

West Calcasieu Cameron Hospital (WCCH) 2020 Community Health Needs Assessment

February 2020



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About the Louisiana Public Health Institute

Founded in 1997, Louisiana Public Health Institute (LPHI) is a 501(c)(3) nonprofit organization that serves as a partner and convener to improve population-level health outcomes. LPHI's mission is to improve health and quality of life for all. This is achieved through the coordination and management of public health programs and initiatives in the areas of health information, public policy, applied research, and evaluation. Our work focuses on uncovering complementary connections across sectors to combine the social, economic, and human capital needed to align action for health. For more information, visit www.lphi.org.



Executive summary

West Calcasieu Cameron Hospital (WCCH) has grown to be a cornerstone of the community making it more convenient for the residents of West Calcasieu and Cameron Parishes to receive advanced health care close to home. Through integrity, service, teamwork, stewardship, and safety, WCCH and the Medical Staff provide advanced quality health care with attention to patient satisfaction and clinical excellence.

West Calcasieu Cameron Hospital (WCCH) contracted with the Louisiana public Health Institute (LPHI) to develop the Community Health Needs Assessment (CHNA) and Community Health Implementation Plan (CHIP) reports. This report serves as the West Calcasieu Cameron Hospital CHNA for 2020-2022, and meets the requirements set forth by the IRS in Notice 2011-52, 990 Requirements for non-profit hospitals' CHNA.

Following a mixed methods approach, this CHNA report contains secondary data from existing sources and community 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. Priorities were selected, in part, based on issue prevalence and severity according to county secondary data, as well as input provided by stakeholders.

As a result of the CHNA process, four community health needs were identified as top priorities:

1. Access to Care

Having access to care and knowledge of the health system allows individuals to enter the health care system, find care easily and locally, pay for care, and assure their health needs are met. Seventy percent of participants cited transportation and providers not accepting Medicaid as barriers to accessing care for the community.

2. Mental and Behavioral Health

Mental health and addiction were often grouped together due to the co-occurring nature of addiction and mental health issues. Suicide is an indicator of poor mental health. Calcasieu parish suicide death rate was 19 deaths per 100,000 population, which higher than Louisiana and the U.S rates and more common with males than females. Methamphetamine use and opioid abuse were cited by interviewees as increasing problems while alcohol abuse was cited as a constant issue.

3. Chronic disease prevention and management

Heart disease is the leading cause of death in the 3-parish area. Diabetes and heart disease were top cited medical concerns due to poor diet and lack of exercise among the community participants. Approximately 36% of the total population of adults in the three-parish area are obese and approximately 1 in 3 adults report being physically inactive.

4. Accident Prevention

Injuries through accidents or violence are the third leading cause of death in the United States. Motor vehicle crash deaths are cause to premature death and are preventable. Beauregard parish motor vehicle crash death rate, 20 deaths per 100,000 population, is higher than the State.

This CHNA report presents data for several needs in the defined geographic community including Beauregard, Calcasieu, and Cameron Parishes, as well as additional information specific to the above prioritized community health needs. This report will be used by WCCH as a resource for developing implementation strategies to improve community health over the next three years.

Introduction

West Calcasieu Cameron Hospital (WCCH) opened in 1953 as a small 50 bed hospital, built to address the growing needs of the community post-World War II. Today, the hospital has grown to a 107-bed cornerstone of the community that employs 750 people. The hospital is governed by the Calcasieu and Cameron Parish Police Juries and a five-member Board of Commissioners appointed by these municipalities. WCCH's continued investment in technology and infrastructure makes it more convenient than ever for the residents of West Calcasieu and Cameron Parishes to receive advanced health care close to home. Through integrity, service, teamwork, stewardship, and safety, WCCH and the Medical Staff provide advanced quality health care with attention to patient satisfaction and clinical excellence.

As part of the mission and to meet [federal IRS 990H 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.¹ The requirements imposed by the IRS for tax-exempt hospitals includes conducting a CHNA every three years and to adopt an implementation strategy to meet the community health needs identified through the assessment.² The CHNA must be documented, adopted by an authorized body at the hospital facility, and made publicly available. The CHNA must include:

- A definition of the community served by the hospital facility and 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.
- A description of 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.³

There are significant differences in health outcomes according to where people live, how much money people make, systems that follow race and ethnicity, and other characteristics. It is important to dig into the data to understand where and why health outcomes differ across a parish, how a variety of health factors combine to influence these outcomes, and how our policies and programs are supporting—or restricting—opportunities for health for all, which is a reason health assessment are conducted.

This document serves as the West Calcasieu Cameron Community Health Needs Assessment report conducted in FY 2019 for 2020-2022. This CHNA report will be made available to the public on the West Calcasieu Cameron Hospital website for public comment and future reference.

¹ 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.

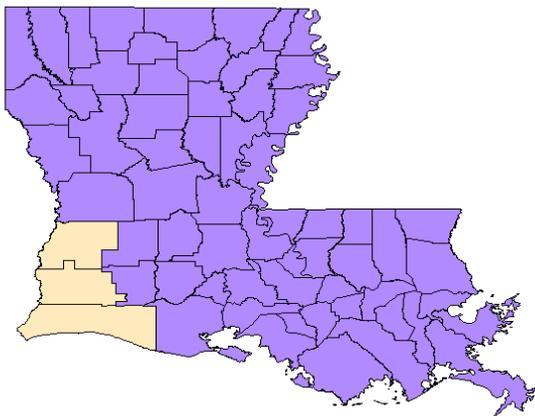
² Hospital organizations use Form 990, Schedule H, Hospitals, to provide information on the activities and community benefit provided by its hospital facilities and other non-hospital health care facilities, which is separate from this report.

³ <https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>

Methodology

The mixed-methods approach conducted for this report was based off methodology used previously for CHNA clients and informed by best practices and assessment frameworks developed by national organizations such as the Catholic Health Association (CHA) and National Association of County and City Health Officials (NACCHO). LPHI gathered primary community input through 10 interviews and a data validation meeting. This information was used to supplement the quantitative data available from secondary sources, such as the American Community Survey (ACS), Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS), and County Health Rankings (CHR). A full list of data indicators and sources can be found in Appendix D.

Define Community



Zip	Patient City	% of Patients
70663	Sulphur	48%
70665	Carlyss	10%
70668	Vinton	9%
70633	DeQuincy	6%
70669	Westlake	4%
70645	Hackberry	2%

Figure 1: WCCH service area by zip code.

The geographic region was determined in collaboration with West Calcasieu Cameron Hospital. The facility provided its patient zip codes where most patients reside. Figure 1 illustrates West Calcasieu Cameron Hospital primarily serves most patients from cities in Calcasieu Parish. However, WCCH also serves people from Cameron and a few from Beauregard parishes as well. For this assessment, West Calcasieu Cameron Hospital defined their community based on geographic boundaries aligned with their service area: Calcasieu, Cameron, and Beauregard Parishes.

Data was gathered purposefully, in order to assess both WCCH's current service area and how the system views it in the future. The secondary data was collected and analyzed for all three parishes (Calcasieu, Cameron, and Beauregard). For primary data collection, interview participants focused on Calcasieu and Cameron Parishes.

Gather input representing broad community

LPHI gathered input representing the broad interests of the community through two modes: interviews and a validation meeting. 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:

- *Persons with special knowledge of or expertise in public health.*
- *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.*
- *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.*

In order to satisfy these requirements, qualitative interviews were conducted with key informants. Many of the informants (often referred to as participants in this report) met one or more of the above requirements and were able to speak to the geographic region served by WCCH. All qualitative data is anonymous to encourage openness. Appendix C includes a matrix detailing key informant affiliation in compliance with requirements and populations represented in the qualitative data collection process.

Along with themes and findings, an inventory of local assets and resources (Appendix A) and sample recommendations for the hospital (Appendix B) were generated through these discussions and processes with key informants.

Key informant interviews

The Louisiana Public Health Institute conducted ten key informant phone interviews from December 9, 2019 through February 6, 2020. The qualitative questionnaire was designed to take around 60 minutes to complete. Questions probed economic and societal concerns, health barriers, and recommendations for WCCH.

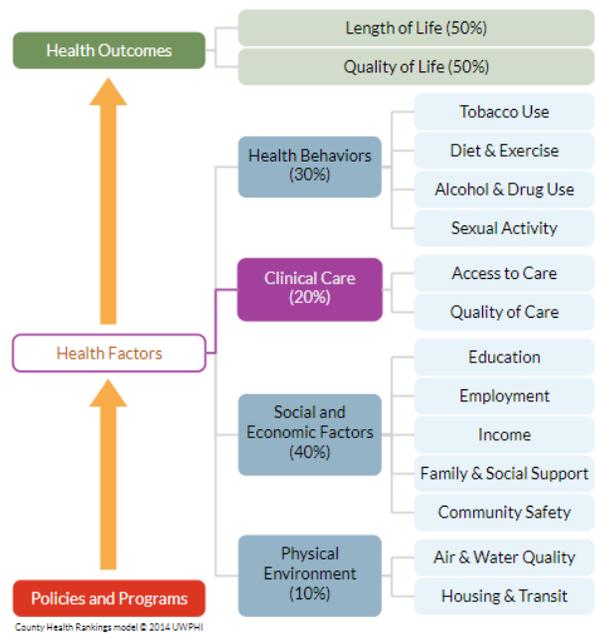
Participants of the key informant interviews came from diverse backgrounds such as governmental agencies, community organizations, and healthcare systems (see Appendix C). They were a mix of executive level staff as well as managerial and administrative staff.

At the beginning of the scheduled interview, consent was obtained for interviewers to transcribe the discussion. The interviewer assigned a study number to the participant and no identifiers were shared. Participants were only asked about their names, job titles, and affiliation with WCCH to confirm if they met one of the three IRS requirements.

Approximately 50% were “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.” Another 29% of participants identified as “persons with special knowledge of or expertise in public health.” And, 21% of interviewees identified as working in a “federal, tribal, regional, State, or local health or other departments or agencies.”

Collect and analyze existing quantitative data

LPHI adapted a list of potential indicators for analysis based from prior assessments and national recommendations, as well as additional measures that became relevant through the process. Existing data for the 3-parish area was compiled from local and national sources and analyzed by LPHI. Different indicators that affect health were compiled across the parishes, region, state, and national level including demographics, socioeconomic, environmental factors, access to care, health status, and outcomes. Many of these indicators align with the County Health Ranking Model illustrated to the right. Where secondary data was not readily available or outdated, topics were representatively addressed in the qualitative instruments developed by LPHI. A summary of these quantitative indicators and their data sources are listed in Appendix D.



Validation and prioritization

On February 10, 2020, LPHI presented an overview of the CHNA findings to West Calcasieu Cameron Hospital Leadership, Board Chairman, and the Office of Public Health’s Region 5 Medical Director. Participants provided further input by validating the data presented discussing if the findings made sense, if anything was surprising, and if any key indicators needed clarification. There was further discussion on transportation as barrier, Medicaid, issue of heart disease as a leading cause of death, and other key findings. After processing the discussion, WCCH leadership then prioritized what the hospital can feasibly tackle as part of the 2020 Community Health Improvement Plan (CHIP).

Findings: Calcasieu, Cameron, and Beauregard Parishes

Below are quantitative and qualitative findings of high concern covering the three-parish area (Beauregard, Cameron, and Calcasieu Parishes). Findings are compared to the State of Louisiana. Qualitative findings were synthesized into themes for this report. Many of the findings shown in this report align with the County Health Rankings Model illustrated to the right.

Louisiana recently passed Mississippi in its overall health ranking moving from #50 to #49 according to the 2019 America's Health Rankings Report.⁴ According to the 2019 County Health Rankings Report, of Louisiana's 64 parishes, Beauregard was ranked #27, Calcasieu #21, and Cameron #1 for health outcomes.⁵

Demographics

In 2017, the population estimate for Cameron Parish was 6,912 persons, compared to 36,928 in Beauregard and 202,445 in Calcasieu Parish. Cameron Parish is rural (100%) and predominately non-Hispanic white (90.2%), much less diverse than Beauregard and Calcasieu parishes with 3.7% of population identifying as Hispanic and 3.8% identifying as African American. See Figure 2 below for more demographics⁶ at the parish level.

Demographics, 2017	Beauregard	Calcasieu	Cameron	LA
Population	36,928	202,445	6,912	4,684,333
Median Household Income	\$51,422	\$52,407	\$56,025	\$46,283
% under 18	24.7%	24.9%	22.5%	23.7%
% 65 and over	15.5%	14.4%	15.4%	15.8%
% African American	12.1%	25.3%	3.8%	32.1%
% Hispanic	3.8%	3.6%	3.7%	5.2%
% Non-Hispanic White	80.4%	67.5%	90.2%	58.7%
% Not Proficient in English	1%	1%	2%	1%
% Female	49.1%	51.2%	50.3%	51.1%
% Rural	66.5%	20.5%	100%	26.8%

Figure 2: Sample demographics of the three-parishes compared to Louisiana.

⁴ <https://www.americashealthrankings.org/learn/reports/2018-annual-report>

⁵ <https://www.countyhealthrankings.org/reports/state-reports/2019-mississippi-report>

⁶ Census population estimates, 2017 via County Health Rankings

Socioeconomic, place-based, and other environmental factors

There are many factors outside of clinical care that impact population health such as access to social and economic opportunities, transportation, quality of schooling, and housing. The median household income was \$51,422 in Beauregard, \$52,407 in Calcasieu and \$56,025 in Cameron compared to \$46,283 in state of Louisiana (as illustrated above in Table 2). Figure 3 illustrates the difference in median income by Race/Ethnicity ⁷

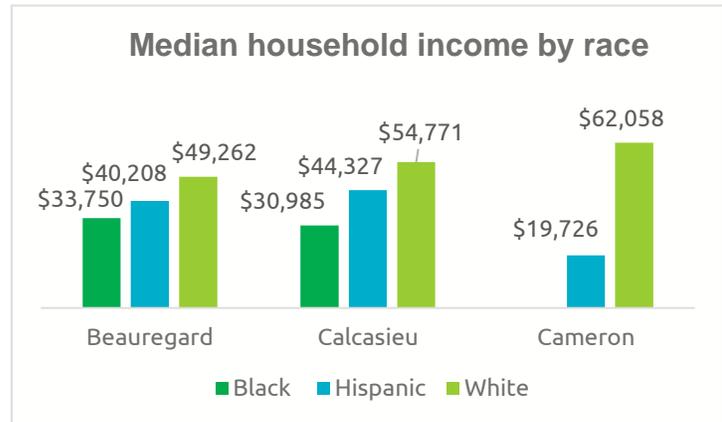


Figure 3: Median household income by race 2017.

“West Calcasieu and surrounding areas are going through a change of population because economic expansion... The health system and infrastructure are now playing catch up.”

Calcasieu parish displays interesting differences, especially with poverty, housing, and employment. Calcasieu parish has approximately 1 in 5 children living in poverty and 40% of children in a single parent household, which is more than both Beauregard and Cameron parishes. There is growing evidence linking stable and affordable quality housing to health. Housing costs have outpaced local incomes. Spending more than 30% of household income on housing is a common indicator for housing cost burden, while spending more than 50% of household income is severe housing cost burden. Approximately 24% of households in Calcasieu parish are housing cost burdened, which is slightly lower than the State (28%) but higher than Cameron (11%) and Beauregard (18%).⁸ Twelve percent (12%) of Calcasieu parish households spend more than half of their household income on housing expenses leaving them with severe housing cost burden. Figure 4 also shows percentage of those over 16 that are looking for work and unemployed. Calcasieu and Cameron Parishes (4%) have lower unemployment, compared to Beauregard Parish and Louisiana (5%).⁹

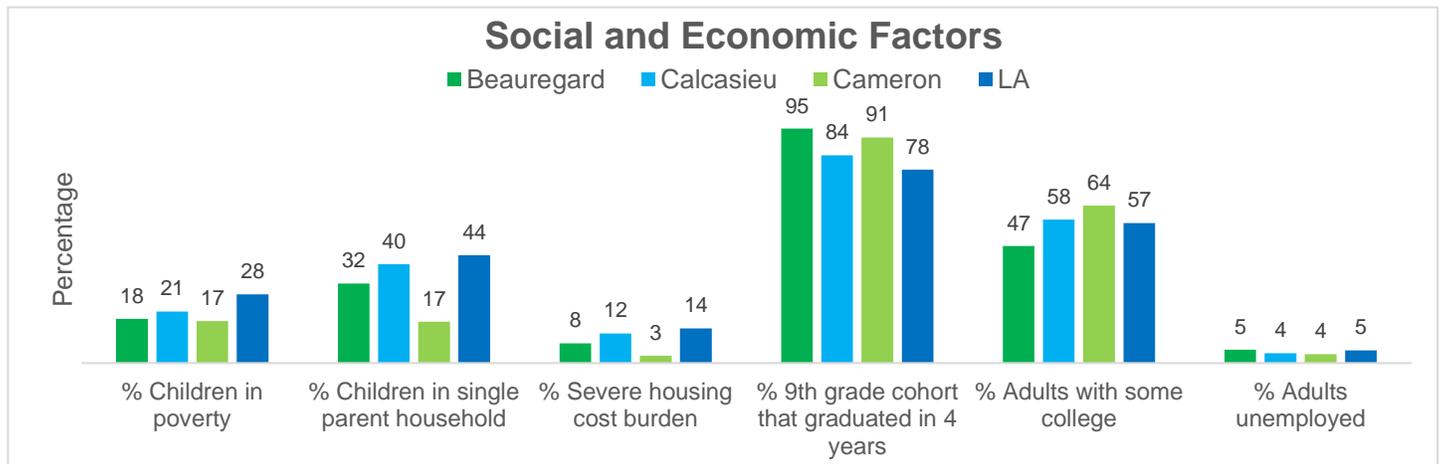


Figure 4: Percentage of population affected by certain social and economic factors.

⁷ Small Area Income and Poverty Estimates, 2017 via County Health Rankings

⁸ American Community Survey, 2013-2017 via Cares Engagement Network

⁹ Bureau of Labor Statistics, 2017 via County Health Rankings.

Beauregard Parish suffers with access to basic needs such as grocery stores, adequate housing, and health care. Fourteen percent (14%) are low-income and do not live close to a grocery store limiting access to healthy food.¹⁰ Beauregard and Calcasieu parishes has higher percentage of population with severe housing problems, 12% and 13%, respectively, compared to Cameron parish (9%). Severe housing problems includes overcrowding, high housing costs, or lack of kitchen or plumbing.¹¹ Adequate housing can make important contributions to health when it protects from harmful exposures and provides a sense of security, stability, and control. Approximately 12% of households in Calcasieu parish spend more than half of their household income on housing, which is considered severe housing cost burden.

“Top is housing costs, which have pushed people out of housing because they can no longer afford it.”

Beauregard and Cameron, more rural compared to Calcasieu parish, have nearly half of their workers commuting more than 30 minutes alone in the car. Commute time is relevant because time spent in a car is associated with an increase in likelihood of obesity, plus the longer the commute, the less an individual tends to participate in physical activity.¹² Thirty-nine (39%) of the total population in the three parish area have limited access to healthy food, which further impacts likelihood of obesity and chronic disease. Only fourteen percent (14%) of Cameron parish has access to high-speed internet, based on reported service area of providers. Access to internet opens-up opportunities for employment, education, and resources.¹⁰

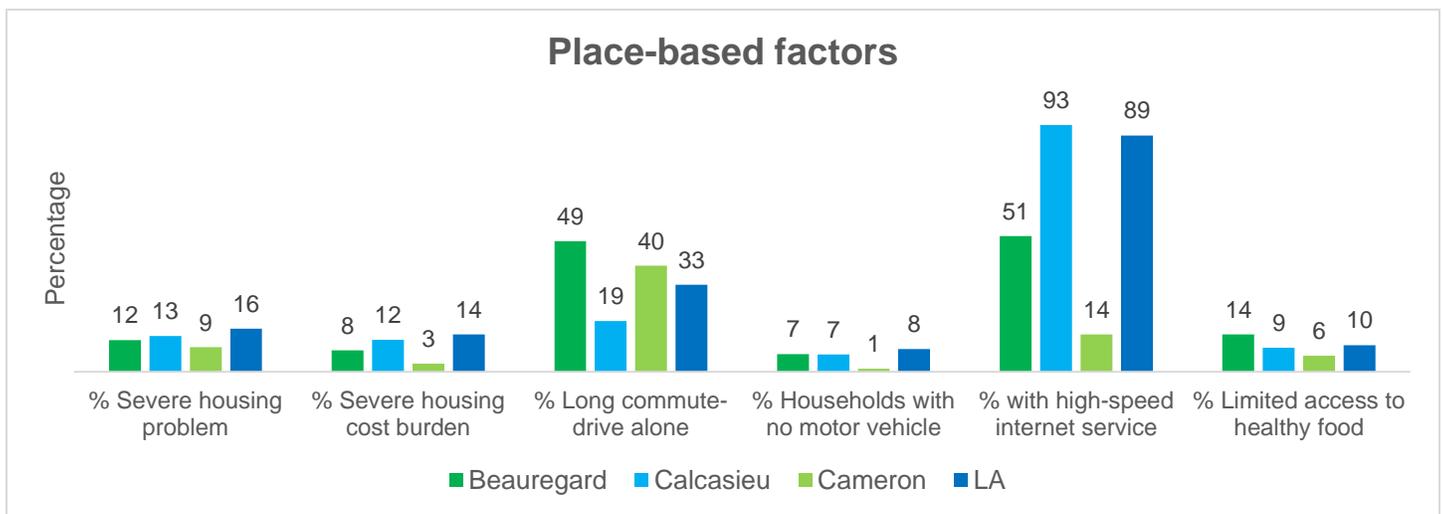


Figure 5: Percentage of population affected by placed-based factors.

Socio-economic qualitative themes

- Affordable housing was the most cited socioeconomic factor by interview participants.
- Lack of transportation, particularly from rural areas, was a barrier.
- Participants mentioned that the expansion of chemical and construction industry put a strain on resources, forcing systems such as housing and healthcare to respond to the increased demand.

¹⁰ USDA, Food Environment Atlas, 2015 via County Health Rankings

¹¹ Comprehensive Housing Affordability Strategy data, 2011-2015 via County Health Rankings.

¹² American Community Survey, 2013-2017 via County Health Rankings.

- The industry expansion was often cited as a contributor to rising housing costs as well as adding to wait time in emergency rooms and clinics.
- Other concerns included increase in violent crime, due in part to increase in population, and the closing of the I-210 bridge due to construction. The closure of the bridge made it difficult for residents to seek care in Lake Charles.

“Everyone is affected by the air quality and water quality, but lower SES and at-risk populations may feel the affects more.”

Clean air and water support healthy brain and body function, growth, and development. Air pollutants such as fine particulate matter, ground-level ozone, sulfur oxides, nitrogen oxides, carbon monoxide, and greenhouse gases can harm our health and the environment. Air pollution is associated with increased asthma, emphysema, chronic bronchitis, and other lung diseases. Air pollution damages airways and lungs and increases the risk of premature death from heart or lung disease, especially for elderly. Figure 6 below illustrates the daily density of fine particulate matter in microorganisms per cubic meter (PM 2.5) with Calcasieu Parish having the highest density of 9.5 PM2.5 in 2014.¹³ These particles can be directly emitted from sources such as forest fires, or they can form when gases emitted from power plants, industries and automobiles react in the air.

Excess nitrogen and phosphorus run-off, medicines, chemicals, lead, and pesticides in water also pose threats to quality of life. Cameron Parish was shown to have at least one drinking water violation.¹⁴ Poor surface water quality can also make lakes unsafe for swimming and wild fish unsafe for consumption. Nitrogen pollution and harmful algae blooms create toxins in water, which can lead to rashes, stomach or liver illness, respiratory problems, and neurological effects when people ingest or encounter polluted water.¹⁵

Physical environmental factors	Beauregard	Calcasieu	Cameron	LA
Air pollution particles (PM2.5), 2014	9.4	9.5	9.1	9.4
Drinking water violations, 2017	No	No	Yes	

Figure 6: Air pollution particles and water quality violations.

Environmental and place-based qualitative themes

- Participants cited health issues associated with the chemical industry such as skin rashes and lung conditions.
- There was concern of water quality due to pollution from chemical and agriculture industries.
- Other place-based concerns included road construction impacting drivers and water quality of private septic tanks in rural areas.

¹³ CDC, Environmental Public Health Tracking Network, 2014 via County Health Rankings.

¹⁴ EPA, Safe drinking water information system, 2017 via County Health Rankings

¹⁵ <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/physical-environment/air-and-water-quality>

Health status and outcomes

The average number of years a person expected to live in Louisiana was 76 years between 2015-2017. The approximate number of years a person was expected live in Beauregard and Calcasieu was 75 years, and in Cameron 81 years. White persons were expected to live over a year longer than black persons in Beauregard (74.4 years for versus 73 years) and four years longer than black persons in Calcasieu (75.7 years versus 71.8 years respectively).¹⁶

Behavioral risk factors and conditions

Tobacco use remains high in Louisiana (20.5%) and is the leading cause of preventable death in the United States. Researchers estimate that tobacco control policies have saved at least 8 million Americans, but 13.7% of adults still smoke nationally. Each day, nearly 3,200 youth smoke their first cigarette, and 2,100 transition from occasional to daily smokers.¹⁷ Although smoking tobacco has been declining, vaping is on the rise, especially for younger populations. Louisiana Department of Health reported 35 cases of e-cigarette or vaping association lung injury (EVALI) and three deaths related to EVALI between August and January.¹⁸

Obesity is one of the biggest drivers of preventable chronic diseases in the US. Being overweight or obese increases the risk for many health conditions, including type 2 diabetes, heart disease, stroke, hypertension, cancer, dementia, and respiratory problems. More than two-thirds of American adults and approximately 32% of children and adolescents are overweight or obese. Decreased physical activity has been related to several disease conditions such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality - independent of obesity. Nearly 73% of high school students in the US do not meet the CDC's recommended physical activity levels. Approximately 36% of the total population of adults in the three-parish area are obese. Approximately a third of adults in the region report being physically inactive.¹⁹ Ongoing insufficient sleep has also been linked to chronic health conditions, as well as psychiatric disorders.²⁰ See figure 7 for more data on behavioral risk factors.

“Here we have a big chemical industry. People work a lot of hours, and they go home and go to sleep. They don’t eat properly. We eat a lot of fried food. That’s a big contributor right there.”

¹⁶ National Center for Health Statistics, Mortality Files, 2015-2017, via County Health Rankings.

¹⁷ Behavioral Risk Factor Surveillance System (BRFSS), 2016. <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/health-behaviors/tobacco-use>.

¹⁸ <http://ldh.la.gov/index.cfm/page/3724>

¹⁹ CDC Diabetes Interactive Atlas, 2015 via County Health Rankings

²⁰ <https://www.countyhealthrankings.org/explore-health-rankings/>

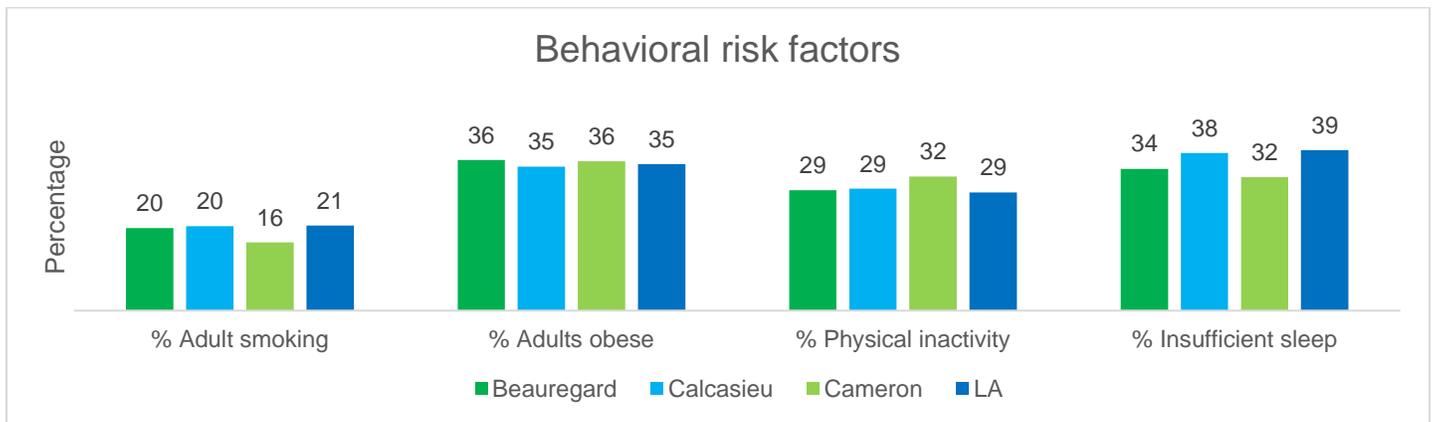


Figure 7: Percentage of population displaying behavioral risks and conditions.

Unsafe sexual behaviors, such as having unprotected sex can also lead to harmful outcomes like sexually transmitted infections (STIs) and unwanted pregnancies. Chlamydia is the most common bacterial STI in North America and is one of the major causes of tubal infertility, ectopic pregnancy, pelvic inflammatory disease, and chronic pelvic pain. Teen births are represented as the number of births per 1,000 females ages 15-19. Evidence suggests teen pregnancy significantly increases the risk of repeat pregnancy and of contracting a STI, both of which can result in adverse health outcomes for mothers, children, families, and communities. The rates of incidence of chlamydia²¹ in the three parishes is less than Louisiana and U.S. averages. Teen births²² in Beauregard and Calcasieu parishes are higher than in Louisiana and U.S.

Sexual Activity	Beauregard	Calcasieu	Cameron	LA	U.S.
Chlamydia incidence rate per 100,000	362	494	191	679	497
Teen birth rate per 1,000 females	38	38	23	27	17.4

Figure 8: Sexual activity risk indicators.

Quality of life

Quality of life represents the well-being of a community and underscores the importance of physical, mental, social, and emotional health from birth to adulthood. Self-reported health status, such as fair or poor health and frequent mental or physical distress, are a widely used measure of people’s health-related quality of life. It helps characterize the burden of disabilities and chronic diseases in a population, as well as general inequities and trends.²³ Diabetes is an important marker for a range of health behaviors. This can be a valuable source of data for communities in understanding the toll that risky health behaviors can take on their population and health care system. Twelve percent (12%) of adults over 20 are diagnosed with diabetes in the three-parish area.²⁴

²¹ National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2016 via County Health Rankings.

²² National Center for Health Statistics - Natality files, 2011-2017 via County Health Rankings.

²³ BRFSS, 2016.

²⁴ CDC Diabetes Atlas, 2015.

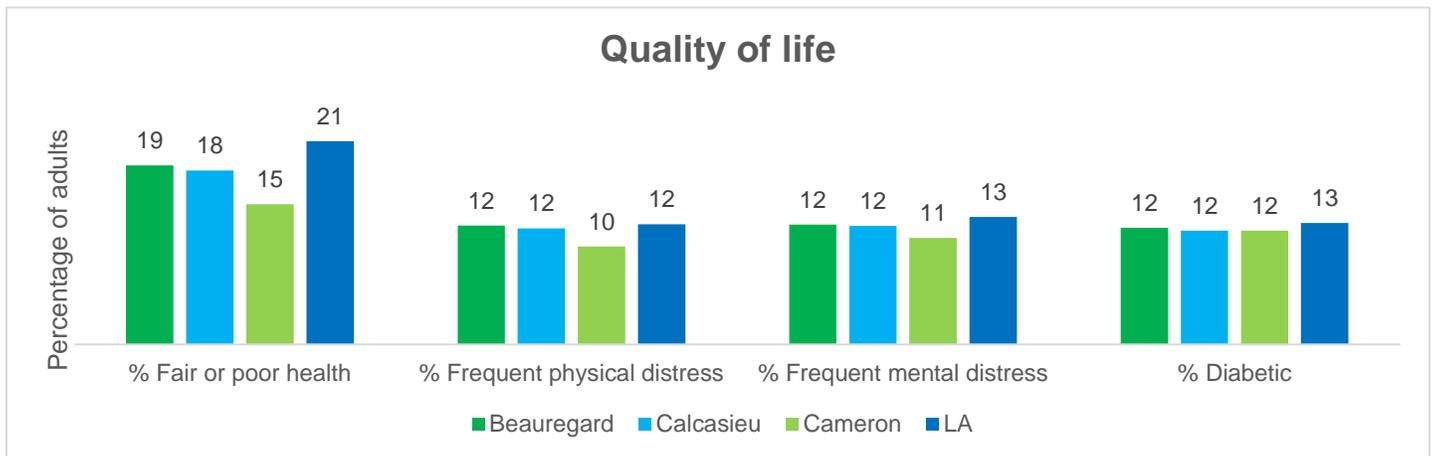


Figure 9: Health related quality of life indicators.

Injuries through accidents or violence are the third leading cause of death in the United States. Accidents and violence affect health and quality of life in the short and long-term, for those both directly and indirectly affected. Living in unsafe neighborhoods can impact health in a multitude of ways such as chronic stress, anxiety, and depression. It is also linked to higher rates of pre-term births and low birthweight babies, even when accounting for income. High crime rates can also deter residents from pursuing healthy behaviors, such as exercising outdoors. Calcasieu parish violent crime rate is higher than Beauregard, Cameron and Louisiana rates.²⁵

The three-parish area has a lower rate of injury deaths than the State. Injuries are a leading cause of death. Firearm fatalities and homicide rates are also included in figure 10, where suicide rates are noted in figure 11.²⁶

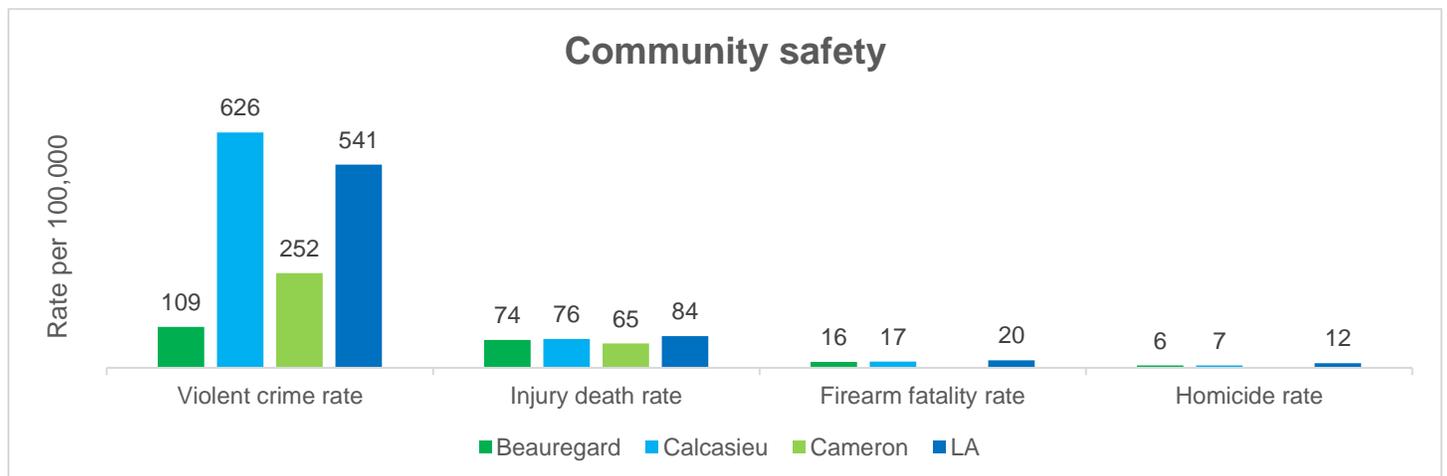


Figure 10: Community safety and mortality rates.

Suicide is an indicator of poor mental health. The rate of suicides in Calcasieu Parish is 19 deaths per 100,000 population, which is higher than Louisiana and the U.S, approximately 14 and 13 deaths per 100,000 population respectively. There are much higher suicide deaths of males than females across the country. In Calcasieu, the age-adjusted suicide rate among males was approximately 31 deaths per 100,000 population compared to female rate of 8 deaths per 100,000 persons.²⁷

²⁵ FBI, Uniform Crime Reporting, 2014 & 2016 via County Health Rankings

²⁶ CDC WONDER mortality data, 2013-2017 via County Health Rankings

²⁷ CDC WONDER mortality data, 2013-2017 via CARES Engagement Network

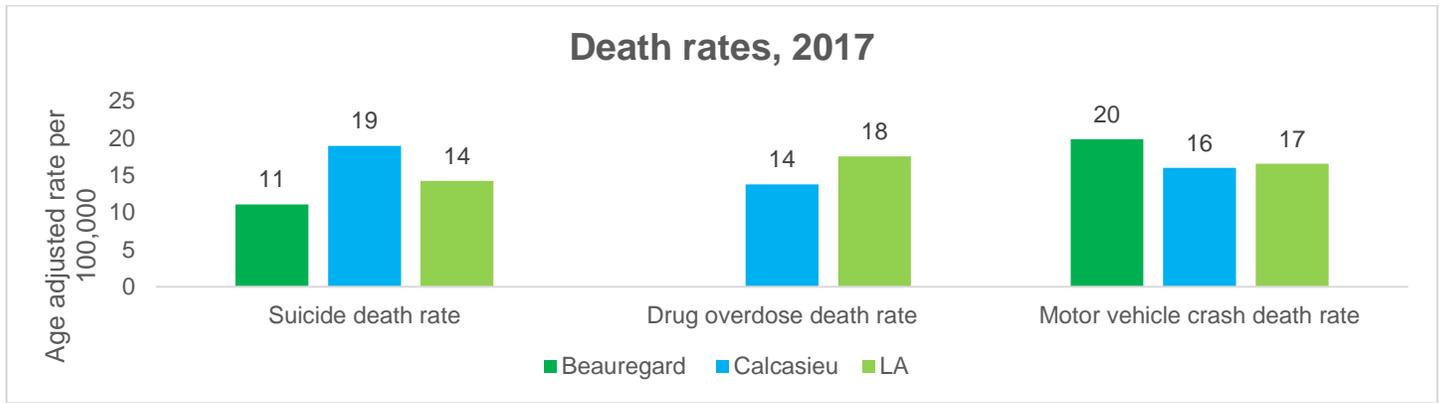


Figure 11: Suicide, drug overdose, motor crash death rates.

According to the CDC, the United States is experiencing an epidemic of drug overdose deaths. Since 2000, the rate of drug overdose deaths has increased by 137 percent nationwide. Opioids contribute largely to drug overdose deaths; since 2000, there has been a 200 percent increase in deaths involving opioids (opioid pain relievers and heroin). Calcasieu drug overdose death rate was lower than the State and Country rates. Drug overdose death rates are unavailable for Beauregard and Cameron.²⁸

Motor vehicle crashes include collisions with another motor vehicle, a fixed object, a non-fixed object, a non-motorist and any other non-collision. This data is important because motor vehicle crash deaths are cause to premature death and are preventable. Beauregard parish motor vehicle crash death rate, 20 deaths per 100,000 population, is higher than the State rate of 17 deaths per 100,000 population.

Other leading causes of death

The five leading causes of death for Louisiana are 1) Heart Diseases, 2) Malignant Neoplasms, 3) Accidents, 4) Cerebrovascular disease, and 5) Emphysema and other chronic lower respiratory diseases. The three-parish area has higher rates of cancer and heart disease compared to the State (see figure 12 below).

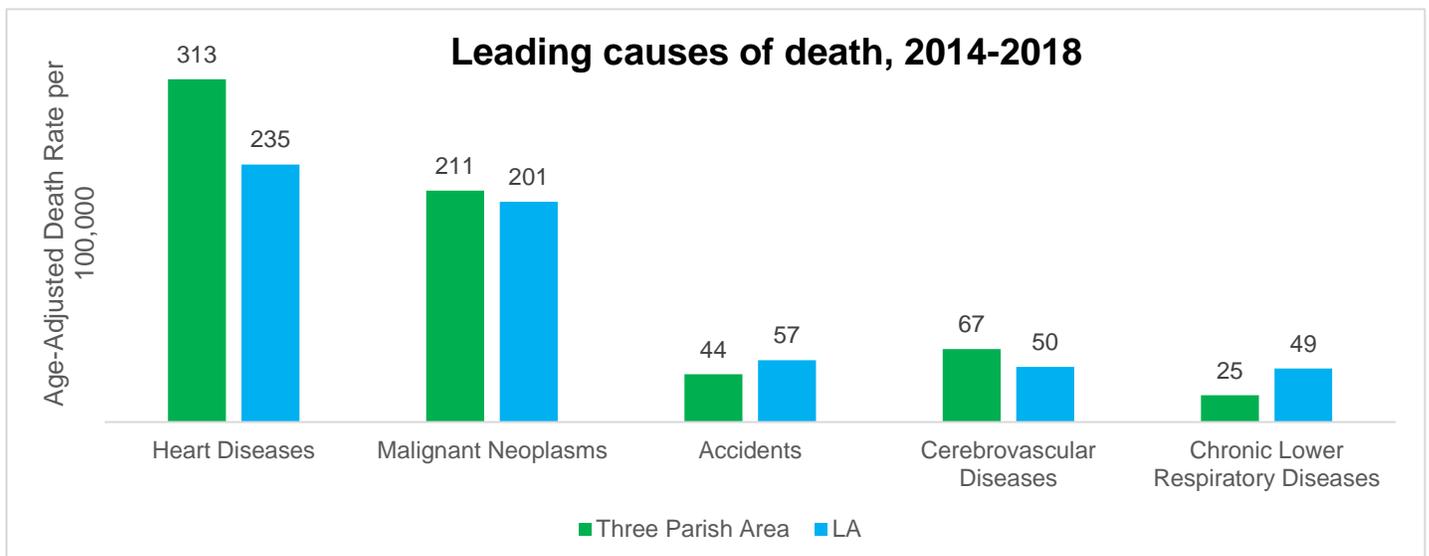


Figure 12: Five leading causes of death, 2014- 2018.

²⁸ CDC WONDER mortality data, 2015-2017 via County Health Rankings

Risk of cancer and cancer death is influenced by many factors, including cigarette and tobacco use, aging, environmental carcinogens, genetic factors and some viral and bacterial infections. Health disparities in socioeconomic status and/or access to high-quality health care can influence cancer incidence and mortality. The highest death rate in the state is associated with lung cancer. Mortality rates vary across race, ethnicity and gender. For example:

- Cancer death rates among Hispanics is less than that have the rate among blacks in Louisiana (93.6 deaths compared to 259.2 deaths per 100,000 population).
- Cancer deaths are much higher in men in Louisiana than for women (270.8 deaths compared to 179.8 deaths per 100,000 population).²⁹

See figure 13 below for cancer age-adjusted death rates and figure 14 for incidence rates comparing the parishes, the state, and the U.S.³⁰

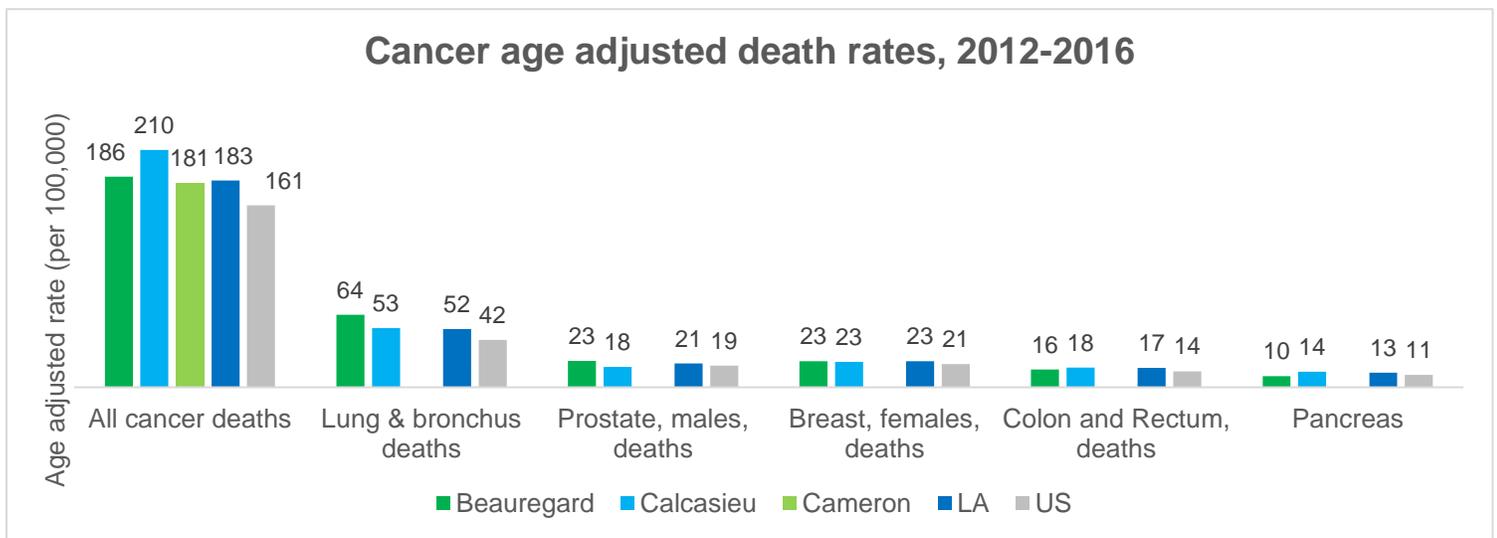


Figure 13: Age-adjusted cancer death rates by Parishes, State, and U.S.

According to National Institute of Health’s State Cancer Profile data, Beauregard parish has the highest mortality rate of male prostate cancer deaths (23 per 100,000), but lowest male prostate cancer incidence rate (103 per 100,000) in comparison to the two other parishes and State.

²⁹America’s Health Ranking, 2017 Annual Report

³⁰ <https://statecancerprofiles.cancer.gov/incidencerates>

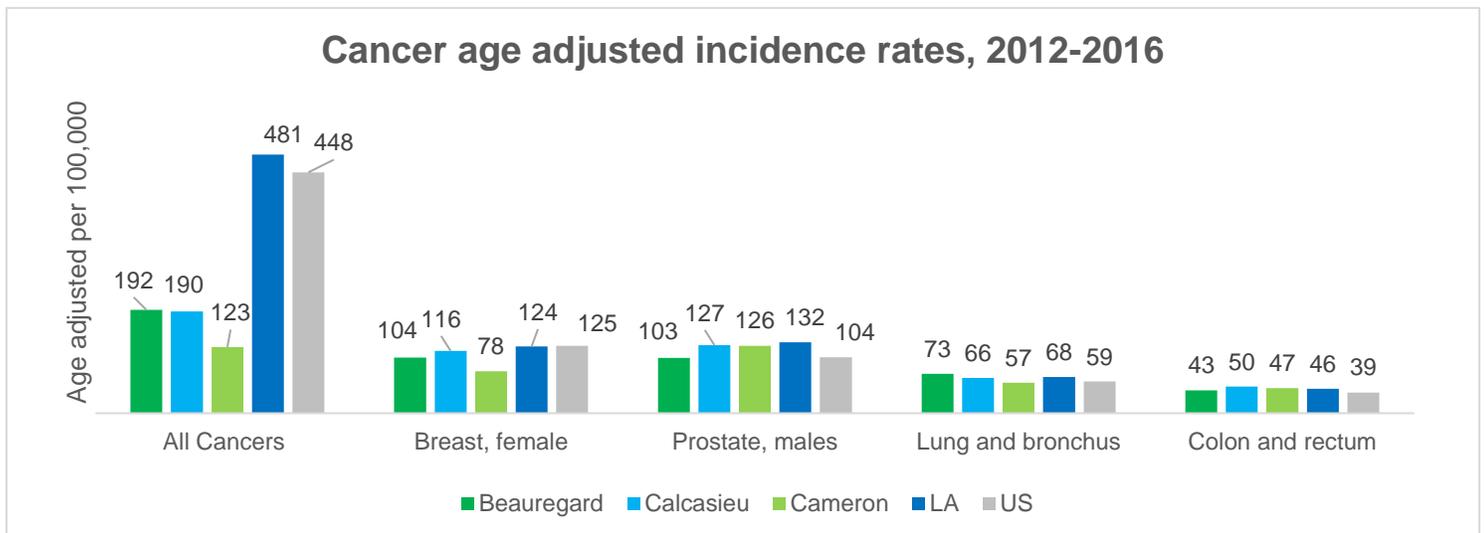


Figure 14: Age adjusted cancer incidence rates by Parishes, State, and U.S.³¹

There are inequities in health care delivery that affect outcomes. Figure 15 below illustrates differences in Prostate Cancer mortality based on race. Black men (including Hispanic) have higher prostate cancer death rates than white men (including Hispanic) in Louisiana and the Country.

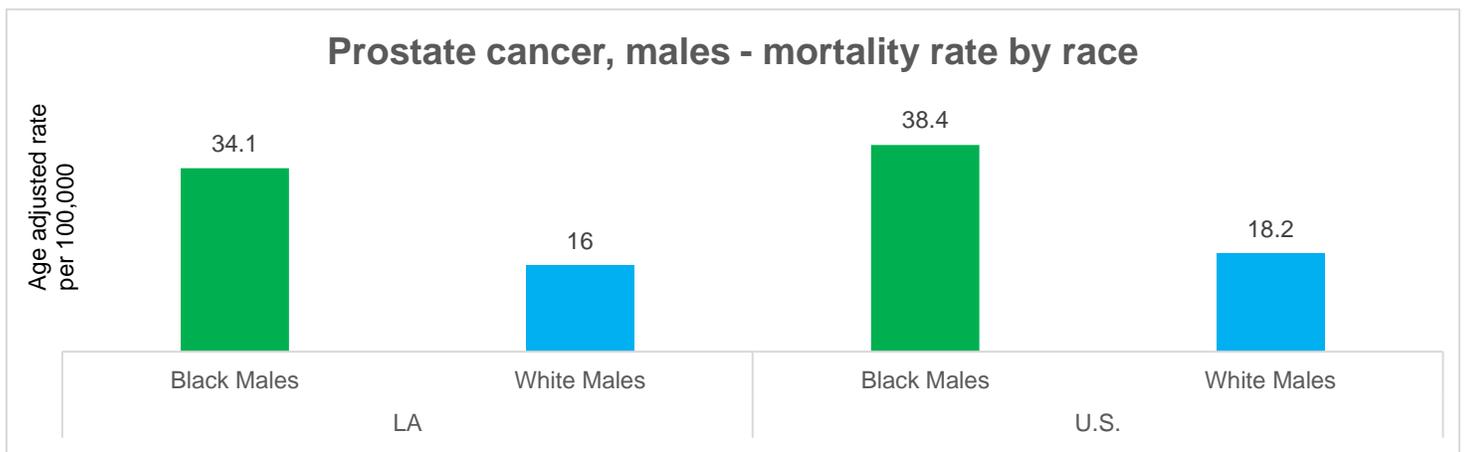


Figure 15: Prostate Cancer, male, age adjusted mortality rates in MS and U.S. based on race.

Infant mortality represents the health of the most vulnerable population. It is also commonly used to understand historical racial inequities with African American infants having a higher rate.³² Child mortality, the number of deaths among children under 18, has a large impact on years of potential life lost. Beauregard and Calcasieu have a higher child mortality rate than Louisiana. Data is unavailable for Cameron parish.³⁷

³¹ NIH, National Cancer Institute, <https://statecancerprofiles.cancer.gov/incidencerates>

³² CDC WONDER mortality data, 2011-2017 via County Health Rankings

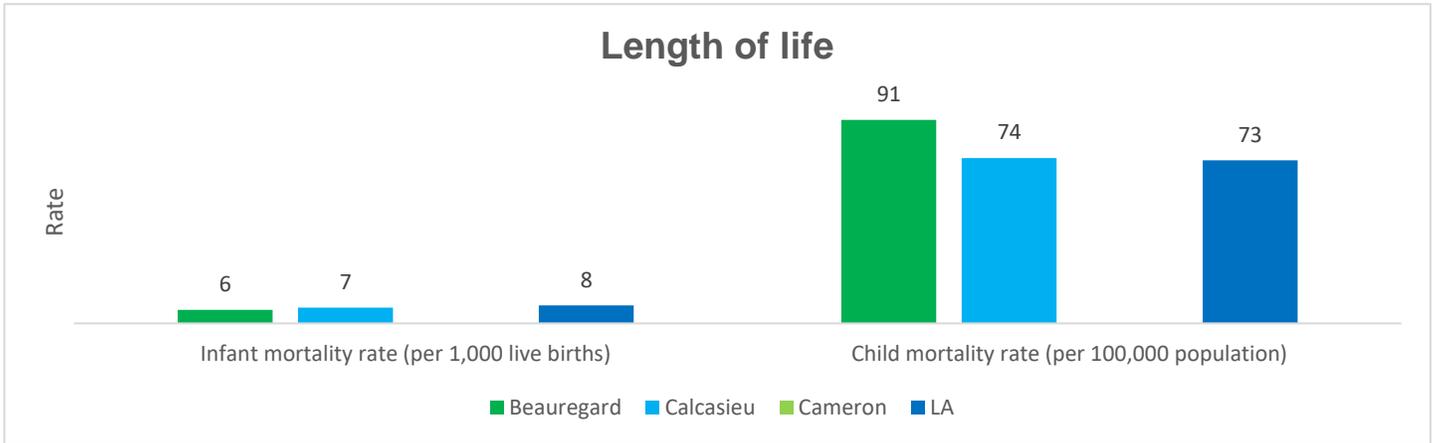


Figure 16: Infant and child mortality rates.

Physical, mental, and behavioral health qualitative themes

- Nearly all participants cited smoking as a top concern. This included youth smoking, particularly e-cigarettes (known as vaping).
- Drug and alcohol abuse were also mentioned. Specifically, Methamphetamine use and opioid abuse were cited as increasing problems while alcohol abuse was a constant issue due to Louisiana's drinking culture.
- Mental health and addiction were often grouped together due to the co-occurring nature of addiction and mental health issues.
- Diabetes and heart disease were top cited medical concerns due to poor diet and lack of exercise among the community.
- Lastly and surprisingly, cancer was only mentioned a couple of times as a health concern despite the high rates of cancer deaths in the three-parish area.

Access to health care

Having access to care allows individuals to enter the health care system, find care easily and locally, pay for care, and get their health needs met. Lack of health insurance coverage is a significant barrier to accessing needed health care and to maintaining financial security. In 2016, 28 million Americans younger than age 65 were uninsured, nearly a 16 million fewer uninsured people since 2013 due to the Affordable Care Act (ACA). The uninsured are much less likely to have primary care providers than the insured; they also receive less preventive care, dental care, chronic disease management, and behavioral health counseling. Those without insurance are often diagnosed at later, less treatable disease stages, have worse health outcomes, lower quality of life, and higher mortality rates than their insured counterparts. In 2016, Louisiana expanded Medicaid increasing the number of people covered by 429,268 making 1.4 million Louisianans covered as of July 2018.³³

	% Uninsured under 65	% Adults with Medicaid
Beauregard	13%	9%
Calcasieu	11%	8%
Cameron	11%	5%
LA	12%	20%

Figure 17: Percent of adults uninsured and percent with Medicaid.

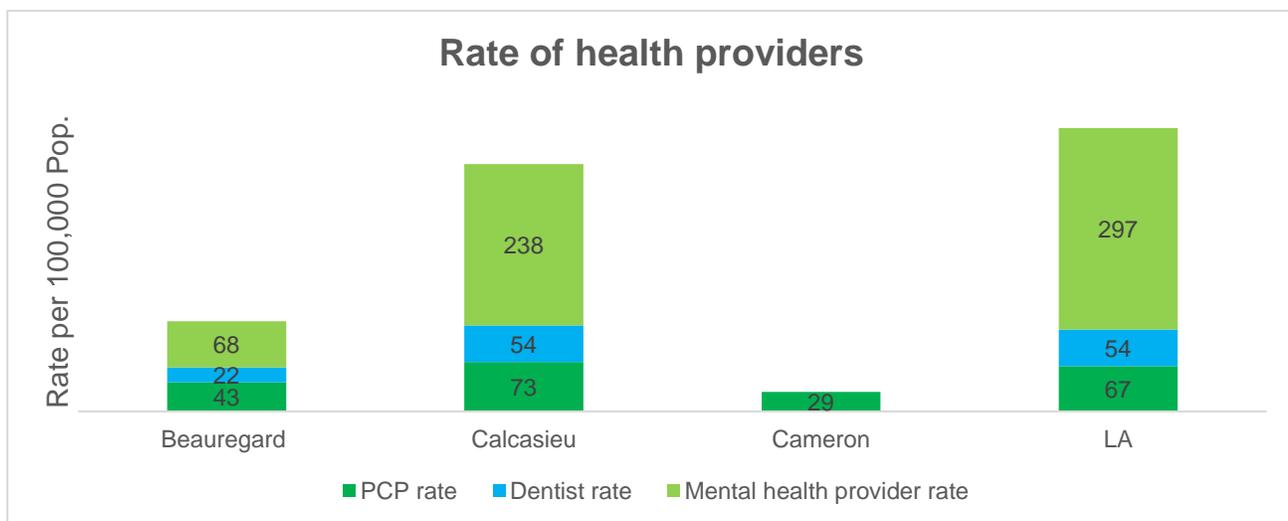


Figure 18: Rate of Primary Care Providers, Dentists, and Mental Health Providers.

Access to care requires not only financial coverage, but also available providers. Above you can see the percent of people under 65 not insured³⁴ as well as the rate of health providers. Another way to view provider availability is the ratio of the population to providers. Figure 19 below illustrates the drastic ratio of the population to Mental Health Providers and Dentists in Beauregard parish.³⁵

³³ Louisiana Medicaid, <https://www.healthinsurance.org/louisiana-medicaid/>

³⁴ US Census Small Area Health Insurance Estimates, 2016.

³⁵ PCPs- Area Health Resource File/American Medical Association, 2016. Dentists- Area Health Resource File/American Medical Association, 2017. MH providers- CMS, National Provider Identification, 2018. Via County Health Rankings

County	Ratio of population to providers		
	Primary Care Physicians	Mental Health Providers	Dentists
Beauregard	2308:1	1477:1	4616:1
Calcasieu	1365:1	421:1	1840:1
Cameron	3441:1	-	-
LA	1503:1	337:1	1841:1
U.S.	1330:1	440:1	1460:1

Figure 19: Ratio of population to primary care, mental health, and dental providers.

There are other barriers to accessing care in Southwest Louisiana: see the qualitative themes below mentioned by participants.

“Lack of physicians taking Medicaid. [...] Reimbursement is so low. Doctors won’t see (you). The ones who do take Medicaid, there is a long wait.”

Barriers to care qualitative themes

- 70% of participants cited transportation and providers not accepting Medicaid as barriers to care for the community.
- On top of transportation, lack of specialists in the area prompt many residents to seek specialty care at Lake Charles or even out of state.
- Lack of specialists extended to mental health contributing to a lack of mental health and addiction providers and services.
- Mental health stigma and wait time were other barriers mentioned by participants.

Prioritization process and discussion

“Sometimes it’s easier to ignore the need of the community than address it.”

LPHI presented an overview of the CHNA findings described above to hospital leadership and LA Office of Public Health Region 5 on February 10, 2020. Needs were selected based on prevalence and severity according to the secondary data. Input gathered from the community during interviews and focus groups was also heavily considered. Participants discussed if the findings and needs seemed accurate, if anything was surprising, and if any key indicators needed clarification. A summary of the community needs selected are listed below grouped into barriers to health, barriers to care, and health behaviors and outcomes.

Barriers to Health	Barriers to Care	Health Behaviors and Outcomes
<ul style="list-style-type: none"> •Transportation •Social determinants: Lack of Affordable housing •Environment:air and water quality from agriculture and chemical industry 	<ul style="list-style-type: none"> •Lack of providers who take Medicaid •Insurance: Uninsured, lack of physicians accepting Medicaid •Lack of MH & SUD treatment providers and facilities •Lack of specialty providers (including MH) •Reliable transportation 	<ul style="list-style-type: none"> •Mental health; depression •Addictions/ substance use/abuse: Smoking, alcohol, opioid, and Methamphetamine •Chronic disease: Obesity, diabetes, heart disease, hypertension, stroke, Cancer •Accidents •Healthful eating & physical activity

After reviewing findings and processing the discussion, WCCH leadership committed to addressing four needs that the hospital could feasibly tackle as part of the 2020-2022 Community Health Improvement Plan (CHIP). While all areas are of community concern and importance, WCCH commits to focusing on key issues where they could serve as a leader and driver of change in the community.

Top priorities for 2020-2022

The 2019 significant needs prioritized by WCCH
<ol style="list-style-type: none"> 1. Access to care 2. Behavioral and mental health 3. Chronic disease prevention and management 4. Accident prevention

Figure 20: Top three priority health needs for WCCH.

To maximize resources and strengths of WCCH, the needs regarding social determinants of health and air and water quality will not explicitly be included in the Community Health Implementation Plan. While both areas are of community concern and importance, there are other partners or entities better resourced to address concerns related to social determinants of health and air and water quality.

Impacts from 2016 Community Health Implementation Plan

Based on the 2016 Community Health Needs Assessment, WCCH prioritized the following health needs as the most concerning and actionable.

1. Management of chronic diseases/Early detection of cancer
2. Mental Health
3. Accidents and Safety

To address the identified needs, WCCH implemented programs and conducted activities described below.

Management of Chronic Diseases & Early Detection of Cancer

Care Coordination:

Worked in collaboration with community providers to coordinate the continuity of health care for patients moving from one healthcare setting to another.

- **Outcomes of Care Coordination efforts:** Patients of affiliated PCP
 - 30% Reduction in ER Visits (Patients enrolled in Aledade program, 2018 – 2019 Q3)
 - 2% Reduction in Admissions (Truven Health Analytics, 2016-2019 Q2)
 - 4.7% Reduction in Mortality: 10.4% in 2016 to 5.7% in 2019 (Truven Health Analytics, 2016-2019 Q2)
 - 2.8% Reduction in Complications: 0.6% in 2016 to -2.4% in 2019 (Truven Health Analytics)
- Activities related to continuity of care efforts included:
 - Automatic data transfer that informs physicians if their patients accessed hospital services so that they may provide timely follow-up/management
 - Transitional care navigation services provided by WCCH. Patient navigators provide education and teach patients self-management of their condition
 - Care Managers added to clinic office staff for chronic care management
 - Workflow redesigned in clinics to provide pro-active care
 - Supported Urgent Care to give patients alternative to Emergency 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.
 - Added new screening programs for early detection: 3D Mammograms, Lung protocol & scan, and Genetic testing
 - Participating in MCIP program aimed at reducing Medicaid ER visits

Expand services:

The following physician were recruited to expand access to care in the area and better patient needs:

- Full-time pulmonology services, IP and OP care
- Full-time Sleep services
- Part-time Endocrinology services
- Full-time ENT services, IP and OP care
- Part-time Urology services
- Additional full-time provider at Hackberry Rural Health Center
- Additional full-time provider at Vinton Rural Health Center

Education and Wellness programs:

Introduced of Work Well Program for WCCH employees: 107 Challenge Participants and the program is continuing to expand. Examples of Activities included:

- Work Well approved menu items in the cafeteria
- Weekly recipes to use at home for a Work Well approved foods
- Physical activity breaks designed for your work area
- "On the Move" taste testing brought to you in your work areas
- Emails on the latest food and nutrition research and balanced living
- Added 30-minute classes at Dynamic Dimensions during lunch time
- Peer group chat support; challenges and competitions
- Education and guidance from our qualified experts
- Balanced lifestyle goal assessments

Nutrition activities: 720 Participants.

Activities included:

- Diabetes support group Community Diabetes Fair with physician participation
- Quarterly healthy cooking demonstrations
- Healthy choice vending machines
- Healthy choice on lunch and dinner menus daily

Maternal/Child activities:

- 1153 Participants, Two Safe Sleep Events per year
- Childbirth Education classes
- Safe Sleep Programs including Community Baby Showers and Stroll and Roll
- Shots for Tots

Cancer screenings and prevention activities:

- Pink Crusade Breast Cancer Support Group & Breast Health Navigator Program: 939 participants
- 3D Mammograms
- Genetic Testing
- Low Dose CT for lung cancer screening

Fitness: 19,821 Visits

- Aquatics program for arthritic population
- Silver Sneakers – Senior fitness program

Other Community Outreach activities

- Community and Business Health Fair Participation
- Blood Pressure Clinics at area Senior Centers
- Flu shots for Cameron parish residents through Cameron LNG grant
- Vaccines for Children provider at each rural health clinic for the Medicaid population

Mental Health

Expand access to mental and behavioral health services: Initiated discussions with Imperial Calcasieu Human Services Authority (ICHS)

- **Outcome: ICHS opened a full-time clinic in Sulphur**
- Examples of additional MBH services provided locally include:
 - Access Services – Crisis Services, Assessment/Evaluation, and Referral
 - Outpatient Counseling- Individual, Family and Group Therapy
 - Psychiatric Evaluation; Psychiatric Medication Management
 - Intensive Outpatient Treatment for substance abuse
 - Referral to inpatient programs and for detoxification; drug screenings
 - Medical Assessments and referral
 - Support Groups, Education; Aftercare Services
 - HIV/STD/TB Screening Services
 - Evaluation/Treatment for Compulsive Gambling
 - Medicaid Application Center to assist you with your application

Tele-psych program offered at Vinton Rural Health Clinic from 2013-2018 due to BP grant: **280 patients**

Camp Smiling F.A.C.E.S.: 63 Campers

The Genesis Therapeutic Riding Center of West Calcasieu Cameron Hospital: 191 patients

- 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. Patients benefit from the horses' rhythmic, repetitive movements since the pelvic structure of the horse closely resembles that of a human.
- The program benefits individuals with the following diagnosis: Most types of visual-motor or visual-perceptual dysfunctions, Autism, Traumatic brain injury, ADHD/ADD, Down's Syndrome, Stroke, Developmental delay, Cerebral Palsy, Learning disabled/behavioral disorders, Sensory integration dysfunction, Multiple sclerosis, and Other neuromuscular disorders

Accidents & Safety

Safe sleep: 2 events per year

- Partners with the Safe Sleep Task Force to educate parents, professionals and caregivers on the American Academy of Pediatrics Safe Sleep Guidelines and to improve knowledge, attitudes and beliefs about the risk of unsafe sleep environments.

Safe sitter classes: 139 participants

- The Safe Sitter® program is a medically accurate program that teaches young adolescents how to handle emergencies when caring for younger children.

Sudden Impact Program: 150 students participated

- Offered to area high schools through a partnership with State Police.

Appendix A. Local assets and resources from participants

Name of organization	Services	Parish
Care Help	A charitable organization that provides assistance to people in emergency situations. Assist homeless, underprivileged, underserved communities, feed over 500 households, help with rent, utilities, etc	Calcasieu
United Way Southwest Louisiana	Using a broad range of programming, the United Way seeks to empower the community through education and workforce development, provide help with prescription drug costs, provide emergency management, and provide supplies to those in need, and much more.	Calcasieu, Cameron, Beauregard
CrossRoads Moss Bluff - Celebrate Recovery	A Christian-centered, 12 step program for people struggling with hurts, habits, or hang ups of any kind.	Calcasieu
Oxford House	A democratically run, self-supporting and drug free transitional home for those in recovery.	Calcasieu
Calcasieu Council on Aging	Organization that assists older adults in order to remain independent in their own homes. Deliver meals each week, provides health education classes, assist with prescription drug costs, and provide opportunities for seniors to keep active.	Calcasieu
Henning Memorial United Methodist Church	The church hosts Alcohol Anonymous meetings, runs a beds for kids project to provide beds for children in the community, and provides warm meals to those in the community once a month.	Calcasieu
IMPACT Agency	Sponsored by multiple Calcasieu Parish agencies, the program is a mentoring initiative to curb incarceration rates in African American males through leadership development.	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
Southwest Louisiana Area Health Education Center	A community-based agency seeking to improve health status through access to information, education and health services.	Calcasieu, Cameron, Beauregard
Calcasieu Medical Reserve Corps	This department mobilizes a trained medical support unit to augment emergency operations and responses during the man-made or natural disasters and address community needs on a day-to-day basis.	Calcasieu
NAMI Southwest Louisiana	This non-profit offers mental health counseling as well as education courses and support groups free to the public.	Calcasieu, Cameron, Beauregard
The Partnership for a Healthier SWLA	A non-profit coalition with a mission to improve the health of its residents living in Southwest Louisiana) by encouraging people to become more physically active, eat more nutrition dense foods , and quit smoking.	Calcasieu, Cameron, Beauregard
Fusion Five	A group of young professionals seeking to change the social and economic landscape of Southwest Louisiana by cultivating a positive impact on Southwest Louisiana by connecting and engaging young professionals in regional opportunities for civic engagement, professional development, and personal growth.	Calcasieu, Cameron, Beauregard
Louisiana Department of Environmental Quality	The Department's mission is to provide service to the people of Louisiana through comprehensive environmental protection in order to promote and protect health, safety and welfare while considering sound policies regarding employment and economic development.	Statewide
Lake Charles Memorial – Archer Institute	42-bed behavioral health hospital in Southwest Louisiana, including a child and adolescent unit.	Calcasieu

Appendix B. Example recommendations from participants

- *Partner with school system on educational endeavors and youth interventions.*
- *Bring in more specialty care like dentists, orthopedic for Medicaid population.*
- *Look outside of box, more telemedicine.*
- *Internal internships programs. Bring folks in working on license to grow within and build capacity in area.*
- *Send people out to give seminars to youth would be a good start. Start with smoking and tobacco use and living a healthy lifestyle.*
- *Screening buses to pair up with hospitals to come to Westlake*
- *Build awareness and education. Put preventive care out in community such as schools and libraries.*
- *Health fairs and resource centers to offer health screenings and immunizations. Transition from foster homes as a place to start.*
- *Promote and advertise more on the East side of the river.*
- *Conduct more assessments to learn the needs of the community, being more aware of the need in the community and the plight individuals are facing in their daily lives*
- *Programs to help over cost of prescriptions and medical care*
- *Hold one more health fair in older areas of the city*
- *Open the Medicaid clinic to address specialty needs*
- *More work in community health worker models.*
- *Work with education system to target health improvement in youth for mental health, physical, sexual health, smoking, drug use.*

Appendix C: Key informant matrix

Per IRS regulations (Section 3.06 of Notice 2011-52), each facility must get input from people who fall into each category. It should be noted that several participants fall into more than one category and other participants identified as business owner, hospital affiliate, or community member. The number of participants who identified meeting requirements are reflected below.

Input representing broad interests of community served	Number of Participants Meeting Requirement
1) Persons with special knowledge of or expertise in public health	4
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	3
3) Members of medically underserved, low-income, and minority populations in the community served by the hospital facility, or individuals or organizations serving or representing the interests of these populations	7

Examples of organizations and populations represented by participants included:

Organizations:

- Louisiana Office of Public Health
- Sulphur Christian Community Coalition
- Vinton Rural Health Clinic
- Care Help
- Calcasieu Parish School Board
- Calcasieu Council on Aging

Populations:

- Seniors and Elderly
- Public School students
- Those living with addictions and mental health issues
- Those experiencing homelessness
- Low income and underserved communities
- Rural community

Appendix D. Sources of measures

Demographics				
Focus Area	Measure Description	Source	Year	Accessed via...
Population	Population estimate trend by parish	Census Population Estimates	2017	County Health Rankings, 2019
Income	Median household Income	Small Area Income Estimates	2017	County Health Rankings, 2019
Age	% population under 18 % population 65 and over	Census Population Estimates	2017	County Health Rankings, 2019
Race & Ethnicity	% non-Hispanic Black % non-Hispanic White % Hispanic	Census Population Estimates	2017	County Health Rankings, 2019
Language	% not proficient in English	American Community Survey, 5-year estimate	2013-2017	County Health Rankings, 2019
Gender	% of population identified as female	Census Population Estimates	2017	County Health Rankings, 2019
Rural/ Urban	% of county defined as rural	Census Population Estimates	2010	County Health Rankings, 2019
Socioeconomic, Placed Based, and Environmental Factors				
Focus Area	Measure Description	Source	Year	Accessed via...
Children in poverty	% of children under age 18 in poverty	ACS, 5 year estimates	2012-2016	County Health Rankings, 2019
Children in one parent house	% of children that live in a household headed by single parent	ACS, 5 year estimates	2013-2017	CARES Engagement Network
Severe Housing cost burden	% spending more than 50% of household income on housing	ACS, 5 year estimates	2013-2017	County Health Rankings, 2019
Graduated High School	% of ninth grade cohort that graduates in 4 years	ED Facts	2016-2017	County Health Rankings, 2019
Some College	% of adults ages 24-44 with some secondary education	ACS, 5 year estimates	2013-2017	County Health Rankings, 2019
Un-employment	% of population ages 16 + unemployed but seeking work	Bureau of labor statistics	2017	County Health Rankings, 2019
Severe housing problems	% living with overcrowding, high housing costs, or lack of kitchen or plumbing	Comprehensive Housing Affordability Strategy (CHAS) data	2011-2015	County Health Rankings, 2019
Long commute time-alone	% of workers commuting more than 30 minutes alone in the car	ACS, 5 year estimates	2013-2017	County Health Rankings, 2019
No motor vehicle	% of household with no motor vehicle	ACS, 5 year estimates	2013-2017	CARES Engagement Network
Internet	% of population with access to high-speed internet	National Broadband map	2018	CARES Engagement Network
Limited access to healthy food	% of population who are low-income and do not live close to a grocery store	USDA Food Environment Atlas	2015	County Health Rankings, 2019
Air pollution particulate matter	Daily density of fine particulate matter in microorganisms per cubic meter (PM 2.5)	Environmental Public Health Tracking Network	2014	County Health Rankings, 2019

2020 CHIP: West Calcasieu Cameron Hospital

Drinking water	A drinking water violation was reported	Safe Drinking Water Information System	2017	County Health Rankings, 2019
Health Status and Outcomes				
Focus Area	Measure Description	Source	Year	Accessed via...
Life expectancy	Number of years a person is expected to live at birth	National Center for Health Statistics, Mortality files	2015-2017	Policy map
Smoking	% of adults smoking	Behavioral Risk Factor Surveillance System	2016	County Health Rankings, 2019
Obesity	% of adults with BMI >30	CDC Diabetes Interactive Atlas	2015	County Health Rankings, 2019
Physical Inactivity	% of adults age 20 and over reporting no leisure-time physical activity	CDC Diabetes Interactive Atlas	2015	County Health Rankings, 2019
Insufficient sleep	% of adults who report < 7 hours of sleep on average	Behavioral Risk Factor Surveillance System	2016	County Health Rankings, 2019
STIs	Number of newly diagnosed chlamydia cases per 100,000 population	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2016	County Health Rankings, 2019
Teen births	Number of births per 1,000 female population ages 15-19	National Center for Health Statistics - Natality files	2011-2017	County Health Rankings, 2019
Quality of life	Poor or fair health Frequent physical distress Frequent mental distress	Behavioral Risk Factor Surveillance System	2016	County Health Rankings, 2019
Diabetes Prevalence	% of adults > 20 diagnosed with diabetes	CDC Diabetes Interactive Atlas	2015	County Health Rankings, 2019
Violent crime	Number of reported violent crime offenses per 100,000 population	Uniform Crime Reporting - FBI	2014 & 2016	County Health Rankings, 2019
Injury death	Number of deaths due to injury per 100,000 population	CDC WONDER mortality data	2013-2017	County Health Rankings, 2019
Firearm fatality	Number of deaths due to firearms per 100,000 population	CDC WONDER mortality data	2011-2017	County Health Rankings, 2019
Homicide	Number of deaths due to homicide per 100,000 population	CDC WONDER mortality data	2013-2017	County Health Rankings, 2019
Suicide	Number of deaths due to suicide per 100,000 population	CDC WONDER mortality data	2013-2017	CARES Engagement Network
Drug overdose	Number of deaths due to homicide per 100,000 population	CDC WONDER mortality data	2012-2016	CARES Engagement Network
Leading Causes of Death	Summary statistics of death rates	CDC WONDER mortality data	2014-2018	CDC WONDER mortality database
Cancer	Age adjusted death rates per 100,000 and incidence rates	NIH, State Cancer Profiles	2012-2016	https://statecancerprofiles.cancer.gov/
Infant mortality	Number of all infant deaths (within one year) per 1,000 births	CDC WONDER mortality data	2011-2017	County Health Rankings, 2019
Child mortality	Number of deaths among children under 18 per 100,000 persons	CDC WONDER mortality data	2011-2017	County Health Rankings, 2019
Access to Health Care				
Focus Area	Measure Description	Source	Year	Accessed via...

2020 CHIP: West Calcasieu Cameron Hospital

Uninsured	% uninsured under age 65		November 2018	http://www.lah.gov/HealthyLaDashboard/
Dentists	Number of dentists per 100,000 persons	HRSA, Area Health Resource File	2016	County Health Rankings, 2019
Mental health providers	Number of mental health providers per 100,000 persons	CMS, National Provider Identification	2018	County Health Rankings, 2019
Primary care providers	Number of primary care providers per 100,000 persons	HRSA, Area Health Resource File	2016	County Health Rankings, 2019

2020-2022 Community Health Action Plan (CHIP)

Health Need 1: Access to Care

Anticipated Outcomes: Reduce non-emergent ER visits and increase access to Primary, Specialty and Mental Health Care for those most vulnerable.

ACCESS TO CARE	
Sub-actions	Offer non-emergent services for the underinsured and uninsured adult population in the WCCH Service District. <ul style="list-style-type: none"> • Open Community Clinic and provide Primary, Specialty, and Mental Health Care • Consolidate OPH offices into community clinic providing RH (Reproductive Health), WIC (Women, Infants, Children), & Immunization programs
Measures	<ul style="list-style-type: none"> • Number of unduplicated patients that utilize clinic for primary care • Medicaid patient visits • Medicaid Quality Metrics

Health Need 2: Mental and Behavioral Health

Anticipated Outcomes: Expand mental health services, with a focus in rural areas and underinsured populations.

MENTAL AND BEHAVIORAL HEALTH	
Sub-actions	Provide Mental Health services in Rural Health Clinics and in Community. <ul style="list-style-type: none"> • Hire Psychiatric Nurse Practitioner who will rotate among Rural Health Clinics and the Sulphur clinic.
Measures	<ul style="list-style-type: none"> • Number of patients seen at each site. • Patients have at least 1 follow-up after initial visit and decreased score on PHQ15

Health Need 3: Chronic Disease Prevention and Management

Anticipated Outcomes: Management of chronic diseases

CHRONIC DISEASE PREVENTION AND MANAGEMENT	
Sub-actions	Implement Chronic Care Management Program at Community Clinic to manage underinsured and uninsured adult population <ul style="list-style-type: none">• Use of evidence-based medicine with proven treatments and techniques Promotion of Healthy Lifestyle to community and area business
Measures	<ul style="list-style-type: none">• Medicaid Quality Metrics• Number of individuals who participate in various programs

Health Need 4: Accident Prevention Education

Anticipated Outcomes: Community awareness regarding gun safety, seatbelt and child safety seat utilization.

ACCIDENT PREVENTION EDUCATION	
Sub-actions	Raise awareness in the areas of gun safety, seatbelt and car seat use. <ul style="list-style-type: none">• Educational programs offered to community and schools through partnerships with other community advocates
Measures	<ul style="list-style-type: none">• Number of activities and participants