Terrebonne
GENERAL HEALTH SYSTEM

COMMUNITY HEALTH NEEDS ASSESSMENT

ENHANCING THE LIVES OF TERREBONNE PARISH RESIDENTS

APPENDICES

Terrebonne
GENERAL HEALTH SYSTEM

Appendices Table of Contents

A) General Description of Terrebonne General

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

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

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

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

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

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

Terrebonne
GENERAL HEALTH SYSTEM

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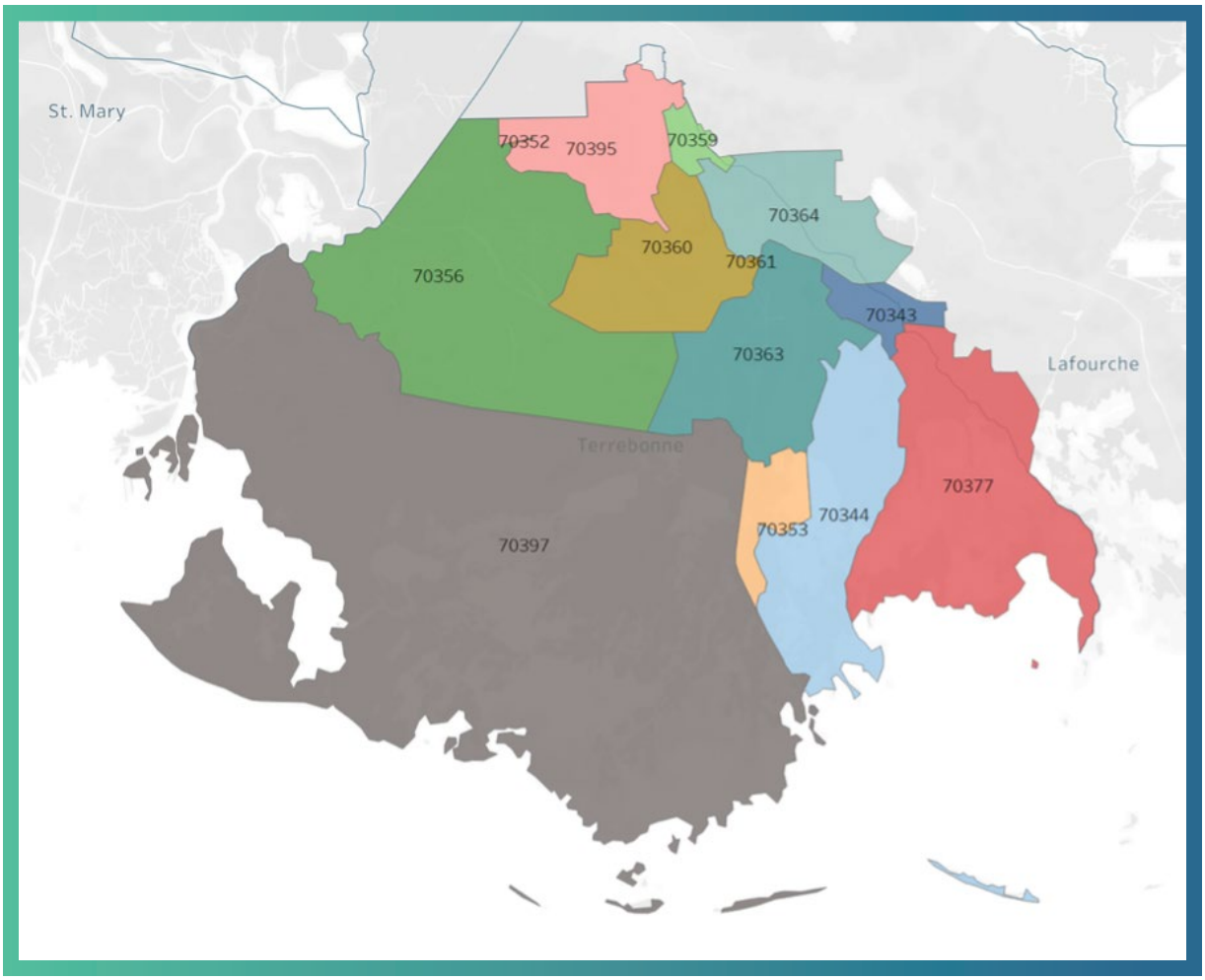
B) Communities Served by Terrebonne General

Terrebonne General Health System's primary service area includes 13 ZIP codes in Terrebonne Parish.

Table 54: Primary Service Area ZIP Codes

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

Map 55: Study Area



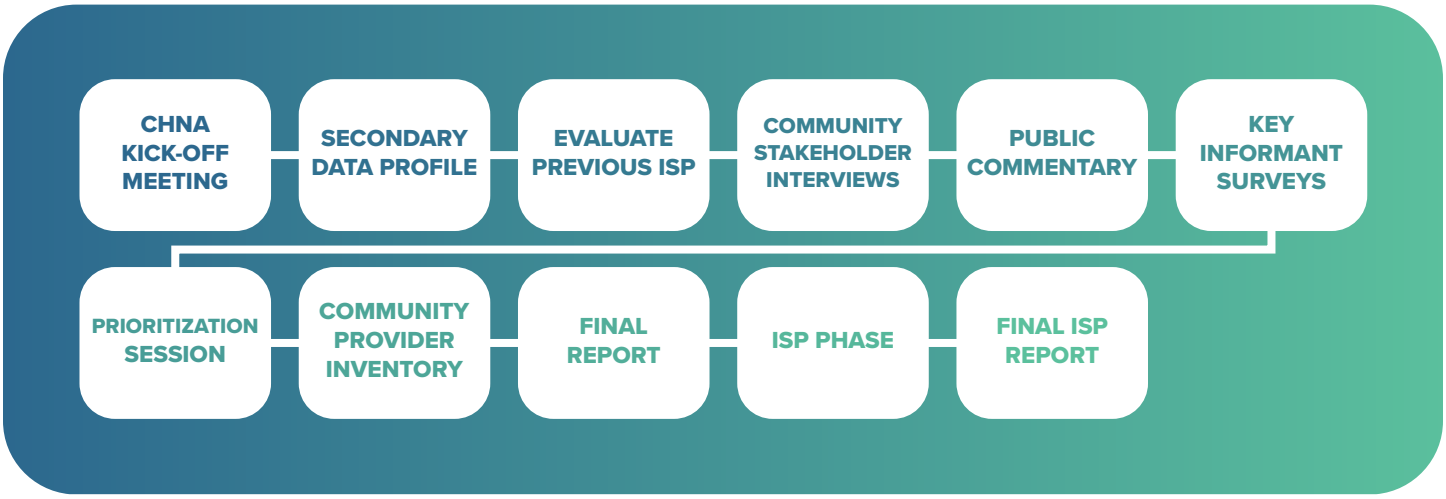
Note: 70361 is classified as a P.O. Box

C) Process Overview

A comprehensive community-wide CHNA process was completed for Terrebonne General, connecting public and private organizations such as health and human service entities, government officials, and educational institutions to evaluate the community's needs. The 2023 assessment includes primary and secondary data collection incorporating public commentary feedback, community stakeholder interviews, a key informant survey, and an internal hospital prioritization session.

Terrebonne General will develop an implementation strategy that will highlight, discuss, and identify ways Terrebonne General will meet the needs of the communities it serves. Tripp Umbach worked closely with Terrebonne General to collect, analyze, review, and discuss the results of the CHNA, culminating in identifying and prioritizing the community's needs at the regional level. The flow chart below outlines the process of each project component in the CHNA.

Figure 56: Flow Chart of Community Health Needs Assessment (CHNA) and Implementation Strategy Phase (ISP) 2023



D) Evaluation of Previous Implementation Strategy Plan

Representatives from Terrebonne General 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 to meet the planning goals in the community.

Tripp Umbach received the 2020 CHNA implementation plan status and outcome summary assessments provided by the working group. The evaluation process aims to determine the effectiveness of the previous CHNA and implementation plan strategies, including each of the identified priorities. The summary matrix is located on page 21 of the report. The full evaluation matrix can be obtained from the Marketing Department of Terrebonne General Health System.

E) Community Health Data Profile (Secondary Data)

Tripp Umbach completed a comprehensive analysis of health status, socioeconomic, and 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. These agencies include America's Health Rankings®, Centers for Disease Control and Prevention, Community Commons Data, Community Needs Index (CNI), County Health Rankings, FBI Crime Report, Feeding America, Kaiser Family Foundation, National Center for Education Statistics, U.S. Census Bureau, and other additional data sources. Tripp Umbach benchmarked data against state and national trends where applicable.

Tripp Umbach used secondary data sources to compile information related to disease prevalence, socioeconomic factors, and behavioral habits. A robust extended secondary data document was provided to the working group to review and evaluate the region's needs. The information supplied is an overview of the secondary figures collected as part of the CHNA.

The data provided does not replace existing local, regional, and national sites but rather provides a comprehensive (not all-inclusive) overview that complements and highlights existing and changing health and social behaviors of community residents for the health system and organizations involved in the community health needs assessment. Below are some focuses included in the report.

- Clinical Care
- Community Needs Index (CNI)
- County Health Rankings
- Crime and Safety
- Demographic Information
- General Health
- Health Behaviors
- Health Outcomes

Community Needs Index (CNI)

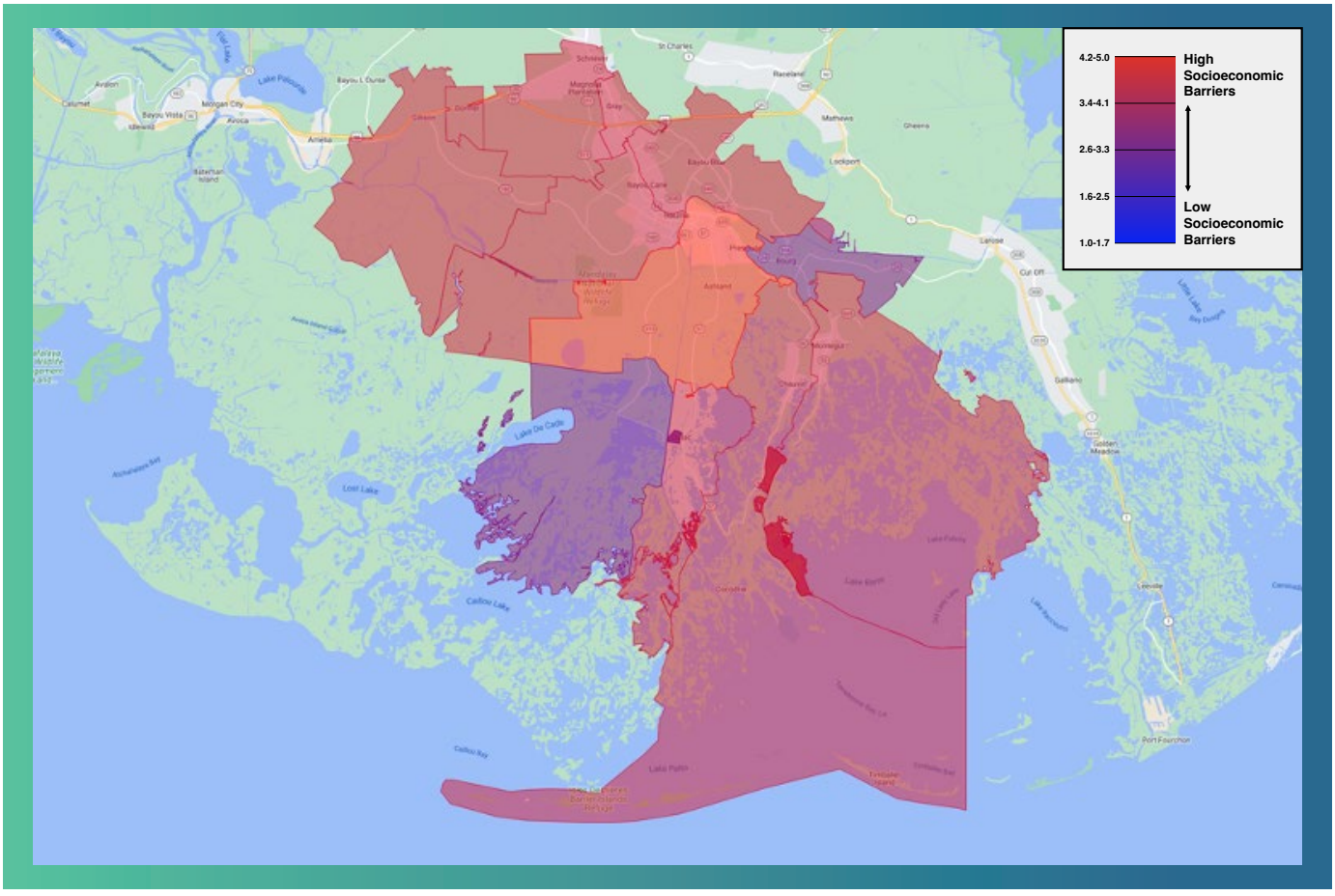
Tripp Umbach obtained data from Dignity Health and Truven Health Analytics to quantify the severity of health disparities. Truven Health Analytics provides data and analytics to hospitals, health systems, and health-supported agencies.

The Community Needs Index (CNI) data source was used in the health assessment. CNI considers multiple factors that are known to limit healthcare 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.

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 goal; however, ZIP codes with a low score should be addressed. Rather, communities should identify what specific entities are succeeding, which ensures a low score.

The ZIP codes reflected in the below slides reflect the primary service area of Terrebonne General. The CNI scores within each ZIP code will be able to assist the hospital as the implementation planning strategies will require efforts in specific geographic locations.

Map 57: ZIP Code Map of CNI Scores 2021



Source: Dignity Health; Truven Health Analytics

Table 58: Terrebonne Parish CNI Scores 2021

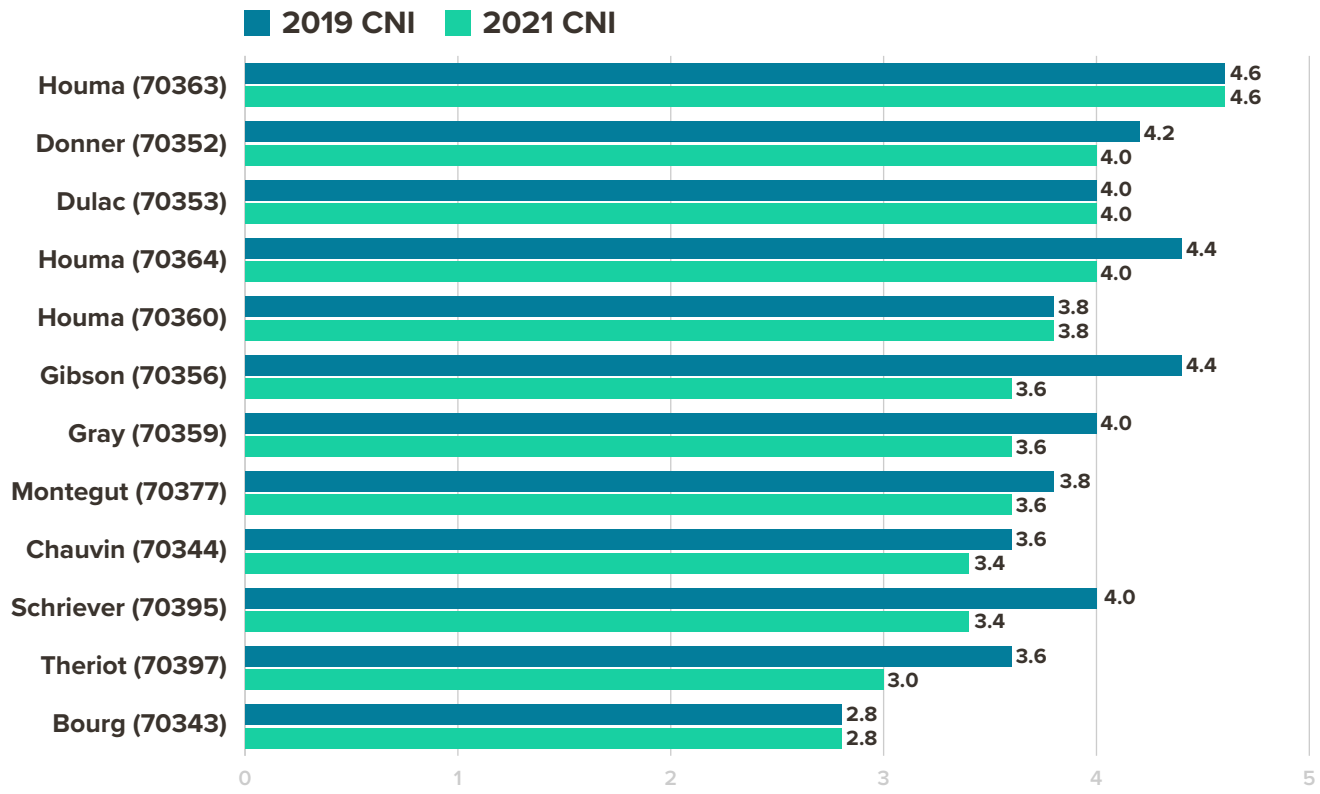
Town/City	ZIP Code	CNI Score
Houma	70363	4.6
Donner	70352	4.0
Dulac	70353	4.0
Houma	70364	4.0
Houma	70360	3.8
Gibson	70356	3.6
Gray	70359	3.6
Montegut	70377	3.6
Chauvin	70344	3.4
Schriever	70395	3.4
Theriot	70397	3.0
Bourg	70343	2.8

Source: Dignity Health; Truven Health Analytics

Table 59: Terrebonne Parish CNI Scores

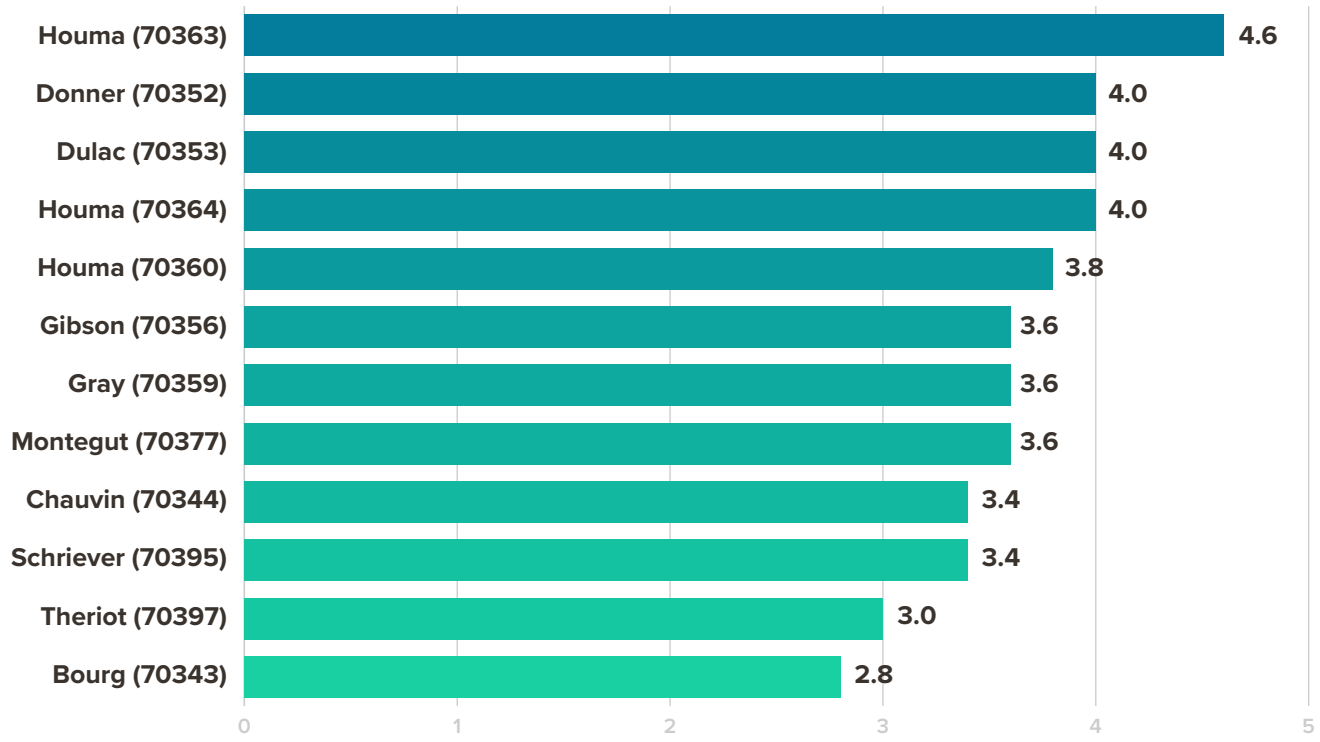
ZIP code 70363 (Houma) has the highest score within the PSA (4.6).

ZIP code 70343 (Bourg) has the lowest score within the PSA (2.8).



Source: Dignity Health; Truven Health Analytics

Figure 60: CNI Scores 2021



Source: Dignity Health; Truven Health Analytics

Figure 61: CNI Scores 2019 vs. 2021

ZIP Codes	City	2019 CNI	2021 CNI	Improvement
70363	Houma	4.6	4.6	
70352	Donner	4.2	4.0	
70353	Dulac	4	4.0	
70364	Houma	4.4	4.0	
70360	Houma	3.8	3.8	
70356	Gibson	4.4	3.6	
70359	Gray	4	3.6	
70377	Montegut	3.8	3.6	
70344	Chauvin	3.6	3.4	
70395	Schriever	4	3.4	
70397	Theriot	3.6	3.0	
70343	Bourg	2.8	2.8	

Source: Dignity Health; Truven Health Analytics

America's Health Rankings®

America's Health Rankings® is the longest-running annual assessment of the nation's health state-by-state. For the past 25 years, America's Health Rankings® has provided a holistic view of the nation's health. America's Health Rankings® is the result of a partnership between the United Health Foundation, the American Public Health Association, and Partnership for Prevention™.

Louisiana's Top Strengths, based on America's Health Rankings® 2022:

- Low Black/white residential segregation
- High prevalence of having a dedicated health care provider
- High adolescent HPV vaccination rate

Louisiana's Top Challenges, based on America's Health Rankings® 2022:

- High premature death rate
- High economic hardship index score
- High prevalence of physical inactivity

Louisiana's Top Highlights, based on America's Health Rankings® 2022:

- The uninsured rate decreased by 57% from 17.5% to 7.6% of the population between 2011 and 2021.
- Drug deaths increased by 50%, from 27.5 to 41.2 deaths per 100,000 population, between 2019 and 2020.
- Food insecurity decreased by 21% from 18.3% to 14.5% of households between 2014-2016 and 2019-2020.

County Health Rankings

The County Health Rankings were completed as a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

Each county receives a summary rank for its health outcomes, health factors, and the four health factors: health behaviors, clinical care, social and economic factors, and the physical environment. Analyses can also drill down to see specific county-level data (as well as state benchmarks) for the measures upon which the rankings are based. Counties in the 50 states are ranked according to summaries of more than 30 health measures. Those having high ranks, e.g., 1 or 2, are the "healthiest."

- Louisiana has 64 parishes. A score of 1 indicates the "healthiest" counties for the state in a specific measure. A score of 64 indicates the "unhealthiest" county for the state in a specific measure. The counties with the lowest rankings symbolize the unhealthiest of the study area.

Table 62: Terrebonne Parish - County Health Rankings

	2016	2019	2022
Health Outcomes	23	20	23
Health Factors	24	35	26
Length of Life (Mortality)	30	21	21
Quality of Life (Morbidity)	19	20	29
Health Behaviors	52	56	45
Clinical Care	28	48	43
Social & Economic Factors	21	29	25
Physical Environment	13	2	1

Source: Dignity Health; Truven Health Analytics

F) Community Stakeholder Interview Results

As part of the CHNA phase, telephone interviews were completed with community stakeholders in the service area to understand the surrounding community better. Interviews provide information about the community's health status, risk factors, service utilization, and community resource needs, as well as gaps and service suggestions. Twenty-two interviews were completed to gain a deeper understanding of community health needs from organizations, agencies, and government officials who deeply understand their consistent interactions with populations in greatest need.

The interviews also offered community stakeholders an opportunity to provide feedback on suggestions on secondary data resources to review and examine and other information relevant to the study. Community stakeholders targeted for interviews encompassed a wide variety of professional backgrounds.

The qualitative data collected are the opinions, insights, and perceptions of those interviewed during the CHNA process. Within the interview and discussion process, overall health needs, themes, and concerns were presented. Within each of the overarching themes, additional topics fell under each category.

Overall Community Feedback

- 71.4% rated Terrebonne General, and Chabert Medical Center offers high-quality health care for the community as excellent/very good.
- 61.9% rated Terrebonne General and Chabert Medical Center addresses the needs of diverse and disparate populations as excellent/very good.
- 66.7% rated Terrebonne General and Chabert Medical Center ensures access to care for everyone regardless of race, gender, education, and economic status as excellent/very good.
- 42.9% rated Terrebonne General, and Chabert Medical Center is actively working to identify and address health inequities impacting patients as excellent/very good.

Health/Social Concerns in the Community (Top Five)

1. Behavioral Health
2. Affordable Housing
3. Homelessness
4. Chronic Diseases
5. Cancers

The single best solution that would help vulnerable populations meet their health needs (Top One)

1. Providing transportation

Largest Barriers for People not Receiving Care/ Services (Top Five)

1. Transportation
2. Affordability
3. Availability of services
4. Lack of healthcare coordination services
5. Difficulty getting around

Contributors to Transportation Issues (Top Three)

1. Limited services
2. Attitudes/beliefs about using public transit
3. The location of bus stops is inconvenient

Would Improve Quality of Life for Residents (Top Five)

1. Access to behavioral health services
2. Housing
3. Transportation
4. Better collaboration among organizations
5. Community health education/health literacy

Vulnerable Populations (Top Five)

1. Mentally ill
2. Homeless
3. Low-income
4. Disabled
5. Children/Adolescents

Why are these Populations the Most Vulnerable/Overall Themes

- Some of the children have parents who are addicts. No care and concern for them was the result.
- There is a large homeless population in our area.
- More funds for the older population are needed.
- Children/youth – they lack literacy and getting the proper needed care.
- The disabled are unable to access healthcare, and they are low-income.
- Lack of behavioral health services for the mentally ill.
- The vulnerable need support to get access to available services in the community.
- The vulnerable need more education and face education barriers to understanding what is available to help themselves.
- The homeless do not have an address or ways to get communication. The homeless should be made more aware of available services and qualify for programs with an address.
- There is an increased Hispanic population, and language is an issue. Need help getting language translators.
- It is hard to find employment, and no apartments are available for transient workers in the oil industry.
- Need help getting access to medical services due to transportation issues.
- The vulnerable need health literacy/education to learn how to live and follow a healthy lifestyle.
- It starts with low-income families and then reaches the kids. It has a lot to do with the level of vulnerability.

Why are these Populations the Most Vulnerable/Overall Themes (continued)

- Older adults have physical/mobility and transportation issues. Being low-income is hard for multiple reasons. Being older and low-income creates greater challenges.
- The vulnerable have the fewest access to services (transportation/cultural beliefs/sexual status).
- Older adults have financial problems and lack some cognitive skills.
- The mentally ill are low-income, which creates great challenges.
- Money, fear, and a lack of understanding.
- The homeless have mental issues, and next would-be fear or social issues.
- The vulnerable cannot provide for themselves properly.
- The lack of education and fractured healthcare system does not allow the vulnerable population to get healthy or be healthy.
- Need for transportation.
- The homeless and the mentally ill go hand in hand.
- The vulnerable face the most difficult challenges in following up with care and treatment procedures.
- Only a few know how to use services, what services are available, and how to access the services.
- Lack of understanding and compliance in the population, they become comfortable with their lifestyle.
- The identified populations are those the hospitals mostly see.

How did COVID-19 Further Impact Care? Overall Themes

- Many people did not receive vaccines, were sick, and would not seek care due to mistrust.
- Fear prevented people from accessing services after learning about COVID-19's effects.
- Many needed help to tap into their support system.
- It affected transportation and financial issues.
- Parents placed the needs of their children first, and their health was not a priority.
- Communication and understanding of the disease and how to prevent catching COVID was challenging.
- COVID-19 placed healthcare on the back burner, and people did not seek regular checkups/ preventative care.
- People needed connectivity, making it difficult for them to access care.
- The majority of patients who were minorities were greatly impacted. They already had poor health outcomes. Chronic conditions for minorities were made worse due to the pandemic.
- COVID-19 increased homelessness because people could not work; it is still a growing problem. East Houma has not bounced back, and many resources have yet to come back. Government housing has not returned, and of course, there will be infrastructure issues – like mold, etc. There is limited clean, affordable housing as Hurricane Ida has been detrimental to our community.
- COVID-19 restrictions made it difficult to seek care.

How did COVID-19 Further Impact Care? Overall Themes (continued)

- COVID-19 further isolated populations as transportation services were greatly impacted, and people could not go anywhere.
- People did not want to get care due to fear.
- They have decreased access to transportation.
- COVID-19 halted residents from returning to the workforce. The disenfranchised populations were unable to get the help that they needed.
- COVID-19 showed how people reacted negatively to the virus and how to come together in a time of need.
- People needed access to testing and healthcare services.
- The hurricanes displaced the vulnerable populations as damage to housing was significant.
- Elderly residents who live far from medical care were unable to access care.
- Louisiana is a poor/unhealthy state. COVID-19 was survival of the fittest. The hurricane destroyed homes, living conditions were terrible, and the government did not help.
- Most hospitals were crippled for quite some time, and the area is slowly rebuilding.
- COVID-19 caused a strain on getting access to care for some people.
- COVID-19 impacted the country and area with unavailable resources (i.e., manpower), and nursing shortages impacted patient care and services.
- COVID-19 created elevated stress, but the hurricane created more stress because many were relocated, causing a lack of stability.
- People were more isolated and afraid to go out and seek care; therefore, many waited for care, making it worse for their health.

How did Telemedicine/Virtual Platforms Ease Access to Care? Overall Themes

- Most people did not have computers and smartphones, so the elderly did not benefit from telemedicine.
- It helped when people did not have to be transported, but folks did not understand it. There is a health literacy gap.
- Most people had internet access issues.
- Need access and know how to use the service. The infrastructure is there.
- Telemedicine worked for some folks – but the older generation needed education on how to use it.
- It eased access during COVID-19. Access to counselors and therapists, etc.
- COVID-19 made patients and providers scared. Most of our patients used telemedicine during COVID-19. Telemedicine is a band-aid, but in-person is preferred for personalized care.
- Some people had no internet connection, and some needed to learn how to use the platform. Some had access issues, and obtaining telemedicine on a smartphone was problematic.
- Seniors needed to learn how to use it.
- It helped, but there was still a need for physical medicine and interaction with patients.
- There was minimal effect because it separated the community makeup.

How did Telemedicine/Virtual Platforms Ease Access to Care? Overall Themes (continued)

- People did not use it, and connectivity was an issue. Parents are not connected to computers, and many do not have a reliable source of internet connection.
- There should be more of it. It is an easy way to get healthcare.
- It served its purpose for the time but still needs human interaction and treatments in person.
- It was well-received by the younger population and those who can access the internet, but it is only for some of the older population. There was some buy-in, but some resisted telemedicine, including healthcare providers.
- It provided greater accessibility to qualified care.
- Eased access with convenience.
- It helped, but there were better ways to treat patients.
- For the elderly, it is difficult without access to the internet, and for the low-income and homeless.
- For those who had access to the internet, it did help, but poor/vulnerable populations needed a way to access the platform.
- The elderly and homeless/disabled, etc., have limited ability to use the technology. All populations can get the internet but need help utilizing and understanding the platform.
- It did not improve healthcare because there was no face-to-face interaction. The lack of interaction limits the relationship between the provider and the patient.
- Telemedicine allows patients to be dismissive of their health problems. Patients minimize their problems.
- Many need the equipment. There were also connection issues statewide. Must ensure all have access.

Addressing Health Disparities/Overall Themes

- No insured patients are refused at the hospitals.
- Medicaid and Medicare patients are refused care for some complications because of the hospital's limitations.
- Our hospitals do a lot, reach out, and have a strategic focus; Lafourche area/rural areas need better care/focus.
- Get feedback from the community and feedback from patients – work with them collaboratively.
- Find more ways to serve the community with more awareness efforts. Put on more events to promote health education and health literacy. Publicize what the hospitals are doing for the community.
- Community outreach programs – engage with disparate communities.
- CMC addresses more disparate populations.
- There is a disconnect with patients. The health issues they have they do not receive care for.
- Better communication between the public on admission and the hospital systems will improve the trust between hospitals and residents.
- The local hospitals must address population health disparities—practice standard of care.
- The area does well in breast cancer screenings and colon screenings. Blood pressure control and management are harder for us to manage/control.

Addressing Health Disparities/Overall Themes (continued)

- We are working with the local community more and being more actively present.
- Get the information out there, communicate, and use COVID-19 results to improve future healthcare.
- Better flexibility in scheduling.
- Huge transportation challenges.
- Some appointments must be completed in a variety of ways.
- Need for more mental health service providers.
- Develop transportation programs.
- Increase access to telemedicine.
- Get rid of malpractice insurance costs allowing doctors and medical professionals to work more freely.
- Send people home with all the necessary food for a proven and more effective recovery.
- How do you take care of the underinsured population better? They must figure this out as they put the largest strain on the system.
- Community health education; going into communities face-to-face.
- More outreach, marketing, community health workers, wellness center, public health/population health coordination, and collaboration. Make resources known to the community.
- Provide satellite centers and mobile units.
- More personalized case management and more family involvement. Use groups of seniors, foster groups, older adults, and like-minded people to be mentors and offer education to these groups.
- Assessing more for social determinants of health, nonmedical factors affecting medical care, and linking people to the right resources.

G) Public Commentary Results

Tripp Umbach solicited comments related to the 2019 CHNA and Implementation Strategy Plan (ISP) on behalf of Terrebonne General and Chabert Medical Center. The solicitation of feedback was obtained from community stakeholders. Observations allowed community representatives to react to the methods, findings, and subsequent actions taken because of the previous CHNA and implementation planning process. The public comments summarize stakeholders' feedback regarding the former documents. The collection period for the survey began in October 2022.

When asked whether the assessment "included input from community members or organizations," 38.1% reported that it did, 0.0% reported that it did not, and 62.0% were unsure.

When asked whether the implementation strategies were directly related to the needs identified in the CHNA, 30.0% reported that they did, 0.0% reported that they did not, and 70.0% did not know.

Additional feedback related to the CHNA and ISP included (in no particular order):

- It communicated and collaborated with the public.
- I didn't think it was fair to evaluate and assess the previous CHNA and ISP because of the pandemic and hurricane weather issues.

The organizations represented by the community stakeholders who participated in the community health need assessment for Terrebonne General and Chabert Medical Center are listed below.

Table 63: Organizations of Community Stakeholders

Organizations	Organizations
Acadian Ambulance	South Louisiana Medical Associates (SLMA)
Bunkhouse Shelter, Inc.	South-Central LA Human Services
Catholic Charities	St. Vincent de Paul
Council on Aging	Teche Action Clinic
Dulac Community Center	Terrebonne Churches United Food Bank
Haven	Terrebonne Parish Consolidated Government
Hope Community Church	Terrebonne Parish Health Unit
Houma VA Clinic	Terrebonne Parish Sheriff's Office
MacDonnell Children's Services	United Houma Nation Vocational Rehabilitation
Office of Public Health (Region 3)	
Options for Independence	United Way

H) Key Informant Survey

Tripp Umbach surveyed key informants to identify community health risk factors and health needs. Terrebonne General Health System emailed key informants to introduce the CHNA process. Key informants included: community supporters, dieticians, educators/support staff, health, and social services organizations, healthcare professionals, medical social workers, nonprofits, religious leaders, and wellness coordinators.

The email to key informants introduced the project and conveyed the importance of the CHNA for the Terrebonne General Health System and the community. The online survey was utilized and designed to capture and identify the health risk factors and health needs of those within the study area. The survey collection process was implemented from October 22, 2022 - December 14, 2022.

The information below provides the top survey findings collected from the key informant survey.

The Best Things About the Community

- 73.3% Healthcare
- 55.6% of Restaurants and food
- 37.8% Work/Job opportunities

Considering the Quality of Life in the Community, the Best Things Are (Top three)

- 82.2% Informal, simple, “laid back” lifestyle
- 80.0% Family-friendly environment; a good place to raise kids
- 35.6% Economic/employment opportunities

Rating the Statements

- 60.0% - Strongly agree that the hospital closest to where they work addresses the needs of diverse and at-risk populations.
- 77.8% - Strongly agree that the hospital closest to where they work ensures access to care for everyone, regardless of race, gender, education, and economic status.

Perceptions to the Largest Barriers for People not Receiving Care or Services (Top five)

- Affordability (Out-of-pocket costs/high deductible/co-pays)
- Health Literacy (i.e., inability to comprehend the information provided)
- Lack of transportation
- Lack of health care coordination services (i.e., not being able to navigate the health care system)
- Availability of services (i.e., lack of dental providers, mental health, etc.)

Top contribution to the transportation issues in the community (Top three)

- Limited services available
- Lack of community education around available resources
- Attitudes/beliefs about using public transit

Top Persistent "Problems" in the Community (Top five)

- Behavioral Health (e.g., mental health, suicide, substance abuse)
- Chronic Illnesses (e.g., cancers, HBP, diabetes, heart disease)
- Lack of exercise (i.e., overweight/obese)
- Livable employment wages
- Homelessness

Type II Diabetes, Pre-Diabetes, and Obesity Affect Many Community Members. What can be Offered to Achieve and Maintain Optimal Health? (Top 2)

- Prevention and awareness education
- Population-specific interventions

Top Populations who are the Most Vulnerable (Top five)

- Mentally ill
- Low-income
- Disabled
- Homeless
- Children/youth

Positive Impact that would Improve the Quality of Life for Residents (Top five)

- Access to behavioral health services (i.e., appointments, bilingual providers, substance abuse support, etc.)
- Mental health services
- Community health education/health literacy
- Educational opportunities
- Better collaboration among organizations

Best Solution to Help Vulnerable Populations

- Providing mobile health services

Top Specific Actions, Policy or Funding Priorities would Contribute to a Healthier Community (Top five)

- Prioritize mental health and transitional housing
- Educate the community (i.e., Healthcare, access & socioeconomic issues)
- Funding to support community public spaces, school safety, and nutritional food
- Homeless shelter & services
- Establish funding priorities based on data & greatest needs

Top Health Concerns in the Community (Top five)

- Availability of behavioral health services (e.g., addiction/substance abuse, depression, suicide, depression, etc.)
- Higher costs of health care for consumers
- Focus on wellness and prevention of diseases (e.g., chronic diseases such as HBP, diabetes, cancer, etc.)
- Heart disease (e.g., congestive heart failure, heart attack, stroke, coronary artery disease)
- Inability to understand health care services

Top Barriers Preventing Residents from Receiving Health Care (Top five)

- Affordability
- Awareness of local health services
- Language barriers/cultural barriers
- Distance from health facility
- Limited access to telehealth technology

How did weather-related issues impact care, specifically among the underserved and disenfranchised population(s)?

- Appointments that patients had scheduled during Hurricane Ida fell through, and some appointments still need to be seen.
- Depending on location, cell phone, and internet infrastructure damage made phone service difficult.
- The disenfranchised need more resources to access transportation, affordable housing, and gainful employment opportunities.
- The elderly were forced to live in unsafe housing or campers, which was difficult for disabled people to navigate.
- Hurricane-damaged hospitals.
- Hurricane Ida caused many people to lose their homes; they are still focused on rebuilding rather than their health.
- Hurricane Ida damaged Terrebonne General facilities, and many healthcare workers relocated after the storm, reducing services.
- Hurricane Ida destroyed the local hospitals.
- The hurricane(s) affected the lower parish areas simply due to facilities being unavailable and sufficient supplies being non-existent.
- Lack of access to clinics and hospitals, lack of transportation, and lack of resources such as food and water, increased depression and anxiety.
- Lack of electricity, water utilities, gasoline, etc., exacerbated issues.
- Lack of housing and basic needs made health care seem less vital, so these populations did not seek providers.
- Lack of transportation and damage to homes and communities resulted in greater displacement.

How did weather-related issues impact care, specifically among the underserved and disenfranchised population(s)? (continued)

- Local churches held supply distributions so that community members could get medicines, diapers, toiletries, etc.
- This made it harder for people to travel to doctor visits because they needed more income.
- It made communication to get appointments and medication harder.
- Many lost their homes, and many have yet to have a permanent home.
- Many patients need a car, and the bus stop is too far when it is raining or cold.
- Many people in the community were negatively affected by the storm, which caused increased financial barriers.
- Many people lost their homes and became homeless.
- Harder for patients in outlying areas to feel confident traveling in the weather.
- Many people lost their homes after the hurricane and opted out of getting healthcare due to cost.
- Many people were displaced, homeless, and had extensive damage to their homes—loss of utilities, food supply, and medical care services.
- Many provider offices had to be moved due to structural damage.
- No housing and transportation. It was hard to see a physician, and many could not access computers/phone for telehealth.
- Obtaining health care after Hurricane Ida was difficult for everyone.
- Patients had trouble getting to their doctors, and many couldn't afford to see specialists because they had to pay high deductibles and relocation costs.
- Patients were unable to keep appointments due to a lack of public transportation.
- People need to understand what services were affordable after weather-related issues.
- Pharmacies not operating caused patients to go without medication for extended periods of time.
- Post-Ida created some barriers to healthcare access, but with the implementation of mobile clinics, healthcare infrastructure could bring healthcare services to the community.
- Terrible disruptions in healthcare services.
- The hurricane limited and remained a factor in health priority.
- This population already had limited access to transportation resources, and the weather worsened the problem.
- Transportation to appointments and inability to have access to telehealth.
- Weather events reduced appointment attendance due to transportation issues and fear of falling when leaving home in bad weather.
- While we do have a bus system in our area, they only reach some of the areas that we serve. Many are living without the care they need and deserve.
- With a vehicle, getting to an appointment is possible.

Specific challenges residents and families faced during the COVID-19 Pandemic

- Canceled medical and dental appointments and created a strain on people receiving care.
- Community elders were affected the most by COVID-19 and a decline in their mental health.
- COVID-19 created a lack of access to basic life necessities, a lack of health and mental health services, a loss of employment, loss of educational and social opportunities.
- COVID-19 created a lack of reliable information/too much misinformation, lack of access to testing, lack of physical activity, lack of interaction with others, increased depression and anxiety, and mistrust of the healthcare system.
- COVID-19 made it difficult not to be able to make appointments in person, delayed care, and postponement of treatments.
- Decreased income due to work closures and no childcare available for healthcare workers.
- Difficulties in getting to appointments since many transportation companies were nonoperational.
- Difficulty getting any type of medical treatment for chronic or acute illness other than COVID-19.
- During COVID-19, residents and families had problems getting appointments promptly.
- Employment was a big issue due to business closures.
- Fear, lack of education about COVID-19.
- Inability to have relatives attend appointments and visits during hospital stays, etc.
- Lack of ability to obtain timely medical appointments. Mental health crises related to lack of socialization. Inability to obtain needed medications and supplies due to supply chain issues.
- Lack of access to services, especially during the first few months of the pandemic.
- Lack of access to technology and telehealth services prevents utilizing these services.
- Lack of education opportunities on measures and steps to take related to various symptoms, and the degree of those symptoms could have been more specific.
- Many cancer patients' follow-up appointments were canceled or postponed at the pandemic's start.
- Many patients and family members experienced mental health challenges from being unable to be around their family or do outdoor activities.
- Many people were out of work, lost businesses, could not pay for rent and healthcare, etc.
- Many were too afraid to come to the doctor to manage their chronic conditions because they would contract COVID-19.
- Mental and emotional challenges were the biggest issues with COVID-19.
- Mental health challenges are still affecting residents due to the pandemic.
- Most people did not receive preventive appointments.
- Most people isolated themselves and became withdrawn.
- Being unable to be with your loved ones in the hospital or socialize with family and friends was challenging.
- Not enough community resources to help protect the community during and after the uncertainty of the virus.
- Knowing what information was factual was a challenge.

Specific challenges residents and families faced during the COVID-19 Pandemic (continued)

- Patients in hospitals with COVID-19 weren't allowed visitors, so it isolated them.
- The population had trouble going to facilities and increased possible exposure even to getting vaccines.
- Quality care - you will never get the same results with telemedicine as you will with an in-home visit. Most elderly do not understand the technology or what is being asked of them over a phone conversation.
- We rescheduled surgery and appointments without follow-ups.
- Residents who contracted COVID-19 needed an adequate support system to get them the necessary health supplies/food.
- Some residents did not have internet or devices for telehealth virtual visits.
- Terrible disruptions in preventable services.
- There were too many political views regarding COVID-19. Healthcare providers/organizations should have reported facts and allow residents to decide what is best for them.
- Transportation issues due to sick family members or changes in visitor policies, uncertainty, and fear, reluctance to leave home for visits or preventive services. (Delay in care), shortage of food and other supplies.
- People needed help getting to food banks/ grocery stores or to the doctor due to fear of the pandemic.
- Unemployment, social distancing from friends and family, and the need for continuity of care.
- When in-person education was suspended, there was a lack of childcare due to virtual learning. Many residents needed the internet or computers, making virtual learning difficult.
- During the worse of COVID-19, telemedicine eased access to care. It forced many of the populations to accept and utilize the process.
- For some, it eased access to care. It provided quicker access to care and treatment and alleviated some time constraints to allow providers to care for those needing to be seen in the office. However, elderly patients were unable to use virtual platforms for service.
- For those who were able to use the internet or telemedicine, it was helpful. However, many residents, especially the elder community, needed to be equipped with the tools needed for virtual visits.
- Those with access and the ability to use technology saved a trip/money/time.
- Helped to a small degree-laboratory, x-ray, and other medical procedures--integral in proper diagnosis and treatment were unavailable through telemedicine.
- It did help those who had access to it. Some did not, and some, unfortunately, are paying the price for lack of access.
- It did for those who had access to the required equipment. Many people need the capability to participate in telemedicine.
- Many elderly people do not own smartphones or computers.
- Many people may need access to telemedicine or understand the technology.
- Most people in my community prefer face-to-face appointments. Also, many elders need help with technology.

Specific challenges residents and families faced during the COVID-19 Pandemic (continued)

- Only some people had access to or knew how to operate internet services.
- Only some people had access, or they needed to understand the technology. And since Hurricane Ida, fewer people have access to steady internet.
- Telemedicine and virtual platforms did ease access to care, making it easier for the patient to be seen by providers whose clinics had limited access due to restrictions.
- Telemedicine only helps if a nurse or other healthcare professional is with the patient when the doctor calls.
- Telemedicine may have benefited other communities, but it was utilized less in the community.
- Some patients' need for more technical knowledge, ability, and access caused more issues.
- The older population or the less fortunate populations may not have access to telemedicine, or they may need help understanding how it is used.
- Those in need do not have "virtual" access.
- Access to care was more accessible to the population with access to telemedicine and virtual visits.
- Access to health was available to those who could utilize the platforms.
- It allowed patients to receive healthcare still when they could not attend appointments due to transportation or health issues.
- It helped only those with internet access.
- It has helped those with the technology and the ability to use the technology.
- They helped those who had access to the technology. For example, patients who travel long distances to get to the clinic.
- They made appointments available.
- Made it possible to receive care or get necessary refills or supplies during the COVID-19 pandemic and following Hurricane Ida.
- Patients did not have to leave home to access health care.
- Patients could still have their medical issues addressed even though they were not in person.
- Some patients had electronic devices capable of a telemedicine appointment especially, which was especially helpful if transportation was an issue for a patient.
- Telemedicine helped people reach out to providers for necessary consultation without having to leave home and saving them gas expenses and saving the public from possible infection.
- Telemedicine made access to care more accessible for residents.
- Telemedicine made it easier to see physicians when patients could not come in.
- Telemedicine was hard to see at times; patients were unable to work the program, could not listen to lungs/heart rate, and were unable to monitor blood pressure or look in a child's ears, so therefore, it was hard to diagnose, which caused patients to be either under or over treated.
- There is a big population here without the resources to use telehealth.
- Virtual platforms are only effective in very specific situations. They are better for routine mental health follow-ups. Telemedicine does not allow for an adequate physical exam.

I) Community Resource Inventory

An inventory of programs and services specifically related to the key prioritized needs was compiled by Tripp Umbach. The list highlights programs and services within the service area. The inventory identifies the range of organizations and agencies in the community serving the various target populations within each prioritized need. It provides program descriptions, contact information, and the potential for coordinating community activities by creating agency linkages. The resource inventory was supplied as a separate document due to its interactive nature.

J) Implementation Strategy and Planning

After completing the community health needs assessment, an implementation phase will begin with the onset of work sessions facilitated by Tripp Umbach. The work sessions will maximize system cohesion and synergies, during which leaders from Terrebonne General will be guided through a series of identified processes. The strategic planning process will ultimately result in developing an implementation plan meeting system and IRS standards.

K) Committee 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.

Table 64: Steering Group Members (Listed alphabetically by last name)

Steering Group	Organization
Tracy Adams	Terrebonne General Health System
Rhonda Alfred	Terrebonne General Health System
Katrina Billiot	Chabert Medical Center
Allie Boudreaux	Terrebonne General Health System
Nichole Crochet	Chabert Medical Center
Cindy Duet	Terrebonne General Health System
Rebecca Hoffman-Spears	Chabert Medical Center
Julia Muchow	Tripp Umbach
Ha T. Pham	Tripp Umbach
Barbara Terry	Tripp Umbach

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Terrebonne

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