



West Calcasieu Cameron Hospital

Community Health Needs Assessment 2026



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- **Laurie Martin** – Vice President of Community Impact, United Way of Southwest Louisiana
- **Sheneika Lamelle** – Community Impact Manager, United Way of Southwest Louisiana

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- **Manisha Tharaney** – Director
- **Hannah Blandon** – Coordinator
- **Charles Lehigh** – Analyst
- **Andrew Rومانer** – Operations Manager
- **Sarah Chrestman** – Associate Director
- **Reign Riley** – Evaluation Intern
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- **John Marc Sharpe** – Communications Director

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About Louisiana Public Health Institute

LPHI, founded in 1997, is a statewide community-focused 501(c)(3) nonprofit and public health institute committed to ensuring all Louisianans have just and fair opportunities to be healthy and well. Our work focuses on areas that touch public health, including tobacco prevention and control, building healthier communities, assessing needs of communities, supporting the whole health needs of individuals and families from early childhood to older adults and more. We create authentic partnerships with both communities and partners to align action for health. For more information, visit www.lphi.org.



About United Way of Southwest Louisiana

For 82 years, United Way of Southwest Louisiana has been committed to building strong, successful families and strengthening our community. United Way of Southwest Louisiana is an authority on recognizing, measuring and mobilizing the resources to target community needs in Southwest Louisiana with a focus on education, economic mobility, health and basic needs. For more information, visit www.unitedwayswla.org.



Executive Summary

Purpose and Overview

West Calcasieu Cameron Hospital (WCCH) is committed to providing exceptional medical services and compassionate care to residents of West Calcasieu and Cameron Parishes. As part of its mission, and to meet federal IRS 990H requirements, WCCH conducts a Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP) every three years.

For this 2026 CHNA, WCCH partnered with the Louisiana Public Health Institute (LPHI) and the United Way of Southwest Louisiana (UWSWLA) to gather broad community input through a mixed-methods approach. LPHI collected primary data through a community survey, which received 235 responses, and 11 key informant interviews with stakeholders across the community. This primary data was supplemented and triangulated with secondary data from national and state sources, including County Health Rankings, the U.S. Census Bureau, and the Louisiana Department of Health.

Findings from this CHNA reflect the perspectives of residents, community leaders, and secondary data on the health needs of Calcasieu and Cameron Parishes. WCCH used these findings to identify three significant health priorities, described below, which will guide the hospital's 2026 CHIP.

Top Health Priorities Identified

As a result of the 2026 CHNA process, WCCH prioritized three significant health issues that have also been identified as priorities in past CHIPs. While progress has been made, these issues are complex and will require sustained collaborative efforts over time to achieve meaningful and lasting impact.

1. **Access to Care:** This includes barriers related to the cost of care, transportation challenges, and the unique healthcare needs of older adults.
2. **Mental and Behavioral Health and Substance Use:** This priority addresses mental health needs, behavioral health services, and substance use and addiction, with an emphasis on strengthening access to appropriate resources and support.
3. **Chronic Disease Prevention and Management:** This area focuses on preventing and managing chronic conditions while addressing contributing factors such as access to healthy foods, community resources, and social support.

While the priorities are presented separately, they are interconnected and influence one another, as they all drive health outcomes in the community. If a health concern was not selected as a top priority, it does not mean it is unimportant, and WCCH may still address it through other channels.

Introduction

CHNA Overview

The Louisiana Public Health Institute (LPHI) has been engaged by WCCH to conduct their 2026 Community Health Needs Assessment (CHNA). This is the third consecutive CHNA LPHI has completed in partnership with WCCH, following assessments in 2020 and 2023.

As a tax-exempt hospital, WCCH is required under IRS Section 501(r)(3) to conduct a CHNA every three years and develop a Community Health Improvement Plan (CHIP) to address identified needs. This 2026 assessment examined progress on priorities identified in prior cycles – access to care, mental and behavioral health, and chronic disease prevention and management while exploring new emerging health needs across the WCCH service area.

Consistent with the last two CHNA cycles, WCCH's defined community for the 2026 assessment is Calcasieu and Cameron Parishes. This geographic boundary reflects the hospital's patient catchment area, with approximately 84% of hospital admissions coming from the towns of Sulphur, Carlyss, Vinton, DeQuincy, Westlake, Starks, and Hackberry.

Cameron Parish needs particular attention in this cycle given its significant population decline (approximately 25% since 2017) following back-to-back hurricanes in 2020, as well as the continued absence of dental, mental health, and pharmacy services in the parish. LPHI ensured intentional outreach to Cameron Parish residents throughout data collection.

Purpose and Value of the Community Health Needs Assessment (IRS Requirement, 3 year-cycle)

WCCH has undertaken the CHNA as a strategic initiative to better understand and respond to the evolving health needs of the residents of Calcasieu and Cameron Parishes. As a leading healthcare provider in the region, WCCH recognizes that delivering high-quality, equitable care requires a deep understanding of the unique challenges and priorities faced by the community it serves.

The CHNA serves as a foundational tool for identifying significant health concerns, disparities, and barriers to care. By systematically gathering and analyzing data, both quantitative and qualitative, WCCH can align its resources, programs, and partnerships with the most pressing needs of the population. This process ensures that strategic planning is not only data-driven but also community-informed.

Central to the CHNA is the voice of the community. WCCH actively engaged a broad spectrum of stakeholders, including educators, faith-based organizations, healthcare professionals, nonprofit leaders, patients, and public health officials. Their insights provided

critical context to the data and helped illuminate the experiences that lived behind the statistics. This inclusive approach ensures that the hospital's priorities reflect the existing strengths, resources, values, concerns, and aspirations of the people it serves.

By elevating community voice, WCCH strengthens trust, fosters collaboration, and enhances its ability to deliver patient-centered care. CHNA is a commitment to transparency, accountability, and continuous improvement. It empowers WCCH to be more responsive, equitable, and innovative in addressing health disparities and improving outcomes across Calcasieu and Cameron Parishes.

Using this CHNA

This document serves as the 2026-2028 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 nonprofit 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 Christi Kingsley, Chief Human Resource Officer, at ckingsley@wcch.com.

Overview of West Calcasieu Cameron Hospital

West Calcasieu Cameron Hospital (WCCH) has served as a cornerstone of healthcare in Southwest Louisiana since 1953. Located in Sulphur, WCCH is a 107-bed, community-owned facility governed by the Calcasieu and Cameron Parish Police Juries and a five-member Board of Commissioners. While its primary service area comprises west Calcasieu and northern Cameron parishes, patients from across Southwest Louisiana and Southeast Texas rely on the hospital, which stands as a primary healthcare resource for more than 200,000 neighbors throughout the region. WCCH's comprehensive array of services includes a 24-hour emergency department, surgical services, cancer care, women's and maternity care, cardiology, orthopedics, pediatric care, radiology and imaging, and a broad rehabilitation therapy program. Beyond the acute-care hospital, WCCH operates a physical medicine department, outpatient cardiac rehabilitation center, rural health clinics, a community

health center, a home health agency, a pharmacy, and two fitness centers—delivering advanced, personalized care with a focus on exceptional patient experience. In keeping with its mission to provide advanced quality healthcare with attention to patient satisfaction and clinical excellence, WCCH has earned accreditations, certifications, and awards that reflect its progress toward that vision. These include:

- **The Joint Commission Reaccreditation (February 2026)** – WCCH earned reaccreditation across its hospital, ambulatory care, home health, and laboratory services programs. WCCH and the Home Health Agency of WCCH hold The Joint Commission’s Gold Seal of Approval®, demonstrating compliance with rigorous national standards for patient safety, quality improvement, infection prevention, care coordination, and leadership.
- **Maternity and Women’s Health Recognition** – WCCH’s Women’s Center holds a Birth Ready Designation from the Louisiana Department of Health and is recognized as a Blue Distinction Center for Maternity Care by Blue Cross and Blue Shield of Louisiana, reflecting its commitment to safe, high-quality care for expectant mothers and newborns.
- **Patient Experience Awards** – WCCH has been recognized by Healthgrades with the Outstanding Patient Experience Award and by the Women’s Choice Award for Emergency Care, Patient Experience, and ER Wait Time & Efficiency.
- **Four-Star Overall Hospital Quality Star Rating:** West Calcasieu Cameron Hospital earned a four-star Overall Hospital Quality Star Rating and a four-star Patient Survey (HCAHPS) rating from the Centers for Medicare & Medicaid Services (CMS), placing it above the national average and signaling both strong overall quality and positive patient care experience.
- **2025 Safety Star Award** – WCCH received the 2025 Safety Star Award by the Louisiana Hospital Association (LHA) Trust Funds. This prestigious award recognizes healthcare facilities that have made significant strides in patient or organizational safety innovation.

Defining the Community

For the purposes of this assessment, the community is defined as the WCCH catchment area, encompassing Calcasieu and Cameron parishes in southwest Louisiana. Together these parishes are home to roughly 222,000 residents, ranging from the population center of Calcasieu Parish to the small, predominantly rural population of Cameron Parish. Table 1 presents the demographic profile of each parish alongside Louisiana as a whole, providing a baseline for understanding the population served and how it compares to the state.

Table 1: Demographic background of parishes in the WCCH catchment area compared to Louisiana

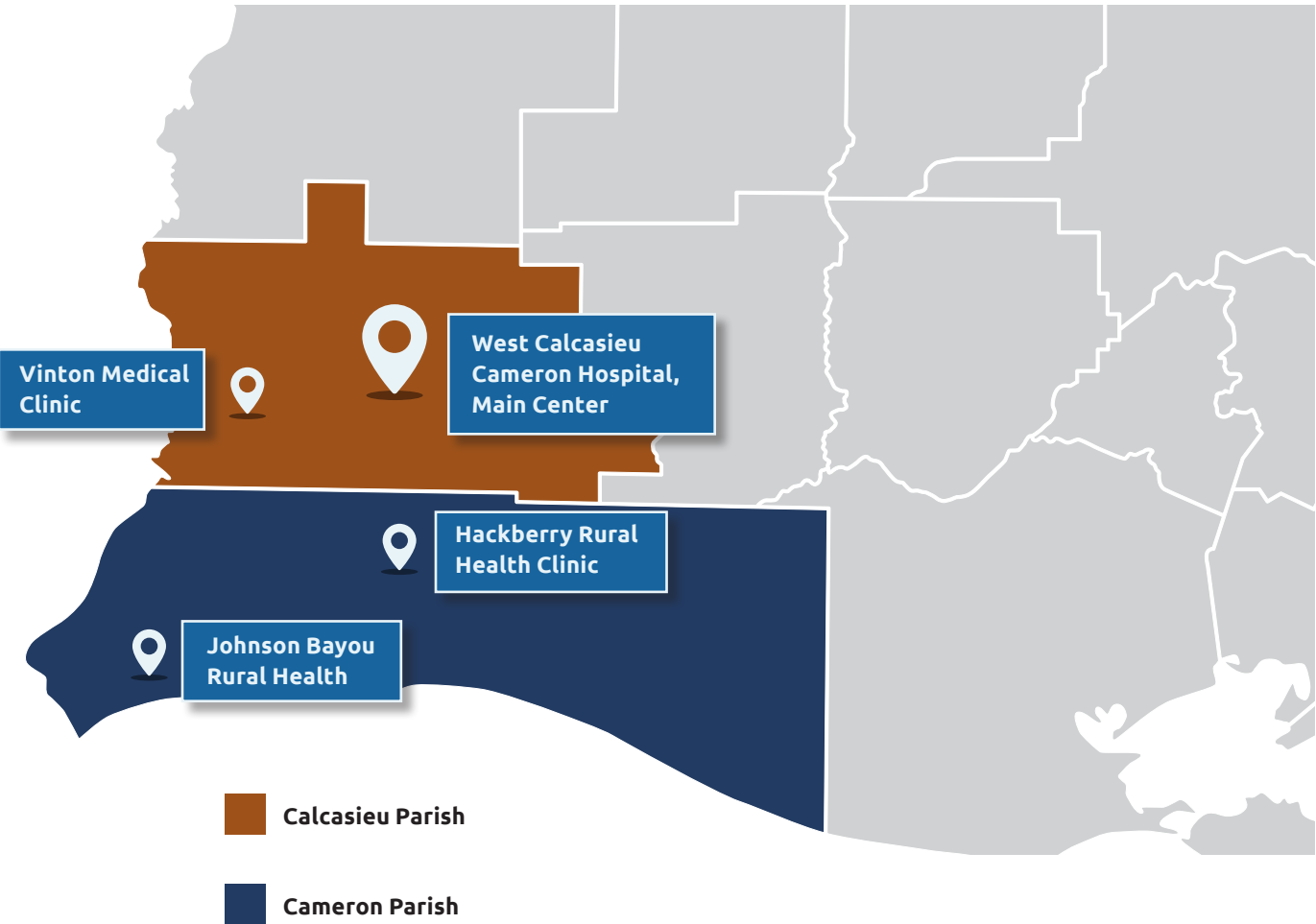
	Calcasieu Parish	Cameron Parish	Louisiana
Demographics			
Median Age	38.3	43.5	38.7
Under 18 Years	24.9%	24.3%	23.1%
65 and over	17.3%	19.5%	17.8%
Speaks language other than English	7.9%	5.7%	9.0%
Total Population	216,785	5,617	4,621,500
Median Household Income	\$67,014	\$75,278	\$60,986
Race/Ethnicity			
American Indian/Alaska Native (AI/AN)	1.5%	10.4%	2.5%
Asian	2.1%	NA	2.5%
Black/African American (AA)	26.3%	3.3%	33.2%
White	70.2%	85.8%	63.5%
Hispanic/Latino	5.7%	0.5%	7.8%
Other	6.1%	0.5%	7.1%

Note: To better account for multi-racial backgrounds, race is reported both alone and in combination with other races, meaning that it may add up to slightly more than 100% in some cases. Hispanic is a separate category and reflects Hispanic/Latino ethnicity alone.

WCCH Service Area

The map below shows WCCH’s service area within Calcasieu and Cameron Parishes, including the hospital’s main campus in Sulphur and its rural health centers in Vinton, Hackberry, and Johnson Bayou.

Figure 1: Map of WCCH catchment area including the location of WCCH and its rural health centers¹



1 Google Maps

Assessment Approach and Process

Data Collection Approach

A mixed-methods approach was used to conduct the 2026 CHNA, combining primary data collection with secondary data analysis. This methodology aligns with IRS 501(r) requirements for broad community input. The 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). In partnership with the United Way of Southwest Louisiana, LPHI gathered primary community input in the form of an online community survey and key informant interviews with local community leaders. Community input was supplemented by quantitative data available from secondary sources, such as the County Health Rankings (CHR), National Cancer Institute (NCI), U.S. Census Bureau, United for ALICE, and the Louisiana Department of Health (LDH). A full list of data indicators and sources can be found in Appendix D.

Key Informant Interviews (KIIs)

With support from UWSWLA, LPHI conducted 11 key informant interviews (KIIs) with stakeholders who have knowledge of community health needs in the WCCH service area. Interviews were conducted between June and July 2026 and averaged approximately 45–60 minutes each.

Per IRS 501(r) requirements, the KII pool includes at minimum:

- One person with special knowledge of or expertise in public health
- One representative of a state or local health department or agency
- Representatives or leaders of medically underserved, low-income, or minority populations in the community

A list of key informants and their type of community representation can be found in Appendix B. Priority populations for KII recruitment included representatives from rural communities (particularly Cameron Parish), aging populations, low-income households, and communities of color. LPHI developed a KII discussion guide that probed the three standing priority areas as well as emerging concerns such as fentanyl and xylazine use, post-hurricane recovery, housing instability, and access to services for older adults.

Survey Methodology and Response Summary

Unlike past assessments, this CHNA incorporates a new community survey component developed by LPHI and administered with support from UWSWLA, LPHI's community data collection partner. The survey collected community members' perceptions of local health issues, access to care, quality of life, and social determinants of health. The survey was made

available in both paper and digital formats (via QR code). UWSWLA disseminated the survey at community events, organizations, and locations across Calcasieu and Cameron Parishes, with a focus on reaching priority and underserved populations. A full copy of the CHNA survey can be found in Appendix E.

LPHI aimed to complete a minimum of 200 surveys across Calcasieu and Cameron Parishes, with a goal of at least 175-200 responses from Calcasieu Parish and 50 responses from Cameron Parish. The survey exceeded this goal with a total of 235 responses. This sample size is appropriate for this assessment for the following reasons:

- The IRS does not require a statistically representative sample for hospital CHNAs. The requirement is for broad community input which this sample will achieve through intentional outreach to diverse and underserved populations.
- Survey data was triangulated with key informant interviews and secondary data analysis, reducing the burden on any single data source to support the findings.
- Cameron Parish's small population (approx. 5,600 residents)² makes a large sample size impractical. A targeted goal of 50 responses represents meaningful community input relative to the parish size.

Collaborative Data Collection with UWSWLA

LPHI relied on a cohort call model to move the CHNA data collection forward. Cohort models can improve capacity by establishing an “infrastructure of relationships” that allows efforts to accomplish more in concert than through individual actions alone. The first kickoff call served to bring all partners together and introduce one another and the CHNA effort. This call also served to train UWSWLA staff on data collection protocols for surveys, interviews, and focus groups. LPHI introduced the data components and protocols of the CHNA and UWSWLA collected primary data from KIIs and disseminated the community survey. Protocols included “best practices” documents for the surveys and interviews, template language for survey promotion, a form for recording methods of distributing the survey, interview notetaking templates, and interview question guides. These materials were reviewed in biweekly check-in calls and posted on a SharePoint site so that any updates would be available to the group in real time.

Limitations

As with any community assessment, these findings reflect the people who chose to participate in the survey and interviews and are not representative of every resident in the service area. Findings are strongest where surveys, interviews and secondary data sources point in the same direction and are presented with that in mind.

2 U.S. Census Bureau. (n.d.). Cameron Parish, Louisiana [Data profile]. Explore Census Data, from https://data.census.gov/profile/Cameron_Parish,_Louisiana?g=050XX00US22023

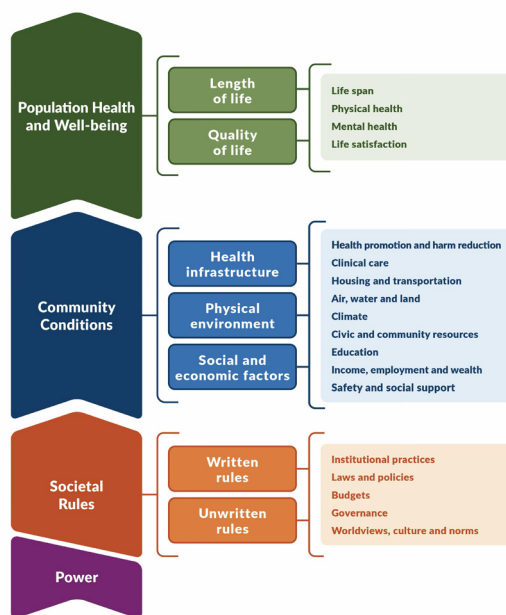
Findings

Findings from the CHNA are described below and synthesize both quantitative data, including the community surveys and secondary data sources, and qualitative data from key informant interviews. Parish-level findings are presented with Louisiana as a baseline for comparison. It is worth noting that Louisiana is ranked 50th in health outcomes nationally, according to the 2025 America's Health Rankings Report.³ This report organizes findings around WCCH's three CHIP priority areas: Access to Care; Mental and Behavioral Health and Substance Use; and Chronic Disease Prevention and Management. Social and Economic Context comes first, describing the broader conditions such as poverty, housing, food access, and the local environment that shape outcomes across all three priority areas.

County Health Rankings Model

The County Health Ranking Model shown below (Figure 2) illustrates how social and economic factors, the physical environment, clinical care, and health behaviors work together to shape a community's health outcomes. This assessment draws on the model to organize the data collected through surveys, interviews, and secondary sources.

Figure 2: County Health Ranking Model⁴



Source: University of Wisconsin Population Health Institute Model of Health, 2025

3 United Health Foundation. (2025). *2025 Annual Report: Louisiana state summary*. [Report]. <https://www.americashealthrankings.org/publications/reports/2025-annual-report/state-summaries-louisiana>

4 University of Wisconsin Population Health Institute. *University of Wisconsin Population Health Institute Model of Health. County Health Rankings & Roadmaps*. 2025. www.countyhealthrankings.org

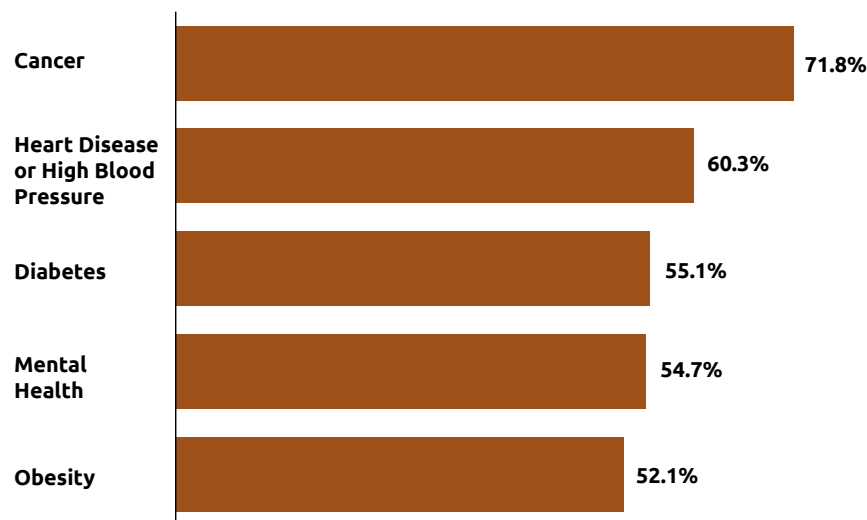
Key Survey Results

The community survey received 235 responses. Selected results are summarized below; respondent demographic information can be found in Appendix C.

Community Health Problems

Survey participants were asked to select the top five most prevalent health problems they are seeing in their communities among a list of 13 health problems known to exist in Calcasieu and Cameron Parishes. **Four of the five most frequently selected problems are chronic diseases or factors related to chronic diseases.** As Figure 3 illustrates, 71.8% selected cancer among their top five health problems followed by heart disease or high blood pressure (60.3%), diabetes (55.1%), mental health (54.7%), and obesity (52.1%).

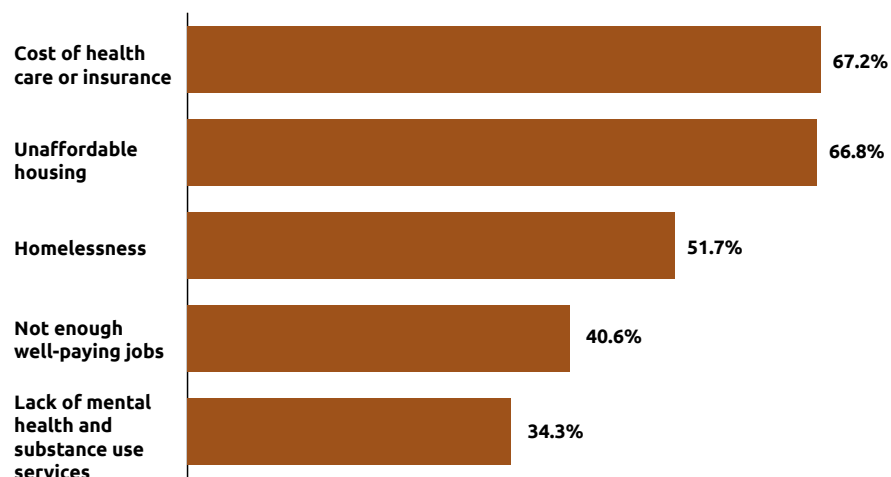
Figure 3: CHNA respondents top five health problems



Community Social Problems

In addition to health problems, survey participants were asked to select the top five most prevalent social problems they are seeing in their communities among a list of 14 social problems known to exist in Calcasieu and Cameron Parishes. As seen in Figure 4, **67.2% of respondents cited the cost of healthcare and insurance as one of their top social problems**, followed by unaffordable housing (66.8%), homelessness (51.7%), not enough well-paying jobs (40.6%), and lack of mental health and substance use services (34.3%).

Figure 4: CHNA respondents top five social problems



Individual Health Status

Most survey respondents reported their general health status as “good” (36.6%) or “very good” (37%) (Table 2). Over the past 3 months, most CHNA respondents have not missed any days of work or activities due to illness, while 30.8% have missed between one and five days (Table 3).

Table 2: Individual health status of CHNA respondents

Response	%
Excellent	8.5
Very good	37.0
Good	36.6
Fair	14.5
Poor	3.0
Missing	0.4

Table 3: Days missed work or activities due to illness, past 3 months

Response	%
None	59.4
1 – 5 days	30.8
6 – 10 days	3.0
11 – 15 days	2.1
20 days or more	4.7
Missing	0.4

Social and Economic Context

Health outcomes are shaped by the conditions people live in and by the care they receive. This section describes the economic, housing, food access and environmental conditions in Calcasieu and Cameron Parishes that set the stage for findings on access to care, mental and behavioral health and chronic disease that follow.

Food Access

Food access emerged as a consistent theme across all three data sources. **More than a quarter of survey respondents (27.2%) stated that lack of access to healthy, affordable food was among their top social problems in their community.** Among those who stated lack of access to healthy, affordable food as a social problem, **two-thirds (62.9%) felt that the issue has gotten worse over the past three years.**

Food insecurity is measured as the percentage of the population who do not have adequate access to food. Table 4 below represents the rate of food insecurity in the region. Food insecurity affects an estimated 16% of residents in Calcasieu Parish and 12% in Cameron Parish. While both rates fall below the statewide figure of 18%, they still represent roughly one in six to one in eight residents living without reliable access to adequate food.

Table 4: Percentage of food insecurity from secondary data

Calcasieu Parish	16%
Cameron Parish	12%
Louisiana	18%

Key informant interviews add local texture, particularly in Cameron Parish, where a leader in the local school district described limited grocery options that force residents to travel outside the parish for fresh food. ***“Many communities throughout Cameron Parish have limited grocery shopping options, requiring residents to travel outside the parish to purchase fresh produce and other nutritious foods.”***

“After the hurricanes, several businesses chose not to rebuild which further reduced access to healthy food choices for local families”

A healthcare provider with the WCCH Community Health Center said many patients believe healthy food is too expensive and rely instead on inexpensive, processed options. The Community Health Center’s registered dietitian addresses this by building affordable meal plans around foods available at dollar stores, and by offering practical, realistic nutrition guidance rather than general advice to “eat healthier”.

Housing and Transportation

Housing

Housing emerged as one of the most pressing concerns across all three data sources, spanning both affordability and the physical condition of homes. In the community survey, **unaffordable housing and homelessness were ranked as the second and third most common social problems, cited by 66.8% and 51.7% of respondents, respectively.** Among those who identified these issues, **66.5% reported that the problem has grown worse over the past three years.**

Secondary data on severe housing cost burden is measured by the share of households spending 50% or more of their income on housing. Table 5 shows that both parishes fall at or below the statewide rate.

Table 5: Severe housing cost burden from secondary data

Calcasieu Parish	13%
Cameron Parish	8%
Louisiana	15%

Beyond affordability, key informant interviews pointed to housing quality as a distinct and growing concern, particularly among older residents living on fixed incomes. As one local leader described:

“I still have quite a bit, say 20% of the elderly that could not afford to leave their house and are living in houses that are probably molded and need repair. That’s definitely affecting their health.”

Transportation

Transportation emerged as the sixth most frequently selected social problem among CHNA respondents (34.9%). **Nearly two-thirds of participants said that transport had gotten worse over the past three years.** Among senior residents and caregivers, **almost half named transportation to medical appointments as one of the most important support needs for older adults.**

Key informants described transportation as a major barrier to healthcare access. As a regional medical director encompassing Southwest Louisiana, put it, ***“Louisiana is a poor state. We don’t have good access to social needs and transportation. And those are the things that are driving a lot of our poor health outcomes.”***

Climate and Environment

Air quality emerged as one of the most consistently identified environmental priorities, with convergent evidence across the community survey, secondary data, and key informant interviews.

Nearly **three-quarters of survey respondents identified air quality as their top environmental concern**, followed by extreme heat (61.67%), flooding or severe storms (55%), drinking water quality (44.9%), and food quality (26.9%) (Figure 5). Air pollution, measured by particulate matter, is 7.5 in Calcasieu Parish, lower than the state figure of 8.3 but slightly above the U.S. figure of 7.3 (Table 6).

Figure 5: Top five environmental problems in the community by CHNA respondents

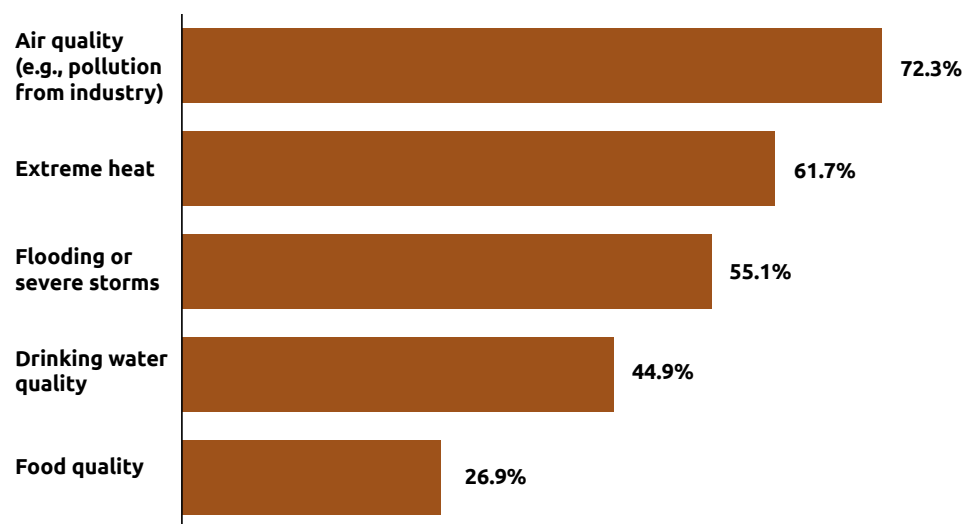


Table 6: Air pollution particulate matter measured in micrograms per cubic meter (µg/m³)

Calcasieu Parish	7.5
Cameron Parish	Not available – Suppressed
Louisiana	8.3

A local school district leader described the tension between industrial growth and respiratory health directly: *“Many community members, especially those living with asthma, chronic obstructive pulmonary disease (COPD), and other respiratory conditions, have expressed concerns about air quality and the potential environmental impacts associated with continued industrial expansion. While conversations about environmental monitoring continue, these concerns create anxiety for residents who worry about the long-term effects on their health.”*

Social and Economic Factors

Socioeconomic factors such as education, employment, cost of living, and discrimination play a role in shaping healthcare affordability and health behaviors. While poverty itself was not directly measured in the survey, the top social problems residents selected reflect their downstream effects: cost of healthcare and insurance (67%), unaffordable housing (66%), homelessness (51%), and lack of well-paying jobs (40%). **About 35% of survey respondents reported household income below \$50,000 a year.**

Secondary data confirms this picture. As seen in Table 7, in Calcasieu Parish, 45% of households fall below the ALICE threshold, compared with 33.0% in Cameron Parish and 49% statewide. Those below the ALICE threshold include families that earn above the federal poverty line (FPL), but not enough to cover the cost of living as well as families earning below the FPL. A local physician at WCCCH called poverty **“the primary driver of chronic disease in the community”**, pointing to the way limited access to affordable healthy food, financial hardship, and low health literacy contribute to high rates of obesity, diabetes, hypertension, and heart disease.

Despite these pressures, 40% of respondents also named well-paying employment as a top concern, even as several key informants pointed to the growth of LNG industries as a community strength. As one interviewee put it, **“Most people that work here, that live here don’t work here, because the town is an employer.”**

Educational attainment also varies, with 10.2% of adults ages 25 and older lacking a high school diploma in Calcasieu Parish and 7.8% in Cameron Parish, compared with 11.8% statewide. Similarly, 24.9% of Calcasieu adults and 16.8% of Cameron adults hold a bachelor’s degree or higher, compared with 27.8% across Louisiana.

Unemployment is 4.5% in Calcasieu Parish, slightly higher than the statewide rate of 4%, while Cameron Parish has a lower unemployment rate of 2%. These factors are important considerations when assessing barriers to health, access to resources, and overall community well-being.

Table 7: Educational attainment, unemployment rate, and ALICE households from secondary data

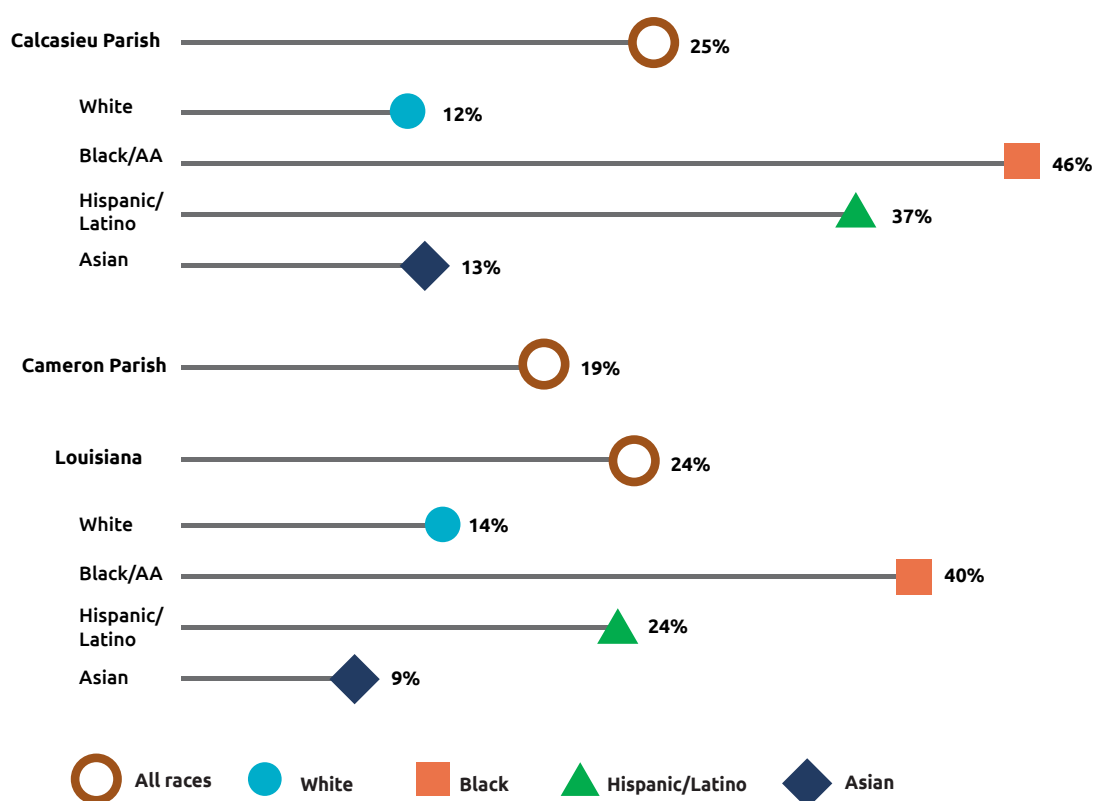
	Calcasieu Parish	Cameron Parish	Louisiana
Percent of households below ALICE threshold	45.0%	33.0%	49.0%
Percent adults >25 years old with no high school diploma	10.2%	7.80%	11.8%
Percent adults >25 years old with bachelor’s degree or higher	24.9%	16.8%	27.8%
Unemployment	4.50%	2.0%	4.0%

Childcare and Child Poverty

27% of CHNA respondents selected cost of childcare among their top five social problems affecting their community. In the secondary data, childcare cost burden is measured by the annual cost of care for a household with two children as a percentage of the county's/parish's median household income, with costs generally considered unaffordable once they exceed the federal benchmark of 7% of household income. Childcare cost burden affects 26.0% of households in Calcasieu Parish, compared with 3.0% in Cameron Parish and 30.0% statewide. Overall, the data suggests that while both parishes compare favorably with state averages on some socioeconomic measures, Calcasieu Parish experiences greater economic and childcare-related burdens than Cameron Parish.

Children in poverty are 25% in Calcasieu Parish and 19% in Cameron Parish, compared with 24% in Louisiana and 16% in the U.S. While unemployment, ALICE, and overall child poverty indicators in Calcasieu Parish are near or below statewide rates, significant racial disparities persist. Approximately 46% of Black children and 37% of Hispanic/Latino children live in poverty in Calcasieu Parish, compared with 12% of White children, highlighting substantial inequities in economic well-being across racial groups (Figure 6).

Figure 6: Percentage of child poverty compared to state average, by race/ethnicity

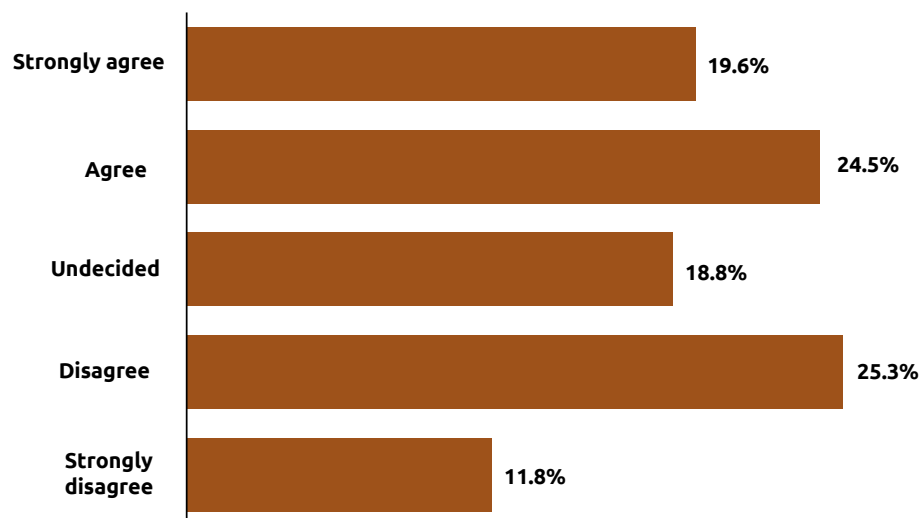


Note: Child poverty by race is unavailable for Cameron Parish due to unreliable data

Racism and Discrimination

Over 10% of respondents selected racism and discrimination among their top five social problems in their communities. Additionally, CHNA respondents were asked to rank their agreeableness to the following statement: *“Everyone in my community, regardless of race, gender, or age, has equal access to opportunities and resources.”* Overall, respondents were evenly split between agreeing/strongly agreeing and disagreeing/strongly disagreeing with the statement (Figure 7).

Figure 7: Perceived equity of access to opportunities and resources from CHNA respondents

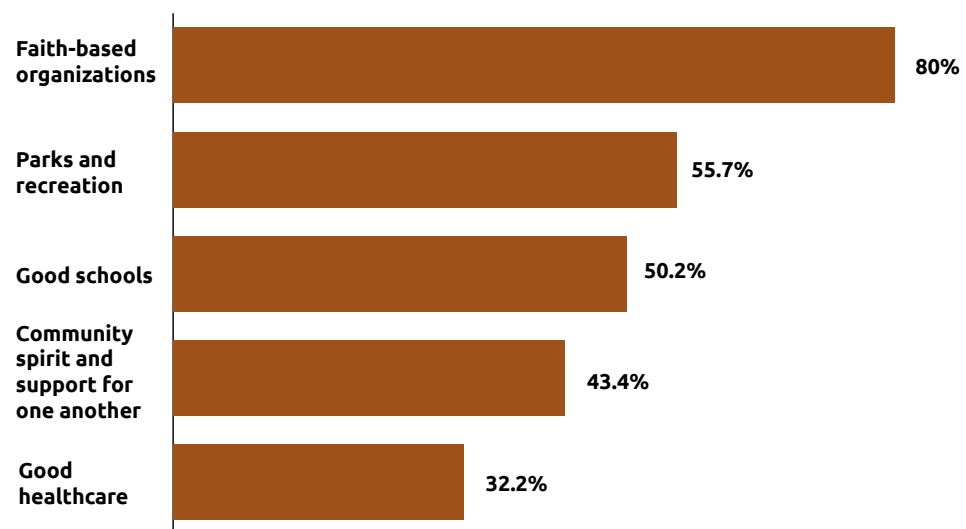


Community Strengths and Assets

Alongside these challenges, residents consistently pointed to faith, family, and community as sources of resilience. **80% of survey respondents named faith-based organizations as one of their community’s top strengths** (Figure 8). One local leader described this directly: *“We’re very fortunate that we do have a strong faith community here in Sulphur, and through the state’s communities. They do a lot of outreach to older citizens, especially those that are either single or age to the point where they need additional help.”*

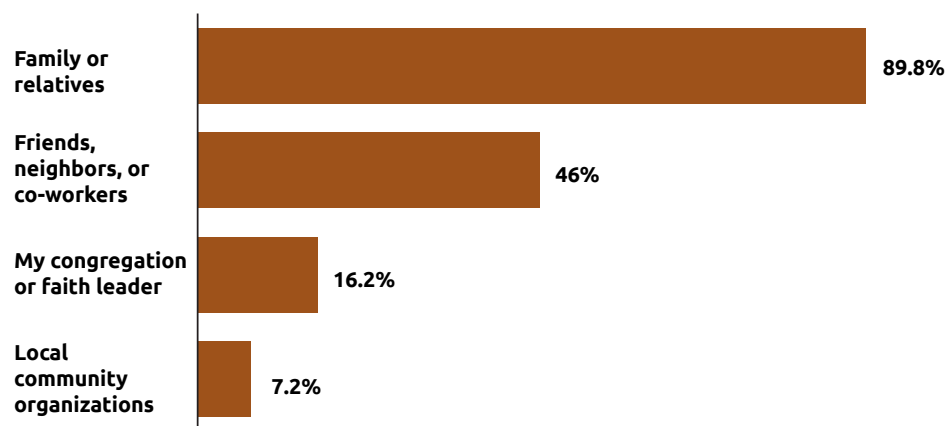
A few key informants also noted that this same closeness can work both ways. A local school district leader explained: *“While our strong family ties and supportive relationships provide an important foundation for helping one another through difficult times, living in a small rural community also means that privacy can be a concern. Many people worry that ‘everyone knows everybody,’ and that fear of being recognized or judged can make it more difficult for individuals and families to seek behavioral health services.”* This tension between tight-knit community life and privacy comes up again in the Mental and Behavioral Health findings below.

Figure 8: Community strengths



Respondents also reported mostly relying on family, friends and neighbors, and their congregations for support during health crises (Figure 9).

Figure 9: CHNA respondents' sources of support during a health crisis



Access to Care

Most survey respondents said they can access a doctor or healthcare provider when they are sick, though about a quarter said they can only sometimes or rarely do so. Nearly two-thirds of respondents age 65 and older, and caregivers of older adults, named **access to primary and specialty care as one of the most important health needs for seniors**.

Clinical Care

Cost of healthcare and insurance was the top-cited barrier: **67% of respondents named it as one of their top five social problems, and nearly 70% said it has gotten worse over the past three years**.

Secondary data provide additional insight into healthcare access and affordability through rates of preventable hospital stays. This measure captures hospitalizations for ambulatory care-sensitive conditions and can help identify potential barriers to timely and appropriate outpatient care. Higher rates may indicate challenges related to access to primary care, affordability, or the use of emergency departments when preventive or routine care is not readily available.

The rate of preventable hospital stays in Louisiana is 3,516 per 100,000 residents. As shown in Table 8, Calcasieu Parish has a lower rate of 2,729 preventable hospital stays per 100,000 residents, while Cameron Parish has a rate of 3,104 per 100,000 residents. Although both parishes have rates below the statewide average, Cameron Parish’s rate is higher than Calcasieu Parish’s, suggesting greater potential reliance on hospital-based care for conditions that may otherwise be managed in outpatient settings.

Table 8: Rate of preventable hospital stays per 100,000 residents from secondary data

Calcasieu Parish	2,729
Cameron Parish	3,104
Louisiana	3,516

However, disparities emerge when examining rates by race. As shown in Figure 10, the rate of preventable hospital stays is substantially higher among Black residents (3,688 per 100,000) compared with White residents (2,552 per 100,000), a difference of 1,136 hospital stays per 100,000 residents. This disparity suggests that aggregate parish-level rates can mask differences in healthcare access and utilization across different racial groups.

Figure 10: Difference in the rate of preventable hospital stays between White and Black Residents (per 100,000 residents)



As seen in Table 9, secondary data indicate that access to primary care is more limited in both Calcasieu and Cameron Parishes compared with the state overall. Calcasieu Parish has approximately 1,260 residents per primary care physician, compared with 1,400 statewide, while Cameron Parish has approximately 4,900 residents per primary care physician. The substantially higher ratio in Cameron Parish suggests a significant shortage of primary care providers and potential barriers to timely access to care.

Table 9: Ratio of population to primary care physicians from secondary data

Calcasieu Parish	1: 1,260
Cameron Parish	1: 4,900
Louisiana	1:1,400

Key informant interviews characterized primary healthcare access as a regional strength, with residents reporting adequate access to basic care through local clinics and urgent care facilities. **However, informants consistently identified significant gaps in specialty and behavioral healthcare**, especially physician shortages in areas such as psychiatry, behavioral health, neurosurgery, pulmonology, gastroenterology, ENT, pediatric sickle cell care, and some dental services. These gaps were compounded by barriers to access, including limited provider participation in Medicaid and the transportation and travel burdens associated with the region’s rural geography – challenges that fall disproportionately on older adults and families who must travel long distances for care. One regional medical leader said:

“There are places that accept Medicaid adults and who will see them, but again, sometimes there may be a wait or people may be limited in their choice of provider, because there may only be one provider in the community serving that population.”

Post-Hurricane Recovery

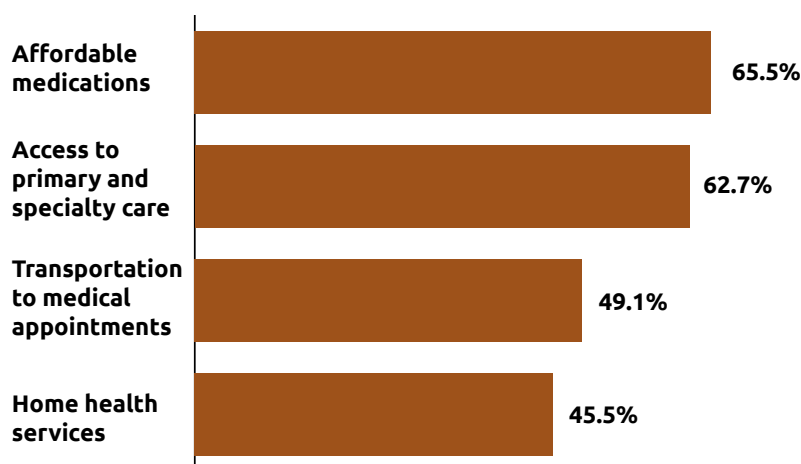
The long-term effects of the 2020 hurricanes (Laura and Delta) continue to shape healthcare access across the catchment area, particularly in Cameron Parish. **More than 80% of Cameron Parish residents reported that services have either declined or shown no**

noticeable improvement since the storms. Some key informants have stated that beyond the direct damage to facilities, the hurricanes introduced lasting financial strain, housing instability, and emotional stress that continue to affect residents' ability to obtain and afford care. The loss of specialty providers in the aftermath has been especially consequential, contributing to longer wait times and requiring residents to travel farther for services.

Older Adult Needs

Almost half of CHNA respondents identified as 65+ or cared for someone 65+. **Nearly two-thirds of those who are 65+ and/or caregivers cited affordable medications as one of the most important health needs for seniors**, followed by access to primary and specialty care, transportation to medical appointments, and home health services (Figure 11).

Figure 11: Most important support needs for older adults, as reported by respondents aged 65+ and caregivers



All key informants identified older adults as a population requiring additional support, particularly those living alone, experiencing mobility limitations, or lacking reliable transportation. Social isolation and access to basic utilities emerged as a major concern. As one key informant put it: ***“Being in their homes and being without, of course, at time, without the basic necessities of electricity and things like that. And so how were they surviving? That was a challenge for us.”*** Key informants sought greater focus on older adults, and with an aging population, the demand for these supports is poised to grow.

Care Seeking Behaviors (Survey Responses)

Survey respondents were also asked about the frequency and ways in which they seek care. As Table 10 shows, **the majority of respondents (90.2%) reported having their last wellness exam less than two years ago**. An additional 6.6% reported having one between two and five years ago, while 2.13% reported more than five years ago. Less than 1% reported never having a checkup or physical exam.

Table 10: Time since last wellness visits among CHNA respondents

Response	%
Less than 2 years ago	90.2
Between 2 – 5 years ago	6.6
More than 5 years ago	2.1
I have never had a checkup or physical exam	0.4

Telehealth, Broadband Access, and Sources of Health Information

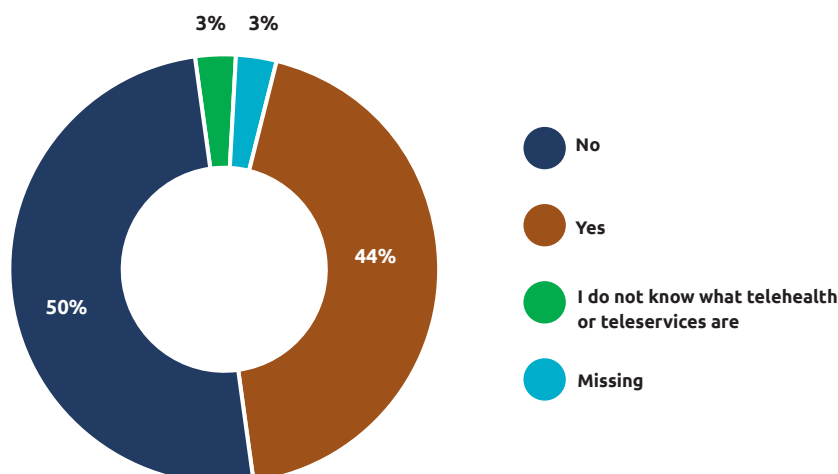
Reliable broadband access is essential for accessing telehealth and other virtual health services. As shown in Table 11, most households in both parishes have access to broadband internet. However, Cameron Parish has a slightly lower rate of broadband access than both Louisiana overall and neighboring Calcasieu Parish, which may create an additional barrier to accessing telehealth services, particularly for rural residents who face challenges traveling to in-person care.

Table 11: Percent of homes with broadband access from secondary data

Calcasieu Parish	86%
Cameron Parish	83%
Louisiana	87%

Nearly four percent of CHNA respondents indicated access to broadband/internet as a top social concern in their community. When asked if they have ever received care through telehealth services, nearly half of respondents have experienced telehealth services (Figure 12).

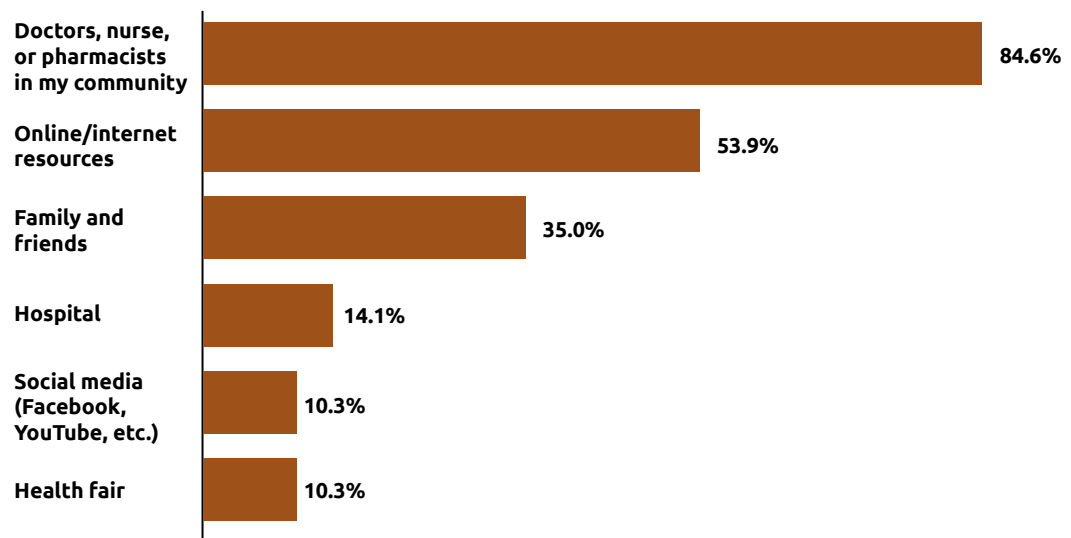
Figure 12: Half of CHNA respondents have received care through telehealth



Health literacy is important to access and understand healthcare services. **Most CHNA respondents (59.2%) reported being very confident in their ability to understand information provided by healthcare providers.** An additional 29.6% reported being slightly confident, while 6% were unsure. Smaller proportions reported not being too confident (3.0%) or not at all confident (2.2%).

As seen in Figure 13, **the most reported sources of health information were doctors, nurses, or pharmacists in the community (84.6%),** followed by online/internet resources (53.9%) and family and friends (35.04%). Smaller proportions reported using hospitals (14.1%), social media (10.3%), and health fairs (10.3%).

Figure 13: CHNA respondents' sources of health and wellness information



Note: Responses shown reflect those chosen by at least 10% of respondents.

A key informant highlighted the need for a formal community education process to help residents understand available resources, particularly those who are uninsured or have limited access to support. As one health provider stated, ***“I do wish we had some sort of formal education process for the community to come in and say, hey, I have nothing. I have no insurance, I have nothing...”***

Mental and Behavioral Health and Substance Use

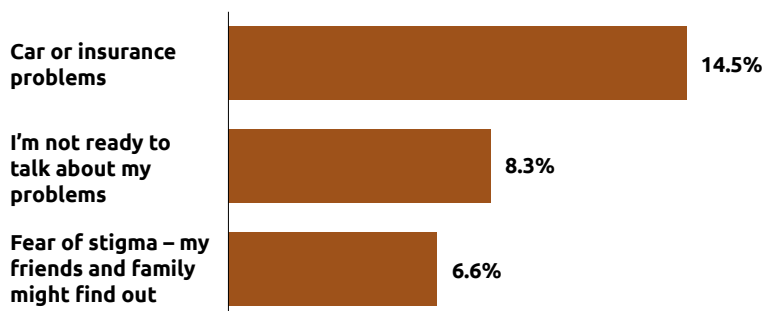
Mental Health Care

Mental and behavioral health emerged as the community’s single most consistent concern across every source of data collected for this assessment. **54.7% of survey respondents named mental health as a top health concern, and nearly all 11 key informants raised it independently, with a regional medical director describing it as “one of the region’s highest public health priorities”.** Among respondents who identified the lack of mental health services as a social problem, approximately **half reported that access to mental health services has remained unchanged over the past three years, while one-third reported that access has worsened.**

As described in the Social and Economic Context section above, several key informants pointed to a tension between the strength of WCCH’s tight-knit communities and residents’ willingness to seek behavioral health care, out of concern for privacy or being judged by neighbors.

20% of CHNA respondents reported that they have received mental health services in the past year. Of the nearly 80% of respondents who have not received mental health services, **cost or insurance problems were the most identified barrier (14.5%),** followed by not feeling ready to discuss personal problems (8.3%) and fear of stigma (6.6%). Other barriers included long wait times (6.0%), lack of nearby providers (5.7%), and uncertainty about how to find mental health support (3.5%) (Figure 14). Overall, these findings suggest that both financial and access-related barriers, as well as stigma and readiness to seek care, may limit utilization of mental health services in the community.

Figure 14: Top barriers to seeking mental health care among CHNA respondents



On average, adults in Calcasieu (6.0 days) and Cameron (6.2 days) parishes report their mental health being “not good” about one day in five each month – slightly above the state average at 5.7 which is the second highest in the nation (Table 12). This secondary data indicator points to poor mental health as a common, community-wide experience across the service area.

Table 12: Average number of mentally unhealthy days reported in past 30 days

Calcasieu Parish	6.0
Cameron Parish	6.2
Louisiana	5.7

As shown in Table 13, secondary data indicate a substantial shortage of mental health providers in Cameron Parish compared with both Calcasieu Parish and Louisiana overall. Louisiana has approximately 1 mental health provider for every 270 residents, while Calcasieu Parish has approximately 1 provider for every 340 residents. In contrast, Cameron Parish has approximately 1 mental health provider for every 4,680 residents, representing a provider-to-population ratio more than 15 times higher than the state rate.

This disparity is particularly significant given Cameron Parish's rural geography and dispersed population. The limited availability of mental health providers within the parish may require residents to travel to neighboring parishes to access behavioral health services, creating additional transportation and geographic barriers to care. For residents without reliable transportation, limited mobility, or the ability to travel outside the parish, these geographic barriers may further constrain timely access to mental health services.

Table 13: Ratio of population to mental health providers from secondary data

Calcasieu Parish	1:340
Cameron Parish	1: 4680
Louisiana	1:270

44% of survey respondents named substance use and addiction as a top health priority, especially among teens and young people. As shown in Table 14, **most respondents said that they were very or somewhat concerned about mental health, substance use (alcohol, opioids, fentanyl), and suicide in their community.**

Substance Use and Addiction

Table 14: CHNA respondent's perceived level of concern about mental health and substance use issues

Issue	Not concerned	Somewhat concerned	Very concerned
Mental health in adults	31 (13.7)	81 (35.8)	114 (50.4)
Mental health among teens and young people	19 (8.6)	63 (28.4)	140 (64.1)
Opioid, fentanyl, or other drug misuse	19 (8.6)	54 (24.6)	147 (66.8)
Alcohol abuse	30 (13.6)	64 (29.1)	126 (57.3)
Suicide rates in the community	31 (14.0)	68 (30.8)	122 (55.2)

Secondary data shows drug overdose mortality in Calcasieu Parish at 67 deaths per 100,000 residents, more than double the U.S. rate of 32 per 100,000. Overdose mortality is higher among the Black or African American population (40 per 100,000) than the White population (36 per 100,000) in Calcasieu Parish. Opioid overdose mortality in Calcasieu Parish is 44 deaths per 100,000, compared with a rate above 5 per 100,000 in Cameron Parish. Tobacco use is 17% in both parishes, lower than the state rate of 20% but higher than the U.S. rate of 16%.

Key informants described substance use as closely connected to mental health, often used as a form of self-medication. Medical providers and law enforcement informants alike reported **growing rates of overdose, suicide, and severe depression, a trend they noted as especially pronounced in younger populations.** Treatment resources have diminished over time, reducing options for residents seeking care, and informants pointed to overlap between homelessness, untreated mental illness, and substance use disorders.

Chronic Disease Prevention and Management

Chronic disease was the most frequently cited health concern across the survey, with cancer, heart disease, diabetes, and obesity all appearing among residents' top five health issues.

Almost half of key informants raised chronic disease and its risk factors, including hypertension, obesity, nutrition, and sedentary lifestyle, as a top concern. A local physician at WCCH identified poverty, limited access to affordable healthy food, financial hardship, and low health literacy as the underlying drivers, echoing the Social and Economic Context findings above.

Chronic Disease, Cancer, and Screenings

Obesity affects a larger share of Calcasieu Parish residents than the state average, while Cameron Parish's rate is lower. Diabetes and hypertension rates in both parishes are slightly below the state average (Table 15).

Table 15: Percent of obesity, hypertension, and diabetes among residents from secondary data

	Calcasieu Parish	Cameron Parish	Louisiana
Diabetes	13.0%	11.0%	14.0%
Hypertension	39.0%	35.5%	41.2%
Obesity	43.0%	36.0%	42.0%

Cancer screenings are an important measure of preventive health, allowing for the early detection and treatment of cancer. Table 16 below presents two cancer screening rates: mammography (age 40+) and colonoscopy across Calcasieu Parish, Cameron Parish, and Louisiana overall

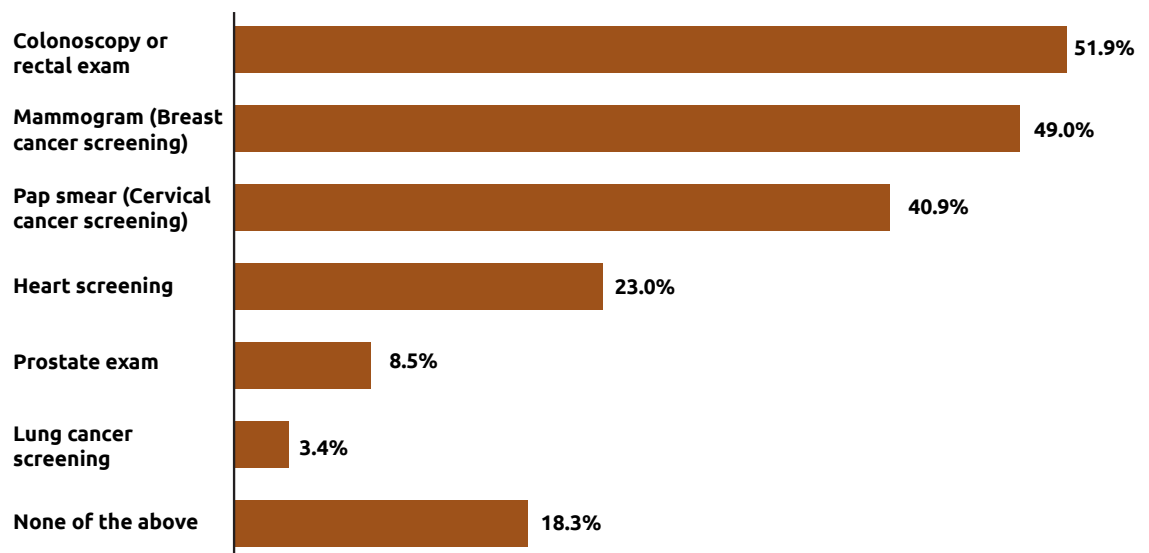
For mammography, Calcasieu Parish is at 77.6%, while Cameron Parish and Louisiana are both at 69.7%. For colonoscopy, Calcasieu Parish is at 65.1%, Cameron Parish at 58.6%, and Louisiana at 50.8%. Across both measures, Calcasieu Parish has the highest rates, and both parishes report colonoscopy rates above the state figure.

Table 16: Mammography and colonoscopy rates among residents from secondary data

	Calcasieu Parish	Cameron Parish	Louisiana
Mammography (Age 40+)	77.6%	69.7%	69.7%
Colonoscopy	65.1%	58.6%	50.8%

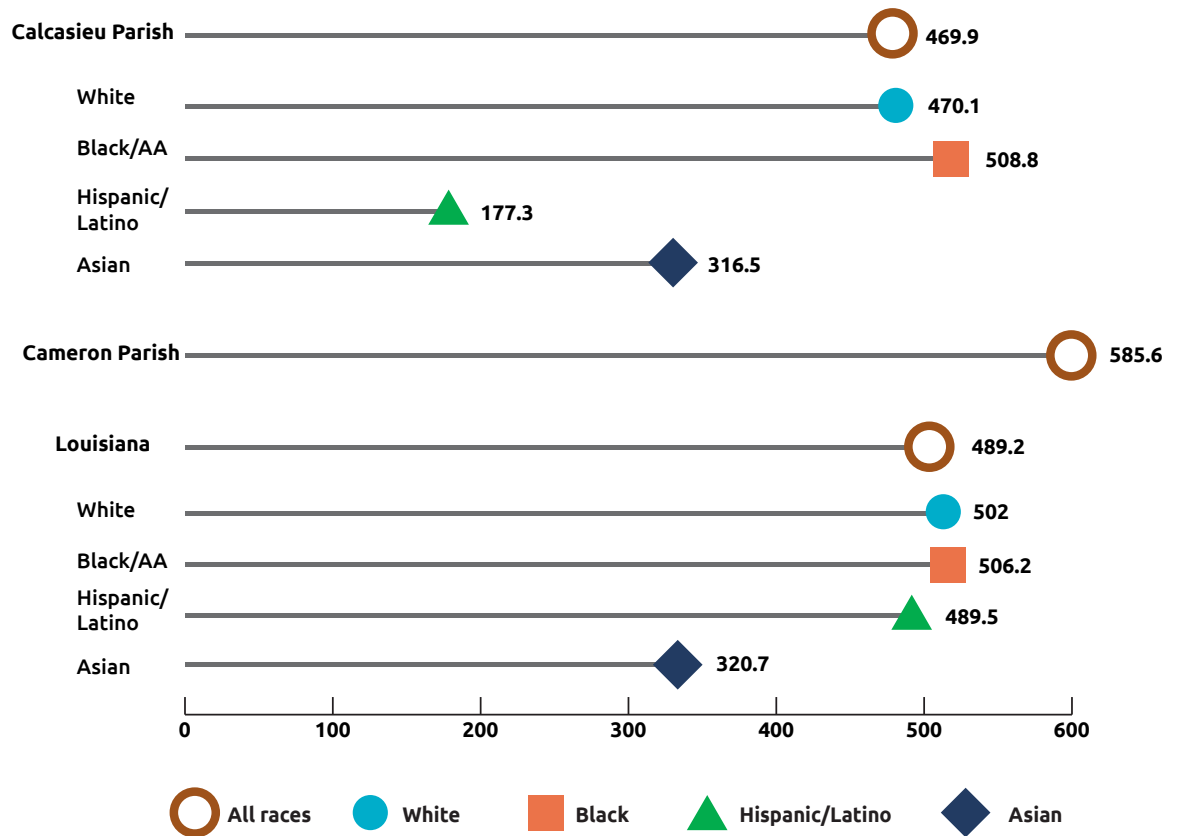
Among survey respondents, colonoscopy and mammogram were the most commonly reported cancer screenings, though 18% said they had not had any of the screenings listed in the past three years (Figure 15)

Figure 15: Cancer screenings among CHNA respondents



Cameron Parish has the highest overall cancer incidence rate in the region, and within Calcasieu Parish, incidence is higher among Black or African American residents than White residents (Figure 16).

Figure 16: All cancer sites incidence rate per 100,000 residents, by parish and race/ethnicity



Note: All-site cancer incidence by race is unavailable for Cameron Parish due to unreliable data

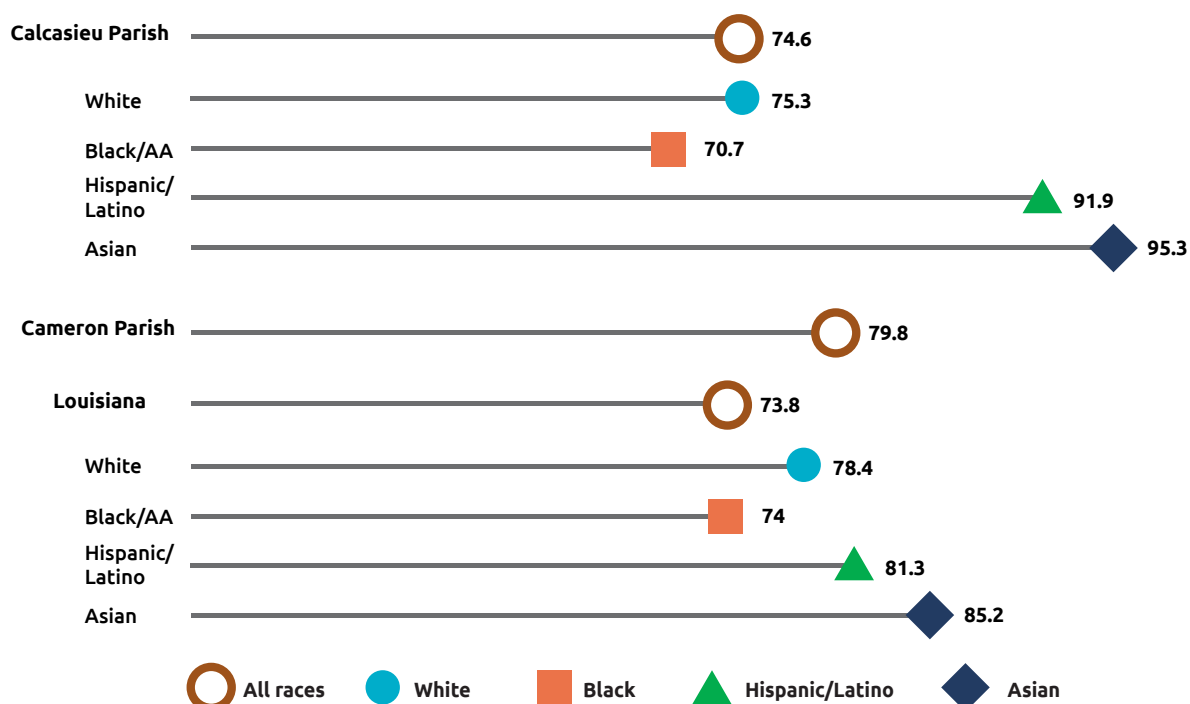
Additional Health Outcomes

The indicators below did not rise to the level of the top three priorities in this CHNA, either because they were not raised consistently across the survey and interviews (life expectancy, sexual health) or because they affect a smaller share of the community (maternal and infant health). They are included here as additional context, since they still shape the overall health picture of the WCCH service area.

Life Expectancy

Life expectancy provides an important measure of overall population health and reflects the cumulative effects of social, economic, and healthcare conditions. Figure 17 illustrates differences in life expectancy across racial and ethnic groups in Calcasieu Parish and Louisiana. In Calcasieu Parish, overall life expectancy is 74.6 years, compared with 73.8 years statewide. Within Calcasieu Parish, Asian residents have the highest life expectancy at 95.3 years, followed by Hispanic/Latino residents at 91.9 years and White residents at 75.3 years. Black residents have the lowest life expectancy at 70.7 years. Cameron Parish has an overall life expectancy of 79.8 years. These differences highlight racial and ethnic disparities in longevity and the importance of addressing the social and structural factors that contribute to differences in health outcomes.

Figure 17: Life expectancy among White, Black, Hispanic/Latino, and Asian residents from secondary data



Note: Life expectancy by race is unavailable for Cameron Parish due to unreliable data

Maternal and Infant Health

Three percent of CHNA respondents identified maternal health as one of their top community health priorities, which may reflect the community’s relatively older population and the resulting lower proportion of survey respondents of childbearing age. Despite the survey findings, secondary data indicate challenges in reproductive and maternal health outcomes across Cameron Parish and Calcasieu Parish.

According to County Health Rankings, early childbearing is associated with worse health outcomes for both the mother and child, making teen birth rates an important area to examine.⁵ The teen birth rate varied across the three areas, with Calcasieu Parish reporting the highest rate at 29 births per 1,000 teens ages 15–19, compared with 25 statewide and 19 in Cameron Parish (Table 17). Calcasieu Parish’s rate was approximately 16% higher than the state rate, while Cameron Parish had the lowest rate.

Table 17: Teen birth rates per 1,000 females ages 15-19

Calcasieu Parish	29
Cameron Parish	19
Louisiana	25

Among women who reported smoking during pregnancy, 8.6% in Calcasieu Parish reported smoking during pregnancy, compared with 2.9% statewide (Table 18). Data for Cameron Parish was not available. Because smoking during pregnancy is associated with premature birth and low birthweight, this elevated prevalence represents a meaningful maternal and infant health concern for Calcasieu Parish.⁶

Table 18: Women who reported smoking during pregnancy

Calcasieu Parish	8.6%
Cameron Parish	Not available
Louisiana	2.9%

Low birth weight is an indicator of the prenatal environment, the health status of the birthing parent, and a risk factor for infant mortality or morbidities for the child later in life.⁷ Low birth weight was reported for 11% of births in both Calcasieu Parish and Louisiana

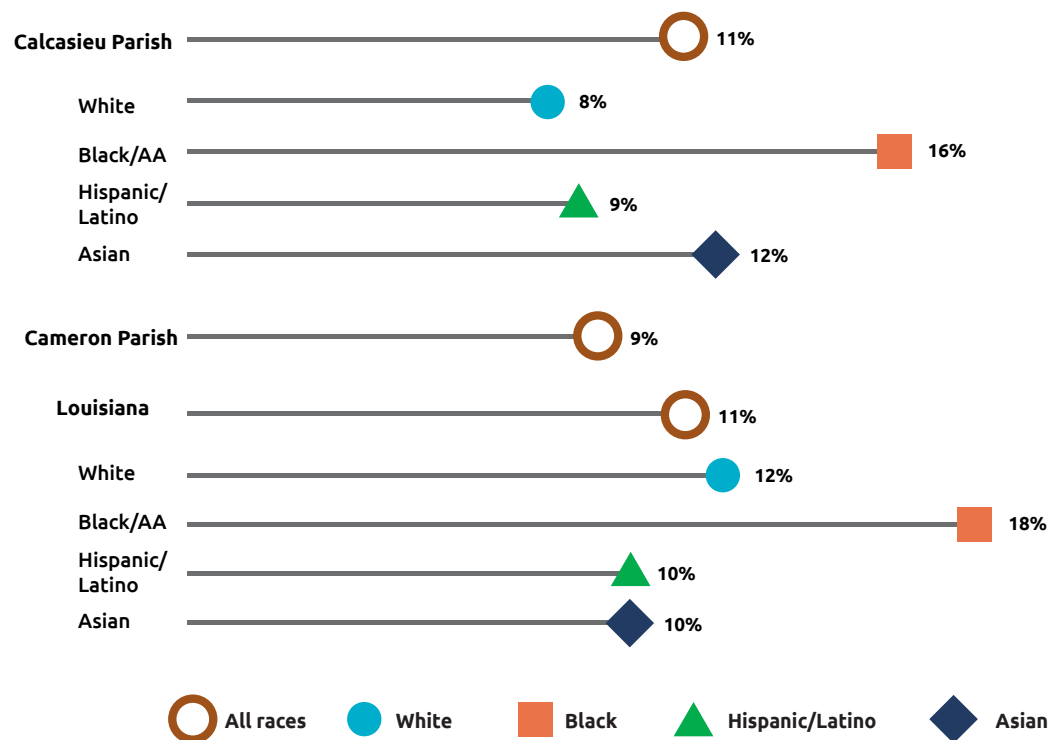
5 University of Wisconsin Population Health Institute. (2026). *Teen births* [Health measure]. County Health Rankings & Roadmaps., from <https://www.countyhealthrankings.org/health-data/community-conditions/health-infrastructure/health-promotion-and-harm-reduction/teen-births>

6 Azagba, S., Manzione, L., Shan, L. et al. Trends in smoking during pregnancy by socioeconomic characteristics in the United States, 2010–2017. *BMC Pregnancy Childbirth* 20, 52 (2020). <https://doi.org/10.1186/s12884-020-2748-y>

7 University of Wisconsin Population Health Institute. (2025). *County Health Rankings & Roadmaps 2025*. <https://www.countyhealthrankings.org/health-data/population-health-and-well-being/quality-of-life/physical-health/low-birth-weight>

overall, compared with 9% in Cameron Parish. As illustrated in Figure 18, in Calcasieu Parish, there was a notable racial difference in low birth weight rates, with 16% of Black infants experiencing low birth weight compared with 8% of White infants. This represents an 8-percentage-point difference, with the rate among Black infants twice that of White infants. Hispanic/Latino infants had a low birth weight rate of 9%, while Asian infants had a rate of 12%. Statewide, the low birth weight rate was also highest among Black infants (18%), compared with 12% among White infants, 10% among Hispanic infants, and 10% among Asian infants.

Figure 18: Percent low birth weight among White, Black, Hispanic, and Asian populations from secondary data



Note: Birth weight by race is unavailable for Cameron Parish due to unreliable data

Sexual Health

This topic follows the Maternal and Infant Health section owing to the relationship between maternal and infant health outcomes and sexual health. Sexually transmitted infections (STIs) can have long-term reproductive repercussions for all members of the population, especially teen mothers who are at a higher risk for STIs.⁸

Chlamydia incidence was 668.4 cases per 100,000 residents in Calcasieu Parish and 377.5 per 100,000 in Cameron Parish. While both parishes fell below Louisiana’s statewide rate of 792.4 per 100,000, it is important to note that Louisiana has the highest chlamydia rate of any state in the nation (Table 19).⁹

Table 19: Chlamydia incidence per 100,000 residents from secondary data

Calcasieu Parish	668.4
Cameron Parish	377.5
Louisiana	792.4

HIV prevalence was 398 cases per 100,000 residents in Calcasieu Parish and 252 per 100,000 in Cameron Parish (Table 20). While both parishes fell below Louisiana’s statewide rate of 592 per 100,000, it is important to note that Louisiana consistently ranks among the highest in the nation for HIV.¹⁰

Table 20: Rates of HIV prevalence per 100,000 residents from secondary data

Calcasieu Parish	398
Cameron Parish	252
Louisiana	592

8 University of Wisconsin Population Health Institute. (2025). *Sexually transmitted infections*. County Health Rankings & Roadmaps. <https://www.countyhealthrankings.org/health-data/community-conditions/health-infrastructure/health-promotion-and-harm-reduction/sexually-transmitted-infections?year=2025>

9 America’s Health Rankings. (2026). Chlamydia in Louisiana. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention AtlasPlus. United Health Foundation. <https://www.americahealthrankings.org/explore/measures/chlamydia/LA>

10 Ibid.

Significant Issues

LPHI compiled every finding from the community survey, key informant interviews, and secondary data sources into a triangulation matrix, tracking how many of the three data sources confirmed each theme. Ten themes were confirmed by all three sources: mental health, substance use and addiction, cancer, heart disease, diabetes, obesity, well-paying employment, air quality, access to primary care, and food and nutrition.

A further set of themes was confirmed by two of the three sources, including the cost of healthcare, unaffordable housing, transportation, support for older adults, community strengths, and the continuing effects of the 2020 hurricanes.

Steps to Prioritization

LPHI presented the triangulated findings to WCCH leadership for review, as described above. Leadership consolidated the most strongly confirmed themes into three priority areas, informed by the severity and breadth of each issue and WCCH's capacity to address it. All three areas have also been consistent priorities across multiple CHIP cycles, allowing WCCH to build on work already underway rather than starting from scratch.

Criteria used (severity, feasibility, community input etc.)

- The number of data sources confirming each issue
- The size and vulnerability of the population affected
- WCCH's capacity and role in addressing the issue, relative to other agencies already active in the space
- Continuity with priorities identified in the 2020 and 2023 CHIP cycles

Final List of Prioritized Needs

As a result of the 2026 CHNA process, WCCH prioritized three significant health issues that have also been identified as priorities in past CHIPs. While progress has been made, these issues are complex and will require sustained, collaborative efforts over time to achieve meaningful and lasting impact.

The three priority areas are:

- **Access to Care:** This includes barriers related to the cost of care, transportation challenges, and the unique healthcare needs of older adults.
- **Mental and Behavioral Health and Substance Use:** This priority addresses mental health needs, behavioral health services, and substance use and addiction, with an emphasis on strengthening access to appropriate resources and support.
- **Chronic Disease Prevention and Management:** This area focuses on preventing and managing chronic conditions while addressing contributing factors such as access to healthy foods, community resources, and social support

Progress Since the 2023 CHIP

This section presents WCCH's evaluation of the impact of actions taken between 2023 and 2025 to address the priorities identified in the 2023 CHNA, as required under IRS Section 501(r)(3). Because the same three priority areas carried forward into this 2026 assessment, the work below reflects the foundation this CHIP will continue to build on.

Access to Care

- **Clinical and specialty access:** Operated the Community Health Center (primary care, general surgery, gynecology, wound care) with open access for uninsured and underinsured patients, and launched a dedicated Cardiology Clinic in 2025.
- **Primary care preservation:** Acquired Sulphur's largest primary care clinic after its owner's sudden death to prevent a gap in patient care, onboarding two full-time physicians (primary care and internal medicine) and two nurse practitioners.
- **Provider and facility growth:** Added a second internal medicine physician in Sulphur and placed a full-time nurse practitioner at the Vinton Rural Health Clinic.
- **Public health integration:** Partnered with the Louisiana Department of Health to relocate and host the Sulphur Health Unit on the WCCH campus, providing weekly reproductive health clinics, family planning, immunizations, STI/SC testing, WIC services, and community health worker navigation.
- **Diagnostic and capital upgrades:** Installed Biofire laboratory diagnostic technology and remodeled outpatient lab spaces; replaced the CT scanner at the Diagnostic Center, upgraded the mobile X-ray unit, modernized two X-ray rooms, and expanded X-ray services to the Pulmonology Clinic; added point-of-care ultrasound for ICU/Surgery, upgraded two ultrasound units, enhanced the FollowMyHealth patient portal, and began an EMR infrastructure assessment.
- **Health equity and financial navigation:** Established the Calcasieu Community Fund (2024) to help patients with unmet medical costs, implemented systematic social determinants of health screenings, secured grant funding for food vouchers, joined the Vizient Health Equity Task Force, and took part in regional health screening fairs, including in underserved Starks.

Mental and Behavioral Health and Substance Use

- **Substance use intervention and harm reduction:** Participated in the Louisiana Bridge Program, placing Substance Use Navigators in the Emergency Department three days a week to connect patients with medication-assisted treatment, harm reduction education, discharge planning, and follow-up care. Maintained ED protocols aimed at reducing opioid administration.
- **Clinical mental health integration:** Started routine anxiety and depression screening in inpatient and outpatient women's health settings, expanded telepsychiatry at the Rural Health Clinics, and continued close collaboration with Unity Psychiatry, the area's sole local specialty provider.
- **Community and youth support:** Hosted Camp Smiling F.A.C.E.S. for youth with physical and neurodevelopmental conditions, offered equine-assisted occupational therapy through the Genesis Therapeutic Riding Center, and engaged high school students through health fairs, expert talks, and job shadowing.

Chronic Disease Prevention and Management

- **Evidence-based care and Operations:** Applied evidence-based guidelines and MCIP measures to tailor chronic disease management to individual patient needs and streamlined Community Health Center hours to improve access.
- **Diabetes and nutrition:** Delivered a CDC-approved Diabetes Education Program led by a Certified Diabetes Care and Education Specialist, hosted physician-led community diabetes seminars and support groups, ran quarterly healthy cooking demonstrations, and offered daily healthy cafeteria options and an employee wellness program.
- **Oncology support and navigation:** Provided financial relief to local breast cancer patients through the Ethel Precht Hope Breast Cancer Program, hosted the annual Ethel Precht Hope Breast Cancer Walk (about 4,000 participants), ran the Pink Crusade support group, provided a dedicated Breast Health Navigator, and began developing a lung cancer navigation program.
- **Physical wellness and rehab:** Offered aquatics for arthritis, Silver Sneakers senior fitness, and summer fitness camps for adolescents and teens, and educated cardiac rehab patients on long-term movement health to support their transition into community fitness centers.

Next Steps

Following adoption of this CHNA, WCCH will develop a three-year CHIP describing how it intends to address the three priority areas identified above. The CHIP will be a separate written document, also adopted by WCCH's governing body, and will build on the preliminary findings WCCH has already begun using to shape its planning.

Transition to Planning and Implementation (CHIP)

For each of the three priority areas, the CHIP will describe:

- Specific goals, strategies, and measurable objectives, building on the approach WCCH used in its 2020 and 2023 CHIP cycles
- The internal resources WCCH plans to commit, and the community partners and organizations it plans to collaborate with, including those identified through the key informant interviews for this assessment
- A three-year implementation timeline, with progress tracked annually

Appendices

Appendix A: Local Community Organizations Mentioned by Participants

Name of Organization	Focus Area	Description
Catholic Charities of Southwest Louisiana	Basic needs / emergency financial assistance	Catholic Charities of Southwest Louisiana (Diocese of Lake Charles) serves qualified clients across the five civil parishes in the diocese: Allen, Beauregard, Calcasieu, Cameron, and Jefferson Davis. Assistance includes rent/mortgage/deposit and utility help, foodbank and monthly food distribution, SNAP application help, homeless outreach, prescription and funeral expense assistance, and transportation (bus tickets).
United Way of Southwest Louisiana	Social services	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.
Council on Aging	Senior services	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.
Care Help	Emergency assistance / Food security	A Sulphur nonprofit whose mission is to aid community members in temporary emergency situations, providing short-term assistance and promoting life skills. It runs a food pantry using a “free choice” model, letting individuals select items from each category, and is a SNAP community partner offering application assistance, with outreach extending into rural Cameron Parish.
Meals on Wheels	Senior services/ Food security	Home-delivered meal program for homebound seniors and disabled adults, supporting nutrition and independent living. In Calcasieu it is operated through the Council on Aging.
Local food pantries	Food security	Church and community-based pantries distribute free groceries to households facing food insecurity. Examples across the service area include Our Lady of LaSalette Catholic Church and Open Door Biker Church in Sulphur, and Abraham’s Tent, Faith and Friends, and Greater St. Mary Baptist Church pantries in Lake Charles, several tied to Second Harvest Food Bank.
West Calcasieu Cameron Community Health Center	Health Access	The city of Sulphur’s first community-based clinic was created as an independent extension of West Calcasieu Cameron Hospital to expand access to care for medically underserved, low-income residents. It offers affordable, non-emergency primary care as an alternative to ER use and provides Medicaid application assistance.

Name of Organization	Focus Area	Description
Oxford House	Behavioral Health Access	A model of peer run recovery housing. Normally serves as a transitional home after a detox or a 28-day program.
WCCH	Health Access	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.
Hackberry Rural Health Clinic	Rural Health Access	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.
Johnson Bayou Rural Health Clinic	Rural Health Access	WCCH operates this RHC, which offers a variety of services with medical care provided by nurse practitioners, nurses, and support staff.
Vinton Medical Clinic	Rural Health Access	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.

Key informants mentioned churches as a major asset. Other general assets mentioned include Citizen Action Panels (CAPs), local businesses, recreation centers, parks, senior citizen centers, and grocery stores.

Appendix B: Key Informant Matrix (N=11)

Roles Represented (IRS Recommended)	Organization/Affiliation
Public Health (1)	Regional Medical Director, Louisiana Office of Public Health (OPH)
Local School District (1)	Cameron Parish School Superintendent
Nonprofit and community-based organizations (1)	Catholic Charities of SWLA
Local government officials (4)	• City of Sulphur Mayor • City of Vinton Mayor • District 12 Police Juror • Cameron Parish Police Juror – Hackberry District
Health care providers and community health centers (3)	• Lead Physician, Family Nurse Practitioner from WCCH Community Health Center • Mental and Behavioral Health Professional
Private businesses (1)	Cameron LNG, Public Affairs

Appendix C: Community Health Needs Assessment Survey Results – Demographics (N=235)

Characteristic	n	%
Home parish		
Calcasieu Parish	196	83.40
Cameron Parish	29	12.34
Other	10	4.26
Age		
18–24	3	1.28
25–34	15	6.38
35–44	34	14.47
45–54	48	20.43
55–64	41	17.45
65+	89	37.87
Missing	5	2.13
Race and ethnicity		
White	198	84.98
Black or African American	30	12.88
Asian	3	1.29
Hispanic or Latino	3	1.29
Native American, American Indian, or Alaska Native	3	1.29
Native Hawaiian or Pacific Islander	3	1.29
I identify another way	3	1.29
Middle Eastern or North African	0	0.00
Missing	2	—
Gender identity		
Woman	177	75.97
Man	54	23.18
Nonbinary, gender fluid, or gender nonconforming	1	0.43

Characteristic	n	%
I identify a different way	1	0.43
Intersex	0	0.00
Missing	2	—
Household size		
1	54	22.98
2	89	37.87
3	23	9.79
4	41	17.45
5 or more	28	11.91
Household income		
Under \$15,000	24	10.21
\$15,000–\$24,999	28	11.91
\$25,000–\$34,999	15	6.38
\$35,000–\$49,999	17	7.23
\$50,000–\$74,999	28	11.91
\$75,000–\$99,999	25	10.64
\$100,000–\$149,999	26	11.06
\$150,000+	40	17.02
I don't know	13	5.53
Missing	19	8.09
Highest level of education		
Less than high school	8	3.40
High school diploma or GED	44	18.72
Vocational training or Associate's degree	37	15.74
Some college	30	12.77
College degree	58	24.68
Graduate or professional degree	25	10.64
Missing	25	10.64

Characteristic	n	%
Employment status		
Employed full-time	106	45.11
Retired	80	34.04
Employed part-time	24	10.21
Unable to work due to disability	18	7.66
Self-employed	10	4.26
Homemaker	9	3.83
Student	2	0.85
Unemployed, looking for work	2	0.85
Health insurance coverage		
Private insurance through employer	125	53.19
Medicare	89	37.89
Medicaid	35	14.89
I do not have health insurance	10	4.26
Other	8	3.40
Veterans Administration	4	1.70
I don't know	1	0.43
Where survey was received		
Online / QR code	96	40.85
Community event or health fair	40	17.02
Community organization or nonprofit	36	15.32
Workplace	28	11.91
Other (specify)	24	10.21
Clinic or health center	4	1.70
Church or faith organization	3	1.28
Missing	4	1.70

Appendix D: Secondary Data Sources

Section	Category	Indicators	Source(s)	Year
Defining the Community	Demographics	- Median Age; Age under 18 yrs; Age 65 yrs and over - Median household income - Total population - Race/ethnicity (pct) - People who speak languages other than English (pct)	United States Census Bureau. 2024 American Community Survey 5-year estimates.	2019-2024
Social and Economic Factors	Social Determinants of Health (SDoH)	Percentage of households below ALICE threshold	United for ALICE, 2024	2024
Social and Economic Factors	Social Determinants of Health (SDoH)	- Food Insecurity - Severe Housing Cost Burden - Children in Poverty (avg) and by race/ethnicity (pct) - Childcare cost burden (pct) - Unemployment (pct)	County Health Rankings	2020-2024
Social and Economic Context	Climate and Environment	Air Pollution: Particulate Matter	County Health Rankings	2024
Access to Care	Telehealth, Broadband Access, and Sources of Health Information	Broadband Access	County Health Rankings	2024
Access to Care	Mental Health	- Poor Mental Health Days - Mental Health Providers	County Health Rankings	2024
Maternal & Infant Health	Reproductive/ Maternal & Infant Health	- Percentage of Low Birth Weight (avg) and by race/ethnicity - Teen Birth Rate - Women who reported smoking during pregnancy	County Health Rankings	2024
Sexual Health	Reproductive & Sexual Health	Chlamydia Incidence	County Health Rankings	2024
Sexual Health	Reproductive & Sexual Health	Rates of Persons Living with HIV per 100k, 2024	AIDSVu	2024
Chronic Disease	Nutritional & Dietary Health	Diabetes and Obesity Prevalence	County Health Rankings	2024
Chronic Disease	Cancer	All Cancer Sites Incidence (Age-Adjusted) and by race/ethnicity	National Cancer Institute (NCI)	2018-2022

Section	Category	Indicators	Source(s)	Year
Chronic Disease	Cancer	Percentage of female Medicare enrollees aged 65–74 who received an annual mammogram	County Health Rankings	2023
Chronic Disease	Cancer	Colonoscopy screening rates	U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Louisiana Behavioral Risk Factor Surveillance System	2014-2018
Social and Economic Context	Substance Use	- Tobacco use - Drug Overdose Mortality (avg) and by Race	County Health Rankings	2024
Social and Economic Context	Substance Use	Opioid Overdose Mortality Rate	Louisiana Department of Health	2024
Access to Care	Primary Health	- Preventable Hospital Stays (avg) and by race/ethnicity - Access to Primary Care Physician - Life Expectancy (avg) and by race/ethnicity	County Health Rankings	2024

Appendix E: Survey Instrument

2026 Community Health Survey

West Calcasieu Cameron Hospital

Calcasieu and Cameron Parishes, Louisiana

Thank you for participating in this survey! West Calcasieu Cameron Hospital and the Louisiana Public Health Institute are partnering to conduct a Community Health Needs Assessment to ensure WCCH is meeting the health priorities of people in Calcasieu and Cameron Parishes. Your thoughts are valuable and will help improve health services in our community. This survey should take about 10–15 minutes to complete. Your answers are confidential and will not affect any services or benefits you receive. You may skip any question you do not feel comfortable answering.

1. Are you 18 years of age or older?

- ☐ Yes
- ☐ No

PART I: Your Health

2. Would you say that in general your health is:

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

3. Over the last 3 months, how many days have you missed work or other activities because you were sick or not feeling well?

- ☐ None
- ☐ 1 – 5 days
- ☐ 6 – 10 days
- ☐ 11 – 15 days
- 20 days or more

4. When you are sick or need health care, are you able to visit a doctor or health care provider?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Frequently
- ☐ Always

5. If you have ever chosen not to see a doctor when you needed to, what were the main reasons? (Select up to 3)

Skip this question if you always see a doctor when you need to.

- ☐ I can't afford it or have insurance problems
- ☐ The doctor or clinic is too far away
- ☐ I do not have transportation
- ☐ Available appointments do not suit my work schedule
- ☐ The provider does not accept my insurance (e.g., Medicaid)
- ☐ I don't have childcare
- ☐ I was not ready to talk about my health problem
- ☐ I did not know where to go
- ☐ Not applicable – I always see a doctor when I need to
- ☐ Other: _____

6. When was your last wellness visit with a doctor, nurse practitioner or physician assistant?

- ☐ Less than 2 years ago
- ☐ Between 2 – 5 years ago
- ☐ More than 5 years ago
- ☐ I have never had a checkup or physical exam

7. Have you ever had a doctor's appointment through telehealth or teleservices?

- ☐ Yes
- ☐ No
- ☐ I do not know what telehealth or teleservices are

8. Have you had any of the following cancer screenings in the past three years? (Select all that apply)

- ☐ Colonoscopy or rectal exam
- ☐ Heart screening
- ☐ Mammogram (breast cancer screening)
- ☐ Pap smear (cervical cancer screening)
- ☐ Prostate exam
- ☐ Lung cancer screening
- ☐ None of the above

9. How confident do you feel in understanding information provided by your health care provider?

- ☐ Not at all confident
- ☐ Not too confident
- ☐ Somewhat confident
- ☐ Very confident

10. Where do you go for information about health and wellness? (Select all that apply)

- ☐ Doctors, nurses, or pharmacists in my community
- ☐ Family and friends
- ☐ Television or radio
- ☐ Online / internet resources
- ☐ Social media (Facebook, YouTube, etc.)
- ☐ Church or faith organization
- ☐ Health department or health fair
- ☐ Other: _____

11. During a health crisis, who do you turn to for support? (Select up to 3)

- ☐ Family or relatives
- ☐ Friends, neighbors, or co-workers
- ☐ Local community organizations
- ☐ My congregation or faith leader
- ☐ Online support groups
- ☐ I don't know
- ☐ Other: _____

PART II: Mental Health and Substance Use

These questions ask about mental health in your community. Your answers are anonymous.

12. Have you received mental health services or counseling in the past year?

- ☐ Yes
- ☐ No

13. What barriers, if any, prevent you from seeking mental health support? (Select all that apply)

- ☐ Cost or insurance problems
- ☐ Fear of stigma – my friends or family might find out
- ☐ Long wait times or no providers nearby
- ☐ I don't know how to find mental health support
- ☐ Not applicable
- ☐ Other: _____

14. How concerned are you about each of the following issues in your community?

Issue	Not Concerned	Somewhat Concerned	Very Concerned
Mental health in adults	☐	☐	☐
Mental health among teens and young people	☐	☐	☐
Opioid, fentanyl, or other drug misuse	☐	☐	☐
Alcohol abuse	☐	☐	☐
Suicide rates in the community	☐	☐	☐

15. Please select the 5 items you consider your community does very well.

- ☐ Faith-based organizations (e.g., churches)
- ☐ Good healthcare
- ☐ Good schools
- ☐ Good jobs / employment opportunities
- ☐ Low crime and violence
- ☐ Parks and recreation
- ☐ Services for older adults
- ☐ Support organizations for people in need
- ☐ Access to healthy food
- ☐ Community spirit and support for one another
- ☐ Other: _____

16. Please select the 5 items you think are the top 5 health problems in your community.

- ☐ Breathing problems (e.g., asthma, COPD)
- ☐ Cancer
- ☐ Dental problems
- ☐ Diabetes
- ☐ Heart disease or high blood pressure
- ☐ Mental health
- ☐ Obesity
- ☐ Prenatal and infant health
- ☐ Substance use / addiction (including overdose)
- ☐ Suicide
- ☐ Domestic violence
- ☐ Aging-related health concerns
- ☐ Smoking, vaping or tobacco use
- ☐ Other: _____

17. Please select the 5 items you think are the top 5 social problems in your community.

- ☐ Homelessness
- ☐ Unaffordable housing
- ☐ Cost of health care or insurance
- ☐ Not enough well-paying jobs
- ☐ Lack of healthy and affordable food
- ☐ Lack of mental health and substance use services
- ☐ Transportation access
- ☐ Racism and discrimination
- ☐ Crime or violence
- ☐ Poor air or water quality
- ☐ Cost of childcare
- ☐ Lack of educational opportunities
- ☐ Lack of services for older adults
- ☐ Access to broadband / internet
- ☐ Other: _____

18. For any of the problems you selected above, do you feel they have gotten better, worse, or stayed the same in the past three years?

Select one response for each issue you selected.

Issue	Gotten Better	Gotten Worse	Stayed the Same
Homelessness or unaffordable housing	☐	☐	☐
Cost of health care or insurance	☐	☐	☐
Lack of healthy and affordable food	☐	☐	☐
Transportation access	☐	☐	☐
Mental health and substance use services	☐	☐	☐

19. Please select the three environmental factors that most affect your health.

- ☐ Air quality (e.g., pollution from industry)
- ☐ Drinking water quality
- ☐ Flooding or severe storms
- ☐ Extreme heat
- ☐ Food quality
- ☐ Trash or waste near the home
- ☐ Other: _____

20. Please select how much you agree or disagree with the following statement: “Everyone in my community, regardless of race, gender, or age, has equal access to opportunities and resources.”

- ☐ Strongly agree
- ☐ Agree
- ☐ Undecided
- ☐ Disagree
- ☐ Strongly disagree

PART IV: Our Community

21. Are you 65 years of age or older, or do you care for someone who is? (Select all that apply)

- ☐ Yes, I am 65 or older
- ☐ Yes, I care for someone 65 or older
- ☐ No

22. If yes, what are the most important health or support needs for older adults in your community? (Select all that apply)

Skip this question if you answered No above.

- ☐ Access to primary and specialty care
- ☐ Transportation to medical appointments
- ☐ Home health services
- ☐ Mental health and social support
- ☐ Affordable medications
- ☐ Nutrition and meal support
- ☐ Other: _____

23. If you live in Cameron Parish, have you noticed changes in health services or resources available since the 2020 hurricanes?

Cameron Parish residents only. Skip if you live in Calcasieu Parish.

- ☐ Yes, services have decreased significantly
- ☐ Yes, services have decreased somewhat
- ☐ No noticeable change
- ☐ Services have improved
- ☐ I do not live in Cameron Parish

PART V: About You

Your answers help us understand how different community members experience health in our area.

24. What is your home parish?

- ☐ Calcasieu Parish
- ☐ Cameron Parish
- ☐ Other

25. What is your home zip code?

26. What age range are you in?

- ☐ 18 – 24
- ☐ 25 – 34
- ☐ 35 – 44
- ☐ 45 – 54
- ☐ 55 – 64
- ☐ 65+

27. To what race or ethnicity do you most identify? (Select all that apply)

- ☐ Asian or Pacific Islander
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native American or Alaska Native
- ☐ White
- ☐ I identify another way: _____
- ☐ Prefer not to answer

28. To which gender identity do you most identify?

- ☐ Man
- ☐ Woman
- ☐ Nonbinary, gender fluid, or gender nonconforming
- ☐ I identify a different way: _____
- ☐ Prefer not to answer

29. How many people are in your household, including you?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more

30. About how much was your household income last year?

- ☐ Under \$15,000
- ☐ \$15,000 – \$24,999
- ☐ \$25,000 – \$34,999
- ☐ \$35,000 – \$49,999
- ☐ \$50,000 – \$74,999
- ☐ \$75,000 – \$99,999
- ☐ \$100,000 or more
- ☐ Prefer not to answer

31. What is the highest level of education you have completed?

- ☐ Less than high school
- ☐ High school diploma or GED
- ☐ Vocational training or Associate's degree
- ☐ Some college
- ☐ College degree
- ☐ Graduate or professional degree

32. Which of the following best describes your employment status? (Select all that apply)

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Self-employed
- ☐ Homemaker
- ☐ Retired
- ☐ Student
- ☐ Unemployed, looking for work
- ☐ Unable to work due to disability

33. Which type of health insurance do you have? (Select all that apply)

- ☐ Private insurance through employer
- ☐ Medicaid
- ☐ Medicare
- ☐ Veterans Administration
- ☐ I do not have health insurance
- ☐ I don't know

34. Do you have an internet connection at home?

- ☐ Yes
- ☐ No

35. Where did you receive this survey? (Select one)

- ☐ Community event or health fair
- ☐ Church or faith organization
- ☐ Community organization or nonprofit
- ☐ Clinic or health center
- ☐ Workplace
- ☐ Online / QR code
- ☐ Other: _____

Thank you for completing this survey. Your input matters and will help shape health priorities for our community over the next three years.

Questions? Contact West Calcasieu Cameron Hospital at ckingsley@wch.com