2018 Community Health Needs Assessment Report

Thibodaux Regional Medical Center Service Area

Prepared for:

Thibodaux Regional Medical Center

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Introduction

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Project Overview

Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in the service area of Thibodaux Regional Medical Center. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors that historically have had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of Thibodaux Regional Medical Center by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

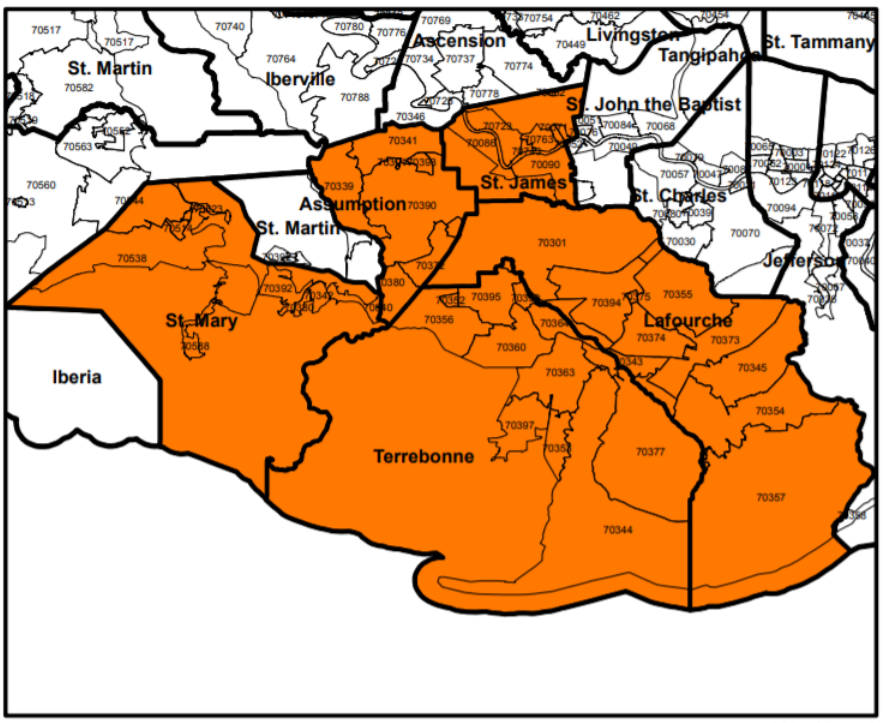
PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Thibodaux Regional Medical Center and PRC.

Community Defined for This Assessment

The study area for the survey effort (referred to as the "Thibodaux Regional Medical Center Service Area" or "TRMC Service Area" in this report) includes Assumption, Lafourche, St. James, St. Mary, and Terrebonne parishes. This community definition, determined based on the ZIP Codes of residence of recent patients of Thibodaux Regional Medical Center, is illustrated in the following map.



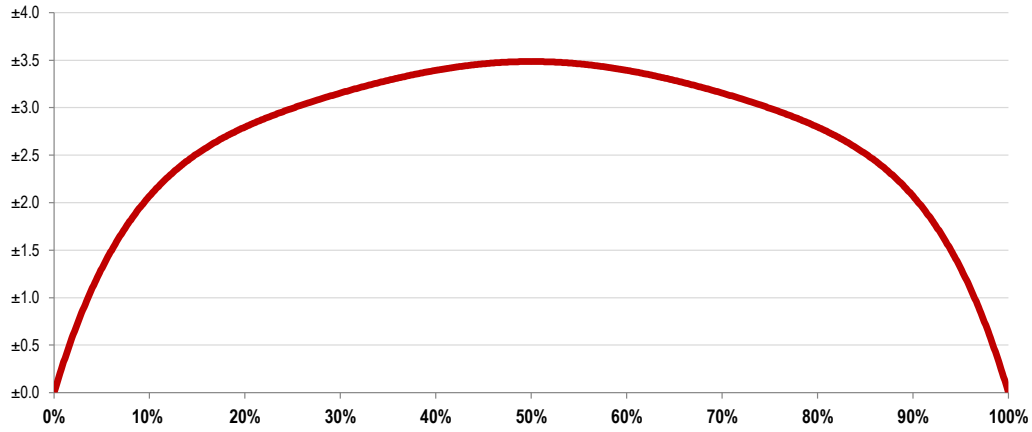
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed a mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires.

The sample design used for this effort consisted of a stratified random sample of 755 individuals age 18 and older in the TRMC Service Area, including 100 in Assumption Parish, 202 in Lafourche Parish, 100 in St. James Parish, 150 in St. Mary Parish, and 203 in Terrebonne Parish. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the TRMC Service Area as a whole. All administration of the surveys, data collection and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 755 respondents is ±3.5% at the 95 percent confidence level.

Expected Error Ranges for a Sample of 755 Respondents at the 95 Percent Level of Confidence



Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

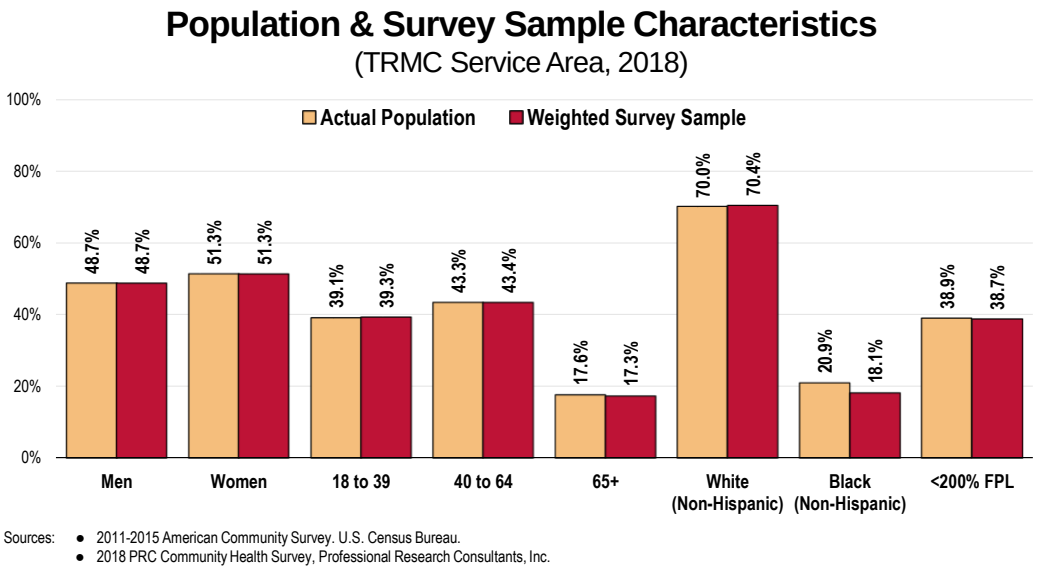
Examples:
- If 10% of the sample of 755 respondents answered a certain question with a "yes," it can be asserted that between 7.9% and 12.1% (10% ± 2.1%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.5% and 53.5% (50% ± 3.5%) of the total population would respond "yes" if asked this question.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed

(poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the TRMC Service Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's healthcare needs, and these children are not represented demographically in this chart.]



Sources:
- 2011-2015 American Community Survey. U.S. Census Bureau.
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household *(e.g., the 2018 guidelines place the poverty threshold for a family of four at $25,100 annual household income or lower)*. In sample segmentation: "**low income**" refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; "**mid/high income**" refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Thibodaux Regional Medical Center; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 75 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation		
Key Informant Type	**Number Invited**	**Number Participating**
Physicians	60	13
Public Health Representatives	6	4
Other Health Providers	35	13
Social Services Providers	20	11
Other Community Leaders	102	34

Final participation included representatives of the organizations outlined below.

- Advanced Eye Institute
- Assumption Community Hospital
- Assumption Parish Head Start
- Bayou Area Habitat for Humanity
- Catholic Diocese of Houma-Thibodaux
- City of Thibodaux
- Coastal Urgent Care
- Department of Children and Family Services
- Easterseals Louisiana
- Emergency Medical Services
- Good Samaritan Food Bank of Raceland
- Hospice of South Louisiana
- Houma-Terrebonne Chamber of Commerce
- Lafourche Parish Schools
- Law Enforcement
- LERN
- Louisiana Department of Health, Office of Public Health

- Napoleonville Volunteer Fire Department
- Nicholls State University
- OrthoLA
- Preferred Pediatrics
- Preston Properties Real Estate
- South Louisiana Economic Council
- St. James Parish Government Department of Human Resources
- St. James Parish Government
- St. Joseph Manor
- St. Mary Parish Health Unit
- Terrebonne Council on Aging-AAA
- The Haven
- Thibodaux Chamber of Commerce
- Thibodaux High School
- Thibodaux Regional Medical Center (TRMC)
- TRMC Family Medical Center
- TRMC Orthopedics
- Thibodaux Surgical Specialists
- Thibodaux Women's Center

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

Minority/medically underserved populations represented:

> *African-American, Asian, diabetics, dislocated youth, elderly, government-assisted residents, government housing, Head Start families, Hispanic, homeless, LGBT, low-income, Medicare/Medicaid, mentally ill, Native American, obese, substance abusers, teen mothers, unemployed*

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area. Thus, these findings are not necessarily based on fact.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for the TRMC Service Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)

- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Data

Louisiana Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2017 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across communities and sectors.
- Empower individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, "significance" of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

Summary of Findings

Significant Health Needs of the Community

The following "Areas of Opportunity" represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in Healthy People 2020. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare Services	• Primary Care Physician Ratio • Emergency Room Utilization

Cancer	• Cancer is a leading cause of death.
	• Cancer Deaths
	  ○ Including Lung Cancer, Female Breast Cancer, and Colorectal Cancer Deaths
	• Cancer Incidence
	  ○ Including Lung Cancer, Prostate Cancer, and Colorectal Cancer Incidence
	• *Cancer ranked as a top concern in the Online Key Informant Survey.*

Diabetes	• Diabetes Deaths • Diabetes Prevalence • Childhood Diabetes/Pre-Diabetes Prevalence • *Diabetes ranked as a top concern in the Online Key Informant Survey.*
Heart Disease & Stroke	• Cardiovascular disease is a leading cause of death. • High Blood Pressure Prevalence • *Heart Disease & Stroke ranked as a top concern in the Online Key Informant Survey.*
Infant Health & Family Planning	• Low-Weight Births • Infant Mortality • Teen Births
Injury & Violence	• Unintentional Injury Deaths ○ Including Motor Vehicle Crashes • Firearm-Related Deaths • Homicide Deaths

—continued on next page—

Areas of Opportunity (continued)	
Kidney Disease	• Kidney Disease Deaths • Kidney Disease Prevalence
Mental Health	• Taking Medication for Mental Health • Suicide Deaths • *Mental Health ranked as a top concern in the Online Key Informant Survey.*
Nutrition, Physical Activity, & Weight	• Fruit/Vegetable Consumption • Difficulty Accessing Fresh Produce • Low Food Access • Overweight & Obesity [Adults] • Leisure-Time Physical Activity • Meeting Physical Activity Guidelines • Access to Recreation/Fitness Facilities • *Nutrition, Physical Activity & Weight ranked as a top concern in the Online Key Informant Survey.*
Potentially Disabling Conditions	• Multiple Chronic Conditions • "Fair/Poor" Physical Health • Caregiving
Respiratory Diseases	• Chronic Obstructive Pulmonary Disease (COPD) Prevalence • Pneumonia Vaccination [Age 65+]
Sexually Transmitted Diseases	• Gonorrhea Incidence • Chlamydia Incidence
Substance Abuse	• Unintentional Drug-Related Deaths • *Substance Abuse ranked as a top concern in the Online Key Informant Survey.*
Tobacco Use	• Cigarette Smoking Prevalence • Environmental Tobacco Smoke Exposure at Home ○ Including Among Households With Children

Community Feedback on Prioritization of Health Needs

On November 14, 2018, Thibodaux Regional Medical Center convened a group of 23 community stakeholders (representing a cross-section of community-based agencies and organizations) to evaluate, discuss and prioritize health issues for community, based on findings of this Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above). Following the data review, PRC answered any questions and provided an overview of the prioritization exercise that followed.

In order to assign priority to the identified health needs (i.e., Areas of Opportunity), a wireless audience response system was used in which each participant was able to register his/her ratings using a small remote keypad. The participants were asked to evaluate each health issue along two criteria:

- **Scope & Severity** — The first rating was to gauge the magnitude of the problem in consideration of the following:
    - How many people are affected?
    - How does the local community data compare to state or national levels, or Healthy People 2020 targets?
    - To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

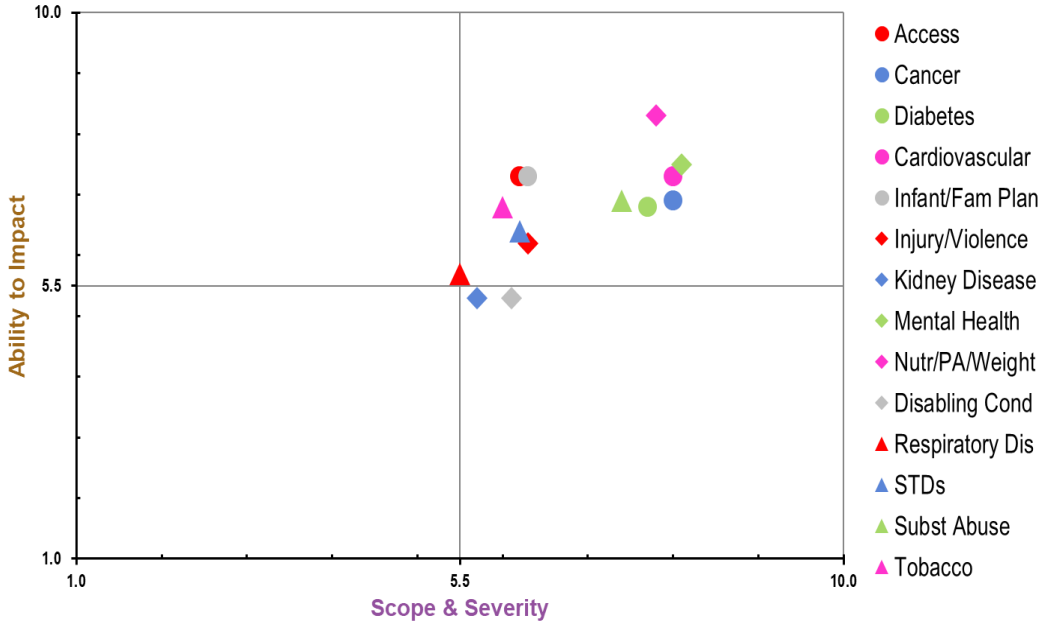
  Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

- **Ability to Impact** — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

Individuals' ratings for each criteria were averaged for each tested health issue, and then these composite criteria scores were averaged to produce an overall score. This process yielded the following prioritized list of community health needs:

1. **Nutrition, Physical Activity & Weight**
2. **Mental Health**
3. **Heart Disease & Stroke**
4. **Cancer**
5. **Diabetes**
6. **Substance Abuse**
7. **Infant Health & Family Planning**
8. **Access to Healthcare**
9. **Tobacco Use**
10. **Sexually Transmitted Diseases**
11. **Injury & Violence**
12. **Potentially Disabling Conditions**
13. **Respiratory Diseases**
14. **Kidney Disease**

Plotting these overall scores in a matrix illustrates the intersection of the Scope & Severity and the Ability to Impact scores. Below, those issues placing furthest to the upper right represent health needs rated as most severe, with the greatest ability to impact.



Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the TRMC Service Area, including comparisons among the individual parishes. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

Survey Data Indicators: Note that survey data reflect the ZIP Code-defined TRMC Service Area.

Other (Secondary) Data Indicators: Secondary data reflect parish-level data.

In the following charts, TRMC Service Area results are shown in the larger, blue column. For survey-derived indicators, this column represents the ZIP Code–defined hospital service area; for data from secondary sources, this column represents findings for the 5-parish area as a whole. *Tip: Indicator labels beginning with a "%" symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.*

The green columns [to the left of the TRMC Service Area column] provide comparisons among the 5 parishes, identifying differences for each as "better than" (), "worse than" (), or "similar to" () the combined opposing areas.

The columns to the right of the service area column provide comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether TRMC Service Area compares favorably (), unfavorably (), or comparably () to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Social Determinants	Each Parish vs. Others					TRMC Service Area	TRMC Service Area vs. Benchmarks		
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2020
Linguistically Isolated Population (Percent)	1.1	2.5	0.4	2.5	1.6	1.9	1.6	4.5	
Population in Poverty (Percent)	18.4	15.4	16.4	21.6	20.2	18.5	19.7	15.1	
Population Below 200% FPL (Percent)	42.5	35.0	34.9	44.1	41.1	39.4	39.8	33.6	
Children Below 200% FPL (Percent)	51.4	43.4	44.4	56.7	50.3	49.0	49.9	43.3	
No High School Diploma (Age 25+, Percent)	27.3	24.7	14.5	21.7	22.2	22.8	16.2	13.0	
Unemployment Rate (Age 16+, Percent)	8.4	6.3	7.5	9.4	6.9	7.3	6.0	4.9	
% Worry/Stress Over Rent/Mortgage in Past Year	19.1	30.8	21.0	25.8	36.3	30.3		30.8	
% Low Health Literacy	38.6	26.0	25.4	18.4	26.1	25.6		23.3	

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Overall Health	Each Parish vs. Others					TRMC Service Area	TRMC Service Area vs. Benchmarks		
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2020
% "Fair/Poor" Overall Health	23.0	24.7	17.0	20.3	21.7	22.2	21.9	18.1	
% Activity Limitations	19.8	28.6	18.9	24.5	23.0	24.5	23.0	25.0	
% Caregiver to a Friend/Family Member	35.6	26.5	41.4	28.6	23.4	27.6		20.8	

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Access to Health Services	Each Parish vs. Others					TRMC Service Area	TRMC Service Area vs. Benchmarks		
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2020
% [Age 18-64] Lack Health Insurance	5.4	3.6	3.7	20.2	9.2	8.6	16.7	13.7	0.0
% Difficulty Accessing Healthcare in Past Year (Composite)	42.0	32.2	38.7	30.8	38.9	35.6		43.2	
% Difficulty Finding Physician in Past Year	10.8	8.5	8.3	9.7	9.4	9.2		13.4	
% Difficulty Getting Appointment in Past Year	22.5	11.8	20.5	10.1	12.2	13.1		17.5	
% Cost Prevented Physician Visit in Past Year	13.4	11.8	7.8	11.6	10.6	11.2	17.6	15.4	

Access to Health Services (continued)	Each Parish vs. Others					TRMC Service Area	TRMC Service Area vs. Benchmarks		
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2020
% Transportation Hindered Dr Visit in Past Year	4.3	8.1	9.9	7.1	6.7	7.3		8.3	
% Inconvenient Hrs Prevented Dr Visit in Past Year	12.4	10.2	18.4	6.9	14.2	11.8		12.5	
% Language/Culture Prevented Care in Past Year	0.9	2.7	0.0	1.4	2.9	2.2		1.2	
% Cost Prevented Getting Prescription in Past Year	15.5	16.6	12.3	15.6	19.8	17.1		14.9	
% Skipped Prescription Doses to Save Costs	17.6	13.5	6.2	13.9	15.3	14.0		15.3	
% Difficulty Getting Child's Healthcare in Past Year						4.2		5.6	
Primary Care Doctors per 100,000	17.4	45.9	37.0	48.9	52.9	46.3	78.7	87.8	
% Have a Specific Source of Ongoing Care	81.3	73.8	63.7	65.9	74.1	72.4		74.1	95.0
% Have Had Routine Checkup in Past Year	82.5	76.3	79.6	67.8	72.4	74.1	72.1	68.3	
% Child Has Had Checkup in Past Year						80.9		87.1	

Access to Health Services (continued)	Each Parish vs. Others					TRMC Service Area	TRMC Service Area vs. Benchmarks		
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2020
% Two or More ER Visits in Past Year	13.9	17.8	17.5	17.9	12.1	15.4		9.3	
% [Child 0-17] Two or More ER Visits in Past Year						16.8			
% Rate Local Healthcare "Fair/Poor"	12.6	5.5	10.9	14.9	10.5	9.8		16.2	
	Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.						better	similar	worse

Cancer	Each Parish vs. Others					TRMC Service Area	TRMC Service Area vs. Benchmarks		
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2020
Cancer (Age-Adjusted Death Rate)	187.3	187.6	181.3	198.5	198.3	192.3	179.4	158.5	161.4
Lung Cancer (Age-Adjusted Death Rate)						54.3	49.5	40.3	45.5
Prostate Cancer (Age-Adjusted Death Rate)						20.0	20.4	19.0	21.8
Female Breast Cancer (Age-Adjusted Death Rate)						26.6	22.7	20.3	20.7
Colorectal Cancer (Age-Adjusted Death Rate)						19.1	16.9	14.1	14.5

Cancer (continued)	Each Parish vs. Others					TRMC Service Area	TRMC Service Area vs. Benchmarks		
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2020
Female Breast Cancer Incidence Rate	102.6	119.2	126.5	133.3	102.4	115.3	123.2	123.5	
Prostate Cancer Incidence Rate	128.8	132.9	183.7	170.7	135.6	144.2	144.4	114.8	
Lung Cancer Incidence Rate	83.7	70.0	63.1	64.2	77.6	72.1	70.5	61.2	
Colorectal Cancer Incidence Rate	56.6	43.8	51.1	56.0	52.0	50.4	47.8	39.8	
% Cancer (Other Than Skin)	5.6	6.8	5.7	5.4	5.1	5.8	6.2	7.1	
% Skin Cancer	10.9	4.1	4.0	2.7	4.2	4.4	4.8	8.5	
% [Women 50-74] Mammogram in Past 2 Years		80.7		78.9	73.6	77.9	78.5	77.0	81.1
% [Women 21-65] Pap Smear in Past 3 Years	82.3	82.3	69.3	73.1	77.3	78.1	81.5	73.5	93.0
% [Age 50-75] Colorectal Cancer Screening	72.1	76.0	70.3	74.5	80.8	76.6	64.1	76.4	70.5
	Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.						better	similar	worse

Dementias, Including Alzheimer's Disease	Each Parish vs. Others					TRMC Service Area	TRMC Service Area vs. Benchmarks		
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2020
Alzheimer's Disease (Age-Adjusted Death Rate)		20.0		50.4	24.3	27.3	41.2	28.4	
							better	similar	worse

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Diabetes	Each Parish vs. Others					TRMC Service Area	TRMC Service Area vs. Benchmarks		
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2020
Diabetes (Age-Adjusted Death Rate)		32.0		39.1	24.6	28.6	24.6	21.1	20.5
% Diabetes/High Blood Sugar	19.1	18.9	26.1	18.4	16.8	18.6	12.1	13.3	
% Borderline/Pre-Diabetes	8.3	4.3	5.6	14.1	6.4	7.2		9.5	
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	71.8	48.4	62.0	59.5	44.5	51.6		50.0	
% [Child 0-17] Diabetes						2.6			
% [Child 0-17] Pre-diabetes						2.1			
							better	similar	worse

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Heart Disease & Stroke	Each Parish vs. Others					TRMC Service Area	TRMC Service Area vs. Benchmarks		
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2020
Diseases of the Heart (Age-Adjusted Death Rate)	183.7	176.0	183.0	203.5	206.8	192.3	213.8	167.0	156.9
Stroke (Age-Adjusted Death Rate)	51.0	30.4	54.9	50.0	41.6	41.1	45.9	37.1	34.8
% Heart Disease (Heart Attack, Angina, Coronary Disease)	11.2	8.3	8.7	2.4	9.2	7.8		8.0	
% Stroke	4.6	3.7	7.1	1.0	5.8	4.3	4.0	4.7	
% Blood Pressure Checked in Past 2 Years	100.0	95.0	90.5	84.9	94.3	93.1		90.4	92.6
% Told Have High Blood Pressure (Ever)	50.6	50.8	49.4	43.8	46.9	48.1	39.3	37.0	26.9
% [HBP] Taking Action to Control High Blood Pressure						94.0		93.8	
% Cholesterol Checked in Past 5 Years	96.8	90.5	95.8	87.4	87.3	89.7	77.7	85.1	82.1
% Told Have High Cholesterol (Ever)	34.1	39.3	31.7	32.7	31.0	34.2		36.2	13.5
% [HBC] Taking Action to Control High Blood Cholesterol						91.7		87.3	
% 1+ Cardiovascular Risk Factor	93.0	87.9	90.3	85.5	91.5	89.3		87.2	

HIV	Each Parish vs. Others					TRMC Service Area	TRMC Service Area vs. Benchmarks		
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2020
HIV Prevalence Rate	123.4	143.9	333.8	172.6	203.8	182.4	502.3	353.2	
							better	similar	worse

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Immunization & Infectious Diseases	Each Parish vs. Others					TRMC Service Area	TRMC Service Area vs. Benchmarks		
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2020
% [Age 65+] Flu Vaccine in Past Year						69.0	51.6	76.8	70.0
% [High-Risk 18-64] Flu Vaccine in Past Year						59.5		55.7	70.0
% [Age 65+] Pneumonia Vaccine Ever						68.4	73.1	82.7	90.0
% [High-Risk 18-64] Pneumonia Vaccine Ever						42.4		39.9	60.0
							better	similar	worse

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Infant Health & Family Planning	Each Parish vs. Others: Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish	TRMC Service Area	TRMC Service Area vs. Benchmarks: vs. LA	vs. US	vs. HP2020
No Prenatal Care in First Trimester (Percent)									22.1
Low Birthweight Births (Percent)	11.8	9.2	11.6	10.8	10.0	10.1	10.9	8.2	7.8
Infant Death Rate		8.1	13.8	5.7	7.0	7.7	7.9	5.9	6.0
Teen Births per 1,000 (Age 15-19)	42.1	44.1	37.5	61.2	59.2	51.9	50.2	36.6	

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

Injury & Violence	Each Parish vs. Others: Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish	TRMC Service Area	TRMC Service Area vs. Benchmarks: vs. LA	vs. US	vs. HP2020
Unintentional Injury (Age-Adjusted Death Rate)	66.3	58.9	45.7	51.2	63.9	58.8	54.0	43.7	36.4
Motor Vehicle Crashes (Age-Adjusted Death Rate)		22.0		21.3	16.3	19.9	16.7	11.0	12.4
[65+] Falls (Age-Adjusted Death Rate)						31.1	38.9	60.6	47.0
% [Age 45+] Fell in the Past Year	28.3	27.3	29.4	31.0	33.0	30.2		31.6	

Injury & Violence (continued)	Each Parish vs. Others					TRMC Service Area	TRMC Service Area vs. Benchmarks		
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2020
Firearm-Related Deaths (Age-Adjusted Death Rate)		19.4		15.5	18.1	17.6	20.2	11.1	9.3
Homicide (Age-Adjusted Death Rate)						8.3	12.8	5.7	5.5
Violent Crime Rate	350.2	163.1	567.5	554.0	376.3	349.7	512.9	379.7	
% Victim of Violent Crime in Past 5 Years	0.0	5.0	0.0	0.3	6.3	3.9		3.7	
% Victim of Domestic Violence (Ever)	14.1	14.0	20.3	9.3	15.9	14.3		14.2	
	Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.						better	similar	worse

Kidney Disease	Each Parish vs. Others					TRMC Service Area	TRMC Service Area vs. Benchmarks		
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2020
Kidney Disease (Age-Adjusted Death Rate)		23.0	30.3	26.0	17.4	22.3	23.6	13.2	
% Kidney Disease	3.6	6.0	14.5	5.5	5.0	6.0	3.1	3.8	
	Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.						better	similar	worse

Mental Health	Each Parish vs. Others					TRMC Service Area	TRMC Service Area vs. Benchmarks		
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2020
% "Fair/Poor" Mental Health	17.6	17.2	16.0	10.3	16.3	15.7		13.0	
% Diagnosed Depression	23.4	25.5	13.9	18.0	25.9	23.3	19.9	21.6	
% Symptoms of Chronic Depression (2+ Years)	39.0	33.7	29.6	30.7	37.2	34.5		31.4	
% Typical Day Is "Extremely/Very" Stressful	13.8	19.2	15.5	10.8	14.9	15.6		13.4	
Suicide (Age-Adjusted Death Rate)		21.8		14.4	13.7	15.4	14.6	13.0	10.2
% Taking Rx/Receiving Mental Health Trtmt	22.1	21.1	15.5	16.2	18.0	18.8		13.9	
% Have Ever Sought Help for Mental Health	33.6	30.3	30.5	22.5	30.1	29.1		30.8	
% [Those With Diagnosed Depression] Seeking Help						87.7		87.1	
% Unable to Get Mental Health Svcs in Past Yr	1.8	6.9	0.9	1.3	4.9	4.4		6.8	

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

Nutrition, Physical Activity & Weight	Each Parish vs. Others					TRMC Service Area	TRMC Service Area vs. Benchmarks		
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2020
% Food Insecure	25.3	27.4	22.4	25.2	34.4	29.0		27.9	
% Eat 5+ Servings of Fruit or Vegetables per Day	23.0	21.3	26.9	31.5	24.0	24.6		33.5	
% "Very/Somewhat" Difficult to Buy Fresh Produce	32.1	29.4	24.5	29.3	21.9	26.4		22.1	
Population With Low Food Access (Percent)	20.1	27.5	38.0	32.1	28.9	29.0	26.8	22.4	
% No Leisure-Time Physical Activity	32.0	35.9	30.2	32.1	31.1	32.8	29.1	26.2	32.6
% Meeting Physical Activity Guidelines	17.1	16.7	17.5	19.6	19.4	18.3	18.7	22.8	20.1
Recreation/Fitness Facilities per 100,000	0.0	12.5	13.6	3.7	8.9	8.8	9.5	10.5	
% Current Member of a Gym, Athletic Club, or Fitness Facility	13.5	24.4	12.4	10.3	22.5	19.6			
% Healthy Weight (BMI 18.5-24.9)	18.9	23.4	22.7	22.7	28.7	24.8	29.0	30.3	33.9
% Overweight (BMI 25+)	81.1	72.4	77.2	76.2	68.7	72.8	69.2	67.8	
% [Overweights] Trying to Lose Weight	71.7	60.3	54.2	46.5	67.8	60.9		61.3	

Nutrition, Physical Activity & Weight (continued)	Each Parish vs. Others: Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish	TRMC Service Area	TRMC Service Area vs. Benchmarks: vs. LA	vs. US	vs. HP2020
% Obese (BMI 30+)	58.7	44.4	47.1	43.3	43.8	45.3	35.5	32.8	30.5
% Medical Advice on Weight in Past Year	30.1	27.7	22.3	25.6	21.6	25.0		24.2	
% [Overweights] Counseled About Weight in Past Year	36.8	35.2	27.0	25.7	29.4	31.0		29.0	
% Child [Age 5-17] Healthy Weight						51.7		58.4	
% Children [Age 5-17] Overweight (85th Percentile)						38.5		33.0	
% Children [Age 5-17] Obese (95th Percentile)						19.7		20.4	14.5
% Child [Age 2-17] Physically Active 1+ Hours per Day						50.8		50.5	

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

Oral Health	Each Parish vs. Others					TRMC Service Area	TRMC Service Area vs. Benchmarks		
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2020
% Have Dental Insurance	58.7	65.4	69.5	56.3	64.0	63.1		59.9	
% [Age 18+] Dental Visit in Past Year	54.7	59.2	62.1	56.8	62.4	59.8	56.6	59.7	49.0
% Child [Age 2-17] Dental Visit in Past Year						81.1		87.0	49.0
	Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.						better	similar	worse

Potentially Disabling Conditions	Each Parish vs. Others					TRMC Service Area	TRMC Service Area vs. Benchmarks		
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2020
% [50+] Arthritis/Rheumatism	35.7	38.6	37.4	39.0	35.7	37.4		38.3	
% [50+] Osteoporosis	9.0	7.0	5.4	9.4	7.0	7.5		9.4	5.3
% Sciatica/Chronic Back Pain	23.7	22.6	23.8	22.2	25.1	23.6		22.9	
% Multiple Chronic Conditions	77.1	63.9	64.3	59.4	60.7	63.0		56.8	
% Eye Exam in Past 2 Years	70.2	56.8	57.5	59.8	55.7	58.0		55.3	

Respiratory Diseases	Each Parish vs. Others					TRMC Service Area	TRMC Service Area vs. Benchmarks		
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2020
CLRD (Age-Adjusted Death Rate)	30.5	33.2		41.8	39.6	35.7	43.9	40.9	
Pneumonia/Influenza (Age-Adjusted Death Rate)		13.3		21.2	13.4	15.1	15.7	14.6	
% [Adult] Currently Has Asthma	12.3	4.6	8.9	9.4	11.1	8.6	8.4	11.8	
% [Child 0-17] Currently Has Asthma						4.7		9.3	
% COPD (Lung Disease)	10.3	7.8	12.2	15.6	13.5	11.7	8.3	8.6	

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Sexually Transmitted Diseases	Each Parish vs. Others					TRMC Service Area	TRMC Service Area vs. Benchmarks		
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2020
Chlamydia Incidence Rate	496.0	481.8	565.5	620.1	743.2	608.4	625.9	456.1	
Gonorrhea Incidence Rate	99.2	111.2	193.1	171.8	153.4	142.0	194.6	110.7	

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Substance Abuse	Each Parish vs. Others					TRMC Service Area	TRMC Service Area vs. Benchmarks		
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2020
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)						18.5	16.9	14.3	11.3
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)		8.4		12.7	12.2	9.9	10.0	10.6	8.2
% Current Drinker	51.8	55.8	55.5	49.1	45.1	50.4	51.9	55.0	
% Excessive Drinker	28.2	24.1	29.2	18.3	28.4	25.3		22.5	25.4
% Drinking & Driving in Past Month	2.2	7.3	6.5	2.2	4.8	5.1	3.5	5.2	
% Illicit Drug Use in Past Month	3.8	3.3	1.7	2.4	5.7	3.9		2.5	7.1
% Took Medication Without a Dr's Orders in the Past Year	3.0	3.8	5.1	2.4	6.7	4.6			
% Ever Sought Help for Alcohol or Drug Problem	1.1	3.7	4.8	2.9	7.0	4.6		3.4	
% Life Negatively Affected by Substance Abuse	35.3	34.6	38.0	30.4	37.9	35.3		37.3	

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Tobacco Use	Each Parish vs. Others					TRMC Service Area	TRMC Service Area vs. Benchmarks		
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2020
% Current Smoker	20.6	15.7	25.3	16.4	23.1	19.5	22.8	11.0	12.0
% Someone Smokes at Home	22.1	12.4	9.4	20.2	19.1	16.7		10.7	
% [Nonsmokers] Someone Smokes in the Home	10.1	6.5	3.8	10.3	7.3	7.6		4.0	
% [Household With Children] Someone Smokes in the Home						17.2		7.2	
% [Smokers] Have Quit Smoking 1+ Days in Past Year						47.6		34.7	80.0
% [Smokers] Received Advice to Quit Smoking						68.1		58.0	
% Currently Use Vaping Products	2.4	3.5	5.4	0.0	9.8	5.2	6.0	3.8	

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

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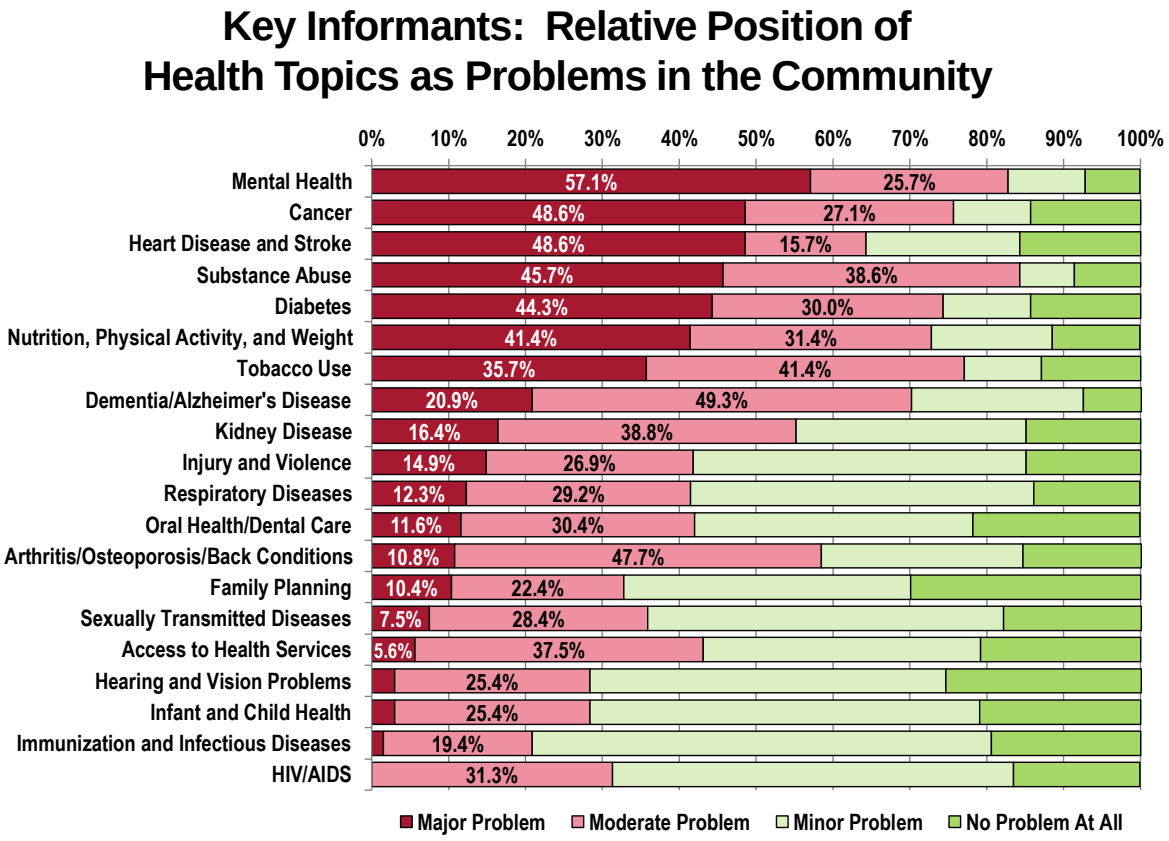
Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 20 health issues is a problem in their own community, using a scale of "major problem," "moderate problem," "minor problem," or "no problem at all." The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)



Community Description

Professional Research Consultants, Inc.

Population Characteristics

Total Population

The 5-parish service area of Thibodaux Regional Medical Center, the focus of this Community Health Needs Assessment, encompasses 3,435.83 square miles and houses a total population of 308,394 residents, according to latest census estimates.

Total Population
(Estimated Population, 2012-2016)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Assumption Parish	22,973	338.66	67.83
Lafourche Parish	97,688	1,068.33	91.44
St. James Parish	21.581	241.54	89.35
St. Mary Parish	53,053	555.54	95.50
Terrebonne Parish	113,099	1,231.76	91.82
TRMC Service Area	308,394	3,435.83	89.76
Louisiana	4,645,670	43,206.73	107.52
United States	318,558,162	3,532,068.58	90.19

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2018 from Community Commons at http://www.chna.org.

Population Change 2000-2010

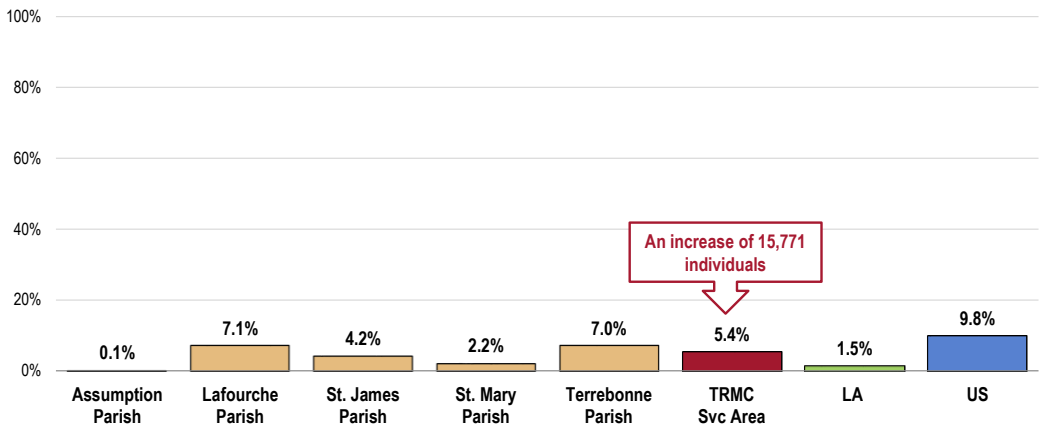
A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Between the 2000 and 2010 US Censuses, the population of the TRMC Service Area increased by 15,771 persons, or 5.4%.

- A greater proportional increase than seen across Louisiana.
- A smaller proportion than reported nationally.
- Growth has been largest in Lafourche and Terrebonne parishes.

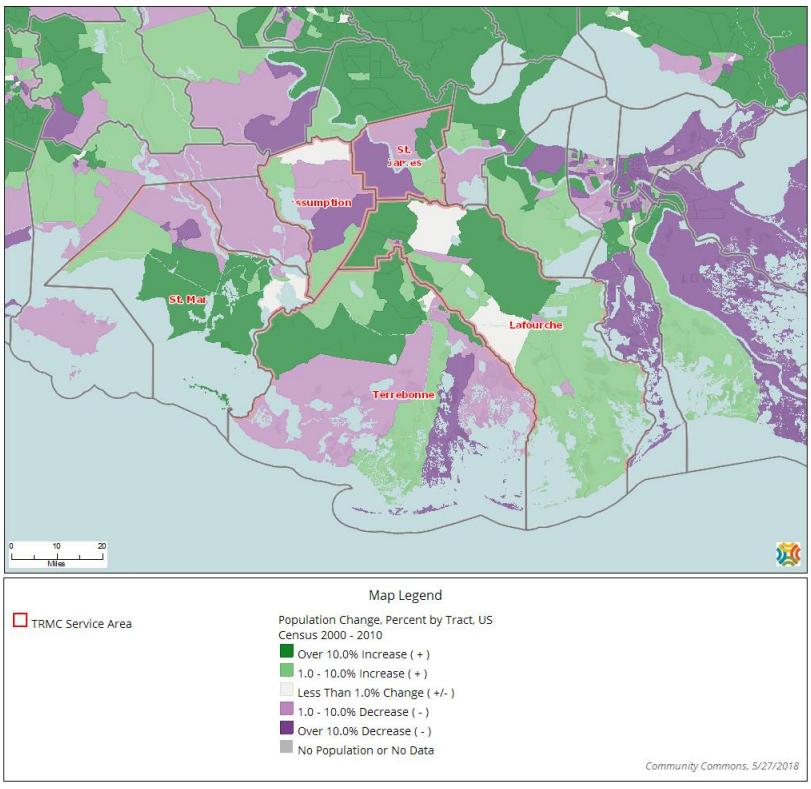
Change in Total Population

(Percentage Change Between 2000 and 2010)



Sources:
- Retrieved April 2018 from Community Commons at http://www.chna.org.
- US Census Bureau Decennial Census (2000-2010).

Notes:
- A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.



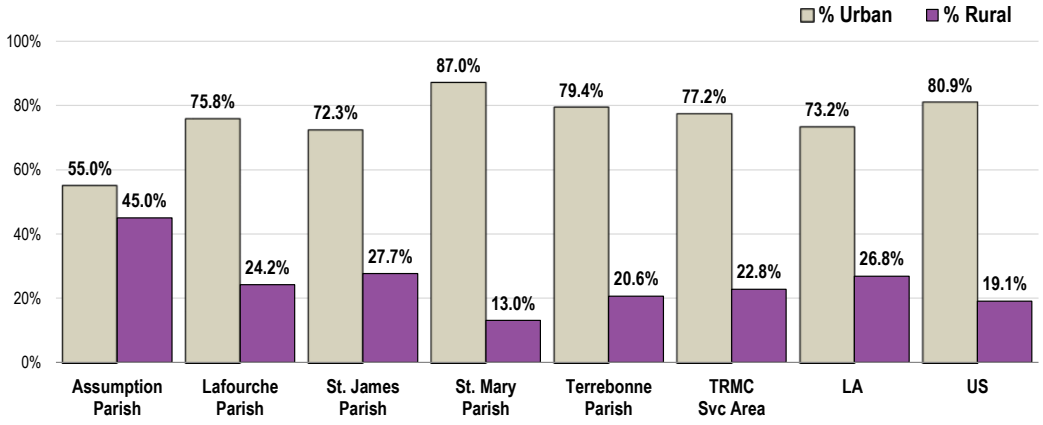
Urban/Rural Population

Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

The TRMC Service Area is predominantly urban, with 77.2% of the population living in areas designated as urban.

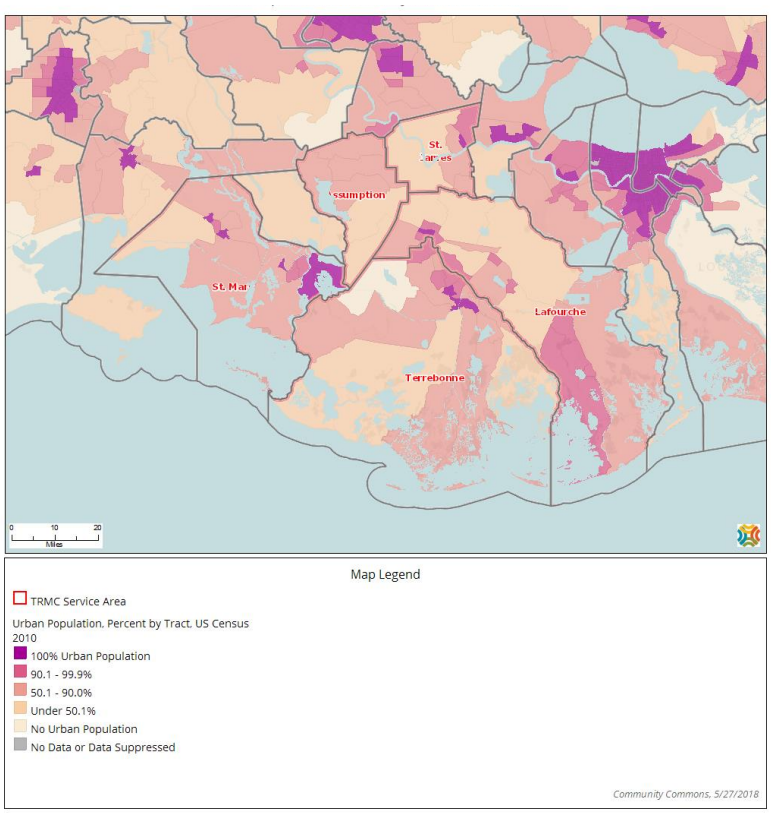
- Note the higher proportion of urban residents nationwide (lower in Louisiana).
- The proportion of residents living in urban environments ranges considerably by parish.

Urban and Rural Population
(2010)



Sources:
- US Census Bureau Decennial Census (2010).
- Retrieved April 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.



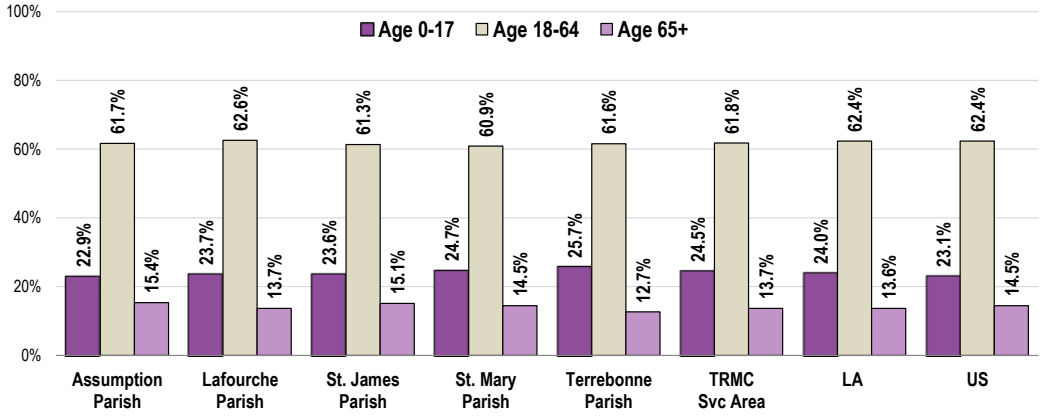
Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

In the service area, 24.5% of the population are infants, children, or adolescents (age 0-17); another 61.8% are age 18 to 64, while 13.7% are age 65 and older.

- The percentage of older adults (65+) is almost identical to that found statewide.
- The percentage of older adults (65+) is lower than the US figure.
- The percentage of older adults (65+) is proportionally greater in Assumption and St. James parishes.

Total Population by Age Groups, Percent
(2012-2016)



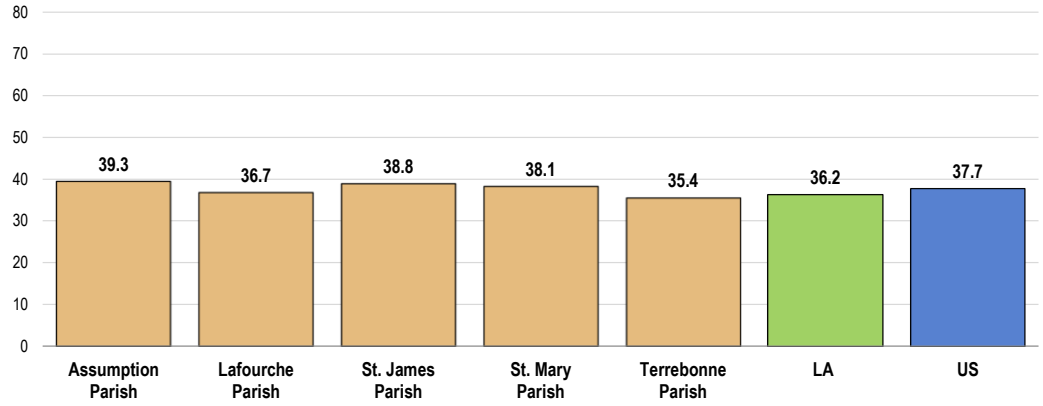
Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2018 from Community Commons at http://www.chna.org.

Median Age

Terrebonne Parish is "younger" than the state and the nation in that the median age is lower. Lafourche Parish is also younger than the national median age.

- In contrast, Assumption, St. James, and St. Mary parishes report older median ages for residents than reported statewide and nationally.

Median Age
(2012-2016)



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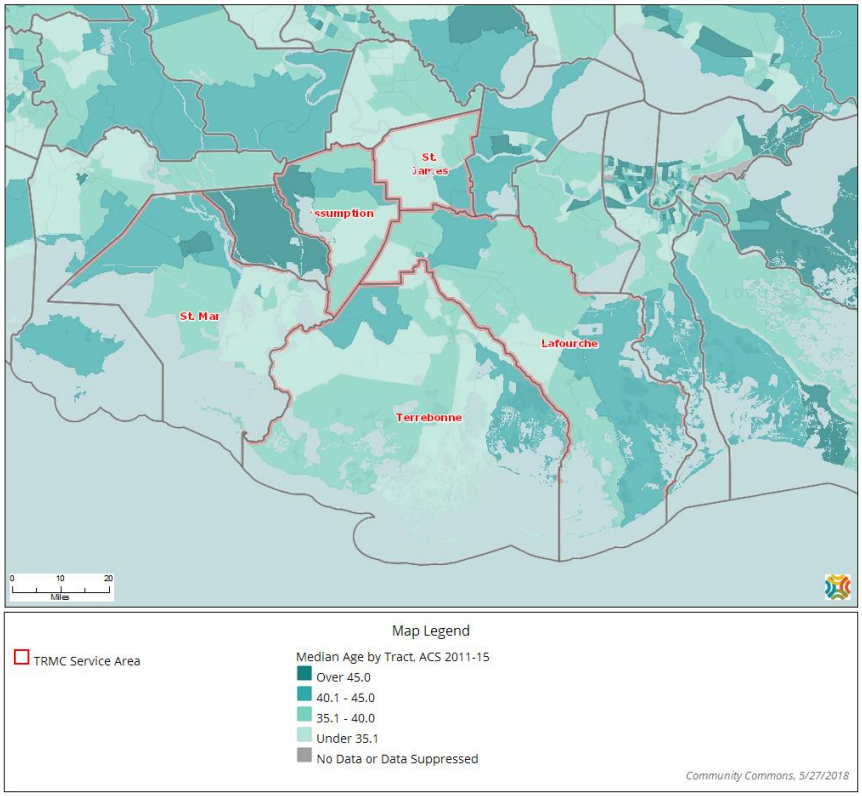
- Retrieved April 2018 from Community Commons at http://www.chna.org.



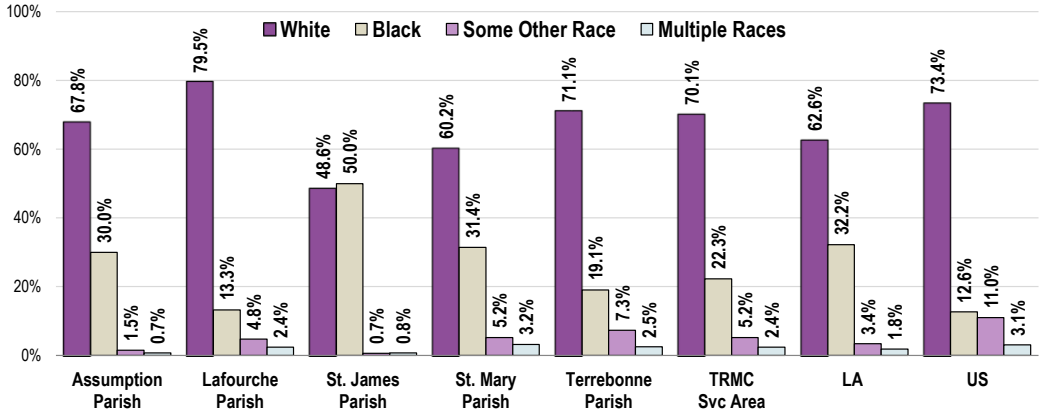
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 70.1% of residents in the service area are White and 22.3% are Black.

- This is generally more White and less Black than the state racial distribution.
- Nationally, the US population is more White and less Black than the service area.
- St. Mary Parish appears to be the most racially diverse when compared with the other parishes in the service area.

Total Population by Race Alone, Percent
(2012-2016)



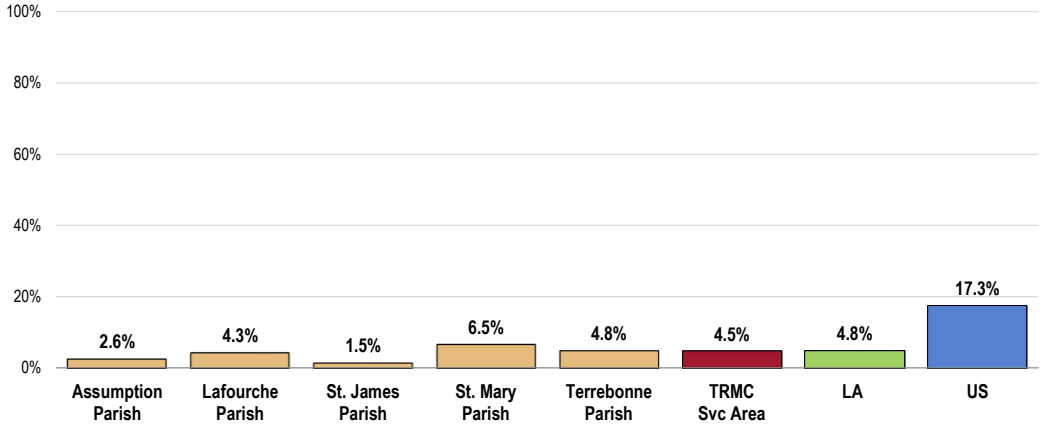
Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2018 from Community Commons at http://www.chna.org.

Ethnicity

A total of 4.5% of TRMC Service Area residents are Hispanic or Latino.

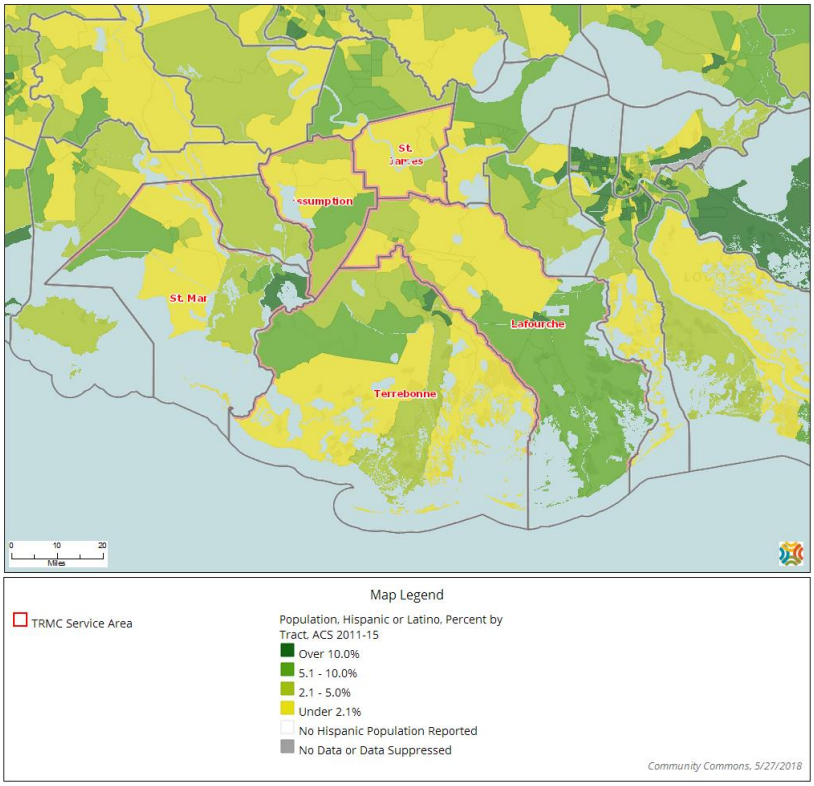
- Lower than the state and especially the nationwide percentages.
- The Hispanic/Latino population is proportionally highest in St. Mary Parish.

Hispanic Population
(2012-2016)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2018 from Community Commons at http://www.chna.org.

Notes:
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

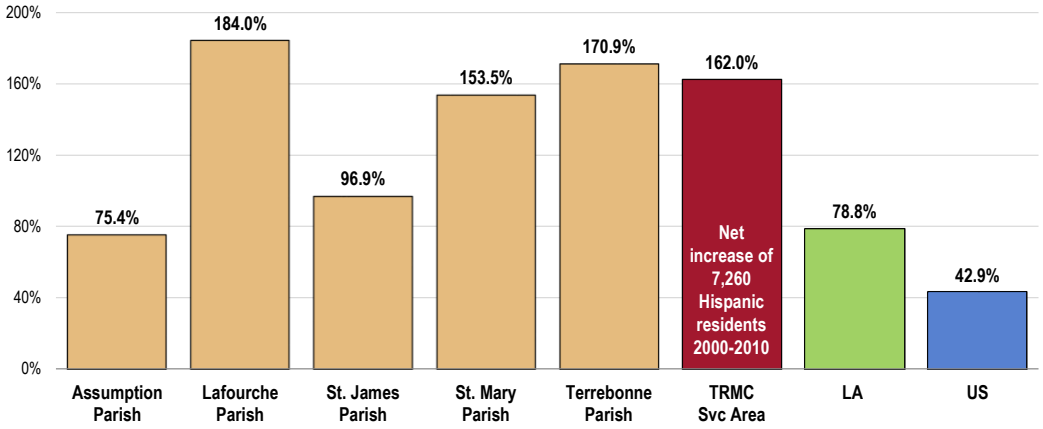


Between 2000 and 2010, the Hispanic population in the TRMC Service Area increased by 7,260 residents, or 162.0%.

- Dramatically higher (in terms of percentage growth) than found statewide and nationally.
- Percentage growth was highest in Lafourche, St. Mary, and Terrebonne parishes.

Hispanic Population Change

(Percentage Change in Hispanic Population Between 2000 and 2010)



Sources:
- US Census Bureau Decennial Census (2000-2010).
- Retrieved April 2018 from Community Commons at http://www.chna.org.

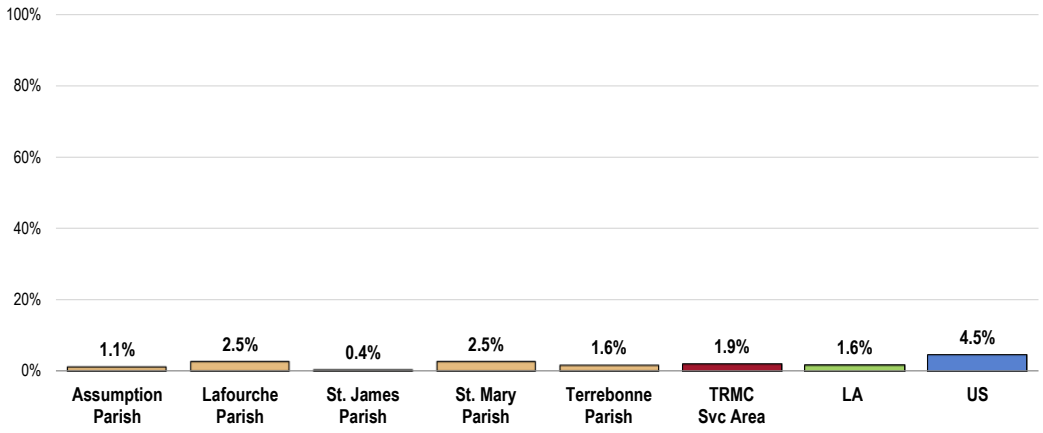
Linguistic Isolation

A total of 1.9% of the TRMC Service Area population age 5 and older live in a home in which no persons age 14 or older is proficient in English (speaking only English, or speaking English "very well").

- Higher than found statewide.
- Lower than found nationally.
- The percentage is unfavorably high in Lafourche and St. Mary parishes.

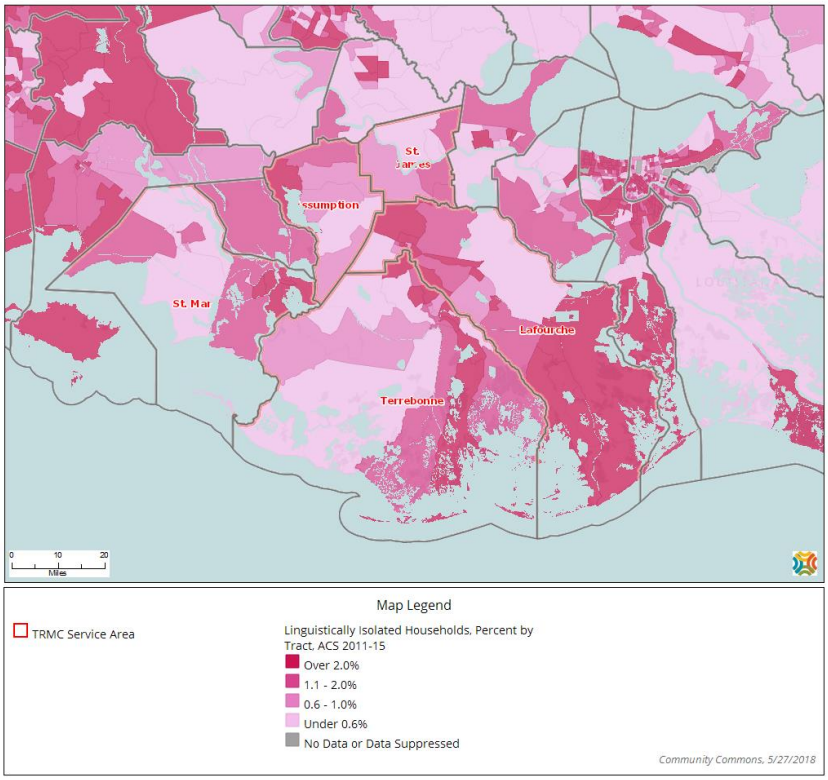
Linguistically Isolated Population

(2012-2016)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English "very well."


St.
ssumption
St. Mar
Lafourche
Terrebonne
0
10
20
Miles
Map Legend
TRMC Service Area
Linguistically Isolated Households. Percent by Tract. ACS 2011-15
Over 2.0%
1.1 - 2.0%
0.6 - 1.0%
Under 0.6%
No Data or Data Suppressed
Community Commons, 5/27/2018

Social Determinants of Health

About Social Determinants

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

- Healthy People 2020 (www.healthypeople.gov)

Poverty

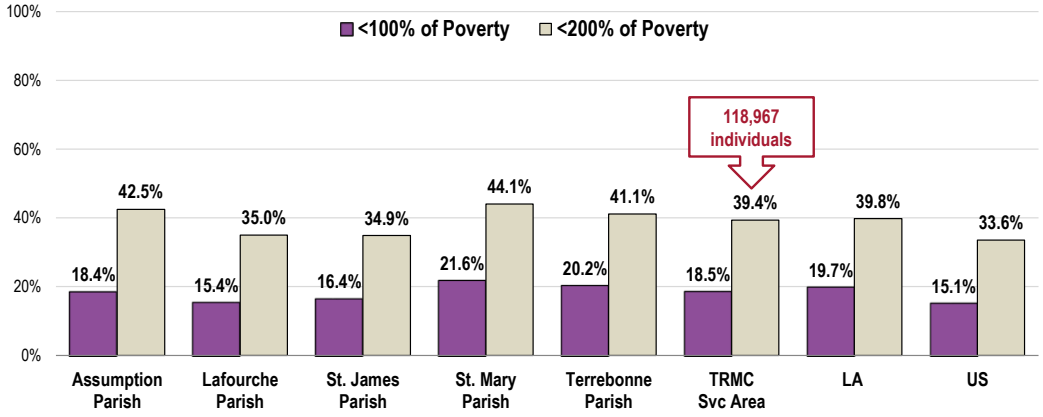
The latest census estimate shows 18.5% of the TRMC Service Area population living below the federal poverty level.

In all, 39.4% of TRMC Service Area residents (nearly 119,000 individuals) live below 200% of the federal poverty level.

- Comparable to the proportions reported statewide and nationally.
- Favorably low in Lafourche and St. James parishes.

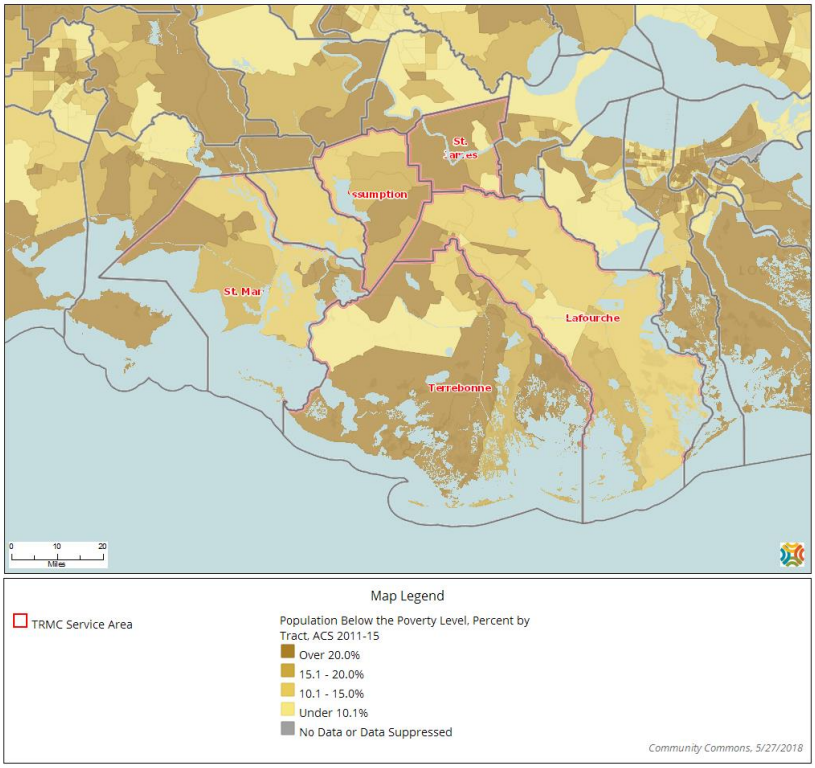
Population in Poverty

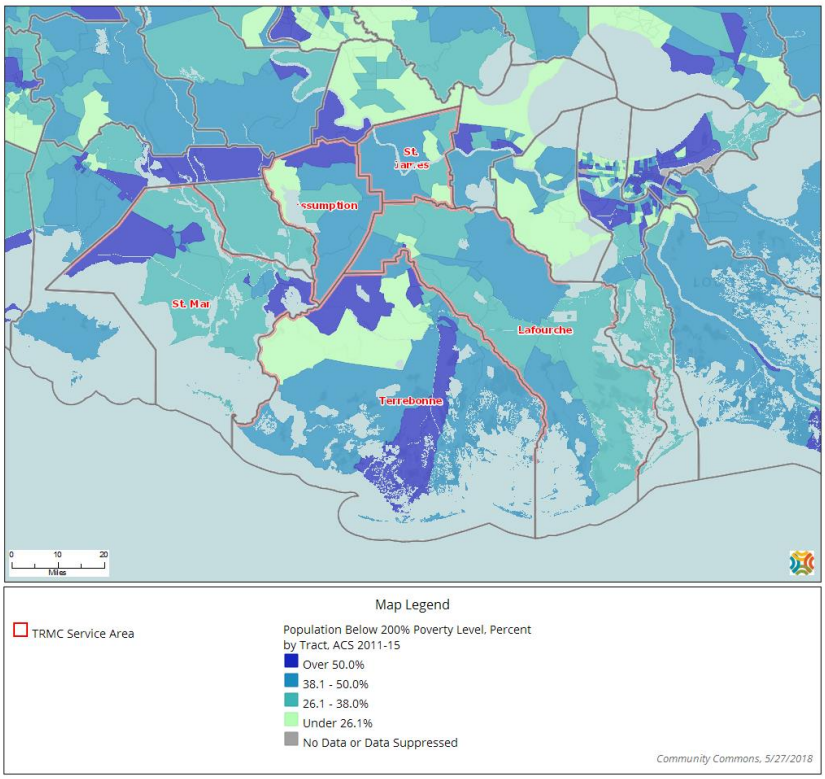
(Populations Living Below 100% and Below 200% of the Poverty Level; 2012-2016)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2018 from Community Commons at http://www.chna.org.

Notes:
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.


St.
ssumption
St. Mar
Lafourche
Terrebonne
0 10 20
Miles
Map Legend
TRMC Service Area
Population Below the Poverty Level, Percent by Tract, ACS 2011-15
Over 20.0%
15.1 - 20.0%
10.1 - 15.0%
Under 10.1%
No Data or Data Suppressed
Community Commons, 5/27/2018


St.
ssumption
St. Mar
Lafourche
Terrebonne
0 10 20
Miles
Map Legend
TRMC Service Area
Population Below 200% Poverty Level, Percent by Tract, ACS 2011-15
Over 50.0%
38.1 - 50.0%
26.1 - 38.0%
Under 26.1%
No Data or Data Suppressed
Community Commons, 5/27/2018

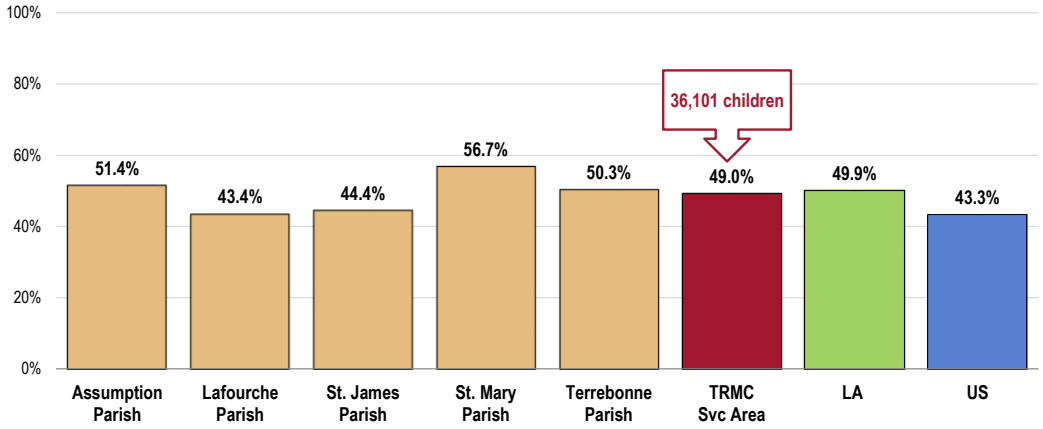
Children in Low-Income Households

Additionally, nearly half (49.0%) of TRMC Service Area children age 0-17 (representing an estimated 36,101 children) live below the 200% poverty threshold.

- Comparable to state and national proportions.
- Lowest in Lafourche Parish.

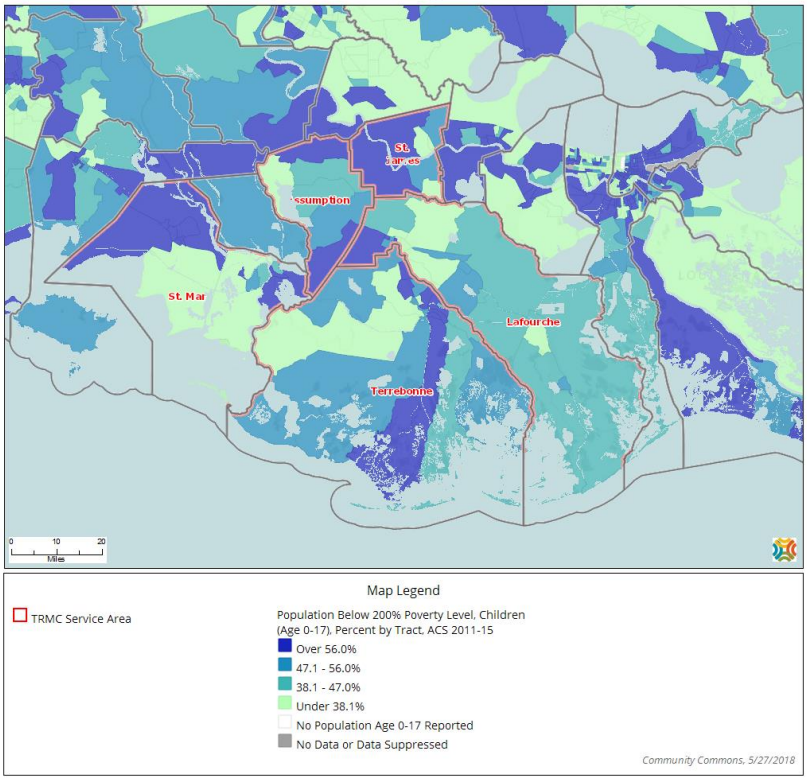
Percent of Children in Low-Income Households

(Children 0-17 Living Below 200% of the Poverty Level, 2012-2016)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of children aged 0-17 living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.



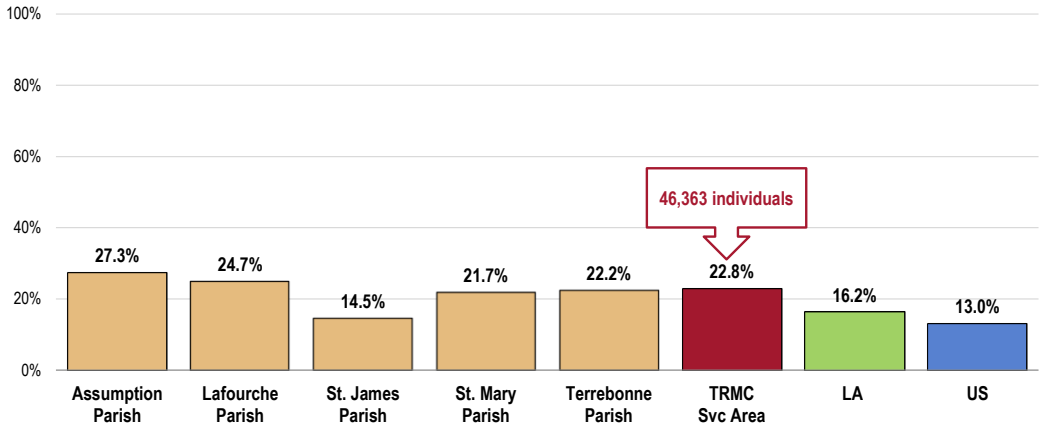
Education

Among the TRMC Service Area population age 25 and older, an estimated 22.8% (over 46,000 people) do not have a high school education.

- Worse than Louisiana and US figures.
- Highest in Assumption Parish; lowest in St. James Parish.

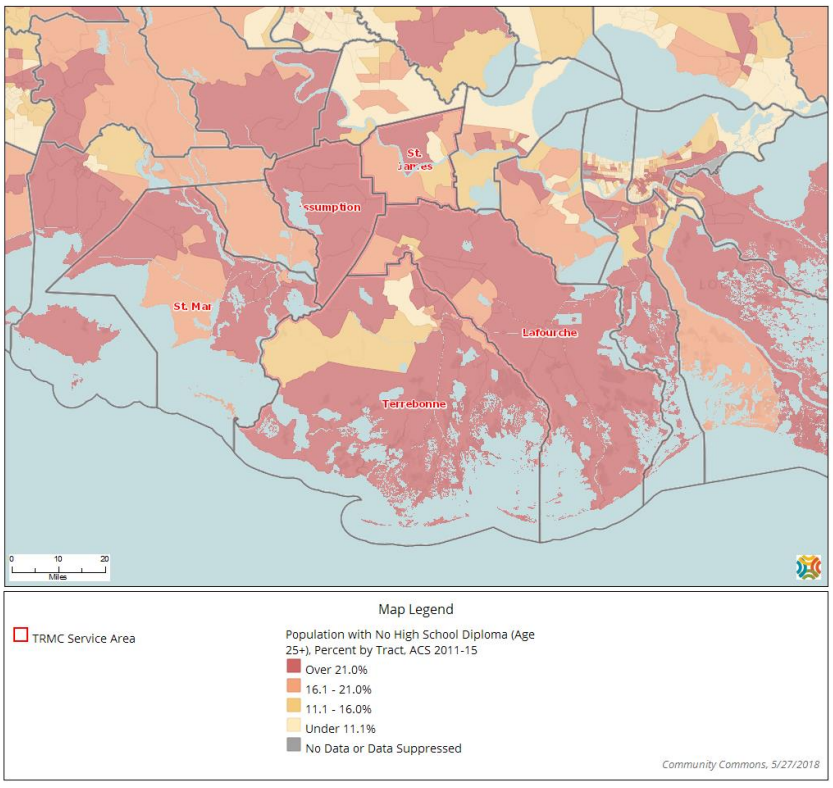
Population With No High School Diploma

(Population Age 25+ Without a High School Diploma or Equivalent, 2012-2016)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.



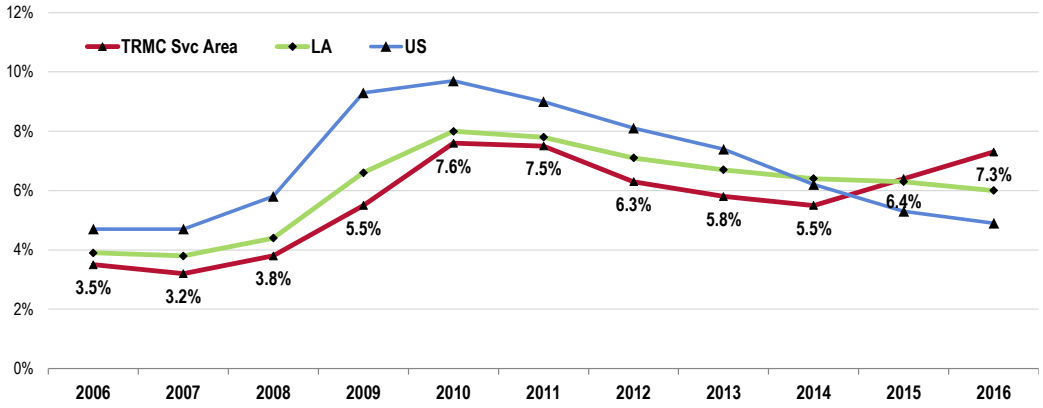
Employment

According to data derived from the US Department of Labor, the unemployment rate in the TRMC Service Area as of January 2017 was 7.3%.

- Worse than state and US percentages.
- Favorably low in Lafourche Parish; highest in St. Mary Parish.

Unemployment Rate

(Percent of Non-Institutionalized Population Age 16+ Unemployed, Not Seasonally-Adjusted)



Sources:
- US Department of Labor, Bureau of Labor Statistics.
- Retrieved April 2018 from Community Commons at http://www.chna.org.

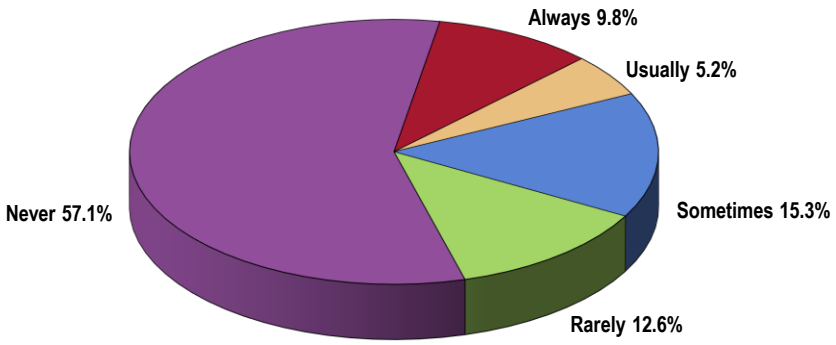
Notes:
- This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Housing Insecurity

While most surveyed adults rarely, if ever, worry about the cost of housing, a considerable share (30.3%) reported that they were "sometimes," "usually," or "always" worried or stressed about having enough money to pay their rent or mortgage in the past year.

Frequency of Worry or Stress Over Paying Rent/Mortgage in the Past Year

(TRMC Service Area, 2018)



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]
Notes: ● Asked of all respondents.

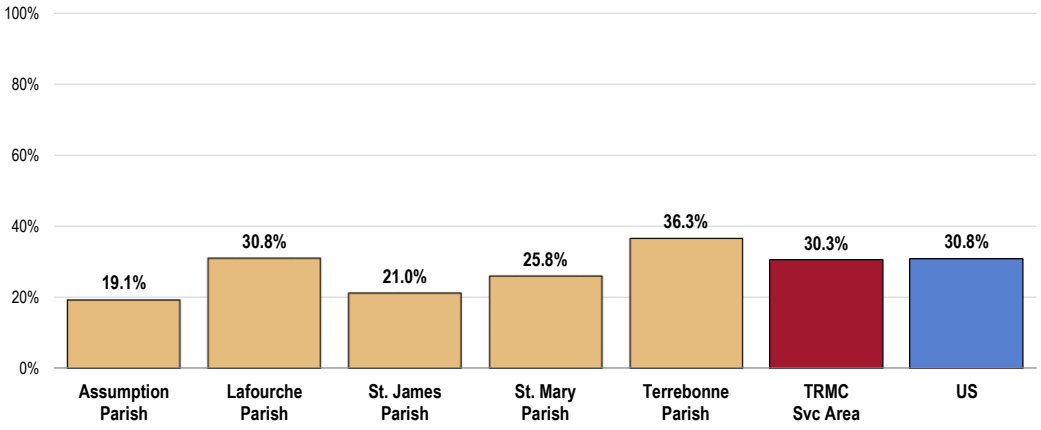
NOTE:

Differences noted in the text represent significant differences determined through statistical testing.

Where sample sizes permit, parish-level data are provided.

- Compared to the US prevalence, the TRMC Service Area proportion of adults who worried about paying for rent or mortgage in the past year is nearly identical.
- Housing insecurity appears highest in Terrebonne Parish.

"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year



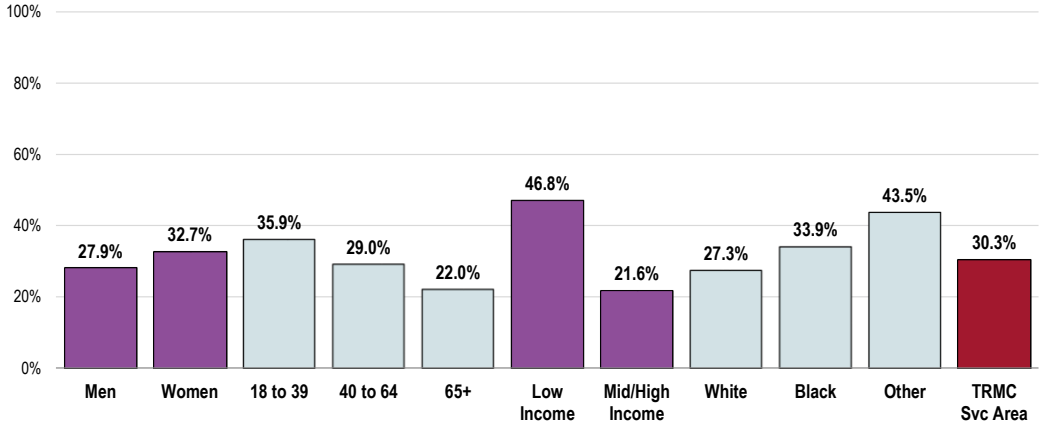
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- Adults more likely to report housing insecurity include young adults, residents living at lower incomes, and adults of Other (non-White, non-Black) racial backgrounds.
- Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.

Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by sex, age groupings, income (based on poverty status), and race/ethnicity.

"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year

(TRMC Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

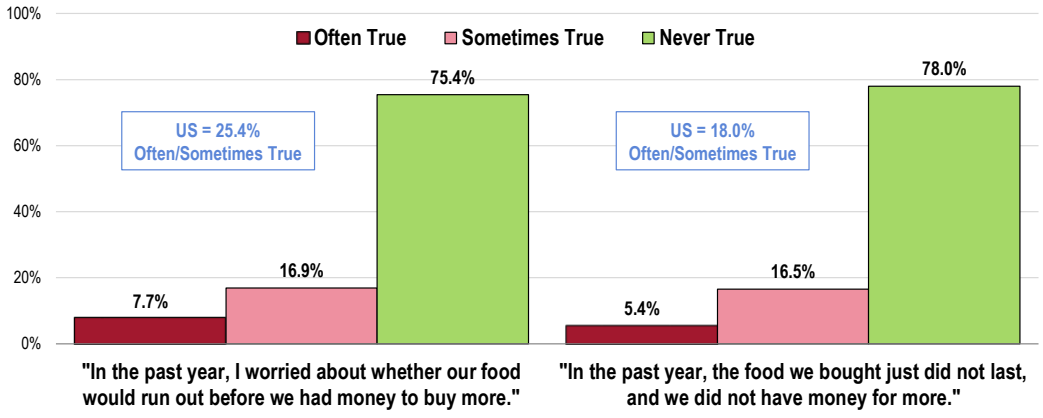
Food Insecurity

In the past year, 24.6% of TRMC Service Area adults "often" or "sometimes" worried about whether their food would run out before they had money to buy more.

Another 21.9% report a time in the past year ("often" or "sometimes") when the food they bought just did not last, and they did not have money to get more.

Food Insecurity

(TRMC Service Area, 2018)



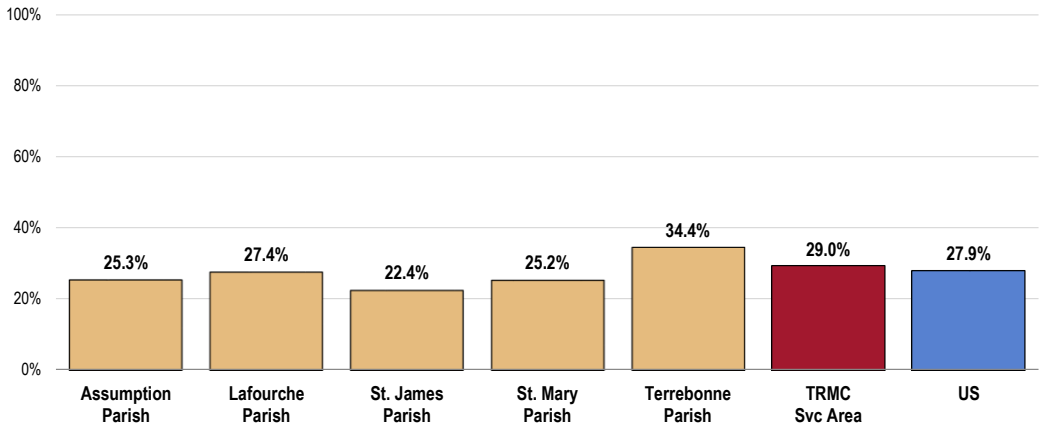
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 87-88]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects the total sample of respondents.

Overall, 29.0% of community residents are determined to be "food insecure," having run out of food in the past year and/or been worried about running out of food.

- Comparable to the US figure.
- Unfavorably high in Terrebonne Parish.

Food Insecurity

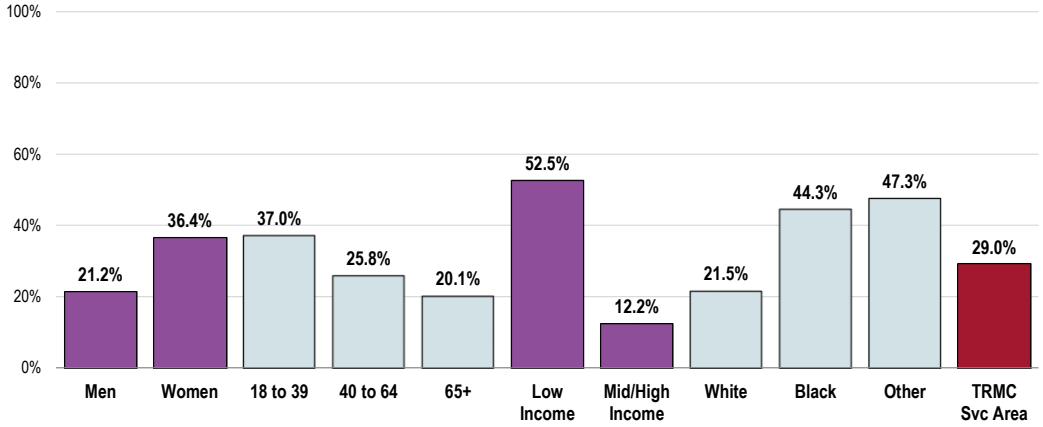


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

- Adults more likely affected by food insecurity include women, young adults (strong negative correlation with age), residents living at lower incomes, non-Hispanic Blacks, and adults of Other racial backgrounds.

Food Insecurity
(TRMC Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

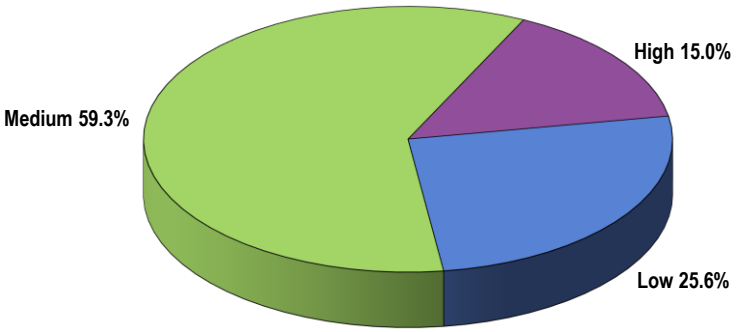
Health Literacy

Population With Low Health Literacy

A total of 25.6% TRMC Service Area adults are found to have low health literacy.

Low health literacy is defined as those respondents who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

Level of Health Literacy
(TRMC Service Area, 2018)

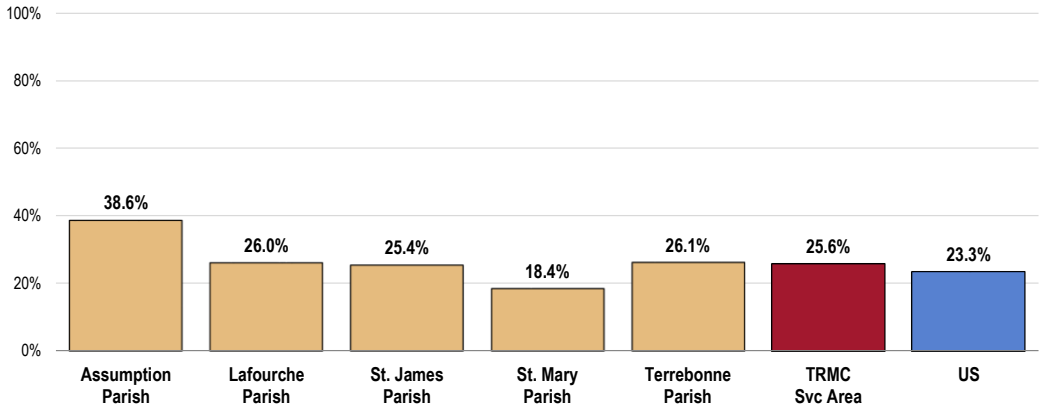


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]

Notes:
- Asked of all respondents.
- Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

- Comparable to national findings.
- Highest in Assumption Parish; lowest in St. Mary Parish.

Low Health Literacy



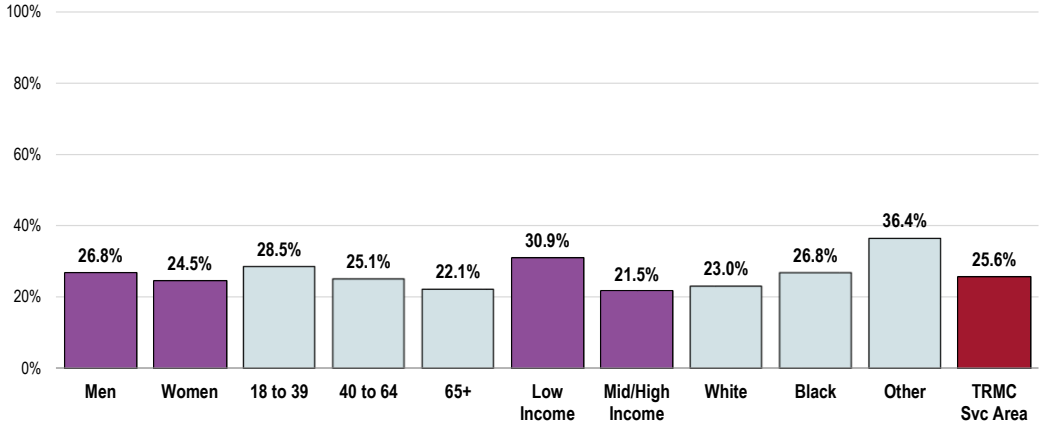
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

These local adults are more likely to have low levels of health literacy:

- Low-income residents.
- Adults of Other racial backgrounds.

Low Health Literacy
(TRMC Service Area, 2018)



Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

Understanding Health Information

The following individual measures are used to determine the health literacy levels described above.

Written & Spoken Information

Respondents were read:

"You can find written health information on the internet, in newspapers and magazines, on medications, at the doctor's office, in clinics, and many other places.

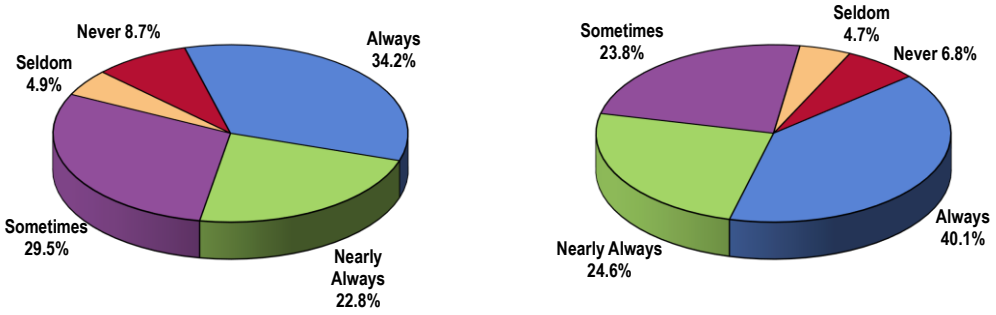
How often is health information **written** in a way that is easy for you to understand?

How often is health information **spoken** in a way that is easy for you to understand?"

While a majority of TRMC Service Area adults generally find health information to be easy to understand, 13.6% experience some difficulty with written health information and 11.5% experience some difficulty with spoken health information (responding "seldom" or "never" easy to understand).

Frequency With Which Health Information Is _____ in a Way That is Easy to Understand

(TRMC Service Area, 2018)



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 74, 76]
Notes: ● Asked of all respondents.

Reading Health Information & Completing Health Forms

Respondents were read:

"People who might help you read health information include family members, friends, caregivers, doctors, nurses, or other health professionals. How often do you need to have someone help you read health information?"

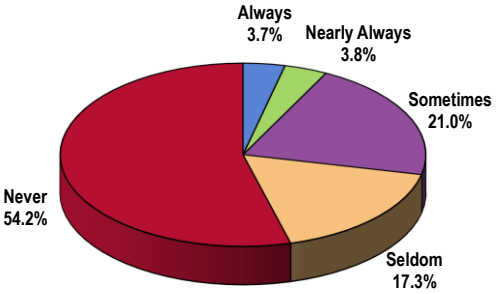
"Health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and health care. In general, how confident are you in your ability to fill out health forms yourself?

A total of 7.5% of TRMC Service Area adults "always" or "nearly always" need to have someone help them read health information.

A total of 5.8% of adults are "not at all confident" in their ability to fill out health forms by themselves.

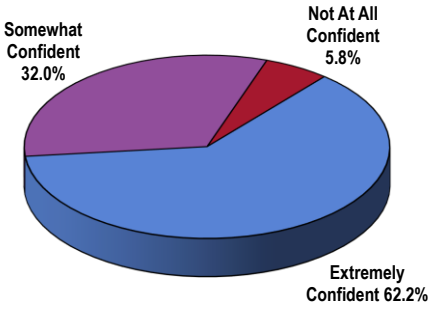
Frequency of Needing Help Reading Health Information

(TRMC Service Area, 2018)



Confidence in Ability to Fill Out Health Forms

(TRMC Service Area, 2018)



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 75, 77]
Notes: ● Asked of all respondents.
● In this case, health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and healthcare.

General Health Status

Professional Research Consultants, Inc.

Overall Health Status

Evaluation of Health Status

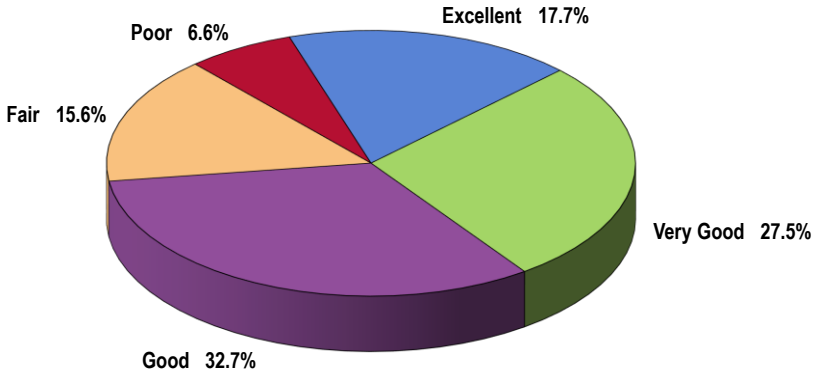
The initial inquiry of the PRC Community Health Survey asked respondents the following:

"Would you say that in general your health is: excellent, very good, good, fair, or poor?"

A total of 45.2% of TRMC Service Area adults rate their overall health as "excellent" or "very good."

- Another 32.7% gave "good" ratings of their overall health.

Self-Reported Health Status
(TRMC Service Area, 2018)

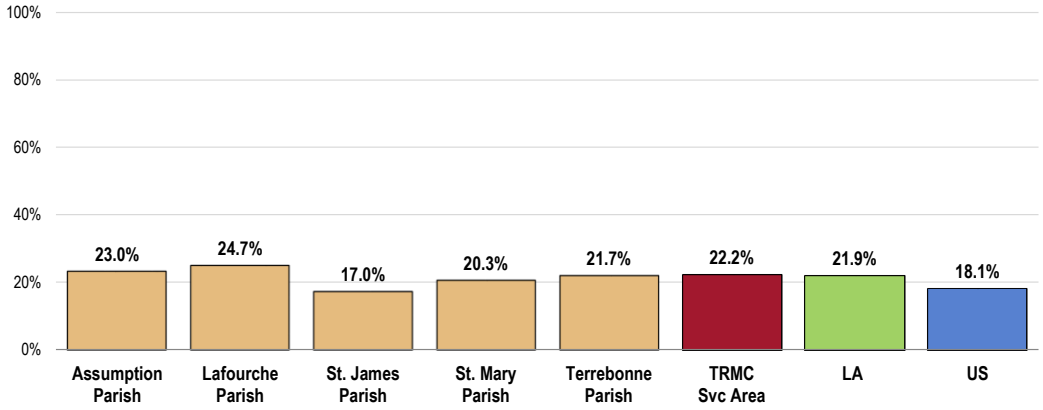


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 22.2% of TRMC Service Area adults believe that their overall health is "fair" or "poor."

- Similar to the Louisiana proportion.
- Worse than the national figure.
- Statistically similar findings by parish.

Experience "Fair" or "Poor" Overall Health



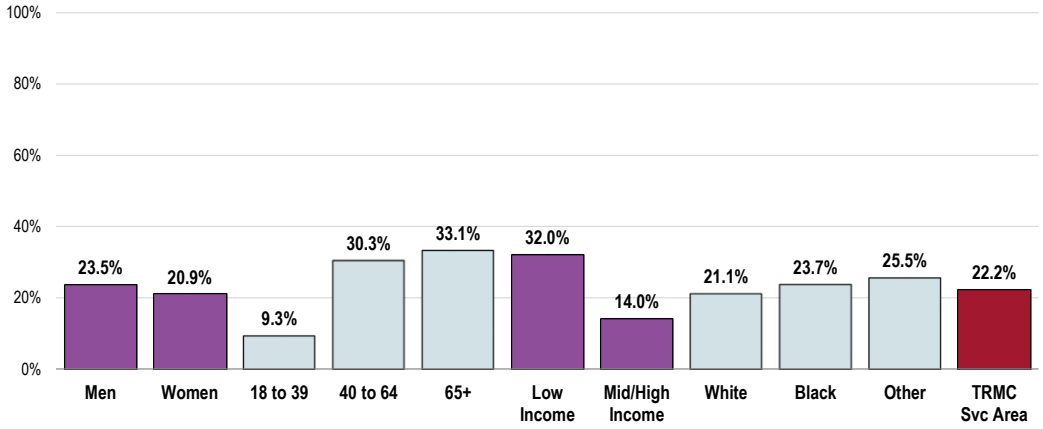
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Louisiana data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Adults more likely to report experiencing "fair" or "poor" overall health include:

- Those age 40 and older.
- Residents living at lower incomes.

Experience "Fair" or "Poor" Overall Health
(TRMC Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

About Disability & Health

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

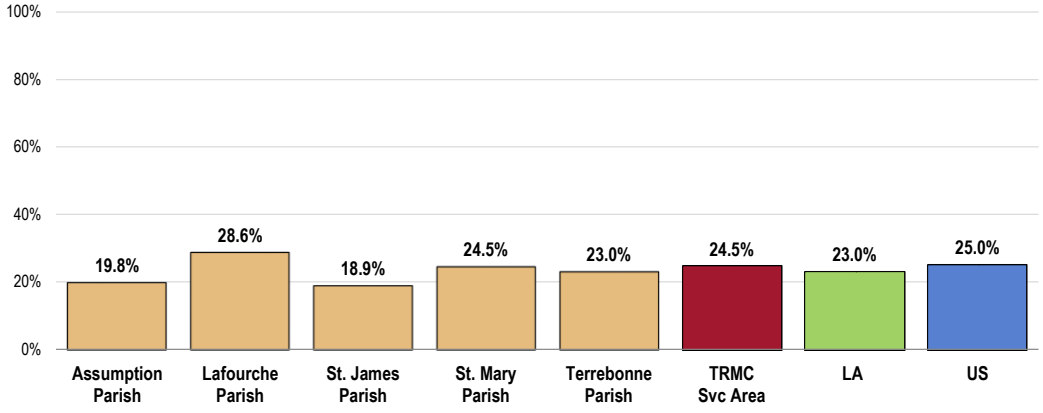
- Healthy People 2020 (www.healthypeople.gov)

A total of 24.5% of TRMC Service Area adults are limited in some way in some activities, due to a physical, mental, or emotional problem.

- Similar to the statewide and national percentages.
- Similar findings by parish.

RELATED ISSUE:
See also *Potentially Disabling Conditions* in the **Death, Disease & Chronic Conditions** section of this report.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Louisiana data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

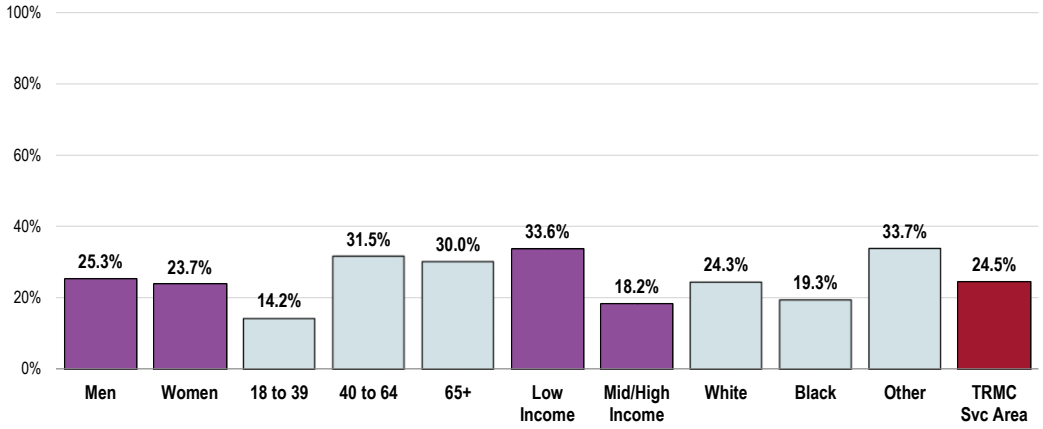
Notes:
- Asked of all respondents.

In looking at responses by key demographic characteristics, these adults are statistically more likely to report some type of activity limitation:

- Adults age 40 and older.
- Low-income residents.
- Those of Other racial backgrounds.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem

(TRMC Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]

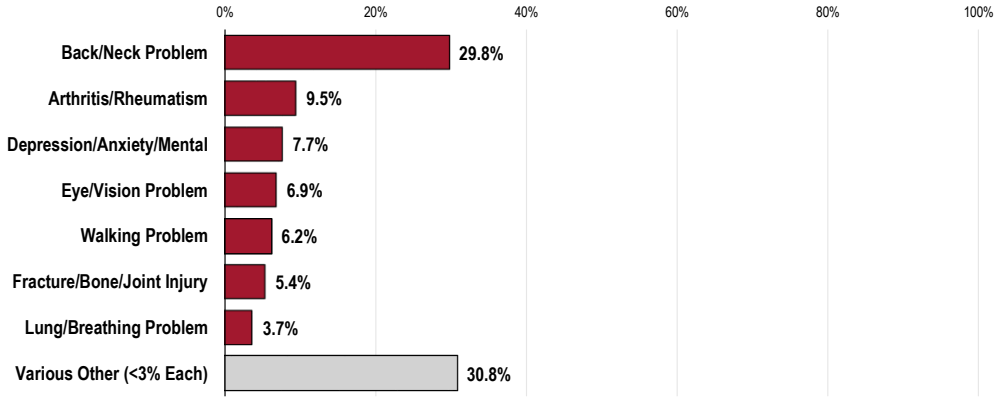
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among persons reporting activity limitations, these are most often attributed to musculo-skeletal issues, such as back/neck problems, arthritis/rheumatism, difficulty walking, or fractures or bone/joint injuries.

Other limitations noted with some frequency include those related to mental health (depression, anxiety), eye/vision problems, and lung/breathing problems.

Type of Problem That Limits Activities

(Among Those Reporting Activity Limitations; TRMC Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 110]
Notes: • Asked of those respondents reporting activity limitations.

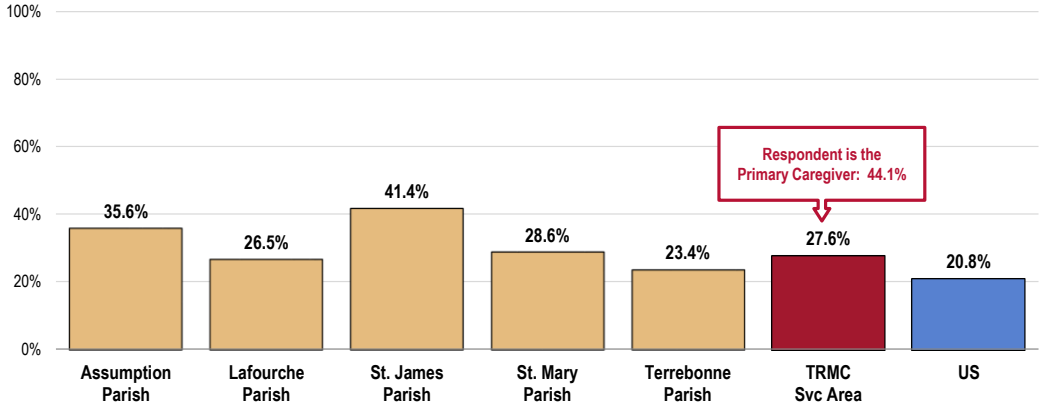
Caregiving

A total of 27.6% of TRMC Service Area adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

- Higher than the national finding.
- Unfavorably high in St. James Parish.

Of these adults, 44.1% are the ***primary*** caregiver for the individual receiving care.

Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability



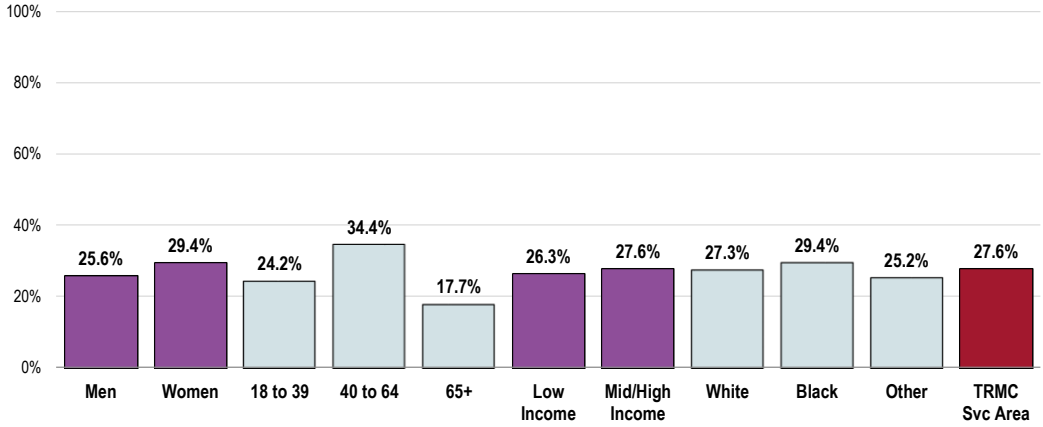
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 111, 113]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- The prevalence of caregivers in the community is notably higher among adults between the ages of 40 and 64.

Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability

(TRMC Service Area, 2018)



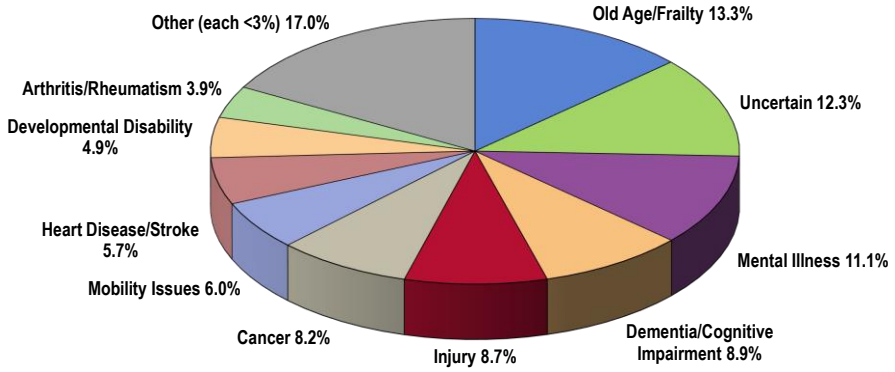
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

For those who provide care or assistance, the top health issues affecting those receiving their care include **old age/frailty** (13.3%), **mental illness** (11.1%), **dementia/cognitive impairment** (8.9%), **injury** (8.7%), and **cancer** (8.2%).

Primary Health Issue of Person Receiving Care or Assistance

(Among Caregivers Providing Regular Care to a Friend/Family Member; TRMC Service Area, 2018)



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]
Notes: ● Asked of those respondents reporting providing regular care or assistance to a friend or family member with a health problem, long-term illness, or disability.

Mental Health

About Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, and it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

- Healthy People 2020 (www.healthypeople.gov)

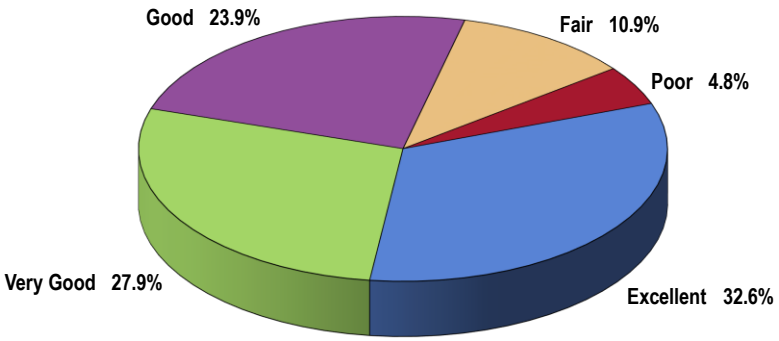
Evaluation of Mental Health Status

"Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair or poor?"

A total of 60.5% of TRMC Service Area adults rate their overall mental health as "excellent" or "very good."

- Another 23.9% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status
(TRMC Service Area, 2018)

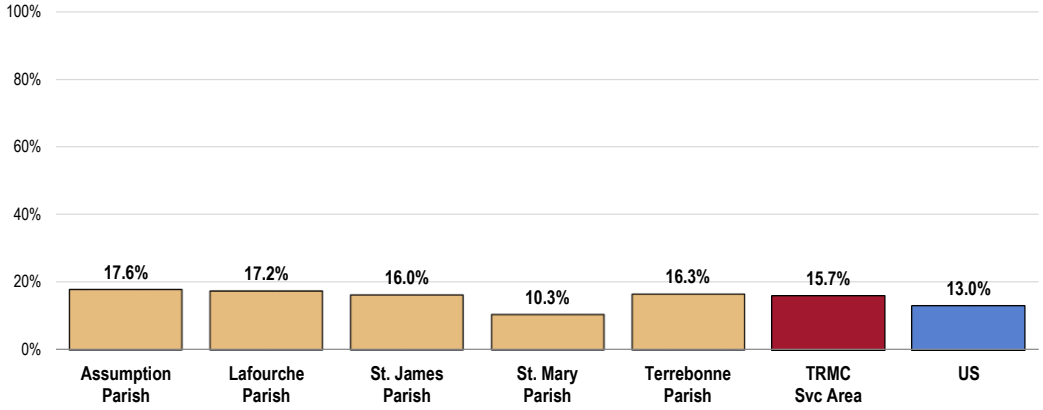


Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
Notes: ● Asked of all respondents.

A total of 15.7% of TRMC Service Area adults, however, believe that their overall mental health is "fair" or "poor."

- Similar to the "fair/poor" response reported nationally.
- Lowest in St. Mary Parish.

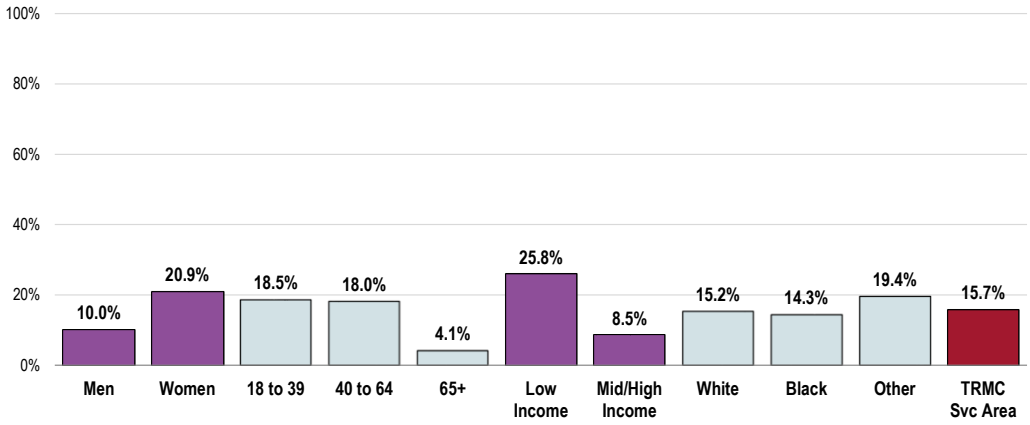
Experience "Fair" or "Poor" Mental Health



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- Women, adults under 65, and low-income residents are much more likely to report experiencing "fair/poor" mental health than their demographic counterparts.

Experience "Fair" or "Poor" Mental Health
(TRMC Service Area, 2018)



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

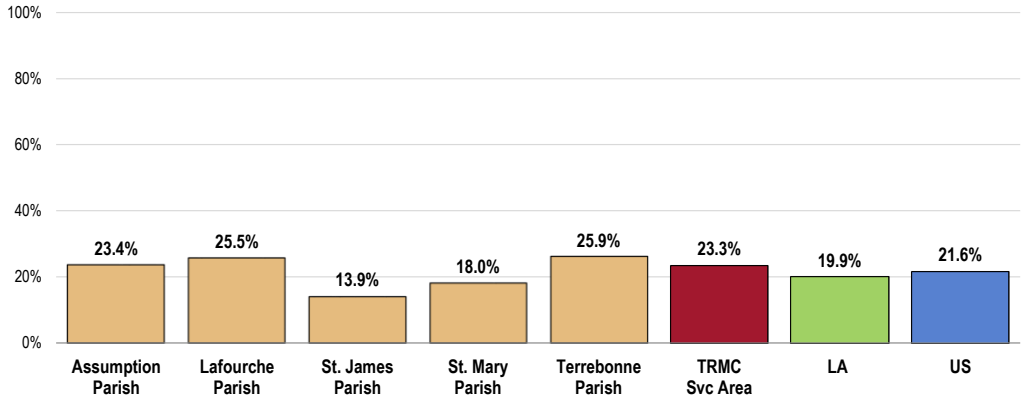
Depression

Diagnosed Depression

A total of 23.3% of area adults have been diagnosed by a physician as having a depressive disorder (depression, major depression, dysthymia, or minor depression).

- Worse than the Louisiana percentage.
- Similar to the national finding.
- Favorably low in St. James Parish.

Have Been Diagnosed With a Depressive Disorder



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Louisiana data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

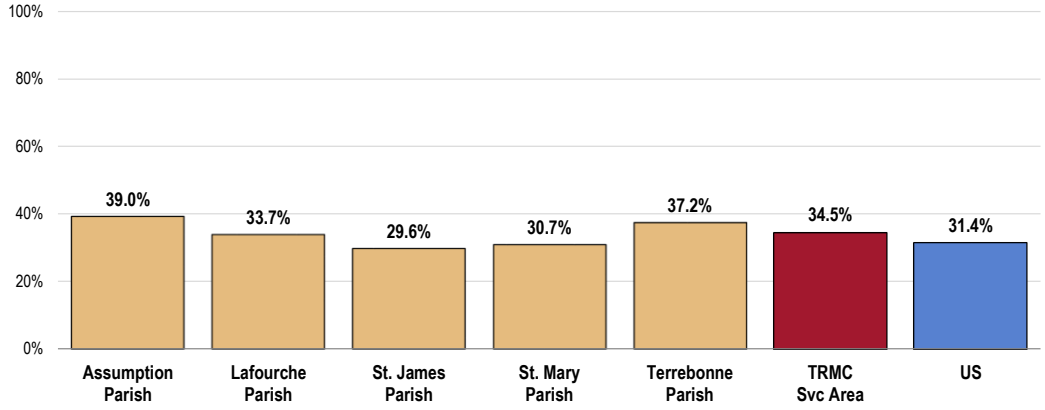
Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.

Symptoms of Chronic Depression

A total of 34.5% of TRMC Service Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

- Comparable to US findings.
- Comparable findings by parish.

Have Experienced Symptoms of Chronic Depression



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

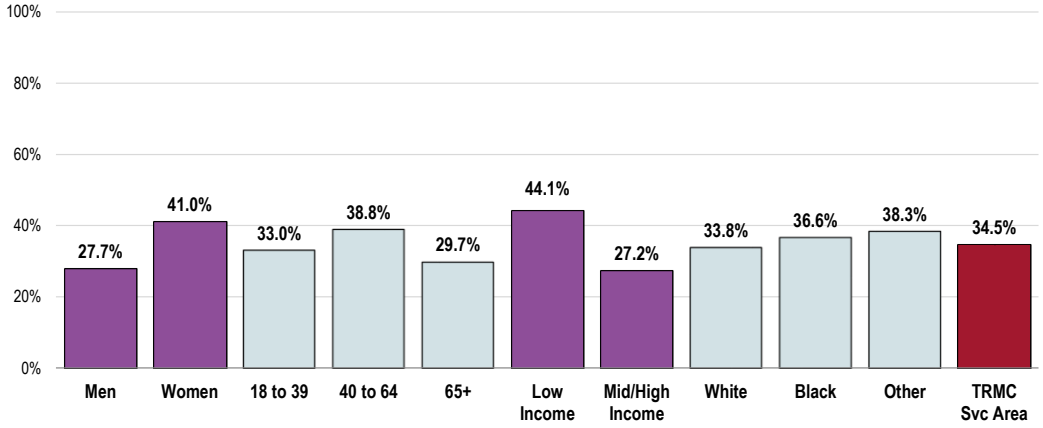
Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Note that the prevalence of chronic depression is notably higher among:

- Women.
- Adults with lower incomes.

Have Experienced Symptoms of Chronic Depression

(TRMC Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]

Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Stress

Nearly half of TRMC Service Area adults consider a typical day to be "not very stressful" (28.9%) or "not at all stressful" (18.9%).

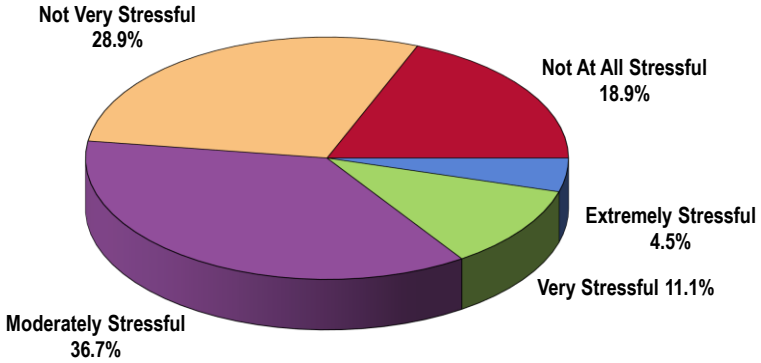
- Another 36.7% of area adults characterize a typical day as "moderately stressful."

RELATED ISSUE:

See also *Substance Abuse* in the **Modifiable Health Risks** section of this report.

Perceived Level of Stress On a Typical Day

(TRMC Service Area, 2018)



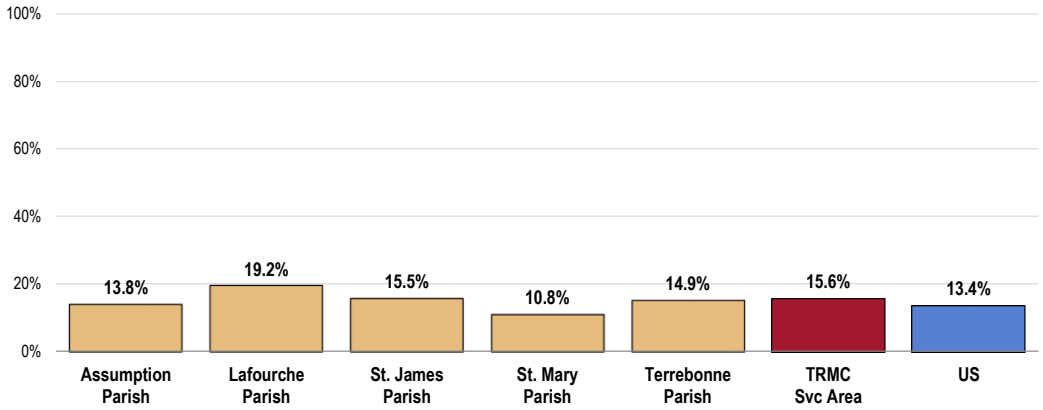
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]

Notes:
- Asked of all respondents.

In contrast, 15.6% of TRMC Service Area adults experience "very" or "extremely" stressful days on a regular basis.

- Comparable to national findings.
- Lowest in St. Mary Parish.

Perceive Most Days As "Extremely" or "Very" Stressful



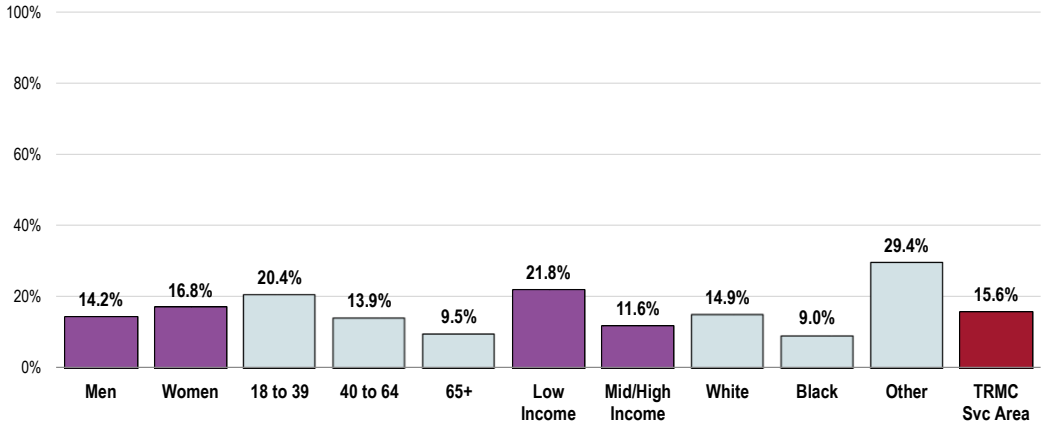
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Note that high stress levels are more prevalent among adults under age 65, low-income residents, Whites, and especially adults of Other racial backgrounds.

Perceive Most Days as "Extremely" or "Very" Stressful

(TRMC Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Suicide

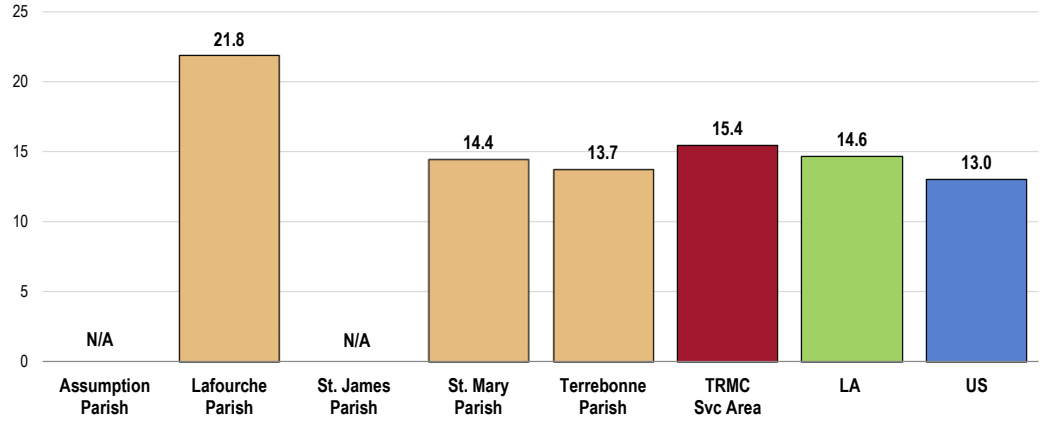
Between 2014 and 2016, there was an annual average age-adjusted suicide rate of 15.4 deaths per 100,000 population in the TRMC Service Area.

- Similar to the statewide rate.
- Higher than the national rate.
- Fails to satisfy the Healthy People 2020 target of 10.2 or lower.
- Higher in Lafourche Parish (rates note available for Assumption or St. James parishes).

Suicide: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 10.2 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

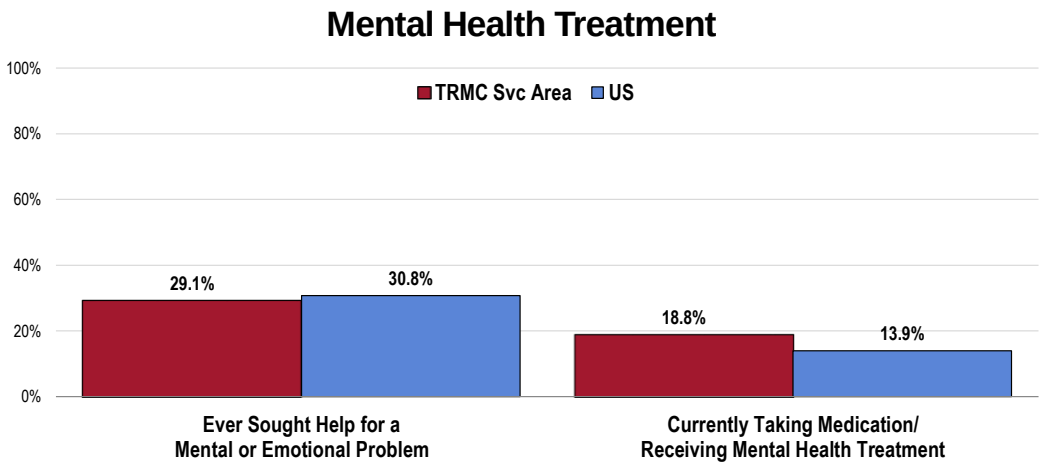
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Mental Health Treatment

A total of 29.1% of TRMC Service Area adults acknowledge having ever sought professional help for a mental or emotional problem.

A total of 18.8% are currently taking medication or receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

- Compared to national findings, service area adults are similarly likely to have sought help for a mental or emotional problem but more likely to currently be taking medication or receiving treatment for mental health issues.



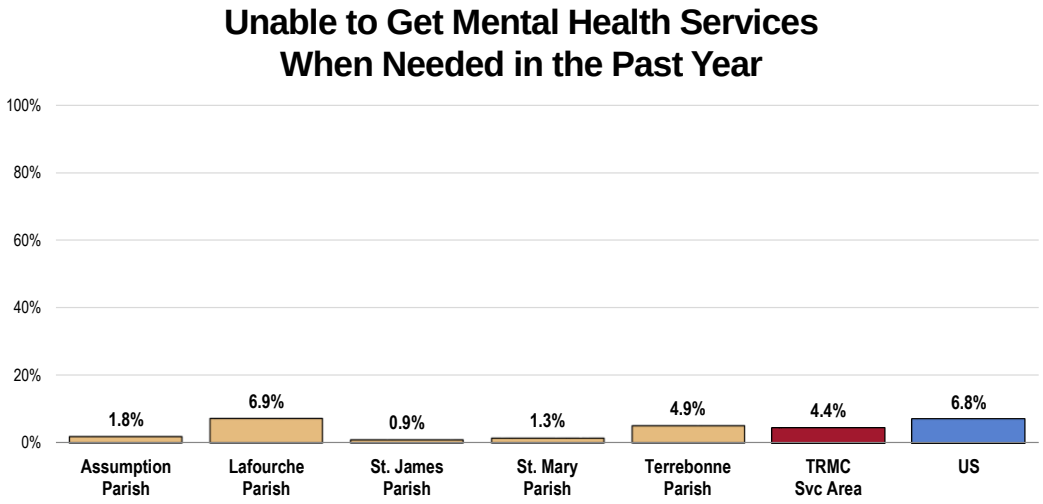
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 103-104]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects the total sample of respondents.

Difficulty Accessing Mental Health Services

A total of 4.4% of TRMC Service Area adults report a time in the past year when they needed mental health services, but were not able to get them.

- Lower than the national finding.
- Favorably low in St. James and St. Mary parishes.



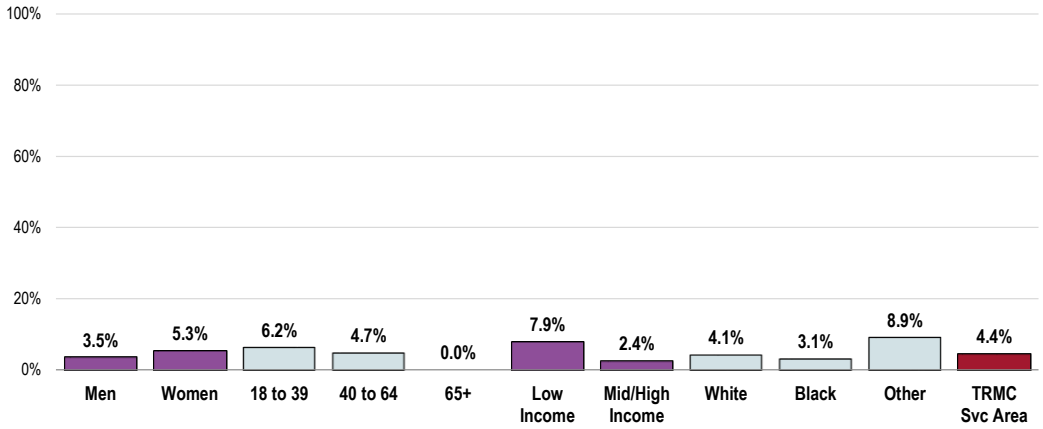
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Note that access difficulty is notably more prevalent among:

- Adults under age 65 (negative correlation with age).
- Adults with lower incomes.

Unable to Get Mental Health Services When Needed in the Past Year
(TRMC Service Area, 2018)



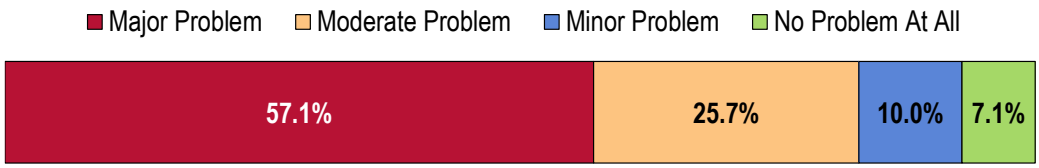
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among persons citing difficulties accessing mental health services in the past year, these are predominantly attributed to **cost or insurance issues**; **lack of transportation** was also mentioned, although less often.

Key Informant Input: Mental Health

The greatest share of key informants taking part in an online survey characterized *Mental Health* as a "major problem" in the community.

Perceptions of Mental Health as a Problem in the Community
(Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

Access to care. – Social Services Provider, Terrebonne Parish

Lack of services. – Social Services Provider, Assumption Parish

There is little access to mental health services in this area in comparison to other types of healthcare services in the area. In addition, the services that are available are often very expensive, to the point of being prohibitive to many patients. – Other Health Provider, Lafourche Parish

Access to care. – Other Health Provider, Lafourche Parish

Not being able to access mental health services due to state and local budget constraints. – Community Leader, Terrebonne Parish

Lack of local easy access outpatient services, must travel to Morgan City. – Physician, Assumption Parish

There doesn't seem to be enough resources for mental health. Most physicians do not accept Medicaid in the area as well. – Other Health Provider, Assumption Parish

Mental health/addiction services are desperately needed on both outpatient and inpatient side. Many high utilizers have psych issues that are not treated/followed in clinics resulting in multiple readmissions to hospital for non-psych reasons. – Physician, Lafourche Parish

No facilities available to deal with this problem for a long term. – Community Leader, Lafourche Parish

No access to care. – Public Health Representative, St. Mary Parish

Lack of facilities with available beds. – Social Services Provider, St. James Parish

Access. – Other Health Provider, Lafourche Parish

Limited. – Community Leader, Assumption Parish

There are not enough resources to address mental health issues in this area. – Community Leader, Lafourche Parish

I don't see long term capabilities to care for those with mental illness. As a consequence, patients are cared for in the short term then released into the public for follow-up appointments. – Other Health Provider, Terrebonne Parish

Lack of healthcare for these issues. Hospitals are the only form of care for these types of patients. Long-term care is 12-hours away, hindering the system. – Other Health Provider, Lafourche Parish

Access to care. This is one of the biggest weaknesses in healthcare. Getting very sick mental health patients to inpatient and outpatient resources. There is a major void in the post-acute care availability. – Physician, Lafourche Parish

Lack of insurance, medical providers or facilities available to help the mental health problems. – Other Health Provider, Lafourche Parish

Lack of outpatient psych for indigent population. – Physician, Lafourche Parish

Mental health professionals who take government insurance plans. – Physician, Lafourche Parish

Transportation and medication. – Social Services Provider, Terrebonne Parish

The biggest problem with people suffering from mental health issues is having resources to follow up with these patients to see if they are taking their medications, have the necessary resources to assist with their daily activities, and outlining support. – Community Leader, Terrebonne Parish

Lack of Providers

Lack of mental health provider or access to services and resources. – Physician, Lafourche Parish

The lack of mental health professionals, not enough inpatient or outpatient treatment facilities for adults, adolescents, and children, and the fact that most insurances do not assist in paying for these much-needed services if the patient has insurance. – Community Leader, Terrebonne Parish

We have a very difficult time finding providers who take Medicaid and are willing to write a behavior support plan. Also many mental health providers refuse to provide services if a patient has an MR diagnosis no matter how mild. – Social Services Provider, Lafourche Parish

Diagnosis/Treatment

> *Very poor. Only Fairview Treatment and mostly for inmates. – Community Leader, St. Mary Parish*
>
> *People who are not provided the appropriate healthcare regardless of conditions. – Social Services Provider, Lafourche Parish*
>
> *Treatment. – Community Leader, Lafourche Parish*

Incidence/Prevalence

> *Mental health continues to be a challenge for all parishes in Louisiana. Mental health leads to drug abuse, poor quality of life, suicide, and sometimes violent crimes. We have recently experienced several suicides in Lafourche Parish. – Public Health Representative, Lafourche Parish*

Access to Medications

> *They need help with prescription costs and transportation to doctor appointments. – Community Leader, Lafourche Parish*

Death, Disease & Chronic Conditions

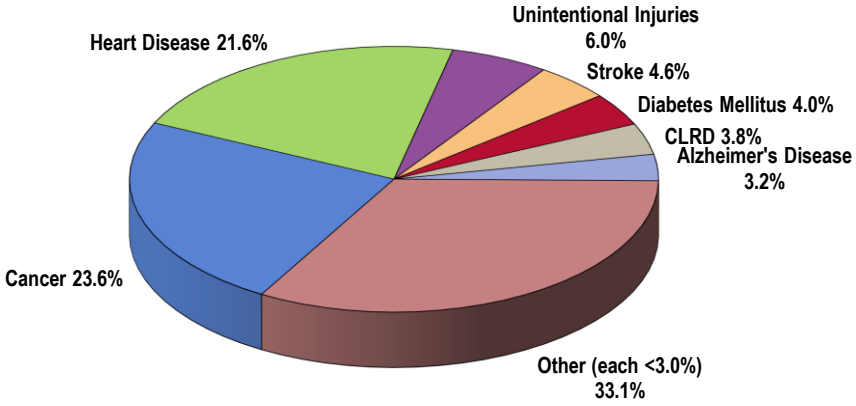
Professional Research Consultants, Inc.

Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for nearly half of all deaths in the TRMC Service Area in 2016.

Leading Causes of Death
(TRMC Service Area, 2016)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

In order to compare mortality in the region with other localities (in this case, Louisiana and the United States), it is necessary to look at *rates* of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these "age-adjusted" rates provides the most valuable means of gauging mortality against benchmark data, as well as *Healthy People 2020* targets.

The following chart outlines 2014-2016 annual average age-adjusted death rates per 100,000 population for selected causes of death in the TRMC Service Area.

For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.

Each of these is discussed in greater detail in subsequent sections of this report.

Age-Adjusted Death Rates for Selected Causes

(2014-2016 Deaths per 100,000 Population)

	TRMC Service Area	LA	US	HP2020
Diseases of the Heart	192.3	213.8	167.0	156.9*
Malignant Neoplasms (Cancers)	192.3	179.4	158.5	161.4
Unintentional Injuries	58.8	54.0	43.7	36.4
Cerebrovascular Disease (Stroke)	41.1	45.9	37.1	34.8
Chronic Lower Respiratory Disease (CLRD)	35.7	43.9	40.9	n/a
Falls [65+]	31.1	38.9	60.6	47.0
Diabetes	28.6	24.6	21.1	20.5*
Alzheimer's Disease	27.3	41.2	28.4	n/a
Kidney Disease	22.3	23.6	13.2	n/a
Motor Vehicle Deaths	19.9	16.7	11.0	12.4
Unintentional Drug-Related Deaths	18.5	16.9	14.3	11.3
Firearm-Related	17.6	20.2	11.1	9.3
Intentional Self-Harm (Suicide)	15.4	14.6	13.0	10.2
Pneumonia/Influenza	15.1	15.7	14.6	n/a
Cirrhosis/Liver Disease	9.9	10.0	10.6	8.2
Homicide/Legal Intervention	8.3	12.8	5.7	5.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov.

Note:
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
- *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.

Cardiovascular Disease

About Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than $500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

The greatest share of cardiovascular deaths is attributed to heart disease.

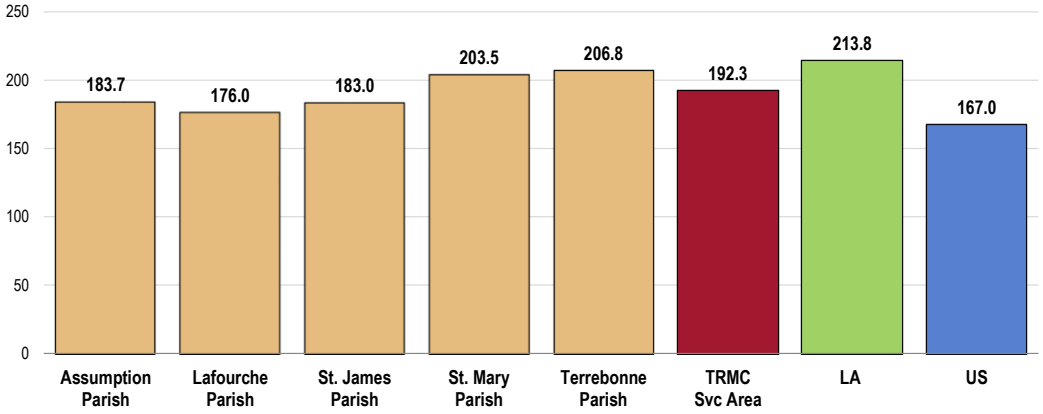
Between 2014 and 2016 there was an annual average age-adjusted heart disease mortality rate of 192.3 deaths per 100,000 population in the TRMC Service Area.

- Similar to the statewide and national rates.
- Fails to satisfy the Healthy People 2020 target of 156.9 or lower (as adjusted to account for all diseases of the heart).
- Similar rates when viewed by parish.

Heart Disease: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 156.9 or Lower (Adjusted)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

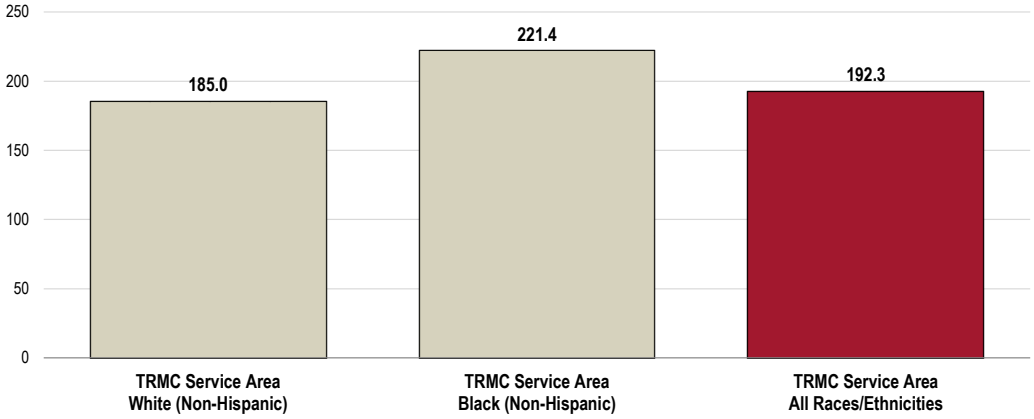
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

- By race, the heart disease mortality rate is notably higher among non-Hispanic Blacks when compared with non-Hispanic Whites in the TRMC Service Area.

Heart Disease: Age-Adjusted Mortality by Race

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 156.9 or Lower (Adjusted)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke Deaths

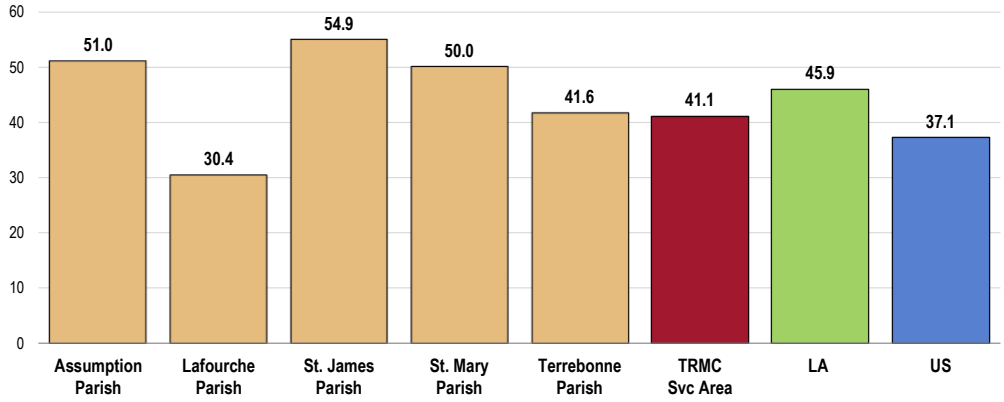
Between 2014 and 2016, there was an annual average age-adjusted stroke mortality rate of 41.1 deaths per 100,000 population in the TRMC Service Area.

- Comparable to the Louisiana and national rates.
- Fails to satisfy the Healthy People 2020 target of 34.8 or lower.
- Favorably low in Lafourche and Terrebonne parishes.

Stroke: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

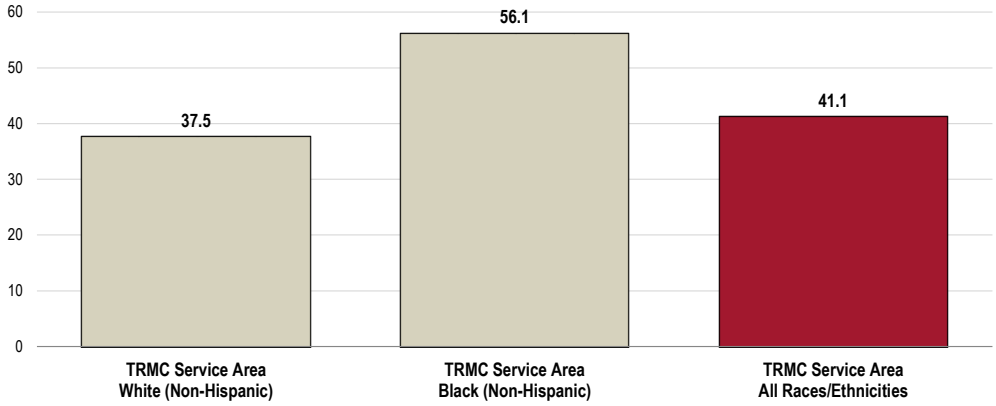
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- Stroke mortality is much higher among Blacks than Whites in the service area.

Stroke: Age-Adjusted Mortality by Race

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

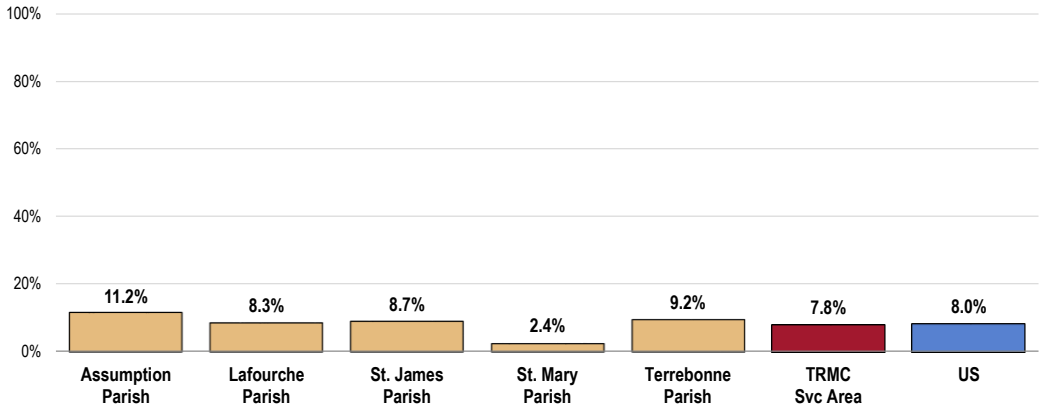
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 7.8% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

- Similar to the national prevalence.
- Favorably low in St. Mary Parish.

Prevalence of Heart Disease



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

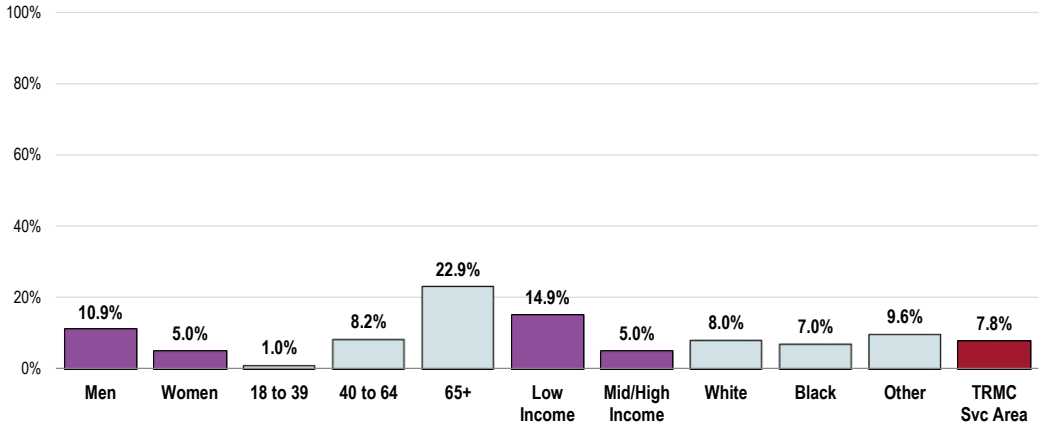
Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina, or coronary heart disease.

Adults more likely to have been diagnosed with chronic heart disease include:

- Men.
- Seniors (age 65+).
- Those in lower-income households.

Prevalence of Heart Disease

(TRMC Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]

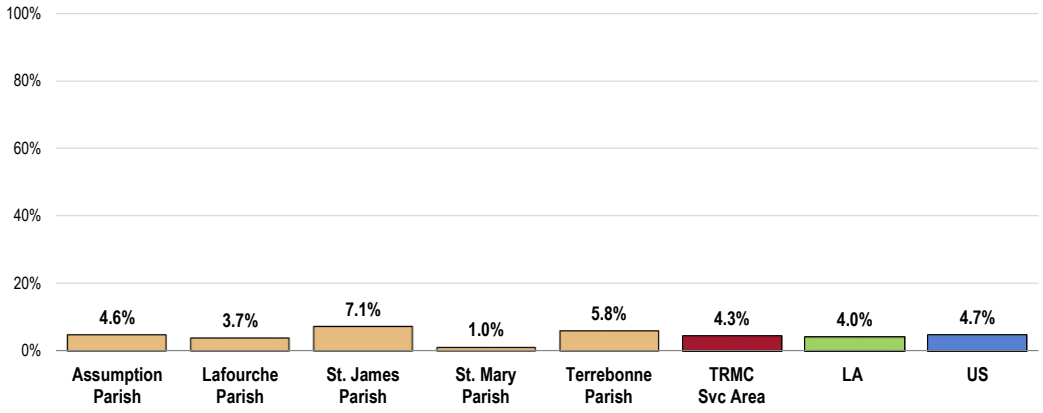
Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina, or coronary heart disease.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prevalence of Stroke

A total of 4.3% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to statewide and national findings.
- Lower in St. Mary Parish.

Prevalence of Stroke



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Louisiana data.

Notes:
- Asked of all respondents.

Cardiovascular Risk Factors

About Cardiovascular Risk

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

- Healthy People 2020 (www.healthypeople.gov)

High Blood Pressure

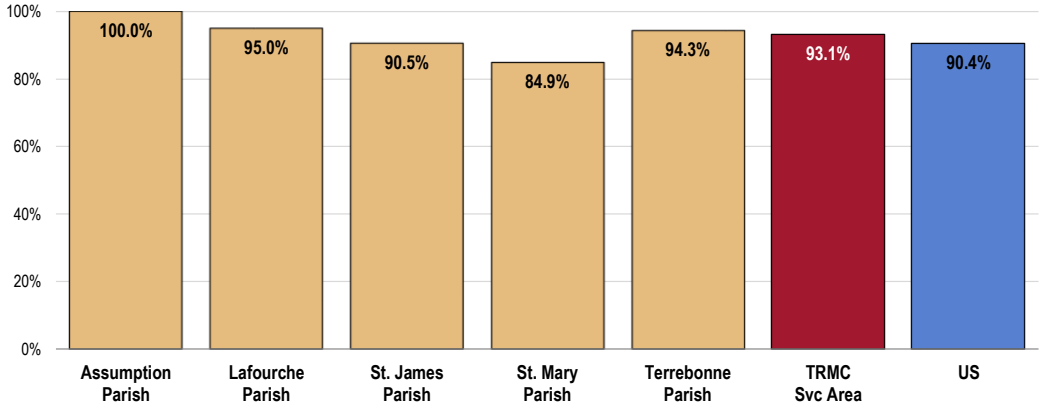
High Blood Pressure Testing

A total of 93.1% of TRMC Service Area adults have had their blood pressure tested within the past two years.

- Higher than national findings.
- Similar to the Healthy People 2020 target (92.6% or higher).
- Highest in Assumption Parish; lowest in St. Mary Parish.

Have Had Blood Pressure Checked in the Past Two Years

Healthy People 2020 Target = 92.6% or Higher



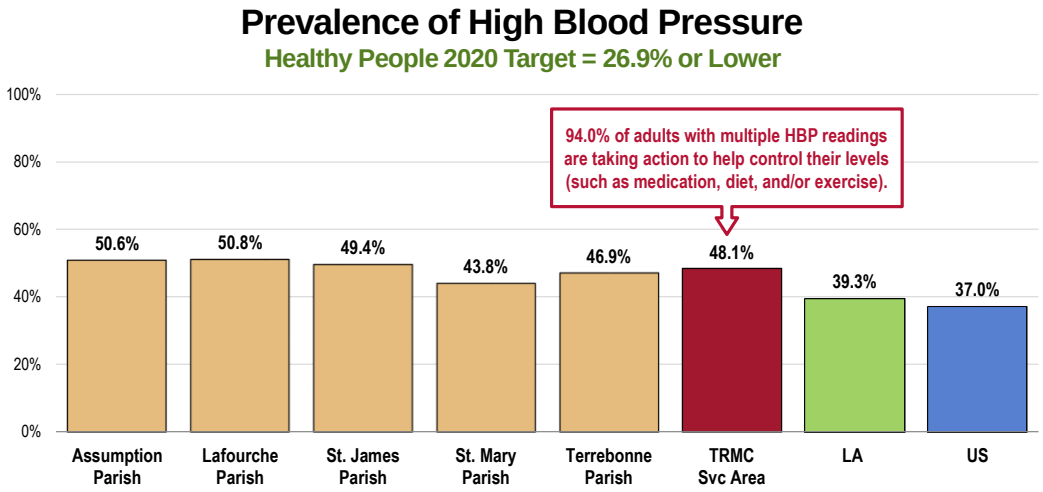
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 42]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-4]

Notes:
- Asked of all respondents.

Prevalence of High Blood Pressure

Nearly half (48.1%) of TRMC Service Area adults have been told at some point that their blood pressure was high.

- Worse than state and US percentages.
- Far from satisfying the Healthy People 2020 target (26.9% or lower).
- Similar findings by parish.
- Among adults with multiple high blood pressure readings, 94.0% are taking action to lower their blood pressure (such as medication, change in diet, and/or exercise).



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 41, 129]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Louisiana data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

Notes:
- Asked of all respondents.

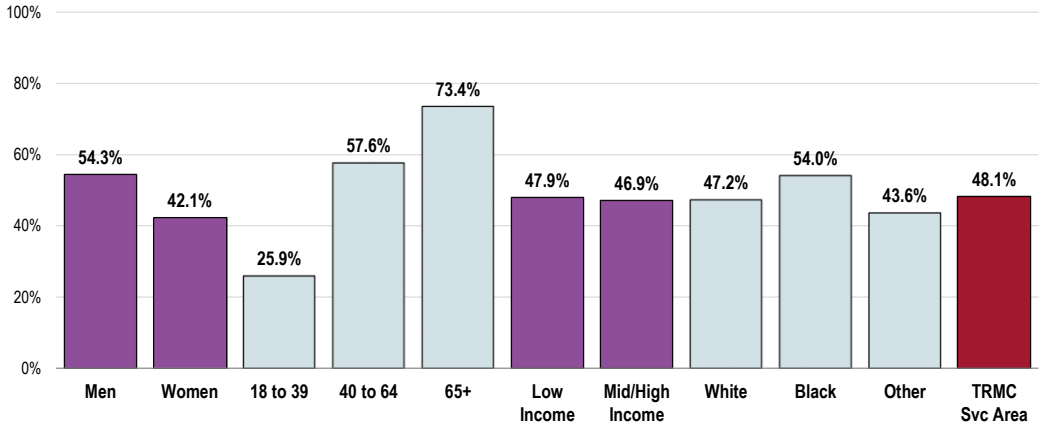
High blood pressure is more prevalent among:

- Men.
- Adults age 40 and older, and especially those age 65+.

Prevalence of High Blood Pressure

(TRMC Service Area, 2018)

Healthy People 2020 Target = 26.9% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 129]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

High Blood Cholesterol

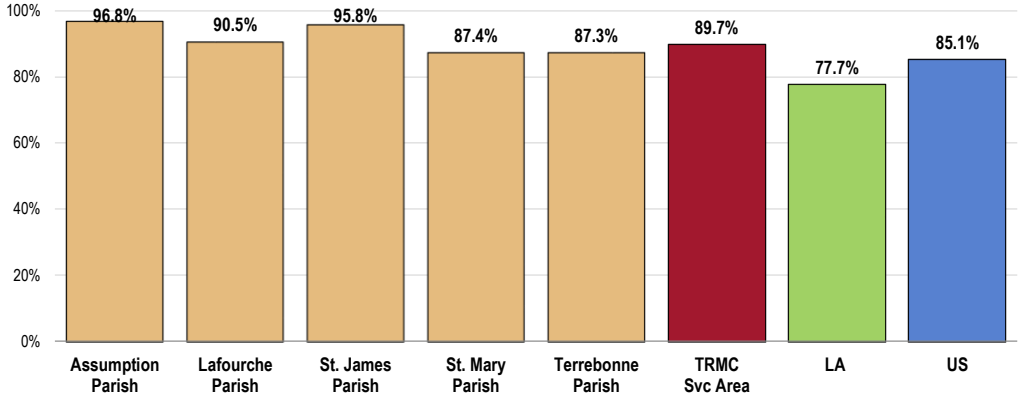
Blood Cholesterol Testing

A total of 89.7% of TRMC Service Area adults have had their blood cholesterol checked within the past five years.

- More favorable than Louisiana and US findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- Favorably high in Assumption and St. James parishes.

Have Had Blood Cholesterol Levels Checked in the Past Five Years

Healthy People 2020 Target = 82.1% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Louisiana data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-6]

Notes:
- Asked of all respondents.

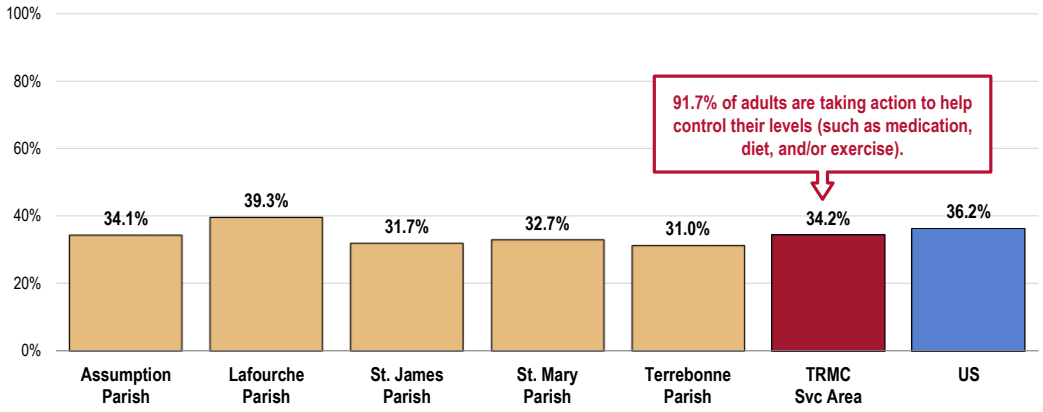
Prevalence of High Blood Cholesterol

A total of 34.2% of adults have been told by a health professional that their cholesterol level was high.

- Similar to the national prevalence.
- More than twice the Healthy People 2020 target (13.5% or lower).
- Similar percentages by parish.
- Among adults with high blood cholesterol readings, 91.7% are taking action to lower their numbers (such as medication, change in diet, and/or exercise).

Prevalence of High Blood Cholesterol

Healthy People 2020 Target = 13.5% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 44, 130]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

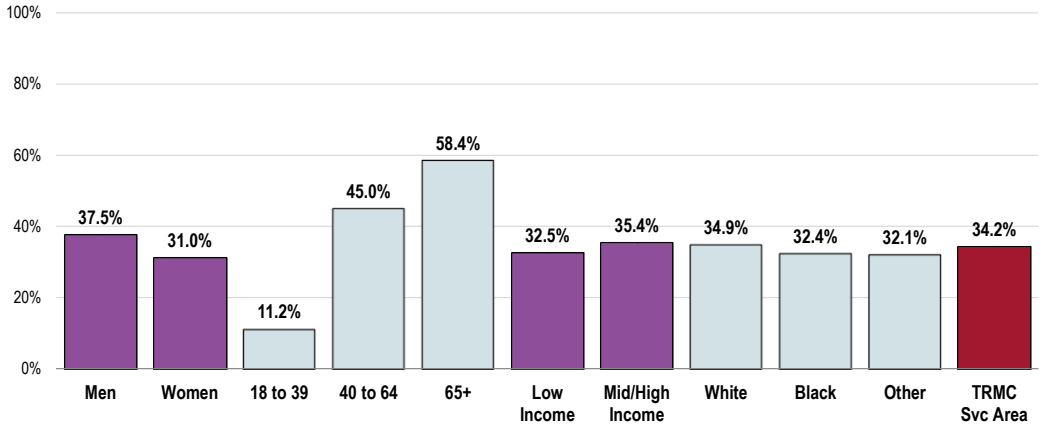
Notes:
- Asked of all respondents.

- There is a positive correlation between age and high blood cholesterol.

Prevalence of High Blood Cholesterol

(TRMC Service Area, 2018)

Healthy People 2020 Target = 13.5% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

About Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US.

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

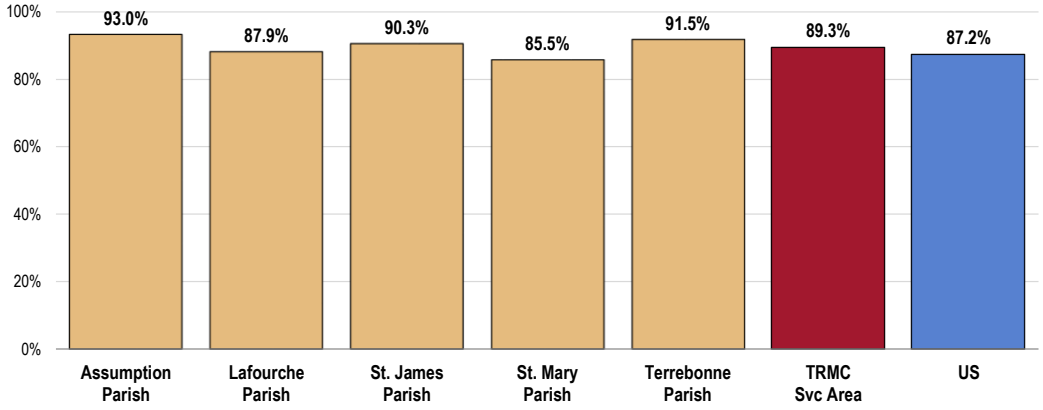
Total Cardiovascular Risk

RELATED ISSUE:
See also *Nutrition*, *Physical Activity*, *Weight Status,* and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

A total of 89.3% of TRMC Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Comparable to national findings.
- Comparable findings by parish.

Present One or More Cardiovascular Risks or Behaviors



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

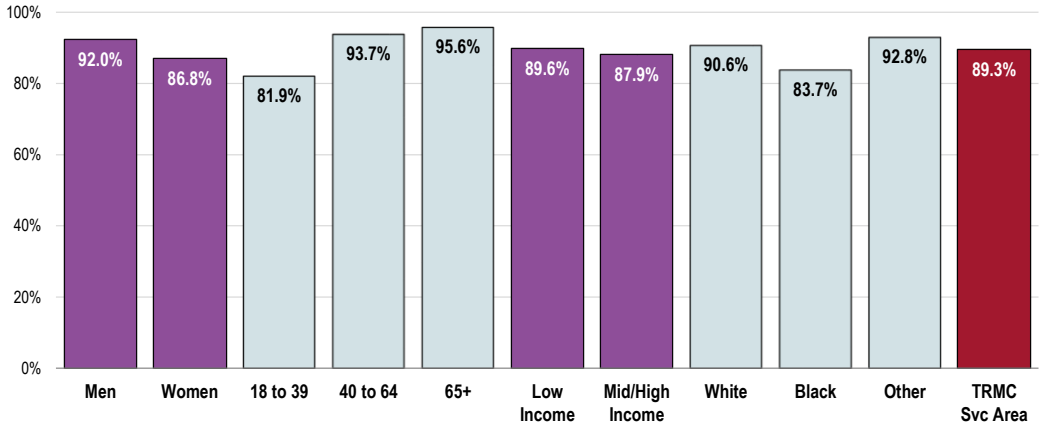
Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

Adults more likely to exhibit cardiovascular risk factors include:

- Men.
- Adults age 40 and older.
- Whites and adults of Other racial backgrounds.

Present One or More Cardiovascular Risks or Behaviors

(TRMC Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]

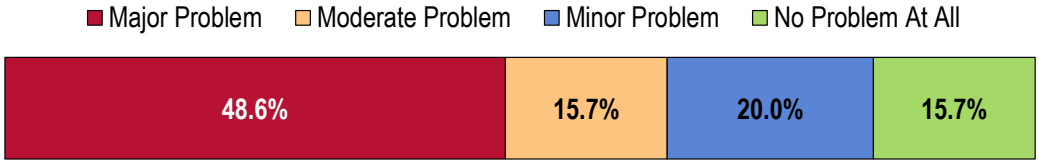
Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Heart Disease & Stroke

Nearly half of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a "major problem" in the community.

Perceptions of Heart Disease and Stroke as a Problem in the Community

(Key Informants, 2018)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> *It appears that heart disease and stroke are major problems in our area and I really don't know why, other than in some cases, heart disease is hereditary. – Community Leader, Lafourche Parish*
>
> *High prevalence of cardiovascular disease. Lack of interest/motivation for lifestyle changes to prevent or even treat. – Physician, Assumption Parish*
>
> *Appears to be an increase in "younger" residents with this health issues. – Social Services Provider, St. James Parish*

It's a major issue with the patients we transport. The lack of higher levels of care for these type patients also makes it a major concern. – Other Health Provider, Lafourche Parish

High incidence of stroke and heart disease in our population. Also limited access to stroke care is a major weakness in our area. Patients must be flown or driven out of town to get care for strokes. – Physician, Lafourche Parish

Local needs assessment. – Social Services Provider, Assumption Parish

The majority of the patients we see in the clinic have a personal history and a positive family history of heart disease and/or stroke. – Other Health Provider, Lafourche Parish

Every day you hear about a relative, neighbor, coworker, or community member needing heart surgery or suffering a heart attack. – Social Services Provider, Terrebonne Parish

I see the number of family members and residents in my assisted living community with heart and stroke diagnosis. – Community Leader, Lafourche Parish

Such high prevalence. Extremely limited neurological care. Poor stroke intervention care. – Physician, Lafourche Parish

I've seen many cases of this in my family and not completely sure why. I think some has to do with diet and lack of exercise but I also think a lot of these cases are inherited. Many of these cases happen and there is no real sign. – Community Leader, Lafourche Parish

Diet

Diet. – Community Leader, Lafourche Parish

Diet, lack of exercise and places to exercise, etc. – Community Leader, Terrebonne Parish

Due to our culture in South LA, healthy eating is not the norm; therefore, heart disease and strokes are very common in our area. – Community Leader, Lafourche Parish

Lack of exercise and high-carb diet. – Social Services Provider, Terrebonne Parish

Our local diet, high rates of obesity and inactivity. – Community Leader, Terrebonne Parish

Diet, obesity, uncontrolled hypertension, lack of exercise. – Other Health Provider, Lafourche Parish

Lifestyle

With the culture and lifestyle of our area; food is used for both happy and sad celebrations. Along with a more sedentary lifestyle, cardiac disease along with hypertension as a comorbidity increase the risk of cardiovascular events. – Other Health Provider, Terrebonne Parish

Lifestyle. Poor diet and lack of exercise. – Public Health Representative, Lafourche Parish

Weight Status

More and more people are overweight and lead lifestyles that contribute to heart disease and stroke. The majority of the clients that come to us for food assistance are smokers. – Community Leader, Lafourche Parish

Aging Population

Because of the clients we serve that are 60 and older assessments show this to be true. – Social Services Provider, Terrebonne Parish

Environmental Contributors

Economy is stimulating people to worry of existing conditions and causing strokes. Heart disease extends from our area's conditions. – Social Services Provider, Lafourche Parish

Leading Cause of Death

Heart disease and stroke continue to be one of the biggest killers for both men and women. – Public Health Representative, Lafourche Parish

Comorbidities

High blood pressure and anxiety. – Community Leader, Lafourche Parish

Cancer

About Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

All Cancer Deaths

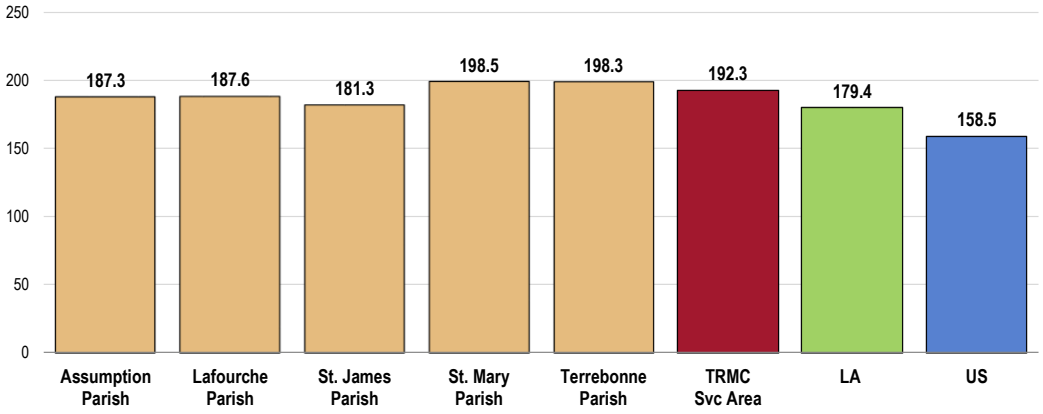
Between 2014 and 2016, there was an annual average age-adjusted cancer mortality rate of 192.3 deaths per 100,000 population in the TRMC Service Area.

- Similar to the Louisiana rate.
- Worse than the US rate.
- Fails to satisfy the Healthy People 2020 target of 161.4 or lower.
- Similar rates when viewed by parish.

Cancer: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 161.4 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

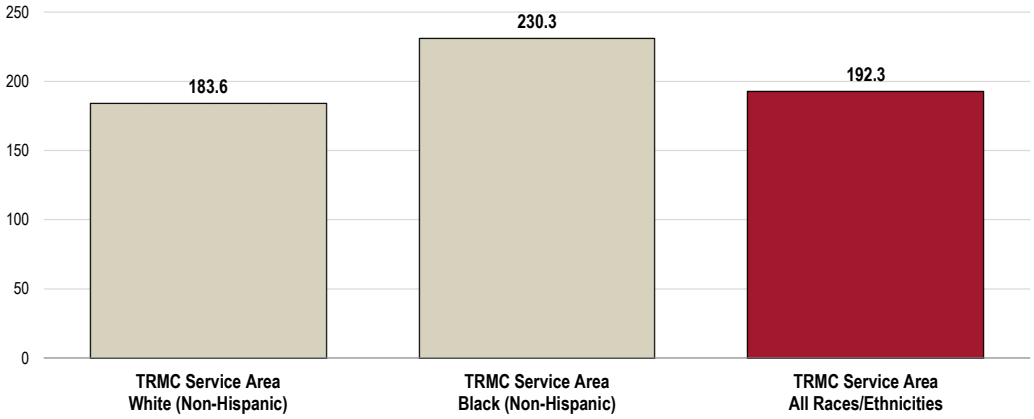
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The cancer mortality rate is notably higher among Blacks in the service area.

Cancer: Age-Adjusted Mortality by Race

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 161.4 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer Deaths by Site

Lung cancer is by far the leading cause of cancer deaths in the TRMC Service Area.

Other leading sites include breast cancer among women, prostate cancer, and colorectal cancer (both sexes).

As evident in the following chart (referencing 2014-2016 annual average age-adjusted death rates):

- Each of the TRMC Service Area cancer death rates is similar to the state rate but worse than the US rate, with the exception of prostate cancer (which is similar to both state and US rates).
- Note that each of the TRMC Service Area cancer death rates detailed below fails to satisfy the related Healthy People 2020 target, with the exception of the goal for prostate cancer (the service area death rate is similar).

Age-Adjusted Cancer Death Rates by Site

(2014-2016 Annual Average Deaths per 100,000 Population)

	TRMC Service Area	LA	US	HP2020
ALL CANCERS	192.3	179.4	158.5	161.4
Lung Cancer	54.3	49.5	40.3	45.5
Female Breast Cancer	26.6	22.7	20.3	20.7
Prostate Cancer	20.0	20.4	19.0	21.8
Colorectal Cancer	19.1	16.9	14.1	14.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov

Cancer Incidence

Incidence rates reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted.

Incidence rate" or "case rate" is the number of new cases of a disease occurring during a given period of time.

It is usually expressed as cases per 100,000 population per year.

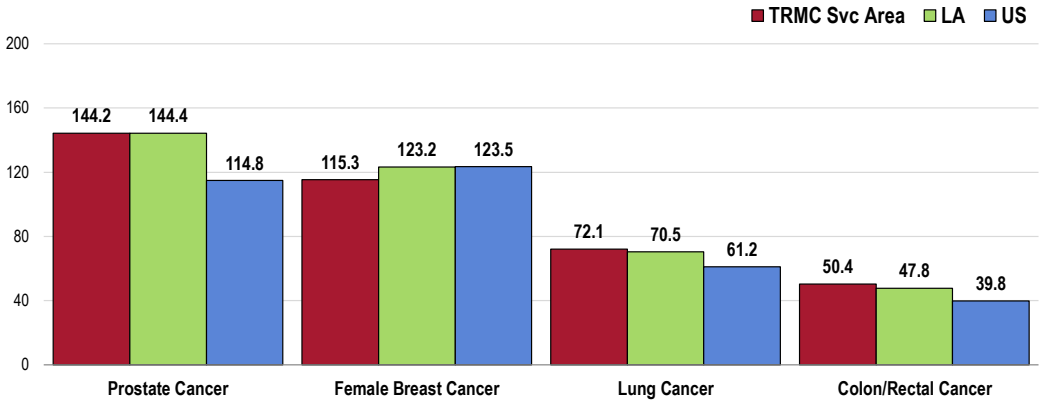
These 2010-2014 TRMC Service Area annual average age-adjusted cancer incidence rates are worse than US rates.

- Prostate cancer.
- Lung cancer.
- Colorectal cancer.

Each cancer incidence rate shown is similar to the related Louisiana rate.

Cancer Incidence Rates by Site

(Annual Average Age-Adjusted Incidence per 100,000 Population, 2010-2014)



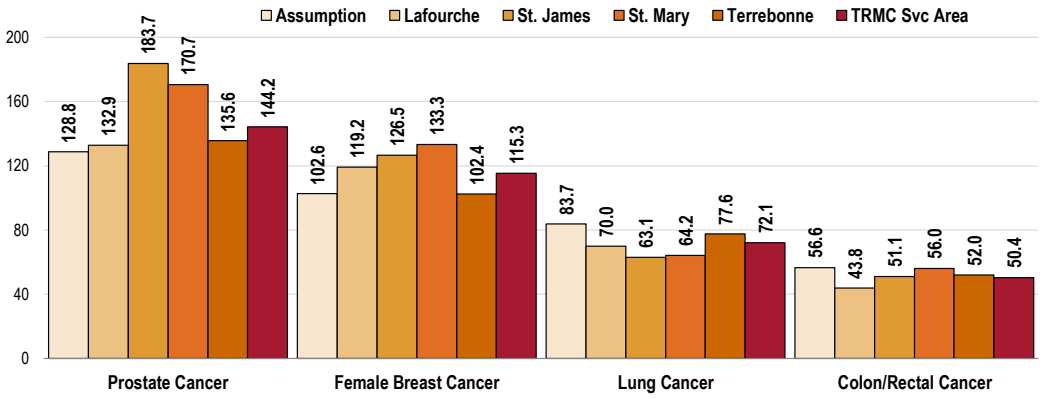
Sources:
- State Cancer Profiles.
- Retrieved April 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

- Viewed by parish: Assumption Parish reported a favorably low female breast cancer incidence rate (as did Terrebonne Parish) but an unfavorably high lung cancer incidence rate. Lafourche Parish reported a favorably low colorectal cancer incidence rate, while St. James and St. Mary parishes both reported unfavorably high prostate cancer incidence rates.

Cancer Incidence Rates by Site

(By Parish; Annual Average Age-Adjusted Incidence per 100,000 Population, 2010-2014)



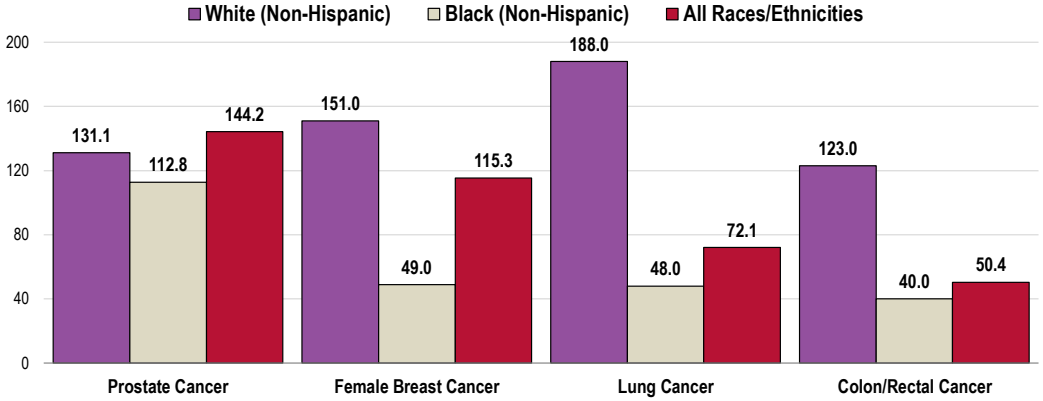
Sources:
- State Cancer Profiles.
- Retrieved April 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

- Viewed by race: Whites are much more likely than Blacks to have been diagnosed with cancer, especially lung, female breast, and colorectal cancers.

Cancer Incidence Rates by Site and Race/Ethnicity

(Annual Average Age-Adjusted Incidence per 100,000 Population, TRMC Svc Area 2010-2014)



Sources:
- State Cancer Profiles.
- Retrieved April 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

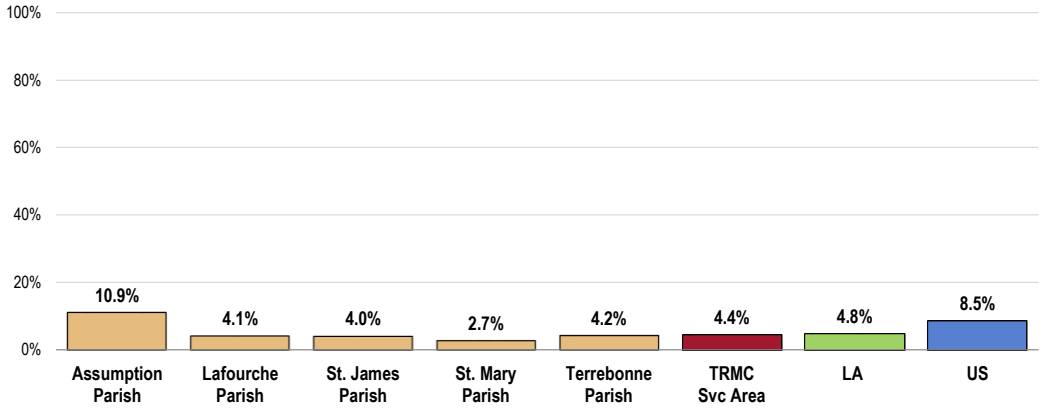
Prevalence of Cancer

Skin Cancer

A total of 4.4% of surveyed adults report having been diagnosed with skin cancer.

- Similar to what is found statewide.
- More favorable than the national average.
- Particularly high in Assumption Parish.

Prevalence of Skin Cancer



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 28]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Louisiana data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

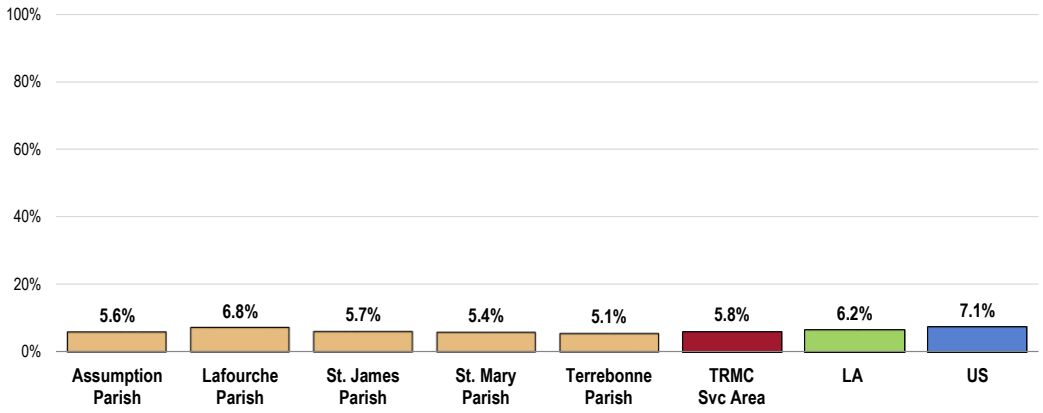
Notes:
- Asked of all respondents.

Other Cancer

A total of 5.8% of survey respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the statewide and national percentages.
- Similar findings by parish.

Prevalence of Cancer (Other Than Skin Cancer)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 27]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Louisiana data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Cancer Risk

RELATED ISSUE:
See also *Nutrition*, *Physical Activity*, *Weight Status,* and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

About Cancer Risk

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Female Breast Cancer Screening

About Screening for Breast Cancer

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Mammography

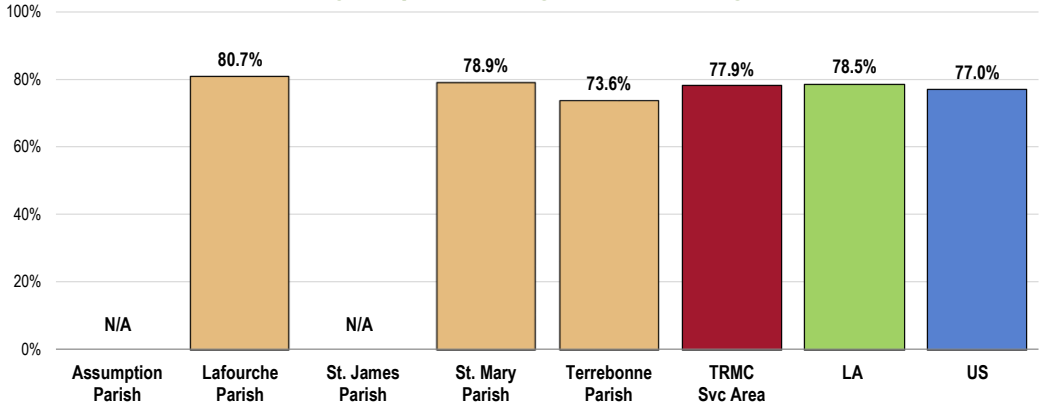
Among women age 50-74, 77.9% have had a mammogram within the past 2 years.

- Similar to statewide and US findings.
- Similar to the Healthy People 2020 target (81.1% or higher).
- Similar findings by parish (raw counts were too small for calculation in Assumption and St. James parishes).

Have Had a Mammogram in the Past Two Years

(Among Women Age 50-74)

Healthy People 2020 Target = 81.1% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Louisiana data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-17]

Notes:
- Reflects female respondents 50-74.

Cervical Cancer Screenings

About Screening for Cervical Cancer

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Pap Smear Testing

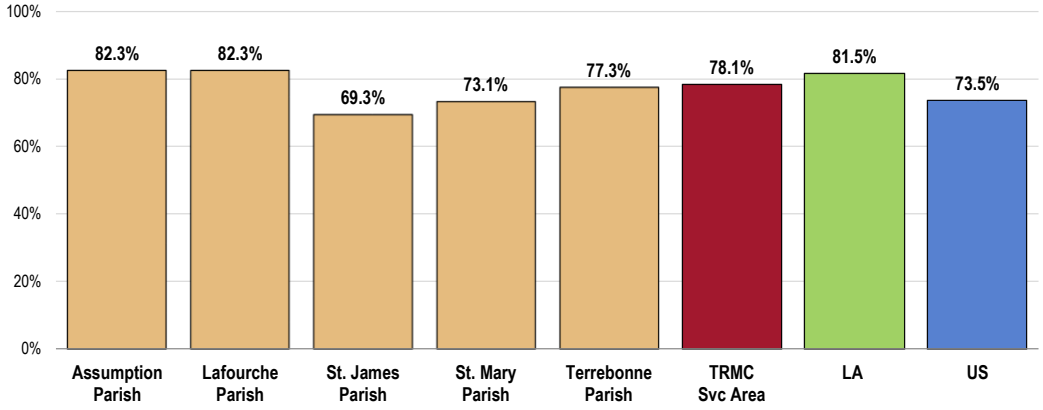
Among TRMC Service Area women age 21 to 65, 78.1% have had a Pap smear within the past 3 years.

- Comparable to state and national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- Comparable findings by parish.

Have Had a Pap Smear in the Past Three Years

(Among Women Age 21-65)

Healthy People 2020 Target = 93.0% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Louisiana data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-15]

Notes:
- Reflects female respondents age 21 to 65.

Colorectal Cancer Screenings

About Screening for Colorectal Cancer

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (fecal occult blood testing, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Colorectal Cancer Screening

Among adults age 50-75, 76.6% have had an appropriate colorectal cancer screening.

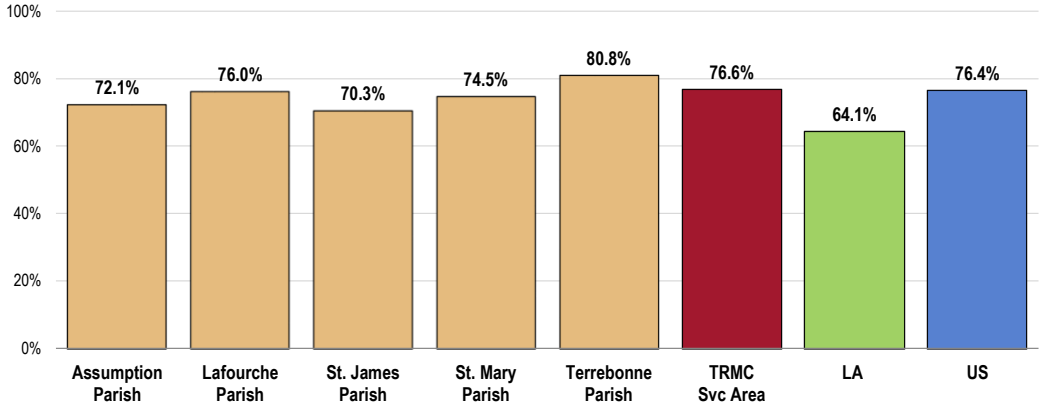
"Appropriate colorectal cancer screening" includes a fecal occult blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

- Higher than the Louisiana prevalence.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (70.5% or higher).
- Similar findings by parish.

Have Had a Colorectal Cancer Screening

(Among Adults Age 50-75)

Healthy People 2020 Target = 70.5% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 137]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Louisiana data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-16]

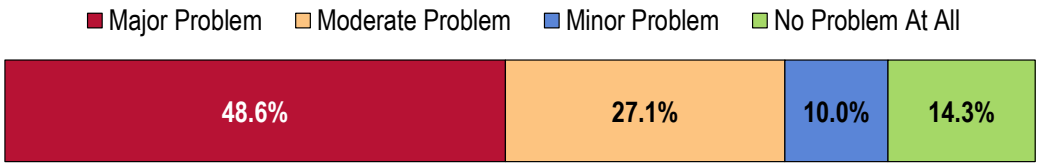
Notes:
- Asked of all respondents age 50 through 75.
- In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

Key Informant Input: Cancer

The greatest share of key informants taking part in an online survey characterized *Cancer* as a "major problem" in the community.

Perceptions of Cancer as a Problem in the Community

(Key Informants, 2018)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

Due to the area we live in, cancer has affected many families. – Community Leader, Lafourche Parish

This is the one illness you have been hearing more and more about in the community today. – Community Leader, St. James Parish

Due to the high cancer rate in this area. – Community Leader, Lafourche Parish

It is obvious that a great number of people struggle with various forms of cancer. I think prevention, diagnosis, and care with regard to cancer is an important issue for this community. – Community Leader, Terrebonne Parish

High rates, minimal interest in screening. – Physician, Assumption Parish

Cancer affects many people in the area. The number of patients requiring cancer care is high and this access to quality care providers is crucial. Think it's important for people to not have to travel far to receive high quality cancer care. – Physician, Lafourche Parish

In my line of work, we are increasingly admitting patients with metastatic cancer involving multiple organs. We are also seeing an increase in end-stage cancer at a younger age (<65). – Other Health Provider, Terrebonne Parish

There seems to always be a large number residents with cancer in this area. I don't believe this is just a local issue but a more national issue. – Community Leader, Lafourche Parish

Breast cancer. – Social Services Provider, Assumption Parish

Insurance claims for cancer treatment have increased. – Community Leader, Lafourche Parish

We serve many clients who have been diagnosed with cancer. Some are cancer survivors and others are still receiving treatment. Many of the clients that we serve are in late stages of cancer. – Community Leader, Lafourche Parish

Cancer seems to be affecting more people than ever before. The age of individuals at diagnosis always seems to be getting younger, particularly for breast cancer. Louisiana does not have legislation in place like many other states to mandate. – Public Health Representative, Lafourche Parish

Increasing incidence of cancer. – Physician, Lafourche Parish

It seems that people of all ages are developing cancer more today than in the past and don't know specifically why but could be attributed to the chemicals plants and sugar cane mills that are located within and near our community. – Community Leader, Lafourche Parish

Cancer is very common these days and is no longer only for the elderly. More and more, you are hearing of young adults (25- to 35-year-olds) being diagnosed with cancer. – Community Leader, Lafourche Parish

Work Related

Problem may exist within the area or from people working outside area without safety protection. – Social Services Provider, Lafourche Parish

Aging Population

Because of the clients we serve that are 60 and older assessments show this to be true. – Social Services Provider, Terrebonne Parish

Environmental Contributors

Open burning of sugar cane, water, genetics. – Other Health Provider, Lafourche Parish

Leading Cause of Death

Death rates appears to be high. – Social Services Provider, St. James Parish

Respiratory Disease

About Asthma & COPD

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at $20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

- Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

Age-Adjusted Respiratory Disease Deaths

Chronic Lower Respiratory Disease Deaths (CLRD)

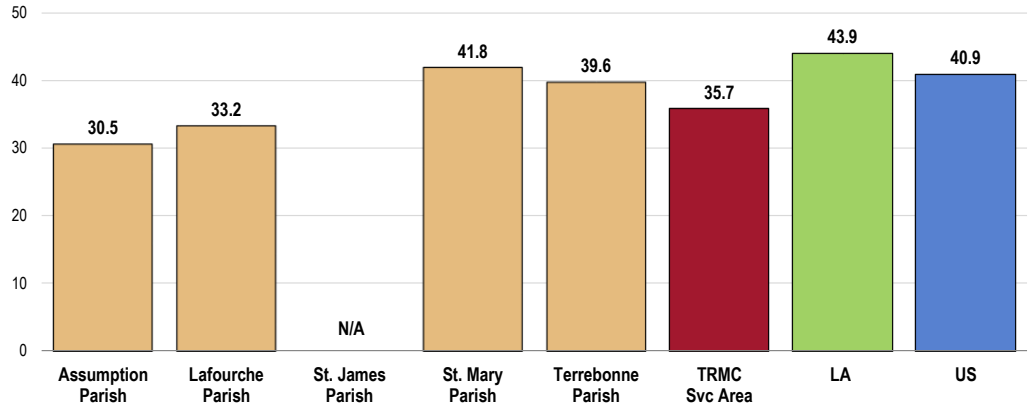
Note: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.

Between 2014 and 2016, there was an annual average age-adjusted CLRD mortality rate of 35.7 deaths per 100,000 population in the TRMC Service Area.

- Lower than found statewide.
- Similar to the national rate.
- The rate was favorably low in Assumption Parish.

CLRD: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)



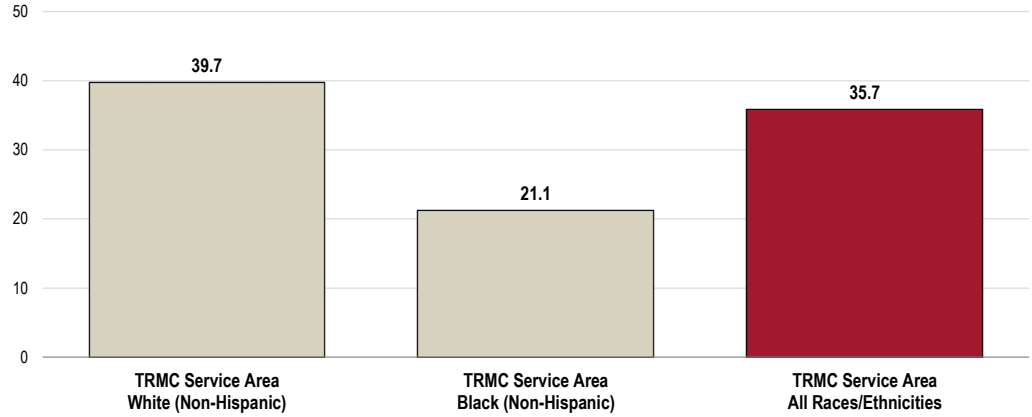
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- CLRD is chronic lower respiratory disease.

- CLRD mortality is notably higher among non-Hispanic Whites in the area.

CLRD: Age-Adjusted Mortality by Race

(2014-2016 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- CLRD is chronic lower respiratory disease.

Pneumonia/Influenza Deaths

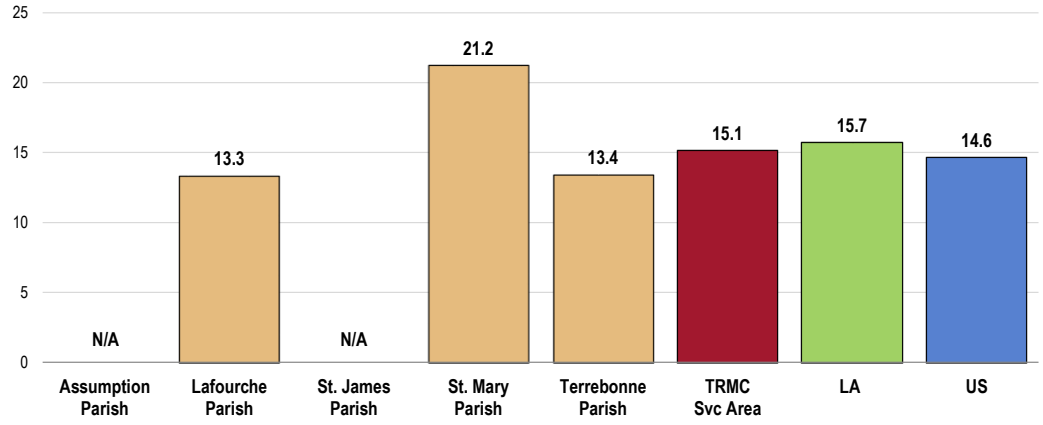
Between 2014 and 2016, TRMC Service Area reported an annual average age-adjusted pneumonia influenza mortality rate of 15.1 deaths per 100,000 population.

- Similar to the rates found statewide and nationally.
- Higher in St. Mary Parish.

For prevalence of vaccinations for pneumonia and influenza, see also *Immunization & Infectious Diseases* in the **Infectious Disease** section of this report.

Pneumonia/Influenza: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)



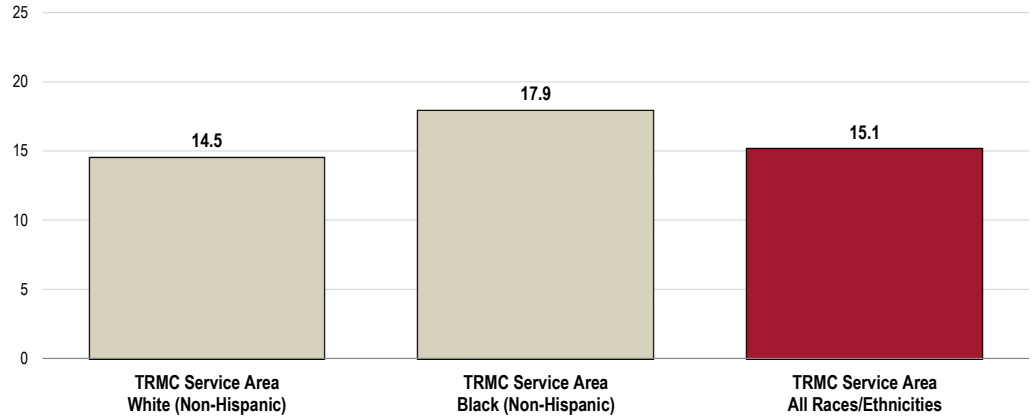
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The pneumonia/influenza mortality rate in the service area is higher among non-Hispanic Blacks.

Pneumonia/Influenza: Age-Adjusted Mortality by Race

(2014-2016 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

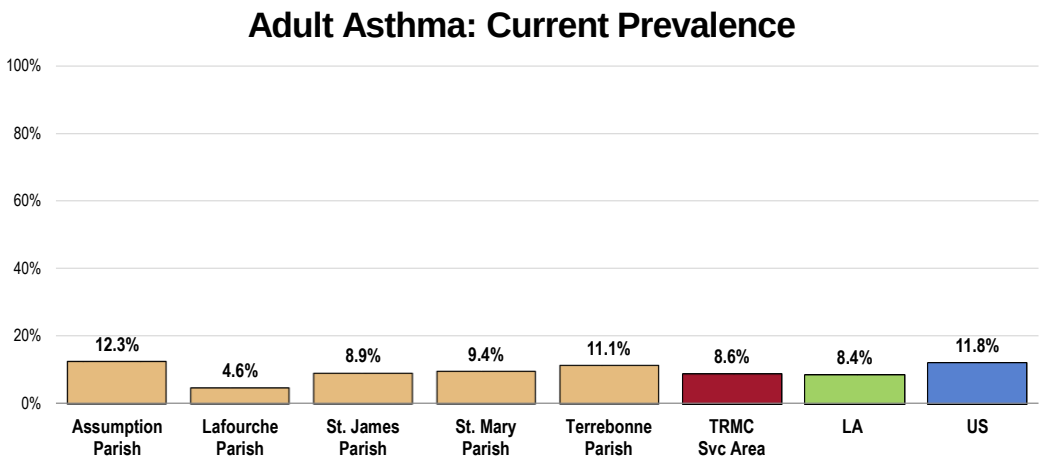
Asthma

Adults

Survey respondents were asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

A total of 8.6% of TRMC Service Area adults currently suffer from asthma.

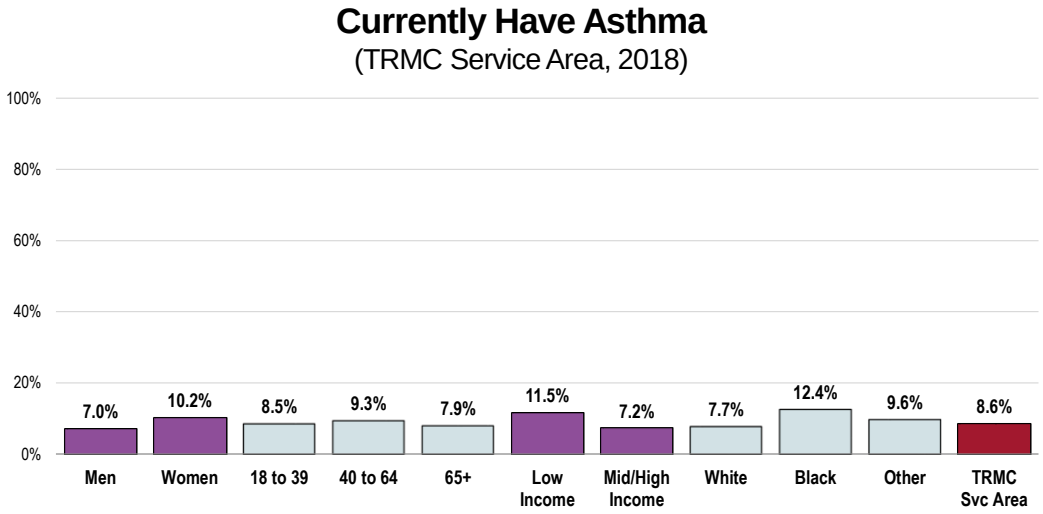
- Similar to the statewide prevalence.
- Lower than the national prevalence.
- The asthma prevalence is favorably low in Lafourche Parish.



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Louisiana data.

Notes:
- Asked of all respondents.
- Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

- The prevalence of asthma does not vary significantly by demographics in the service area.



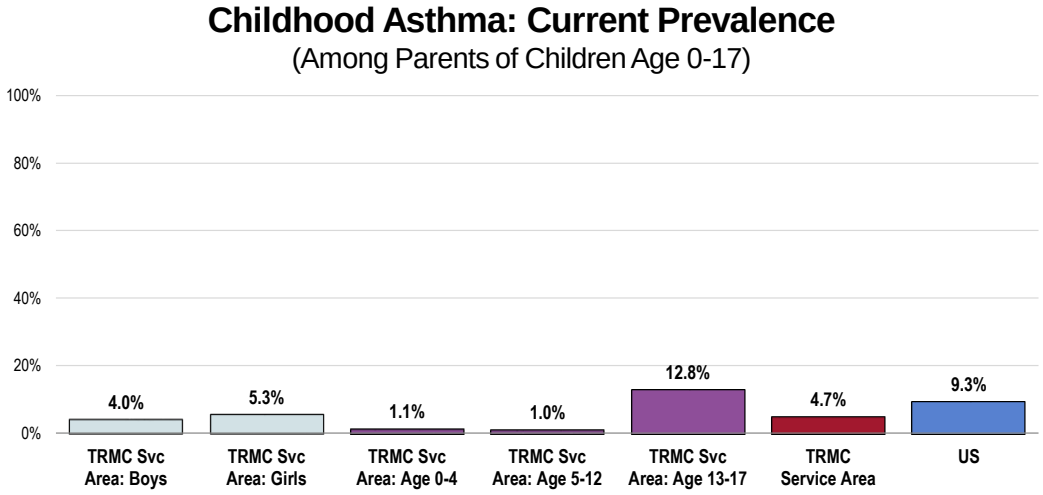
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among TRMC Service Area children under age 18, 4.7% currently have asthma.

- Half the national proportion.
- Children's asthma prevalence is similar by gender but significantly high among teens when compared with younger children.



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 139]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

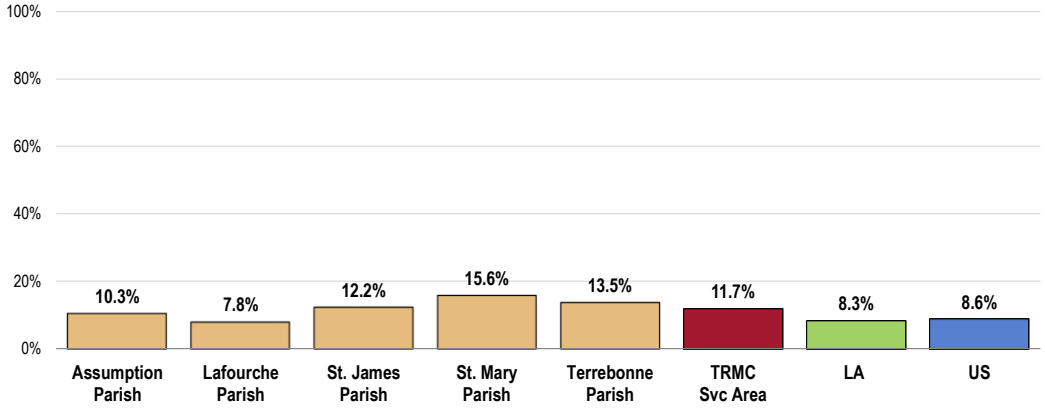
Notes:
- Asked of all respondents with children 0 to 17 in the household.
- Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

Chronic Obstructive Pulmonary Disease (COPD)

A total of 11.7% of TRMC Service Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- Worse than the state and national prevalence.
- Favorably low in Lafourche Parish.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Louisiana data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

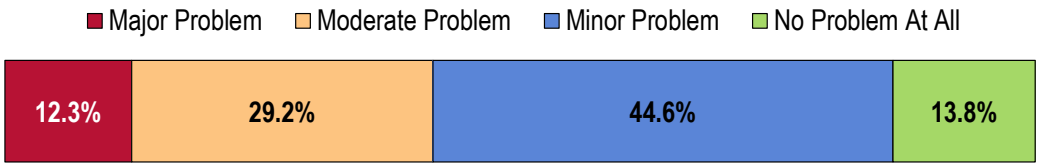
Notes:
- Asked of all respondents.
- Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.

Key Informant Input: Respiratory Disease

The greatest share of key informants taking part in an online survey characterized *Respiratory Disease* as a "minor problem" in the community.

Perceptions of Respiratory Diseases as a Problem in the Community

(Key Informants, 2018)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Environmental Contributors

Open burning of sugarcane, smoking, commercial pesticides, allergies. – Other Health Provider, Lafourche Parish

Air quality in our area is often not good due to emissions from various industries. – Community Leader, Terrebonne Parish

So many people smoke cigarettes and/or are exposed to harmful toxins in cleaning products. – Community Leader, Lafourche Parish

Smoking and company's safety programs concerning air quality. – Social Services Provider, Lafourche Parish

Co-Morbidities

With our high rate of cardiac diseases, there is more often than not an associated respiratory disease. We have obesity, cardiac disease, sedentary lifestyle, etc. which all put a strain on the lungs. We also have cigarette smokers in closed-in spaces. – Other Health Provider, Terrebonne Parish

Aging Population

Because of the clients we serve that are 60 and older assessments show this to be true. – Social Services Provider, Terrebonne Parish

Contributing Factors

Lack of proper diet and smoking. – Other Health Provider, Lafourche Parish

Incidence/Prevalence

COPD. – Physician, Lafourche Parish

Injury & Violence

About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as "accidents," "acts of fate," or as "part of life." However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

- Healthy People 2020 (www.healthypeople.gov)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2014 and 2016, there was an annual average age-adjusted unintentional injury mortality rate of 58.8 deaths per 100,000 population in the TRMC Service Area.

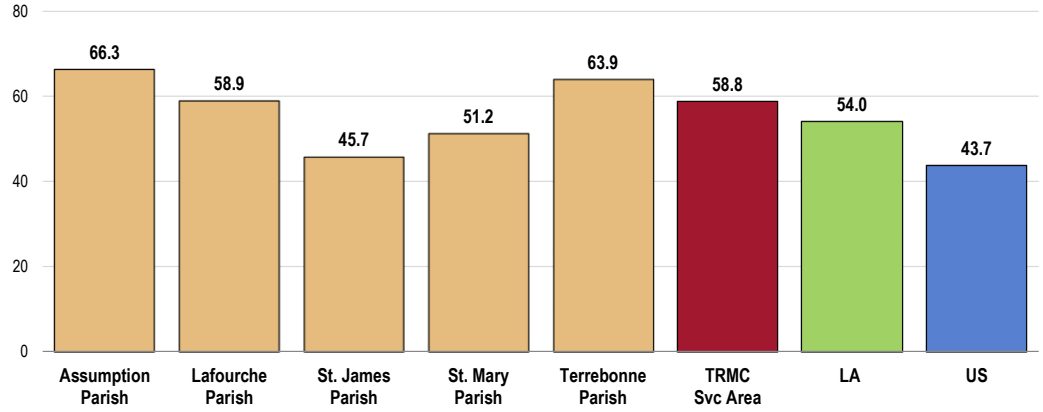
- Similar to the Louisiana rate.
- Worse than the national rate.
- Fails to satisfy the Healthy People 2020 target (36.4 or lower).

- Favorably lower in St. James and St. Mary parishes.

Unintentional Injuries: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

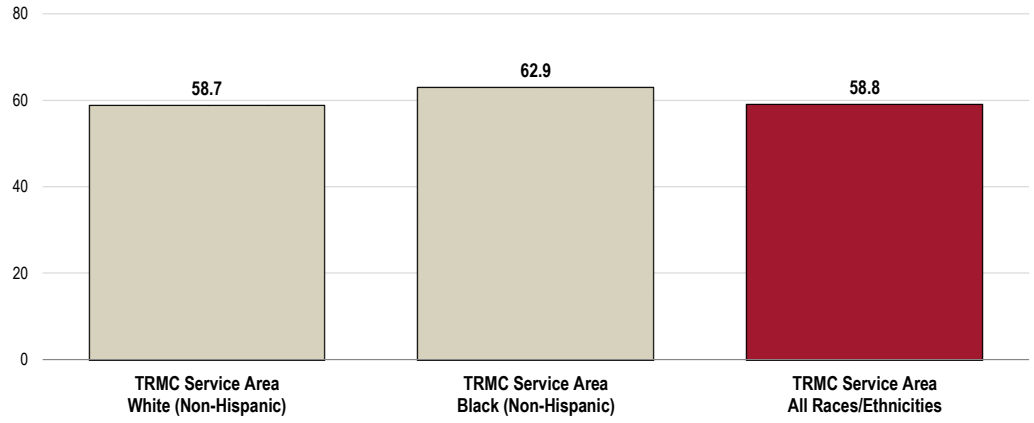
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The mortality rate does not vary significantly by race in the service area.

Unintentional Injuries: Age-Adjusted Mortality by Race

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower

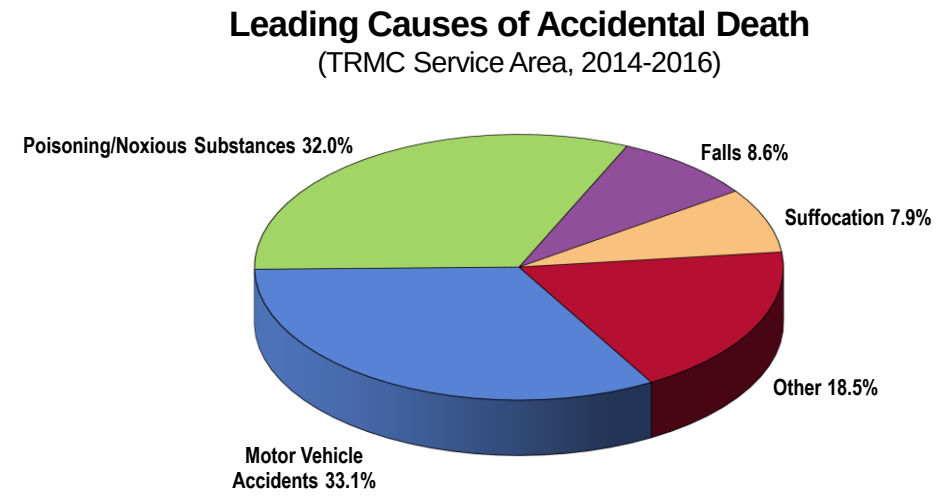


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Leading Causes of Accidental Death

Motor vehicle accidents, poisoning (including accidental drug overdose), falls, and suffocation accounted for most accidental deaths in the TRMC Service Area between 2014 and 2016.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Selected Injury Deaths

The following chart outlines mortality rates for unintentional drug-related deaths, motor vehicle crashes, and falls (among adults age 65 and older).

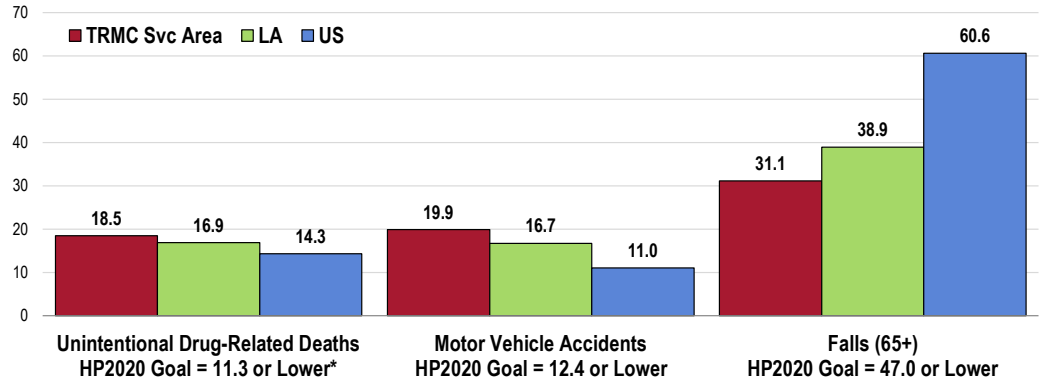
These TRMC Service Area annual average age-adjusted mortality rates are worse than US rates for:

- Motor vehicle accidents.
- Drug-related deaths.

The service area mortality rate is worse than the Louisiana rate for motor vehicle accidents.

Select Injury Death Rates

(By Cause of Death; 2014-2016 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-13.1, IVP-23.2, SA-12]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- *Healthy People 2020 goal reflects all drug-induced deaths, both intentional and unintentional.

Falls

Falls

Each year, an estimated one-third of older adults fall, and the likelihood of falling increases substantially with advancing age. In 2005, a total of 15,802 persons age ≥65 years died as a result of injuries from falls.

Falls are the leading cause of fatal and nonfatal injuries for persons aged ≥65 years … In 2006, approximately 1.8 million persons aged ≥65 years (nearly 5% of all persons in that age group) sustained some type of recent fall-related injury. Even when those injuries are minor, they can seriously affect older adults' quality of life by inducing a fear of falling, which can lead to self-imposed activity restrictions, social isolation, and depression.

In addition, fall-related medical treatment places a burden on US healthcare services. In 2000, direct medical costs for fall-related injuries totaled approximately $19 billion. A recent study determined that 31.8% of older adults who sustained a fall-related injury required help with activities of daily living as a result, and among them, 58.5% were expected to require help for at least 6 months.

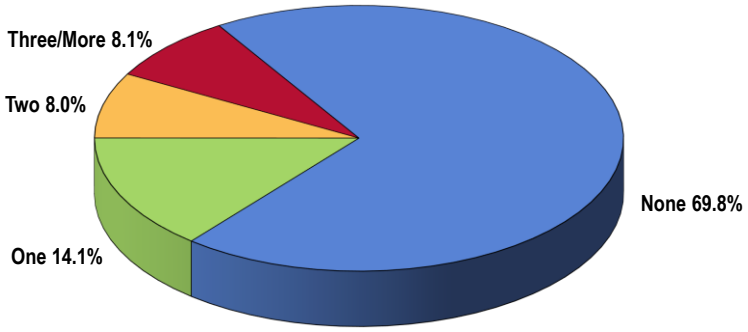
Modifiable fall risk factors include muscle weakness, gait and balance problems, poor vision, use of psychoactive medications, and home hazards. Falls among older adults can be reduced through evidence-based fall-prevention programs that address these modifiable risk factors. Most effective interventions focus on exercise, alone or as part of a multifaceted approach that includes medication management, vision correction, and home modifications.

- Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, CDC

Among surveyed TRMC Service Area adults age 45 and older, 30.2% fell at least once in the past year, including 8.1% who fell three or more times.

Number of Falls in Past 12 Months

(Among Adults Age 45 and Older; TRMC Service Area, 2018)



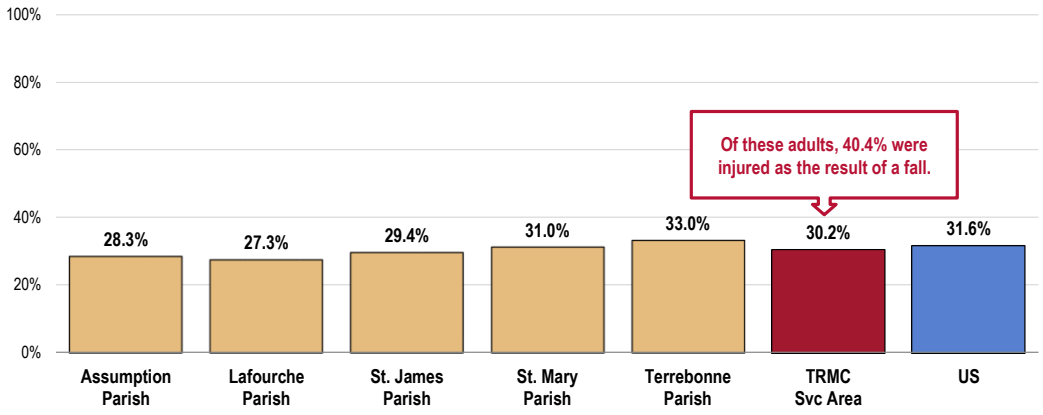
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 107]
Notes: ● Asked of all respondents age 45+.

- The prevalence of adults age 45+ who fell at least once in the past year is similar to the national proportion.
- Similar percentages by parish as well.

Among those who fell in the past year, 40.4% were injured as a result of the fall.

Fell One or More Times in the Past Year

(Among Respondents Age 45 and Older)

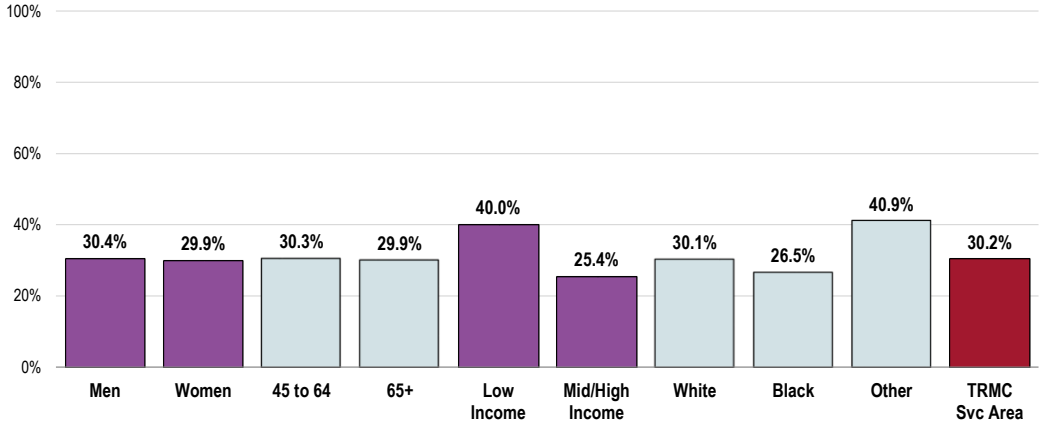


Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 107-108]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of those respondents age 45 and older.

These population groups (age 45+) were more likely to have fallen in the past year:

- Low-income residents.
- Adults of Other racial backgrounds.

Fell One or More Times in the Past Year
(Among Respondents Age 45 and Older; TRMC Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 107]
Notes: • Asked of those respondents age 45 and older.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Firearm Safety

Age-Adjusted Firearm-Related Deaths

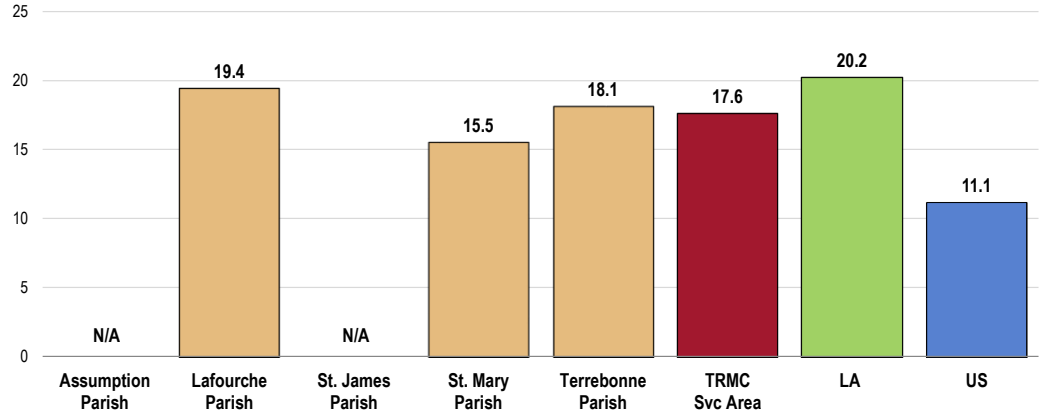
Between 2014 and 2016, firearms in the TRMC Service Area contributed to an annual average age-adjusted rate of 17.6 deaths per 100,000 population.

- Similar to that found statewide.
- Worse than found nationally.
- Fails to satisfy the Healthy People 2020 objective (9.3 or lower).
- Lowest in St. Mary Parish.

Firearms-Related Deaths: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 9.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-30]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

Between 2014 and 2016, there were 8.3 homicides per 100,000 population in the area.

- Lower than the rate found statewide.
- Higher than the national rate.
- Fails to satisfy the Healthy People 2020 target of 5.5 or lower.

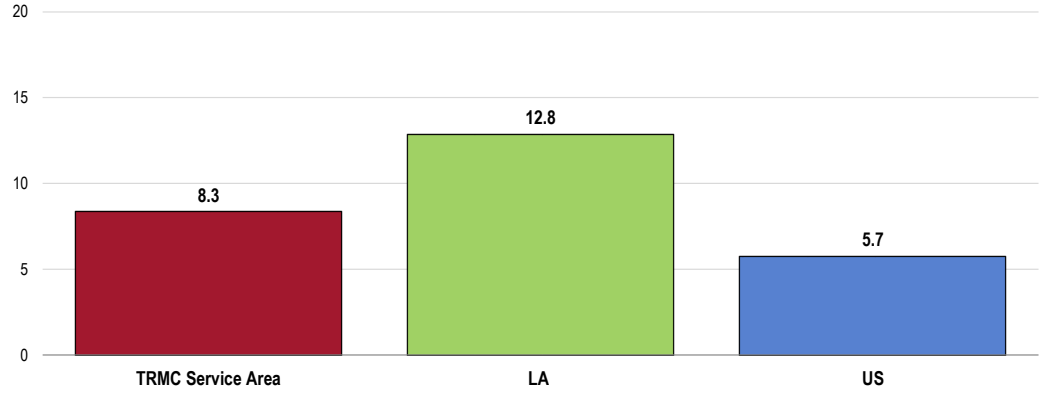
RELATED ISSUE:

See also *Mental Health: Suicide* in the **General Health Status** section of this report.

Homicide: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 5.5 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-29]

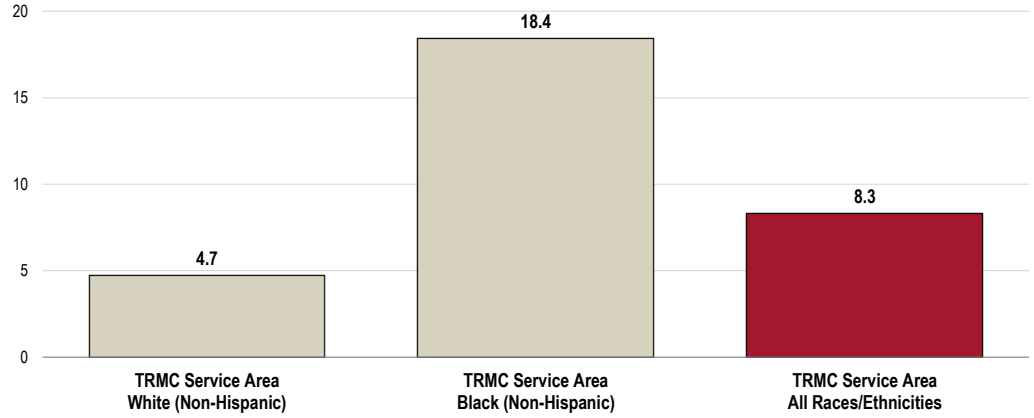
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The homicide rate is nearly 4 times as high among Blacks than Whites in the service area.

Homicide: Age-Adjusted Mortality by Race

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 5.5 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-29]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Violent Crime

Violent Crime Rates

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

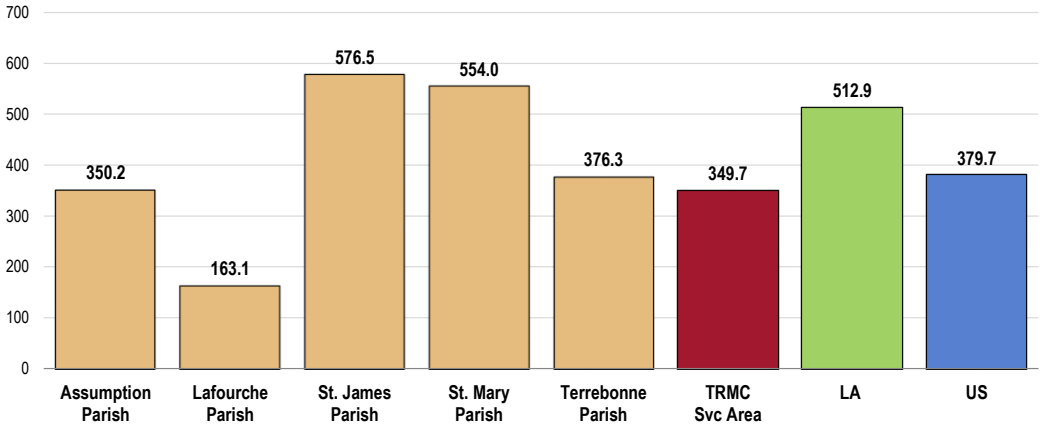
Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Between 2012 and 2014, there were a reported 349.7 violent crimes per 100,000 population in the TRMC Service Area.

- Below the Louisiana rate for the same period.
- Similar to the national rate.
- Unfavorably high in St. James and St. Mary parishes.

Violent Crime

(Rate per 100,000 Population, 2012-2014)



Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Retrieved April 2018 from Community Commons at http://www.chna.org.

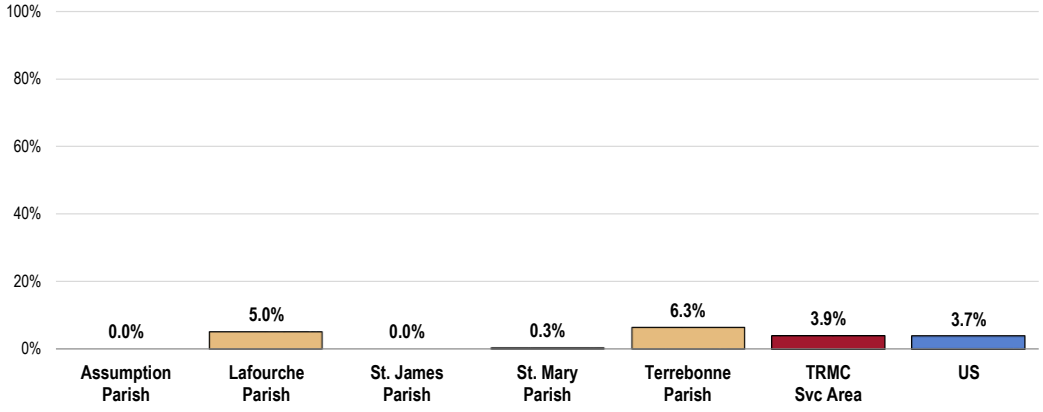
Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Community Violence

A total of 3.9% of surveyed TRMC Service Area adults acknowledge being the victim of a violent crime in the area in the past five years.

- Statistically similar to national findings.
- Null responses in Assumption and St. James parishes; highest in Terrebonne Parish.

Victim of a Violent Crime in the Past Five Years



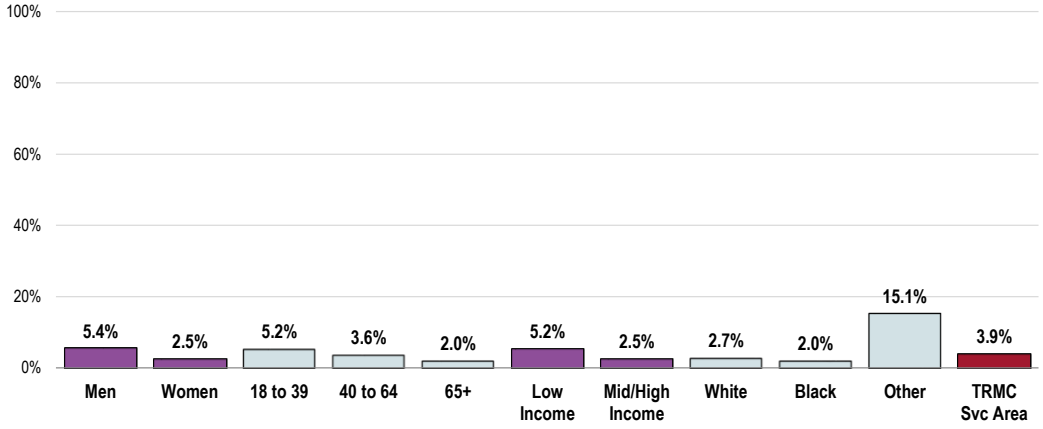
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Reports of violence are notably higher among men and residents of Other racial backgrounds.

Victim of a Violent Crime in the Past Five Years

(TRMC Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Family Violence

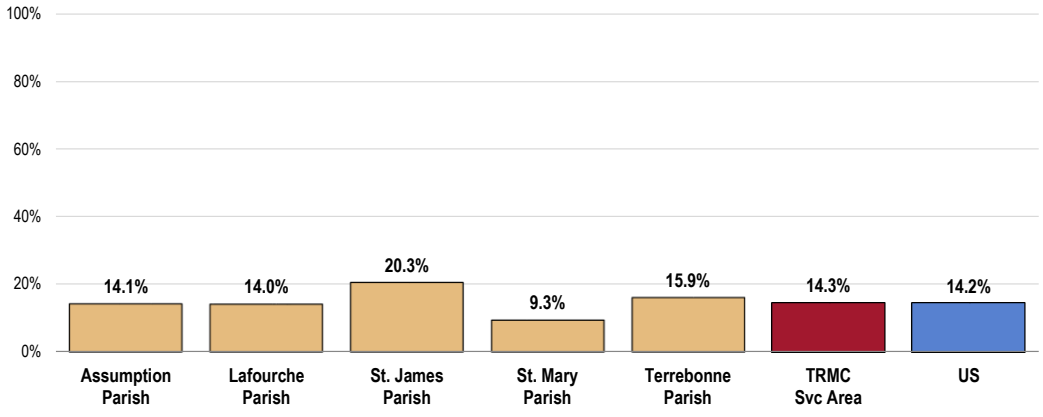
A total of 14.3% of TRMC Service Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

Respondents were read:

"By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

- Almost identical to national findings.
- Favorably low in St. Mary Parish.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner



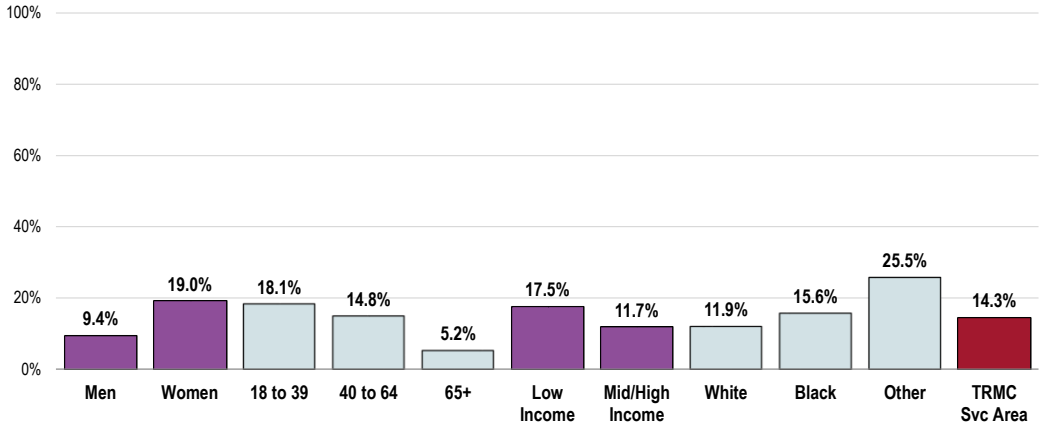
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Reports of domestic violence are also notably higher among:

- Women.
- Adults under 65 (strong correlation with age).
- Those with lower incomes.
- Residents of Other racial backgrounds.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner
(TRMC Service Area, 2018)



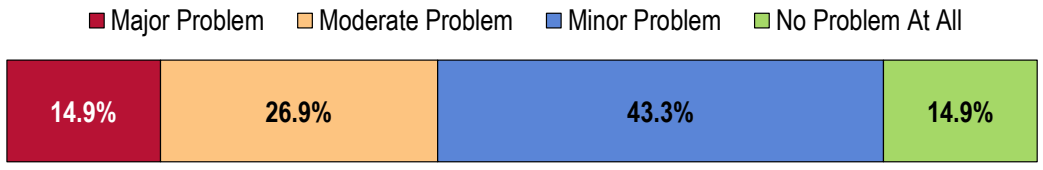
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Injury & Violence

The largest share of key informants taking part in an online survey characterized *Injury & Violence* as a "minor problem" in the community.

Perceptions of Injury and Violence as a Problem in the Community
(Key Informants, 2018)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> *Very poor treatment center for any injury and crime is on the upswing because of drugs. – Community Leader, St. Mary Parish*
>
> *There is a lack of access to a trauma center with readily available surgeons/OR suites 24/7. Seriously injured/time-sensitive patients have to be routed to either New Orleans/Baton Rouge or Lafayette to access these services. – Other Health Provider, Lafourche Parish*

Incidence/Prevalence

> *We believe that this may be a problem; however, we don't have any factual evidence to prove that this is a major problem. – Social Services Provider, Terrebonne Parish*
>
> *The headlines from the local papers and the Facebook pages of highway patrol and Terrebonne Parish Sheriff's Office report multiple times per week not only on sexual assaults of children and adults, domestic violence, but also neighborhood shootings and assaults. – Social Services Provider, Terrebonne Parish*

Work-Related

> *Since heavy machinery is a part of the oil and gas as well as the agricultural industry, which dominates this area, there will be injuries. Also, violence seems on the increase, as it is in many places in our country. – Community Leader, Terrebonne Parish*

Motor Vehicle Accidents

> *Injuries are from auto accidents and violence comes from educational conditions and job availability. – Social Services Provider, Lafourche Parish*

Health Education/Awareness

> *Limited violence program. – Community Leader, Assumption Parish*

Violent Crime

> *Violent crimes. – Social Services Provider, Terrebonne Parish*

Diabetes

About Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

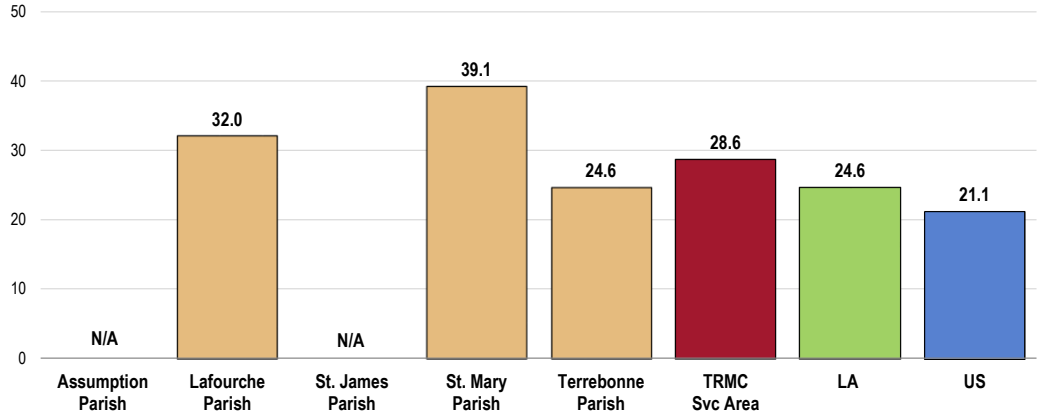
Between 2014 and 2016, there was an annual average age-adjusted diabetes mortality rate of 28.6 deaths per 100,000 population in the TRMC Service Area.

- Comparable to the Louisiana rate.
- Less favorable than that found nationally.
- Fails to satisfy the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).
- Highest in St. Mary Parish; lowest in Terrebonne Parish.

Diabetes: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 20.5 or Lower (Adjusted)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

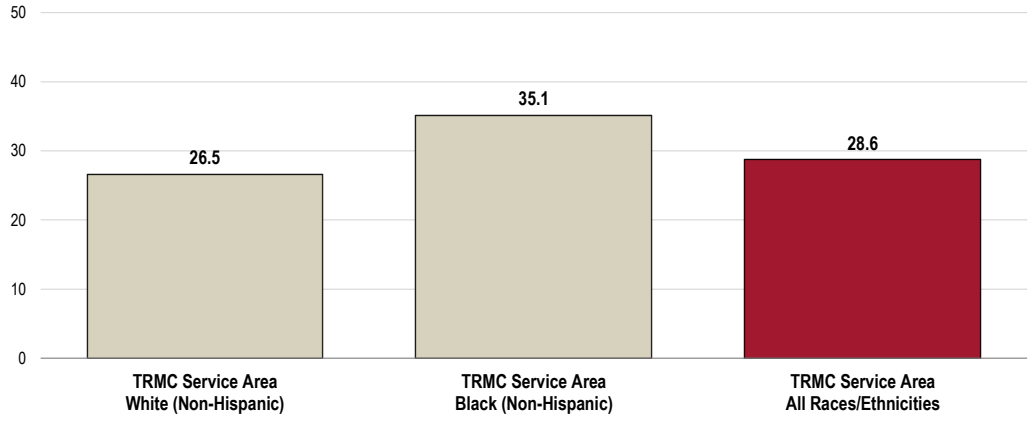
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- The diabetes mortality rate in the TRMC Service Area is notably higher among Blacks than among Whites.

Diabetes: Age-Adjusted Mortality by Race

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 20.5 or Lower (Adjusted)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

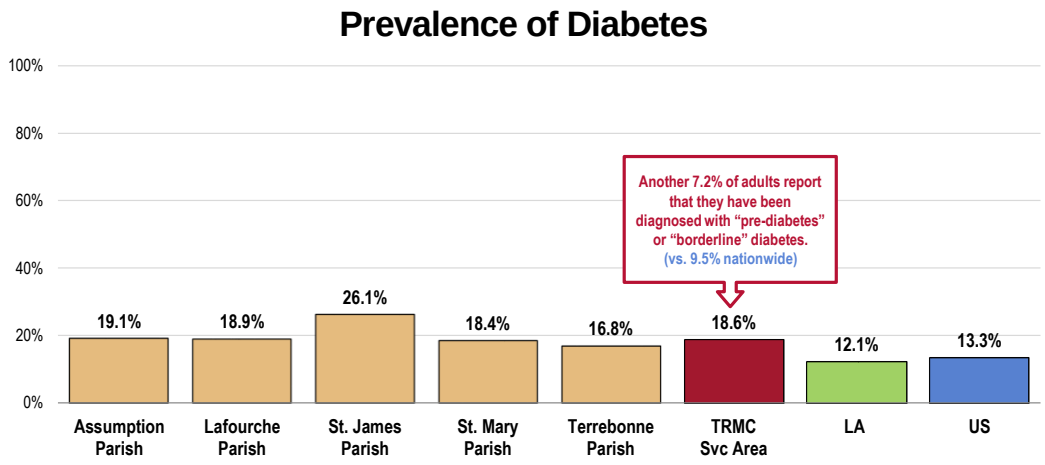
Prevalence of Diabetes

A total of 18.6% of TRMC Service Area adults report having been diagnosed with diabetes.

- Worse than the state and national proportions.
- Statistically similar by community.

In addition to the prevalence of diagnosed diabetes referenced above, another 7.2% of TRMC Service Area adults report that they have "pre-diabetes" or "borderline diabetes."

- Comparable to the US prevalence.



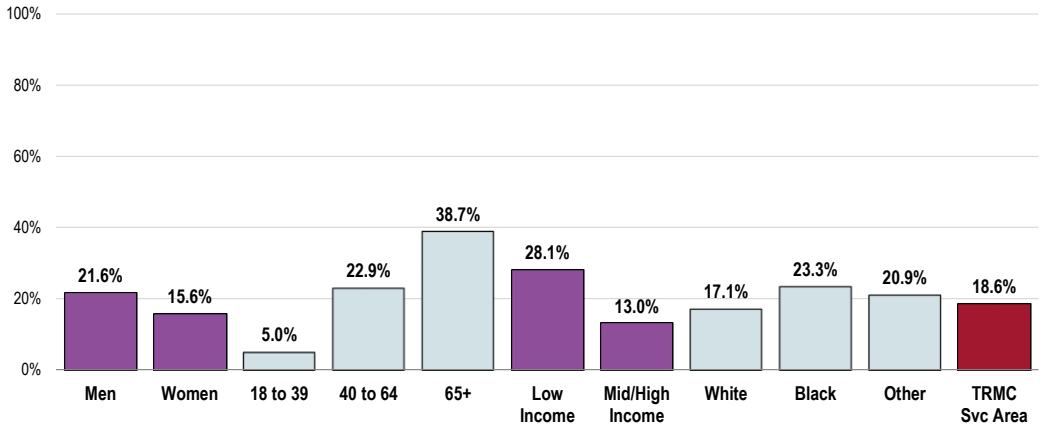
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Louisiana data.

Notes:
- Asked of all respondents.

A higher prevalence of diagnosed diabetes (excluding pre-diabetes or borderline diabetes) is reported among:

- Men.
- Older adults (note the strong correlation between diabetes and age, with 38.7% of seniors diagnosed with diabetes).
- Lower-income adults.

Prevalence of Diabetes
(TRMC Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]

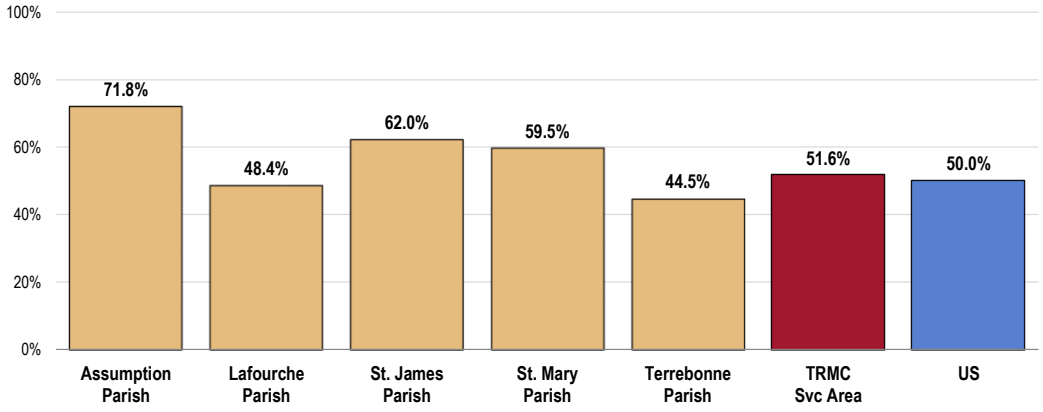
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Excludes gestational diabetes (occurring only during pregnancy).

Diabetes Testing

Of area adults who have <u>not</u> been diagnosed with diabetes, 51.6% report having had their blood sugar level tested within the past three years.

- Similar to the national proportion.
- Highest in Assumption Parish; lowest in Terrebonne Parish.

Have Had Blood Sugar Tested in the Past Three Years
(Among Nondiabetics)



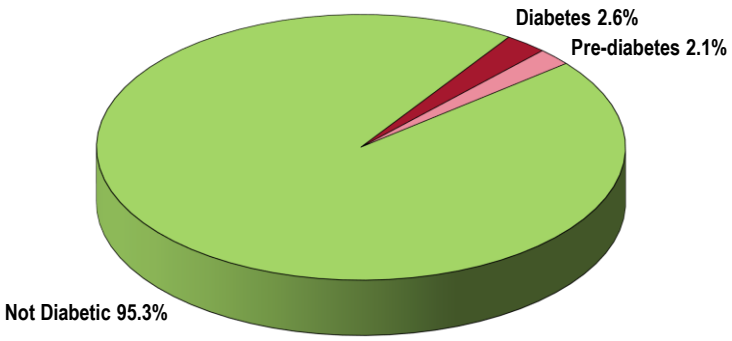
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 37]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of respondents who have not been diagnosed with diabetes.

Childhood Diabetes

Of area children under age 18, 2.6% have been diagnosed with diabetes, and another 2.1% are pre-diabetic.

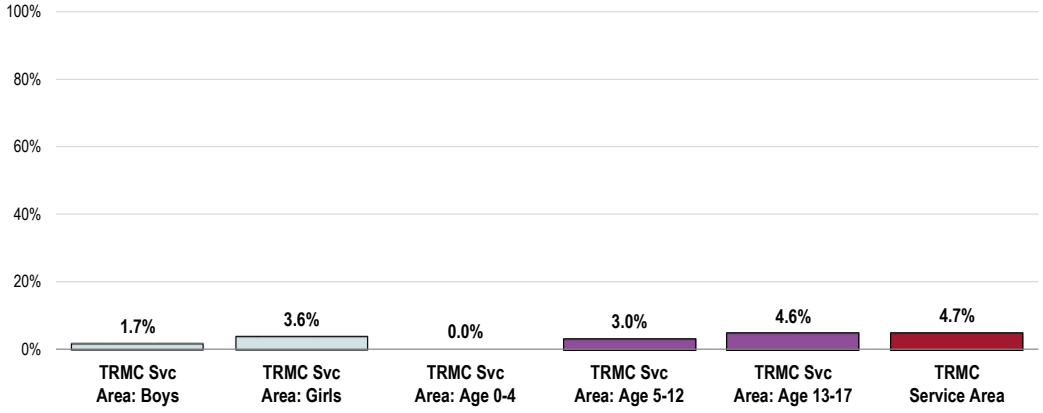
Prevalence of Diabetes in Children
(Among TRMC Service Area Children Under 18, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 308]
Notes: • Asked of all respondents about a child under 18 at home.

- Viewing childhood diabetes (including pre-diabetes) in the service area by age and gender, note the strong correlation with age (the prevalence is similar by gender).

Childhood Diabetes/Pre-diabetes: Current Prevalence
(Among Parents of Children Age 0-17)



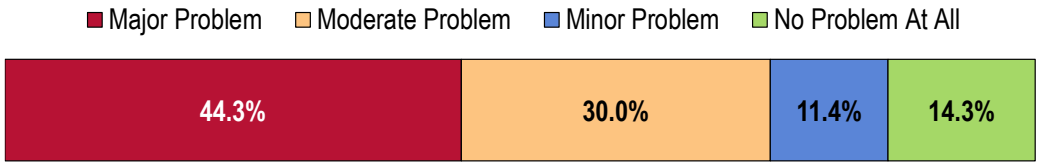
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 308]
Notes: • Asked of all respondents with children 0 to 17 in the household.

Key Informant Input: Diabetes

Over 4 in 10 key informants taking part in an online survey characterized *Diabetes* as a "major problem" in the community.

Perceptions of Diabetes as a Problem in the Community

(Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Disease Management

I think biggest challenge is monitoring their blood sugar and eating proper diet and affording the cost of prescription medicines needed. – Community Leader, Lafourche Parish

The education and lack of following a proper diet. – Other Health Provider, Lafourche Parish

Self-management of their diagnosis. – Other Health Provider, Lafourche Parish

Management. – Community Leader, Lafourche Parish

Biggest challenge for diabetic patients is medication access and compliance. Also increasing physical activity in "at risk" patients to avoid the diabetes diagnosis. – Physician, Lafourche Parish

Unable to purchase medication, insulin etc. – Social Services Provider, Terrebonne Parish

Compliance with treatment, adequate treatment for glucose control. – Physician, Lafourche Parish

Lifestyle

Our culture is surrounded by gatherings of people and food is always present. Many people have a hard time staying on their diet because of so many temptations. Lots of people have limited resources to be able to afford the medication and supplies. – Community Leader, Lafourche Parish

With the lifestyle and culture of South Louisiana, Diabetes mellitus is prevalent, especially when associated with the comorbidity of cardiac disease. With more obesity at a younger age. – Other Health Provider, Terrebonne Parish

Lifestyle, especially diet. – Public Health Representative, Lafourche Parish

Making the appropriate lifestyle changes and having the resources to perform these changes. – Physician, Lafourche Parish

Health Education/Awareness

Lack of prevention resources, management. – Social Services Provider, St. James Parish

Lack of information. – Community Leader, Assumption Parish

Lack of education. – Physician, Lafourche Parish

Making certain people are educated properly about diabetes, managing their diabetes so they live a healthy and good quality of life. – Community Leader, Lafourche Parish

Diet/Exercise

Diet. – Social Services Provider, Assumption Parish

Diet, opportunity for exercise and fresh vegetables. – Community Leader, Terrebonne Parish

Due to our culture in South LA, healthy eating is not the norm; therefore, diabetes is very common in our area. I believe the biggest challenges is the lack of education on diabetes and eating healthy. – Community Leader, Lafourche Parish

Weight Status

Obesity. – Social Services Provider, Terrebonne Parish

Population overweight. – Physician, Lafourche Parish

Obesity and not eating healthy. – Community Leader, Lafourche Parish

Overweight and education on diabetes. – Community Leader, Lafourche Parish

Lack of Specialists

Lack of behavioral health professionals and prohibitive cost to assist in overcoming unhealthy habits. – Community Leader, Terrebonne Parish

Affordable Care/Services

Medical cost. – Social Services Provider, Lafourche Parish

Alzheimer's Disease

About Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

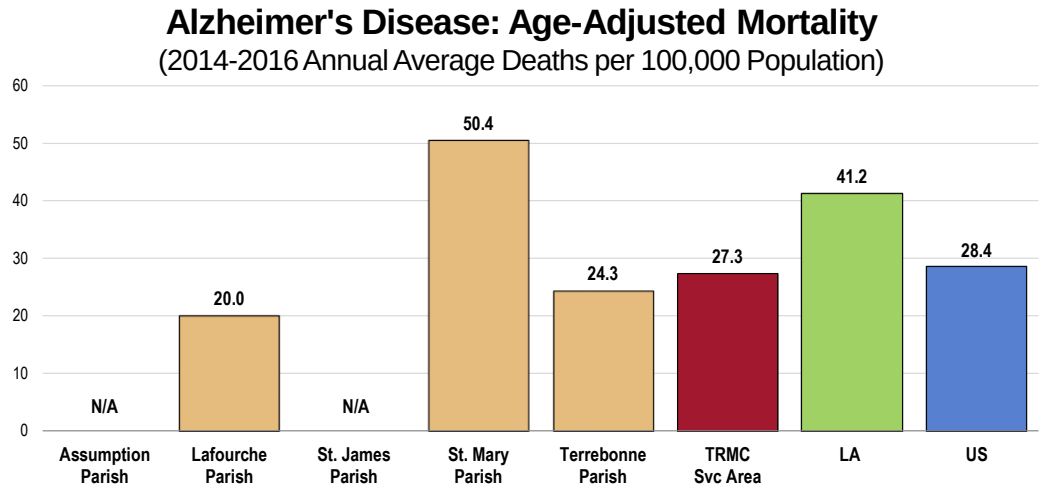
Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Between 2014 and 2016, there was an annual average age-adjusted Alzheimer's disease mortality rate of 27.3 deaths per 100,000 population in the service area.

- More favorable than the statewide rate.
- Comparable to the national rate.
- Unfavorably high in St. Mary Parish.



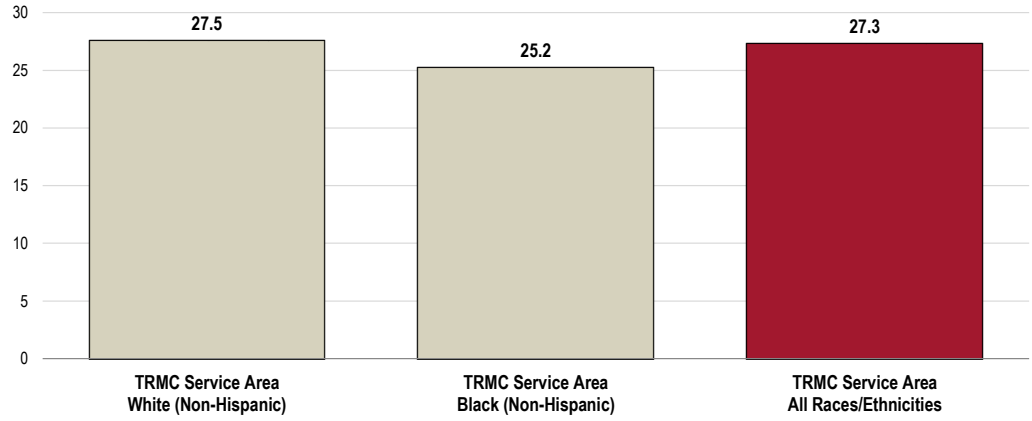
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The Alzheimer's disease mortality rate does not vary significantly between Whites and Blacks in the service area.

Alzheimer's Disease: Age-Adjusted Mortality by Race

(2014-2016 Annual Average Deaths per 100,000 Population)



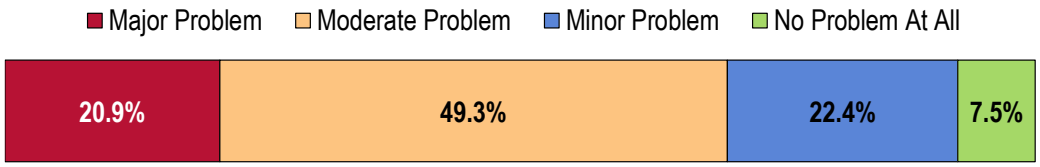
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Key Informant Input: Dementias, Including Alzheimer's Disease

Nearly half of key informants taking part in an online survey consider *Dementias, Including Alzheimer's Disease* as a "moderate problem" in the community.

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community

(Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> *I work in long-term care and have seen the number of residents/ patients with a diagnosis of dementia/Alzheimer's increase tremendously over the years, 40 years. – Community Leader, Lafourche Parish*
>
> *There are many residents being treated for this disease. Also people are walking around with confused conditions and getting lost. – Social Services Provider, Lafourche Parish*
>
> *Increasing incidence. – Physician, Lafourche Parish*

Aging Population

> *Large elderly population. – Physician, Assumption Parish*
>
> *I think this is a problem that afflicts the elderly, which makes up a large part of the population of this area. – Community Leader, Terrebonne Parish*
>
> *Because of the clients we serve that are 60 and older assessments show this to be true. – Social Services Provider, Terrebonne Parish*

Lack of Specialists

> *Lack of a neurologist on the hospital staff. – Physician, Lafourche Parish*
>
> *We have a growing population and do not have a local neurologist. – Physician, Lafourche Parish*

Health Education/Awareness

> *There is a lack of understanding of the disease itself. More education is needed in the community regarding the disease process and when it is appropriate for hospice. Often times, an Alzheimer's patient is admitted to hospice within a very short time. – Other Health Provider, Terrebonne Parish*

Kidney Disease

About Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

- Healthy People 2020 (www.healthypeople.gov)

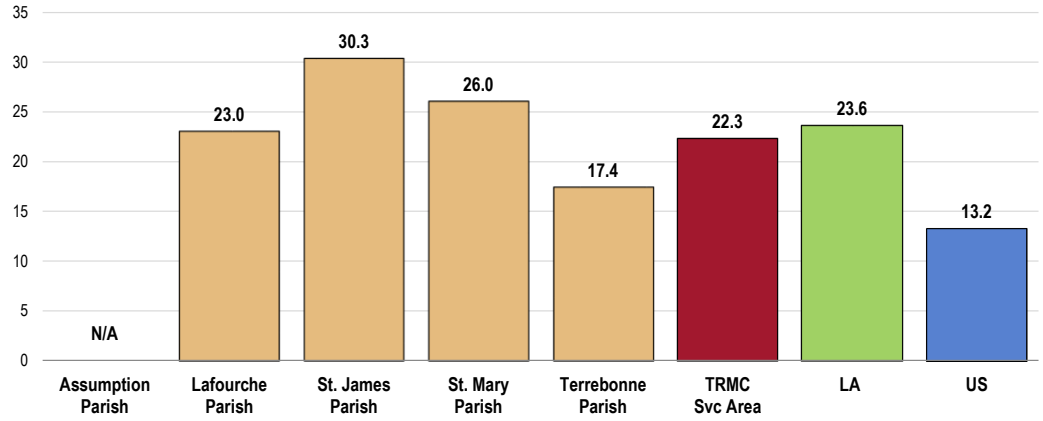
Age-Adjusted Kidney Disease Deaths

Between 2014 and 2016, there was an annual average age-adjusted kidney disease mortality rate of 22.3 deaths per 100,000 population in the TRMC Service Area.

- Comparable to the rate found statewide.
- Higher than the national rate.
- Highest in St. James Parish; lowest in Terrebonne Parish.

Kidney Disease: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)



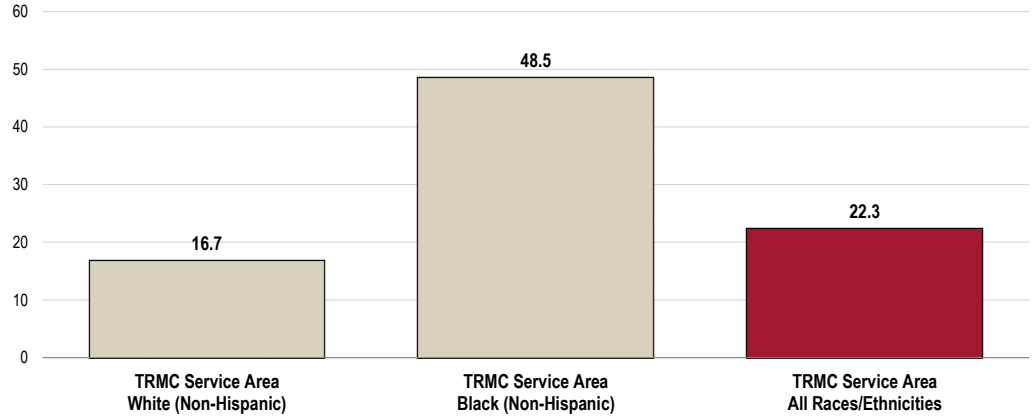
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The kidney disease mortality rate in the TRMC Service Area is nearly 3 times as high among Blacks as Whites.

Kidney Disease: Age-Adjusted Mortality by Race

(2014-2016 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.

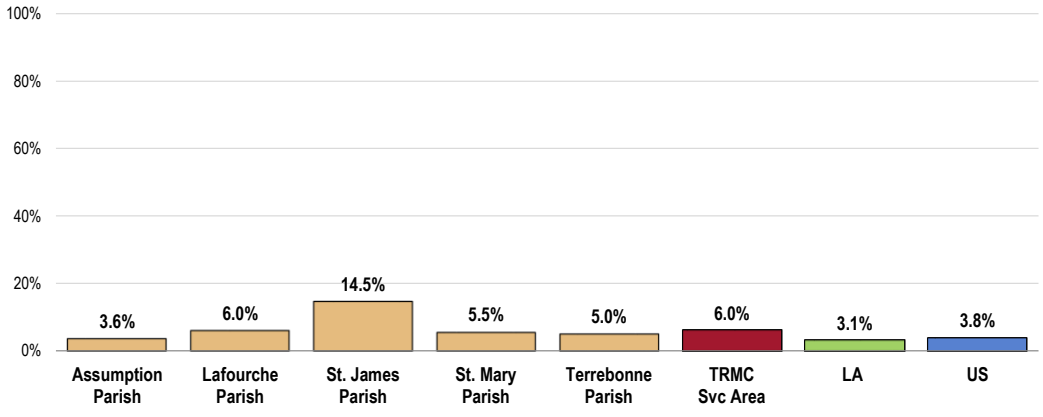
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Kidney Disease

A total of 6.0% of TRMC Service Area adults report having been diagnosed with kidney disease.

- Worse than the state and national proportions.
- Unfavorably high in St. James Parish.

Prevalence of Kidney Disease

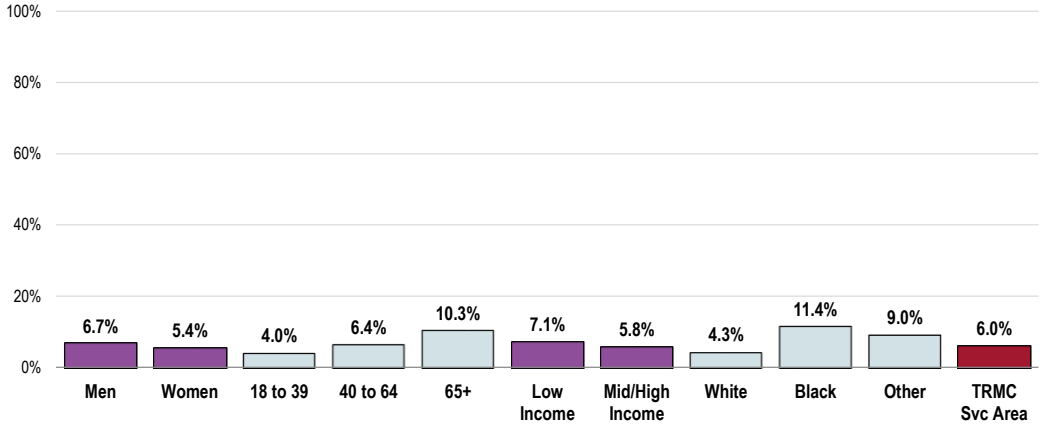


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Louisiana data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- A higher prevalence of kidney disease is reported among Black respondents in the TRMC Service Area; note also the strong correlation with age and kidney disease.

Prevalence of Kidney Disease
(TRMC Service Area, 2018)



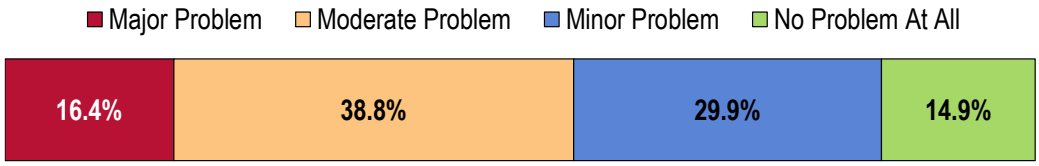
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Kidney Disease

Key informants taking part in an online survey generally characterized *Kidney Disease* as a "moderate problem" in the community.

Perceptions of Kidney Disease as a Problem in the Community
(Key Informants, 2018)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Co-Morbidities

> *The most common causes of chronic kidney disease are diabetes and hypertension. With heart disease being one of the leading causes of death in Terrebonne Parish, more likely than not, people with heart disease also have hypertension. – Other Health Provider, Terrebonne Parish*
>
> *Diabetes prevalence, hypertension prevalence, autoimmune conditions. – Other Health Provider, Lafourche Parish*
>
> *I think that kidney disease is a result of the struggle with diabetes. – Community Leader, Terrebonne Parish*

Incidence/Prevalence

> *Numbers of patients affected. – Physician, Lafourche Parish*
>
> *We transport a large number of people with these issues. – Other Health Provider, Lafourche Parish*
>
> *It was identified on the local hospital's needs assessment. – Social Services Provider, Assumption Parish*

Transportation Barriers

> *Increase demand for rides to dialysis. – Social Services Provider, St. James Parish*
>
> *Because of the transportation services we provide to clients to the dialysis units within the parish. – Social Services Provider, Terrebonne Parish*

Potentially Disabling Conditions

Arthritis, Osteoporosis & Chronic Back Conditions

About Arthritis, Osteoporosis & Chronic Back Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than $128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least $50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

- Healthy People 2020 (www.healthypeople.gov)

Over one-third (37.4%) of TRMC Service Area adults age 50 and older reports suffering from arthritis or rheumatism.

- Comparable to that found nationwide.

A total of 7.5% TRMC Service Area adults age 50 and older have osteoporosis.

- Similar to that found nationwide.
- Similar to the Healthy People 2020 target of 5.3% or lower.

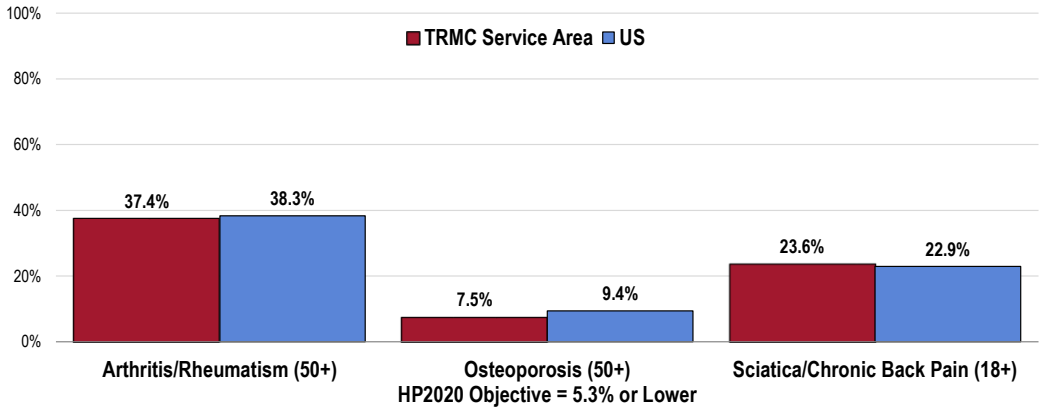
RELATED ISSUE:

See also *Overall Health Status: Activity Limitations* in the **General Health Status** section of this report.

A total of 23.6% of TRMC Service Area adults (18 and older) suffer from chronic back pain or sciatica.

- Similar to that found nationwide.

Prevalence of Potentially Disabling Conditions



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 26, 141-142]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AOCBC-10]

Notes:
- The sciatica indicator reflects the total sample of respondents; the arthritis and osteoporosis columns reflect adults age 50+.

Vision & Hearing Impairment

About Vision

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

- Healthy People 2020 (www.healthypeople.gov)

About Hearing & Other Sensory or Communication Disorders

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such a social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

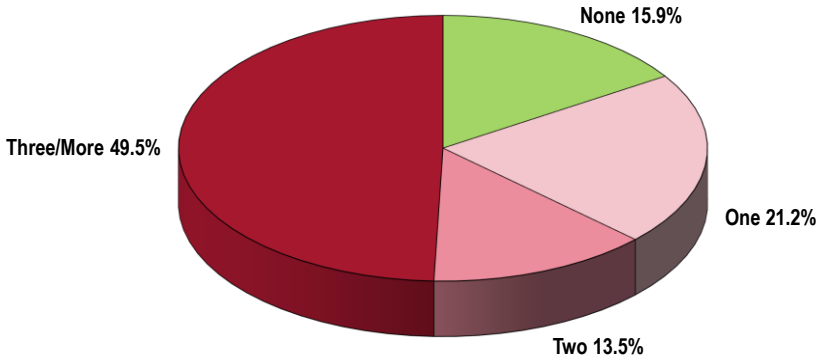
- Healthy People 2020 (www.healthypeople.gov)

Multiple Chronic Conditions

Among TRMC Service Area survey respondents, most report currently having at least one chronic health condition, including 21.2% with one condition, 13.5% with two conditions, and half (49.5%) with <u>three or more chronic conditions</u>.

For the purposes of this assessment, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression. Multiple chronic conditions are concurrent conditions.

Number of Current Chronic Conditions
(TRMC Service Area, 2018)

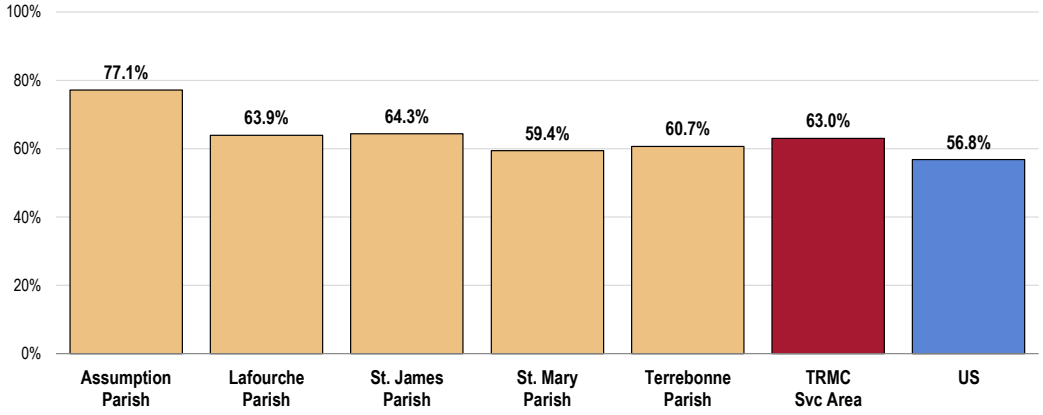


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]

Notes:
- Asked of all respondents.
- In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

- The prevalence of multiple chronic conditions among TRMC Service Area residents (63.0%) is less favorable than the US prevalence.
- The prevalence is unfavorably high in Assumption Parish.

Currently Suffer From Multiple Chronic Conditions



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

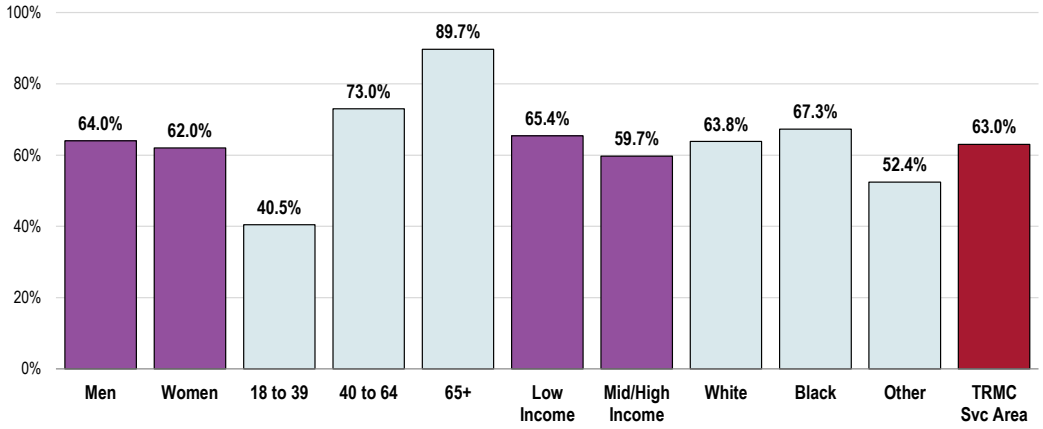
Notes:
- Asked of all respondents.
- In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

The following populations are more likely to report suffering from multiple chronic conditions:

- Older adults (positive correlation with age).
- Black residents.

Currently Suffer From Multiple Chronic Conditions

(TRMC Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

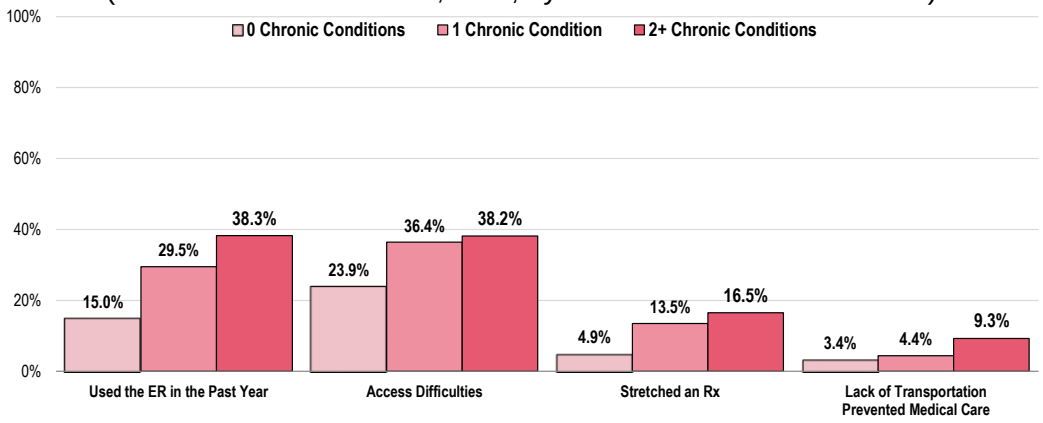
Chronic Conditions & Healthcare Access

Note these positive correlations between the number of chronic conditions among TRMC Service Area adults and various barriers to healthcare access:

- Access difficulties (composite total)
- Use of the ER for medical care
- Lack of transportation for medical care
- Skipping or stretching a prescription medication

Chronic Conditions and Healthcare Access

(TRMC Service Area Adults, 2018; By Number of Chronic Conditions)



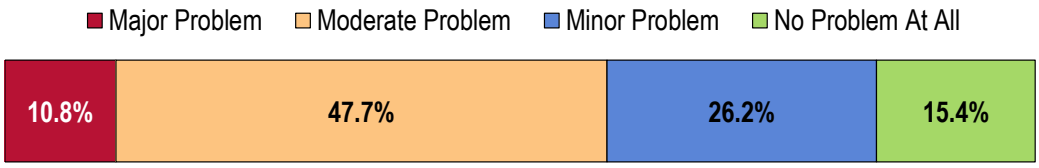
Sources:
- 2018 PRC National Health Survey, Professional Research Consultants, Inc.
- In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

A plurality of key informants taking part in an online survey characterized *Arthritis, Osteoporosis & Chronic Back Conditions* as a "moderate problem" in the community.

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community

(Key Informants, 2018)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Weight Status

> *Obesity is a major contributor to arthritis and back issues. Poor screening for osteoporosis in the community. – Physician, Lafourche Parish*
>
> *So many overweight people with chronic back pain, even despite surgical intervention. With aging of population, arthritis is particularly prevalent. – Other Health Provider, Lafourche Parish*

Insufficient Physical Activity

> *Significant loss in productivity of the people related to chronic back pain. – Physician, Lafourche Parish*

Aging Population

> *Aging population of baby boomers. – Other Health Provider, Lafourche Parish*

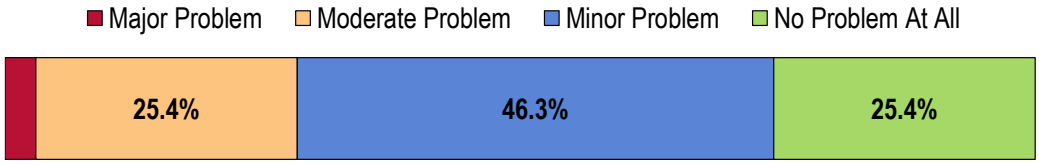
Incidence/Prevalence

> *A great deal of people affected. – Community Leader, Terrebonne Parish*

Key Informant Input: Vision & Hearing

Key informants taking part in an online survey most often characterized *Vision & Hearing* as a "minor problem" in the community.

Perceptions of Vision and Hearing as a Problem in the Community
(Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Aging Population

> *Because of the clients we serve that are 60 and older assessments show this to be true. – Social Services Provider, Terrebonne Parish*

Infectious Disease

Professional Research Consultants, Inc.

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

- Healthy People 2020 (www.healthypeople.gov)

Flu Vaccination

Among TRMC Service Area seniors, 69.0% received a flu shot within the past year.

- Higher than the Louisiana finding.
- Similar to the national finding.
- Similar to the Healthy People 2020 target (70% or higher).

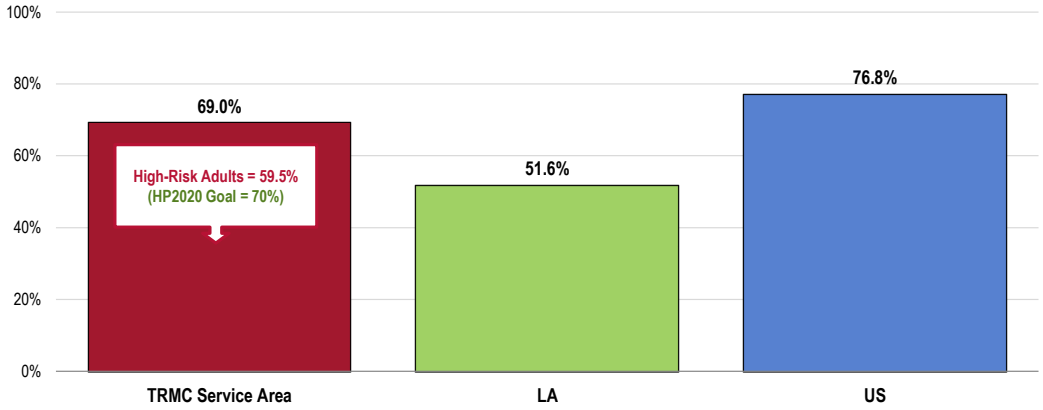
"High-risk" includes adults who report having been diagnosed with heart disease, diabetes, or respiratory disease.

A total of 59.5% of high-risk adults age 18 to 64 received a flu shot within the past year.

Older Adults: Have Had a Flu Vaccination in the Past Year

(Among Adults Age 65+)

Healthy People 2020 Target = 70.0% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 144-145]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Louisiana data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.12]

Notes:
- Reflects respondents 65 and older.
- "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes, or respiratory disease.

Pneumonia Vaccination

Among TRMC Service Area adults age 65 and older, 68.4% have received a pneumonia vaccination at some point in their lives.

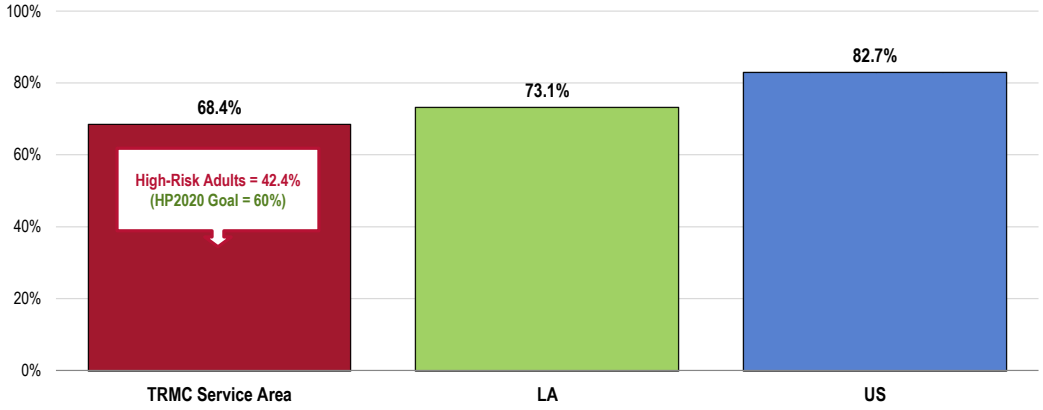
- Comparable to the Louisiana finding.
- Lower than the national finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.

A total of 42.4% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

Older Adults: Have Ever Had a Pneumonia Vaccine

(Among Adults Age 65+)

Healthy People 2020 Target = 90.0% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 146-147]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Louisiana data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives IID-13.1, IID-13.2]

Notes:
- Reflects respondents 65 and older.
- "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

HIV

About Human Immunodeficiency Virus (HIV)

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

- Healthy People 2020 (www.healthypeople.gov)

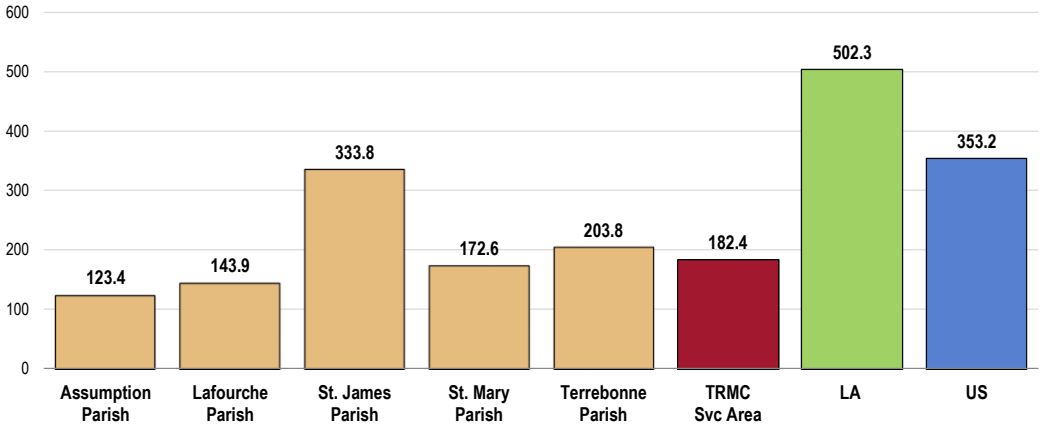
HIV Prevalence

In 2013, there was a prevalence of 182.4 HIV cases per 100,000 population in the TRMC Service Area.

- Well below the state (especially) and US prevalence.
- Unfavorably high in St. James and Terrebonne parishes.

HIV Prevalence

(Prevalence Rate of HIV per 100,000 Population, 2013)



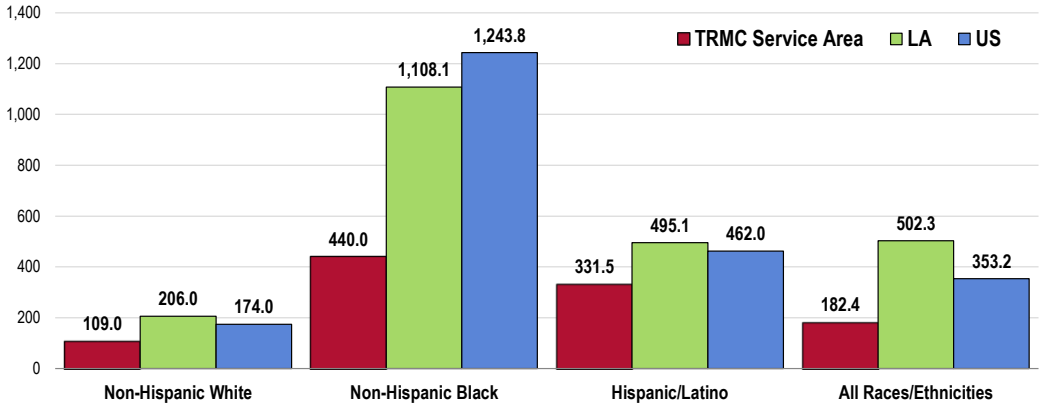
Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved April 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

- By race and ethnicity, HIV/AIDS prevalence in the TRMC Service Area is particularly high among non-Hispanic Blacks, although to a lesser degree than found statewide or nationally.

HIV Prevalence by Race/Ethnicity

(Rate per 100,000 Population, 2013)



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved April 2018 from Community Commons at http://www.chna.org.

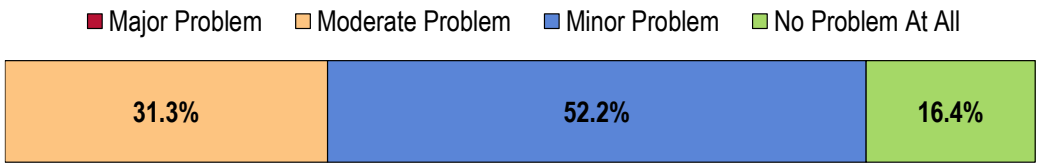
Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Key Informant Input: HIV/AIDS

Key informants taking part in an online survey most often characterized *HIV/AIDS* as a "minor problem" in the community (no informants gave "major problem" evaluations).

Perceptions of HIV/AIDS as a Problem in the Community

(Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs**. The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities**. Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities**. Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications**. Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic, and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons “linked” by sequential or concurrent sexual partners).

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

In 2014, the chlamydia incidence rate in the TRMC Service Area was 608.4 cases per 100,000 population.

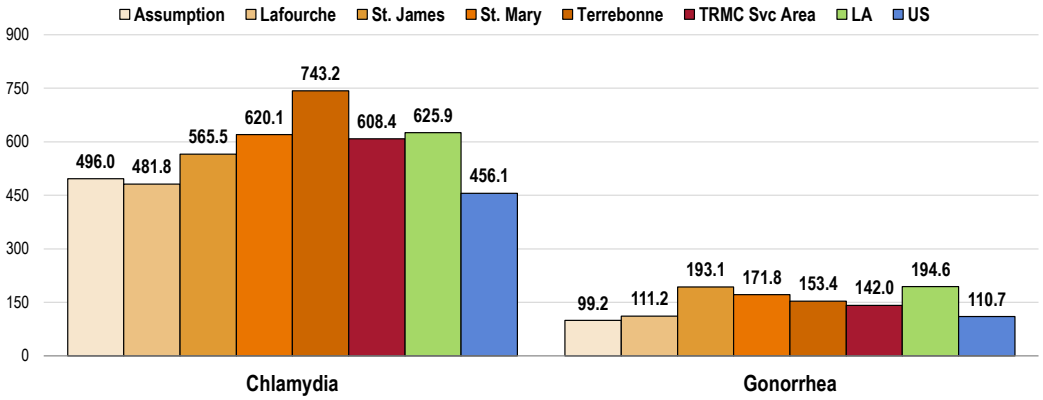
- Comparable to the Louisiana incidence rate.
- Notably worse than the national incidence rate.
- Favorably lower in Lafourche Parish; highest in Terrebonne Parish.

The TRMC Service Area gonorrhea incidence rate in 2014 was 142.0 cases per 100,000 population.

- Lower than the Louisiana incidence rate.
- Higher than the national incidence rate.
- Lowest in Assumption and Lafourche parishes; highest in St. James Parish.

Chlamydia & Gonorrhea Incidence

(Incidence Rate per 100,000 Population, 2014)



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved April 2018 from Community Commons at http://www.chna.org.

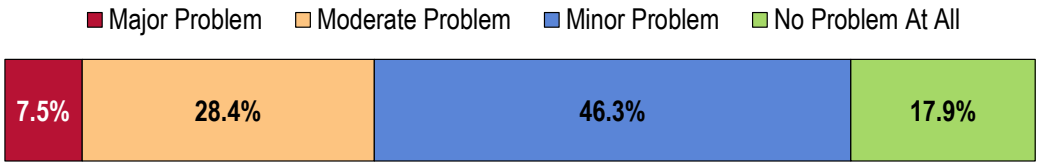
Notes:
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Key Informant Input: Sexually Transmitted Diseases

A plurality of key informants taking part in an online survey characterized *Sexually Transmitted Diseases* as a "minor problem" in the community.

Perceptions of Sexually Transmitted Diseases as a Problem in the Community

(Key Informants, 2018)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

> *Lots of people do not believe that they will have an STD. Because of this, many fail to use proper precautions. Also, lots of people who are sexually active do not have access to proper medical care. – Community Leader, Lafourche Parish*
>
> *The number of cases in our parish are off the charts. I think we're the highest in the state. – Community Leader, Terrebonne Parish*

Risky Sexual Behaviors

> *Unprotected sex, drugs. – Social Services Provider, Lafourche Parish*
>
> *Patients do not practice safe sex in the area. There is a large amount of patient that are treated for STDs and are educated on the importance of safe sex. – Other Health Provider, Assumption Parish*

Health Education/Awareness

> *Lack of information and programs. – Community Leader, Assumption Parish*

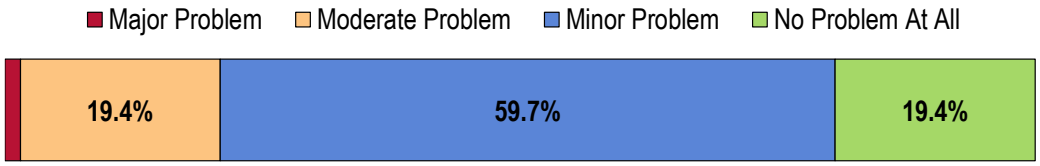
Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

Key informants taking part in an online survey most often characterized *Immunization & Infectious Diseases* as a "minor problem" in the community.

Perceptions of Immunization and Infectious Diseases as a Problem in the Community

(Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Births

Professional Research Consultants, Inc.

Birth Outcomes & Risks

Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

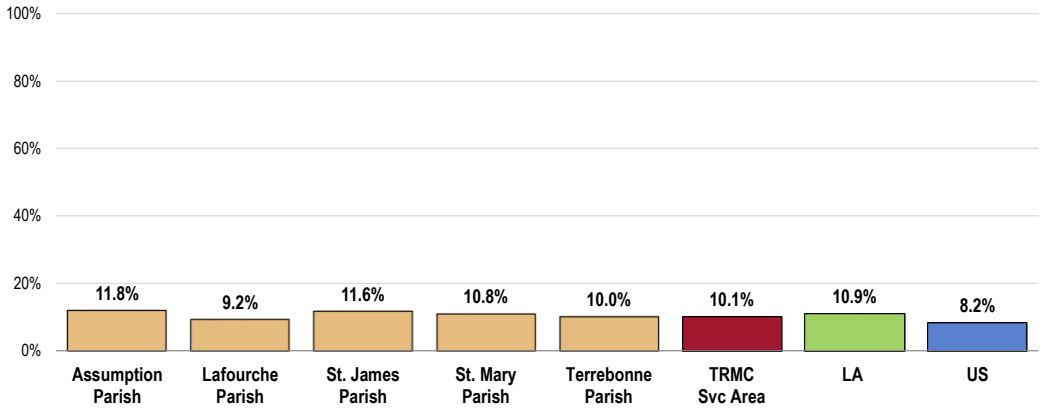
A total of 10.1% of 2006-2012 TRMC Service Area births were low-weight.

- Similar to the Louisiana proportion.
- Worse than the national proportion.
- Fails to satisfy the Healthy People 2020 target (7.8% or lower).
- Lowest in Lafourche Parish.

Low-Weight Births

(Percent of Live Births, 2006-2012)

Healthy People 2020 Target = 7.8% or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Infant Mortality

Between 2014 and 2016, there was an annual average of 7.7 infant deaths per 1,000 live births.

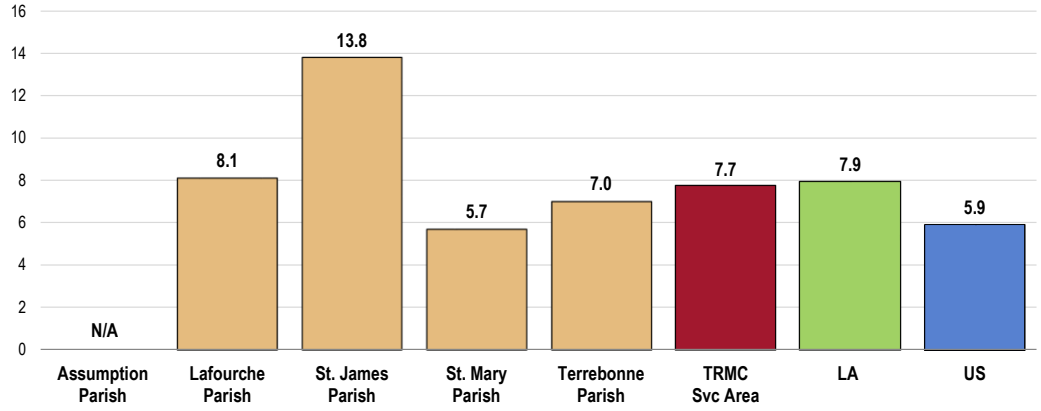
Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

- Comparable to the Louisiana rate.
- Higher than the national rate.
- Fails to satisfy the Healthy People 2020 target of 6.0 per 1,000 live births or lower.
- Highest in St. James Parish; lowest in St. Mary Parish.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births, 2014-2016)

Healthy People 2020 Target = 6.0 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

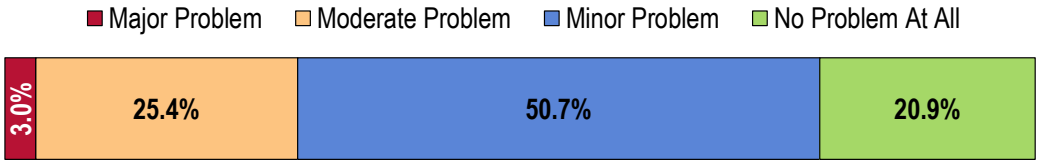
Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Key Informant Input: Infant & Child Health

Half of key informants taking part in an online survey generally characterized *Infant & Child Health* as a "minor problem" in the community.

Perceptions of Infant and Child Health as a Problem in the Community

(Key Informants, 2018)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Lack of Providers

> *Lack of physicians and local healthcare. – Community Leader, Assumption Parish*

Family Planning

Births to Teen Mothers

About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

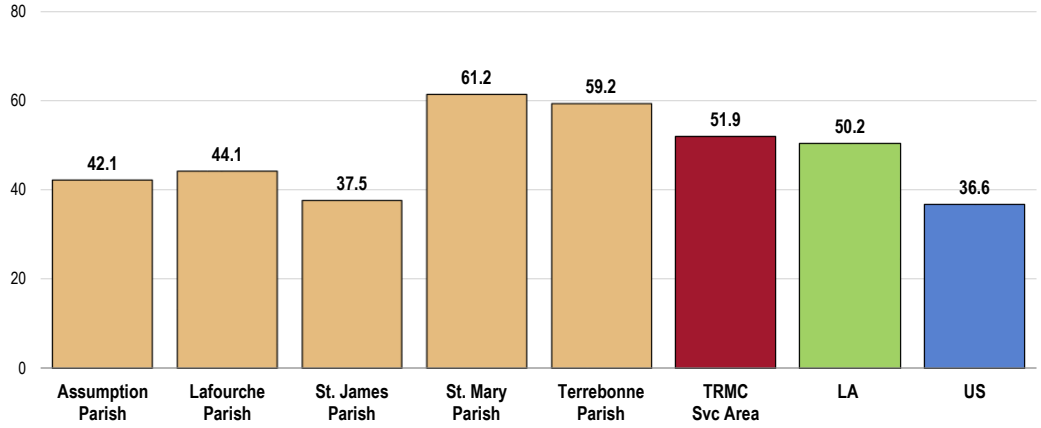
- Healthy People 2020 (www.healthypeople.gov)

Between 2006 and 2012, there were 51.9 births to women age 15 to 19 per 1,000 women age 15 to 19 in the TRMC Service Area.

- Similar to the Louisiana rate.
- Higher than the national rate.
- Unfavorably high in St. Mary and Terrebonne parishes; lowest in St. James Parish.

Teen Birth Rate

(Births to Women Age 15-19 Per 1,000 Female Population Age 15-19, 2006-2012)



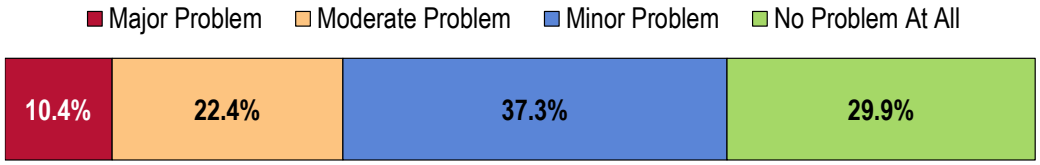
Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
- Retrieved from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Key Informant Input: Family Planning

Key informants taking part in an online survey largely characterized *Family Planning* as a "minor problem" in the community.

Perceptions of Family Planning as a Problem in the Community
(Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Teenage Pregnancies

> *Because of the large number of teens that get pregnant in this community. This may not exactly fall under the term of family planning, but I think the rates for pregnant youth in this area are too high. – Community Leader, Lafourche Parish*

> *We see many clients who are young people with several children that they are unable to afford to feed and provide for properly. More and more, we see grandparents raising grandchildren because their sons or daughters do not have jobs. – Community Leader, Lafourche Parish*

Family Planning

> *High rate of unwed pregnancy and single mothers. – Physician, Lafourche Parish*

Health Education/Awareness

> *Lack of information. – Community Leader, Assumption Parish*

Modifiable Health Risks

Professional Research Consultants, Inc.

Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

- Healthy People 2020 (www.healthypeople.gov)

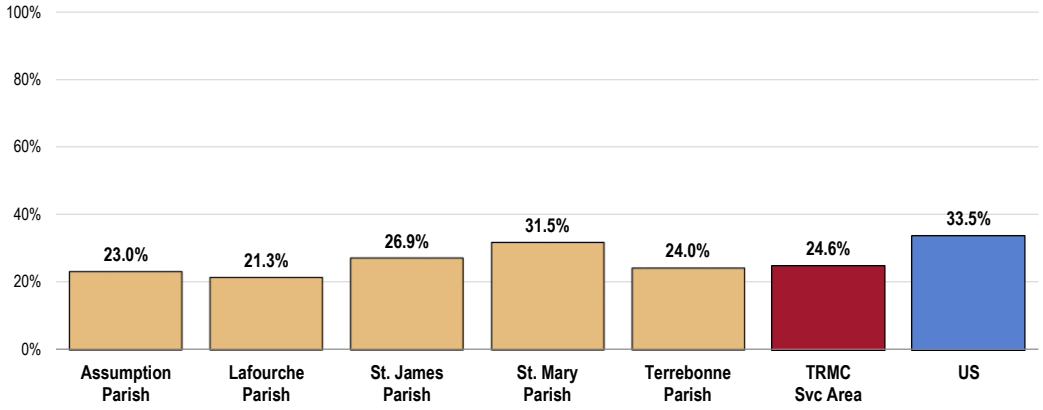
Daily Recommendation of Fruits/Vegetables

A total of 24.6% of TRMC Service Area adults report eating five or more servings of fruits and/or vegetables per day.

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

- Less favorable than national findings.
- Favorably high in St. Mary Parish.

Consume Five or More Servings of Fruits/Vegetables Per Day

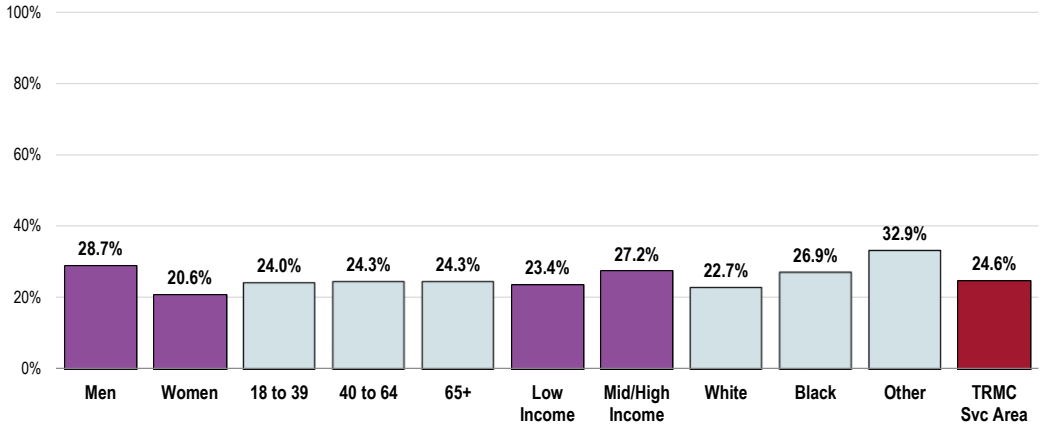


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

- Area women are less likely than men to get the recommended servings of daily fruits/ vegetables.

Consume Five or More Servings of Fruits/Vegetables Per Day
(TRMC Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- For this issue, respondents were asked to recall their food intake on the previous day.

Access to Fresh Produce

Difficulty Accessing Fresh Produce

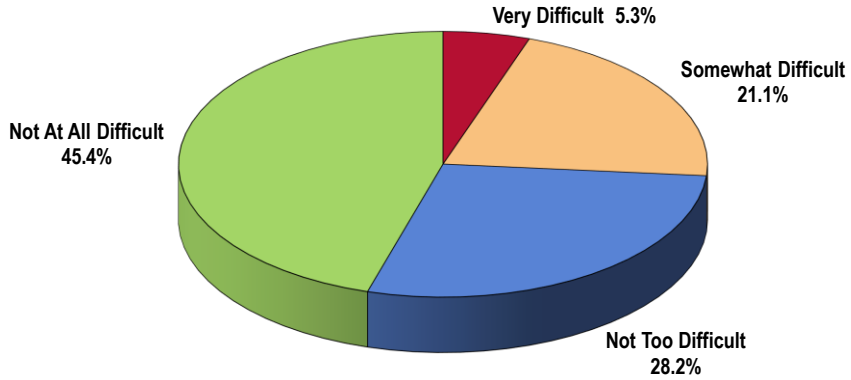
While most report little or no difficulty, 26.4% of TRMC Service Area adults find it "very" or "somewhat" difficult to access affordable fresh fruits and vegetables.

Respondents were asked:

"How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: Very Difficult, Somewhat Difficult, Not Too Difficult, or Not At All Difficult?"

Level of Difficulty Finding Fresh Produce at an Affordable Price

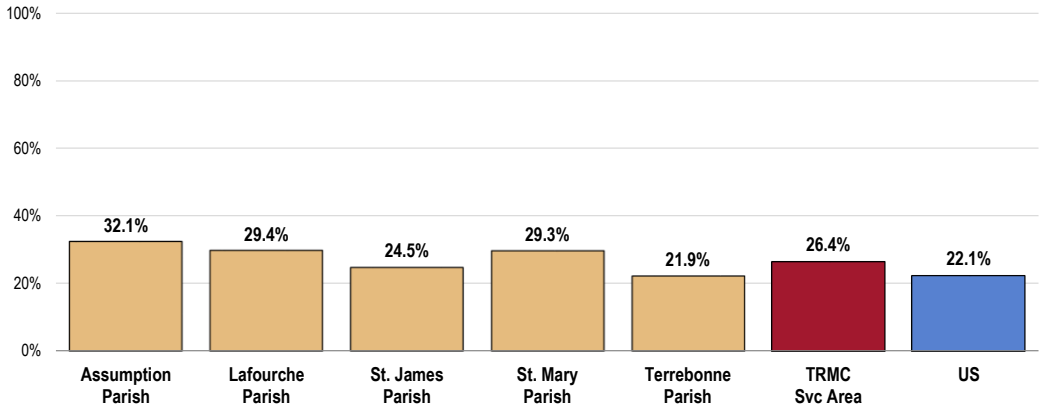
(TRMC Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
Notes: • Asked of all respondents.

- Less favorable than national findings.
- Favorably low in Terrebonne Parish.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce

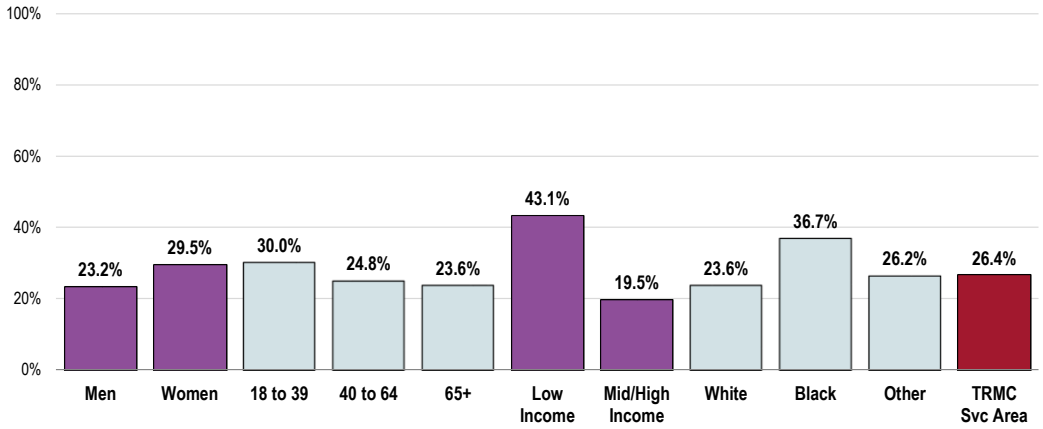


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Those more likely to report difficulty getting fresh fruits and vegetables include:

- Women.
- Lower-income residents.
- Blacks.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce
(TRMC Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Low Food Access (Food Deserts)

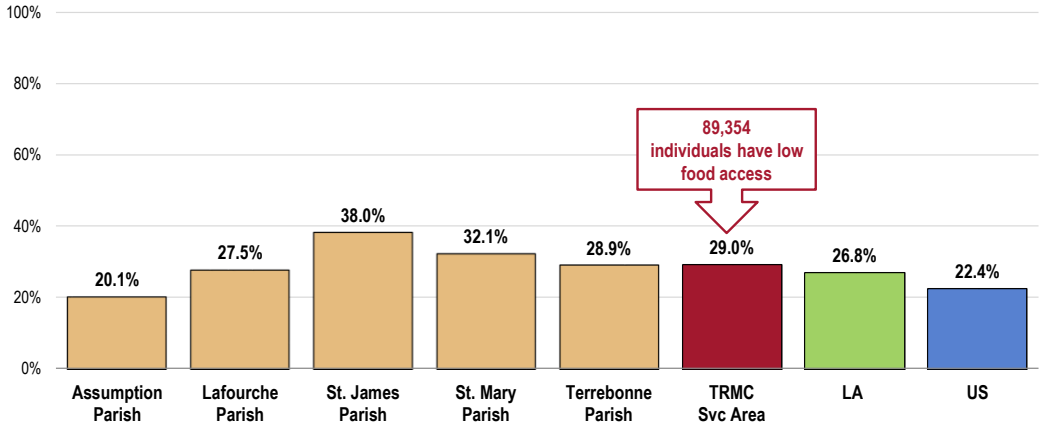
A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas.

US Department of Agriculture 2015 data show that 29.0% of the TRMC Service Area population (representing over 89,000 residents) have low food access or live in a "food desert," meaning that they do not live near a supermarket or large grocery store.

- Comparable to statewide findings.
- Less favorable than national findings.
- Highest in St. James Parish; lowest in Assumption Parish.

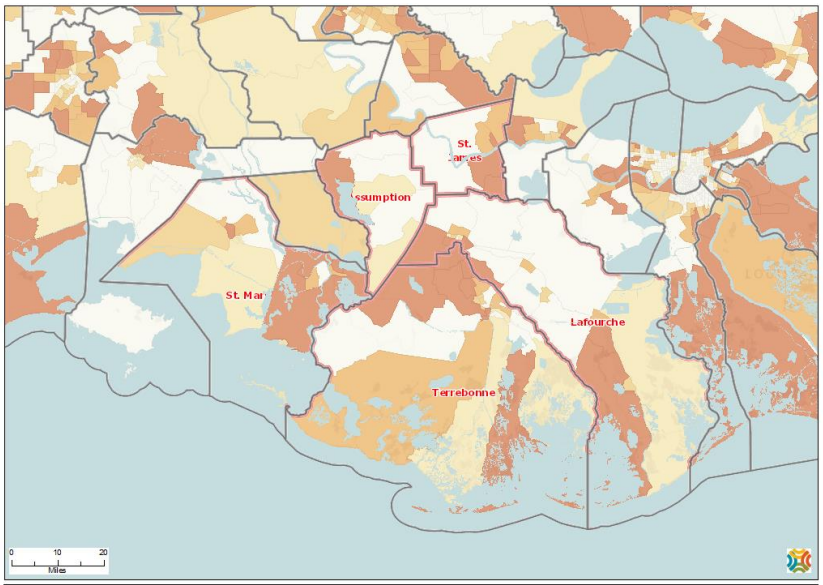
Population With Low Food Access

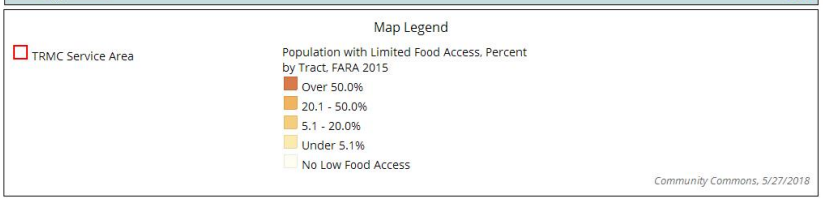
(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2015)



Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Retrieved April 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.





Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

- Healthy People 2020 (www.healthypeople.gov)

Leisure-Time Physical Activity

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

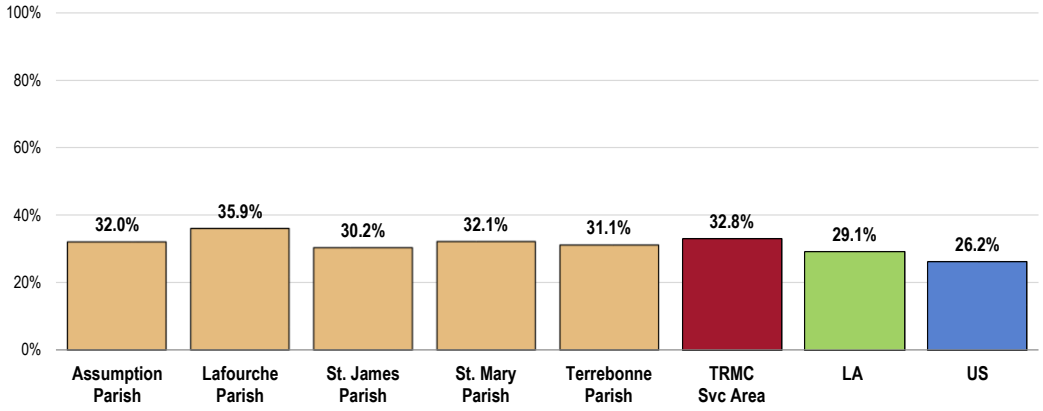
A total of 32.8% of TRMC Service Area adults report no leisure-time physical activity in the past month.

- Less favorable than state and national findings.
- Similar to the Healthy People 2020 target (32.6% or lower).

- Comparable findings by parish.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Louisiana data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.

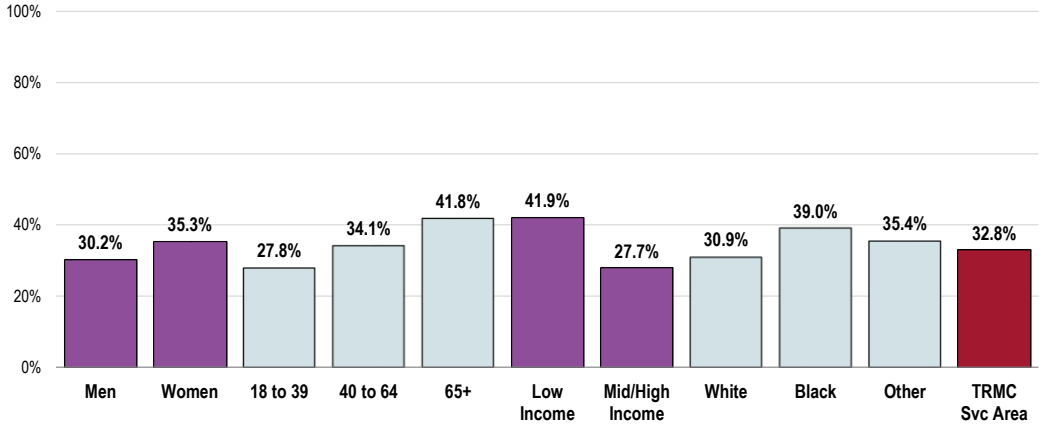
Lack of leisure-time physical activity in the area is higher among:

- Older residents (correlates with age).
- Lower-income residents.

No Leisure-Time Physical Activity in the Past Month

(TRMC Service Area, 2018)

Healthy People 2020 Target = 32.6% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Levels

Adults

Recommended Levels of Physical Activity

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity **aerobic** physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do **muscle-strengthening** activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity
- Learn more about CDC's efforts to promote walking by visiting http://www.cdc.gov/vitalsigns/walking.

Aerobic & Strengthening Physical Activity

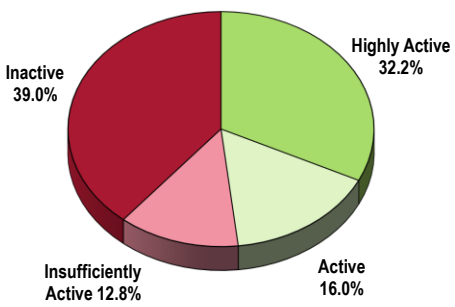
Survey respondents were asked about the types of physical activities they engaged in during the past month, as well as the frequency and duration of these activities.

- "Inactive" includes those reporting no aerobic physical activity in the past month.
- "Insufficiently active" includes those with the equivalent of 1-150 minutes of aerobic physical activity per week.
- "Active" includes those with 150-300 minutes of weekly aerobic physical activity.
- "Highly active" includes those with >300 minutes of weekly aerobic physical activity.

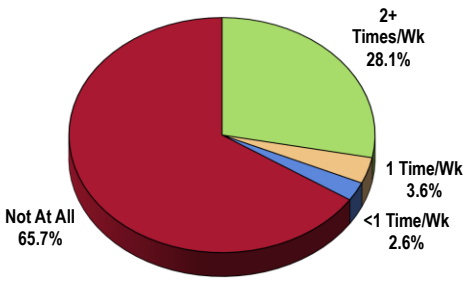
Based on reported physical activity intensity, frequency, and duration over the past month, 51.8% of TRMC Service Area adults are found to be "insufficiently active" or "inactive."

A total of 65.7% of TRMC Service Area adults do not participate in any types of physical activities or exercises to strengthen their muscles.

Participation in Physical Activities
(TRMC Service Area, 2018)



Aerobic Activity



Strengthening Activity

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 96, 150]
Notes: ● Reflects the total sample of respondents.
● In this case, "inactive" aerobic activity represents those adults participating in no aerobic activity in the past week; "insufficiently active" reflects those respondents with 1–149 minutes of aerobic activity in the past week; "active" adults are those with 150–300 minutes of aerobic activity per week; and "highly active" adults participate in 301+ minutes of aerobic activity weekly.

Recommended Levels of Physical Activity

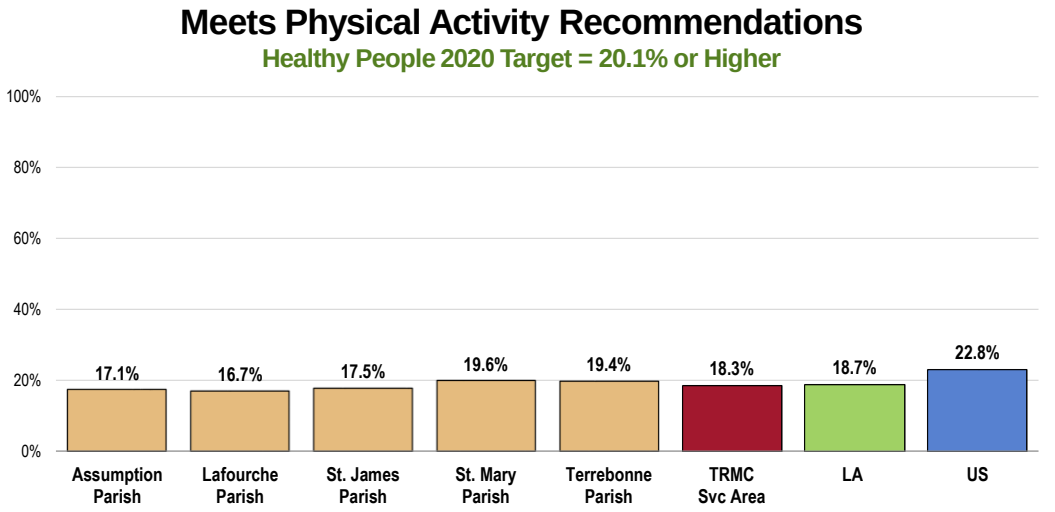
"Meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activities:

Aerobic activity is one of the following: at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous activity, or an equivalent combination of both.

Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.

A total of 18.3% of TRMC Service Area adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

- Similar to the Louisiana prevalence.
- Less favorable than national findings.
- Similar to the Healthy People 2020 target (20.1% or higher).



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Louisiana data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-2.4]

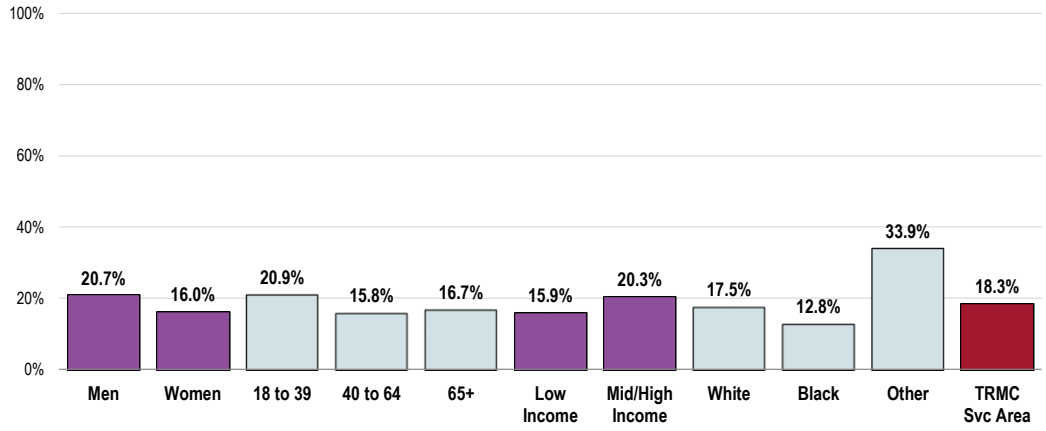
Notes:
- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity *and* report doing physical activities specifically designed to strengthen muscles at least twice per week.

- Service area residents of Other racial backgrounds are statistically more likely to meet physical activity recommendations.

Meets Physical Activity Recommendations

(TRMC Service Area, 2018)

Healthy People 2020 Target = 20.1% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-2.4]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity *and* report doing physical activities specifically designed to strengthen muscles at least twice per week.

Children

Recommended Levels of Physical Activity

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

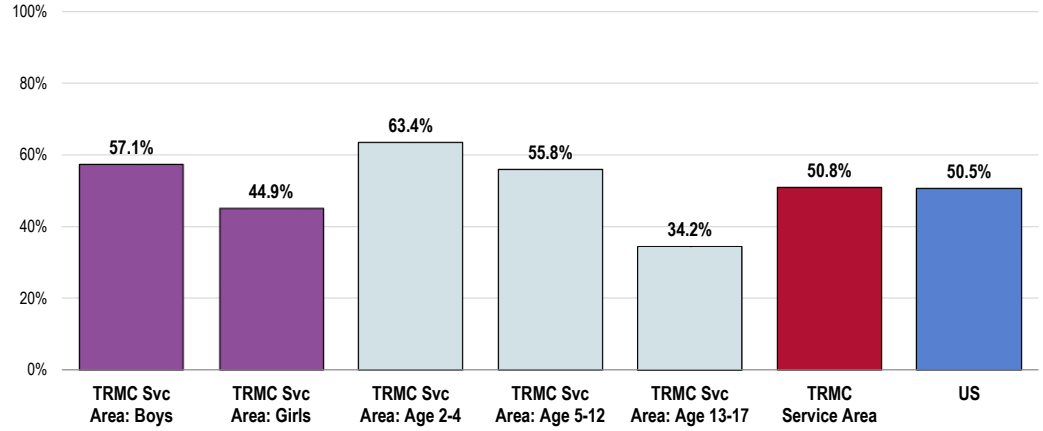
- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

Among TRMC Service Area children age 2 to 17, half (50.8%) are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- Almost identical to that found nationally.
- The prevalence is higher among area boys than girls and correlates strongly with age.

Child Is Physically Active for One or More Hours per Day

(Among Children Age 2-17)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Access to Physical Activity

In 2015, there were 8.8 recreation/fitness facilities for every 100,000 population in the TRMC Service Area.

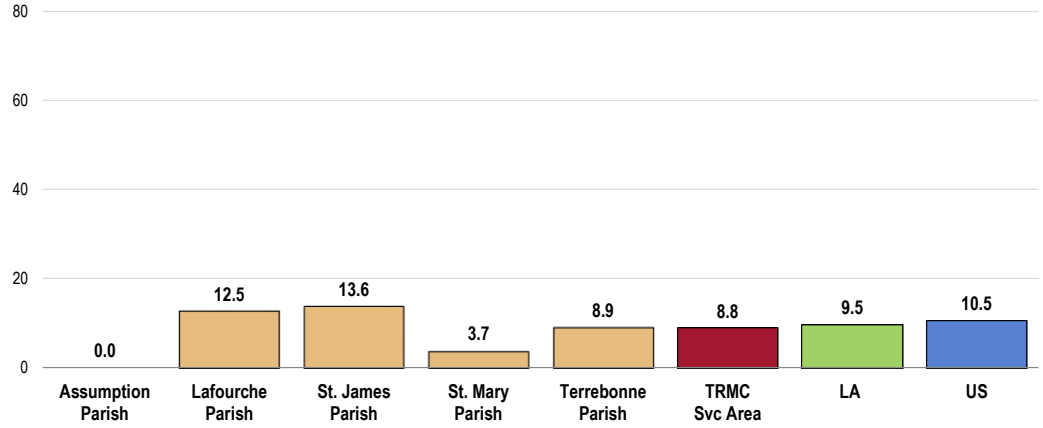
- Similar to what is found statewide.
- Below what is found nationally.
- No facilities were reported in Assumption Parish.

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

Population With Recreation & Fitness Facility Access

(Number of Recreation & Fitness Facilities per 100,000 Population, 2015)



Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Retrieved April 2018 from Community Commons at http://www.chna.org.

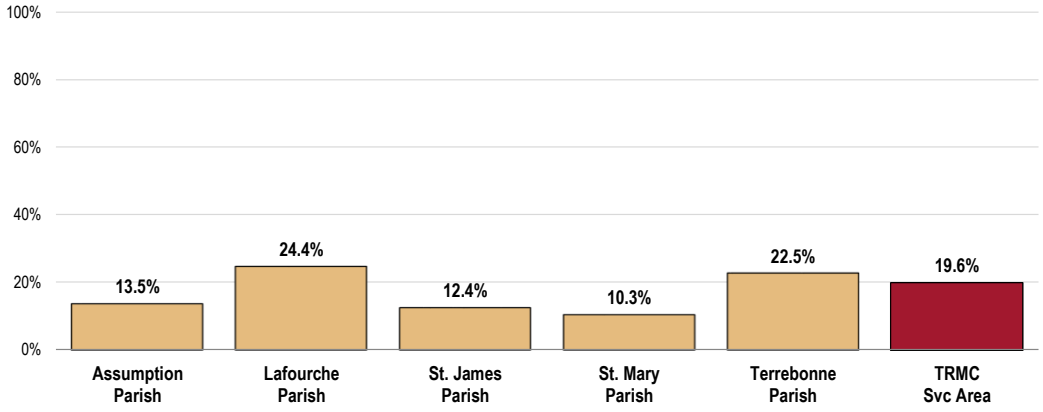
Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940 , which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities". Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.* This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Memberships

One in five (19.6%) TRMC Service Area adults is currently a member at a gym, athletic club, or fitness facility.

- The prevalence is highest in Lafourche Parish and lowest in St. James and St. Mary parishes.

Current Member of a Gym, Athletic Club, or Fitness Facility

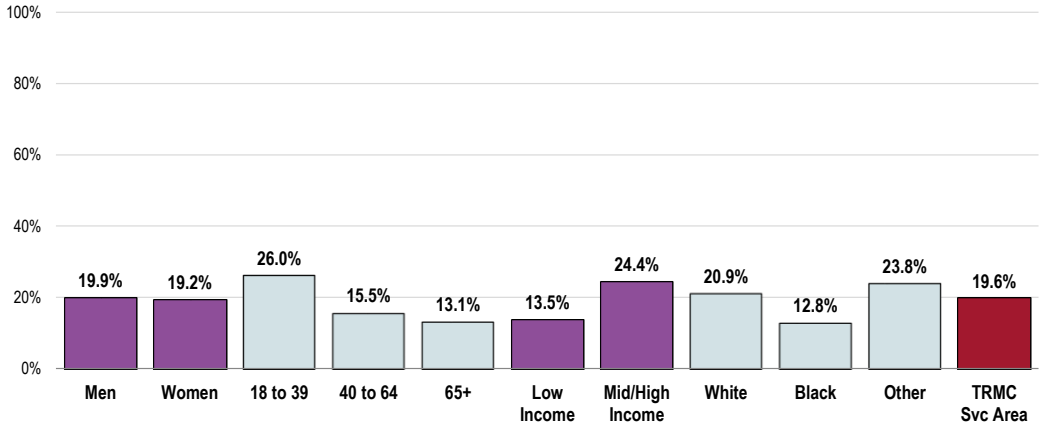


Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 302]
Notes: ● Asked of all respondents.

Local residents more likely to belong to a gym, athletic club, or fitness facility include:

- Young adults.
- Upper-income residents.
- Whites and adults of Other racial backgrounds.

Current Member of a Gym, Athletic Club, or Fitness Facility
(TRMC Service Area, 2018)



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 302]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

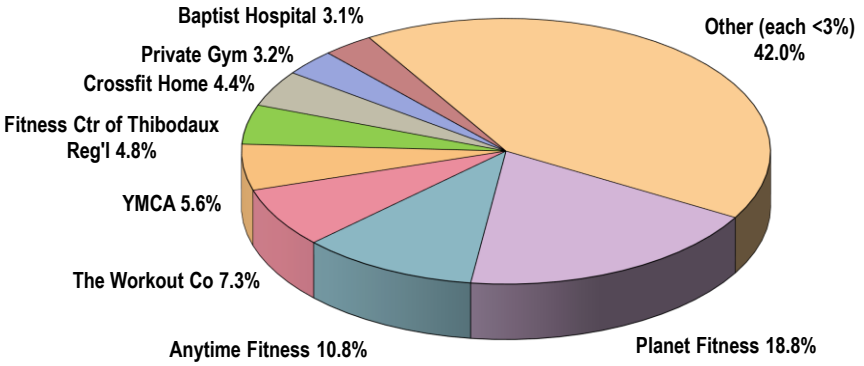
Asked to name their gym, athletic club, or fitness facility, the largest share of responses among adults who belong to this type of place was for Planet Fitness (mentioned by 18.8%), followed by Anytime Fitness (10.8%) and The Workout Company (7.3%).

Note that 4.8% of respondents (7 adults) belong to Fitness Center of Thibodaux Regional.

- Other facilities mentioned with less frequency included the YMCA, Crossfit Home, various private gyms, and Baptist Hospital.

Name of Gym, Athletic Club, or Fitness Facility

(TRMC Service Area Adults Who Currently Belong to a Facility, 2018)



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 303]
Notes: ● Asked of those respondents who currently belong to a gym, athletic club, or fitness facility.

Weight Status

About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Overweight Status

Over 7 in 10 TRMC Service Area adults (72.8%) are overweight.

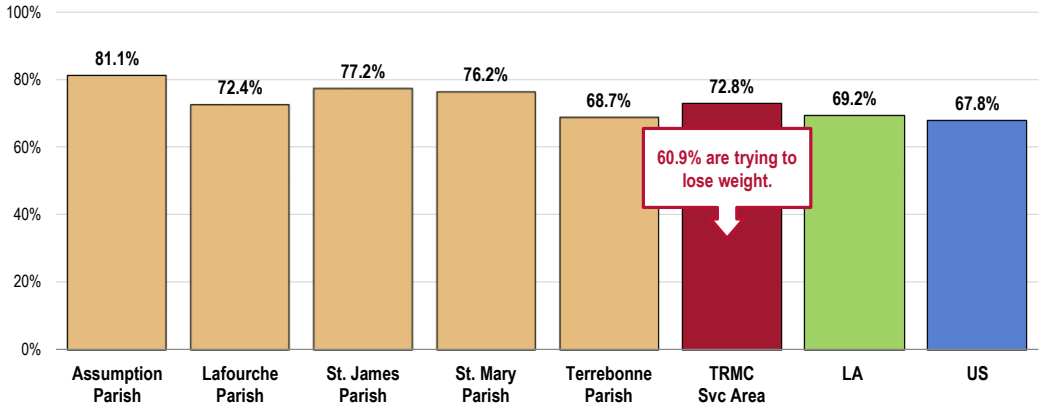
Here, "overweight" includes those respondents with a BMI value ≥25.

- Worse than the state and US overweight prevalence.
- Unfavorably high in Assumption Parish.

Note that 60.9% of overweight adults are currently trying to lose weight.

Prevalence of Total Overweight (Overweight or Obese)

(Percent of Adults With a Body Mass Index of 25.0 or Higher)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 154-155]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Louisiana data.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Further, 45.3% of TRMC Service Area adults are obese.

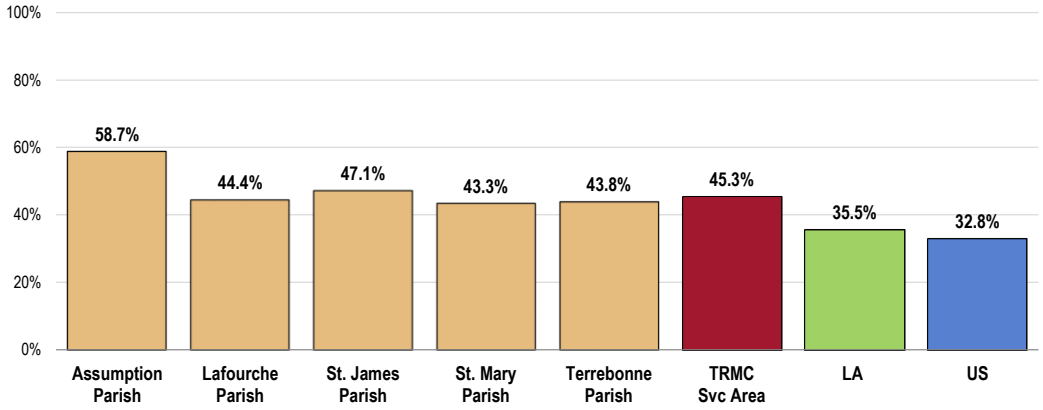
"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

- Worse than state and US findings.
- Fails to satisfy the Healthy People 2020 target (30.5% or lower).
- Highest in Assumption Parish.

Prevalence of Obesity

(Percent of Adults With a Body Mass Index of 30.0 or Higher)

Healthy People 2020 Target = 30.5% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Louisiana data.

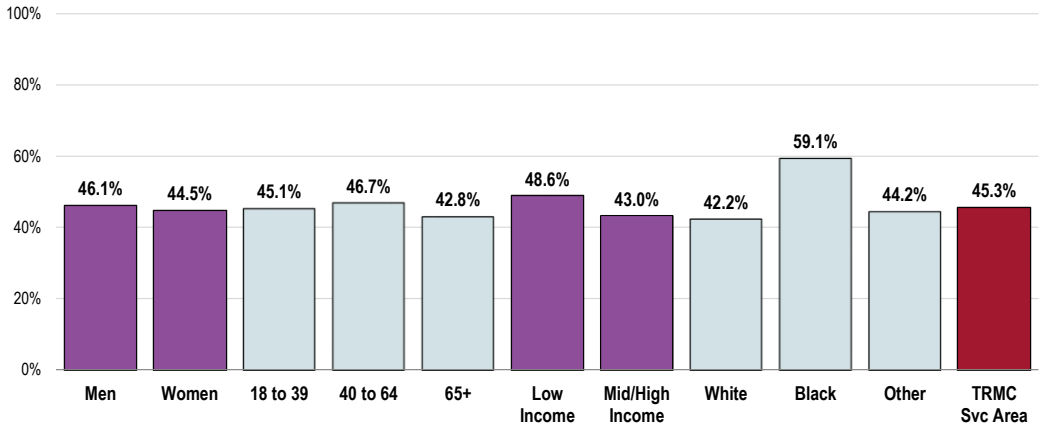
Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

- Among service area adults, obesity is highest in the Black population.

Prevalence of Obesity

(Percent of Adults With a BMI of 30.0 or Higher; TRMC Service Area, 2018)

Healthy People 2020 Target = 30.5% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

Notes:
- Based on reported heights and weights, asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

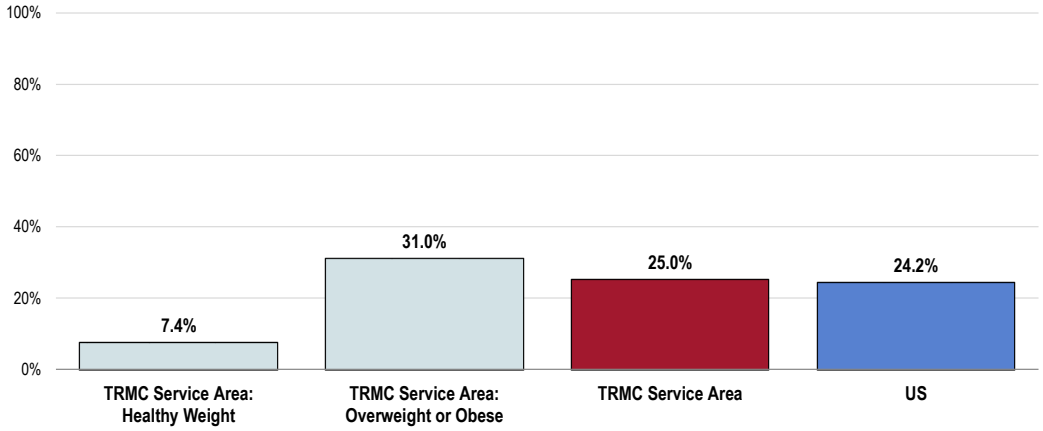
Health Advice

A total of 25.0% of adults have been given advice about their weight by a doctor, nurse, or other health professional in the past year.

- Statistically similar to the national findings.
- Note that 31.0% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while nearly 7 in 10 have not).

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 98, 156-157]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Relationship of Overweight With Other Health Issues

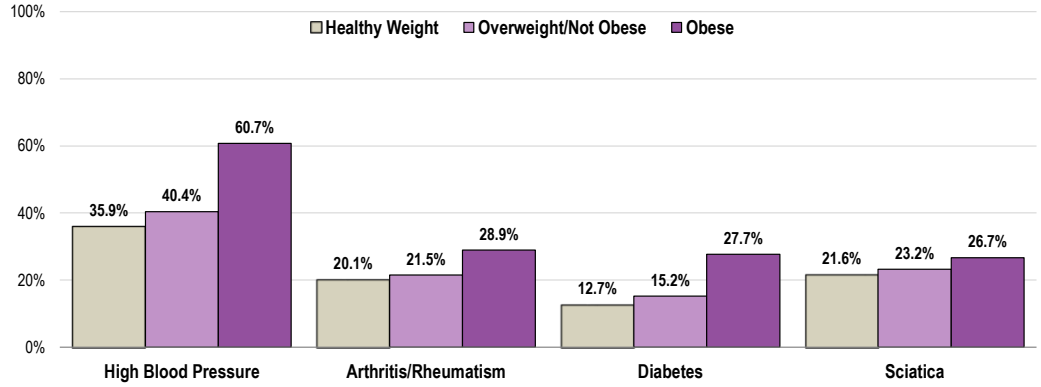
Overweight and obese adults are more likely to report a number of adverse health conditions. Among these are:

The correlation between overweight and various health issues cannot be disputed.

- High blood pressure.
- Arthritis/rheumatism.
- Diabetes.
- Sciatica.

Relationship of Overweight With Other Health Issues

(By Weight Classification; TRMC Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 25, 27, 36, 39]
Notes: • Based on reported heights and weights, asked of all respondents.

Children's Weight Status

About Weight Status in Children & Teens

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight — <5th percentile
- Healthy Weight — ≥5th and <85th percentile
- Overweight — ≥85th and <95th percentile
- Obese — ≥95th percentile

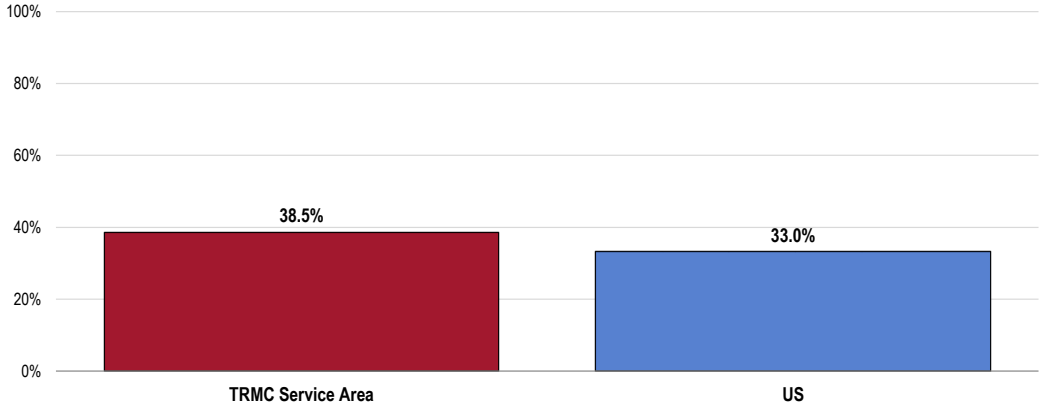
- Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 38.5% of TRMC Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

- Statistically comparable to the US prevalence.

Child Total Overweight Prevalence

(Children Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

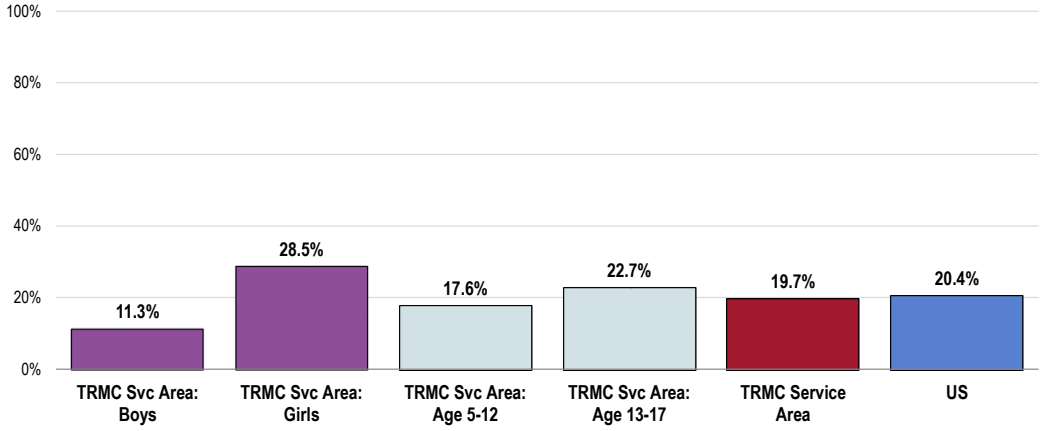
Further, 19.7% of area children age 5 to 17 are obese (≥95th percentile).

- Similar to the national percentage.
- Similar to the Healthy People 2020 target (14.5% or lower for children age 2-19).
- Obesity is notably higher among girls and teens in the service area.

Child Obesity Prevalence

(Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)

Healthy People 2020 Target = 14.5% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]

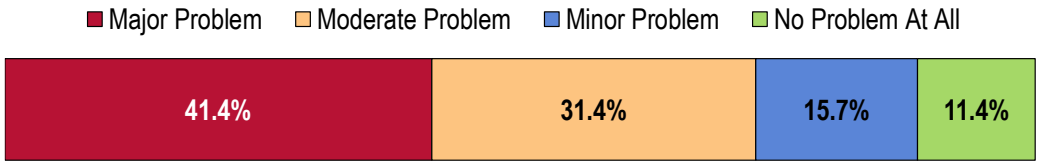
Notes:
- Asked of all respondents with children age 5-17 at home.
- Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Key Informant Input: Nutrition, Physical Activity & Weight

Key informants taking part in an online survey most often characterized *Nutrition, Physical Activity & Weight* as a "major problem" in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community

(Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Health Education/Awareness

There are so many challenges. Lack of education concerning healthy eating, the importance of activity in everyday life, and what exactly is a healthy weight for a particular individual. – Community Leader, Terrebonne Parish

Education and facilities. – Social Services Provider, Assumption Parish

People who do not use the provided programs at hospitals and home conditioning equipment. – Social Services Provider, Lafourche Parish

Access to good information regarding diet, access to free recreational or exercise programs, transportation to participate in such programs, and culture. – Social Services Provider, Terrebonne Parish

Lack of information and programs. – Community Leader, Assumption Parish

Prevalence of Obesity

Obesity, very common. Childhood obesity. Poor nutrition choices by parents. Lack of education. – Physician, Lafourche Parish

There is a concern with obesity in this area. – Community Leader, Lafourche Parish

There is a large population that is overweight and lack of exercise. Healthy eating habits have not been established, causing other health issues as well. – Other Health Provider, Assumption Parish

Prevalence of obesity. Poor use of exercise. – Physician, Lafourche Parish

Overweight and inactive population, generally. – Physician, Assumption Parish

Lifestyle

Diet, physical exercise, climate, etc. – Community Leader, Terrebonne Parish

Our culture dictates avoiding hurting someone's feelings by not eating their food or not eating a lot of it. Our celebrations involve various types of food which are not healthy. Many of our dishes involve fried food. – Other Health Provider, Terrebonne Parish

Culture and weather. Local diet is high in fat and sugar. High humidity and heat make frequent walking and exercising outside impossible. The wellness center is a great asset but many members of the community cannot afford it. – Public Health Representative, Lafourche Parish

I don't think most people in this area eat proper diets and even more don't engage in any physical activity. I think this starts at a young age and it get worse of people get older. – Community Leader, Lafourche Parish

> *People want access to quick and easy food and are also addicted to electronics and social media. Families need to start cooking their own meals again, and people need to return to other activities that require physical exertion. – Community Leader, Lafourche Parish*
>
> *Due to our culture in South LA, healthy eating is not the norm; however, in the last few years, the current generation is thinking more about nutrition and physical activity, and gyms like the Wellness Center are increasing awareness in our community. – Community Leader, Lafourche Parish*

Insufficient Physical Activity

> *Motivating people to get in physical activity. Would love to see Thibodaux Regional provide free access to wellness center for employees on their health plan and incentivize wellness. – Physician, Lafourche Parish*

Access to Healthy Foods

> *It's the cost of food and limited amount of assistance from SNAP program. Individuals 60 years or older not using resources available to them in regard to. – Social Services Provider, Terrebonne Parish*

Affordable Care/Services

> *Access to affordable resources. Lack of youth activities. – Other Health Provider, Lafourche Parish*

Social Determinants

> *Poverty. – Other Health Provider, Lafourche Parish*

Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cirrhosis/Liver Disease Deaths

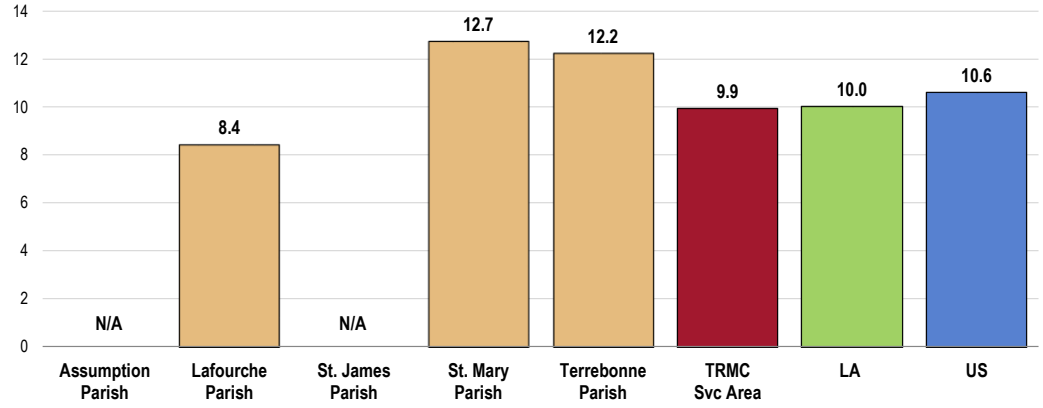
Between 2014 and 2016, TRMC Service Area reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 9.9 deaths per 100,000 population.

- Similar to the statewide and US rates.
- Fails to satisfy the Healthy People 2020 target (8.2 or lower).
- Favorably low in Lafourche Parish.

Cirrhosis/Liver Disease: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Alcohol Use

Excessive Drinking

"**Excessive drinking**" includes heavy **and/or** binge drinkers:

- **Heavy drinkers** include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **Binge drinkers** include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

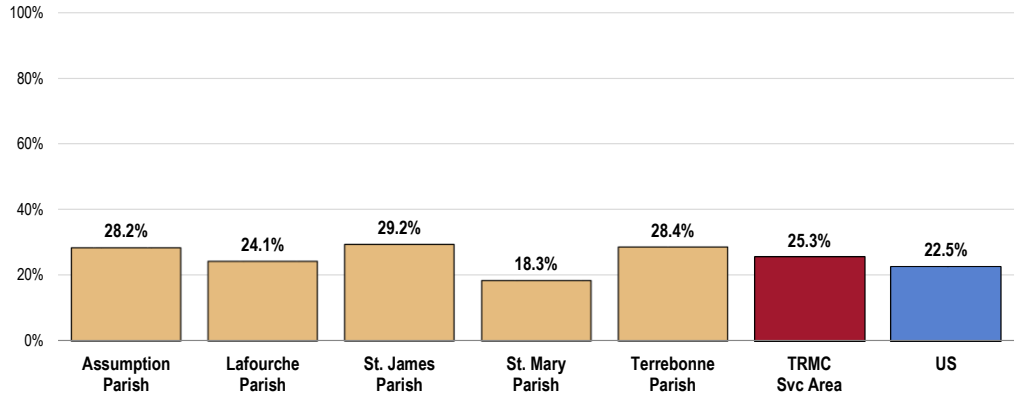
RELATED ISSUE:
See also Mental Health: *Stress* in the **General Health Status** section of this report.

A total of 25.3% of area adults are excessive drinkers (heavy and/or binge drinkers).

- Comparable to the national proportion.
- Comparable to the Healthy People 2020 target (25.4% or lower).
- Favorably lower in St. Mary Parish.

Excessive Drinkers

Healthy People 2020 Target = 25.4% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

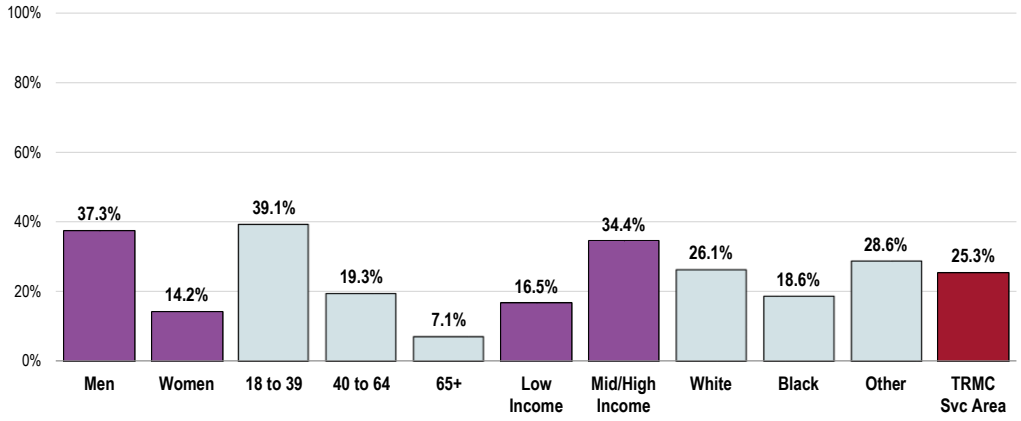
Notes:
- Asked of all respondents.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

- Excessive drinking is more prevalent among men, young adults, and upper-income residents.

Excessive Drinkers

(TRMC Service Area, 2018)

Healthy People 2020 Target = 25.4% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

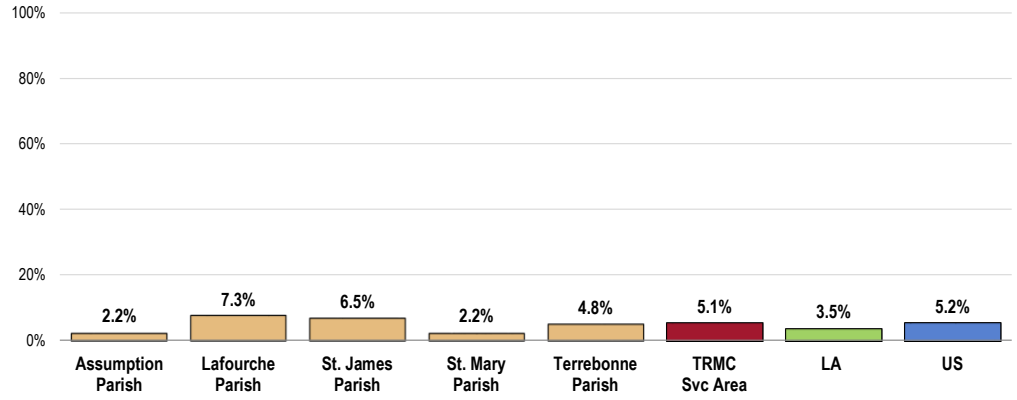
Drinking & Driving

A total of 5.1% of TRMC Service Area adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

- Similar to the state and national findings.
- Varying considerably by parish.

Have Driven in the Past Month After Perhaps Having Too Much to Drink



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Louisiana data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Age-Adjusted Unintentional Drug-Related Deaths

Between 2014 and 2016, there was an annual average age-adjusted unintentional drug-related mortality rate of 18.5 deaths per 100,000 population in the TRMC Service Area.

- Similar to the statewide rate.
- Higher than the national rate.
- Fails to satisfy the Healthy People 2020 target (11.3 or lower).

Unintentional Drug-Related Deaths: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 11.3 or Lower

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

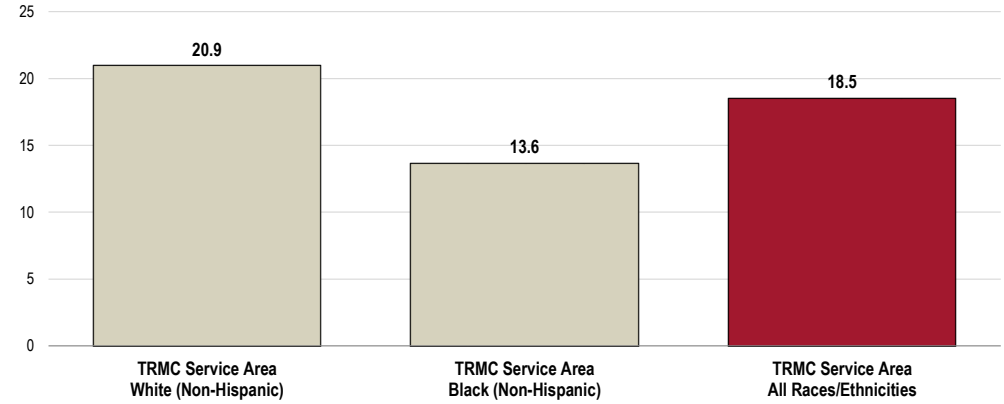
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The area's unintentional drug-related mortality rate is much higher among Whites.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality by Race

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 11.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Illicit Drug Use

A total of 3.9% of area adults acknowledge using an illicit drug in the past month.

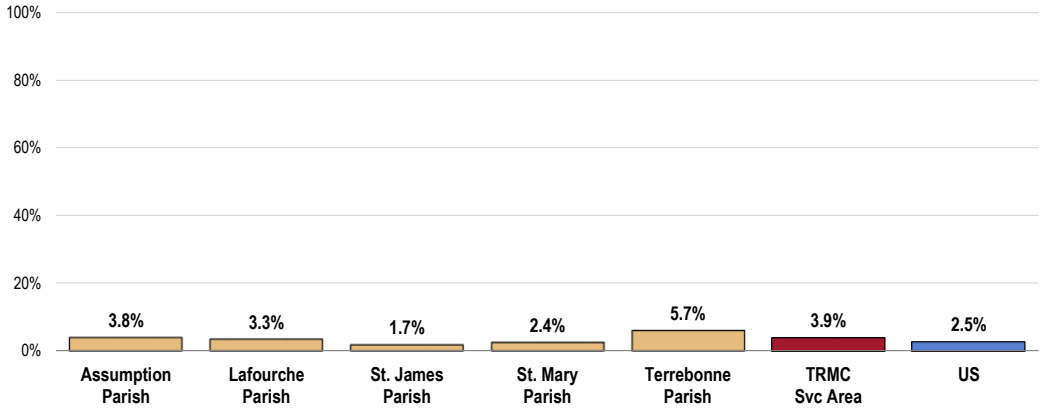
For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

- Similar to the proportion found nationally.
- Satisfies the Healthy People 2020 target of 7.1% or lower.
- Similar findings by parish.

Illicit Drug Use in the Past Month

Healthy People 2020 Target = 7.1% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

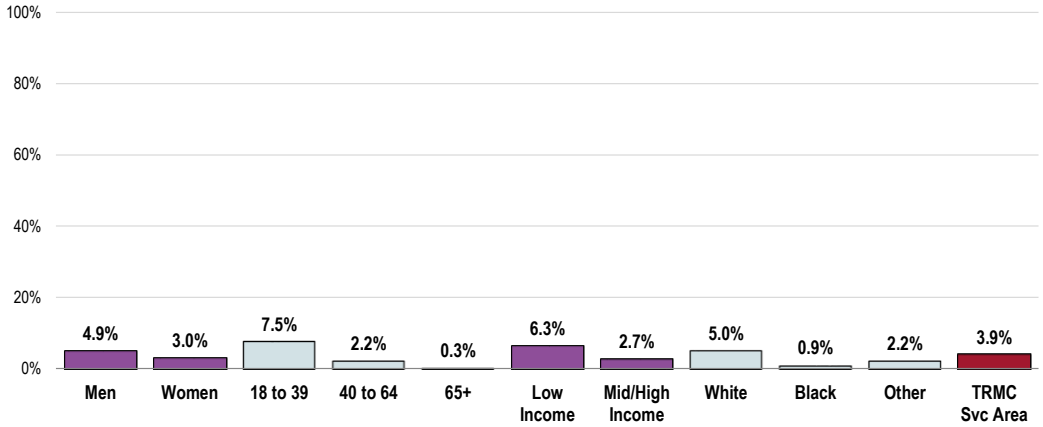
Notes:
- Asked of all respondents.

- Illicit drug use is more prevalent among young adults (correlates with age), low-income residents, and Whites.

Illicit Drug Use in the Past Month

(TRMC Service Area, 2018)

Healthy People 2020 Target = 7.1% or Lower



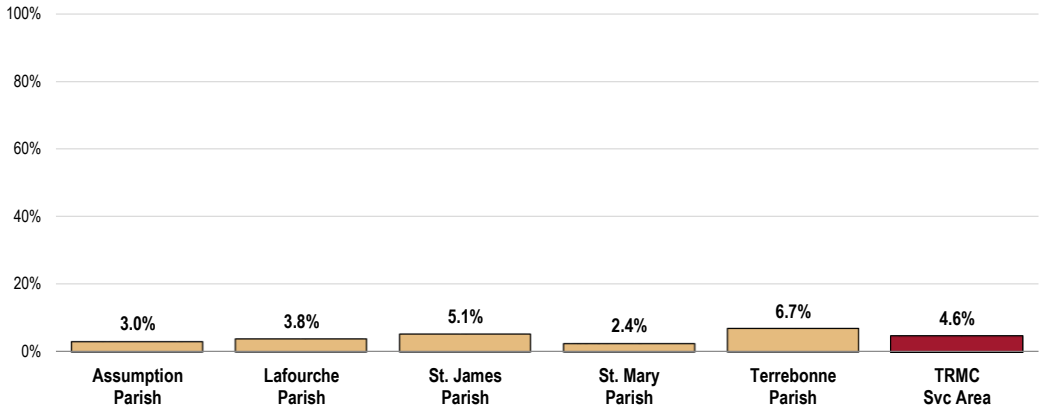
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Specifically, 4.6% of survey respondents acknowledge taking a prescription medication without a physician's orders in the past year.

- Statistically similar findings by parish.

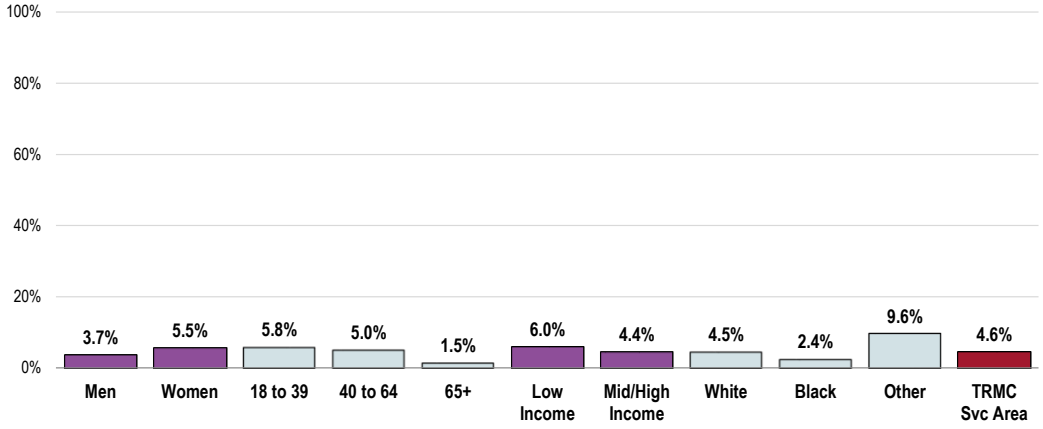
Took Medication Without a Dr's Orders in the Past Year



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 301]
Notes: ● Asked of all respondents.

- The prevalence is higher among young adults and those of Other racial backgrounds.

Took Medication Without a Dr's Orders in the Past Year
(TRMC Service Area, 2018)



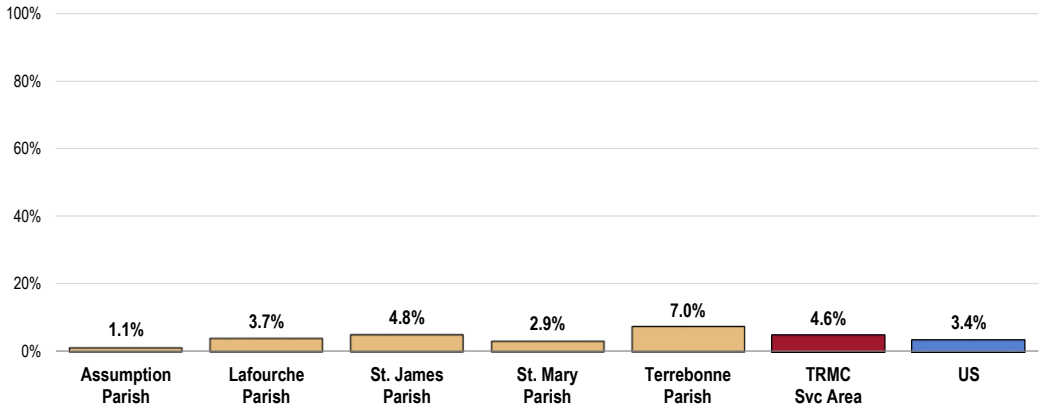
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 301]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Alcohol & Drug Treatment

A total of 4.6% of TRMC Service Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to national findings.
- Lowest in Assumption Parish.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 60]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

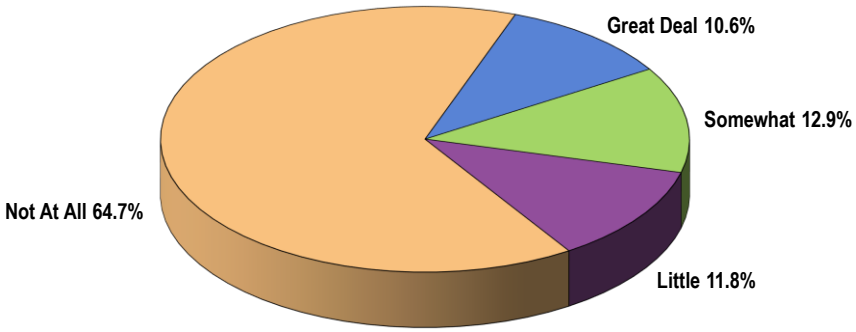
Negative Effects of Substance Abuse

Area adults were also asked to what degree their lives have been negatively affected by substance abuse (whether their own abuse or that of another).

In all, most adults have not been negatively affected (64.7% "not at all" responses).

Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other's)

(TRMC Service Area, 2018)

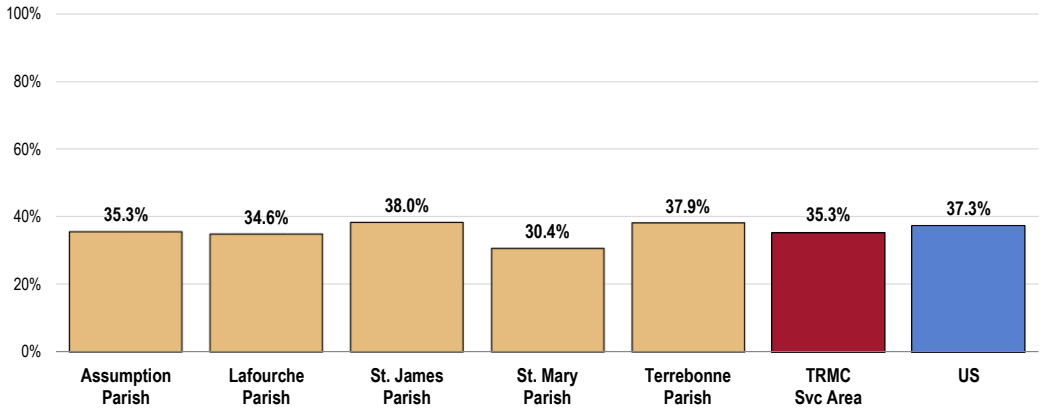


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
Notes: • Asked of all respondents.

However, 35.3% of respondents indicate that their lives have been negatively affected by substance abuse, including 10.6% who report having been affected "a great deal."

- Similar to the US figure.
- Similar findings by parish.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)



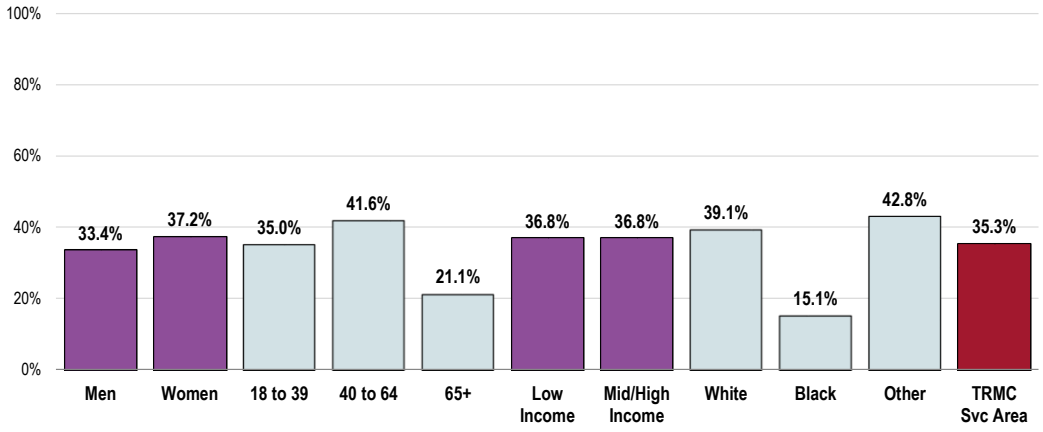
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Includes response of "a great deal," "somewhat," and "a little."

The prevalence of survey respondents whose lives have been negatively impacted by substance abuse, whether their own abuse or that of another, is higher among the following:

- Adults under 65.
- Whites and adults of Other racial backgrounds.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)

(TRMC Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]

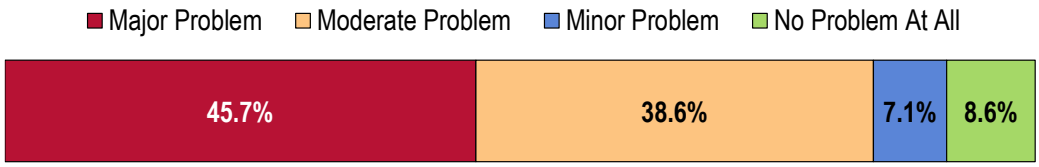
Notes:
- Asked of all respondents.
- Includes response of "a great deal," "somewhat," and "a little."
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Substance Abuse

The greatest share of key informants taking part in an online survey characterized *Substance Abuse* as a "major problem" in the community.

Perceptions of Substance Abuse as a Problem in the Community

(Key Informants, 2018)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

I think the greatest barriers for treatment is access to treatment facilities. I have to discuss drug treatments with students on a few occasions and had to look up places to recommend to them. – Community Leader, Lafourche Parish

Resources, treatment facilities with beds. Lack of understanding of this condition. Denial. – Social Services Provider, St. James Parish

Lack of availability. – Social Services Provider, Assumption Parish

Access to substance abuse resources including employment and housing. – Public Health Representative, Lafourche Parish

There is only one facility (Fairview) and it is stated by family members that have other family members with substance abuse problems that it is not an adequate treatment center. – Public Health Representative, St. Mary Parish

Not enough treating facilities or available resources to help. – Other Health Provider, Lafourche Parish

Lack of local place to refer people who are interested in rehab or outpatient treatment. – Physician, Assumption Parish

Cost, motivation, effectiveness of programs. – Social Services Provider, Terrebonne Parish

Lack of certified substance abuse counselors and treatment facilities, and patient's lack of resources to pay for services/treatment. – Community Leader, Terrebonne Parish

Lack of resources for people who have Medicaid. – Physician, Lafourche Parish

Number of outpatient treatment facilities. – Community Leader, Lafourche Parish

Denial/Stigma

With the rise of social media, people have lost the ability to cope with life in general and therefore seek escapes elsewhere. – Other Health Provider, Terrebonne Parish

Many people who are abusers refuse to admit that they have a problem. A method of identifying abusers and admitting them to treatment centers is not readily available. – Community Leader, Lafourche Parish

Alcohol/Drugs

Drugs and alcohol. – Community Leader, Lafourche Parish

Alcohol abuse and effects of alcohol abuse on individuals and in family life is certainly a problem we face. – Community Leader, Terrebonne Parish

Health Education/Awareness

Lower income education and programs for recovery. – Other Health Provider, Lafourche Parish

Lack of information and programs. – Community Leader, Assumption Parish

Contributing Factors

I believe that some people lack insurance but others just don't desire treatment. I think we need to focus our efforts on junior and high school students and actually show them the statistics of how many people die in our community. – Public Health Representative, Lafourche Parish

Treatment Programs

Ineffective treatment. – Other Health Provider, Lafourche Parish

Peer Pressure

Peer pressure. Follow the leader. – Social Services Provider, Lafourche Parish

Transportation

Transportation to facility. – Social Services Provider, Terrebonne Parish

Most Problematic Substances

Key informants (who rated this as a "major problem") clearly identified **alcohol** and heroin or other opioids as the most problematic substance abused in the community, followed by **cocaine/crack.**

Problematic Substances as Identified by Key Informants				
	Most Problematic	Second-Most Problematic	Third-Most Problematic	**Total Mentions**
Alcohol	61.1%	33.3%	5.6%	**18**
Heroin or Other Opioids	35.3%	29.4%	35.3%	**17**
Cocaine or Crack	20.0%	20.0%	60.0%	**10**
Marijuana	11.1%	44.4%	44.4%	**9**
Prescription Medications	12.5%	37.5%	50.0%	**8**
Methamphetamine or Other Amphetamines	60.0%	40.0%	0.0%	**5**
Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)	0.0%	50.0%	50.0%	**2**
Over-the-Counter Medications	0%	0%	100%	**1**
Synthetic Drugs (e.g. Bath Salts, K2/Spice)	0%	100%	0%	**1**

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

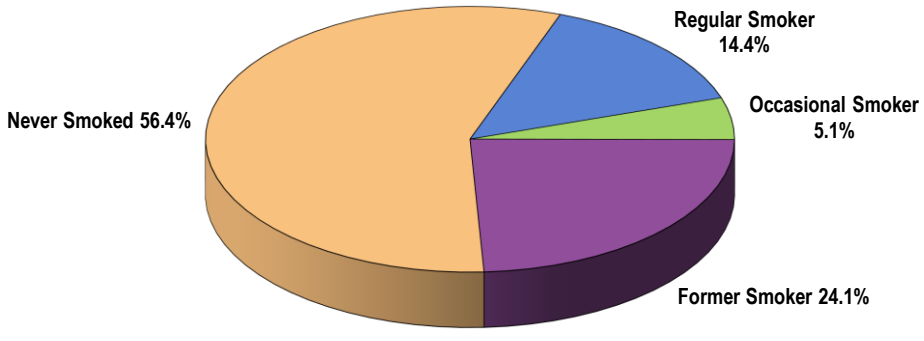
- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 19.5% of TRMC Service Area adults currently smoke cigarettes, either regularly (14.4% every day) or occasionally (5.1% on some days).

Cigarette Smoking Prevalence
(TRMC Service Area, 2018)

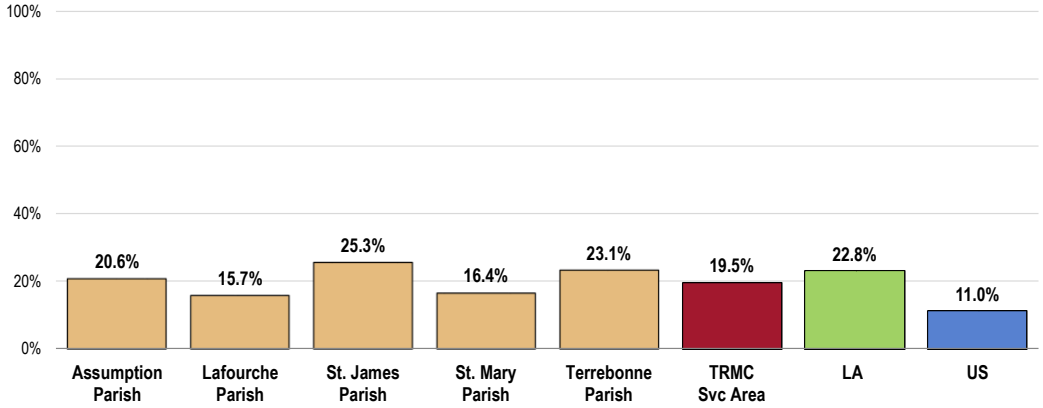


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
Notes: • Asked of all respondents.

- Lower than statewide findings.
- Higher than national findings.
- Fails to satisfy the Healthy People 2020 target (12% or lower).
- Similar findings by parish.

Current Smokers

Healthy People 2020 Target = 12.0% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Louisiana data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

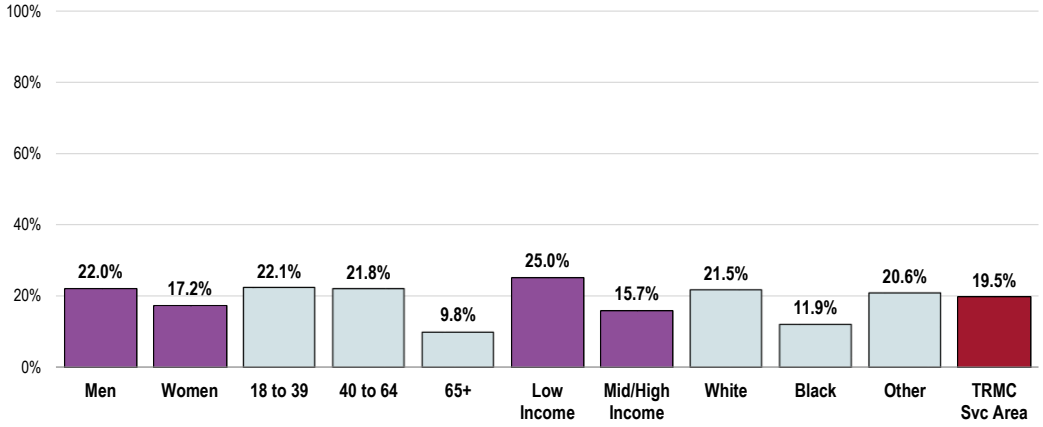
Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

- Cigarette smoking is more prevalent among adults under age 65, lower-income residents, and White residents.

Current Smokers

(TRMC Service Area, 2018)

Healthy People 2020 Target = 12.0% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

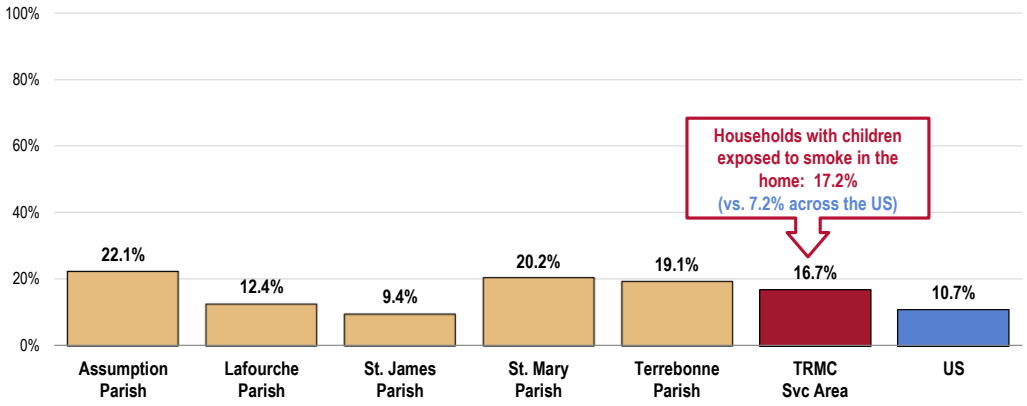
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasion smokers (every day and some days).

Environmental Tobacco Smoke

A total of 16.7% of area adults (smokers and nonsmokers) report that a member of their household smoked cigarettes at home an average of 4+ times per week last month.

- Worse than national findings.
- Favorably low in Lafourche and St. James parishes.
- Note that 17.2% of TRMC Service Area children are exposed to cigarette smoke at home, much higher than the national prevalence.

Member of Household Smokes at Home

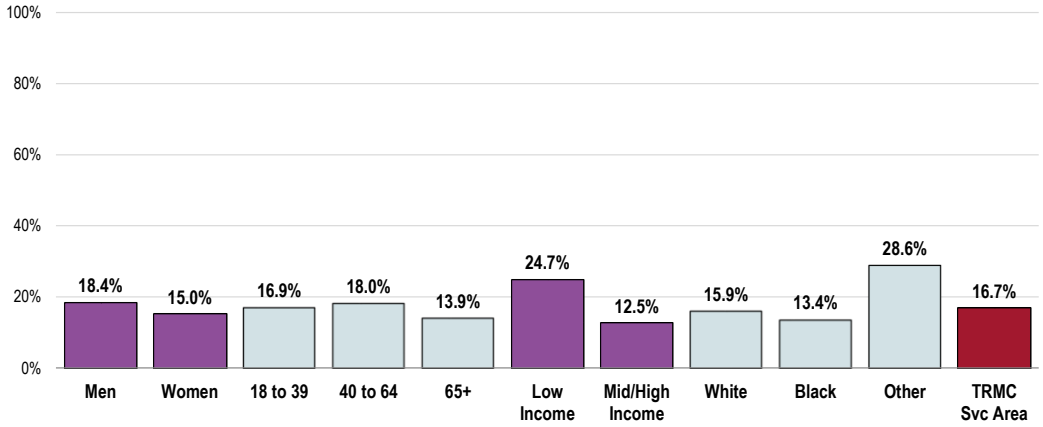


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 52, 162]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

- Notably higher among residents with lower incomes, Whites, and those of Other racial backgrounds.

Member of Household Smokes At Home
(TRMC Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Smoking Cessation

About Reducing Tobacco Use

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

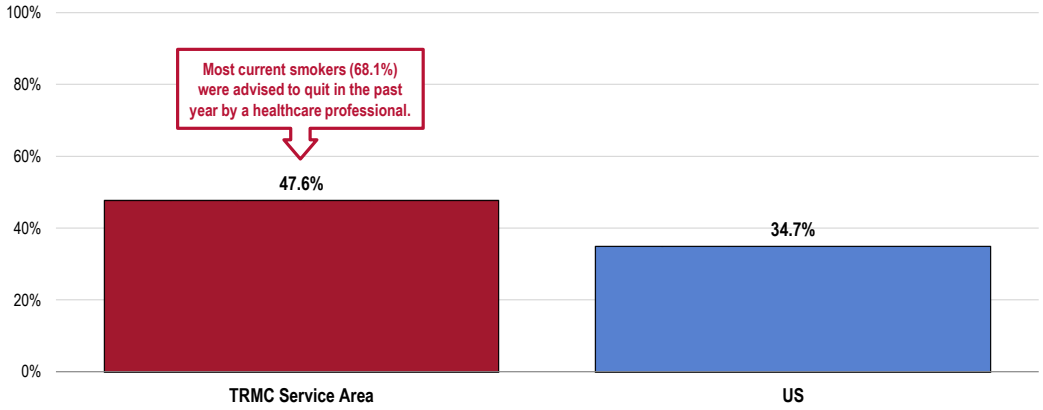
- Healthy People 2020 (www.healthypeople.gov)

Smoking Cessation Attempts

A total of 47.6% of regular smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.

- Statistically similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (80% or higher).
- Most current smokers (68.1%) have been advised by a healthcare professional in the past year to quit smoking.

Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking
(Among Everyday Smokers)
Healthy People 2020 Target = 80.0% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 50-51]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-4.1]

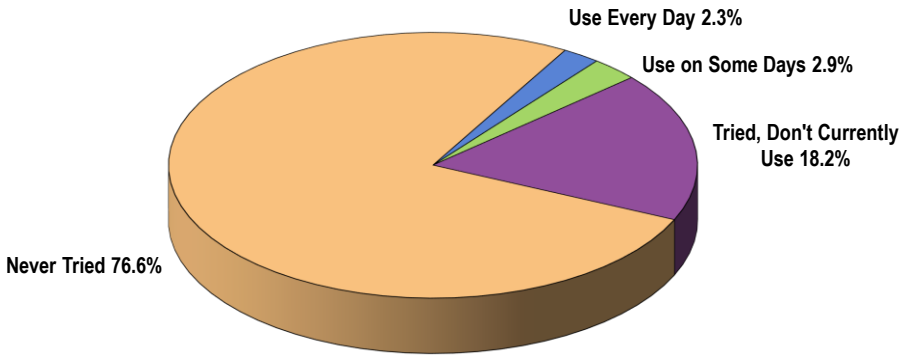
Notes:
- Asked of respondents who smoke cigarettes every day.

Other Tobacco Use

Use of Vaping Products

A total of 5.2% of TRMC Service Area adults currently use electronic cigarettes (e-cigarettes) or other electronic vaping products either regularly (2.3% every day) or occasionally (2.9% on some days).

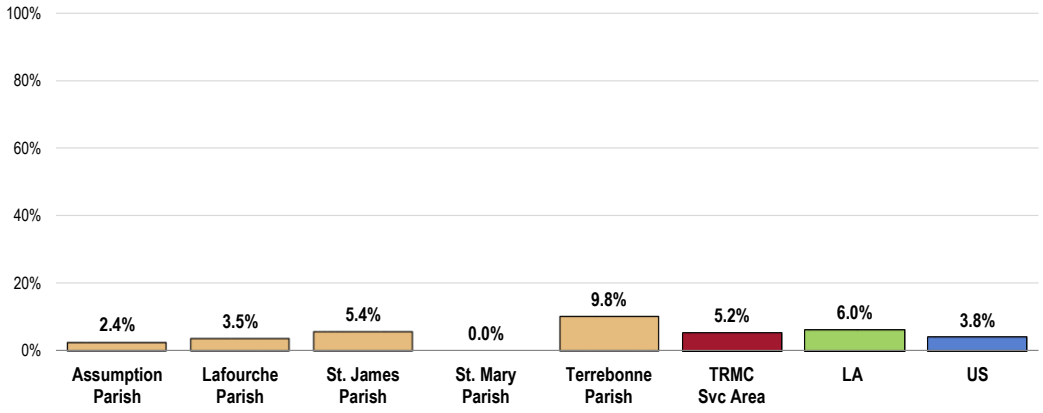
Use of Vaping Products
(TRMC Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]
Notes: • Asked of all respondents.

- The prevalence is similar to state and US figures.
- Notably higher in Terrebonne Parish.

Currently Use Vaping Products
(Every Day or on Some Days)



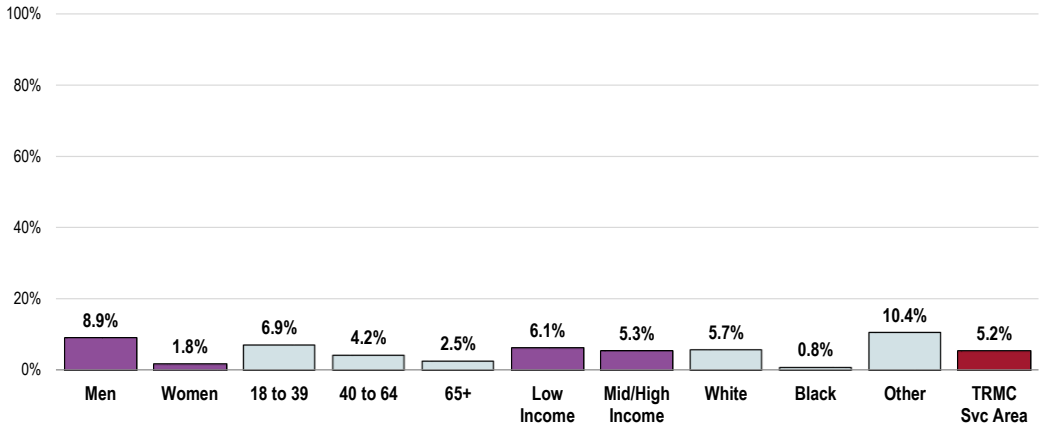
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Louisiana data.
Notes: • Asked of all respondents.
• Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Electronic cigarette/other vaping product use is more prevalent among:

- Men.
- Adults under age 40 (correlates with age).
- Whites and adults of Other racial backgrounds.

Currently Use Vaping Products

(TRMC Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]

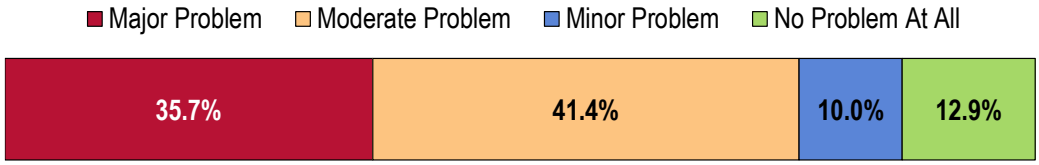
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a "moderate problem" in the community.

Perceptions of Tobacco Use as a Problem in the Community

(Key Informants, 2018)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

Tobacco is frequently used by members of our community and has detrimental effects on health. – Social Services Provider, Terrebonne Parish

Heavy use of tobacco. Cultural ingrained. – Physician, Lafourche Parish

Large patient population smokes heavily, huge impact on respiratory issues, cancer and heart disease. – Other Health Provider, Lafourche Parish

Tobacco use is used as a coping mechanism for stress just like food and alcohol. In South Louisiana, these become the "go to" to relieve stress as opposed to exercise and physical activity as a means to reduce stress. – Other Health Provider, Terrebonne Parish

Smoking and tobacco use are still prevalent in this community. – Community Leader, Terrebonne Parish

Smoking. – Social Services Provider, Terrebonne Parish

The majority of clients that we serve are smokers. When asked if they would like help to quit smoking, they usually reply that they have tried before but it didn't work. I believe that they enjoy smoking and won't ever be able to quit. – Community Leader, Lafourche Parish

Many smokers still around. – Physician, Assumption Parish

I may have ranked this one too high. In the last few years, I feel there is a decrease in tobacco use compared to over 20 years ago. Wellness is starting to take precedence over tobacco these days. – Community Leader, Lafourche Parish

The majority of patients seen in our clinics are current smokers. – Other Health Provider, Lafourche Parish

Prevalence of tobacco use. Lack of participation in cessation programs. – Physician, Lafourche Parish

The majority of the community are smokers. – Public Health Representative, St. Mary Parish

Aging Population

Because of the clients we serve that are 60 and older assessments show this to be true. – Social Services Provider, Terrebonne Parish

Leading Cause of Death

Leading cause of preventable morbidity and mortality. – Public Health Representative, Lafourche Parish

Teens/Young Adult Users

It's widespread among young people. – Social Services Provider, Lafourche Parish

Health Education/Awareness

Lack of information and programs. – Community Leader, Assumption Parish

Poverty

Poverty, anxiety, substance use. – Other Health Provider, Lafourche Parish

Access to Health Services

Professional Research Consultants, Inc.

Health Insurance Coverage

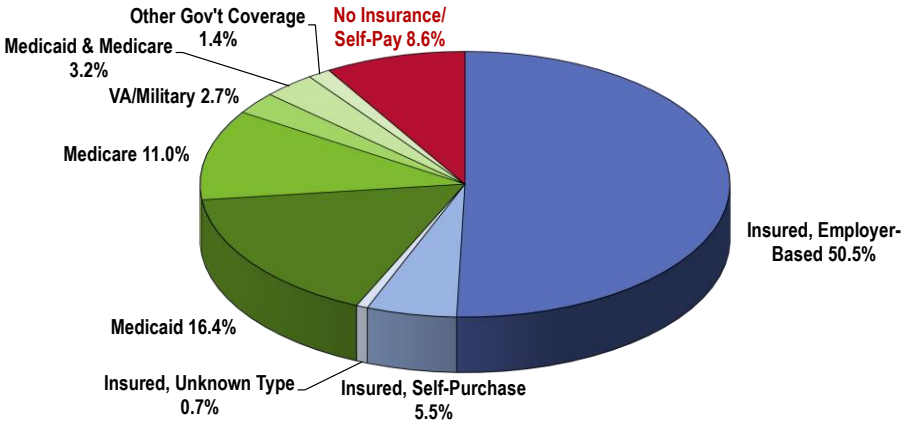
Type of Healthcare Coverage

A total of 56.7% of TRMC Service Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 34.7% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

Healthcare Insurance Coverage

(Among Adults Age 18-64; TRMC Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
Notes: • Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Among adults age 18 to 64, 8.6% report having no insurance coverage for healthcare expenses.

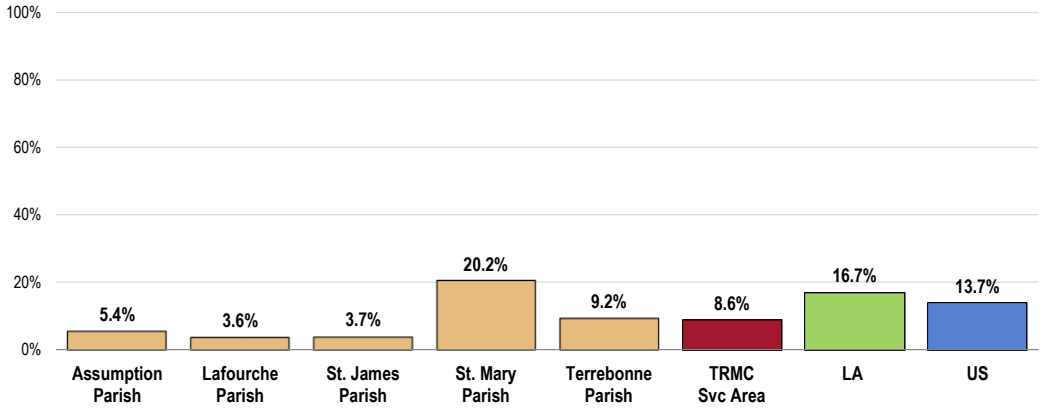
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population), who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

- Lower than state and national findings.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Worst in St. Mary Parish.

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64)

Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Louisiana data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1.1]

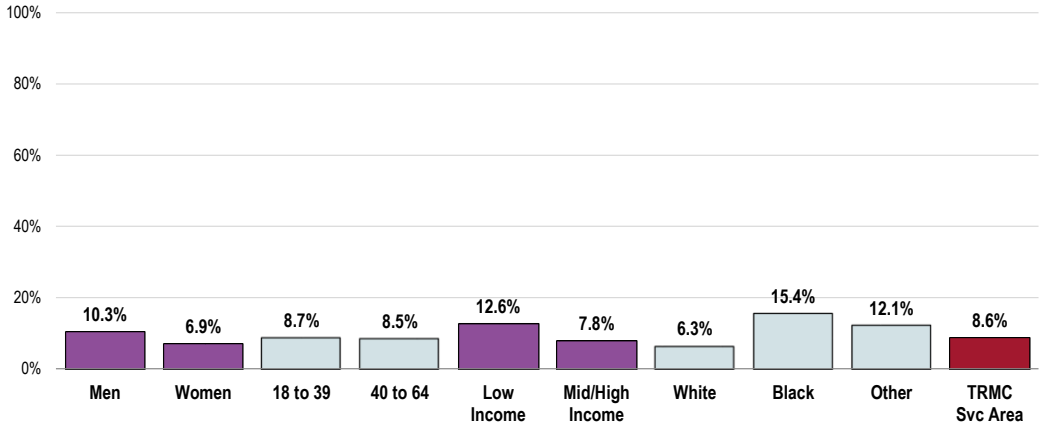
Notes:
- Asked of all respondents under the age of 65.

- Black adults in the service area are more likely to be without healthcare insurance coverage.

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64; TRMC Service Area, 2018)

Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1.1]

Notes:
- Asked of all respondents under the age of 65.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

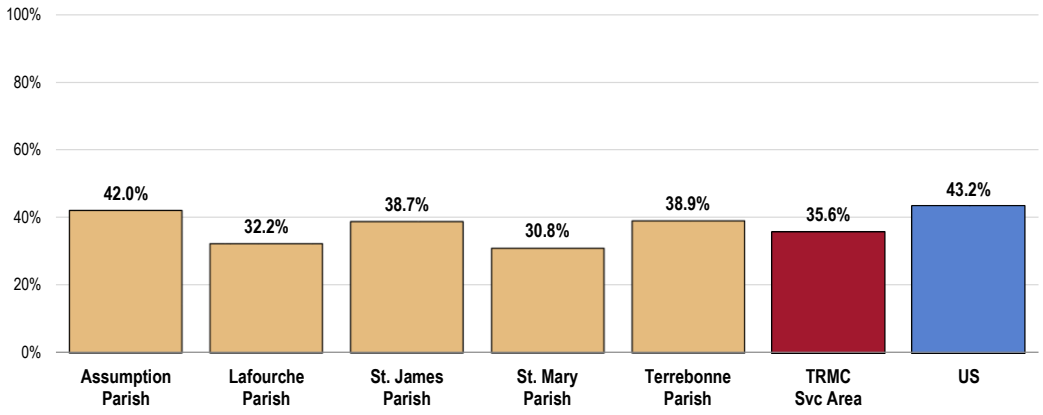
Difficulties Accessing Services

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

A total of 35.6% of TRMC Service Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- More favorable than national findings.
- Statistically similar by parish.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

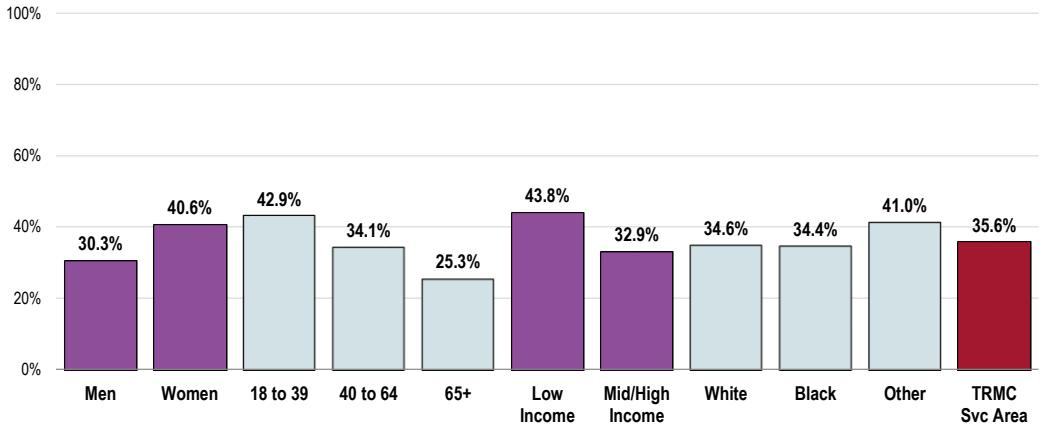
Notes:
- Asked of all respondents.

Note that the following demographic groups more often report difficulties accessing healthcare services:

- Women.
- Adults under age 65.
- Lower-income residents.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

(TRMC Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]

Notes:
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

To better understand healthcare access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

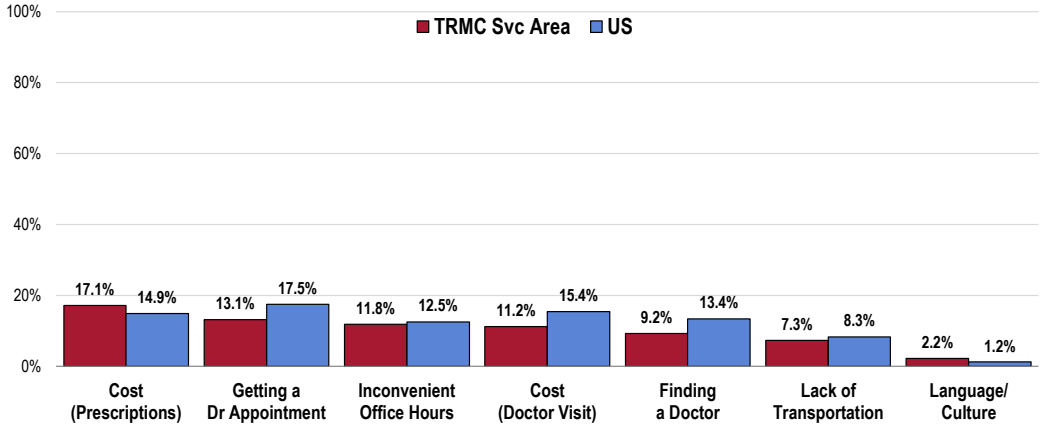
Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Barriers to Healthcare Access

Of the tested barriers, cost of a prescription impacted the greatest share of area adults (17.1% say that cost prevented them from obtaining a needed medication in the past year).

- The proportion of impacted TRMC Service Area adults is statistically comparable to or better than that found nationwide for each of the tested barriers.

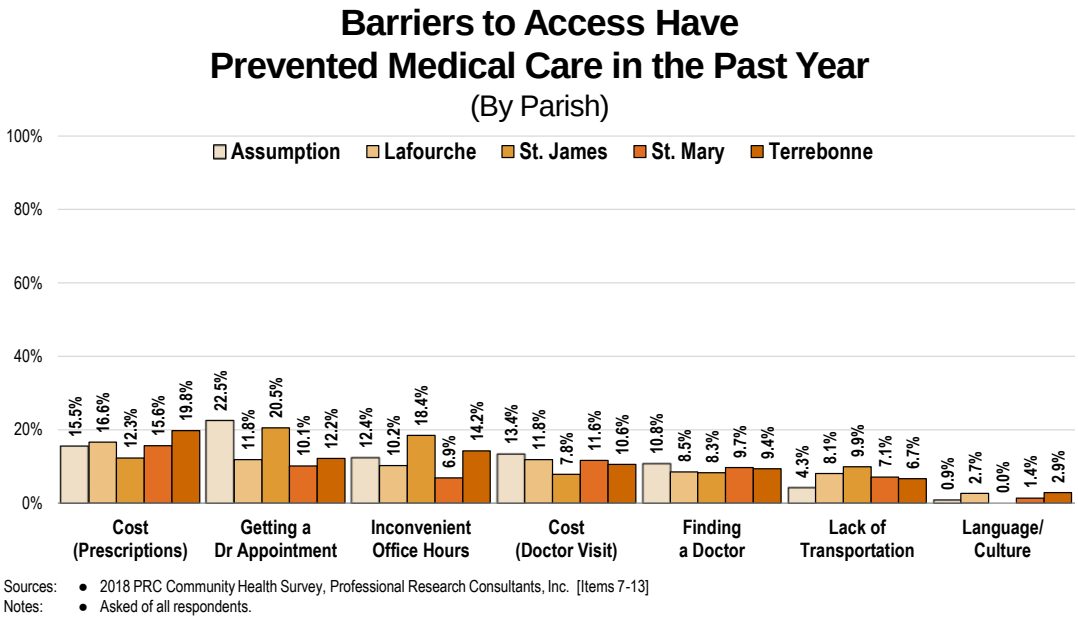
Barriers to Access Have Prevented Medical Care in the Past Year



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-13]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Viewed by parish, note the high prevalence of difficulty with getting a doctor's appointment among Assumption Parish respondents.



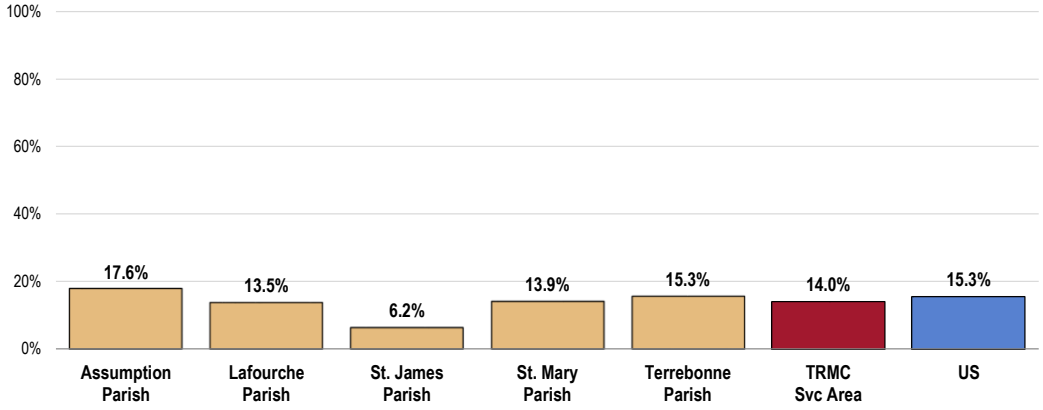
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-13]
Notes: • Asked of all respondents.

Prescriptions

Among all TRMC Service Area adults, 14.0% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Similar to national findings.
- Favorably low in St. James Parish.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money



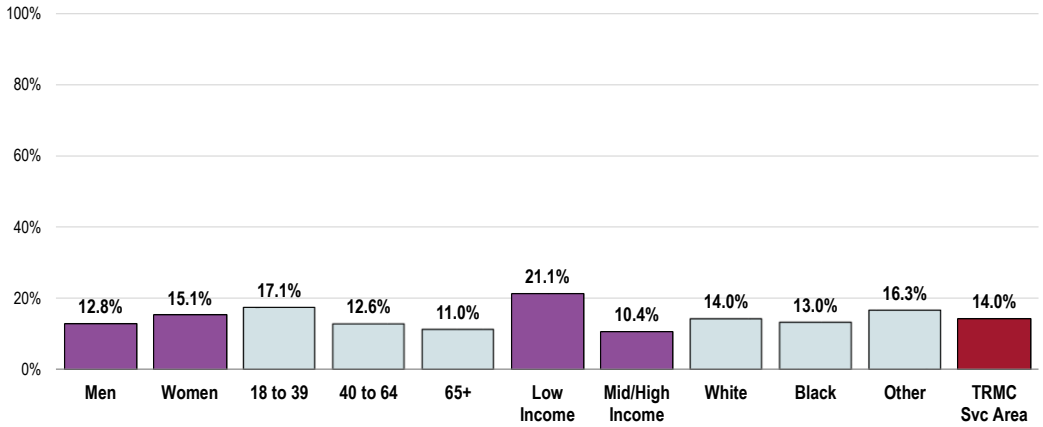
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Lower-income residents are more likely to have skipped or reduced their prescription doses.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

(TRMC Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Accessing Healthcare for Children

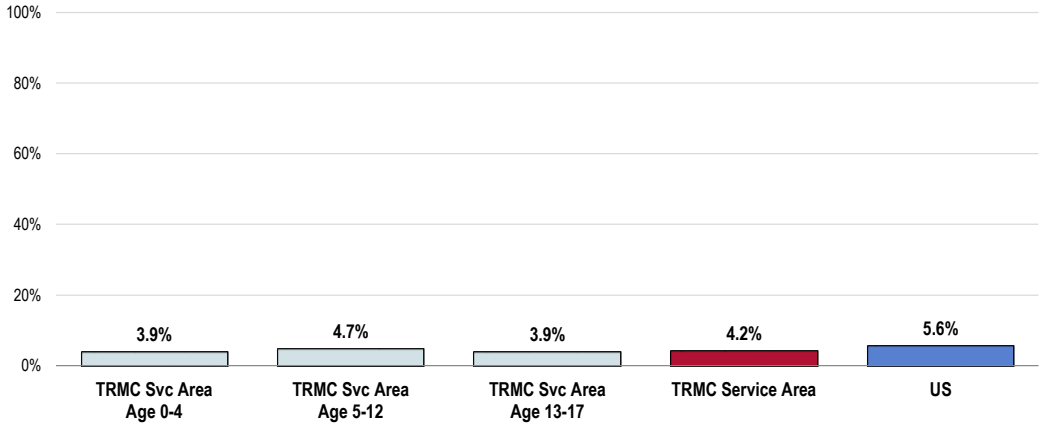
A total of 4.2% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

- Statistically similar to what is reported nationwide.
- Similar percentages by child's age.

Had Trouble Obtaining Medical Care for Child in the Past Year

(Among Parents of Children 0-17)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 118-119]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.

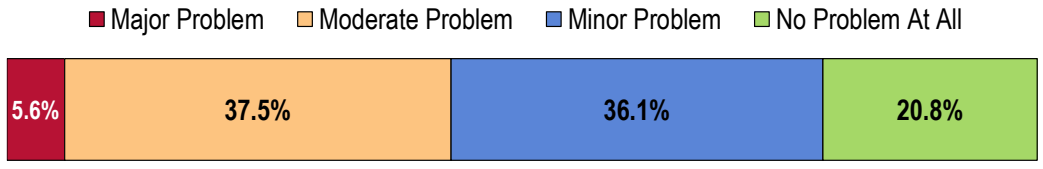
Among the parents experiencing difficulties, the majority cited **health issues** and **cost or a lack of insurance** as the primary reason; others cited long waits for appointments.

Key Informant Input: Access to Healthcare Services

Key informants taking part in an online survey most often characterized *Access to Healthcare Services* as a "moderate problem" in the community.

Perceptions of Access to Healthcare Services as a Problem in the Community

(Key Informants, 2018)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> *The lack of availability. – Community Leader, Assumption Parish*
>
> *We must transport our clients out of the parish for healthcare. – Social Services Provider, Assumption Parish*

Transportation

> *Transportation. – Social Services Provider, Assumption Parish*

Type of Care Most Difficult to Access

Among the few respondents rating this as a major problem, the following were the areas mentioned as most difficult to access:

- Behavioral Health
- Dental Care
- Specialty Care
- Substance Abuse Treatment
- Prenatal Care.

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

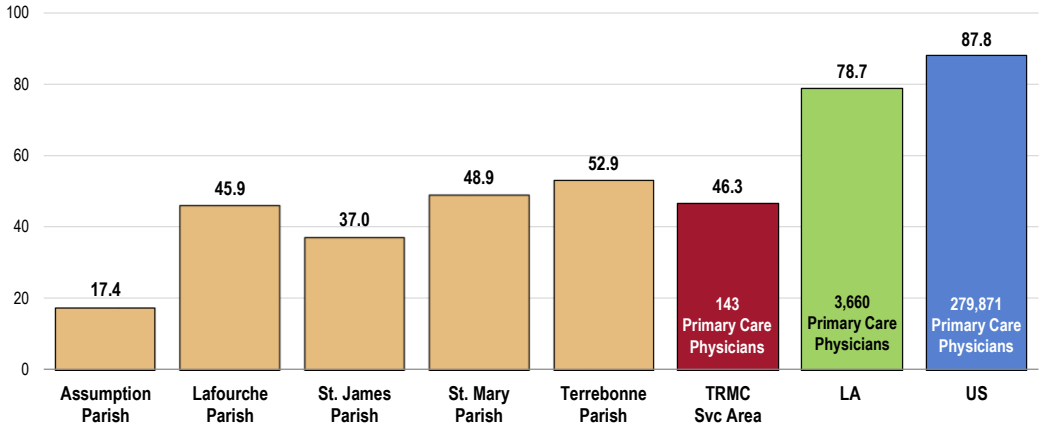
Access to Primary Care

In the service area in 2014, there were 143 primary care physicians, translating to a rate of 46.3 primary care physicians per 100,000 population.

- Well below what is found statewide and nationally.
- Ratios are lowest in Assumption and St. James parishes.

Access to Primary Care

(Number of Primary Care Physicians per 100,000 Population, 2014)



Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Retrieved April 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Specific Source of Ongoing Care

A total of 72.4% of TRMC Service Area adults were determined to have a specific source of ongoing medical care.

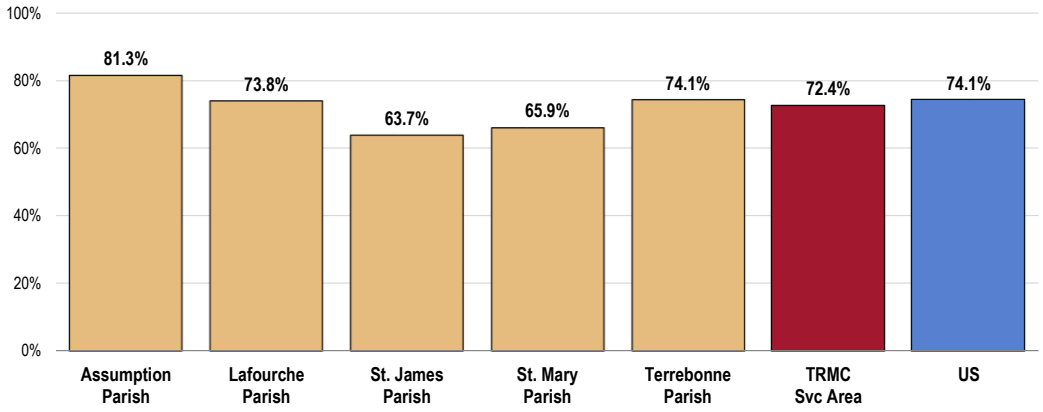
Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 objective (95% or higher).
- Highest in Assumption Parish.

Have a Specific Source of Ongoing Medical Care

Healthy People 2020 Target = 95.0% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

Notes:
- Asked of all respondents.

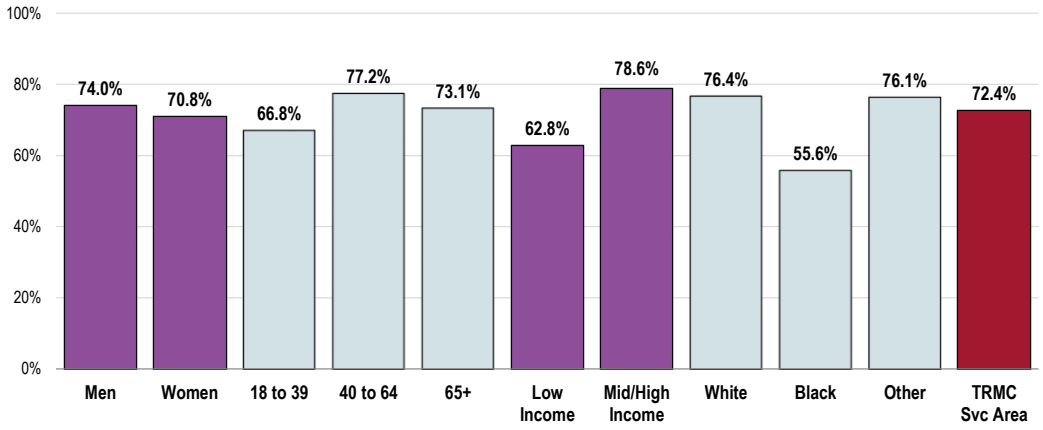
When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Adults under age 40.
- Lower-income adults.
- Black residents.

Have a Specific Source of Ongoing Medical Care

(TRMC Service Area, 2018)

Healthy People 2020 Target = 95.0% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

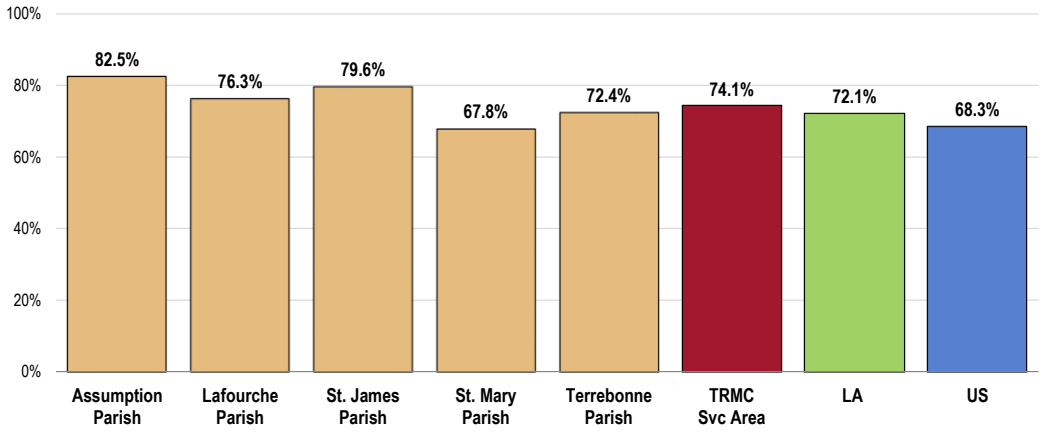
Utilization of Primary Care Services

Adults

Nearly three in four service area adults (74.1%) visited a physician for a routine checkup in the past year.

- Comparable to state findings.
- Better than national findings.
- Highest in Assumption Parish.

Have Visited a Physician for a Checkup in the Past Year

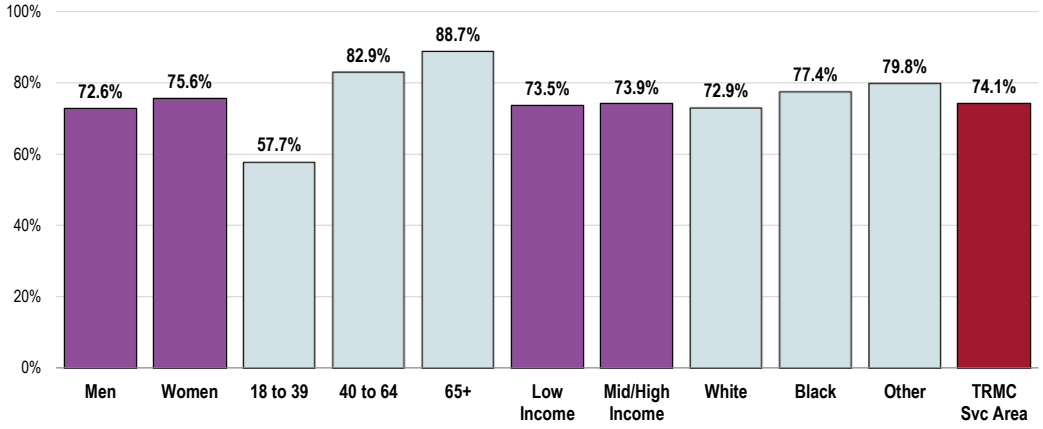


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Louisiana data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Adults under age 40 are less likely to have received routine care in the past year (positive correlation with age).

Have Visited a Physician for a Checkup in the Past Year
(TRMC Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]

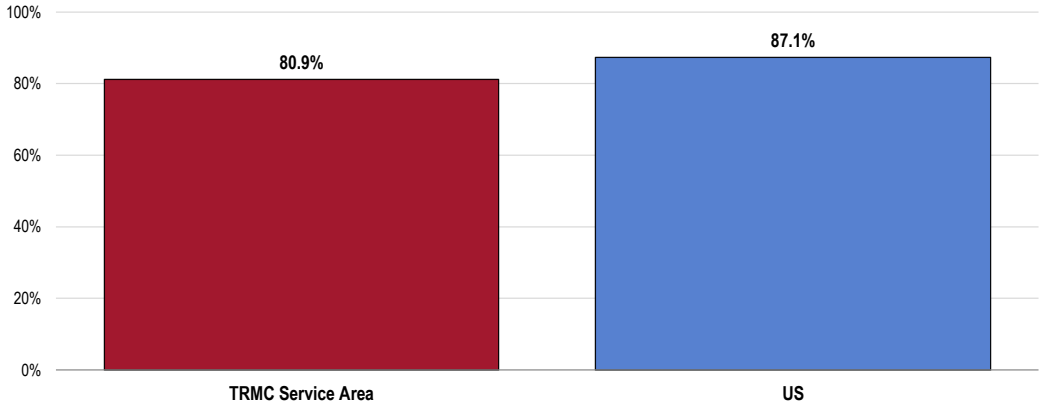
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among surveyed parents, 80.9% report that their child has had a routine checkup in the past year.

- Similar to national findings.

Child Has Visited a Physician for a Routine Checkup in the Past Year
(Among Parents of Children 0-17)



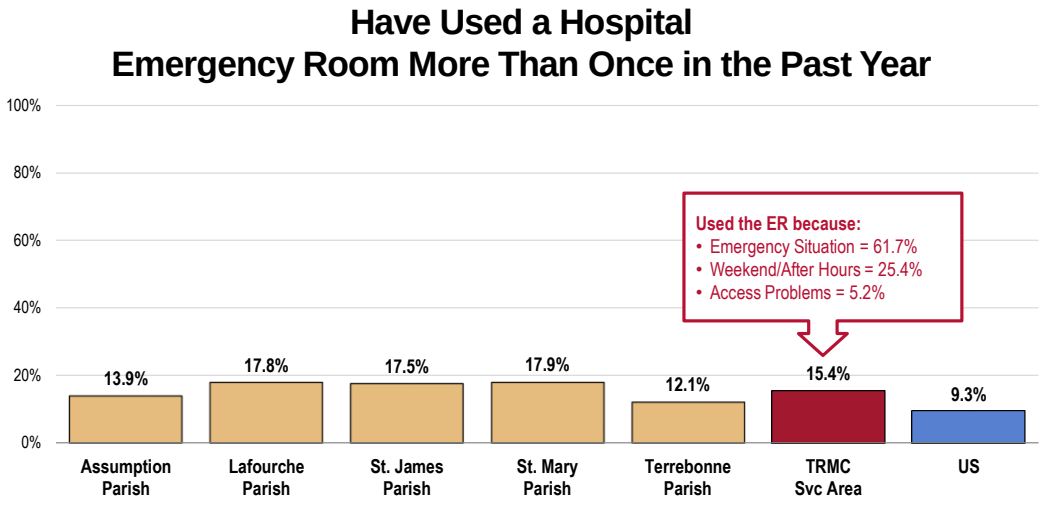
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 120]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.

Emergency Room Utilization

A total of 15.4% of TRMC Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- Higher than national findings.
- Similar findings by parish.



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 22-23]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

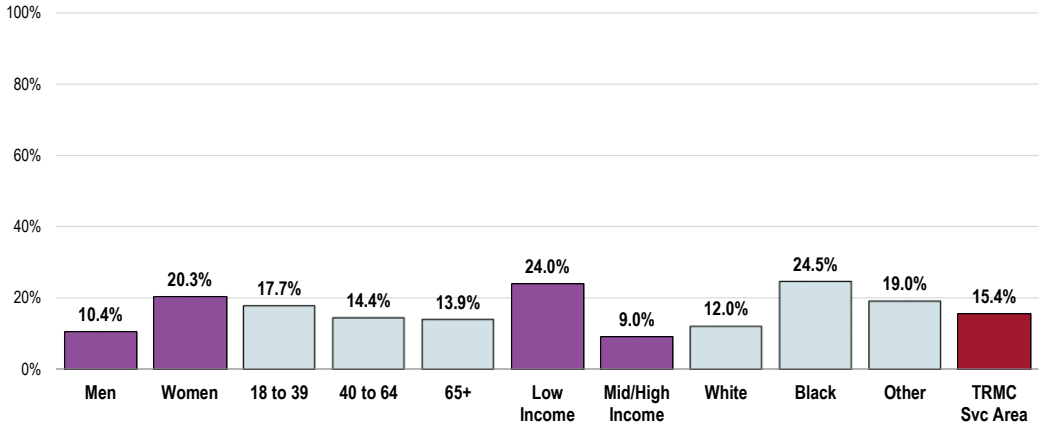
Of those using a hospital ER, 61.7% say this was due to an **emergency or life-threatening situation**, while 25.4% indicated that the visit was during **after-hours or on the weekend**. A total of 5.2% cited **difficulties accessing primary care** for various reasons.

These population segments are more likely to have used an ER for their medical care more than once in the past year:

- Women.
- Low-income residents.
- Black adults.

Have Used a Hospital Emergency Room More Than Once in the Past Year

(TRMC Service Area, 2018)



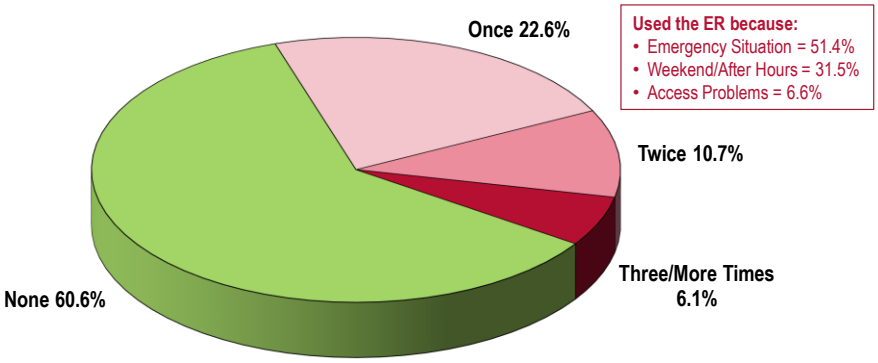
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

A total of 39.4% of TRMC Service Area adults have gone to a hospital emergency room in the past year about their own health, including 16.8% who relied on a hospital ER for their child's care more than once.

Use of the ER for Child's Medical Care in the Past Year

(TRMC Service Area Children Under 18, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 304]
Notes: • Asked of all respondents about a child under 18 at home.

Of parents whose child used the ER for medical care in the past year, 51.4% say this was due to an **emergency or life-threatening situation**, while 31.5% indicated that the visit was during **after-hours or on the weekend**. A total of 6.6% cited **difficulties accessing primary care** for various reasons.

Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use; excessive alcohol use;** and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

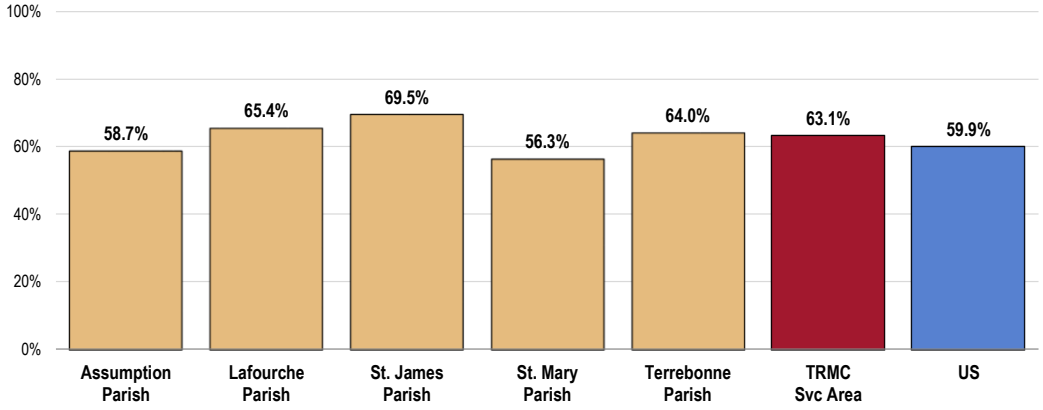
- Healthy People 2020 (www.healthypeople.gov)

Dental Insurance

A total of 63.1% of TRMC Service Area adults have dental insurance that covers all or part of their dental care costs.

- Comparable to the US figure.
- Statistically similar findings by parish.

Have Insurance Coverage That Pays All or Part of Dental Care Costs



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

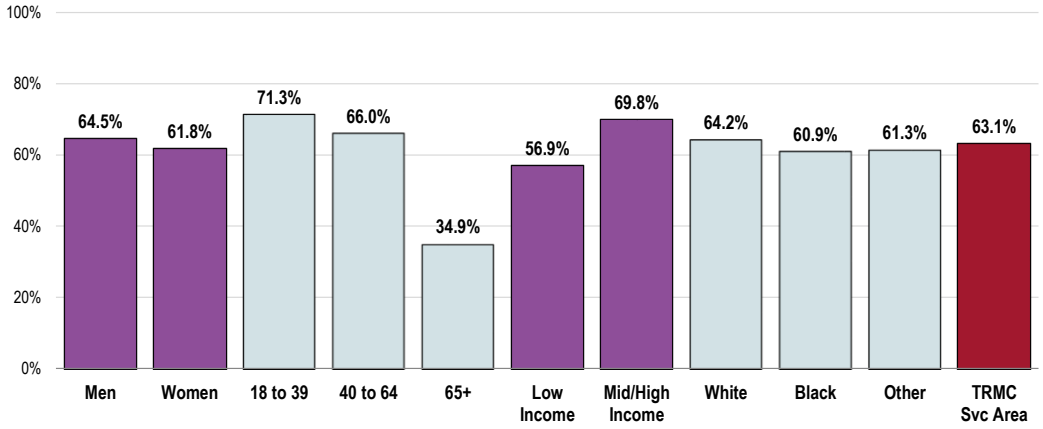
Notes:
- Asked of all respondents.

These adults are less likely to be covered by dental insurance:

- Seniors.
- Low-income residents.

Have Insurance Coverage That Pays All or Part of Dental Care Costs

(TRMC Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Dental Care

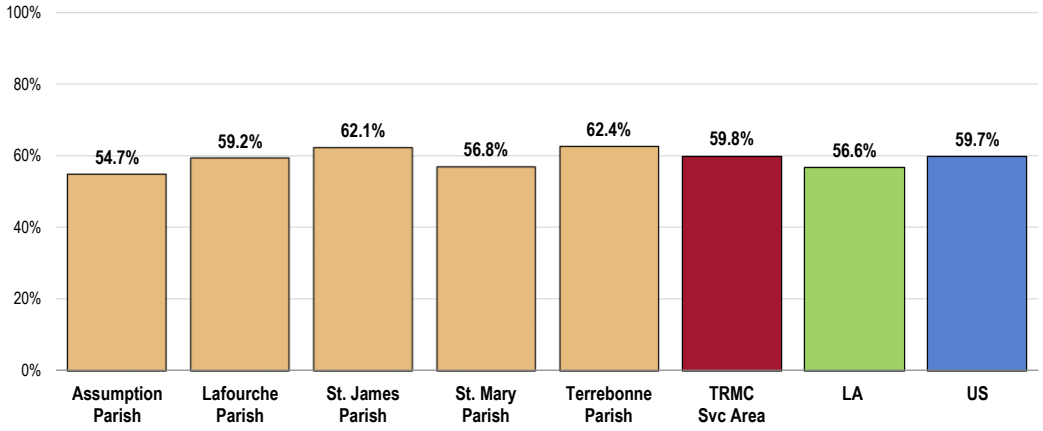
Adults

A total of 59.8% of TRMC Service Area adults have visited a dentist or dental clinic (for any reason) in the past year.

- Similar to statewide and US findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Similar findings by parish.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Louisiana data.

Notes:
- Asked of all respondents.

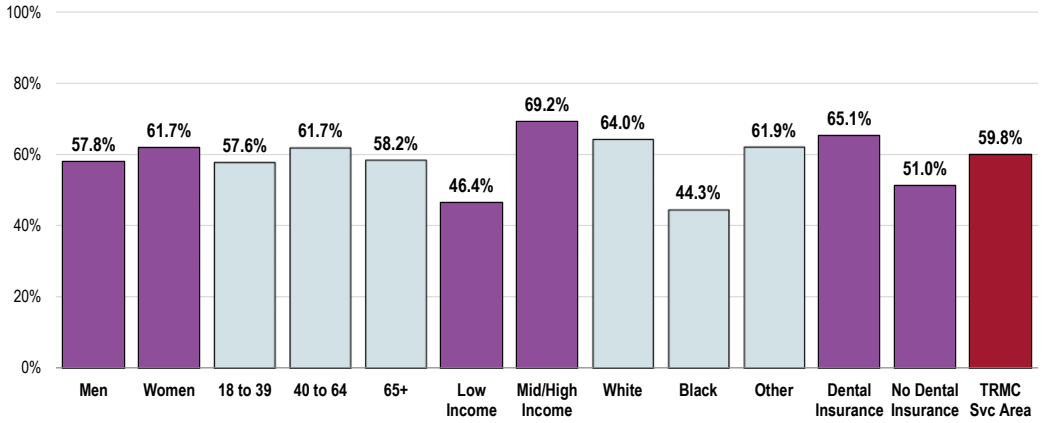
Note the following:

- Persons living in the higher income categories report much higher utilization of oral health services (low-income adults fail to satisfy the Healthy People 2020 target).
- Whites and Other races are much more likely than Blacks to report recent dental care.
- As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.

Have Visited a Dentist or Dental Clinic Within the Past Year

(TRMC Service Area, 2018)

Healthy People 2020 Target = 49.0% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

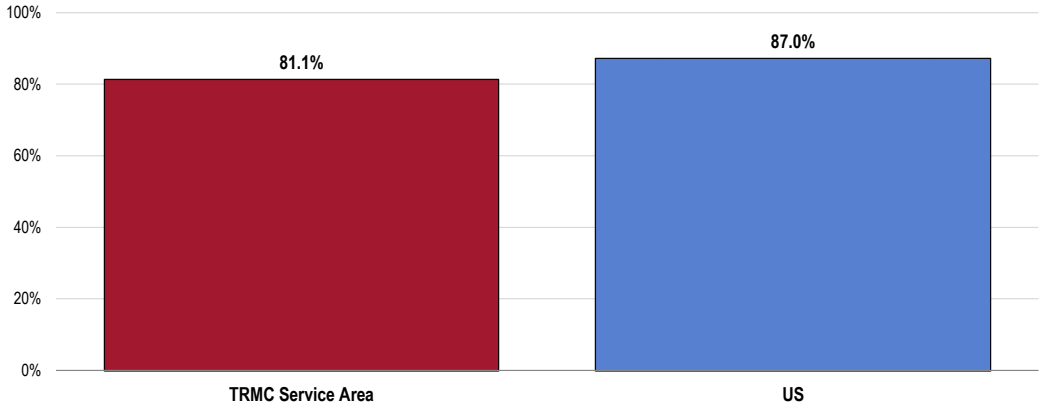
A total of 81.1% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Comparable to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Among Parents of Children Age 2-17)

Healthy People 2020 Target = 49.0% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

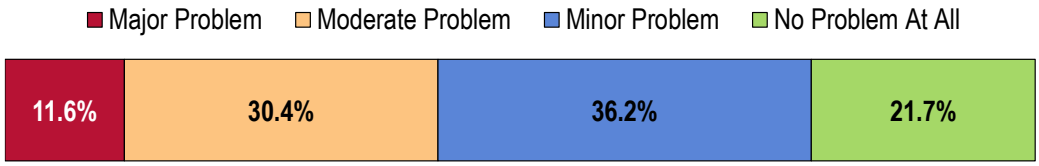
Notes:
- Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a "minor problem" in the community.

Perceptions of Oral Health as a Problem in the Community

(Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Poverty

> *Since we live in a state that struggles with poverty, it is not surprising that oral health and dental care are lacking. This is also linked to cardiovascular disease, which is another struggle in our area. – Community Leader, Terrebonne Parish*

Access to Care/Services

> *Limited resources available to receive help with dentures and other oral health issues. Medicare only covers cleanings. – Social Services Provider, Terrebonne Parish*

Access for Medicaid/Medicare

> *We are unable to find a dental clinic that accepts Medicaid for adults over the age of 18. – Social Services Provider, Lafourche Parish*

Vision Care

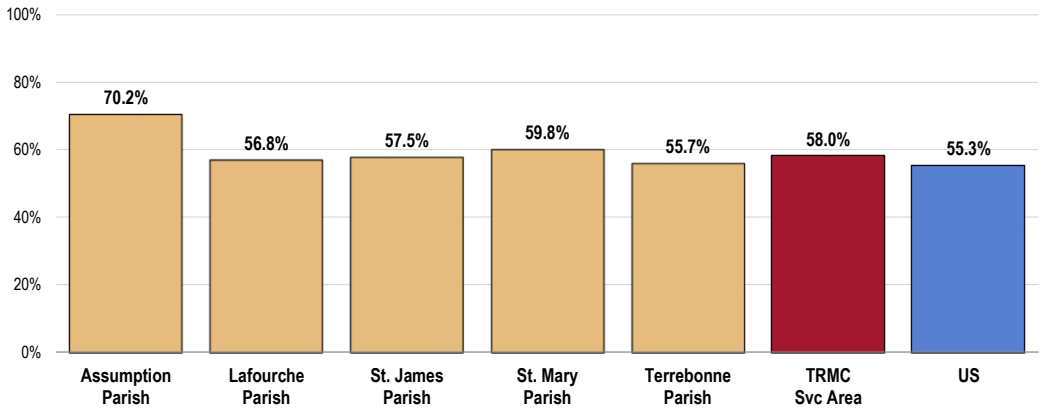
RELATED ISSUE:

See also *Potentially Disabling Conditions: Vision & Hearing Impairment* in the **Death, Disease & Chronic Conditions** section of this report.

A total of 58.0% of TRMC Service Area residents had an eye exam in the past two years during which their pupils were dilated.

- Statistically comparable to national findings.
- Favorably high in Assumption Parish.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated



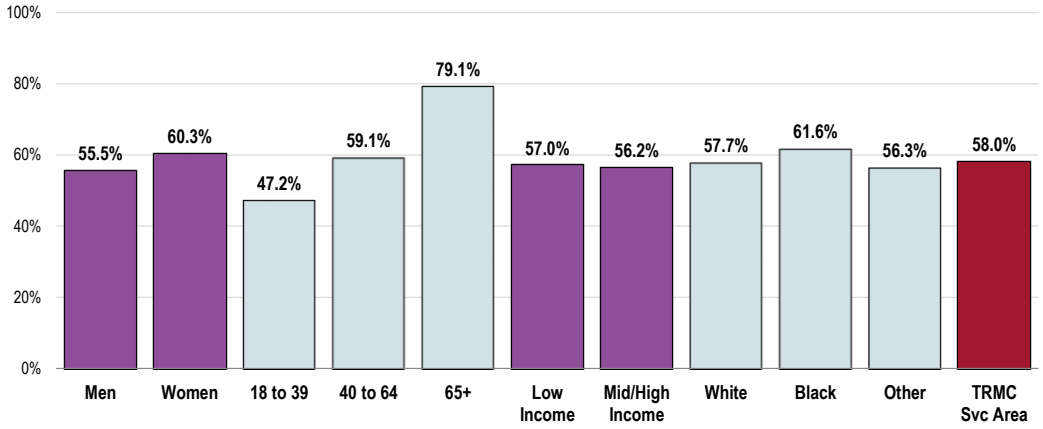
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Note the positive correlation between age and recent eye exams.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

(TRMC Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Local Resources

Professional Research Consultants, Inc.

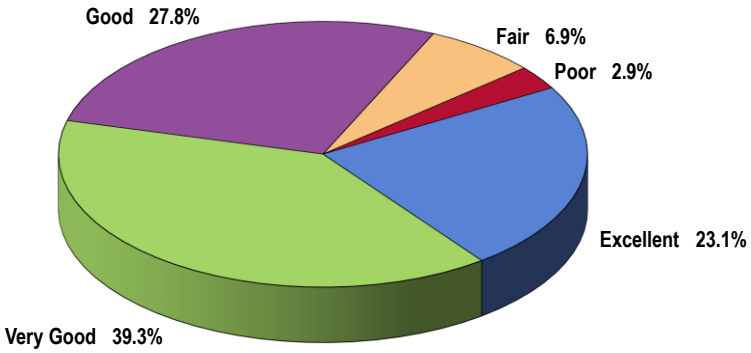
Perceptions of Local Healthcare Services

A total of 62.4% of TRMC Service Area adults rate the overall healthcare services available in their community as "excellent" or "very good."

- Another 27.8% gave "good" ratings.

Rating of Overall Healthcare Services Available in the Community

(TRMC Service Area, 2018)

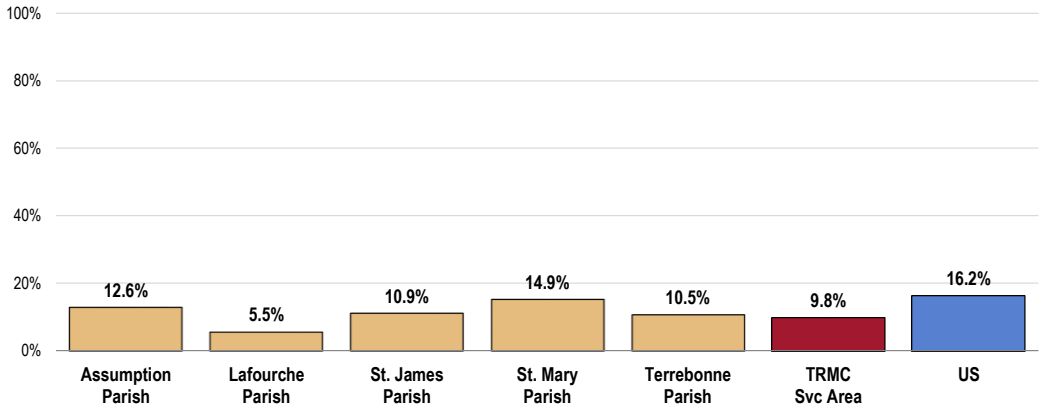


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 9.8% of residents characterize local healthcare services as "fair" or "poor."

- More favorable than reported nationally.
- Favorably low in Lafourche Parish.

Perceive Local Healthcare Services as "Fair/Poor"

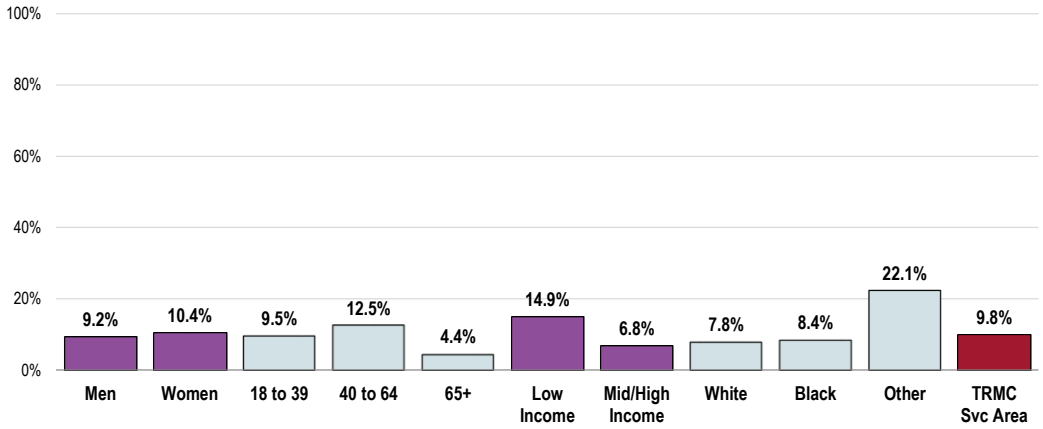


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

The following residents are more critical of local healthcare services:

- Adults under age 65.
- Residents with lower incomes.
- Adults of Other racial backgrounds.

Perceive Local Healthcare Services as "Fair/Poor"
(TRMC Service Area, 2018)



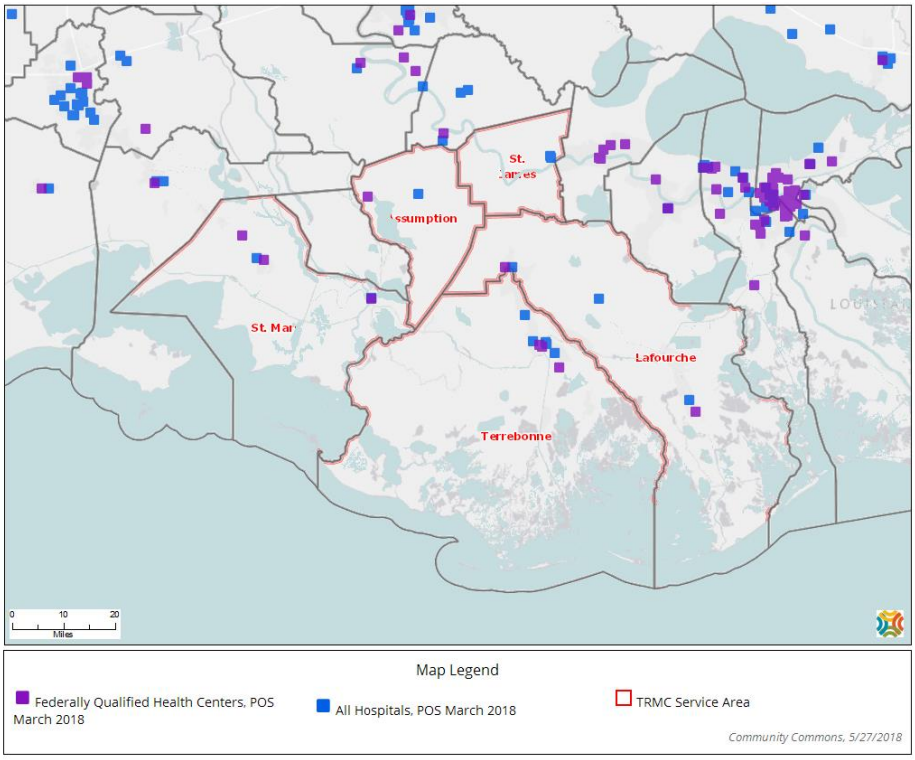
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Healthcare Resources & Facilities

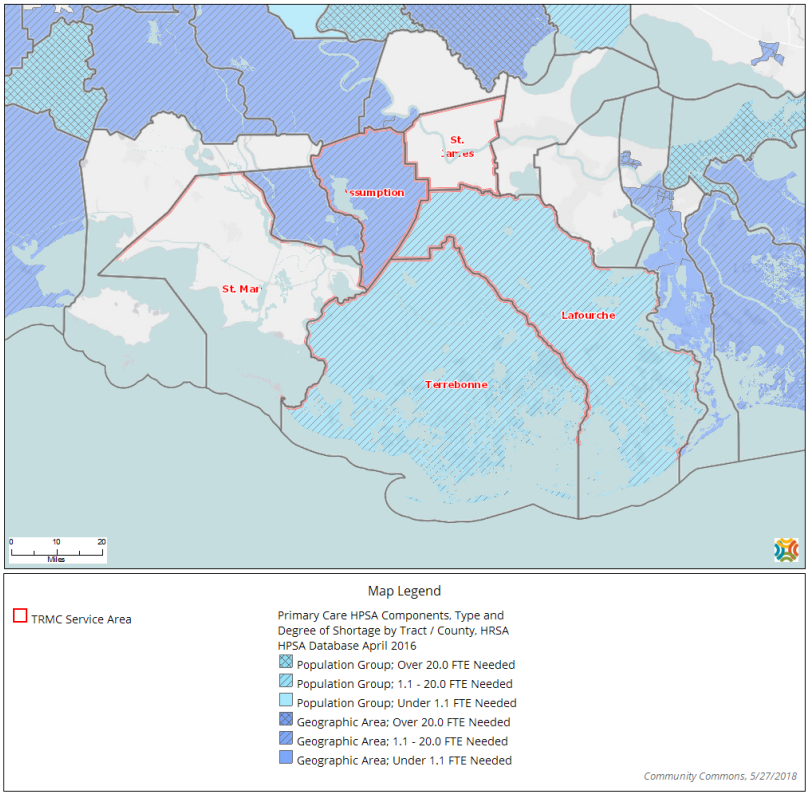
Hospitals & Federally Qualified Health Centers (FQHCs)

The following map details the hospitals and Federally Qualified Health Centers (FQHCs) within the TRMC Service Area as of March 2018.



Health Professional Shortage Area (HPSAs)

The following map outlines the service area's degree of health professional shortage as of April 2016.



Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access Problems

Assumption Community Hospital
Council on Aging

Arthritis/Osteoporosis/Back Conditions

Doctor's Offices
Fitness Centers/Gyms
Neurosurgery Center
Orthopedic Group
Spine Center
Thibodaux Regional Medical Center

Cancer

American Cancer Society
Assumption Community Hospital
Assumption Parish School Board
Cancer Center of Greater New Orleans
Chabert Medical Center
Doctor's Offices
Employers' Safety Programs
Environmental Protection Agency
Mary Bird Perkins Cancer Center
Ochsner Clinic Foundation
Our Lady of the Lake
Relay for Life
Rural Health Clinic
Support Groups
Susan G. Komen
Terrebonne General Medical Center
Thibodaux Imaging Center
Thibodaux Regional Cancer Center
Thibodaux Regional Medical Center

Chronic Kidney Disease

Assumption Community Hospital
Chronic Disease Management Programs
Council on Aging
Davita
Dialysis Center
Doctor's Offices
Fresenius Kidney Care
Hospitals
Public Transportation
Reliant Renal Care–Houma
Terrebonne General Medical Center

Dementia/Alzheimer's Disease

Alzheimer's Association
Audubon Health and Rehab
Community-Based Resources
Doctor's Offices
Lafourche Home for the Aged
Memory Care Centers
Nursing Homes
St. Joseph Manor
The Claiborne
Thibodaux Healthcare Center

Diabetes

- *American Diabetes Association*
- *Assumption Community Hospital*
- *Chabert Medical Center*
- *Community Workshops*
- *Diabetes Education*
- *Diabetic Clinic*
- *Doctor's Offices*
- *Fitness Centers/Gyms*
- *Home Health Agencies*
- *Hospitals*
- *Insurance Companies*
- *LSU Ag Center*
- *Public Health*
- *St. Vincent Pharmacy*
- *Terrebonne Council on Aging*
- *Terrebonne General Medical Center*
- *Terrebonne General Wellness Center*
- *Thibodaux Regional Medical Center*
- *Thibodaux Regional Wellness Center*

Family Planning

- *Doctor's Offices*
- *Lafourche Behavioral Health Center*

Hearing and Vision Problems

- *Cloutier Eye Care*
- *Family Vision Clinic*
- *Kellum Eye Center*

Heart Disease and Stroke

- *American Heart Association*
- *Assumption Community Hospital*
- *Cardiovascular Institute of the South*
- *Chabert Medical Center*
- *Doctor's Offices*
- *Fitness Centers/Gyms*
- *Heart Center of Lafourche*
- *Home Health Agencies*
- *Hospitals*
- *Insurance Companies*
- *Intervention Workshops*
- *Nursing Homes*
- *Nutrition Services*
- *Ochsner's of St. Anne's*
- *Our Lady of the Lake*
- *Terrebonne General Medical Center*
- *Thibodaux Regional Medical Center*
- *Thibodaux Regional Wellness Center*

Injury and Violence

- *Assumption Parish Sheriff's Office*
- *Churches*
- *Doctor's Offices*
- *Houma Police Department*
- *Louisiana Domestic Violence Shelter*
- *Neighborhood Watch Programs*
- *Police Department*
- *School System*
- *South Central Planning and Development Commission*
- *Sudden Impact Program*
- *Teche Regional*
- *Terrebonne Parish Sheriff's Office*
- *The Haven*
- *Trauma Nursing Core Curriculum*

Mental Health Issues

- *Chabert Medical Center*
- *Compass Behavioral Health*
- *Doctor's Offices*
- *Geriatric Psychiatric Inpatient Units*
- *Hospitals*
- *Lafourche Behavioral Health Center*
- *Lafourche Parish Mental Health*
- *Magnolia Family Services*
- *Mental Health Services*
- *Options for Independence*
- *Psychological Health Care of South Louisiana*
- *Public Health*
- *South Central Louisiana Human Services District*
- *Southeast Regional Behavioral Authority*
- *St. Mary Mental Health*
- *START Corporation*
- *Teche Action Clinic*
- *Terrebonne Mental Health Clinic*
- *Thibodaux Psychiatrists*

Nutrition, Physical Activity, and Weight

Assumption Community Hospital
Assumption Parish School Board
BayouMD Weight Loss and Wellness
Catholic Community Center
Chabert Medical Center
Council on Aging
Doctor's Offices
Fitness Centers/Gyms
Good Samaritan Food Bank
Health Pro Wellness Center
Hospitals
Local Vegetable Garden
LSU Ag Center
Nutrition Services
Office of Family Support
Parks and Recreation
Peltier Park
Teachers/Trainers
Terrebonne Council on Aging
Terrebonne General Medical Center
Terrebonne General Wellness Center
Terrebonne Parish Recreational Program
Thibodaux Regional Medical Center
Thibodaux Regional Wellness Center
Weight Watchers
Wellness Center

Oral Health/Dental Care

Chabert Medical Center
START Corporation

Sexually Transmitted Diseases

Chabert Medical Center
Common Sense
Doctor's Offices
Hospitals
Lafourche Behavioral Health Center
Public Health
Sexual Education
South Louisiana Medical Associates Clinic

Respiratory Diseases

Doctor's Offices
Hospitals
Public Health

Substance Abuse

Alcohol and Drug Abuse Council of South Louisiana
Assisi Bridge House of the Houma–Thibodaux Diocese
Bayou Council on Alcoholism
Behavioral Intervention
DARE
DHR, CAA (Recovery Support)
Doctor's Offices
Drug Education Programs
Fairview Treatment Center
Lafourche Behavioral Health Center
New Start Recovery
Public Health
South Central Louisiana Human Services District
Southeast Regional Behavioral Authority
St. James Hospital
Terrebonne DA–Drug Court
Terrebonne Mental Health Clinic

Tobacco Use

1-800-QUIT NOW
Cardiovascular Institute of the South
DARE
Doctor's Offices
Lafourche Behavioral Health Center
Terrebonne General Medical Center