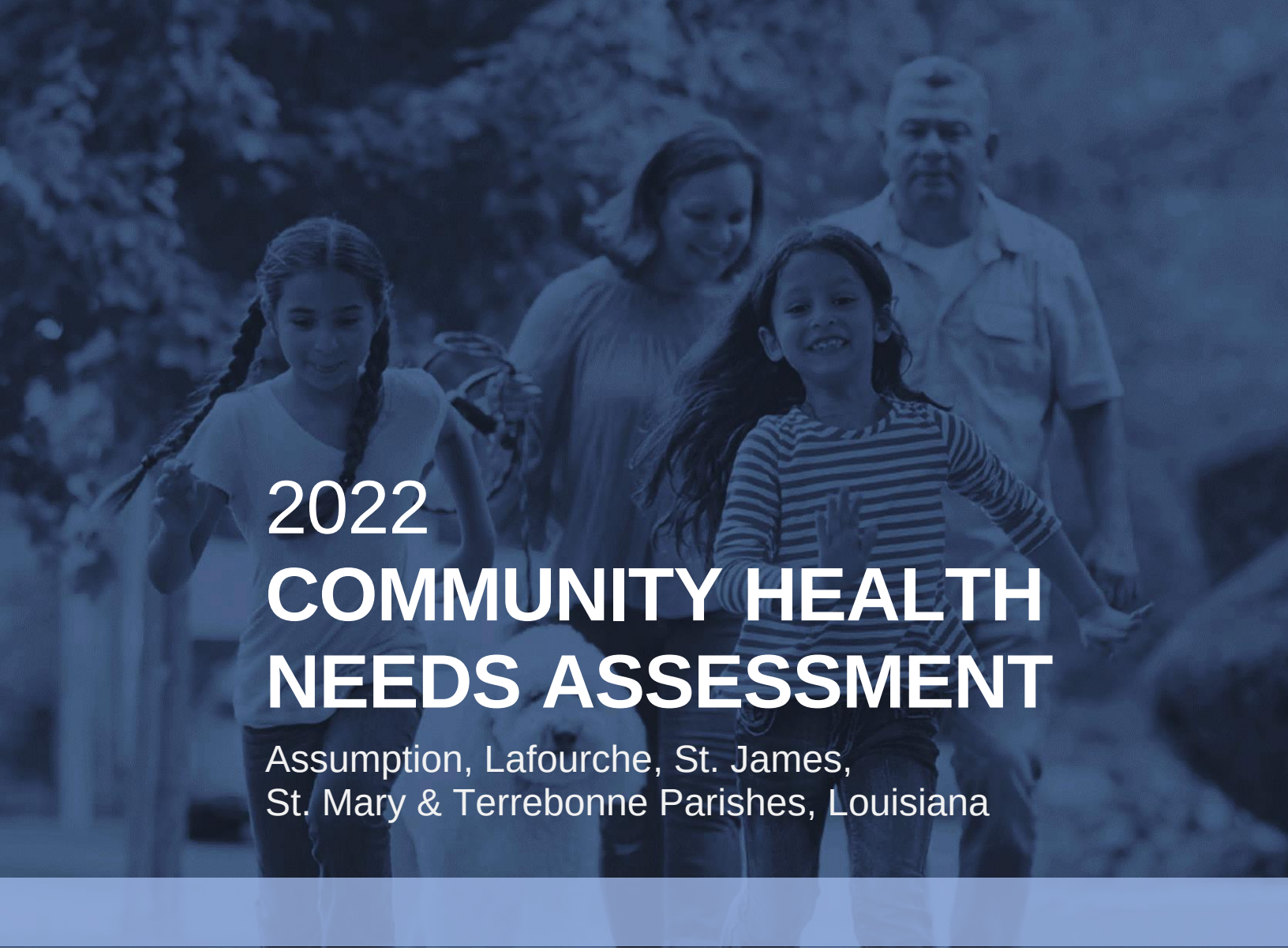

2022 COMMUNITY HEALTH NEEDS ASSESSMENT

Assumption, Lafourche, St. James,
St. Mary & Terrebonne Parishes, Louisiana

Sponsored by

THIBODAUX REGIONAL HEALTH SYSTEM

2021-1510-02

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INTRODUCTION

PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment, a follow-up to a similar study conducted in 2018, is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in the service area of Thibodaux Regional Health System. 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 Health System by PRC, a nationally recognized health care 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 multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for trending and comparison to benchmark data at the state and national levels.

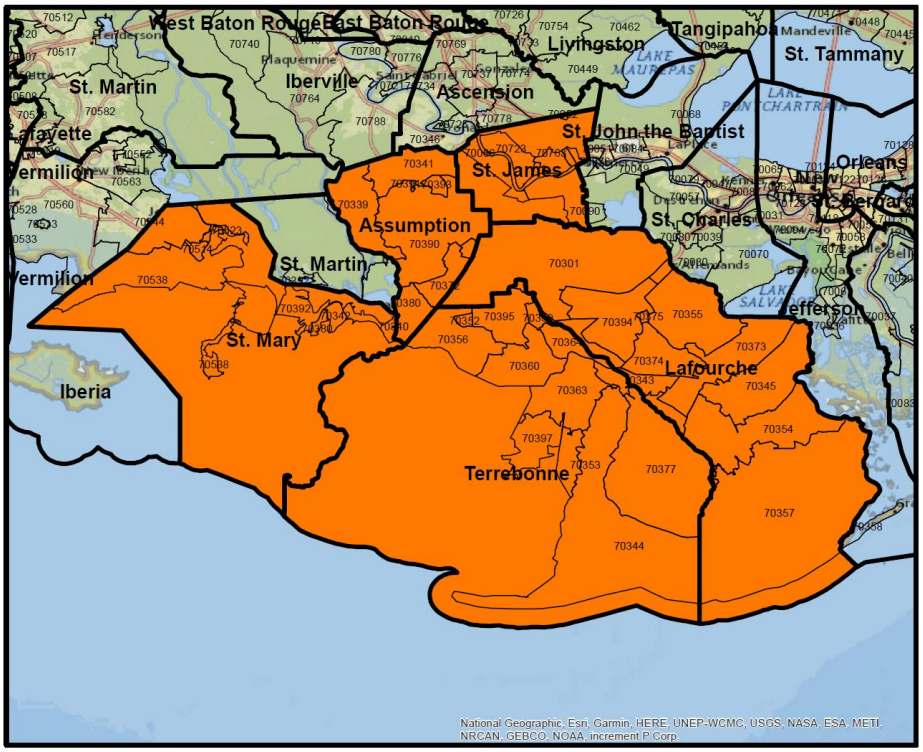
PRC Community Health Survey

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 Health System and PRC and is similar to the previous survey used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort (referred to as the “Thibodaux Regional Health System Service Area” or “TRHS 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 Health System, is illustrated in the following map.



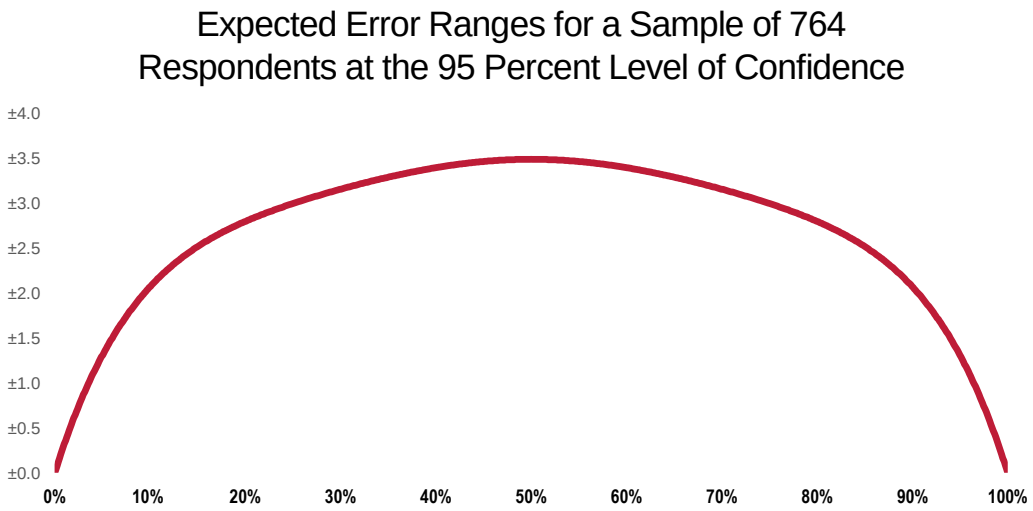
Sample Approach & Design

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 targeted surveys conducted by PRC via telephone (landline and cell phone) or through online questionnaires, as well as a community outreach component promoted by the study sponsors through social media posting and other communications.

> **RANDOM-SAMPLE SURVEYS** (PRC) ► For the targeted administration, PRC administered 750 surveys at random among the various parish-based strata.
>
> **COMMUNITY OUTREACH SURVEYS** (Thibodaux Regional Health System) ► PRC also created a link to an online version of the survey, and TRHS promoted this link throughout the various communities in order to drive additional participation and bolster overall samples. This yielded an additional 14 surveys to the overall sample.

In all, 764 surveys were completed through these mechanisms, including 101 in Assumption Parish, 220 in Lafourche Parish, 83 in St. James Parish, 150 in St. Mary Parish, and 210 in Terrebonne Parish. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the TRHS 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 764 respondents is ±3.5% at the 95 percent confidence level.



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.

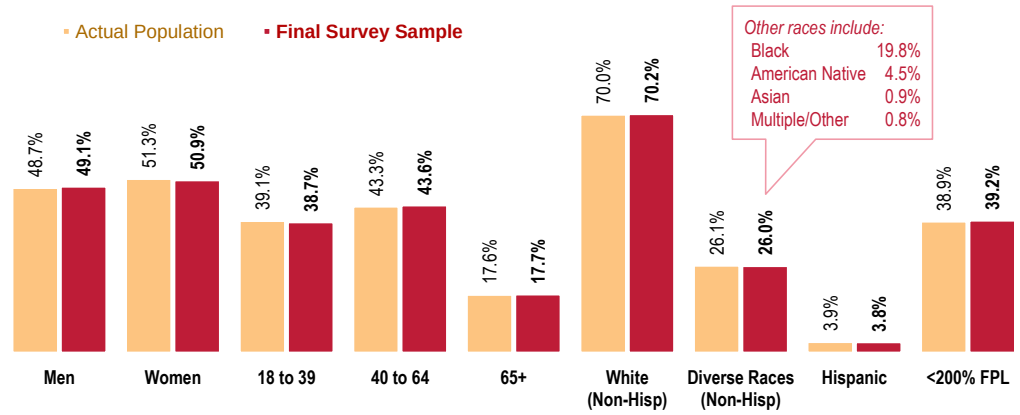
Examples:
- If 10% of the sample of 764 respondents answered a certain question with a "yes," it can be asserted that between 7.9% and 12.1% (10% ± 2.1%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that 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 TRHS 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 health care needs, and these children are not represented demographically in this chart.]

Population & Survey Sample Characteristics
(TRHS Service Area, 2022)



Sources:
- US Census Bureau, 2011-2015 American Community Survey.
- 2022 PRC Community Health Survey, PRC, Inc.

Notes:
- FPL is federal poverty level, based on guidelines established by the US Department of Health & Human Services.

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.

INCOME & RACE/ETHNICITY

INCOME ► 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 2021 guidelines place the poverty threshold for a family of four at $26,500 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.

RACE & ETHNICITY ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. "White" reflects non-Hispanic White respondents; "Black" reflects non-Hispanic Black respondents; and "Other Communities of Color" includes Hispanics and non-White/non-Black race groups combined; while the survey data are representative of the racial and ethnic makeup of the population, the samples for these groups were not of sufficient size for independent analysis.

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 Health System; 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, 51 community stakeholders took part in the Online Key Informant Survey, as outlined below:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	10
Public Health Representatives	0
Other Health Providers	9
Social Services Providers	4
Other Community Leaders	28

Final participation included representatives of the organizations outlined below.

- Advanced Surgical Specialty and Associates
- American Cancer Society
- Assumption Parish
- Assumption Parish Schools
- Audubon Health and Rehab
- Bayou Community Academy
- Bollinger Shipyards
- Cardiovascular Institute of the South
- Central Catholic High School
- City of Thibodaux
- City of Thibodaux Recreation Dept.
- Digestive Health Center
- Easter Seals
- First American Bank
- Fletcher Technical Community College
- Habitat for Humanity
- Houma Police Department
- Houma Terrebonne Chamber of Commerce
- Kidney Center of South Louisiana
- Lafourche Chamber of Commerce
- Lafourche Parish District Attorney
- Lafourche Parish President
- Lafourche Parish School Board
- Lafourche Urgent Care
- Louisiana's Cajun Bayou, Lafourche Parish
- Louisiana Emergency Response Network (LERN)
- Morgan Stanley
- Nicholls State University
- Professional Emergency Medicine Management (PEMM)
- Preferred Pediatrics
- Region 3 - Louisiana Emergency Response Network (LERN)
- South Central Planning and Development Commission
- St. Joseph Manor
- Synergy Bank
- T. Baker Smith
- Terrebonne Parish Sheriff's Office
- The Broadway
- The Haven
- Thibodaux Chamber of Commerce
- Thibodaux Family Church
- Thibodaux High School
- Thibodaux Regional Health System

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

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.

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 TRHS Service Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)
- 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
- Louisiana Department of Health
- 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

Note that secondary data reflect aggregate parish-level data.

Benchmark Data

Trending

A similar survey was administered in the TRHS Service Area in 2018 by PRC on behalf of Thibodaux Regional Health System. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

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 *2020 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 2030

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.

Healthy People 2030's overarching goals are to:

- Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.
- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
- Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.
- Promote healthy development, healthy behaviors, and well-being across all life stages.
- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After getting feedback from individuals and organizations and input from subject matter experts, the U.S. Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

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.

Public Comment

Thibodaux Regional Health System made its prior Community Health Needs Assessment (CHNA) report publicly available through its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Thibodaux Regional Health System had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. Thibodaux Regional Health System will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.

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. 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); identified trends; 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 HEALTH CARE SERVICES	▪ Barriers to Access – Appointment Availability – Finding a Physician – Lack of Transportation ▪ Difficulty Accessing Children’s Health Care ▪ Primary Care Physician Ratio ▪ Routine Medical Care [Adults] ▪ Emergency Room Utilization [Adults & Children] ▪ Eye Exams ▪ Ratings of Local Health Care
CANCER	▪ Leading Cause of Death ▪ Cancer Deaths – Including Lung Cancer & Colorectal Cancer Deaths ▪ Cancer Incidence – Including Lung Cancer, Prostate Cancer & Colorectal Cancer ▪ Cervical Cancer Screening [Age 21-65] ▪ Colorectal Cancer Screening [Age 50-75]
DIABETES	▪ Diabetes Prevalence ▪ Kidney Disease
HEART DISEASE & STROKE	▪ Leading Cause of Death ▪ Heart Disease Deaths ▪ Heart Disease Prevalence ▪ High Blood Pressure Prevalence ▪ Taking Action to Control High Blood Pressure ▪ Overall Cardiovascular Risk ▪ Key Informants: Heart disease and stroke ranked as a top concern.
INFANT HEALTH & FAMILY PLANNING	▪ Prenatal Care ▪ Low-Weight Births ▪ Infant Deaths ▪ Teen Births

— continued on the following page —

AREAS OF OPPORTUNITY (continued)	
INJURY & VIOLENCE	▪ Unintentional Injury Deaths – Including Motor Vehicle Crashes ▪ Firearm-Related Deaths ▪ Homicide Deaths
MENTAL HEALTH	▪ "Fair/Poor" Mental Health ▪ Diagnosed Depression ▪ Symptoms of Chronic Depression ▪ Mental Health Provider Ratio ▪ Receiving Treatment for Mental Health ▪ Difficulty Obtaining Mental Health Services ▪ Key Informants: Mental health ranked as a top concern.
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	▪ Difficulty Accessing Fresh Produce ▪ Fruit/Vegetable Consumption ▪ Access to Recreation/Fitness Facilities ▪ Overweight & Obesity [Adults & Children] ▪ Key Informants: Nutrition, physical activity, and weight ranked as a top concern.
ORAL HEALTH	▪ Regular Dental Care [Adults]
POTENTIALLY DISABLING CONDITIONS	▪ Multiple Chronic Conditions ▪ Activity Limitations ▪ High-Impact Chronic Pain ▪ Sciatica/Chronic Back Pain ▪ Caregiving
RESPIRATORY DISEASE (INCLUDING COVID-19)	▪ COVID-19 Deaths ▪ Pneumonia/Influenza Deaths ▪ Chronic Obstructive Pulmonary Disease (COPD) Prevalence
SEPTICEMIA	▪ Septicemia Deaths
SEXUAL HEALTH	▪ Chlamydia Incidence ▪ Gonorrhea Incidence
SUBSTANCE ABUSE	▪ Drinking & Driving ▪ Unintentional Drug-Related Deaths ▪ Illicit Drug Use ▪ Took Medication Without Doctor's Order ▪ Use of Prescription Opioids ▪ Key Informants: Substance abuse ranked as a top concern.
TOBACCO USE	▪ Smokers Advised to Quit by a Health Professional ▪ Use of Vaping Products

Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment ("Areas of Opportunity" above) was determined based on a prioritization exercise conducted among community stakeholders (representing a cross-section of community-based agencies and organizations) in conjunction with the administration of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. Mental Health
2. Substance Abuse
3. Nutrition, Physical Activity & Weight
4. Heart Disease & Stroke
5. Diabetes
6. Tobacco Use
7. Cancer
8. Oral Health
9. Respiratory Diseases (Including COVID-19)
10. Potentially Disabling Conditions
11. Injury & Violence
12. Infant Health & Family Planning
13. Access to Healthcare Services
14. Sexual Health

Not prioritized within the list above is **Septicemia**, which was not specifically addressed in the Online Key informant Survey.

Hospital Implementation Strategy

Thibodaux Regional Health System will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital's past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.

Summary Tables:
Comparisons With Benchmark Data

Reading the Summary Tables

In the following tables, TRHS Service Area results are shown in the larger, gray column.

The columns to the left of the TRHS Service Area column provide comparisons among the five parishes, identifying differences for each as "better than" (☀), "worse than" (🌸), or "similar to" (☁) the combined opposing areas.

The columns to the right of the TRHS Service Area column provide trending, as well as comparisons between regional data and any available state and national findings, and Healthy People 2030 objectives. Again, symbols indicate whether TRHS Service Area compares favorably (☀), unfavorably (🌸), or comparably (☁) to these external data.

TREND SUMMARY
(Current vs. Baseline Data)

SURVEY DATA INDICATORS:
Trends for survey-derived indicators represent significant changes since 2018.

OTHER (SECONDARY) DATA INDICATORS:
Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade).

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

Tip: Indicator labels beginning with a "%" symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.

SOCIAL DETERMINANTS	DISPARITY AMONG PARISHES					TRHS Service Area	TRHS vs. BENCHMARKS			
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2030	TREND
Linguistically Isolated Population (Percent)	1.4	1.6	0.5	3.0	1.8	1.8	1.7	4.1		
Population in Poverty (Percent)	18.5	17.4	14.4	19.8	18.8	18.2	18.7	12.8	8.0	
Children in Poverty (Percent)	21.4	22.3	22.1	24.7	26.8	24.4	26.3	17.5	8.0	
No High School Diploma (Age 25+, Percent)	24.3	19.9	14.4	18.0	19.4	19.3	14.2	11.5		
% Worry/Stress Over Rent/Mortgage in Past Year	28.0	27.4	24.6	30.5	31.4	29.0		32.2		30.3
% Food Insecure	30.5	30.2	24.6	34.8	35.1	32.2		34.1		29.0

Note: In the section above, each parish is compared against all others 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	DISPARITY AMONG PARISHES					TRHS Service Area	TRHS vs. BENCHMARKS			
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2030	TREND
% "Fair/Poor" Overall Health	14.3	21.2	19.3	19.5	18.3	19.3	19.8	12.6		22.2

Note: In the section above, each parish is compared against all others 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 CARE	DISPARITY AMONG PARISHES					TRHS Service Area	TRHS vs. BENCHMARKS			
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2030	TREND
% [Age 18-64] Lack Health Insurance	2.8	8.7	5.0	8.9	9.2	8.2	13.6	8.7	7.9	8.6
% Difficulty Accessing Health Care in Past Year (Composite)	43.3	48.0	39.0	47.5	43.2	45.4		35.0		35.6
% Cost Prevented Physician Visit in Past Year	13.6	12.3	11.7	12.5	11.0	12.0	11.6	12.9		11.2
% Cost Prevented Getting Prescription in Past Year	18.5	14.3	9.9	17.0	11.4	14.0		12.8		17.1
% Difficulty Getting Appointment in Past Year	13.4	22.2	18.1	22.8	18.6	20.2		14.5		13.1
% Inconvenient Hrs Prevented Dr Visit in Past Year	22.1	14.1	17.8	11.9	16.0	15.2		12.5		11.8
% Difficulty Finding Physician in Past Year	8.0	12.8	12.1	17.7	10.6	12.6		9.4		9.2
% Transportation Hindered Dr Visit in Past Year	12.6	11.6	8.6	17.0	8.8	11.6		8.9		7.3
% Language/Culture Prevented Care in Past Year	2.4	2.4	4.3	3.1	2.6	2.8		2.8		2.2
% Skipped Prescription Doses to Save Costs	15.8	18.4	12.4	16.9	11.7	15.4		12.7		14.0
% Difficulty Getting Child's Health Care in Past Year						9.2		8.0		4.2
Primary Care Doctors per 100,000	54.5	52.6	54.3	28.5	50.2	50.7	80.5	102.7		

ACCESS TO HEALTH CARE (continued)	DISPARITY AMONG PARISHES					TRHS Service Area	TRHS vs. BENCHMARKS			
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2030	TREND
% Have a Specific Source of Ongoing Care	72.6	70.9	71.5	68.4	72.9	71.2		74.2	84.0	72.4
% Have Had Routine Checkup in Past Year	83.7	64.4	73.1	75.2	60.0	67.4	76.1	70.5		74.1
% Child Has Had Checkup in Past Year						79.6		77.4		80.9
% Two or More ER Visits in Past Year	13.9	16.4	16.7	16.8	16.9	16.4		10.1		15.4
% [Child 0-17] Two or More ER Visits in Past Year						13.3		8.3		16.8
% Eye Exam in Past 2 Years	57.7	49.6	58.2	58.7	56.5	54.7		61.0	61.1	58.0
% Low Health Literacy	29.1	23.3	33.6	31.2	26.0	26.9		27.7		25.6
% Rate Local Health Care "Fair/Poor"	6.7	11.0	15.4	17.1	12.5	12.5		8.0		9.8

Note: In the section above, each parish is compared against all others 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	DISPARITY AMONG PARISHES					TRHS Service Area	TRHS vs. BENCHMARKS			
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2030	TREND
Cancer (Age-Adjusted Death Rate)	174.6	166.2	154.5	177.8	185.7	174.5	165.7	146.5	122.7	202.8
Lung Cancer (Age-Adjusted Death Rate)						47.4	42.0	33.4	25.1	
Prostate Cancer (Age-Adjusted Death Rate)						15.2	19.5	18.5	16.9	
Female Breast Cancer (Age-Adjusted Death Rate)						21.4	22.1	19.4	15.3	
Colorectal Cancer (Age-Adjusted Death Rate)						17.1	15.5	13.1	8.9	
Cancer Incidence Rate (All Sites)	490.8	492.8	511.0	501.2	510.1	501.5	482.4	448.6		
Female Breast Cancer Incidence Rate	97.4	116.6	160.3	119.7	128.3	123.1	127.4	126.8		
Prostate Cancer Incidence Rate	135.9	122.5	151.4	139.3	124.3	129.6	134.7	106.2		
Lung Cancer Incidence Rate	68.0	66.4	61.3	71.4	80.4	71.9	64.6	57.3		
Colorectal Cancer Incidence Rate	57.2	45.8	55.4	51.7	50.1	50.0	44.9	38.0		
% Cancer	8.9	7.4	8.3	10.2	10.1	8.9	10.3	10.0		
% [Women 50-74] Mammogram in Past 2 Years						78.1	82.3	76.1	77.1	77.9

CANCER (continued)	DISPARITY AMONG PARISHES					TRHS Service Area	TRHS vs. BENCHMARKS			
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2030	TREND
% [Women 21-65] Cervical Cancer Screening						69.7		68.8	84.3	78.1
% [Age 50-75] Colorectal Cancer Screening	71.5	61.1		78.0	70.9	69.5	71.1	77.4	74.4	76.6

Note: In the section above, each parish is compared against all others 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

DIABETES	DISPARITY AMONG PARISHES					TRHS Service Area	TRHS vs. BENCHMARKS			
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2030	TREND
Diabetes (Age-Adjusted Death Rate)		23.3		27.7	27.4	24.3	28.8	22.6		35.5
% Diabetes/High Blood Sugar	21.3	19.4	15.3	12.4	19.4	17.9	14.1	13.8		18.6
% Borderline/Pre-Diabetes	11.8	8.7	5.1	11.3	6.7	8.6		9.7		7.2
% [Non-Diabetics] Blood Sugar Tested in Past 3 Years	52.2	41.4	40.8	52.9	40.4	44.2		43.3		
% [Child 0-17] Diabetes						3.0		1.8		2.6
% [Child 0-17] Borderline/Pre-Diabetes						2.7		1.7		2.1

Note: In the section above, each parish is compared against all others 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

HEART DISEASE & STROKE	DISPARITY AMONG PARISHES					TRHS Service Area	TRHS vs. BENCHMARKS			
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2030	TREND
Diseases of the Heart (Age-Adjusted Death Rate)	207.5	202.0	220.0	240.1	204.8	211.2	213.8	164.4	127.4	205.1
% Heart Disease (Heart Attack, Angina, Coronary Disease)	11.2	9.8	11.6	7.0	9.2	9.3	7.7	6.1		7.8
Stroke (Age-Adjusted Death Rate)	35.9	36.9	42.9	45.9	41.4	40.3	45.8	37.6	33.4	42.6
% Stroke	0.7	3.2	2.5	4.3	3.8	3.3	4.4	4.3		4.3
% Told Have High Blood Pressure	53.3	46.7	42.4	56.7	44.0	48.0	39.7	36.9	27.7	48.1
% [HBP] Taking Action to Control High Blood Pressure	84.5	87.0		89.1	88.9	88.4		84.2		94.0
% Told Have High Cholesterol	42.4	39.4	30.1	42.3	29.3	36.5		32.7		34.2
% [HBC] Taking Action to Control High Blood Cholesterol	89.5	86.3		93.1	81.1	87.6		83.2		91.7
% 1+ Cardiovascular Risk Factor	91.4	90.2	87.9	92.8	91.3	90.9		84.6		89.3

Note: In the section above, each parish is compared against all others 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

INFANT HEALTH & FAMILY PLANNING	DISPARITY AMONG PARISHES					TRHS Service Area	TRHS vs. BENCHMARKS			
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2030	TREND
Late or No Prenatal Care (Percent)						7.7	6.4	6.1		3.6
Low Birthweight Births (Percent)	11.2	8.8	11.9	10.4	9.6	9.7	10.7	8.2		
Infant Death Rate		6.7		7.4	7.6	7.4	7.7	5.5	5.0	7.7
Births to Adolescents Age 15 to 19 (Rate per 1,000)	26.8	26.0	23.3	37.3	34.0	30.7	30.1	19.3		

Note: In the section above, each parish is compared against all others 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	DISPARITY AMONG PARISHES					TRHS Service Area	TRHS vs. BENCHMARKS			
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2030	TREND
Unintentional Injury (Age-Adjusted Death Rate)	68.1	58.8	63.8	62.7	70.6	64.7	66.8	51.6	43.2	58.0
Motor Vehicle Crashes (Age-Adjusted Death Rate)		16.6		17.8	13.1	16.6	16.7	11.4	10.1	
[65+] Falls (Age-Adjusted Death Rate)						30.5	41.1	67.1	63.4	
% [Age 45+] Fell in the Past Year	29.7	26.0	21.2	27.1	30.5	27.5		27.5		30.2
Firearm-Related Deaths (Age-Adjusted Death Rate)		17.0		23.1	18.9	18.9	23.3	12.5	10.7	

INJURY & VIOLENCE (continued)	DISPARITY AMONG PARISHES					TRHS Service Area	TRHS vs. BENCHMARKS			
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2030	TREND
Homicide (Age-Adjusted Death Rate)						11.6	16.0	6.1	5.5	7.7
Violent Crime Rate	325.8	379.1	508.5	536.1	437.9	431.8	562.3	416.0		
% Victim of Violent Crime in Past 5 Years	2.4	4.2	4.3	2.7	5.6	4.2		6.2		3.9
% Victim of Intimate Partner Violence	20.1	12.2	10.4	13.0	17.3	14.4		13.7		14.3
% Rate Community Preparedness for Natural Disasters as "Fair/Poor"	22.6	27.3	26.8	22.8	31.2	27.2				
% Emergency Displacement from Home in Past 2 Years	27.4	44.2	33.1	9.2	41.5	34.5				
% Have Emergency Kit with Supplies to Last 3-7 Days	68.8	68.1	65.7	61.0	66.7	66.2				

Note: In the section above, each parish is compared against all others 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	DISPARITY AMONG PARISHES					TRHS Service Area	TRHS vs. BENCHMARKS			
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2030	TREND
Kidney Disease (Age-Adjusted Death Rate)		18.7		16.3	17.4	17.7	19.9	12.8		21.4
% Kidney Disease	5.7	4.1	4.5	6.3	5.0	4.9	3.8	5.0		6.0

Note: In the section above, each parish is compared against all others 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	DISPARITY AMONG PARISHES					TRHS Service Area	TRHS vs. BENCHMARKS			
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2030	TREND
% "Fair/Poor" Mental Health	16.7	19.7	18.0	25.7	24.8	22.1		13.4		15.7
% Diagnosed Depression	30.3	24.5	19.4	28.6	31.4	27.5	23.5	20.6		23.3
% Symptoms of Chronic Depression (2+ Years)	34.5	35.4	45.2	44.0	40.0	39.1		30.3		34.5
% Typical Day Is "Extremely/Very" Stressful	11.9	16.9	10.9	15.9	17.3	16.0		16.1		15.6
Suicide (Age-Adjusted Death Rate)		14.8		14.8	13.9	14.1	14.6	13.9	12.8	12.0
Mental Health Providers per 100,000	9.5	65.6	44.6	38.5	87.6	63.8	138.5	126.0		
% Have Ever Sought Help for Mental Health	33.7	24.4	24.4	32.9	35.1	29.9		30.0		29.1
% Taking Rx/Receiving Mental Health Trtmt	27.7	19.7	12.4	22.0	26.5	22.3		16.8		18.8
% [Those With Diagnosed Depression] Receiving Treatment						79.8		85.4		87.7
% Unable to Get Mental Health Svcs in Past Yr	4.4	8.7	5.7	10.5	8.6	8.4		7.8		4.4

Note: In the section above, each parish is compared against all others 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	DISPARITY AMONG PARISHES					TRHS Service Area	TRHS vs. BENCHMARKS			
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2030	TREND
Population With Low Food Access (Percent)		26.8	23.6	23.0	26.3	25.6	26.4	22.2		
% "Very/Somewhat" Difficult to Buy Fresh Produce	26.7	27.2	28.8	30.4	21.3	26.1		21.1		26.4
% 5+ Servings of Fruits/Vegetables per Day	26.3	22.2	22.4	23.2	21.9	22.7		32.7		24.6
% No Leisure-Time Physical Activity	34.0	35.6	36.2	28.8	35.8	34.3	29.0	31.3	21.2	32.8
% Meeting Physical Activity Guidelines	12.7	19.9	30.0	21.1	13.5	18.4	19.7	21.4	28.4	18.3
% Child [Age 2-17] Physically Active 1+ Hours per Day						42.6		33.0		50.8
Recreation/Fitness Facilities per 100,000		13.5	13.6	7.3	9.8	10.1	10.6	12.2		
% Current Member of a Gym, Athletic Club or Fitness Facility	15.5	17.5	26.8	17.3	16.3	17.6				19.6
% Healthy Weight (BMI 18.5-24.9)	21.2	26.3	27.4	26.7	29.0	26.8	27.6	34.5		24.8
% Overweight (BMI 25+)	77.0	70.5	71.5	68.5	67.3	69.8	70.6	61.0		72.8
% Obese (BMI 30+)	47.2	40.4	46.9	44.9	43.9	43.4	38.1	31.3	36.0	45.3
% [Overweights] Trying to Lose Weight	59.5	52.6	63.6	59.5	58.9	57.2		53.7		60.9

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	DISPARITY AMONG PARISHES					TRHS Service Area	TRHS vs. BENCHMARKS			
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2030	TREND
% Medical Advice on Weight in Past Year	30.0	20.8	33.4	25.7	25.9	24.9		20.3		25.0
% [Overweights] Counseled About Weight in Past Year	28.9	22.6	40.1	31.8	33.9	29.5		24.7		31.0
% Children [Age 5-17] Healthy Weight						46.9		47.6		51.7
% Children [Age 5-17] Overweight (85th Percentile)						44.1		32.3		38.5
% Children [Age 5-17] Obese (95th Percentile)						26.8		16.0	15.5	19.7

Note: In the section above, each parish is compared against all others 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	DISPARITY AMONG PARISHES					TRHS Service Area	TRHS vs. BENCHMARKS			
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2030	TREND
% Have Dental Insurance	60.7	70.4	74.1	70.6	73.2	70.7		68.7	59.8	63.1
% [Age 18+] Dental Visit in Past Year	61.1	51.7	61.6	47.2	56.1	53.7	59.1	62.0	45.0	59.8
% Child [Age 2-17] Dental Visit in Past Year						82.1		72.1	45.0	81.1

Note: In the section above, each parish is compared against all others 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	DISPARITY AMONG PARISHES					TRHS Service Area	TRHS vs. BENCHMARKS			
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2030	TREND
% 3+ Chronic Conditions	48.8	43.6	39.3	46.8	43.0	44.1		32.5		49.5
% Activity Limitations	22.0	28.1	28.4	30.6	29.9	28.6		24.0		24.5
% With High-Impact Chronic Pain	25.3	20.9	21.7	22.6	20.3	21.4		14.1	7.0	
% Sciatica/Chronic Back Pain	31.8	24.5	24.0	27.3	30.3	27.3		16.5		23.6
% [50+] Arthritis/Rheumatism	35.0	35.8	25.4	33.3	40.7	35.9		33.1		37.4
% [50+] Osteoporosis	10.2	13.8	7.5	13.4	8.3	11.2		10.5	5.5	7.5
Alzheimer's Disease (Age-Adjusted Death Rate)	21.1	24.0	32.6	40.3	24.1	27.4	43.1	30.9		30.0
% Caregiver to a Friend/Family Member	24.3	32.2	26.2	25.8	26.0	28.0		22.6		27.6

Note: In the section above, each parish is compared against all others 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

RESPIRATORY DISEASE (INCLUDING COVID-19)	DISPARITY AMONG PARISHES					TRHS Service Area	TRHS vs. BENCHMARKS			
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2030	TREND
CLRD (Age-Adjusted Death Rate)	23.9	35.0		41.7	43.0	36.5	41.1	38.1		40.8
Pneumonia/Influenza (Age-Adjusted Death Rate)		11.2		23.3	19.8	15.9	14.0	13.4		14.9
% [Age 65+] Flu Vaccine in Past Year						74.9	64.4	71.0		69.0
% [Age 65+] Pneumonia Vaccine Ever						72.8		71.6		68.4
% [Adult] Asthma	11.1	11.9	7.9	12.5	11.0	11.4	7.9	12.9		8.6
% [Child 0-17] Asthma						9.4		7.8		4.7
% COPD (Lung Disease)	9.8	9.8	11.6	10.2	8.9	9.8	8.4	6.4		11.7
COVID-19 (Age-Adjusted Death Rate)	76.5	110.0	135.3	145.6	95.9	110.3	118.0	85.0		
% Fully/Partially Vaccinated for COVID-19	68.8	66.5	68.7	64.0	67.4	66.6				
% Ever Have Tested Positive for COVID-19	36.7	40.8	22.7	32.4	36.9	36.3				
% [Ever Tested Positive] Have Had Lasting Effects from COVID-19						28.6				

Note: In the section above, each parish is compared against all others 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

SEPTICEMIA	DISPARITY AMONG PARISHES					TRHS Service Area	TRHS vs. BENCHMARKS			
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2030	TREND
Septicemia (Age-Adjusted Death Rate)		16.2		18.0	23.5	18.4	20.2	9.8		17.4

Note: In the section above, each parish is compared against all others 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

SEXUAL HEALTH	DISPARITY AMONG PARISHES					TRHS Service Area	TRHS vs. BENCHMARKS			
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2030	TREND
HIV/AIDS (Age-Adjusted Death Rate)						2.1	3.9	1.8		
HIV Prevalence Rate	190.2	184.0	447.3	233.5	243.5	232.8	541.0	372.8		
Chlamydia Incidence Rate	768.0	621.8	903.3	714.1	809.2	736.5	774.8	539.9		
Gonorrhea Incidence Rate	155.4	180.8	191.9	162.8	278.4	212.5	257.1	179.1		

Note: In the section above, each parish is compared against all others 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	DISPARITY AMONG PARISHES					TRHS Service Area	TRHS vs. BENCHMARKS			
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2030	TREND
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)						7.4	9.8	11.9	10.9	9.2
% Excessive Drinker	21.6	22.7	29.5	23.7	31.2	25.9	20.6	27.2		25.3
% Drinking & Driving in Past Month						12.0				5.1
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)		22.4		29.0	36.3	28.2	29.2	21.0		13.3
% Illicit Drug Use in Past Month	6.5	7.5	4.8	7.6	8.9	7.6		2.0	12.0	3.9
% Took Medication Without a Dr's Order in Past Year	0.9	9.4	5.1	10.1	12.0	9.3				4.6
% Used a Prescription Opioid in Past Year	14.6	14.9	18.0	23.3	17.6	17.5		12.9		
% Ever Sought Help for Alcohol or Drug Problem	7.7	4.4	1.0	8.0	7.9	6.1		5.4		4.6
% Personally Impacted by Substance Abuse	40.7	33.2	37.5	35.2	41.9	37.1		35.8		35.3

Note: In the section above, each parish is compared against all others 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	DISPARITY AMONG PARISHES					TRHS Service Area	TRHS vs. BENCHMARKS			
	Assumption Parish	Lafourche Parish	St. James Parish	St. Mary Parish	Terrebonne Parish		vs. LA	vs. US	vs. HP2030	TREND
% Current Smoker	13.3	19.0	9.2	18.9	24.2	19.3	18.3	17.4	5.0	19.5
% Someone Smokes at Home	12.1	14.0	13.2	12.5	19.7	15.2		14.6		16.7
% [Household With Children] Someone Smokes in the Home						19.2		17.4		17.2
% [Smokers] Have Quit Smoking 1+ Days in Past Year						51.6	57.1	42.8	65.7	47.6
% [Smokers] Received Advice to Quit Smoking						47.8		59.6	66.6	68.1
% Currently Use Vaping Products	7.2	13.6	0.0	11.6	18.0	13.0		8.9		5.2

Note: In the section above, each parish is compared against all others 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

COMMUNITY DESCRIPTION

POPULATION CHARACTERISTICS

Total Population

The five-parish service area of Thibodaux Regional Health System, the focus of this Community Health Needs Assessment, encompasses 3,435.37 square miles and houses a total population of 302,675 residents, according to latest census estimates.

Total Population
(Estimated Population, 2016-2020)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Assumption Parish	22,236	344.02	65
Lafourche Parish	97,980	1,067.79	92
St. James Parish	21,142	237.86	89
St. Mary Parish	50,020	555.84	90
Terrebonne Parish	111,297	1,229.85	90
TRHS Service Area	302,675	3,435.37	88
Louisiana	4,664,616	43,210.23	108
United States	326,569,308	3,533,038.14	92

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Population Change 2010-2020

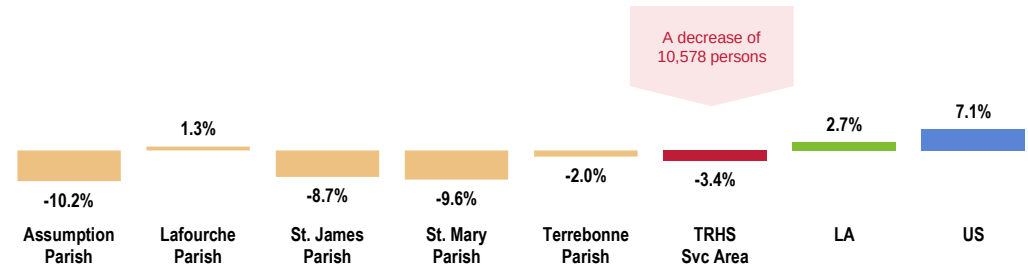
A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.

Between the 2010 and 2020 US Censuses, the population of the TRHS Service Area decreased by 10,578 persons, or 3.4%.

BENCHMARK ► While the state and national populations have increased, the area population has decreased.

DISPARITY ► Lafourche Parish was the only parish to record an increase in population.

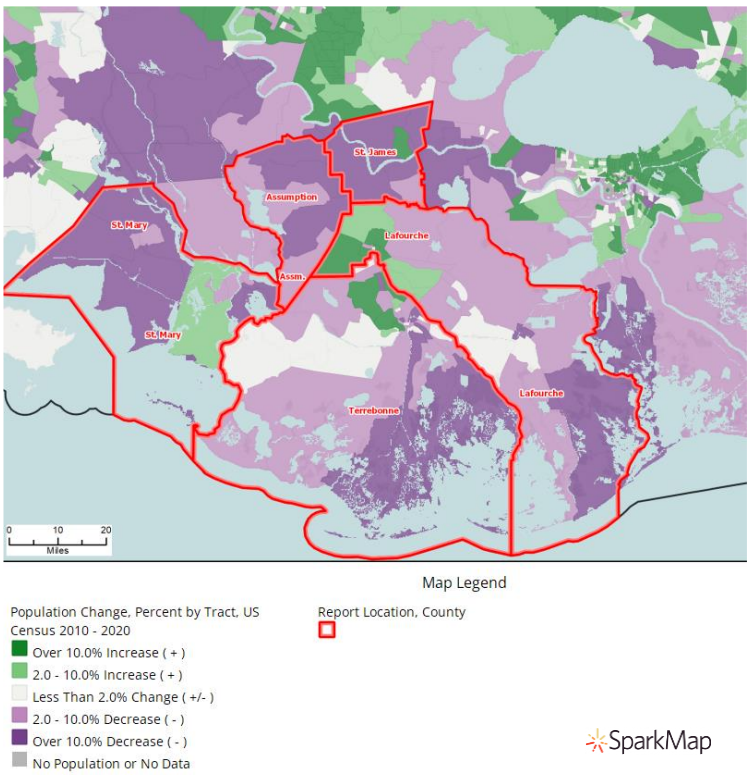
Change in Total Population
(Percentage Change Between 2010 and 2020)



Sources:
- US Census Bureau Decennial Census (2010-2020).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

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

This map shows the areas of greatest increase or decrease in population between 2010 and 2020.



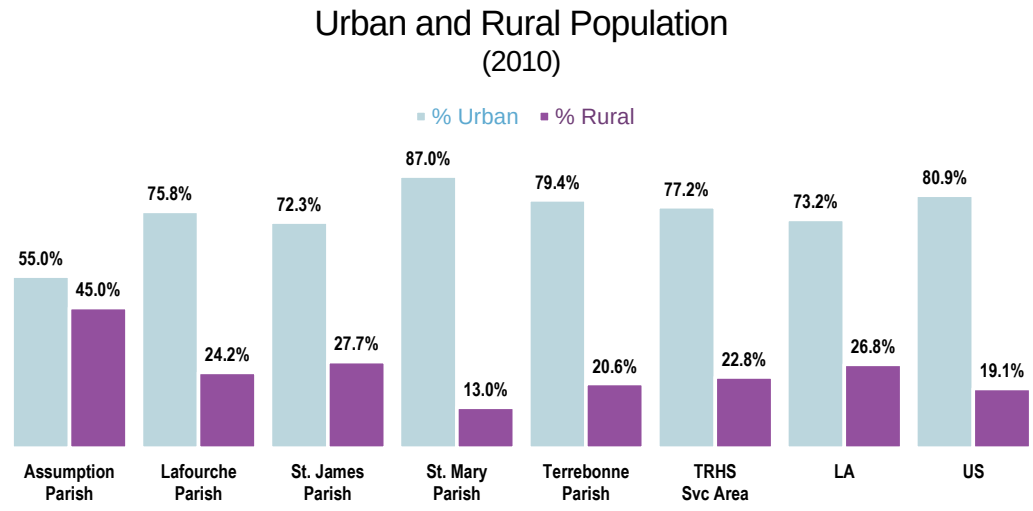
Urban/Rural Population

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

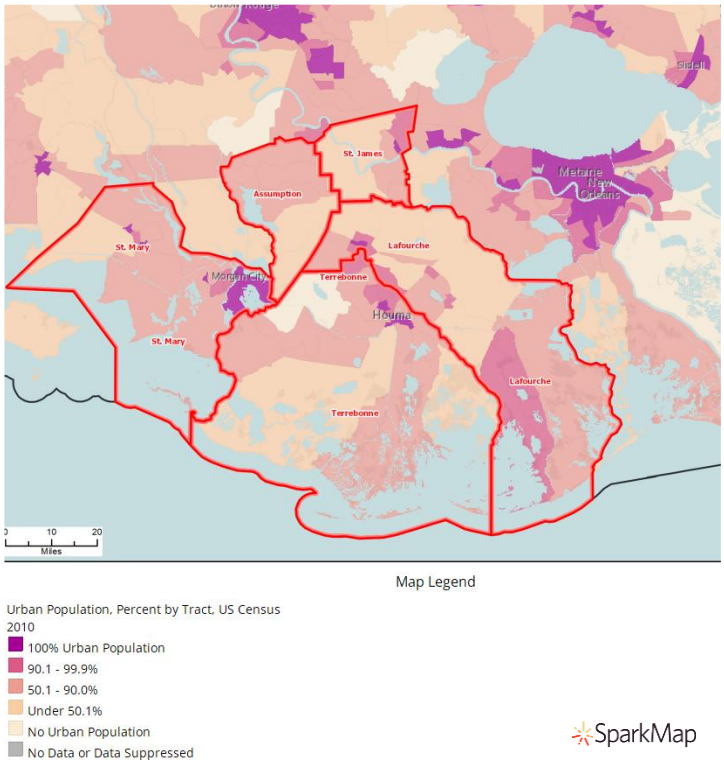
BENCHMARK ► More urban than the state of Louisiana but less urban than the US.

DISPARITY ► Assumption Parish has the lowest proportion of urban population.



Sources:
- US Census Bureau Decennial Census.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.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.

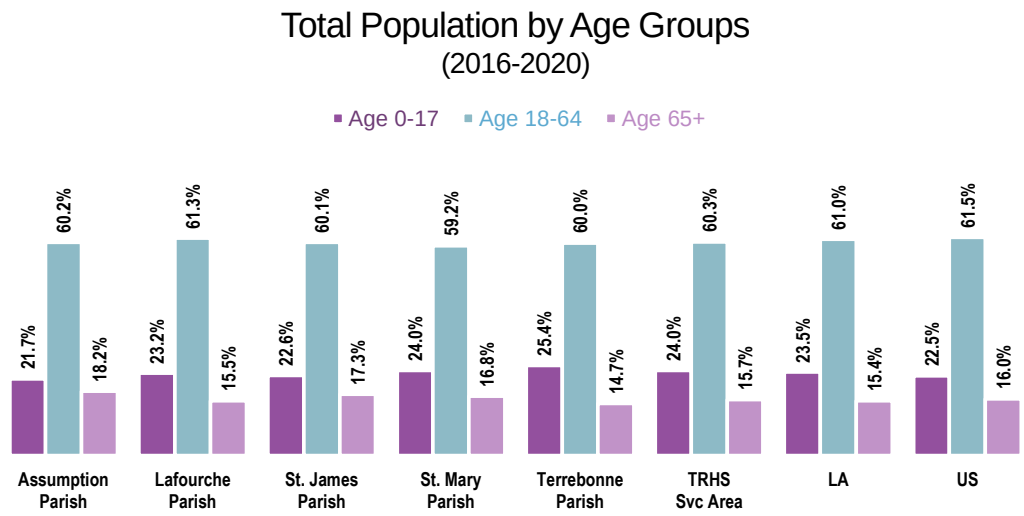


Age

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 TRHS Service Area, 24.0% of the population are children age 0-17; another 60.3% are age 18 to 64, while 15.7% are age 65 and older.

BENCHMARK ► Comparable to state and national findings.

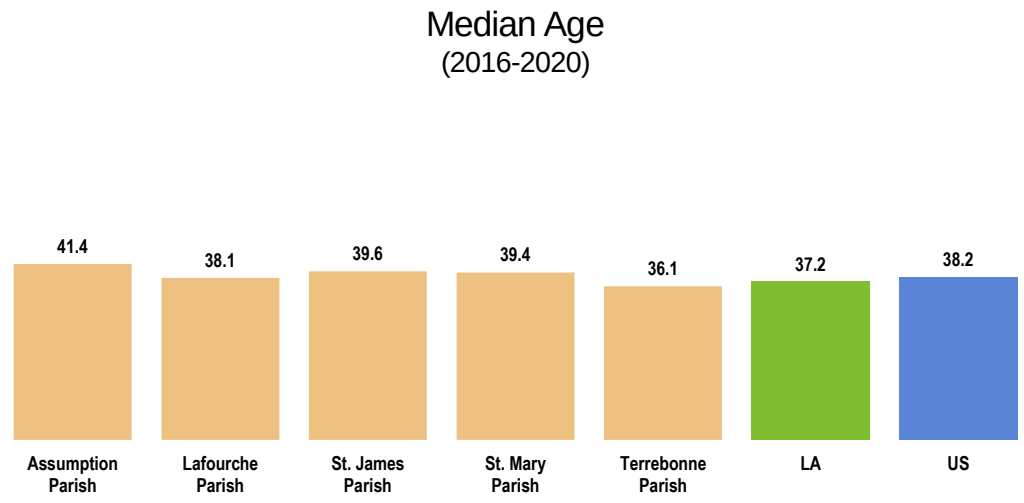


Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Median Age

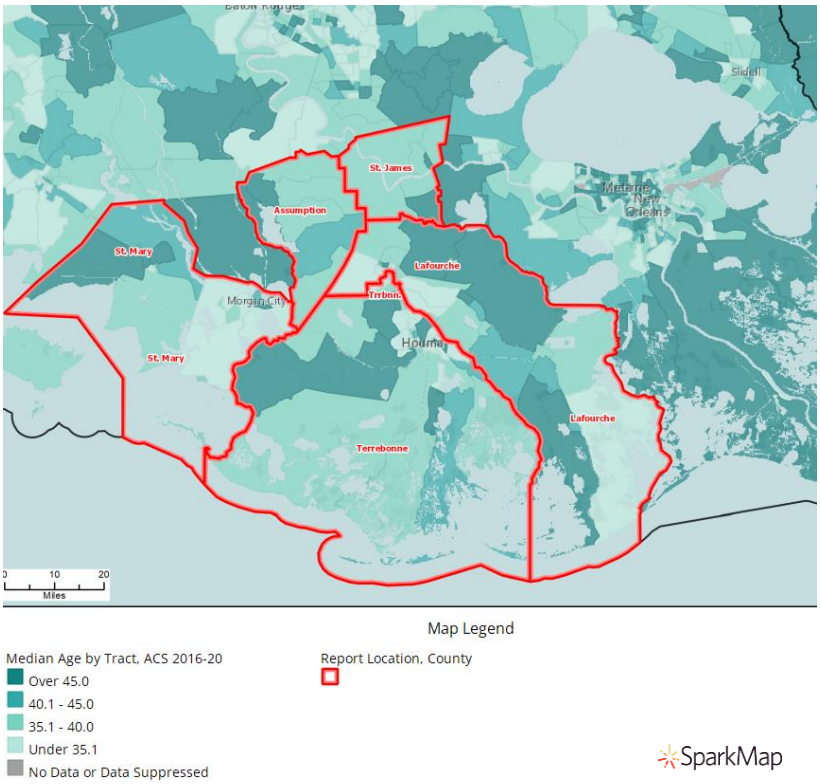
Note the median ages of parishes in the TRHS Service Area in comparison to state and national medians.

DISPARITY ► Terrebonne Parish is "younger" than the state and the nation in that the median age is lower, whereas Assumption Parish is considerably "older."



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

The following map provides an illustration of the median age in the TRHS Service Area.



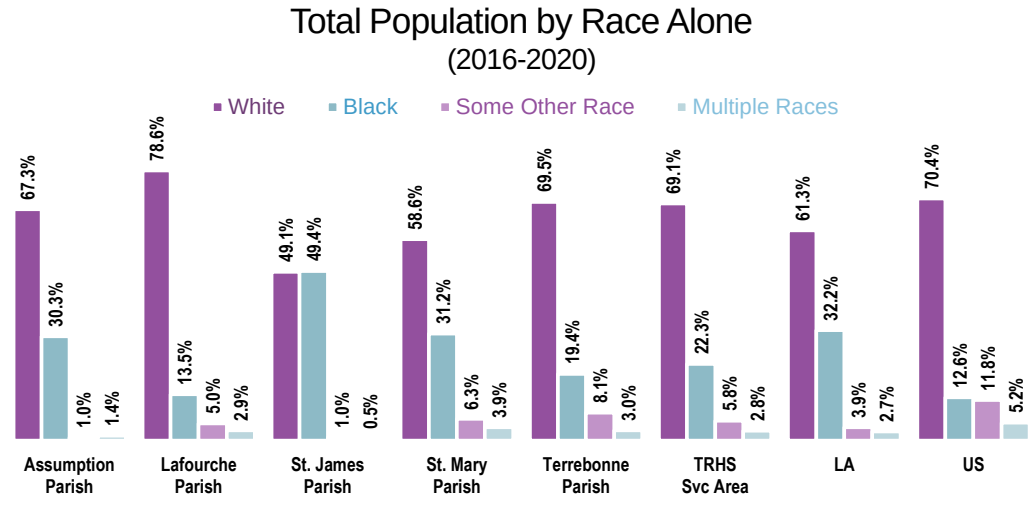
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 69.1 % of residents of the TRHS Service Area are White and 22.3% are Black.

BENCHMARK ► Less diverse than found statewide.

DISPARITY ► The highest level of diversity is found in St. James Parish.



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

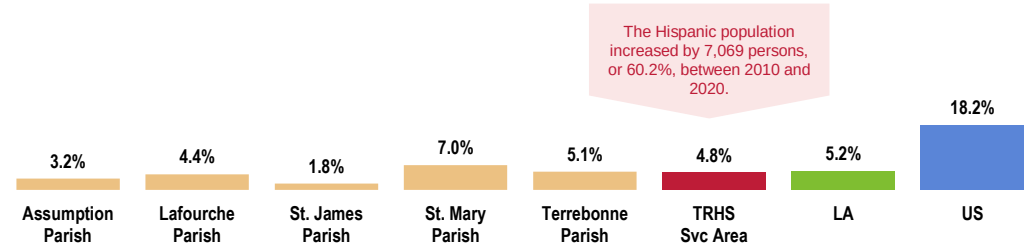
Ethnicity

A total of 4.8% of TRHS Service Area residents are Hispanic or Latino.

BENCHMARK ► Much lower than the US proportion.

DISPARITY ► The highest proportion of Hispanic residents is in St. Mary Parish.

Hispanic Population
(2016-2020)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.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.

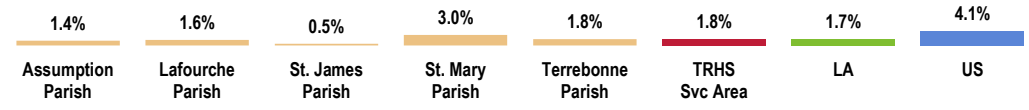
Linguistic Isolation

A total of 1.8% of the TRHS Service Area population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English or speaking English "very well").

BENCHMARK ► Well below the US finding.

DISPARITY ► Highest in St. Mary Parish.

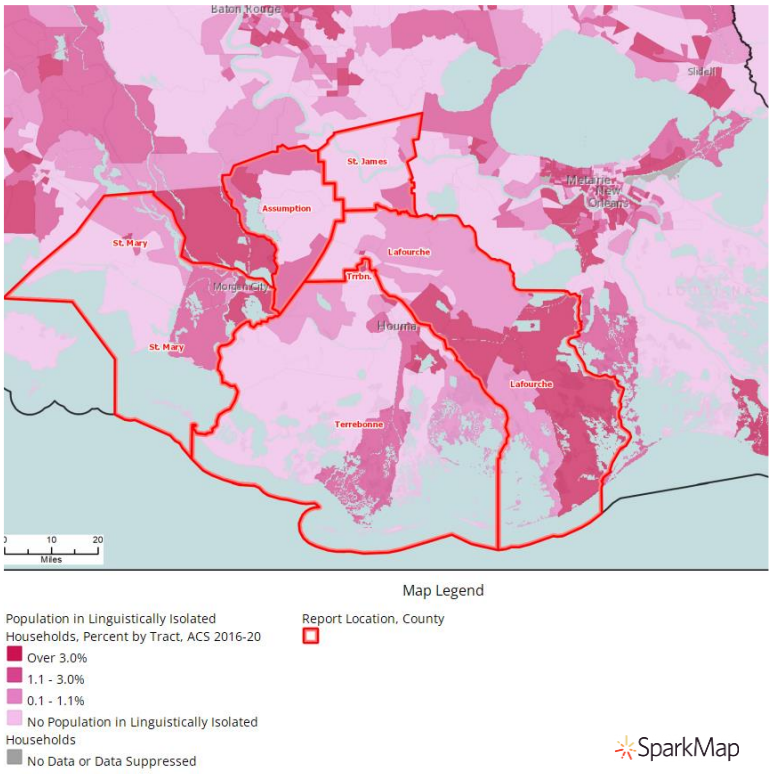
Linguistically Isolated Population
(2016-2020)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.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."

Note the following map illustrating linguistic isolation throughout TRHS Service Area.



SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

- Healthy People 2030 (https://health.gov/healthypeople)

Poverty

The latest census estimate shows 18.2% of the TRHS Service Area total population living below the federal poverty level.

BENCHMARK ► Worse than the national percentage. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Lowest in St. James Parish.

Among just children (ages 0 to 17), this percentage in the TRHS Service Area is 24.4% (representing an estimated 17,382 children).

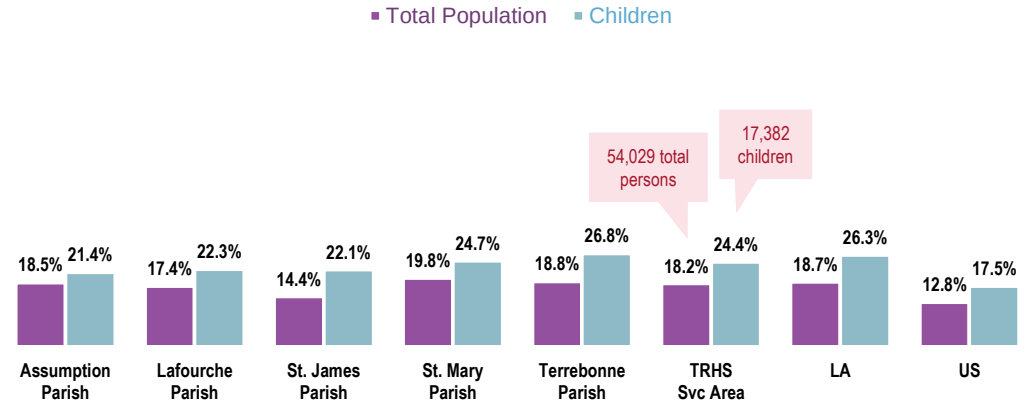
BENCHMARK ► Worse than the national percentage. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Highest in Terrebonne Parish.

Population in Poverty

(Populations Living Below the Poverty Level; 2016-2020)

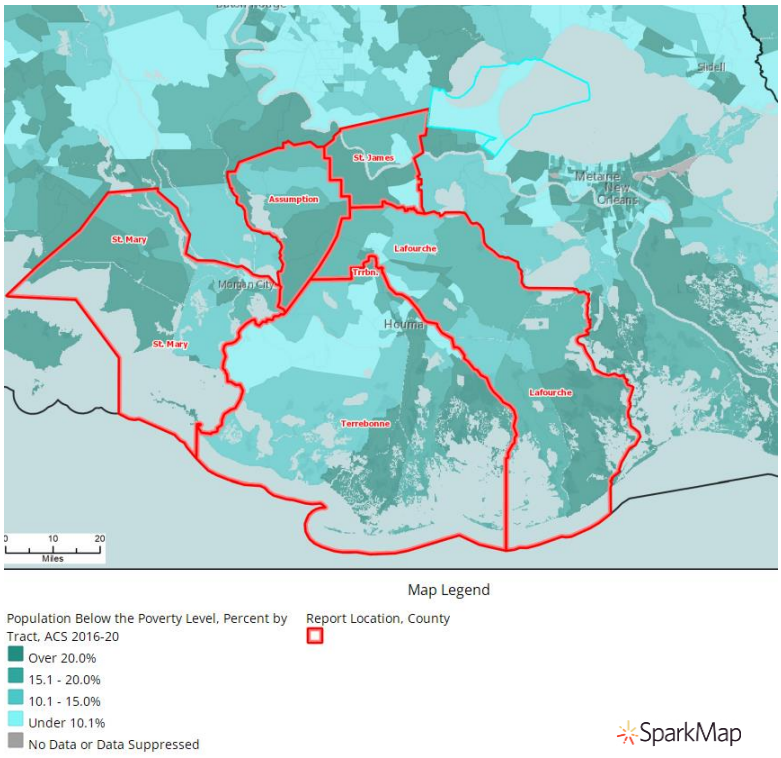
Healthy People 2030 = 8.0% or Lower

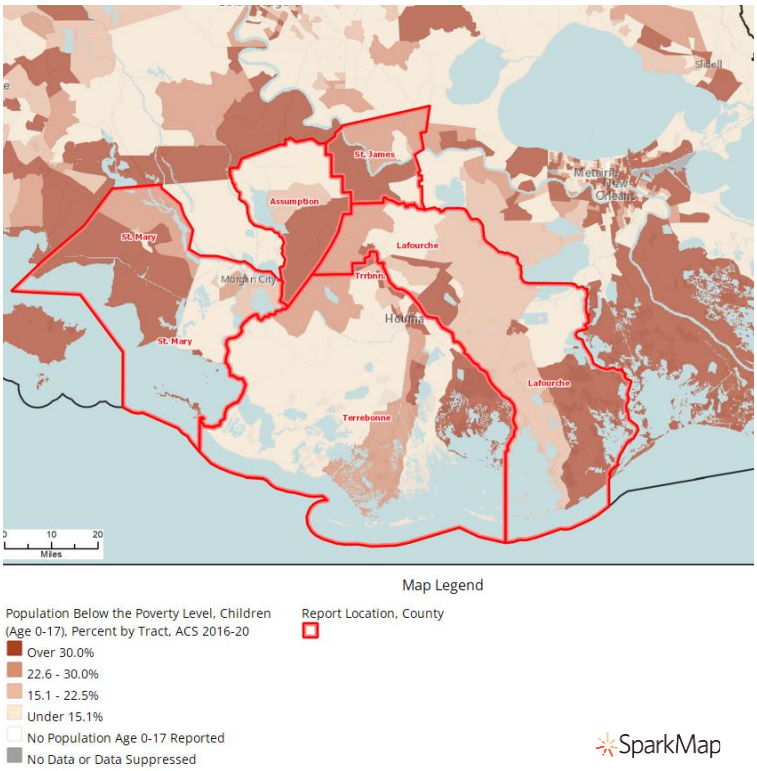


Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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.

The following maps highlight concentrations of persons living below the federal poverty level.





Education

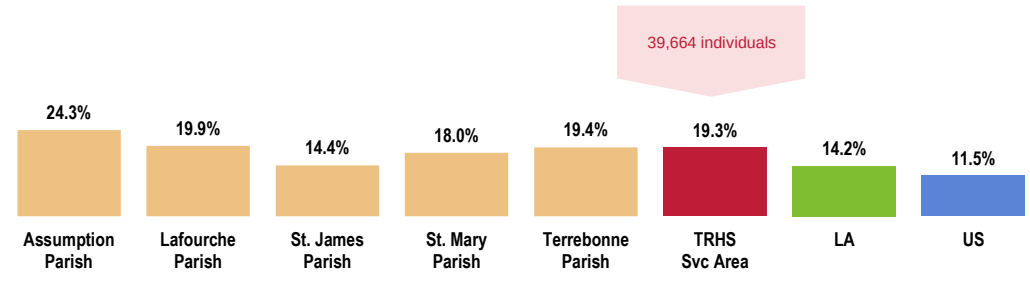
Among the TRHS Service Area population age 25 and older, an estimated 19.3% (over 39,000 people) do not have a high school education.

BENCHMARK ► Less favorable than found across the state and nation.

DISPARITY ► Highest in Assumption Parish.

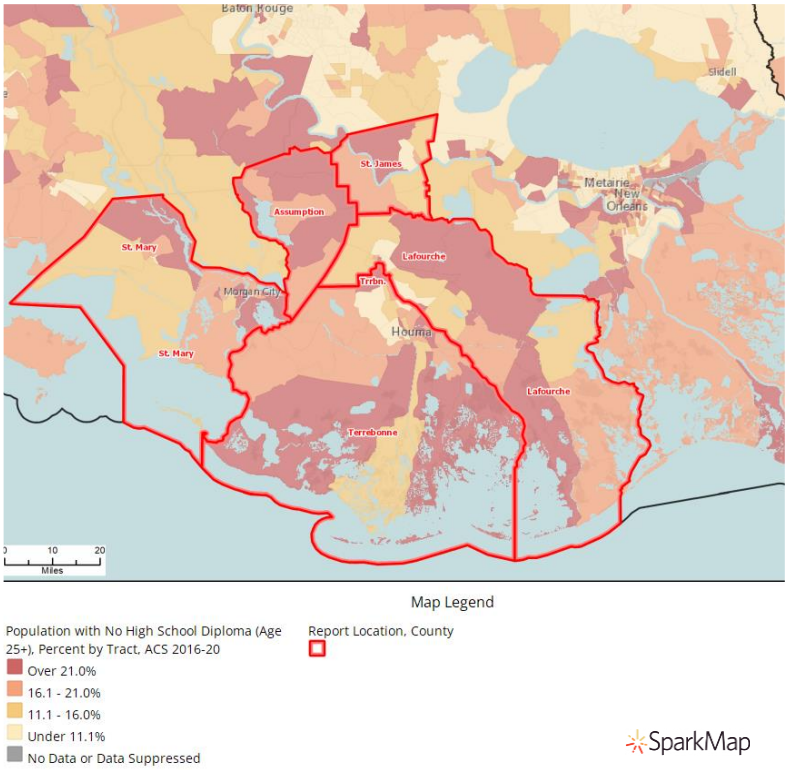
Population With No High School Diploma

(Population Age 25+ Without a High School Diploma or Equivalent, 2016-2020)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

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



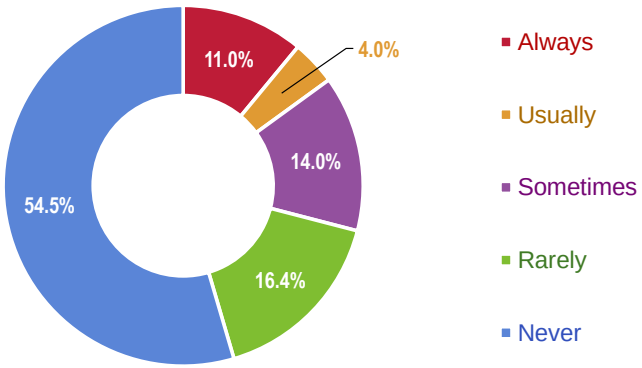
Financial Resilience

A considerable share of TRHS Service Area adults (29.0%) report that they were "sometimes," "usually," or "always" worried or stressed about having enough money to pay their rent or mortgage in the past year.

DISPARITY ► More often reported among women, adults younger than 65 (especially young adults), lower-income residents, communities of color, and renters.

NOTE: For indicators derived from the population-based survey administered as part of this project, text describes significant differences determined through statistical testing. The reader can assume that differences (against or among local findings) that are not mentioned are ones that are not statistically significant.

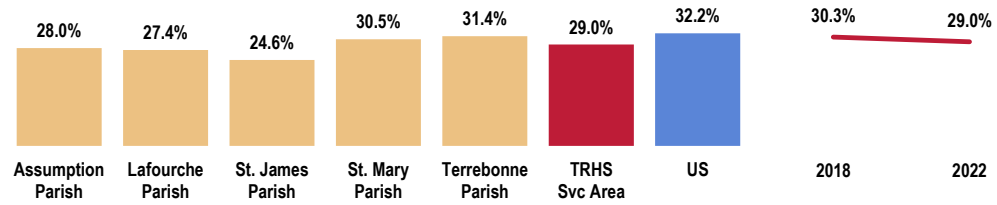
Frequency of Worry or Stress
Over Paying Rent or Mortgage in the Past Year
(TRHS Service Area, 2022)



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: ● Asked of all respondents.

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

TRHS Service Area



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 66]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

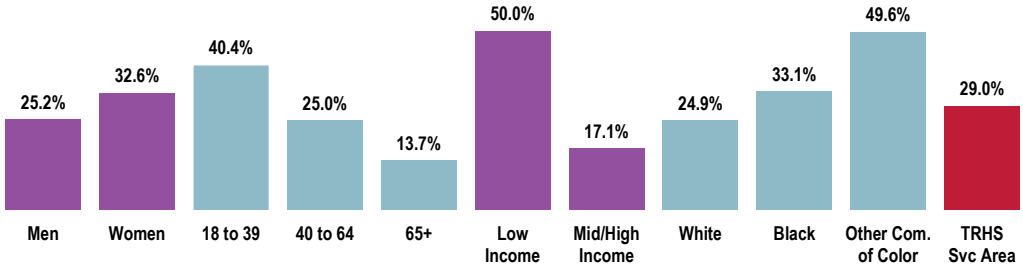
Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by sex, age groupings, income (based on poverty status), and race/ethnicity.

Here, "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.

In addition, all Hispanic respondents are grouped, regardless of identity with any other race group. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year
(TRHS Service Area, 2022)

Among homeowners	19.9%
Among renters	51.1%



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: ● Asked of all respondents.

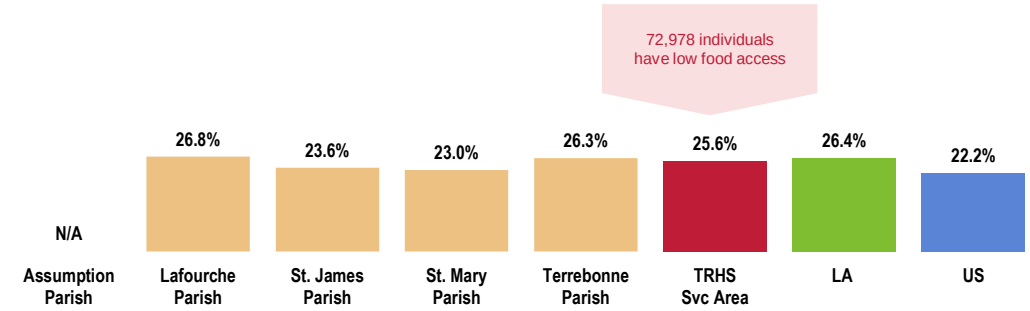
Food Access

Low Food Access

US Department of Agriculture data show that 25.6% of the TRHS Service Area population (representing nearly 73,000 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.

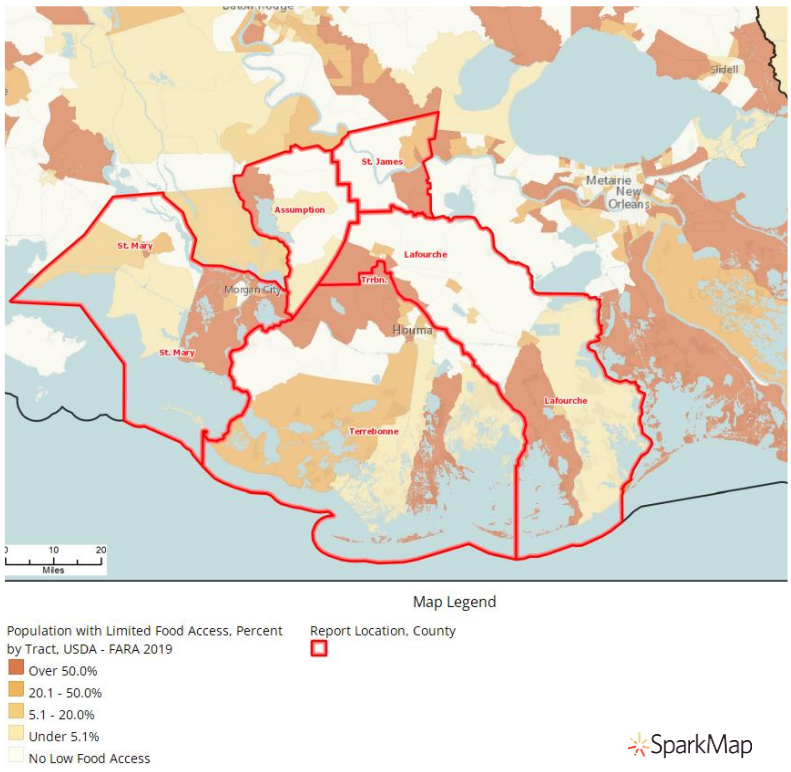
Population With Low Food Access

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2019)



Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.



Food Insecurity

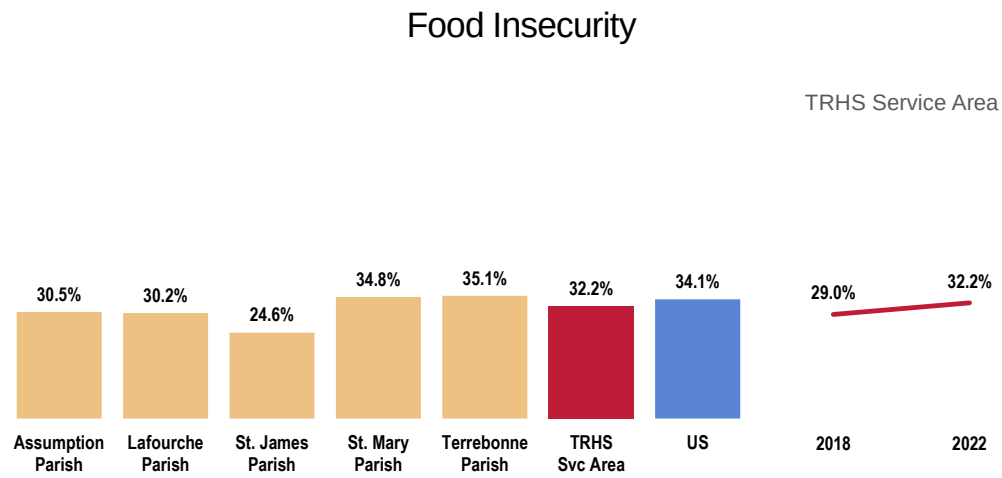
Surveyed adults were asked: "Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was "Often True," "Sometimes True," or "Never True" for you in the past 12 months:

- I worried about whether our food would run out before we got money to buy more.
- The food that we bought just did not last, and we did not have money to get more."

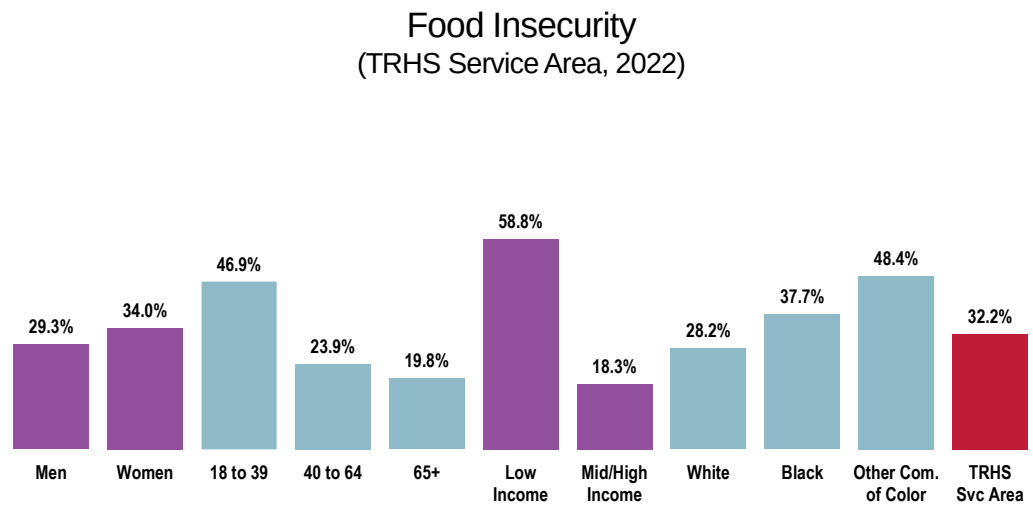
Those answering "Often" or "Sometimes True" for either statement are considered to be food insecure.

Overall, 32.2% 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.

DISPARITY ► More often reported among adults age 18 to 39, lower-income respondents, Black residents, and other communities of color.



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 112]
● 2020 PRC National Health Survey, PRC, 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.

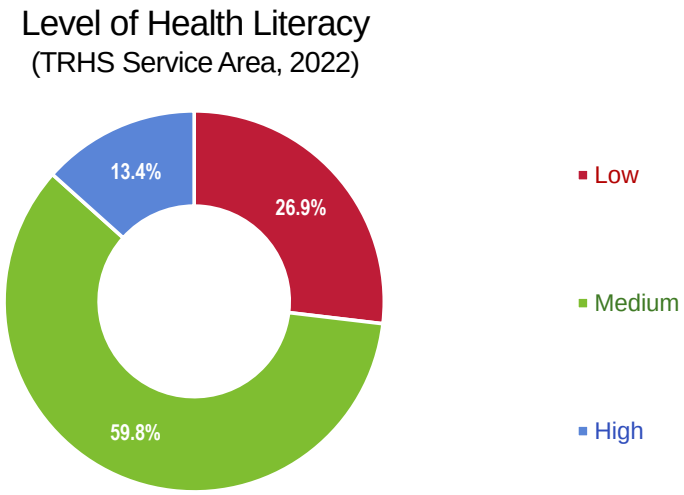


Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 112]
Notes: ● Asked of all respondents.
● Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

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.

Most surveyed adults in the TRHS Service Area are found to have at least a moderate level of health literacy.

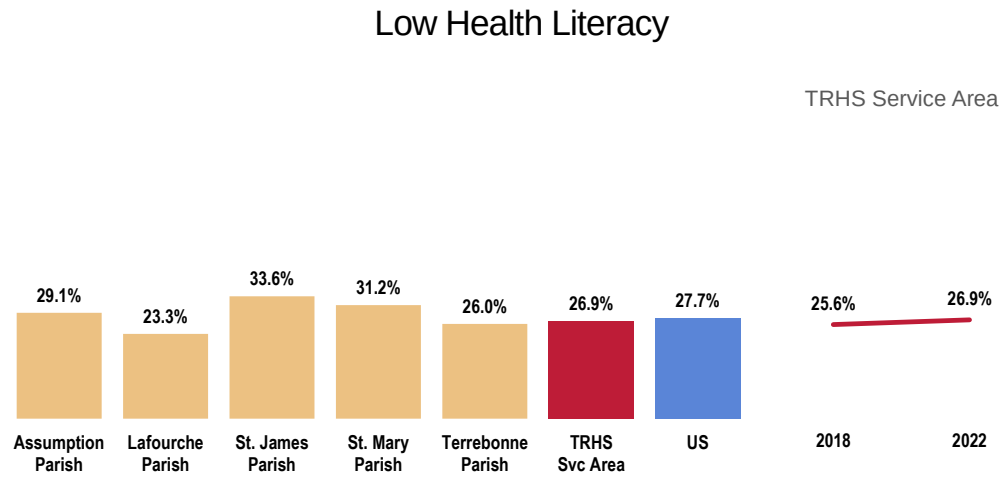


Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 335]

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.

A total of 26.9% are determined to have low health literacy.

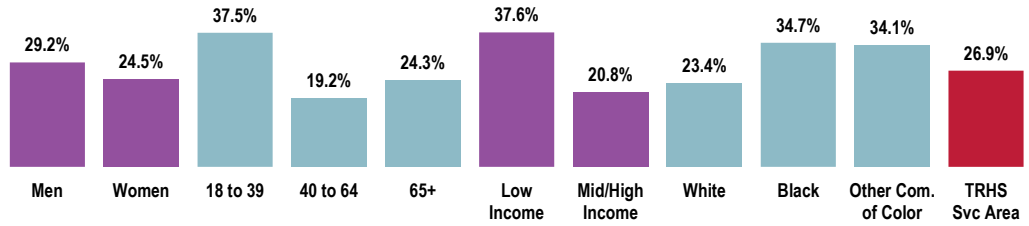
DISPARITY ► More often reported among young adults, lower-income adults, and Black residents.



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 335]
- 2020 PRC National Health Survey, PRC, 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.

Low Health Literacy
(TRHS Service Area, 2022)



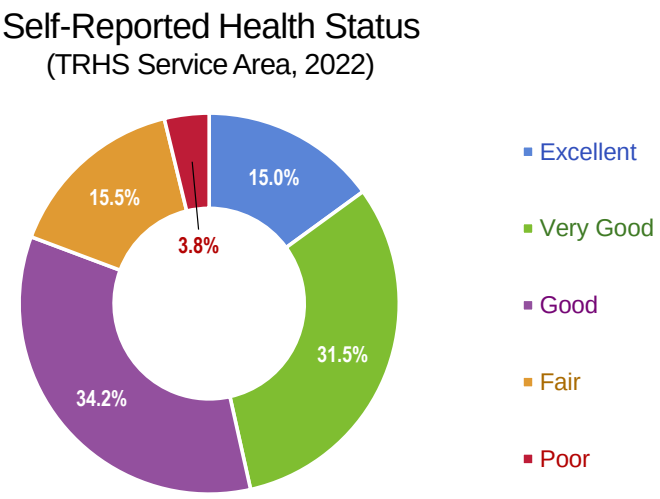
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 335]
Notes: • Asked of all respondents.
• Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

HEALTH STATUS

OVERALL HEALTH STATUS

The initial inquiry of the PRC Community Health Survey asked: "Would you say that in general your health is: Excellent, Very Good, Good, Fair, or Poor?"

Most TRHS Service Area residents rate their overall health favorably (responding "excellent," "very good," or "good").

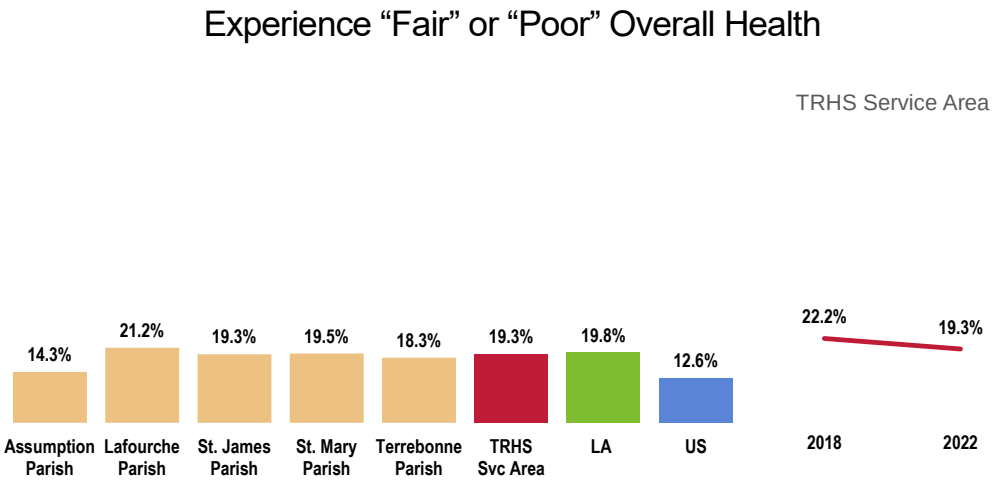


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 19.3% of TRHS Service Area adults believe that their overall health is "fair" or "poor."

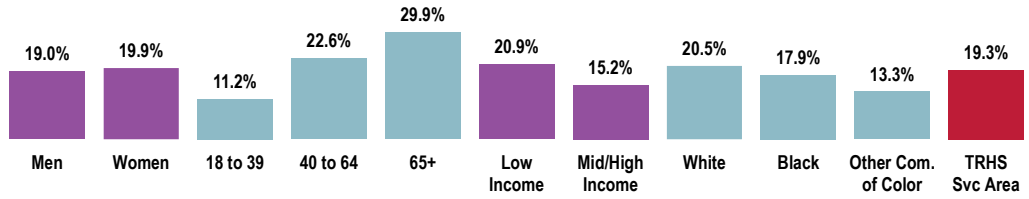
BENCHMARK ► Less favorable than the US percentage.

DISPARITY ► More often reported among adults age 40+.



Sources: • 2022 PRC Community Health Survey, PRC, 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): BRFSYR Louisiana data.
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Experience “Fair” or “Poor” Overall Health
(TRHS Service Area, 2022)



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: ● Asked of all respondents.

MENTAL HEALTH

ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. …Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

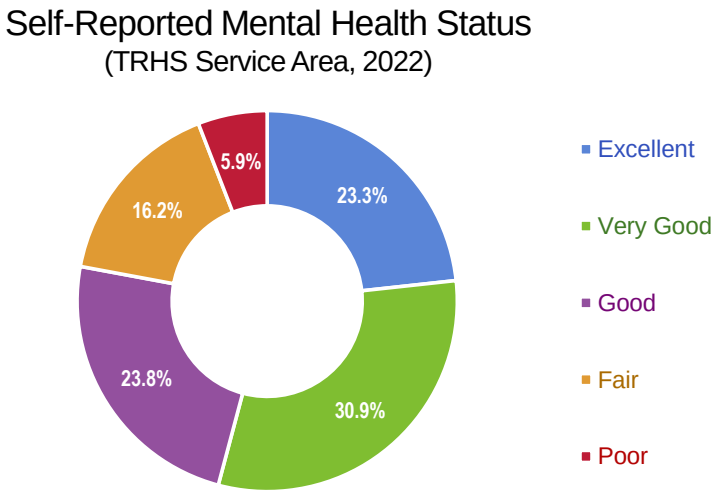
In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

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?"

Most TRHS Service Area adults rate their overall mental health favorably ("excellent," "very good," or "good").



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 90]
Notes: ● Asked of all respondents.

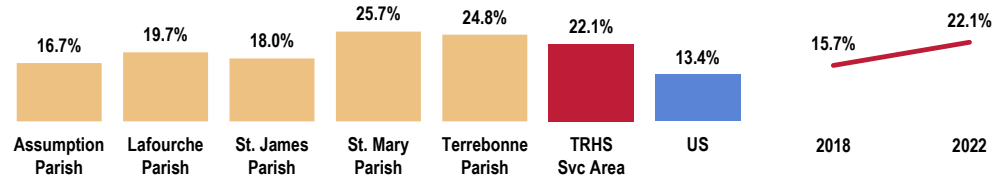
However, 22.1% believe that their overall mental health is "fair" or "poor."

BENCHMARK ► Worse than the US finding.

TREND ► Marks a significant increase since 2018.

Experience "Fair" or "Poor" Mental Health

TRHS Service Area



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 90]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Depression

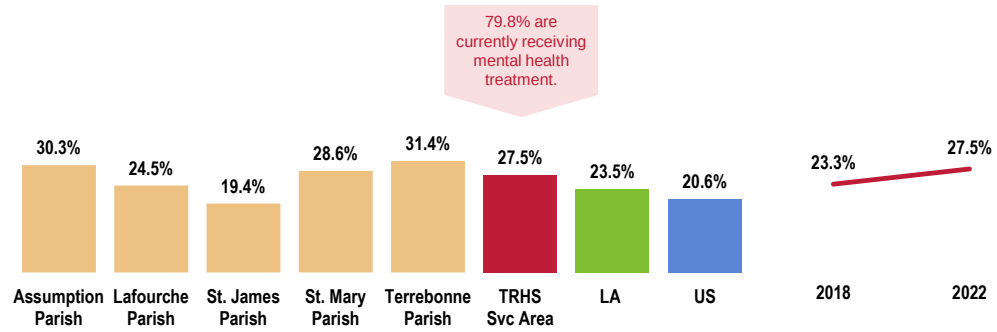
Diagnosed Depression

A total of 27.5% of TRHS Service Area adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

BENCHMARK ► Worse than both the state and national percentages.

Have Been Diagnosed With a Depressive Disorder

TRHS Service Area



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 93, 113]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): BRFSYR Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.

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

Symptoms of Chronic Depression

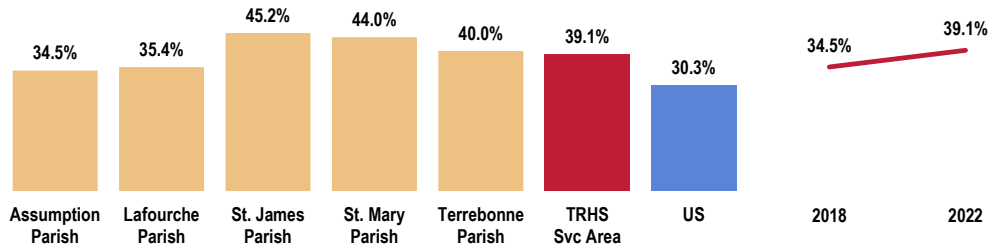
A total of 39.1% of TRHS Service Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

BENCHMARK ► Worse than the US finding.

DISPARITY ► More often reported among women, younger adults, lower-income residents (especially), and respondents designated as other communities of color.

Have Experienced Symptoms of Chronic Depression

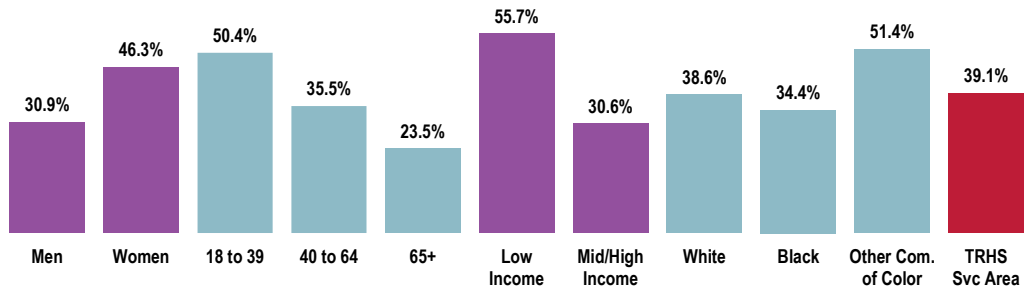
TRHS Service Area



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 91]
- 2020 PRC National Health Survey, PRC, 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.

Have Experienced Symptoms of Chronic Depression
(TRHS Service Area, 2022)

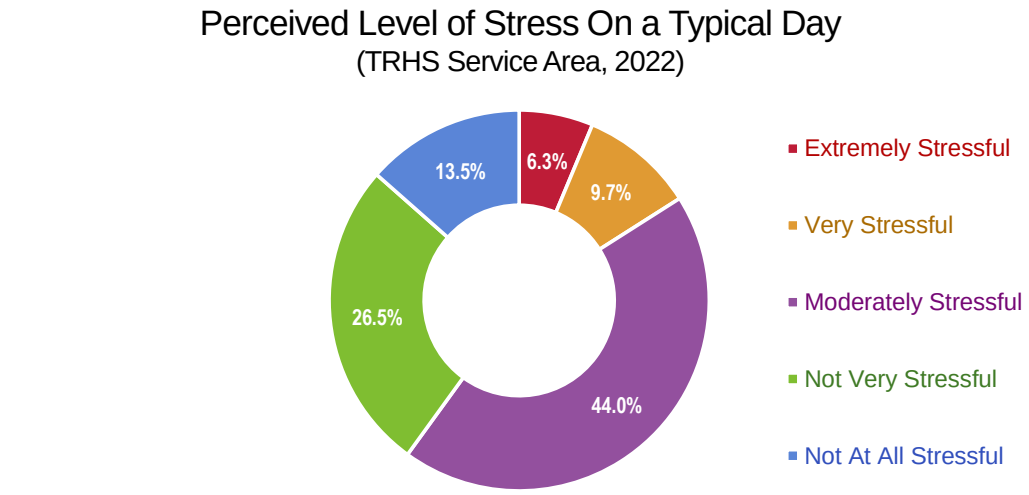


Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 91]

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.

Stress

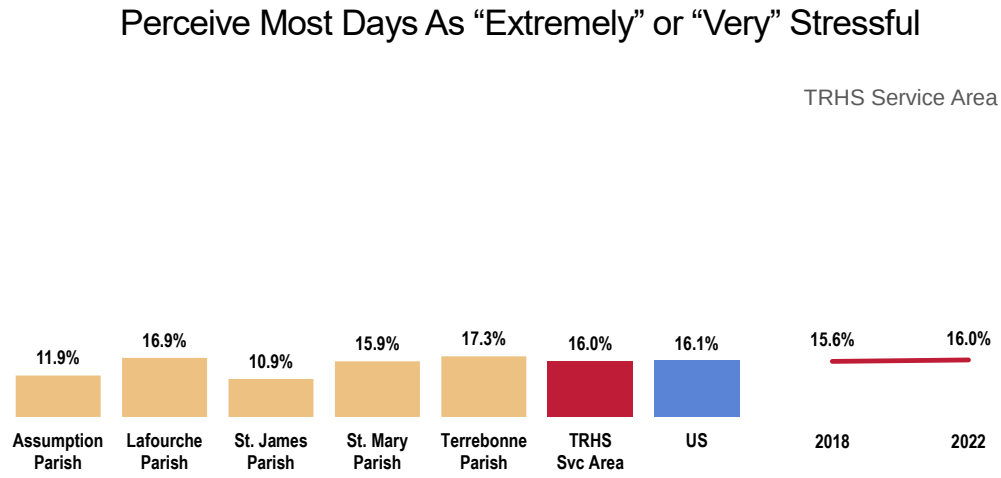
A majority of surveyed adults characterize most days as no more than "moderately" stressful.



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 92]
Notes: ● Asked of all respondents.

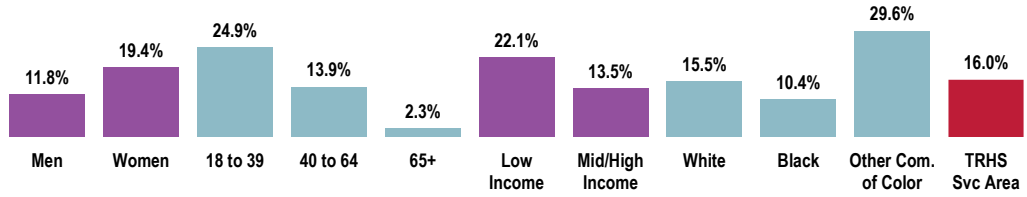
In contrast, 16.0% of TRHS Service Area adults feel that most days for them are "very" or "extremely" stressful.

DISPARITY ► More often reported among women, adults younger than 65, lower-income residents, and respondents in the other communities of color category.



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 92]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Perceive Most Days as “Extremely” or “Very” Stressful
(TRHS Service Area, 2022)

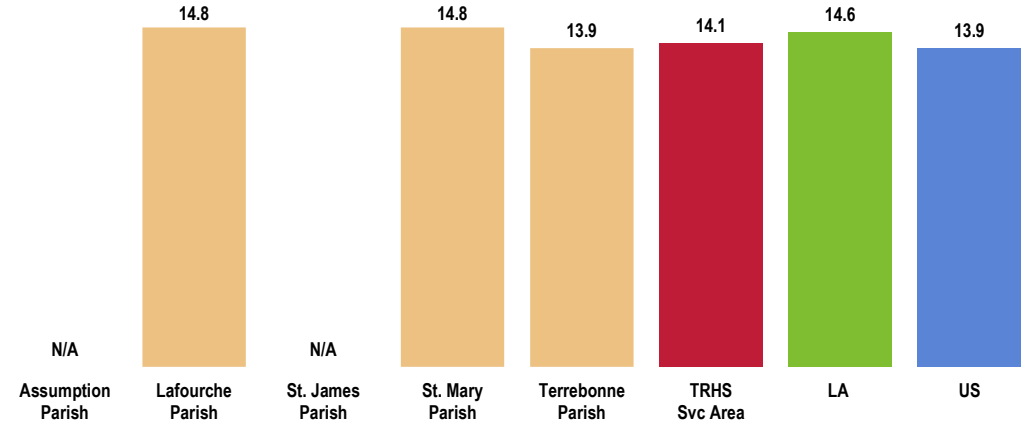


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 92]
Notes: • Asked of all respondents.

Suicide

In the TRHS Service Area, there were 14.1 suicides per 100,000 population (2018-2020 annual average age-adjusted rate).

Suicide: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 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 June 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Suicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 12.8 or Lower

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
TRHS Svc Area	12.0	13.3	15.1	15.4	15.7	15.0	15.4	14.1
LA	12.4	13.0	14.0	14.6	14.9	14.8	15.1	14.6
US	13.1	13.4	13.1	13.4	13.6	13.9	14.0	13.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Mental Health Treatment

Mental Health Providers

Here, "mental health providers" includes psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care. Note that this indicator only reflects providers practicing in the TRHS Service Area and residents in the TRHS Service Area; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

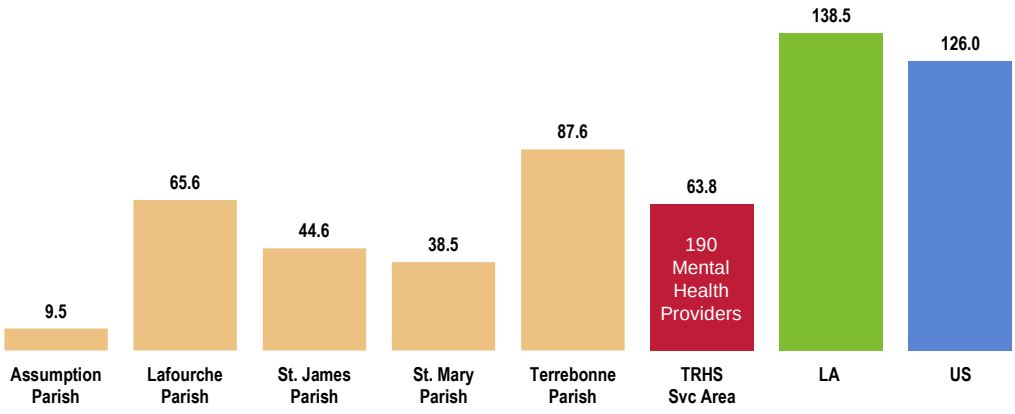
In the TRHS Service Area in 2021, there were 63.8 mental health providers for every 100,000 population.

BENCHMARK ► Much less favorable than found across the state and nation.

DISPARITY ► A particularly low ratio in Assumption Parish.

Access to Mental Health Providers

(Number of Mental Health Providers per 100,000 Population, 2021)



Sources:
- University of Wisconsin Population Health Institute, County Health Rankings.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

Currently Receiving Treatment

A total of 22.3% of area adults are currently taking medication or otherwise receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

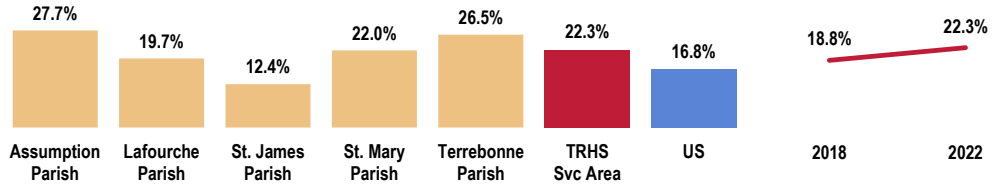
BENCHMARK ► Higher than the national percentage.

DISPARITY ► Lowest in St. James Parish.

Currently Receiving Mental Health Treatment

TRHS Service Area

Among area adults, 29.9% ever have sought professional help for a mental or emotional problem.



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Items 94, 322]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● "Treatment" can include taking medications for mental health.

Difficulty Accessing Mental Health Services

A total of 8.4% of TRHS Service Area adults report a time in the past year when they needed mental health services but were not able to get them.

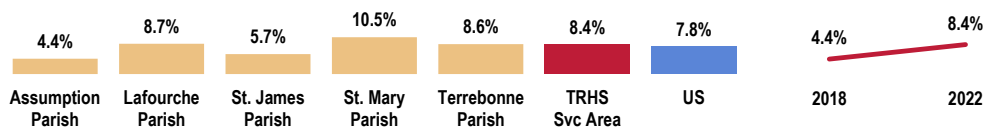
TREND ► Represents a significant increase since 2018.

DISPARITY ► Most often reported among younger adults and lower-income residents.

Unable to Get Mental Health Services When Needed in the Past Year

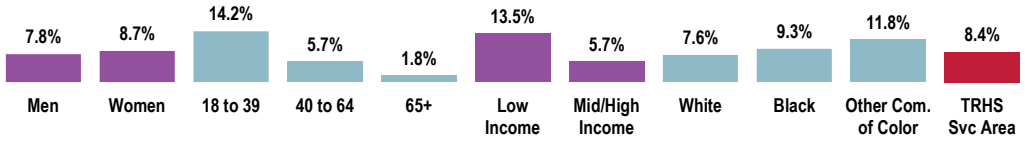
TRHS Service Area

Among the small sample of those reporting difficulties, availability and lack of transportation were predominant reasons given.



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Items 95, 323]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Unable to Get Mental Health Services When Needed in the Past Year
(TRHS Service Area, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 95]
Notes: • Asked of all respondents.

Key Informant Input: Mental Health

A majority 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, 2022)

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

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

Access to Care/Services

> Access to outpatient and inpatient psychiatric services. – Physician – Lafourche Parish
>
> There are not enough resources for all different ages and types of people with mental health. – Other Health Provider – Lafourche Parish
>
> No place to place them to allow for proper treatment and medication. – Community Leader – Lafourche Parish
>
> Limited mental health facilities in our area. – Community Leader – Lafourche Parish
>
> The population I work with, most have developmental disabilities. It is hard to find a provider willing to work with the dual diagnosis and a provider who takes Medicaid that will write a behavior support plan. – Social Services Provider – Lafourche Parish
>
> Not enough inpatient beds. Many patients needing to be admitted for mental health end up holding in emergency departments without the resources that are needed. – Other Health Provider – Lafourche Parish
>
> Most of our patients are willing to come into the office to discuss pharmacological treatment of mood disorders like anxiety and depression. However, for more severe and psychotic disorders, psychiatric-trained providers are far away (~1h by car) and difficult to schedule with. There are no licensed counselors or therapists within the parish, though the small-town nature of the community would hinder the success of such an attempt. – Physician – Assumption Parish

> Access to quality mental health services. – Community Leader – Lafourche Parish
>
> There are no real mental health facilities for treatment. The only treatment I see is giving them medications that the mentally ill are not able to afford or lack the capability of ensuring that they regularly take. – Community Leader – Terrebonne Parish
>
> Lack of resources. – Community Leader – Lafourche Parish
>
> There are not enough resources for mental health. Mental health isn't covered through many insurance companies. People don't want to pay out of pocket for counseling and help. – Other Health Provider – Lafourche Parish
>
> HUGE barrier with access to care. Even as a physician, it has taken months to be able to get family members an appointment with psychiatry. Our primary providers need increased support/resources in helping this population because the lack of adequate mental health support. – Physician – Lafourche Parish
>
> Access to facilities that can handle patients in our immediate area. – Community Leader – Terrebonne Parish
>
> Access to quality care/counseling, access/affordability of treatment options (counseling, medications, etc.), lack of adequate follow up care/monitoring to ensure continued care. – Other Health Provider – Lafourche Parish
>
> Lack of affordable providers, lack of services in rural areas, lack of substance abuse programs, stigma about mental health services. – Community Leader – Lafourche Parish
>
> Affordable care, getting appointments in a timely manner, transportation, stigma. – Community Leader – Lafourche Parish
>
> We lack mental health services due to funding. We had a mental hospital a long time ago, but funding was cut and it closed down. However, the mental issues did not go away. It only increased and with COVID, drug use and Hurricane Ida, the mental health is only getting worse. – Community Leader – Terrebonne Parish
>
> Places to receive medical observation and attention, I believe, are not close in the area. Possible laws may need to be created or changed. – Social Services Provider – Lafourche Parish

Incidence/Prevalence

> Suicide, increased rates, and lack of community discussion about causes (such as bullying, social media, and other influences). – Community Leader – Lafourche Parish
>
> One of the largest problems in our community. We could develop a program to touch patients and their families as outpatients to avoid ER visits. We need to figure out how to keep these patients outpatient versus always coming to ER. Better outpatient access is a start. We need pediatric psychiatry. – Physician – Lafourche Parish
>
> We see a lot of mental health patients. We offer treatment for depression and anxiety but have limited resources for more complicated patients. – Other Health Provider – Assumption Parish

Affordable Care/Services

> High costs to get help! – Community Leader – Lafourche Parish
>
> Affordable mental health service. – Community Leader – Terrebonne Parish

Cultural/Personal Beliefs

> Absence of faith/religion. – Physician – Lafourche Parish

Disease Management

> Taking medication on a regular basis so their mental health can be treated effectively, as well as scheduling regular doctor visits. – Community Leader – Terrebonne Parish

Due to COVID-19

> Due to the major changes in our society and way of life as a result of the COVID-19 pandemic, I believe that mental health is now an area of great concern. Many people have had to adjust to major life changes, financial hardships, and anxiety about what the future holds. Mental health is a problem that is often kept in the dark and many people are afraid to talk about. Given the circumstances in our current world, mental health is a rising concern, and special attention should be given to it. – Community Leader – Lafourche Parish

Lack of Providers

> Lack of mental health professionals/providers. – Physician – Lafourche Parish

Teen/Young Adult Usage

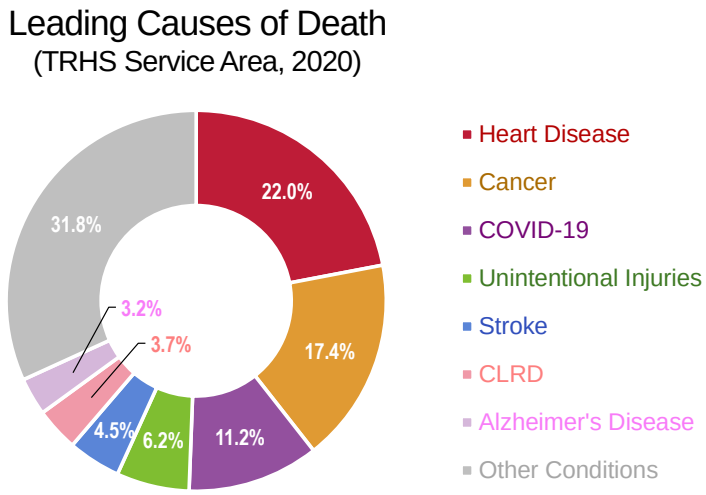
> Depression and anxiety, especially in young people, and nowhere to go except Children's in NOLA. – Community Leader – Terrebonne Parish

DEATH, DISEASE & CHRONIC CONDITIONS

LEADING CAUSES OF DEATH

Distribution of Deaths by Cause

Together, heart disease and cancers accounted for nearly 40% of all deaths in the TRHS Service Area in 2020. COVID-19 emerged as the third leading cause of death in 2020.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

Notes: • Lung disease is CLRD, or chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

AGE-ADJUSTED DEATH RATES

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 2030 objectives.

Note that 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 following chart outlines 2018-2020 annual average age-adjusted death rates per 100,000 population for selected causes of death in the TRHS Service Area.

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

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

Age-Adjusted Death Rates for Selected Causes
(2018-2020 Deaths per 100,000 Population)

	TRHS Service Area	LA	US	HP2030
Diseases of the Heart	211.2	213.8	164.4	127.4*
Malignant Neoplasms (Cancers)	174.5	165.7	146.5	122.7
Coronavirus Disease/COVID-19 [2020]	110.3	118.0	85.0	—
Unintentional Injuries	64.7	66.8	51.6	43.2
Cerebrovascular Disease (Stroke)	40.3	45.8	37.6	33.4
Chronic Lower Respiratory Disease (CLRD)	36.5	41.1	38.1	—
Falls [Age 65+]	30.5	41.1	67.1	63.4
Unintentional Drug-Related Deaths	28.2	29.2	21.0	—
Alzheimer's Disease	27.4	43.1	30.9	—
Diabetes	24.3	28.8	22.6	—
Firearm-Related	18.9	23.3	12.5	10.7
Septicemia	18.4	20.2	9.8	—
Kidney Disease	17.7	19.9	12.8	—
Motor Vehicle Deaths	16.6	16.7	11.4	10.1
Pneumonia/Influenza	15.9	14.0	13.4	—
Intentional Self-Harm (Suicide)	14.1	14.6	13.9	12.8
Homicide/Legal Intervention	11.6	16.0	6.1	5.5
Cirrhosis/Liver Disease	7.4	9.8	11.9	10.9
HIV/AIDS [2011-2020]	2.1	3.9	1.8	—

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov.

Note:
- *The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

Heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. …Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

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

Between 2018 and 2020, there was an annual average age-adjusted heart disease mortality rate of 211.2 deaths per 100,000 population in the TRHS Service Area.

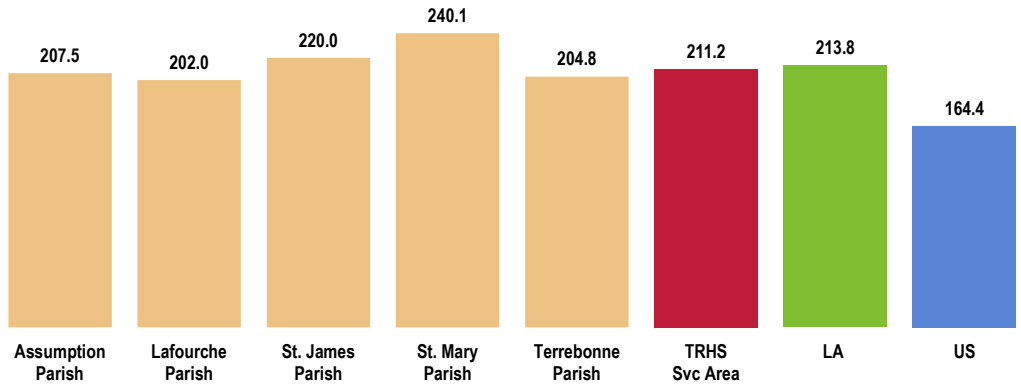
BENCHMARK ► Much less favorable than the national rate. Far from satisfying the Healthy People 2030 objective.

DISPARITY ► Notably higher among Black residents than among White residents.

Heart Disease: Age-Adjusted Mortality

(2018-2020 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 127.4 or Lower (Adjusted)



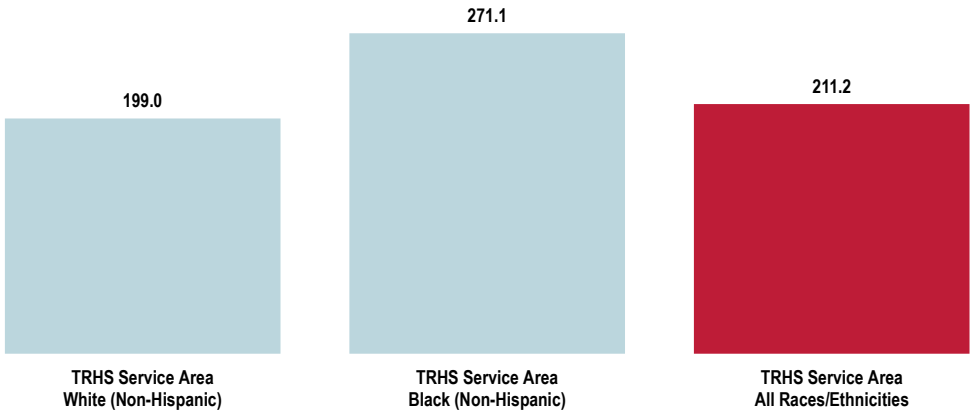
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

Heart Disease: Age-Adjusted Mortality by Race

(2018-2020 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 127.4 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 June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 127.4 or Lower (Adjusted)

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
TRHS Svc Area	205.1	202.8	201.0	192.4	191.0	192.8	206.9	211.2
LA	213.2	214.5	214.2	213.8	213.2	213.2	211.5	213.8
US	190.6	188.9	168.9	167.5	166.3	164.7	163.4	164.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

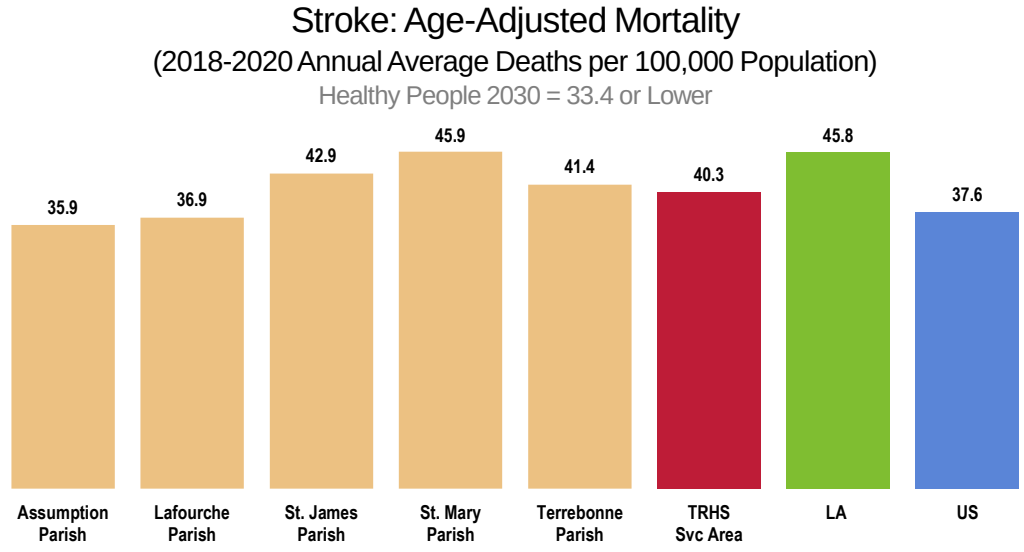
Notes:
- The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke Deaths

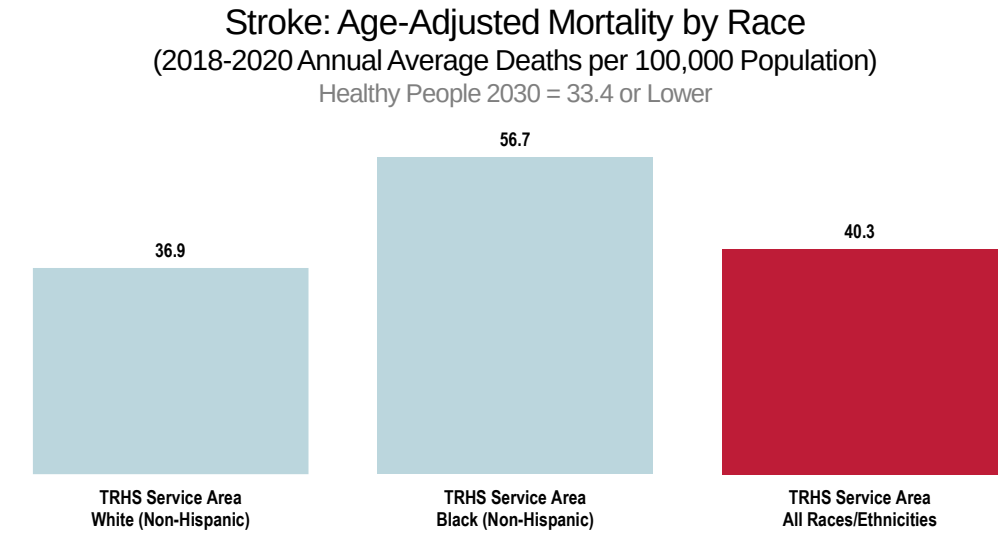
Between 2018 and 2020, there was an annual average age-adjusted stroke mortality rate of 40.3 deaths per 100,000 population in the TRHS Service Area.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Lowest in Assumption Parish. Higher among Black residents than among White residents.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

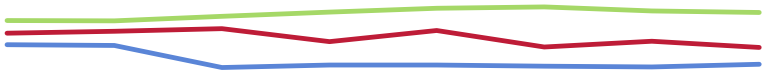


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Stroke: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 33.4 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
TRHS Svc Area	42.6	42.8	43.3	41.2	43.0	40.4	41.3	40.3
LA	44.5	44.5	45.2	45.9	46.5	46.7	46.1	45.8
US	40.7	40.6	37.1	37.5	37.5	37.3	37.2	37.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

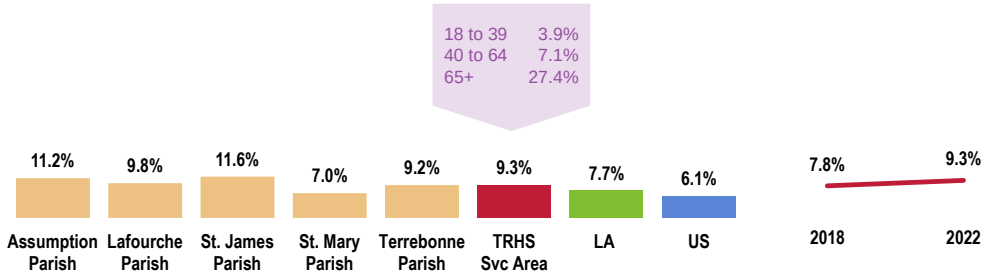
A total of 9.3% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

BENCHMARK ► Higher than the US finding.

DISPARITY ► Considerably higher among adults age 65+.

Prevalence of Heart Disease

TRHS Service Area



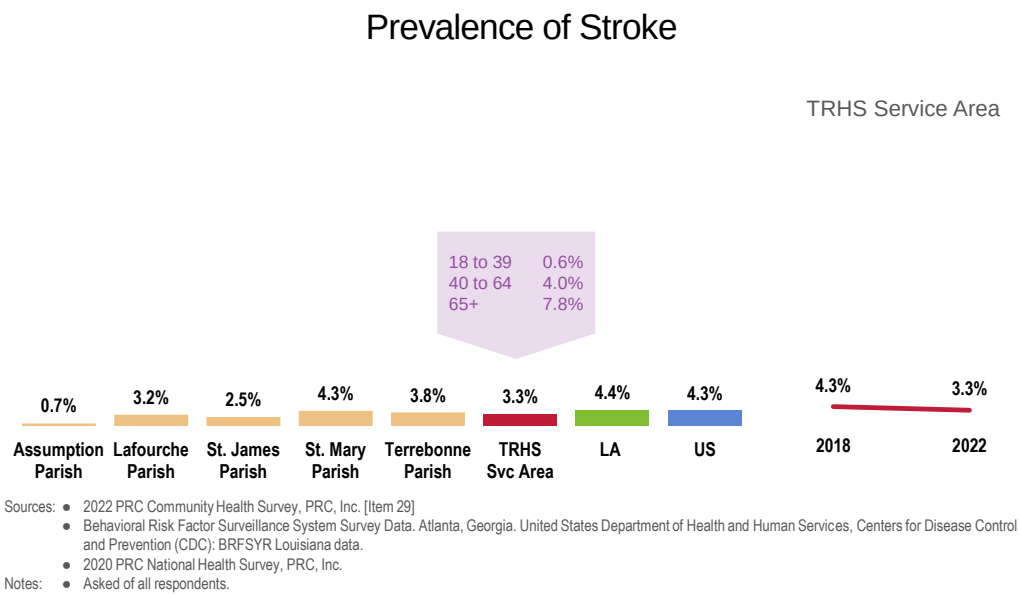
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 114]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): BRFSYR Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.

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

Prevalence of Stroke

A total of 3.3% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

DISPARITY ► Lowest in Assumption Parish. More prevalent among adults age 40+.



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 29]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): BRFSYR Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Cardiovascular Risk Factors

Blood Pressure & Cholesterol

A total of 48.0% of TRHS Service Area adults have been told by a health professional at some point that their blood pressure was high.

BENCHMARK ► Worse than state and national findings. Fails to satisfy the Healthy People 2030 objective.

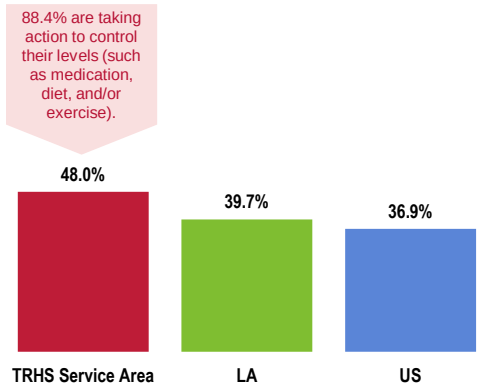
DISPARITY ► Highest in St. Mary Parish (not shown).

A total of 36.5% of adults have been told by a health professional that their cholesterol level was high.

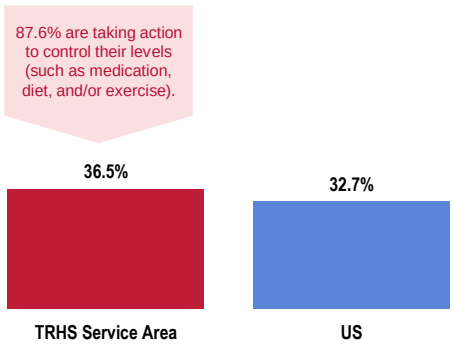
DISPARITY ► Lowest in Terrebonne Parish (not shown).

Prevalence of High Blood Pressure

Healthy People 2030 = 27.7% or Lower



Prevalence of High Blood Cholesterol

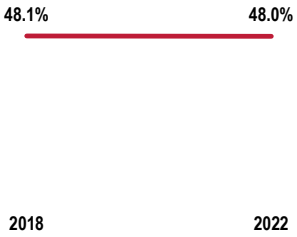


Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 35-36, 305-306]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): BRFSYR Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

Prevalence of High Blood Pressure (TRHS Service Area)

Healthy People 2030 = 27.4% or Lower



Prevalence of High Blood Cholesterol (TRHS Service Area)

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 35-36]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

Total Cardiovascular Risk

Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

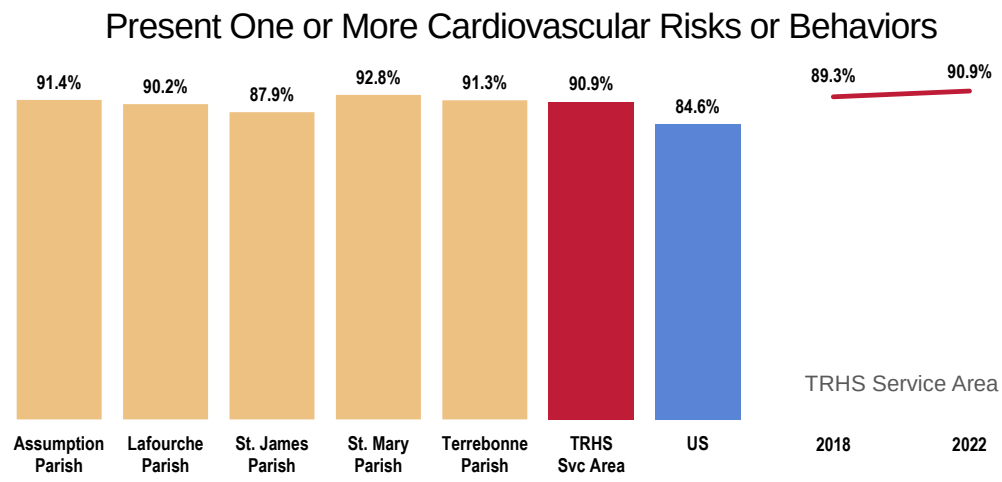
Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

A total of 90.9% of TRHS 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.

BENCHMARK ► Worse than the national finding.

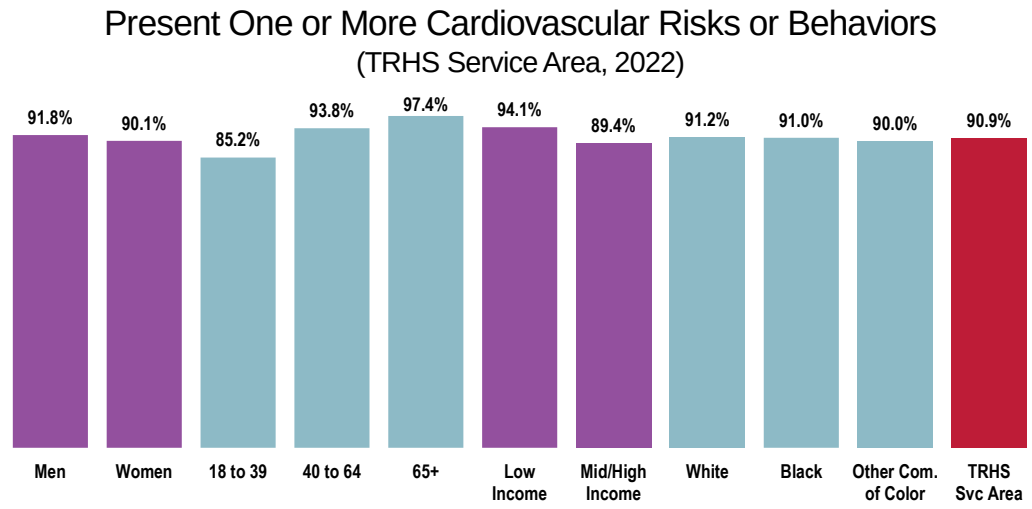
DISPARITY ► More often reported among adults age 40+ and those with lower incomes.

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



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 115]
- 2020 PRC National Health Survey, PRC, Inc.

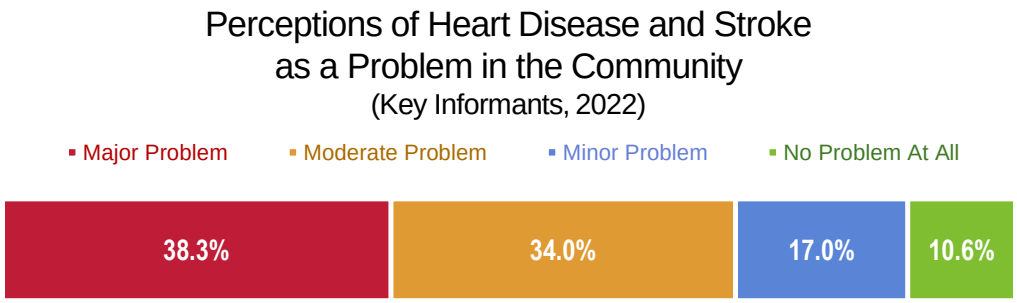
Notes:
- Reflects all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 115]
Notes: • Reflects 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) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Key Informant Input: Heart Disease & Stroke

Key informants taking part in an online survey generally characterized *Heart Disease & Stroke* as a "major problem" in the community.



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

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

Incidence/Prevalence

> High prevalence of both disease processes in our parish. – Physician – Lafourche Parish
>
> We have a large percentage of the population that has heart disease and stroke. – Community Leader – Terrebonne Parish
>
> I believe heart disease is an issue in most communities. – Community Leader – Lafourche Parish
>
> The rate of heart disease and stroke in our community is high. While there is excellent heart care, for stroke care are sent out of the community for care. – Social Services Provider – Terrebonne Parish
>
> Based on statistics of the parish and the culture we live in. – Community Leader – Lafourche Parish

Lifestyle

> Diet/lifestyle. – Physician – Lafourche Parish

> Lifestyle and food choices often lead to an increase in heart disease and strokes. – Community Leader – Lafourche Parish
>
> Unhealthy lifestyles we have. – Community Leader – Lafourche Parish
>
> Because of the lifestyle of the area. – Community Leader – Lafourche Parish
>
> Again, people are overweight and have no discipline to eat correctly or exercise. – Community Leader – Lafourche Parish
>
> Unhealthy lifestyles. – Other Health Provider – Lafourche Parish
>
> Lack of physical activity and high-fat, high-calorie and processed foods. Too much sodium. Not enough knowledge about what is in foods we eat. – Community Leader – Lafourche Parish
>
> In some ways, our foods are the reasons. We don't eat healthy. We don't exercise enough. – Social Services

Access to Care/Services

> Lafourche Parish has limited capability when it comes to taking care of the acute stroke patient. Lafourche Parish needs a primary stroke center that will give patients access to 24/7 stroke care, stroke-trained nurses and stroke units. Regarding heart disease, major areas of heart disease is covered. For the acute heart attack patient, we need better coordination between the hospital and referring hospitals and EMS agencies. The distance that is needed to travel is great, and intervention is not always done in recommended time frames. – Other Health Provider – Lafourche Parish

Co-Occurrences

> General lack of health leading to higher levels of heart disease and stroke. – Physician – Lafourche Parish

Cultural/Personal Beliefs

> Culturally, mealtimes and celebration mean large amounts of less healthy foods and alcohol. Smoking remains prevalent in older population. Combination of lifestyle and family history compound to cause coronary disease, peripheral arterial disease, and strokes. – Physician – Assumption Parish

Tobacco Use

> Level of tobacco use by community. – Physician – Lafourche Parish

CANCER

ABOUT CANCER

Cancer is the second leading cause of death in the United States. …The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Cancer Deaths

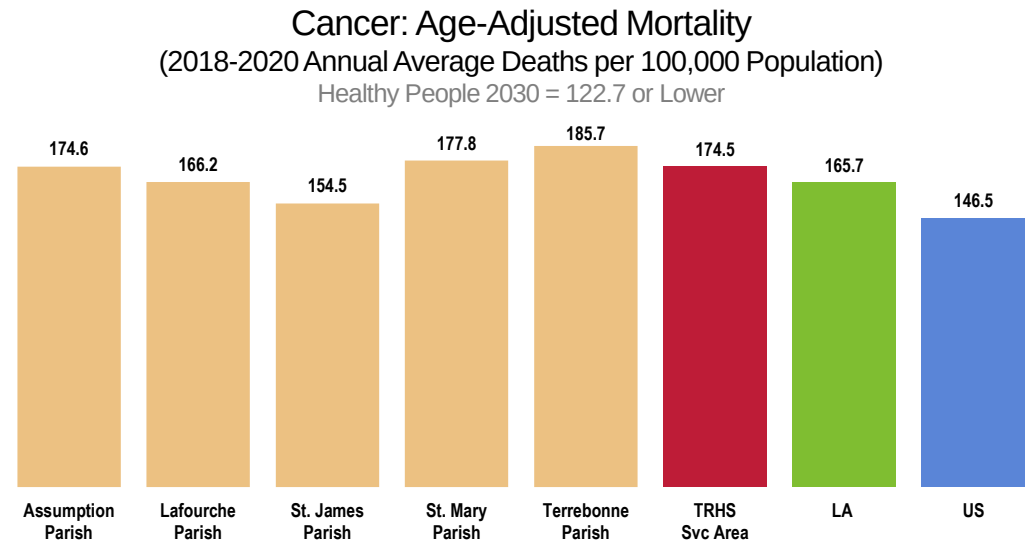
All Cancer Deaths

Between 2018 and 2020, there was an annual average age-adjusted cancer mortality rate of 174.5 deaths per 100,000 population in the TRHS Service Area.

BENCHMARK ► Higher than the national rate. Fails to satisfy the Healthy People 2030 objective.

TREND ► Declining significantly to the lowest level recorded within the service area in the past decade.

DISPARITY ► Higher among Black residents than among White residents.

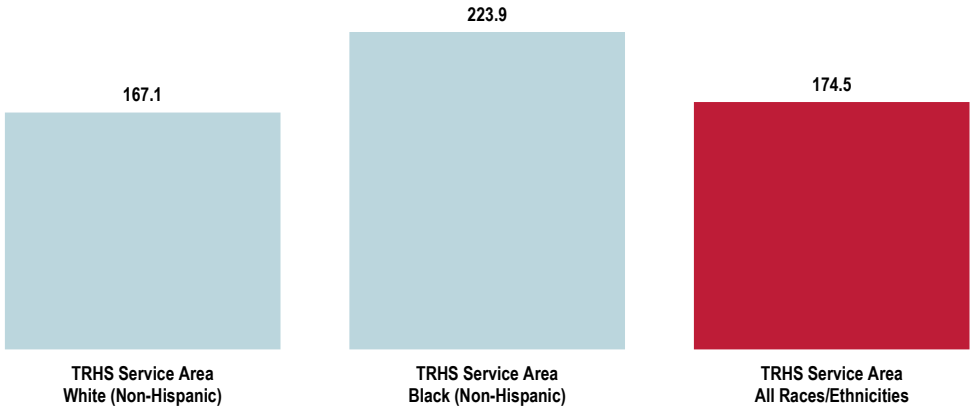


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Cancer: Age-Adjusted Mortality by Race

(2018-2020 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 122.7 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 June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Cancer: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 122.7 or Lower

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
TRHS Svc Area	202.8	197.9	197.1	192.2	194.5	188.5	187.8	174.5
LA	191.0	188.4	184.9	179.4	175.7	171.9	170.7	165.7
US	171.5	168.0	160.1	157.6	155.6	152.5	149.3	146.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Cancer Deaths by Site

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

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

BENCHMARK

Lung Cancer ► Higher than the national rate. Fails to satisfy the Healthy People 2030 objective.

Female Breast Cancer ► Fails to satisfy the Healthy People 2030 objective.

Colorectal Cancer ► Higher than the national rate. Fails to satisfy the Healthy People 2030 objective.

Prostate Cancer ► Lower than both state and national rates. Satisfies the Healthy People 2030 objective.

Age-Adjusted Cancer Death Rates by Site

(2018-2020 Annual Average Deaths per 100,000 Population)

	TRHS Service Area	LA	US	HP2030
ALL CANCERS	174.5	165.7	146.5	122.7
Lung Cancer	47.4	42.0	33.4	25.1
Female Breast Cancer	21.4	22.1	19.4	15.3
Colorectal Cancer	17.1	15.5	13.1	8.9
Prostate Cancer	15.2	19.5	18.5	16.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Cancer Incidence

"Incidence rate" or "case rate" is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year.

The highest cancer incidence rates are for prostate cancer and female breast cancer.

BENCHMARK

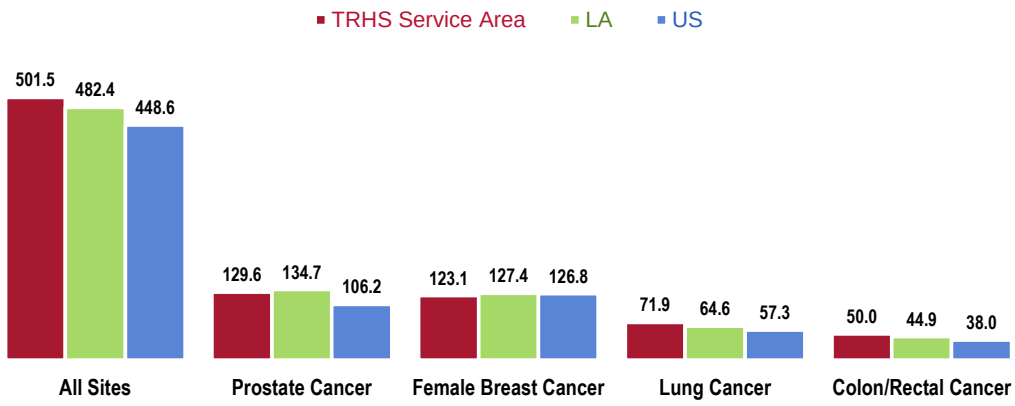
Prostate Cancer ► Higher than the national rate.

Lung Cancer ► Higher than the national rate.

Colorectal Cancer ► Higher than the national rate.

Cancer Incidence Rates by Site

(Annual Average Age-Adjusted Incidence per 100,000 Population, 2014-2018)



Sources:
- State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

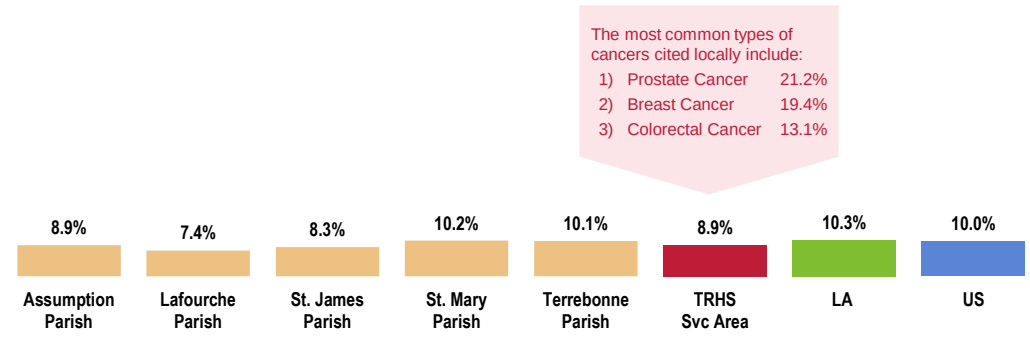
Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important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

Prevalence of Cancer

A total of 8.9% of surveyed TRHS Service Area adults report having ever been diagnosed with cancer. The most common types include prostate cancer, breast cancer, and colorectal cancer.

DISPARITY ► Especially high among those age 65 and older. Also higher among White respondents.

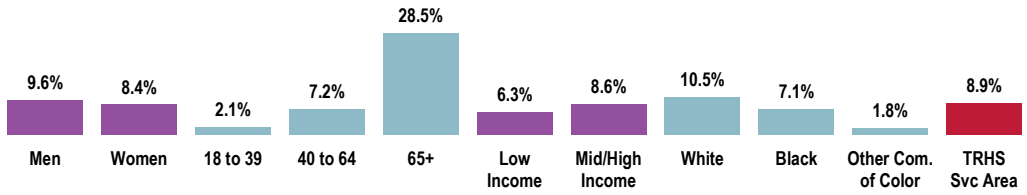
Prevalence of Cancer



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 25-26]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): BRFSYR Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Reflects all respondents.

Prevalence of Cancer
(TRHS Service Area, 2022)



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 25]

Notes:
- Reflects all respondents.

RELATED ISSUE
See also *Nutrition, Physical Activity & Weight* 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); and colorectal cancer (colonoscopy/sigmoidoscopy and fecal occult blood testing).

FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women aged 50 to 74 years.

CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.

– 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.

Among TRHS Service Area women age 50-74, 78.1% have had a mammogram within the past 2 years.

"Appropriate cervical cancer screening" includes Pap smear testing (cervical cytology) every three years in women age 21 to 65.

Among TRHS Service Area women age 21 to 65, 69.7% have had appropriate cervical cancer screening.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

TREND ► Marks a significant decrease since 2018.

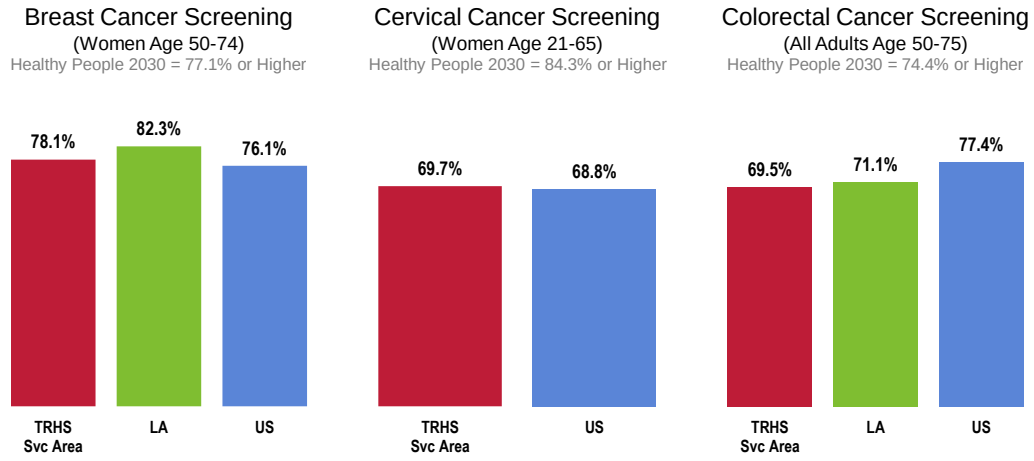
"Appropriate colorectal cancer screening" includes a fecal occult blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

Among all adults age 50-75, 69.5% have had appropriate colorectal cancer screening.

BENCHMARK ► Lower than found across the US. Fails to satisfy the Healthy People 2030 objective.

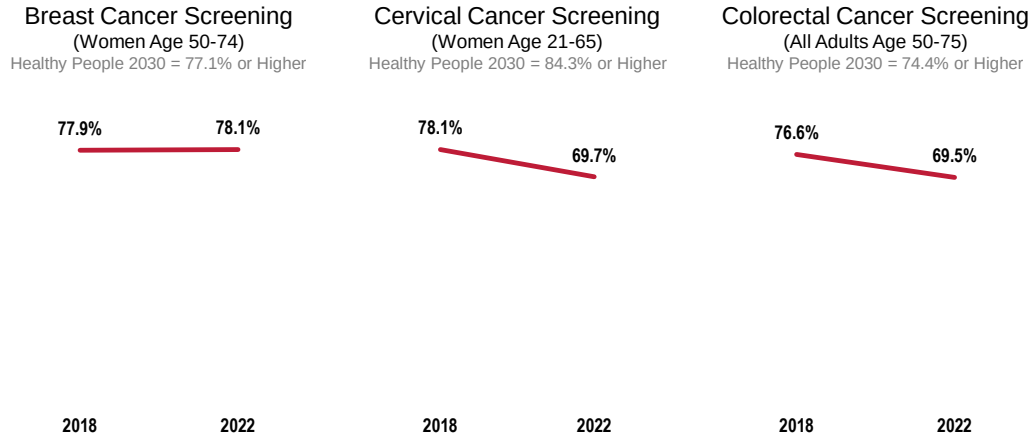
TREND ► Denotes a significant decrease since 2018.

DISPARITY ► Lowest in Lafourche Parish (not shown)



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 116-118]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): BRFSYR Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Each indicator is shown among the gender and/or age group specified.

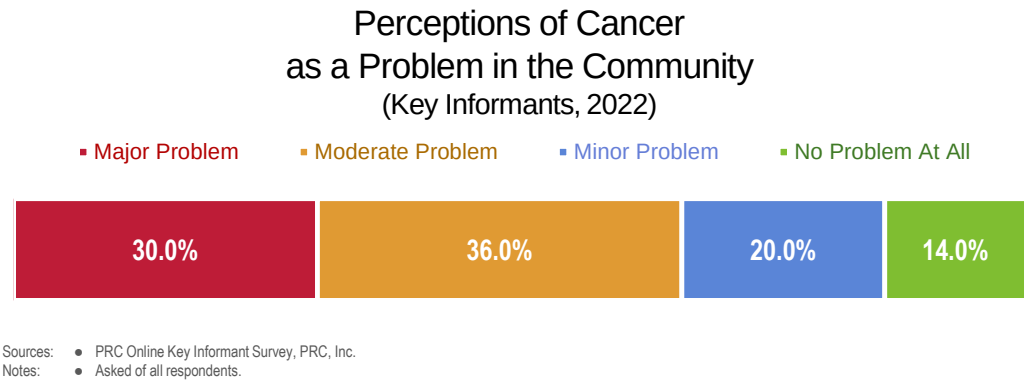


Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 116-118]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Each indicator is shown among the gender and/or age group specified.

Key Informant Input: Cancer

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



Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

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

Incidence/Prevalence

> High cancer rates. – Community Leader – Terrebonne Parish
>
> This area has a large percentage of cancer patients. – Community Leader – Terrebonne Parish
>
> Based on statistics of the parish. – Community Leader – Lafourche Parish
>
> High rate of breast, lung, and colon cancer. – Physician – Lafourche Parish
>
> The rate of people who have experienced cancer. – Community Leader – Lafourche Parish
>
> I think cancer is a problem in all communities. Fortunately, we have an amazing cancer center to address the issues for patients and families. – Community Leader – Lafourche Parish
>
> High number of residents that suffer with cancer. – Community Leader – Assumption Parish
>
> Cancer is very common in Lafourche Parish. A good bit of folks travel to MD Anderson for treatment in lieu of staying local. – Community Leader – Lafourche Parish
>
> Number of affected and limitations in treatment locally. – Physician – Lafourche Parish

Access to Care/Services

> Lack of a true cancer center. – Physician – Lafourche Parish

Awareness/Education

> People are not aware early enough to combat the disease. – Social Services Provider – Lafourche Parish

Environmental Contributors

> The location of our area in relation to the chemical plants and other hazards. – Community Leader – Lafourche Parish

RESPIRATORY DISEASE (INCLUDING COVID-19)

ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. …More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

Interventions tailored to at-risk groups can also help prevent and treat other respiratory diseases — for example, pneumonia in older adults and pneumoconiosis in coal miners. And increasing lung cancer screening rates can help reduce deaths from lung cancer through early detection and treatment.

– Healthy People 2030 (https://health.gov/healthypeople)

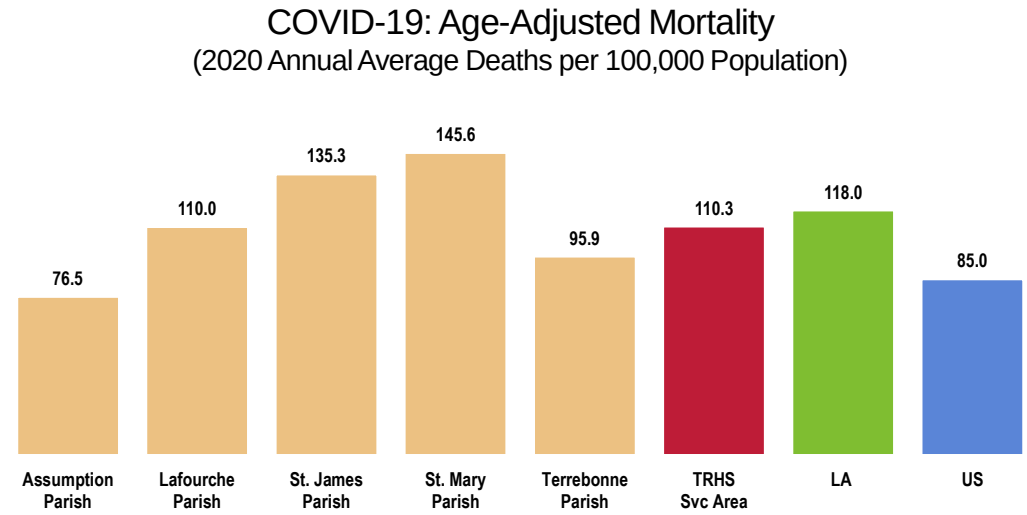
Age-Adjusted Respiratory Disease Deaths

Coronavirus Disease (COVID-19) Deaths

In 2020, the TRHS Service Area reported an annual average age-adjusted Coronavirus Disease/COVID-19 mortality rate of 110.3 deaths per 100,000 population.

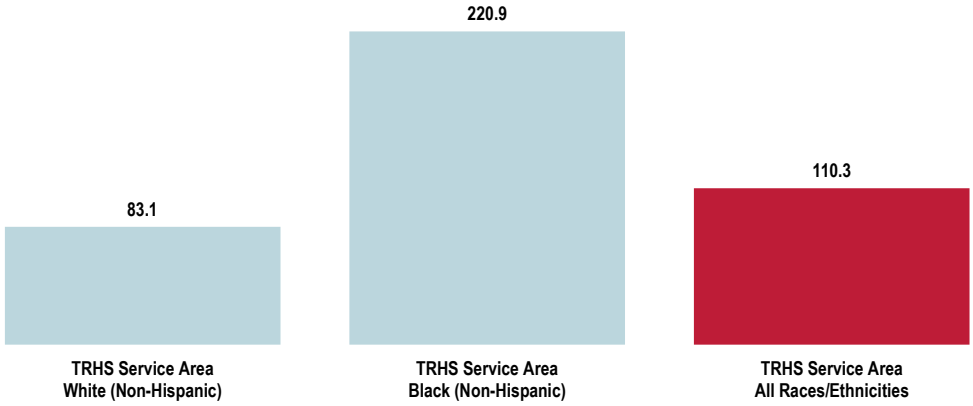
BENCHMARK ► Significantly worse than the national rate.

DISPARITY ► Particularly high in St. James and St. Mary parishes. Considerably higher among Black residents than among White residents.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

COVID-19: Age-Adjusted Mortality by Race
(2020 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 June 2022.

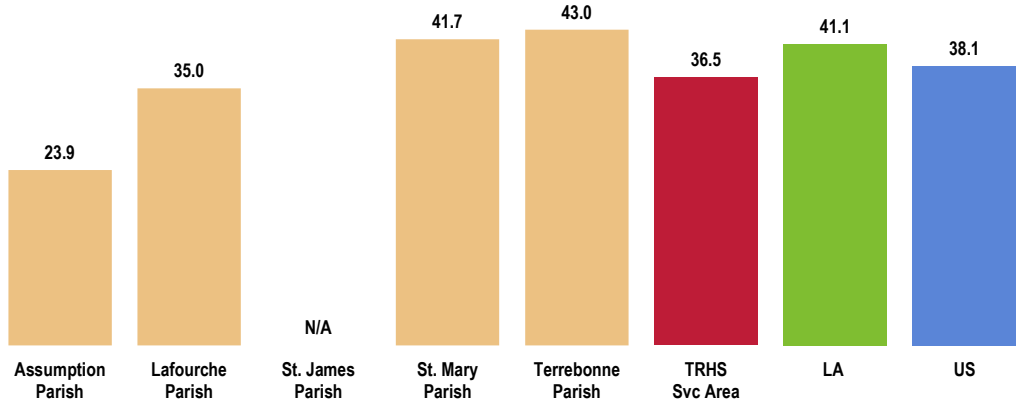
Chronic Lower Respiratory Disease Deaths (CLRD)

Note: Chronic lower respiratory disease (CLRD) includes lung diseases such as emphysema, chronic bronchitis, and asthma.

Between 2018 and 2020, there was an annual average age-adjusted CLRD mortality rate of 36.5 deaths per 100,000 population in the TRHS Service Area.

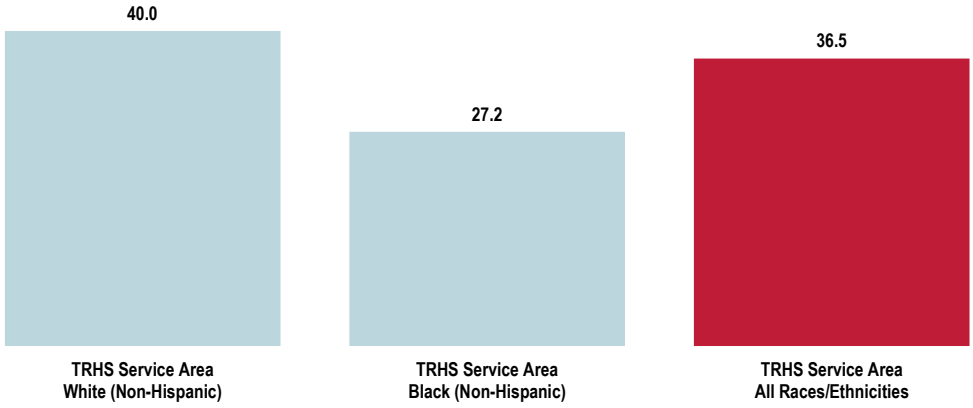
DISPARITY ► Lowest in Assumption Parish. Higher among White residents than among Black residents.

CLRD: Age-Adjusted Mortality
(2018-2020 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 June 2022.
Notes: • CLRD is chronic lower respiratory disease.

CLRD: Age-Adjusted Mortality by Race
(2018-2020 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 June 2022.
Notes: ● CLRD is chronic lower respiratory disease.

CLRD: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
TRHS Svc Area	40.8	41.8	42.1	35.7	37.1	39.1	39.5	36.5
LA	44.4	45.8	45.3	43.9	44.3	44.2	42.8	41.1
US	46.5	46.2	41.8	41.3	41.0	40.4	39.6	38.1

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
Notes: ● CLRD is chronic lower respiratory disease.

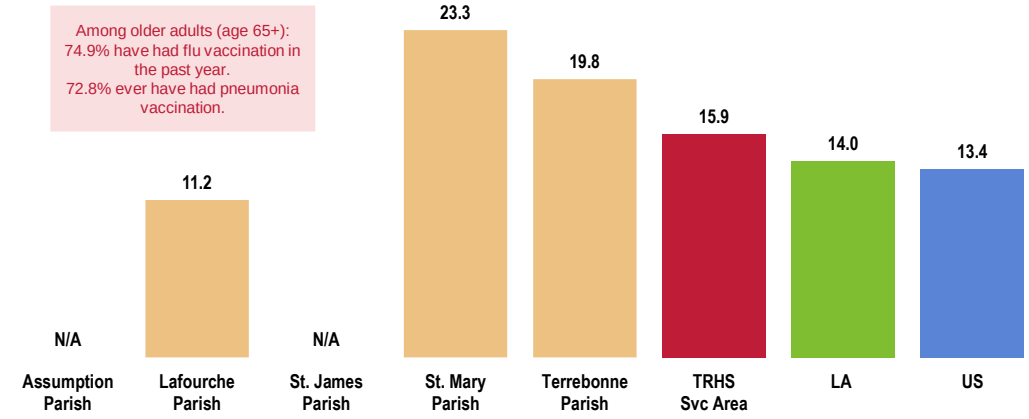
Pneumonia/Influenza Deaths

Between 2018 and 2020, the TRHS Service Area reported an annual average age-adjusted pneumonia influenza mortality rate of 15.9 deaths per 100,000 population.

BENCHMARK ► Worse than the national rate.

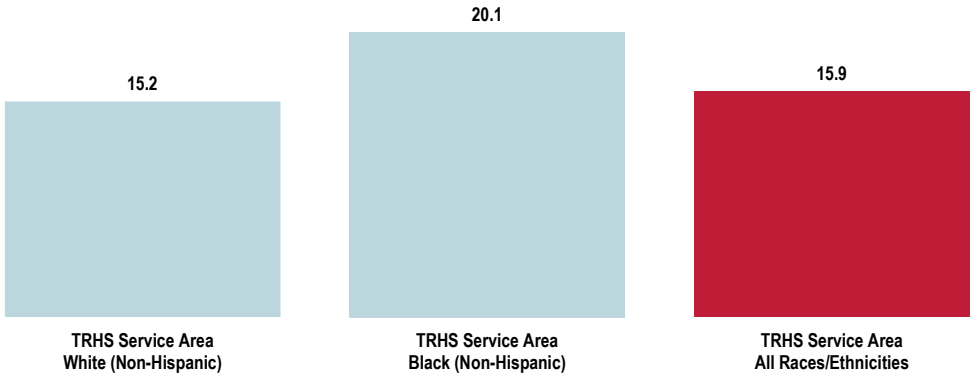
DISPARITY ► Highest in St. Mary Parish. Higher among Black residents than among White residents.

Pneumonia/Influenza: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 124, 338]
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

Pneumonia/Influenza: Age-Adjusted Mortality by Race
(2018-2020 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 June 2022.

Pneumonia/Influenza: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
TRHS Svc Area	14.9	14.9	16.6	15.1	14.4	13.5	13.9	15.9
LA	18.3	17.9	17.1	15.7	14.9	15.0	14.3	14.0
US	16.9	16.8	15.4	14.6	14.3	14.2	13.8	13.4

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

ABOUT INFLUENZA & PNEUMONIA

Influenza (flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. Some people, such as older people, young children, and people with certain health conditions, are at high risk of serious flu complications. There are two main types of influenza (flu) virus: Types A and B. The influenza A and B viruses that routinely spread in people (human influenza viruses) are responsible for seasonal flu epidemics each year. The best way to prevent flu is by getting vaccinated each year.

Pneumonia is an infection of the lungs that can cause mild to severe illness in people of all ages. Depending on the cause, doctors often treat pneumonia with medicine. In addition, vaccines can prevent some types of pneumonia. However, it is still the leading infectious cause of death in children younger than 5 years old worldwide. Common signs of pneumonia include cough, fever, and difficulty breathing. You can help prevent pneumonia and other respiratory infections by following good hygiene practices. These practices include washing your hands regularly and disinfecting frequently touched surfaces. Making healthy choices, like quitting smoking and managing ongoing medical conditions, can also help prevent pneumonia.

Vaccines help prevent pneumococcal disease, which is any type of illness caused by *Streptococcus pneumoniae* bacteria.

– Centers for Disease Control and Prevention (CDC – www.cdc.gov)

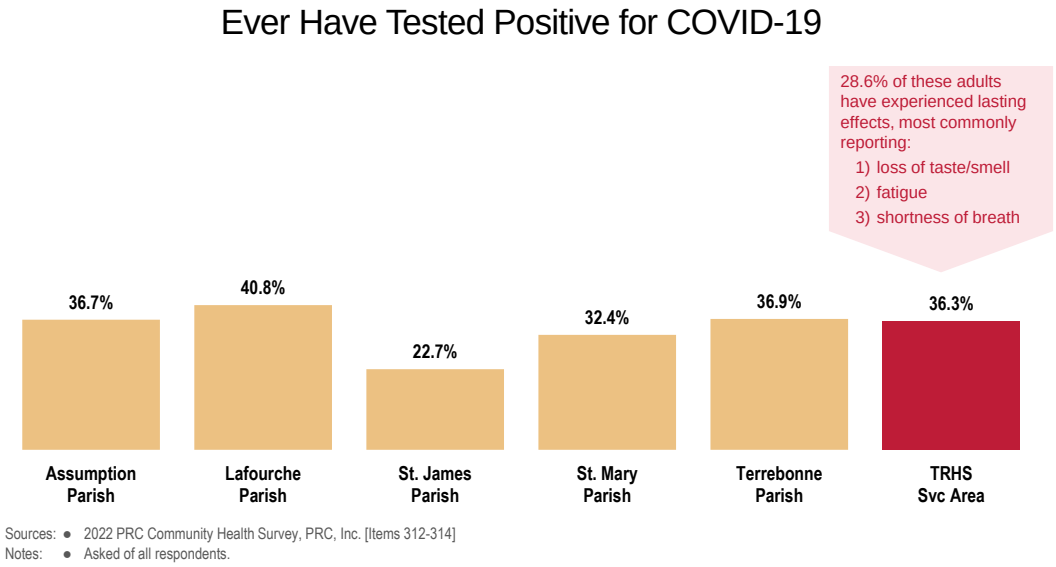
Prevalence of Respiratory Disease

Coronavirus Disease (COVID-19)

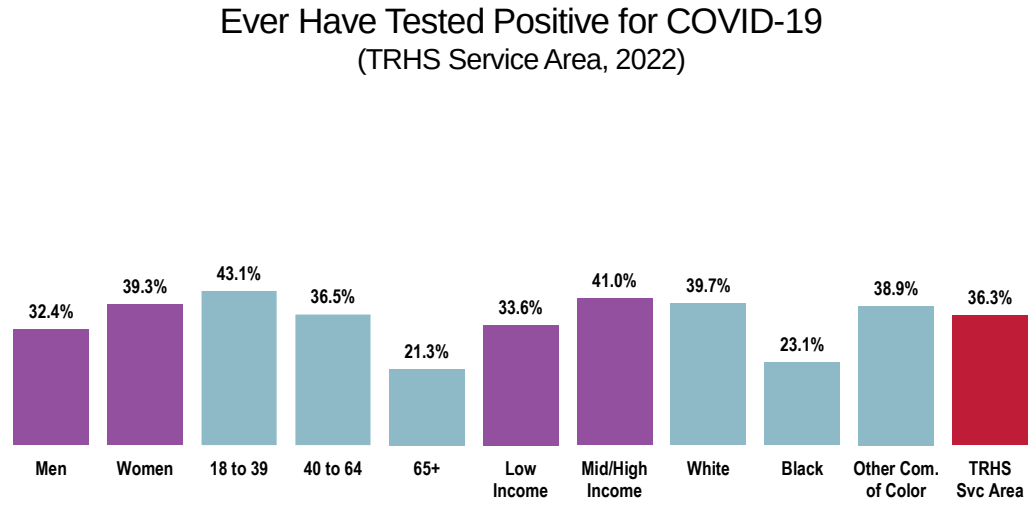
Past Diagnoses

More than one-third (36.3%) of area adults report that they have tested positive for COVID-19 at some time in the past.

DISPARITY ► Lowest in St. James Parish. More often reported among younger adults, White respondents, and respondents designated as other communities of color.



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Items 312-314]
Notes: ● Asked of all respondents.



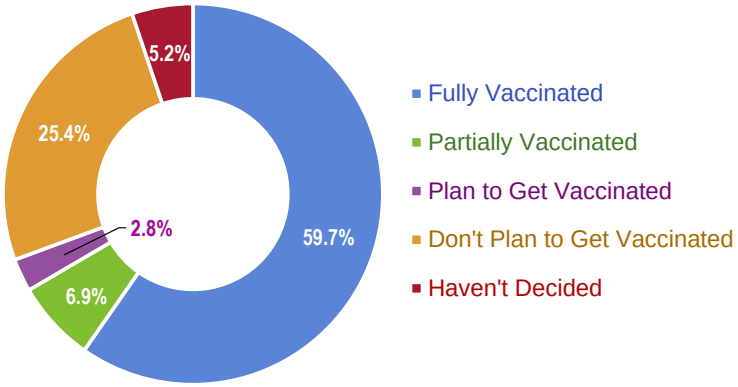
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 312]
Notes: ● Asked of all respondents.

Vaccination

Two-thirds of TRHS Service Area adults (66.6%) report being fully or partially vaccinated against COVID-19.

Prevalence of COVID-19 Vaccination
(Total Area, 2022)

Among unvaccinated respondents, the main reasons given included:
- Safety/trust (42.4%)
- No need/don't want (39.3%)
- Uncertain (6.0%)
- Personal beliefs (4.7%)
- Already had COVID (4.2%)
- Haven't Decided Yet (1.7%)
- Dr. Recommendation (1.1%)
- Lack of transportation (0.3%)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 310–311]
Notes: • Asked of all respondents.

Asthma Prevalence

Adults

A total of 11.4% of TRHS Service Area adults currently suffer from asthma.

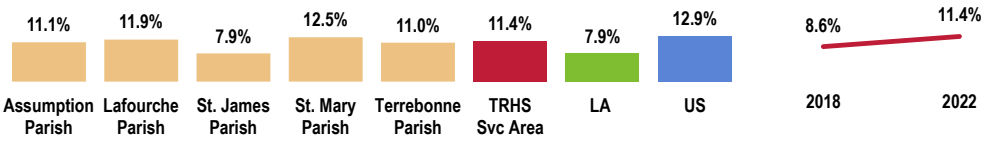
Survey respondents were asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

BENCHMARK ► Less favorable than found statewide.

DISPARITY ► More often reported among women and among White respondents.

Prevalence of Asthma

TRHS Service Area



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 119]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): BRFSYR Louisiana data.
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Includes those who have ever been diagnosed with asthma and report that they still have asthma.

Prevalence of Asthma
(TRHS Service Area, 2022)

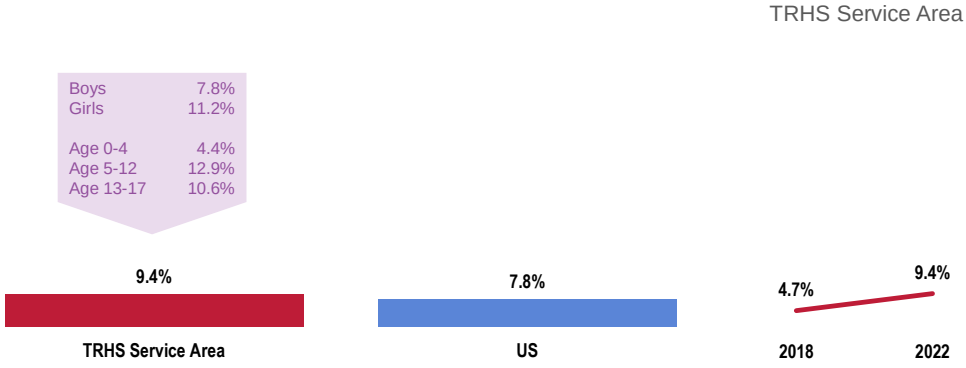
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 119]

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

Children

Among TRHS Service Area children under age 18, 9.4% currently have asthma.

Prevalence of Asthma in Children
(Parents of Children Age 0-17)



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 120]
- 2020 PRC National Health Survey, PRC, Inc.

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

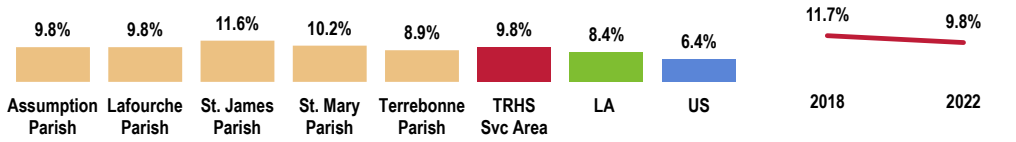
Chronic Obstructive Pulmonary Disease (COPD) Prevalence

Note: COPD includes lung diseases such as emphysema and chronic bronchitis.

A total of 9.8% of TRHS Service Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

BENCHMARK ► Worse than the national percentage.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



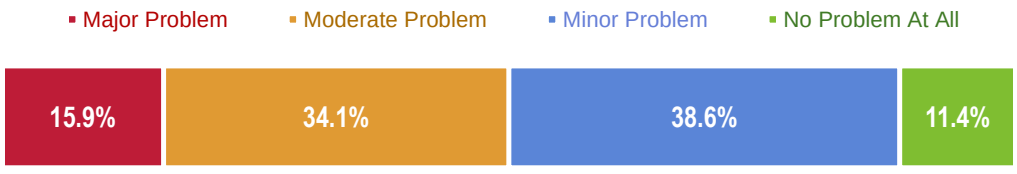
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 23]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): BRFSYR Louisiana data.
- 2020 PRC National Health Survey, PRC, 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

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

Perceptions of Respiratory Diseases as a Problem in the Community
(Key Informants, 2022)



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

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

Tobacco Use

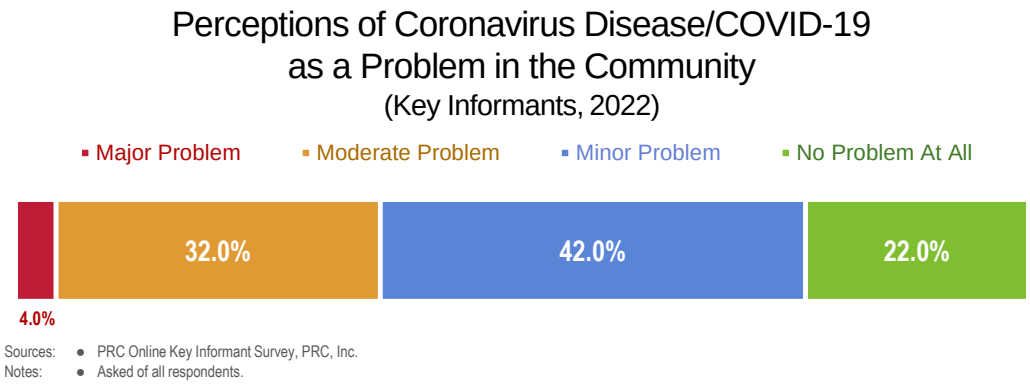
> We have a high percentage of smokers and vapers. We must change the bad habitats/addictions our community has towards cigarettes, vape pens, and other such items. – Community Leader – Terrebonne Parish
>
> Smoking is still a major issue for our region. – Community Leader – Terrebonne Parish
>
> Many residents in the area have a smoking problem and have been smoking for most of their lifetime. – Social Services Provider – Lafourche Parish
>
> Between smoking, secondhand smoke, environmental and occupational exposures, there is a large burden of respiratory disease. – Physician – Assumption Parish
>
> Smoking and vaping. – Community Leader – Lafourche Parish

Incidence/Prevalence

> COPD and asthma have a high incidence in our community. Many patients are not managed by a pulmonologist until they are end stage. – Physician – Lafourche Parish
>
> Chronic respiratory disease is prominent in region given careers of many of the local residents. Long wait times to see pulmonary physicians and lack of PCPs treating respiratory disease. – Physician – Lafourche Parish

Key Informant Input: Coronavirus Disease/COVID-19

Key informants taking part in an online survey generally characterized *Coronavirus Disease/COVID-19* as a “minor problem” in the community.



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

Vaccination Rates

> The vaccination rate is low and the knowledge regarding reducing risk factors is low. – Social Services Provider – Terrebonne Parish
>
> The vaccination rate, to me, in the area is very low. – Social Services Provider – Lafourche Parish

INJURY & VIOLENCE

ABOUT INJURY & VIOLENCE

INJURY ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. …Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. …Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

– Healthy People 2030 (https://health.gov/healthypeople)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

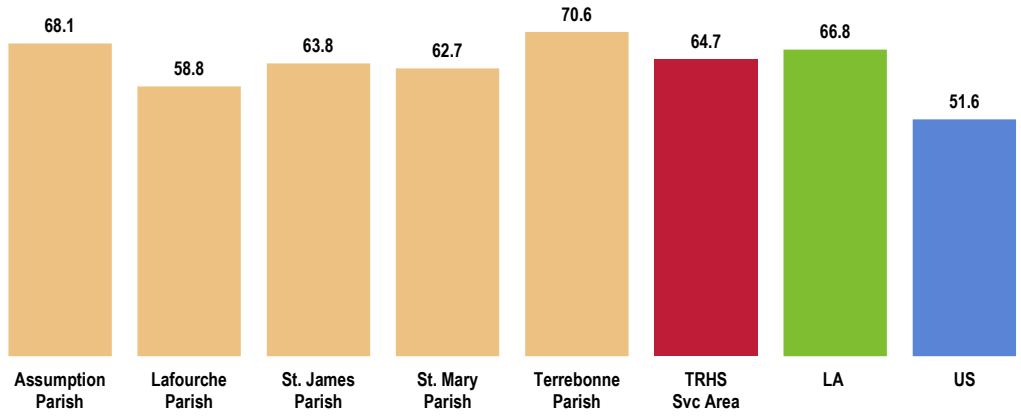
Between 2018 and 2020, there was an annual average age-adjusted unintentional injury mortality rate of 64.7 deaths per 100,000 population in the TRHS Service Area.

BENCHMARK ► Higher than the national rate. Fails to satisfy the Healthy People 2030 objective.

Unintentional Injuries: Age-Adjusted Mortality

(2018-2020 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 43.2 or Lower

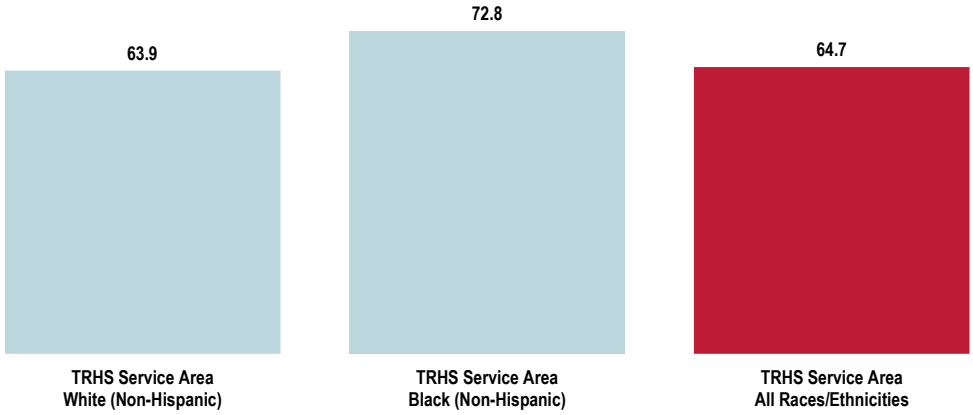


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Unintentional Injuries: Age-Adjusted Mortality by Race

(2018-2020 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 43.2 or Lower

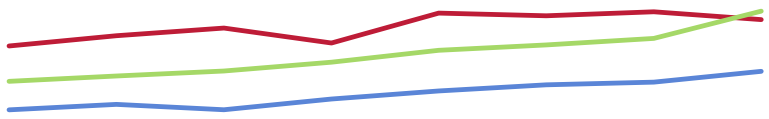


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Unintentional Injuries: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 43.2 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
TRHS Svc Area	58.0	60.6	62.5	58.8	66.3	65.6	66.7	64.7
LA	49.1	50.4	51.7	54.0	57.0	58.3	60.0	66.8
US	41.9	43.3	41.9	44.6	46.7	48.3	48.9	51.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

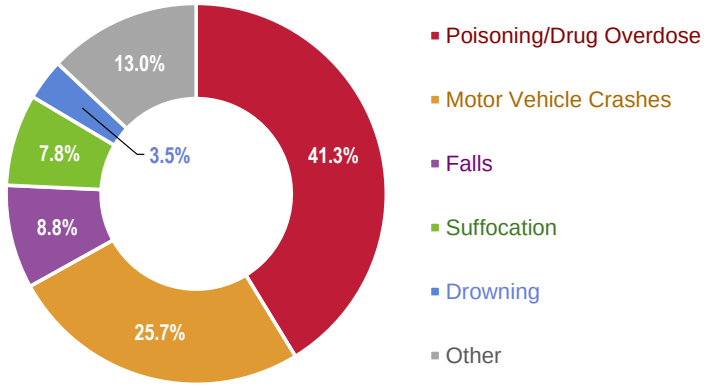
Leading Causes of Unintentional Injury Deaths

RELATED ISSUE
For more information about unintentional drug-related deaths, see also *Substance Abuse* in the **Modifiable Health Risks** section of this report.

Poisoning (including unintentional drug overdose), motor vehicle crashes, falls, suffocation, and drowning accounted for most unintentional injury deaths in the TRHS Service Area between 2018 and 2020.

Leading Causes of Unintentional Injury Deaths

(TRHS Service Area, 2018-2020)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

Falls

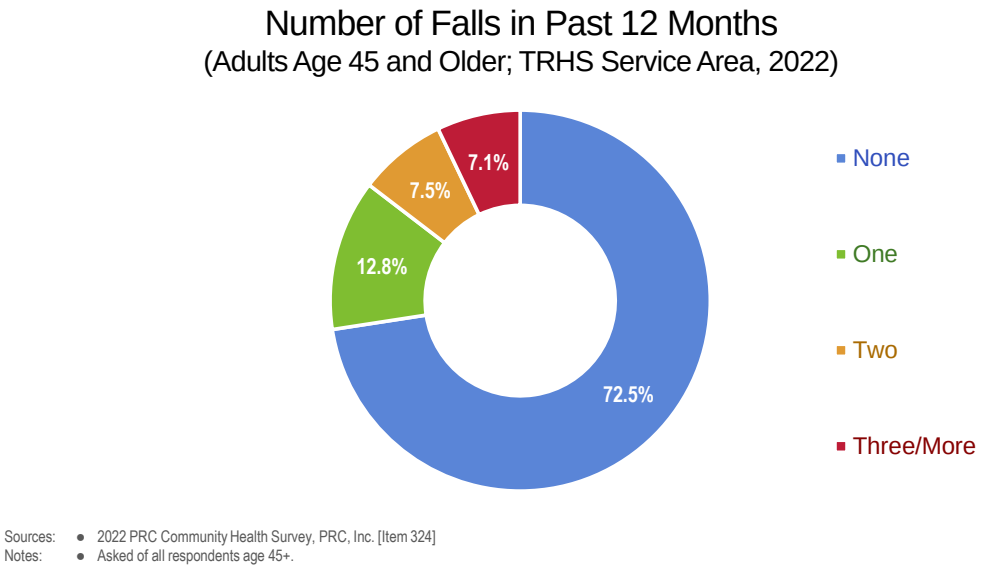
ABOUT FALLS

Falls are the leading cause of fatal and nonfatal injuries for persons aged ≥65 years …. 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.

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 TRHS Service Area adults age 45 and older, most have not fallen in the past year.

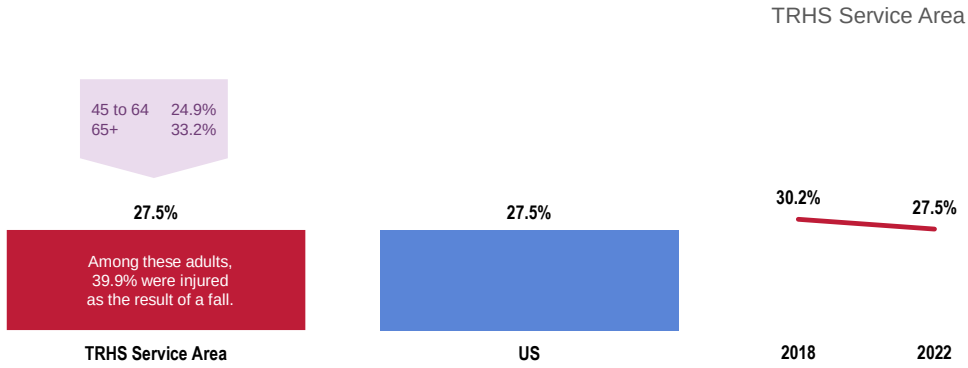


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 324]
Notes: • Asked of all respondents age 45+.

However, 27.5% have experienced a fall at least once in the past year.

DISPARITY ► More often reported among adults age 65+.

Fell One or More Times in the Past Year
(Adults Age 45 and Older)



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Items 324-325]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of those respondents age 45 and older.

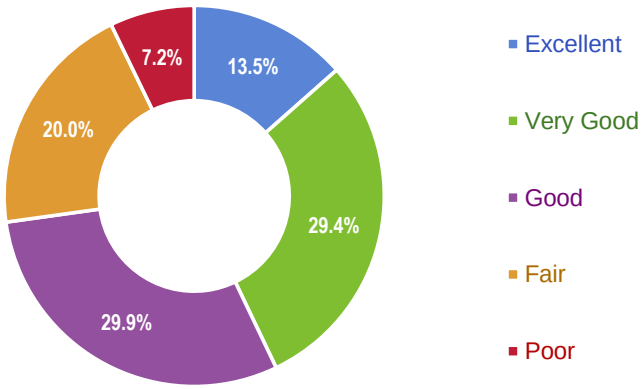
Disaster Preparedness

Perceived Community Preparedness

Most TRHS Service Area adults rate their community's disaster preparedness favorably (responding "excellent," "very good," or "good").

"Overall, how would you rate the community's preparedness and services related to natural disasters, such as hurricanes and flooding? Would you say: Excellent, Very Good, Good, Fair, or Poor?"

Rating of Community Preparedness for Natural Disasters
(TRHS Service Area, 2022)

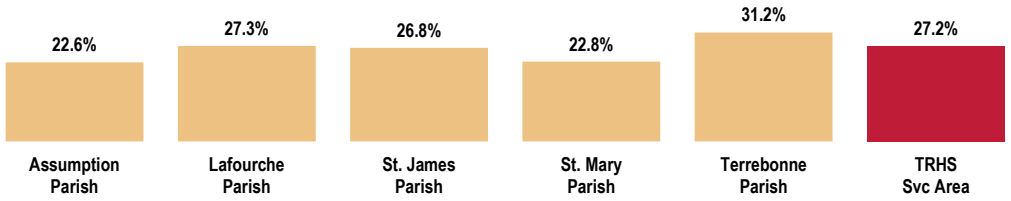


Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 327]
Notes: ● Asked of all respondents.

However, 27.2% consider it to be "fair" or "poor."

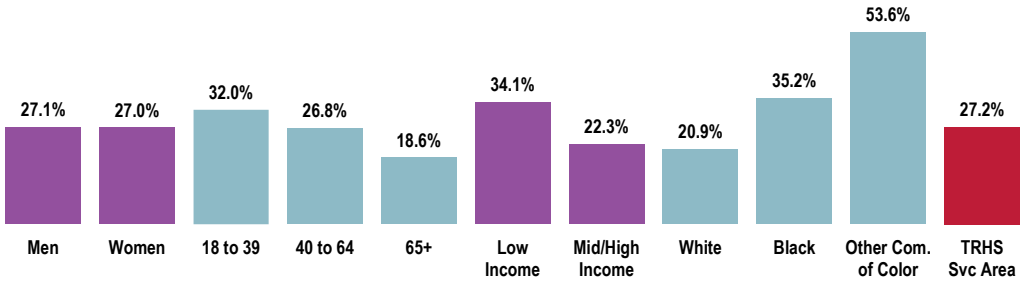
DISPARITY ► Those more likely to give "fair" or "poor" ratings include adults younger than 65, lower-income adults, and communities of color (including Black respondents).

Community Preparedness for Natural Disasters is "Fair/Poor"



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 327]
Notes: ● Asked of all respondents.

Community Preparedness for Natural Disasters is "Fair/Poor"
(TRHS Service Area, 2022)



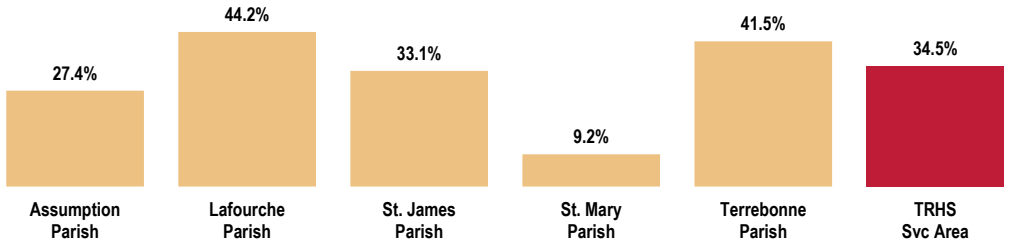
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 327]
Notes: ● Asked of all respondents.

Emergency Housing Displacement

Because of an emergency, more than one-third (34.5%) of TRHS Service Area adults have had to live with a friend or relative within the past two years.

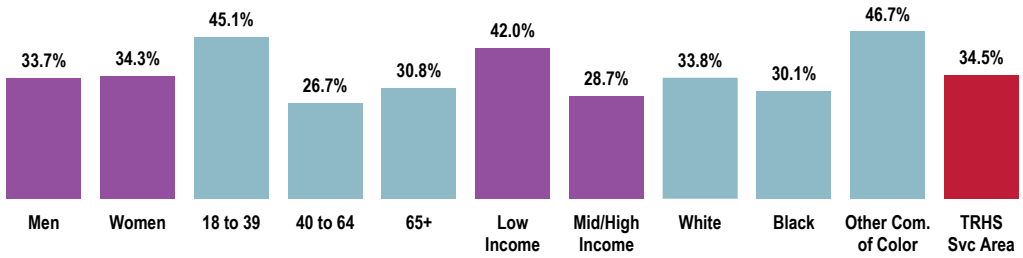
DISPARITY ► Lowest in St. Mary Parish; highest in Lafourche and Terrebonne parishes. More often reported among adults age 18 to 39, lower-income residents, and respondents of other communities of color.

Experienced Emergency Displacement from Home in the Past Two Years



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 328]
Notes: ● Asked of all respondents.

Experienced Emergency Displacement from Home in the Past Two Years
(TRHS Service Area, 2022)



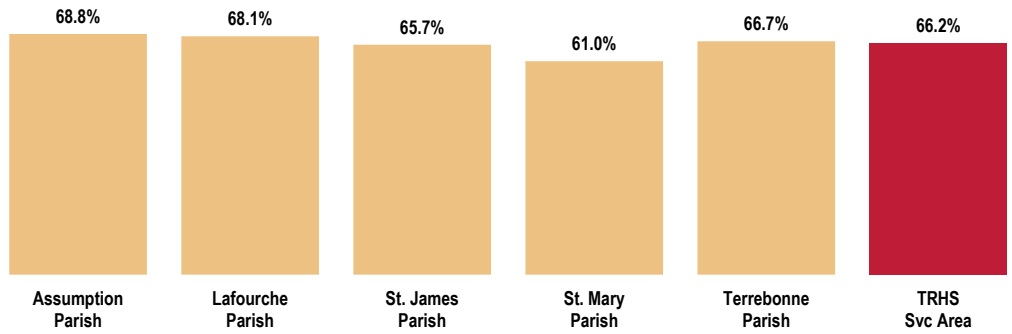
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 328]
Notes: ● Asked of all respondents.

Emergency Kits

Two-thirds (66.2%) of area adults report that their family has an emergency kit that includes enough water, food, and basic supplies to last three to seven days.

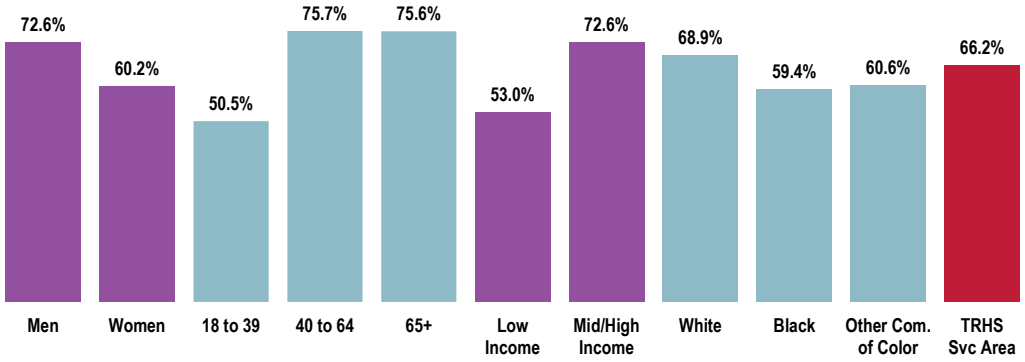
DISPARITY ► Those less likely to have a kit include women, young adults, lower-income respondents, and communities of color.

Family Has Emergency Kit with Water/Food/Basic Supplies to Last 3 to 7 Days



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 329]
Notes: ● Asked of all respondents.

Family Has Emergency Kit with Water/Food/Basic Supplies to Last 3 to 7 Days
(TRHS Service Area, 2022)



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 329]
Notes: ● Asked of all respondents.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

In the TRHS Service Area, there were 11.6 homicides per 100,000 population (2018-2020 annual average age-adjusted rate).

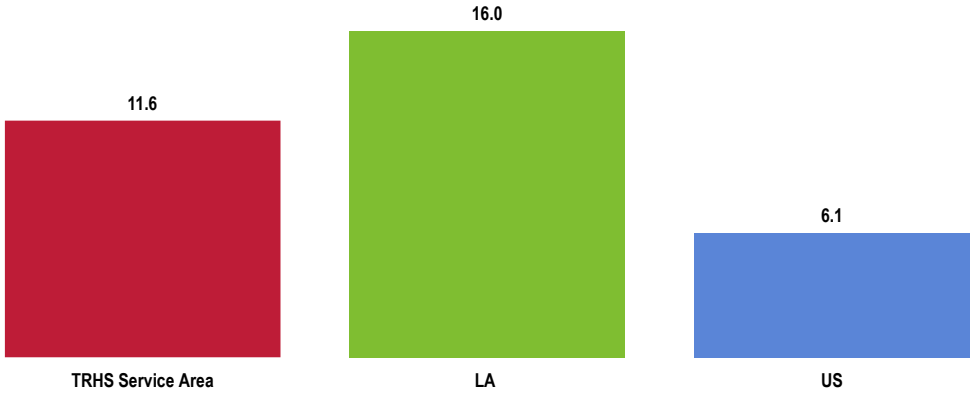
RELATED ISSUE
See also *Mental Health (Suicide)* in the **General Health Status** section of this report.

BENCHMARK ► Better than the statewide rate bur worse than the national rate. Fails to satisfy the Healthy People 2030 objective.

TREND ► Increasing significantly to the highest level recorded within the service area in the past decade.

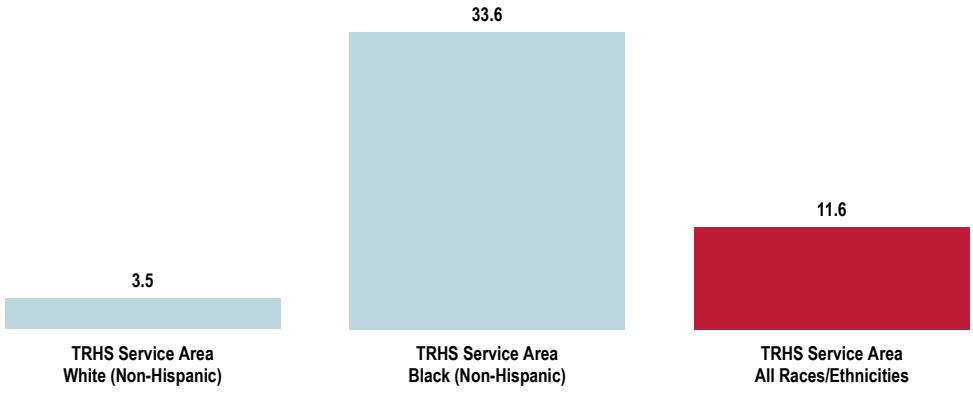
DISPARITY ► Considerably higher among Black residents than among White residents.

Homicide: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 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 June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Homicide: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 5.5 or Lower

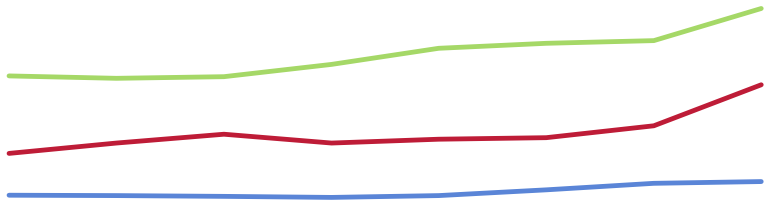


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Homicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 5.5 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
TRHS Svc Area	7.7	8.3	8.8	8.3	8.5	8.6	9.3	11.6
LA	12.1	12.0	12.1	12.8	13.7	14.0	14.1	16.0
US	5.4	5.3	5.3	5.2	5.3	5.7	6.0	6.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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.

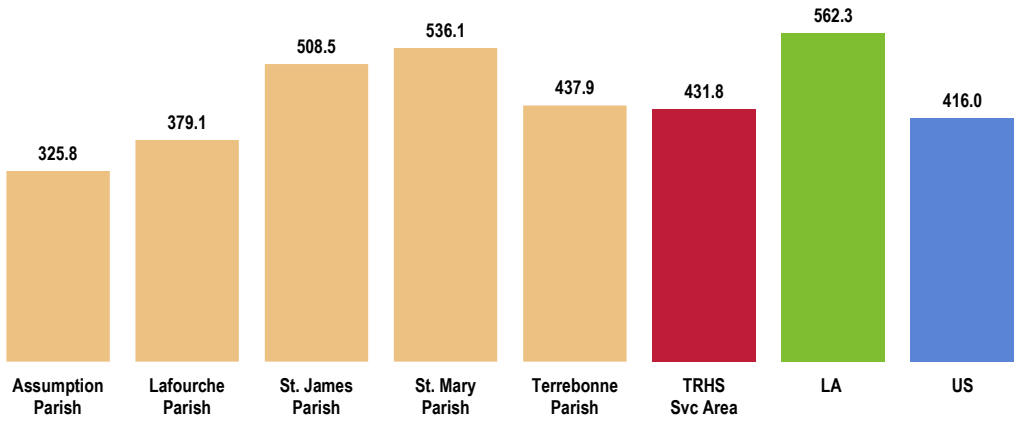
Between 2014 and 2016, there were a reported 431.8 violent crimes per 100,000 population in the TRHS Service Area.

BENCHMARK ► Lower than found across the state.

DISPARITY ► Highest in St. Mary Parish.

Violent Crime

(Rate per 100,000 Population, 2014-2016)



Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.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.

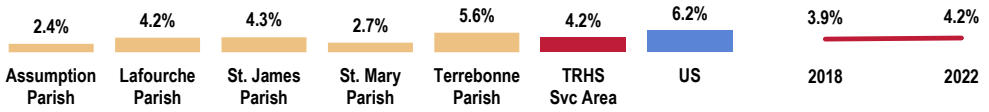
Community Violence

A total of 4.2% of surveyed TRHS Service Area adults acknowledge being the victim of a violent crime in the area in the past five years.

DISPARITY ► More often reported among young adults than among adults age 40+.

Victim of a Violent Crime in the Past Five Years

TRHS Service Area



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 38]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Victim of a Violent Crime in the Past Five Years
(TRHS Service Area, 2022)

Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 38]
Notes: ● Asked of all respondents.

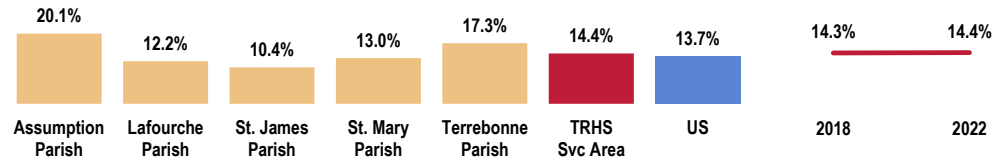
Family Violence

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."

A total of 14.4% of TRHS Service Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

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

TRHS Service Area

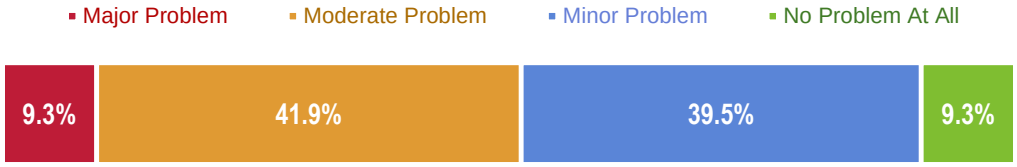


Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 39]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Injury & Violence

Key informants taking part in an online survey most often characterized *Injury & Violence* as a "moderate problem" in the community.

Perceptions of Injury and Violence as a Problem in the Community
(Key Informants, 2022)



Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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

Access to Care/Services

> Lack of trauma services available. – Other Health Provider – Lafourche Parish
>
> With major injury and violence, there is no trauma center available to care for the injuries. Extensive injuries, gunshot wounds, etc., is a time-sensitive issue. The majority of all these patients have to go to New Orleans trauma center, which is too far away for the patients. This does affect their outcomes. Also, it is extremely inconvenient for families and loved ones when patient is in New Orleans. – Other Health Provider – Lafourche Parish

Due to COVID-19

> Seen and heard of uptick since lockdown and COVID. – Community Leader – Terrebonne Parish

Access to Guns

> It's too easy to get guns. There are a lot of people that have psychological issues that own guns. I believe social media as well as TV promote showing negative things to get ratings versus positive things. – Other Health Provider – Lafourche Parish

Incidence/Prevalence

> Interpersonal violence, including domestic and sexual violence, are a widespread issue in our community. – Social Services Provider – Terrebonne Parish

DIABETES

ABOUT DIABETES

More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. …Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

– Healthy People 2030 (https://health.gov/healthypeople)

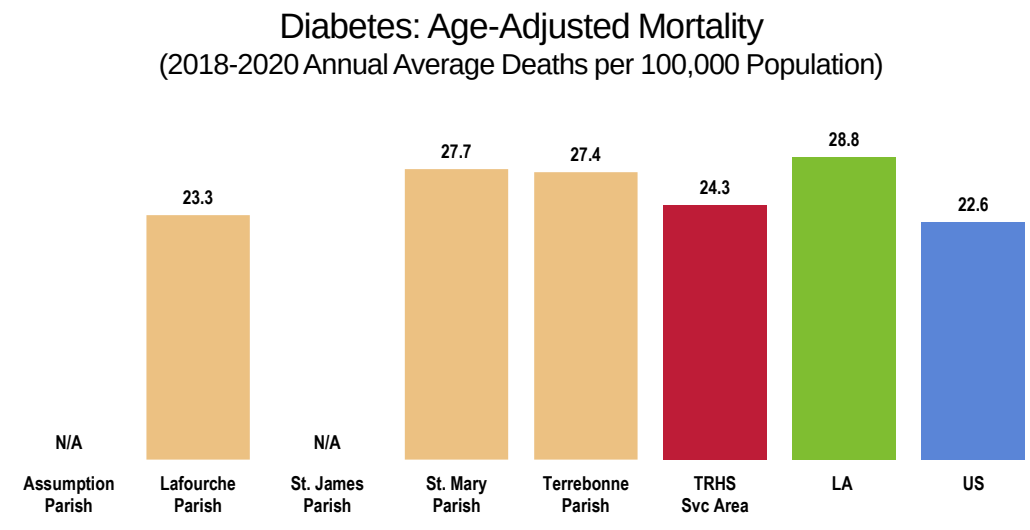
Age-Adjusted Diabetes Deaths

Between 2018 and 2020, there was an annual average age-adjusted diabetes mortality rate of 24.3 deaths per 100,000 population in the TRHS Service Area.

BENCHMARK ► More favorable than found statewide.

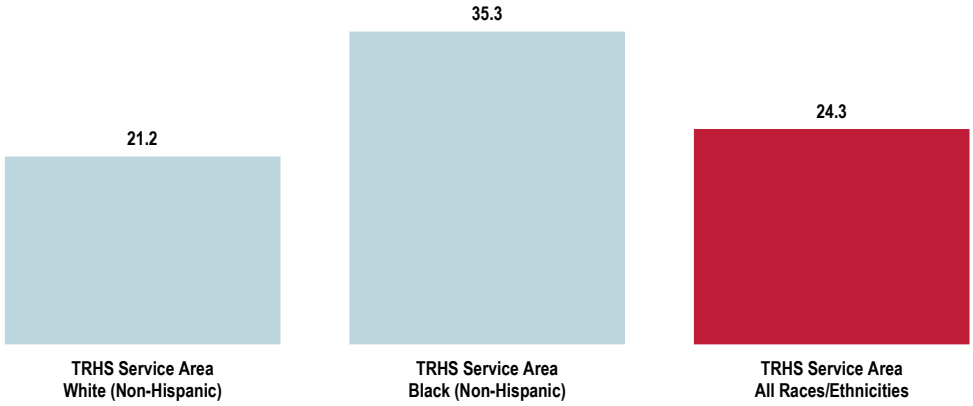
TREND ► Decreasing significantly to the lowest level recorded within the service area in the past decade.

DISPARITY ► Lowest in Lafourche Parish. Higher among Black residents than among White residents.



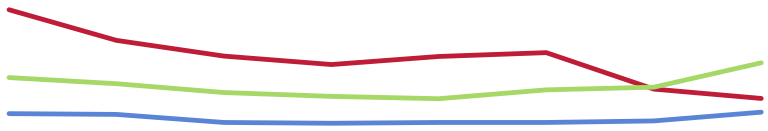
Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

Diabetes: Age-Adjusted Mortality by Race
(2018-2020 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 June 2022.

Diabetes: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
TRHS Svc Area	35.5	31.7	29.7	28.6	29.6	30.1	25.5	24.3
LA	27.0	26.2	25.1	24.6	24.3	25.4	25.8	28.8
US	22.4	22.3	21.3	21.2	21.3	21.3	21.5	22.6

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

Prevalence of Diabetes

Adults

A total of 17.9% of TRHS Service Area adults report having been diagnosed with diabetes.

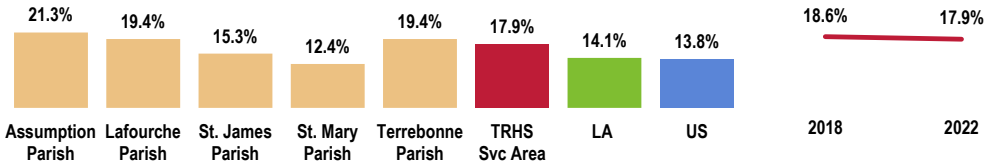
BENCHMARK ► More favorable than found across the state and nation.

DISPARITY ► Lowest in St. Mary Parish. Note the positive correlation with age.

Prevalence of Diabetes

Another 8.6% of adults have been diagnosed with "pre-diabetes" or "borderline" diabetes.

TRHS Service Area

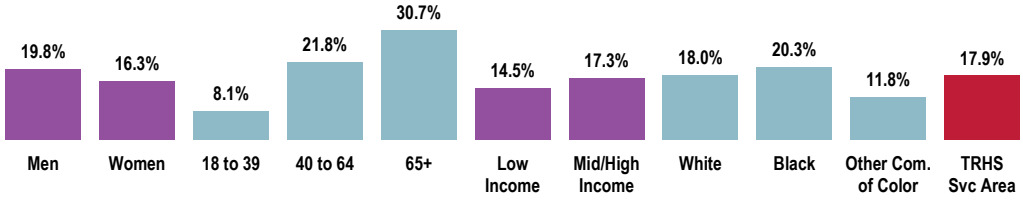


Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 121]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): BRFSYR Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents. Excludes gestational diabetes (occurring only during pregnancy).

Prevalence of Diabetes
(TRHS Service Area, 2022)

Note that among adults who have not been diagnosed with diabetes, 44.2% report having had their blood sugar level tested within the past three years.



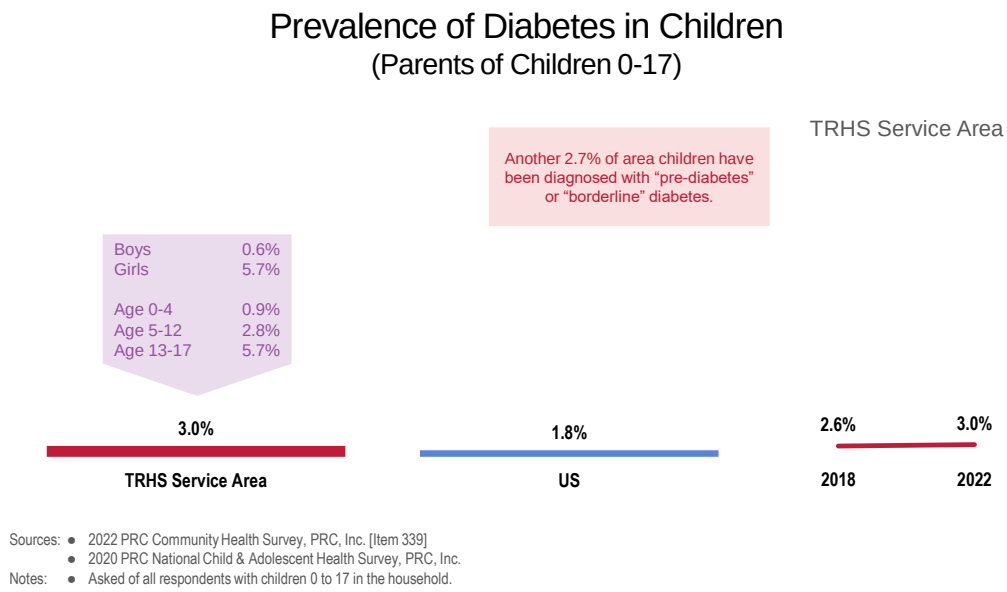
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 33, 121]

Notes:
- Asked of all respondents. Excludes gestational diabetes (occurring only during pregnancy).

Children

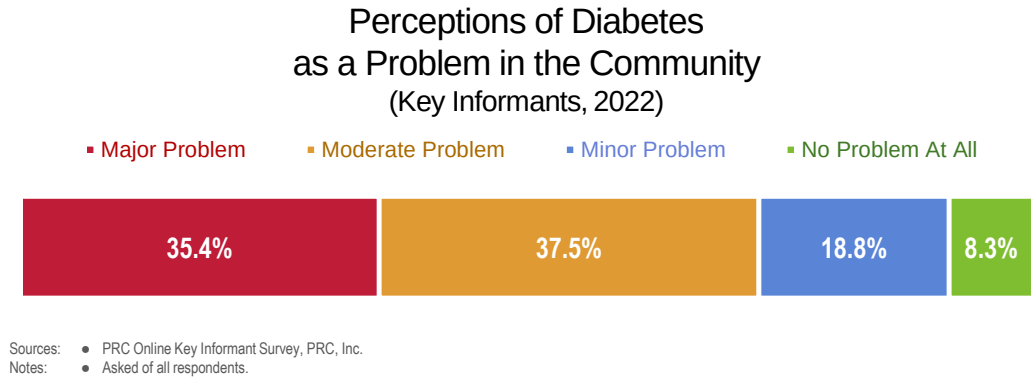
Among surveyed parents, 3.0% report their child (age 0-17) has been diagnosed with diabetes.

DISPARITY ► More prevalent among girls than boys.



Key Informant Input: Diabetes

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



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

Nutrition

> Better options at the grocery store. More than one kind of grocery store, such as a Whole Foods. Rouses should not be the only option. – Other Health Provider – Lafourche Parish
>
> No discipline to eat correctly or exercise. People want to be healthy but won't pay the price of living correctly to become healthy. – Community Leader – Lafourche Parish
>
> Diet/lifestyle. – Physician – Lafourche Parish

Obesity

> We live in an area where obesity and type 2 diabetes are prevalent. – Community Leader – Lafourche Parish
>
> We have a large percentage of the population that is overweight. – Community Leader – Terrebonne Parish
>
> Obese. – Physician – Lafourche Parish

Awareness/Education

> Lack of resources and lack of education. – Community Leader – Lafourche Parish
>
> We have a lot of patients in the community with uncontrolled diabetes. While we offer diabetes education with medication, I believe a "WellFit" type program here would benefit our community. – Other Health Provider – Assumption Parish
>
> Lack of patient education and compliance. – Other Health Provider – Lafourche Parish

Compliance

> Noncompliance with treatment, unwillingness to change or modify lifestyle, educational/intelligence level of patients affecting understanding of disease process and necessary changes, affordability/access to treatments. – Other Health Provider – Lafourche Parish
>
> Lack of patient compliance. Lack of endocrinologists. Lack of diabetic teachers. – Physician – Lafourche Parish

Lifestyle

> Food is an integral part of culture. In particular, the food tends to be high in refined sugars and carbohydrates, saturated fats, and consumed in large portion. Thus, genetic predisposition for diabetes gets compounded by the above intake, leading to high prevalence and poor control. Financially, cost of both prevention and treatment may be difficult. Even with insurance contributions, some patients are unable to afford medications necessary to manage their blood sugar. Price of food also contributes, as most local grocery stores' prices run higher than in urban areas, further limiting consumption of fresher foods. – Physician – Assumption Parish
>
> People's "want" to be healthy. We have a wonderful wellness center, but how do we get people to engage in it? – Community Leader – Lafourche Parish

Access to Care/Services

> Adequate access to specialist for higher level management of diabetes. We should have comprehensive clinics that can initiate, track, and change insulin for diabetic patients. We should be incorporating high-level technological advances to improve outcomes. – Physician – Lafourche Parish

Diagnosis/Treatment

> Medical screening and the cost of medicine. – Social Services Provider – Lafourche Parish

Lack of Providers

> We have few endocrinologists in the parish. – Physician – Lafourche Parish

KIDNEY DISEASE

ABOUT KIDNEY DISEASE

More than 1 in 7 adults in the United States may have chronic kidney disease (CKD), with higher rates in low-income and racial/ethnic minority groups. And most people with CKD don't know they have it. …People with CKD are more likely to have heart disease and stroke — and to die early. Managing risk factors like diabetes and high blood pressure can help prevent or delay CKD. Strategies to make sure more people with CKD are diagnosed early can help people get the treatment they need.

Recommended tests can help identify people with CKD to make sure they get treatments and education that may help prevent or delay kidney failure and end-stage kidney disease (ESKD). In addition, strategies to make sure more people with ESKD get kidney transplants can increase survival rates and improve quality of life.

– Healthy People 2030 (https://health.gov/healthypeople)

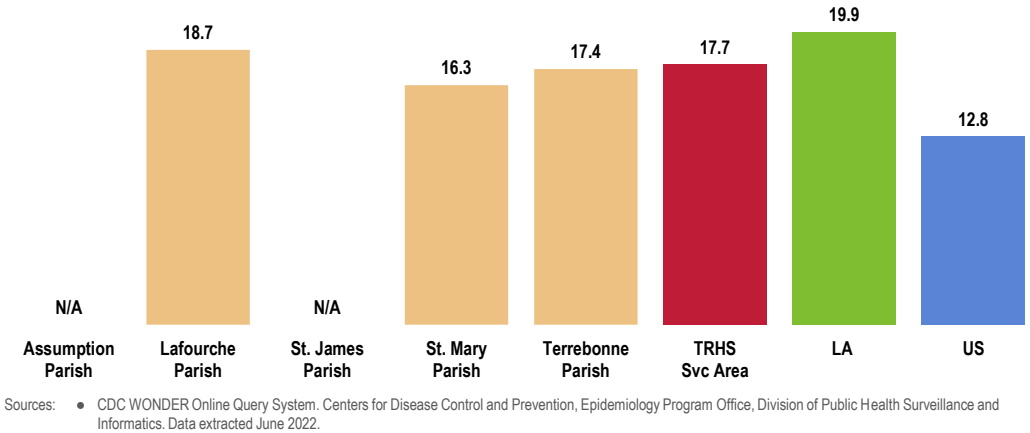
Age-Adjusted Kidney Disease Deaths

Between 2018 and 2020, there was an annual average age-adjusted kidney disease mortality rate of 17.7 deaths per 100,000 population in the TRHS Service Area.

BENCHMARK ► Worse than the national rate.

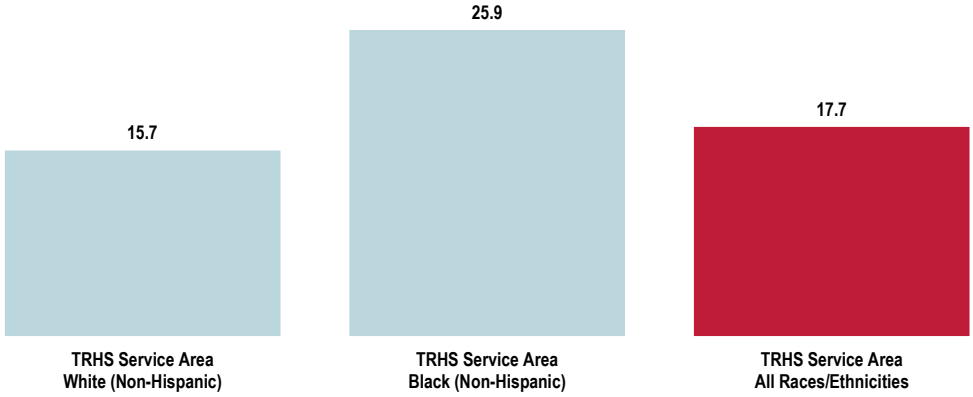
TREND ► Decreasing significantly to the lowest level recorded within the service area in the past decade.

DISPARITY ► Higher among Black residents than among White residents.



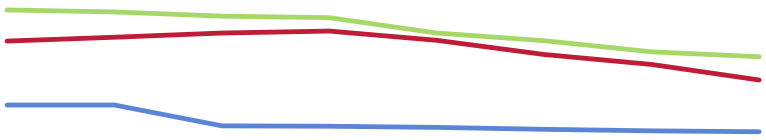
Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

Kidney Disease: Age-Adjusted Mortality by Race
(2018-2020 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 June 2022.

Kidney Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
TRHS Svc Area	21.4	21.7	22.1	22.3	21.4	20.1	19.1	17.7
LA	24.3	24.1	23.7	23.6	22.1	21.4	20.3	19.9
US	15.3	15.3	13.3	13.3	13.2	13.0	12.9	12.8

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

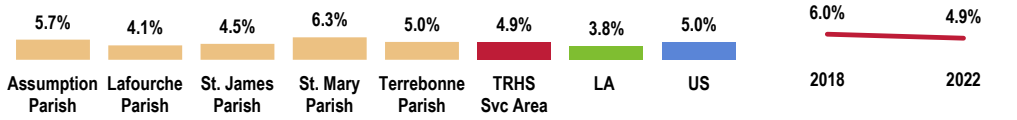
Prevalence of Kidney Disease

A total of 4.9% of TRHS Service Area adults report having been diagnosed with kidney disease.

DISPARITY ► Note the positive correlation with age, especially among those age 65+.

Prevalence of Kidney Disease

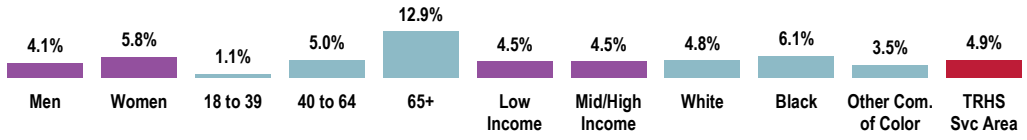
TRHS Service Area



Sources:
- 2022 PRC Community Health Survey, PRC, 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): BRFSYR Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Prevalence of Kidney Disease
(TRHS Service Area, 2022)

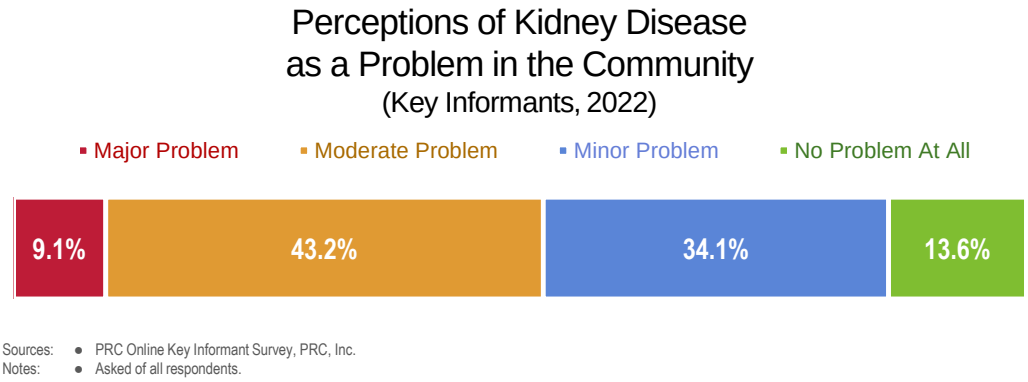


Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 24]

Notes:
- Asked of all respondents.

Key Informant Input: Kidney Disease

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



Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

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

Access to Care/Services

> Large population of ESRD and CKD. Limited nephrology coverage in the parish and surrounding parishes. – Physician – Lafourche Parish
>
> Personal experience having a family member on hemodialysis leads one to believe there is a monopoly on hemodialysis providers/services in our area who determine if they will accept a patient in the dialysis center or not and spread the word very fast to deny services to certain individuals. This requires individuals with a restricted income having to drive to Kenner three times a week for dialysis with rising gas prices occurring every day. – Community Leader – Lafourche Parish

Incidence/Prevalence

> We have lots of people with kidney disease. – Community Leader – Terrebonne Parish

SEPTICEMIA

ABOUT SEPSIS

Sepsis is the body's extreme response to an infection. It is a life-threatening medical emergency. Sepsis happens when an infection you already have —in your skin, lungs, urinary tract, or somewhere else—triggers a chain reaction throughout your body. Without timely treatment, sepsis can rapidly lead to tissue damage, organ failure, and death.

When germs get into a person's body, they can cause an infection. If that infection isn't stopped, it can cause sepsis. Anyone can get an infection and almost any infection can lead to sepsis. Certain people are at higher risk:

- Adults 65 or older
- People with chronic medical conditions, such as diabetes, lung disease, cancer, and kidney disease
- People with weakened immune systems
- Children younger than one

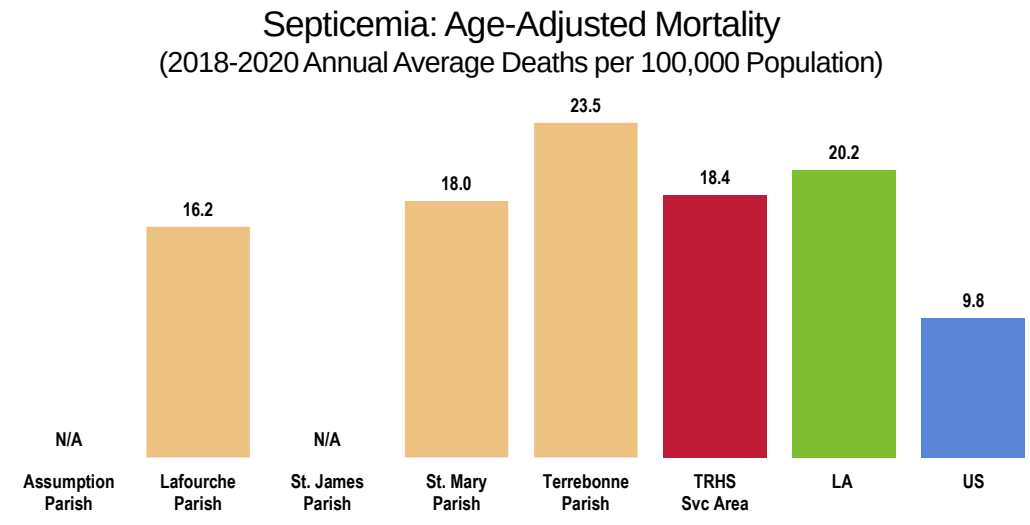
– Centers for Disease Control (https://www.cdc.gov/sepsis/what-is-sepsis.html)

Age-Adjusted Septicemia Deaths

Between 2018 and 2020, the TRHS Service Area reported an annual average age-adjusted septicemia mortality rate of 18.4 deaths per 100,000 population.

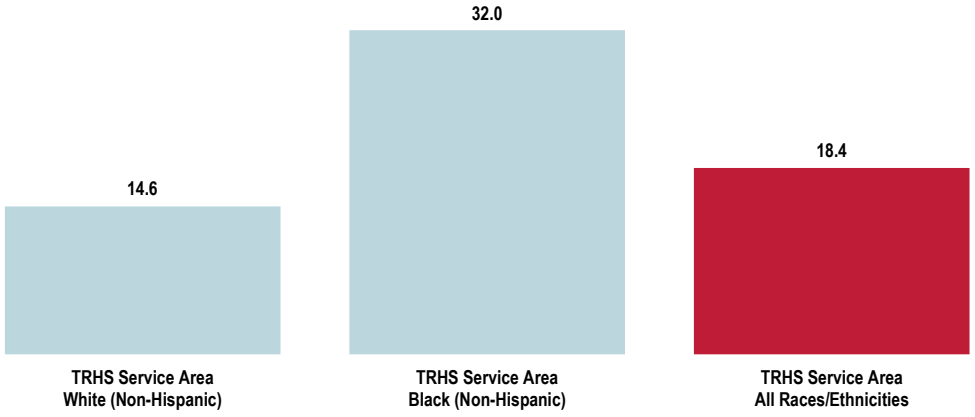
BENCHMARK ► Worse than the US rate.

DISPARITY ► Highest in Terrebonne Parish. Higher among Black residents than among White residents.



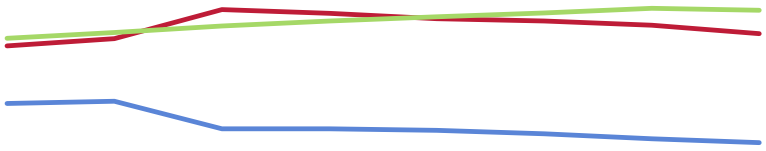
Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

Septicemia: Age-Adjusted Mortality by Race
(2018-2020 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 June 2022.

Septicemia: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
TRHS Svc Area	17.4	18.0	20.3	20.0	19.6	19.4	19.1	18.4
LA	18.0	18.5	19.0	19.4	19.7	20.0	20.4	20.2
US	12.9	13.1	10.9	10.9	10.8	10.5	10.1	9.8

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

POTENTIALLY DISABLING CONDITIONS

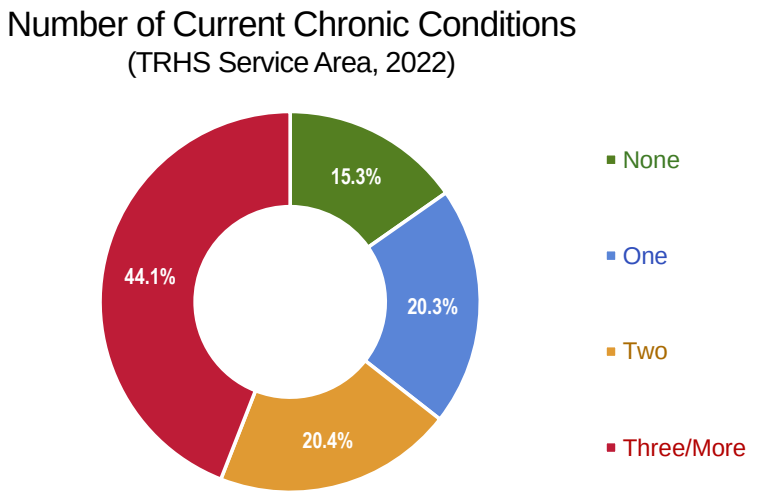
Multiple Chronic Conditions

For the purposes of this assessment, chronic conditions include:

- Arthritis
- Asthma
- Cancer
- Chronic pain
- Diabetes
- Diagnosed depression
- Heart attack/angina
- High blood cholesterol
- High blood pressure
- Kidney disease
- Lung disease
- Obesity
- Osteoporosis
- Sciatica
- Stroke

Multiple chronic conditions are concurrent conditions.

Among TRHS Service Area survey respondents, most report currently having at least one chronic health condition.



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 123]

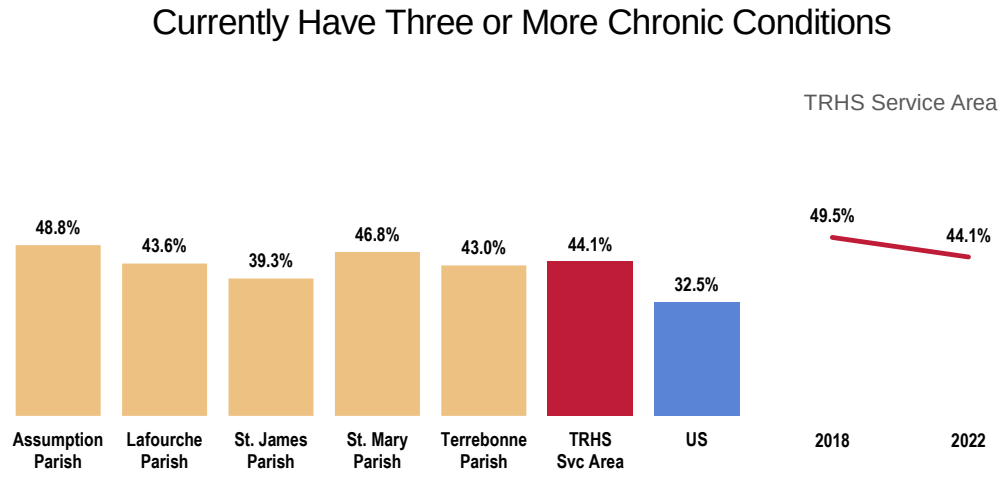
Notes:
- Asked of all respondents.
- In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, high-impact chronic pain, obesity, and/or diagnosed depression.

In fact, 44.1% of TRHS Service Area adults report having three or more chronic conditions.

BENCHMARK ► Worse than the national finding.

TREND ► Denotes a significant decrease since 2018.

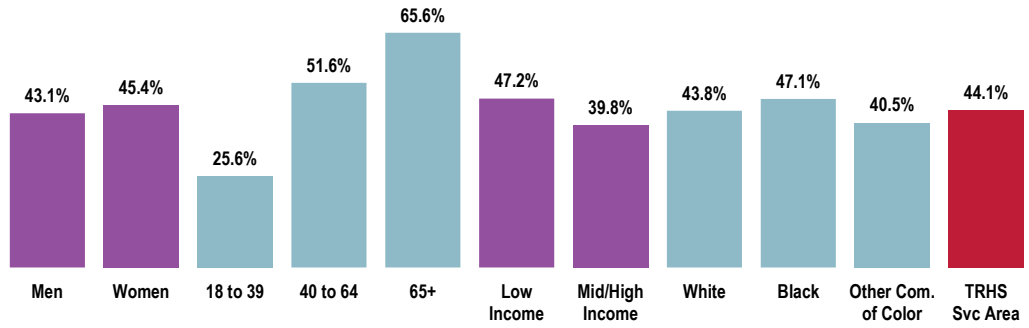
DISPARITY ► Note the positive correlation with age.



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 123]
- 2020 PRC National Health Survey, PRC, 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, high blood pressure, high blood cholesterol, diabetes, high-impact chronic pain, obesity, and/or diagnosed depression.

Currently Have Three or More Chronic Conditions
(TRHS Service Area, 2022)



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 123]

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

Activity Limitations

ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

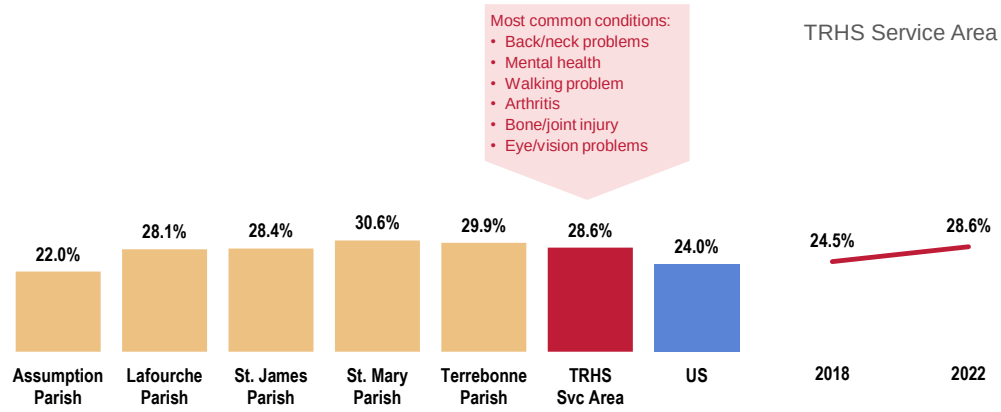
– Healthy People 2030 (https://health.gov/healthypeople)

A total of 28.6% of TRHS Service Area adults are limited in some way in some activities due to a physical, mental, or emotional problem.

BENCHMARK ► Less favorable than found across the US.

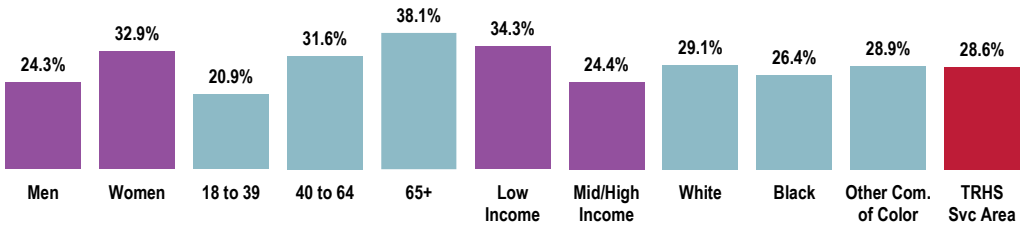
DISPARITY ► More often reported among women, adults age 40+, and lower-income adults.

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



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Items 96-97]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem
(TRHS Service Area, 2022)



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 96]
Notes: ● Asked of all respondents.

Chronic Pain

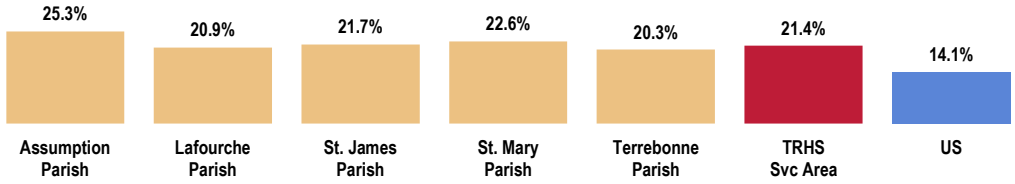
A total of 21.4% of TRHS Service Area adults experience high-impact chronic pain, meaning physical pain that has limited their life or work activities "every day" or "most days" during the past six months.

BENCHMARK ► Worse than the national percentage. Far from satisfying the Healthy People 2030 objective.

DISPARITY ► More often reported among adults age 40+ and lower-income respondents.

Experience High-Impact Chronic Pain

Healthy People 2030 = 7.0% or Lower



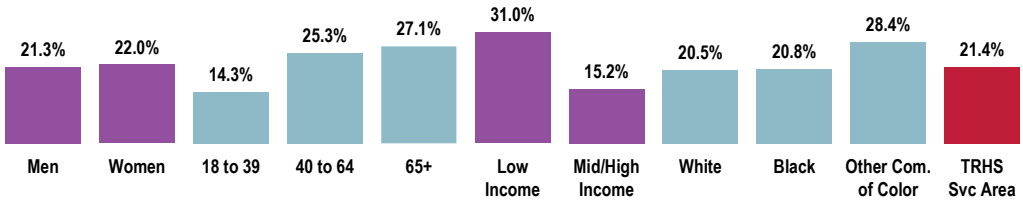
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 37]
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.
- High-impact chronic pain includes physical pain that limits life or work activities on "most days" or "every day" of the past six months.

Experience High-Impact Chronic Pain

(TRHS Service Area, 2022)

Healthy People 2030 = 7.0% or Lower



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 37]
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.
- High-impact chronic pain includes physical pain that limits life or work activities on "most days" or "every day" of the past six months.

Arthritis, Osteoporosis & Chronic Back Conditions

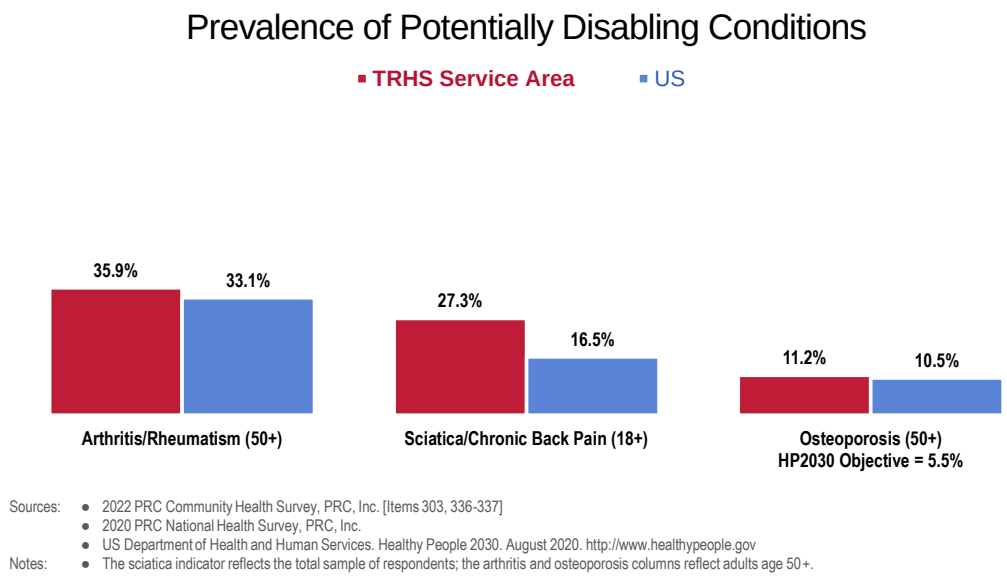
More than one-third of TRHS Service Area adults age 50 and older (35.9%) reports suffering from arthritis or rheumatism.

A total of 27.3% of TRHS Service Area adults (18 and older) suffer from chronic back pain or sciatica.

BENCHMARK ► Higher than the national percentage.

A total of 11.2% of TRHS Service Area adults age 50 and older have osteoporosis.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

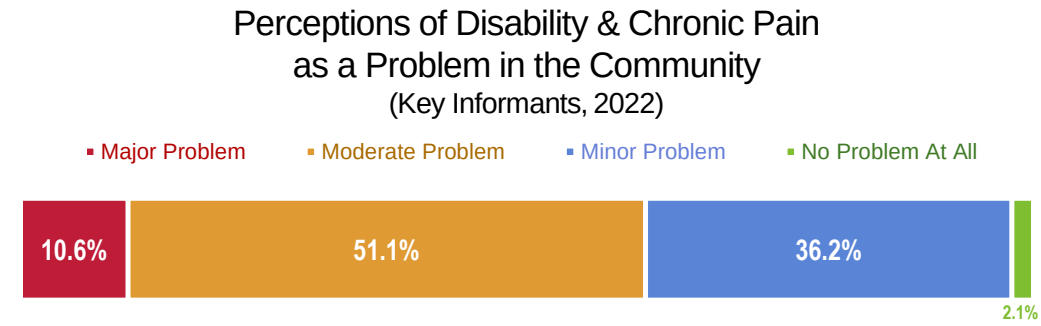


Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 303, 336-337]
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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

Key Informant Input: Disability & Chronic Pain

The greatest share of key informants taking part in an online survey characterized *Disability & Chronic Pain* as a "moderate problem" in the community.



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

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

Access for Medicaid Patients

> The population we work with are mostly on Medicaid and there are no local providers who accept Medicaid. The closest we found is in Kenner. – Social Services Provider – Lafourche Parish

Aging Population

> There is a seemingly, comparatively large group of adults less than 65 on Medicare for disability for a variety of reasons. – Physician – Assumption Parish

Diagnosis/Treatment

> Chronic pain can be treated with the right recourses available; this would reduce the use of pills for dependence. – Social Services Provider – Lafourche Parish

Access to Care

> Access to pain medicine physicians is limited to certain insurance plans due to reimbursement by the less insured. Limited number of providers willing to treat chronic pain, which in turn leads those in need to use street drugs to deal with their issues. – Physician – Lafourche Parish

Alzheimer’s Disease

ABOUT DEMENTIA

Alzheimer’s disease is the most common cause of dementia and the sixth leading cause of death in U.S. adults.1 Nearly 6 million people in the United States have Alzheimer’s, and that number will increase as the population ages.

Dementia refers to a group of symptoms that cause problems with memory, thinking, and behavior. People with dementia are more likely to be hospitalized, and dementia is linked to high health care costs.

While there’s no cure for Alzheimer’s disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address caregiving needs can also help improve health and well-being in people with dementia.

– Healthy People 2030 (https://health.gov/healthypeople)

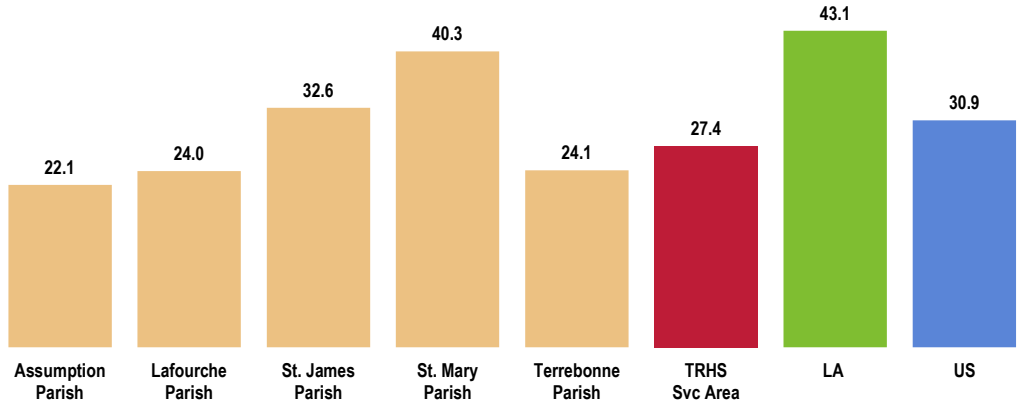
Age-Adjusted Alzheimer’s Disease Deaths

Between 2018 and 2020, there was an annual average age-adjusted Alzheimer’s disease mortality rate of 27.4 deaths per 100,000 population in the TRHS Service Area.

BENCHMARK ► More favorable than the statewide rate.

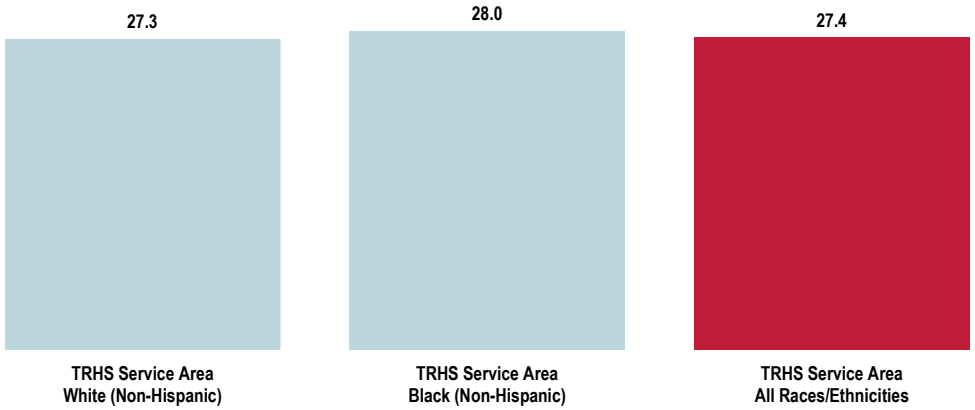
DISPARITY ► Highest in St. James and St. Mary parishes.

Alzheimer's Disease: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)



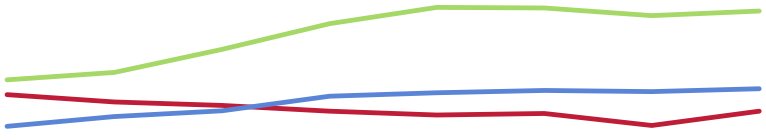
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

Alzheimer's Disease: Age-Adjusted Mortality by Race
(2018-2020 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 June 2022.

Alzheimer's Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

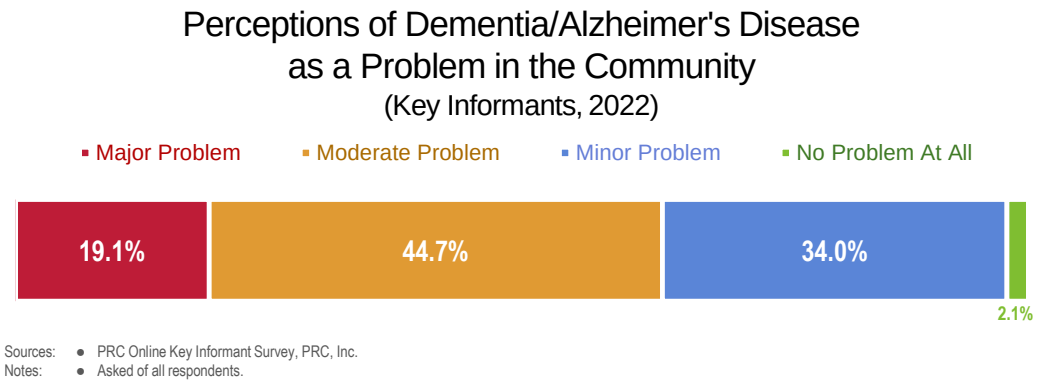


	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
TRHS Svc Area	30.0	28.8	28.3	27.3	26.8	27.0	25.1	27.4
LA	32.3	33.5	37.1	41.2	43.7	43.6	42.4	43.1
US	25.0	26.5	27.4	29.7	30.2	30.6	30.4	30.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

Key Informant Input: Dementia/Alzheimer's Disease

Key informants taking part in an online survey are most likely to consider *Dementia/ Alzheimer's Disease* as a "moderate problem" in the community.



Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

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

Follow-Up/Support

> We need more support for caregivers, respite care, awareness. More funding to help with care for families dealing with all types of dementia. It's more one-on-one care and someone with dementia can't be left alone. – Other Health Provider – Lafourche Parish

Incidence/Prevalence

> Number of patients and access to care. – Physician – Lafourche Parish

> Dementia is a growing concern due to the number of people that are diagnosed and undiagnosed. – Community Leader – Assumption Parish

Access to Care/Services

> Very little outpatient support, limited inpatient care options. – Physician – Lafourche Parish

> Very little options for caregivers to have loved ones properly cared for. Shortage of sitters in many areas, especially this one. – Community Leader – Lafourche Parish

Awareness/Education

> There are so many people who are not aware that they had symptoms. They don't know the signs or even their family members. – Social Services Provider – Lafourche Parish

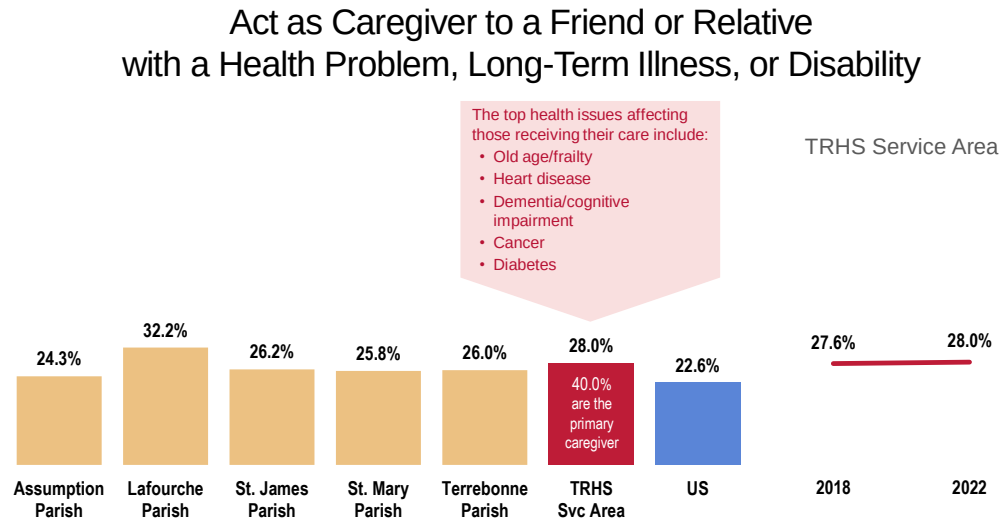
Impact on Quality of Life

> In addition to the strain it places on the patient themselves as far as decrease in quality of life, morbidity, and mortality, dementia and Alzheimer's places a great strain on family and caregivers. Adult children and spouses of demented patients lose a certain amount of personal and financial freedom as the patient declines, needing more help for ADLs. There is a single nursing home with no specific memory care area for these patients. – Physician – Assumption Parish

Caregiving

A total of 28.0% of TRHS Service Area adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

BENCHMARK ▶ Higher than the national finding.



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Items 98-99, 326]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

BIRTHS

PRENATAL CARE

ABOUT INFANT HEALTH

Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women's health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants' health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

– Healthy People 2030 (https://health.gov/healthypeople)

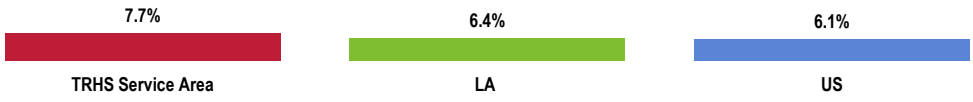
Between 2018 and 2020, 7.7% of all TRHS Service Area births did <u>not</u> receive prenatal care until the seventh month of pregnancy or at all.

BENCHMARK ► Worse than found statewide and nationally.

TREND ► Marks a significant increase within the service area over time.

Early and continuous prenatal care is the best assurance of infant health.

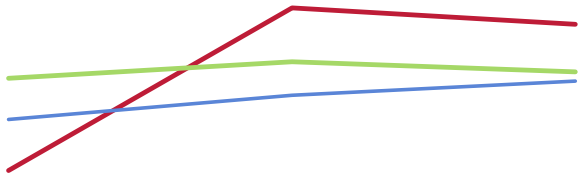
Late or No Prenatal Care (7th Month or Later)
(Percentage of Live Births, 2019)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2022.

Note: ● This indicator reports the percentage of women who do not obtain prenatal care until the seventh month of pregnancy or at all. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

Late or No Prenatal Care (7th Month or Later)
(Percentage of Live Births)



	2011-2013	2014-2016	2017-2019
TRHS Svc Area	3.6%	8.2%	7.7%
LA	6.2%	6.7%	6.4%
US	5.0%	5.7%	6.1%

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2022.

Note:
- This indicator reports the percentage of women who do not obtain prenatal care until the seventh month of pregnancy or at all. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

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.

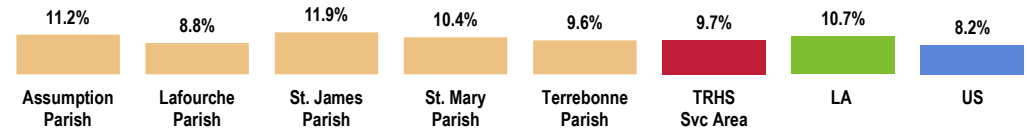
Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

A total of 9.7% of 2014-2020 TRHS Service Area births were low-weight.

BENCHMARK ► Less favorable than the national percentage.

DISPARITY ► Lowest in Lafourche Parish.

Low-Weight Births
(Percent of Live Births, 2014-2020)



Sources: • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).
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

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2018 and 2020, there was an annual average of 7.4 infant deaths per 1,000 live births.

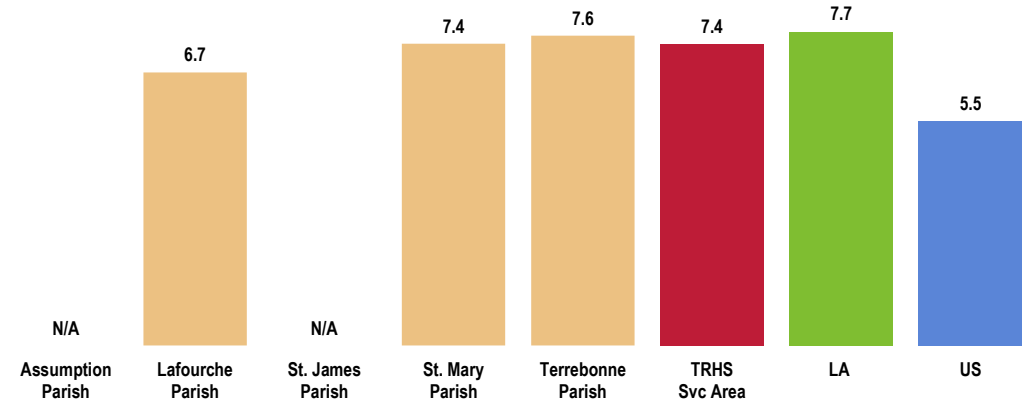
BENCHMARK ► Worse than the US rate. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Higher among Black births than among White births.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births, 2018-2020)

Healthy People 2030 = 5.0 or Lower



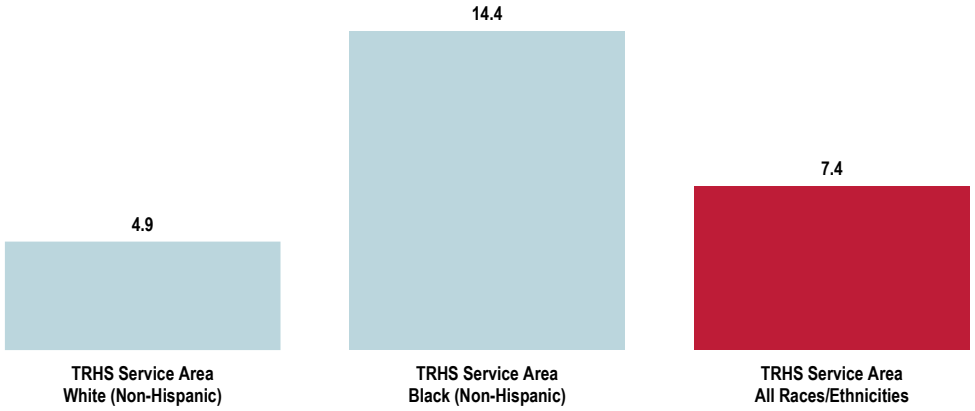
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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.

Infant Mortality Rate by Race/Ethnicity

(Annual Average Infant Deaths per 1,000 Live Births, 2018-2020)

Healthy People 2030 = 5.0 or Lower



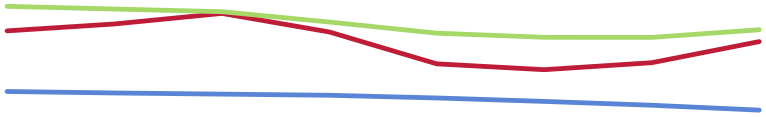
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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.

Infant Mortality Trends

(Annual Average Infant Deaths per 1,000 Live Births)

Healthy People 2030 = 5.0 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
TRHS Svc Area	7.7	7.9	8.2	7.7	6.8	6.6	6.8	7.4
LA	8.4	8.3	8.3	7.9	7.6	7.5	7.5	7.7
US	6.0	5.9	5.9	5.9	5.8	5.7	5.6	5.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2022.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

FAMILY PLANNING

ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. …Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

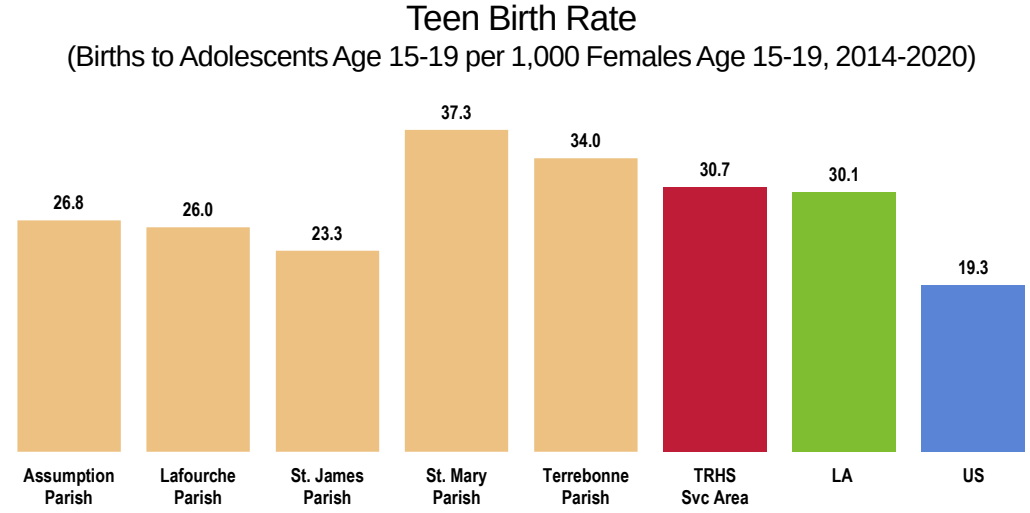
– Healthy People 2030 (https://health.gov/healthypeople)

Births to Adolescent Mothers

Between 2014 and 2020, there were 30.7 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in the TRHS Service Area.

BENCHMARK ► Higher than the national rate.

DISPARITY ► Highest in St. Mary and Terrebonne parishes. Higher among Black and Hispanic female adolescents.

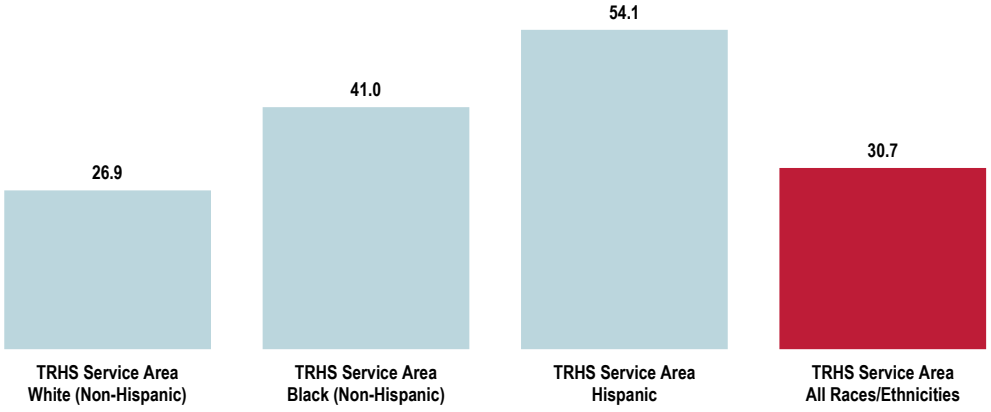


Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

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.

Teen Birth Rate

(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2014-2020)



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.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: Infant Health & Family Planning

Key informants taking part in an online survey largely characterized *Infant Health & Family Planning* as a "minor problem" in the community.

Perceptions of Infant Health and Family Planning as a Problem in the Community

(Key Informants, 2022)

Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

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

Pediatric Specialties

> Special needs for pediatrics. It seems that larger urban areas provide services, but not local. It is probably because of volume, which is understandable. – Community Leader – Terrebonne Parish

> Pediatric specialties, i.e. oncology, trauma, etc. – Other Health Provider – Lafourche Parish

Affordable Care/Services

> Costs associated with infant care and family planning. – Community Leader – Lafourche Parish

Incidence/Prevalence

> Our population and state ranks last in maternal/fetal outcomes by March of Dimes – we have the opportunity to transform neonatal and maternal care. We could develop nursing and social worker visits to the home to identify health needs that could be addressed before and after care. – Physician – Lafourche Parish

Lack of Providers

> Doesn't seem to be a lot of doctors trained in latest education and practices. – Community Leader – Terrebonne Parish

Access to Childcare

> Access to childcare for preschool children. Thibodaux is exceptionally hard to get children into day care. My children have been on lists for 2+ years without ability to get into day care. It would be very successful and also help with work force issues if TRHS would explore having an on-site day care for preschool-aged children. It would likely alleviate many issues for both the working parent and the hospital. – Physician – Lafourche Parish

MODIFIABLE HEALTH RISKS

NUTRITION

ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. …People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

– Healthy People 2030 (https://health.gov/healthypeople)

Daily Recommendation of Fruits/Vegetables

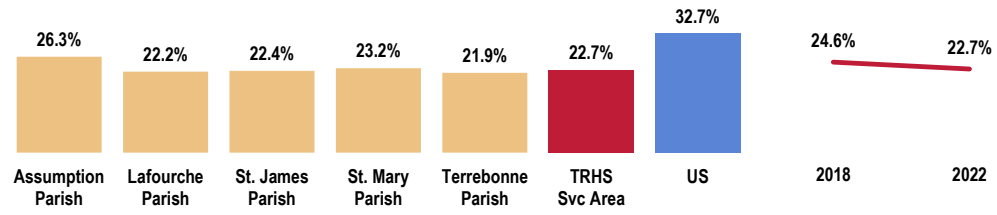
To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

A total of 22.7% of TRHS Service Area adults report eating five or more servings of fruits and/or vegetables per day.

BENCHMARK ► Less favorable than found across the US.

DISPARITY ► Those less likely to eat fruits and vegetables include adults age 40+ and White respondents.

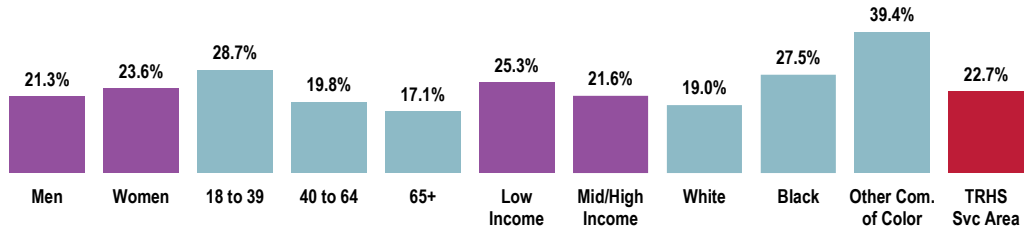
Consume Five or More Servings of Fruits/Vegetables Per Day



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 125]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

Consume Five or More Servings of Fruits/Vegetables Per Day
(TRHS Service Area, 2022)



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 125]
Notes: ● Asked of all respondents.
● For this issue, respondents were asked to recall their food intake on the previous day.

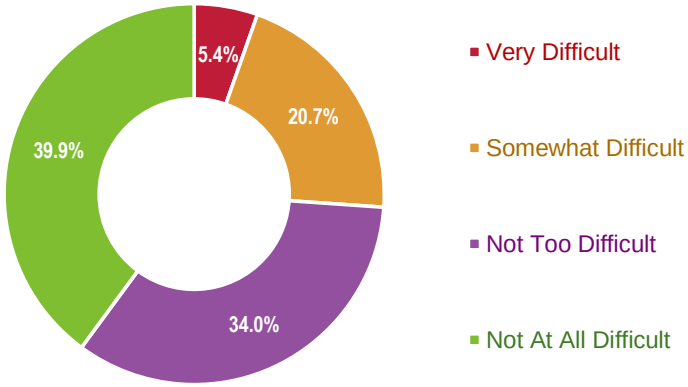
Difficulty Accessing Fresh Produce

Most TRHS Service Area adults report little or no difficulty buying fresh produce at a price they can afford.

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?"

RELATED ISSUE
See also *Food Access* in the **Social Determinants of Health** section of this report.

Level of Difficulty Finding Fresh Produce at an Affordable Price
(TRHS Service Area, 2022)



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: ● Asked of all respondents.

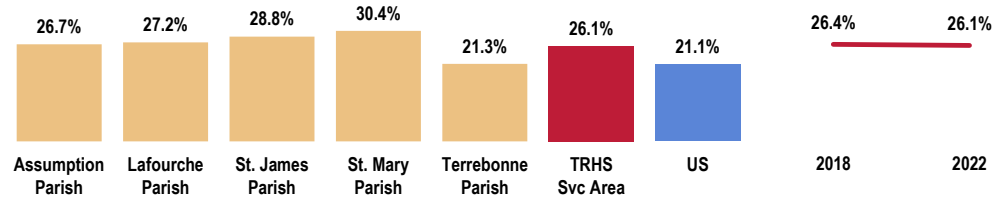
However, 26.1% of TRHS Service Area adults find it "very" or "somewhat" difficult to access affordable fresh fruits and vegetables.

BENCHMARK ► Less favorable than the national percentage.

DISPARITY ► Lowest in Terrebonne Parish. More often reported among women and lower-income respondents.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce

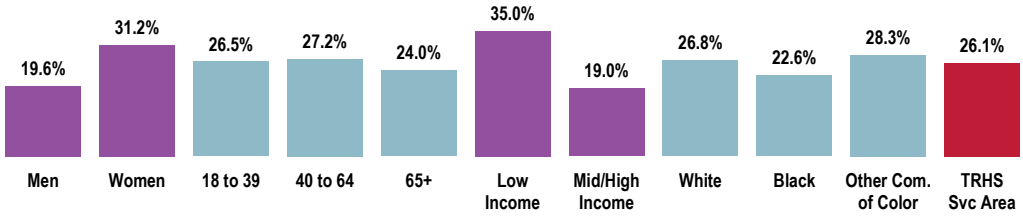
TRHS Service Area



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 79]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce

(TRHS Service Area, 2022)



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: ● Asked of all respondents.

PHYSICAL ACTIVITY

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

– Healthy People 2030 (https://health.gov/healthypeople)

Leisure-Time Physical Activity

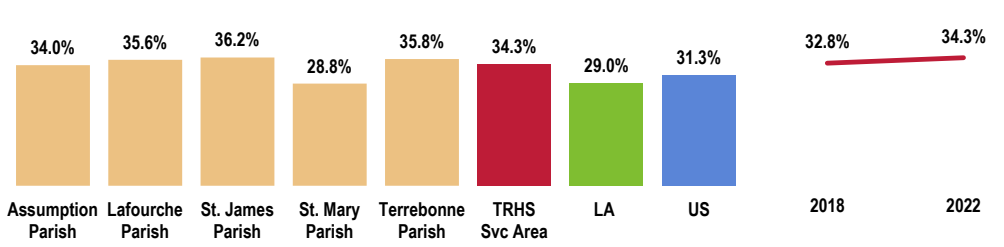
Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

A total of 34.3% of TRHS Service Area adults report no leisure-time physical activity in the past month.

BENCHMARK ► Less favorable than the national finding. Fails to satisfy the Healthy People 2030 objective.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.2% or Lower



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 82]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): BRFSYR Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

Activity Levels

Adults

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

"Meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activities:

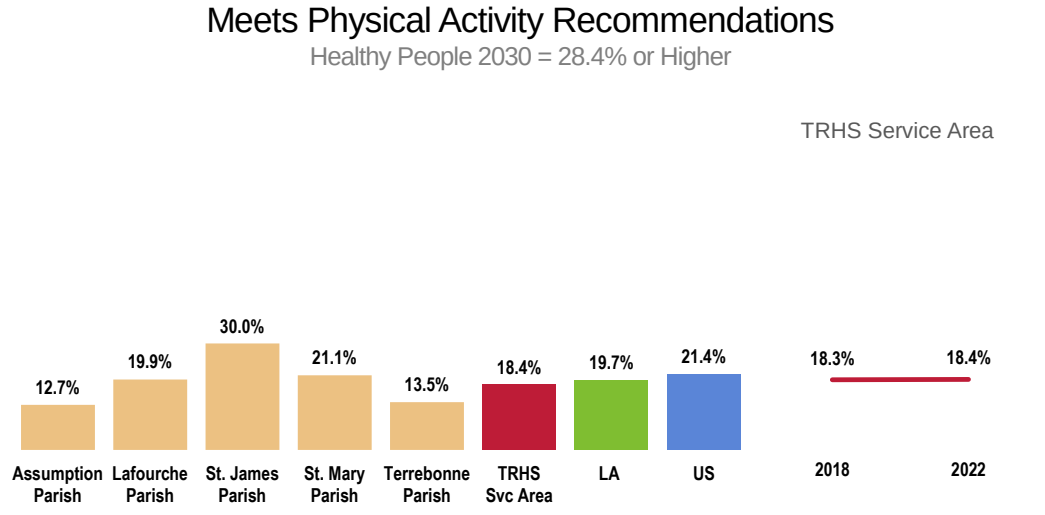
Aerobic activity is one of the following: at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous activity, or an equivalent combination of both.

Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.

A total of 18.4% of TRHS Service Area adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Best in St. James Parish. Those less likely to meet the recommendations include women and older adults.



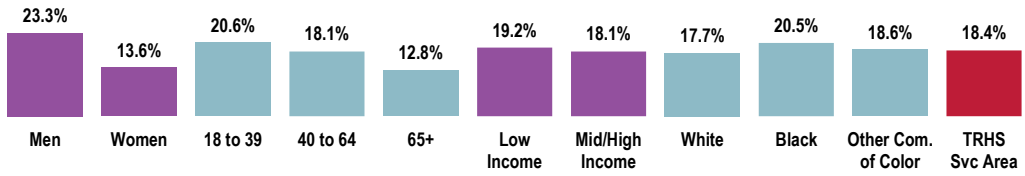
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 126]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): BRFSYR Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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.

Meets Physical Activity Recommendations

(TRHS Service Area, 2022)

Healthy People 2030 = 28.4% or Higher



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 126]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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.

Children

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

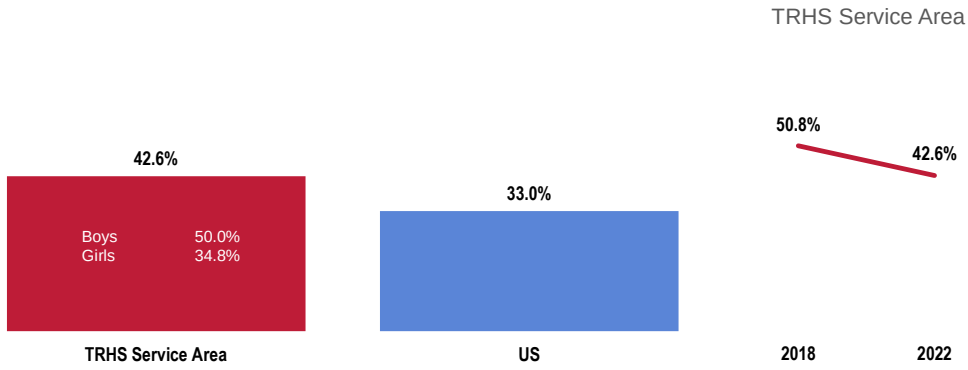
– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

Among TRHS Service Area children age 2 to 17, 42.6% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

BENCHMARK ► Better than the national finding.

DISPARITY ► Area girls are less likely than boys to be physically active.

Child Is Physically Active for One or More Hours per Day
(Parents of Children Age 2-17)



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 109]
- 2020 PRC National Health Survey, PRC, 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 2019, there were 10.1 recreation/fitness facilities for every 100,000 population in the TRHS Service Area.

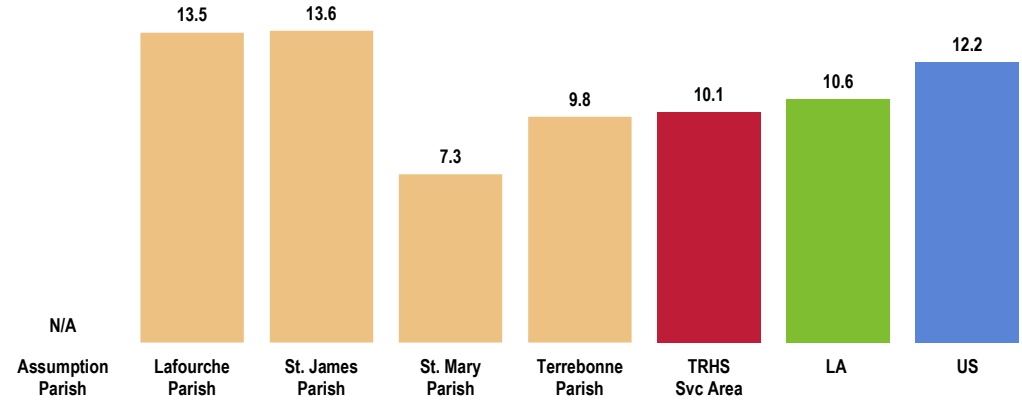
BENCHMARK ► Less favorable than the US proportion.

DISPARITY ► Lowest in St. Mary and Terrebonne parishes.

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, 2019)



Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

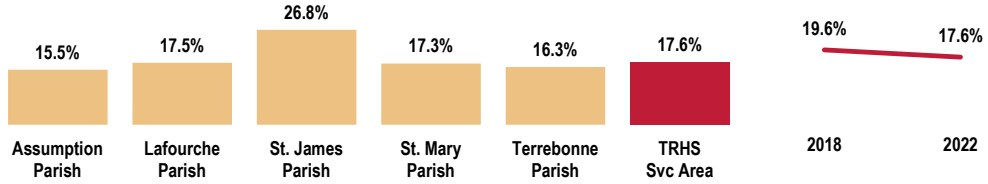
Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940 , which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities." Examples 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.

In the TRHS Service Area, 17.6% of adults belong to a gym, athletic club, or fitness facility.

DISPARITY ► Those less likely to report being members include adults age 40+ and White respondents.

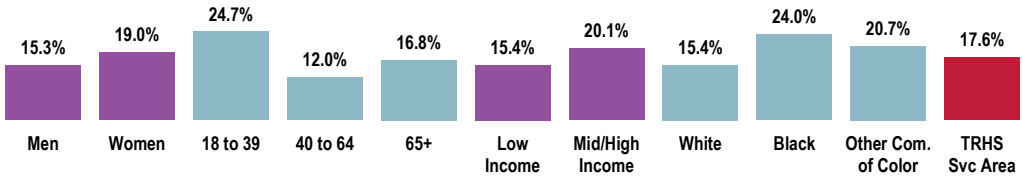
Current Member of a Gym, Athletic Club, or Fitness Facility

TRHS Service Area



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 319]
Notes: ● Asked of all respondents.

Current Member of a Gym, Athletic Club, or Fitness Facility
(TRHS Service Area, 2022)



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 319]
Notes: ● Asked of all respondents.

WEIGHT STATUS

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

– Healthy People 2030 (https://health.gov/healthypeople)

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.

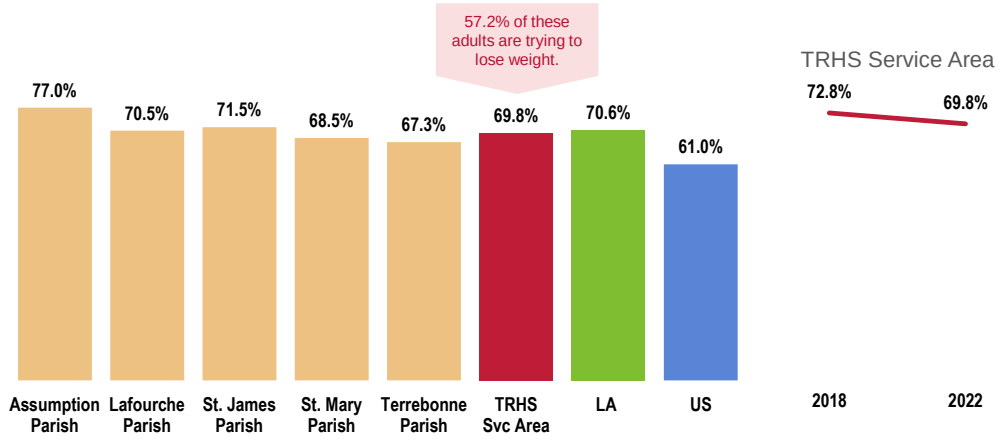
Overweight Status

Here, "overweight" includes those respondents with a BMI value ≥25.

Nearly 7 in 10 TRHS Service Area adults (69.8%) are overweight.

BENCHMARK ► Less favorable than the national percentage.

Prevalence of Total Overweight (Overweight and Obese)



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 128, 320]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): BRFSYR Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.

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.

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

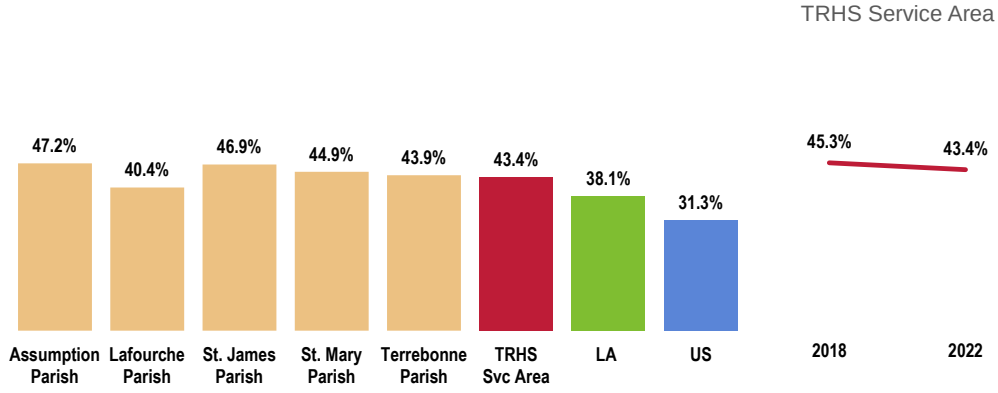
The overweight prevalence above includes 43.4% of TRHS Service Area adults who are obese.

BENCHMARK ► Less favorable than statewide and national percentages. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► More often reported among women, adults age 40 to 64, and Black residents.

Prevalence of Obesity

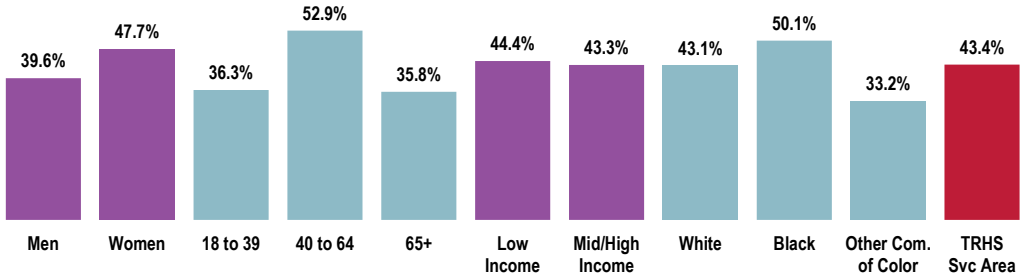
Healthy People 2030 = 36.0% or Lower



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 128]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): BRFSYR Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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.

Prevalence of Obesity
(TRHS Service Area, 2022)
Healthy People 2030 = 36.0% or Lower



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 128]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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.

Health Advice

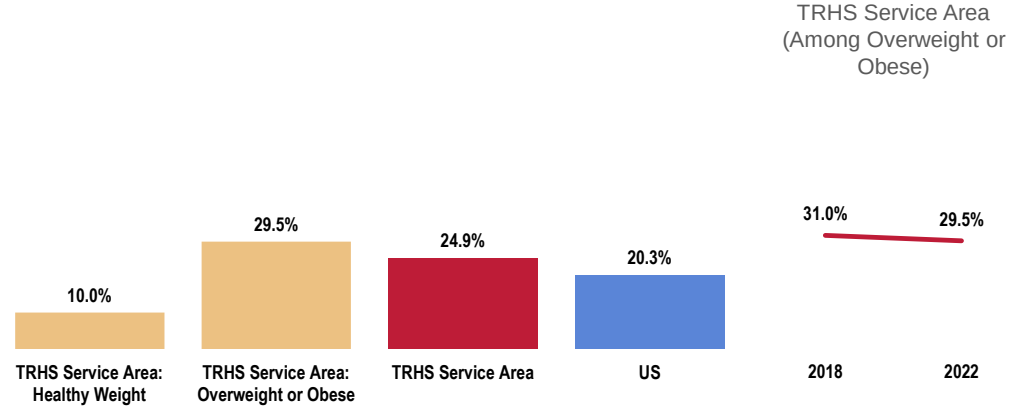
Among <u>all</u> area adults, 24.9% have been given advice about their weight by a health professional in the past year (while three-fourths have not).

BENCHMARK ► More favorable than found across the US.

Among overweight or obese adults, 29.5% have been advised about their weight in the past year.

DISPARITY ► Lowest in Lafourche Parish (not shown).

Have Received Advice About Weight in Past Year From a Physician, Nurse, or Other Health Professional
(By Weight Classification)



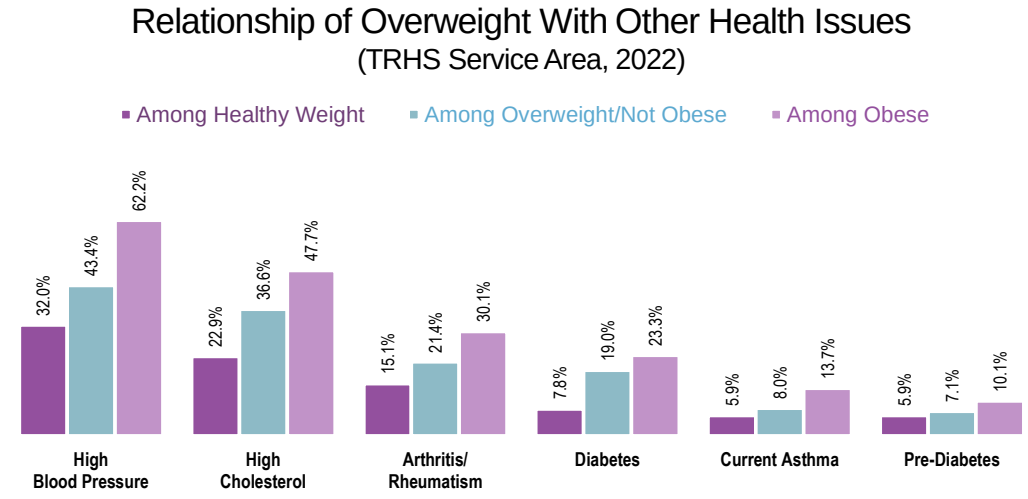
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 321]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- 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.

Relationship of Overweight With Other Health Issues

The correlation between overweight and various health issues cannot be disputed.

Overweight and obese adults are more likely to report a number of adverse health conditions, as outlined in the following chart.



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 128]
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.

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:

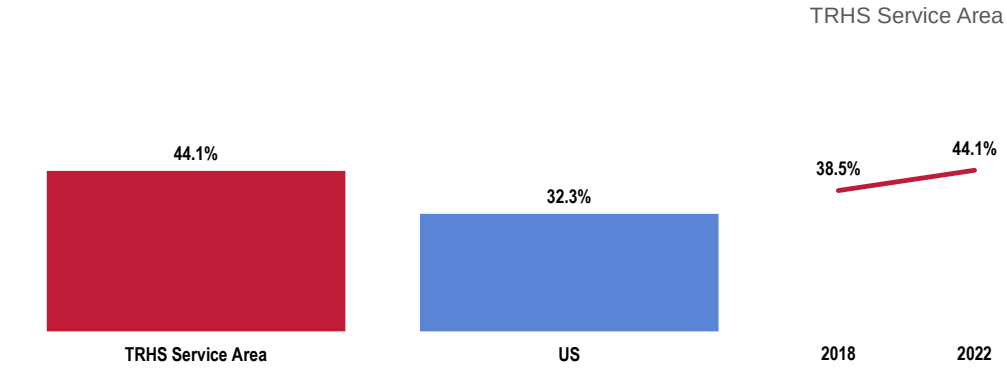
- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

– Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 44.1% of TRHS Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

BENCHMARK ► Less favorable than the national finding.

Prevalence of Overweight in Children
(Parents of Children Age 5-17)



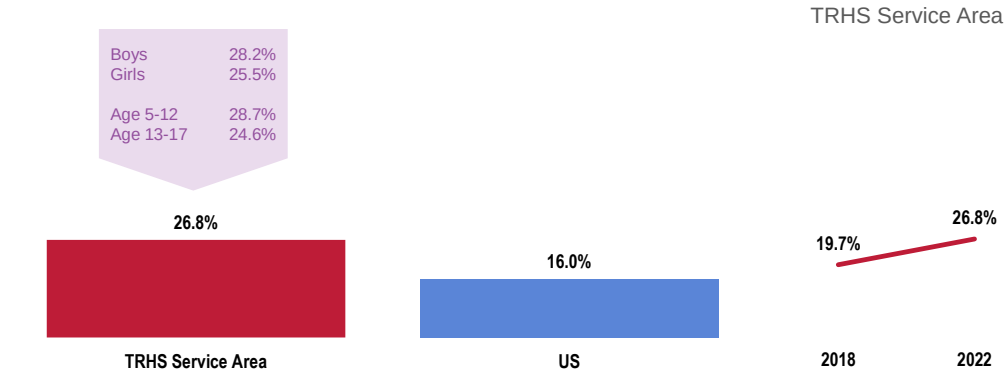
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 131]
- 2020 PRC National Health Survey, PRC, Inc.

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.

The childhood overweight prevalence above includes 26.8% of area children age 5 to 17 who are obese (≥95th percentile).

BENCHMARK ► Less favorable than the national finding. Fails to satisfy the Healthy People 2030 objective.

Prevalence of Obesity in Children
(Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)
Healthy People 2030 = 15.5% or Lower

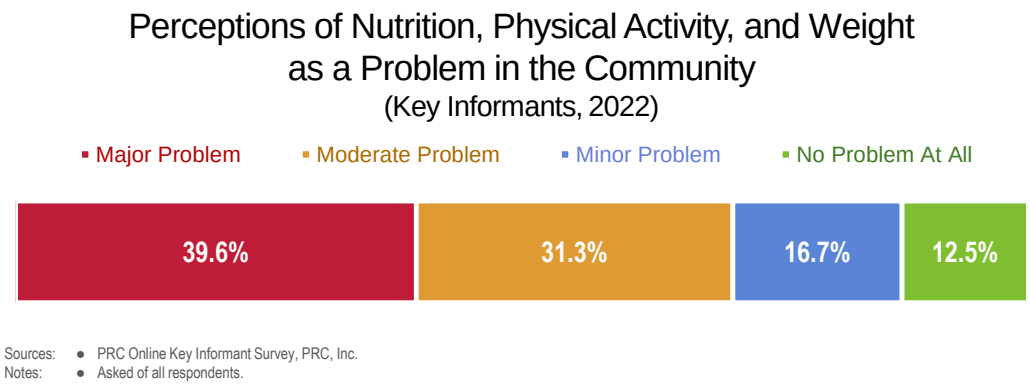


Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 131]
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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.



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

Awareness/Education

> WellFit has been incredible. The next way I think this can/should expand is nutrition. People need/want easy "pick up" or "take out" to fit busy lifestyles, but things like cardiac or diabetic diets are hard to come by on the go. I think the hospital should offer meal prep in 2-3 varieties, such as cardiac, diabetic, weight loss (macros, etc.) where you can subscribe to get "x" number of meals prepped and ready to go. This fits with what the wellness center is trying to accomplish and could be directed by our nutritionist employed at the hospital. For example, on Mondays, a cardiac rehab patient could pick up five (or whatever they decide) meals for the week to take home that fits with their cardiac diet. Not only would high-risk patients benefit, but the fitness center would also likely pull many community members into program as well. Think on the lines of Fit Kitchen, except with a healthcare twist. My parents really need this, which is what birthed the idea – Physician – Lafourche Parish
>
> Education related to wellness. – Social Services Provider – Terrebonne Parish
>
> Lack of school programs and early education. – Physician – Lafourche Parish

Lifestyle

> Our way of life and cost of exercising and food. It is expensive to eat healthy, and lack of education to cook healthy. – Community Leader – Terrebonne Parish
>
> More than half of our patients are overweight. Some mention they would like to exercise and eat proper nutrition, but don't have the "motivation" or "time." Again, I think a comprehensive program here in the parish would be beneficial. – Other Health Provider – Assumption Parish
>
> Few places to get outdoor exercise, no affordable gyms, lack of community space for health, plus unhealthy eating habits of region and parish. – Community Leader – Terrebonne Parish

Access to Healthy Food

> Eating healthy is more costly than eating unhealthy, and people are not actively moving as needed. People are hooked on cell phones and computers instead of taking care of their bodies. Food portion sizes are way too big also. – Community Leader – Lafourche Parish
>
> Healthy food options, affordable specialists, more options for physical fitness activities. – Community Leader – Lafourche Parish

Cultural/Personal Beliefs

> Culture of unhealthy food in this area and the high costs associated with nutrition, physical activity, and weight loss. – Community Leader – Lafourche Parish

> Cultural norms of lots of highly processed or sugar-rich foods, substantial alcohol intake. Physical activity – there are actually quite a few resources, businesses, and programs that promote physical activity by providing a safe location for outdoor or community walking. There are a handful of private gyms in the parish. Weight management goes back to nutrition and intake. – Physician – Assumption Parish

> Culture and lifestyle. – Community Leader – Lafourche Parish

Affordable Care/Services

> Rising costs, all of the basics. – Community Leader – Lafourche Parish

> Lack of recreational opportunities for low-income families, lack of affordable opportunities for physical activities, lifestyle choices. – Community Leader – Lafourche Parish

Obesity

> Morbid obesity is rampant in our parish. Healthy, clean foods are expensive. – Physician – Lafourche Parish

Incidence/Prevalence

> Our overall community health has huge needs. We should sell the wellness center to employers and insurance companies to improve health. Roll out the employee wellness checks to outside businesses. Add personal training for groups of employees. – Physician – Lafourche Parish

SUBSTANCE ABUSE

ABOUT DRUG & ALCOHOL USE

More than 20 million adults and adolescents in the United States have had a substance use disorder in the past year. …Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

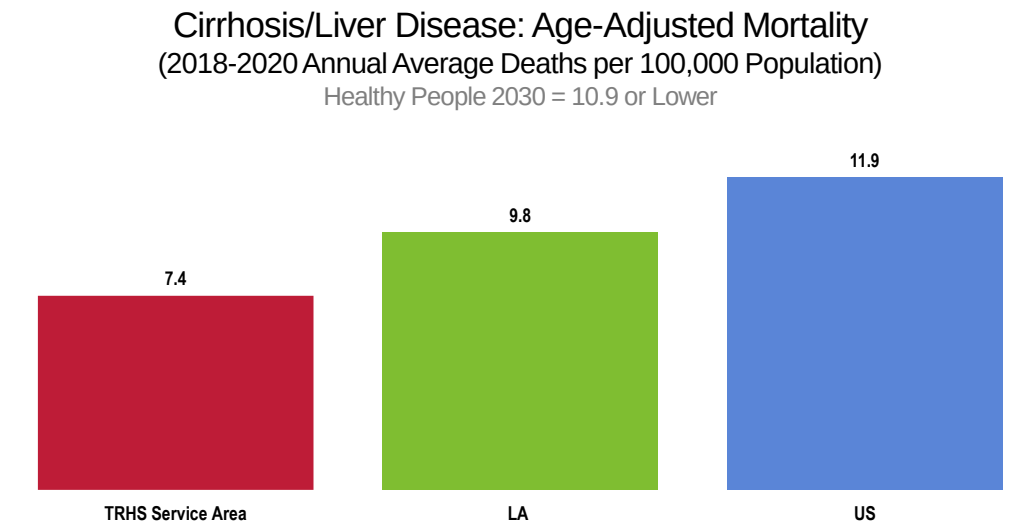
– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2018 and 2020, the TRHS Service Area reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 7.4 deaths per 100,000 population.

BENCHMARK ► More favorable than found across the state and nation. Satisfies the Healthy People 2030 objective.

TREND ► Decreasing significantly to the lowest level recorded within the service area in the past decade.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 10.9 or Lower

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
TRHS Svc Area	9.2	9.4	9.6	9.9	11.0	9.6	8.8	7.4
LA	8.7	9.4	10.0	10.0	10.1	9.7	9.6	9.8
US	10.0	10.4	10.6	10.8	10.8	10.9	11.1	11.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Alcohol Use

Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

- HEAVY DRINKERS ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- BINGE DRINKERS ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

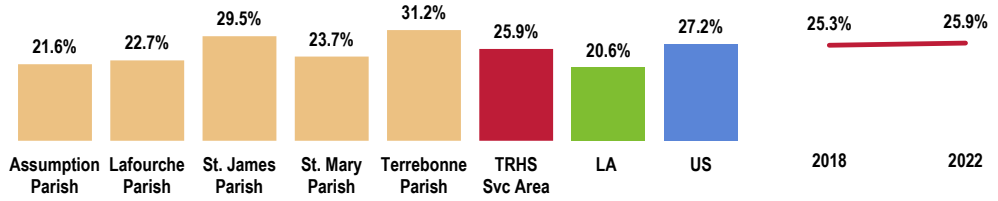
A total of 25.9% of area adults are excessive drinkers (heavy and/or binge drinkers).

BENCHMARK ► Higher than found across Louisiana.

DISPARITY ► Highest in Terrebonne Parish. More prevalent among men and adults younger than 65.

Excessive Drinkers

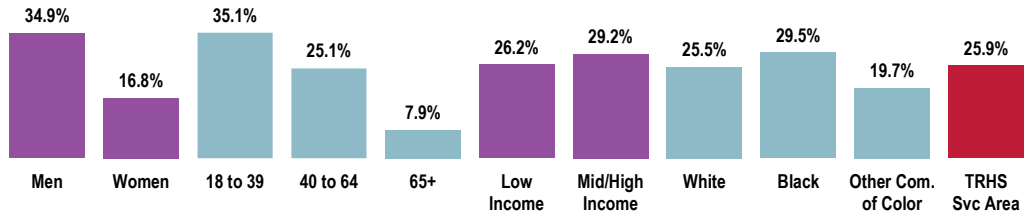
TRHS Service Area



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 136]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): BRFSYR Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.

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 Drinkers
(TRHS Service Area, 2022)



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 136]

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.

Drinking & Driving

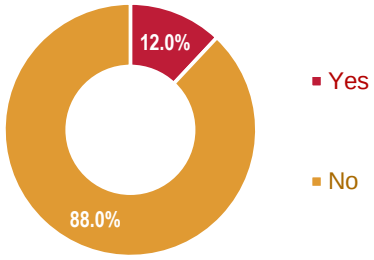
Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

A total of 12.0% of TRHS Service Area adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

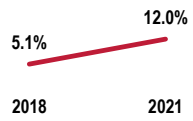
TREND ► Marks a significant increase since 2018.

DISPARITY ► Highest in St. James Parish (not shown).

Have Driven in the Past Month
After Perhaps Having Too Much to Drink



TRHS Service Area



TRHS Service Area

Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 307]
Notes: ● Asked of all respondents.

Age-Adjusted Unintentional Drug-Related Deaths

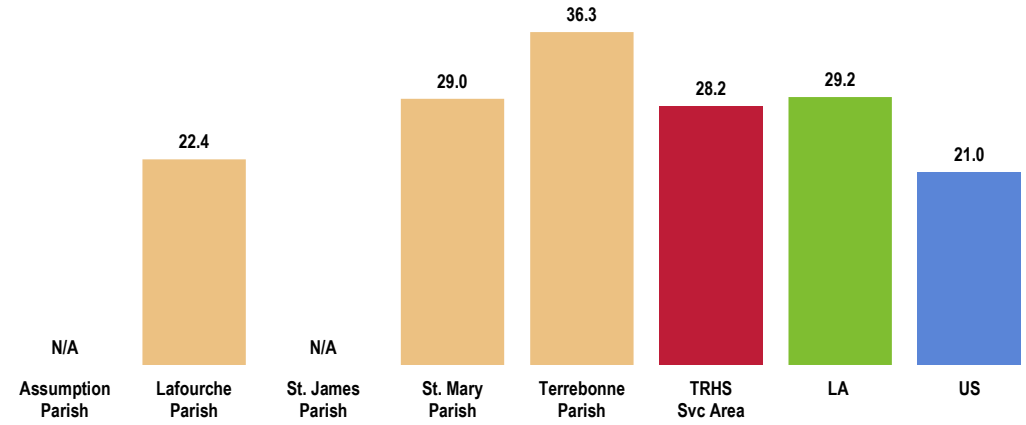
Between 2018 and 2020, there was an annual average age-adjusted unintentional drug-related mortality rate of 28.2 deaths per 100,000 population in the TRHS Service Area.

BENCHMARK ► Worse than the US rate.

TREND ► Increasing significantly to the highest level recorded within the service area in the past decade.

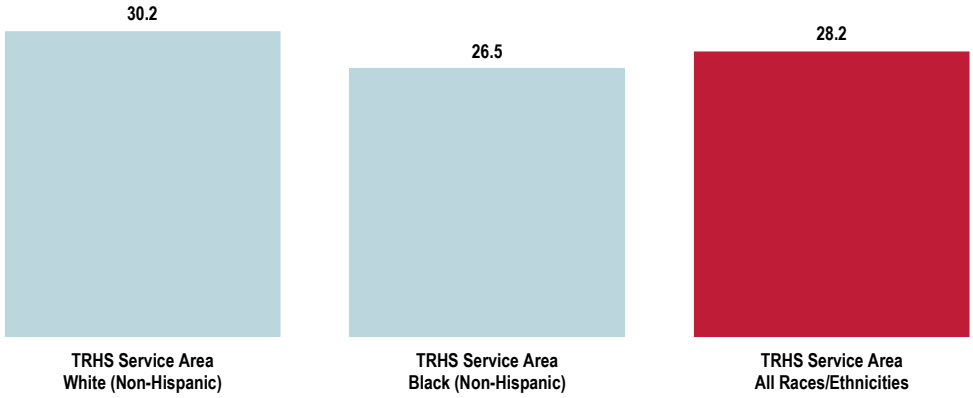
DISPARITY ► Highest in Terrebonne Parish.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)



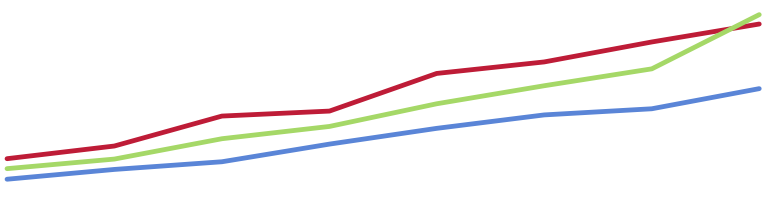
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality by Race
(2018-2020 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 June 2022.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
TRHS Svc Area	13.3	14.7	18.0	18.6	22.7	24.0	26.2	28.2
LA	12.2	13.3	15.5	16.9	19.4	21.3	23.2	29.2
US	11.0	12.1	13.0	14.9	16.7	18.1	18.8	21.0

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

Illicit Drug Use

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.

A total of 7.6% of TRHS Service Area adults acknowledge using an illicit drug in the past month.

BENCHMARK ► Worse than the national finding. Satisfies the Healthy People 2030 objective.

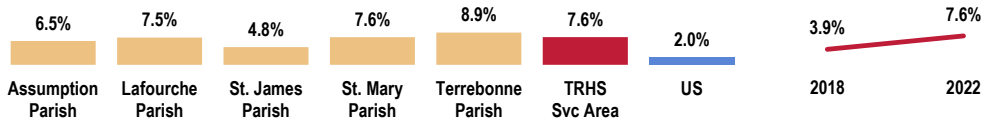
TREND ► Denotes a significant increase since 2018.

DISPARITY ► More prevalent among men and lower-income adults. Note the negative correlation with age.

Illicit Drug Use in the Past Month

Healthy People 2030 = 12.0% or Lower

TRHS Service Area



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 49]
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

Illicit Drug Use in the Past Month

(TRHS Service Area, 2022)

Healthy People 2030 = 12.0% or Lower

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 49]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

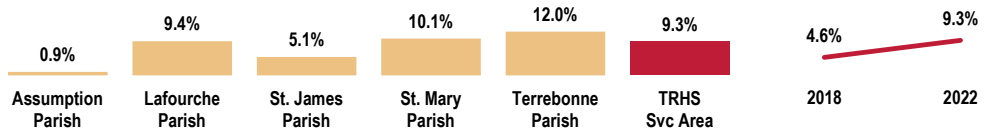
A total of 9.3% of surveyed adults acknowledge taking prescription drugs on their own in the past year (without a doctor's prescription, in larger amounts than prescribed, or for a longer period than prescribed).

TREND ► Denotes a significant increase since 2018.

DISPARITY ► Lowest in Assumption Parish. More prevalent among adults younger than 65 (especially young adults) and lower-income respondents.

Took Medication Without a Doctor's Order in the Past Year

TRHS Service Area



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 308]
Notes: ● Asked of all respondents.

Took Medication Without a Doctor's Order in the Past Year
(TRHS Service Area, 2022)

Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 308]
Notes: ● Asked of all respondents.

Use of Prescription Opioids

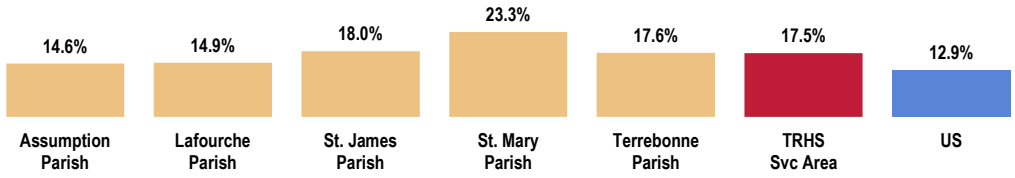
Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

A total of 17.5% of TRHS Service Area adults report using a prescription opioid drug in the past year.

BENCHMARK ► Higher than the US percentage.

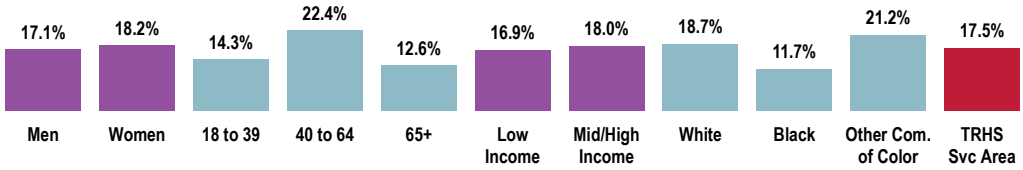
DISPARITY ► More prevalent among adults age 40 to 64, White residents, and residents of other communities of color.

Used a Prescription Opioid in the Past Year



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 50]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Used a Prescription Opioid in the Past Year
(TRHS Service Area, 2022)



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 50]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

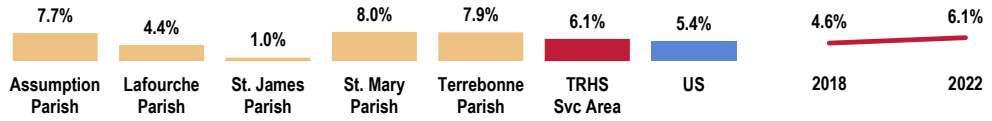
Alcohol & Drug Treatment

A total of 6.1% of TRHS Service Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

DISPARITY ► Lowest in St. James Parish.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

TRHS Service Area



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 51]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

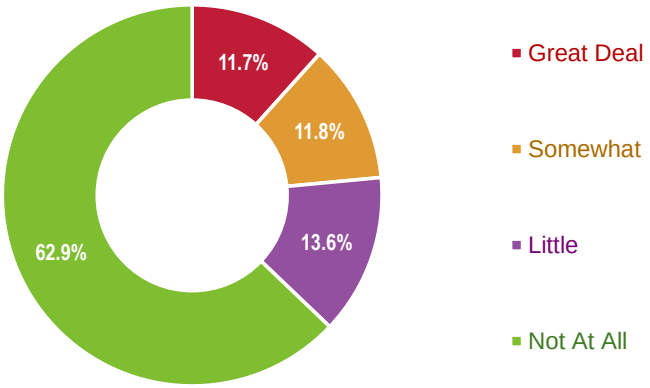
Personal Impact From Substance Abuse

Area adults were also asked to what degree their lives have been impacted by substance abuse (whether their own abuse or that of another).

A majority of TRHS Service Area residents' lives have <u>not</u> been negatively affected by substance abuse (either their own or someone else's).

Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other's)

(TRHS Service Area, 2022)



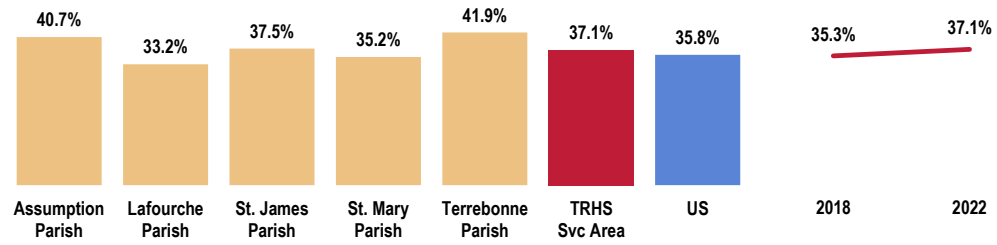
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 52]
Notes: ● Asked of all respondents.

However, 37.1% have felt a personal impact to some degree ("a little," "somewhat," or "a great deal").

DISPARITY ► More often reported among young adults and respondents designated as other communities of color.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)

TRHS Service Area

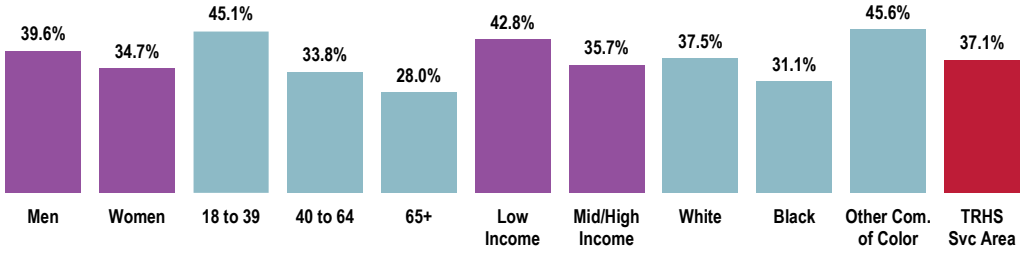


Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 52]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes response of "a great deal," "somewhat," and "a little."

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)

(TRHS Service Area, 2022)

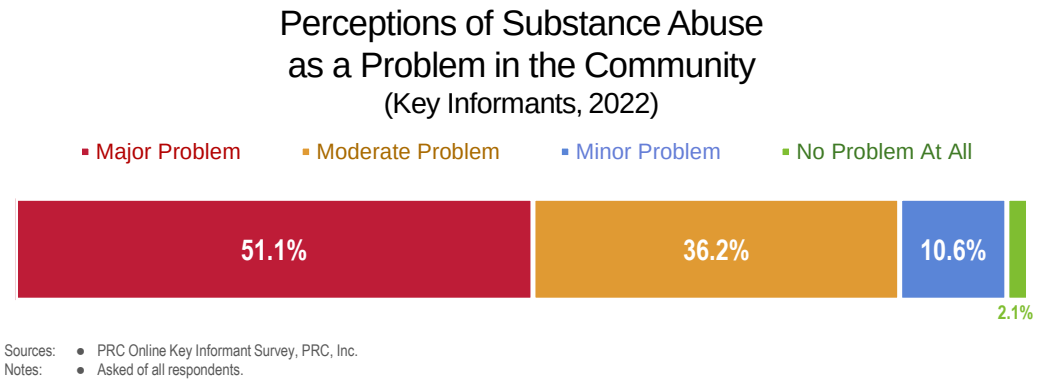


Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 52]

Notes:
- Asked of all respondents.
- Includes response of "a great deal," "somewhat," and "a little."

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.



Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

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

Access to Care/Services

> Costs and access to treatment centers. – Community Leader – Lafourche Parish
>
> There are no adequate treatment facilities in our community. Most treatment facilities in our state are private and too expensive for most families. – Community Leader – Lafourche Parish
>
> I believe that the majority of those that suffer from substance abuse are unaware of the options for treatment. There may also be a lack of treatment options available, thus adding to the problem. Many of the residents living in more rural areas are less likely to drive long distances to seek out treatment (out-of-sight, out-of-mind mentality). – Community Leader – Lafourche Parish
>
> The lack of the treatment availability. – Community Leader – Lafourche Parish
>
> Available funded beds. – Physician – Lafourche Parish
>
> Nothing located in our immediate area. – Community Leader – Lafourche Parish
>
> Qualified personnel. – Community Leader – Lafourche Parish
>
> Access to treatment. – Community Leader – Assumption Parish
>
> Access to outpatient and lack of inpatient treatment facilities. – Physician – Lafourche Parish
>
> We lack the facilities to help these individuals. – Community Leader – Terrebonne Parish
>
> Lack of resources. – Community Leader – Terrebonne Parish

Denial/Stigma

> First, the greatest barrier is often the addict having the willingness to seek treatment. The second-largest barrier is transportation, and then access. Most programs are not offered after-hours or on weekends to allow the person to participate in treatment. – Social Services Provider – Terrebonne Parish
>
> Individuals actually recognizing they have a substance abuse problem. – Community Leader – Terrebonne Parish
>
> Denial in people. – Community Leader – Lafourche Parish

Substance Availability

> Increased availability of substances, lack of follow-through on legal sanctions, lack of quality services for substance abuse treatment, increased mental health needs, isolation due to COVID restrictions, lack of employment opportunities. – Community Leader – Lafourche Parish

Co-Occurrences

> Goes hand-in-hand with the lack of mental health treatment. – Community Leader – Terrebonne Parish

Cultural/Personal Beliefs

> Cultural. – Physician – Lafourche Parish

Lack of Privacy

> One of the greatest barriers is privacy. Most people don't want family members to know their conditions and substance abuse problems. – Social Services Provider – Lafourche Parish

Teen/Young Adult Usage

> Substance abuse is prevalent, especially among teens, and no resources for parents. – Community Leader – Terrebonne Parish

Most Problematic Substances

Key informants (who rated this as a "major problem") identified **heroin/other opioids** as causing the most problems in the community, followed by **methamphetamine/other amphetamines** and **alcohol**.

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Abuse as a "Major Problem")	
HEROIN OR OTHER OPIOIDS	26.7%
METHAMPHETAMINE OR OTHER AMPHETAMINES	23.3%
ALCOHOL	16.7%
CLUB DRUGS (e.g. MDMA, GHB, Ecstasy, Molly)	8.3%
COCAINE OR CRACK	8.3%
MARIJUANA	6.7%
PRESCRIPTION MEDICATIONS	6.7%
HALLUCINOGENS OR DISSOCIATIVE DRUGS (e.g. Ketamine, PCP, LSD, DXM)	3.3%

TOBACCO USE

ABOUT TOBACCO USE

More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year.

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

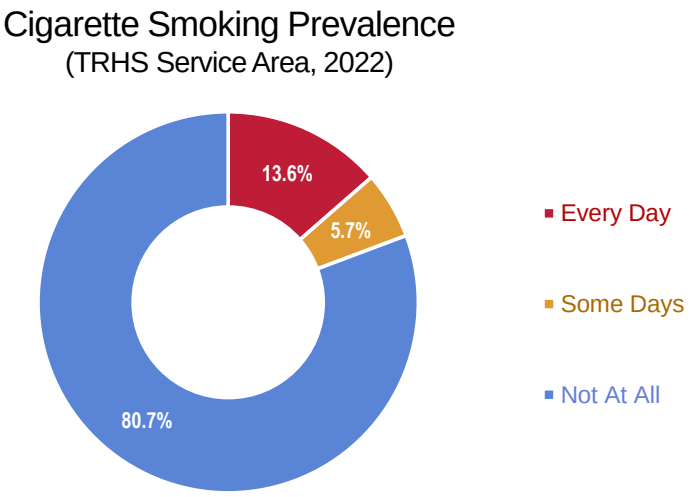
Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

– Healthy People 2030 (https://health.gov/healthypeople)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 19.3% of TRHS Service Area adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 40]
Notes: ● Asked of all respondents.

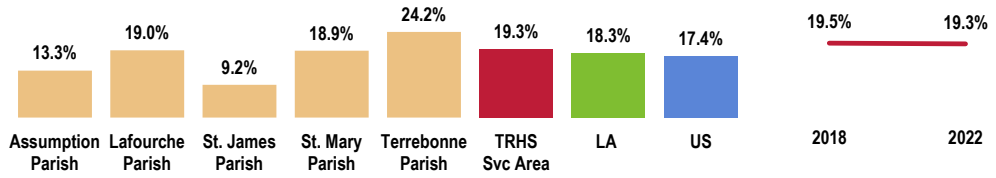
Note the following findings related to cigarette smoking prevalence in the TRHS Service Area.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Highest in Terrebonne Parish. More prevalent among men, adults younger than 65 (especially young adults), lower-income residents, and respondents designated as other communities of color.

Current Smokers

Healthy People 2030 = 5.0% or Lower



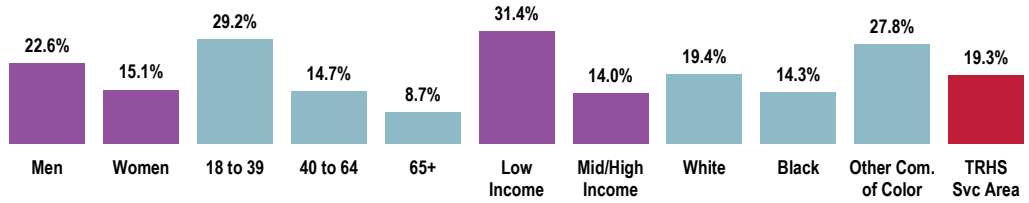
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 40]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): BRFSYR Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

Current Smokers

(TRHS Service Area, 2022)

Healthy People 2030 = 5.0% or Lower



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 40]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

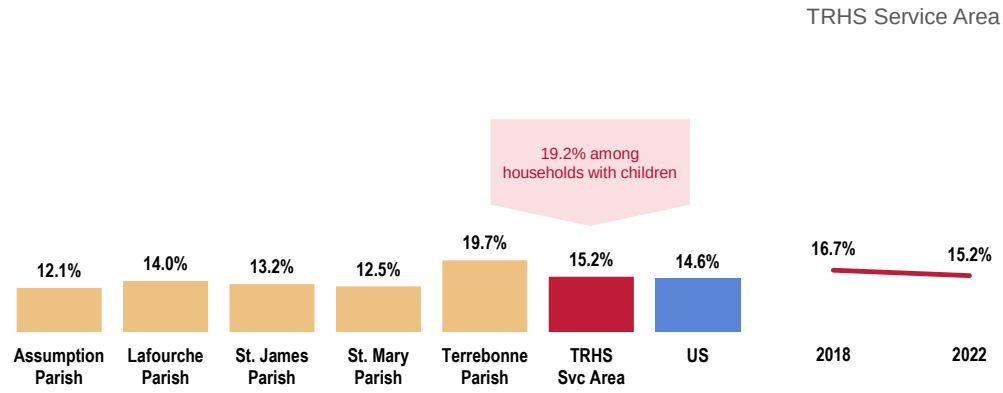
Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

Environmental Tobacco Smoke

Among all surveyed adults in the TRHS Service Area, 15.2% report that someone has smoked cigarettes in their home on an average of four or more times per week over the past month.

DISPARITY ► Highest in Terrebonne Parish.

Member of Household Smokes at Home



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 43, 134]
- 2020 PRC National Health Survey, PRC, Inc.

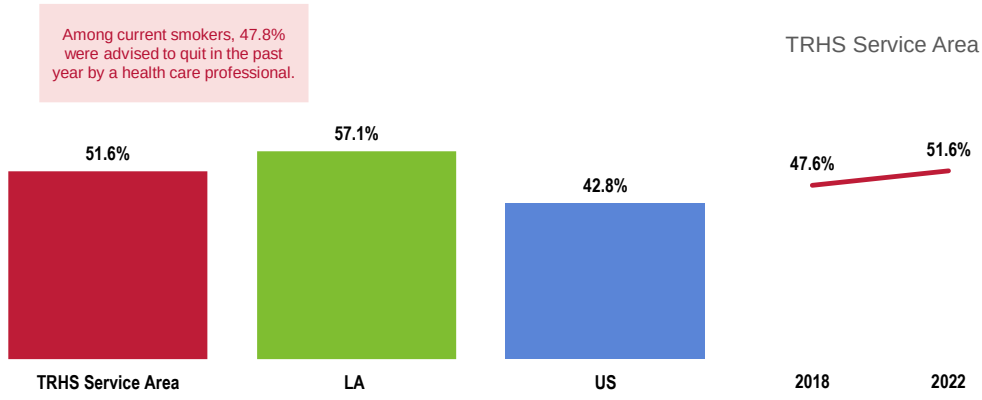
Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Smoking Cessation

More than one-half of regular smokers (51.6%) went without smoking for one day or longer in the past year because they were trying to quit smoking.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

Have Stopped Smoking for One Day or Longer in the Past Year
(Everyday Smokers)
Healthy People 2030 = 65.7% or Higher



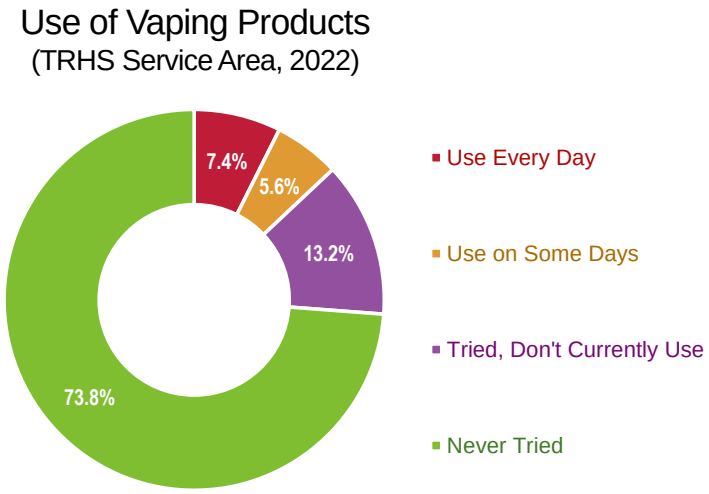
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 41-42]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): BRFSYR Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of respondents who smoke cigarettes every day.

Other Tobacco Use

Use of Vaping Products

Most TRHS Service Area adults have never tried electronic cigarettes (e-cigarettes) or other electronic vaping products.



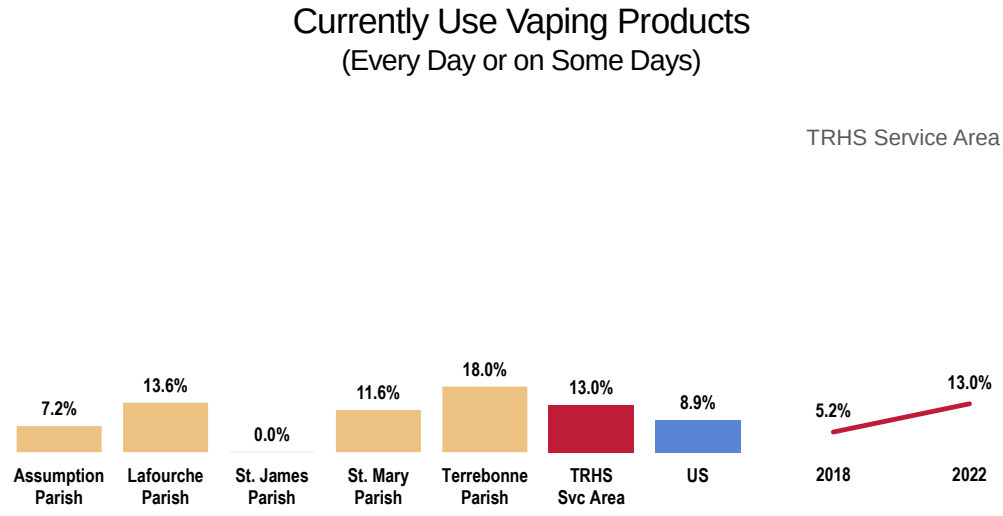
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 135]
Notes: ● Asked of all respondents.

However, 13.0% currently use vaping products either regularly (every day) or occasionally (on some days).

BENCHMARK ► Less favorable than the US percentage.

TREND ► Denotes a significant increase since 2018.

DISPARITY ► Highest in Terrebonne Parish. More prevalent among adults younger than 65 (particularly young adults), lower-income adults, and respondents of other communities of color.



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 135]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): BRFSYR Louisiana data.
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

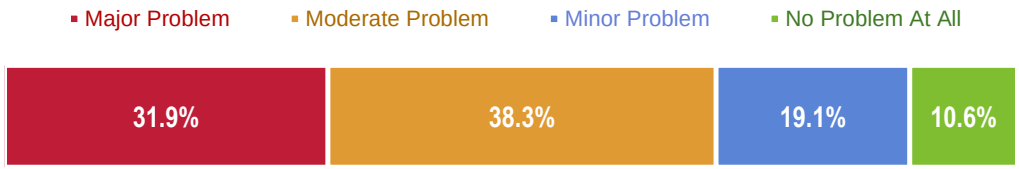
Currently Use Vaping Products
(TRHS Service Area, 2022)

Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 135]
Notes: ● Asked of all respondents.
● Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Key Informant Input: Tobacco Use

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

Perceptions of Tobacco Use as a Problem in the Community
(Key Informants, 2022)



Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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

Incidence/Prevalence

> We have a high percentage of our population that smokes and vapes. They think vaping is better than smoking cigarettes. Educating our youth about the harm of vaping. – Community Leader – Terrebonne Parish
>
> Tobacco usage seems to be high in the community. This leads to heart disease and lung cancer. – Social Services Provider – Lafourche Parish
>
> Smoking prevalence. – Physician – Lafourche Parish
>
> Significant utilization of health care resources. – Physician – Lafourche Parish
>
> Lots of people continue to smoke cigarettes. All people know is "it is bad for you" and that they should quit. They acknowledge this. When they have an unsuccessful attempt at quitting, they might get the feeling it is a moral failing as well. – Physician – Assumption Parish

Addiction

> Because it's easily addictive. – Community Leader – Lafourche Parish

> Ongoing use and addiction, self-medication for stress. – Community Leader – Lafourche Parish

E-Cigarettes

> Vaping. It has also gone underground with our youth. – Community Leader – Terrebonne Parish

Teen/Young Adult Usage

> Children are using tobacco. – Community Leader – Assumption Parish

SEXUAL HEALTH

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

– Healthy People 2030 (https://health.gov/healthypeople)

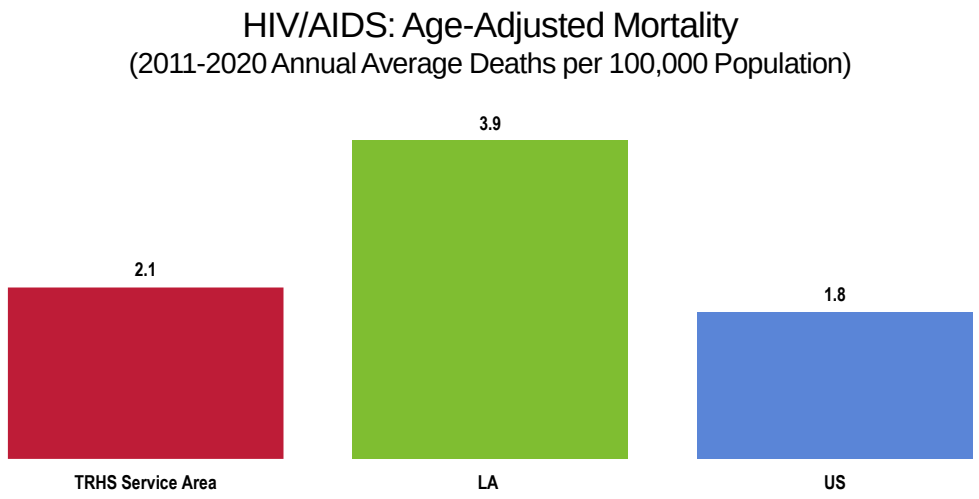
HIV

Age-Adjusted HIV/AIDS Deaths

Between 2011 and 2020, there was an annual average age-adjusted HIV/AIDS mortality rate of 2.1 deaths per 100,000 population in the TRHS Service Area.

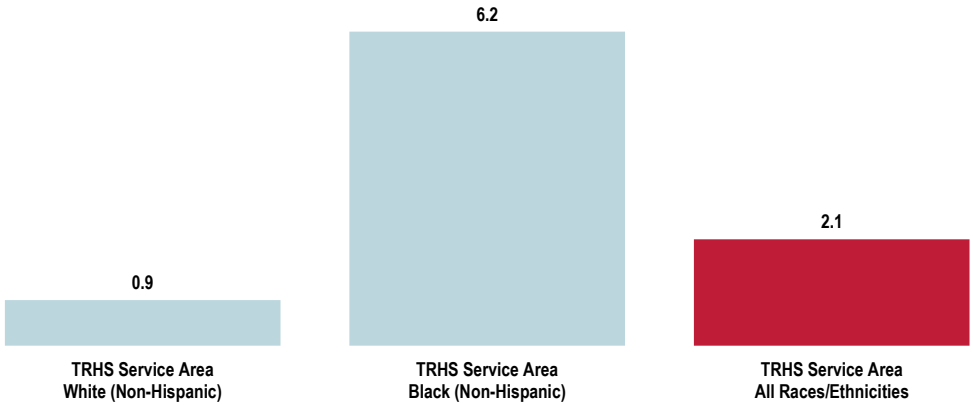
BENCHMARK ► Lower than the statewide rate.

DISPARITY ► Higher among Black residents than among White residents.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

HIV/AIDS: Age-Adjusted Mortality by Race
(2011-2020 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 June 2022.

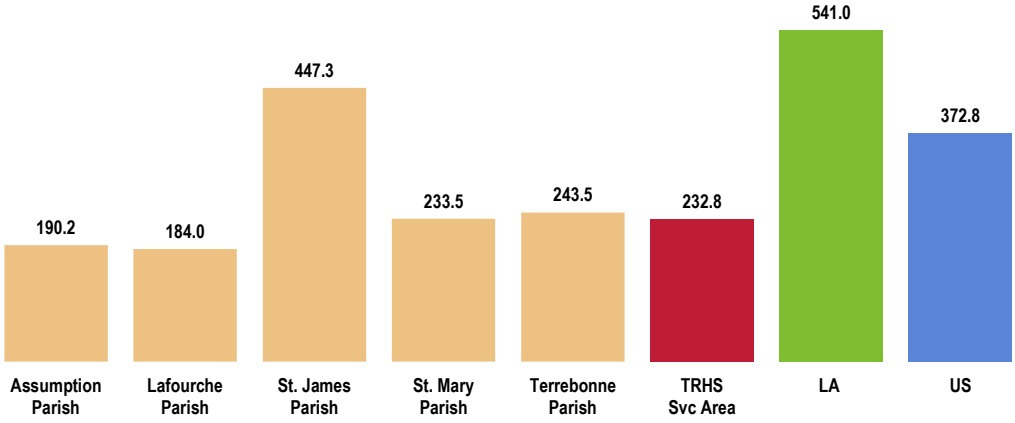
HIV Prevalence

In 2018, there was a prevalence of 232.8 HIV cases per 100,000 population in the TRHS Service Area.

BENCHMARK ► Considerably lower than state and national rates.

DISPARITY ► Highest in St. James Parish.

HIV Prevalence
(Prevalence Rate of HIV per 100,000 Population, 2018)



Sources: ● Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.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.

Sexually Transmitted Infections (STIs)

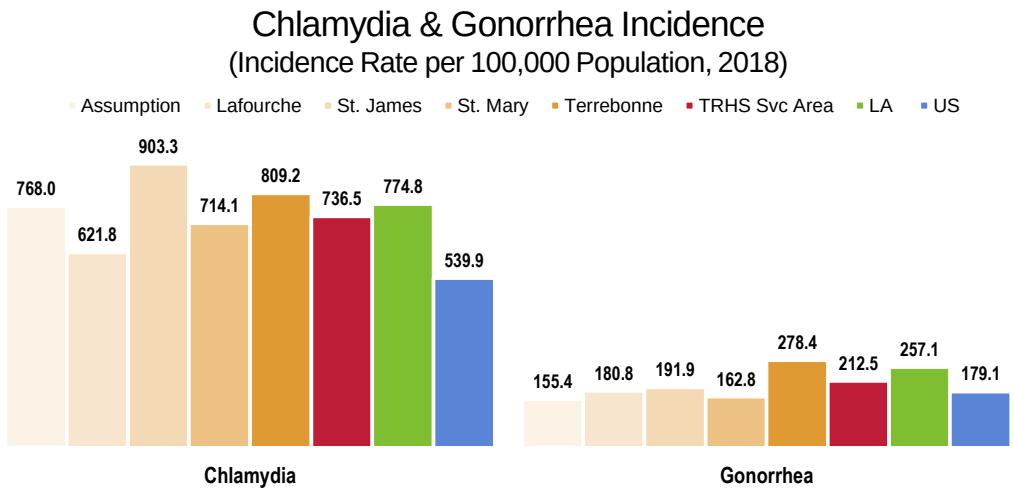
Chlamydia & Gonorrhea

In 2018, the chlamydia incidence rate in the TRHS Service Area was 736.5 cases per 100,000 population.

The TRHS Service Area gonorrhea incidence rate in 2018 was 212.5 cases per 100,000 population.

BENCHMARK ► The chlamydia rate is worse than the national rate. The gonorrhea rate is worse than the national rate but better than the statewide rate.

DISPARITY ► The rate of chlamydia incidence is lower in Lafourche Parish. The rate of gonorrhea incidence is higher in Terrebonne Parish.

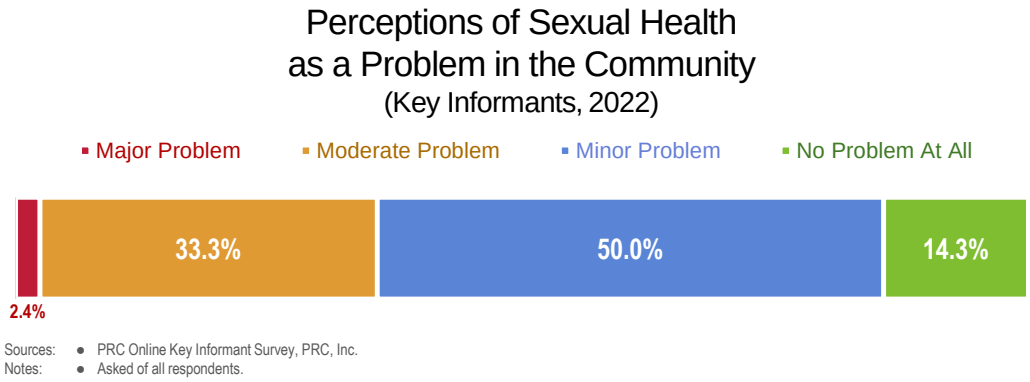


Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

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: Sexual Health

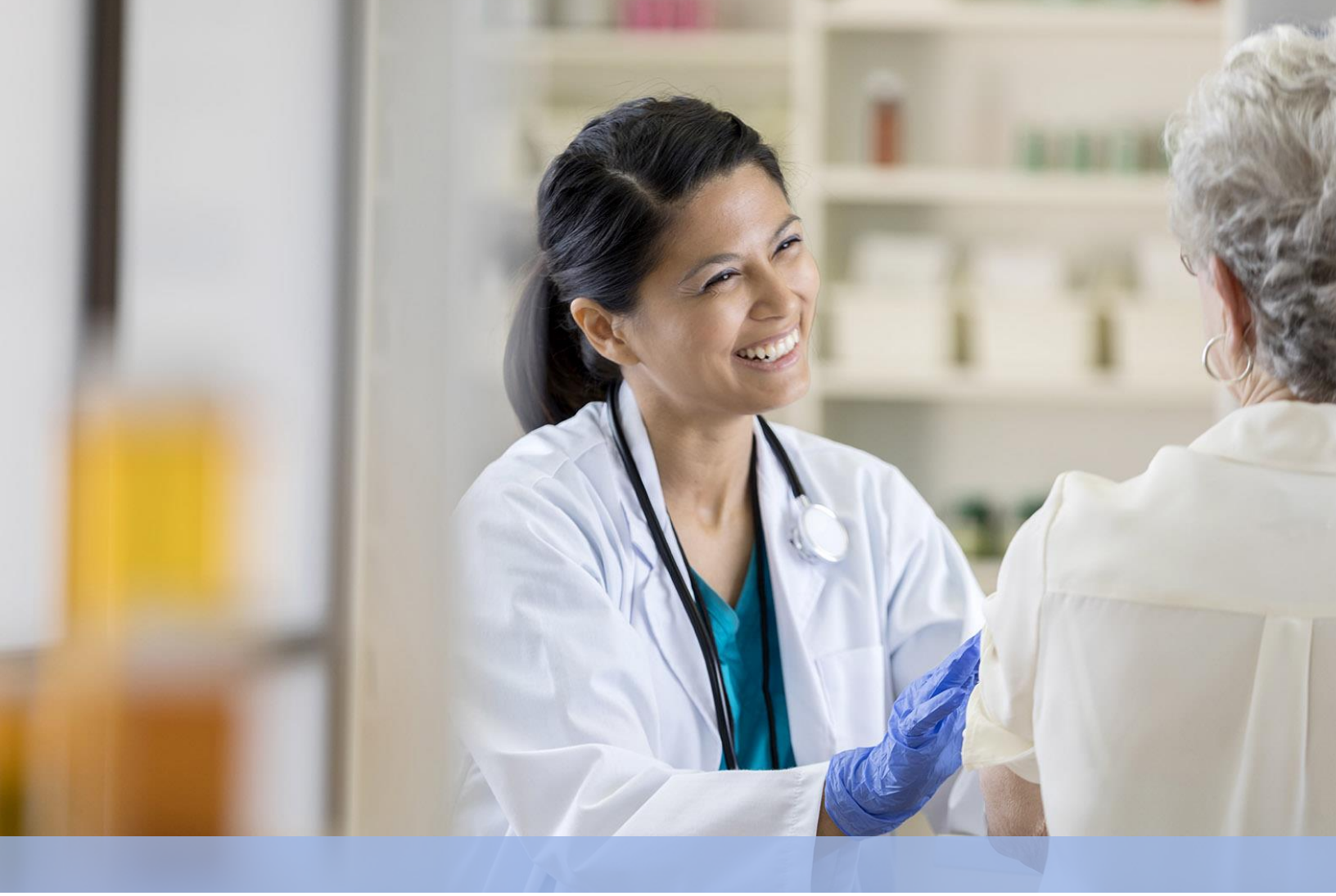
Key informants taking part in an online survey most often characterized *Sexual Health* as a "minor problem" in the community.



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

Awareness/Education

> Little education on STDs and sexual health. – Community Leader – Terrebonne Parish



ACCESS TO HEALTH CARE

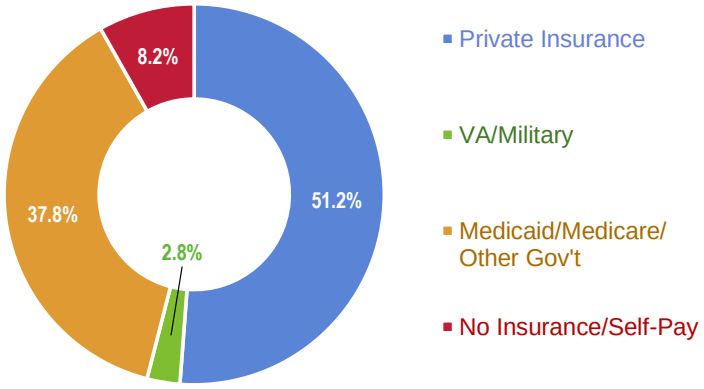
HEALTH INSURANCE COVERAGE

Type of Health Care Coverage

Survey respondents were asked a series of questions to determine their health care insurance coverage, if any, from either private or government-sponsored sources.

A total of 51.2% of TRHS Service Area adults age 18 to 64 report having health care coverage through private insurance. Another 40.6% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Health Care Insurance Coverage
(Adults Age 18-64; TRHS Service Area, 2022)



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 137]
Notes: ● Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

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 health care services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

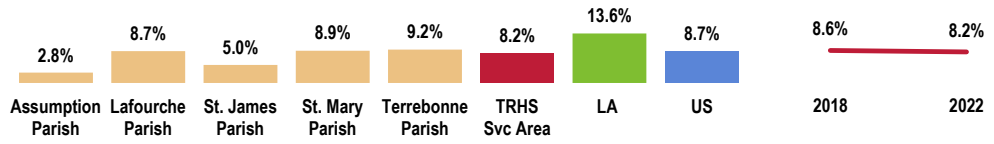
Among adults age 18 to 64, 8.2% report having no insurance coverage for health care expenses.

BENCHMARK ► More favorable than the Louisiana percentage.

DISPARITY ► Lowest in Assumption Parish and among Black respondents. Men are more likely to report being without coverage.

Lack of Health Care Insurance Coverage
(Adults Age 18-64)
Healthy People 2030 = 7.9% or Lower

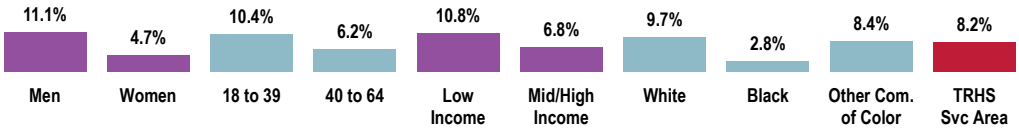
TRHS Service Area



Sources:
- 2022 PRC Community Health Survey, PRC, 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): BRFSYR Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents under the age of 65.

Lack of Health Care Insurance Coverage
(Adults Age 18-64; TRHS Service Area, 2022)
Healthy People 2030 = 7.9% or Lower



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 137]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents under the age of 65.

DIFFICULTIES ACCESSING HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. …About 1 in 10 people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Difficulties Accessing Services

This indicator reflects the percentage of the total population experiencing problems accessing health care in the past year, regardless of whether they needed or sought care. It is based on reports of the barriers outlined in the following section.

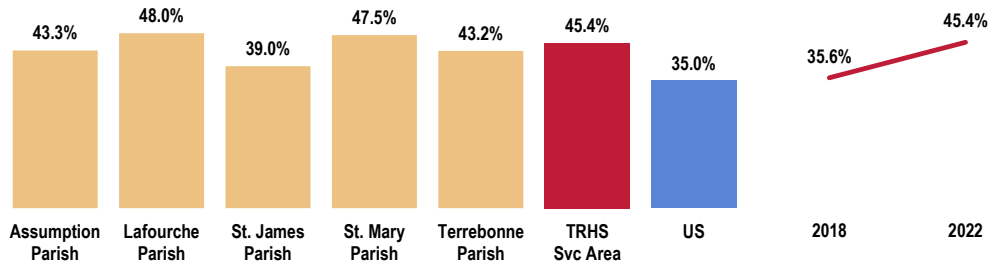
A total of 45.4% of TRHS Service Area adults report some type of difficulty or delay in obtaining health care services in the past year.

BENCHMARK ► Less favorable than the US finding.

TREND ► Denotes a significant increase since 2018.

DISPARITY ► More often reported among adults younger than 65 (negative correlation with age) and lower-income adults.

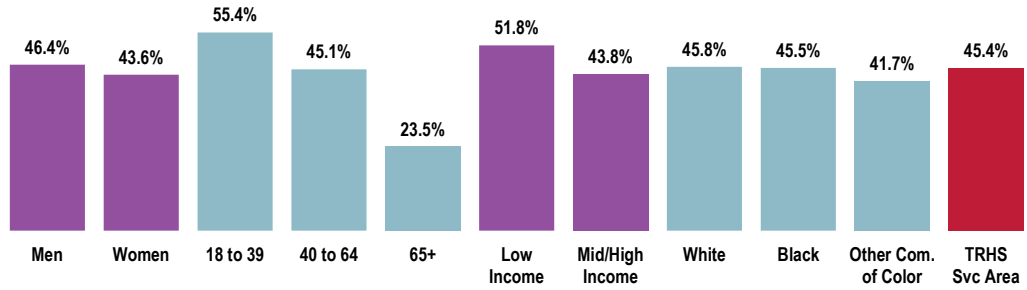
Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 140]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year
(TRHS Service Area, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 140]
Notes: • Asked of all respondents.
• Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Barriers to Health Care Access

To better understand health care 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.

Of the tested barriers, appointment availability impacted the greatest share of TRHS Service Area adults.

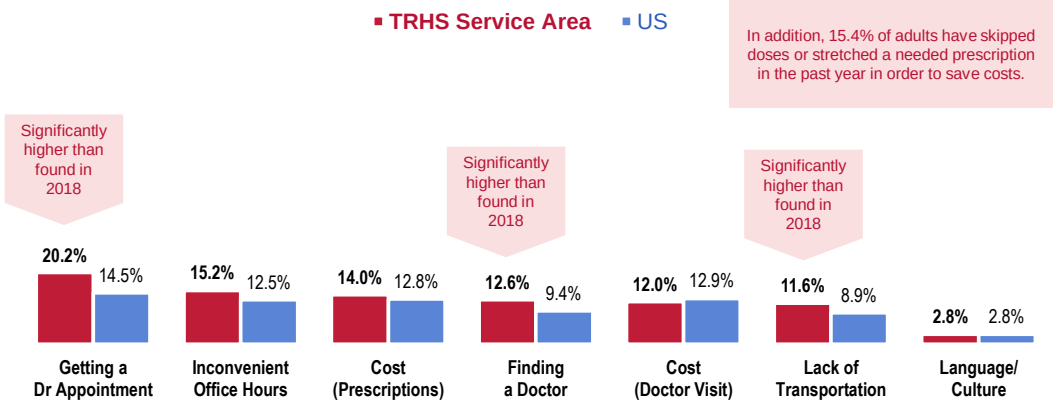
BENCHMARK ► **Appointment availability** and **difficulty finding a physician** more often affected area adults than their US counterparts.

TREND ► Since 2018, mention of **appointment availability**, **difficulty finding a physician**, and **transportation** as barriers has increased significantly.

DISPARITY ► Mention of **transportation** as a barrier was higher in St. Mary Parish (not shown).

Note also the 15.4% of adults who have skipped or reduced medication doses in the past year in order to stretch a prescription and save costs.

Barriers to Access Have Prevented Medical Care in the Past Year



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 7-14]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

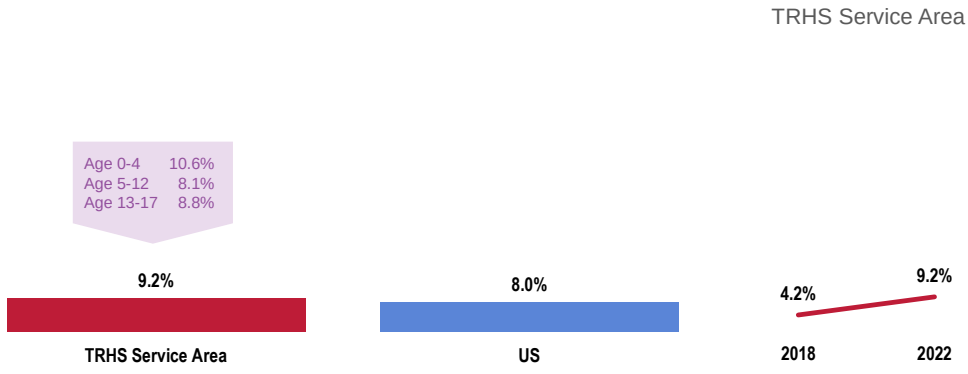
Accessing Health Care for Children

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.

A total of 9.2% 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.

TREND ► Represents a significant increase since 2018.

Had Trouble Obtaining Medical Care for Child in the Past Year
(Parents of Children 0-17)

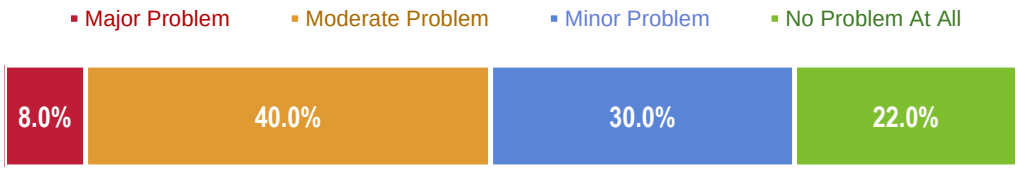


Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 104]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children 0 to 17 in the household.

Key Informant Input: Access to Health Care Services

Key informants taking part in an online survey generally characterized *Access to Health Care Services* as a "moderate problem" in the community.

Perceptions of Access to Health Care Services as a Problem in the Community
(Key Informants, 2022)



Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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

Access to Care

> The biggest challenges to accessing health care services are lack of reliable transportation, understanding of preventative measures including wellness, and hours of operation of health care services, including wellness. For instance, when clinics are only operational during working hours, many families cannot afford to leave work or have the transportation resources for medical care, including follow-up care and wellness. – Social Services Provider – Terrebonne Parish

> Transportation, distance to facilities from more rural areas, providers that do not take health plans or have a waitlist for particular health plans, lack of providers in the area. – Community Leader – Lafourche Parish

Transportation

> Transportation is a big issue in Terrebonne Parish. It is hard for those residents who live in the low-lying areas of the parish. There is little to no public transportation to help the less fortunate and elderly residents of the parish. – Community Leader – Terrebonne Parish

Specialty Care

> We do not have adequate prenatal care and pediatric care. There is no dentist in Assumption Parish. – Social Services Provider – Assumption Parish

PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

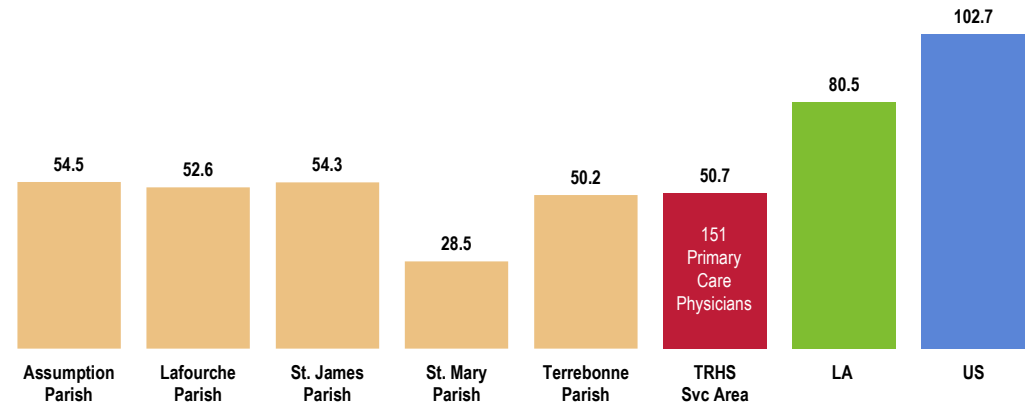
– Healthy People 2030 (https://health.gov/healthypeople)

Access to Primary Care

In 2021, there were 151 primary care physicians in the TRHS Service Area, translating to a rate of 50.7 primary care physicians per 100,000 population.

BENCHMARK ► Less favorable than state and national rates.

DISPARITY ► By this measure, access to primary care is lowest in St. Mary Parish.



Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Notes:
- Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Specific Source of Ongoing 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).

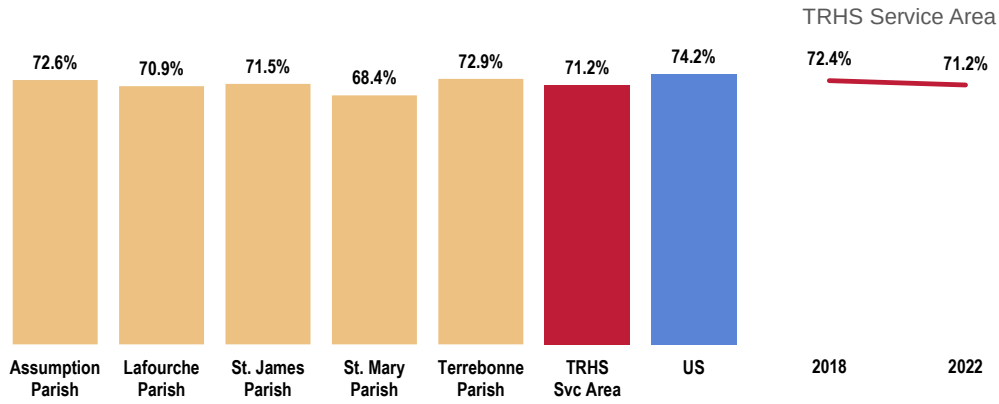
A hospital emergency room is not considered a specific source of ongoing care in this instance.

A total of 71.2% of TRHS Service Area adults were determined to have a specific source of ongoing medical care.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

Have a Specific Source of Ongoing Medical Care

Healthy People 2030 = 84.0% or Higher



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 139]
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

Utilization of Primary Care Services

Adults

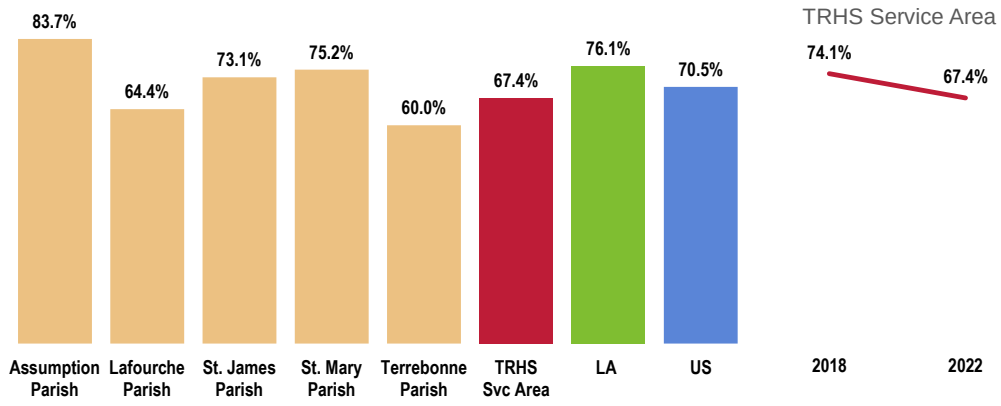
Two-thirds of adults (67.4%) visited a physician for a routine checkup in the past year.

BENCHMARK ► Lower than found across the state.

TREND ► Represents a significant decrease since 2018.

DISPARITY ► Lowest in Terrebonne Parish. Those less likely to have received a checkup include men, White residents, and residents of other communities of color. Note the positive correlation with age.

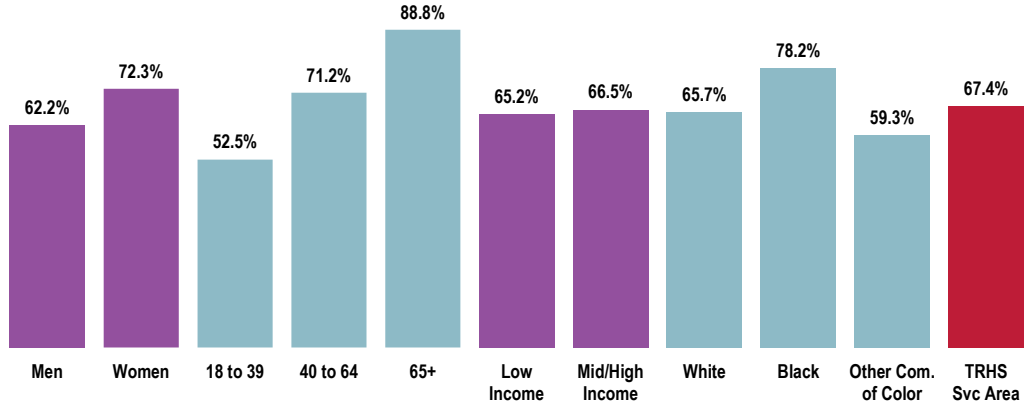
Have Visited a Physician for a Checkup in the Past Year



Sources:
- 2022 PRC Community Health Survey, PRC, 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): BRFSYR Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year
(TRHS Service Area, 2022)

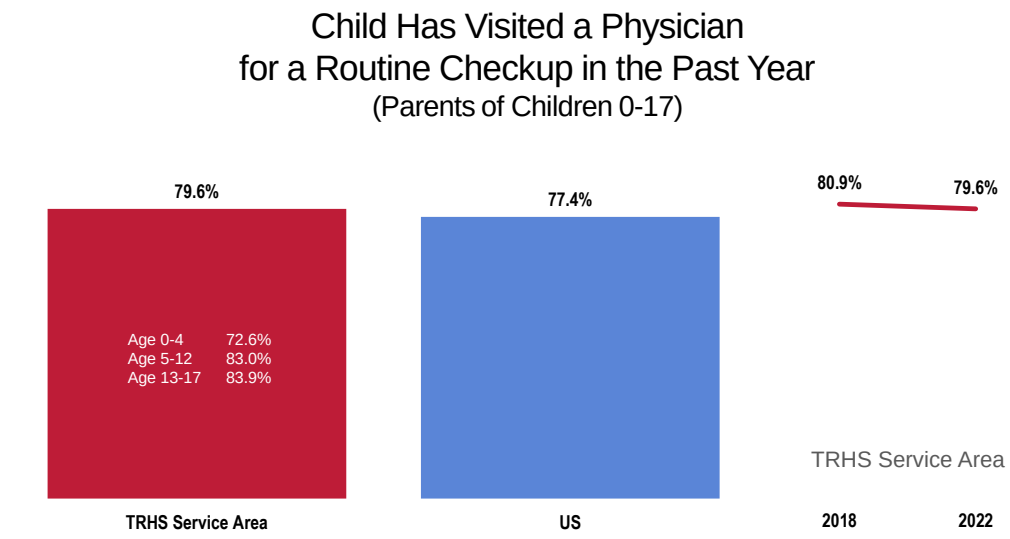


Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 18]

Notes:
- Asked of all respondents.

Children

Among surveyed parents, 79.6% report that their child has had a routine checkup in the past year.



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 105]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.

EMERGENCY ROOM UTILIZATION

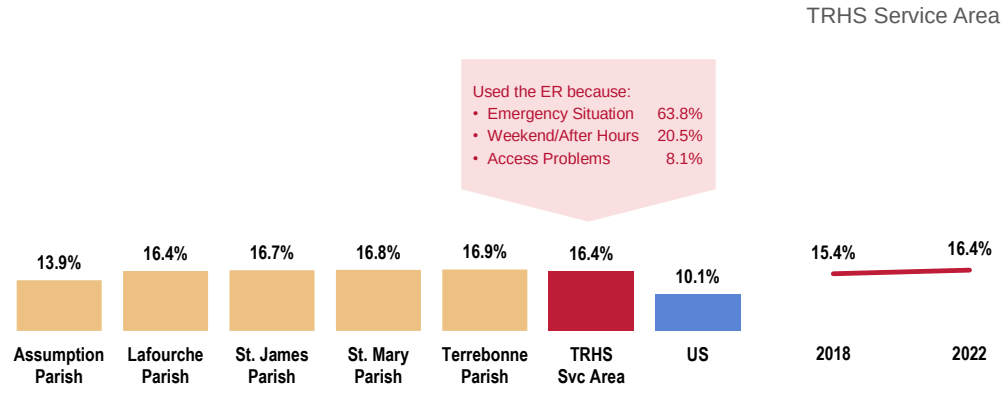
Adults

A total of 16.4% of TRHS Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

BENCHMARK ► Less favorable than found across the US.

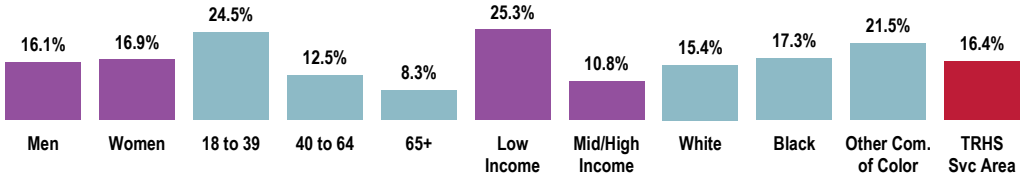
DISPARITY ► More prevalent among young adults and lower-income residents.

Have Used a Hospital Emergency Room More Than Once in the Past Year



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 22, 301]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year
(TRHS Service Area, 2022)

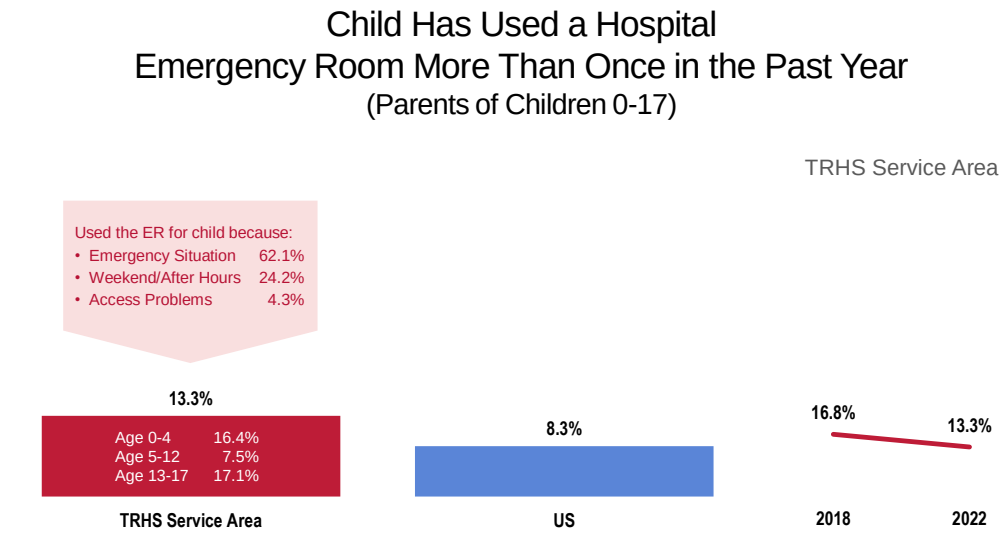


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 22]
Notes: • Asked of all respondents.

Children

Among surveyed parents, 13.3% reported that their child has used a hospital emergency room more than once in the past year.

BENCHMARK ▶ Less favorable than found across the US.



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Items 331-332]
● 2020 PRC National Child & Adolescent Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children 0 to 17 in the household.

ORAL HEALTH

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. …Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

– Healthy People 2030 (https://health.gov/healthypeople)

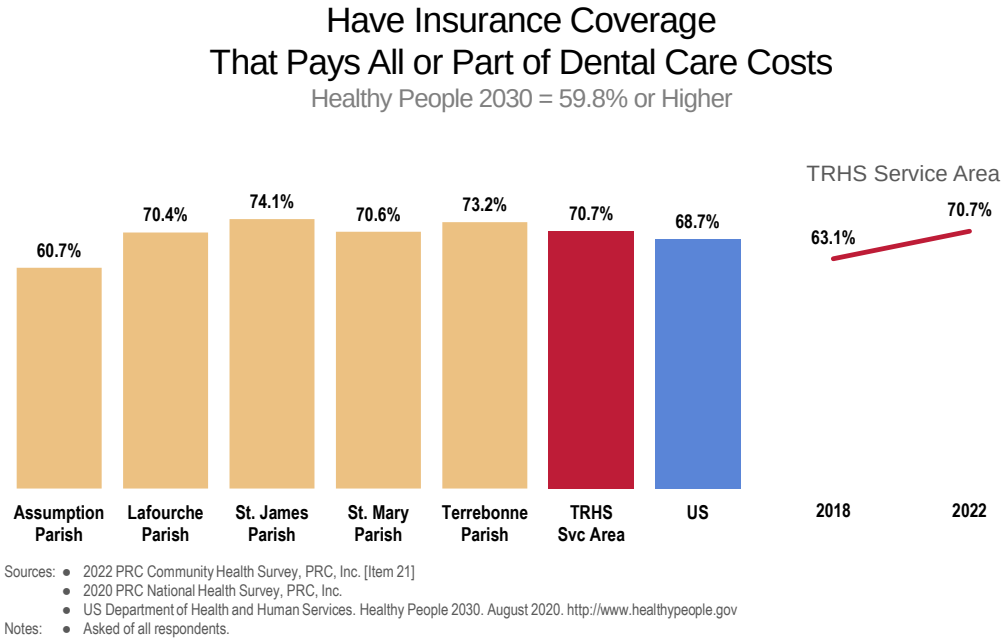
Dental Insurance

A majority of TRHS Service Area adults (70.7%) has dental insurance that covers all or part of their dental care costs.

BENCHMARK ► Satisfies the Healthy People 2030 objective.

TREND ► Marks a significant increase since 2018.

DISPARITY ► Lowest in Assumption Parish.



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 21]
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

Dental Care

Adults

A total of 53.7% of TRHS Service Area adults have visited a dentist or dental clinic (for any reason) in the past year.

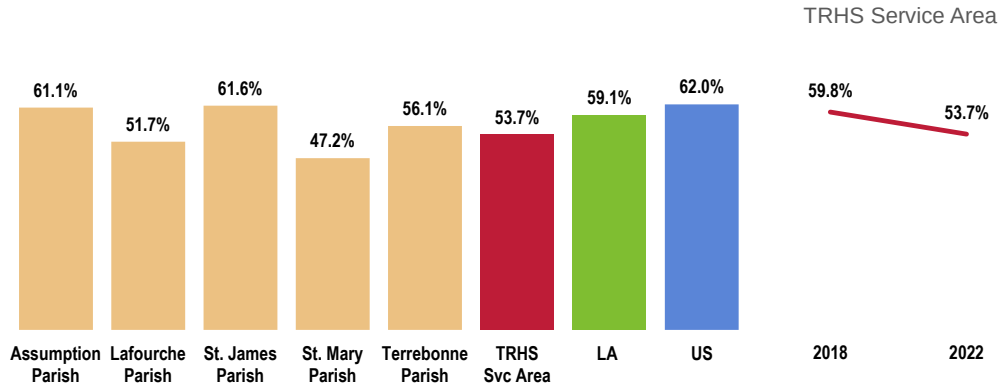
BENCHMARK ► Worse than found across the state and nation. Satisfies the Healthy People 2030 objective.

TREND ► Denotes a significant decrease since 2018.

DISPARITY ► Those less likely to have received dental care include young adults, lower-income respondents, and those without dental insurance.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2030 = 45.0% or Higher



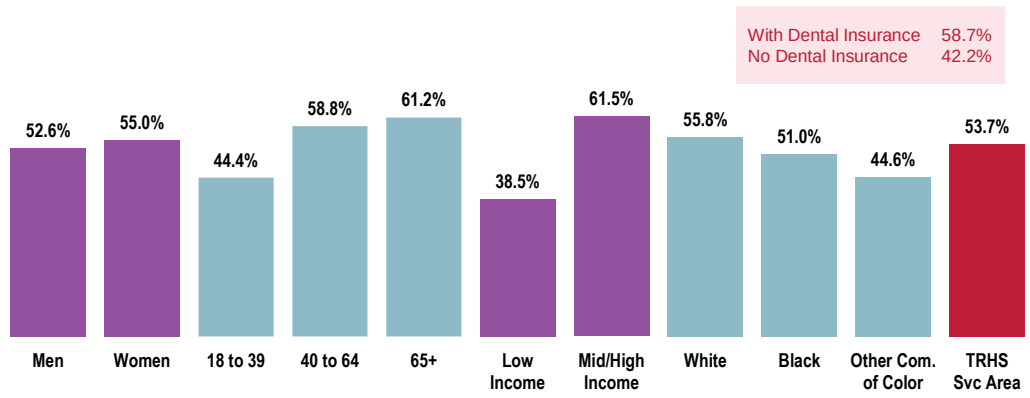
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 20]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): BRFSYR Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

Have Visited a Dentist or Dental Clinic Within the Past Year

(TRHS Service Area, 2022)

Healthy People 2030 = 45.0% or Higher



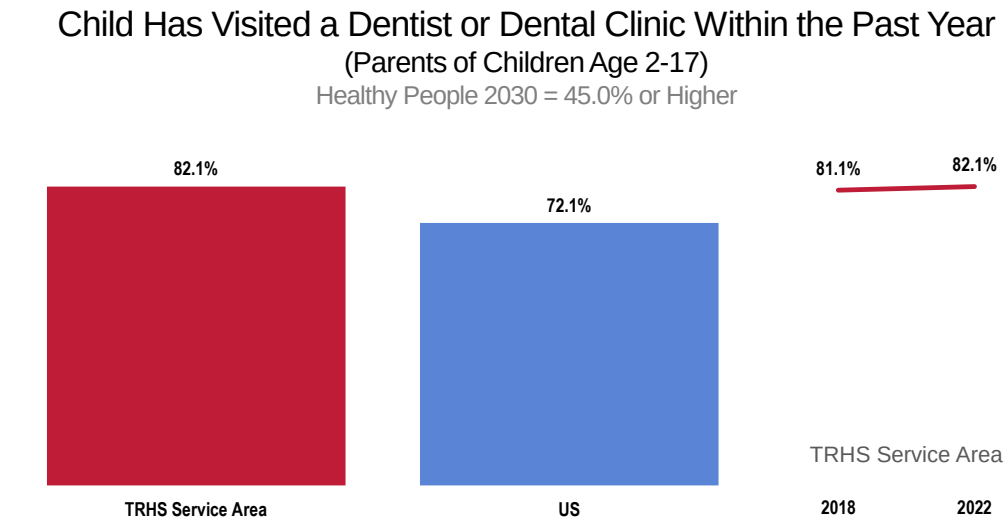
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 20]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

Children

A total of 82.1% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

BENCHMARK ► More favorable than the national percentage. Satisfies the Healthy People 2030 objective.

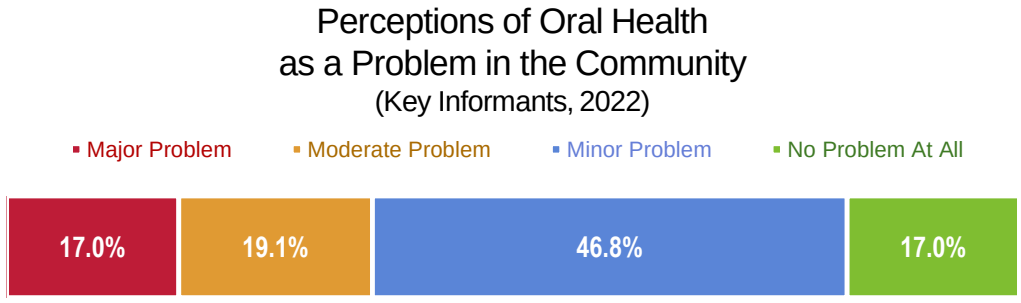


Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 108]
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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.



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

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

Insurance Issues

> Insurance for oral health isn't very good. – Other Health Provider – Lafourche Parish
>
> Lack of coverage after age 21 for public insurances, cost of services. – Community Leader – Lafourche Parish

> Many don't have insurance for checkups or savings that could keep them healthy. Sometimes lifestyle choices. – Community Leader – Lafourche Parish

Affordable Care/Services

> Costs of dental care. – Community Leader – Lafourche Parish
>
> Affordable dental care for Medicaid and uninsured patients is very difficult to obtain. – Physician – Lafourche Parish

Access to Care/Services

> No quality dentists. – Community Leader – Terrebonne Parish

Incidence/Prevalence

> Number of patients with poor oral health. – Physician – Lafourche Parish

VISION CARE

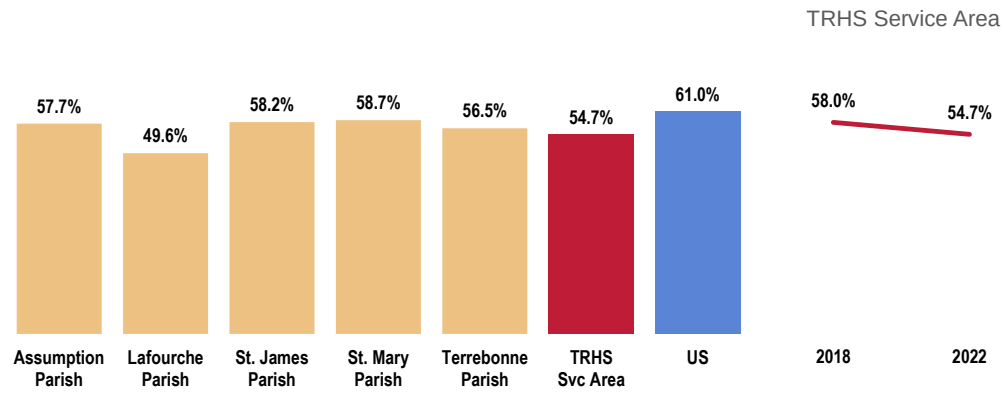
A total of 54.7% of TRHS Service Area residents had an eye exam in the past two years during which their pupils were dilated.

BENCHMARK ► Less favorable than the national finding. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Lowest in Lafourche Parish. Those less likely to have received vision care include adults younger than 65 (especially young adults) and lower-income adults.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

Healthy People 2030 = 61.1% or Higher



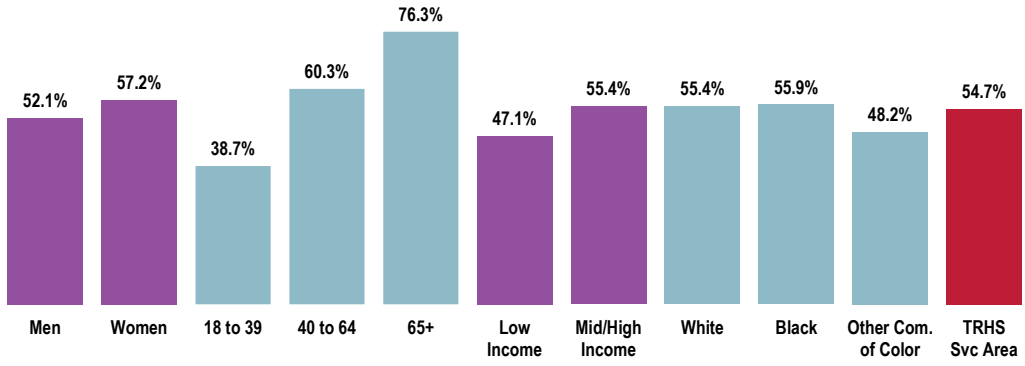
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 19]
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

(TRHS Service Area, 2022)

Healthy People 2030 = 61.1% or Higher



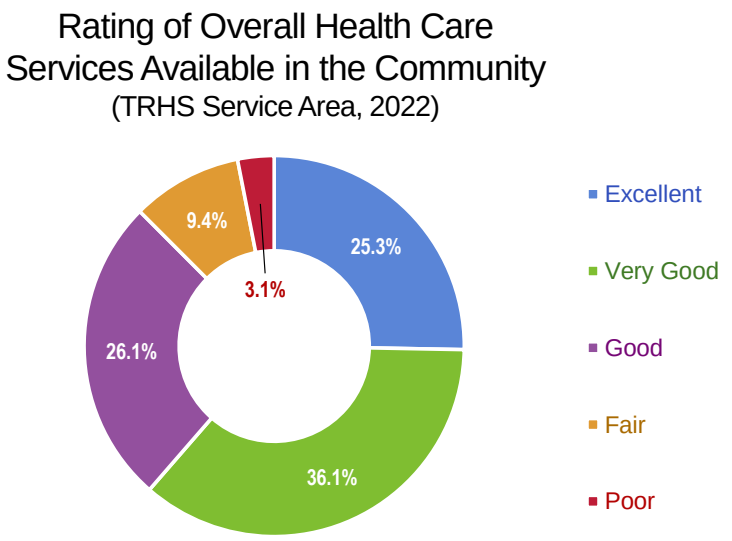
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 19]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

LOCAL RESOURCES

PERCEPTIONS OF LOCAL HEALTH CARE SERVICES

A majority of TRHS Service Area adults rates the overall health care services available in their community as "excellent" or "very good."

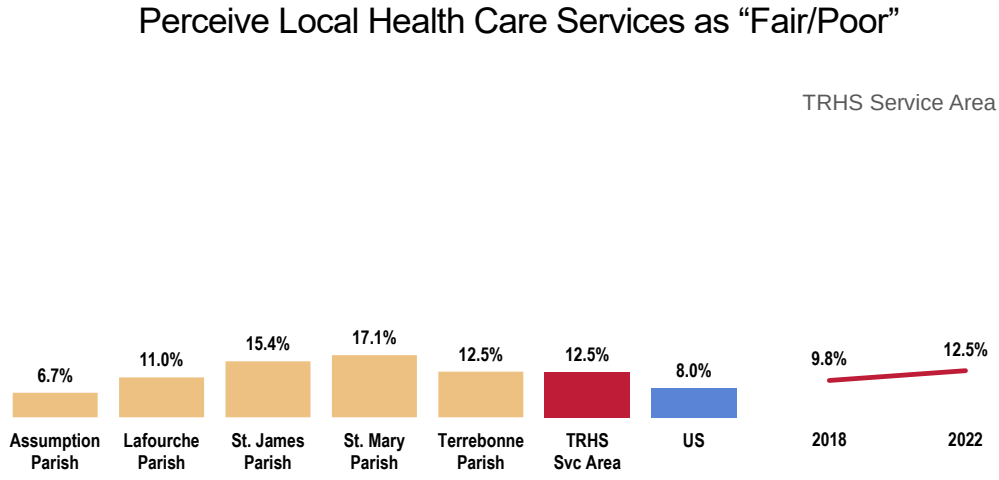


Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 6]
Notes: ● Asked of all respondents.

However, 12.5% of residents characterize local health care services as "fair" or "poor."

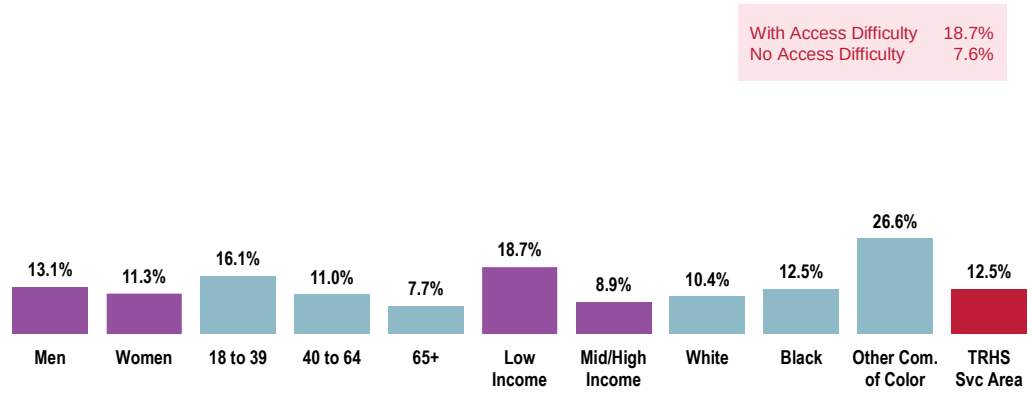
BENCHMARK ► Worse than found across the US.

DISPARITY ► Lowest in Assumption Parish. Those more likely to give unfavorable ratings include young adults, lower-income respondents, residents of other communities of color, and those who had difficulty accessing services.



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 6]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Perceive Local Health Care Services as “Fair/Poor”
(TRHS Service Area, 2022)

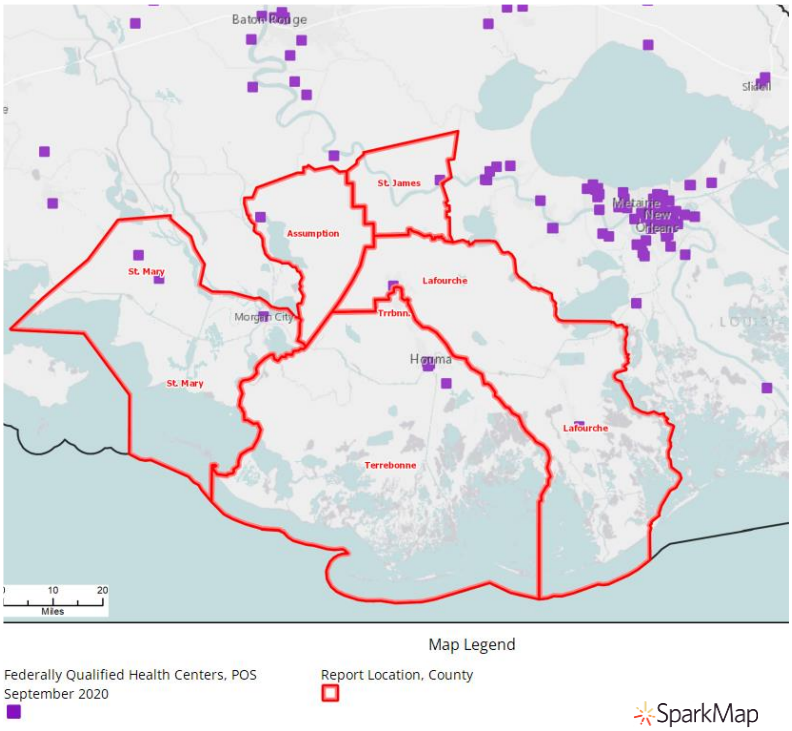


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 6]
Notes: • Asked of all respondents.

HEALTH CARE RESOURCES & FACILITIES

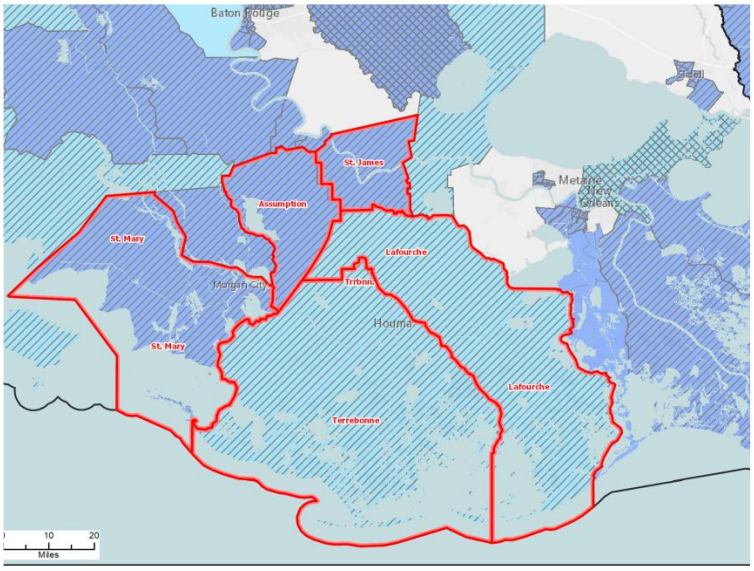
Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within the TRHS Service Area as of September 2020.



Health Professional Shortage Area (HPSAs)

The following map outlines the service area's degree of health professional shortage as of May 2021.



Map Legend

Primary Care HPSA Components, Type and Degree of Shortage by Tract / County, HRSA HPSA Database May 2021

- Population Group; Over 20.0 FTE Needed
- Population Group; 1.1 - 20.0 FTE Needed
- Population Group; Under 1.1 FTE Needed
- Geographic Area; Over 20.0 FTE Needed
- Geographic Area; 1.1 - 20.0 FTE Needed
- Geographic Area; Under 1.1 FTE Needed

Report Location, County

SparkMap

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 to Health Care Services

- Council on Aging
- Doctor's Offices
- Lafourche Action
- Leonard Chabert Medical Center
- Medicaid
- Start Corporation
- Teche Action Clinic
- Terrebonne General Health System
- Thibodaux Regional Health System
- Urgent Care Centers

Cancer

- Cancer Awareness Campaigns
- Cancer Centers
- Cancer Institute
- Early Screening Programs
- Hospitals
- Leonard Chabert Medical Center
- Mary Bird Perkins
- Relay for Life
- Thibodaux Regional Cancer Center
- Thibodaux Regional Health System
- Thibodaux Regional Wellness Center

Chronic Kidney Disease

- Dialysis Center
- Fresenius Renal Care
- Terrebonne General Health System

Coronavirus Disease/COVID-19

- Nicholls State Mental Health

Dementia/Alzheimer's Disease

- Bayou Region Alzheimer's Services
- Claiborne House
- Council on Aging
- Nursing Homes

Diabetes

- Albemarle Plantation Market
- Cookies Farmer's Market
- Diabetic Education
- Doctor's Offices
- Food Banks
- Leonard Chabert Medical Center
- LSU Ag Center
- Office of Community Action
- Second Harvest Food Bank
- Terrebonne General Health System
- Thibodaux Regional Health System
- Thibodaux Regional Wellness Center
- Wellness Center

Disabilities

- Doctor's Offices
- Thibodaux Regional Health System

Heart Disease & Stroke

- Cardiac Cath Lab
- Cardiac Rehab
- Cardiovascular Institute of the South
- Fitness Centers/Gyms
- Louisiana Emergency Response Network
- Parks and Recreation
- Second Harvest Food Bank
- Terrebonne General Health System
- Thibodaux Regional Health System
- Thibodaux Regional Wellness Center
- Wellness Center

Infant Health and Family Planning

- Comprehensive Maternal/Fetal Programs
- Family Birthing Unit
- Lafourche Parish Health Unit
- Nurse Family Partnership

Injury and Violence

- Coroner's Office
- Lafourche Parish Sheriff's Office Victim Assist Program
- Louisiana Emergency Response Network
- The Haven

Mental Health

- Ascent Health
- Assumption Health Unit
- Chris Rachal's Behavioral Clinic
- Christian Charities
- COMPASS
- Doctor's Offices
- Drug Court
- Hospitals
- Lafourche Parish Mental Health
- Leonard Chabert Medical Center
- Magnolia Family Services
- Mental Health Services
- Nicholls State Mental Health
- Ochsner St. Anne
- On-Campus Counseling
- Options for Independence
- Public Health
- South Central Health Center
- South Central Louisiana Human Services
- Start Corporation
- TADAC
- Terrebonne General Health System
- Terrebonne Mental Health
- Therapist
- Thibodaux Regional Health System

Nutrition, Physical Activity, and Weight

- Assumption Community Hospital
- Assumption High School
- Assumption Parish Community Center
- Council on Aging
- Employee Testing Programs
- Fit Kitchen
- Fitness Centers/Gyms
- Healthy Cafe
- Lafourche Parish Government Recreation
- LSU Ag Center
- SNAP Fitness
- Terrebonne General Health System
- The Workout Company
- Thibodaux Recreation
- Thibodaux Regional Health System
- Thibodaux Regional Wellness Center
- Veterans Park
- WellFit
- Wellness Center

Oral Health

- Dentist's Offices
- Doctor's Offices
- Leonard Chabert Medical Center
- Louisiana Dental
- Medicaid

Respiratory Diseases

- Doctor's Offices
- Terrebonne General Health System
- Thibodaux Regional Health System

Substance Abuse

- AA/NA
- Assisi Bridge House
- Beacon Behavioral Health
- Doctor's Offices
- Drug Court
- Lafourche Parish Drug Abuse Clinic
- Lafourche Parish Mental Health
- Ochsner Medical Center
- Odyssey House
- Options for Independence
- South Central Louisiana Human Services
- Start Corporation
- TADAC
- Terrebonne Behavioral Health
- Terrebonne General Health System
- Terrebonne Mental Health
- Women's Restoration

Tobacco Use

- Smoking Cessation Programs
- South Central Louisiana Human Services

APPENDIX

EVALUATION OF PAST ACTIVITIES

Addressing Significant Health Needs

Thibodaux Regional conducted its last CHNA in 2019 and reviewed the health priorities identified through that assessment. Taking into account the top-identified needs — as well as hospital resources and overall alignment with the hospital's mission, goals and strategic priorities — it was determined at that time that Thibodaux Regional would focus on developing and/or supporting strategies and initiatives to improve:

- Nutrition, Physical Activity, and Weight
- Mental Health
- Heart Disease & Stroke
- Cancer
- Diabetes

Strategies for addressing these needs were outlined in Thibodaux Regional's Implementation Strategy. Pursuant to IRS requirements, the following sections provide an evaluation of the impact of the actions taken by Thibodaux Regional to address these significant health needs in our community.

Evaluation of Impact

Priority Area: Nutrition, Physical Activity and Weight	
Goal	Improve the health and well-being of the region through prevention, fitness, education, rehabilitation, and focused sports and wellness services.

Strategy 1: Implement Well-Fit - an integrated medical care and fitness program to help individuals lead the highest quality, most active lifestyle possible.	
Strategy Was Implemented?	Yes, WellFit remains in place
Target Population(s)	Adults over 18yrs old with medical issues or lifestyle improvement needs.
Partnering Organization(s)	Internal: Physical Therapy, Psychiatry, Respiratory Therapy External: Fitness Center of Thibodaux Regional, Regional Physicians
Results/Impact	• Walk Distance improved in 88% of participants • PROMIS improved for 71% of participants • Average weight loss = 4 pounds • 54% program completion rate

Strategy 2: Provide Diabetes Self-Management Program to assist patients in optimizing diabetes control.	
Strategy Was Implemented?	Yes, Diabetes program remains in place
Target Population(s)	Adults over 18 years old with T1, T2, & Gestational diabetes
Partnering Organization(s)	Internal: RN's, RD's, & Endocrinologist External: Regional Physicians
Results/Impact	• A1C decreased an average of 2.33 points • Average weight loss = 7.7 pounds • A total of 610 patients participated and attended visits to learn how to improve their A1C levels

Strategy 3: Provide individualized Medical Nutrition Therapy to assist with lowering cholesterol, promoting weight loss and optimizing diet.	
Strategy Was Implemented?	Yes, Medical Nutrition Therapy services continue
Target Population(s)	Adults and children with medical nutrition concerns per physician referrals
Partnering Organization(s)	Internal: RN's & RD's External: Regional Physicians
Results/Impact	• An average of 89 patients/year participated • Patients received medical nutrition therapy to assist with optimizing their diet and as a result improved their overall health

Strategy 4: Provide Bariatric Nutrition Preparation for individuals prior to weight loss surgery.	
Strategy Was Implemented?	Yes, Bariatric Nutrition Services Continue to be offered
Target Population(s)	Adults who are pre or post l bariatric surgery.
Partnering Organization(s)	Internal: RD's and Psychiatry External: Regional Physicians
Results/Impact	• An average of 9 patients/year received Bariatric Nutrition Preparation prior to weight loss surgery.

Strategy 5: Offer Wellness Nutrition Sessions for individuals interested in weight loss nutrition counseling with a Registered Dietitian.	
Strategy Was Implemented?	Yes, Wellness Nutrition Services continue
Target Population(s)	Adults interested in improving dietary lifestyle choices
Partnering Organization(s)	Internal: RD's External: Fitness Staff, Regional Physicians
Results/Impact	• An average of 126 sessions/year were held with individuals interested in receiving nutrition counseling from a Registered Dietician.

Strategy 6: Offer Sports Nutrition Sessions to help athletes reach their specific fitness and/or sport related goals.	
Strategy Was Implemented?	Yes, Sports Nutrition Services continue
Target Population(s)	Adolescents and college age adults with an interest in improving nutrition for sports
Partnering Organization(s)	Internal: RD's, Sports Medicine Staff External: NSU athletic coaches, trainers, & Regional High School coaches
Results/Impact	• An average of 86 visits/year took place by those interested in improving their nutrition with a specific focus on Sports Nutrition.

Strategy 7: Offer a Healthy Lifestyle Changes Group Series to promote healthy eating and regular physical exercise.	
Strategy Was Implemented?	Yes, Healthy Lifestyles Classes continue to be offered
Target Population(s)	Adults interested in losing weight through positive lifestyle choices
Partnering Organization(s)	Internal: RD's, RN's External: Fitness Center staff, Regional Physicians
Results/Impact	• Approximately 10 participants benefitted from the classes prior to group classes being paused due to COVID safety protocols.

Strategy 8: Develop and implement a medically cleared weight management system that meets all weight loss needs.	
Strategy Was Implemented?	No, the initiative was cancelled related to COVID and Hurricane Ida
Target Population(s)	Adults interested in participating in a weight management program
Partnering Organization(s)	Internal: Providers External: Fitness Center staff, Regional Physicians, 3rd party Weight Management Program
Results/Impact	Initiative was not implemented

Strategy 9: Develop and implement a program to increase the activity of children and improve their knowledge base of nutrition.	
Strategy Was Implemented?	Yes, we sponsored playground equipment for two Head Start schools, hosted fifth grade elementary students for a day of nutritional education and physical activity, and sponsored interactive exhibits and health education programming for the Children's Museum.
Target Population(s)	Children age 3 years of age and older
Partnering Organization(s)	Internal: Physicians, Registered Dietitians, Fitness Center Staff, Team Members External: Lafourche Parish Government, Lafourche Parish School District, Bayou Country Children's Museum
Results/Impact	• Impacted approximately 500 + children and parents

Strategy 10: Develop and implement a schedule of community events to increase the activity in the way of running, walking and cycling.	
Strategy Was Implemented?	Not implemented due to COVID and Hurricane IDA
Target Population(s)	Community members
Partnering Organization(s)	
Results/Impact	Initiative not implemented

Strategy 11: Develop and implement a plan to support local food banks assisting in ensuring proper nutritional support for the underserved.	
Strategy Was Implemented?	The initiatives were paused due to COVID as our team members were not able to volunteer in 2020 or 2021, nor was the Food Bank accepting outside donations.
Target Population(s)	Families in need of services provided by the Food Bank
Partnering Organization(s)	Internal: All Thibodaux Regional Team Members External: Good Samaritan Food Bank in Thibodaux
Results/Impact	• 3,279 lbs. of donated goods were delivered to the Food Bank as a result of the most recent Food Drive prior to COVID.

Priority Area: Mental Health	
Goal	To help service the mental health needs of the community.

Strategy 1: Provide Inpatient Behavioral Health services to male and female patients age 30+ in need of medical and mental health treatment.	
Strategy Was Implemented?	Yes
Target Population(s)	People in the community ages 30 and up with a chronic, acute mental illness.
Partnering Organization(s)	Internal: Case Management, ER Staff, Physicians External: Local ERs, Start Corp, Family Physician Offices, Law Enforcement, Private mental Health offices
Results/Impact	• Services provided to 918 patients • 100% Suicide Assessment completed • All patients on the appropriate level of care when audited for falls • Seclusion: 17,148 minutes • Restraint: 5,678 minutes

Strategy 2: Provide an Intensive Outpatient Behavioral Health Program to male and female patients age 18+ with a mental health diagnosis.	
Strategy Was Implemented?	Yes
Target Population(s)	Male and female patients age 18+ with a mental health diagnosis.
Partnering Organization(s)	External: Local ERs, Inpatient Behavioral Health Units, other Mental Health Providers, PCPs, Nursing Homes
Results/Impact	• Referral to admit conversion rate = 92% • Volume: 8,278 participants • Brief Psychiatric Rating Scale (BPRS): 100% charts audited for BPRS Scores and scale completed • Suicide Assessment: 100% charts audited and assessment completed

Strategy 3: Provide Outpatient Behavioral Health Counseling for patients 16+ with mental health diagnosis or concerns.	
Strategy Was Implemented?	Yes
Target Population(s)	Patients 16+ with mental health diagnosis or concerns
Partnering Organization(s)	External: Hospitals, other Mental Health Providers, Employees, Workman's comp, Cancer Center, Wellfit Program, Court System, Local Businesses
Results/Impact	• Volume: 859 participants

Strategy 4: Coordinate an Alzheimer's Support Group for patients diagnosed with Alzheimer's disease and their family members.	
Strategy Was Implemented?	Yes
Target Population(s)	Patients diagnosed with Alzheimer's disease and their family members.
Partnering Organization(s)	External: Community members, PCPs, Mental Health Providers
Results/Impact	• Support group was temporarily stopped due to COVID and Hurricane IDA, restarted in 2022 to support patients and their family members.

Strategy 5: Develop and implement exercise programs focused on stress reduction.	
Strategy Was Implemented?	Education was developed but groups classes were held due to COVID.
Target Population(s)	Community members
Partnering Organization(s)	Internal: Physicians External: Community members
Results/Impact	• An educational class on stress reduction was developed. It is provided 2x a month. • Volume: 10 • COVID safety protocols caused the program to be closed for several months and prevented the development of the exercise class.

Priority Area: Heart Disease and Stroke	
Goal	Provide Inpatient, Outpatient and Community Outreach Services related to heart disease and stroke prevention, screening and education.

Strategy 1: Provide cardiovascular services through a Heart and Vascular Center equipped with the latest heart care and vascular technology.	
Strategy Was Implemented?	Yes, in December of 2020 the Hospital Board approved a $1.3 million dollar renovation and install of new catheterization lab
Target Population(s)	Patients requiring Heart and Vascular services
Partnering Organization(s)	Internal: Cardiovascular Surgeon, Primary Care Physicians External: Cardiovascular Institute of the South, Regional Physicians
Results/Impact	• Volume: 2,013 patients/year

Strategy 2: Provide a Comprehensive Cardiac Rehabilitation Program to help heart patients recover and return to optimal health after a cardiac event.	
Strategy Was Implemented?	Yes, Cardiac Rehab services continue
Target Population(s)	Adults over 18 with cardiac disease as determined by their physician.
Partnering Organization(s)	Internal: Dietitians External: Fitness Center Staff, Regional Physicians
Results/Impact	• Volume: 209 patients/year

Strategy 3: Provide a Comprehensive Peripheral Arterial Disease Supervised Exercise Program (HEALTHY STEPS) for those suffering from Peripheral Arterial Disease and Intermittent Claudication.	
Strategy Was Implemented?	Yes, Peripheral Arterial Disease services continue
Target Population(s)	Adults over 18 with peripheral arterial disease as determined by their physician.
Partnering Organization(s)	Internal: Dieticians External: Fitness Center Staff, Regional Physicians
Results/Impact	• Volume: 10 participants/year

Strategy 4: Provide Inpatient Rehabilitation Program for patients who are medically stable but continue to need physical assistance following a stroke.	
Strategy Was Implemented?	Yes, the Inpatient Rehab Unit is CARF accredited and takes a multi-disciplinary approach to care driven by the medical director and therapists along with the nursing staff. Other specialists may be involved on a case-by-case basis.
Target Population(s)	Adults over 18 years old Patients under the age of 18 are evaluated on a case-by-case basis
Partnering Organization(s)	Internal: Case Management, Inpatient Units, Physicians External: Hospitals throughout the Region as they provide referrals

Results/Impact	• Average CMI: 1.51
	• Pre and Post Functional improvements – Observed functional efficiency = 4.08 with an expected average of 2.54
	• Discharge dispositions
	  ○ Home: 87%
	  ○ Acute: 3%
	  ○ Skilled Nursing: 10%

Strategy 5: Provide a comprehensive Outpatient Rehabilitation Program consisting of physical, occupational and speech therapy following a stroke.	
Strategy Was Implemented?	Yes
Target Population(s)	Patients recovering post stroke
Partnering Organization(s)	Internal: Neurologists, Inpatient Rehab, Home Health External: Regional physicians, Other Hospitals and Rehab facilities throughout surrounding communities
Results/Impact	• 5% increase in patient volume • Addition of new Neuro Physical Therapist • Patient satisfaction scores = 99%

Strategy 6: Participate in community events to promote heart health and stroke prevention.	
Strategy Was Implemented?	Not implemented; Community events were not held due to COVID and Hurricane IDA.
Target Population(s)	Community members
Partnering Organization(s)	
Results/Impact	

Strategy 7: Educate the community on the signs and symptoms of a stroke and actions they should take to improve outcomes.	
Strategy Was Implemented?	Wrote articles for publication in local Chamber magazine as well as area newspaper and hospital website; Produced short video with neurologist and posted on social media channels.
Target Population(s)	Community Members
Partnering Organization(s)	Internal: Neurologists External: Community Members, Regional Physicians
Results/Impact	• Increased education and awareness among community members, potentially leading to earlier identification of stroke and knowing which actions to take to improve outcomes

Strategy 8: Develop and implement strategies for early recognition and treatment of strokes.	
Strategy Was Implemented?	Yes, we continue to work an action plan to reduce door to tPA
Target Population(s)	Emergency Department patients who present with signs and symptoms of stroke
Partnering Organization(s)	Internal: ED Staff, Care Transformation Team, ED Physician Group External: Louisiana Emergency Response Network (LERN), American Stroke Association, Our Lady of the Lake, Regional Providers
Results/Impact	• Average Door to tPA time = 50 minutes • Average mortality rate less than 4% • Average readmission rate = 11%

Priority Area: Cancer	
Goal	Provide a full range of cancer screenings and more effective treatments to improve the survival rates of the community and surrounding areas.

Strategy 1: Provide cancer screenings for early detection and prevention.	
Strategy Was Implemented?	Community screenings were minimal due to COVID, but social media, print and radio were utilized to provide education and awareness for various types of cancer
Target Population(s)	Adults, males for prostate, church groups, primary care physicians, health fairs, students and faculty at local schools and universities
Partnering Organization(s)	Internal: Urology and Pulmonology providers, Cancer Committee External: American Cancer Society
Results/Impact	• Screening numbers for colon cancer increased by 30%, lung cancer screening increased by 55% and mammograms increased by 26%

Strategy 2: Utilize grant funding to provide mammogram services to patients in need.	
Strategy Was Implemented?	No, grant funding was only received for cancer patients
Target Population(s)	Adult women, Church groups
Partnering Organization(s)	Internal: Physicians External: United Way, Regional Providers
Results/Impact	Grant funding for mammogram services not received

Strategy 3: Provide Tobacco Cessation Classes at no charge to qualified participants.	
Strategy Was Implemented?	No, group classes have not been implemented.
Target Population(s)	Regional population
Partnering Organization(s)	Internal: Providers, Pulmonologists, Cardiopulmonary Department External: Smoking Cessation Trust, Insurance Companies
Results/Impact	• Trust will not be available in the summer of 2022

Strategy 4: Provide a Patient Navigation Program as a patient support service in which patients are guided through Cancer Care.	
Strategy Was Implemented?	Yes
Target Population(s)	Patients newly diagnosed with Cancer
Partnering Organization(s)	Internal: Cancer Center Team Members, Oncologists, Physicians, Outpatient Behavioral Health External: United Way, American Cancer Society, Regional Providers
Results/Impact	• 201 patients newly diagnosed with cancer were provided assistance with barriers to care, most commonly including financial, transportation and psychosocial aspects.

Strategy 5: Host and/or Participate in Local Races and community events to increase awareness, raise funds, and provide support for cancer patients and their families.	
Strategy Was Implemented?	Participated in virtual events when possible; In-person community events were not held due to COVID and Hurricane IDA.
Target Population(s)	Women (Breast Cancer); Community Members
Partnering Organization(s)	Internal: Cancer Center and Other Team Members, Physicians External: American Cancer Society; Constance Johnson
Results/Impact	• Increased awareness and education among community members regarding the importance of screening as well as early detection and treatment for improved outcomes

Strategy 6: Utilize grant funding to assist with transportation, financial support, preventative items, and nutritional support for cancer patients.	
Strategy Was Implemented?	Yes
Target Population(s)	Any patient with a cancer diagnosis
Partnering Organization(s)	Internal: Thibodaux Regional Auxilians External: United Way, Individual Community Donors
Results/Impact	• A total of 50 patients were assisted with financial grants totaling $24,000 over 2 years. • 237 gas cards administered to assist with transportation

Strategy 7: Identify and recruit medical specialties to enhance cancer care services.	
Strategy Was Implemented?	Yes
Target Population(s)	Regional physicians/providers
Partnering Organization(s)	Internal: Human Resources, Marketing, Physicians External: Recruiting firm, Current providers
Results/Impact	• Seven additional providers were recruited

Priority Area: Diabetes	
Goal	To provide early detection and treatment of diabetes, and to help educate individuals diagnosed with diabetes how to manage and live their healthiest life, resulting in decreased complications.

Strategy 1: Offer Weekly glucose screenings to members of our community at no charge	
Strategy Was Implemented?	Yes, free blood glucose screenings are offered weekly
Target Population(s)	Adults over 18 interested in assessing their blood glucose levels.
Partnering Organization(s)	Internal: RN's, RD's, & Endocrinologist External: Regional Physicians
Results/Impact	• Screening opportunities were limited due to COVID, but on average, 395 screenings were performed per year.

Strategy 2: Focus on improving patients' Hemoglobin A1C levels through a multi-disciplinary team	
Strategy Was Implemented?	Yes, diabetes program remains in place
Target Population(s)	Adults over 18 years old with T1, T2, & Gestational diabetes
Partnering Organization(s)	Internal: RN's, RD's, & Endocrinologist External: Regional Physicians
Results/Impact	• A1C decreased an average of 2.33 points • Average weight loss = 7.7 pounds • A total of 610 patients participated and attended visits to learn how to improve their A1C levels

Strategy 3: Provide Diabetes Self-Management Program to assist patients in optimizing diabetes control.	
Strategy Was Implemented?	Yes, diabetes program remains in place
Target Population(s)	Adults over 18 years old with T1, T2, & Gestational diabetes
Partnering Organization(s)	Internal: RN's, RD's, & Endocrinologist External: Regional Physicians
Results/Impact	• A1C decreased an average of 2.33 points • Average weight loss = 7.7 pounds • A total of 610 patients participated and attended visits to learn how to improve their A1C levels

Strategy 4: Evaluate gaps in care for diabetic patients and develop a plan to address gaps.	
Strategy Was Implemented?	Yes, offered survival class at alternate times of the day to accommodate those with transportation issues.
Target Population(s)	Adults over 18 years old with T1, T2, & Gestational diabetes
Partnering Organization(s)	Internal: RN's, RD's, & Endocrinologist External: Regional Physicians
Results/Impact	• Zero patients attended the alternative classes offered