

2024 COMMUNITY HEALTH NEEDS ASSESSMENT

Vermilion Parish, Louisiana

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INTRODUCTION

PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Vermilion Parish, the service area of Abbeville General Hospital. A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status.

This assessment was conducted on behalf of Abbeville General Hospital by Professional Research Consultants, Inc. (PRC), a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

Quantitative data input for this assessment includes secondary research (vital statistics and other existing health-related data) that allows for comparison to benchmark data at the state and national levels.

Qualitative data input includes primary research among community leaders gathered through an Online Key Informant Survey.

Community Defined for This Assessment

The study area for this effort is defined as Vermilion Parish, Louisiana. This community definition, determined based on the residences of most recent patients of Abbeville General Hospital, is illustrated in the following map.



Online Key Informant Survey

To solicit input from community key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Abbeville General Hospital; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 32 community representatives took part in the Online Key Informant Survey, as outlined in the table that follows:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	15
Other Health Providers	10
Other Community Leaders	7

Through this process, input was gathered from individuals whose organizations work with low-income, minority, or other medically underserved populations. Although Abbeville General Hospital solicited input from public health representatives, none was received. Final participation included representatives of the organizations outlined below.

- Abbeville General Hospital
- City Council
- Fire Department
- Police Department
- School District
- Sheriff's Office

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for Vermilion Parish were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- National Cancer Institute, State Cancer Profiles
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services

- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Data

Louisiana & National Data

Where possible, state and national data are provided as an additional benchmark against which to compare local findings.

Healthy People 2030

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.



The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After getting feedback from individuals and organizations and input from subject matter experts, the US Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

Determining Significance

For the purpose of this report, "significance" of secondary data indicators (which might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs. In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

IRS FORM 990, SCHEDULE H COMPLIANCE

For nonprofit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Schedule H (Form 990), the following table cross-references related sections.

IRS FORM 990, SCHEDULE H (2022)	See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility	6
Part V Section B Line 3b Demographics of the community	19
Part V Section B Line 3c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	83
Part V Section B Line 3d How data was obtained	6
Part V Section B Line 3e The significant health needs of the community	10
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs	11
Part V Section B Line 3h The process for consulting with persons representing the community's interests	7
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	87

SUMMARY OF FINDINGS

Significant Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in Vermilion Parish with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community key informants giving input to this process.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	<ul style="list-style-type: none"> ▪ Access to Primary Care Physicians
CANCER	<ul style="list-style-type: none"> ▪ Prostate Cancer Incidence ▪ Colorectal Cancer Incidence
DIABETES	<ul style="list-style-type: none"> ▪ Key Informants: <i>Diabetes</i> ranked as a top concern.
DISABLING CONDITIONS	<ul style="list-style-type: none"> ▪ Disability Prevalence
HEART DISEASE & STROKE	<ul style="list-style-type: none"> ▪ Leading Cause of Death ▪ Heart Disease Deaths ▪ High Blood Pressure Prevalence
INFANT HEALTH & FAMILY PLANNING	<ul style="list-style-type: none"> ▪ Teen Births
INJURY & VIOLENCE	<ul style="list-style-type: none"> ▪ Motor Vehicle Crash Deaths
MENTAL HEALTH	<ul style="list-style-type: none"> ▪ Mental Health Provider Ratio ▪ Key Informants: <i>Mental Health</i> ranked as a top concern.
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	<ul style="list-style-type: none"> ▪ Obesity ▪ Leisure-Time Physical Activity ▪ Access to Recreation/Fitness Facilities ▪ Key Informants: <i>Nutrition, Physical Activity & Weight</i> ranked as a top concern.

— continued on the following page —

AREAS OF OPPORTUNITY (continued)

ORAL HEALTH	▪ Access to Dentists
RESPIRATORY DISEASE	▪ COPD Prevalence
TOBACCO USE	▪ Cigarette Smoking

Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment (“Areas of Opportunity” above) was determined based on a prioritization exercise conducted among providers and other community leaders (representing a cross-section of community-based agencies and organizations) as part of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. Nutrition, Physical Activity & Weight
2. Diabetes
3. Mental Health
4. Tobacco Use
5. Oral Health
6. Heart Disease & Stroke
7. Disabling Conditions
8. Infant Health & Family Planning
9. Injury & Violence
10. Cancer
11. Access to Health Care
12. Respiratory Disease

Hospital Implementation Strategy

Abbeville General Hospital will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital’s action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital’s past activities to address the needs identified in the prior CHNA can be found as an appendix to this report.

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in Vermilion Parish, grouped by health topic.

Reading the Summary Tables

- In the following tables, Vermilion Parish results are shown in the larger, gray column.
- The columns to the right of the Vermilion Parish column provide comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Symbols indicate whether Vermilion Parish compares favorably (☀️), unfavorably (☔️), or comparably (☁️) to these external data.

Note that blank table cells in the tables that follow signify that data are not available or are not reliable for that area and/or for that indicator.

SOCIAL DETERMINANTS	Vermilion Parish	VERMILION PARISH vs. BENCHMARKS		
		vs. LA	vs. US	vs. HP2030
Linguistically Isolated Population (Percent)	1.6	☁️ 1.6	☀️ 3.9	
Population in Poverty (Percent)	19.3	☁️ 18.7	☔️ 12.5	☔️ 8.0
Children in Poverty (Percent)	23.5	☁️ 25.8	☔️ 16.7	☔️ 8.0
No High School Diploma (Age 25+, Percent)	15.2	☁️ 13.3	☔️ 10.9	
Unemployment Rate (Age 16+, Percent)	4.4	☁️ 4.3	☁️ 3.9	
Housing Exceeds 30% of Income (Percent)	20.0	☀️ 27.9	☀️ 30.5	☀️ 25.5

 better
  similar
  worse

OVERALL HEALTH	Vermilion Parish	VERMILION PARISH vs. BENCHMARKS		
		vs. LA	vs. US	vs. HP2030
"Fair/Poor" Overall Health (Percent)	23.0	☁️ 22.7	☔️ 17.9	

 better
  similar
  worse

VERMILION PARISH vs. BENCHMARKS

ACCESS TO HEALTH CARE	Vermilion Parish	vs. LA	vs. US	vs. HP2030
Uninsured (Adults 18-64, Percent)	10.0	 10.2	 11.2	 7.6
Uninsured (Children 0-18, Percent)	3.9	 3.6	 5.1	 7.6
Routine Checkup in Past Year (Percent)	79.5	 80.4	 76.1	
Primary Care Doctors per 100,000	42.0	 69.4	 74.9	

 better
  similar
  worse

VERMILION PARISH vs. BENCHMARKS

CANCER	Vermilion Parish	vs. LA	vs. US	vs. HP2030
Cancer Deaths per 100,000	210.7	 200.7	 182.7	
Cancer Incidence per 100,000	496.3	 478.3	 442.3	
Female Breast Cancer Incidence per 100,000	119.3	 127.5	 127.0	
Prostate Cancer Incidence per 100,000	142.6	 138.1	 110.5	
Colorectal Cancer Incidence per 100,000	50.2	 44.3	 36.5	
Lung Cancer Incidence per 100,000	61.9	 61.5	 54.0	
Breast Cancer Screening in Past 2 Years (Women 50-74, Percent)	76.1	 79.3	 76.5	 80.5
Cervical Cancer Screening in Past 3 Years (Women 21-65, Percent)	80.8	 82.1	 82.8	 84.3
Colorectal Cancer Screening (Age 45-75, Percent)	62.8	 66.3	 66.3	 74.4

 better
  similar
  worse

DIABETES	Vermilion Parish	VERMILION PARISH vs. BENCHMARKS		
		vs. LA	vs. US	vs. HP2030
Diabetes Prevalence (Percent)	11.1	 11.7	 10.0	
		 better	 similar	 worse

DISABLING CONDITIONS	Vermilion Parish	VERMILION PARISH vs. BENCHMARKS		
		vs. LA	vs. US	vs. HP2030
Disability Prevalence (Percent)	17.6	 15.8	 12.9	
		 better	 similar	 worse

HEART DISEASE & STROKE	Vermilion Parish	VERMILION PARISH vs. BENCHMARKS		
		vs. LA	vs. US	vs. HP2030
Heart Disease Deaths per 100,000	338.7	 257.9	 206.7	
Stroke Deaths per 100,000	55.3	 55.7	 47.7	
High Blood Pressure Prevalence (Percent)	41.0	 39.9	 32.7	 42.6
High Blood Cholesterol Prevalence (Percent)	40.3	 37.1	 35.5	
		 better	 similar	 worse

INFANT HEALTH & FAMILY PLANNING	Vermilion Parish	VERMILION PARISH vs. BENCHMARKS		
		vs. LA	vs. US	vs. HP2030
Low Birthweight (Percent of Births)	9.7	 10.9	 8.3	
Infant Deaths per 1,000 Live Births	4.9	 7.6	 5.7	 5.0
Teen Births per 1,000 Females 15-19	31.7	 27.0	 16.6	
		 better	 similar	 worse

VERMILION PARISH vs. BENCHMARKS

INJURY & VIOLENCE	Vermilion Parish	vs. LA	vs. US	vs. HP2030
Unintentional Injury Deaths per 100,000	57.0	 78.6	 60.2	
Motor Vehicle Crash Deaths per 100,000	16.4	 18.4	 12.5	
Homicide Deaths per 100,000	7.2	 16.9	 6.9	
Violent Crimes per 100,000	376.7	 562.3	 416.0	

 better
  similar
  worse

VERMILION PARISH vs. BENCHMARKS

MENTAL HEALTH	Vermilion Parish	vs. LA	vs. US	vs. HP2030
Suicide Deaths per 100,000	16.1	 15.0	 14.5	
Mental Health Providers per 100,000	56.2	 339.0	 313.6	

 better
  similar
  worse

VERMILION PARISH vs. BENCHMARKS

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Vermilion Parish	vs. LA	vs. US	vs. HP2030
Fast Food Restaurants per 100,000	45.3	 80.2	 80.0	
Population With Low Food Access (Percent)	9.0	 26.4	 22.2	
No Leisure-Time Physical Activity (Percent)	25.5	 23.3	 19.5	 21.8
Recreation/Fitness Facilities per 100,000	10.5	 10.9	 12.3	
Obese (Percent)	35.6	 32.9	 30.1	 36.0

 better
  similar
  worse

VERMILION PARISH vs. BENCHMARKS

ORAL HEALTH	Vermilion Parish	vs. LA	vs. US	vs. HP2030
Dental Visit in Past Year (Percent)	56.8	 57.2	 63.9	 45.0
Dentists per 100,000	28.1	 59.1	 73.5	
		 better	 similar	 worse

VERMILION PARISH vs. BENCHMARKS

RESPIRATORY DISEASE	Vermilion Parish	vs. LA	vs. US	vs. HP2030
Lung Disease Deaths per 100,000	34.8	 48.5	 46.0	
Asthma Prevalence (Percent)	10.4	 10.6	 9.9	
COPD Prevalence (Percent)	9.7	 8.9	 6.8	
		 better	 similar	 worse

VERMILION PARISH vs. BENCHMARKS

SEXUAL HEALTH	Vermilion Parish	vs. LA	vs. US	vs. HP2030
HIV Prevalence per 100,000	235.8	 568.3	 386.6	
Chlamydia Incidence per 100,000	512.7	 788.6	 495.0	
Gonorrhea Incidence per 100,000	265.7	 327.1	 194.4	
		 better	 similar	 worse

VERMILION PARISH vs. BENCHMARKS

SUBSTANCE USE	Vermilion Parish	vs. LA	vs. US	vs. HP2030
Excessive Drinking (Percent)	19.4	 20.0	 18.1	
Drug Overdose Deaths per 100,000	25.3	 39.5	 26.9	
		 better	 similar	 worse

VERMILION PARISH vs. BENCHMARKS

TOBACCO USE	Vermilion Parish	vs. LA	vs. US	vs. HP2030
Cigarette Smoking (Percent)	19.9	 18.7	 12.9	 6.1
		 better	 similar	 worse



COMMUNITY DESCRIPTION

POPULATION CHARACTERISTICS

Total Population

Data from the US Census Bureau reveal the following statistics for our community relative to size, population, and density.

Total Population
(Estimated Population, 2018-2022)

	TOTAL POPULATION	TOTAL LAND AREA (SQUARE MILES)	POPULATION DENSITY (PER SQUARE MILE)
Vermilion Parish	57,202	1,172.06	49
Louisiana	4,640,546	43,212.90	107
United States	331,097,593	3,533,269.34	94

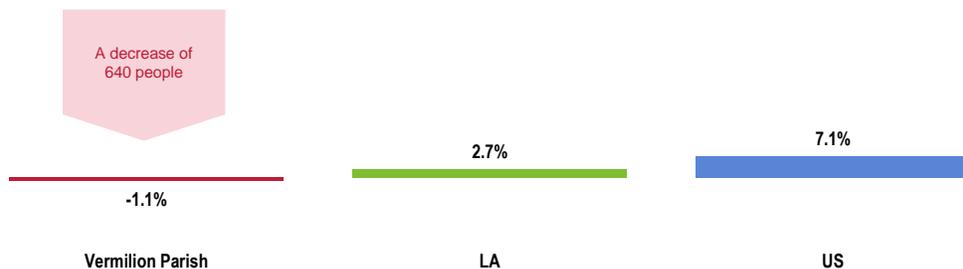
Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).

Population Change

A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources. The following chart and map illustrate the changes that have occurred in Vermilion Parish between the 2010 and 2020 US Censuses.

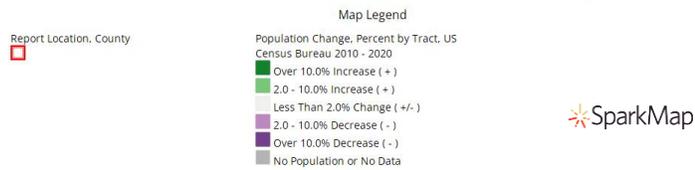
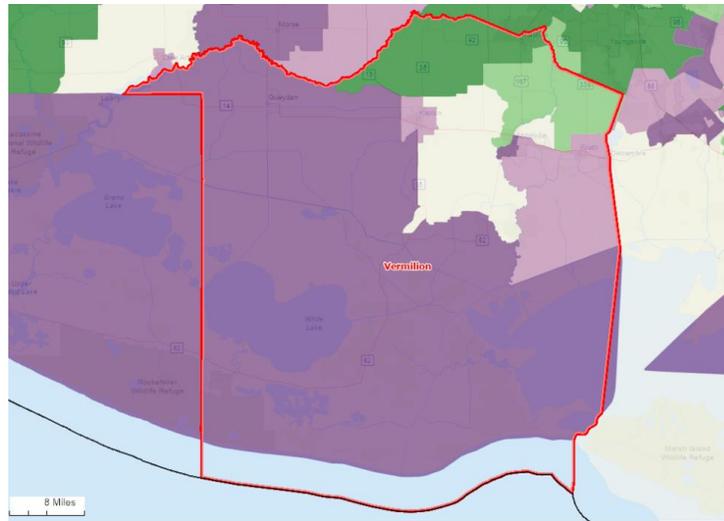
Change in Total Population
(Percentage Change Between 2010 and 2020)



Sources:

- US Census Bureau Decennial Census (2010-2020).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).

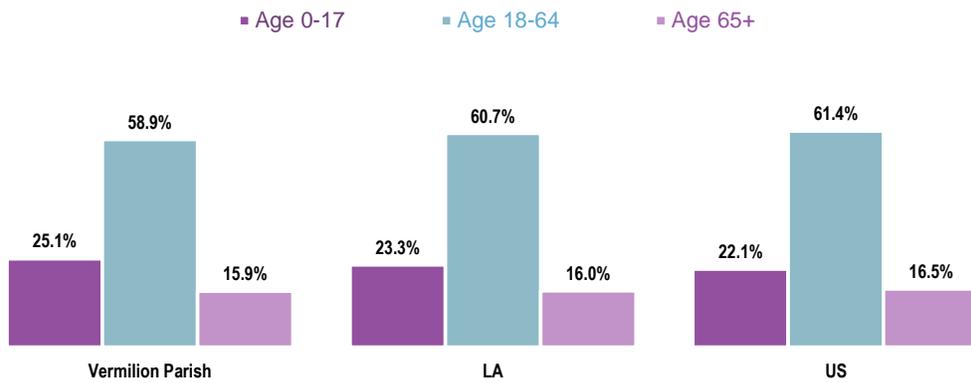




Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

Total Population by Age Groups (2018-2022)



Sources:
 • US Census Bureau American Community Survey 5-year estimates.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).



Median Age

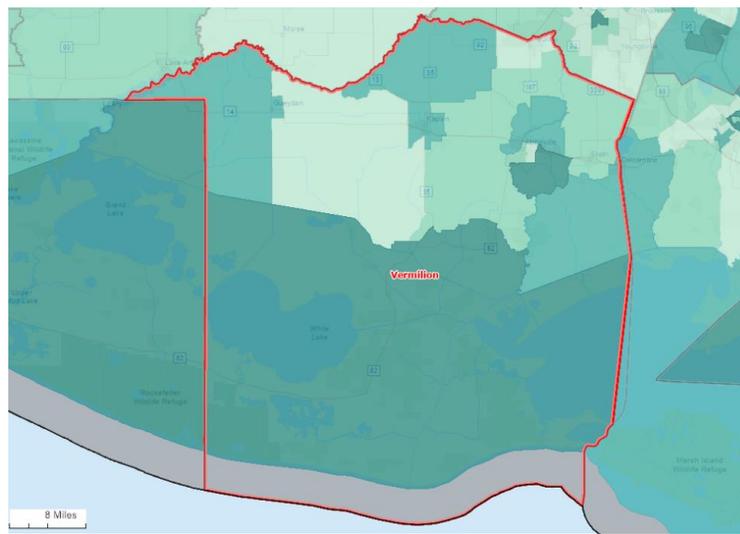
Note the median age of our population, relative to state and national medians.

Median Age (2018-2022)



Sources:

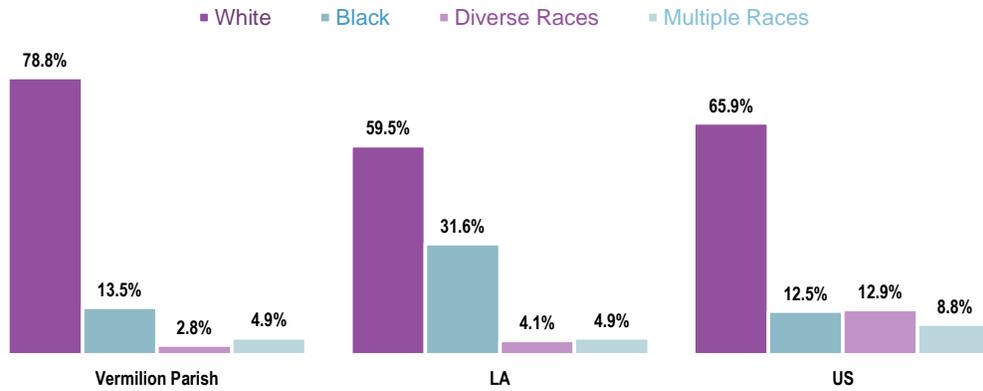
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).



Race & Ethnicity

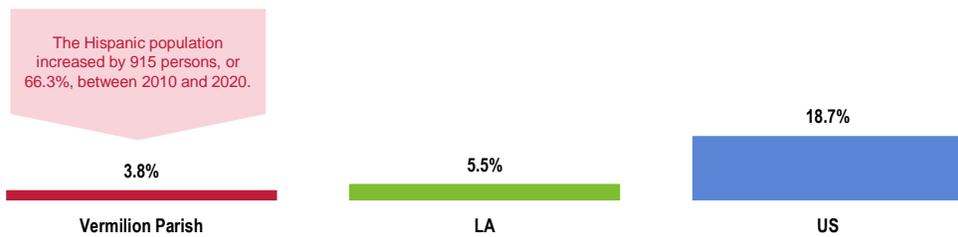
The following charts illustrate the racial and ethnic makeup of our community. “Race Alone” reflects those who identify with a single race category — people who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Total Population by Race Alone (2018-2022)



Sources: • US Census Bureau American Community Survey 5-year estimates.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).

Hispanic Population (2018-2022)



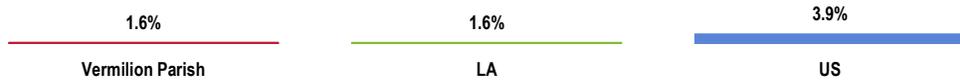
Sources: • US Census Bureau American Community Survey 5-year estimates.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).
 Notes: • People who identify their origin as Hispanic, Latino, or Spanish may be of any race.



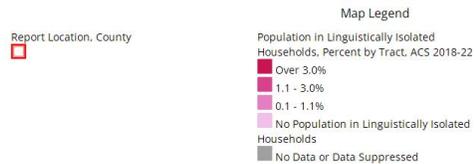
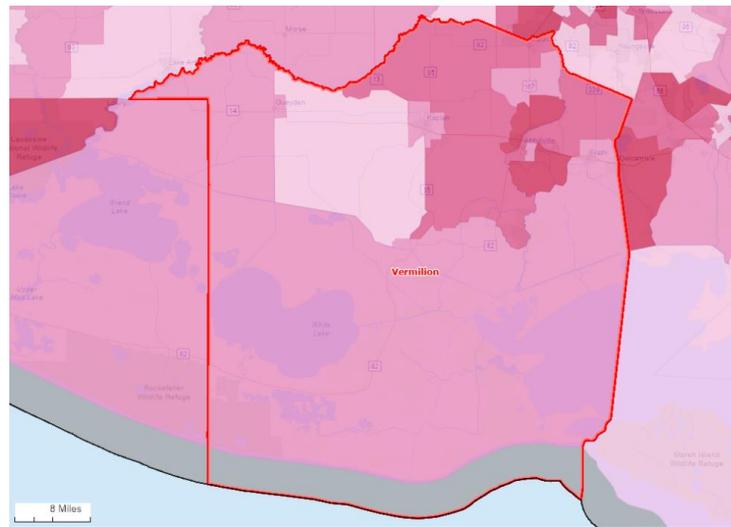
Linguistic Isolation

This indicator reports the percentage of the population age 5 years and older who live in a home in which: 1) no person age 14 years or older speaks only English; or 2) no person age 14 years or older speaks a non-English language but also speaks English “very well.”

Linguistically Isolated Population (2018-2022)



- Sources:
- US Census Bureau American Community Survey 5-year estimates.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English "very well."



SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Poverty

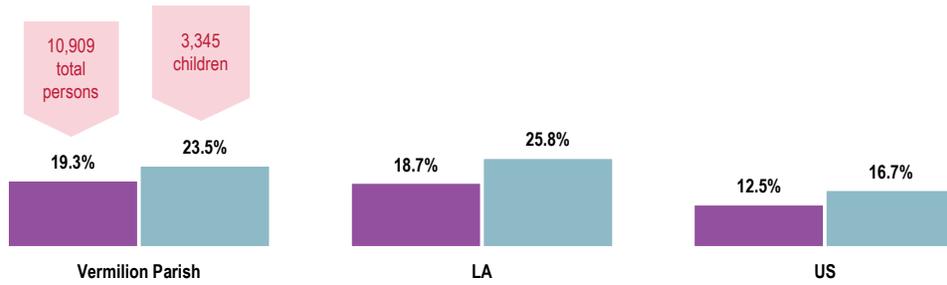
Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to accessing health services, healthy food, and other necessities that contribute to health status. The following chart and maps outline the proportion of our population below the federal poverty threshold, as well as the percentage of children in Vermilion Parish living in poverty, in comparison to state and national proportions.



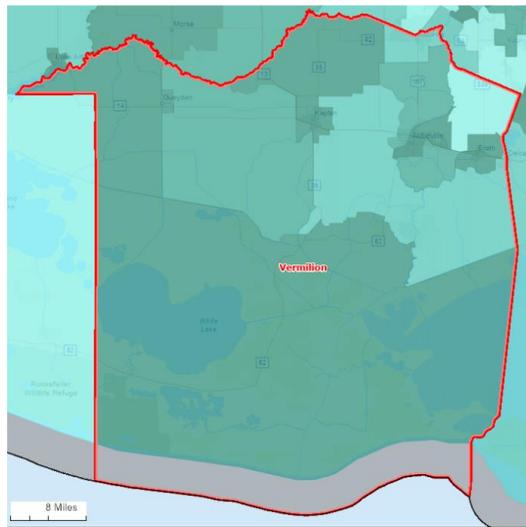
Percent of Population in Poverty (2018-2022)

Healthy People 2030 = 8.0% or Lower

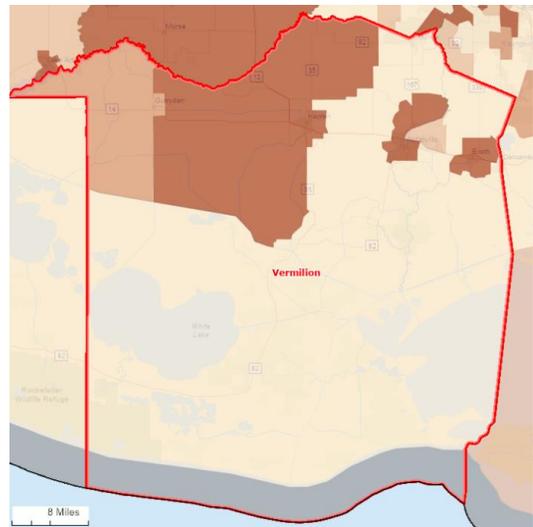
■ Total Population ■ Children



Sources:
 • US Census Bureau American Community Survey 5-year estimates.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>



Report Location, County 
 Map Legend
 Population Below the Poverty Level, Percent by Tract, ACS 2018-22
 Over 20.0%
 15.1 - 20.0%
 10.1 - 15.0%
 Under 10.1%
 No Data or Data Suppressed
 SparkMap



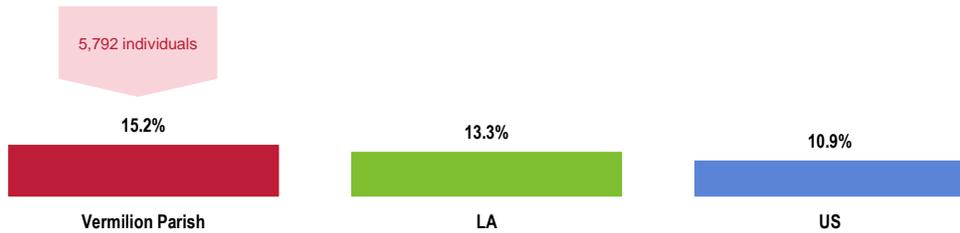
Report Location, County 
 Map Legend
 Population Below the Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2018-22
 Over 30.0%
 22.6 - 30.0%
 15.1 - 22.5%
 Under 15.1%
 No Population Age 0-17 Reported
 No Data or Data Suppressed
 SparkMap



Education

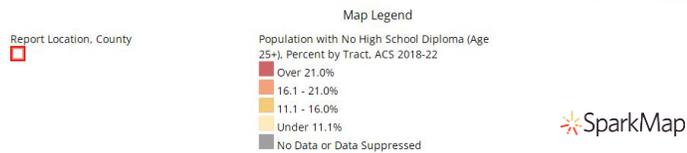
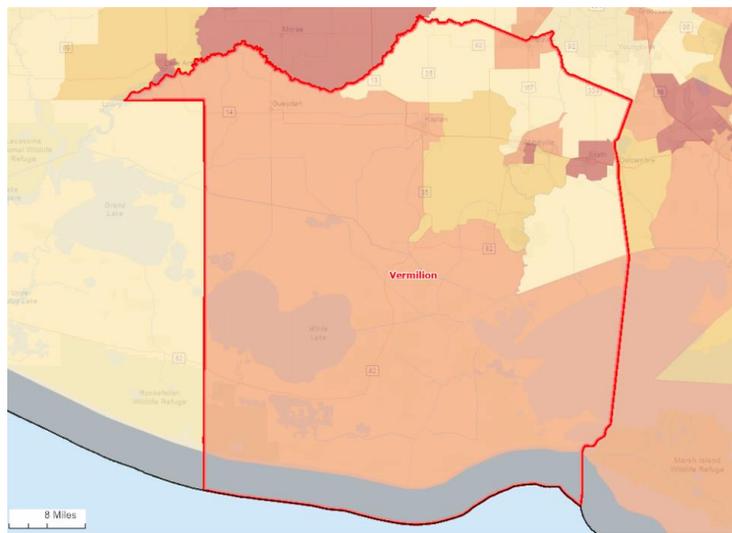
Education levels are reflected in the proportion of our population age 25 and older without a high school diploma. This indicator is relevant because educational attainment is linked to positive health outcomes.

Population With No High School Diploma (Adults Age 25 and Older, 2018-2022)



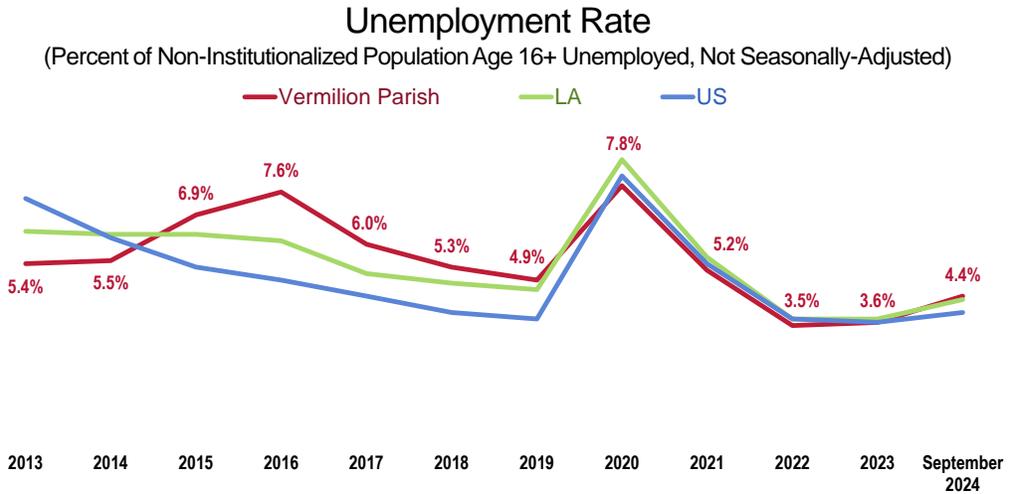
Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).



Employment

Changes in unemployment rates in Vermilion Parish over the past several years are outlined in the following chart. This indicator is relevant because unemployment creates financial instability and barriers to accessing insurance coverage, health services, healthy food, and other necessities that contribute to health status.



Sources:

- US Department of Labor, Bureau of Labor Statistics.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).

Housing Burden

“Housing burden” reports the percentage of the households where housing costs (rent or mortgage costs) exceed 30% of total household income.

The following chart shows the housing burden in Vermilion Parish. This serves as a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels.

Housing Costs Exceed 30 Percent of Household Income

(Percent of Households; 2018-2022)
Healthy People 2030 = 25.5% or Lower



Sources:

- US Census Bureau, American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>



Key Informant Input: Social Determinants of Health

Key informants' ratings of the severity of *Social Determinants of Health (especially Housing)* as a concern in Vermilion Parish are outlined below.

Perceptions of Social Determinants of Health (Including Housing) as a Problem in the Community (Key Informants; Vermilion Parish, 2024)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: ● 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Income/Poverty

- Poor rural community, limited employment opportunities, relatively poor education. – Physician
- Family lineage of poverty. – Physician
- Poverty, substance use. – Health Provider
- One of the highest poverty level parishes in Louisiana, combined with the lowest physician/patient ratio. – Physician

Transportation

- This area lacks public transportation. It affects many of our patients since they either have unreliable transportation or none at all. Many of the families are unemployed. Some of my families have inconsistent access to housing, either due to lack of employment, drug use, etc., and they may reside in a hotel for weeks or months. They will also have trouble with access to consistent phone service, which then makes it difficult for them to be reached for medical visits. There is farming in this area, and the burning of the fields truly affects the respiratory health of many of my patients. Racial discrimination, I'm sure, has an effect on the lives and health of the patients within this community. It affects my own ability to provide proper care to patients because of the discriminatory behaviors of the staff in the clinic and hospital. – Physician

Housing

- We do not have adequate housing for those who are at poverty level or at risk. They have to live in an unhealthy environment, or some would be homeless. Landlords have no restrictions, and many of these apartments are in great need of repair, which causes physical and mental health problems. Again, lack of education and income are major issues. – Community Leader

Access to Affordable Healthy Food

- The current price of food is so high that some families can't afford to purchase nutritious foods. To eat healthily is very expensive. Sometimes, the only food some children get is what we offer at our schools. Education is available in our community; there's no reason to not get a good, free education. – Community Leader

Incidence/Prevalence

- I have witnessed it firsthand, and census data confirms it. – Community Leader

Government/Policy

- Government incentivizing these conditions with subsidies. – Physician





HEALTH STATUS

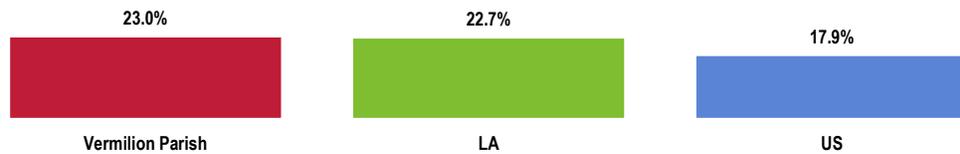
OVERALL HEALTH STATUS

The following indicator provides a relevant measure of overall health status in Vermilion Parish, noting the prevalence of residents' "fair" or "poor" health evaluations. While this measure is self-reported and a subjective evaluation, it is an indicator which has proven to be highly predictive of health needs.

The CDC's Behavioral Risk Factor Survey, from which these data are derived, asked respondents:

"Would you say that in general your health is: excellent, very good, good, fair, or poor?"

Adults With "Fair" or "Poor" Overall Health (2022)



Sources:

- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).



MENTAL HEALTH

ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. ...Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

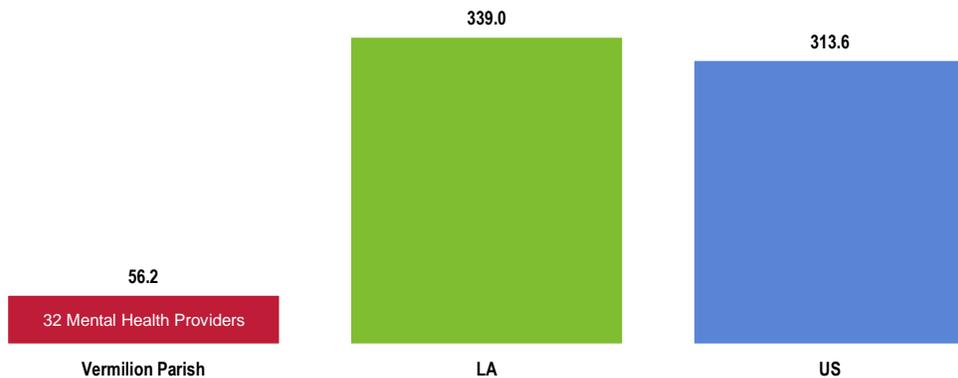
In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Mental Health Providers

The data below show the number of mental health care providers in Vermilion Parish relative to the Vermilion Parish population size (per 100,000 residents). This is compared to the rates found statewide and nationally.

Access to Mental Health Providers
(Number of Mental Health Providers per 100,000 Population, 2023)



- Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the rate of the parish population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

Here, "mental health providers" includes psychiatrists, psychologists, clinical social workers, and counselors who specialize in mental health care.

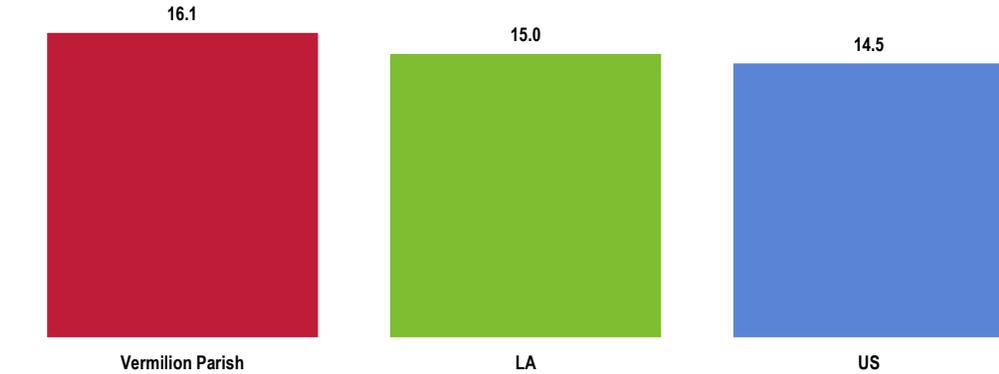
Note that this indicator only reflects providers practicing in Vermilion Parish and residents in Vermilion Parish; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.



Suicide

The following reports the rate of death in Vermilion Parish due to intentional self-harm (suicide) in comparison to statewide and national rates. This measure is relevant as an indicator of poor mental health.

Suicide Mortality
(2018-2022 Annual Average Deaths per 100,000 Population)



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).

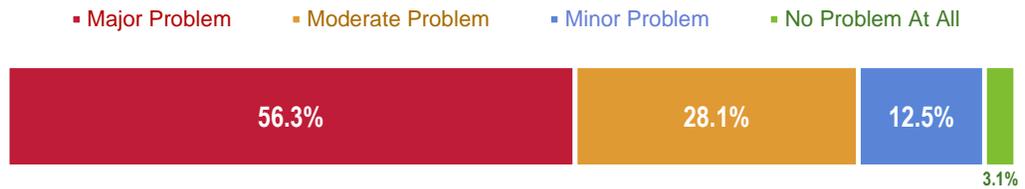
Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Key Informant Input: Mental Health

Key informants' ratings of the severity of *Mental Health* as a concern in Vermilion Parish are outlined below.

Perceptions of Mental Health as a Problem in the Community
(Key Informants; Vermilion Parish, 2024)



Sources:

- 2024 PRC Online Key Informant Survey, PRC, Inc.

Notes:

- Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

- Not enough resources, specifically long-term facilities. – Community Leader
- Access to care and medications. – Health Provider
- Lack of facility and resources. – Community Leader



- Lack of resources. Broken system. Individuals with mental illness often lack family willing to push and encourage them to get help. No legal authority to OPC individuals that are a danger to themselves or others. – Community Leader
- Need for counseling. – Health Provider
- Lack of access to psychiatrists/MDs. – Physician

Lack of Providers

- There are no mental health counselors in this area. Therefore, it does not matter if the patient has a diagnosis because they cannot get the help they need. – Physician
- Shortage of mental health counseling and providers. – Physician

Awareness/Education

- Because of my job, I hear and see so much when it comes to mental health. I do not think that residents really understand how many people are struggling with mental health issues. These people are not getting the correct diagnosis or possibly the counseling they need. We need more awareness, cures, and easy access to doctors and facilities. – Community Leader

Access for Medicare/Medicaid Patients

- Lack of mental health providers, especially for Medicaid patients. – Physician

Diagnosis/Treatment

- Identifying those who need help. – Community Leader

Disease Management

- Nonadherence to treatment. – Health Provider

Funding

- Mental health resources are underfunded. Access to mental health services due to lack of insurance and the limitations of existing insurance coverage for mental health issues. – Physician

Incidence/Prevalence

- Large population in community. – Physician

Metabolic Health

- Metabolic health; social programs disincentivizing work; big pharma. – Physician





DEATH, DISEASE & CHRONIC CONDITIONS

CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

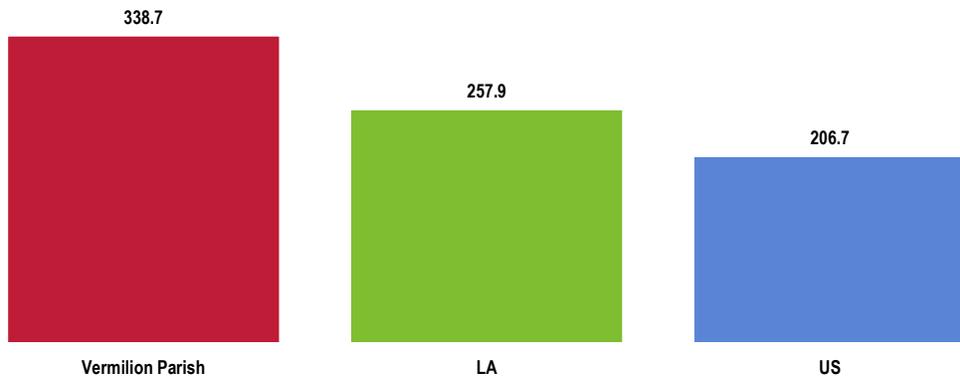
In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Heart Disease Deaths

Heart disease is a leading cause of death in Vermilion Parish and throughout the United States. The chart that follows illustrates how our mortality rate compares to rates in Louisiana and the US.

Heart Disease Mortality
(2018-2022 Annual Average Deaths per 100,000 Population)



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).

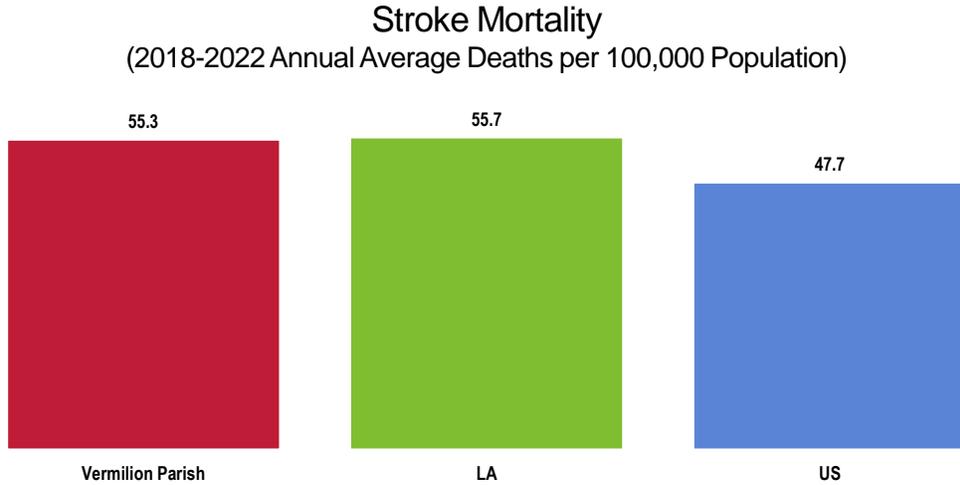
Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.



Stroke Deaths

Stroke, a leading cause of death in Vermilion Parish and throughout the nation, shares many of the same risk factors as heart disease. Outlined in the following chart is a comparison of stroke mortality locally, statewide, and nationally.



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).

 Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Blood Pressure & Cholesterol

The following chart illustrates the percentages of Vermilion Parish adults who have been told that they have high blood pressure or high cholesterol, known risk factors for cardiovascular disease.

The CDC's Behavioral Risk Factor Survey asked:

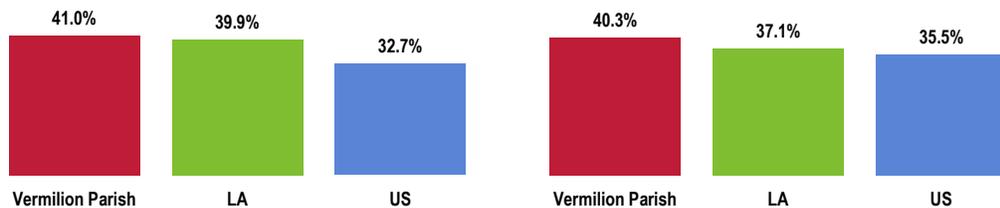
"Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?"

"Have you ever been told by a doctor, nurse, or other health professional that your cholesterol is high?"

Prevalence of High Blood Pressure (2021)

Healthy People 2030 = 42.6% or Lower

Prevalence of High Blood Cholesterol (2021)



Sources:

- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>



Key Informant Input: Heart Disease & Stroke

Outlined below are key informants' levels of concern for *Heart Disease & Stroke* as an issue in Vermilion Parish.

Perceptions of Heart Disease & Stroke as a Problem in the Community (Key Informants; Vermilion Parish, 2024)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Lifestyle

- Smoking, diet, drinking, and not seeing their health care professional on a regular basis. Transportation is an issue in some cases. Education. – Community Leader
- Improper diet, poor glucose control, and poor hypertension control. – Physician
- Poor diet, lack of exercise, smoking. – Physician

Incidence/Prevalence

- I know a large number of people who have one or both conditions. – Community Leader
- Large number of patients seen with this problem. – Health Provider
- Large population in community with these. – Physician

Cultural/Personal Beliefs

- Our cultural habits of eating, drinking, and lack of exercise. – Community Leader
- Our culture gives us a poor, high-fat diet. Obesity is a major issue. – Physician

Access to Care/Services

- High Incidence of risk factors with lack of primary and cardiology services to mitigate the risk by timely intervention. – Physician

Co-Occurrences

- Metabolic disease leads to all the above conditions and should be addressed on a national level, as well as locally. – Physician

Metabolic Health

- Metabolic health, seed oils, food industry, big pharma. – Physician



CANCER

ABOUT CANCER

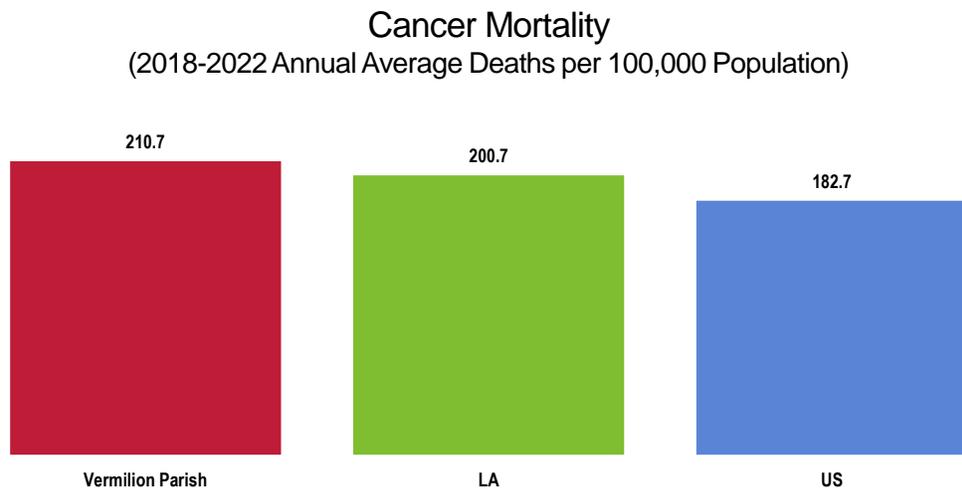
Cancer is the second leading cause of death in the United States. ...The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Cancer Deaths

Cancer is a leading cause of death in Vermilion Parish and throughout the United States. Cancer mortality rates are outlined below.



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population.

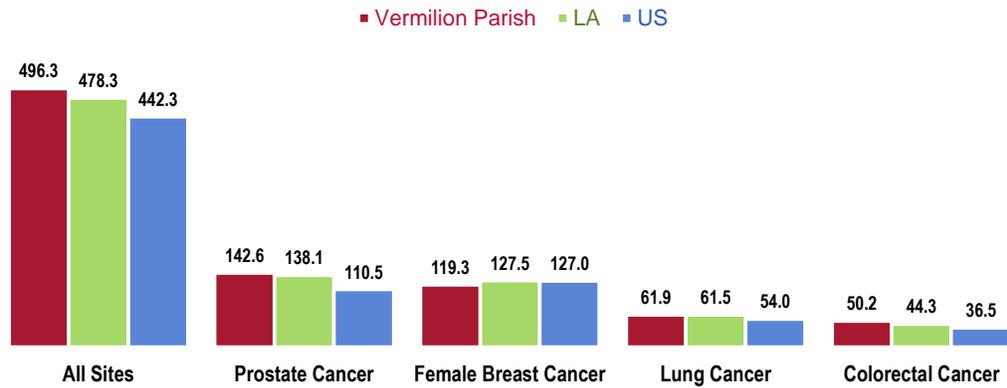


Cancer Incidence

“Incidence rate” or “case rate” is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. It is usually expressed as cases per 100,000 population per year.

It is important to identify leading cancers by site in order to better address them through targeted intervention. The following chart illustrates Vermilion Parish incidence rates for leading cancer sites.

Cancer Incidence Rates by Site (Incidence per 100,000 Population, 2016-2020)



Sources: ● State Cancer Profiles.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).



Cancer Screenings

FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women age 50 to 74 years.

CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women age 21 to 29 years. For women age 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

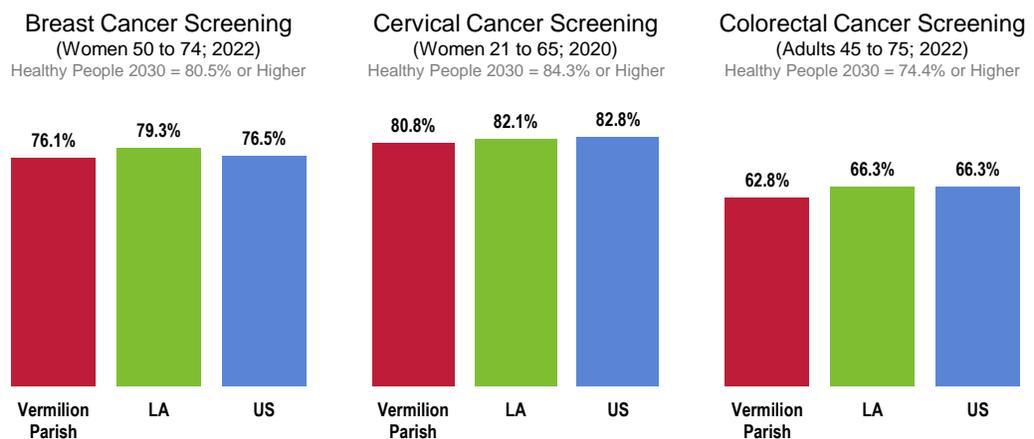
COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 45 years and continuing until age 75 years.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

The following outlines the percentages of residents receiving these age-appropriate cancer screenings. These are important preventive behaviors for early detection and treatment of health problems. Low screening levels can highlight a lack of access to preventive care, a lack of health knowledge, or other barriers.



Sources: • Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

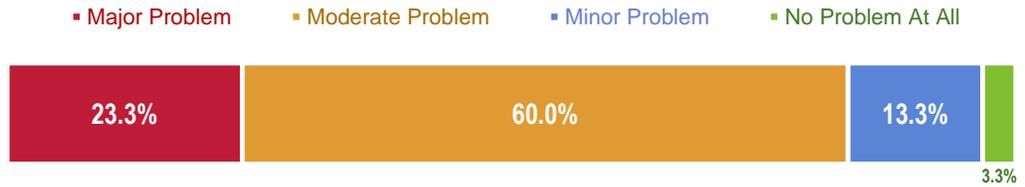
Notes: • Each indicator is shown among the age group specified. Breast cancer screenings are mammograms among females age 50-74 in the past 2 years. Cervical cancer screenings are Pap smears among women 21-65 in the past 3 years. Colorectal cancer screenings include the percentage of population age 45-75 years who report having had 1) a fecal occult blood test (FOBT) within the past year, 2) a sigmoidoscopy within the past 5 years and a FOBT within the past 3 years, or 3) a colonoscopy within the past 10 years.



Key Informant Input: Cancer

Key informants' perceptions of *Cancer* as a local health concern are outlined below.

Perceptions of Cancer as a Problem in the Community (Key Informants; Vermilion Parish, 2024)



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

Just in my family alone, the people who have had cancer is scary. I'm not sure if it's toxins, foods, or genetics, but regardless, it's very scary to think each of my aunts, uncles, mother, father, and a sister has all had some form of cancer. It is quite alarming. – Community Leader

It is not just around our community. I work for the Louisiana State Cancer Registry. Our region includes nine surrounding parishes. There is no parish better off than the next. Cancer will be a forever ongoing health issue. Affecting anyone regardless of age, sex, or locations. – Community Leader

While I do not know the statistics, I do perceive there to be a high number of cancer cases in Vermilion Parish. I do not believe I know a single family that has not had someone in their family who has had cancer. – Community Leader

Our parish/county ranks as one of the top three in the country for incidence of pancreatic cancer. High incidence of lung and colon cancer. High incidence of pediatric cancer/sarcoma, lymphoma, leukemia. Consanguinity of Cajun population. – Physician

There seems to be a higher-than-average cancer rate in Vermilion Parish as compared to other parishes in Louisiana. – Physician

Lifestyle

Poor health, nutrition, metabolic health, education, and screening. – Physician



RESPIRATORY DISEASE

ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. ...More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

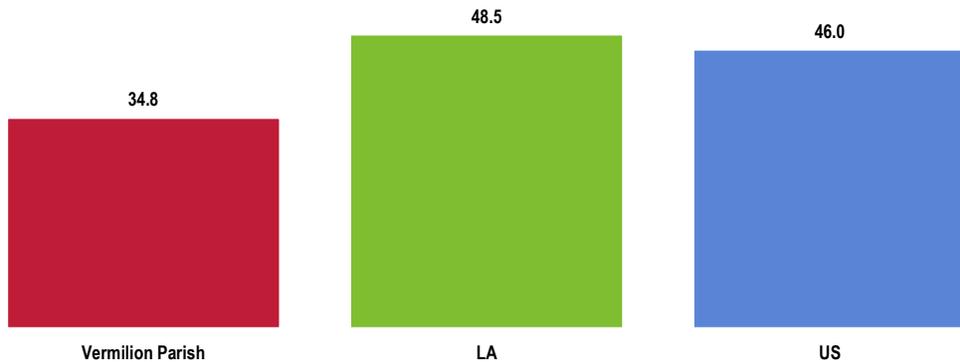
– Healthy People 2030 (<https://health.gov/healthypeople>)

Lung Disease Deaths

The mortality rate for lung disease in Vermilion Parish is summarized below, in comparison with Louisiana and national rates.

Note: Here, lung disease reflects chronic lower respiratory disease deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.

Lung Disease Mortality
(2018-2022 Annual Average Deaths per 100,000 Population)



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.



Asthma Prevalence

The following chart shows the prevalence of asthma among Vermilion Parish adults.

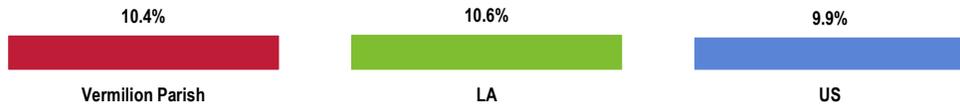
The CDC Behavioral Risk Factor Surveillance Survey asked respondents:

“Has a doctor, nurse, or other health professional ever told you that you had asthma?”

“Do you still have asthma?”

Prevalence includes those responding “yes” to both.

Prevalence of Asthma (2022)



- Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).
- Notes:
- Includes those who have ever been diagnosed with asthma and report that they still have asthma.

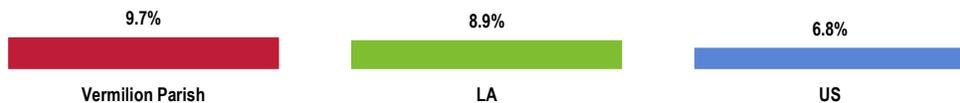
COPD Prevalence

The following chart shows the prevalence of chronic obstructive pulmonary disease (COPD) among Vermilion Parish adults.

The CDC Behavioral Risk Factor Surveillance Survey asked respondents:

“Has a doctor, nurse, or other health professional ever told you that you had COPD (chronic obstructive pulmonary disease), emphysema, or chronic bronchitis?”

Prevalence of Chronic Obstructive Pulmonary Disease (COPD) (2022)



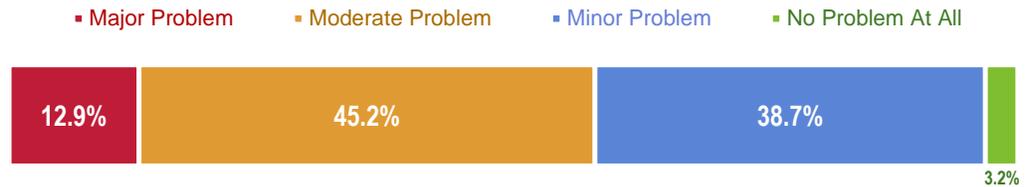
- Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).
- Notes:
- Includes those who have ever been diagnosed with chronic obstructive pulmonary disease (COPD), including emphysema and chronic bronchitis.



Key Informant Input: Respiratory Disease

The following outlines key informants' perceptions of *Respiratory Disease* in our community.

Perceptions of Respiratory Diseases as a Problem in the Community (Key Informants; Vermilion Parish, 2024)



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Metabolic Health

• Poor metabolic health. – Physician

Tobacco Use

• Due to a high prevalence of long-term tobacco use. – Physician



INJURY & VIOLENCE

ABOUT INJURY & VIOLENCE

INJURY ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. ...Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. ...Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

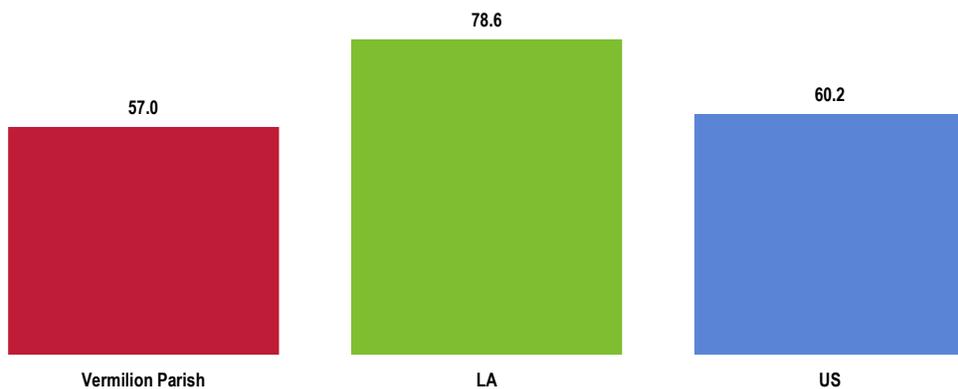
– Healthy People 2030 (<https://health.gov/healthypeople>)

Unintentional Injury

Unintentional Injury Deaths

Unintentional injury is a leading cause of death. The chart that follows illustrates unintentional injury death rates for Vermilion Parish, Louisiana, and the US.

Unintentional Injuries Mortality
(2018-2022 Annual Average Deaths per 100,000 Population)



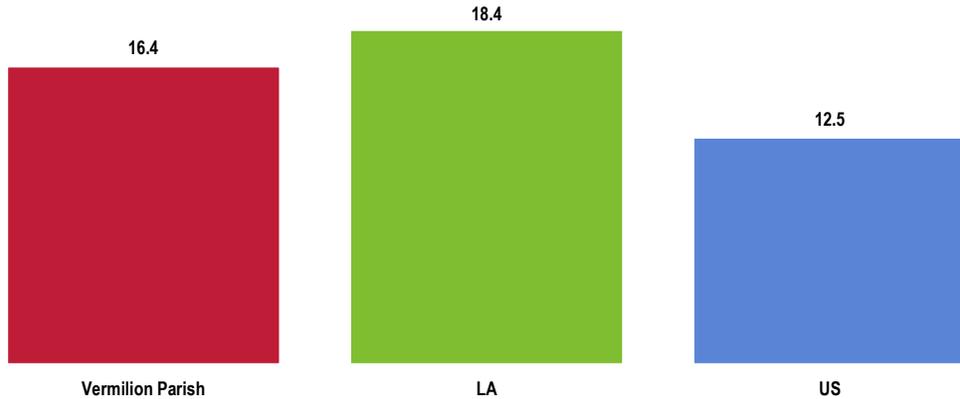
Sources: ● Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.



Motor Vehicle Crash Deaths

Motor vehicle crash deaths are preventable and are a cause of premature death. Mortality rates for motor vehicle crash deaths are outlined below.

Motor Vehicle Crash Mortality
(2018-2022 Annual Average Deaths per 100,000 Population)



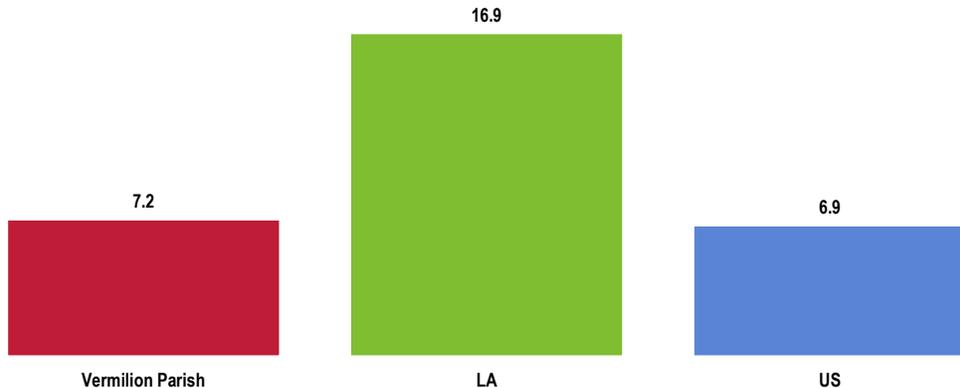
- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population.

Intentional Injury (Violence)

Homicide Deaths

Homicide is a measure of community safety and a leading contributor to years of potential life lost. Homicide mortality rates for Vermilion Parish, Louisiana, and the US are shown in the following chart.

Homicide Mortality
(2018-2022 Annual Average Deaths per 100,000 Population)



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population.

RELATED ISSUE
See also *Mental Health (Suicide)* in the **General Health Status** section of this report.

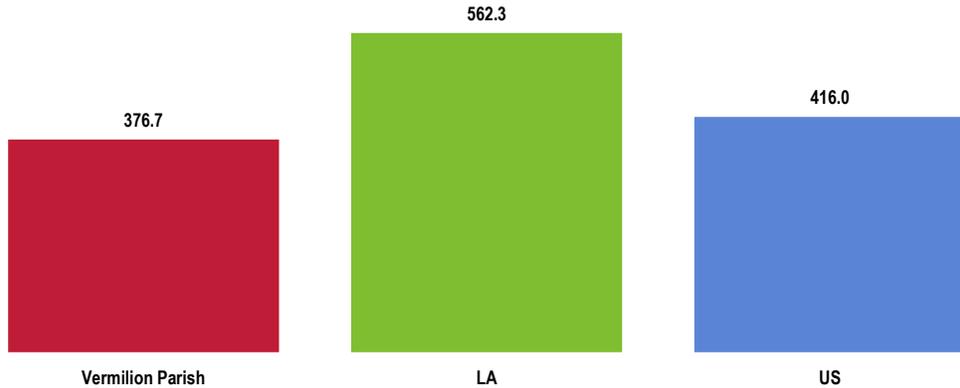


Violent Crime Rate

The following chart shows the rate of violent crime per 100,000 population in Vermilion Parish, Louisiana, and the US.

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault. Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Violent Crime
(Reported Offenses per 100,000 Population, 2015-2017)

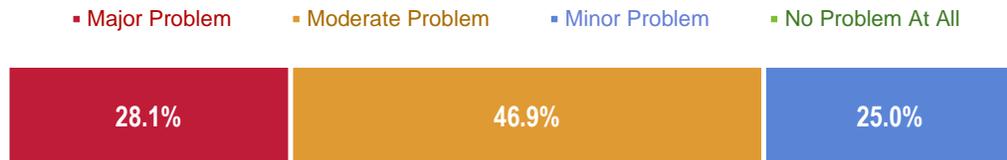


- Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports (UCR).
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or parish police department per 100,000 residents. Violent crime includes homicide, forcible rape, robbery, and aggravated assault.
 - Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Key Informant Input: Injury & Violence

Key informants' perceptions of *Injury & Violence* in our community:

Perceptions of Injury & Violence as a Problem in the Community
(Key Informants; Vermilion Parish, 2024)



- Sources:
- 2024 PRC Online Key Informant Survey, PRC, Inc.
- Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Family Violence

Broken families, drug abuse, lack of education, and recidivism are major contributing factors to injury and violence in our community. – Health Provider



I have treated very young children with anxiety and other behavioral/mental health issues who were exposed to violence in their home before the age of 3. Many times, the parents do not realize how this affects their child, and when it presents as “behavioral concerns,” they have to be educated first on how the environment that is created for their child affects their child, and second, educated on the importance of providing mental health care to their child. – Physician

Alcohol/Drug Use

Drug abuse and alcohol abuse are rampant. Gun violence due to rival drug dealers is common. – Physician

Illegal drug use and distribution by organized gangs. – Physician

Awareness/Education

Lack of education and resources that lead to crime-related incidents. – Community Leader

Cultural/Personal Beliefs

Lack of social morals, government destabilization between societies. – Physician

Gang Violence

Problems rise with gangs. Gang-related killings, drugs on the streets. – Community Leader

Gun Violence

Above-average gun violence incidents related to gang activity and turf wars. – Community Leader



DIABETES

ABOUT DIABETES

More than 30 million people in the United States have diabetes. ...Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

- Healthy People 2030 (<https://health.gov/healthypeople>)

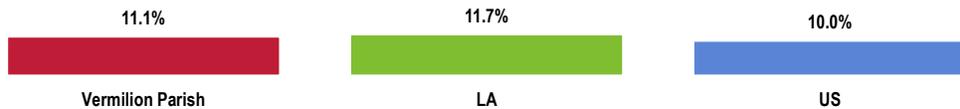
Prevalence of Diabetes

Diabetes is a prevalent and long-lasting (chronic) health condition with a number of adverse health effects, and it may indicate an unhealthy lifestyle. The prevalence of diabetes among Vermilion Parish adults age 20 and older is outlined below, compared to state and national prevalence levels.

The CDC Behavioral Risk Factor Surveillance Survey asked respondents:

"Has a doctor, nurse, or other health professional ever told you that you had diabetes?"

Prevalence of Diabetes (Adults Age 20 and Older; 2022)



- Sources:
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).



Key Informant Input: Diabetes

The following are key informants' ratings of *Diabetes* as a health concern in Vermilion Parish.

Perceptions of Diabetes as a Problem in the Community (Key Informants; Vermilion Parish, 2024)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Nutrition

- Proper diet. – Physician
- Poor dietary choices, cost of medications. – Physician
- Poor diet, obesity, lack of education. – Physician
- Food industry, big pharma, poor metabolic health, exercise. – Physician
- Changing their diet. Not knowing how to make changes. Limited finances. – Physician

Awareness/Education

- Education. – Community Leader
- Lack of education about healthy meals. – Community Leader
- Diabetic education. – Physician

Obesity

- Class III obesity, poor nutrition, lack of exercise. – Health Provider
- Obesity and metabolic health. – Physician

Access to Affordable Healthy Food

- Access to affordable healthy foods. – Health Provider

Access to Care/Services

- Access to primary care. Morbid obesity. – Physician

Affordable Medications/Supplies

- Cost of medication. – Community Leader

Cultural/Personal Beliefs

- Our culture does not offer much if you are a diabetic. Restaurants in our community do not offer many options for diabetic patients. We are raised on potatoes, rice and gravy, and sweets. – Community Leader

Disease Management

- Compliance with treatment and diet. – Health Provider

Lifestyle

- Lifestyle changes necessary to control diabetes. – Physician



DISABLING CONDITIONS

ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

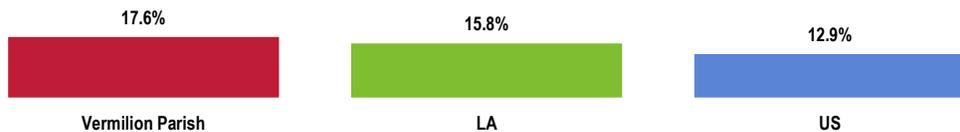
In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Disability

The following represents the percentage of the total civilian, non-institutionalized population in Vermilion Parish with a disability. This indicator is relevant because disabled individuals may comprise a vulnerable population that requires targeted services and outreach.

Population With Any Disability
(Among Civilian Non-Institutionalized Residents; 2018-2022)



Sources: • US Census Bureau, American Community Survey.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).



Key Informant Input: Disabling Conditions

Key informants' perceptions of *Disabling Conditions* are outlined below.

Perceptions of Disabling Conditions as a Problem in the Community (Key Informants; Vermilion Parish, 2024)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: ● 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

As a resident of rural Vermilion Parish, I see too many residents having to leave the parish for basic health care. When it comes to more serious issues like chronic pain or dementia, which is so prevalent in our community, residents are having to again travel out-of-parish to seek care. – Community Leader

Lack of services. – Health Provider

Both nursing homes are at capacity with long waiting lists. – Physician

Incidence/Prevalence

While I do believe we have a high percentage of people on disability, it has been my observation that only a fraction of individuals on assistance are actually disabled to a point that prevents them from working. We do have a large number of people who claim disability to qualify for assistance. I have had many conversations with people who have stated they moved here because they are able to get housing assistance and assistance goes farther in our market. – Community Leader

Large number of patients seen with these complaints. – Health Provider

There is a large population of disabled individuals in the community. – Physician

Diagnosis/Treatment

Pain management. – Health Provider

Need alternative for chronic pain other than narcotics. – Health Provider

Insurance Issues

Following a fall, Medicare/Medicaid does not allow for a brief inpatient stay to assess fall risk factor or initiate a prevention plan. Often these patients live alone. If they need placement in a nursing home rehab setting, the Medicare/Medicaid rules force us to discharge the patient from the hospital before a good discharge plan can be completed. Also, to qualify for nursing home placement, the rule requiring a hospital stay is problematic since we are forced to discharge before the patient meets the inpatient stay requirement. – Physician

Work-Related

A majority of people in this community work in very physically strenuous jobs for years. This type of backbreaking work negatively affects their bodies over the years. Also, lack of education on healthy eating, importance of exercise, etc. There is also a major problem with substance abuse, alcoholism, and nicotine use. – Physician

Employment Concerns

Assistance with job placement for unemployed and disabled, along with vocational education programs to aid in training people for the workforce. – Physician



Awareness/Education

| Education, seed oils, grains, metabolic health. – Physician

Impact on Quality of Life

| Disability is the ultimate loss of productivity and, therefore, most detrimental to community. – Physician

Obesity

| Obesity, lack of physical activity, lack of education on good health and nutrition. – Health Provider





BIRTHS

BIRTH OUTCOMES & RISKS

ABOUT INFANT HEALTH

Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women's health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants' health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

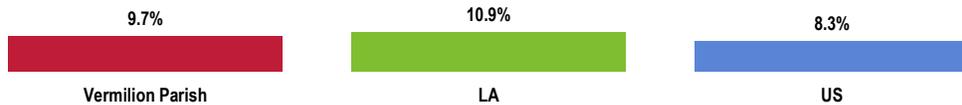
– Healthy People 2030 (<https://health.gov/healthypeople>)

Low-Weight Births

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable. The following chart illustrates the percent of total births that are low birth weight.

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Low-Weight Births
(Percent of Live Births, 2016-2022)



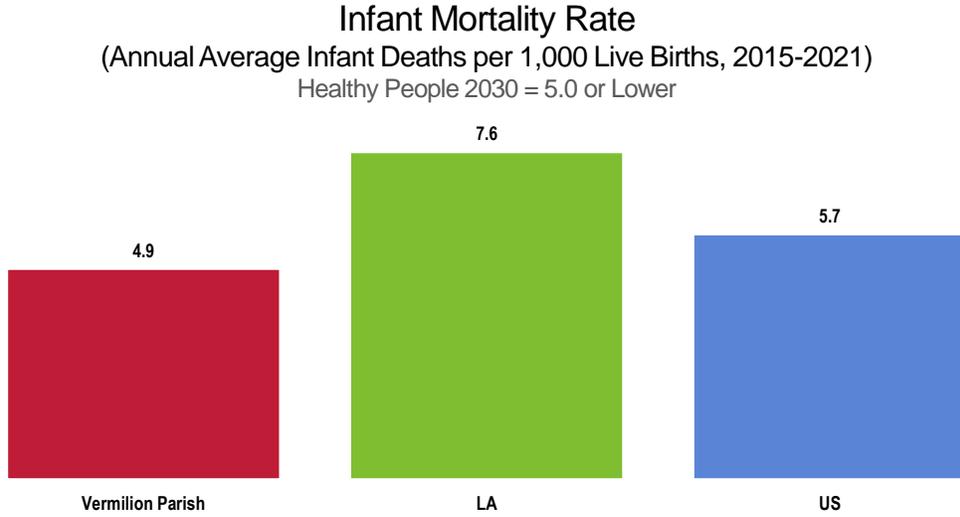
Sources: • University of Wisconsin Population Health Institute, County Health Rankings.
Note: • This indicator reports the percentage of total births that are low birth weight (Under 2500g).



Infant Mortality

Infant mortality includes the death of a child before his/her first birthday, expressed as the number of such deaths per 1,000 live births.

The following chart shows the number of infant deaths per 1,000 live births in Vermilion Parish. High infant mortality can highlight broader issues relating to health care access and maternal/child health.



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Infant deaths include deaths of children under 1 year old.



FAMILY PLANNING

ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. ...Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

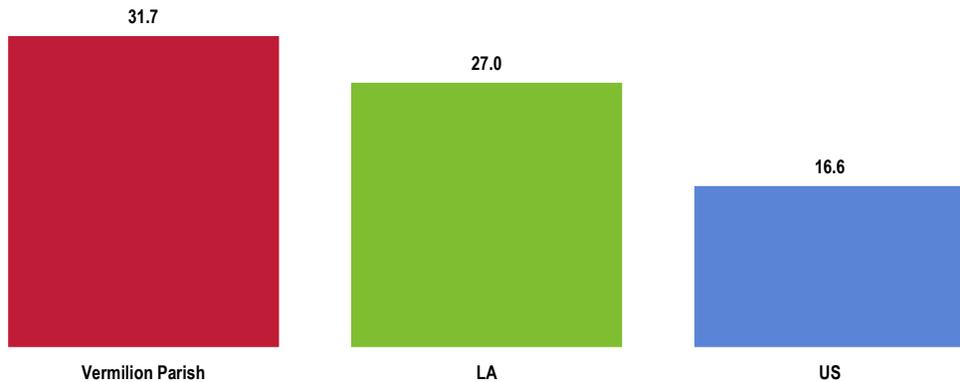
– Healthy People 2030 (<https://health.gov/healthypeople>)

Births to Adolescent Mothers

The following chart outlines the teen birth rate in Vermilion Parish, compared to rates statewide and nationally. In many cases, teen parents have unique health and social needs. High rates of teen pregnancy might also indicate a prevalence of unsafe sexual behavior.

Here, teen births include births to women ages 15 to 19 years old, expressed as a rate per 1,000 female population in this age cohort.

Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2016-2022)



Sources:

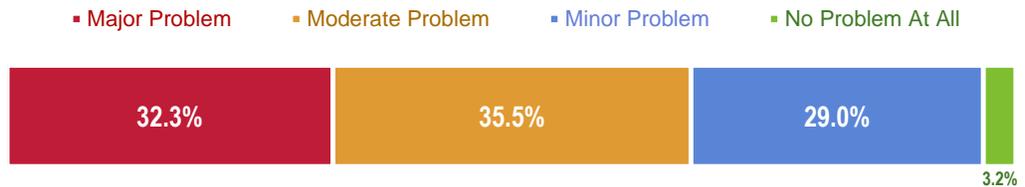
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).



Key Informant Input: Infant Health & Family Planning

Key informants' perceptions of *Infant Health & Family Planning* as a community health issue are outlined below.

Perceptions of Infant Health & Family Planning as a Problem in the Community (Key Informants; Vermilion Parish, 2024)



Sources: ● 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

- Access to women's health care is lacking in our community. – Health Provider
- Resources unavailable. – Community Leader

Diagnosis/Treatment

- The first issue is that many of our patients do not either seek medical care for their prenatal needs or they seek it at a very late stage in their pregnancy. As far as infant health issues are concerned, in our clinic, parents may show up for the initial visits, but then are lost to care for several months of the child's development. Some will show up only when there is a significant concern for the child or if the day care or school requires up-to-date vaccines. I believe this goes back to the lack of or minimal health literacy within the community. The other issue is the lack of subspecialty care nearby and for any chronic medical conditions that require a specialist; the patients have to go to Lafayette, Baton Rouge, or beyond. I am referring to the care of children, however, and not the issues of family planning or maternal health. – Physician

Alcohol/Drug Use

- High rate of unsupervised pregnancy; high rate of drug, alcohol, and tobacco use during pregnancy. – Physician

Awareness/Education

- Education, lack of social morals, government disincentives for families. – Physician

Income/Poverty

- The poor in our community do not take advantage of access to prenatal care. There is also a large population of substance abusers. These women also do not choose to take advantage of family planning resources. Having babies to give them access to financial assistance is their sole source of income. – Physician

Single Parent Families

- High number of single female head of households substantiated by census data. – Community Leader

Teen Pregnancy

- High rate of young girls having babies, lack of knowledge regarding birth control, most babies born out of wedlock with no strong family unit in place. – Physician





MODIFIABLE HEALTH RISKS

NUTRITION

ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. ...People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

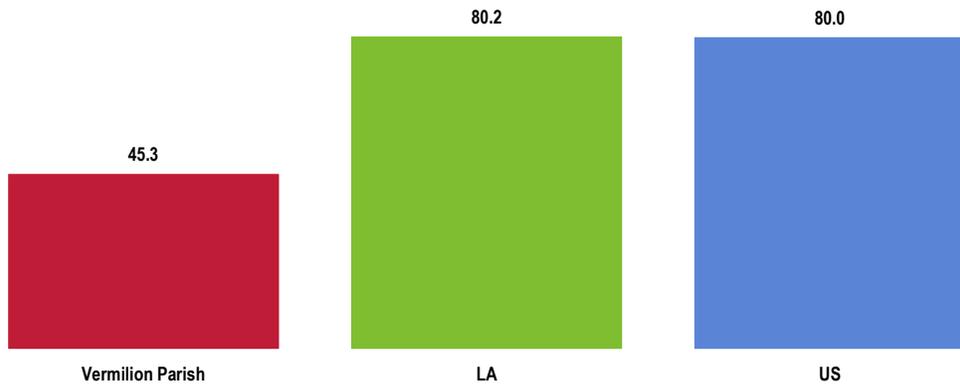
– Healthy People 2030 (<https://health.gov/healthypeople>)

Food Environment: Fast Food

The following shows the number of fast food restaurants in Vermilion Parish, expressed as a rate per 100,000 residents. This indicator provides a measure of healthy food access and environmental influences on dietary behavior.

Here, fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating.

Fast Food Restaurants
(Number of Fast Food Restaurants per 100,000 Population, 2022)



Sources:

- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).



Low Food Access

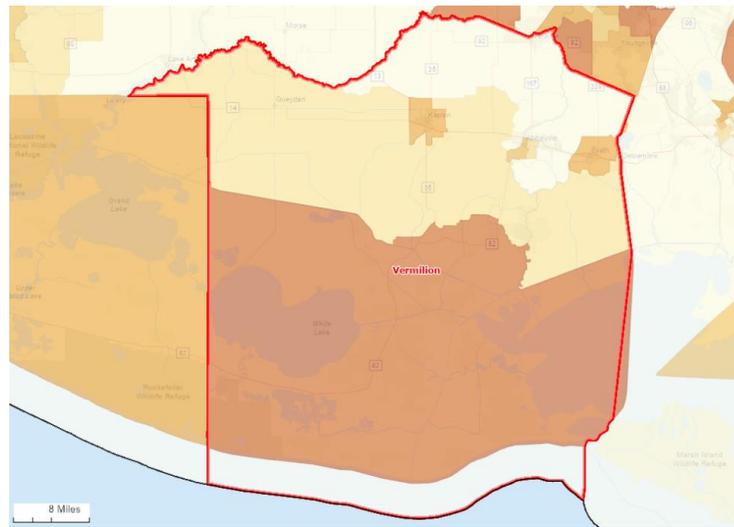
Low food access is defined as living more than 1 mile from the nearest supermarket, supercenter, or large grocery store (or 10 miles in rural areas).

The following chart shows US Department of Agriculture data determining the percentage of Vermilion Parish residents found to have low food access, meaning that they do not live near a supermarket or large grocery store.

Population With Low Food Access
(Percent of Population Far From a Supermarket or Large Grocery Store, 2019)



- Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).
- Notes:
- Low food access is defined as living more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket, supercenter, or large grocery store.



Report Location, County

Map Legend

Population with Limited Food Access, Percent by Tract, USDA - FARA 2019

- Over 50.0%
- 20.1 - 50.0%
- 5.1 - 20.0%
- Under 5.1%
- No Low Food Access



PHYSICAL ACTIVITY

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

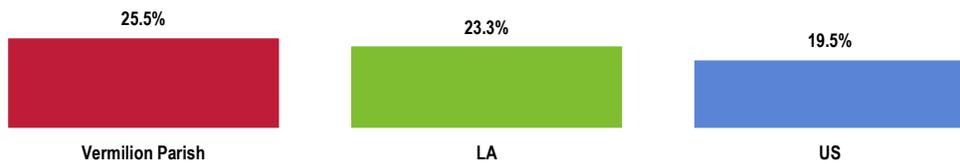
Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Leisure-Time Physical Activity

Below is the percentage of Vermilion Parish adults age 20 and older who report no leisure-time physical activity in the past month. This measure is important as an indicator of risk for significant health issues such as obesity or poor cardiovascular health.

No Leisure-Time Physical Activity in the Past Month (Among Adults Age 20 and Older, 2021) Healthy People 2030 = 21.8% or Lower



Sources:

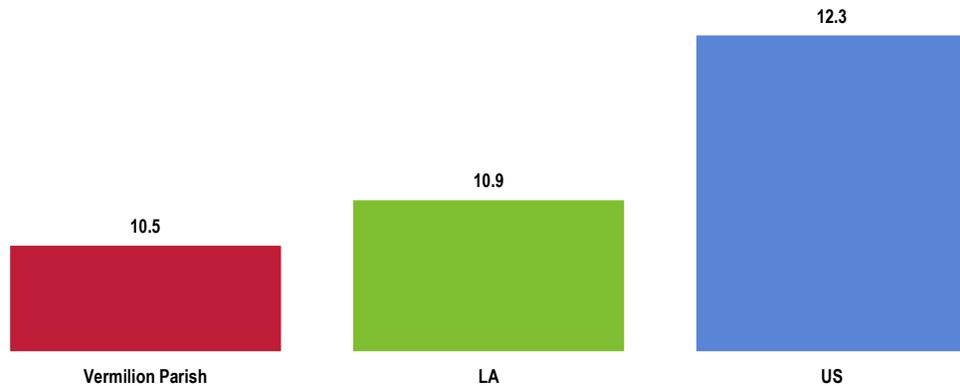
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>



Access to Physical Activity

The following chart shows the number of recreation/fitness facilities for every 100,000 population in Vermilion Parish. This is relevant as an indicator of the built environment's support for physical activity and other healthy behaviors.

Population With Recreation & Fitness Facility Access
(Number of Recreation & Fitness Facilities per 100,000 Population, 2022)



- Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).
- Notes:
- Recreation and fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities." Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.



WEIGHT STATUS

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m²). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m² and obesity as a BMI ≥30 kg/m². The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m². The increase in mortality, however, tends to be modest until a BMI of 30 kg/m² is reached. For persons with a BMI ≥30 kg/m², mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m².

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m ²)
Underweight	<18.5
Healthy Weight	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

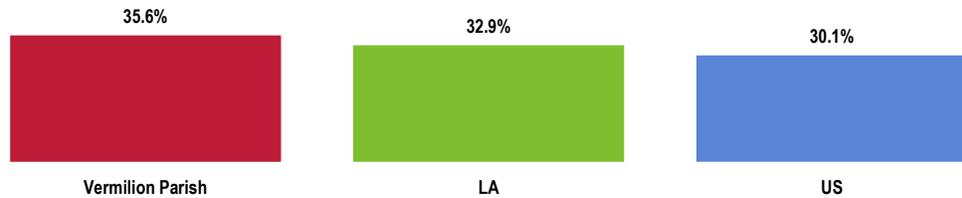


Obesity

Outlined below is the percentage of Vermilion Parish adults age 20 and older who are obese, indicating that they might lead an unhealthy lifestyle and be at risk for adverse health issues.

“Obese” includes respondents with a BMI value ≥ 30.0 .

Prevalence of Obesity (Among Adults Age 20 and Older With a Body Mass Index ≥ 30.0 , 2021) Healthy People 2030 = 36.0% or Lower



Sources:

- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0.

Key Informant Input: Nutrition, Physical Activity & Weight

Key informants' ratings of *Nutrition, Physical Activity & Weight* as a community health issue are illustrated below.

Perceptions of Nutrition, Physical Activity & Weight as a Problem in the Community (Key Informants; Vermilion Parish, 2024)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources:

- 2024 PRC Online Key Informant Survey, PRC, Inc.

Notes:

- Asked of all respondents.



Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Awareness/Education

Lack of education, poverty. – Health Provider

Need nutrition education, facilities for physical activity, such as walking tracks, and resources for weight management. – Health Provider

No health and nutrition education. Poor diets, lots of fast food, and foods with little or no nutrition consumed. This, in turn, causes obesity. Young people do not participate in a lot active sports or exercise programs. – Community Leader

This is an issue of health literacy. It is simply trying to educate the patient population about the effects of poor diet and how lack of exercise can affect their child’s health. – Physician

Dietary education and motivation. – Physician

No access to nutritional education programs, cultural norms, unhealthy dietary habits. – Physician

I think the biggest challenge with the above referenced is awareness and the access to affordable treatment or counseling. – Community Leader

Obesity

Large population of obese. – Physician

Obesity. – Health Provider

Obesity is very common. There is not enough emphasis on physical activity for adults. – Physician

Lifestyle

We live in a fast-paced society. No time to cook or exercise. We fall into habitual creatures. – Community Leader

Poor nutrition, lack of physical activity, prevalence of obesity. – Physician

Poor diet, fast food proliferation, and poverty. – Physician

Access to Affordable Healthy Food

Cost of healthy food. Limited options for locally grown organic meat and veggies. – Health Provider

Built Environment

No sidewalks. Cost of healthy food. – Physician

Cultural/Personal Beliefs

Cultural influences on delicious but unhealthy food. Summer heat is oppressive, and the area lacks fun places designed to encourage physical activity. – Community Leader

Genetics

Genetics. Failure of parenting not motivating exercise. Musculoskeletal disease preventing exertion. – Physician

Income/Poverty

Poverty, lack of education, lack of nutrition services. – Health Provider

Metabolic Health

Poor metabolic health, food industry/big pharma, lack of exercise. – Physician



SUBSTANCE USE

ABOUT DRUG & ALCOHOL USE

Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

– Healthy People 2030 (<https://health.gov/healthypeople>)

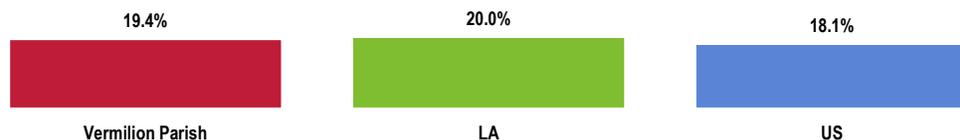
Excessive Alcohol Use

Excessive drinking includes heavy and/or binge drinking:

- **HEAVY DRINKING** ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **BINGE DRINKING** ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

The following illustrates the prevalence of excessive drinking in Vermilion Parish, as well as statewide and nationally. Excessive drinking is linked to significant health issues, such as cirrhosis, certain cancers, and untreated mental/behavioral health issues.

Engage in Excessive Drinking (2021)

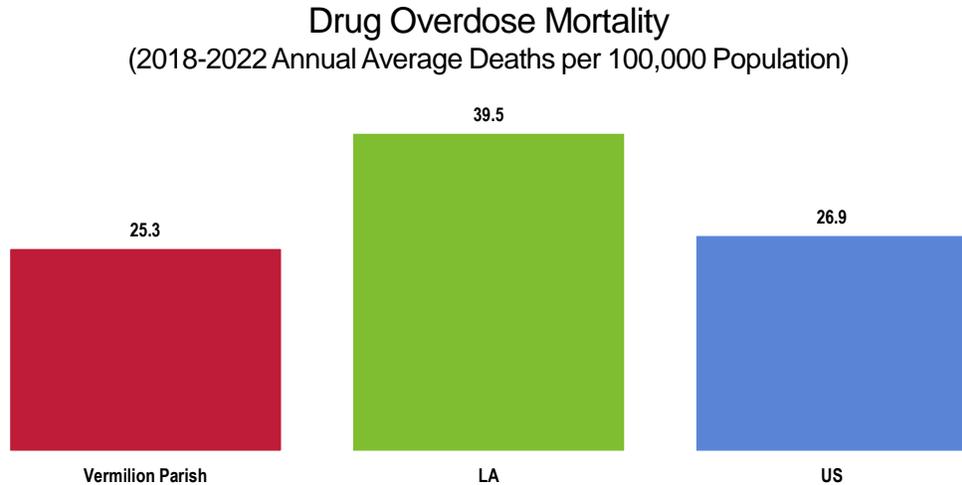


- Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).
- Notes:
- Excessive drinking is defined as the percentage of the population who report at least one binge drinking episode involving five or more drinks for men and four or more for women over the past 30 days, or heavy drinking involving more than two drinks per day for men and more than one per day for women, over the same time period.



Drug Overdose Deaths

The chart that follows illustrates death rates attributed to drug overdoses (all substances, excluding alcohol) for Vermilion Parish, Louisiana, and the US.

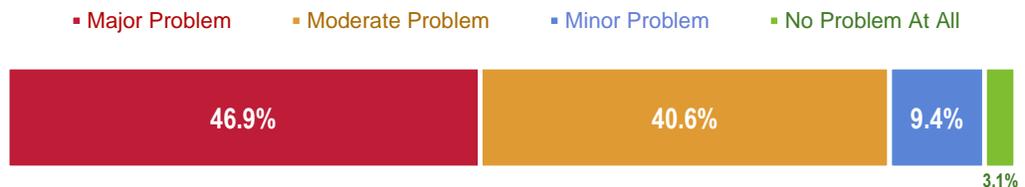


- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population.

Key Informant Input: Substance Use

Note the following perceptions regarding *Substance Use* in the community among key informants taking part in an online survey.

Perceptions of Substance Use as a Problem in the Community (Key Informants; Vermilion Parish, 2024)



- Sources:
- 2024 PRC Online Key Informant Survey, PRC, Inc.
- Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Denial/Stigma

- Criminal stigma of using substances. – Health Provider
- People don't think they need help. – Community Leader
- Social stigma and outside pressures. – Physician



Access to Care/Services

I think the greatest barriers for substance abuse is the availability to treatment facilities that are local. From where I sit, most substance users are underprivileged and may not have transportation that is needed to get help. – Community Leader

Limited number of treatment centers, patient nonadherence. – Health Provider

Income/Poverty

The greatest barriers are money and lack of facilities. – Community Leader

Poverty, lack of interest in self-improvement, generational alcoholism, lack of affordable care for SA and mental health issues. – Physician

Alcohol/Drug Use

Large problem with drug use in the community. Limited availability. – Health Provider

Cultural/Personal Beliefs

Poor moral standards. – Physician

Disease Management

Patients with no desire to quit. – Physician

Lack of Providers

Lack of psychiatrists/MDs. – Physician

Legal System

Lack of accountability for court system and court-appointed rehab centers allow for individuals to be kicked out in a community that lacks resources. – Community Leader

Most Problematic Substances

Note below which substances key informants (who rated this as a “major problem”) identified as causing the most problems in Vermilion Parish.

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Use as a “Major Problem”)

ALCOHOL	26.2%
METHAMPHETAMINE OR OTHER AMPHETAMINES	23.8%
HEROIN OR OTHER OPIOIDS	11.9%
COCAINE OR CRACK	9.5%
MARIJUANA	9.5%
PRESCRIPTION MEDICATIONS	9.5%
HALLUCINOGENS OR DISSOCIATIVE DRUGS (e.g., Ketamine, PCP, LSD, DXM)	4.8%
SYNTHETIC DRUGS (e.g. Bath Salts, K2/Spice)	4.8%



TOBACCO USE

ABOUT TOBACCO USE

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Cigarette Smoking Prevalence

Tobacco use is linked to the two major leading causes of death: cancer and cardiovascular disease. Note below the prevalence of cigarette smoking in our community.

The CDC Behavioral Risk Factor Surveillance Survey asked respondents:

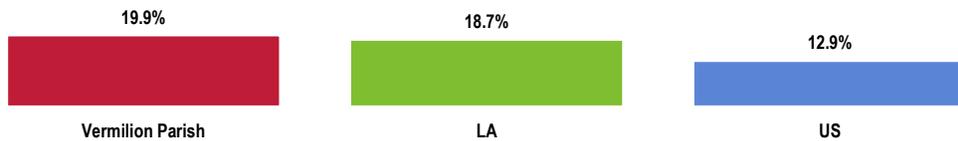
“Have you smoked at least 100 cigarettes in your entire life?”

“Do you now smoke cigarettes every day, some days, or not at all?”

Cigarette smoking prevalence includes those who report having smoked at least 100 cigarettes in their lifetime and who currently smoke every day or on some days.

Prevalence of Cigarette Smoking (2022)

Healthy People 2030 = 6.1% or Lower



- Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Includes those who report having smoked at least 100 cigarettes in their lifetime and currently smoke cigarettes every day or on some days.



Key Informant Input: Tobacco Use

Below are key informants' ratings of *Tobacco Use* as a community health concern.

Perceptions of Tobacco Use as a Problem in the Community (Key Informants; Vermilion Parish, 2024)



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

- Smoking is very prevalent, beginning at an early age. – Physician
- High number of patients seen who are smokers. – Health Provider
- High incidence of smoking and vaping. – Health Provider
- Many parents and relatives of the children smoke around the children, affecting their health. I do not know if this is because they are unaware of how smoke affects the airways and breathing of children or because they simply choose to do this around them. The parents do not smoke outside but inside, within the living quarters of their children. – Physician

Awareness/Education

- Lack of education. Peer pressure. Lack of resources. – Community Leader
- Lack of education on dangers of smoking; poor family units, if there even are any. – Physician

Co-Occurrences

- Respiratory-related illness. – Health Provider
- High rate of smoking-related disease. Pulmonary and atherosclerosis. – Physician

Generational

- Early exposure in youth, passed down from older generations in the home and community. – Physician

Income/Poverty

- Low socioeconomic standards of living. – Physician

Vaping

- It is everywhere, and now they have vaping that is very attractive to minors. Ban smoking. Period. – Health Provider



SEXUAL HEALTH

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

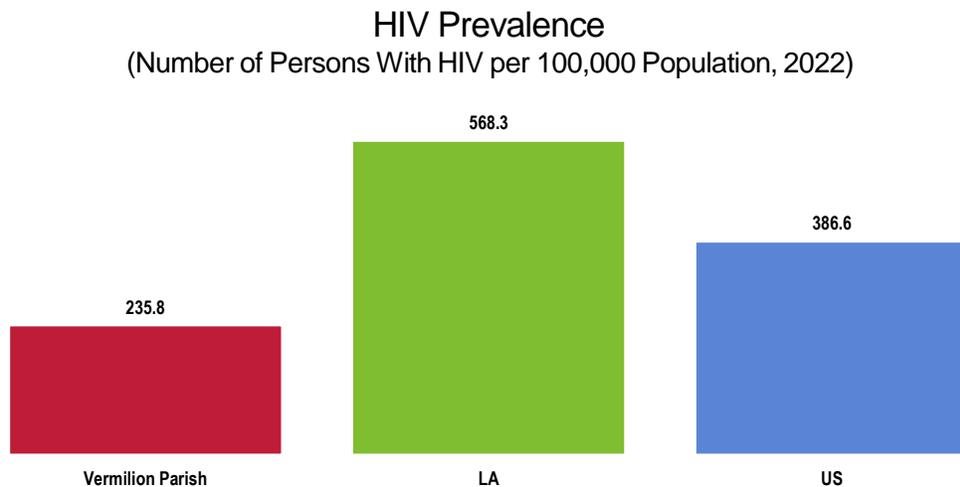
Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people’s risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn’t prevent HIV from spreading.

– Healthy People 2030 (<https://health.gov/healthypeople>)

HIV

The following chart outlines the prevalence of HIV in our community, expressed as a rate per 100,000 population. This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.



Sources:

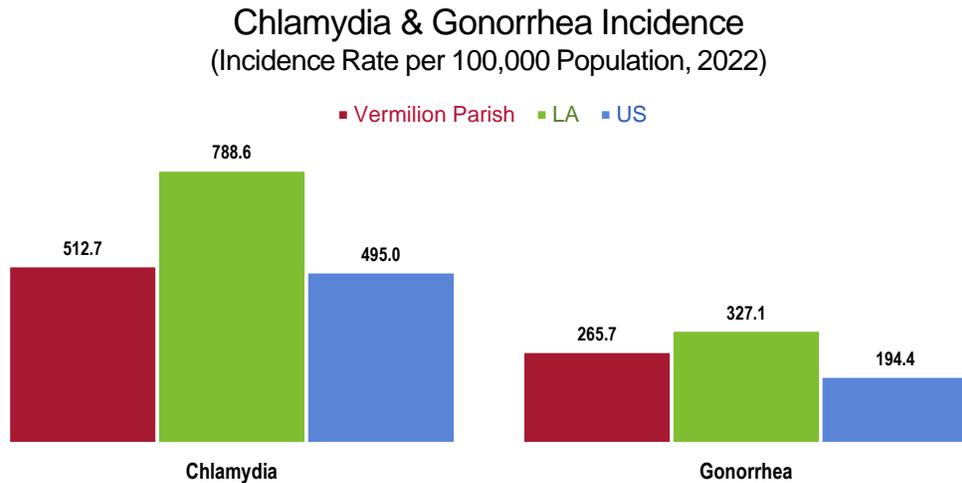
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).



Sexually Transmitted Infections (STIs)

Chlamydia & Gonorrhea

Chlamydia and gonorrhea are reportable health conditions that might indicate unsafe sexual practices in the community. Incidence rates for these sexually transmitted diseases are shown in the following chart.

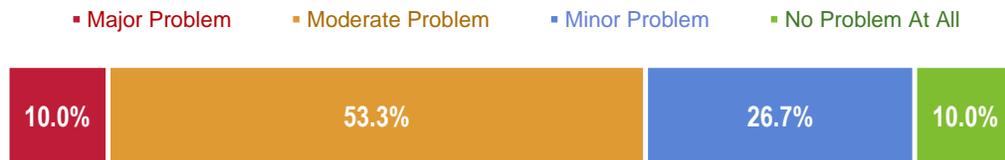


Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).

Key Informant Input: Sexual Health

Key informants' ratings of *Sexual Health* as a community health concern are shown in the following chart.

Perceptions of Sexual Health as a Problem in the Community (Key Informants; Vermilion Parish, 2024)



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Cultural/Personal Beliefs

- Poor moral standards. – Physician





ACCESS TO HEALTH CARE

BARRIERS TO HEALTH CARE ACCESS

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. ...People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Lack of Health Insurance Coverage

Health insurance coverage is a critical component of health care access and a key driver of health status. The following chart shows the latest figures for the prevalence of uninsured adults (age 18 to 64 years) and of uninsured children (under the age of 19) in Vermilion Parish.

Here, lack of health insurance coverage reflects those younger than 65 (thus excluding the Medicare population) who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans.

Uninsured Population (2022)

Healthy People 2030 Target = 7.6% or Lower

■ Children (0-18) ■ Adults (18-64)



Sources:

- US Census Bureau, Small Area Health Insurance Estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>



Key Informant Input: Access to Health Care Services

Key informants' ratings of *Access to Health Care Services* as a problem in Vermilion Parish is outlined below.

Perceptions of Access to Health Care Services as a Problem in the Community (Key Informants; Vermilion Parish, 2024)



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

- Lack of appropriate resources for the patient population and attempts being made to force providers' care that is beyond either the training of the providers or that of the hospital and its system. – Physician
- Lack of family practice physicians and lack of general internal medicine physicians. Inadequate ongoing screening and triage by midlevel. – Physician
- Access to primary care. Access to specialists. – Physician
- Mental health access, quick access to health care for Medicaid patients for primary care and specialties. Dental services for Medicaid. – Health Provider

Aging Population

- We are a poor rural community with an aging population. Transportation to health care facilities are an issue. Also, elder services are lacking. Developing a senior service center with assistance with transportation will assist with senior isolationism. Providing meals and medical screening would go a long way in reaching this population. – Physician

Transportation

- There are a few challenges. Patient transportation to necessary appointments. Low/poor patient understanding of importance of preventative care, along with having low health literacy. – Physician

Awareness/Education

- Education, lack of providers, lack of pay for providers, insurance costs. – Physician



PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

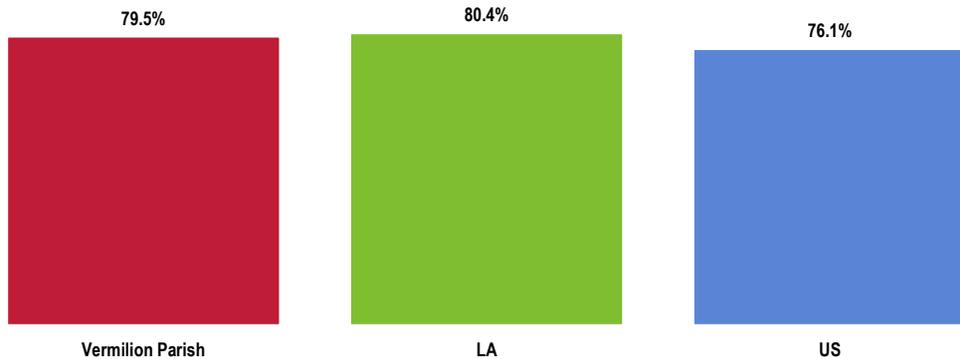
Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

— Healthy People 2030 (<https://health.gov/healthypeople>)

Primary Care Visits

The following chart reports the percentage of Vermilion Parish adults who visited a doctor for a routine checkup in the past year.

Primary Care Visit in the Past Year
(2022)



Sources:

- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).

Notes:

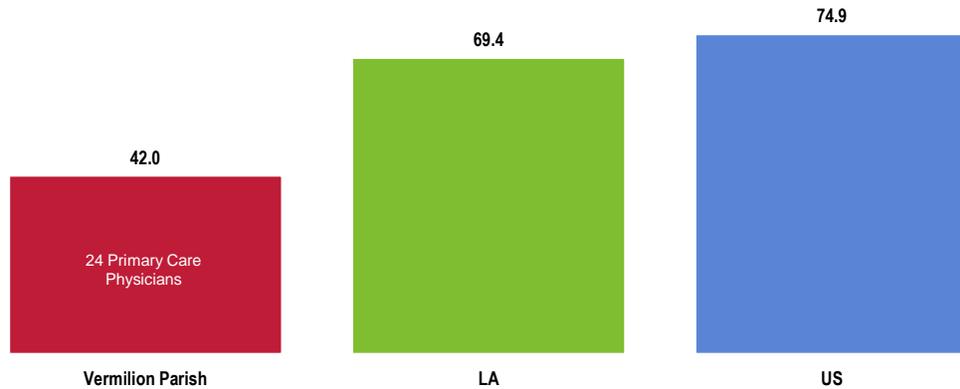
- This indicator reports the number and percentage of adults age 18 and older with one or more visits to a doctor for routine checkup within the past one year.



Access to Primary Care

The following indicator outlines the number of primary care physicians per 100,000 population in Vermilion Parish. Having adequate primary care practitioners contributes to access to preventive care.

Access to Primary Care (Number of Primary Care Physicians per 100,000 Population, 2021)



- Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).
- Notes:
- Doctors classified as "primary care physicians" by the AMA include: general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs, and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.



ORAL HEALTH

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. ...Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

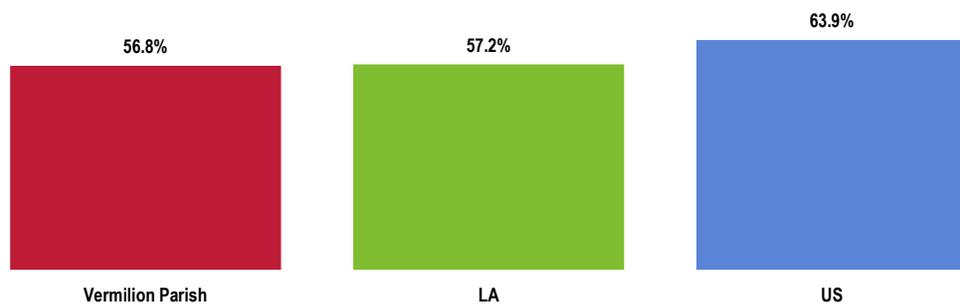
– Healthy People 2030 (<https://health.gov/healthypeople>)

Dental Visits

The following chart shows the percentage of Vermilion Parish adults age 18 and older who have visited a dentist or dental clinic in the past year.

Visited a Dentist or Dental Clinic in the Past Year (2022)

Healthy People 2030 = 45.0% or Higher



Sources:

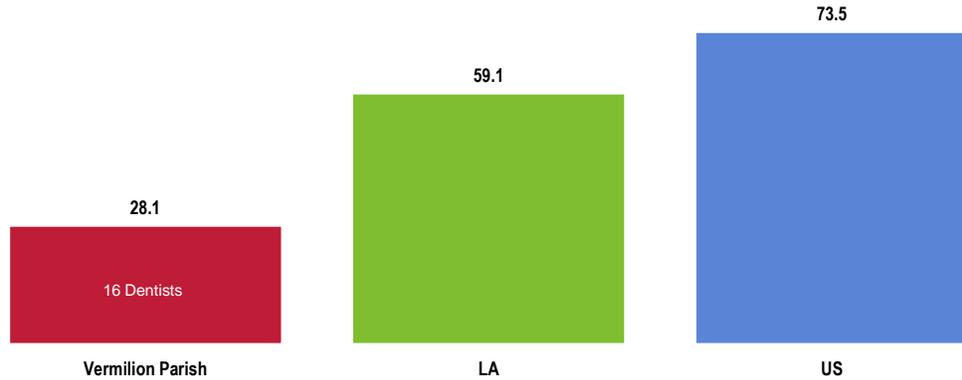
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>



Access to Dentists

The following chart outlines the number of dentists for every 100,000 residents in Vermilion Parish.

Access to Dentists
(Number of Dentists per 100,000 Population, 2022)

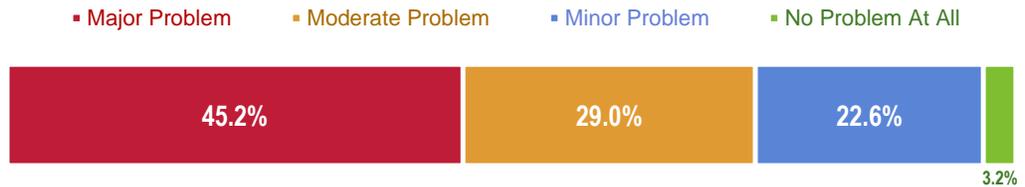


Sources: • Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPDES).
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).
Notes: • This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists — qualified as having a doctorate in dental surgery (DDS) or dental medicine (DMD) — who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

Key Informant Input: Oral Health

Key informants' perceptions of *Oral Health* are outlined below.

Perceptions of Oral Health as a Problem in the Community
(Key Informants; Vermilion Parish, 2024)



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

- We see many patients with poor dentition either on CT scans done for other reasons or because they have symptoms of dental abscesses. – Physician
- There is a disproportionately high volume of the population with what would be deemed substandard oral health. – Physician
- Many patients have poor dentition, missing and broken teeth. – Physician



Affordable Care/Services

Lack of affordable dental care. – Health Provider

Poor oral care from childhood, no money for regular dental checkups. – Physician

Awareness/Education

Again, no education regarding oral care. A large portion of the population cannot afford oral care or insurance. – Community Leader

This is also an issue of health literacy and the lack of understanding of how diet, as well as preventative care, can affect dental health. The one dentist in the area who accepted Medicaid has left. Families must now go to Kaplan, New Iberia, or Lafayette for pediatric dental care. – Physician

Access to Care/Services

High incidence of need for pediatric dentistry secondary to poor parenting regarding child nutrition leading to high incidence of atherosclerosis with heart, brain, kidney, extremity (as well as other organ/tissue) ischemia. – Physician

No access for dentist other than SWLA Clinic. Long waitlists. No preventative care. – Health Provider

Income/Poverty

Poverty, lack of dental offices accepting Medicaid. – Health Provider

Insurance Issues

Lack of insurance coverage for dental visits, sugar consumption. – Physician





LOCAL RESOURCES

HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within Vermilion Parish.

FQHCs are community assets that provide health care to vulnerable populations; they receive federal funding to promote access to ambulatory care in areas designated as medically underserved.



Map Legend

Report Location, County 

Federally Qualified Health Centers, POS
December 2023 





Resources Available to Address Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

- Abbeville General Hospital/Clinic
- Community Clinic
- Community Hospital
- Early Steps
- Grocery Stores
- Home Health Services
- Hospitals
- Nursing Homes
- Rural Health Clinics
- Substance Abuse Rehab Clinic
- Women, Infants and Children

Cancer

- Abbeville General Hospital Behavioral Medicine Center
- Abbeville General Hospital/Clinic
- Christian Service Center
- Levy Cancer Foundation

Diabetes

- Abbeville General Hospital/Clinic
- Americans with Disabilities
- Dietitians
- Doctors' Offices
- National Diabetes Foundation

Disabling Conditions

- Abbeville General Hospital Behavioral Medicine Center
- Abbeville General Hospital/Clinic
- Americans with Disabilities
- Community Hospital
- Council on Aging
- Doctors' Offices
- Eastridge Nursing Home
- Home Health Services
- Magnolia Estates Nursing Home

Heart Disease & Stroke

- Abbeville General Hospital/Clinic
- American Heart Association
- Doctors' Offices
- Hospitals

Infant Health & Family Planning

- Abbeville General Hospital/Clinic
- Christian Service Center
- Churches
- Community Clinic
- Community Hospital
- Doctors' Offices
- Family Violence Intervention
- Level 3 Nursery
- Meals on Wheels
- Vermilion Council on Aging
- Vermilion Women's Resource
- Women, Infants and Children
- Women's Resource Center
- Woodlake

Injury & Violence

- Abbeville Police Department
- Christian Service Center
- Churches
- Erath
- Louisiana Emergency Response Network
- National Rifle Association
- Provider to Provider Line
- Vermilion Parish Sheriff's Office
- Vermilion Parish Social Workers

Mental Health

- Abbeville General Hospital Behavioral Medicine Center
- Abbeville General Hospital/Clinic
- Community Hospital
- Compass



- Doctors' Offices
- Iberia Comprehensive/Abbeville Community Health Center
- Outpatient Mental Health Services
- State PPCL Line
- Woodlake

- New Vision
- Woodlake

Tobacco Use

- Abbeville General Hospital/Clinic
- American Lung Association
- Doctor's Offices

Nutrition, Physical Activity, & Weight

- AA Comeaux Park
- Abbeville General Hospital/Clinic
- Doctors' Offices
- Fitness Centers/Gyms
- Lahasky Weight Loss Center
- LSU AgCenter
- Snap Fitness
- Vermilion Health
- Weight Watchers
- Women, Infants and Children

Oral Health

- Abbeville General Hospital/Clinic
- Abbeville Social Services Department
- Department of Children and Family Services
- Levy Cancer Foundation
- Southwest Louisiana

Social Determinants of Health

- Abbeville General Hospital/Clinic
- Christian Service Center
- Doctors' Offices
- Food Pantries
- State and Federal Departments
- Vermilion Parish School Board
- Vocational Training Center
- Women, Infants and Children

Substance Use

- Abbeville General Hospital Behavioral Medicine Center
- Abbeville General Hospital/Clinic
- Bariatric Surgery
- Churches
- Compass
- Doctors' Offices
- Hospitals
- Inpatient Drug Addiction Facility
- Inpatient Rehab Facility





APPENDIX

EVALUATION OF PAST ACTIVITIES

Community Benefit

Over the past five years, Abbeville General Hospital has invested in improving the health of our community's most vulnerable populations. Our commitment to this goal is reflected in:

- Ongoing physician recruitment to meet the needs of our patient population
- Adding services most needed by our patients
- Reaching out to the community to provide information, education, and health screenings

A total of 83% of our patients have Medicaid, Medicare, or are uninsured. We provide approximately \$3.8 million in uncompensated care on an annual basis. This is in addition to providing other financial assistance programs.

Our work also reflects a focus on community health improvement, as described below.

Addressing Significant Health Needs

Abbeville General Hospital conducted its last CHNA in 2019 and reviewed the health priorities identified through that assessment. Taking into account the top-identified needs — as well as hospital resources and overall alignment with the hospital's mission, goals and strategic priorities — it was determined at that time that Abbeville General would focus on developing and/or supporting strategies and initiatives to improve:

- Access to Primary and Specialty Care through Care Coordination, Quality, and Patient Safety
- Prevention and Management of Chronic Care Issues, such as Hypertension, Heart Disease, Stroke,

Strategies for addressing these needs were outlined in Abbeville General's Implementation Strategy. Pursuant to IRS requirements, the following sections provide an evaluation of the impact of the actions taken by Abbeville General to address these significant health needs in our community.



Evaluation of Impact

Priority Area: Access to Primary and Specialty Care	
Community Health Need	Improve access to primary and specialty care.
Goal(s)	<ul style="list-style-type: none"> • Increase opportunities for primary care appointments • Offer specialty care services most needed by the patient population • Ensure quality care is provided • Improve patient safety

Strategy #1: Provide care coordination via access.	
Strategy Was Implemented?	Yes
Target Population(s)	Residents of Vermilion Parish
Partnering Organization(s)	Internal: Medical staff employed by Abbeville General as well as providers practicing in locations near our parish. External: Vermilion Health Services, Inc.
Results/Impact	<ul style="list-style-type: none"> • The hospital provided 34,760 Rural Health Clinic visits in the last ten months, 42,416 visits in 2023, 40,137 visits in 2022, 39,198 visits in 2021, and 30,952 visits in 2020. • The hospital provided 3236 orthopedic and general surgery clinic visits in the last ten months and 758 visits in the last three months of 2023. • A large portion of the care Abbeville General provides is to patients who are insured by Medicaid, are self-pay, or are uninsured. Approximately 64% of our Emergency Department patients, 79% of our Newborns, and 68% of our Behavioral Medicine Center patients fall in this category. • A second CT Scanner was added to the Diagnostic Imaging Department. Mammography services were moved to the Offsite Imaging Center as well as Bone Densitometry services. • Implemented a Meds-to-Beds program with a local pharmacy to assist our patients in getting discharge medications filled and delivered to the hospital to ensure prompt availability at time of discharge. • Added an Inpatient medical detox line of service. • We increased our community outreach during the PHE by expanding telemedicine services in our Rural Health Clinics, and we still have additional telemedicine visits being provided. • Provide Diabetes self-management education through our Rural Health Clinics. • Added a Hepatitis Clinic to the Erath/Delcambre Community Care Clinic. • Added a fifth Operating Room to the Surgical Services Department on 1-18-21. • We relocated our Phase II Recovery Area to a larger area of the hospital to accommodate the increase in surgery volume. • In September 2022, a third room was added to our Sleep Center to provide more opportunities for patients to undergo sleep apnea testing. We are now able to schedule four additional patients per week. • Planning for expansion and modernization of the Ambulatory Surgery and OB Departments as well as enlarging the Maurice Community Care Clinic. • Enhancements made to our Rural Health Clinics include installing an offsite-testing canopy at the Abbeville Rural Health Clinic, parking lot expansion and paving at Maurice Rural Health Clinic, hands free entry at all Rural



Health Clinics, Blood Pressure monitors for Rural Health Clinics, and Medication Room for Maurice Rural Health Clinic.

- A portable x-ray unit was added to the Ortho Clinic.
- On 4-11-22, we moved our MRI unit to in-house for better access for our inpatients and outpatients.
- We strive to improve access to care and outcomes while optimizing opportunities and access for underserved populations. We partnered with the Vermilion Parish Library (with the help of Blue Cross Blue Shield) to offer access to telehealth appointments. This ensures access to provider appointments and improved access to home- and community- based services.
- We also strive to improve access to care and outcomes while optimizing opportunities and access for underserved populations by offering outreach programs and hospital-led initiatives to include screening and vaccine administration opportunities. The impact improved access to home- and community- based services. It also provides assistance and education to disadvantaged patients in our community to ensure access to health care services and better outcomes for patients. This resulted in collaborating with Links Des Pink Cancer Organization, who provided over 1000 free mammograms to those in need; Kiwanis Club of Abbeville and Levy Cancer Foundation to offer free Prostate-Specific Antigen screening for the detection of prostate cancer, as well as Cholesterol screenings; and “Snap to a Cure” race organizers to offer free-at-home COVID-19 tests. Abbeville General also offered discounted mammograms to women 40 and up.
- Added two Pediatricians and two Pediatric Mid-Levels in our Pediatric Rural Health Clinic.
- Added a Physician Assistant at Maurice Community Care Clinic to allow access to care for more patients.
- Added a Mid-Level to our Erath Rural Health Clinic staff, two Psychiatric Mid-Levels at Erath Rural Health Clinic, and four Mid-Levels in our Urgent Care.
- We now provide in-house Pulmonology Telemedicine with four Pulmonologists since March 2023.
- Expanded orthopedic coverage and opened an orthopedic clinic called Abbeville Specialty Care Services.
- Added a Rheumatologist to the Maurice Community Care Clinic.
- In September 2020, we began offering psychiatric care in our Rural Health Clinics.
- Enhanced Behavioral Health coverage in our Behavioral Medicine Center by adding physicians and Mid-Levels via contract with Compass Healthcare.
- Recruited one OB/GYN and six additional General Surgeons (including bariatric surgery). This allowed for placement of a General Surgeon in the Abbeville General Rural Health Clinic as well as Abbeville Specialty Care Services clinic.
- Added a Surgical Oncologist in December 2023.
- Added a full-time, employed Oncologist and Oncology Nurse Practitioner in our Infusion Therapy Department/Cancer Center.
- Added ENT/Otolaryngology services at Maurice Community Care Clinic in August 2022 with three providers.
- Added an athletic trainer via service agreement.
- We are still recruiting in the areas of Gastroenterology and Pulmonology.
- We enhanced the 340B Program by adding a Rheumatologist in our Maurice Rural Health Clinic in November 2023.
- In addition to the main hospital site, Laboratory services are available via outreach in the Rural Health Clinics, independent physician offices, local nursing homes, and Offsite Imaging Center.
- Abbeville General provides outreach, assistance, and closing gaps in coverage, access, and quality of care among people who are Medicaid- and CHIP- eligible or enrolled by providing financial counseling services to assist with navigation insurance or applying for Medicare, Medicaid, or Financial Assistance. Abbeville General is a Certified Medicaid Application Center,



and we help our patients and community get affordable access to healthcare close to home. This reduces the uninsured rate among underserved communities.

- Our 16-bed Behavioral Medicine Center built in 2019 continues to provide in-house treatment to patients in need.
- Our Rural Health Clinics continue with accreditation status as Patient-Centered Medical Homes.

Strategy #2: Provide quality services.

Strategy Was Implemented?

Yes

Target Population(s)

Residents of Vermilion Parish

Partnering Organization(s)

Internal: Hospital staff

Results/Impact

- Relentless pursuit of Quality Care of Value for patients continues. Press Ganey Patient Satisfaction scores are monitored closely, and action taken when improvements are identified.
- Readmissions within 30 days have been under benchmark for the last five quarters.
- Scored 5 stars on Medicare.gov on November 2024 report.
- Standards of Behavior continue to be the basis for providing quality care to our patients.
- Nursing staff turnover rates continue to be below benchmark.
- We began performing Bladder Sling Installation procedures in 2022.
- Implemented use of MAKO SmartRobotics for surgery in February 2023.
- Implemented use of Extracorporeal Shock Wave Lithotripsy.
- Certified Obstetric Nurses on staff providing onsite Maternal and Newborn classes for our community
- Renovated hospital cafeteria to provide safe distancing, faster check-out, additional meal options, as well as enhanced patient experiences.
- Implemented TheraDoc Infection Control software program to provide real-time alerts, reduce time required to collect data, and track patients
- To improve communication of essential information, digital signage was placed hospital-wide to target physicians, employees, patients, and the public.
- AG has been designated as a Gift Shining Star Designated Facility since 2021. The designation is administered by the Bureau of Family Health, Office of Public Health, Louisiana Department of Health. It is designed to increase breastfeeding rates and hospital success by improving the quality of their maternal services and enhancing patient-centered care. It provides resources and a framework to help improve breastfeeding outcomes through incremental adoption of internationally recognized best practices.
- We purchased SimNewB Infant Simulator. It allows Labor & Delivery staff the opportunity to practice neonatal resuscitations.
- We conduct annual drills with a focus on our OB patients for Hypertension and Hemorrhage.
- The Rain-Bowie Foundation donated a CuddleCot to our OB Department.
- We continue to purchase and introduce new equipment to meet the needs of our patients. Examples include surgical line isolation monitoring/light booms, digital signage at Maurice RHC and main hospital campus, 1750 Generator, HVAC/UVC light upgrade, Nihon Kohden ventilators, Vapothersms, and portable ULS for joint injections/FNB (GE Scan).
- Remodeled our patient/family waiting areas to include bariatric seating, as well as additional seating.



- Remodeled the Surgery Family Waiting Room and included a second Surgery Consultation Room for patient privacy and confidentiality.
- MRI earned American College of Radiology accreditation on October 31, 2023.
- At the end of 2021, our new 3-D Mammography Unit located in AG Off-site Imaging Center received accreditation from the American College of Radiology.
- We continue our involvement with Louisiana Emergency Response Network to promptly care for stroke patients presenting to our Emergency Department.
- Implemented a patient assessment tool in conjunction with the Joint Commission National Patient Safety Goal on Improving Health Care Equity. The screening tool includes questions from the five social drivers of health domains: Housing, Transportation, Food, Utilities, and Personal Safety. We are working to advance health equity by designing and implementing policies and programs that reduce the barriers to healthcare and support all people serviced in our community. We will achieve this by collaborating with community-based organizations to incorporate and integrate their resources into our programs and we will provide outreach programs to the community to allow easy access to healthcare. This resulted in facility goals of closing the gaps in health care access, quality, and outcomes for underserved populations by hosting free seminars and Prenatal Classes.
- Abbeville General's Maurice Community Care Clinic was recognized as the 2023 Safety Star recipient. This is designed to recognize a physician's office or practice or healthcare clinic that has successfully implemented an idea or process to improve patient safety or quality of care. We expanded our capacity to provide enhanced medical services to the local community by adding a Registered Nurse Supervisor and three more physicians specializing in General Surgery and Ear, Nose, and Throat (ENT) care to its staff. This was the result of a thorough needs assessment that was conducted. It revealed a demand for the inclusion of general surgery and an ENT specialist to meet the community's healthcare requirements. In response to the findings, clinic leadership appointed a Chief Operating Officer (COO) who assumed the role of Medical Doctor (MD) recruiter and successfully recruited professionals concentrating in these two medical specialties. By reinforcing clinical leadership and diversifying its healthcare offerings, Maurice Community Care Clinic is now better positioned to meet the community's growing healthcare needs.
- We offer The Patient Channel from the Wellness Network. It is an in-hospital TV channel delivered directly to patient rooms and waiting areas, providing viewers with original, award-winning programs. The channel features various health topics representing important wellness and recovery information in an accessible and empowering way. Our patient education videos include doctors, patients, and healthcare institutions from all over the country, covering a wide range of medical conditions for viewers. Covering the most common health topics from leading experts, including Heart Disease, Stroke, Pain Management, Cancer, Diabetes, Respiratory Health, Hospital Safety, General Health, and Wellness. It is available in English, with English and Spanish closed captioning. It is accessible online with any internet-connected device, for continued education after patient discharge. On discharge the patient is given the patient channel website and hospital code to access the video library online at home, on demand. The Newborn Channel provides patient education to their new parents on content covering newborn and post-partum care.
- To ensure we continue to be a leader in using technology within our healthcare facility to improve patient safety and health outcomes, we obtained Most Wired program status in 2022.
- To keep our providers abreast of OB/GYN care, we provided training and education on the "Playbook for Successful Elimination of Early Elective Deliveries" by the National Quality Forum's Maternity Action Team.
- Joint Commission accreditation was obtained for the hospital, primary care medical homes, and sleep center (ambulatory health care) in 2022.
- Patient outcomes improved in 2023 due to a reduction in Catheter Associated Infection to 0, Central Line Infection to 0, Blood Culture



- Contaminations to < 1% by implementing Steripath on July 1, 2023, and Providing Flu Vaccine to employees with 90% vaccinated.
- Increase availability and stability of patient care supplies by implementing two-bin systems.

Strategy #3: Ensure safety of our patients.

Strategy Was Implemented? Yes

Target Population(s) Residents of Vermilion Parish

Partnering Organization(s) Internal: Hospital staff

- Results/Impact**
- Implemented a Pressure Ulcer prevention program in August 2020.
 - Implemented Safe Haven policies to comply with Louisiana Safe Haven Law.
 - EMR integration for patient care equipment to include barcode scanning.
 - Upgraded telephone system to accommodate increase in calls following COVID-19 Public Health Emergency.
 - Updated housekeeping equipment used to clean and sanitize, purchased Respiratory Hygiene Stations, purchased Ultraviolet Boxes and Ultraviolet Cube for hospital-wide Durable Medical Equipment and high-touch patient objects, purchased refrigerated water dispenser and bottle fillers, and purchased a Tru-D Smart Ultraviolet Robot for hospital-wide disinfection.
 - We introduced a new I.V. Catheter on June 25, 2023. It increases safety, promotes first stick success, and improves patient comfort.
 - We installed UV lights in each Operating Room in March 2022. Each room is now disinfected 7 days/week between 00:00 and 05:00 AM.
 - Cameras were installed for staff visibility of visitors ringing doorbell for ICU entrance. This improved patient/staff safety.
 - Nihon Khoden Bedside Transport Monitors purchased for each ICU patient room to allow constant monitoring of patient's vital signs during transport.
 - Abbeville General secured Workplace Safety Funds Grant to help with reducing employee injuries associated with manual handling of patients. With the funds, we purchased a Maxi Move floor lift designed to enable a single caregiver to manage demanding everyday patient or resident transfer and repositioning tasks. This was purchased for use by the Surgery Department.
 - Abbeville General also purchased a Flo Jac, which is an air mattress technology designed to protect caregivers, patients, and individuals during fall recovery in a safe and dignified manner.
 - We expanded our enhanced our Outpatient Entrance with badge entry/exit, added psychiatric restraint bed buckles for the safety of our patients and staff, and improved our supply chain to include a two-bin system, new shelving, and Lab Drawing Area, outdoor storage
 - No Immediate Use Steam Sterilization event or Unacceptable Biological tests (high level disinfection and sterilization).



Priority Area: Prevention & Management of Chronic Care Issues

Community Health Need	Prevention and Management of Chronic Care Issues
Goal(s)	<ul style="list-style-type: none"> • Prevention of cancer by providing screening opportunities • Management of Chronic care conditions such as Hypertension, Heart Disease, Stroke, and Diabetes • Ensure we can meet the emotional health needs of our adult population • Modification of Health Behaviors

Strategy #1: Prevention of cancer by providing screening opportunities

Strategy Was Implemented?	Yes
Target Population(s)	Adult population
Results/Impact	<ul style="list-style-type: none"> • We relocated our Phase II Recovery Area to a larger area of the hospital to accommodate the increase in surgery volume. • Planning for expansion and modernization of the Ambulatory Surgery Department. • To improve communication of essential information, digital signage was placed hospital-wide to target physicians, employees, patients, and the public. • We also strive to improve access to care and outcomes while optimizing opportunities and access for underserved populations by offering outreach programs and hospital-led initiatives to include screening and vaccine administration opportunities. The impact improved access to home- and community- based services. It also provides assistance and education to disadvantaged patients in our community to ensure access to health care services and better outcomes for patients. This resulted in collaborating with Links Des Pink Cancer Organization, who provided over 1000 free mammograms to those in need, Kiwanis Club of Abbeville and Levy Cancer Foundation to offer free Prostate-Specific Antigen screening for the detection of prostate cancer. • We partnered with Vermilion Parish's Louisiana State University Agriculture Center to offer screenings at their Fishermen Meeting for sleep apnea, diabetes, and stroke. • Abbeville General also offered discounted mammograms to women 40 and up. • At the end of 2021, our new 3-D Mammography Unit located in AG Off-site Imaging Center received accreditation from the American College of Radiology. • We offer The Patient Channel from the Wellness Network. It is an in-hospital TV channel delivered directly to patient rooms and waiting areas, providing viewers with original, award-winning programs. The channel features various health topics representing important wellness and recovery information in an accessible and empowering way. Our patient education videos include doctors, patients, and healthcare institutions from all over the country, covering a wide range of medical conditions for viewers. Covering the most common health topics from leading experts, including Heart Disease, Stroke, Pain Management, Cancer, Diabetes, Respiratory Health, Hospital Safety, General Health, and Wellness. It is available in English, with English and Spanish closed captioning. It is accessible online with any internet-connected device, for continued education after patient discharge. On discharge the patient is given the patient channel website and hospital code to access the video library online at home, on demand. The Newborn Channel provides patient education to their new parents on content covering newborn and post-partum care.



- Added a Surgical Oncologist in December 2023.
- Added a full-time, employed Oncologist and Oncology Nurse Practitioner in our Infusion Therapy Department/Cancer Center.
- We currently have two Gastroenterologists who perform Gastrointestinal screenings and other procedures at our facility, and we are still recruiting in Gastroenterology.

Strategy # 2: Management of Chronic care conditions such as Hypertension, Heart Disease, Stroke, and Diabetes

Strategy Was Implemented?

Yes

Target Population(s)

Adult population

Partnering Organization(s)

Internal: Rural Health Clinics
External: All community organizations, event sponsors, schools, etc. interested in promoting healthy lifestyles.

Results/Impact

- Implemented a Meds-to-Beds program with a local pharmacy to assist our patients in getting discharge medications filled and delivered to the hospital to ensure prompt availability at time of discharge.
- We increased our community outreach during the PHE by expanding telemedicine services in our Rural Health Clinics, and we still have additional telemedicine visits being provided.
- Provide Diabetes self-management education through our Rural Health Clinics.
- Added a Hepatitis Clinic to the Erath/Delcambre Community Care Clinic.
- In September 2022, a third room was added to our Sleep Center to provide more opportunities for patients to undergo sleep apnea testing. We are now able to schedule four additional patients per week.
- To improve communication of essential information, digital signage was placed hospital-wide to target physicians, employees, patients, and the public.
- Enhancements made to our Rural Health Clinics include Blood Pressure monitors for Rural Health Clinics.
- We continue our involvement with Louisiana Emergency Response Network to promptly care for stroke patients presenting to our Emergency Department.
- We partnered with Kiwanis Club of Abbeville and Levy Cancer Foundation to offer free Cholesterol screenings.
- We partnered with Vermilion Parish's Louisiana State University Agriculture Center to offer screenings at their Fishermen Meeting for sleep apnea, diabetes, and stroke.
- We offer The Patient Channel from the Wellness Network. It is an in-hospital TV channel delivered directly to patient rooms and waiting areas, providing viewers with original, award-winning programs. The channel features various health topics representing important wellness and recovery information in an accessible and empowering way. Our patient education videos include doctors, patients, and healthcare institutions from all over the country, covering a wide range of medical conditions for viewers. Covering the most common health topics from leading experts, including Heart Disease, Stroke, Pain Management, Cancer, Diabetes, Respiratory Health, Hospital Safety, General Health, and Wellness. It is available in English, with English and Spanish closed captioning. It is accessible online with any internet-connected device, for continued education after patient discharge. On discharge the patient is given the patient channel website and hospital code to access the video library online at home, on demand.
- Added a Physician Assistant at Maurice Community Care Clinic to allow access to care for more patients.



- Added a Mid-Level to our Erath Rural Health Clinic staff, two Psychiatric Mid-Levels at Erath Rural Health Clinic, and four Mid-Levels in our Urgent Care.
- We now provide in-house Pulmonology Telemedicine with four Pulmonologists since March 2023.
- Added a Rheumatologist to the Maurice Community Care Clinic.
- In September 2020, we began offering psychiatric care in our Rural Health Clinics.
- Enhanced Behavioral Health coverage in our Behavioral Medicine Center by adding physicians and Mid-Levels via contract with Compass Healthcare.
- Abbeville General provides outreach, assistance, and closing gaps in coverage, access, and quality of care among people who are Medicaid- and CHIP- eligible or enrolled by providing financial counseling services to assist with navigation insurance or applying for Medicare, Medicaid, or Financial Assistance. Abbeville General is a Certified Medicaid Application Center, and we help our patients and community get affordable access to healthcare close to home. This reduces the uninsured rate among underserved communities.

Strategy #3: Ensure we can meet the emotional health needs of our adult population

Strategy Was Implemented?

Yes

Target Population(s)

Adult population needing behavioral health services

Partnering Organization(s)

Internal: Our nursing and medical staff
External: All parishes in the state of Louisiana seeking mental health care for their patients

Results/Impact

- In September 2020, we began offering psychiatric care in our Rural Health Clinics.
- Added two Psychiatric Mid-Levels at Erath Rural Health Clinic.
- Enhanced Behavioral Health coverage in our Behavioral Medicine Center by adding physicians and Mid-Levels via contract with Compass Healthcare.
- We increased our community outreach during the PHE by expanding telemedicine services in our Rural Health Clinics, and we still have additional telemedicine visits being provided.
- We added psychiatric restraint bed buckles for the safety of our patients.
- Added an Inpatient medical detox line of service.
- We strive to improve access to care and outcomes while optimizing opportunities and access for underserved populations. We partnered with the Vermilion Parish Library (with the help of Blue Cross Blue Shield) to offer access to telehealth appointments. This ensures access to provider appointments and improved access to home- and community- based services.
- Digital signage placed hospital-wide includes education and awareness of depression, anxiety, tips for improving mental health, and suicide hotline number for those in need.
- Our 16-bed Behavioral Medicine Center built in 2019 continues to provide in-house treatment to patients in need.



Strategy #4: Modification of Health Behaviors

Strategy Was Implemented?	Yes
Target Population(s)	Vermilion Parish residents
Partnering Organization(s)	Internal: Hospital staff External: All community organizations, event sponsors, schools, etc. interested in promoting active lifestyles and physical activity.
Results/Impact	<ul style="list-style-type: none"> • AG has been designated as a Gift Shining Star Designated Facility since 2021. The designation is administered by the Bureau of Family Health, Office of Public Health, Louisiana Department of Health. It is designed to increase breastfeeding rates and hospital success by improving the quality of their maternal services and enhancing patient-centered care. It provides resources and a framework to help improve breastfeeding outcomes through incremental adoption of internationally recognized best practices. • Implemented a patient assessment tool in conjunction with the Joint Commission National Patient Safety Goal on Improving Health Care Equity. The screening tool includes questions from the five social drivers of health domains: Housing, Transportation, Food, Utilities, and Personal Safety. We are working to advance health equity by designing and implementing policies and programs that reduce the barriers to healthcare and support all people serviced in our community. We will achieve this by collaborating with community-based organizations to incorporate and integrate their resources into our programs and we will provide outreach programs to the community to allow easy access to healthcare. This resulted in facility goals of closing the gaps in health care access, quality, and outcomes for underserved populations by hosting free seminars and Prenatal Classes. • We also strive to improve access to care and outcomes while optimizing opportunities and access for underserved populations by offering outreach programs and hospital-led initiatives. One such example is the annual Snap to a Cure™ race. We offer healthy snacks, electrolyte drinks, and goody bags. During the COVID-19 Public Health Emergency we provided free at-home COVID-19 tests. • Each year Abbeville General hosts the annual Levy Foundation Cancer Luncheon in our Auditorium. The event honors cancer survivors in our parish. A member of our oncology staff serves as guest speaker, informs the group of the latest cancer treatment options, and provides information on cancer treatment offered in our Cancer Center. • Our Marketing Department also collaborated by co-hosting health fairs/events and initiating Community Action Workshops that bring together health and wellness organizations, community organizations, schools, local businesses, and social services to discuss community needs. This provides access to home- and community- based services and provides assistance and education to disadvantaged patients in our community to ensure access to health care services and better outcomes for patients. • Abbeville General partnered with the local Christian Service Center for the Community Baby Shower and new Vermilion Women's Health Center. They serve as a resource for pregnant women and new mothers in our community. • We partnered with Vermilion Parish Boys and Girls Club to teach our young community the importance of keeping their hands clean to prevent the spread of infection. • We partnered with Vermilion Parish's Louisiana State University Agriculture Center to offer screenings at their Fishermen Meeting for sleep apnea, diabetes, and stroke. In addition, we provided information on our Emergency Department and financial assistance program. • To support our younger members of the community, we partnered with one of our local elementary schools to assist with their Learning Garden program. We were able to assist students with harvesting produce, cooking produce to make soup, and selling salads to generate revenue to keep investing in the garden project.



- Abbeville General provides outreach, assistance, and closing gaps in coverage, access, and quality of care among people who are Medicaid- and CHIP- eligible or enrolled by providing financial counseling services to assist with navigation insurance or applying for Medicare, Medicaid, or Financial Assistance.
- Abbeville General is a Certified Medicaid Application Center, and we help our patients and community get affordable access to healthcare close to home. This reduces the uninsured rate among underserved communities.
- We offer The Patient Channel from the Wellness Network. It is an in-hospital TV channel delivered directly to patient rooms and waiting areas, providing viewers with original, award-winning programs. The channel features various health topics representing important wellness and recovery information in an accessible and empowering way. Our patient education videos include doctors, patients, and healthcare institutions from all over the country, covering a wide range of medical conditions for viewers. Covering the most common health topics from leading experts, including Heart Disease, Stroke, Pain Management, Cancer, Diabetes, Respiratory Health, Hospital Safety, General Health, and Wellness. It is available in English, with English and Spanish closed captioning. It is accessible online with any internet-connected device, for continued education after patient discharge. On discharge the patient is given the patient channel website and hospital code to access the video library online at home, on demand. The Newborn Channel provides patient education to their new parents on content covering newborn and post-partum care.
- While we strive to continue to be able to offer high quality services in our facilities, our Marketing, Human Resources, and Clinical Staff maintain a strong presence at community job fairs in our parish as well as surrounding parishes as often as possible. These include high schools, technical colleges, and universities.
- Our Marketing Department collaborates with our local blood bank, Vitalant, and schedules a community blood drive in our hospital parking lot each month to maintain a safe level of blood supply for use by our patients.
- Abbeville General offered an infant CPR Class for the public.
- Abbeville General co-hosted an infant CPT class with Acadian Ambulance and assisted by providing infant CPR instructions.
- We recently hosted a Family Health and Community Resources Fair at our facility with over 20 vendors participating. Vital information on available resources (health, wellness, safety, counseling, etc) was provided to the participants.
- We partnered with Vermilion Parish Early Childhood network. They received a grant from the state of LA and used the funds to purchase diaper bags, swaddles, baby toys, etc. to create a baby bundle to distribute to OB patients of Abbeville General. With 79% of the babies born at Abbeville General born to mothers who are insured by Medicaid, are self-pay, or are uninsured, these bundles will fill a huge need for new mothers. We distribute the baby bundles as needed and are using them as an incentive for completion of education for pregnant women at their halfway mark.
- Our Marketing Coordinator promoted “March into Health” as a guest speaker on a local TV station. AG also sent representatives to the event to perform lab screenings and provide educational information.
- Representatives from our OB Department participated in the Early Childhood Development Information Fair and gave out information on safe sleep, sudden infant death syndrome prevention, along with other educational information.
- Each year Abbeville General sponsors Fit for French, a 2-mile Fun Run and Courir de L’Omelette 5K Race. We provide electrolyte drinks to the runners and distribute information on our Rural Health Clinics and Abbeville Urgent Care.
- Two of our OB RNs taught several prenatal classes in our hospital Auditorium focused on breastfeeding.
- Abbeville General partnered with Junior Axillary for the annual Heart of Christmas project. Over 100 hospital employees provided gifts to needy children in our parish.



- Abbeville General was an event sponsor for Racing for a Cure, a fundraising event with proceeds going to St. Jude's Children's Hospital.
- We partnered with the Louisiana State University Agriculture Center Fishermen Meeting/Health Fair and provided total cholesterol, A1C (Diabetes), Prostate Specific Antigen, Hepatitis, Sleep Apnea, Pre-Diabetes screens as well as height, weight, and BMI determination. Our staff also educated the group on stroke awareness. Since the target audience was the Vietnamese population, Abbeville General was represented by one of our physicians who is Vietnamese. We also mailed the screening results to the participants in English and Vietnamese.
- During Diabetes Awareness Month, Abbeville General was represented at an area farmer's market and promoted diabetes awareness. We distributed information on diabetes, conducted a diabetes risk assessment, and provided samples of several diabetic recipes.
- During Diabetes Awareness Month, Abbeville General was represented at Vermilion Resource Health Fair sponsored by Abbeville Christian Service Center. We provided diabetes information, recipe samples, sign-ups for financial aid, and distributed Rural Health Clinic brochures.
- During Catholic Schools Week, our local catholic school sponsored a Beignet Boogie race for 350 participants. Abbeville General co-sponsored the event and provided information on our Rural Health Clinics and Abbeville Urgent Care to insert in race bags.
- During Breast Cancer Awareness Month, Abbeville General sent a Registered Nurse to provide a presentation on Breast Cancer Awareness to 60 members of Lighthouse for Jesus Church.
- Abbeville General participated in the Farm Bureau Association Health screening for 40 members. In addition to health screens, the two Registered Nurses provided information on our Rural Health Clinics.
- To assist families in need of school supplies, Abbeville General participates in the annual school supply drive by providing a box for employees and the public to drop off school supplies each July.
- In the past, we participated in the Diabetes Council Annual meeting.
- Our hospital implemented as part of our nursing assessment questions regarding tobacco use at every patient visit. We offer information related to smoking cessation as well.

