



2020 Community Health Needs Assessment

Leonard J. Chabert
Medical Center

March 2020

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I. Introduction

Leonard J. Chabert Medical Center (LJCMC) has a long history of partnering with community organizations, providing innovative strategies to provide care for the medically underserved, vulnerable populations, and serving the general community. CMC completed their 2020 CHNA as there are unique opportunities to evaluate current strategies, deliver high-quality services, and be leaders for the community.

Southern Regional Medical Center DBA Leonard J. Chabert Medical Center (Chabert Medical Center/CMC) is owned by Hospital Service District No. 1 of Terrebonne Parish, a political subdivision of the State of Louisiana, and managed by Ochsner Health System. CMC is a 156-bed licensed acute care facility accredited by the Joint Commission providing both primary and secondary levels of care. In May 2013, a public/private partnership between Ochsner Health and Terrebonne General Medical Center (TGMC) was initiated. Ochsner and TGMC worked collaboratively to develop sustainable solutions to deliver crucial safety-net services for the region and preserve academic training at LJCMC. Leonard J. Chabert Medical Center continues its long tradition as a safety-net provider for the underserved in the region while achieving unprecedented access, service, and quality of care for its patients.

Southeast Louisiana, in particular, Terrebonne General Medical Center and Chabert Medical Center, have a long history of partnering with community organizations, providing innovative strategies to provide care for the medically underserved, vulnerable populations, and serving the general community. There was a unique opportunity to evaluate current strategies, deliver high-quality services, and be the leader for the community.

The region faces many challenges. Growing uninsured and underinsured populations, rising healthcare costs, and pressures to reduce services are continuing challenges TGMC and CMC will face for years. Nonetheless, the demand for services will continue to increase and local health service providers must be ready to address those needs. Health care providers in southeast Louisiana are committed to understanding, anticipating, assessing, and addressing the health care needs of their communities. With mutual interest in the health and well-being of residents served by TGMC and CMC, a collaborative community health needs assessment (CHNA) was conducted to evaluate and understand the region's health needs.

The CHNA represented a comprehensive community-wide process between TGMC and CMC where the health care institutions connected with a wide-range of public and private organizations, such as educational institutions, health-related professionals, local government officials, human service organizations, and faith-based organizations to evaluate the community's health and social needs. The CHNA was initiated in the summer of 2019 between Terrebonne General Medical Center and Chabert Medical Center. The collective spirit of both organizations assisted Tripp Umbach throughout the assessment process. Representation from both institutions made-up the working group for the CHNA process.

The Patient Protection and Affordable Care Act (PPACA), which went into effect on March 23, 2010, requires tax-exempt hospitals to conduct community health needs assessments (CHNA) and implementation strategies to improve the health and well-being of residents within the communities

served by the hospitals. These strategies created by hospitals and institutions consist of programs, activities, and plans that are specifically targeted toward populations within the community. The execution of the implementation strategy is designed to increase and track the impact of each hospital's efforts.

Tripp Umbach was contracted by Chabert Medical Center to conduct a CHNA. There were multiple steps involved in the overall CHNA process. These steps are depicted in Graph 1. Additional information regarding each component of the project, and the results, can be found in the Appendices section of this report.

The community needs assessment process is a meaningful engagement, and input was collected from a broad cross-section of community-based organizations, establishments, and institutions. The CHNA focused on Terrebonne Parish consisting of 13 ZIP codes. The CHNA process undertaken by Chabert Medical Center, with project management and consultation by Tripp Umbach, included input from representatives of the broad interests of the community served by the hospital, including those with special knowledge of public health issues; data related to underserved, hard-to-reach, vulnerable populations; and representatives of vulnerable populations served by the hospital. Tripp Umbach collaborated with working group members to oversee and accomplish the assessment and its goals. This report fulfills the requirements of the Internal Revenue Code 501(r)(3), established within the Patient Protection and Affordable Care Act.

Data from government and social agencies provides a strong framework and a comprehensive piece to the overall CHNA. The information collected is a snapshot of the health of residents in Southeast Louisiana, which encompassed socioeconomic information, health statistics, demographics, and general health issues. The CHNA report is a summary of primary and secondary data collected for Chabert Medical Center. The requirements imposed by the IRS for tax-exempt hospitals and health systems must include the following:

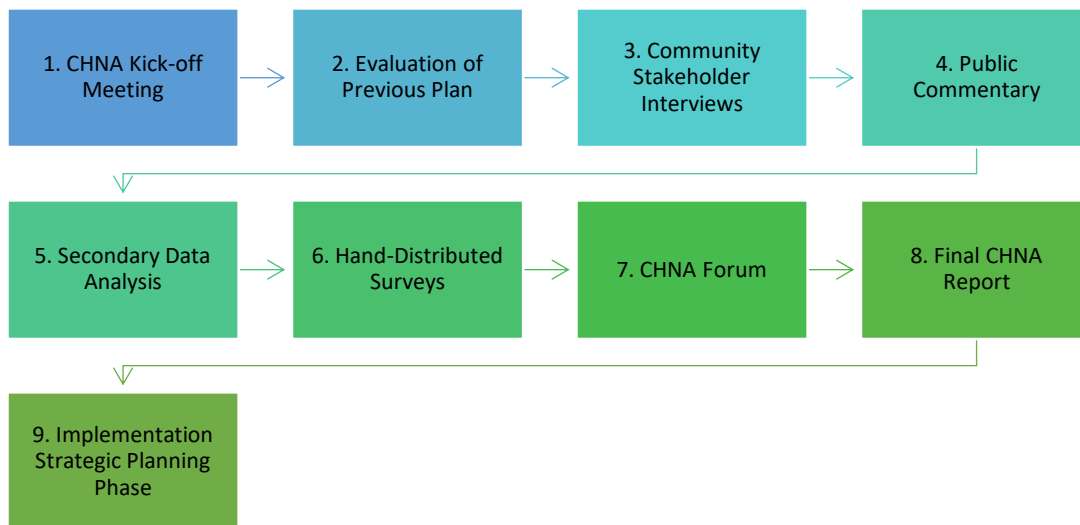
- Conduct a CHNA every three years.
- Adopt an implementation strategy to meet the community health needs identified through the assessment.
- Report how the strategy is addressing the needs identified in the CHNA and a description of needs that are not being addressed, with the reasons why.

The Department of the Treasury and the IRS require a CHNA to include:

1. A description of the community served by the hospital facilities and how the description was determined.
2. A description of the process and methods used to conduct the assessment.
 - A description of the sources and dates of the data and other information used in the assessment and the analytical methods applied to identify community health needs.
 - A description of information gaps that impact the hospital organization's ability to assess the health needs of the community served by the hospital facility.

- Identification of organizations that collaborated with the hospital and an explanation of their qualifications.
3. A description of how the hospital organizations considered input from persons who represent the broad interests of the community served by the hospitals. Additionally, the report must identify any individual providing input who has special knowledge of or expertise in public health. The report must also identify any individual providing input who is a “leader” or “representative” of populations.
 4. A prioritized description of all of the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs.
 5. A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.
 6. A description of the needs identified that the hospital intends to address, the reasons those needs were selected, and the means by which the hospital will address the selected needs.¹

Graph 1: Community Health Needs Assessment and Implementation Planning Process

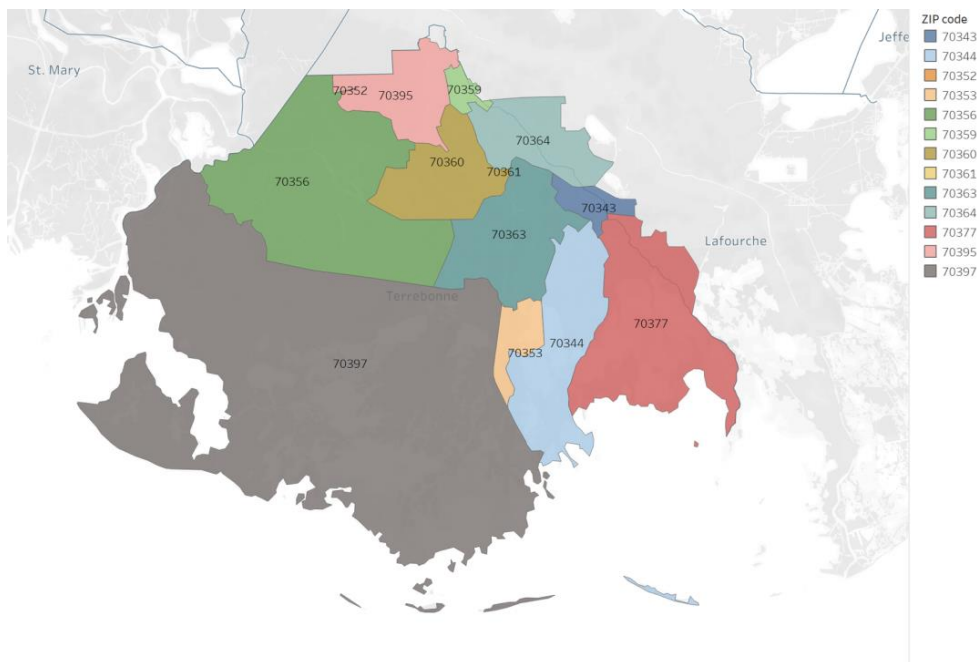


¹ The outcomes from the CHNA will be addressed through an implementation planning phase.

II. Leonard J. Chabert Medical Center – Primary Service Area

A comprehensive CHNA, beginning in early July 2019, was completed for Chabert Medical Center. The primary service area for CMC was defined by ZIP codes that contain a majority of inpatient discharges (80 percent) from the health care facility. In 2019, 13 ZIP codes were identified as the service area for Chabert Medical Center. The service area included a focus in Terrebonne Parish. The information related to the hospital’s primary service area is represented in the below map as well as on the proceeding table (See Map 1 and Table 1).

Map 1: Leonard J. Chabert Medical Center – Primary Service Area/Study Area



Tripp Umbach supplied CMC with an array of secondary data from multiple resources including Community Needs Index (CNI), Community Commons Data, County Health Rankings, and America’s Health Rankings, etc.

CNI data from Truven Health Analytics provided a deep understanding of community health care needs.² The Community Needs Index (CNI), jointly developed by Dignity Health and Truven Health, assisted in the process of gathering vital socioeconomic factors in the community. CNI is a strong indicator of a

² Truven Health Analytics, formerly owned by Thomson Reuters, is a multinational health care company that delivers information, analytic tools, benchmarks, research and services to a variety of organizations and companies. Truven Health Analytics uses demographic data, poverty data (from The Nielsen Company), and insurance coverage estimates (from Truven Health Analytics) to provide Community Needs Index (CNI) scores at the ZIP code level.

community’s demand for various health care services. The CNI data will be used to quantify the implementation strategy efforts and plans for Chabert Medical Center.

Table 1: Leonard J. Chabert Medical Center - ZIP Code Primary Service Area/Study Area

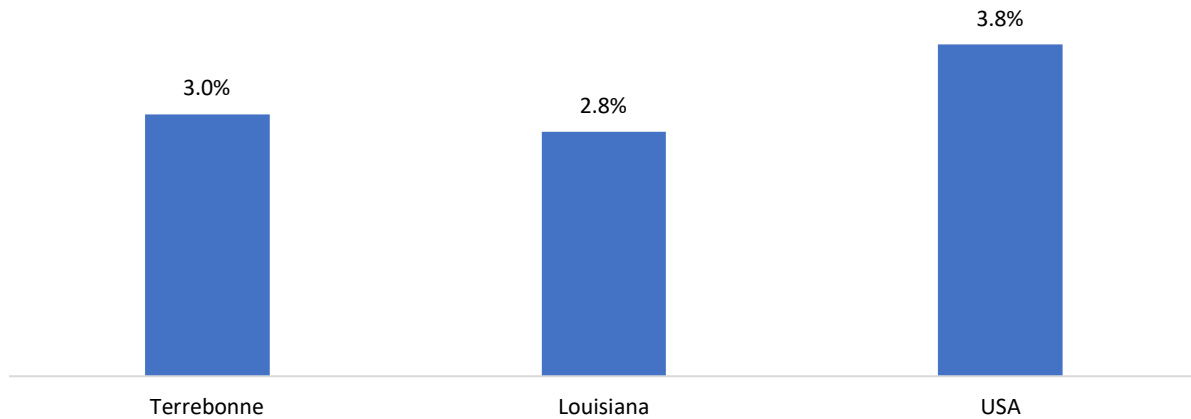
	ZIP Code	City	Parish
1.	70343	Bourg	Terrebonne
2.	70344	Chauvin	Terrebonne
3.	70352	Donner	Terrebonne
4.	70353	Dulac	Terrebonne
5.	70356	Gibson	Terrebonne
6.	70359	Gray	Terrebonne
7.	70360	Houma	Terrebonne
8.	70361	Bayou Cane	Terrebonne
9.	70363	Houma	Terrebonne
10.	70364	Houma	Terrebonne
11.	70377	Montegut	Terrebonne
12.	70395	Schriever	Terrebonne
13.	70397	Theriot	Terrebonne

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

III. Demographic Profile

Data indicates that Terrebonne Parish is projected to experience steady population growth from 2017 to 2022. Terrebonne Parish encompasses 121,310 residents and is projected to have a 3.0 percent increase in population, equating to approximately 3,612 new residents in the study area. (See Graph 2)

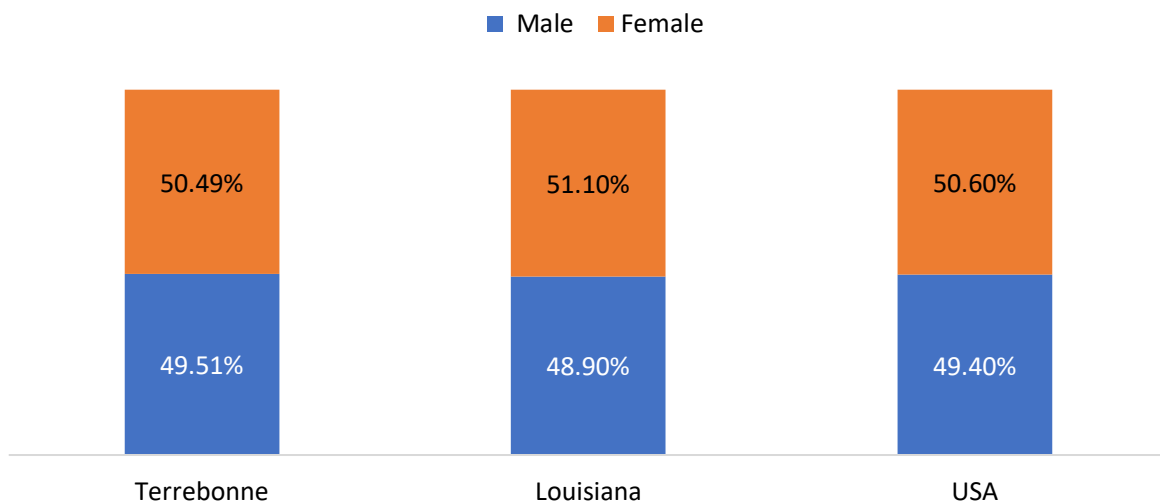
Graph 2: Population Changes 2017-2022



Source: Truven Health Analytics

The gender breakdown for the study area is generally consistent across state and national norms. (See Graph 3)

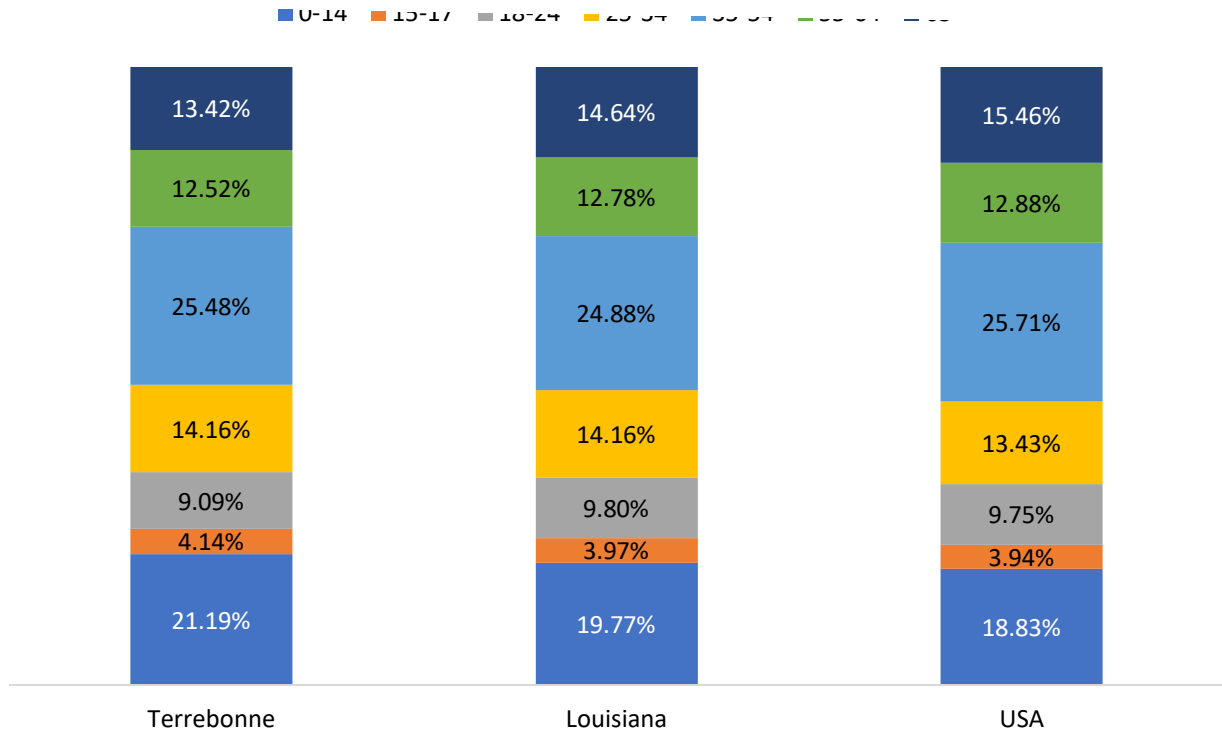
Graph 3: Gender Distribution



Source: Truven Health Analytics

Graph 4 illustrates the age distribution among residents in the study area. The primary study area reported rates similar to the state for all age distribution categories in the population. (See Graph 4)

Graph 4: Age Distribution

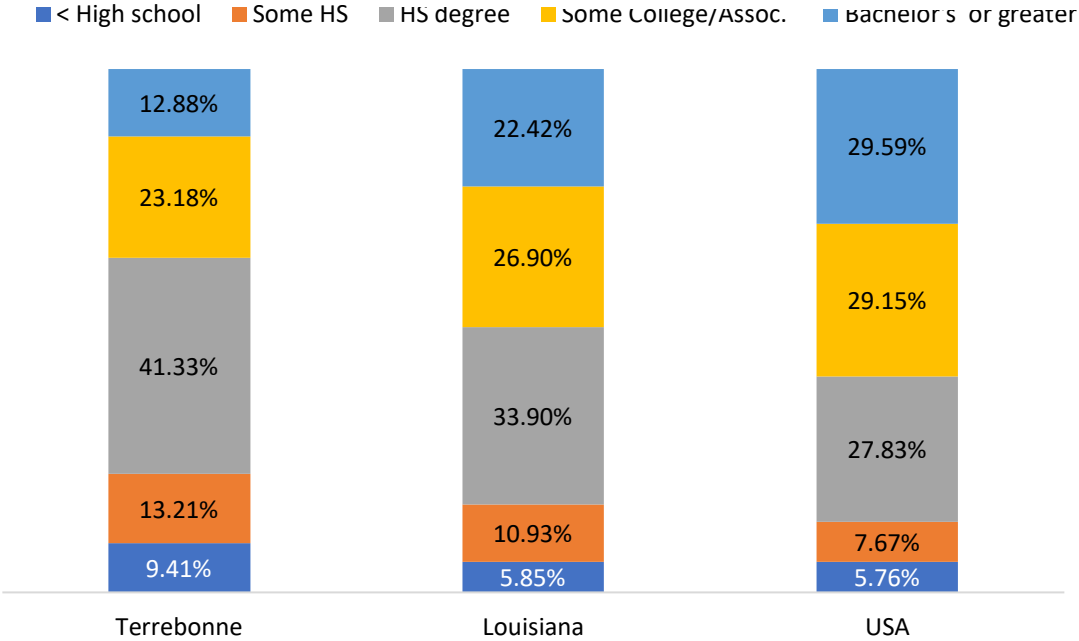


Source: Truven Health Analytics

Graph 5 illustrates the educational breakout within the study area. Terrebonne Parish reported a high rate of residents with 'less than a high school' degree (9.41 percent) which is higher than the state (5.85 percent) and national (5.76 percent) rates.

Terrebonne Parish also reported a low rate of residents with a bachelor's degree or higher at 12.88 percent; this is lower than state (22.42 percent) and national (29.59 percent) rates. (See Graph 5)

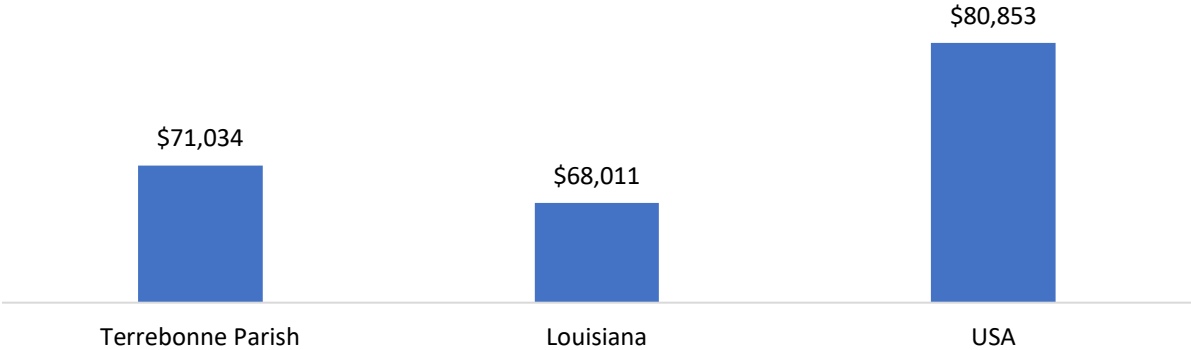
Graph 5: Education– Population 25 and Older



Source: Truven Health Analytics

Graph 6 reveals the average household income within the study area. Terrebonne Parish reported an average household income of \$71,034. (See Graph 6)

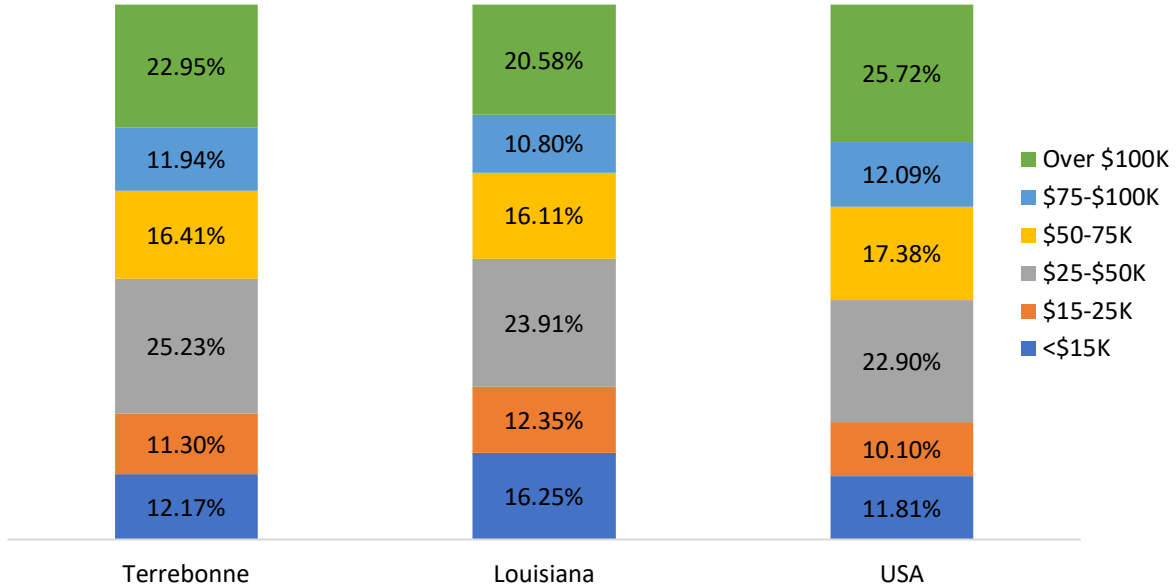
Graph 6: Average Household Income



Source: Truven Health Analytics

Terrebonne Parish reported a low rate of households that earn less than \$15,000 per year (12.17 percent) when compared to the state (16.25 percent) and the nation (11.81 percent). (See Graph 7)

Graph 7: Household Income



Source: Truven Health Analytics

IV. Community Needs Index (CNI) Data of Primary Service Area

The CNI score is an average of five barrier scores that measure various socioeconomic indicators of each community using the source data. The five barriers are income, culture, education, insurance, and housing. A score of 1.0 indicates a ZIP code with the least need, while a score of 5.0 represents a ZIP code with the most need.

Reviewing CNI information, Map 2 below provides a geographic representation of the CNI scores for each ZIP code representing Chabert Medical Center. ZIP codes that have higher socioeconomic barriers (5.0) are represented in dark red. As the socioeconomic scores decrease, the coding color lightens. There are concentrated areas within the community that signify high socioeconomic barriers to care. (See Map 2)

Reviewing information related to CMC’s primary service area, in 2019, ZIP code 70363 (Houma) reported the highest CNI score of 4.6 (higher socioeconomic barriers) out of the 11 ZIP codes within the primary study area. On the polar end, ZIP Code 70343 (Bourg) has the lowest CNI score of 2.8 (fewer socioeconomic barriers) within the primary study area. There are eleven ZIP codes that fall above the 3.0 median in the primary study area. (See Graph 8 - the blue line represents the median score.)

Graph 8: Primary Study Area ZIP codes

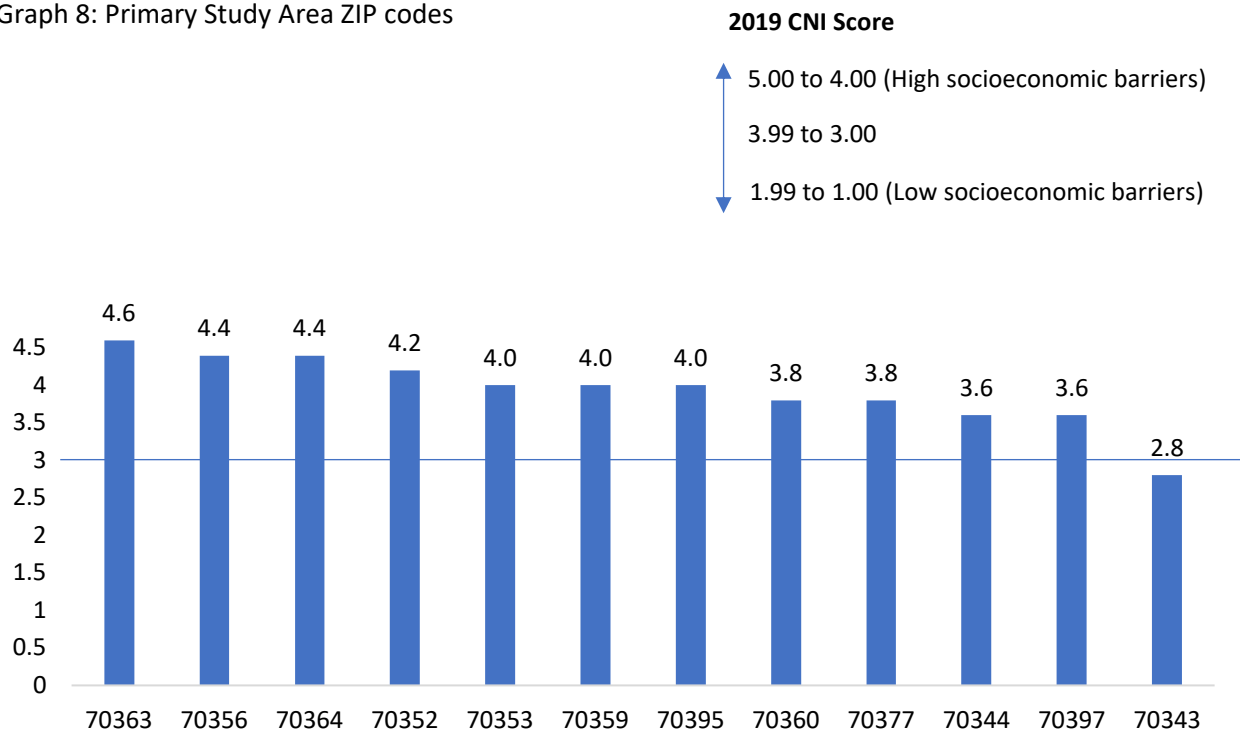


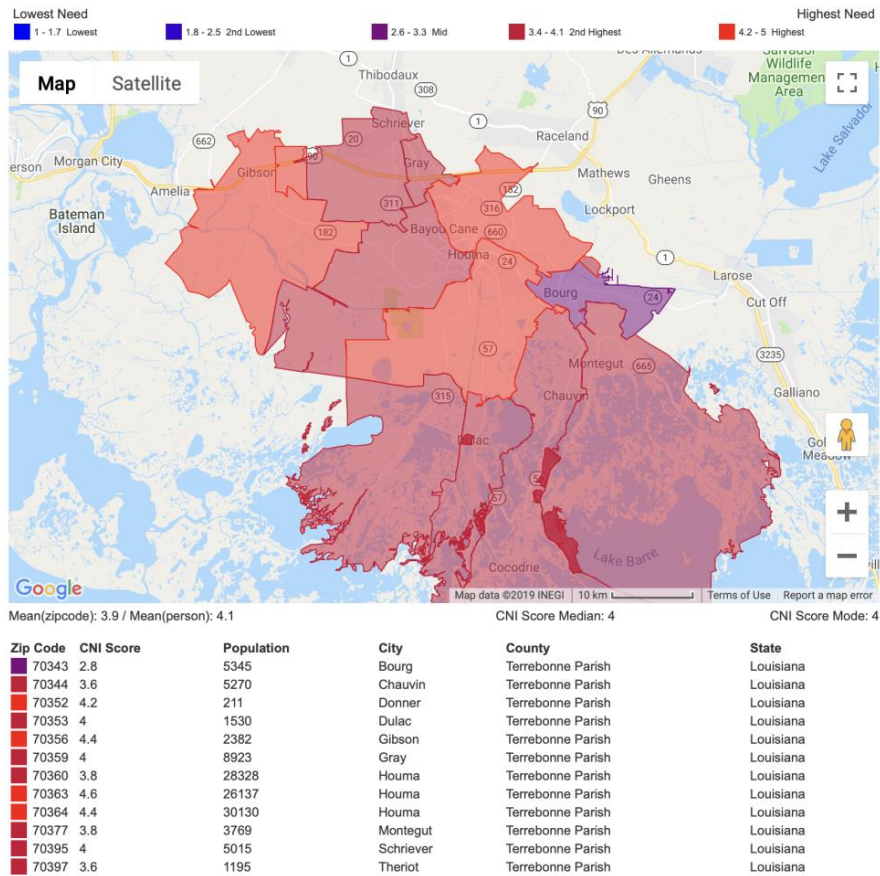
Table 2 is an additional representation of the CNI Data.

Table 2: CNI Data – Primary Service Area/Study Area Map

	ZIP Code	City	CNI Score
1.	70343	Bourg	2.8
2.	70344	Chauvin	3.6
3.	70352	Donner	4.2
4.	70353	Dulac	4.0
5.	70356	Gibson	4.4
6.	70359	Gray	4.0
7.	70360	Houma	3.8
8.	70361	Bayou Cane	--
9.	70363	Houma	4.6
10.	70364	Houma	4.4
11.	70377	Montegut	3.8
12.	70395	Schriever	4.0
13.	70397	Theriot	3.6

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

Map 2: CNI Data -- Primary Study Area – Study Area Map



V. Methodology

Chabert Medical Center conducted a comprehensive community health needs assessment that included the collection of primary and secondary data. Community organizations and leaders within the study region were engaged to distinguish the needs of the region. Civic and social organizations, government agencies, educational systems, and health and human services entities were engaged throughout the CHNA. The comprehensive primary data collection phase resulted in the contribution of multiple community stakeholders/leaders, organizations, and community groups.

The primary data collection consisted of several project component pieces. Community stakeholder interviews were conducted with individuals who represented:

- a. broad interests of the community;
- b. populations of need; or
- c. persons with specialized knowledge in public health.

A robust data profile was analyzed. The data profile contained local, state, and federal data/statistics providing invaluable information on a wide array of health and social topics.³ Different socioeconomic characteristics, health outcomes, and health factors that affect residents' behaviors, specifically the influential factors that impact the health of residents, were reviewed and discussed with members of the working group and Tripp Umbach.

The CHNA process employed a hand-survey distribution methodology to disseminate surveys to individuals within the community. A hand-survey was utilized to collect input, in particular, from underserved populations. The hand-survey was designed to capture and identify the health risk factors and health needs of those within the study area. A community forum facilitated by Tripp Umbach was conducted to prioritize the region's health needs. The final health needs will be addressed in the implementation and planning phase.

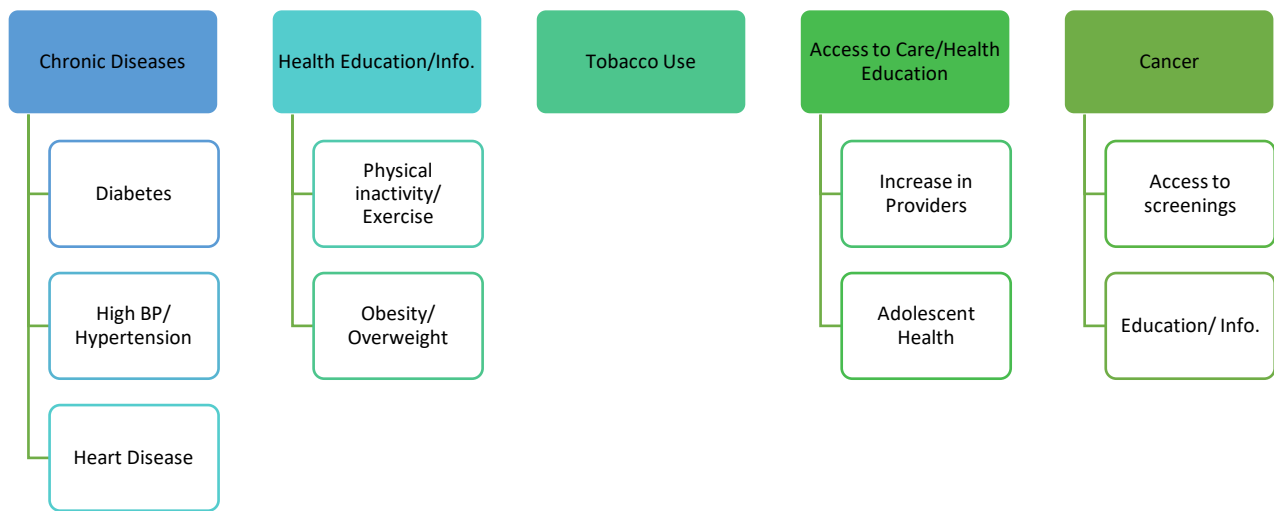
The health care environment is characterized by change and uncertainty. As change and uncertainty deepen, hospitals and health systems must continually enhance their ability to ensure value to their members and to assist diverse members with strategies and tools for improving the health of the population. Tripp Umbach facilitated the development of a comprehensive community health needs assessment approach to advance community health, promote wellness and prevention, and mobilize community partners to participate in addressing the health and well-being of the population. Tripp Umbach has found that community and regional CHNAs often bring about a greater understanding of the shared health issues across a community as well as opportunities for health systems and community organizations to share data and work collaboratively to address the health needs of the community. Tripp Umbach provided benchmarking or trending data to track and observe movements in the primary and secondary data (where applicable).

VI. 2020 Overall Key Community Health Needs

As a result of feedback and input from the working group, the community forum, and additional participants of the CHNA process, along with extensive primary and secondary data research, key priority areas were identified. Tripp Umbach categorized the key community needs into broader areas. The key needs from the 2020 CHNA are depicted in the graph below. (See Graph 9) Within the identified needs, the assessment revealed sub-needs. CMC will address the needs identified from the 2020 assessment period.

³ For the data profile, Tripp Umbach cited the data years reflective of the year the CHNA was conducted. The data years from Community Commons vary for each data point. Some data points may be reflective of years prior to the assessment period. Tripp Umbach compiled and collected data that was currently available on the data sources' sites. Tripp Umbach provided data on specific outcome factors and measures that had updated information.

Graph 9: 2020 Key Community Health Needs



The implementation strategy planning phase will outline a plan of action for how Chabert Medical Center will address the top community health priorities over the next three years. Through measurable strategies and goals, efforts to ensure a positive impact on the health of the community will be tracked and reported.

VII. Leonard J. Chabert Medical Center Community Health Needs

A healthy community is a place where residents have and are able to make healthy choices and options. It encompasses not only the physical genetic makeup of an individual but also includes the overall environment in which those individuals reside. The environment in which a person lives plays a significant role in the health of the person. Elements of a healthy community include access to health care and coverage, economic opportunities, affordable housing, positive environmental qualities, and community safety. This type of healthy environment allows residents to thrive on many levels, address healthy behaviors, and reduce illness. Unhealthy communities plagued with poor environmental factors tend to produce higher rates of chronic diseases, such as cancers, diabetes, and heart disease. These types of communities arise due to inadequate and insufficient resources, a poor environment, inactivity from residents to maintain and engage in a healthy, positive, and beneficial lifestyle. A healthy environment encompasses residents who have good mental, physical, and emotional health. It also allows and promotes well-being and provides high-quality services and accessibility to those services.

VIII. Chronic Diseases

Chronic diseases can hinder independence and the health of people with disabilities as well as limit daily activity. Chronic diseases are diseases that persist over a long period of time; however, chronic diseases can be prevented or controlled through regular participation in physical activity and healthy eating, not smoking, and avoiding excessive alcohol consumption.

Chronic diseases are defined broadly as conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both. Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States. They are also leading drivers of the nation's \$3.5 trillion in annual health care costs.⁴

Diabetes

Diabetes Mellitus refers to a group of diseases that affect how the body uses blood sugar (glucose). Glucose is an important energy source for the cells that makeup muscles and tissues as well as being the main source for the brain. Excess sugar in the bloodstream can lead to serious health problems.

More than 25 million Americans have diagnosed diabetes while another 88 million U.S. adults have prediabetes, a serious health condition in which blood sugar levels are higher than normal but not high enough yet to be diagnosed as type 2 diabetes.⁵ A person with prediabetes is at high risk of type 2 diabetes, heart disease, and stroke.⁶ Residents who are overweight/obese, 45 years or older, have a family history, are sedentary, and are of a certain race or ethnicity are at a higher risk of having type 2 diabetes.

Diabetes increases the risk of heart disease and stroke and can lead to other serious complications, such as kidney failure, blindness, and amputation of a toe, foot, or leg. People with diabetes spend more on health care, have fewer productive years, and miss more workdays compared to people who don't have diabetes. In 2017, the total estimated cost of diagnosed diabetes was \$327 billion, including \$237 billion in direct medical costs and \$90 billion in reduced productivity.⁷

Residents are encouraged to exercise, eat healthy, and eliminate tobacco use as organizations nationally and regionally are working closely to help reduce and modify risk factors in order to prevent and delay the development of type 2 diabetes and improve residents' overall health in order to eliminate the likelihood of prediabetes.

Roughly 21.4 percent of Americans with diabetes are undiagnosed (7.3 million) and another 26.8 percent (26.9 million) are diagnosed with diabetes.⁸

⁴ Centers for Disease Control and Prevention: www.cdc.gov/chronicdisease/about/index.htm

⁵ Centers for Disease Control and Prevention: www.cdc.gov/diabetes/data/statistics/statistics-report.html

⁶ Centers for Disease Control and Prevention: www.cdc.gov/chronicdisease/resources/publications/factsheets/diabetes-prediabetes.htm

⁷ Ibid.

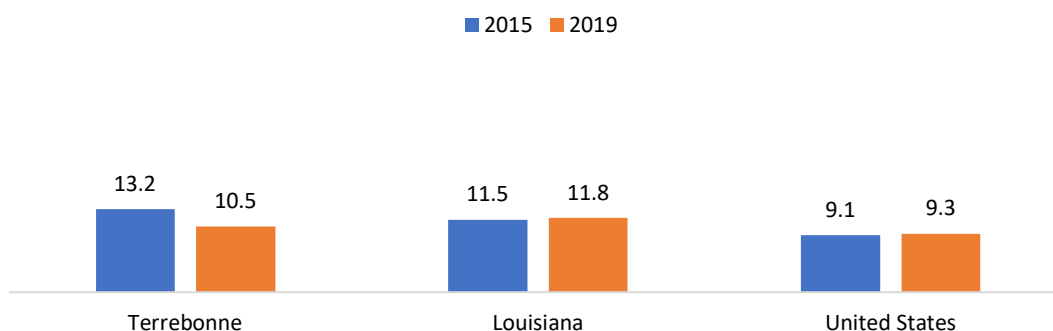
⁸ Centers for Disease Control and Prevention: www.cdc.gov/diabetes/data/statistics/statistics-report.html

Complications from diabetes tend to be more common and more severe among people whose diabetes is poorly controlled, which makes diabetes an immense and complex public health challenge. Preventive care practices are essential to better health outcomes for people with diabetes.

Diabetes is the seventh-leading cause of death in the United States. Diabetes also increases the all-cause mortality rate 1.8 times, increases the risk of heart attack by 1.8 times, and is the leading cause of kidney failure, lower-limb amputations, and adult-onset blindness. The estimated total financial cost of diabetes in the United States in 2012 was \$245 billion, which includes the costs of medical care, disability, and premature death. The number of diabetic cases in the United States and worldwide is predicted to rise.⁹

Terrebonne Parish reports a low percentage of adults 20 and older who have diabetes in 2019 (10.5 percent). This percentage is a decrease from 2015 at 13.2 percent. Examining this data point is important as diabetes is preventable in the United States and the disease may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. (See Graph 10)

Graph 10: Adults 20 Years and Older with Diabetes



Source: Community Commons

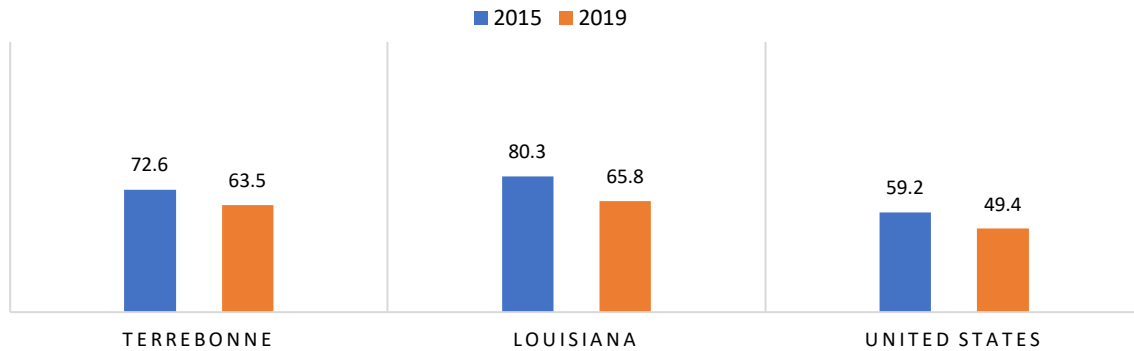
Preventable hospital stays across the parish, the state, and the nation decreased from 2015 to 2019. Access to health care services, the implementation of the Affordable Care Act, and additional resources for residents may have played an instrumental role in reducing the preventable discharge rates for Medicare enrollees. Terrebonne Parish discharge rate decreased from 72.6 to 63.5 per 1,000 Medicare enrollees. In 2019, Terrebonne Parish discharge rate was lower than the state but higher than the nation. (See Graph 11)

Preventable hospital stays are relevant to health outcomes because analysis of Ambulatory Care Sensitive (ACS) discharges demonstrates a possible “return on investment” from interventions that

⁹ Healthy People: www.healthypeople.gov/2020/topics-objectives/topic/diabetes

reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources. ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions that could have been prevented if adequate primary care resources were available and accessed by those patients.

Graph 11: Preventable Hospital Events (Ambulatory Care Sensitive Condition Discharge Rate per 1,000 Medicare enrollees)



Source: Community Commons

The hand-survey results reported that close to one-third of survey respondents (31.8 percent) have been told they have diabetes. This disease is preventable, and it is important that CMC work with community partners and organizations to provide residents with the necessary resources to prevent diabetes. Providing comprehensive high-quality health services and access to care will improve resident's health as premature and preventable deaths are addressed. Health education, information, and preventative steps can prevent diabetes regardless of age.

High Blood Pressure and Hypertension

Hypertension, or high blood pressure, is a common condition most likely effecting residents as they age. Blood pressure is the force of blood that presses against the walls of your arteries. As the pressure builds and is too high, this causes the heart to work harder. The additional strain can cause serious damage to the arteries. Uncontrolled high blood pressure makes you more likely to get heart disease, stroke, and kidney disease.¹⁰

Affecting millions of Americans, about 75 million or one in three adults, have high blood pressure. Roughly 54 percent of these individuals have their high blood pressure under control. Many youths are also being diagnosed with high blood pressure. Unfortunately, this condition is quite common and

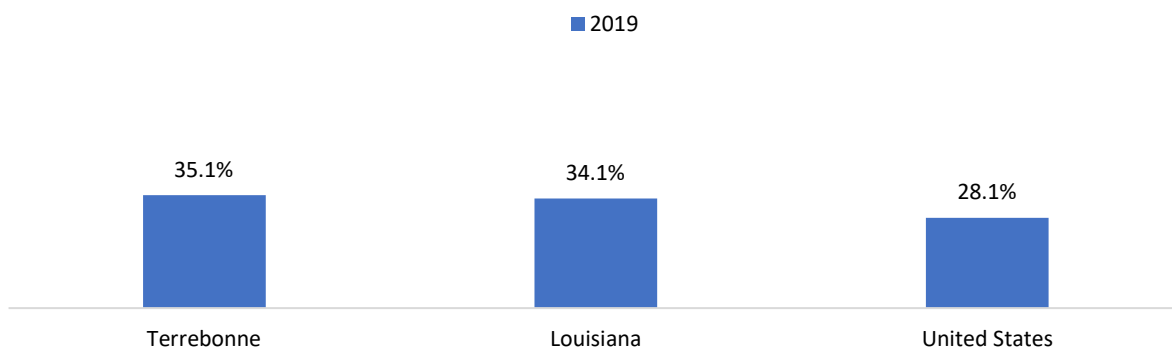
¹⁰ WebMD: www.webmd.com

having this condition increases the risk for heart disease and stroke, two of the leading causes of death for Americans.¹¹

Males are more likely to have high blood pressure than women, however, at 65 years of age it is more common in women. Individuals are more likely to be diagnosed with high blood pressure if there is a family history. Individuals may have high blood pressure without any symptoms. There are many risk factors associated with having high blood pressure. They include age, race, family history, being overweight or obese, sedentary lifestyle, tobacco use, sodium intake, lack of potassium, alcohol abuse, stress, and certain chronic conditions.¹²

Data below shows that slightly more than one-third of residents in Terrebonne Parish (35.1 percent) have been told by a doctor that they have high blood pressure or hypertension. This rate is higher than the state (34.1 percent) and the nation (28.2 percent). (See Graph 12)

Graph 12: Adults with High Blood Pressure



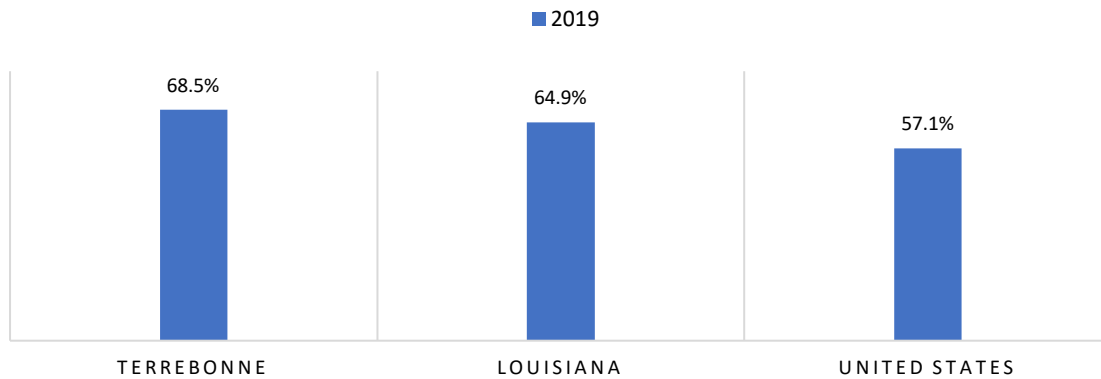
Source: Centers for Disease Control, Behavioral Risk Factor Surveillance System

Graph 13 shows more than one-half of residents in Terrebonne Parish (68.5 percent) have high blood pressure among the Medicare population; this rate is higher than the state (64.9 percent) and the nation (57.1 percent). This data is vital as community organizations and health care institutions must identify why rates have increased within the study years. (See Graph 13)

¹¹ Centers for Disease Control and Prevention: www.cdc.gov/bloodpressure/

¹² Mayo Clinic: www.mayoclinic.org/diseases-conditions/high-blood-pressure/symptoms-causes/syc-20373410

Graph 13: Adults with High Blood Pressure (Medicare Population)



Source: Community Commons

Hand-survey results indicated that more than three-fourths of survey respondents (90.7%) had their blood pressure checked within the last 6 months. Survey results from 2017, reported that 97.0% of community respondents had their blood pressure checked within 2 years.

Additional survey results reveal 67.8 percent of respondents had their cholesterol checked within the last 6 months. In 2017, 86.0 percent of survey respondents had their cholesterol checked within 2 years. Monitoring one's blood pressure and cholesterol is a positive behavior aimed at addressing ways to reduce this illness.

A positive lifestyle change will enable participants to control their high blood pressure such as engaging in a heart-healthy diet, obtaining regular physical activity, maintaining a healthy weight, and the amount of alcohol consumed. While lifestyle changes are highly recommended prescription medication is also typically prescribed along with alternative medicine to lower blood pressure.

Heart Disease

Heart disease is described as a range of conditions that affect the heart. Diseases that fall within the heart disease umbrella include blood vessel diseases, such as coronary artery disease; heart rhythm problems (arrhythmias); and heart defects that patients are born with (congenital heart defects), etc.¹³ About 647,000 Americans die from heart disease each year—that's 1 in every 4 deaths.¹⁴

Heart disease is often used interchangeably with the term cardiovascular disease. Cardiovascular disease refers to conditions that involve narrowed or blocked blood vessels that can lead to a heart attack, chest pain (angina) or stroke. Other heart conditions, such as those that affect your heart's muscle, valves or rhythm, also are considered forms of heart disease.¹⁵

¹³ Mayo Clinic: www.mayoclinic.org/diseases-conditions/heart-disease/symptoms-causes/syc-20353118

¹⁴ Centers for Disease Control and Prevention: www.cdc.gov/heartdisease/about.htm

¹⁵ Ibid.

Key risk factors for heart disease comprise high blood pressure, high blood cholesterol, and smoking. Roughly half of Americans (47 percent) have at least one of these three risk factors. Additional medical conditions and lifestyle choices place residents at a higher risk for heart disease, including diabetes, being overweight/obese, following an unhealthy diet, being physical inactivity, and excessive alcohol use.¹⁶

The most common and costly health conditions impacting the nation's health are chronic diseases such as heart disease, diabetes, and obesity. These conditions account for seven out of 10 deaths annually, while managing and treating chronic disease as more than three-quarters of the country's health care costs. Chronic diseases are often preventable and are associated with unhealthy and risky behaviors.¹⁷

The Louisiana Department of Health's Diabetes and Obesity Action Report reported that Louisiana Medicaid insurers paid more than \$118 million in 2015 for claims related to members identified as obese and more than nine million dollars for claims related to hospitalizations with diabetes as the primary diagnosis.¹⁸

The US Department of Health and Human Services guidelines recommend engaging in regular physical activity to promote cardiovascular health and muscle fitness.¹⁹ Research shows that a total amount of 150 minutes a week of moderate-intensity aerobic activity, such as brisk walking, consistently reduces the risk of many chronic diseases and other adverse health outcomes.²⁰

According to the American Heart Association, in 2015, almost 13,000 Louisiana residents died of heart disease or stroke. Having high blood pressure puts you at high risk for cardiovascular disease. Managing blood pressure is a lifelong commitment. By making smart choices, like monitoring sodium intake and regular physical activity, one can improve one's blood pressure outcomes. Well-Ahead Louisiana aims to make living a heart-healthy lifestyle easy and accessible to all residents.²¹

Terrebonne Parish reported a heart disease fatality rate of 196.0-210.4 per 100,000 parishioners according to Map 3 from the Centers for Disease Control and Prevention. This rate includes all ages, race, and gender. Heart disease is the number one cause of preventable death in Louisiana as more than 29 Louisiana residents die of heart disease every day.²²

¹⁶ Ibid.

¹⁷ American Public Health Association: <https://apha.org/what-is-public-health/generation-public-health/our-work/healthy-choices>

¹⁸ Louisiana Department of Health: <http://ldh.la.gov/assets/docs/BayouHealth/ACT210RS2013522.pdf>

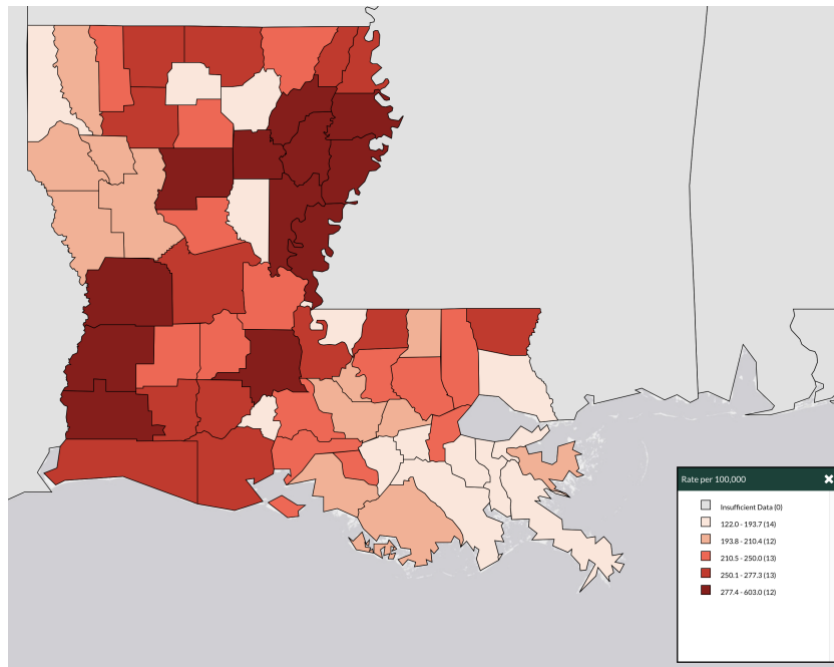
¹⁹ Office of Disease Prevention and Health Promotion: <https://health.gov/paguidelines/guidelines/chapter1.aspx>

²⁰ Office of Disease Prevention and Health Promotion: <https://health.gov/paguidelines/guidelines/chapter2.aspx>

²¹ Well Ahead LA: <http://wellaheadla.com/Programs/Heart-Disease-Stroke>

²² Well Ahead LA: <http://wellaheadla.com/Programs/Heart-Disease-Stroke>

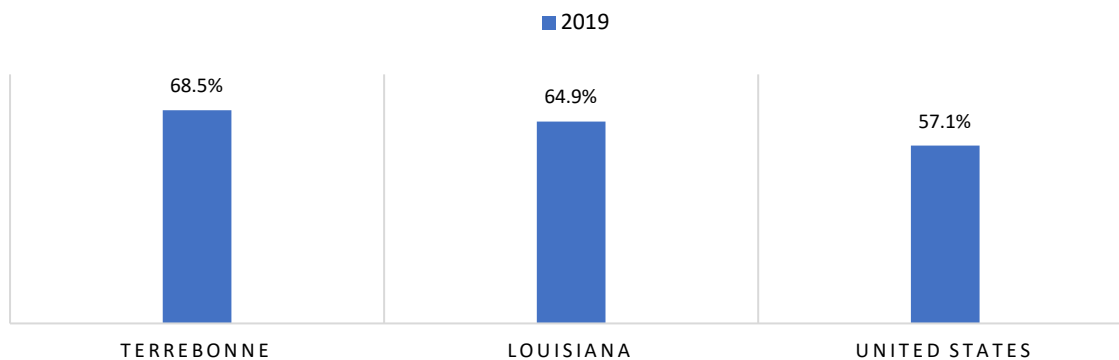
Map 3: Heart Disease Death Rate per 100,000 (All ages, races, and gender)



Source: Centers for Disease Control and Prevention

Graph 14 reported 68.5 percent of Terrebonne Parish residents among the Medicare population having high blood pressure. This percentage is higher than the state and the nation. Monitoring high blood pressure is important because it places a higher risk for future health problems. High blood pressure places additional strain on arteries and on the heart. It can also lead to a heart attack or stroke. (See Graph 14)

Graph 14: Adults with High Blood Pressure (Medicare Population)



Source: Community Commons

Feedback from community stakeholders and data collected from the hand-survey reveal that heart disease and chronic diseases are community concerns. Survey information collected in 2017 highlighted this community issue and information from this year's assessment are still alarming. Information from the hand-survey reported that residents' top five health concerns were cancer (13.6 percent), diabetes (9.8 percent), high blood pressure (9.7 percent), and heart disease (9.6 percent), along with drug/alcohol use (8.5 percent). The hand-survey results also reported that 66.7 percent of respondents know the early warning signs and symptoms of a heart attack. Findings from community stakeholders reported that chronic diseases are prevalent and residential behavior is needed to reduce poor health outcomes.

IX. Health Education and Information

According to the World Health Organization, health education is a combination of learning experiences designed to help individuals and communities improve their health by increasing their knowledge or influencing their attitudes.²³ Low educational attainment levels can limit an individual's ability to interpret health information and apply this knowledge in a way that improves their health status. Health education increases an individual's knowledge about physical, mental, emotional and social health. It motivates individuals to actively improve and maintain their health, prevent diseases, and avoid unhealthy behaviors.

The American Cancer Society, the American Diabetes Association, and the American Heart Association believe that quality health education programs delivered in schools can improve the well-being and health of our youth. In the United States, chronic diseases are the leading causes of morbidity and mortality; however, engaging in healthy behaviors, such as participating in physical activity, eating healthy, and avoiding tobacco use, have been linked to the prevention of chronic disease.²⁴ Establishing and promoting healthy behaviors at an early age will establish long-term healthy and beneficial behaviors into adulthood. Health education/information cannot be overlooked when it comes to building and bridging communities together in a healthy environment.

Health education provides and educates the public on health issues and topics within a population and supplies data to those needing solutions to address concerns. Health education impacts many areas of wellness within a community, including chronic disease awareness and prevention, behavioral health, child maternal health, nutrition, exercise and obesity prevention. Health education enhances a community's economy by reducing healthcare spending and lost productivity due to preventable illness.

Arming residents with information that is easily understood and comprehensible, providing necessary tools to make informed decisions regarding one's health, and taking an active role in managing one's health can be valuable to a community overall. Health education provides many positive benefits to individuals and the community, such as improved health status, enhanced quality of life, and reduced

²³ World Health Organization: www.who.int/topics/health_education/en/

²⁴ American Cancer Society: www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm_308679.pdf

costs associated with health care.²⁵ Health education and information around healthy living and positive behaviors can shape and modify residents' poor actions and establish long-term healthiness.

Hand-survey results reveal that television (25.6 percent), word of mouth (17.4 percent), and newspaper (14.9 percent) are the top three ways respondents find out about information in their community. The survey also revealed that 16.9 percent of respondents participated in community health screenings and 14.9 percent community health education classes compared to 9.0 percent in 2017. How information is distributed and how programs are attended are also important factors as CMC will be able to capitalize on the methods used to target and provide health information and educational programming efforts to residents.

Physical Inactivity and Exercise

There are many reasons why engaging in regular physical activity boosts one's health. Staying active is one of the best ways to keep our bodies healthy and also improves one's overall well-being and quality of life. Regular physical activity reduces anxiety, depression, stress, and anger. Once physical activity is introduced and ingrained in one's way of life the mental upswing becomes part of one's life as well.

Regular physical activity builds strength, stamina, and the ability to function properly. Exercise increases muscle strength and increases one's ability to participate in other physical activities. A sedentary lifestyle can increase one's risk of heart disease and stroke. Adults who watch more than 4 hours of television a day had an 80 percent higher risk of death from cardiovascular disease due to their sedentary lifestyle.²⁶

According to the Centers for Diseases Control and Prevention (CDC), only half of adults get the physical activity they need to help reduce and prevent chronic diseases; as obtaining enough physical activity could prevent 1 in 10 premature deaths.²⁷ It was also reported that the lack of physical activity cost \$117 billion in annual health care costs.²⁸

Individuals who are more active, productive, and are at a healthy weight live longer than those who are not active and obese. Being physically active delays and prevents chronic illness and disease associated with aging; therefore, participating in physical activity will result in having a better quality of life as we age.

Graph 14 reveals within the parish, 25,314 or 30.6 percent of adults in 2019 aged 20 and older self-reported no participation in leisure time activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" This indicator is relevant because current

²⁵ Coalition of National Health Education Organizations http://www.cnheo.org/files/health_ed.pdf

²⁶ Centers for Diseases Control and Prevention: www.cdc.gov/physicalactivity/about-physical-activity/why-it-matters.html

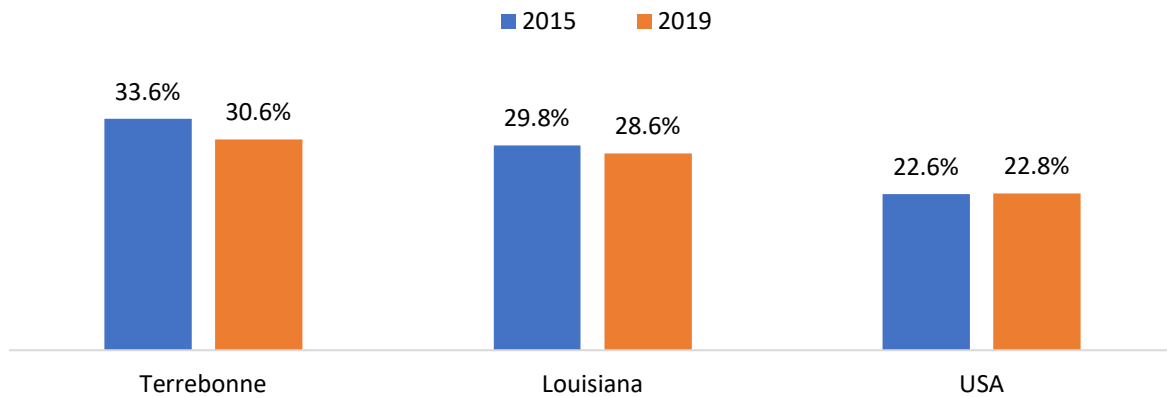
²⁷ Ibid.

²⁸ Ibid.

behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

Terrebonne Parish reported a high percentage of residents (30.6 percent) with no leisure-time physical activity when compared to the state (28.6 percent) and the nation (22.8 percent). This percentage is a decrease from 2015. (See Graph 15)

Graph 15: Population with No Leisure Time Physical Activity



Source: Community Commons

One-third of residents in Terrebonne Parish (33.0 percent) are physically inactive.²⁹ This measure is relevant as behaviors are determinants of future health and may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health. Physical activity is important to prevent heart disease and stroke, two of the leading causes of death in the United States. In order to improve overall cardiovascular health, the American Heart Association suggests at least 150 minutes per week of moderate exercise or 75 minutes per week of vigorous exercise.

²⁹ Open Data Network:
www.opendatane트워크.com/entity/05000000US22109/Terrebonne_Parish_LA/health.health_behaviors.adult_obesity_value?year=2015

Obesity and Overweight

The World Health Organization defines overweight and obesity as abnormal or excessive fat accumulation that presents a risk to health.³⁰ The terms are often used jointly. Being overweight or obese is a serious prevalent health problem as many Americans are diagnosed with these conditions. These social behaviors affect one's overall health, increase health care costs, and negatively affects productivity.

Having a poor diet and being physically inactive are important factors contributing to an epidemic of being overweight and obese. The factors affect men, women, and children in all segments of our society.³¹ Public health agencies, federal, state, and local governments are constantly monitoring the health habits of Americans and are researching ways to not only promote healthy living but to make healthy choices as obesity is preventable.

Since 1975, worldwide obesity has nearly tripled. In 2016, more than 1.9 billion adults (39.0 percent), 18 years and older, were overweight. Of these, over 650 million were obese (13.0 percent). A healthy diet helps protect against malnutrition, as well as non-communicable diseases (NCDs) such as diabetes, heart disease, stroke, and cancer. Healthy dietary practices should begin early in life; thus, having long-term health benefits, like reducing the risk of becoming overweight or obese and developing NCDs later in life.³²

Eliminating trans-fat and reducing diets that are high in sodium is highly recommended as these types of foods are associated with high blood pressure.³³ A diet laced with trans-fat increases the risk of heart disease, the leading killer of men and women.³⁴

The CDC indicated that the prevalence of obesity was 39.8 percent and affected roughly 93.3 million U.S. adults, and the medical cost for people who have obesity was \$1,429 higher than those of normal weight. The estimated annual medical cost of obesity in the US was \$147 billion in 2008 U.S. dollars. The CDC has also made connections between educational attainment and obesity. Overall, men and women with college degrees had lower obesity prevalence compared to those with less education. Socioeconomic factors influence obesity prevalence. Among women, obesity prevalence was lower in high-income groups than in the middle- and lowest-income groups.³⁵

Data from America's Health Rankings provided an analysis of national health on a state-by-state basis by evaluating a historical and comprehensive set of health, environmental, and socioeconomic data to determine national health benchmarks and state rankings.³⁶ Louisiana ranked 49 (least-healthy)

³⁰ World Health Organization: www.who.int/dietphysicalactivity/childhood_what/en/

³¹ Office of Disease Prevention and Health Promotion: www.cnpp.usda.gov/sites/default/files/dietary_guidelines_for_americans/ExecSumm.pdf

³² World Health Organization: www.who.int/news-room/fact-sheets/detail/healthy-diet

³³ National Institutes of Health: www.nih.gov/news-events/nih-research-matters/high-salt-diet-affects-brains-mice

³⁴ The Mayo Clinic: www.mayoclinic.org/diseases-conditions/high-blood-cholesterol/in-depth/trans-fat/art-20046114

³⁵ Centers for Disease Control: www.cdc.gov/obesity/data/adult.html

³⁶ America's Health Rankings: www.americashealthrankings.org/

nationally when compared to the remaining states in the country; Vermont was ranked No. 1 (healthiest) on 30 core measures. (See Table 3)

The measures in the below table reported Louisiana as being unhealthy in cardiovascular death, diabetes, obesity, physical inactivity, preventable hospitalizations, and smoking. These rankings also allow ample opportunities to improve on the health of residents through programming efforts, education, and information. The Louisiana health care landscape is ever-evolving and to meet health care needs, the health care systems, institutions, government entities, and community-based leaders must also adapt and provide assistance to those in need.

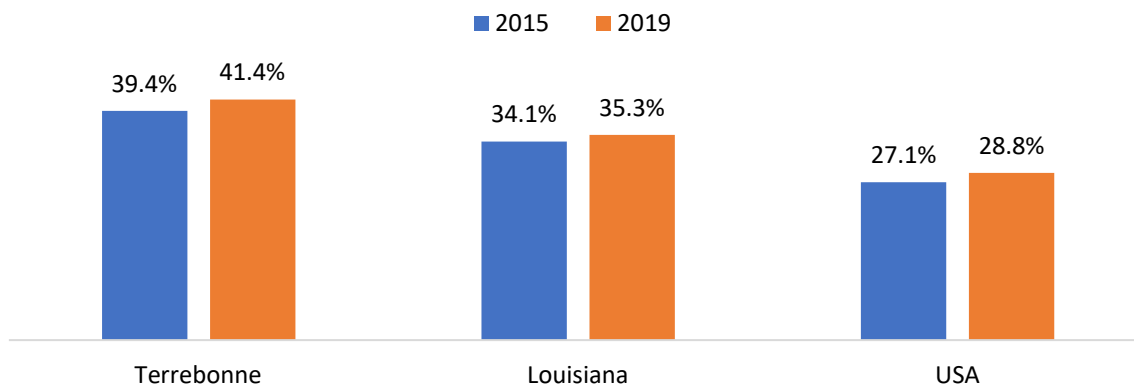
Table 3: 2019 America’s Health Rankings³⁷

America’s Health Rankings Measure	2019
Cardiovascular Deaths	46
Diabetes	47
Obesity	47
Physical Inactivity	46
Preventable Hospitalizations	47
Smoking	43

Source: America’s Health Rankings

Obesity information from Community Commons reported that Terrebonne Parish reported a high rate of residents who are obese (41.4 percent); this is above the state (35.3 percent) and national (28.8 percent) rates. (See Graph 16) Between 2015 and 2019 the percentage of Terrebonne residents being obese increased. (See Graph 17.)

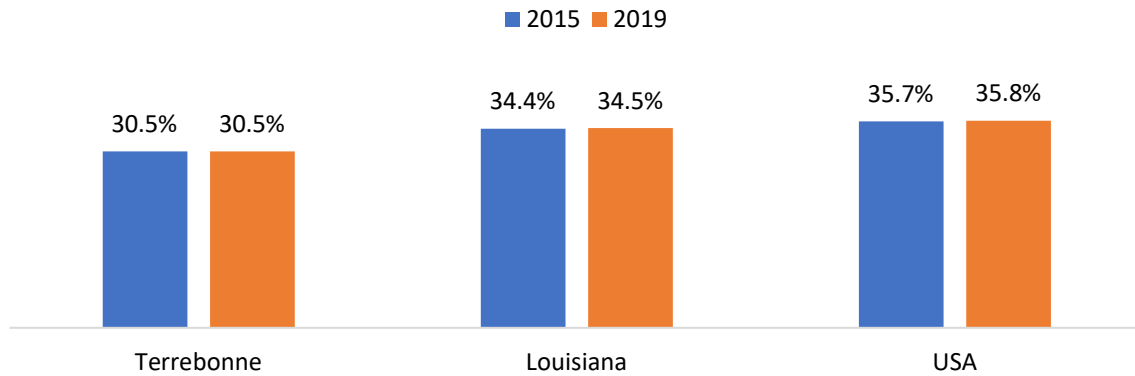
Graph 16: Obesity



Source: Community Commons

³⁷ American Health Rankings: www.americashealthrankings.org/explore/annual/measure/Sedentary/state/LA

Graph 17: Overweight



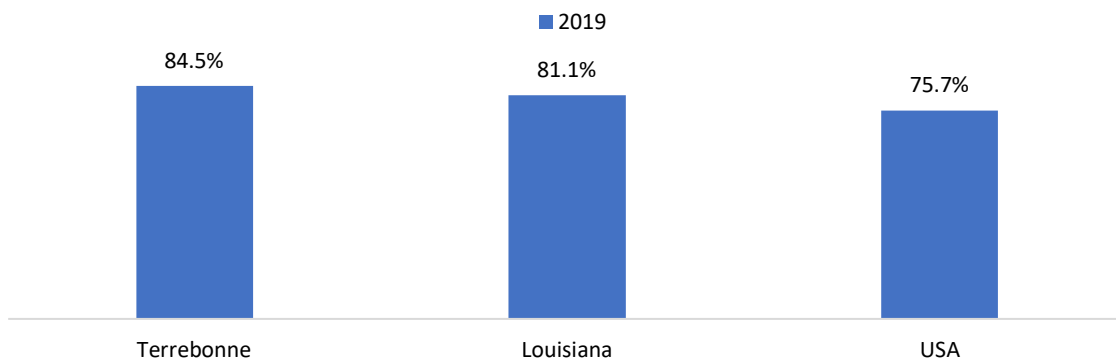
Source: Community Commons

Healthy behaviors and healthy choices must be incorporated into everyday living. Many of the health problems plaguing the nation today (e.g., chronic disease, obesity, and substance abuse) are a result of people either lacking knowledge or the inability to engage in healthy behaviors. It is imperative that healthy living is ingrained into the cornerstone of good overall health as they are significant determinates of health outcomes.

Fruit and vegetables should be an important part of a daily diet as they contain vitamins and minerals. Some fruits and vegetables also ward and protect against some diseases. Fruits and vegetables should be incorporated into a balanced diet.

In Terrebonne Parish an estimated 66,775, or 84.5 percent of adults over the age of 18 are consuming less than 5 servings of fruits and vegetables each day. This rate is higher compared to the state (81.1 percent) and the nation (75.7 percent). This indicator is relevant because current behaviors are determinants of future health, and because unhealthy eating habits may cause significant health issues, such as obesity and diabetes. (See Graph 18)

Graph 18: Adults Inadequate Fruit/Vegetable Consumption



Source: Community Commons

Primary data revealed that more than one-third (44.9 percent) were told they were overweight or obese and as a result 47.0 percent are very likely to make a lifestyle change. Being overweight or obese is preventable. It is important to reinforce healthy behaviors such as exercising and following a healthy diet as these positive behaviors will lead to healthy outcomes.

X. Tobacco Use

In 2015, over 1.1 billion people smoked tobacco worldwide with more males than females smoking tobacco.³⁸ Tobacco use is the leading cause of preventable disease, disability, and death in the United States. Based on 2018 data, about 34 million adults smoke cigarettes in the U.S. Every day, about 1,600 young people under age 18 years smoke their first cigarette, and nearly 200 began smoking cigarettes daily. Over 16 million people live with at least one disease caused by smoking and 58 million nonsmoking Americans are exposed to secondhand smoke.³⁹ Men were more likely to be current cigarette smokers when compared to women. Current cigarette smoking was highest among people aged 25–44 years and 45–64 years.⁴⁰

Smoking harms nearly every organ of the body. For every person who dies because of smoking, at least 30 people live with a serious smoking-related illness. Smoking causes cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis. Smoking also increases the risk for tuberculosis, certain eye diseases, and problems of the immune system, including rheumatoid arthritis.⁴¹ On average, smokers die 10 years earlier than non-smokers.⁴²

Approximately 41,000 deaths among nonsmoking adults and 400 deaths in infants each year are due to secondhand smoke exposure. Secondhand smoke causes stroke, lung cancer, and coronary heart disease in adults. Children who are exposed to secondhand smoke are at increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, middle ear disease, more severe asthma, respiratory symptoms, and slowed lung growth.⁴³

Many factors influence users to use tobacco, including race/ethnicity, age, education, and socioeconomic status. High-risk groups are men; people with low education who live below the poverty level; people geographically positioned in the Midwest and South; those who are uninsured, disabled, or have serious physiological distress; American Indians/Alaskan Natives/multiracial; and lesbians, gays, and/or bisexuals.⁴⁴

³⁸ World Health Organization: www.who.int/gho/tobacco/use/en/

³⁹ Centers for Disease Control and Prevention: www.cdc.gov/tobacco/about/osh/index.htm

⁴⁰ Ibid.

⁴¹ Centers for Disease Control and Prevention: www.cdc.gov/tobacco/basic_information/health_effects/index.htm

⁴² County Health Rankings & Roadmaps: www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/health-behaviors/tobacco-use

⁴³ Centers for Disease Control and Prevention: www.cdc.gov/tobacco/basic_information/health_effects/index.htm

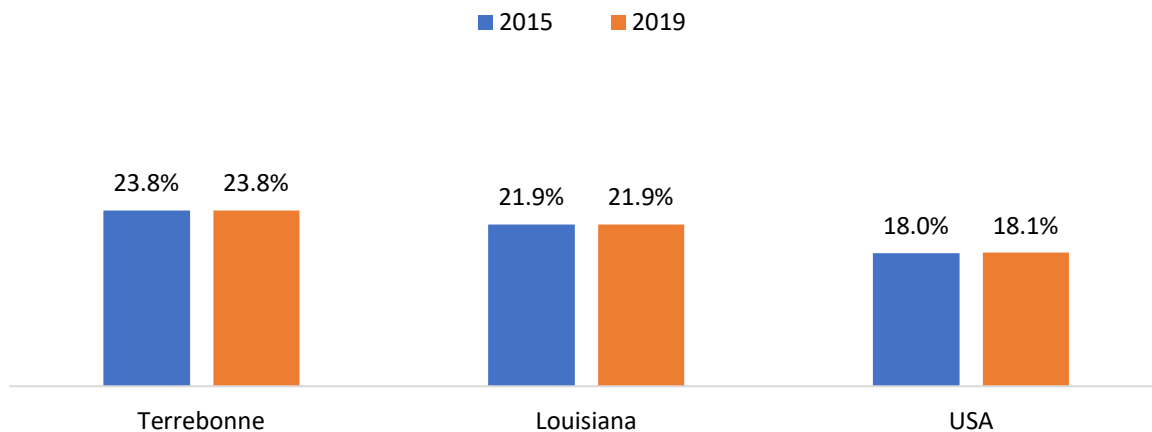
⁴⁴ Centers for Disease Control and Prevention: www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm

It is important to continue to provide health education, information, and assistance to those who are current smokers and those who need help quitting. Limiting tobacco use is one of the most effective ways to save lives and improve overall well-being. Effective efforts from public health initiatives have curbed and contributed to the decline of residents starting to smoke and those who are able to quit. These efforts are instrumental as thousands of young people start smoking cigarettes every day.

The CDC reported that in 2017, 25.2 percent of Louisiana high school youth reported currently using any tobacco product, including e-cigarettes. Among Louisiana high school youth, 12.3 percent reported currently smoking cigarettes.⁴⁵ Cigarette smoking is the number one risk factor for lung cancer. In the U.S., cigarette smoking is linked to about 80 percent to 90 percent of lung cancer deaths. Using other tobacco products such as cigars or pipes also increases the risk of lung cancer. Quitting smoking can lower the risk of lung cancer at any age.⁴⁶

Data from Community Commons reported that an estimated 19,683, or 23.8 percent of adults age 18 or older self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease. Terrebonne Parish (23.8 percent) reported a higher percentage of residents who smoke when compared to the state (21.9 percent) and the nation (18.1 percent). (See Graph 19)

Graph 19: Adults Smoking



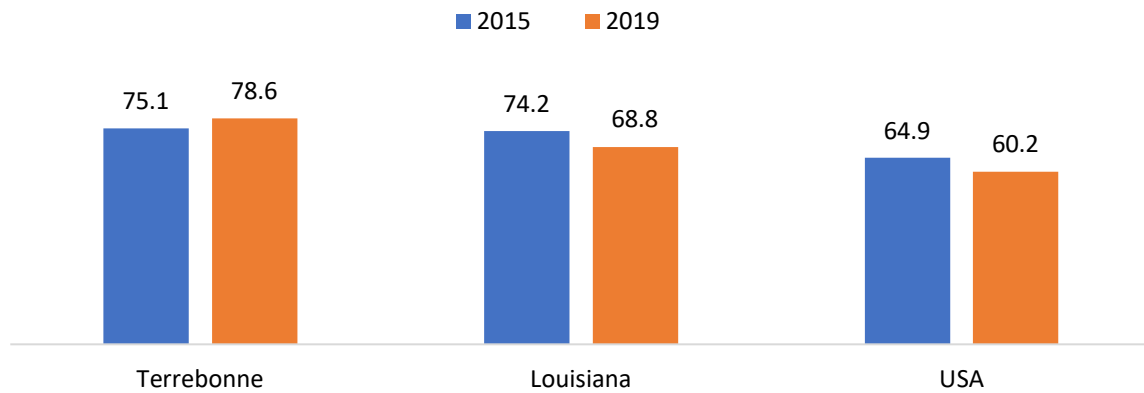
Source: Community Commons

Terrebonne Parish reported a high incidence rate of lung cancer in 2019 at 78.6 per 100,000 population; this rate is higher than the state (68.8 per 100,000 population) and national rate of 60.2 per 100,000 population. (See Graph 20)

⁴⁵ Centers for Disease Control and Prevention: www.cdc.gov/tobacco/about/osh/state-fact-sheets/louisiana/

⁴⁶ Centers for Disease Control and Prevention: www.cdc.gov/cancer/lung/basic_info/risk_factors.htm

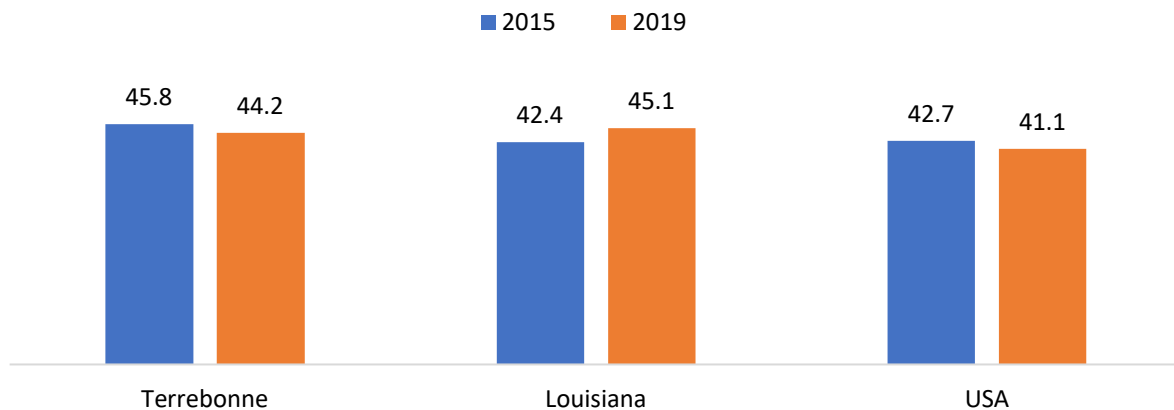
Graph 20: Lung Cancer Incidence Rate (per 100,000 population)



Source: Community Commons

Terrebonne Parish reported a high rate of mortality due to lung disease for the study area at 44.2 per 100,000 population; this is higher than the national rate of 41.1. (See Graph 21)

Graph 21: Lung Disease Mortality Rate (per 100,000 population)



Source: Community Commons

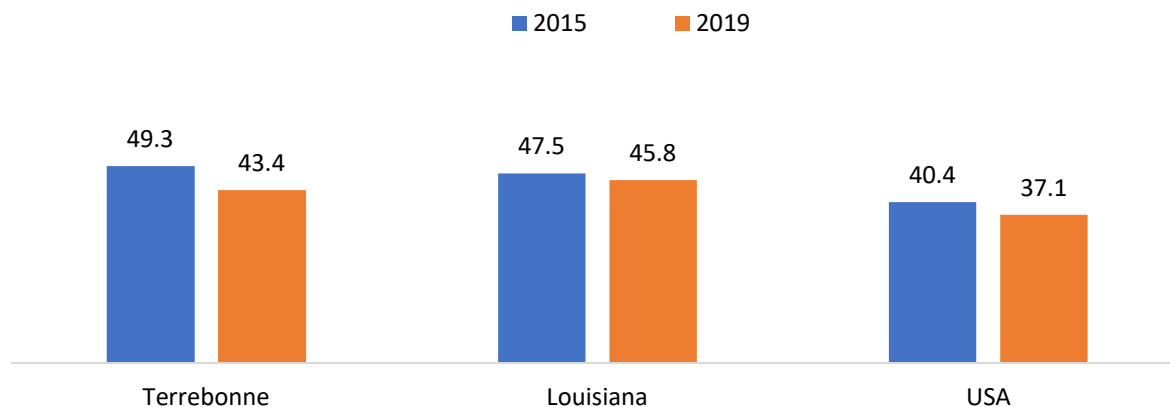
Smoking makes you twice as likely to die if you have a stroke, and the more you smoke, the greater your risk of having a stroke. Tobacco smoke contains toxic chemicals as these chemicals are transferred from your lungs into your blood stream and these chemicals damage cells all around your body. The changes that these chemicals cause can increase your risk of stroke.⁴⁷

⁴⁷ Stroke Association: www.stroke.org.uk/sites/default/files/smoking_and_the_risk_of_stroke.pdf

Terrebonne Parish reported a high rate of mortality due to stroke for the area at 43.4 per 100,000 population; this rate is higher than the nation (37.1 per 100,000 population). (See Graph 22)

The Healthy People (HP) 2020 goal is for mortality due to stroke to be less than or equal to 33.8 per 100,000 population; Terrebonne Parish and state report rates higher than the HP2020 Goal.

Graph 22: Stroke Mortality Rate (per 100,000 population)



Source: Community Commons

In 2015, New Orleans adopted a comprehensive smoke-free law that prohibits smoking and electronic cigarette use in all indoor areas of workplaces and public places, including all hotel rooms, restaurants, bars, and casinos. With the adoption of this law, New Orleans became the largest city in the U.S. to prohibit smoking in casinos. With the adoption of the New Orleans law, 11 percent of Louisiana residents are now protected by comprehensive smoke-free policies. Louisiana is one of 50 states plus DC that receives funding and technical support from the CDC to support comprehensive tobacco control efforts.⁴⁸

Data from the hand-survey reveals that 17.5 percent of survey respondents smoked. This percentage decreased from 2017 when 22.0 percent of survey respondents reported that they smoked. Slightly less than one-third of survey respondents (32.8 percent) quit smoking for one day or longer. Primary data also indicated that less than one-quarter of respondents (22.3 percent), “definitely would or would very likely” participate in a program designed to help them stop smoking. This is a decrease from the previous study when 61.0 percent quit for one day or longer. It is important to focus on tobacco prevention and education, encouraging smoking cessation among existing users, and protecting non-smokers from exposure to secondhand smoke. CMC has the opportunity to continue to provide health education and information on the long-term health effects of smoking and tobacco use.

⁴⁸ Centers for Disease Control and Prevention: www.cdc.gov/tobacco/about/osh/state-fact-sheets/louisiana/

XI. Access to Care and Health Education

Access to care and health education were identified areas of focus in the 2020 assessment. Access to care allows a resident to obtain services from a hospital, clinic, or medical facility. Access to care is important in order to manage a resident's health, receive treatment, and take preventive care measures; therefore, leading to better health outcomes. It also includes health insurance coverage, health services, and timeliness of care. Health care accessibility is also a predictor that implies that health services are easy to obtain and are affordable. Having a designated primary care provider and a designated medical home is also a good indicator of accessibility. Access to high-quality health care and comprehensive services is important for promoting and maintaining health, preventing and managing diseases, reducing unnecessary disability and premature death, and achieving health equity for all Americans, according to the Office of Disease Prevention and Health Promotion.⁴⁹

To order to improve access to care health education must be addressed. Health education assists in the implementation of health promotion and disease prevention programs. Health education provides learning experiences on a variety of health topics, presenting information to target populations and providing strategies to build support and ultimately change negative behaviors.

Increase in Providers

A health provider shortage occurs when there are not enough physicians available to meet patient demand. Physician shortages affect patients as they are unable to access the care they need. It also impacts the ability to secure health appointments. Negative patient satisfaction and poor health consequences are the overall impact related to patient care.

Across the United States, a predicted shortage of 46,900 to 121,900 physicians by 2032 includes both primary care (21,100 to 55,200) and specialty care (24,800 to 65,800). Among specialists, the data projects a shortage of between 1,900 to 12,100 medical specialists; 14,300 to 23,400 surgical specialists; and 20,600 to 39,100 other specialists, such as pathologists, neurologists, radiologists, and psychiatrists, by 2032.⁵⁰ The Robert Graham Center reports that to maintain current rates of utilization, Louisiana will need an additional 392 primary care physicians by 2030, an overall 15 percent increase compared to the state's current (as of 2010) 2,556 primary care physician workforce.⁵¹

The United States would need an additional 95,900 doctors immediately if health care use patterns were equalized across race, insurance coverage, and geographic location. This shortage would be in addition

⁴⁹ Office of Disease Prevention and Health Promotion: www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services

⁵⁰ Association of American Medical Colleges: <https://news.aamc.org/press-releases/article/2019-workforce-projections-update/>

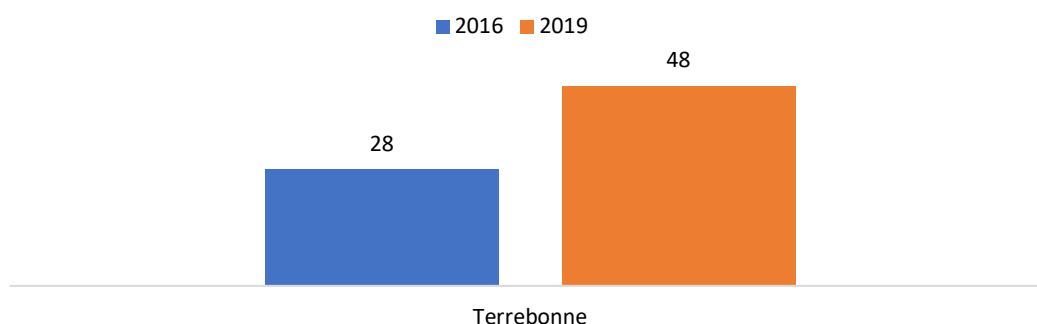
⁵¹ Robert Graham Center: www.graham-center.org/content/dam/rgc/documents/maps-data-tools/state-collections/workforce-projections/Louisiana.pdf

to the number of providers necessary to meet demand in Health Professions Shortage Areas (HPSA) as designated by the Health Resources and Services Administration (HRSA).⁵²

Secondary data from County Health Rankings & Roadmaps reported that Terrebonne Parish (48) did not rank in the top half within the clinical arena among Louisiana’s 64 parishes. Examining data between 2016 and 2019, Terrebonne Parish increased in their ranking scores (ranked worse between the years).

The clinical care category takes into consideration the ease of accessing care and the quality of care once accessed. Clinical care rankings also consider the availability of health services and the quality of those services. It also considers the preventive care measures that patients take to manage their health, including immunization rates, cancer screening rates, and the percentage of the population that receives a yearly dental examination. The clinical care ranking is vital to understanding the ebb and flow of where clinical services are lacking in the state. (See Graph 23)

Graph 23: Clinical Care Rankings



Source: County Health Rankings & Roadmaps

Closing the gaps of disparities, Louisiana’s safety net providers play a vital role in delivering health care to the state’s underserved and disenfranchised populations. Louisiana’s community health centers provide access to primary and preventive services for low-income and underserved residents. Louisiana is home to 30 federally qualified health centers (FQHCs), which operate 162 sites throughout the state. Louisiana’s FQHCs saw more than 303,000 patients and provided nearly 1.1 million patient visits in 2014. More than one-third (37.0 percent) of their patients were uninsured, and two-fifths (40.0 percent) had Medicaid coverage. Nearly all (93.0 percent) had incomes below 200 percent of the federal poverty line, including over three-quarters (77.0 percent) who had income below 100 percent of the federal poverty line.⁵³

Access to high-quality health care services; health professionals are able to treat health issues early, preventing complications, chronic conditions, and hospitalizations. Residents without health insurance have high deductibles and limited financial means which in turn indicates that they are less likely to engage in routine preventive and primary care services. It is important to address how the community plays a tremendous role in an individuals’ overall health status. Factors such as geography, economics,

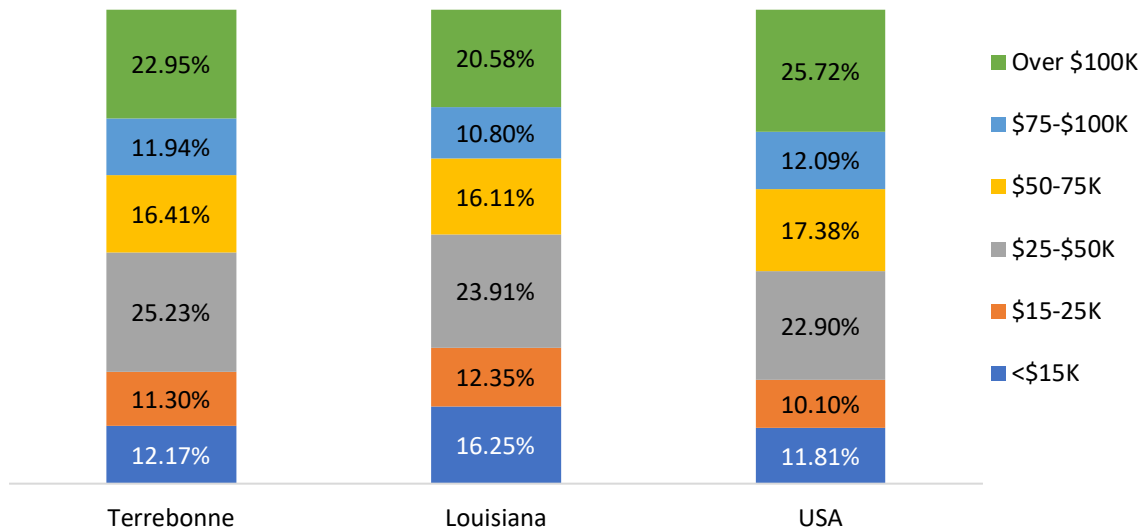
⁵² Association of American Medical Colleges: www.aamc.org/news-insights/press-releases/new-findings-confirm-predictions-physician-shortage

⁵³ Henry J. Kaiser Family Foundation: www.kff.org/health-reform/fact-sheet/the-louisiana-health-care-landscape/

and culture contribute to how residents obtain care. Despite the passage of the Patient Protection and Affordable Care Act, health disparities still exist across all age groups, race, ethnicity, education, and income.

According to demographic data obtained, Terrebonne Parish reported high rates of households that earn less than \$25,000 per year (23.4 percent); thereby, adding challenges for residents who seek health services. (See Graph 24). The average household income for residents in Terrebonne Parish is \$71,034. This is lower than the nation (\$80,853).

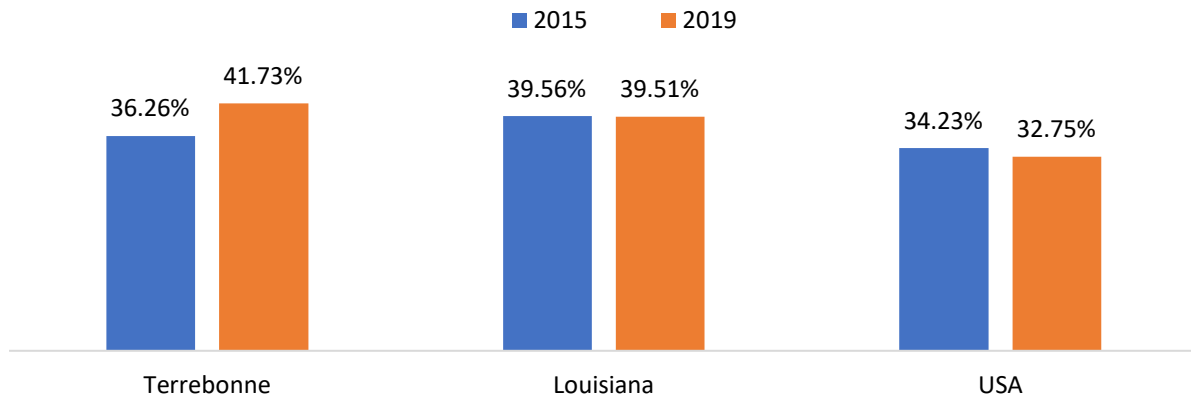
Graph 24: Household Income 2019



Source: Truven Health Analytics

A family’s physical environment and how they access health care services is determined by household income. Illustrated by data from Community Commons, residents in Terrebonne Parish (41.73 percent) have a higher population of people living 200 percent below the federal poverty line, when compared to the state and nation. This percentage is an increase between 2015 and 2019 relatively (36.26 percent vs. 41.73 percent). A family’s household income intertwines with how they can live; eat; and obtain safe, clean, and affordable housing. (See Graph 25).

Graph 25: Population Below 200 Percent Federal Poverty Level

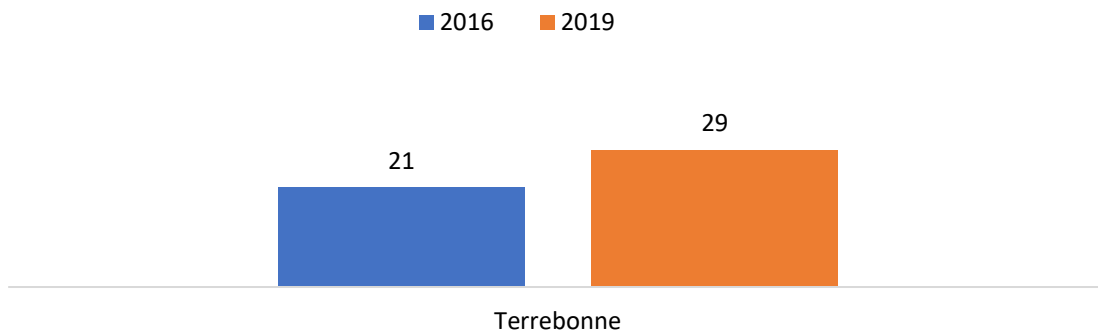


Source: Community Commons

County Health Rankings & Roadmaps reported that Terrebonne Parish (21 to 29), increased their social and economic factors ranking between 2016 to 2019 (ranked worse between the years). (See Graph 26)

Social and economic factors from County Health Rankings & Roadmaps include education, employment, income, and family and social support. These influences are significant and are linked to how residents are able to live a healthy and wholesome lifestyle.

Graph 26: Social and Economic Factors

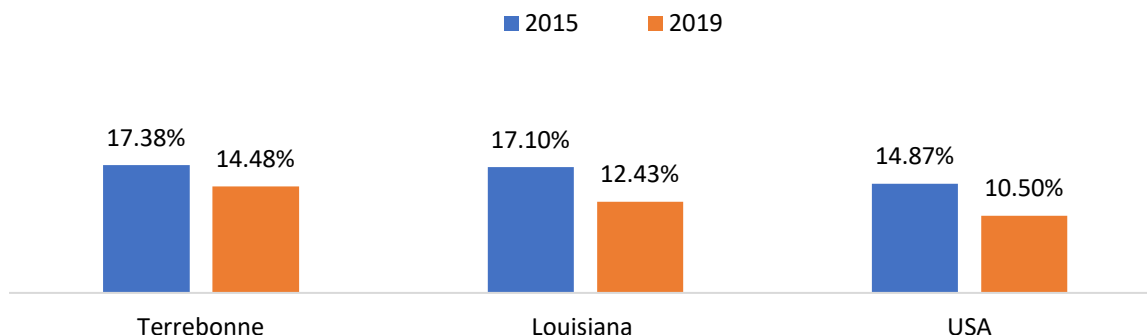


Source: County Health Ranking & Roadmaps

Secondary data reveal the overall percentage of uninsured residents improved since 2015. Terrebonne Parish continues to have uninsured residents at 14.48 percent; this rate is higher than the state (12.4 percent) and the nation (10.5 percent). These percentages may be a reflection on the number of residents who now have health insurance since the Affordable Care Act.

This indicator reports the percentage of the total civilian, non-institutionalized population without health insurance coverage. This indicator is relevant since the lack of insurance is a primary barrier to health care access including primary care, specialty care, and other health services that contribute to poor health status. (See Graph 27)

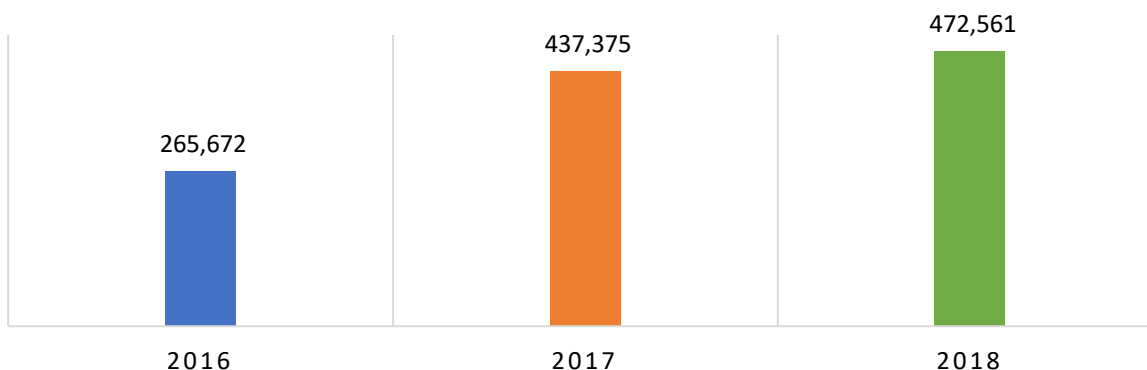
Graph 27: Health Insurance – Uninsured (Total Population)



Source: Community Commons

Additional data from the Louisiana Department of Health shows that the number of adults enrolled due to Medicaid expansion has grown steadily throughout the years. In 2018, the total number of enrolled residents was 472,561. The data below is a good indication that adults who may not have had any health insurance now have health care coverage to its availability. (See Graph 28).

Graph 28: Health Insurance (Louisiana) Adults enrolled in Medicaid Expansion as of June 2018



Source: Louisiana Department of Health

Maintaining health, preventing and managing disease, and reducing unnecessary disability and premature death are important factors and outcomes of accessing comprehensive, high-quality health care services.

Results from the hand-survey indicated that more than half of survey respondents (63.2 percent) have a household income under \$24,999 a year. This is an increase from 2016 when 52.3 percent had a household income under \$24,999 a year.

The hand-survey results revealed in this assessment cycle that 30.6 percent of survey respondents reported that in the last 2 years they traveled outside of the parish to obtain medical care from a doctor.

Community-based organizations and health care institutions must continue their efforts to remain steadfast in their outreach efforts to address the overall health needs of the underserved and underinsured population. Access to high-quality health care services is a basic need that is essential to all residents of the CMC community.

Adolescent Health

Adolescence is a time of change from being a child to a teenager transiting into adulthood. It is a dynamic stage of human development. It is a time of physical, emotional, and intellectual changes, as well as changes in relationships and expectations. Focusing on adolescent health is essential as well-educated healthy young people are more likely to become contributing members of society.

Young adults also face significant social and economic challenges with few organizational supports at a time when they are expected to take on adult responsibilities and obligations. Some social problems and peer pressure issues young adults face include behavioral health issues, sex, tobacco use, school pressures, suicide, etc. Youths are sensitive to their social environments and their long-term health outcomes are often shaped during this period.

This developmental stage poses significant challenges as there are disparities in outcomes among racial and ethnic groups. In general, adolescents who are African American, American Indian, or Latino, especially those living in poverty, experience worse outcomes in a variety of areas such as obesity, teen and unintended pregnancy, tooth decay, and educational achievement, compared to youths who are Caucasian or Asian American. In addition, sexual minority youth have a higher prevalence of many health-risk behaviors.⁵⁴ The financial burdens of preventable health problems are large and include the long-term costs of chronic diseases resulting from behaviors during adolescence and young adulthood.

XII. Cancer

Each year in the United States, more than 1.6 million people are diagnosed with cancer, and nearly 600,000 die from it, making it the second leading cause of death. Breast cancer, lung and bronchus cancer, prostate cancer, colon and rectum cancer, melanoma of the skin, bladder cancer, non-Hodgkin lymphoma, kidney and renal pelvis cancer, endometrial cancer, leukemia, pancreatic cancer, thyroid

⁵⁴ Healthy People: www.healthypeople.gov/2020/topics-objectives/topic/Adolescent-Health

cancer, and liver cancer are the most common types of cancers.⁵⁵ The cost of cancer care is expected to reach almost \$174 billion by 2020.⁵⁶

Lung cancer and colorectal cancer affect both men and women in high numbers; however, in women, breast cancer is the most common; for men, it is prostate cancer. Early prevention screenings coupled with health education/information and engaging in healthy choices can assist in lowering the number of patients with cancer. Regular screenings may find breast, cervical, and colon cancers early when treatment is more likely to be successful.

The CDC recommends lung cancer screening for people who have a history of heavy smoking, are a current smoker, or have quit within the past 15 years and are between 55 and 80 years old. Lung cancer screening is recommended for those who are considered high risk.

In 2018, the National Institutes of Health (NIH) reported that in the U.S., the number of new cases of cancer is 439.2 per 100,000 for men and women per year (based on 2011–2015 cases). The number of cancer deaths is 163.5 per 100,000 for men and women per year (based on 2011–2015 deaths).⁵⁷

Within the U.S. cancer mortality is higher among men than women (196.8 per 100,000 men and 139.6 per 100,000 women). When comparing groups based on race/ethnicity and sex, cancer mortality is highest in African American men (239.9 per 100,000) and lowest in Asian/Pacific Islander women (88.3 per 100,000).⁵⁸

Estimated national expenditures for cancer care in the United States in 2017 were \$147.3 billion. In future years, it is predicted that costs will increase as the population ages and cancer prevalence increases. With a larger cancer population, expensive treatment plans will also emerge as typical standards of care; thus, increasing the cost associated with the disease.⁵⁹

Louisiana has one of the highest cancer mortality rates in the nation, with annual statistics having an equivalent of about 160 people dying from cancer in the state weekly.⁶⁰

Reviewing data at the state level, Louisiana's cancer incidence and mortality rates are declining among men in Louisiana. Among Louisiana women, cancer mortality is decreasing; however, cancer incidence rates are increasing, opposite the national trend. Cancer incidence and mortality rates among men and women in Louisiana are worse than the national rates for all cancers combined. Cancer remains the second leading cause of death in Louisiana, and both Blacks and Whites in Louisiana have poorer cancer survival than the nation.⁶¹

⁵⁵ National Institutes of Health: www.cancer.gov/about-cancer/understanding/statistics

⁵⁶ Centers for Disease Control and Prevention: www.cdc.gov/chronicdisease/resources/publications/factsheets/cancer.htm

⁵⁷ National Cancer Institute: www.cancer.gov/about-cancer/understanding/statistics

⁵⁸ Ibid.

⁵⁹ Ibid.

⁶⁰ Louisiana Cancer Research Center: www.louisianacancercenter.org/cancer-in-louisiana/

⁶¹ Louisiana Comprehensive Cancer Control Plan 2017-2021: ftp://ftp.cdc.gov/pub/Publications/Cancer/ccc/louisiana_ccc_plan.pdf

Access to Screenings

Cancer screenings are important as cancer diagnoses continue to rise. People without health insurance are more likely to be diagnosed with cancer at a late stage when the disease is harder to treat, more costly and more difficult to survive.⁶² Access to cancer screenings can save lives and detect early forms of cancer; most importantly access to screenings for low-income families is essential to reducing overall health care costs.

Not all cancers have screening measures as a variety of considerations must be taken into account when determining whether screenings for a particular cancer type is warranted. Factors such as family history, lifestyle habits, underlying health issues, and environmental exposures all play pivotal roles in the decision-making process.

Access to health screenings is essential to preventing diseases, maintaining good health, reducing death and injuries, and achieving health equity for residents. Limited access to screenings can lead to unmet health care needs, financial burdens, hospitalizations, delays in receiving appropriate care, and difficulties in obtaining preventive services. These barriers must be taken into consideration in order to improve the health of those in the CMC community.

Education and Information

Avoiding tobacco, limiting alcohol intake, protection from harmful UV rays, maintaining a healthy weight, and getting tested for hepatitis C lowers the risk of getting cancer according to the Centers for Diseases Control and Prevention. There are multiple factors that increase the risk getting cancer; thus, changing behaviors and modifying attitudes will lead to long-term better health outcomes.

Lung cancer is the leading cause of cancer death, caused mostly by cigarette smoking. Compared to nonsmokers, current smokers are about 25 times more likely to die from lung cancer. Smoking causes about 80 to 90 percent of lung cancer deaths. Smoking also causes cancer of the mouth and throat, esophagus, stomach, colon, rectum, liver, pancreas, larynx, trachea, bronchus, kidney and renal pelvis, urinary bladder, and cervix, and causes acute myeloid leukemia. Secondhand smoke at home or work increases the risk of developing lung cancer by 20 to 30 percent. Cancer-causing and toxic chemicals are higher in secondhand smoke than in the smoke inhaled by smokers.⁶³

Drinking alcohol on a regular basis is linked to cancer. There is a risk factor for liver cancer, as more than 100 studies have found an increased risk of breast cancer with increasing alcohol intake. The link between alcohol consumption and colon cancer has been reported in more than 50 studies. Studies have also shown that drinking alcohol regularly increases the risk of getting mouth, voice box, and throat cancers.⁶⁴

⁶² Cancer Action Network: www.fightcancer.org/what-we-do/access-health-care

⁶³ Centers for Diseases Control and Prevention: www.cdc.gov/cancer/lung/basic_info/screening.htm

⁶⁴ Ibid.

Being overweight or obese raises a person’s risk of getting some cancers, including endometrial (uterine), breast in postmenopausal women, and colorectal cancers. Hepatitis is inflammation of the liver, which is most often caused by a virus. In the United States, the most common chronic type of viral infection is Hepatitis C. Over time, chronic Hepatitis C can lead to serious liver problems including liver damage, cirrhosis, liver failure, or liver cancer.⁶⁵

It is important to provide health information and education in order to create good health outcomes. Health information allows residents to live a healthy lifestyle; it also improves, maintains, and enhances positive living habits. Healthy behaviors lead to long-term health outcomes that affect the body, mind, and spirit. Education and information helps people solve their own health problems by using their skills and arming them with appropriate health information. It builds positive behaviors, reinforces and shapes, and establishes good long-term health results.

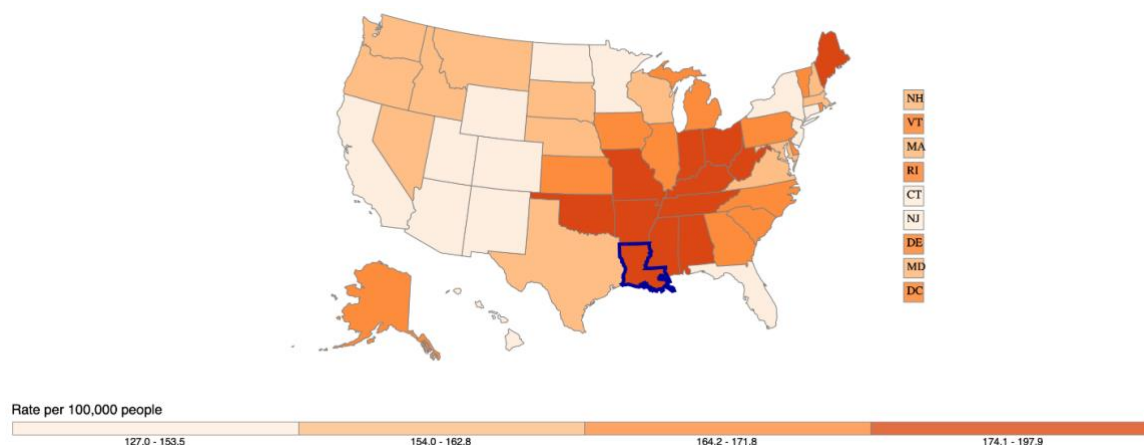
Many experts attribute improved outcomes to prevention awareness efforts, screenings designed to detect cancer in the early stages, and treatment advances which enabling people to identify their health problems and needs.

Cancer Deaths⁶⁶

Data shows between 2012-2016, (see Map 4) Kentucky, Mississippi, West Virginia, Tennessee, Arkansas, Oklahoma, Alabama, Ohio, Indiana, and Louisiana are the top states that have the highest rates of cancer deaths when compared to other states in the U.S.

In Louisiana in 2016, there were 25,451 new cases of cancer. For every 100,000 people, 473 cancer cases were reported. The same year, 9,149 people died of cancer. For every 100,000 people in Louisiana, 172 died of cancer.

Map 4: Rate of Cancer Deaths in the United States 2012-016



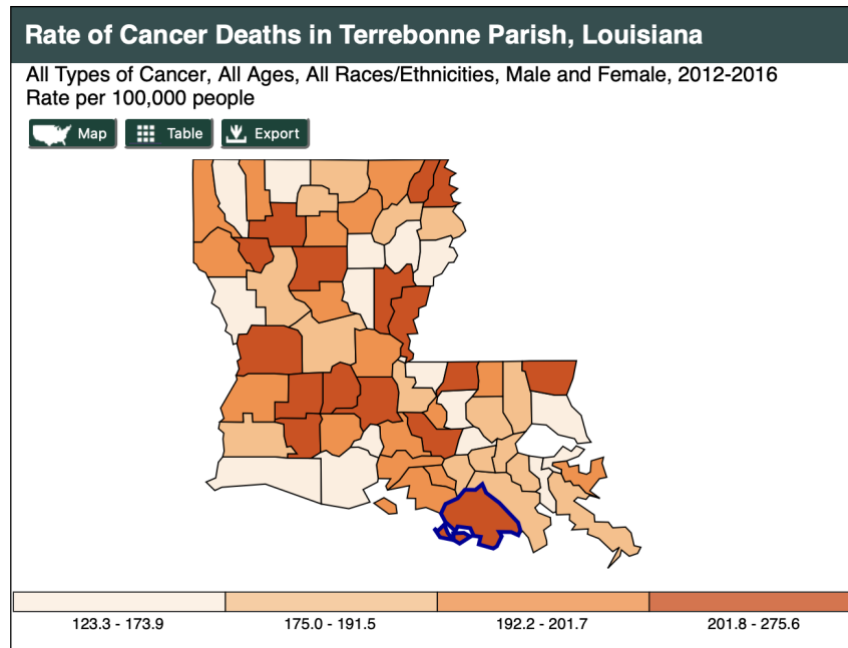
Source: Centers for Disease Control and Prevention

⁶⁵ Ibid.

⁶⁶ Centers for Disease Control and Prevention: <https://gis.cdc.gov/Cancer/USCS/DataViz.html>

Map 5 depicts all cancer deaths in Louisiana. This includes all races/ethnicities, genders, and ages. In Terrebonne Parish, Louisiana from 2012-2016, there were 3,050 new cases of cancer. For every 100,000 people, 512 cancer cases were reported. Over those years, 1,193 people died of cancer. For every 100,000 people in Terrebonne Parish, Louisiana, 205 died of cancer.

Map 5: Rate of Cancer Deaths in Louisiana 2012-2016



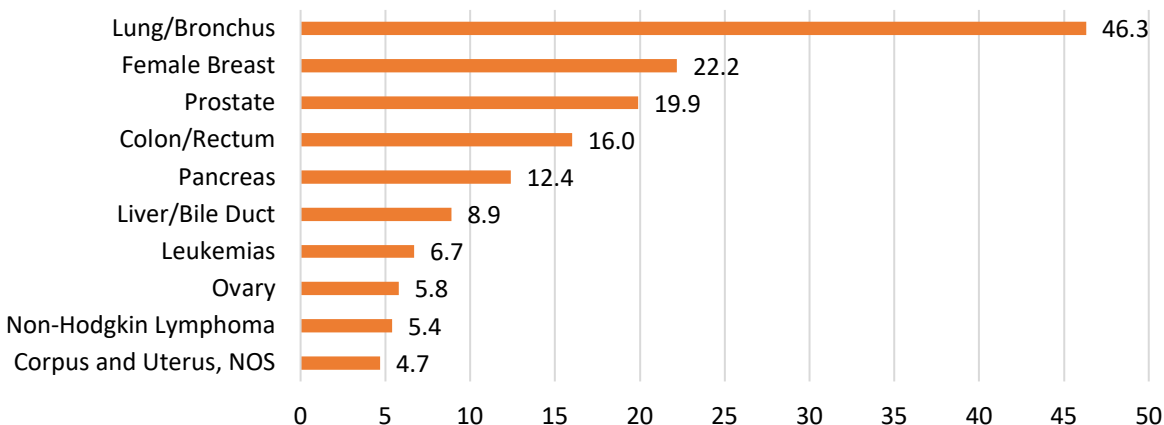
Source: Centers for Disease Control and Prevention

In 2012-2016, in Terrebonne Parish, it was reported that men (253.1 per 100,000 population) have higher death rates when compared to women (168.4 per 100,000 population). African American men in Terrebonne Parish have higher cancer death rates when compared to other races (234.0 per 100,000 population).

The top three cancer deaths in Louisiana are lung/bronchus, female breast, and prostate. (See Graph 29). These types of cancers also align at the national level.

Information, education, and resources aimed to deter residents from beginning to smoke and assisting those to quit can reduce the rate of lung cancer deaths. Cigarette smoking is a significant risk factor for lung cancer. The usage of other tobacco products such as cigars or pipes also increases the risk of lung cancer.

Graph 29: Top 10 Cancer Deaths in Louisiana 2016 (per 100,000 population)



Source: Centers for Disease Control and Prevention

Data collected from the hand-survey reveal that cancer and the long-term effects are still a community concern. The hand-survey results revealed that more than half of survey respondents (60.1 percent) had a colonoscopy; while this percent was a decrease from the previous study (70.0 percent). The U.S. Preventive Services Task Force recommends screenings for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy, beginning at age 50 years of age and continuing until age 75.

The hand-survey showed that close to three-fourths of survey respondents (73.4 percent) had a mammogram within the last 6 and 12 months and 50.2 percent had a pap test within the last 6 and 12 months.

Primary and secondary data collected throughout the assessment process highlighted the importance to continue to provide services and arm residents with needed information. CMC will continue to play an essential role in the community to assisting patients in understanding chronic diseases, the impact of tobacco, poor health behaviors, and the effects of cancer.

XIII. Conclusions

Chabert Medical Center will continue to work closely with community organizations, non-profit establishments, local businesses, schools, and governmental institutions, to positively impact the region's health. Local and statewide partners understand the importance of the CHNA towards future strategies in order to improve the health and well-being of residents in their community. CMC will work with partners to effectively address and resolve the identified needs from the 2020 assessment. As the CHNA is finalized, an internal planning phase will begin the framework for the implementation strategy plan and its ongoing evaluation.

Appendices



XIV. Description of Leonard J. Chabert Medical Center

Southern Regional Medical Center d/b/a Leonard J. Chabert Medical Center is owned by Hospital Service District No. 1 of the Parish of Terrebonne, a political subdivision of the State of Louisiana, and managed by Ochsner Health System. Since 1978 Leonard J. Chabert Medical Center (LJCMC) has been caring for the underserved in the region. In addition to this mission, the hospital was established as a graduate medical teaching facility to provide clinical training for physicians, nurses and allied health personnel.

LJCMC is a 156-bed licensed acute care facility accredited by the Joint Commission providing both primary and secondary levels of care. Inpatient and outpatient services include radiology, laboratory, emergency medicine, physical rehabilitation, pediatrics, oncology, pulmonary/critical care medicine, cardiology, urology, orthopedics, surgery, and psychiatric care. These services account for approximately 2,600 inpatient discharges, 248,000 outpatient tests and procedures, 122,000 clinic visits, and 34,500 emergency department encounters. LJCMC's physician group South Louisiana Medical Associates (SLMA) is comprised of eighty-five providers including physicians, nurse practitioners, physician assistants and nurse anesthetists. SLMA physicians span eighteen specialties providing clinic and hospital services.

In May 2013 a public/private partnership between Ochsner Health and Terrebonne General Medical Center (TGMC) was initiated. Ochsner and TGMC worked collaboratively to develop sustainable solutions to deliver crucial safety-net services for the region and preserve academic training at LJCMC.

Leonard J. Chabert Medical Center continues its long tradition as a safety-net provider for the underserved in the region while achieving unprecedented access, service, and quality of care for its patients.

In 2019, Leonard J. Chabert Medical Center (LJCMC) achieved the Healthgrades 2019 Outstanding Patient Experience Award™. This distinction recognizes LJCMC as being among the top 10 percent of hospitals nationwide for patient experience, according to Healthgrades, the leading online resource for information about physicians and hospital.

For a complete list of services, visit www.ochsner.org

XV. Community Served by Leonard J. Chabert Medical Center

Community Served by the Hospital

Houma, "The Heart of America's Wetland", is located on historic U.S. Highway 90 between New Orleans and Morgan City. It is also sometimes called "the Venice of America" due to the numerous bayous and bays in the immediate area, and its strategic location on the Intracoastal Waterway and the Houma Navigation Channel. It is the parish seat of Terrebonne Parish, and has a population of about 35,000 residents. Houma was founded in 1834 and incorporated in 1848 and is named after the Houmas Indians. Terrebonne Parish was established March 22, 1822.

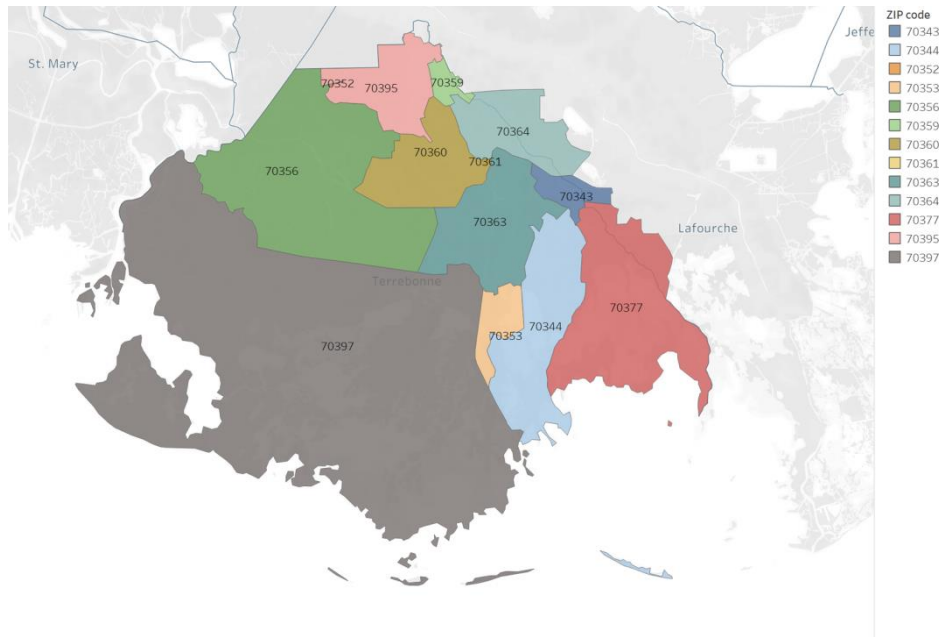
Houma is famous for its Cajun food, charter boat fishing, swamps, Cajun music and dance halls. Houma also is well known for its birding trails, an exotic wildlife park, museums, Mardi Gras celebrations and more. It is also close to the **Atchafalaya Basin** and available are a variety of marsh tours, swamp tours and airboat tours. The Atchafalaya Basin is the nation's largest river swamp, containing almost one million acres of the nation's most significant bottomland hardwoods, swamps, bayous and backwater lakes. It is among the most culturally rich and ecologically varied regions in the United States, home to the widely recognized Cajun culture as well as a diverse population of European, African, Caribbean and Native-American descent. Houma's geographical location produces a combination of deep sea, coastal, brackish and freshwater fishing. Its location near Terrebonne Bay, Timbalier Bay and the open expanses of the Gulf of Mexico offers plentiful fishing options including king mackerel, cobia, redfish, speckled trout, bass and drum.

Defined Community

A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the community health needs assessment considers other types of health care providers, the hospital is the single largest provider of acute care services. For this reason, the utilization of hospital services provides the clearest definition of the community.

The following table represented the study area focus for the 2020 CHNA. The ZIP codes are based on 80 percent of CMC's patient discharges. A detailed map of CMC's geographical location and the markings of its community is pictured on the following map. The map displays the hospital's defined community, which relates to the 13 ZIP codes that define the hospital's community. The service area included a focus in Terrebonne Parish. The information related to the hospital's primary service area is represented in the below map as well as on the proceeding table.

Map 5: Leonard J. Chabert Medical Center – Primary Service Area/Study Area



Tripp Umbach supplied CMC with an array of secondary data from multiple resources including: Community Needs Index (CNI), Community Commons Data, County Health Rankings, and America’s Health Rankings etc.

CNI data from Truven Health Analytics provided a deep understanding of community health care needs.⁶⁷ The Community Needs Index (CNI), jointly developed by Dignity Health and Truven Health, assisted in the process of gathering vital socioeconomic factors in the community. CNI is a strong indicator of a community’s demand for various health care services. The CNI data will be used to quantify the implementation strategy efforts and plans for Chabert Medical Center.

Table 1: Chabert Medical Center - ZIP Code Primary Service Area/Study Area

	ZIP Code	City	Parish
1.	70343	Bourg	Terrebonne
2.	70344	Chauvin	Terrebonne
3.	70352	Donner	Terrebonne
4.	70353	Dulac	Terrebonne

⁶⁷ Truven Health Analytics, formerly owned by Thomson Reuters, is a multinational health care company that delivers information, analytic tools, benchmarks, research and services to a variety of organizations and companies. Truven Health Analytics uses demographic data, poverty data (from The Nielsen Company), and insurance coverage estimates (from Truven Health Analytics) to provide Community Needs Index (CNI) scores at the ZIP code level.

	ZIP Code	City	Parish
5.	70356	Gibson	Terrebonne
6.	70359	Gray	Terrebonne
7.	70360	Houma	Terrebonne
8.	70361	Bayou Cane	Terrebonne
9.	70363	Houma	Terrebonne
10.	70364	Houma	Terrebonne
11.	70377	Montegut	Terrebonne
12.	70395	Schriever	Terrebonne
13.	70397	Theriot	Terrebonne

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

XVI. Assessment Data

A comprehensive community-wide CHNA process was completed for CMC, connecting public and private organizations such as health and human service entities, government officials, faith-based organizations, and educational institutions to evaluate the needs of the community. The 2020 assessment included primary and secondary data collection that incorporated public commentary surveys, community stakeholder interviews, a hand-distributed survey, and a community forum.

Primary and secondary data brought about the identification of key community health needs in the region. CMC will develop an implementation strategy that will highlight, discuss, and identify ways the health system will meet the needs of the communities it serves.

Tripp Umbach worked closely with CMC to collect, analyze, review, and discuss the results of the CHNA, culminating in the identification and prioritization of the community’s needs at the local level. The flow chart below outlines the process of each project component in the CHNA (See Graph 30).

Graph 30: Process Chart of Community Health Needs Assessment (CHNA) 2020



CHNA Kick-Off Meeting

A community relationship was created between two regional health care systems to work collectively on a community health needs assessment process. The CHNA was initiated on July 2019 between Terrebonne General Medical Center and Chabert Medical Center. Both health care institutions have overlapping service areas and believe strongly in community partnerships and collaborations in order to capitalize on regional resources to assist those in the underserved and disenfranchised community. Representation from both institutions made up the working group for the CHNA process.

Members of the internal team were introduced to the project manager at Tripp Umbach and were provided with an overall project scope, which included a timeline for project completion, roles, and expectations of the working group.

The internal team was formed to tackle and manage the work behind each project component piece. The internal team included members from TGMC and CMC whose expertise helped guide the CHNA process.

Evaluation of Previous Plan

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

Tripp Umbach received TGMC's 2017 CHNA implementation actions provided by the internal team charged with assisting Tripp Umbach in completing the CHNA. Tripp Umbach provided the internal team with an implementation strategy planning evaluation matrix to use to evaluate the 2017 implementation strategy plans. The purpose of the evaluation process is to determine the effectiveness of the previous implementation strategies, identified under each of the 2017 identified priorities: Obesity, Diabetes, Cancer, Heart Disease/ Stroke, and Smoking.

Tables 4, 5, 6, 7, and 8 reflect input on the activities for each past priority and strategies developed to address its effectiveness and how well each strategy has performed. The self-assessment on each of the strategies are internal markers to denote how to improve and track each of the goals and strategies within the next three years. The tables below are a reflection of strategic actions taken by TGMC.

Table 4: Health Need Identified: Obesity

Goal: Educate and improve residents' access to preventative health programs and the overall value of physical activity and wellness.	
Activity Conducted in Previous Implementation Strategy Report	Progress
The Weight Management Program is a comprehensive weight-loss method that offers clients a life-changing solution to attain an ideal weight. Our team consists of a Registered Dietitian, Nutrition Coach, and Health Coach. The professional staff assists clients in making smarter nutritional choices for their personal health	Ongoing

needs. Clients are monitored weekly to ensure personal weight loss goals are successfully achieved.	
The TGMC Food and Nutrition Department offers healthy menu choices in our cafeteria daily.	Ongoing
Wellness for Life, a program focused on helping businesses get employees on the right track to better health leading to more productive workdays. Healthy lifestyle experts evaluate employees' health risks and provide specific solutions and resources to the employee and company once the risks are identified. Screenings include blood pressure checks, a glucose screening, body composition analysis on an In-Body 230 scale, and a full lipid panel.	Ongoing
Wellness for Life also conducts regular Lunch-n-Learn programs internally at TGMC and in the community. Topics covered include: Eating Healthy on the Go; Stress Management; Fitting Exercise into the Workday.	Ongoing - Periodically
There are two fitness centers on campus at TGMC, the Sports Performance Training Center and Workout 360. Workout 360 is a traditional, full-service open gym. The Sports Performance Training Center is a more specialized facility, with one-on-one and small group training with a focus on improving specific skills or performance.	Wellness 360 no longer offered SPTC – ongoing
TGMC & Cardiovascular Institute of the South (CIS) host the Heart and Soles Half Marathon and 5K annually to encourage healthy lifestyles through walking and running as exercise.	Ongoing annually - Changed to NightLight Dash
TGMC also sponsors many organizations' 5K run/walk events and provides Team Terrebonne Volunteers: <ul style="list-style-type: none"> • Louisiana Organ Procurement Agency (LOPA) –Marsh Mad Dash • Cooper Life Fund – Super Cooper 5K • American Heart Association Over and Under Tunnel Run • American Cancer Society's Relay for Life • TFAE 5K Run for Excellence • Girls on the Run Spring 5K and Reindeer Run • Walk to End Alzheimer's • Walk like MADD (Mothers Against Drunk Driving) 	Ongoing annually MADD – discontinued
The TGMC Healthy Lifestyles Center has hosted the annual Kids Fit Fair for three consecutive years.	Continuing
TGMC has established a community partnership with Cannata's grocery store called "The Healthy Team" to teach smart grocery shopping and add features to the shelves that make it easy to make healthy choices. A registered dietitian from the TGMC Healthy Lifestyles Center is also available to lead tours at Cannata's to teach smart shopping. Educational information features a Super Food of the Month along with recipes that are provided for distribution to grocery store shoppers.	Completed

TGMC is in the development stages of a partnership with the Houma Terrebonne Chamber of Commerce and the Region Three Department of Health and Hospitals that will focus on decreasing obesity rates in our parish.	Chamber of Health completed. New initiative created: SHA-MAPP 2020
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Table 5: Health Need Identified: Diabetes

Goal: Educate TGMC’s residents on the value of leading a healthy lifestyle.	
Activity Conducted in Previous Implementation Strategy Report	Progress
The Diabetes Management Center at TGMC is accredited by the American Diabetes Association. The Diabetes Management Center’s signature program is Cruise to Diabetes Control, which is designed to combat diabetes and to teach those diagnosed with it how to live a productive active life. Classes are offered monthly.	Ongoing
The Diabetes Management Center at TGMC has partnered with the Terrebonne Parish School Board and coordinates a custom program specifically for all Terrebonne Parish School Board employees living with diabetes. The program has been well-received and successful in teaching patients how to lead a healthy lifestyle and manage the condition wisely.	Ongoing

Table 6: Health Need Identified: Cancer

Goal: Improve cancer care access to residents in the TGMC community through education and services.	
Activity Conducted in Previous Implementation Strategy Report	Progress
In 2008 Terrebonne General Medical Center (TGMC), Cancer Care Specialists (CCS), and Mary Bird Perkins Cancer Center (MBP) partnered to develop a comprehensive cancer program on the TGMC campus. This partnership provides access to full-service, high-quality cancer care to a growing population in Terrebonne Parish and surrounding parishes.	Mary Bird Perkins TGMC Cancer Center - Ongoing
Mary Bird Perkins TGMC Cancer Center provides the full continuum of cancer care, from prevention and early detection to diagnosis, treatment, recovery, and survivorship for those in Southeast Louisiana.	Ongoing
The Early Bird mobile medical clinic promotes early detection and averages 33 FREE cancer screenings in the region every year. Screenings offered are for breast, colorectal, skin, prostate and oral cancer.	Ongoing
In early 2017 alone (January-July) over 200 people were screened for various cancers, and 5 cancers were detected.	Ongoing

Every September, a prostate cancer screening is held in recognition of Prostate Awareness to target men and provide FREE PSA screenings. Each year there are over 200 men in attendance.	Annual – 130 screened
In February, TGMC hosts the annual Ladies Love Your Heart Luncheon. There is a health fair held in the lobby prior to the luncheon, and the TGMC staff is present to educate women in attendance of the importance of scheduling regular mammograms and to share information on the newest technology available. In 2020 the event was changed to Heels for Hearts, a cardiac wellness social. The event featured a panel of healthcare professionals who discussed heart disease risk factors, symptoms, diet, exercise and the importance of early detection and screenings.	Ongoing

Table 7: Health Need Identified: Heart Diseases/Stroke

Goal: Provide preventative screenings and information for residents in the TGMC community through early detection of heart disease and stroke.	
Activity Conducted in Previous Implementation Strategy Report	Progress
A free cardiovascular screening is held annually and includes a combination of an EKG, carotid ultrasound or an Ankle Brachial Index (ABI), cholesterol screening, blood pressure, and a body composition analysis on an InBody 230 scale. In 2016, 85 people were screened at the event, and 12 had underlying issues that were detected and escalated for further testing. Total number of people screened since inception in 2011 is: 818 attendees screened.	Annual
Annual participation in American Heart Association Over and Under Tunnel Run for over 20 years. *Proceeds benefit the Foundation for TGMC.	Ongoing
TGMC partners with Ochsner Health System to provide a telemedicine stroke program for 24/7/365 access to neurology specialists to improve access to advanced neurological diagnoses and interventions.	Ongoing
TGMC has improved acute care protocols for our patients using evidenced-based practices to manage care of patients with acute stroke symptoms inside the hospital to address community needs.	Ongoing
TGMC participates and has been recognized with the Gold Plus award by the American Heart Association in the “Get with the Guidelines” education program to improve patient management inside the hospital through collaboration and monitoring of patient outcomes.	Ongoing
TGMC has stroke education-focused materials via the website and printed materials such as brochures and educational programs that will be offered throughout the year to educate our community about the signs and symptoms of a stroke and the importance of seeking medical attention immediately.	Not on website currently
To Your Health is an educational TV program produced by TGMC that addresses the warning signs and symptoms of a stroke on a regular basis to educate our community.	Ongoing
Frequent posts on TGMC’s Facebook, Twitter, and Instagram will also educate our community about the warning signs for stroke and the importance of getting to the hospital emergency department immediately.	Ongoing

TGMC has a designated Population Health Nurse leading the new Clinical Decision Unit. This unit closely monitors congestive heart failure patients and allows them to recover at home under close daily contact. This unit also partners with CIS to host monthly congestive heart failure support group meetings for patients, their families, and caregivers.	Ongoing
Every February, TGMC hosts the ladies Love Your Heart Luncheon. The event features a presentation by a cardiologist, a heart-healthy meal prepared by the TGMC executive chef, and an educational health fair with health screening options available. In 2020 the event was changed to Heels for Hearts, a cardiac wellness social. The event featured a panel of healthcare professionals who discussed heart disease risk factors, symptoms, diet, exercise and the importance of early detection and screenings.	Ongoing

Table 8: Health Need Identified: Smoking

Goal: Reduce smoking among targeted populations through preventative health and education programs.	
Activity Conducted in Previous Implementation Strategy Report	Progress
Mary Bird Perkins TGMC Cancer Center offers Geaux Free, a smoking cessation program.	No longer offered
TGMC is 100% tobacco-free and is proud to be a designated WellSpot by the Louisiana Department of Health and Hospitals.	Ongoing
TGMC partners with, promotes, and refers to the smoking cessation program at Cardiovascular Institute of the South.	Ongoing
Smoking cessation programs are promoted at numerous TGMC events, including the annual Cardiac Screening event and the Ladies Love Your Heart Luncheon.	Ongoing

Terrebonne General Medical Center has the beginnings of a strong framework for the continuous evaluation and measuring of community health improvement efforts. Tracking plans and measures will help identify best practices and mark the most appropriate investments for the hospital.

The range of what is available in the community socially and economically, along with individual factors can impact health outcomes. TGMC will need to focus on the overall goals (short and long term) and the specific strategies that will impact the region. Data and information collected for the CHNA will allow for a greater understanding of regional issues, particularly during community events and implementation strategy planning sessions.

It is important to note that CMC did not complete the evaluation piece or the public commentary portion as their CHNA and implementation plan was not completed in the previous cycle. Data presented in these sections are reflective of TGMC’s findings.

Community Stakeholders

Interviews with community leaders throughout the region were conducted to gain an understanding of the community's health needs from organizations and agencies that have a deep understanding of the populations in the greatest need. CMC provided Tripp Umbach with a list of community leaders to interview. Interviews were conducted with community-based organizations, public health experts, and representatives of underserved populations. The information collected provided knowledge about the community's health status, risk factors, service utilization, and community resource needs, as well as gaps and service suggestions.

An introduction email from Tripp Umbach was sent announcing the health assessment and the collaborative efforts at the sponsoring hospitals. In total, 13 interviews were completed between the months of September 2019 through October 2019.

Within the interview and discussion process, overall health needs, themes, and concerns were presented. Below are key themes community stakeholders communicated from the most discussed to the least discussed (in descending order).

1. Behavioral Health Issues: Mental health, drugs, and alcohol
2. Obesity
3. Chronic Diseases: Diabetes, high blood pressure (hypertension)
4. Tobacco Use
5. Health Behaviors: Risky behaviors (STDs)
6. Cancer
7. Access to Care
8. Homelessness/Lack of Available and Affordable Housing
9. Crime/Domestic Violence
10. Poor Health Outcome

Public Commentary

As part of the CHNA, feedback was solicited related to the CHNA and Implementation Strategy Plan (ISP). The solicitation of feedback was obtained from community stakeholders identified by the working group. Observations offered community representatives the opportunity to react to the methods, findings, and subsequent actions taken from the health systems. Feedback was collected from ten (out of thirteen) community stakeholders related to the public commentary survey. The public comments below are a summary of stakeholders' feedback regarding the former documents. The collection period for the survey ran from September 2019 through October 2019.

When asked whether the assessment "included input from community members or organizations," eight reported that it did, and two survey respondents did not know.

One survey respondent reported that the assessment reviewed did exclude community members or organizations that should have been involved in the assessment; six respondents did not feel any community members or organizations were excluded; three respondents did not know. Native Americans and non-English-speaking residents were identified groups who community stakeholders felt were excluded.

In response to the question, “Are there needs in the community related to health (e.g., physical health, mental health, medical services, dental services, etc.) that were not represented in the CHNA,” three respondents agreed, four reported that it did not, two respondents did not know, and one did not respond to the question.

Some barriers and needs that were not covered, according to survey respondents included social determinants of health. The populations that were believed to have experience with barriers and needs are low-income populations.

Six of the survey respondents indicated that the ISP was directly related to the needs identified in the CHNA and three were unsure, one did not respond to the question.

According to respondents, the CHNA and the ISP benefited them and their community in the following manner (in no specific order):

- It started the conversation and opened the door, but we need to tackle the issue in order to get traction to make a difference.
- The assessment is doing a better job to promote the information and providing access to health care services to those in need.
- Publicizing all the different services that are available and addressing all the needs from the assessment. It is also important to be aware of the web-based tools in multisector industries that are important to be part of the solution.

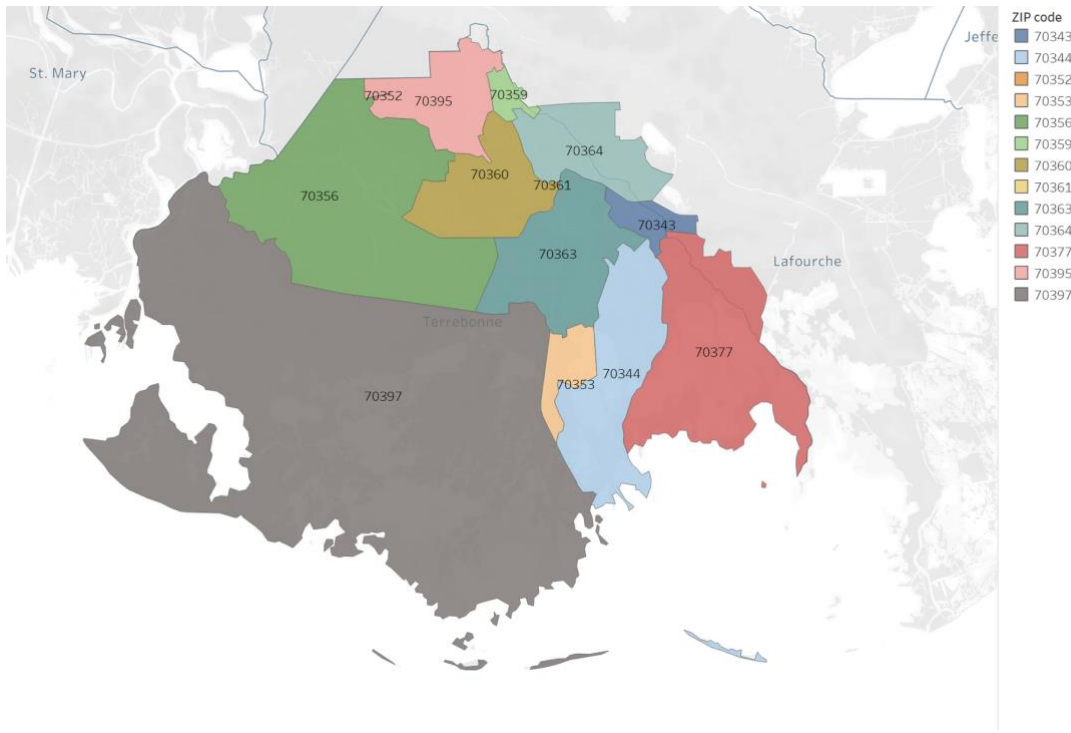
Secondary Data Analysis⁶⁸

Tripp Umbach completed a comprehensive analysis of the health status and socioeconomic environmental factors related to the health and well-being of residents in the community from existing data sources, such as state and county public health agencies, The Centers for Disease Control and Prevention (CDC), County Health Rankings, The Substance Abuse and Mental Health Services Administration (SAMHSA), Community Commons Data, Louisiana Department of Health, and other additional data sources. Tripp Umbach benchmarked data against state and national trends where applicable. While community can be defined in many ways, CMC community (primary study area) were defined as 13 ZIP codes – which holds a large majority of the inpatient discharges for the two hospitals.

⁶⁸ Tripp Umbach provided highlighted secondary data information within the section. A robust profile is available at CMC. For the full PowerPoint data results please obtain a copy from Ancillary Services at CMC.

The secondary data profile includes information from multiple health, social, and demographic resources. A robust secondary data report was provided to the working group of CMC in order to review and evaluate the needs of the region.

Map 6: TGMC and CMC Study Area Map Overview



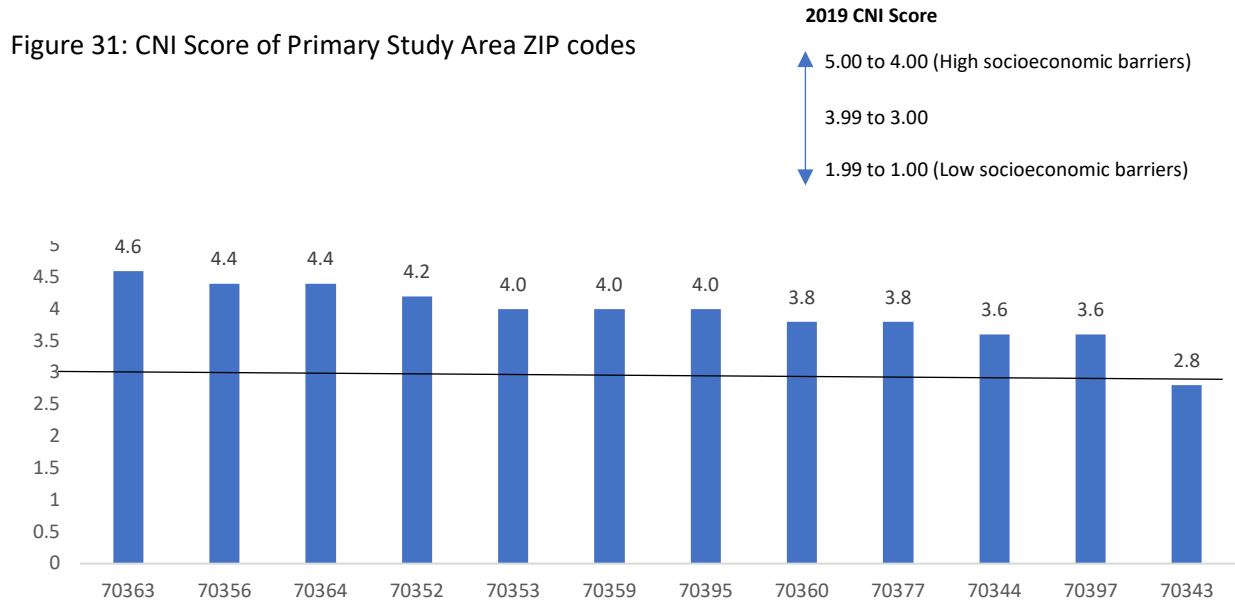
Note: 70361 is classified as a P.O. Box

Tripp Umbach also obtained Community Need Index (CNI) data from Dignity Health and Truven Health Analytics to quantify the severity of health disparities. Truven Health Analytics provides data and analytics to hospitals, health systems, and health-supported agencies. CNI considers multiple factors that are known to limit health care access; the tool is useful in identifying and addressing the disproportionate and unmet health-related needs of neighborhoods. The five prominent socioeconomic barriers to community health quantified in the CNI are income barriers, cultural/language barriers, educational barriers, insurance barriers, and housing barriers.

Truven Health Analytics provides a score range for each of the 13 ZIP codes. A score of 5.0 represents a ZIP code area with the most socioeconomic barriers (high need), while a score of 1.0 indicates a ZIP code area with the lowest socioeconomic barriers (low need). A low score is the ultimate goal; however, ZIP codes with a low score should not be overlooked. Rather, communities should identify what specific entities are succeeding, which ensures a low score.

The CNI scores within each of the parish ZIP codes will assist TGMC implement programs effectively as the planning strategies will require efforts in specific geographic locations.

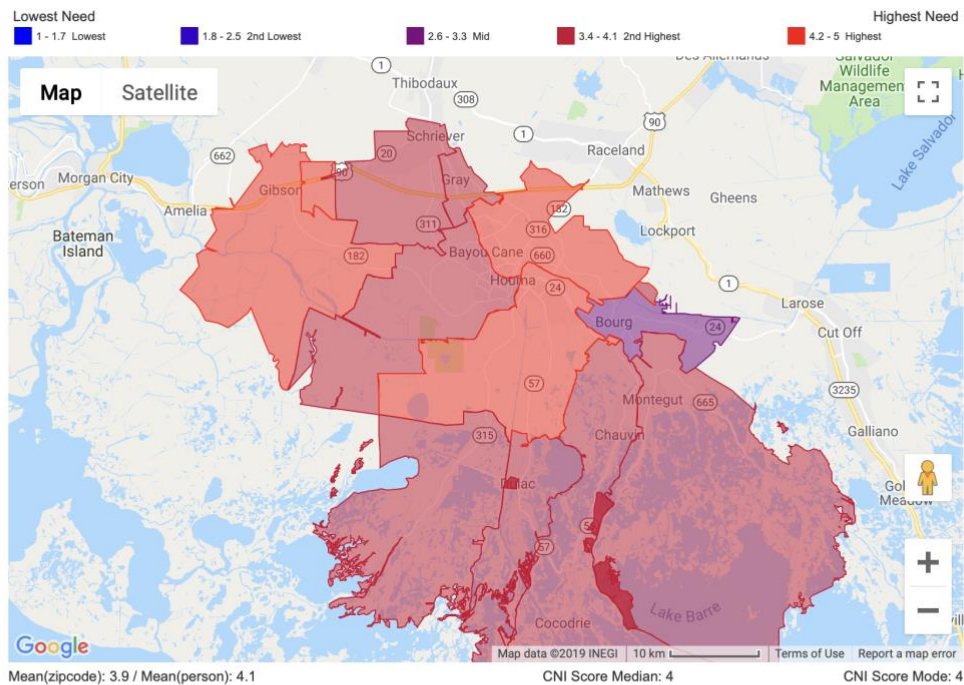
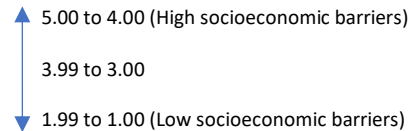
Figure 31 presents the primary study area ZIP codes in sequence. ZIP code 70363 (Houma) reported the highest CNI score of 4.6 (more socioeconomic barriers) out of the remaining 12 ZIP codes within the study area. ZIP code 70343 reported a CNI score of 2.8 signifying lower socioeconomic barriers to care.



Additional representation is depicted in the map below (see Map 2). Reviewing information related to TGMC’s primary service area, ZIP code 70363 (Houma) reports the highest CNI score of 4.6 (more socioeconomic barriers) out of the 13 ZIP codes within the primary study area. There are eleven ZIP codes that fall above the 3.0 median in the primary study area. On the polar end, ZIP Code 70343 (Bourg) has the lowest CNI score of 2.8 (fewer socioeconomic barriers) within the primary study area.

Map 7: CNI Data – Primary Service Area/Study Area Map

2019 CNI Score



Zip Code	CNI Score	Population	City	County	State
70343	2.8	5345	Bourg	Terbonne Parish	Louisiana
70344	3.6	5270	Chauvin	Terbonne Parish	Louisiana
70352	4.2	211	Donner	Terbonne Parish	Louisiana
70353	4	1530	Dulac	Terbonne Parish	Louisiana
70356	4.4	2382	Gibson	Terbonne Parish	Louisiana
70359	4	8923	Gray	Terbonne Parish	Louisiana
70360	3.8	28328	Houma	Terbonne Parish	Louisiana
70363	4.6	26137	Houma	Terbonne Parish	Louisiana
70364	4.4	30130	Houma	Terbonne Parish	Louisiana
70377	3.8	3769	Montegut	Terbonne Parish	Louisiana
70395	4	5015	Schriever	Terbonne Parish	Louisiana
70397	3.6	1195	Theriot	Terbonne Parish	Louisiana

Hand-Distributed Surveys

Tripp Umbach employed a hand-distribution methodology to disseminate surveys to individuals in and around Terrebonne General Medical Center and Chabert Medical Center to identify health risk factors and health needs in the community.

A hand survey was utilized and designed to capture and identify the health risk factors and health needs of those within the study area. The hand survey collection process was implemented during September 2019 - December 2019. Working through organizations and health system departments that have direct relationships with the underserved and disenfranchised populations, TGMC collected 738 hand-surveys from residents in the community. Organizations, health system departments, and engagement from local community organizations encouraged participants to fill out the survey upon entry to their facility. The information collected from the hand-surveys are representative of residents who utilize and obtain services from community-based organizations and health care institutions.

Hard copies of the hand-survey were mailed to community-based organizations and departments. Upon completion, hand-surveys were returned to Tripp Umbach where they were input and analyzed.

The information below represented key survey findings collected from the hand-distributed survey. (For the full PowerPoint data results please obtain a copy from the Marketing and Planning Department at TGMC.)

Overall General Health/Coverage

- 90.8% of survey respondents have a doctor/primary care provider.
- 82.9% of survey respondents have health insurance.
- 62.7% of survey respondents obtain medical care from a doctor's office.
- 90.6% of survey respondents indicated that they did not have problems seeing a doctor.
- 56.2% of survey respondents seek dental care at a dentist's office, followed by 26.3% who do not go to the dentist.
- 45.9% of survey respondents had a dentist appointment within the past year.
- 45.1% of survey respondents do not pay for dental services; while 37.4% pay through dental insurance coverage.
- 31.8% of survey respondents have been told they have diabetes (31.8%).
- 44.9% of survey respondents were told they were overweight or obese.
- 30.6% of survey respondents reported that in the last 2 years they traveled outside of the parish to obtain medical care from a doctor.
- The top five health concerns according to survey respondents were: cancer (13.6%), diabetes (9.8%), high blood pressure (9.7%), heart disease (9.6%) and drug/alcohol (8.5%).

Health Screenings/Preventive Health

- 90.7% of survey respondents had their blood pressure checked within the last 6 months.
- 67.8% of survey respondents had their cholesterol checked within the last 6 months.
- 60.1% of survey respondents had a colonoscopy.
- 47.6% of male survey respondents reported that they were screened for prostate cancer.
- 59.3% of survey respondents reported that they had a flu shot in the last 12 months.
- 42.5% of survey respondents had a pneumonia vaccination.
- 73.4% of survey respondents had a mammogram within the last 6 and 12 months.
- 50.2% of survey respondents had a pap test within the last 6 and 12 months.

Behavioral Health

- 23.8% of survey respondents have been told by a health care professional that they have a mental health concern.
- 17.5% of survey respondents smoked.
- 32.8% of survey respondents quit smoking for one day or longer.

Transportation

- Personal car (63.4%) and rely on family or friends (16.5%) is the main form of transportation for survey respondents.
- 6.8% of survey respondents had to quit or lost their job due to the lack of transportation.

Children's Health

- 67.5% of survey respondents who have children under the age of 18 had a routine checkup within the last 6 months.
- 84.0% of survey respondents have their children up to date on their immunization shots.
- 17.6% of survey respondents who have children reported that their children are considered overweight for their age.

Community Outreach Programs

- TV (25.6%), word of mouth (17.4%), and newspaper (14.9%) are the top three ways survey respondents find out about information in their community.
- 16.9% of survey respondents participated in community health screenings.
- 14.9% of survey respondents participated in community health education classes.
- 66.7% of survey respondents know the early warning signs and symptoms of a heart attack.
- 62.2% of survey respondents know the early warning signs and symptoms of a stroke.

CHNA Forum

On January 29, 2020, Tripp Umbach facilitated a community forum with 23 attendees who represented TGMC and CMC along with community organizations instrumental to both hospital institutions. The purpose of the community forum was to present the CHNA findings, which included existing data, in-depth community stakeholder interview results, and hand-distributed survey findings, and to obtain input regarding the needs and concerns of the community overall. The group discussed the data, shared their visions and plans for community health improvement in their communities, and identified and prioritized the top community health needs in their region. With input received from forum participants, TGMC and CMC prioritized and identified top priority areas. Each of the prioritized areas has subcategories, which further illustrate the identified need.

2020 Community Forum Needs (in order):

1. Chronic Diseases
 - a. Diabetes
 - b. High blood pressure/hypertension
 - c. Heart disease
2. Health Education/Information
 - a. Physical inactivity/exercise
 - b. Obesity/overweight
3. Tobacco Use
4. Access to care/Health Education
 - a. Increase in providers
 - b. Adolescent health
5. Cancer
 - a. Access to screenings
 - b. Education/information

The community forum also revealed the below needs. TGMC and CMC agreed that social determinants of health related to information would be combined with community need health education/information. Behavioral health and teen pregnancy, while identified as a community need will not be addressed as TGMC and CMC do not have the appropriate resources and funding arms to address those community issues.

TGMC and CMC will not address the below needs due to limited resources:

- Behavioral health – Will not address as the hospitals do not have the capacity/resources to address this need aimed specifically at outpatient services. Both systems do not have behavioral health services capacity (i.e. professionals and health care providers) to adequately treat and

serve patients within the community. Patients are referred outside the community to other facilities for this need.

- Teen Pregnancy – Will not be address as both systems do not have the programming efforts to address this community need.

Final CHNA Report

A final report was developed that summarized key findings from the assessment process including the final prioritized community needs. Top community health needs were identified by analyzing secondary data, primary data collected from key stakeholder interviews, hand-distributed surveys, and from the CHNA forum. Tripp Umbach provided support to the prioritized needs with secondary data (where available), consensus with community stakeholders results, and hand-distributed surveys.

Implementation Strategic Planning Phase

The next steps for TGMC and CMC will be to develop an implementation strategy plan to measurably improve the community's health status. The implementation strategy plan is to measure the health system's directive towards meeting the needs of the community throughout the planning process.

XVII. Community Stakeholders

Tripp Umbach completed 13 interviews with community stakeholders throughout the region to gain a deeper understanding of community health needs from organizations, agencies, and government officials that have a deep understanding from their day-to-day interactions with populations in greatest need. Interviews provide information about the community’s health status, risk factors, service utilizations and community resource needs, as well as gaps and service suggestions.

Listed below in alphabetical order by last name are the community stakeholders who participated in the community health need assessment for Chabert Medical Center. (See Table 9)

Table 9: Community Stakeholders

	Name	Organization
1.	Amanda Gibson	Louisiana State University Agricultural Center
2.	Barry Chauvin	Options for Independence
3.	Candice Chavin	Terrebonne Parish Library System-Dulac Branch
4.	Corine Paulk	Louisiana Indian Education Association (LIEA)
5.	Dr. Chip Riggins	Louisiana Department of Public Health – Office of Public Health Region 3
6.	Dr. Gary Wiltz	Teche Action Clinic
7.	Jeanna Solis	Ship to Store Louisiana
8.	Kristine Strickland	Fletcher Technical Community College
9.	Lanor Curole	Inter- Tribal Council of Louisiana (Houma)
10.	Lonnie Easley	United Way
11.	Lora Ann Chassisson	The United Houma Nation
12.	Lorie Beal	Veterans Administration Regional Program
13.	Dr. Regina Verdin	Fletcher Technical Community College

XVIII. Working Group Members

The CHNA was overseen by a committee of representatives who worked diligently during the process. Members of the working group are listed in alphabetical order by last name. (See Table 10).

Table 10: Working Group Members

	Name
1.	Tracy Adams
2.	Rhonda Alfred
3.	Heather Arcement
4.	Cindy Duet
5.	Craig Guillot
6.	Margaret McMeel
	Tripp Umbach
7.	Ha T. Pham

XIX. Tripp Umbach

Consultants

Leonard J. Chabert Medical Center contracted with Tripp Umbach, a private healthcare consulting firm with offices throughout the United States, to complete a community health needs assessment (CHNA). Tripp Umbach has worked with more than 300 communities in all 50 states. In fact, more than one in five Americans lives in a community where our firm has worked.

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

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

