all ages.

# Focus Groups

Five focus groups were conducted at various locations throughout the service area. The purpose of the focus groups was to gather information about health concerns from particular interest groups in the Acadiana parishes. Participants provided qualitative information about their experiences obtaining healthcare in the community and shared ways in which they think healthcare delivery and supportive services can be improved. All focus groups were conducted in June 2021 and included approximately 25 individuals.

## Focus Group Methodology

Focus groups consisted of community members over the age of 18. Target populations representing cross sections of the region were recruited through promotion and outreach to local community-based organizations. Five separate focus groups were held, including participants with diverse backgrounds and opinions from the following population subsets: African American race/ethnicity, Medicaid recipients, diabetes, individuals who have dealt with experiences of vaccine hesitancy and health literacy, and those living and working in rural communities.

Focus group participants were notified prior to divulging information that their ideas, experiences, and opinions would be utilized as part of the CHNA in order to improve health outcomes within the community, and that all information gathered by the facilitators would be de-identified within the CHNA report. All participants were encouraged to share their ideas, opinions, and experiences, including any positive or negative feedback. Participants also completed a consent form and an optional demographic questionnaire prior to participation in the focus group.

The focus group sessions consisted of a note taker and a facilitator, and the collected qualitative data was analyzed using a thematic approach. These themes helped inform the development of health priorities, including identifying areas where the needs of the community were properly addressed and where service offerings could be improved.

# Focus Group Structure

## Opening: 15 minutes

- Explain the purpose of the focus group and introduce facilitators
- Obtain signed consent forms and demographic surveys
  - Establish ground rules:
    - Only one person speaks at a time.
    - Confidentiality: 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 for us to hear everyone's ideas and opinions. There are no right or wrong answers to questions – just ideas, experiences, and opinions, which are all valuable.
    - It is important for us to hear all sides of an issue – both the positive and the negative.
    - It is important for everyone's ideas be equally represented and respected.
- Ask participants to give a brief introduction
- Define the service area/community

## Question Guide: 1 hour 15 minutes

1. What are the most serious health concerns in the community?
2. How would you prioritize them?
3. Let's talk about getting the health care you need. What are the barriers to receiving healthcare in the community?
4. What actions can be taken to improve the health of the people in the community and/or how could the barriers mentioned in the previous questions be taken down?
5. How could the barriers mentioned in the previous questions be taken down?
6. We brought you here to discuss <insert focus group name>. What needs are more specific to your particular situation?
7. Are you aware of any of the free or low-cost opportunities provided by Our Lady of Lourdes or Ochsner to meet the needs of the community?

## Secondary questions (if time permits)

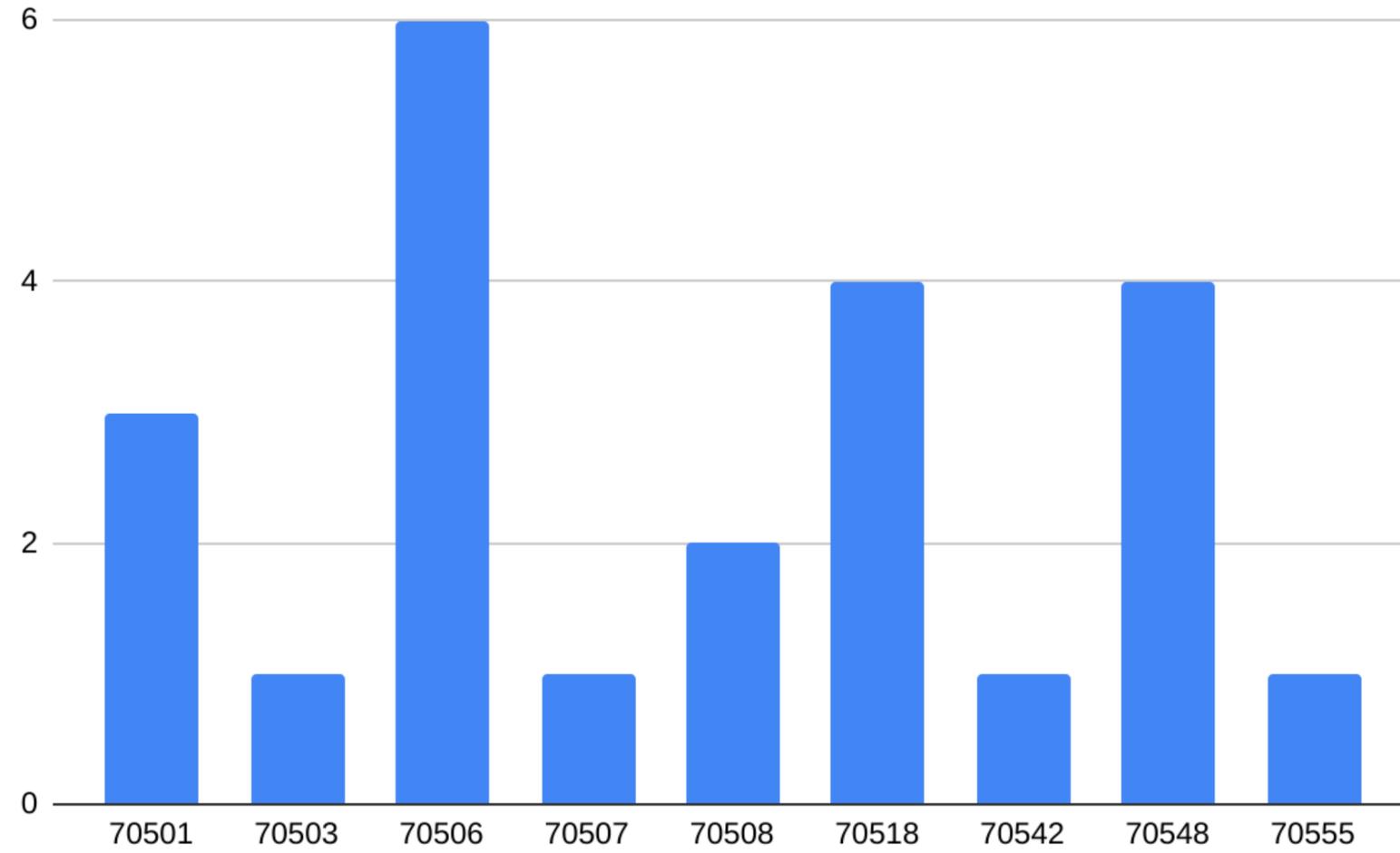
1. What sub-populations are medically underserved in your community?
2. What, if any, lessons have you learned in the wake of the COVID-19 pandemic?
3. Is there anything else we should know about your community that we have not already discussed?

## Conclusion: approximately 15 minutes

- Summarize findings and let participants know where the CHNA report will be posted online
- Thank participants

# Focus Group Participants

Focus Group Participants by Zip Code (of those who completed demographic surveys):



# Rural Focus Group

Six individuals participated in the focus group for rural community members, held in Kaplan, Louisiana. Of the six, four female and two male participants participated. The ages of the participants ranged from 30 to 76.

The health concerns participants discussed most were diabetes, obesity, and heart failure. However, many societal factors (social determinants of health) drove the discussion about concerns in improving health outcomes in the rural community.

These barriers included many concerns around patient education. The attendees felt that information around disease processing, prevention, and aftercare was lacking availability to community members. Once they have received treatment, participants explained that those who were not educated were not able to manage aftercare operations. These challenges included attending the range of necessary activities from post op-appointments, filling out forms, reading what is sent home with them, and filling their medications. Additionally, participants mentioned that it is a struggle for patients, especially ones with mental illnesses, to follow up after they are discharged, even though there were once beds in a hospital for them, and telemedicine has made this somewhat more efficient. They also suggested that there should be advocates for the mentally ill to help navigate the realms of insurance and follow-up information.

Participants also described access to transportation as a key need of a rural community. They mentioned how people will come to hospitals by ambulance, which is their only method of transportation – leaving them unsure how to even get home. They are not able to have access to their follow-up appointments. The participants suggested ways this could be changed, such as transportation through the Sheriff's office or nursing home vans because starting a transportation system was perceived as too expensive. Not only do many residents lack transportation to healthcare facilities, but they are also lacking outside resources, such as AA. Also, many rural population members feel as though they do not have many resources; however, there are many around them, but they are not advertised or accounted for.

# Rural Focus Group

Rural focus group participants suggested that the public relations and community leadership initiatives could improve information access. For example, a local mayor could declare a certain week 'Special Education Care Week'. To expand upon this, participants felt that the largest hurdle for the rural population is knowing that they can get great care in Kaplan. People are hesitant to come to Kaplan; however, when they do come, they are satisfied with the quality of care they receive from the family-feeling community of the hospital.

Rural focus group members identified a population that is medically underserved in the community as pediatrics. Although there is a pediatric nurse practitioner with a chain, there is no pediatric physician. Members also felt that there needed to be an increase in pediatric vaccination numbers as most health care providers are not able to keep pediatric routine vaccinations on site.

The ongoing challenges related to the COVID-19 pandemic were also discussed by the group. The participants noticed how early on vaccinations were strong within the rural community; however, over time, the numbers began decreasing and fewer people were willing to get it. Consequently, many feel that this has been the result of why Vermilion Parish has one of the highest rates of COVID-19. Education, conversations, social media, and the lack of healthcare workers getting the vaccine have deterred many from getting the vaccination for the COVID-19 virus.

# African-American Focus Group

Nine individuals participated in the focus group for African American community members. Of the nine, six female and three males participated. The ages ranged from age 48 to 67. The health concerns participants discussed most were preventative health and disparities in treatment for African-American community members.

While most participants were not health professionals, most recognized the social determinants as the primary factors impacting their community's health. Focus group members emphasized preventative measures and lifestyle factors as the basis for their own and others health. They explained how common it is for young people in their community to have health issues so early on in life. They reiterated how influences on health begin in the home, so if healthy foods and habits are not available there, it will be much more difficult to acquire in their life. The participants cited everything from healthy food access to fast food commercials as contributing to an unhealthy lifestyle.

African-American focus group participants continued to explain how a lack of education in general, especially on topics such as healthy foods, healthy living, and cancer has caused an impact on health as a whole. Moreover, when community members are aware of the importance of healthy foods and healthy living, many cannot afford to live that way. Participants reiterated how it can be expensive to maintain a healthy diet, have insurance, and have a gym membership. On the other hand, some understand that there can be an overload of information, which can also lead to misinformation and/or uncertainty about who to trust. Many believe that fear, such as the fear around the COVID-19 pandemic, is due to the lack of education and awareness within their community.

Participants also discussed how the origin of health problems are sometimes not addressed with medical professionals. For example, rather than finding the cause of someone's stress or pain, they are instead just given some kind of medicine. Members continued with how there is stress within the community, and that rather than targeting the stress, we should target where the stress came from. Several participants felt that medical professionals have a condescending way of treating their patient. A specific example they shared was rather than degrading a patient's eating choices, they should understand why those choices were being made and try to encourage new and healthier choices.

# African-American Focus Group

Members of the African American focus group mentioned how many of them have had stories of racial bias in health care treatment and how this has exacerbated their feelings of fear related to interactions with the medical community. They expressed that they have seen white patients have put in front of African-American patients, and there have even been cases of money being collected from African-Americans, even though they were never treated or seen by a physician.

Members of the focus group described how there needs to be an encouragement of patients to ask the right questions and pay attention. The African American focus group participants also commented on hearing the acronym “HONDA” (hypertensive, obese, “negro”, diabetic, and asthmatic) said behind their backs while receiving care. They explained how the combination of these risk factors can contribute to the preselection of how or if someone will be cared for. Members also commented on how in the wake of the COVID-19 pandemic, asthma, which is widespread in the African-American community, has caused a plague. Physicians, when impacted by unconscious bias, neglect African-Americans of the possibility of a COVID-19 case, and instead blame it on allergies, causing undertreatment. Instead, all patients should be given the maximum amount of care for their condition to encourage equity within the healthcare system.

African-American focus group participants recognized how the racial bias has caused a lack of trust in the healthcare system. These members also commented on how this same trust is present within the senior citizen community. Rather than treating them to the fullest potential, they will put a “band-aid” on their problem and refer to hospice. This lack of trust within the African-American and senior citizen community has had an impact on the COVID-19 pandemic. They suggested that there needs to be education which can be filtered to these communities, especially the African-American ones.

They also regard availability of Medicare and Medicaid providers as a barrier to health equity. While providing some access, there are generally not enough providers to ensure widespread access to care.

# Medicaid Population Focus Group

Two individuals participated in the focus group for the Medicaid community. Both participants were African-American females and over the age of 45 and disabled.

The discussion with these two individuals consisted of the topics of the top health conditions, concerns, suggestions, and COVID-19 topics.

The participants identified obesity as a top health condition. They noted how obesity is prevalent in the female population of African-Americans, which stems from the poor nutrition of the community. One of the participants had suffered a stroke at a young age, and both identified how that was not unique in their peer group. In addition, mental health concerns, diabetes, heart disease and attacks, hypertension, and thyroid issues were other issues that were brought up as challenges they face or their peers face.

The group discussed how some in the population are not knowledgeable or will not acknowledge healthy lifestyles. They say this has been due to the community support of a healthier lifestyle. They suggested that there needed to be better education on living a nutritious life and additional access to healthy and fresh foods. The two participants said that there is also a lack of trust, causing it to be difficult to promote change within the community.

The conversation then shifted to the topic of Medicaid, in which both individuals expressed positive experiences with the program. Upon further discussion, while their gratitude for the program remained front and center to the conversation, they were able to identify challenges. They expressed frustration with what the program would and would not pay for and that many experiences very confusing and difficult to navigate. They expressed that many times of the individuals rely on word-of-mouth to find out where they can get what they need, and they identified inconsistencies while getting procedures done. The participants said that there need to be more physicians, especially within the rural parishes of Acadiana, and they also noted how the affordable health facilities need to be more utilized.

# Medicaid Population Focus Group

The participants also discussed suggestions on how barriers to health can be put down and once again indicated that education on a healthy lifestyle can help start the change.

They also mentioned that mental health resources need to be strengthened in influence and prevalence. There could also be an addition of addiction resources and emphasis on prevention, rather than just recovery.

Transportation was identified as a barrier to accessing services. They also suggested that there should be a way to transport people to the resources they need, such as medicine, hygiene stations, and food. The focus group members felt that the homeless population was underserved, especially the mentally ill within that population. Both participants had been incarcerated, and they felt that there should be Medicaid in prison because many families have to pay out of pocket for procedures.

The COVID-19 pandemic was also discussed within the focus group. They felt that a major barrier to ending this pandemic is the hesitancy and resistance to getting vaccinated. They believe that this is due to the internet and conversations “poisoning” their minds. Many people believe that the virus will not affect them, which causes ignorance to protect the community. On the other hand, many people are also sick with other diseases and are extremely worried about this virus, which has created hesitancy to reenter society.

# Diabetes Population Focus Group

One individual participated in the diabetes focus group. The participant was female at the age of 29.

The participant of the focus group identified hypertension, cancer, and diabetes as the top health concerns of their community. She noted that with hypertension and diabetes, many have obesity as well, which is another concern for Acadiana. However, the conversation of this focus group revolved around social, economic, and lifestyle factors that contribute to health.

Societal and economic factors have been identified as main issues within the realm of healthcare. The lack of transportation and affordability to and for healthcare facilities are barriers that are conflicting to many. She commented on how even though there are neighborhood farmers markets, it is hard to even get to those, and they can be expensive. On the other hand, although the inability to access care is an issue, many are unaware of programs, such as Medicare and Medicaid within the community.

The participant noted that not only is there a lack of information regarding healthcare, but there is also a disconnect between their knowledge and their daily choices. Many do not realize their poor choices may not affect you right away, but they do in the long term. She identified that there were many subpopulations that were underserved in the community, such as the African-American community, low income and poor, homeless, mentally ill, veterans, and immigrant families. Veterans are underserved because it is hard to access the VA, and immigrant families are as well because of the language barriers.

The member of the focus group also contributed to the discussion through talking about the lifestyle within Acadiana. She mentioned how the lifestyle is “joie de vivre”, which can have a negative effect on one’s health. In Louisiana, food is in the center of the culture, and much of it is not the healthiest. The focus group participant suggested that we should keep this in the center, but make it healthier, so that we can continue to do what we love, but healthily. She also suggested that we should try to find advocates such as physicians and community members who can encourage and model healthy living in the middle of Acadiana.

# Vaccine Hesitancy/Health Literacy Focus Group

Five individuals participated in the vaccine hesitancy and health literacy focus group. Of the five, there were four females and one male, who were aged 31 to 46.

This conversation was focused around the COVID-19 pandemic; however, other societies and economic wellbeing within Louisiana were also discussed, and how these areas of life infiltrated into the pandemic. The group felt that the Acadiana culture has negatively impacted the overall health of the community.

They suggested that there needs to be a stronger origin of health education within schools. Not only do daycares and schools need to be teaching their children about physical education, but parents should also further implement these teachings. If activity and health are taught from the beginning of one's life efficiently, chances are healthy habits will begin to bleed into their life. The lack of education leads the population to undervalue the prevention of healthy living, causing addictions or misuse of alcohol, foods, and inactivity.

This led the conversation to "access" of a healthy lifestyle. Participants of the focus group also suggested that there need to be more fitness facilities and nutrition programs established that are attainable, sanitary, and inexpensive to use. The lack of transportation and poverty were also discussed as barriers to health.

The group noted how there is a gap in internet access between the rich and poor, even though many may argue that the internet is the source of bad health information.

They discussed how the systems used on the internet are difficult to navigate, especially those regarding insurance. Insurance seems to be a resource that many can have; however, the tough part is getting it executed and put directly into the hands of those that are in need. Because of this difficulty, there has been an advancement of distrust within such systems. Not only is there a difficulty to obtain insurance, but there is also difficulty with using insurance, especially when it comes to Medicare and Medicaid. For instance, the group discussed how many have to see a new doctor each time they go to a hospital. This has also caused distrust because they have no way to establish a relationship with the physician who is relaying their health to them. African-Americans also have this problem, especially when it pertains to trusting a different race to relay their health information.

# Vaccine Hesitancy/Health Literacy Focus Group

Mental health came up as a health literacy issue. Postnatal and postpartum care are areas of healthcare that should be given attention to because the group noted that the babies are sometimes given more attention than the mothers after childbirth. There seems to be a shortage of care for mental health patients because psychiatrists are booked time in advance, leaving patients to be neglected during times of need or crisis. Many primary care physicians do not even have a referral for patients who may need psychiatric help.

A financial strain was also discussed in the way that there is little financial incentive to tackle the larger, complex health problems that could change the overall health of a community.

The conversation then shifted to a focused discussion about the COVID-19 pandemic. The group acknowledged how the needs of the community have changed throughout the pandemic. As of now, the participants discussed how health literacy needs to be strengthened and evolved, particularly related to the vaccine. The population within the community should be educated on their risks and given informed consent, especially within the adolescent population because they cannot advocate for themselves.

The group identified a “paternalistic” approach to health advice from medical professionals as a barrier to trust in a climate with too much information. The group discussed that those being treated should be given the certainties and uncertainties with a non-paternalistic approach. The lack of informed conversations between the physician and patient has led to distrust within the medical community, causing those to turn to unscientific-based medicine. This distrust has then led to the hesitancy and inconsistency against and for the COVID-19 vaccination.

The participants of the focus group then mentioned how political affiliation has also influenced the realm of the COVID-19 vaccine. Social media has played a role in shattering health literacy because everyone turned to it to voice their opinion, causing health opinion battles, which has also caused people to turn to “grassroots” approaches to medicine. The group mentioned how through the pandemic we have been able to see science working in real-time, and that in some ways, that has led to hesitancy to believe in it.

The group ended the discussion by talking about educational attainment and experiences with the virus. They noticed how populations with higher degrees had a higher vaccination rate, and they noted how people who had experiences, such as deaths within their families, were more consistent with putting these prevention methods into place.

# Community Health Survey

Results from community survey

# Community Health Survey

A total of 496 health surveys were completed by community members within the service area. The full health survey questionnaire is available in Appendix B.

## Community Health Survey Methodology

The survey instrument asked respondents to rate their own health and the overall health of community members, in addition to questions related to accessing preventative and sick care. Respondents were also asked to prioritize five health problems and five social problems in Acadiana from lists of options. Lastly, optional demographic questions were also included at the end of the survey.

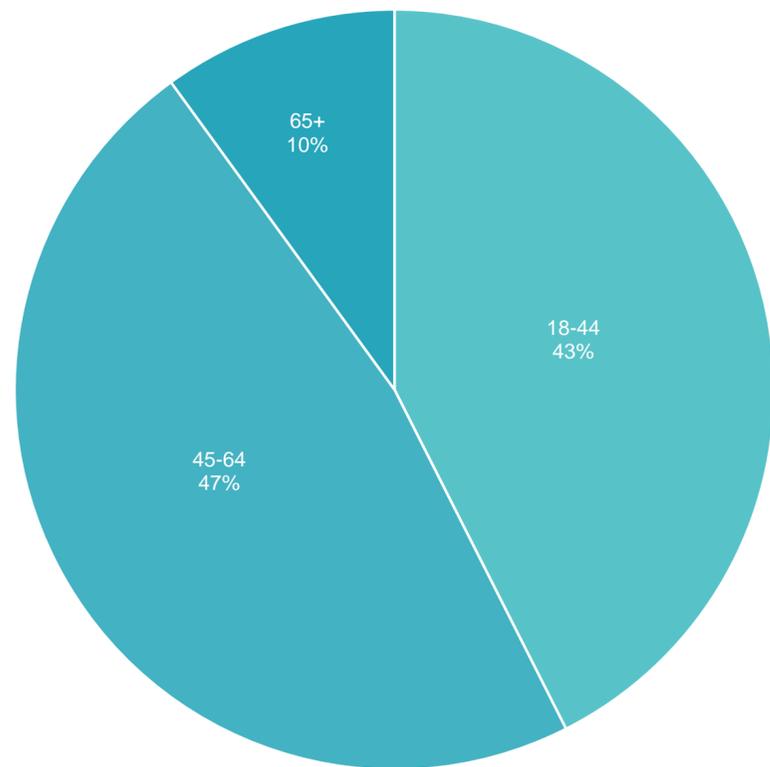
Surveys were distributed primarily through electronic means through community-based organizations and the health institutions. Paper surveys were made available upon request.

# Community Health Survey – Demographics

All respondents were over the age of 18, with nearly half of the respondents being between the ages of 45-64. The majority of respondents also identified as being female and white.

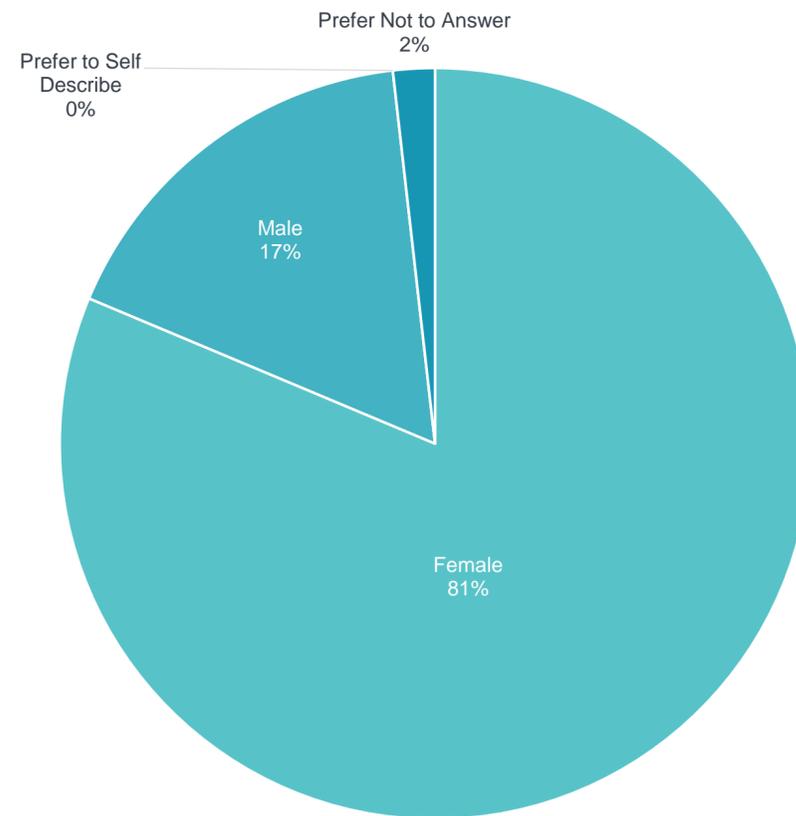
## Age

**Counts/frequency:** 18-44 (191, 42.5%), 45-64 (213, 47.4%), 65+ (45, 10.0%)



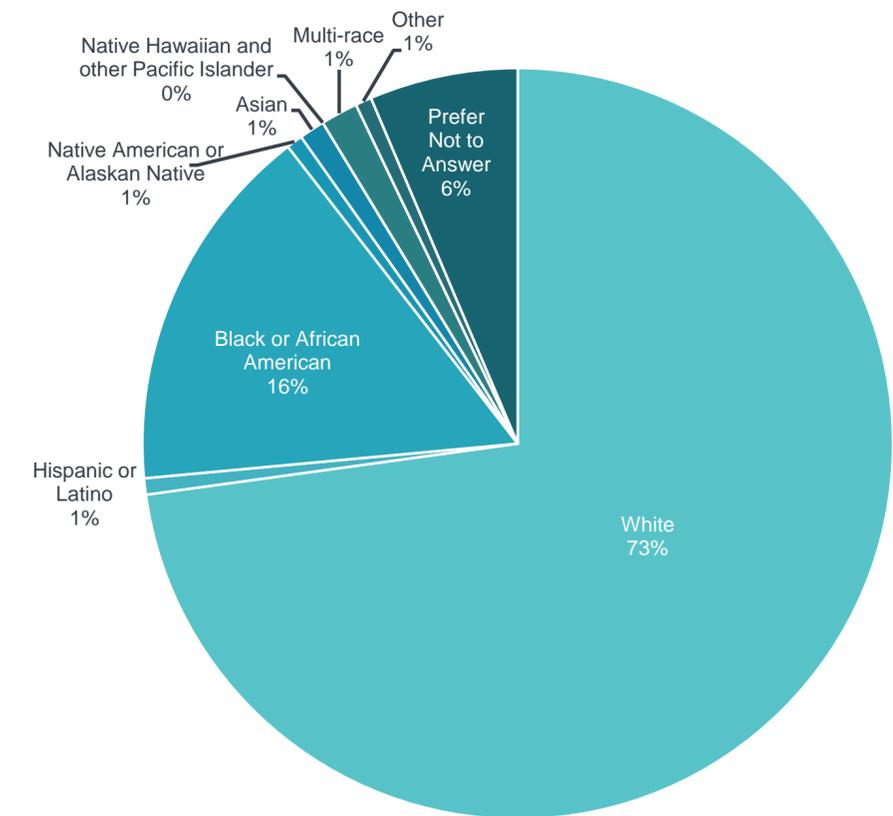
## Gender

**Counts/frequency:** Female (367, 81.4%), Male (76, 16.9%), Prefer to self describe (0, 0.0%), Prefer not to answer (8, 1.8%)



## Race / Ethnicity

**Counts/frequency:** White (329, 72.9%), Hispanic or Latino (3, 0.7%), Black or African American (72, 16.0%), Native American or Alaskan Native (3, 0.7%), Asian (5, 1.1%), Native Hawaiian and other Pacific Islander (0, 0.0%), Multi-race (7, 1.6%), Other (3, 0.7%), Prefer not to answer (29, 6.4%)

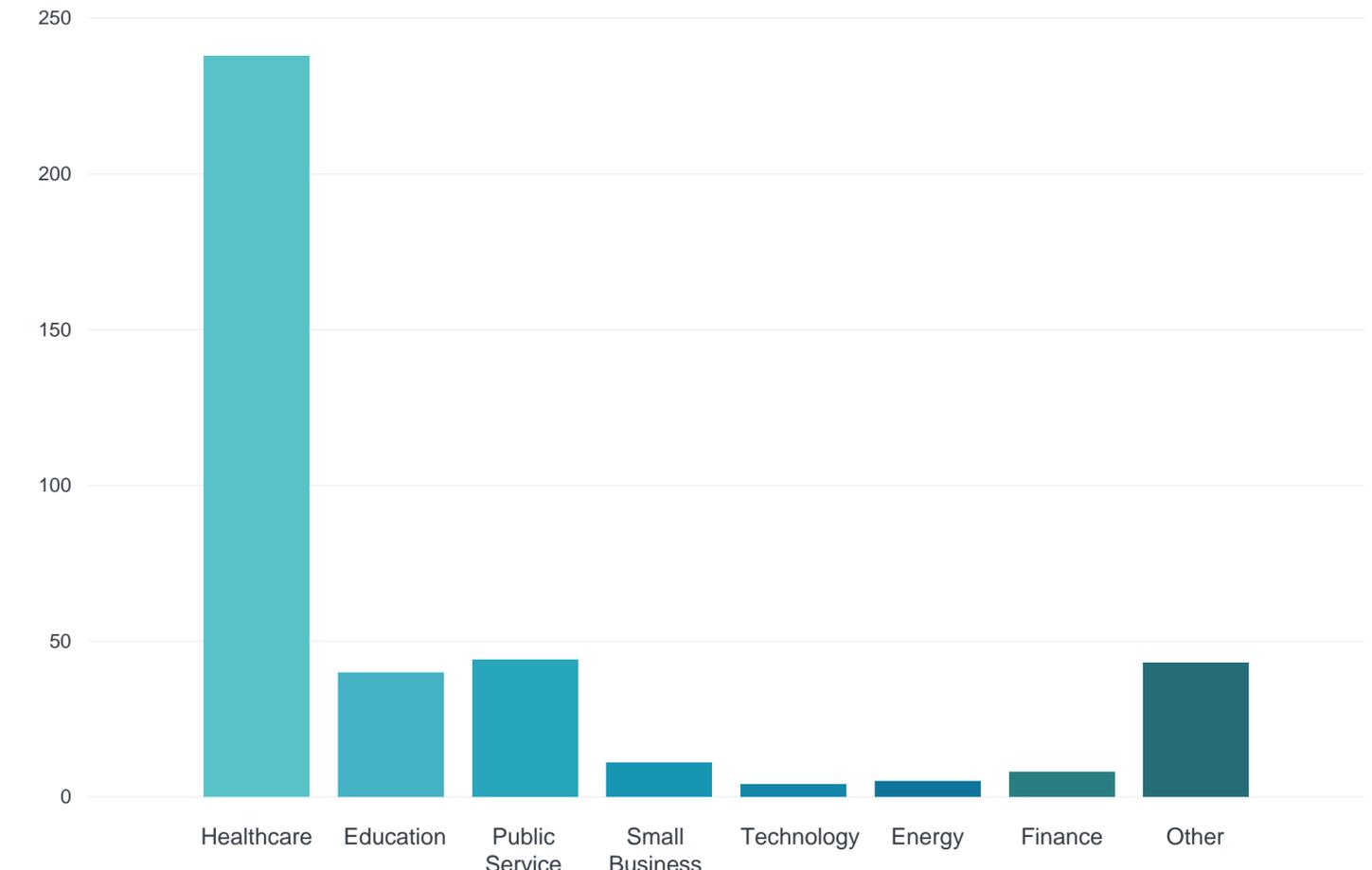


# Community Health Survey – Employment & Income

Because the survey was distributed widely among health care professionals, those working in health care represented just less than half of respondents.

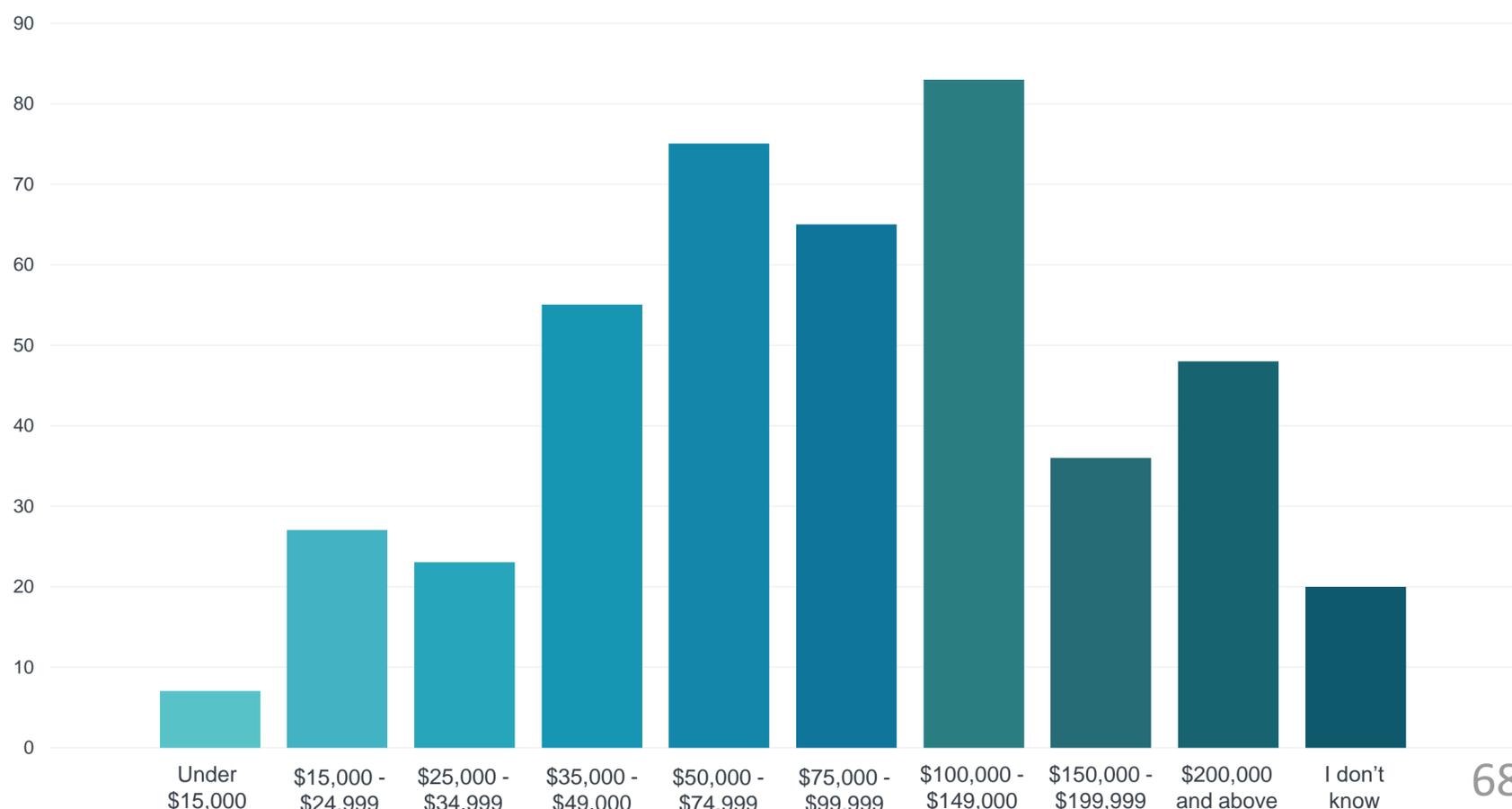
## Field of Work

**Counts/frequency:** Healthcare (238, 60.6%), Education (40, 10.2%), Public service (emergency response, government, etc.) (44, 11.2%), Small business (11, 2.8%), Technology (4, 1.0%), Energy (5, 1.3%), Finance (8, 2.0%), Other (43, 10.9%)



## Household Income Last Year

**Counts/frequency:** Under \$15,000 (7, 1.6%), \$15,000 to \$24,999 (27, 6.2%), \$25,000 to \$34,999 (23, 5.2%), \$35,000 to \$49,000 (55, 12.5%), \$50,000 to \$74,999 (75, 17.1%), \$75,000 to \$99,999 (65, 14.8%), \$100,000 to \$149,000 (83, 18.9%), \$150,000 to \$199,999 (36, 8.2%), \$200,000 and above (48, 10.9%), I don't know (20, 4.6%)

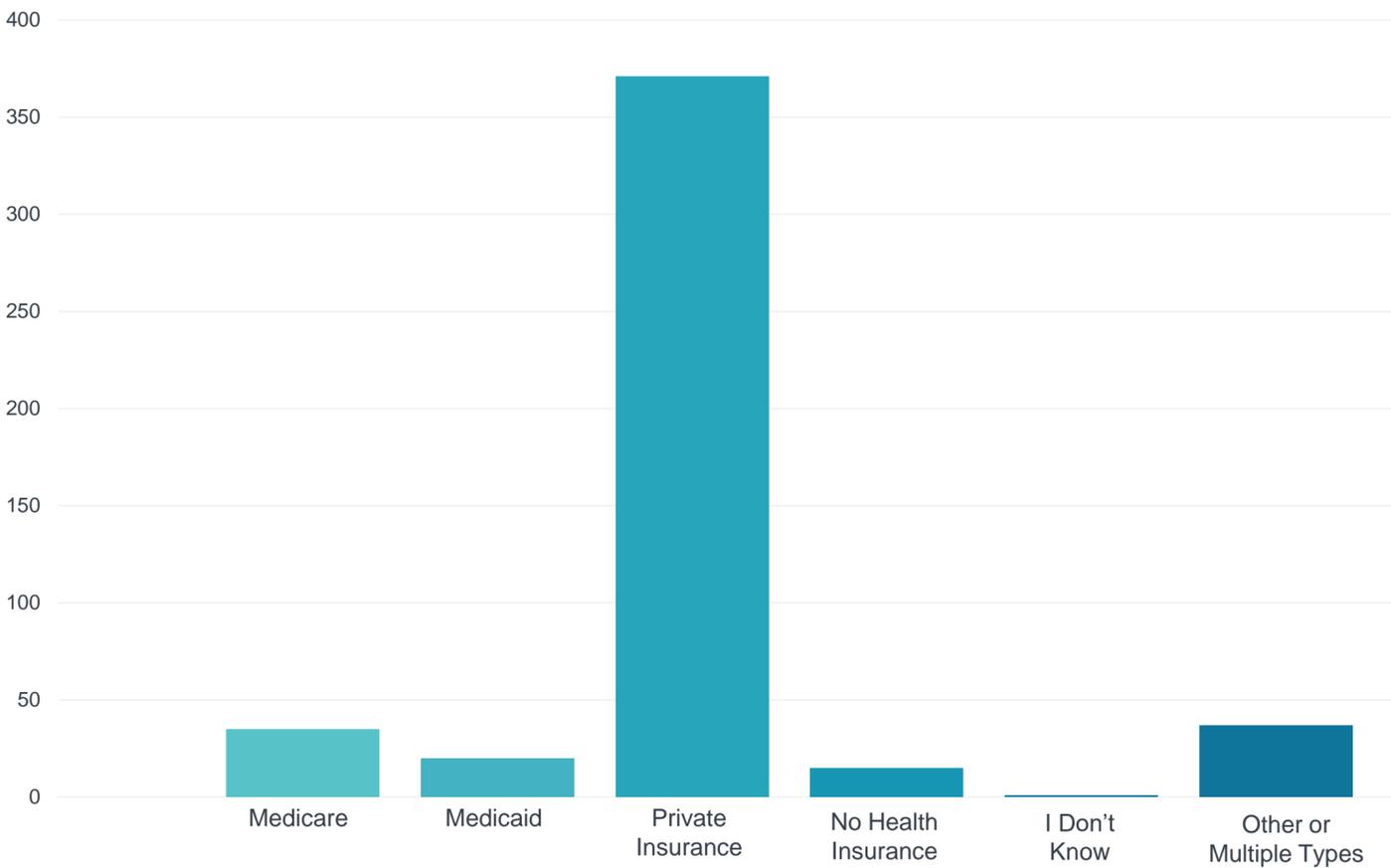


# Community Health Survey – Health Insurance & Ratings

The majority of survey respondents had private insurance, likely reflecting the high number of health professionals who participated in the survey. Additionally, the majority would rate their personal health as good, while they would rate the overall health of the community as fair.

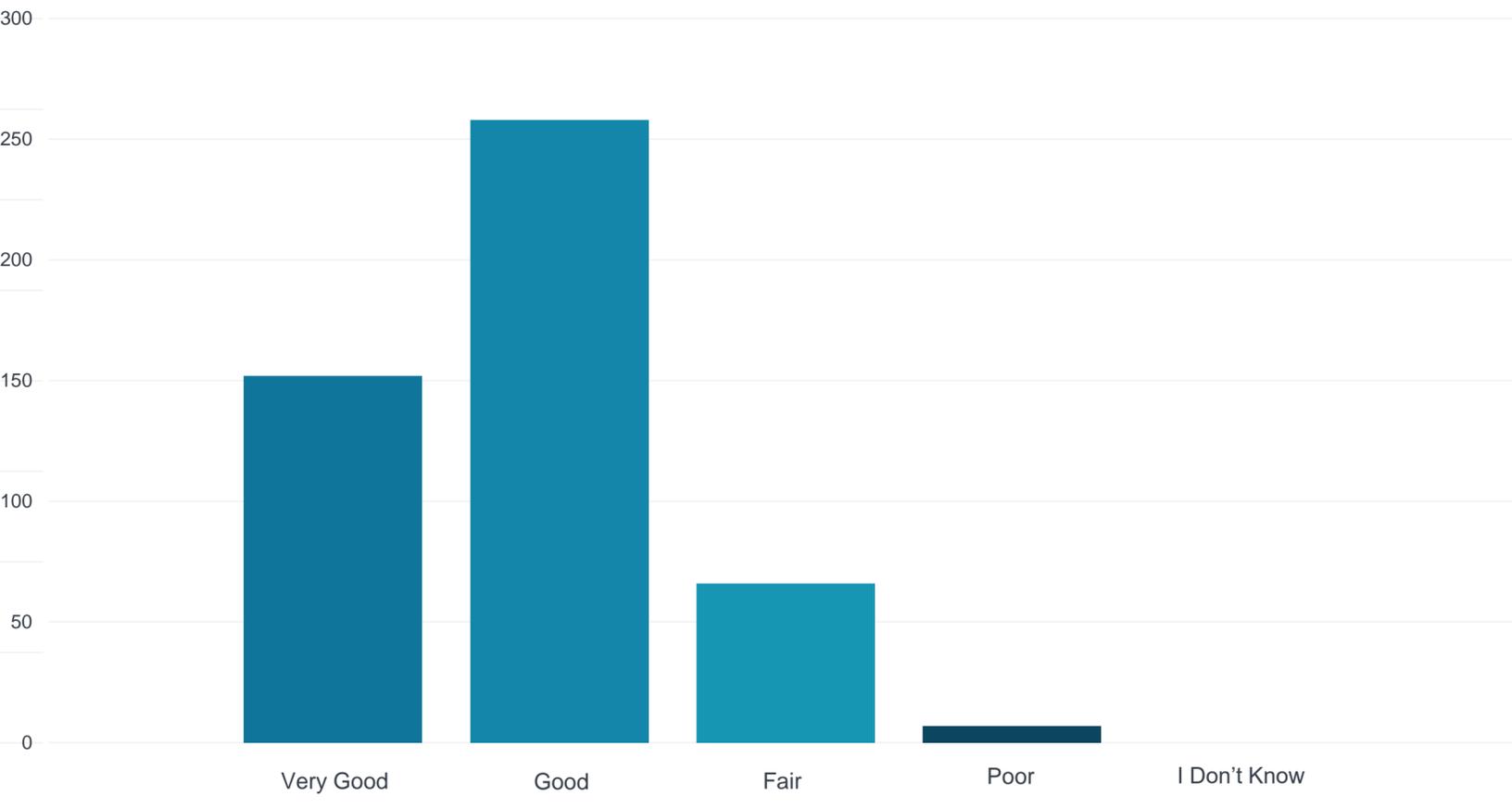
## Health Insurance

**Counts/frequency:** Medicare (35, 7.3%), Medicaid (20, 4.2%), Private insurance through employer (371, 77.5%), I do not have health insurance (15, 3.1%), I don't know (1, 0.2%), Other or multiple types (37, 7.7%)



## Respondents Health Status

**Counts/frequency:** Very good (152, 31.5%), Good (258, 53.4%), Fair (66, 13.7%), Poor (7, 1.4%), I don't know (0, 0.0%)



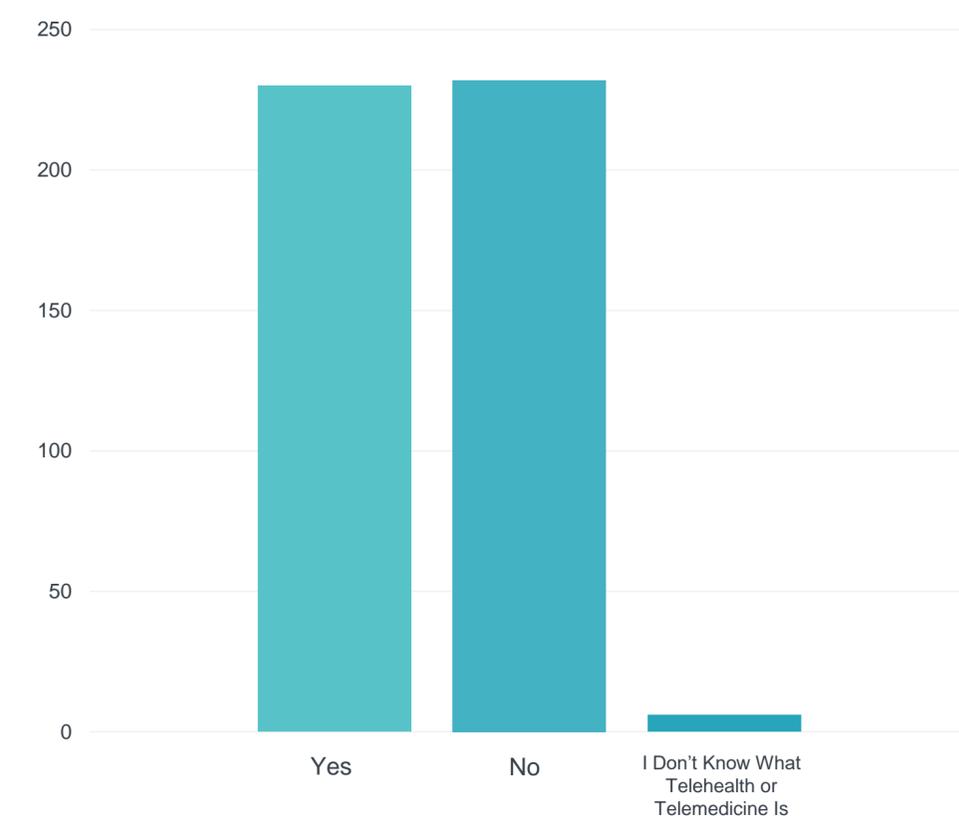
The majority of those who had multiple insurance sources indicated that they had supplemental insurance or special policies. Several respondents also indicated they had private insurance that was not connected to an employer.

# Community Health Survey – Telehealth & Telemedicine

COVID 19 increased the utilization of telehealth services. The following questions capture adoption rates and attitudes regarding use of telehealth. For those who have not utilized either, the majority indicated they would be open to trying it. The majority of those who have utilized it would do so again.

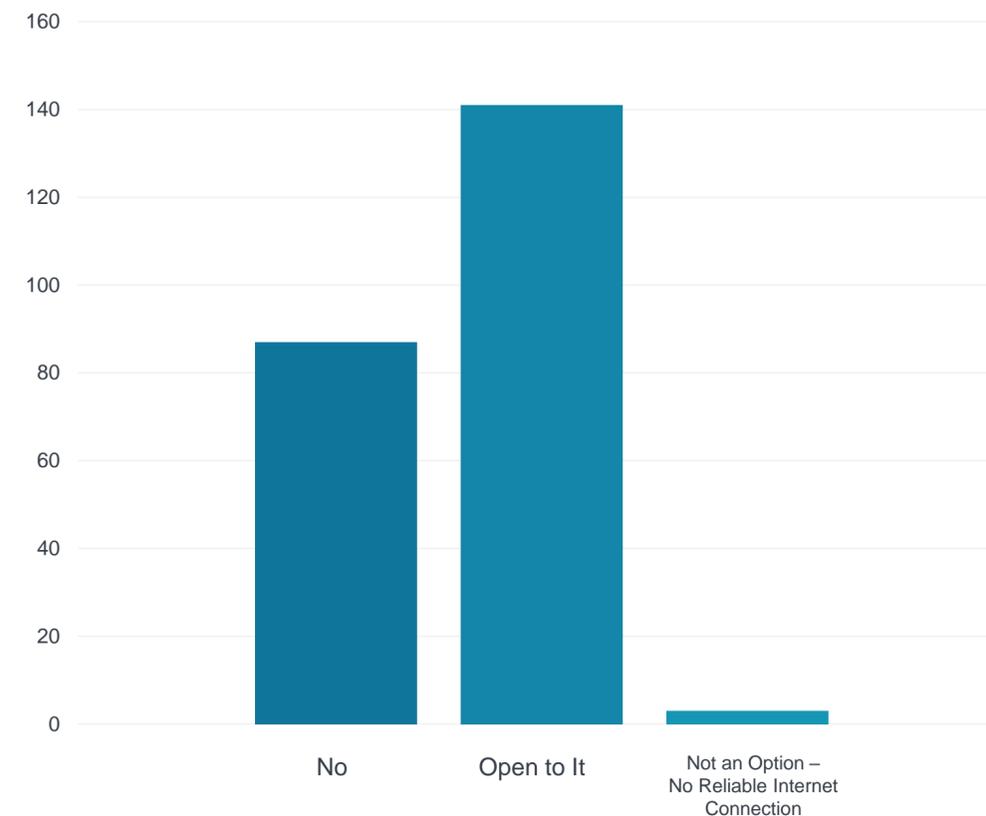
## Prior Utilization of Telemedicine or Telehealth

**Counts/frequency:** Yes (230, 49.1%), No (232, 49.6%), I don't know what telehealth or telemedicine is (6, 1.3%)



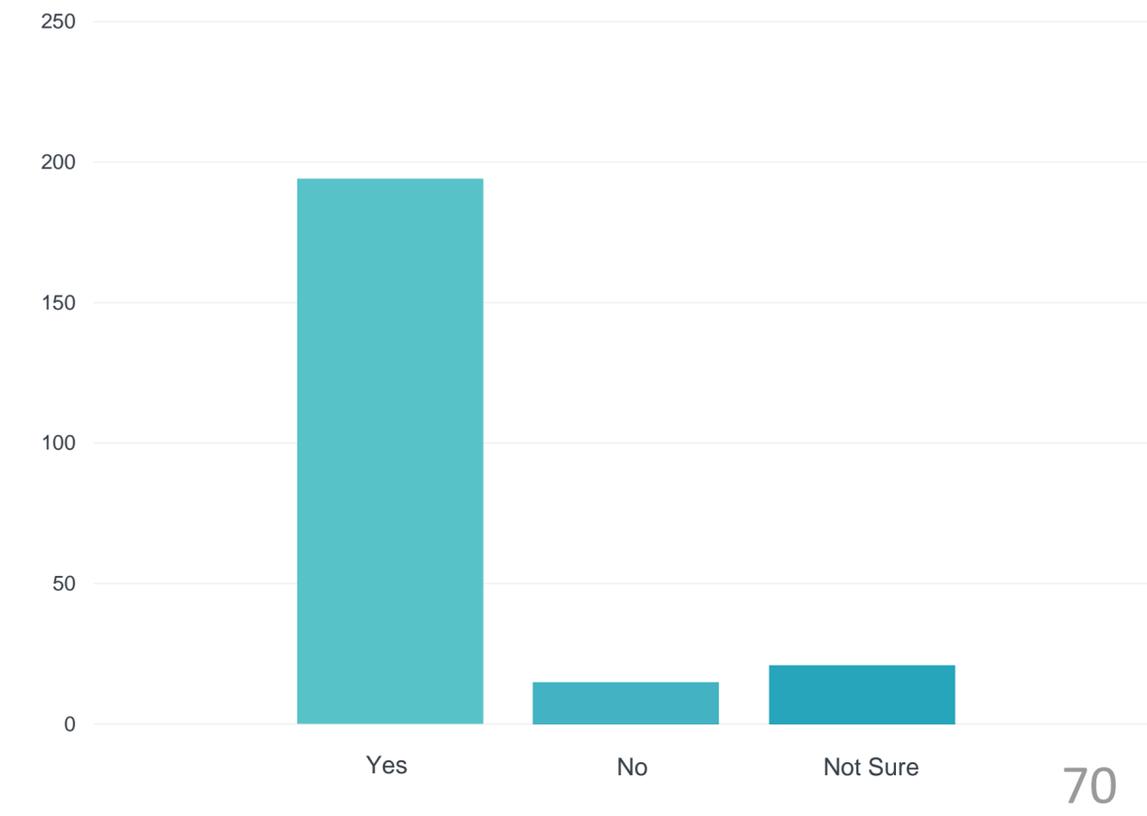
## Interest in Use of Telehealth or Telemedicine

**Counts/frequency:** No, I like to see my provider in person (87, 37.7%), I'm open to trying it (141, 61.0%), Don't see it as an option because I do not have reliable internet connection (3, 1.3%)



## Using Telehealth or Telemedicine Again

**Counts/frequency:** Yes (194, 84.3%), No (15, 6.5%), Not sure (21, 9.1%)

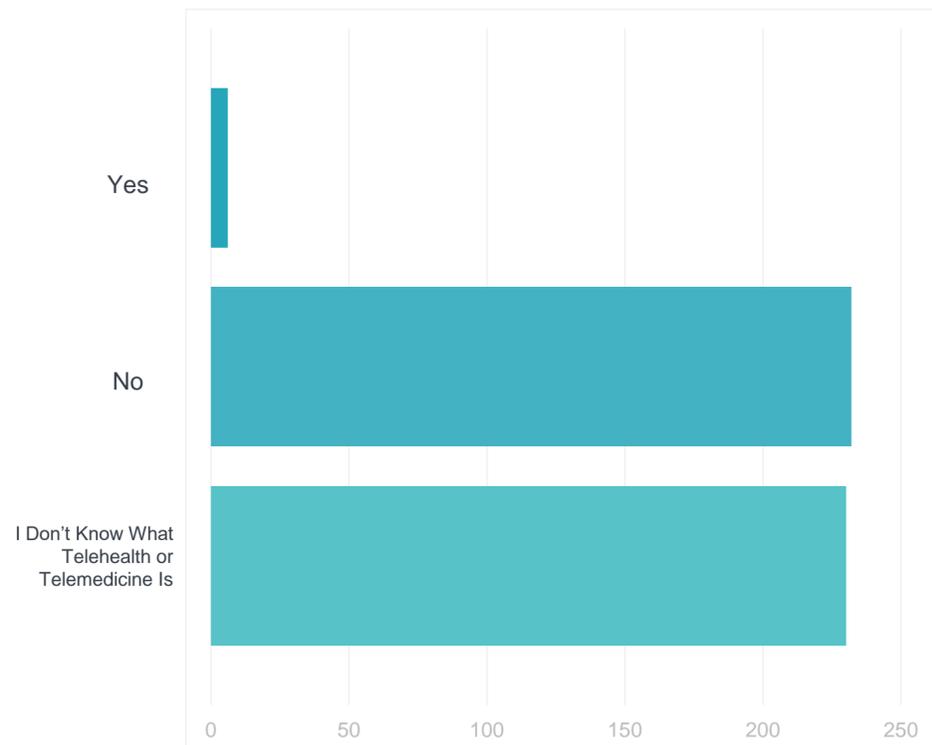


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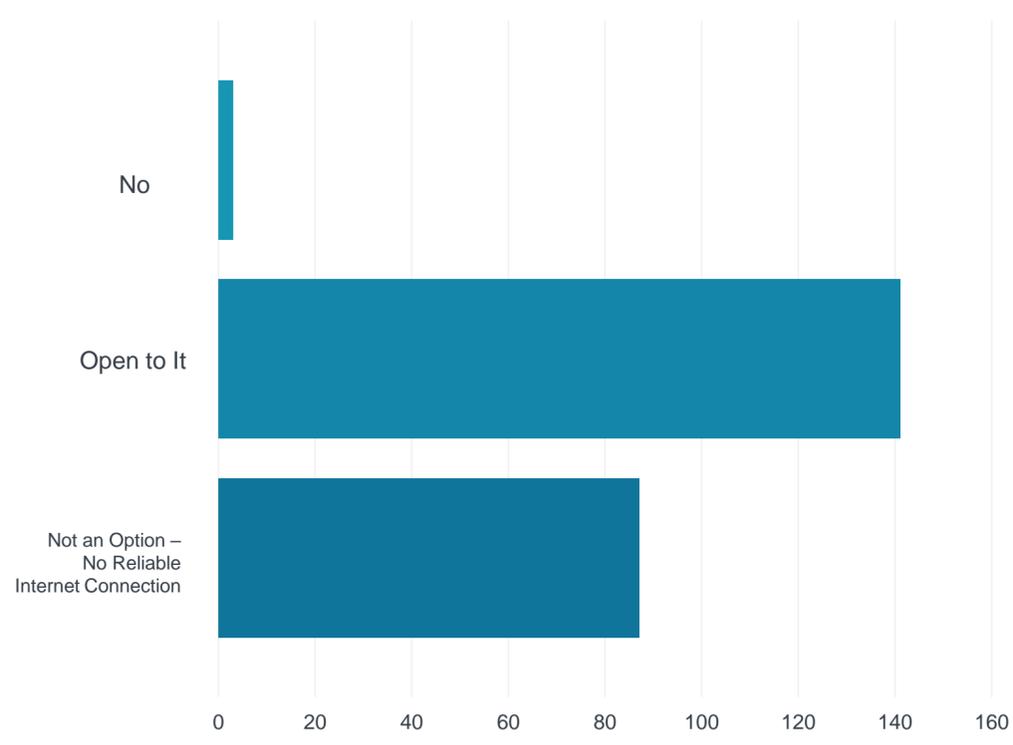
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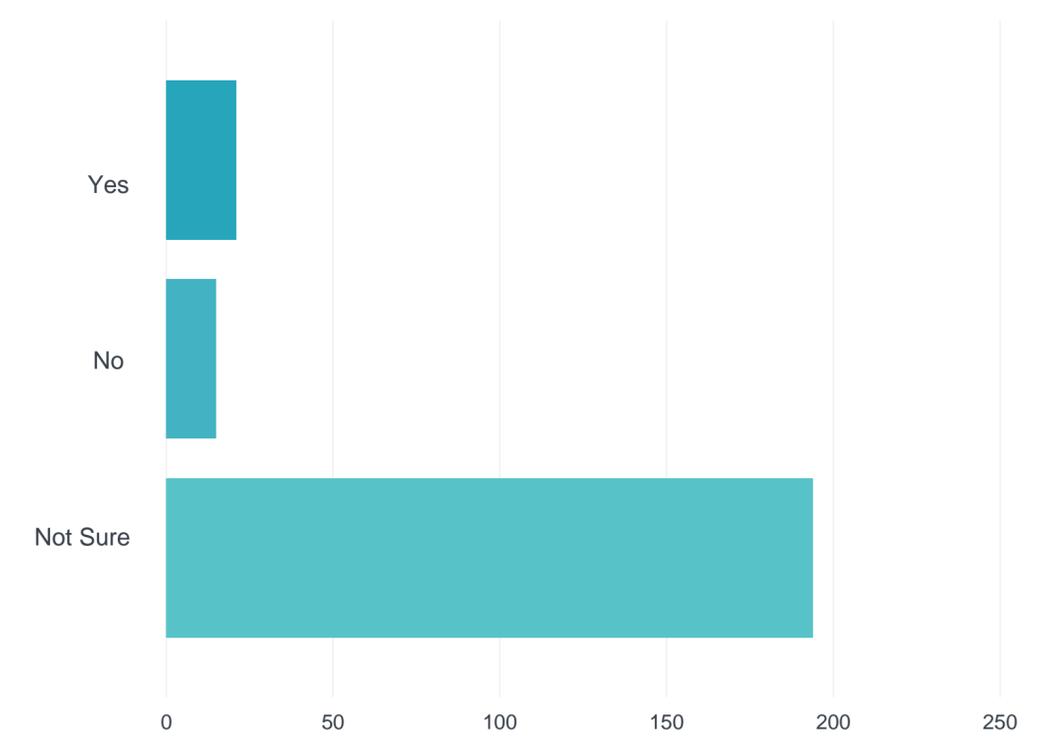
## Interest in Use of Telehealth or Telemedicine

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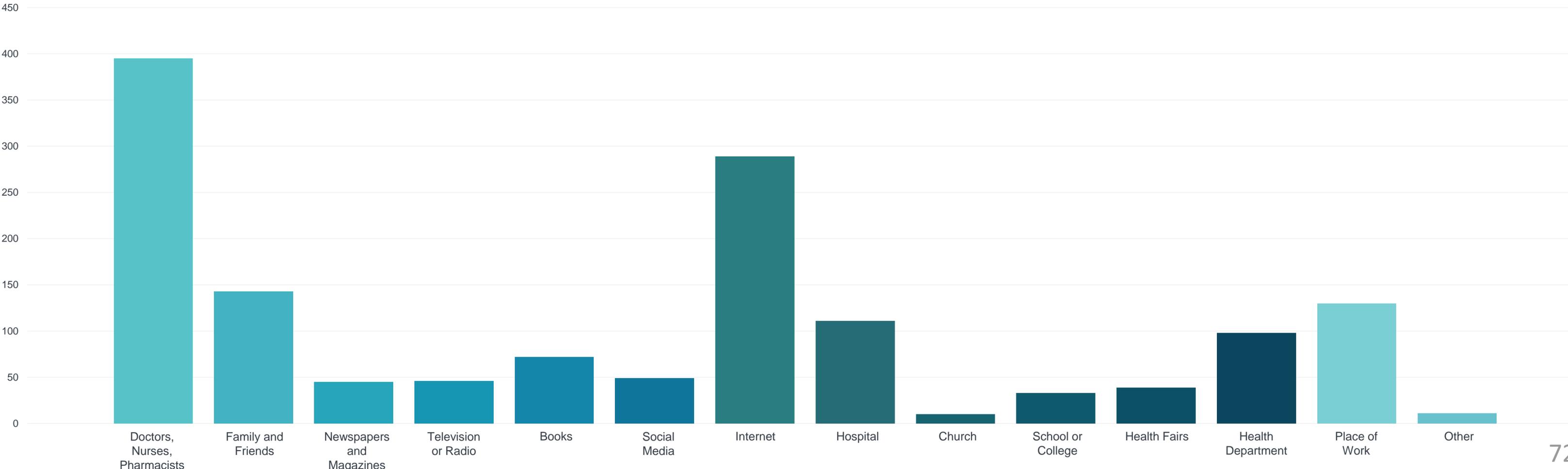


# Community Health Survey – Information Sourcing

The majority of respondents had a smart phone. While medical professionals were the most common source for information about health and wellness, nearly 60% of respondents use the internet for health information.

## Source for Health Information

**Counts/frequency:** Doctors, nurses, pharmacists in my community (395, 87.8%), Family and friends (143, 31.8%), Newspapers and magazines (45, 10.0%), Television or radio (46, 10.2%), Books (72, 16.0%), Social media (Facebook, Twitter, Instagram) (49, 10.9%), Internet (website) (289, 64.2%), Hospital (111, 24.7%), Church (10, 2.2%), School or college (33, 7.3%), Health fairs (39, 8.7%), Health Department (98, 21.8%), Your place of work (130, 28.9%), Other (11, 2.4%)

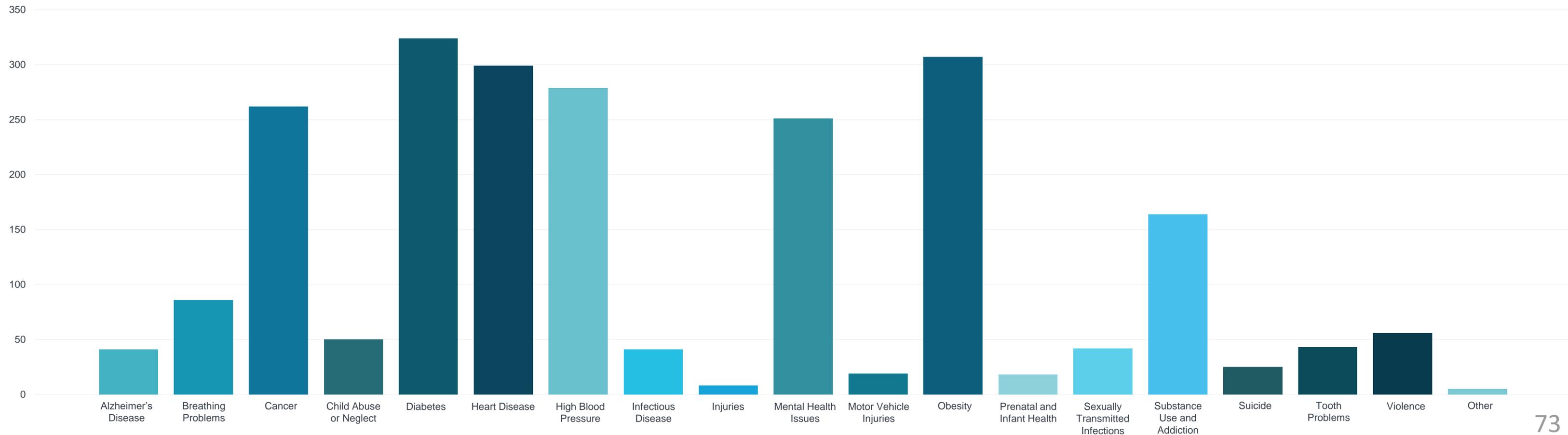


# Community Health Survey – Community Assessment

Diabetes followed by obesity were listed as the top community health problems, while poverty was the top choice for the worst social problem.

## Top Community Health Problems

**Counts/frequency:** Alzheimer's Disease (41, 9.1%), Breathing problems (ex. asthma, COPD) (86, 19.0%), Cancer (262, 58.0%), Child abuse or neglect (50, 11.1%), Diabetes (324, 71.7%), Heart disease (299, 66.2%), High blood pressure (279, 61.7%), Infectious disease (ex. u virus, hepatitis, tuberculosis) (41, 9.1%), Injuries (8, 1.8%), Mental health issues (ex. depression) (251, 55.5%), Motor vehicle injuries (19, 4.2%), Obesity (307, 67.9%), Prenatal and infant health (ex. babies born underweight) (18, 4.0%), Sexually transmitted infections (42, 9.3%), Substance use/ addiction (164, 36.3%), Suicide (25, 5.5%), Tooth problems (dental health) (43, 9.5%), Violence (56, 12.4%), Other (5, 1.1%)

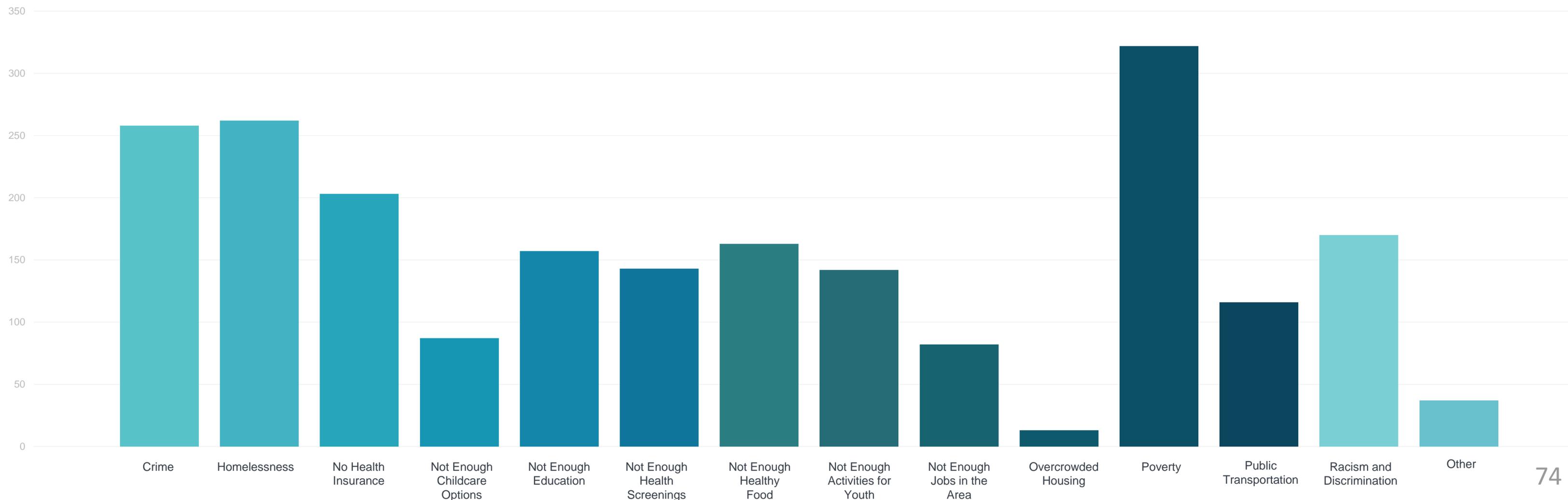


# Community Health Survey – Community Assessment

Poverty, homelessness, and crime were identified by respondents as the top community social problems facing the region.

## Top Community Social Problems

**Counts/frequency:** Crime (258, 57.2%), Homelessness (262, 58.1%), No health insurance (203, 45.0%), Not enough childcare options (87, 19.3%), Not enough education (ex. high school dropouts) (157, 34.8%), Not enough free or affordable health screenings (ex. tests for cancer or infectious diseases) (143, 31.7%), Not enough healthy food (163, 36.1%), Not enough interesting activities for youth (142, 31.5%), Not enough jobs in the area (82, 18.2%), Overcrowded housing (13, 2.9%), Poverty (low income) (322, 71.4%), Public transportation (116, 25.7%), Racism and discrimination (170, 37.7%), Other (37, 8.2%)

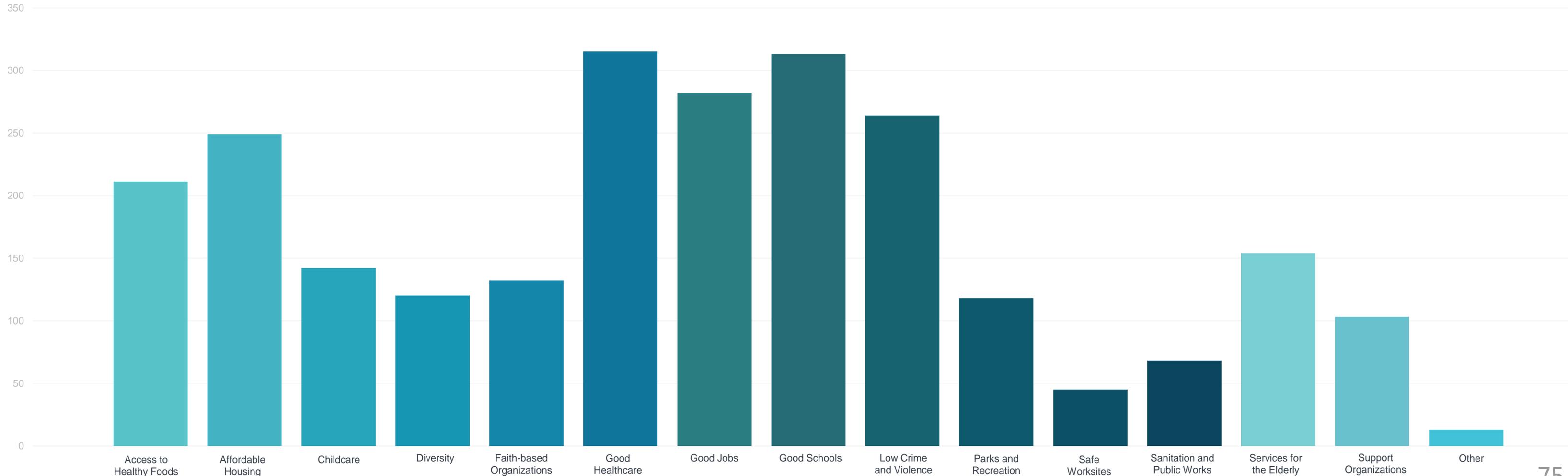


# Community Health Survey – Community Assessment

Good healthcare and good schools were nearly tied for the most important parts of a healthy, thriving community.

## Most Important Parts of a Healthy, Thriving Community

**Counts/frequency:** Access to healthy foods (211, 46.6%), Affordable housing (249, 55.0%), Childcare (142, 31.3%), Diversity (120, 26.5%), Faith-based organizations (ex. churches) (132, 29.1%), Good healthcare (315, 69.5%), Good jobs (282, 62.3%), Good schools (313, 69.1%), Low crime and violence (264, 58.3%), Parks and recreation (118, 26.0%), Safe worksites (45, 9.9%), Sanitation and public works (68, 15.0%), Services for the elderly (154, 34.0%), Support organizations (ex. nonprofits) (103, 22.7%), Other (13, 2.9%)



# Feedback from Prior CHNA

This section includes feedback received since the last CHNA.

# Feedback from prior CHNAs

The CHNA was displayed by both OLG and OLOL prominently on their respective websites. No written feedback was collected since the last CHNA process.

Although no written feedback was received for the 2019 CHNA, input and comments received through community workgroups/collaborations were incorporated by the work done through the Implementation Strategies.

The previous joint CHNA process for the same region (with five of the same participating institutions) identified the following priority areas:

- Access to Care
- Cancer
- Health Literacy
- Heart Disease & Stroke
- Nutrition & Weight Status
- Mental Health / Behavioral Health
- Physical Activity
- Maternal & Child Health
- Diabetes

# Efforts since prior CHNAs

This section describes the efforts since prior CHNAs were adopted.

# Efforts since prior CHNAs

OLOL and OLG have continued to make progress on needs identified in their previous CHNA, and working together, they have also been responsive to new community needs. In particular, the COVID-19 pandemic was not anticipated during the last assessment but was one of the brightest examples of the health systems addressing community needs in a flexible and responsive way. In addition to other efforts described below, the two worked together from day one of the pandemic, establishing one of the first testing sites in the state of Louisiana together on March 18, 2020. That example was a highlight and an example of more collaborative and community-minded efforts to come over the following months of the pandemic.

For those needs documented and anticipated in the previous CHNA, the OLOL system decided they would continue to address the following significant identified health needs– mental health, cancer, heart disease, access to health care, nutrition and weight status, and maternal and child health.

Their efforts were diverse and wide-ranging – some highlights include:

- For Heart Disease and Stroke, among other initiatives, they continue to screen more than 50% of all patients for abnormal glucose and cholesterol levels.
- For cancer, they provided tobacco screenings and distributed prevention/awareness information through congregational health services.
- For nutrition and weight status, they referred 50% of their patients with a BMI of 30 to nutritionist for counseling/education.
- To address mental and behavioral health, Lourdes partnered with 232-HELP and the Family Tree to create community crisis connection to provide telehealth services to the homeless and uninsured.
- Maternal and Child health efforts included breastfeeding promotional programs to patients.

In the early days of the COVID-19 pandemic, OLOL assisted to increase access to testing and care related to COVID-19, setting up mobile testing sites. Later, Lourdes partnered with the local school systems to increase vaccinations to children.

# Efforts since prior CHNAs (continued)

From the previous CHNA, Ochsner Lafayette General decided to continue to address the following significant identified health needs– mental health, cancer, heart disease, access to health care, nutrition and weight status, and maternal and child health.

Their efforts were expansive: however, highlights include:

- In the area of heart disease and stroke, they improved on treatment adherence through the provision of digital case management via *Get Well Loop*, allowing patients to provide feedback and achieve better compliance with medication adherence, outpatient follow-up and adherence to self-management goals.
- For cancer, they recruited additional specialty providers to serve outpatient oncology and infusion clinics both in Lafayette and rural areas of Acadiana.
- For nutrition and weight status, they aligned with the Beacon Project, identifying patients experiencing food insecurity and referring them to local resources.
- To address mental and behavioral health, OLG provided education to providers to help them understand the negative effects of trauma on health and wellbeing while also screening youth and young adults in the emergency, inpatient and clinical care settings for mental health conditions and risk factors.
- Maternal and child health efforts included the facilitating of breastfeeding promotion programs, offering of lactation consultants and infant care programs. Also utilized programs and technologies that provided health education for pregnant women.

OLG assisted in the early days of the COVID-19 pandemic to increase access to testing and care related to COVID-19, setting up mobile testing sites in the Acadiana region. In early 2021, OLG began providing extensive COVID-19 vaccination efforts throughout the Acadiana Region, vaccinating >60,000 people within a 6 month period.

# Community Health Priorities

The following pages provide the identified Health Priorities of this assessment with relevant data points.

# Health Priority Identification

The overarching goal in conducting this Community Health Needs Assessment is to identify significant health needs of the community, prioritize those health needs, and identify potential measures and resources available to address the health needs. For the purpose of identifying health needs for OLG and OLOL, a health priority is defined as a medical condition or factor that is central to the state of health of the residents in the community. An exhaustive list of health needs was compiled based on the health profile and interviews. Following that compilation, stakeholders of the health system completed a survey to rank those they felt could be impacted by intervention by the health system, could have the greatest impact, and addressing this issue could positively impact other related health outcomes. The ranking system generally used “high,” “medium”, and “low”. These resulting priorities are identified (alphabetically) below:

Access to primary care

Cancer

Diabetes

Health disparities

Health education/literacy

Heart disease and stroke

Mental/behavioral health

Maternal and child health

Rural health

Weight status and nutrition (obesity)

Several of these health priorities are medical conditions requiring medical treatment and rely primarily on health care services. Other priorities are root causes of health conditions that may rely on community programs and policy changes.

# Access to Primary Care

The National Academies of Sciences, Engineering, and Medicine defines primary care as “the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.”

## Qualitative Findings:

### COMMUNITY LEADER FEEDBACK AND CONCERNS:

- Need for additional providers
- Locate care where the need is, particularly to ensure utilization of primary care
- Emergency Department over-utilization

### NEEDS DISCUSSED DURING FOCUS GROUPS:

- Long wait times for primary care (and specialists)
- Need to build relationships with providers to build trust

## Quantitative Findings:

Parish	Primary Care Designation
Acadia Parish	Low Income Population
Evangeline Parish	Low Income Population
Iberia Parish	Low Income Population
Jefferson Davis Parish	Low Income Population
Lafayette Parish	Low Income Population
St. Landry Parish	Low Income Population
St. Martin Parish	Geographic
St. Mary Parish	High Needs Geographic
Vermilion Parish	Geographic

All parishes except Lafayette Parish (730:1) had a higher ratio of people to primary care physicians when compared to the state’s ratio (960:1).

# Cancer

Healthy People 2030 seeks to reduce the overall cancer death rate by focusing on promoting evidence-based cancer screening and prevention strategies — and on improving care and survivorship for people with cancer.

## Qualitative Findings:

### COMMUNITY LEADER FEEDBACK AND CONCERNS:

- Improved access to care
- Dietary and other related risky behaviors

### NEEDS DISCUSSED DURING FOCUS GROUPS:

- Lack of understanding of behavioral ties to health outcomes, particularly as it relates to conditions like diabetes

## Quantitative Findings:

Of 452 responses in the community survey, 58% of people indicated cancer as being one of the top health problems in Acadiana.

### Select Cancer Incidence Rates | 2013-2017

	Prostate <sup>1</sup>	Breast (Female) <sup>2</sup>	Lung and Bronchus <sup>3</sup>	Colon and Rectum <sup>3</sup>	Cervix <sup>2</sup>	Stomach <sup>3</sup>
Acadia Parish	136	103	80	54	11	9
Evangeline Parish	113	106	73	63	*	*
Iberia Parish	119	133	70	48	11	6
Jefferson Davis Parish	126	110	81	49	*	*
Lafayette Parish	150	132	62	46	9	8
St. Landry Parish	129	135	77	68	9	8
St. Martin Parish	148	106	75	58	*	12
St. Mary Parish	138	132	68	54	*	9
Vermilion Parish	149	119	69	48	11	6
United States <sup>^</sup>	104.5	125.9	58.3	38.4	7.6	6.5
Louisiana <sup>^</sup>	131.2	125.9	66.2	45.1	9.1	7.1

# Diabetes

Healthy People 2030 focuses on reducing diabetes cases, complications, and deaths as it is a nationwide and locally one of leading causes of death.

According to Healthy People 2030, “some racial/ethnic minorities are more likely to have diabetes. Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don’t have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.”

## Qualitative Findings:

### COMMUNITY LEADER FEEDBACK AND CONCERNS:

- Improved access to care
- Dietary and other related risky behaviors

### NEEDS DISCUSSED DURING FOCUS GROUPS:

- Lack of understanding of behavioral ties to health outcomes, particularly as it relates to conditions like diabetes

## Quantitative Findings:

Of 452 responses, 71.1% of people indicated diabetes as being one of the top health problems in Acadiana.

### Age-Adjusted Diabetes in Adult Ages 20 and Older | 2017

	Adults with Diagnosed Diabetes
Acadia Parish	12%
Evangeline Parish	17%
Iberia Parish	13%
Jefferson Davis Parish	11%
Lafayette Parish	11%
St. Landry Parish	13%
St. Martin Parish	10%
St. Mary Parish	14%
Vermilion Parish	10%
Louisiana	14.1%

# Health Disparities

Healthy People defines a health disparity as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.”

## Qualitative Findings:

### COMMUNITY LEADER FEEDBACK AND CONCERNS:

- COVID-19 exposed disparities to the wider community that health professionals knew were present
- African-American community cited most often as group experiencing health disparities in region
- Low-income population also experience health disparities

### NEEDS DISCUSSED DURING FOCUS GROUPS:

- Distrust of providers who did not exhibit cultural competencies
- Access to care – including financial, location-based
- Health education and literacy related to racial, ethnic, and income disparities

## Quantitative Findings:

When asked what the top serious social problems are in Acadiana, 57.2% indicated crime, 58.1% indicated homelessness , 71.4% indicated poverty (low income).

	Unemployment Rate <sup>1</sup>	Median income <sup>1</sup>	Individuals below poverty <sup>1</sup>	Children below poverty <sup>2</sup>	ALICE <sup>3</sup>
Acadia Parish	5.7%	\$43,396	20.3%	27%	31%
Evangeline Parish	5.9%	\$31,965	28.6%	33%	40%
Iberia Parish	8.1%	\$46,861	21.9%	31%	32%
Jefferson Davis Parish	5.6%	\$42,105	19.1%	25%	34%
Lafayette Parish	5.3%	\$56,999	16.6%	23%	28%
St. Landry Parish	7.1%	\$36,403	22.6%	30%	28%
St. Martin Parish	6.6%	\$48,656	18.7%	26%	34%
St. Mary Parish	8.1%	\$40,485	23.8%	32%	39%
Vermilion Parish	5.9%	\$51,945	17.0%	23%	30%
Louisiana	7.3%	\$49,469	19.2%	26%	33%

# Health Education/Literacy

According to HRSA, health literacy is defined as “the degree to which individuals have the capacity to obtain, process, and understand basic health information needed to make appropriate health decisions.” Key topics within this priority include:

- Health literacy levels amongst healthcare consumers
- Education for healthcare providers
- Vaccine hesitancy

## Qualitative Findings:

### COMMUNITY LEADER FEEDBACK AND CONCERNS:

- Politics inserted into health care
- Need for understanding how to navigate health care resources
- Access to available information
- Deciphering reliable information from unscientific information
- Patients unable to tie short term decisions to long term outcomes

### NEEDS DISCUSSED DURING FOCUS GROUPS:

- How to find trustworthy sources of information given cultural and historic barriers
- Need for additional time with patients to increase understand competing against time pressures of physicians
- Lack of understanding of behavioral ties to health outcomes

## Quantitative Findings:

Of 450 responses, 64.2% indicated that they received information about health and wellness from the internet, while 10.9% receive their information from social media.

87.8% of community members surveyed relied on health care providers for health information. The popularity of technology as a tool used to research health issues and conditions contributes to a changing health information landscape for the community.

# Heart Disease and Stroke

The CDC recognizes that heart disease refers to several types of heart conditions including coronary artery disease.

## Qualitative Findings:

### COMMUNITY LEADER FEEDBACK AND CONCERNS:

- Need for additional providers
- Locate care where the need is, particularly to ensure utilization of primary care
- Emergency Department over-utilization

### NEEDS DISCUSSED DURING FOCUS GROUPS:

- Long wait times for primary care (and specialists)
- Need to build relationships with providers to build trust

## Quantitative Findings:

Of 452 responses, 66.2% of people indicated heart disease as being one of the top health problems in Acadiana.

Only 18.8% of respondents have had a heart screening in the past year.

**Age-Adjusted All Heart Disease Death Rates per 100,000 Adults Age 45 to 64 by Race and Gender | 2018**

	Heart Disease, White	Heart Disease, Black	Heart Disease, Female	Heart Disease, Male	Heart Disease, All
Acadia Parish	234	321	196	330	257
Evangeline Parish	207	319	215	275	249
Iberia Parish	233	318	197	332	257
Jefferson Davis Parish	245	308	170	316	238
Lafayette Parish	188	253	156	249	195
St. Landry Parish	264	313	187	356	263
St. Martin Parish	226	289	224	321	268
St. Mary Parish	215	233	177	249	212
Vermilion Parish	268	314	232	384	303
Louisiana	204.8	243.3	168	268	212

# Maternal and Child Health

Maternal and child health can have long term and far-reaching effects on the overall health system.

## Qualitative Findings:

### COMMUNITY LEADER FEEDBACK AND CONCERNS:

- Teen birth rates are indicators of social determinants of health
- Access to proper pre-natal care and information

### NEEDS DISCUSSED DURING FOCUS GROUPS:

- Access to care

## Quantitative Findings:

Of 452 responses, 4% of people indicated prenatal and infant health as being one of the top health problems in Acadiana.

### Teen birth rates and Infant Morbidity and Mortality

	Teen Birth Rate (per 1,000 people 15-19)	Infant Mortality Rate (per 1,000 live births)	Low Birth-Weight	Preterm Births
Acadia Parish	33.4	7.1	8.8%	11.1%
Evangeline Parish	44.8	11.1	11.8%	13.9%
Iberia Parish	32.8	7.7	11.0%	13.7%
Jefferson Davis Parish	29.7	8.1	9.6%	12.2%
Lafayette Parish	22.5	6.1	8.7%	11.5%
St. Landry Parish	36.8	9.2	11.5%	12.7%
St. Martin Parish	31.7	7.4	9.5%	11.9%
St. Mary Parish	31.9	4.0	10.4%	12.9%
Vermilion Parish	33.0	5.4	9.6%	11.4%
Louisiana	27.9	7.7	10.8%	12.9%

# Mental/Behavioral Health

According to the Centers for Disease Control, “Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.”

## Qualitative Findings:

### COMMUNITY LEADER FEEDBACK AND CONCERNS:

- Access to care
- Untreated mental health issues have secondary impacts on health system generally
- Lack of providers
- Undiagnosed mental health issues
- Healthy behaviors are not part of the culture – particularly around eating and physical activity
- Community infrastructure not supportive of health behaviors

### NEEDS DISCUSSED DURING FOCUS GROUPS:

- Healthy behaviors are not part of the culture

## Quantitative Findings:

Of 452 responses, 55.5% of people indicated mental health issues as being one of the top health problems in Acadiana.

Compared to Louisiana as a whole, individuals in the following parishes were more likely to self-report poor mental health days in the previous 30 days: Acadia, Evangeline, Iberia, Jefferson Davis, St. Landry, St. Martin, St. Mary, and Vermilion parishes. (via County Health Rankings)

Parish	Mental Health Designation
Acadia Parish	High Needs Geographic
Evangeline Parish	High Needs Geographic
Iberia Parish	High Needs Geographic
Jefferson Davis Parish	Geographic
Lafayette Parish	Low Income Population
St. Landry Parish	High Needs Geographic
St. Martin Parish	Geographic
St. Mary Parish	High Needs Geographic
Vermilion Parish	Geographic

# Rural Health

According to the CDC, “rural Americans tend to have higher rates of cigarette smoking, high blood pressure, and obesity. Rural residents report less leisure-time physical activity and lower seatbelt use than their urban counterparts. They also have higher rates of poverty, less access to healthcare, and are less likely to have health insurance.”

## Qualitative Findings:

### COMMUNITY LEADER FEEDBACK AND CONCERNS:

- Access to transportation is a major barrier to access care in the first place and a continued barrier for follow up care
- Access to specialty care
- Access to reliable health information

### NEEDS DISCUSSED DURING FOCUS GROUPS:

- Transportation
- Reliance on Emergency Departments, by necessity

## Quantitative Findings:

Rural risk factors for health are behavioral and economic. Access to vehicle transportation is just one of the major concerns that providers and individuals living in rural communities identified.

Parish	Housing Units with No Access to a Vehicle
Acadia	7.70%
Evangeline	11.70%
Iberia	9.70%
Jefferson Davis	7.30%
Lafayette	6.90%
St. Landry	9.80%
St. Martin	6.70%
St. Mary	8.90%
Vermilion	7.20%

# Weight Status and Nutrition (obesity)

Healthy People 2030 focuses on helping people get the recommended amounts of healthy foods – like fruits, vegetables, and whole grains – to reduce their risk for chronic diseases and improve their health.

## Qualitative Findings:

### COMMUNITY LEADER FEEDBACK AND CONCERNS:

- Culture is major barrier to community health due to poor nutrition choices and knowledge
- Food deserts an issue in many low-income neighborhoods
- The built environment of the region often does not encourage or accommodate an active lifestyle

### NEEDS DISCUSSED DURING FOCUS GROUPS:

- Lack of information about healthy food choices
- Celebrated culture around unhealthy foods
- Lack of access to health foods (food deserts)
- Unsafe neighborhoods make walking and outdoor activities inaccessible

## Quantitative Findings:

Of 452 responses, 67.9% of people indicated obesity as being one of the top health problems in Acadiana.

36.1% also indicated lack of healthy food being a top social problem.

46.6% consider access to healthy foods an important part of a healthy, thriving community.

	Obesity <sup>1</sup>	Access to Exercise Opportunities <sup>2</sup>	% Limited Access to Healthy Foods <sup>2</sup>	% Food Insecurity <sup>2</sup>
Acadia Parish	40%	43%	1%	18%
Evangeline Parish	37%	56%	15%	21%
Iberia Parish	41%	63%	8%	17%
Jefferson Davis Parish	39%	45%	3%	16%
Lafayette Parish	29%	86%	7%	13%
St. Landry Parish	37%	52%	9%	18%
St. Martin Parish	34%	60%	2%	14%
St. Mary Parish	43%	89%	15%	17%
Vermilion Parish	41%	60%	2%	15%
Louisiana	36.80%	75.00%	10.00%	16.00%

# Resources

The follow pages detail to the community resources currently available to meet the identified priority needs.

# Community Resources

## Access to Primary Care

While access to primary care was identified as a need by many, there are many resources being provided in the community to increase that access.

Lafayette General Medical Doctors (LGMD) has 50 primary care providers throughout Acadiana for the privately insured and multiple clinics at University Hospitals & Clinics including an Urgent Care Center that accepts Medicaid. In addition, a future community health center is being renovated on Jefferson Street to deliver primary care and health education with the goal of promoting health equity for all. Ochsner Lafayette General also provides telehealth through its Health Anywhere app for virtual urgent care as well as behavioral health.

Lourdes Physician Group is comprised of 46 dedicated physicians and nurse practitioners practicing in over 16 locations throughout Lafayette, LA and the surrounding areas such as Erath and Breaux Bridge.

Telehealth/Video visits are performed by local, board-certified Lourdes Physician Group providers, which has given the community additional opportunities to get PCP services. Any necessary follow-up can be done locally and providers will determine if additional in-person testing is needed.

Lourdes Regional Medical Center operates St. Bernadette's Clinic which provides medical and behavioral health services for the indigent. St. Bernadette's clinic is now a Medicaid Enrollment Site and a COVID-19 Vaccine Site. Lourdes also operates a School Based Health Center of the campus of Northside High school where they offer the following:

- Well-care /Preventive-care
- Sick visits
- Immunizations
- Disease prevention
- Health education
- Behavioral health counseling
- Nutrition counseling
- COVID 19 Vaccine Site

Region IV operates multiple Parish Health Units and supports several Rural Health Clinics.

232-HELP/LA211 provides information and referral for medical needs.

## Cancer

The Acadiana region contains a number of programs and services which aim to reduce cancer incidence rates and provide support to cancer patients and survivors.

Ochsner Cancer Center of Acadiana (CCA) is a comprehensive community cancer program and accredited by American College of Surgeons' Commission on Cancer. It provides multidisciplinary care, access to an onsite laboratory and radiological testing, genetic counseling, and one-on-one patient navigation services in six locations in Acadiana. CCA also continues to educate the general public on a variety of cancer-related topics. Ochsner University Hospital & Clinics' (OUHC) oncology clinic and infusion center allows low-income patients to seek cancer care close to home. UHC also provides free and low-cost cancer screenings and diagnostic patient navigation.

The Lourdes Cancer Network offers a full range of oncology services and is accredited by the American College of Surgeons' Commission on Cancer. OLOL provides personalized nurse navigation, surgical oncology procedures, and an on-site infusion center. Free or low-cost cancer screenings are provided through Lourdes' various outreach programs embedded within the community. The Lourdes clinic also has a survivorship program for patients in remission.

Miles Perret Cancer Services offers a comprehensive resource center helping those in Acadiana fight, survive, and live with cancer. Community leaders indicated that the Miles Perret Mobile Miles program and Wellness Center are a strength of the community. A recent partnership with Hospice of Acadiana has enabled Miles Perret to provide a transition program that helps families establish rapport with hospice providers. Komen Acadiana promotes awareness and also regularly awards local grants to support breast cancer screenings, patient education, and patient navigation services for Medicaid and Medicare patients within the community. Levy Cancer Foundation serves patients primarily in Vermilion Parish struggling with cancer diagnoses. The Leukemia and Lymphoma Society also offers services to patients depending on their diagnosis.

The Louisiana Campaign For Tobacco-Free Living continues to work on local health policies across the region. The Campaign also provides local residents access to tobacco cessation support.

# Community Resources

## Diabetes

The Acadiana region contains a number of programs and services designed to reduce the prevalence of diabetes and improve health outcomes for those diagnosed with diabetes.

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

LOL's Congregational Health Program continues to provide programming designed to increase access to needed medications for community members with Diabetes. The Program also educates individuals on healthy eating and positive behavior changes in order to improve overall health and wellness. The Northside High School Health Center conducts regular diabetes screenings for patients.

Woman's Foundation will begin offering diabetes programming for adults in late 2021 or early 2022.

## Health Disparities

COVID-19 exposed health disparities in the community that providers had known were there, but the community was made aware of these issues as well due to the disparities in health outcomes among particularly African-American individuals early on in the pandemic.

At both the state level and within Lafayette Parish, a health equity task force was established to determine how the government could assist in closing the health equity gap.

As a health system FMOLHS (which includes Our Lady of Lourdes RMC) created a DEI (Diversity, Equity & Inclusion) Council in each of our markets.

FMOLHS will leverage our united and powerful voice to advocate changes that eliminate health disparities. We will advocate policies that ensure access to quality health care services for all; end racial and ethnic disparities in health outcomes; promote and improve the delivery of culturally competent care; and increase the diversity of the health care work force. We will oppose policies that exacerbate or perpetuate economic and social inequities as they greatly contribute to health disparities and systemic racism. We will call for changes to policies that shape people's lives - education, housing, nutrition, criminal justice reform, economic security and the environment - so that every man, woman and child in our society may flourish.

Systemwide, Ochsner has employed directors of diversity and inclusion in each of its regions to advise the organization on issues ranging from health disparities to employment practices and more. To promote D&I efforts, Ochsner has also created Ochsner Resource Groups (ORGs) to represent the diverse demographics of employees that make up the Ochsner system.

OLG and other regional hospitals are participating in a Managed Care Incentive Program to address social determinants of health and health disparities for families with high emergency room utilization.

Lourdes Regional Medical Center operates Northside High's School Based Health Clinic which addresses health disparities for minority and low-income families.

Beacon Community Connections works with many regional hospitals to provide non-clinical case management to address social determinant of health needs and health disparities.

# Community Resources

## Health Education and Literacy

The Department of Health and Human Services defines health literacy as “the ability to obtain, process, and understand basic health information and services to make appropriate health decisions.” The Acadiana region contains a number of programs and services designed to increase health literacy levels, and educate providers so they can better treat individuals with low levels of health literacy.

OLG patients can access a breadth of health education resources through the online patient portal system. The patient portal enables providers to answer questions and converse with their patients outside of scheduled visits. OLG’s University Hospital & Clinics employs dedicated Medicaid Enrollment Specialists to assist new enrollees in accessing primary care and preventive services.

OLOL provides health education and outreach at various faith-based organizations through their Congregational Health program. Both OLG and OLOL facilities provide a variety of case management and patient navigation programs that aim to assist members of the community in obtaining the right healthcare services at the right time. OLG has a multitude of provider education resources available for physicians and other healthcare professionals through their medical library.

Navigators for a Healthy Louisiana is a program of the Southwest Louisiana Area Health Education Center that educates citizens and documented residents regarding the Federally-Facilitated Marketplace, and assists consumers in enrolling in qualified health plans, Medicaid managed-care plans, or refers individuals to other appropriate agencies or programs.

Local colleges and universities train the next generation of healthcare providers and include community-based experiences aimed at exposing students to patients with a variety of health literacy levels.

The Healthy Acadiana Coalition is a coalition of local providers and nonprofit agencies, as well as private businesses, who communicate on a regular basis to share best practices and share health information and other topics.

Southwest Louisiana Health Education Center provides opportunities for health education and assistance throughout South Louisiana.

The Region 4 Office of Public Health also hired a community educator in order to spread accurate information about the COVID-19 vaccine throughout the region.

## Heart Disease and Stroke

The Acadiana region contains a number of programs and services designed to prevent heart disease and provide high quality cardiovascular care. A variety of organizations seek to reduce individual cardiovascular risk factors, promote healthy behaviors, and increase screening rates.

Heart Hospital of Lafayette (HHL) provides patient-centered care for cardiovascular patients, and includes a 24/7 heart emergency center. Services available include cardiac rehabilitation, a catheterization lab, coumadin suite, pacemaker procedures, advanced surgical procedures, and tobacco cessation support. HHL conducts spot ECHO and EKG testing throughout the community in order to promote the early identification of heart disease. Additionally, OLOL has been designated as a Stroke Center of Excellence.

OLG offers several programs including the non-invasive cardiac lab, catheterization lab, cardiovascular and thoracic surgery, inpatient care, and the Coumadin and infusion center. Cardiac Health Education classes, the WomenHeart of Acadiana Support Group meetings, and Acadiana Stroke Support Group meetings are held monthly. The catheterization (cath) lab at Ochsner LGMC is the largest in the region. One of only three such programs in the state of Louisiana and the only program serving all southwestern and southcentral regions of the state, Ochsner LGMC's stroke program has earned The Joint Commission’s Gold Seal of Approval ® and the American Heart Association/American Stroke Associations’ Heart-Check mark for Advanced Thrombectomy-Capable Stroke (TSC) Certification.

Cardiovascular Institute of the South (CIS) provides comprehensive care for individuals with chronic heart disease. OLG also maintains a strong partnership CIS whose providers implement telemedicine services across the region. CIS also provides a smoking cessation program that combines physician evaluations, medications (prescription and Nicotine Replacement), and supportive counseling sessions (individual and group).

# Community Resources

## Maternal and Child Health

The Acadiana region contains a number of programs and services designed to improve birth outcomes, maternal mortality, and health outcomes for children of all ages. A variety of organizations seek to provide care to pregnant women, young families, and children to promote good health across the life course.

OLG's Women's and Children's Services Department provides family-centered care and utilizes a mother-baby nursing model to care for new mothers and babies. The OLG facility also includes a Level III NICU. Additionally, OLG offers outpatient pediatric services to University Hospital & Clinics' (UHC) patients. Children treated by UHC physicians have access to developmental and behavioral treatments, imaging, and state of the art speech therapy and audiology services. The Pediatric Treatment Area within OLG's Emergency Department received the "Silver Bear" Award from the Governor's Emergency Medical Services for Children (EMSC) Council. OLG continues partnerships with local schools to bring telemedicine services to hundreds of students.

OLOL maintains strong partnerships with local schools and facilitates the Northside High School Health Center in Lafayette. The Center offers free health care services to students and staff. OLOL Women's and Children's Hospital, located in Lafayette, provides specialized healthcare services including a pediatric emergency room and a full array of pediatric specialty services.

The State of Louisiana's Nurse Family Partnership and The Family Tree's Health Start program provide education, healthcare, and referrals for pregnant and new mothers as well as several Early Head Start programs in the region.

National and statewide public health programs like Supplemental Nutrition Assistance Program (SNAP) and Women, Infants, and Children (WIC) serve eligible families across Acadiana.

## Rural Health

COVID-19 expedited the adoption of telehealth services in the region, which will likely have long term positive impacts on rural health care. In addition, rural health is a community concern that the systems and other community agencies have identified as a concern necessary to address.

Our Lady of Lourdes has established an Emergency Center in Scott, Louisiana that is backed by its network of Emergency Centers throughout Acadiana. Response times for heart attacks and strokes that consistently beat national benchmark times. In addition, technology such as video laryngoscope for difficult intubations, quick scan ultrasound to start difficult IVs and rule out life-threatening organ involvement in times of trauma and wireless EKG with Acadian Ambulance to be prepped for testing upon arrival.

Lourdes also has Lourdes Urgent Care With 6 locations across Acadiana (including Carencro, Breaux Bridge Broussard and Youngsville), Lourdes Urgent Care board-certified physicians and staff are available 7 days a week.

Ochsner Lafayette General has many innovative partnerships with rural communities including providing services to St. Martin Parish jail inmates as well as care once they are released. Additionally, the health system provides telehealth services to children in rural areas in partnership with local schools. OLG also operates rural health clinics in Gueydan, Crowley and Breaux Bridge. In 2020, the National Rural Health Association (NRHA) named Ochsner Abrom Kaplan Memorial Hospital and Ochsner St. Martin Hospital among the top 20 highest-ranked critical access hospitals (CAHs) in the country.

Many parishes have developed grass-roots health action groups through the Louisiana Public Health Institute that seek to provide health information throughout the parishes (e.g. Healthy Acadia, Healthy St. Landry, etc.)

Louisiana State University in Eunice, South Louisiana Community College, and University of Louisiana at Lafayette's nursing and allied health professional degrees and certifications include practicum rotations in rural hospitals and clinics.

# Community Resources

## Mental and Behavioral Health

The Acadiana region contains a number of programs and services designed to minimize risk factors and promote protective factors related to mental illness and addiction, screen for mental and behavioral health conditions, and provide interventions.

Ochsner Lafayette General's Behavioral Health Unit is a 24-bed secure psychiatric inpatient facility that provides short-term hospitalization and treatment for individuals ages 18 and older coping with an acute mental health disorder. Ochsner Abrom Kaplan Memorial Hospital's 10-bed inpatient behavioral health unit, specializes in the stabilization of adults ages 21+ and seniors suffering from clinical depression and other forms of chronic mental illness.

St. Bernadette's Community Clinic is a walk-in medical clinic of Our Lady of Lourdes Regional Medical Center, designed to serve those in need in Lafayette and the surrounding area, including. St. Bernadette's recently started a Behavioral/Mental Health Program that focuses on treating patients with mental illnesses, including depression, anxiety, ADAD, PTSD and other psychiatric disorders. Treatment includes appropriate medications and/or psychotherapy.

Acadiana Area Human Services District is the region's public behavioral health agency providing free or low-cost assessment and treatment through mental clinics in Region IV.

The Family Tree provides counseling services on a sliding fee scale and works with children as young as 3 years old. It also facilitates a program aimed at improving early childhood educators' understanding of infant mental health and child development and continues to work to embed counseling services within senior living centers. The Extra Mile provides mental health services to individuals experiencing housing insecurity and those working with state agency programs.

The Justice and Health Collaboration works to implement strategies to divert mental health patients from local jails and emergency departments. The organization also provides free, short-term counseling to those in need. Project LAUNCH is a federally-funded program that provides services for children aged eight and younger with behavioral health needs.

WellSpots are workplaces in Louisiana that voluntarily implement healthy changes (wellness benchmarks) in their environment to help their employees and community live well.

## Weight Status and Nutrition

The Acadiana region contains a number of programs and services designed to provide nutrition education, encourage community members to make healthy choices, lower obesity rates, and improve access to healthy foods.

The OLOL congregational health program provides nutrition education and BMI screenings within the community. OLOL also provides a range of bariatric procedures and hosts a regular bariatric support group. Healthcare professionals at St. Bernadette Clinic also partner with the Catholic Charities of Acadiana St. Joseph Diner to provide vulnerable population and those experiencing housing insecurity with nutritious meals and education. Our bariatric group also provides multi-disciplinary services, which include a dietitian who conducts monthly support groups in addition to her other duties in the clinic.

Lourdes Physician Group offers Outpatient Nutrition Education, including diabetes resources for adults and peds. Lourdes Regional Medical Center's Women and Children's Hospital currently provides health education classes for youth who are overweight or obese called Kids on the Geaux.

The weight loss (bariatric) surgery program at OLG offers preoperative education as well as postoperative support for patients looking for healthy weight loss options. Nutrition, exercise, behavior modification, counseling, and support groups are among the resources offered to insure patients' success after weight loss surgery. OLG's Bariatric Surgery Department performs laparoscopic gastric bypass, laparoscopic adjustable gastric band, and laparoscopic gastric sleeve procedures. The bariatric support team includes surgeons, a registered nurse, a dietitian, a patient advocate, a behavior modification educator, a licensed practical counselor, and an exercise physiologist. Ochsner Lafayette General's St. Martin Hospital developed and currently implements health education classes for individuals who are overweight or obese with a chronic medical condition called Road to Good Health.

Organizations dedicated to reducing food insecurity include Catholic Charities of Acadiana and Second Harvest. A variety of local farmers markets throughout the region provide community members with access to fresh, healthy foods. Eat Fit Acadiana is a program that encourages local restaurants to designate menu items that meet certain nutritional criteria. The program includes a mobile application where locals can browse dishes at participating restaurants and find recipes and community wellness resources.

Local Louisiana WIC offices provide nutrition counseling and access to healthcare services for low-income women, infants, and children. The Lafayette Council on Aging offers nutrition education courses, a Home-Delivered Meal Program, and Congregate Meal Program for adults over age 60. The Cajun Area Agency on Aging also provides home-delivered meals through federal funding allocated by Title III-C of the Older Americans Act.

The LSU Extension Office provides regular nutrition education courses and cooking demonstrations to the community. Local schools have implemented healthy gardens projects to improve children's intake of fruits and vegetables. Libraries throughout the community also participate in summer meal programs.

# Appendices

# Appendix A: United Way Qualifications

United Way is a nonprofit organization that fights for the health, education, and financial stability of every person in every community. United Way envisions a world where all individuals and families achieve their human potential. Focused on community collaboration, United Way of Acadiana pursues its mission to unite people and organizations who have the passion, expertise, and resources to create more opportunities for a better life. The United Way has taken on the project of the CHNA to ensure local engagement in the improvement of health outcomes with a broad spectrum of community partners.

# Appendix B: Community Leader Affiliations

Organization/Field	Organization Type or Population Represented
15th JDC	Judicial System
Acadiana Area Human Services District	Mental/Behavioral Health - State Government
Acadiana Black Nurses Association	Medical Organization
Boys and Girls Clubs of Acadiana	Social Services nonprofit
Cancer Center of Acadiana	Hospital Management
Cardiovascular Institute of the South	Hospital Management
Catholic Charities of Acadiana	Social Services nonprofit
FMOLHS - Lourdes	Mission/Ministry
Governor's Health Equity Task Force	Public Health
Haynie and Associates	Lobbyist
Holy Rosary Institute and other affiliations	Social Services nonprofit
Justice and Health Collaborative/Beacon	Underserved Populations
LA Campaign for Tobacco Free Living/LPHI	Public Health
Lafayette City Council	Government Official
Lafayette Consolidated Government	Government Official
LCOA	Social Services nonprofit
LGMD/Ochsner Neurosciences	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 Physician Group	Outpatient/Physician Office
Miles Perret Cancer Services	Social Services nonprofit
Nurse Family Partnership, LDH	Public Health
Ochsner Abrom Kaplan Memorial Hospital	Hospital Administration

Organization/Field	Organization Type or Population Represented
Ochsner Acadia General Hospital	Hospital Administration
Ochsner Lafayette General	Hospital Administration
Ochsner Lafayette General	Outpatient/Ambulatory/Social Determinants/Outcomes Management
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
One Acadiana	Community/Economic Development
Our Lady of Lourdes	Hospital Administration
Our Lady of Lourdes	Hospital Administration
Our Lady of Lourdes	Hospital Administration
Our Lady of Lourdes	Hospital Administration
Our Lady of Lourdes	Hospital Administration
Our Lady of Lourdes	Hospital Administration
Our Lady of Lourdes	Hospital Management
Our Lady of Lourdes	Clinical Education
Red Cross	Social Services nonprofit
Region 4 Office of Public Health	Public Health
Second Harvest Food Bank	Social Services nonprofit
South Louisiana Community College	Secondary Education
South Louisiana Community College	Secondary Education
State Senator(s)	Government Official
The Extra Mile	Social Services nonprofit
The Family Tree	Social Services nonprofit
Woman's Foundation	Social Services nonprofit

# Appendix C: Community Health Survey

1. Are you 18 years of age or older?

- Yes
- No

2. Which type of health insurance do you have?

- Medicare
- Medicaid
- Private insurance through employer
- I do not have health insurance
- I don't know
- Other or multiple types

3. Do you have a smart phone?

- Yes
- No

4. How would you rate *your health* in general (most days)?

- Very good
- Good
- Fair
- Poor
- I don't know

5. Thinking about your community within Acadiana, how would you rate overall health of *community members*?

- Very good
- Good
- Fair
- Poor
- I don't know

6. Over the last 3 months (90 days), how many days have you missed work or other activities (ex. church, school) because you were sick or not feeling well?

- None
- 1-5 days
- 6-10 days
- 11-15 days
- 16-20 days
- More than 30 days

7. When you are sick or need healthcare, are you able to visit a healthcare provider?

- Always
- Sometimes
- Rarely
- Never

8. Is there anything that makes it hard for you to see a doctor when you are sick? (Choose all that apply)

- No
- It is too expensive
- I don't think I need to see a doctor
- I don't have health insurance
- I am not ready to talk about my health problem(s)
- The doctor is too far away
- My culture or religious beliefs
- I can't find a doctor who accepts my health insurance
- I can't get time off work
- I do not have transportation
- Other

# Appendix C: Community Health Survey

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

- In the past year
- Less than two years ago
- Between 2-5 years ago
- More than 5 years ago
- I have never had a checkup or physical exam with my doctor

10. Have you utilized telehealth or telemedicine services?

- Yes
- No
- I don't know what telehealth or telemedicine is

11. Have you had any of the following health services in the past year?

- Blood pressure check
- Blood sugar check
- Blood work
- Colon/ rectal exam
- Dental appointment
- Heart screening
- Mammogram (breast cancer screening - for females)
- Pap smear (cervical cancer screening - for females)
- Prostate exam (for males)
- Skin cancer screening

12. Which of the following do you consider the top 5 serious health problems in Acadiana?

- Alzheimer's Disease
- Breathing problems (ex. Asthma, COPD)
- Cancer
- Child abuse or neglect
- Diabetes
- Heart disease
- High blood pressure
- Infectious disease (ex. Flu virus, hepatitis, tuberculosis)
- Injuries
- Mental health issues (ex. depression)
- Motor vehicle injuries
- Obesity
- Prenatal and infant health (ex. babies born underweight)
- Sexually transmitted infections
- Substance use/ addiction
- Suicide
- Tooth problems (dental health)
- Violence
- Other

# Appendix C: Community Health Survey

13. Which of the following do you consider serious social problems in Acadiana? (Please choose 5)
- Crime
  - Homelessness
  - No health insurance
  - Not enough childcare options
  - Not enough education (ex. high school dropouts)
  - Not enough free or affordable health screenings (ex. tests for cancer or infectious diseases)
  - Not enough healthy food
  - Not enough interesting activities for youth
  - Not enough jobs in the area
  - Overcrowded housing
  - Poverty (low income)
  - Public transportation
  - Racism and discrimination
  - Other

14. Which of the following do you consider important parts of a healthy, thriving community? (Please choose 5)

- Access to healthy foods
  - Affordable housing
  - Childcare
  - Diversity
  - Faith-based organizations (ex. churches)
  - Good healthcare
  - Good jobs
  - Good schools
  - Low crime and violence
  - Parks and recreation
  - Safe worksites
  - Sanitation and public works
  - Services for the elderly
  - Support organizations (ex. nonprofits)
  - Other
15. Your home zip code:
16. Age
- 18-44
  - 45-64
  - 65+
17. To which gender do you most identify?
- Female
  - Male
  - Prefer to self describe
  - Prefer not to answer

# Appendix C: Community Health Survey

18. What race/ ethnicity category do you most strongly identify?

- White
- Hispanic or Latino
- Black or African American
- Native American or Alaskan Native
- Asian
- Native Hawaiian and other Pacific Islander
- Multi-race
- Other
- Prefer not to answer

19. Household income last year:

- Under \$15,000
- \$15,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,000
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,000
- \$150,000 to \$199,999
- \$200,000 and above
- I don't know

20. Which of the following best describes your employment status?

- Employed full time
- Employed part-time
- Full time student
- Retired
- Unemployed
- Homemaker
- Other

21. If you are employed, what field do you work in?

- Healthcare
- Education
- Public service (emergency response, government, etc.)
- Small business
- Technology
- Energy
- Finance
- Other

22. Where do you go for information about health and wellness?

Check all that apply

- Doctors, nurses, pharmacists in my community
- Family and friends
- Newspapers and magazines
- Television or radio
- Books
- Social media (Facebook, Twitter, Instagram)
- Internet (website)
- Hospital
- Church
- School or college
- Health fairs
- Health Department
- Your place of work
- Other

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