Terrebonne
GENERAL HEALTH SYSTEM

Advancing Health
in Terrebonne Parish:

A Comprehensive
Community Health Needs Assessment
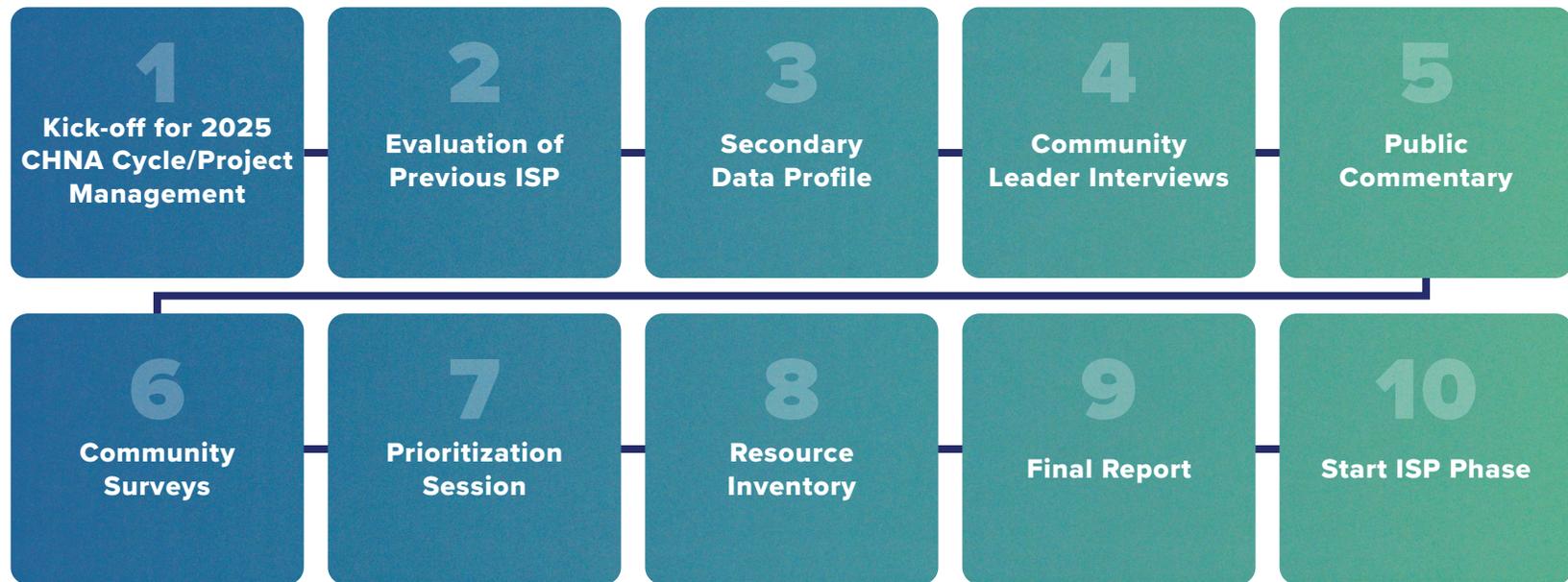
APPENDIX 2026

PREPARED BY TRIPP UMBACH

Community Health Needs Assessment Summary

Terrebonne General Health System partnered with Tripp Umbach to conduct its 2026 Community Health Needs Assessment (CHNA) in full compliance with the Internal Revenue Service requirements for tax-exempt 501(c)(3) hospitals under the Affordable Care Act. The assessment incorporated input from individuals representing the broad interests of the communities served, including stakeholders with direct knowledge of the needs of medically underserved and at-risk populations. Through a coordinated, multi-phase approach, Tripp Umbach worked closely with Terrebonne General Health System to support comprehensive data collection, rigorous analysis, and the identification of key community health findings. The CHNA integrated both qualitative and quantitative research methods to assess community health conditions across Terrebonne General's service area, establishing a strong foundation for ongoing stakeholder engagement, informed prioritization of community health needs, and future community benefit and strategic planning initiatives.

Community Health Needs Assessment Process

The Appendix presents the comprehensive data and findings from Terrebonne General's 2026 CHNA, developed through a structured, multi-phase methodology. The process commenced with a project initiation phase to confirm assessment objectives, service area definitions, and timelines, followed by an in-depth review of secondary data sources and Terrebonne General's prior Implementation Strategy Plan (ISP). Qualitative insights were gathered through targeted stakeholder interviews and public input, capturing firsthand perspectives on local health challenges, service gaps, and emerging community needs. These findings were further supplemented by a community health survey, which identified priority health concerns and key social, economic, and environmental factors affecting community well-being. A formal prioritization session with the leadership of Terrebonne General and Chabert Medical Center and the CHNA working group was then conducted to align data-driven findings with organizational priorities. Finally, a comprehensive community resource inventory was developed to catalog existing programs, services, and assets across the region. Collectively, this collaborative and evidence-based approach informed the development of the final CHNA report, reflecting both the needs of the communities served and Terrebonne General Health System's mission-driven commitment to improving population health.

Figure 1: Methodology Flow Chart

1	2	3	4	5
Kick-off for 2025 CHNA Cycle/Project Management	Evaluation of Previous ISP	Secondary Data Profile	Community Leader Interviews	Public Commentary

6	7	8	9	10
Community Surveys	Prioritization Session	Resource Inventory	Final Report	Start ISP Phase

Secondary Data

Secondary data from local, state, and national sources provided critical insight into health disparities, public health priorities, disease burden, socioeconomic conditions, health outcomes, and key drivers of health across Terrebonne General's service area. This comprehensive body of secondary data informed the development of a detailed community health profile tailored specifically to the populations served by Terrebonne General. A primary analytical tool for synthesizing both primary and secondary data was Community Commons, a publicly available platform that aggregates a wide range of national health indicators and enables longitudinal analysis of demographic, health, social, and economic trends. Additional trusted sources, including County Health Rankings and the U.S. Census Bureau, further strengthened the rigor and validation of the data collection process. All secondary data sources were peer-reviewed or otherwise validated to ensure accuracy and reliability. Collectively, this regional profile provided a clear and nuanced understanding of local health needs and disparities, highlighting the significant health and socioeconomic challenges facing communities served by Terrebonne General Health System.

The secondary data collection process included the following sources:

- America's Health Rankings
- American Medical Association
- Centers for Disease Control and Prevention
- Centers for Medicare and Medicaid Services
- Community Commons Data
- County Health Rankings
- Dartmouth College Institute for Health Policy & Clinical Practice
- Federal Bureau of Investigation
- Feeding America

- Johns Hopkins University
- Kids Count Data Center
- Louisiana State Center for Health Statistics
- Louisiana State Tumor Registry
- National Center for Education
- U.S. Census Bureau
- U.S. Department of Agriculture, Economic Research Service
- U.S. Department of Labor Statistics
- University of Wisconsin Population Health Institute

Evaluation of the Previous Implementation Strategy Plan

Over the past three years, Terrebonne General has implemented, monitored, and evaluated targeted initiatives designed to address identified community health priorities across its service area. This review assessed the effectiveness and outcomes of Terrebonne General's 2023 Implementation Strategy, with particular attention to priority areas including chronic diseases, health promotion and education, access to care, and behavioral health.[1] Members of the CHNA working group conducted a structured review of goals, strategies, and actions within each focus area to identify measurable accomplishments, gaps, and opportunities for improvement. This internal evaluation served as a critical self-assessment and accountability mechanism, allowing Terrebonne General to track progress, benchmark efforts, and refine approaches to community health improvement. The findings from this evaluation are informing strategic adjustments and guiding the development of the next three-year Implementation Strategy cycle. The following tables summarize key initiatives, outcomes, and progress achieved in addressing Terrebonne General Health System's community health priorities.[2]

[1] Chabert Medical Center will address this CHNA need.

[2] It is important to note that evaluation measures are consistent with Terrebonne General Health System's fiscal year structure. The evaluation of the CHNA Implementation Strategy initiatives occurs throughout the fiscal year, allowing for ongoing measurement of progress, accountability, and alignment with organizational planning processes.

Priority 1: Chronic Diseases

Overall Goal: Improve access to provider-based and supportive services for increased utilization of healthcare services by residents.
Anticipated Impact: Increase access to healthcare services for residents served by Terrebonne General Health System.

COMMUNITY HEALTH NEED	STRATEGIES	GOALS	FY23/24	FY24/25	FY25/26
Diabetes	Increase awareness and provide healthcare initiatives to reduce chronic diseases related to diabetes.	Provide programs to increase awareness and knowledge to residents at risk of being diagnosed with diabetes.	✓	✓	✓
		Educate TGHS residents on the value of leading a healthy lifestyle to reduce those likely to be diabetic.	✓	✓	✓
High Blood Pressure/ Hypertension	Educate the community and provide healthcare initiatives to reduce chronic diseases related to high blood pressure and hypertension.	Increase awareness and provide education to reduce chronic diseases related to high blood pressure/hypertension by providing health screenings and educational consultations.	✓	✓	✓
Heart Disease	Increase awareness and interest in healthcare programs and initiatives to reduce chronic diseases related to heart disease.	Enhance literacy programs and events to increase awareness and knowledge to the community about heart disease.	✓	✓	✓
		Provide preventative screenings and information for residents in the TGHS community through early detection of heart disease.	✓	✓	✓
Overweight/Obesity	Increase awareness and interest in healthcare programs and initiatives to reduce chronic diseases related to obesity.	Increase community awareness on obesity and the impact on health.	✓	✓	✓
		Educate and improve residents' access to preventative health programs and the overall value of physical activity and wellness.	✓	✓	✓
Cancer	Increase awareness and provide cancer education.	Increase awareness and provide cancer education by providing cancer screenings and educational consultations.	✓	✓	✓
	Increase awareness and interest in early detection.	Provide outreach events and programs to increase access, awareness, and knowledge of cancer screenings to the community.	✓	✓	✓

Priority 2: Health Promotion and Education

Overall Goal: Improve access to information to the community to reduce poor health outcomes and behaviors.
Anticipated Impact: Increase health education and information to residents within the region.

COMMUNITY HEALTH NEED	STRATEGIES	GOALS	FY23/24	FY24/25	FY25/26
Healthy Foods	Improve community knowledge and access to healthy foods.	Increase awareness and access to healthy foods and the health benefits it offers.	✓	✓	✓
Physical Inactivity & Exercise	Improve community knowledge about available resources.	Increase awareness and knowledge to residents about the importance of physical activity and exercise through health education.	✓	✓	✓
	Provide information and education to increase awareness and inserts related to obesity and long-term effects on being overweight.	Increase awareness and knowledge about obesity, weight management, and the long-term effects of being overweight by providing health screenings and educational consultations.	✓	✓	✓
Tobacco Use	Ensure residents have a resource for smoking cessation and education about the ill-effects of smoking.	Increase awareness of the dangers of smoking and the benefits of quitting.	✓	✓	✓

Priority 3: Access to Care

Overall Goal: Improve awareness and access to medical services for our community residents.
Anticipated Impact: Increased access to care and services across our service areas.

COMMUNITY HEALTH NEED	STRATEGIES	GOALS	FY23/24	FY24/25	FY25/26
Increase in Providers	Increase the number of available physicians in the region.	TGHS will set priority goals for the following specialties to meet physician recruitment needs.	✓	✓	✓
	Ensure the continuation of medical services at Ochsner Chabert Medical Center.	Continue to partner with Ochsner and Terrebonne General to operate a safety net facility through a public-private partnership maintaining access to the underserved and underinsured in the region.	✓	✓	✓
	Provide education on chronic health conditions and healthy nutrition through community education, screenings, and physical activity.	Provide education on chronic health conditions and healthy nutrition through community education, screenings, and consultations.	✓	✓	✓
Increase Use of Telemedicine	Provided telehealth visits for patients.	Implement telehealth visits in TGMC outpatient department clinics.	✓	✓	✓

Community Stakeholder Interviews Results

From August through September 2025, Tripp Umbach identified and engaged key community stakeholders as part of the assessment process. Community stakeholders were identified with assistance from the CHNA working group. Stakeholders were contacted via email to introduce Tripp Umbach, outline the objectives of the CHNA, and underscore the importance of stakeholder participation in developing a comprehensive understanding of community health needs. Each stakeholder participated in a 30- to 45-minute structured interview facilitated by Tripp Umbach, providing the opportunity to share perspectives on the most pressing health challenges facing residents within Terrebonne General's service area and to recommend strategies to address those needs. These interviews yielded valuable firsthand insights into community health conditions, risk factors, service utilization patterns, and gaps in existing programs and resources. The stakeholder group represented a broad cross-section of the community, including leaders from healthcare, public health, nonprofit, social service, and other community-based organizations. In total, 20 stakeholder interviews were completed, capturing diverse perspectives from professionals who play critical roles in advancing community health throughout the Terrebonne General Health System service area.

1. Assisi Bridge House
2. Acadian Ambulance
3. Bayou Community Foundation
4. Bayou Region Reentry Coalition[3]
5. Houma Veterans Clinic
6. Diocese of Houma-Thibodaux Pastoral Center
7. The Louisiana Department of Health
8. The Louisiana Department of Health, Office of Public Health (Region 3)
9. Options for Independence
10. South Central Louisiana Human Services Authority
11. START Corporation—Healthy Start
12. Teche Action Clinic
13. Terrebonne Council on Aging
14. Terrebonne General Health System
15. Terrebonne Parish Consolidated Government
16. Terrebonne Parish Sheriff's Office
17. The Haven
18. United Houma Nation
19. The United Way

[3] Two separate interviews were conducted from Bayou Region Reentry Coalition.

ZIP codes where community stakeholders work

	Responses
70360	50.0%
70363	10.0%
70364	15.0%
70301	15.0%
70538	5.0%
71360	5.0%

Answered - 20   Skipped - 0

What parish do you primarily work in?

	Responses	
Terrebonne Parish	85.0%	17
Lafourche Parish	10.0%	2
Other (please specify)	5.0%	1

Answered - 20   Skipped - 0

What industry do you represent?

	Responses	
Healthcare	31.6%	6
Government and civic organizations	26.3%	5
Non-profit	26.3%	5
Social services/human services	15.8%	3
Business owner	0.0%	0
Education	0.0%	0
Personal care (i.e., nursing home, assisted living, etc.)	0.0%	0
Religious sector	0.0%	0
Telecommunications	0.0%	0
Transportation	0.0%	0
Other (please specify)	0.0%	0

Answered - 19   Skipped - 1

Please rate the statements on a scale of strongly agree, agree, neutral, disagree, or strongly disagree.

	Strongly Agree/Agree	Neutral	Disagree/Strongly Disagree
The overall health and human services available to your community are sufficient in meeting your community's healthcare needs.	55.0%	25.0%	20.0%
Your local hospital addresses the needs of diverse populations (i.e., individuals or groups of individuals from different social and ethnic backgrounds).	70.0%	15.0%	15.0%
Your local hospital ensures access to care for everyone, regardless of race, gender, education, and economic status.	70.0%	20.0%	10.0%

The largest barriers for people not receiving care or services. (Check all that apply)

	Responses	
Lack of transportation	75.0%	15
Affordability	65.0%	13
Health literacy	50.0%	10
Availability of services	45.0%	9
Lack of healthcare coordination services	45.0%	9
No insurance coverage	45.0%	9
Cultural barriers	40.0%	8
Lack of trust	25.0%	5
Flexibility in scheduling	20.0%	4
Lack of childcare	20.0%	4
Other	10.0%	2

Answered - 20   Skipped - 0

**Chronic diseases such as cancer, heart disease, arthritis, type II diabetes, and obesity, affect many members of our community.
What can be offered to suppress the prevalence of chronic diseases and maintain optimal health in your community? (Check all that apply.)**

	Responses	
Access to healthy foods	75.0%	15
Behavioral health/stress management	70.0%	14
Health promotion and education	70.0%	14
Community engagement and support	65.0%	13
Recovery/addiction services	60.0%	12
Collaboration with healthcare providers	55.0%	11
Safe places to exercise/walk/play	55.0%	11
Preventive healthcare services	50.0%	10
Monitoring and evaluation	30.0%	6
Policy and environmental changes	20.0%	4

Answered - 20   Skipped - 0

What are your community's top five persistent "health problems"?
(Those problems that have the most significant impact on overall community health.)

	Responses	
Behavioral health	75.0%	15
Heart disease and stroke	70.0%	14
Cancer	60.0%	12
Diabetes	55.0%	11
Substance use disorder/addiction	50.0%	10
High blood pressure	45.0%	9
Obesity	45.0%	9
Aging problems	20.0%	4
Maternal health/infant health	20.0%	4
Child abuse/neglect	10.0%	2
Dental problems	5.0%	1
Domestic violence	5.0%	1
Motor vehicle crash injuries/death	5.0%	1
Neurological disorders	5.0%	1
Rape/sexual assault	5.0%	1
Respiratory/lung diseases	5.0%	1
Teenage or unplanned pregnancy	5.0%	1
Autoimmune diseases	0.0%	0
Firearm-related injuries	0.0%	0
HIV/AIDS	0.0%	0
Infectious diseases	0.0%	0
Orthopedic	0.0%	0
Sexually transmitted infections/sexual health	0.0%	0
Vision issues	0.0%	0
Other (please specify)	0.0%	0

Answered - 20   Skipped - 0

What are the most significant barriers to improving health and quality of life? (Check all that apply)

	Responses	
Access to affordable healthy food options	75.0%	15
Adequate transportation	75.0%	15
Access to behavioral health resources	65.0%	13
Affordable, quality housing/utilities	65.0%	13
Access to affordable dental care	55.0%	11
Access to affordable, quality education	55.0%	11
Access to culturally appropriate health education and family planning services	55.0%	11
Access to affordable prescription and over-the-counter medication	50.0%	10
Access to substance use/drug/alcohol resources	50.0%	10
Safe places to walk/play	45.0%	9
Adequate employment	40.0%	8
Access to culturally appropriate primary care services	35.0%	7
Emotional safety/not feeling lonely or isolated	35.0%	7
Environmental issues (air/water pollution)	35.0%	7
Access to affordable, quality senior care options	30.0%	6
Access to maternal and infant healthcare	30.0%	6
Affordable, quality childcare	30.0%	6
Community activities	30.0%	6
Adequate veteran services	20.0%	4
Quality disability services	20.0%	4
Access to LGBTQIA+ services	15.0%	3
Access to preventative screenings and vaccinations	15.0%	3
Physical safety	15.0%	3
Quality immigrant/refugee services	15.0%	3
Access to affordable internet	10.0%	2
Emergency preparedness	5.0%	1
Low adult death and disease rates	5.0%	1
Other (please specify)	25.0%	5

Answered - 20   Skipped - 0

What are your community's top five persistent "high-risk behaviors"? (Behaviors that have the greatest impact on overall community health.)

	Responses	
Being overweight or obese	70.0%	14
Alcohol abuse	65.0%	13
Drug abuse	65.0%	13
Poor eating habits	50.0%	10
Unstable housing	45.0%	9
Lack of education/dropping out of school	35.0%	7
Smoking/tobacco use	35.0%	7
Unmanaged stress or anxiety	35.0%	7
Lack of exercise/physical activity	30.0%	6
Violence/crime	20.0%	4
Loneliness and isolation	15.0%	3
Not taking medication as recommended	15.0%	3
Bullying (including online)	10.0%	2
Not getting recommended vaccines/shots	5.0%	1
Risky/excessive social media use	5.0%	1
Unsafe driving (i.e., DUI, speeding, road rage)	5.0%	1
Firearm use	0.0%	0
Not using seat belts/child safety seats	0.0%	0
Unsafe sex/not using birth control	0.0%	0
Other (please specify)	10.0%	2

Answered - 20   Skipped - 0

What could be done to improve the safety of residents in your neighborhood? (Check all that apply)

	Responses	
Better housing conditions	79.0%	15
Not enough affordable housing options	68.4%	13
Community centers or recreational facilities	52.6%	10
Poor conditions or maintenance	47.4%	9
Improved street lighting	42.1%	8
Increased police presence	31.6%	6
Neighborhood safety concerns	31.6%	6
Reduction of gun violence	31.6%	6
Community watch programs	15.8%	3
Overcrowding	5.3%	1
Other (please specify)	26.3%	5

Answered - 19   Skipped - 1

In your service area, who do you feel are the most at-risk groups? (Check all that apply.)

	Responses	
Older adults	80.0%	16
People living with mental illness	80.0%	16
Low-income	70.0%	14
People with chronic disease	65.0%	13
Under-resourced individuals	60.0%	12
Uninsured/underinsured	60.0%	12
Children/youth	55.0%	11
People with disabilities	40.0%	8
Women	40.0%	8
Immigrant/refugee	20.0%	4
Men	20.0%	4
LGBTQIA+	10.0%	2
Other (please specify)	0.0%	0

Answered - 20   Skipped - 0

Select the top five actions your hospital could take to address health disparities.

	Responses	
Transportation assistance	79.0%	15
Mental health and substance abuse services	68.4%	13
Community-based health programs	63.2%	12
Strengthen social support systems	63.2%	12
Address social determinants of health	52.6%	10
Education and workforce development	52.6%	10
Improve access to healthcare	26.3%	5
Culturally sensitive/congruent care	15.8%	3
Enhance preventive care	10.5%	2
Integrated care models	10.5%	2
Policy and advocacy	10.5%	2
Emergency preparedness	5.3%	1
Other (please specify)	26.3%	5

Answered - 19   Skipped - 1

Which community needs are currently siloed and need further collaboration among non-profits, healthcare, government agencies, and local leadership? (Select all that apply.)

	Responses	
Behavioral health care	83.3%	15
Transportation	83.3%	15
Housing/homelessness	72.2%	13
Food access	61.1%	11
Education	50.0%	9
Racial inequities	38.9%	7
Economic development	33.3%	6
Healthcare	33.3%	6
Parks and recreation	33.3%	6
Safety	27.8%	5

Answered - 18   Skipped - 2

Does your organization/program address health literacy?

	Responses	
Yes	47.4%	9
No	52.6%	10
Don't know	0.0%	0

Answered - 19   Skipped - 1

What resources do you think would help people better understand and engage in their healthcare? (Select one.)

	Responses	
Explaining health in the patient's own words	47.1%	8
More time learning with a clinician, nurse, or health professional	23.5%	4
Offering more educational resources on healthcare (habits, treatment plans, available resources, etc.)	17.7%	3
Using more pictures in health information or education	5.9%	1
Making health information easier to understand	5.9%	1
Giving health information in their own language/access to translators	0.0%	0

Answered - 17   Skipped - 3

What improvements can be made to make behavioral health services more accessible and effective for residents?

1. Access/Location of Services Integration into the Community
- Integrate behavioral health services into communities and the outskirts of town where patients are disconnected.
- More outsourced clinics to rural areas and underserved populations.
- More mobile clinics/telehealth/satellite services in underserved areas.
- Transportation support (e.g., Houma VA transportation for in-person appointments).
- More home visits for older populations affected by mobility and accessibility issues.
- Integrating behavioral health specialists into primary care clinics to normalize mental health services.
- It is important for healthcare professionals to serve in at-risk communities, practice cultural sensitivity, and build trust.
- Having a connection with healthcare providers with a holistic approach to care.

2. Infrastructure & Facilities
- 24-hour behavioral health hospital solely dedicated to mental health, with long-term care.
- More drop-in centers with immediate crisis staff support.
- Dedicated facilities for short-term and long-term behavioral health care (diagnosis and housing).

3. Education, Awareness & Outreach
- One-page "one-stop shop" resource guide to inform readers about available services.
- Increase professional education to ensure accurate referrals and appropriate treatment options.
- More outreach programs in neighborhoods and schools to spread awareness and reduce stigma.
- More information is available on the internet, but it should be adapted for populations with limited digital literacy (i.e., especially seniors).
- Information in the ED and inpatient units about available providers and services.

4. Collaboration & Coordination
- Behavioral health services need stronger collaboration among providers.
- More collaboration among facilities to ensure patients know what is offered and how to access comprehensive care.

5. Workforce & Provider Availability
- More providers who can accept private-pay patients at affordable rates.
- Need for providers to reduce stigma while expanding capacity.
- More funding for staff to improve access and reduce wait times.

6. Holistic & Comprehensive Care
- Full assessment of the whole person (holistic perspective, interconnected health).
- Expand housing resources for individuals with mental health challenges, which are currently lacking.

What strategies/initiatives could be implemented to ensure equitable healthcare for all residents?

1. Access & Delivery of Services
- Increase/expand access to mobile health clinics in bayou areas for health screenings.
- Public health education campaigns, school-based health centers (regular check-ups), and the integration of services within a single building.
- Transportation support for rural and under-resourced communities to access preventive care and appointments.
- Access to technology/internet services for rural communities to improve telehealth effectiveness.
- Inpatient and outpatient mental health facilities to address behavioral health gaps.
- Uninsured individuals can be served and offered additional free services.

2. Community Outreach & Collaboration
- Collaboration with charities and church groups within the community.
- Door-to-door outreach, mobile clinics, and listening to community members without assumptions.
- Relate to people where they are and in their environment: community resource guides; parks for exercise; and involving the NAACP, sororities/fraternities, fishermen, and other hard-to-reach groups.
- Education provides open opportunities (the need for more educational opportunities).

3. Cultural Sensitivity & Trust-Building
- Understanding cultural sensitivities and how different communities respond to diagnosis.
- Taking the extra time to care and practice empathy from providers.
- Taking the time to listen without forming opinions and being present in the communities served.
- The cultural and economic appropriateness of care for seniors.
- Regardless of insurance status, all individuals should be treated as any other person.
- An overall comprehensive policy on healthcare for low-income individuals.
- Consider people holistically; provide individualized, trauma-informed care (not one-size-fits-all).
- Prescription affordability remains a key gap even where care is otherwise equitable.

4. Perceptions of Current Care
- Some believe healthcare is equitable in Terrebonne overall, with exceptions like affordability and uninsured residents.
- Some individuals do not want to see a doctor.

What are the most significant health challenges or gaps in access to care affecting your community? What steps have been taken to address these challenges, and what additional efforts are still needed?

1. Behavioral Health & Substance Use
- Substance use disorder, addiction, and recovery facility gaps – there are limited options and a lack of communication among programs.
- We need more local mental health facilities; the closest ones are far away.
- The need for mental health programs for children is limited because of funding.
- Behavioral health access challenges include transportation barriers, affordability constraints, and limited internet access for telehealth.
- Medicaid expansion helped behavioral health and addiction services, but funding, paperwork, and reimbursement remain inadequate. More support and a women's treatment program are needed.

2. Access to Care & Affordability
- No trauma center – patients must go far away for emergency/critical care.
- Lack of affordable resources for the elderly.
- Affordable dental care is lacking.
- Some providers may not fully understand the community's needs and, at times, may appear to lack empathy or awareness.
- Many providers do not know the community, leading to harmful assumptions and poor care.

3. Transportation & Infrastructure
- Transportation is a significant barrier (cost, lack of public transit).
- Need to implement accessible transportation with sliding scale options.
- Public transportation gaps affect access to care and follow-up.

4. Health Literacy, Education & Outreach
- Need more education and proactive outreach programs.
- Health literacy remains a challenge, as diagnoses and care plans are often not communicated in ways that patients can easily understand.
- Knowledge of different resources is limited; stigma and poor care reduce patient engagement.
- Need better communication and awareness across communities and healthcare organizations.

5. Chronic Disease & Preventive Care
- Obesity is identified as a challenge.
- Cancer screenings. Breast cancer is high; however, screening efforts have improved.
- A previous gap in sexual assault advocacy has been addressed through community support and the approval of needed services.

6. Coordination & System Gaps
- Lack of care coordination among providers; more collaboration is needed.
- Regulations and paperwork create barriers to running sustainable treatment facilities.

If you had to prioritize one area of health for the community to focus on over the next three years, what would it be and why?

1. Behavioral Health & Mental Health
- Mental health (specifically for youth and adults, suicide prevention, trauma, recovery from disasters).
- Behavioral health challenges are compounded by addiction, stigma, and lack of coordination.
- Inclusion of behavioral health providers in the community and hospitals.
- Focus on trauma, substance abuse, and holistic recovery.
- The need for a women's residential treatment program.

2. Substance Use & Addiction
- Substance abuse.
- Integration of addiction treatment with behavioral health services.
- Maternity health and substance use are prioritized because of high maternal mortality risk.

3. Access & Care Delivery
- Improving continuity and coordination of care.
- Access to primary care and behavioral health; better promotion of existing services.
- One-stop shop care and integrated services.
- More doctors, nurses, and medical professionals who provide compassionate care.

4. Prevention & Education
- Cancer prevention and treatment are due to the local prevalence.
- Health literacy and education for healthier lifestyles.
- Education and resources to improve community awareness.
- Computer literacy, technology training, and education for better healthcare access.

5. Equity & Community Outreach
- Reaching poverty-stricken and under-resourced individuals.
- Cultural sensitivity and awareness, especially beyond mainstream norms.
- Outreach and partnerships through FQHCs and hospitals.

6. Other Health Priorities
- Affordable dental care.
- Maternity health has immediate impacts on mortality rates.

Additional Issues/Concerns

- A large population needs dementia care. There is a need for affordable living options for elderly and disabled residents, along with support for meals and transportation.
- Maternal health challenges. Severe health issues and high rates of premature births.
- Housing remains a significant issue: Affordable housing is scarce following Hurricane Ida, and available options are often expensive.
- Education is essential. Communities need a better understanding of health disparities, as different cultures may respond differently to illnesses (e.g., breast cancer survival rates are lower among Black women).
- Mental health and behavioral health resources are critical. Support should begin in early childhood, with education and encouragement to seek help.
- Strong need for women's treatment facilities. Currently, we only have a halfway house for men; families urgently need comparable services for women.
- Ongoing provider shortage. While there are ample nurses, there is a shortage of primary care specialists.

Public Commentary

As part of the community leader interview process, Tripp Umbach facilitated a public comment period to gather feedback on Lake Charles Memorial's 2022 CHNA and ISP. This process occurred during the community stakeholder process. Community stakeholders were invited to evaluate the effectiveness of the prior assessment and the strategies implemented in response to identified health priorities. This process provided an opportunity for participants to review and comment on the methodology, findings, and actions outlined in the previous CHNA and ISP. The feedback collected offered important insight into community perceptions, strengths, and areas for improvement and played a key role in informing ongoing efforts to refine strategies and enhance health outcomes across the Lake Charles Memorial service area.

Do you feel the assessment you reviewed included input from community members and organizations?

	Responses	
Yes	40.0%	8
No	5.0%	1
I don't know	55.0%	11

Answered - 20   Skipped - 0

Do you feel that the assessment you reviewed excluded any community members or organizations that should have been involved in the assessment?

	Responses	
Yes	5.0%	1
No	30.0%	6
I don't know	65.0%	13

Answered - 20   Skipped - 0

Were there needs in the community related to health not present in the CHNA (e.g., physical health, mental health, medical services, dental services, etc.)?

	Responses	
Yes	15.0%	3
No	35.0%	7
I don't know	50.0%	10

Answered - 20   Skipped - 0

How did this CHNA and Implementation plan benefit you and your community?

- Benefited us by encouraging efforts to implement the concerns that were identified.
- Provided valuable insight into community health needs and how well Terrebonne General is addressing them.
- Brought awareness, but some initiative efforts fell short of implementation, such as Black maternal care.
- Amplified the voices of those who serve the population; highlighted the need for initiatives to address vulnerable individuals and the importance of interviewing those we serve so they can advocate for themselves.
- We conducted our own assessment and used the CHNA to confirm and reinforce our findings.
- Offered the opportunity to provide input into the overall study.
- Provided a big-picture view of community health and where the gaps exist.
- Results were shared with community leaders, enabling a focus on problem areas; the community collaborates effectively through committees, but further action is needed to improve poor health outcomes.

Additional Feedback

- Appreciate Terrebonne General and CMC's efforts to include community voices; responsibility should not fall solely on healthcare providers, as community members also need to be included.
- Feedback from men with substance use disorder highlights recurring themes:
  - Homelessness.
  - Behavioral health issues, often stemming from trauma.
  - Mental health issues related to drug use.
  - Medical and dental care needs.
  - Lack of a high school diploma.
  - Criminal justice system involvement.
  - Lack of driver's licenses.
  - Limited family involvement, despite available family services.

Community Survey

A community survey was conducted to collect direct input from residents within Terrebonne General Health System's service area to support a comprehensive and community-informed CHNA. Community surveys are essential for understanding local health needs because they capture residents' lived experiences, perceptions of health challenges, and barriers to care that may not be fully reflected in secondary data sources. The survey was distributed electronically through the hospital's database to ensure broad outreach and accessibility for community members. Responses were collected using SurveyMonkey, resulting in strong community participation. A total of 337 completed surveys were included in the analysis. The data collection period spanned from August to October 2025, providing timely insights to guide planning, prioritization, and future community health improvement efforts. The tables below are the survey results.

What parish do you live in?

	Responses	
Terrebonne Parish	81.3%	274
Lafourche Parish	14.8%	50
Other	3.9%	13

Answered - 337   Skipped - 0

How would you describe your physical health?

	Responses	
Excellent	9.8%	33
Very Good	36.9%	124
Good	36.3%	122
Fair	14.6%	49
Poor	2.4%	8

Answered - 336   Skipped - 1

How would you classify your weight?

	Responses	
Overweight	58.3%	196
Normal weight	39.6%	133
Underweight	2.1%	7
Don't know	0.0%	0

Answered - 336   Skipped - 1

ZIP Codes of Survey Respondents

ZIP Code	Percentage	ZIP Code	Percentage
70360	40.4%	70345	0.6%
70364	17.1%	70030	0.6%
70363	9.0%	80395	0.3%
70344	6.6%	79364	0.3%
70301	5.4%	71365	0.3%
70359	4.5%	70584	0.3%
70394	2.7%	70548	0.3%
70343	2.7%	70538	0.3%
70395	1.5%	70390	0.3%
70380	1.2%	70372	0.3%
70373	1.2%	70357	0.3%
70377	0.9%	70355	0.3%
70397	0.6%	70354	0.3%
70374	0.6%	70353	0.3%
70356	0.6%	70122	0.3%

How would you describe the health status of your community?
(A healthy community is one in which residents have access to quality education, safe and healthy homes, adequate employment, transportation, physical activity, nutrition, and quality health care.)

	Responses	
Excellent	5.7%	19
Very Good	23.2%	78
Good	40.8%	137
Fair	25.0%	84
Poor	5.4%	18

Answered - 336   Skipped - 1

**Select the most important health and social factors that contribute to a "healthy community"
(those factors that most improve the quality of life in a community).**

	Responses	
Access to affordable prescription and over-the-counter medication	57.9%	195
Access to affordable, healthy food options	47.2%	159
Access to affordable, quality education	39.5%	133
Access to affordable, quality senior care options	39.5%	133
Access to behavioral health resources	35.6%	120
Physical and environmental safety	33.5%	113
Access to culturally-appropriate primary care services	32.3%	109
Employment	31.2%	105
Affordable, quality housing	25.5%	86
Access to preventative screenings and vaccinations	23.7%	80
Access to dental care	23.4%	79
Community activities	15.7%	53
Quality disability services	11.6%	39
Adequate transportation	11.3%	38
Adequate veterans services	10.7%	36
Affordable, quality childcare	10.7%	36
Emergency preparedness	10.4%	35
Access to maternal and infant health care	8.3%	28
Access to culturally-appropriate health education and family planning services	6.2%	21
Emotional safety/not feeling lonely or isolated	5.0%	17
Low adult death and disease rates	4.2%	14
Quality immigrant/refugee services	0.0%	0
Other (please specify)	2.7%	9

Answered - 337   Skipped - 0

What are the most significant "health problems" (those problems that have the greatest impact on overall community health) in your community?

	Responses	
Chronic Diseases (cancer, diabetes, heart disease, etc.)	76.3%	257
Behavioral health	74.5%	251
Overweight/Obesity	71.2%	240
Aging problems (i.e., hearing or vision loss, memory loss, etc.)	49.9%	168
Poor eating habits	42.7%	144
Child abuse/neglect	22.9%	77
Respiratory/lung diseases	21.7%	73
Autoimmune diseases	19.3%	65
Domestic violence	17.5%	59
Crime (Rape/sexual assault)	15.1%	51
Teenage or unplanned pregnancy	11.3%	38
Motor vehicle crash injuries/death	11.0%	37
Maternal health/infant health	10.7%	36
Neurological disorders	9.2%	31
Dental problems	8.3%	28
Vision issues	7.1%	24
Sexually transmitted infections/sexual health	6.8%	23
Infectious diseases (i.e., hepatitis, TB, etc.)	3.6%	12
HIV/AIDS	0.3%	1
Other (please specify)	3.9%	13

Answered - 337   Skipped - 0

What types of mental health or substance use issues are you seeing in your community?

	Responses	
Anxiety or stress-related disorders	71.8%	242
Depression	64.1%	216
Illegal drug use (e.g., meth, cocaine, heroin)	61.1%	206
Alcohol misuse or dependency	51.6%	174
Youth mental health concerns (e.g., bullying, school stress, social media)	45.4%	153
Homelessness or housing insecurity related to mental health or substance use	40.1%	135
Post-traumatic stress (e.g., after hurricanes or violence)	30.3%	102
Lack of awareness or stigma around mental health	22.3%	75
Prescription drug misuse (e.g., opioids)	21.7%	73
Overdose incidents	19.6%	66
Suicide or suicidal thoughts	12.5%	42
I do not observe these issues in my community	6.2%	21
Other (please specify)	1.8%	6

Answered - 337   Skipped - 0

Are there adequate behavioral health services in your community?

	Responses	
Yes, services are widely available and accessible	9.1%	30
Some services exist, but they are limited or hard to access	30.9%	102
No, there are not enough services to meet community needs	33.6%	111
I'm not sure	26.4%	87

Answered - 330   Skipped - 7

How have hurricanes, flooding, or environmental issues affected your/your family's physical or mental health?

	Responses	
Financial strain due to property damage or loss	50.7%	171
Increased stress or anxiety	47.5%	160
Depression or feelings of hopelessness	25.2%	85
No direct impact on my family's health	24.0%	81
Trauma or PTSD (post-traumatic stress disorder)	23.2%	78
Displacement or loss of housing	20.2%	68
Respiratory issues (e.g., asthma, chronic coughing, shortness of breath)	11.6%	39
Worsening of existing chronic conditions (e.g., diabetes, heart disease)	8.3%	28
I'm not sure	6.2%	21
Difficulty accessing healthcare, medications, or mental health support	5.6%	19
Skin or eye irritation	2.1%	7
Other (please specify)	3.3%	11

Answered - 337   Skipped - 0

How have the following impacted you and your family over the past two years?

	Extremely		Significantly		Moderately		Slightly		Not at All		Total	Weighted Average
Access to healthy foods	4.8%	16	9.5%	32	23.7%	80	17.5%	59	44.5%	150	337	3.02
Affordable and safe housing	5.4%	18	9.3%	31	13.8%	46	13.8%	46	57.8%	193	334	3.24
Employment opportunities	5.1%	17	6.9%	23	12.6%	42	12.6%	42	62.9%	210	334	3.33
Poverty	4.8%	16	3.6%	12	11.5%	38	17.2%	57	62.8%	208	331	3.38

Answered - 337   Skipped - 0

What are your community's most important "risky behaviors"? (Those behaviors which have the greatest impact on community health.)

	Responses	
Substance Use	62.3%	210
Lack of exercise/physical activity	57.9%	195
Poor eating habits	54.6%	184
Unmanaged stress or anxiety	35.3%	119
Bullying (including online)	34.4%	116
Inappropriate social media use	33.5%	113
Violence/crime	31.2%	105
Housing	30.3%	102
Unsafe driving (i.e., DUI, speeding, road rage)	29.1%	98
Lack of education/dropping out of school	24.3%	82
Not taking medication as recommended	20.2%	68
Loneliness and isolation	16.9%	57
Not getting recommended vaccines/shots	13.7%	46
Unsafe sex/not using birth control	8.0%	27
Not using seat belts/child safety seats	5.3%	18
Other (please specify)	2.4%	8

Answered - 337   Skipped - 0

Where do you typically seek medical care?

	Responses	
Primary care office/Physician specialist offices	86.7%	292
Clinics (urgent care, FQHC)	7.7%	26
Hospital emergency department	3.0%	10
I do not typically seek medical care	2.7%	9
Pharmacy	0.0%	0
Other	0.0%	0

Answered - 337   Skipped - 0

How often do you use tobacco products?

	Responses	
Once a day	1.5%	5
Multiple times a day	4.2%	14
Several times a week	1.2%	4
I do not use any tobacco or vapor/e-cig products	92.0%	310
Other	1.2%	4

Answered - 337   Skipped - 0

Do you or anyone in your household receive the following care as recommended?

	Yes		No		Don't Know		Total	Weighted Average
Regular primary/preventative (such as mammograms, colonoscopy, etc.) /specialty care visits	92.5%	309	6.6%	22	0.9%	3	334	1.08
Dental care	85.5%	284	13.0%	43	1.5%	5	332	1.16
Vision/eye care	89.3%	300	9.8%	33	0.9%	3	336	1.12
Behavioral health care	26.8%	89	67.8%	225	5.4%	18	332	1.79

Answered - 336   Skipped - 1

How do you pay for your health care?

	Responses	
Health insurance	84.2%	283
Medicare	38.1%	128
Pay cash/no insurance	8.6%	29
Medicaid	7.1%	24
Veterans Administration	3.9%	13
Indian Health Services	0.0%	0
Other	3.0%	10

Answered - 336   Skipped - 1

What is your age?

	Responses	
25 yrs. or less	0.6%	2
26 – 39 yrs.	8.9%	30
40 – 54 yrs.	20.8%	70
55 – 64 yrs.	29.8%	100
65 yrs. or over	39.6%	133
Prefer not to answer	0.3%	1

Answered - 336   Skipped - 1

Which gender do you most identify?

	Responses	
Male	29.4%	98
Female	69.7%	232
Prefer not to answer	0.9%	3

Answered - 333   Skipped - 4

What is your annual household income?

	Responses	
Less than $5,000	0.9%	3
$5,000 to $24,999	5.1%	17
$25,000 to $49,999	17.6%	59
$50,000 to $99,999	26.0%	87
More than $100,000	35.5%	119
Don't know/Prefer not to answer	14.9%	50

Answered - 335   Skipped - 2

What is your race or ethnicity?

	Responses	
White/non-Hispanic	88.4%	297
Black or African American	5.1%	17
American Indian or Alaska Native	4.5%	15
Prefer not to answer	2.7%	9
Hispanic	0.9%	3
Asian	0.3%	1
Native Hawaiian or other Pacific Islander	0.0%	0
Other (please specify)	0.6%	2

Answered - 336   Skipped - 1
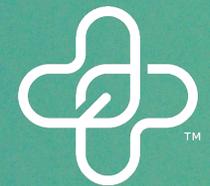
What is your highest level of education?

	Responses	
Some school, no diploma	2.7%	9
High school graduate (GED or equivalent)	22.3%	75
Some college	17.6%	59
Associate's degree	11.6%	39
Bachelor's degree	25.3%	85
Master's degree + (PhD, MD, JD, etc.)	19.6%	66
Prefer not to answer	0.9%	3

Answered - 336   Skipped - 1

Are you currently the caregiver of an elderly family member or friend?

	Responses	
Yes	24.0%	80
No	76.1%	254

Answered - 335   Skipped - 2

What is your marital status?

	Responses	
Married / Cohabitating	72.6%	244
Not married / Single	10.1%	34
Divorced	10.1%	34
Widowed	7.1%	24

Answered - 336   Skipped - 1

How many people are currently living in your household (including yourself)?

	Responses	
1-2 people	67.9%	228
3-4 people	22.9%	77
4-5 people	6.0%	20
5 or more people	3.3%	11

Answered - 336   Skipped - 1

Prioritization Session

On October 20, 2025, Tripp Umbach facilitated a comprehensive prioritization session with members of Terrebonne General Health System and Leonard J. Chabert Medical Center leadership, as well as the CHNA Working Group, to evaluate and rank the most significant community health needs identified in the CHNA. This collaborative session provided a structured forum to review data-driven findings alongside community and stakeholder input, enabling participants to assess emerging trends, revisit persistent challenges, and align identified priorities with organizational capacity and available resources. Guided by a detailed presentation of the CHNA's key results, discussions focused on identifying the most pressing health issues affecting residents within the service area and on considering actionable, measurable strategies to address those needs. Participants also reviewed updated demographic, health, and social indicators to ensure that final priorities accurately reflected current conditions and unmet community needs. The outcomes of this session established a strong foundation for developing the ISP, reinforcing Terrebonne General Health System's shared commitment to targeted, community-informed approaches to improving population health.

Steps to Common Consensus

1. Group discussions on the top health needs to identify similarities and differences.
2. Share the needs identified by the steering group members.
3. Cluster similar health needs into themes.
4. Determine the final health need.
5. Compare and discuss the new needs with those identified in the previous CHNA.
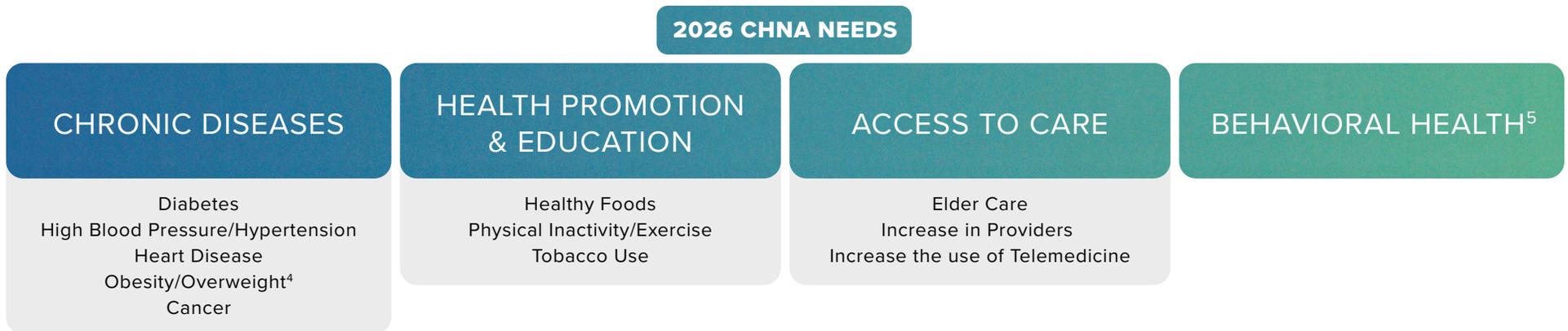
Criteria for Prioritization

The following decision-making criteria guided the prioritization processes for the assessment cycle.

When thinking about and identifying your region's community needs, please consider the following criteria for prioritization:

- Consider the CHNA needs from the previous assessment. Were those needs addressed? Or are they still being addressed?
- What were the top needs/issues from the community stakeholder interview data?
- What were the top needs/issues from the community survey?
- What were the top needs/issues from the secondary data?
- What is the magnitude/severity of the problem?
- What are the needs of vulnerable populations?
- What is the community's capacity and willingness to act on the issue?
- What is the hospital's ability to have a measurable impact on the issue?
- What hospital and community resources are available?

All needs identified in the 2023 CHNA will continue to be recognized as priority areas for the 2026 CHNA cycle, as the underlying health challenges, disparities, and service gaps remain consistent across the region. However, for 2026, Elder Care will be included under the broader category of Access to Care. This addition reflects the growing aging population, rising demand for geriatric services, and opportunities for Terrebonne General and CMC to address community needs. Stakeholders also noted increasing challenges with caregiving, chronic disease management, mobility, and access to specialty care. Including Elder Care ensures the assessment captures seniors' needs and guides planning for services that promote healthy aging and improve access and coordination for this expanding population. Addressing the 2026 priority areas requires a multi-faceted approach, leveraging healthcare partnerships and community-based initiatives to improve health equity and overall wellness in the communities served by Terrebonne General Health System.

2026 CHNA NEEDS

CHRONIC DISEASES	HEALTH PROMOTION & EDUCATION	ACCESS TO CARE	BEHAVIORAL HEALTH[5]
Diabetes High Blood Pressure/Hypertension Heart Disease Obesity/Overweight[4] Cancer	Healthy Foods Physical Inactivity/Exercise Tobacco Use	Elder Care Increase in Providers Increase the use of Telemedicine	

The prioritization process was intentionally designed to be inclusive, participatory, and data-driven. Participants in the prioritization session were asked to review and discuss quantitative and qualitative findings, share community-specific context, and provide narrative insights related to each identified health need. Following a thorough review of the data and facilitated discussion, the group reached consensus on the priority community health needs to be addressed through the CHNA. This collaborative approach ensured that diverse perspectives were incorporated, resulting in a comprehensive and balanced understanding of community health priorities. The agreed-upon needs reflect a shared commitment to addressing the most pressing health concerns across Terrebonne General's service area.
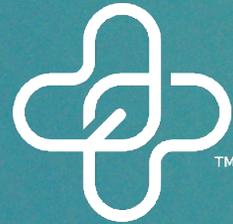
[4] Includes Adult and Childhood Obesity/Overweight.

[5] Chabert Medical Center will address this CHNA need.

Resource Inventory

Tripp Umbach developed a comprehensive inventory of programs and services aligned with the key health priorities. This resource highlights a diverse array of organizations and agencies working to address the needs of populations across Southeast Louisiana. The inventory includes detailed program descriptions, contact information, and collaboration opportunities, thereby fostering stronger connections among community service providers. Designed to enhance coordination and improve access to care, the interactive resource inventory was delivered as a standalone document and is accessible through Terrebonne General's website to support ongoing community health improvement efforts.