2023 Community Health Needs Assessment

West Calcasieu Cameron Hospital (WCCH)

Adopted by hospital facility: June 2023

Executive Summary

West Calcasieu Cameron Hospital (WCCH) is committed to providing exceptional medical services and compassionate care to residents primarily in West Calcasieu and Cameron Parishes. Located in Southwest Louisiana, WCCH stands as a pillar of health and wellness in the community, continuously catering to the diverse healthcare needs of individuals and families.

Improving the health of a community requires an ongoing cycle of activities while priorities continually shift. As part of the mission and to meet federal IRS 990H requirements, WCCH conducts a Community Health Needs Assessment (CHNA) and a Community Health Implementation Plan (CHIP) every three years.

For this 2023 CHNA, a mixed methods approach was used to determine the significant needs and concerns in the Calcasieu and Cameron community. Broad community input was primarily gathered through interviews and a data review meeting.

As a result of the CHNA process, WCCH prioritized three significant health issues in the Community:

Access to Care

Concerns about access to care were evident among CHNA participants. The main barriers to care that arose include insurance issues, lack of providers, and lack of local services (especially for those in rural areas, the aging population, and those without reliable transportation).

Mental & Behavioral Health

All CHNA participants expressed mental and behavioral health as the most important health concern. The percentage of adults reporting frequent mental health distress in the Community increased by over 50% since the previous CHNA representing data from 2016. Teens also experienced higher rates of depression and other mental distress during this time. The rates of drug overdose deaths have also increased, notably with the rise of Fentanyl.

Chronic Disease Prevention & Management

Chronic diseases continue to be a significant health concern in the community. Although the percentage of people with access to exercise opportunities is higher in Calcasieu and Cameron Parishes compared to Louisiana, the percentage who are physically inactive is also higher. According to participants, many resources are available to help increase physical activity and improve diet, but they are not used as they should be.

Findings from this CHNA can be used as a reference by the hospital, as well as community members, to better understand the health status and needs in Calcasieu and Cameron Parishes. While the community health priorities are presented separately, they are interconnected and impact one another as they drive health outcomes. WCCH used these CHNA findings to develop a CHIP, which provides direction and a roadmap for the next three years to collectively address the three prioritized significant health issues. If a community health concern was not prioritized, it does not mean it is not an important issue and may still be addressed.

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Background

CHNA Overview

Health assessments facilitate strategic data collection and analysis to understand where and why health outcomes differ across a parish, how a variety of health factors combine to influence these outcomes, and how policies and programs are supporting — or restricting — opportunities for health for all. With the enactment of the Patient Protection and Affordable Care Act (PPACA), tax-exempt hospitals are required to conduct an Community Health Needs Assessment (CHNA) and develop implementation strategies to address the community health needs identified every three years.[1] Section 501(r)(3) requirements include having an authorized body at the hospital facility adopt a documented CHNA that is available to the public, available for feedback, and includes the following:

- A definition of the community served by the hospital facility and a description of how the community was determined.
- A description of the process and methods used to conduct the CHNA.
- A description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves.
- A prioritized description of the significant health needs identified through the CHNA, including a description of the process and criteria used in identifying certain health needs as significant and prioritizing those needs.
- Resources potentially available to address the significant health needs identified.
- An evaluation of the impact of any actions that were taken to address significant health needs identified in the immediately preceding CHNA.[2]

Using this CHNA

This document serves as the 2023-2025 CHNA for West Calcasieu Cameron Hospital (WCCH). CHNA reports are available via the hospital's website for future reference, feedback, and use by the public. This CHNA serves multiple purposes:

- Provide hospitals and health systems with information to guide development of implementation strategies to address their community's health concerns.
- Meet IRS requirements for non-profit hospitals.
- Inform planning of the city and state health department.
- Provide residents and community organizations with a better understanding of the significant issues in their community and what the hospital plans to prioritize.

To request a paper copy of this report or to provide feedback on the assessment, please contact Matthew Welsh, Chief Marketing + Community Impact Officer, at mwelsh@wcch.com.

[1] Hospital organizations use Form 990, Schedule H, Hospitals, to provide information on the activities and community benefit provided by its hospital facilities and other non-hospital health care facilities, which is separate from this report.
[2] https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3

Assessment Approach

WCCH contracted with the Louisiana Public Health Institute (LPHI) to conduct their 2023 CHNA and Community Health Improvement Plan (CHIP).[3] LPHI brings extensive history in leading and supporting health systems, hospitals, federally qualified health centers (FQHCs), and state/local health departments in the development of health assessments and implementation strategies based on health equity and population health strategies.

With clinical care accounting for approximately 20% of a community's health outcomes, this health assessment is centered on health equity and social determinants of health. Therefore, many of the assessment findings align with the County Health Rankings Model (see figure 1).[4] **Health equity** is defined as all community members having a fair and just opportunity to be as healthy as possible. Social determinants consist of factors such as economic and educational opportunity, access to transportation and housing, the quality of the natural environment, and access to and quality of healthcare. According to the CDC, the **social determinants of health** are "conditions in the places where people live, learn, work, and play" that can affect a person's health risks and outcomes.[5] By applying a health equity framework, the assessment process seeks to move beyond identifying health disparities to uncovering and understanding the drivers, which produce inequities in health outcomes.

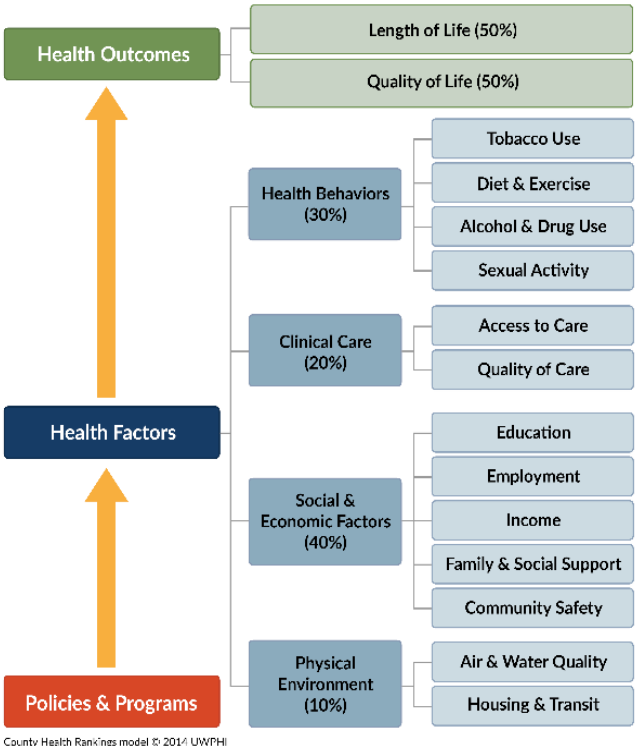

Figure 1: County Health Rankings Model

[3] All statements and opinions herein were expressed by key informants and focus group participants and do not necessarily represent the view points and opinions of LPHI or its contractors.
[4] County Health Rankings Model. Retrieved from https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model
[5] Centers for Disease Control and Prevention (2021). About Social Determinants of Health. Retrieved from https://www.cdc.gov/socialdeterminants/about.html

Methods and Process

LPHI utilized a mixed methods approach by layering primary qualitative data from interviews, secondary quantitative data from existing data sources, and qualitative information gathered through data review meetings.

Secondary data from national and statewide databases were compiled and analyzed to identify key concerns in Calcasieu and Cameron Parishes and supplement findings from primary data sources. Data were extracted at the parish level and disaggregated by race/ethnicity where possible. The indicator list for secondary data was developed to align with the County Health Rankings Model. Louisiana averages were used as a baseline for comparison. A full list of secondary data indicators, definitions, and sources can be found in Appendix B.

Primary qualitative data was mostly gathered through interviews with key stakeholders residing in Calcasieu and Cameron Parishes. A consultant from LPHI conducted 10 interviews with key stakeholders between April 10 and May 3, 2023, either over the phone or through a virtual platform. Interviews averaged 45 minutes and focused on health concerns within the community, community resources and assets, and recommendations on how to improve the health of residents. Organizations and representatives listed below participated in the interviews. Most participants serve or represent those in rural areas. Many of the organizations assist individuals directly or through programming meeting a human service need, such as homelessness. A thematic analysis of the interviews was then conducted to synthesize the findings.

After synthesis of initial findings, a larger data review meeting was held at WCCH on April 24, 2023, with the CHNA Steering Committee, as a final layer of qualitative information. The data review validated findings and added additional context.

LPHI, in collaboration with WCCH, conducted outreach to solicit input from persons representing broad interests of the Community. Through key stakeholder interviews and data review meetings the team incorporated input from at least:

- 2 persons with special knowledge of or expertise in public health
- 1 representative of a state or local health department or other department or agencies
- 7 members, representatives, or leaders of medically underserved, low-income, or minority populations in the Community.

Qualitative participants from the interviews and the Steering Committee include, but are not limited to:

- Hackberry community leader
- Imperial Calcasieu Human Service Authority (IMCAL)
- Office of Public Health, Region 5
- SC3 Sulphur Community Coalition
- United Way of Southwest Louisiana
- Vinton community leader
- West Calcasieu Cameron Hospital
- Westlake community leader

Defining Community

WCCH, a 107-bed facility in Sulphur, LA, remains a community hospital governed by the Calcasieu and Cameron Parish Police Juries and a five-member Board of Commissioners. Most patients (84% of hospital admits) resided in the towns of Sulphur, Carlyss, Vinton, DeQuincy, Westlake, Starks, and Hackberry, which are all in the western portion of Calcasieu and Cameron Parishes (see figure 2). In addition to the hospital, WCCH currently operates a Community Health Center on the hospital's main campus, as well as three Rural Health Centers located in Hackberry, Johnson Bayou, and Vinton, LA (see figure 3). This area is largely rural with Lake Charles, LA being the largest town on the east side of the river. **Calcasieu and Cameron Parishes are the defined geographic community for WCCH's 2023 CHNA**.

Town	Zip code(s)	Percent of WCCH Admits
Sulphur	70663 & 70664	49%
Carlyss	70665	12%
Vinton	70668	10%
DeQuincy	70633	5%
Westlake	70669	4%
Starks	70661	2%
Hackberry	70645	2%
Total % of admits		84%

Figure 2: WCCH primarily serves patients from West Calcasieu and Cameron Parishes.

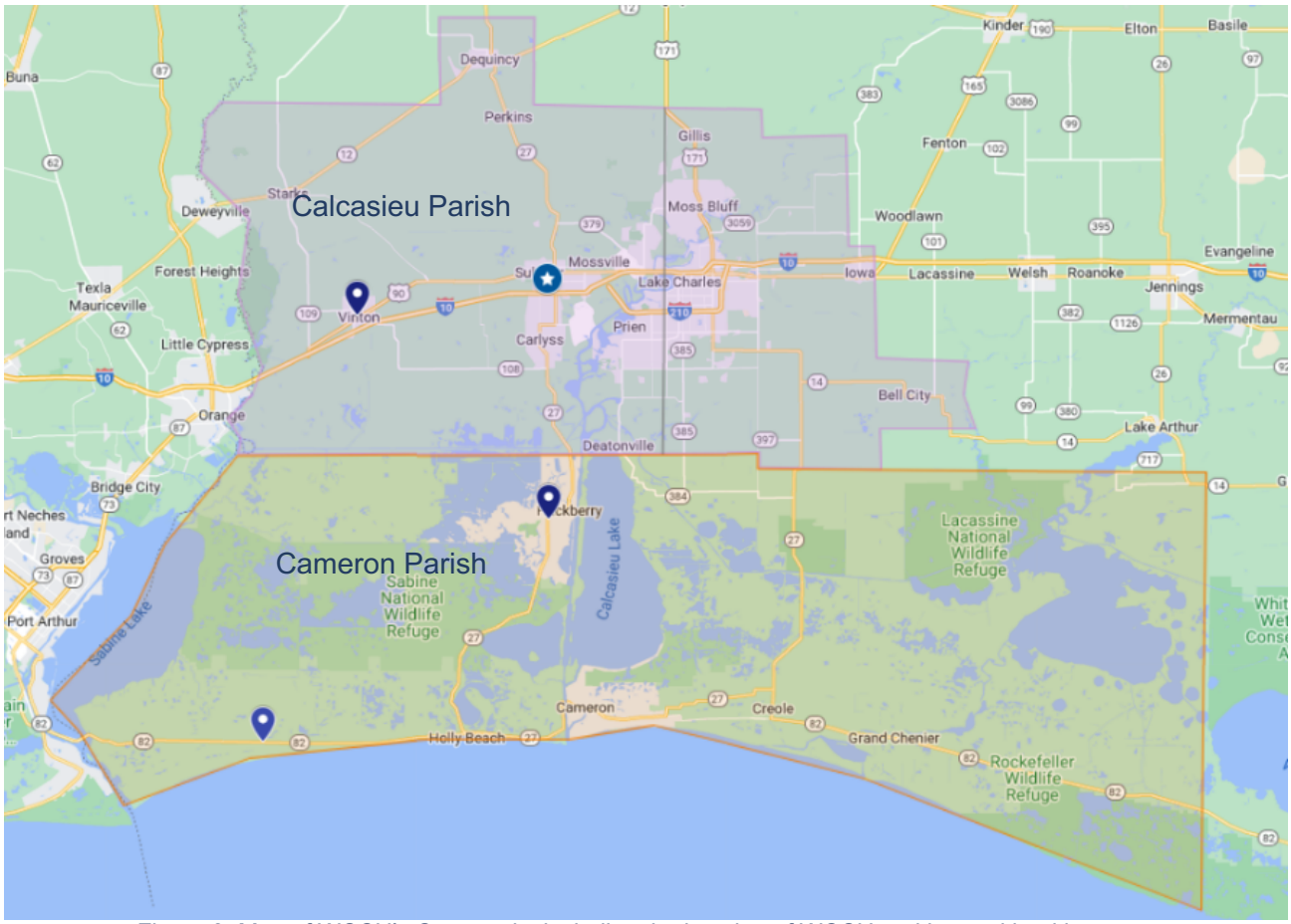

Figure 3: Map of WCCH's Community including the location of WCCH and its rural health centers.

Qualitative participants described their Community as small and close knit with a general concern for each other. A participant from a rural town stated,

"There's a general desire to help others and take care of each other, but many times don't have the resources… Sometimes lack manpower or knowledge."

Since WCCH's previous CHNA in 2020, Southwest Louisiana was hit with many disasters, including two catastrophic hurricanes in 2020, tornadoes and floods, as well as the COVID-19 global pandemic. According to qualitative partners, these disasters shifted the community makeup, especially in Cameron Parish.

Comparing 2021 Census estimates to 2017 Census estimates in the previous CHNA, the population of Cameron parish decreased from 6,912 in 2017 to 5,080 in 2021. The population of Calcasieu Parish increased from 202,445 in 2017 to 205,282 in 2021. The Community also saw an increase in the aging population. The percentage of those 65 and over increased in Cameron from 15.4% in 2017 to 17.9% in 2021 and in Calcasieu from 14.4% in 2017 to 16% in 2021. Figure 4 below gives a snapshot of demographic indicators of the Community compared to Louisiana.[6]

	Calcasieu	Cameron	LA
Population	205,282	**5,080**[7]	4,624,047
% under 18	24.8%	22.6%	23.4%
% 65 and over	16.0%	17.9%	16.5%
% Hispanic	4.2%	4.4%	5.6%
% Non-Hispanic Black	24.7%	3.5%	32.4%
% Non-Hispanic Asian	1.5%	0.6%	1.9%
% Non-Hispanic White	67.2%	88.7%	57.9%
% Not proficient in English	1%	4%	1%
% Identify as female	50.8%	49.2%	51.0%
% Living in rural area	20.5%	100%	26.8%

Figure 4: Sample demographics of the two Parishes compared to Louisiana.

[6] Census population estimates (2021). Retrieved from County Health Rankings, 2023.
[7] With the small population estimate of Cameron parish, it is important to understand much of the secondary data presented regarding Cameron Parish most likely has a high margin of error.

Key Findings

Below are the quantitative and qualitative findings of high concern covering the two-parish area (Calcasieu and Cameron Parishes). Parish-level findings are presented with Louisiana data as a baseline. It is important to note that **Louisiana is ranked 50th in health outcomes**, according to the 2020 America's Health Rankings Report.[8]

The findings are organized into four sections: social and economic factors, physical environment, clinical care, and health behaviors & outcomes, like the County Health Rankings Model illustrated above in figure 1.

Social and Economic Factors

Social and economic factors include employment, income, education, family & social support, and community safety. A good school system and job opportunities through the industrial plants were community strengths shared by qualitative participants. Participants also expressed concerns about income inequality and the impact COVID-19 had on school participation.

Employment and Income

Both Calcasieu and Cameron Parishes had higher median household incomes, $57,667 and $62,457 respectively, compared to the State ($52,090). **Black and Hispanic populations had lower median household incomes than White** populations in both parishes (see figure 5).[9]

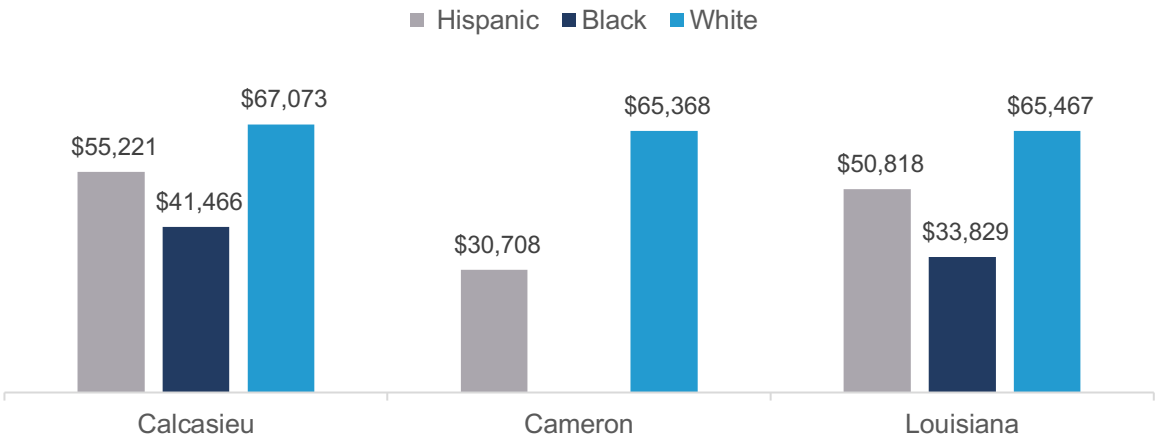

Figure 5: Median household income stratified by race for both Parishes and Louisiana.

Many qualitative participants described industrial plants, primarily oil & gas, as the largest employer and an asset to the community providing decent paying jobs. For those that lack transportation and reside in rural areas, different stories were shared.

[8] United Health Foundation (2023). America's Health Rankings 2022 Annual Report. Retrieved from https://www.americashealthrankings.org/explore/measures/Outcomes/LA

[9] Small Area Income and Poverty Estimates (2021). Retrieved from County Health Ranking, 2023. Note the Black population is too small in Cameron Parish to stratify, which is why the data is missing.

Education

Higher educational attainment is linked to greater life expectancy, as well as other positive health outcomes.[10] A higher percentage of students in Calcasieu Parish completed high school (88%) and some college (60%) compared to the State. A higher percentage of Calcasieu students (69%) were also enrolled in free or reduced lunch compared to the State. Both Calcasieu and Cameron Parishes had fewer children in single parent households compared to the State. See figure 6.[11]

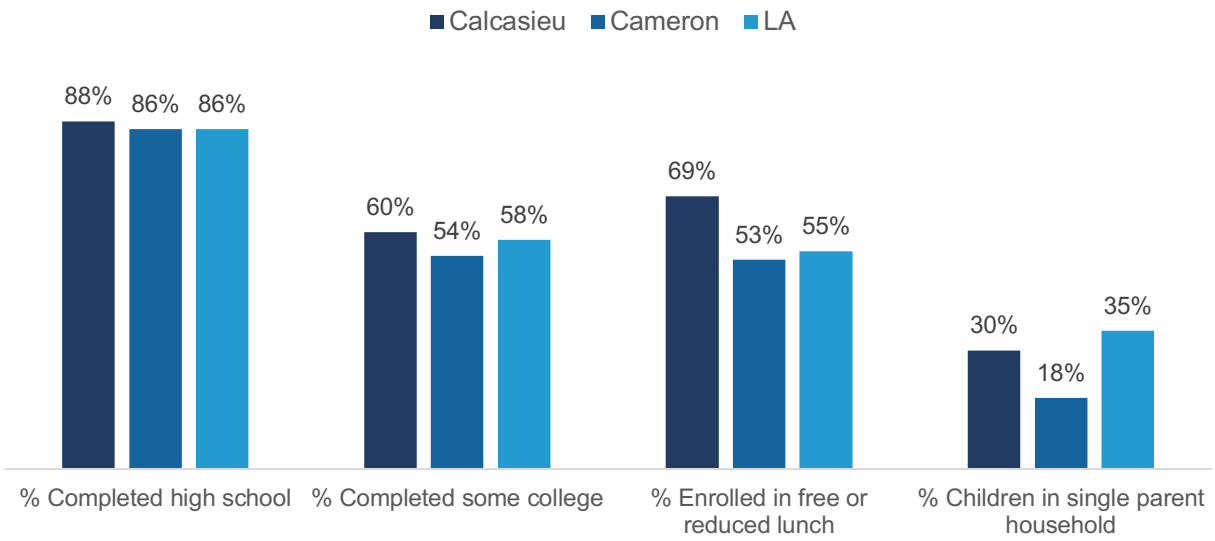

Figure 6: Education indicators for Calcasieu and Cameron Parishes and Louisiana.

Although the school systems were described as good, a qualitative participant described how the COVID-19 pandemic was devastating for children missing substantial in-person lessons. They explained,

"When students came back to school it was very different. It was like they had never been before…[We are] still trying to close learning gaps because it was so extreme."

Social Support

Many qualitative participants described their community in Calcasieu and Cameron Parishes as "tight knit." They explained how everyone knows each other and knows when someone needs help. Although recent disasters were detrimental, participants described how each brought people together during times of highest need. Not only did individuals come together, but new partnerships were formed between organizations. Churches were called pillars in their communities, not only for spiritual healing, but for support. Churches provided meals to those in need, coordinated volunteers and a free space for programs, and raised funds to helped rebuild.

[10] Zajacova, A. & Lawrence, E.M. (2018). The relationship between education and health: reducing disparities through a contextual approach. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5880718/
[11] American Community Survey, 5-year estimates (2017-2021). Retrieved from County Health Rankings, 2023.

Physical Environment

The physical environment consists of both infrastructure factors and the natural environment in which people live, work, and play. Barriers in the physical environment can affect health and well-being.[12] Qualitative participants explained that air and water were good in their communities. Although pollutants from refineries were concerning to some, most participants felt the industries were transparent about exposures and felt safe. However, participants did emphasize poor infrastructure factors such as lack of transportation, affordable housing, and limited access to healthy food as issues in their Community. Figure 7 below shows housing, food, and transportation indicators comparing Calcasieu and Cameron Parishes with the State.

	Calcasieu	Cameron	LA
% Severe Housing Problems	14%	8%	16%
% Homeowners	70%	93%	67%
Limited Access to Healthy Food	13%	6%	11%
% Drive Alone to Work	83%	93%	81%
% Long commute - drives alone	21%	43%	34%

Figure 7: Housing, food, and transportation indicators comparing Calcasieu and Cameron to the State.

Access to reliable transportation was a large concern for those interviewed, especially for low-income people in rural areas, as well as for the aging populations. Figure 7 above illustrates that a higher percentage of people drove alone to work in Calcasieu and Cameron Parishes. Almost half of workers in Cameron Parish drove more than 30 minutes alone to get to work.[13] There was no public transportation in the Calcasieu communities outside of the City of Lake Charles.

The percentage of people with limited **access to healthy food in Calcasieu Parish increased** from 9% in 2015 to 13% in 2019 and was worse compared to the State.[14] Qualitative participants were especially concerned about access to healthy foods for those in rural areas, with lower income, and the elderly. A participant summed it up, “As most southerners, our cuisine is detrimental to our health.”

Lack of quality affordable housing was a top concern of participants. Note, the secondary data in Figure 7 above regarding the percentage living with severe housing problems, is lagging (aggregated from 2015-2019) and represents conditions prior to Hurricane Laura.[15]

Participants explained prices dramatically increased after the **Hurricanes in 2020** with a shortage of housing due to damage, along with skyrocketing costs (and shortages of) materials, labor, and property insurance. Participants explained how presently some people are still not back in their homes and you can see visible damage in lower-income areas. An increase in homelessness was also raised as an issue with the lack of accessible shelters and resources to meet their needs.

[12] County Health Rankings. (2021). County Health Rankings Model. Retrieved from https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model
[13] American Community Survey, 5-year estimates (2017-2021). Retrieved from County Health Rankings (2023).
[14] USDA Food Environment Atlas (2019). Retrieved from County Health Rankings (2023).
[15] Comprehensive Housing Affordability Strategy (CHAS) data (2015-2019). Retrieved from County Health Rankings (2023).

Health Behaviors and Outcomes

Health behaviors, or the actions people take that affect their health, can affect individuals' risk of disease. Health outcomes reflect the physical and mental well-being of communities.[16]

Mental & Behavioral Health

Mental distress has increased. Figure 8 illustrates the percentage of adults reporting 14 or more days of poor mental health per month significantly increased since the previous CHNA, reaching 18% in Cameron and 19% in Calcasieu. This was slightly higher than mental health distress increases at the State level.[17]

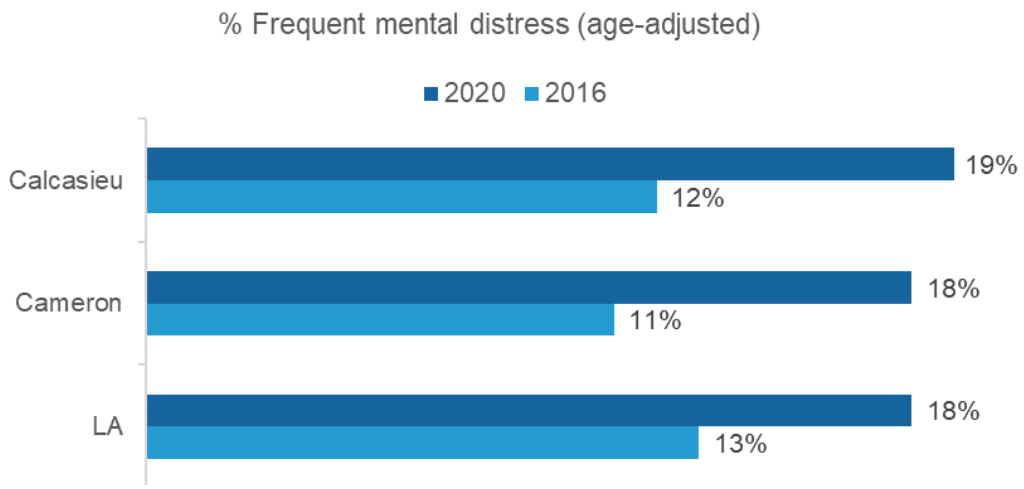

Figure 8: Percentage reporting frequent mental distress increased between 2016 and 2020.

All participants expressed mental and behavioral health as the most important health concern affecting their community. Qualitative participants highlighted increases in suicide, depression, anxiety, drug overdoses, and more. Participants described it as a "vicious cycle" where someone suffering is hospitalized and put on medication → discharged (where the medicine either does not work or runs out) → they are back in the hospital or picked up by police. A participant explained how they saw these increases primarily in teens, which follows national trends. **According to the CDC, "nearly 3 in 5 US teens [57%] felt persistently sad or hopeless in 2021,**" which increased from 36% in 2011.[18]

% of adults reporting frequent

mental distress increased by over 50%

between 2016 and 2020 (see figure 8)

[16] County Health Rankings. (2021). County Health Rankings Model. Retrieved from https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model

[17] Behavioral Risk Factor Surveillance System (2020). Retrieved from County Health Rankings (2023). See WCCH's 2020 CHNA for previous data.

[18] Youth Behavior Survey (2021). https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf

Participants explained there are some strategies in place, but the rates of **drug overdoses have increased drastically**, especially with rise of fentanyl. Xylazine (often known as "tranq") is also a rising concern. While the drug overdose mortality rate was lower in Calcasieu Parish (22 per 100,000 population) compared to the State (31 per 100,000 population), the rate increased drastically since WCCH's previous CHNA.[19] Calcasieu's drug overdose death rate in 2017 was 14 per 100,000 in 2017. Although the suicide rate has remained consistent (19 per 100,000), it is higher than the State rate and more common in White than Black populations.[20] See Figure 9 for death rates in 2020 due to drug overdose, homicide, and suicide.

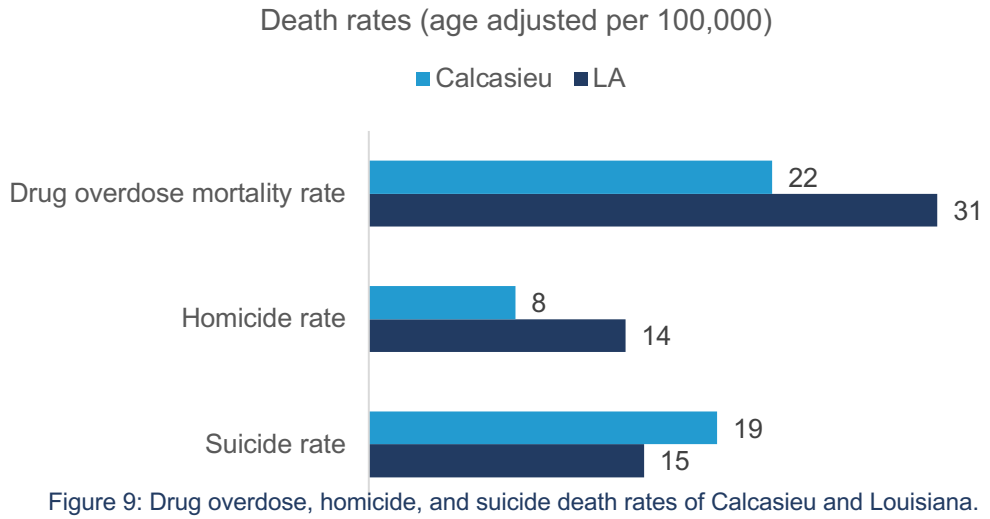

Figure 9: Drug overdose, homicide, and suicide death rates of Calcasieu and Louisiana.

Additional Health-Related Behaviors

Other health issues raised by participants include chronic diseases and its link to poor eating habits, lack of physical activity, and smoking. Teen pregnancy was an additional health concern of a participant.

Like the State, Calcasieu and Cameron Parishes suffered from high rates of obesity and diabetes. Although the percentage of people with access to exercise opportunities was higher in Calcasieu and Cameron Parishes compared to the State, the percentage who are physically inactive was also higher. Many informants mentioned the free recreation centers, parks, tracks, and fitness classes that are available as assets in their community, but most do not use them. Participants were also concerned about the increase in vaping, but there has also been an increase in smoking with a higher percentage of adults in the community currently smoking compared to the State.[21] See Figure 10.

Health behaviors	Calcasieu	Cameron	LA
% Adults with obesity	**39%**	36%	38%
% Physically inactive	**31%**	**29%**	28%
% With access to exercise opportunities	**78%**	**79%**	76%
% Adults reporting currently smoking	**21%**	**22%**	19%
Teen birth rate per 1,000 females	**39**	24	30

Figure 10: Obesity, inactivity, and smoking indicators in Calcasieu and Cameron compared to the State.

[19] National Center for Health Statistics - Mortality Files (2018-2020). Retrieved from County Health Rankings (2023). Death rate secondary data is not available for Cameron parish.
[20] National Center for Health Statistics - Mortality Files (2016-2020). Retrieved from County Health Rankings (2023).
[21] Behavioral Risk Factor Surveillance System (2020). Retrieved from County Health Rankings (2023).

Leading Causes of Death

The top five leading causes of death in 2019 were heart disease, cancer, stroke, accidents, and Alzheimer's.[22] See Figure 11 comparing the Parishes and the State.

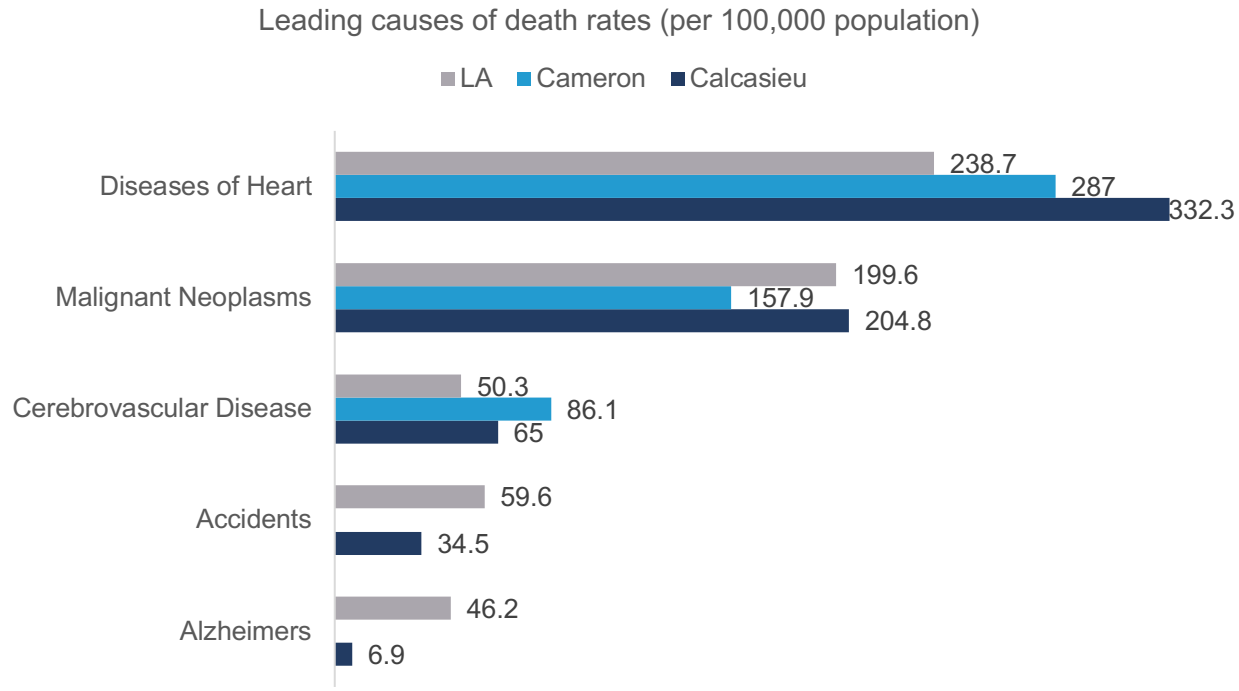

Figure 11: Top five leading causes of death in Calcasieu, Cameron, and Statewide.

Calcasieu Parish had a higher cancer death rate (154.4 per 100,000) compared to the State (140.6 per 100,000). Lung and bronchus cancer had the highest mortality rate in the area.[23]

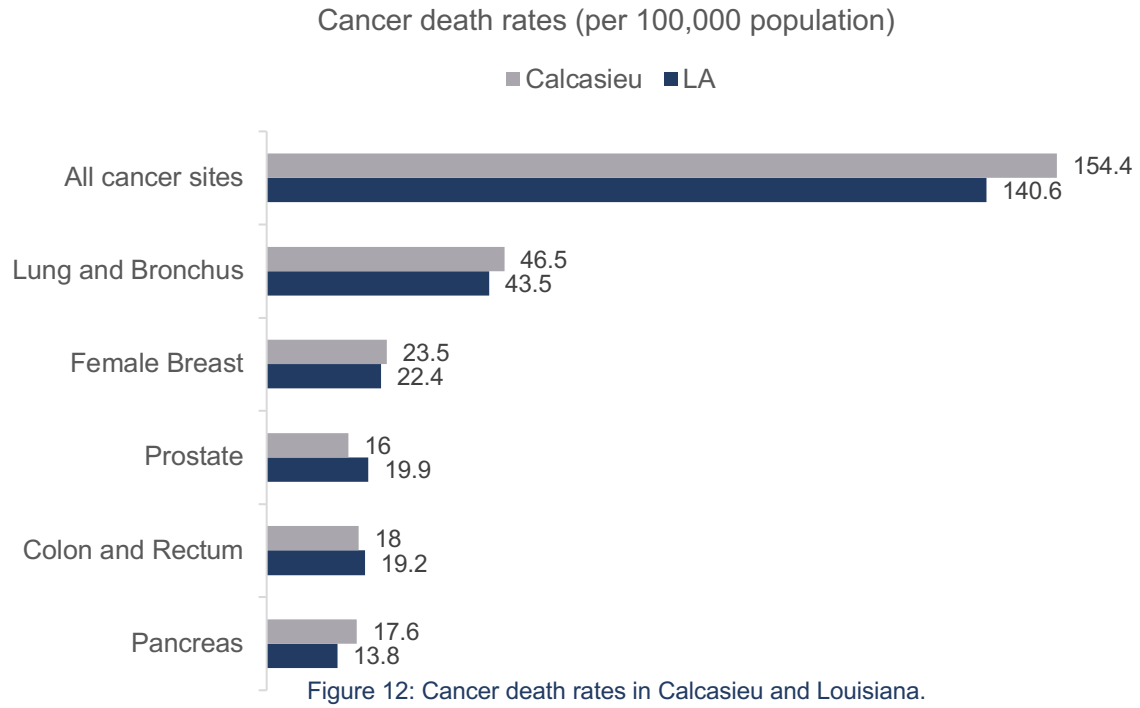

Figure 12: Cancer death rates in Calcasieu and Louisiana.

[22] Louisiana Health Report Card, 2020. https://ldh.la.gov/assets/oph/Center-PHI/2020_Health_Report_Card.pdf
[23] National Cancer Institute (2016-2020). Cancer death profiles. https://www.statecancerprofiles.cancer.gov/deathrates

Clinical Care

Access to affordable, high-quality clinical care can improve the health and well-being of communities through prevention and detection of diseases.[24] A common theme among participants was that people in the community evade seeking care until it is unavoidable and often too late.

Prevention

Participants discussed how many adults do not access primary (or preventative) care services. The percentages of adults obtaining cholesterol screenings and mammography, as well as visit a dentist, were lower in the two Parishes compared to the Country.[25]

	Calcasieu	Cameron	US
% adults visit doctor for routine checkup	77.6%	77.6%	74.7%
% adults visit dentist or dental clinic	53.2%	58%	64.8%
% adults cholesterol screening	86.8%	86.2%	87.6%
% over 50 years getting mammography	74.5%	73.7%	78.2%
% over 50 years getting colonoscopy	74.8%	71.0%	72.4%

Figure 13. Prevention indicators comparing Calcasieu and Cameron to the Country.

Barriers to Accessing Care

Qualitative participants discussed how most people can access decent healthcare services when needed, but there are barriers making it more difficult for some. Top barriers to accessing care mentioned by participants included insurance, lack of providers, and lack of services nearby/ transportation.

	Calcasieu	Cameron	LA
% Uninsured	8%	10%	10%
Primary Care Physicians Ratio	1210:1	3502:1	1427:1
Dentist Ratio	1669:1	-	1718:1
Mental Health Provider Ratio	373:1	-	308:1

Figure 14. Access to care indicators comparing Calcasieu and Cameron to the State.

Insurance: Although the percentage of uninsured was lower at 8-10% in the area compared to 2015,[26] it is expected to rise in 2023 as Medicaid protections are lifted. There are already issues with insurance preventing access. A participant described how Specialists in the area often do not accept Medicaid and many Medicare panels are often full, making it difficult to get timely appointments.

Lack of local providers and services: Most services in the western part of the Community are in Sulphur, but many residents travel to Texas, Lake Charles, or further to obtain services, especially when needing a Specialist. Cameron Parish had no dental, mental health, or pharmacy services. According to participants, it is a difficult landscape to recruit providers, especially in the more rural areas. A participant proclaimed that the Rural Health Centers are “a life saver.”

[24] County Health Rankings. (2021). County Health Rankings Model. Retrieved from https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model
[25] Behavioral Risk Factor Surveillance System (BRFSS) (2020). Retrieved from CDC Places, 2023.
[26] Small Area Health Insurance Estimates (2020). Retrieved from County Health Rankings (2023).

2023 Significant Health Issues and Priorities

Significant health issues in Calcasieu and Cameron Parishes were identified through a thematic analysis of qualitative responses, as well as supported by secondary data. These layers of information produced the following list of significant issues in the Community: transportation, mental health, substance misuse, smoking/ vaping/ lung cancer, cardiovascular disease (physical inactivity and healthy eating), screenings (colonoscopy, lung, and high blood pressure), resources for aging population, and lack of medical providers & services. Qualitative participants discussed potential resources in the community to address these health needs during their interviews, which are listed in Appendix A.

The prioritization process began during a Data Review Meeting on April 24, 2023. LPHI presented an overview of the CHNA findings to a Steering Committee, which consisted of WCCH leadership, a board member, and the Region 5 medical director. The CHNA findings were reviewed and discussed to validate, contradict, and add additional context and complexity to results. The committee did an initial prioritization activity, through consensus building based on criteria such as 1) the impact addressing the issue would have on their community's health, and 2) the feasibility of the hospital to address the issue.

WCCH prioritized the following significant community health needs in 2023:

- **Access to Care**
- **Mental & Behavioral Health**
- **Chronic Disease Prevention & Management**

While all issues are of community concern and importance, WCCH commits to focusing on key issues where they can serve as a leader and driver of change in the community.

Action Planning

Community health improvement is an ongoing cycle to best meet the needs of a community.[27] Utilizing the CHNA process and findings, WCCH developed a Community Health Implementation Plan (CHIP), built on the prioritized significant health concerns. Below is a summary from the previous 2020 CHIP followed by a snapshot of the current 2023 CHIP.

Impacts Made from Previous 2020 CHIP

Based on the 2020 Community Health Needs Assessment, WCCH prioritized the following health needs as the most concerning and actionable: Access to Care, Behavioral and mental health, Chronic disease prevention and management, and Accident Prevention

To address the identified needs, WCCH implemented programs and conducted activities between 2020 and 2022 described below:

1. **Access to Care**

   COVID Pandemic

   - Implementation of telemedicine in physician offices and in the hospital for specialty services
   - Implemented outdoor COVID screenings at physician offices and hospital
   - Offered COVID immunizations to the community
   - Offered drive thru COVID testing for employees and the community
   - Maintained all services with the exception of community outreach/support group programming

   Hurricane Laura and Delta

   - Continued to provide IP and Emergency Services throughout the disaster
   - Established Hurricane Relief Fund for WCCH employees. Financial assistance eased burden on employees and enabled them to continue to work and care for the community in the aftermath of the hurricanes.
   - Timely re-opening of off-site primary care clinics

   Community Health Center of WCCH

   - The Community Health Center of WCCH opened in July of 2021. The clinic offers primary care and specialty care for general surgery, gynecology and wound care, including uninsured and underinsured patient populations.
     a. Outcomes (2021- 2022)
        i. Primary Care Patients: 4,216
        ii. Surgical Patients: 1,574
        iii. Gynecology Patients: 1,642
     b. Medicaid Visits
        i. Primary Care: 2,555
        ii. Surgical: 4,668
        iii. Gynecology: 1,432
     c. Walk-In Service: 3,807

[27] American Hospital Association. (2023). Community Health Assessment Toolkit. Accessed via https://www.healthycommunities.org/resources/community-health-assessment-toolkit

Sulphur Health Unit

- WCCH partnered with The Louisiana Department of Health to relocate the Sulphur Health Unit to the WCCH campus. The new location allowed for expanded services, including weekly reproductive health clinics, and community health workers who can connect people with health resources. Sulphur Health Unit provides: family planning, immunizations, SC testing, women's reproductive health and WIC services.

Services Expanded/Added

- Full-time Surgeon added
- Primary care clinic opened in Carlyss, LA to meet demands of fastest growing community in our service area
- Full-time NP added in Vinton Rural Health Clinic
- Endocrinology clinic expanded from part-time to full-time
- Spect/CT - new technology combines traditional nuclear medicine with the clarity of a CT scan, giving physicians more accurate information of the patient's anatomy, which helps them give a more precise diagnosis.
- UroNav for prostate biopsies - leading-edge imaging system for targeted prostate care. UroNav provides a combination of MRI images along with ultrasound-guided biopsy images giving physicians a clear image of the prostate and the ability to biopsy at the same time.
- New Cath Lab: WCCH was the first hospital in the nation to have this version of the new GE Allia™ IGS 530 Cath Lab technology installed and available for patient care. The GE Allia IGS 530 advanced digital X-ray imaging system provides extremely detailed, real-time images of a patient's cardiac anatomy during procedures that require exacting precision.
- Wellsoft EMR Implementation in the Emergency Department

2. Behavioral and Mental Health

- Louisiana Bridge Program Participant: Substance Use Navigators (SUNs) are on-site 3 days per week and work alongside our emergency department staff in engaging patients in substance use disorder treatment options including Medication Assisted Treatment (MAT) providing education on harm reduction, and assisting with discharge planning. SUNs offer post-discharge follow-up to patients and their families to further promote treatment engagement and the use of harm reduction techniques to reduce the risk of future overdose.
- Focus on Opioid epidemic: Recognized as a Top Performer by the American College of Emergency Physicians quality improvement program for reducing the number of opioids administered in the emergency department.
- Camp Smiling F.A.C.E.S.: Physical challenges such as autism, spina bifida, down syndrome, cerebral palsy and others are often limiting, but at Camp Smiling F.A.C.E.S., campers can reach unlimited potential and success as they enjoy traditional summer camp activities in a safe, helpful environment.
- The Genesis Therapeutic Riding Center of West Calcasieu Cameron Hospital offers Outpatient occupational therapy services in a non-traditional health care setting. The characteristic movement of the horse is used to assist patients in the development of vestibular and neurodevelopmental function.

3. **Chronic Disease Prevention and Management**
    - Established a care management program for patients seen at the Community Health Center of WCCH.
        - Workflow redesigned in clinics to provide pro-active care
        - Use evidence-based medicine with proven treatments and techniques that take into account the patient's wishes, preferences, and unique barriers to care
        - Used education to empower and encourage patients to play an active role in their healthcare
    - Expansion of Endocrinology coverage from part-time to full-time.
    - Nutrition:
        - Diabetes support group
        - Community Diabetes Seminar with physician participation
        - Quarterly healthy cooking demonstrations
        - Healthy choice on lunch menu daily
        - Work Well Program for WCCH employees
        - CDC approved Diabetes Education Program with Certified Diabetes Care and Education Specialist (CDCES) coordinator
    - Cancer:
        - Ethel Precht Hope Breast Cancer Program of WCCH: provides financial assistance to breast cancer patients in Calcasieu & Cameron parish
        - Ethel Precht Hope Breast Cancer Walk event to raise awareness of breast cancer and to benefit breast cancer patients. Approximately 4,000 participants.
        - Pink Crusade Breast Cancer Support Group
        - Breast Health Navigator Program
    - Fitness:
        - Aquatics program for arthritic population
        - Silver Sneakers – Senior fitness program
        - Host Summer fitness camps for the adolescent and teenage population
        - Education to Cardiac Rehab patients about wellness and movement health and transition to fitness center
        - Partnered with MOSSA to allow members to access fitness workout resources library for at home workouts
        - Developed DDF Facebook group for members to be able to access live-streaming fitness classes at home
        - Implemented OnDemand classes in fitness center to adhere with COVID guidelines centered around social distancing
    - COVID-19 Response
        - Video production and deployment about COVID-19 with subject matter experts (physicians and infection prevention coordinator)
        - Production of COVID-19-specific healthy Half Minute segments for distribution in local market
        - Ongoing social media education on COVID-19 guidelines
        - Vaccine education across all marketing platforms
        - Vaccine sites at the main campus and outlying clinics/rural health centers

Summary 2023 CHIP and Implementation Strategies

Priority 1: Access to Care

Goal(s): Improve access to care for ALL patients in WCCH Service District

General strategy: Promote and utilize coordinated care measures and programs to ensure health equity

SMART Objectives *(anticipated outcome)*	**Target Population(s)**	**Success Measures**	**Actions**	**Lead & Timeframe**	**Resources & Partners**
Increase the # of non-emergent services for the underinsured and uninsured adult population through the Community Health Center of WCCH	18 +	Clinic patient metrics	Utilize CHC to offer primary care, general surgery, wound care and gynecological services	**Lead:** Tressie Brunson **Timeframe:** Year 1 - 3	**Resources:** Staff time, operational costs, clinic space **Partners:** Primary Care Providers
	Childbearing-age patient population	Metrics provided by OPH	Collaborate with OPH to offer community clinic services: RH (Reproductive Health), WIC (Women, Infants, Children), & Immunization programs within the CHC	**Lead:** Tressie Brunson **Timeframe:** Year 1 - 3	**Resources:** Clinic space **Partners:** Office of Public Health (OPH)
Focus on health equity initiatives to reduce health disparities within the community	All patient populations	Document # of health disparities identified Document # of health disparities process improvements completed	Develop a health equity task force in Q3 2023 to stratify data through disaggregation to identify and address health disparities. Implement new screening processes to identify social determinants of health during year 2.	**Lead:** Matthew Welsh/Leadership **Timeframe:** Year 1 - 3	**Resources:** Staff time, reporting mechanisms **Partners:** Vizient Southern States, Clinic partners
Improve digital healthcare infrastructure	N/A	Patient satisfaction scores	Audit current digital healthcare infrastructure Explore at least three (3) options to improve digital healthcare infrastructure	**Lead:** Mike Klenke **Timeframe:** Year 2 - 3	**Resources:** Staff time, implementation and equipment costs, maintenance costs **Partners:** IT Vendors/Partners
Host community health fairs in rural areas of our service district	Residents of selected rural areas *(i.e., Starks/Cameron Parish, etc.)*	# of participants for each	Partner with local officials in rural areas of our service district to execute two (2) community health fairs per year.	**Lead:** Matthew Welsh **Timeframe:** Year 1 - 3	**Resources:** Staff time, health fair materials and supplies, marketing resources **Partners:** Local community officials, Imperial Calcasieu Human Services District (IMCAL), OPH, Community Partnerships, Local health coalitions

Priority 2: Mental/Behavioral Health & Substance Abuse

Goal(s): Increase access to mental/behavioral health and substance use resources and services to members of our community

General strategy: Expand the reach of mental health and substance use prevention programs and resources

SMART Objectives *(anticipated outcome)*	**Target Population(s)**	**Success Measures**	**Actions**	**Lead & Timeframe**	**Resources & Partners**
Improve access to mental health resources for patients in the WCCH Service District	Adolescent/Teen populations	# of outreach programming/education events	Address the increase in mental distress among the high school population (particularly teen girls)	**Lead:** Shawna Carlson **Timeframe:** Year 2 - 3	**Resources:** Staff time, training **Partners:** IMCAL, OPH, Calcasieu & Cameron Parish School Boards
	16+	# of patients utilizing IMCAL Service	Partner with IMCAL - Sulphur to facilitate mental health referrals	**Lead:** Tressie Brunson **Timeframe:** Year 2 - 3	**Resources:** Staff time, referral mechanisms **Partners:** IMCAL, Psych Providers
	Adults	# of patients utilizing telehealth or in-person psych services	Provide mental health care services (e.g., psychotherapy or counseling) via telephone, videoconference or in-person	**Lead:** Tressie Brunson **Timeframe:** Year 2 -3	**Resources:** Staff time, contract fees **Partners:** Psych provider(s)
Expand substance abuse services and resources	Substance-abuse patient population	Document the # of patients served	Provide substance abuse navigators to assist patients that present with overdose or substance abuse dependency in the ER.	**Lead:** Kenny Adamson/Brenna Davis **Timeframe:** Year 1 - 3	**Resources:** Staff time, contract fees, inventory management **Partners:** IMCAL, Bridge Network
	Substance-abuse patient population	# of Narcan prescriptions administered	Medication-assisted treatment (MAT) for opioid dependence through ER and outpatient clinics	**Lead:** Kenny Adamson/Glyn Foreman **Timeframe:** Year 1 - 3	**Resources:** Staff time, contract fees, drug costs **Partners:** IMCAL, Bridge Network

Priority 3: **Chronic Disease Prevention & Management (Healthy Living)**

Goal(s): Address factors and barriers that contribute to chronic conditions and inhibit healthy lifestyles in WCCH Service District

General strategy: Promote and educate the community about the importance of chronic disease management and prevention through physical activity and healthy lifestyle choices.

SMART Objectives ***(anticipated outcome)***	**Target Population(s)**	**Success Measures**	**Actions**	**Lead & Timeframe**	**Resources & Partners**
Increase programming that addresses Chronic Disease Prevention + Awareness	Patients with chronic diseases/General public	# of screenings	Communicate and promote the importance of annual wellness exams and screenings (mammograms, lung and colon screenings)	**Lead:** Matthew Welsh **Timeframe:** Year 1 - 3	**Resources:** Staff time, operational and marketing costs **Partners:** Community businesses, Sulphur Surgical Center, Clinic partners Dynamic Dimensions, OPH, Food banks, Community Partnerships, Local healthcare coalitions, Faith-based partners/organizations
		# of individuals that receive financial assistance # of participants at the annual Ethel Precht Breast Cancer Walk	Continue the Ethel Precht Breast Cancer Program of WCCH to provide financial assistance to breast cancer patients in Calcasieu & Cameron parishes.		
Implement Healthy Lifestyle programming and resources for community and area businesses	General public	Number of individuals who participate in various programs	Promote educational and community outreach programming available to the community	**Lead:** Vanessa Hardy/Suzy Trahan **Timeframe:** Year 1 - 3	**Resources:** Staff time, marketing & communication resources, supplies & materials **Partners:** Nutrition Services, Dynamic Dimensions, Speakers Bureau, Marketing, Business Relations, Food banks, OPH
Focus on Cardiovascular disease and at-risk congestive heart failure (CHF) patients	CHF/At-risk CHF patient population	# of patients that participate	Implement a CHF clinic for at-risk CV patients	**Lead:** Tressie Brunson/Cathy Patton **Timeframe:** Year 2 or 3	**Resources:** Staff time, operational costs, implementation and maintenance costs **Partners:** Cardiologists, Hospital Medicine providers
Continue Chronic Care Management Program at Community Clinic to manage Medicaid/Medicare population	Medicaid/Medicare patient populations	MCIP and Medicare ACO (Aledade) measures	Use of evidence-based medicine with proven treatments and techniques	**Lead:** Tressie Brunson/Thea Tran **Timeframe:** Year 2 or 3	**Resources:** Staff time **Partners:** Aledade, Louisiana Quality Network (LQN)

To maximize the resources and strengths of WCCH, some significant needs will not be explicitly included in our Community Health Implementation Plan (CHIP). Tobacco & vaping cessation and lack of transportation are not included in our 2023 CHIP. Still, WCCH will continue to view these concerns as significant and support ongoing efforts in these areas.

Appendix A. Additional Local Assets from Participants

Organization	Services	Location
Social and Economic Resources		
United Way Southwest Louisiana	The organization works with community and partners to address gaps in human services issues. They focus their funding and projects on Education, Health, Economic Mobility and Basic Needs.	Southwest LA
Care Help	A charitable organization that aids people in emergency situations. Assists homeless, underprivileged, underserved communities with rent, utilities, food, etc	Calcasieu
Calcasieu Council on Aging	Organization that assists older adults to remain independent in their own homes. Delivers meals each week, provides health education classes, assist with prescription drug costs, and provide opportunities for seniors to keep active.	Calcasieu
Oxford House	A model of peer run recovery housing. Normally serves as a transitional home after a detox or a 28-day program.	Calcasieu
Sulphur Christian Community Coalition (SC3)	The agency serves people holistically and helps meet physical, relational, spiritual, educational, and vocational needs through comprehensive empowerment programming and economic development such as vocational training, youth classes and activities, and social services.	Calcasieu
Kiwanis Club	Kiwanis is a global organization of volunteers dedicated to improving the world one child and one community at a time.	Calcasieu
Catholic Charities	Provides a variety of services intended to help those in need gain stability. They offer services like Emergency Rental Assistance, Medical Transportation, Utilities Assistance, Funeral Expenses and more.	Southwest LA
Behavioral Resources		
Crisis Teen Text Line	Provides access to free, 24/7 support from a counselor through text message. Crisis Intervention Specialists can provide emotional support, information and/or referrals to community resources, and crisis intervention as needed. This serves anyone ages 13-22, in any type of crisis. Text 833-TXT-TEEN (833-898-8336) from anywhere in Southwest Louisiana, anytime.	Southwest LA
Southwest Louisiana Area Health Education Center	A community-based agency seeking to improve health status through access to information, education, and health services.	Southwest LA
Educational and Treatment Council (ETC)	ETC provides comprehensive counseling services, crisis services, prevention services, community education, and residential services for youth. Emergency shelter provided services are in a temporary location at a reduced capacity while damage from storms is being repaired on main building.	Southwest LA

Clinical Care Resources		
WCCH	WCCH is a 107-bed facility and community hospital, located in Sulphur, Louisiana. A variety of services are located here including a Community Health Center located just behind the hospital.	Calcasieu
Hackberry Rural Health Clinic	WCCH operates this RHC in its primary service district. A variety of healthcare services offered here with medical care provided by nurse practitioners, nurses, and support staff	Cameron
Johnson Bayou Rural Health Clinic	WCCH operates this RHC, which offers a variety of services with medical care provided by nurse practitioners, nurses, and support staff	Cameron
Vinton Medical Clinic	WCCH operates this RHC in its primary service district. A variety of healthcare services offered here with medical care provided by nurse practitioners, nurses, and support staff	Calcasieu
CHRISTUS Ochsner St. Patrick	CHRISTUS Ochsner St. Patrick Hospital is in Lake Charles and offers health care services to the community including Radiology and Diagnostic Imaging	Calcasieu
Avail Hospital Lake Charles	Avail Hospital is an emergency-focused, licensed acute care inpatient hospital staffed by board-certified physicians and equipped with state-of-the-art diagnostics including ultrasound, digital radiology, CT scan, and a comprehensive clinical laboratory.	Calcasieu
Lake Charles Memorial Health System	The Memorial System in Lake Charles includes Memorial Hospital, Memorial for Women, Moss Memorial Clinic, and Archer Institute (a 42-bed behavioral health hospital).	Calcasieu
Christus Ochsner Lake Area Hospital	Lake Area Hospital is in Lake Charles and offers healthcare services including Maternity & Pregnancy, Radiology & Diagnostic Imaging, and Women's Services.	Calcasieu

"More than anything, people won't step out of safe zone. Resources are there, but not accessed as well as should be" – 2023 CHNA participant

All CHNA participants mentioned churches as a major asset. Other general assets mentioned include Citizen Action Panels (CAPs), local businesses, recreation centers, parks, senior citizen centers, grocery stores, urgent cares, support groups, and telemedicine.

Appendix B: Secondary Data Sources

Section	Focus Area	Measure description	Source	Year	Accessed via
Defining Community	Population	Resident population	Census Population Estimates	2021	County Health Rankings, 2023
Defining Community	Age	% population under 18	Census Population Estimates	2021	County Health Rankings, 2023
Defining Community	Age	% population 65 and over	Census Population Estimates	2021	County Health Rankings, 2023
Defining Community	Race/ethnicity	% non-Hispanic Black	Census Population Estimates	2021	County Health Rankings, 2023
Defining Community	Race/ethnicity	% non-Hispanic White	Census Population Estimates	2021	County Health Rankings, 2023
Defining Community	Race/ethnicity	% non-Hispanic Asian	Census Population Estimates	2021	County Health Rankings, 2023
Defining Community	Race/ethnicity	% Hispanic	Census Population Estimates	2021	County Health Rankings, 2023
Defining Community	Gender	% population identified as female	Census Population Estimates	2021	County Health Rankings, 2023
Defining Community	Rural/urban	% population living in a rural area	Census Population Estimates	2021	County Health Rankings, 2023
Defining Community	Speak English	% population aged over 5 who reported speaking English less than “well."	American Community Survey	2017-2021	County Health Rankings, 2023
Social and Economic Factors	Income	Median household income	Small Area Income and Poverty Estimates	2021	County Health Rankings, 2023
Social and Economic Factors	High school completion	% population 25 and older with high school diploma or equivalent	American Community Survey	2017-2021	County Health Rankings, 2023
Social and Economic Factors	Some college	% population 25-44 with some post-secondary education	American Community Survey	2017-2021	County Health Rankings, 2023
Social and Economic Factors	Enrolled in free or reduced lunch	% population who are low-income and do not live close to a grocery	USDA Food Environment Atlas	2019	County Health Rankings, 2023
Social and Economic Factors	Children in single parent household	% children enrolled in public schools eligible for free or reduced-price lunch	National Center for Education Statistics	2020-2021	County Health Rankings, 2023

Physical Environment	Severe housing problems	% households with at least 1: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities	Comprehensive Housing Affordability Strategy (CHAS) data	2015-2019	County Health Rankings, 2023
Physical Environment	Homeownership	% households with a broadband Internet subscription	US Census Bureau, American Community Survey	2015-2019	County Health Rankings, 2023
Physical Environment	Drive alone	% of workforce that drives alone to work	American Community Survey	2017-2021	County Health Rankings, 2023
Physical Environment	Limited access to healthy food	% low-income and do not live close to grocery	USDA Food Environment Atlas	2019	County Health Rankings, 2023
Physical Environment	Long commute	% that commute more than 30 minutes in their car alone	American Community Survey	2017-2021	County Health Rankings, 2023
Clinical Care	Routine checkup	% aged ≥18 years who report having been to a doctor for a routine checkup	Behavioral Risk Surveillance System	2020	CDC Places
Clinical Care	Visit dentist	% aged ≥18 years who report having been to the dentist or dental clinic in the previous year.	Behavioral Risk Surveillance System	2020	CDC Places
Clinical Care	Cholesterol screening	% aged ≥18 years who report having their cholesterol checked within the previous 5 years.	Behavioral Risk Surveillance System	2020	CDC Places
Clinical Care	Mammography	% females aged 50–74 years who report having had a mammogram within the previous 2 years.	Behavioral Risk Surveillance System	2020	CDC Places
Clinical Care	Colonoscopy	% aged 50–75 years who report having had 1) a FOBT within the past year, 2) a sigmoidoscopy within the past 5 years and a FOBT within the past 3 years, or 3) a colonoscopy within the past 10 years.	Behavioral Risk Surveillance System	2020	CDC Places
Clinical Care	Uninsured	% population uninsured	Small Area Health Insurance Estimates	2020	County Health Rankings, 2023
Clinical Care	Primary care physicians	Primary care physicians per 100,000 population	Area Health Resource File, American Medical Association	2020	County Health Rankings, 2023
Clinical Care	Dentists	Dentists per 100,000 population	Area Health Resource File, National Provider Identification File	2021	County Health Rankings, 2023
Clinical Care	Mental health providers	Mental health providers per 100,000 population	CMS, National Provider Identification	2022	County Health Rankings, 2023
Health Behaviors and Outcomes	Smoking	% adults current smoking	Behavioral Risk Factor Surveillance System	2020	County Health Rankings, 2023

Health Behaviors and Outcomes	Physical inactivity	% adults with no leisure-time physical activity	Behavioral Risk Factor Surveillance System	2020	County Health Rankings, 2023
Health Behaviors and Outcomes	Physical inactivity	% of adults age 18 and over reporting no leisure-time physical activity (age-adjusted)	ArcGIS Business Analyst and Living Atlas of the World; YMCA; US Census TIGER/Line Shapefiles	2022, 2020	County Health Rankings, 2023
Health Behaviors and Outcomes	Obesity	% adults with BMI >=30	Behavioral Risk Factor Surveillance System	2020	County Health Rankings, 2023
Health Behaviors and Outcomes	High blood pressure	% adults who report ever being diagnosed with high blood pressure	Behavioral Risk Factor Surveillance System	2020	County Health Rankings, 2023
Health Behaviors and Outcomes	Diabetes	% adults who report ever being told by a health professional that they have diabetes	Behavioral Risk Factor Surveillance System	2020	County Health Rankings, 2023
Health Behaviors and Outcomes	Poor mental health	% adults who report 14+ days in past 30 days during which mental health was not good	Behavioral Risk Factor Surveillance System	2020	County Health Rankings, 2023
Health Behaviors and Outcomes	Drug overdose death rate	Number of drug poisoning deaths per 100,000 population	National Center for Health Statistics-Mortality Files	2017-2019	County Health Rankings, 2023
Health Behaviors and Outcomes	Suicide death rate	Number of deaths due to suicide per 100,000 population	National Center for Health Statistics-Mortality Files	2016-2020	County Health Rankings, 2023
Health Behaviors and Outcomes	Homicide death rate	Number of deaths due to homicide per 100,000 population	National Center for Health Statistics-Mortality Files	2014-2020	County Health Rankings, 2023
Health Behaviors and Outcomes	Top 5 causes of death	Age-adjusted death rate per 100,000 for top 5 causes of death	Louisiana Health Report Card	2020	CDC Wonder
Health Behaviors and Outcomes	All cancer-death rate	All cancer, age-adjusted death rates per 100,000	National Cancer Institute/CDC	2014-2020	Cancer death profiles
Health Behaviors and Outcomes	Teen birth rate	Teen birth rate, per 1,000 15-19 year olds	National Center for Health Statistics - Natality files	2014-2020	County Health Rankings, 2023