Lake Charles
Memorial Health System

Addressing the Community's Needs in Lake Charles and Beyond: Community Health Needs Assessment

2022


ORTHOPAEDIC SPECIALISTS
HEART & VASCULAR CENTER
The Eye Clinic
ATRIUM

Lake Charles Memorial Health System

Table of Contents

LETTER FROM THE CEO

To our friends and patrons throughout southwest Louisiana,

Lake Charles Memorial Health System is committed to meeting the changing health needs of southwest Louisiana while working to develop programs and services that provide our region with high-quality care close to home. To achieve this goal, identification of the community's evolving health needs is in order.

Hospitals are required to conduct a Community Health Needs Assessment (CHNA) every three years to retain their nonprofit status. The Memorial Health System, along with the involvement of a multitude of SWLA community and regional partners, completed the 2022 CHNA - which identified our region's health priorities and determines our collective path forward.

Ongoing improvement of the health of the community requires addressing the complex socioeconomic factors that impact health and people's ability to make healthy choices. Working strategically with our community partners, Lake Charles Memorial Health System will use the results of this assessment as a foundation to develop tactics to address each of the 2022 identified health priorities; 1) Behavioral Health (Mental & Substance Use Disorder), 2) Health Behaviors, 3) Managing Population Health & Preventing Chronic Disease, and 4) Access to Care.

Lake Charles Memorial Health System is committed to advancing health and transforming lives throughout the southwest Louisiana five parish area. As a leading health care provider, we strive to positively impact the health and well-being of our patients and the broader communities we serve. Many of our programs and services have been developed to address specific regional health needs or overcome barriers to care. These efforts continue to make a significant difference in the lives of individuals and families.

Each of our community partners brings significant and unique expertise. Together, we are working to incorporate public health strategies along with transforming how we deliver care. Developing innovative models that link our patients to community resources is key to overcoming barriers to accessing care and addressing health disparities among vulnerable populations. We are much stronger together than we would be individually, and the community benefits from our collaboration.

I would like to offer my sincere thanks to the residents of SWLA, partners, and stakeholder participants who generously volunteered their time and valuable insights during the comprehensive CHNA process. For all who share our vision of innovative, collaborative community healthcare, we thank you for your ongoing support.

Sincerely,

Devon Hyde

Devon Hyde
President & CEO

Mission

The mission of Lake Charles Memorial Health System is to improve the health of the people of Southwest Louisiana through superior care, innovative service, health education, and disease prevention provided in a personalized, caring, and safe environment.

Vision

The vision of Lake Charles Memorial Health System is to continually improve our quality and safety, advance our standards, and be the major healthcare delivery system for ALL people of Southwest Louisiana.

ABOUT THIS REPORT

Community Health Needs Assessment Introduction

A community health needs assessment (CHNA) is an assessment that identifies key health and social needs and issues through systematic, comprehensive data collection and analysis. A CHNA uses specific principles to identify, guide, and develop strategies to create strong collaboration and improve a healthy community.

The CHNA process completed by Lake Charles Memorial Health System included direct input and feedback from those who represented the broad interests of the community. Additionally, the assessment collected input from community stakeholders with knowledge or expertise in public health issues related to the, vulnerable, underserved, and disenfranchised served by the hospital.

The demographic data in this report is based on the primary service area of Lake Charles Memorial Health System based on zip code. The secondary data in this report is provided at the county level and, where applicable, ZIP code level. The primary research includes stakeholder interviews and key informant surveys. The CHNA identified the community's needs, and the implementation strategy plan (ISP) will present goals and strategies to meet the needs of the CHNA.

Lake Charles Memorial Health System welcomes questions and comments on its CHNAs on its community webpage. The CHNA can be accessed online at (click here).

IRS Mandate

The Patient Protection and Affordable Care Act (PPACA), which went into effect on March 23, 2010, requires tax-exempt hospitals to conduct a community health needs assessments (CHNA) and implementation strategy plan to improve the health and well-being of residents within the communities served by the hospitals. These strategies created by hospitals and institutions consist of programs, activities, and plans specifically targeted toward community populations. The execution of the implementation strategy plan is designed to increase and track the impact of each hospital's efforts.

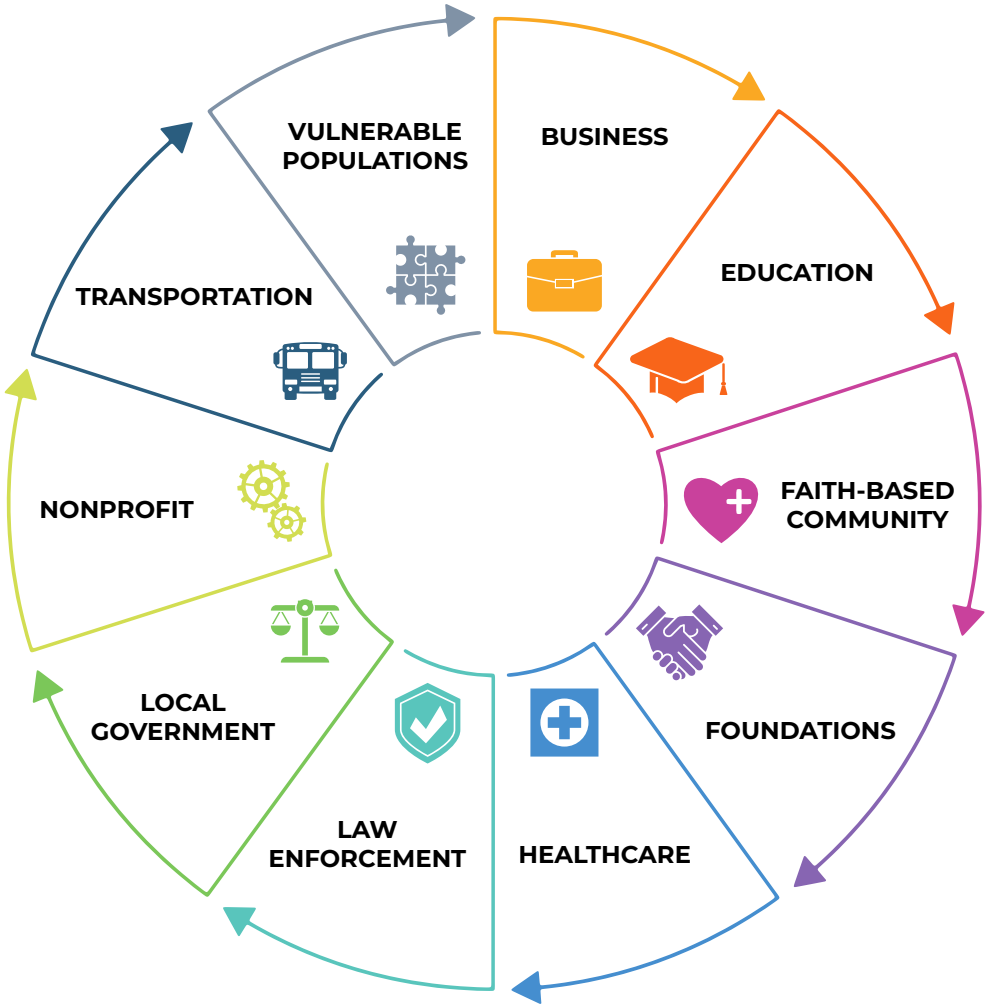
The CHNA report is a complete review of primary and secondary data analyzing demographic, health, and socioeconomic data at the local, state, and national levels. This report fulfills the requirements of the Internal Revenue Code 501(r)(3), established within the PPACA, requiring that nonprofit hospitals conduct CHNAs every three years. Lake Charles Memorial Health System's CHNA report aligns with the parameters and guidelines established by the Affordable Care Act and complies with IRS requirements.

Community Engagement

In July 2022, the CHNA process began, and quantitative and qualitative data collection was concluded in November 2022. The assessment included primary data collected from healthcare professionals, educators, faith-based leaders, key community stakeholders, and social and human services leaders. Collectively, the assessment completed interviews and key informant surveys and held a prioritization to engage and capture the community's perspective. Primary data provided a deeper understanding of community matters, health equity factors, and community needs.

Multiple steps were initiated to complete a comprehensive Lake Charles Memorial Health System assessment. Secondary data such as demographics, education, clinical care, health outcomes and behaviors, behavioral health, chronic diseases, and social determinants of health were gathered from local, state, and federal databases to compile a robust secondary data report. The data collected identified the needs, barriers, high-risk behaviors, social issues, and concerns of the disenfranchised and vulnerable populations.

Figure 1: Community Engagement



COMMUNITY AT-A-GLANCE

Communities Served by Lake Charles Memorial Health System

Lake Charles Memorial Health System's community is defined as Southwest Louisiana. Besides its primary location in Lake Charles on Oak Park Boulevard, Lake Charles Memorial Health operates the Lake Charles Memorial Hospital for Women, Moss Memorial Health Clinic, and the Archer Institute.

Lake Charles Memorial Hospital is the single largest provider of acute care services. The use of hospital services provides the clearest definition of the community. The primary service area for Lake Charles Memorial Hospital was defined by ZIP codes that contain a majority of inpatient discharges. Lake Charles Memorial's primary service area includes 23 ZIP codes within a five-parish location. They consist of Allen, Beauregard, Calcasieu, Cameron, and Jefferson Davis parishes.

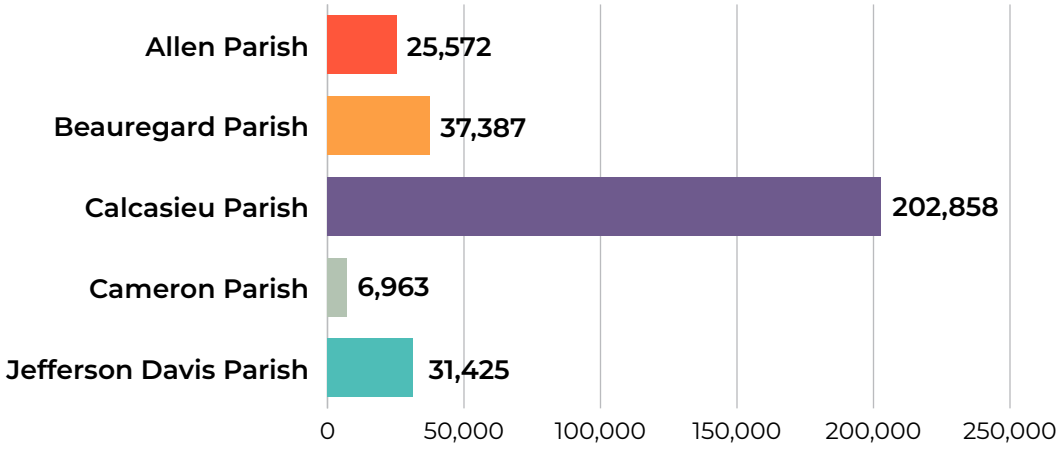
Table 1: ZIP Code Study Area/Primary Service Area

City	ZIP Codes	Parish
Bell City	70630	Calcasieu
Dequincy	70633	Calcasieu
Deridder	70634	Beauregard
Iowa	70647	Calcasieu
Jennings	70546	Jefferson Davis
Kinder	70648	Allen
Lake Charles	70601	Calcasieu
Lake Charles	70605	Calcasieu
Lake Charles	70607	Calcasieu
Lake Charles	70615	Calcasieu
Lake Charles	70611	Calcasieu
Longville	70652	Beauregard
Ragley	70657	Beauregard
Starks	70661	Calcasieu
Sulphur	70663	Calcasieu
Sulphur	70665	Calcasieu
Vinton	70668	Calcasieu
Welsh	70591	Jefferson Davis
Westlake	70669	Calcasieu
Cameron	70631	Cameron
Creole	70632	Cameron
Grand Chenier	70643	Cameron
Hackberry	70645	Cameron

Map 1: Geographic Representation of Primary Service Area

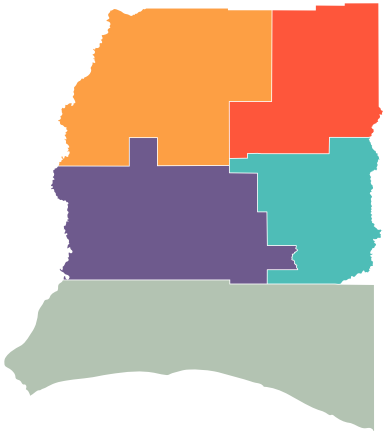
LAKE CHARLES MEMORIAL HEALTH SYSTEM'S COMMUNITY

POPULATION



Source: U.S. Census Bureau 2020

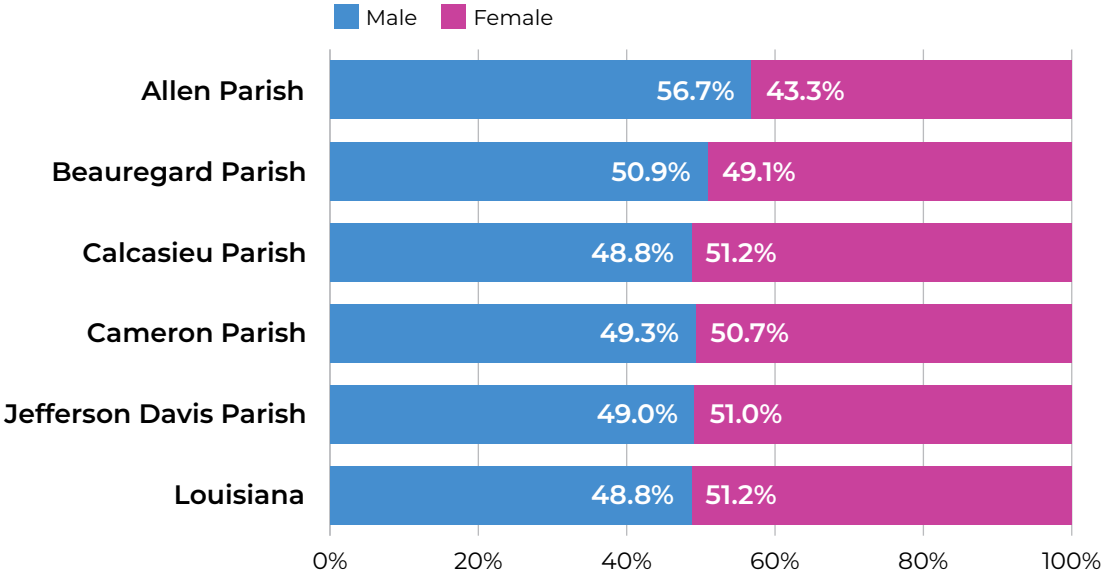
POPULATION CHANGE



Allen Parish	-11.72%
Beauregard Parish	+2.51%
Calcasieu Parish	+12.46%
Cameron Parish	-17.87%
Jefferson Davis Parish	+2.07%
Louisiana	+2.74%

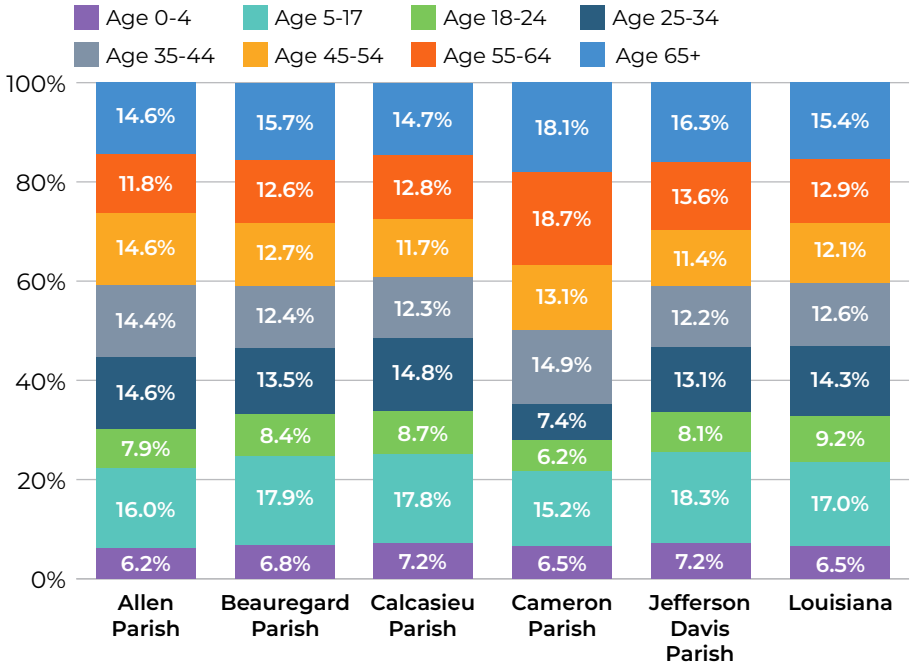
Source: U.S. Census Bureau 2020

GENDER



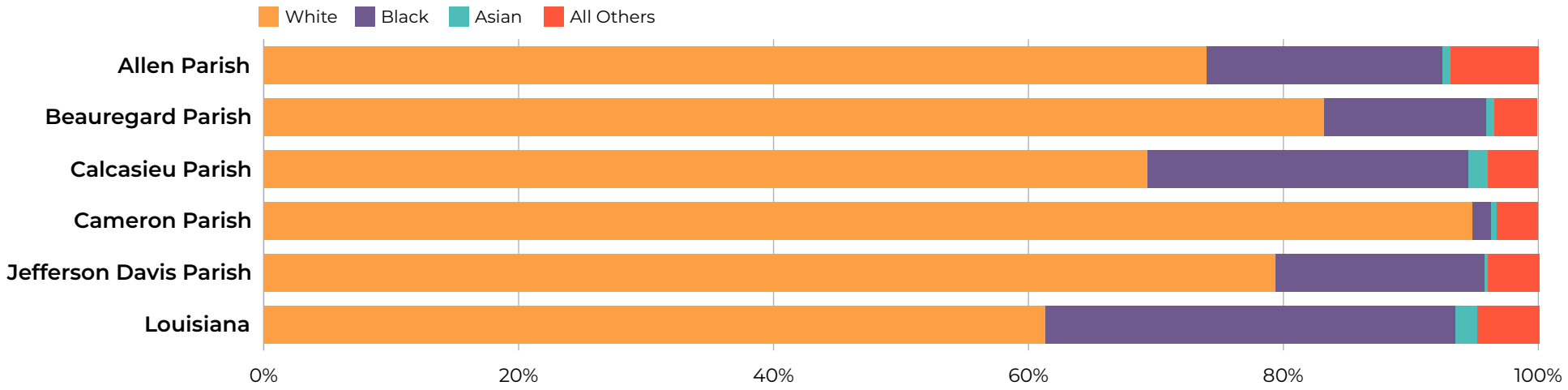
Source: U.S. Census Bureau 2020

AGE



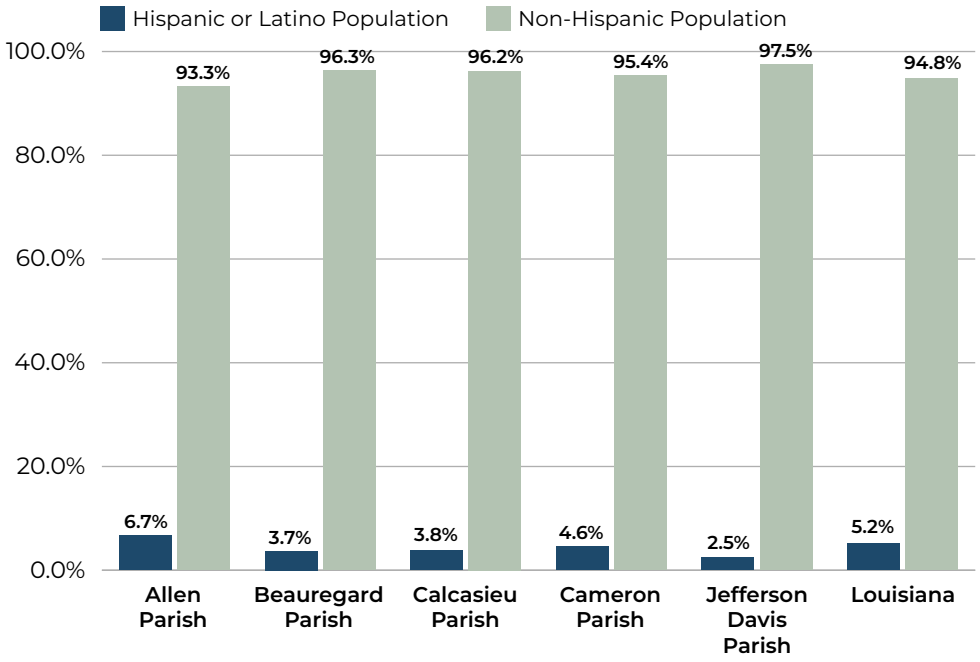
Source: U.S. Census Bureau 2016-2020

RACE



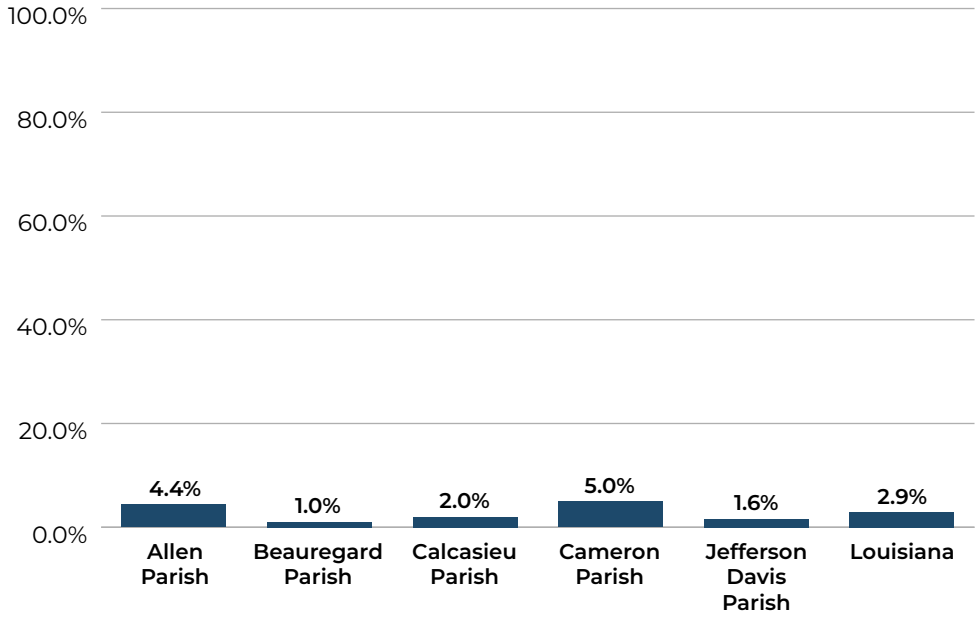
Source: U.S. Census Bureau 2016-2020

ETHNICITY



Source: U.S. Census Bureau 2016-2020

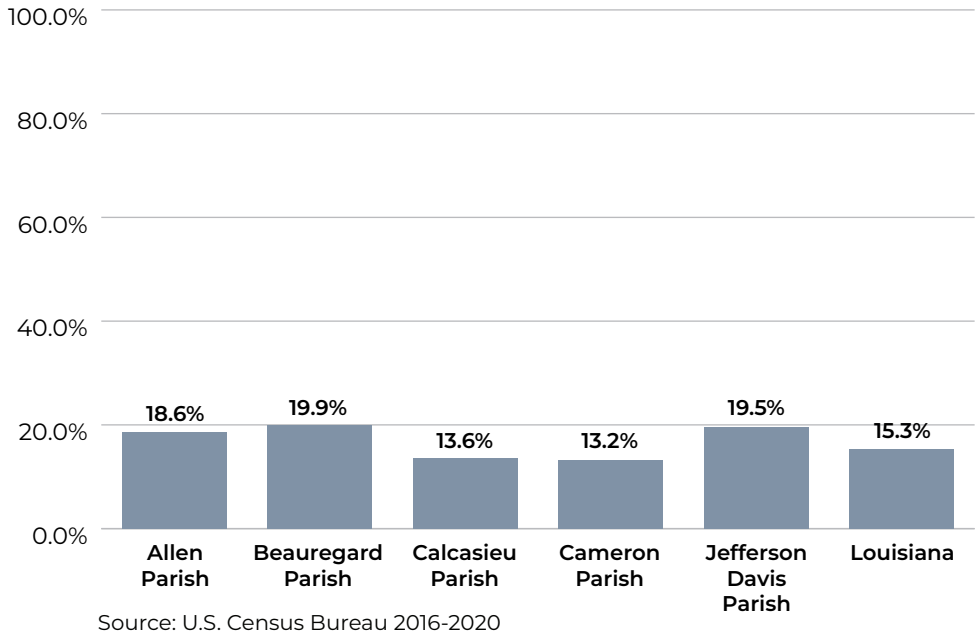
POPULATION WITH LIMITED ENGLISH PROFICIENCY



Source: U.S. Census Bureau 2016-2020

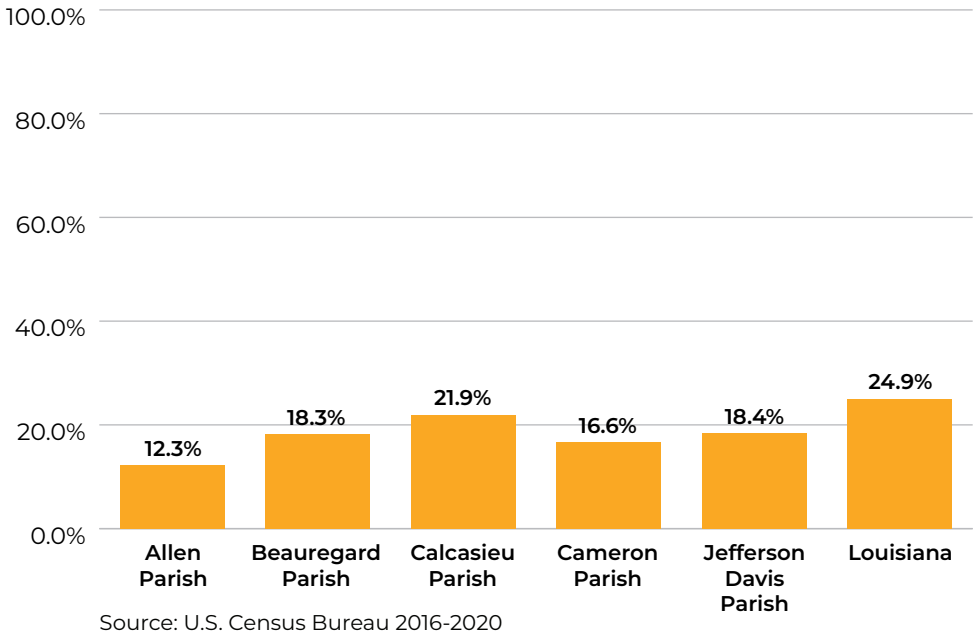
LAKE CHARLES MEMORIAL HEALTH SYSTEM'S COMMUNITY

POPULATION WITH A DISABILITY



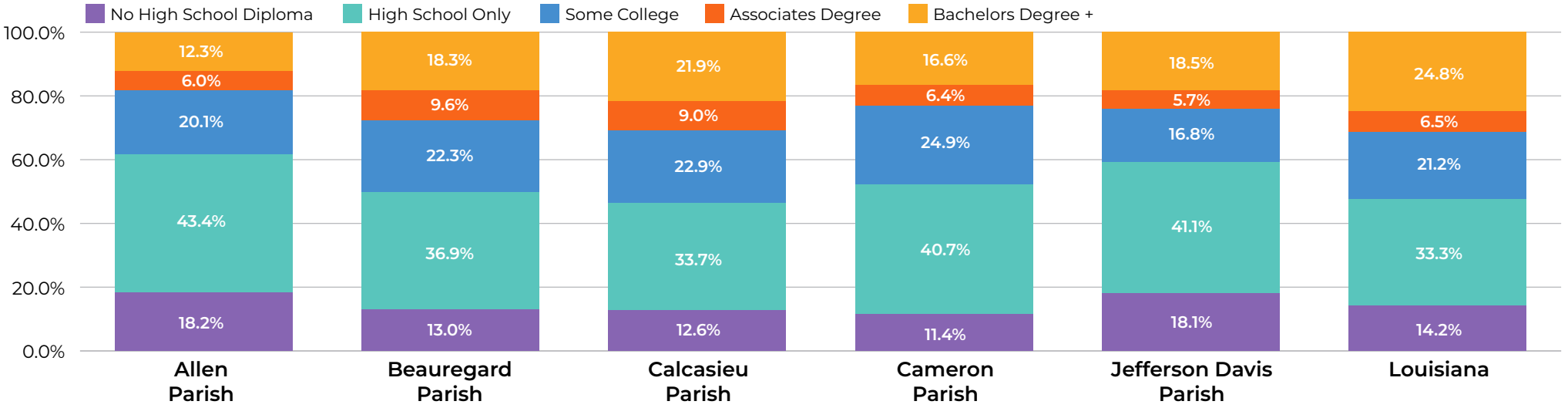
Source: U.S. Census Bureau 2016-2020

BACHELOR'S DEGREE OR HIGHER



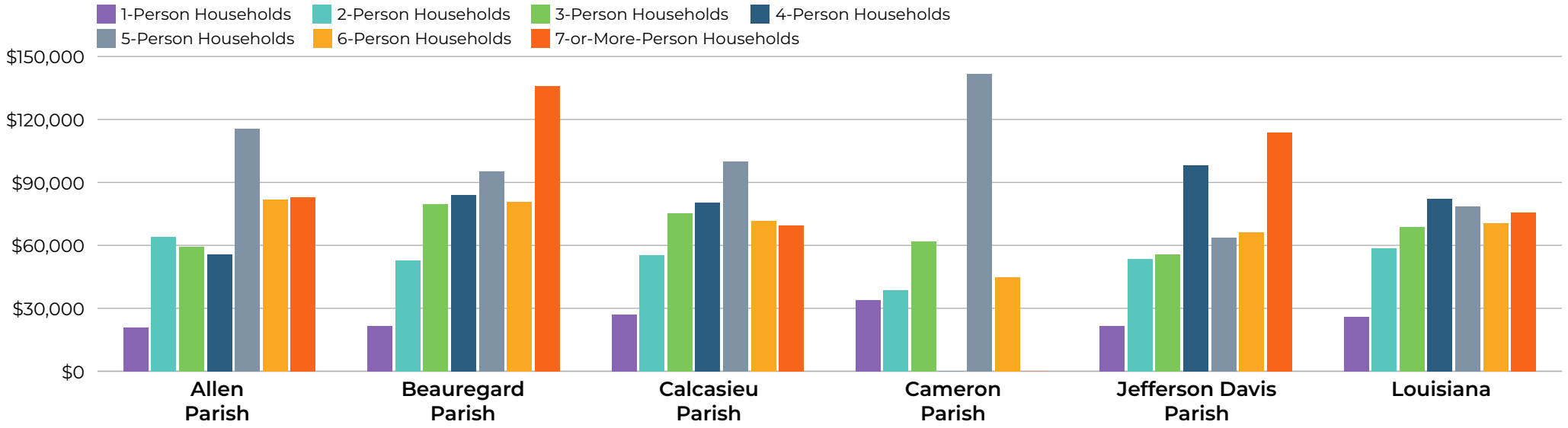
Source: U.S. Census Bureau 2016-2020

EDUCATION LEVEL



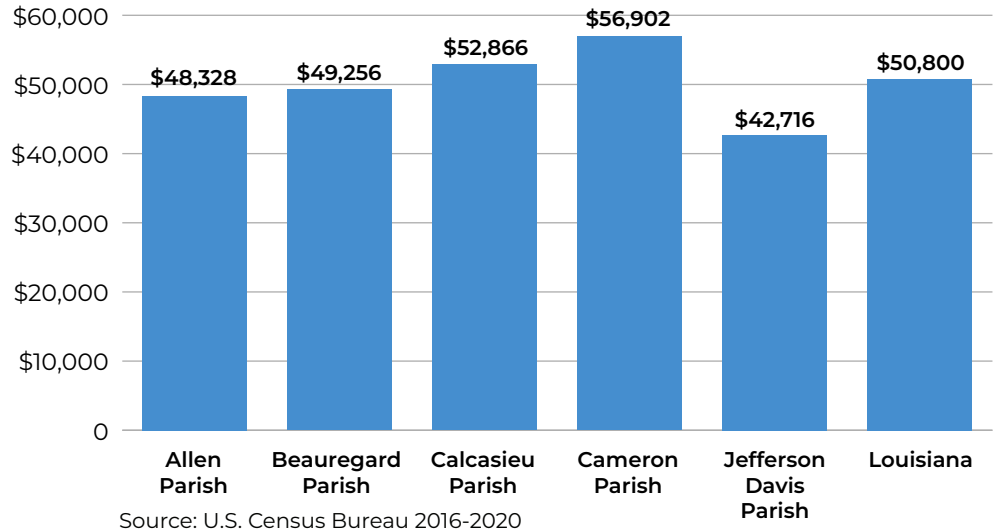
Source: U.S. Census Bureau 2016-2020

HOUSEHOLD INCOME



Source: U.S. Census Bureau 2016-2020

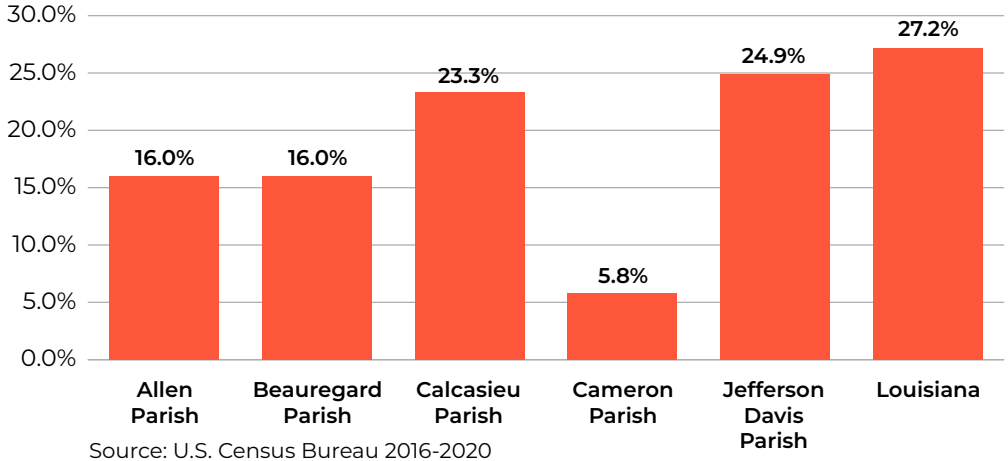
MEDIAN HOUSEHOLD INCOME



Source: U.S. Census Bureau 2016-2020

HOUSING COSTS BURDEN

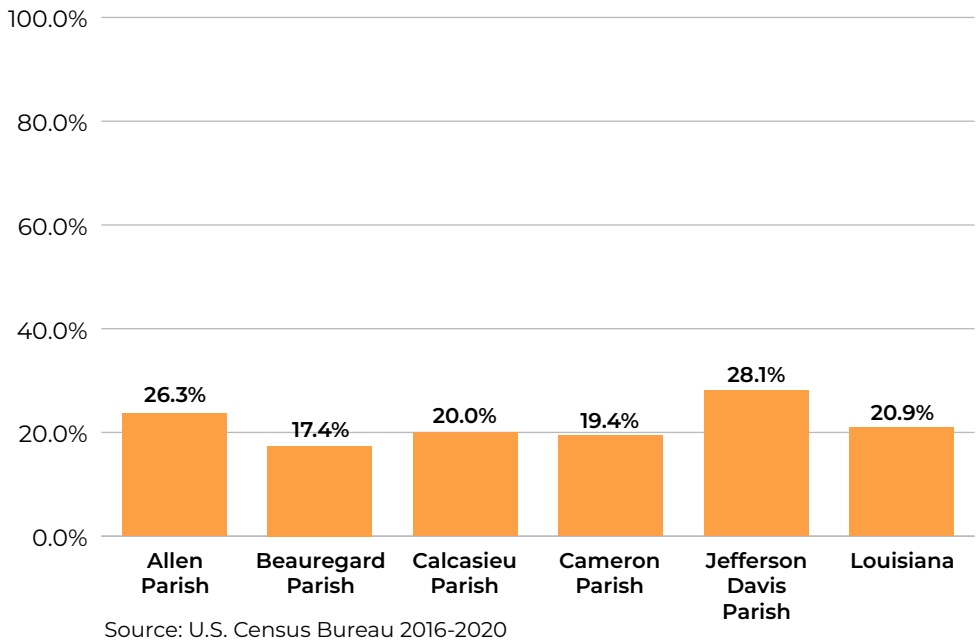
This indicator reports the percentage of households where housing costs are 30% or more of total household income. Housing cost burden provides information on monthly housing expenses for owners and renters.



Source: U.S. Census Bureau 2016-2020

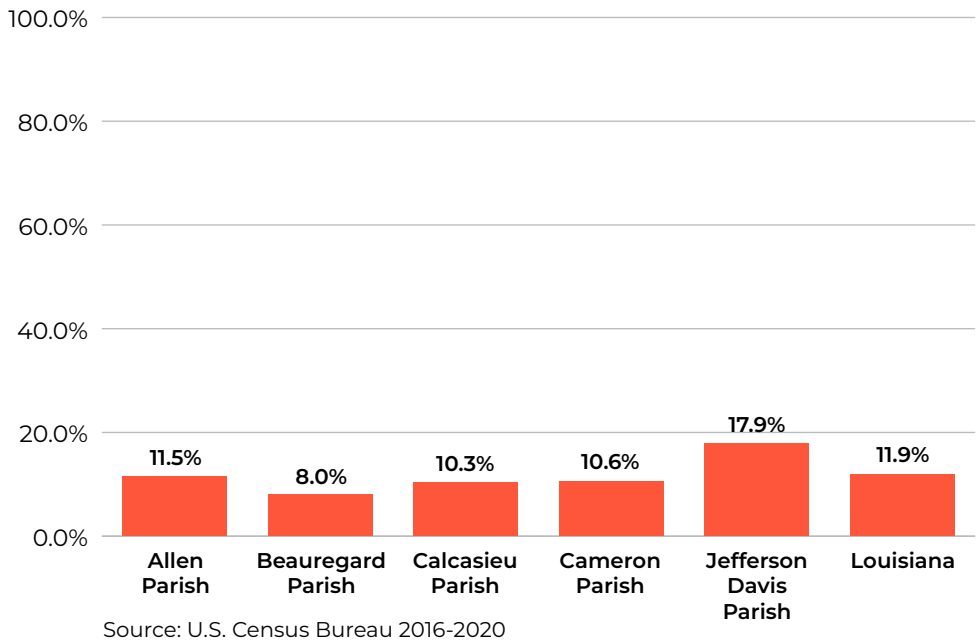
LAKE CHARLES MEMORIAL HEALTH SYSTEM'S COMMUNITY

HOUSEHOLDS WITH NO OR SLOW INTERNET



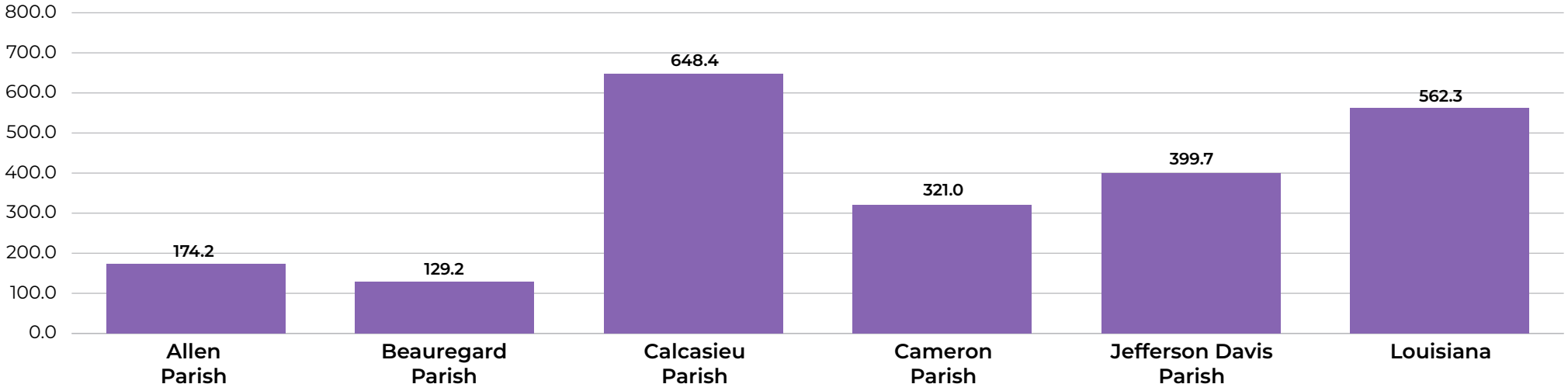
Source: U.S. Census Bureau 2016-2020

HOUSEHOLDS WITH NO COMPUTER



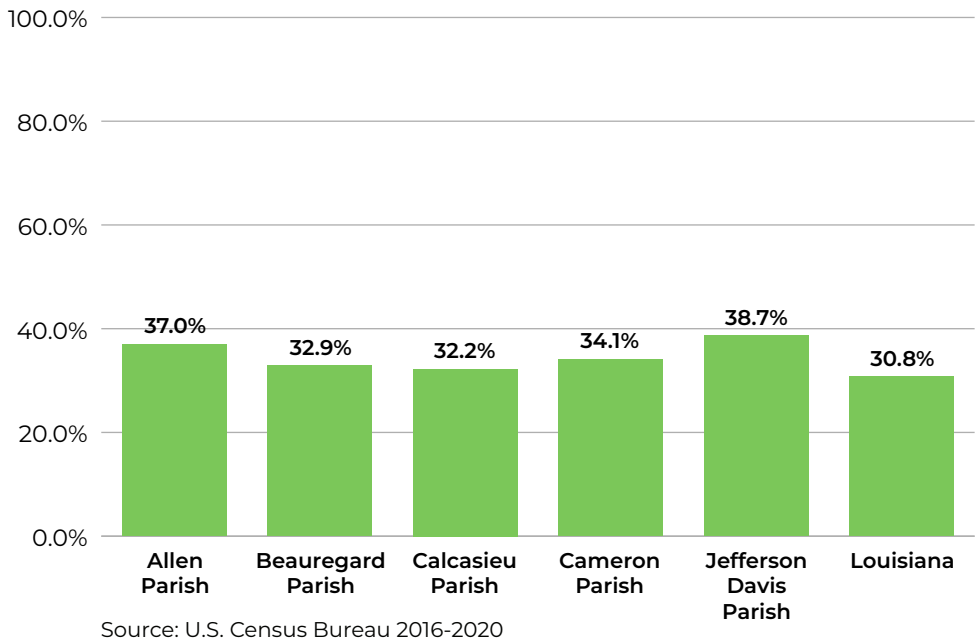
Source: U.S. Census Bureau 2016-2020

VIOLENT CRIME (PER 100,000 POPULATION)



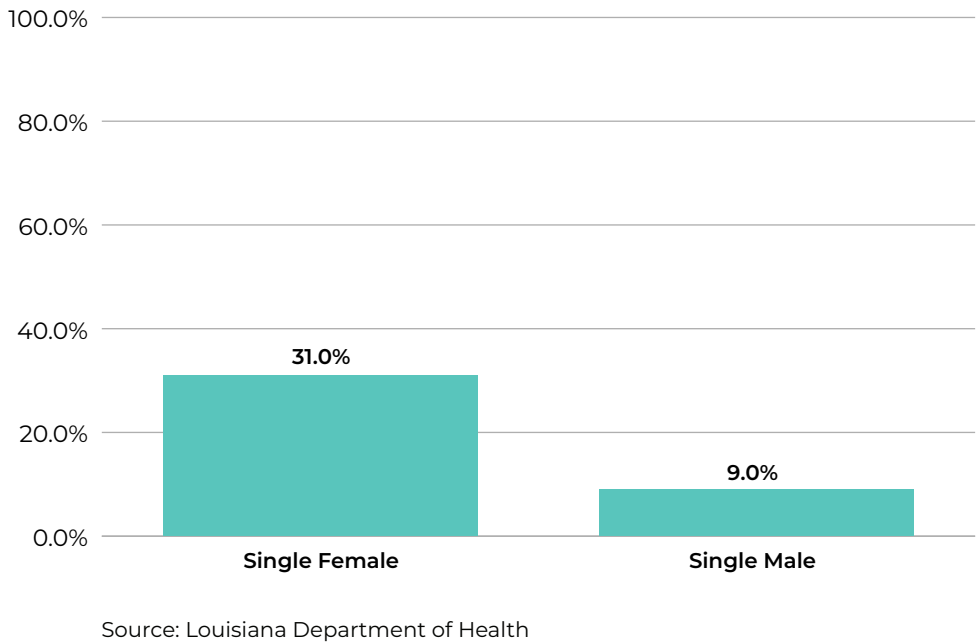
Source: FBI Uniform Crime Reports 2015-2017

FAMILIES WITH CHILDREN (UNDER AGE 18)



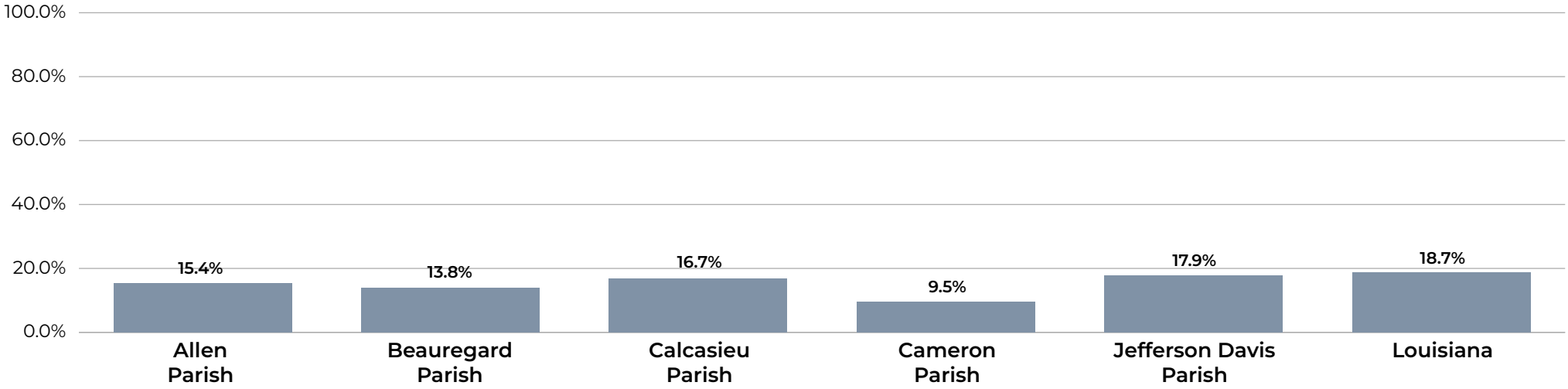
Source: U.S. Census Bureau 2016-2020

SINGLE-PARENT HOUSEHOLDS



Source: Louisiana Department of Health

POPULATION BELOW 100% FEDERAL POVERTY LEVEL



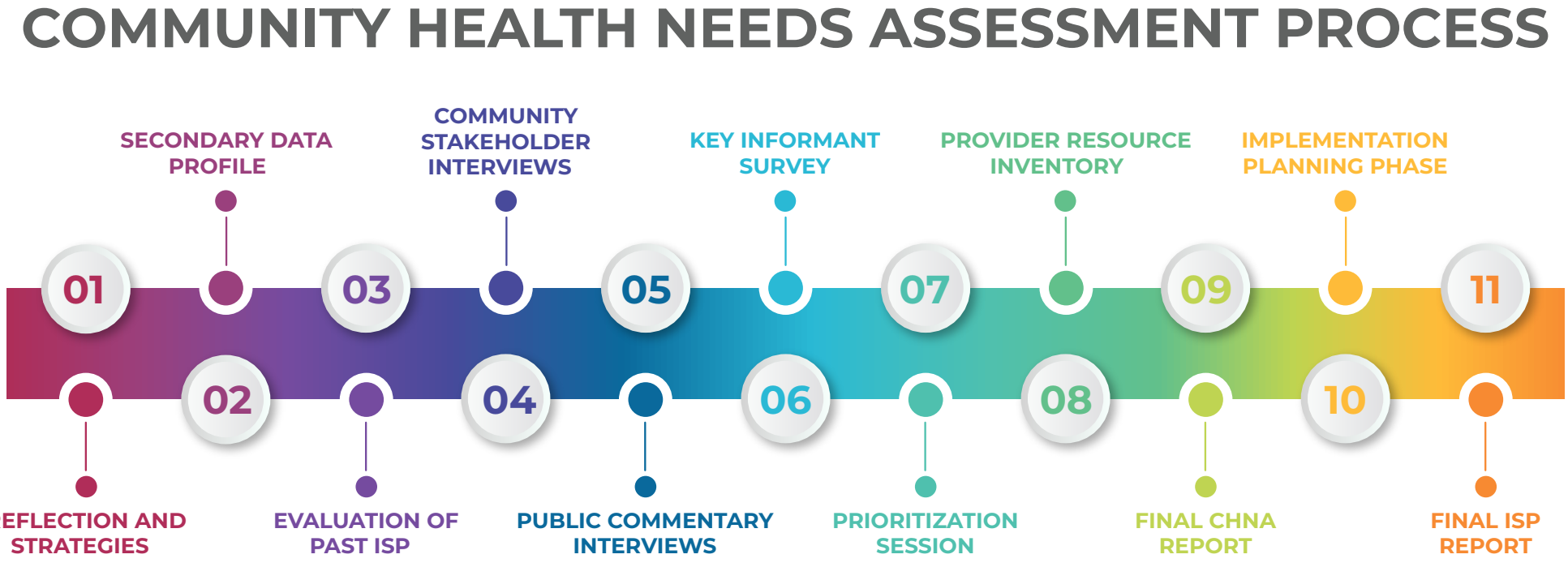
Source: U.S. Census Bureau 2016-2020

CHNA Roadmap

Tripp Umbach managed a comprehensive community health needs assessment for Lake Charles Memorial Health System, resulting in identifying and prioritizing community health needs at the regional level for 2022. The flow chart below outlines the process and depicts each project component piece within the CHNA. Each project component is further described in the Appendices section of the report.

Figure 2: CHNA and ISP Flow Chart

Lake Charles Memorial Health System



LAKE CHARLES MEMORIAL HEALTH SYSTEM

Who Are We?

Lake Charles Memorial Hospital (LCMH), the main campus of the Memorial Health System, is the region's largest family-centered medical complex, serving the healthcare needs of Southwest Louisiana. Memorial Health System is locally owned and operated by a Board of Trustees from the community it serves.

Established in 1952, Lake Charles Memorial Hospital strives to improve the patient experience by offering the best quality of care in state-of-the-art innovations and treatment options, as well as through the commitment of our dedicated and compassionate staff. The main campus provides the largest array of specialty, emergency, trauma, and critical care services in the community. The state-of-the-art Medical Intensive Care Unit and Surgical Intensive Care Unit, LCMHS, has the largest critical care capacity in Southwest Louisiana, with 34 intensive care beds.

LCMHS is the only hospital in Southwest Louisiana with a Level III Trauma Center treating an average of 63,000 patients annually in the E.R. As the largest, full-service health system in Southwest Louisiana, Memorial's E.R. has 24/7/365 coverage of emergency medicine doctors and is a certified stroke care facility.

Lake Charles Memorial Health System also houses the Memorial Hospital for Women, Moss Memorial Health Clinic, and Archer Institute of Memorial.

Lake Charles
Memorial Health System

How Do We Rate?

Lake Charles Memorial Health System's mission is to improve the health of the residents of Southwest Louisiana through superior care, innovative service, health education, and disease prevention provided in a personalized, caring, and safe environment.

Table 2: Key Informant/Community Stakeholder Survey Results

Key Informants	Strongly Agree/Agree
My closest hospital addresses the needs of diverse and at-risk populations	93.0%
My closest hospital ensures access to care for everyone, regardless of race, gender, education, and economic status.	97.2%
Community Stakeholders	**Excellent/ Very Good/ Good**
LCMH offers high-quality health care for the community.	78.3%
LCMH addresses the needs of diverse and disparate populations.	78.3%
LCMH ensures access to care for everyone, regardless of race, gender, education, and economic status.	82.6%
LCMH is actively working to identify and address health inequities that impact its patients.	63.6%

How Where People Live, Learn, Work, and Play Affect Health

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life, specifically for vulnerable populations. Factors include education, economics, healthcare access, environment (neighborhood and built environment), and social and community context. In 2022, America's Health Rankings ranked Louisiana in Social and Economic Factors at 50/50.[1]

Healthy People 2030 reports that SDOH contributes to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who have access to healthy foods. Promoting healthy choices will not eliminate health disparities. Instead, public health organizations and community partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.[2]

Figure 3: Social Determinants of Health

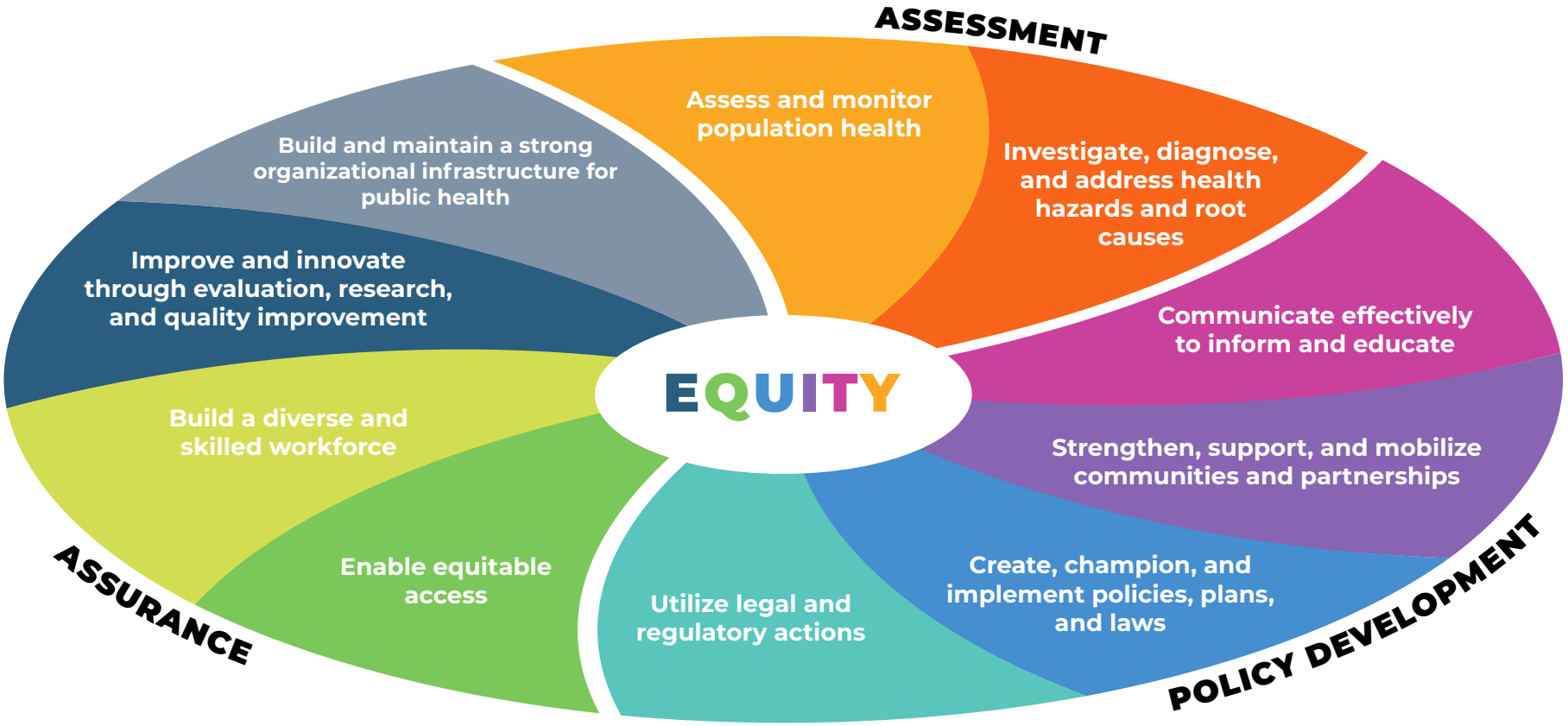
Source: Centers for Disease Control and Prevention

[1] America's Health Rankings
[2] Healthy People 2030

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all community residents. To achieve equity, the Essential Public Health Services actively promotes policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers resulting in health inequities. Such barriers include poverty, racism, gender discrimination, ableism, and other forms of oppression.[3]

Essential to the improvement of the community is the importance that all entities' contributions to the health and well-being of the community are recognized in assessing the provision of public health services. The below public health activities should be undertaken in all communities.

Figure 4: The 10 Essential Public Health Services



[3] Centers for Disease Control and Prevention

County Health Rankings & Roadmaps in the below table shows the primary service parishes that Lake Charles Memorial Health System serves. Social and economic factors, such as income, education, employment, community safety, injury and death, social support, and children in poverty, can significantly affect how well and how long we live.

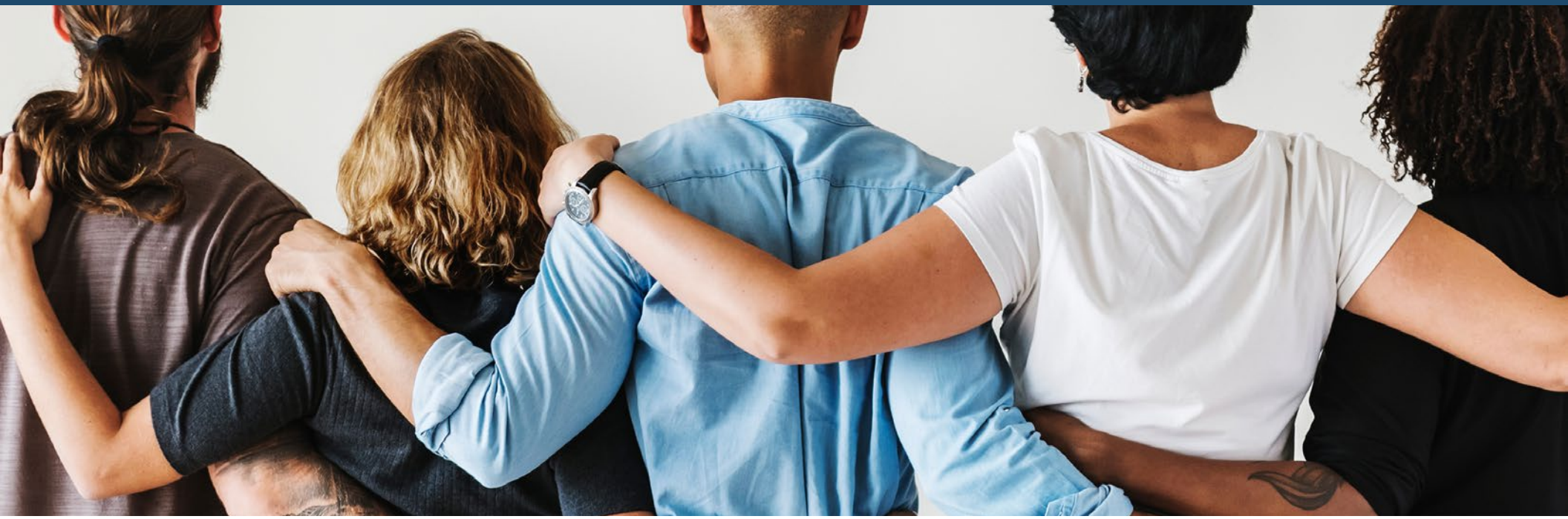
Louisiana has 64 parishes; a score of 1 indicates the "healthiest" parish for the state in a specific measure. Allen (58/64) and Beauregard (50/64) parishes ranked poorly in clinical care. Jefferson Davis Parish (48/64) is ranked poorly in mortality, and Allen Parish is ranked poorly in physical environment (42/64). Allen Parish (35/64) ranks above the median in social and economic factors, and Jefferson Davis Parish (38/64) ranks above the median in physical environment.

Table 3: County Health Rankings

	Allen Parish	Beauregard Parish	Calcasieu Parish	Cameron Parish	Jefferson Davis Parish
Health Outcomes	22	14	21	3	36
Health Factors	36	15	14	4	24
Mortality	32	15	28	1	**48**
Morbidity	13	11	17	16	21
Health Behaviors	18	17	16	6	26
Clinical Care	**58**	**50**	6	13	26
Social and Economic Factors	**35**	4	23	1	24
Physical Environment	**42**	12	9	31	**38**

Source: County Health Rankings & Roadmaps 2022

LAKE CHARLES MEMORIAL HEALTH SYSTEM COMMUNITY HEALTH NEEDS ASSESSMENT FOCUS



Key Community Needs

Understanding and addressing the needs of disparate populations is a significant challenge for healthcare organizations. As a key aspect of improving health and decreasing health disparities, there is a continued effort to improve appropriate health care with various cultural beliefs and perceptions, health practices and behaviors, as well as a distrust of the health delivery system.

When assessing the underserved and disparate populations, a multitude of SDOH and barriers to health care access and services were uncovered. Obstacles such as a lack of transportation, inadequacy of language and interpretation services, and lack of insurance coverage, to name a few, have a very dramatic impact on the capacity to provide quality health care and the quality of life for Lake Charles Memorial Health System's communities. Interventions to improve health equity and reduce disparities must be systematic as an organization gains greater understanding and appreciation for the organization's ability to serve all patients effectively and efficiently.

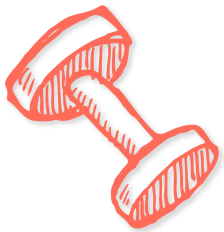
Four key need areas were identified during the CHNA process through the gathering of primary and secondary data from local, state, and national resources, community stakeholder interviews, key informant surveys, a prioritization session, and a health provider inventory (highlighting organizations and agencies that serve the community). Lake Charles Memorial Health System will continue to build on the work that has been in place, focusing on actions and programs to improve the well-being of residents in and surrounding Lake Charles. The 2022 CHNA plans to improve health were identified through four areas of focus:

A) Behavioral Health

E.R. Navigation
Integration of Collaboration of Community Behavioral Services
Postpartum Depression
Suicide Prevention

B) Health Behaviors

Health Education
Sexually Transmitted Diseases
Tobacco Use



C) Managing Population Health and Preventing Chronic Diseases

Cancer
Diabetes
Heart Disease
High Blood Pressure
Obesity
Stroke

D) Access to Care

Care Coordination
Health System Navigation
Specialist/Certified Programs

A) BEHAVIORAL HEALTH

A substance use disorder (SUD) is a mental disorder that affects a person's brain and behavior, leading to a person's inability to control their use of substances such as legal or illegal drugs, alcohol, or medications. Symptoms are wide-ranging, with addiction being the most severe. Individuals who experience a SUD during their lives may also experience a co-occurring mental disorder and vice versa. Co-occurring disorders can include anxiety disorders, depression, attention-deficit hyperactivity disorder (ADHD), bipolar disorder, personality disorders, and schizophrenia, among others.[4]

In the U.S., millions are affected by mental illness annually, and the demand for services for themselves or for a loved one grows. Mental health services are insufficient despite more than half of Americans (56%) seeking help. Limited options and long waits are the norms, but there are some bright spots, with 76% of Americans now seeing mental health as important as physical health.[5]

The identification of behavioral health, which includes mental health and substance abuse services, continues to be a top community need for Lake Charles Health System's community. Results from community stakeholder interviews, key informant surveys, and secondary data highlight the continued growing need to improve behavioral health services.

A key role for community residents who struggle with behavioral health issues is the shortage of behavioral health providers. As the effects of COVID-19, in conjunction with the residents facing substance abuse, their mental health decline due to their social environment and genetics make mental health a significant concern. Shaped greatly in part by the socioeconomic factors and physical environment where people live, play, and work, data collected from the CHNA reinforce these statements.

[4] National Institute of Mental Health
[5] National Council for Mental Wellbeing

Figure 5: Suicide Data

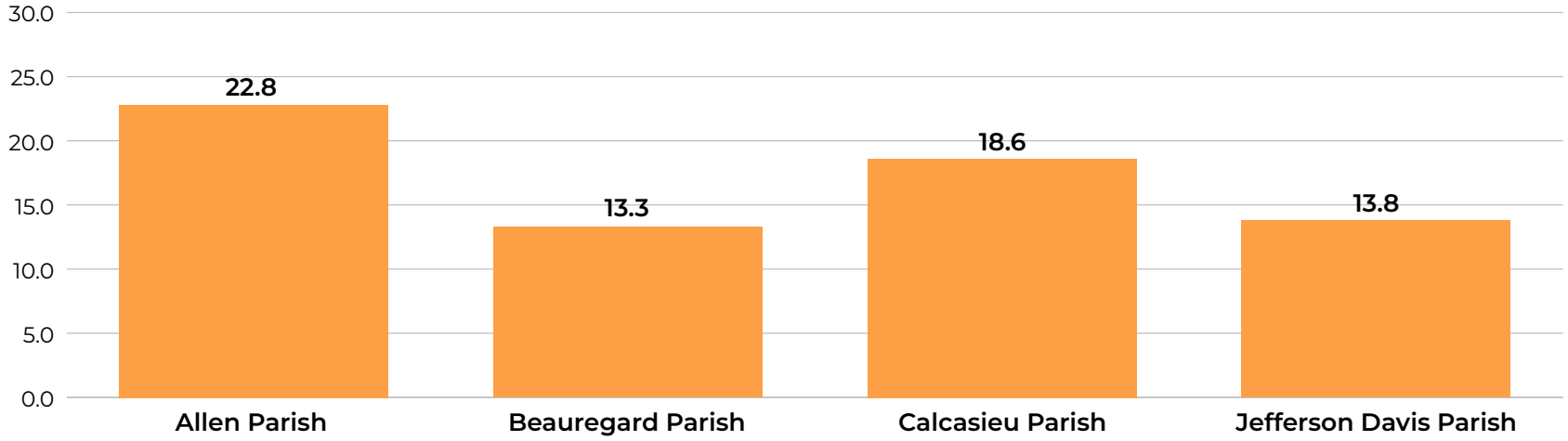
Suicide is a leading cause of death in the U.S. It was responsible for nearly **46,000 deaths** in 2020.

In 2020, an estimated **12.2 million** adults seriously thought about suicide, **3.2 million** made a plan, and **1.2 million** attempted suicide.

Suicide rates in 2020 were **30% higher** than in 2000.

Source: Centers for Diseases Control and Prevention

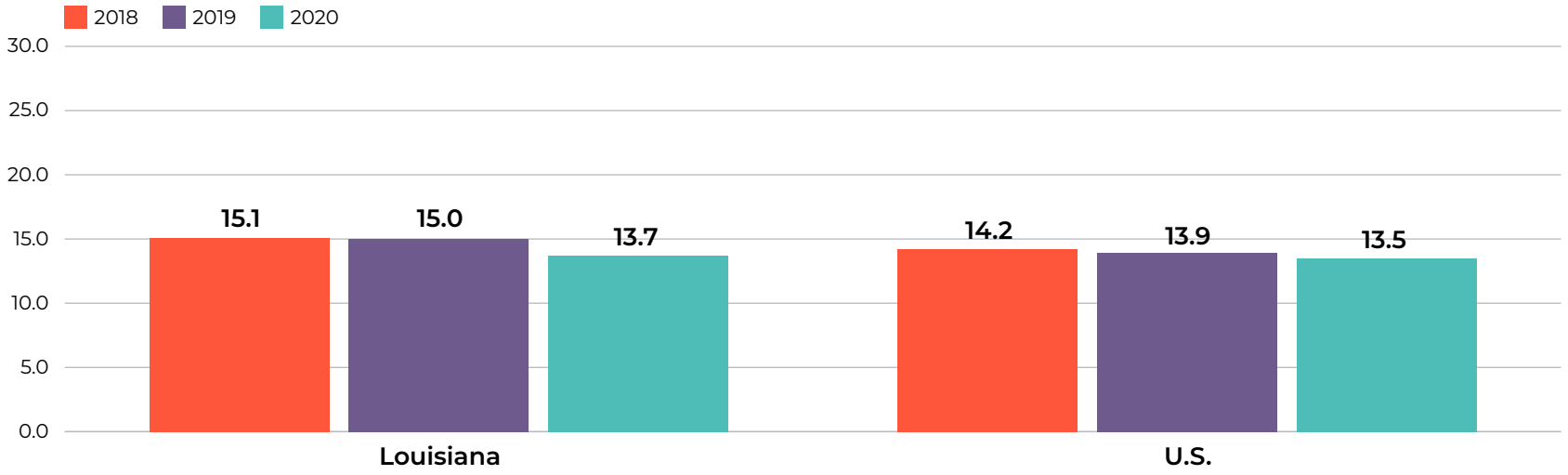
Figure 6: Suicide Mortality (Rate per 100,000 Population)



Note: Data is not available for Cameron Parish.

Source: Centers for Disease Control and Prevention 2016-2020

Figure 7: Suicide Mortality (Rate Per 100,000 Population)

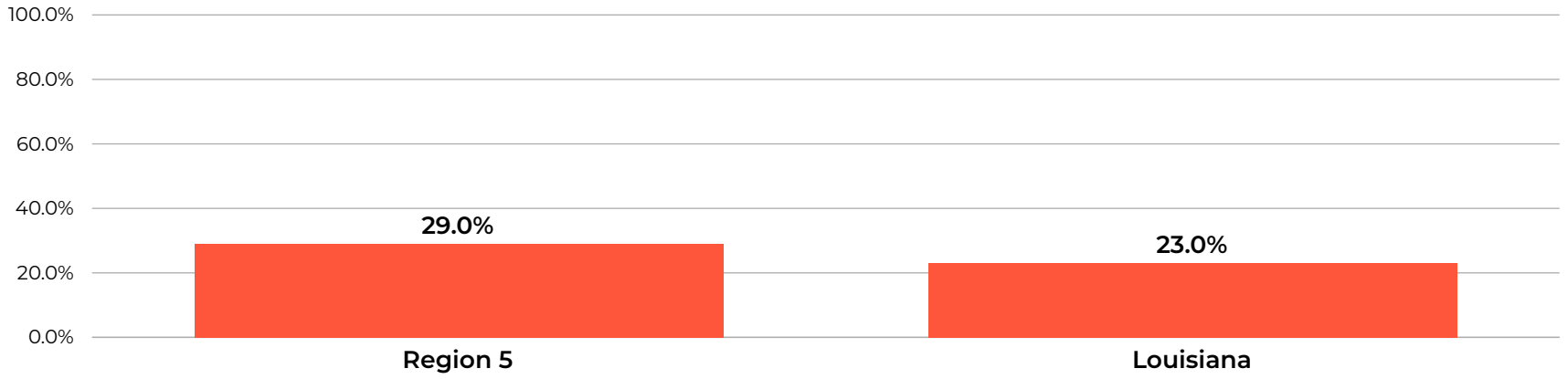


Source: Centers for Disease Control and Prevention 2018-2020

Maintaining good mental health is an essential health part of one's well-being. Poor mental health can result in various forms, such as anxiety, depression, and consumption of substance use.

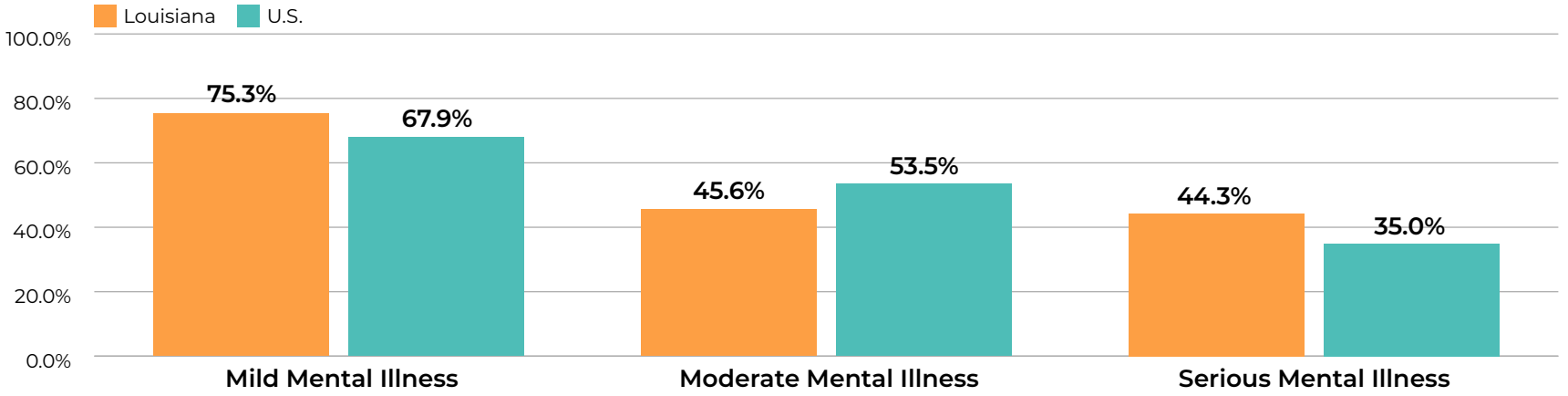
Parishes in Region 5 include Allen, Beauregard, Calcasieu, Cameron, and Jefferson Davis.

Figure 8: Adults with Mental Illness in Past Year Who Did Not Receive Treatment (Region 5 & Louisiana)



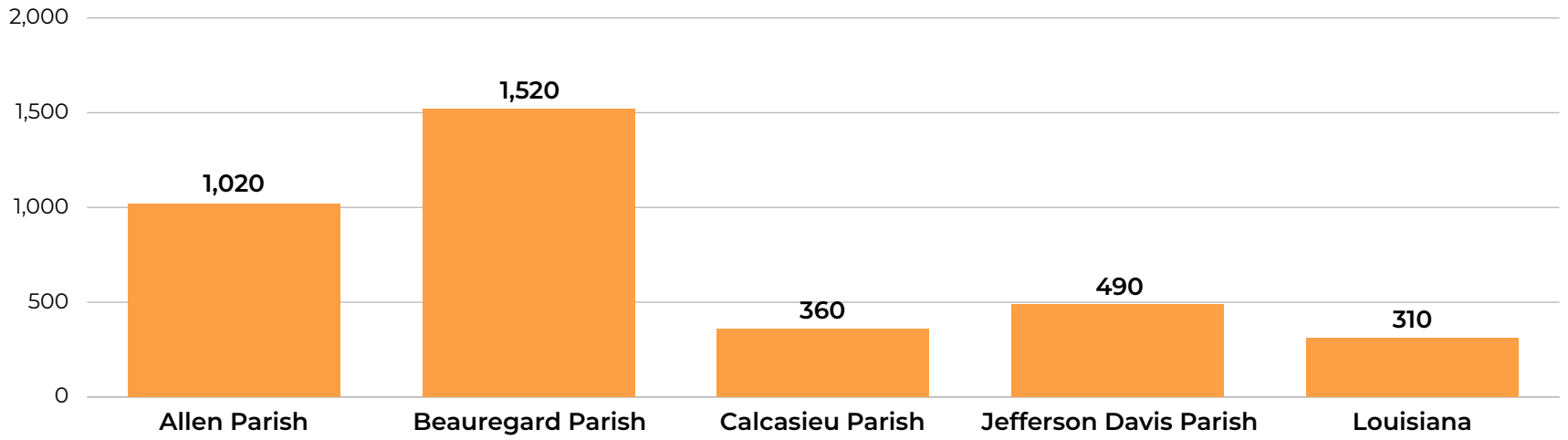
Source: Louisiana Department of Health 2018

Figure 9: Adults with Mental Illness in Past Year Who Did Not Receive Treatment (Louisiana & U.S.)



Source: Kaiser Family Foundation 2018-2019

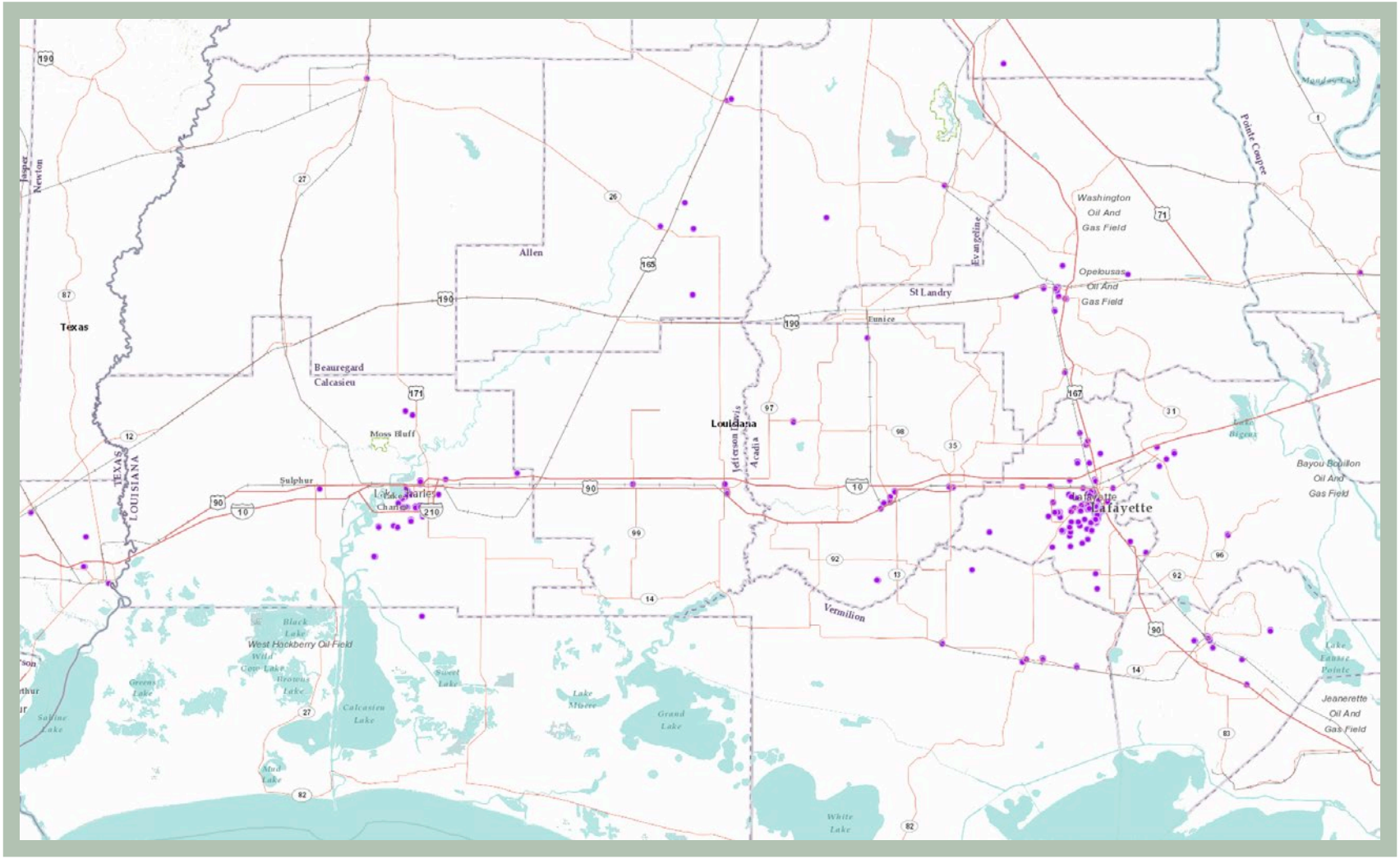
Figure 10: Mental Health Providers (Rate per 100,000 Population)



Note: Data is not available for Cameron Parish.

Source: County Health Rankings & Roadmaps 2022

Map 2: Mental Health Providers
(Mental health providers marked by purple dots in the primary service parishes)



Source: Community Commons

Within behavioral health, another major growing concern is substance abuse, which refers to the abuse of alcohol, the use of illegal drugs, and the abuse of prescription medication.

In 2020, according to the Substance Abuse and Mental Health Services Administration (SAMSHA) National Survey of Drug Use and Health[6]:

- Among people aged 12 or older in 2020, 1.3 million people-initiated cigarette smoking, 4.1 million initiated alcohol use, 2.8 million initiated marijuana use, and 1.2 million initiated prescription pain reliever misuse in the past year.
- 50.0% of people aged 12 or older used alcohol in the past month (i.e., current alcohol users)
    - Among the 138.5 million people who were current alcohol users, 61.6 million people (or 44.4%) were classified as binge drinkers and
    - 17.7 million people (28.8% of current binge drinkers and 12.8% of current alcohol users) were classified as heavy drinkers.
- 21.4% of people aged 12 or older used illicit drugs in the past year, including 17.9% who used marijuana.
- An estimated 16.9% of adults aged 18 or older received inpatient or outpatient mental health services or took prescription medication for a mental health issue in the past year.

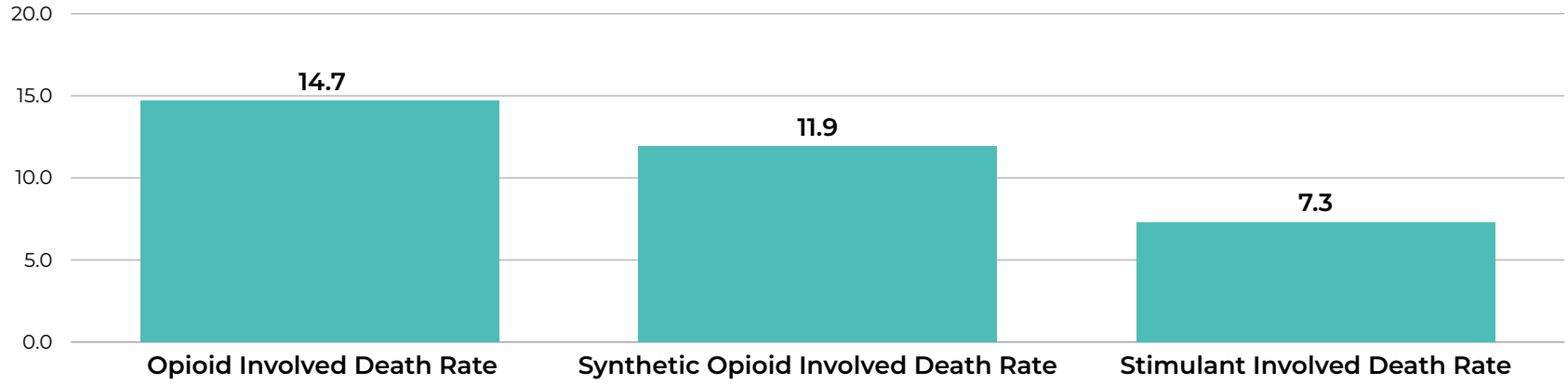
People with Co-Occurring SUD and Mental Health Issues

- About half of adults aged 18 or older in 2020 with a co-occurring SUD (substance use disorder) and AMI (any serious illness) in the past year received either substance use treatment at a specialty facility or mental health services in the past year (50.5%), but only 5.7% received both services.
- About two-thirds of adults aged 18 or older with a co-occurring SUD and SMI (serious mental illness) in the past year received either substance use treatment at a specialty facility or mental health services in the past year (66.4%), but only 9.3% received both services.

Over time with increased use and misuse, substance use can get worse over time. Unfortunately, obtaining mental health and substance use services is difficult for many as travel, affordability, securing, and accessing care are problematic. In Louisiana, the opioid prescription rate and drug overdose rate is an escalating crisis. The opioid prescription rate has increased by an alarming amount in the past five years, as have drug-involved deaths.[7]

[6] Substance Abuse and Mental Health Services Administration 2020 National Survey of Drug Use and Health
[7] Louisiana Department of Health

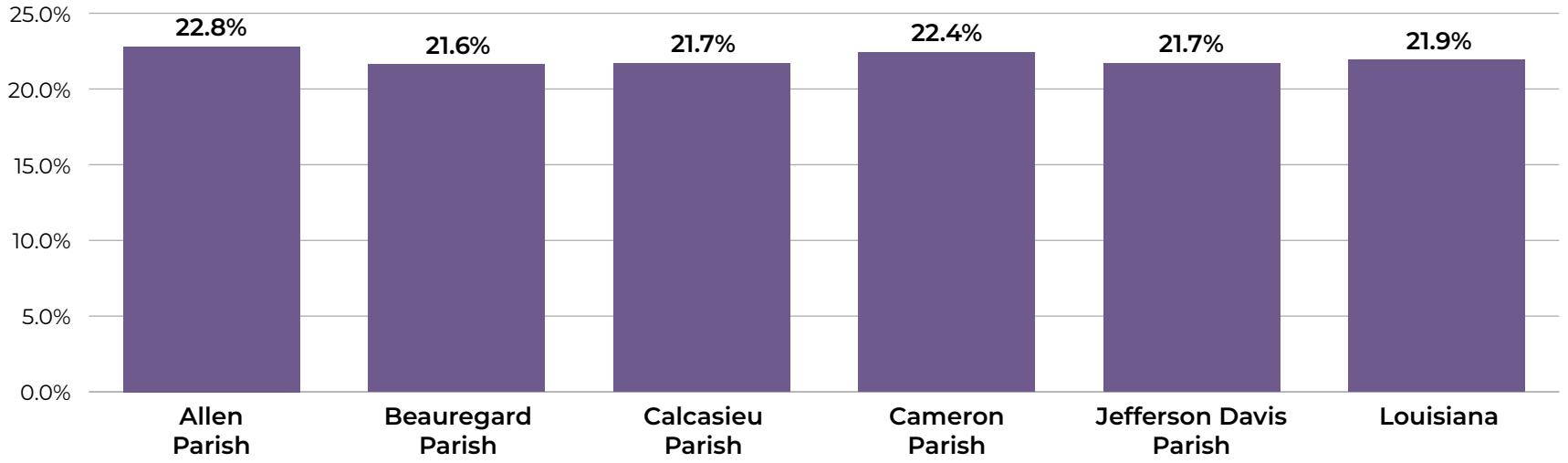
Figure 11: Substance Involved Mortality Rates (Rate per 100,000 Population) (Region 5)



Source: Louisiana Department of Health 2020

Excessive drinking is defined as the percentage of the population who report at least one binge drinking episode involving five or more drinks for men and four or more for women over the past 30 days, or heavy drinking involving more than two drinks per day for men and more than one per day for women, over the same time period.

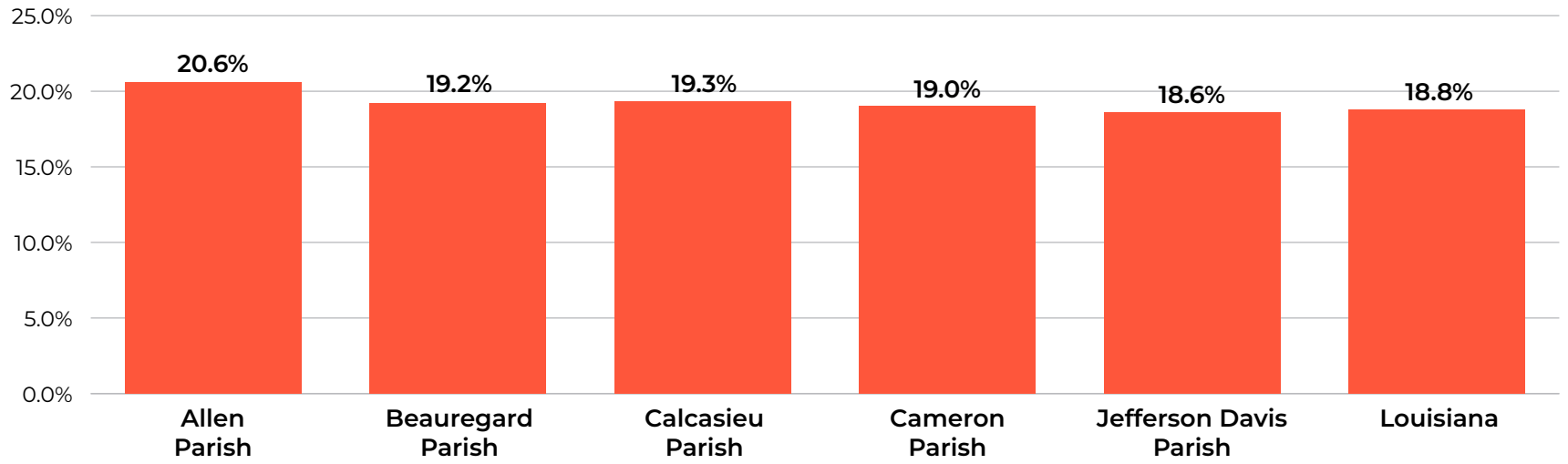
Figure 12: Adults Reporting Excessive Drinking



Source: Centers for Disease Control and Prevention 2019

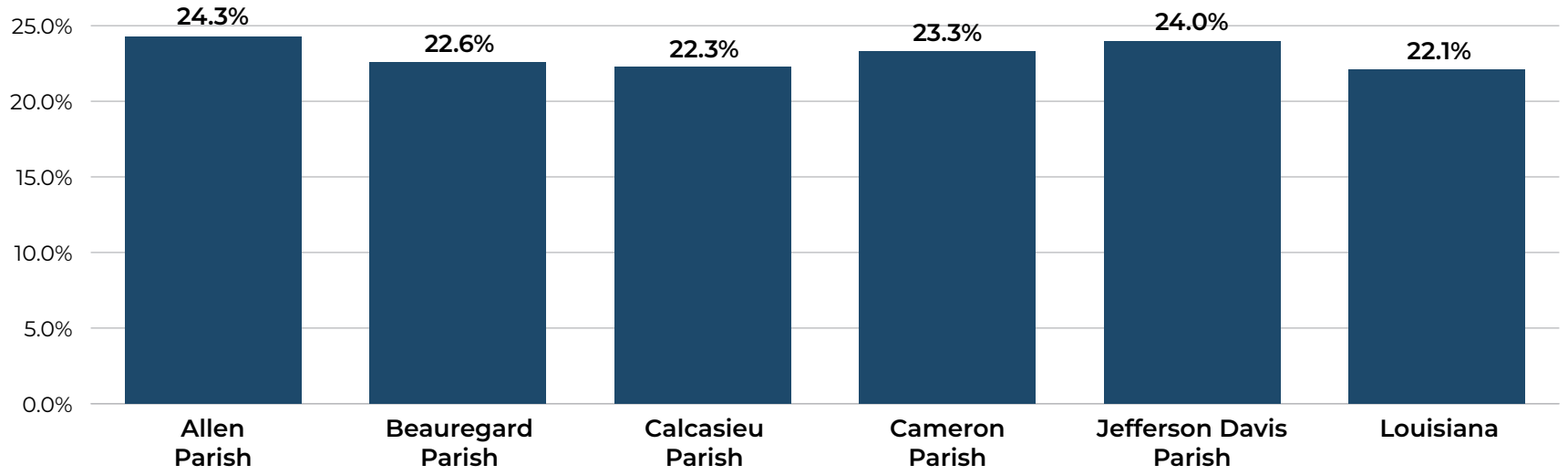
Binge drinking is defined as adults aged 18 and older who report having five or more drinks (men) or four or more drinks (women) on occasion in the past 30 days.

Figure 13: Adults Reporting Binge Drinking



Source: Centers for Disease Control and Prevention 2019

Figure 14: Tobacco Usage – Current Smokers (Adult Smokers)



Source: Centers for Disease Control and Prevention 2019

Figure 15: Top Five Health/Social Concerns in the Community (Community Stakeholder Results)

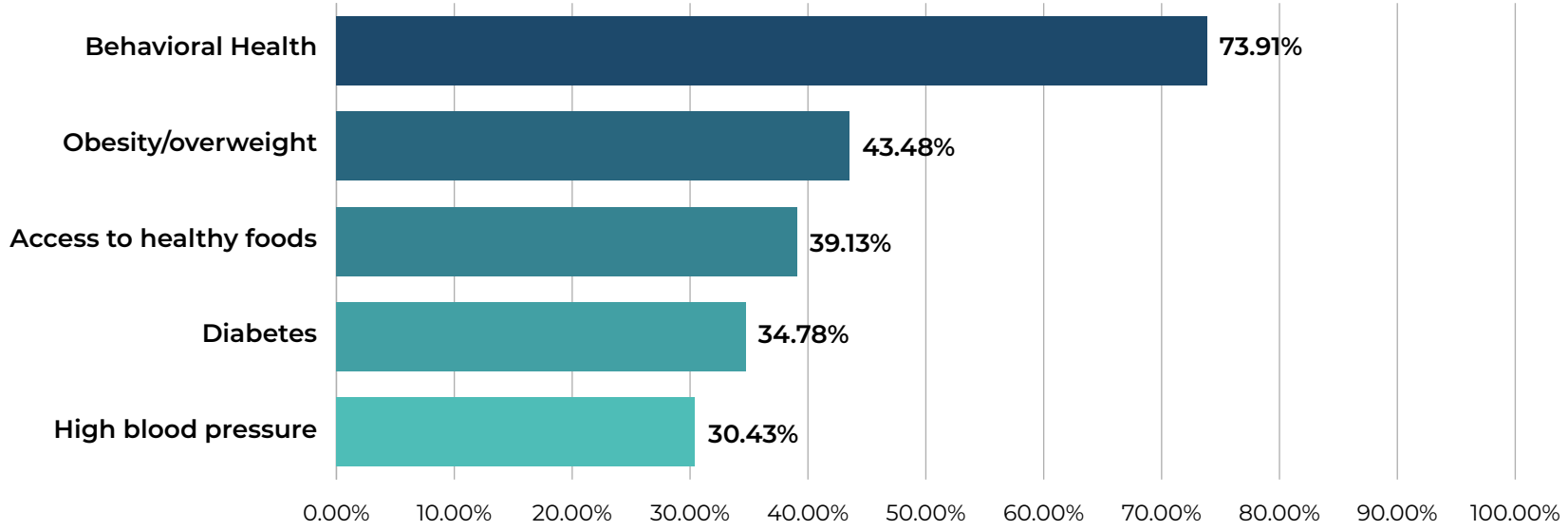


Figure 16: Top Five Persistent High-Risk Behaviors (Community Stakeholder Results)

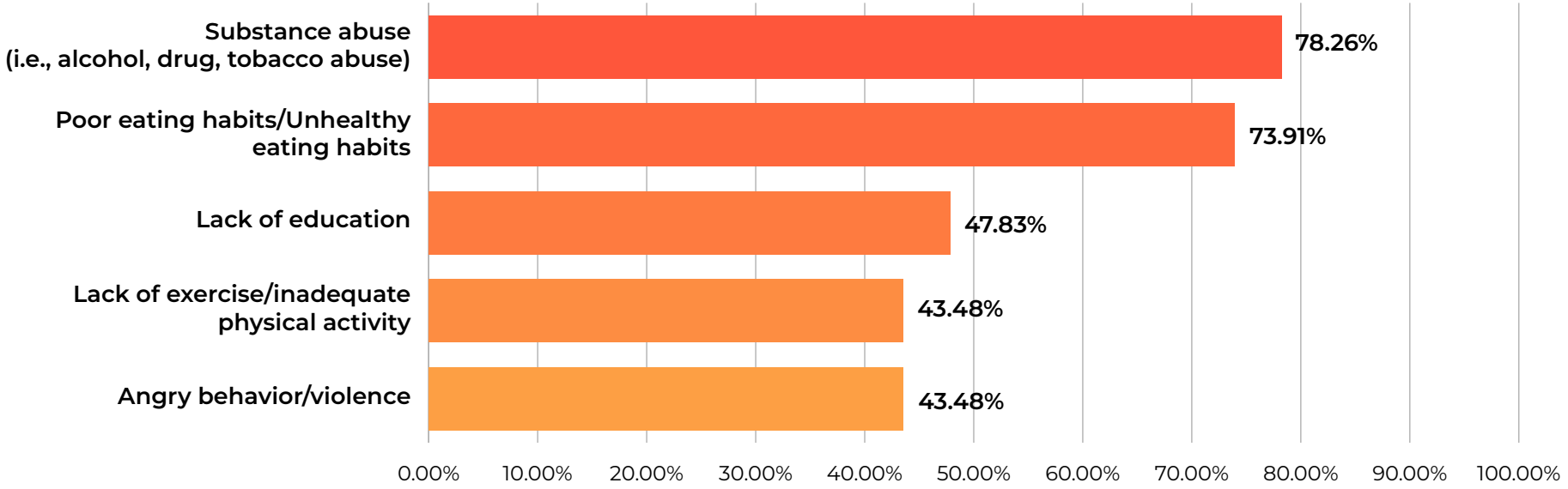


Figure 17: Top Five Improvements for Quality of Life for Residents (Community Stakeholder Results)

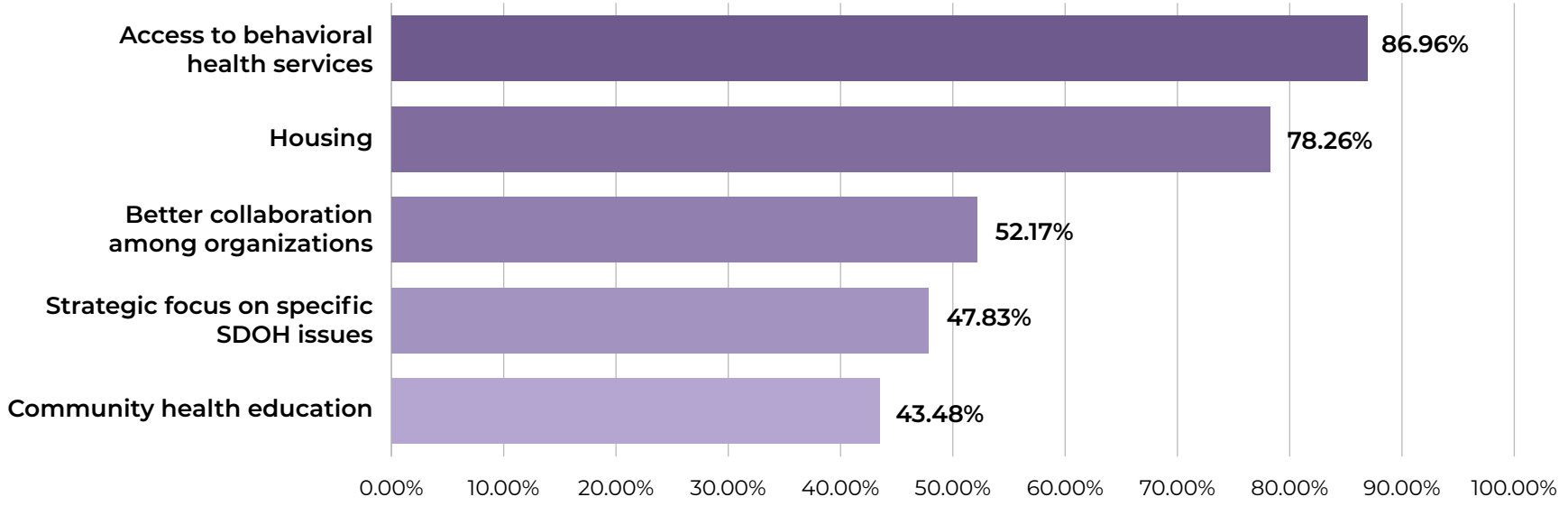


Figure 18: Top Five Persistent Health Problems in The Community (Key Informant Survey)

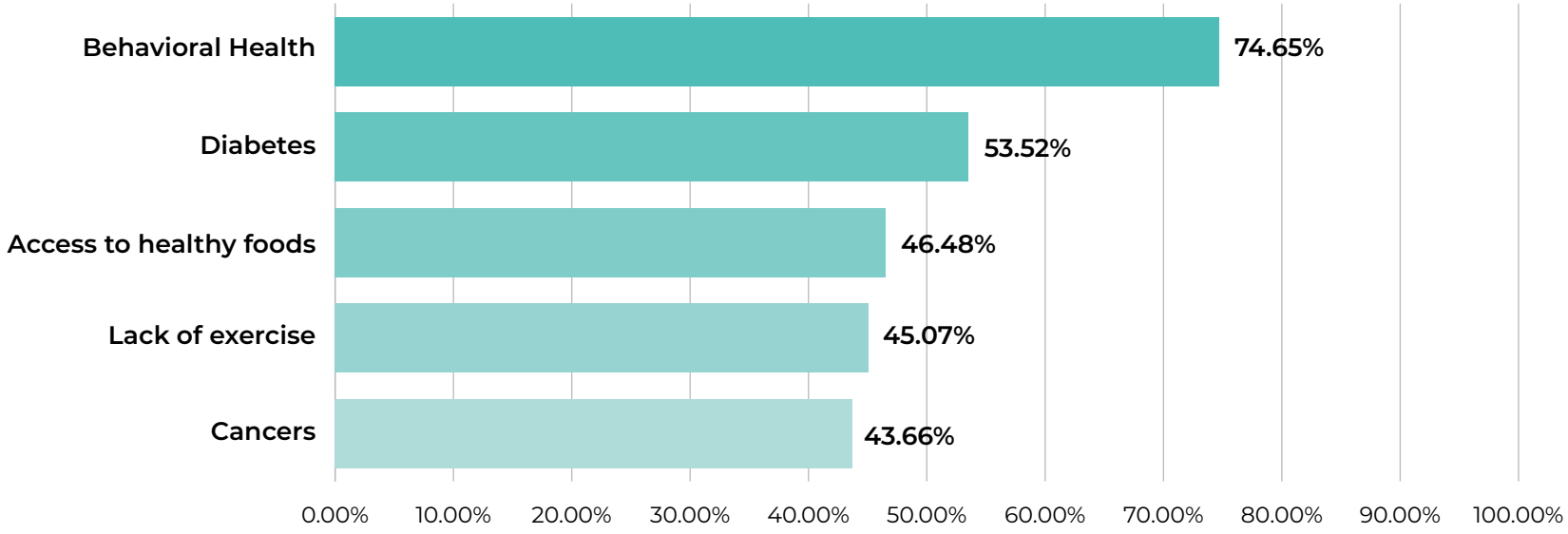
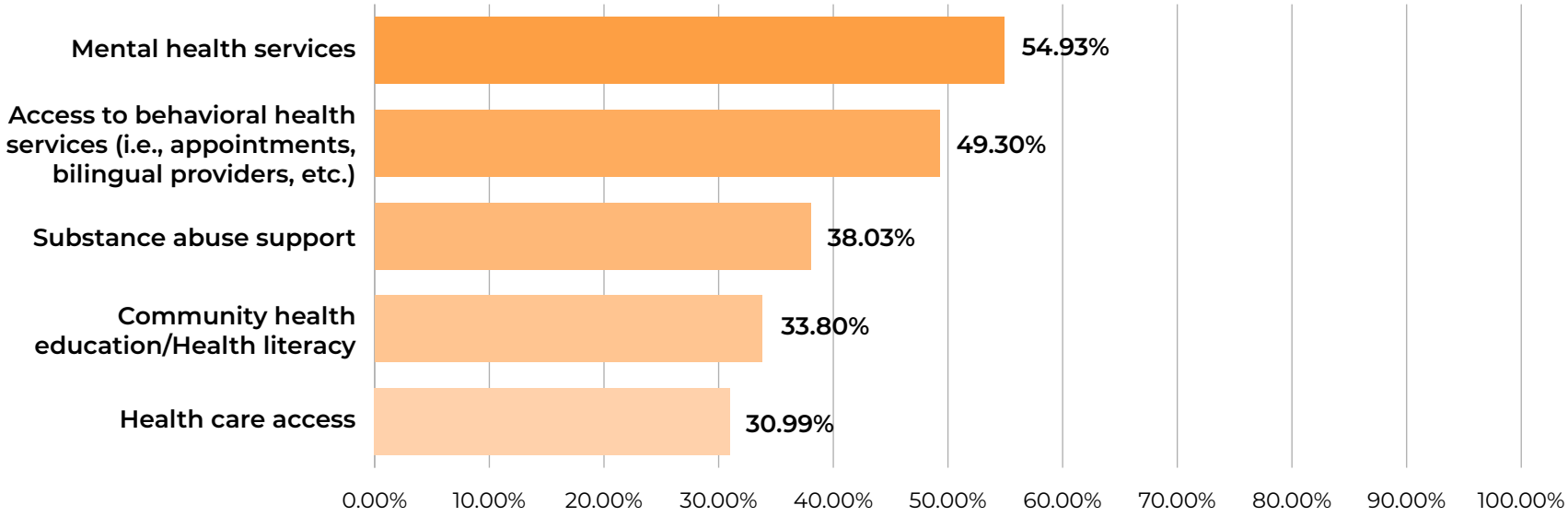


Figure 19: What would have the Greatest Impact on the Quality of Life of Residents in the Community (Key Informant Survey)



B) HEALTH BEHAVIORS

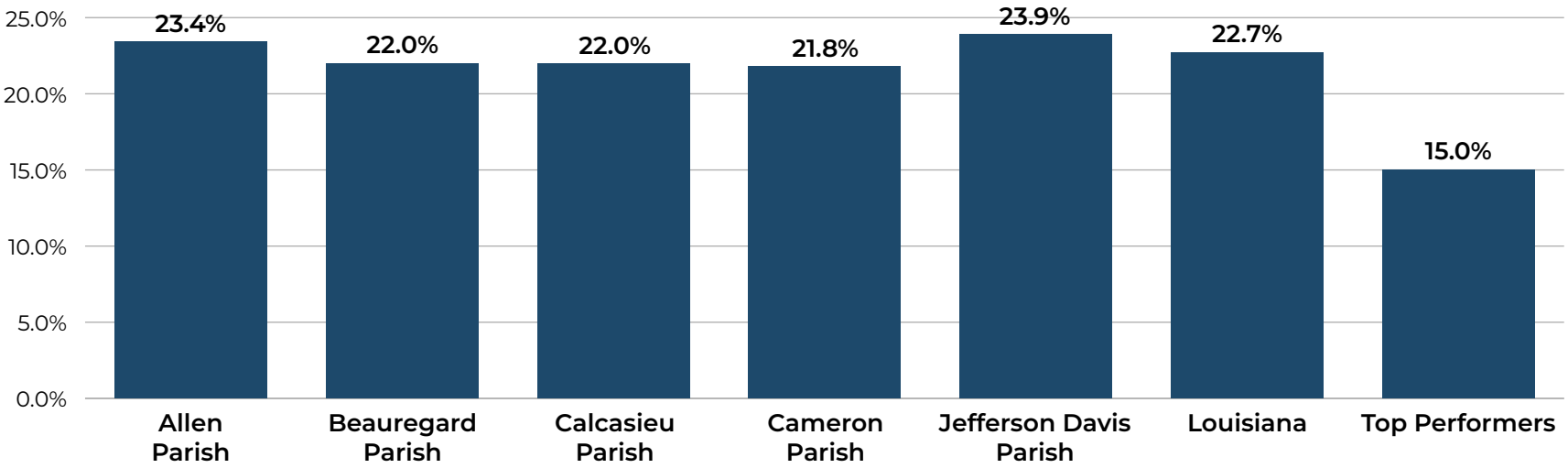
Engaging in poor health behaviors will lead to premature death and poor health outcomes such as chronic diseases. According to the Centers for Disease Control and Prevention, 90% of the nation's $4.1 trillion in annual healthcare expenditures are for people with chronic and mental health conditions.[8] Specific healthy behaviors that can improve the lifespan of an individual include being physically active/exercising, eating healthy, not smoking, not using alcohol and drugs, and not engaging in risky sexual behaviors or lifestyles.

Unfortunately, engaging in good health practices may be limited for many due to social and environmental factors such as affordability, transportation, language barriers, health education, and overall access issues. Residents who can access care quickly are more likely to prevent illnesses and prevent the illness from worsening. Additional hurdles and the ability to engage in healthy behaviors depend on available resources in the communities.

Not smoking, following a healthy diet, and physical activity are behaviors that account for much of our physical health. Eating healthy is the ability to afford and prepare nutritious meals and being physically active can reduce one's risk for heart disease, diabetes, and some cancers. Engaging in physical activity is not limited to being in the gym, but a good community infrastructure will have walking paths, sidewalks, bike lanes, etc., which provides ample opportunities for residents to maintain physical activities.

[8] Centers for Diseases Control and Prevention

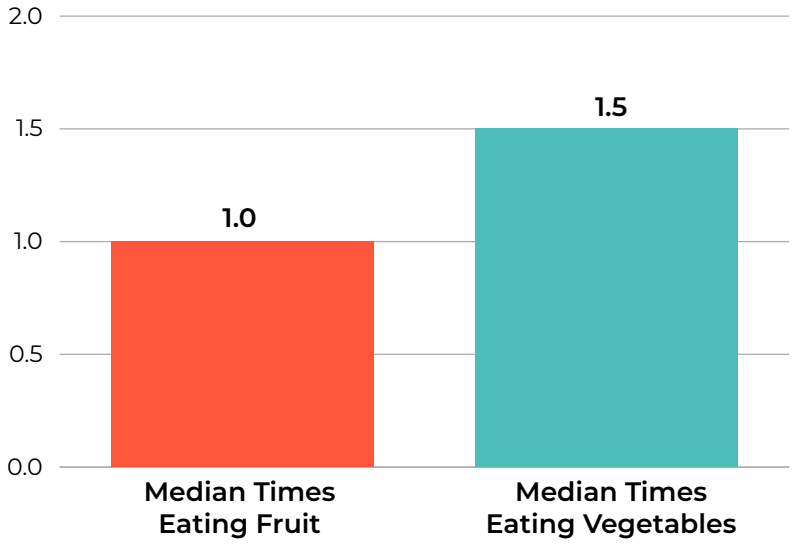
Figure 20: Poor or Fair Health



Note: Top performers are the top 10% of counties in the U.S. that are doing better in a particular value.

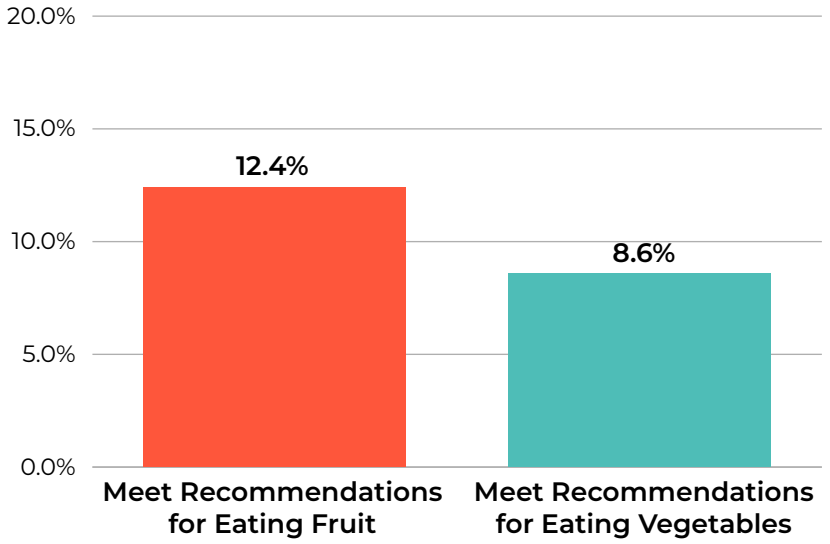
Source: Centers for Disease Control and Prevention 2019

Figure 21: Key Behaviors for Physical Health in Louisiana



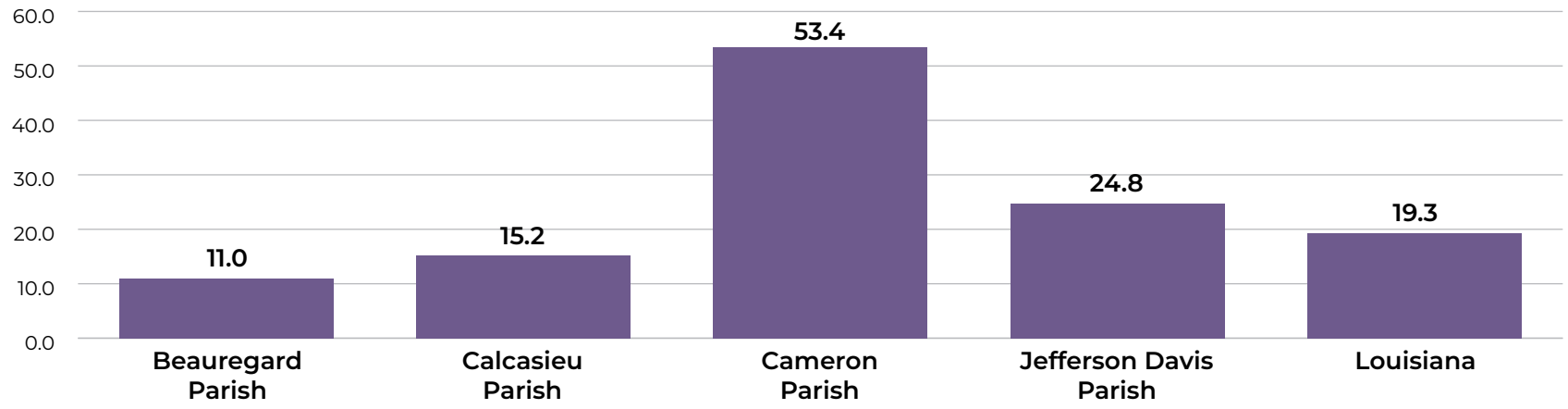
Source: Louisiana Department of Health 2019

Figure 22: Key Behaviors for Physical Health in Louisiana



Source: Louisiana Department of Health 2017

Figure 23: Grocery Store (Rate per 100,000 Population)

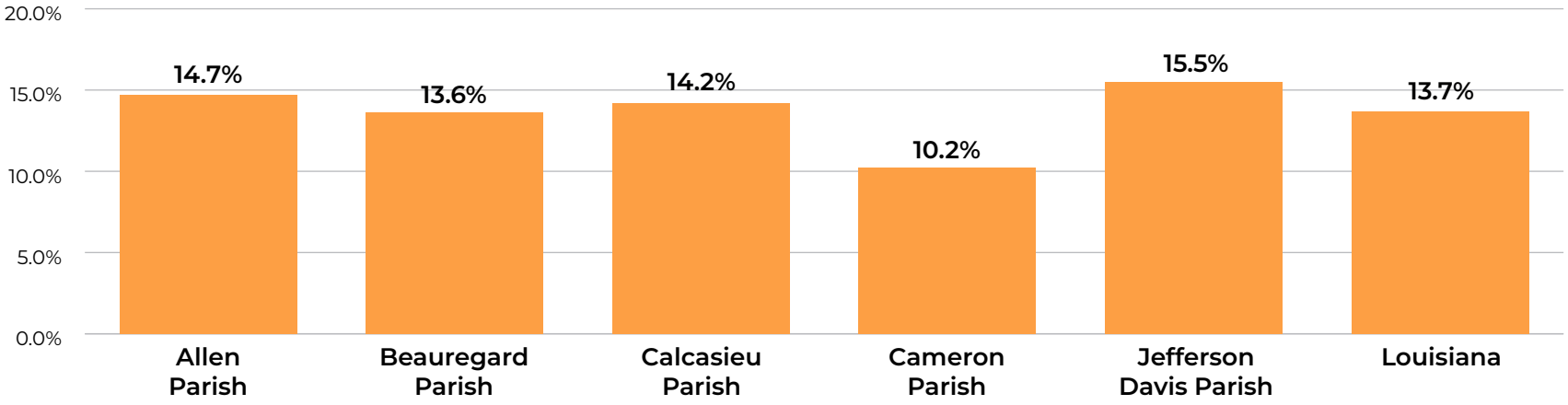


Note: Data for Allen Parish was not available.

Source: U.S. Census Bureau 2020

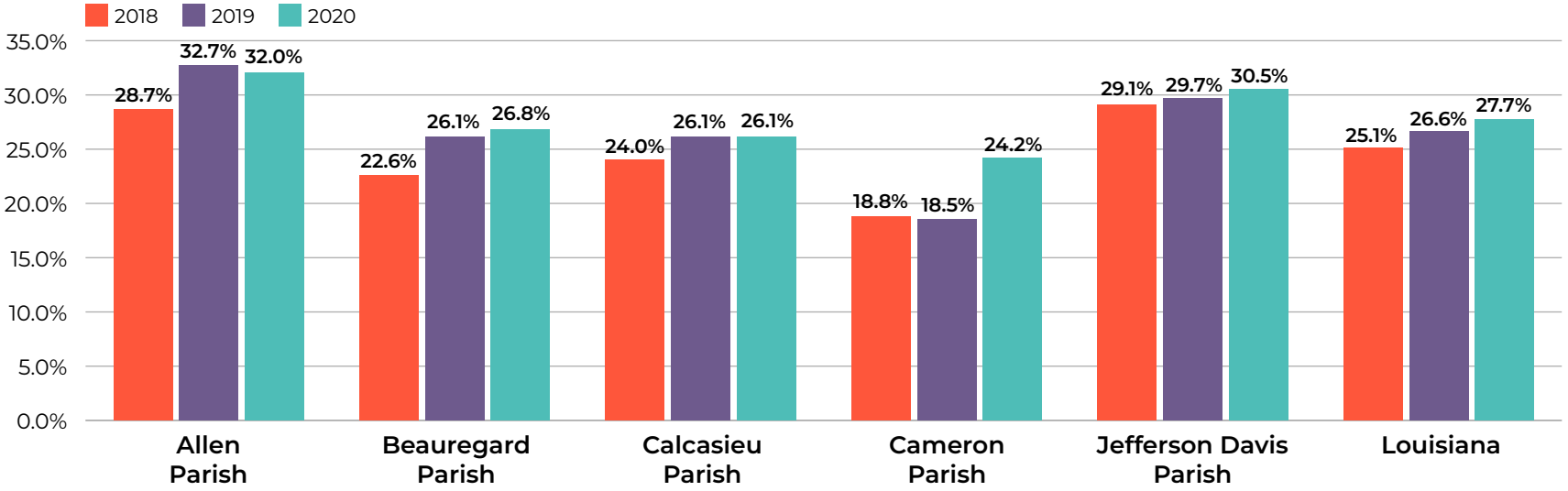
Food insecurity is the estimated percentage of the population that experienced food insecurity at some point during the reporting year. Food insecurity is the most broadly used measure of food deprivation in the U.S. The USDA defines food insecurity as meaning "consistent access to adequate food is limited by a lack of money and other resources at times during the year."

Figure 24: Food Insecurity



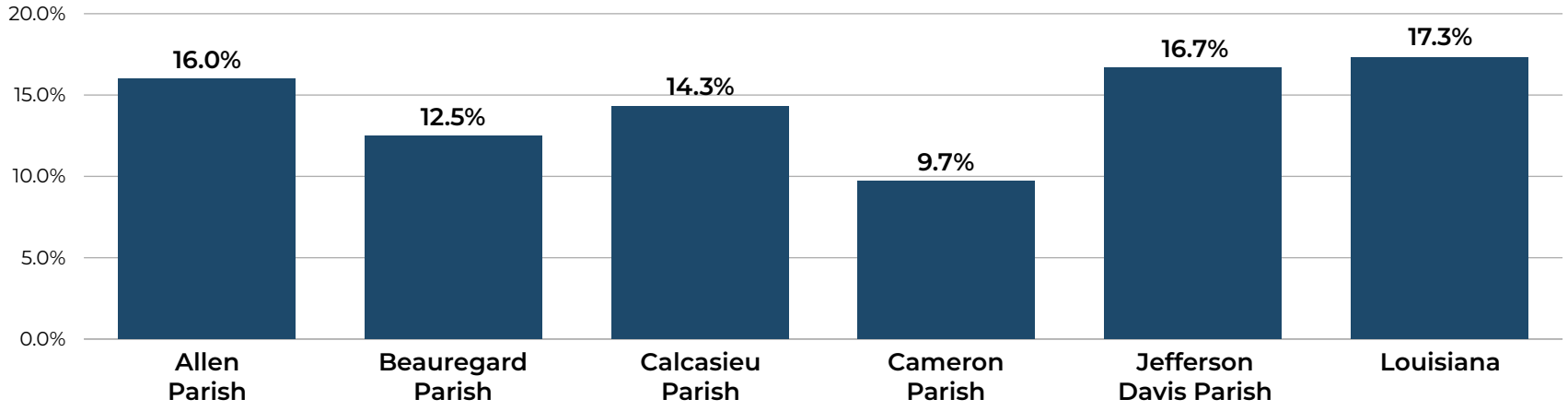
Source: Feeding America 2020

Figure 25: Population Receiving Medicaid



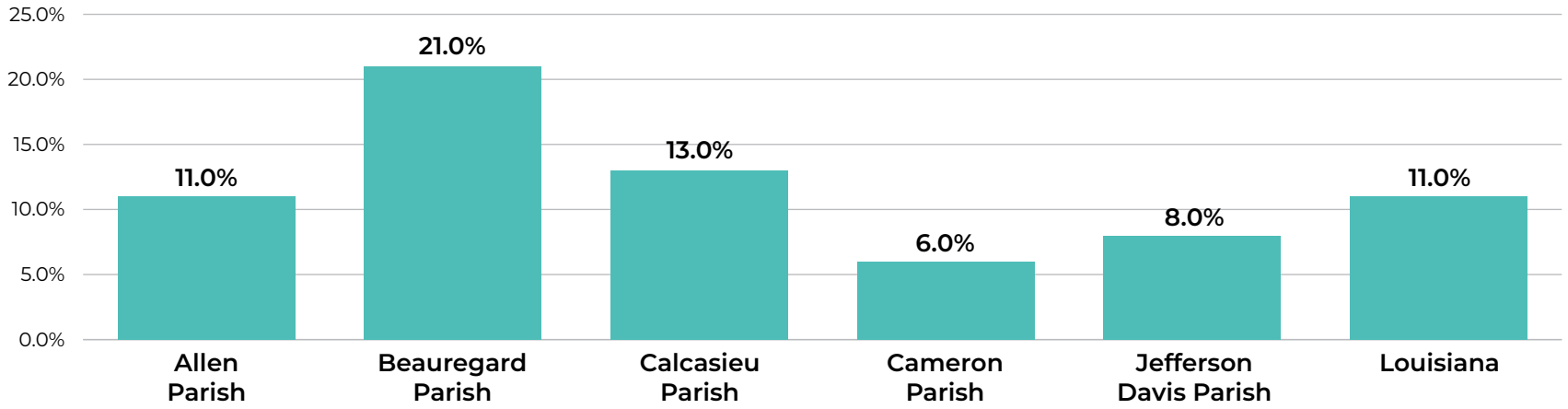
Source: Centers for Diseases Control and Prevention 2018-2020

Figure 26: Population Receiving Supplemental Nutrition Assistance Program (SNAP)



Source: Centers for Diseases Control and Prevention 2019

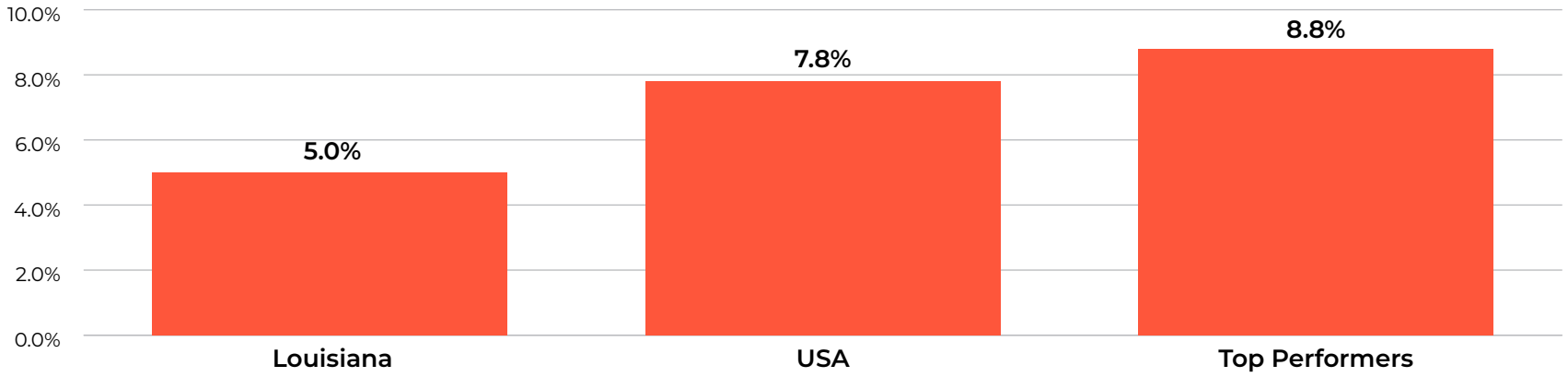
Figure 27: Limited Access to Healthy Foods



Source: Centers for Diseases Control and Prevention 2019

The County Health Rankings measure of the food environment accounts for both proximities to healthy foods and income. This measure includes access to healthy foods by considering the distance an individual lives from a grocery store or supermarket, locations for health food purchases in most communities, and the inability to access healthy food because of cost barriers.

Figure 28: Food Environment Index

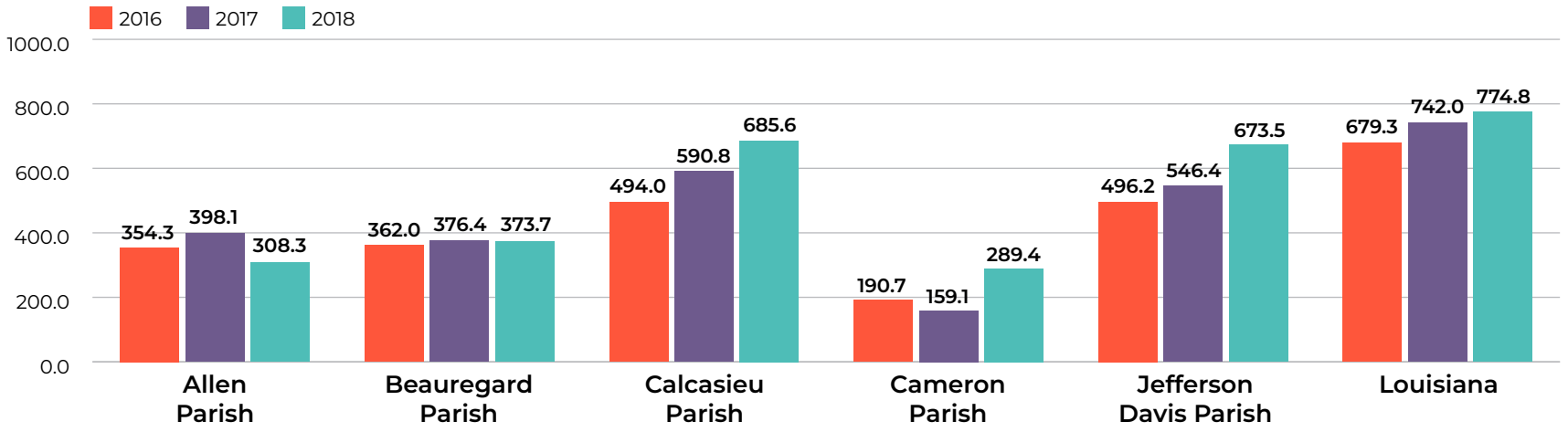


Note: Top performers are the top 10% of counties in the U.S. that are doing better in a food environment.

Source: County Health Rankings & Roadmaps 2019

America's Health Rankings reported in 2022, Louisiana ranked 49/50 in chlamydia. Chlamydia accounts for most medical costs from nonviral sexually transmitted infections (STIs). Chlamydia infections cost the U.S. $691 million in direct medical costs in 2018. Lifetime medical costs per infection are estimated at approximately $46 for men and $262 for women. Social conditions such as poverty, low educational attainment, and unemployment can present barriers to accessing quality sexual health care. Living without consistent STI screening and medical care can lead to higher rates of chlamydia and untreated chlamydia. The Healthy People 2030 goal is to increase screenings for sexually active female adolescents and young women for chlamydia.[9]

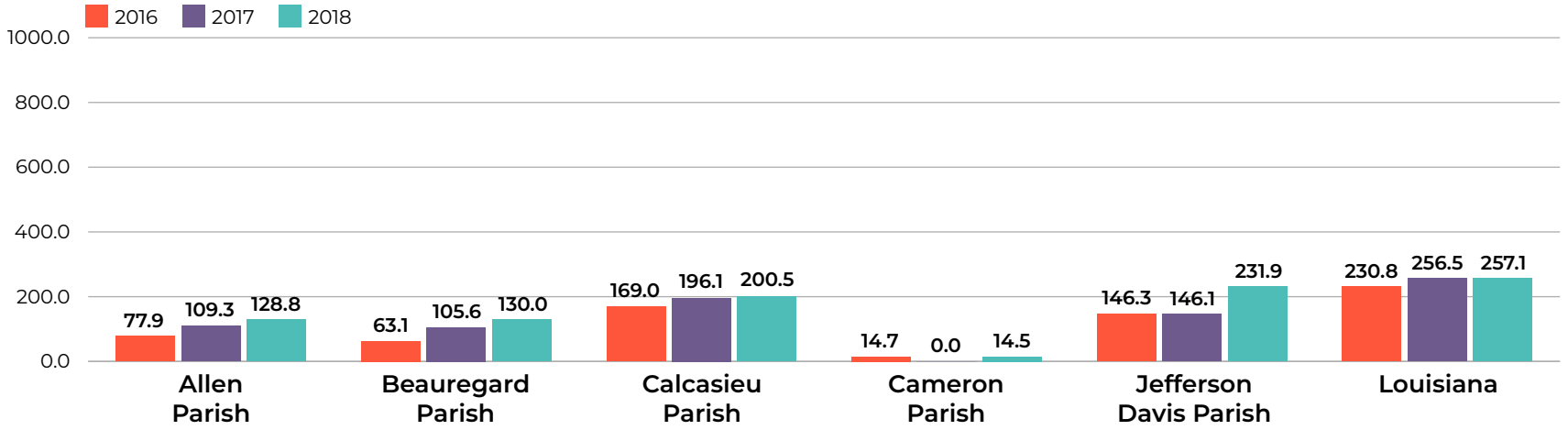
Figure 29: Chlamydia Incidence Rate (Rate per 100,000 population)



Source: Centers for Disease Control and Prevention 2016-2018

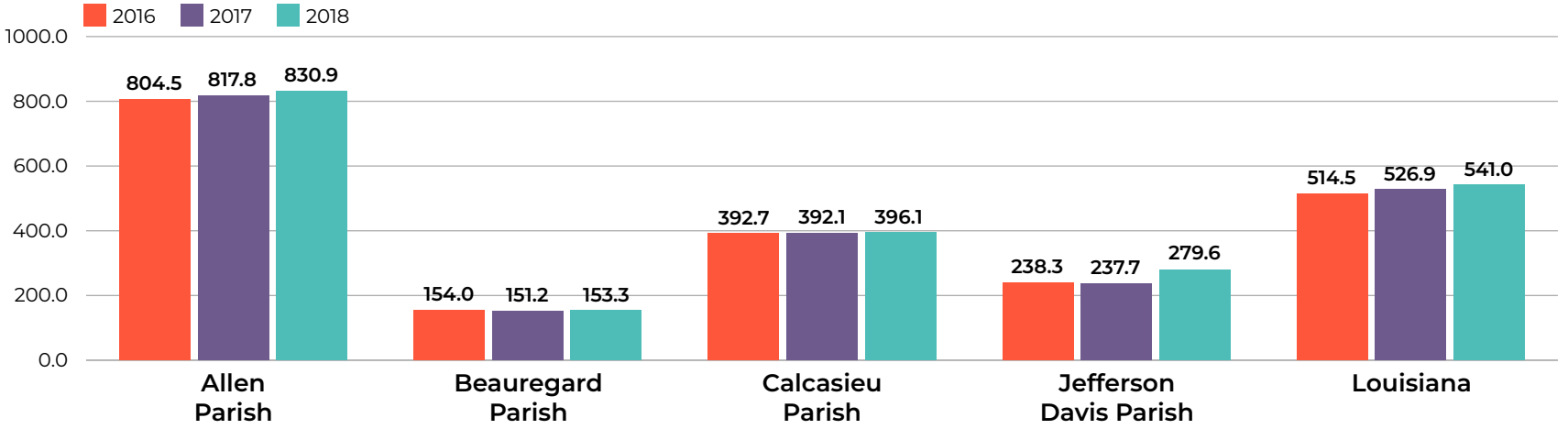
[9] America's Health Rankings

Figure 30: Gonorrhea Incidence Rate (Rate per 100,000 population)



Source: Centers for Diseases Control and Prevention 2019

Figure 31: HIV Prevalence Rate (Rate per 100,000 population)



Note: Data not available for Cameron Parish

Source: Centers for Disease Control and Prevention 2016-2019

C) MANAGING POPULATION HEALTH AND PREVENTING CHRONIC DISEASES

Access to health care services is a recurring problem in the community. Access to care in the context of the CHNA findings refers to the ability and ease with which people can obtain health care services. For better population health management, health services must be accessible, available, effective, and relevant for community residents. There are a multitude of factors and barriers that prohibit residents from obtaining care and services, such as affordability, health literacy, navigation through the healthcare system, the availability of providers, transportation, etc. Addressing the needs of the underserved and creating an accessible pathway provides community residents with the ability to obtain needed healthcare services, leading to better health management.

Chronic diseases are the leading causes of death and disability in the U.S. Six in ten adults have a chronic disease; in addition, four in ten adults have two or more chronic diseases. Broadly defined, chronic diseases are conditions that last more than one year and require ongoing medical attention and or limit daily activities.[10]

With no sign of weakening, obesity, a nationally growing concern, has affected many communities. Obesity is linked to high blood pressure and abnormal cholesterol levels, which are risk factors for heart disease and strokes. The prevalence of obesity was 19.7% and affected about 14.7 million children and adolescents. Obesity-related conditions include high blood pressure, high cholesterol, type 2 diabetes, asthma and sleep apnea, and joint problems.[11]

[10] Centers for Disease Control and Prevention
[11] Centers for Disease Control and Prevention

The toll and the overall healthcare costs associated with chronic diseases are staggering. The CDC estimated the annual medical cost of obesity in the U.S. was nearly $173 billion in 2019. Medical costs for adults who had obesity were $1,861 higher than medical costs for people with a healthy weight. Black adults (49.9%) had the highest prevalence of obesity, followed by Hispanic adults (45.6%), White adults (41.4%), and Asian adults (16.1%).[12] In the U.S., heart disease cost is estimated at $229 billion each year from 2017 to 2018. This includes the cost of health care services, medicines, and lost productivity due to death.[13] While common, many chronic diseases are preventable. Living a healthy lifestyle by incorporating exercise, eating healthy, and avoiding tobacco and alcohol can reduce illnesses and diseases.

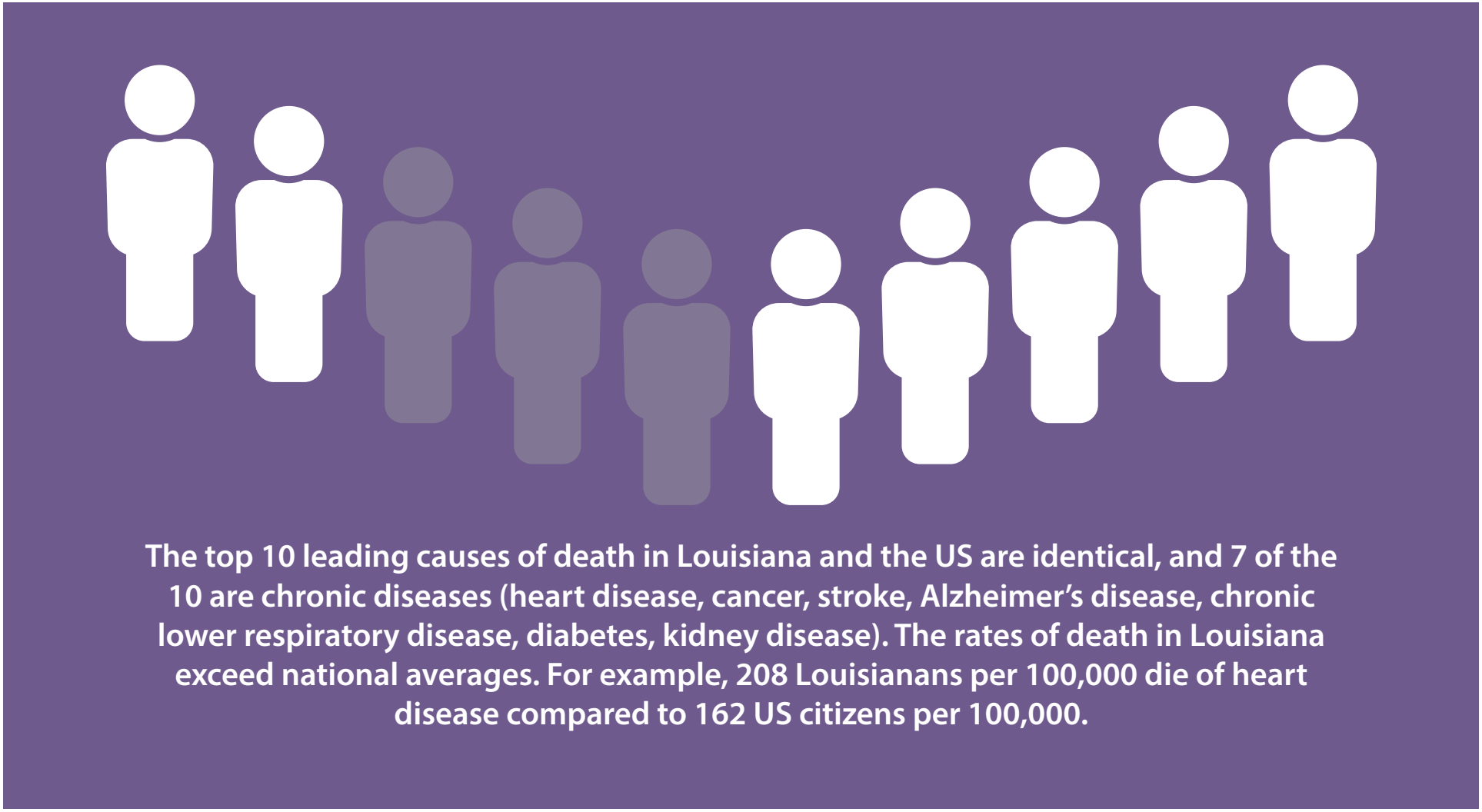
The top five causes of death in Louisiana are heart disease, cancer, accidents, chronic lower respiratory disease, and stroke.[14] Identifying causes of death can assist healthcare organizations, institutions, and community resources in assisting in the direction where services can be properly assigned for greater impact. For example, education regarding heart disease can assist residents who are unaware of the disease, how to eliminate health behaviors to being diagnosed, how to seek treatment options, and potentially avoiding death from the effects of the disease. Primary data collected from the CHNA echo the secondary data findings.

Educating people is an important part of reducing and improving lives, but it is also about making the right choices. Proving services and creating outlets where choices are available can improve health outcomes. Understanding the causes of death can ensure all residents live long, productive, healthy lives.

[12] Centers for Disease Control and Prevention
[13] Centers for Disease Control and Prevention
[14] Centers for Disease Control and Prevention

Chronic diseases are a major concern in Louisiana. They are the leading causes of death in Louisiana and exceed national rates. Inequities in the region include health care, food accessibility, and exposure to environmental toxins. Residents who are Black, less educated, or low-income experience higher rates of chronic disease.[15]

Figure 32: Top 10 Leading Causes of Death in Louisiana and the U.S.

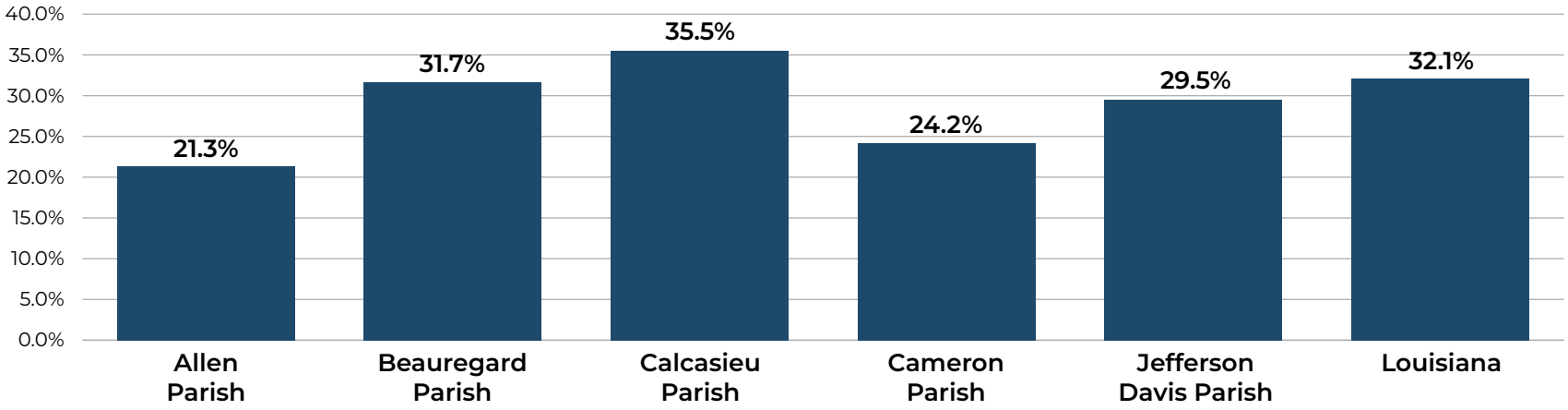


Source: Louisiana Department of Health

[15] Louisiana Department of Health

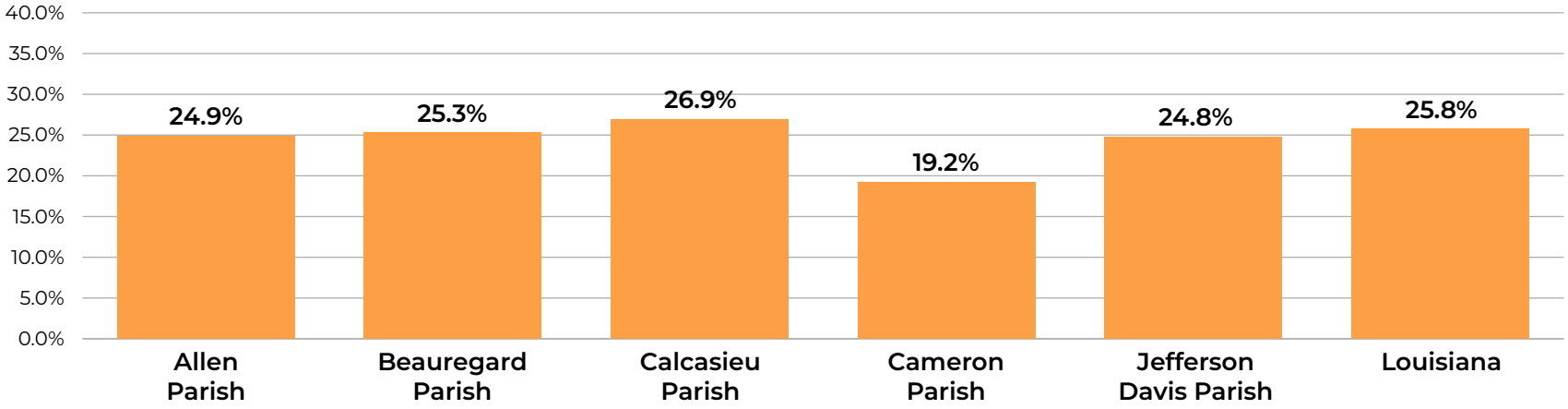
In 2022, Louisiana ranked 43/50 in obesity according to America's Health Rankings. Healthy People 2030 has several objectives for weight and nutrition, including reducing the proportion of adults with obesity. The costs associated with obesity and obesity-related health problems are staggering. One estimated cost in medical costs of obesity is $342.2 billion (in 2013). Beyond direct medical costs, the indirect costs of decreased productivity tied to obesity are estimated at $8.65 billion annually among American workers. Healthy People 2030 also has neighborhood and built environment objectives that promote healthy and safe environments for physical activity.[16]

Figure 33: Obesity



Source: Centers for Disease Control and Prevention 2019

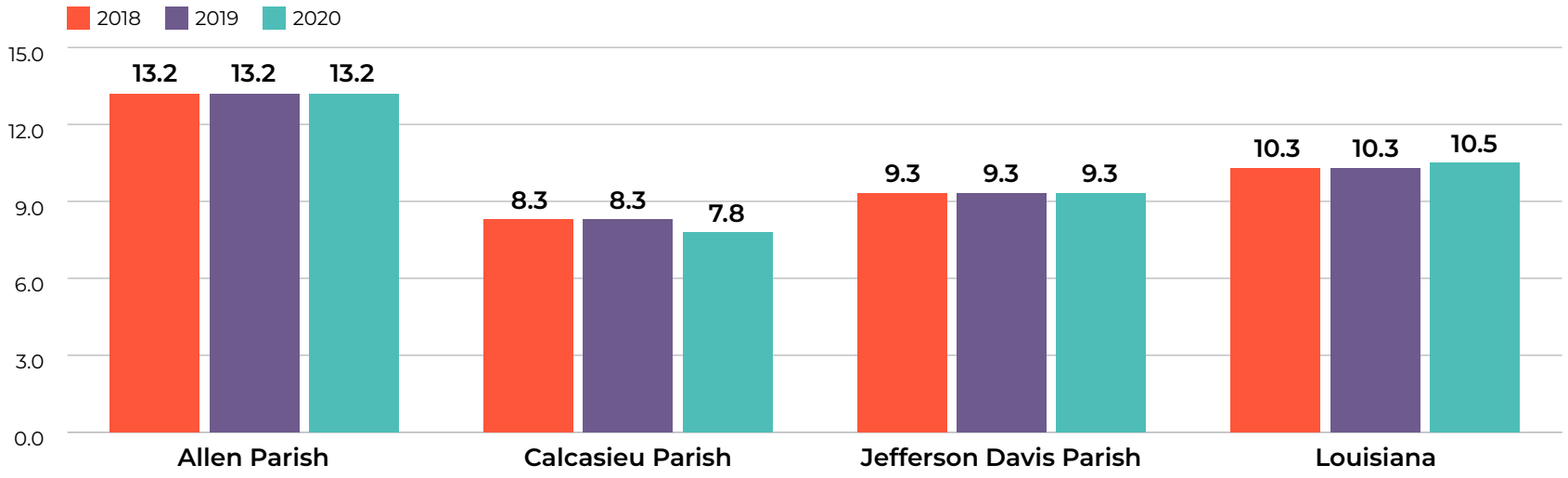
Figure 34: Physical Inactivity (Adults with no Leisure Time Physical Activity)



Source: Centers for Disease Control and Prevention 2019

[16] America's Health Rankings

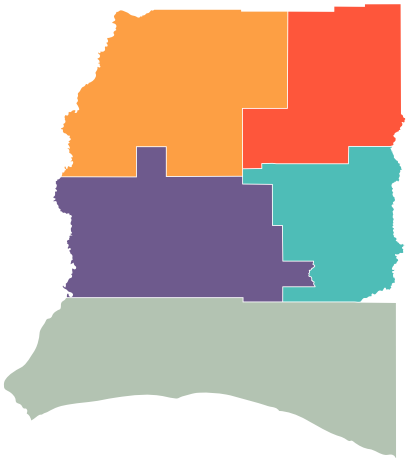
Figure 35: Recreation and Fitness Facility Access (Rate per 10,000 Population)



Note: Data was not available for Beauregard and Cameron parishes

Source: Centers for Disease Control and Prevention 2018-2020

Figure 36: Heart Disease Mortality Rate (Rate per 100,000 population)

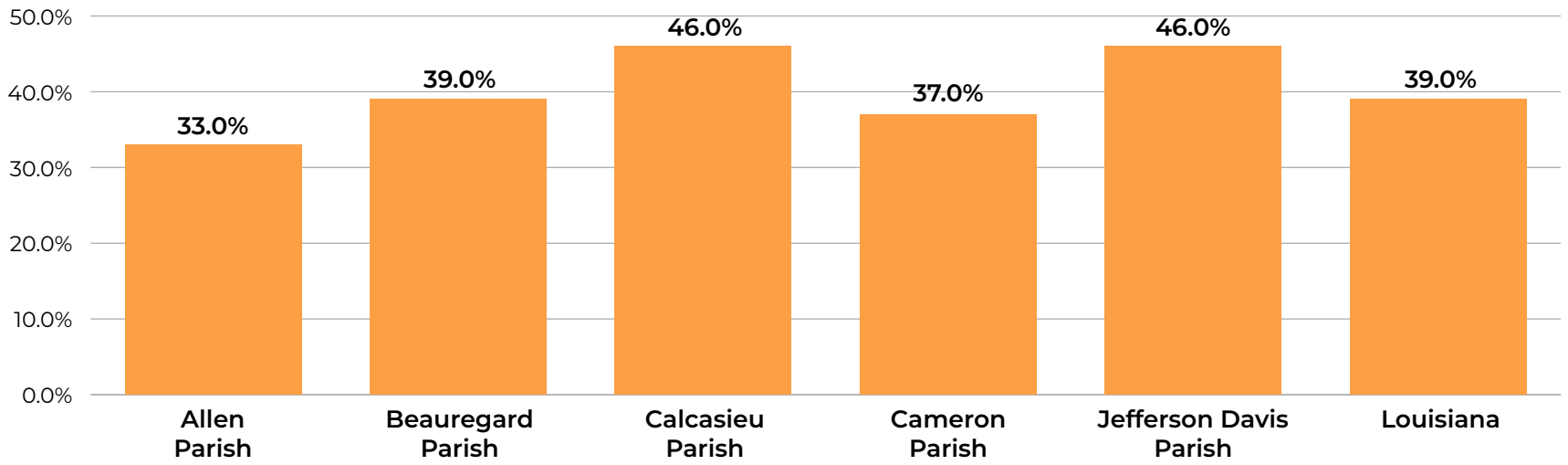


Parish	Mortality Rate
Allen Parish	247.8
Calcasieu Parish	309.9
Beauregard Parish	232.3
Jefferson Davis Parish	245.6

Note: The heart disease death rate for Louisiana is 222.0. Data not available for Cameron Parish

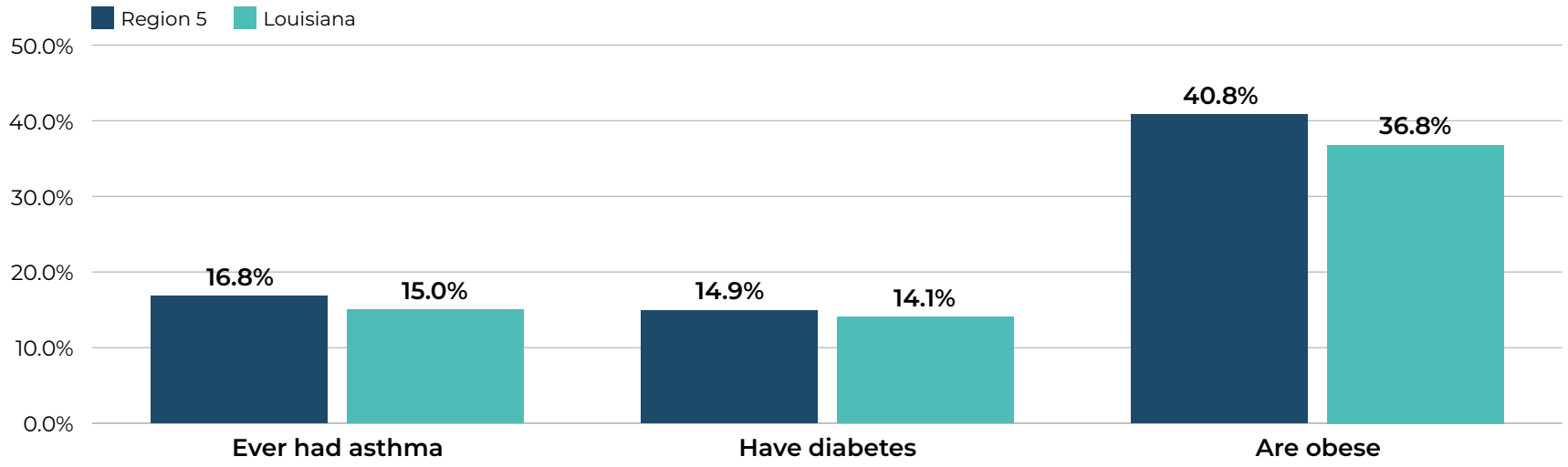
Source: Louisiana Department of Health

Figure 37: Medicare Enrollees Receiving Annual Flu Vaccine



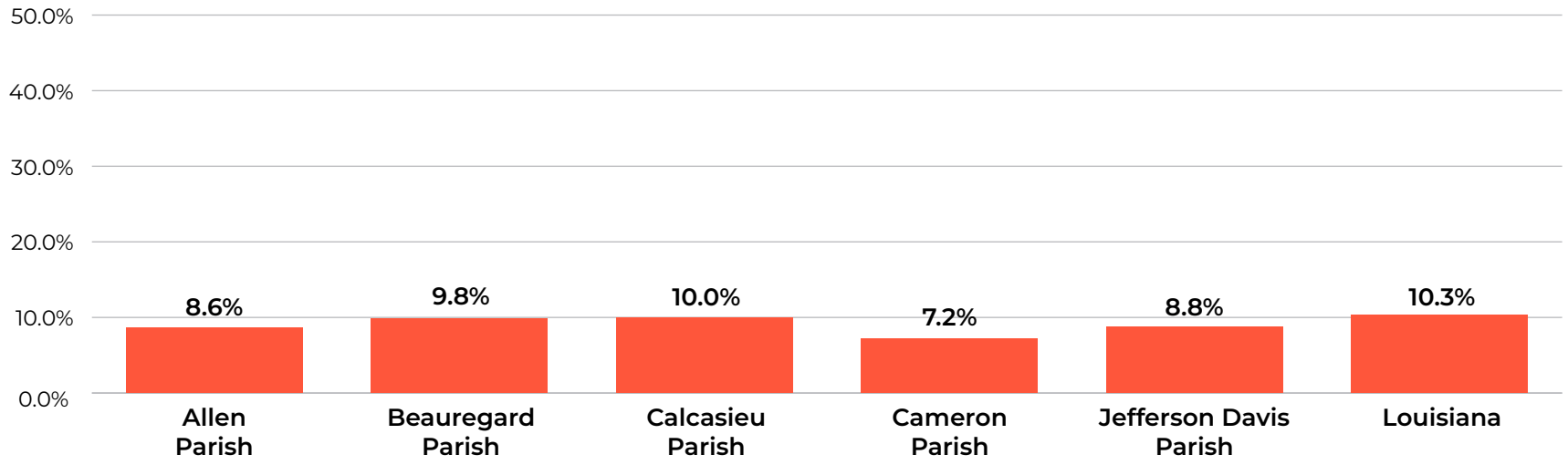
Source: Louisiana Department of Health 2019

Figure 38: Medical Conditions



Source: Louisiana Department of Health 2018

Figure 39: Adults with Diabetes



Source: Centers for Disease Control and Prevention 2019

Figure 40: Strategies to Offer the Community to Achieve and Maintain health for Type II Diabetes

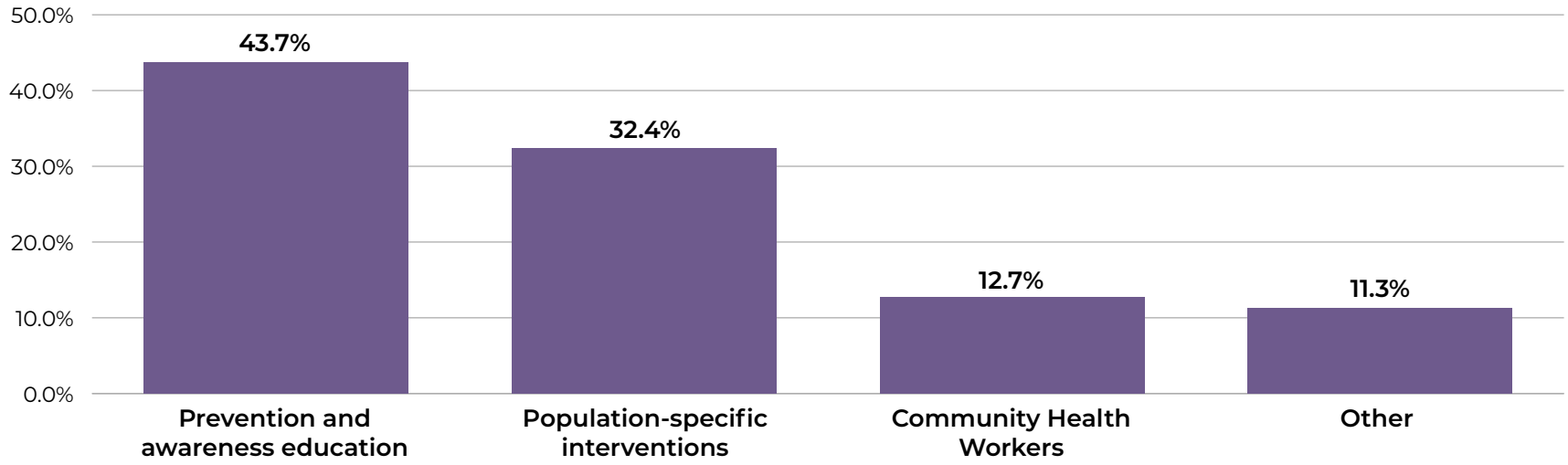
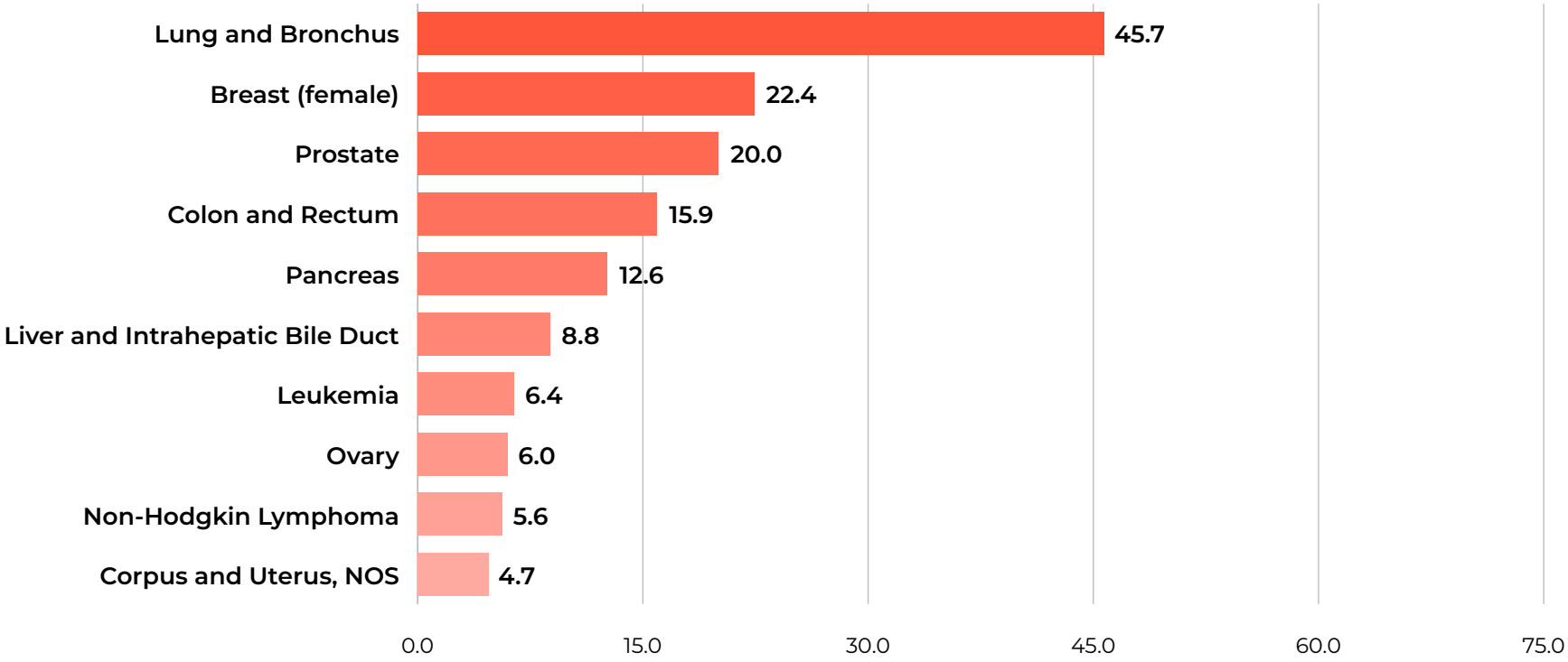
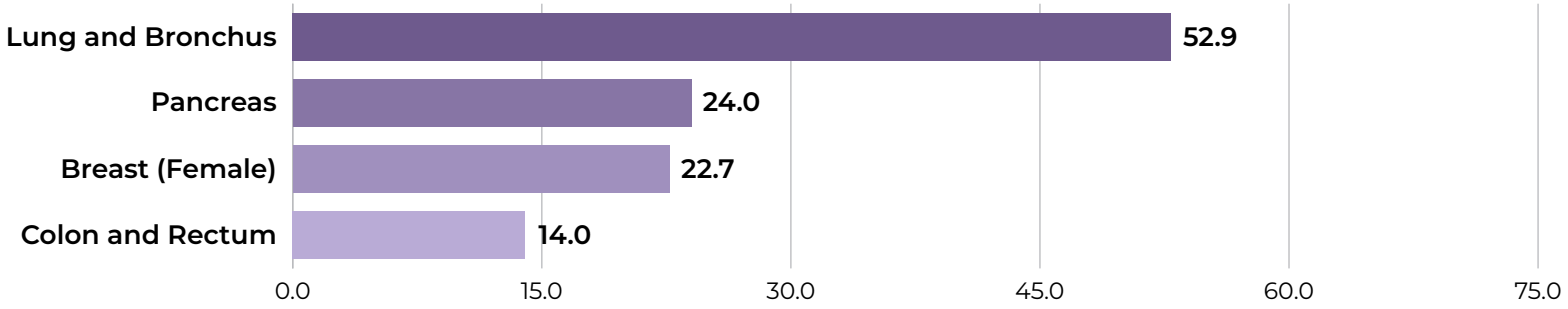


Figure 41: Cancer Mortality Rates – Top 10 (Rate per 100,000 Population)



Source: LSU Health School of Public Health 2015-2019

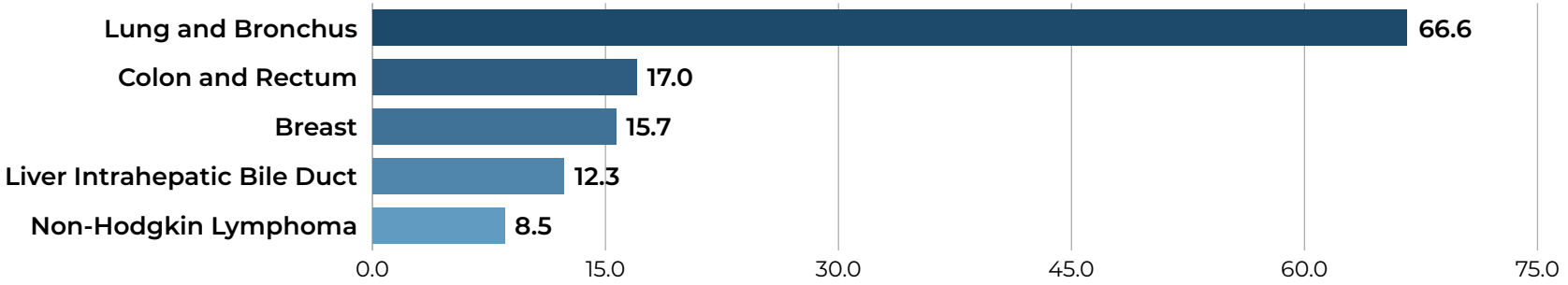
Figure 42: Allen Parish Cancer Mortality rates – Top 4 (Rate per 100,000 Population)



Note: In Cameron Parish, the mortality rate for Lung/Bronchus was 38.8 per 100,000 population. No additional mortality cancer rates were available.

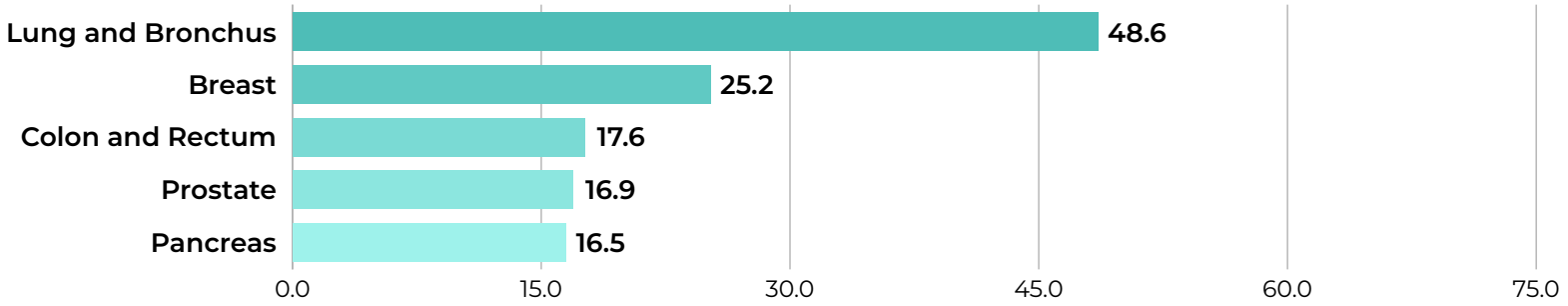
Source: LSU Health School of Public Health 2015-2019

Figure 43: Beauregard Parish Cancer Mortality rates – Top 5 (Rate per 100,000 Population)



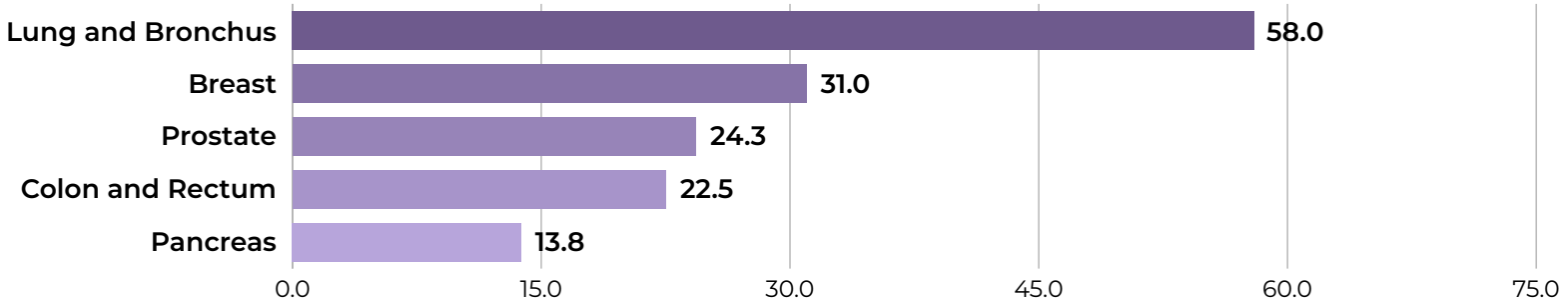
Source: LSU Health School of Public Health 2015-2019

Figure 44: Calcasieu Parish Cancer Mortality rates – Top 5 (Rate per 100,000 Population)



Source: LSU Health School of Public Health 2015-2019

Figure 45: Jefferson Davis Parish Cancer Mortality rates – Top 5 (Rate per 100,000 Population)



Source: LSU Health School of Public Health 2015-2019

D) ACCESS TO CARE

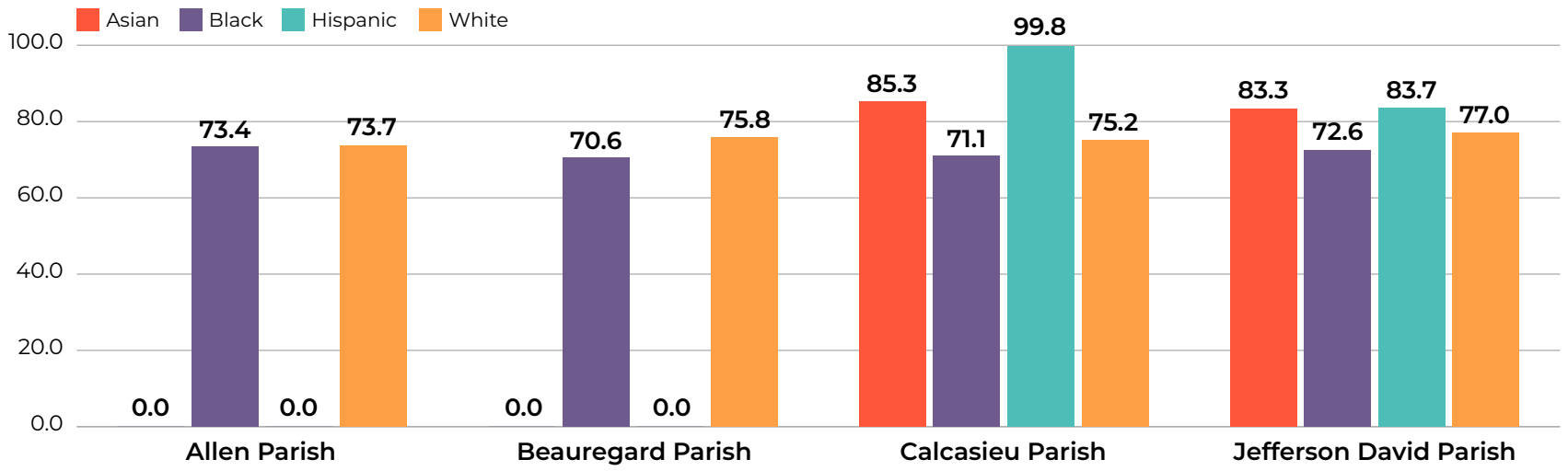
Gaps in accessing healthcare have been well documented. A critical component to better overall health is one's ability to obtain and fully access affordable healthcare services. Accessing care includes the opportunity to obtain needed primary services, specialists, transportation, language and comprehension skills, and emergency treatment. However, having health insurance also does not always ensure access to all health services. Proximity to service providers, the number of available providers, cost, etc., are important factors in how residents can obtain needed health services.

In 2021, the number of Americans with health insurance grew when compared to 2020. Roughly 8.3% or 27.2 million adults had no health insurance for at least some part of the past year. Private health insurance coverage continued to be more prevalent than public coverage, at 66.0% and 35.7%, respectively.[17] Having steady and reliable health insurance ensures that residents are more likely to maintain and seek medical care. Poor health, long-term healthcare costs, and early death are the results of inconsistent healthcare coverage. Seeking time off for medical appointments is difficult for many, as many simply cannot afford to lose that pay. Trusting one's healthcare team is vital; unfortunately, faith tends to be wavering when care and treatment have not been favorable in the past.

Life expectancy at birth is the number of years a resident is expected to live when they are born. Communities with strong foundations for health have longer life expectancies; unfortunately, not all communities have the same opportunities for health. Historically, State and Federal policies have led to less investment in underserved communities and their residents' health. As a result, Black Louisianians' life expectancy is shorter than White Louisianians'. Ensuring every community in Louisiana has ample opportunities for well-being means residents will be born with as many healthy years ahead of them as possible.[18]

[17] U.S. Census Bureau
[18] Louisiana Department of Health

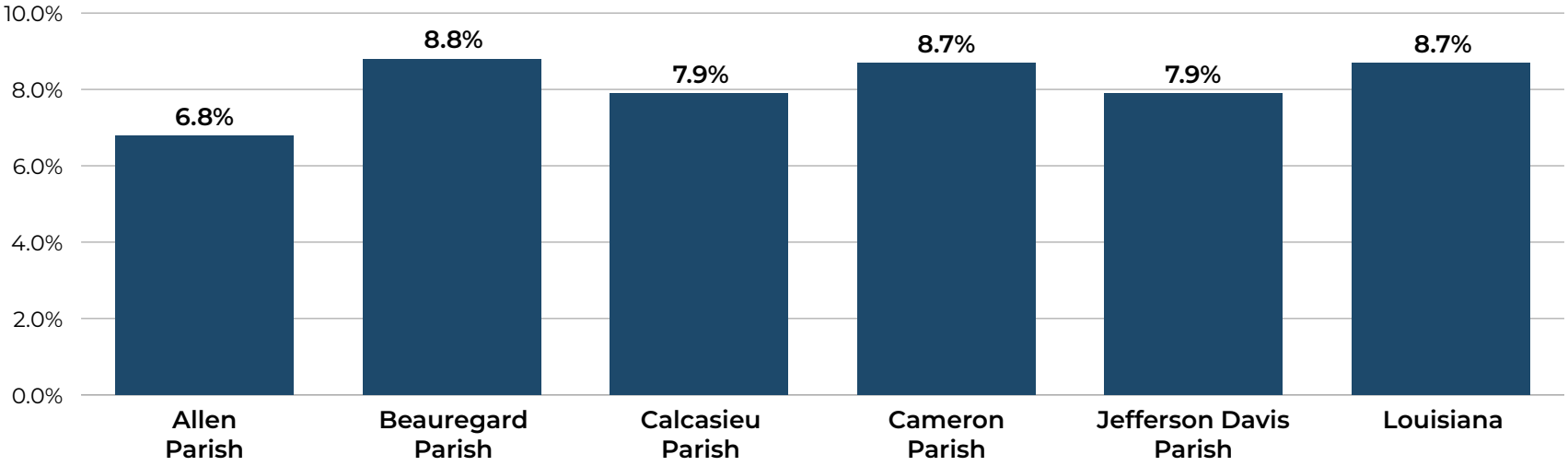
Figure 46: Life Expectancy by Race



Note: The life expectancy for a Louisianian is 76.0 years of age. Data was not available for Cameron Parish

Source: Louisiana Department of Health 2010-2015

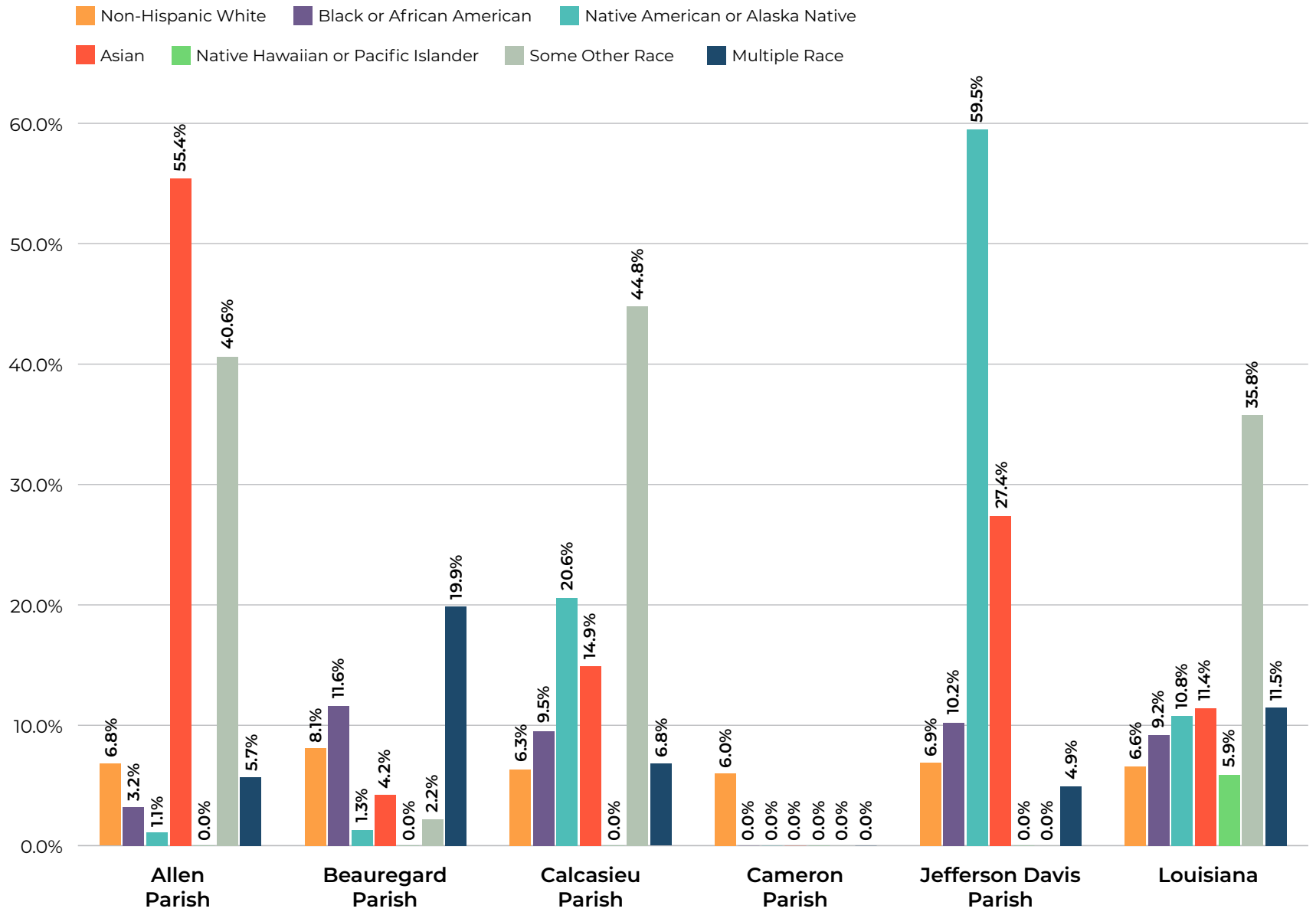
Figure 47: Health Insurance Uninsured Population



Note: 92.4% of region 5 has health insurance (Louisiana Department of Health)

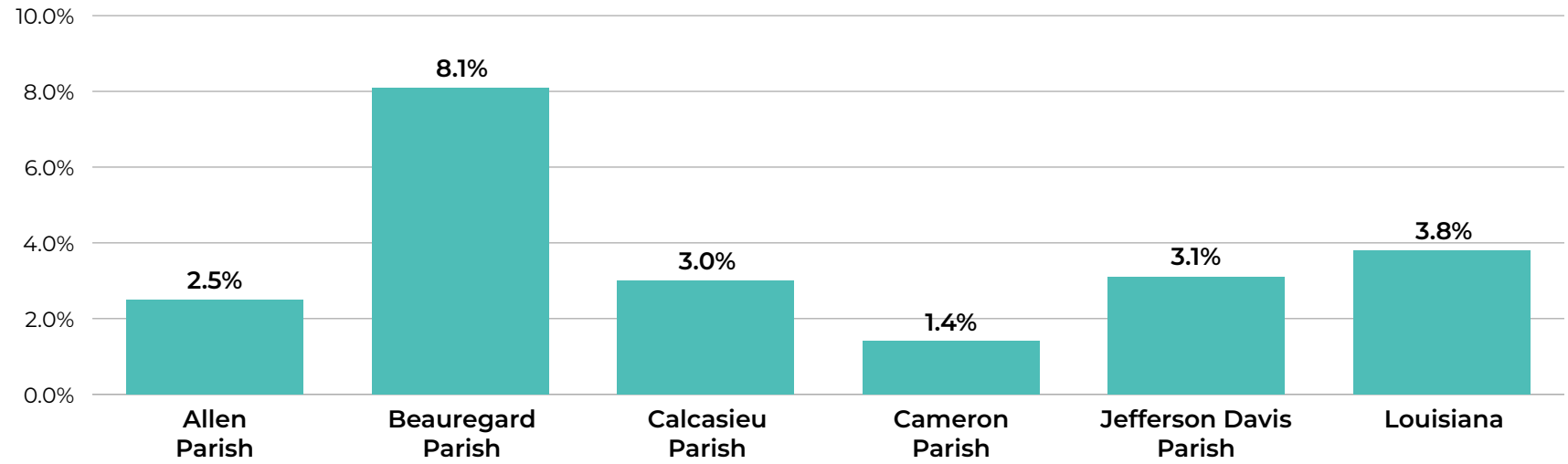
Source: Centers for Diseases Control and Prevention 2016-2020

Figure 48: Health Insurance Uninsured by Race



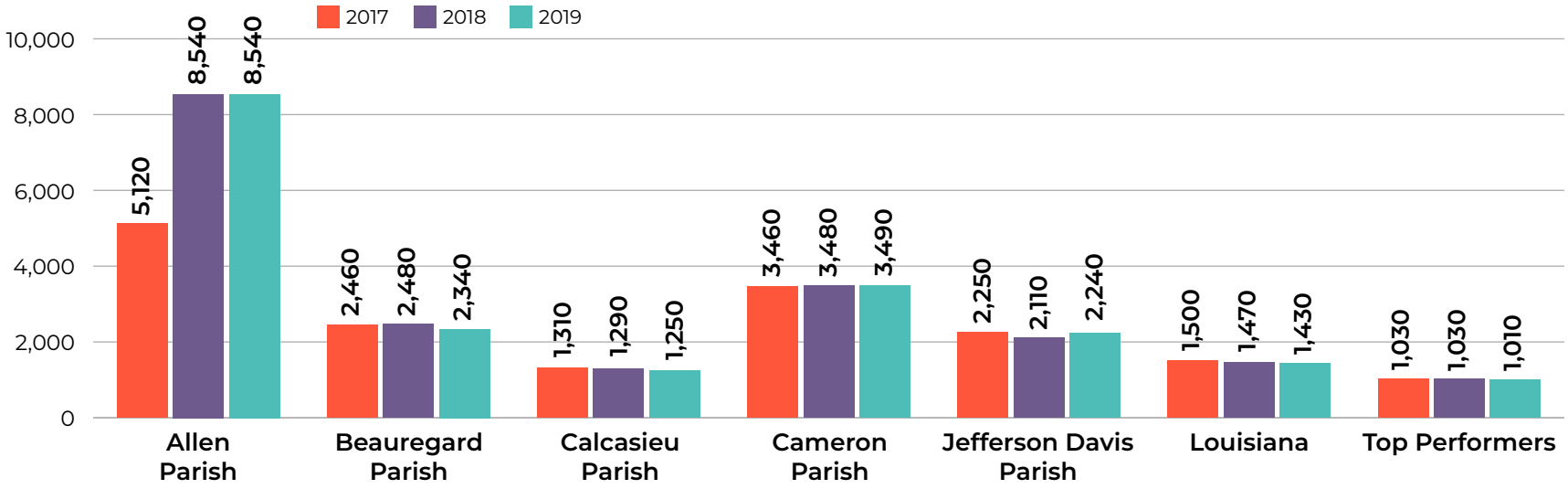
Source: Centers for Diseases Control and Prevention 2016-2020

Figure 49: Children without Health Insurance



Source: U.S. Census Bureau 2016-2020

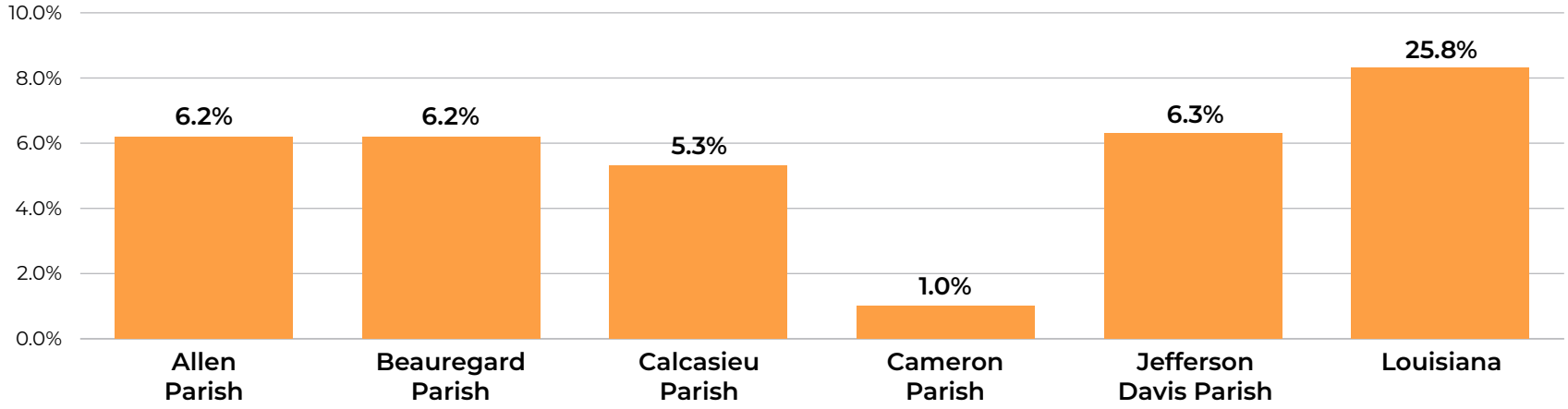
Figure 50: Access to Primary Care (Rate of physicians per patient)



Note: Top performers are the top 10% of counties in the U.S. that are doing better in a particular value.

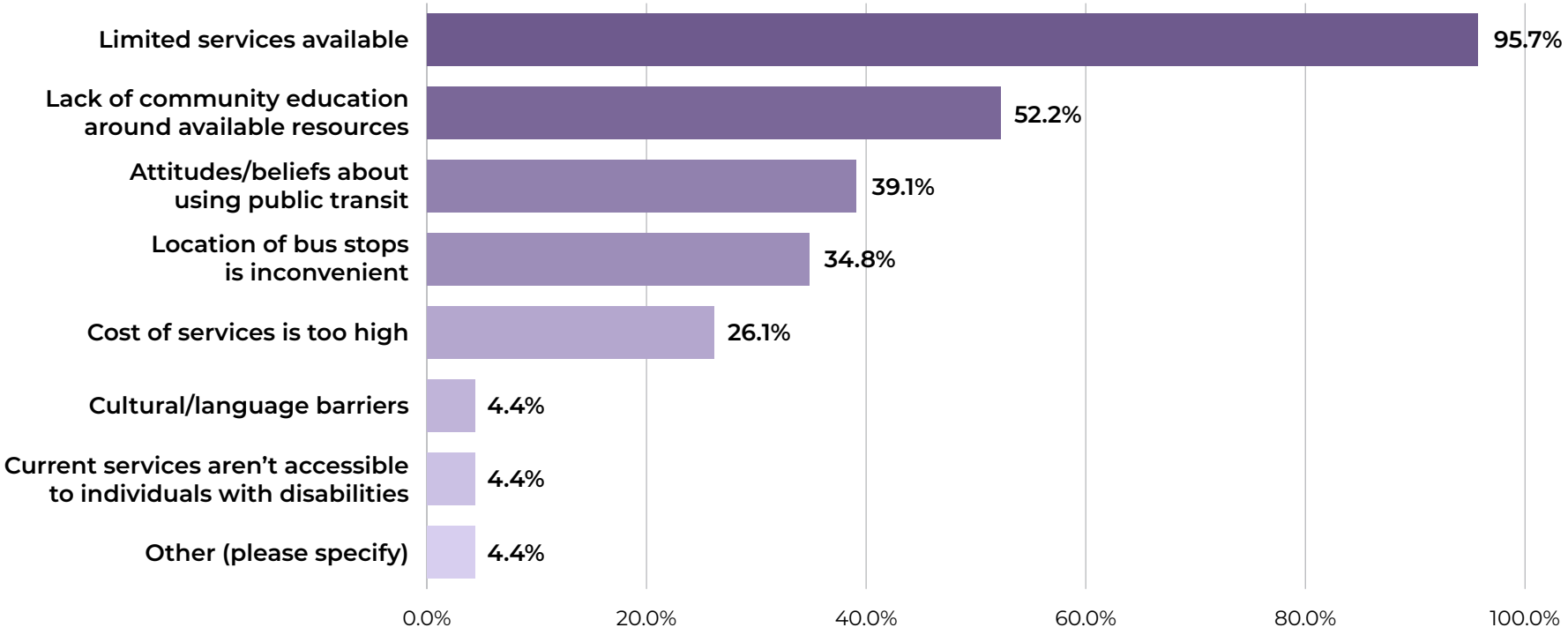
Source: American Medical Association 2017-2019

Figure 51: Households with No Motor Vehicle



Source: U.S. Census Bureau 2016-2020

Figure 52: Factors which Contribute to Transportation Issues in the Community (Community Stakeholder Results)



Source: LSU Health School of Public Health 2015-2019

Figure 53: Largest Barriers for People Not Receiving Care or Services (Top Ten) (Community Stakeholder Results)

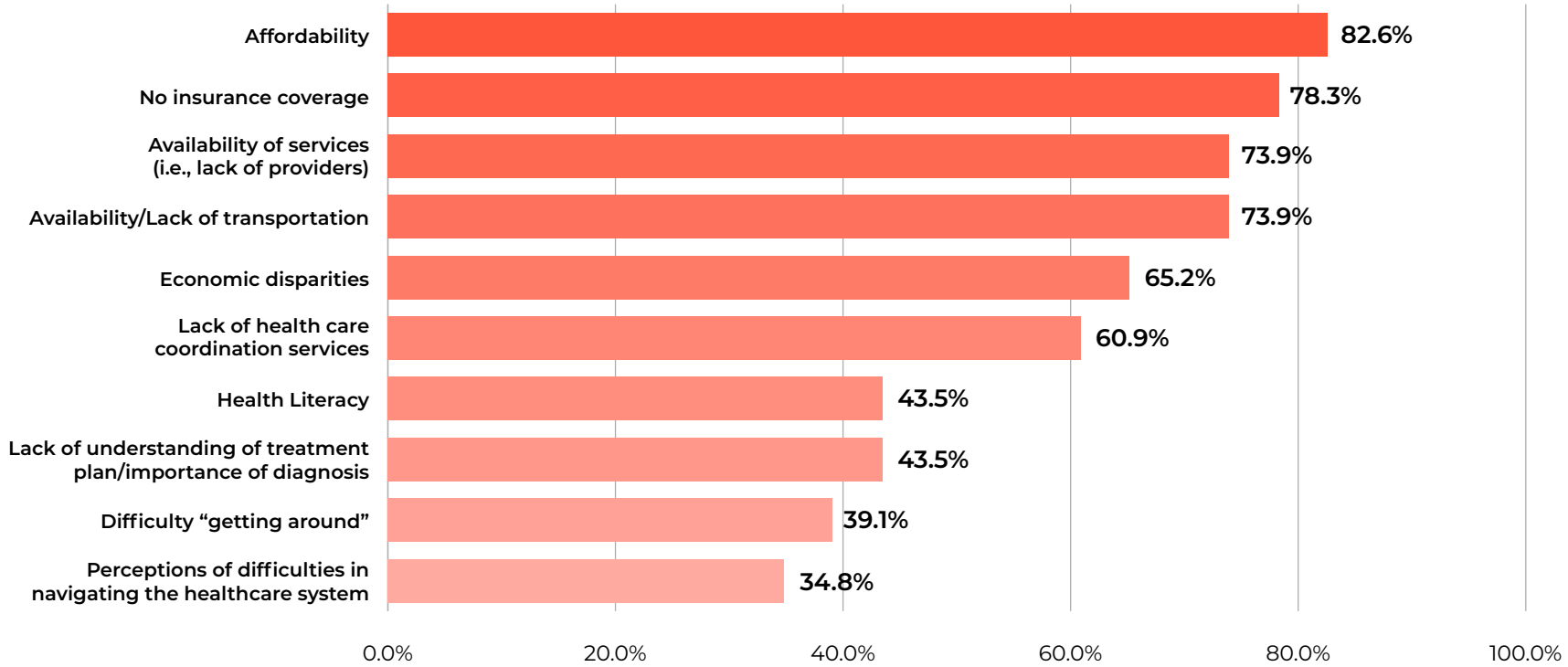


Figure 54: Perceived Largest Barrier for People Not Receiving Care or Services (Top Six) (Key Informant Survey)

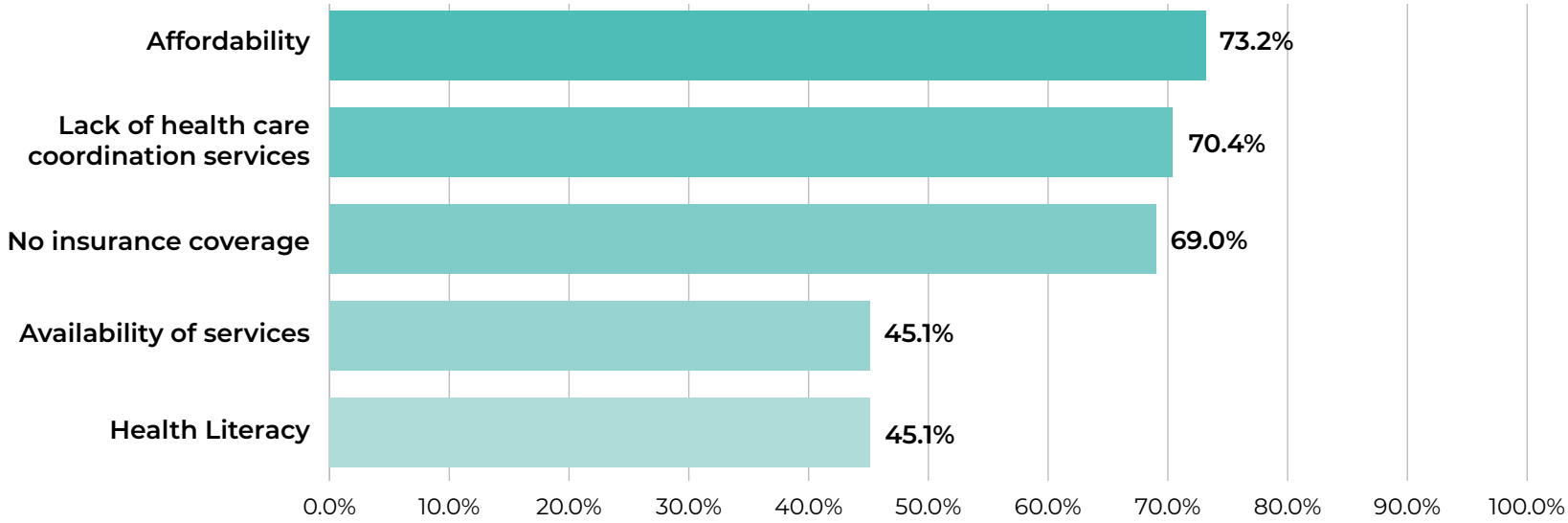
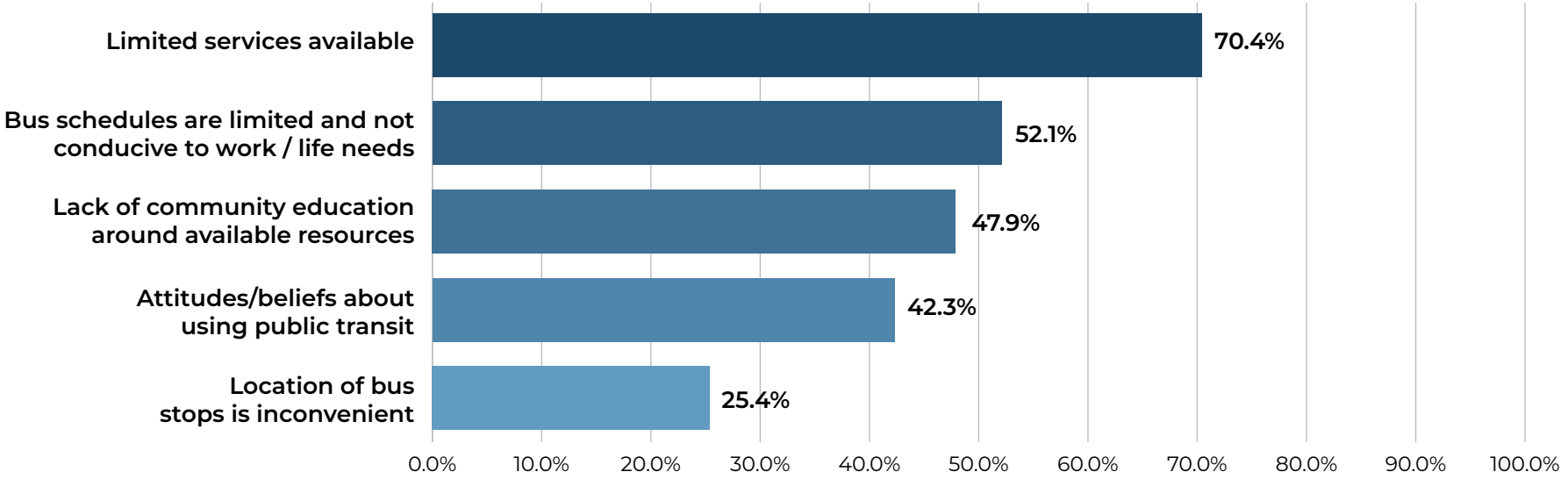


Figure 55: Top Five Challenges Contributing to Transportation Issues in the Community (Key Informant Survey)



NEXT STEPS

Lake Charles Memorial Health System's relationship with the community does not end with the CHNA; rather, the health system's ongoing commitment to improving the health and well-being of its residents will continue through the implementation strategy planning phase. Working closely with community organizations and regional partners, Lake Charles Memorial Health System will track and monitor the implementation strategy planning process with continuous ongoing evaluation measures. Data and information collected through the CHNA will be essential to communicate to residents, health and human services institutions, regional stakeholders, and other organizations to understand the growing needs of Lake Charles residents and how the health system can better serve their community's needs.

The results from the CHNA will be used to effectively develop strategic goals and action steps to address the needs identified. Lake Charles Memorial Health System will leverage its strengths, resources, and outreach efforts to identify ways to address their communities' health needs, thus improving overall health, tackling critical health and social concerns, and addressing the welfare of residents in their communities.

Regional partners will be instrumental in assisting and helping Lake Charles Memorial Health System accomplish the best ways to address these priorities. Working closely with CHNA partners, Lake Charles Memorial Health System will create effective strategies and, most importantly, gather support from community residents. The developed strategies will include measurable metrics through which progress and ongoing evaluation measures can be tracked. The implementation strategy plan will guide the health improvement efforts for residents served by Lake Charles Memorial Health System.

CONSULTANTS

Lake Charles Memorial Health System contracted with Tripp Umbach, a private healthcare consulting firm with offices throughout the United States, to complete a community health needs assessment (CHNA). Tripp Umbach has worked with more than 300 communities in all 50 states. In fact, more than one in five Americans live in a community where our firm has worked.

From community needs assessment protocols to fulfilling the new Patient Protection and Affordable Care Act (PPACA) IRS 990 requirements, Tripp Umbach has turned needs assessments into practical action plans with sound implementation strategies, evaluation processes, and funding recommendations for hundreds of communities. Tripp Umbach has conducted more than 400 community health needs assessments and has worked with more than 800 hospitals.

Changes introduced as a result of the PPACA have placed an increased level of importance on population health and well-being and on collaborative efforts among providers, public health agencies, and community organizations to improve the overall health of communities.

Tripp Umbach

Turning Ideas Into Action

APPENDICES

GENERAL DESCRIPTION OF LAKE CHARLES MEMORIAL HEALTH SYSTEM

Lake Charles Memorial Hospital, the main campus of the Memorial Health System, is the region's largest family-centered medical complex, serving the healthcare needs of Southwest Louisiana. Memorial Health System is locally owned and operated by a Board of Trustees from the community it serves and is fully licensed by the Joint Commission on Accreditation of Healthcare Organizations.

Established in 1952, the main campus consists of 313 licensed acute care beds on Oak Park Boulevard. Memorial is constantly striving to improve the patient experience by offering the best quality of care in terms of both state-of-the-art innovations and treatment options, as well as the commitment of our dedicated and compassionate staff. The main campus provides the largest array of specialty, emergency, trauma, and critical care services in the community. With the largest emergency department and the only Level III trauma center in the region, Memorial provides much-needed trauma services to the community. Complemented by our state-of-the-art Medical Intensive Care Unit and Surgical Intensive Care Unit, Memorial has the largest critical care capacity in southwest Louisiana, with a total of 34 intensive care beds.

The main campus specialty care includes Cardiology, Gastroenterology, Family Medicine, General, Breast & Trauma Surgery, Internal Medicine, Neurosurgery, Oncology, Orthopedics, Interventional Spine, Physical Rehabilitation, Pulmonology, Radiation Oncology, Rheumatology, Urology, Behavioral Health, full-service laboratory and diagnostic imaging, as well as breast health, the cancer center, endoscopy center, home health, wound care, genetics and sleep health.

Since 2006, Memorial has expanded services, physicians, technology, and facilities. Capital projects have been implemented, including expansion and/or modernization of our Cath lab, surgery, sterile processing, rehabilitation, food services, pediatrics, endoscopy center, emergency center, and intensive care units. The 40-bed Emergency Department expansion doubled the size of the previous space to just under 26,000 sq ft. and includes specialized treatment areas for critical care, mental health, and fast-track non-critical care designed to improve the care process and reduce waiting times. Memorial is the only hospital in Southwest Louisiana with a Level III Trauma Center. Treating an average of 63,000 patients in the E.R. annually, as the largest, full-service health system in Southwest Louisiana, Memorial's E.R. has 24/7/365 coverage of emergency medicine doctors and is a certified stroke care facility.

Lake Charles Memorial consistently receives The Joint Commission's Gold beSeal of Approval® for accreditation by demonstrating compliance with The Joint Commission's national standards for healthcare quality and safety in hospitals. The Cancer Center is also a recipient of the Outstanding Achievement Award by the American College of Surgeons (ACS) Commission on Cancer (CoC).

For a complete list of services, visit www.lcmh.com.

COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS OVERVIEW

Tripp Umbach managed a comprehensive community health needs assessment for Lake Charles Memorial Health System, resulting in identifying and prioritizing community health needs at the regional level for 2022. The information below outlines the process and depicts each project component piece within the CHNA.

Data Gaps

The most current and up-to-date data was used to determine Lake Charles Memorial Health System's community needs. Lake Charles Memorial Health System acknowledges that not all aspects of health can be measured, nor can it adequately represent all populations. For example, certain population groups (such as institutionalized residents, etc.) are not represented in the primary data collection; however, data collected from community leaders was solicited.

Overall, the assessment was designed to provide a comprehensive and broad picture of the community's health. While data was extensive, data gaps may exist. It must be recognized that information gaps can limit the ability to assess all the community's health needs.

CHNA Project Kick-Off Meeting

Tripp Umbach conducted a vision and strategy session to reflect on the community needs and create a shared vision for the 2022 CHNA. The session defined the project's scope, disadvantaged and underserved populations to be served, and mechanisms for sharing resources and skills necessary to achieve the Lake Charles Memorial Health System's goals and objectives to improve the community's health. Through reflection, the strategy session built a foundation that strengthened the commitment and delineated a shared and collective vision of a forward direction to forging new relationships and strengthening existing relationships.

Tripp Umbach advanced community engagement as an essential means for achieving behavioral and environmental changes in the improved health status of the community and its members. Building on Lake Charles Memorial Health System's current partnerships and community relationships, the CHNA will guide the mobilization of health assets, resources, and systems.

Secondary Data Profile

Tripp Umbach completed a comprehensive analysis of health status and socioeconomic environmental factors related to the health and well-being of residents in the community from existing data sources, such as state and county public health agencies, and other additional data sources, such as:

- America's Health Rankings
- Centers for Disease Control and Prevention
- Community Needs Index (CNI)
- Feeding America
- Johns Hopkins University
- Kaiser Family Foundation
- Louisiana State Center for Health Statistics
- County Health Rankings
- Dartmouth College Institute for Health Policy & Clinical Practice
- FBI Uniform Crime Reports
- National Center for Education Statistics
- University of Wisconsin Population Health Institute
- US Census Bureau

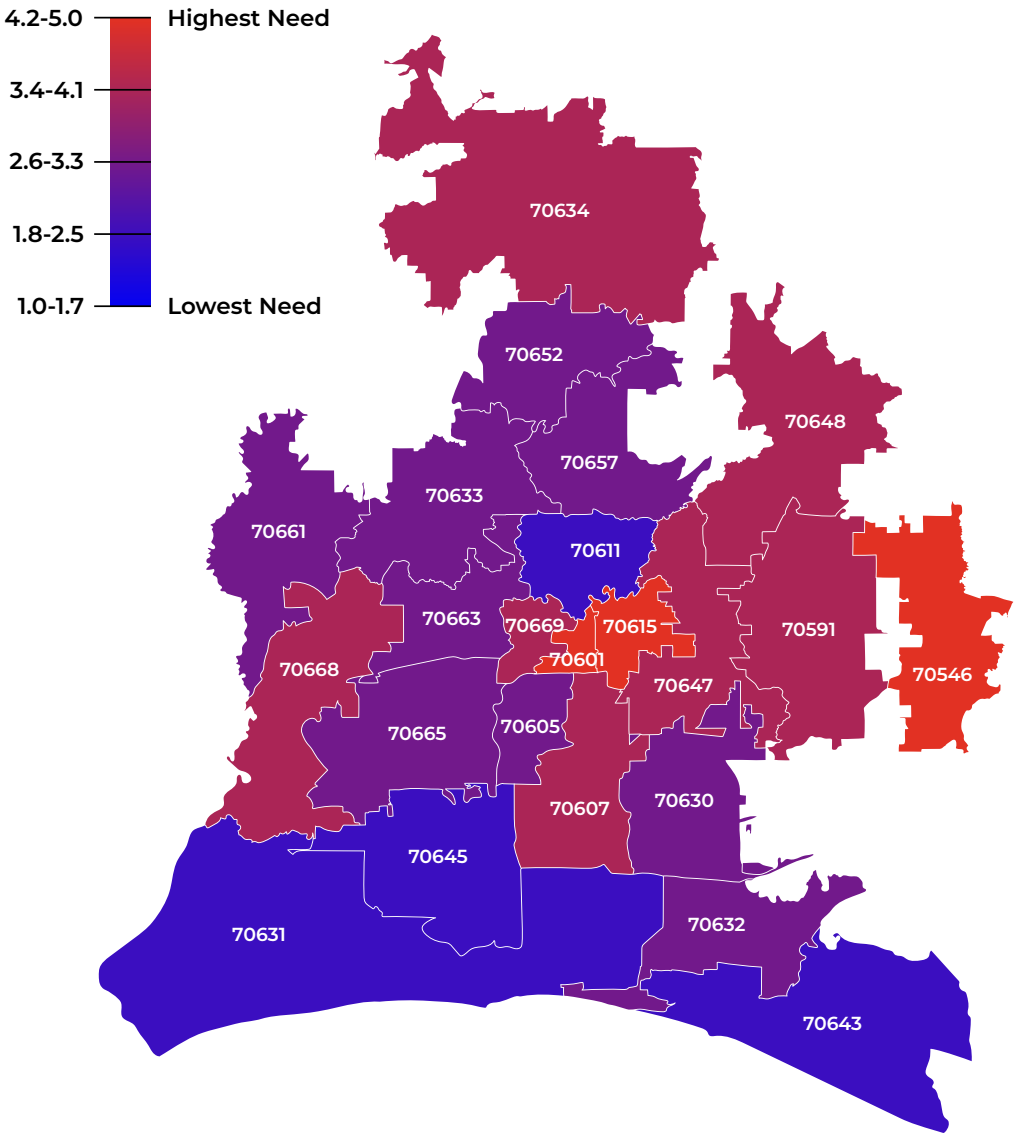
Tripp Umbach benchmarked data against state and national trends where applicable. The secondary data profile includes information from multiple state and national health, social, and demographic resources. A robust secondary data report was provided to the Steering Group to review and evaluate the needs of the region. (A full PowerPoint of data results can be obtained from the Marketing Department at LCMHS.)

Tripp Umbach also obtained Community Need Index (CNI) data from Dignity Health and Truven Health Analytics to quantify the severity of health disparities. CNI considers multiple factors that are known to limit healthcare access; the tool is useful in identifying and addressing the disproportionate and unmet health-related needs of neighborhoods. The five prominent socioeconomic barriers to community health quantified in the CNI are income barriers, cultural/language barriers, educational barriers, insurance barriers, and housing barriers.

The project study area was composed of 23 populated ZIP codes; these ZIP codes are considered LCMHS's primary service area. Based on the data obtained, Tripp Umbach created a geographic representation of the ZIP codes that have barriers to accessing health care. A score of 5.0 represents a ZIP code with the most socioeconomic barriers (high need), while a score of 1.0 indicates a ZIP code with the lowest socioeconomic barriers (low need). A low score is a goal; however, ZIP codes with a low score should not be overlooked; rather, communities should identify what specific entities are succeeding, which ensures a low score.

The CNI scores within each of the parish ZIP codes will assist the health system in implementing programs effectively, as the planning strategies will require efforts in specific geographic locations.

Map 2: 2021 CNI ZIP Code of Primary Services — Summary

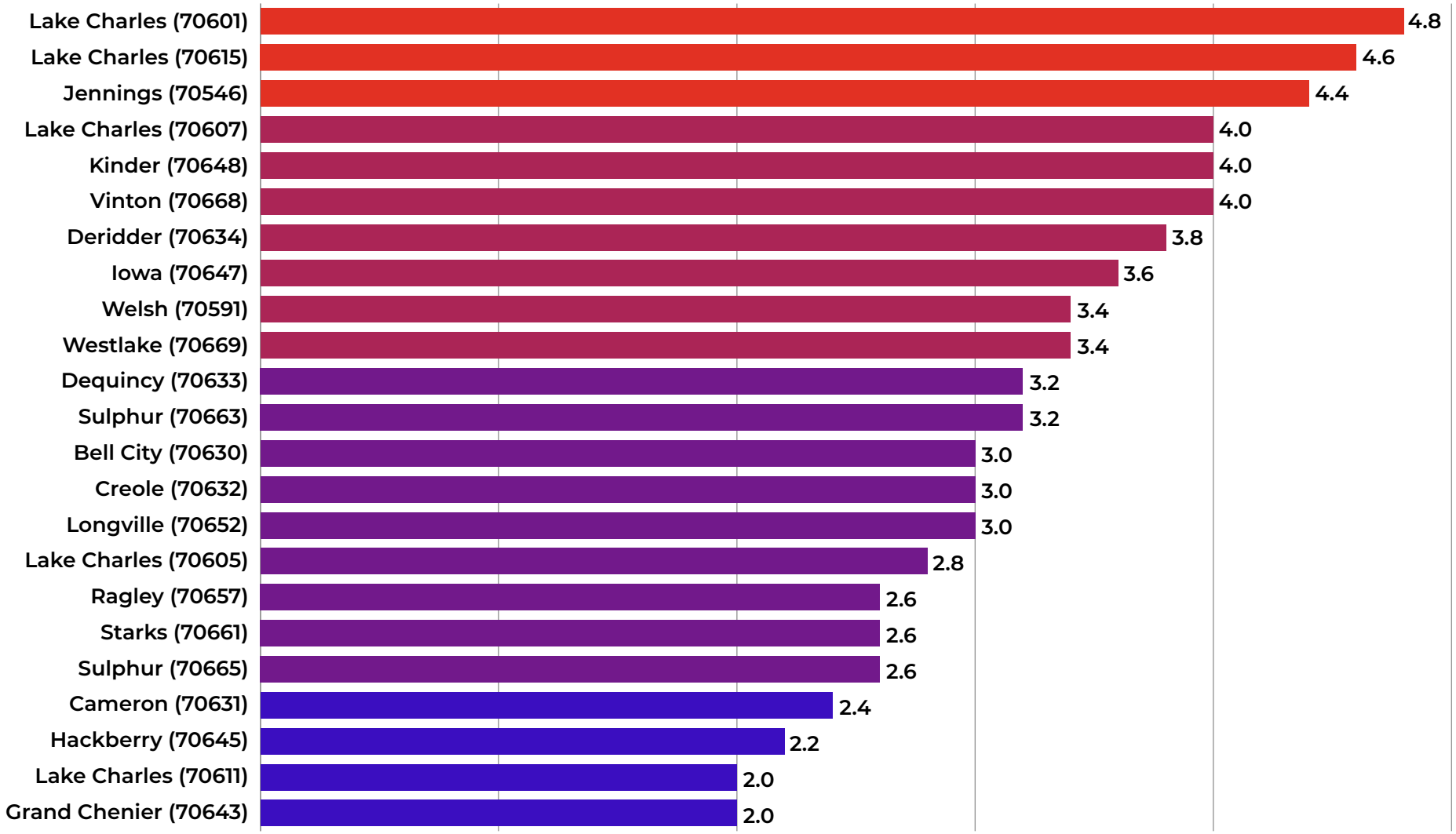


Source: Dignity Health & Truven Health Analytics 2021

Reviewing information related to LCMHS's primary service area, ZIP code 70601 (Lake Charles) had the highest CNI score at 4.8, while 70615 had a score of 4.6 (Lake Charles) followed closely by 70546 (Jennings) at 4.4 (more socioeconomic needs).

On the polar end, ZIP codes 70645 (Hackberry), 70611 (Lake Charles), and 70643 (Grand Chenier) had CNI scores of 2.2, 2.0, and 2.0, respectively (fewer socioeconomic needs).

Figure 56: 2021 CNI Scores

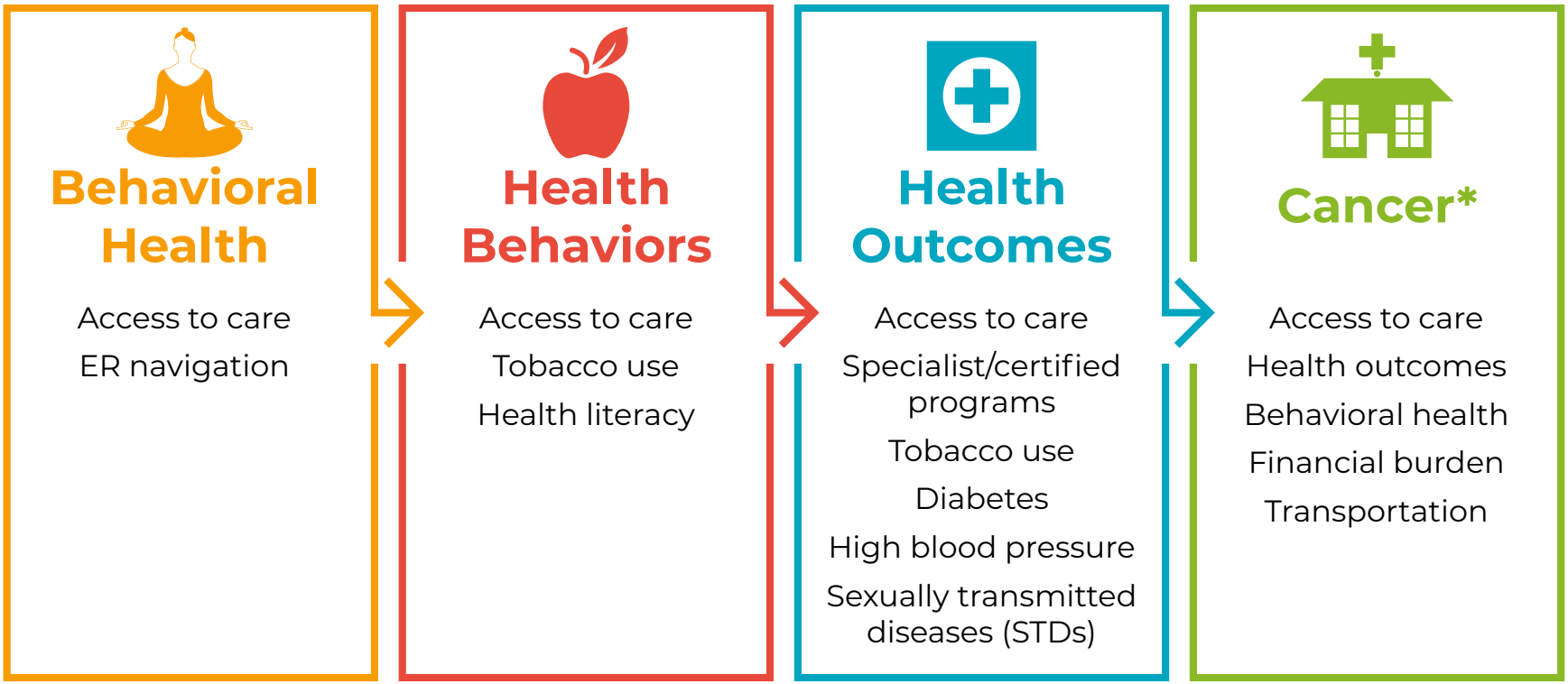


Evaluation of Past Implementation Strategy Plan (ISP)

Lake Charles Memorial Health System worked during the last three years to develop and implement strategies to address the health needs in the study area and evaluate the effectiveness of the strategies created to meet goals and combat health problems in the community.

The evaluation process is used to determine and evaluate the effectiveness of the previous plan. The working group tackled the problem statements for each past priority and strategy and developed ways to address its effectiveness. The self-assessments on each of the strategies are internal markers to denote how to improve and track each of the goals and strategies within the next three years. The following tables reflect highlights and accomplishments from Lake Charles Memorial Health System. Specific metric information/measurable indicators can be obtained from the hospital's marketing department.

Figure 57: 2019 CHNA Key Identified Needs



*Needs addressed by the Cancer Center

Priority 1: Behavioral Health

Goal: Lake Charles Memorial Health System will help meet the underserved mental health needs in our community.

Anticipated Impact: LCMHS will offer more services and also helping patients and families navigate the mental health system to receive needed services that we do not provide.

Behavioral Health					
	GOAL(S)	**STRATEGIES**	**2020**	**2021**	**2022**
Access to Care	Improve access to care for mental health patients.	Improve access to emergent mental health assessments/ treatment via E.R.	✓	✓	✓
		Improve access to available inpatient beds for mental health patients.	✓	✓	✓
		Communicate/educate the community on available mental health resources.			
		Work with Medicaid managed care plans to include our intensive outpatient mental health program in their services.[19]		✓	
	Improve access to care for substance abuse/detox programs for dual diagnosis patients who present mental health /substance abuse.	Improve detox holding process/area via E.R.	✓	✓	✓
		Improve access to available inpatient beds for mental health/substance abuse patients.[20]	✓		
	Expand outpatient group therapy for substance abuse patients.	Provide and identify patients in need of discharge plans.	✓	✓	✓
	Provide/add outpatient mental health services.	Add outpatient mental health services to those in need in the community.			
E.R. Navigation[21]					

[19] In 2022, Medicaid is not accepting apps for new IOP providers.
[20] In 2021 and 2022, the number of beds decreased due to damaged facilities.
[21] In 2019, the CHNA identified Health Behaviors and Health Outcomes as separate community needs. In the 2020, ISP phase after much discussion, the working group combined both needs in the implementation planning strategy report as one is a prelude to another. The implementation strategy planning report identified and recognized strategies to address and tackle both needs.

Priority 2: Health Behaviors (See below with Health Outcomes)[22]

Goal (Health Behaviors and Health Outcomes)**:** Improving health outcomes (reducing chronic diseases) among targeted populations through healthy behaviors and practices.

Anticipated Impact (Health Behaviors and Health Outcomes)**:** Populations understand and take an active role in healthy behaviors, eating healthy foods, and physical activities to reduce and prevent chronic diseases.

Priority 3: Health Outcomes

Goal (Health Behaviors and Health Outcomes)**:** Improving health outcomes (reducing chronic diseases) among targeted populations through healthy behaviors and practices.

Anticipated Impact (Health Behaviors and Health Outcomes)**:** Populations understand and take an active role in healthy behaviors, eating healthy foods, and physical activities to reduce and prevent chronic diseases.

Health Behaviors & Health Outcomes					
	GOAL(S)	**STRATEGIES**	**2020**	**2021**	**2022**
Access to Care	Provide preventative screenings for underserved populations to improve early detection of cancer, heart disease, and diabetes.	Broaden awareness and community education through churches, schools, and community organizations regarding preventive health screenings.[23]		✓	✓
	Improve access to care for underinsured/ uninsured, low-income, and Medicaid populations.	Continue to provide care from primary care physicians, specialists, and nurse practitioners to targeted populations.[24]		✓	✓
		Educate targeted populations on resources and services available.	✓	✓	✓
		Continue Medicaid/UCC enrollment and financial assistance resources to ensure coverage to targeted populations.	✓	✓	✓
		Provide care coordination across the health system and health system clinics.	✓	✓	✓

[22] In 2019, the CHNA identified Health Behaviors and Health Outcomes as separate community needs. In the 2020, ISP phase after much discussion, the working group combined both needs in the implementation planning strategy report as one is a prelude to another. The implementation strategy planning report identified and recognized strategies to address and tackle both needs.
[23] In 2020, not completed due to COVID-19.
[24] In 2020, decreased due to damaged facilities caused by storm.

Health Behaviors & Health Outcomes					
	GOAL(S)	**STRATEGIES**	**2020**	**2021**	**2022**
Tobacco Use	Reduce smoking among targeted populations.	Provide ongoing smoking cessation programs and prevention resources throughout the health system and community network.	✓	✓	✓
		Communicate the availability of smoking cessation and educational resources among community organizations, churches, and targeted groups.	✓	✓	✓
		Provide smoking cessation through behavioral health counseling.	✓	✓	✓
		Host annual smoking cessation community-wide events in November.			
Health Literacy	Educate low-income and/ or high-risk populations on preventative health and the value of physical activity & wellness.	Educate low-income/high-risk patients and community residents on a healthy lifestyle, accessing healthy foods, and the value of the physical activity.[25]		✓	✓
		Work with community leaders and special interest groups to educate on how to improve access to green space and access free or low-cost physical activity programs.			
	Improve health literacy.	Collaborate with community partners to reach low-income and high-risk populations with health information.[26]		✓	✓
Diabetes	Provide preventative screenings and/ or education to improve early detection of cancer, heart disease, and diabetes.	Improve education on the benefits of preventative health screenings and wellness through free health seminars hosted by healthcare providers, community events, and partnering with health outreach agencies.[27]		✓	✓
		Educate patients and families to understand their health status (what the numbers mean) and how to prevent chronic disease.[28]			✓
		Educate the Southwest Louisiana community and senior population with health information at health seminars, events, and fairs.[29]			✓

[25] In 2020, not completed due to hurricane effects.
[26] In 2020, not completed due to hurricane effects.
[27] In 2020, not completed due to hurricane affects and COVID-19.
[28] In 2020 and 2021, not completed due to COVID-19.
[29] In 2020 and 2021, not completed due to COVID-19.

Health Behaviors & Health Outcomes					
	GOAL(S)	**STRATEGIES**	**2020**	**2021**	**2022**
STDs	Align Hospital Goals with the Region IV task force.	Educate high-risk SWLA community.[30]			✓
High Blood Pressure	Provide preventative screenings and/ or education to improve early detection of cancer, heart disease, and diabetes.	Improve education on the benefits of preventative health screenings and wellness through free health seminars hosted by healthcare providers, community events, and partnering with health outreach agencies.[31]		✓	✓
Specialist/Certified Programs[32]					

[30] In 2020, strategy not completed due to hurricane effects. In 2021, strategy not completed due to COVID-19.
[31] In 2020, not completed due to COVID-19. In 2021, the strategy went online.
[32] LCMH worked with community partners, organizations and service providers to develop appropriate implementation strategy goals and measurable outcomes that specifically address the identified CHNA community need "Health Behaviors & Health Outcomes: Specialist/Certified Programs." Defined implementation strategy goals and measurable outcomes were not completed due to COVID-19 and issues due to the hurricane.

Priority 4: Cancer

Goal: Provide emotional support to individuals and families living with cancer as they navigate through diagnosis, treatment, and recovery with a wide range of services to promote wellness and link patients to community-wide resources.

Anticipated Impact: To improve health outcomes as a result of comprehensive cancer care services and programs provided by the Lake Charles Memorial Health System Cancer Center.

Cancer					
	GOAL(S)	**STRATEGIES**	**2020**	**2021**	**2022**
Access to Care & Health Outcomes	Improve cancer care access to low-income /underserved populations.	Align services within the health system and community to identify patients who need a further diagnostic workup for breast /colon/ cervical cancer.[33]		✓	✓
	Improve cervical cancer, breast cancer, lung cancer & colon cancer awareness.	Partner with community organizations to provide HPV vaccination education.			✓
		Increase the number of mammograms and colon & lung cancer screenings.	✓	✓	✓
	Improve coordination of cancer care.	Expedited initiation of cancer care for LCMH patients.	✓	✓	✓
	Improve patient education regarding diagnosis and treatment.	Enhance Cancer Patient Navigation Program to improve patient education as well as address patient barriers to care.	✓	✓	✓
Behavioral Health	Educate at-risk populations about cancer prevention.	Provide smoking cessation classes.	✓	✓	✓
		Distribute educational information.	✓	✓	✓

[33] In 2020, efforts were decreased due to the hurricane.

Cancer					
	GOAL(S)	**STRATEGIES**	**2020**	**2021**	**2022**
Transportation Issues	Improve transportation options for cancer patients.	Strive to identify new transportation options or partners.	✓	✓	✓
		Expand patient awareness of transportation services in the community and assist with transportation resources.	✓	✓	✓
		Provide gas card assistance when funding is available.	✓	✓	✓
Financial Burden	Assist uninsured and underinsured patients to access essential cancer care services.	Enhance awareness and educate patients on the availability of financial services.	✓	✓	✓
		Provide financial counseling and determine eligibility for health services and programs.	✓	✓	✓
		Partner with hospital departments and community organizations to connect eligible patients to needed services.	✓	✓	✓
		Enroll and connect patients to available health and human services.	✓	✓	✓

Community Stakeholder Interviews

Tripp Umbach worked closely with Lake Charles Memorial Health System representatives to identify community stakeholders. An email was delivered to community stakeholders to introduce Tripp Umbach and define the stakeholders' role in the CHNA process. The email introduced the project and conveyed the importance of the CHNA to the community. Each interview was conducted by a Tripp Umbach consultant and lasted 30 to 40 minutes. Each community stakeholder was asked the same set of questions, as developed by Tripp Umbach and approved by Lake Charles Memorial Health System representatives. The interviews provided a platform for stakeholders to identify health issues and concerns affecting residents in the service area and ways to address those concerns. A diverse representation of community-based organizations and agencies were among the stakeholders interviewed.

Twenty-three community stakeholder interviews were conducted from September - October 2022. Some community stakeholders represented the same organization. Industry leaders who participated in the interview process represented the following organizations:

- Alliance for Positive Growth
- American Cancer Society
- Calcasieu Community Clinic
- Calcasieu Parish Police
- Calcasieu Parish School Board
- Care Help of Sulphur
- City of Lake Charles
- Families Helping Families
- Family & Youth Counseling Agency
- Greater St. Mary Missionary Baptist Church
- Imperial Calcasieu Human Services Authority
- Kay Dore Counseling Center McNeese University
- Lake Charles Memorial Cancer Center
- Lake Charles Police Department
- Project Build a Future
- LA Public Health Department - Region 5 Office Public Health
- SWLA Area Health Education
- SWLA Center for Health Services
- United Way SWLA
- Water's Edge

Overall Feedback:

47.9% — Community stakeholders rated the overall health and human services in the community as fair and poor.

56.5% — Lake Charles Memorial Health System offers high-quality health care for the community as very good.

39.2% — Lake Charles Memorial Health System addresses the needs of diverse (i.e., individuals or groups of individuals from different social and ethnic backgrounds) and disparate populations as excellent and very good.

56.5% — Lake Charles Memorial Health System ensures access to care for everyone, regardless of race, gender, education, and economic status, as excellent and very good.

39.4% — Lake Charles Memorial Health System actively works to identify and address health inequities that impact its patients as excellent and very good.

Top Five Health/Social Concerns in the Community

1. Behavioral Health
2. Obesity/Overweight
3. Access to Healthy Foods
4. Diabetes
5. High Blood Pressure

Top Five Persistent "High-Risk Behaviors" in the Community

1. Substance Abuse (i.e., alcohol, drug, tobacco abuse)
2. Poor Eating Habits / Unhealthy Eating Habits
3. Lack of Education
4. Lack of Exercise/Inadequate Physical Activity
5. Angry Behavior/Violence

Top Three Transportation Issues

1. Limited services available
2. Lack of community education around available resources
3. Attitudes/beliefs about using public transit

Top Five Largest Barriers for People Not Receiving Care of Services

1. Affordability (i.e., out-of-pocket costs/high deductibles/co-pays)
2. No insurance coverage (i.e., uninsured/underinsured)
3. Availability/Lack of transportation
4. Availability of services (i.e., lack of providers (PCP, dental), mental health, etc.)
5. Economic disparities

Top Five Ways to Improve Quality of Life for Residents

1. Access to behavioral health services (i.e., available appointments, treatment programs, etc.)
2. Housing (i.e., available and affordable housing)
3. Better collaboration among organizations
4. Strategic focus on specific SDOH issues (i.e., food/housing access)
5. Community health education

Top Five Vulnerable Populations

1. Children/adolescents
2. Low-income
3. Homeless
4. Mentally ill
5. Older adults

Public Commentary Results

As part of the CHNA, Tripp Umbach solicited comments related to the CHNA and Implementation Strategy Plan on behalf of the Lake Charles Memorial Health System. The solicitation of feedback was obtained from community stakeholders identified by the steering group. Feedback allowed community stakeholders to react to the methods, findings, and subsequent actions taken because of the previous 2019 CHNA and implementation planning process.

Overall Feedback:

41.6% of respondents reported that the CHNA included input from community members and organizations. **58.3%** did not know.

17.3% of respondents reported that there were needs in the community related to health that were not present in the 2019 CHNA. **60.8%** did not know.

Filling out LCMHS's public commentary survey online, a community respondent indicated that they felt that the assessment did not exclude any community members or organizations that should have been involved in the assessment. The community respondent also reported that the implementation strategies were directly related to the needs identified in the CHNA.

34.7% of respondents reported that the implementation strategies were directly related to the needs identified by the 2019 CHNA. **62.2%** did not know.

How did the 2019 CHNA and resulting implementation plan benefit you/the community?

- Lake Charles Memorial Health System needs to enact strategies to improve the health of the community.
- Publicize the actions of the ISP.
- Lake Charles Memorial Health System needs more promotion on the CHNA results.
- It provided year-to-date endpoints to show improvements and which areas needed improvement.
- The plan included other entities and collaboration among the community.
- We were able to use it as a goal and improve processes and barriers.
- Some information did not turn into action.
- My direct organization did not feel the direct impact.
- It provides multiple-year YTD endpoint data for showing improvements and strategies of the LCMH system so that stakeholders can see what areas we are moving forward in and what areas may still need additional focus

Additional feedback on the 2019 CHNA/Implementation Plan

- Include SWLA in partner organizations to help address the needs of the community.
- Connect major players from the community to the document.

Key Informant Surveys

Tripp Umbach employed an online survey methodology to key informants in LCMHS's primary service area. The online survey collected input from key informants who work directly with underserved, uninsured, and disenfranchised populations. Examples of key informants included:

- Community leaders
- Government leaders
- Health care Professions
- Leaders in education
- Leaders in health and social services organizations
- Mental health providers/organizations
- Nonprofits
- Nursing homes directors
- Police Departments
- Religious leaders

The key informant survey was designed to capture and identify key health and social risk factors and health needs of those within the study area. The key informant survey was implemented from September through November 2022.

Tripp Umbach worked with Lake Charles Memorial Health System representatives to identify key informants who were contacted via email to request their participation. In total, 71 surveys were collected and used for analysis in 2022. The information below represents key survey findings collected from the online survey.

The Best Services and Resources Identified in the Community

- 59.2% work/job opportunities
- 47.9% Academic opportunities/Institutions
- 47.9% Health Care

Best Activities in the Community

- 69.0% Specific events and festivals
- 63.4% Recreational and sports activities
- 46.5% Arts and cultural activities

Rating Statements

- 53.5% - Key Informants strongly agree that the hospital closest to them addresses the needs of diverse and at-risk populations
- 66.2% - Key Informants strongly agree that the hospital closest to them ensures access to care for everyone, regardless of race, gender, education, and economic status.

Top Six Largest Barriers in the Community

1. Affordability (Out-of-pocket costs/high deductible)
2. Lack of healthcare coordination services
3. No insurance coverage
4. Availability of services (i.e., dental, mental health, etc.)
5. Health literacy
6. Lack of transportation

Top Three Factors Contributing to Transportation Issues

1. Limited services available
2. Bus schedules are not conducive to work/life needs
3. Lack of community education about available resources

Top Five Persistent Health Problems

1. Behavioral Health
2. Diabetes
3. Access to healthy food
4. Lack of exercise
5. Cancers

Top Two Responses - What to offer the community to achieve and maintain optimal health related to diabetes and obesity?

1. Prevention and awareness education
2. Population-specific interventions

Top Five Most Vulnerable Populations

1. Mentally ill
2. Uninsured/underinsured
3. Low-income
4. Homeless
5. Chronically ill

Top Five What Would Have the Greatest Impact on Quality of Life

1. Mental health services
2. Access to BH services
3. Substance abuse support
4. Community health education/health literacy
5. Health care access
6. Better collaboration among organizations

Single Best Solution to Help Vulnerable Populations

1. Care coordination

Top Health Concerns in the Community (Top 5)

1. Addiction/substance abuse
2. Higher cost of health care for consumers
3. Obesity
4. Diabetes
5. Mental health

Top Health Concerns in the Community (Top 5)

1. Lack of Affordability
2. No insurance
3. Lack of awareness of local health services
4. Lack of specialists
5. Inability to get an appointment
6. Lack of transportation services

Prioritization Session

On November 15, 2022, Tripp Umbach facilitated a prioritization session forum with 19 attendees representing executive leaders, hospital personnel, and partnering clinic staff. The prioritization session presented the CHNA findings, which included existing state and national data, in-depth community stakeholder interview results, and key informant survey results. The prioritization session also sought to obtain feedback regarding the needs and concerns of the Lake Charles Memorial Health System's primary service area.

Collectively, the group discussed the data, shared their visions and plans for community health improvement, identified key concerns, and prioritized the top community health needs in their region. With input from meeting participants, Lake Charles Memorial Health System prioritized and identified top priority areas. To advance current efforts, the 2019 needs were recategorized and streamlined to align with existing/new prioritized needs for the current year.

The identified needs included (in order): behavioral health, health behaviors, managing population health and preventing chronic diseases, and access to care. Each prioritized area had subcategories, further illustrating the identified need.

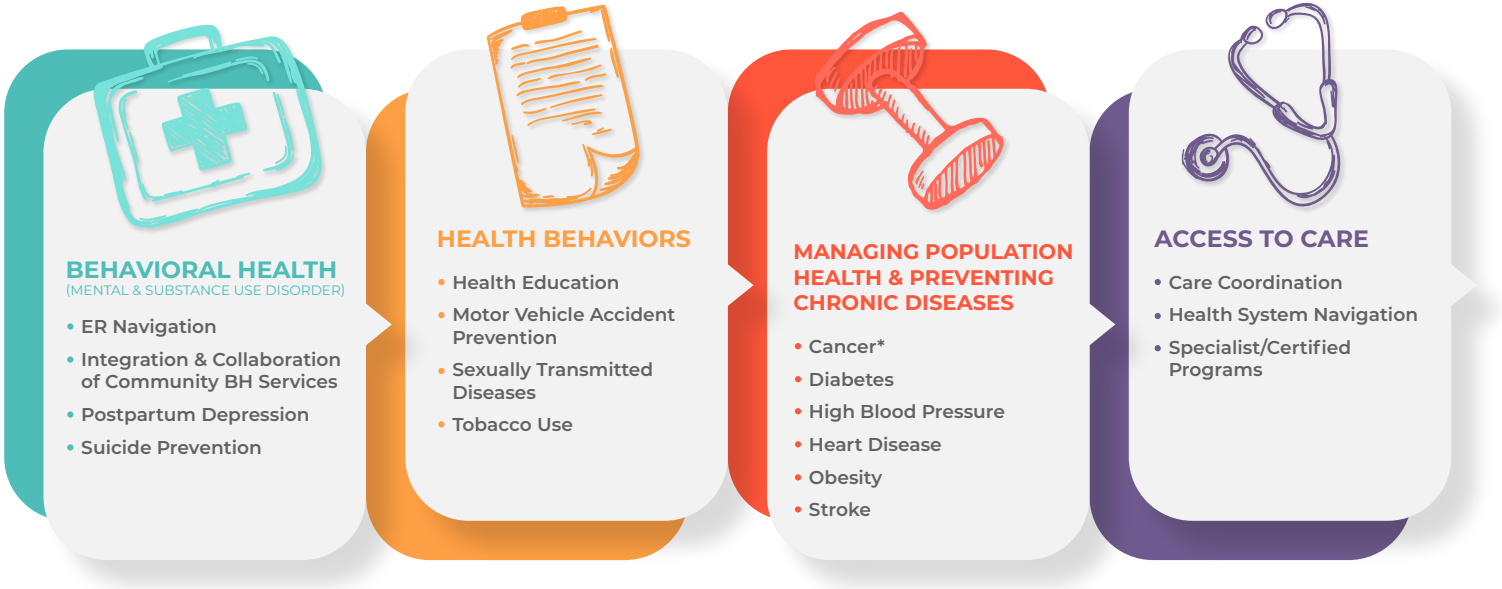
Based on group discussions and the understanding of the available resources at LCMHS and in the community, health literacy (under health behaviors in 2019) will not be addressed as finances and manpower resources are not in place to tackle this need appropriately and sufficiently.

In the previous assessment, access to care was a common denominator in the CHNA needs; therefore, prioritization attendees agreed that access to care was a top community concern that transcends into subcategories such as specialists/certified programs, health system navigation, and care coordination.

At the prioritization session, LCMHS and the Cancer Center's health outcomes were deemed more appropriate because of unhealthy health behaviors. Therefore, the working group of LCMHS and the Cancer Center will address and tackle health outcomes within each need. The CHNA needs of Lake Charles Memorial's community will be addressed through an implementation strategy plan working closely with the health system and its community partners.

In 2019, cancer was identified as a need that Lake Charles Memorial Health System Cancer Center would address. To address the needs of cancer, such as access to care, cancer health outcomes, cancer's financial burden, and transportation issues for cancer patients, LCMHS will continue to work through the Cancer Center to address these areas of concern for cancer patients. The health and social concerns surrounding cancer will be ongoing as the health system understands its role in providing care to those affected by cancer and its role in cancer prevention. Therefore, the Cancer Center will continue to address their patients' needs merged into the overall needs of LCMHS. It is also important to note that behavioral health under cancer will be addressed overall under the behavioral health umbrella.

Figure 58: Final 2022 Community Health Needs Assessment Needs

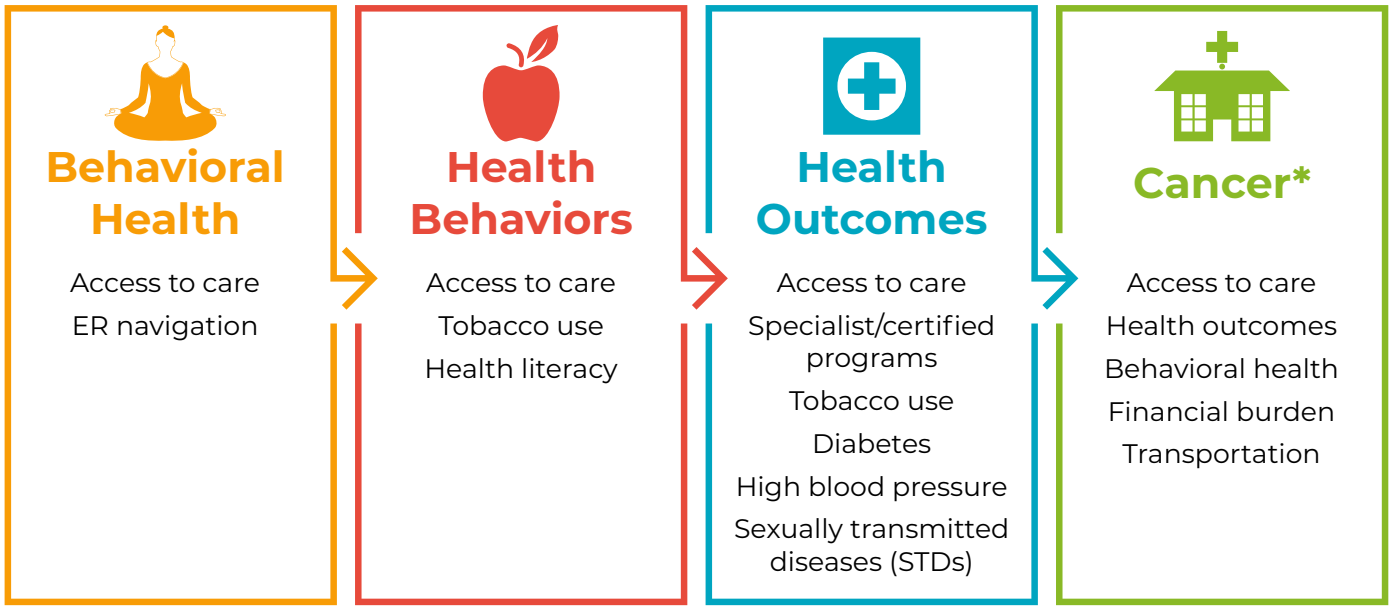


*Cancer Center Goals: Access to care, Health Outcomes, Financial Burden, and Transportaion

Below are the CHNA needs from 2019. Again, health literacy (under health behaviors) will not be addressed as finances and manpower resources are not in place to address this need appropriately and sufficiently. Health outcomes will be addressed through the lens of improving health behaviors overall.

Cancer needs will be addressed and intertwined under each of the 2022 CHNA needs as this community issue continues to be an important regional concern for Lake Charles Memorial Health System and the Cancer Center. However, as part of the CHNA report, cancer will not have a separate category.

Figure 59: 2019 CHNA Key Community Needs



*Needs addressed by the Cancer Center

Provider Inventory

Tripp Umbach developed an inventory of programs and services available in the region. This inventory highlights available programs and services within all the 23 ZIP codes that fall under each of the 2022 priority need areas.

The provider inventory will identify the range of organizations and agencies in the community that are serving the various target populations within each of the priority needs. It provides program descriptions and collects information about the potential for coordinating community activities and creating linkages among agencies.

STEERING GROUP COMMITTEE MEMBERS

The 2022 CHNA was overseen by a committee of representatives who worked collectively with Tripp Umbach during the assessment process. Members of the Steering Group are listed in alphabetical order by last name.

Name	Title
Ranelda Benoit	Controller, Moss Memorial Health Clinic
Nolia Bernard	Business Office Manager Women's Campus
Kandy Collins	Director of Psychiatric Services
Karla David	Director of Radiation Oncology
Kaitlyn Dietz	Director of Clinical Outcomes
Fran Freedlund	Cancer Registry Coordinator
Lenore Gibbons	Patient Navigator - Ambulatory Oncology
Laura Surie	Nurse Navigator - Ambulatory Oncology
Lisa Guerrero	System Director of Marketing
Chad Higginbotham	Director of Clinical Services, Moss Memorial
Alicia Tilley	Marketing Specialist
Ha T. Pham	Tripp Umbach Team
Barbara Terry	Tripp Umbach Team
Matilda Kudaya	Tripp Umbach Team

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