

COMMUNITY HEALTH NEEDS ASSESSMENT

ENHANCING THE LIVES OF TERREBONNE PARISH RESIDENTS

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Terrebonne

GENERAL HEALTH SYSTEM

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A Letter from Our CEO

Dedicated to Serving Our Community

For nearly 70 years, Terrebonne General Health System has evolved our care to better serve the patients we call neighbors. We believe in service excellence, being a good community partner, engaging patients, and providing innovative health and wellness solutions for all. Terrebonne General has a long history of partnering with community organizations, providing innovative strategies to care for medically underserved, vulnerable populations, and serving the general community.

The Community Health Needs Assessment is a valuable tool that helps us shape our decisions and guide the strategic direction of Terrebonne General. It provides insight into our communities' needs and gives us the opportunity to further partner with agencies throughout the region. We will use this assessment to improve healthcare based on the needs and what is important for the people of our community.

As the largest healthcare resource provider in southeast Louisiana, we are dedicated to providing the highest quality healthcare for our community. Our community counts on Terrebonne General at some of the most pivotal times in their lives, including times of emergency and times of happiness. While we can't solve every problem alone, we are confident we can align the resources to make our community healthier.

We look forward to sharing our plan with you.



Sincerely,

A handwritten signature in black ink that reads "Phyllis Peoples". The signature is written in a cursive, flowing style.

Phyllis Peoples

President and Chief Executive Officer

Mission

Providing exceptional healthcare with compassion.

Vision

It is the vision of Terrebonne General Health System to be a leading medical provider by transforming healthcare delivery using innovative solutions that pave the way toward excellence.



Introduction

Terrebonne General Health System (Terrebonne General) has a long history of partnering with community organizations, innovating strategies to provide care for medically underserved, vulnerable populations, and serving the general community. In 2020, Terrebonne General partnered with Leonard J. Chabert Medical Center (CMC) in completing their regional CHNA. Continuing their collaboration in 2023, Terrebonne General Health System once again partnered with Chabert Medical Center to conduct their CHNA to evaluate current strategies, deliver high-quality services, and be leaders for the community.

Located in Houma, Louisiana, Terrebonne General is an internationally recognized, state-of-the-art hospital that provides high-quality, compassionate healthcare to the community. The health system is committed to the health and wellness of residents, families, staff, and the people of southeast Louisiana, offering a wide range of services.

Terrebonne General takes pride in being the largest community-based hospital in southeast Louisiana. As a member of the Ochsner Health Network, Terrebonne General Health System is part of an alliance of healthcare-focused entities across the greater Gulf Coast region.

Terrebonne General Health System is committed to understanding, anticipating, assessing, and addressing the healthcare needs of its communities. In September 2022, Terrebonne General formed an internal working group and steering group to identify the needs of those living in Terrebonne Parish. With a mutual interest in the health and well-being of residents in the region served by Terrebonne General, a comprehensive CHNA was conducted to evaluate and understand the region's health needs. The CHNA identified specific community health needs and evaluated how those needs were being met to bridge and better connect health and human services with the needs of residents within the region.

The CHNA represented a comprehensive community-wide process where Terrebonne General connected with various public and private organizations, such as health-related professionals, local government officials, and human service organizations, to evaluate the community's health and social needs.

Reviewing existing data, in-depth community stakeholder interviews, and detailed findings from key informant surveys identified key community health needs served by Terrebonne General. Tripp Umbach recommends that the following community health needs be developed into an implementation phase that will further explore ways Terrebonne General can assist in meeting the needs of the communities they serve.



Terrebonne
GENERAL HEALTH SYSTEM

Terrebonne General Health System welcomes questions and comments on its CHNA.

Please contact Terrebonne General Health System's Marketing Department at 985-873-4616 or email at Marketing@tghealthsystem.com.

IRS Mandate

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

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





Community Snapshot

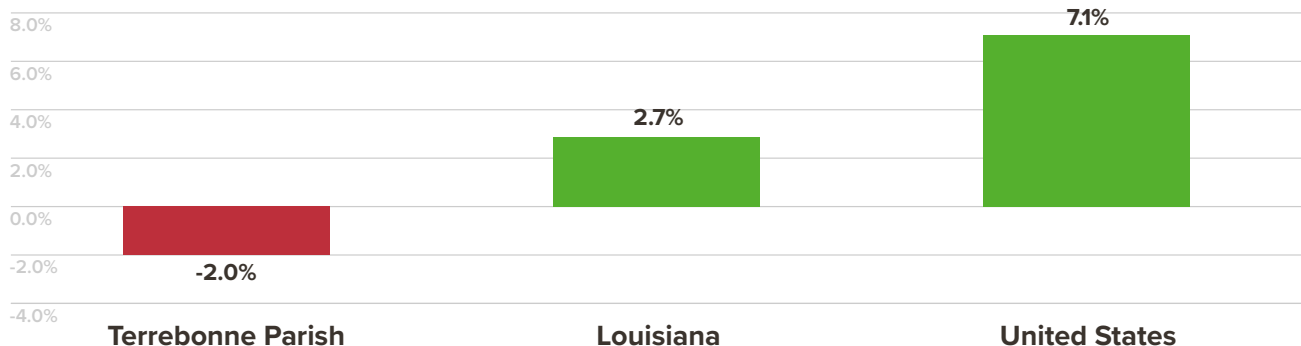
Terrebonne General Health System’s community is defined as southern Louisiana. Located in Terrebonne Parish, Terrebonne General is the largest community hospital in the Tri-Parish region. The healthcare institution’s primary service area contains ZIP codes in Terrebonne Parish. With over a 65-year presence in the region, Terrebonne General has long served its mission and vision and will continue to provide high-quality patient services to its community well into the future.

Table 1: Population

	2018			2019			2020		
	Total Population	Male	Female	Total Population	Male	Female	Total Population	Male	Female
Terrebonne Parish	112,587	49.1%	50.9%	112,054	49.4%	50.6%	111,297	49.2%	50.8%
Louisiana	4,663,616	48.9%	51.1%	4,664,362	48.9%	51.1%	4,664,616	48.8%	51.2%
United States	322,903,030	49.2%	50.8%	324,697,795	49.2%	50.8%	326,569,308	49.2%	50.8%

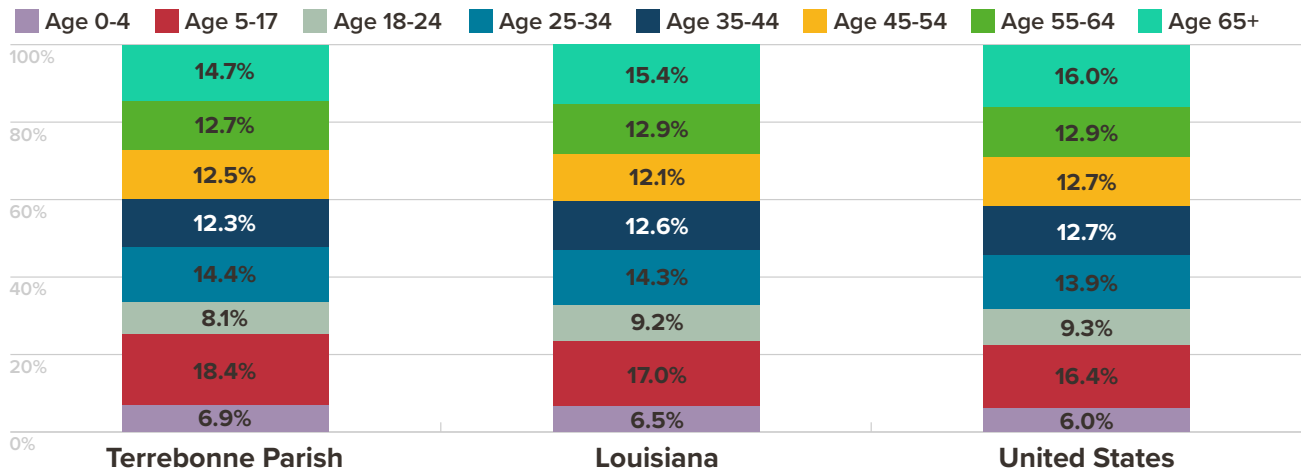
Source: U.S. Census Bureau

Figure 2: Population Change (2010-2020)



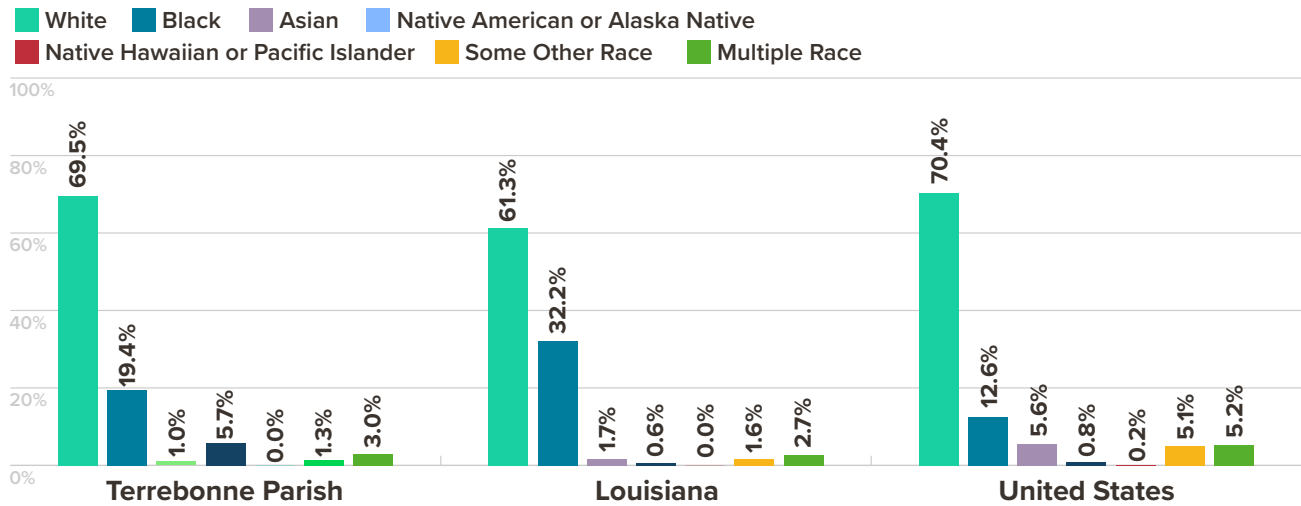
Source: U.S. Census Bureau

Figure 3: Age Distribution (estimate 2015-2019)



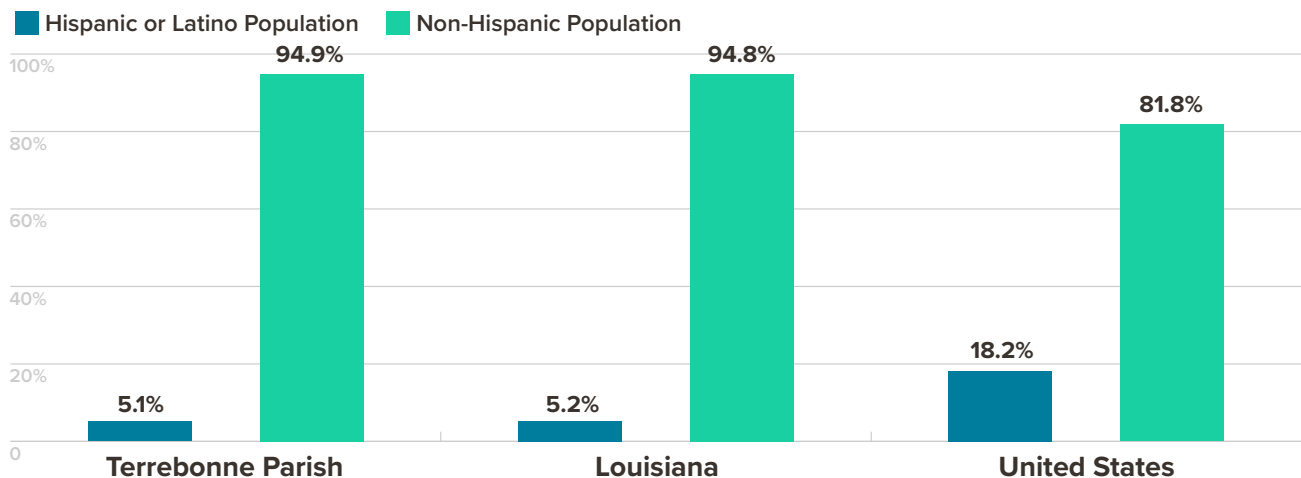
Source: U.S. Census Bureau

Figure 4: Total Population by Race Alone (estimate 2016-2020)



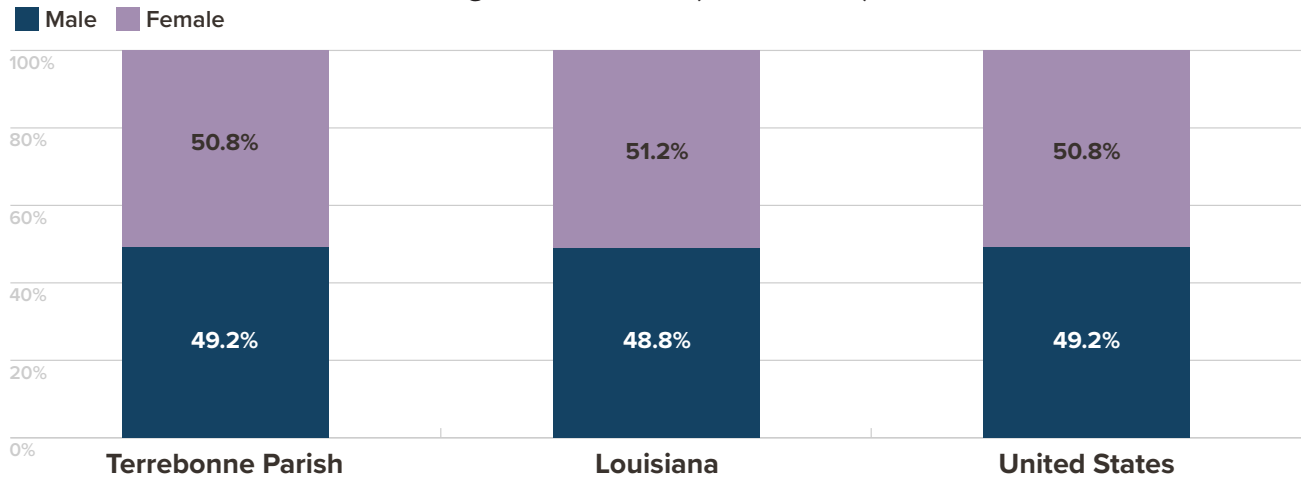
Source: U.S. Census Bureau

Figure 5: Total Population by Ethnicity Alone (Estimate) 2016-2020



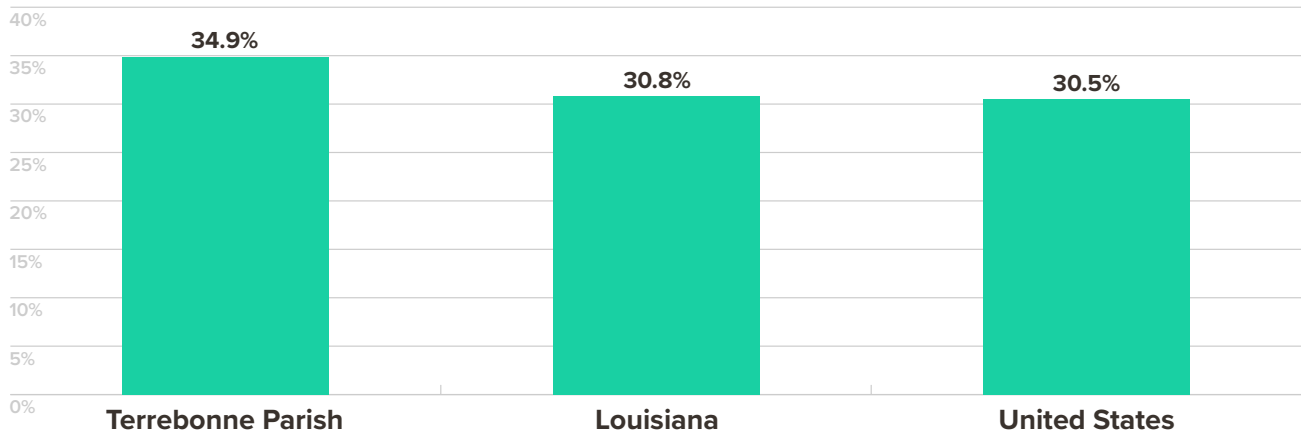
Source: U.S. Census Bureau

Figure 6: Gender (2016-2020)



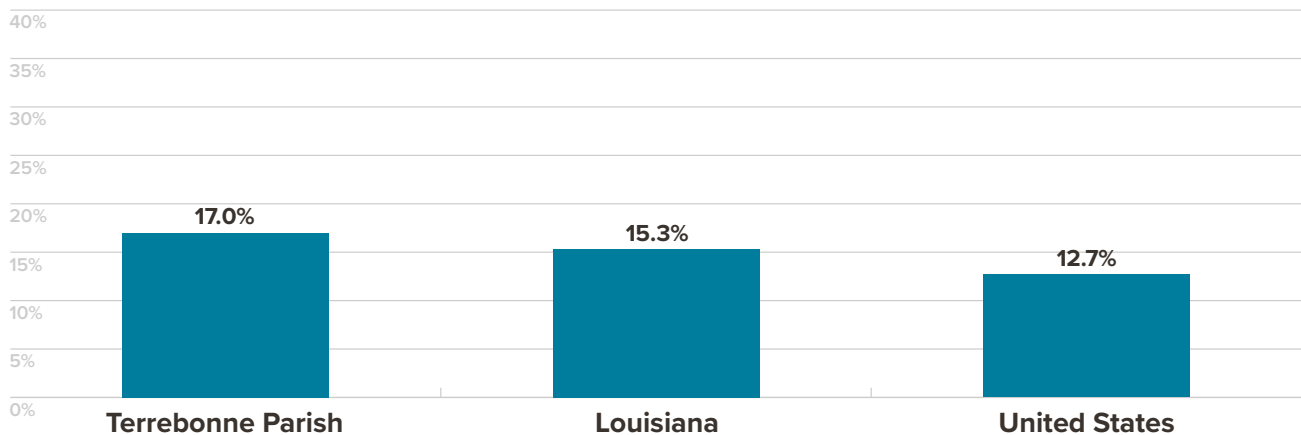
Source: U.S. Census Bureau

Figure 7: Families with Children under age 18 (2016-2020)



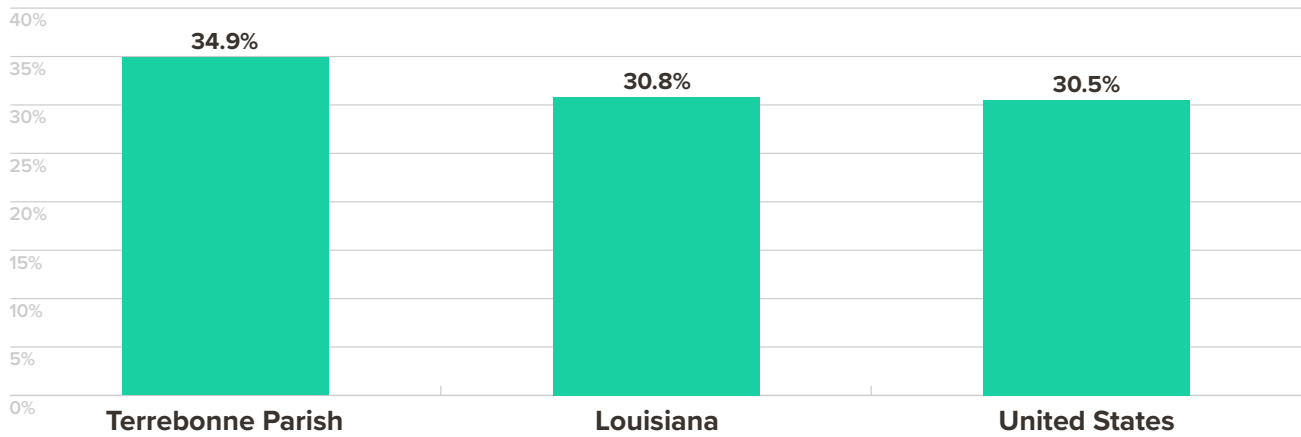
Source: U.S. Census Bureau

Figure 8: Population with Any Disability by Age (2016-2020)



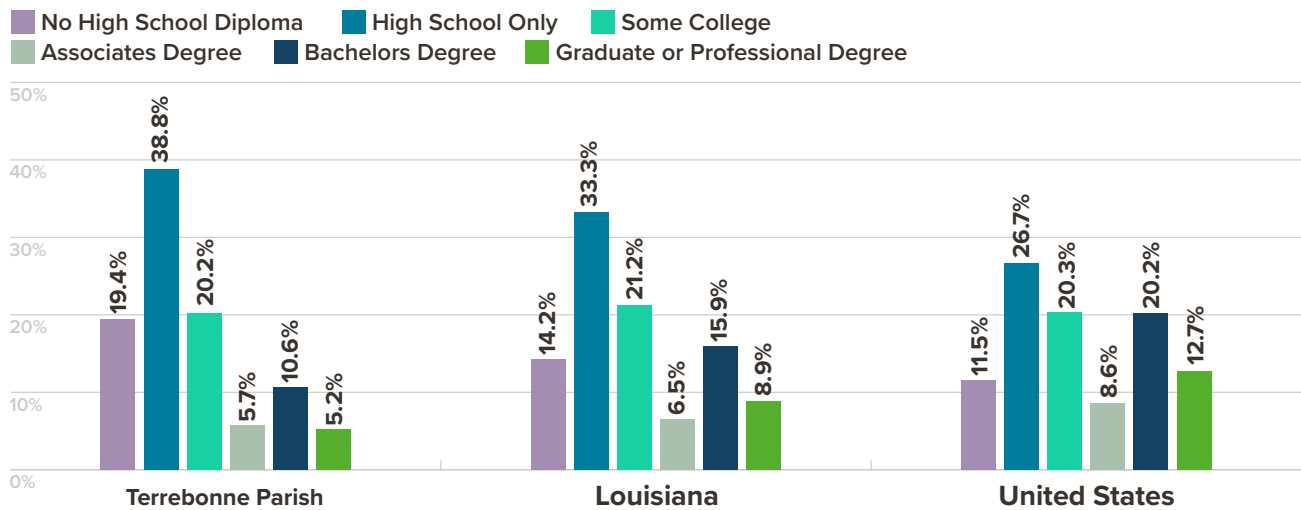
Source: U.S. Census Bureau

Figure 9: Families with Children under age 18 (2016-2020)



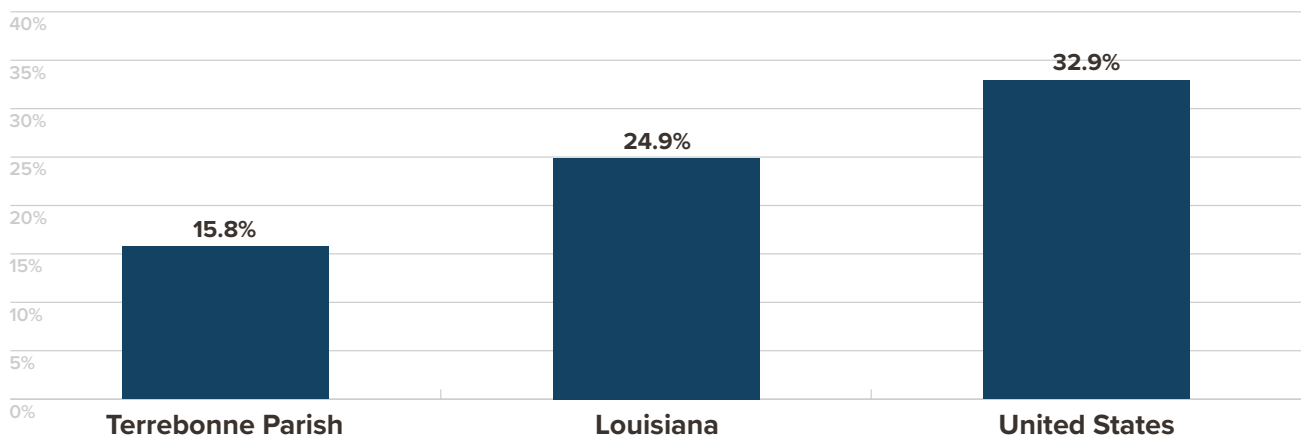
Source: U.S. Census Bureau

Figure 10: Education Level (2016-2020)



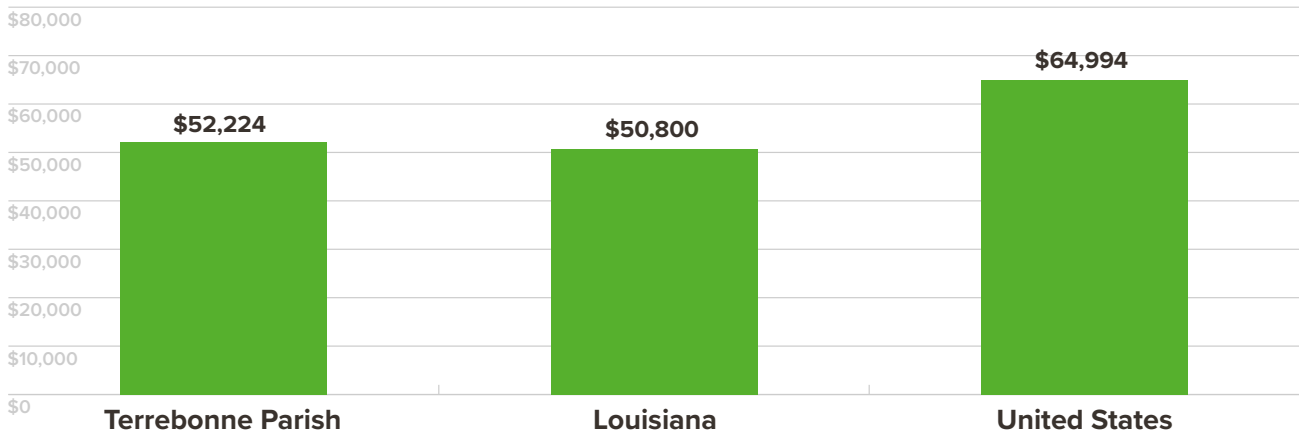
Source: U.S. Census Bureau

Figure 11: Bachelor's Degree or Higher (2016-2020)



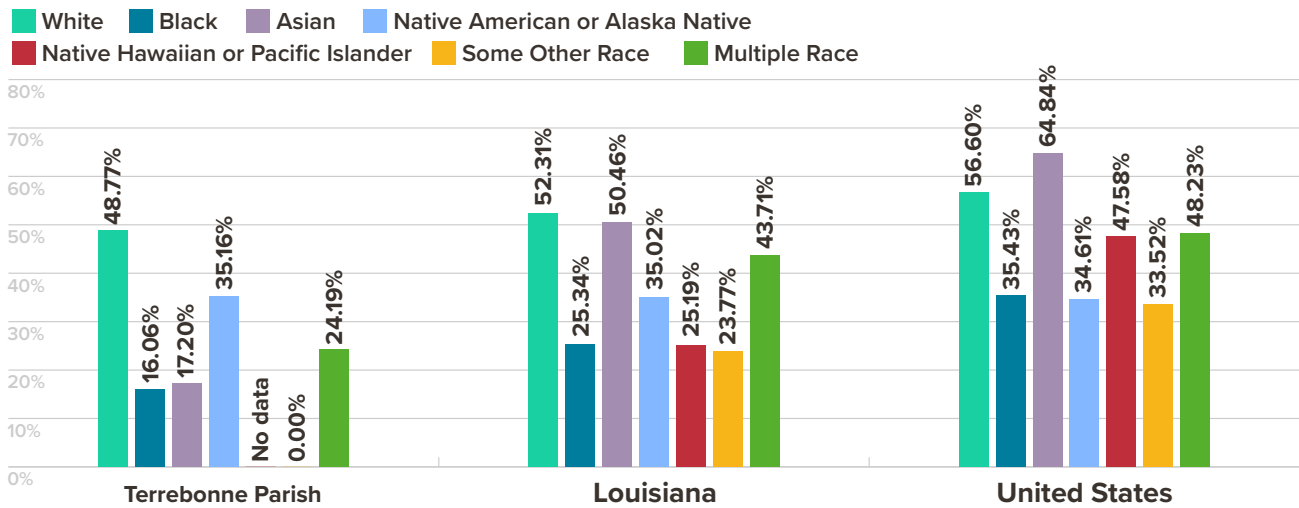
Source: U.S. Census Bureau

Figure 12: Median Household Income (2016-2020)



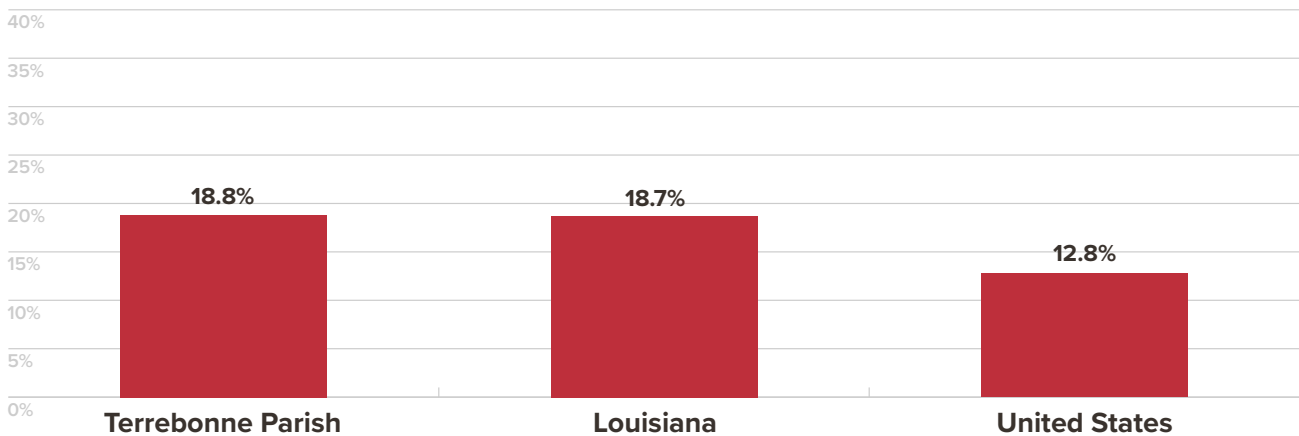
Source: U.S. Census Bureau

Figure 13: Families Earning Over \$75,000 by Race (2016-2020)



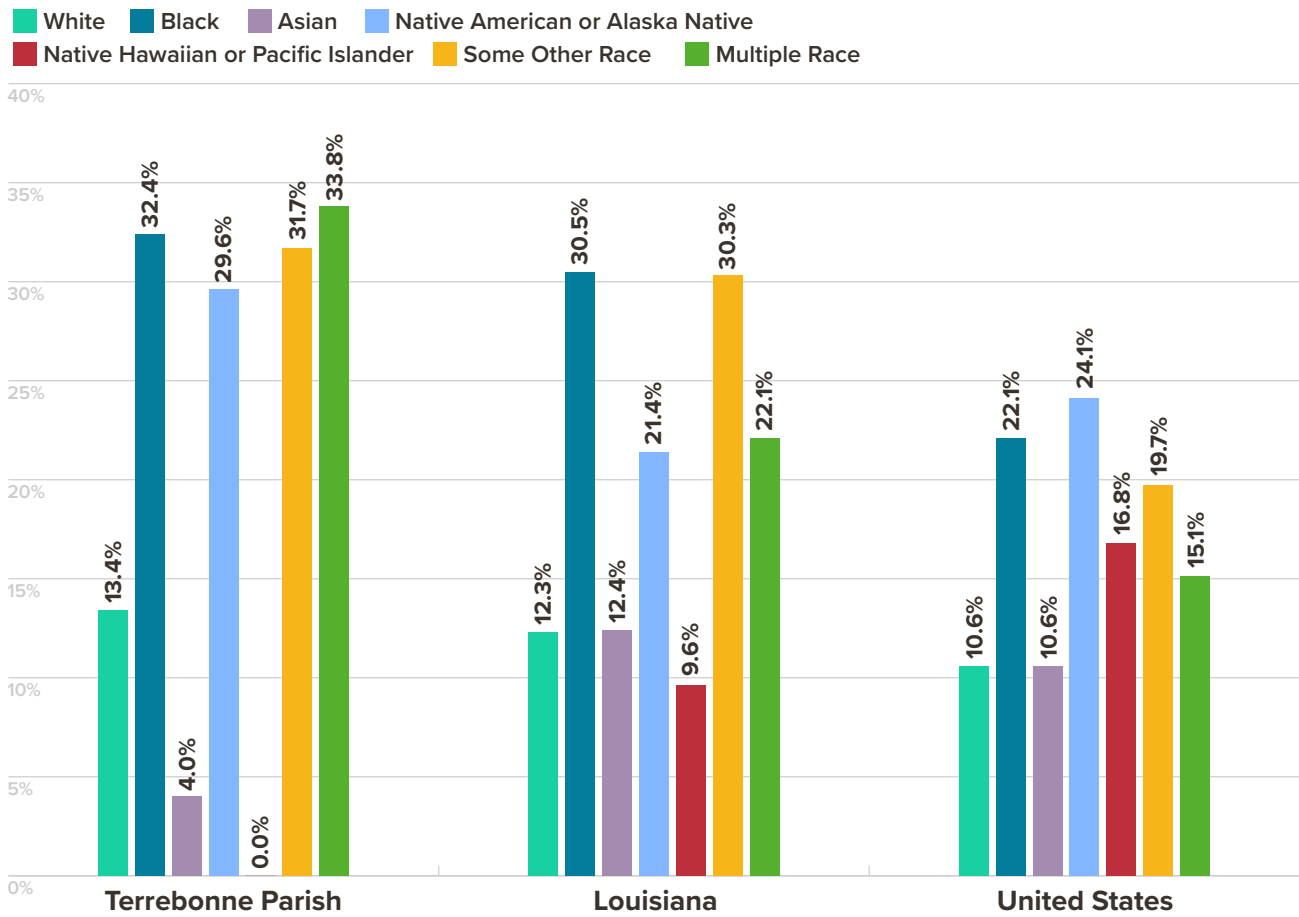
Source: U.S. Census Bureau

Figure 14: Poverty – Population Below 100% of Federal Poverty Level (2016-2020)



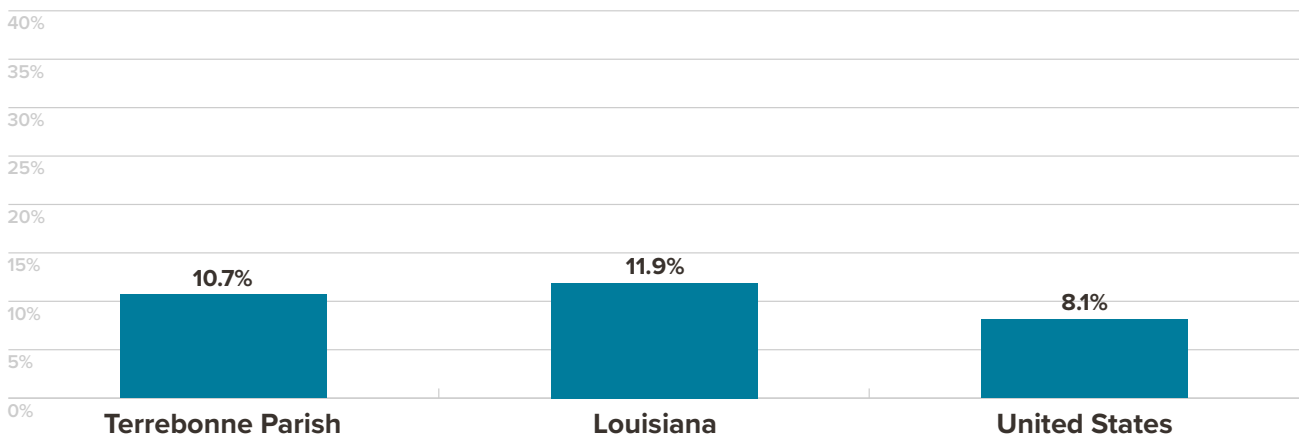
Source: U.S. Census Bureau

Figure 15: Population in Poverty Race Alone (2016-2020)



Source: U.S. Census Bureau

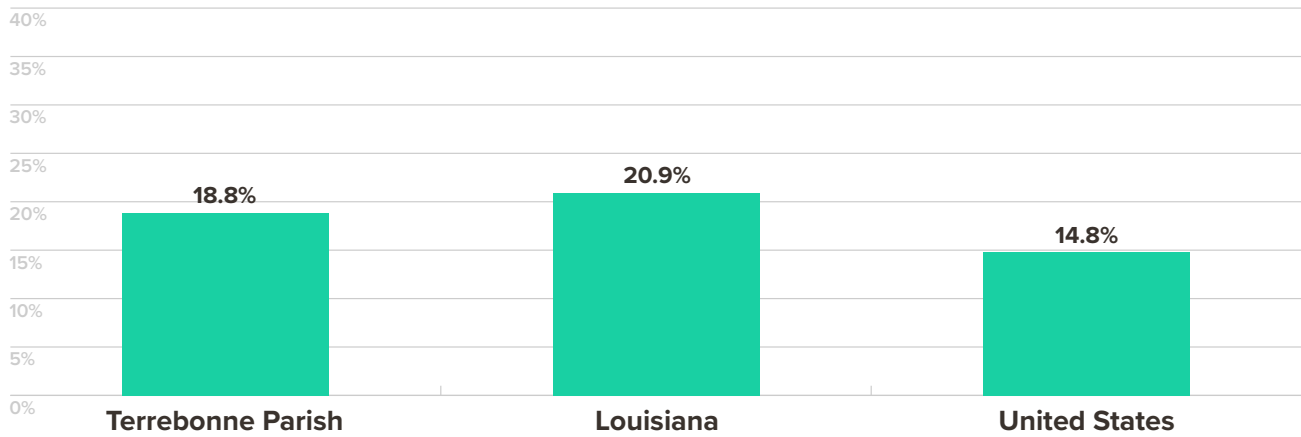
Figure 16: Household with No Computer (2016-2020)



Source: U.S. Census Bureau

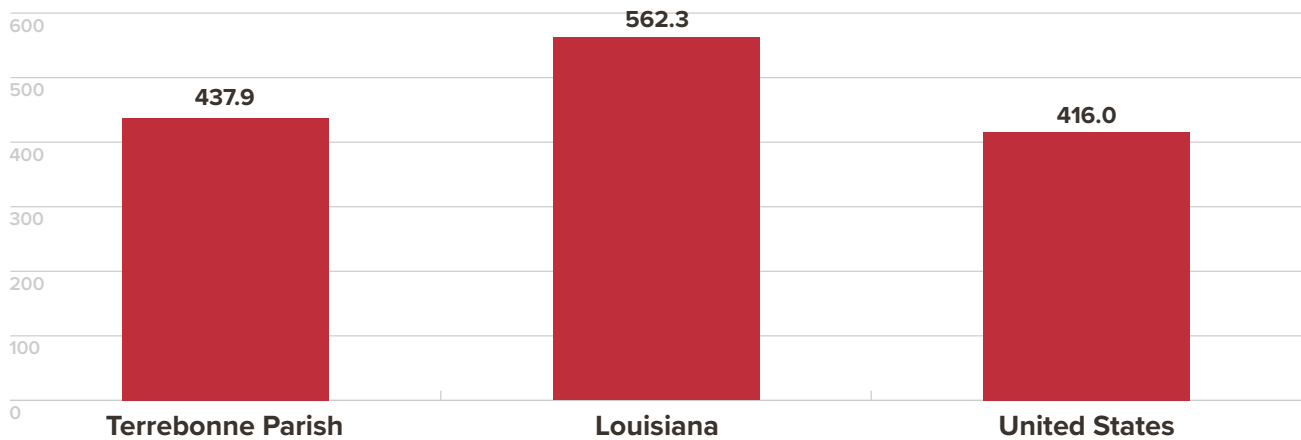


Figure 17: Households with No or Slow Internet (2016-2020)



Source: U.S. Census Bureau

Figure 18: Violent Crime (Rate per 100,000 Population) (2015-2017)



Source: Federal Bureau of Investigation, FBI Uniform Crime Reports



Summary of Terrebonne General Health System's Community

Terrebonne Parish is not growing. The population estimates indicated a population decline between 2010 and 2020.

Based on five-year estimates, Terrebonne Parish has a small elderly population. The differences include a greater percentage of persons 65 years and older living in Terrebonne Parish than in the state and the nation. In addition, a smaller percentage of individuals aged 55 -64 live in Terrebonne Parish than in the state and the nation.

There are slight racial/ethnic differences in population when comparing Terrebonne Parish to the state. Specifically, the proportions of white residents are higher in the parish when compared to the state. Hispanic persons living in Terrebonne Parish are relatively the same in the state.

The education level of residents with bachelor's or Graduate/professional degrees is lower compared to the state and the nation. However, Terrebonne Parish residents' median household income level in 2016-2020 is slightly higher than the state but lower when compared to the U.S.

Residents in Terrebonne Parish are more likely not to have a computer when compared to the state but higher than the nation. There are lower rates of residents in Terrebonne Parish who do not have internet or slow internet compared to the state but higher than the nation.

Terrebonne Parish reported lower violent crime rates than the state and the nation.



The Community Health Needs Assessment Process

Overview

Tripp Umbach managed a comprehensive community health needs assessment for Terrebonne General Health System, identifying and prioritizing community health needs at the regional level for 2023.

The CHNA process began in September 2022 with quantitative and qualitative data collection. Representation of community leaders from education, government, healthcare, and health and human services leaders in Terrebonne General's service area participated in the study. Primary data collected from various sources were included as part of the assessment. County demographics, health outcomes, and chronic disease prevalence were gathered from local, state, and federal databases and were part of a robust secondary data compilation.

Information related to high-risk behaviors, societal issues, and barriers were key themes that resonated within the collection process.

CHNA Roadmap

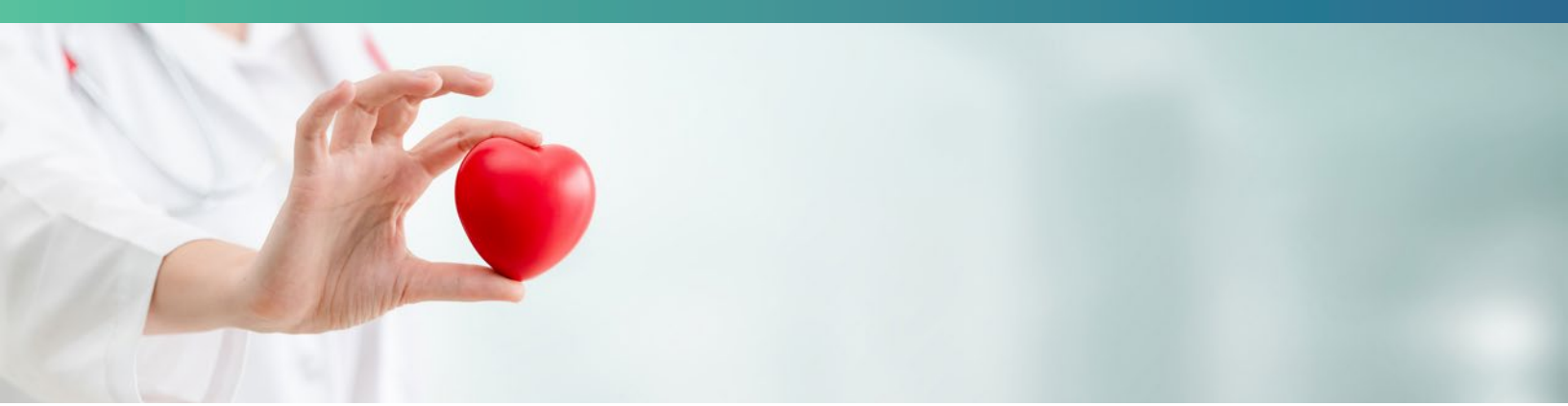
The CHNA roadmap was designed to engage the community, from business stakeholders, social and health leaders, community-based organizations, policymakers, and educators, to pinpoint the needs and recommend solutions to the region's identified health and social problems.

Secondary and quantitative data sources were gathered to create a snapshot of the current health status of the region. Primary data collected from an online survey of key informants was made available to gain participation from those with first-hand knowledge about the community. Interviews were conducted with community stakeholders to collect data from those deeply understanding the region's health and social factors impacting residents' health and well-being. The data provided a deep understanding of community issues and problems and ways to address those underlying issues.

The flow chart below outlines the process used in the CHNA.

Figure 19: CHNA and ISP Roadmap for Terrebonne General Health System





Terrebonne General Health System

Who are We?

For nearly 70 years, Terrebonne General Health System has provided world-class, compassionate health care to the people in the community. When Terrebonne General first opened its doors in 1954, the hospital had 76 beds and fewer than 80 people on staff. Terrebonne General has grown into a 321-bed, nationally recognized, award-winning facility with more than 1,400 employees and 450 medical staff providers—the largest community hospital in the Tri-Parish region.

Terrebonne General has expanded through the years by offering significantly expanded medical services as its community's needs grew. Terrebonne General's cardiology services are world-renowned, with procedures and modern research performed by some of the best cardiologists in the world. Terrebonne General's comprehensive Women's Health Center was recently internationally designated as a Baby-Friendly facility, and Terrebonne General | Mary Bird Perkins Cancer Center has brought specialized comprehensive cancer care to our community. Through a vast array of other medical and technological resources, Terrebonne General offers incomparable specialized care with a proactive and preventative focus. Terrebonne General's commitment to exceptional care continues, as evidenced by the outstanding doctor/patient relationships, with 96% of Terrebonne General patients saying that the physicians communicate well.

Terrebonne General's Healthy Lifestyles Center further shows the system's ability to care for the health and wellness of the community by providing existing services in one convenient location, including Wellness for Life, Inpatient and Outpatient Rehabilitation, Diabetes Management, Weight Management, the Performance Training Center, and the Community Sports Institute. The Terrebonne General Community Sports Institute plays a considerable role in developing health and wellness in our community through its work with student-athletes. Terrebonne General's Community Sports Institute partners with the local schools and ensures that certified athletic trainers are on staff to provide student-athletes with the resources they need to properly prevent and triage injuries, starting on the field and staying with them every step of the way. To date, Terrebonne General has partnered with over 13,800 students in the parish.

The Foundation for Terrebonne General Health System, a 501c3 non-profit organization, was founded with a mission to improve the health and well-being of the people of South Louisiana.

Since then, Terrebonne General's committed community partners have embraced the opportunity to further the efforts and strengths of the health system.

How Do We Rate?

Terrebonne General's mission is to provide exceptional healthcare with compassion. Community stakeholders and key informants considerably rate and agree that the care, services, and outreach efforts aimed at improving the overall health of community residents are reflected in Terrebonne General's undertaking.

Table 20: Community Stakeholder and Key Informant Responses

Community Stakeholders	Excellent/Very Good
Terrebonne General offers high-quality health care for the community.	71.4%
Terrebonne General addresses the needs of diverse and disparate populations.	61.9%
Terrebonne General ensures access to care for everyone, regardless of race, gender, education, and economic status.	66.7%

Key Informants	Strongly Agree/Agree
Terrebonne General addresses the needs of diverse and at-risk populations.	93.3%
Terrebonne General ensures access to care for everyone, regardless of race, gender, education, and economic status.	100.0%





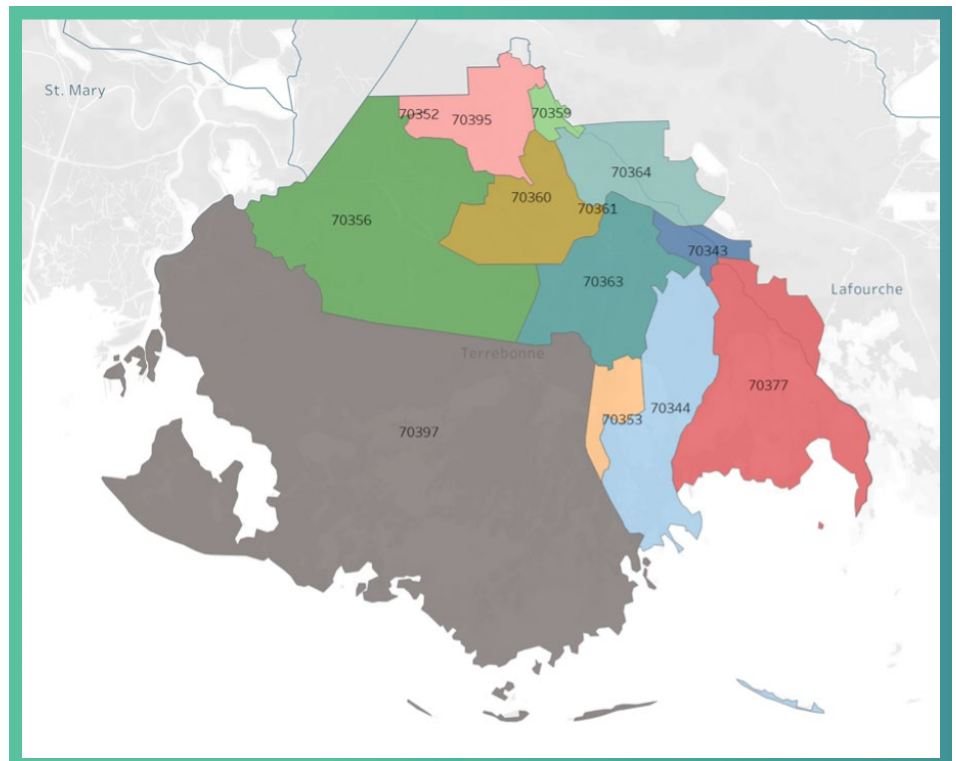
Terrebonne General Health System Service Area

A community is a geographic area where many patients utilize hospital services. While the community health needs assessment considers other types of healthcare providers, the hospital is the single largest provider of acute care services. For this reason, utilizing hospital services provides the clearest definition of the community. Terrebonne General Health System’s primary service area includes 13 ZIP codes in Terrebonne Parish.

Table 21: Primary Service Area ZIP Code

ZIP Code	City
70343	Bourg
70344	Chauvin
70352	Donner
70353	Dulac
70356	Gibson
70359	Gray
70360	Houma
70361	Houma
70363	Houma
70364	Houma
70377	Montegut
70395	Schriever
70397	Theriot

Map 22: Terrebonne General Health System Primary Service Area



Note: 70361 is classified as a P.O. Box

Evaluation of Previous Implementation Strategy Plan

Representatives from Terrebonne General have worked over the last three years to implement strategies to address the health needs and issues in the study area and evaluate the strategies created in meeting goals and combating health problems in the community.

Tripp Umbach received the 2021 CHNA implementation actions provided by the working group. Tripp Umbach provided the working group with an implementation strategy planning evaluation matrix to assess the previous implementation plan. The evaluation aims to determine the effectiveness of the previous plan identified under each priority.

The tables below reflect input on the activities for each past priority and strategy developed to address its effectiveness and if each strategy was performed. The self-assessments are internal markers that denote how to improve and track each goal and strategy in the next three years. The following tables reflect highlights and accomplishments from Terrebonne General.

Priority 1: Chronic Diseases

Overall Goal: Improve access to provider-based and supportive services for increased utilization of health care services by residents.

Anticipated Impact: Increase access to health care services for residents served by Terrebonne General Health System.

COMMUNITY HEALTH NEED	STRATEGIES	GOALS	2020	2021	2022
Diabetes	Increased awareness and provide healthcare initiatives to reduce chronic diseases related to diabetes.	Provided programs to increase awareness and knowledge of residents at risk of being diagnosed with diabetes.	✓	✓	✓
		Educated Terrebonne General residents on the value of leading a healthy lifestyle to reduce those likely to be diabetic.	✓	✓	✓
High Blood Pressure/ Hypertension	Educated the community and provide health care initiatives to reduce chronic diseases related to high blood pressure and hypertension.	Increased awareness and provided education to reduce chronic diseases related to high blood pressure/ hypertension by providing health screenings and educational consultations.	✓	✓	✓
Heart Disease	Increased awareness and interest in healthcare programs and initiatives to reduce chronic diseases related to heart disease.	Enhanced literacy programs and events to increase awareness and knowledge in the community about heart disease.	✓	✓	✓
		Provided preventative screenings and information for residents in the Terrebonne General community through early detection of heart disease.	✓	✓	✓

Priority 2: Health Education and Information

Overall Goal: Improve access to information to the community at large to reduce poor health outcomes and behaviors.

Anticipated Impact: Increase health education and information to residents within the region.

COMMUNITY HEALTH NEED	STRATEGIES	GOALS	2020	2021	2022
Physical Inactivity & Exercise	Improved community knowledge about available resources.	Increased awareness and knowledge residents about the importance of physical activity and exercise through health education.	✓	✓	✓
	Provided information and education to increase awareness and inserts related to obesity and the long-term effects of being overweight.	Increased awareness and knowledge about obesity, weight management, and the long-term effects of being overweight by providing health screenings and educational consultations.	✓	✓	✓
Obesity	Increased awareness and interest in healthcare programs and initiatives to reduce chronic diseases related to obesity.	Increased community awareness of obesity and its impact on health.	✓	✓	✓
		Educated and improved residents' access to preventative health programs and the overall value of physical activity and wellness.	✓	✓	✓

Priority 3: Tobacco Use

Overall Goal: Improve awareness and provide health and community services to reduce the overall use of tobacco among community residents.

Anticipated Impact: Offer free/reduced-cost smoking cessation clinics for adults.

COMMUNITY HEALTH NEED	STRATEGIES	GOALS	2020	2021	2022
Tobacco Use	Ensured residents had a resource for smoking cessation and education about the ill effects of smoking.	Increased awareness of the dangers of smoking and the benefits of quitting.	*	✓	✓

*Not completed due to the impact of COVID-19.

Priority 4: Access to Care and Health Education¹

Overall Goal: Improve awareness and access to medical services for our community residents.

Anticipated Impact: Increased access to care and services across our service areas.

COMMUNITY HEALTH NEED	STRATEGIES	GOALS	2020	2021	2022
Increase in Providers	Increased the number of available physicians in the region.	Terrebonne General will set priority goals for the following specialties to meet physician recruitment needs. - Hematology/Oncology - Family Medicine - Emergency Medicine - Endocrinology - Internal Medicine - Hospitalist - Neurology - Pulmonary	✓	✓	✓
	Ensured the continuation of medical services at Chabert Medical Center.	Continued to partner with Ochsner and Terrebonne General Medical Center to operate a safety net facility through a public-private partnership maintaining access to the underserved and underinsured in the region. (Continued to provide management services at Chabert Medical Center- ensuring the continued operation of the facility.)	✓	✓	✓
	Provided education on chronic health conditions and healthy nutrition through community education, screenings, and physical activity.	Provided education on chronic health conditions and healthy nutrition through community education, screenings, and consultations.	✓	✓	✓
	Provided telehealth visits for patients.	Implemented telehealth visits in Terrebonne General clinics.	✓	✓	✓

Priority 5: Cancer

Overall Goal: Provide support to residents living with cancer and assist them to receive treatment and recover with help from a provider and community-based resources.

Anticipated Impact: Increase the number of cancer patients needing care and services.

COMMUNITY HEALTH NEED	STRATEGIES	GOALS	2020	2021	2022
Access to Screenings	Increased awareness and interest in early detection.	Provided outreach events and programs to increase access, awareness, and knowledge of cancer screenings to the community.	✓	✓	✓
Education/ Information	Increased awareness and provided cancer education.	Increased awareness and provide cancer education by providing cancer screenings and educational consultations.	✓	✓	✓

¹ In 2020, under the community need “access to care and health education”, adolescent health was also defined as a community necessity. However, due to limited resources, Terrebonne General is unable to address this issue specifically. Nonetheless, through a regional approach, “access to care and health education” will be addressed overall and not targeted to one explicit age group.

Health Needs Prioritization Process

Terrebonne General will continue to address the needs of its community with outreach efforts and effective programs, working closely with partners and local organizations to reach underserved residents and those affected by health and social disparities across the region.

On January 5, 2023, Tripp Umbach facilitated a prioritization session with 20 attendees who represented Terrebonne General Health System and Chabert Medical Center, along with community organizations instrumental to both hospital institutions. The purpose of the prioritization session was to present the CHNA findings, which included existing data, in-depth community stakeholder interview results, and key informant survey findings, and to obtain input regarding the community's needs and overall concerns. The group discussed the data, shared their visions and plans for community health improvement in their communities, and identified and prioritized the top community health needs in their region.



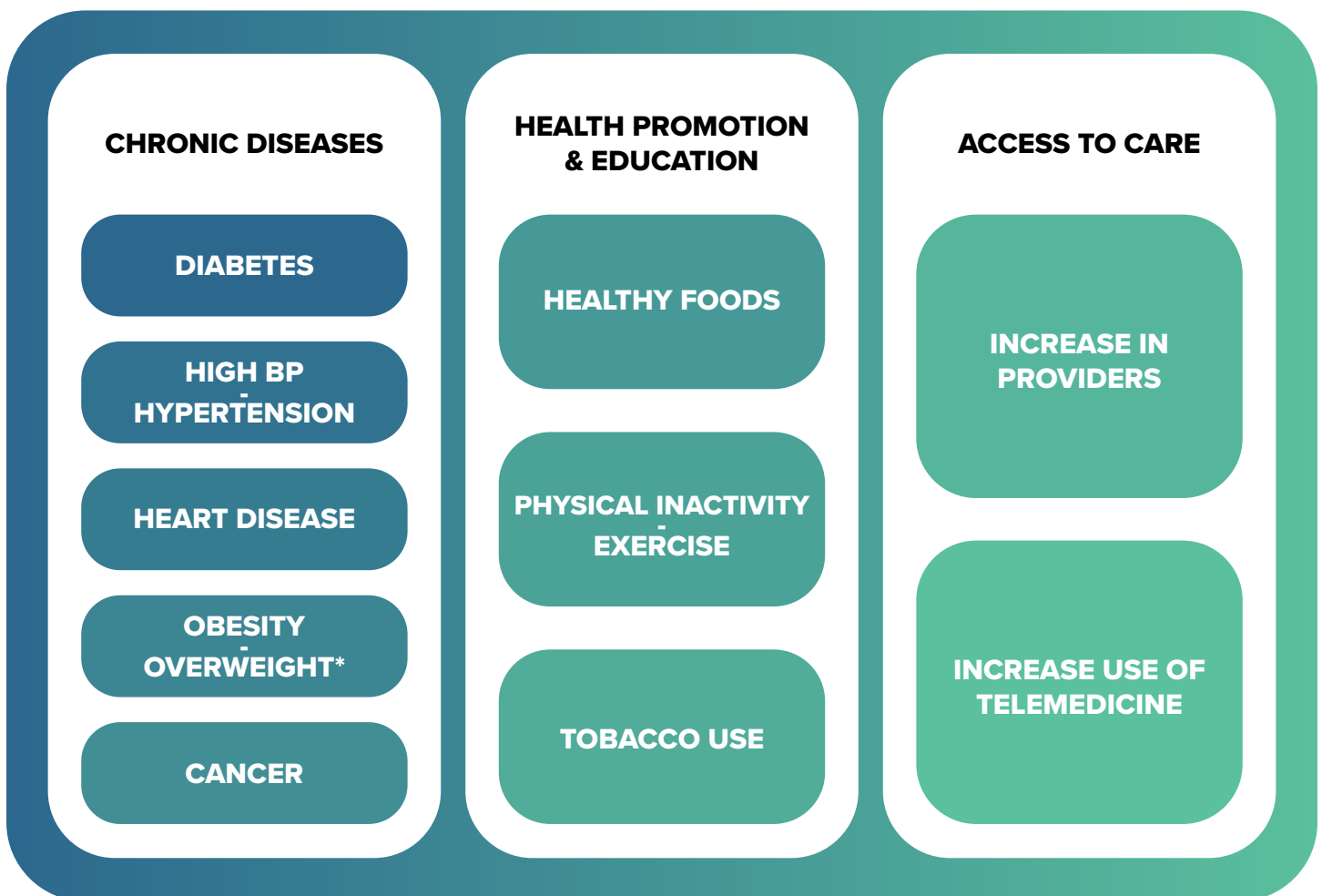
Terrebonne General Health System 2023 CHNA Focus

An objective of the Patient Protection and Affordable Care Act (PPACA) is to provide overall healthcare access and identify better care coordination allowing for greater accessibility, intending to reduce healthcare costs for patients and their caregivers. Therefore, community agencies, organizations, and healthcare organizations are restructuring services and strengthening partnerships to capitalize on the ability to share resources. By providing affordable health care insurance, uninsured populations have a pathway to access preventive services.

A group consensus was reached to streamline the previous 2020 needs into existing categories such as tobacco use, cancer, and obesity/overweight. An additional identified need identified was healthy foods and increased use of telemedicine. Feedback from group participants also shifted Health Education/Information in 2020 into Health Promotion & Education in 2023.

With input from the prioritization session, Terrebonne General and Chabert Medical Center participants prioritized and identified the top priority areas. Each prioritized area has subcategories, further illustrating the identified need.

Figure 23: Final 2023 Community Health Needs



Note: *Includes Adult and Childhood Obesity/Overweight

**CMC will address Behavioral Health as their community need. The above chart does not display CMC's CHNA needs.

The prioritization session revealed that behavioral health and transportation, while identified as community needs, will not be addressed by Terrebonne General Health System.

- Behavioral health will not be addressed by Terrebonne General Health System. Terrebonne General does not have the available resources to address this need aimed, specifically at outpatient services. Specifically, Terrebonne General does not have the behavioral health services infrastructure (i.e., professionals and health care providers) to treat and serve patients with this community issue. Patients are referred outside the community to behavioral health facilities for this health problem.
- Transportation was identified as a CHNA need; however, with insufficient and limited community resources, Terrebonne General cannot address this community need solely.



Key Community Needs

Throughout the community health needs assessment process, Tripp Umbach reviewed primary and secondary data from local, state, and national resources, community stakeholder interviews, key informant surveys, a prioritization session, and a resource provider inventory (highlighting organizations and agencies that serve the community) to identify the regional health needs of residents in Terrebonne Parish. The data provided a cross-section of information essential to identifying key community health needs in Terrebonne General's community.



A) Chronic Diseases

Chronic diseases such as diabetes, high blood pressure, cancer, heart disease, etc., are a few leading causes of death and disability among citizens. Heart disease is the leading cause of death in the U.S.² More than 877,500 Americans die of heart disease or stroke yearly—one-third of all deaths. These diseases also have an economic toll, costing the healthcare system \$216 billion annually and causing \$147 billion in lost productivity.³ Additionally, in the U.S., more than 1.7 million people are diagnosed with cancer, and almost 600,000 die from it, making it the second leading cause of death annually. The cost of cancer care continues to rise and is expected to reach more than \$240 billion by 2030.⁴

Chronic diseases are defined broadly as conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both. Chronic diseases greatly impact the independence and health of people with disabilities and limit daily activity. Chronic diseases persist over a long period of time; however, chronic diseases can be prevented or controlled through regular participation in following a healthy diet, exercising, not smoking, and avoiding excessive alcohol use.

A national growing concern that has affected many communities and shows no signs of weakening is obesity. Communities are seeing children as young as two years old diagnosed as overweight and/or obese. From 1999 –2000 through 2017 – 2020, U.S. obesity prevalence increased from 30.5% to 41.9%. During the same time, the prevalence of severe obesity increased from 4.7% to 9.2%. The estimated annual medical cost of obesity in the U.S. was nearly \$173 billion in 2019. Medical costs for adults who had obesity were \$1,861 higher than medical costs for people with a healthy weight. Nearly one out of four adults in Louisiana are obese. Louisiana ranks among the top ten states in the U.S. – many of which are in the south - for both adult and childhood obesity.⁵

² [Centers for Diseases Control & Prevention](#)

³ [Centers for Diseases Control & Prevention](#)

⁴ [Centers for Diseases Control & Prevention](#)

⁵ [Louisiana Department of Health](#)

Living a healthy lifestyle can assist many from developing certain diseases. Although common, many chronic diseases are preventable. Key to disease prevention includes receiving physicals, screenings, and vaccines. Preventive care reduces the risk of diseases, disabilities, and death; unfortunately, millions of Americans do not seek and obtain the recommended preventive health care services. Educating residents about the importance of preventive care is key to making sure recommended services are taken.

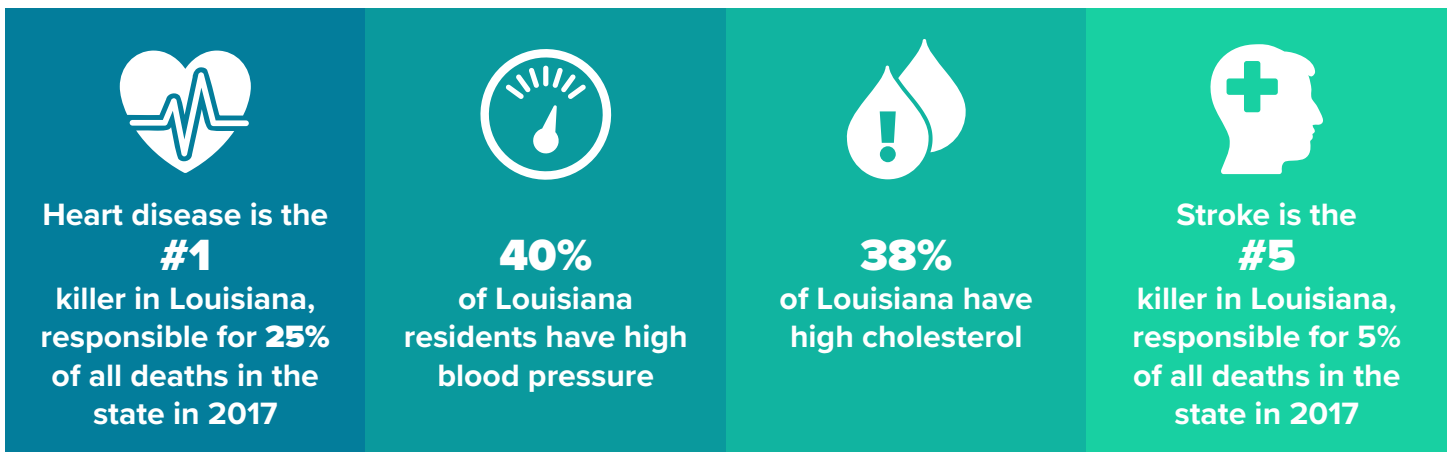
The table below presents primary data from community stakeholder interviews and key informants.

Table 24: Listening to the Community

Community Stakeholders	Key Informants
<p>Largest Health/Social Concerns:</p> <ul style="list-style-type: none"> Chronic Diseases – 54.6% Cancers - 36.4% Access to healthy foods – 36.4% Lack of exercise – 27.3% <p>What would Improve the Quality of Life for Residents:</p> <ul style="list-style-type: none"> Food security – 31.8% 	<p>Persistent Health Problems in The Community:</p> <ul style="list-style-type: none"> Chronic illnesses – 66.7% Lack of exercise - 53.3% Access to foods - 28.9% <p>Type II diabetes, pre-diabetes, and obesity affect many community members. What can we offer the community to achieve and maintain optimal health?</p> <ul style="list-style-type: none"> Prevention and Education – 60.0% <p>What would have the Greatest Impact on the Quality of Life of Residents in the Community?</p> <ul style="list-style-type: none"> Food security – 17.8% <p>Top Health Concern:</p> <ul style="list-style-type: none"> Heart Disease 44.4%

Lifestyle plays a significant role in our overall health. Health risk behaviors and limited access to healthcare make Louisiana lead in statistics for chronic diseases like heart disease. Changes in areas like diet and physical activity can improve the health of Louisianians.

Figure 25: Chronic Diseases in Louisiana

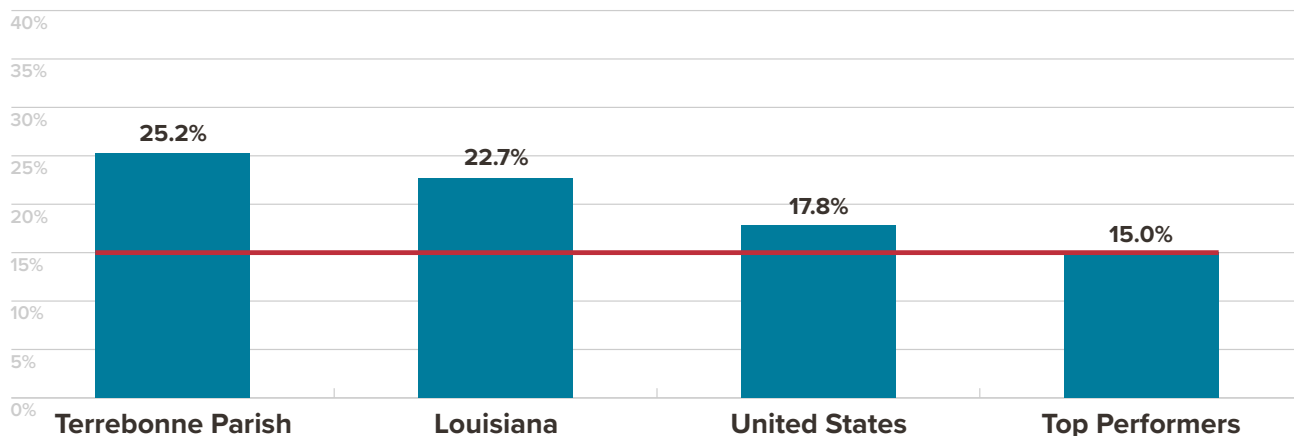


Source: [Well Ahead](#)

The figure below reported residents who self-reported in 2019 that their health was poor or fair.

Top performers are the top 10% of counties/parishes in the U.S. doing better in a particular value. Top U.S. performers are calculated by the 90th percentile or 10th percentile, depending on whether the measure is framed positively (where a high value is better than a lower value) or negatively (where a low value is better than a higher value).

Figure 26: Poor or Fair General Health (2019)



Source: Centers for Disease Control and Prevention

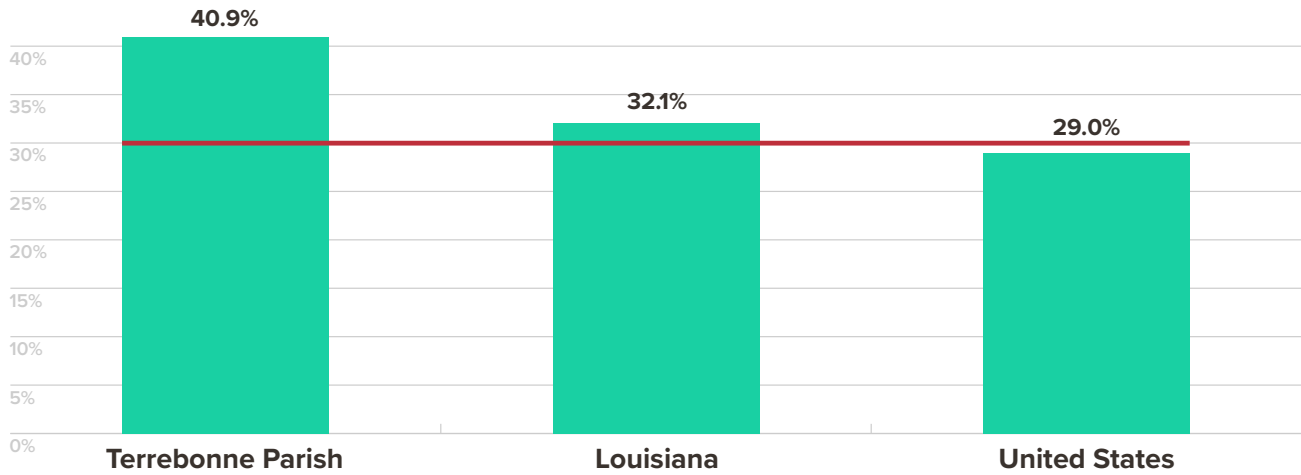
Note: The red line indicates top performers and where Terrebonne Parish, the state, and the nation compare.



According to America’s Health Rankings, the state report revealed Louisiana ranked 47/50 in obesity. This measure is a poor health ranking on the health status of those in the state.

Figure 27 reported the percentage of adults aged 20 and older with a Body Mass Index (BMI) greater than 30.0 (obese). Respondents were considered obese if their BMI was greater than 30. BMI (weight [kg]/height [m]2) was derived from a self-report of height and weight. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

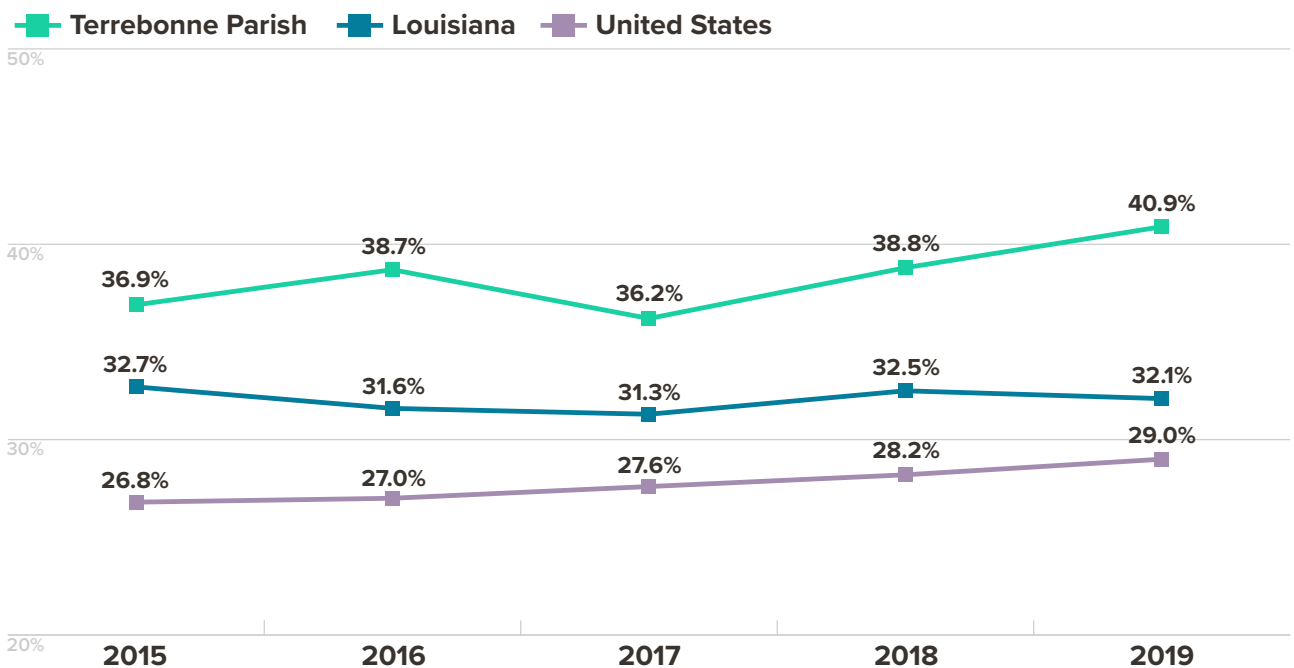
Figure 27: Obesity (2019)



Source: Centers for Disease Control and Prevention

Note: The red line indicates where Terrebonne Parish compares to the state.

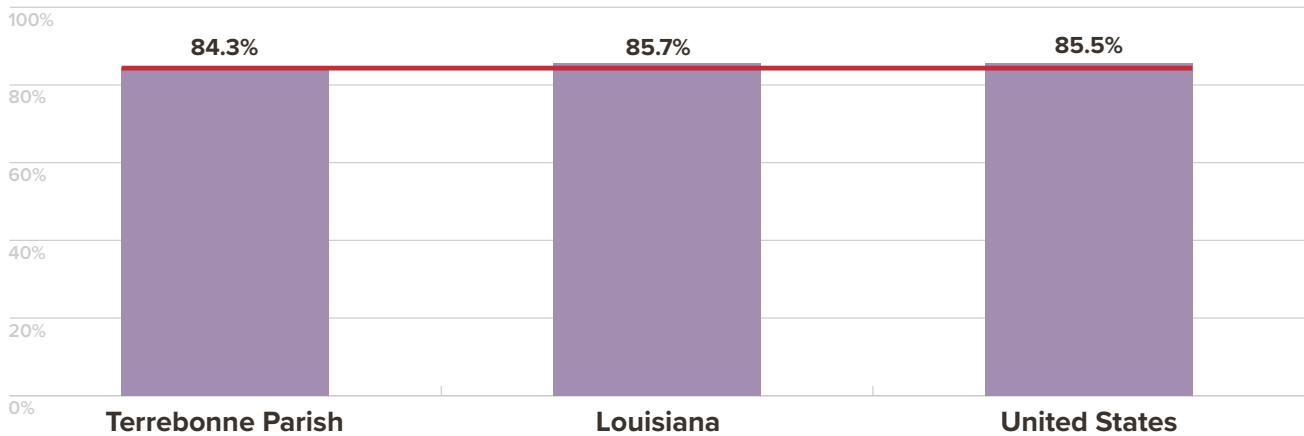
Figure 28: Obesity (BMI > 30.0 — Years 2015 through 2019)



Source: Centers for Disease Control and Prevention

Cancer screenings are significant as they engage in preventive procedures for early detection and treatment of health problems. The data can also highlight a need for more access to preventive care, health knowledge, insufficient provider outreach, and/or social barriers preventing the utilization of services.

Figure 29: Cancer Screening (Women 21 to 65+ who had a Pap test) (2018)

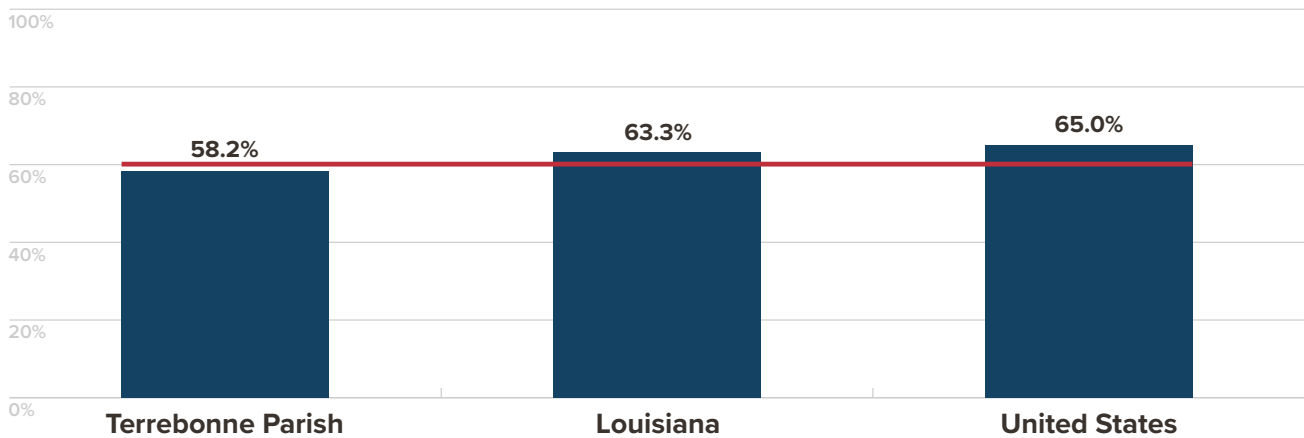


Source: Centers for Disease Control and Prevention

Note: The red line indicates where Terrebonne Parish compares to the state.

Data reveals fewer Terrebonne Parish residents had a colonoscopy than the state and nation.

Figure 30: Cancer Screening – Colonoscopy (Adults 50+ who had a sigmoidoscopy or colonoscopy) (2018)

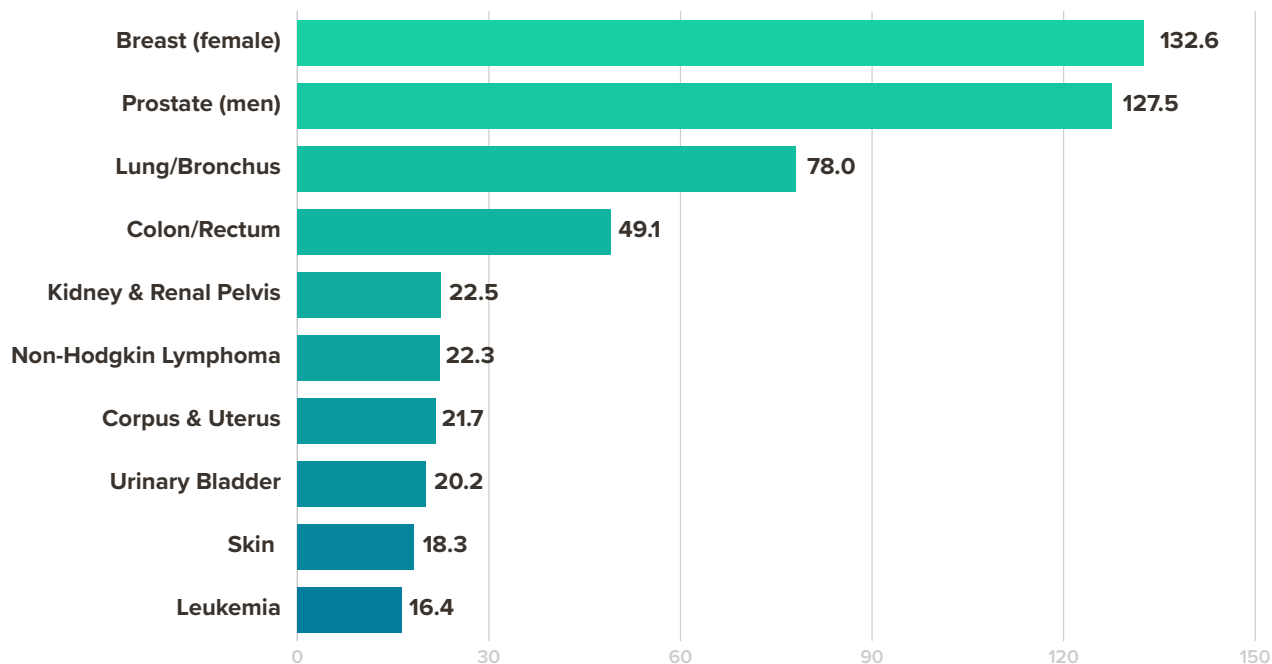


Source: Centers for Disease Control and Prevention

Note: The red line indicates where Terrebonne Parish compares to the state.

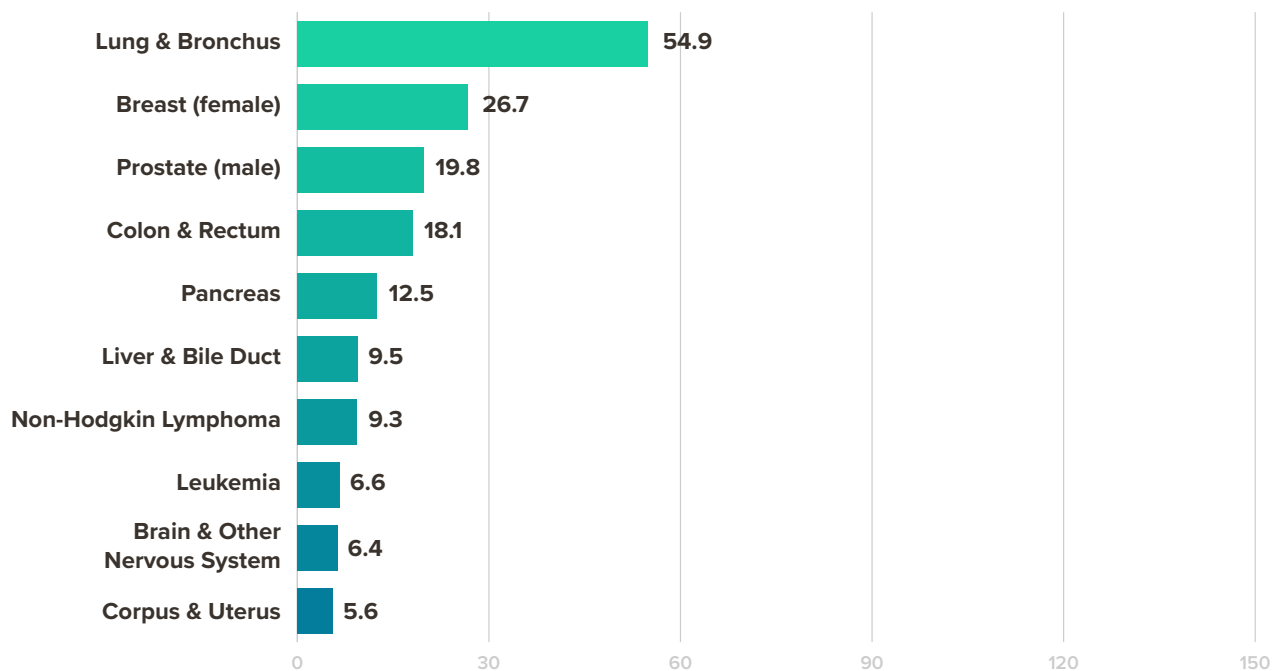
Breast Cancer holds the leading cancer incident rate in Terrebonne Parish, followed by prostate cancer between 2015-2019.

Figure 31: Top 10 Cancers — Incidence Rates Terrebonne Parish (Rate per 100,000 Population) (2015-2019)



Source: Louisiana State Tumor Registry

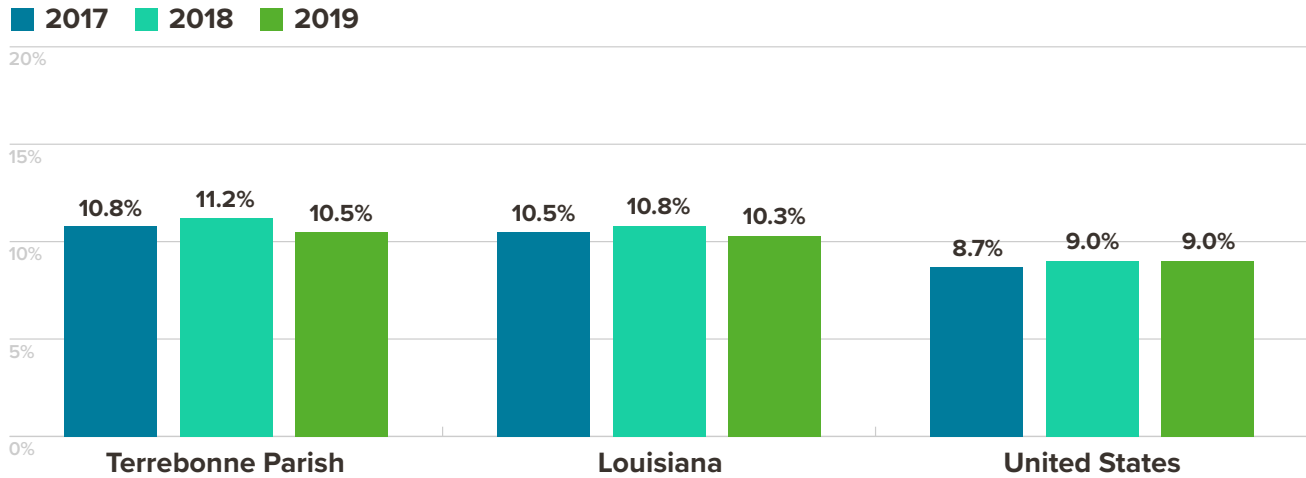
Figure 32: Top 10 Cancers — Mortality Rates in Terrebonne Parish (Rate per 100,000 Population) (2015-2019)



Source: Louisiana State Tumor Registry

The data below reported the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. The data is significant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further complicated and long-term health issues.

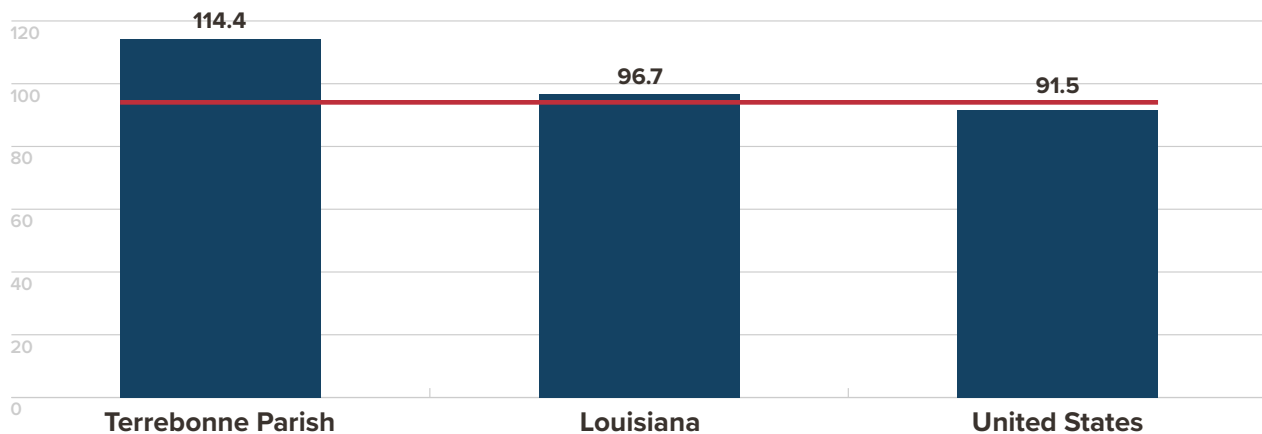
Figure 33: Adult Diabetes (Adults 20+ who have diabetes)



Source: Centers for Disease Control and Prevention

Terrebbonne Parish reported higher rates of heart disease mortality compared to the state (96.7) and the nation (91.5). The figure below reported the 2016-2020 five-year average death rate due to coronary heart disease per 100,000 population. Coronary heart disease is a leading cause of death in the United States.

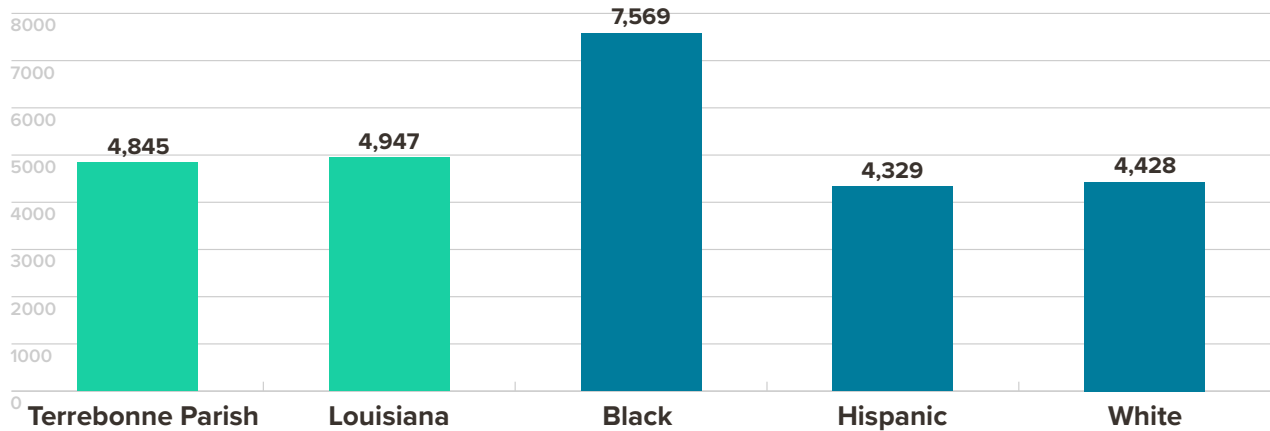
Figure 34: Heart Disease Mortality (Age-Adjusted Death Rate per 100,000 population) (2016-2020)



Source: Centers for Disease Control and Prevention

In Terrebonne Parish, outpatient treatments might have prevented 4,845 hospital stays per 100,000 people enrolled in Medicare. Broken out by race, Black residents in Louisiana had higher rates of preventable hospital stays than Hispanics and Whites.

**Figure 35: Preventable Hospital Stays
(Ambulatory-care sensitive conditions per 100,000 Medicare enrollees) (2019)**



Source: County Health Rankings & Roadmaps

Section Summary

Diabetes, high blood pressure, heart disease, obesity, and cancer are leading causes of death and disability among residents. Chronic diseases can be managed, and many are preventable; however, generational attitudes along with the inability to obtain necessary healthcare services need to be addressed to allow residents the opportunity to live a healthier life. Incorporating a healthy lifestyle by adding a healthy diet, exercise, and avoiding tobacco and alcohol can assist residents from developing certain diseases and chronic health issues.



B) Health Promotion & Education

Health promotion and education programs can improve the lives of community residents. Understanding how to manage an existing health condition and prevent further illness is essential to good health. Health education and promotion play an active role in teaching and empowering individuals to practice healthy behaviors to reduce the risk of developing chronic diseases and manage and ultimately improve chronic diseases. According to the World Health Organization (WHO), “health education enables people to increase control over their own health.”

Terrebonne General’s CHNA revealed the need to provide information to improve health and promote healthy lifestyles and practices, specifically related to healthy foods, the importance of physical exercise, and the determinantal effects of tobacco use. Health education and promotion inspire people to make informed health choices and help them successfully navigate the healthcare system. Improving and elevating residents’ understanding of health can dramatically shift from treating disease to reducing or eliminating conditions. Through health promotion and education, residents can successfully seek treatment plans, manage, and prevent complications and/or hospitalizations.

County Health Rankings and Roadmaps highlight policies and programs targeting healthy foods, physical activity, and tobacco use that are scientifically supported. Programs include fruit and vegetable incentive programs, worksite obesity prevention interventions, multi-component school-based obesity prevention interventions, community fitness programs, worksite obesity prevention interventions, cell phone-based tobacco cessation interventions, mass media campaigns against tobacco use, tobacco quitlines, etc.

The table below presents primary data from community stakeholder interviews and key informants.

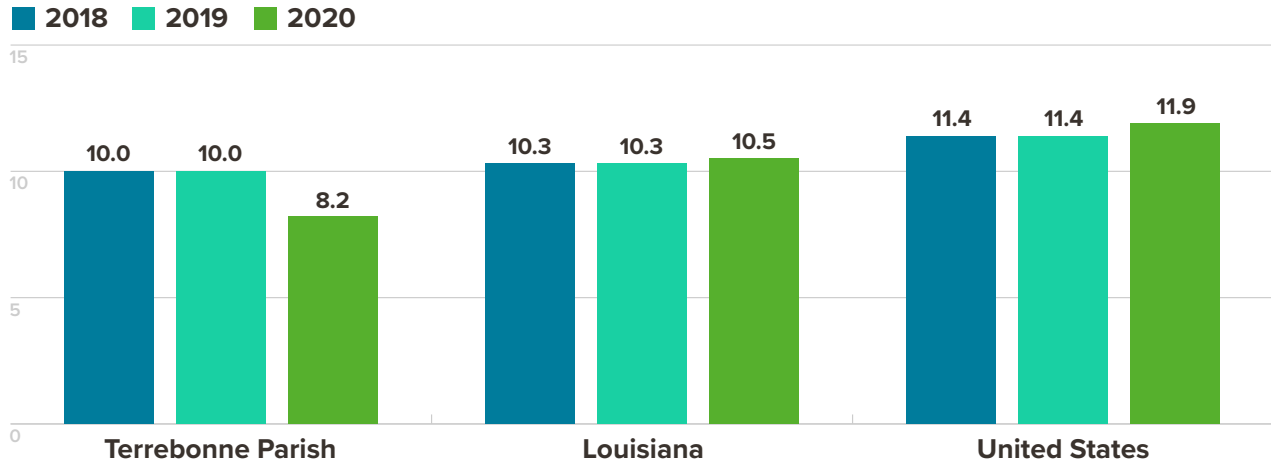
Table 36: Listening to the Community

Community Stakeholders	Key Informants
<p>Largest Health/Social Concerns:</p> <ul style="list-style-type: none"> • Access to healthy foods - 36.4% • Lack of exercise - 27.3% <p>Largest barrier(s) for People Not Receiving Care or Services:</p> <ul style="list-style-type: none"> • Health Literacy - 33.3% <p>What Would Improve the Quality of Life for Residents?</p> <ul style="list-style-type: none"> • Community health education/literacy - 54.6% • Food security - 31.8% <p>Best Solution that Would Help the Vulnerable Population:</p> <ul style="list-style-type: none"> • Health education- 4.8% 	<p>Largest Barrier for People Not Receiving Care or Services:</p> <ul style="list-style-type: none"> • Health Literacy – 77.8% • Lack of exercise – 53.3% • Access to foods – 28.9% <p>Type II diabetes, pre-diabetes, and obesity affect many community members. What can we offer the community to achieve and maintain optimal health?</p> <ul style="list-style-type: none"> • Prevention & Awareness Education – 60.0% <p>The Best Solution that would Help Vulnerable Populations meet their Health Needs:</p> <ul style="list-style-type: none"> • Community health education & Screenings – 26.7% • Improve communication of available services – 13.3% <p>What would have the Greatest Impact on the Quality of Life of Residents in the Community:</p> <ul style="list-style-type: none"> • Community health education/health literacy – 48.9% • Educational opportunities – 33.3%



The below data reported the number of recreation and fitness facilities in the area. This data is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

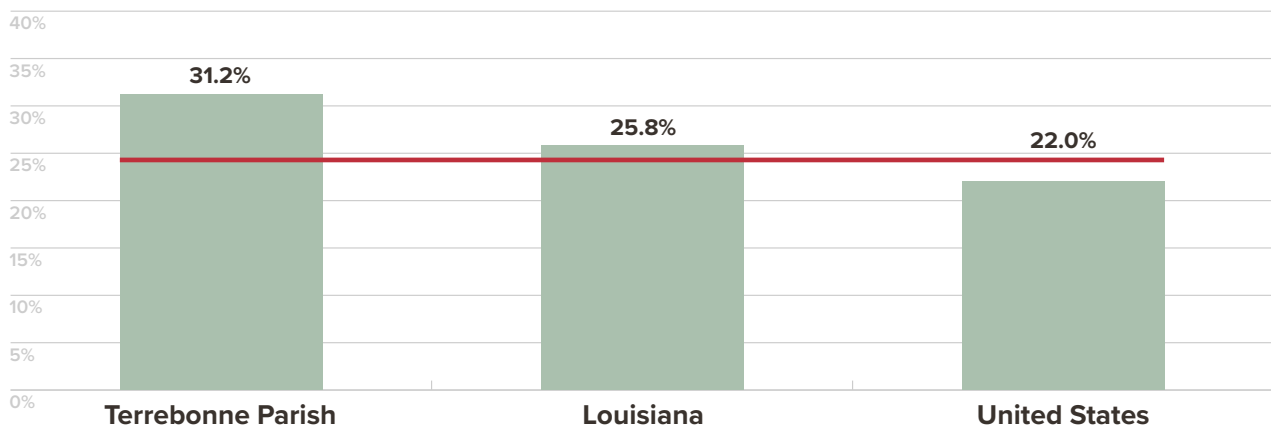
Figure 37: Recreation and Fitness Facility Access (Rate per 10,000 Population)



Source: U.S. Census Bureau

Terrebonne Parish residents reported a higher percentage of physical inactivity than the state (25.8%) and the nation (22.0%). Physical inactivity is relevant because behaviors are determinants of future health, and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

Figure 38: Physical Inactivity (Adults 20 and Older with no Leisure Time Physical Activity) (2019)



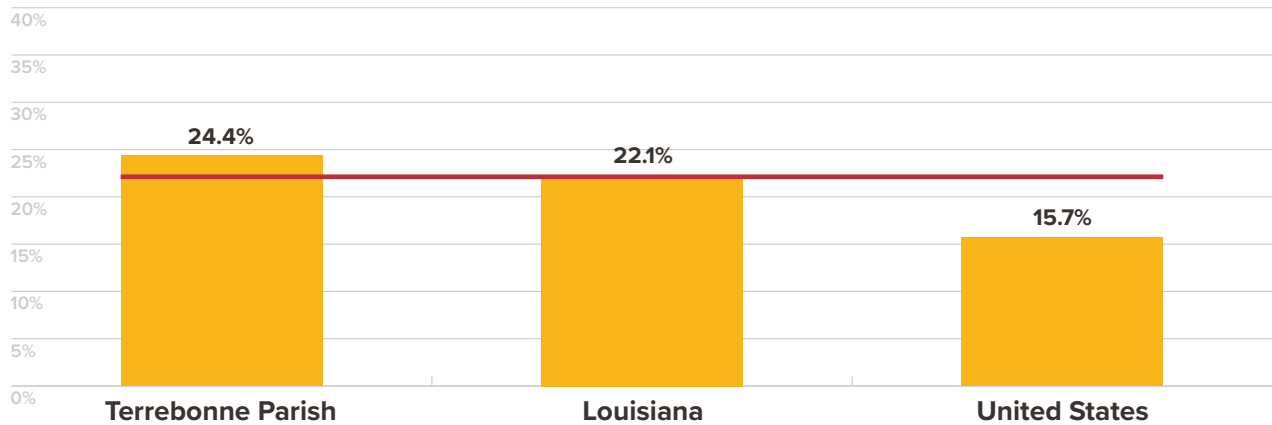
Source: U.S. Census Bureau

Note: The red line indicates where Terrebonne Parish compares to the state.

Terrebonne Parish (24.4%) reported high rates of tobacco usage compared to the state (22.1%) and the nation (15.7%).

The data reveals the percentage of adults who reported having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days.

Figure 39: Tobacco Usage – Current Smokers (Adults 18 and Older who are Current Smokers) (2019)



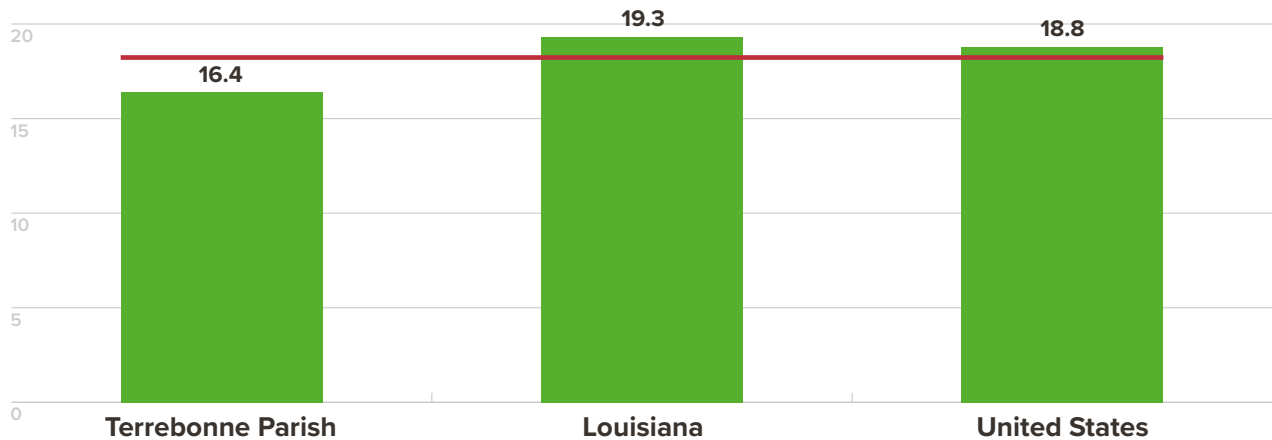
Source: Centers for Disease Control and Prevention

Note: The red line indicates where Terrebonne Parish compares to the state.

Healthy dietary behaviors are supported by access to healthy foods, and grocery stores are major providers of these foods. There are 18 grocery establishments in the area, a rate of 16.43 per 100,000 population grocery store establishments.

- Grocery stores are supermarkets and smaller grocery stores retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Delicatessen-type establishments are also included. Convenience stores and large general merchandise stores that retail food, such as supercenters and warehouse club stores, are excluded.

Figure 40: Grocery Store (Rate per 100,000 Population) (2020)



Source: Centers for Disease Control and Prevention

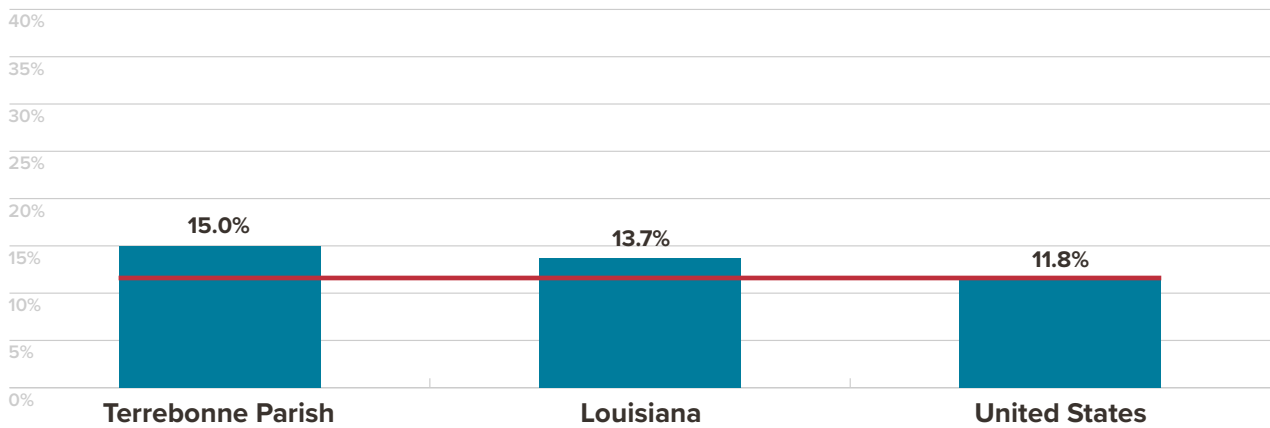
Note: The red line indicates where Terrebonne Parish compares to the state.



Terrebonne Parish (15.0%) reported the highest percentage of food insecurity compared to both the state (13.7%) and the nation (11.8%). The data reveals the estimated percentage of the population that experienced food insecurity at some point during the reporting year.

Food insecurity is the most broadly used measure of food deprivation in the U.S. The USDA defines food insecurity as “consistent access to adequate food is limited by a lack of money and other resources during the year.”

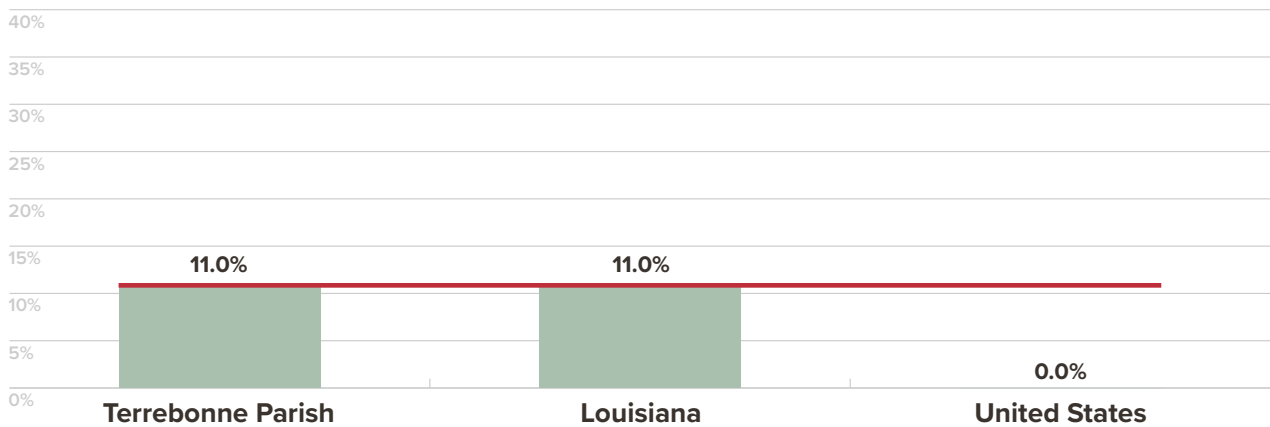
Figure 41: Food Insecurity (2020)



Source: Feeding America

Note: The red line indicates where Terrebonne Parish compares to the state.

Figure 42: Limited Access to Healthy Food (2019)



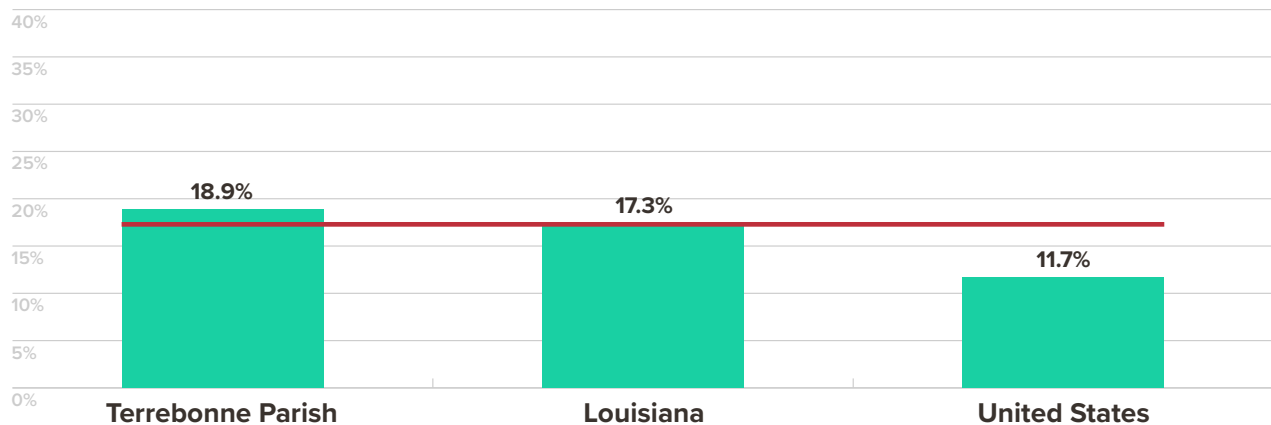
Source: Feeding America

Note: The red line indicates where Terrebonne Parish compares to the state.

Terrebonne Parish (18.9%) reported a high rate of the population receiving SNAP benefits compared to both state (17.3%) and nation (11.7%).

The Supplemental Nutrition Assistance Program, or SNAP, is a federal program that provides nutrition benefits to low-income individuals and families used at stores to purchase food. This data reported the average percentage of the population receiving SNAP benefits during July, the most recent report year.

Figure 43: Population Receiving SNAP Benefits (2019)



Source: US Census Bureau

Note: The red line indicates where Terrebonne Parish compares to the state.

Section Summary

Positive or negative behaviors and lifestyle choices can affect one's health. Poor health behaviors, such as the lack of physical activity, poor diet, smoking, and excessive drinking, are risky health behaviors that can lead to chronic diseases. Oftentimes, people can control their lifestyles; however, socioeconomic factors and the lack of information and education are reasons why people do not lead healthy lifestyles.

Health education lays the foundation for individuals to acquire health knowledge and strengthens beliefs, attitudes, and skills needed to change and maintain healthy behaviors. Health education programs empower individuals to live healthy lives by improving their mental, physical, and social health by increasing their knowledge and changing attitudes. Health education focuses on prevention and decreases negative health outcomes. It is essential to educate residents and provide appropriate information about healthy behaviors and the long-term benefits of practicing such positive actions.



C) Access to Care

Access to health services remains challenging, as certain population segments need help obtaining care. Health insurance is a critical element in obtaining needed care. Individuals without health insurance do not receive the same services and tend to have worse health outcomes and more severe illnesses. Health insurance coverage, physician availability, affordability, health literacy, and transportation are essential to helping residents obtain care.

While the need for more physicians will continue to grow, there are opportunities to provide healthcare access to residents who face significant service barriers. Addressing the needs of the underserved, healthcare facilities should further explore and incorporate methods such as telemedicine to reach underserved patients and ensure equal access to needed telehealth care.

Many individuals need access to technology such as smartphones and adequate broadband internet. Accessing telehealth services is only possible with the necessary technology; including more resources to reach patients. The data collected below represents the community's need to improve access to care, particularly by increasing providers and telemedicine.

The table below presents primary data from community stakeholder interviews and key informants.

Table 44: Listening to the Community

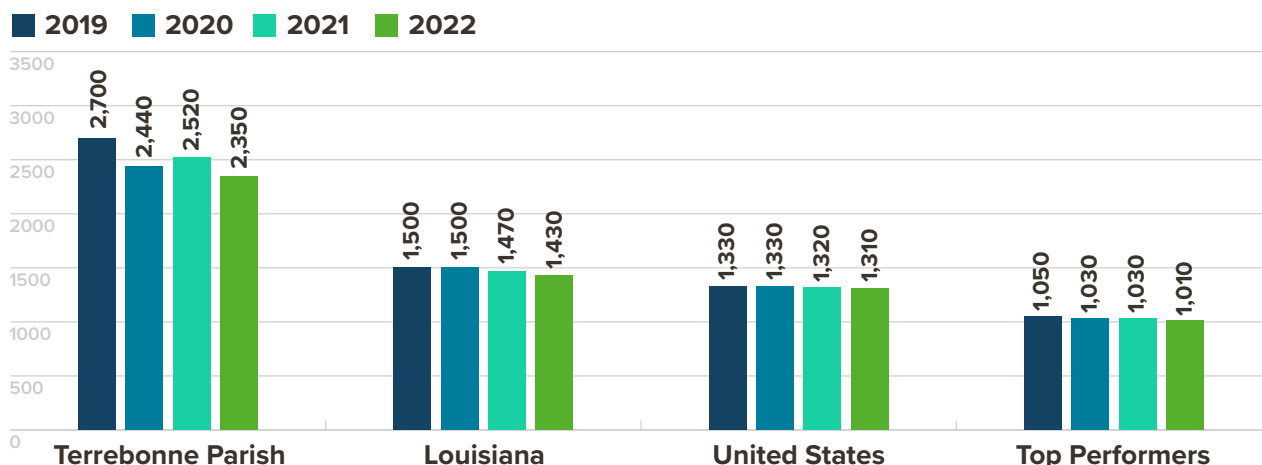
Community Stakeholders	Key Informants
<p>Largest Barriers for People not Receiving Care</p> <ul style="list-style-type: none"> • Transportation – 66.7% • Affordability – 66.7% • Availability of services (i.e., providers) – 52.4% • Difficulty getting around - 42.9% • Lack of health care coordination - 42.9% • Economic disparities - 33.3% • Health literacy- 33.3% • Language barriers - 23.8% • The resident is not informed of care plan options - 23.8% • Cultural barriers - 9.5% • Flexibility in scheduling - 9.5% • Not enough time is given to review and understand the service/treatment plan - 9.5% <p>Which of the following contributes to the transportation issues in your community?</p> <ul style="list-style-type: none"> • Limited services available - 80.9% • Attitudes/beliefs about using public transit - 38.10% • Location of bus stops is inconvenient - 38.10% • Lack of community education around available resources - 33.3% • The cost of services is too high - 23.8% • Current services aren't accessible to individuals with disabilities -19.1% • Cultural/language barriers - 4.7% <p>What Would Improve the Quality of Life for Residents?</p> <ul style="list-style-type: none"> • Access to behavioral health services – 77.3% • Transportation – 59.1% • Community health education/Health literacy – 54.6% • Healthcare Access – 31.8% • Educational opportunities – 27.3% • Dental care access – 22.7% <p>Best Solution that Would Help the Vulnerable Population</p> <ul style="list-style-type: none"> • Providing transportation – 38.1% 	<p>Largest Barrier for People Not Receiving Care or Services</p> <ul style="list-style-type: none"> • Affordability – 77.8% • Health Literacy – 77.8% • Transportation – 75.6% • Lack of healthcare coordination services – 57.8% • Availability of services – 53.3% • Flexibility in scheduling – 28.9% • Language – 26.7% • Cultural barrier 22.2% <p>Challenges contributing to Transportation Issues in the Community</p> <ul style="list-style-type: none"> • Limited services availability – 75.6% • Lack of community education around available resources – 60.0% • Attitudes/beliefs about using public transit – 42.2% • The location of bus stops is inconvenient - 33.3% • Cost of services 31.1% • Cultural/language barriers 11.1% <p>Persistent Health Problems in The Community</p> <ul style="list-style-type: none"> • Unemployment/underemployment – 31.1% • Transportation – 13.3% <p>Best Solution to Help Vulnerable Populations meet Health Needs</p> <ul style="list-style-type: none"> • Providing mobile health services - 35.6% • Providing transportation – 15.6% <p>What would have the Greatest Impact on the Quality of Life of Residents in the Community?</p> <ul style="list-style-type: none"> • Access to Behavioral Health (BH) services – 75.6% • Mental health services – 66.7% • Community health education/health literacy – 48.9% • Educational opportunities – 33.3% • Transportation 20.0% • Healthcare access 20.0% • Dental care access 6.7% <p>Health Concerns in the community</p> <ul style="list-style-type: none"> • Availability of BH services – 68.9% <p>Significant Barriers to Receiving Health Care</p> <ul style="list-style-type: none"> • Affordability – 86.7%

Improving an individual’s health starts with having access to a primary care physician or a healthcare professional. A primary care physician is essential to help navigate and assist patients by preventing disease by identifying risk factors, managing chronic diseases, and leading a better quality of life. Physicians provide leadership in developing and supervising their patient’s health care plans.

The data below reveals the number of available physicians in Terrebonne Parish from 2019-2022. The patient-physician ratio for Terrebonne Parish is higher than state and nation, indicating the need for more physicians in Terrebonne Parish.

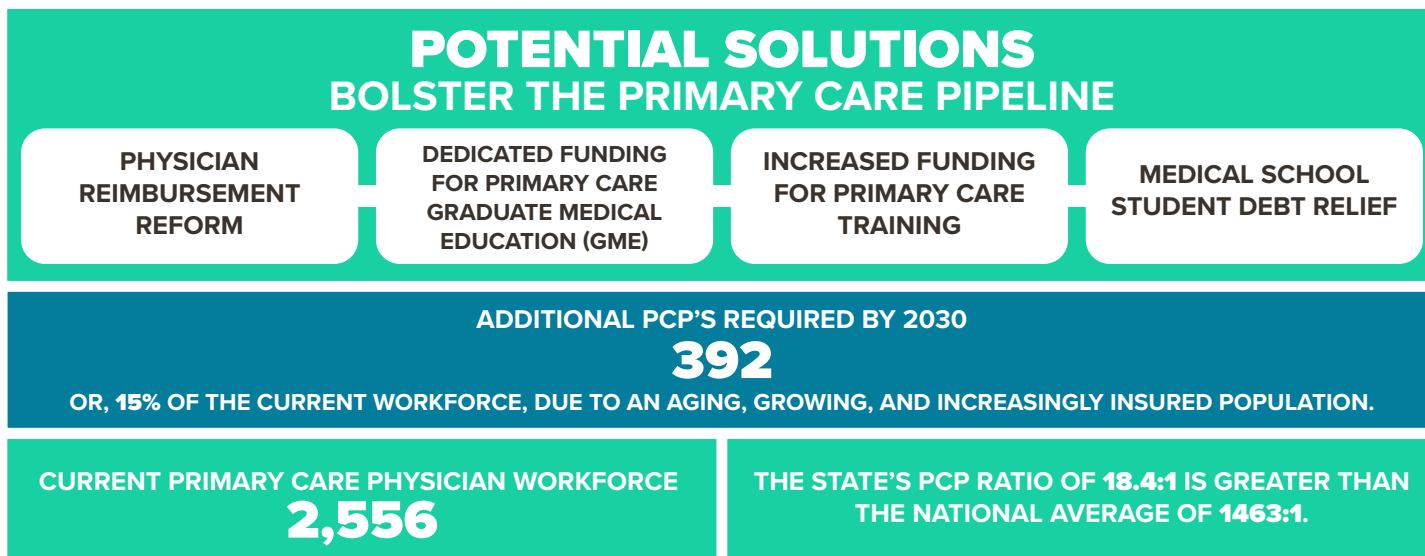
The ratio represents the number of individuals served by one physician in a parish if the population was equally distributed across physicians. For example, if a county has a population of 50,000 and has 20 primary care physicians, their ratio would be: 2,500:1. The value on the right side of the ratio is always 1 or 0; 1 indicates that there is at least one primary care physician in the county, and zero indicates there are no registered primary care physicians in the county.

Figure 45: Access to Primary Care (Rate of physicians per patient)



Source: County Health Rankings

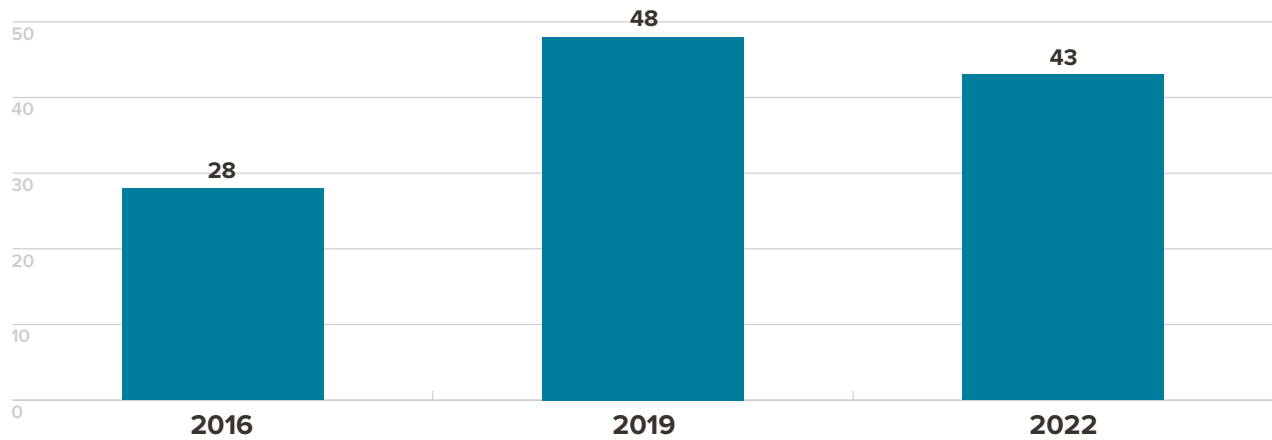
Figure 46: Louisiana’s Projected Primary Care Physician Demand



Source: Robert Graham Center

Louisiana has 64 parishes. A score of 1 indicates the “healthiest” parish for the state in a specific measure. A score of 64 indicates the “unhealthiest” parish for the state in a specific measure.

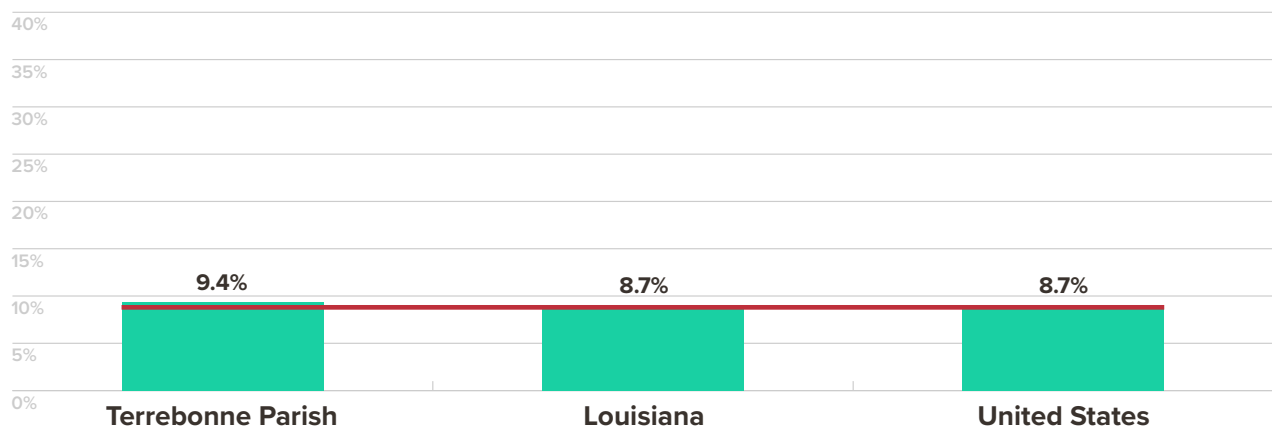
Figure 47: County Health Rankings (Terrebonne Parish - Clinical Care)



Source: County Health Rankings

In Terrebonne Parish, 9.41% do not have health insurance. The rate of uninsured individuals in the parish exceeds the state average of 8.7%. Health insurance coverage is relevant because lack of insurance is a primary barrier to healthcare access, including regular primary care, specialty care, and other health services that contribute to poor health status.

Figure 48: Health Insurance – Uninsured (2016-2020)

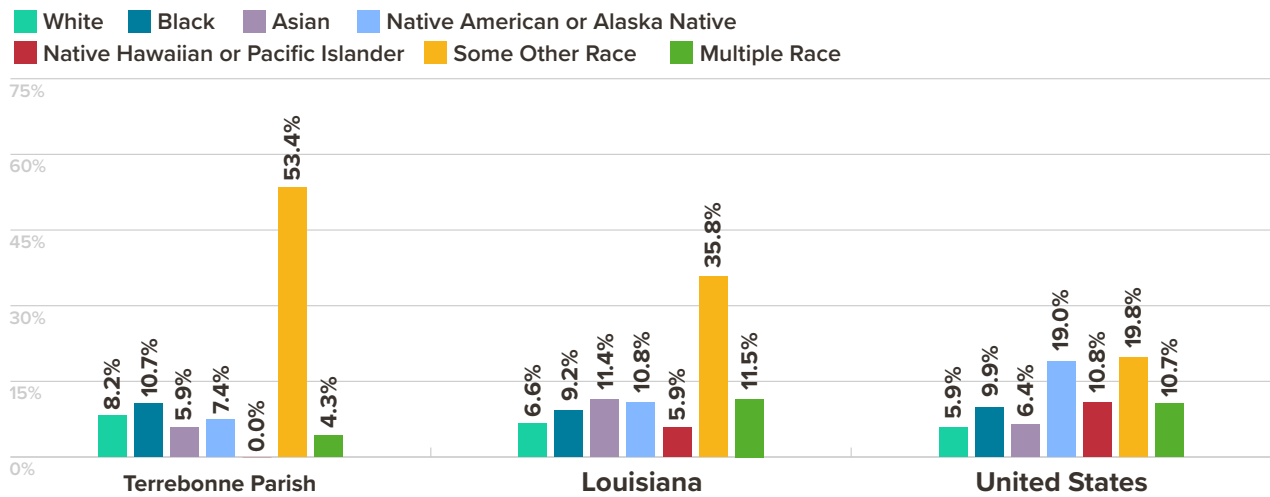


Source: US Census Bureau

Note: The red line indicates where Terrebonne Parish compares to the state.

The figure below reported the percentage of the uninsured population by race alone.

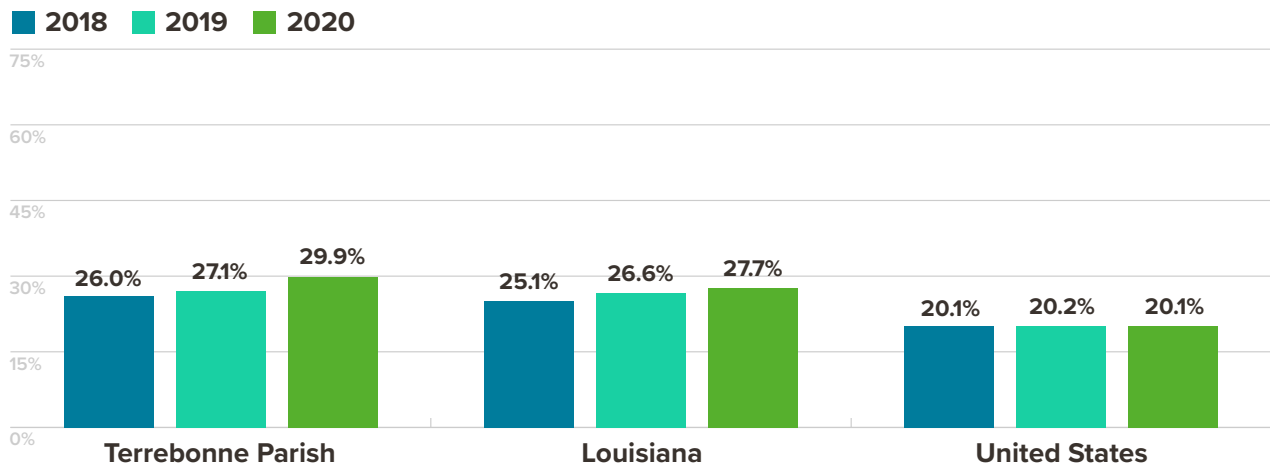
Figure 49: Health Insurance – Uninsured by Race (2016-2020)



Source: US Census Bureau

This indicator reported the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This data is important as it reveals that more vulnerable populations are likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Figure 50: Population Receiving Medicaid



Source: US Census Bureau

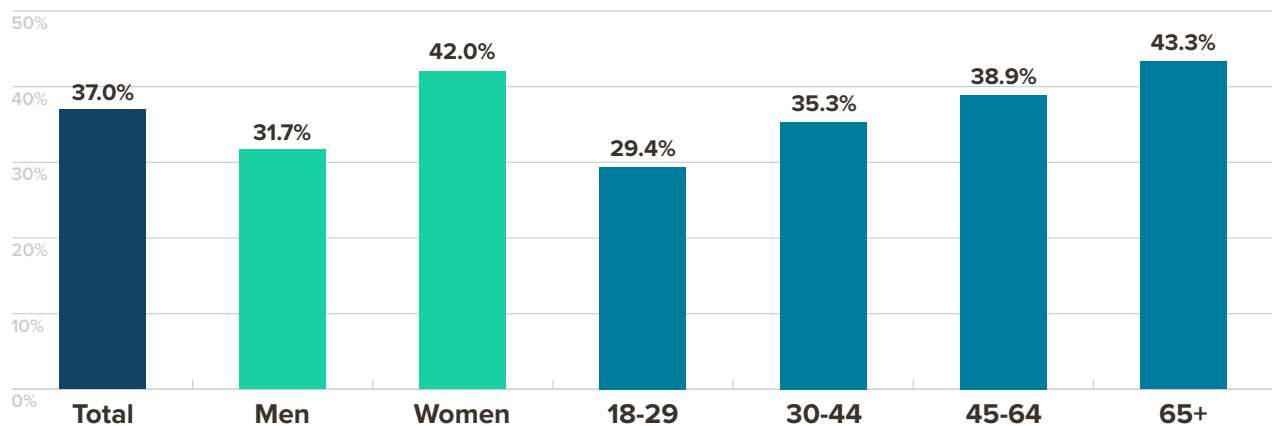


With the onset of COVID-19 the use of telemedicine has grown. Telemedicine includes a variety of technologies and tactics to deliver virtual healthcare. Telemedicine is considered a subset of telehealth, which includes more general health services, like public health and medical education. Telemedicine is a specific kind of telehealth that involves clinicians providing medical services.⁶ Telemedicine provides communication and connection with health providers to improve patient care and enhance health service quality remotely.

Roughly one-third of adults (37.0%) used telemedicine in the past 12 months. Telemedicine usage was utilized more by women 65 years of age and older.⁷

- Among all adults aged 18 and over, 37.0% used telemedicine in the past 12 months.
- Women (42.0%) were more likely than men (31.7%) to use telemedicine.
- The percentage of adults who used telemedicine increased with age, from 29.4% among adults aged 18–29 to 43.3% among adults aged 65 and over.

Figure 51: Adults who used telemedicine in the past 12 months by Gender and Age (2021)



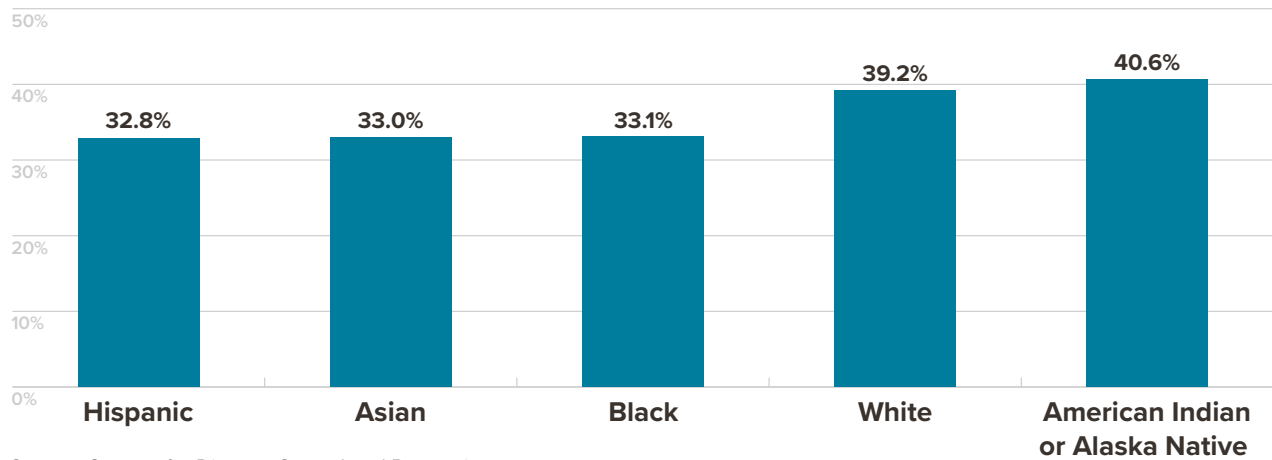
Source: Centers for Disease Control and Prevention

⁶ [Altarum Healthcare](#)

⁷ [Centers for Diseases Control and Prevention](#)

White adults (39.2%) were more likely than Hispanic (32.8%), Black (33.1%), and Asian (33.0%) adults to have used telemedicine in the past 12 months. American Indian or Alaska Native adults (40.6%) were more likely to use telemedicine than Hispanic, Black, and Asian adults.

Figure 52: Adults who used telemedicine in the past 12 months by Race and Ethnicity (2021)

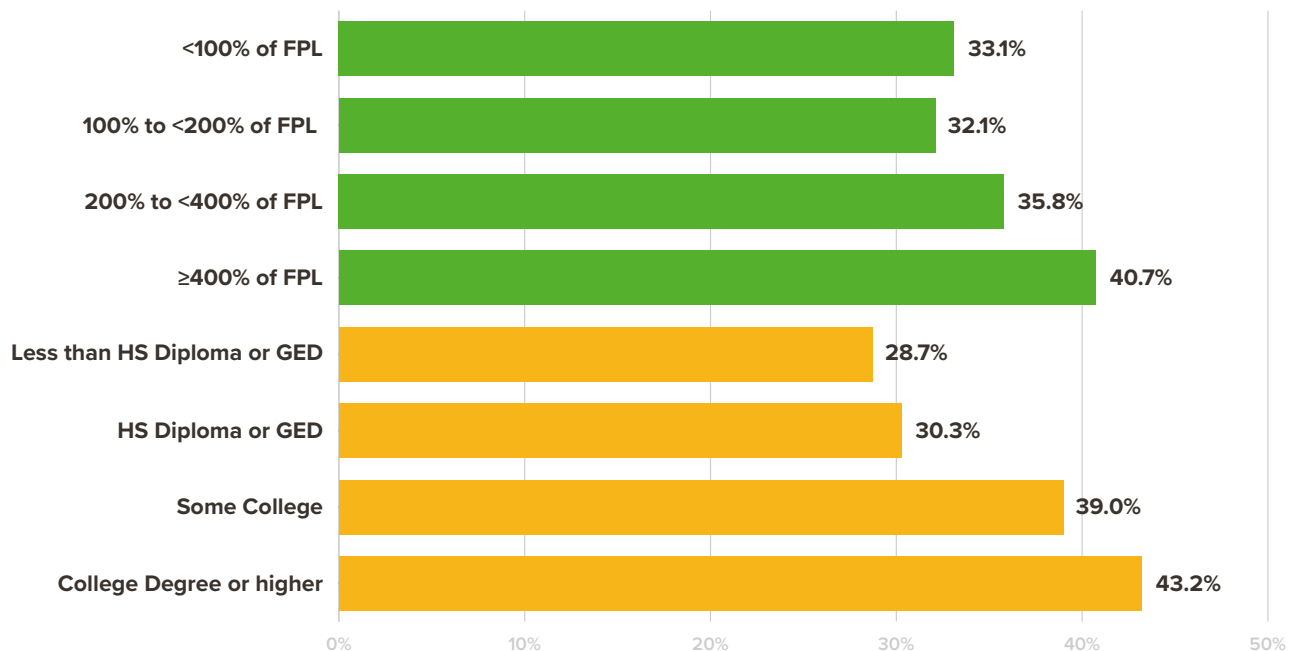


Source: Centers for Disease Control and Prevention

The percentage of adults who used telemedicine was similar for those with family incomes of less than 100% of FPL (33.1%) and those with incomes of 100% to less than 200% of FPL (32.1%) and then increased with increasing family income to 40.7% for those with family incomes of 400% or greater of FPL (Figure 53).

The percentage of adults who used telemedicine increased with education level, from 28.7% among adults with less than a high school diploma or GED to 43.2% among adults with a college degree or higher.

Figure 53: Adults who used telemedicine in the past 12 months by Income and Education (2021)



Source: Centers for Disease Control and Prevention



Section Summary

With the completion of the 2023 CHNA, Terrebonne General will develop goals and strategies to address chronic diseases, health promotion and education, and access to care. In the implementation phase, the health system will leverage its strengths, resources, and outreach to help community partners identify ways to address their communities' health needs; thus, improving overall community health and addressing the critical health issues and well-being of residents in their communities.

The community health needs assessment and implementation planning will build on the previous work and planning reports. The current CHNA addressed what and why; while the implementation planning phase will address how Terrebonne General will continue to tackle its current needs.

Data Gaps

The most current and up-to-date data was used to determine the community needs of Terrebonne General's community. While data was extensive, data gaps may exist. Terrebonne General acknowledges that not all aspects of health can be measured, nor can it adequately represent all populations. For example, the survey data does not represent certain population groups (such as institutionalized residents). Terrebonne General attempted to collect data from residents whose primary language is not English; however, the analysis of specific populations in the community survey might not be represented due to insufficient numbers for analyses.

The assessment was designed to provide a comprehensive and broad picture of the community's health. It must be recognized that information gaps can limit the ability to assess all the community's health needs.





Next Steps

Terrebonne General Health System will continue to work closely with its community partners, community-based organizations, non-profit establishments, local businesses, schools, and governmental institutions, to continue to impact the region's health. Local and statewide partners understand the importance of the CHNA towards future strategies to improve the health and well-being of residents in their community. Terrebonne General will work with partners to effectively address and resolve the identified needs from the 2023 assessment. As the CHNA is finalized, an internal planning phase will begin the framework for the implementation strategy plan and its ongoing evaluation.

Our Plans for the Future

- Develop a plan in the implementation strategy planning phase to continue to provide high-quality health care services.
- Improve level of awareness related to available services and programs.
- Strengthen communication and community engagement. Solidify existing partnerships and collaborations.
- Continue to improve health literacy and promote prevention by addressing community health issues related to behavioral health, chronic diseases, and healthy lifestyles.

Fast Facts

- **A comprehensive community health needs assessment was conducted in Terrebonne Parish for Terrebonne General Health System.**
- **The 2023 CHNA needs are Chronic Diseases, Health Promotion & Education, and Access to Care.**
- **For more information on the assessment, please contact the Marketing & Planning Department at Terrebonne General Health System.**



Consultants

Terrebonne General Health System contracted with Tripp Umbach, a private healthcare consulting firm with offices throughout the United States, to complete a community health needs assessment and Implementation Strategy Plan. Tripp Umbach has worked with more than 300 communities in all 50 states. Over one in five Americans live in a community where our firm has worked.

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

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

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