



West Calcasieu Cameron Hospital  
Community Health Needs Assessment 2016

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### *About the Louisiana Public Health Institute (LPHI):*

LPHI, founded in 1997, is a statewide 501(c)(3) nonprofit and public health institute that translates evidence into strategy to optimize health ecosystems. Our work focuses on uncovering complementary connections across sectors to combine the social, economic, and human capital needed to align action for health. We champion health for people, within systems, and throughout communities because we envision a world where everyone has the opportunity to be healthy. For more information, visit [www.lphi.org](http://www.lphi.org).

## Executive Summary

West Calcasieu Cameron Hospital (WCCH) is a tax exempt hospital located in Sulphur, Louisiana. Governed by the Calcasieu and Cameron Parish Police Juries and a five-member Board of Commissioners appointed by these municipalities, the hospital's mission is to provide "advanced quality health care with attention to patient satisfaction and clinical excellence." As part of this effort and to meet federal requirements, WCCH contracted with the Louisiana Public Health Institute (LPHI) to conduct the community health needs assessment (CHNA) and community health improvement plan (CHIP) reports.

This report serves as the West Calcasieu Cameron Hospital CHNA report for 2016, and meets the requirements set forth by the IRS in Notice 2011-52, 990 Requirements for tax exempt hospitals' CHNA.

The CHNA report contains secondary data from existing sources, such as the American Community Survey (ACS), Behavior Risk Factor Surveillance Survey (BRFSS), and data from the Louisiana Department of Health, among others. This report also includes input from key informants in the region, particularly those with special knowledge of public health, the health of the communities served by the hospital, and/or vulnerable populations in the communities served by the hospital. This input was gathered through an online survey, five focus groups conducted across Calcasieu and Cameron Parishes and at a strategic planning meeting. As a result, three community health needs were identified as top priorities. These priorities were selected, in part, based on issue prevalence and severity according to parish and regional secondary data, as well as stakeholder input provided. The top needs identified through the process are as follows:

### **1. Prevention and Chronic Care Management**

The U.S. Centers for Disease Control and Prevention cites chronic diseases and conditions are among the most common, costly, and preventable of all health problems affecting the American public.

Deaths due to heart disease, cancer and stroke account for the three leading causes of death in Calcasieu and Cameron Parishes. The rate of deaths per 100,000 of all three conditions exceed the national rate, and the rates of death per 100,000 due to heart disease and stroke also exceed the state rates.

Chronic conditions share many of the same causes and therefore can be prevented or lessened by many of the same care strategies. Risk factors associated with these chronic conditions are unsurprisingly more prevalent in Cal/Cam parishes than in other parts of the nation. These conditions are high blood pressure, high cholesterol, tobacco use, obesity, inactivity, and diets low in fruits and vegetables. Online survey respondents prioritized cancer, heart disease and diabetes as the top health concerns in our service area.

Through an integrated care approach with other providers in the community, WCCH will develop an approach to manage illness and focus on patient education, screening, and prevention.

### **2. Mental Health**

The death by suicide rate for Calcasieu and Cameron Parishes is 15.7 per 100,000. This rate is above both the state rate of 12.8/100,000 and national rate of 12.5/100,000. In addition, there is a much lower number of mental health providers per 100,000 in Calcasieu and Cameron Parishes as compared to the state and the national rate.

Mental health was prioritized as a top concern by the online survey respondents as well as by the focus group participants.

### **3. Accidents & Safety**

Accidents are the 4<sup>th</sup> leading cause of death in Calcasieu and Cameron Parishes. Both online survey respondents and focus group participants raised concerns regarding drug abuse. The Sudden Impact program that will be offered in partnership with Louisiana Emergency Response Network (LERN) and other state agencies, is designed to raise awareness of the dangers of driving while impaired and the importance of wearing a seatbelt.

The CHNA report presents data for a number of needs in Calcasieu and Cameron Parishes, as well as additional information specific to the above prioritized community health needs. This report will be used by West Calcasieu Cameron Hospital as a resource for developing implementation strategies to improve community health over the next three years.

## Introduction

West Calcasieu Cameron Hospital (WCCH) is a tax exempt hospital located in Sulphur, Louisiana. Governed by the Calcasieu and Cameron Parish Police Juries and a five-member Board of Commissioners appointed by these municipalities, the hospital's mission is to provide "advanced quality health care with attention to patient satisfaction and clinical excellence." As part of this effort and to meet federal requirements, WCCH contracted with the Louisiana Public Health Institute (LPHI) to conduct the community health needs assessment (CHNA) and community health improvement plan (CHIP) reports.

This document serves as the West Calcasieu Cameron Hospital CHNA report for 2016, and will be made publicly available on the hospital's website for future reference. The purpose of the CHNA is to identify needs, assets, and opportunities to answer the following research questions:

1. What constitutes the community/ communities which West Calcasieu Cameron Hospital serve(s)?
2. What are the community's attributes (i.e., demographics, health status, etc.)?
3. What are the community's health needs?
4. What are the community's assets and opportunities?
5. What action can West Calcasieu Cameron Hospital feasibly take to meet identified health needs?

These questions were answered using a mixed-methods approach (described in further detail below), and the report presented here describes findings based on publically available secondary data and primary data collected through a series of focus groups and an online survey that was distributed to key informants and partners with knowledge of community issues in Calcasieu and Cameron Parishes.<sup>1</sup> This summation was further discussed and analyzed by a panel of experts comprised of WCCH Board Members, staff, and external partners representing local government and various community organizations, and with guidance from LPHI. Formally known as the CHNA Advisory Committee, this panel was responsible for establishing next steps for the West Calcasieu Cameron Hospital community health improvement implementation plan. This plan is provided in a separate document.

## Methodology

The mixed-methods approach conducted for this report was based off methodology used by LPHI for other CHNA clients and informed by assessment materials developed by national organizations such as the Association for Community Health Improvement (ACHI), the Catholic Health Association (CHA), and the National Association of County and City Health Officials (NACCHO). Primary data was gathered through focus groups and an online survey, and ensured that community feedback and viewpoints outside of WCCH leadership would also inform this assessment. This feedback was used to supplement the quantitative data available from secondary sources, such as the American Community Survey (ACS) and the Louisiana Department of Health. A full list of data sources referenced in this report is listed in Appendix A.

Each step of the CHNA process essential to this methodology is explained in detail below.

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<sup>1</sup> All statements and opinions herein were expressed by key informants and focus group participants and do not necessarily represent the opinions or viewpoints of LPHI or its contractors.

### *Advisory Committee*

In order to ensure community input and expert oversight throughout the entire project, an Advisory Committee representing internal and external stakeholders in Calcasieu and Cameron Parishes was established in May 2016. This committee met periodically throughout this process and was involved in the review of all data collection materials developed by LPHI, including a list of recommended quantitative indicators, the survey instrument, and the focus group interview guide. On October 31, 2016, the Advisory Committee met to review a draft version of the findings and to determine which priority issues would be addressed as part of the corresponding community health implementation plan (CHIP). Details regarding the prioritization process are provided on page 35 of this report.

### *Quantitative Indicators*

LPHI worked with WCCH to adapt a list of potential indicators for analysis based off national resources and prior CHNA reports that have been completed by LPHI. In most cases, indicators were chosen based on availability. For topics in which secondary data was not readily available, these topics were representatively addressed in the qualitative instruments developed by LPHI where applicable.

The geographic region of focus of this CHNA report was determined by the primary regions of West Calcasieu Cameron Hospital's catchment area (Figure 1), with a specific focus on Calcasieu and Cameron Parishes. Due to Cameron Parish's relatively small population size, some quantitative indicators and demographic information are unavailable. For these indicators, the authors of this report reported data from Calcasieu Parish only. Existing data for this geographic area was compiled from local and national sources and analyzed using SPSS when appropriate. A full list of most of the indicators provided in this report can be viewed in the list of Figures on page 3. As previously mentioned, all data sources referenced in this report are listed in Appendix A. This data is presented in the Findings section starting on page 12.



West Calcasieu Cameron Hospital

## Service Area Map

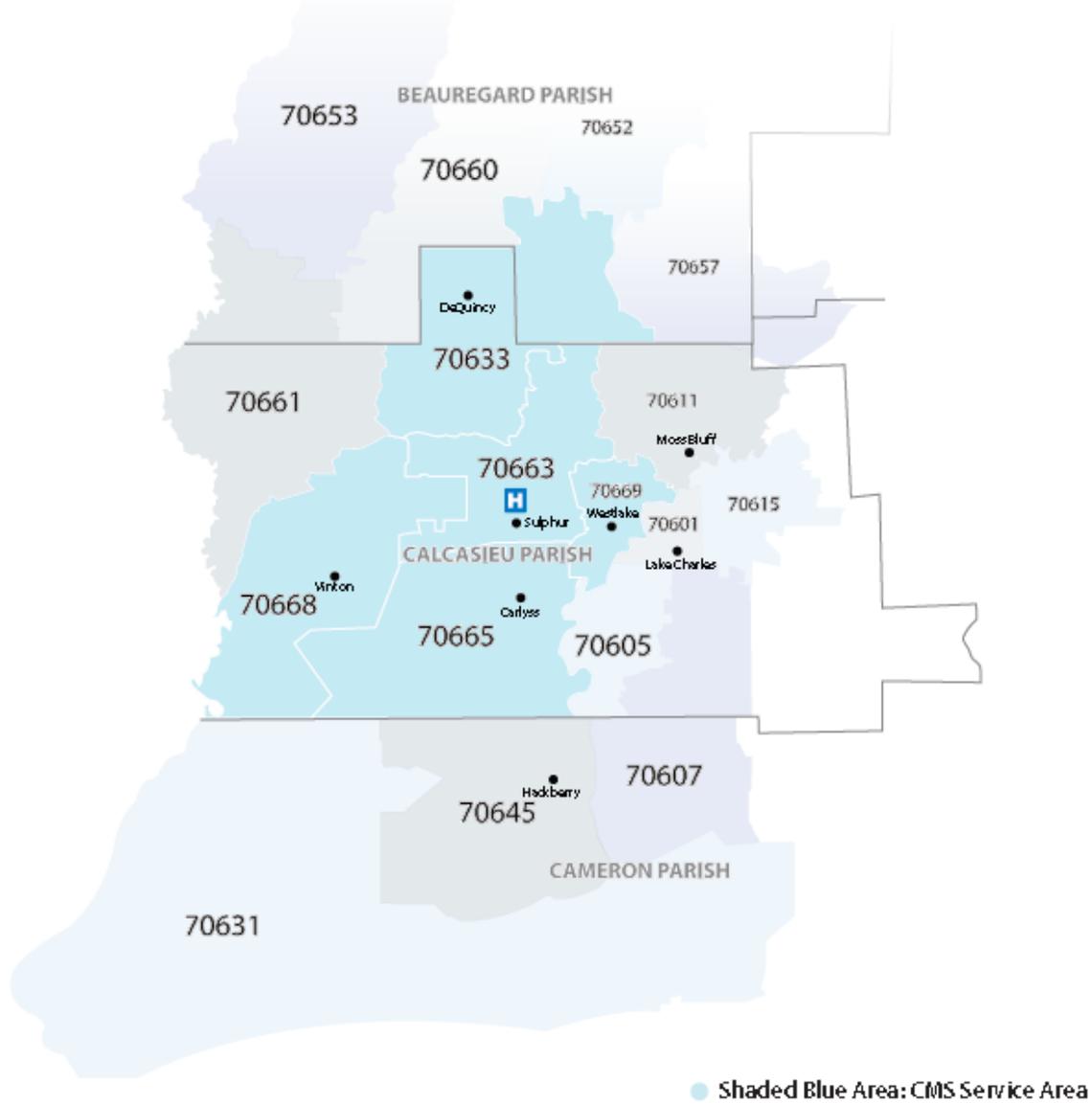


Figure 1: West Calcasieu Cameron Hospital service area map

### *Key Informant Online Survey Protocol*

A web-based survey was emailed to consumers, community leaders, and public and private organizations identified by WCCH leadership. The survey link was also placed on the WCCH Facebook page. Responses were recorded between August 10, 2016 and August 24, 2016. The survey was designed to take about 30 minutes to complete and included questions regarding economic and societal concerns, community assets and needs, behaviors causing negative health effects, care locations by insurance type, barriers to primary, mental and behavioral health care, medical specialties needed, populations affected, and community organizations or foundations that are currently or are poised to help address community needs. The survey instrument was reviewed and approved by WCCH leadership in August 2016. An experienced analyst then analyzed the collected survey data, and both the quantitative and qualitative data, using basic descriptive statistics and exploring common themes expressed by respondents.

The survey was completed by 64 respondents over a two-week period. Per IRS regulations (Section 3.06 of Notice 2011-52), each facility must get input from people who fall into each of these three categories:

*“(1) Persons with special knowledge of or expertise in public health;  
(2) Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility; and  
(3) Leaders, representatives, or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility.”*

*Treasury and the IRS expect that certain persons may fall into more than one of the categories listed above in paragraphs (1) through (3). For example, taking into account input from certain government officials with special knowledge of or expertise in public health may allow a hospital organization to satisfy the requirements described in both paragraphs (1) and (2).”*

Individuals who identify as community residents account for the largest group of respondents (74.4%). The remainder of respondents identified as public health experts (13.3%), representatives of a local nonprofit, faith-based organization, school, community clinic, or other community organization (8.9%), physicians (6.7%), local/parish/state public official (5.6%), individual with special knowledge and understanding of issues facing historically disadvantaged populations (5.6%), and “other” (4.4%).

### *Focus Group Protocol*

Focus groups were also selected as an additional mechanism to obtain community input. Like the online survey instrument, the focus group guide was also designed to encourage participants to think about the behavioral, environmental, and social factors that influence a person’s health status within the geographic area of focus. Questions inquiring about existing community assets and ways WCCH could partner with others, to address some of the factors discussed, were included in the guide. The guide was reviewed and approved by WCCH leadership in July, 2016.

As part of the protocol, one of LPHI’s qualitative experts provided a one-hour virtual focus group facilitation training. A member of WCCH’s administration was responsible for conducting five (5) 60-minute focus groups in the following communities in Southwestern Louisiana: Carlyss, Hackberry, Sulphur, Vinton, and Westlake. Participants represented WCCH patients and other community stakeholders with knowledge and awareness of health issues impacting the region.

All focus groups were audio recorded to accurately capture responses. Additionally, at least one note taker was assigned to take notes in person and all notes were captured without identifiers to provide participants anonymity. All notes and audio recordings were then provided to LPHI, who analyzed for trends and correlation of themes within one master document.

All focus groups occurred within the first two weeks of August, 2016. Information provided during these sessions is incorporated into the findings shared in the following pages.

## Findings

As previously mentioned, data from the focus groups were cross-walked with secondary data findings to identify areas of agreement and areas of disconnect. Data from the online survey were analyzed independently, with summarized findings and themes starting on page 31. For the purposes of this report, “participant” refers to those who participated in a focus group, unless specified.

### Demographics and Socio-Economic Measures

The 2014 population for Calcasieu and Cameron Parishes was estimated to be 201,656, with an anticipated growth of 208,303 by 2020,<sup>2</sup> an increase of approximately 3% (Figure 2). The portion of the population in Calcasieu Parish over 65 is 13.1%, which is similar to the state percentage of 12.9% and slightly below the national percentage. Additionally, one quarter of the population in Calcasieu Parish is Black, non-Hispanic and 69% is White, non-Hispanic. Latinos comprise 3% of the parish’s population (Figure 3).

Participants also noted a growing population of immigrants and both foreign and American transient workers; while some participants said that the influx of transient workers have contributed an increase in petty crime and homelessness, others have not noticed any problems. One participant expressed concern about the impact the population growth will have on existing healthcare resources and traffic problems. Another said that linguistic barriers pose a new challenge to accessing resources.

The 2014 median age for Calcasieu Parish is 36.1 years, which on par with the state median age (36.0 years), and slightly younger than the national median age of 37.4 years (Figure 2). The 2014 Median Family Income for the area is \$55,370, which is higher than the State median income of \$44,555 but lower than the national median income of \$65,443. The Median Home Value for the area is \$114,900.<sup>3</sup>

2014 Benchmarks  
Area: Calcasieu Parish, Louisiana

Area	2014-2020		Population 65+		Females 15-44		Median Household Income	Median Household Wealth	Median Home Value
	% Population Change	Median Age	% of Total Population	% Change 2014-2020	% of Total Population	% Change 2014-2020			
USA	4.4%	37.4	13.75%	23.6%	19.8%	-3.5%	\$53,657		\$302,000
Louisiana	2.9%	36.0	12.91%	22.3%	20.4%	4.11%	\$44,555		2013: \$140,300
Calcasieu Parish	3.4%	36.1	13.1%	22.9%	18.5%	-1.0%	\$55,370		2013: \$114,900

Figure 2: 2014 benchmarks for population, wealth, and income (accessed via Community Commons)

<sup>2</sup> Southwest Louisiana Economic Development Alliance  
(<http://allianceswla.org/Images/Interior/population%20trends%20&%20projections%202015.pdf>)

<sup>3</sup> United States Census Bureau, Quick Facts, 2015. Available from:  
<http://www.census.gov/quickfacts/table/PST045215/22019,28045>

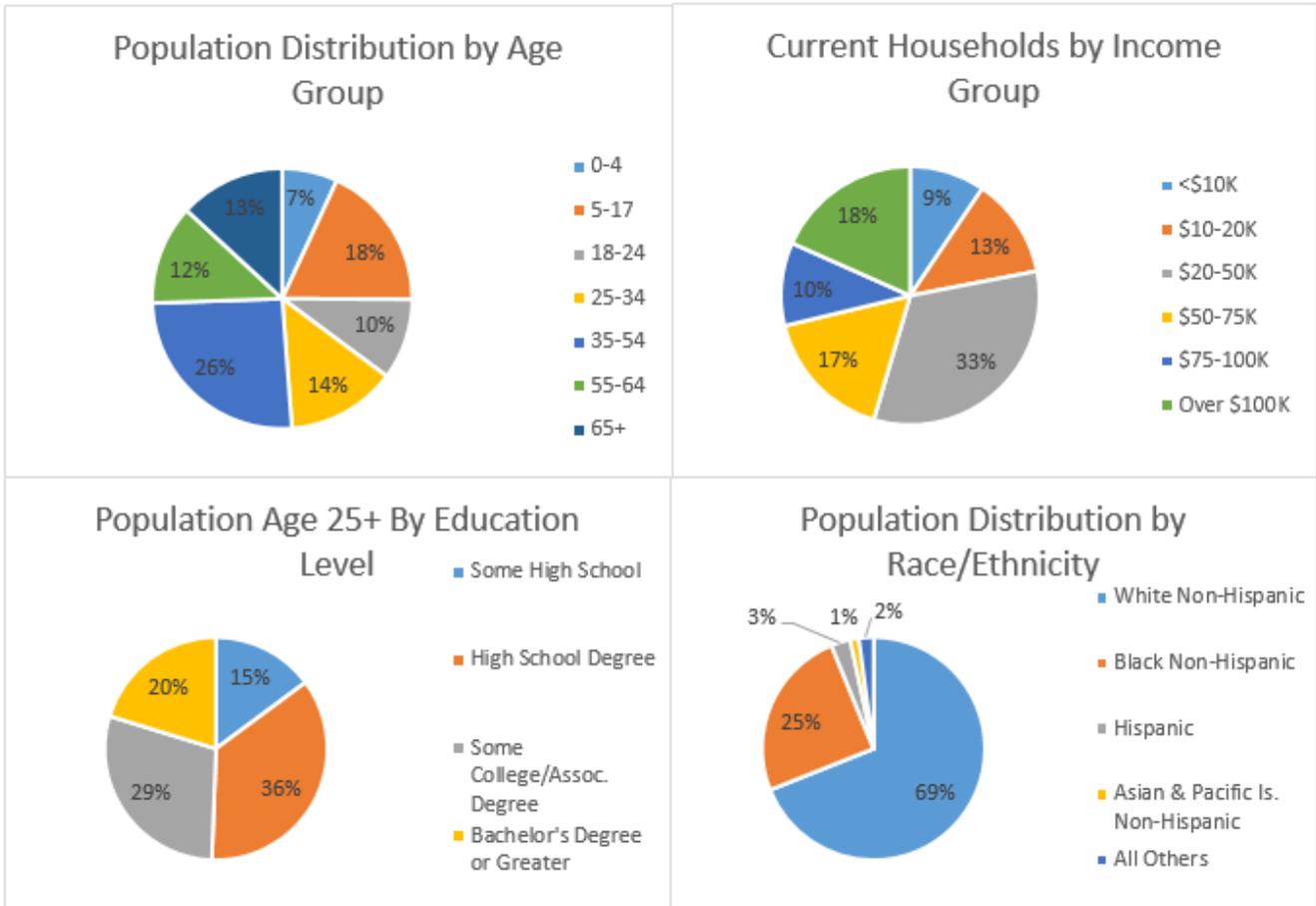


Figure 3: 2014 demographic snapshot charts for Calcasieu Parish (U.S. Census Bureau, American Community Survey 2010-2014 – accessed via Community Commons)

Calcasieu Parish’s unemployment rate as of June, 2016 was 5.6%, which is better than the 7.0% unemployment rate statewide but worse than the 5.1% national rate (Figure 4).

Approximately, twenty percent (20%) of the population in the two-parish area has completed a college degree by the age of 25, and 51% has a high school diploma or less (Figure 3). Socioeconomic indicators like educational attainment and employment are important when assessing a community’s health status as research has shown that people with a quality education, stable employment, safe homes and neighborhoods, and access to preventive services tend to be healthier throughout their lives.<sup>4</sup>

<sup>4</sup> National Prevention Council, National Prevention Strategy, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011.

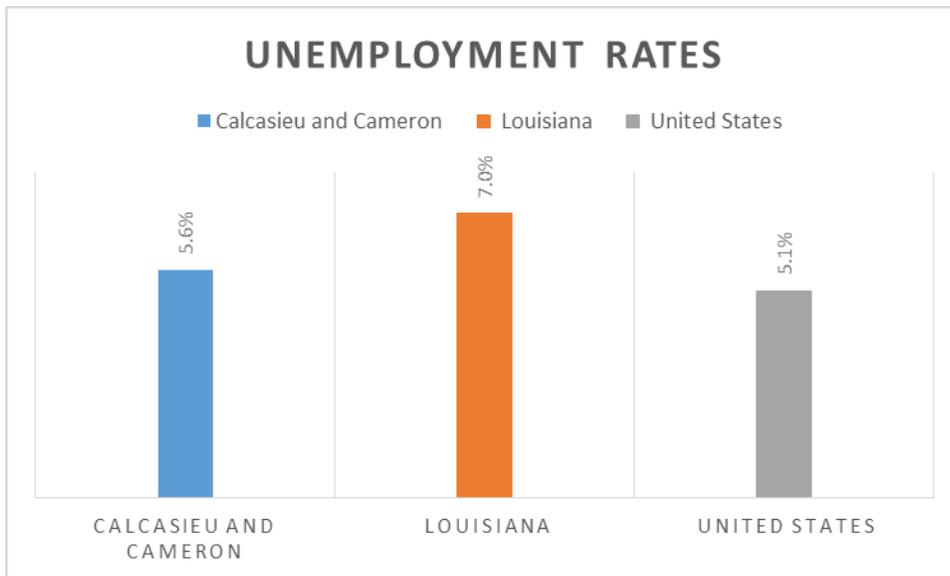


Figure 4: Unemployment rates (U.S. Department of Labor, Bureau of Labor Statistics June 2016 – accessed via Community Commons)

While looking at several economic indicators at once (Figure 5), almost 25% of all households in Calcasieu and Cameron Parishes report their housing costs exceed 30% of their total household income. While lower than both statewide and national rates, housing costs that exceed more than 30% of the household income can be a tremendous burden to families, prohibiting their ability to afford items and services for other needs.

A slightly smaller percentage of the population in Calcasieu and Cameron Parishes are insured by Medicaid when compared to the state; however, both are higher than the national percentage of 20.8%. Furthermore, Calcasieu and Cameron Parishes' uninsured population hovers around 16%, which is better than the 21.5% rate statewide but worse than the 14.2% rate nationwide. Approximately 17% of the population in the two-parish area live below the Federal Poverty Level (FPL), which is less than the percentage statewide (20%) but greater than the percentage of the population nationally (15.6%). In Calcasieu Parish, poverty is most concentrated in the northwestern and central sections of the parish (Figure 6).

Furthermore, Figure 7 illustrates that certain populations in the region are at greater risk for poverty than others. Blacks in two-parish area are more likely to live below the FPL than Blacks nationally (30.3% vs. 27.3%, respectively). Asians in Calcasieu and Cameron Parishes are 1.2 times more likely to live below 100% of the FPL than Asians nationally. Moreover, over 38% of parish residents living below the FPL self-identify as “some other race,” compared to 25% statewide. This number may likely represent the Hispanic community. According to the Pew Research Center, 37% of Hispanics said they belonged to “some other race” in the 2010 census. Among those who answered this way in the 2010 census, 96.8% were Hispanic.<sup>5</sup>

<sup>5</sup> Pew Research Center, Social and Demographic Trends, *Race and Multiracial Americans in the U.S. Census*, Washington, DC, 2015.

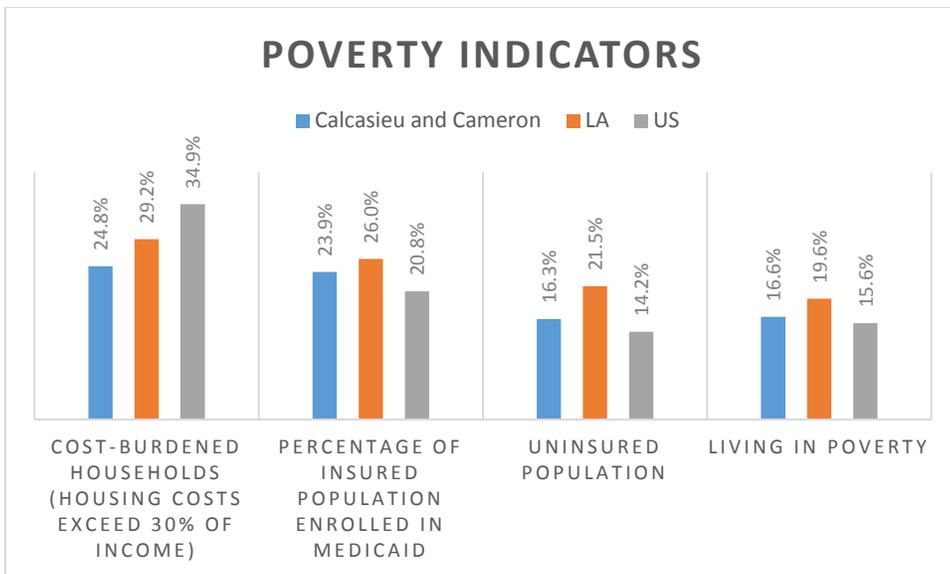


Figure 5: Poverty Indicators (U.S. Census Bureau, American Community Survey 2010-2014 and US Department of Labor, Bureau of Labor Statistics June 2016 – accessed via Community Commons)

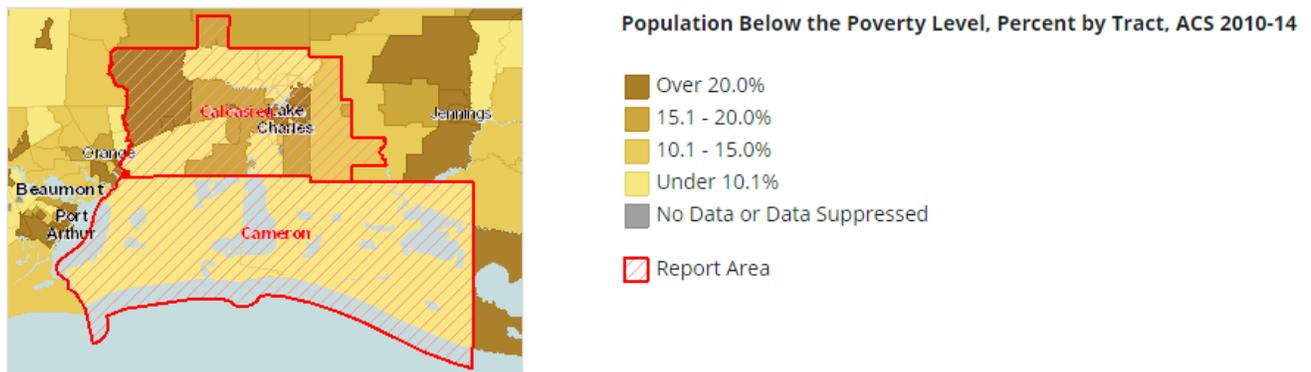


Figure 6: Population below 100% poverty level, percent by tract (U.S. Census Bureau, American Community Survey 2010-2014 – accessed via Community Commons)

Population in Poverty Race Alone, Percent

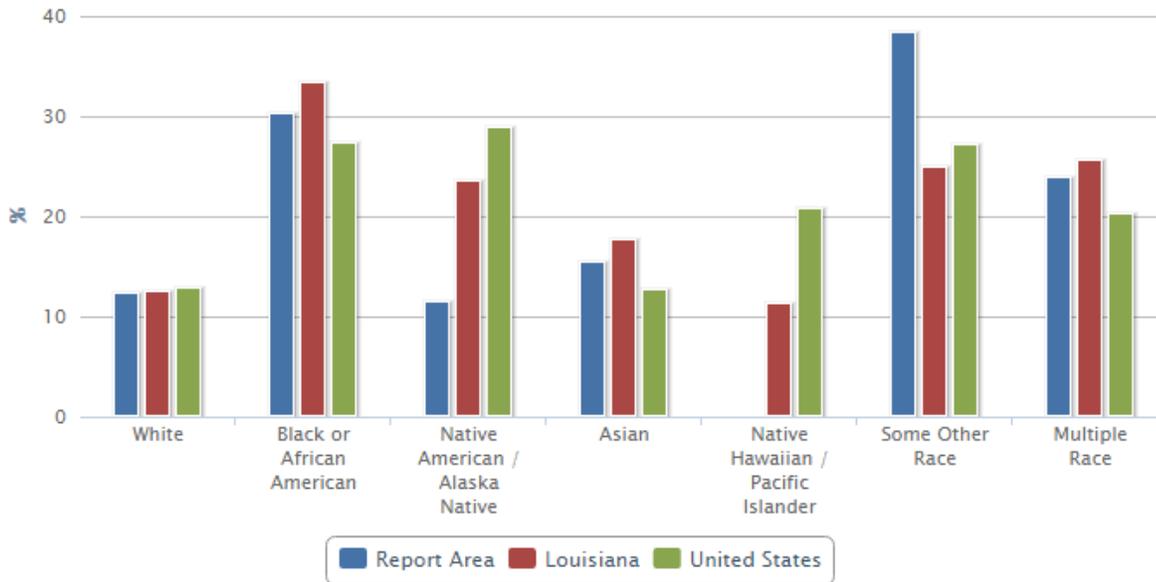


Figure 7: Population below 100% poverty level, percent by race (U.S. Census Bureau, American Community Survey 2010-2014 – accessed via Community Commons)

Many focus group participants expressed that poverty has become more prevalent, and that decreasing levels of income combined with increasing costs of rent are contributing to the homelessness seen in some parts of the community. Others expressed concerns that the rising cost of rent have driven younger population out of some areas of Calcasieu and Cameron Parishes, such as Hackberry.

Additionally, some participants attributed the higher housing costs to the recent economic boom seen in the area: “If [you’re talking to low income] people, housing is a big deal because they can’t afford the rent. People get evicted because their rent has gone up. We’ve seen that happen in the last year. The economy has boomed so people can get more money for these houses across the tracks.”

Access to Healthcare

Access to healthcare is an indisputable determinant of health. In 1993, The Institute of Medicine defined access as the “timely use of personal health services to achieve the best health outcomes.”<sup>6</sup> Healthy People 2020 adds to this definition to state that “access to comprehensive quality health care services is important to the achievement of health equity,” and asserts that access encompasses not only health insurance coverage, but availability and quality of services, timeliness, and sufficient numbers of health care providers within the workforce.<sup>7</sup>

<sup>6</sup> Institute of Medicine, Committee on Monitoring Access to Personal Health Care Services. Access to health care in America. Millman M, editor. Washington, DC: National Academies Press; 1993

<sup>7</sup> Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [2016]. Available from: <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>.

As previously mentioned, the percentage of the population in Calcasieu and Cameron Parishes who are uninsured (16.3%) is comparable to the percentage statewide (21.5%). Both of these numbers are higher than the percentage of uninsured nationally (14.2%). These differences are especially apparent when looking at the rates of uninsured by age group (Figure 8). Adults age 18 to 64 are 1.2 times more likely to be uninsured as compared to adults the same age nationally.

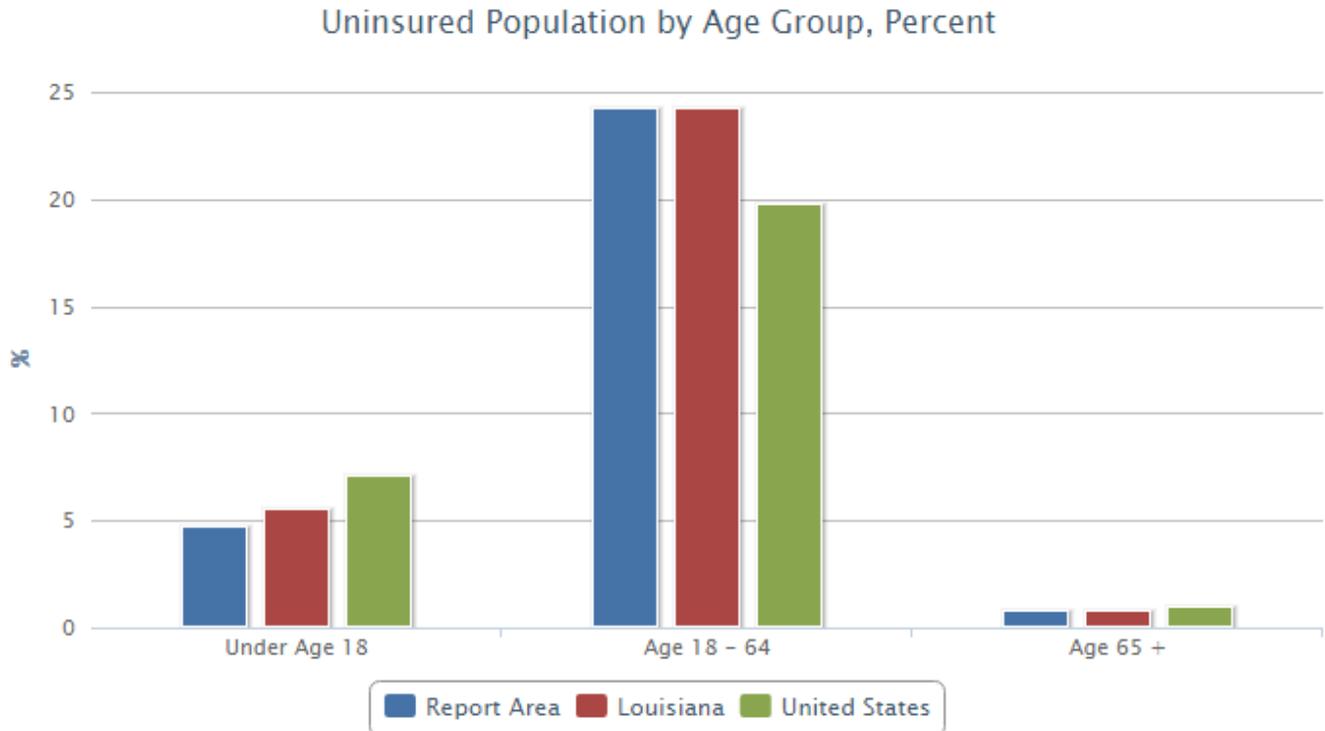


Figure 8: Uninsured population by age group (U.S. Census Bureau, American Community Survey 2010-2014 – accessed via Community Commons)

When looking at the differences between the two parishes, adults age 18 – 64 are more likely to be uninsured in Calcasieu Parish (22.3%) compared to Cameron Parish (19.4%), as illustrated in Figure 9. Furthermore, while 4.8% of children in Calcasieu Parish are without medical insurance, 7.1% of children in Cameron Parish are uninsured.

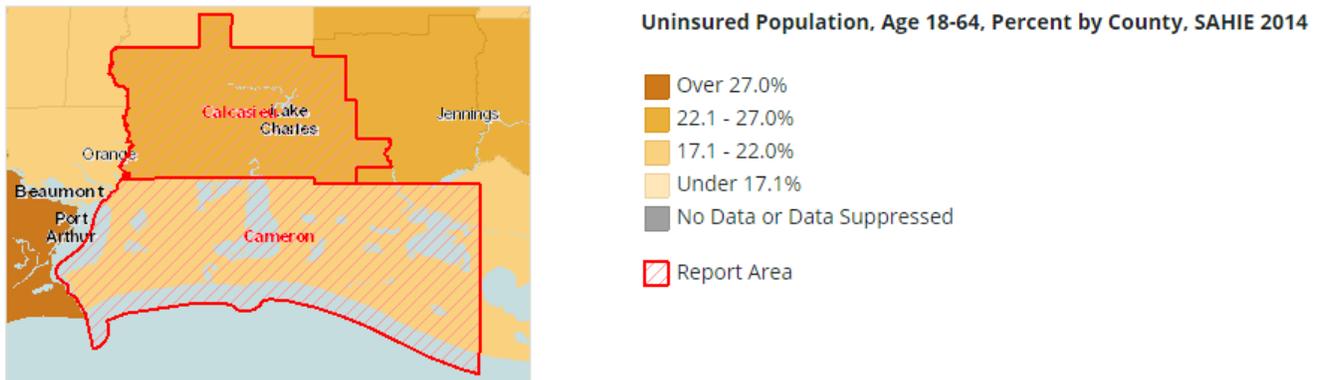


Figure 9: Uninsured adults, percent by parish (U.S. Census Bureau, American Community Survey 2010-2014 – accessed via Community Commons)

During the 5-year period from 2010-2014, 23.9% of the population who has insurance in Calcasieu and Cameron Parishes was enrolled in Medicaid or other means-tested public health insurance (Figure 10). This percentage is lower than the percentage for the state (26%) but higher than the national percentage (20.8%) over the same 5-year period. It should be noted that the state of Louisiana expanded Medicaid via executive order January 2016 and data provided in Figure 10 does not include Medicaid beneficiaries who are now enrolled as a result of this change. Finally, Figure 11 illustrates that the areas of Calcasieu Parish where a larger percentage of the population receives Medicaid are the northwestern and central portions of the parish. This corresponds with the geographical distribution of poverty seen in Figure 6.

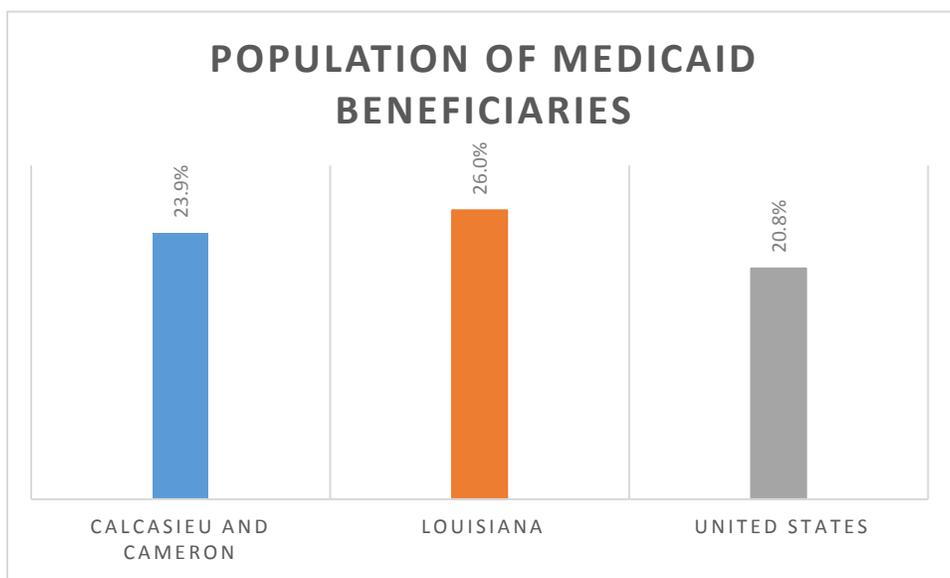


Figure 10: Percentage of Medicaid beneficiaries (U.S. Census Bureau, American Community Survey 2010-14 – accessed via Community Commons)

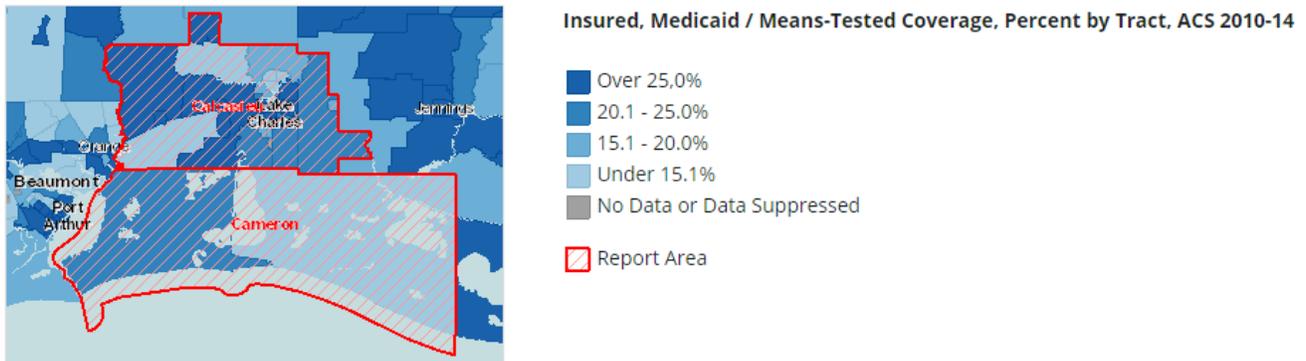


Figure 11: Percentage of Medicaid / means-tested insured, by census tract (U.S. Census Bureau, American Community Survey 2010-14 – accessed via Community Commons)

All of Cameron Parish is designated as a Health Professional Shortage Area (HPSA), defined by the U.S. Health Resources and Services Administration (HRSA) as having a shortage of primary medical care, dental, or mental health professionals (Figure 12). While the rate of primary care physicians per 100,000 population<sup>8</sup> in Calcasieu Parish is 65.5 (Figure 13), twenty-one percent (21%) of the population over age 18 in report that they do not have at least one person who they think of as their personal doctor or health care provider.<sup>9</sup>

In 2013, there were zero primary care physicians in Cameron Parish. Subsequently, the rate of primary care physicians per 100,000 population is also zero and has been this way since 2006.<sup>10</sup> Subsequently, BRFSS data regarding consistent sources of primary care is unavailable for Cameron Parish. Access to regular primary care is important for preventing many illnesses and avoidable emergency department visits.

Report Area	Total Area Population	Population Living in a HPSA	Percentage of Population Living in a HPSA
Calcasieu Parish, LA	192,768	0	0%
Cameron Parish, LA	6,839	6,839	100%
Louisiana	4,533,372	3,409,342	75.21%
United States	308,745,538	102,289,607	33.13%

Figure 12: Population living in a Health Professional Shortage Area (U.S. Department of Health and Human Services, Health Resources and Services Administration April 2016 – accessed via Community Commons)

<sup>8</sup> Physician data in the HRSA Area Health Resource File (AHRF) are from the 2013 American Medical Association (AMA) Physician Masterfile. 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.

<sup>9</sup> Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System (BRFSS), 2011-2012.

<sup>10</sup> U.S. Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File, 2003 - 2013.

Report Area	Total Population, 2013	Primary Care Physicians, 2013	Primary Care Physicians, Rate per 100,000 Pop.
Calcasieu Parish, LA	195,296	128	65.5
Cameron Parish, LA	6,744	0	0
Louisiana	4,625,470	2,983	64.5
United States	316,128,839	239,500	75.8

*Figure 13: Access to primary care physicians, rate per 100,000 population by geographic area (U.S. Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File 2013 – accessed via Community Commons)*

Several focus groups discussed the lack of basic health services, especially for poor community members, and the shortage of health professionals and specialty doctors. Participants also noted a total lack of mental health facilities in some communities.

Other participants expressed frustration at the lack of resources and funding for screenings, basic prescriptions, and follow-up services. One participant noted that even the funding available for basic services does not extend to many circumstances, including medication for disorders such as ADHD.

Finally, the lack of reliable transportation was also noted as a barrier to accessing healthcare, particularly among the elderly and those residing in the more rural areas of Calcasieu and Cameron Parishes.

### Health Outcomes

#### *Physical Health*

In Calcasieu and Cameron Parishes, the top five leading causes of death (in descending order) are heart diseases, malignant neoplasms, cerebrovascular diseases, accidents, and chronic lower respiratory diseases (Figure 14). The same causes of death are also the leading causes of mortality for the entire state of Louisiana. However, accidents surpass cerebrovascular diseases as the third leading cause of death throughout the state, whereas cerebrovascular diseases are the #3 cause of death for the two-parish area.

Other differences in mortality rates between the two-parish area and the state include a higher rate of death by heart diseases in Calcasieu and Cameron Parishes when compared to the state (293.8 per 100,000 population vs. 216.9 per 100,000 population, respectively), and a lower rate of death by chronic lower respiratory diseases in the two-parish area when compared to the state (26.7 per 100,000 population vs. 44.5 per 100,000 population, respectively).

In addition, most focus group participants agreed that heart disease and diabetes should be considered priority health concerns, and attributed these conditions to sedentary lifestyle and poor diet choices.

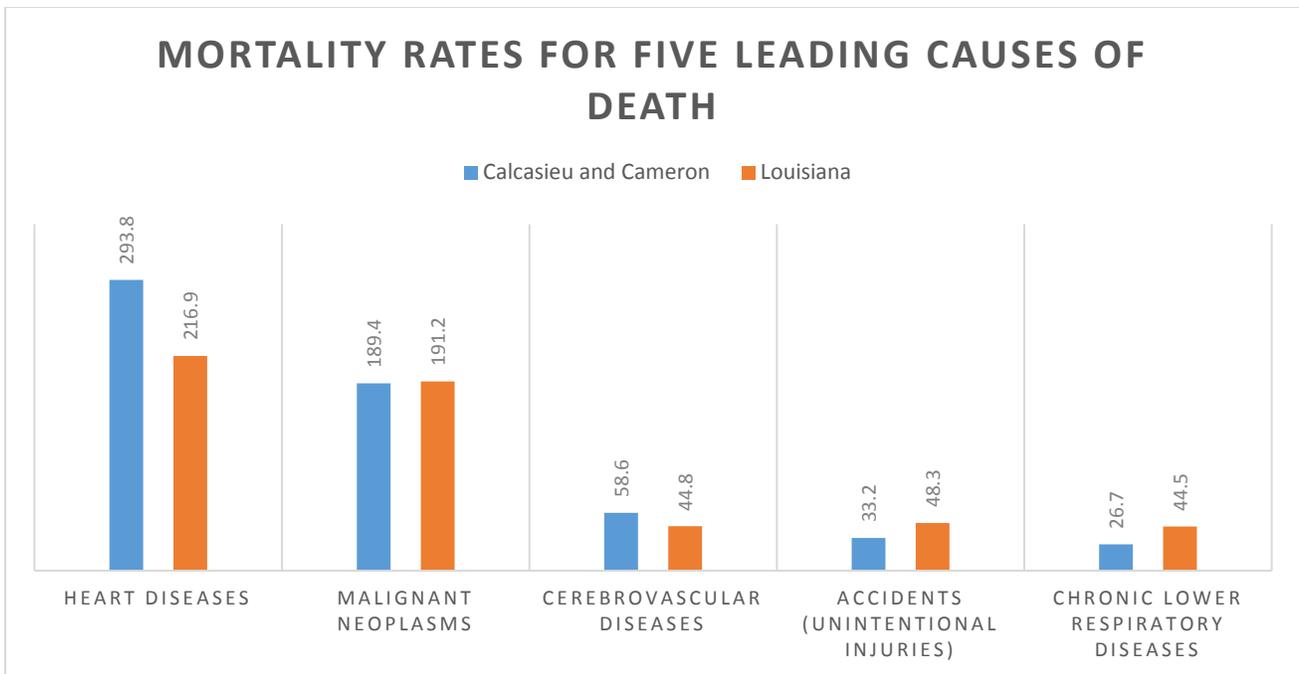


Figure 14: Mortality rates for 5 leading causes of death (Centers for Disease Control and Prevention, National Center for Health Statistics Underlying Cause of Death 2010-14)

Incidence rates for all types of cancer shown in the chart below (Figure 15) are fairly similar to both the state and national rates, with rates of colorectal cancer in the two-parish area and the state higher than the national rate (49.7 and 48.6, respectively, vs. 40.6). The incidence rates for breast, lung, and prostate cancer are slightly lower than the rates of these cancers in Louisiana overall.

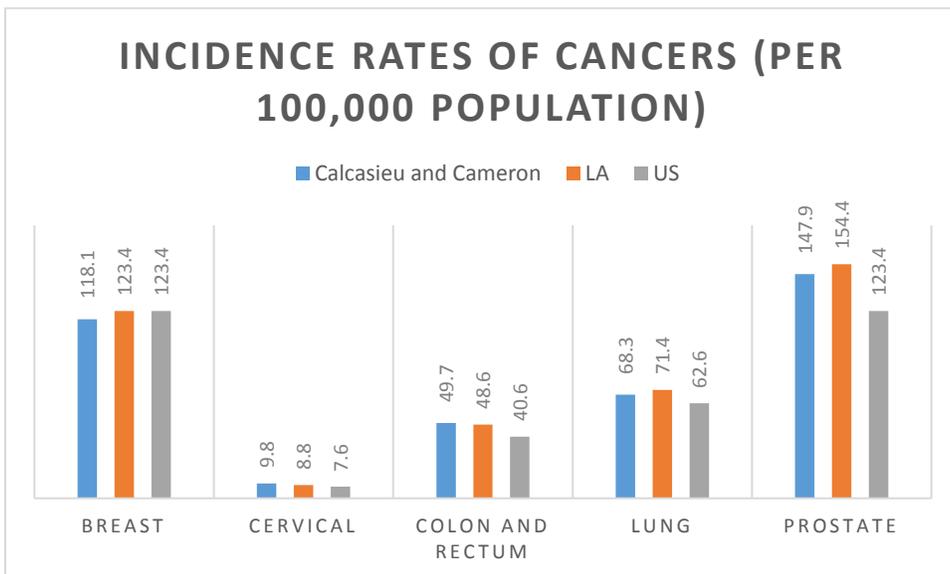


Figure 15: Incidence rates for certain types of cancer, per 100,000 population (State Cancer Profiles 2013 – accessed via Community Commons)

Figure 16 shows that the rate of obesity among adults in Calcasieu and Cameron Parishes is 32%, which is less than the statewide percentage (34.4%), but is greater than the national rate (27.5%). Obesity is defined as having a Body Mass Index (BMI) over 30.0.

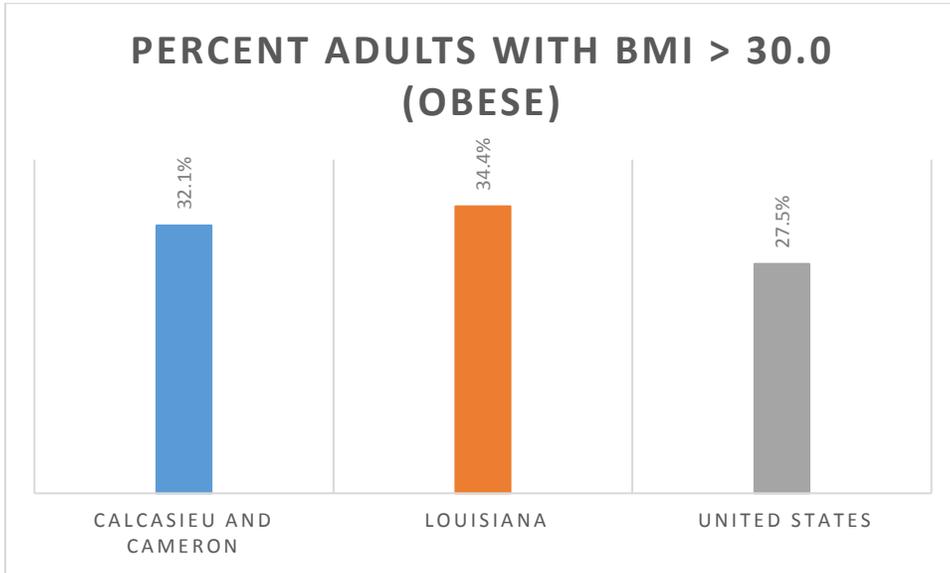


Figure 16: Percentage of adults with BMI over 30 (CDC National Center for Chronic Disease Prevention and Health Promotion, 2013 – accessed via Community Commons)

The U.S. Centers for Disease Control and Prevention (CDC) carries out a Behavioral Risk Factor Surveillance Survey (BRFSS) annually in every state. It is a phone-based survey which covers the adult population only, and is carefully weighted based on a rigid sampling procedure incorporating both landlines and cell phones. Among its many goals is to assess health risk behaviors in the population, such as exercise frequency, alcohol consumption, and use of preventative services, such as cancer screenings. BRFSS is the second largest survey done in the U.S. (after the American Community Survey), and as such measures can be reported at the county level.

Figure 17 looks at the prevalence rates of some common conditions among the adult population (age-adjusted) provided by BRFSS and monitored by Centers for Disease Control and Prevention National Center for Chronic Disease Prevention and Health Promotion. While the percentage of adults suffering from diabetes (10.8%) in Calcasieu and Cameron Parishes is lower than the state (11.3%), a larger percentage of residents in the two-parish area experience heart disease (7.4%) and high blood pressure (35%) than adults throughout Louisiana and the U.S.

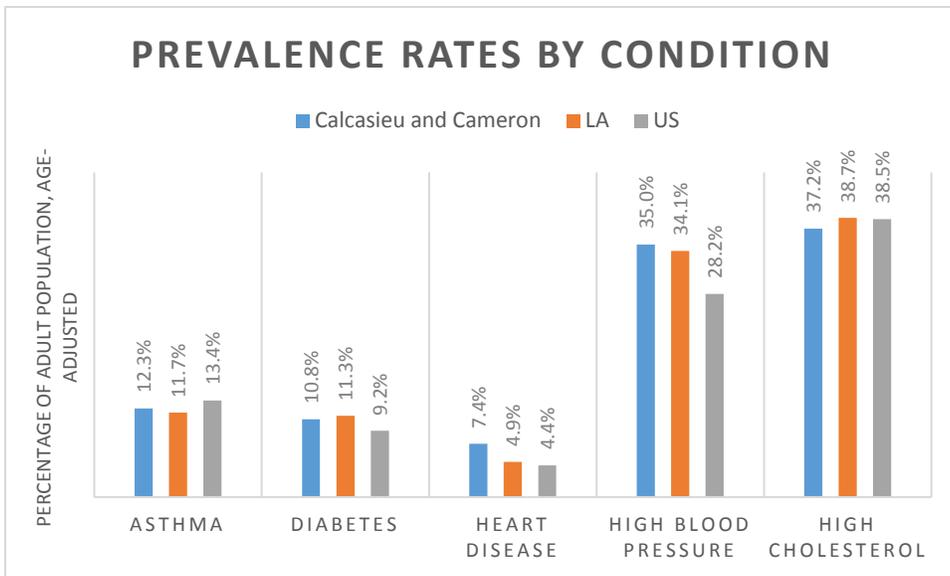


Figure 17: Percent of adults reporting common health conditions (CDC Behavioral Risk Factor Surveillance System 2011-2012 and CDC National Center for Chronic Disease Prevention and Health Promotion 2013 – accessed via Community Commons)

Mental Health

As mental health data can be typically more difficult to find than physical health and wellness data, one way to look at the mental health of a community is by looking at the rate of death due to suicide. Figure 18 shows age-adjusted death rates by suicide in Calcasieu and Cameron Parishes, the state of Louisiana, and the U.S. from 2010 to 2014. The rate for two-parish area (15.7) is 1.5 times the Healthy People 2020 target,<sup>11</sup> and exceeds state and national rates.

Furthermore, as shown in Figure 19, while the United States reports a rate of 202.8 mental health providers per 100,000 population, Louisiana reports a rate of 124.3, and Calcasieu and Cameron Parishes has a rate of only 113 mental health providers per 100,000 population.

<sup>11</sup> Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [2016]. Available from: <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Mental-Health/data>.

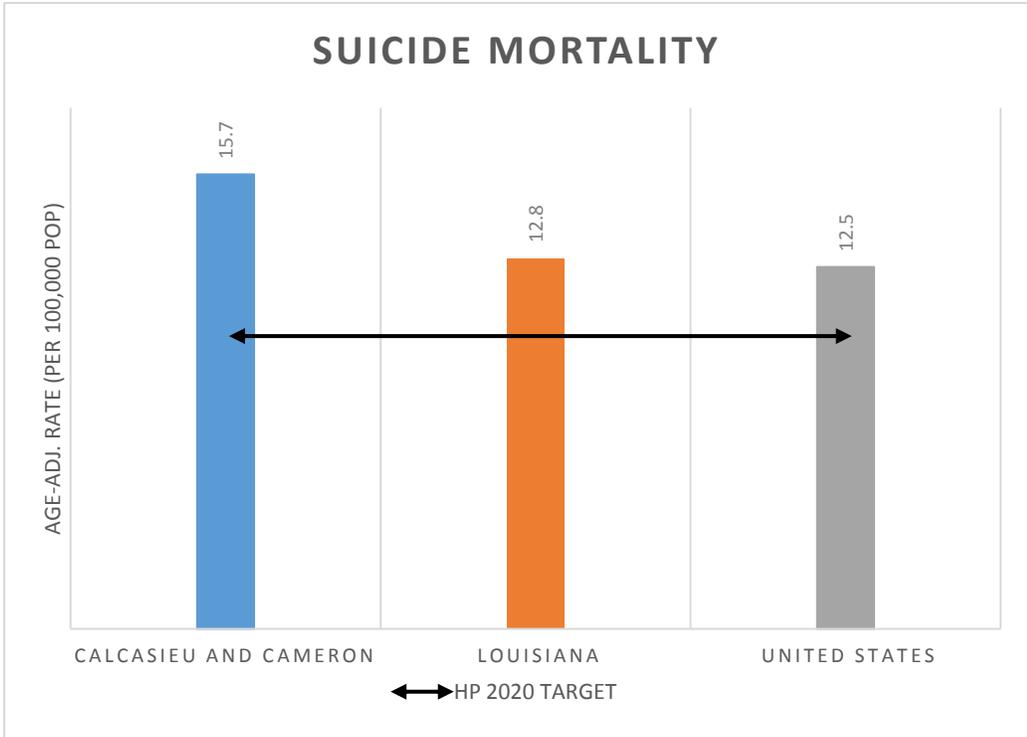


Figure 18: Age-adjusted suicide mortality rate (CDC National Vital Statistics System 2010-2014 – accessed via Community Commons)

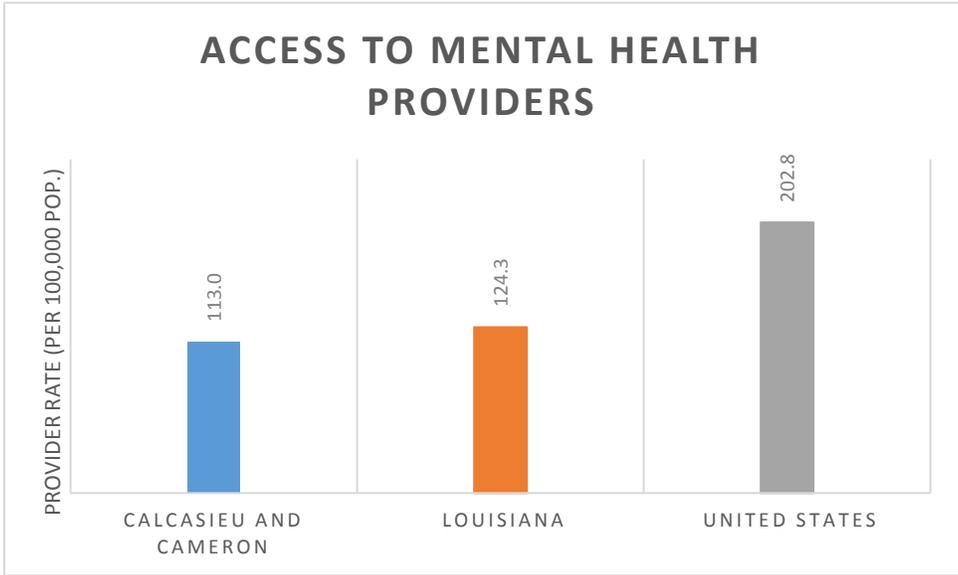


Figure 19: Rate of mental health providers per 100,000 population (University of Wisconsin Population Health Institute, 2016 County Health Rankings – accessed via Community Commons)

## Maternal and Infant Health

Infant health indicators are reliable measures to gauge the wellbeing of a population. The Commission to Build a Healthier America states that “infant health shapes child health, which in turn powerfully influences adult health.”<sup>12</sup>

Calcasieu Parish reports an infant mortality rate (9.7 per 1,000 births) about 1.5 times that of the United States (6.5 per 1,000 births) (Figure 20). While low birth weights and preterm births in Calcasieu Parish are similar to the state, these numbers are higher than the U.S. values. Low birth weight babies and babies born under 37 weeks of gestation are more likely to have health problems and require specialized medical care. Prenatal care and avoiding drugs and alcohol (including tobacco) are the most common way to prevent these conditions.

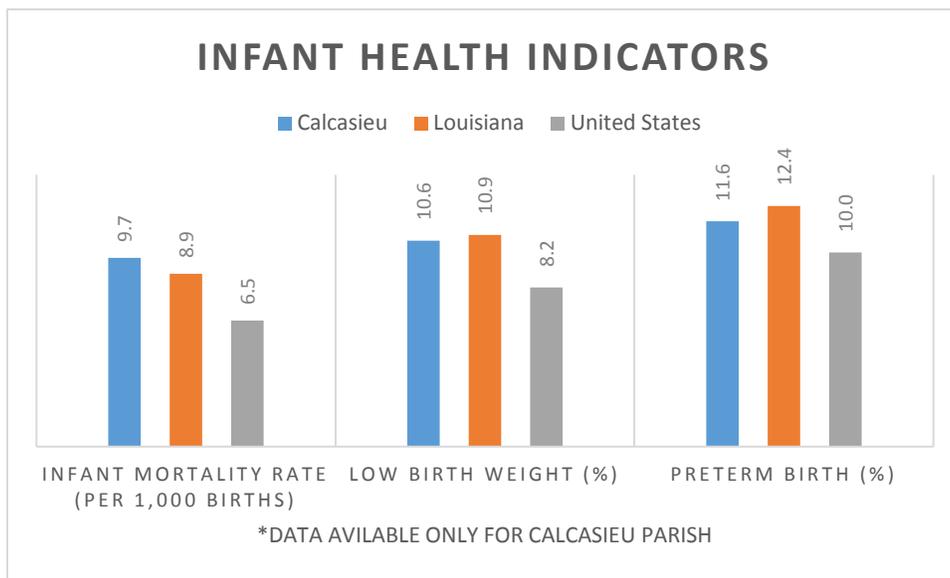


Figure 20: Infant mortality rate, low birth weight (%), and preterm birth (%) in Calcasieu Parish (U.S. Department of Health and Human Services, Area Health Resource File, 2006-2010 – accessed via Community Commons; Health Indicators Warehouse, 2006-2012 – accessed via Community Commons; Louisiana Department of Health and Human Services, Calcasieu Parish Maternal and Child Health Profile 2010-2012)

Additionally, the teen birth rate in Calcasieu and Cameron Parishes is 50.7 per 1,000 female population age 15-19, which is comparable to the state rate but higher than the national rate of 36.6 per 1,000 (Figure 21). A focus on reducing teenage pregnancy could lessen this gap and prevent some of the many costs associated with early pregnancy. According to the U.S. Centers for Disease Control and Prevention, teen pregnancy and births are “significant contributors to high school dropout rates among girls,” with only about 50% of teen mothers receiving a high school diploma by the age of 22.<sup>13</sup>

<sup>12</sup> Robert Wood Johnson Foundation, Commission to Build a Healthier America, Infant and Child Health, 2016. Available from: <http://www.commissiononhealth.org/ChildHealth.aspx>.

<sup>13</sup> Reproductive Health: Teen Pregnancy [Internet]. Atlanta, GA: U.S. Department of Health and Human Services, Centers of Disease Control and Prevention [2016]. Available from: <http://www.cdc.gov/teenpregnancy/about/>.

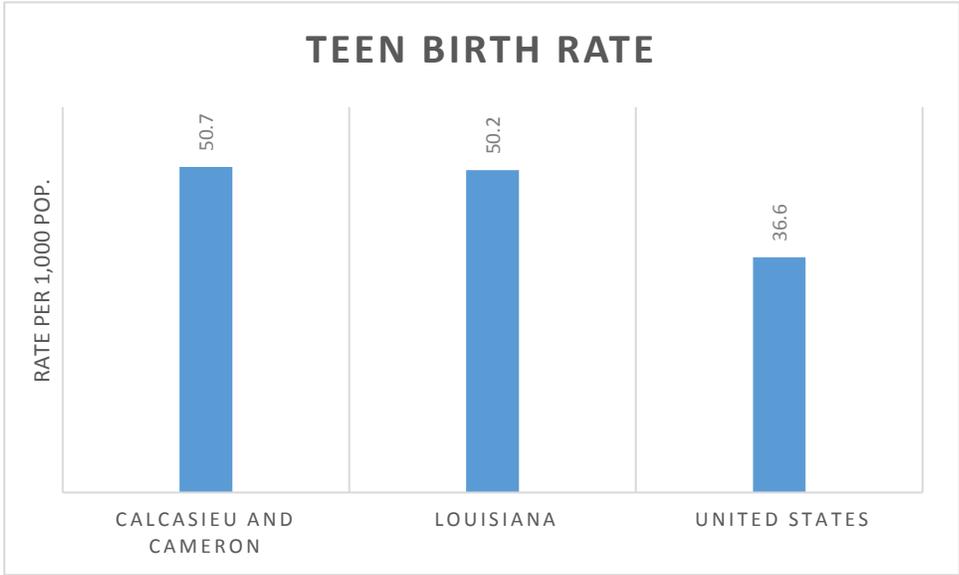


Figure 21: Teen birth rate per 1,000 female population age 15-19 (U.S. Department of Health and Human Services, Health Indicators Warehouse 2006-2012 – accessed via Community Commons)

Figure 22 indicates racial disparities in fetal and infant mortality from 2010 to 2012 in Calcasieu Parish. In all cases of fetal, perinatal, neonatal, postneonatal, and infant mortalities, which are defined in the legend to the right, a majority of deaths are disproportionately experienced by African Americans in comparison to Whites. Furthermore, the all fetal and infant mortality rates for this population exceeds the Healthy People 2020 Targets.

**Fetal and Infant Mortality**

	LA	Calcasieu				Healthy People 2020 Target
		White*	Black*	Hispanic	All	
Fetal	5.0	3.6	8.5	**	5.1	5.6
Perinatal	6.8	4.4	11.5	**	6.5	5.9
Neonatal	4.7	3.1	8.2	0.0	4.4	4.1
Postneonatal	3.3	2.9	6.0	**	3.7	2.0
Infant	8.0	5.9	14.2	**	8.1	6.0

**Definitions and inclusion criteria for select indicators**  
 Low Birth Weight: <2,500g at delivery (5.5 lbs)  
 Very Low Birth Weight: <1,500g at delivery (3.3 lbs)  
 Preterm Birth: <37 weeks gestational age  
 Very Preterm Birth: <32 weeks gestational age  
 Fetal Death: stillborn with gestation ≥ 20 weeks or birth weight ≥ 350 grams  
 Perinatal Death: fetal deaths plus deaths to infants under 7 days of age  
 Neonatal Death: deaths to infants under 28 days of age  
 Post Neonatal Death: deaths to infants that occur between 28 days and 365 days after birth  
 Infant Death: deaths to infants under 1 year of age

Figure 22: Fetal and infant mortality, by age of child at death (Louisiana Department of Health and Human Services, Calcasieu Parish Maternal and Child Health Profile, 2010-2012)

### Health Behaviors and Screening

Figure 23 looks at the percentage of individuals who reported receiving various types of cancer screenings. In Calcasieu and Cameron Parishes, the percentage of female Medicare enrollees, age 67-69, who have received one or more mammograms in the past two years is 64.2%, which is higher than both state and national percentages.

The percentage of women age 18 and older who self-report that they have had a Pap test in the past three years is slightly lower in Calcasieu Parish (76%) than in the state and nationally. No data are unavailable for Cameron Parish.

Finally, the percentage of adults 50 and older who self-report that they have ever had a sigmoidoscopy or colonoscopy in both Calcasieu and Cameron Parishes and Louisiana is lower than the national percentage (54.2% and 54.5%, respectively, vs. 61.3%).

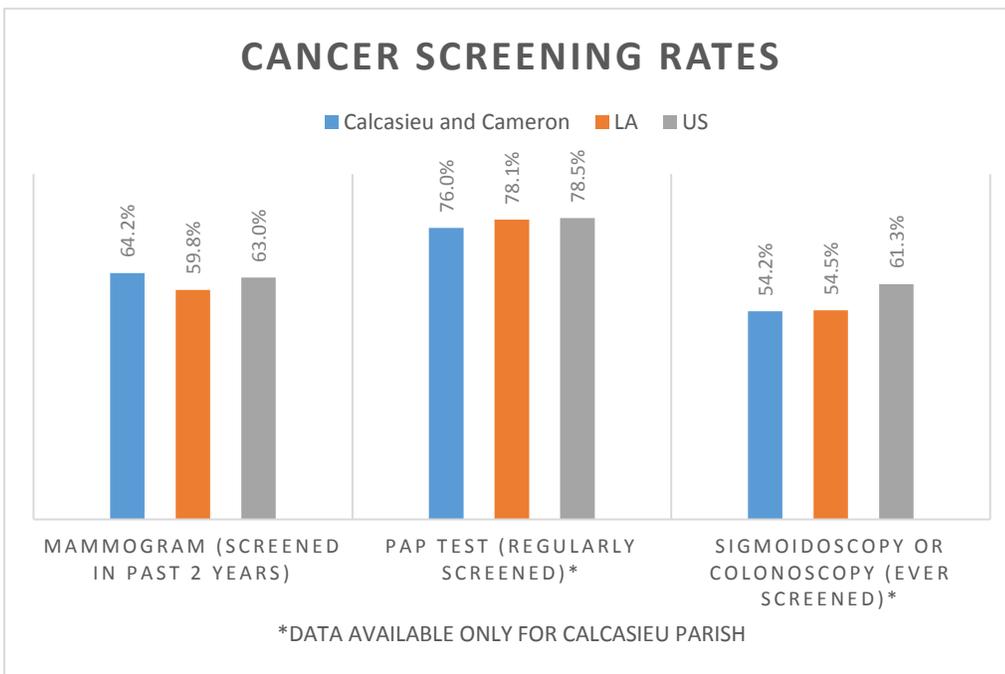


Figure 23: Percentage of individuals screened for certain types of cancer (Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care 2012 and Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System 2006-2012 - accessed via Community Commons)

Other health behaviors of note include the percentage of adults over the age of 18 consuming less than five servings of fruits and vegetables each day (Figure 24), the percentage of adults age 20 and older who self-report no leisure time for physical activity, and the percentage of adults age 18 and older who self-report smoking cigarettes some days or every day (Figure 25). Almost 10% more adults over the age of 18 in Calcasieu Parish consumed less than the recommended serving of fruits and vegetables a day than adults nationwide.

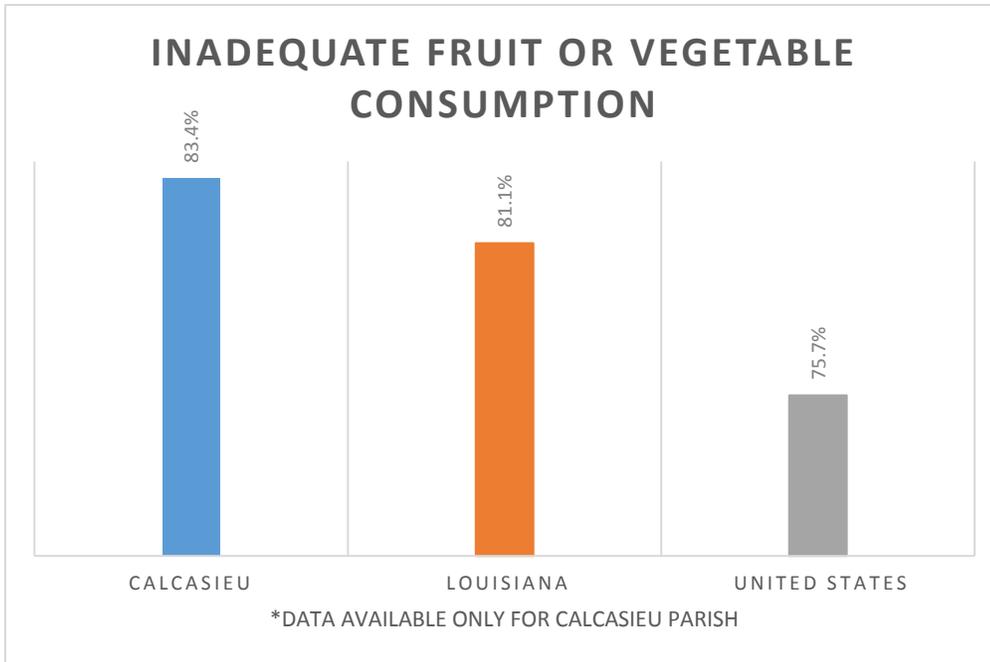


Figure 24: Percentage of adults with inadequate fruit and vegetable consumption (Behavioral Risk Factor Surveillance System 2005-2009 - accessed via Community Commons)

Ten percent (10%) more adults age 20 and older in Calcasieu and Cameron Parishes also reported no time for physical activity when compared to other adults nationally (Figure 25). Finally, while the percentage of adults currently smoking in the two-parish area is comparable to the state, this percentage is 1.2 times higher than what is reported among adults in the U.S. It should also be noted that when looking at just Cameron Parish, the percentage of adult current smokers is almost 31%.<sup>14</sup>

<sup>14</sup> Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006 - 2013.

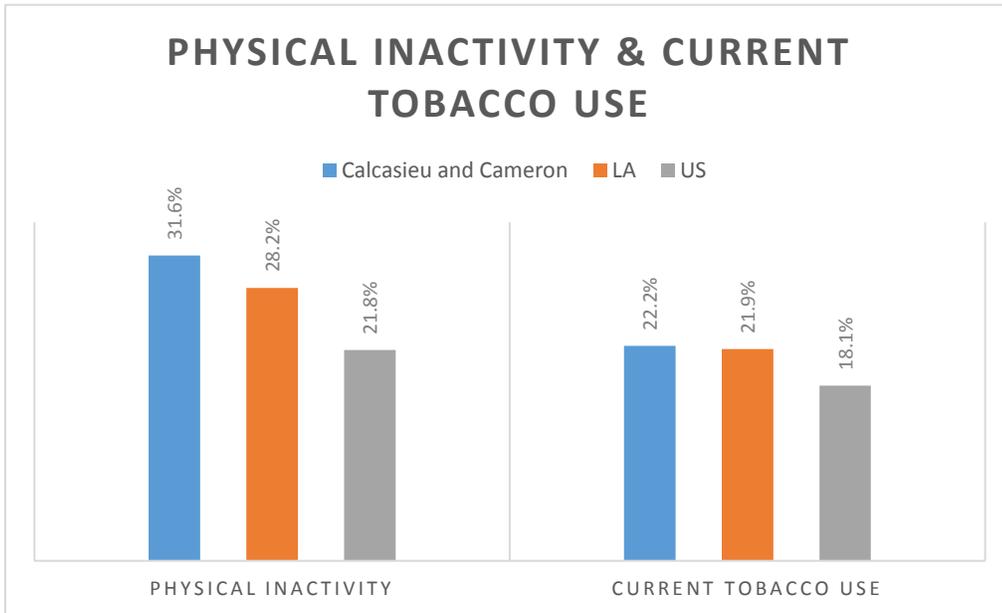


Figure 25: Percentage of adults reporting physical inactivity and current tobacco use (CDC National Center for Chronic Disease Prevention and Health Promotion 2013 and Behavioral Risk Factor Surveillance System 2006-2012 - accessed via Community Commons)

Since 2000, the rate of fatal overdose in the United States has quadrupled, and like many communities across the nation, Louisiana has seen an increase in poisoning deaths over time as well. In 2013, the mortality rate for the state of Louisiana was 17.8, while the national rate was 13.8.<sup>15</sup> Widespread use of opioids, particularly opioid pain relievers, account for most of the increase in poisoning deaths. The graphic in Figure 26 was taken from the Office of National Drug Control Policy's (ONDCP) State Profile for Louisiana. It illustrates the trends of substance abuse primary treatment admissions from 1992 to 2011. While treatment admissions for marijuana and cocaine/ crack are on the decline, admissions for other opiates has climbed steadily since the early 2000s.

<sup>15</sup> Centers for Disease Control, Stats of the State of Louisiana, 2015.

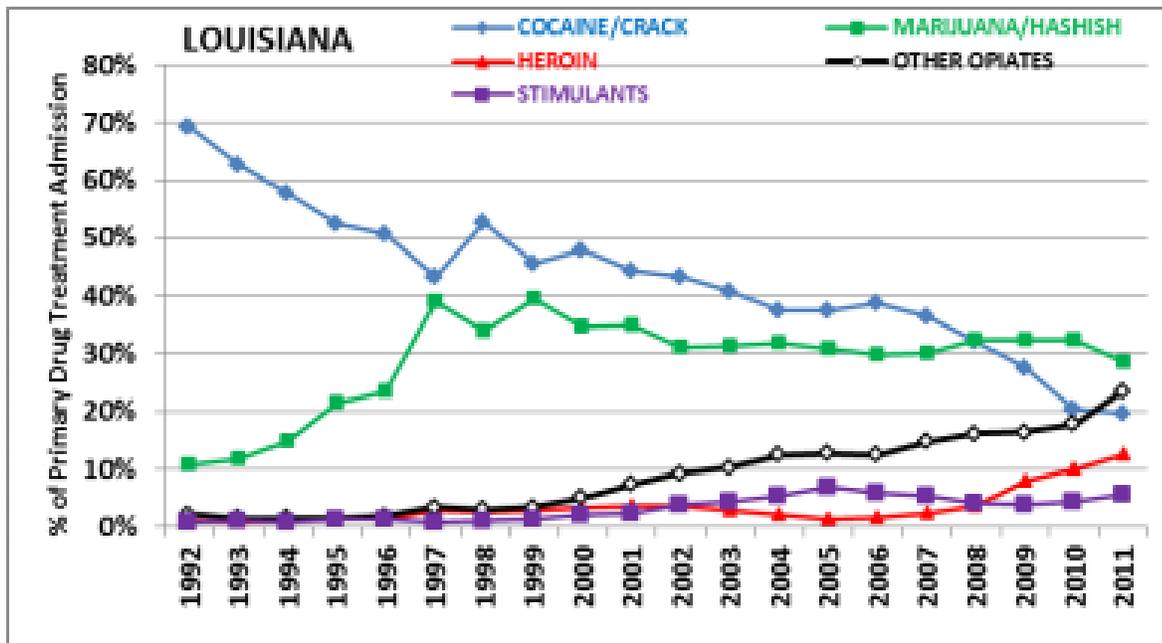


Figure 26: Substance abuse primary treatment admissions by type of substance, 1992-2011 (Office of National Drug Control Policy, Louisiana Drug Control Update, 2015)

Participants also noted an increasing rate of substance abuse in their communities, particularly with prescription drugs and methamphetamines. They also shared that coupled with poor availability of transportation, those suffering from addiction find locating rehabilitative services to be especially difficult. The shortage of mental health providers in the two-parish area was viewed as a compounding factor to the lack of substance abuse services.

*“There’s a lot of mental illness here, mainly due to substance abuse. But there’s just not adequate treatment, in my opinion, to address that. As far as I know, the only facility available is Lake Charles Memorial and St. Patrick’s Hospital, the only two mental facilities that I’m aware of. We have all this crisis intervention training in everything we do to try to deescalate these situations, which is great, but if we don’t have the healthcare provider backing them, to treat the underlying problem, then what good is the de-escalation techniques and getting these people to the hospital when they’re just going to walk in and walk out?”*

### Online Survey Results

Respondents were asked to identify community concerns with regards to economic, social, and environmental standpoints. The highest economic concerns that respondents believed could affect community members' mental and physical health were housing (61%) and employment (59%). Additional concerns were chronic poverty (42%), educational resources (39%), immigration (31%), and access to quality daycare (31%). Other responses listed included transportation/roads/water and sewerage systems, availability of health care providers, and substance abuse.

Over half of the respondents felt the top social concerns of the community were neighborhood safety (58%), housing needs (56%), violence (52%), and teen/unplanned pregnancy (50%). When asked what the physical and mental health needs and concerns of the West Calcasieu Cameron Hospital community are, respondents listed cancer first (84%) with heart disease and diabetes second (78%). Drug abuse and addiction (gambling, alcohol, and substance abuse) followed with 77% and 73%, respectively.

Respondents were also asked to identify environmental concerns. The greatest concern was air quality (72%), and toxin/chemical exposures, transportation, water quality, and items that enhance neighborhood safety (lighting, sidewalks, etc.) rounded out the top five concerns at over 50% each.

Commonly identified community assets and strengths fell into three themes. Twenty-eight (28) respondents described the strong sense of community as an asset related to the health and well-being of community residents. Almost one-third of respondents spoke of the Sulphur Park and Recreation facilities as a community strength. The last commonly addressed community asset or strength is local leadership.

The top behaviors that promote health and wellness in the community were exercise and healthy eating. Many respondents spoke highly of the parks, walking paths, and recreational facilities. One person listed walking and running activities and said, "Lots of resources to promote health and wellness, perhaps all that is lacking is inviting new pockets of the community to participate."

Focus group participants also expressed their satisfaction with the availability of recreational spaces in the two-parish area. Many of them discussed the benefits of having sidewalks and recreational facilities in their communities, enjoying these facilities role in improving mobility, pedestrian and bicycle safety, and physical activity. Participants in Sulphur, in particular, are pleased with the recent addition of sidewalks and parks, expressed hope for more of these spaces.

Of the remaining behaviors perceived to promote health and wellness, seven (7) survey respondents agreed that volunteering for events such as local walks supporting specific causes and civic participation promote health and wellness.

When it came to behaviors that cause sickness and death in the community, the number one behavior was lack of physical activity, which was identified by 88% of survey respondents. At least 70% of respondents reported that smoking (85%), drug use (83%), poor diet and nutrition (80%), and drinking (72%) also contributed to poor health.

The survey explored how primary care is accessed in the Calcasieu and Cameron parish community. Almost two-thirds (62%) believe the primary reason people in the community seek primary care is chronic disease management. Less than a quarter (22%) reported preventative services as the reason, while 12% felt people mostly seek primary care for an acute illness.

Location of primary care also varied by insurance status. Privately insured residents are perceived to overwhelmingly seek primary health care at private doctor offices (85%). Residents who are covered by Medicaid/Medicare and those who are uninsured or underinsured access care through hospital emergency rooms (55% and 70%) respectively. Primary health care locations varied more for residents covered by other insurances such as Tricare. Respondents stated these residents seek care at hospital emergency rooms (37%), private doctor offices (32%), and free clinics (18%). Other locations (13%) mentioned were Veterans Affairs (VA) clinics, urgent care clinics, and rural health clinics.

In an effort to further explore access to health care, the survey asked about barriers to both primary health care and mental/behavioral health care. The top two barriers across both were being uninsured or underinsured and the lack of physicians who accept Medicaid and/or Medicare.

*Figure 27: Barriers to accessing primary and mental/behavioral health care in the West Calcasieu Cameron community (N = 53, 11 Missing)*

Barriers	Primary Health Care n (%)	Mental/ Behavioral Health Care n (%)
Lack of physicians who accept Medicaid and/or Medicare	36 (68)	33 (62%)
Being uninsured and/or underinsured	32 (60)	35 (64)
General shortage of physicians/treatment centers	15 (28)	33 (62)
Inadequate transportation	18 (34)	23 (43)
Long wait times	28 (53)	21 (40)
Don't know where to go	11 (21)	20 (38)
Stigma*	--	23 (43)
Other	3 (6)**	0 (0)

\*Stigma was not a barrier option provided for primary health care

\*\*Other = courtesy, fair cost doctor offices, contemporary treatment modalities, lack of in network physicians

Respondents were also asked to rate aspects of the health care system on a scale of 1 to 10. Figure 28 illustrates the results from 64 respondents. The highest level of satisfaction was with the quality of health care system services. The cost associated with the health care system yielded the lowest satisfaction rate with a mean of 4.79. The remaining aspects of health care were in the mid-range of satisfaction.

*Figure 28: Satisfaction rating of health care system in the West Calcasieu Cameron community (N = 53, 11 Missing)*

Aspect of Health Care System	Mean
Access to health care system	6.68
Cost of health care system	4.79
Availability of services of health care system	6.40
Quality of health care system services	7.19
Options in health care	5.83

These satisfaction ratings correlate with some of the focus group feedback received, where several participants discussed a perception among locals that the quality of healthcare in their community does not compare well to healthcare in larger cities, like Houston. One participant said that the problem with individuals leaving to seek healthcare is that the monetary resources leave the community: “We need to change the perception to keep the money in our community. We pay insurance premiums here, and we spend it over in Texas.” Others mentioned that platforms like social media and word of mouth contribute to enforcing negative perceptions of local healthcare facilities, like WCCH.

The populations most affected by the social, economic, physical, and mental health concerns listed above were recognized as the lower socioeconomic strata, the elderly, and the uninsured/underinsured. Churches and medical care sites, such as hospitals and clinics, were listed the most often when asked about who was currently addressing the needs. Some of the specific community organizations and partners identified include United Way, senior centers, Partnership for a Healthier Southwest Louisiana, Calcasieu Parish Police Jury, and Southwestern Louisiana Chamber Quality of Life Committee.

Respondents provided a few common suggestions on how West Calcasieu Cameron Hospital, in partnership with other community organizations, can address the needs of the community. The number one suggestion was to assist residents with locating and accessing benefits. Education and the promotion of available resources, as well as attracting additional providers and services to the area were also common suggestions. One respondent wrote, “WCCH has enrollment for those who need assistance with Medicaid or medication financial help. WCCH Home Health has avenues that are able to be used for helping the poor, abused or financially needy of our community...get community leaders, politicians, legislature to resolve these needed environmental, geographical, psychological and health issues instead of ignoring these issues. Then it will again be a tight knit community!”

### Other Issues or Perspectives Highlighted by the Primary Data

Many focus group participants expressed the importance of community bond as a protective factor for poor health outcomes. Some alluded to this idea by speaking about local community organizations in the area and their services. In Hackberry, for example, participants spoke about health screenings offered by the Lions Club and Head Start, as well as transportation provided by the Cameron Council on Aging. In Sulphur, some participants spoke about services provided by Care Help, an organization that offers emergency assistance. In Carlyss, people spoke about the Junior League's nutrition events. Finally, other participants referenced the cohesion they see in their community and the gratitude and appreciation expressed for and by community members for one another.

Some focus groups discussed environmental factors in health, especially air quality.

*"I think that with cutting down all the trees, I have more trouble with my sinuses. The kids have more trouble with their sinuses. My eyes burn more often, things like that. I assume that it's because we don't have the trees stopping all this stuff getting to us."*

*"I wonder about the air pollution long term. The DEQ has licensed a lot of smoke stacks. There's going to be a lot of VSCs and particulates in the air."*

Focus group participants also had particular recommendations for West Calcasieu Cameron Hospital when discussing how WCCH could address some of the community needs identified throughout this report. These ideas include:

- Hospital-led nutrition and fitness classes
- Advocating for new recreational facilities for children
- Working with schools to ensure students have access to a licensed social worker
- Providing free screenings and clinics, but making sure to conduct vigorous follow up to ensure medication adherence
- Providing prescription assistance when possible
- Using vacant buildings that are being paid for by the city to conduct health fairs and pop-up clinics
- Increase or advocate for services for homeless pregnant women
- Increase availability for transportation
- Increase the availability of AEDs and CPR training

## Summary and Discussion of Prioritized Community Health Needs

### Prioritization Process

Once the primary and secondary data were analyzed and gathered into an initial draft CHNA report, the draft report was shared with West Calcasieu Cameron Hospital leadership and the CHNA Advisory Committee.

Detailed rationale regarding these top priorities is provided below. CHNA Advisory Committee members and WCCH leadership took a number of things into consideration when choosing priorities. Some priorities were selected based off of issue prevalence and severity according to parish and regional secondary data. Input provided by survey respondents, focus group participants, and other community stakeholders was also heavily considered, especially for priority areas where secondary data is less available. The priorities were selected at a meeting that took place on September 14, 2016.

The identified needs selected were:

#### **1. Prevention and Chronic Care Management**

Deaths due to heart disease, cancer and stroke account for the three leading causes of death in Calcasieu and Cameron Parishes. Chronic conditions share many of the same causes and therefore can be prevented or lessened by many of the same care strategies. These risk factors include high blood pressure, high cholesterol, tobacco use, obesity, inactivity, and diets low in fruits and vegetables, and are unsurprisingly more prevalent in Cal/Cam parishes than in other parts of the nation. Through an integrated care approach with other providers in the community, WCCH will develop an approach to manage these illnesses and focus on patient education, screening, and prevention.

#### **2. Mental Health**

Mental health was voiced as a top concern by community members via the online survey and focus group participation. Available data for the two-parish area validates this concern, with the death by suicide rate for Calcasieu and Cameron Parishes (at 15.7 per 100,000) is higher than both state and national rates (12.8 per 100,000 and 12.5 per 100,000, respectively). In addition, there is a much lower number of mental health providers per 100,000 in Calcasieu and Cameron Parishes as compared to the state and the U.S.

#### **3. Accidents & Safety**

Accidents are the 4<sup>th</sup> leading cause of death in Calcasieu and Cameron Parishes, and both online survey respondents and focus group participants raised concerns regarding drug abuse. To combat some of these concerns, WCCH will offer the Sudden Impact program, in partnership with Louisiana Emergency Response Network (LERN) and other state agencies. This program is designed to raise awareness of the dangers of driving while impaired and the importance of wearing a seatbelt.

### Other Issues Identified

In an effort to maximize any resources available for the priority areas listed above, the CHNA Advisory Committee determined that the following issues or activities will not be explicitly included in their community health improvement plan (CHIP):

- Environmental health concerns
- Teen birth rate
- Poverty alleviation or activities that address other socioeconomic issues directly correlated with poor population health outcomes (such as homelessness, housing, and unemployment)

### Available Resources and Opportunities for Action

As previously mentioned, participants involved in this CHNA process were encouraged to offer ideas for implementation or provide examples of other organizations or local assets in the community that West Calcasieu Cameron Hospital could possibly partner with or utilize when tackling the priority issues listed above. A summary of recommendations provided by survey respondents is provided in Appendix B. Other organizations also working on some of these issues mentioned by participants are included in Appendix B.

When selecting the three priority areas, the West Calcasieu Cameron Hospital CHNA Advisory Committee noted multiple ways West Calcasieu Cameron Hospital could make an impact for each, with several of these ideas having the potential to work across more than one priority area. Details regarding these activities are provided in the West Calcasieu Cameron Hospital community health improvement plan (CHIP), which is a separate document.

### Community Impact Thus Far

A list of community health activities, services, and programs conducted by West Calcasieu Cameron Hospital to address some of the needs identified in the previous community health needs assessment (completed in 2013) is provided in Appendix C of this report.

## Appendix A: Source List

Quantitative data utilized in this report were obtained through the following sources:

- [Community Commons](#), accessed from August 10, 2016 to September 9, 2016
- United States Census Bureau American Community Survey (ACS) 2010-2014
- U.S. Department of Labor Bureau of Labor Statistics June 2016
- U.S. Department of Health & Human Services Health Resources and Services Administration April 2016
- U.S. Department of Health & Human Services Health Resources and Services Administration, Area Health Resource File 2013
- Centers for Disease Control and Prevention (CDC) National Center for Health Statistics National Vital Statistics System 2010-2014
- National Cancer Institute and the Centers for Disease Control and Prevention State Cancer Profiles 2013
- CDC National Center for Chronic Disease Prevention and Health Promotion 2013
- University of Wisconsin Population Health Institute, 2016 County Health Rankings
- Louisiana Department of Health and Human Services, Calcasieu Parish Maternal and Child Health Profile, 2010-2012
- U.S. Department of Health and Human Services, Health Indicators Warehouse 2006-2012
- Dartmouth College Institute for Health Policy & Clinical Practice Dartmouth Atlas of Health Care 2012
- CDC Behavioral Risk Factor Surveillance System (BRFSS) 2005-2012
- Office of National Drug Control Policy, Louisiana Drug Control Update 2015

## **Appendix B: Recommendations & Local Organizations / Community Assets Provided by Survey Respondents**

### *Recommendation Activities for WCCH*

Facilitating insurance enrollment of patients and residents, especially those qualified for Medicaid and/or Medicare, was a common recommendation.

Several respondents said that WCCH should promote programs for well-being, especially within schools, civic organizations, and businesses. Many noted that WCCH should play a role in bettering both the immediate community and the entire southwestern Louisianan community by collaborating with “community leaders, politicians, and legislators” to resolve “environmental, geographical, psychological, and health issues.” Another respondent suggested that WCCH sponsor a community event that would utilize “our great outdoor and indoor spaces” to promote tobacco-free living, physical activity, and healthy eating.

Education about services offered at WCCH was another common recommendation. One respondent said that “community education is important with regard to what resources are available. Most patients are just uneducated when it comes to maneuvering thru [sic] the healthcare system.”

Some participants said that they wished to see more specialty services, including psychiatry, pulmonology, neurology, pediatrics, and endocrinology, especially for the uninsured and/or underinsured.

### *Local Organizations & Community Assets*

When asked about other community organizations that meet some of health needs identified in this report, many respondents referenced faith-based organizations and charities, including the Salvation Army and United Way. Others mentioned schools, recreational facilities, and community organizations such as the SWLA Chamber Quality of Life Committee, Parks and Recreation Centers, Partnership for a Healthier SWLA, and the LC Runners.

A few respondents mentioned that while the community is served by a multitude of organizations, “there is a need for a larger more coordinated effort to address community needs as a whole rather than a fractioned out system that effects little change.” Another participant said, “The nonprofit sector attempts to address social issues and conditions but much more coordination is needed to minimize duplication of services and maximize cost effectiveness.”

## **Appendix C: Associated Programs/Services Offered by WCCH to Address Community Needs**

The following programs and services are listed by need or issue area.

### Depressive Disorder:

- Grief support groups in partnership with Amedisys Hospice
- BP grant at Hackberry Clinic for telepsych program. As part of the grant a psychiatrist or counselor visits the clinic. The grant was just signed and will last for 5 years.

### Health Problems Requiring Use of Assistive Device/Limited in any way because of physical, mental or emotional problems:

- Camp Smiling F.A.C.E.S. – while charges are associated with attending the camp, many campers are able to go through scholarships from private donors, most of whom are hospital employees.
- Dynamic Dimensions aquatics programs beneficial for those with arthritic conditions as the pools at the facilities are set to a certain temperature that is both favorable and therapeutic for those populations. There is a charge associated with this particular program.
- Genesis Therapeutic Riding Center – subsidized by taxpayer dollars

### Healthcare Access

- Contracted with an organization to provide uninsured patients (who are Medicare and Medicaid eligible) with assistance in filling out the necessary paperwork for such programs
- Community education outreach efforts through seminars, such as the recent Medicare informational seminar.
- Introduction of diagnostic services in Westlake
- Physician recruitment efforts in ENT, general surgery, urology, GI
- Increased access to physician care in Vinton with addition of family medicine physician
- Addition of 2 infectious disease specialists to medical staff
- Fast Track program implementation in the hospital's Emergency Department to help ensure quick access to care for those with emergent medical needs through this new triage system

### Diabetes

- Monthly Diabetes Support Group meetings with healthcare professionals speaking on various topics.
- Large Diabetes Fair in November where clinicians speak on diabetes management. The program is free and lunch is served free of charge.
- Health fairs at various industrial complexes, community health fairs, etc. where hospital tests for blood glucose, blood pressure, etc.
- Detailed Diabetes management education provided through inpatient handbook.

### Kidney Disease

- Dietitians qualified to teach about proper diet with their condition
- Convenience of outpatient lab draw station for lab work needs as these patients need such often.

### Cardiac – Heart Health

- Health fairs at various industrial complexes, community health fairs, etc. where we test for blood glucose, blood pressure, etc.
- Dietitian consults for cardiac patients
- MI and CHF patients – follow up appointments with physicians scheduled within a certain number of days after being discharged.
- Awarded AHA Gold Fit Friendly Facility
- Coordination of blood pressure clinics monthly at each of the senior centers in the hospital's service area

### Asthma

- Primary care physicians have specialized programs to manage the condition.
- In ER, education is provided to these patients with discharge instructions
- Detailed Asthma management education provided through inpatient handbook.

### Chronic Obstructive Pulmonary Disease (COPD)

- Smoking cessation inpatient protocol
- Inpatient treatment of COPD with Pulmonologists and PCP
- Dietitians provide low sodium education and protocol for patients to follow

### Obesity

- Participation in statewide Geaux Lite initiative - have customized our program with lunch and learn programs, weigh-ins, etc.
- Referrals for consults for pre-bariatric surgery nutrition education and counseling.
- Support of the local Keep It Simple Sister (KISS) project as Dynamic Dimensions of West Calcasieu Cameron Hospital to serve as the facility for the African American ladies group.
- Participation in the Partnership for a Healthier Southwest Louisiana's "Dare to Be Healthy" program.
- Healthy U Camp for Kids each summer – there is a charge associated with this.
- DD Programs (available for a cost) that include: group fitness programs, cardiovascular fitness, sessions with a personal trainer, etc.
- Participation in the Healthways Silver Sneakers programs which allows members of participating health plans to qualify for a fitness membership at little or no cost.

### Cancer

- Pink Crusade Breast Cancer Support Group
- Breast Health Navigator Program
- Tumor Conference
- Rarity for community hospital to provide chemotherapy. Those services offered at WCCH through Ambulatory Preadmissions Treatment Center.
- Free PSA blood checks at community health fairs.
- PSA & Mammogram Performance Criteria set for rural health clinics

### Smoking

- Smoking cessation inpatient protocol
- Looking to establish WCCH once again as a smoke free facility

### Women's Health

- 20% discounts on digital mammograms in October for Breast Cancer Awareness Month
- Purchase of OBG-1 of WCCH
- Mammogram Performance Criteria set for rural health clinics
- Free pregnancy testing performed at Sulphur Community Clinic
- Pap Smears and Culposcopy done through Sulphur Community Clinic

### Immunizations

- Free flu and Tdap immunizations at Sulphur Community Clinic
- Employee flu and Tdap administration
- Patient flu and Tdap administration
- Flu shots for Cameron parish residents through Cameron LNG grant
- Shots for Tots – discounted immunizations through partnership with the state
- Vaccines for Children provider at each rural health clinic for the Medicaid population
- Flu and Pneumonia vaccine performance criteria at rural health clinics
- Nurse involved in Medical Reserve Corp. and their provision of immunizations to local school children

### Health & Wellness

- Introduction of Silver Sneakers program
- Comprehensive Employee Wellness Program

### Other items provided

- Educational Articles placed at the hospital's expense to educate the community on health topics.
- Childbirth Education (provided for a charge)
- Free Breastfeeding Education
- Adolescent Classes (provided for a charge)
- Safe Sitter Classes (provided for a charge)
- Free Sleep education for new mothers from involvement with Safe Sleep Coalition