



United Way of Acadiana



Joint
**Community Health
Implementation Plan**

2024

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About

The Community Health Implementation Plan (CHIP) is a collaborative initiative led by Ochsner Lafayette General (OLG), Our Lady of Lourdes (OLOL), and United Way of Acadiana (UWA) to address the most pressing health concerns in Acadiana. Grounded in findings from the Community Health Needs Assessment (CHNA), CHIP is designed to develop, implement, and evaluate strategies that improve health outcomes, reduce disparities, and enhance access to care. By leveraging community partnerships, evidence-based solutions, and healthcare system resources, CHIP ensures a sustainable and measurable impact on population health.

Purpose

The purpose of CHIP is to translate community health needs into actionable strategies that promote equitable, high-quality healthcare. Using data-driven priorities, CHIP focuses on Access to Health Care, Health Disparities, Substance Abuse/ Addiction, Mental/Behavioral Health, Cancer, Diabetes, and Heart Disease. Through targeted initiatives, CHIP seeks to improve health equity, enhance service availability, and foster long-term community well-being.

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Facilities

Our Lady of Lourdes Health

Our Lady of Lourdes Health is a Catholic healthcare organization inspired by the mission of St. Francis of Assisi to serve with humility, compassion, and a spirit of healing. As a part of the largest locally owned, non-profit health system in Louisiana, it operates key facilities, including Our Lady of Lourdes Regional Medical Center, Our Lady of Lourdes Women's and Children's Hospital, Our Lady of Lourdes Heart Hospital, and Park Place Surgical Hospital.



Ochsner Health

Ochsner Health is a leading healthcare organization dedicated to improving community health through innovation, education, and compassionate care. With facilities across Louisiana, Ochsner provides comprehensive medical services through state-of-the-art hospitals, including Ochsner Lafayette General Medical Center, Ochsner University Hospital & Clinics, Ochsner Acadia General Hospital, Ochsner St. Martin Hospital, Ochsner Lafayette General Orthopedic Hospital, Ochsner Lafayette General Surgical Hospital, Ochsner American Legion Hospital, and Ochsner Abrom Kaplan Memorial Hospital.



United Way of Acadiana

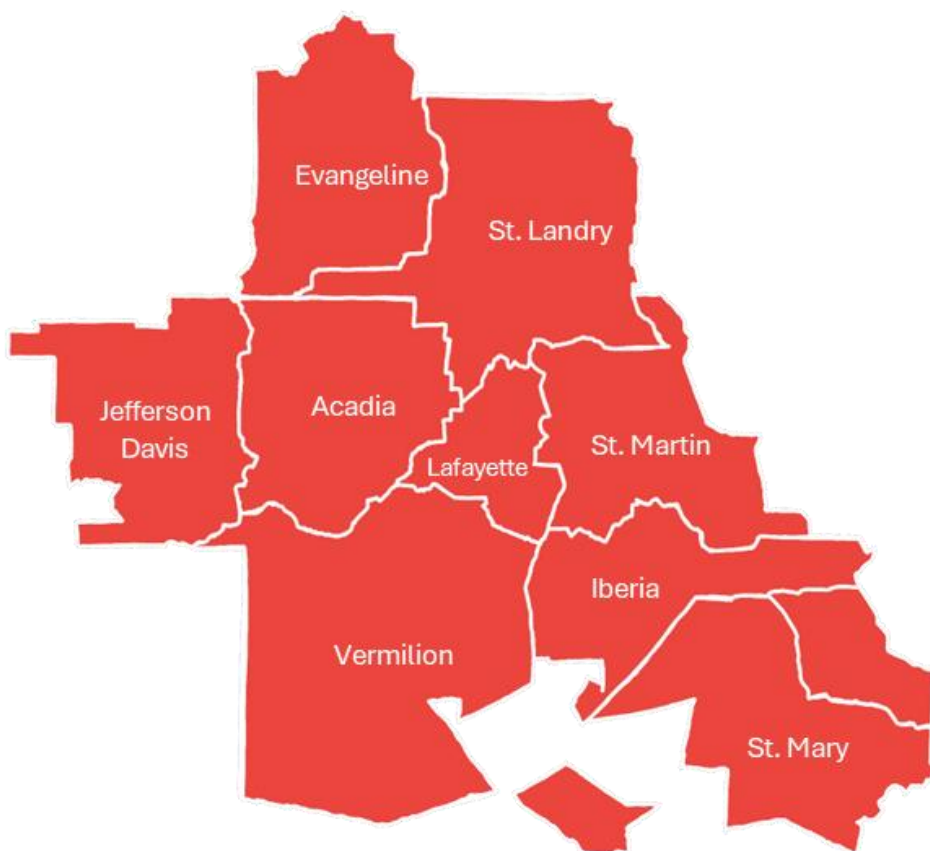
United Way of Acadiana is committed to serving Acadia, Iberia, Lafayette, St. Martin, and Vermilion parishes. They fight for the health, education and financial stability of every person in every community while envisioning a world where all individuals and families achieve their human potential.



United Way of Acadiana

Description of Community Served

Ochsner Lafayette General (OLG) and Our Lady of Lourdes (LOL) identified a 9-parish region in the Acadiana area as the focus of their 2024 Community Health Needs Assessment (CHNA). These parishes include Acadia, Evangeline, Iberia, Jefferson Davis, Lafayette, St. Landry, St. Martin, St. Mary, and Vermilion. This geographic region was selected based on patient population and service area coverage, ensuring inclusion of medically underserved, low-income, and minority populations. The Community Health Needs Assessment (CHNA) process utilized both qualitative and quantitative methods to assess the health needs of residents across these parishes and inform regional healthcare strategies. Findings from the CHNA serve as the foundation for developing the Community Health Improvement Plan (CHIP), which outlines actionable strategies to address the identified health priorities.



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Process & Methodology

As part of the Community Health Needs Assessment (CHNA) engagement process, a meeting was held with potential community partners to introduce the CHNA and emphasize the importance of their involvement. The session highlighted how community partnerships could support efforts to improve identified health priorities. Following the meeting, two surveys were distributed via Google Forms. The first survey collected basic organizational information, while the second functioned as a logic chart, prompting partners to describe their programs in alignment with one or more selected health priorities.

The Community Health Improvement Plan (CHIP) is a dynamic and ongoing process developed to guide collaborative efforts in addressing the region's identified health priorities. Progress is regularly monitored to evaluate the effectiveness of implemented strategies and ensure continued alignment with evolving community needs through Metopio, a data visualization tool that allows for ongoing assessment of success metrics. As circumstances, resources, and health priorities shift over time, the CHIP maintains flexibility—allowing for modifications and updates informed by new data, emerging challenges, and partner feedback. This adaptive framework ensures that the plan remains relevant, actionable, and responsive throughout its implementation.



Selected Health Priorities

The Community Health Needs Assessment (CHNA) conducted by Ochsner Lafayette General (OLG), Our Lady of Lourdes (LOL), and United Way of Acadiana (UWA) identified prioritized health needs based on community input, health data, and existing service analysis. By evaluating both quantitative data and qualitative insights, OLG and LOL developed targeted strategies to improve population health. The CHIP framework ensures that priorities—Access to Healthcare, Health Disparities, Mental/Behavioral Health, Cancer, Diabetes, Substance Abuse/Addiction, and Heart Disease.

All charts displayed were pulled from the CHNA. They are adjusted to eighteen years and older. Please scan the QR code on page 14 for more information and its data points.

(Continued on next page)

Access to Healthcare

Access to healthcare is essential for maintaining health and preventing disease, yet many individuals face barriers such as cost, lack of insurance, and geographic limitations. Improving access can lead to better health outcomes and reduced disparities. Ochsner Lafayette General is expanding Graduate Medical Education (GME) residency slots in 2026 and 2027 to increase provider availability. Both Lourdes and Ochsner are committed to expanding primary care providers (PCP) and specialty clinics to enhance patient capacity. Lourdes has launched a Medicaid clinic in Broussard to better serve Medicaid-insured patients. Additionally, Ochsner University Hospital & Clinics is proactively scheduling homeless patients for regular primary and specialty care visits, addressing a key Social Determinant of Health (SDOH). Both health systems also plan to advocate for increased Medicaid reimbursements to ensure long-term sustainability in access to care.

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

Health Disparities

Health disparities refer to differences in health outcomes across different population groups, often driven by social, economic, and environmental factors. Addressing these disparities is crucial for achieving health equity and improving overall community health. By expanding service availability, embedding resource matching tools into clinical workflows, and investing in SDOH tracking, both systems aim to reduce disparities and support underserved populations.

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

Mental/Behavioral Health

Mental and behavioral health issues, including depression and anxiety, are prevalent and can affect all aspects of life. Stigma and lack of care often hinder treatment, underscoring the need for increased awareness and resources. Community feedback and health data indicate fragmented behavioral health services in Acadiana, necessitating expanded inpatient and outpatient treatment options. . To address this, Ochsner Lafayette General and Oceans Healthcare are jointly expanding inpatient beds and outpatient services by the third quarter 2026. Lourdes plans to increase mental health service hours at St. Bernadette's Clinic. Community-based interventions, such as a behavioral health crisis stabilization center initiative, aim to establish a 24/7 mental health crisis stabilization center.

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

For Poor Mental Health Days, the data is being compared to the average number of mentally unhealthy days reported in past 30 days. For frequent mental distress, the data is being compared to the percentage of adults reporting 14 or more days of poor mental health per month. For Insufficient Sleep, the data is being compared to the percentage of adults who report fewer than 7 hours of sleep on average.

Substance Abuse/Addiction

Substance abuse and addiction are critical public health issues, leading to significant health, social, and economic consequences. Effective prevention and treatment strategies are needed to address root causes and support recovery. Beacon Health's opioid addiction program is expanding in local emergency departments through grant-funded treatment access. Additional harm reduction efforts and community-based education are being implemented to strengthen recovery pathways.

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

The data shows the average of diabetes prevalence per population of each parish.

Cancer

Cancer is a leading cause of morbidity and mortality worldwide, with significant impacts on individuals and healthcare systems. Early detection and prevention strategies are crucial in reducing the incidence and improving survival rates. Outpatient infusion services at the Ochsner Cancer Center of Acadiana have been expanded and Our Lady of Lourdes is evaluating the expansion of outpatient services at the Moncus Cancer Center and St. Bernadette Health Center.

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

This data, collected from 2016 to 2020 with incidence and death rates reported as cases per 100,000 individuals.

Diabetes

Diabetes is a chronic condition that affects how the body processes blood sugar, leading to serious health complications if unmanaged. Lifestyle changes and early intervention are key to prevention and management, yet prevalence continues to rise. Ochsner Lafayette General and Our Lady of Lourdes are developing new programs for diabetes management and prevention, with an emphasis on community-based education and risk screening.

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

The data shows the average of diabetes prevalence per population of each parish.

Heart Disease

Heart disease is a leading cause of death, affecting millions and placing a heavy burden on healthcare systems. It is often preventable through lifestyle changes yet remains prevalent due to risk factors like poor diet, lack of exercise, and smoking. Ochsner Lafayette General and Our Lady of Lourdes are coordinating community health screenings, focusing on high

glucose and cholesterol monitoring to detect risk early and improve heart health outcomes

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

The Total Cardiovascular Disease Death Rate is a measure of the number of deaths due to cardiovascular disease per 100,000 people in each population. Similarly, the All Heart Disease Death Rate is a measure of the number of deaths due to all types of heart disease per 100,000 people.

Health Priorities That Will Not Be Addressed:

Obesity

The facilities will address obesity indirectly by aiming to reduce obesity prevalence within the community through the implementation of strategies related to Heart Disease and Diabetes. No additional obesity-specific strategies will be pursued during the current CHNA cycle.

Crime & Violence

With the recent hiring of a new police chief in Lafayette Parish who brings forward a multidisciplinary approach to addressing crime and violence—incorporating public health interventions, law enforcement collaboration, and community-based programs—the facilities anticipate positive developments in this area. The organization will re-evaluate outcomes prior to the next CHNA cycle.

Pulmonary/Respiratory

The facilities will incorporate Pulmonary/Respiratory disease efforts within strategies related to Heart Disease, particularly as they pertain to COPD (Chronic Obstructive Pulmonary Disease), Pulmonary Heart Disease, and Pulmonary Edema. No separate Pulmonary/Respiratory initiatives will be developed during this CHNA cycle.

For more information about the health priorities, please scan the QR code for the 2024 CHNA.



Cross-Section Matrix

Organization Name	Program Name	Access to Healthcare	Cancer	Diabetes	Health Disparities	Heart Disease	Mental/ Behavioral Health	Substance Abuse/ Addiction
Beacon Connections	Social Care by Community Health Workers	✓			✓		✓	✓
	Ally Opioid Response	✓					✓	✓
	Community Care Hub for Reentry	✓			✓		✓	✓
	Community Care Hub Model	✓			✓		✓	✓
232-Help/Louisiana 211	232-Help/Louisiana 211	✓						
Acadian Health	Acadian Health	✓			✓			
Southwest Louisiana Area Health Education Center	Healing Hands	✓						✓
Foundation for Wellness	Healthy Me - Adult Diabetes Prevention Program	✓		✓				
	Too Good for Drugs						✓	✓
	Too Good for Violence						✓	✓

Organization Name	Program Name	Access to Healthcare	Cancer	Diabetes	Health Disparities	Heart Disease	Mental/ Behavioral Health	Substance Abuse/Addiction
United Way of Acadiana	Care Network	✓			✓			
	Free Community Heart Screenings					✓		
	Cancer Screenings		✓					
	Medicaid Patient Access- New Medicaid Clinic	✓						
Our Lady of Lourdes Health	SDoH				✓			
	St. Bernadette Mental Health Program						✓	
	• Call Center							
	• Patient Referral							
Ochsner Lafayette Health	• Access to Health Care	✓						
	• Physician Recruitment							
	• Appointments							
	• Early Psychosis Intervention Clinic							
	• Mental/ Behavioral Health						✓	
	• Crisis Center							
	• Recruitment							
	• Peer Navigator Opioid Response Program (BEACON)							✓
	• Opioid Warm Line							
	• Cancer Screenings		✓					
	• Tobacco Cessation							
	• Ion robotic-assisted bronchoscopy system							
Ochsner Lafayette Health	• Blood Pressure Control Program					✓		
	• Cardiac Health Screenings							
	• Heart Failure Control Program							
	• Diabetes Eye Exam			✓				
	• Glycemic Status Assessment							
	• Community Education							
	• Social Determinants of Health (SDoH)				✓			
	• Food and Nutrition Programs							
6	• Culturally Competent Care							

Implementation Strategies

Monitoring CHIP programs is a continuous process aimed at keeping the community informed and involved. All descriptions of programs, activities, and expected outcomes are provided by the organizations themselves, ensuring that each initiative is accurately represented by those directly responsible for its implementation. Progress is being tracked using Metopio, a data visualization tool that allows for ongoing assessment of success metrics. Reports generated from Metopio will be shared with community stakeholders, including local leaders, partner organizations, and residents, to maintain transparency and promote shared accountability. This process ensures that strategies remain responsive to evolving needs throughout the CHIP cycle.

Heart Disease

Lourdes' FREE Community Heart Screenings

Program Description: This is Lourdes' internal services.

Community Partners:

Inputs	Activities	Outputs
Heart screenings by Lourdes Heart Hospital	Heart screenings by Lourdes Heart Hospital are held for the community at Heart Hospital and in the low-income areas at different locations throughout the community	Increase the number of Free Heart screenings offered quarterly

Short Term Outcomes

Early detection of risk factors and conditions, allowing for timely interventions and lifestyle modifications

Medium Term Outcomes

Long Term Outcomes

Reducing deaths from heart disease and stroke, and improving overall cardiovascular health

Ochsner- Blood Pressure Control Program

Program Description: This is an Ochsner Lafayette General focus and metric aimed at controlling patient blood pressure

Community Partners: Cardiovascular Institute of the South (CIS), UL School of Nursing, LSUE School of Nursing, SoLAcc Nursing Program and community physician clinics

Inputs	Activities	Outputs
Blood pressure checks entered into system's electronic medical record	Achieve blood pressure control in patients ages 18-55 (excluding ESRD, dialysis and pregnancy)	Percentage of patient population's blood pressure controlled Goal: AHA target between 65%-72%

Short Term Outcomes

Medium Term Outcomes

Long Term Outcomes

Reduction in the risk of serious health complications such as heart attack, stroke, kidney disease and vision loss

Ochsner- Cardiac Health Screenings

Program Description: This is an Ochsner Lafayette General focus aimed at early detection of heart disease which can lead to heart attack, stroke, kidney disease and vision loss

Community Partners: Cardiovascular Institute of the South (CIS)

Inputs	Activities	Outputs
Number of community health screenings and educational opportunities	Increase the number of community cardiac health screenings to educate and raise awareness in the community while achieving early diagnosis and treatment of heart disease	Increase number of community cardiac health screenings and refer patients who need to see a provider to their primary care provider or cardiologist

Short Term Outcomes

Medium Term Outcomes

Long Term Outcomes

Reduction in the risk of serious health complications such as heart attack, stroke, kidney disease and vision loss

Ochsner- Heart Failure Control Program

Program Description: This is an Ochsner Lafayette General focus aimed at improving heart function, reduced hospitalizations, lower healthcare costs and enhanced quality of life for patients

Community Partners: Cardiovascular Institute of the South (CIS)

Inputs	Activities	Outputs
Diagnosed heart failure patients in health system population	Through the treatment of patients diagnosed with heart failure, achieve Heart Failure Control in patients ages 18-55 with EF <40 through diet and medication compliance	Percentage of heart failure patients controlled through diet and medication compliance Goal: =/>90%

Short Term Outcomes

Medium Term Outcomes

Long Term Outcomes

Reduction in hospital readmissions, lower healthcare costs and enhanced quality of life for patients

Cancer

Lourdes' Cancer Screenings

Program Description: This is Lourdes internal services.

Community Partners:

- Lourdes St. Bernadette's Clinic
- St. Agnes Breast Center
- Lourdes -JD Moncus Center

Inputs

Patients Screened for
Cancer

Activities

Screen patients for Cancer
and make referrals for
further services if needed

Outputs

Increase the number of
patients screened for
cancer

Short Term Outcomes

Early detection and treatment

Medium Term Outcomes

Long Term Outcomes

Reduce cancer mortality and morbidity by detecting cancer early, when it is most treatable, and to improve overall health outcomes and Improving quality of life for cancer survivors

Ochsner- Cancer Screening

Program Description: This an Ochsner Lafayette General focus on early detection and prevention of cancer, leading to increased chances of successful treatment and survival

Community Partners: Lafayette General Medical Doctors (LGMD), Lafayette Pulmonary Clinic, The Gastro Clinic, Ochsner Lafayette General Breast Center, Beacon Community Connections, 232-HELP, Miles Perret Cancer Services

Inputs

Primary care patients receiving appropriate age and family history preventative cancer screenings entered into electronic medical record

Activities

Primary care patients receiving appropriate age and family history preventive cancer screenings during routine/annual visits

Outputs

Percentage of Breast Cancer Screenings ($\geq 90\%$), Cervical Screenings ($\geq 88\%$), Colorectal Screenings ($\geq 80\%$) and Lung Screenings ($\geq 83\%$)

Short Term Outcomes

Medium Term Outcomes

Long Term Outcomes

Reduce cancer incidence and mortality rates, improve patient outcomes and decrease healthcare costs

Ochsner-Tobacco Cessation

Program Description: This is an Ochsner Lafayette General focus to helping patients improve cardiovascular health, respiratory function and reducing the risk of stroke and various cancers and other diseases

Community Partners: Ochsner Smoking Cessation Services, Cardiovascular Institute of the South (CIS), Quit With Us-Louisiana, Well-Ahead Louisiana

Inputs

Identification of patients who smoke and are willing to stop smoking

Activities

Tobacco cessation achieved through education and counseling

Outputs

Increase percentage quit rate by 10% year over year

Short Term Outcomes

Medium Term Outcomes

Long Term Outcomes

Reduced risk of heart disease, stroke and several types of cancer

Ochsner- Ion Robotic-Assisted Bronchoscopy System

Program Description: This is a new diagnostic system introduced at Ochsner Lafayette General in 2025 that allows for minimally invasive robotic-assisted bronchoscopy performed on patients with a suspicious lung nodule or mass, helping to diagnose patients in early stage

Community Partners: Lafayette Pulmonary Clinic physicians

Inputs	Activities	Outputs
Minimally invasive robotic-assisted bronchoscopy (RAB) performed on patients with suspicious lung nodule or mass	Patients undergo minimally invasive robotic-assisted bronchoscopy (RAB) due to lung nodule or mass, particularly if it is suspicious or requires biopsy to determine if cancerous	Number of screenings of lung cancer with this new technology

Short Term Outcomes

Medium Term Outcomes

Long Term Outcomes

Significant improvement in long-term survival rates for lung cancer patients who are diagnosed in early stages.

Access to Healthcare

Community Care Hub Model

Program Description: This is a new model to coordinate social care to connect people to resources through a single hub. Beacon will be developing Hub networks for Older Adults (Seniors), Infant and Maternal Care, and Behavioral Health.

Community Partners:

Inputs	Activities	Outputs
Establishing collaborative workgroups	Meet and create action plans	Written action plan with 1+ action step completed

Short Term Outcomes

Medium Term Outcomes

Long Term Outcomes

Increased access to health care	CMS Star Quality Rating
Increase access to social care	CMS Star Quality Rating
Increased access to behavioral health care	CMS Star Quality Rating

232-Help/Louisiana 211

Program Description: 232-HELP is a 501(c) 3 nonprofit entity offering a community resource hot-line which provides access to everything from disaster relief to programs providing food, shelter, clothing, and healthcare. The 232-HELP service is at no cost to individuals who might utilize its programs and is solely intended for public use.

Community Partners:

Inputs

Data from callers on their needs and which are met and unmet.

Activities

Searching for client's caller's immediate area for available resources to improve their access to agencies that can improve their health outcomes.

Outputs

Connecting clients to resources and giving them necessary information for them to be productive members of the community.

Short Term Outcomes

Medium Term Outcomes

Long Term Outcomes

The program is expected to deliver concrete data reflecting the specific needs expressed by clients during their calls, as well as whether those needs are being met or remain unmet.

The metrics to be measured will vary based on the type of information requested or required and will be determined accordingly.

Acadian Health

Program Description: Acadian Health provides in-home medical care through its team of medics, who administer treatments and medications directly to patients. The program focuses on identifying and addressing social determinants of health (SDOH) with the goal of preventing unnecessary hospital admissions and closing critical gaps in care

Community Partners:

- Beacon Community Connections
- Vermilion Behavioral Health Systems
- DOTD
- LA Dept of Health

Inputs

Requires a diverse range of resources to support in-home care delivery.

Connects patients with services that address SDOH such as housing, food access, transportation, and other non-clinical needs.

Activities

Offers CPR training and health education courses.

Conducts community outreach to promote health awareness and engagement.

Outputs

Patients receive 6–9 in-home visits over a 90-day period.

Focus is placed on stabilizing SDOH-related challenges and building long-term self-reliance.

Short Term Outcomes

Medium Term Outcomes

Lower cost and deploy resources

SDOH resources addressed

Reduce reliance on emergency room (ER) services

ER reduction

Increase satisfaction

Score Rating

Return patients to PCP

Return rate

Long Term Outcomes

Care Network

Program Description: The United Way of Acadiana Help Center is designed to help individuals and families in need navigate the challenges of obtaining resources and assistance to meet their basic needs. Utilizing the Unite Us platform, United Way of Acadiana can connect clients to community partners that can provide the necessary assistance. The Unite Us platform is a network of over a hundred community partners readily available to assist with rental and mortgage, medical expenses, educational support, housing, emergency food, mental health, and more. United Way of Acadiana works with community partners to maximize the assistance for clients by staying abreast of community resources and procedures for referring clients to appropriate resources as well as continuing efforts to advocate on behalf of clients and families for services, basic needs, and other related issues.

Community Partners:

Inputs

Activities

Outputs

Short Term Outcomes

Medium Term Outcomes

Long Term Outcomes

Ochsner Lafayette General-Call Center

Program Description: This is an Ochsner Lafayette General service that coordinates all provider referrals to the right level of care, regardless of location

Community Partners: Lafayette General Medical Doctors (LGMD), community physician offices/healthcare clinics and community hospitals/healthcare facilities

Inputs	Activities	Outputs
Call Center Expansion	Expanded Ochsner Patient Call Center which coordinates patient appointments with clinics at Ochsner University Hospital & Clinics and all Ochsner rural hospital clinic facilities	Reduction in patient abandonment percentage to $\leq 6\%$

Short Term Outcomes

Medium Term Outcomes

Long Term Outcomes

Patients are seen in the right level of care by the appropriate healthcare provider, accessing care in a timelier manner

Ochsner Lafayette General- Patient Referral Center

Program Description: This is an Ochsner Lafayette General internal service that coordinates and expedites patient referrals and establishes appointments for all specialties.

Community Partners: Lafayette General Medical Doctors (LGMD), community physicians, Beacon Community Connections, 232-HELP and other community organizations who have the need to direct patients seeking care

Inputs	Activities	Outputs
Patient Referral Center calls received	Patient Referral Center coordinates and expedites patient referrals and establishes appointments for all specialties	Reduction in number of days to patient appointment to ≤ 2 days

Short Term Outcomes

Medium Term Outcomes

Long Term Outcomes

Improved patient satisfaction, enhanced staff productivity and better resource allocation

Ochsner Lafayette General-Open slots in physician appointment schedules

Program Description: This is an Ochsner Lafayette General Medical Doctors (LGMD) initiative that provides open appointments in physician schedules to allow for direct patient access to schedule an appointment, increasing access to care

Community Partners: Open to the community

Inputs	Activities	Outputs
Open appointments in physician scheduling	Patients schedule their own appointments online	Percentage of new patients seen in \leq 7 days

Short Term Outcomes

Medium Term Outcomes

Long Term Outcomes

Improved patient satisfaction, enhanced staff productivity and better resource allocation

Ochsner Lafayette General- Graduate Medical Education, Physician and Advanced Practice Provider Recruitment & Placement

Program Description: This is an Ochsner Lafayette General GME program to train and educate residents and to recruit and place additional physicians and advanced practice providers (APP's) in the community to meet demonstrated community needs, providing additional access to healthcare

Community Partners: Medical Schools, community businesses

Inputs

Physician and APP recruitment and placement

Activities

Local education and training of residents and focused recruitment to fill documented community needs

Outputs

Graduation of residents along with recruitment and placement in specialties of endocrinology, rheumatology, interventional neurologist, and infectious disease

Short Term Outcomes

Medium Term Outcomes

Long Term Outcomes

Provide additional qualified physicians and APP's to care for demonstrated community needs

Ochsner Lafayette General-Online Appointment Scheduling

Program Description: This is an Ochsner Lafayette General program that allows patients to schedule their own appointments online

Community Partners: Community organizations and members

Inputs	Activities	Outputs
Online scheduling of patient appointments	Educate population on ease of scheduling provider appointments online	Percentage of total patient appointments scheduled online to $\geq 8\%$

Short Term Outcomes

Medium Term Outcomes

Long Term Outcomes

Improved patient satisfaction, enhanced staff productivity and better resource allocation

Substance Abuse/ Addiction

Ally Opioid Response

Program Description: Beacon Community Connections' ALLY program is a targeted initiative designed to combat opioid overdoses and support individuals on their recovery journey. Launched as part of Beacon's broader mission to connect people with vital resources, ALLY focuses on providing immediate assistance to those affected by opioid use.

Community Partners:

Inputs	Activities	Outputs
Healthcare providers (systems, clinics, professionals)	Social care through in-person and telephonic care	Number of clients with 1+ SDOH resolved
Community-based organizations identify people with substance use	Outreach efforts and education	Number of clients with treatment adherence
	Narcan distribution	

Short Term Outcomes

Medium Term Outcomes

Number and percent of SDOH resolved	Beacon's social care record and health system EHR
Number and percentage of 30-day all cause readmissions	Beacon's social care record and health system EHR

Number and percent of 30 day all cause ED revisits, variety of health outcomes (e.g., lower A1C)	Beacon's social care record and health system EHR
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Long Term Outcomes

Too Good for Drugs

Program Description: Too Good for Drugs and Violence lays the groundwork for drug-free living through a fun and interactive journey of setting reachable goals, communicating effectively, making responsible decisions, managing emotions, and refusing negative peer pressure. Students learn how to navigate the challenges of social and academic pressures like making responsible decisions, managing stress and anger, reflecting on personal relationships, and resolving conflict peacefully. Interactive games and activities provide techniques for students to avoid participation in cyber-bullying and practice responsible digital citizenship. Equipped with the skills developed throughout the course, students can better prepare, plan, and evaluate their choices. By differentiating impulsive behavior and thoughtful decisions and examining how goals, media, peers, and family influence their decisions, eighth graders will be better prepared to take actions consistent with their short-term and long-term goals. Incorporating their emotional management, effective communication, and social awareness skills, students practice applying their empathy with their friends to provide the healthy qualities their friends need in a variety of predicaments in “The Buddy System.” Lessons also explore the risks and harmful effects alcohol, tobacco, THC, and marijuana have on the developing brain and body as well as the dangers associated with the misuse of prescription and over-the-counter medications.

Community Partners:

- **Acadiana Area Human Services District**

Inputs

Activities

Outputs

Student Pre-Tests	10 lessons created to teach five essential character development skills to build self-efficacy, promote healthy development, and academic success.	10 age-appropriate lessons, program workbook
Student Post Tests	Interactive games and activities create an experiential learning environment so students can learn and apply the skills in the classroom setting.	Pre-test/post-test to gauge knowledge retention
		Class evaluation completed by instructor

Short Term Outcomes

As a result of the program, students demonstrate improved social-emotional competencies and strengthened resistance skills, enabling them to make healthier, more informed decisions. There is a shift in student perceptions, with more recognizing substance use as wrong, risky, or harmful, and fewer viewing it as acceptable or desirable. Additionally, a growing number of students report that substance use is not considered a norm among their peers and is not viewed as a positive behavior. The program also contributes to an increased sense of self-efficacy, empowering students to confidently navigate challenging situations. Furthermore, students report feeling a

Pre-test/post-test

stronger connection with their school and instructors, fostering a more supportive and engaging learning environment.

Medium Term Outcomes

Long Term Outcomes

Healing Hands

Program Description: A set of strategies aimed at meeting people where they are to reduce the harm associated with drug use, overdose and death. Trained peers with lived experience advocate, educate and reach those in need within the community connecting them to resources to assist with all phases of their journey. Program provides HIV, STI, Syphilis, Hepatitis-C testing, counseling, referral services and prevention materials.

Community Partners:

- AAHS
- SHHP
- The Jefferson Clinic
- Gilead
- 15th District Attorney's Office
- Safe Haven

Inputs

Funding partners: Acadiana Area Human Services
District funding

Activities

Narcan and sterile kit distribution

Outputs

Overdose overturn with the use of Narcan

SHHP free testing supplies	Free and confidential mobilized HIV/STI testing	Decrease in overdoses, increase in counseling and detox referrals
2 FT Staff members	Monthly peer meetings to develop and educate	Increase in safer using practices
Testing and distribution van and room	Educate stakeholders (community members, organizations, businesses, and politicians) on harm reduction efforts and how they can be a part of the solution	Decrease in the spread of HIV/STI
2 clinical partnerships for testing referrals		Increase in HIV/STI diagnosis and linkage to care
Substance use referrals to AAHS		
up to 25 peers throughout Region 4		
Short Term Outcomes		
Medium Term Outcomes		
200 outreach materials distributed per month, 200 Substance Abuse/IVDU users tested, 70% from priority population (pregnant women, women with children, IVDU users) 90% referrals made, 12 outreach contacts (1 being a high risk	Per test administered, per referral, per encounter, per reported overdose reversal	

user/pregnant women, women with children, IVU users)

Long Term Outcomes

Ochsner- Opioid Warm Line

Program Description: Through a Federal grant, this is an Ochsner Lafayette General service that provides a 24/7 manned phone line that provides direction to individuals who experience opioid addiction

Community Partners:

Inputs

Calls to the Opioid Warm Line

Activities

Provide consultation and direction to individuals who experience opioid addiction

Outputs

Monitor number of calls and type of community outsourcing to better understand where resources need to be directed

Short Term Outcomes

Medium Term Outcomes

Long Term Outcomes

Reduction of individual cases of opioid crisis before they occur, guidance if a crisis is underway and reduction of opioid deaths

Ochsner- Peer Navigator Opioid Response Program

Program Description: This is a targeted initiative designed to combat opioid overdoses and support individuals on their recovery journey. Launched in conjunction with Beacon Community Connections, its mission is to connect people with vital resources and focuses on providing immediate assistance to those affected by opioid use.

Community Partners:

- Beacon Community Connections, Acadian Ambulance, local law enforcement

Inputs

Hospital emergency departments and other healthcare providers

Activities

Conduct assessments, introduce programs and treatment options, facilitate connection to treatment options and educate patients to prevent harm

Outputs

Number of people who follow peer navigation recommendations

Short Term Outcomes

Medium Term Outcomes

Long Term Outcomes

Reduce overdose deaths, decrease transmission of infectious diseases among people who inject drugs, reduced crime rates and increased access to treatment and support services

Health Disparities

Lourdes' SDoH

Program Description:

Community Partners:

- Beacon Community Connections
- 232-HELP
- Northside SBHC
- St. Bernadette's Clinic

Inputs

Data entered in EPIC (EMR) software

Call 232Help for referrals for assistance with SDoH issues

Activities

Gather SDoH Data from questionnaire in EPIC from Beacon

Obtain external data from 232-Help on the number of referrals from call for SDoH

Outputs

Number of people helped/referred for help

Short Term Outcomes

Medium Term Outcomes

Long Term Outcomes

Community Care Hub for Reentry

Program Description: Beacon Community Connections operates a Re-entry Hub as part of its role as a Community Care Hub, focusing on connecting individuals leaving incarceration with essential community resources to address various social determinants of health (SDOH). This initiative provides non-clinical case management and care coordination to support successful reintegration into society.

Community Partners:

Inputs	Activities	Outputs
Louisiana Department of Corrections sends referrals	Social care through in-person and telephonic care	Number of clients with 1+ SDOH resolved Number of clients who complete terms of parole

Short Term Outcomes

Medium Term Outcomes

Number and percent of SDOH resolved	Beacon's social care record and health system EHR
Number and percent of participants enrolled in Medicaid or other insurance	Beacon's social care record and health system EHR
Number and percent who have a visit with a PCP annually	Beacon's social care record and health system EHR

Long Term Outcomes

Social Care by Community Health Workers

Program Description: Community Health Workers provide social care through connection to community resources to resolve social drivers of health. Referral based with contracted partners or through grant funding.

Community Partners:

Inputs	Activities	Outputs
Community Health Workers	Peer Support Specialists and Community Health Workers identify SDOH needs and then find community resources to resolve them.	Number of clients referred and enrolled
Contract partners such as health systems, educational facilities, and community resource partners	CHWs guide the client through the process to ensure access to the right resource that leads to resolution of SDOH	Number of needs interactions with client

Short Term Outcomes

Medium Term Outcomes

Number and percent of SDOH resolved	Beacon's social care record and health system EHR
Number and percent of 30-day all cause readmissions	
Number and percent of 30 day all cause ED revisits, variety of health outcomes (e.g., lower A1C)	

Long Term Outcomes

Ochsner Lafayette General-Social Determinants of Health (SDoH)

Program Description: This is an Ochsner Lafayette General focus on our patient population to identify SDoH and guide them to appropriate services that can help minimize/eliminate them

Community Partners: Beacon Community Connections, Second Harvest Food Bank, United Way of Acadiana, Acadiana Legal Services, 232-HELP and other community non-profit organizations

Inputs

SDoH information collected and entered into patient's electronic medical record

Activities

Documented needs are linked/referred with community organizations/resources

Outputs

Track number of patients assisted with SDOH's

Short Term Outcomes

Medium Term Outcomes

Long Term Outcomes

Reduction in patient hospital readmissions, emergency department visits and overall healthcare compliance

Ochsner- Food and Nutrition Programs

Program Description: This is a Ochsner Lafayette focus to offer mobile food markets and nutritional education to combat food insecurity and chronic disease

Community Partners: Second Harvest Food Bank, SNAP, Beacon Community Connections, 232-HELP

Inputs

Number of mobile food markets and nutritional education opportunities

Activities

Offer mobile food markets and nutritional education to combat food insecurity and chronic disease

Outputs

Increase number of mobile food markets and nutritional educations year over year

Short Term Outcomes

Medium Term Outcomes

Long Term Outcomes

Improved access to healthy, affordable foods, increased fruit and vegetable intake and reduce food insecurity

Ochsner- Culturally Competent Care

Program Description: This is an Ochsner Lafayette General service that provides language services to better communicate and serve diverse populations

Community Partners:

Inputs

Upgrade language translation equipment across all facilities

Activities

Install and orient staff on how to use language translation equipment

Outputs

Complete implementation of new language translation equipment and staff education

Short Term Outcomes

Medium Term Outcomes

Long Term Outcomes

Reduce potential for discrimination while enhancing our culture within organization to better serve our patients

Mental/ Behavioral Health

Lourdes – St. Bernadette’s Mental Health Program

Program Description:

Community Partners:

Inputs

Psych-NP schedule and provide mental/substance abuse treatment

Activities

Psych-NP sees patients at St. Bernadette’s and prescribes medications for those in need – Expand the number of hours

Outputs

Increase the number of patients seen

Short Term Outcomes

Medium Term Outcomes

Reduce the frequency and severity of symptoms, preventing acute episodes, enhancing overall functioning, and promoting psychosocial recovery.

Long Term Outcomes

Improve quality of life, manage symptoms, and prevent relapses.

Too Good for Violence

Program Description: Character Education and Asset Development are at the core of Too Good for Violence to provide students with the skills, knowledge, and attitudes they need for positive social development and supportive relationships. The readiness and ability to socialize, connect, and cooperate with others is essential for positive peer bonding, healthy relationship building, and advocacy for one’s needs. Interpersonal skills are

developed, practiced, and refined throughout the course as students consider how their decisions affect others, strengthen their ability to identify and respond appropriately to the emotions of others, and discern the characteristics of an effective speaker and an active listener. Students work together in paired and group activities designed to foster participation, listening, and engagement. The complete TGFV skills set brings insight, understanding, and social awareness to the forefront of every social encounter. Students use these interpersonal skills every day to guide appropriate behavior in social situations and to form relationships and meaningful connections, resolve problems, deescalate conflict, and manage bullying situations.

Community Partners:

- Acadiana Area Human Services District

Inputs	Activities	Outputs
Pre-test/Post-test	10 lessons for grades K-12 on these primary skill constructs: Identifying and Managing Emotions, Effective Communication, and Pro-social Peer Bonding. Lessons include interactive games	Instructor led lessons
Student evaluations		Workbooks
Instructor evaluations		Evaluations

Short Term Outcomes

As a result of the program, students demonstrate stronger skills competency and improved media literacy, equipping them to critically analyze messages and behaviors. There is a noticeable shift in student attitudes, with more youth	pre-test/post-test, student evaluation, instructor evaluation
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recognizing violent acts as wrong, risky, or harmful, and fewer perceiving them as acceptable or "cool." Additionally, students increasingly report that violence is not the norm within their peer groups and that their friends do not condone violent behavior. The program also fosters a greater sense of self-efficacy among participants, empowering them to make positive choices. Furthermore, students report feeling more connected to their school environment and instructors, which supports a stronger, more supportive learning atmosphere.

Medium Term Outcomes

Long Term Outcomes

Ochsner- Early Psychosis Intervention Clinic

Program Description: In coordination with Tulane University, establish a specialized clinic for individuals experiencing their first episode of psychosis, including those at high risk of developing psychosis

Community Partners:

Inputs

Establish early psychosis clinic

Activities

Provide early psychosis interventions

Outputs

Establishment of clinic and number of interventions completed

Short Term Outcomes

Medium Term Outcomes

Long Term Outcomes

Improve long-term outcomes for individuals experiencing their first episode of psychosis, reduce the duration of untreated psychosis and improve overall functional and personal recovery

Ochsner Behavioral Health Acadiana

Program Description: This is Ochsner Lafayette General/Oceans Behavioral Healthcare Joint Venture that will add 60 new inpatient hospital beds for the adolescent, adult and geriatric populations in 2026. Will also include expansion of outpatient services.

Community Partners:

Inputs	Activities	Outputs
Ochsner Lafayette General/Oceans Behavioral Healthcare Joint Venture	Add additional care for adolescent, adult and geriatric populations through expansion of inpatient and outpatient services	Open 60 new inpatient beds in Acadiana in 2026 that will expand inpatient and outpatient services to better meet community needs

Short Term Outcomes

Medium Term Outcomes

Long Term Outcomes

Improved individual and family well-being, reduce stigma and enhance social and economic outcomes of individuals with mental health conditions

Ochsner-Community Mental/Behavioral Health Crisis Stabilization Center

Program Description: This project is currently under development and will include other community partners. This crisis stabilization center is intended to provide a centralized location for individuals to seek short-term care and direction in a crisis.

Community Partners:

Inputs	Activities	Outputs
Mental/Behavioral Health & Substance Abuse Crisis Center	Deliver crisis stabilization services to individuals	Open a sustainable Mental/Behavioral Health Crisis Center for Acadiana residents

Short Term Outcomes

Medium Term Outcomes

Long Term Outcomes

Reduce unnecessary emergency department visits, jail bookings and inpatient hospitalizations while improving access to care and support services

Ochsner- Recruitment of Mental Health & Substance Abuse Healthcare Providers

Program Description: This is an initiative that Ochsner Lafayette General is doing to meet documented community need. Recruitment of new psychiatrists, APP's will be key to support the new Ochsner Behavioral Health Acadiana hospital

Community Partners:

Inputs	Activities	Outputs
Placement of new Mental/Behavioral Health psychiatrists and APP's	Recruitment of new psychiatrists and advanced practice providers (APP's) to better serve the Mental/Behavioral Health needs in Acadiana	Number of new psychiatrists and APP's

Short Term Outcomes

Medium Term Outcomes

Long Term Outcomes

Improve access to mental health & substance abuse care, reduced wait times for appointments, reduce unnecessary emergency department visits and contribute to a more resilient and integrated mental health system within the community

Diabetes

Healthy Me - Adult Diabetes Prevention Program

Program Description: Using a CDC-approved curriculum participants work with a certified Lifestyle Coach to learn new skills, set and meet goals, and stay motivated. This is a lifestyle change program designed to help lower participants' risk for type 2 diabetes. Research shows that people who make certain lifestyle changes can cut their risk for type 2 diabetes in half.

Community Partners:

- Well Ahead Louisiana
- Lourdes

Inputs

Weight

Activity minutes

Meal logs

Activities

Educational lessons from CDC-approved curriculum and delivered by certified Lifestyle Coach

Support and motivation from other members of the cohort

Outputs

26 lessons, weekly check-ins with Lifestyle Coach

Short Term Outcomes

Medium Term Outcomes

Reduction in A1C levels, Weight loss, increase in physical activity

A1C level (ordered by physician), weight in pounds, physical activity tracked by minutes

Long Term Outcomes

Ochsner- Diabetes Eye Exams

Program Description: This Ochsner Lafayette General chronic disease focus is intended to provide annual eye exams to patients diagnosed with diabetes at least once per year.

Community Partners:

Inputs	Activities	Outputs
Number of annual eye exams performed on patients diagnosed with diabetes	Complete annual eye exams on patient population diagnosed with diabetes	Percentage of population with completed eye exams Goal: $\geq 76\%$

Short Term Outcomes

Medium Term Outcomes

Long Term Outcomes

Early detection of diabetic eye disease allows for timely intervention and treatment, significantly reducing the risk of vision loss and even blindness

Ochsner- Glycemic Status Assessments

Program Description: This is a Ochsner Lafayette General chronic disease focus on pre diabetic and diabetic patients to reduce complications associated with diabetes and improve cardiovascular health

Community Partners:

Inputs

Number of completed glycemic status assessments

Activities

Complete annual glycemic status assessment

Outputs

Percentage of population assessed with glycemic status assessments

Goal: $\geq 79\%$

Short Term Outcomes

Medium Term Outcomes

Long Term Outcomes

Reduced risk of diabetic complications, improved cardiovascular health and potentially extended lifespan

Ochsner- Diabetes Community Education

Program Description: This is an Ochsner Lafayette General initiative aimed and preventing diabetes and educating pre diabetics/diabetic patients and their family members.

Community Partners: American Diabetes Association

Inputs	Activities	Outputs
Number of educational opportunities offered to individual and community members	Diabetes education provided in individual and group settings	Increase number of educational opportunities offered each year from 704 in 2024 to 780 in 2025

Short Term Outcomes

Medium Term Outcomes

Long Term Outcomes

Improved quality of life, reduced risk of complications, better self-management skills and reduced healthcare costs

Acknowledgement to Partners

232 HELP

LOUISIANA 211



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