Abrom Kaplan Memorial Hospital

Community Health Needs Assessment
September 2013

Contents

Introduction

About the Hospital

Abrom Kaplan Memorial Hospital (the Hospital) is a not-for-profit organization located in Kaplan, Louisiana. It has served the people of Kaplan and the surrounding communities since 1960, and has been affiliated with Lafayette General Medical Center since 2002. The Hospital provides a wide range of services, including a 24-hour emergency department. Abrom Kaplan Memorial Hospital is proud to provide excellent patient care, up-to-date technology, and a friendly, pleasant atmosphere to the community it serves.

About Community Health Needs Assessments

The purpose of community health needs assessments is to identify and understand the unique health needs of the community served by the individual hospitals and to document compliance with new federal laws pursuant to the *Patient Protection Affordability and Accountability Act*.

The Hospital engaged **BKD, LLP** to assist in conducting a formal community health needs assessment. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,100 partners and employees in 32 offices. BKD serves more than 900 hospitals and health care systems across the country. The community health needs assessment was conducted from May 2013 through September 2013.

Based on current literature and other guidance from the U.S Treasury Department and the IRS, the following steps were conducted as part of the Hospital's community health needs assessment:

- The "community" served by the Hospital was defined by utilizing inpatient and outpatient data regarding patient origin. This process is further described in the section entitled "Community Served by the Hospital."

- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties. The timing of release of such publically available information is not consistent among the various sources, so not all data tables refer to the same year. The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by CountyHealthrankings.org. Health factors with significant opportunity for improvement were noted in the section entitled "Health Status of the Community."

- Community input was provided through key informant interviews. Results and findings are described in the "About the Community" section of this report.

- Information gathered in the above steps was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and the community as a whole. Health needs were ranked utilizing a weighting method that considers the numbers of persons affected, the seriousness of the issue, whether the health need particularly affected persons living in poverty or members of an underserved population and the availability of community resources to address the need.

Community Served by the Hospital

The Hospital is located in Kaplan, Louisiana, in Vermilion Parish. Kaplan is approximately thirty miles southwest of Lafayette, Louisiana, the closest metropolitan area. Kaplan is only accessible by secondary roads.

Because the Hospital is located in a rural area, management determined that the community served by the Hospital would consist of only the surrounding areas. Detailed zip code analysis of the Hospital's discharges confirmed this determination, indicating that approximately 93% of the Hospital's patients came from zip codes located within Vermilion Parish. Therefore, for the purposes of this needs assessment, the community served by the Hospital has been determined to be Vermilion Parish. The following map shows the location of the Hospital within the community.

About the Community

The Hospital utilized several forms of research in compiling this needs assessment. Publicly available data and interviews with key informants were used to ensure that the needs assessment is broad enough to view the community's health issues in the appropriate context yet focused enough to convey a thorough understanding of how the Hospital can address the specific advantages and problems the community faces.

Demographic and Economic Characteristics

In creating this needs assessment, the Hospital used publicly available data from organizations such as The Nielson Company, the FDIC, the U.S. Census Bureau, the Arkansas Department of Health and Countyhealthrankings.org. This data was used to develop an understanding of the community's demographics and economic situation. It was particularly useful for looking at the community relative to the state of Louisiana and the United States as a whole.
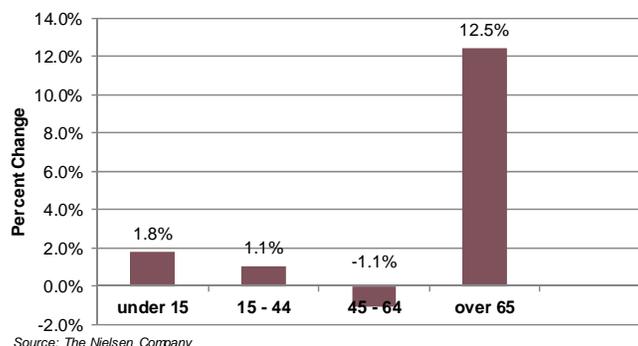
Conducting the research for this needs assessment resulted in analyzing a large amount of quantitative and qualitative data about the community and its health needs. To enhance readability and to facilitate a focus on the most pressing health issues, only those findings that are most relevant to understanding the health needs of the community are presented in the body of this report. More detailed information, including numerical tables and comparative figures, can be found at *Appendix A*.

Demographically, Vermilion Parish is similar to many other areas of Louisiana. Its 2013 population is estimated to be approximately 58,588. Approximately 15% of the population of Vermilion Parish is African-American. The ratio of females to males in Vermilion Parish is approximately 51:49.

An Aging Population

An analysis of Vermilion Parish's demographics revealed a major trend that will have a huge effect on the community's health needs over the next several years: the population is getting steadily older. Overall, the number of people living in Vermilion Parish is expected to increase slightly over the next five years, with every age group remaining fairly steady except for the one that generally needs the most medical attention—those aged sixty-five and over. The following chart shows the predicted change in Vermilion Parish's demographics.

Exhibit 1
Population Change by Age, 2013 - 2018
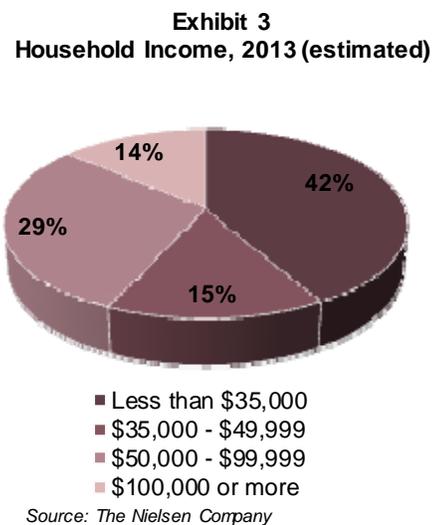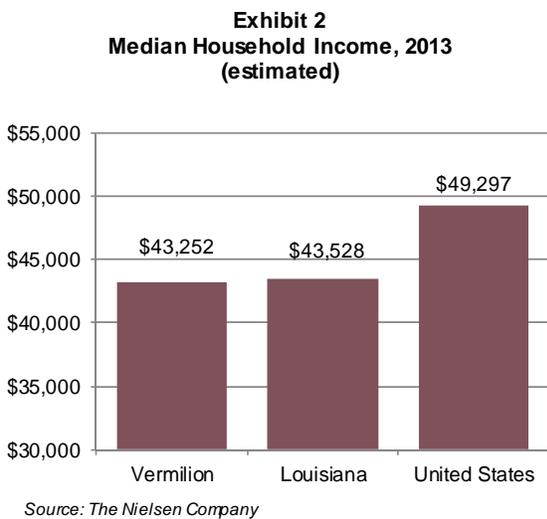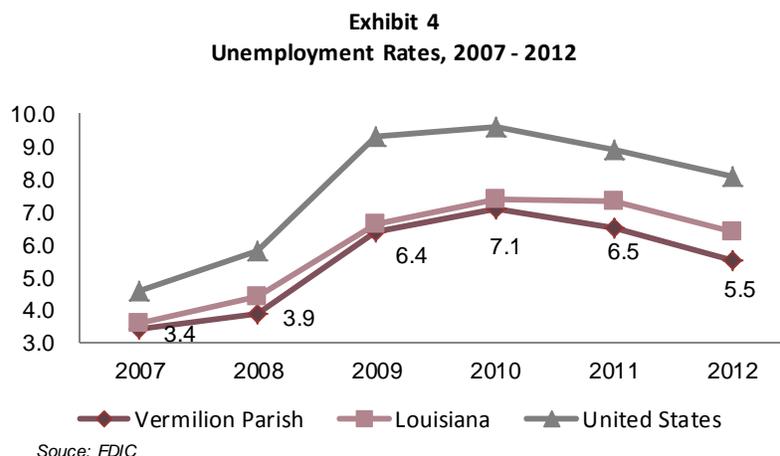

Source: The Nielsen Company

The health implications of this demographic shift will be huge. As people get older, they tend to require more medical services, so the Hospital needs to prepare for a greater volume of patients. Also, the fact that the other age groups are not keeping up means that there will be fewer young people to take care of their older relatives. The Hospital will take steps to ensure the health needs of its senior citizens are not being neglected.

Tough Economic Times

As shown in the charts below, the median household income in Vermilion Parish is below that of the state of Louisiana and the United States, with nearly half of the parish's population making less than $35,000 per year.

Exhibit 2
Median Household Income, 2013 (estimated)

Source: The Nielsen Company

Exhibit 3
Household Income, 2013 (estimated)

- Less than $35,000
- $35,000 - $49,999
- $50,000 - $99,999
- $100,000 or more

Source: The Nielsen Company

In addition to the above statistics, it is important to note that as of 2011, approximately 26% of Vermilion Parish's children lived below the federal poverty line, compared to 22.5% in the United States. Vermilion Parish historically has had lower unemployment rates than the United States, and similar rates to the state of Louisiana. Unemployment rates have decreased steadily since 2010.

Exhibit 4
Unemployment Rates, 2007 - 2012

Souce: FDIC

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The relatively low degree of wealth in Vermilion Parish brings with it numerous health challenges. Poverty forces people to make choices about their spending in which there is no ideal result. Faced with the choice between keeping food on the table or going in for an annual check-up, most people will understandably choose the former. This means that for many people, health problems go untreated until they become an emergency, which is a bad situation for the patient and the health care provider.

Another issue that must be considered is that poverty often prevents people from making the choices that can prevent health problems from arising in the first place. High-calorie processed food is often cheaper and easier to find than fresh, wholesome produce and the expense of exercise equipment and gym memberships put them beyond the reach of many people. Economically disadvantaged people also tend to be less educated about health matters than wealthier people. All these issues combined create a challenging situation for the Hospital to address the health needs of the poorer residents of the community.

Key Informant Interviews

Interviewing key informants (community stakeholders that represent the broad interest of the community with knowledge of or expertise in public health) is a technique employed to assess public perceptions of the parish's health status and unmet needs. These interviews are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community.

Interviews with 9 key informants were conducted in August 2013. Informants were determined based on their specialized knowledge or expertise in public health or their involvement with underserved and minority populations.

All interviews were conducted by Hospital personnel using a standard questionnaire. A copy of the interview instrument is included at *Appendix B*. A summary of their opinions is reported without judging the truthfulness or accuracy of their remarks. Community leaders provided comments on the following issues:

- Health and quality of life for residents of the community

- Barriers to improving health and quality of life for residents of the community

- Opinions regarding the important health issues that affect community residents and the types of services that are important for addressing these issues

- Delineation of the most important health care issues or services discussed and actions necessary for addressing those issues

Interview data was initially recorded in narrative form. Interviewees were assured that personal identifiers such as name or organizational affiliations would not be connected in any way to the information presented in this report.

This technique does not provide a quantitative analysis of the leaders' opinions, but reveals community input for some of the factors affecting the views and sentiments about overall health and quality of life within the community

Key findings from the interviews were as follows:

- There is growing awareness of health issues among community residents, but there is still work to be done. Community health workshops would be helpful in education residents about making healthy decisions.

- Obesity and diabetes are increasingly prevalent among young children. Early education about good health habits is critical.

- Many people do not take advantage of available preventative care screenings. Greater promotion of these resources could reduce the amount of chronic diseases.

- Many people in the community, especially the elderly, struggle to pay for their medications. They resort to taking their medicine every other day because they cannot afford to refill their prescriptions.

- Sinus problems are prevalent in the community because of its location below sea level and the burning of sugar cane fields.

- The community needs more health care providers, particularly specialist satellite offices and a rural health clinic. Limited public transportation makes accessing care more challenging for many.

- Cancer and heart disease are serious issues for many community residents.

Vulnerable Populations

Analysis of the publically available data and key informant interviews indicated several vulnerable populations in the community. The Hospital will specifically consider the needs of these groups when developing its implementation strategy. Vulnerable populations identified include the following:

- Low-income or uninsured residents

- The elderly

These groups suffer from many of the same health problems as the general population; however, they tend to also suffer with issues such as lack of transportation, economic hardship and lack of family support that exacerbate existing health needs.

Health Status of the Community

This section of the assessment reviews the health status of Vermilion Parish residents, with comparisons to the state of Louisiana. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the parish residents that make up the community will enable the Hospital to identify priority health issues related to the health status of its residents.

Good health can be defined as a state of physical, mental and social well-being, rather than the absence of disease or infirmity. According to *Healthy People 2020*, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community. Healthy people are among a community's most essential resources.

Numerous factors have a significant impact on an individual's health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services.

Studies by the American Society of Internal Medicine conclude that up to 70% of an individual's health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, who drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities and premature death.

The interrelationship among lifestyle/behavior, personal health attitudes and poor health status is gaining recognition and acceptance by both the general public and health care providers. Some examples of lifestyle/behavior and related health care problems include the following:

Lifestyle	Impact on Health
Smoking	Lung cancer
	Cardiovascular disease
	Emphysema
	Chronic bronchitis
Alcohol/drug abuse	Cirrhosis of liver
	Motor vehicle crashes
	Unintentional injuries
	Malnutrition
	Suicide
	Homicide
	Mental illness
Poor nutrition	Obesity
	Digestive disease
	Depression
Lack of exercise	Obesity
	Cardiovascular disease
	Depression
Overstressed	Mental illness
	Alcohol/drug abuse
	Cardiovascular disease

Health problems should be examined in terms of morbidity as well as mortality. Morbidity is defined as the incidence of illness or injury and mortality is defined as the incidence of death. Due to limited morbidity data, this health status report relies heavily on statistics for leading causes of death in Vermilion Parish and the state of Louisiana. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

Leading Causes of Death

The following table reflects the leading causes of death Vermilion Parish residents and compares the rates, per 100,000 population, to the state of Louisiana.

Abrom Kaplan Memorial Hospital
Selected Causes of Resident Deaths: Rate per 100,000 Population (2009)

	Vermilion Parish	Louisiana	Percent Difference	United States	Percent Difference
Total Deaths, All Causes	918.6	892.0	3.0%	806.5	13.9%
Cancer	193.6	198.1	-2.3%	184.6	4.9%
Heart Disease	**300.9**	**222.0**	**35.5%**	**191.4**	**57.2%**
Cerebrovascular Diseases	42.2	44.9	-6.0%	41.4	1.9%
Chronic Lower Respiratory Diseases	29.9	41.3	-27.6%	46.0	-35.0%
Unintentional Injuries	38.7	45.1	-14.2%	39.4	-1.8%

Source: Louisiana Department of Health

This table indicates that Vermilion Parish's mortality rate is lower than the state average for most leading causes of death. Heart disease is the only area where Vermilion Parish's rate is significantly higher, indicated in red.

Health Outcomes and Factors

An analysis of various health outcomes and factors for a particular community can, if improved, help make that community a healthier place to live, learn, work and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment. This portion of the community health needs assessment utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation. The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state and federal levels.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, *e.g.* 1 or 2, are considered to be the "healthiest." Counties are ranked relative to the health of other counties in the same state on the following summary measures:

- Health Outcomes—rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.

- Health Factors—rankings are based on weighted scores of four types of factors:
  - Health behaviors (six measures)
  - Clinical care (five measures)
  - Social and economic (seven measures)
  - Physical environment (four measures)

A more detailed discussion about the ranking system, data sources and measures, data quality and calculating scores and ranks can be found at the website for County Health Rankings (www.countyhealthrankings.org).

As part of the analysis of the needs assessment for the community, the relative health status of Vermilion Parish will be compared to the state of Louisiana as well as to a national benchmark. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment.

The following table summarizes the 2012 health outcomes and factors for Vermilion Parish. Measures underperforming the state average are presented in red.

Abrom Kaplan Memorial Hospital
Vermilion Parish Health Rankings - Health Outcomes (2012)

	Vermilion Parish	National Benchmark	LA	Rank (of 64)
Mortality				9
Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)	7,948	5,317	9,555	
Morbidity				15
Poor or fair health - Percent of adults reporting fair or poor heatlh (age-adjusted)	19%	10%	20%	
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.8	2.6	3.8	
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.2	2.3	3.3	
Low birthweight - Percent of live births with low birthweight (<2500 grams)	10.3%	6.0%	11.0%	
Health Behaviors				18
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	**23%**	13%	22%	
Adult obesity - Percent of adults that report a BMI >= 30	**34%**	25%	33%	
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	**18%**	7%	15%	
Motor vehicle crash death rate - Motor vehicle deaths per 100K population	**21**	10	20	
Sexually transmitted infections - Chlamydia rate per 100K population	321	92	642	
Teen birth rate - Per 1,000 female population, ages 15-19	**55**	21	52	
Clinical Care				44
Uninsured adults - Percent of population under age 65 without health insurance	21%	11%	21%	
Primary care physicians - Ratio of population to primary care physicians	**3,227:1**	1.067:1	1,608:1	
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	**116**	47	92	
Diabetic screening - Percent of diabetic Medicare enrollees that receive HbA1c screening	**77%**	90%	81%	
Mammography screening - Percent of female Medicare enrollees that receive mammorgraphy screening	**55%**	73%	62%	

Abrom Kaplan Memorial Hospital
Vermilion Parish Health Rankings - Health Outcomes (2012)

	Vermilion Parish	National Benchmark	LA	Rank (of 64)
Social & Economic Factors				20
High school graduation - Percent of ninth grade cohort that graduates in 4 years	79%	N/A	71%	
Some college - Percent of adults aged 25-44 years with some post-secondary education	**36%**	70%	53%	
Children in poverty - Percent of children under age 18 in poverty	26%	14%	29.0%	
Inadequate social support - Percent of adults without social/emotional support	21%	14%	23%	
Children in single-parent households - Percent of children that live in household headed by single parent	33%	20%	42%	
Violent crime rate	**650**	66	616	
Physical Environment				2
Limited access to healthy foods - Healthy food outlets include grocery stores and produce stands/farmers' markets	2%	1%	10%	
Access to recreational facilities - Rate of recreational facilities per 100,000 population	42	16	52	

Source: Countyhealthrankings.org
Note: Metrics are subject to a 95% confidence interval.

Based on this data, it is apparent that Vermilion Parish several opportunities for growth, particularly in the area of clinical care, where it is ranked 44 out of 64 counties. Vermilion Parish also underperforms the state in several aspects of the health behaviors category.

This information shows that there are many opportunities for the Hospital to take positive steps toward improving the community's health.

Other Healthcare Resources

The availability of health resources is a critical component to the health of a community's residents and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers is vital for sustaining a community's health status. Fewer health care facilities and health care providers can impact the timely delivery of services. A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care as there are fewer providers upon which to distribute the burden of indigent care. This section will address the availability of health care resources to the residents of Vermilion Parish.

Acute Care Hospitals

Critical access hospitals such as Abrom Kaplan Memorial Hospital provide essential healthcare services for a variety of conditions, but they are not designed or intended to handle every circumstance that may arise. In order to allow the Hospital to focus on providing care for common conditions, it is important that there are acute care hospitals nearby to handle cases involving longer inpatient stays or more complicated medical problems. Vermilion Parish residents mainly utilize acute care hospitals located in Abbeville and Lafayette, Louisiana. Both cities are about half an hour from Kaplan, Louisiana. Approximately 46% of Vermilion Parish resident discharges are from acute care hospitals located in Abbeville or Lafayette.

Other Healthcare Resources

Besides the Hospital, Vermilion Parish residents benefit from many other healthcare resources:

Community Health Centers – Vermilion Parish has two Community Health Centers, located in Abbeville and Gueydan. These centers help to ensure that Vermilion Parish residents are able to access affordable healthcare, regardless of their financial situation.

Area Nursing Homes – There are six nursing homes in Vermilion Parish with a total of 644 beds. They provide residential, medical and rehabilitative services to the elderly and disabled in the community.

Vermilion Parish Health Unit – The Vermilion Parish Health Unit exists to promote and protect the public's health. The local health units provide services including WIC, family planning, prenatal care, immunizations, communicable disease follow-up, sexually transmitted disease and HIV testing, tuberculosis testing and treatment, breast care and cervical cytology follow-up, environmental services, home health and personal care services.

Identification and Prioritization of Health Needs

Based on a review of the data gathered during this assessment, including leading causes of death, rankings of health outcomes and factors as well as surveys and interviews, numerous health needs were identified. These needs were prioritized and evaluated to determine which were significant to the community. The criteria included the numbers of persons affected, the seriousness of the issue, whether the health need particularly affected persons living in poverty or members of an underserved population, and availability of community resources to address the need.

As a result, the following list of significant needs was identified:

1. Health education – Helping community members learn to prevent obesity, heart disease, diabetes, and other chronic health issues

2. Recruiting primary care physicians

3. Recruiting specialty physicians

4. Community health screenings, including PSA, glucose, and cholesterol tests

Other identified needs include:

- Access to healthy foods
- Affordability of medication
- Children in poverty
- Excessive drinking
- Inadequate social support
- Low birth weight
- Mental health
- Motor vehicle crash deaths
- Primary care physicians
- Sexually transmitted infections
- Sinus problems
- Teen birth rate
- Tobacco use
- Uninsured adults
- Cancer

APPENDIX

**APPENDIX A
DETAILED COMMUNITY DEMOGRAPHIC INFORMATION**

Pop-Facts: Demographic Trend 2013
Vermilion Parish

Description	2013 Estimate	%	2018 Projection	%
Population by Age	58,588		59,887	
Age 0 - 4	4,395	7.50%	4,653	7.77%
Age 5 - 9	4,314	7.36%	4,340	7.25%
Age 10 - 14	4,317	7.37%	4,267	7.13%
Age 15 - 17	2,486	4.24%	2,520	4.21%
Age 18 - 20	2,352	4.01%	2,420	4.04%
Age 21 - 24	2,955	5.04%	3,140	5.24%
Age 25 - 34	7,352	12.55%	7,268	12.14%
Age 35 - 44	7,108	12.13%	7,141	11.92%
Age 45 - 54	8,277	14.13%	7,387	12.33%
Age 55 - 64	7,044	12.02%	7,768	12.97%
Age 65 - 74	4,392	7.50%	5,124	8.56%
Age 75 - 84	2,569	4.38%	2,710	4.53%
Age 85 and over	1,027	1.75%	1,149	1.92%
Age 16 and over	44,750	76.38%	45,809	76.49%
Age 18 and over	43,076	73.52%	44,107	73.65%
Age 21 and over	40,724	69.51%	41,687	69.61%
Age 65 and over	7,988	13.63%	8,983	15.00%
Median Age	36.6		36.9	
Average Age	37.50		37.90	
Population by Sex	58,588		59,887	
Male	28,511	48.66%	29,160	48.69%
Female	30,077	51.34%	30,727	51.31%
Male/Female Ratio	0.95		0.95	

Source: The Nielsen Company

Pop-Facts: Demographic Trend 2013
Vermilion Parish

Description	2013 Estimate	%	2018 Projection	%
Pop. by Single Race Class. and Hispanic or Latino				
Hispanic or Latino:	1,534		1,772	
White Alone	686	44.72%	790	44.58%
Black or African American Alone	44	2.87%	52	2.93%
American Indian and Alaska Native Alone	15	0.98%	17	0.96%
Asian Alone	12	0.78%	15	0.85%
Native Hawaiian and Other Pacific Islander Alone	1	0.07%	2	0.11%
Some Other Race Alone	612	39.90%	707	39.90%
Two or More Races	164	10.69%	189	10.67%
Not Hispanic or Latino:	57,054		58,115	
White Alone	46,549	81.59%	47,335	81.45%
Black or African American Alone	8,314	14.57%	8,408	14.47%
American Indian and Alaska Native Alone	206	0.36%	222	0.38%
Asian Alone	1,175	2.06%	1,202	2.07%
Native Hawaiian and Other Pacific Islander Alone	4	0.01%	4	0.01%
Some Other Race Alone	63	0.11%	78	0.13%
Two or More Races	743	1.30%	866	1.49%
Households by Age of Householder	22,189		22,747	
Householder Under 25 Years	948	4.27%	969	4.26%
Householder 25 to 34 Years	3,439	15.50%	3,390	14.90%
Householder 35 to 44 Years	3,771	16.99%	3,795	16.68%
Householder 45 to 54 Years	4,634	20.88%	4,122	18.12%
Householder 55 to 64 Years	4,150	18.70%	4,564	20.06%
Householder 65 to 74 Years	2,824	12.73%	3,290	14.46%
Householder 75 to 84 Years	1,747	7.87%	1,849	8.13%
Householder 85 Years and over	676	3.05%	768	3.38%
Median Age of Householder	51.3		52.8	

Source: The Nielsen Company

Pop-Facts: Demographic Trend 2013
Vermilion Parish

Description	2013 Estimate	%	2018 Projection	%
Households by Household Income	22,189		22,747	
Income Less than $15,000	3,769	16.99%	3,624	15.93%
Income $15,000 - $24,999	2,886	13.01%	2,910	12.79%
Income $25,000 - $34,999	2,596	11.70%	2,486	10.93%
Income $35,000 - $49,999	3,351	15.10%	3,351	14.73%
Income $50,000 - $74,999	4,049	18.25%	4,137	18.19%
Income $75,000 - $99,999	2,438	10.99%	2,584	11.36%
Income $100,000 - $124,999	1,459	6.58%	1,616	7.10%
Income $125,000 - $149,999	662	2.98%	842	3.70%
Income $150,000 - $199,999	554	2.50%	654	2.88%
Income $200,000 - $249,999	178	0.80%	246	1.08%
Income $250,000 - $499,999	204	0.92%	233	1.02%
Income $500,000 or more	43	0.19%	64	0.28%
Average Household Income	$57,209		$60,758	
Median Household Income	$43,252		$45,535	
2013 Median HH Inc. by Single Race Class				
White Alone	46,451		48,997	
Black or African American Alone	21,880		23,007	
American Indian and Alaska Native Alone	42,597		42,688	
Asian Alone	88,804		92,381	
Native Hawaiian and Other Pacific Islander Alone	93,750		95,833	
Some Other Race Alone	49,776		49,494	
Two or More Races	59,483		62,745	
Hispanic or Latino	38,000		42,418	
Not Hispanic or Latino	43,348		45,622	

Source: The Nielsen Company

APPENDIX B
KEY INFORMANT INTERVIEW QUESTIONS

KEY INFORMANT INTERVIEW

<u>Name of Hospital</u>

Interviewer's Initials: _____

Date: _____ Start Time: _____ End Time: _____

Name: _____ Title: _____

Agency/Organization: _____

# of years living in: _____ County: _____ # of years in current position: _____

E-mail address: _____

Introduction: Good morning/afternoon. My name is **[interviewer's name]**. Thank you for taking time out of your busy day to speak with me. I'll try to keep our time to approximately 40 minutes, but we may find that we run over – up to 50 minutes total - once we get into the interview. **(Check to see if this is okay).**

[Name of Organization] is gathering local data as part of developing a plan to improve health and quality of life in _____County. Community input is essential to this process. A combination of surveys and key informant interviews are being used to engage community members. You have been selected for a key informant interview because of your knowledge, insight and familiarity with the community. The themes that emerge from these interviews will be summarized and made available to the public; however, individual interviews will be kept strictly confidential.

To get us started, can you tell me briefly about the work that you and your organization do in the community?

Thank you. Next I'll be asking you a series of questions about health and quality of life in _____County. As you consider these questions, keep in mind the broad definition of health adopted by the World Health Organization: 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,' while sharing the local perspectives you have from your current position and from experiences in this community.

Questions:

1. In general, how would you rate health and quality of life in _____County?

2. In your opinion, has health and quality of life in _____County improved, stayed the same, or declined over the past few years?

3. Why do you think it has (based on answer from previous question: improved, declined, or stayed the same)?

4. What other factors have contributed to the (based on answer to question 2: improvement, decline **or** to health and quality of life staying the same)?

5. Are there people or groups of people in _____ County whose health or quality of life may not be as good as others?

a. Who are these persons or groups (whose health or quality of life is not as good as others)?

b. Why do you think their health/quality of life is not as good as others?

6. What barriers, if any, exist to improving health and quality of life in _____ _____County?

7. In your opinion, what are the most critical health and quality of life issues in _____ _____County?

8. What needs to be done to address these issues?

9. In your opinion, what else will improve health and quality of life in _____County?

10. Is there someone whom you would recommend as a "key informant" for this assessment?

Close: Thanks so much for sharing your concerns and perspectives on these issues. The information you have provided will contribute to develop a better understanding about factors impacting health and quality of life in _____ County. Before we conclude the interview,

Is there anything you would like to add?

As a reminder, summary results will be made available by the **[Name of organization]** and used to develop a community-wide health improvement plan. Should you have any questions, please feel free to contact _____ at **[Name of organization]**. Here is his/her contact information. Thanks once more for your time. It's been a pleasure to meet you.

APPENDIX C
ACKNOWLEDGEMENTS

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Key Informants

Thank you to the following individuals who participated in our key informant interview process:

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Karen Broussard, IberiaBank, Bank Manager
Pat Rost, Kaplan State Bank, Vice-President
Winnie Broussard, Abrom Kaplan Memorial Hospital, Board Member

APPENDIX D
SOURCES

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