

Advancing Health in Terrebonne Parish:

A Comprehensive Community
Health Needs Assessment

2026



PREPARED BY TRIPP UMBACH

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Terrebonne

GENERAL HEALTH SYSTEM

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Mission

Providing exceptional healthcare with compassion.

Vision

It is the vision of Terrebonne General Health System to be a leading medical provider by transforming healthcare delivery using innovative solutions that pave the way toward excellence.





Introduction

Terrebonne General Health System ([Terrebonne General](#)) and Chabert Medical Center ([CMC](#)) have once again partnered to conduct the 2026 Community Health Needs Assessment (CHNA) and Implementation Strategy Plan (ISP). This collaboration reflects their shared understanding that both organizations serve large, overlapping primary service areas throughout Southeast Louisiana, caring for many of the same residents, families, and communities. By partnering, Terrebonne General and CMC can leverage shared resources, pool data, and coordinate community engagement efforts, resulting in a more accurate and complete picture of regional health needs. Working together also reduces duplication, strengthens the continuity of care across their systems, and allows both institutions to design aligned strategies that more effectively address persistent health challenges. The information presented in the Executive Summary Report reflects Terrebonne General Health System's data, community input, and identified priorities within this collaborative process. Through this joint approach, the hospitals can maximize their collective impact, enhance access to care, advance population health initiatives, and improve overall health outcomes for the communities they jointly serve.

As the healthcare landscape continues to evolve, shaped by regulatory changes, rising operating costs, shifting federal requirements, and increasing pressure on hospitals to do more with fewer resources, strategic planning and thoughtful investment have become essential for sustaining the long-term health of Terrebonne Parish. For Terrebonne General, prioritizing resources is essential as the parish continues to experience increasing healthcare needs, rising complexity of chronic conditions, and ongoing challenges in ensuring timely, equitable access to care across diverse communities. Terrebonne General has a long-standing history of partnering with local organizations, public agencies, and leaders to develop innovative, community-centered solutions that address gaps in care and support vulnerable populations across the parish. These collaborative efforts, coupled with the system's commitment to high-quality, patient-centered care, position Terrebonne General to continue strengthening its impact while advancing the overall health and resilience of the community it serves.



Terrebonne General Health System welcomes questions and comments on its Community Health Needs Assessment.

Please contact Terrebonne General Health System's Marketing Department at 985-873-4616 or email at Marketing@tghealthsystem.com.



In 2025, Terrebonne General launched its CHNA to gain a clearer, data-driven understanding of the health status, challenges, and priorities of residents throughout its service area. Recognizing the region’s unique blend of rural, coastal, and urban environments and the ongoing challenges posed by chronic disease, behavioral health needs, environmental vulnerabilities, and economic pressures, the CHNA was designed to evaluate unmet needs and identify opportunities to enhance care delivery. The findings provide a critical foundation for aligning services, community partnerships, and long-term investments with the specific health needs of Terrebonne Parish residents.

The CHNA reflects a comprehensive, collaborative process involving Terrebonne General and a broad network of partners, including healthcare professionals, educators, nonprofit organizations, government agencies, and community stakeholders. Through an arduous combination of primary and secondary data analysis, stakeholder interviews, community surveys, a structured prioritization process, and an independent data analysis conducted by Tripp Umbach, key community health priorities were identified based on their severity, impact, and feasibility. These priority areas will serve as the basis for developing measurable, actionable goals during the implementation planning phase. Terrebonne General remains deeply committed to advancing this work, strengthening partnerships, and implementing evidence-based strategies that improve health outcomes and support the long-term well-being of Terrebonne Parish.

Terrebonne General Health System welcomes questions and comments regarding its Community Health Needs Assessment. The current and previous CHNAs are available at tghealthsystem.com.

Terrebonne General Health System's History

Terrebonne General Health System is a long-standing pillar of healthcare in Southeast Louisiana, growing from its origins as a hospital to a medical center and now into a comprehensive, parish-wide, publicly owned health system dedicated to serving the diverse needs of Terrebonne Parish and the surrounding region.

[Terrebonne General](#) has served as a cornerstone of healthcare in Terrebonne Parish for more than seven decades, evolving from a small regional hospital into a comprehensive, high-performing health system that provides advanced clinical services to residents across Southeast Louisiana. Originally established in 1954 as Terrebonne General Hospital, the organization was created to address the parish's growing need for accessible, modern healthcare. Over the years, Terrebonne General has expanded its facilities, workforce, and service offerings to meet the region's evolving health needs, becoming one of the largest public health systems in Louisiana. Throughout the 1970s and 1980s, Terrebonne General invested heavily in medical technology, specialty services, and physician recruitment to ensure patients could receive high-quality care close to home. The medical center expanded to include critical services, including cardiovascular care, emergency medicine, women's health, orthopedics, surgical specialties, and diagnostic imaging. As the community's needs became more complex, Terrebonne General strengthened partnerships with physicians, local government, and regional healthcare organizations to advance clinical capabilities and support long-term population health.

A major milestone occurred in 2012 with the construction of the Terrebonne General | Mary Bird Perkins Cancer Center, bringing comprehensive cancer treatment services, including medical oncology, radiation oncology, and survivorship programs, directly to the community. This collaboration broadened local access to state-of-the-art cancer care and strengthened Terrebonne General's role as a regional leader in specialty services.



In 2021, reflecting its continued evolution and expanding scope, the organization rebranded as Terrebonne General Health System. The new name signaled a transformation from a traditional hospital model to an integrated health system committed to prevention, wellness, innovation, and community partnership. Terrebonne General now offers a wide range of services, including primary and specialty care clinics, urgent care, diagnostic centers, rehabilitation services, population health initiatives, and partnerships to address chronic disease, behavioral health care coordination, and social determinants of health. Terrebonne General Health System remains deeply rooted in its community-focused mission. It serves residents across coastal and rural Southeast Louisiana, with a commitment to improving health outcomes, reducing disparities, and responding to patients' shifting needs. Through hurricanes, environmental challenges, economic changes, and evolving healthcare demands, Terrebonne General has consistently demonstrated resilience, leadership, and a dedication to delivering high-quality care. Today, Terrebonne General Health System stands as a trusted health partner for Terrebonne Parish, advancing its legacy of compassionate care while building a healthier future through strategic planning, innovation, and robust community engagement.



About Terrebonne General Health System

Terrebonne General Health System today stands as one of the most trusted and accomplished healthcare providers in Southeast Louisiana, serving as the primary anchor for high-quality, community-focused care across Terrebonne Parish and the surrounding region. As a publicly owned, mission-driven health system, Terrebonne General has transformed from a traditional community hospital into a comprehensive, integrated network that delivers advanced clinical services, preventive care, chronic-disease management, and population health initiatives. This transformation is fueled by sustained investments in modern facilities, cutting-edge technology, workforce development, and partnerships that address community needs across the continuum of care. Terrebonne Parish faces ongoing challenges, including high rates of chronic disease, behavioral health needs, disaster resilience, access-to-care gaps, and socioeconomic barriers. Terrebonne General remains firmly committed to advancing community health, expanding preventive services, strengthening partnerships, and ensuring that residents receive the highest level of care close to home. The system's demonstrated performance and national recognition position it as a strong, capable partner in addressing the priority health needs identified in the CHNA.

Accreditations and Awards

Terrebonne General's reputation for excellence is reinforced by numerous national recognitions, including earning the Leapfrog Hospital Safety Grade "A," a designation awarded to hospitals demonstrating the highest standards in patient safety, error prevention, and quality outcomes, for five consecutive terms. The system has also been honored with the 2025 Healthgrades Patient Safety Excellence Award™, placing it at the top 10% of hospitals nationwide, and was named among the Top 10% in the Nation for Overall Medical Excellence and Patient Safety from CareChex by Quantros, highlighting its leadership in clinical performance.

Beyond its systemwide quality achievements, Terrebonne General has earned prominent specialty awards that underscore the depth and breadth of its clinical services. These include recognition as a Women's Choice Award® recipient for both Patient Safety and Emergency Care; designation as a Blue Distinction® Center for Knee and Hip Replacement for its orthopedic excellence; Healthgrades Coronary Interventional Excellence Award in 2025 and 2026; Healthgrades America's 100 Best Hospitals for Coronary Intervention 2026; and the Louisiana Birth Ready Designation, which affirms the system's commitment to safe, equitable, evidence-based maternity care. Terrebonne General has also been nationally recognized for its technology advancement, receiving the CHIME Digital Health Most Wired Award, demonstrating its success in leveraging digital innovation, cybersecurity, telehealth, and data-driven care coordination to improve patient experience and population-level health outcomes. Complementing these recognitions, Terrebonne General maintains full accreditation from The Joint Commission, ensuring that all services meet rigorous national standards for safety, quality, and continuous improvement. Together, these awards, accreditations, and clinical advancements reflect Terrebonne General's unwavering dedication to excellence and its evolving role as a regional leader in health and wellness.

Terrebonne General Health System has established a strong reputation for excellence in healthcare delivery through its sustained commitment to quality, patient safety, innovation, and community-centered care. Its awards and recognitions reflect the dedication of physicians, nurses, staff, and leadership to advancing clinical outcomes, enhancing the patient experience, and responding to the evolving needs of the communities it serves. These honors underscore Terrebonne General's role as a trusted regional healthcare provider and highlight its ongoing commitment to upholding the highest standards of care, operational excellence, and service to the community.

Among Terrebonne General's many distinctions:

2025

- [Healthgrades Patient Safety Excellence Award™](#)
- [Healthgrades Coronary Interventional Excellence Award](#)
- [Healthgrades America's 100 Best Hospitals for Coronary Intervention](#)
- [Leapfrog Group Hospital Safety Grade 'A' for Fall Term](#)
- [Leapfrog Group Hospital Safety Grade 'A' for Spring Term](#)
- [CHIME Digital Health Most Wired Survey Award](#)
- Among the Top 10% in the nation for Overall Medical Excellence and Patient Safety from CareChex by Quantros
- [Blue Distinction® Center \(BDC\) for Knee and Hip Replacement](#)
- Louisiana Birth Ready Designation
- [America's Best Hospitals for Patient Safety and Emergency Care by the Women's Choice Award®](#)

2024

- [Leapfrog Group Hospital Safety Grade 'A' for Fall Term](#)
- [Leapfrog Group Hospital Safety Grade 'A' for Spring Term](#)
- [Women's Choice Award for Outpatient Experience](#)
- Blue Cross and Blue Shield of Louisiana Blue Distinction® Centers+ (BDC+) for Maternity Care
- [Louisiana Birth Ready Designation](#)
- [CHIME Digital Health Most Wired Survey Award](#)

2023

- [Houma-Terrebonne Chamber of Commerce Large Business of the Year](#)
- CNOR Strong Designation
- Patient Safety Award - Top 10 in the Nation for Pneumonia and Sepsis Care by CareChex
- Patient Safety Award - Top 1% in the Market for Interventional Coronary Care by CareChex
- Patient Safety Award - Top 1% in the Market for Joint Replacement by CareChex
- RestorixHealth's Patient Satisfaction Award for Wound Care and Hyperbaric Patient Satisfaction
- Excellence in Professionalism Distinction from the American Board of Certification for Gastroenterology Nurses (ABCGN)
- LHATF Funds for Safety Grant sponsored by LHA Trust Funds
- [CHIME Digital Health Most Wired Survey Award](#)
- 2024 Women's Choice Awards for Best Hospitals for Outpatient Experience, Best Hospital for Patient Safety and Best Hospital for Emergency Care
- [RestorixHealth's Wound Center of Excellence Award](#)
- Bayou's Best Winners: Emergency Dept., Maternity Center, Pediatric Clinic, Physical Therapy Clinic, Weight Loss Center, and Best Place to Work.
- [President's Award for Excellence in Health and Safety on the state level by the Louisiana Athletic Trainers' Association](#)
- IDSA Antimicrobial Stewardship Centers of Excellence Designation
- [Leapfrog Group Hospital Safety Grade 'A'](#)

2022

- [Women's Choice Award for Outpatient Experience](#)
- [CHIME Digital Health Most Wired Survey Award](#)
- Bayou's Best of the Best - Emergency Room
- Bayou's Best of the Best - Maternity Center
- Bayou's Best of the Best - Pediatric Clinic
- [RestorixHealth's Patient Satisfaction Award for Wound Care and Hyperbaric Patient Satisfaction](#)
- [Birth Ready Designation](#)
- [LOPA Hospital Platinum Award](#)
- [Gift Shining Star Designation](#)
- [Louisiana Community and Technical College Foundation Impact Award](#)
- [Louisiana Trust Funds for Safety](#)

2021

- [Women's Choice Award for Outpatient Experience](#)
- [Chime Digital Health Most Wired](#)
- Bayou's Best of the Best - Weight Loss Center
- Bayou's Best of the Best - Best Place to Have a Baby

2020

- Women's Choice Award for Outpatient Experience
- Gold Plus American Heart Association Mission: Lifeline - STEMI Receiving Center
- Gold Plus American Heart Association Type 2 Diabetes Honor Roll
- Gold Plus American Heart Association Stroke Honor Roll Elite
- Bayou's Best of the Best - Weight Management
- Bayou's Best of the Best - Best Place to Have a Baby

2019

- LOPA Hospital Platinum Award
- Leapfrog Group Hospital Safety Grade 'A'
- Baby Friendly Re-Designation
- Safety Star Award
- Terrebonne General | Mary Bird Perkins Cancer Center COC and QOPI Accreditations

2018

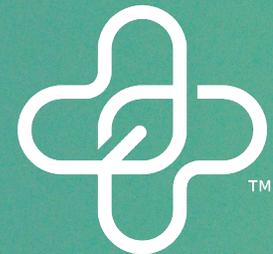
- Gold Seal of Approval by The Joint Commission
- Best Weight Management - Bayou's Best of the Best 1st Place Award
- Leapfrog Group Hospital Safety Grade 'A'
- Named Among the Nation's Top Performing Hospitals for Treatment of Heart Attack Patients
- Chest Pain Center Earns International Accreditation

How Do We Rate?

Terrebonne General's mission is to provide exceptional healthcare with compassion. Community stakeholders agree that the care, services, and outreach efforts aimed at improving the overall health of community residents are reflected in Terrebonne General's undertaking.

Table 1: Community Stakeholder Responses

COMMUNITY STAKEHOLDERS	STRONGLY AGREE/AGREE
Terrebonne General Health System addresses the needs of diverse populations.	70.0%
Terrebonne General Health System ensures access to care for everyone, regardless of race, gender, education, and economic status.	70.0%





Terrebonne General Health System's Community Benefits

Terrebonne General's annual report serves as a vital transparency and accountability tool, illustrating the full scope of the hospital's impact, performance, and contribution to the well-being of Terrebonne Parish. As a community-owned health system, Terrebonne General's contributions demonstrate how it fulfills its mission, how resources are invested in patient care, and how the organization strengthens the region's health year after year. Terrebonne General's annual benefits provide residents, stakeholders, and policymakers with a clear, data-driven view of the system's reach and its essential role in the community's healthcare infrastructure.

From April 2024 to March 2025, Terrebonne General served **89,971 patients**, provided **135,995 outpatient visits**, and supported **146,576 clinic visits**, underscoring its role as the primary access point for comprehensive medical services across Terrebonne Parish. With **37,723 emergency room visits**, the health system continues to function as a critical safety-net resource for urgent and life-saving care. Terrebonne General's commitment to families is further reflected in its **1,227 live births**, demonstrating its essential role in maternity care and its support of healthy beginnings for the next generation.

Moreover, Terrebonne General's dedication to community support extends beyond clinical encounters. The system delivered more than **\$14.3 million** in patient assistance, ensuring that financial barriers do not prevent residents from receiving needed care. With a workforce of **1,800 dedicated team members**, Terrebonne General Health System is also a major economic engine in the parish, supporting jobs, contributing to regional stability, and sustaining a skilled healthcare workforce that is essential for meeting community needs. Together, these figures emphasize the hospital's substantial footprint and demonstrate the importance of Terrebonne General's commitment, service mission, operational impact, and long-standing partnership with the community. By detailing its reach, outcomes, and investments, Terrebonne General reinforces its role as a trusted anchor institution that improves health, enhances access, and supports the overall quality of life for residents throughout Terrebonne Parish and beyond.

Click [here](#) for Terrebonne General's Annual Report.

Terrebonne's General Health System's 2024 Fiscal Year Impact



PATIENTS SERVED

89,971



OUTPATIENT VISITS

135,995



CLINIC VISITS

146,576



TEAM MEMBERS

1,800



LIVE BIRTHS

1,227



ER VISITS

37,723



PATIENT ASSISTANCE

\$14,381,105



Community Health Needs Assessment Process

Advancing Community Priorities into Action

Amid an increasingly complex healthcare landscape shaped by evolving federal requirements, rising costs, and persistent workforce shortages, Terrebonne General Health System recognizes the critical importance of strategic planning and thoughtful resource allocation to ensure long-term sustainability and meaningful community impact. As the primary healthcare provider serving Terrebonne Parish and the broader Bayou Region of Southeast Louisiana, Terrebonne General plays a vital role in meeting the needs of a diverse population, including rural, coastal, aging, and economically vulnerable communities. Many residents continue to face longstanding health disparities, barriers to care, and a growing burden of chronic disease, all of which are further intensified by demographic shifts, environmental factors, and social and economic challenges unique to the region.

Southeast Louisiana's health profile reflects elevated rates of chronic conditions such as diabetes, heart disease, hypertension, obesity, and respiratory illness, alongside persistent challenges related to behavioral health, health literacy, and access to preventive services. An aging population, coupled with higher rates of poverty and a significant number of uninsured and underinsured residents, places additional strain on both individuals and the healthcare system. Transportation limitations, workforce shortages, and limited availability of specialized and behavioral health services further complicate residents' ability to access timely and appropriate care. These realities underscore the need for a comprehensive, data-driven understanding of community health needs and coordinated action across healthcare, public health, and community partners.

In response to these conditions, Terrebonne General initiated its 2026 CHNA to obtain a current, comprehensive evaluation of the health status, needs, and service gaps affecting residents across its service area. Conducted in compliance with IRS requirements for tax-exempt 501(c)(3) hospitals under The Patient Protection and Affordable Care Act (PPACA), the CHNA was designed to identify priority health issues, assess disparities affecting vulnerable and underserved populations, and inform future community benefit investments and strategic initiatives.

The CHNA employed a robust, multi-phase, and collaborative methodology that engaged a broad range of stakeholders representing the health and social service landscape of Southeast Louisiana. Participants included healthcare providers, behavioral health professionals, public health officials, social service agencies, nonprofit and faith-based organizations, educators, community leaders, and residents with lived experience navigating local health systems. The assessment incorporated extensive secondary data analysis of credible national, state, and local sources to examine population demographics, health outcomes, disease prevalence, healthcare utilization, and social drivers of health, including income, education, housing, transportation, and environmental conditions. These quantitative findings were complemented by primary data collection, including structured stakeholder interviews, facilitated discussions, and public input opportunities, which provided critical qualitative insights into service gaps, barriers to care, and community-identified priorities.

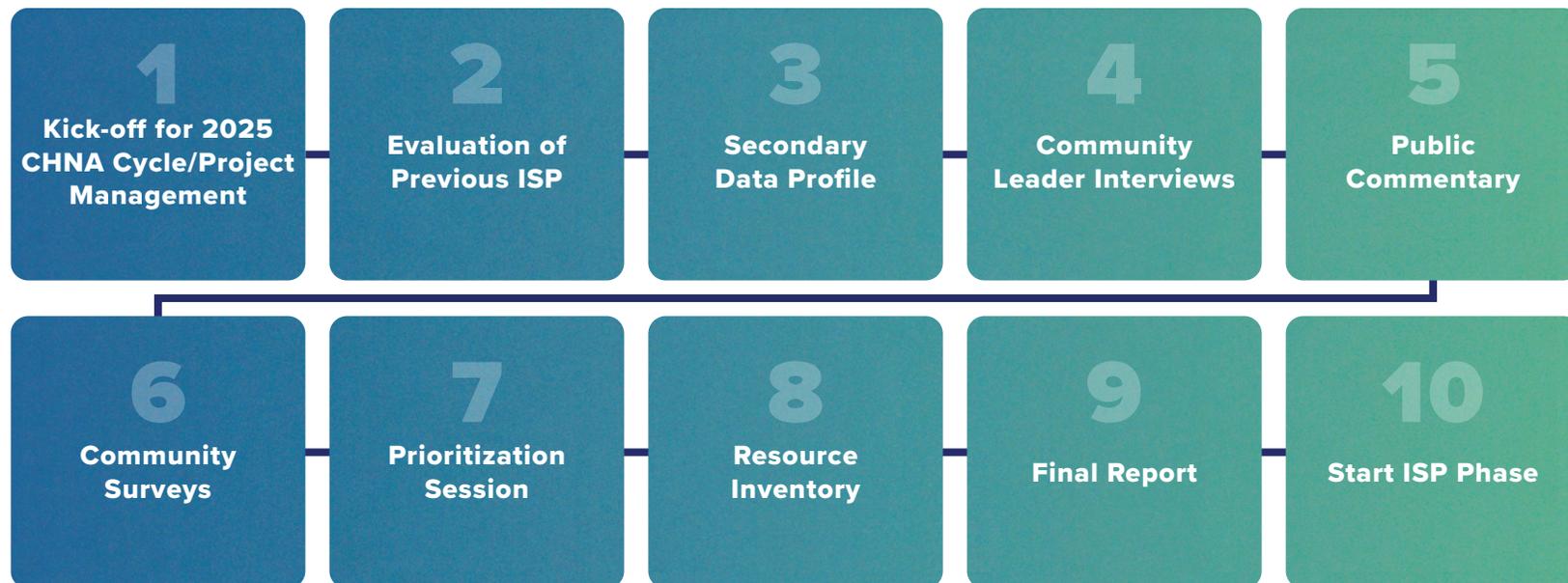
A key component of the CHNA process was a structured prioritization session convened with leadership from Terrebonne General and Chabert Medical Center, as well as community stakeholders. During this session, participants reviewed the assessment findings and evaluated identified needs using established criteria, including the magnitude and severity of each issue, its impact on vulnerable populations, existing community resources, and Terrebonne General's capacity to address the need through clinical services, partnerships, or future investments. This collaborative and transparent approach ensured that priority areas were grounded in data, aligned with community perspectives, and feasible for the organization.

Through this process, three overarching priority areas for Terrebonne General were identified, critical to improving health outcomes in Terrebonne Parish and surrounding communities: Chronic Disease Prevention and Management; Health Promotion and Education; Access to Care. Chronic disease has emerged as a significant concern, necessitating enhanced prevention, early intervention, care coordination, and support for patient self-management. Health promotion and education were identified as essential cross-cutting strategies to improve health literacy, encourage preventive actions, reduce harmful behaviors, and empower residents to take an active role in their health. Access to care, encompassing affordability, provider availability, transportation, and navigation of the healthcare system, was recognized as a foundational issue influencing outcomes across all health domains. Behavioral health was identified as a growing and urgent need, reflecting increased demand for mental health and substance use services and the importance of integrated, community-based approaches to care.

The 2026 CHNA serves as a strategic roadmap for Terrebonne General Health System’s implementation planning and community benefit efforts over the next three years. Building on its long-standing commitment to community-centered care, Terrebonne General will leverage its clinical expertise, community partnerships, and regional leadership to develop targeted, measurable strategies that address identified priorities. Progress will be monitored regularly, with continued stakeholder engagement to ensure accountability, adaptability, and responsiveness to evolving community needs. Through this sustained and collaborative approach, Terrebonne General remains committed to advancing health equity, strengthening access to care, and improving the overall health and resilience of communities across Southeast Louisiana.

The CHNA followed a multi-step approach, as illustrated in the flowchart below.

Figure 1: Methodology Flow Chart





The Patient Protection and Affordable Care Act (PPACA)

The PPACA, enacted March 23, 2010, requires tax-exempt hospitals to conduct community health needs assessments and develop strategic plans to improve residents' health and well-being. These strategies, designed by hospitals and institutions, include targeted programs, activities, and initiatives to address community health needs. Implementing these strategies enables hospitals to effectively measure and track the impact of their efforts.

The high-level requirements imposed by the IRS for tax-exempt hospitals and health systems must include the following:¹

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

This CHNA provides an in-depth review of primary and secondary data to evaluate demographic trends, health outcomes, and socioeconomic conditions affecting residents of Southeast Louisiana. Terrebonne General Health System's CHNA meets the requirements of Internal Revenue Code 501(r)(3), as established under the Patient Protection and Affordable Care Act. The report complies with all IRS guidelines and federal expectations, ensuring a rigorous, transparent, and accountable assessment of the region's most significant health needs.

¹ Besides standard guidelines, additional IRS requirements must be met when conducting a CHNA and an ISP. Further information on the CHNA and ISP requirements can be found [here](#).



Community Engagement

Voices to Action

The 2026 CHNA represents a comprehensive, community-centered, and data-driven effort to understand the evolving health needs of Terrebonne Parish and to establish clear priorities for action. Guided by federal IRS requirements for nonprofit hospitals and Terrebonne General's commitment to transparency and community partnership, the CHNA process was built on an extensive community engagement strategy that integrated diverse voices, perspectives, and experiences across the parish. Terrebonne General conducted in-depth stakeholder interviews with key leaders and organizations that play a central role in shaping the community's health landscape, including healthcare providers, behavioral health specialists, public health agencies, school and university administrators, social service organizations, government officials, first responders, business leaders, and advocates for vulnerable populations. These interviews provided rich qualitative insights into health challenges, service gaps, systemic barriers, and emerging trends affecting coastal, rural, and urban residents throughout Terrebonne Parish. Complementing these conversations, Terrebonne General distributed a widely accessible community survey, allowing residents to share their experiences directly with healthcare access, chronic disease, behavioral health concerns, affordability, transportation, food access, and other social determinants of health. The community survey responses provided valuable, community-driven data reflecting the common experiences and unique challenges of families, seniors, youth, workers, and underserved populations across the parish.

In addition to stakeholder interviews and community surveys, Terrebonne General convened a structured prioritization session with hospital administrators, clinical leaders, and departmental representatives to evaluate, interpret, and synthesize the information gathered throughout the assessment process. Using a transparent framework grounded in criteria such as severity, prevalence, disparities, intervention feasibility, and community urgency, participants reviewed the full spectrum of data and collaboratively identified the most pressing needs facing Terrebonne Parish. This consensus-building session ensured that the final CHNA priorities were not only informed by rigorous data analysis but also aligned with the operational insights, frontline experience, and strategic vision of Terrebonne General's leadership. The prioritization process also ensured that community voices directly shaped the decision-making and were integrated into the final selection of needs. Through this multi-layered engagement approach, Terrebonne General ensured that the CHNA reflected a unified, community-driven understanding of local health issues and established a strong, evidence-based foundation for planning programs, partnerships, and initiatives. The resulting priorities for the 2026 CHNA cycle represent both the realities facing Terrebonne Parish residents and the shared commitment of the health system and its partners to improving health outcomes, reducing barriers, and strengthening the well-being of the entire community.

Figure 2: Community Engagement





2026 Community Health Needs

The final priority health needs identified through Terrebonne General Health System's CHNA reflect a rigorous, multi-phase process grounded in quantitative analysis, primary data collection, and broad stakeholder engagement to ensure findings were data-driven, community-informed, and responsive to the healthcare realities of Terrebonne Parish and Southeast Louisiana. By integrating community surveys, stakeholder interviews, and secondary data from credible sources, the assessment captured lived experiences, identified service gaps and disparities, met IRS 501(r)(3) requirements for community input, and informed a collaborative prioritization process aligned with organizational capacity, partnerships, and strategic direction. Through this approach, three interrelated priority areas emerged as the community's most pressing health needs: Chronic Disease Prevention and Management; Health Promotion and Education; and Access to Care.



Chronic disease prevention and management emerged as a critical priority because of the substantial and growing burden of conditions such as diabetes, hypertension, heart disease, obesity, stroke, and cancer within Terrebonne Parish. State-level data indicate that Louisiana ranks among the lowest nationally for key health outcomes, including adult obesity and diabetes prevalence, with chronic diseases contributing significantly to morbidity, mortality, and healthcare costs. Locally, Terrebonne Parish experiences elevated rates of obesity and diabetes, along with high age-adjusted death rates from heart disease and cancer, underscoring the need for sustained prevention, early detection, and coordinated disease management efforts. These conditions often share common risk factors, such as poor nutrition, physical inactivity, and tobacco use, and disproportionately affect older adults, low-income populations, and individuals with limited access to preventive care. Addressing chronic disease through integrated, population-level strategies is essential to improving quality of life, reducing preventable hospitalizations, and strengthening long-term health outcomes across the community.

Health promotion and education were identified as complementary and equally important priorities, reflecting the central role of behavior-driven risk factors in shaping health outcomes in Terrebonne Parish. Data indicate that a significant portion of adults report no leisure-time physical activity, and tobacco use rates in Louisiana remain above the national average, contributing to chronic disease, cancer, and respiratory illness. In addition, challenges related to nutrition, physical inactivity, and health literacy limit the effectiveness of prevention efforts and exacerbate existing disparities. Community-based health education focused on healthy eating, physical activity, tobacco cessation, and preventive care can reduce the long-term disease burden and empower residents to make informed health decisions. By prioritizing health promotion and education, Terrebonne General can address upstream determinants of health, reinforce chronic disease prevention efforts, and support healthier behaviors across the lifespan.

Behavioral health emerged as a foundational priority because of increasing rates of mental health conditions and substance use disorders affecting residents of Terrebonne Parish and the broader Southeast Louisiana region. Depression, anxiety, substance misuse, and suicide continue to place significant strain on individuals, families, and the healthcare system, often intersecting with chronic disease, injury, and socioeconomic stressors. Louisiana reports suicide rates consistently above the national average, with youth and young adults particularly affected, highlighting critical gaps in prevention, early intervention, and access to services. Behavioral health needs frequently contribute to increased emergency department utilization, fragmented care, and delayed treatment, especially in communities with limited provider availability and coordination. Strengthening behavioral health services, including outpatient care, crisis response, care coordination, postpartum mental health support, and suicide prevention, is essential to improving overall community well-being and reducing avoidable healthcare utilization.

Access to care was identified as a cross-cutting priority that directly influences outcomes across all other health domains. Despite recent improvements in primary care capacity and the expanded use of telemedicine, Terrebonne Parish continues to face challenges related to provider availability, workforce shortages, transportation barriers, and system navigation, particularly for older adults and underserved populations. Population-to-provider ratios indicate ongoing strain on primary care access, while shortages in behavioral health and specialty services further limit timely care. Telemedicine has demonstrated promise in improving access to care and chronic disease management, particularly for individuals with transportation or mobility constraints; however, disparities in broadband access, digital literacy, and affordability persist. Addressing access to care requires coordinated strategies that strengthen care coordination, expand workforce pipelines, support telehealth infrastructure, and improve patients’ ability to navigate the healthcare system effectively.

Together, these priority areas represent the most significant and interconnected health challenges facing Terrebonne Parish. The CHNA provides a comprehensive, evidence-based foundation for Terrebonne General Health System’s implementation planning and community benefit investments. By aligning clinical expertise, community partnerships, and strategic resources with these priorities, Terrebonne General is well-positioned to advance health equity, improve outcomes, and build a healthier, more resilient future for residents across Southeast Louisiana.

It is important to note that the prioritization session identified behavioral health as a key community need to be addressed by Chabert Medical Center. While Terrebonne General Health System does not currently have the resources or outpatient behavioral health infrastructure to provide these services, CMC will lead in addressing this need. As a result, patients requiring behavioral health care will be served through CMC and its network of providers, ensuring access to appropriate services across the broader community.

Figure 3: 2026 CHNA Needs²



² CMC will address Behavioral Health as its community need. The above chart does not display CMC’s CHNA needs.

³ Includes Adult and Childhood Obesity/Overweight.

The Community We Serve

Primary Service Area (PSA)

Terrebonne General Health System is a key healthcare provider for Terrebonne Parish, with its primary service area defined by ZIP codes where the system is most commonly used for hospital-based outpatient, emergency, and preventive services. As outlined in Table 2, this area includes the communities of Bourg, Chauvin, Donner, Dulac, Gibson, Gray, Houma, Montegut, Schriever, and Theriot, a diverse mix of coastal, rural, and urban neighborhoods that collectively reflect the health needs, socioeconomic conditions, and demographic trends of the parish. These communities form the core population whose healthcare access, disease burden, behavioral health needs, and social determinants of health most directly shape Terrebonne General's mission, resource allocation, and strategic planning priorities.

Although the primary service area accounts for most patient encounters, Terrebonne General also naturally serves individuals from surrounding secondary and tertiary areas who seek care for specialty services, emergency treatment, maternity care, advanced diagnostics, and other hospital-based needs not readily available in neighboring rural or coastal regions. While these surrounding areas account for a smaller share of total utilization, their presence reinforces Terrebonne General's role as a regional hub for high-quality care and underscores the importance of maintaining capacity, coordinated care pathways, and readiness to support patients beyond its immediate service footprint.

From a CHNA perspective, clearly defining Terrebonne General's service area is foundational to developing an accurate and actionable understanding of local health needs. Centering the assessment on the primary service area ensures Terrebonne General can meaningfully identify priority health conditions, disparities, and barriers impacting the population most dependent on its services. At the same time, acknowledging the system's broader reach helps ensure that planning considers regional access issues, supports targeted outreach to isolated communities, and anticipates future demand for essential and specialty services. Together, this service area framework enables Terrebonne General to align community health strategies with population needs, enhance equitable access to care, and strengthen the health and well-being of residents of Terrebonne Parish and those in the region who rely on Terrebonne General for essential care.

Map 1: Terrebonne General Health System's Primary Service Area

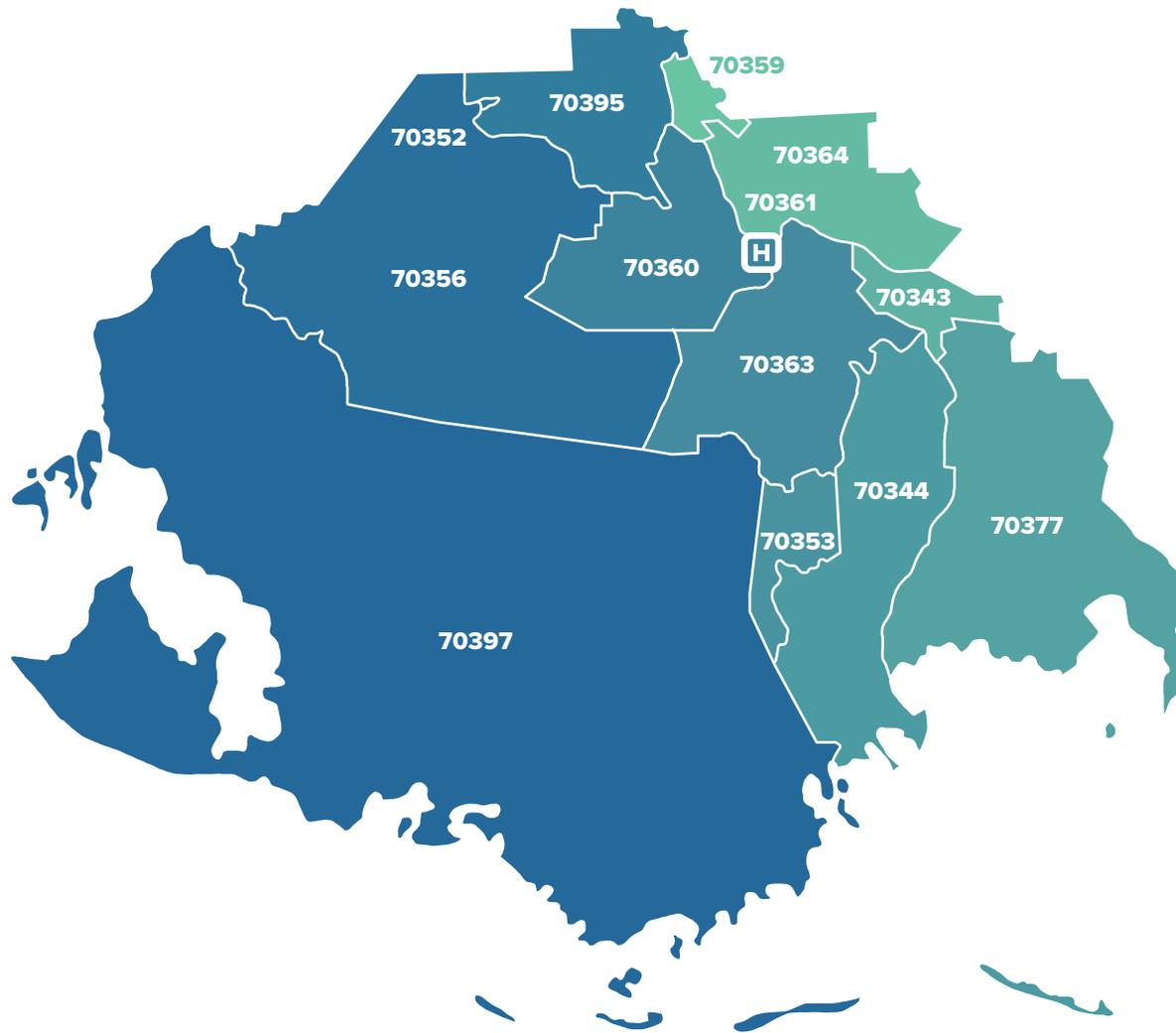


Table 2: Primary Service Area

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

Community-At-A-Glance

Who We Serve: Our Community

Data from Terrebonne General Health System's primary service area are presented below to highlight the core geographic communities that rely most heavily on the hospital for care. Although Terrebonne General serves individuals across the broader Bayou Region, concentrating on the primary service area provides the most accurate representation of the population whose health outcomes, service utilization patterns, and unmet needs most directly influence hospital planning and resource allocation. The detailed Community-At-A-Glance overview is essential for understanding the underlying demographic, economic, and social characteristics that drive health behaviors, shape access to care, and affect community well-being. The data points help identify vulnerable populations, anticipate future demand, and support evidence-based decision-making for programs, partnerships, and strategic investments. Communities outside the primary service area are excluded from this snapshot because of lower patient volumes and a more limited direct impact on Terrebonne General's overall service delivery and long-term priorities.



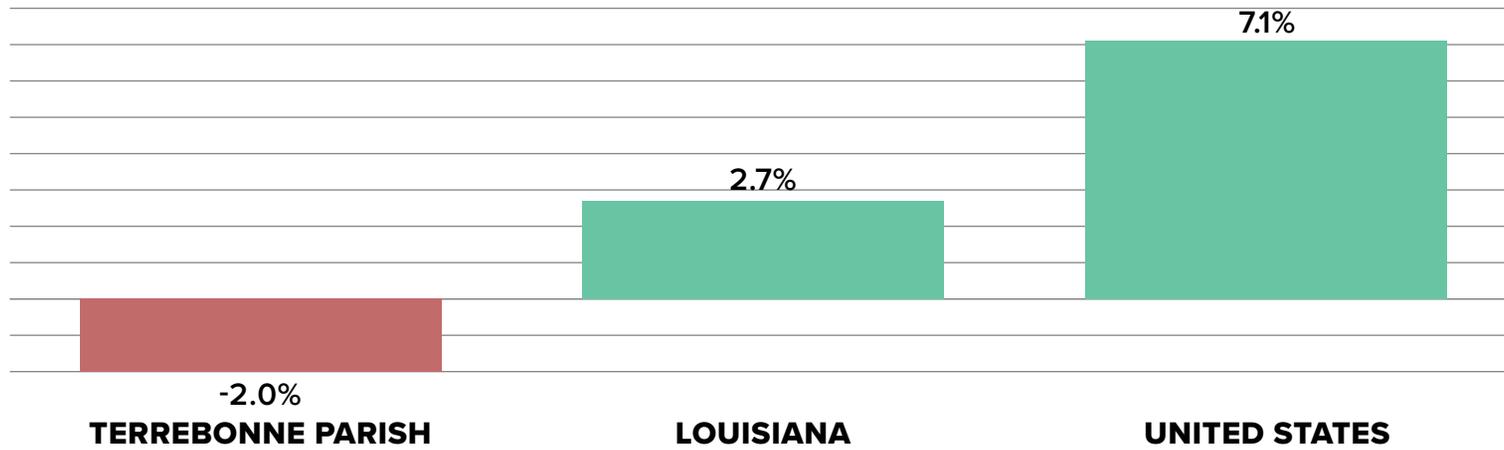
Table 3: ZIP Code Demographics

 ZIP CODE	 CITY	 TOTAL POPULATION	 NEVER MARRIED	 MEDIAN HOUSEHOLD INCOME	 BACHELOR'S DEGREE+	 HISPANIC OR LATINO OR ANY RACE	 MEDIAN AGE	 POVERTY	 TOTAL HOUSING UNITS
70343	Bourg	5,271	30%	\$84,474	15.0%	1.3%	40.5	5.7%	2,053
70344	Chauvin	5,151	51%	\$52,418	5.9%	2.1%	37.1	14.2%	2,634
70352	Donner	435	52%	--	--	3.4%	27.8	5.3%	145
70353	Dulac	522	52%	\$57,969	3.5%	8.2%	52.9	24.7%	536
70356	Gibson	1,473	57%	\$31,360	4.4%	2.8%	52.5	28.7%	699
70359	Gray	9,472	51%	\$54,139	13.7%	6.6%	34	16.5%	3,768
70360	Houma	28,810	45%	\$82,365	32.5	5.7%	37.7	11.6%	12,283
70363	Houma	24,668	50%	\$44,828	8.1%	8.6%	34.8	23.7%	10,449
70364	Houma	28,990	51%	\$68,909	15.7%	9.5%	37.3	17.7%	12,423
70377	Montegut	3,386	45%	\$53,851	4.7%	0.6%	46.7	23.7%	1,364
70395	Schriever	4,266	42%	\$77,043	20.9%	0.6%	36.8	11.8%	1,985
70397	Theriot	867	33%	\$112,411	10.9%	9.0%	57.2	5.8%	535

Note: Data for ZIP code 70361 was not available.

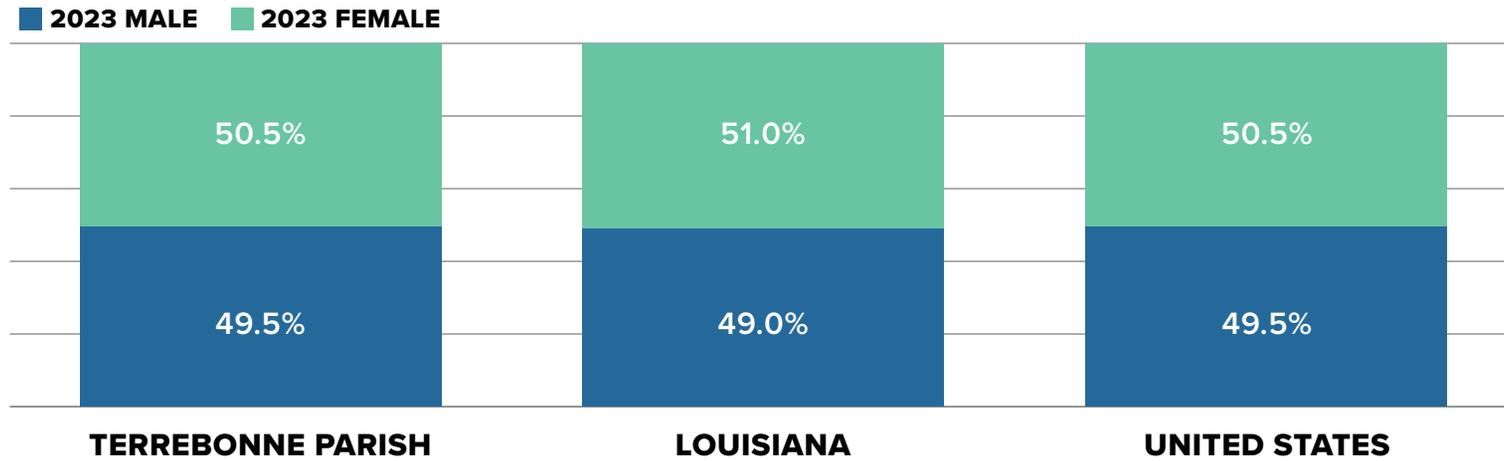
Source: [Census Reporter](#)

Figure 4: Population Change



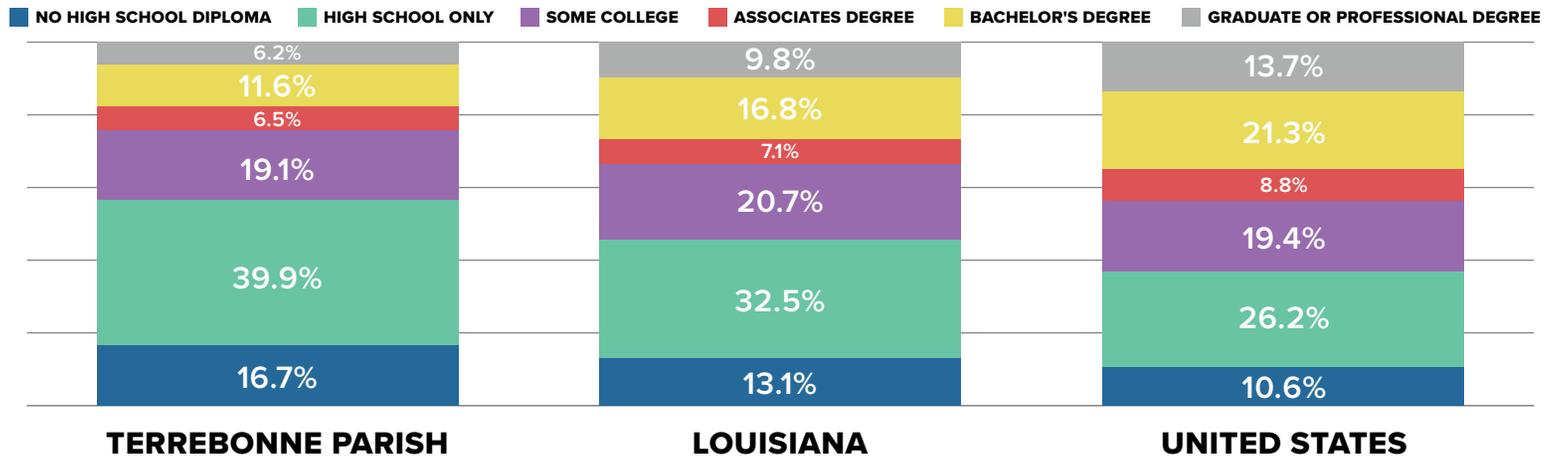
Source: U.S. Census Bureau, Decennial Census. 2010-2020

Figure 5: Gender



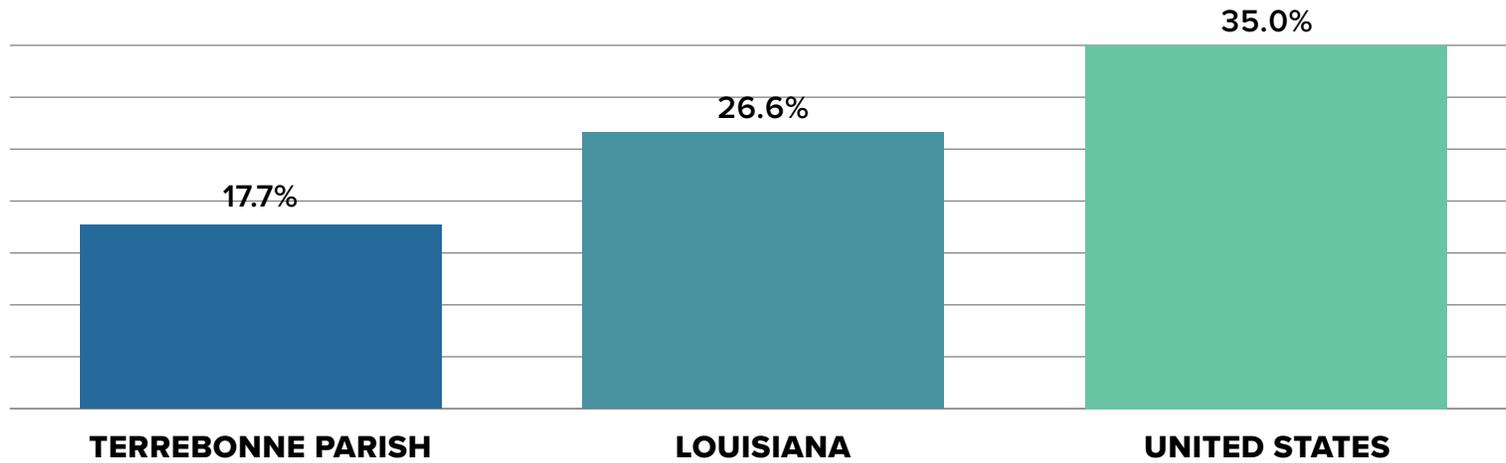
Source: U.S. Census Bureau, Decennial Census. 2019-23

Figure 6: Education Level



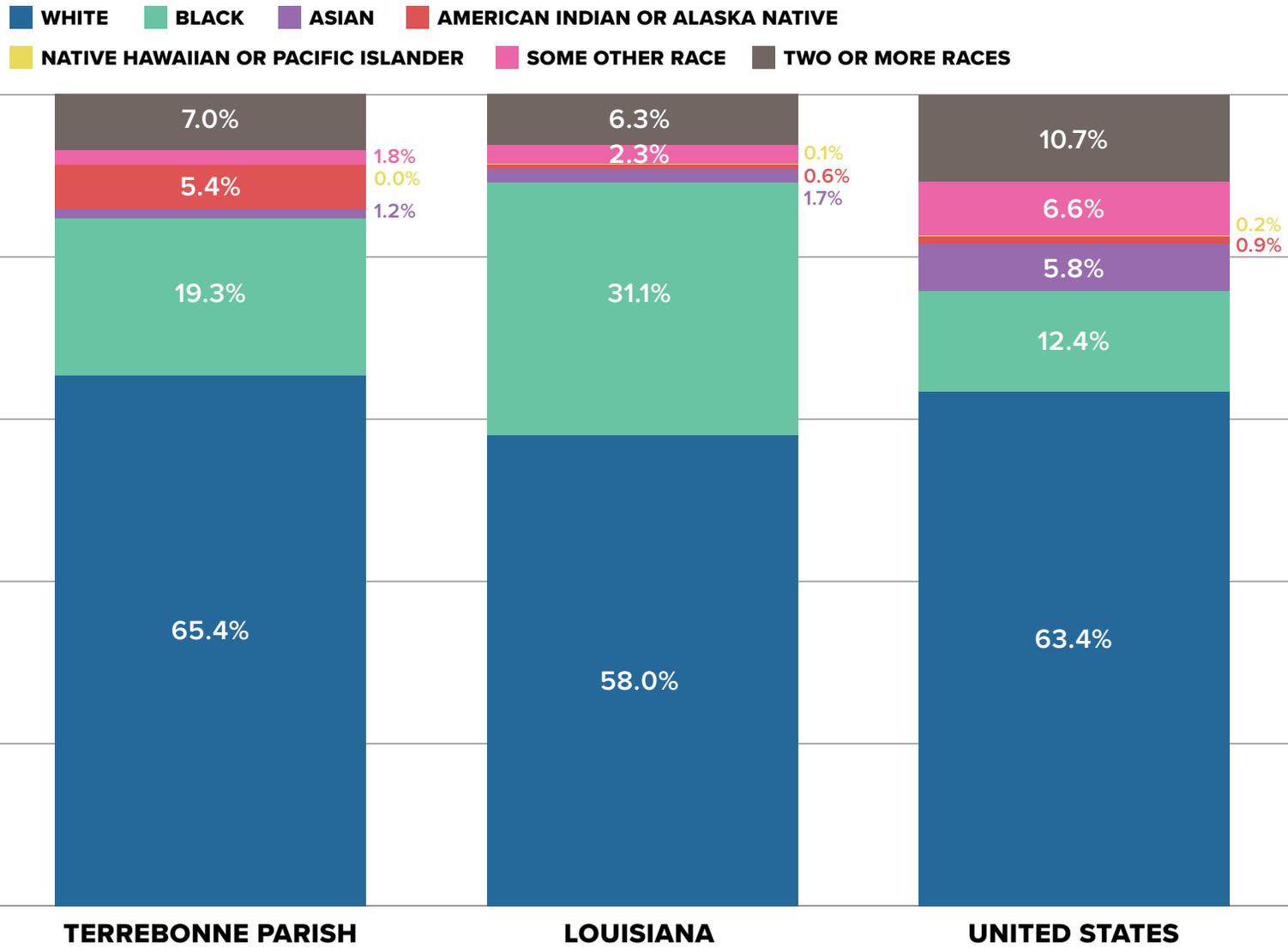
Source: U.S. Census Bureau, Decennial Census. 2019-23

Figure 7: Bachelor's Degree or Higher



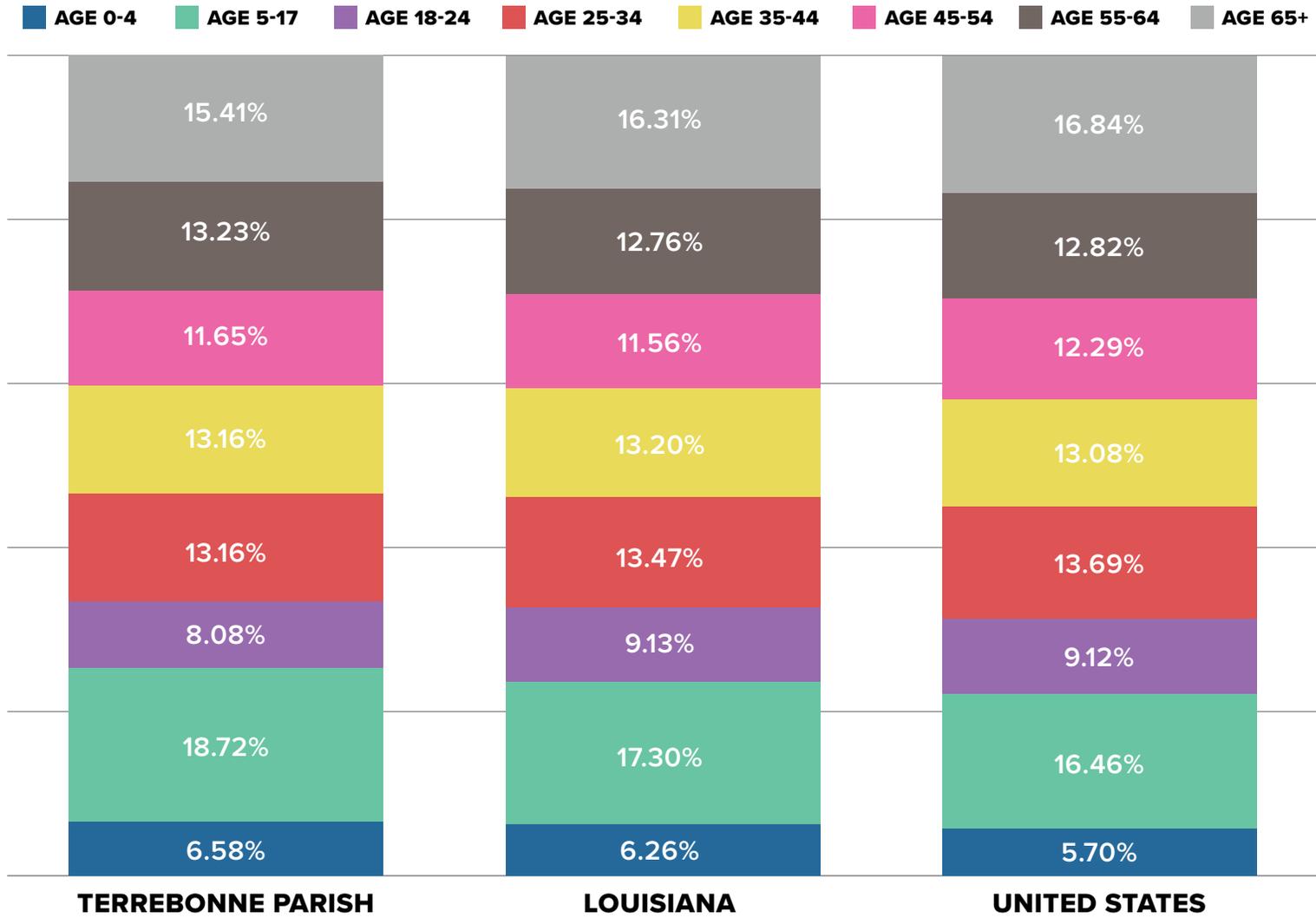
Source: U.S. Census Bureau, American Community Survey. 2019-23

Figure 8: Population by Race



Source: U.S. Census Bureau, Decennial Census. 2019-2023

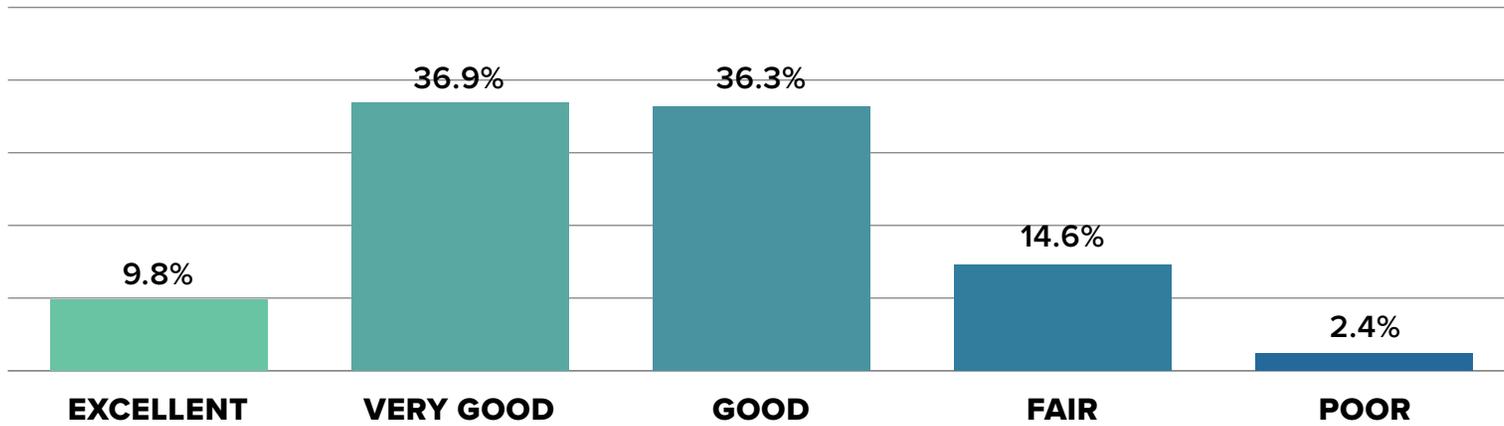
Figure 9: Age



Source: U.S. Census Bureau, American Community Survey. Five-Year Estimates 2019-23

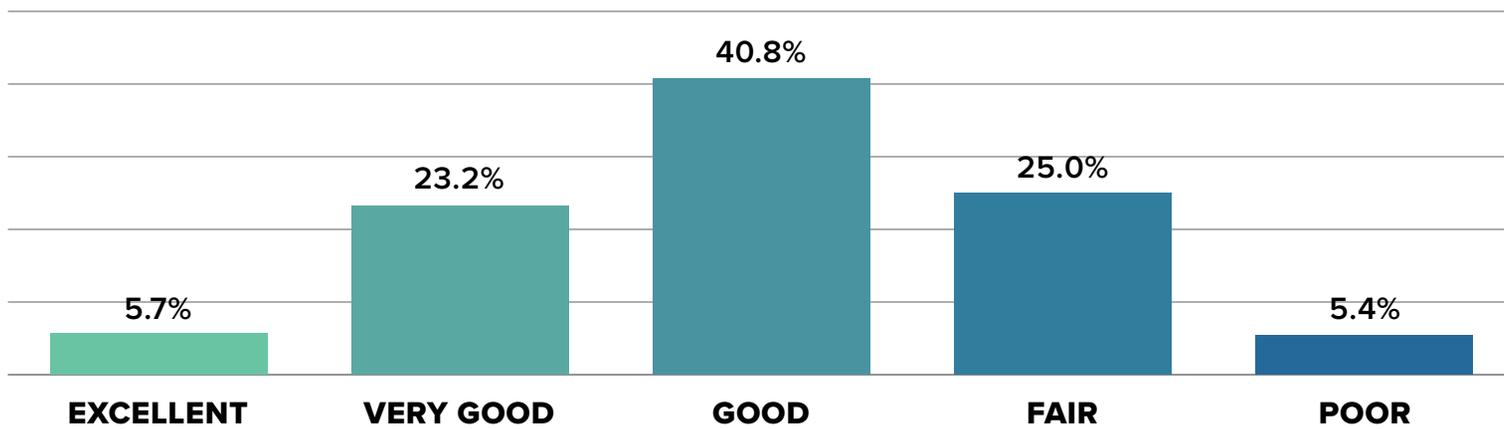


Figure 10: Description of One's Physical Health



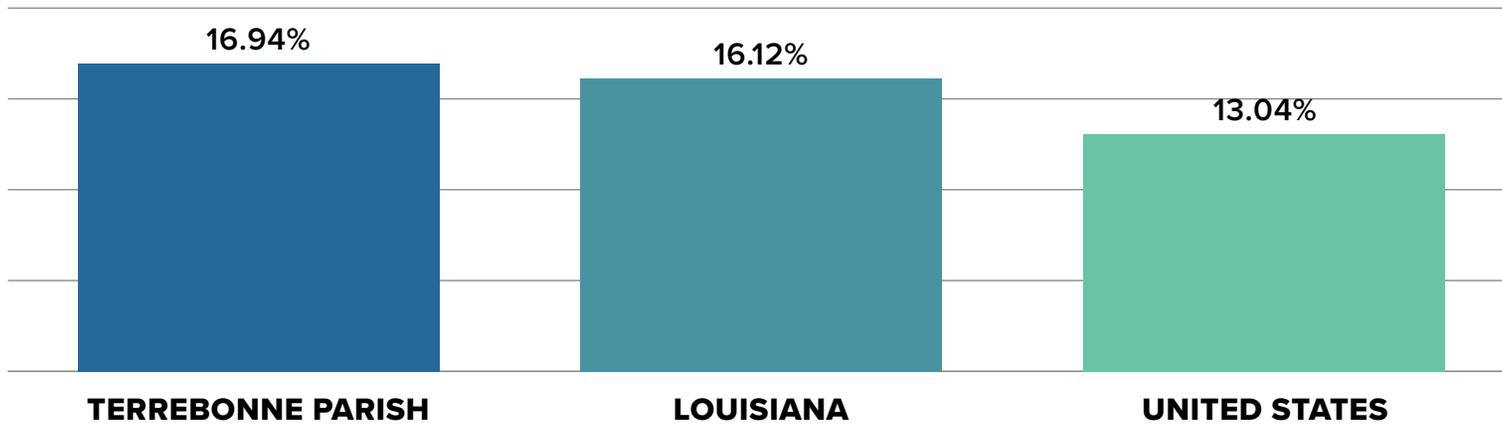
Source: Community Survey

Figure 11: Health Status of the Community



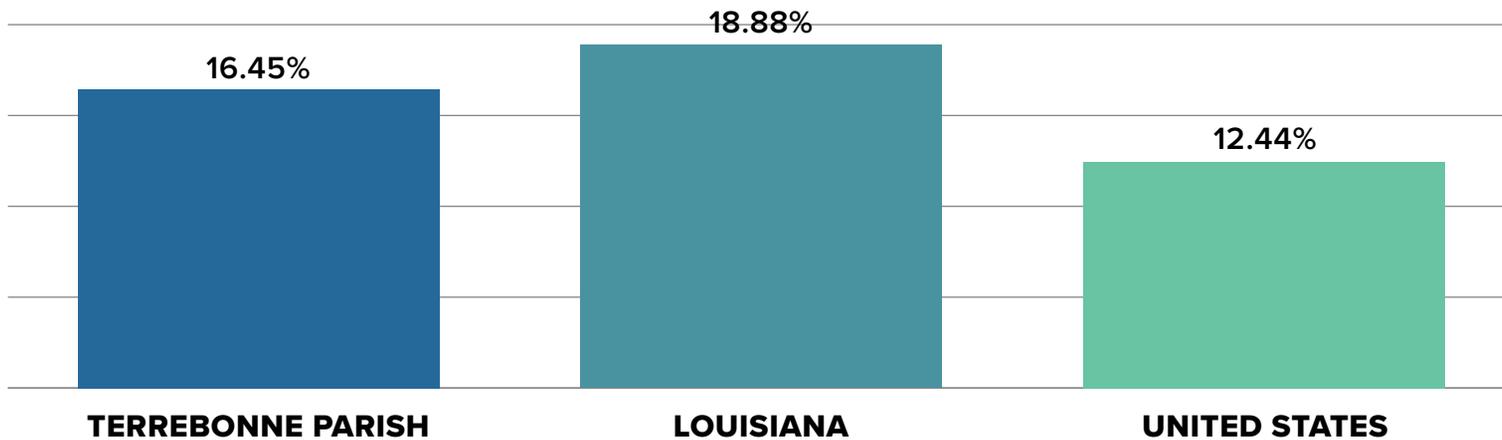
Source: Community Survey

Figure 12: Population with Any Disability



Source: U.S. Census Bureau, American Community Survey. 2019-23

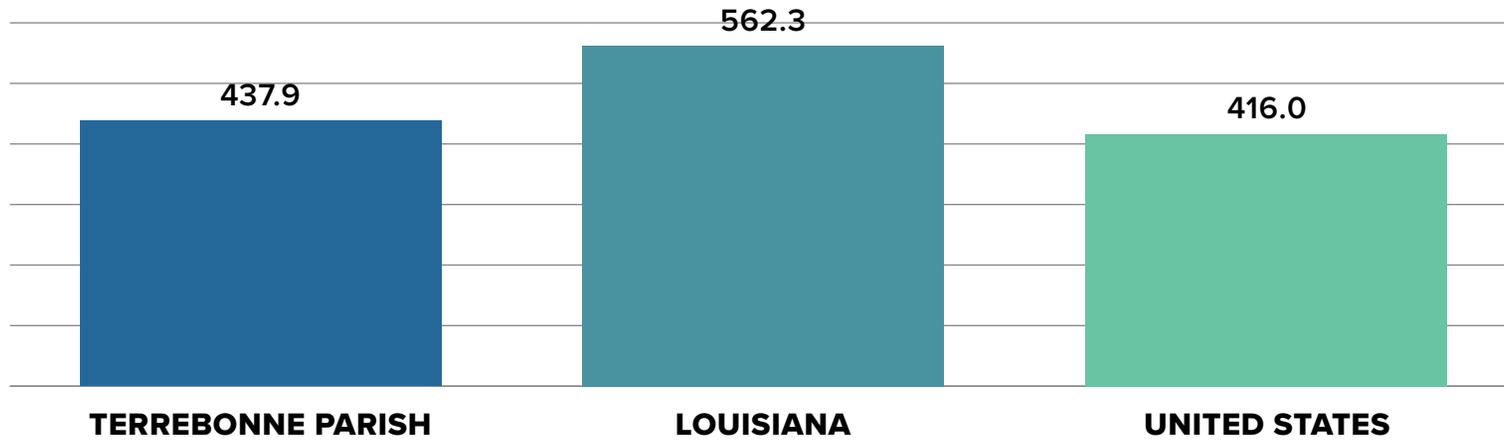
Figure 13: Population Below 100% Federal Poverty Level (FPL)



Note: The [2025 Federal Poverty Level \(FPL\)](#) for a family of four in the 48 contiguous states is \$32,150 per year. This is the benchmark for 100% of the poverty line, used to determine eligibility for certain government programs and benefits.

Source: U.S. Census Bureau, American Community Survey. 2019-23

Figure 14: Violent Crime (per 100,000 Population)



Source: FBI Uniform Crime Reports. 2015-2017





Evaluation of the Previous Implementation Strategy Plan

Over the past three years, Terrebonne General has implemented, monitored, and evaluated a comprehensive set of initiatives to address the most significant health needs identified in its service area. This review examined the effectiveness and overall impact of the 2023 ISP, with a focus on the priority areas of Chronic Diseases, Health Promotion and Education, and Access to Care.^{4,5} Members of the CHNA Working Group conducted a systematic assessment of goals, strategies, and actions for each priority area to evaluate measurable outcomes, highlight key accomplishments, and identify opportunities for improvement or refinement. This internal review process served as an important self-assessment and benchmarking tool, enabling Terrebonne General to track progress, strengthen accountability, and support continuous improvement in its community health efforts. Insights gained from this evaluation are directly informing strategic adjustments and guiding the development of initiatives for the upcoming three-year implementation cycle. The tables below summarize major achievements and demonstrate the meaningful progress Terrebonne General Health System has made in advancing community health priorities. Terrebonne General has implemented and continues to implement the strategies identified in its 2023 CHNA, reflecting a sustained commitment and progress, as evidenced by expanded services, strengthened partnerships, and coordinated approaches across behavioral health, health promotion and education, chronic disease management, and access to care throughout its service area. A comprehensive summary of the anticipated impacts, goals, and strategies of the 2023 ISP is provided in the Appendix.

⁴ Working in partnership with CMC over the last CHNA cycles, Behavioral Health was identified as a CHNA need; it is important to note that CMC will continue to address this pressing CHNA need.

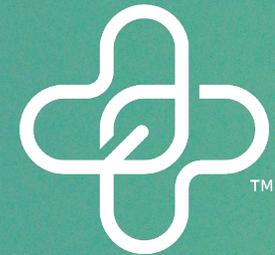
⁵ TGHS runs on a fiscal year.

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	FY23/24	FY24/25	FY25/26
Diabetes	Increased awareness and provided healthcare initiatives to reduce chronic diseases related to diabetes.	✓	✓	✓
High Blood Pressure/ Hypertension	Educated the community and provided healthcare initiatives to reduce chronic diseases related to high blood pressure and hypertension.	✓	✓	✓
Heart Disease	Increased awareness and interest in healthcare programs and initiatives to reduce chronic diseases related to heart disease.	✓	✓	✓
Overweight/Obesity	Increased awareness and interest in healthcare programs and initiatives to reduce chronic diseases related to obesity.	✓	✓	✓
Cancer	Increased awareness and provide cancer education.	✓	✓	✓
	Increased awareness and interest in early detection.	✓	✓	✓



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	FY23/24	FY24/25	FY25/26
Physical Inactivity & Exercise	Improved community knowledge about available resources.	✓	✓	✓
Healthy Foods	Improved community knowledge and access to healthy foods.	✓	✓	✓
	Provided information and education to increase awareness and inserts related to obesity and long-term effects on being overweight.	✓	✓	✓
Tobacco Use	Ensured residents have a resource for smoking cessation and education about the ill-effects of smoking.	✓	✓	✓

Priority 3: Access to Care

Overall Goal: Improved 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	FY23/24	FY24/25	FY25/26
Increase in Providers	Increased the number of available physicians in the region.	✓	✓	✓
	Ensured the continuation of medical services at Ochsner Chabert Medical Center.	✓	✓	✓
	Provided education on chronic health conditions and healthy nutrition through community education, screenings, and physical activity.	✓	✓	✓
Increase Use of Telemedicine	Provided telehealth visits for patients.	✓	✓	✓

Key Factors Shaping Health and Well-Being

Social Determinants of Health

Social determinants of health (SDOH) are fundamental drivers of health outcomes in Terrebonne Parish and play a decisive role in shaping the well-being of individuals and families served by Terrebonne General Health System. These non-clinical factors, including economic stability, educational attainment, housing quality, transportation access, food security, environmental conditions, and social connectedness, often determine whether residents can prevent illness, manage chronic disease, and access timely, appropriate healthcare. In Terrebonne Parish, where rural, coastal, and urban characteristics intersect, social and economic conditions frequently create barriers that contribute to health disparities and place added strain on the healthcare system.

Economic stability remains a significant challenge for many households in Terrebonne Parish, where pockets of poverty, employment in seasonal or physically demanding industries, and limited access to jobs offering consistent wages and health benefits contribute to ongoing financial stress. These conditions reduce residents' ability to afford healthcare, medications, nutritious foods, and stable housing and are particularly pronounced among older adults, individuals with disabilities, and families living on fixed or limited incomes. Financial insecurity often results in delayed care, underuse of preventive services, and increased reliance on emergency departments for conditions that could be managed in outpatient settings.

Housing and the built environment further shape health outcomes, as housing instability, overcrowding, and aging housing stock expose residents to environmental hazards, including mold, poor air quality, and unsafe living conditions, which exacerbate respiratory, cardiovascular, and mental health conditions. Residents in the parish face vulnerability to hurricanes, flooding, and coastal erosion, compounding these challenges by disrupting housing stability and continuity of care and contributing to displacement, trauma, and long-term stress, particularly among low-income households. Transportation access remains another persistent barrier, especially in rural or outlying areas, where limited public transportation makes it difficult for residents, particularly older adults and those without reliable vehicles, to attend medical appointments, access specialty care, or obtain prescriptions. These barriers are closely linked to missed appointments, gaps in chronic disease management, and reduced engagement with behavioral health services.

Food security and access to healthy foods also significantly influence health, as some neighborhoods face limited availability of affordable, nutritious options, contributing to poor diet quality, obesity, diabetes, and cardiovascular disease. Educational attainment and health literacy further affect residents' ability to navigate the healthcare system and adhere to treatment plans. Finally, social and community context, including social support, community connectedness, and exposure to trauma, plays a critical role in both physical and behavioral health, with economic stress, disaster-related impacts, and social isolation increasing the risk of anxiety, depression, substance use, and poorer overall health outcomes.

Figure 15: SDOH



In Table 4, employment data at the ZIP code level reveal substantial economic disparities as some ZIP codes experience relatively low unemployment rates, whereas others face notably higher rates, including 70395 and 70397, where rates exceed 12%. These differences highlight uneven access to stable employment and income within Terrebonne General Health System's service area.

Poverty rates highlight significant economic disparities in ZIP codes 70353 (24.7%), 70356 (28.7%), 70363 (23.7%), and 70377 (23.7%), indicating concentrated areas of financial hardship. Reliance on food assistance is observed with the highest levels in 70356 (35.4%), 70353 (27.8%), and 70363 (27.7%), indicating concentrated economic hardship and food insecurity that can negatively affect nutrition, chronic disease management, and overall health outcomes, while lower rates in ZIP codes such as 70343, 70395, and 70360 still reflect meaningful need among vulnerable households. Food insecurity is defined as a lack of consistent access to enough food for an active, healthy life. It includes limited or uncertain availability of nutritionally adequate and safe foods, or limited ability to acquire acceptable foods in socially acceptable ways. Concentrated levels in ZIP codes 70356 (37.6%), 70353 (33.6%), and 70363 (32.0%), signal significant challenges in consistent access to nutritious food that increase the risk of chronic disease, poor mental health, and avoidable healthcare utilization, while even ZIP codes with lower rates continue to reflect meaningful vulnerability among residents.

Housing unit distribution varies widely across Terrebonne Parish, with the largest concentrations in 70364 (12,423 units), 70360 (12,283 units), and 70363 (10,449 units), indicating where housing-related social needs may affect the greatest number of residents, while smaller ZIP codes such as 70352, 70353, 70397, and 70356 have fewer housing units but may experience more concentrated impacts from housing instability and related social determinants of health. Housing insecurity remains a significant concern with the highest rates in 70356 (24.7%), 70363 (22.1%), and 70353 (21.5%), indicating increased risk of housing instability, stress, and disrupted care that can negatively affect physical and behavioral health, while even ZIP codes with lower percentages continue to reflect ongoing vulnerability among residents.

Loneliness among adults is high, with rates exceeding one-third of adults across the parish with peaks in 70356 (38.7%) and 70363 (38.3%), highlighting social isolation as a critical social determinant of health that increases the risk of depression, substance use, chronic disease complications, and higher healthcare utilization and underscoring the importance of community connection and behavioral health supports.

Lack of transportation continues to affect access to healthcare and essential services across Terrebonne Parish, with the highest rates reported in 70356 (17.6%), 70353 (16.7%), and 70363 (15.6%), indicating significant barriers to attending medical appointments, obtaining prescriptions, and managing chronic and behavioral health conditions, particularly among older adults and low-income residents.

Limited social and emotional support and financial strain related to utility instability affect many residents across Terrebonne Parish, with the highest levels concentrated in 70356, where 34.0% of adults report a lack of social and emotional support and 19.2% have faced a utility shut-off threat, underscoring the compounded risk of social isolation, stress, and adverse physical and behavioral health outcomes in communities experiencing multiple overlapping social determinants of health.

Recognizing the pervasive impact of SDOH, Terrebonne General Health System views addressing SDOH as essential to improving health equity and long-term outcomes. By integrating SDOH screening into clinical care, strengthening partnerships with community organizations, and supporting care coordination and navigation services, Terrebonne General is better positioned to address root causes of poor health, reduce preventable utilization, and enhance the overall resilience and well-being of Terrebonne Parish residents.

Table 4: Social Determinants by ZIP Codes

ZIP Code	Employment ⁶ (2021)	Poverty (2023)	Total Housing Units (2023)	Loneliness Among Adults (2024)	Received Food Stamps (Past 12 months) (2024)	Food Insecurity (Past 12 months) (2024)	Housing Insecurity (Past 12 months) (2024)	Lack of Transportation (Past 12 months) (2024)	Lack of Social and Emotional Support (2024)	Utility Services Shut-off Threat (Past 12 months) (2024)
70343	7.9%	5.7%	2,053	34.5%	12.9%	17.3%	12.3%	8.8%	27.0%	8.5%
70344	8.1%	14.2%	2,634	35.7%	17.8%	21.9%	14.7%	10.7%	28.7%	10.4%
70352	2.5%	5.0%	145	34.2%	25.6%	27.2%	15.8%	12.2%	27.7%	12.1%
70353	6.6%	24.7%	536	37.5%	27.8%	33.6%	21.5%	16.7%	32.4%	15.9%
70356	2.5%	28.7%	699	38.7%	35.4%	37.6%	24.7%	17.6%	34.0%	19.2%
70359	5.7%	16.5%	3,768	37.1%	23.0%	26.7%	19.2%	13.1%	30.7%	14.1%
70360	5.2%	11.6%	12,283	33.5%	12.3%	16.0%	12.0%	8.4%	25.7%	8.6%
70363	5.2%	23.7%	10,449	38.3%	27.7%	32.0%	22.1%	15.6%	32.4%	16.3%
70364	2.4%	17.7%	12,423	35.6%	19.2%	22.8%	16.2%	11.3%	28.2%	11.9%
70377	5.0%	23.7%	1,364	37.1%	24.3%	28.9%	18.6%	14.3%	30.7%	13.5%
70395	12.9%	11.8%	1,985	34.2%	12.8%	16.7%	12.4%	8.6%	26.7%	8.7%
70397	12.2%	5.8%	535	34.3%	15.6%	20.0%	13.4%	10.1%	27.5%	9.5%

Note: Data for ZIP code 70361 were unavailable.
Source: [Centers for Disease Control and Prevention; PLACES](#)

⁶ Poverty and total housing unit data was obtained from [Census Reporter](#).



America's Health Rankings

America's Health Rankings list Louisiana among the lowest-performing states, with particularly poor scores in health outcomes, health behaviors, social and economic factors, and chronic disease indicators. These results highlight widespread challenges related to poverty, unemployment, obesity, diabetes, cardiovascular disease, and behavioral health, all of which contribute to higher rates of preventable illness and premature mortality. While Terrebonne General's primary focus is on improving health outcomes within Terrebonne Parish, a statewide snapshot provides essential context for understanding local challenges.

Louisiana's poor rankings across multiple health, behavioral, and social measures highlight systemic issues that also influence conditions at the parish level, including workforce shortages, poverty, chronic disease prevalence, and access to care. Viewing Terrebonne Parish within the broader state landscape helps Terrebonne General benchmark local conditions, identify shared challenges, anticipate emerging risks, and align community health strategies with statewide trends, funding priorities, and policy initiatives, ultimately strengthening local planning and impact.

Table 5: America’s Health Rankings – Louisiana (Out of 50 States)

MEASURE	2024 RANK	MEASURE	2024 RANK
Adverse Childhood Experiences	41	Obesity Percentage of Adults	45
Arthritis	43	Occupational Fatalities	42
Behaviors	49	Overall	50
Cardiovascular Diseases	44	Per Capita Income	47
Chlamydia Cases	50	Physical Environment	47
Chronic Obstructive Pulmonary Disease	44	Physical Inactivity	44
Climate Risks	47	Poverty	49
Dental Care Providers	44	Premature Death	47
Dental Visit	41	Preventable Hospitalizations Discharges	48
Depression	42	High Health Status	44
Diabetes	46	High School Completion	45
Drinking Water Violations	49	High-Risk HIV Behaviors	48
Drive Alone to Work	48	High-Speed Internet	47
Drug Deaths	47	Homicide Deaths	49
E-Cigarette Use	43	Income Inequality 80-20 Ratio	49
Economic Hardship Index	48	Insufficient Sleep	47
Firearm Deaths	49	Less Than High School Education	45
Flu Vaccination Percentage of Adults	44	Renewable Energy	49
Food Insecurity Percentage of Households	47	Smoking	45
Fourth Grade Reading Proficiency	41	Social and Economic Factors	50
Frequent Mental Distress	44	Smoking	45
Frequent Physical Distress	42	Teen Births	48
Health Outcomes	50	Transportation Energy Use	47
High Blood Pressure	45	Transportation Health Risks	46
High Cholesterol	42	Unemployment	48
Low Birth Weight	49	Voter Participation (Average)	44
Multiple Chronic Conditions	45	Water Fluoridation	45

Source: [America’s Health Rankings](#)



2026 Terrebonne General Health System Identified Needs

2026 CHNA NEEDS

CHRONIC DISEASES

Diabetes
High BP/Hypertension
Heart Disease
Obesity/Overweight
Cancer

HEALTH PROMOTION & EDUCATION

Healthy Foods
Physical Inactivity/Exercise
Tobacco Use

ACCESS TO CARE

Elder Care
Increase in Providers
Increase Use of Telemedicine

Chronic Diseases

(Diabetes, Heart Disease, High Blood Pressure/Hypertension, Obesity/Overweight, and Cancer)

Chronic diseases represent a significant and persistent public health challenge in Louisiana and in Terrebonne Parish, contributing to high rates of morbidity, mortality, and healthcare costs. Louisiana consistently ranks poorly for major chronic conditions compared with other states, reflecting a heavy burden of diabetes, high blood pressure, heart disease, obesity, and cancer that impacts residents' quality of life and longevity. For example, national data indicate that about 15.4% of Louisiana adults report having been diagnosed with diabetes, a rate well above the national average (12.0%), and a substantial portion of the population also lives with prediabetes, further increasing future disease risk.⁷

Heart disease remains the leading cause of death in Louisiana, with cardiovascular conditions such as coronary artery disease and stroke accounting for a large share of mortality statewide.⁸ Cardiovascular conditions, including coronary artery disease, heart failure, and stroke, are closely associated with high rates of high blood pressure, diabetes, obesity, smoking, and physical inactivity. Hypertension often develops without noticeable symptoms and is frequently undiagnosed or poorly controlled, increasing the risk of heart attack, stroke, kidney disease, and premature mortality. In Terrebonne Parish, heart disease disproportionately affects older adults, especially those age 65 and older, but it also impacts middle-aged adults who have experienced long-term exposure to chronic disease risk factors.⁹ Heart disease is not evenly distributed across the population, as men tend to experience cardiovascular events at younger ages, while women, particularly older women, often face worse outcomes because of delayed diagnosis and higher rates of coexisting conditions. Low-income individuals and communities of color are also disproportionately affected, reflecting the influence of social determinants of health such as limited access to preventive care, healthy foods, safe spaces for physical activity, and consistent primary care. Transportation barriers, financial constraints, and lower health literacy further contribute to delayed treatment and poorer disease management. Together, these factors highlight the importance of prevention, early detection, and coordinated care to reduce the burden of heart disease and improve long-term health outcomes in Terrebonne Parish.

⁷ [America's Health Rankings](#)

⁸ [Centers for Disease Control and Prevention](#)

⁹ [Centers for Disease Control and Prevention](#)





Obesity remains a significant and growing public health challenge in Terrebonne Parish and is a key driver of many chronic health issues, reflecting the broader patterns seen across Louisiana, where nearly 40% of adults are classified as obese.¹⁰ Elevated obesity rates contribute directly to higher incidences of type 2 diabetes, high blood pressure, heart disease, stroke, and certain cancers, increasing both individual health risks and overall healthcare utilization. Managing obesity is critical because excess weight complicates the prevention and treatment of chronic diseases and is associated with reduced quality of life and premature mortality. However, maintaining a healthy lifestyle is particularly difficult for many residents because of social, economic, and environmental barriers. Limited access to affordable, nutritious food, particularly in areas with limited grocery options, contributes to poor dietary quality. Physical inactivity is often influenced by long work hours, physically demanding jobs, limited recreational facilities, and a lack of safe spaces for exercise. Financial constraints, transportation challenges, and competing daily priorities make sustained lifestyle changes difficult. Addressing obesity in Terrebonne Parish requires comprehensive, community-based strategies that support healthier eating, increased physical activity, and improved access to preventive services.

Cancer also contributes substantially to chronic disease burden in Louisiana and Terrebonne Parish. Cancer incidence rates in Terrebonne Parish are comparable with state levels, and malignant neoplasms are among the leading causes of death locally, underscoring the need for enhanced screening, early detection, and comprehensive oncology services.¹¹ In Terrebonne Parish, localized health data demonstrate that diabetes, high blood pressure, heart disease, obesity, and cancer are leading contributors to disability and premature mortality among residents. These chronic conditions are driven by a complex interplay of behavioral, environmental, and socioeconomic factors, including high obesity and physical inactivity rates, food insecurity, and limited access to preventive care. Given this significant disease burden, chronic disease prevention, early detection, and coordinated management remain central priorities for improving community health.

According to the CDC, 6 in 10 adults live with at least one chronic condition, and 4 in 10 have two or more, making chronic diseases the leading causes of death, disability, and healthcare costs nationwide. It also emphasizes that conditions such as heart disease, cancer, stroke, diabetes, and chronic lung disease are largely driven by modifiable lifestyle risk factors, including tobacco use, poor nutrition, physical inactivity, and excessive alcohol consumption.

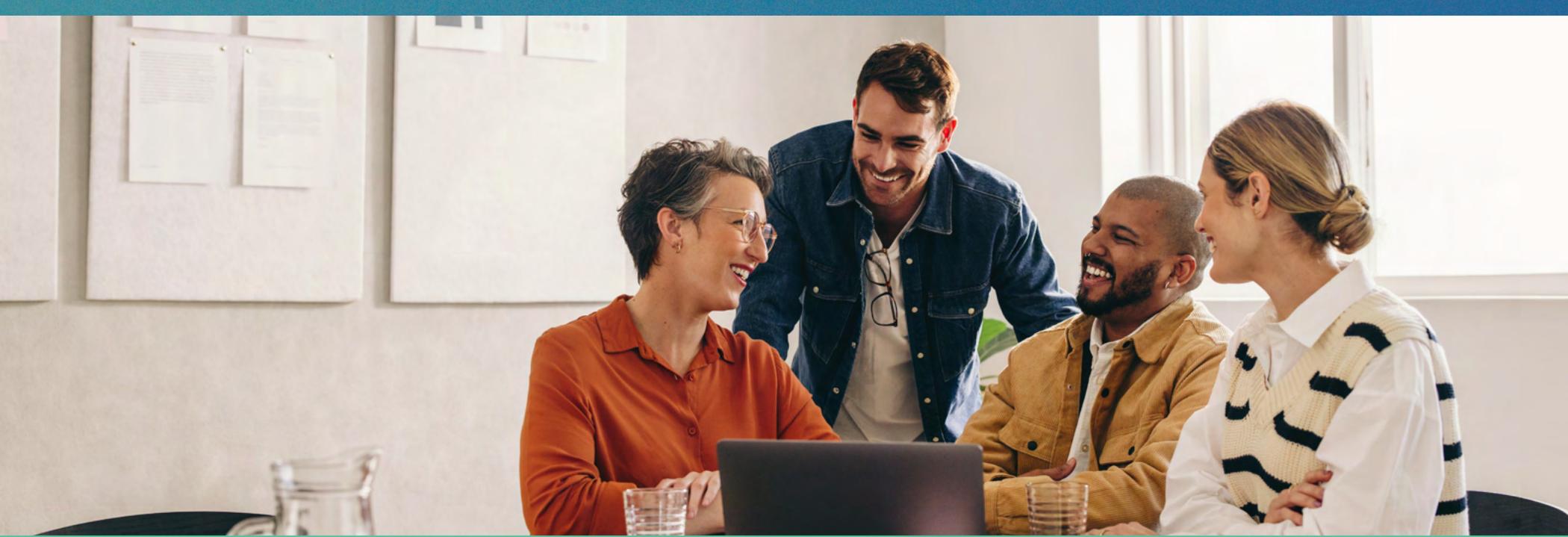
¹⁰ [America's Health Rankings](#)

¹¹ [NIH State Cancer Profiles](#)

Table 6 summarizes key themes and shared feedback from stakeholder interviews and community survey findings related to chronic diseases, highlighting areas of alignment and providing insight into community-identified needs, priorities, and lived experiences across the Terrebonne Parish service area. Primary data plays a vital role in strengthening a CHNA by capturing the perspectives, experiences, and priorities of community members and residents. These firsthand insights reveal barriers to care, unmet needs, and local conditions that may not be evident in existing datasets.

Table 6: Community Voices

Stakeholder Interviews Findings - Shared Feedback	
<p><i>Community's persistent health problems</i></p> <ul style="list-style-type: none"> • 70.0% - Heart disease and stroke • 60.0% - Cancer • 55.0% - Diabetes • 45.0% - High blood pressure • 45.0% - Obesity 	<p><i>Community's persistent high-risk behaviors</i></p> <ul style="list-style-type: none"> • 70.0% - Being overweight or obese <p><i>Who are the most vulnerable groups?</i></p> <ul style="list-style-type: none"> • 65.0% - People with chronic diseases
Community Survey Findings - Shared Feedback	
<p><i>Classifying one's weight</i></p> <ul style="list-style-type: none"> • 58.3% - Overweight <p><i>Community's health problems</i></p> <ul style="list-style-type: none"> • 76.3% - Chronic diseases • 71.2% - Obesity/Overweight • 21.7% - Respiratory/lung disease • 19.3% - Autoimmune diseases 	<p><i>How hurricanes, flooding, or environmental issues affect the family's physical/mental health</i></p> <ul style="list-style-type: none"> • 11.6% - Respiratory issues • 8.3% - Worsening of existing chronic conditions <p><i>Community's risky behaviors</i></p> <ul style="list-style-type: none"> • 54.6% - Poor eating habits



Primary feedback from stakeholder interviews underscores the critical role that health behaviors play in preventing and managing chronic diseases across Terrebonne General's service area. Participants identified obesity as a persistent challenge, noting its close connection to other chronic conditions and the need for stronger education around nutrition, physical activity, and healthy lifestyle choices. The insights highlight the importance of strengthening health education, promoting preventive screenings, and supporting healthier behaviors to improve chronic disease outcomes across Terrebonne General's service area.

Significant health challenges/gaps in access to care affecting your community? What steps have been taken and what additional efforts are still needed?

Chronic Disease & Preventive Care

- Obesity is identified as a challenge.
- Cancer screenings. Breast cancer is high; however, screening efforts have improved.

CDC'S NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION (NCCDPHP)

CHRONIC DISEASES IN AMERICA

6 IN 10

adults in the US
have a **chronic disease**



4 IN 10

adults in the US
have **two or more**

THE LEADING CAUSES OF DEATH AND DISABILITY

AND LEADING DRIVERS OF THE NATION'S **\$3.3 TRILLION** IN ANNUAL HEALTHCARE COSTS



**HEART
DISEASE**



CANCER



**CHRONIC
LUNG DISEASE**



STROKE



**ALZHEIMER'S
DISEASE**



DIABETES



**CHRONIC
KIDNEY DISEASE**

Three in four American adults have at least one chronic condition, and more than half have two or more chronic conditions.¹²

Among adults ages 65 and older,

MORE THAN 90%

have at least one chronic condition.

Among midlife adults ages 35–64,

MORE THAN 75%

have at least one condition.

Among younger adults ages 18–34,

60%

have at least one condition.

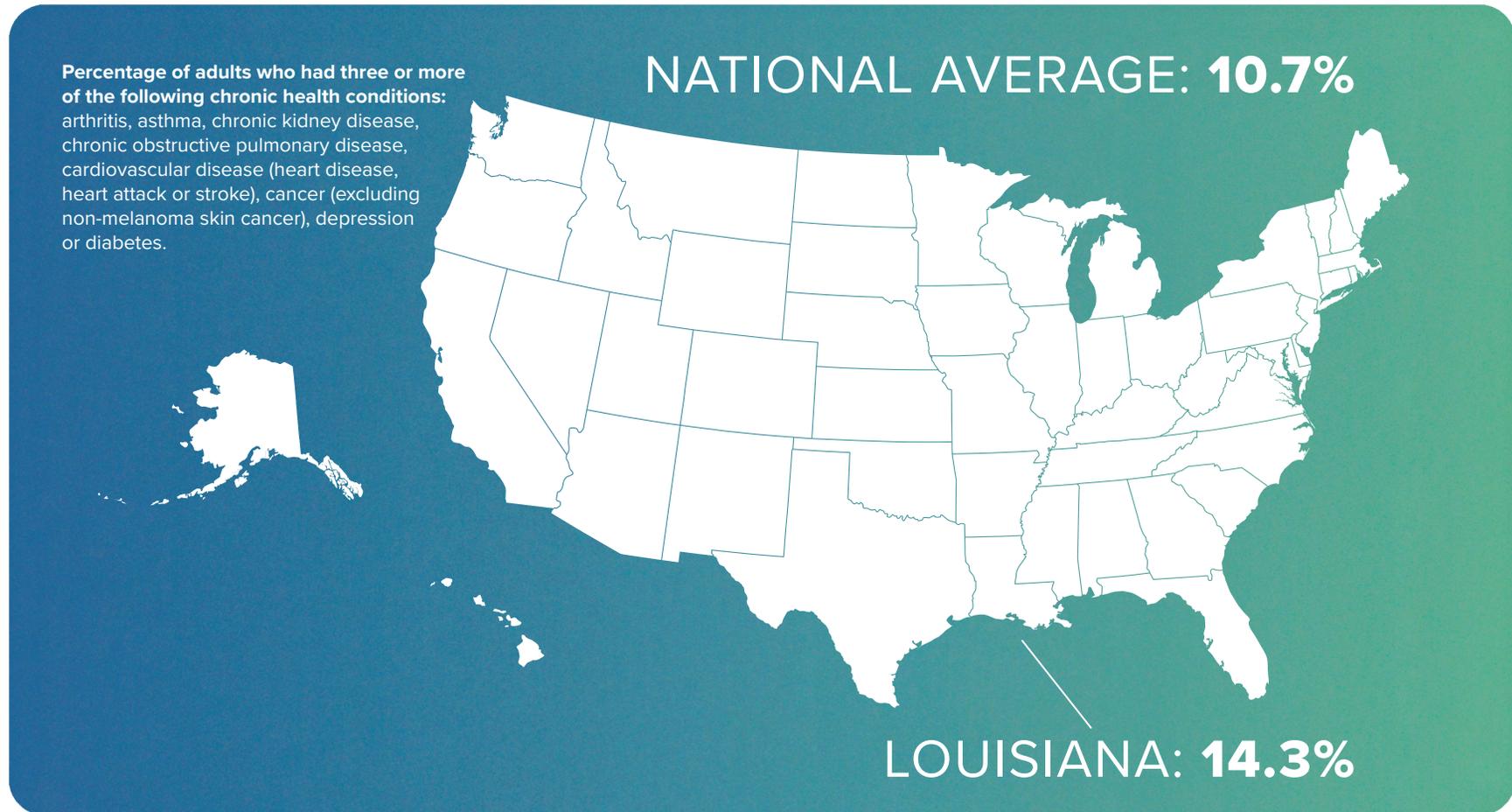
Many preventable chronic diseases are caused by risk behaviors such as smoking, poor nutrition, physical inactivity, and excessive alcohol use.

¹² [Centers for Diseases Control and Prevention](#)

Louisiana has the fourth-highest rate of adults with multiple chronic conditions

In 2023, the average share of adults with three or more chronic health conditions in the United States was 10.7%. Louisiana's average was **14.3%**. Adults with three or more chronic health conditions are considered to have multiple chronic conditions.¹³

Map 2: Multiple Chronic Conditions

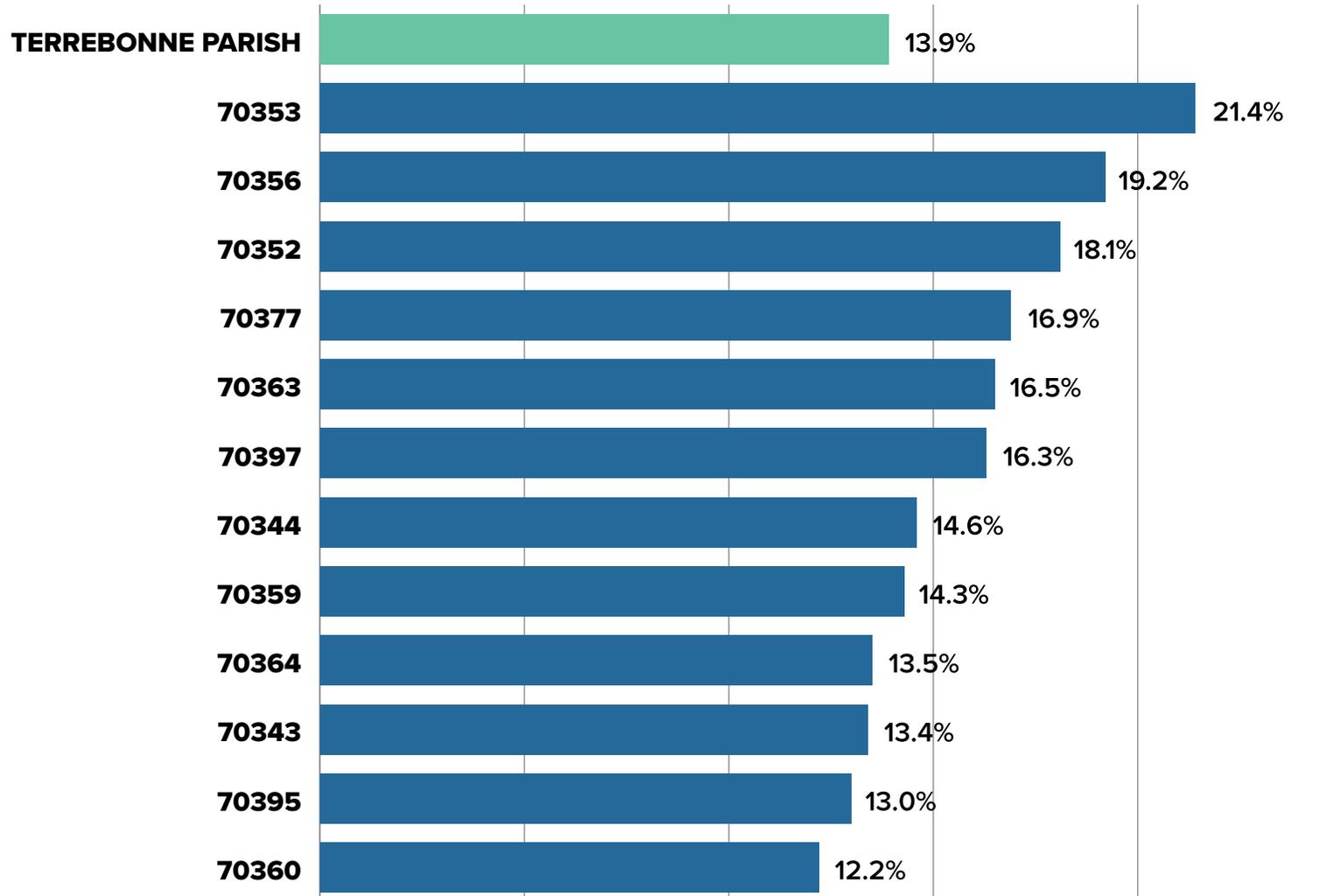


Source: [NOLA.com](https://www.nola.com)

¹³ These chronic conditions are arthritis, asthma, chronic kidney disease, chronic obstructive pulmonary disease, cardiovascular disease (heart disease, heart attack or stroke), cancer (excluding non-melanoma skin cancer), depression, and diabetes.

Figure 16 shows that diabetes is unevenly distributed across Terrebonne Parish, with several ZIP codes experiencing markedly higher prevalence than the parish-wide rate, underscoring geographic disparities in chronic disease burden and the importance of place-based interventions to support diabetes prevention and management.

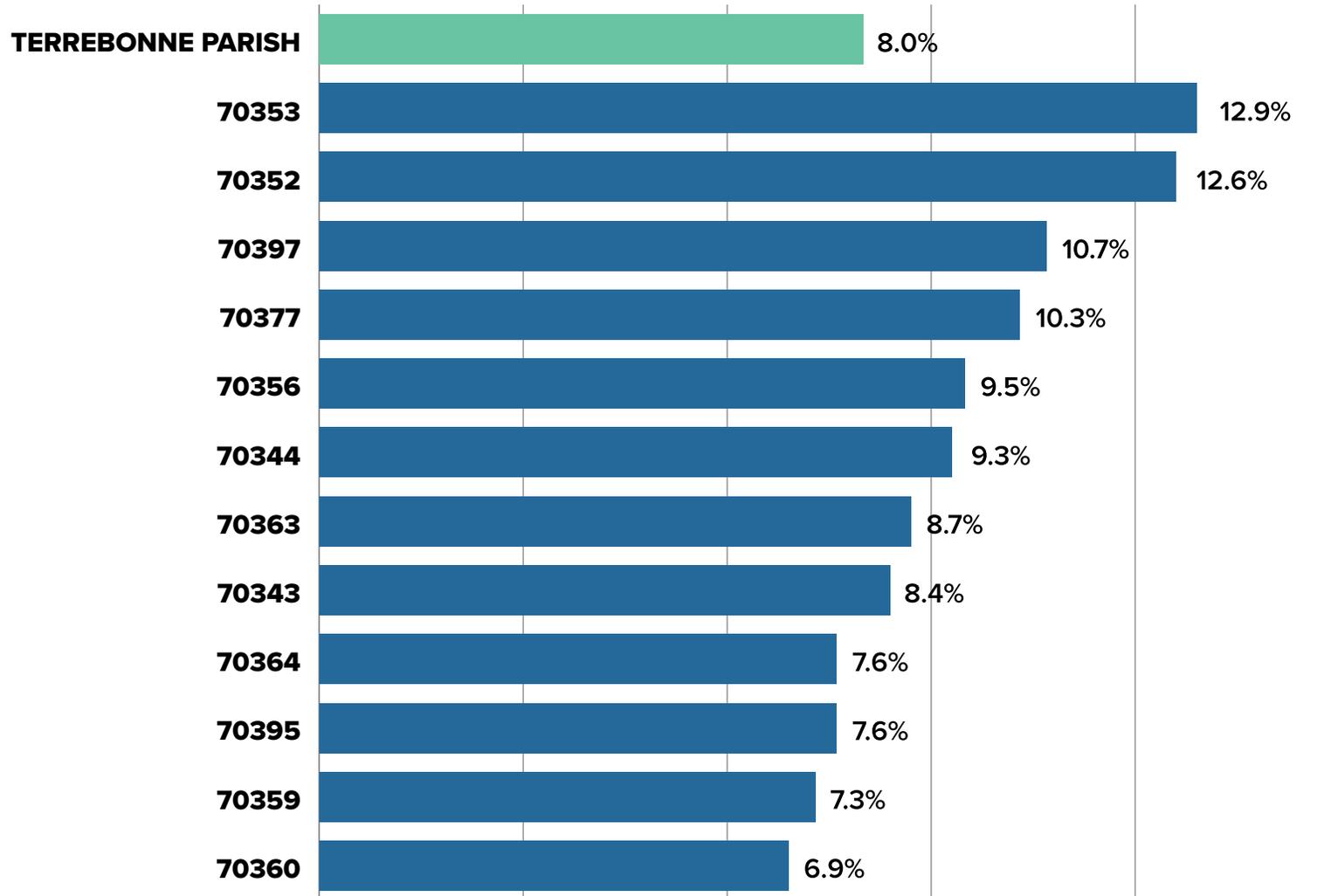
Figure 16: Diagnosed Diabetes Among Adults



Source: [Centers for Disease Control and Prevention, PLACES: Local Data for Better Health, 2022](#)

Coronary heart disease varies across Terrebonne Parish, with prevalence highest and well above the parish average in ZIP codes 70353 and 70352, highlighting areas where focused cardiovascular prevention and chronic disease management may have the greatest impact.

Figure 17: Coronary Heart Disease Among Adults

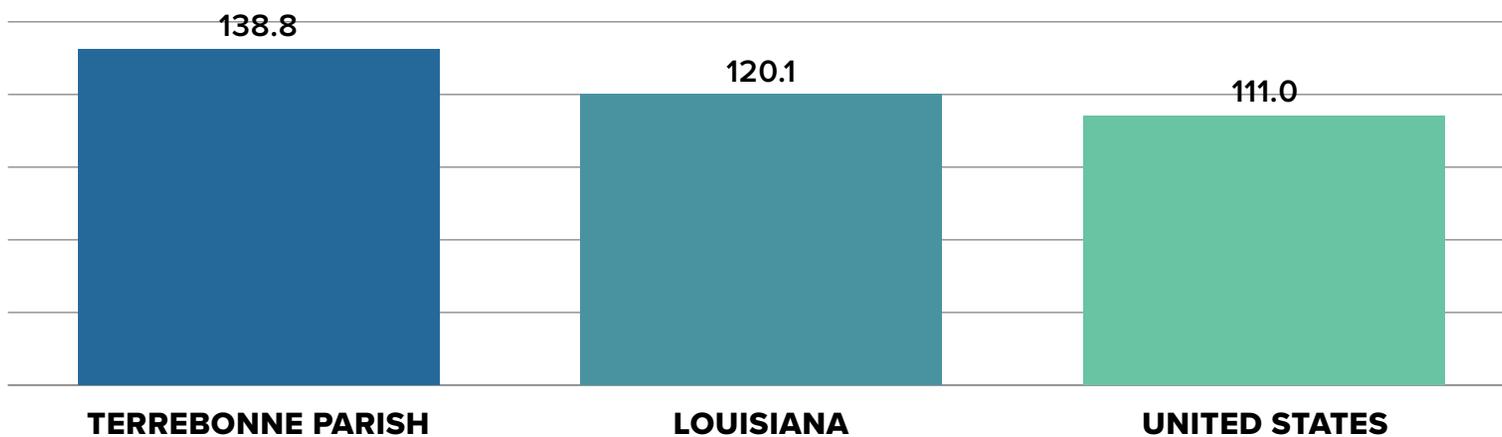


Source: [Centers for Disease Control and Prevention, PLACES: Local Data for Better Health, 2022](#)



Terrebonne Parish's age-adjusted heart disease mortality rate exceeds both the Louisiana and U.S. averages, highlighting a disproportionately high burden of cardiovascular deaths and the urgent need for strengthened prevention and management efforts.

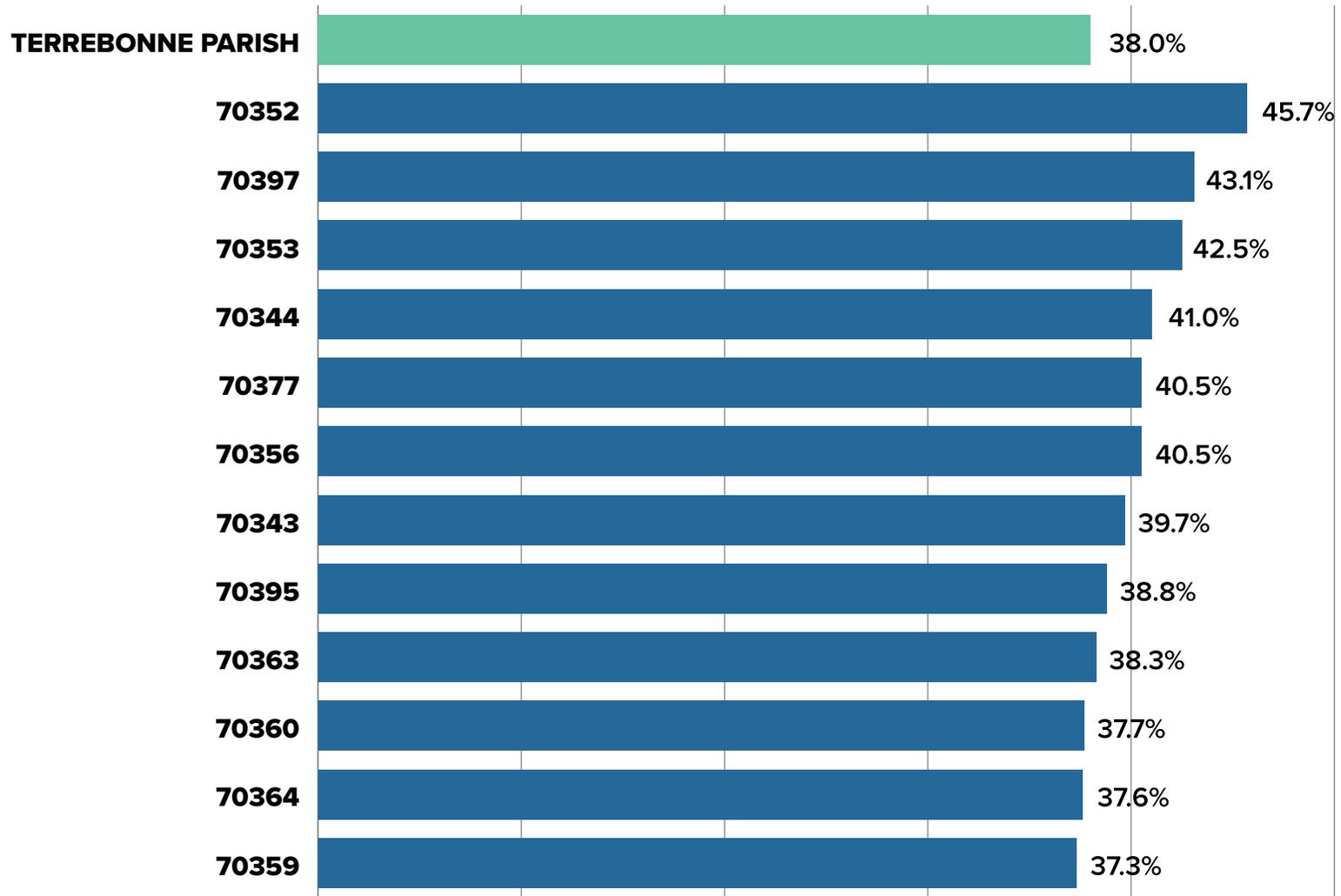
Figure 18: Heart Disease Mortality (Age-Adjusted Death Rate per 100,000 Population)



Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. 2019-23

High cholesterol is prevalent in Terrebonne Parish among individuals who have never been screened, with ZIP codes 70352, 70397, and 70353 showing the highest rates, and all but three ZIP codes exceeding the parish average of 38.0%. This highlights the importance of routine screening, prevention, and ongoing management.

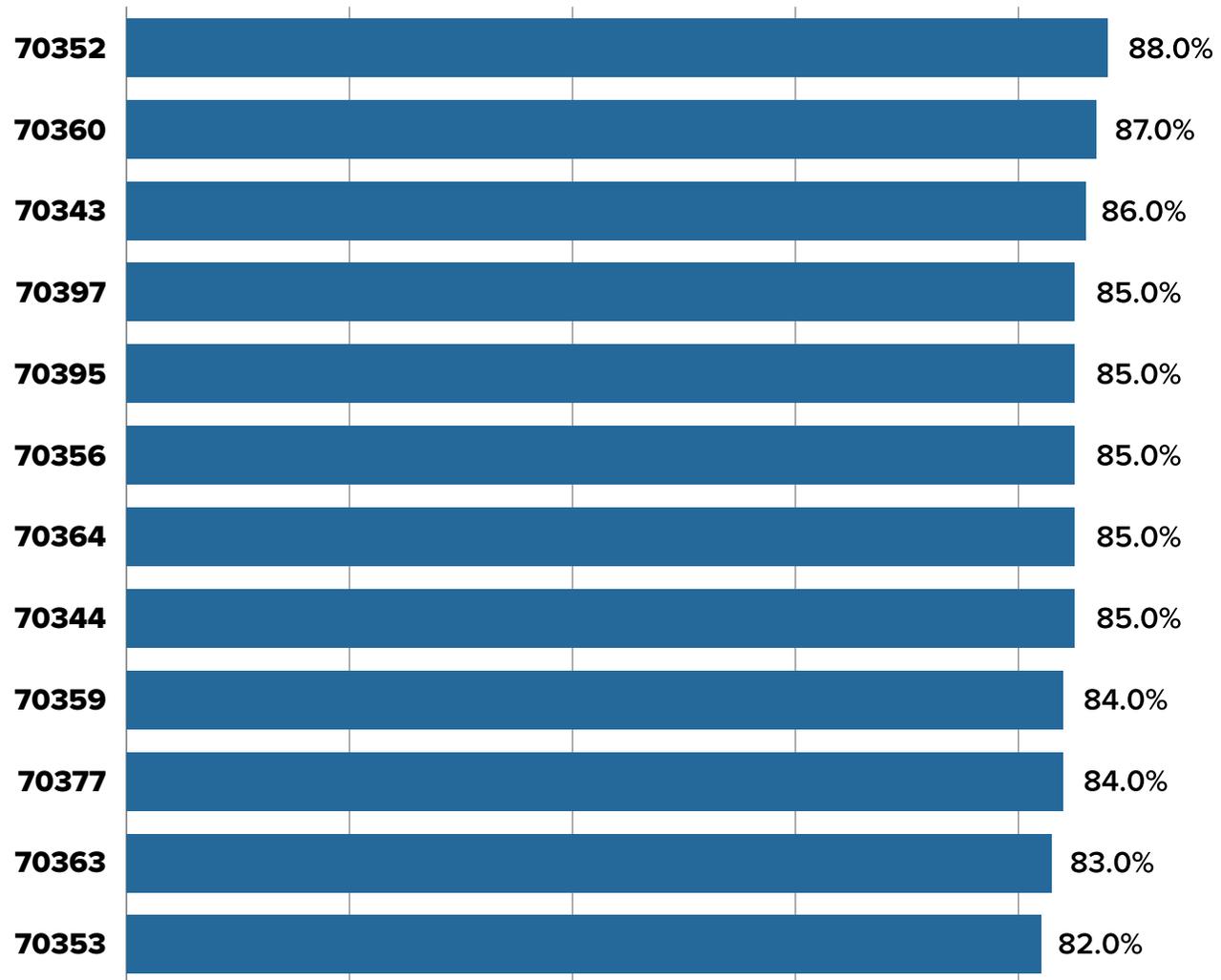
Figure 19: High Cholesterol Among Adults Who Have Ever Been Screened



Source: [Centers for Disease Control and Prevention, PLACES: Local Data for Better Health, 2022](#)

Cholesterol screening rates are high across Terrebonne Parish ZIP codes, ranging from 82% to 88%. Cholesterol screening is a key indicator of preventive care and cardiovascular risk management, as regular screening helps identify high cholesterol early, allowing individuals and providers to intervene before conditions such as heart disease and stroke develop.

Figure 20: Cholesterol Screening Among Adults

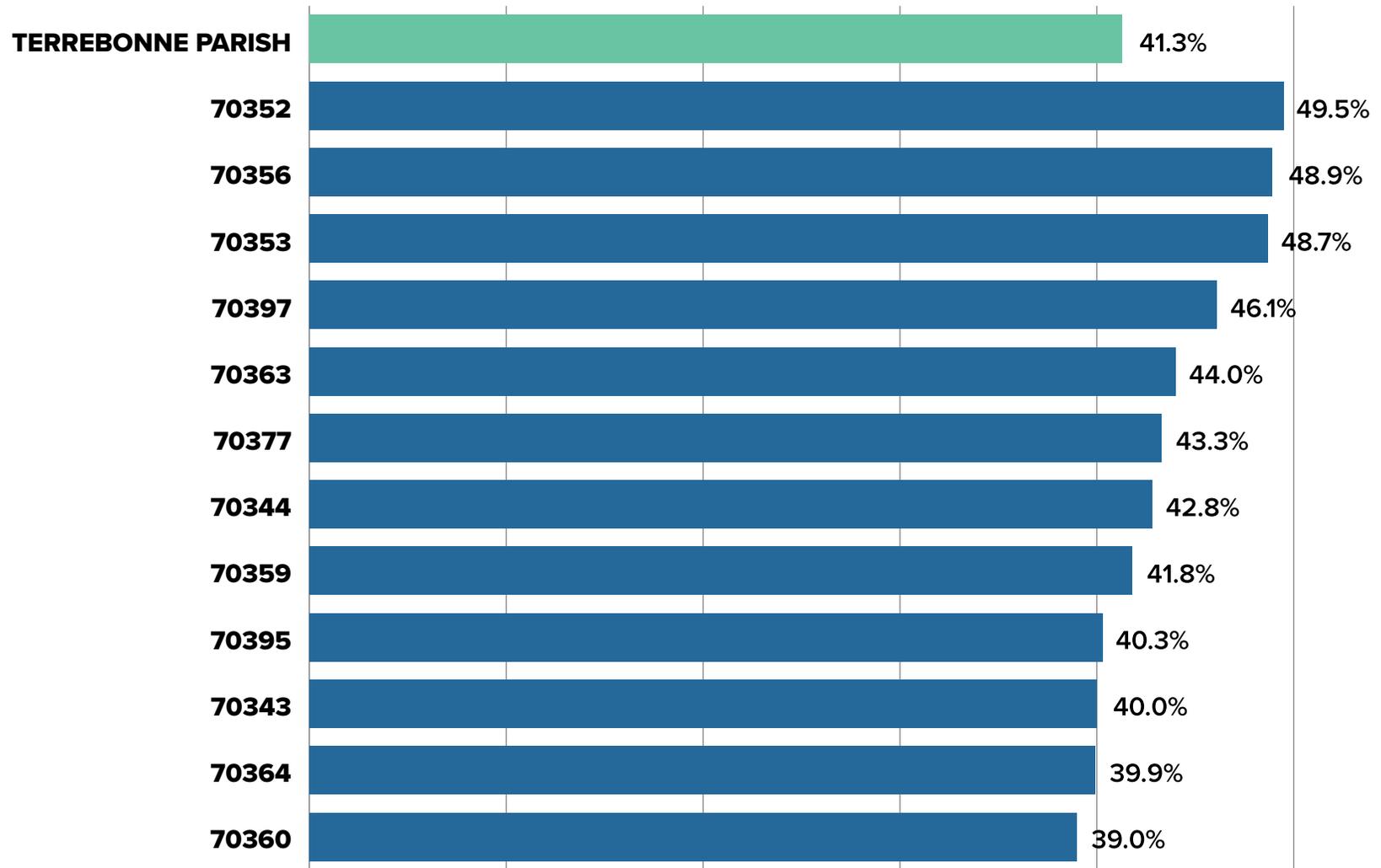


Note: Parish data was not available for this measure.

Source: [Centers for Disease Control and Prevention, PLACES: Local Data for Better Health, 2021](#)

High blood pressure affects a substantial share of adults across Terrebonne Parish, with ZIP codes 70352, 70356, and 70353 leading those exceeding the parish average of 41.3%, underscoring hypertension as a widespread and critical chronic health concern.

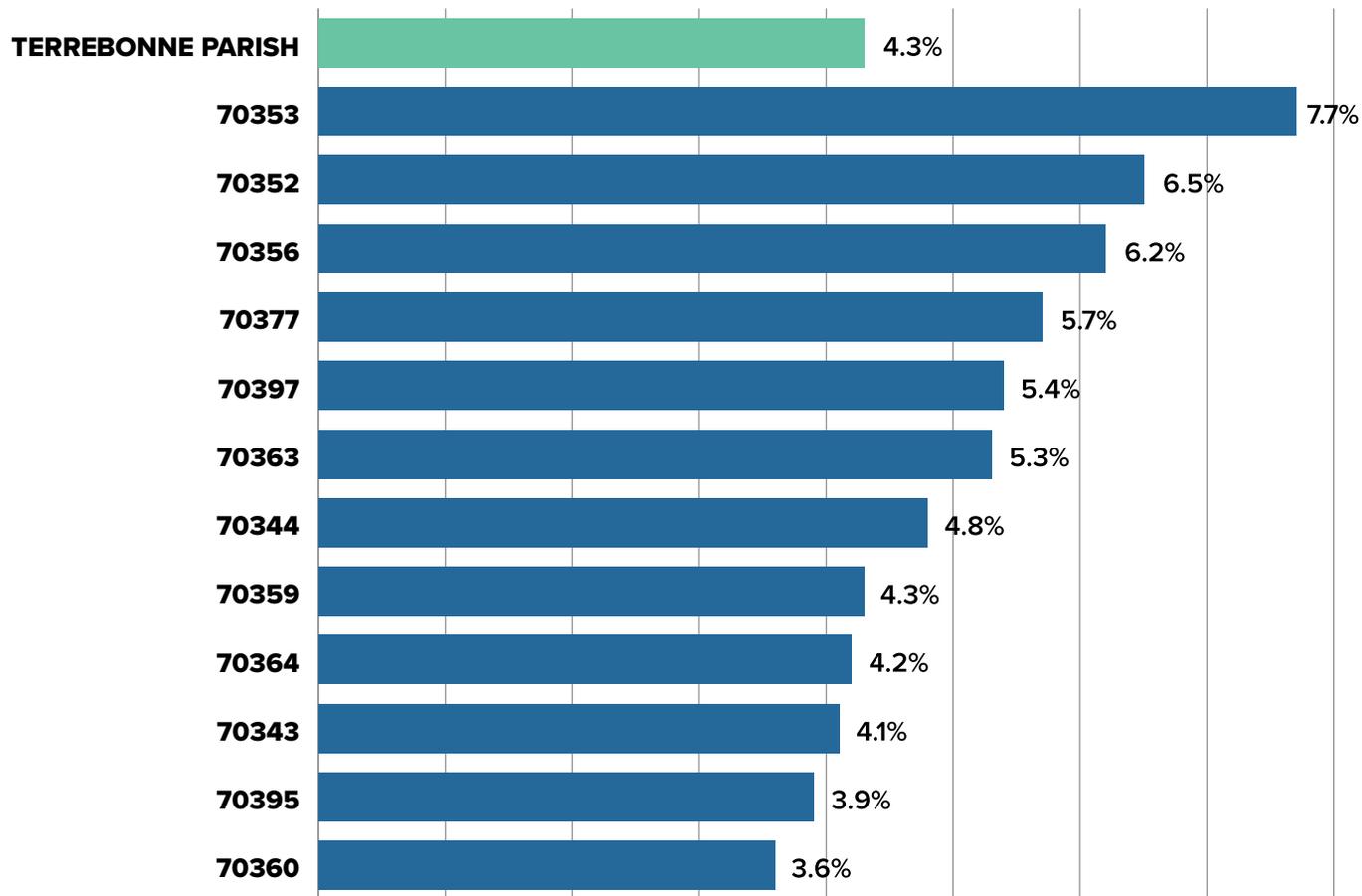
Figure 21: High Blood Pressure Among Adults



Source: [Centers for Disease Control and Prevention, PLACES: Local Data for Better Health, 2021](#)

Stroke prevalence among adults in Terrebonne Parish varies notably by ZIP code, with 70353, 70352, and 70356 recording the highest rates, above the parish average of 4.3%. These geographic disparities suggest that stroke risk is not evenly distributed across the parish and is likely influenced by underlying factors such as high blood pressure, diabetes, obesity, access to preventive care, and social determinants of health. ZIP codes with higher stroke prevalence may also face greater challenges related to chronic disease management, health behaviors, and timely access to primary and specialty care. Overall, Figure 22 underscores the importance of targeted, place-based prevention strategies focused on blood pressure control, diabetes management, smoking cessation, and improved access to routine care to reduce stroke risk and improve outcomes across Terrebonne Parish.

Figure 22: Stroke Among Adults

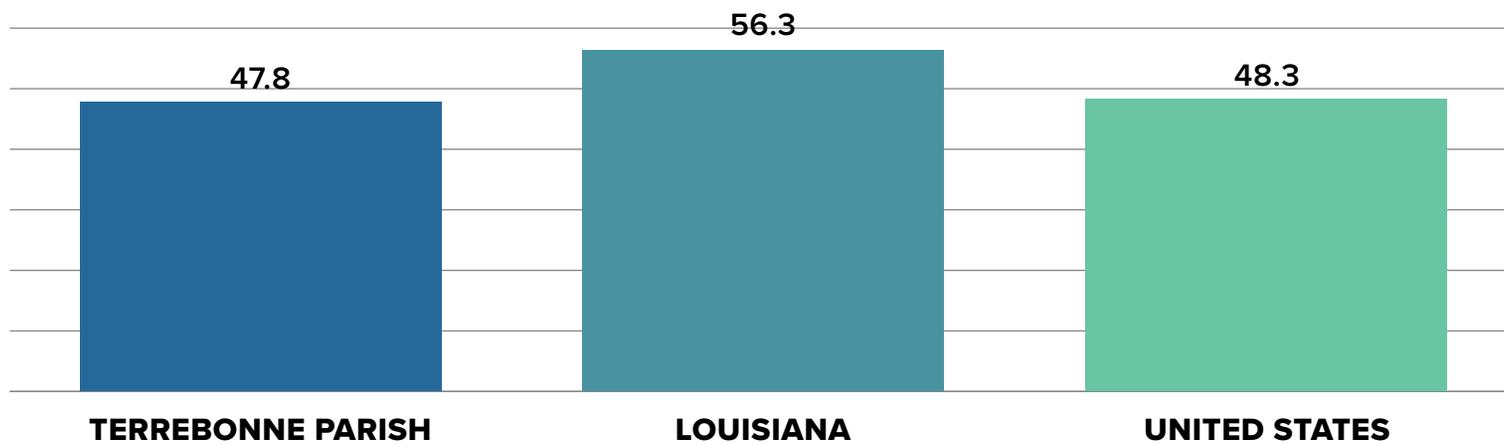


Source: [Centers for Disease Control and Prevention, PLACES: Local Data for Better Health, 2022](#)



Stroke mortality in Terrebonne Parish is lower than the state average but remains comparable to the national rate, indicating a continued need for prevention, early detection, and effective management of stroke risk factors.

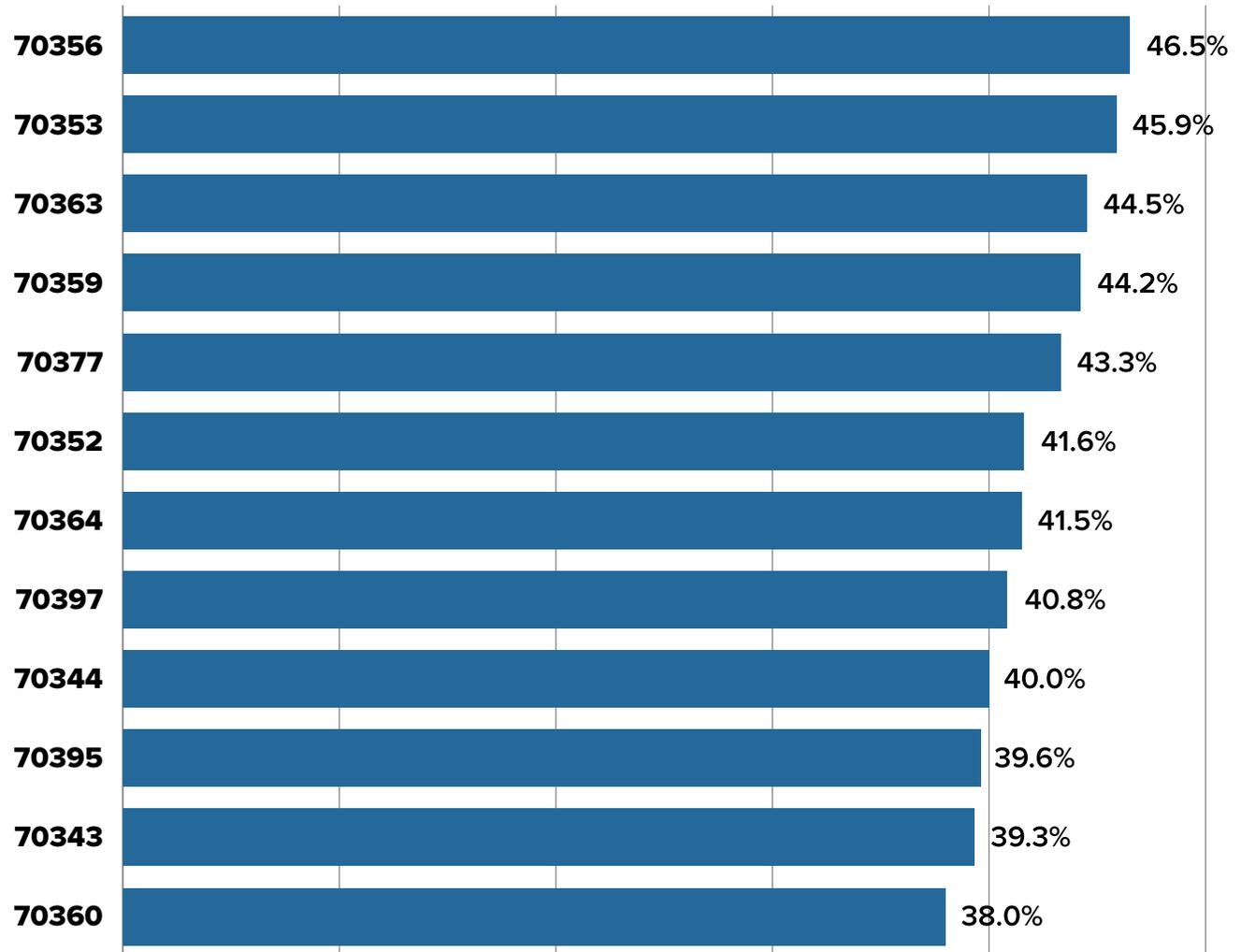
Figure 23: Stroke Mortality (Age-Adjusted Death Rate per 100,000 Population)



Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System 2019-23

Adult obesity rates vary across Terrebonne Parish, with the highest prevalence observed in ZIP codes such as 70356 and 70353. Elevated rates across nearly all ZIP codes indicate that obesity is a widespread health concern affecting communities throughout the parish.

Figure 24: Obesity Among Adults

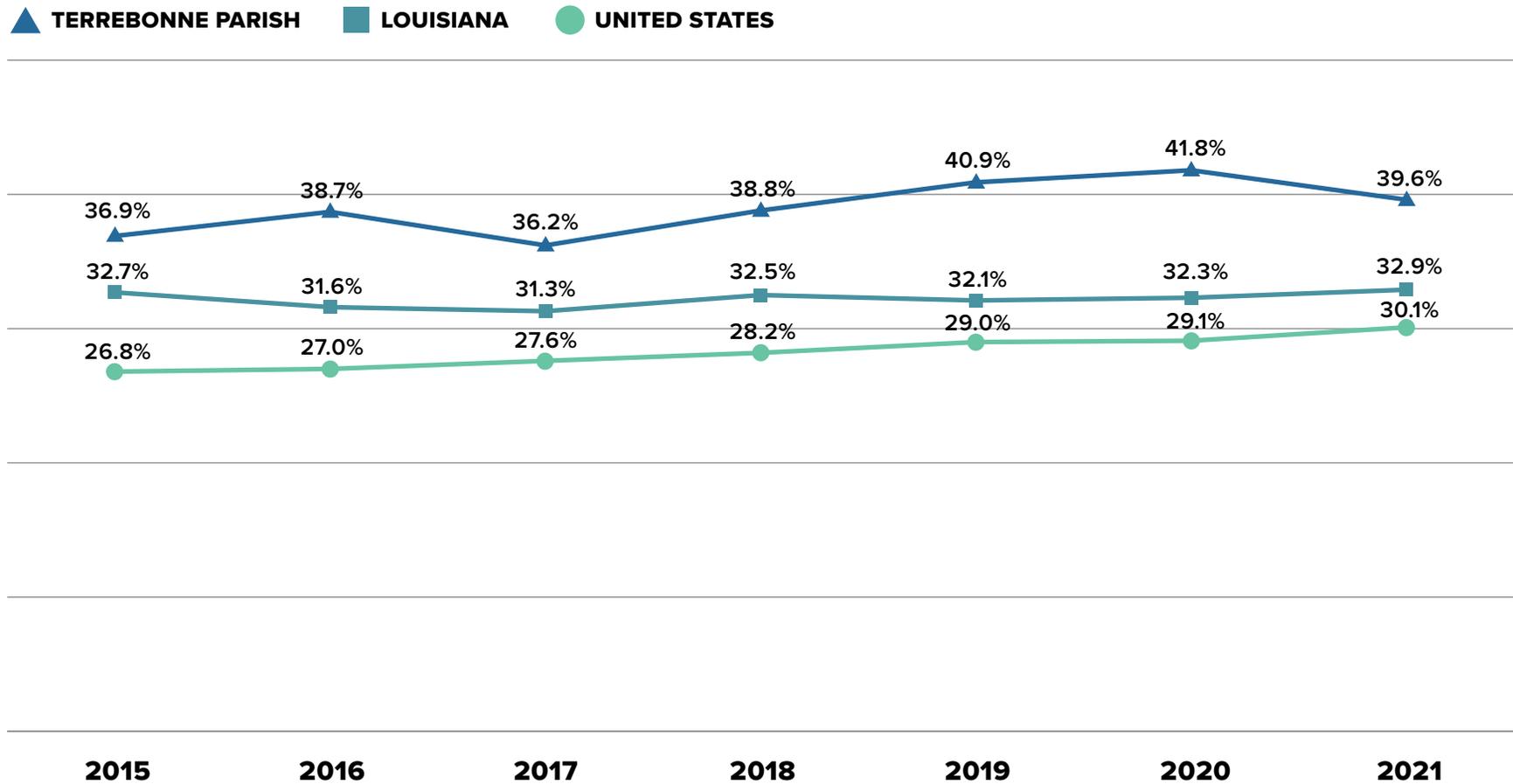


Note: Parish data was not available for this measure.

Source: [Centers for Disease Control and Prevention, PLACES: Local Data for Better Health, 2022](#)

Obesity rates in Terrebonne Parish increased from 2015 through 2021, with levels consistently exceeding Louisiana and U.S. averages. Although there are minor year-to-year fluctuations, the overall pattern reflects a long-term and widening gap between Terrebonne Parish and broader comparison groups. The data suggest that local factors, such as limited access to healthy foods, physical inactivity, and underlying socioeconomic challenges, may be contributing to higher obesity prevalence. Without targeted, community-based interventions, these trends are likely to continue, increasing the risk of diabetes, cardiovascular disease, and other obesity-related conditions.

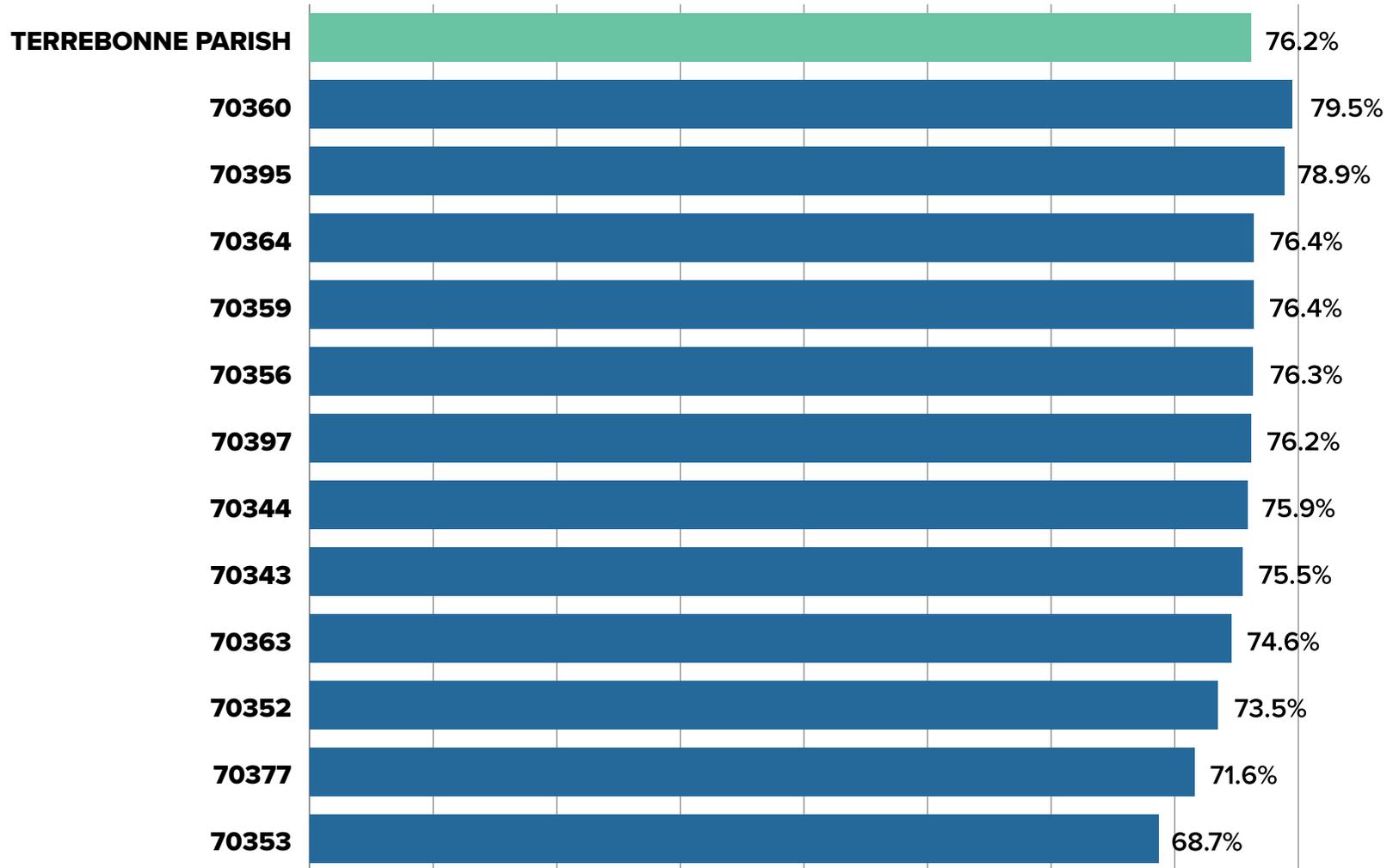
Figure 25: Obesity (BMI > 30.0 — Years 2015 through 2021)



Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2021

Mammography screening rates among women ages 50–74 in Terrebonne Parish are consistently high across most ZIP codes, indicating broad access to and utilization of preventive breast cancer screening services.

Figure 26: Mammography Use Among Women Aged 50-74 Years

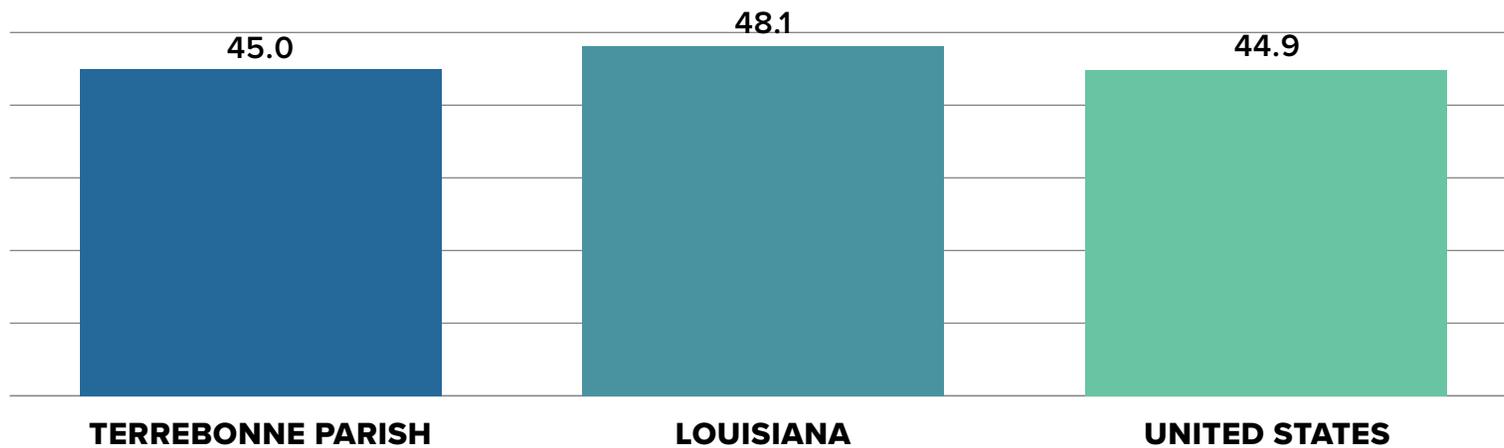


Source: [Centers for Disease Control and Prevention, PLACES: Local Data for Better Health, 2022](#)



Lung disease mortality in Terrebonne Parish is comparable to the national rate but remains slightly lower than the Louisiana average, indicating an ongoing burden of respiratory-related deaths that underscores the importance of prevention, early diagnosis, and smoking cessation efforts.

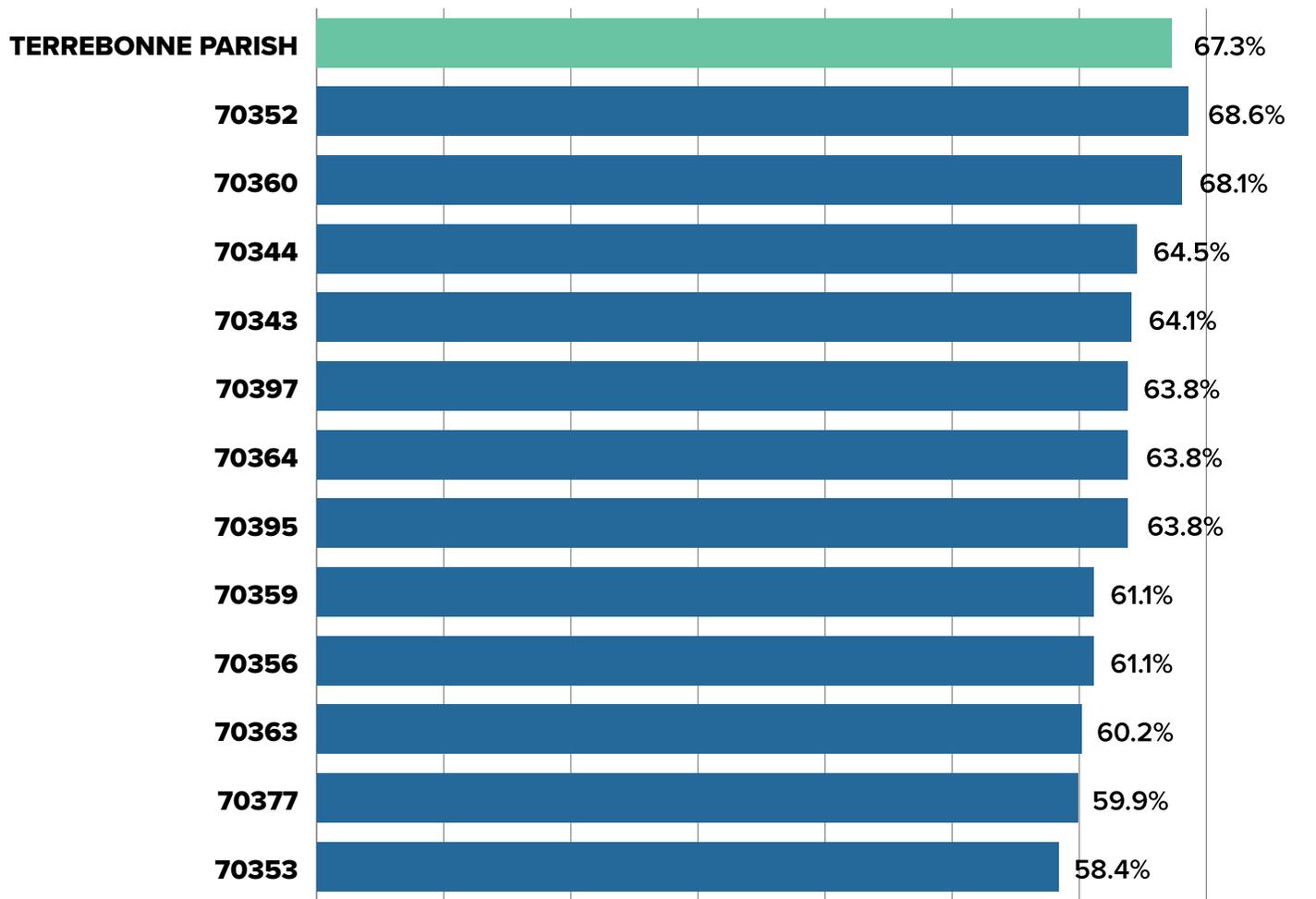
Figure 27: Lung Disease Mortality (Age-Adjusted Death Rate per 100,000 Population)



Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. 2019-23.

Colorectal cancer screening rates among adults ages 45–75 in Terrebonne Parish are comparable to those in surrounding ZIP codes, with participation clustered in the 60% range, indicating moderate community engagement in preventive care. Screening is critically important because colorectal cancer is highly treatable when detected early, and routine screening can identify precancerous polyps before they develop into cancer. Maintaining and improving screening rates helps reduce cancer incidence, lower mortality, and decrease the need for more intensive and costly treatments, particularly in communities with elevated chronic disease risk factors.

Figure 28: Colorectal Cancer Screening Among Adults Aged 45-75 years

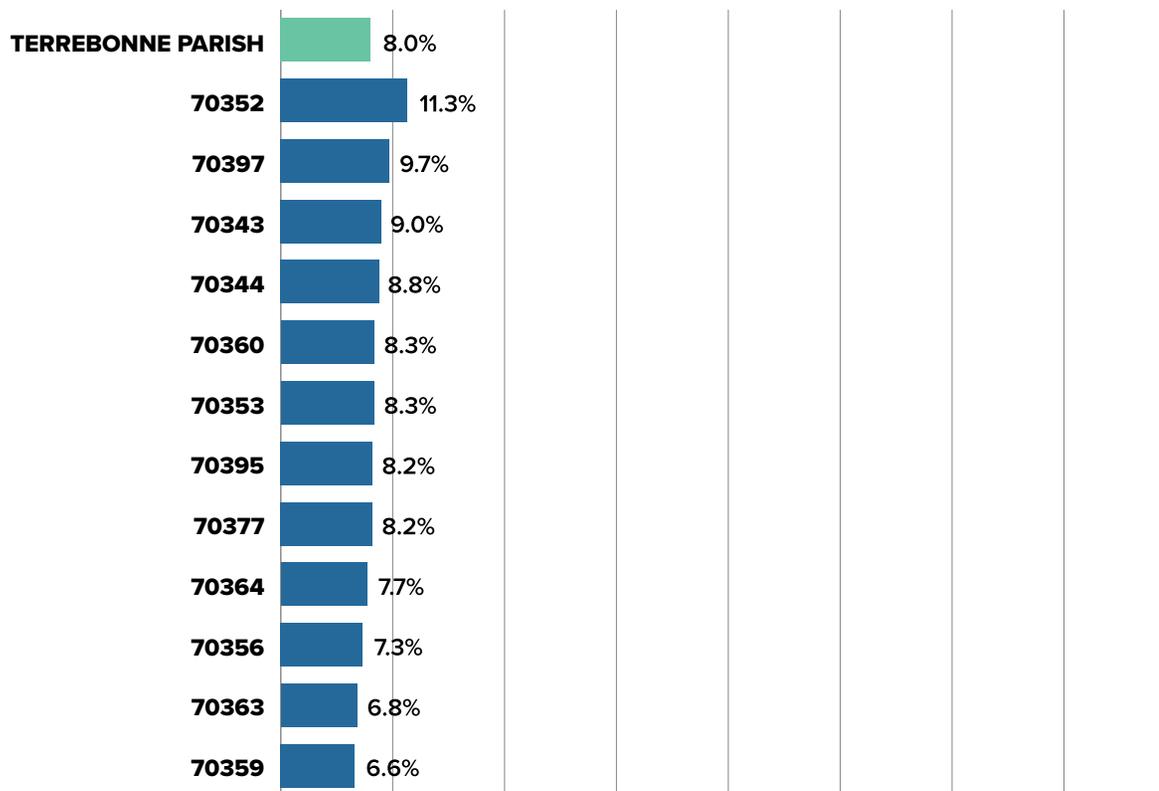


Source: [Centers for Disease Control and Prevention, PLACES: Local Data for Better Health, 2022](#)

Cancer (non-skin) or melanoma incidence rates refer to the percentage of adults who have been diagnosed with cancer, excluding common non-melanoma skin cancers (such as basal cell or squamous cell carcinoma), but including melanoma, the most serious form of skin cancer. This indicator is important for understanding the overall cancer burden, informing prevention and screening efforts, and identifying populations that may need increased access to oncology services, early detection programs, or survivorship support.

In Terrebonne Parish, 8.0% of adults report having been diagnosed with a non-skin cancer or melanoma, with notable variation across ZIP codes, ranging from 6.6% to 11.3%. Several ZIP codes exceed the parish average, indicating localized pockets of higher cancer prevalence, which may reflect differences in age distribution, access to preventive screening, environmental exposures, or underlying chronic disease risk factors. Overall, the variation highlights the importance of targeted cancer prevention, early detection, and screening efforts in higher-burden areas to reduce disparities and improve outcomes across the parish.

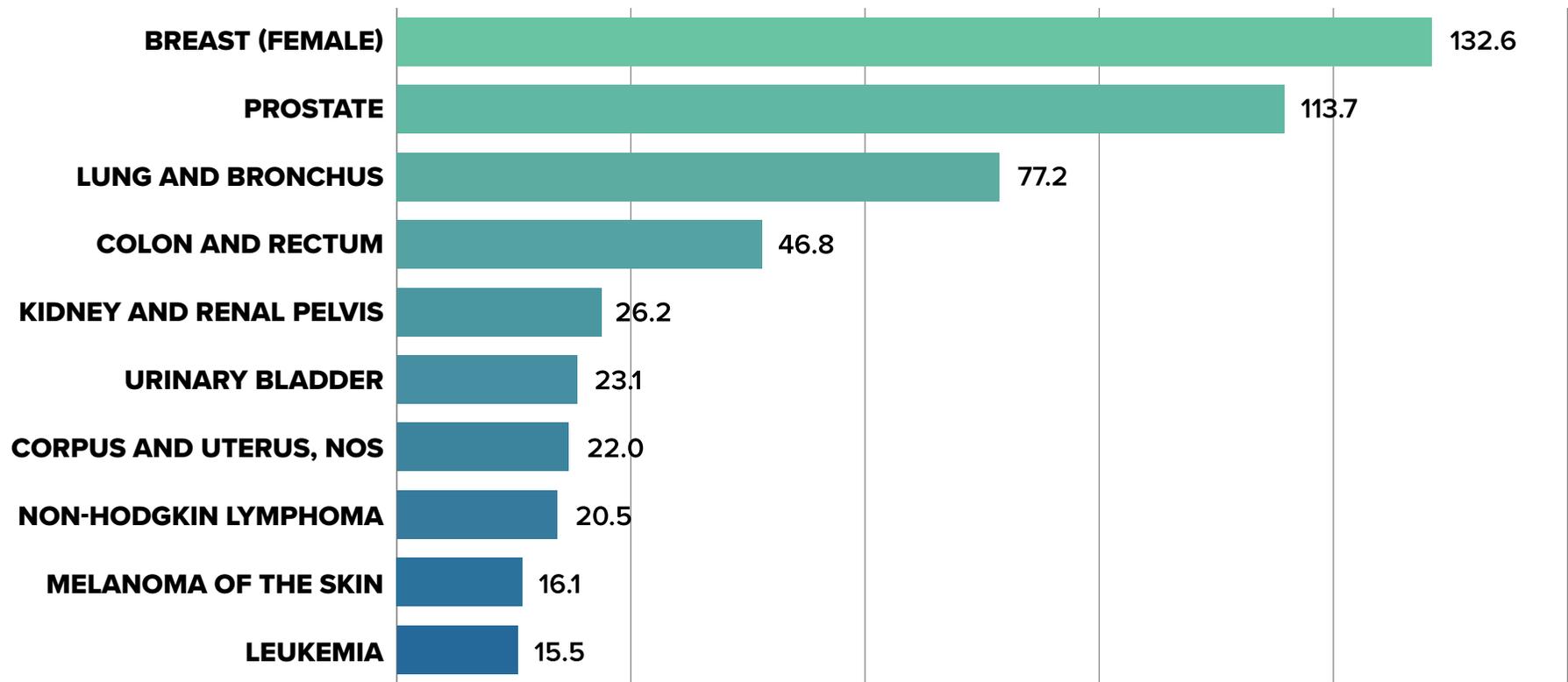
Figure 29: Cancer (Non-Skin) or Melanoma Among Adults



Source: [Centers for Disease Control and Prevention, PLACES: Local Data for Better Health, 2022](#)

The figures highlight both the burden of cancer occurrence/incidence and the cancers most responsible for deaths in Terrebonne Parish, underscoring critical opportunities for prevention, screening, and early intervention. The incidence data show that female breast cancer and prostate cancer are the most diagnosed cancers, followed by lung and bronchus and colorectal cancers, indicating where screening, early detection, and routine primary care engagement can have the greatest impact. In contrast, the mortality data reveal that lung and bronchus cancer is the leading cause of cancer-related death by a wide margin, despite not being the most frequently diagnosed, pointing to later-stage diagnosis, aggressive disease progression, and the lasting effects of tobacco exposure. Taken together, these patterns emphasize the importance of strengthening cancer screening programs, tobacco cessation efforts, and timely access to diagnostic and treatment services, particularly for cancers where early detection can significantly improve survival and reduce preventable deaths in Terrebonne Parish.

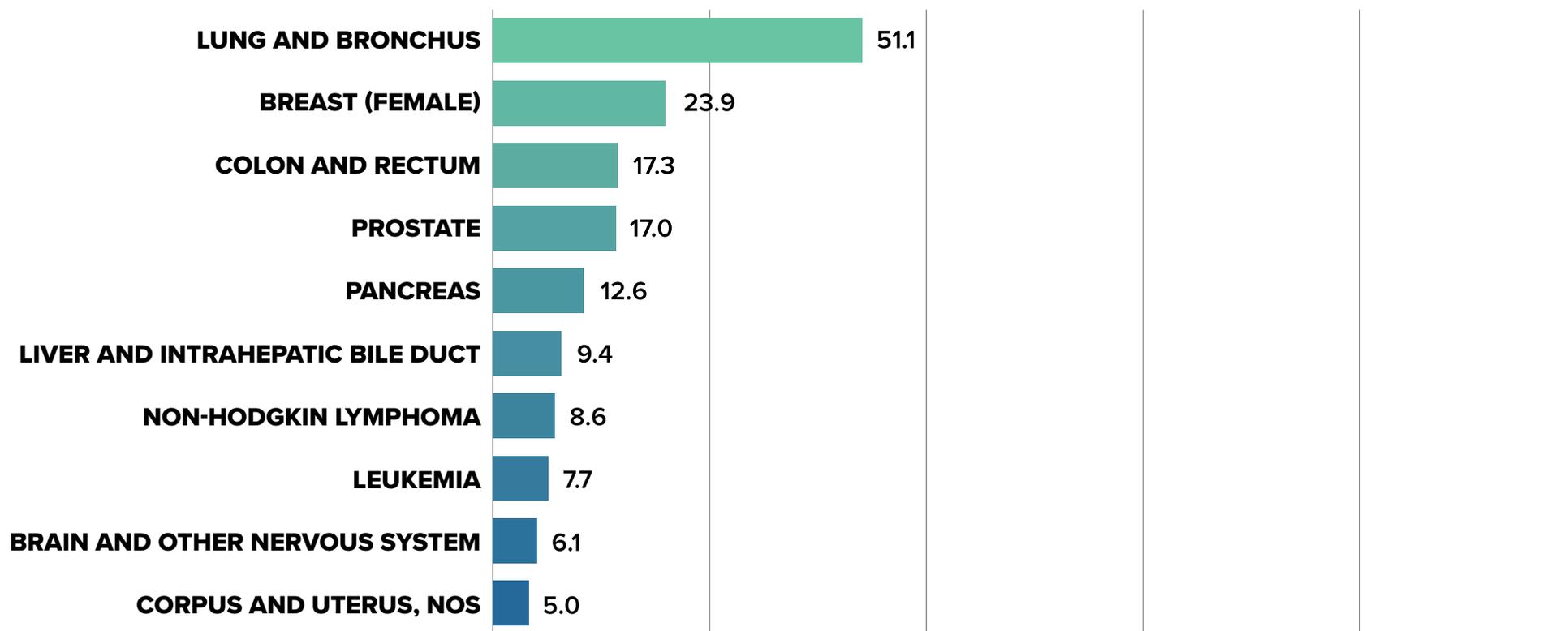
Figure 30: Top Cancer Incidence Rates in Terrebonne Parish (Per 100,000 Population)



Source: Louisiana State Tumor Registry 2017-2021



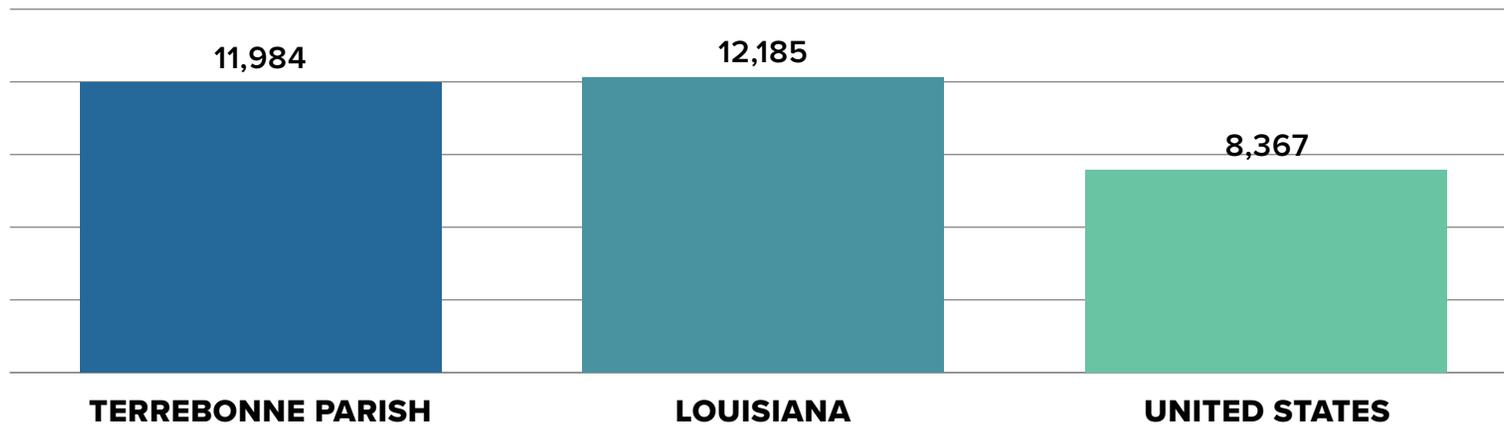
Figure 31: Top Mortality Cancer Rates in Terrebonne Parish (Per 100,000 Population)



Source: Louisiana State Tumor Registry 2017-2021

Terrebonne Parish’s premature death rate, measured by Years of Potential Life Lost (YPLL), is substantially higher than the national average and closely aligns with Louisiana’s elevated burden, indicating a significant loss of life at younger ages. This measure is important because it highlights deaths that occur before age 75, emphasizing preventable causes such as chronic disease, injury, and limited access to timely care. Elevated YPLL underscores the need for targeted prevention, early intervention, and community-based strategies to reduce avoidable deaths and improve long-term population health.

Figure 32: Premature Death Mortality, Years of Potential Life Lost (Rate per 100,000 Population)



Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System 2020-22.







Chronic diseases remain some of the most significant and interconnected health challenges facing the community, driving higher rates of illness, premature death, and healthcare utilization. These conditions are closely linked through shared risk factors such as poor nutrition, physical inactivity, tobacco use, limited access to preventive care, and socioeconomic barriers, making them both complex and persistent. Continued progress will require ongoing monitoring of local data to identify trends, disparities, and high-risk populations and coordinated efforts to strengthen prevention, early detection, and long-term disease management. This includes expanding access to primary care and screenings, supporting lifestyle and behavior-change programs, improving care coordination for individuals with multiple chronic conditions, and fostering partnerships across healthcare, public health, and community organizations. Sustained, data-driven strategies are essential to reducing the burden of chronic disease, improving quality of life, and ensuring better health outcomes for current and future generations.

Addressing chronic diseases requires evidence-based, multi-level strategies that emphasize prevention, early detection, coordinated care, and attention to social determinants of health. The CDC identifies community-wide efforts to promote healthy eating, regular physical activity, tobacco cessation, and reduced alcohol use as foundational to lowering chronic disease risk and improving long-term outcomes.¹⁴ Improving access to preventive services and routine screenings, including blood pressure checks, diabetes testing, cholesterol screening, and recommended cancer screenings, is critical for early diagnosis and effective treatment, particularly among underserved populations.¹⁵ Effective chronic disease management is further strengthened through team-based care models that integrate primary care providers, specialists, care coordinators, and community health workers, an approach supported by both the CDC and the Health Resources and Services Administration. Addressing social determinants of health is essential, as these factors significantly influence the prevalence of chronic diseases and their outcomes. Ongoing monitoring allows communities to track trends, identify disparities, and adjust interventions to meet evolving health needs.

¹⁴ [Center for Disease Control and Prevention](#)

¹⁵ [U.S. Preventive Services Task Force](#)

Health Promotion & Education

(Healthy Foods, Physical Inactivity/Exercise, and Tobacco Use)

Health promotion and education are public health approaches that empower individuals and communities with the knowledge, skills, and resources needed to make informed decisions that support healthier lives. Those approaches focus on preventing disease and improving well-being by addressing everyday behaviors and conditions, such as nutrition, physical activity, tobacco use, and stress management, before health problems develop. Through education, outreach, and supportive environments, health promotion helps people understand health risks, adopt positive behaviors, and sustain long-term lifestyle changes. Effective health promotion also recognizes social, economic, and environmental factors that influence health, ensuring strategies are practical, culturally relevant, and accessible.

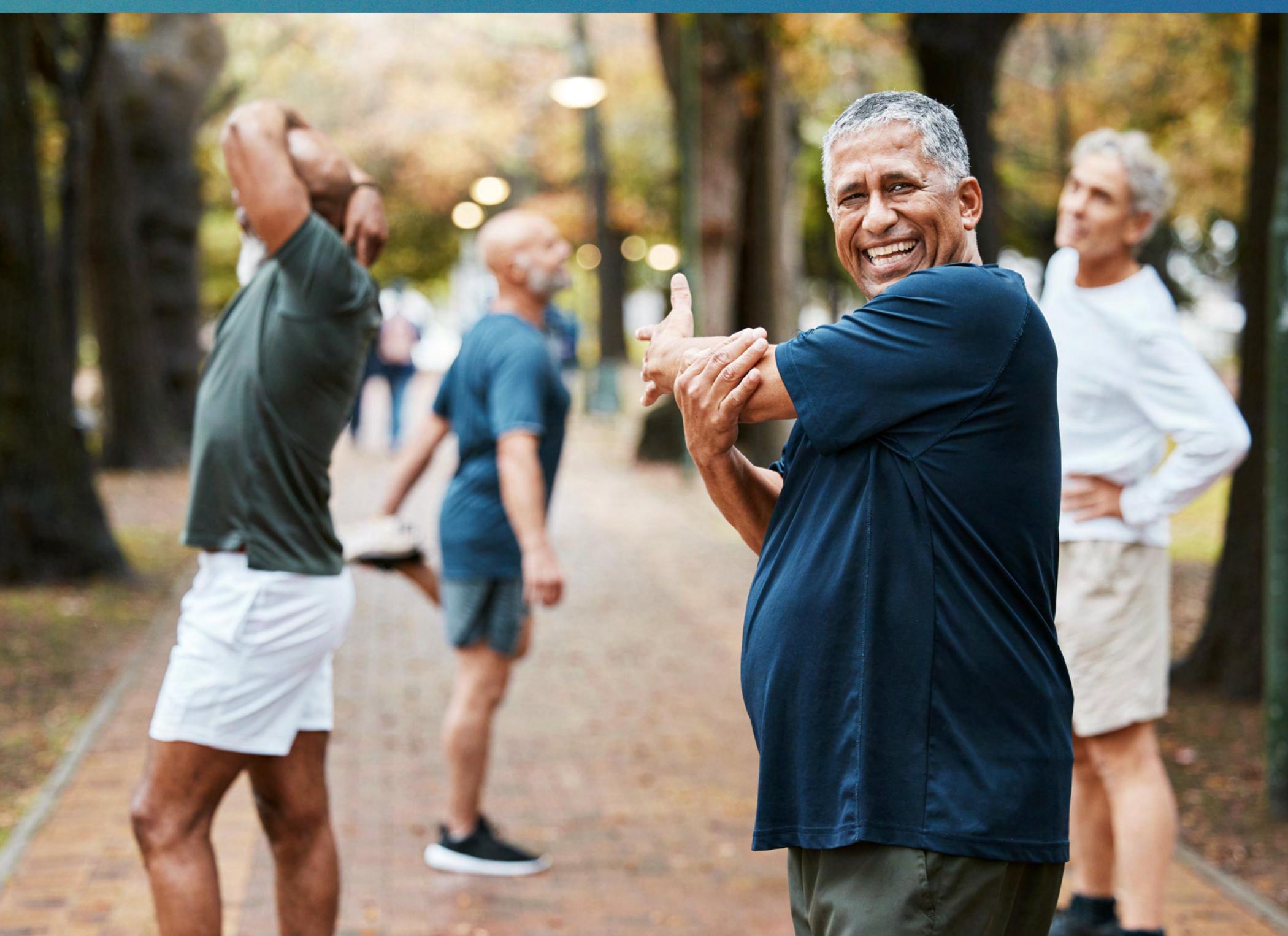
Health promotion and education are critically important for Terrebonne Parish as these everyday behaviors strongly influence residents' health, longevity, and quality of life across all ages and neighborhoods. Nutrition is foundational to health, yet many individuals face barriers, including limited time, fixed incomes, transportation challenges, and a food environment saturated with highly processed, calorie-dense options. Education on healthy eating helps residents build practical skills, such as understanding portion sizes, reading nutrition labels, planning affordable meals, and reducing added sugars and sodium, which can lower the risk of obesity, diabetes, heart disease, and certain cancers. The Centers for Disease Control and Prevention notes that healthy eating patterns emphasizing fruits, vegetables, whole grains, lean proteins, and limiting added sugars are associated with improved cardiovascular health and reduced risk of chronic disease.¹⁶ For Terrebonne Parish residents, nutrition education that reflects local food traditions and promotes healthier preparation methods can support sustainable behavior change, particularly when paired with community-based strategies such as farmers' markets, nutrition incentive programs, and connections to federal nutrition assistance programs such as SNAP and WIC.¹⁷

Physical inactivity is another major contributor to poor health outcomes, and health promotion efforts that emphasize movement as part of daily life are important in communities where time, weather, safety, or physical limitations may be barriers. Regular physical activity helps prevent and manage heart disease, stroke, diabetes, obesity, depression, and anxiety, while also supporting mobility and independence among older adults. According to CDC guidance, adults benefit from at least 150 minutes of moderate-intensity physical activity per week, and even smaller amounts of activity can provide meaningful health benefits compared with inactivity.¹⁸

¹⁶ [Centers for Disease Control and Prevention](#)

¹⁷ [USDA Food and Nutrition Service](#)

¹⁸ [Centers for Disease Control and Prevention](#)





Education plays a key role in helping residents understand that physical activity can include walking, household tasks, gardening, or active play with children, making movement more achievable and less intimidating. In Terrebonne Parish, promoting safe and accessible opportunities for physical activity, such as walkable streets, parks, recreational programs, and school- and workplace-based wellness initiatives, reinforces educational messages and helps residents translate knowledge into action. Tobacco use remains one of the most preventable causes of disease and premature death, making tobacco education and cessation support a high-impact priority for the community. Smoking and other tobacco use are directly linked to cancer, heart disease, stroke, chronic lung disease, and adverse birth outcomes, and secondhand smoke exposure places nonsmokers at risk as well. The CDC emphasizes that quitting tobacco at any age leads to immediate and long-term health benefits, including improved circulation, better lung function, and reduced risk of heart attack and cancer.¹⁹ Health promotion efforts that clearly communicate these benefits, address nicotine addiction as a medical condition, and reduce stigma around quitting are essential for encouraging residents to seek help. Counseling and nicotine replacement therapy are evidence-based cessation strategies that significantly increase the likelihood of successful quitting when residents are aware of and connected to these resources.²⁰

For Terrebonne General, integrating tobacco education and cessation referrals into primary care, hospitals, schools, workplaces, and community organizations strengthens the local safety net and normalizes tobacco-free lifestyles. Collectively, health promotion and education on healthy foods, physical activity, and tobacco use are important for community residents as they address root causes of illness rather than symptoms alone. By empowering residents with knowledge, skills, and supportive environments, the community can reduce preventable disease, improve mental and physical well-being, and support healthier aging. Over time, these efforts also contribute to lower healthcare costs, a stronger workforce, and improved overall community resilience. National public health evidence consistently shows that communities that invest in prevention and education realize meaningful returns in population health and quality of life, making Health promotion and education a vital strategy for supporting the long-term health and well-being of Terrebonne Parish residents.²¹

The Centers for Disease Control and Prevention found that 8.3% of deaths of nondisabled adults ages 25 and older were attributed to physical inactivity. Louisiana ranks 45th in the United States, with 28.3% of adults reporting no physical activity or exercise beyond their regular jobs in the past 30 days. Being physically active and reducing sedentary behavior benefits health at all ages, according to the CDC. Regular physical activity is associated with reduced risk of cardiovascular diseases, hypertension, type 2 diabetes, certain cancers, including bladder, breast, and colon cancer, dementia, and anxiety and depression.²²

¹⁹ [Centers for Disease Control and Prevention](#)

²⁰ [Ibid.](#)

²¹ [Centers for Disease Control and Prevention](#)

²² [Centers for Disease Control and Prevention](#)

Table 7 summarizes key themes and shared feedback from stakeholder interviews and community survey results regarding Health Promotion & Education in Terrebonne Parish. Primary data strengthens the CHNA by capturing direct feedback from stakeholders and residents' lived experiences and perspectives.

Table 7: Community Voices

Stakeholder Interviews Findings - Shared Feedback	
<p><i>Barriers for people not receiving care or services</i></p> <ul style="list-style-type: none"> • 50.0% - Health literacy <p><i>What can be offered to suppress the prevalence of chronic diseases and maintain optimal health in your community?</i></p> <ul style="list-style-type: none"> • 75.0% - Access to healthy foods • 70.0% - Health promotion and education <p><i>What are the most significant barriers to improving health and quality of life?</i></p> <ul style="list-style-type: none"> • 75.0% - Access to affordable healthy food options • 55.0% - Access to affordable, quality education • 55.0% - Access to culturally appropriate health education and family planning services <p><i>Community's persistent high-risk behaviors</i></p> <ul style="list-style-type: none"> • 50.0% - Poor eating habits • 35.0% - Lack of education/dropping out of school • 30.0% - Lack of exercise/physical activity • 5.0% - Not getting recommended vaccines/shots 	<p><i>What actions could your hospital take to address health disparities better?</i></p> <ul style="list-style-type: none"> • 52.6% - Education and workforce development <p><i>What community needs are currently siloed and need further collaboration?</i></p> <ul style="list-style-type: none"> • 61.1% - Food access • 50.0% - Education <p><i>Does your organization/program address health literacy?</i></p> <ul style="list-style-type: none"> • 47.4% - Yes <p><i>What resources would help people better understand and engage in their healthcare?</i></p> <ul style="list-style-type: none"> • 17.7% - Offering more educational resources on healthcare • 5.9% - Using more pictures in health information or education

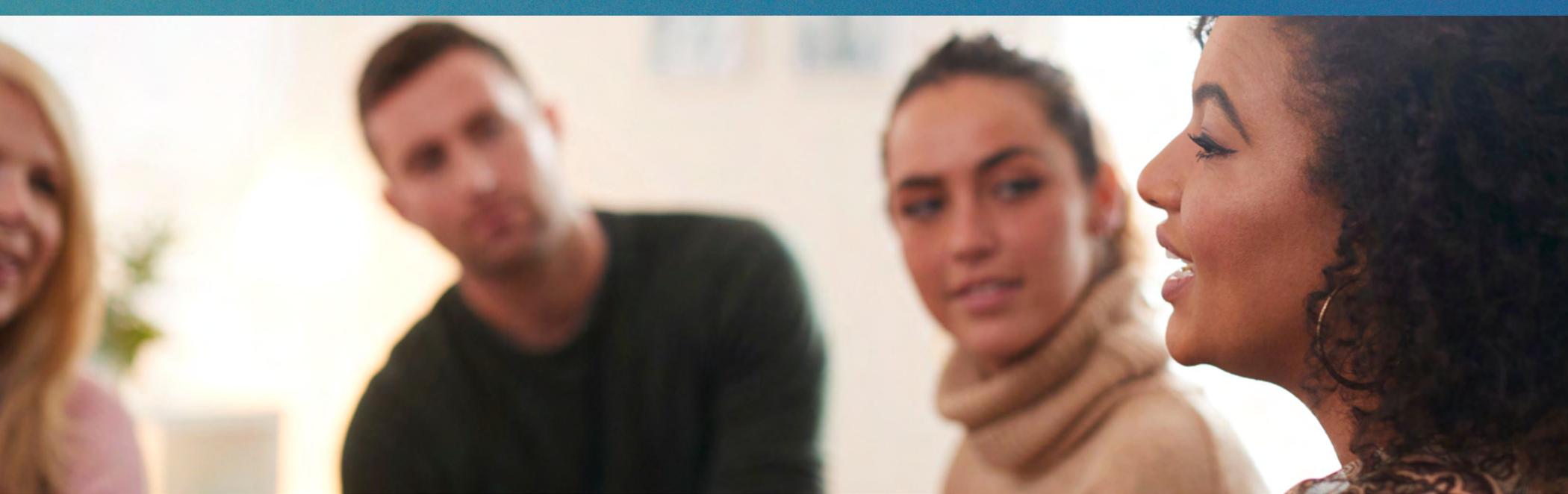


Table 7: Community Voices (continued)

Community Survey Findings - Shared Feedback	
<p><i>Important health/social factors that contribute to a healthy community</i></p> <ul style="list-style-type: none"> • 47.2% - Access to affordable, healthy food options • 39.5% - Access to affordable, quality education • 6.2% - Access to culturally appropriate health education and family planning services <p><i>Community's health problems</i></p> <ul style="list-style-type: none"> • 42.7% - Poor eating habits <p><i>How have the following impacted you and your family over the past two years? (weighted average)</i></p> <ul style="list-style-type: none"> • 3.02 - Access to healthy foods 	<p><i>Community's top risky behaviors</i></p> <ul style="list-style-type: none"> • 57.9% - Lack of physical activity • 54.6% - Poor eating habits • 24.3% - Lack of education/dropping out of school <p><i>Frequency of using tobacco products</i></p> <ul style="list-style-type: none"> • 6.9% - Once a day/multiple times a day/several times a week

Qualitative input from stakeholder interviews highlights health promotion and education as essential, foundational approaches for improving nutrition, increasing physical activity, and reducing tobacco use within the community. Participants emphasized the need for accessible, easy-to-understand education that supports healthier lifestyle choices, including improved nutrition, regular physical activity, and tobacco cessation. Stakeholders recommended developing a simple, one-page “one-stop shop” resource guide to help residents identify available health promotion programs, preventive services, and cessation resources. Expanded outreach in neighborhoods and schools was highlighted as a key strategy to promote healthy behaviors early, reduce stigma around behavior change and behavioral health, and encourage routine engagement with health services. Respondents also noted that while health information is widely available online, materials must be adapted for populations with limited digital literacy through in-person education, clear language, and culturally responsive messaging. Public health education campaigns, school-based health centers, and integrated service models were identified as effective ways to reinforce healthy behaviors and improve access to preventive education. Overall, stakeholders stressed that strengthening health literacy, improving communication, and tailoring education to diverse communities are essential to supporting healthier lifestyles, reducing tobacco use, and improving long-term health outcomes.

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

Education, Awareness & Outreach

- One-page, “one-stop shop” resource guide to educate on 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).

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

Access & Delivery of Services

- Public health education campaigns, school-based health centers (regular check-ups), and the integration of services into a single building.

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

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 available resources is limited; stigma and poor care reduce patient engagement.
- Need better communication and awareness across communities and healthcare organizations.

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

- Cancer prevention and treatment.
- Health literacy and education for healthier lifestyles.
- Education and resources to improve community awareness.
- Computer literacy, technology training, and education for better healthcare access.

Additional Comments:

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).



Map 3: Physical inactivity in the United States

Percentage of adults who reported doing no physical activity or exercise other than their regular job in the past 30 days in 2022:

NATIONAL AVERAGE: 23.4%



LOUISIANA: 28.3%

Louisiana ranks 45th of 50 states for smoking, according to America's Health Rankings.

LOUISIANA STATISTICS FROM SMOKING

7,200

Louisiana adults die annually from smoking.

Smoking causes about
9 OUT OF 10
of all deaths from chronic obstructive pulmonary disease (COPD).

Smokers are
MORE LIKELY
than nonsmokers to develop heart disease, stroke, and lung cancer.

In Louisiana,
39% OF ADULTS
who have been told they have COPD, emphysema, and chronic bronchitis smoke cigarettes.

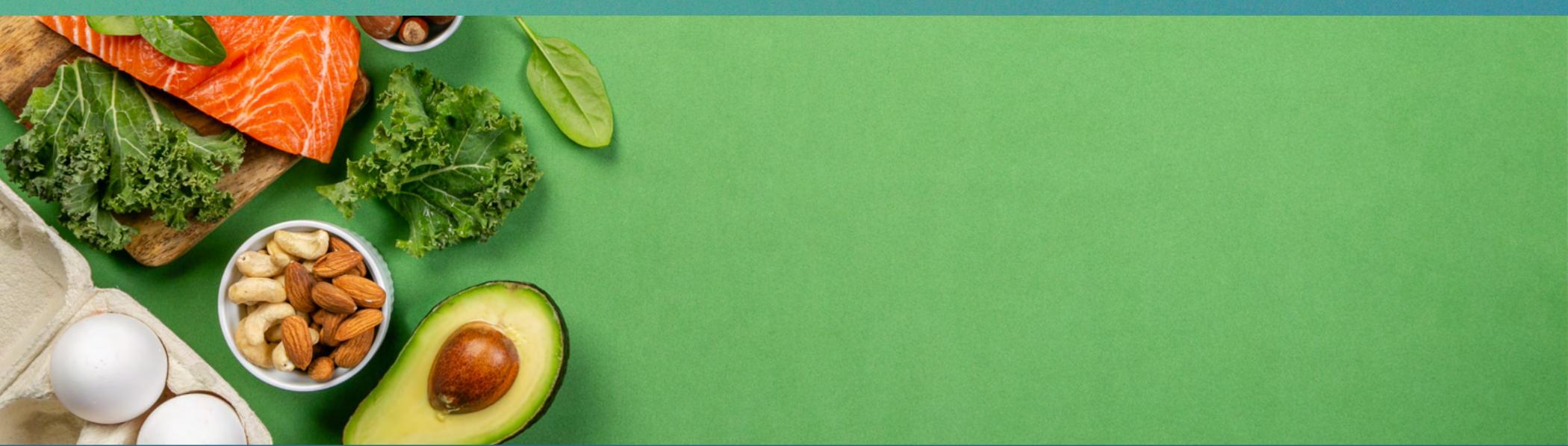
Cigarette smoking is responsible for more than
480,000 DEATHS
per year in the United States, including more than
41,000 DEATHS
resulting from secondhand smoke. This is about 1 in 5 deaths annually, or 1,300 smokers every day.



LUNG CANCER
is the deadliest cancer in Louisiana, causing almost
ONE-THIRD
of the cancer deaths in the state.

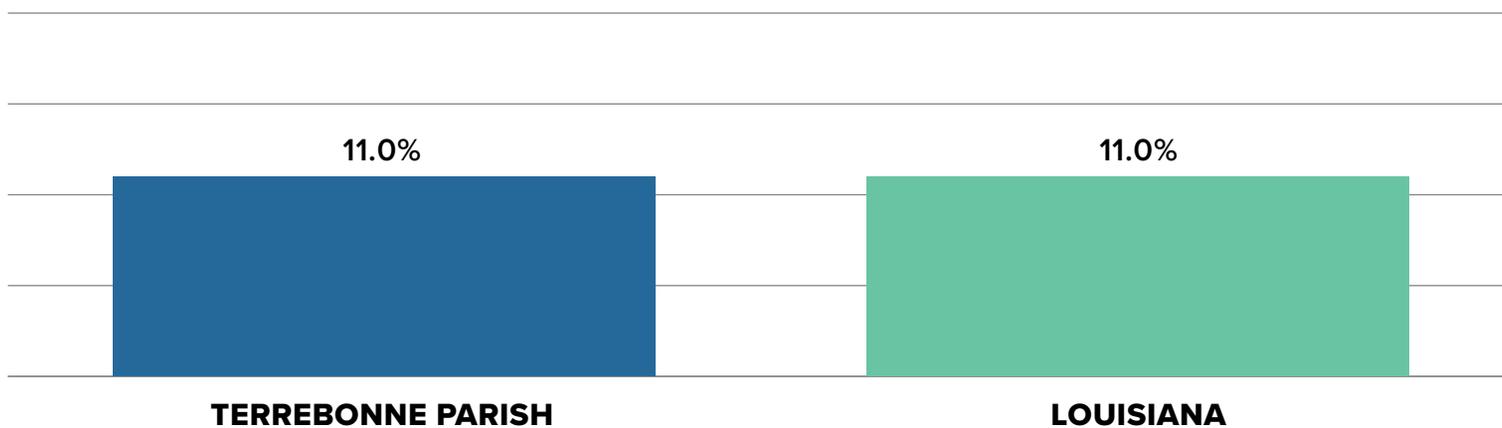
On average, smokers die
10 YEARS EARLIER
than non-smokers.

Source: [LSU Health](#)



A food desert is a geographic area where residents have few convenient options for affordable, nutritious food, particularly fresh produce. This may be caused by factors such as living far from supermarkets, limited transportation, and low income. The lack of access to healthy foods can contribute to poor diet quality and higher rates of diet-related chronic diseases such as obesity and diabetes. Data for the United States were unavailable.

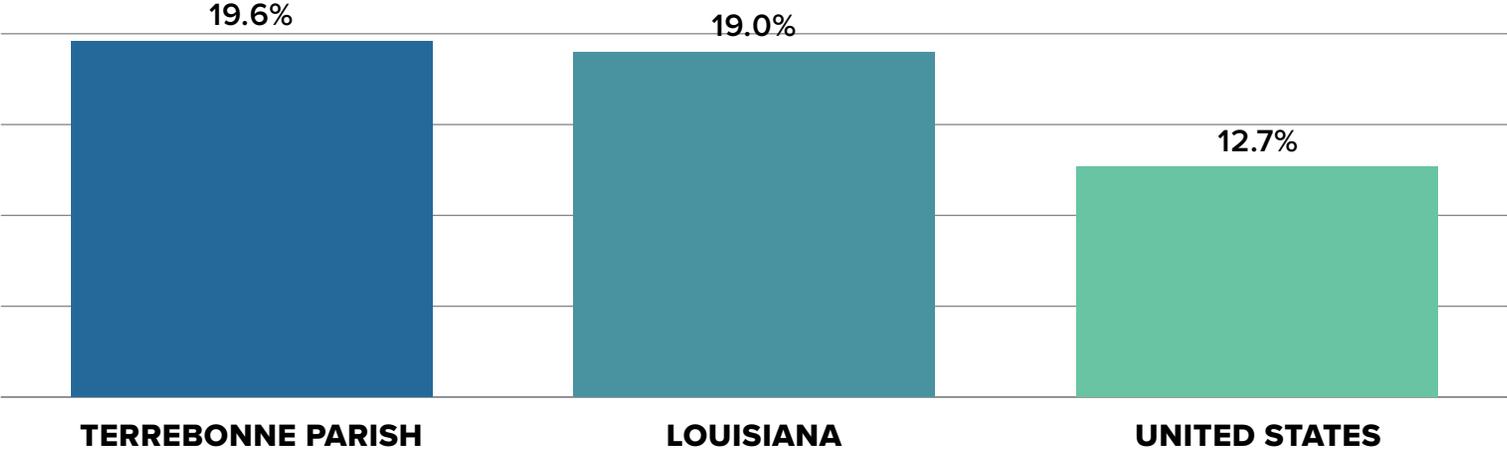
Figure 33: Limited Access to Healthy Food



Source: Feeding America, 2023

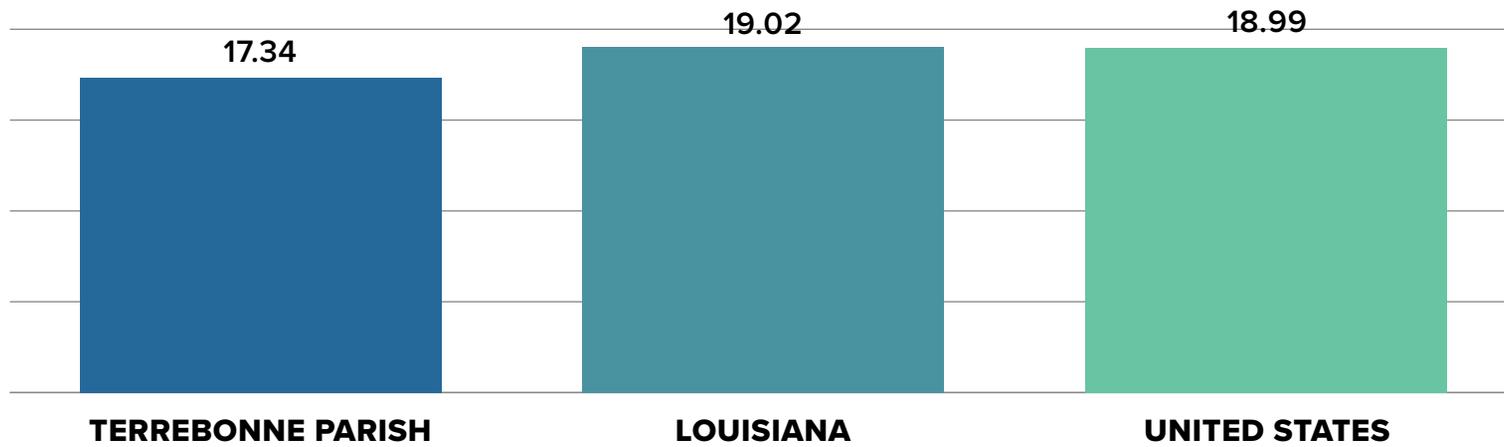
A larger share of Terrebonne Parish residents received Supplemental Nutrition Assistance Program (SNAP) benefits than the national average, though the figures are roughly in line with Louisiana’s rate, underscoring the continued importance of nutrition assistance for many households. This suggests that a substantial portion of the population relies on supplemental support to meet basic food needs, reflecting broader economic pressures that can affect diet quality and health outcomes. Terrebonne Parish has fewer grocery stores per 100,000 residents than Louisiana and the United States, indicating comparatively limited physical access to full-service food retailers (Figure 35). When viewed collectively, the charts suggest that while many residents rely on SNAP to purchase food, they may face additional challenges related to grocery store availability and proximity. This reinforces the importance of strategies that strengthen food access, such as supporting grocery development, expanding transportation options, supporting farmers’ markets, and providing nutrition education that helps residents maximize available resources to make healthy food choices.

Figure 34: Population Receiving SNAP Benefits



Source: U.S. Census Bureau, 2022

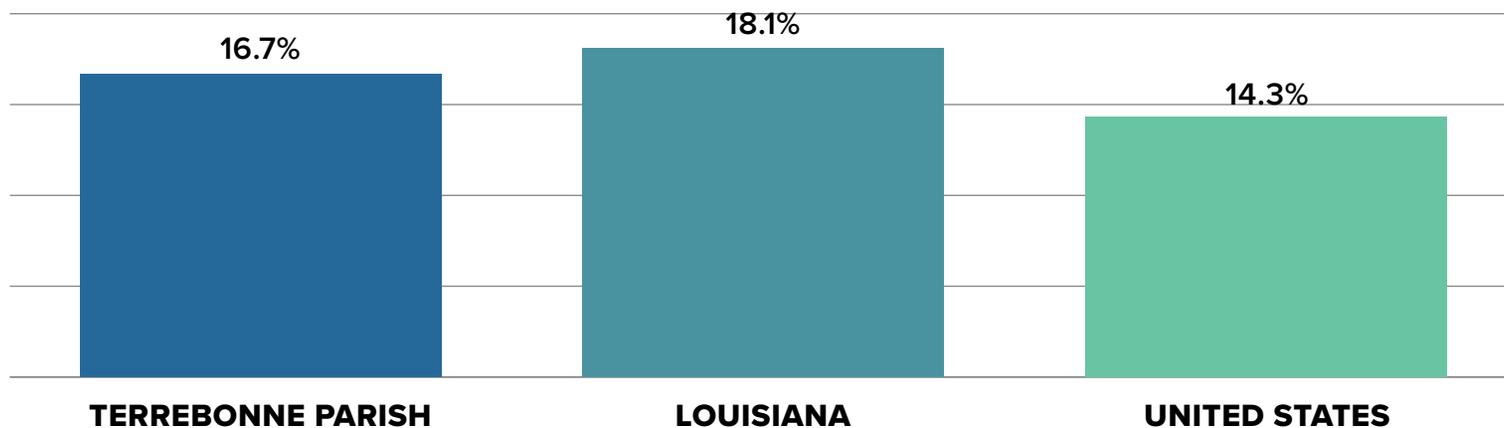
Figure 35: Grocery Store (Rate per 100,000 Population)



Source: U.S. Census Bureau, 2023

Food insecurity is defined by the USDA as a household’s “limited or uncertain ability to acquire adequate food” because of a lack of money or other resources. It is a social and economic condition in which households struggle to consistently obtain sufficient food, with severity ranging from reduced diet quality to significant disruptions in eating patterns and food intake.

Figure 36: Food Insecurity

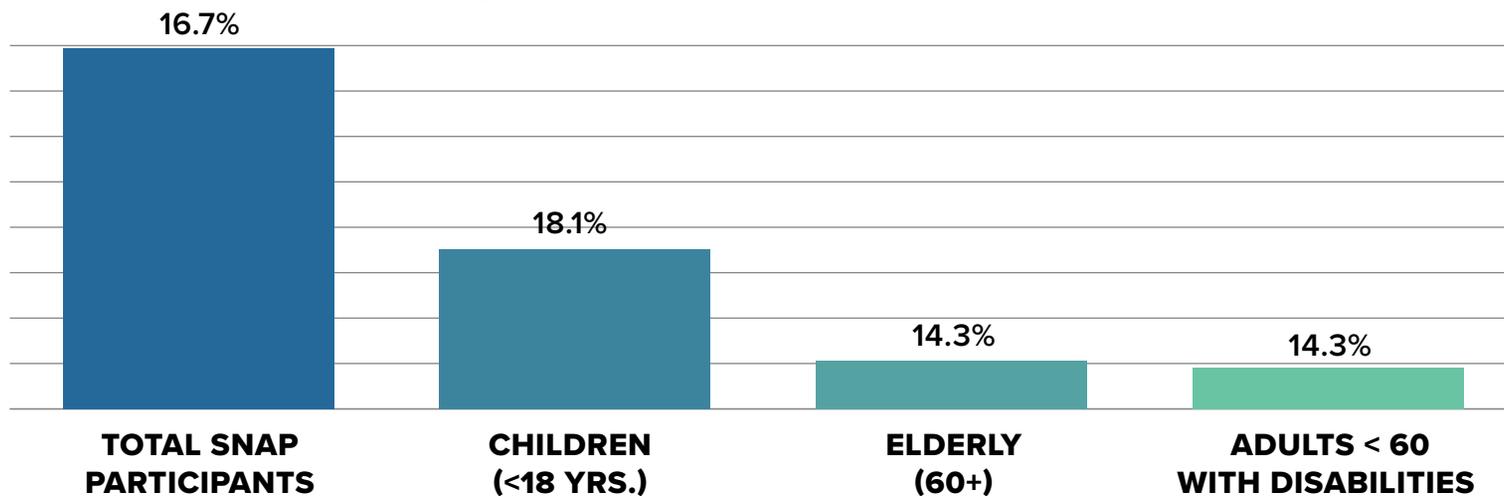


Source: Feeding America, 2023



SNAP provides food assistance for low-income individuals and households. Eligibility for SNAP and benefit levels are determined by several factors, including household size, income, and available resources. SNAP is available to everyone who applies and meets the eligibility requirements set by their state. In fiscal year (FY) 2022, 794,922 people in 389,560 households received SNAP benefits in Louisiana. In FY22, 85% of Louisiana households receiving SNAP had income at or below the poverty line.

Figure 37: Participants of SNAP in Louisiana

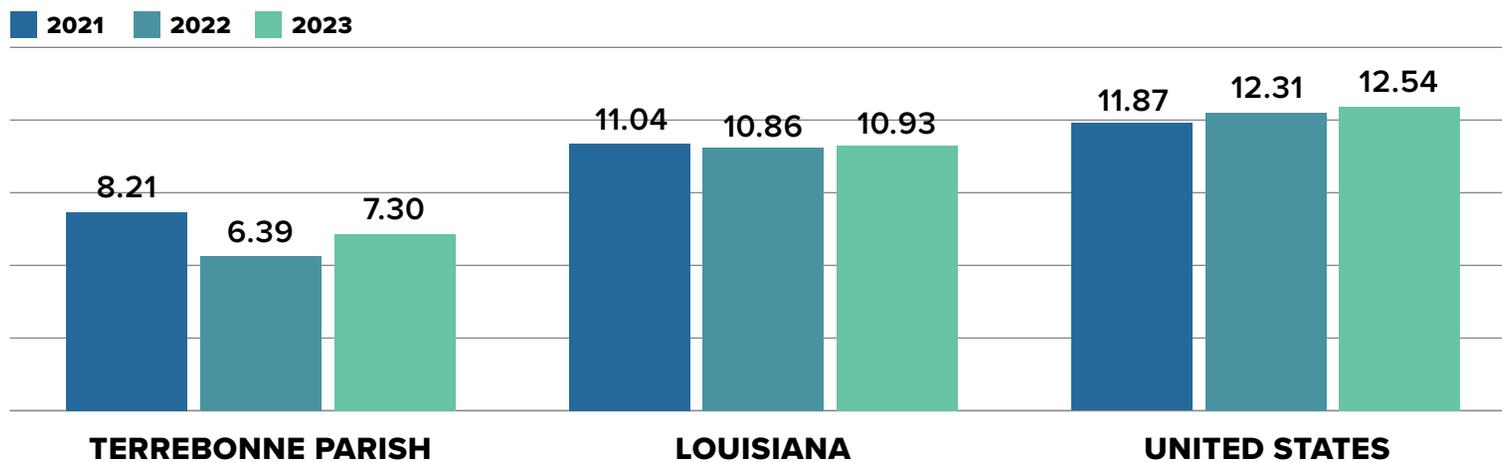


Source: [USDA; Food and Nutrition Service](#)



Terrebonne Parish consistently had fewer recreation and fitness facilities per 10,000 residents than Louisiana and the United States from 2021 to 2023, highlighting a relative gap in access to facilities that support regular physical activity and healthy lifestyles.

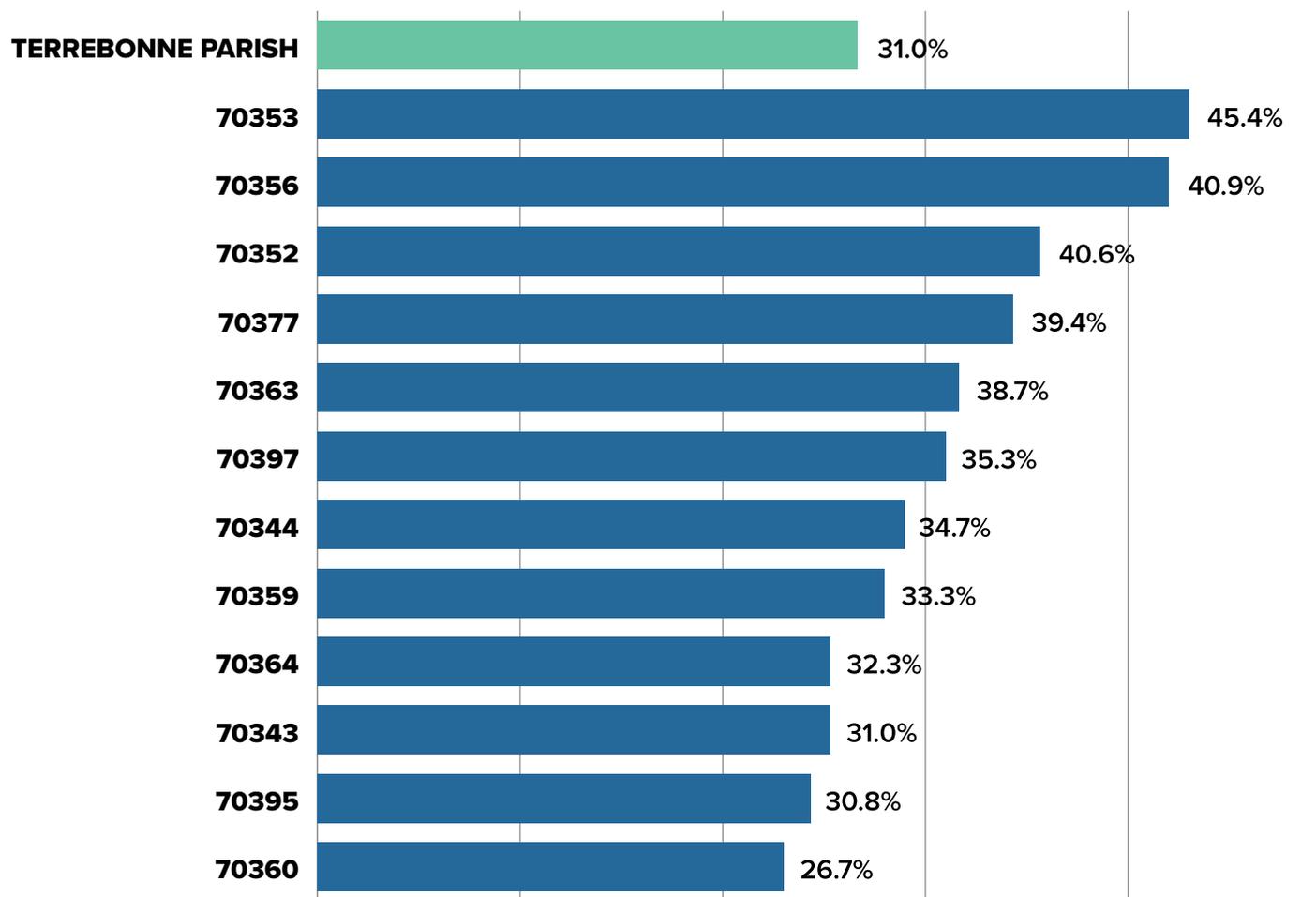
Figure 38: Recreation and Fitness Facility Access (Rate per 10,000 Population)



Source: U.S. Census Bureau, 2023

A substantial share of adults in Terrebonne Parish reported no leisure-time physical activity, with the parish overall at 31.0%, and several ZIP codes experiencing markedly higher rates. ZIP codes 70353, 70356, 70352, and 70377 exhibit rates exceeding 40%, indicating concentrated areas of high physical inactivity. Even in the lowest-ranking ZIP code, more than one-quarter of adults report no leisure-time activity, underscoring that inactivity is widespread across the parish rather than an isolated concern. These geographic disparities suggest that access to safe, affordable opportunities for physical activity may vary by neighborhood.

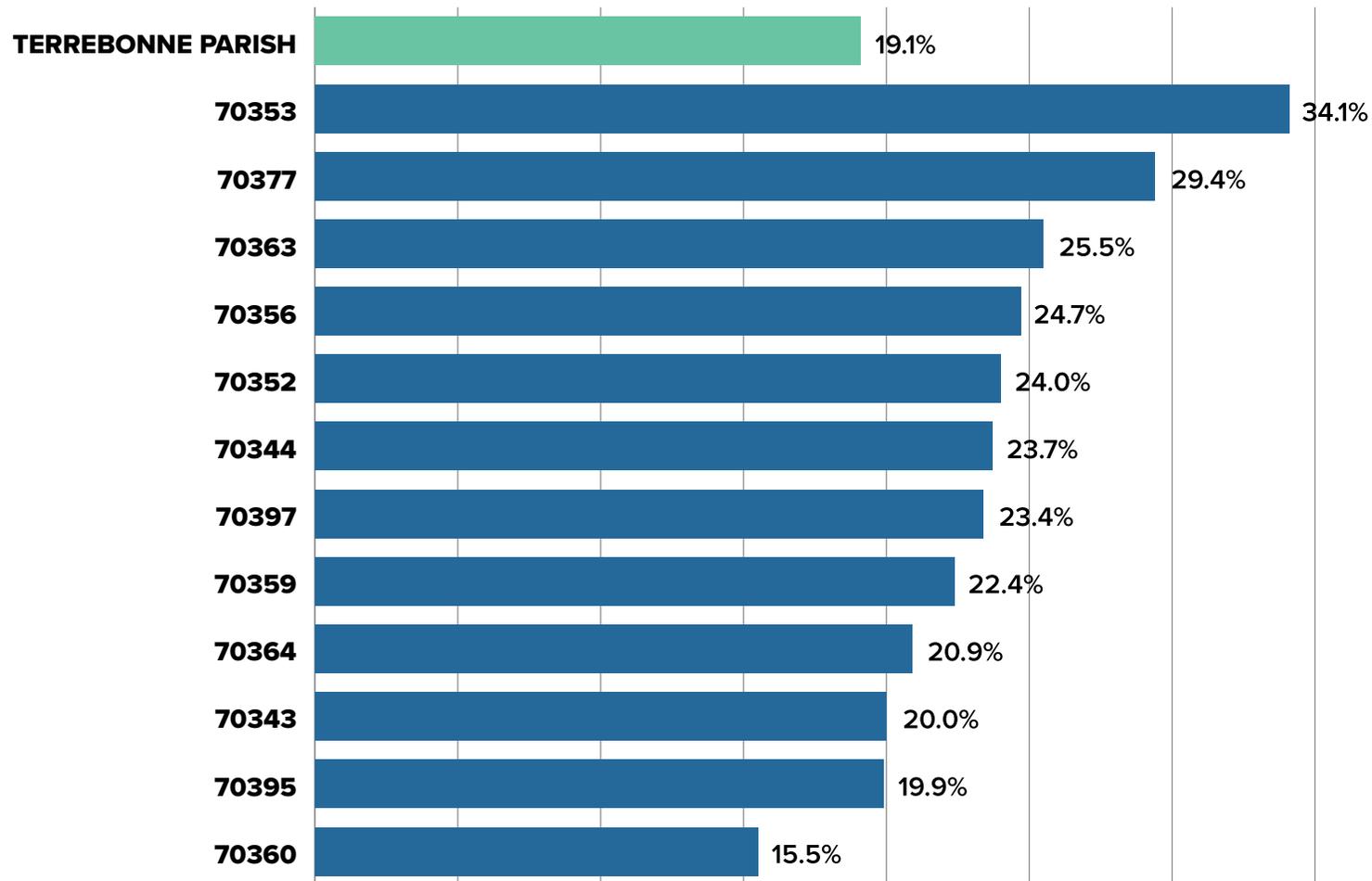
Figure 39: No Leisure-Time Physical Activity Among Adults



Source: [Centers for Disease Control and Prevention, PLACES: Local Data for Better Health, 2022](#)

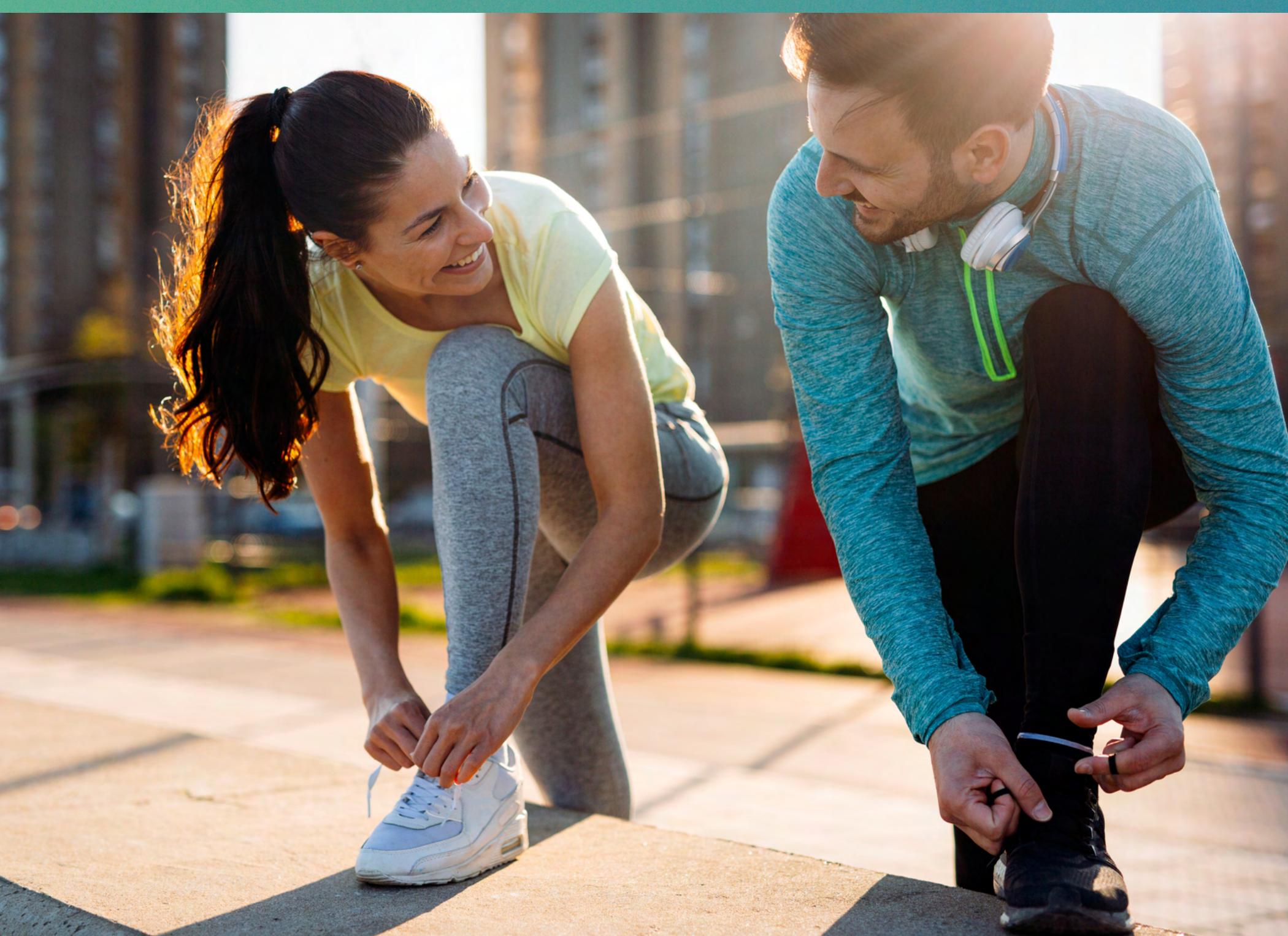
Smoking remains a significant health concern in Terrebonne Parish, with the overall adult smoking rate at 19.1% and several ZIP codes experiencing substantially higher levels. ZIP codes 70353 and 70377 stand out, with smoking rates exceeding 29%, indicating concentrated pockets of elevated risk. Even in ZIP codes with lower rates, a meaningful share of adults smoke, underscoring that tobacco use is a widespread issue across the parish rather than an isolated problem. These geographic disparities are important as high smoking prevalence is closely linked to increased rates of cancer, heart disease, stroke, and chronic lung disease, as well as higher healthcare costs and preventable premature deaths. The data highlights the need for targeted tobacco prevention and cessation efforts, including culturally appropriate education, access to cessation resources, and community-based interventions focused on the neighborhoods with the highest smoking rates.

Figure 40: Cigarette Smoking Among Adults



Source: [Centers for Disease Control and Prevention, PLACES: Local Data for Better Health, 2022](#)





Health promotion and education are critical strategies for improving the overall health and well-being of Terrebonne Parish residents and addressing the underlying behaviors that contribute to chronic disease, preventable illness, and health disparities. The patterns observed across nutrition access, physical inactivity, and tobacco use demonstrate that many health challenges are not solely the result of individual choices but are shaped by environmental conditions, resource access, and the availability of supportive community infrastructure. For Terrebonne General Health System, investing in comprehensive, evidence-based health promotion efforts provides an opportunity to prevent disease before it requires intensive medical intervention, reduce avoidable hospital utilization, and strengthen long-term community resilience. Best practices for addressing these issues begin with embedding health education into routine care, ensuring that patients consistently receive clear, relevant guidance on healthy eating, physical activity, and tobacco cessation during primary care visits, hospital encounters, and outpatient services. Expanding community partnerships is equally important. Terrebonne General can collaborate with schools, faith-based organizations, employers, parks and recreation, and local nonprofits to deliver education and programming in the communities where residents live, work, and gather. Supporting access to healthy foods through initiatives such as produce prescription programs, SNAP and WIC referrals, nutrition education workshops, and partnerships with farmers' markets can help residents translate knowledge into healthier dietary behaviors. To address physical inactivity, best practices include promoting "movement as medicine" through provider referrals to community exercise programs, walking groups, and low-cost or free fitness opportunities and advocating for safe, accessible spaces for physical activity across neighborhoods. Tobacco prevention and cessation should remain a priority through systematic screening for tobacco use, routine cessation counseling, direct referrals to quit and cessation services, and the integration of behavioral health support to address stress and addiction. Data-driven, place-based approaches enable Terrebonne General to focus resources on communities with the greatest need, thereby ensuring equity and impact. Continuous evaluation, ongoing evaluation, and community feedback are essential for refining strategies, tracking progress, and adapting programs over time. By aligning clinical care with community-based prevention, Terrebonne General can play a central role in advancing a culture of health, reducing chronic disease burden, and helping residents lead longer, healthier, and more active lives.

Access to Care

(Elder Care, Increase in Providers, and Increase Use of Telemedicine)

Access to care remains a critical issue in Louisiana, shaped by an aging population, ongoing workforce challenges, and the expanding role of telemedicine. Improving access requires a coordinated approach that strengthens elder care services, increases the availability of healthcare providers, and leverages telehealth to overcome barriers related to geography, mobility, and transportation. Louisiana's aging population highlights the growing demand for accessible elder care services. According to the U.S. Census Bureau, Louisiana's population age 65 and older continues to increase, intensifying the need for primary care, chronic disease management, and long-term services and supports.²³ Older adults are more likely to experience chronic conditions, mobility limitations, and functional impairments that require frequent interaction with the healthcare system. Ensuring timely and consistent access to care is particularly important in Louisiana, where transportation barriers and rural geography can complicate in-person visits. As a result, care models that support aging in place and reduce reliance on emergency care are essential to improving outcomes for older residents.

Provider availability is a foundational component of access to care across Louisiana. Historically, the state has faced shortages of primary care physicians and specialists, especially in rural and underserved areas. However, recent workforce trends show improvement. According to state-level analysis summarized by Invest Louisiana, Louisiana has experienced growth in its primary care provider supply over the past several years, slowly narrowing the gap and improving continuity of care.²⁴ A high share of adults in Louisiana report having a personal doctor, an important indicator associated with increased use of preventive services, better chronic disease management, and reduced reliance on emergency departments. Continued efforts to recruit, train, and retain providers, particularly those focused on primary care and geriatrics, remain essential as the population ages and healthcare needs become more complex.

²³ [U.S. Census Bureau](#)

²⁴ [Invest in Louisiana](#)





Telemedicine has become an increasingly important tool for expanding access to care in Louisiana, particularly for older adults and individuals facing transportation or mobility challenges. Utilization of telehealth services rose sharply during the COVID-19 pandemic and has since stabilized at levels well above pre-pandemic norms. Research examining Louisiana Medicaid claims found that older adults were among the highest users of telemedicine services, demonstrating telehealth's effectiveness in maintaining access for individuals with chronic conditions and functional limitations.²⁵ These findings suggest that telemedicine is not merely a temporary solution, but a lasting component of care delivery for aging populations. State policies have played a critical role in sustaining telemedicine access. Louisiana allows and reimburses a broad range of telehealth services through Medicaid and many private payers, including live video and, in some cases, audio-only visits. These policies are particularly important for older adults who may struggle with transportation, caregiving support, or navigating complex healthcare systems. Telemedicine can facilitate routine follow-ups, medication management, behavioral health care, and chronic disease monitoring, reducing the need for travel while preserving continuity with healthcare providers. In rural Louisiana, telehealth also helps address provider shortages by expanding access to specialists and primary care clinicians beyond local service areas.

Despite this progress, challenges remain. Digital access, broadband availability, and digital literacy can limit telemedicine use among some older adults, particularly those with low incomes or living in rural areas. At the same time, continued workforce development will be necessary to meet growing demand for elder-focused care. Access to care in Louisiana is increasingly shaped by strategic investments in provider availability, elder care services, and telemedicine integration. State and national data demonstrate that strengthening the healthcare workforce and sustaining telehealth policies can significantly improve access for older adults and other vulnerable populations. As Louisiana continues to adapt to demographic shifts and evolving healthcare needs, coordinated efforts across these areas will be essential to improving health outcomes, supporting independence among older residents, and strengthening the state's healthcare delivery system.

²⁵ [JMIR Publications; Journal of Medical Internet Research](#)

Table 8 presents key themes and shared feedback from stakeholder interviews and community survey responses. It highlights common barriers to care, priority health concerns, risks, and factors influencing access to care services and overall community well-being.

Table 8: Community Voices

Stakeholder Interviews Findings - Shared Feedback	
<p>Barriers for people not receiving care or services</p> <ul style="list-style-type: none"> • 75.0% - Transportation • 65.0% - Affordability • 45.0% - Availability of services • 45.0% - Lack of healthcare coordination services • 45.0% - No insurance • 40.0% - Cultural barriers • 25.0% - Lack of trust <p>Community's persistent health problems</p> <ul style="list-style-type: none"> • 20.0% - Aging problems <p>What can be offered to suppress the prevalence of chronic diseases and maintain optimal health?</p> <ul style="list-style-type: none"> • 55.0% - Collaboration with healthcare providers • 50.0% - Preventive care services <p>What are the most significant barriers to improving health and quality of life?</p> <ul style="list-style-type: none"> • 75.0% - Adequate transportation • 50.0% - Access to affordable prescription and over the counter medicine • 35.0% - Access to culturally appropriate primary care services • 30.0% - Access to affordable, quality senior care options • 15.0% - Access to preventive screenings and vaccinations 	<p>Who are the most vulnerable groups in the community?</p> <ul style="list-style-type: none"> • 80.0% - Older adults • 60.0% - Under-resourced individuals • 60.0% - Uninsured/underinsured <p>What actions could your hospital take to address health disparities better?</p> <ul style="list-style-type: none"> • 79.0% - Transportation assistance • 26.3% - Improve access to healthcare • 10.5% - Enhance preventive care <p>What community needs are siloed and need further collaboration?</p> <ul style="list-style-type: none"> • 83.3% - Transportation • 33.3% - Healthcare <p>What resources would help people understand and engage in their healthcare?</p> <ul style="list-style-type: none"> • 47.1% - More time with clinician, nurse, or health professional

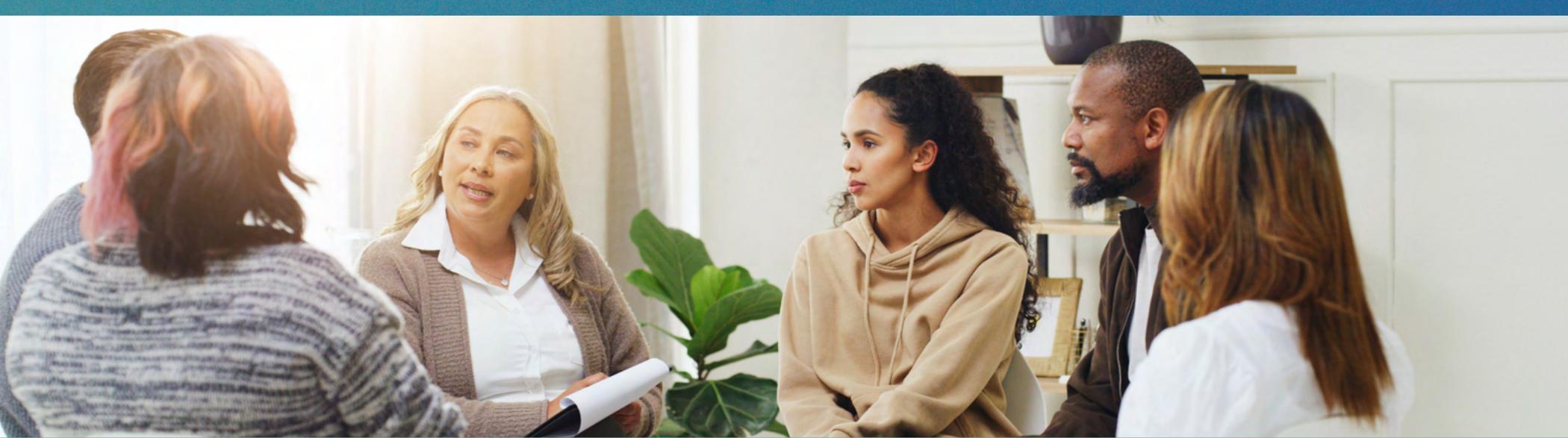


Table 8: Community Voices (continued)

Community Survey Findings - Shared Feedback

Important health/social factors that contribute to a healthy community

- **57.9%** - Access to affordable prescription/over-the-counter medicine
- **39.5%** - Access to affordable, quality senior care options
- **32.3%** - Access to culturally appropriate primary care services
- **23.7%** - Access to preventative screenings and vaccinations
- **11.6%** - Quality disability services

Top community health problems

- **49.9%** - Aging problems

How hurricanes, flooding, or environmental issues affect the family's physical/mental health

- **5.6%** - Difficulty accessing healthcare, medication, or mental health support

Community's top risky behaviors

- **13.7%** - Not getting recommended shots

Place where respondents seek medical care

- **86.7%** - Primary care office/physician specialist offices

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

- **92.5%** - Regular primary/preventative/specialty visits

How respondents pay for healthcare

- **84.2%** - Health insurance
- **38.1%** - Medicare

Stakeholder feedback related to access to care in Terrebonne Parish consistently emphasized the need to expand and better integrate healthcare services within the community, particularly for rural, underserved, and aging populations. Participants highlighted the importance of increasing mobile clinics, satellite locations, telehealth services, and home-based care to reach residents in bayou areas and those with mobility limitations. Transportation emerged as a significant barrier, with stakeholders noting the need for expanded transportation supports—such as non-emergency medical transportation, sliding-scale options, and coordinated transit services—to improve access to preventive, primary, and behavioral health care. Workforce availability was also identified as a critical challenge, with respondents calling for more physicians and specialists, additional funding to expand staffing capacity, and greater acceptance of uninsured and private-pay patients at affordable rates. Stakeholders stressed the importance of culturally sensitive, compassionate care and strong patient-provider relationships to build trust and reduce stigma, particularly in at-risk communities. Gaps such as the absence of a local trauma center, limited affordable elder and dementia care options, and ongoing provider shortages further underscore the need for improved care coordination, integrated “one-stop shop” service models and for sustained investment in access, affordability, and continuity of care across Terrebonne General’s service area.

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

Access/Location of Services Integration into the Community

- 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 experiencing mobility and accessibility issues.
- 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.

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.

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

Access & Delivery of Services

- Increase/expand access to mobile health clinics in bayou areas for health screenings.
- 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.
- Uninsured people can be served and offered additional free services.

What significant health challenges/gaps in access to care are affecting your community? What steps have been taken and what additional efforts are still needed?

Access to Care & Affordability

- No trauma center – patients must go far away for emergency/critical care.
- Lack of affordable resources for the elderly.

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.

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

Access & Care Delivery

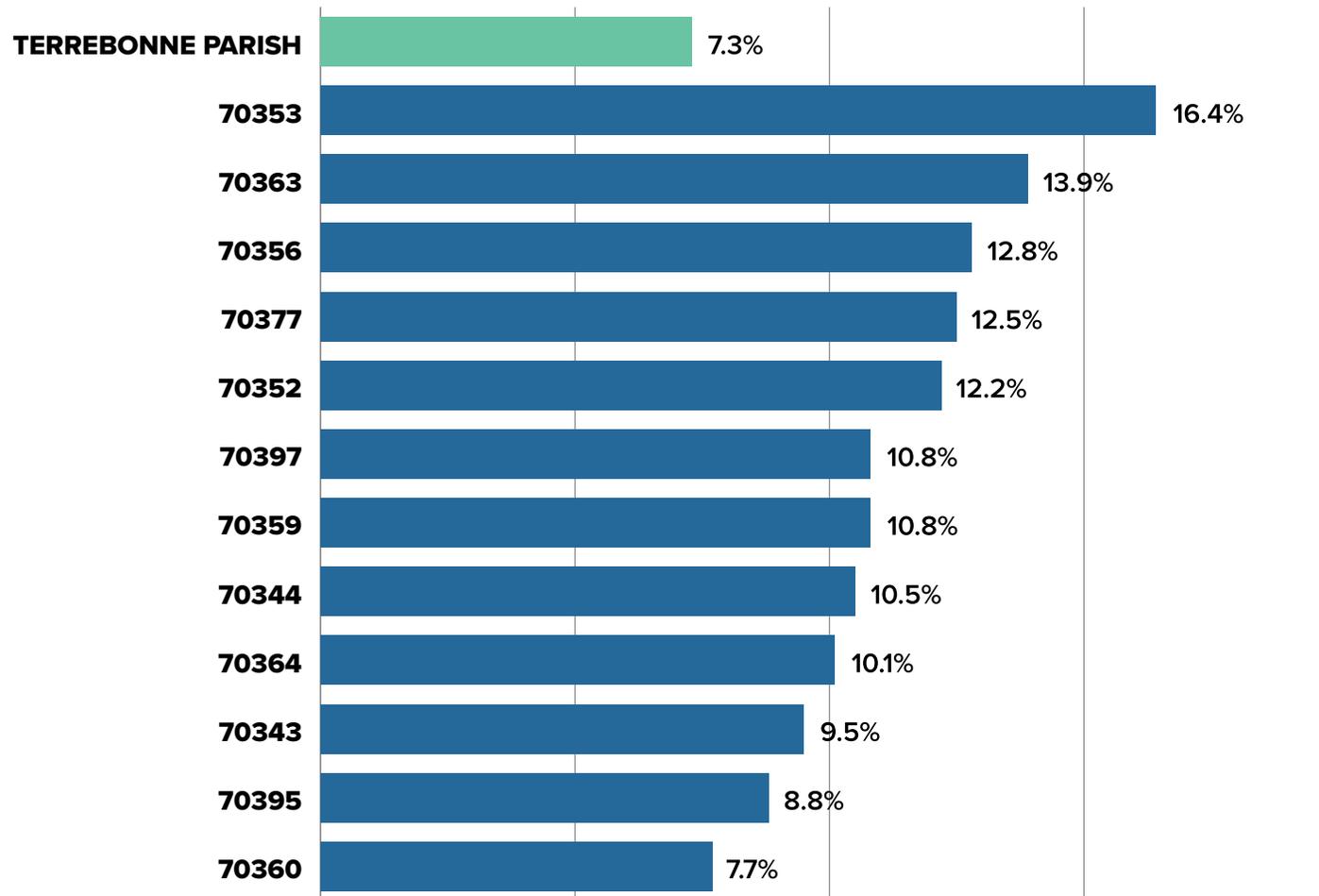
- Improving continuity and coordination of care.
- Access to primary care and behavioral health; better promotion of existing services.
- One-stop shop care and integrated services.
- More doctors, nurses, and medical professionals who provide compassionate care.

Additional comments:

- 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.
- Ongoing provider shortage. While there are ample nurses, there is a shortage of primary care specialists.

While Terrebonne Parish reports a relatively low overall uninsured rate among adults ages 18–64 (7.3%), several ZIP codes have significantly higher rates, reaching 16.4%. Understanding these disparities is critical because lack of insurance is a major barrier to accessing preventive services, routine care, and chronic disease management. Areas with higher uninsured rates are more likely to experience delayed care, poorer health outcomes, and greater reliance on emergency services. Identifying ZIP codes with elevated uninsured populations helps Terrebonne General and community partners target outreach, enrollment assistance, and access-to-care strategies to populations most at risk, supporting more equitable health outcomes across the parish.

Figure 41: Lack of Health Insurance Among Adults Aged 18–64



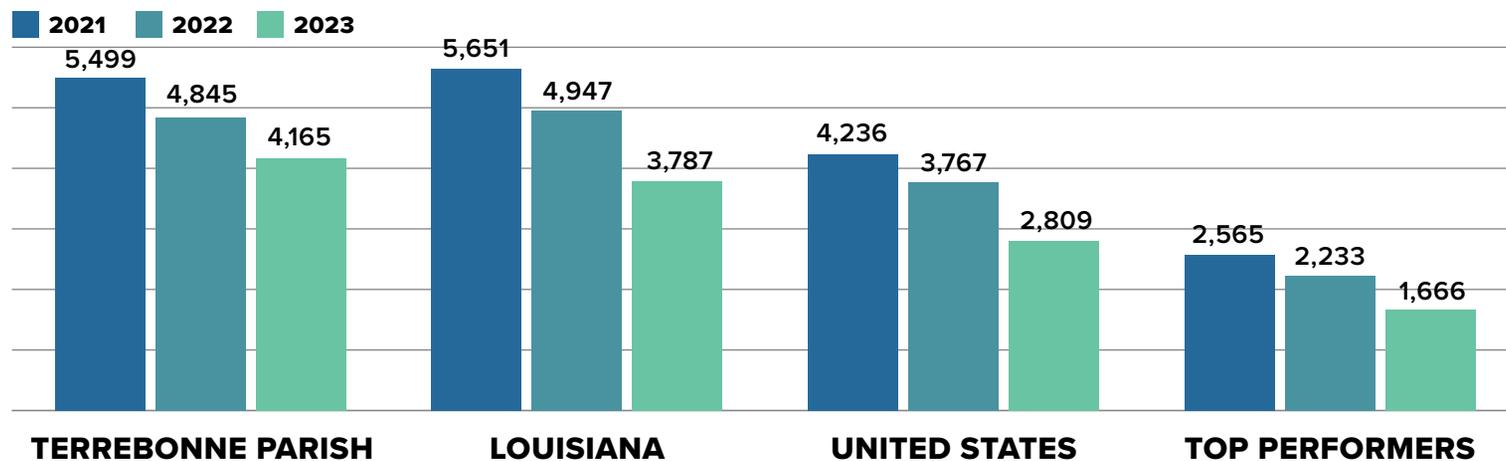
Note: Data for ZIP code 70361 was unavailable.

Source: [Centers for Disease Control and Prevention, PLACES: Local Data for Better Health, 2022](#)

Terrebonne Parish, Louisiana, and the nation exhibited a consistent decline in the preventable hospital events per 100,000 Medicare beneficiaries from 2021 to 2023 across all geographies. Terrebonne Parish and Louisiana both report higher rates than the United States average in each year. Terrebonne Parish decreased from 5,499 in 2021 to 4,165 in 2023, while Louisiana declined from 5,651 to 3,787 over the same period. Despite these gains, both remain well above national levels and significantly higher than top-performing areas, highlighting continued opportunities to improve outcomes for the Medicare population through targeted prevention, care coordination, and quality improvement efforts.

This indicator is important as preventable hospitalizations include hospital admissions for one or more of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection.

Figure 42: Preventable Hospital Events (Per 100,000 Medicare Beneficiaries)

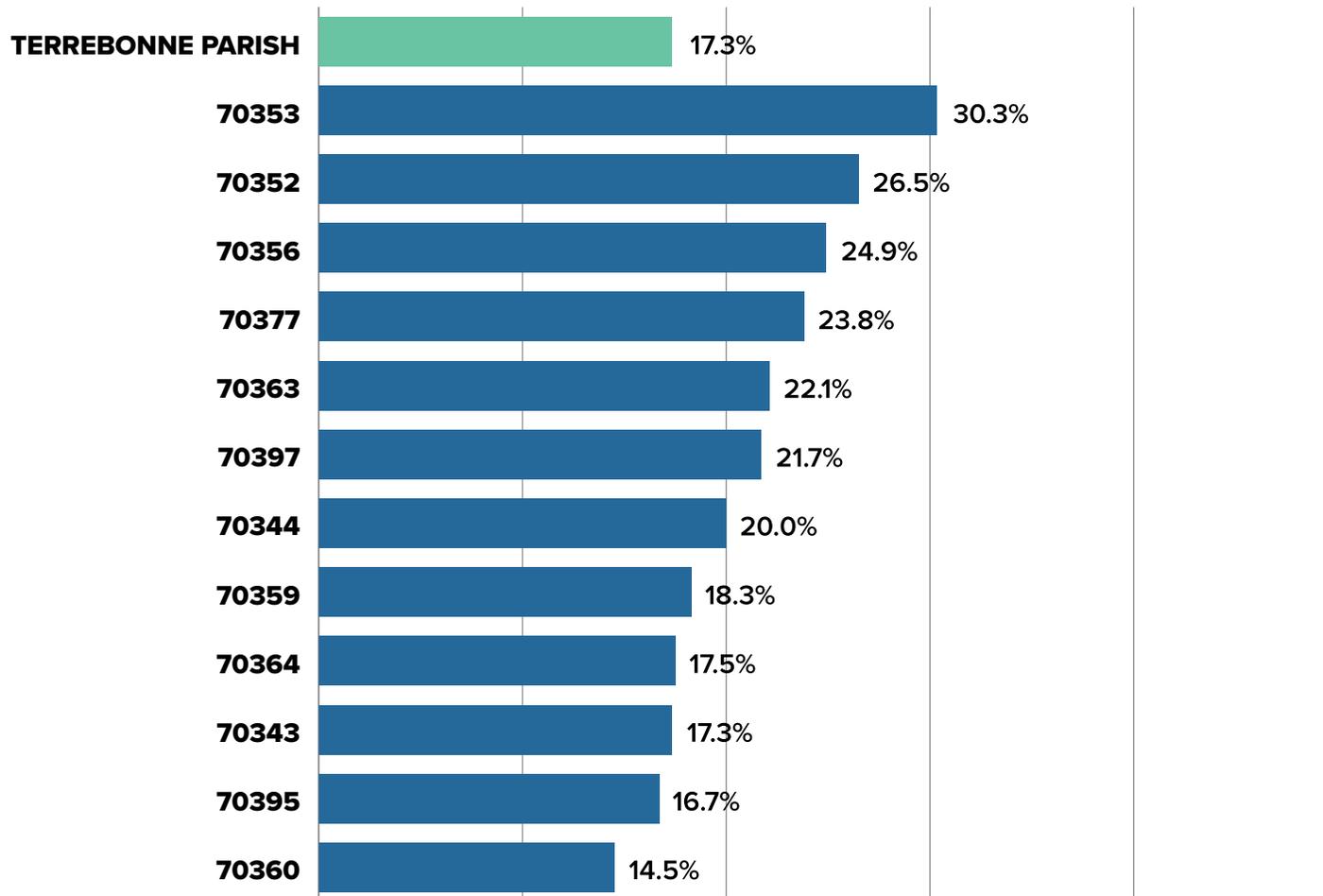


Source: County Health Rankings, 2021-23



Terrebonne Parish reports that 17.3% of adults experience a mobility disability; however, several ZIP codes exceed this average substantially. ZIP code 70353 has the highest rate at 30.3%, followed by 70352 (26.5%) and 70356 (24.9%). These elevated rates suggest that residents may face physical limitations that affect daily activities, independence, and access to healthcare and community resources. Understanding where mobility disabilities are most prevalent is important for planning targeted interventions. Higher rates of mobility limitations often increase the need for accessible transportation, rehabilitation services, home-based care, and chronic disease management.

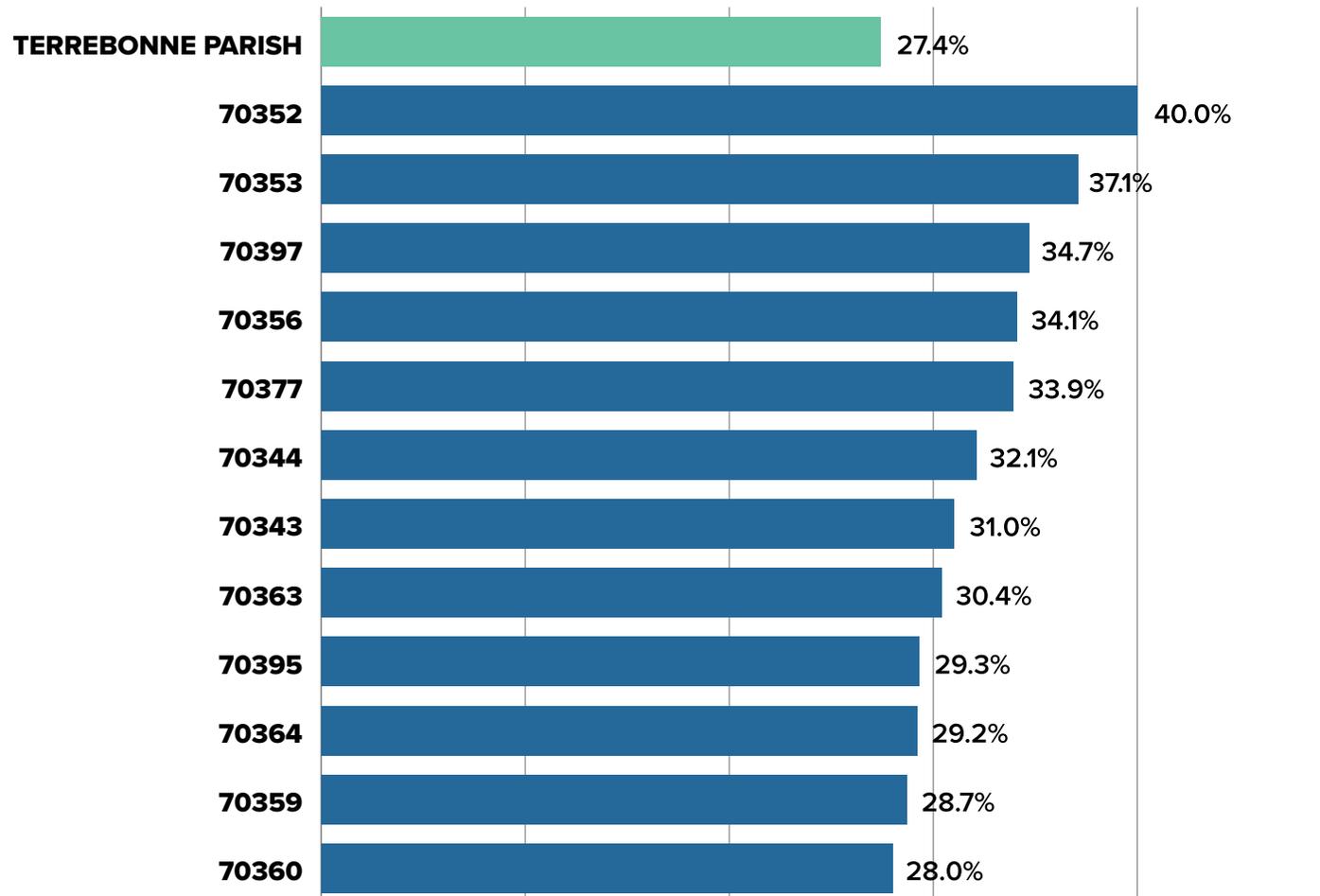
Figure 43: Mobility Disability Among Adults



Source: [Centers for Disease Control and Prevention, PLACES: Local Data for Better Health, 2022](#)

One in four adults in Terrebonne Parish reports having arthritis, with several ZIP codes experiencing substantially higher prevalence, reaching 40.0% in some areas. Data reveals concentrated burdens of chronic pain and mobility limitations that can affect quality of life, workforce participation, and the ability to engage in physical activity. Elevated arthritis rates also increase demand for ongoing primary care, pain management, physical therapy, and supportive services.

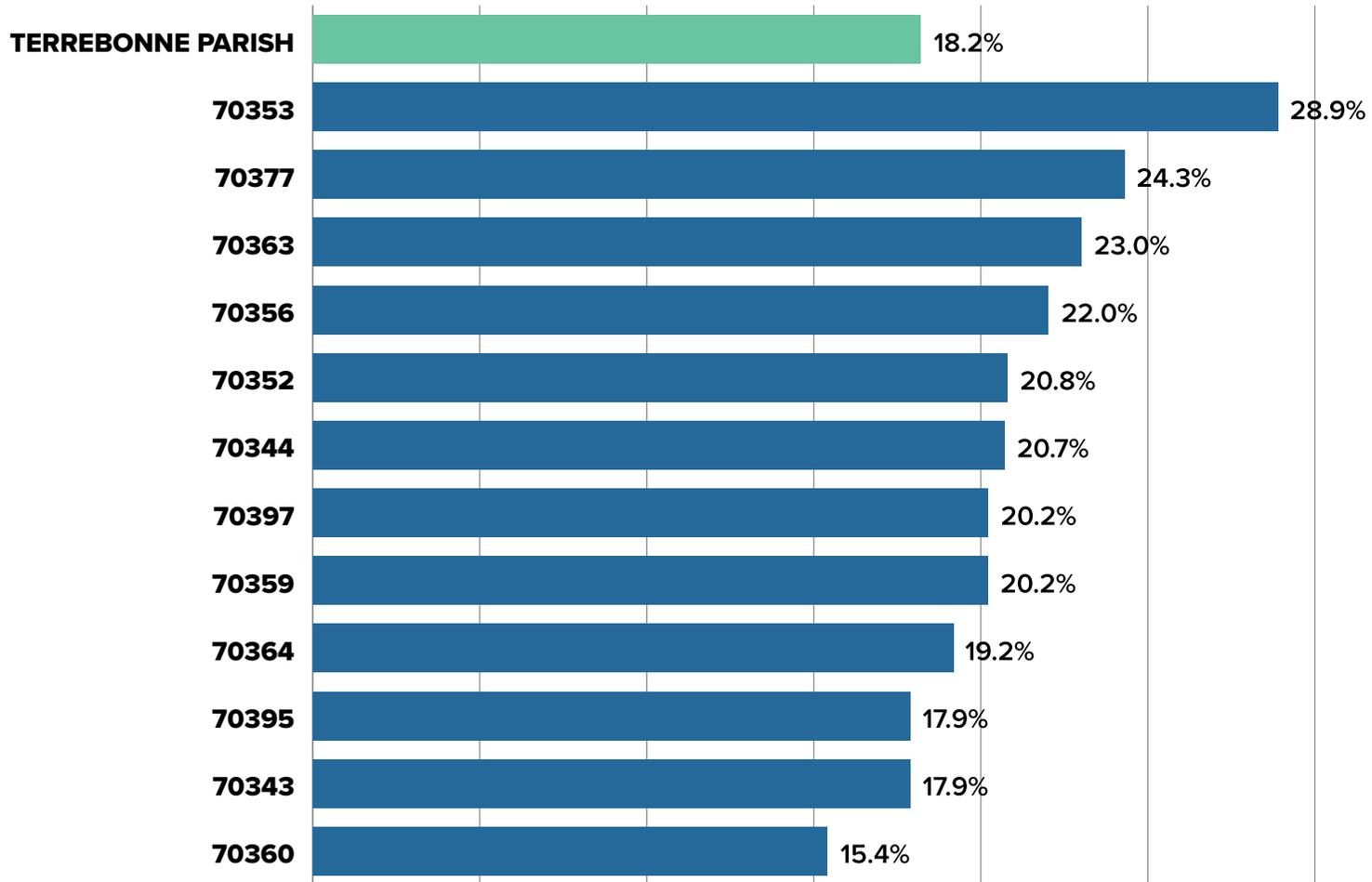
Figure 44: Arthritis Among Adults



Source: [Centers for Disease Control and Prevention, PLACES: Local Data for Better Health, 2022](#)

One in five adults in Terrebonne Parish experiences a cognitive disability. For Terrebonne General, understanding where cognitive disabilities are most prevalent is critical for planning accessible healthcare services, strengthening behavioral health and memory care resources, improving care coordination, and ensuring supportive community services are available. These insights can guide targeted interventions and partnerships that promote independence, reduce caregiver burden, and improve quality of life for residents with cognitive impairments.

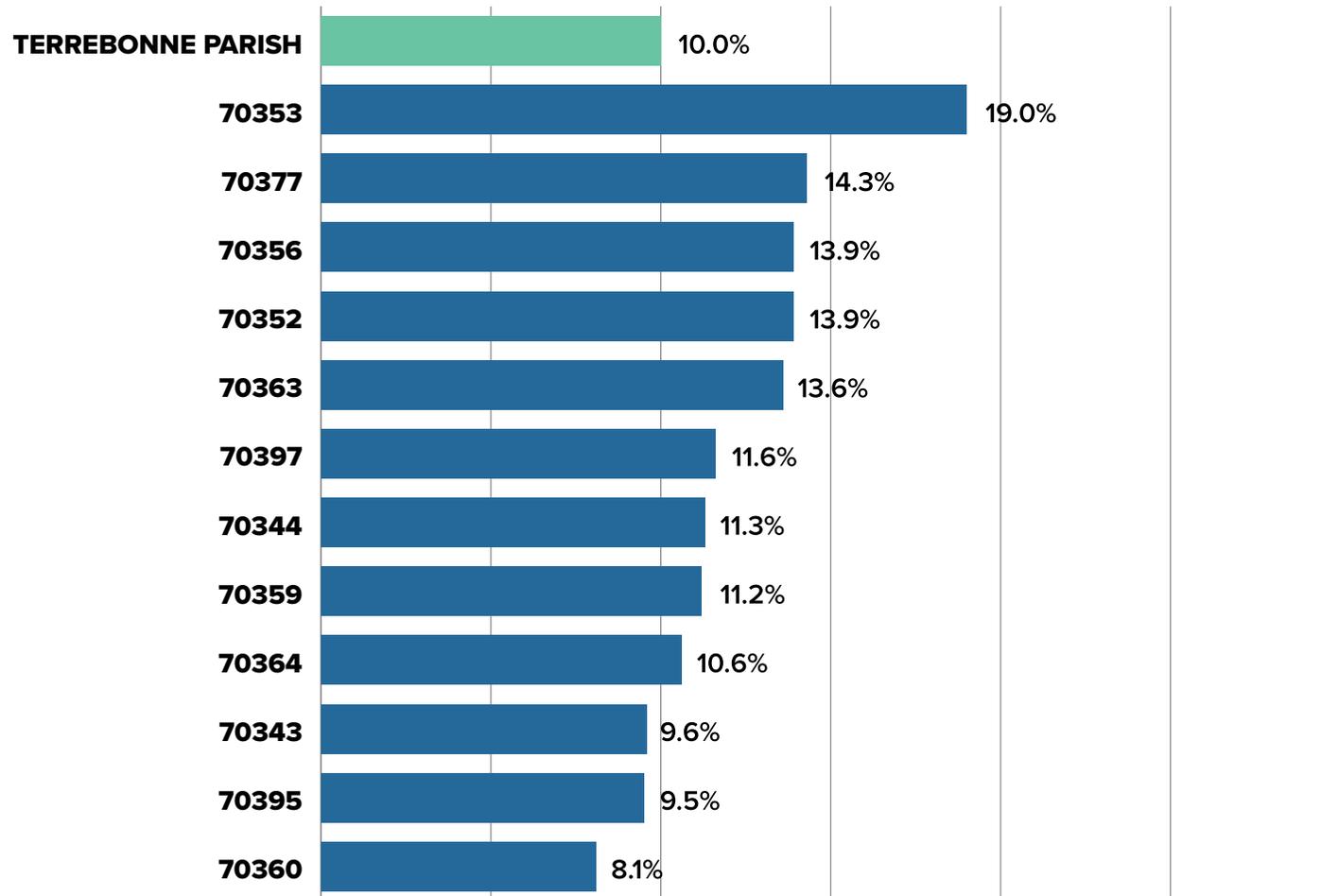
Figure 45: Cognitive Disability Among Adults



Source: [Centers for Disease Control and Prevention, PLACES: Local Data for Better Health, 2022](#)

According to the CDC, independent living disability among adults refers to difficulty doing errands alone, such as shopping or visiting a doctor, caused by physical, cognitive, or mental health limitations. This indicates that individuals may struggle with everyday tasks outside the home without support, which can affect their ability to access services, maintain health, and participate fully in community life. Respondents in ZIP code 70353 report difficulty with independent living.

Figure 46: Independent Living Disability Among Adults

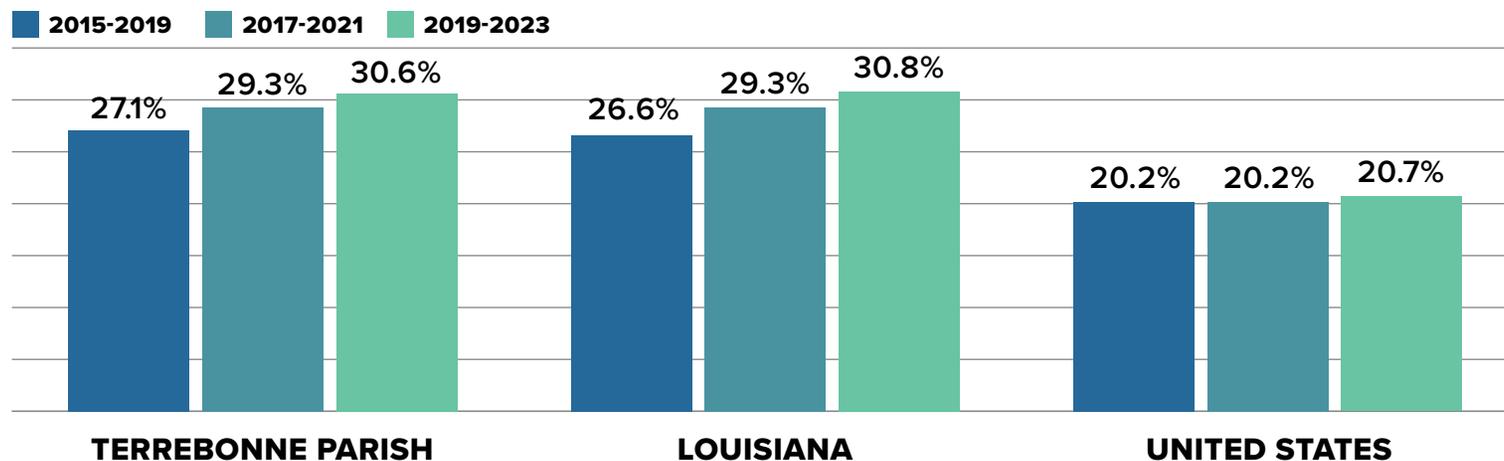


Source: [Centers for Disease Control and Prevention, PLACES: Local Data for Better Health, 2022](#)

The share of the population receiving Medicaid has risen across Terrebonne Parish and Louisiana over three time periods (2015–2019, 2017–2021, and 2019–2023). In Terrebonne Parish, Medicaid enrollment increased steadily from 27.1% in 2015–2019 to 30.6% in 2019–2023. A similar upward pattern is observed statewide, with Louisiana rising from 26.6% to 30.8% over the same periods. In contrast, the national share of individuals receiving Medicaid remained relatively stable, hovering around 20% across all three timeframes, with a slight increase to 20.7% in 2019–2023.

Overall, the statistics show that both Terrebonne Parish and Louisiana consistently report substantially higher Medicaid participation rates than the national average and that reliance on Medicaid have increased over time at both the local and state levels. This pattern suggests greater economic vulnerability and greater dependence on public health insurance in Terrebonne Parish and Louisiana, underscoring the importance of Medicaid as a critical safety net for residents’ access to healthcare.

Figure 47: Population Receiving Medicaid



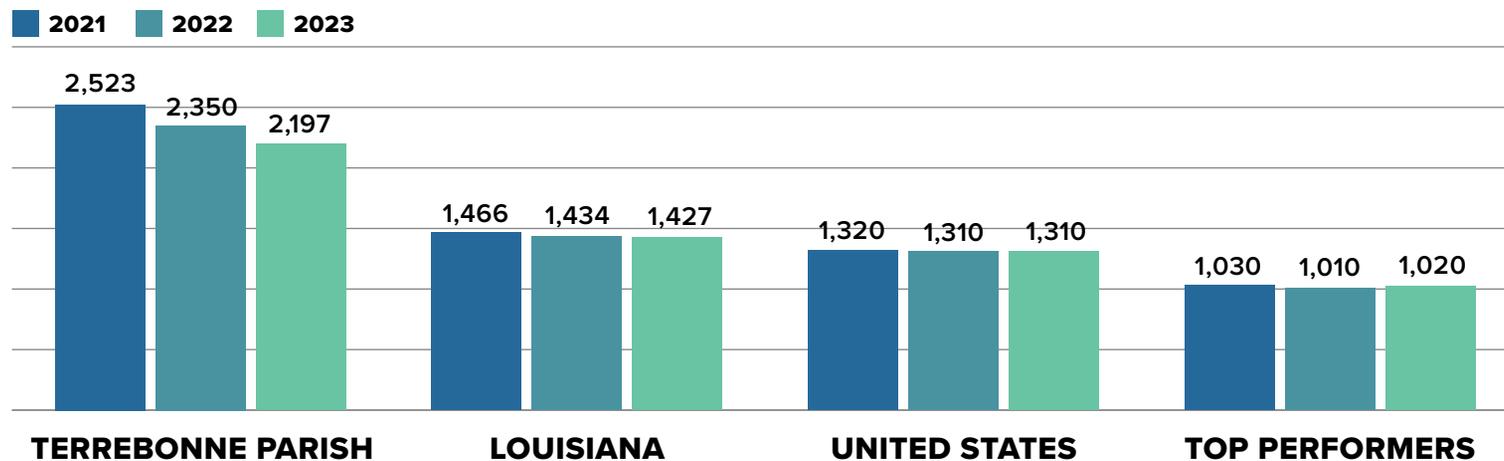
Source: U.S. Census Bureau, ACS 2023



Terrebonne Parish consistently shows a higher patient-to-physician ratio than the state, national, and top-performer benchmarks, indicating fewer primary care providers available to serve the population. Modest improvement is observed over time, but the gap remains substantial, underscoring ongoing challenges in timely access to routine care, preventive services, and chronic disease management.

Improving primary care rates in Terrebonne Parish will require a multifaceted approach focused on workforce development and care-delivery innovation. Strategies include strengthening recruitment and retention of primary care providers, expanding the use of nurse practitioners and physician assistants, and developing residency training and clinical rotation pipelines that encourage providers to practice locally. Increasing the number of physicians improves healthcare by strengthening access, quality, and continuity of care. A larger physician workforce reduces wait times and delays, allowing patients to receive timely preventive services, early diagnosis, and effective management of chronic conditions. More primary care physicians provide relationship-based care, improving care coordination and reducing unnecessary emergency department use. Expanding physician supply also helps address geographic and socioeconomic disparities by improving access in underserved and rural communities. Greater physician availability leads to better health outcomes, improved patient experiences, and a more resilient healthcare system. Strategic efforts can improve access, reduce avoidable emergency department use, and support better long-term health outcomes for residents.

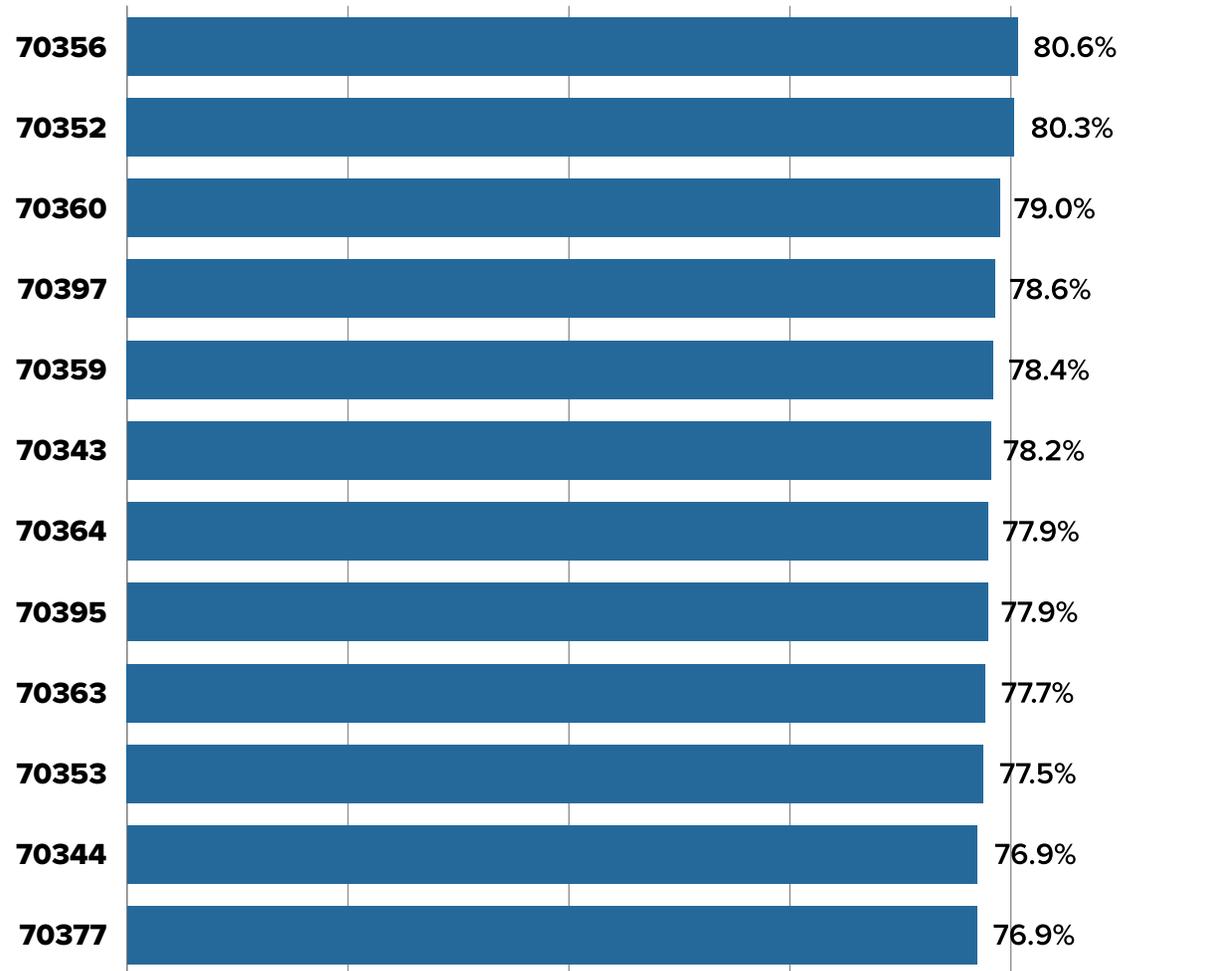
Figure 48: Access to Primary Care (Rate of Patients per Physician)



Source: Area Health Resource File/American Medical Association. 2021-23

A large majority of adults across Terrebonne Parish ZIP codes report having had a routine doctor visit in the past year, indicating generally strong engagement with preventive and primary care services.

Figure 49: Visits to the Doctor for a Routine Check-up within the Past Year Among Adults



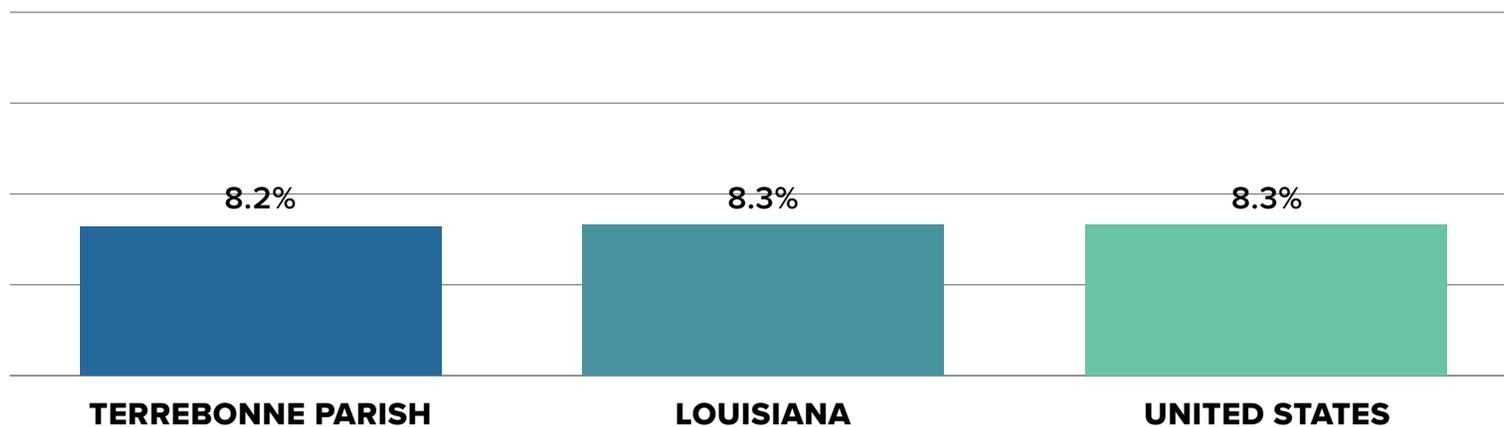
Note: Parish data was not available for this measure.

Source: [Centers for Disease Control and Prevention, PLACES: Local Data for Better Health, 2022](#)



Approximately 8.2% of households in Terrebonne Parish lack access to a motor vehicle, a rate comparable to Louisiana and the United States overall. While this percentage may appear modest, it represents a significant transportation barrier for affected households, particularly in a largely car-dependent community. A lack of reliable transportation can limit access to healthcare appointments, employment, grocery stores, and other essential services, leading to delayed care and poorer health outcomes. Understanding this indicator is important for Terrebonne General as it highlights the support needed for transportation, including community transit, non-emergency medical transportation, and mobile or neighborhood-based services, to ensure equitable access to care and resources.

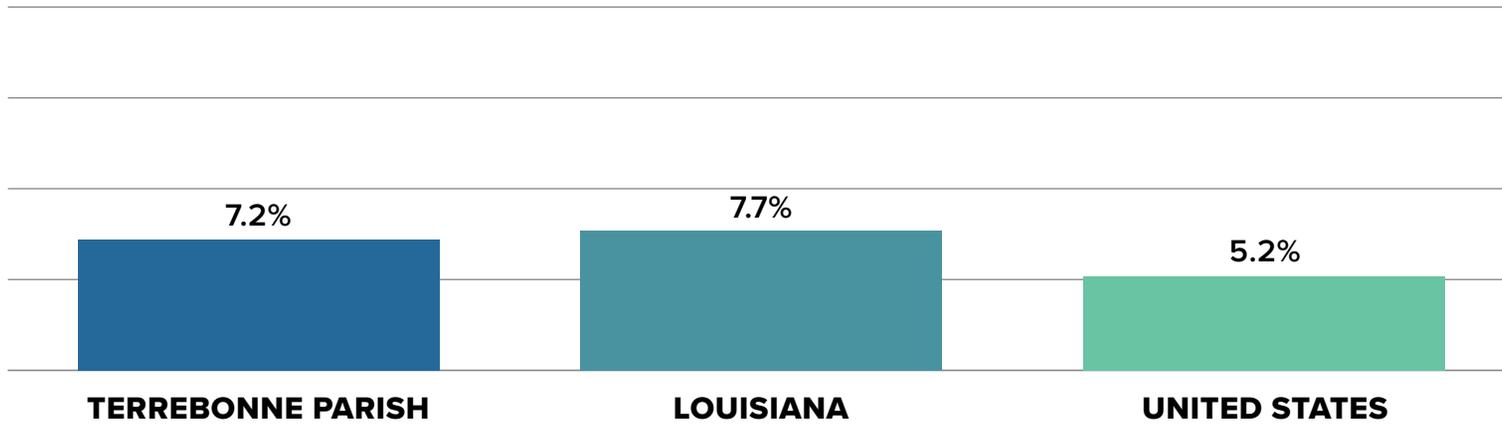
Figure 50: Households with No Motor Vehicle



Source: U.S. Census Bureau, American Community Survey. 2019-23

A higher share of households in Terrebonne Parish lacks a computer than the national average, highlighting a digital access gap that can limit residents' ability to use telehealth services, access health information, and engage with online resources.

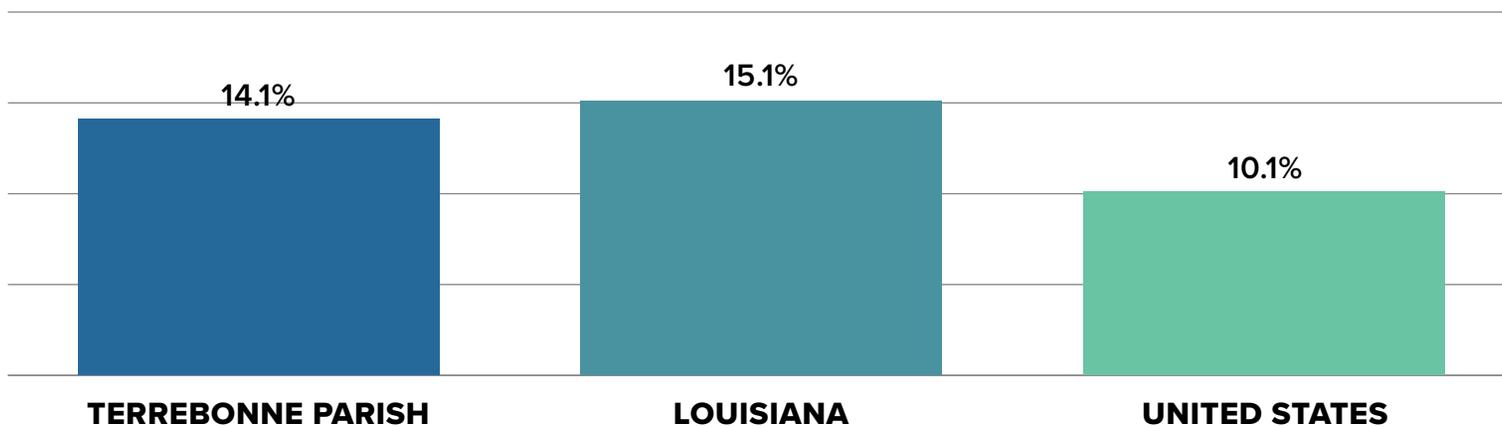
Figure 51: Households with No Computer



Source: U.S. Census Bureau, American Community Survey, 2019-23

The data show that 14.1% of households in Terrebonne Parish lack or have slow internet access, exceeding the national average and aligning with state levels. This digital gap is important as limited internet access can hinder telehealth use, access to health information, and connection to essential services, contributing to broader disparities in care and health outcomes.

Figure 52: Households with No or Slow Internet



Source: U.S. Census Bureau, American Community Survey, 2019-23



Telehealth use among Medicare beneficiaries across the U.S. showed a sharp rise in early 2020, followed by a gradual stabilization at lower but sustained levels through 2024. Overall utilization peaked during the COVID-19 pandemic as telemedicine became a critical tool for maintaining access to care, then declined as in-person services resumed, settling at 13–15% of Medicare users per quarter. The rural-urban comparison shows that urban beneficiaries consistently used telehealth at higher rates than rural beneficiaries, although both groups experienced similar trends over time. Despite lower overall utilization in rural areas, telemedicine remains an important access point, particularly for individuals facing transportation barriers, provider shortages, or mobility limitations. These patterns underscore the ongoing role of telehealth in expanding access to care and highlight the importance of sustained investment in broadband infrastructure, digital literacy, and supportive policies to ensure equitable telemedicine use across communities.

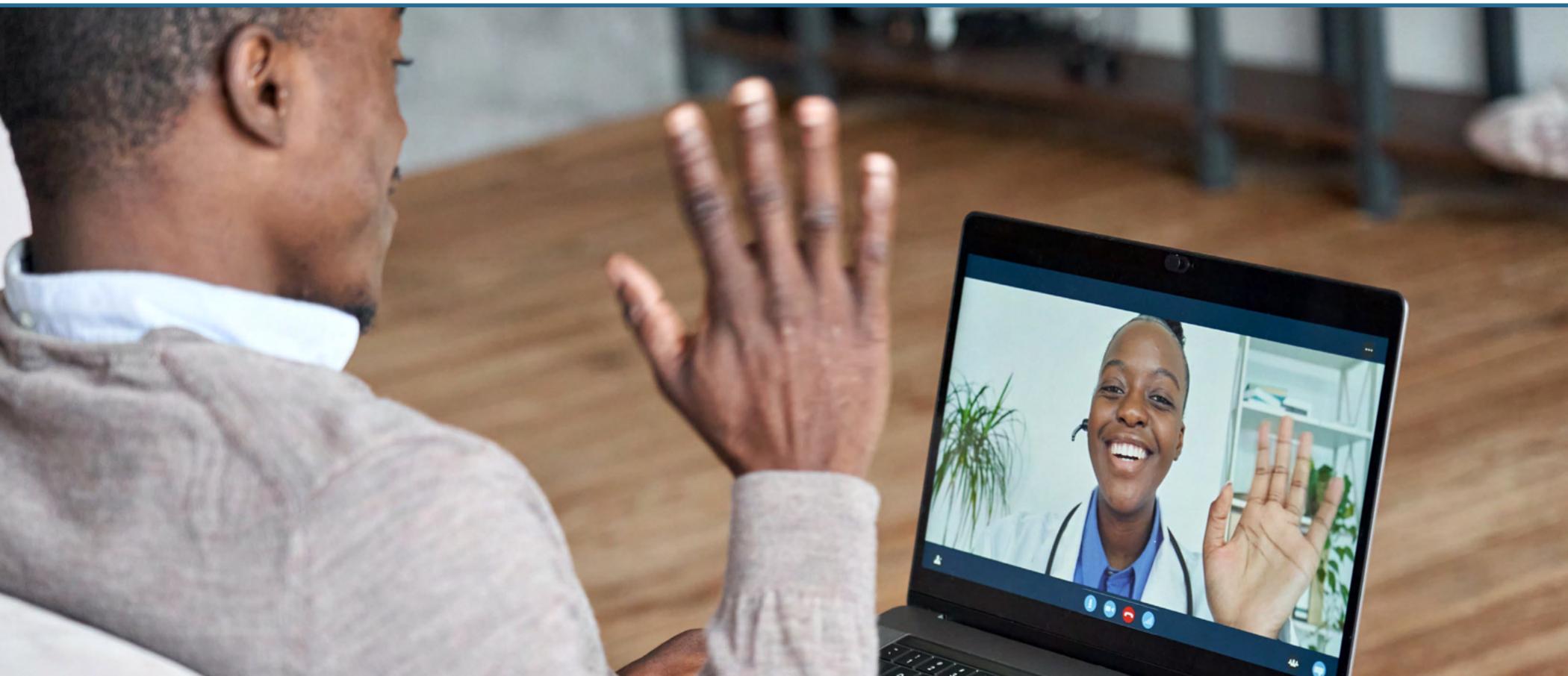
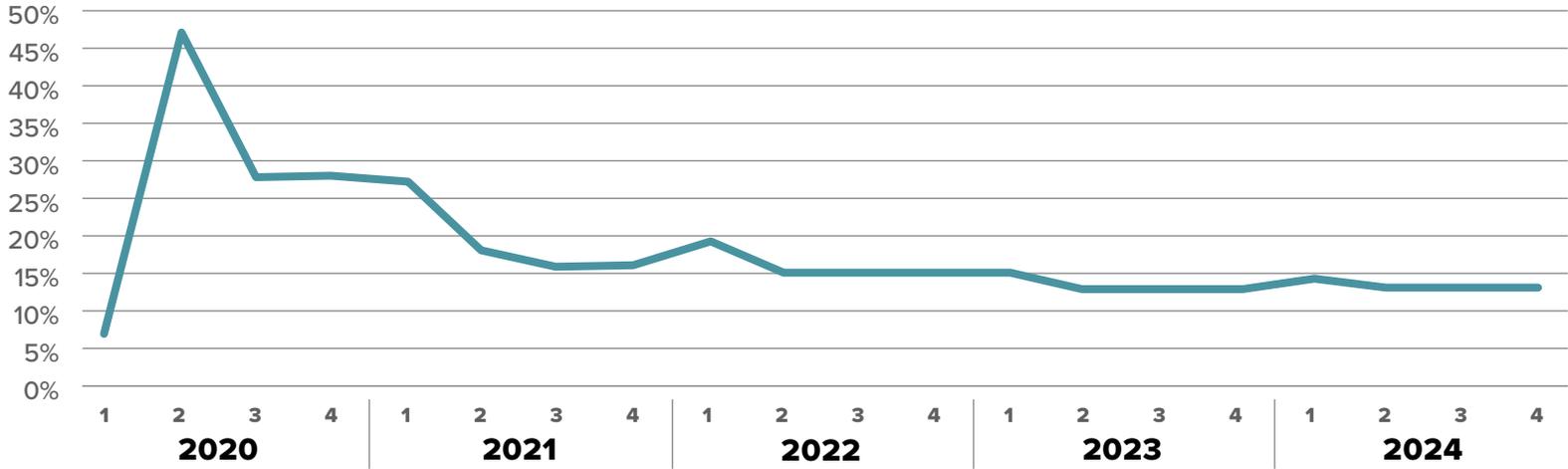
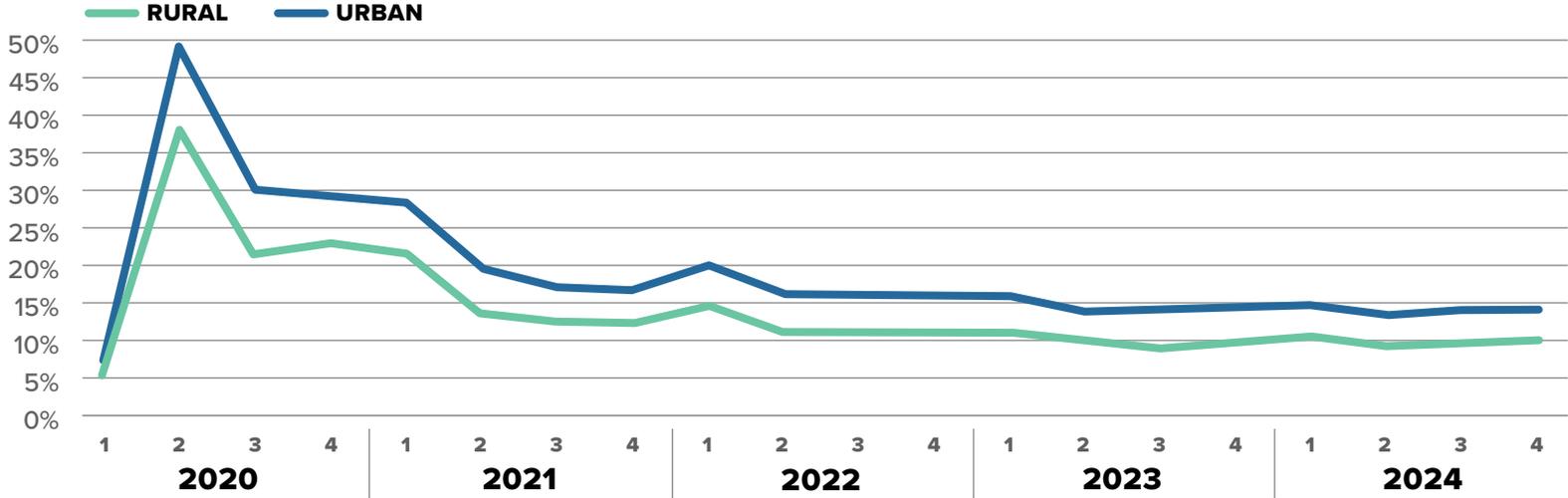


Figure 53: Telemedicine Use Overall by U.S. Medicare Users



Source: [Centers for Medicare and Medicaid Services](#)

Figure 54: Telemedicine Use by Rural/Urban U.S. Medicare Users



Source: [Centers for Medicare and Medicaid Services](#)



Access to care remains a foundational priority for Terrebonne General as the health system works to meet the evolving needs of its service area. Data and community input consistently highlight the importance of addressing barriers to care, including transportation, affordability, insurance coverage, and care coordination, particularly for older adults, individuals with chronic conditions, and residents with mobility limitations. Strengthening access requires a comprehensive approach that expands the healthcare workforce, enhances the availability of primary and specialty care, and continues to integrate telemedicine as a flexible and effective care-delivery option. By investing in provider recruitment and retention, improving navigation and coordination of services, and leveraging technology to reach patients where they are, Terrebonne General can reduce care gaps and support timely, preventive, and continuous care. Continued collaboration with community partners and a focus on equity will be essential to improving health outcomes, supporting aging in place, and ensuring that all residents have reliable access to the care they need.





Conclusion and Next Steps

In the months ahead, Terrebonne General Health System will build on the findings of its CHNA to develop a comprehensive, measurable, and community-aligned ISP that guides health improvement efforts over the next three years. The ISP will translate the identified 2026 priority needs into clear goals, targeted interventions, and strategic initiatives that support Terrebonne General's mission and long-term commitment to improving the health and well-being of residents across Terrebonne Parish. The CHNA identified a clear, interconnected set of priority areas: Chronic Diseases, Health Promotion & Education, and Access to Care. Behavioral health emerged as a critical concern, emphasizing the need to strengthen emergency department navigation, improve coordination among behavioral health providers, expand support for postpartum depression, and advance suicide prevention strategies to address both immediate crises and long-term mental health needs. Health promotion and education were also identified as essential, underscoring the need to expand health education, reduce tobacco use, prevent motor-vehicle injuries, and address sexually transmitted infections to reduce preventable illness and injury. Access to care serves as a unifying priority across all areas, underscoring the need for enhanced care coordination, health system navigation, workforce development, and expanded service availability to ensure residents can obtain timely, appropriate, and continuous care. A central component of the ISP will be ongoing collaboration with community partners, including public health agencies, behavioral health providers, nonprofit organizations, schools, faith-based groups, and civic leaders, to ensure that strategies are grounded in local experience and responsive to the needs of both rural and urban communities. Through coordinated services, shared resources, and clear performance indicators to track progress and guide improvement, Terrebonne General Health System reaffirms its commitment to advancing health equity, strengthening regional partnerships, and building a healthier, more resilient future for individuals and families throughout Terrebonne Parish.

Data Gaps

Terrebonne General Health System's CHNA was informed by the most current, comprehensive, and reliable data available at the time of analysis. Throughout the CHNA process, Terrebonne General identified data limitations, particularly in engaging certain disparate and at-risk populations within the service area. While extensive efforts were made to reach a broad, diverse cross-section of the community through multiple engagement strategies, including stakeholder interviews, community surveys, and collaboration with local organizations, some populations remained underrepresented (e.g., homeless individuals and those with limited English proficiency). Despite these limitations, the CHNA was designed to provide a meaningful and representative assessment of community health conditions in Terrebonne Parish, while transparently acknowledging that existing data gaps may limit the ability to fully capture the needs of all populations served.





Additional Information

Terrebonne General is committed to developing focused implementation strategies that leverage its strengths, clinical expertise, and deep-rooted community partnerships. These strategies will guide coordinated efforts to address the priority health needs identified in this assessment and advance meaningful improvements in the health and well-being of residents across Terrebonne Parish. For questions or additional information regarding the CHNA or its findings, please contact:

Rhonda Alfred

Director of Marketing/Planning
Marketing and Planning

8166 Main Street, Houma, LA 70360
985.850.6179

Marketing@tghealthsystem.com
tghealthsystem.com

Commitment to Advancing Community Health

Special Thanks

Terrebonne General extends its sincere appreciation to the members of the Working Group whose leadership, insight, and dedication were instrumental in guiding the development of the CHNA. Their collective expertise, representing clinical care, administration, community outreach, behavioral health, public health, and support services, ensured a comprehensive and thoughtful evaluation of the needs facing Terrebonne Parish. The Working Group's commitment to collaboration, data-driven decision-making, and community-centered planning played a vital role in shaping the 2026 priorities. Terrebonne General is grateful for their time, engagement, and unwavering focus on advancing the health and well-being of the community.

In alphabetical order by last name.

Rhonda Alfred, Director of Marketing and Planning

Allie Boudreaux, Marketing and Planning Coordinator

Cindy Duet, Vice President of Clinical Ancillary Services

Alison Fontenot, Marketing & Planning Representative

J. Craig Guillot, AVP of Operations, Ochsner Health Bayou Region

Rebecca Hoffmann-Spears, Director of Case Management, Ochsner Health Bayou Region

Dawn Hryniewich, RN Clinic Coordinator-Supervisor, Ochsner Clinic Foundation

Erin Lirette, Safety Officer, Ochsner Health Bayou Region

Joy Martinez, Director, Case Management

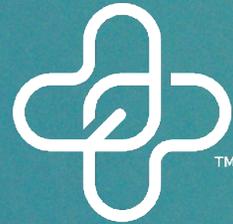
Consultants

Tripp Umbach brings more than 35 years of national experience conducting CHNAs, developing implementation strategies, and planning population health for hospitals, health systems, public health agencies, universities, and community-based organizations. As a recognized leader in the field, Tripp Umbach has completed hundreds of CHNAs nationwide, working in diverse settings ranging from large academic health centers to rural critical access hospitals. Our team is highly skilled in analyzing complex quantitative data; synthesizing community voices through interviews, focus groups, and surveys; and facilitating structured prioritization processes that lead to clear, actionable results. We have deep expertise in identifying health disparities, evaluating social determinants of health, and supporting clients in building sustainable, community-centered strategies to improve health outcomes. Beyond assessment, Tripp Umbach works closely with organizations to develop evidence-based implementation plans, strengthen partnerships, and align resources to support long-term, measurable impact. With decades of experience and a proven track record of producing IRS-compliant, high-quality CHNAs, Tripp Umbach provides the insight, rigor, and strategic guidance necessary to help communities and health systems advance meaningful change.



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