2019 Community Health Needs Assessment

CHRISTUS Ochsner Health Southwestern Louisiana

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In addition, the following individuals contributed to the data collection, analysis, writing, and editing of this report from the Louisiana Public Health Institute.

Barrie Black, MPH
Program Manager, Healthy Communities
Louisiana Public Health Institute

Michelle Lackovic, MPH
Senior Analyst, Evaluation and Research
Louisiana Public Health Institute

Sandra Veronica Serna, MPH
Associate Director, Healthy Communities
Louisiana Public Health Institute

Lisa Tobe, MPH, MFA
Executive Director
Wildflower Consulting

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About the Louisiana Public Health Institute (LPHI)

LPHI, founded in 1997, is a statewide 501(c)(3) nonprofit and public health institute that translates evidence into strategy to optimize health ecosystems. Our work focuses on uncovering complementary connections across sectors to combine the social, economic, and human capital needed to align action for health. We champion health for people, within systems, and throughout communities because we envision a world where everyone has the opportunity to be healthy. For more information, visit www.lphi.org.

Executive Summary

CHRISTUS Ochsner St. Patrick Hospital and CHRISTUS Ochsner Lake Area Hospital are nonprofit hospitals in Lake Charles, LA and represent CHRISTUS Ochsner Health Southwestern Louisiana. CHRISTUS Ochsner Health Southwestern Louisiana serves communities in Allen, Beauregard, Calcasieu, Cameron, and Jefferson Davis parishes.

As part of their mission and to meet federal IRS 990H requirements, CHRISTUS Health contracted with the Louisiana Public Health Institute (LPHI) to conduct and document the community health needs assessment (CHNA) and community health improvement plan (CHIP) reports. The requirements imposed by the IRS for tax-exempt hospitals includes conducting a CHNA every three years and to adopt an implementation strategy to meet the community health needs identified through the assessment. This document serves as the CHRISTUS Ochsner Health Southwestern Louisiana CHNA report conducted in FY 2019 for 2020-2022 for CHRISTUS Ochsner St. Patrick Hospital and CHRISTUS Ochsner Lake Area Hospital. It will also be publically available.

LPHI worked with CHRISTUS Health using a mixed methods approach to conduct the CHNA. Existing data for this five-parish footprint was compiled from local and national sources including indicators for demographics, socioeconomic factors, access to care, health outcomes, and health factors that affect residents' behaviors. Primary hospital data was also collected from CHRISTUS Health and analyzed. LPHI conducted a focus group, multiple interviews, and a validation meeting to gather input from the persons who represent the broad interests of the community served. Eight initial priorities were selected based on issues of prevalence and severity according to the secondary data and stakeholder input. With the guidance of the Community Benefit Team and CHRISTUS Health Leadership, four (4) top priorities were identified: Mental and Behavioral Health, Access to Care, Chronic Disease, and Cancers.

1. Mental and Behavioral Health

   According to participants, mental health issues and lack of accessible, affordable treatment services were major concerns across all of the communities in the Region. Depression, anxiety, addiction, and substance abuse were diseases commonly described by participants. In 2013-2014, 4.5% of all adults in Louisiana reported serious mental illness (SMI) within the past year, slight increase from 3.8% of all adults in 2010-2011. Among adults with any mental illness, 61.8% had not received mental health treatment or counseling within the year.[1] According to Behavioral Risk Factor Surveillance System 2016 data, 19.5% of the Region's population reported having experienced depression.
   Additionally, the top cause of hospital admissions at CHRISTUS Ochsner St. Patrick Hospital was Mood Disorders for FY 17. The suicide rate for the Region (17.5 age-adjusted rate per 100,000 population) was higher than both the state and country. It is also important to note that the number of public psychiatric beds in Louisiana decreased from 903 in 2010 to 616 beds in 2016.[2]

   Mental health issues and substance abuse are often co-occurring. Opioid addiction was also mentioned as a major problem by participants, along with the lack of resources and services to provide adequate

[1] https://www.samhsa.gov/data/sites/default/files/2015_Louisiana_BHBarometer.pdf
[2] https://www.treatmentadvocacycenter.org/browse-by-state/louisiana

treatment. The U.S. Centers for Disease Control and Prevention's (CDC) Drug Overdose Death Data show Louisiana had a significant 14.7% increase in its drug overdose death rate from 2015–2016.

2. Access to care

   In spite of the abundance of medical facilities in the Region, the Southwestern Louisiana has fewer primary care physicians, fewer dentists, and fewer mental health providers per capita compared to the state and country. Participants indicated cost, high deductibles, limited transportation, and competing priorities as just a few reasons why accessing affordable providers remain challenging for some people needing services.

3. Chronic Disease

   Participants indicated that chronic health conditions, specifically high blood pressure, diabetes, high cholesterol, and obesity, were an issue for everyone across the Region. Participants attributed the region's culture as a driver of the inevitably high rate of chronic disease experienced among residents. The percent of adults with diabetes, high blood pressure, and obesity was similar to the percentages for the state, which are higher than the U.S.

4. Cancers

   Southwest Louisiana has higher age-adjusted rates of mortality due to cancer (194.5 per 100,000) compared to both the state and country, per the U.S. Centers for Disease Control and Prevention (CDC) estimates for 2012-2016. Like many Louisianans, participants were concerned about cancer rates in their community. The five types of cancer with highest incidence rates (age-adjusted) in the state were colon and rectal, lung and bronchus, kidney and renal pelvis, breast in females, and prostate in males. Southwest Louisiana had higher age-adjusted incidence rates of colon and rectum cancers, lung and bronchus cancers, and kidney and renal pelvis cancers compared to both the state and country.

This CHNA report includes data for a number of needs for the Southwestern Louisiana region, including details regarding the four priorities. This report will be used by CHRISTUS Health Southwestern Louisiana as a resource to develop implementation strategies to improve community health over the next three years.

Introduction

CHRISTUS Ochsner Health Southwestern Louisiana continues the mission "to extend the healing ministry of Jesus" in service to communities primarily in Allen, Beauregard, Calcasieu, Cameron, and Jefferson Davis parishes. In September 2018, CHRISTUS Health and Ochsner Health Systems merged to build upon each other's strengths, resources, and expertise. Although CHRISTUS Health retains majority ownership, the name changed to reflect the partnership and commitment to advancing healthcare in Southwestern Louisiana. CHRISTUS Ochsner Health Southwestern Louisiana currently manages two non-profit hospitals: CHRISTUS Ochsner St. Patrick Hospital and CHRISTUS Ochsner Lake Area Hospital.[3]

CHRISTUS Ochsner St. Patrick hospital, a non-profit hospital located in Lake Charles, LA, has been dedicated to quality care for over 100 years. Patients benefit from the outstanding quality of the cardiac team and the latest technological advances in oncology and radiology. With state-of-the-art, minimally invasive technology, the hospital's skilled surgical services team provides innovative surgical procedures, including general surgery, neurosurgery, orthopedic surgery, urology surgery and sinus surgery. St. Patrick Hospital patients can also regain healthy, independent lifestyles through behavioral health programs and physical rehabilitation services. In 2018, CHRISTUS St. Patrick Hospital earned The Joint Commission's Gold Seal of Approval and the American Heart Association/American Stroke Association's Heart-Check mark for Advanced Certification for Primary Stroke Centers.

CHRISTUS Ochsner Lake Area Hospital was acquired by CHRISTUS Health in 2017 and is a full-service acute care hospital also located in Lake Charles, LA. Lake Area Hospital is the area's preferred leader for Women's Services and offers inpatient, outpatient, medical and surgical care for men, women, and children. Lake Area Hospital is equipped with a 24-hour physician-staffed Emergency Department and a Level 3 Neonatal ICU, and is an accredited Bariatric Surgery Center.[4]

As part of their mission and to meet federal IRS 990H requirements, CHRISTUS Health contracted with the Louisiana Public Health Institute (LPHI) to conduct and document the community health needs assessment (CHNA) and community health improvement plan (CHIP) reports.[5] The requirements imposed by the IRS for tax-exempt hospitals includes conducting a CHNA every three years and to adopt an implementation strategy to meet the community health needs identified through the assessment.[6] The CHNA must be documented, adopted by an authorized body at the hospital facility, and made publically available.

[3] https://www.christushealth.org/-/media/About/Ochsner/OchsnerFactSheet
[4] https://www.christushealth.org/about/news/agreement-signed-to-sell-lake-area-medical-center-to-christus-health
[5] All statements and opinions herein were expressed by key informants and focus group participants and do not represent the viewpoints and opinions of LPHI or its contractors.
[6] Hospital organizations use Form 990, Schedule H, Hospitals, to provide information on the activities and community benefit provided by its hospital facilities and other non-hospital health care facilities, which is separate from this report.

The CHNA must include:

- A definition of the community served by each hospital facility and description of how the community was determined.
- A description of the process and methods used to conduct the CHNA.
- A description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves.
- A prioritized description of the significant health needs identified though the CHNA, including a description of the process and criteria used in identifying certain health needs as significant and prioritizing those needs.
- A description of resources potentially available to address the significant health needs identified.
- An evaluation of the impact of any actions that were taken to address significant health needs identified in the immediately preceding CHNA.[7]

This document serves as the CHRISTUS Ochsner Health Southwestern Louisiana CHNA report conducted in FY 2019 for 2020-2022 for CHRISTUS Ochsner St. Patrick Hospital and CHRISTUS Ochsner Lake Area Hospital. Both hospitals are located in Lake Charles, LA and serve patients primarily from Allen, Beauregard, Calcasieu, Cameron, and Jefferson Davis parishes. This report will be publically available on the CHRISTUS Health website for future reference.

CHRISTUS Health Southwestern Louisiana

Ochsner Health System

[7] https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3

Methodology

The mixed-methods approach conducted for this report was based off methodology used by LPHI when contracted in 2012 and again in 2016 to complete the CHNA report for numerous CHRISTUS Health facilities. Originally informed by assessment materials developed by national organizations such as the Association for Community Health Improvement (ACHI), the Catholic Health Association of the United States (CHA), and the National Association of County and City Health Officials (NACCHO), this approach was further refined in partnership with LPHI's counterpart conducting the CHNA & CHIP process for CHRISTUS facilities in Texas, Texas Health Institute (THI), and the CHRISTUS Health corporate office. The process incorporates the following activities.

Community Benefit Team

Since 2015, CHRISTUS Ochsner Health Southwestern Louisiana has had a Community Benefit Team to assist the Vice President of Mission Integration with selecting pertinent community benefit activities. As part of the current CHNA process, the Core Benefit Team met periodically. This team was involved early on in approving the overall process proposed by LPHI and various other steps, such as reviewing the key informant interview guide and attending the Data Validation Meeting. On March 8, 2019, the Community Benefit Team met to review a draft version of the findings and to determine which priority issues would be addressed as part of the corresponding community health implementation plan (CHIP). Details regarding the prioritization process are provided further on in this report.

Define community

The geographic region of focus was determined in collaboration with CHRISTUS Health. Given that the CHRISTUS Health Southwestern Louisiana region serves patients primarily in the following 5-parish region, it made the most sense to define the community assessed in this report by the same region.

CHRISTUS Ochsner Health Southwestern Louisiana Parishes				
Allen	Beauregard	Calcasieu	Cameron	Jefferson Davis

Gather input representing broad community

Per IRS regulations (Section 3.06 of Notice 2011-52), each facility must get input from people who fall into each of these three categories:

> *(1) Persons with special knowledge of or expertise in public health;*
>
> *(2) Federal, tribal, regional, state, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility;*
>
> *(3) Leaders, representatives, or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility.*

In order to satisfy these requirements, a focus group and key interviews were conducted with key informants who met this criteria. The Vice President of Mission Integration, with input from the CHRISTUS Health corporate office and hospital colleagues, provided LPHI with a list of potential key informants. Many of the informants (often referred to as participants in this report) met one or more of the above requirements and were able to speak to the geographic region served by CHRISTUS Ochsner Health Southwestern Louisiana. Appendix A includes a matrix detailing key informant affiliation in compliance with requirements.

Key informant interviews

A key informant semi-structured interview guide was designed to illicit responses about both the direct and indirect factors that influence the health of community members. The protocol was similar to the assessment conducted in 2016 with relevant updates and changes based on feedback from CHRISTUS Health, lessons learned, and current relevance.

The key informant interview guide included the following areas of focus: economic, social and environmental concerns, community health and wellness, behavioral risk factors, health care utilization, and access to care. Additional probes and follow-up questions were designed to ensure the participant provided detailed responses, including opportunities to share information on assets in the community that could be tapped for future implementation planning. The guide was reviewed and approved by CHRISTUS Ochsner Health Southwestern Louisiana representatives in October 2018 and interviews conducted between November 2018 and January 2019.

Key informants were contacted by phone or email to initiate the scheduling of the interview. The interviewer provided a brief introduction to the project and explained the purpose of the interview, including how the data would be used and the time commitment to complete the interview. All key informants were assured that their names would not be associated with responses and that all results would be reported in aggregate. If the key informant agreed to participate, phone interviews were scheduled depending on interviewer and participant availability.

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

Most interviews took around 45 minutes. Detailed notes comprised of quotes and the interviewer's general comments regarding each interview were documented, edited, and synthesized into a larger master notes document. Analyses were then conducted to identify major themes, needs, assets, and quotations. For CHRISTUS Ochsner Health Southwestern Louisiana, a total of 10 interviews were conducted.

Focus group feedback

Focus groups served as another mechanism to obtain community input. Like the key informant interview guide, the focus group guide was designed to encourage participants to think about the behavioral, environmental, and social factors that influence a person's health status, as well as health care utilization and the physical and mental health concerns within the geographic area of focus. Questions inquiring about existing community assets and ways CHRISTUS could partner with others, to address some of the factors discussed, were included

in the guide. The guide was reviewed and approved by CHRISTUS Ochsner Health Southwestern Louisiana representatives in October 2018.

A focus group for CHRISTUS Ochsner Health Southwestern Louisiana was conducted October 22, 2018 during a CHRISTUS Health Community Advisory Board Meeting. Participants consisted of business owners and other community members devoted to improving community health either professionally or voluntarily. LPHI facilitated the 2-hour focus group with dedicated note takers. Detailed notes were synthesized and analyzed similar to the key informant interviews.

Collect and analyze existing quantitative data

LPHI worked with CHRISTUS Health to adapt a list of potential indicators for analysis based off prior CHNA reports, as well additional measures that became relevant through the process. Existing data for this five-parish footprint was compiled from local and national sources and analyzed by a senior analyst at LPHI. Different indicators that affect health were compiled across the parish, region, state, and national level including demographics, socioeconomic factors, access, health outcomes, and additional health factors. Where secondary data was not readily available or outdated, topics were representatively addressed in the qualitative instruments developed by LPHI. Primary hospital data was also collected from CHRISTUS Health and analyzed. A list of indicators was reviewed and approved by CHRISTUS Ochsner Health Southwestern Louisiana representatives in October 2018. A summary of quantitative indicators and their data sources are listed at end of report.

Community validation and prioritization

After all of the above data and information were analyzed, LPHI facilitated a two hour meeting at CHRISTUS Ochsner St. Patrick Hospital presenting a summary of the quantitative and qualitative findings (detailed further in this report) to obtain feedback, validate information shared, or adjust findings if needed. Participants represented employees of both hospitals, as well as leaders of different organizations and coalitions serving the area. Participants discussed if the data made sense, and if any key indicators were missing or needed clarification. The participants then ranked what they thought were most important concerns using www.polleverywhere.com. Twenty attendees participated in the ranking exercise at the validation meeting held January 22, 2019 for CHRISTUS Ochsner Health Southwestern Louisiana.

Feedback from the validation meeting was incorporated into LPHI's findings and then presented to the Vice President of Mission Integration, Community Benefit Team, and CHRISTUS Ochsner Health Southwestern Louisiana Senior Leadership Team to prioritize what the hospital will feasibly tackle as part of the Community Health Improvement Plan (CHIP).

Findings

The quantitative data and qualitative data were analyzed independently and then overlaid by theme to identify areas of agreement and areas of disconnect. Notes from both the interviews and focus groups were carefully assessed to identify major themes, which are incorporated below in the report. Certain quotations from participants are also included. For the purposes of this report, "participant" refers to key informant interview participants and focus group participants, unless specified.

Demographics

CHRISTUS Health Southwestern Louisiana region (referred to as the Region, SWLA or Southwestern Louisiana in this report) includes the following five Louisiana parishes: Allen, Beauregard, Calcasieu, Cameron, and Jefferson Davis, which also comprises 100% of the total population for Louisiana Department of Health and Hospitals (LA-DHH) Administrative Region 5. According to the 2013-2017 five-year population estimates, the total population of these five parishes was 297,425. The Southwestern Region was 49.0% urban, 35.5% rural, and 15.5% suburban.[8] M of administrative regions and rural parishes can be found in Appendix 2.

Participants discussed the changes in population due to industry growth. Figure 1 illustrates population changes from 2000-2017 according to the U.S. Census Bureau, American Community Survey (ACS). The largest increase in parish population since 2000 was in Calcasieu, followed by Beauregard. Within this same time period, Cameron Parish population decreased.[9]

	Population			
	2000	2008-2012	2010	2013-2017
Allen, LA (County, 2010) **equivalent to** Allen Parish, LA (County, 2000)	25,440	25,740	25,764	25,667
Beauregard, LA (County, 2010) **equivalent to** Beauregard Parish, LA (County, 2000)	32,986	35,662	35,654	36,598
Calcasieu, LA (County, 2010) **equivalent to** Calcasieu Parish, LA (County, 2000)	183,577	192,307	192,768	198,753
Cameron, LA (County, 2010) **equivalent to** Cameron Parish, LA (County, 2000)	9,991	6,934	6,839	6,806
Jefferson Davis, LA (County, 2010) **equivalent to** Jefferson Davis Parish, LA (County, 2000)	31,435	31,529	31,594	31,405

Figure 1: Estimate population by parish over time from 2000, 2008-2012, 2010, 2013-17

Age distributions in Southwestern LA were similar to the state with approximately 25% under 18 years of age, 61% between 18 and 64 years, and 14% over 65 years. Race was predominantly white at 74% and those identifying Hispanic ethnicity was estimated to be 3%. Sex was split approximately 50/50 between male and female across the Region.[10] Age and race distributions are illustrated in Figure 2.

[8] Data source: U.S. Census Bureau American Community Survey (ACS) 2012-16. Demographic indicators were compiled using Community Commons from the ACS 5 Year average file (2012-2016) in order to include all parishes with small populations (Only the 5 year file includes all parishes regardless of population). Accessed through Community Commons, 2018.
[9] Aggregated using www.policymap.com. Source: 2000 U.S. Census, Summary File 3; 2010 U.S. Census Summary File 1; 2008-2012 U.S. Census American Community Survey (ACS); 2013-2017 U.S. Census ACS.
[10] Data source: U.S. Census Bureau American Community Survey (ACS), 2012-16.

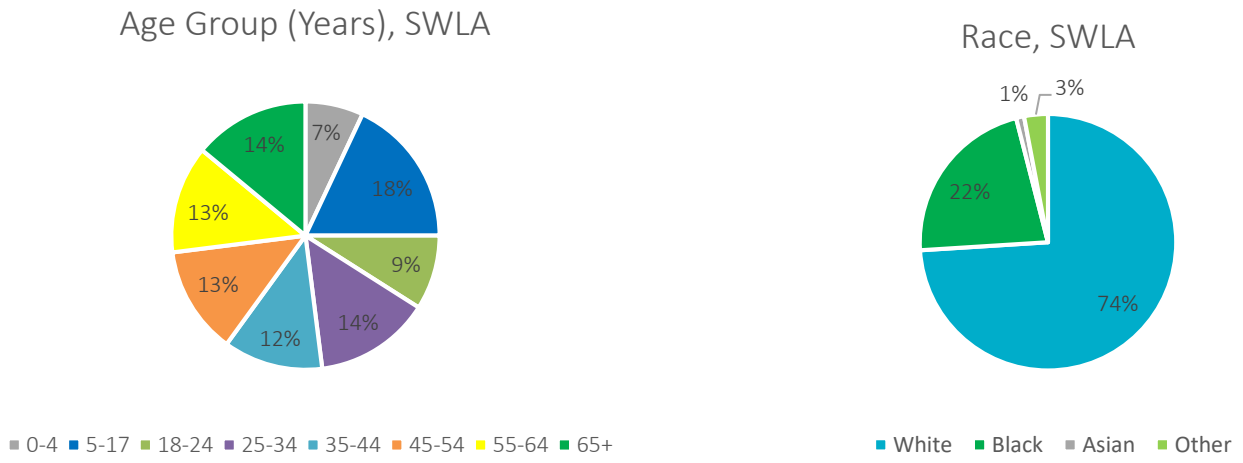


Figure 2: Demographic profile of age and race, SWLA. ACS, 2012-16.

Socioeconomic factors that impact health

There are many factors outside of clinical care that can impact population health. These factors include access to social and economic opportunities, the quality of our schooling, and the cleanliness of our water, food, and air.[11] As a result, participants were asked about economic, social and environmental concerns in the region. Most interview participants discussed the recent natural gas boom and how it affects communities in both positive and negative ways. Participants noted that the economic benefits of the boom and money being generated are beneficial to some and keeps people quiet and content. Many comments reflected a concern that industrial growth was benefiting workers migrating in from outside the region, rather than locals, which causes tension. According to many participants the influx of "transient workers" has led to increased housing cost/ homelessness, increased traffic, increased violence, environmental concerns, and an overall increase in stress. "Transient workers" in this report refer to contracted workers that move temporarily to the area for the job. The large effects predicted during last CHNA process remain, including "housing availability and affordability, employment, demand for medical and behavioral health services, and availability and accessibility of medical and behavioral health services."

If we go back to economic growth that we have experienced, it is a 2-edge sword. It has really improved quality of life, but also has put great strain on local infrastructure.

[11] https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

One participant commented on how high poverty continues to exist in spite of the low unemployment rate. According to the Bureau of Labor Statistics, the average employment count from 2017-2018 in the Southwest LA region was 137,357. Of those employed, 20% of workers in Southwest LA worked in the construction industry followed by 13% in the health care and social assistance industries.

Figure 3. Industry Sector (NAICS)	% Employed
Total number of workers	137,357
Construction	20%
Health care and social assistance	13%
Accommodation and food services	12%
Retail trade	10%
Manufacturing	9%
Educational services	8%
Public administration	5%
Administrative and waste services	4%
Professional and technical services	3%
Arts, entertainment, and recreation	3%
Transportation and warehousing	3%
Wholesale trade	2%
Finance and insurance	2%
Other services, except public administration	2%
Real estate and rental and leasing	1%
Information	1%
Management of companies and enterprises	1%
Utilities	1%
Agriculture, forestry, fishing and hunting	1%
Mining	<1%

Figure 3: Total number workers and % of total workers by industry sector, SWLA. Based on average employment counts for a 1-year period (Q3-Q4 2017, Q1-Q2 2018) compiled by Bureau of Labor Statistics. The industry sector is coded to North American Industrial Classification System (NAICS).

Affordable housing, access to care, and transportation are the main social determinants of health [in the area].

Participants discussed poor education, high poverty, access to transportation, family life, and violence as factors impacting health in their communities. Overall, in the Southwestern region, 90% of ninth graders graduate high school in 4 years, which is above both the Louisiana and U.S. average, but only 51% of adults ages 25-44 have some post-secondary education. The percent of the population aged 16 or older unemployed and seeking work ranges across the Region from 4.4% in Cameron and 4.8% in Calcasieu Parishes to 6.4% unemployed in Allen Parish. The percent of children under 18 in poverty is 28% in Calcasieu Parish compared to 23% across the Region. The percent of children that live in a household headed by a single parent varies across the region, with the highest concentration in Calcasieu at 41% and lowest in Cameron Parish at 17%. Although the violent crime rate in the Region is below state and U.S. rates, the rate is higher in Calcasieu Parish at 566 per 100,000

according to the Uniform Crime Reporting 2012-2014.[12] See figure 4 for socio-economic factor data on the Region, parishes, the state, and country.

	SWLA	Allen Parish	Beauregard Parish	Calcasieu Parish	Cameron Parish	Jefferson Davis Parish	US	LA
High school graduation	**90%**	91%	94%	83%	93%	90%	83%	80%
Some college	**51%**	42%	46%	57%	67%	42%	65%	56%
Unemployment	**6.0%**	6.4%	6.0%	4.8%	4.4%	6.0%	4.9%	6.1%
Children in poverty	**23%**	25%	20%	28%	19%	26%	20%	28%
Children in single parent household	**33%**	34%	32%	41%	17%	40%	34%	44%
Violent crime rate	**244**	167	116	566	154	215	380	510

Figure 4: Socio-economic factors including parish, region, state and country comparisons.

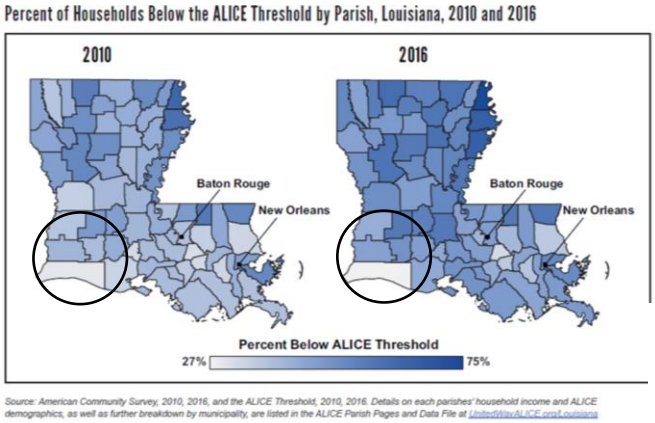
We might be having less [crime], but the type we have is much more terminal and committed increasingly by younger people.

Since 2016, United Way has produced an Asset Limited, Income Constrained, Employed (ALICE) report for Louisiana. The purpose of the report is to provide community leaders with a more accurate snapshot of the number of families facing financial hardship not captured by traditional federal poverty measures. The ALICE threshold is the average income that a household needs to afford the basic necessities defined by the Household Survival Budget for each parish in Louisiana. The household survival budget (adjusted for different parishes and household types) calculates the actual cost of basic necessities- housing, childcare, food, transportation, health care, technology (phone), and taxes. Households below the threshold include both ALICE and poverty level households.

In the Southwest Region, 54% of households did not meet the ALICE threshold, the average income a household needs to afford the basic necessities. The map in Figure 5 illustrates that the percent of households below the ALICE threshold (including those at or below the federal poverty level) has increased in many areas from 2010 to 2016, not just in the Southwest region, but across the state.[13]

[12] Sources: High school graduation rate, ED Facts, 2014-2015. Some college ACS, 5 year estimates, 2012-2016. Unemployment, Bureau of Labor Statistics, 2016. Children in Poverty, Small Area Income and Poverty Estimates, 2016. Children in single parent households, ACS 5-year estimates, 2012-2016. Violent Crime rate, Uniform Crime Reporting-FBI, 2012-2014.

[13] ALICE: A Study of financial hardship in Louisiana, 2018 Report. https://www.launitedway.org/alice-report-update-louisiana-released-january-2019



Parish	Total Households	% ALICE & Poverty
Allen	7881	57%
Beauregard	13016	43%
Calcasieu	77029	46%
Cameron	2653	27%
Jefferson Davis	11554	50%

Figure 5: Percentage of households below the Alice Threshold (including those in poverty).

In Lake Charles, several participants acknowledge a historical "north/ south divide" with certain neighborhoods in North Lake Charles, such as Moss Bluff, having a large working poor population with limited access to transportation and resources.

Other aspects of the physical environment were raised. For example, access to healthy foods was a major concern among participants. Figure 6 below illustrates over 35% of the population struggled with low food access as of 2015 and over 22% percent faced housing cost burden as of 2016 in the Region.[14] *Low food access* reports the percentage of the population living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. *Housing Cost Burden (30%)* illustrates the percentage of the households where housing costs exceed 30% of total household income each month. This indicator provides a measure of housing affordability and excessive shelter costs for owners and renters. The data also can serve to aid in the development of housing programs to meet the needs of people at different economic levels.[15] It is important to note that the most recently available housing cost burden data is through 2016. Most participants in interviews, the focus group, and validation meeting commented on more recent shifts in housing availability, as rising costs continue to affect low-income and other non- "transient workers". A few participants described how many previously available Section 8 homes have flipped to market pricing, also decreasing the amount of affordable housing.

Our community is booming economically… [But] housing properties [are now] through the roof. Rental property is widely unavailable. [The] economically challenged and traditionally underserved really feel that pinch.

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[14] Food Access. US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas, 2015. Housing Cost Burden: US Census Bureau, American Community Survey, 2012-16. Aggregated by Community Commons, 2018.
[15] Health Indicators report prepared by Community Commons, November 5 2018.

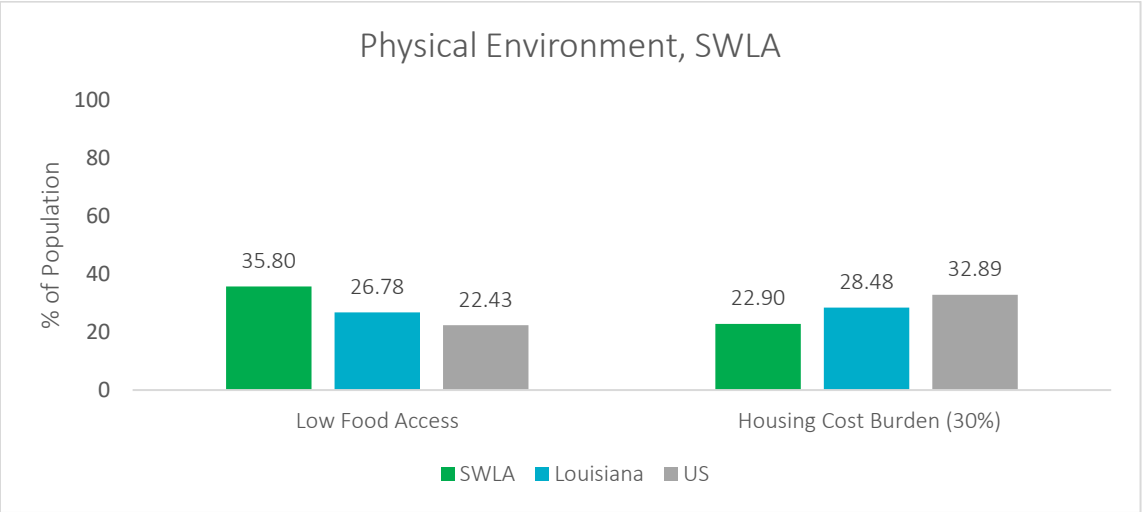


Figure 6: Percent of population with low food access and housing cost burden, SWLA.

Participants discussed a range of other issues. Human trafficking continues to be a concern, as well as its connection to the I-10 corridor and the hospitality and gaming industries. According to U.S. Department of Homeland Security, human trafficking is a modern form of slavery where people are forced into sex or labor by threats of violence, fraud, coercion, or other forms of exploitation.[16]

Lack of transportation is another issue in the Region voiced by participants as having a negative effect on people's ability to access resources and job opportunities. Participants also expressed concerns that domestic violence, teen violence, gun violence, and crimes associated with substance use are on the rise.

Access to Healthcare

Access to healthcare is an indisputable determinant of health. The Institute of Medicine defined access in 1993 as the "timely use of personal health services to achieve the best health outcomes."[17] Healthy People 2020 states that "access to comprehensive quality health care services is important to the achievement of health equity," and asserts that access encompasses not only health insurance coverage, but availability and quality of services, timeliness, and sufficient numbers of health care providers within the workforce.[18]

Across the board, participants agreed the existence of a trauma center and wide variety of specialists in the region was a community strength when it comes to facilitating access to care. In spite of the range of available health care options, many participants indicated a need for more services that are both affordable and accessible. Finding providers that take new patients, especially when covered by Medicaid or other types of subsidized coverage or for those without insurance, has been difficult and usually entails long waitlists. Cost of care, including prescriptions, was a major concern for participants. Over use and misuse of the ER was a concern of participants, who acknowledged that many times it may be the only option for some (because of

[16] https://nam.edu/human-trafficking-is-a-public-health-issue-our-interview-with-nam-fellow-and-human-trafficking-expert-dr-hanni-stoklosa/

[17] Institute of Medicine, Committee on Monitoring Access to Personal Health Care Services. Access to health care in America. Millman M, editor. Washington, DC: National Academies Press; 1993

[18] Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [2016]. Available from: https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services.

hours or lack of insurance), while also acknowledging that non-emergency visits could be avoided by through improved patient education on how to navigate the health system.

Health Insurance

On January 12, 2016, Louisiana Governor John Bel Edwards signed an executive order to expand Medicaid. Subsequently, Medicaid and LaCHIP became Healthy Louisiana. The expansion made Medicaid available to more than 400,000 people living in Louisiana who did not previously qualify for full Medicaid coverage and could not afford to buy private health insurance.

Louisiana has seen dramatic reduction in the uninsured population since the governor's executive order went into effect. According to Louisiana State University's (LSU) 2017 Louisiana Health Insurance Survey, the estimated percent of uninsured adults in SWLA remains a little higher than the state (11.4%), but it still dropped from 25.6% in 2015 to 15.2% after expansion in 2017. Since the expansion, 28,052 newly eligible adults in the Southwest Louisiana area have enrolled (see the table below). Of those adults, 78% had a doctor's office visit during the past year, and 13,741 individuals (49%) received a preventative healthcare service. See figure 7 below for details.[19] Key informants and focus group participants acknowledged that Medicaid Expansion reduced the number of uninsured, but also shared that actual access to care remains limited, especially for primary and specialty services.

Parish	Total number of Adults enrolled in Medicaid Expansion as of November 2018	Percentage of adults who had a doctor's office visit during the year	Adults who visited a doctor and received new preventive healthcare services
Allen	2197	82%	1039
Beauregard	3327	78%	2124
Calcasieu	19165	73%	8544
Cameron	282	79%	128
Jefferson Davis	3081	78%	1906
Total	***28052***	***78%***	***13741***

Figure 7: The LDH Medicaid Expansion Dashboard, November 2018

Access to Providers

In spite of the abundance of medical facilities in the Region, the Southwestern Louisiana has fewer primary care physicians, fewer dentists, and fewer mental health providers per capita compared to the state and country. In SWLA, there are 42.8 dentists, 91.8 mental health providers, and 63.9 primary care physicians per 100,000 people (Figure 8).[20] Participants indicated cost, high deductibles, limited transportation, and competing priorities as just a few reasons why accessing affordable providers remain challenging for some people needing services. Finding available mental health services in a timely manner was almost impossible according to many participants.

[19] http://www.ldh.la.gov/healthyladashboard/

[20] Sources: Primary Care physicians: HRSA, Area Health Resource File, 2014. Mental Health providers: County Health Rankings, 2018. Dentists: HRSA, Area Health Resource File, 2015. Aggregated using Community Commons.

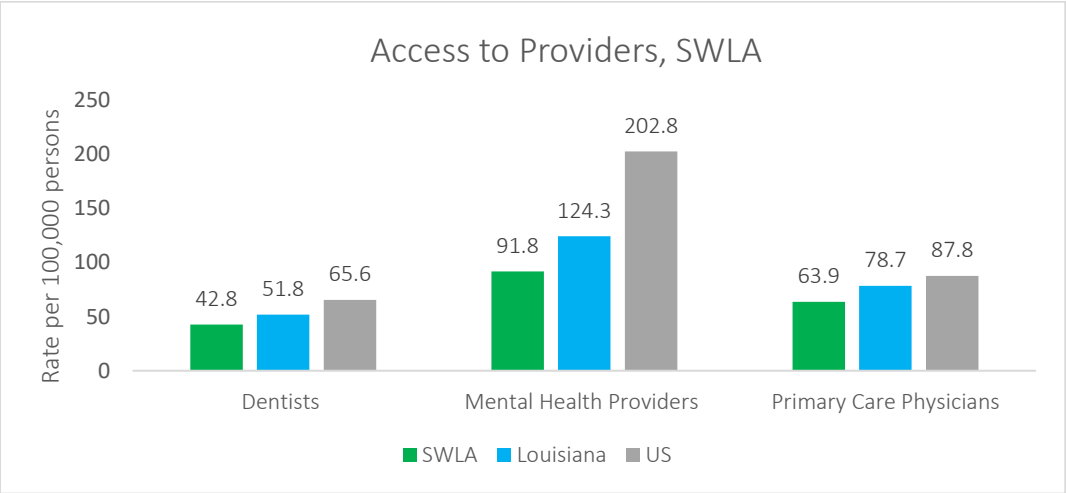


Figure 8: Access to dentists, mental health providers, and primary care physicians.

This shortage is consistent with LA-DHH Health Professional Shortage Areas (HPSA). Health Professional shortage Area (HPSA) is a designation that indicates the geographies where health care provider shortages in primary care, dental health, or mental health exist. These shortages may be geographic, population, or facility based. Southwest LA, as well as most regions of the state, is experiencing shortages in Mental Health providers. With the exception of Calcasieu, all parishes in the region are also designated dental HPSAs. The entirety of Cameron, Calcasieu, and Allen parishes are geographically designated Primary Care HPSAs for all populations, whereas Beauregard and Jefferson Davis parishes are designated primary care shortage areas for low-income populations in those parishes. The three HPSA maps for Louisiana can be viewed in Appendix B.

Health Outcomes

Physical Conditions

Participants indicated that chronic health conditions, specifically high blood pressure, diabetes, high cholesterol, and obesity, were an issue for everyone across the Region. Participants attributed the region's food culture to the inevitably high rate of chronic disease experienced among residents. The percent of adults with diabetes, high blood pressure, and obesity was similar to the percentages for the state, which are higher than the country. Participants did not mention asthma, but the percent of adults in the region diagnosed with asthma is 13.30%, which, although similar to the U.S., is higher than the state average. [21]

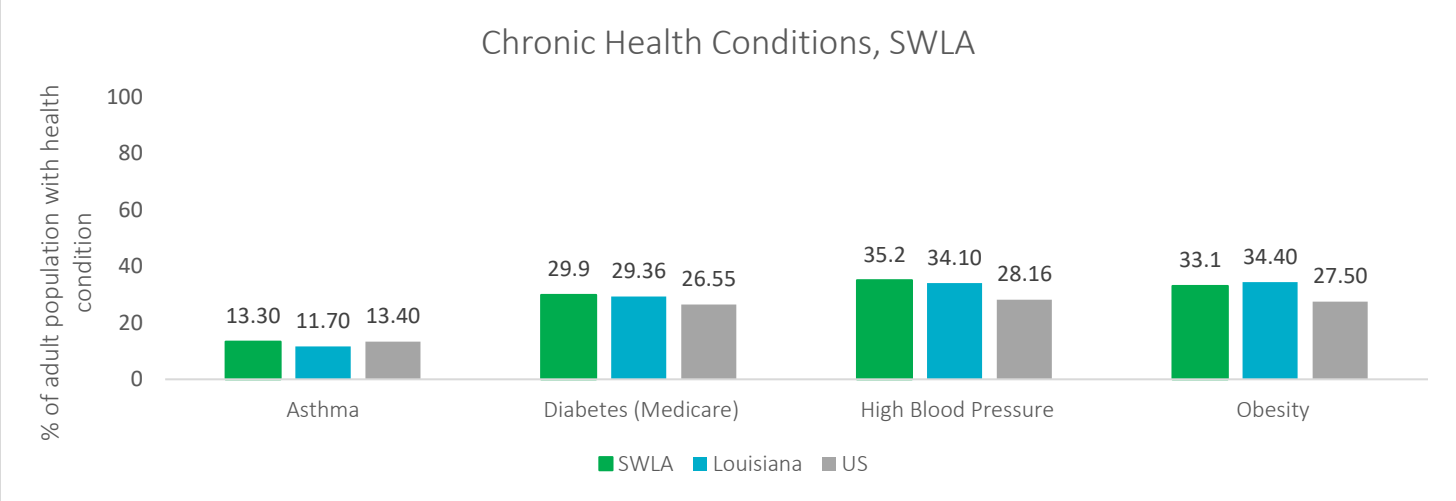


Figure 9: Percentage of population reporting chronic health conditions, SWLA

Participants also mentioned cancer, heart disease, and stroke as major health issues. According to the Louisiana State Health Assessment and Improvement Plan 2016-2020, the leading causes of death in Louisiana are heart disease, cancers, respiratory disease, and cerebrovascular disease.[22] In the Southwestern Region, the leading cause of death is diseases of the heart with 904 average deaths per year, followed by cancers, cerebrovascular diseases, and accidents (see figure 10).[23]

[21] Sources: Asthma BRFSS 2011-2012, Diabetes CMS 2015, High blood pressure BRFSS 2006-2012, Obesity CDC 2013. Aggregated via Community Commons.

[22] Louisiana State Health Assessment and Improvement Plan, 2016-2020. http://ldh.la.gov/assets/oph/SHA_SHIP/SHA-SHIP.pdf

[23] Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Underlying Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018. Data are from the Multiple Cause of Death Files, 1999-2017, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10.html on Jan 11, 2019

10 Leading Causes of Death, Annual Average 2013-2017 SWLA		
Cause of Death	**Average Deaths per Year**	**Age Adjusted Rate Per 100,000**
#Diseases of heart (I00-I09,I11,I13,I20-I51)	904	280
#Malignant neoplasms (C00-C97)	662	196
#Cerebrovascular diseases (I60-I69)	189	59
#Accidents (unintentional injuries) (V01-X59,Y	134	44
#Chronic lower respiratory diseases (J40-J47)	98	30
#Alzheimer's disease (G30)	94	31
#Diabetes mellitus (E10-E14)	69	21
#Septicemia (A40-A41)	66	20
#Influenza and pneumonia (J09-J18)	59	19
#Nephritis, nephrotic syndrome and nephrosi	53	16

Figure 10: Top 10 leading causes of death, SWLA annual average 2013-2017

Southwest Louisiana has higher age-adjusted rates of mortality due to cancer (194.5 per 100,000), coronary heart disease (135.5 per 100,000), and stroke (58.4 per 100,000) compared to both the state and country. The rate of lung disease in the Southwest Region is lower than the state. See figure 11. [24]

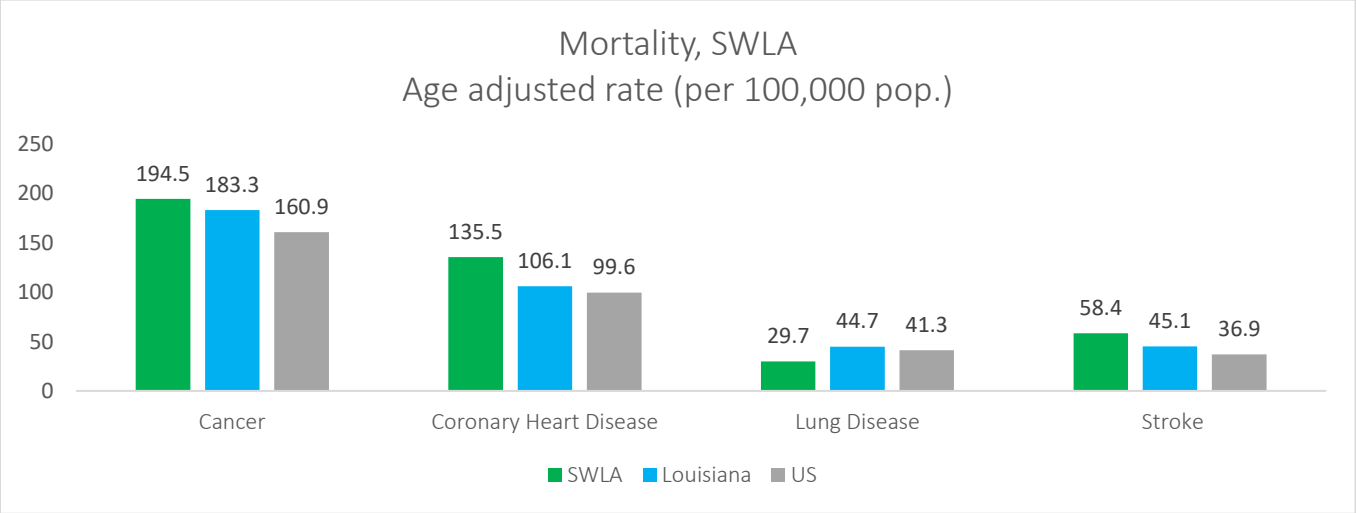


Figure 11: Age adjusted mortality rates, SWLA 2012-2016

Like many Louisianans, participants were concerned about cancer rates. The five types of cancer with highest incidence rates (age-adjusted) in the state are colon and rectal, lung and bronchus, kidney and renal pelvis, breast in females, and prostate in males. Southwest Louisiana has higher age-adjusted incidence rates of people with colon and rectum cancers, lung and bronchus cancers, and kidney and renal pelvis cancers compared to

[24] Source: CDC, National Vital Statistics System. Accessed via CDC WONDER. 2012-2016. Aggregated via Community Commons, 2018.

both the state and country. Figure 12 compares the region to the state and country for the five highest cancer incidence rates in the state per year.[25]

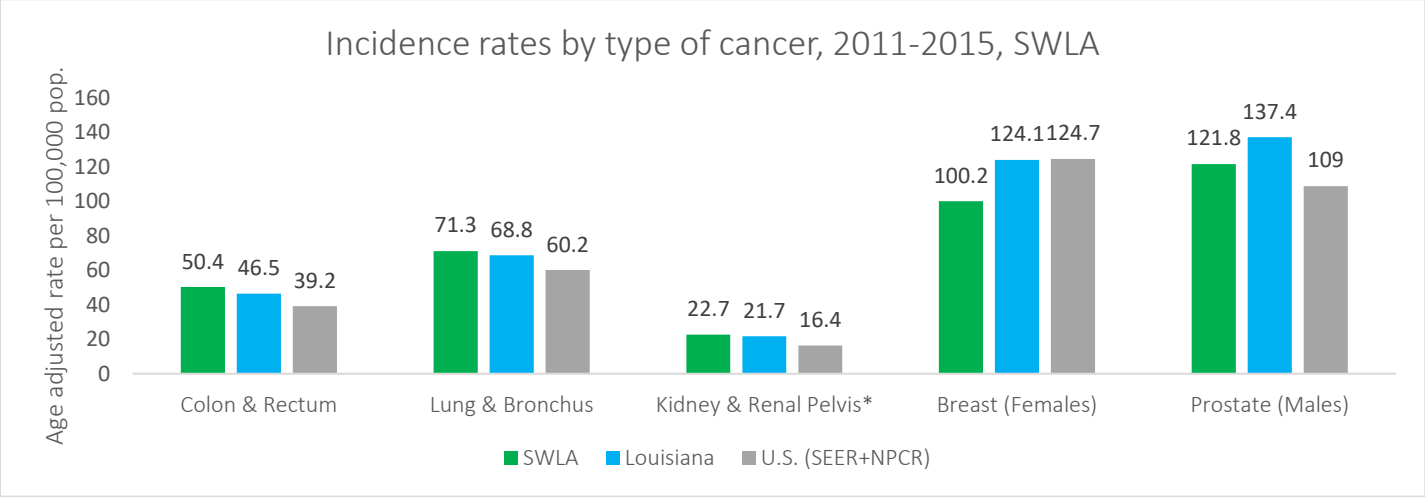


Figure 12: Incidence rates by type of cancer, SWLA 2011-2015. *Cameron Parish data suppressed in kidney and renal pelvis averages.[26]

Figure 13 below illustrates the breakdown estimates of type of cancer incidence at the parish level with averages from years 2011-2015. The figure includes average annual counts, age-adjusted rates per 100,000 population, and recent trends for the five parishes, state, and country.[27]

[25] Incidence data are provided by the National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS), Centers for Disease Control and Prevention and by the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program. Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population. Rates are for invasive cancer only (except for bladder cancer which is invasive and in situ) or unless otherwise specified. The 1969-2015 US Population Data File [https://seer.cancer.gov/popdata/] is used for SEER and NPCR incidence rates. Parish cancer breakdown was based on highest cancer rate per year https://sph.lsuhsc.edu/wp-content/uploads/2019/01/02_Tables-1-15.pdf

[26] *Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).

[27] Source: National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS), Centers for Disease Control and Prevention and by the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program, 2011-2015. https://statecancerprofiles.cancer.gov

Cancer incidence type rates by Parish, 2011-2015, SWLA								
		Allen Parish	Beauregard Parish	Calcasieu Parish	Cameron Parish	Jefferson Davis Parish	US	LA
Colon & Rectum Cancers	Age-Adjusted per 100,000 persons	54.9	39.4	50.9	51.1	55.5	39.2	46.5
	Average Annual Count	16	16	110	4	20	139950	2347
	Recent Trend†	⇒	⇓	⇓	n/a	⇒	⇓	⇓
Lung & Bronchus Cancers	Age-Adjusted per 100,000 persons	70.6	71.7	66.2	65.4	**82.5**	60.2	68.8
	Average Annual Count	19	30	146	5	**31**	217545	3515
	Recent Trend†	⇒	⇒	⇓	⇓	**⇒**	⇓	⇓
Kidney & Renal Pelvis Cancers	Age-Adjusted per 100,000 persons	**29.6**	17.3	20.9	n/a	23	16.4	21.7
	Average Annual Count	**8**	8	46	n/a	8	58599	1097
	Recent Trend†	⇑	⇒	⇒	n/a	⇒	⇑	⇒
Breast Cancers, Females	Age-Adjusted per 100,000 persons	98.4	100.5	117.9	78.2	106	124.7	124.1
	Average Annual Count	13	21	135	4	20	234445	3340
	Recent Trend†	⇒	⇒	⇒	n/a	⇒	⇒	⇑
Prostate cancers, Males	Age-Adjusted per 100,000 persons	123.2	106.2	127.1	139.7	112.8	109	137.4
	Average Annual Count	17	22	134	6	20	190639	3387
	Recent Trend†	⇒	⇓	⇓	⇒	⇓	⇓	⇓

Figure 13: Average annual counts and incidence rates of different cancer types at the parish level, 2011-2015.
†Recent trends: stable (⇒), falling (⇓), rising (⇑)

Another indicator of interest were fatalities due to human behaviors and actions, rather than long-term diseases. The homicide death rate was lower in the Southwestern Region (7.3 per 100,000 pop.) than the state (12.5 per 100,000), but still higher than the national rate of 5.5 per 100,000 people. The rate of fatalities in the Southwest Region (18.8 per 100,000) due to motor vehicle crashes was higher than both the state and national rates. See figure 14.[28] Additionally, participants expressed concern over the increase in stress due to traffic and accidents, as well as limitations of current infrastructure to keep up with the changes, which they attributed to the region's rapid economic growth and the recent influx of transient workers.

[28] Sources: Injury fatality rates, CDC Wonder, 2012-2016. Aggregated through Community Commons, 2018.

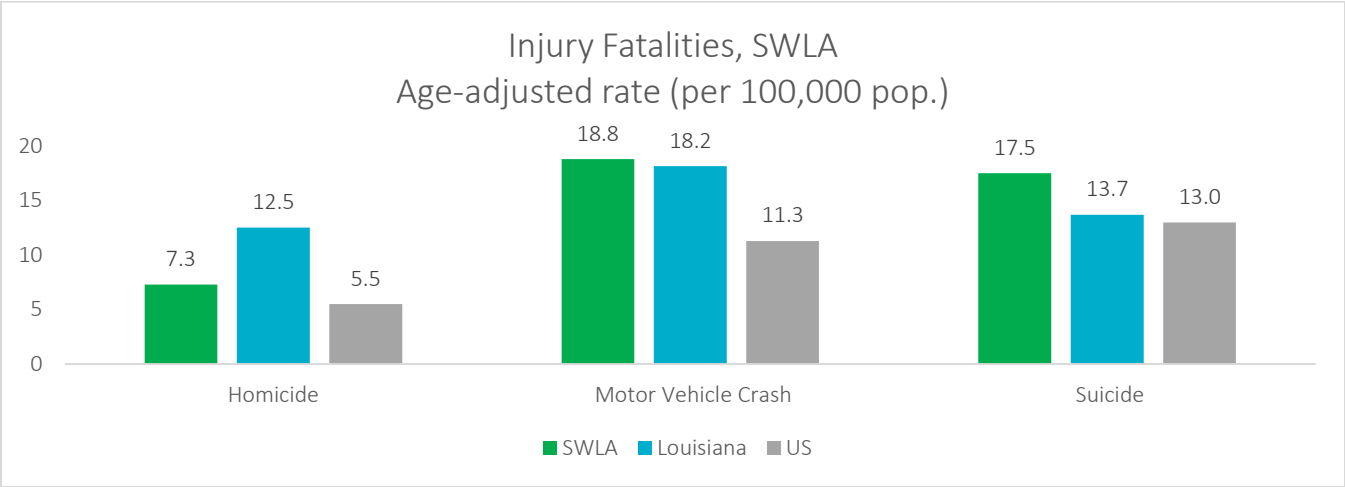


Figure 14: Death rates due to homicide, motor vehicle crash, and suicide, SWLA 2012-2016

During the validation meeting, participants were extremely concerned about suicide after discussing the high rates in the region, as well as challenges around treatment for mental health issues. The death rate due to suicide were higher in the Southwest Region (17.5 per 100,000), compared to the state rate (13.0 per 100,000), especially among males. Figure 15 illustrates the difference in rates of suicide based on race and gender.[29]

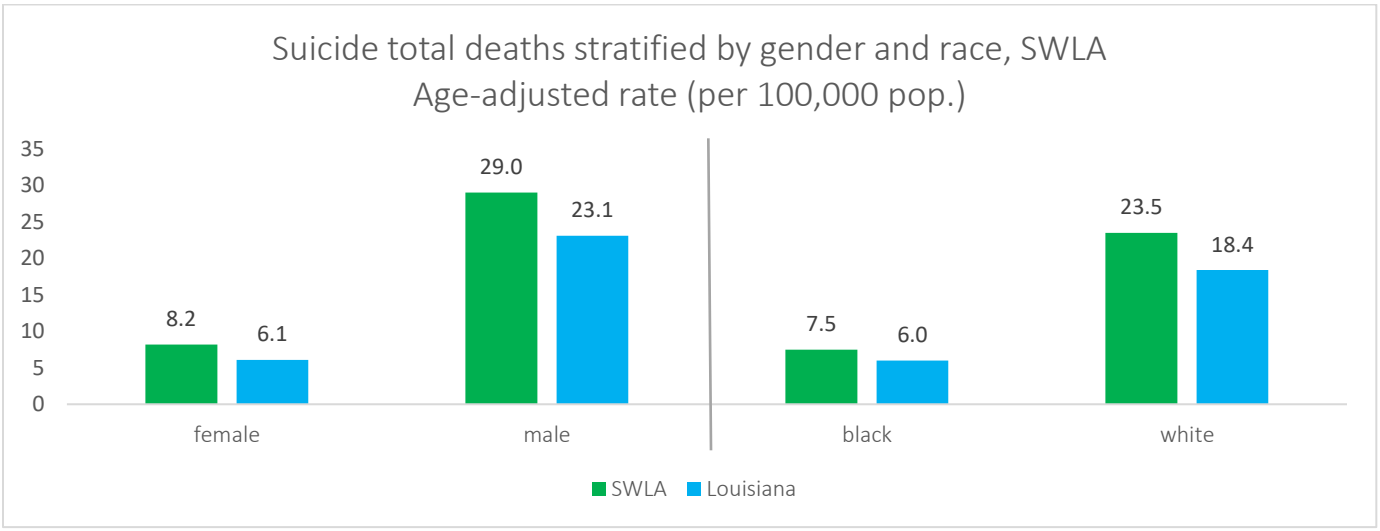


Figure 15: Suicide rate s

tratified by gender and race, SWLA 2012-2016

According to the Centers for Disease Control and Prevention (CDC), suicide is a leading cause of death as rates have steadily increased in nearly every state from 1999 through 2016 (see figure 16). Much of the increase is driven by suicides occurring in mid-life, which are mostly committed by men. The highest number of suicides

[29] CDC Wonder, 2012-2016, aggregated through County Health Rankings, 2018.

among both men and women occurred among those aged 45 to 54.[30] Suicide was the 3rd leading cause of death in youth ages 10-24.[31] Louisiana saw a 29.3 percent increase in suicides from 1999 to 2016.[32]

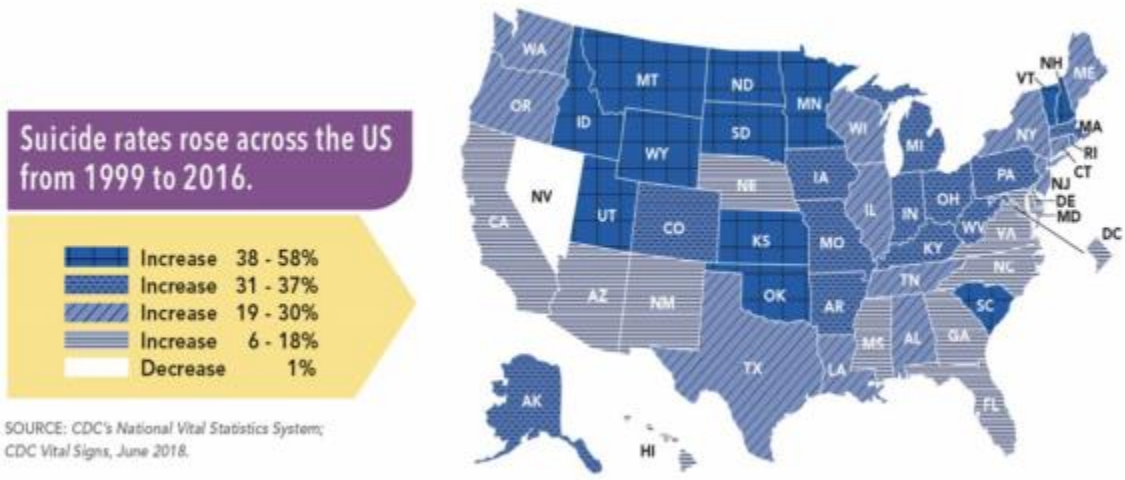


Figure 16: Suicide rates rose across the US from 1999 to 2016

Mental and Behavioral Health

Mental health issues, substance abuse, and lack of accessible affordable treatment services were major mental and behavioral health concerns in the community cited by participants. Depression, anxiety, addiction, and substance abuse were other concerns commonly described by participants. Additionally, mood disorders was the top diagnosis for CHRISTUS Southwest region inpatient hospitalizations FY 2017 (See figure 20 in hospital data section.)

According to the World Health Organization, "mental health is defined as a state of well-being in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." Mental health affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Good mental health is freedom from depression, anxiety, and other psychological issues. It affects all racial groups and socio-economic backgrounds.[33]

According to Behavioral Risk Factor Surveillance System (BRFSS) 2016 data, 19.5% of the Region 5 population reported having experienced depression.

In 2013-2014, 4.5% of all adults in Louisiana reported serious mental illness (SMI) within the past year, an increase from 3.8% of all adults in 2010-2011. Among adults aged 18 or older with any mental illness, 61.8%

[30] https://www.cdc.gov/nchs/data/databriefs/db330_tables-508.pdf
[31] https://www.nami.org/NAMI/media/NAMI-Media/Infographics/Children-MH-Facts-NAMI.pdf
[32] Centers for Disease Control and Prevention: www.cdc.gov/vitalsigns/suicide/infographic.html#graphic1
[33] World Health Organization: www.who.int/features/factfiles/mental_health/en/

had not received mental health treatment or counseling within the year.[34] It is also important to note that the number of public psychiatric beds in Louisiana decreased from 903 beds in 2010 to 616 beds in 2016.[35]

Across America, approximately 60% of adults and nearly 50% of youth aged 8-15 with a mental illness did not receive mental health services in the previous year.[36] According to the Substance Abuse and Mental Health Services Administration's (SAMHSA) 2016 National Survey on Drug Use and Health, reasons adults 18 and older were not receiving mental health services included the inability to afford the cost (46.2%), followed by the thought they could handle the problem without treatment (30.5%) and uncertainty as to where to go to access services (28.1%).[37]

Mental illness and substance abuse are often co-occurring. People with serious mental illness and/or substance use disorders often face higher rates of cardiovascular disease, diabetes, respiratory disease, and infectious disease; increased vulnerability due to poverty, social isolation, trauma and violence, and incarceration; lack of coordination between mental and primary health care providers; prejudice and discrimination; side effects from psychotropic medications; and an overall lack of access to health care, particularly preventive care.[38]

In my opinion we have to start with mental health and we just don't have those services for the poor or hours where they can access it. Waiting list for state facility is too long. With Medicaid expansion- access stayed the same because many providers rolled off or capped Medicaid.

From 2013-2014, about 112,000 individuals in Louisiana aged 12 or older (2.9% of individuals in this age group) were dependent on or abused illicit drugs within the year. This was a slight increase from 2010 and similar to the national percentage.[39] CDC's Drug Overdose Death Data show Louisiana had a statistically significant 14.7% increase in its drug overdose death rate from 2015–2016.[40]

Opioid addiction was mentioned as a major problem by participants, along with the lack of resources and services to provide adequate treatment. According to the National Institute on Drug Abuse, there were 346 opioid related overdose deaths in 2016, a death rate of 7.7 per 100,000 persons (compared to the national rate of 13.3 deaths per 100,000 persons).[41]

[34] https://www.samhsa.gov/data/sites/default/files/2015_Louisiana_BHBarometer.pdf
[35] https://www.treatmentadvocacycenter.org/browse-by-state/louisiana
[36] https://www.nami.org/NAMI/media/NAMI-Media/Infographics/GeneralMHFacts.pdf
[37] https://www.samhsa.gov/data/sites/default/files/NSDUH-DR-FFR2-2016/NSDUH-DR-FFR2-2016.htm
[38] Substance Abuse and Mental Health Services Administration: www.samhsa.gov/wellness-initiative
[39] https://www.samhsa.gov/data/sites/default/files/2015_Louisiana_BHBarometer.pdf
[40] https://www.cdc.gov/nssp/documents/success-stories/NSSP-Success-Story-louisiana-drug-abuse-508.pdf
[41] https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/louisiana-opioid-summary

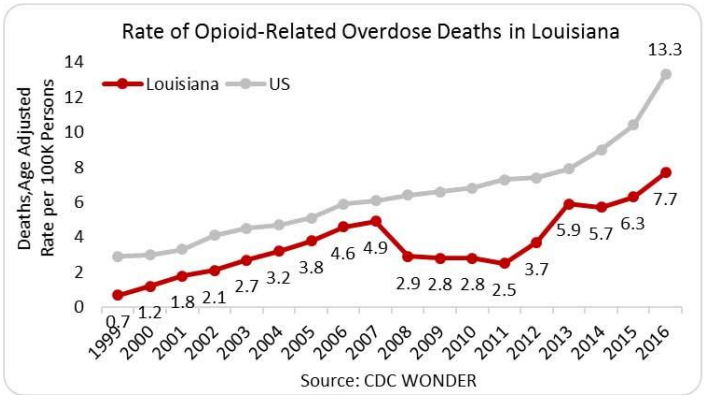


Figure 17: Rate of opioid deaths in Louisiana compared to the U.S. from 1999-2016

Maternal and Child Health

According to the U.S. Centers for Disease Control and Prevention, teen pregnancy and births are "significant contributors to high school dropout rates among girls," with only about 50% of teen mothers receiving a high school diploma by the age of 22.[42] The teen birth rate in Southwest Louisiana was higher than the state (50.2 per 1,000 females), with a teenage birth rate of 53.4 births per 1,000 female population ages 15-19. When comparing parishes in Region 5, Allen Parish had the highest number of teen births (69.5 per 1,000 females ages 15-19) and Cameron Parish had the lowest number of teen births based on estimates from 2010-2016. See figure 18.[43]

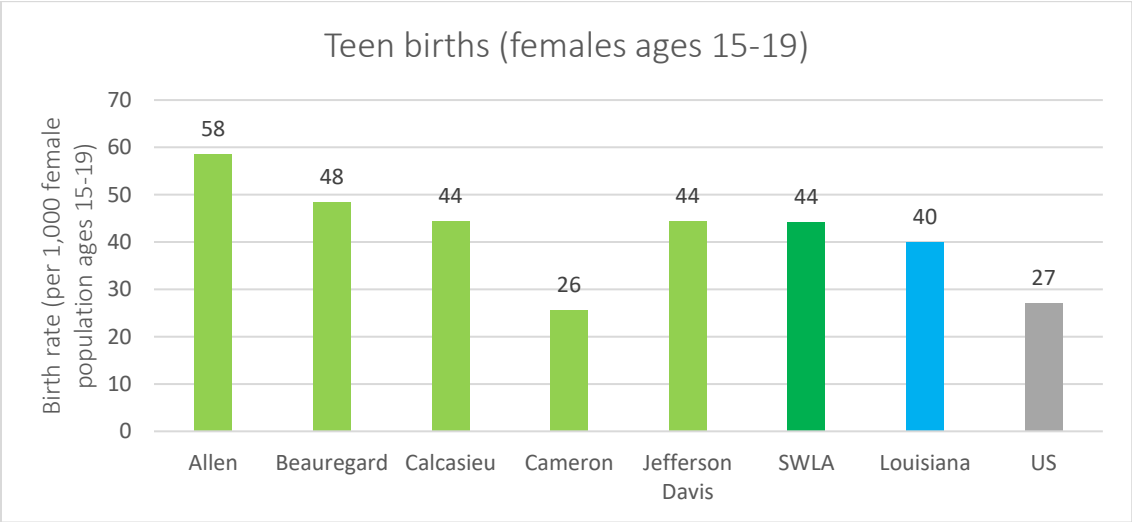


Figure 18: Number of births per 1,000 female population ages 15-19, 2010-2016

Infant mortality rate for both the Southwest Region and state was higher than the national rate, at 8.9 deaths per 1,000 births compared to 6.5 deaths per 1,000 births for the U.S.[44] The percentage of live births with low birthweight (<2500 grams) was 9% for the Region, compared to 11% for the state, and 8% for the nation. In

[42] Reproductive Health: Teen Pregnancy [Internet]. Atlanta, GA: U.S. Department of Health and Human Services, Centers of Disease Control and Prevention [2016]. Available from: http://www.cdc.gov/teenpregnancy/about/.
[43] National Center for Health Statistics-Natality Files, 2010-2016. Aggregated using County Health Rankings, 2018.
[44] HRSA Area Health Resource File, 2006-2010. Aggregated using Community Commons, 2018.

Southwest Louisiana, a higher percentage of babies born at low birth weight occurred among African Americans than Caucasians, 15% versus 8% respectively.[45]

The core business for the recently acquired CHRISTUS Ochsner Lake Area Hospital is in maternal care. Classes are offered to the community on pre-natal care and safe sitter programs. Also, free space is provided on the St. Patrick campus for a School-Aged Mothers program, which offers education and pre-natal programs for teens who are high risk pregnancies and cannot attend school.

[45] National Center for Health Statistics-Natality Files, 2010-2016. Aggregated using County Health Rankings, 2018.

Other Health Factors

Many participants discussed cultural factors as contributors to poor health outcomes in the Southwest region and throughout the state.

We pride ourselves on food and meals and you are expected to eat… We eat too much. We fry everything.

Some acknowledged obesity being more prevalent with the poor and working poor because of a lack of access to healthy foods and knowledge about preparation. The percentage of adults that report a BMI of 30 more in the Region and state was 35%, which was higher than the national average of 28%. The percentage of adults age 20 and over reporting no leisure time physical activity was also the same the same in the region and state at 30%, which was higher the national average of 23%.[46] According to Behavioral Risk Factor Surveillance System (BRFFS) 2016 data, the percentage of adults in Southwest Louisiana who were current smokers was 20%, a percentage that was lower than the state, but higher than the national percentage. The percentage of adults in the Southwest region reporting binge or heavy drinking was 20%, which was higher than both state and nation.[47]

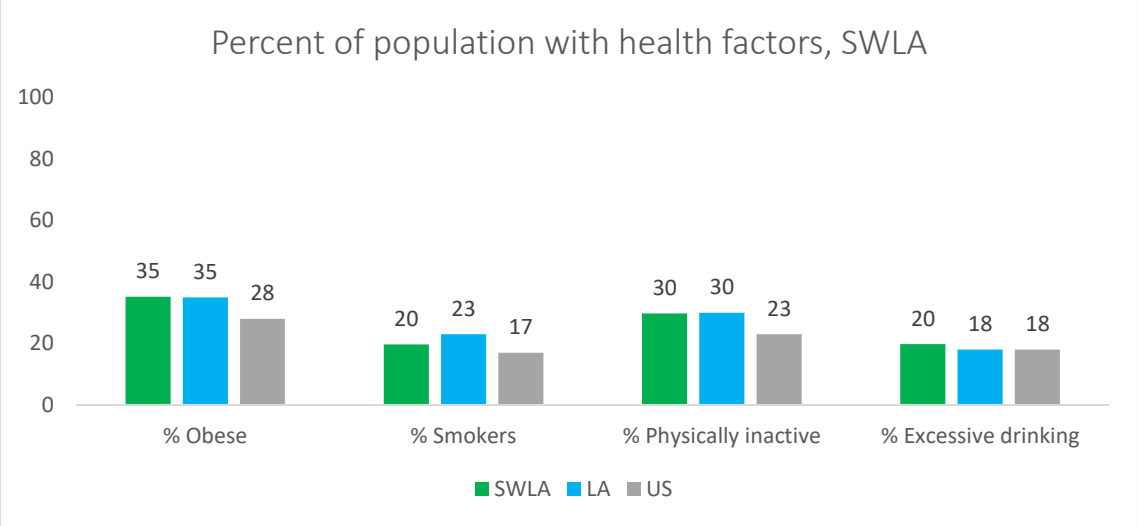


Figure 19: Health related risk factors in the adult population, SWLA

[46] CDC Diabetes Interactive Atlas, 2014.
[47] Behavioral Risk Factor Surveillance System (BRFSS), 2016 data aggregated through County Health Rankings, 2018.

Hospital Data

The findings in this section refer to data provided primarily by CHRISTUS Ochsner St. Patrick Hospital in Lake Charles LA. The period of time is for FY 2017-FY 2018, which covers July2016-June 2018. Only 2 months (May-June 2018) of Lake Area Hospital data are reflected in the tables below due to the timing of Lake Area Hospital data collection following the merger that occurred in 2017.

Most inpatient hospitalizations (19.3%) and emergency department (ED) visits (31.27%) for CHRISTUS Ochsner Health Southwestern Louisiana during FY 2017-2018 were from patients living in the zip code 70601 within the city of Lake Charles. Figures 20 and 21 below show the top 20 zip codes for number of and percentage of visits for inpatient hospitalizations and ED admissions, respectively. Most of these visits occurred at CHRISTUS Ochsner St. Patrick Hospital.

Parish	Primary City	Zip code	# of visits (Hospital)	% of visits
Calcasieu	Lake Charles	70601	3158	19.31
Calcasieu	Lake Charles	70605	2156	13.18
Calcasieu	Lake Charles	70607	1548	9.46
Calcasieu	Sulphur	70663	1162	7.10
Calcasieu	Lake Charles	70611	1048	6.41
Calcasieu	Lake Charles	70615	891	5.45
Beauregard	Deridder	70634	815	4.98
Calcasieu	Westlake	70669	628	3.84
Calcasieu	Iowa	70647	462	2.82
Calcasieu	Sulphur	70665	393	2.40
Calcasieu	Dequincy	70633	375	2.29
Allen Parish	Kinder	70648	313	1.91
Calcasieu	Vinton	70668	267	1.63
Beauregard	Ragley	70657	234	1.43
Jefferson Davis	Jennings	70546	225	1.38
Jefferson Davis	Welsh	70591	159	0.97
Beauregard	Longville	70652	121	0.74
Beauregard	Merryville	70653	106	0.65
Allen	Oberlin	70655	104	0.64
Jefferson Davis	Elton	70532	91	0.56
Total Top 20 Zip codes			14256	87.17%
Total Zip Codes in Target parishes			15078	92.19%
All Other Zip Codes			1277	7.81%
ALL Zip Codes			16355	100.00

Figure 20: List of inpatient hospitalizations by top 20 zip codes, total zip codes in target parishes, and all other zip codes, FY 2017-FY 2018.

Parish	Primary City	Zip code	# of visits (ED)	% of visits
Calcasieu	Lake Charles	70601	19968	31.27
Calcasieu	Lake Charles	70607	7716	12.08
Calcasieu	Lake Charles	70605	6590	10.32
Calcasieu	Lake Charles	70615	4729	7.41
Calcasieu	Lake Charles	70611	3972	6.22
Calcasieu	Sulphur	70663	2902	4.55
Calcasieu	Westlake	70669	2554	4.00
Calcasieu	Iowa	70647	2165	3.39
Beauregard	Deridder	70634	1027	1.61
Calcasieu	Sulphur	70665	949	1.49
Beauregard	Ragley	70657	877	1.37
Calcasieu	Dequincy	70633	723	1.13
Calcasieu	Vinton	70668	694	1.09
Allen	Kinder	70648	646	1.01
Jefferson Davis	Welsh	70591	428	0.67
Jefferson Davis	Jennings	70546	416	0.65
Beauregard	Longville	70652	325	0.51
Calcasieu	Lake Charles	70602	280	0.44
Calcasieu	Starks	70661	234	0.37
Calcasieu	Bell City	70630	221	0.35
Total Top 20 Zip codes			57416	89.92%
Total Zip Codes in Target Parishes			59538	93.25
All Other Zip Codes			4311	6.75
ALL Zip Codes			63849	100.00

Figure 21: List of emergency department visits by top 20 zip codes, total zip codes in target parishes, and all other zip codes, FY 2017-FY 2018.

The top cause of hospital admissions in the Southwest Region at CHRISTUS Ochsner St. Patrick Hospital was Mood Disorders. Mood disorder diagnosis encompasses a wide variety of ICD 10 codes, which can be viewed in Appendix C. Mood disorders was also the 9th most common diagnosis for an Emergency Department visit (see figure 22). The prevalence of mood disorder diagnosis came as a surprise to many attendees of the January 22nd data validation meeting, but reinforced their conviction that more services and resources were needed in the area pertaining to mental and behavioral health, as well as substance abuse.

The top three most common diagnoses for emergency department visits include other upper respiratory infections and non-specific chest pain followed by strains and sprains. See figure 22.

Top 10 most common diagnoses for inpatient hospitalizations, SWLA 2017

Rank	Diagnosis	# of hospitalizations	% of all hospitalizations
1	Mood disorders	1248	8%
2	Septicemia (except in labor)	1213	7%
3	Osteoarthritis	958	6%
4	Hypertension with complications and secondary hypertension	803	5%
5	Acute and unspecified renal failure	521	3%
6	Respiratory failure; insufficiency; arrest (adult)	479	3%
7	Acute cerebrovascular disease	412	3%
8	Schizophrenia and other psychotic disorders	402	2%
9	Acute myocardial infarction	380	2%
10	Cardiac dysrhythmias	356	2%
	Total	6772	41%

Top 10 most common diagnoses for ED visits, SWLA 2017

Rank	Diagnosis	# of ED visits	% of all ED visits
1	Other upper respiratory infections	2952	5%
2	Nonspecific chest pain	2663	4%
3	Sprains and strains	2325	4%
4	Spondylosis; intervertebral disc disorders; other back problems	2155	3%
5	Abdominal pain	2118	3%
6	Superficial injury; contusion	1932	3%
7	Urinary tract infections	1686	3%
8	Other injuries and conditions due to external causes	1593	2%
9	Mood disorders	1517	2%
10	Skin and subcutaneous tissue infections	1448	2%
	Total	20389	32%

Figure 22: Top 10 most common diagnoses for inpatient hospitalizations and ED visits. CHRISTUS Ochsner Hospitals, FY 2017-2018

Focus group and interview participants also mentioned the use of emergency rooms for individuals who do not seek preventative care or have a primary care physician, due to a variety of reasons. A perceived overuse of the ED by low income populations and those with Medicaid was also mentioned as a concern by focus group and interview participants. Below is the percentage of inpatient and emergency department visits by repeat patients at primarily CHRISTUS Ochsner St. Patrick Hospital.

Patients by number of repeat hospitalizations during 1-year period SWLA

Number of visits	% of patients
1	71%
2 to 5	27%
> 5	1%

Patients by number of repeat ED visits during 1-year period SWLA

Number of visits	% all ED visits
1	69%
2 to 5	27%
> 5	4%

Figure 23: Number of repeat hospitalizations and number of repeat ED visits during a 1-year period. CHRISTUS Ochsner Hospitals, FY 2017-2018

Over half of hospital visits were with Medicare patients and only 16% of visits were made by those covered by Medicaid. For emergency department visits, visits made by those covered by Medicaid and Medicare were comparable, with 36% of all ED visits were made by Medicaid recipients and 31% with Medicare.

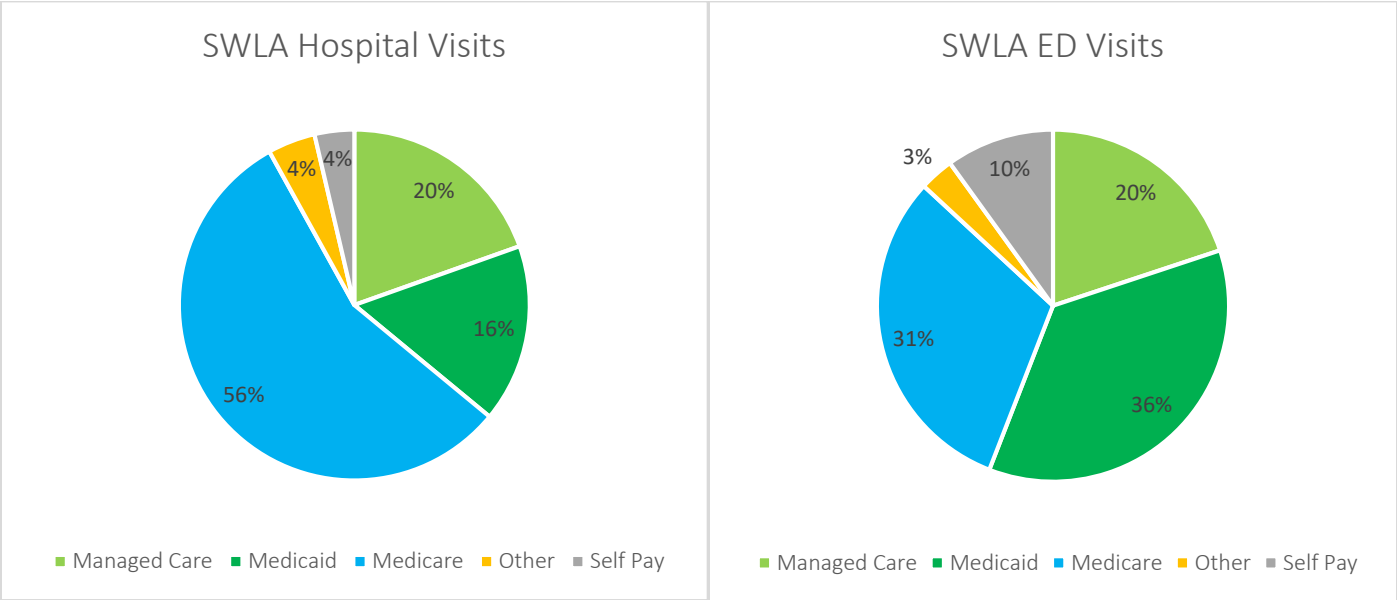


Figure 24: Payer mix for hospitalizations and Emergency Department visits. CHRISTUS Ochsner Health Hospital, FY 2017-2018

Prioritization

Validation Process

LPHI provided an overview of the quantitative and qualitative findings of major concerns for Southwest Louisiana to over 20 participants who attended a data validation meeting on January 22, 2019. Cited concerns were included in the overview if they met the following criteria:

1. the issue or concern was brought up at least 3 times during interviews and/ or the focus group
2. and/ or the issue was substantiated through the quantitative analysis.

The major issues discussed were bucketed into the following 8 categories:

Social Determinants of Health ▪ Large population at low-income level/ Wage gaps ▪ Access to high quality, high paying jobs ▪ Transportation-to/from work, health services, etc. ▪ Affordable housing, increasing rent ▪ Increasing cost of living ▪ Education ▪ Walkability ▪ Access to healthy food	**Stroke**	**Access to Care** ▪ High cost of care- unaffordable insurance, high deductibles, long term care ▪ Cost of prescriptions ▪ Un/underinsured using ED ▪ Lack of specialists ▪ Availability after hours
	Mental and Behavioral Health ▪ Anxiety, depression, stress ▪ Addiction and substance abuse ▪ Access to mental health services, treatment, and addiction services ▪ Mental Health stigma and taboo	**Sexually transmitted diseases**
Cancer Mortality	**Chronic disease** ▪ Heart Disease ▪ Diabetes ▪ Hypertension ▪ Obesity	**Infant Death**

Participants discussed the findings via a series of facilitated prompts/ questions:

1. Do these results make sense, and what surprises you the most?
2. Are there specific pieces of data shared that concern you or require additional clarification?

Following the facilitated discussion, the twenty (20) participants ranked what they thought were most important concerns that CHRISTUS Ochsner and partners should address using www.polleverywhere.com. The results of this ranking exercise are as follows (in order of most to least important to participants):

1. Mental and behavioral health
2. Social determinants
3. Access to care
4. Chronic disease
5. Cancer
6. Stroke
7. Sexually transmitted infections/ Infant death

Hospital priorities for next 3 years

CHRISTUS Ochsner Health Southwestern Louisiana and the community benefit team used the information presented and the validation meeting, along with the ranking conducted by participants, to help determine the focal priorities the ministry will address over the next three years through the upcoming 2019 Community Health Improvement Plan (CHIP). CHRISTUS decided the hospitals will focus their community benefits efforts on mental and behavioral health, access to care, chronic diseases, and cancer screenings.

Issues not selected for prioritization

In an effort to maximize any resources available for the priority areas listed above, the Community Benefit Team determined that the following issues would not be explicitly included in their community health improvement plan (CHIP):

- Social Determinants
- Sexually Transmitted Infections
- Stroke
- Infant Death

While all four areas are community concerns, it was determined that there are other health care facilities and organizations in the region who are better equipped to lead efforts to address these needs or have designated resources at their disposal to specifically address these needs in the near future. Resources and organizations mentioned by participants are listed in Appendix D.

In the case of the Social Determinants, the stakeholders feel other entities are in better position to lead the work. The Region V Office of Public Health (OPH) has a task force of Community Leaders addressing sexually transmitted diseases of which the SWLA Ministry participates. In December 2018, CHRISTUS Ochsner St. Patrick Hospital received Advanced Certification as a Primary Stroke Center from The Joint Commission. CHRISTUS Ochsner Lake Area Hospital has a Level III Neonatal Unit and works in collaboration with OPH and other providers in addressing infant death. These collaborations will continue as an ongoing strategy.

Community Impact Thus Far

Since 2017, CHRISTUS St. Patrick Hospital has been working to address the following needs, which were identified in their most recent community health needs assessment:

1. Cancer (specifically colorectal, lung, breast and prostate cancer)
2. Mental Health
3. Access to Care/ Lack of Coordination of Care
4. Affordable Housing
5. Human Trafficking
6. Immigration
7. Chronic Disease Management (includes heart disease, obesity and diabetes)

In response, CHRISTUS Health Southwestern Louisiana developed activities, programs and clinical interventions to address these varied health needs. These activities and approaches, along with any noted outcomes, are described in Appendix F.

Sources and Descriptions of Measures

Demographics				
Focus Area	Measure Description	Source	Year	Accessed via…
Population	Population estimate trend by parish	U.S. Census Bureau, American Community Survey (ACS) 5 year est.	2000, 2008-2012, 2010, 2013-2017	Policy map www.policymap.org
Rural/ Urban/ Suburban	% of total population of 5-county area that is rural, urban, or suburban	Decennial Census	2010	Community Commons www.communitycommons.org
Age	% of population ages 0-4,5-17,18-24,25-34,45-54,55-64,65+	ACS, 5 year estimates	2012-2016	U.S. Census, demographic profile
Race & Ethnicity	% of population identified as white, black, or other. % of pop. identified as Hispanic	ACS, 5 year estimates	2012-2016	U.S. Census, demographic profile
Gender	% of population identified as male, female	ACS, 5 year estimates	2012-2016	U.S. Census, demographic profile
Socioeconomic Factors				
Focus Area	Measure Description	Source	Year	Accessed via…
Employment	Total number workers and % of total workers by industry sector, SWLA. Based on average employment counts.	The industry sector is coded to North American Industrial Classification System (NAICS)	1-year period (Q3-Q4 2017, Q1-Q2 2018)	U.S. Bureau of Labor Statistics
ALICE & Poverty	% of households below the ALICE threshold (& poverty)	ALICE: A Study of financial hardship in Louisiana, 2018 Report.	2010, 2016	https://www.launitedway.org/alice-report-update-louisiana-released-january-2019
Graduated High School	% of ninth grade cohort that graduates in 4 years	ED Facts	2014-2015	County Health Rankings, 2018
Some College	% of adults ages 24-44 with some secondary education	ACS, 5 year estimates	2012-2016	County Health Rankings, 2018
Unemployment	% of population ages 16 and older unemployed but seeking work	Bureau of labor statistics	2016	County Health Rankings, 2018
Children in poverty	% of children under age 18 in poverty	ACS, 5 year estimates	2012-2016	County Health Rankings, 2018
Children in one parent house	% of children that live in a household headed by single parent	ACS, 5 year estimates	2012-2016	County Health Rankings, 2018
Violent crime	Number of reported violent crime offenses per 100,000 population	FBI, Uniform Crime Reporting	2012-2014	County Health Rankings, 2018
Low food access	% of the population living more than ½ mile from the nearest supermarket, supercenter, or large grocery store	US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas	2015	Community Commons, 2018
Housing cost burden	% of the households where housing costs exceed 30% of total household income each month	US Census Bureau, American Community Survey 5 year estimates	2012-2016	Community Commons, 2018
Access to Health Care				
Focus Area	Measure Description	Source	Year	Accessed via…

Medicaid	Number of adults enrolled in Medicaid, % who had a doctor's visit, and the # that went to a doctor's office also received a preventable healthcare service	Louisiana Department of Health, including modified version of the AAP HEDIS® measure	November 2018	http://www.ldh.la.gov/HealthyLaDashboard/
Dentists	Number of dentist per 100,000 persons	HRSA, Area Health Resource File	2015	Community Commons, 2018
Mental health providers	Number of mental health providers per 100,000 persons	County Health Rankings	2018	Community Commons, 2018
Primary care providers	Number of primary care providers per 100,000 persons	HRSA, Area Health Resource File	2014	Community Commons, 2018
Health Outcomes				
Focus Area	Measure Description	Source	Year	Accessed via…
Asthma	% of adult population with asthma	Behavioral Risk Factor Surveillance (BRFSS), and CARES	2011-2012	Community Commons, 2018
Diabetes	% of Medicare population with diabetes	Center for Medicaid and Medicare	2015	Community Commons, 2018
High Blood Pressure	% of adult population with high blood pressure	BRFSS, Health Indicators Warehouse	2006-2012	Community Commons, 2018
Obesity	% of adult population that are obese	CDC	2013	Community Commons, 2018
Leading causes of death	Top 10 leading causes of death (based on categories of multiple ICD codes listed) show in average number of deaths per year and age adjusted rates per 100,000 for SWLA	DHH, Health Indicators Warehouse. National Vital Statistics System. Underlying Cause of Death 1999-2017 on CDC WONDER Database, released December, 2018	2013-2017	Accessed at http://wonder.cdc.gov/ucd-icd10.html on Jan 11, 2019
Mortality rates	Age-adjusted mortality rate (per 100,000 population) for cancer, lung disease, coronary heat, SWLA	CDC, National Vital Statistics System. Accessed via CDC WONDER	2012-2016	Community Commons, 2018
Cancers	Cancer Incidence rates (age adjusted per 100,000) population for the following cancers: Colon & Rectum, Lung & Bronchus, Kidney & renal Pelvis, Breast in females, and prostate in males. SWLA and parish level data. Additional details: https://sph.lsuhsc.edu/louisiana-tumor-registry/data-usestatistics/monographs-publications/cancer-incidence-louisiana-census-tract/	National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS), CDC and by the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program	2011-2015	https://statecancerprofiles.cancer.gov/
Injury fatalities	Death rates (Age adjusted per 100,000) due to homicide, motor vehicle crash, and suicide	CDC Wonder	2012-2016	Community Commons, 2018
Suicide	Age adjusted per 100,000 rate of suicides stratified by gender (male and female) and race (African American and Caucasian)	CDC Wonder	2012-2016	County Health Rankings, 2018
Teen births	Number of births per 1,000 female population ages 15-19 by parish	National Center for Health Statistics-Natality Files	2010-2016	County Health Rankings, 2018

Infant mortality	Number of deaths per 1,000 births	HRSA Area Health Resource File	2006-2010	Community Commons, 2018
Low birth weight	% of live births with low birthweight (<2500 grams)	National Center for Health Statistics-Natality Files	2010-2016	County Health Rankings, 2018
Obesity	% of adults that report a BMI of 30 or more	CDC Diabetes Interactive Atlas	2014	County Health Rankings, 2018
Smoking	% of adults who are current smokers	BRFSS	2016	County Health Rankings, 2018
Physically inactive	% of adults age 20 and over reporting no leisure-time physical activity	CDC Diabetes Interactive Atlas	2014	County Health Rankings, 2018
Excessive drinking	% of adults reporting binge or heavy drinking	BRFSS	2016	County Health Rankings, 2018
Hospital data				
	Measure Description	Source	Year	Accessed via…
	List of inpatient hospitalizations and ED visits by top 20 zip codes, total zip codes in target parishes, and all other zip codes	CHRISTUS Ochsner St. Patrick Hospital CHRISTUS Ochsner Lake Area Hospital	July 2016-June 2018 May 2018-June 2018	CHRISTUS Ochsner Southwestern LA CHRISTUS Ochsner Southwestern LA
	Top 10 most common diagnoses for inpatient hospitalizations and ED visits			
	Number of repeat hospitalizations and number of repeat ED visits during a 1-year period			
	Payer mix for hospitalizations and Emergency Department visits			

Appendix A. Matrix of Key Informants Meeting IRS Requirement Guidelines

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

Input representing broad interests of community served	Number of Participants Meeting Requirement
1) *Persons with special knowledge of or expertise in public health*	5
2) *Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility*	3
3) *Members of medically underserved, low-income, and minority populations in the community served by the hospital facility, or individuals or organizations serving or representing the interests of these populations*	6

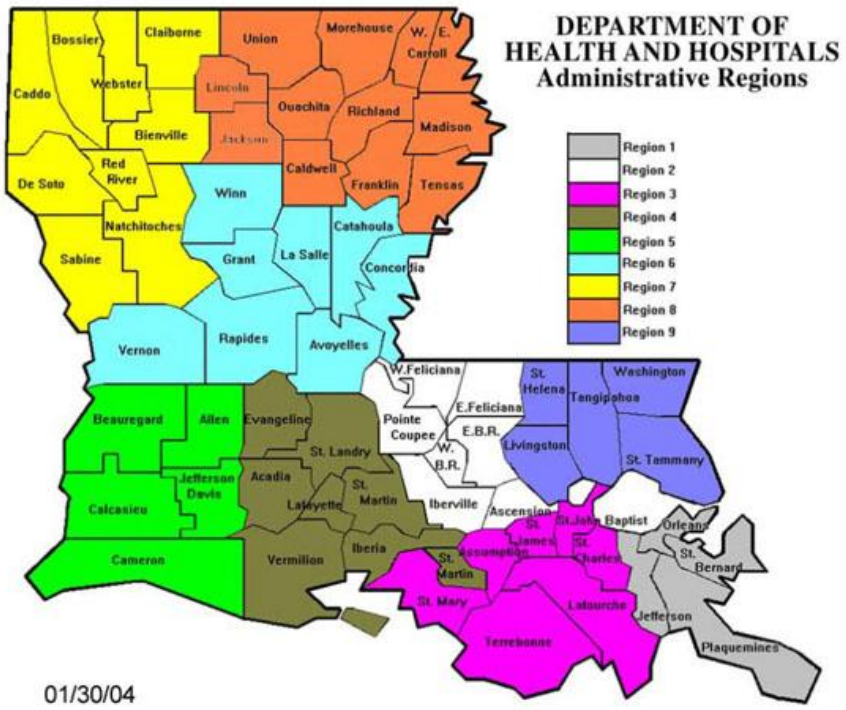
Examples of organizations and populations represented by participants included:

- Louisiana Cancer Prevention and Control
- Wellness nurse with the City of Lake Charles
- American Heart Association
- Catholic Charities
- McNeese State University
- Business owners
- Retirees
- Southwest Louisiana Area Health Education Center
- Children's Miracle Network
- Multiple healthcare providers

  And many others…

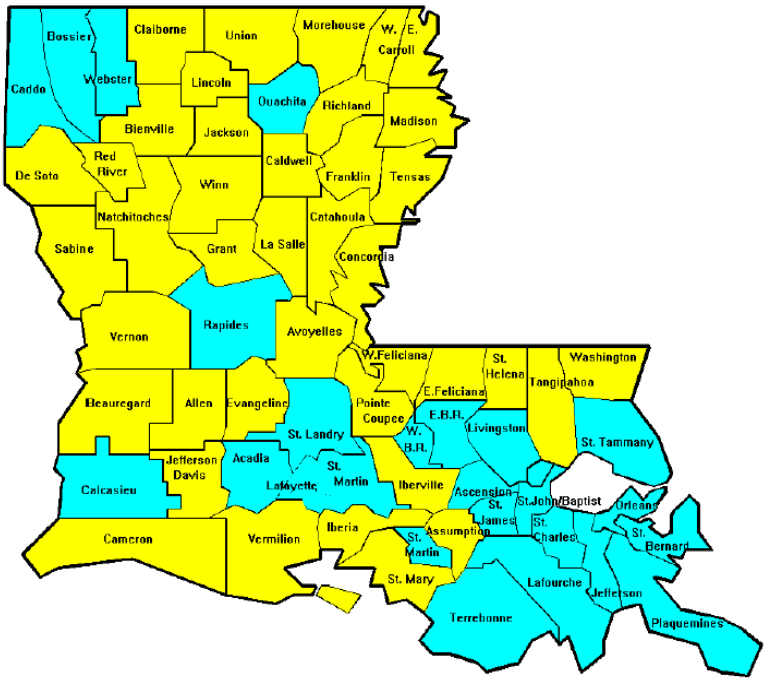
Appendix B. Maps

Louisiana Administrative Regions

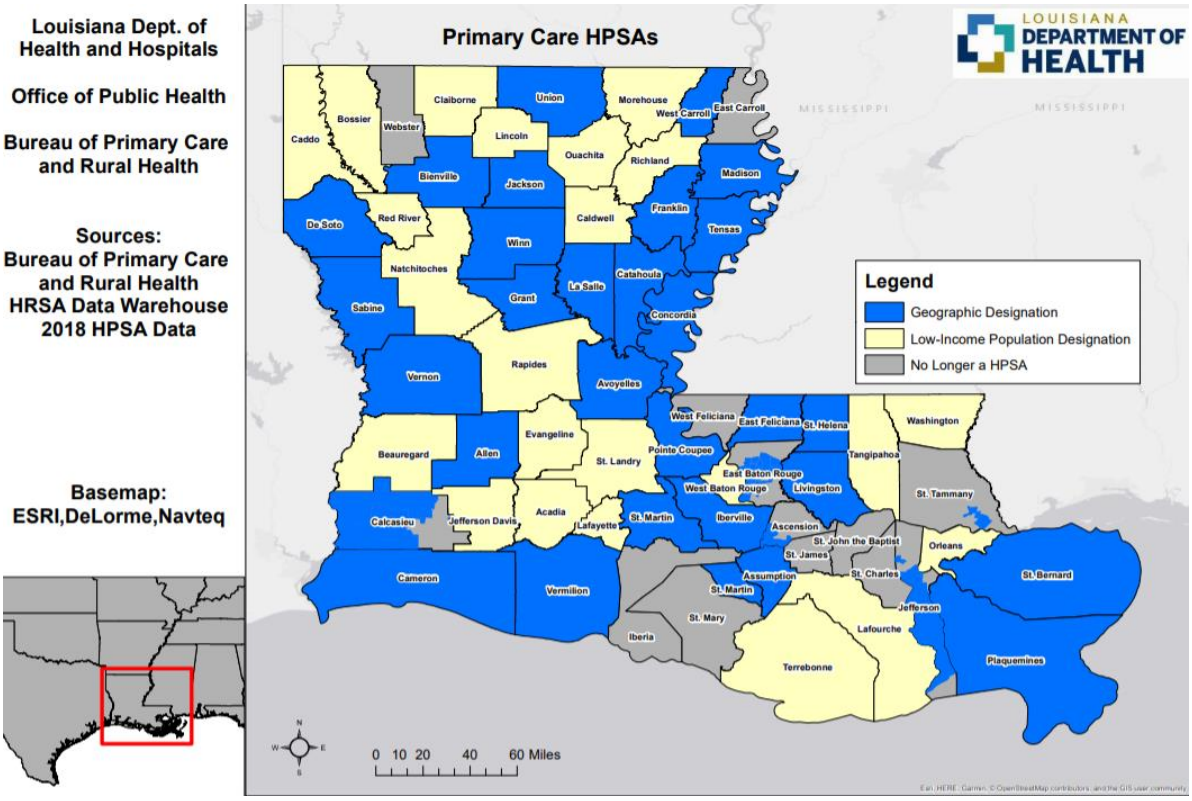


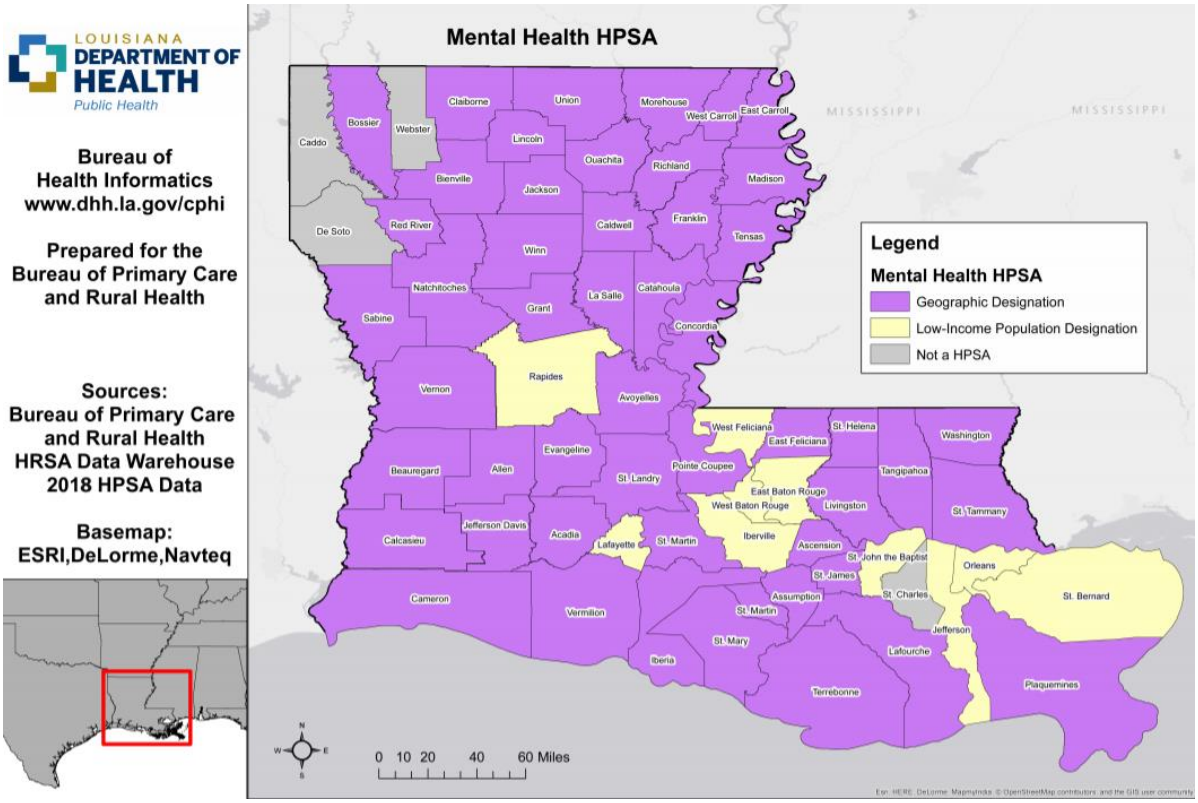
Rural and Urban Parishes

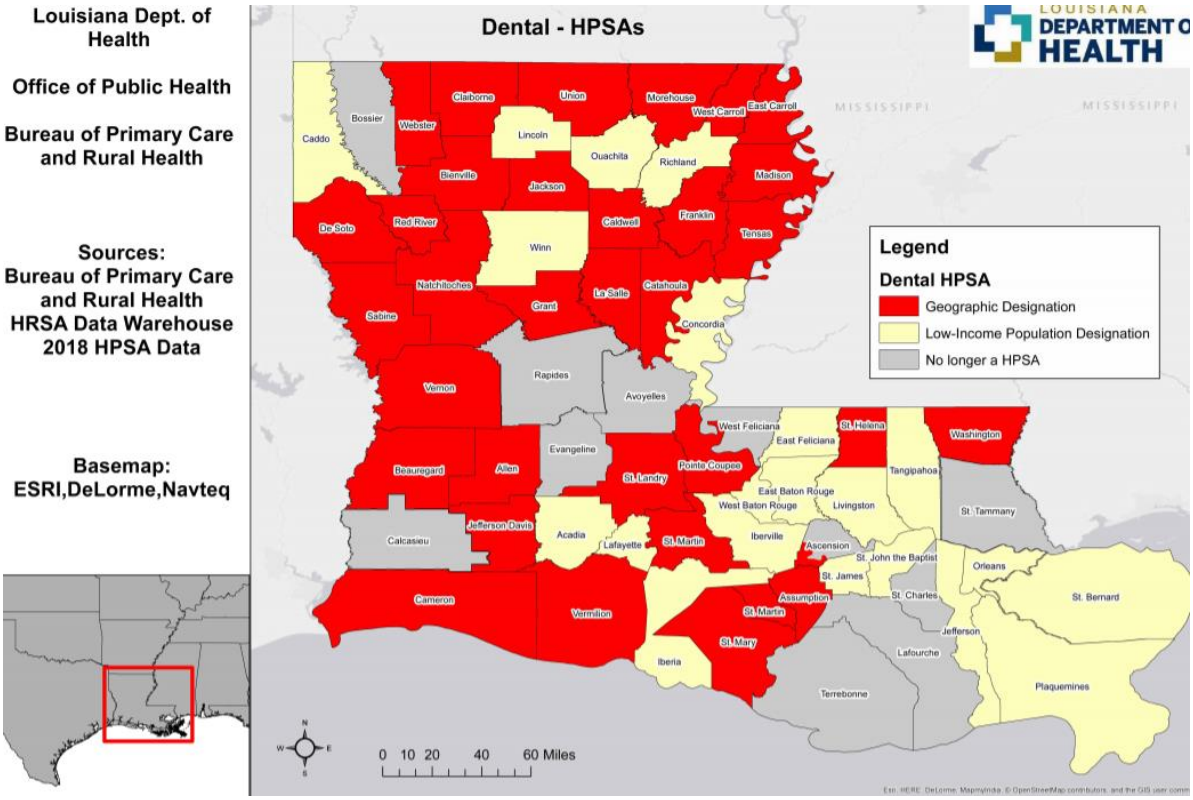
Rural Parishes (Yellow) and Urban (Turquoise Blue) are designated by the Federal Office of Management and Budget.



Health Professional Shortage Area (HPSA) maps






Louisiana Dept. of Health
Office of Public Health
Bureau of Primary Care and Rural Health
Sources:
Bureau of Primary Care and Rural Health
HRSA Data Warehouse
2018 HPSA Data
Basemap:
ESRI,DeLorme,Navteq
Dental - HPSAs
LOUISIANA DEPARTMENT OF HEALTH
Legend
Dental HPSA
Geographic Designation
Low-Income Population Designation
No longer a HPSA
Claiborne
Union
Morehouse
West Carroll
East Carroll
Bossier
Webster
Caddo
Lincoln
Ouachita
Richland
Madison
Bienville
Jackson
De Soto
Red River
Caldwell
Franklin
Tensas
Winn
Natchitoches
La Salle
Catahoula
Grant
Sabine
Concordia
Rapides
Avoyelles
Vernon
West Feliciana
East Feliciana
St. Helena
Washington
Evangeline
Beauregard
Allen
St. Landry
Pointe Coupee
Tangipahoa
East Baton Rouge
West Baton Rouge
Livingston
St. Tammany
Jefferson Davis
Acadia
Calcasieu
Lafayette
St. Martin
Iberville
Ascension
St. John the Baptist
St. James
Orleans
Cameron
Vermilion
Assumption
St. Charles
St. Bernard
St. Martin
St. Mary
Jefferson
Iberia
Lafourche
Terrebonne
Plaquemines
0 10 20 40 60 Miles

Appendix C. Mood Disorder ICD 10 Codes for Inpatient Hospitalizations

Mood Disorders SWLA	Count of Entity - Region
F33.2 - Major depressive disorder recurrent severe without psychotic features	377
F31.4 - Bipolar disorder current episode depressed severe without psychotic features	94
F31.5 - Bipolar disorder current episode depressed severe with psychotic features	93
F31.9 - Bipolar disorder unspecified	90
F33.3 - Major depressive disorder recurrent severe with psychotic symptoms	78
F32.9 - Major depressive disorder single episode unspecified	66
F31.2 - Bipolar disorder current episode manic severe with psychotic features	48
F32.2 - Major depressive disorder single episode severe without psychotic features	47
F31.60 - Bipolar disorder current episode mixed unspecified	44
F33.1 - Major depressive disorder recurrent moderate	40
F31.64 - Bipolar disorder current episode mixed severe with psychotic features	36
F32.3 - Major depressive disorder single episode severe with psychotic features	31
F31.30 - Bipolar disorder current episode depressed mild or moderate severity unspecified	28
F31.63 - Bipolar disorder current episode mixed severe without psychotic features	24
F33.9 - Major depressive disorder recurrent unspecified	21
F31.81 - Bipolar II disorder	18
F32.1 - Major depressive disorder single episode moderate	16
F39 - Unspecified mood [affective] disorder	16
F31.32 - Bipolar disorder current episode depressed moderate	14
F32.89 - Other specified depressive episodes	<10
F34.9 - Persistent mood [affective] disorder unspecified	<10
F31.12 - Bipolar disorder current episode manic without psychotic features moderate	<10
F31.10 - Bipolar disorder current episode manic without psychotic features unspecified	<10
F31.89 - Other bipolar disorder	<10
F33.0 - Major depressive disorder recurrent mild	<10
F31.13 - Bipolar disorder current episode manic without psychotic features severe	<10
F30.2 - Manic episode severe with psychotic symptoms	<10
F31.62 - Bipolar disorder current episode mixed moderate	<10
F32.0 - Major depressive disorder single episode mild	<10
F34.89 - Other specified persistent mood disorders	<10
F31.11 - Bipolar disorder current episode manic without psychotic features mild	<10
F33.8 - Other recurrent depressive disorders	<10
F31.70 - Bipolar disorder currently in remission most recent episode unspecified	<10
F06.30 - Mood disorder due to known physiological condition unspecified	<10
F34.1 - Dysthymic disorder	<10
F31.76 - Bipolar disorder in full remission most recent episode depressed	<10
F31.0 - Bipolar disorder current episode hypomanic	<10
F31.31 - Bipolar disorder current episode depressed mild	<10
F33.41 - Major depressive disorder recurrent in partial remission	<10
F34.0 - Cyclothymic disorder	<10
Grand Total	**1248**

Appendix D. Local Organizations & Community Assets Mentioned by Participants

Potential Partners and/ or Resources

- United Way
- Salvation Army
- Red Cross
- Sheriff's office
- Children's Miracle Network
- Catholic Charities- financial assistance, employment, etc.
- Faith based organizations
- Tobacco Free Living Program through Louisiana Public Health Institute (LPHI)-tobacco work and smoke free ordinances
- Region 5 Office of Public Health regarding safe sleep, STIs, HIV
- Local task forces bring multiple sectors together to tackle issues such safe sleep (for infants), STIs, etc.
- Coroner's office, also works on safe sleep and other public health initiatives
- American Heart Association (cooking classes and programs)
- (SWLAHEC) Southwest Louisiana Area Health Education Center – Identify needs and pull partners together. Took lead on creating bike lanes, garden projects, access to parks
- Lake Charles Recreation system- ex is Ward 3 parks
- SPAR Sulphur Parks and Recreation – great park system and recreational facilities (funded by city millage)
- Family and Youth Counseling Agency
- Habitat for Humanity
- Rotary Club
- Healthy Communities Coalition of Southwest LA
- Louisiana Workforce Commission- Facility based in Lake Charles for workforce development
- Project Build a Future- trying to get people into homes and be home wonders
- Chamber of Commerce- Quality of Life Task Force
- McNeese State University- provides resources, financial assistance, and training programs to nontraditional students, including a community clinic
- 211 (a resource directory that is available across most of the state)
- Mission for CHRISTUS Southwest Louisiana, CHRISTUS Foundation, Community Benefit Council
    - Medical providers volunteering for events

Health Services

- Memorial Hospital: Charity Hospital
- Calcasieu Community Clinic-private non-profit
- Community Clinic through McNeese University- healthcare services at no cost
- Federally Qualified Health Centers (FQHCs)- provides primary, dental, and/or mental health services including Medicaid, un/ underinsured, etc. on sliding scale
- SWLA Center for Health Services-physical, mental and dental health services
- Specialists at Imperial Health, memorial and CHRISTUS

Mental and Behavioral Health Services

- Kingdom Expressions- MBH community clinic that takes Medicaid

- Oceans Behavior Hospital
- Archer Institute through Memorial Hospital
- Mental Health Assistance through employers
- Private Practices, therapy groups

Other Assets

- Casinos
- Local businesses
- Local banks offering grants
- Employee health programs and benefits through businesses
- Existing running groups, bike groups, yoga groups, Tai chi. Groups put forth healthy cooking and eating.

Appendix E. Recommendations provided by Interview and Focus Group Participants

- Breast and cervical care program- delve deeper into addressing other needs outside of traditional physical health

- Have people dedicated to community health in their facilities. Maybe taking those doing work in the community and help them to pivot a bit to work these other organizations to help with access. The state department and SWLA are overwhelmed with long waiting list. Not enough specialist accepting Medicaid and uninsured. If CHRISTUS had a group of physicians that would accept cash price for un/ underinsured then the waits wouldn't be as long and it would help to relieve the strain in the community. Only so much the FQHCs and state funded entities without the private public partnership.

- Work with partners to figure out some low-cost access to care for dental and eyes. Also need a preventative way to have access to basic wellness for kids, shots, etc. - travelling clinic or a travelling doctor that goes to community to take access to the people. Figure out how to get care to the people and community.

- Mobile health or telehealth targeting that demographics would let CHRISTUS bring value to community and it fits with philosophical aspect of CHRISTUS mission.
    - The first thing is to identify key opinion leaders in community, particularly in the African American, community to become champions for normalizing discussion about some of these things. Doesn't have to be wealthy successful AA attorney to serve on advisory committee to groom for a donation for conference room.
    - Half dozen key people in business, education, churches, existing non-profits and associations in town attempting to address some of these needs, known well regarded and trusted in African American Community that can become the face for generating the conversation building trust and creating arsons about those kinds of things.

- Expanding Psychiatric services and MH care including adding a psychiatrist.

- Rural health clinics to help address transportation. Transportation service from and to hospital with medic and nurse that rode with you hospital to home.

- Provide philanthropy and support to local non-profits already doing the work. Partner with entities such as Catholic Charities

- Take aspects of primary care into local neighborhoods that are underserved

- Implement mobile clinics, educational programming with community organization in AA community in town, churches, community centers, volunteer organizations that are historically serving populations or made up of individual from that particular demographic

- Use school based health centers to help connect students with nursing education

- Plant nurse navigators and community health workers in various businesses

Appendix F. Impact since last CHNA

Since 2017, CHRISTUS St. Patrick Hospital has been working to address the following needs, which were identified in their most recent community health needs assessment:

1. Cancer (specifically colorectal, lung, breast and prostate cancer)
2. Mental Health
3. Access to Care/ Lack of Coordination of Care
4. Affordable Housing
5. Human Trafficking
6. Immigration
7. Chronic Disease Management (includes heart disease, obesity and diabetes)

In response, CHRISTUS Health Southwestern Louisiana developed activities, programs and clinical interventions to address these varied health needs. Described below are some, among many, approaches taken to meet these community needs identified as priority areas in the most recent community health needs assessments.

1. Cancer (specifically colorectal, lung, breast and prostate cancer)
   For the Southwestern Louisiana region, lung and colorectal cancer incidence and mortality rates, particularly among the African American population, differed considerably from state rates. The mortality rate for lung cancers was higher in both race groups compared to the state. In an effort to close the disparity of the groups mentioned above, the oncologic services have been enhanced through a partnership with Louisiana Breast and Cervical Cancer Health Program (LBCHP) to provide no cost breast screening and diagnostic services to uninsured and underinsured women in our service area. Since its inception in 2018, 88 low income/uninsured patients have received free services.

   In 2018, the program has been expanded to include genetic screening/counseling for high-risk patients. The screening/counseling will target 230 high-risk patients annually in collaboration with breast program.

   Patients presenting to the ER are now triaged for cancer screening qualification in an effort to identify patients that might otherwise not obtain a cancer screening. Nurse navigators contact patients for no-cost screenings.

2. Mental Health
   St. Patrick Hospital operates a 15-bed adult inpatient psychiatric unit for those in need of mental health treatment as well as those with a dual diagnosis. This unit was specifically designed for the uninsured and underinsured population. The unit meets a large demand for care and helps relieve the emergency department of many PEC (physician emergency confinement) patients.

   A psychiatric nurse assessment team for the emergency department is now operational. This team assesses, at the request of the ED physician, each patient presenting with a psychiatric diagnosis or problem. This team also is the intake team for the above-mentioned inpatient unit as well as for appropriate needed transfers.

St. Patrick continues to provide classes and support groups as well as speak to local groups/organizations on mental health issues.

Mental Health services are also available at the SWLA School Based Health Centers. The vast majority of the students seen in the five health centers by the Licensed Clinical Social Workers or Licensed Professional Counselors are seen for depression/stress/anxiety. These services are available daily during regular school hours.

3. Access to Care/Lack of Coordination of Care

Over the past three years, many issues of access to care have been addressed through a School Based Health Center (SBHC) model. CHRISTUS Southwestern Louisiana co-sponsors five SBHCs with the Louisiana Department of Health & Hospitals Adolescent School Health Program. These SBHCs primarily offer medical and behavioral health services for economically disadvantaged and minority students in two parishes. Through the SBHCs, comprehensive primary and preventative physical and mental health services are available to these students. Staffing for the centers include nurse practitioners, registered nurses, social workers and clinic assistants. For the past two years, these five clinics had 47,018 encounters with students. Preventative services, which includes immunizations, occurred for 26% of all visits, while services for minor episodic needs comprised 41% of all visits. For behavioral health, the vast majority of these visits addressed depression/stress (63%).

Working in collaboration with local businesses, multiple health screenings and education seminars are being provided at health fairs.

4. Affordable Housing

With its expertise on health, CHRISTUS Southwestern Louisiana serves as a key partner to housing advocates by providing critical information on how poor housing is connected to poor health outcomes. Information on the housing and health connection has been shared with to the City of Lake Charles, including the Mayor's office. This work continues with representation at local meetings on affordable housing as well as an ongoing willingness to provide input and engage in partnerships to promote affordable housing.

5. Human Trafficking

Southwest Louisiana has a number of known factors associated with geographies vulnerable to human trafficking including: being located near a major transportation corridor, such as Interstate 10; the presence of significant economic development, a legalized gaming industry, a recent influx of migrant workers and immigrant populations, and a fast growing school system. Hospital representatives attend meetings with Catholic Charities, Office of Public Health, and Juvenile Justice Department. Additionally, SWLA is attempting to develop a coalition to bring together the various activities across the region.

Victim awareness posters are now posted in the emergency room bathrooms that identify a hotline number for victims.

While awareness has been raised in the community, additional activities devoted to this priority have been limited. A combination of limited resources and the lack of available data make it difficult to

measure effective impact.

6. Immigration

During the previous CHNA process, it was anticipated that the ongoing economic boom in the Southwestern Louisiana region would draw more people to the Lake Charles area, including many immigrants, to fill a variety of industrial and construction jobs. As a result, CHRISTUS St. Patrick took steps to heighten awareness of the needs and services required for the new influx of people. In 2016, CHRISTUS St. Patrick collaborated with La Familia Resource Center to assist multi-cultural families and individuals with acclimating to their new surroundings in Southwest Louisiana. Programming includes American Citizenship Classes, ESL (English as Second Language) classes, Spanish classes, family advocacy legal services, interpreter services, resource referrals, translations, and tutoring.

7. Chronic Disease Management (includes heart disease, obesity and diabetes)

In 2018, CHRISTUS St. Patrick Hospital earned The Joint Commission's Gold Seal of Approval and the American Heart Association/American Stroke Association's Heart-Check mark for Advanced Certification for Primary Stroke Centers. This designation was made after Joint Commission experts evaluated CHRISTUS St. Patrick's compliance with stroke-related standards and requirements, including program management, the delivery of clinical care and performance improvement.

CHRISTUS St. Patrick maintains is Cardiac Rehabilitation program and the associated support groups that focus on healthy lifestyle changes to reduce the possibility of reoccurrence of a heart attack as well as recovery.

Diabetes has been addressed through activities conducted by other organizations and partners in the community. While financial support provided by CHRISTUS St. Patrick Hospital to tackle diabetes was minimal, in the Southwestern Louisiana region, the American Diabetes Association provides education and awareness to the community on the risks of diabetes. Additionally, CHRISTUS St. Patrick collaborates with a local endocrinologist to provide educational services to the community via a registered dietician.

The South Louisiana lifestyle is a major contributor to obesity. Through educational sessions at local health fairs, healthy food choices, diet, and exercise are discussed. Educational sessions are also held at the five school based health centers (SBHCs) for students. Each SBHC also provides programs specifically designed to address obesity, with clinics encouraging exercise and healthy eating habits. BMI checks are available to students and those with a BMI of 35% receive individualized diet and exercise education.