University Hospital and Clinics

Community Health Needs Assessment

February 19, 2015

University Hospital & Clinics
Lafayette General Health

Carnahan Group
Strategic Healthcare Consulting

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Introduction

University Hospital and Clinics at a Glance

University Hospital and Clinics (UHC), located in Lafayette, Louisiana, is a full-service, acute care hospital that serves Acadiana as its primary graduate medical education center by training residents and fellows. With 116 licensed beds, UHC is Acadiana's primary charity hospital for the uninsured, underinsured and indigent populations.

UHC is open to all community members as a full-service hospital and offers numerous specialized clinics. From major emergencies to basic illnesses, UHC has the resources to provide care to all patients.

Community Overview

For the purpose of this report, University Hospital and Clinics defined its community using primary and secondary service areas. The Primary Service Area includes Lafayette, St. Landry and St. Martin Parishes, while the Secondary Service Area encompasses Iberia, Vermilion and Acadia Parishes. The Acadiana Region is composed of the six parishes in the Primary and Secondary Service Areas, as well as Evangeline Parish. The map on the following page represents the community served by UHC.

Sources: UHC; Microsoft MapPoint 2013

Purpose

Community Health Needs Assessment Background

On July 31, 2014, University Hospital and Clinics ("UHC") contracted with Carnahan Group to conduct a Community Health Needs Assessment (CHNA) as required by the Patient Protection and Affordable Care Act (PPACA).

The PPACA, enacted on March 23, 2010, requires not-for-profit hospital organizations to conduct a CHNA once every three taxable years that meets the requirements the Internal Revenue Code 501(r) set forth by the PPACA. The PPACA defines a hospital organization as an organization that operates a facility required by a state to be licensed, registered, or similarly recognized as a hospital; or, a hospital

organization is any other organization that the Treasury's Office of the Assistant Secretary ("Secretary") determines has the provision of hospital care as its principal function or purpose constituting the basis for its exemption under section 501(c)(3).

A CHNA is a report based on epidemiological, qualitative and comparative methods that assesses the health issues in a hospital organization's community and that community's access to services related to those issues. The CHNA is available to the public [place applicable information here i.e. on the web, translations]. Based on the findings of the CHNA, an implementation strategy for University Hospital and Clinics that addresses the community health needs will be developed and adopted by the end of fiscal year 2013.

Requirements

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

- A description of the community served;
- A description of the process and methods used to conduct the CHNA, including:
    - A description of the sources and dates of the data and the other information used in the assessment; and,
    - The analytical methods applied to identify community health needs.
- A description of information gaps that impacted UHC's ability to assess the health needs of the community served;
- The identification of all organizations with which UHC collaborated, if applicable, including their qualifications;
- A description of how UHC took into account input from persons who represented the broad interests of the community served by UHC, including those with special knowledge of or expertise in public health and any individual providing input who was a leader or representative of the community served by UHC; and,
- A prioritized description of all of the community health needs identified through the CHNA and a description of the process and criteria used in prioritizing those needs.

CHNA Strategy

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

- Input from persons who represented the broad interests of the community served by UHC, which included those with special knowledge of or expertise in public health;
- Identifying federal, regional, state, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by UHC, leaders, representatives, or members of medically underserved, low-income, and minority populations with chronic disease needs in the community served by UHC; and,
- Consultation or input from other persons located in and/or serving UHC's community, such as:
    - Healthcare community advocates;
    - Nonprofit organizations;
    - Academic experts;
    - Local government officials;
    - Community-based organizations, including organizations focused on one or more health issues;
    - Healthcare providers, including community health centers and other providers focusing on medically underserved populations, low-income persons, minority groups, or those with chronic disease needs.

The sources used for UHC's CHNA are provided in the Reference List and Appendix B: Community Leader Interviewees. Information was gathered by conducting interviews with government officials, hospital leaders, physicians and other community health representatives, as well as focus groups with medically underserved community members.

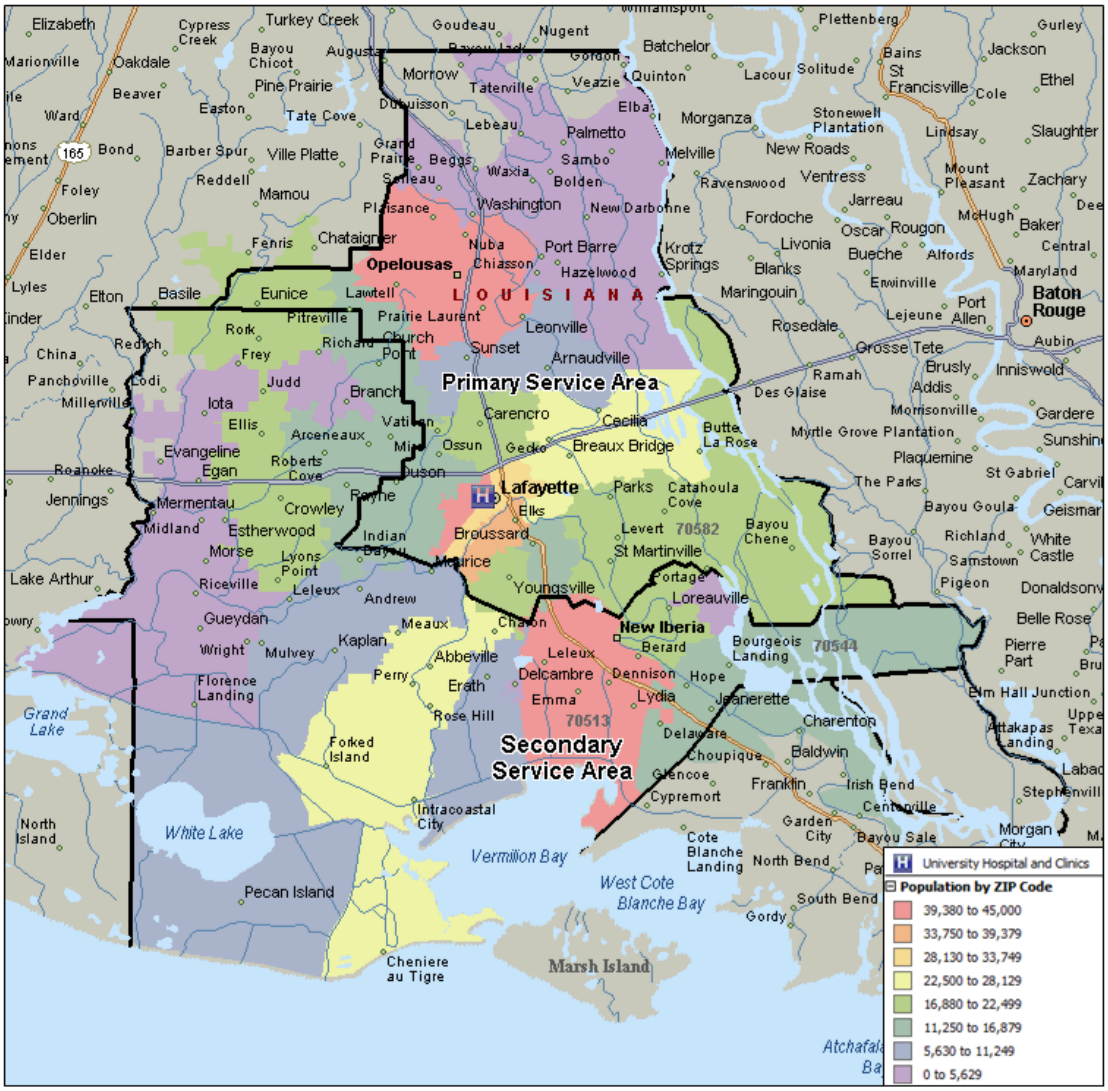
Health Profile

Secondary Data Collection and Analysis Methodology

A variety of data sources were utilized to gather demographic and health indicators for the community served by UHC. Commonly used data sources include Esri, the Louisiana Department of Health and Hospitals, and the Centers for Disease Control and Prevention (CDC). The six parishes previously mentioned define the community for the purposes of this CHNA and consist of 45 ZIP Codes. ZIP Code level data was unavailable and thus county level data is presented in this report.

Demographics

Population in the UHC Community



Sources: Esri 2014; Microsoft MapPoint 2013

Population Change by ZIP Code

The population in the Primary Service Area is expected to grow 4.9% over the next five years.

Primary Service Area Current and Projected Population by ZIP Code

ZIP Code	Community	Current Population	Projected 5-year Population	Percent Change
70506	Lafayette	43,126	45,213	4.8%
70570	Opelousas	39,678	40,103	1.1%
70508	Lafayette	36,840	40,087	8.8%
70501	Lafayette	32,100	33,393	4.0%
70503	Lafayette	28,214	29,546	4.7%
70517	Breaux Bridge	27,810	28,635	3.0%
70592	Youngsville	21,470	24,057	12.0%
70582	Saint Martinville	19,994	20,157	0.8%
70520	Carencro	18,930	20,499	8.3%
70535	Eunice	18,510	18,553	0.2%
70507	Lafayette	17,193	17,921	4.2%
70518	Broussard	13,824	15,013	8.6%
70529	Duson	12,106	13,123	8.4%
70583	Scott	11,875	12,557	5.7%
70512	Arnaudville	10,007	10,301	2.9%
70584	Sunset	7,446	7,803	4.8%
70577	Port Barre	5,013	5,156	2.9%
70589	Washington	3,676	3,743	1.8%
70750	Krotz Springs	1,850	1,908	3.1%
71353	Melville	1,683	1,723	2.4%
71358	Palmetto	1,192	1,225	2.8%
70541	Grand Coteau	667	667	0.0%
71356	Morrow	463	469	1.3%
70550	Lawtell	30	31	3.3%
71345	Lebeau	4	4	0.0%
Total		**373,701**	**391,887**	**4.9%**

Source: Esri 2014

The population in the Secondary Service Area is expected to grow 2.5% over the next five years.

Secondary Service Area Current and Projected Population by ZIP Code

ZIP Code	Community	Current Population	Projected 5-year Population	Percent Change
70560	New Iberia	42,462	43,073	1.4%
70510	Abbeville	25,495	26,165	2.6%
70563	New Iberia	19,839	20,124	1.4%
70526	Crowley	19,317	19,367	0.3%
70578	Rayne	16,802	17,329	3.1%
70525	Church Point	13,725	14,068	2.5%
70544	Jeanerette	11,669	11,516	-1.3%
70548	Kaplan	10,352	10,832	4.6%
70555	Maurice	8,727	9,754	11.8%
70533	Erath	7,504	7,799	3.9%
70543	Iota	4,880	5,104	4.6%
70559	Morse	3,642	3,738	2.6%
70542	Gueydan	3,489	3,623	3.8%
70528	Delcambre	2,480	2,545	2.6%
70516	Branch	1,381	1,458	5.6%
70531	Egan	1,224	1,287	5.1%
70556	Mermentau	663	678	2.3%
70537	Evangeline	580	599	3.3%
70552	Loreauville	548	551	0.5%
70513	Avery Island	70	69	-1.4%
Total		**194,849**	**199,679**	**2.5%**

Source: Esri 2014

Population Change by Age and Gender

In the Primary Service Area, slight population growth is expected for children and young adults aged 0 through 19 (3.6%) and adults aged 20 through 44 (3.3%). Marginal population growth is expected for residents aged 45 through 64 (0.4%). Substantial population growth is expected among residents aged 65 and older (21.1%).

Primary Service Area Current and Projected Population by Age and Sex

	2014			2019			Percent Change		
Age Group	Male	Female	Total	Male	Female	Total	Male	Female	Total
Age 0 through 19	51,735	50,328	102,063	53,631	52,138	105,769	3.7%	3.6%	3.6%
Age 20 through 44	64,779	65,385	130,164	67,161	67,353	134,514	3.7%	3.0%	3.3%
Age 45 through 64	45,624	49,656	95,280	45,951	49,706	95,657	0.7%	0.1%	0.4%
Age 65 and older	20,054	26,140	46,194	24,681	31,266	55,947	23.1%	19.6%	21.1%
Total	**182,192**	**191,509**	**373,701**	**191,424**	**200,463**	**391,887**	**5.1%**	**4.7%**	**4.9%**

Source: Esri 2014

In the Secondary Service Area, marginal population growth is expected for children and young adults aged 0 through 19 (0.2%), while the population of adults aged 20 through 44 is expected to grow slightly (1.7%). A slight population decline is expected for residents aged 45 through 64 (-1.5%). Substantial population growth is expected among residents aged 65 and older (16.7%).

Secondary Service Area Current and Projected Population by Age and Sex

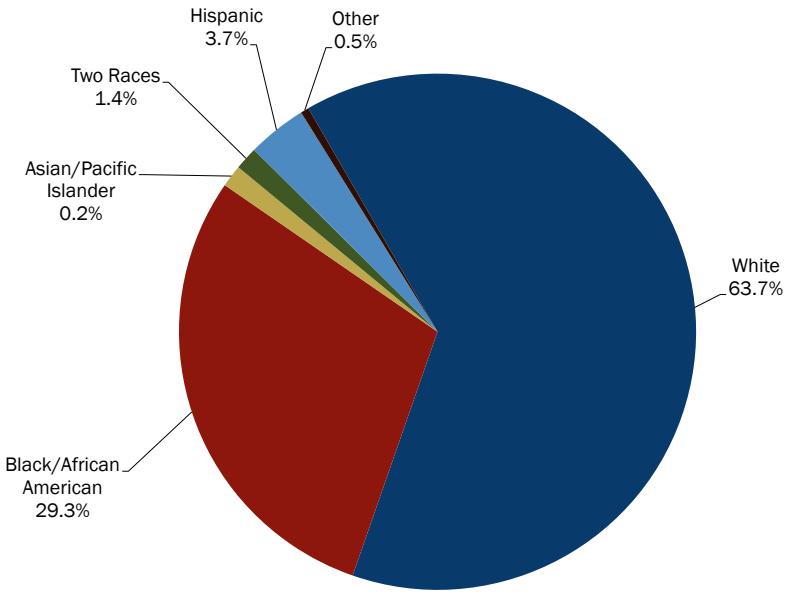
	2014			2019			Percent Change		
Age Group	Male	Female	Total	Male	Female	Total	Male	Female	Total
Age 0 through 19	28,376	26,751	55,127	28,559	26,687	55,246	0.6%	-0.2%	0.2%
Age 20 through 44	30,303	31,290	61,593	31,064	31,590	62,654	2.5%	1.0%	1.7%
Age 45 through 64	25,235	26,553	51,788	24,871	26,156	51,027	-1.4%	-1.5%	-1.5%
Age 65 and older	11,471	14,870	26,341	13,665	17,087	30,752	19.1%	14.9%	16.7%
Total	**95,385**	**99,464**	**194,849**	**98,159**	**101,520**	**199,679**	**2.9%**	**2.1%**	**2.5%**

Source: Esri 2014

Population by Race and Ethnicity

The most common race/ethnicity in the Primary Service Area is white (63.7%) followed by black/African American (29.3%), Hispanic (3.7%), individuals of two races (1.4%), other races (0.5%) and Asian/Pacific Islander (0.2%).

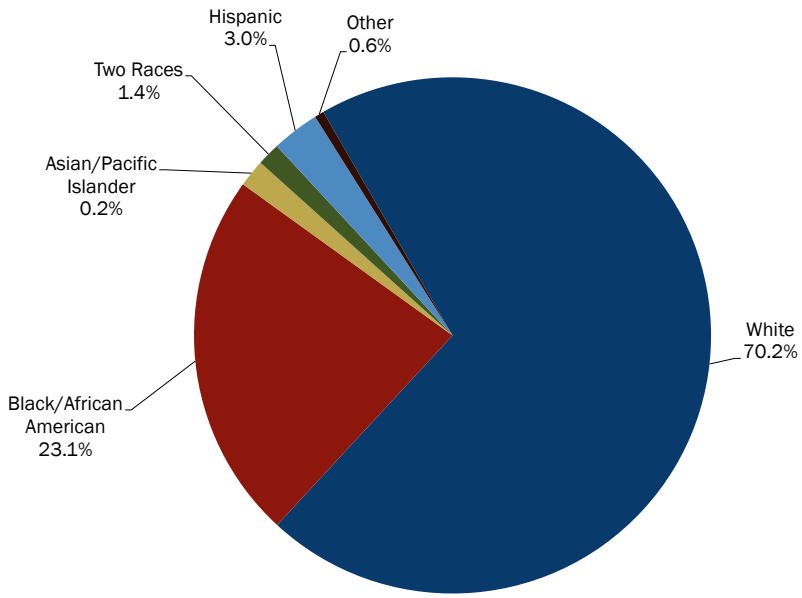
Primary Service Area Race Composition 2014



Source: Esri 2014

The most common race/ethnicity in the Secondary Service Area is white (70.2%) followed by black/African American (23.1%), Hispanic (3.0%), individuals of two races (1.4%), other races (0.6%) and Asian/Pacific Islander (0.2%).

Secondary Service Area Race Composition 2014



Source: Esri 2014

Population Change by Race and Ethnicity

In the Primary Service Area, substantial population growth is expected for Hispanics (30.8%), individuals of two races (23.7%), Asian/Pacific Islanders (20.0%) and other races (10.0%). Slight population growth is expected among the black/African American population (3.9%) and the white population (3.0%).

Primary Service Area Current and Projected Population Change by Race

Race	2014	2019	Percent Change
White	237,891	245,074	3.0%
Black/African American	109,461	113,680	3.9%
Asian/ Pacific Islander	5,172	6,208	20.0%
Two Races	5,386	6,662	23.7%
Hispanic	13,869	18,137	30.8%
Other	1,922	2,126	10.6%

Source: Esri 2014

In the Secondary Service Area, substantial population growth is expected for Hispanics (27.8%), individuals of two races (22.6%), Asian/Pacific Islanders (25.4%) and other races (13.2%). Slight population growth is expected among the black/African American population (1.8%), while marginal growth is expected for the white population (0.6%).

Secondary Service Area Current and Projected Population Change by Race

Race	2014	2019	Percent Change
White	136,791	137,555	0.6%
Black/African American	44,981	45,804	1.8%
Asian/ Pacific Islander	3,342	4,191	25.4%
Two Races	2,794	3,425	22.6%
Hispanic	5,800	7,412	27.8%
Other	1,141	1,292	13.2%

Source: Esri 2014

Socioeconomic

Socioeconomic Characteristics

According to the U.S. Census American Community Survey (ACS), the 2008–2012 unemployment averages for all of the parishes were slightly lower than or the same as Louisiana (5.2%).

The ACS publishes median household income and poverty estimates. According to 2008–2012 estimates, the median household income in Lafayette Parish ($49,705) is higher than Louisiana's ($44,673). The median household incomes for the other parishes are lower than Louisiana's, with Acadia Parish ($38,686) and St. Landry Parish ($36,183) being substantially lower.

Poverty thresholds are determined by family size, number of children and age of the head of the household. A family's income before taxes is compared to the annual poverty thresholds. If the income is below the threshold, the family and each individual in it are considered to be in poverty. In 2010, the poverty threshold for a family of four was $22,314. The ACS estimates indicate that Lafayette Parish (16.6%), St. Martin Parish (18.1%), and Vermillion Parish (16.9%) residents are less likely to live in poverty compared to Louisiana residents (18.7%). However, residents in Acadia Parish (19.1%), Iberia Parish (20.9%), and St. Landry Parish (26.4%) are more likely to live in poverty compared to Louisiana residents.

Adults in Lafayette, St. Landry, St. Martin, Vermilion and Acadia Parishes are as likely or less likely to be uninsured compared to all Louisiana adults (17.2%), while adults in Iberia Parish are more likely to

be uninsured (18.3%). Children in Lafayette, St. Landry, St. Martin and Acadia Parishes are less likely to be uninsured compared to all children in Louisiana (6.2%). Children in Iberia and Vermilion Parishes are more likely to be uninsured (8.2% and 8.1%, respectively) compared to all children in Louisiana.

Primary Service Area Socioeconomic Indicators, 2008–2012

Select Social and Economic Indicators	Lafayette Parish	St. Landry Parish	St. Martin Parish	Louisiana
Unemployment	4.3%	3.4%	5.2%	5.2%
Median household income	$49,705	$36,183	$41,137	$44,673
Persons below poverty level	16.6%	26.4%	18.1%	18.7%
Adults with no health insurance coverage	16.4%	15.8%	17.2%	17.2%
Children with no health insurance coverage	5.1%	4.1%	4.5%	6.2%

Source: U.S. Census Bureau, 2008–2012 American Community Survey Estimates

Secondary Service Area Socioeconomic Indicators, 2008–2012

Select Social and Economic Indicators	Iberia Parish	Vermilion Parish	Acadia Parish	Louisiana
Unemployment	5.2%	4.7%	5.1%	5.2%
Median household income	$44,611	$44,339	$38,686	$44,673
Persons below poverty level	20.9%	16.9%	19.1%	18.7%
Adults with no health insurance coverage	18.3%	16.9%	16.5%	17.2%
Children with no health insurance coverage	8.2%	8.1%	3.6%	6.2%

Source: U.S. Census Bureau, 2008–2012 American Community Survey Estimates

Education

Educational Attainment

The U.S. Census ACS publishes estimates of the highest level of education completed for residents aged 25 years and older. The ACS 2008–2012 estimates indicate that fewer Lafayette Parish residents have not earned a high school degree or equivalent (14.8%) compared to Louisiana residents (17.8%). On the other hand, all of the other parishes have a substantially higher percentage of residents who have not earned a high school degree or equivalent. Lafayette Parish residents aged 25 and older are more likely to have a college education compared to all Louisiana adults aged 25 and older, while residents of St. Landry, St. Martin, Iberia, Vermilion and Acadia Parishes are less likely to be college educated.

Educational Attainment Among Residents Aged 25 and Older in the Primary Service Area, 2008–2012

Educational Attainment	Lafayette Parish	St. Landry Parish	St. Martin Parish	Louisiana
Less than high school diploma	14.8%	24.4%	24.5%	17.8%
High school graduate	30.2%	42.3%	43.1%	34.3%
Some college	22.6%	15.0%	16.8%	21.4%
Bachelor's degree	19.6%	9.4%	9.4%	14.3%
Graduate degree or higher	8.0%	3.8%	3.4%	7.1%

Source: U.S. Census Bureau, 2008–2012 American Community Survey Estimates

Educational Attainment Among Residents Aged 25 and Older in the Secondary Service Area, 2008–2012

Educational Attainment	Iberia Parish	Vermilion Parish	Acadia Parish	Louisiana
Less than high school diploma	23.9%	23.5%	29.0%	17.8%
High school graduate	40.3%	44.4%	38.7%	34.3%
Some college	18.3%	15.0%	16.6%	21.4%
Bachelor's degree	9.1%	9.4%	7.7%	14.3%
Graduate degree or higher	4.1%	3.1%	2.2%	7.1%

Source: U.S. Census Bureau, 2008–2012 American Community Survey Estimates

Health Outcomes and Risk Factors

Leading Causes of Death

According to the Louisiana Center for Records and Statistics, heart disease and cancer are the first and second leading causes of death, respectively, in Lafayette, St. Landry, St. Martin, Iberia, and Vermilion Parishes, as well as Louisiana. In Acadia Parish, the leading cause of death is cancer followed by heart disease. St. Landry Parish has substantially higher accident, stroke and chronic lower respiratory disease (CLRD) mortality rates compared to Louisiana. Iberia and Acadia Parish have substantially higher Alzheimer's disease mortality rates compared to Louisiana. It is also important to note that suicide mortality rates in St. Landry, St. Martin, Iberia and Vermilion Parishes are substantially higher than the Louisiana rate. Other leading causes of death in the parishes and Louisiana are diabetes, kidney disease, and influenza and pneumonia.

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

Leading Causes of Death	Lafayette Parish	St. Landry Parish	St. Martin Parish	Louisiana
All causes	732.7	1,013.2	819.1	892.0
Heart disease	207.2	274.6	226.2	219.9
Cancer	154.8	248.2	180.2	196.3
Accidents	32.0	63.6	44.1	44.7
Stroke	33.8	61.2	40.3	44.4
CLRD	29.8	58.8	53.7	40.9
Alzheimer's disease	28.4	27.6	19.2	29.0
Diabetes	19.4	34.8	19.2	27.1
Kidney disease	18.5	36.0	21.1	25.3
Influenza/pneumonia	13.1	26.4	21.1	18.9
Suicide	7.7	15.6	17.3	10.5

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

Rates are per 100,000 population

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

Leading Causes of Death	Iberia Parish	Vermilion Parish	Acadia Parish	Louisiana
All causes	926.8	918.6	982.6	892.0
Heart disease	233.5	294.8	238.0	219.9
Cancer	221.2	189.7	249.3	196.3
Accidents	39.6	37.9	40.5	44.7
Stroke	46.4	41.4	48.6	44.4
CLRD	27.3	29.3	35.6	40.9
Alzheimer's disease	46.4	31.0	45.3	29.0
Diabetes	17.7	29.3	22.7	27.1
Kidney disease	24.6	34.5	21.0	25.3
Influenza/pneumonia	30.0	25.9	17.8	18.9
Suicide	15.0	15.5	8.1	10.5

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

Rates are per 100,000 population

Heart Disease Mortality

The tables below show heart disease mortality data for individuals aged 35 years and older. According to the CDC, Lafayette, St. Landry, Iberia and Vermilion Parish residents are more likely to die from coronary heart disease compared to Louisiana residents, while St. Martin and Acadia Parish residents are less likely.

Acute myocardial infarctions (AMI), or heart attacks, are substantially more common in St. Landry Parish than all of Louisiana (219.0 per 100,000 vs. 100.9 per 100,000, respectively). AMIs are less common in the other five parishes when compared to Louisiana.

St. Martin, St. Landry and Vermilion residents are more likely to die from heart failure compared to all Louisiana residents, while Lafayette, Iberia and Acadia residents are less likely to die from heart failure (see tables).

Select Heart Disease Mortality Rates in the Primary Service Area, 2008–2010

	Lafayette Parish	St. Landry Parish	St. Martin Parish	Louisiana
Coronary heart disease	319.8	319.8	197.0	252.4
Acute myocardial infarction	42.0	219.9	42.6	100.9
Heart failure	160.9	203.0	320.9	194.7

Source: Centers for Disease Control and Prevention, Interactive Atlas of Heart Disease and Stroke, 2008–2010

Rates are per 100,000 population

Select Heart Disease Mortality Rates in the Secondary Service Area, 2008–2010

	Iberia Parish	Vermilion Parish	Acadia Parish	Louisiana
Coronary heart disease	295.8	349.8	231.0	252.4
Acute myocardial infarction	49.0	72.1	118.7	100.9
Heart failure	160.8	245.8	189.3	194.7

Source: Centers for Disease Control and Prevention, Interactive Atlas of Heart Disease and Stroke, 2008–2010

Rates are per 100,000 population

Cancer Incidence

According to the Louisiana State Cancer Profile published by the National Cancer Institute, breast cancer incidence is higher in Lafayette, St. Landry, Iberia and Vermilion Parishes compared to Louisiana.

Lung and bronchus cancer incidence is higher in St. Landry, St. Martin, Iberia, Vermilion and Acadia Parishes than in Louisiana.

Vermilion, St. Landry and St. Martin Parishes have higher prostate cancer incidence rates compared to Louisiana.

Incidence of colon and rectum cancer is higher in St. Landry, St. Martin, Iberia, Vermilion and Acadia Parishes than in Louisiana.

Lafayette, Iberia and Acadia Parishes have higher cervical cancer incidence rates compared to Louisiana.

Cancer Incidence Rates in the Primary Service Area, 2007–2011

Cancer Type	Lafayette Parish	St. Landry Parish	St. Martin Parish	Louisiana
Breast (female)	132.6	127.0	121.0	121.3
Lung & bronchus	71.1	82.0	74.6	74.2
Prostate	155.6	180.6	177.9	168.9
Colon & rectum	49.6	58.6	66.7	51.0
Cervical	9.8	7.9	*	9.4

Source: National Cancer Institute, State Cancer Profiles, 2007–2011

*Data suppressed to ensure confidentiality and stability of rate estimates

Rates are per 100,000 population

Cancer Incidence Rates in the Secondary Service Area, 2007–2011

Cancer Type	Iberia Parish	Vermilion Parish	Acadia Parish	Louisiana
Breast (female)	136.7	128.8	110.7	121.3
Lung & bronchus	83.8	82.4	79.6	74.2
Prostate	155.0	194.1	132.3	168.9
Colon & rectum	61.1	60.1	59.0	51.0
Cervical	9.7	*	13.0	9.4

Source: National Cancer Institute, State Cancer Profiles, 2007–2011

*Data suppressed to ensure confidentiality and stability of rate estimates

Rates are per 100,000 population

Cancer Mortality

St. Landry and Iberia Parishes have similar breast cancer mortality rates compared to Louisiana, while the rate in Acadia Parish is substantially higher.

Lung and bronchus cancer mortality is higher in St. Landry, St. Martin, Iberia, Vermilion and Acadia Parishes than in Louisiana.

St. Martin and Acadia Parishes have higher prostate cancer mortality rates compared to Louisiana.

Colon and rectum cancer mortality is higher in St. Landry, Iberia, Vermilion and Acadia Parishes than in Louisiana.

The only parish with available cervical cancer mortality data is Lafayette Parish, and the mortality rate is similar to Louisiana's.

Cancer Mortality Rates in the Primary Service Area, 2007–2011

Cancer Type	Lafayette Parish	St. Landry Parish	St. Martin Parish	Louisiana
Breast (female)	24.3	25.8	21.7	25.0
Lung & bronchus	53.9	65.0	64.7	58.4
Prostate	23.7	23.1	29.9	25.1
Colon & rectum	14.0	24.0	15.2	18.9
Cervical	3.2	*	*	3.1

Source: National Cancer Institute, State Cancer Profiles, 2007–2011

*Data suppressed to ensure confidentiality and stability of rate estimates

Rates are per 100,000 population

Cancer Mortality Rates in the Secondary Service Area, 2007–2011

Cancer Type	Iberia Parish	Vermilion Parish	Acadia Parish	Louisiana
Breast (female)	25.3	20.1	35.1	25.0
Lung & bronchus	72.7	64.0	74.7	58.4
Prostate	24.9	22.6	30.9	25.1
Colon & rectum	21.0	21.6	20.8	18.9
Cervical	*	*	*	3.1

Source: National Cancer Institute, State Cancer Profiles, 2007–2011

*Data suppressed to ensure confidentiality and stability of rate estimates

Rates are per 100,000 population

Sexually Transmitted Infections

According to the Louisiana Department of Health and Hospitals, residents in all six parishes are less likely to have been diagnosed with HIV compared to Louisiana.

Chlamydia rates are higher in St. Landry, St. Martin and Iberia Parishes compared to Louisiana.

Gonorrhea is more common in Lafayette, St. Martin and Iberia Parishes compared to Louisiana.

The syphilis rate in Acadia Parish is substantially higher than in Louisiana.

Reported STI Rates in the Primary Service Area

	Lafayette Parish	St. Landry Parish	St. Martin Parish	Louisiana
HIV diagnosis rate[1]	16.0	19.0	11.0	28.0
Chlamydia[2]	539.0	622.0	685.0	594.0
Gonorrhea[2]	206.0	182.0	218.0	193.0
Syphilis[2]	4.0	7.0	*	7.0

Source: Louisiana Department of Health and Hospitals

Rates are per 100,000 population

*Rate unavailable due to numerator less than 5

[1] Rate based on 2010 data

[2] Rate based on 2011 data

Reported STI Rates in the Secondary Service Area

	Iberia Parish	Vermilion Parish	Acadia Parish	Louisiana
HIV diagnosis rate[1]	11.0	10.0	15.0	28.0
Chlamydia[2]	777.0	397.0	494.0	594.0
Gonorrhea[2]	396.0	114.0	189.0	193.0
Syphilis[2]	*	*	11.0	7.0

Source: Louisiana Department of Health and Hospitals

Rates are per 100,000 population

*Rate unavailable due to numerator less than 5

[1] Rate based on 2010 data

[2] Rate based on 2011 data

Health Status, Risk Factors and Behaviors

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

Residents in St. Landry and Iberia Parishes were more likely to report fair to poor general health compared to Louisiana residents.

Diabetes awareness refers to adults who reported being diagnosed with diabetes (not including gestational). Lafayette, St. Landry, Iberia and Vermilion residents were more likely to report being diagnosed with diabetes compared to all residents in Louisiana.

Only Iberia parish residents are more likely to report having had a heart attack compared to all Louisiana residents.

Current smoker refers to adults who reported having smoked more than 100 cigarettes in their lifetime and now smoke every day or some days. St. Landry and Acadia residents were more likely to report current smoking compared to all Louisiana residents.

Lafayette, St. Landry, St. Martin and Vermilion residents were more likely to report being obese (BMI>=30) compared to all Louisiana residents.

Reported Behavioral Risk Factors in the Primary Service Area, 2008–2010

	Lafayette Parish	St. Landry Parish	St. Martin Parish	Louisiana
Fair or poor general health	18.9%	23.6%	21.1%	21.1%
Diabetes	11.2%	11.8%	10.1%	10.3%
Heart attack	4.7%	4.5%	4.7%	5.1%
Current smoker	19.0%	22.7%	19.4%	22.1%
Obesity	35.3%	36.7%	36.0%	31.7%

Source: Louisiana Department of Health and Hospitals

Reported Behavioral Risk Factors in the Secondary Service Area, 2008–2010

	Iberia Parish	Vermilion Parish	Acadia Parish	Louisiana
Fair or poor general health	24.8%	18.6%	16.7%	21.1%
Diabetes	12.6%	11.3%	5.7%	10.3%
Heart attack	5.7%	4.9%	3.4%	5.1%
Current smoker	19.2%	21.0%	24.1%	22.1%
Obesity	29.5%	33.3%	31.0%	31.7%

Source: Louisiana Department of Health and Hospitals

Community Input

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

Interview Methodology

Carnahan Group previously gathered primary data from nineteen interviewees, either in person or via phone, who represent the Lafayette Parish and/or Acadiana areas. Ten additional interviews were conducted via phone between September 22 and September 26, 2014. Interviews required approximately 20 to 30 minutes to complete. Interviewers followed the same process for each interview, which included documenting the interviewee's expertise and experience related to the community. Additionally, the following community-focused questions were used as the basis for discussion:

- Interviewee's name
- Interviewee's title
- Interviewee's organization
- Overview information about the interviewee's organization
- What are the top strengths of the community?
- What are the top health concerns of the community?
- What are the health assets and resources available in the community?
- What are the health assets or resources that the community lacks?
- What are the barriers to obtaining health services in the community?
- What is the single most important thing that could be done to improve the health in the community?
- What other information can be provided about the community that has not already been discussed?

Community Leader Interviews

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

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

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

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

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

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

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

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

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

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

Focus Groups

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

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

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

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

- Distribution of incentives for participation

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

Data Analysis

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

Summary

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

Cancer Focus Group

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

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

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

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

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

Senior Focus Group

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

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

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

African American Focus Group

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

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

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

Health Needs Prioritization

Community Health Priorities

The overarching goal in conducting this Community Health Needs Assessment is to identify those health needs of the community served by UHC, and consequently to assess the comprehensiveness of UHC's strategies in addressing these needs. For the purpose of identifying health needs for UHC, a health priority is defined as a medical condition or factor that is central to the state of health of the residents in the community. With this in mind, a modified version of Fowler and Dannenberg's Revised Decision Matrix was developed to capture priorities from the primary and secondary data. This matrix tool is used in health program planning intervention strategies, and uses a ranking system of "high," "medium" and "low" to distinguish the strongest options based on effectiveness, efficiency and sustainability.

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

Behavioral Risk Factors

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

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

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

Cancer

- Cancer is the second leading cause of death in all parishes except Acadia, where it ranks first.
- Lung and bronchus cancer incidence and mortality rates are higher in five of six parishes compared to Louisiana.
- Colon and rectum cancer incidence rates are higher in five of six parishes compared to Louisiana.
- Interviewees discussed cancer as a health concern in the community, particularly with respect to a lack of screenings.
- Breast and colon cancer were among the most frequently mentioned types of cancer among focus group participants.

Cardiovascular Disease

- Heart disease is the leading cause of death in five of six parishes.
- Stroke is the third leading cause of death in five of six parishes.
- Adults in Lafayette, St. Landry, St. Martin and Vermilion Parishes are more likely to report a BMI >= 30 compared to all Louisiana adults.
- Of adults aged 65 and older, men are much more likely to die of both heart disease and stroke compared to women.
- Heart disease, hypertension and stroke were mentioned in community leader interviews.
- Interviewees also discussed heart disease in the context of the culture. They feel that the unhealthy eating habits are contributing to high rates of cardiovascular disease and related conditions.

Diabetes

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

Healthcare Access and Availability

- Interviewees discussed the working poor's lack of access to primary and specialty care services.
- Interviewees also discussed a lack of resources outside of Lafayette Parish.
- Transportation was frequently discussed as a barrier to obtaining health services in the community.
- Health support services, issues navigating the health insurance system and a need for geriatric care were commonly discussed in the senior focus group.

Overweight/Obesity

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

Community Resources

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

Behavioral Risk Factors

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

Cancer

Miles Perret Cancer Services, located in Lafayette, was consistently discussed as the primary support services organization for cancer survivors and their families. There are four CCA locations which strive to deliver the highest quality patient care. The center provides support groups, workshops, nutritional support and a resource library. Additionally, the Mobile Miles program, operated through the center, goes outside of Lafayette to bring support services to those in need who may not be able to access the services because of a lack of transportation.

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

Cardiovascular Disease

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

Diabetes

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

Healthcare Access and Availability

UHC provides charity care to individuals who meet financial eligibility requirements. UHC is committed to providing high quality inpatient and outpatient care to all community residents, including underinsured and uninsured. UHC, now under the management of Lafayette General Health, has already experienced recent growth and will continue to do so.

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

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

Overweight/Obesity

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

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Appendix A: Carnahan Group Qualifications

Carnahan Group is an independent and objective healthcare consulting firm that focuses on the convergence of regulations and planning. For over 10 years, Carnahan Group has been trusted by healthcare organizations throughout the nation as an industry leader in providing Fair Market Valuations, Medical Staff Demand Analyses, Community Health Needs Assessments and Strategic Planning. Carnahan Group serves a variety of healthcare organizations, such as, but not limited to, hospitals and health systems, large and small medical practices, imaging centers and ambulatory surgery centers. Carnahan Group offers services through highly trained and experienced employees, and Carnahan Group's dedication to healthcare organizations ensures relevant and specific insight into the needs of our clients.

Our staff members offer diverse capabilities and backgrounds, including:

- CPAs, JDs, Ph.Ds., and others with medical and clinical backgrounds;
- Degrees that include Masters of Business Administration, Masters of Science, Masters of Public Health, Masters of Accounting and Masters of Health Administration; and,
- Serving as members of the American Institute of CPAs (AICPA), Medical Group Management Association (MGMA) and the National Association of Certified Valuation Analysts (NACVA).

Appendix B: Community Leader Interviewees

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