



Lake Charles
Memorial Health System

ADVANCING **HEALTH**
AND **WELL-BEING**
IN SOUTHWEST
LOUISIANA

LAKE CHARLES MEMORIAL HEALTH SYSTEM
COMMUNITY HEALTH NEEDS ASSESSMENT

DECEMBER 2025



Lake Charles

Memorial Health System

TABLE OF CONTENTS

VISION	4
MISSION	4
SERVICE EXCELLENCE	5
HERE FOR YOUR HEALTH	6
LAKE CHARLES MEMORIAL HEALTH SYSTEM'S HISTORY	8
ABOUT LAKE CHARLES MEMORIAL HEALTH SYSTEM	10
ACCREDITATIONS AND AWARDS	12
LAKE CHARLES MEMORIAL HEALTH SYSTEM'S COMMUNITY BENEFITS	18
COMMUNITY HEALTH NEEDS ASSESSMENT INTRODUCTION	20
THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA)	23
2025 COMMUNITY HEALTH NEEDS	24
THE COMMUNITY WE SERVE	30
COMMUNITY ENGAGEMENT	32
COMMUNITY-AT-A-GLANCE	34
EVALUATION OF 2022 IMPLEMENTATION STRATEGY	43
KEY FACTORS SHAPING HEALTH AND WELL-BEING	48
2025 CHNA NEEDS	53
BEHAVIORAL HEALTH (MENTAL HEALTH AND SUBSTANCE ABUSE)	54
HEALTH BEHAVIORS	73
MANAGING POPULATION HEALTH AND PREVENTING CHRONIC DISEASES	85
ACCESS TO CARE	107
CONCLUSION	119
RECLASSIFICATION OF 2022 CHNA	120
DATA GAPS	121
NEXT STEPS	123
ADDITIONAL INFORMATION	124
COMMITMENT TO ADVANCING COMMUNITY HEALTH	127
CONSULTANTS	128

VISION

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

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.



Lake Charles
Memorial Health System

SERVICE EXCELLENCE

At Lake Charles Memorial Health System, we realize that it takes more than dedicated professionals with unsurpassed skills and the latest technological advancements to care for our patients. We understand that it also takes uncommon compassion and an unshakable commitment to providing excellent service. To ensure that this prevailing goal continues, a culture of Service Excellence has been adopted at Memorial. This culture is dedicated to the pursuit and recognition of superior service to our patients, physicians, and employees.



Lake Charles Memorial Health System welcomes questions and comments regarding its Community Health Needs Assessment (CHNA). The current and previous CHNAs can be accessed at lcmh.com

Questions or comments regarding the CHNA can be emailed to Lake Charles Memorial Health System's Marketing Department at marketing@lcmh.com.

HERE FOR YOUR HEALTH

A letter from Lake Charles Memorial Health System's President & CEO

To our friends and patrons throughout Southwest Louisiana,

Lake Charles Memorial Health System (LCMHS) exists to serve the community, striving to provide quality healthcare that meets the needs of the residents within the five-parish area. To achieve this goal, identification of the community's constantly evolving health landscape is necessary.

The Community Health Needs Assessment (CHNA), performed every three years, is required for hospitals to maintain nonprofit status. Through this comprehensive effort, LCMHS, alongside local partners and organizations, studies the complex health needs of the region and develops a plan with specific metrics for success to address access to care. We have completed the 2025 CHNA, which will now serve as the framework to guide our steps forward.

To be a responsible partner in the health of our friends and neighbors, we recognize that health equity is complex; each person faces a specific set of variables impacting their ability to care for their own health. The ongoing improvement of community health requires addressing these complex socioeconomic factors and removing barriers to care. Working strategically with our community partners, the results of this assessment will form the foundation for developing tactics, services, and programs to address the identified 2025 health priorities: 1) Behavioral Health (Mental & Substance Use Disorder), 2) Health Behaviors, 3) Managing Population Health & Preventing Chronic Disease, and 4) Access to Care.

Improving physical well-being and addressing health disparities often doesn't start within the walls of a hospital or doctor's office. Each of our community partners brings significant and unique expertise. We utilize these insights to incorporate public health strategies along with transforming how we deliver care and developing innovative models that link patients to community resources. The strength found in our collaboration makes a greater difference in our community than anything we could accomplish on our own.

Thank you to our partners, our SWLA community, and our stakeholder participants who took time to provide data and insights during the comprehensive CHNA process. We look forward to working side-by-side with our partners and the community to execute the strategies outlined in this report and build a healthier Southwest Louisiana.



Sincerely,

A handwritten signature in black ink that reads "Devon Hyde". The signature is fluid and cursive, written in a professional style.

DEVON HYDE
President & CEO

LAKE CHARLES MEMORIAL HEALTH SYSTEM'S HISTORY

Lake Charles Memorial Health System has served as a cornerstone of healthcare in Southwest Louisiana for decades, evolving from a single community hospital into the region's largest community-owned, not-for-profit health system.

Lake Charles Memorial Health System traces its origin to 1947, when the Calcasieu Parish Medical Society petitioned the Calcasieu Parish Police Jury to operate a temporary 75-bed hospital at the deactivated Lake Charles Air Force Base. Recognizing the community's urgent need for medical services during a period of rapid population growth, the Calcasieu Parish Hospital opened on April 1, 1947, with the understanding that it would serve only until a permanent facility could be built. Momentum for a new hospital accelerated the following year, an effort championed by Dr. Walter O. Moss, then president of the Calcasieu Parish Hospital Corporation. By late 1949, community leaders formally incorporated the Southwest Louisiana Hospital Association, establishing the nonprofit governance structure that still defines the system today.

On October 23, 1952, Lake Charles Memorial Hospital officially opened with 100 beds, 20 nurses, and a mission grounded in service, stewardship, and community health. Over the decades, Lake Charles Memorial expanded its facilities, services, and expertise, establishing itself as the region's leading provider of acute care. Major milestones include the opening of departments such as Physical Therapy (1953), Medical Technology (1963), the Auxiliary (1968), the ICU (1972), Cardiology (1975), and key technological advancements, including its first neonatal transport isolette (1977) and CAT scan (1977). The hospital became the trauma center for Southwest Louisiana in 1980 and, in 1981, completed its landmark 10-story patient tower, a \$13.5 million project that significantly expanded capacity and modernized the campus. The 1990s saw further growth, including the construction of two medical office buildings, the formation of the Memorial Medical Group, and the launch of the LSUHSC/Memorial Family Medicine Residency Program, which solidified Memorial's role as a training hub for future physicians.



The 21st century has marked an era of continued innovation and regional leadership. Lake Charles Memorial Hospital for Women opened in 2003, expanding dedicated services for women and infants. In 2018, the Archer Institute, the first stand-alone mental health facility built in Louisiana in 40 years, opened to meet urgent behavioral health needs. The health system strengthened its partnership with LSU in 2013 and has continued to add specialty clinics and advanced clinical services across the region. Notable achievements include receiving the nation's first Transcatheter Valve Certification from the American College of Cardiology in 2019, earning the Level III trauma designation, and showcasing exceptional resilience during the COVID-19 pandemic, beginning with its first admitted patient on March 17, 2020. Throughout its history, Lake Charles Memorial has been defined by community support, clinical innovation, and a steadfast commitment to caring for Southwest Louisiana.



Lake Charles Memorial Health System

ABOUT LAKE CHARLES MEMORIAL HEALTH SYSTEM

Located at 1701 Oak Park Boulevard in Lake Charles, Louisiana, Lake Charles Memorial Hospital serves as the flagship facility of the [Lake Charles Memorial Health System \(Lake Charles Memorial\)](#). This 314-bed acute care hospital anchors a community-owned regional health system and offers a wide array of services across its main campus and affiliated facilities. The hospital is complemented by a dedicated women's facility, a behavioral health hospital, a multispecialty physician group, and Moss Memorial, which serves underserved populations in Southwest Louisiana, all of which together form the wider health system.

Lake Charles Memorial offers comprehensive care across major service lines, including behavioral health, cancer care, heart and vascular services, women's health, orthopedics, imaging, laboratory, pharmacy, and more. The system's physician network, known as the Memorial Medical Group, comprises more than 100 specialists across 23 specialties and subspecialties, underscoring the depth and breadth of care available. This integrated network enables patients to benefit from coordinated care, with access to specialists and subspecialists under a single regional health umbrella.

Lake Charles Memorial has earned multiple prestigious recognitions. It is an accredited hospital by Det Norske Veritas (DNV) and holds the Gold Seal of Approval® from The Joint Commission as a certified Primary Stroke Center. It is also verified as a Level III Trauma Center by the American College of Surgeons. In 2025, the system was named to Newsweek's America's Best-in-State Hospitals list for Louisiana, among others.

Since 1995, Lake Charles has hosted the Family Medicine Residency Program in partnership with Louisiana State University Health Sciences Center (LSUHSC). The three-year residency provides comprehensive training in family medicine, emergency medicine, obstetrics/gynecology, pediatrics, and rural medicine, among other domains, preparing graduates to serve a wide spectrum of patients in Southwest Louisiana and beyond.



Lake Charles Memorial Hospital stands as a regional leader in patient care, specialty services, medical education, and community health, anchored in Lake Charles and committed to delivering excellence.



ACCREDITATIONS AND AWARDS

Lake Charles Memorial Health System¹ has earned a strong reputation for excellence in healthcare delivery through its continued commitment to quality, safety, innovation, and community-centered care. Its awards and honors reflect the dedication of its physicians, nurses, staff, and leadership to advancing clinical outcomes, enhancing the patient experience, and meeting the evolving needs of the communities it serves across Southwest Louisiana. These recognitions underscore Lake Charles Memorial's role as a trusted regional healthcare provider and highlight its ongoing efforts to uphold the highest standards of care, operational excellence, and service to the community.

¹ The management system of Lake Charles Memorial Health System complies with the requirements of the NIAHO® Hospital Accreditation Program Pursuant to the authority granted to DNV Healthcare USA Inc. by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. This organization is deemed in compliance with the Medicare Conditions of Participation for Hospitals (42 C.F.R. §482).

Forbes Top Hospital 2026

Forbes Top Hospitals formally, the Forbes Overall Hospital Quality Ratings (FOHQR) are based on validated and objective indicators of (1) outcomes, (2) best practices, (3) value, and (4) patient experience. Designed to provide consumers with unbiased information to help them choose the best hospital for their healthcare needs, the evaluation used 56 primary publicly reported quality measures from the Centers for Medicare & Medicaid Services (CMS) Provider Data Catalog (PDC). A total of 2,544 acute care hospitals nationwide met Forbes' eligibility requirements for evaluation, with 253 earning an overall rating of 5 Stars and 509 earning 4 Stars. Lake Charles Memorial Hospital is the only hospital in Louisiana to earn 5 Stars in the inaugural Forbes Top Hospitals rating system.

Click [here](#) for more information.

American College of Surgeons Level III Trauma Center

The Lake Charles Memorial Hospital trauma center is verified as a Level III Trauma Center by the Verification Review Committee (VRC), an ad hoc committee of the Committee on Trauma (COT) of the American College of Surgeons (ACS). This achievement recognizes the trauma center's dedication to providing optimal care for injured patients.

Established by the American College of Surgeons in 1987, the Verification Program for Hospitals promotes the development of trauma centers that provide not only the hospital resources necessary for trauma care but also the full spectrum of care to address the needs of all injured patients. This spectrum encompasses the prehospital phase through the rehabilitation process.

The ACS Committee on Trauma's verification program does not designate trauma centers. Rather, the program provides confirmation that a trauma center has demonstrated its commitment to providing the highest quality trauma care for all injured patients. The actual establishment and the designation of trauma centers is the function of local, regional, or state healthcare systems agencies, such as the local emergency medical services (EMS) authority.

The Joint Commission Primary Stroke Center

Lake Charles Memorial Hospital has earned The Joint Commission's Gold Seal of Approval® and the American Stroke Association's Heart-Check mark for Primary Stroke Certification. Joint Commission standards are developed in consultation with healthcare experts and providers, measurement experts, and patients. The reviewers also conducted onsite observations and interviews.

The Joint Commission measured Memorial against national standards for the care of stroke patients, including door-to-CT scan time; how quickly patients received tissue plasminogen activator (tPA), a clot-busting medication; how quickly patients needing clot retrieval procedures are transferred; and the quality of care administered within those time frames and through discharge. Memorial met these guideline standards through the interdisciplinary team's development and use of written care protocols, education programs, quality reviews, and performance improvement activities across the health system.

Click [here](#) for more information.

Commission on Cancer

Lake Charles Memorial Cancer Center Earned National Accreditation from the Commission on Cancer of the American College of Surgeons. The Commission on Cancer (CoC) of the American College of Surgeons (ACoS) accredits cancer programs. To earn voluntary CoC accreditation, a cancer program must meet or exceed 34 CoC quality care standards, be evaluated every three years through a survey process, and maintain levels of excellence in the delivery of comprehensive patient-centered care. The CoC Accreditation:

- Challenges cancer programs to enhance the care they provide by addressing patient-centered needs and measuring care quality against national standards.
- Provides value through improved patient outcomes across all domains of care: access and service, satisfaction and well-being, quality of care, and cancer outcomes.
- Ensures dedication to providing the best in patient-centered care.

As a CoC-accredited institution, Lake Charles Memorial is an ACS Surgical Quality Partner. Being a Surgical Quality Partner signifies an institution's dedication to consistently improving procedures and approaches, while maintaining a critical eye on process at every step. The Surgical Quality Partner designation lets patients know Memorial is dedicated to quality and relentless self-improvement and has been verified or accredited by the ACS. Patients can trust that the care they receive at Surgical Quality Partner hospitals adheres to the most rigorous standards in surgical quality.

Click [here](#) for more information.

American Society for Gastrointestinal Endoscopy

The American Society for Gastrointestinal Endoscopy (ASGE) has recognized Lake Charles Memorial's GI Center for its clinical excellence, one of only seven honorees in Louisiana to receive this distinction. The ASGE recognition means Memorial's expert gastroenterology clinical team has demonstrated the highest standards of commitment to safety and quality by meeting the program's rigorous evidence-based tracking of physician clinical performance, patient outcomes, training, credentialing, and infection control rates. Quality measures include key components critical to high-quality gastrointestinal endoscopic patient care, including adenoma detection rates, cecal intubation rate, adequacy of bowel preparation, patient satisfaction surveys, and adverse event tracking. Data is extracted and analyzed for continued performance improvement and better outcomes.

Click [here](#) for more information.

American College of Cardiology Transcatheter Valve Certification

Memorial's Heart & Vascular Center is the first in the nation to be recognized by the American College of Cardiology for its demonstrated expertise and commitment in treating patients receiving transcatheter aortic valve repair and replacement procedures. The award is based on evaluation of the staff's ability to meet standards for multidisciplinary teams, formalized training, shared decision-making, and registry performance.

The ACC's Transcatheter Valve Certification is an external review and certification process that pairs with established national clinical databases to monitor patient safety and real-world outcomes related to transcatheter valve therapies. Participation in established national clinical databases, such as the STS/ACC TVT Registry, is required for hospitals seeking Transcatheter Valve Certification.

American Institute of Minimally Invasive Surgery (AIMIS)

Lake Charles Memorial Hospital for Women is designated a Center of Excellence for minimally invasive surgeries by the American Institute of Minimally Invasive Surgery (AIMIS). Memorial for Women has held this designation since 2013.

A hospital or surgical center can be recognized as a Center of Excellence once it has combined efforts with an accredited AIMIS surgeon and meets AIMIS standards. AIMIS is the nation's pre-eminent educator of minimally invasive surgical techniques. The organization teaches minimally invasive methods and also supports graduates and members with opportunities to find marketing support, consulting services, and strategies to help them grow and strengthen their practices. AIMIS also provides resources for patients, corporate partners, and physician members and affiliates to help foster progress throughout the medical profession.

Care Chex Medical Excellence

In 2025, Lake Charles Memorial Hospital was recognized as the Top 10% in the Nation for overall medical care and cardiac care. The award is from CareChex,[®] an information service of Quantros Inc., and an innovative medical quality rating system designed to assist hospitals and health systems in improving the quality of inpatient care and promoting medical excellence to consumers, payers, and employers.

The CareChex analysis looks at patient safety, inpatient quality, and measures of mortality, complications, and readmission rates. Unlike other publicly available quality rankings, CareChex provides a composite evaluation of all components of medical quality, including process of care, outcomes of care, and patient experiences.

Click [here](#) for more information.

Birth-Ready Designation – Louisiana Perinatal Quality Collaborative

Lake Charles Memorial Hospital for Women received the Louisiana Birth Ready Designation from the Louisiana Perinatal Quality Collaborative (LaPQC). The designation recognizes the skillful work, continuous improvement, and implementation of best practices evaluated by the LaPQC.

Hospitals receiving the Birth Ready Designation undergo a rigorous application and review process by the LaPQC. To achieve a Birth Ready Designation, Memorial Hospital for Women met five areas of requirement: participation in collaborative learning; health disparity and patient partnership; policies and procedures; structures and education; and outcome and process measures. This recognition by the LaPQC and the Louisiana Department of Health is another example of why Memorial Hospital for Women is Southwest Louisiana's birth leader.

National Safe Sleep Hospital Certification

Lake Charles Memorial Hospital for Women has been designated a Gold Safe Sleep Champion by the National Safe Sleep Hospital Certification Program. The designation is the highest offered by the program. Memorial for Women is the first infant safe sleep certified hospital in Louisiana and includes amazing community cooperation with the Calcasieu Parish Coroner's Office.

Memorial for Women has demonstrated a commitment to community leadership for best practices and education on infant safe sleep through the development of a hospital policy, staff training, parent education, implementing a wearable blanket program, providing a safe sleep space to at-risk families, and a pledge to participate in ongoing audits and community outreach programs.

The National Safe Sleep Hospital Certification Program, created by Cribs for Kids, is endorsed by leading health and safety organizations. Its goal is to award recognition to hospitals that demonstrate a commitment to community leadership for best practices and education in infant sleep safety. By becoming certified, a hospital is demonstrating that it is committed to the mission of making babies as safe as possible in their sleep environments and eliminating as many sleep-related deaths as possible.

The GIFT Breastfeeding Designation

Memorial for Women has achieved Louisiana's highest breastfeeding quality designation: The GIFT. This designation is awarded to birthing facilities in Louisiana that comply with the internationally recognized Ten Steps to Successful Breastfeeding of the WHO/UNICEF Baby-Friendly Hospital Initiative.

Blue Distinction Maternity Care Program (BCBS of La)

Lake Charles Memorial Health System is proud to be recognized by Blue Cross and Blue Shield of Louisiana with a Blue Distinction® Centers+ (BDC+) for Maternity Care designation, as part of the [Blue Distinction Specialty Care program](#). To earn this designation, each facility must deliver quality care safely and cost-effectively.

The Blue Distinction Centers for Maternity Care program plays a key role in the Blue Cross Blue Shield Association's (BCBSA) [National Health Equity Strategy](#) aimed at reducing racial health disparities across the care spectrum and improving patient outcomes for all Americans. To align with this strategy, the Blue Distinction Centers for Maternity Care program enhanced its quality and measurement standards to recognize higher-quality facilities that have taken action to respond effectively to obstetric emergencies, reduce racial disparities, and improve maternal health outcomes.

LAKE CHARLES MEMORIAL HEALTH SYSTEM'S COMMUNITY BENEFITS

Lake Charles Memorial's community benefits demonstrate a significant impact on the health, stability, and well-being of residents across Southwest Louisiana. Through substantial investments in healthcare access, education, economic development, and social support, the health system strengthens both individual outcomes and the broader community. Lake Charles Memorial contributes hundreds of millions of dollars in salaries and local taxes, supporting economic vitality and job creation, while also preparing the next generation of healthcare professionals through residency training, student partnerships, and youth pipeline programs. Community outreach, including health education, sports medicine services, classes, and volunteer engagement, helps improve safety, awareness, and preventive health behaviors. Additionally, targeted assistance such as financial aid for oncology patients, home health visits, interpreter services, and charitable contributions ensures that vulnerable populations receive essential care regardless of barriers. Together, these efforts enhance healthcare quality, expand opportunities, and support a healthier, more resilient community in Lake Charles.



2024 LAKE CHARLES MEMORIAL'S COMMUNITY IMPACT

ECONOMIC STABILITY



\$253,750,000
contributed in salaries, contract labor and benefits.



44
community residents hired through student partnerships with McNeese and Sowela.



\$9,728,225
spent in local and state sales taxes.



FOUR
career employment outreach events.

EDUCATION ACCESS AND QUALITY



\$5,457,294
to educate resident physicians through the LSU Family Medicine Residency.



45
students participated in the Window to Healthcare and STEM for Healthcare programs, representing four CPSB schools.



OVER \$5,000
donated to Oak Park Middle School as a Partner in Education.



48
area first responders participated in our Trauma Symposium.

HEALTHCARE ACCESS AND QUALITY



MORE THAN 346,800
patient clinic visits.



INVESTED MORE THAN \$90,000
on language interpreter services.



MORE THAN 261,200
outpatient visits.

INTERCONNECTED TO OUR COMMUNITY



379
oncology patients received financial assistance totaling **\$79,726.49** through transportation, gas cards, lodging, nutritional supplements, breast prosthesis, wigs, and food vouchers.



PARTICIPATION IN 38
community outreach events with **157** volunteers at a cost of **\$72,000**. Potential exposure to **68,000** community attendees.



\$187,647
donated to community organizations through charitable contributions.



FIVE
hospital-based classes education **137** students in the Sudden Impact program.



635
students participated in **three** high school mock crashes at Jennings, Moss Bluff, and Washington Marion high schools.

COMMUNITY HEALTH NEEDS ASSESSMENT INTRODUCTION

From Community Input to Meaningful Action

Amid a rapidly evolving healthcare environment shaped by changing federal requirements under the Affordable Care Act, rising labor and supply costs, workforce shortages, and broader economic uncertainty, Lake Charles Memorial Health System recognizes the growing importance of thoughtful resource allocation and strategic investment to ensure long-term sustainability and meaningful community impact. As a cornerstone healthcare provider in Southwest Louisiana, Lake Charles Memorial serves a diverse population across Allen, Beauregard, Calcasieu, Cameron, and Jefferson Davis parishes, many of which continue to face persistent health disparities, barriers to access, and increasing demand for services. Shifting demographics, an aging population, and a growing number of uninsured and underinsured residents further compound these challenges, underscoring the need for data-driven planning and coordinated community action.

In response to these evolving conditions, Lake Charles Memorial Health System initiated its 2025 CHNA to gain a comprehensive and current understanding of the health status, needs, and service gaps affecting residents throughout its service area. Conducted in accordance with IRS requirements for tax-exempt 501(c)(3) hospitals under the Affordable Care Act, the CHNA was designed to identify the most pressing health challenges, highlight inequities affecting vulnerable and underserved populations, and guide future community benefit and strategic planning efforts. To ensure methodological rigor and objectivity, Lake Charles Memorial partnered with Tripp Umbach, an independent healthcare consulting firm with extensive experience in CHNA development and community health analysis.

The CHNA reflects a robust, multi-phase, and highly collaborative process that engaged a wide range of stakeholders across the region. Participants included healthcare providers, public health officials, behavioral health professionals, social service organizations, nonprofit leaders, educators, faith-based representatives, and community members with firsthand knowledge of local health conditions. The assessment incorporated extensive secondary data analysis, drawing from trusted national, state, and local sources to evaluate demographic trends, health outcomes, disease prevalence, healthcare utilization, and social drivers of health such as housing, transportation, income, and education. This quantitative analysis was complemented by primary data collection, including structured stakeholder interviews, public input opportunities, and facilitated discussions that provided qualitative insights into lived experiences, service gaps, and community priorities.

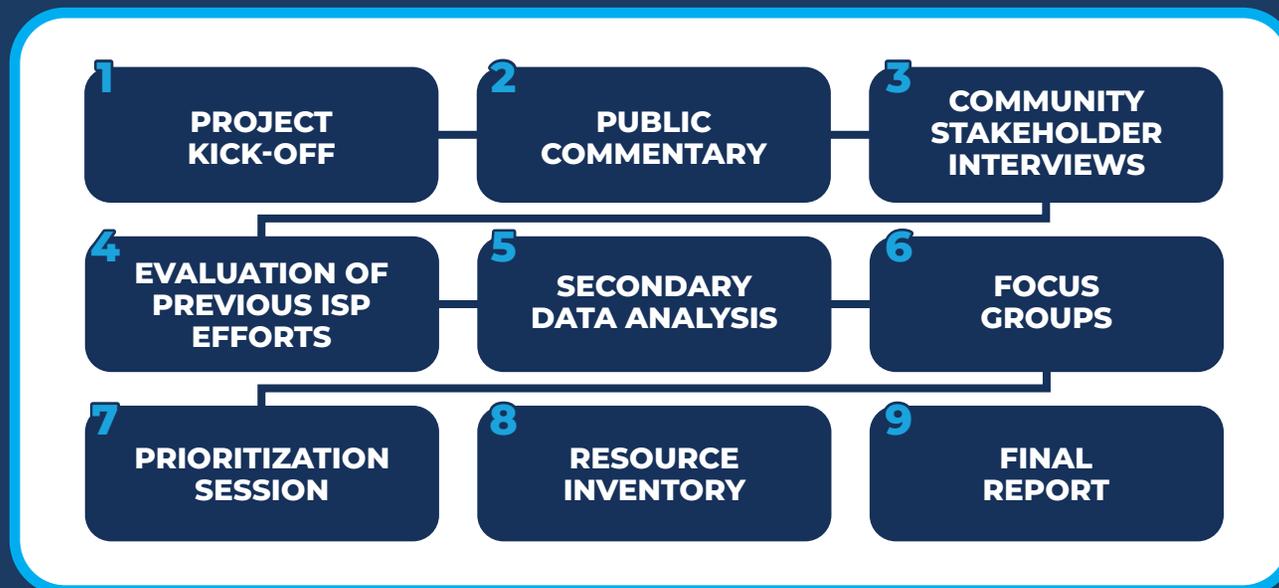
A central component of the CHNA process was a structured prioritization session convened with Lake Charles Memorial leadership and community stakeholders. During this session, participants reviewed key findings and evaluated identified health needs using established criteria, including the severity and scope of each issue, its disproportionate impact on at-risk populations, and the health system's capacity to address the need through existing services, partnerships, or future investments. This collaborative approach ensured that final priorities were not only data-driven but also grounded in community perspective and practical feasibility.

Through this process, the CHNA identified overarching priority areas essential to improving health outcomes in Southwest Louisiana: Behavioral Health; Health Behaviors and Chronic Disease Prevention; and Access to Care. Behavioral health emerged as a critical concern, reflecting growing needs related to mental health, substance use, and access to timely, appropriate services. Chronic disease prevention and management remain ongoing challenges that require expanded prevention, education, and care coordination. Access to care, encompassing affordability, provider availability, transportation, and navigation of the healthcare system, was recognized as an essential issue influencing outcomes across all health domains.

The 2025 CHNA serves as a foundational roadmap for Lake Charles Memorial Health System’s implementation planning and community benefit activities over the next three years. Building on its long-standing commitment to community-centered care, Lake Charles Memorial will leverage its clinical expertise, community partnerships, and regional leadership to develop targeted, measurable strategies that address identified priorities. Progress will be monitored regularly, with ongoing stakeholder engagement to ensure accountability and responsiveness to evolving community needs. Through this sustained, collaborative approach, Lake Charles Memorial Health System remains dedicated to advancing health equity, strengthening access to care, and improving the overall health and resilience of communities across Southwest Louisiana.

The CHNA followed a multi-step approach, as illustrated in the flowchart below.

Figure 1: Methodology Flow Chart





THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA)

The PPACA, enacted March 23, 2010, requires tax-exempt hospitals to conduct community health needs assessments and develop strategic plans to improve residents' health and well-being. These strategies, designed by hospitals and institutions, include targeted programs, activities, and initiatives to address community health needs. Implementing these strategies enables hospitals to effectively measure and track the impact of their efforts.

The high-level requirements imposed by the IRS for tax-exempt hospitals and health systems must include the following:²

- Conduct a CHNA every three years.
- Develop an implementation strategy to address the community health needs identified in the assessment.
- Report on how the strategy is addressing the needs identified in the CHNA, describe the needs that are not being addressed, and explain the reasons.

This CHNA provides an in-depth review of primary and secondary data to evaluate demographic trends, health outcomes, and socioeconomic conditions affecting residents of Southwest Louisiana. Lake Charles Memorial Health System's CHNA fully meets the requirements of Internal Revenue Code 501(r)(3), as established under the Patient Protection and Affordable Care Act. The report complies with all IRS guidelines and federal expectations, ensuring a rigorous, transparent, and accountable assessment of the region's most significant health needs.

² Besides standard guidelines, additional IRS requirements must be met when conducting a CHNA and an Implementation Strategy Plan (ISP). Further information on the CHNA and ISP requirements can be found [here](#).

2025 COMMUNITY HEALTH NEEDS

The final priorities for the 2025 Community Health Needs Assessment were identified through a comprehensive, multi-step process that integrated quantitative data, qualitative perspectives, and collaborative community input. Analysis of extensive secondary data, including health outcomes, disease prevalence, behavioral health indicators, socioeconomic conditions, and hospital utilization patterns across Southwest Louisiana, was conducted. This was complemented by primary data collection through stakeholder interviews, discussions with healthcare providers and community organizations, and a community survey. Using a structured prioritization process, the Working Group and key decision-makers evaluated and identified needs based on severity, disparities, feasibility, and community urgency. Through this rigorous approach, four major categories of need emerged as top priorities for 2025:

Behavioral Health (Mental Health and Substance Abuse), including ER navigation, improved coordination among behavioral health providers, postpartum depression support, and suicide prevention.

Health behaviors include health education, motor-vehicle accident prevention, sexually transmitted disease prevention, and tobacco use reduction.

Managing Population Health and Preventing Chronic Diseases, focusing on cancer, diabetes, heart disease, hypertension, obesity, and stroke; and

Access to Care, including care coordination, health system navigation support, and workforce development.



Behavioral health is a critical priority for Lake Charles Memorial and the Southwest Louisiana region because mental health and substance use challenges continue to place significant strain on individuals, families, and the healthcare system. The area has experienced rising rates of depression, anxiety, substance misuse, and suicide, compounded by economic stressors, housing instability, and the lasting impacts of natural disasters. Louisiana's age-adjusted suicide rate of 14.8 deaths per 100,000 people is higher than the U.S. average, and suicide was the third-leading cause of death among Louisianans ages 10-24.³ These issues often lead to increased emergency department use, delays in accessing specialized care, and significant unmet needs for both adults and youth. Strengthening behavioral health services, including crisis response, care coordination, postpartum mental health support, and suicide prevention, is essential to improving overall community well-being, reducing preventable hospitalizations, and ensuring residents can access timely, compassionate, and comprehensive care. By focusing on behavioral health, Lake Charles Memorial Health System can help address one of the region's most urgent and foundational health challenges.

Improving health behaviors is essential for Lake Charles Memorial as it works to strengthen community health and reduce preventable illness across Southwest Louisiana. Many of the region's leading health challenges, such as chronic disease, injury, and poor long-term health outcomes, are closely linked to changeable behaviors. Expanding health education can empower residents with the knowledge and tools needed to make informed decisions about nutrition, physical activity, substance use, and overall wellness. Motor vehicle accident prevention remains critical in a region with significant roadway travel and a high incidence of crash-related injuries among teens. Addressing sexually transmitted diseases (STDs) is equally important, as rising rates of STDs have serious consequences for reproductive health and highlight gaps in access to testing, treatment, and preventive education. Tobacco use continues to be a major driver of cancer, heart disease, and respiratory illness—conditions already prevalent in the community. By prioritizing these key health behaviors in the 2025 CHNA, Lake Charles Memorial can help reduce long-term health risks, improve quality of life, and support healthier outcomes for individuals and families throughout the region.

³ [Suicide in Louisiana](#)





Addressing population health and preventing chronic diseases such as cancer, diabetes, heart disease, high blood pressure, obesity, and stroke are of paramount importance because these conditions collectively account for a large and growing burden on individuals, families, and the regional healthcare system. Louisiana reports adult obesity rates among the highest in the nation and a diabetes prevalence of 14.1% in 2020, placing it near the bottom in national rankings for health outcomes.⁴ Cardiovascular disease remains the leading cause of death statewide, and heart disease and stroke death rates in Louisiana are about 26-30% higher than the U.S. average.⁵ Because chronic illnesses often require ongoing, costly care and lead to diminished quality of life, preventable hospitalizations, and premature mortality, it is critical for Lake Charles Memorial to focus on reducing these disease burdens. By prioritizing prevention, early detection, coordinated management, and community-based support, Lake Charles Memorial can improve health outcomes, reduce disparities, and stabilize healthcare resources in a region facing significant pressure from chronic disease. Implementing evidence-based strategies will help ensure that residents in the service area receive timely, equitable, and effective care and strengthen the system's capacity to serve the community now and into the future.

Addressing access to care is critically important for Lake Charles Memorial Health System, as Southwest Louisiana faces significant workforce shortages, care coordination gaps, and navigation challenges that directly impact the health of the community. Louisiana has been identified as one of the states with the most severe physician shortages, which hampers access to primary and specialty services. In particular, by 2030, Louisiana is projected to have the third-worst physician shortage ratio in the United States, with an undersupply of 100 physicians per 100,000 people.⁶ In addition, many regions in the state are designated as Health Professional Shortage Areas (HPSAs), indicating insufficient providers to meet community demand.⁷ This environment makes effective care coordination and system navigation essential; when patients lack a clear path to care, delays, duplication, and unmet needs occur more frequently. Furthermore, workforce development ensures a pipeline of local healthcare providers, training programs, and retention strategies that are vital to maintaining long-term, high-quality services in the region. By focusing on care coordination, health system navigation, and workforce development, Lake Charles Memorial Health System can reduce access barriers, improve care continuity, enhance patient outcomes, and reinforce its role as a trusted community health partner.

⁴ [Louisiana Department of Health; 2022 Health Report Card](#)

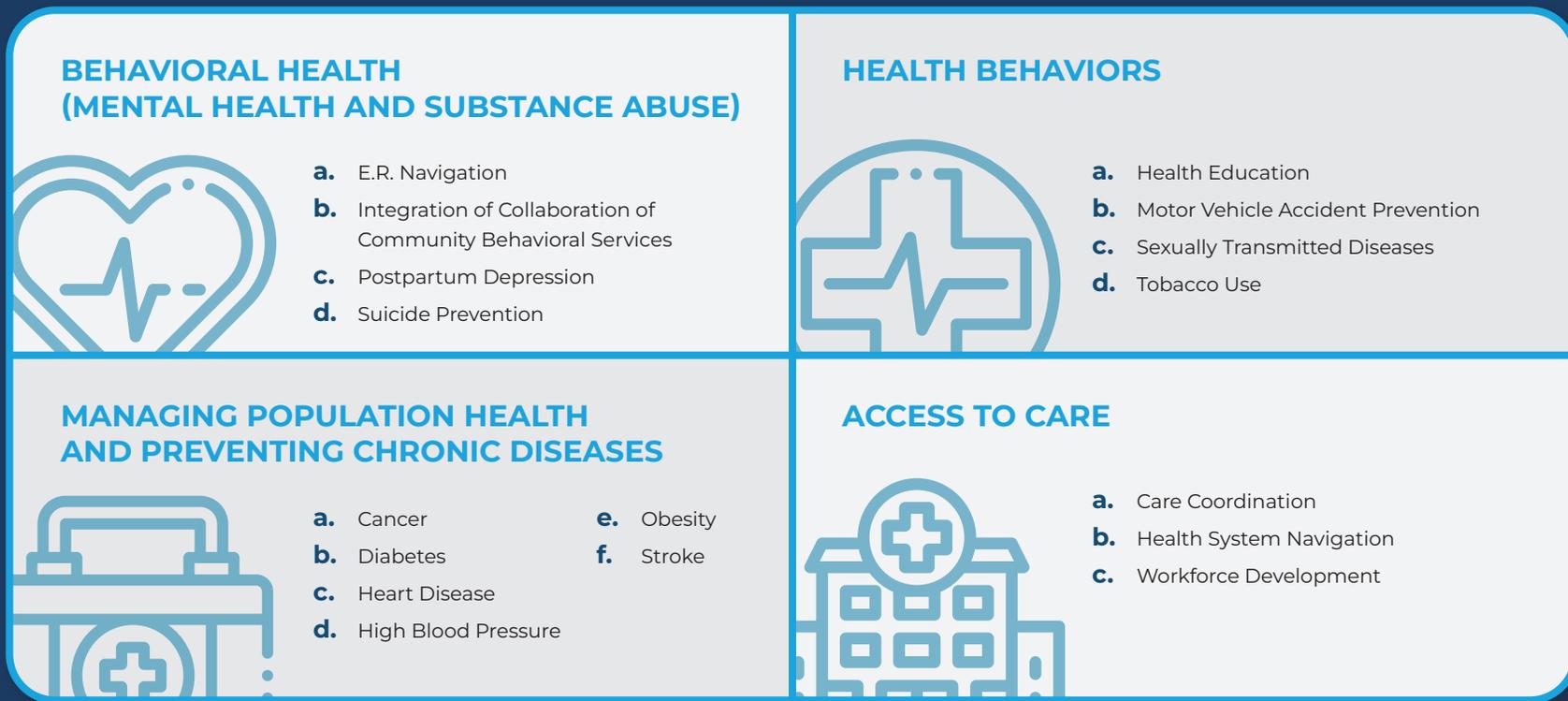
⁵ [Louisiana Department of health: 2023 Health Report Card](#)

⁶ [American Medical Association](#)

⁷ [Well-Ahead Louisiana](#)

The identified priority areas reflect the most pressing health challenges facing Southwest Louisiana residents and highlight the importance of a coordinated, community-centered response. Addressing behavioral health concerns requires strengthened partnerships and expanded access to timely support. Improving health behaviors through education is essential to reducing preventable illness. Equally critical is the management and prevention of chronic diseases, which continue to drive significant disparities across the region. Lastly, enhancing access to care will ensure that residents served by Lake Charles Memorial receive the right care at the right time. Together, these needs form a comprehensive roadmap to improve health outcomes and advance community well-being. The priorities reflect the most significant challenges facing Southwest Louisiana and will guide Lake Charles Memorial Health System’s targeted strategies to improve health and well-being across the region.

Figure 2: Lake Charles Memorial Health System CHNA







THE COMMUNITY WE SERVE

Primary Service Area

For CHNA purposes, a community is defined as the geographic area where the majority of patients who seek care from Lake Charles Memorial Health System reside. While the CHNA incorporates data and insights from a range of local healthcare providers, Lake Charles Memorial remains the region's largest acute care provider. Patterns in hospital utilization offer the most accurate and relevant basis for defining the community served.

Lake Charles Memorial primarily serves residents across Calcasieu, Beauregard, Allen, Jefferson Davis, and Cameron parishes, reflecting the locations where patients most frequently access hospital and ambulatory services. The health system's core service area includes key ZIP codes within Lake Charles, Sulphur, Westlake, Iowa, Vinton, and Starks, which represent the highest concentration of patient origin within Calcasieu Parish. Additional ZIP codes in Beauregard (e.g., DeRidder, Ragley, Longville), Allen (Kinder), Jefferson Davis (Jennings, Welsh), and Cameron Parish (Cameron, Creole, Grand Chenier, Hackberry) also contribute to the broader service footprint. These ZIP codes collectively represent the population that relies most heavily on Lake Charles Memorial for emergency care, inpatient services, specialty care, and outpatient access points. Understanding this geographic distribution ensures that the CHNA reflects the needs of the patients and communities most directly connected to the health system's mission and services.

Table 1: Regions/Service Areas

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

Map 1: Lake Charles Memorial Primary Service Area



COMMUNITY ENGAGEMENT

Community Voices Informing Action

As the healthcare landscape continues to evolve, Lake Charles Memorial recognizes that strategic use of resources and thoughtful investment in new initiatives are essential. Equally critical is strong community engagement. Lake Charles Memorial understands that the most effective and sustainable solutions emerge when the voices of residents, local leaders, and partner organizations are included in defining community needs and shaping strategies. For decades, the health system has collaborated with nonprofits, public agencies, educators, and grassroots groups to build innovative programs that support underserved and vulnerable populations and to foster partnerships that reflect a shared responsibility for improving community health across Southwest Louisiana.

The region faces complex issues, including growing numbers of uninsured residents, behavioral health needs, chronic disease burdens, and barriers to accessing timely and coordinated care. These challenges cannot be addressed by any single organization alone. Community engagement ensures that the perspectives of those most impacted inform the design of services and interventions. By engaging community members early and consistently, Lake Charles Memorial strengthens trust, elevates lived experiences, and ensures its strategies reflect the realities of daily life across the region's urban, rural, and coastal areas.

The 2025 CHNA is deeply committed to listening to the community and understanding its priorities. Through stakeholder interviews, community surveys, and stakeholder discussions, residents and organizations helped identify service gaps, highlight social and environmental challenges, and determine where resources are most needed. Their input shaped every stage of the assessment, ensuring that the findings are grounded in real community experiences rather than assumptions or isolated data points.

The CHNA represents more than an IRS requirement; it is a collaborative process that strengthens relationships, builds local capacity, and aligns diverse sectors around shared goals. Independent analysis conducted by Tripp Umbach synthesized quantitative data and community insights into a clear set of priority health needs. These priorities will guide the development of actionable, measurable strategies that Lake Charles Memorial will implement in partnership with its community partners. This ongoing engagement, rooted in trust, transparency, and shared commitment, will remain essential as the health system works to improve health outcomes and enhance residents' quality of life throughout Southwest Louisiana.



Stakeholder
Interviews

15

Community
Surveys

392

Prioritization
Session Attendees

15

A total of **422 INDIVIDUALS**
participated in the 2025 Community Health Needs Assessment.

COMMUNITY AT-A-GLANCE

Who We Serve: Community Overview

Data from Lake Charles Memorial Hospital's primary service area are presented below, as they represent the core geographic locations of service utilization. It is important to note that Lake Charles Memorial serves residents throughout Southwest Louisiana, not just residents in their primary service area. The community snapshot outside the primary service area is not presented within the report because of lower patient volumes and a low direct impact compared to Lake Charles Memorial's primary service areas.

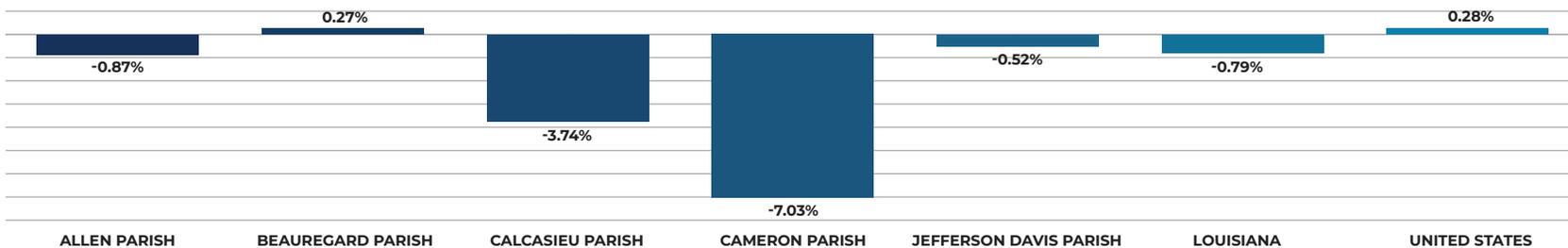


Table 2: Demographic Snapshot

ZIP Code	City	Total Population (2020)	Employment (2023)	Never Married (2023)	Median Household Income (2023)	Bachelor's Degree+ (2023)	Without Healthcare Coverage (2023)	Hispanic/Latino or Any Race (2020)	Median Age (2023)	Poverty (2023)	Total Housing Units
70648	Allen	7,198	43.0%	37.7%	\$50,194	10.2%	9.1%	723	38.9	27.3%	2,788
70634	DeRidder	25,039	51.3%	29.1%	\$64,359	19.4%	6.6	1,060	37.5	10.5%	11,300
70652	Longville	2,557	47.7%	22.8%	\$59,695	23.7%	12.0	65	35.0	7.7%	883
70657	Ragley	5,533	48.3%	26.3%	\$56,741	15.2%	11.3	135	36.3	14.0%	1,978
70630	Bell City	1,370	60.6%	38.4%	\$71,510	12.8%	0.1	75	31.9	5.2%	865
70633	DeQuincy	8,989	52.6%	33.2%	\$72,170	16.5%	7.3	189	37.5	13.4%	3,223
70647	Iowa	11,386	59.0%	32.9%	\$83,048	22.4%	5.0%	331	37.1	9.0%	4,702
70601	Lake Charles	34,571	53.1%	36.0%	\$49,545	24.9%	9.2%	1,481	38.2	27.4%	16,811
70605	Lake Charles	39,903	66.6%	29.1%	\$88,337	42.3%	5.9%	2,545	35.0	10.0%	17,926
70607	Lake Charles	30,339	57.8%	44.1%	\$58,427	17.6%	10.8%	1,988	32.9	26.0%	13,692
70615	Lake Charles	14,949	44.9%	41.0%	\$43,333	14.8%	10.3%	635	39.7	25.9%	5,498
70611	Lake Charles	22,457	56.4%	18.9%	\$101,146	30.0%	3.5%	974	41.6	9.5%	8,971
70661	Starks	2,179	42.5%	21.6%	\$32,763	13.7%	10.1%	22	49.7	40.9%	855
70663	Sulphur	29,325	53.8%	31.2%	\$59,444	17.1%	6.4%	1,850	37.7	17.9%	12,767
70665	Sulphur	12,532	60.7%	22.9%	\$88,328	22.6%	8.3%	603	35.2	12.7%	5,626
70668	Vinton	6,576	49.4%	25.7%	\$48,492	9.6%	9.1%	379	35.5	25.6%	2,650
70669	Westlake	9,830	52.9%	20.7%	\$68,416	18.4%	9.8%	520	41.1	10.2%	4,425
70631	Cameron	823	54.2%	35.8%	\$52,059	27.1%	8.9%	16	40.2	3.3%	411
70632	Creole	315	11.0%	15.2%	\$31,149	4.9%	4.3%	10	84.4	0.0	237
70643	Grand Chenier	224	21.9%	11.2%	--	23.0%	4.5%	13	61.5	10.5%	148
70645	Hackberry	926	63.7%	10.1%	\$115,054	14.5%	10.7%	22	55.2	2.5%	741
70546	Jennings	16,277	54.5%	25.6%	\$52,353	13.5%	6.3%	381	36.3	17.3%	7,288
70591	Welsh	5,529	54.0%	37.2%	\$66,563	13.9%	4.3%	112	36.7	18.4%	2,247

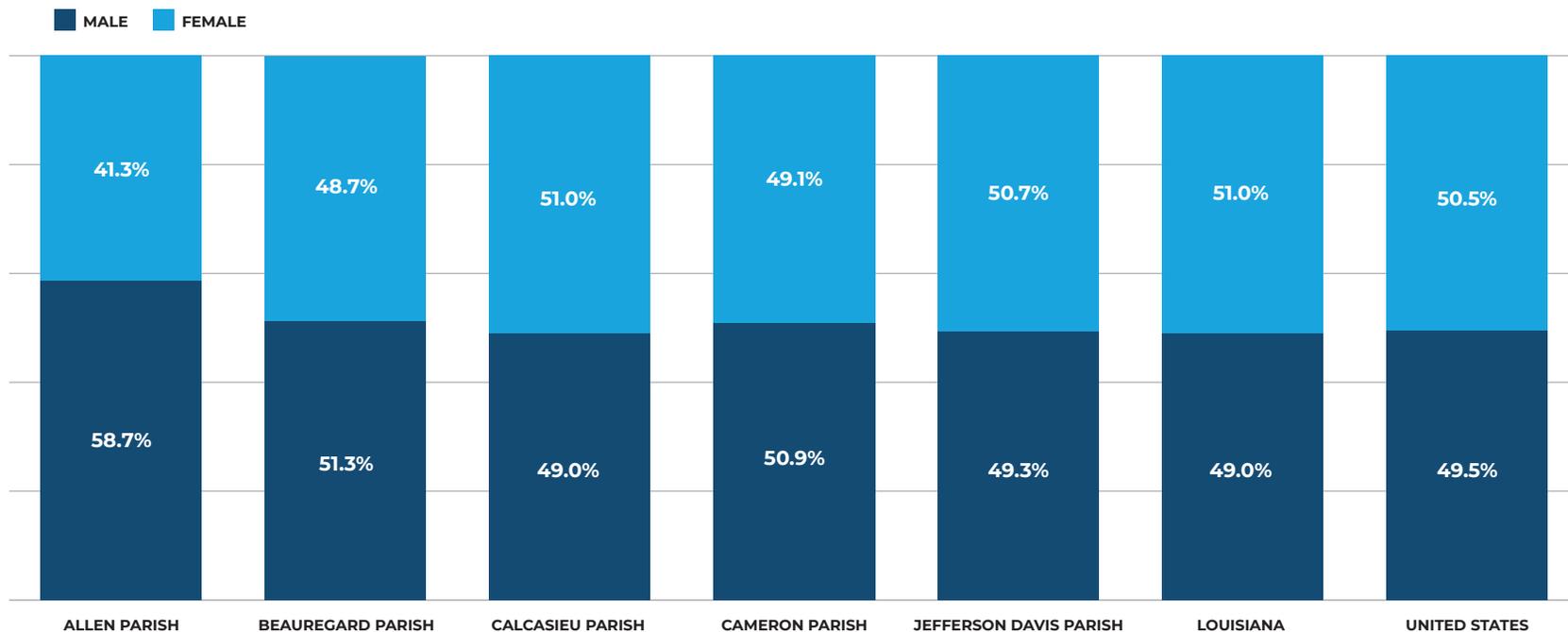
Source: [U.S. Census Bureau](#)

Figure 4: Population Change 2020-223



Source: U.S. Census Bureau, Decennial Census, 2023

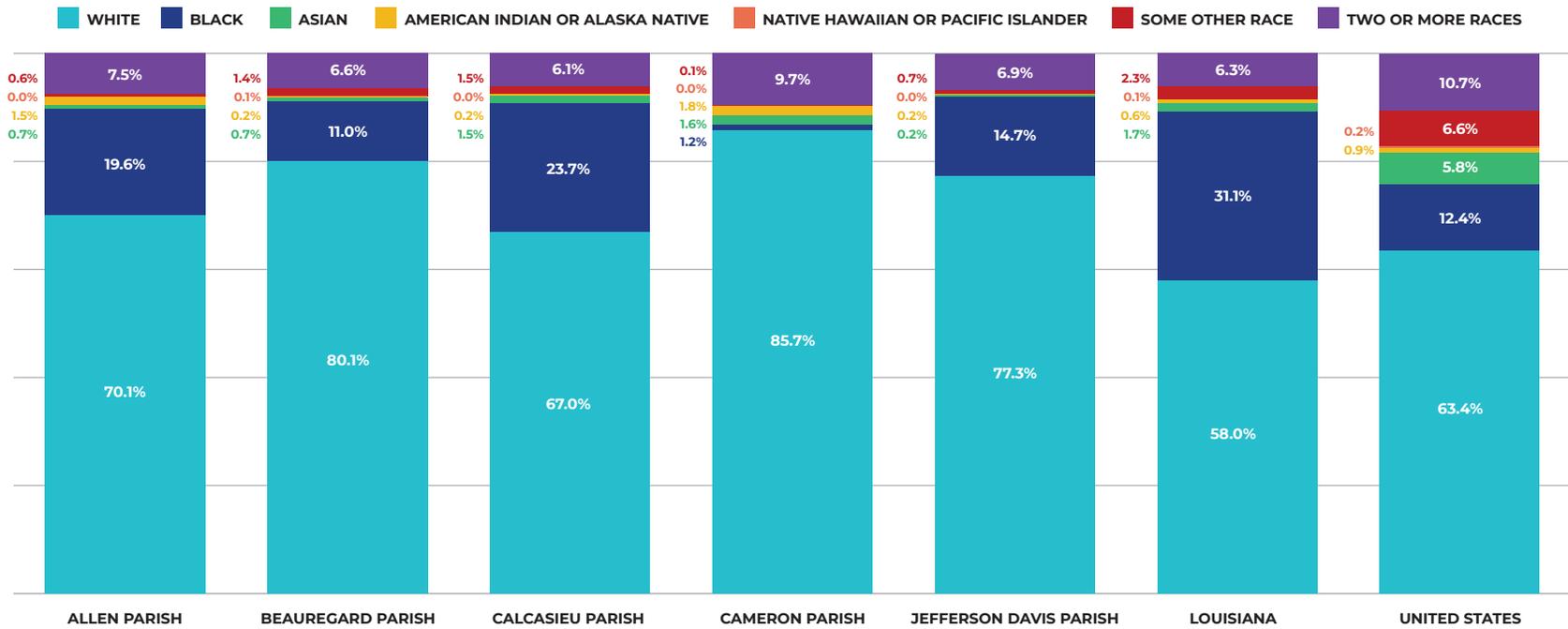
Figure 5: Gender



Source: U.S. Census Bureau, 2023



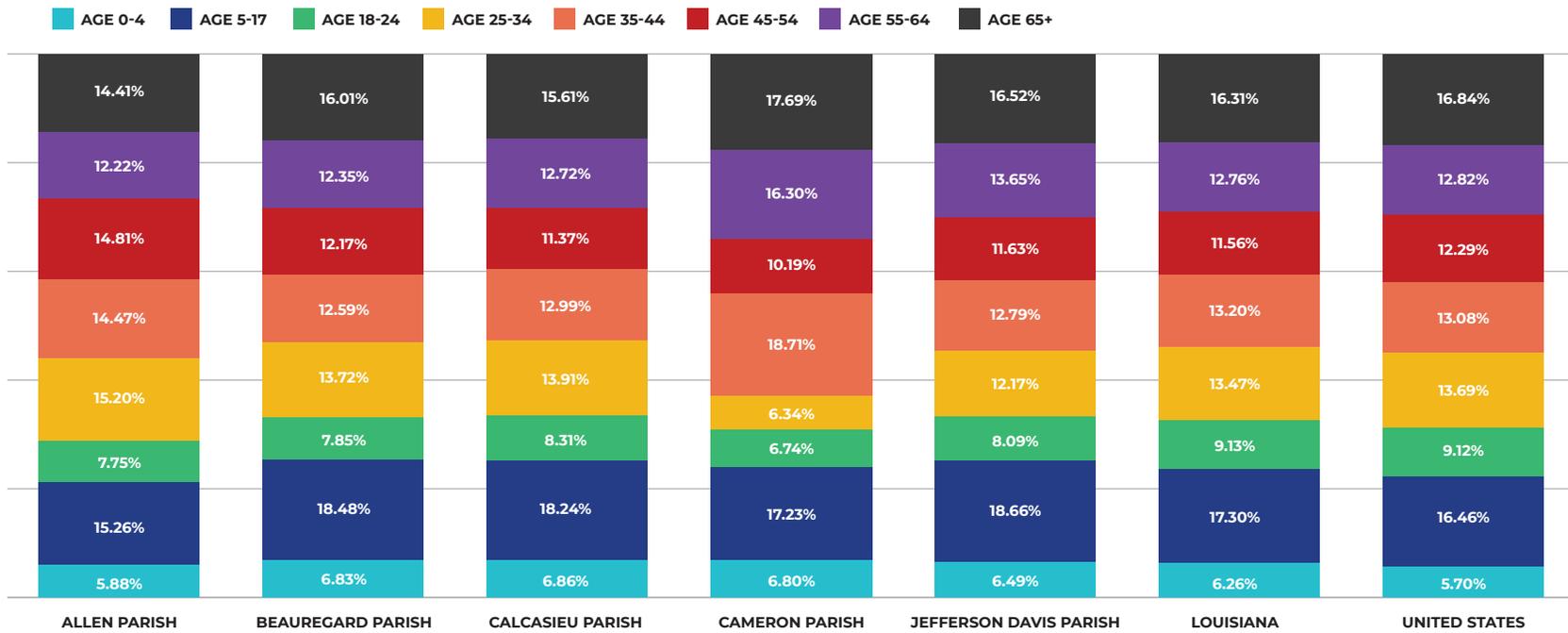
Figure 6: Population by Race



Source: U.S. Census Bureau, 2109-2023

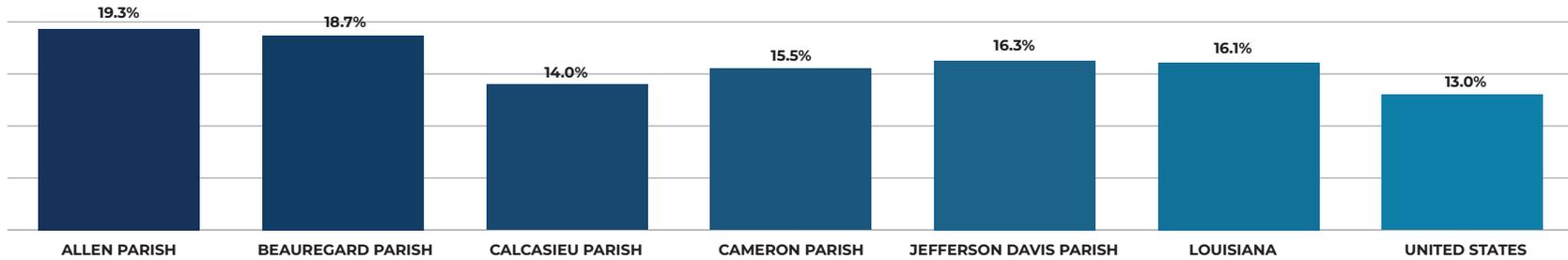


Figure 7: Age



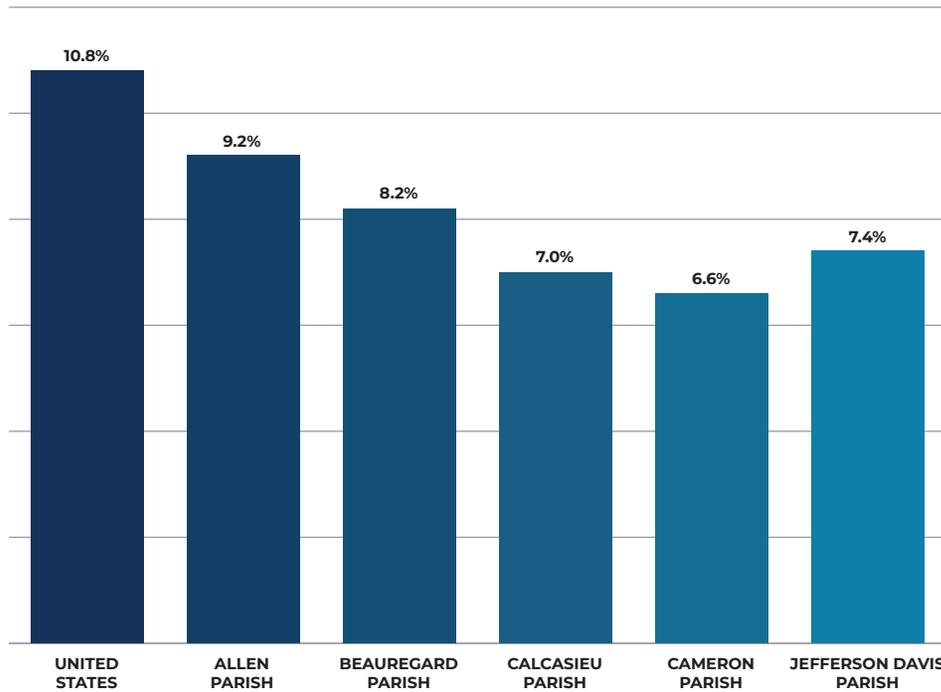
Source: U.S. Census Bureau, American Community Survey. Five-Year Estimates, 2019-2023

Figure 8: Population with Any Disability



Source: U.S. Census Bureau, American Community Survey, 2019-2023

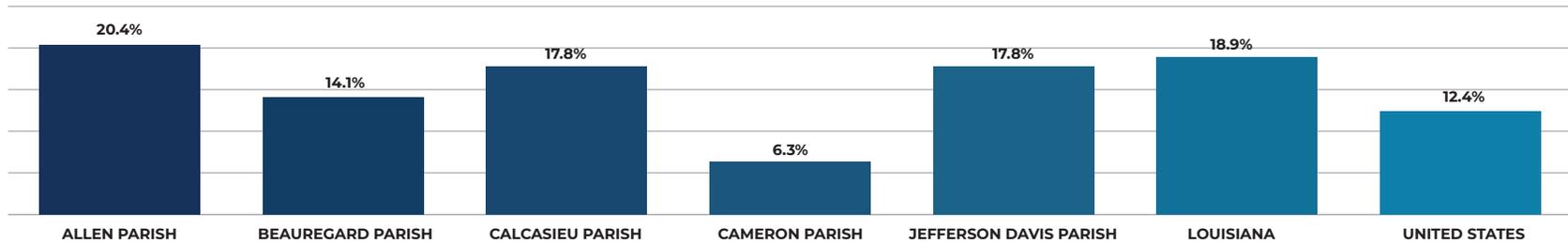
Figure 9: Lack of Health Insurance Among Adults Aged 18-64



ZIP Code	City	% Uninsured	ZIP Code	City	% Uninsured
70648	Kinder	13.2%	70630	Bell City	8.8%
70668	Vinton	12.5%	70669	Westlake	8.6%
70615	Lake Charles	11.8%	70631	Cameron	8.2%
70601	Lake Charles	11.5%	70657	Ragley	8.2%
70607	Lake Charles	11.4%	70665	Sulphur	8.2%
70661	Starks	10.9%	70647	Iowa	8.1%
70546	Jennings	10.5%	70643	Grand Chenier	7.6%
70652	Longville	9.9%	70632	Creole	7.5%
70633	DeQuincy	9.7%	70611	Lake Charles	7.2%
70663	Sulphur	9.7%	70645	Hackberry	7.2%
70634	DeRidder	8.9%	70605	Lake Charles	6.7%
70591	Welsh	8.8%			

Source: [PLACES: Local Data for Better Health, ZCTA Data 2024 release, Centers for Disease Control and Prevention, 2024](#)

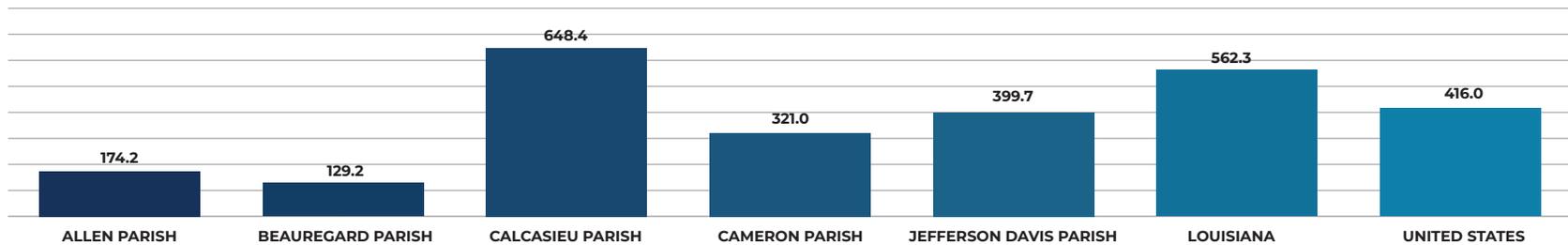
Figure 10: Population Below 100% Federal Poverty Level (FPL)



Note: The [2025 Federal Poverty Level \(FPL\)](#) for a family of four in the 48 contiguous states is \$32,150 per year. This is the benchmark for 100% of the poverty line, used to determine eligibility for certain government programs and benefits.

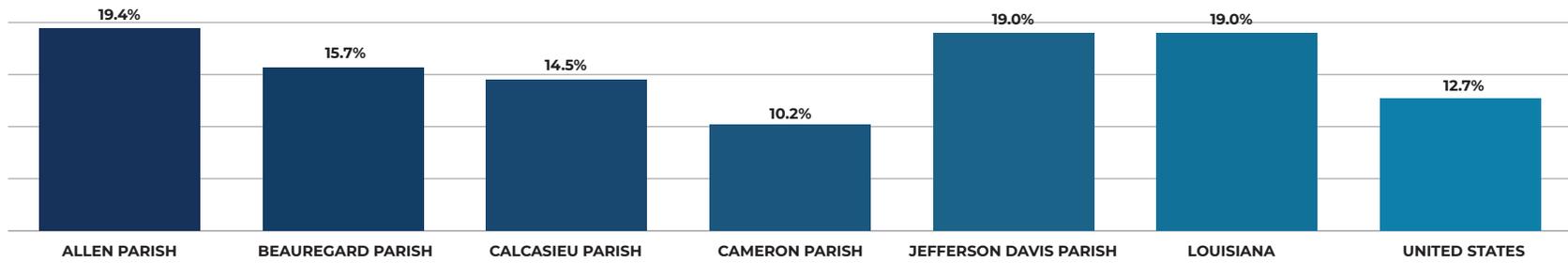
Source: U.S. Census Bureau, American Community Survey, 2019-2023

Figure 11: Violent Crime (per 100,000 Population)



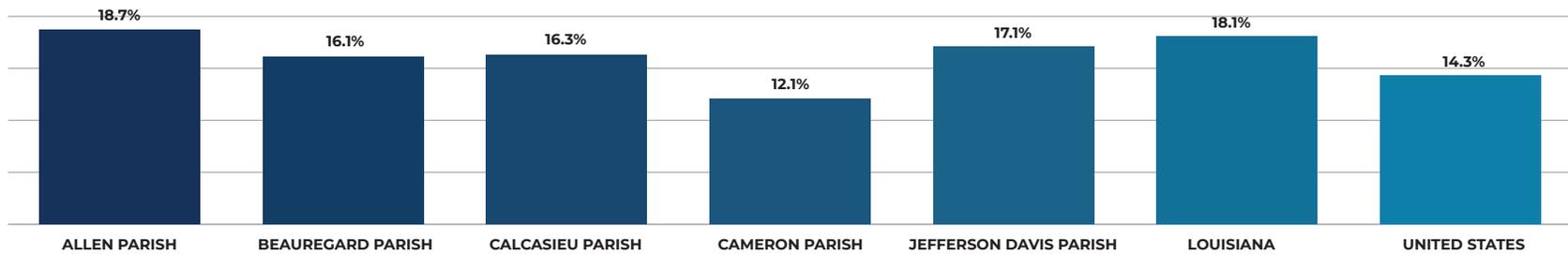
Source: FBI Uniform Crime Reports, 2015-2017

Figure 12: Population Receiving SNAP Benefits



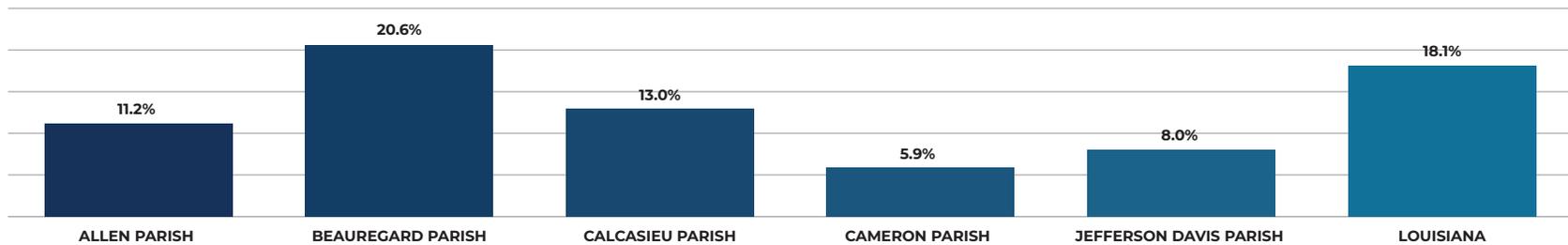
Source: U.S. Census Bureau, American Community Survey, 2022

Figure 13: Food Insecurity



Source: Feeding America. 2023.

Figure 14: Limited Access to Healthy Foods



Source: USDA, Economic Research Service, USDA, 2023



EVALUATION OF 2022 IMPLEMENTATION STRATEGY

Over the past three years, Lake Charles Memorial Health System has implemented, monitored, and evaluated a range of initiatives designed to address the most significant health needs within its service area. This review focused on the effectiveness and overall impact of the 2022 Implementation Strategy Plan, with particular attention to priority areas including Behavioral Health; Health Behaviors; Managing Population Health and Preventing Chronic Diseases; and Access to Care. Members of the Working Group systematically assessed the goals, strategies, and actions for each priority area to identify measurable outcomes, notable accomplishments, and areas requiring additional focus or refinement. This internal evaluation served as a critical self-assessment and benchmarking mechanism, allowing Lake Charles Memorial to track progress, enhance accountability, and continuously improve its community health efforts. The findings from this review are informing strategic adjustments and shaping planning for the upcoming three-year cycle. The tables that follow summarize key achievements and illustrate the meaningful progress Lake Charles Memorial Health System has made in advancing community health priorities. Lake Charles Memorial Health System has implemented and continues to carry out the strategies identified in its 2022 CHNA, demonstrating sustained progress in addressing priority behavioral health needs through ongoing integration, collaboration, and expansion of services in behavioral health, health behaviors, managing population health and preventing chronic diseases, and access to care across its service area. See Appendix for a comprehensive summary of anticipated impacts, goals, and strategies associated with the 2022 Implementation Strategy Plan.

Priority 1: Behavioral Health (Mental & Substance Use Disorder)

Goal: Lake Charles Memorial Health System will help meet our community’s behavioral health (mental health and substance use disorder) needs.

Community Health Need	Strategies	2023	2024	2025
Integration & Collaboration of Community BH Services	Improve access to emergent mental health assessments/treatment via ER.	X	X	X
	Improve access to available inpatient beds for mental health/substance abuse patients.	X	X	X
	Communicate/educate community on available mental health resources.	---	X	X
	Work with Medicaid managed care plans to include our intensive outpatient mental health program in their services.	X	X	X
	Improve detox holding process/area via ER.	---	---	---
	Provide and identify patients in need of discharge plans.	X	X	X
	Add outpatient mental health services to those in need in the community.	X	X	X
Postpartum Depression	Educate OB patients on symptoms and treatments of postpartum depression.	X	X	X
Suicide Prevention	Educate, prevent, and reduce the incidence rates of suicide.	X	X	X
ER Navigation	Educate public of ER as a destination place to get assistance/help with substance use.	X	X	X

Priority 2: Health Behaviors

Goal: Improve healthy behaviors and practices among Lake Charles Memorial Health System’s community.

Community Health Need	Strategies	2023	2024	2025
Health Education	Educate low-income/high-risk patients and community residents on a healthy lifestyle, accessing healthy foods, and the value of the physical activity.	X	X	X
	Collaborate with community partners to reach high-risk populations for fall prevention.	X	X	X
	Collaborate with community partners to educate and train on bleeding control.	X	X	X
Motor Vehicle Accident Prevention	Educate area schools on motor vehicle prevention.	X	X	X
	Educate parents, families on proper car seat installation.	X	---	---
Sexually Transmitted Diseases (STDs)	Educate high-risk Southwest Louisiana community.	X	X	X
	Educate population through school and community events.	X	X	X
Tobacco Use	Provide ongoing smoking cessation programs and prevention resources throughout health system and community network.	X	--	X
	Communicate availability of smoking cessation and educational resources among community organizations, churches, and targeted groups.	X	X	X
	Host annual smoking cessation community-wide events in November to distribute educational information.	--	--	--

Priority 3: Managing Population Health & Preventing Chronic Diseases

Goal: Improve health outcomes among targeted populations through health promotion in Lake Charles Memorial Health System’s community.

Community Health Need	Strategies	2023	2024	2025
Cancer	Align services within the health system and community to identify patients who need further diagnostic workup for breast/colon/cervical cancer.	X	X	X
	Partner with community organizations to provide HPV vaccination education.	X	X	---
	Increase the number of mammograms and colon and lung cancer screenings.	X	X	X
	Expedite initiation of cancer care for LCMH patients.	X	X	X
	Enhance Cancer Patient Navigation Program to improve patient education as well as address patient barriers to care.	X	X	X
Transportation	Strive to identify new transportation options or partners.	X	X	X
	Expand patient awareness of transportation services in the community and assist with transportation resources.	X	X	X
	Provide gas card assistance when funding is available.	X	X	X
Financial Burden	Enhance awareness and educate patients on availability of financial services.	X	X	X
	Provide financial counseling and determine eligibility for health services and programs.	X	X	X
Diabetes	Conduct preventive screenings.	X	X	---
	Hold outreach events about diabetes prevention in conjunction with Office of Public Health and other healthcare entities in our primary service area (PSA).	X	X	X
	Educate patients and families to understand their health status (what the numbers mean) and how to prevent chronic disease at health fairs and seminars.	X	X	X
Obesity	Educate patients and families to understand their health status and how to prevent and reduce obesity at schools, health fairs, and seminars.	X	X	X
Heart Disease, High Blood Pressure, and Stroke	Conduct preventive screenings on heart disease, high blood pressure, and stroke.	X	X	X
	Hold outreach events about heart disease, high blood pressure, and stroke prevention.	---	---	---
	Educate patients and families to understand their health status (what the numbers mean) and how to prevent heart disease, high blood pressure, and stroke at health fairs and seminars.	X	X	X

Priority 4: Access to Care

Goal: Improve access to care through the coordination of services.

Community Health Need	Strategies	2023	2024	2025
Care Coordination and Health System Navigation	Implement IT upgrade to current system to improve access to appointments/providers.	X	X	X
	Implement EPIC Electronic Health Record (summer 2024) to allow all levels of care to have pertinent information available on the patient to make healthcare decisions.	--	X	--
	Develop centralized scheduling.	--	X	--
	Update available resources list that addresses Social Determinants of Health.	--	--	--
	Continue to provide care from primary care physicians and nurse practitioners to targeted populations.	X	X	---
	Discuss transportation issues with the City of Lake Charles.	--	--	--
	Evaluate ability to assist patients with transportation through the foundation.	X	X	X
	Enhance non-English speaking patients' understanding of available transportation service.	---	---	---
	Continue to provide care from primary care physicians, specialists, and nurse practitioners to targeted populations.	X	X	---
	Educate targeted (at-risk) populations on resources and services available.	---	---	---
	Continue Medicaid/UCC enrollment and financial assistance resources to ensure coverage to targeted populations.	X	X	X
Provide care coordination across health system and health system clinics.	X	X	X	
Specialist/Certified Programs	Collaborate with community healthcare providers to provide specialty services.	X	X	X
	Recruit and maintain providers.	X	---	X

KEY FACTORS SHAPING HEALTH AND WELL-BEING

Social determinants of health (SDOH) play a critical role in shaping health outcomes for residents across Lake Charles Memorial Health System's primary service area, which includes Calcasieu, Allen, Beauregard, Cameron, and Jefferson Davis parishes. These determinants, defined as the social, economic, and environmental conditions in which people are born, live, work, and age, often exert a greater influence on health outcomes than clinical care alone. In Southwest Louisiana, many communities face persistent challenges related to poverty, limited educational attainment, housing instability, transportation barriers, and exposure to environmental risks, all of which contribute to higher rates of chronic disease, behavioral health conditions, and preventable hospitalizations. Economic instability remains a significant concern, as households with lower incomes are more likely to delay or forgo medical care, experience food insecurity, and struggle to manage chronic conditions such as diabetes, heart disease, and hypertension. Educational disparities and limited health literacy further compound these challenges, affecting individuals' ability to navigate the healthcare system, understand preventive care recommendations, and manage their health effectively.

Access to safe, stable housing is another key determinant of health outcomes in the Lake Charles area. Substandard housing conditions, overcrowding, and housing insecurity, exacerbated by repeated natural disasters such as hurricanes and flooding in Southwest Louisiana, can increase exposure to environmental hazards, respiratory illnesses, and chronic stress. Transportation barriers also disproportionately affect rural and low-income residents, limiting access to primary care, behavioral health services, pharmacies, and preventive screenings. Without reliable transportation, individuals are more likely to miss appointments, rely on emergency departments for non-emergent care, and experience poorer long-term health outcomes. Additionally, food insecurity remains prevalent in parts of Southwest Louisiana, particularly in rural and low-income communities, where limited access to affordable, nutritious foods contributes to obesity, diabetes, and cardiovascular disease.

Behavioral health outcomes are closely tied to these social and economic stressors. Financial strain, unemployment, disaster-related trauma, and social isolation increase the risk of depression, anxiety, substance use disorders, and suicide, while limited access to behavioral health providers further restricts timely treatment. Environmental factors, including industrial exposure and vulnerability to extreme weather events, also shape community health, contributing to respiratory conditions and elevated stress levels. Together, these interconnected social determinants create conditions that increase the risk of poor health outcomes for residents in Lake Charles Memorial's service area. Addressing these challenges requires coordinated, community-informed strategies that extend beyond traditional medical care to strengthen social supports, improve access to resources, and reduce systemic barriers to health and well-being across Southwest Louisiana.

Figure 15: Social Determinants of Health



The CDC SDOH snapshot for Lake Charles Memorial's primary service area reveals significant and interconnected challenges across economic stability, housing, food access, transportation, and social well-being that contribute to poor health outcomes. Employment rates vary widely by ZIP code, with some areas experiencing markedly low employment. In particular, ZIP code 70632, with an 11% employment rate, is associated with elevated poverty levels and greater reliance on public assistance. Poverty is a strong predictor of adverse outcomes in the region, with several ZIP codes reporting poverty rates exceeding 25%. ZIP code 70661 exceeds 40%, followed by 70601 at 27.4% and 70648 at 27.3%. These high-poverty areas consistently demonstrate higher levels of food insecurity, housing instability, and unmet basic needs, creating compounding risks for chronic disease, behavioral health conditions, and delayed care.

Housing-related indicators further underscore vulnerability across the service area. Housing insecurity affects a substantial share of residents across multiple ZIP codes (70605 has the highest, with nearly 18,000 units, and 70643 has the fewest, with 148 units), particularly in areas with limited housing stock and lower economic stability.⁸ These conditions are compounded by regional exposure to natural disasters, increasing displacement risk, and chronic stress. Elevated food insecurity, found in multiple ZIP codes, is strongly associated with higher rates of obesity, diabetes, hypertension, and other nutrition-sensitive chronic conditions, particularly in communities already burdened by poverty.

Transportation barriers are particularly pronounced in ZIP codes 70601, 70607, and 70615 (see table below). This barrier limits access to primary care, behavioral health services, pharmacies, and preventive screenings, increasing reliance on emergency departments and contributing to poorer disease management. Social and emotional well-being indicators indicate additional concerns: approximately one-quarter to one-third of adults across ZIP codes report lacking adequate social or emotional support. Loneliness is notably pervasive throughout the service area, affecting roughly one-third to nearly 40% of adults, regardless of economic status. This widespread social isolation heightens the risk of depression, anxiety, substance use, cardiovascular disease, and premature mortality.

Reliance on nutrition assistance programs remains high in several ZIP codes, reflecting ongoing economic strain and unmet basic needs. Taken together, these SDOH indicators highlight the cumulative and reinforcing nature of social, economic, and environmental challenges facing residents in Lake Charles Memorial's service area. Addressing poor health outcomes in the region will require coordinated, multi-sector strategies that extend beyond clinical care to strengthen economic stability, housing security, food access, transportation, and social connectedness.

⁸ The U.S. Census Bureau defines a housing unit as a house, apartment, mobile home, or a single room/group of rooms intended for separate living, whether occupied or vacant.

Table 3: Social Determinants by ZIP Codes

ZIP Code	Employment (2023)	Poverty (2023)	Total Housing Units (2024)	Food Insecurity (Past 12 months) (2024)	Housing Insecurity (Past 12 months) (2024)	Lack of Transportation (Past 12 months) (2024)	Lack of Social and Emotional Support (2024)	Loneliness Among Adults (2024)	Received Food Stamps (Past 12 months) (2024)	Utility Services Shut-off Threat (Past 12 months) (2024)
70648	43.0%	27.3%	2,788	26.8%	18.7%	12.9%	29.6%	35.8%	22.5%	13.7%
70634	51.3%	10.5%	11,300	19.3%	14.0%	9.8%	27.6%	35.4%	15.8%	10.2%
70652	47.7%	7.7%	883	18.8%	13.2%	9.5%	27.0%	35.4%	15.5%	9.5%
70657	48.3%	14.0%	1,978	17.4%	12.6%	9.1%	26.1%	35.1%	14.1%	9.2%
70630	60.6%	5.2%	865	12.5%	10.2%	7.2%	25.4%	35.0%	8.9%	7.1%
70633	52.6%	13.4%	3,223	20.2%	14.7%	10.4%	28.3%	36.2%	16.7%	10.9%
70647	59.0%	9.0%	4,702	15.7%	12.8%	8.5%	27.6%	36.4%	11.9%	8.9%
70601	53.1%	27.4%	16,811	33.2%	24.2%	16.9%	32.4%	38.7%	31.8%	19.8%
70605	66.6%	10.0%	17,926	12.5%	9.9%	7.1%	24.1%	33.6%	9.0%	7.1%
70607	57.8%	26.0%	13,692	30.5%	21.9%	15.5%	31.1%	39.1%	28.0%	17.0%
70615	44.9%	25.9%	5,498	32.9%	23.7%	16.6%	32.5%	38.6%	31.5%	19.2%
70611	56.4%	9.5%	8,971	13.5%	10.6%	7.5%	24.9%	34.3%	10.1%	7.5%
70661	42.5%	40.9%	855	23.4%	14.7%	11.4%	26.6%	35.0%	21.9%	11.7%
70663	53.8%	17.9%	12,767	19.5%	13.9%	10.1%	26.6%	35.7%	16.5%	10.3%
70665	60.7%	12.7%	5,626	15.8%	11.8%	8.3%	26.3%	35.4%	12.1%	8.2%
70668	49.4%	25.6%	2,650	28.0%	18.6%	13.8%	28.4%	36.6%	26.8%	14.8%
70669	52.9%	10.2%	4,425	17.0%	12.6%	8.8%	27.0%	35.8%	13.1%	8.9%
70631	54.2%	3.3%	411	17.2%	12.3%	8.8%	25.5%	34.1%	14.0%	8.9%
70632	11.0%	0.0%	237	19.2%	12.7%	9.5%	27.8%	36.8%	14.8%	8.5%
70643	21.9%	10.5%	148	18.4%	12.1%	8.7%	26.6%	34.9%	14.3%	8.1%
70645	63.7%	2.5%	741	12.8%	9.8%	7.0%	24.6%	34.2%	9.3%	6.7%
70546	54.5%	17.3%	7,288	23.2%	16.3%	11.5%	29.0%	37.5%	20.4%	12.0%
70591	54.0%	18.4%	2,247	21.5%	15.2%	10.9%	27.3%	36.4%	19.3%	11.6%

Source: Centers for Disease Control and Prevention, 2024



2025 CHNA NEEDS

BEHAVIORAL HEALTH (MENTAL HEALTH AND SUBSTANCE ABUSE)

Emergency Room Navigation, Integration of Collaboration of Community Behavioral Services, Postpartum Depression, and Suicide Prevention

Behavioral health is a foundational component of overall health and well-being, influencing how individuals think, feel, act, and manage the challenges of daily life. In communities across Southwest Louisiana, behavioral health conditions, including mental health disorders and substance use, affect individuals and families across all ages and backgrounds, often intersecting with chronic disease, economic stress, trauma, and barriers to care. When behavioral health needs go unmet, they can lead to significant consequences, such as increased emergency room (ER)/emergency department (ED) utilization, poorer physical health outcomes, reduced workforce participation, and heightened risk of suicide and substance-related harm. Understanding the scope and impact of behavioral health challenges within the Lake Charles Memorial Health System service area is essential to developing effective, coordinated responses. By examining patterns of need, gaps in access, and opportunities for collaboration, the importance of strengthening behavioral health services is a critical strategy for improving individual well-being, family stability, and overall community health.

Southwest Louisiana residents with behavioral health issues often show up first and most prominently in emergency department settings. National surveillance underscores the urgency as suicide remains a major and preventable cause of death. The CDC's National Vital Statistics System (NVSS) and related National Center for Health Statistics (NCHS) reporting show that suicide rates continue to be a significant public health challenge nationally and by state, with Louisiana tracking above many states on multiple injury and mental health indicators.⁹ Local reporting and state public health leaders have also emphasized that Calcasieu Parish experiences higher suicide rates than the state average, reinforcing the need for targeted regional prevention and rapid connection to care.¹⁰ Depression and mental distress remain common and significant, as the CDC's mental health surveillance summarizes that large shares of U.S. adults report depression diagnoses or frequent symptoms. The CDC PLACES¹¹ platform is widely used to track model-based estimates at county and ZIP code levels. Such tools are useful for pinpointing sub-areas with elevated burden and access gaps in the Lake Charles region.¹² Against this backdrop, EDs become a critical door for behavioral health, in particular for residents facing limited outpatient capacity, transportation barriers, or insurance constraints, making ED navigation one of the most practical levers for reducing harm.

⁹ [Centers for Disease Control and Prevention; National Center for Health Statistics](#)

¹⁰ [KPLCTV.com](#)

¹¹ [Centers for Diseases Control and Prevention Places](#)

¹² [Center for Diseases Control and Prevention; Mental Health](#)





Best-practice applications center on rapid identification, timely assessment, de-escalation and safety planning, and warm handoffs to the next level of care (mobile crisis, outpatient, inpatient, detox, or community-based supports), rather than discharge with a list of phone numbers.¹³ Systemwide concerns about ED boarding and crowding often highlight how psychiatric boarding can delay appropriate treatment and worsen outcomes, strengthening the case for structured ED behavioral health pathways, dedicated navigation staff, and coordinated transfer processes.¹⁴ Substance use needs can be addressed through an evidence-informed ED navigation model. For example, peer or navigator-based interventions have been associated with higher engagement in treatment following ED encounters, supporting the value of embedding roles that connect patients to medication treatment, counseling, and recovery supports.¹⁵ For Lake Charles Memorial, strengthening collaboration across hospitals, community behavioral health providers, law enforcement, and EMS, schools, social services, and faith/community organizations can reduce reliance on the ED as the default entry point by creating shared protocols for crisis triage, referral, and step-down care, including post-discharge check-ins and quick appointments for high-risk patients. Suicide prevention, specifically, is most effective when health systems deploy layered strategies such as universal screening for suicide risk in high-yield settings, lethal-means safety counseling, safety planning, rapid follow-up after ED or inpatient discharge, and seamless linkage to outpatient therapy and medication management. Louisiana's public behavioral health resources also emphasize that suicide attempts far outnumber deaths and that prior attempts are a major risk factor, reinforcing why early identification and continuity of care matter.¹⁶

Maternal behavioral health is another priority with direct implications for family health and long-term outcomes, and postpartum depression deserves clear emphasis in Southwest Louisiana. State and federal sources drawing on the Louisiana Pregnancy Risk Assessment Monitoring System (PRAMS) highlight that postpartum depressive symptoms affect a meaningful share of residents, and clinical guidance underscores that perinatal depression is among the most common complications of pregnancy and the first year postpartum.^{17, 18} The American College of Obstetricians and Gynecologists (ACOG) recommends screening for depression and anxiety at the initial prenatal visit, again later in pregnancy, and at postpartum visits, with systems in place to ensure assessment, treatment, and follow-up when screens are positive. Louisiana also supports postpartum depression screening in pediatric settings and reimbursement pathways, which can broaden detection beyond obstetric care alone. In Lake Charles, combining these best practices offers a practical roadmap to reduce avoidable crises, improve continuity of treatment, and strengthen resilience across the region, particularly when paired with upstream strategies that address social drivers (transportation, housing instability, and affordability) that often determine whether a resident can access and sustain behavioral healthcare.

¹³ [Agency for Healthcare Research and Quality](#)

¹⁴ [American College of Emergency Physicians](#)

¹⁵ [Science Direct: Effectiveness of Substance Use Navigation for ED Patients with Substance Use Disorders: An Implementation Study](#)

¹⁶ [Louisiana Department of Health](#)

¹⁷ [Louisiana Department of Health; Pregnancy Risk Assessment Monitoring System \(PRAMS\)](#)

¹⁸ [U.S. Department of Health and Human Services](#)



Table 4 summarizes key findings from stakeholder interviews and a community survey conducted as part of the assessment. Community input is essential to identifying priority needs and ensuring that health strategies are informed by the lived experiences of those most affected. Findings from these discussions underscore the widespread prevalence of behavioral health challenges residents face in managing their conditions.

Table 4: Community Input and Engagement for Behavioral Health

Stakeholder Interviews Findings – Shared Feedback	
<p><i>Community's persistent health problems</i></p> <ul style="list-style-type: none"> Behavioral health – 85.7% <p><i>What can be offered to suppress the prevalence of chronic diseases and maintain optimal health in your community?</i></p> <ul style="list-style-type: none"> Behavioral health/stress management – 71.4% Recovery/addiction services – 35.7% <p><i>What are the most significant barriers to improving health and quality of life?</i></p> <ul style="list-style-type: none"> Access to substance use/drug/alcohol resource – 60.0% Access to behavioral health resources – 40.0% Emotional safety/not feeling lonely or isolated – 20.0% 	<p><i>Community's persistent high-risk behaviors</i></p> <ul style="list-style-type: none"> Drug abuse – 60.0% Unmanaged stress or anxiety – 33.3% Alcohol abuse – 26.7% <p><i>The most at-risk groups</i></p> <ul style="list-style-type: none"> People living with mental illness – 86.7% <p><i>Actions hospital could take to address health disparities</i></p> <ul style="list-style-type: none"> Mental health and substance abuse services – 7.1% Strengthen social support systems – 50.0% <p><i>Community needs that need further collaboration</i></p> <ul style="list-style-type: none"> Behavioral healthcare – 73.3%

Table 4: Community Input and Engagement for Behavioral Health (continued)

Community Survey Findings – Shared Feedback	
<p><i>Mental health description</i></p> <ul style="list-style-type: none"> Fair/Poor – 11.0% <p><i>Health and social conditions most essential for building a healthy, thriving community</i></p> <ul style="list-style-type: none"> Access to behavioral health resources – 22.0% Emotional safety/not feeling lonely or isolated – 6.9% <p><i>Which health and social issues have the most negative impact on your community's health?</i></p> <ul style="list-style-type: none"> Behavioral health – 64.0% <p><i>Are there adequate behavioral health services in your community?</i></p> <ul style="list-style-type: none"> No – 30.5% <p><i>How hurricanes, flooding, or environmental issues affected the family's physical/mental health</i></p> <ul style="list-style-type: none"> Increased stress or anxiety – 55.3% Financial strain due to property damage or loss – 45.0% Depression or feelings of hopelessness – 36.7% Trauma or PTSD (post-traumatic stress disorder) – 31.0% Displacement or loss of housing – 28.7% No direct impact on my family's health – 19.1% Worsening of existing chronic conditions (e.g., diabetes, heart disease) – 10.3% Difficulty accessing healthcare, medications, or mental health support – 9.3% Respiratory issues – 7.8% <p><i>Type of care received</i></p> <ul style="list-style-type: none"> Behavioral healthcare – 30.8% 	<p><i>Types of behavioral health issues seen in the community</i></p> <ul style="list-style-type: none"> Anxiety or stress-related disorders – 59.7% Depression – 52.2% Illegal drug use (e.g., meth, cocaine, heroin) – 49.1% Alcohol misuse or dependency – 45.7% Homelessness or housing insecurity related to mental health or substance use – 45.5% Youth mental health concerns (e.g., bullying, school stress, social media) – 35.8% Aggression/attention difficulties – 32.2% Gambling or other addictive behaviors – 23.1% Tobacco/nicotine use – 20.5% Suicide or suicidal thoughts – 19.0% Prescription drug misuse (e.g., opioids) – 17.1% Bipolar disorder – 15.3% Post-traumatic stress disorder (PTSD, after hurricanes or violence) – 15.3% Sleep problems or insomnia – 15.3% Lack of awareness or stigma around mental health – 14.8% Overdose incidents – 11.7% Schizophrenia and other psychotic disorders – 10.4% Risky sexual behaviors – 6.8% Binge eating, anorexia, and bulimia – 5.5% <p><i>Community's risky behaviors</i></p> <ul style="list-style-type: none"> Substance use (alcohol, drugs, tobacco, smoking) – 65.7% Unmanaged stress or anxiety – 44.4% Loneliness and isolation – 27.3% <p><i>Frequency of using alcoholic products</i></p> <ul style="list-style-type: none"> Do not drink alcohol – 53.3%

The qualitative responses from stakeholders highlight behavioral health as a critical, unmet need in the Lake Charles community, with significant barriers related to access, affordability, provider availability, and care coordination. Respondents emphasized the need to reduce stigma, improve awareness of available resources, shorten wait times, and expand services, particularly crisis support, case management, and follow-up care. Strengthening partnerships, improving transportation access, and increasing the behavioral health workforce were also identified as essential steps. The feedback below underscores the importance of prioritizing behavioral health through coordinated, community-informed strategies to improve access, continuity of care, and outcomes across the region.

What improvements can be made to make behavioral health services more accessible and effective for residents?

- Make services affordable and available on evenings and weekends.
- Maintain a comprehensive list of behavioral health providers, particularly for mental health services.
- Coordinate care and make it more accessible and affordable.
- There is stigma with no remedies for behavioral health, with no available resources. Basic needs are neglected. We need to prioritize mental health.
- People often struggle to secure a behavioral health appointment. We need better access to bring the services to where people are located.
- Ensuring that everyone is aware of the available resources, understands what symptoms and behaviors to look for, and knows where to seek help when these symptoms occur.
- Establish stronger case management and follow-up protocols for individuals presenting with suicidal thoughts, as the current practice of discharge after 72 hours without adequate support may constitute neglectful.
- Provide education and promote available resources through a centralized, one-stop platform that offers real-time information and support.
- Hold community meetings to gather input directly from residents about their needs and priorities.
- Partner with high schools to reduce stigma around mental health by providing early education and stimulating lifelong learning.
- Reduce barriers to care by expanding urgent, clinic-style behavioral health services and strengthening workforce pipelines to attract more professionals into the field. Increase support for adult crisis services and promote efforts to destigmatize substance use disorders. Continued efforts to enhance awareness about behavioral health.
- Expand the number of providers and increase access to group programs that promote care and support in group settings.
- Collaborate with the Imperial Calcasieu Human Services Authority (IMCAL).
- Access to transportation in the region.
- Shorten the time between referral and appointment to make the healthcare process more efficient and accessible.

What significant health challenges/gaps in access to care are affecting your community? What steps have been taken to address these challenges, and what additional efforts are still needed?

- Behavioral health needs greater attention because its challenges are not always visible and are often treated as secondary to mental health.
- There is limited access to affordable behavioral health, mental health, and primary care services; professionals must meet people where they are and expand access to preventive care.
- Effective management of chronic diseases to enhance overall community health outcomes.

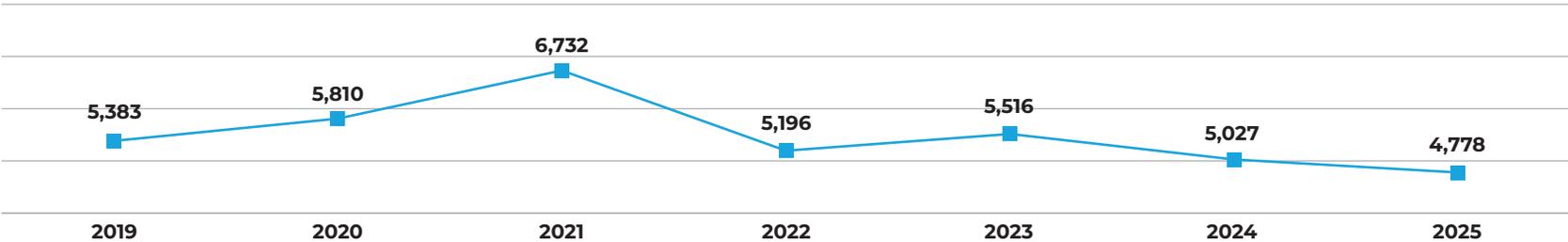
Prioritizing an Area of Health for Community Focus

- Prioritizing suicide prevention and ensuring every hospital has trained therapists embedded within all payor units will strengthen early intervention and access to mental health support.
- Expanding access to mental and behavioral healthcare is vital, as untreated conditions and persistent stigma continue to prevent many individuals from receiving the support they need.
- While our culture emphasizes enjoyment, it often neglects healthy habits. Promoting preventive care, better nutrition, and healthier behaviors can create a culture that reinforces wellness and long-term well-being.
- Prioritizing mental health is crucial to enhancing overall well-being and alleviating the community's overall burden.
- Addressing mental health must remain a central focus to break down stigma, improve access, and enhance overall health outcomes.

The primary data provide context that frames behavioral health challenges as not only prevalent but also compounded by access barriers, workforce shortages, stigma, and gaps in care coordination. These perspectives reinforce the quantitative findings of the CHNA and underscore the urgency of addressing behavioral health through coordinated, community-driven strategies. The information also affirms that strengthening behavioral health infrastructure, reducing stigma, and improving system navigation are essential to improving overall health outcomes and advancing community well-being in Lake Charles.

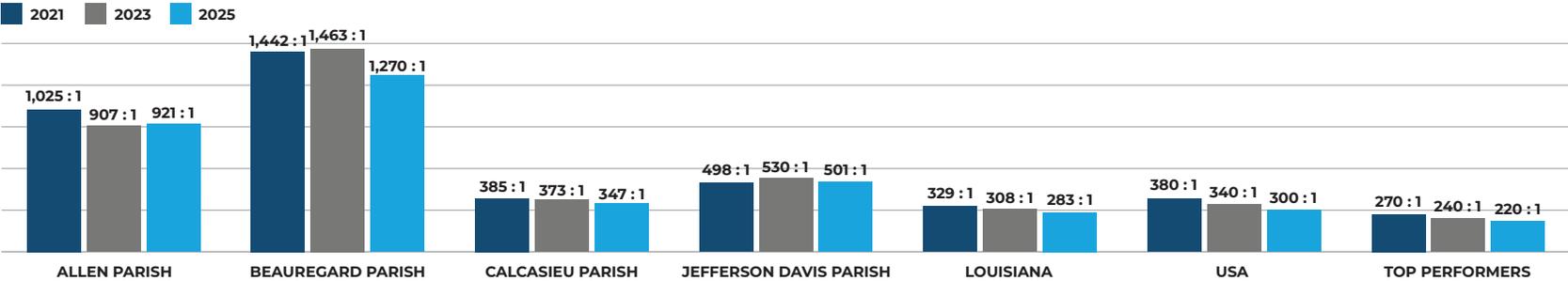
The figure shows that national mental health-related emergency department visit rates increased from 2019 to a peak in 2021, reflecting heightened behavioral health needs during the COVID-19 pandemic. Rates of ED visits that were mental health-related declined from 2021 to 2025; during these years, they remained lower than in 2019. The data points underscore the continued demand for accessible behavioral health services and effective crisis response systems.

Figure 16: National Mental Health-Related ED Visits in January



Source: [Centers for Disease Control and Prevention, 2019-2025](#)

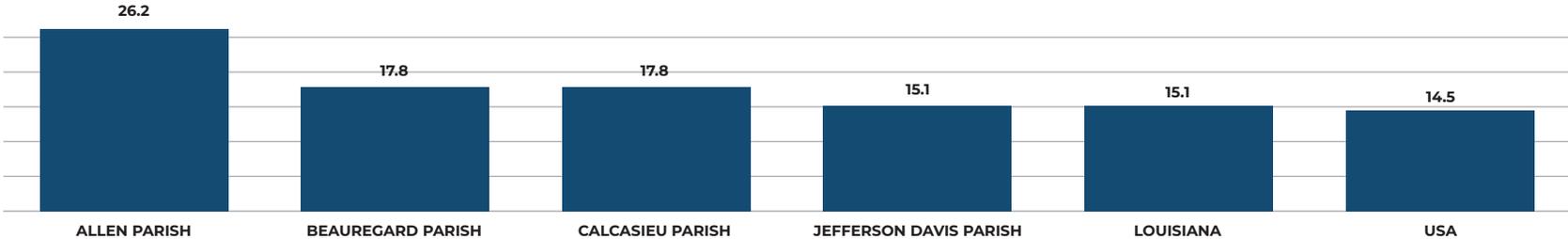
Figure 17: Access to Mental Healthcare (Provider to Patient Ratio)



Top performers are the top 10% of counties in the U.S. that are doing better in a particular value
 Source: Area Health Resource File/American Medical Association. Accessed via County Health Rankings, 2025

Suicide is a significant concern in the region as suicide mortality rates in several surrounding parishes exceed both the Louisiana and national averages, with Allen Parish notably experiencing the highest rate. These elevated rates indicate persistent behavioral health challenges, gaps in access to mental health and crisis services, and the need for strengthened prevention, early intervention, and coordinated community-based support across the region.

Figure 18: Suicide Mortality (Rate per 100,000 Population)



Source: Centers for Disease Control and Prevention, National Vital Statistics System, 2019-2023

715,000 adults in Louisiana have a mental health condition.
 That's more than **3X** the population of Baton Rouge.

In February 2021, **47.5% of adults in Louisiana** reported symptoms of **anxiety or depression**.
18.6% were unable to get needed counseling or therapy.



1 in 20 U.S. adults experience serious mental illness each year.
 In Louisiana, **179,000 adults** have a **serious mental illness**.



1 in 6 U.S. youth aged 6–17 experience a **mental health disorder** each year.
44,000 Louisianans age 12–17 have depression.

Louisianans struggle to get the help they need.



More than half of people with a mental health condition in the U.S. **did not receive any treatment** in the last year.

Of the **194,000 adults in Louisiana who did not receive needed mental health care**, **41.8%** did not because of cost.

8.9% of people in the state are uninsured.



Louisianans are over 4x more likely to be forced out-of-network for mental health care than for primary health care — making it more difficult to find care and less affordable due to higher out-of-pocket costs.

3,398,990 people in Louisiana live in a community that **does not have enough mental health professionals**.

Source: [National Alliance on Mental Illness, 2021](#)

Table 5: Death Rates in Region 5 Involving Substances

Substances	Per 100,000 Residents
Opioids	20.9
Synthetic opioid	19.4
Stimulants	5.5

Note: Region 5 consists of Allen, Beauregard, Calcasieu, Cameron, and Jefferson Davis parishes.

Source: [Louisiana Department of Health](#)

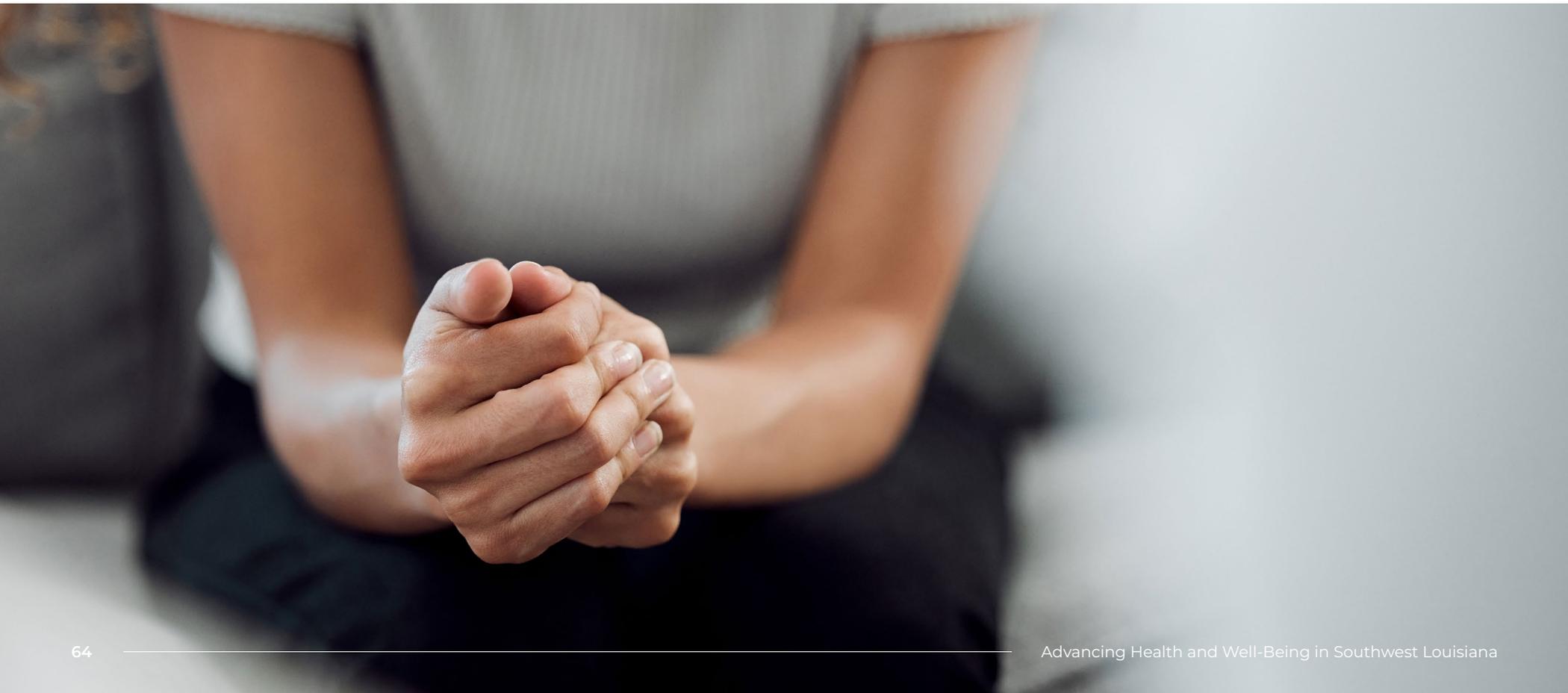
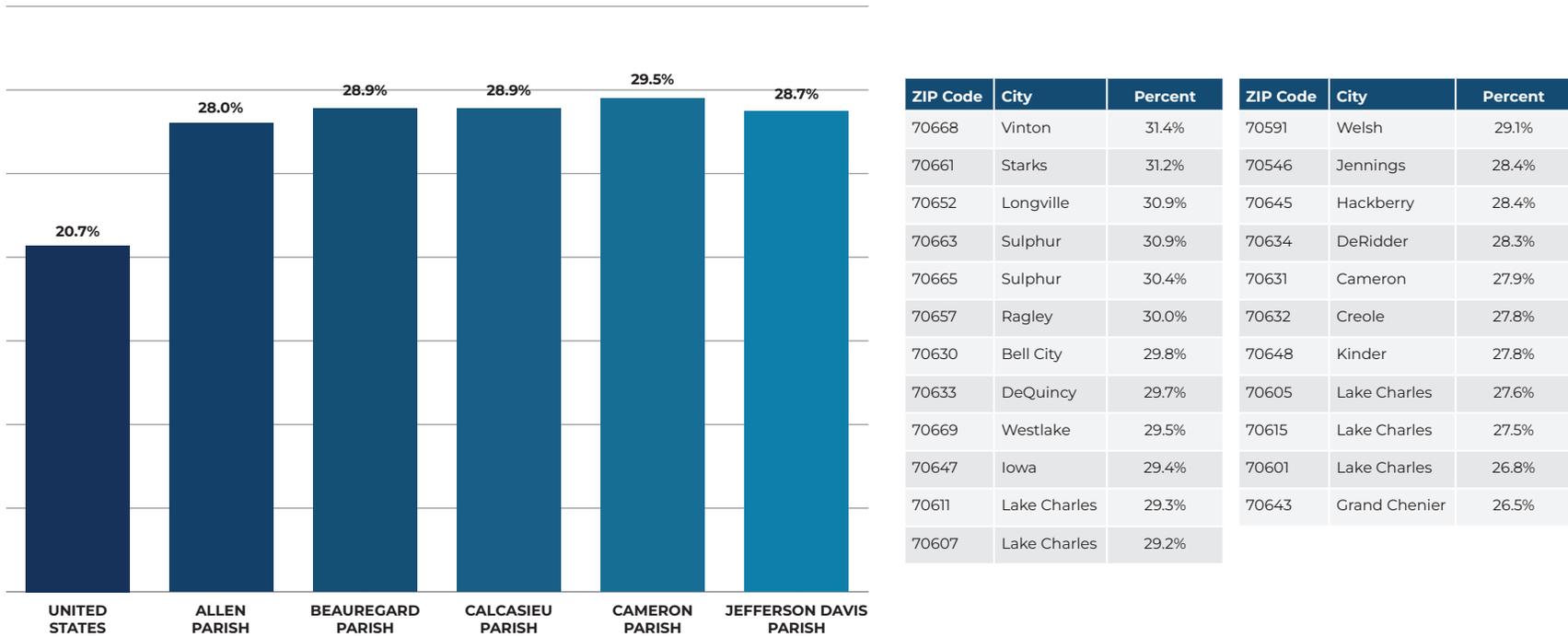


Figure 19 shows that adult depression rates across the Lake Charles Memorial service area are consistently higher than the national average, with several parishes and ZIP codes approaching or exceeding 30.0%; the U.S. rate is approximately 20.7%. Depression is a growing concern in the region because these elevated rates reflect cumulative stressors such as economic instability, disaster-related trauma, limited access to behavioral health services, and social isolation, all of which increase demand for care and heighten the risk of poor physical health outcomes, substance use, and suicide if left unaddressed.

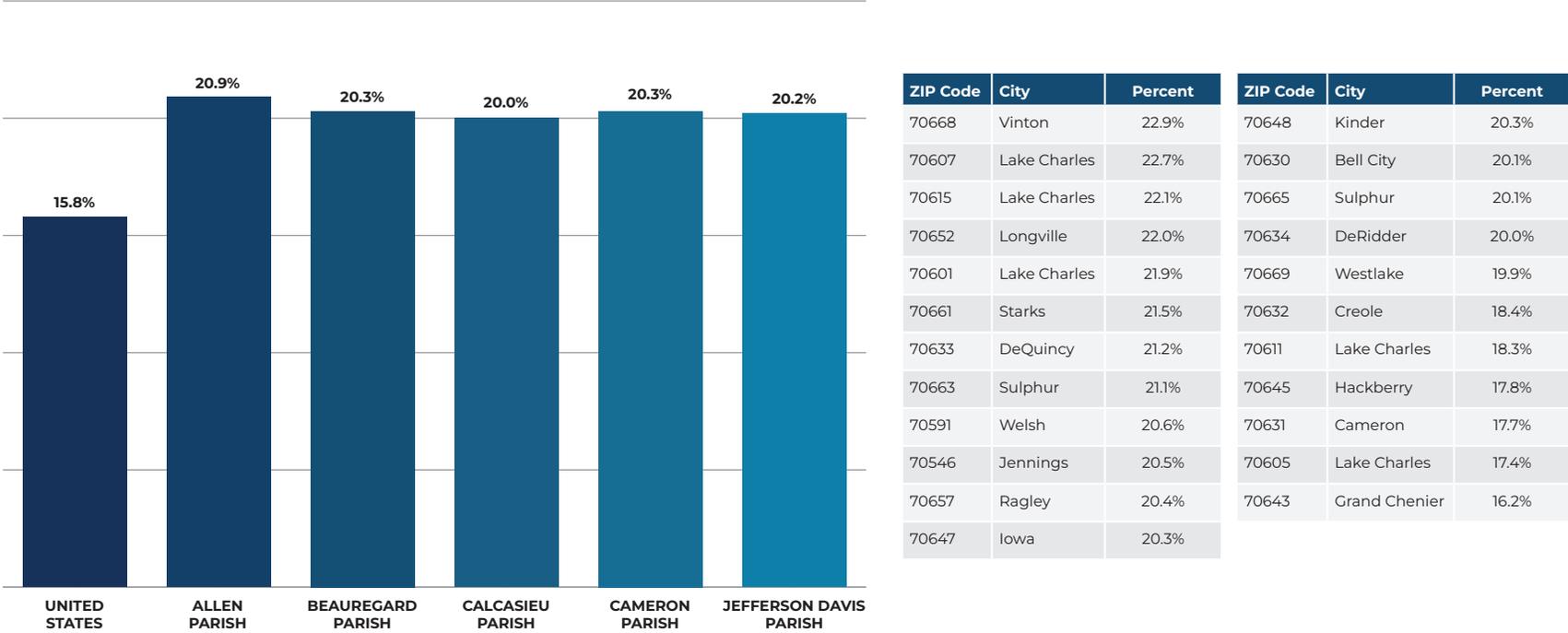
Figure 19: Depression Among Adults



Source: PLACES: Centers for Disease Control and Prevention 2024

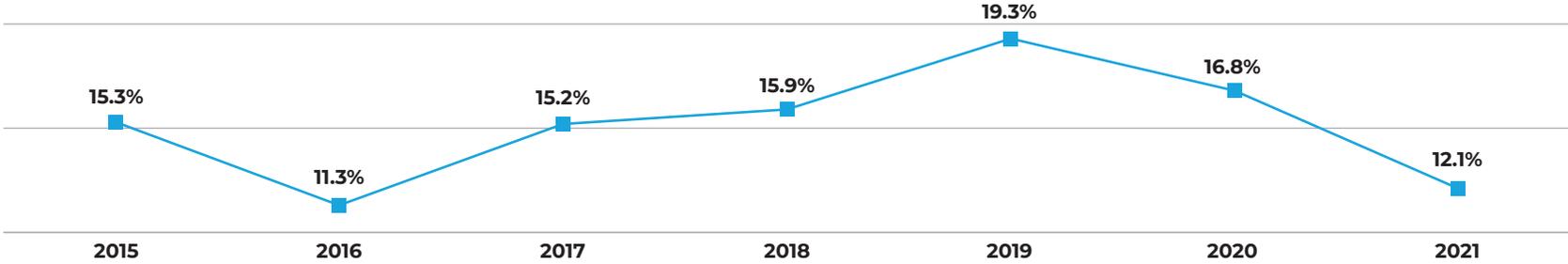
Frequent mental distress is defined as having 14 or more days of poor mental health in the past 30 days. Poor mental health includes stress, depression, and problems with emotions. The figure below shows that frequent mental distress among adults is consistently higher across Lake Charles-area parishes and ZIP codes than the national average, indicating widespread and persistent mental health strain throughout the region.

Figure 20: Frequent Mental Distress Among Adults



Source: PLACES: Centers for Disease Control and Prevention 2024

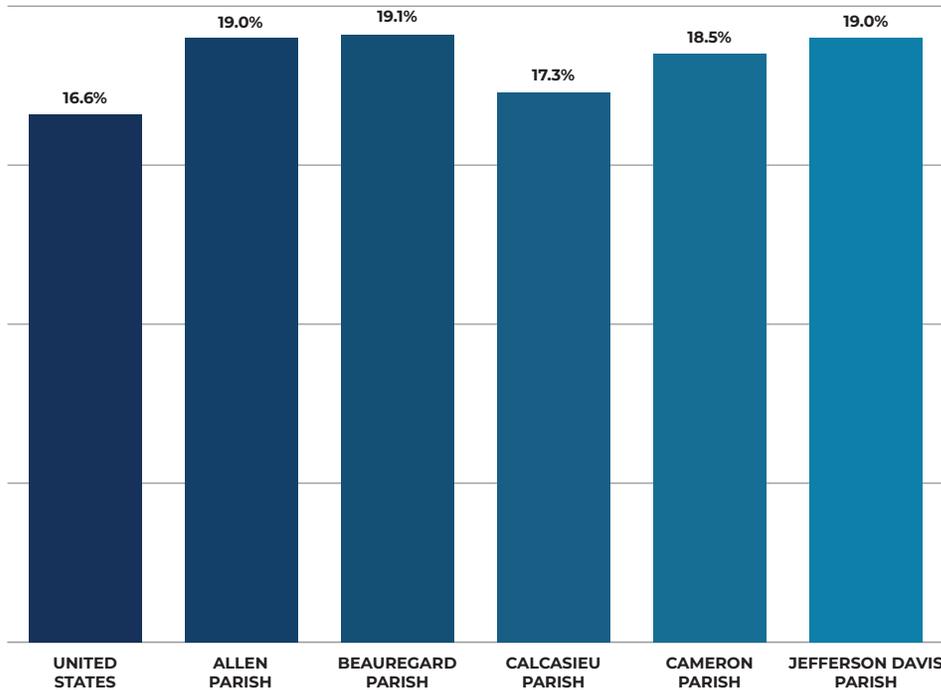
Figure 21: Postpartum Depressive Symptoms in Louisiana



Source: [March of Dimes](#), 2015-2021



Figure 22: Binge Drinking Among Adults



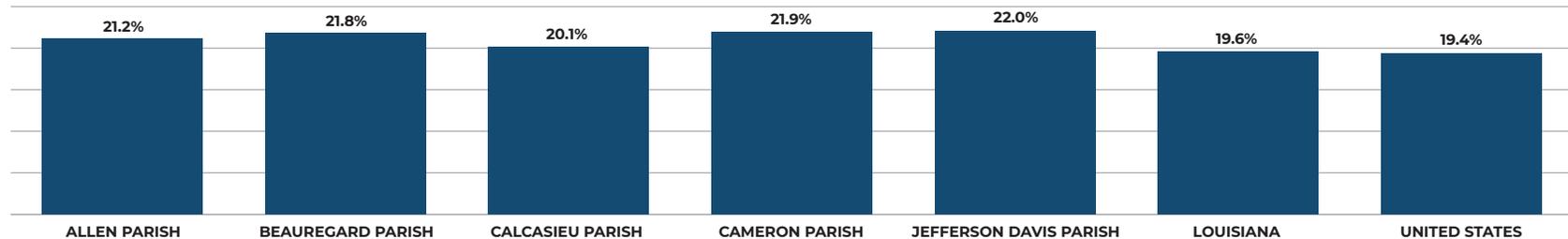
ZIP Code	City	Percent	ZIP Code	City	Percent
70657	Ragley	20.7%	70632	Creole	18.5%
70647	Iowa	20.2%	70669	Westlake	18.5%
70611	Lake Charles	20.1%	70634	Deridder	18.2%
70630	Bell City	19.9%	70546	Jennings	18.1%
70665	Sulphur	19.6%	70663	Sulphur	18.0%
70645	Hackberry	19.3%	70643	Grand Chenier	17.2%
70652	Longville	19.2%	70607	Lake Charles	16.4%
70591	Welsh	19.0%	70668	Vinton	16.3%
70648	Kinder	19.0%	70615	Lake Charles	15.7%
70605	Lake Charles	18.9%	70661	Starks	15.6%
70633	Dequincy	18.8%	70601	Lake Charles	14.1%
70631	Cameron	18.7%			

Note: Binge drinking consists of four or more drinks for women, or five or more drinks for men, during an occasion. Heavy drinking consists of eight or more drinks for women, or 15 or more drinks for men, during a week.

Source: PLACES: Centers for Disease Control and Prevention 2024

Rates of adults reporting excessive drinking in the Lake Charles region are consistently higher than Louisiana and national averages. Excessive alcohol use is closely associated with behavioral health concerns as it is often linked to stress, depression, anxiety, and trauma. It can both contribute to and deepen mental health conditions; increase the risk of substance use disorders, injuries, and suicide; and lead to higher utilization of emergency and crisis services.

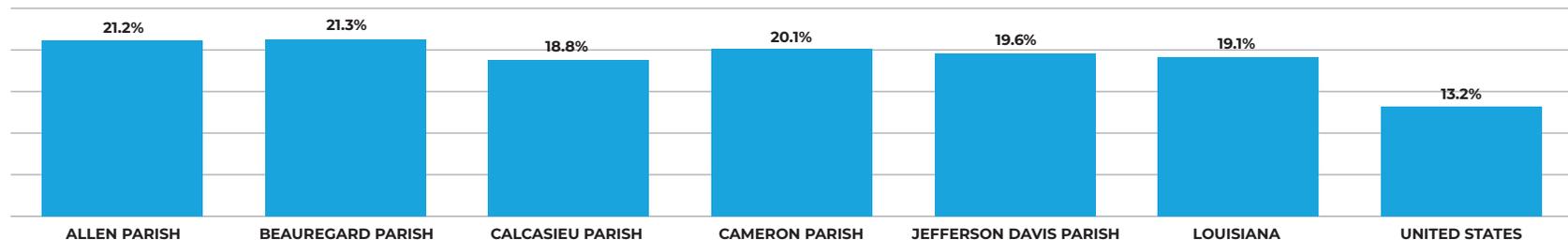
Figure 23: Adults Reporting Excessive Drinking



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System 2022

Smoking is one of the leading causes of preventable disease, disability, and death, and poses serious risks to both individual and community health. Tobacco use increases the risk of numerous cancers, heart disease, stroke, chronic obstructive pulmonary disease (COPD), and complications during pregnancy, while also worsening outcomes for people with chronic conditions such as diabetes and hypertension. Exposure to secondhand smoke further harms non-smokers, particularly children and older adults, increasing the risk of asthma, respiratory infections, and cardiovascular disease. Despite being preventable, smoking continues to contribute to avoidable hospitalizations, premature death, and rising healthcare costs, underscoring the importance of sustained prevention, education, and access to effective cessation support.

Figure 24: Adult Smokers



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2022





Behavioral health remains a critical priority for the Lake Charles region, with clear opportunities to improve outcomes through stronger emergency room navigation, enhanced collaboration among community behavioral health providers, and targeted prevention efforts. Improving ER navigation can ensure that individuals in crisis are quickly assessed, stabilized, and connected to appropriate follow-up care, while greater integration and coordination of community-based services can reduce gaps in access and treatment continuity. Addressing postpartum depression through early screening, education, and referral is essential to supporting maternal and family well-being, and suicide prevention efforts must remain central given elevated regional risk. Together, these strategies reflect a comprehensive, community-informed approach to strengthening behavioral health services and improving overall health and resilience across Southwest Louisiana.



HEALTH BEHAVIORS

Health Education, Motor Vehicle Accident Prevention, Sexually Transmitted Diseases, and Tobacco Use

Health behaviors are a core driver of preventable illness, injury, and premature death, which is why Lake Charles Memorial Health System’s CHNA appropriately elevates Health Education, Motor Vehicle Accident Prevention, Sexually Transmitted Diseases (STDs), and Tobacco Use as priority areas for action. In Southwest Louisiana, these issues are reinforced through shared risk factors such as economic stress, limited access to preventive services, transportation barriers, and gaps in timely screening and treatment. Health education is the connection that strengthens health behavior strategies as it improves health literacy, normalizes preventive care, and equips residents with practical tools to reduce risk. When communities have consistent education delivered through trusted avenues such as healthcare professionals, schools, faith-based communities, and community organizations, people are more likely to adopt preventive behaviors and engage earlier with primary care instead of waiting for problems to escalate into emergency department visits and avoidable hospitalizations.

Motor vehicle injuries, a particularly important focus, remain a leading cause of death, and crash deaths are widely recognized as both common and preventable. CDC transportation safety resources emphasize that evidence-based strategies such as increasing seat belt use, preventing impaired driving, promoting child passenger safety, and supporting safer road environments save lives and reduce long-term disability.²⁰ Citing data from the Fatality Analysis Reporting System, compiled by the National Highway Traffic Safety Administration, the data below cite parishes that had the most fatalities from motor vehicle crashes in 2023.

Table 6: Parishes with the Most Motor Vehicle Accident Fatalities in Louisiana

Calcasieu Parish	Jefferson Davis Parish
<ul style="list-style-type: none">• 11 pedestrian deaths• 1 bicyclist death• 11 deaths involving drunk drivers• Road with most fatalities: I-10 (10 fatalities)	<ul style="list-style-type: none">• 2 pedestrian deaths• 2 deaths involving drunk drivers• No roads with at least five fatalities

Note: Calcasieu and Jefferson Davis are among Louisiana’s 25 parishes with the most fatal traffic accidents.

Source: [Stacker](#)

²⁰ [Centers for Diseases Control and Prevention](#)

Additionally, Louisiana-specific data highlights the substantial human and economic burden of motor vehicle crash deaths in the state and reinforce that targeted prevention and enforcement strategies can reduce fatalities and serious injuries.²¹ In 2018, nearly 800 people in Louisiana were killed in motor vehicle traffic crashes with \$7 million in medical costs and a cost of \$1.25 billion in total traffic crash deaths.²² For Lake Charles Memorial, focusing on motor vehicle accident prevention is a practical strategy as trauma and injury directly affect ED volume, EMS utilization, inpatient capacity, and long-term rehabilitation needs. Behaviors such as wearing seat belts can yield immediate, measurable benefits for residents and the health system.

Equally urgent is STD prevention and control, which remains a persistent public health challenge across Louisiana and directly affects adolescents, young adults, pregnant women, and families through complications such as infertility, pelvic inflammatory disease, adverse pregnancy outcomes, and congenital infections. The CDC's STD Surveillance reporting shows Louisiana ranking among the highest states for multiple STIs in recent years, including high rates of chlamydia, gonorrhea, and congenital syphilis in 2023, signals of ongoing transmission and missed prevention opportunities.²³ STIs frequently cluster where access barriers exist such as limited preventive care, fewer screening opportunities, and inconsistent sexual health education. STIs create avoidable disease burden that can be reduced through normalized screening in primary care and OB settings; expedited partner therapy and rapid treatment pathways where allowed; targeted outreach to high-risk groups; and clear, stigma-free public education that emphasizes testing, condom use, and the importance of early treatment.²⁴

Tobacco use is another significant health behavior issue. Commercial tobacco remains the leading cause of preventable disease, disability, and death, contributing to cancer, heart disease, stroke, COPD, complications of diabetes, and poor pregnancy outcomes, which directly affect hospital utilization.²⁵ Louisiana continues to report adult smoking rates above the national average in recent surveillance summaries, reinforcing the need for sustained prevention and cessation efforts across Southwest Louisiana.²⁶ For Lake Charles Memorial, tobacco prevention and cessation align strongly with population health goals as quitting smoking produces rapid health benefits, reduces the risk of premature death, and improves outcomes for high-burden chronic diseases commonly treated across the region.²⁷ Best-practice approaches are well-established and scalable: Expand screening for tobacco use at every visit, implement "ask-advise-refer" workflows, connect patients to counseling and FDA-approved cessation medications, promote quit line and digital supports, and partner with community organizations to strengthen smoke-free norms and reduce youth initiation.²⁸ Intersecting with behavioral health, substance use and mental distress can increase risky driving and sexual risk behaviors, while nicotine dependence and alcohol misuse often co-occur with anxiety and depression. Lake Charles Memorial can strengthen impact by combining health education with mobile outreach education distributions, school and worksite partnerships, evening/weekend community clinics, embedding prevention into routine care, and aligning with regional partners to ensure prevention messages translate into real-world behavior change and sustained reductions in disease burden.

²¹ [Centers for Disease Control and Prevention](#)

²² Ibid.

²³ [Centers for Diseases Control and Prevention](#)

²⁴ [Centers for Disease Control and Prevention](#)

²⁵ [Centers for Disease Control and Prevention](#)

²⁶ [Truth Initiative](#)

²⁷ [Centers for Disease Control and Prevention](#)

²⁸ [Centers for Disease Control and Prevention](#)

Table 7 summarizes key findings from stakeholder interviews and the community survey conducted as part of the assessment process. Community input plays a vital role in identifying priority needs and ensuring that health strategies reflect the lived experiences of residents. The findings highlight the prevalence of health behaviors challenges.

Table 7: Community Input and Engagement for Health Behaviors

Stakeholder Interviews Findings – Shared Feedback	
<p><i>Largest barriers for people not receiving care of services</i></p> <ul style="list-style-type: none"> • Health Literacy – 40.0% <p><i>Community’s persistent health problems</i></p> <ul style="list-style-type: none"> • Sexually transmitted infections/sexual health – 14.3% <p><i>What can be offered to suppress the prevalence of chronic diseases and maintain optimal health in your community?</i></p> <ul style="list-style-type: none"> • Health promotion and education – 57.1% <p><i>Community’s persistent high-risk behaviors</i></p> <ul style="list-style-type: none"> • Smoking/tobacco use – 33.3% 	<p><i>Actions hospital could take to address health disparities</i></p> <ul style="list-style-type: none"> • Enhance preventive care – 14.3% <p><i>Community needs that need further collaboration</i></p> <ul style="list-style-type: none"> • Education – 20.0% <p><i>Type of resources needed to help people understand and engage in their healthcare</i></p> <ul style="list-style-type: none"> • Explaining health in the patient’s own words – 33.3% • More time learning with a clinician, nurse, or health professional – 26.7% • Making health information easier to understand – 20.0% • Offering more educational resources on healthcare (habits, treatment plans, available resources, etc.) – 6.7%
Community Survey Findings – Shared Feedback	
<p><i>Physical health description</i></p> <ul style="list-style-type: none"> • Fair/Poor – 15.9% <p><i>Overall health status of your community</i></p> <ul style="list-style-type: none"> • Fair/Poor – 36.1% <p><i>Which health and social conditions are most essential for building a healthy, thriving community?</i></p> <ul style="list-style-type: none"> • Access to affordable, quality education – 29.2% 	<p><i>Which health and social issues have the most negative impact on your community’s health?</i></p> <ul style="list-style-type: none"> • Motor vehicle crash injuries/death – 8.1% • Sexually transmitted infections/sexual health – 6.6% <p><i>Community’s top risky behaviors</i></p> <ul style="list-style-type: none"> • Unsafe driving – 32.0% <p><i>Frequency of using tobacco products</i></p> <ul style="list-style-type: none"> • Do not use tobacco – 84.9%



The primary responses from stakeholder interviews emphasize the important role that health behaviors play in achieving equitable healthcare outcomes across Lake Charles Memorial Health System’s service area. Interview participants highlighted the need for accessible, community-wide health education as a foundation for improving preventive care utilization, nutrition, and other healthy behaviors. The recommendation to develop a centralized, real-time, one-stop platform for health information reflects a clear desire to reduce barriers to understanding available resources and empower residents to make informed health decisions. Stakeholders also noted that while community culture often prioritizes enjoyment and convenience, this can come at the expense of healthy habits. As a result, respondents stressed the importance of promoting preventive care, encouraging better nutrition, and reinforcing healthier lifestyle choices to promote long-term wellness. Together, these insights indicate that strengthening health education and resource awareness is viewed as a critical strategy for shaping positive health behaviors and supporting more equitable health outcomes across the community.

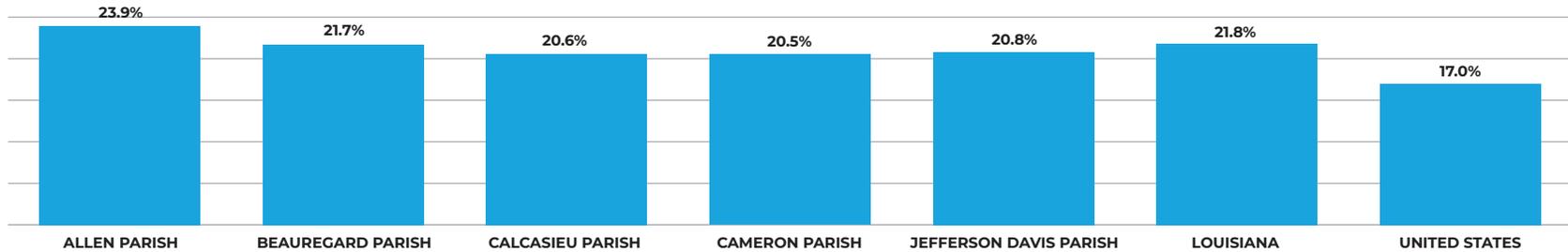
What strategies/initiatives could be implemented to ensure equitable healthcare for all residents?

- Provide education and promote resources through a one-stop, real-time information platform that meets the needs of the community.

Which Health Priority areas should the Community focus on?

- While our culture emphasizes enjoyment, it often neglects healthy habits. Promoting preventive care, better nutrition, and healthier behaviors can inspire a culture that reinforces wellness and long-term well-being.

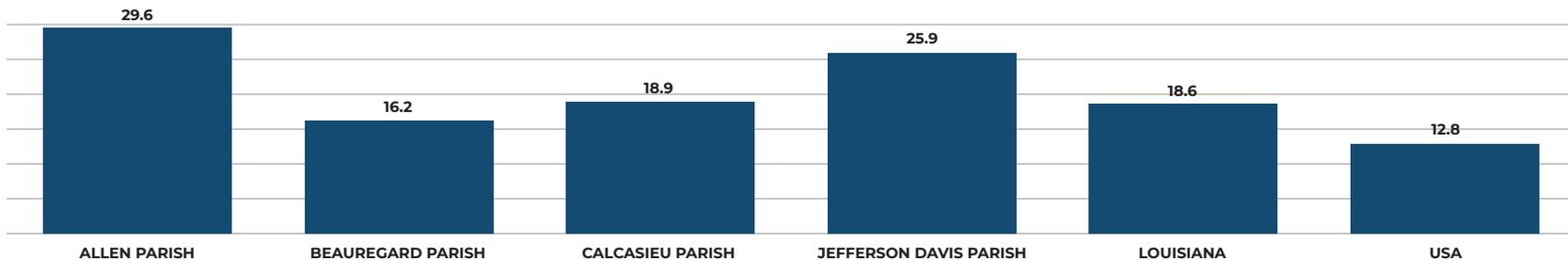
Figure 25: Poor or Fair Health



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2022

Motor vehicle mortality rates in the Lake Charles region are substantially higher than the national average, with particularly elevated rates in Allen Parish and Jefferson Davis Parish. While Calcasieu and Beauregard parishes report lower rates than these two, all parishes shown exceed the U.S. rate of 12.8 deaths per 100,000 population, and several also surpass the Louisiana rate. These elevated mortality levels highlight motor vehicle injuries as a significant and preventable public health concern in Southwest Louisiana and underscore the need for targeted prevention efforts, including impaired driving reduction, seat belt use promotion, roadway safety improvements, and community-based education to reduce fatal crashes.

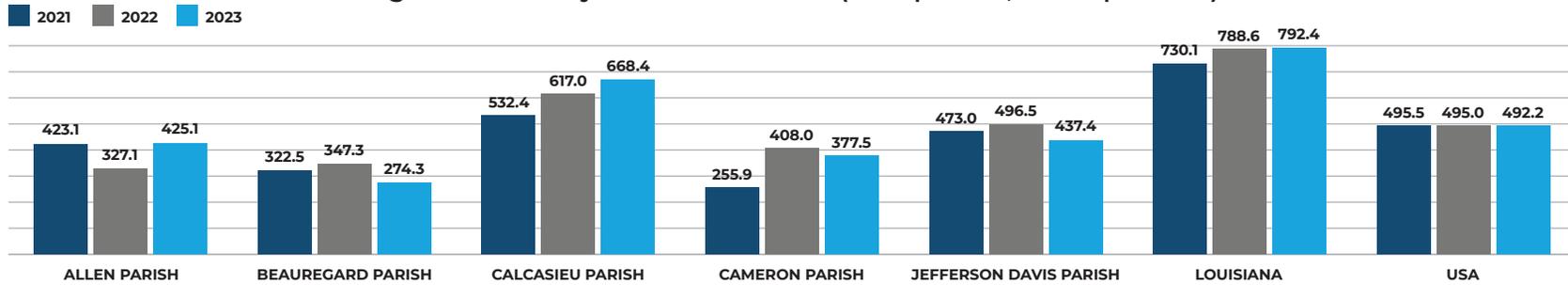
Figure 26: Motor Vehicle Mortality (Rate per 100,000 Population)



Source: Centers for Disease Control and Prevention, National Vital Statistics System, 2019-2023

Chlamydia incidence rates have remained elevated and, in several parishes, have increased from 2021 to 2023, reflecting ongoing transmission and gaps in prevention and early treatment. Calcasieu Parish consistently reports the highest local rates, approaching or exceeding 600 cases per 100,000 population in recent years, while other parishes such as Allen, Cameron, and Jefferson Davis also experience rates comparable to or above the national average. Although Louisiana’s statewide rates remain higher than those of the United States overall, the persistent burden at the parish level underscores the need for strengthened sexual health education, expanded screening and testing access, timely treatment, and partner notification efforts to reduce preventable complications and further spread of infection.

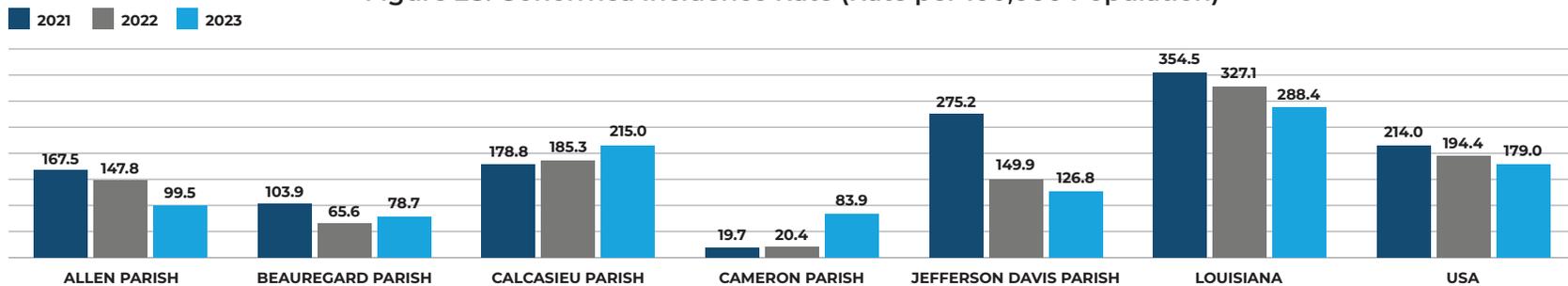
Figure 27: Chlamydia Incidence Rate (Rate per 100,000 Population)



Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2023

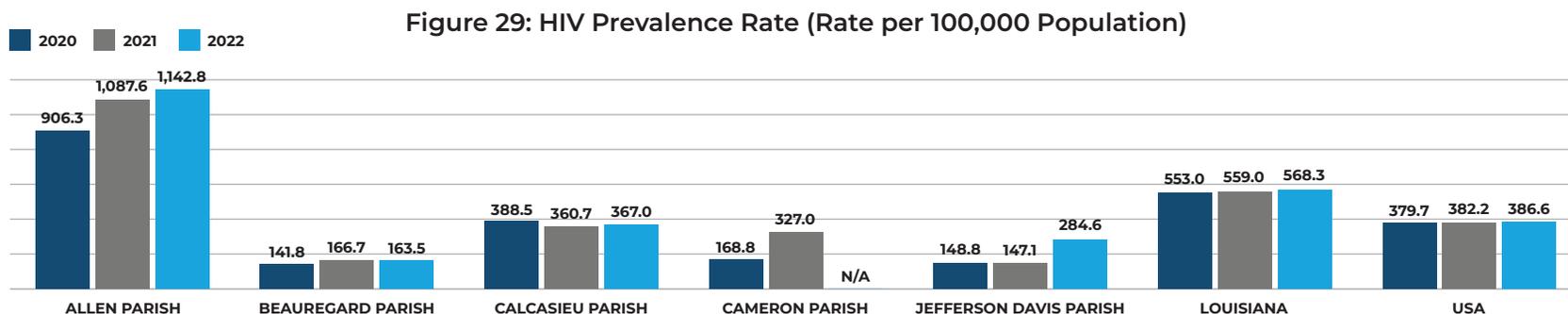
Gonorrhea incidence rates in the region are cause for concern, with three of five parishes in the Lake Charles Memorial Health System service area reporting increases from 2022 to 2023. Although Louisiana’s statewide incidence rate remains higher than any of the five parishes, the rate significantly exceeds the U.S. average. The persistence of gonorrhea in Louisiana highlights ongoing gaps in prevention, screening, and timely treatment, underscoring the need for expanded sexual health education, accessible testing services, and strengthened partner notification efforts across Southwest Louisiana.

Figure 28: Gonorrhea Incidence Rate (Rate per 100,000 Population)



Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2023

HIV cases in Allen Parish are a significant concern, with incidence rates that are double those in Louisiana and nearly triple the U.S. rate. In addition, three of the four parishes reporting 2022 prevalence rates showed increases over the previous year. Louisiana’s statewide HIV prevalence reinforces the need for sustained prevention, testing, linkage to care, and treatment efforts. These patterns highlight the importance of targeted, place-based HIV education, expanded testing access, and coordinated care strategies to reduce transmission and improve health outcomes.



Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, 2022

HIV cases in Allen Parish are a significant concern, with incidence rates that are double those in Louisiana and nearly triple the U.S. rate. In addition, three of the four parishes reporting 2022 prevalence rates showed increases over the previous year. Louisiana’s statewide HIV prevalence reinforces the need for sustained prevention, testing, linkage to care, and treatment efforts. These patterns highlight the importance of targeted, place-based HIV education, expanded testing access, and coordinated care strategies to reduce transmission and improve health outcomes.

Table 8: Sexually Transmitted Infections

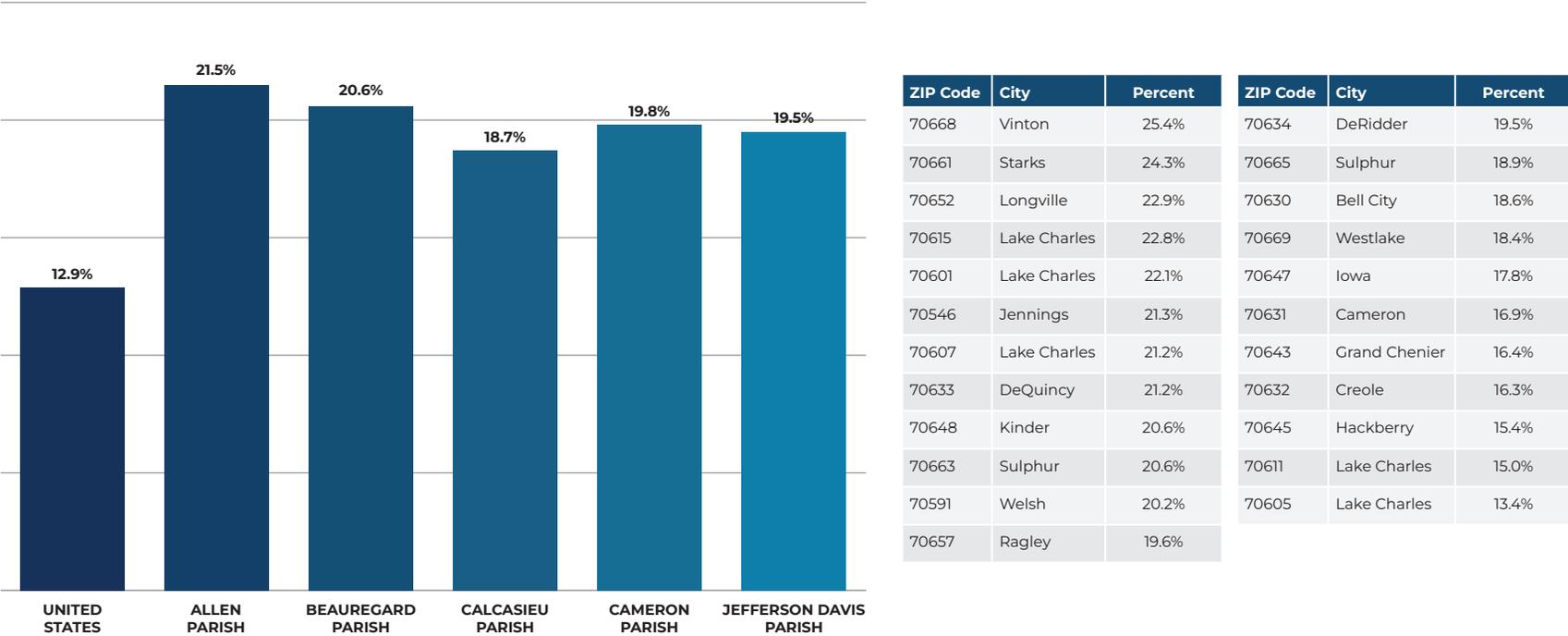
Louisiana (Region 5)	Per 100,000 People
Primary and secondary syphilis	26
Early latent syphilis	20
Congenital syphilis (100,000 live births)	193

Source: [Louisiana Department of Health](#)

Figure 31 demonstrates that cigarette smoking rates among adults in the Lake Charles Memorial Health System service area are consistently higher than the national average, with Allen and Beauregard parishes and several reporting prevalence well above 20% compared to the U.S. rate of 12.9%. Several ZIP codes, including 70668 (Vinton) and 70661 (Starks), reported the highest adult smoking rates, exceeding 24% and indicating concentrated areas of elevated risk. Even in the Lake Charles ZIP code with the lowest rate, 70605 (13.4%), the smoking rate is above the national average, underscoring the widespread nature of tobacco use across the region.

These patterns are especially concerning given the strong link between tobacco use and chronic diseases such as cancer, heart disease, stroke, and chronic obstructive pulmonary disease, as well as its role in worsening behavioral health outcomes and increasing healthcare utilization. The data underscore the importance of prioritizing tobacco prevention and cessation efforts, including targeted education, access to evidence-based cessation services, and community partnerships, as a key strategy for improving long-term health outcomes across the region.

Figure 31: Cigarette Smoking Among Adults



Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2024



More than **16 million** Americans have at least one disease caused by cigarette smoking. This amounts to more than **\$240 billion** in healthcare spending that could be reduced every year if we could prevent young people from starting to smoke and help every person who smokes to quit.

Centers for Disease Control and Prevention





Health behaviors play a critical role in shaping the overall health and well-being of communities served by Lake Charles Memorial Health System and represent a powerful opportunity for prevention and long-term impact. Behaviors related to injury prevention, sexual health, tobacco use, and other lifestyle choices directly influence rates of chronic disease, infectious disease transmission, injury, and premature death. The data highlighted in this assessment demonstrate that many adverse health outcomes in the region are preventable through improved education, early intervention, and increased access to preventive services. By prioritizing health behaviors within the CHNA, Lake Charles Memorial can reduce avoidable hospitalizations, ease strain on emergency and acute care services, and improve quality of life for residents. Continued investment in community-based education, targeted prevention strategies, and strong partnerships will be essential to cultivating healthier behaviors, reducing disparities, and supporting sustainable improvements in population health across Southwest Louisiana.



MANAGING POPULATION HEALTH AND PREVENTING CHRONIC DISEASES

Managing population health and preventing chronic diseases are foundational to improving longevity, quality of life, and health equity, where conditions such as cancer, diabetes, heart disease, high blood pressure, obesity, and stroke significantly contribute to morbidity, mortality, and healthcare utilization. Chronic diseases are among the leading causes of death and disability in the United States and account for \$4.9 trillion in annual healthcare expenditures.²⁹ The top 10 causes of death in Louisiana and across the United States are identical, and seven of those 10 causes are chronic diseases: heart disease, cancer, stroke, Alzheimer’s disease, chronic lower respiratory disease, diabetes, and kidney disease.³⁰ Across Southwest Louisiana where preventable chronic conditions continue to strain healthcare systems and contribute to avoidable hospitalizations and premature death.

Cancer remains a major contributor to chronic disease burden locally and statewide. Louisiana reports higher cancer incidence and mortality rates than the U.S. overall, particularly for lung, colorectal, and breast cancers, many of which are preventable or detectable at earlier stages through screening and risk reduction.³¹

Tobacco use is the leading modifiable risk factor for cancer, and CDC data show that 15.7% of adults smoked in Louisiana in 2023.³² These elevated smoking rates increase the risk of lung cancer and numerous other malignancies, underscoring the importance of expanding access to evidence-based cessation services, strengthening smoke-free policies, and improving access to recommended cancer screenings such as mammography and colorectal screening.

Diabetes is a major chronic disease affecting population health and contributes significantly to preventable complications, hospitalizations, and premature mortality. Nationally, more than 38 million Americans live with diabetes, and an estimated 97 million adults have prediabetes, placing them at high risk for developing type 2 diabetes if preventive action is not taken.³³ Diabetes increases the risk of heart disease, stroke, kidney failure, vision loss, and amputations, but many of these outcomes are preventable through early detection, lifestyle modification, and effective disease management. Evidence-based prevention strategies, such as healthy eating, regular physical activity, weight management, and participation in diabetes prevention and self-management education programs, have been shown to significantly reduce disease progression and complications.³⁴

²⁹ [Center for Disease Control and Prevention](#)

³⁰ [Louisiana Department of Health](#)

³¹ [Center for Disease Control and Prevention](#)

³² [Center for Disease Control and Prevention](#)

³³ [Center for Disease Control and Prevention](#)

³⁴ [Center for Disease Control and Prevention](#)

Heart disease and stroke remain the leading causes of death in Louisiana, underscoring a significant and ongoing public health challenge for communities such as Lake Charles.³⁵ High blood pressure is the most important modifiable risk factor driving both conditions statewide. According to Louisiana-specific surveillance, a substantial share of adults have been diagnosed with hypertension, yet many do not have their condition adequately controlled, increasing the risk of heart attack, stroke, kidney disease, and premature death.³⁶ In communities like Lake Charles, strengthening routine blood pressure screening, supporting medication adherence, promoting home blood pressure monitoring, and expanding education on sodium reduction and physical activity represent evidence-based strategies that can meaningfully improve cardiovascular outcomes and advance population health across Southwest Louisiana.

Stroke is a leading cause of death and long-term disability, driven largely by high blood pressure, diabetes, smoking, obesity, and physical inactivity, risk factors that are more prevalent in the state than nationally. According to the Louisiana Department of Health, Louisiana's stroke mortality rates remain above the U.S. average, reflecting persistent challenges in chronic disease management and access to preventive care.³⁷ High blood pressure is the most significant modifiable risk factor, and when uncontrolled it significantly increases the likelihood of ischemic and hemorrhagic strokes. Effective stroke prevention strategies include routine blood pressure screening, promoting healthy diets and physical activity, tobacco cessation support, diabetes control, and public education about recognizing stroke symptoms early to improve survival and recovery outcomes.³⁸

Nearly 40% of Louisiana adults have a body mass index (BMI) of 30 or higher, making the state the fourth-worst in the nation for obesity prevalence in 2023.³⁹ Obesity significantly increases the risk of developing type 2 diabetes, heart disease, stroke, and certain cancers, contributing to poorer overall health and higher healthcare costs.⁴⁰ Addressing obesity through improved access to healthy foods, increased physical activity, preventive health education, and supportive community environments is essential to reducing the burden of chronic disease and improving long-term health outcomes.

Chronic conditions represent one of the most significant and persistent public health challenges in Louisiana, contributing to high rates of illness, disability, and premature death across the state. These conditions consistently rank among the leading causes of death and healthcare utilization, with Louisiana frequently exceeding national averages for many of these indicators. Chronic conditions are closely linked to modifiable risk factors, such as the reduction of tobacco use and health behaviors, such as poor nutrition, physical inactivity, and unmanaged stress, but are also deeply influenced by social and economic conditions. High levels of poverty, food insecurity, limited access to preventive healthcare, transportation barriers, and shortages of healthcare providers make it difficult for many residents to engage in early detection, routine management, and healthy behaviors.

³⁵ [Center for Disease Control and Prevention](#)

³⁶ Louisiana Department of Health

³⁷ [Louisiana Department of Health; 2023 Health Report Card](#)

³⁸ [Center for Disease Control and Prevention](#)

³⁹ [America's Health Rankings](#)

⁴⁰ [Louisiana Department of Health](#)

Addressing chronic conditions in Louisiana is further complicated by cultural norms, environmental factors, and the cumulative effects of repeated natural disasters, which disrupt care, increase stress, and strain community resources. Many residents face challenges accessing primary care and specialty services, leading to delayed diagnosis and reliance on emergency departments for conditions that could be better managed in outpatient settings. Behavioral health challenges often coexist with chronic disease, affecting medication adherence, lifestyle choices, and overall disease management. Despite these challenges, evidence-based strategies such as expanding access to preventive services, strengthening chronic disease management programs, improving health education, and addressing social determinants of health offer meaningful opportunities to reduce the burden of chronic conditions. Coordinated, community-driven efforts that integrate healthcare, public health, and social services are essential to improving outcomes and advancing long-term population health across Louisiana.

Table 9: Community Input and Engagement for Managing Population Health and Preventing Chronic Diseases

Stakeholder Interviews Findings – Shared Feedback	
<p><i>Community’s Persistent Health Problems</i></p> <ul style="list-style-type: none"> • Obesity – 78.6% • High blood pressure – 57.1% • Heart disease and stroke – 57.1% • Diabetes – 57.1% • Cancer – 42.9% 	<p><i>Community’s persistent high-risk behaviors</i></p> <ul style="list-style-type: none"> • Being overweight or obese – 60.0% • Poor eating habits – 53.3% • Lack of exercise/physical activity – 33.3%
Community Survey Findings – Shared Feedback	
<p><i>Weight classification</i></p> <ul style="list-style-type: none"> • Overweight – 52.4% <p><i>Community’s risky behaviors</i></p> <ul style="list-style-type: none"> • Lack of exercise/physical activity – 49.1% • Poor eating habits – 47.3% 	<p><i>Which health and social conditions are most essential for building a healthy, thriving community?</i></p> <ul style="list-style-type: none"> • Chronic disease management support – 9.7% <p><i>Which health and social issues have the most negative impact on your community’s health?</i></p> <ul style="list-style-type: none"> • Overweight/obesity – 46.5% • Chronic diseases – 45.9% • Poor eating habits – 31.2%

Community stakeholder interviews provided valuable insight into the health challenges and access gaps affecting residents. Participants identified poor health outcomes driven by cultural norms, unhealthy dietary patterns, and limited opportunities for physical activity as significant concerns. Stakeholders emphasized access barriers, in particular, transportation challenges preventing residents from seeking timely medical care. Concurrently, respondents highlighted the importance of existing community-based efforts, such as expanding access to healthy food through initiatives like the Healthy Harvest Food Bank supported by the Lake Charles Memorial Foundation, as meaningful steps toward improving nutrition and reducing food insecurity. Collectively, the interviews underscore the nature of health behaviors, access to care, and social determinants of health, reinforcing the need for comprehensive, community-informed strategies to improve population health outcomes.

Do significant health challenges/gaps in access to care affect your community? What steps have been taken to address these challenges, and what additional efforts are still needed?

- Our community struggles with poor health outcomes, largely influenced by cultural habits and unhealthy food choices.
- Increasing access to healthy food options, programs like the Healthy Harvest Food Bank, supported by the LC Foundation, play a crucial role in the community.
- Many residents would seek care if reliable transportation were available.

Prioritize an Area of Health for Community Focus

- Focusing on obesity prevention and management can reduce the risk of multiple chronic conditions, making it a high-impact priority area.
- Prevention and response to cardiovascular disease should be prioritized, as evidence-based strategies can significantly improve outcomes.
- Promoting healthy eating and regular physical activity in supportive community and family settings can strengthen long-term health and drive sustainable behavior change.
- Addressing obesity is essential, as it is a root cause of many other chronic health conditions.

Community stakeholders frame obesity prevention and management as a critical priority for improving health outcomes. Respondents emphasized that obesity serves as a root cause for many chronic conditions, also stressing the importance of prioritizing cardiovascular disease prevention and response. Promoting healthy eating and regular physical activity within supportive family and community environments emerged as a central theme for facilitating sustainable behavior change. Together, stakeholder perspectives highlight the need to build on existing programs, expand access to healthy food and transportation, and strengthen preventive initiatives that address obesity and related chronic diseases. These insights will inform Lake Charles Memorial Health System's implementation strategies and support coordinated efforts to advance long-term health and well-being across the community.

The impact of chronic diseases in America



Chronic diseases account for most illness, disability, and death in the United States and are the **leading drivers** of healthcare costs.



Ninety percent of the nation's **\$4.9 trillion** in annual healthcare expenditures are for people with chronic and mental health conditions.



Nothing kills more Americans than heart disease and stroke. More than **843,000** Americans die of heart disease or stroke every year—that's more than **1 in 4 deaths**. These diseases take an economic toll, as well, costing our healthcare system **\$233.3 billion** per year and causing **\$184.6 billion** in lost productivity on the job. Costs from cardiovascular diseases are projected to hit roughly **\$2 trillion** by 2050.



Each year in the United States, **1.8 million** people are diagnosed with cancer, and more than **600,000** die from it, making it the second-leading cause of death. Cancer care costs continue to rise and are expected to reach more than **\$240 billion** by 2030.



Not getting enough physical activity comes with high health and financial costs. It can lead to heart disease, type 2 diabetes, some cancers, and obesity. Inadequate physical activity also costs the nation **\$192 billion** a year for related healthcare.



More than **38 million** Americans have diabetes, and another **98 million** U.S. adults have prediabetes, which puts them at risk for type 2 diabetes. Diabetes can cause serious complications, including heart disease, kidney failure, and blindness. In 2022, the total estimated cost of diagnosed diabetes was **\$413 billion** in medical costs and lost productivity.



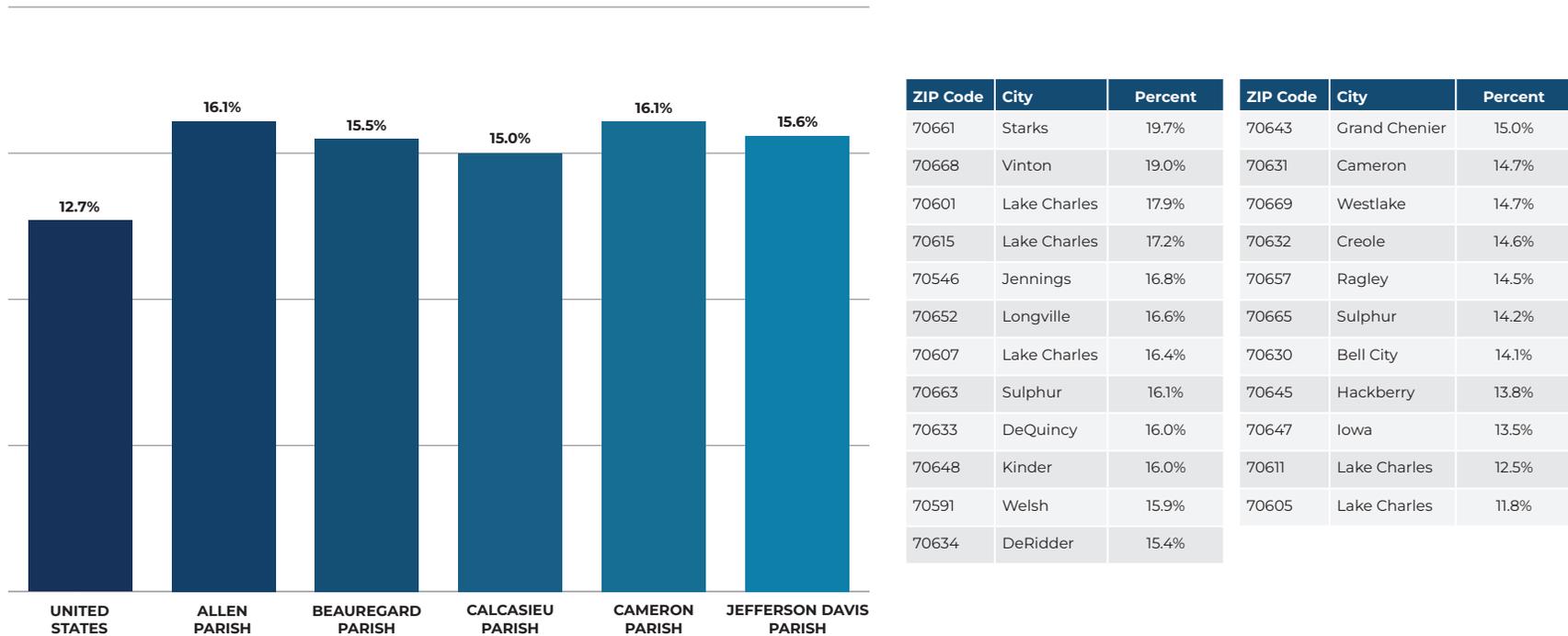
Obesity affects **21%** of children and **40%** of adults, putting them at risk of chronic diseases such as type 2 diabetes, heart disease, and some cancers. Only **2 in 5** young adults are weight-eligible and physically prepared for basic training in the U.S. military. Obesity costs the U.S. healthcare system nearly **\$173 billion** a year.

[Centers for Disease Control and Prevention](https://www.cdc.gov)

The data demonstrate clear geographic variation in physical distress, reflecting the influence of chronic disease prevalence, aging populations, occupational risks, and social determinants such as access to care, transportation, and economic stability. These patterns reinforce the importance of targeted, place-based strategies to manage chronic conditions, expand access to preventive and primary care, and address underlying factors contributing to physical distress across both parishes and ZIP codes within the Lake Charles region. The five parishes in the Lake Charles region, with rates ranging from 15.0% to 16.1%, exceed the U.S. rate of 12.7%, indicating that physical distress is a pervasive issue across Southwest Louisiana.

ZIP code-level data reveal even more pronounced disparities within communities. 70661 (Starks) and 70668 (Vinton) show the highest levels of frequent physical distress, approaching 20%, signaling concentrated areas of unmet health needs and chronic disease burden. Several Lake Charles ZIP codes, including 70601, 70615, and 70607, also reported elevated rates, suggesting that urban and semi-urban populations alike experience significant physical health challenges. In contrast, ZIP codes such as 70605 and 70611 in Lake Charles report comparatively lower rates, just below the national average, though still indicative of ongoing physical health concerns.

Figure 32: Frequent Physical Distress Among Adults



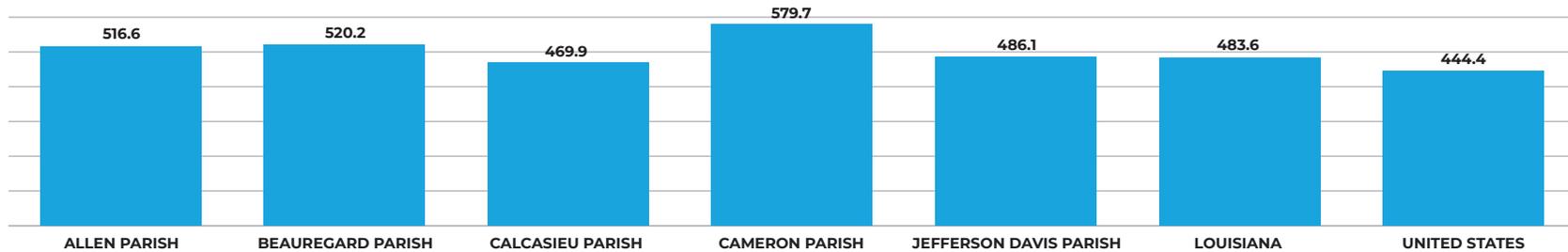
Note: Frequent physical distress reports adults experiencing 14 or more days of poor physical health (illness/injury) in the past 30 days, identifying severe issues.

Source: PLACES: Centers for Disease Control and Prevention 2024



Cancer incidence rates in Allen, Beauregard, Cameron, and Jefferson Davis parishes exceed both the Louisiana and U.S. averages, with Cameron Parish experiencing the highest burden among the regions.

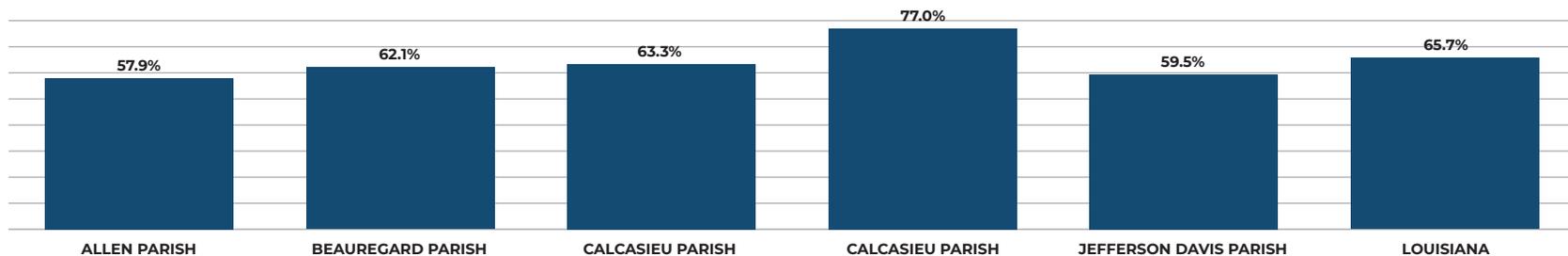
Figure 33: Cancer Incidence (All Sites) (Rate per 100,000 population)



Source: State Cancer Profiles, 2017-2021

Cancer survival rates vary across parishes in Southwest Louisiana, with outcomes ranging from a low of 57.9% in Allen Parish to a high of 77.0% in Cameron Parish. Calcasieu Parish (63.3%) and Beauregard Parish (62.1%) fall slightly below the Louisiana average of 65.7%, while Jefferson Davis Parish (59.5%) lags further behind, suggesting disparities in early detection, access to timely treatment, and or continuity of care. These differences have important implications for community health planning, as cancer survival is strongly influenced by factors such as screening rates, stage at diagnosis, availability of services, transportation, insurance coverage, and patient navigation support. Lower survival rates may reflect later diagnoses or barriers to completing recommended treatment, particularly in rural or underserved areas. The data variation underscores the need for targeted, place-based strategies to improve outcomes and reduce inequities across Lake Charles Memorial's region and the state.

Figure 34: Survival Rates for Cancers Diagnosed

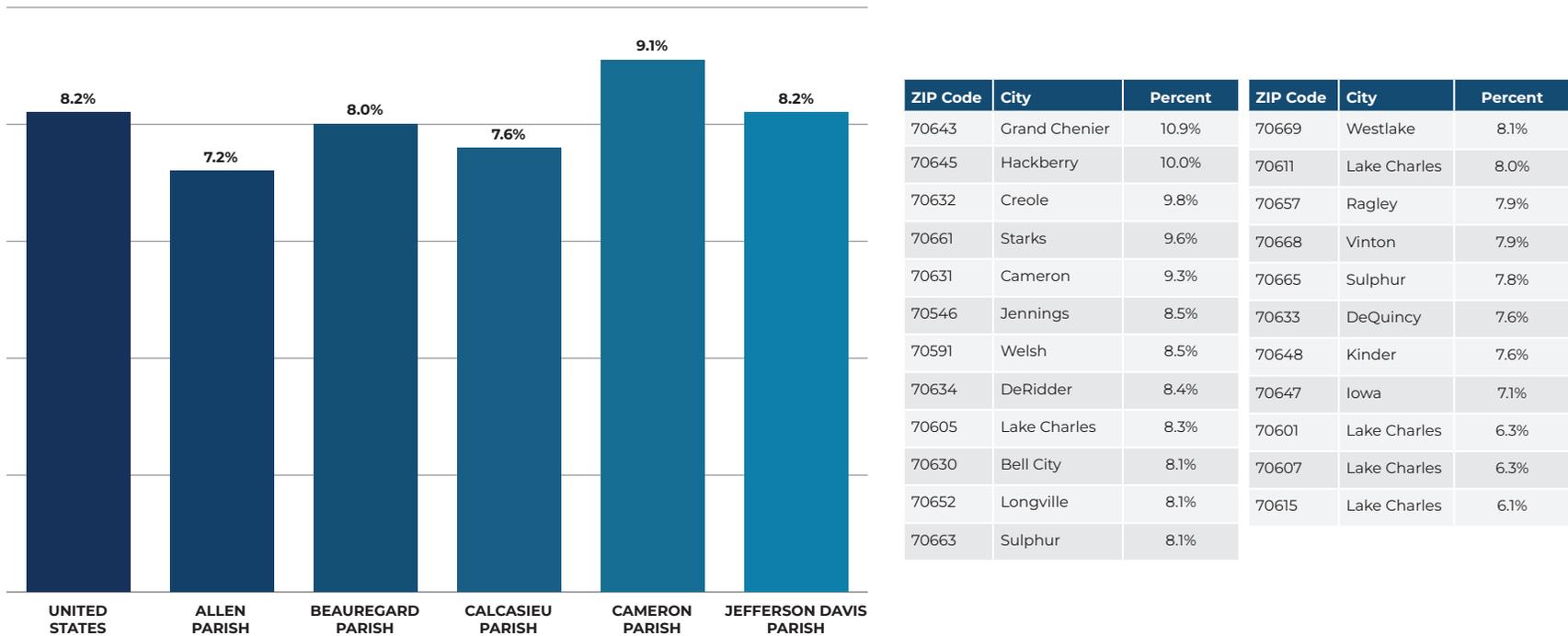


Source: Louisiana Tumor Registry 2016-2020



Several Southwest Louisiana parishes and ZIP codes meet or exceed the national average of 8.2% of adults reporting a cancer diagnosis. ZIP codes with higher cancer prevalence are concentrated in Grand Chenier, Hackberry, Creole, and Starks, compared to parts of Lake Charles.

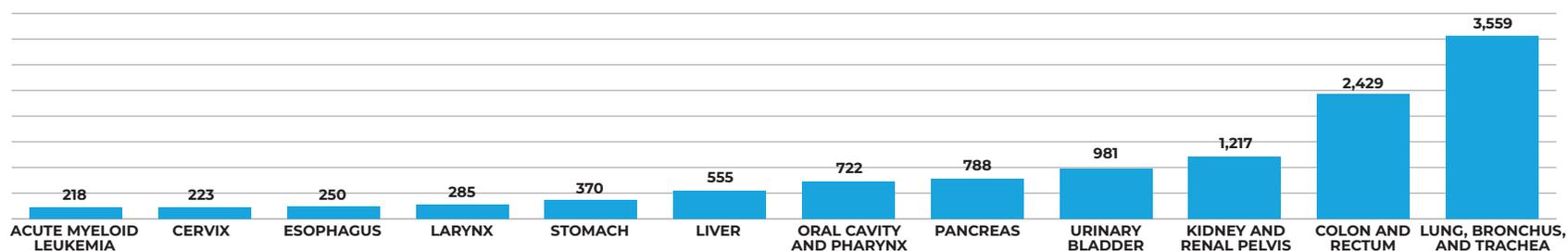
Figure 35: Cancer (Non-Skin) or Melanoma Among Adults



Source: PLACES: Centers for Disease Control and Prevention, 2024

Lung, bronchus, and trachea cancers account for the highest average number of diagnoses each year by a wide margin in Louisiana. These findings underscore the pervasive impact of tobacco exposure across multiple organ systems and reinforce the importance of tobacco prevention, cessation, and early detection strategies as core components of cancer control and community health improvement efforts.

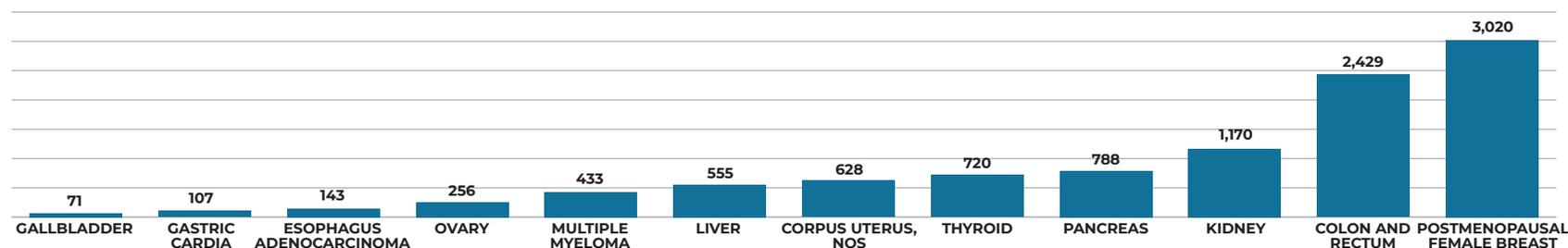
Figure 36: Types of Cancer Associated with Tobacco Use in Louisiana (Average Number Diagnosed per Year)



Source: Louisiana Tumor Registry and the Behavioral Risk Factor Surveillance System (BRFSS), 2015-2019

Obesity is strongly associated with several high-burden cancers in Louisiana, particularly postmenopausal breast cancer and colorectal cancer, which account for the largest average number of diagnoses each year. These patterns highlight how excess weight contributes to cancer risk across multiple organ systems, reinforcing the importance of obesity prevention, nutrition, and physical activity as critical strategies for reducing long-term cancer incidence in the community.

Figure 37: Types of Cancer Associated with Obesity (Average Number Diagnosed per Year)

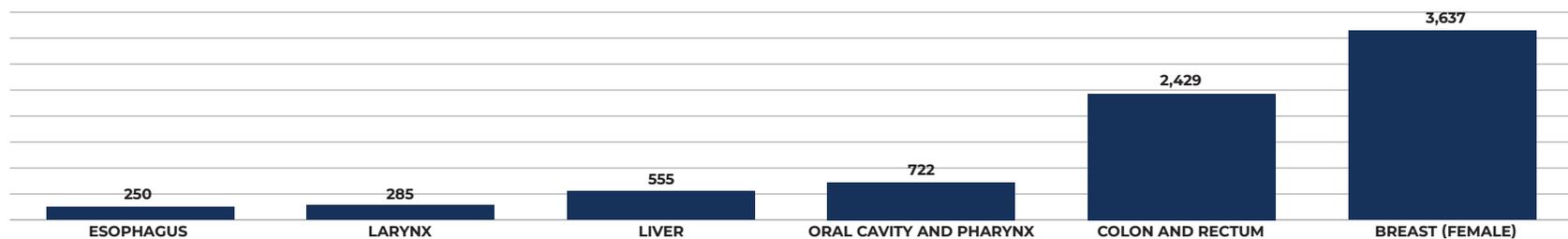


Source: Louisiana Tumor Registry and the Behavioral Risk Factor Surveillance System (BRFSS), 2015-2019

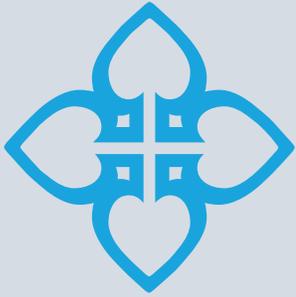


Alcohol use is associated with cancer diagnoses, with female breast cancer and colorectal cancer accounting for the highest average number of diagnoses each year.

Figure 38: Types of Cancer Associated with Alcohol Use (Average Number Diagnosed per Year)

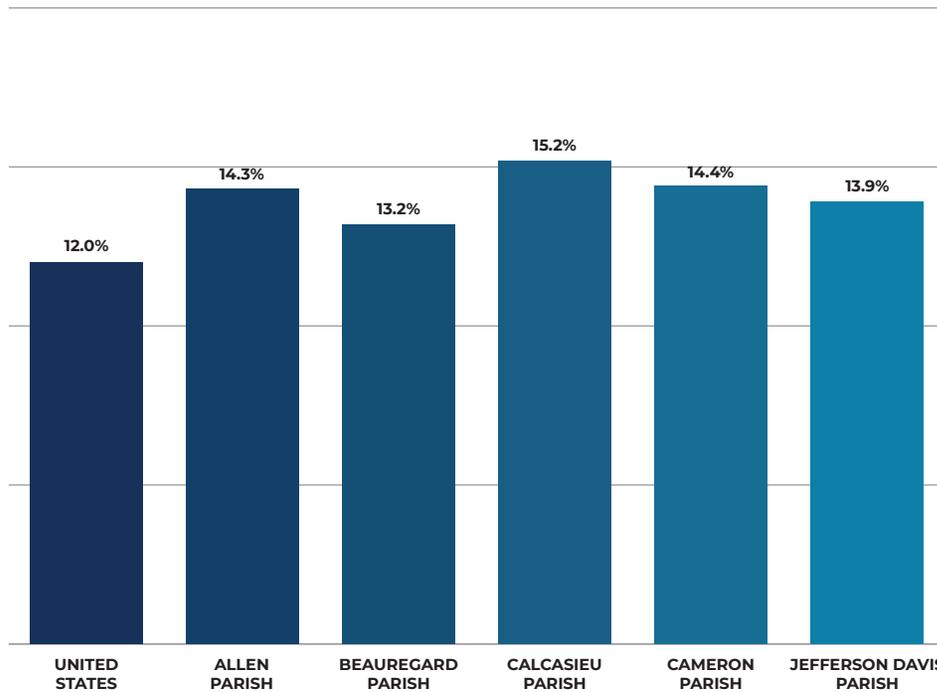


Source: Louisiana Tumor Registry and the Behavioral Risk Factor Surveillance System (BRFSS), 2015-2019



Diabetes prevalence across Allen, Beauregard, Calcasieu, Cameron, and Jefferson Davis parishes exceeds the national average, with Calcasieu Parish reporting the highest parish-level rate. Several Lake Charles-area ZIP codes, particularly 70601, 70661, 70615, 70668, and 70607, experience especially high diabetes prevalence, well above both parish benchmarks.

Figure 39: Diabetes Among Adults



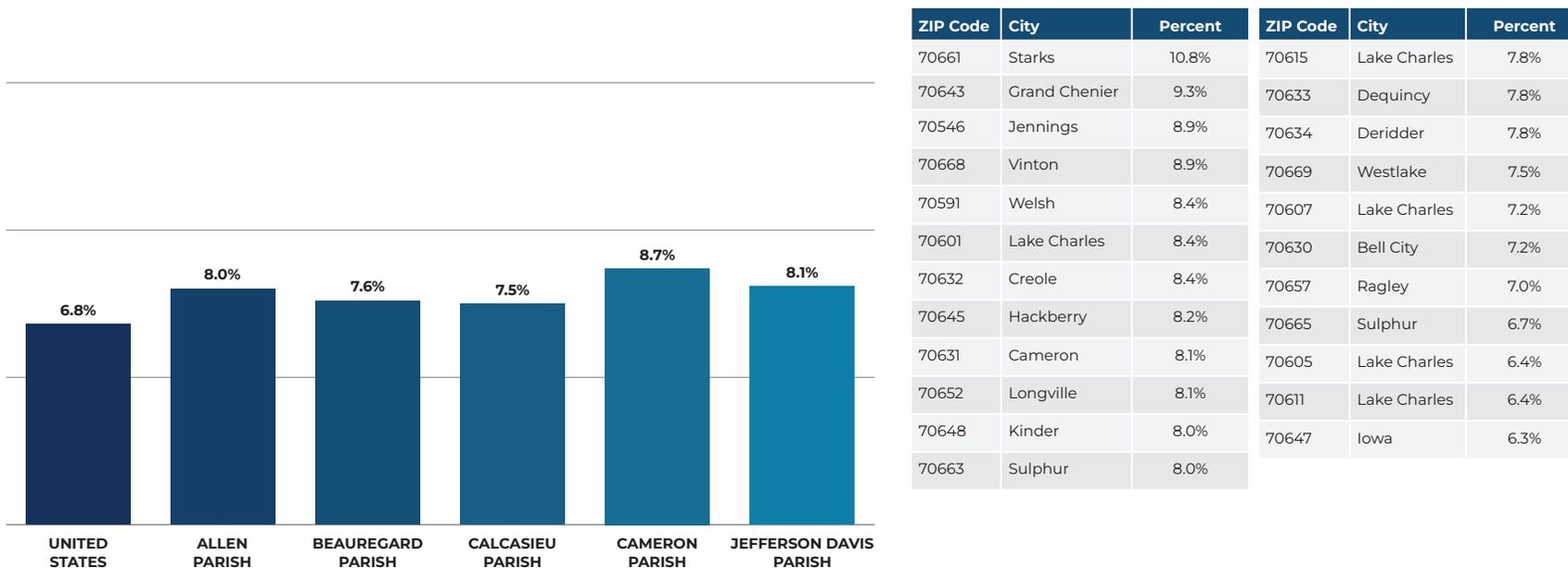
ZIP Code	City	Percent	ZIP Code	City	Percent
70601	Lake Charles	20.5%	70669	Westlake	14.1%
70615	Lake Charles	18.5%	70632	Creole	13.8%
70661	Starks	18.5%	70652	Longville	13.4%
70668	Vinton	17.3%	70631	Cameron	13.3%
70607	Lake Charles	16.0%	70665	Sulphur	12.7%
70546	Jennings	15.1%	70645	Hackberry	12.5%
70643	Grand Chenier	15.0%	70647	Iowa	12.4%
70663	Sulphur	14.6%	70630	Bell City	12.2%
70633	DeQuincy	14.5%	70611	Lake Charles	12.1%
70648	Kinder	14.4%	70605	Lake Charles	12.0%
70591	Welsh	14.1%	70657	Ragley	11.7%
70634	DeRidder	14.1%			

Source: PLACES: Centers for Disease Control and Prevention, 2024



Coronary heart disease prevalence across the Lake Charles region is consistently higher than the national average of 6.8%, with Cameron reporting the highest parish-level rate at 8.7%, followed by Jefferson Davis Parish (8.1%) and Allen Parish (8.0%). Several ZIP codes exhibit even greater burden, particularly 70661 (Starks) at 10.8% and 70643 (Grand Chenier) at 9.3%, indicating concentrated areas of elevated cardiovascular risk within the service area.

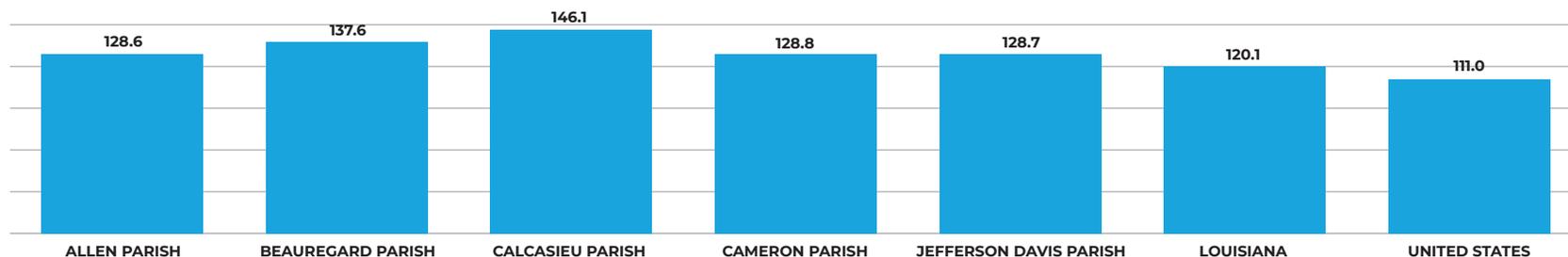
Figure 40: Coronary Heart Disease Among Adults



Source: PLACES: Centers for Disease Control and Prevention, 2024

Heart disease mortality rates in the Lake Charles region exceed the national average of 111.0 deaths per 100,000, with Calcasieu Parish reporting the highest rate at 146.1, followed by Beauregard Parish (137.6) and Cameron Parish (128.8). Although Louisiana overall (120.1) already experiences elevated heart disease mortality, several parishes in the service area face substantially greater burden, highlighting persistent cardiovascular risk tied to chronic disease prevalence, health behaviors, and access to preventive and specialty care.

Figure 41: Heart Disease Mortality (Rate per 100,000 Population)

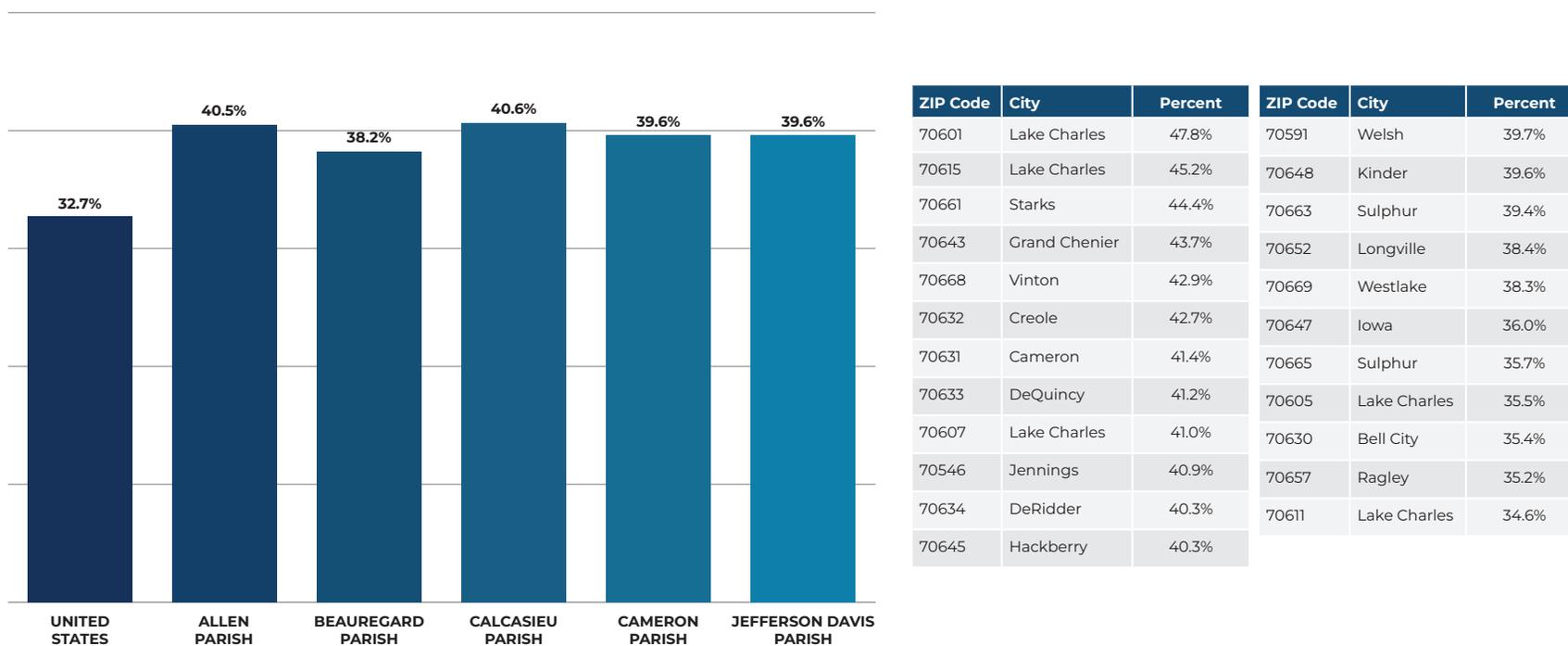


Source: Centers for Disease Control and Prevention 2019-2023.



High blood pressure is substantially more prevalent across Lake Charles-area parishes and ZIP codes when compared with the national average of 32.7%, with several communities exceeding 40% of adults affected.

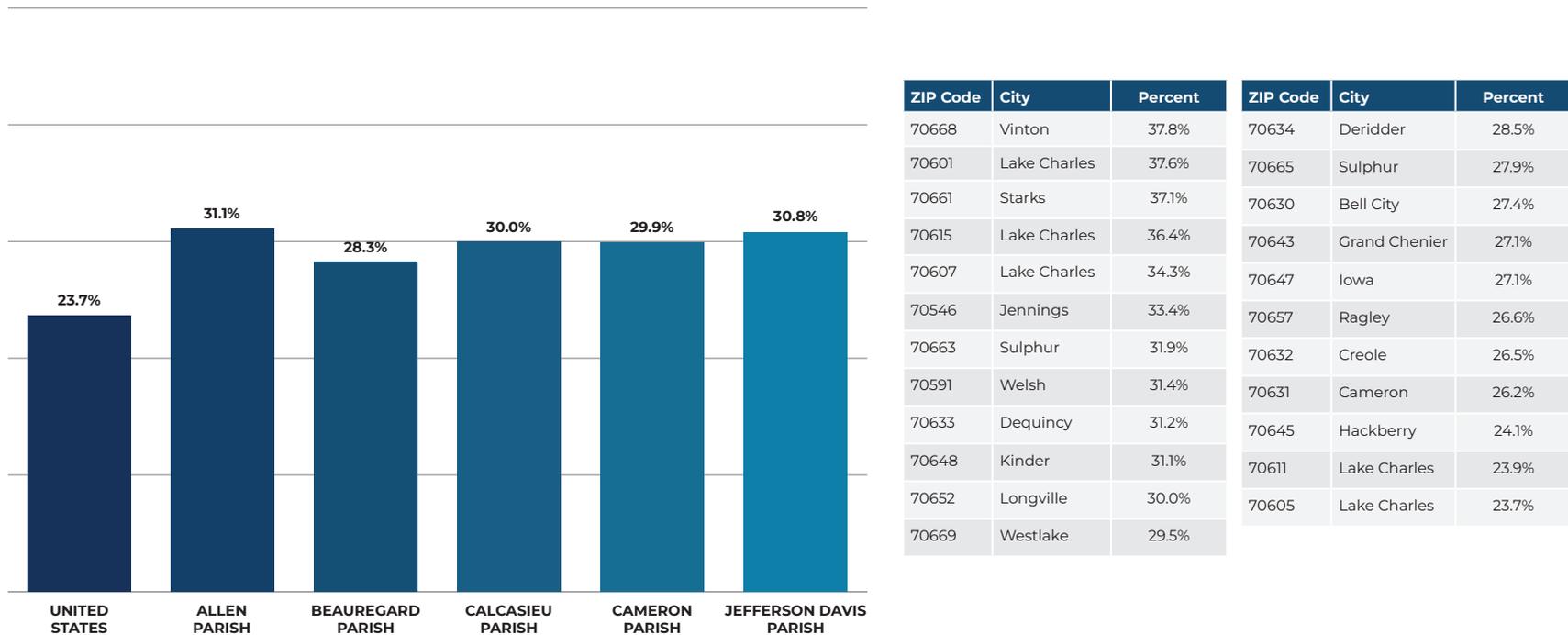
Figure 42: High Blood Pressure Among Adults



Source: PLACES: Centers for Disease Control and Prevention, 2024

A substantially higher share of adults in the region reported no leisure-time physical activity compared with the national average of 23.7%, with several communities exceeding one-third of adults. These elevated inactivity rates contribute directly to the region’s higher burden of obesity, diabetes, and cardiovascular disease, highlighting physical activity as a key target for prevention efforts.

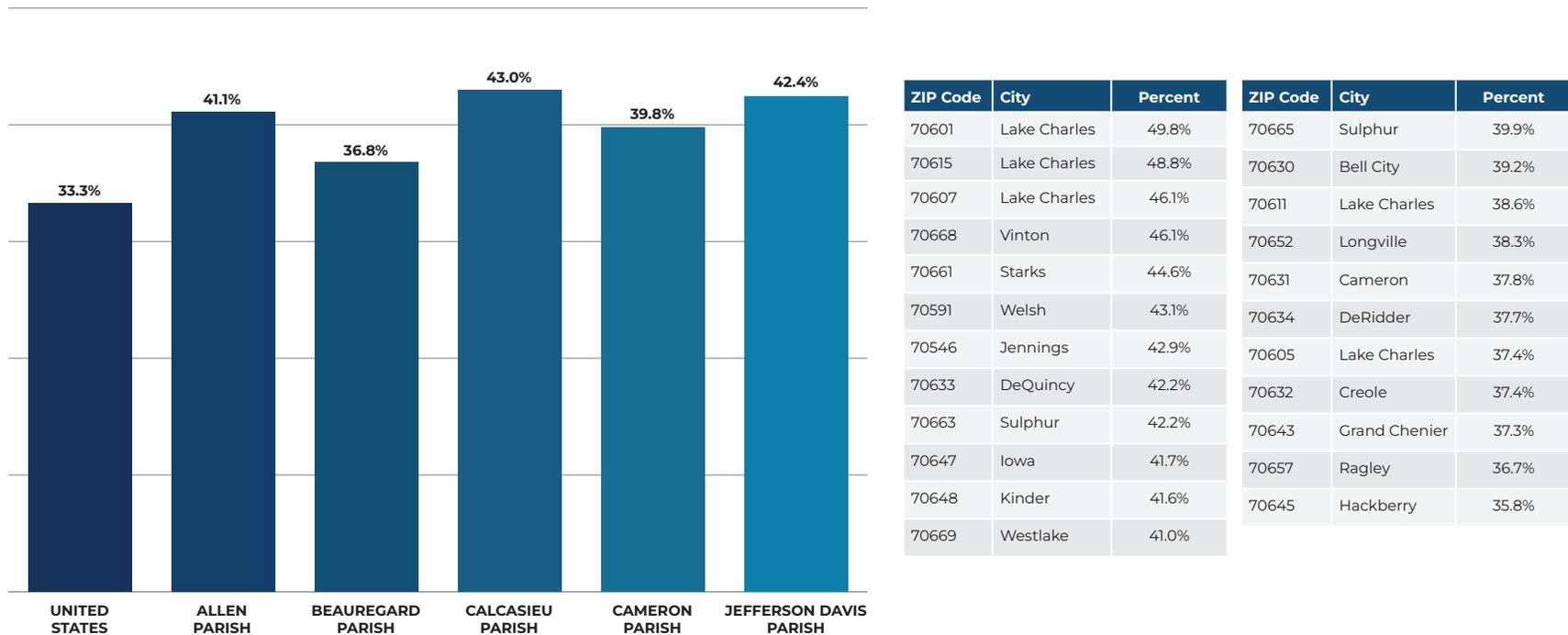
Figure 43: No Leisure-Time Physical Activity Among Adults



Source: PLACES: Centers for Disease Control and Prevention, 2024

Obesity prevalence is substantially higher than the national average of 33.3%, with parish-level rates ranging from the mid-30s to 43.0%. Calcasieu Parish (43.0%), Jefferson Davis Parish (42.4%), and Allen Parish (41.1%) exceed both the state and national benchmarks, while several ZIP codes such as 70601 and 70615 exceed 48.0%, indicating particularly high concentrations of obesity.

Figure 44: Obesity Among Adults

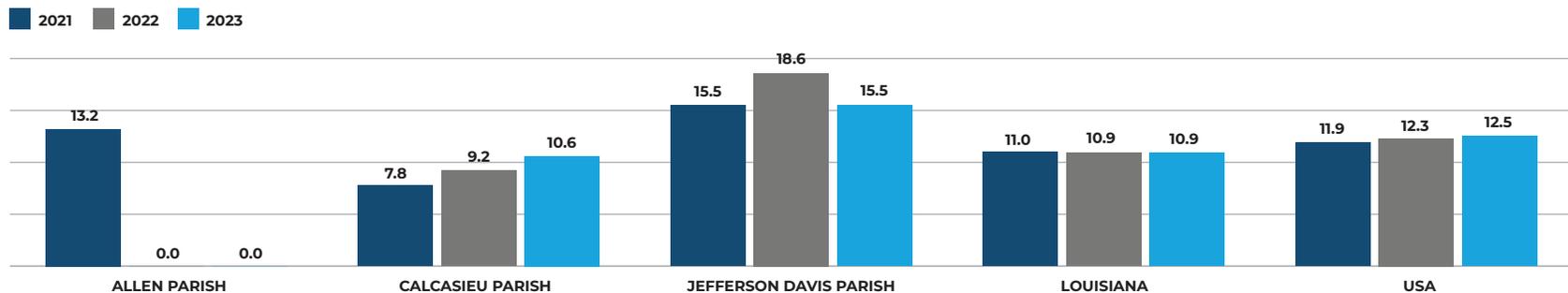


Source: PLACES: Centers for Disease Control and Prevention, 2024



Calcasieu Parish exhibited a gradual increase in the availability of recreation and fitness facilities from 2021 to 2023, but still lagged behind state and national averages for such facilities in Southwest Louisiana. Jefferson Davis Parish reports the highest access rates in the region, exceeding Louisiana and approaching national levels. These disparities explain higher rates of physical inactivity observed in many local communities and underscore the importance of expanding equitable access to recreational and fitness facilities as part of broader chronic disease prevention and health promotion strategies.

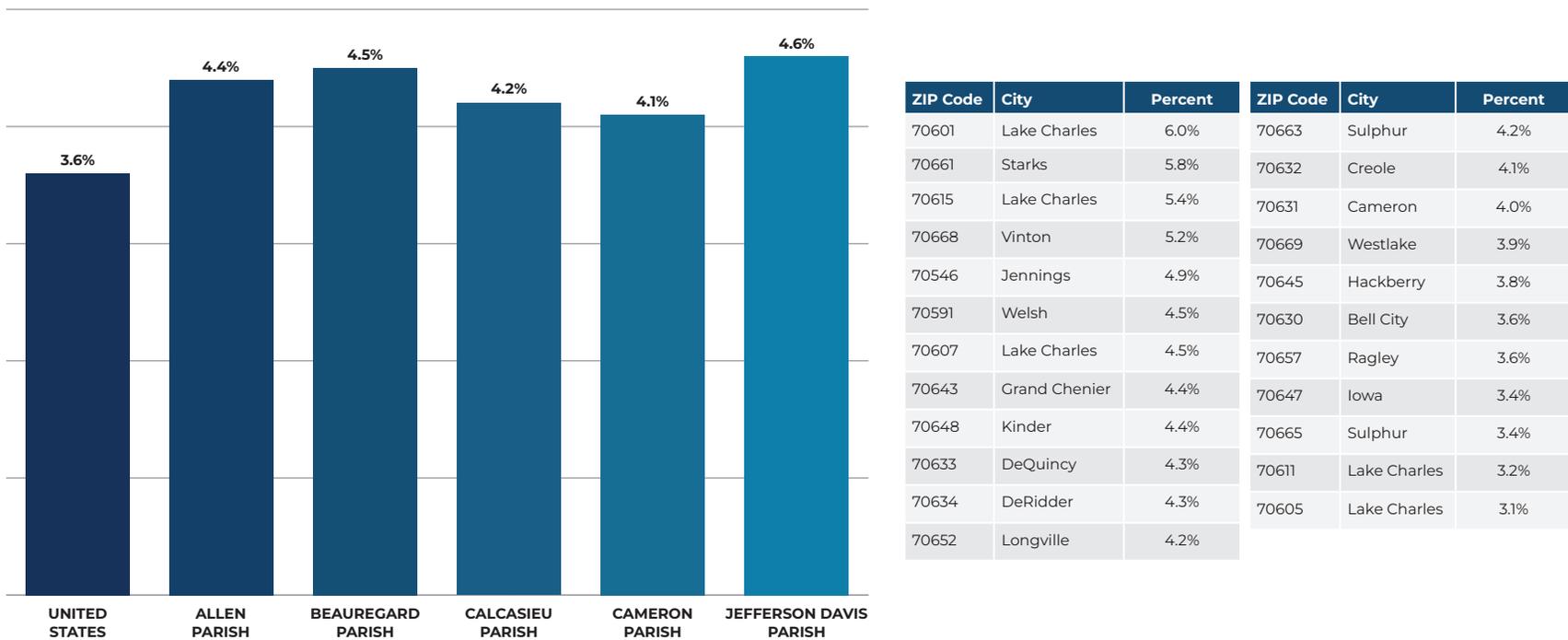
Figure 45: Recreation and Fitness Facility Access (Rate per 10,000 Population)



Source: U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES. 2023

Incidences of strokes in the Lake Charles region, at 4.1%-4.6% in the five parishes, are above the national average of 3.6%. Five ZIP codes report statistics exceeding Allen Parish’s 4.6%. By strengthening prevention efforts, expanding access to care, and targeting high-risk communities, the region has a strong opportunity to reduce stroke incidence and improve long-term cardiovascular health outcomes.

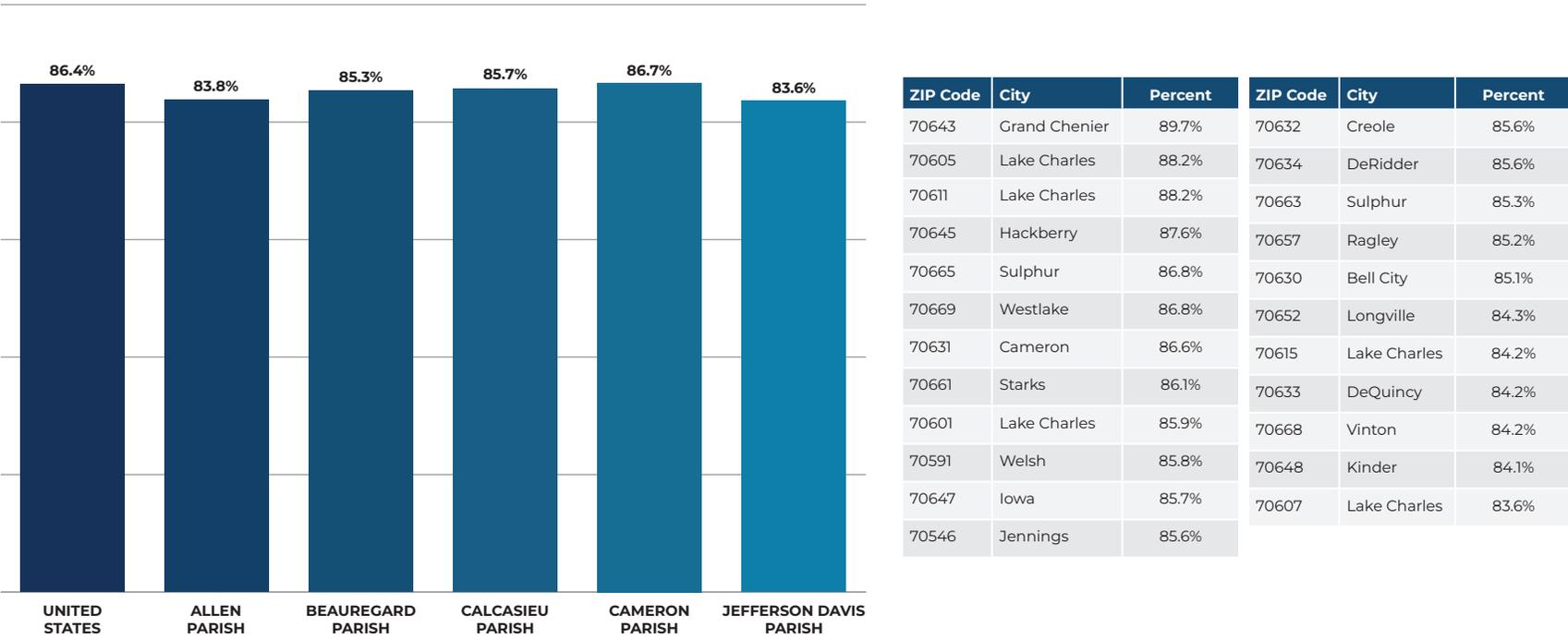
Figure 46: Stroke Among Adults



Source: PLACES: Centers for Disease Control and Prevention, 2024

Cholesterol screening rates among adults are strong and closely aligned with the national average of 86.4%, reflecting consistent engagement in preventive health care within the community. Several ZIP codes, including Grand Chenier (70643) and multiple Lake Charles neighborhoods, exceed the national benchmark. At the parish level, Cameron exceeds the U.S. average at 86.7%.

Figure 47: Cholesterol Screening Among Adults



Source: PLACES: Centers for Disease Control and Prevention, 2024

Among adults screened for cholesterol, all five parishes report high levels exceeding the national average of 35.5%. Only six ZIP codes in the region report high cholesterol levels below the U.S. average.

Figure 48: High Cholesterol Among Adults Who Have Been Screened



Source: PLACES: Centers for Disease Control and Prevention, 2024



ACCESS TO CARE

Access to care is a foundational determinant of health because it influences whether residents can obtain timely, appropriate, and continuous health services from preventive screenings and chronic disease management to acute care and behavioral health support. Barriers such as provider shortages, lack of transportation, insurance challenges, and fragmented service delivery can delay care, worsen chronic conditions, and increase reliance on emergency departments for needs that could be met in community-based settings. Key elements, care coordination, health system navigation, and workforce development are critical to strengthening access and improving health outcomes for all residents.

Care coordination ensures that individuals receive seamless support across the health system. This includes linking patients from emergency care to follow-up services, aligning primary care with specialty and behavioral health providers, and reducing gaps that can lead to preventable complications. Effective coordination helps reduce redundancies, improve patient engagement, and lower avoidable hospitalizations, making healthcare more efficient and responsive.

Health system navigation empowers residents to understand and use available services. Navigators and supportive tools help patients find providers, schedule appointments, understand insurance options, and connect with community resources like transportation and financial assistance. Navigation is especially important for vulnerable populations, such as older adults, those with chronic illnesses, non-English speakers, and individuals with limited health literacy.

Workforce development directly influences access by increasing the number and distribution of qualified providers. Strategies to strengthen the health workforce, such as loan repayment programs, recruitment incentives tied to Health Professional Shortage Area (HPSA) designations, and expanded use of nurse practitioners and physician assistants, can reduce provider shortages. A robust workforce enhances the capacity of clinics and hospitals to meet demand, particularly in rural and underserved areas. Together, these elements create an integrated framework that enables residents to access comprehensive, continuous, and culturally competent care across the lifespan. Strengthening these areas is essential for building a health system that supports preventive care, manages chronic disease effectively, and improves health equity across communities.



Table 10: Community Input and Engagement for Access to Care

Stakeholder Interviews Findings – Shared Feedback	
<p><i>Largest barriers for people not receiving care or services</i></p> <ul style="list-style-type: none"> • Transportation – 73.3% • Affordability – 66.7% • No insurance – 53.3% • Availability of services – 46.7% • Lack of healthcare coordination services – 40.0% • Flexibility in scheduling – 26.7% <p><i>What can be offered to suppress the prevalence of chronic diseases and maintain optimal health in your community?</i></p> <ul style="list-style-type: none"> • Preventative healthcare services – 57.1% • Collaboration with healthcare providers – 42.9% • Community engagement and support – 35.7% • Monitoring and evaluation – 35.7% 	<p><i>What are the most significant barriers to improving health and quality of life?</i></p> <ul style="list-style-type: none"> • Adequate transportation – 73.3% • Access to preventive screenings and vaccinations – 33.3% <p><i>Actions hospital could take to address health disparities</i></p> <ul style="list-style-type: none"> • Transportation assistance – 50.0% • Community-based health programs – 35.7% • Improve access to healthcare – 35.7% • Education and workforce development – 28.6% • Integrated care models – 28.6% • Policy and advocacy – 21.4% <p><i>Community needs that need further collaboration</i></p> <ul style="list-style-type: none"> • Transportation – 80.0% • Economic development – 40.0%



Table 10: Community Input and Engagement for Access to Care (continued)

Community Survey Findings – Shared Feedback	
<p><i>Which health and social conditions are most essential for building a healthy, thriving community?</i></p> <ul style="list-style-type: none"> • Access to affordable health insurance – 68.3% • Access to affordable prescription and over-the-counter medication – 51.4% <p><i>Which health and social conditions are most essential for building a healthy, thriving community?</i></p> <ul style="list-style-type: none"> • Access to affordable, quality senior care options – 25.8% • Access to preventative screenings and vaccinations – 19.2% • Adequate transportation – 16.4% • Workforce development/living wage – 15.9% • Access to specialty care – 14.8% • Strong social support networks – 14.1% • Health literacy and navigation – 4.6% 	<p><i>Which health and social issues have the most negative impact on your community's health?</i></p> <ul style="list-style-type: none"> • Access to healthcare – 47.8% <p><i>Where do you typically seek medical care?</i></p> <ul style="list-style-type: none"> • Primary care office/physician specialist offices – 85.57% • Clinics (urgent care, FQHC) – 9.79% • I do not typically seek medical care – 2.32% • Hospital emergency department – 1.55% • Pharmacy – 0.26% <p><i>How do you pay for your healthcare?</i></p> <ul style="list-style-type: none"> • Health insurance – 85.4% • Medicare – 19.8% • Pay cash/no insurance – 9.0% • Medicaid – 5.4% • Veterans Administration – 2.3%

To better understand barriers and opportunities related to access to care, stakeholders' qualitative feedback focused on identifying gaps in access, populations most affected, and practical strategies to improve the ability of residents to obtain timely, affordable, and appropriate healthcare services. Stakeholders emphasized that access to care is shaped not only by the availability of providers, but also by transportation, cost, care coordination, and system complexity. Their input provides critical context for interpreting quantitative access indicators and helps identify actionable solutions tailored to local needs.

What strategies/initiatives could be implemented to ensure equitable healthcare for all residents?

- Enhance transportation options for seniors to ensure access to essential services.
- Include transportation details in agency descriptions so residents can easily find and use available services.
- Expand access to pediatric care by addressing barriers such as insurance limits, long wait times, and lack of transportation.
- Encourage providers, social service agencies, behavioral health services, and community programs to work together in a coordinated way to better meet community needs.
- Increase access to healthcare by addressing transportation and financial barriers that prevent people from receiving needed services.
- Create more community clinics to reach a more diverse population.
- Improve transportation options to healthcare facilities so that residents can receive timely care.
- Reduce the cost and complexity of healthcare by simplifying processes, enabling providers to address multiple issues in a single visit.
- Bridge clinics for better collaboration and partnerships.
- Ensure that community engagement and data collection efforts intentionally include residents from all backgrounds and communities.
- Collaborate at the state and national levels to improve the health insurance system.
- Access to free healthcare services, transportation, and rehabilitation programs.
- Enhance transportation options for consistent attendance at health services.

Do Significant health challenges/gaps in access to care affect your community? What steps have been taken to address these challenges, and what additional efforts are still needed?

- Persistent health inequalities continue to affect one's overall well-being.
- There is a significant gap between emergency care and follow-up treatment; implementing case management could help bridge this divide.
- Transient populations face barriers to timely care, making it difficult for many to access consistent and effective treatment.
- Many residents would seek care if reliable transportation were available.
- Many residents would seek care if reliable transportation were available.

Prioritizing an Area of Health for Community Focus

- Improving transportation options is crucial for enhancing access to healthcare.
- Collaboration across healthcare providers, community organizations, and partners to improve community health.
- Expanding access to pediatric and pediatric specialty care will help ensure that children receive high-quality services.

Stakeholder feedback highlights that access to care remain a significant challenge for many residents, particularly seniors, children, low-income households, and transient populations. Transportation barriers were cited repeatedly as a primary obstacle preventing individuals from seeking preventive care, specialty services, and follow-up treatment. Collectively, their insights reinforce that improving access to care will require coordinated, community-wide efforts that integrate healthcare delivery with transportation, social supports, and inclusive engagement to ensure all residents can obtain the care they need.

Health Professional Shortage Areas (HPSAs) are essential for understanding and addressing access to care as they identify where shortages of healthcare providers directly limit residents' ability to obtain timely and appropriate services. The table illustrates notable variation across parishes, with Allen Parish showing particularly high need, totaling 24 HPSA facility designations across primary care and mental health services and indicating widespread workforce shortages that can contribute to delayed care and unmet health needs. Beauregard Parish and Calcasieu Parish also face access challenges, though at lower levels, while Jefferson Davis Parish has fewer but still meaningful shortages. In contrast, Cameron Parish shows no facility-level HPSA designations, which may reflect different service delivery patterns or regional reliance on neighboring providers. At the state level, Louisiana's 327 HPSA facility designations underscore a systemic access challenge compared to national totals. These designations are critical because they allow communities to leverage federal and state programs such as loan repayment, recruitment incentives, and grant funding to strengthen the healthcare workforce, reduce disparities, and improve access to primary, behavioral, and dental care for residents most in need.

Table 11: Facilities Designated as Health Professional Shortage Area

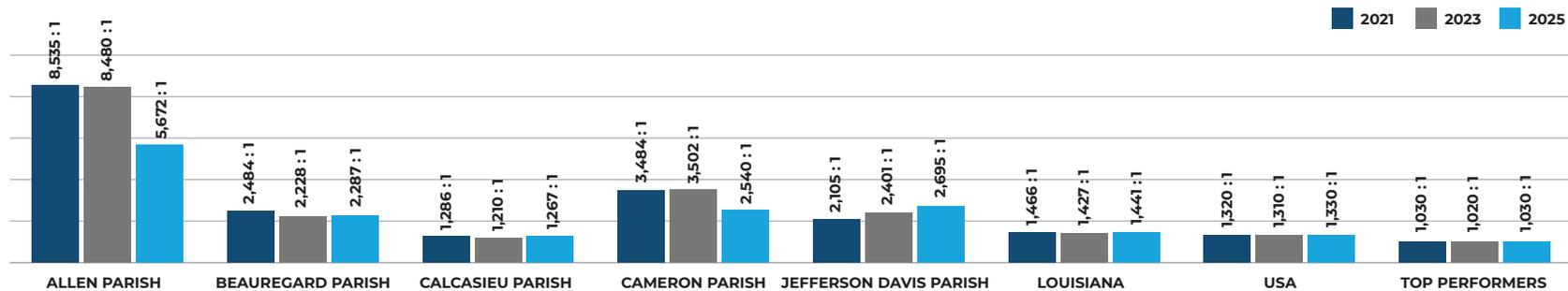
	Primary Care Facilities	Mental Healthcare Facilities	Total HPSA Facility Designations
Allen Parish	8	8	24
Beauregard Parish	3	3	9
Calcasieu Parish	2	2	6
Cameron Parish	0	0	0
Jefferson Davis Parish	1	1	3
Louisiana	108	110	327
United States	4,721	4,791	14,157

Source: U.S. Dept of Health and Human Services, Health Resources & Services Administration, 2025

The Lake Charles region offers substantial disparities in patient-to-physician ratios, with higher ratios indicating fewer available providers per resident and greater strain on the healthcare system. Allen Parish stands out with extremely high ratios across all years, even with improvement by 2025, signaling persistent and severe provider shortages that likely contribute to longer wait times, reduced continuity of care, and greater reliance on emergency departments for routine needs. In contrast, Calcasieu Parish shows comparatively better access, with ratios closer to state, national, and top-performer benchmarks, suggesting a stronger primary care workforce base.

When compared to Louisiana, the United States, and top-performing areas, most Southwest Louisiana parishes lag in optimal access levels, particularly rural parishes such as Cameron and Jefferson Davis. These gaps have important implications for population health: limited access to primary care is associated with poorer chronic disease management, lower use of preventive services, and worse overall health outcomes. The trends underscore the need for targeted workforce strategies such as provider recruitment incentives, loan repayment programs, expanded use of nurse practitioners and physician assistants, and telehealth to reduce disparities and strengthen primary care capacity in high-need parishes.

Figure 49: Access to Primary Care (Ratio per Patient to Physician Ratio)

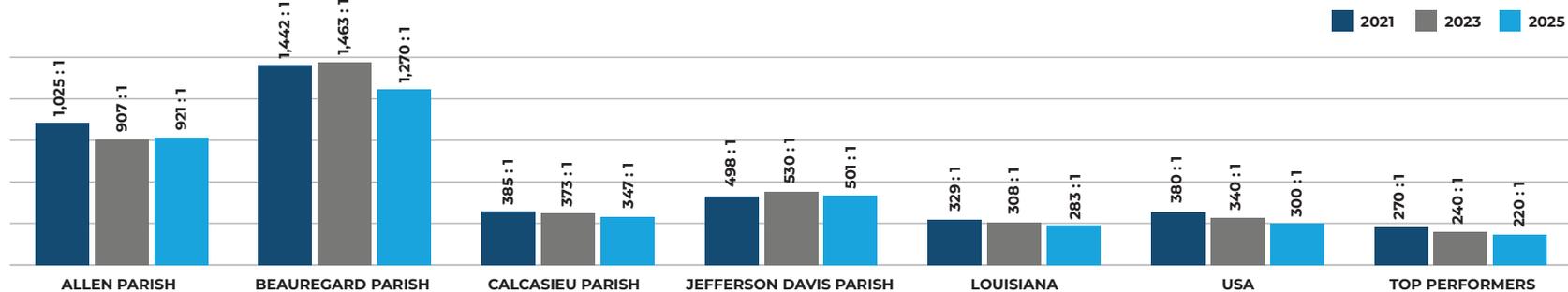


Source: Area Health Resource File/American Medical Association, 2025

The mental health provider-to-patient ratios highlight significant access challenges that are particularly important for the Lake Charles community. Fewer available mental health providers relative to population need translates into long wait times, limited appointment availability, and reduced continuity of care. Compared with national averages and top-performing areas, parishes in and around Lake Charles, especially Allen and Beauregard, show substantially higher ratios, signaling persistent workforce shortages despite modest improvement over time. While Calcasieu Parish performs better relative to neighboring rural parishes, its ratios still exceed optimal benchmarks, suggesting unmet demand for behavioral health services.

For the Lake Charles region, these gaps have significant implications. Limited access to mental health providers can worsen untreated depression, anxiety, substance use disorders, and crisis-level conditions, increasing pressure on emergency departments, law enforcement, and inpatient services. Improving these ratios is critical to supporting early intervention, integrating behavioral health into primary care, and strengthening community resilience, particularly in a region that has faced repeated natural disasters and economic stressors. Targeted recruitment, tele-mental health expansion, integration of behavioral health into primary care settings, and incentives tied to HPSA designations can help reduce barriers to access and improve mental health outcomes.

Figure 50: Access to Mental Healthcare (Ratio of Patients to Mental Health Providers)

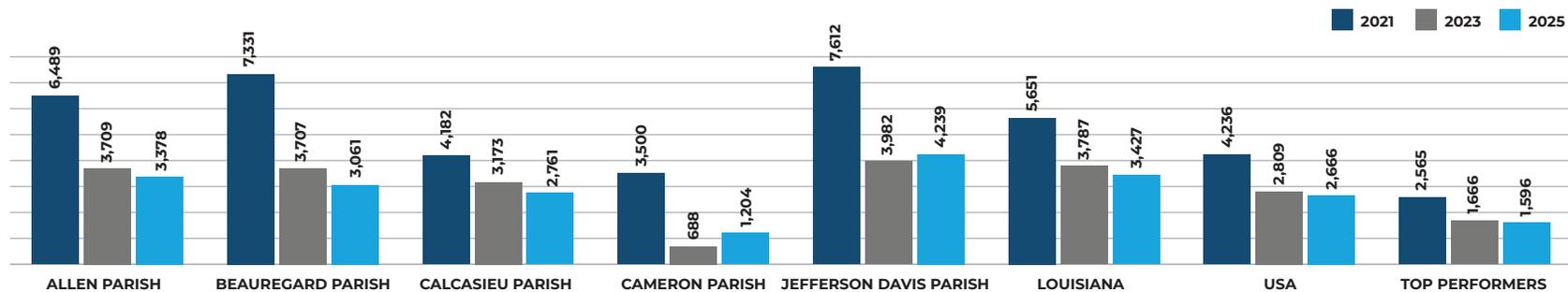


Source: Area Health Resource File/American Medical Association, 2025

High rates of preventable hospital events across several Southwest Louisiana parishes, with Allen, Beauregard, and Jefferson Davis Parishes experiencing rates well above both the Louisiana and U.S. averages, despite notable improvement from 2021 to 2025. Preventable hospital events are often linked to conditions such as diabetes, heart disease, asthma, and hypertension. These events are key indicators of inadequate access to timely, effective primary and outpatient care.

These patterns highlight important access to care challenges. Elevated rates suggest barriers such as limited primary care capacity, provider shortages, transportation difficulties, and gaps in care coordination that lead residents to rely on hospitals for conditions that could be managed in community settings. While declining trends indicate progress, the continued gap relative to national benchmarks underscores the need to strengthen primary care access, chronic disease management, care transitions, and community-based preventive services to reduce avoidable hospitalizations and improve overall health system efficiency.

Figure 51: Preventable Hospital Events (Per 100,000 Medicare Beneficiaries)



Source: Centers for Medicare and Medicaid Services, 2025





Access to care is shaped not only by the availability of services but by how effectively residents can navigate and move through the health system. Strong care coordination is essential to closing gaps between primary care, specialty services, behavioral health, and follow-up care, particularly for individuals with chronic conditions or complex needs. Equally important is health system navigation, ensuring patients understand where to seek care, how to schedule appointments, and how to access transportation, insurance support, and community resources so that services are used appropriately and consistently. Workforce development intersects with both elements, as an adequate and well-distributed supply of primary care providers, behavioral health professionals, and allied health workers is foundational to timely access and coordinated care delivery. Together, investments in care coordination, navigation support, and workforce capacity can reduce preventable hospitalizations, improve continuity of care, and create a more accessible, efficient, and equitable health system for all residents.



CONCLUSION

The CHNA for Lake Charles Memorial Health System identifies a clear and interconnected set of priority needs that will guide community health improvement efforts over the next three years. Behavioral health emerged as a critical concern, with an emphasis on strengthening emergency department navigation, improving coordination among behavioral health providers, expanding support for postpartum depression, and advancing suicide prevention strategies to address both acute crises and long-term mental health needs. Health behaviors were also identified as a key focus area, highlighting the importance of health education, motor vehicle accident prevention, sexually transmitted disease prevention, and tobacco use reduction to reduce preventable illness and injury. In addition, managing population health and preventing chronic diseases remains essential to improving overall health outcomes and reducing disparities across the region. Access to care serves as a unifying priority across all areas, underscoring the need for enhanced care coordination, health system navigation support, and workforce development to ensure residents can obtain timely, appropriate, and continuous care. Moving forward, Lake Charles Memorial Health System will build upon these findings through targeted implementation strategies that leverage clinical expertise, community partnerships, and data-driven decision-making. By aligning resources with identified needs, engaging community stakeholders, and regularly evaluating progress, Lake Charles Memorial is positioned to advance health equity, improve outcomes, and strengthen the health and resilience of communities throughout Southwest Louisiana.

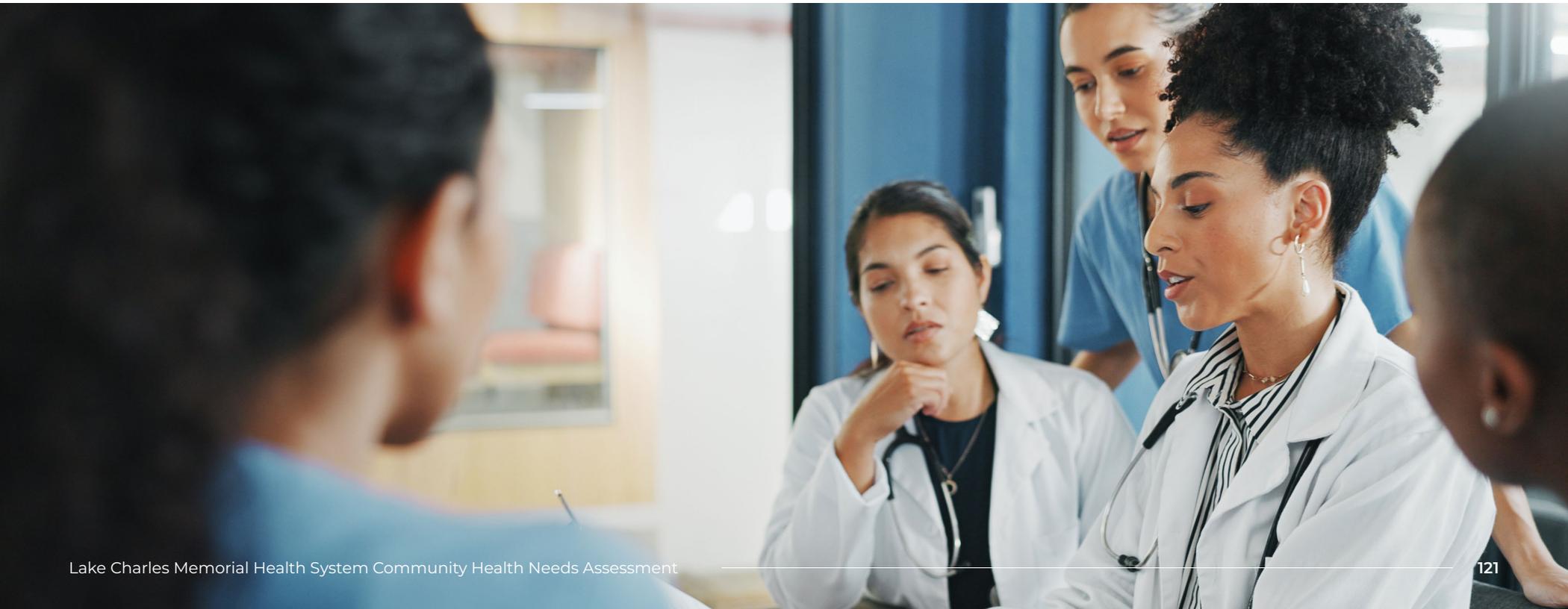


RECLASSIFICATION OF 2022 CHNA

All needs identified in the 2022 CHNA will continue to be recognized as priority areas for the 2025 CHNA cycle, as the underlying health challenges, disparities, and service gaps remain consistent across the parishes and service areas. Behavioral health, previously listed as a single category, is now explicitly defined to encompass both mental health and substance use needs, aligning more clearly with community priorities. In addition, the former specialist/certified programs subcategory has been reclassified as workforce development to more accurately reflect provider capacity challenges, training pipeline needs, and the broader workforce gaps identified through the assessment. Addressing the 2025 priority areas requires a multi-faceted approach, leveraging healthcare partnerships and community-based initiatives to improve health equity and overall wellness in the communities served by Lake Charles Health System.

DATA GAPS

Lake Charles Memorial Health System's CHNA was informed by the most current and comprehensive data available at the time of analysis. Throughout the CHNA process, Lake Charles Memorial identified several data limitations, particularly related to engaging certain disparate and at-risk populations. Although extensive efforts were made to reach a broad and diverse cross-section of the community through multiple engagement strategies, including stakeholder interviews, some populations remained underrepresented. For example, challenges were encountered in collecting input from incarcerated individuals and residents with limited English proficiency because of access restrictions and communication barriers. Despite these constraints, the assessment was intentionally structured to provide a meaningful and representative overview of community health conditions, while acknowledging that data gaps may limit the ability to fully capture all health needs across the service area.





NEXT STEPS

In the months ahead, Lake Charles Memorial Health System will build upon the insights from the CHNA to develop a comprehensive and actionable Implementation Strategy Plan (ISP). This plan will take the identified specific priorities and outline clear and measurable goals and strategic initiatives to align with the health system's mission and long-term commitment to improving community health. A central component of this next phase will be the continued and intentional collaboration with community partners, including nonprofit organizations, schools, public health agencies, behavioral health providers, faith-based groups, and civic leaders, to ensure that the strategies developed are responsive to local needs and grounded in the lived experiences of residents across Southwest Louisiana. Together, these partners will refine intervention approaches, share resources, and coordinate efforts to reduce duplication and maximize impact.

The ISP will also focus on expanding access to essential services, reducing health disparities, and addressing systemic barriers that contribute to poor health outcomes. Lake Charles Memorial will establish performance indicators to monitor progress, evaluate effectiveness, and guide adjustments over time. Communication with stakeholders and community members will ensure transparency and keep the public informed about advancements, challenges, and opportunities for engagement. Through this collaborative, data-driven, and community-centered approach, Lake Charles Memorial Health System reaffirms its long-standing commitment to advancing health equity, strengthening regional partnerships, and improving the overall well-being of all individuals and families in Southwest Louisiana.

ADDITIONAL INFORMATION

Lake Charles Memorial Health System is committed to developing focused implementation strategies that build upon its capabilities, clinical expertise, and strong community partnerships. These strategies will drive coordinated action to address the priority health needs identified through this assessment and support improved health outcomes for residents throughout Southwest Louisiana. For questions or additional information regarding the CHNA or its results, please contact:

LISA A. GUERRERO

Executive System Director of Marketing & Communications

1701 Oak Park Blvd.
Lake Charles, LA 70601
lguerrero@lcmh.com
marketing@lcmh.com
lcmh.com





COMMITMENT TO ADVANCING COMMUNITY HEALTH

Special Thanks

Developing this report required a comprehensive understanding of the communities Lake Charles Memorial serves. Guided by the leadership of the CHNA Working Group, a dedicated group committed to advancing the health and well-being of Southwest Louisiana residents, the assessment reflects the collective effort of many voices. Through collaboration with community leaders, healthcare professionals, stakeholders, and representatives from local health and human service organizations, the Working Group aimed to identify unmet needs, emerging challenges, and areas where support is most needed. Tripp Umbach extends our sincere appreciation to the Working Group for their unwavering dedication. Although the issues facing our communities are complex, we are addressing them together, united with our partners, our people, and the residents we proudly serve.

In alphabetical order by last name.

Ranelda Benoit

Controller, Moss Memorial Health Clinic

Jennifer Foreman

Director of Nursing Excellence

Lisa Guerrero

Executive System Director of Marketing & Communications

Maria (Sol) Halliburton

Executive Director of the Foundation

Mandra Hayzlett

Practice Manager, Behavioral Health

Cheryl McCombs

Quality Clinical Analyst

Delaney Nugent

Communications Manager

Victoria Orsot

Nurse Manager, Ambulatory Oncology

CONSULTANTS

Tripp Umbach brings more than 30 years of national experience conducting CHNAs, developing implementation strategies, and planning population health for hospitals, health systems, public health agencies, universities, and community-based organizations. As a recognized leader in the field, Tripp Umbach has completed hundreds of CHNAs nationwide, working in diverse settings ranging from large academic health centers to rural critical access hospitals. Our team is highly skilled in analyzing complex quantitative data; synthesizing community voices through interviews, focus groups, and surveys; and facilitating structured prioritization processes that lead to clear, actionable results. We have deep expertise in identifying health disparities, evaluating social determinants of health, and supporting clients in building sustainable, community-centered strategies to improve health outcomes. Beyond assessment, Tripp Umbach works closely with organizations to develop evidence-based implementation plans, strengthen partnerships, and align resources to support long-term, measurable impact. With decades of experience and a proven track record of producing IRS-compliant, high-quality CHNAs, Tripp Umbach provides the insight, rigor, and strategic guidance necessary to help communities and health systems advance meaningful change.



trippumbach.com







Lake Charles

Memorial Health System

lcmh.com

