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Community Health Needs Assessment Implementation Strategy

Lake Charles Memorial Health System is the region's largest not-for-profit, community healthcare system, 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. The hospital is a shareholder of Voluntary Hospitals of America (VHA), and is fully licensed by the Joint Commission on Accreditation of Healthcare Organizations.

The only full-service healthcare system in Lake Charles, Memorial was established in 1952. Lake Charles Memorial Health System includes 298 licensed beds at the Oak Park campus, 38 beds at the Women's campus, 29 beds at the long-term care specialty hospital, outpatient clinics serving
uninsured and underinsured at the W.O. Moss Memorial Health Clinic, and over 90 employed physicians and specialists that are a part of the Memorial Medical Group.

As the healthcare market leader in the Lake Charles region, the health system’s success can be attributed to a dedicated team of over 2,800 employees and 300 staff physicians representing more than 60 specialties and subspecialties, as well as the largest emergency services department in Southwest Louisiana. Memorial is also the area's only teaching facility for physicians through the Memorial/LSUHSC Family Medicine Residency Program, and serves as a clinical training site for nursing, medical technology, and radiologic technology students through various universities, including McNeese State University.

With the enactment of the Patient Protection and Affordable Care Act (PPACA) on March 23, 2010, tax-exempt hospitals require community health needs assessments (CHNA) and implementation strategies, which are approaches and plans to actively improve the health of communities served by health systems. These strategies provide hospitals and health systems with the information they need to deliver community benefits that can be targeted to address the specific needs of their communities. Through coordination and community development initiatives that are based upon the outcomes of the community health needs assessment, Lake Charles Memorial Health System is implementing strategies to address identified health needs and to impact the health of the community they serve.

To adhere to the requirements imposed by the IRS, tax-exempt hospitals and health systems must:

- Conduct a CHNA every three years.
- Adopt an implementation strategy to meet the community health needs identified through the assessment.
- Report how it is addressing the needs identified in the CHNA.
Community Health Needs Assessment Process

The CHNA process was facilitated by Tripp Umbach and an internal working group of hospital leaders and included extensive input from individuals who represent the broad interests of the community served by the hospital facility, including those with special knowledge of public health issues, data related to underserved and vulnerable populations, and representatives of vulnerable populations served by the hospital.

The comprehensive CHNA identified and prioritized community health needs. The project component pieces involved to determine the community health needs included (see Figure 1):

- Public commentary on the previous CHNA and implementation plan,
- Evaluation of implementation strategies from the 2013 CHNA,
- Secondary data analysis of health status and socioeconomic environmental factors related to health and well-being of residents,
- Community stakeholder interviews,
- Hand-distributed surveys,
- Health provider surveys,
- Community forum at Lake Charles Memorial Health System, and
- A provider inventory of programs and services related to key prioritized needs.

Figure 1: CHNA Process
Based on data collection findings and prioritization of community health needs the final CHNA report was developed. The full CHNA report provides additional information regarding each component of the project and the results.

Lake Charles Memorial Health System will use the CHNA findings to develop goals and strategies to address local health care concerns and will work with regional and local community partners; with the aim to improve the overall health status of the community.

Lake Charles Memorial Health System fulfills the IRS requirements for tax-exempt hospitals and health systems to conduct a CHNA and implementation strategy plan.
Addressing Identified Health Issues and Needs

The health status of a community depends on many factors such as the quality of health care services, social and economic determinants, individual behaviors, heredity, education, and the physical environment. Healthy communities are critical to the advancement and growth of the region.

The 2016 Lake Charles Memorial Health System CHNA identified several key community health needs and issues. They are:

1) Access to Care
2) Behavioral Health
3) Health Behaviors
4) Health Outcomes
5) Cancer (The Lake Charles Cancer Center will address the cancer needs in Southwest Louisiana)

In each of the identified community health need areas, multiple factors were considered. The internal working group was well aware how health behaviors and socioeconomic conditions greatly affect an individual’s health status and their ability to overcome disease and other health issues.

The 2016 CHNA represented a comprehensive community-wide process which connected human service, government officials, community residents, health institutions, and faith-based organizations to evaluate the community’s health and social needs.

Lake Charles Memorial Health System understands the importance of continuing to build upon the previous implementation efforts in order to capitalize and strengthen existing programs within the organization. Completing two CHNA cycles, Lake Charles Memorial understands the importance of building upon the previous work that has been implemented; the 2016 implementation strategy plan focuses on the combined needs of both assessment periods. These results are depicted in the below table (See Table 1).

The internal working group provided ample feedback as part of the assessment phases. The weekly implementation planning discussions fine-tuned the needs from 2013 and 2016. These needs are represented in the implementation strategy plan.

The efforts and hard work of the working group along with Senior Management through the implementation strategy plan continue to highlight the health system’s mission and vision ensuring the core values of providing excellence in care and individual patient attention.
### Table 1: Combined CHNA needs from 2013 and 2016

<table>
<thead>
<tr>
<th>2013 CHNA Needs</th>
<th>2016 CHNA Needs</th>
<th>COMBINED NEEDS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Partnership with Moss Regional Public Hospital</strong></td>
<td><strong>1. Access to Care</strong></td>
<td><strong>1. Access to Care</strong></td>
</tr>
<tr>
<td>Potential Loss of Services for:</td>
<td>• Services for uninsured/Uninsured/Low-income population</td>
<td>• Services for uninsured/Uninsured/Low-income population</td>
</tr>
<tr>
<td>• Uninsured</td>
<td>• Access to Specialist and Primary Care Physicians</td>
<td>• Access to Specialist and Primary Care Providers</td>
</tr>
<tr>
<td>• Underinsured</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Low income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to care for uninsured/uninsured</td>
<td><strong>2. Behavioral Health</strong></td>
<td></td>
</tr>
<tr>
<td>Shortage of primary care physicians</td>
<td>• Mental Health</td>
<td></td>
</tr>
<tr>
<td>Access to specialists</td>
<td>• Substance Abuse</td>
<td></td>
</tr>
<tr>
<td>• Chronic Diseases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Heart Disease</td>
<td><strong>3. Health Behaviors</strong></td>
<td></td>
</tr>
<tr>
<td>• Diabetes</td>
<td>• Smoking</td>
<td></td>
</tr>
<tr>
<td>• Cancer</td>
<td>• Physical Inactivity / Obesity</td>
<td></td>
</tr>
<tr>
<td>• Respiratory Disease</td>
<td>• Access to Healthy Foods</td>
<td></td>
</tr>
<tr>
<td>• Prescription Drug Costs</td>
<td>• Health Knowledge &amp; Education</td>
<td></td>
</tr>
<tr>
<td><strong>2. Chronic Disease Prevention &amp; Management Chronic Diseases:</strong></td>
<td><strong>4. Health Outcomes</strong></td>
<td><strong>3. Health Behaviors</strong></td>
</tr>
<tr>
<td>• Heart Disease</td>
<td>1. Health Knowledge &amp; Education</td>
<td>• Smoking</td>
</tr>
<tr>
<td>• Diabetes</td>
<td></td>
<td>• Physical Inactivity / Obesity</td>
</tr>
<tr>
<td>• Cancer</td>
<td>1. Health Knowledge &amp; Education</td>
<td>• Access to Healthy Foods</td>
</tr>
<tr>
<td>• Respiratory Disease</td>
<td></td>
<td>• Health Knowledge &amp; Education</td>
</tr>
<tr>
<td>Adult Obesity:</td>
<td>2. Health Knowledge &amp; Education</td>
<td><strong>4. Cancer</strong></td>
</tr>
<tr>
<td>• Physical Inactivity</td>
<td></td>
<td>• Transportation</td>
</tr>
<tr>
<td>• Limited Access to Healthy Foods</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Health Knowledge &amp; Education</td>
<td>2. Health Knowledge &amp; Education</td>
<td><strong>Access to healthy foods</strong></td>
</tr>
<tr>
<td>• Adult Smoking</td>
<td></td>
<td>(not focusing – only as educational standpoint)</td>
</tr>
<tr>
<td><strong>3. Teen Pregnancy Education &amp; Management</strong></td>
<td>3. Health Knowledge &amp; Education</td>
<td></td>
</tr>
<tr>
<td>• Teen Pregnancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Low Birth Weight</td>
<td>4. Health Knowledge &amp; Education</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Cancer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Transportation</td>
<td></td>
</tr>
</tbody>
</table>
Community Health Need Not Addressed by Lake Charles Memorial Health System

It is important to note that Lake Charles Memorial Health System has acknowledged the 2016 CHNA finding of access to healthy foods as a priority. As part of the implementation strategy plan the health system will not directly address this need based on limited community collaboration and resources to provide healthy food options to residents. However, the health system will continue to provide education regarding healthy foods to residents and patients.
Priority #1

Access to Care

There are multiple ideas of what constitutes a healthy community; however, a healthy community typically encompasses residents who have good physical, mental, and emotional health. A strong healthy community allows and promotes well-being and provides high quality services and accessibility to those services. It also creates an environment that allows residents and people to thrive on many levels, reduces unhealthy behaviors, and reduces illnesses.

The inability to access health care services can create large health disparities and further displace residents needing services. These gaps will negatively impact people's ability to improve their quality of life. Barriers to health care services include: lack of availability, high cost of care, and lack of insurance coverage. Addressing these barriers can prevent hospitalization, improve preventative/health services, and address unmet health needs.

Services for Uninsured/Underinsured and Low-Income Population

Access to health care services is a challenge for many, and residents who are uninsured/underinsured or low-income face additional challenges to obtaining needed care. Affordability, lack of health insurance, and access to primary care and specialty care physicians are specific issues identified in the 2016 CHNA which have prohibited residents from obtaining care and services.

Having health care coverage is a critical component to receiving and obtaining care. The types of insurance, out-of-pocket costs, and high deductibles impact the frequency with which residents obtain care and services. Residents who are affected by the inability to obtain or secure health insurance are typically those who are low-income and economically challenged. Without health insurance community residents tend to delay seeking care, often obtain care too late, and tend to have poor health outcomes.

Investigating data broken out by parishes revealed that 15.2 percent of residents in the report area are uninsured or do not have health insurance. Unfortunately, there are more Beauregard residents (17.3 percent) who are uninsured when compared to the state (16.6 percent) and the nation (14.2 percent) (See Graph 1).
The report area referenced in the graph below is the average percent of all study area parishes. This average provides Lake Charles Memorial with a quick snapshot of their residents within the region.

Graph 1: Health Insurance – Uninsured (Total Population)

![Graph showing health insurance status by parish and comparison to the United States.](image-url)

Source: US Census Bureau, American Community Survey

The hand-distributed survey findings from the study area reported that more than one-third of survey respondents do not have health insurance (34.6 percent). Reasons why survey respondents do not have health insurance include: affordability (58.7 percent), not qualifying (21.7 percent), and had insurance but lost it (15.2 percent).

Data collected from health providers reported that the biggest barriers for people not receiving care are no insurance coverage (19.5 percent), out-of-pocket costs/high deductibles (19.2 percent), and no transportation (13.5 percent).

Access to health services for community residents who are uninsured/underinsured or who are low-income is essential and health care providers, organizations, and leaders must be ready to address these demands in order to alleviate and reduce health disparities regarding accessibility.
The following goal and strategy will address access to care, specifically addressing services for underinsured/uninsured/low-income populations.

**GOAL 1:**

Provide preventative screenings for underserved populations to improve early detection of cancer, heart disease, and diabetes.

**Strategy:**

1. Broaden awareness and community education through churches, schools, and community organizations regarding preventive health screenings.

**Access to Primary Care Physicians**

Visiting and obtaining care from a Primary Care Physician (PCP) can benefit patients’ health and overall wellness in the short and long-term. Patients who seek care and treatment from a PCP are able to be more aware of their health conditions, manage their conditions, reduce their overall cost, and create a trusting relationship with their provider.

Access to primary care physicians in Calcasieu Parish (62.2) is higher when compared the remaining four parishes in the county study area; this rate however, is still lower than the state (64.3) and the nation (74.5) in 2012. On the polar end, residents in Allen Parish (35.2) reported the lowest rate of physicians per 100,000 population (See Graph 2).

This gauge is applicable because a shortage of health professionals contributes to access and health status issues.
Graph 2: Access to Primary Care Physicians (Rate of physicians per 100,000 Population 2012)

Personal information collected from the hand-distributed survey provides a deep understanding and awareness of the social and health behaviors of residents. The hand-distributed survey results from 2016 revealed that 24.6 percent of participants do not have a primary care physician. Of those who do not have a PCP, 54.1 percent indicated that they cannot afford one, and 18.9 percent do not need one.

Gaps in the continuity of care among the uninsured/underinsured and low-income populations will grow if primary care and specialty physicians are unavailable to address the growing health concerns in the region. Unfortunately, as the need for and importance of services increases, the number of available PCPs is shrinking.

The U.S. is facing a significant physician shortage. An aging population has placed additional strains on a health care system which is struggling to meet the demands of its residents. Closing the gap in the number of available physicians and health care providers will be difficult as many physicians and providers are retiring and fewer providers are entering the workforce.

Most recently, physician shortages have gained national attention due to increasing demand for care. Approximately one in five Americans already live in a region designated as having a shortage of primary care physicians.

The percentage of active physicians who are aged 60 years and older in Louisiana is 29.2 percent, slightly higher than the state median of 26.5 percent. There were 78.4 active primary
care physicians per 100,000 population in 2012 compared to the state median of 90.3 per 100,000 population (See Table 2).

Table 2: Louisiana Physician Workforce Profile 2012

<table>
<thead>
<tr>
<th>Physician Supply</th>
<th>Louisiana</th>
<th>State Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Primary Care Physicians per 100,000 Population, 2012</td>
<td>78.4</td>
<td>90.3</td>
</tr>
<tr>
<td>Percentage of Active Physicians Who Are Age 60 or Older, 2012</td>
<td>29.2%</td>
<td>26.5%</td>
</tr>
</tbody>
</table>

*State Median: The value directly in the middle of the 50 states, so 25 are above the median and 25 are below and excludes the District of Columbia and Puerto Rico.

Source: The Association of American Medical Colleges (AAMC)

Attracting, recruiting, and retaining physicians in rural parts of Southwest Louisiana are significant challenges. Social and environmental attractions (e.g. cultural events, school systems), and other urban amenities are more attractive to many physicians. With the decline of professionals entering the medical field, Lake Charles Memorial must strategize its efforts to recruit and retain physicians into their service area.

**Access to Specialty Physicians**

In addition to access to primary care physicians, the 2016 CHNA identified access to specialty care physicians as a key need as well. Shortages are not limited to just primary care physicians but also include specialists as well. Rural Louisianans will be greatly affected by these specialty shortages. It comes as no surprise that physicians tend to practice in more populated communities. Unfortunately, as these physicians practice in more populated communities, rural residents will be forced to travel further for health care – making access to services more difficult due to transportation barriers.

The AAMC’s Center for Workforce Studies estimated that the U.S. will face a shortage of 46,100 surgeons and medical specialists by 2020. The estimates were calculated by taking into account the millions of patients who became eligible for Medicare, the 32 million patients who will become newly insured through the PPACA, and an aging physician workforce.

Southwest Louisiana has been impacted by the lack of specialty physicians in the region. Transportation difficulties in rural regions of the state limited the accessibility to health care services, and impacts how rural residents obtained care. It is clear that the need for physicians
will grow; however, it is also imperative to support and provide avenues to assist community residents to obtaining care in order to reduce and close the gaps in health care disparities.

The following goal and strategies will address access to care, specifically addressing access to specialist and primary care physicians.

**GOAL 1:**

*Improve access to care for underinsured/uninsured, low-income, and Medicaid populations.*

**Strategies:**

1. Continue to provide care from primary care physicians, specialists, and nurse practitioners to targeted populations.

2. Educate targeted populations of resources and services available.

3. Provide care coordination and follow-up across health system and health system clinics.

4. Continue enrollment process and assistance to ensure coverage to targeted populations.
Priority #2

Behavioral Health

Access to behavioral health services was identified as a key priority in the 2016 CHNA process. This includes mental health and substance abuse.

Socioeconomic factors play a vital role in how residents are able to obtain care such as the ability to pay for services, having health insurance coverage etc. Shortages of mental and behavioral health professionals is an additional factor which makes access to mental and substance abuse care difficult. Seeking treatment in order to lead a full and rich life is the goal of behavioral health interventions. Primary care and behavioral health treatment can assist patients to thrive successfully at home and in their community.

Mental Health

There are many factors which can contribute to mental health problems, they can include: biological factors, such as genes or brain chemistry, life experiences, such as trauma or abuse, and family history of mental health problems.

Primary and secondary data indicate accessibility issues, provider issues, high rates of co-occurring mental disorders, and substance abuse problems create growing concerns related to the state of behavioral health and focus, and attention needs to be brought forth to the topic. Socioeconomic factors play a significant role in mental health as well as genetics. Mental illness is a major issue for residents and families.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), behavioral health is essential to overall health, with prevention and effective treatment measures allowing individuals to recover from mental health crises. Direct access to health professionals and health services for behavioral health problems enables community residents to obtain proper care and treatment, leading to healthier lives.

Allen Parish (22.5 percent) has higher percentages of residents who lack social or emotional support when compared to the state (21.7 percent) and the nation (20.7 percent). This is followed by Cameron (21.6 percent) and Jefferson Davis (20.6 percent) parishes (See Graph 3).
This indicator is relevant because social and emotional support is critical for navigating the challenges of daily life, as well as for good mental health. Social and emotional support is also linked to educational achievement and economic stability.

Graph 3: Lack of Social or Emotional Support

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2006-2012

County Health Rankings reported that Louisiana has 77.6 mental health professionals per 100,000 population. While lower than the state and the nation, the rate of mental health providers is highest in Calcasieu Parish with 58.5 per 100,000 population when compared to the remaining parishes; on the opposite end of the spectrum, Beauregard Parish reported a rate of 16.0 per 100,000 population. This rate is more than four times lower than the state (77.6) and more than eight times lower than the nation (134.1) (See Graph 4). The lack of available mental health providers and psychiatrists is part of an overall physician shortage crisis.
Graph 4: Access to Mental Health Providers (Rate per 100,000 Population)

Source: County Health Rankings; University of Wisconsin Population Health Institute

Note: Data not available for Cameron Parish

It was reported that more than one-quarter of survey respondents (25.1 percent) have a physical limitation that affects their daily life, followed by 22.0 percent with a mental or emotional ailment. Data from the hand survey reinforce the growing mental health problems in the community and the opportunity to work in partnership and collaboration with local and regional organizations to combat the growing issue.

Health education and information on coping mechanisms to reduce anxiety and holistic techniques can assist residents in dealing with some of their mental health issues; however, the need for counselors and mental health professionals will continue to grow as the current system is overwhelmed.
The following goal and strategies will address behavioral health specifically addressing mental health issues.

**GOAL 1:**

**Improve access to care for mental health patients.**

**Strategy:**
1. Provide access to emergent mental health assessments.
2. Improve mental health inpatient treatment access.
3. Improve availability and communicate community mental health resources.

**Substance Abuse**

As behavioral health was identified as a key community concern; substance abuse falls under that umbrella. Substance abuse refers to the overindulgence in or dependence on an addictive substance, such as alcohol or drugs.

The Substance Abuse and Mental Health Services Administration (SAMSHA) 2013 National Survey of Drug Use and Health reported that 24.6 million individuals 12 years or older were current illicit drug users at the time of survey admission. The most commonly used drug in the U.S. is marijuana with 19.8 million users in 2013 compared to 14.5 in 2007. Additionally, more than one-half of Americans aged 12 or older were current alcohol users in 2013. In 2013, 22.7 million individuals aged 12 or older needed treatment for an illicit drug or alcohol problem; however, only 2.5 million received treatment in a specialty facility.

Community residents dealing with mental health issues and substance abuse problems will face additional barriers such as limited accessibility to mental health providers. Behavioral health issues left untreated will lead and manifest itself into larger health problems. Partnerships and collaboration with regional organizations and implementing a collaborative care model would have a great impact for those afflicted.
The following goals and strategies will address behavioral health specifically addressing substance abuse.

**GOAL 1:**

Promote and increase accessibility to substance abuse programs.

**Strategy:**
1. Educate about the availability of programs within community.
2. Improve access to available beds for substance abuse patients.

**GOAL 2:**

Expand outpatient group therapy for substance abuse patients.

**Strategy:**
1. Provide and identify patients in need of discharge plans.
Priority #3

Health Behaviors

Positive healthy habits such as following a nutritious diet, physical activity, managing one’s stress levels, taking vitamins, and having strong sleeping habits can have a significant effect on and influence one’s overall health – both physically and mentally. Engaging in long-term healthy behaviors can ensure the possibility of having a strong healthy mind and body. Most importantly, practicing healthy behaviors ensures that chronic diseases such as type 2 diabetes, heart disease, high blood pressure, etc. are reduced.

Smoking

Tobacco is one of the largest public health epidemics worldwide. It is reported that tobacco kills 6 million people a year. More than 5 million of those deaths are the result of direct tobacco use while more than 600,000 of those deaths are the result of nonsmokers being exposed to secondhand smoke.

Secondhand smoke in adults can cause heart disease, lung cancer, and strokes. It is estimated that secondhand smoke caused nearly 34,000 heart disease deaths each year during 2005–2009 among adult nonsmokers in the U.S. Additionally, secondhand smoke exposure caused more than 7,300 lung cancer deaths each year during 2005–2009 among adult nonsmokers in the U.S.

Smoking rates dropped among U.S. adults from 20.9 percent in 2005 to 17.8 percent in 2013. Clearly, public health awareness efforts and health education on the long-term effects of tobacco, the financial cost of smoking, and the overall health cost due to smoking have resonated with citizens. It is important to continue to provide health education, information, and assistance to those who are current smokers and those who need help quitting.

In analyzing data from The Centers for Disease Control and Prevention, it was reported that nearly one-third of adults 18 years old and older in Cameron Parish (30.8 percent) and Jefferson Davis Parish (29.0 percent) are current smokers. The percentages in these two parishes are higher than the state (21.9 percent) and the nation (18.1 percent). Calcasieu Parish residents (22.3 percent) also report higher percentages of current smokers when compared to the state and the nation (See Graph 5).
Data regarding incidence rates shows Jefferson Davis Parish reported having the highest rate of residents with lung cancer (87.4 per 100,000 per population) compared to the remaining parishes in the study area; this rate is also higher than the state (73.0) and the nation (63.7). The overall report area reported 73.5 (per 100,000 population) community residents diagnosed with lung cancer (Graph 6).
According to the Centers for Disease Control and Prevention (CDC), tobacco use is started and established primarily during adolescence. Nearly 9 out of 10 cigarette smokers first tried smoking by age 18, and 99 percent first tried smoking by age 26. More than 3,200 youth aged 18 years or younger smoke their first cigarette, and an additional 2,100 youth and young adults become daily cigarette smokers.

Examining primary data, health providers suggested that the three riskiest behaviors community residents engage in are: poor eating habits (24.0 percent), lack of exercise (18.0 percent), and tobacco use (16.2 percent). It is interesting to note that out of 13 risky behavior options from the survey, tobacco use was listed as the third top response. Hand-survey results taken directly from community residents reported that 15.0 percent of respondents currently smoke, while more than one-third of respondents previously smoked but have since quit (35.0 percent).

The following goal and strategies will address health behaviors specifically addressing smoking.

**GOAL 1:**

Reduce smoking among targeted populations.

**Strategy:**

1. Provide smoking cessation programs and prevention resources throughout health system and community network.

2. Communicate availability of smoking cessation and educational resources among community organizations, churches, and targeted groups.

3. Provide smoking cessation through behavioral health counseling.

**Physical Inactivity and Obesity**

Obesity is increasing around the world; the worldwide obesity rate has more than doubled since 1980. In 2014, more than 1.9 billion adults, 18 years and older, were overweight. Of these, over 600 million were obese.

For people who are overweight or obese, losing weight requires a change in lifestyle. Dietary changes are difficult to achieve and even more of a challenge to maintain. There are a variety of strategies and methods which can assist those who are looking to lose weight; however, an essential part of those changes includes the incorporation of a healthy diet and physical activity.
**Physical Inactivity**

The physical inactivity indicator provides insight into current behaviors that are determinants of future health, and can cause significant health issues, such as obesity and poor cardiovascular health. Physical activity is important to prevent heart disease and stroke, two of the leading causes of death in U.S. In order to improve overall cardiovascular health, the frequency along with how vigorous the exercise is needs to be met.

Approximately one-third of adults in Allen (33.3 percent), Calcasieu (32.1 percent), and Jefferson Davis (33.0 percent) Parishes aged 20 and older reported no leisure time activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise" (See Graph 7).

Only two parishes, Beauregard (28.9 percent) and Cameron (27.0 percent), reported lower rates than the state (29.8 percent). None of the parishes were lower than the national rate of 22.6 percent regarding physical inactivity (See Graph 15).

Graph 7: Physical Inactivity (% of Adults 20 and Older with no Leisure Time Physical Activity)

[Graph showing physical inactivity rates for different areas]

Source: Centers for Disease Control and Prevention

Health providers who responded to the health survey cited poor eating habits (24.0 percent), lack of exercise (18.0 percent), and tobacco use (16.2 percent) as the top risky behaviors in the community where they provide care and services. Hand-survey respondents reported that obesity (the 5th ranked concern at 6.7 percent) was a top health concern in their community.

Regular physical activity is important to overall good health. Physical activity helps reduce the risk of cardiovascular disease, high blood pressure, type 2 diabetes, heart attack, stroke, several
forms of cancer, arthritis pain and associated disability, osteoporosis and falls, and reduces symptoms of depression and anxiety.

Incorporating physical activity has many health benefits; in particular to counteract the effects of living a sedentary lifestyle.

**Obesity**

Today, people are consuming more foods than in previous generations. The consumption of vast amounts of calories, in addition to a sedentary lifestyle, ensures that an individual will eventually become overweight or obese.

Data from the CDC reported that 34.3 percent of adults in the U.S. were overweight, with a body mass index (BMI) of 25-29.9; while 27.1 percent of U.S. adults were obese, with a BMI of 30 or greater.

Exploration of the parishes revealed that roughly one-third or more of all residents in the study area have higher percentages of obese people when compared to the nation (27.1 percent). The overall report area (34.6 percent) average also denotes higher percentages of obese people when compared to the state (34.1 percent) (See Graph 8).

**Graph 8: Obesity**

The ability to shape and mold policy can be made with support from local and state government. Strategies to create safe, active environments to make walking and cycling safer, building schools and shops within walking distance of neighborhoods, and improving public
transportation can add appeal to communities whose goal is to be active. Such changes are essential to making physical activity an integral and natural part of people’s everyday lives and ultimately, to reverse the obesity epidemic.

While public awareness has increased and millions of dollars are being spent to combat the disease and encourage people to eat healthy, continued reinforcement creates additional opportunities for organizations and health institutions to collaborate and continue partnership efforts towards healthy eating.

The following goal and strategies will address health behaviors specifically addressing physical inactivity.

**GOAL 1:**

**Promote physical activity among low-income and high-risk populations.**

**Strategy:**
1. Educate low income/high risk patients and community residents on healthy lifestyle and the value of physical activity.
2. Inform low income/high risk groups on how to access healthy foods.
3. Work with community leaders and special interest groups to educate on how to improve access to green space and to access free or low cost physical activity programs.

**Health Education and Knowledge**

Health education is any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes. Building upon community residents’ knowledge, health education can shape their skills, and provide positive attitudes about health. It educates on subjects such as mental, physical, emotional, and social health. Information from health education motivates individuals to improve and maintain their health, prevent disease, and reduce risky behaviors. Most importantly, health education information helps individuals make healthy lifetime decisions regarding diet, alcohol, tobacco, exercise, and prevention of diseases, etc.

There are multiple ways health information can be disseminated, and organizations make valiant efforts to provide information to residents. Unfortunately, health education continues to be a
roadblock for community residents. Changing health behaviors into positive health outcomes requires community residents to be armed with health education information in order to modify their current living habits.

Health education provides an important role in the promotion of healthy behaviors. While the Lake Charles community and surrounding areas have information for residents, it is important to continue to provide materials at a clear and concise reading level that is understood by many in the region.

The following goals and strategies will address health behaviors, specifically addressing health education and knowledge.

**GOAL 1:**

Collaborate with community partners to reach low income and high risk populations with health information.

**Strategy:**

1. Improve education of the benefits of preventative health & wellness through free health seminars hosted by health care providers, community events, and partnering with health outreach agencies.

2. Educate Southwest Louisiana community and senior population with free information through events and presence at seminars and health fairs.

3. To provide preventative screenings to improve early detection of cancer, heart disease, and diabetes.

**GOAL 2:**

Continue to provide patient health information on healthy behaviors.

**Strategy:**

1. Educate patient population on healthy eating, proper nutrition, and self-advocacy.
Priority #4

Health Outcomes

Health outcomes refer to the impact health care activities have on people – their symptoms, ability to do what they want, and whether they live or die. Additionally, these outcomes include whether a given disease gets better or worse, what the costs of care are, and patient satisfaction with the care they receive. It focuses not on what is done for patients, but what results from what is done.

Chronic Diseases

The U.S. National Center for Health Statistics also reported that chronic diseases affect approximately 133 million Americans, which represents more than 40 percent of the total population of the country. By 2020, that number is projected to grow to an estimated 157 million, with 81 million having multiple conditions. Today, almost one-third of the American population lives with multiple chronic conditions. In 2009, 7 out of 10 deaths in the U.S. were cause by chronic diseases. Today, diseases such as heart disease, cancer, and stroke account for more than half of all deaths each year.

Data revealed that Allen (11.7 percent), Calcasieu (11.4 percent), Cameron (11.2 percent), Jefferson Davis (11.4 percent), the state (11.5 percent), and the nation (9.1 percent) have fewer residents with diabetes compared to Beauregard (12.5 percent) (Graph 9). Examining this data point is important as diabetes is preventable in the U.S. and the disease may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Graph 9: Adult Diabetes (% of Adults 20 and older who have diabetes)

Source: Centers for Diseases Control and Prevention
Diabetes is the seventh leading cause of death in the United States. Preventing type-two diabetes is doable with guidance and assistance from health care providers, family, and friends; however, most importantly, the change must come from the individual. Diabetes prevention includes eating more healthy foods, being physically active, and losing weight (if needed). Adjusting and modifying one’s lifestyle will prevent and avoid serious health complications in the future.

Asthma is a chronic disease that inflames and narrows the airways. Asthma affects people of all ages, but most often presents itself during childhood. In the U.S., more than 25 million people are known to have asthma; about 7 million are children.

Data specific to the study area indicate that residents in Allen (15.6 percent) and Jefferson (15.7 percent) Parishes have higher percentage of adults aged 18 and older who self-reported that they have been told by a doctor, nurse, or other health professional that they had asthma. These percentages are higher than the state (11.7 percent) and nation (13.4 percent) (See Graph 26).

There are more Calcasieu Parish residents (12.3 percent) who reported having asthma compared to the state (11.7 percent) (See Graph 10). This indicator is relevant because asthma can be exacerbated by poor environmental conditions.

Graph 10: Asthma

![Graph showing asthma rates by parish and state] Source: Centers for Diseases Control and Prevention

The Lake Charles service area represents a swath of residents who suffer from Coronary Heart Disease. According to results collected from the community survey, residents in Calcasieu Parish
(7.4 percent), aged 18 and older, were told by a doctor that they have coronary heart disease or angina. This rate is higher than the remaining parishes in the study area, state (4.9 percent), and the nation (4.4 percent) (Graph not shown).

Data at the local level revealed that more than one-third of Southwest Parish residents (with the exception of Beauregard Parish; 29.9 percent) have adults with high blood pressure. Additionally, more than one-third of residents in Allen Parish (42.3 percent) have also been told by a doctor that they have high blood pressure or hypertension. This rate is higher than the state (34.1 percent) and the nation (28.2 percent) (See Graph 11. Residents in Beauregard Parish report the lowest percentages of adults who have high blood pressure (29.9 percent) (See Graph 11).

Graph 11: Adults with High Blood Pressure

The output reading of an individual’s blood cholesterol level can predict the chances of developing heart disease. High blood cholesterol is one of the major risk factors for heart disease. Heart disease is the number one killer of women and men in the U.S. Each year, more than a million Americans have heart attacks and about half a million people die from heart disease.

The CDC reported that more than half of residents in Allen Parish (56.3 percent), aged 18 and older, have been told by a doctor, nurse, or other health professional that they have high blood cholesterol. This rate is higher than the remaining parishes, the state (38.7 percent), and the nation (38.5 percent). More than one-third of adult Calcasieu residents (37.2 percent) have high cholesterol (See Graph 12). Although lower than the state and the nation, Jefferson Davis Parish (36.0 percent) still reports more than one-third of its adult residents have high cholesterol.
While prevention measures are aimed towards preventing high blood pressure, many of the same preventive measures also apply to high cholesterol – in particular, regular physical activity, eating a healthy diet, losing weight, and not smoking. Data collected revealed that lifestyles changes are an important step to leading a healthy productive life and reducing the risks of preventable diseases.

Residents are struggling with managing chronic illnesses, and are often confused when seeking care and adhering to treatment plans. When followed correctly, care and treatment plans can reduce symptoms and the likelihood of the condition worsening; thus, improving both health outcomes and quality of life.

While there are many health and socioeconomic factors that are detrimental to the Lake Charles region, community stakeholders feel there are also many positive aspects that make it a livable community. Strong community cohesion amongst residents, solid working relationships between organizations and agencies, and the ability to unite as a community in times of crisis are features that contribute to the resiliency of Lake Charles. The community of Lake Charles and the surrounding areas are proactive to the needs of their residents by addressing issues head first.

In examining a particular patient, Donny Myers, 60, a Lake Charles native and Marine Corps veteran, was diagnosed with diabetes in 2008 after painful kidney stones led to further testing. He ended up having to have one kidney removed, which was just the beginning of his medical struggles.
In 2014, Myers was admitted to Lake Charles Memorial Wound Care Center, an outpatient facility that specializes in the treatment of wounds that don’t easily heal.

“Mr. Myers’s treatment was intensive,” said Dr. George Barnes, Jr., Medical Director of Memorial Wound Care. “He saw us for two hours a day, five days a week, for six weeks. He was a good candidate for hyperbaric oxygen therapy, which, for those who meet the medical requirements, can be a very successful treatment to stimulate the growth process of new cells. When hyperbaric oxygen therapy is used in combination with local wound care, it can be very effective.”

For Myers, the treatment was a success. Myers sees a nurse weekly, walks more, and wears diabetic shoes and socks in order to stay healthy and prevent future wounds.

“You’ve got to want to get better,” Myers said when asked what he learned from his ordeal. “Check your feet daily, don’t ignore any wound or change. It’s not going to go away on its own or because you’re on insulin treatment.”

Donny Meyers advice about treatment – “You have to follow directions.”

The following goal and strategies will address health outcomes specifically addressing chronic diseases.

**GOAL 1:**

*Continue to improve health outcomes.*

**Strategy:**

1. Expand community education and awareness regarding ways to reduce chronic disease.
2. Assist patients and families to understand their health status (what the numbers mean).
3. Target adolescents and young adults on behaviors that prevent chronic disease.
**Priority #5**

**Cancer**

An estimated 1.6 million people will be diagnosed with cancer in the U.S. and an estimated 595,690 people will die of cancer in 2016. While cancer and mortality rates help define the burden that cancer creates, these indicators do not fully paint the impact that cancer has on patients and their families. In addition to the physical strain, cancer is frequently associated with emotional distress and an overall reduction in quality of life. Additionally, it has been found to be a financial stressor as well. Cancer not only causes physical problems, but also creates emotional stress. The high cost of care is felt by family members, and can further affect the public at large.

Information, education, and prevention measures assist in lowering the number of new cases. It is known that our environment along with our genetic makeup and lifestyle choices can contribute to the likelihood of having cancer. Researchers are studying ways to prevent cancer.

Community leaders discussed chronic health conditions which plague the Lake Charles region. High cancer rates were reported as being a top health issue and concern among community residents, as lifestyle choices play a considerable role in how residents develop chronic health conditions. Through survey research, health care providers are able to share their viewpoints, while understanding the patient population.

Hand-survey results from community residents also depicted concern regarding cancer in their community. 13.3 percent reported that cancer was the biggest health concern when polled.

In reviewing the specific cancer questions in the hand-survey, it was reported that 23.5 percent of survey respondents have cancer. Of those who have cancer, breast (36.4 percent), melanoma (15.2 percent), colon/rectal (9.1 percent), and lung cancer (9.1 percent) were the top stated cancers among respondents. It was also reported that slightly less than one-third (32.7 percent) of respondents have a family member who also has cancer. Of those who have a family history of cancer, 39.1 percent reported their father had cancer, followed by their mother (29.9 percent), sister (19.5 percent), and brother (10.3 percent).

Additional hand-survey cancer data identified that slightly less than one-quarter of survey respondents (24.5 percent) stated that they were unable to see a doctor when needed. Finances (32.4 percent), transportation needs (18.9 percent), and job responsibilities (18.9 percent) are the top three concerns which keep respondents from getting to their appointment.
Results from the hand survey indicate that 27.7 percent of patients struggle with unfamiliar medical terms; while, 16.9 percent feel that their doctors or nurses “talk down” to them, followed by 15.4 percent reporting that they face pressure to make a serious medical decision without adequate knowledge or time.

Former and current cancer patients revealed that expensive medication (42.5 percent) and fear of medication and its affects (21.8 percent) are the top two challenges respondents have when managing prescriptions and treatments. As part of the patient follow-up plan, information should be distributed to patients in regards to community programs and services (with a focus geared towards prescription medication assistance) and medication information. Primary data collected from the 2016 CHNA highlight the need for continuous measures to combat cancer incidence rates and mortality rates in the Lake Charles community.

Cancer affects households from all socioeconomic levels. It is a disease that has taken a toll on people in cities, towns, and neighborhoods throughout the United States. Education and prevention are effective measures to help combat the disease, as are preventative measures such as eating healthier, exercising, getting regular screenings, and obtaining care as needed. Seeking services and obtaining care at local health care institutions is imperative when the disease has been diagnosed. Community support with residents and local leaders can bring cancer prevention efforts to residents in the community, who are otherwise unaware of the measures to prevent the disease from occurring. It is important to diagnose and treat the disease at the earliest stages, as it has a higher rate of success for decreasing mortality.

Overall cancer data facts obtained from the Louisiana Cancer Research Consortium highlighted some of the state’s high-level cancer facts from 2011.

**Overall Louisiana State Cancer Facts**

- Approximately 22,780 new cancer cases, or 60 new cases per day, occurred in Louisiana during 2011, excluding some skin cancers and carcinomas, occurred in Louisiana during 2011.

- About 8,360 people or 23 people per day, living in Louisiana died from cancer during 2011.
Despite recent decreases, the combined mortality rate for Louisianans with cancer is about 30% higher than the national average.

The combined cancer mortality rate for African Americans in Louisiana is about 30% higher than for their white counterparts.

Data collected from the CHNA related to cancer from primary and secondary data sources is reflected below.

Health providers indicated that the four most pressing health problems in the community are diabetes (19.1%), obesity (17.0%), heart disease /stroke (14.9%), and cancers (10.1%).

Data from Lake Charles Memorial Cancer Center reported the total number of new cancer cases diagnosed and treated in the Lake Charles Memorial Health System was 753 in 2014 and 694 in 2015.

- In 2015, the top two primary cancers diagnosed and treated at LCMHS were breast with 142 cases and lung with 123 (includes both small cell and non-small cell cases).

Community leaders reported that chronic health conditions plague the Lake Charles service area. Specifically, high cancer rates were reported as being a top health issue and concern among community residents. It was discussed that lifestyle choices play a considerable role in how residents develop chronic health conditions. Unfortunately, many are unaware how lifestyle behaviors can affect and bring forth these chronic conditions. Providing education and resources would allow residents to take actions and measures to lead a healthier lifestyle.

### State Cancer Incidence Rates, 2008-2012

Data presented below were obtained from the Department of Health and Hospitals State of Louisiana: Office of Public Health Louisiana Tumor Registry (LTR) 2008-2012 Report Volume 30. The information is a synopsis of cancer rates and cases in the state. The LTR collects, analyzes, and disseminates information on cancer in Louisiana.

1. **Number of new cancer cases:** New diagnoses of invasive cancer averaged 23,244 cases per year among Louisiana residents.

2. **Most frequently diagnosed cancers:** For all Louisianans combined, the most frequently diagnosed cancers were prostate (15.7% of all new cases), lung (15.0%), breast (13.6%), colorectal (10.3%), and kidney (4.3%).

3. **Louisiana vs. nationwide rates:** The incidence rates for cancers of all types combined among white and black men as well as black women in Louisiana were significantly higher than those for their national counterparts ($p \leq 0.5$). In contrast, the rate for white women in the state was significantly lower than the nationwide rate.
4) **Industrial Corridor:** The Industrial Corridor includes Ascension, East Baton Rouge, Iberville, St. Charles, St. James, St. John the Baptist, and West Baton Rouge parishes. The incidence rates for all cancers combined for white men and black men were significantly higher than the statewide rate; in contrast, the rate for white women was significantly lower than the statewide rate. Overall rates for black women did not differ significantly from Louisiana rates.

5) **Cancer among children and adolescents:** Louisiana’s incidence rates for all invasive cancers combined among children and adolescents (aged 0–19) were lower than U.S. rates for both boys and girls, but only the US incidence rate for boys was significantly higher than the statewide rate. The most common invasive cancers among children and adolescents in Louisiana are central nervous system tumors.

**State Cancer Death Rates, 2008-2012**

**Total cancer deaths:** On average, 9,208 deaths were attributed to cancer each year between 2008-2012. Only heart disease caused more deaths (an average of 10,105 per year in Louisiana).

**Leading causes of cancer death:** Of all Louisiana residents combined, cancer mortality was highest for cancer of the lung (29.5% of all cancer deaths), colorectum (9.4%), breast (7.2%), pancreas (6.6%), and prostate (4.6%).

**Louisiana vs. nationwide rates:** Statewide, each of the four major race/sex groups had a significantly higher death rate for all sites combined than its national counterpart. Lung and colorectal cancer mortality rates were significantly higher in Louisiana than in the U.S. among the four race/sex groups.

**Industrial Corridor:** Death rates for all cancers combined in the Industrial Corridor were significantly lower than those for Louisiana among whites; blacks in the Industrial Corridor experienced the same mortality rates as their counterparts statewide.

**Cancer death among those aged 0-19:** In Louisiana’s 0–19 age-group, the mortality rates were about the same in Louisiana and the U.S. for both boys and girls.

**Southwest Louisiana (Region V) Cancer Incidence Rates**

The National Cancer Profiles reported the following age-adjusted incidence rates for the five parishes included in the Region V Southwest Louisiana area for the years 2009-2013: Allen Parish was 456.3 (per 100,000), Beauregard Parish (469.4), Calcasieu Parish (477.1), Cameron Parish (492.9), and Jefferson Davis Parish (496.1). The overall incidence rate for Louisiana is 482.3 per 100,000 population.
Table 3: Cancer Cases by Region (Per 100,000 Population)

<table>
<thead>
<tr>
<th>Region</th>
<th>All Cases</th>
<th>Age-Adjusted Incidence Rate(†) cases per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allen Parish</td>
<td>456.3</td>
<td></td>
</tr>
<tr>
<td>Beauregard Parish</td>
<td>469.4</td>
<td></td>
</tr>
<tr>
<td>Calcasieu Parish</td>
<td>477.1</td>
<td></td>
</tr>
<tr>
<td>Cameron Parish</td>
<td>492.9</td>
<td></td>
</tr>
<tr>
<td>Jefferson Davis Parish</td>
<td>496.1</td>
<td></td>
</tr>
<tr>
<td>Louisiana</td>
<td>482.3</td>
<td></td>
</tr>
<tr>
<td>USA</td>
<td>448.4</td>
<td></td>
</tr>
</tbody>
</table>

After a relaxing night at home with her son, Rachel Mere conducted a simple self-breast examination and discovered a knot. After a visit to Dr. William Groves, an obstetrician and gynecologist at Lake Charles Memorial Hospital for Women and getting an ultrasound, the diagnosis of breast cancer, “invasive ductal carcinoma” was received.

Dr. Moss, a surgeon with Memorial Medical Group, wasted no time and performed a lumpectomy on November 7. After Rachel healed from her chemo port surgery, she began chemotherapy with Memorial Medical Group Medical oncologist Dr. Michael Broussard. Radiation treatment followed in the summer with Lake Charles Memorial Cancer Center radiation oncologist Dr. James Maze.

Treatment had its ups and downs with not only physical, but also emotional exhaustion for Mere. “I lost all my hair, like completely bald. Eyebrows and everything were gone,” Mere recalls. “In the meantime, I have a five year old to keep up with.” That’s where Lake Charles Memorial patient navigator Lenore Hayes provided support with a wealth of resources to help women traverse the physical and emotional side effects of treatment.

Hayes makes it a point to touch on the emotions, concerns, and needs of her patients and their families throughout their treatment. One such resource is the free wig program at Lake Charles Memorial Cancer Center made available by the American Cancer Society (ACS) and Susan G. Komen Foundation. There is also a mentor program through ACS that Hayes conducts where patients are introduced to other women who have traveled the same path. Patients are also
provided with national online support as well as multiple community support groups and resources.

Hayes provides information to patients that are personalized to their needs and takes them through their particular treatment processes, including what questions to ask their various doctors and organizing their appointment schedules. Patients can take comfort in the fact that Hayes will be there to guide them every step of the way, allowing patients and families to focus solely on healing.

“Lenore became my friend. She cares. She is the right person for the job. She made me feel like I was her only patient,” Mere says.

The following goals and strategies will be address through Lake Charles Memorial Health System’s Cancer Center specifically addressing patients who have cancer.

**GOAL 1:**

Improve access to low-income populations.

**Strategy:**

1. Align services within the health system to identify patients who need further diagnostic work-up and care through the Health Maintenance Clinic
2. Partner with cancer programs to increase access to cervical /breast cancer screenings.

**GOAL 2:**

Promote HPV vaccine to patients.

**Strategy:**

1. Partner with community organizations to provide HPV vaccination education and vaccines to the public.
GOAL 3:

Improve coordination of cancer care.

**Strategy:**

1. Streamline registration of cancer patients into the system for initiation of care.
2. Increase number of mammogram screenings and colon cancer screenings for uninsured/underinsured populations.
3. Increase cancer screening colonoscopy services for patient population performed at age 50 or older.
4. Facilitate Patient Navigation Program to identify and address patient barriers to care.
5. Facilitate better patient navigation care coordination among gynecological cancer patients referred outside LCMH’s market, getting them to appointments and back to LCMH for further treatment.
6. For head/neck cancer patients, facilitate patient navigation care coordination to better assist with education, teeth extraction access, and reduce delays in care.
7. Increase low dose CT lung screenings in cancer patient.

GOAL 4:

Grow health awareness, knowledge, and education information programs for cancer patient population.

**Strategy:**

1. Provide smoking cessation classes.
2. Expand number of cancer support group speakers to present educational information.
3. Educate cancer navigated patients about their cancer care continuum.

**Transportation**

The lack of transportation is often reported in many communities across the United States. The Lake Charles community is no different for those patients who have their health care affected. The effects of unavailable transportation to underserved populations, in particular low-income populations, often lead to and result in missed appointments, delayed services, and care.
results and consequences community residents face lead to poor health management and poor health outcomes. Cancer patients in the region struggle to secure passage for their health services as the need and demand for transportation continue to grow.

Transportation plays a major role in the ability to access care and services. Community leaders stated that lack of transportation is a major challenge for residents in the Lake Charles service area; preventing many from managing their health issues and obtaining much needed care. There is a high demand for a strong public transportation infrastructure; however, lack of funding prohibits its expansion efforts.

Hand survey results indicate that 14.3 percent of respondents have missed a health appointment due to the lack of transportation.

Hand survey results also showed, finances (32.4 percent), transportation needs (18.9 percent), and job responsibilities (18.9 percent) are concerns that keep them from getting to all of their appointments.

Identifying transportation needs, alleviating cost, and continuing to provide transportation services will help community residents reduce health care access issues; therefore, improving health outcomes.
Colorectal cancer is highly treatable if diagnosed early, thus the importance of screenings. Smoking, excessive drinking, and an unhealthy, fatty diet can be major contributors. “Most colorectal cancers don’t occur until age 50 and older,” said Dr. Sarpreet Basra, a gastroenterologist with Memorial Medical Group. “It’s a very dangerous type of cancer because there can often be no symptoms until it becomes a very advanced stage. That’s why it’s important for men age 50 and older to have colorectal cancer screenings such as colonoscopies done regularly. Depending on the patient’s family history and other risk factors, a colonoscopy should be done at least every 10 years, and more often for those with any personal or family history.”

“If there is a family history of colorectal cancer, we take the age that the relative was at the time of diagnosis, and we like to start doing regular colonoscopies 10 years before that age. So if a relative of yours was diagnosed with colorectal cancer at age 50, then we would like for you to have your first colonoscopy at age 40,” Dr. Basra said. “This makes us much more likely to find any problems very early, when they’re easily treatable.”

Lake Charles Memorial Health System understands the complexity of the health care arena. Health insurance policy questions may be confusing and oftentimes intimidating.

Most insurance plans cover annual wellness visits and screenings with primary care physicians and many medical services are conveniently located for patients. It is important to establish a relationship with your primary care physicians in order to establish a routine schedule for screenings.

The following goal and strategies will be addressed through Lake Charles Memorial Health System’s Cancer Center specifically addressing the transportation needs of cancer patients.

**GOAL 1:**

Increase transportation services and options for cancer patients.

1. Strive to identify new transportation options or partners.
2. Expand patient awareness of transportation services in the community and assist with transportation resources.
3. Provide gas card assistance, when funding is available.
Implementation Strategy and Planning Next Steps

The Lake Charles Memorial Health System’s CHNA Implementation Strategy report highlights identified community health needs, delineates strategies to address those needs, and articulates their continued commitment to connect community residents and families to appropriate care.

In collaboration with health and human service partners, Lake Charles Memorial Health System will execute implementation strategies and ensure that implementation results and impact on the health of the community will be closely monitored, reported, and broadly communicated.

Based on input and participation of system leaders, the CHNA Implementation Strategies are well-aligned with the system's strategic focus and organizational goals. Efforts to measurably impact the health of the community are on-going from 2016-2019.

An emphasis on communication and continuous planning are vital throughout the next few years. Information regarding the CHNA findings and impact of implementation strategies will be communicated to residents, community groups, leaders, and other organizations that seek to better understand the health needs of the communities across the study area and how to best serve those needs. Evaluation and progress on the implementation of these community initiatives will be reported at least annually and included in community benefit reporting.
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