

SMART MEDICINE
HEALING GRACE



Community Health Needs Assessment 2017 - 2019

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About the Louisiana Public Health Institute:

Founded in 1997, Louisiana Public Health Institute (LPHI) is 501(c)(3) nonprofit organization that serves as a partner and convener to improve population-level health outcomes. LPHI's mission is to improve health and quality of life for all. This is achieved through the coordination and management of public health programs and initiatives in the areas of health information, public policy, applied research, and community capacity enhancement. Through these initiatives, LPHI provides an array of services to meet the needs of local, regional, and national partners and to develop community-oriented solutions that improve community health and well-being.

Executive Summary

CHRISTUS St. Patrick Hospital is a non-profit hospital located in Lake Charles, Louisiana and represents CHRISTUS Health Southwestern Louisiana. CHRISTUS Health Southwestern Louisiana is part of CHRISTUS Health, formed in 1999 to strengthen the Catholic faith based health care ministries of the Congregations of the Sisters of Charity of the Incarnate Word of Houston and San Antonio that began in 1866. Founded on the mission “to extend the healing ministry of Jesus Christ”, CHRISTUS Health’s vision is to be a leader, a partner and an advocate in creating innovative health and wellness solutions that improve the lives of individuals and communities so that all may experience God’s healing presence and love. As part of this effort and to meet [federal IRS 990H requirements](#), CHRISTUS Health corporate office contracted with the Louisiana Public Health Institute (LPHI) and the Texas Health Institute (THI) to develop a uniform, comprehensive CHNA process for its facilities in Texas and Louisiana.

LPHI was responsible for conducting the community health needs assessment (CHNA) and community health improvement plan (CHIP) reports for CHRISTUS Health Southwestern Louisiana. This report serves as the CHRISTUS Health Southwestern Louisiana CHNA report for 2017-2019, and meets the requirements set forth by the IRS in Notice 2011-52, 990 Requirements for non-profit hospitals’ CHNA.

The CHNA report contains secondary data from existing sources, such as the American Community Survey (ACS), Behavior Risk Factor Surveillance Survey (BRFSS), Louisiana Tumor Registry, and data from the Louisiana Department of Health and Hospitals, among others. This report also includes input from key informants in the region, particularly those with special knowledge of public health, the health of the communities served by the hospital, and/or vulnerable populations in the communities served by the hospital. This input was gathered through individual interviews, a focus group discussion, and routine CHNA Advisory Committee meetings. As a result, seven community health needs were identified as top priorities. These priorities were selected based off of issue prevalence and severity according to parish and regional secondary data in addition to the stakeholder input provided. The top needs identified through the process are as follows:

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 is higher in both race groups compared to the state. Additionally, there are large disparities between Caucasian and African American populations within the region. Lung cancer average annual incidence rate among Caucasians is 72.1 per 100,000 population versus 84.3 among African Americans in the region. The difference between the two groups in this region is even more pronounced when looking at colorectal cancer average annual incidence rates. The rate is 47.8 per 100,000 population for Caucasians versus 67.2 among African Americans. Interview and focus group participants discussed colorectal cancer in particular, and they reported an increase of patients, especially older African American males, being diagnosed with stage 4 colorectal cancer after never being screened previously. Lack of preventative care was also cited.

2. Mental Health

While most of the top diagnosed mental health conditions occur at a lower number than compared to the state, mental health was frequently mentioned by focus group and interview participants, especially regarding the potentially increased need in the future given the rapidly growing population. Suicide was one condition that was much higher than the state, with 16 deaths per 100,000 population versus 12. Additionally, participants specifically referred to a high rate of youth suicide in Calcasieu Parish, partially due to bullying, including cyber bullying. Other mental health issues reported by participants included stress (again, especially with the expected population increases), bipolar disorder, trauma, and depression. Noted barriers to accessing behavioral health services included: high cost of mental health medications, lack of mental health services and providers including psychiatrists, long wait times, providers who do not accept Medicaid or only accept self-pay, transportation, not knowing where to go, and stigma.

3. Access to Care/ Lack of Coordination of Care

Advisory committee members acknowledged that access to care has always been an issue, and is likely compounded by a lack of strategic coordination among service providers. Additionally, the Southwestern Louisiana region has fewer primary care physicians per capita compared to the state (5.5 vs 6.4), which is consistent with the fact that these parishes are also designated as Health Provider Shortage Areas (HPSA). Barriers to accessing primary care listed by focus group and interview participants included: rising costs of insurance and medications, transportation, limited availability of services (especially in rural areas), not knowing how to access services, high cost of co-pays, long wait times, and providers not accepting new patients and/or Medicaid.

4. Affordable Housing

When looking at all renters in both Southwestern Louisiana and the state as a whole, a higher percentage of renters in this region will spend 30% or more of their income on rent compared to renters throughout the state (51.1 % versus 47%). Additionally, a large number of the interview participants discussed current and future changes occurring in the region as the population is expected to grow by 30,000- 40,000 people due to new industries. Participants predicted large effects including on housing availability and affordability, employment, and an increased demand for the available and accessible medical and behavioral health services. They also forecast that the lack of affordable housing will lead to increased homelessness. According to the Southwest Louisiana Economic Development Alliance, Southwest Louisiana is the nation's fastest growing region for economic development growth, with \$97 billion in planned industrial projects creating thousands of new jobs and demand models show that about 9,750 permanent housing units will be needed over the next 10 years.

5. Human Trafficking

Several interview and focus group participants described human trafficking as being a future issue of concern, especially due to the Southwestern Louisiana region having 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, legalized gaming industry, and migrant worker and immigrant populations; and a fast growing school system.

6. Immigration

It is anticipated that the ongoing economic boom in the Southwestern Louisiana region will draw more people to the Lake Charles area, including many immigrants, to fill a variety of industrial and construction jobs. The advisory committee felt that as with the issue of affordable housing, there is an opportunity for CHRISTUS Health to take the lead in bringing an awareness to the needs and services required for the new influx of people.

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

The U.S. Centers for Disease Control and Prevention (CDC) cites chronic diseases and conditions—such as heart disease, stroke, cancer, type 2 diabetes, obesity, and arthritis—as some of the most common, costly, and preventable of all health problems affecting the American public.¹ Deaths due to diseases of the heart are considerably higher in this region than the state (290 deaths per 100,000 population versus 220), and cardiovascular diseases were the 2nd leading cause of admission at CHRISTUS St. Patrick Hospital in 2013-2014. Among both interview and focus group participants, heart disease was consistently reported as a concern. Additionally, when looking at the Prevention Quality Indicators (PQI) for Diabetes, PQIs for short-term complications and uncontrolled diabetes are higher in Southwestern Louisiana compared to the state. Unsurprisingly, high diabetes rates and high obesity rates, including childhood obesity, were frequently mentioned by focus group and interview participants.

The CHNA report presents data for a number of needs for the Southwestern Louisiana region, as well as additional information specific to the above prioritized community health needs. This report will be used by CHRISTUS Health Southwestern Louisiana as a resource to developing implementation strategies to improve community health over the next three years.

¹ Centers for Disease Control and Prevention. Chronic Disease Overview. Chronic Disease Prevention and Health Promotion Web site <http://www.cdc.gov/chronicdisease/overview/>. Accessed June 18, 2016.

Introduction

CHRISTUS St. Patrick Hospital is a non-profit hospital located in Lake Charles, Louisiana and is part of the CHRISTUS Health Southwestern Louisiana region. As part of the larger CHRISTUS Health system, CHRISTUS St. Patrick is one of several facilities striving to serve as “a leader, a partner and an advocate in the creation of innovative health and wellness solutions that improve the lives of individuals and communities so that all may experience God’s healing presence and love.”² As part of this effort and to meet [federal IRS 990H requirements](#), CHRISTUS Health contracted with the Louisiana Public Health Institute (LPHI) to conduct the community health needs assessment (CHNA) and community health improvement plan (CHIP) reports for CHRISTUS St. Patrick.

This document serves as the CHRISTUS Southwestern Louisiana CHNA report for 2017-2019, and will be made publically available on the CHRISTUS Health website for future reference. The purpose of the CHNA is to identify needs, assets, and opportunities to answer the following research questions:

1. What constitutes the community/ communities which CHRISTUS St. Patrick serve(s)?
2. What are the community’s attributes (i.e., demographics, health status, etc.)?
3. What are the community’s health needs?
4. What are the community’s assets and opportunities?
5. What action can CHRISTUS St. Patrick feasibly take to meet identified health needs?

These questions were answered using a mixed-methods approach (described in further detail below), and the report presented here describes the methods used for data collection and a summation of findings based on hospital data, publically available secondary data, key informant interviews and focus group discussions.³ This summation was further discussed and analyzed by a panel of experts comprised of both CHRISTUS staff and external partners representing various community organizations, and with guidance from LPHI. Formally known as the CHNA Advisory Committee, this panel continuously sought community input as they established next steps for the CHRISTUS Health Southwestern Louisiana community health improvement implementation plan. This plan is provided in a separate document.

Methodology

The mixed-methods approach conducted for this report was based off methodology used by LPHI when contracted in 2012 to complete the CHNA report for another CHRISTUS Health facility, CHRISTUS Health Shreveport-Bossier. Originally informed by assessment materials developed by national organizations such as the Association for Community Health Improvement (ACHI), the Catholic Health Association (CHA), and the National Association of County and City Health Officials (NACCHO), this approach was further refined through discussions with LPHI’s counterpart conducting the CHNA & CHIP process for CHRISTUS facilities in Texas, Texas Health Institute (THI), and the CHRISTUS Health corporate office. Representatives from the CHRISTUS Health corporate office were especially interested in formulating a process for CHNA report development that could serve as a template to all hospitals within its

² <http://www.christusadvocacy.org/>

³ All statements and opinions herein were expressed by key informants and focus group participants and do not necessarily represent the opinions or viewpoints of LPHI or its contractors.

CHRISTUS Health Southwestern Louisiana 2017-2019 CHNA

southeastern footprint in the U.S., including but not limited to its facilities in Louisiana, New Mexico, and Texas. As a result, both LPHI and THI agreed to conduct a combination of key informant interviews, focus groups, and much more widely advertised community validation meetings to provide CHRISTUS Health with critical input from various community representatives to assist each CHRISTUS facility with determining what priorities will be addressed over the next three years. This feedback was used to supplement the quantitative data provided by each hospital and available from secondary sources, such as the American Community Survey (ACS) and the Louisiana Department of Health and Hospitals. A full list of data sources referenced in this report is listed in Appendix A.

Each step of the CHNA process essential to this methodology is explained in detail below.

Advisory Committee

In order to ensure community input and expert oversight throughout the entire project, an Advisory Committee representing internal and external stakeholders in the Southwestern Louisiana region was established in late 2015. The Advisory Committee met periodically on the CHRISTUS campus throughout this process. The Committee was involved in the review of all data collection materials developed by LPHI and THI, including a list of recommended quantitative indicators, the key informant interview guide, and the focus group interview guide. On May 5, 2016, the Advisory Committee 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 on page 33 of this report.

Quantitative Indicators

LPHI and THI worked with CHRISTUS Health to adapt a list of potential indicators for analysis based off of prior CHNA reports completed by both public health institutes and a list of recommended indicators provided by the Catholic Health Association. In most cases, indicators were chosen based on availability. For topics in which secondary data was not readily available, these topics were representatively addressed in the qualitative instruments developed by LPHI.

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

CHRISTUS Health Southwestern Louisiana Parishes	
Allen	Cameron
Beauregard	Jefferson Davis
Calcasieu	

Existing data for this five-parish footprint was compiled from local and national sources by an experienced biostatistics epidemiologist. Data was compiled and analyzed using SPSS. A full list of indicators provided in this report can be viewed in the list of Figures on page 3. As previously mentioned, all data sources referenced in this report are listed in Appendix A. For benchmarking, data at the zip code level were compared to parish level and state level data, where applicable. This data is presented in the Findings section starting on page 13.

Key Informant Interview Protocol

The 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. Major areas of focus of the guide included: 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 Health Southwestern Louisiana representatives in January 2016.

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; and
(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.*

Treasury and the IRS expect that certain persons may fall into more than one of the categories listed above in paragraphs (1) through (3). For example, taking into account input from certain government officials with special knowledge of or expertise in public health may allow a hospital organization to satisfy the requirements described in both paragraphs (1) and (2).”

In order to satisfy these requirements, the Community Benefit Director from each CHRISTUS facility, with input from CHRISTUS Health corporate office and the CHNA Advisory Committee, provided LPHI with a list of potential key informants, many of whom met one or more of these requirements and were able to speak to the geographic region served by CHRISTUS Health Central Louisiana. A matrix detailing key informant affiliation in compliance with these requirements can be viewed in Appendix B.

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 will be used and the time commitment to complete the interview. All key informants were ensured that no names would be associated with responses in any way 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 to record the phone call. All interviews were recorded using an audio recorder. Recording did not begin until all instructions were provided and agreed upon. The interviewer assigned a study number to the participant and no identifiers were captured on the recording. Participants were only asked about their names, job titles, and affiliation with CHRISTUS to determine if they met one of the three IRS requirements listed above.

On average, most Interviews took around 45 minutes. Detailed notes comprised of quotes, key themes, and the interviewer’s general comments regarding each interview were typed up and synthesized into a larger master notes document for each facility or hospital region. For CHRISTUS Health Southwestern Louisiana, a total of 10 interviews were conducted.

Focus Group Protocol

Focus groups were also selected as an additional mechanism to obtain community input. Like the key informant interview guide, the focus group guide was also designed to encourage participants to think about the behavioral, environmental, and social factors that influence a person's health status 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 Health Southwestern Louisiana representatives in January, 2016.

As part of the protocol, one of LPHI's qualitative experts provided all community benefit directors with a one-hour virtual focus group facilitation training. All directors were responsible for conducting a 90-minute focus group with participants, who were recruited to represent CHRISTUS patients and/or other community stakeholders with knowledge and awareness of health issues impacting the region. Participants who participated in a key informant interview were not recruited for these groups.

All focus groups were audio recorded to accurately capture responses. Additionally, at least one note taker was assigned to take notes in person and, within the notes, each participant was assigned and referred to by a corresponding number to provide anonymity. Staff from LPHI also listened in via phone or Skype to observe conversation and take their own notes. The notes taken onsite and the audio recording were then provided to LPHI, who combined all notes for a given facility within one master document.

The focus group for CHRISTUS Health Southwestern Louisiana occurred on March 18, 2016. Information provided during this session is incorporated into the findings shared in the following pages.

Findings

The quantitative data and qualitative data were analyzed independently and then cross-walked together to identify areas of agreement and areas of disconnect. Notes from both the interviews and focus groups were carefully read through to identify major themes, which are summarized below. For the purposes of this report, “participant” refers to key informant interview participants and focus group participants, unless specified.

Demographics and Socio-Economic Measures

The CHRISTUS Health Southwestern Louisiana region includes the following 5 Louisiana parishes: Allen, Beauregard, Calcasieu, Cameron, and Jefferson Davis. The total population of these parishes is 293,380 comprising 100% of the total population for Louisiana Department of Health and Hospitals (LA-DHH) Administrative Region 5 from the US Census American Community Survey 2013.⁴ This Region is fairly rural with a population density of only 60 people per square mile compared to the overall density of 106 in the state. In comparison, more urban regions, such as LA-DHH Region 1, have a population density of 528 people per square mile.

Age distributions are similar to the state with about 25% under 18 years of age, 62% between 18 and 64 years, and 13% over 65 years (Figure 1). Race and Ethnicity shows a larger Caucasian population and lower African American, Asian, and Hispanic/Latino populations compared to the state (Figure 2).

A large number of the interview participants discussed current and future changes to the region, as the population is expected to grow by 30,000- 40,000 people due to new industries. Participants predicted large effects including housing availability and affordability, employment, demand for medical and behavioral health services, and availability and accessibility of medical and behavioral health services. As one participant elaborated,

It’s harder for poverty stricken folks to find affordable housing now. We already had a problem with housing since Hurricanes Rita and Gustav because many of those houses that were probably demolished or not well kept. Now that we have all of these people coming in for growing industry, landlords are now removing their houses from under section 8 and renting at high prices to those people coming in. We’re trying to get lots of worker villages for those people coming in temporarily, but communities are not agreeing to allow worker village housing...the rent is going up on affordable housing and it’s getting harder and harder to get folks into these houses and apartment complexes.

Participants forecast that the lack of affordable housing will lead to increased homelessness. One participant shared, “the industry growth brings housing problems as communities do not want man-camps (temporary housing) in their neighborhoods, but without these our entire city will become a man camp.”

⁴ All demographic indicators were compiled from the ACS 5 Year average file (2009-2013) in order to include all parishes with small populations (Only the 5 year file includes all parishes regardless of population). This was the most recent file available from the Census at the time of this analysis.

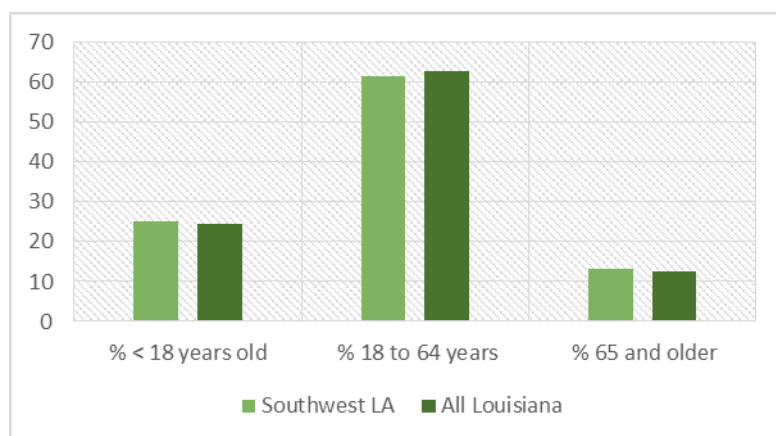


Figure 1: Population age distributions (ACS 2013)

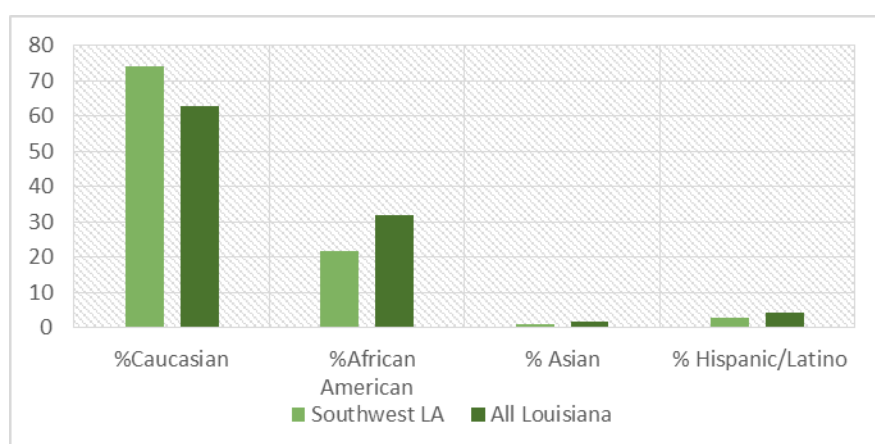


Figure 2: Population race and ethnicity distributions (ACS 2013)

Educational status in Southwestern Louisiana shows similar levels as the state when looking at the percentage of the population with less than a high school education. However, fewer individuals in the Southwestern Louisiana region have college or graduate degrees (18% vs 22%) (Figure 3). A lower percentage of college educated adults can reflect a more rural area.

Interview participants reported that individuals without college degrees may struggle financially more than others. Several participants discussed how low-income individuals are in need of increased job training and struggle to find jobs that pay more than minimum wage.

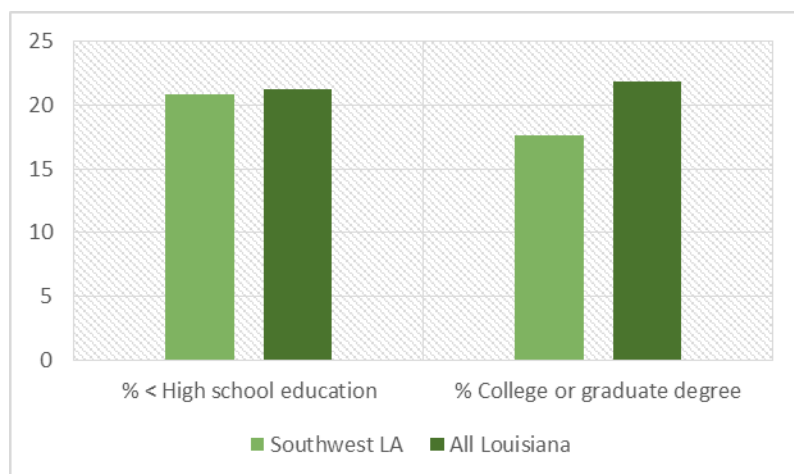


Figure 3: Educational status (ACS 2013)

The percent of the population living in poverty in Southwestern Louisiana is lower than the entire state. Figure 4 shows a lower level for all age groups. Figure 5 shows three other socio-economic related measures. Compared to all renters in the state, a higher percentage of renters in Southwestern Louisiana will spend 30% or more of their income on rent. This may suggest a problem with housing affordability, which was a noted concern among participants and as previously mentioned on page 13.

Additionally, chronic poverty was listed by participants as one of the greatest economic concerns for the region. As one participant described, “there is a high poverty rate and a high rate of people who aren’t quite in poverty, but are just one catastrophic illness away.” According to a recent report released by the Louisiana Association of United Ways, as many as 40% of all households in Calcasieu Parish are either in poverty or are considered to be Asset Limited, Income Constrained, and Employed (ALICE) households and struggle to afford basic needs.⁵

⁵ Louisiana Association of United Ways. ALICE by Parish [Internet]. United Way ALICE Report [2016]. Available from: <http://www.launitedway.org/sites/launitedway.oneeach.org/files/ALICE%20-%20CALCASIEU%20Parish.pdf>.

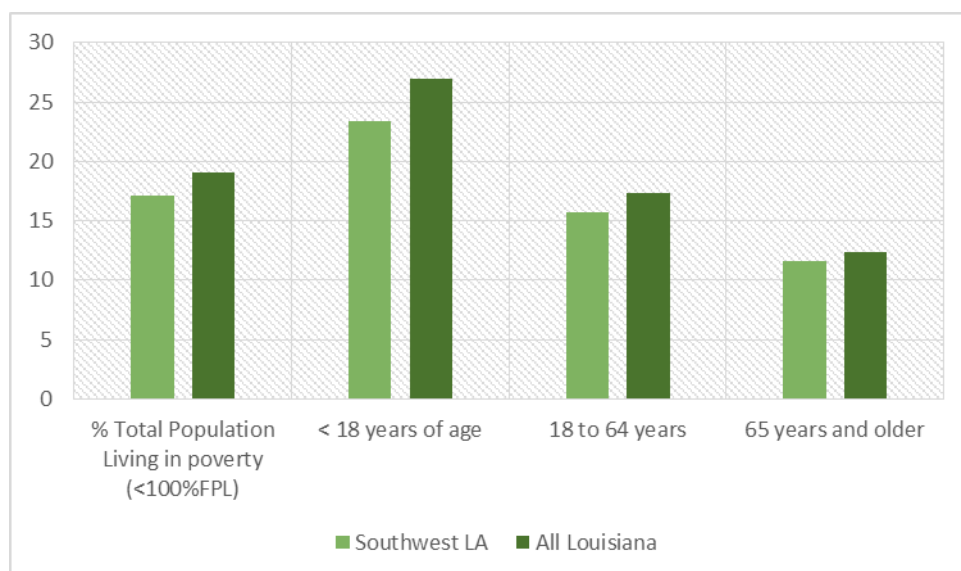


Figure 4: Percent living in poverty by age (ACS 2013)

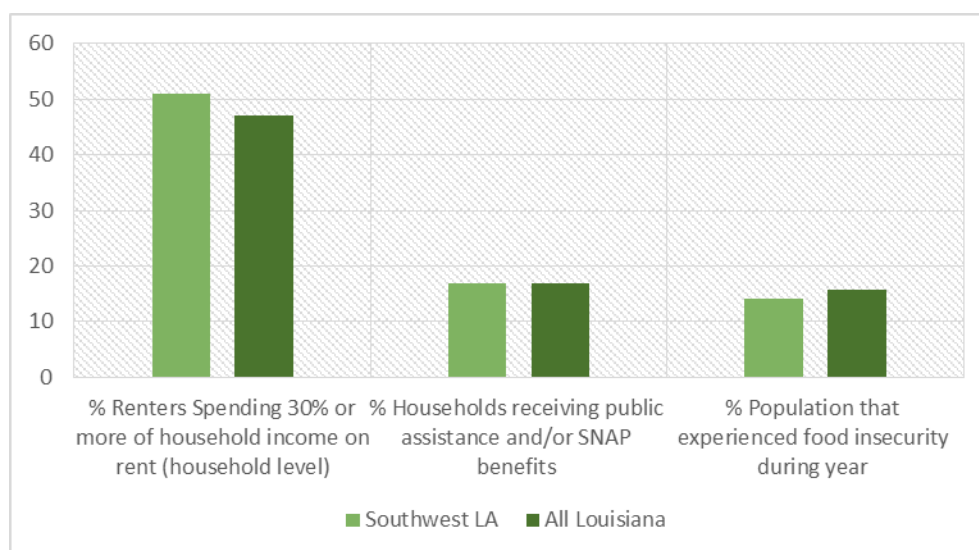


Figure 5: Three socio-economic measures (ACS 2013)

Access to Healthcare

Access to healthcare is an indisputable determinant of health. In 1993, The Institute of Medicine defined access as the “timely use of personal health services to achieve the best health outcomes.”⁶ Healthy People 2020 adds to this definition to state that “access to comprehensive quality health care services is important to the achievement of health equity,” and asserts that access encompasses not only health

⁶ 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

insurance coverage, but availability and quality of services, timeliness, and sufficient numbers of health care providers within the workforce.⁷

Southwestern Louisiana has a similar percentage of the population who are uninsured compared to the state, 16.4% vs 17.1% (Figure 6). All other insurance types are comparable to the state, with a slightly higher percentage covered by 'Other,' which includes TRICARE.

Participants reported that many individuals work multiple minimum wage jobs and are uninsured. They also stated that many people cannot afford insurance, medications, and co-payments. This issue was especially noted among the elderly population, with many not being able to afford Medicare supplements.

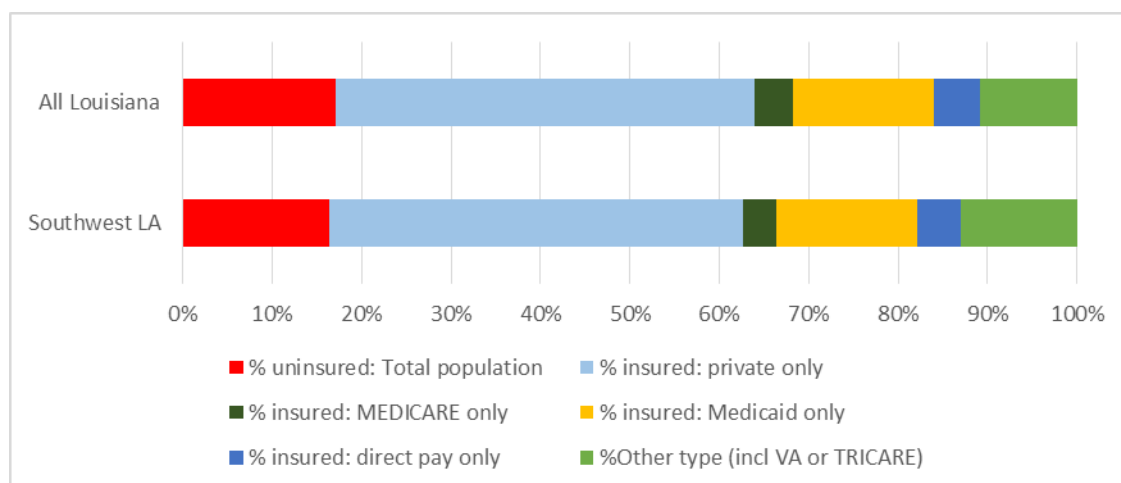


Figure 6: Types of healthcare insurance (ACS 2013)

The Southwestern Louisiana region has fewer primary care physicians per capita compared to the state (5.5 vs 6.4), which is consistent with the higher percentage of these parishes in this LA-DHH Administrative Region designated as Health Provider Shortage Areas (HPSA) for physicians, dental, and mental health care providers (Figures 7 & 8).

⁷ 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>.

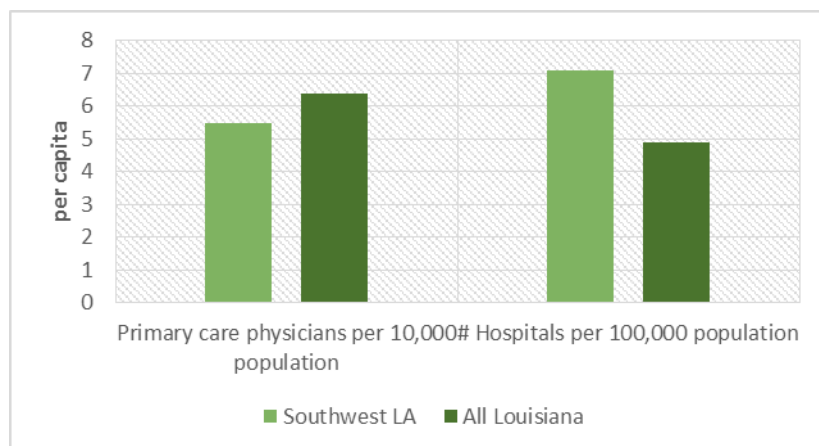


Figure 7: Primary care physicians and hospitals per capita (Area Health Resource File 2014)

Participants frequently referred to how medical and mental health services and resources will not be able to keep up with the expected population growth. They reported a lack of access to mental health services, especially among veterans and children.

Additionally, participants specifically referred to the lack of medical and mental health services and resources in Cameron Parish, causing residents to have to travel to neighboring Calcasieu Parish.

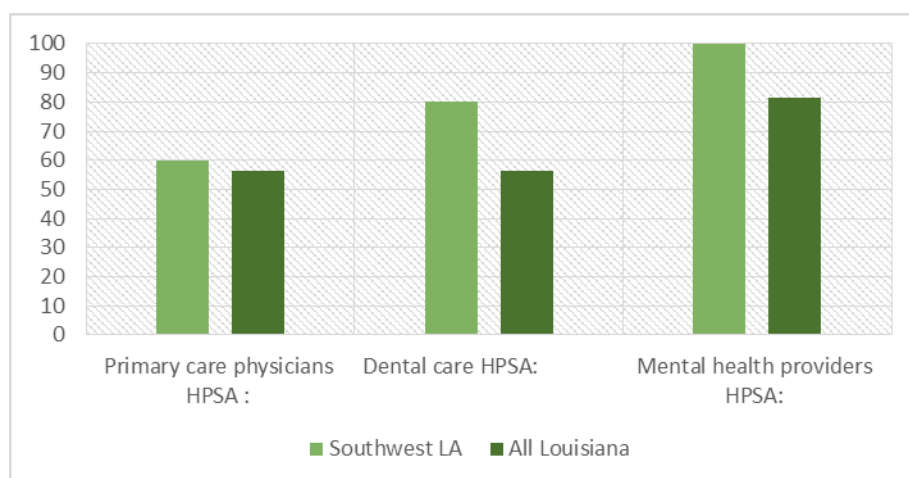


Figure 8: Percentage of counties/ parishes in the region defined as Health Provider Shortage Areas (Area Health Resource File 2014)

Health Outcomes

Physical health

The rate of mortality for all top 5 causes in Louisiana and the Southwestern region of the state are compared in Figure 9. Deaths due to diseases of the heart are considerably higher than the state (290 deaths per 100,000 population versus 220). Among both interview and focus group participants, heart disease was reported as a concern.

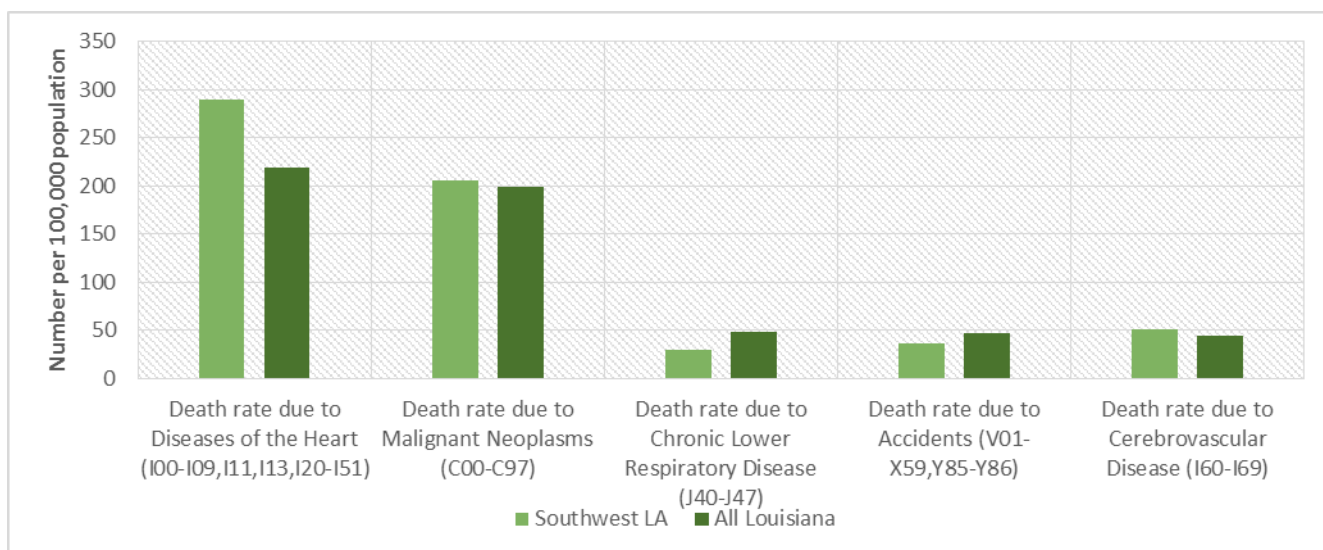


Figure 9: Top 5 causes of mortality (Louisiana Department of Health and Hospitals, Vital Statistics 2013)

Additionally, the death rate due to suicide is much higher than the state, with 16 deaths per 100,000 population versus 12. However, the rate of homicide in this region is lower than that of the state (Figure 10). Participants specifically referred to a high rate of youth suicide in Calcasieu Parish, partially due to bullying, including cyber bullying. Participants also reported crime as a concern, especially among young adults.

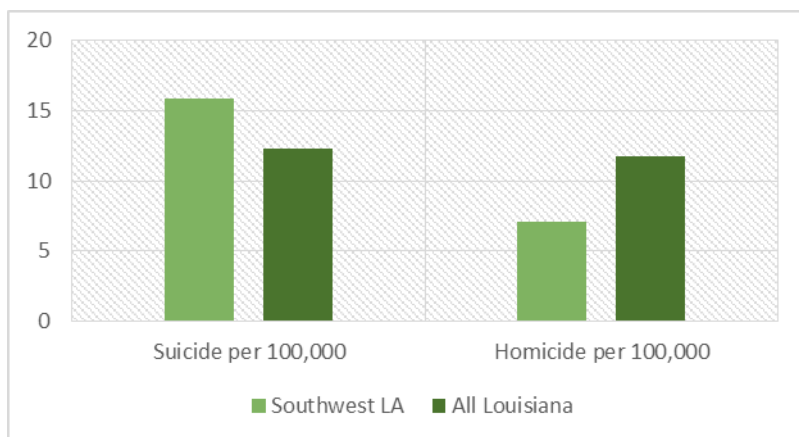


Figure 10: Death rates due to suicide and homicide (Louisiana Department of Health and Hospitals, Vital Statistics 2013)

Prevention Quality Indicators (PQIs) are hospital admission rates for “conditions for which good outpatient care can potentially prevent the need for hospitalization” or for which early intervention can prevent complications or more severe disease.⁸ The Agency for Healthcare Research and Quality (AHRQ) promote the use of PQIs as a “screening tool” to help identify unmet community healthcare needs such

⁸ Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services, Prevention Quality Indicators Overview. http://www.qualityindicators.ahrq.gov/Modules/pqi_overview.aspx

as access to, and quality of, outpatient care. PQIs do not include all hospital admissions but only those referred to as “ambulatory care sensitive conditions”.

A selection of PQI measures are shown for Southwestern Louisiana and the state in Figure 11. The greatest differences show the Southwestern Louisiana region has much higher admissions for chronic obstructive pulmonary disease (COPD), bacterial pneumonia, and urinary tract infection compared to the entire state. This indicates a need for improved primary care for these conditions.

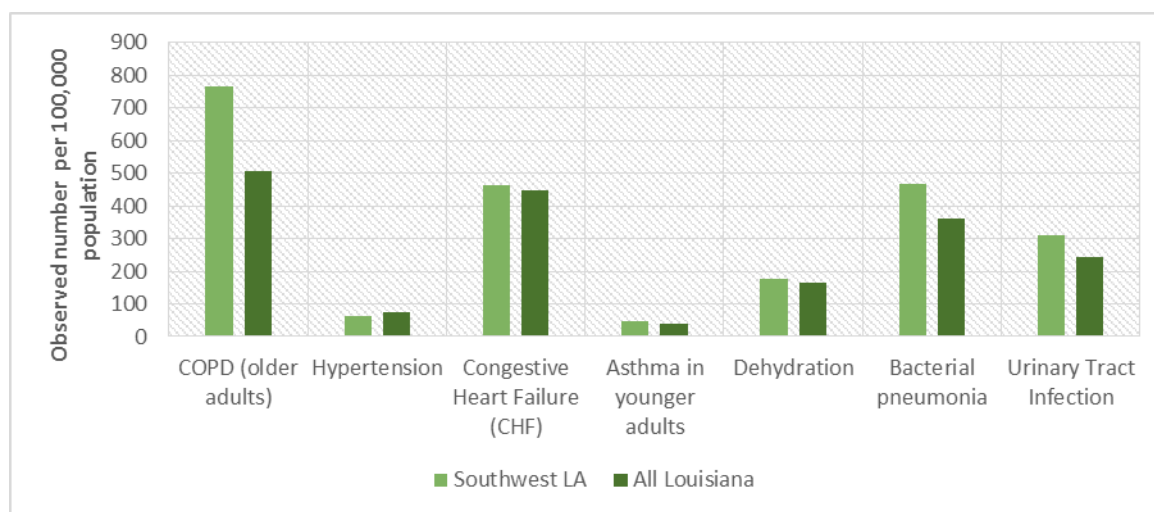


Figure 11: Prevention Quality Indicators observed rates (Louisiana Department of Health and Hospitals, Hospital Inpatient Discharge Data - LAHIDD 2012)

NOTE: These rates include all hospitals serving Region 5.

Diabetes PQIs for short-term complications and uncontrolled diabetes are higher in Southwestern Louisiana compared to the state as a whole (Figure 12). These findings suggest a need to improve monitoring and managing diabetes in this population. Unsurprisingly, high diabetes rates were also reported as a major health concern by participants.

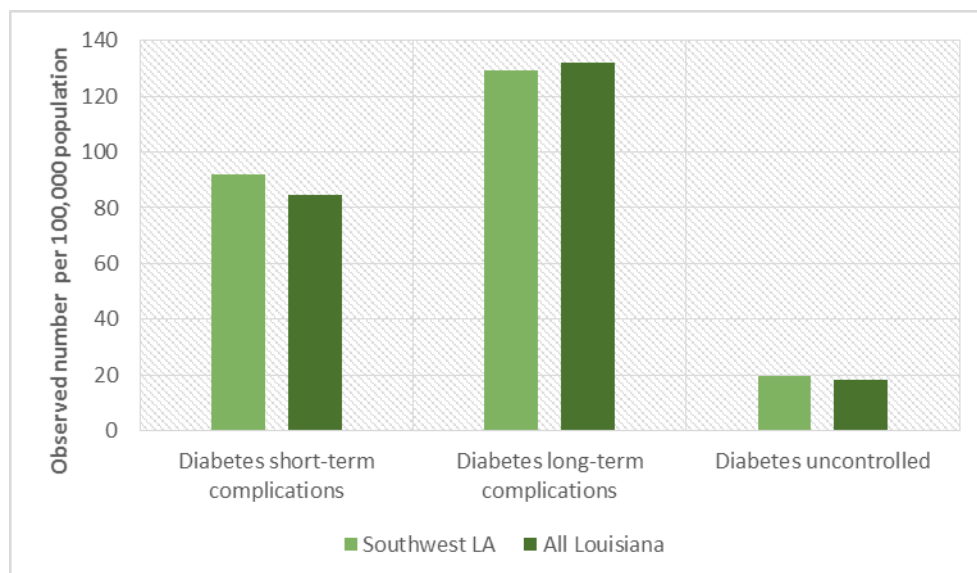


Figure 12: Diabetes Prevention Quality Indicators observed rates (Louisiana Department of Health and Hospitals, Hospital Inpatient Discharge Data - LAHIDD 2012)

The Louisiana Tumor Registry collects information from the entire state on the incidence of cancer. The top four cancers commonly reported include: lung, breast, colorectal, and prostate cancer. Figures 13 and 14 look at reported incidence and mortality rates over a combined five-year period (2008 – 2012) for lung cancer and colorectal cancer, respectively. For the Southwestern Louisiana region, the greatest difference from the state is for lung and colorectal cancer incidence and mortality rates among the African American population in particular (Figures 13 & 14). Interestingly, the mortality rate for lung cancers is higher in both race groups compared to the state.

Participants discussed colorectal cancer in particular, and they reported an increase of patients, especially older African American males, being diagnosed with stage 4 colorectal cancer upon first-time screening. Some participants expressed a concern that the rates of cancer are possibly related to other environmental health issues: “we have a really high rate of cancer. There is a lot of industry and that might have a lot to do with it.”

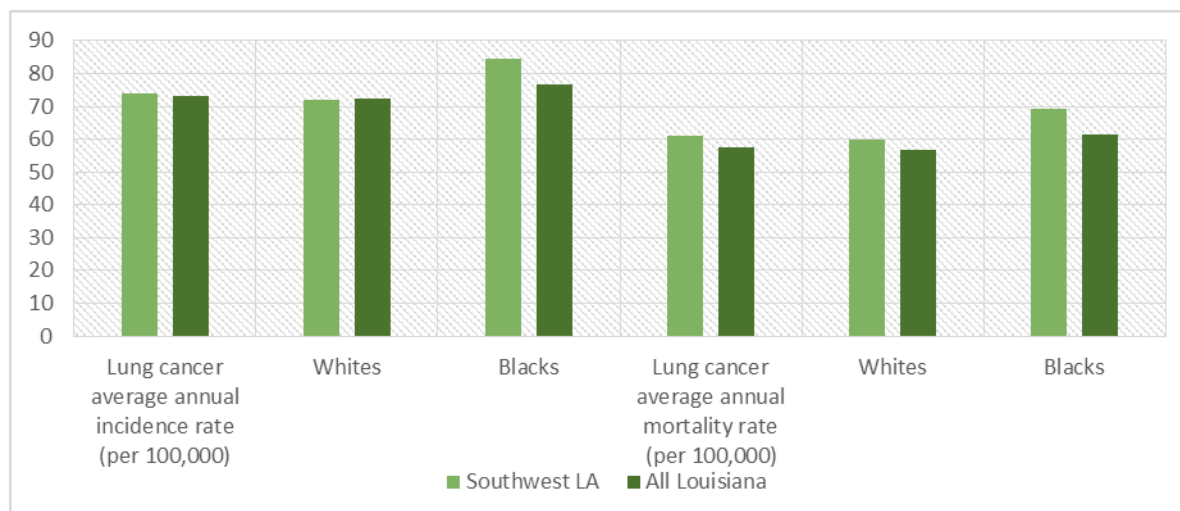


Figure 13: Lung cancer incidence and mortality rates by race (Louisiana Tumor Registry 2008-2012)

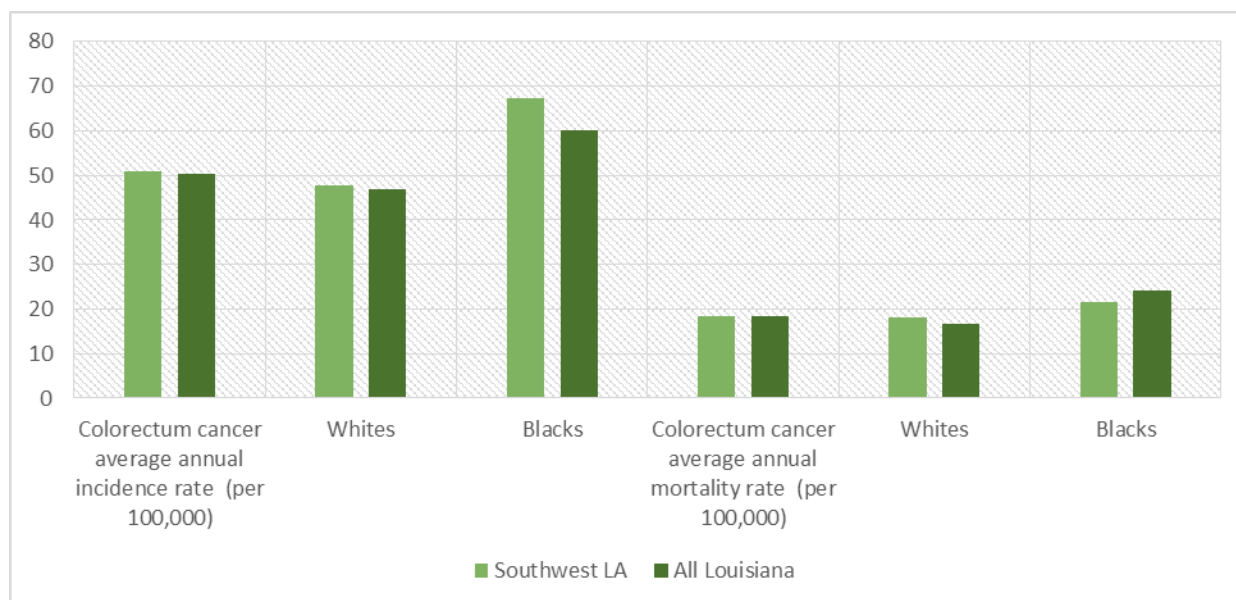


Figure 14: Colorectal cancer incidence and mortality rates by race (Louisiana Tumor Registry 2008-2012)

Mental health

The Louisiana Office of Behavioral Health reports mental health diagnosis rates by parish in Louisiana for ten categories: Figures 15 & 16 show the distributions for 10 mental health diagnoses reported throughout the state. Compared to the state, Southwestern Louisiana has less of a problem with substance dependence, but a slightly elevated rate for alcohol dependence. Rates of abuse for alcohol and other substances are lower than the state as well.

However, participants reported alcohol and prescription drug use as being issues, including among adolescents. One participant stated that “alcohol, cocaine, and marijuana used to be the issues,” but now prescription drugs, PCP, synthetic marijuana, and heroin use is on the rise, especially since Lake Charles is the first stop from Houston to New Orleans on the Interstate 10 corridor. They described how

older teenagers are struggling with heroine and PCP and alcohol use is starting in middle school. They also reported a need for more rehab facilities, especially for young adults.

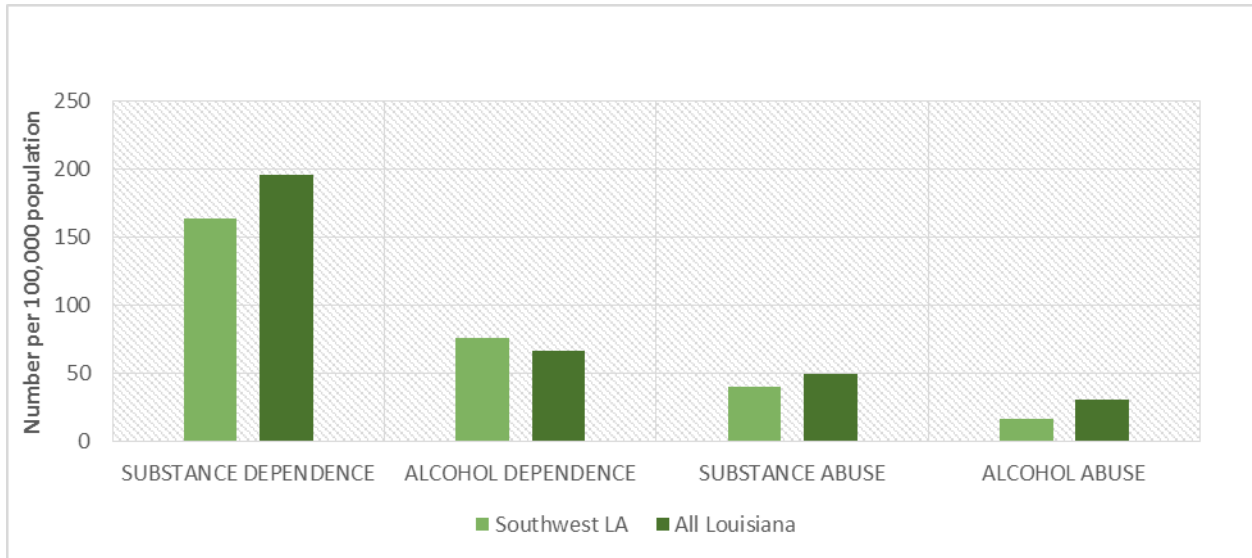


Figure 15: Substance dependence and abuse rates (Louisiana Office of Behavioral Health 2013-2014)

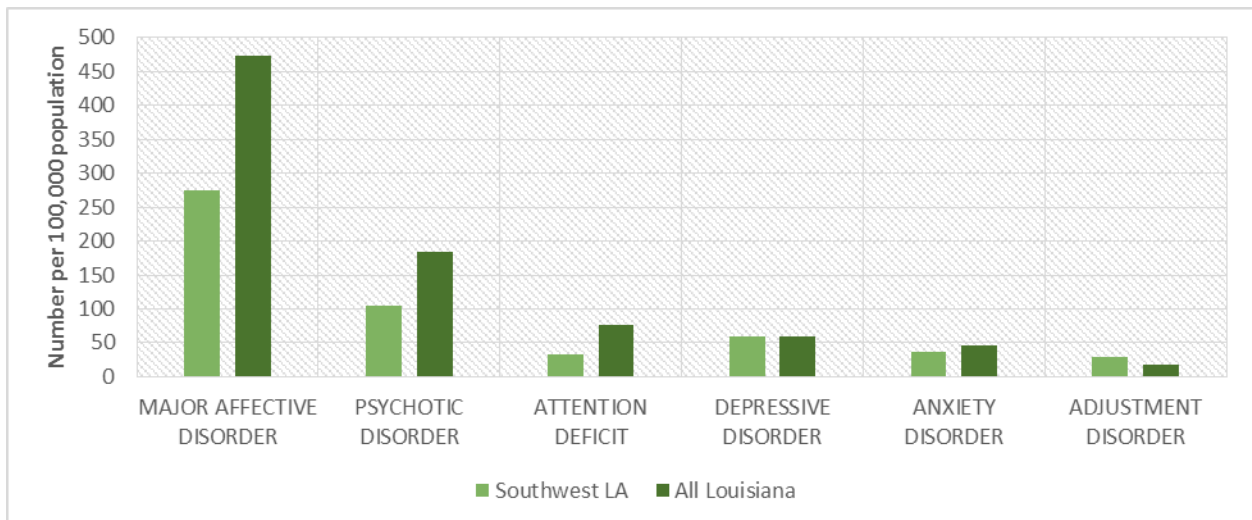


Figure 16: Top diagnoses for behavioral/mental health conditions (Louisiana Office of Behavioral Health 2013-2014)

While most of the top diagnosed mental health conditions occur at a lower rate than compared to the state, mental health was frequently mentioned by participants, especially in regards to increased need for services given the area's rapid population growth. Some of the mental health issues reported by participants included stress (again, especially with the expected population increases), bipolar disorder, trauma, and depression.

Participants also reported a number of mental health issues among children and adolescents including: large amounts of depression and anxiety, bipolar disorder, and trauma. One participant also shared that there are many children who likely have ADHD or autism but have not been properly diagnosed, while those who have been diagnosed might be overmedicated and not receiving complementary behavioral health interventions. They also stated that children with disabilities are not receiving proper services at schools including prevention plans, individualized education plans, and proper follow-up.

The U.S. Centers for Disease Control and Prevention (CDC) carries out a Behavioral Risk Factor Surveillance Survey (BRFSS) annually in every state. It is a phone-based survey which covers the adult population only, and is carefully weighted based on a rigid sampling procedure incorporating both landlines and cell phones. Among its many goals is to assess health risk behaviors in the population, such as exercise frequency, alcohol consumption, and use of preventative services, such as cancer screenings. BRFSS is the second largest survey done in the U.S. (after the American Community Survey), and as such measures can be reported at the county/ parish level.

Findings on serious mental illness from the 2014 Louisiana BRFSS show a lower percentage of adults reporting both major depression and serious mental illness in the Southwestern Louisiana region (Figure 17). This is consistent with lower rates of mental health problems seen in Figures 15 & 16.

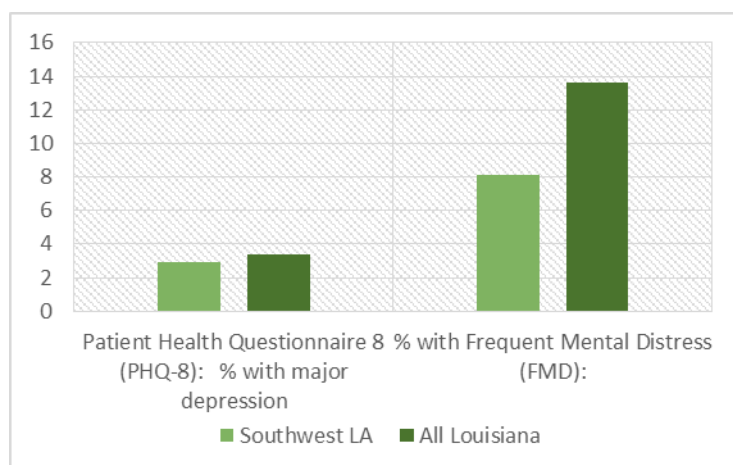


Figure 17: Percent of adult population with serious mental illness (Louisiana BRFSS 2014)

Maternal and Child Health

Births to mothers aged 15 to 19 years are much higher in the Southwestern Louisiana region than the entire state as seen in Figure 18. A focus on reducing teenage pregnancy could lessen this gap and prevent some of the many costs associated with early pregnancy. 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 22.⁹

Participants also discussed high rates of teenage pregnancy and unplanned pregnancy, especially among African Americans and low-income communities.

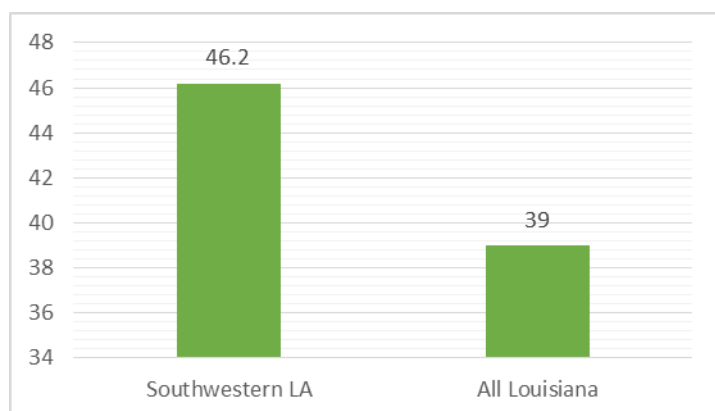


Figure 18: Teen birth rate - number of births per 1,000 mothers aged 15-19 years (Louisiana Department of Health and Hospitals, Vital Statistics 2013)

While the infant mortality rate (IMR) in the Southwestern Louisiana region is similar to the state and the percent low birth weight (LBW) is slightly lower in the region than the state, there are some differences when looking at these by race (Figures 19 and 20). IMRs for African American mothers (18.1) are much higher in the Southwestern Louisiana region than the rate for both Caucasians (6.1) and mothers of other races (4.5). Additionally, a higher percentage of LBW occur for African American mothers than Caucasian mothers in this region (12.9% versus 8%). However, the LBW percentage among African American women is lower in the Southwestern Louisiana region than the state (12.9 versus 15.7%).

⁹ 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/>.

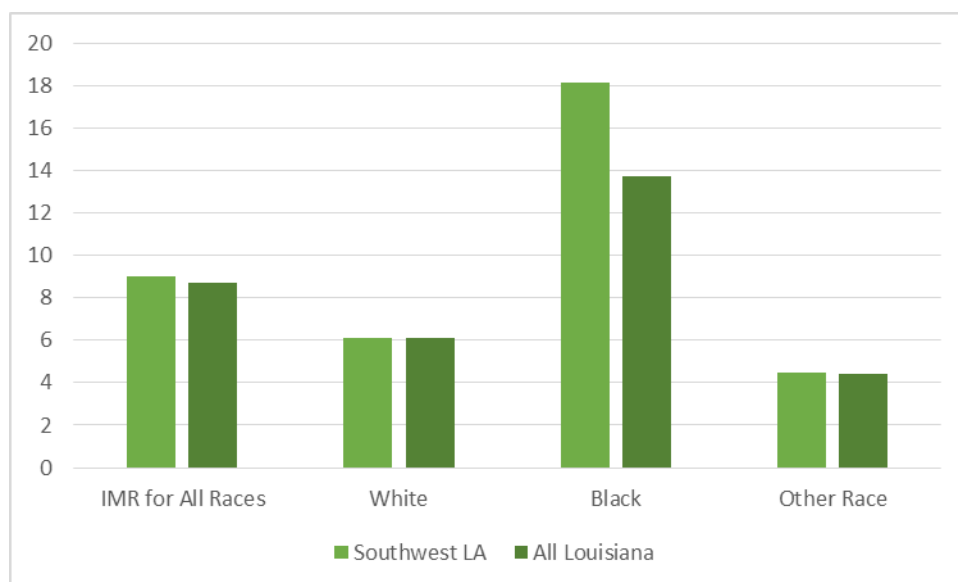


Figure 19: Infant mortality rate by race (Louisiana Department of Health and Hospitals, Vital Statistics 2013)

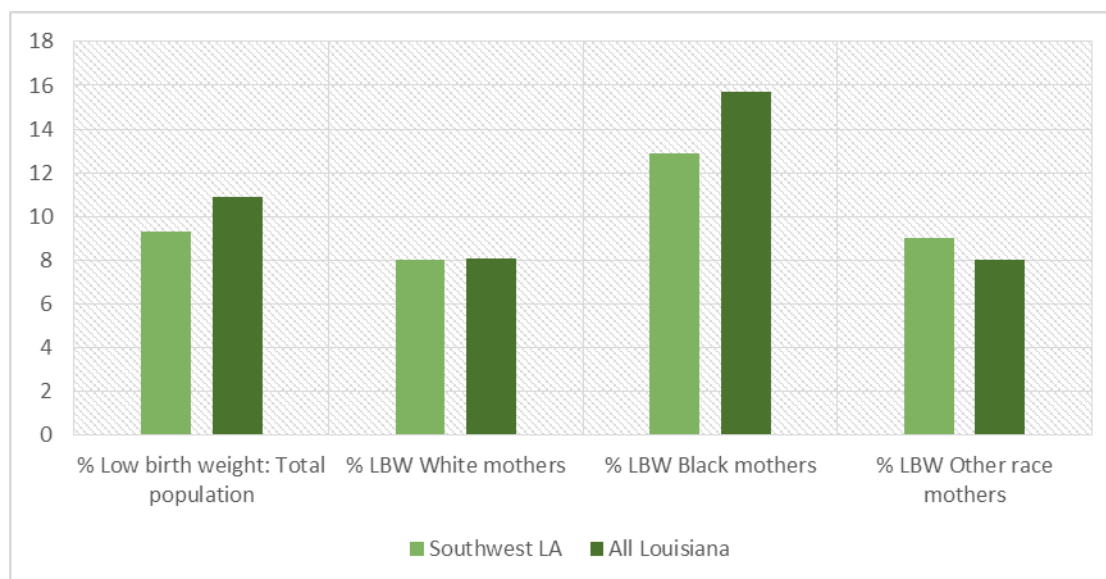


Figure 20: Percent low birth weight by race (Louisiana Department of Health and Hospitals, Vital Statistics 2013)

Health Behaviors and Screening

The BRFSS, described above, collects information on screening and health risk behaviors. Figure 21 reports four of these, in which the percentage of risk behavior factors in the Southwestern Louisiana region are similar to the state, with the exception of a slightly lower rate of obesity in the region compared to the state (32% vs 35%). Additionally, the percentage of current smokers in this region is slightly higher than the state percentage.

However, high obesity, including childhood obesity, was frequently mentioned by participants. As one participant reflected, “we live in a culture and environment to where everything you do [is related to] food and not healthy food, so obesity and especially obesity among kids is a concern.” Similar to what is shown in Figure 21, participants also reported high tobacco use, including among youth and teenagers.

Also collected by the BRFSS is the percent of adults who’ve ever had a screening procedure done (Figure 22). Except for prostate-specific antigen (PSA) test for males, the percent of adults who ever had a screening test for three types of cancer is lower in the Southwestern Louisiana region than the state. This finding is consistent with having fewer primary care physicians per capita, and a higher percentage of parishes designated HPSAs (Figures 7 and 8). Participants discussed how the lack of health insurance and difficulties accessing health services have led to many people not being screened for cancer, especially among African Americans. They also suggested that providers are not advocating for screenings as much as they should, and that many people do not take advantage of screenings.

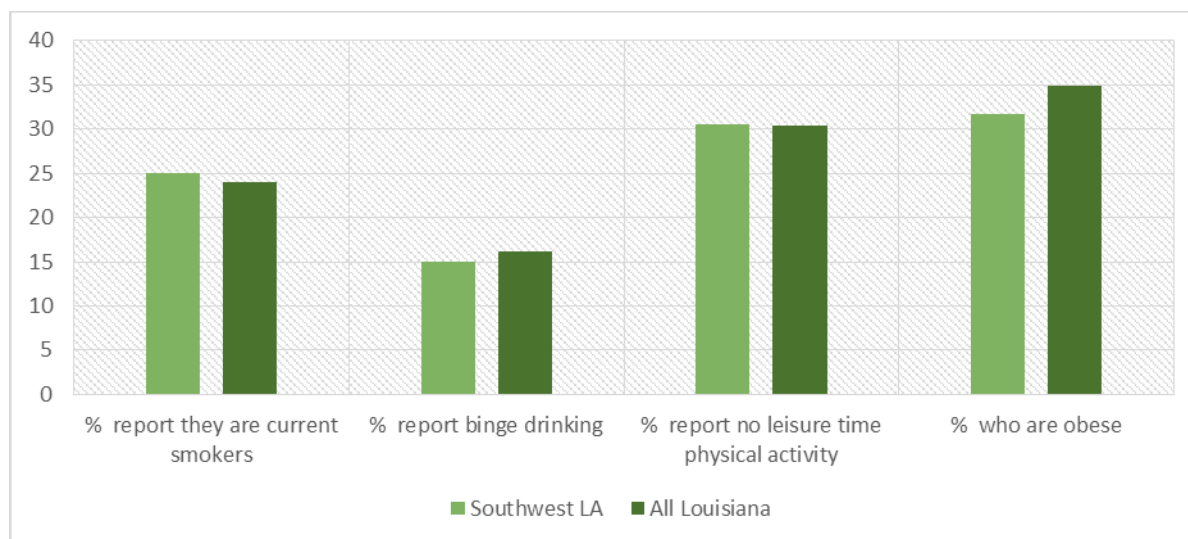


Figure 21: Health-related risk factors in the adult population (Louisiana BRFSS 2014)

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Figure 22: Screening for health conditions in the adult population (Louisiana BRFSS 2014)

Hospital Data

All findings in this section refer to data provided by CHRISTUS St. Patrick Hospital in Lake Charles, Louisiana.

The two top causes of hospital admissions are for general medicine and cardiovascular diseases (Figure 23). Orthopedics generates the smallest number of admissions, excluding zero admissions for obstetrics, which indicates St. Patrick Hospital does not deliver babies.

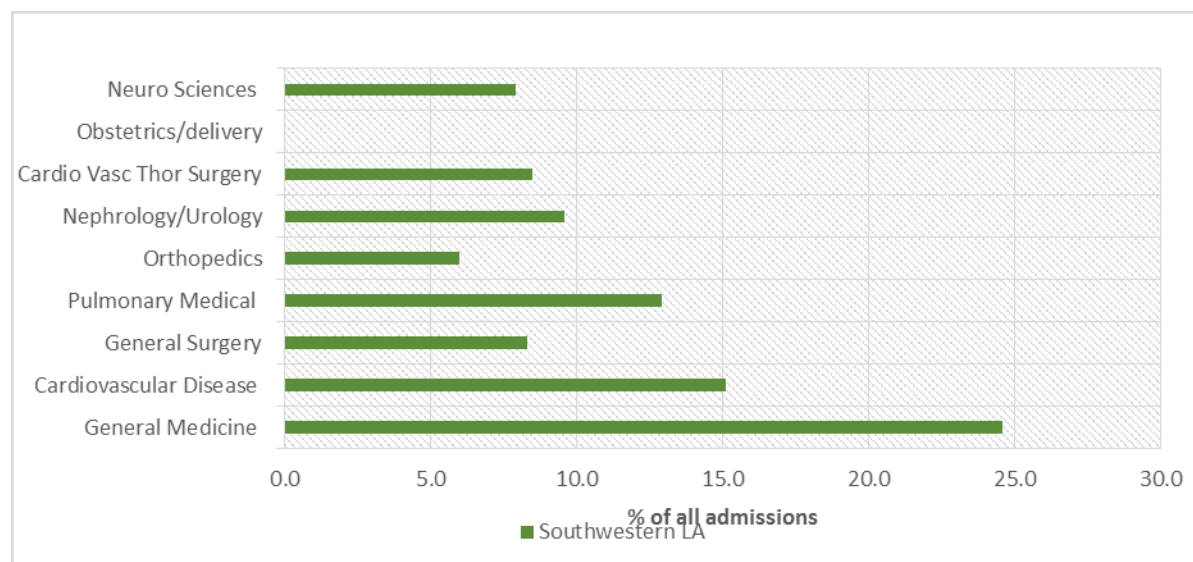


Figure 23: Top causes of admission (St. Patrick Hospital admissions data 2013-2014)

Medicare is the lead source of health insurance for CHRISTUS St. Patrick Hospital admissions, followed by private insurance (Figure 24).

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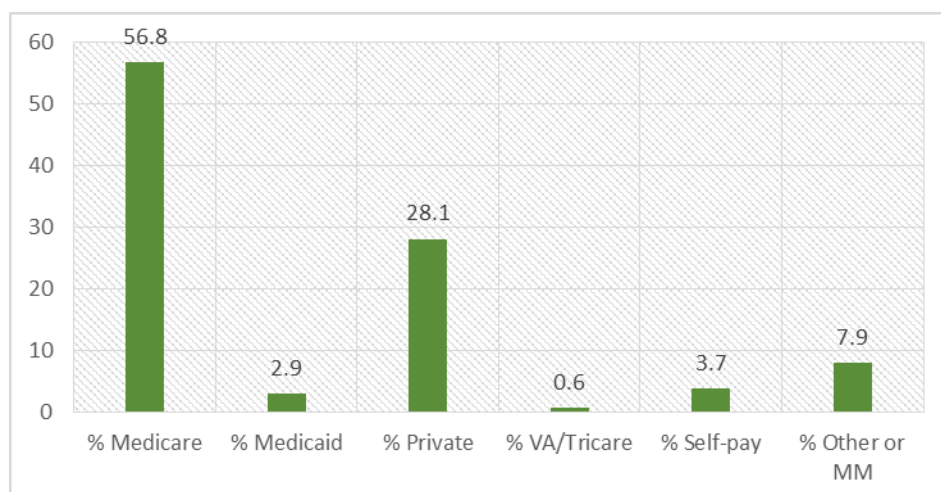


Figure 24: Insurance types for hospital admissions (St. Patrick Hospital admissions data 2013-2014)

For CHRISTUS St. Patrick Hospital, the top three zip codes (70601, 70605, and 70607) for hospital admissions comprise about half of all admissions (Figure 25).

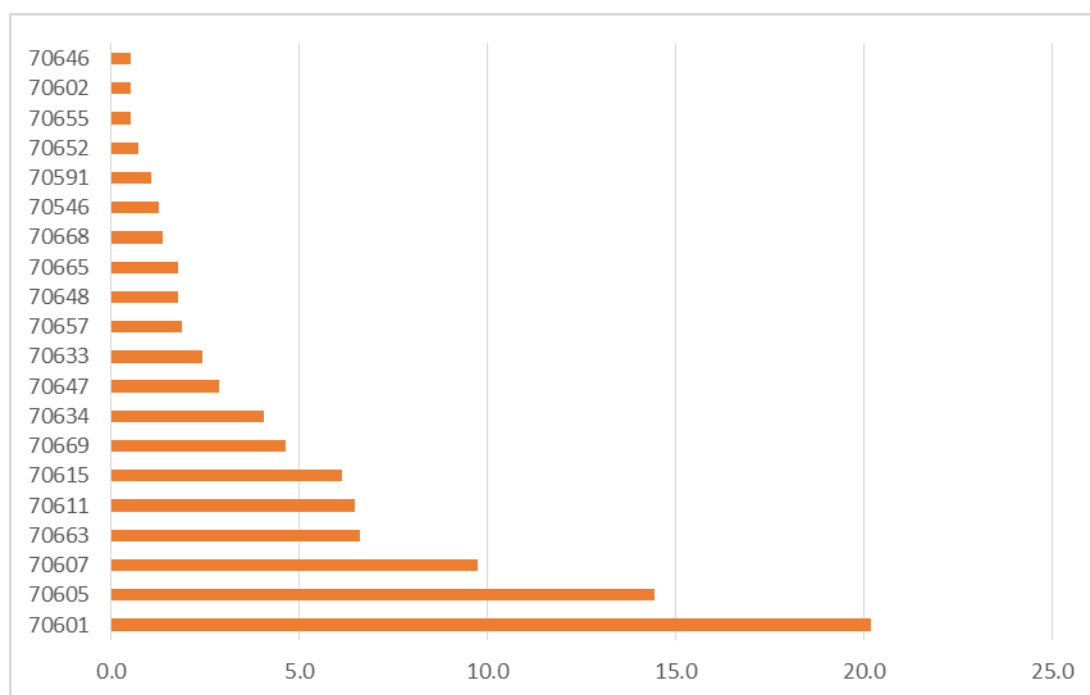


Figure 25: Hospital admissions by the top 20 zip codes (St. Patrick Hospital admissions data 2013-2014)

The largest single cause of emergency room (ER) visits (36%) is for general medicine (Figure 26). In comparison, the second and third largest cause of ER visits are for cardiovascular disease and orthopedics, each comprising about 12-13% of all ER visits.

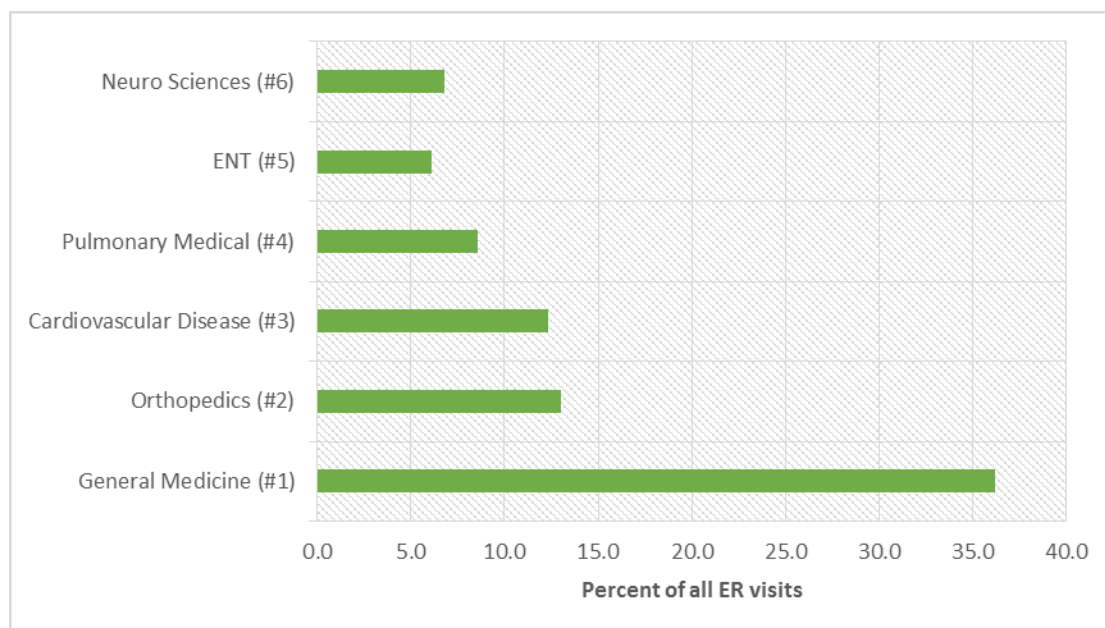


Figure 26: Top causes of emergency room visits (St. Patrick Hospital admissions data 2013-2014)

During both the interviews and the focus group, participants discussed the use of the emergency room among individuals who do not seek preventive care. One participant explained, “the sickest of the sick and persistently/severely mentally ill don’t have primary care physicians and don’t seek preventative services. When they do get sick, they go to the ER... [once] they can’t tolerate it anymore and then only emergency interventions can help.” However, others suggested that some of these individuals “use the ER as primary care because they cannot afford a doctor’s visit and don’t have insurance.”

Emergency room (ER) visits by zip codes show a similar pattern as hospital admissions with 70601, 70607, and 70605 as the top three zip codes represented (Figure 27).

CHRISTUS Health Southwestern Louisiana 2017-2019 CHNA

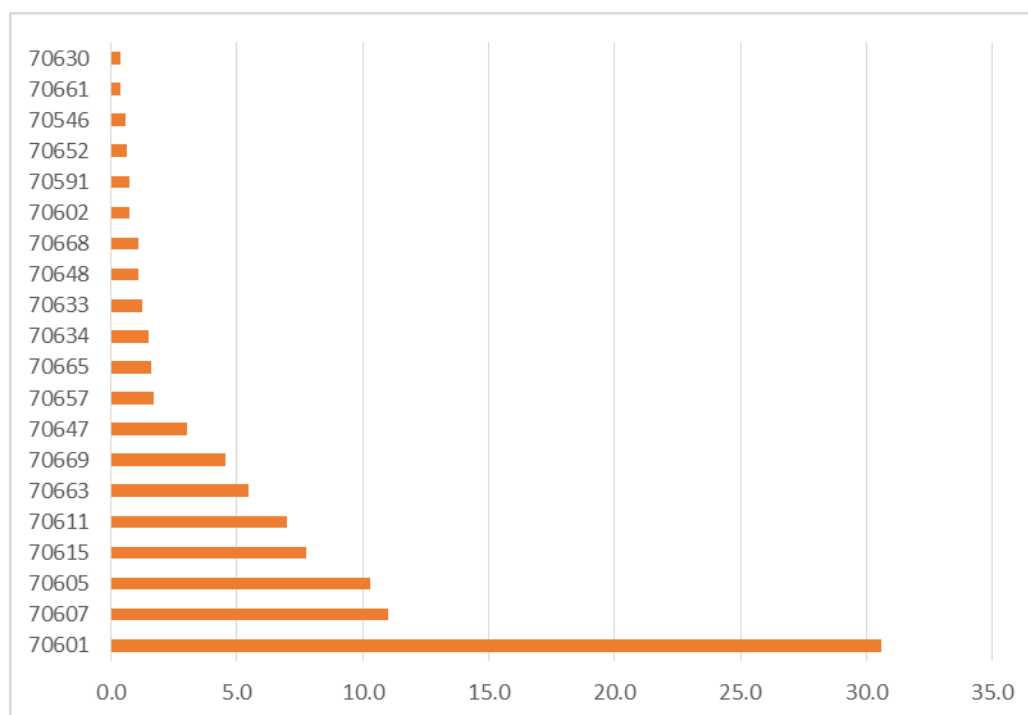


Figure 27: Emergency room visits by the top 20 zip codes (St Patrick Hospital admissions data 2013-2014)

Other Issues Highlighted by Qualitative Data: Contributing Factors & Community Perspective

Transportation, especially outside Calcasieu Parish, was a common challenge mentioned by many participants.

Barriers to accessing primary care listed by participants included: rising costs of insurance and medications, transportation, limited availability of services (especially in rural areas), not knowing how to access services, high cost of co-pays, long wait times, and providers not accepting new patients and/or Medicaid.

Barriers to accessing behavioral health services included: high cost of mental health medications, lack of mental health services and providers including psychiatrists, long wait times, providers not accepting Medicaid or only accepting self-pay, transportation, not knowing where to go, and stigma. In one participant's words, "I guess just knowing who to go to. There's advertisements for orthopedic care. You don't hear much advertisement for mental health."

Participants reported a need for aftercare/ follow-up for individuals being discharged from behavioral health treatment, as they have limited resources to get medications, and many have no family support and are homeless, leading them to end up seeking prescription drugs on the street. They also reported a need for resources for the family members of substance abusers.

Some participants talked about having to go to Lafayette, Houston, Houma, Baton Rouge, or New Orleans for certain types of specialists, which can be especially challenging for low-income individuals.

Several participants described human trafficking as being an issue, especially as the region's population continues to grow. One focus group participant stressed that the Southwestern Louisiana region has 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, legalized gaming industry, and migrant worker and immigrant populations; and a fast growing school system. Many participants predicted those most vulnerable to trafficking will be "the under privileged, under educated, dropouts, and possibly new immigrants who lack education and skills." Concerns about prostitution, child labor, and indentured servants were also expressed.

Participants believed that rural and some urban residents need education on how to apply for services. They also discussed a lack of coordination of care.

Participants also mentioned a lack of data on growing immigrant populations.

Other issues that were mentioned included: child abuse, sexual abuse, schools not being prepared to serve the growing numbers of students, a jump in Alzheimer's, long wait times at pharmacies (especially recently), high cost of medications, lack of access to dental care, air quality and water quality concerns from industry, and flooding and drainage from industry.

Summary and Discussion of Prioritized Community Health Needs

Prioritization Process

Once the quantitative and qualitative data were analyzed and gathered into an initial draft CHNA report, the draft report was shared with CHRISTUS Health leadership and the CHRISTUS St. Patrick CHNA Advisory Committee. This committee was tasked with reviewing the initial findings and determining which priority issues would be selected to address over the next three years as part of a community health implementation plan. Ultimately, a comprehensive list of issues were chosen. These include cancer, mental health, access to care/ lack of coordination of care, affordable housing, human trafficking, immigration, and chronic disease management.

Detailed rationale regarding these top priorities is provided below. Advisory Committee members took a number of things into consideration when choosing priorities. Some priorities were selected based off of issue prevalence and severity according to parish and regional secondary data. Input provided by key informants, focus group participants, and other community stakeholders was also heavily considered, especially for priority areas where secondary data is less available.

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 is higher in both race groups compared to the state. Additionally, there are large disparities between the Caucasian and African American populations within the region. Lung cancer average annual incidence rate among Caucasians is 72.1 per 100,000 population versus 84.3 among African Americans in the region. The difference between the two groups in this region is even more pronounced when looking at colorectal cancer average annual incidence rates. The rate is 47.8 per 100,000 population for Caucasians versus 67.2 among African Americans. Interview and focus group participants discussed colorectal cancer in particular, and they reported an increase of patients, especially older African American males, being diagnosed with stage 4 colorectal cancer after never being screened previously. Lack of preventative care was also cited.

2. Mental Health

While most of the top diagnosed mental health conditions occur at a lower number than compared to the state, mental health was frequently mentioned by focus group and interview participants, especially regarding the potentially increased need in future given the rapidly growing population. Suicide was one condition that was much higher than the state, with 16 deaths per 100,000 population versus 12. Additionally, participants specifically referred to a high rate of youth suicide in Calcasieu Parish, partially due to bullying, including cyber bullying. Other mental health issues reported by participants included stress (again, especially with the expected population increases), bipolar disorder, trauma, and depression. Noted barriers to accessing behavioral health services included: high cost of mental health medications, lack of mental health services and providers including psychiatrists, long wait times, providers who do not accept Medicaid or only accept self-pay, transportation, not knowing where to go, and stigma.

3. Access to Care/ Lack of Coordination of Care

Advisory committee members acknowledged that access to care has always been an issue, and is likely compounded by a lack of strategic coordination among service providers. Additionally, the Southwestern Louisiana region has fewer primary care physicians per capita compared to the state (5.5 vs 6.4), which is consistent with the fact that these parishes are also designated as Health Provider Shortage Areas (HPSA). Barriers to accessing primary care listed by focus group and interview participants included: rising costs of insurance and medications, transportation, limited availability of services (especially in rural areas), not knowing how to access services, high cost of co-pays, long wait times, and providers not accepting new patients and/or Medicaid.

4. Affordable Housing

When looking at all renters in both Southwestern Louisiana and the state as a whole, a higher percentage of renters in this region will spend 30% or more of their income on rent compared to renters throughout the state (51.1 % versus 47%). Additionally, a large number of the interview participants discussed current and future changes occurring in the region as the population is expected to grow by 30,000- 40,000 people due to new industries. Participants predicted large effects including on housing availability and affordability, employment, and an increased demand for the availability and accessibility of medical and behavioral health services. They also forecast that the lack of affordable housing will lead to increased homelessness. According to the Southwest Louisiana Economic Development Alliance, Southwest Louisiana is the nation's fastest growing region for economic development growth, with \$97 billion in planned industrial projects creating thousands of new jobs and demand models show that about 9,750 permanent housing units will be needed over the next 10 years.

5. Human Trafficking

Several interview and focus group participants described human trafficking as being a future issue of concern, especially due to the Southwestern Louisiana having a number of known factors associated with geographies vulnerable to human trafficking including: being located near a major transportation corridor, such as Interstate 10, and the presence of significant economic development, legalized gaming industry, migrant worker and immigrant populations, and a fast growing school system.

6. Immigration

It is anticipated that the ongoing economic boom in the Southwestern Louisiana region will draw more people to the Lake Charles area, including many immigrants to fill a variety of industrial and construction jobs. The advisory committee felt that as with the issue of affordable housing, there is an opportunity for CHRISTUS Health to take the lead in bringing an awareness to the needs and services required for the new influx of people.

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

The U.S. Centers for Disease Control and Prevention (CDC) cites chronic diseases and conditions—such as heart disease, stroke, cancer, type 2 diabetes, obesity, and arthritis—as some of the most common, costly, and preventable of all health problems affecting the American public.¹⁰ Deaths due to diseases of the heart are considerably higher in this region than the state (290 deaths per 100,000 population versus 220), and cardiovascular diseases were the 2nd leading cause of admission at CHRISTUS St. Patrick Hospital in 2013-2014. Among both interview and focus group participants, heart disease was consistently reported as a concern. Additionally, when looking at the Prevention Quality Indicators (PQI) for Diabetes, PQIs for short-term complications and uncontrolled diabetes are higher in Southwestern Louisiana compared to the state. Unsurprisingly, high diabetes rates and high obesity rates, including childhood obesity, were frequently mentioned by focus group and interview participants.

Issues Not Selected for Prioritization

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

- Environmental Health
- Maternal & Child Health
- Substance Abuse

For all three areas, it was determined that there are other health care facilities and organizations in the region who are already addressing these needs or have more specialized resources at their disposal to address these needs in the near future.

While transportation is not specifically mentioned as a priority area, the Advisory Committee anticipates that any efforts to improve access to care /coordination of care would likely incorporate strategies to address transportation barriers to access.

Available Resources and Opportunities for Action

As previously mentioned, participants involved in each step of the CHNA process were encouraged to offer ideas for implementation or provide examples of other organizations or local assets in the community that CHRISTUS Health Southwestern Louisiana could possibly engage or utilize when tackling the priority issues listed above. A list of recommendations provided by interview and focus group participants is provided in Appendix C. The various organizations working on some of these issues that were mentioned by participants are also included in Appendix D.

¹⁰ Centers for Disease Control and Prevention. Chronic Disease Overview. Chronic Disease Prevention and Health Promotion Web site <http://www.cdc.gov/chronicdisease/overview/>. Accessed June 18, 2016.

When selecting the seven priority areas, the CHNA Advisory Committee noted multiple ways CHRISTUS Health Southwestern Louisiana could make an impact for each. It should be noted that some ideas listed below have the potential to work across more than one priority area. These items include:

1. Cancer (specifically colorectal, lung, breast and prostate cancer)

The large disparities between Caucasian and African American populations for many cancers was especially alarming to CHNA Advisory Committee members. Some members suggested that more of an effort needs to be made to bring screening services and information about such services directly to the communities that need them most. More deliberate outreach and engagement of the African American community was particularly discussed.

Currently, CHRISTUS St. Patrick Hospital has smoking cessation programs and some money from tobacco company lawsuits is funding screenings and smoking cessation classes in many areas. Other mechanisms to cover screenings for patients who can't afford them should be explored. The CHNA Advisory Committee suggested exploring ways CHRISTUS could advocate or negotiate with insurance companies to cover more costs for cancer screenings.

2. Mental Health

Mental health services and support are currently being provided to youth through CHRISTUS-sponsored school-based health centers (SBHCs) and these programs will continue to address this need. For populations outside of the school setting, the Advisory Committee discussed the expansion of partnerships throughout the community, including possibly partnering with corrections facilities and the Louisiana Office of Behavioral Health among others, to generate awareness and improved outreach and facilitate referrals.

3. Access to Care/ Lack of Coordination of Care

Deliberately cultivating a more coordinated network of care through partnerships with local businesses, other nonprofit organizations, and health care providers in the region was explored as a means to improve access to care. Currently, the SBHCs operated by CHRISTUS is one way the hospital is able to reach out to a large number of at-risk school-aged children, and is something that will continue. Other ideas mentioned by Advisory Committee members include establishing navigator programs, getting mobile clinics out into the community, and publicizing the health care and social services that are available to uninsured and underinsured populations.

4. Affordable Housing

The CHNA Advisory Committee sees the issue of affordable housing an opportunity for CHRISTUS St. Patrick Hospital to emerge as a leader and advocate for improved availability of quality, affordable housing stock for the region's rapidly growing population. CHRISTUS St. Patrick could play an important role in educating other organizations and businesses in the area as to why affordable housing is critical to the region. Partnering with organizations like Habitat for Humanity and the local

homeless coalition were named as activities that could CHRISTUS could do to address this priority area. It was also noted that this issue could align with some of the planning and strategy development occurring in Region 5 as part of the [Louisiana Office of Public Health State Health Assessment and Improvement Plan](#), where economic development emerged as one of six priorities identified.

5. Human Trafficking

Similar to affordable housing, human trafficking is a community issue where the CHNA Advisory Committee felt CHRISTUS St. Patrick Hospital could lead the way, at least in generating increased awareness about this issue. Working with schools (in addition to providing education about this issue in SBHCs), churches, and others were just some of the activities mentioned by Advisory Committee members.

6. Immigration

For this emerging issue, the need to further understand what data is available locally, such as the number of documented versus undocumented immigrants in the area and the variance of needs for these populations, was discussed. Partnering with organizations like La Familia Resource Center, the Diocese of Lake Charles, and the Ministerial Alliance were also considered as next steps to explore.

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

Ideas to improve chronic disease management include strengthening affiliations with local disease advocacy associations (e.g. American Heart Association and American Diabetes Association), exploring more opportunities to improve or increase education for patients, developing a network of navigators, and promoting the practice of prescribing more affordable medications among clinicians on staff, among others.

Community Impact Thus Far

Since 2013, CHRISTUS St. Patrick Hospital has been working to address the following needs, which were identified in their previous community health needs assessment:

1. Working to improve access to healthcare for uninsured and underinsured in SWLA
2. Behavioral health needs especially depressive disorders
3. End-stage renal disease
4. Obesity
5. Flu Vaccinations
6. Diabetes
7. Tobacco Use

Over the past three years, the issues of access to care, behavioral health, obesity prevention, and immunizations have been addressed through a SBHC model. CHRISTUS St. Patrick Hospital 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 this population annually. From 2012 – 2015, these 5 clinics saw a total of 718,675 visits. 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%). In 2015, each SBHC also provided programs specifically designed to address obesity, with clinics encouraging exercise and healthy eating habits.

Along with the SBHCs, CHRISTUS St. Patrick Hospital addressed access to care and end-stage renal disease with a Care-Partners program. This program offers assistance and coordination of health care services for uninsured and underserved individuals between the ages of 19-64. Most of these individuals have limited household income and chronic illness, both of which hamper their ability to pay for health care without the program's assistance.

Diabetes and tobacco use were 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 partners with a local endocrinologist to provide educational services to the community via a registered dietician.

The hospital has also adopted a smoke-free policy for its campus and was appointed a "Well-Spot" by the Louisiana Governor's office for its commitment to healthy workplaces. In spite of these changes, there is currently no data available to indicate if these steps have resulted in a direct reduction in the use of tobacco.

Appendix A: Source List

Quantitative data utilized in this report were obtained through the following sources:

- United States Census Bureau American Community Survey (ACS) 2013
- U.S. Department of Health and Human Services Health Resources and Services Administration Area Health Resource Files (AHRF) 2014
- Louisiana Department of Health and Hospitals Vital Statistics 2013
- Louisiana Department of Health and Hospitals Hospital Inpatient Discharge Data (LAHIDD) 2012
- Louisiana Tumor Registry 2008-2012
- Louisiana Department of Health and Hospitals Office of Behavioral Health data 2013-2014
- Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System (BRFSS) data for Louisiana 2014
- CHRISTUS St. Patrick Hospital Admissions data 2013-2014

Appendix B: 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, which is reflected in the counts below.

Key Informant Affiliations Required by the IRS	Number of Key Informants Meeting Requirement
1) Persons with special knowledge of or expertise in public health	7
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	9
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	5

Appendix C: Recommendations Provided by Interview and Focus Group Participants

- Educate the public and have forums with communities to let them know what is available to them
- Establish relationships between hospitals and out-patient medical providers to do warm transfers and have MOUs
- Take a multi-disciplinary approach with other sectors, and pool resources
- Focus on mental health
- Engage in more partnerships – possibly partner with larger hospital facilities. They have more programs than smaller hospitals are able to provide. Partnering could mean a bigger area of services provided.
- Reach out to community organizations to better access the Latino community
- Provide more care managers to coordinate care
- Help with medication costs
- Explore ways to decrease length of ER waits

Appendix D: Local Organizations / Community Assets Mentioned by Participants

- Head Start
- Council on Aging- makes emergency medical payments, transportation to medical appointments
- The United Way- funds a number of agencies, researching human trafficking in Calcasieu Parish, leading meetings of community organizations
- Catholic Charities
- Volunteers of America
- Iberia Comprehensive Medical
- Assistance Agency
- Calcasieu Community Clinic- free health care services
- Southwest Louisiana Task Force for Growth and Opportunity (GO Group)- raising awareness about human trafficking
- City of Lake Charles – provides most of the affordable housing available in the city
- Salvation Army- homeless shelter
- Community colleges (SOWELA)- training facilities for many of industrial companies
- Churches
- Workforce Development- training, Workforce Resource Guide
- Quality Jobs Program
- Veterans of Foreign Wars (VFW)- provides homeless veterans clothing, food, baths, assistance with finding jobs
- National Alliance on Mental Illness (NAMI)- youth depression/suicide
- Suicide Prevention Intervention for Children and Youth (SPICY) Coalition- youth depression and suicide, trained facilitator in ASSIST and provide training to teachers
- Out of the Darkness Walk- youth depression/ suicide
- HALO- support group for family members of individuals who committed suicide
- Families Helping Families
- Re-Entry Alliance/committee- organizations going inside of jails to speak with inmates about schooling and what they need when they are released
- Committee on Disabilities- ensure transportation and jobs for disabled
- Southwest Louisiana Health Education Center- in collaboration with city, Police Jury, and local rec agencies on education initiative
- Calcasieu Parish Police Jury- obesity, wellness programs, improving parks with walking paths, exercise equipment
- Abraham's Tent- meals for homeless
- Imperial Calcasieu Metropolitan- working with American Pediatric Association and Louisiana Medical Board on over medication of children, ozone
- Partnership for Healthy Communities- exercise and nutrition, healthy choices in restaurants
- American Heart Association
- American Cancer Society- help cover expenses like transportation