

# Region 3 Parish Community Health Assessment Profile:

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## Terrebonne Parish



Spring 2014

# FOREWARD

The Regional Meeting on Health Priorities was held in Houma, LA in November 2013, and was co-convened by the Louisiana Department of Health and Hospitals (DHH) Bureau of Primary Care and Rural Health and the Louisiana Public Health Institute. We would like to acknowledge those who participated in the Regional Meeting on Health Priorities for Region 3 and express our appreciation to the following organizations for their contribution:

Nicholls State University	Teche Action Board
Options for Independence	Coastal Resources & Resiliency Center
Lady of the Sea General Hospital	Louisiana Rural Health Association
Terrebonne Parish City Government	Human Services Authority - Houma
United Way Southeast Louisiana	Thibodaux Regional Medical Center
United Houma Nation	DHH Office of Public Health
Terrebonne General Medical Center	LSU Health Services
Louisiana Primary Care Association	City of Thibodaux
Association of American Indian Physicians	Pointe-au Chien Tribe
Human Services Authority	Terrebonne Consolidated Government
Terrebonne Readiness & Assistance Coalition	Bayou Interfaith Shared Community Organizing
Tulane Global Environmental Health Sciences	Catholic Charities of the Diocese of Houma -Thibodaux
Montegut Middle School – Parish School System	Terrebonne Parish Emergency Preparedness
	Lafourche Parish Office of Emergency Preparedness

Overall, the Regional Meeting on Health Priorities had three primary goals:

1. Rapid identification of your community's health priorities
2. Identification of potential interventions to address priority health needs
3. Venue to inform the broader community health planning activities of DHH and LPHI

In January 2014, a comprehensive summary report of the results of the prioritization process was sent to participants and parish stakeholders.

This current report "Region 3 Parish Community Health Assessment Profile" for Terrebonne Parish combines existing regional and parish level data with the priorities identified by stakeholders at this meeting to create parish profile based on data currently available to DHH and LPHI. This profile is one potential venue to activate and/or sustain community involvement in assessment and improvement planning efforts. It will also be available online to share and continue the conversation about these results with other stakeholders and community members in the parish.

## Next Steps following the Regional Meeting on Health Priorities

In the last section of this report we outline how information gathered at the Regional Meeting on Health Priorities for Region 3 will be utilized going forward and list current opportunities to support ongoing work. These include:

- Using prioritized health needs to inform decisions around enhancing access to high quality, community-focused primary care through the Gulf Health Outreach Program Primary Care Capacity Project
- Application of findings to inform DHH's community health assessment planning efforts
- Opportunity to participate in regional and parish initiatives related to prioritized health needs through the Region 3 Healthy Community Coalition

Additionally, as part of DHH and LPHI's continued work, we will seek and pursue additional opportunities to add to the data for your communities and thereby, the understanding of unique needs and assets for improving health in your parish and region.

We encourage you to continue to join in these opportunities and hope that by staying involved with the process,

you can continue to share your ideas about community health issues and how solutions can be created and resources found to implement them.

Sincerely,

Eric T. Baumgartner, MD, MPH  
Director, Policy and Program Planning  
Louisiana Public Health Institute

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Office of Public Health

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# INTRODUCTION

The Regional Meeting on Health Priorities for Region 3 of Louisiana was co-convened by the Louisiana Public Health Institute (LPHI) and the Louisiana Department of Health and Hospitals (DHH) Bureau of Primary Care and Rural Health in an effort to bring together stakeholders in Terrebonne and Lafourche Parishes to share information and participate in a community discussion on health priorities.

The Regional Meeting on Health Priorities for Region 3 was held November 21<sup>st</sup>, 2013 in Houma, Louisiana. Meeting stakeholders were comprised of representatives from state, regional and local community organizations and nonprofits, as well as local leaders from the health, education, and government sectors.

The purpose of the meeting was to (1) identify community health priorities, (2) discuss broad interventions to address these needs, and (3) provide community feedback to inform the broader community health planning activities of DHH and LPHI. The information gathered from this meeting will assist DHH in planning for its state-wide community health assessment and will provide immediate information to LPHI to inform program decisions with the Gulf Region Health Outreach Program: Primary Care Capacity Project, which is committed to offering support for improved access to primary care in Terrebonne Parish.

## Methods

The process for determining health priorities in each parish involved three major processes:

1. Review of existing regional and parish level data for Region 3 and Terrebonne Parish from national and state sources to create a shared understanding of the current health
2. Facilitated discussion of community health needs, barriers, and resources with stakeholders
3. Group voting by stakeholder on the top priority health needs and barriers to care

### *Data Overview - Region 3*

During 2011, DHH engaged in a series of regional community health assessments as part of the Community Transformation Grant (CTG). The CTG grant was awarded to the state of Louisiana by the Centers of Disease Control and Prevention as part of the Affordable Care Act's Prevention and Public Health Fund. The purpose of the CTG program was to identify health problems and design public health programs to address them. Louisiana was one of three states to receive a capacity building award. One major activity within the CTG was to engage in regional community health assessment and planning efforts throughout the state. DHH partnered with Louisiana State University School of Public Health and LPHI to develop and conduct regional focus groups for the completion of two assessments using the National Association of County and City Health Officials' (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP)<sup>1</sup> model: *Community Themes and Strengths Assessment* and *Forces of Change Assessment*. More information on the methods used in this process is available upon request.

In Region 3, a total of 6 residents participated in the focus groups. The results of the *Community Themes and Strengths* and the *Forces of Change* assessments were presented to stakeholders at the Region 3 Regional Meeting on Health Priorities, along with data on the burden of chronic disease in the region.

### *Data Overview - Terrebonne Parish*

LPHI gathered and analyzed data for both Terrebonne Parish and for the state of Louisiana as a whole. This data was gathered to provide parish specific information on the demographic composition, health status, health care access and barriers to care in the parish and relative to the state. Factors for which data were gathered and analyzed were chosen based on best practices put forth by the Catholic Health Association<sup>2</sup> and NACCHO'S

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<sup>1</sup> Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process for improving community health. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. Citation: National Association of County and City Health Officials, *MAPP Framework*. Viewed December 5, 2012, <http://www.naccho.org/topics/infrastructure/mapp/framework/index.cfm>.

<sup>2</sup> The Catholic Health Association of the United States (CHA) is recognized leader in benefit planning and reporting to serve community health need initiative. Through

MAPP processes for selecting measurements that summarize the state of health and quality of life in a community. A subset of this data was presented to stakeholders at the November 21<sup>st</sup> Regional meeting. Sources for the data presented can be found in Appendix A

**Limitations:** The parish level data represented in this report come from both national and state data sources. These sources gather data from representative samples of the parish population and use standardized, valid, and reliable methods for collecting and summarizing the data. However, there are important limitations of these data to note. These include: the time delay for when the most recent year of data are available, sampling strategies that may miss or not include important sub-populations, and surveys that rely on self-report of respondents. Thus, these data *do not* and are not meant to reflect a holistic and complete viewpoint of the health outcomes and health resources available within the parish. Rather, the data presented are best considered as a starting point to inform state and local discussion regarding community health priorities. Additionally, the data presented can also be helpful to draw attention to data gaps and potential opportunities for identifying, gathering, and collecting data that are more representative of communities in Terrebonne Parish.

#### *Prioritization Process*

During the Regional meeting, attendees were split into two breakout groups, one per parish, for a facilitated discussion on community health needs and barriers to care. DHH and LPHI facilitators guided community members through the discussion to identify the top ten community health needs and barriers to care in the parish. Stakeholders were then engaged in prioritization process using an Audience Response System (ARS) polling system. Stakeholders were asked to review the list of top ten community health needs and using the ARS vote individually on their top five needs. From the voting, LPHI and DHH derived a list of top five community health needs. Stakeholders followed the same process for top ten barriers to care, and a final list of the top five barriers to care was also derived. The identified priority community health needs and barriers are included throughout this report.

## **Organization of this Report**

First, we present a selection of Region 3 data collected by DHH in this report. The next section presents quantitative and qualitative parish level data gathered from both national and state sources and stakeholders engaged in the Regional Meeting on Health Priorities. Finally, in the last section of this report we outline how information gathered at the Region 3 Regional Meeting on Health Priorities will be utilized going forward and list current opportunities to support the ongoing work to improve community health within the parish.

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collaboration with hospital systems and others, CHA developed the premier uniform standards for community health needs assessment planning and reporting that are currently used by the Internal Revenue Service to develop the Form 990, Schedule H for Hospitals. Citation: Catholic Health Association, *Assessing and Addressing Community Health Needs*. Discussion Draft: Revised February 2012. Viewed December 5, 2012. [http://www.chausa.org/Assessing\\_and\\_Addressing\\_Community\\_Health\\_Needs.aspx](http://www.chausa.org/Assessing_and_Addressing_Community_Health_Needs.aspx)

# DATA OVERVIEWS

## Data Overview – Region 3

The following is a summary of the major findings from the Region 3 focus groups conducted to identify *Community Themes and Strengths* and *Forces of Change* assessments.

**Note:** A full version of the 2012 Louisiana Community Themes and Strengths & Forces of Change Assessments report is available and was distributed to stakeholders during the Region 3 Regional Meeting on Health Priorities on November 21<sup>st</sup>, 2013.

## COMMUNITY THEMES AND STRENGTHS ASSESSMENT

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The purpose of the Community Themes and Strengths Assessment was to provide focus group participants the opportunity to discuss community issues, factors that influence quality of life, and community assets. In Region 3, participants identified the following factors related to community themes and strengths presented in the figure below.



The focus group discussed the state budget cuts and their effects on the availability of services and information. This discussion included dialogue about increasing the number of residents receiving adequate care and those who will no longer seek health care services.

The barriers to improving health in Region 3 focused strongly on individuals and culture. Participants believed that community residents needed to be informed and feel empowered in order to influence their own health outcomes.

As part of the Community Themes and Strengths Assessment, participants were also asked to complete a group asset mapping exercise to identify community assets related to priority areas: tobacco, nutrition, physical activity, high impact clinical services and other (for important assets not captured by the four main priority areas). The table below outlines the key assets available to address these priority areas in Region 3.

It should be noted that participants did not list any assets for the other category.

Figure 3-2: Region 3 Group Asset Mapping (1 group)				
Asset Area				
Tobacco	Nutrition	Physical Activity	High Impact Clinical Services	Other
Tobacco Control Initiative	LSU AgCenter	City/Parish Recreation Departments	Hospital-Based Education	
Tobacco-Free Living	Growing Up Fit Together Program	Thibodaux Regional Medical Center - Wellness Center		
Tobacco Control Program	Nicholls State University Nutritionist - Bridgett Scott	Louisiana Hospital Association and Worksite Wellness Programs		
American Cancer Society	Diabetes Centers	Fitness Clubs		
Bayou Council	Pennington Biomedical Research Center	School Sports		

## FORCES OF CHANGE ASSESSMENT

The purpose of the Forces of Change Assessment was to identify broad social, economic, legal, political, environmental and technological factors that can influence community health and the effectiveness of public health systems. Focus group participants identified forces related to the economic climate and its effect on education, health care and the fishing industry. These included:

- Decreases in state run healthcare and an increase in private facilities.
- Loss of established family and community relationships with healthcare providers, as well as, increased cost of private healthcare, has likely decreased the number of residents going to doctors.
- A large number of individuals in this region have experienced some financial hardship due to the BP Oil Spill. This environmental disaster interfered with their quality of life (e.g., employment, diet, and recreation).

## Data Overview – Terrebonne Parish

The following is a summary of parish level data from a review of existing national and state data sources. Data were gathered and analyzed to identify and assess factors related to the health status, assets and needs of residents in Terrebonne Parish.

This data is organized according to three basic principles:

- Who lives in Terrebonne Parish?
- What influences health in Terrebonne Parish?
- What is the health status of Terrebonne Parish?

Quantitative data is primarily presented in pie charts, bar graphs, tables, and maps. Qualitative data derived from the Regional Meeting is highlighted in outlined text boxes throughout the report. A list of data sources is available at the end of the report. Additional quantitative data which is not visualized in this report but which may be informative to stakeholders is also available in Appendix B.

## WHO LIVES IN TERREBONNE PARISH?

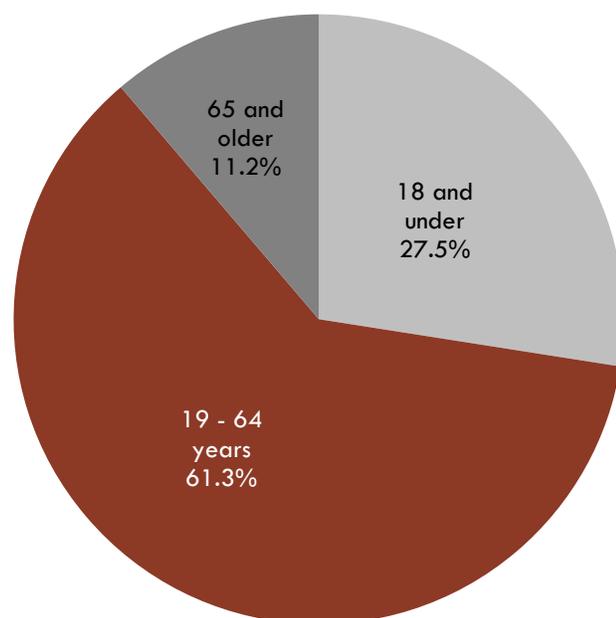
**Terrebonne Parish** is home to 111,893 residents.

% of Residents by Race	
White Residents	70.3%
Black Residents	18.9%
Asian Residents	1.0%
American Indian & Alaskan Native	5.7%
2 or more races	2.1%
Other	2.0%
% of Residents by Ethnicity	
Hispanic Residents	4.0%

### Age of Population

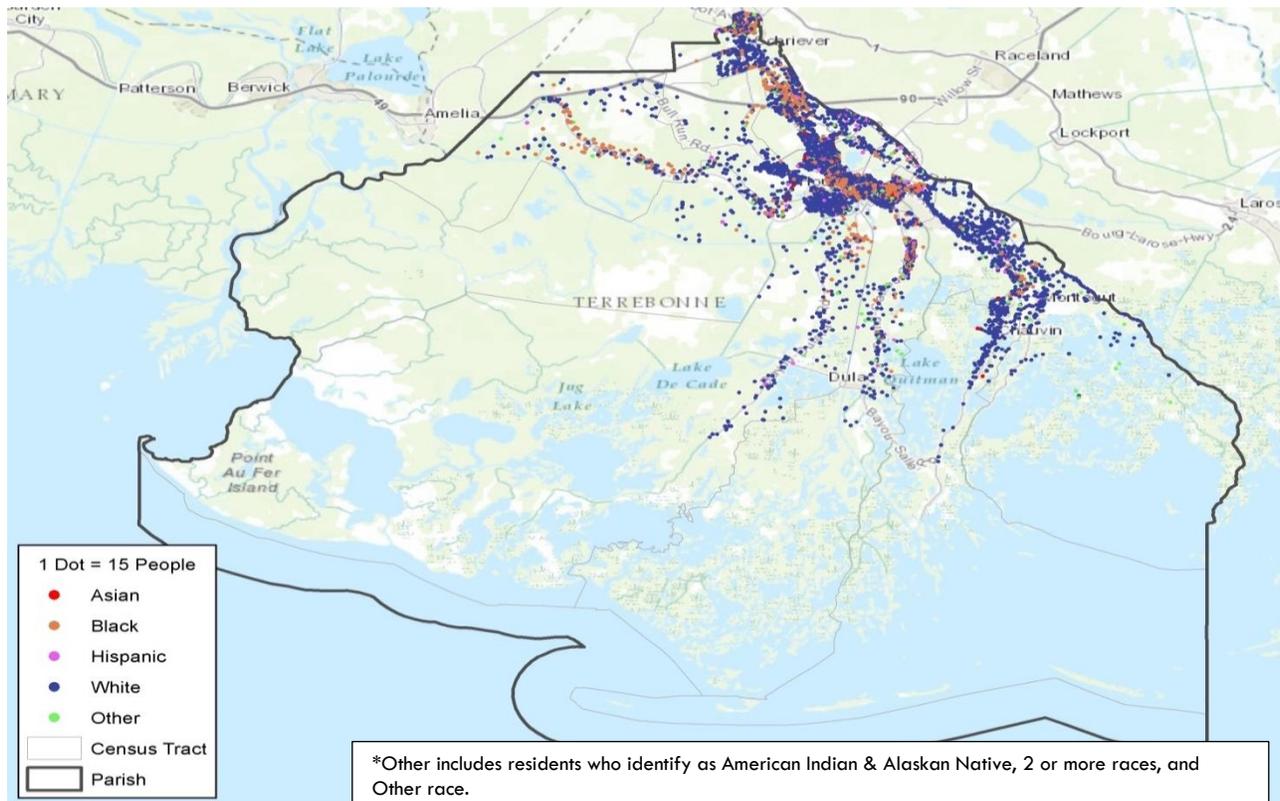
More than half of **Terrebonne Parish's** residents are also **adults of working age**.

Over a quarter all residents are children and adolescents.



## Population Density

Where residents live in a parish can play a contributing role to the type of health care and related services available to communities. The following map shows the distribution of White, Black, Hispanic, Asian and Other race residents in Terrebonne Parish by census block.



## Military Community

In **Terrebonne Parish**, **8.7%** of residents are **veterans**. Among the parish's veteran population, **1.4%** of veterans in the civilian labor force are **unemployed**; **12.7%** were living in **poverty** in the past year; and **34.5%** are currently **disabled**.

Additionally, **0.0%** of **Terrebonne Parish** residents are currently employed in the **Armed Forces**.

## Household Income

The median household income in **Terrebonne Parish** is **\$43,963**.

# WHAT CAN INFLUENCE THE HEALTH OF TERREBONNE PARISH?

## SOCIOECONOMIC FACTORS

Socioeconomic factors such as low socioeconomic status, unemployment, and level of education impact a variety of health behaviors, lifestyle choices, and access to health care and health information among individuals.

### Low Socioeconomic Status:

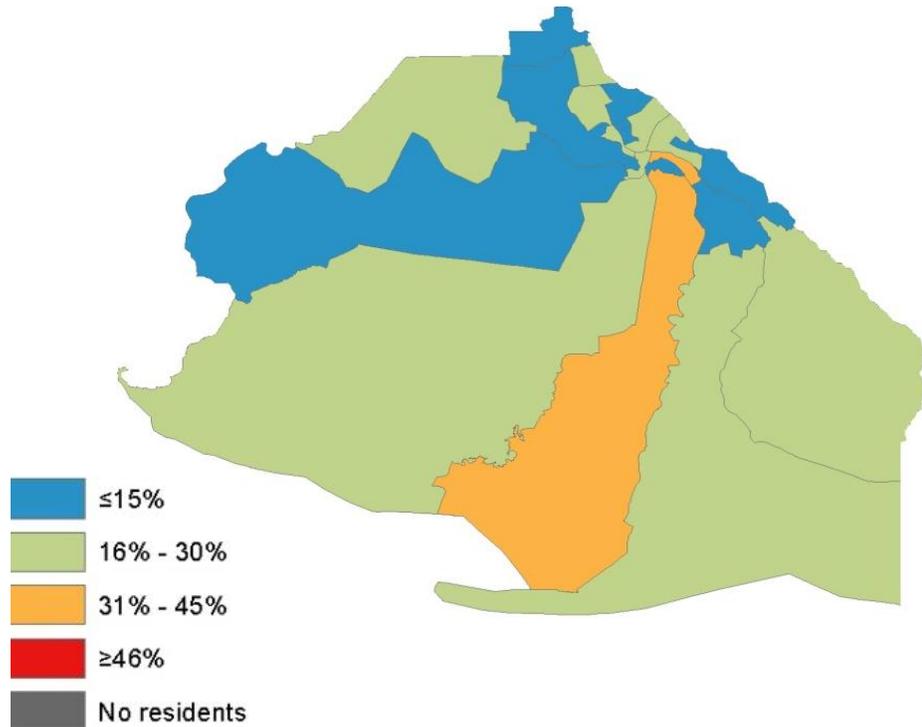
Low SES reflects individuals below the poverty threshold based on income and family size.

In **Terrebonne Parish**, **20%** of **all** residents in the county are considered low SES.

In certain census tracts of Terrebonne Parish, over 30% of residents are considered low SES.

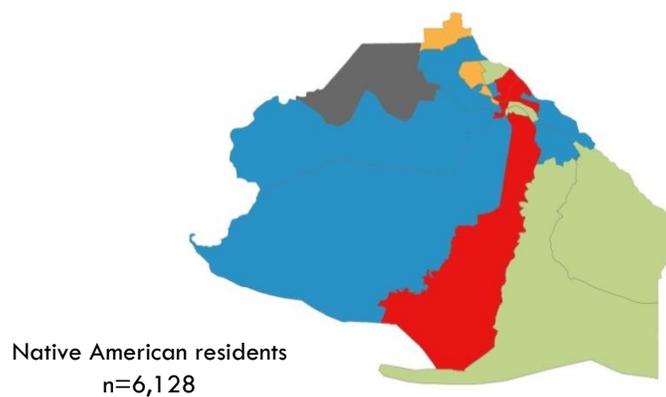
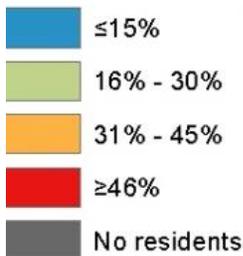
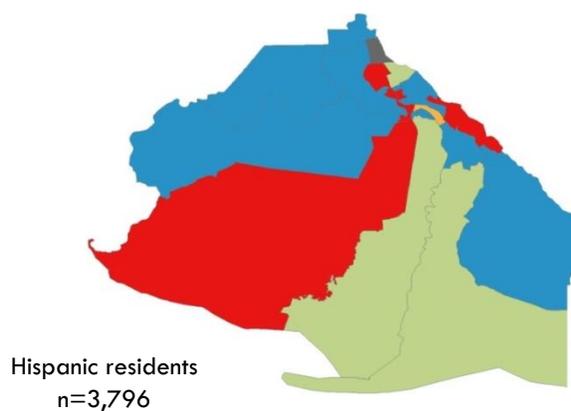
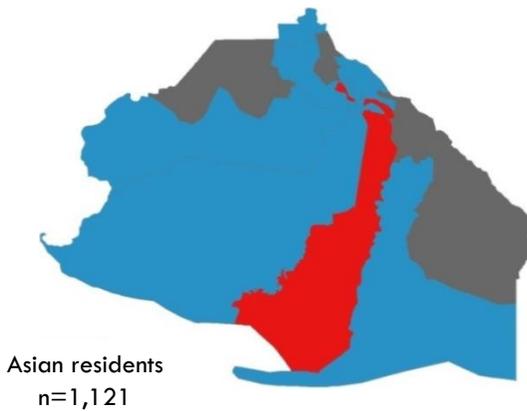
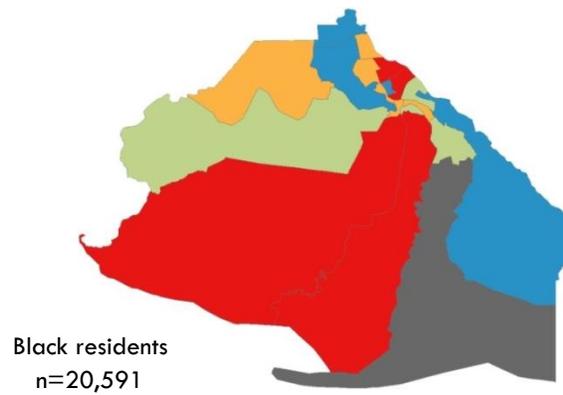
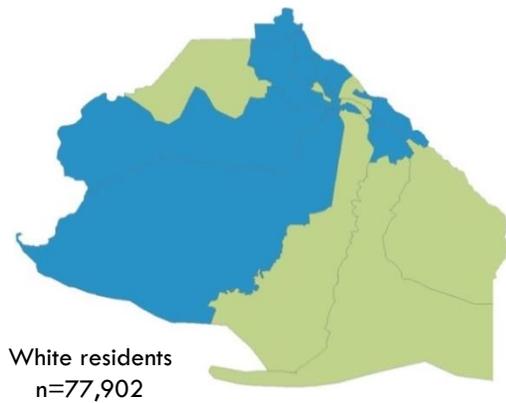
### Terrebonne Parish

All residents  
n=109,612



## Low SES by Race and Ethnicity

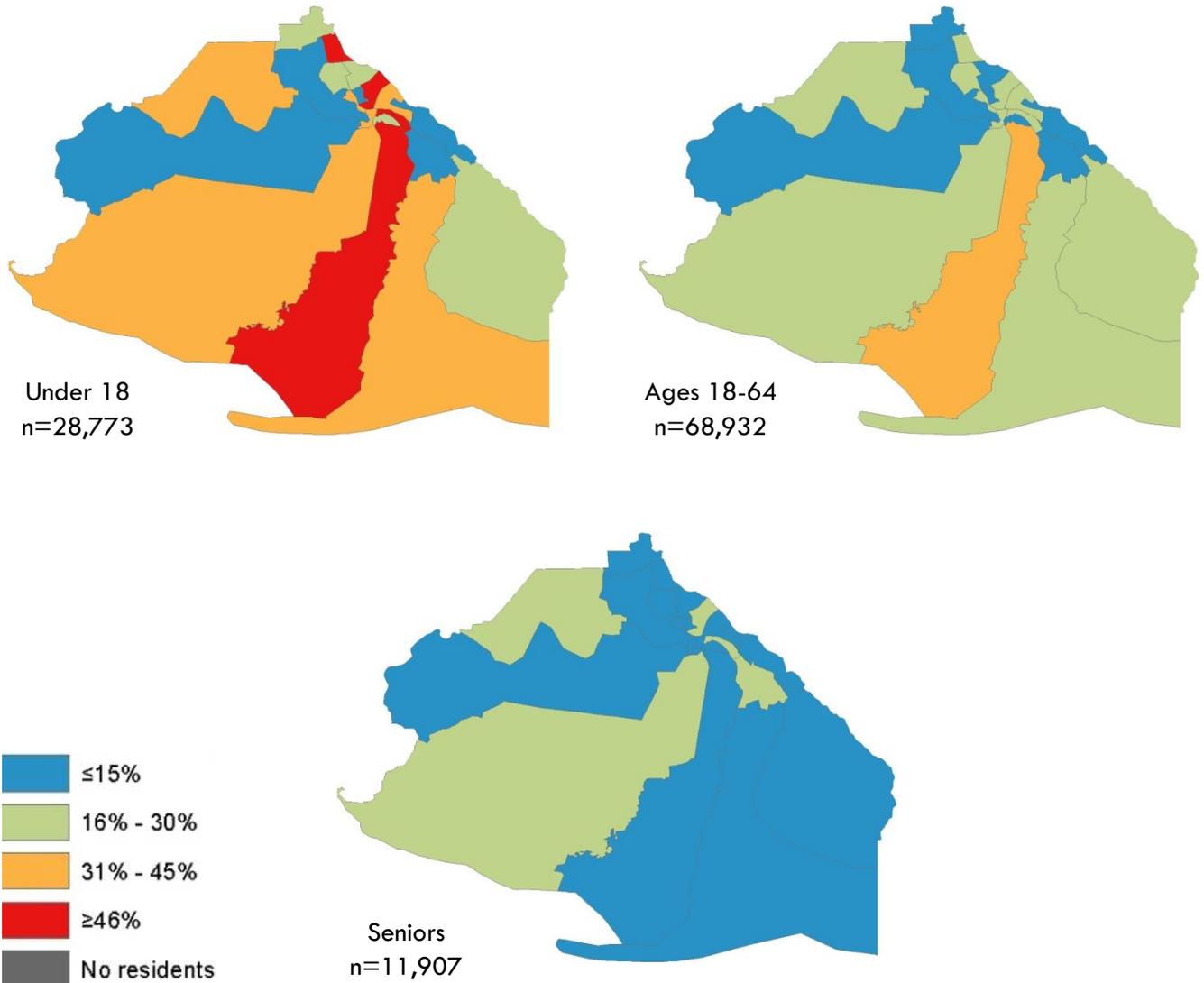
Geographically, the distribution of low SES residents in the **Terrebonne Parish** varies by race and ethnicity, with over 45% of Black, Asian, and Hispanic residents in certain census tracts considered low SES.



## Low SES by Age

In **Terrebonne Parish**, **30%** of **children and adolescents** are considered low SES.

Geographically, the distribution of low SES residents in **Terrebonne Parish** also varies by age, with over 45% of children in certain census tracts of Terrebonne Parish considered low SES.



## Unemployment

**6%** of Terrebonne Parish residents 16 years and older in the labor force are **unemployed**.

### Unemployment by Race and Ethnicity

(among those 16 years and older in the labor force)

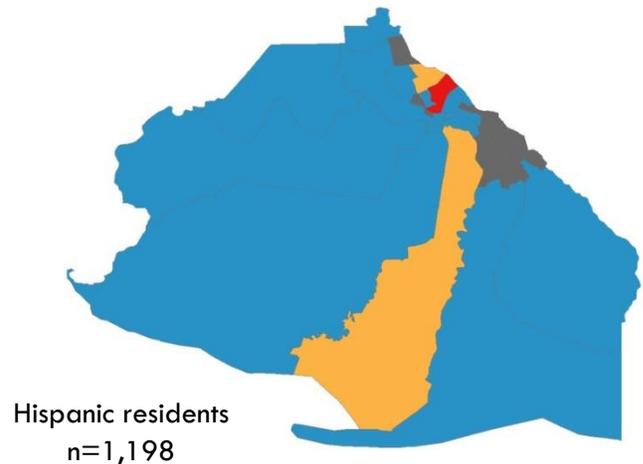
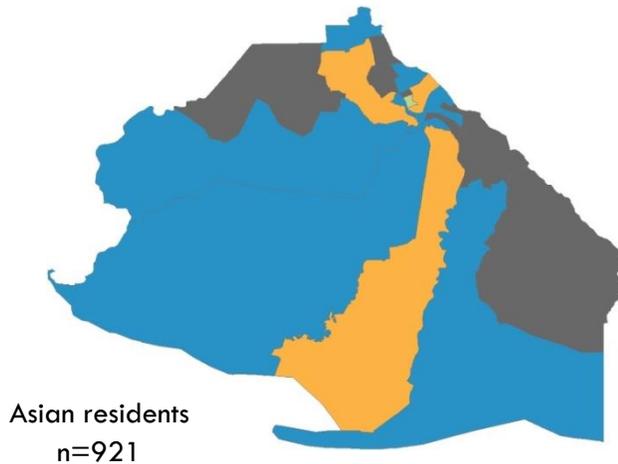
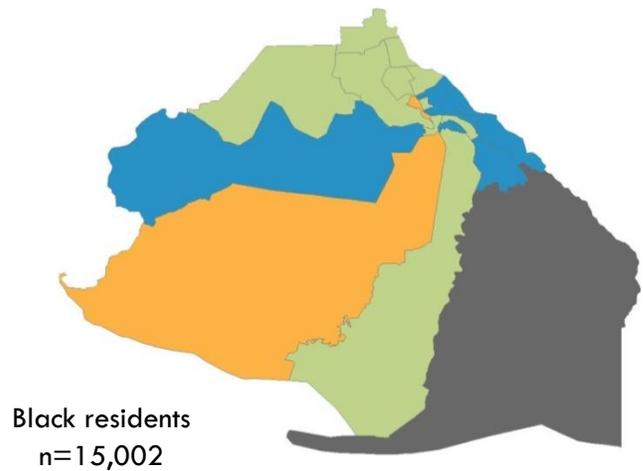
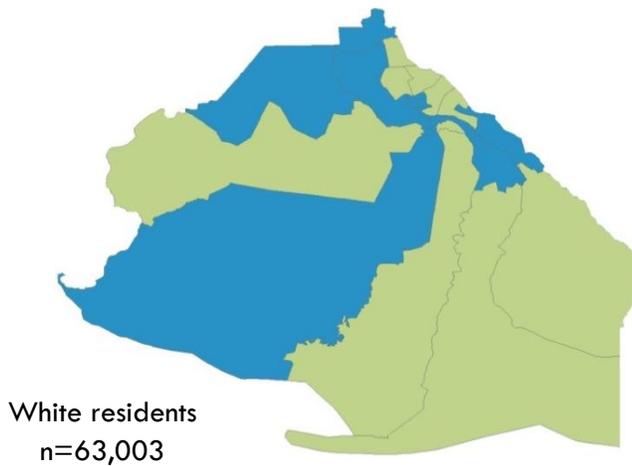
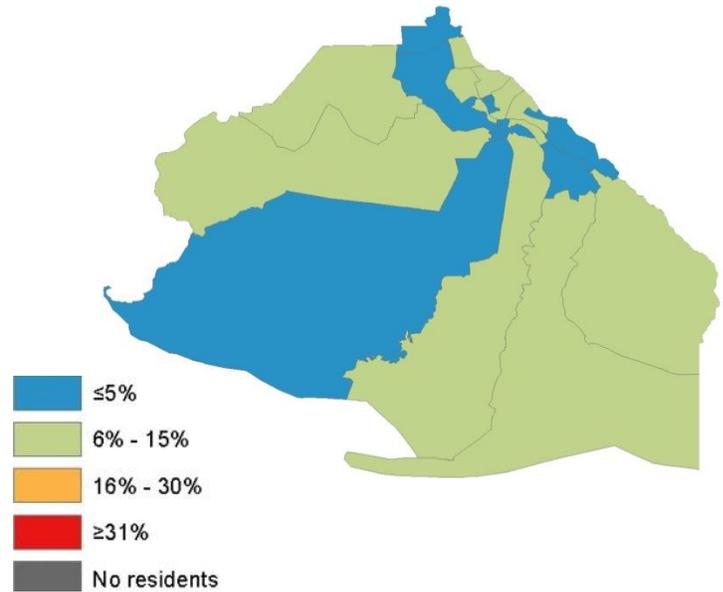
Geographically, the distribution of unemployed residents varies considerably by race and ethnicity. Over 15% of Black, Asian, and Hispanic residents are unemployed in certain census tracts, and more than 30% of Hispanic residents in certain census tracts of Terrebonne parish are unemployed.

∓ Employment data for Native American residents was not available at the Census tract level for Terrebonne Parish.

*Stakeholders identified underemployment and low wages as a barrier to care in the parish.*

### Terrebonne Parish

Residents ≥16 & in the Labor Force  
n=85,537



## Education Status

**24%** of Terrebonne Parish residents over age 25 **do not** have a **high school diploma**.

### Education by Race and Ethnicity

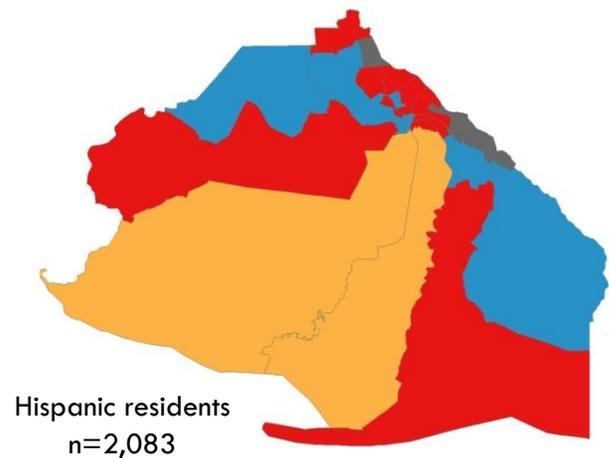
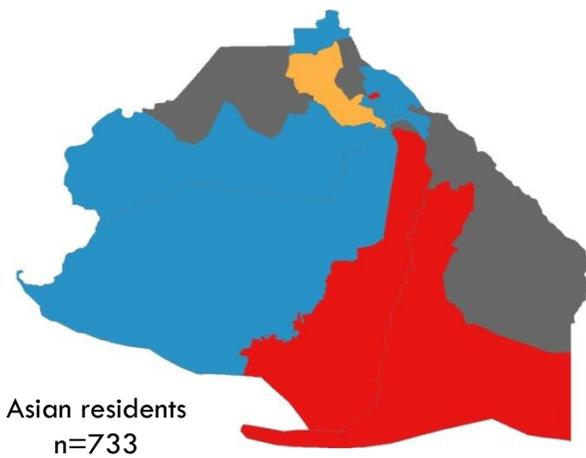
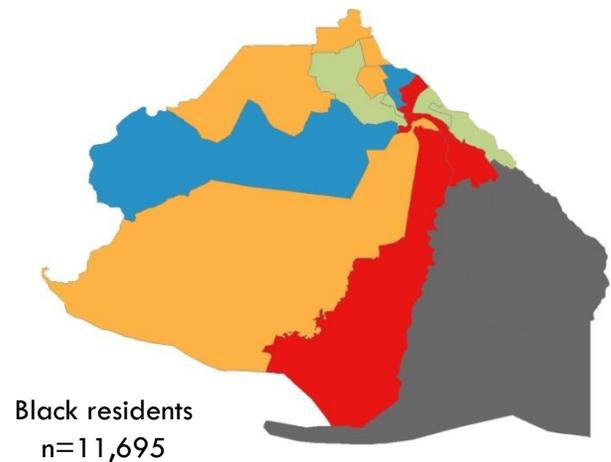
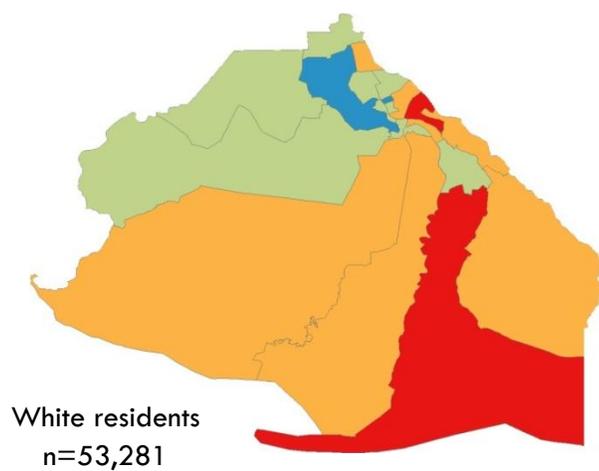
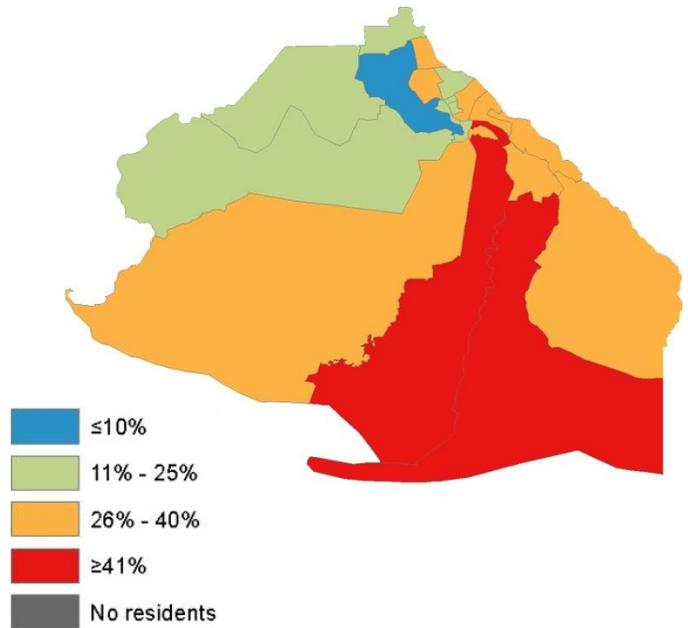
(among residents 25 years and older)

Geographically, the distribution of residents without a high school diploma in the five counties also varies considerably by race and ethnicity.

In certain census tracts of Terrebonne Parish, over 40% of White, Black, Asian, and Hispanic residents 25 years and older lack a high school education.

¥ Education data for Native American residents was not available at the Census tract level for Terrebonne Parish.

**Terrebonne Parish**  
Residents ≥ 25 years old  
n=70,490

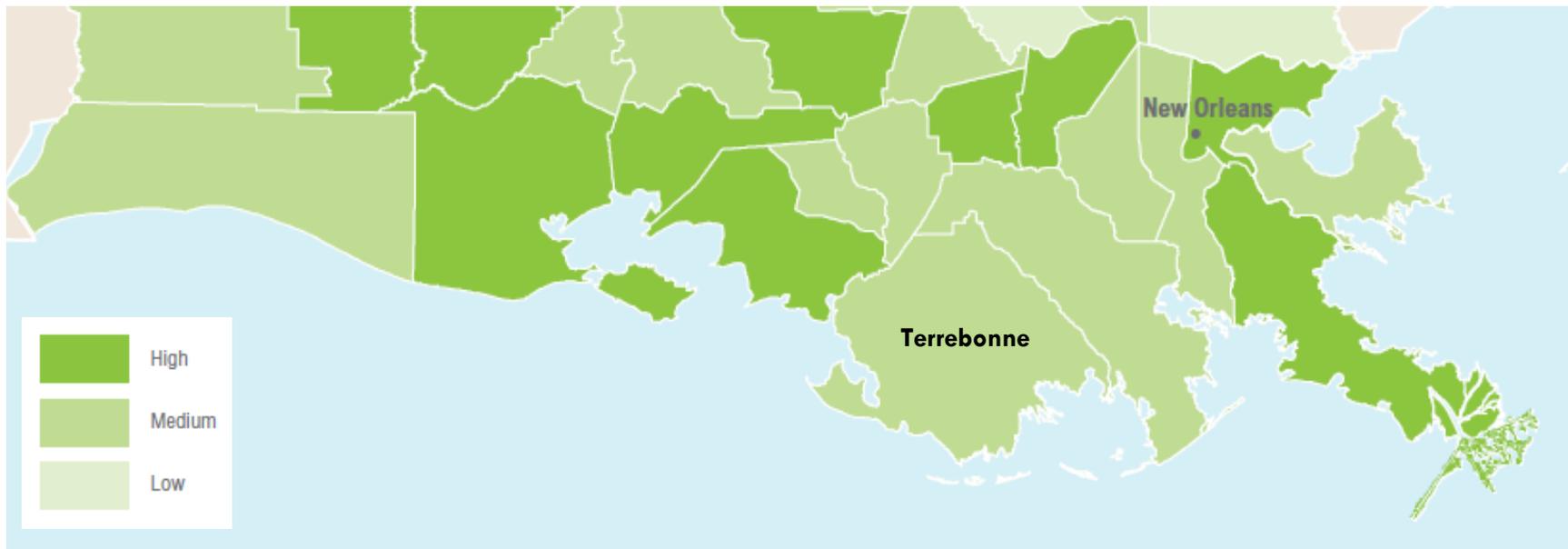


## SOCIAL VULNERABILITY

Oxfam America's Social Vulnerability Index (SoVI) project is the first of its kind to examine the underlying social and demographic characteristics in a county and the possible impact of environmental hazards on the most vulnerable. Oxfam America's SoVI project seeks to demonstrate the potential impact of climate change on the most vulnerable communities, where those who are most socially vulnerable may experience more difficulty coping with and bouncing back from an environmental hazard like a flood.

### Social Vulnerability Identification

The SoVI itself is constructed of 32 variables that take into consideration the wealth, age, race, gender, ethnicity, rural farm populations, special needs population, and employment status of the community.<sup>3</sup> Based on the factors above, residents throughout **Terrebonne Parish** are considered **“Medium”** in their social vulnerability level based on the Social Vulnerability Index.



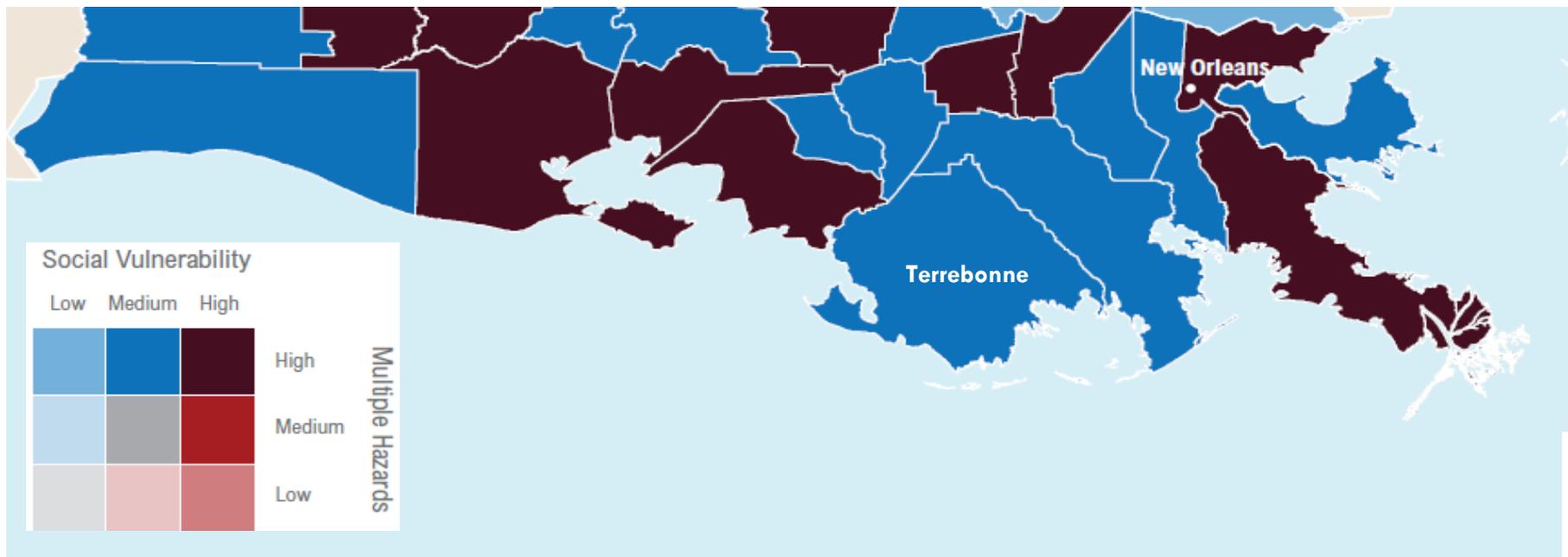
<sup>3</sup> For more information visit [http://adapt.oxfamamerica.org/resources/Exposed\\_Report.pdf](http://adapt.oxfamamerica.org/resources/Exposed_Report.pdf)

## Social Vulnerability and Multiple Environmental Hazards

The climate change related environmental hazards examined by the SoVI project were drought, flooding, hurricane force winds, and sea level rise – all of which strongly impact the health of the environment in the Gulf Coast region. The map below shows both level of social vulnerability within a county and the impact of all four environmental hazards on the area. For example, some counties may have a “Low” level of social vulnerability but are at “High” risk for multiple environmental hazards. On the map this county would appear as a medium shade of blue.

Data to calculate the risk of environmental hazards are derived from national data sources like the Federal Emergency Management Agency, particularly for events such as drought, hurricane force winds, and floods occurring in the county. Sea level rises were predicted using based on future climate change projections.

Based on the both the Social Vulnerability Index and the risk for multiple environmental hazards in the parish, residents throughout **Terrebonne Parish**, are considered “**Medium**” in social vulnerability level based on the Social Vulnerability Index and at “**High**” risk for environmental hazards.



Stakeholders voted **susceptibility to natural disasters** as a top health priority in Terrebonne Parish.

# NATURAL ENVIRONMENT

Natural factors, such as trends in air quality, excessive heat days, and the likelihood of flooding, all affect the health of a community. The very young, ill, and elderly may be at increased risk of poor health outcomes as a result of these factors.

## Fish Consumption Advisories

Fish consumption advisories are recommendations issued by state and federal agencies to limit or avoid eating certain species of fish due to chemical contamination. An advisory may be issued for the general public or it may be issued specifically for sensitive populations, such as pregnant women, nursing mothers, and children. Advisories vary in the extent of water body that they cover.

*Stakeholders expressed concern over contamination of water sources.*

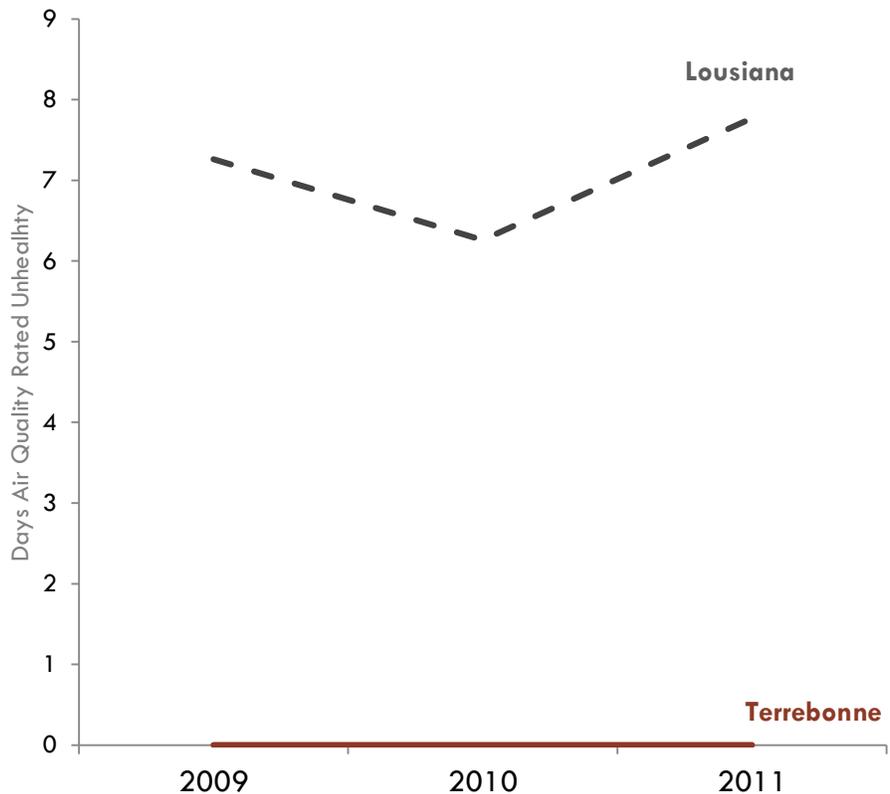
### Mercury Contamination:

In 2009, there were fish consumption advisories for the entire **Gulf of Mexico coastline** of Louisiana due to mercury contamination.

## Unhealthy Air Quality

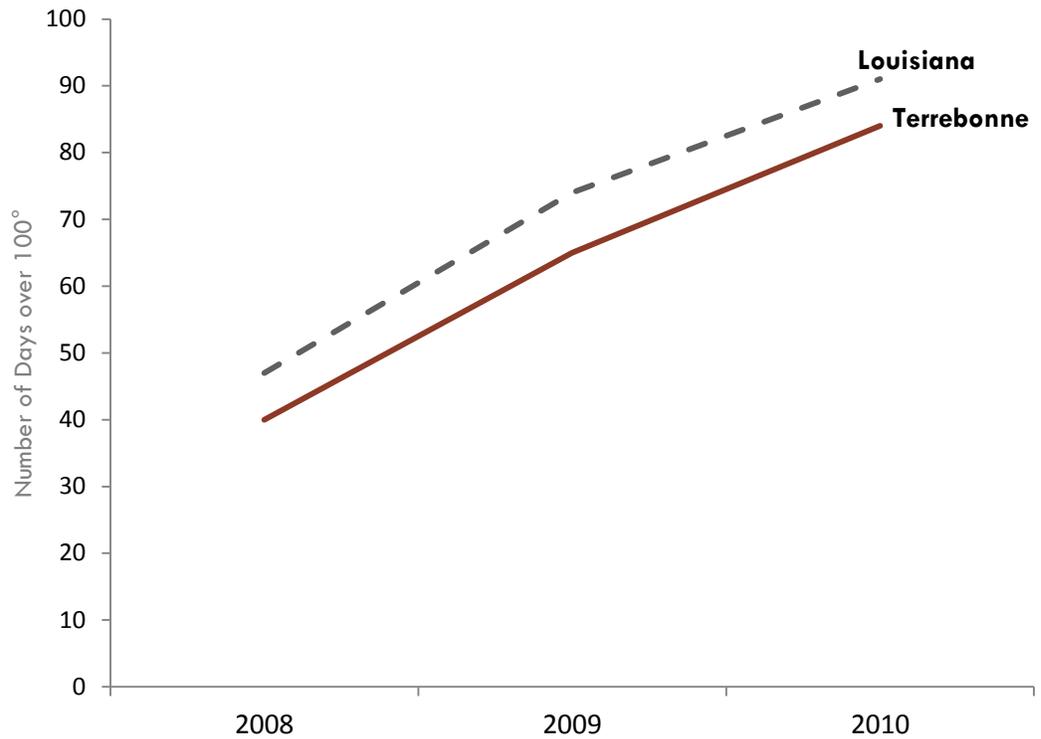
Compared to the state of Louisiana, the number of days that air quality was rated unhealthy, very unhealthy, hazardous, and unhealthy for sensitive groups like the elderly, children, and those with lung disease in **Terrebonne Parish** was lower and remained at 0 days between 2009 and 2011.

*Stakeholders identified **air quality** as an occupational health issue in Terrebonne Parish, and noted that air quality is only checked in Thibodeaux.*



## Excessive Heat Days

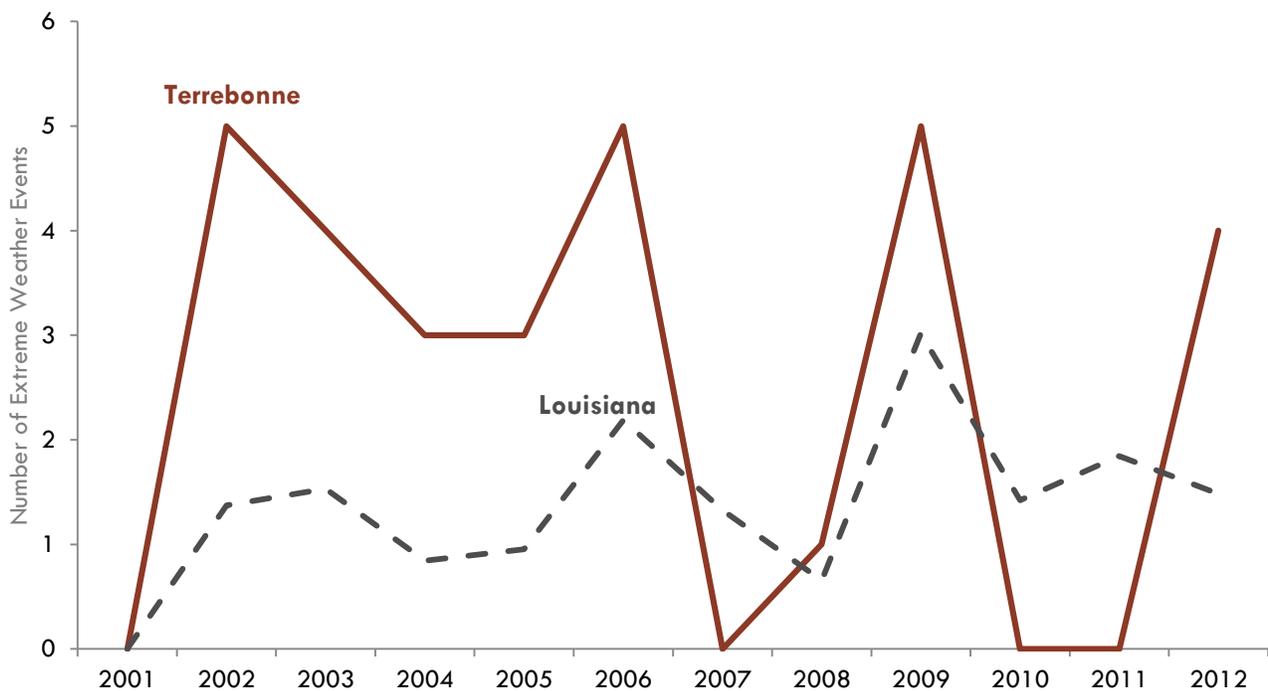
Between 2008 and 2010, there was a steady increase in the number of days between May and September where the heat index of more exceeded 100° both **Terrebonne Parish** and the state.



## Extreme Weather Events

Climate scientists predict many changes in climate over the next 50 years. These changes will have many impacts – direct and indirect – on human health. Populations that are highly exposed, sensitive, and least prepared or able to respond to climate changes are the most vulnerable.

Over the past decade, the incidence of extreme weather events such as hurricanes, flooding, and severe storms resulting in a minimum of \$50,000 in property damage have fluctuated in all seven parishes.

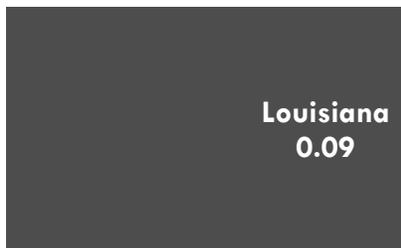
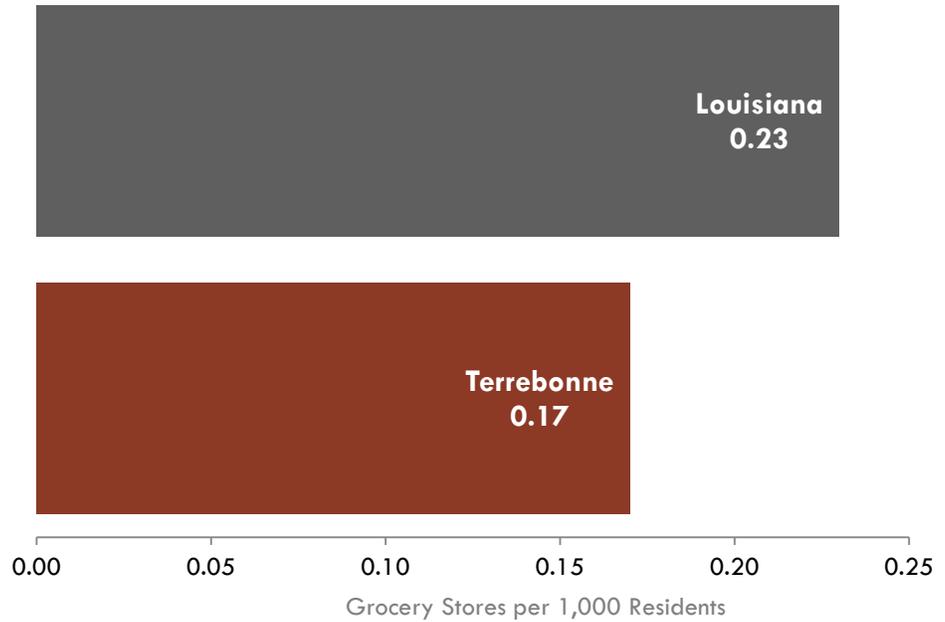


# Social Environment

Health is determined in part by the social and economic opportunities available in a community. For example, proximity to grocery stores and recreational facilities are often related to improved health outcomes. Homicide, a leading cause of premature death among young Black males, and violent crime however are often related to a general lack of social and economic opportunities.

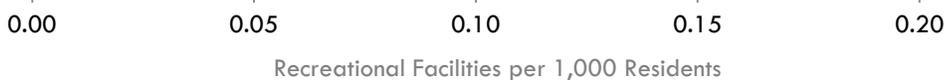
## Grocery Stores

In **Terrebonne Parishes**, there are fewer grocery stores per capita compared to the state.



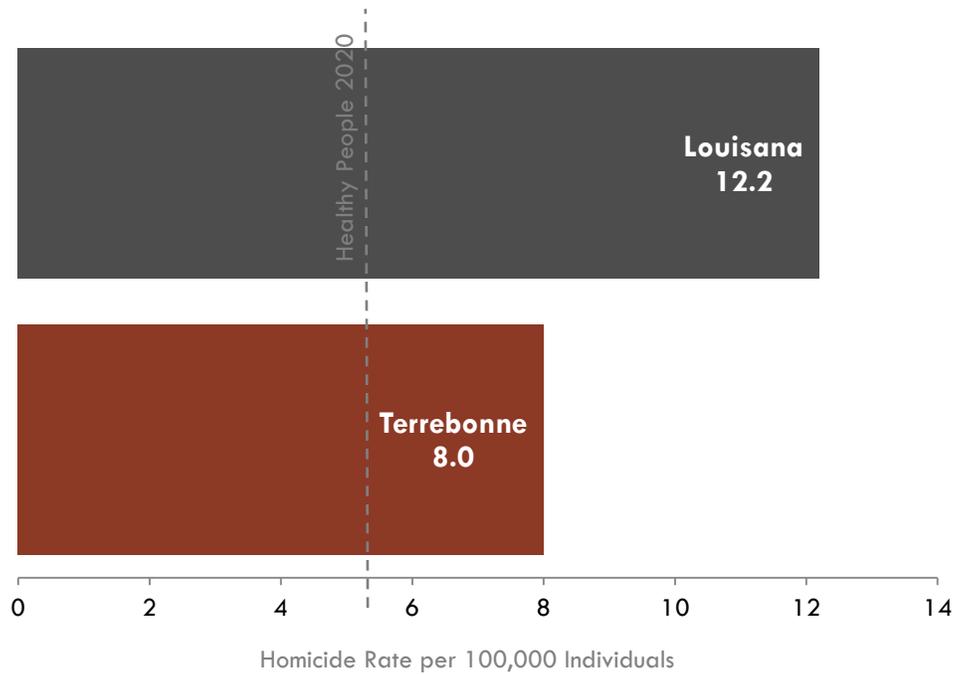
## Recreational Facilities

In **Terrebonne, Parishes**, there is a similar number of recreational facilities per capita as the state.



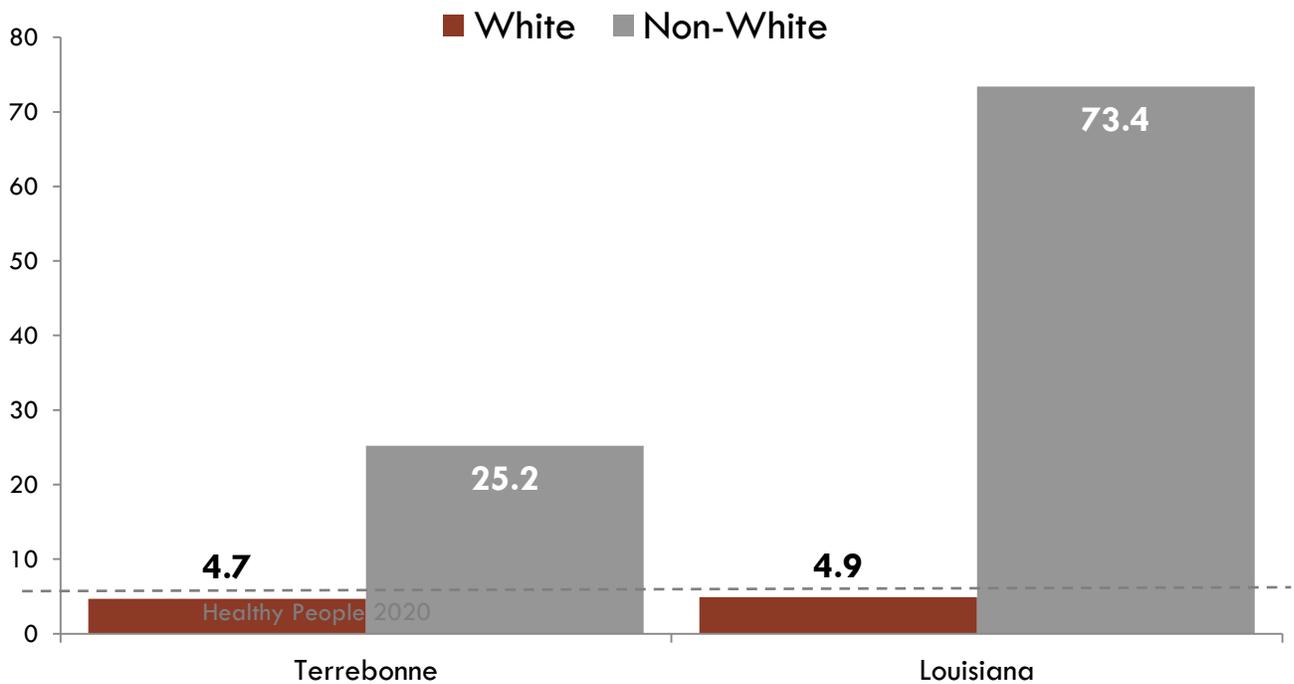
## Homicide Rate

The homicide rate in **Terrebonne Parish** is lower than the state rate, but exceeds the Healthy People 2020 target.



## Homicide Rate (per 100,000) by Race

In **Terrebonne Parishes**, the homicide rate among Non-Whites<sup>4</sup> was substantially higher than the homicide rate among Whites and exceeds the Healthy People 2020 target.

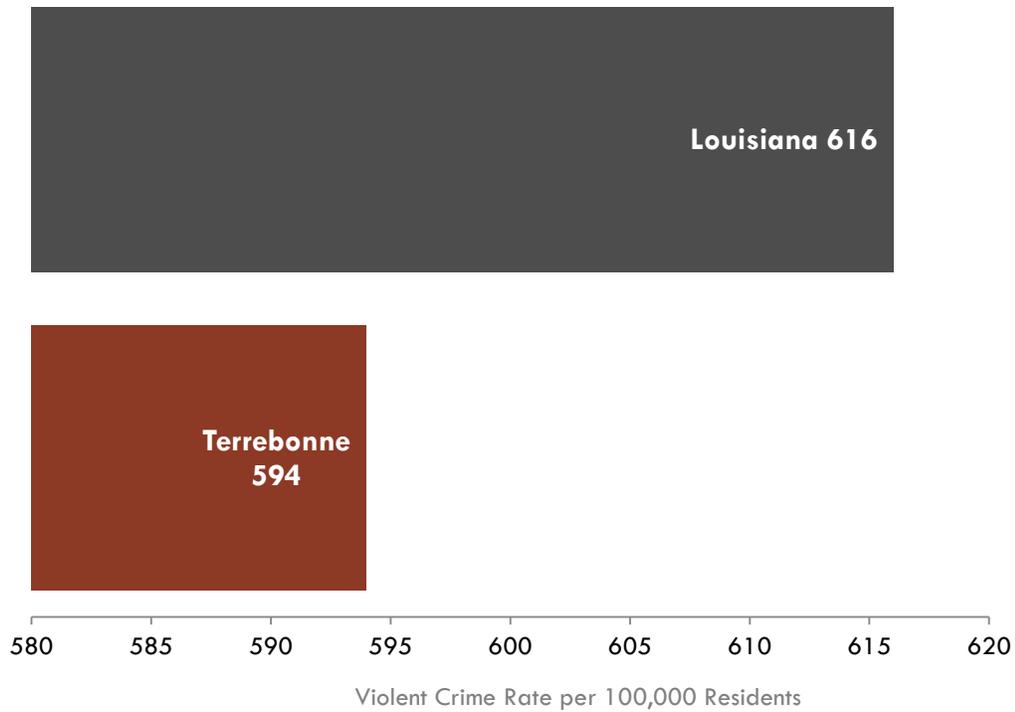


<sup>4</sup> "Non-Whites" includes residents who identify as Black, Asian and Other.

## Violent Crime Rate

Violent crime includes homicide, forcible rape, robbery, and aggravated assault.

The violent crime rate in **Terrebonne Parish** is lower than the state rate.



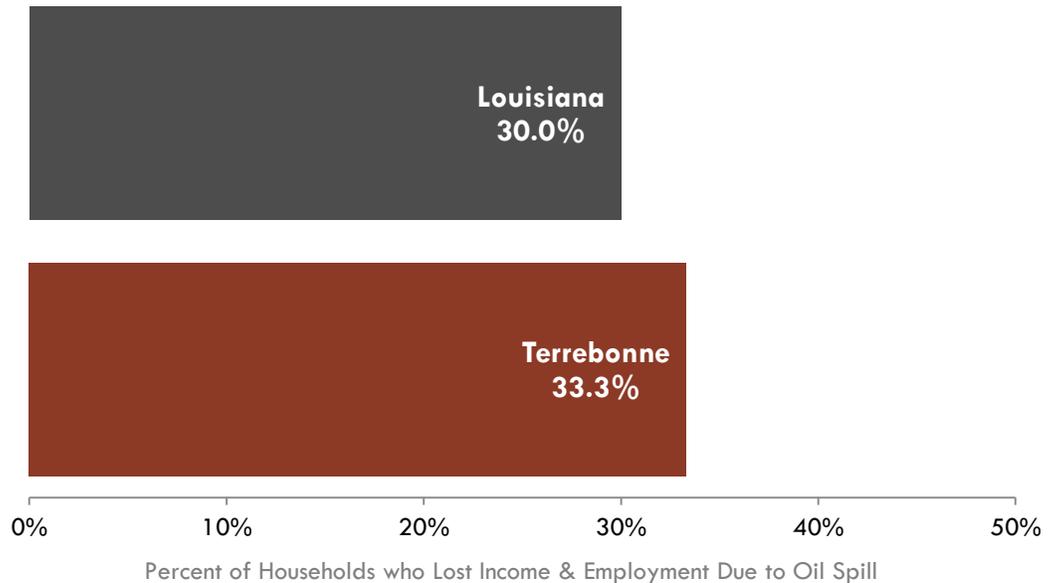
# OCCUPATIONAL HEALTH AND SAFETY

Loss of income and employment due to the oil spill can impact both the health and access to health care services among those most affected. Additionally, people in high-risk occupations may be more likely to require health care for work-related injuries.

## Lost Income & Employment Due to Oil Spill

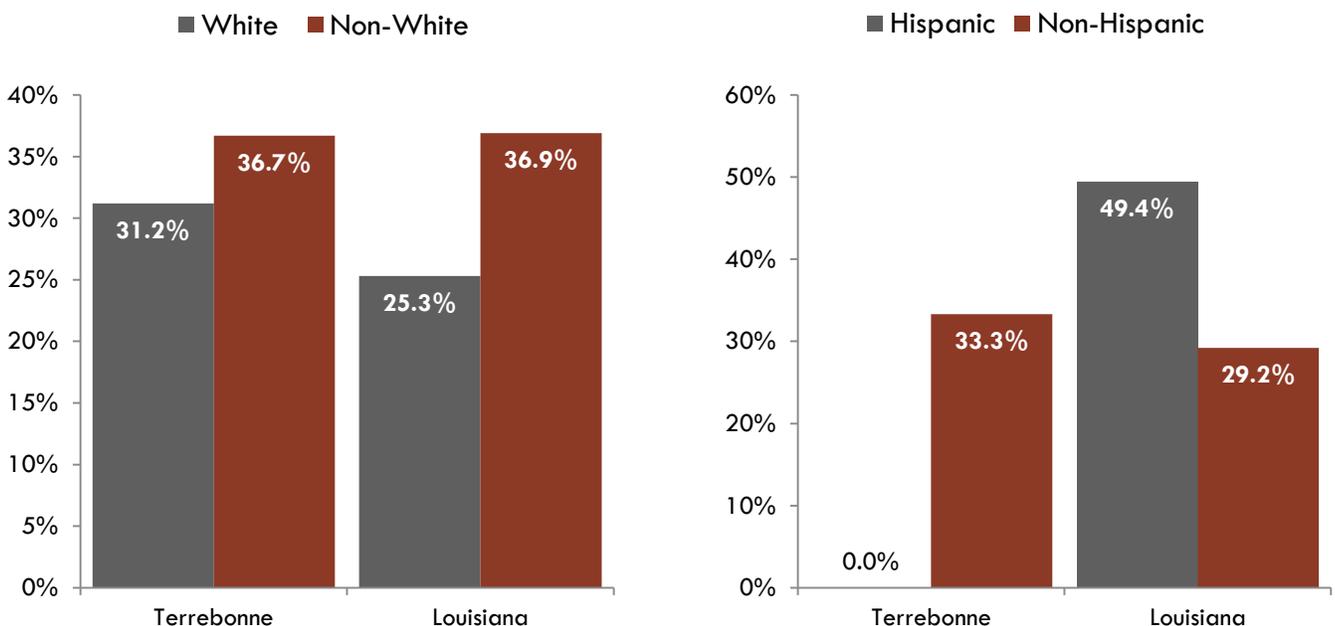
The Gulf State Population Survey conducted in 2010 and 2011 asked residents in the Gulf Coast region whether they had lost income due to the oil spill, as well as whether someone in their household had lost a job as a result of the Deepwater Horizon disaster.

In **Terrebonne Parish**, the percentage of residents who experienced a loss in income and employment was higher than the state rate.



## Lost Income and Employment Due to Oil Spill by Race and Ethnicity

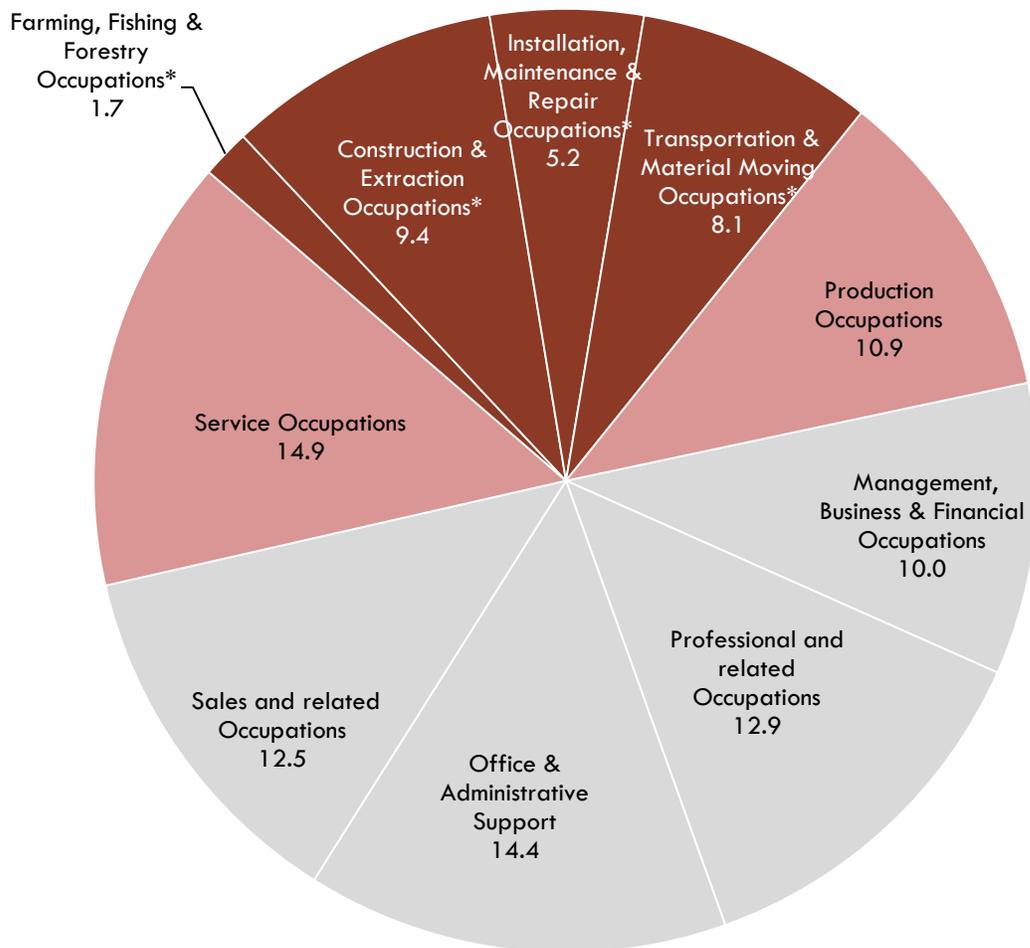
In **Terrebonne Parish**, a higher percentage of Non-White residents were economically impacted by the oil spill compared to White residents.



## Occupations at Risk for Injury

**50%** of Terrebonne Parish residents in the civilian labor force work in occupations with a high risk for injury (shown in pink and dark red below).

**24%** of Terrebonne Parish residents in the civilian labor force work in occupations with a high risk for **fatal injury\*** (shown in dark red below).



Stakeholders identified **hazardous waste** and **toxic chemical exposure** as a top health priority in the parish.

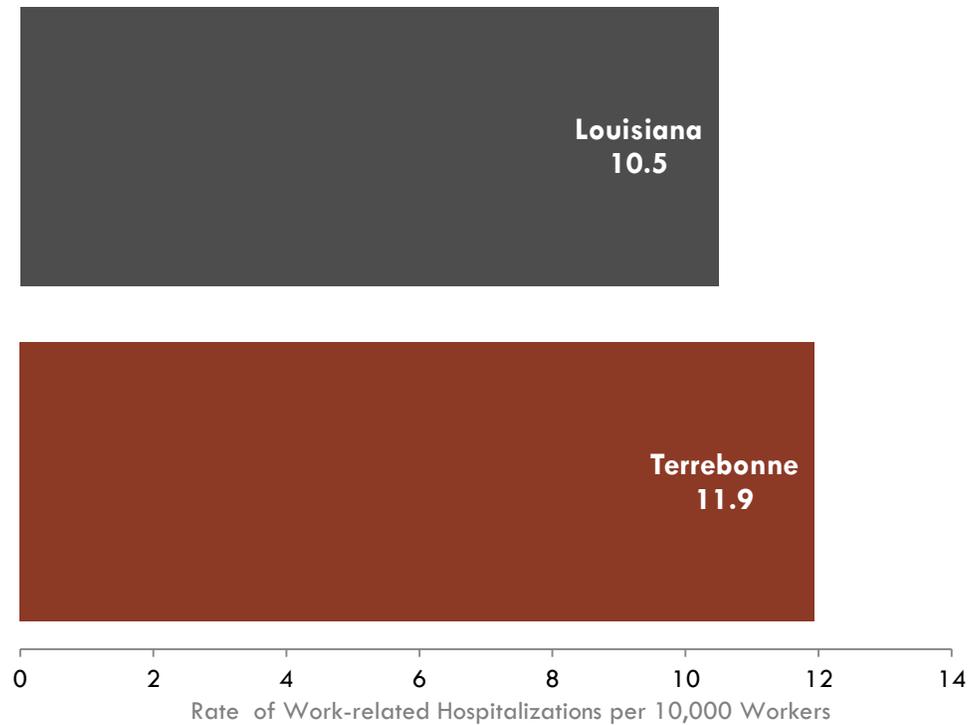
Participants identified the **long-term effects of the BP oil spill** on cleanup workers and fishermen as an occupational health issue in Terrebonne Parish.

## Work-Related Hospitalization

Employees in occupations at high risk for injury may require hospitalization if injured on the job.

The rate of workers hospitalized due to a work-related injuries and illnesses can be calculated based on the number of hospital visit covered by Workmen's Compensation.

A slightly higher rate of workers are hospitalized for work-related conditions in **Terrebonne Parish** compared to the state.



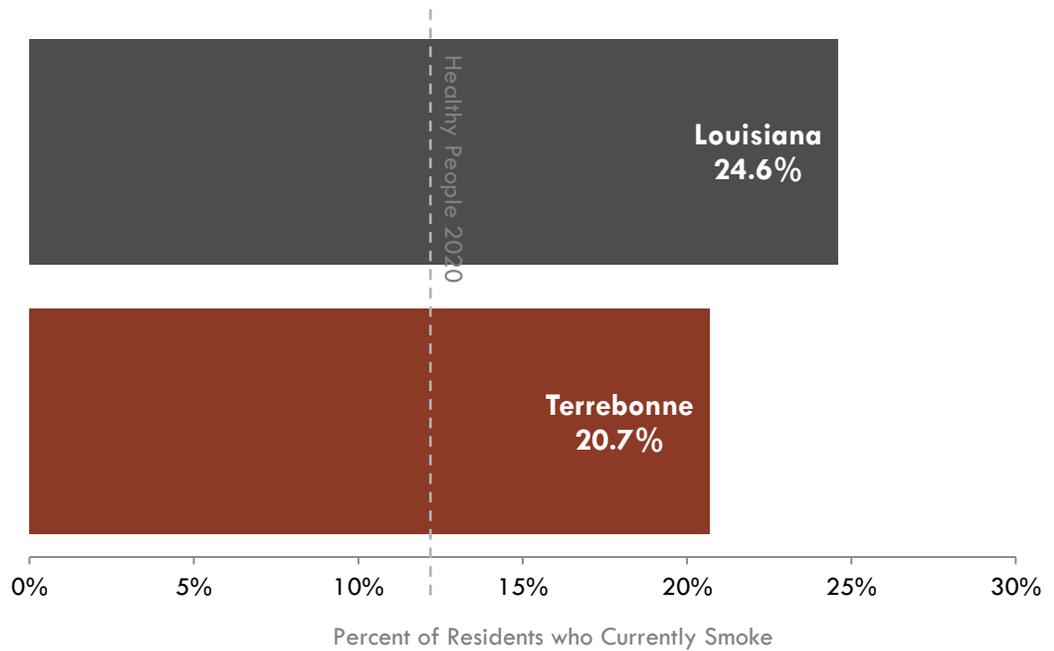
# RISK BEHAVIORS

Risk behaviors such as smoking cigarettes, drinking alcohol, prescription drug use, and physical inactivity contribute to chronic illnesses and the leading causes of death among adults in the United States of America.

## Smoking Prevalence

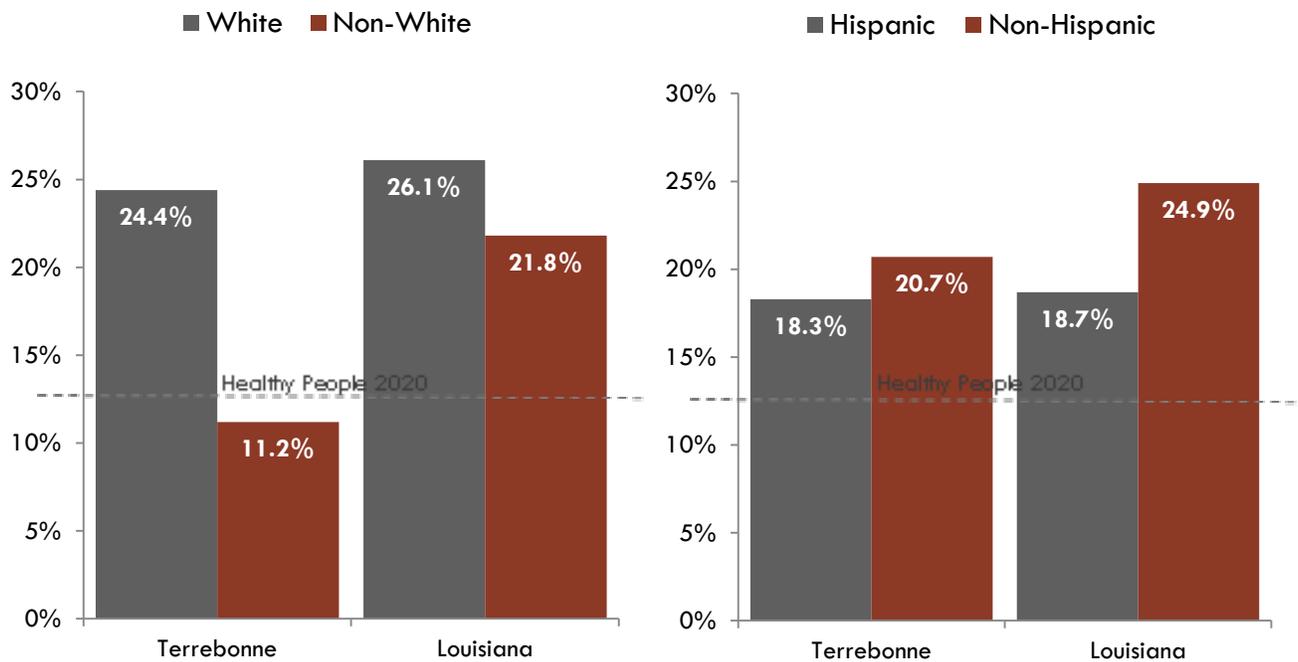
In **Terrebonne Parish**, the percentage of current smokers is lower than the state average but higher than the Healthy People 2020 target.

Stakeholders identified mental and behavioral health, such as **smoking, gambling, and substance abuse**, as a community health issue.



## Smoking by Race and Ethnicity

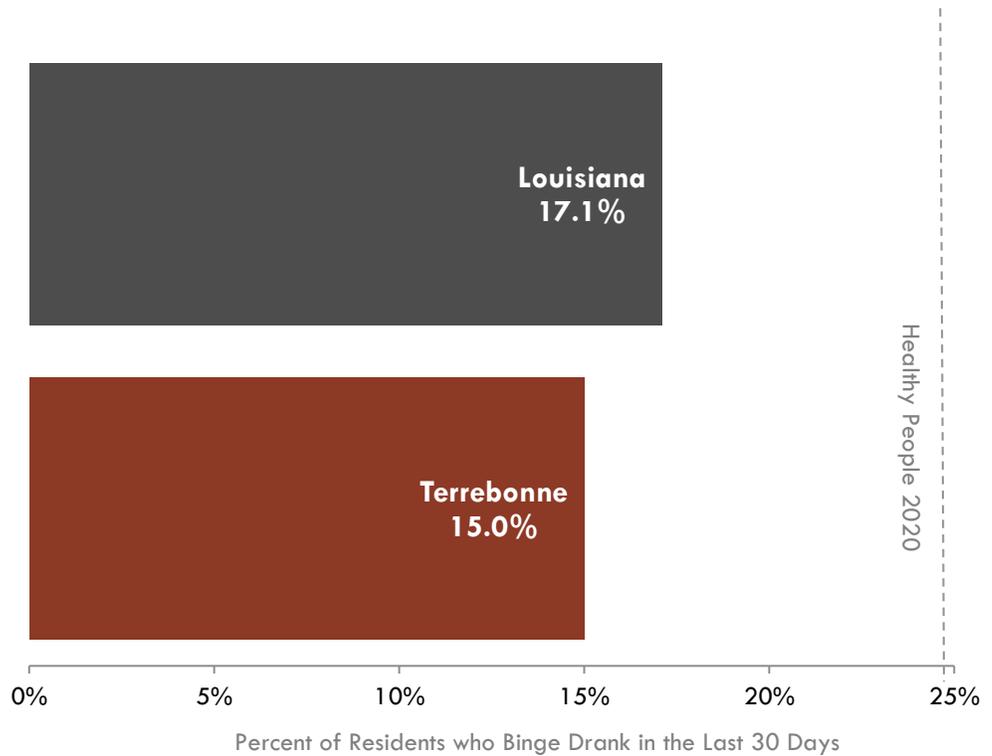
A higher percentage of White and Non-Hispanic residents in **Terrebonne Parish** currently smoke compared to Non-White and Hispanic residents.



## Binge Drinking

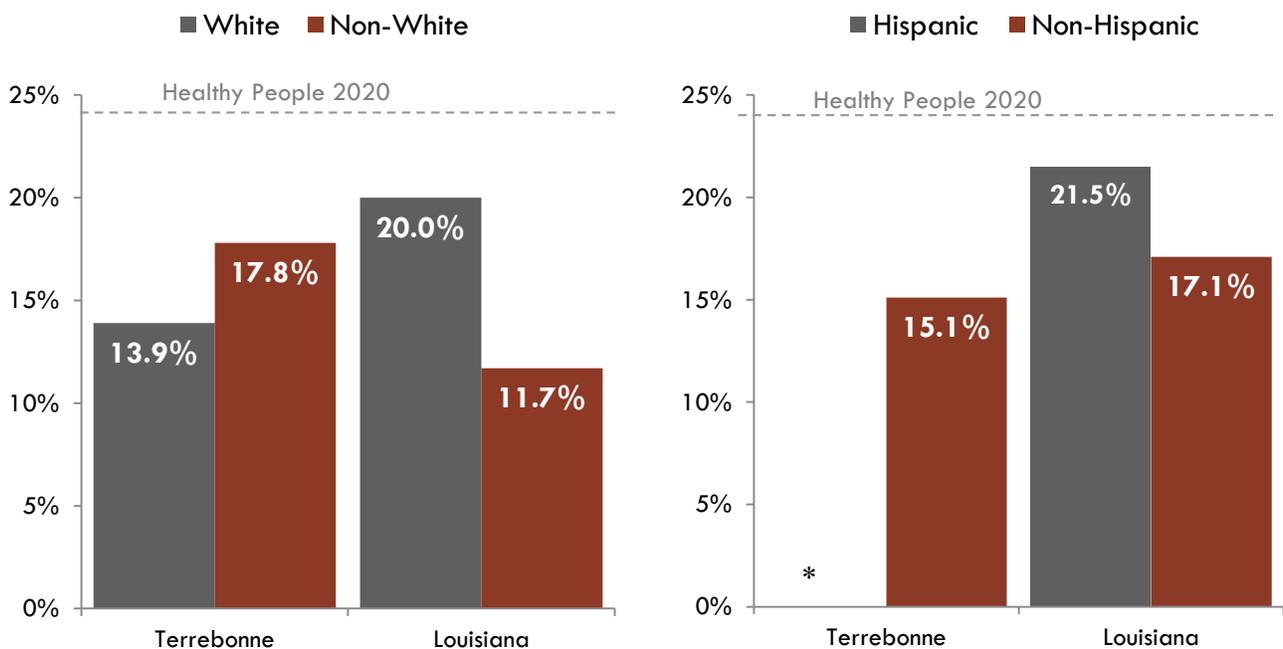
Binge drinking is defined as 4 or more alcoholic drinks in one sitting for females and 5 or more drinks in one sitting for males.

In **Terrebonne Parish**, the percentage of residents who binge drink is lower than the state average and the Healthy People 2020 target.



## Binge Drinking by Race and Ethnicity

A higher percentage of Non-White residents **Terrebonne Parish** binge drink compared to White residents.

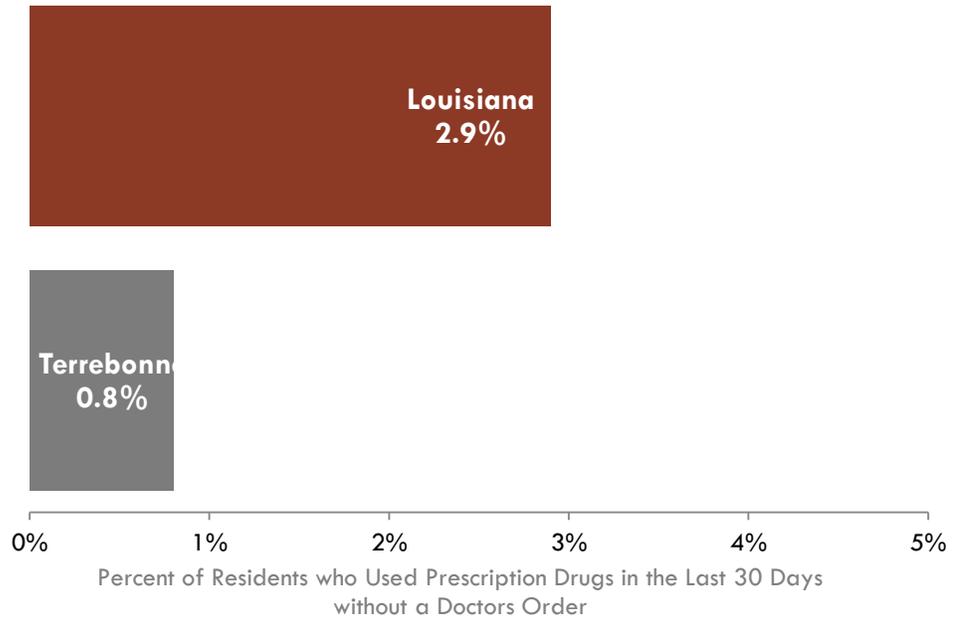


\* Indicates that the total number is less than 5 and therefore considered too small to report as an accurate

## Prescription Drug Use

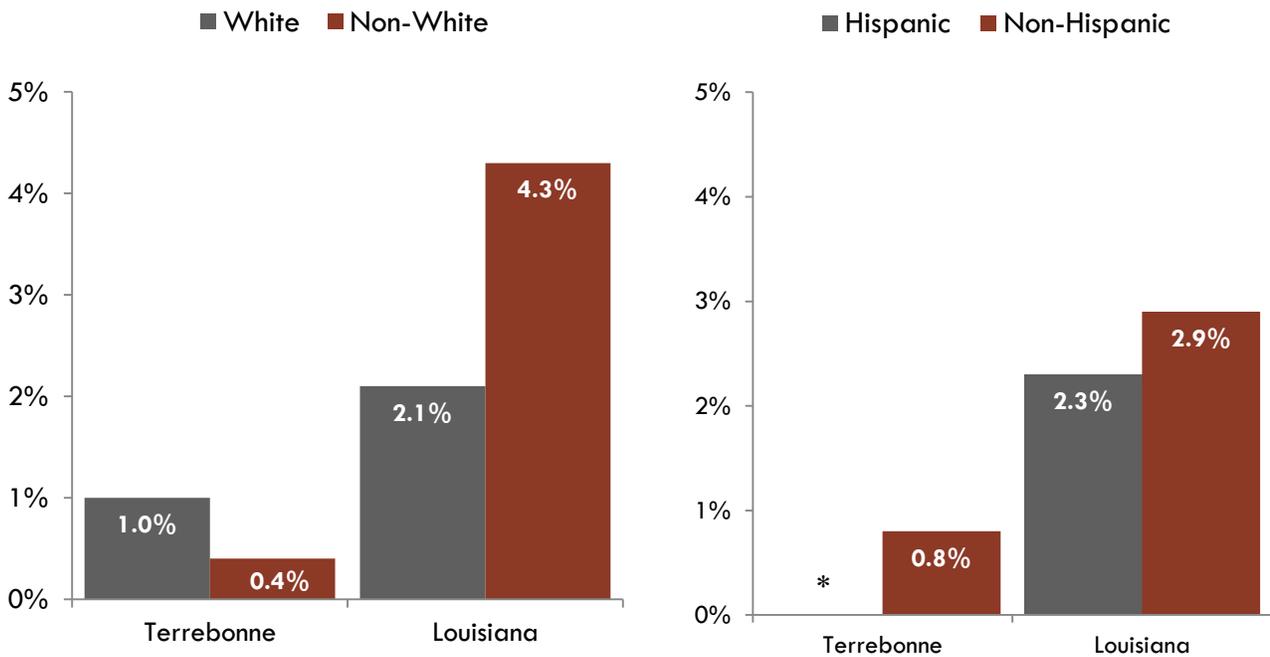
The Gulf State Population Survey also asked Gulf Coast residents if they had increased their prescription drug use without a doctor's order in the past 30 days

Compared to the state, a lower percentage of residents in **Terrebonne Parish** increased prescription drug use without a doctor's order.



## Prescription Drug Use by Race and Ethnicity

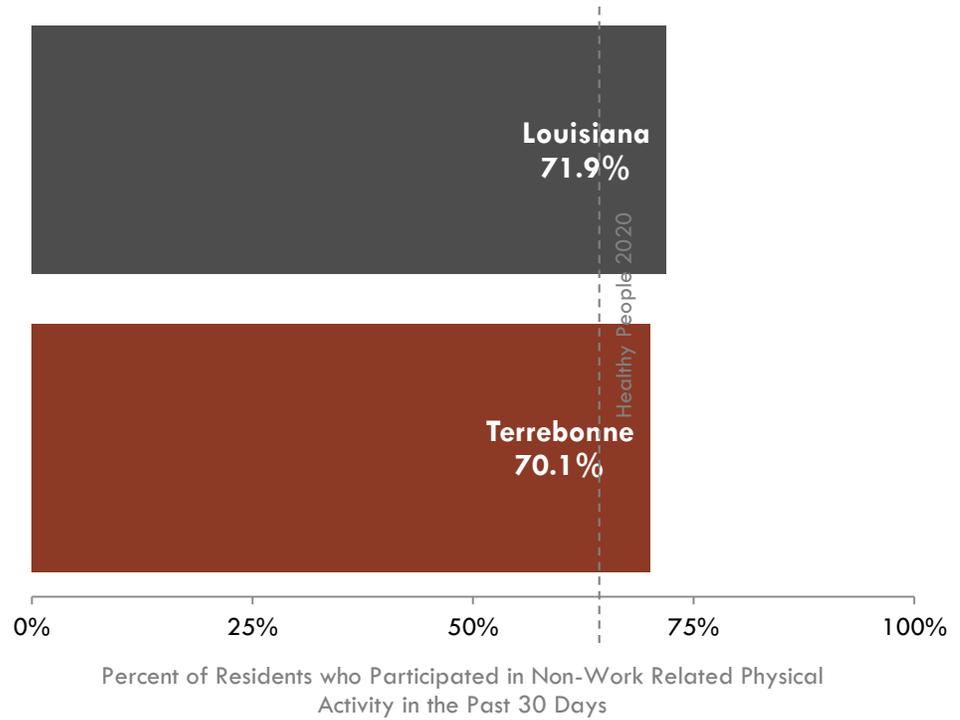
A higher percentage of Non-White residents in **Lafourche Parish** increased prescription drug use compared to the White residents.



\* Indicates that the total number is less than 5 and therefore considered too small to report as an accurate rate.

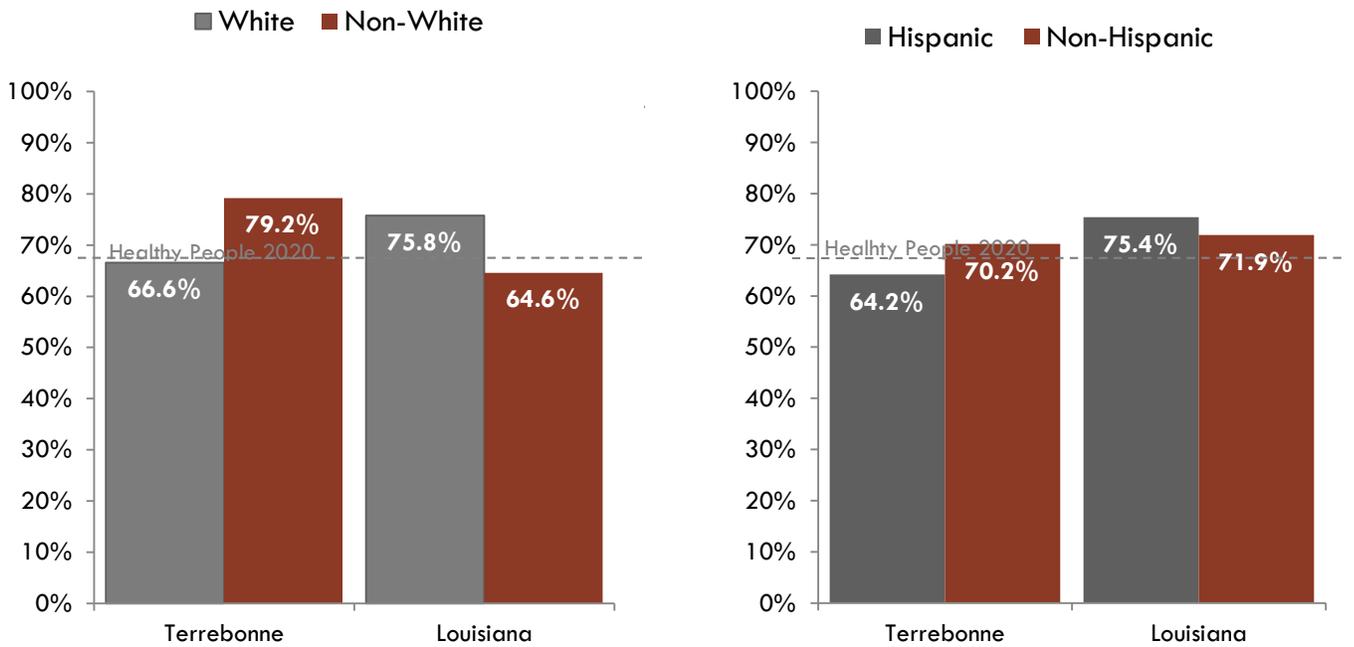
## Physical Activity

Compared to the state, a lower percentage of residents **Terrebonne Parish** participate in non-work related physical activity.



## Physical Activity by Race and Ethnicity

In **Terrebonne Parish**, a higher percentage of Non-White residents participate in non-work related physical activity compared to the Non-White residents.

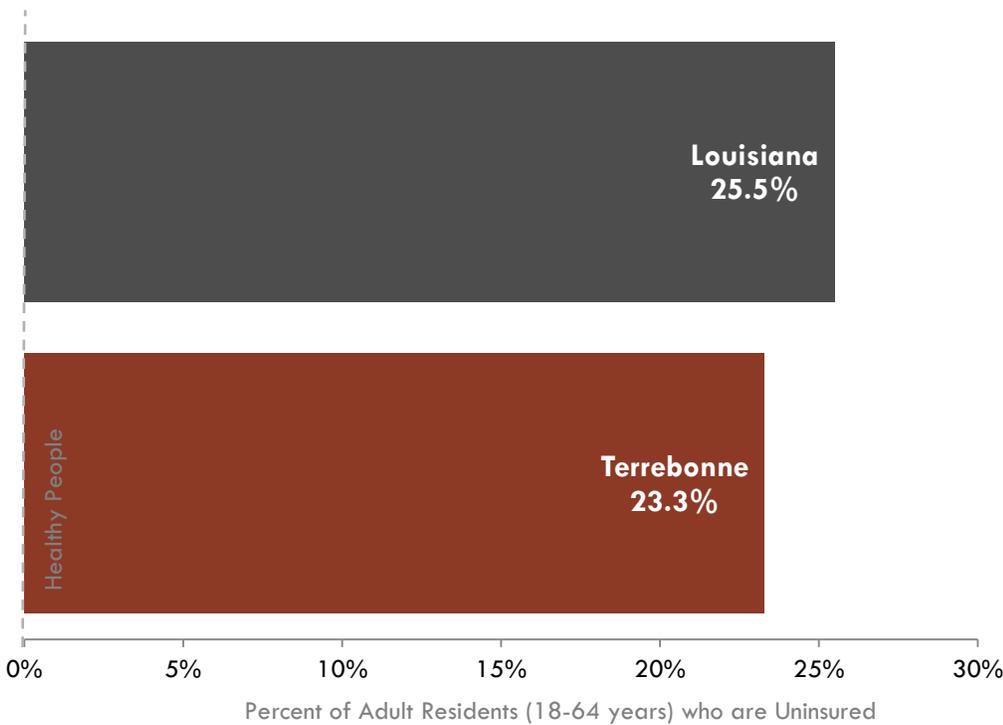
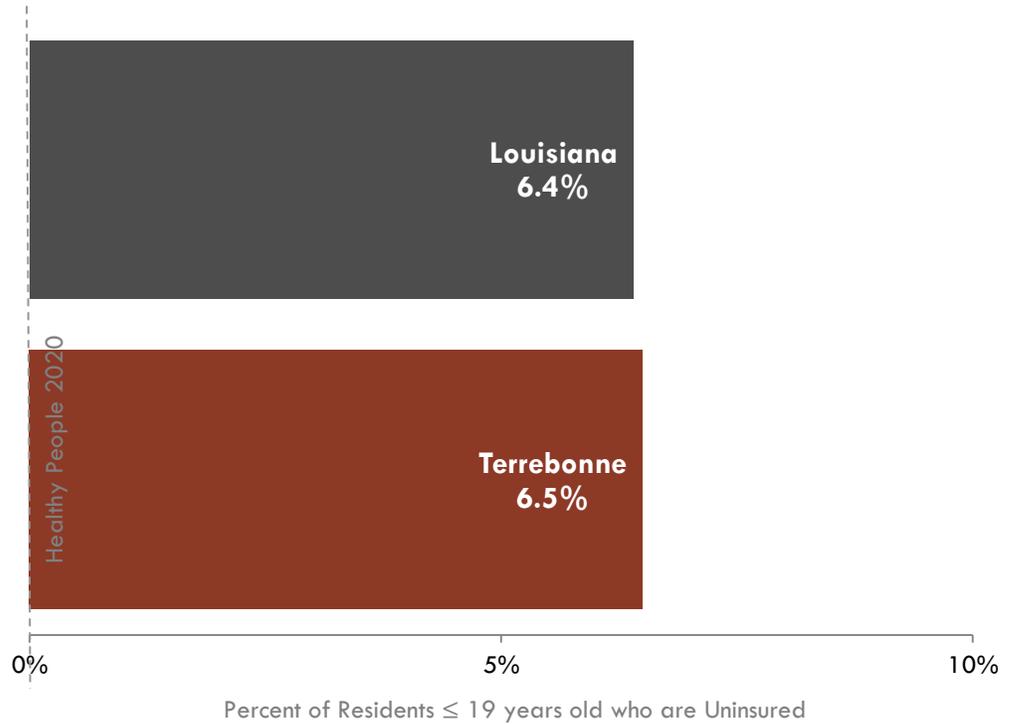


# ACCESS TO HEALTH CARE

Availability of health care is an important factor in a community's health. Components include health insurance coverage, number of health care professionals in the area, and proximity to health care resources.

## Uninsured Children

The percentage of children and adolescents under 19 year olds who are uninsured in **Terrebonne Parish** is similar to the state.



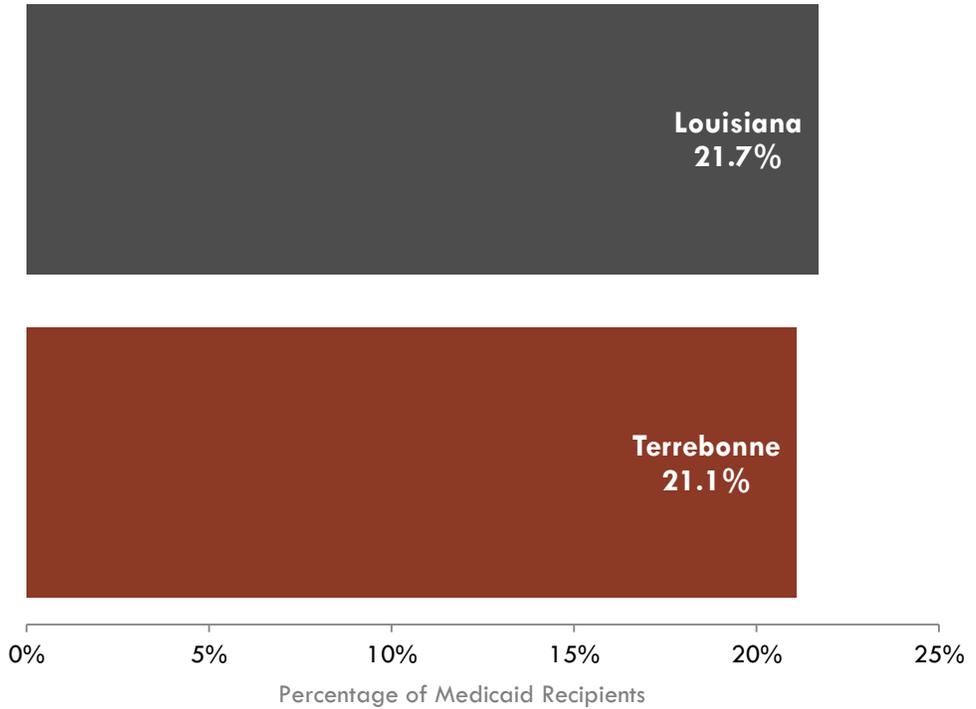
## Uninsured Adults

In the **Terrebonne Parish**, the percentage of uninsured adults is similar to the state.

## Medicaid Recipients

In **Terrebonne Parish**, the percentage of Medicaid recipients is similar to the state.

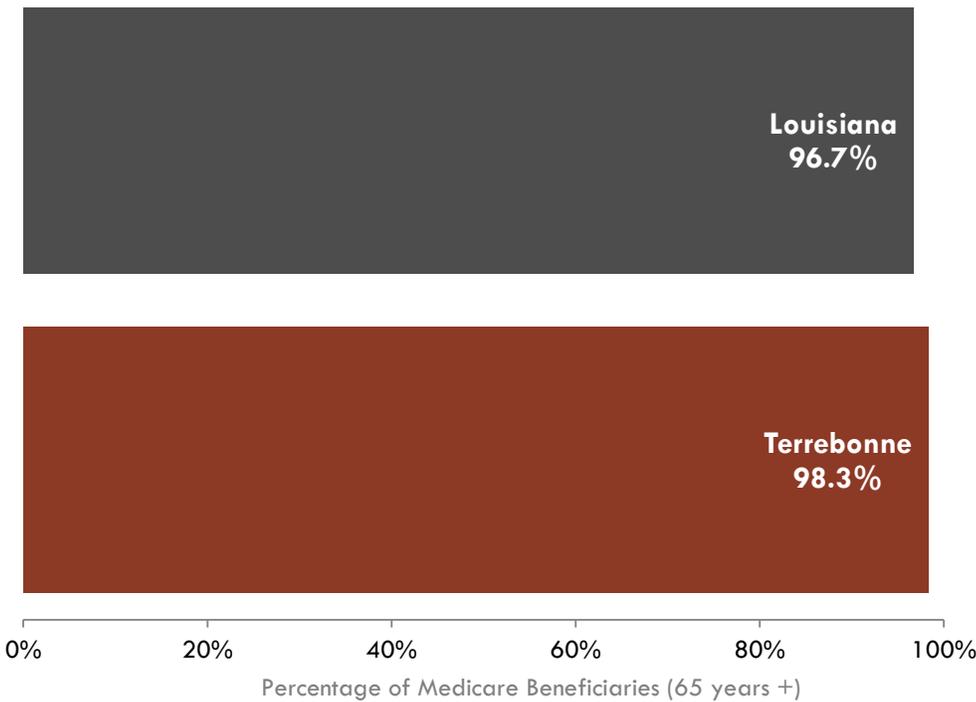
*Stakeholders. Identified limited access to specialty care for low income and Medicaid patients as health issue in the parish.*



*Stakeholders discussed that navigating Bayou Health/Magellan was a challenge for both patients and providers.*

## Medicare Beneficiaries

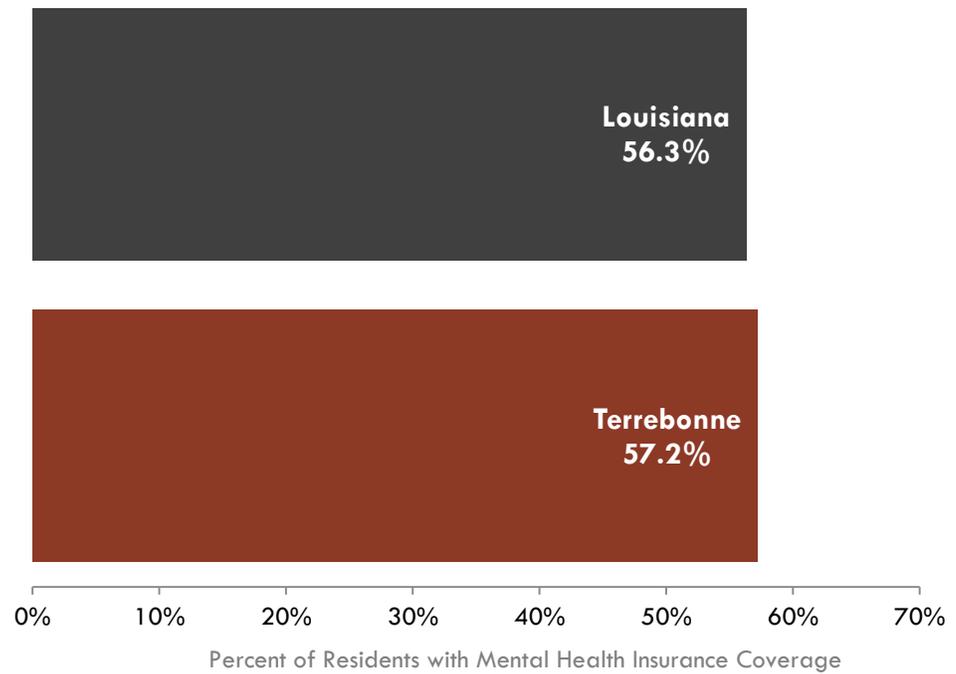
Similar to the state, over 96% of residents 65 years and older in **Terrebonne Parish** are current Medicare beneficiaries.



## Mental Health Coverage

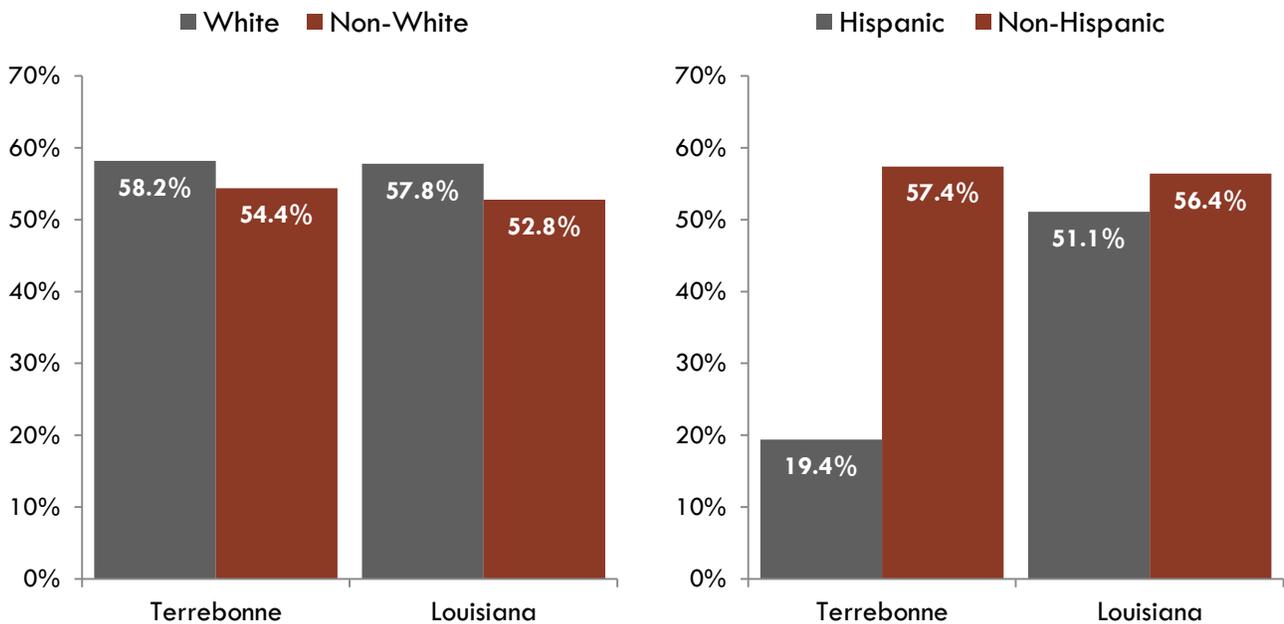
The Gulf State Population Survey asks Gulf Coast residents whether or not their health care plan includes mental health coverage.

Compared to the state, a similar percentage of residents in **Terrebonne Parish** have mental health coverage.



## Mental Health Coverage by Race and Ethnicity

In **Terrebonne Parish**, a higher percentage of White residents in the parish have mental health coverage compared to Non-White residents.



## Health Care Providers and Facilities

	Terrebonne
Primary Care Physicians per 10,000 population <i>*This data point is limited to national data tracked by the Health Resources &amp; Services Administration from 2011 and is not fully representative of access to primary care doctors.</i>	4.0
Federally Qualified Health Center <sup>5</sup> Sites	2
Rural Health Clinics <sup>6</sup>	0
Community Clinics <sup>7</sup>	2
Hospitals/Emergency Rooms	5
Licensed Mental & Behavioral Health Care Providers <i>*This data point is limited to national data tracked by the Health Resources &amp; Services Administration in 2013 for psychiatrists, psychologists, licensed clinical social workers, counselors, and advanced practice nurses specializing in mental health care and is not fully representative of access to mental and behavioral health care providers in the parish.</i>	84

**Oral Health** was identified as a community health need.

Stakeholders voted lack of early interventions and preventive services for **mental and behavioral health** as a top health priority. Overall, stakeholders felt that limitations of these services contributes to patients ending up in prisons and jails.

Stakeholders voted a lack of **patient-centered medical homes** as a top barrier to care.

## Health Professional Shortage Areas (HPSA)

For many living in inner city or rural areas, obtaining health care is difficult because health care providers are often in short supply. The federal government relies on HPSA designations of geographic areas, population groups, or health care facilities to identify areas facing these types of critical shortages. There are three categories of HPSAs: primary medical care, dental care, and mental health care.

### Terrebonne Parish

#### Primary Medical Care HPSA

Low income Terrebonne Parish is **designated** a primary medical care HPSA

#### Mental Health Care HPSA

Terrebonne Parish: **1 full-time provider** needed to remove HPSA designation

<sup>5</sup> Federally Qualified Health Centers (FQHC) are “safety net” providers such as community health centers, public housing centers, and programs serving migrants and the homeless. The main purpose of the FQHC Program is to enhance the provision of primary care services in underserved urban and rural communities.

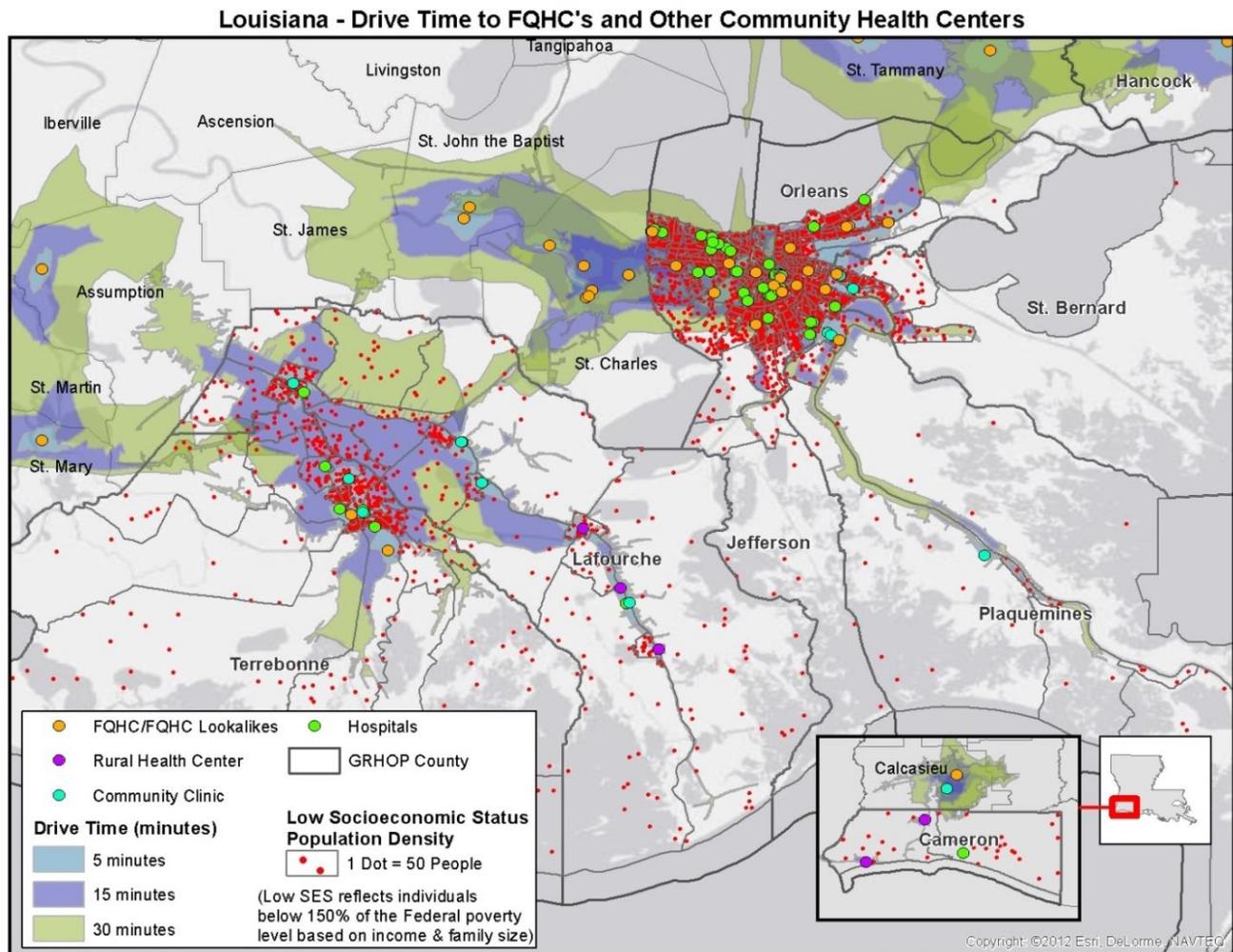
<sup>6</sup> Rural health centers are located in rural areas designated as Health Professional Shortage Areas and provide underserved communities with primary health care services.

<sup>7</sup> Community Clinics are not designated as FQHCs or Rural Health Centers but provide primary care services to those in the community who are uninsured or covered by Medicaid. Due to the fact that Orleans Parish and Jefferson Parish have a substantially higher number of FQHCs within the parish footprint, only the parishes with a limited number of FQHCs were researched to locate additional non-FQHC or Rural Health Center community clinics.

## Proximity to Care

Federally Qualified Health Centers are certified by the Center for Medicare and Medicaid Services (CMS) and provide primary care services to all age groups and typically serve a large number of low-income patients. FQHCs provide services on a sliding fee scale based on income and family size.

Low SES residents in the most heavily populated areas of Terrebonne Parishes are generally within a 15-minute drive to a primary care clinic. Low SES residents in the rural areas Terrebonne Parish may require a 30-minute drive or more for a primary care visit at a primary care clinic.



Stakeholders voted **transportation** as a top barrier to care in Terrebonne Parish.

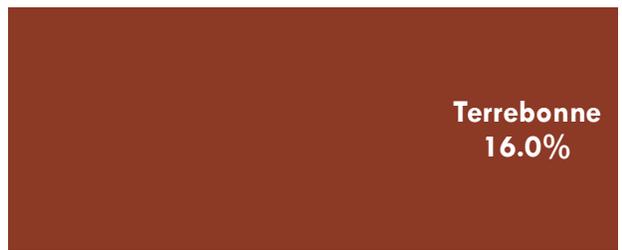
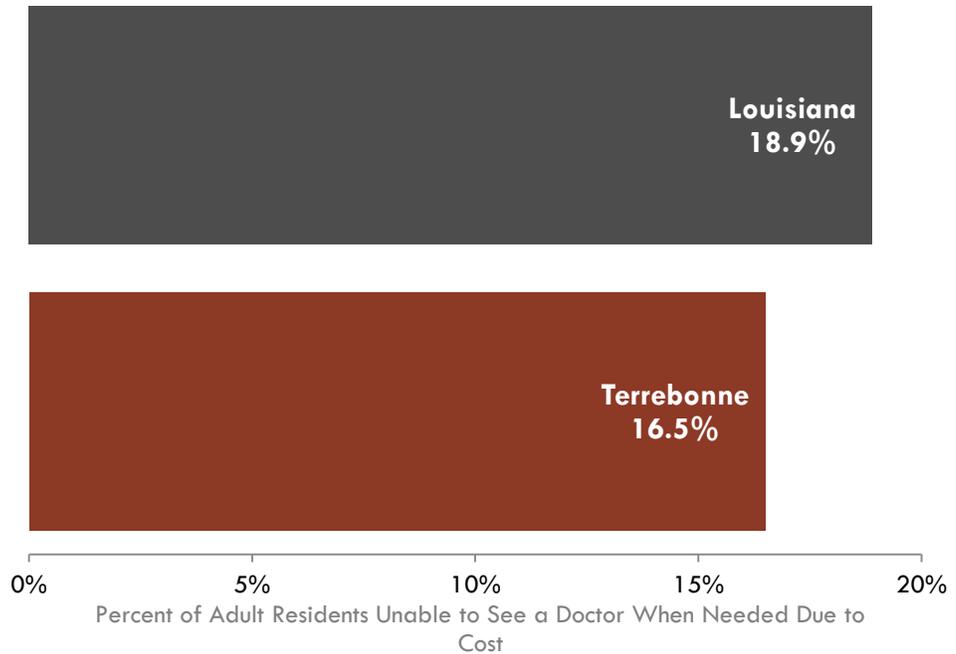
# HEALTH CARE SEEKING BEHAVIOR

People who have difficulty obtaining medical care due to lack of health insurance or low income are less likely to receive appropriate preventive care.

## Unable to See Doctor Due to Cost

Compared to the state, a smaller proportion of residents in **Terrebonne Parish** were unable to see a doctor due to cost compared to the state.

*Stakeholders voted **upfront payment** as a top barrier to care among parish residents, particularly for those without insurance.*



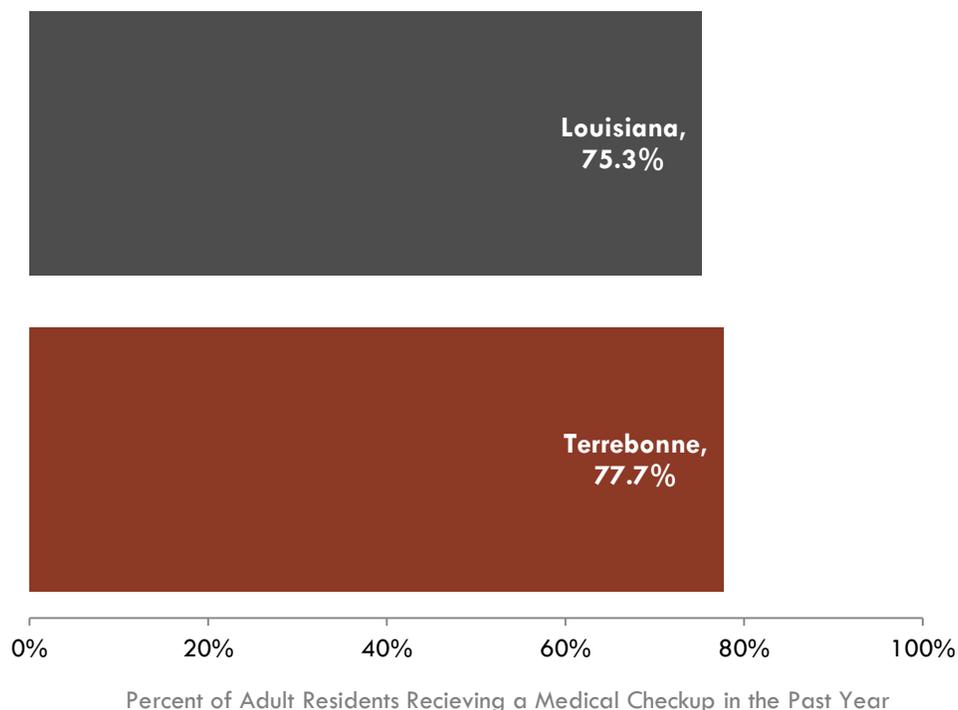
## Adults without Healthcare Provider

Compared to the state, a lower percentage of residents in **Terrebonne, Parish** do not have a healthcare provider.



## Adults Receiving Medical Checkup in Past Year

The percentage of residents in **Terrebonne Parish** who received a medical checkup in the past year is similar to the state percentage.



Stakeholders voted **culture and language** as a top barrier to care in Terrebonne Parish. Stakeholders voted **culture and language** as a top health priority in the parish. Stakeholders noted that culture could be an asset or barrier to health in the community.

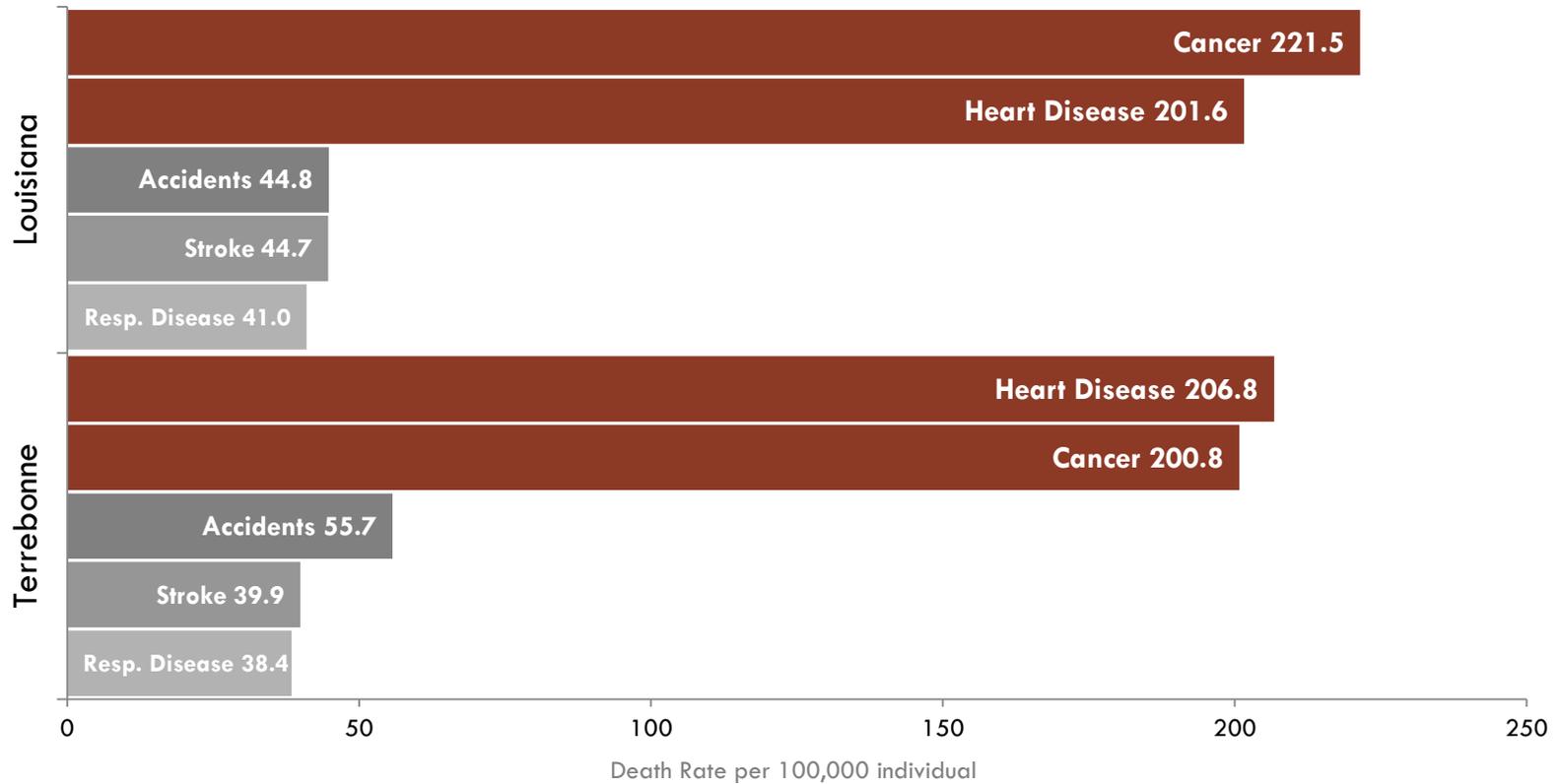
Stakeholders also voted individual **delay in accessing health care** as a top barrier to care in Terrebonne Parish. Participants noted that conditions go untreated and residents do not seek care until a crisis occurs.

Stakeholders also identified **lack of health education and prevention services** as another major

# WHAT IS THE CURRENT HEALTH STATUS OF TERREBONNE PARISH?

## LEADING CAUSES OF DEATH

Like the state of Louisiana, the top two leading causes of death in **Terrebonne Parish** are Heart Disease and Cancer.



Stakeholders identified **cardiovascular disease** as priority health issues in Terrebonne Parish.

Stakeholders also identified **respiratory illness** and **asthma** as priority health issues in the parish.

## PREVENTION QUALITY INDICATORS

PQIs measure adult hospital admissions for ambulatory care sensitive conditions (ACSC) across geographic areas. ACSCs represent conditions for which hospitalization could be avoided if the patient receives timely and adequate outpatient care. Many factors influence the quality of outpatient care, including access to care and adequately prescribed treatments, once care is obtained. In addition, patient compliance with those treatments and other patient factors may play a role. In total, there are 13 PQI measures for specific ACSCs and 3 composite measures based on multiple conditions, several of which are presented below

In general, areas with lower socio-economic status tend to have higher admission rates for ACSCs than areas with higher socio-economic status. As with utilization indicators, there are no “right rates” of admission for these conditions. Very low rates could signal inappropriate underutilization of healthcare resources while very high rates could indicate potential overuse of inpatient care. Therefore, hospital admission for ACSCs is not a measure of hospital quality but a potential indicator of outpatient and community healthcare need.<sup>8</sup>

Data from all hospitals in the entire state of Louisiana are provided as a reference point to contextualize how the PQI rates in each of the seven parishes stand in relation to the state average. Cases where the parish PQI rate is higher than the state are **bolded**. Overall, all seven parishes have a lower Overall PQI rate compared to the state.

PQI	Louisiana	Terrebonne
Overall PQI	1900	1887
Congestive Heart Failure	472	<b>496</b>
Hypertension	69	41
Respiratory Disease (older adults)	533	<b>661</b>
Uncontrolled Diabetes	23	11
Diabetic Complications (short term)	70	49
Diabetic Complications (long term)	123	83

Compared to the state,

**Terrebonne Parish** has a higher PQI rate for **Congestive Heart Failure** and **Respiratory Disease** among older adults compared to the state. The overall PQI rate for Terrebonne Parish residents is similar to the state rate.

<sup>8</sup> Source: AHRQ Quality Indicators Software Instructions, SAS Version 4.4., March 2012, p. 24

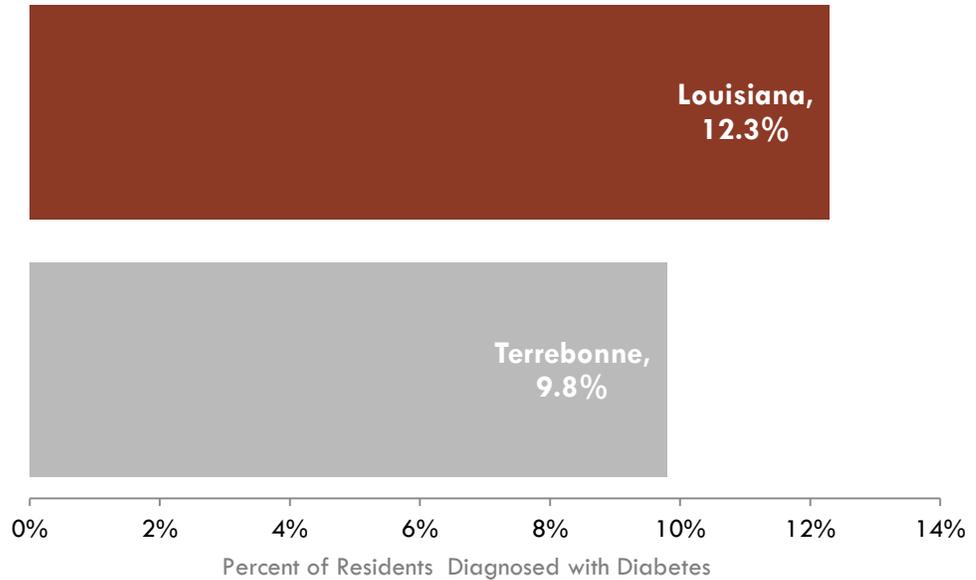
# CHRONIC HEALTH CONDITIONS

Chronic health conditions generally persist for 3 months or longer. Common chronic health conditions in the United States include obesity and diabetes. Health behaviors such as poor diet or lack of physical activity can contribute to the leading chronic diseases.

## Diabetes

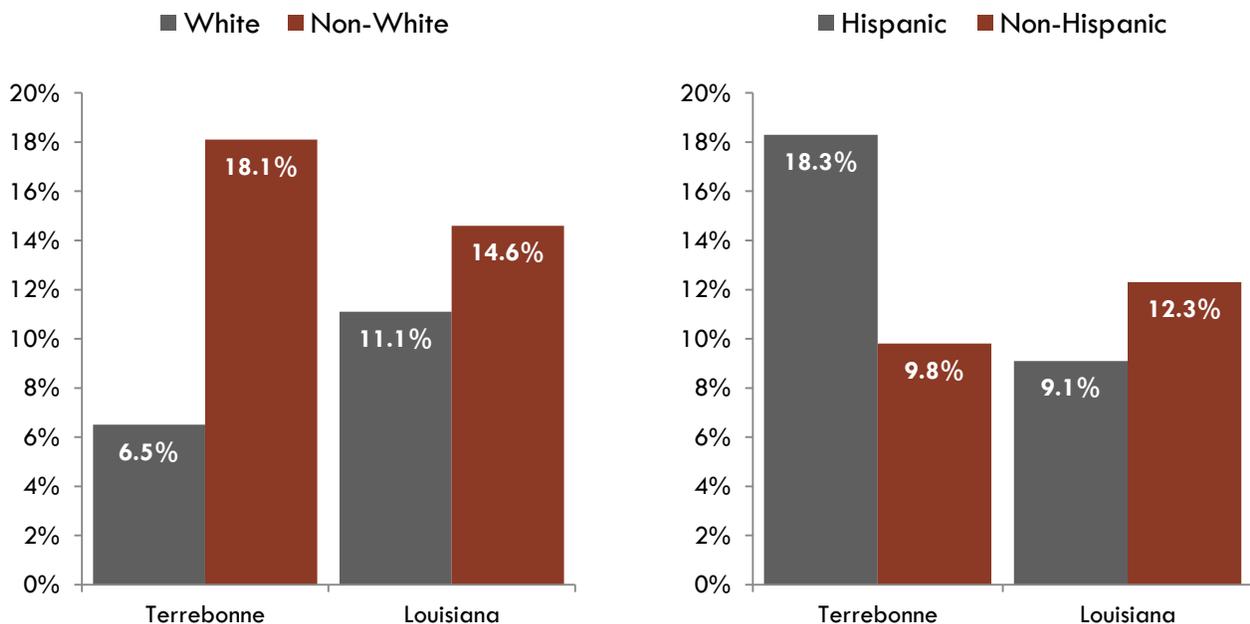
In the Gulf State Population Survey, adult residents were asked, “Has a doctor ever told you that you have diabetes?”

A smaller percentage of residents **Terrebonne Parish** were diagnosed with diabetes compared to the state



## Diabetes Diagnosis by Race and Ethnicity

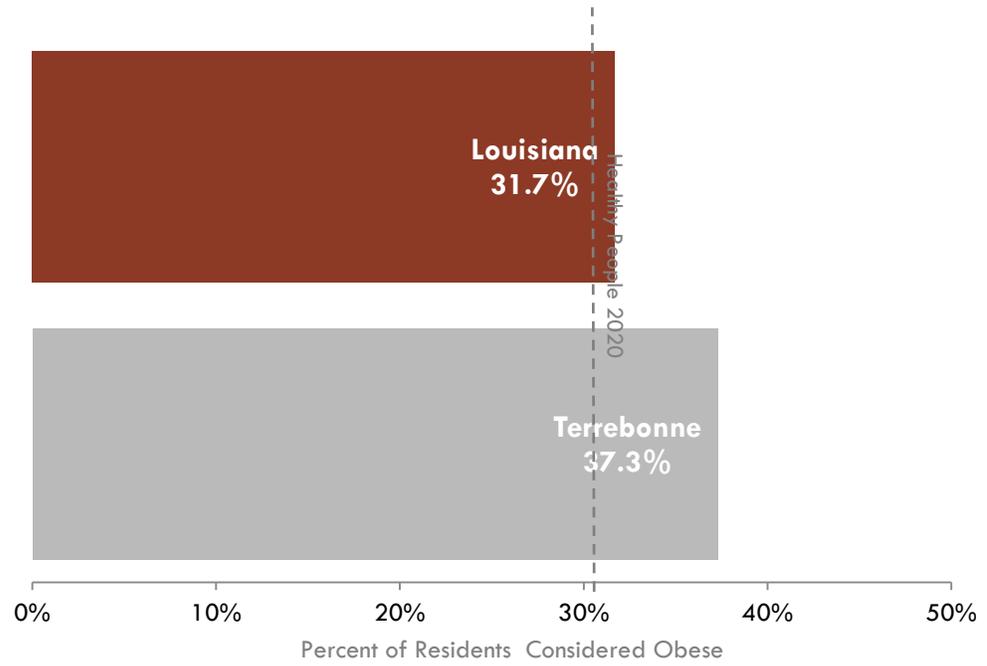
A higher proportion of Non-White and Hispanic residents in **Terrebonne Parish** were ever diagnosed with diabetes compared to White and Non-Hispanic residents.



## Obesity

A person is considered obese if they have a Body Mass Index (BMI) of 30 or greater.

A higher percentage of residents in **Terrebonne Parish** are considered obese compared to the state and the Healthy People 2020 target.



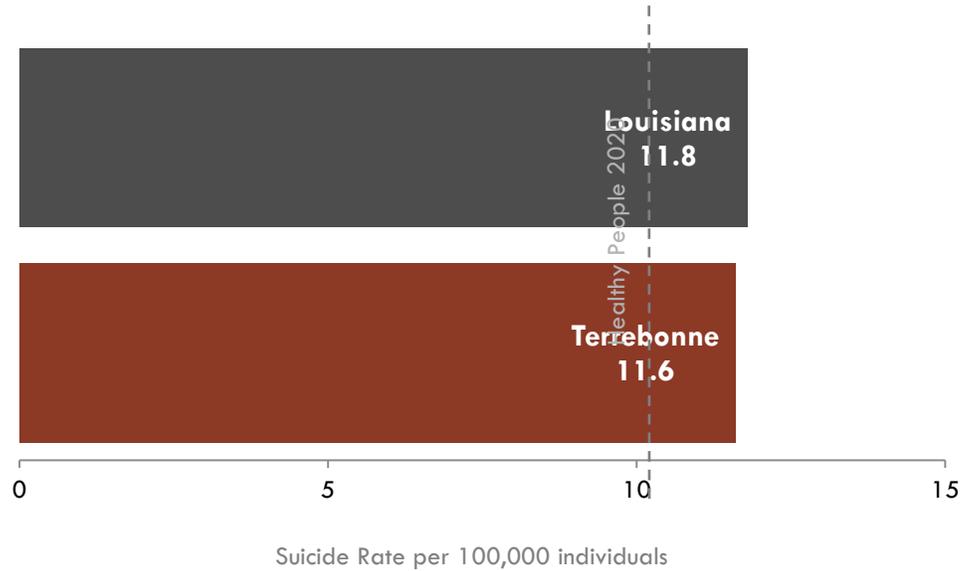
Stakeholders voted **obesity** as a top health priority in Terrebonne Parish.

# MENTAL WELL-BEING

Depression and anxiety are among the most commonly occurring mental health conditions in the United States of America – both often co-occur with physical health conditions.

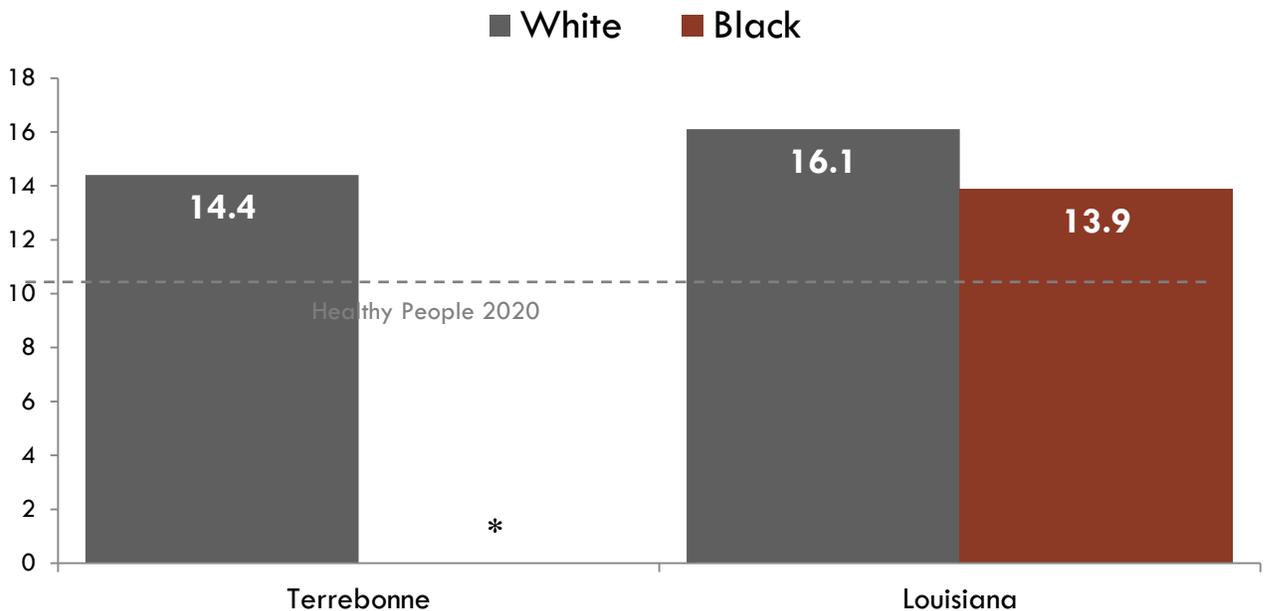
## Suicide Rate

The suicide rate in **Terrebonne Parish** is similar to the state rate and exceeds the Healthy People 2020 target.



## Suicide Rate (per 100,000 individuals) by Race

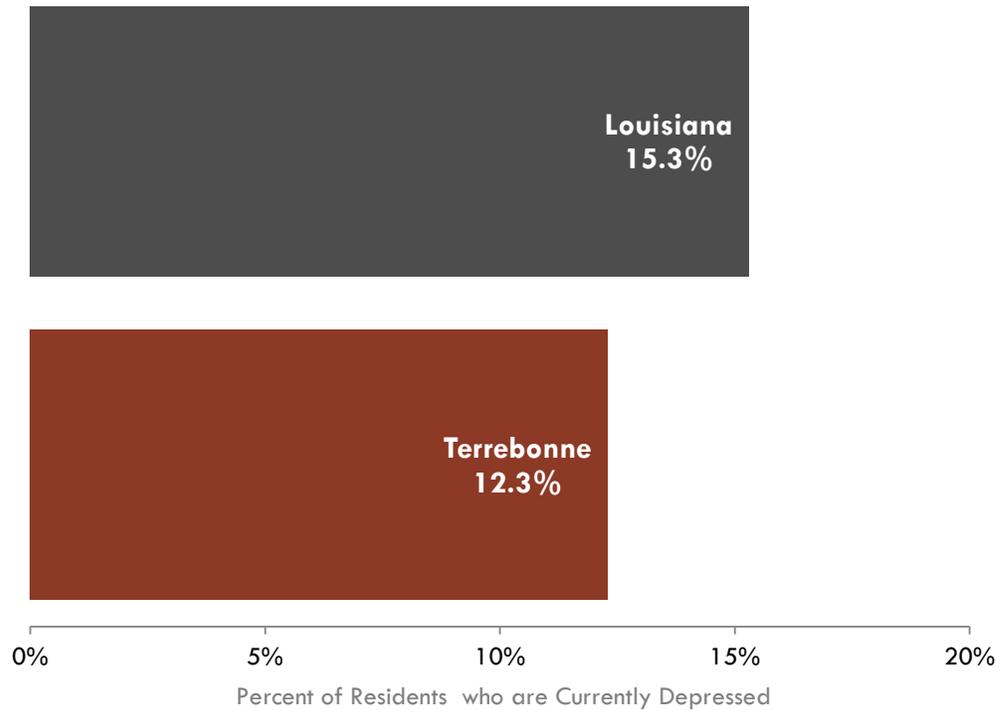
The rate of suicide in Terrebonne Parish among White residents is lower than the state rate, but higher than the Healthy People 2020 target.



\* Indicates that the total number is less than 5 and therefore considered too small to report as an accurate rate.

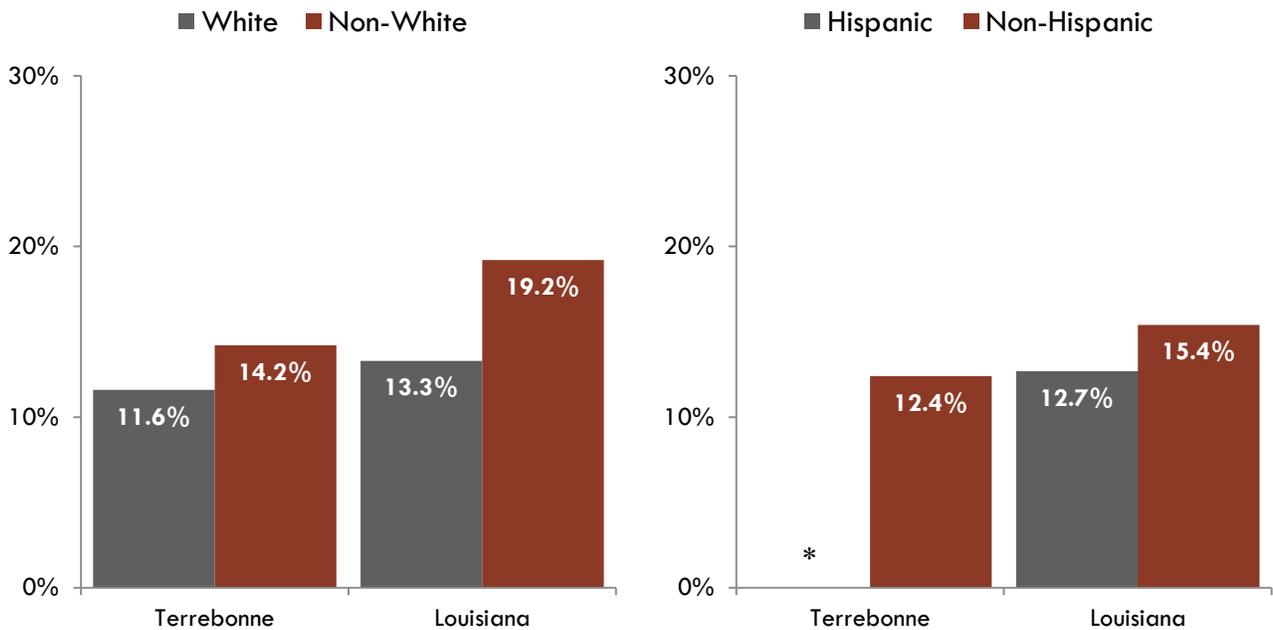
## Depression

Compared to the state, a lower percentage of residents in **Terrebonne Parish** are currently depressed.



## Depression by Race and Ethnicity

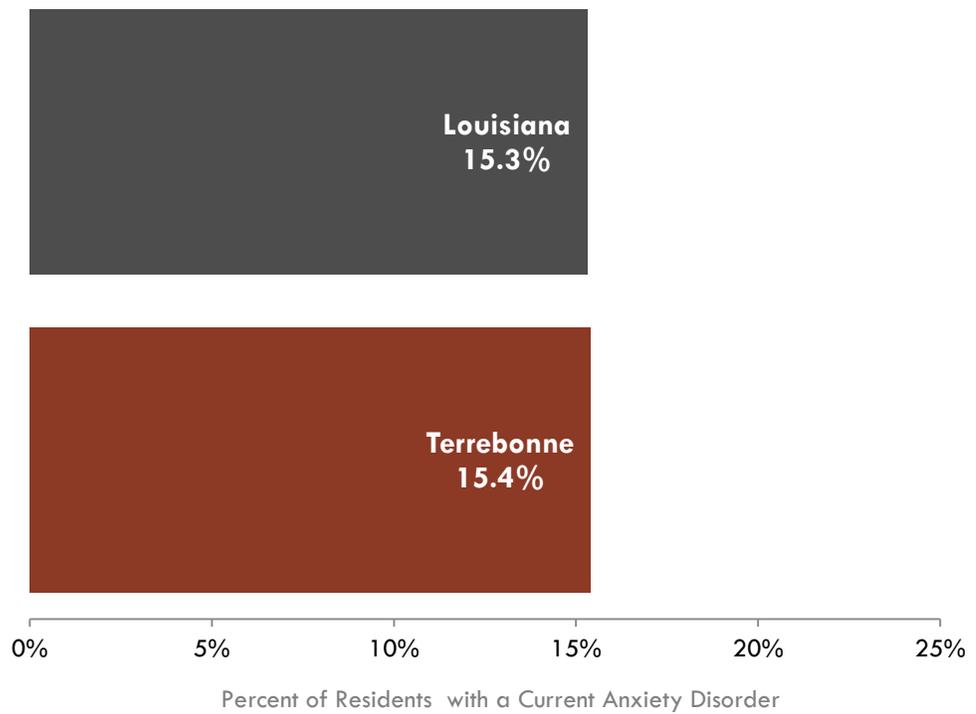
In Terrebonne Parish, a higher percentage of Non-White residents are currently depressed compared to White residents.



\* Indicates that the total number is less than 5 and therefore considered too small to report as an accurate rate.

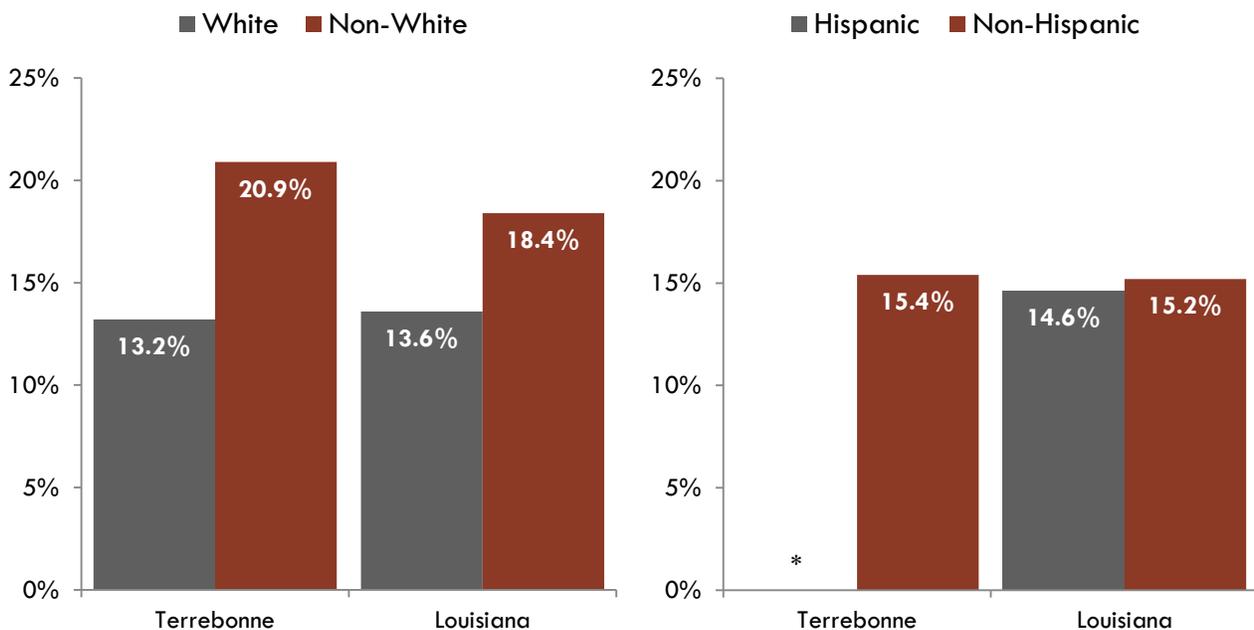
## Anxiety

A similar percentage of residents in **Terrebonne Parish** report anxiety symptoms compared to the state.



## Anxiety by Race and Ethnicity

In **Terrebonne Parish**, a higher percentage of Non-White residents reported anxiety symptoms compared to White residents.

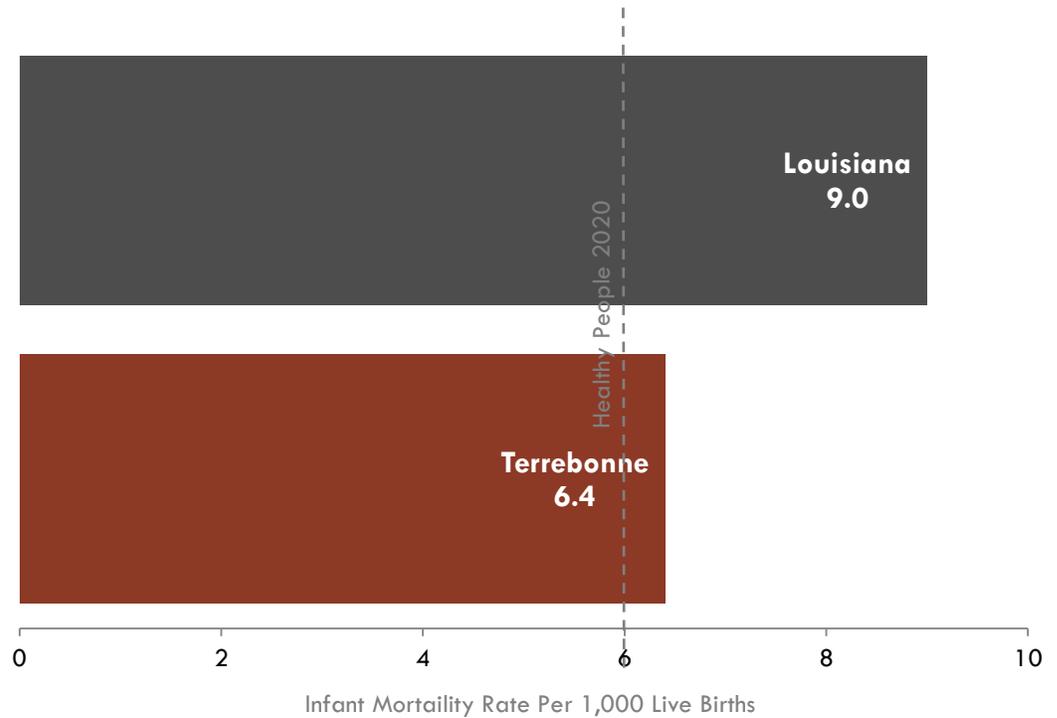


# MATERNAL & CHILD HEALTH

A focus on child health provides the opportunity to identify health risks and prevent future health problems in infant, child, and related vulnerable populations. For example, infant mortality has proven to be an accurate predictor of the state of health of a given area, population, or nation due to the number of contributing factors involved

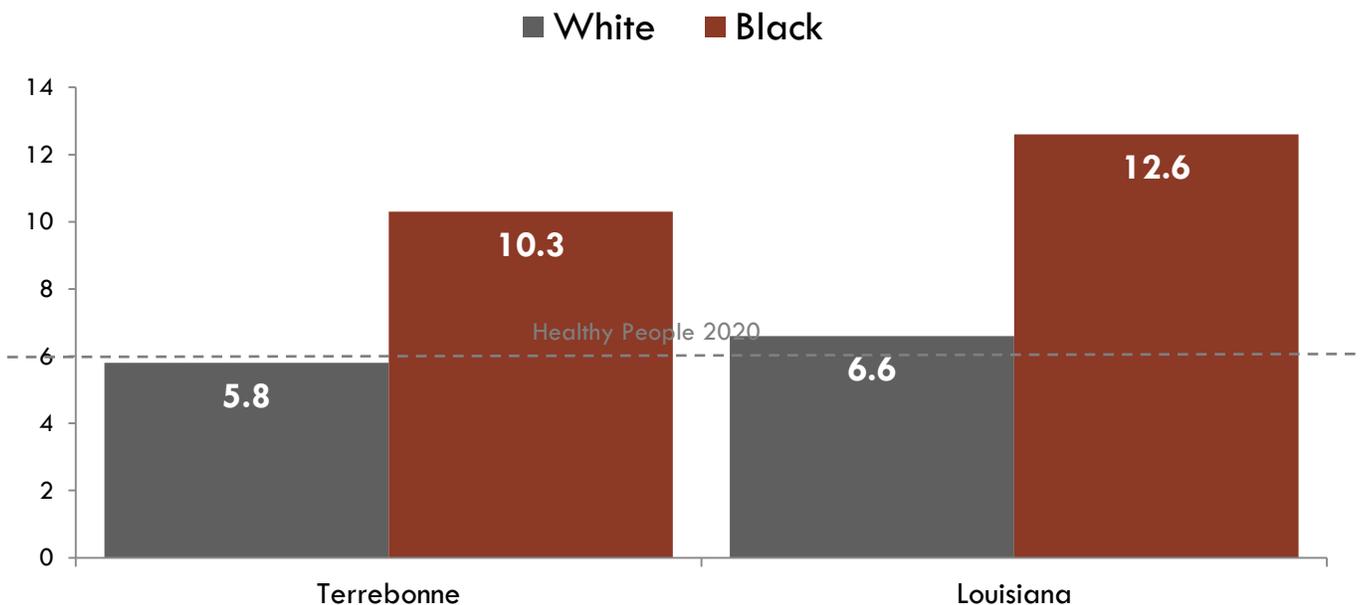
## Infant Mortality Rate

The infant mortality rate in **Terrebonne Parish** exceeds the Health People 2020 target but is lower than the state infant mortality rate.



## Infant Mortality Rate (per 1,000 live births) by Race

In Terrebonne Parish the infant mortality rate of Black mothers is higher than the state.

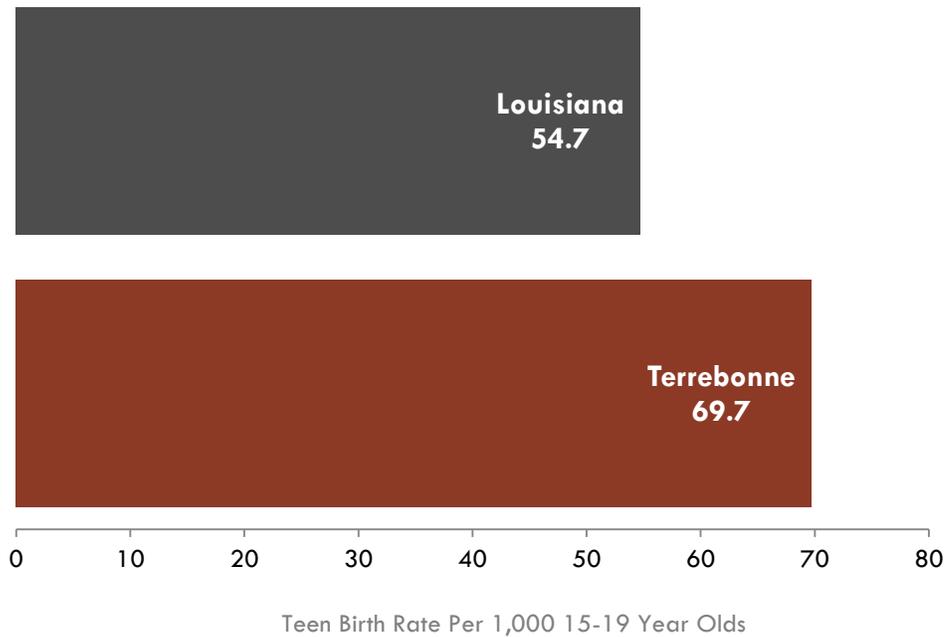


## Teen Birth Rate

Teen pregnancies are often at higher risk for pregnancy-induced hypertension and poor birth outcomes such as premature birth and low birth weight.

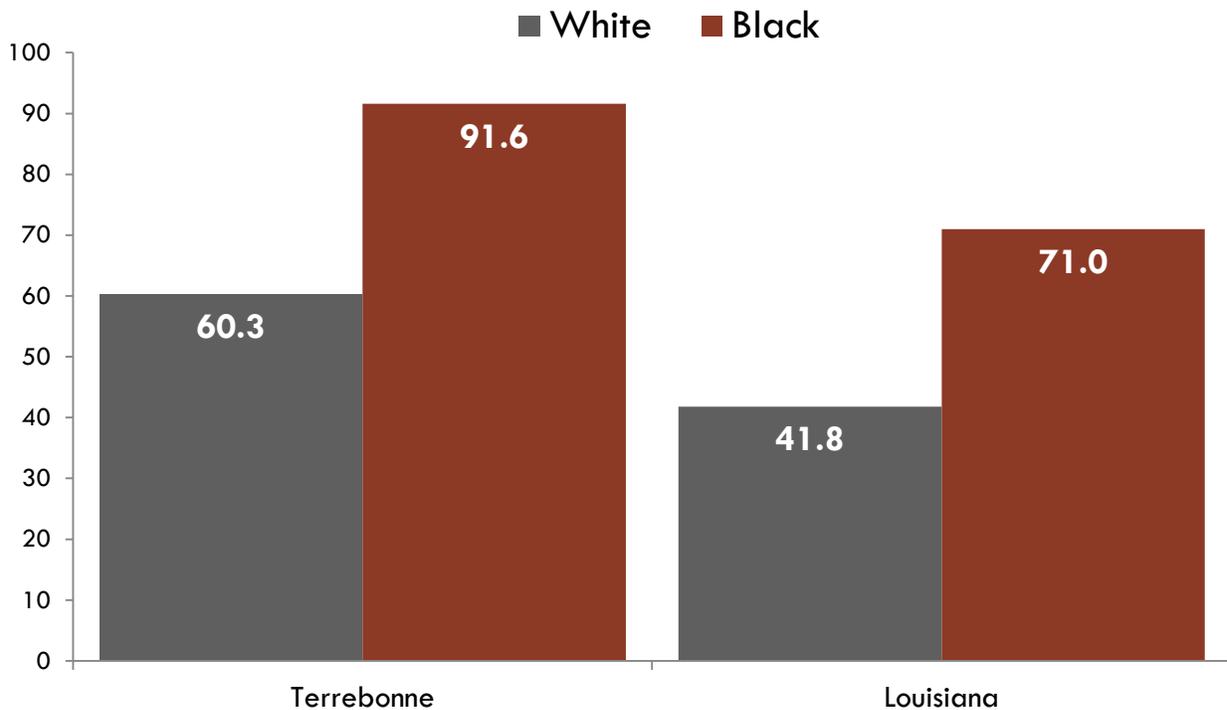
Teen birth rate in **Terrebonne Parish** is higher than the state rate.

Stakeholders identified **high teen birth rate** as a community health issue in the parish.



## Teen Birth Rate (per 1,000 15-19 year olds) by Race

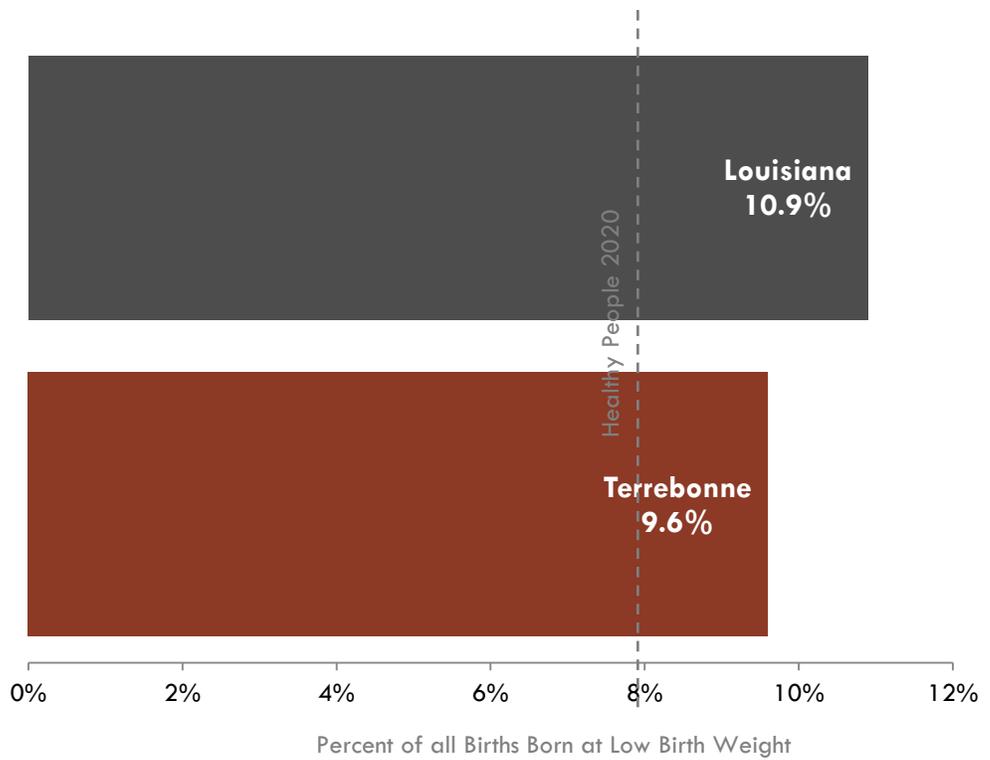
In **Terrebonne Parish**, the teen birth rate is higher among Black teens compared to White teens. The overall teen birth rate among Black teens in Terrebonne Parish is higher than the state rate for Black teens.



## Low Birth Weight

Low birth weight is a major determinant of mortality, morbidity and disability in infancy and childhood and also has a long-term impact on health outcomes in adult life.

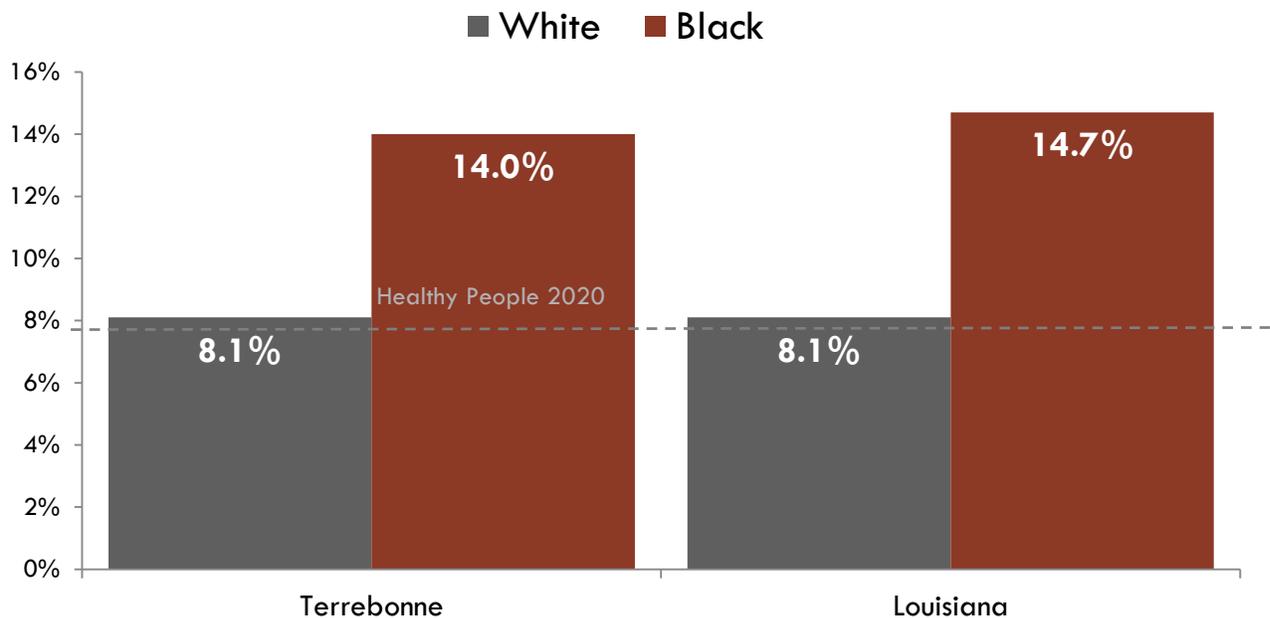
The percentage of babies born at a lower birth weight (<2,500 grams) in **Terrebonne Parish** exceeds the Healthy People 2020 target but is lower than the state rate.



Stakeholders identified **low birth weight** as a community health issue in the parish.

## Low Birth Weight by Race

In **Terrebonne Parish** the percent of low birth weight births is higher among Black teens compared to White teens and exceeds the Healthy People 2020 target.



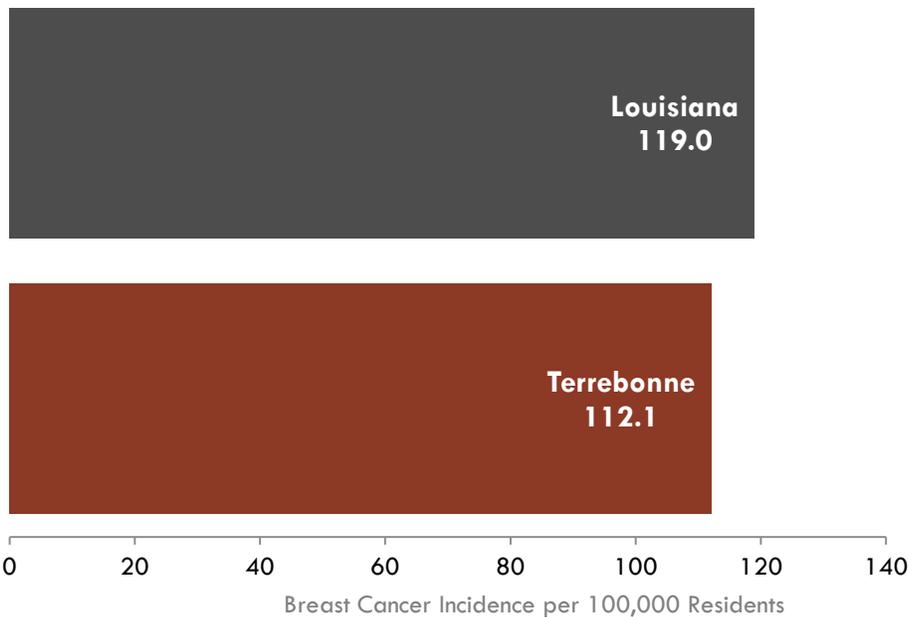
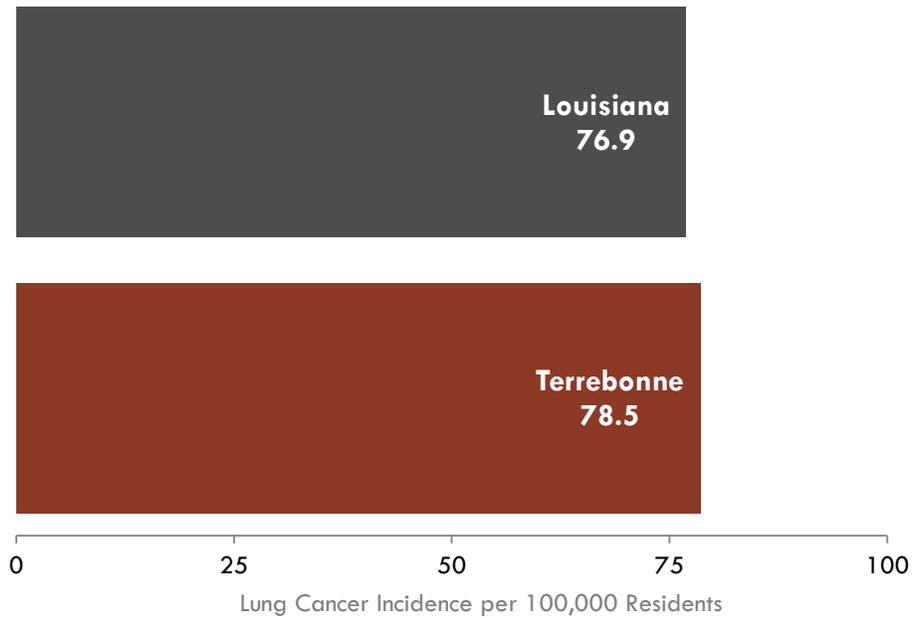
# CANCER

Risk of developing cancers like lung and breast cancer can be reduced by taking actions to maintain a healthy diet, reduce tobacco and alcohol intake and receive regular medical care, including preventative screenings such as mammograms. Although there are services through the CDC that provide free or low cost screenings, more work is needed to increase the availability and accessibility of cancer screenings, information and referral services.

## Lung Cancer

In **Terrebonne Parish**, a similar number of new cases of lung cancer were diagnosed compared to the state.

*Stakeholders identified **cancer** as a priority health issue in the parish.*



## Breast Cancer

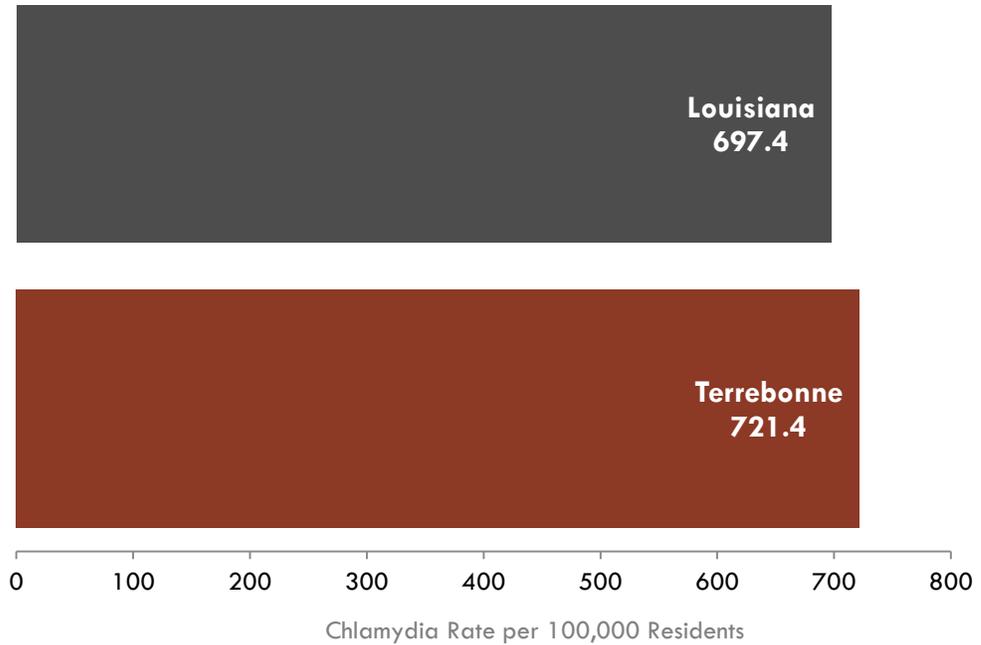
In **Terrebonne Parish**, a slightly lower number of new cases of breast cancer were diagnosed compared to the state.

# INFECTIOUS DISEASE

Infectious disease has a significant impact on the overall health of a community. The number of people living with HIV in the United States is higher than ever and remains a significant cause of death for some populations.

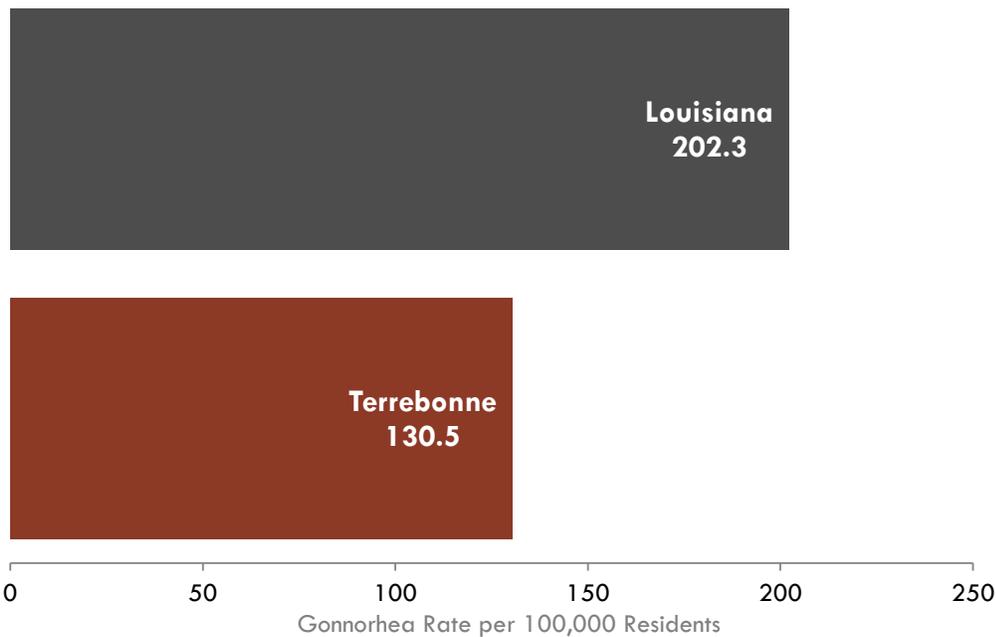
## Chlamydia

Compared to the state, **Terrebonne Parish's** chlamydia rate is slightly higher.



## Gonorrhea

Compared to the state, there is a substantially lower gonorrhea rate in **Terrebonne Parish.**



## Syphilis

There is a substantially lower rate of syphilis in **Terrebonne Parish** compared to the state.



\* Indicates that the total number is less than 5 and therefore considered too

**Terrebonne \***



## Residents Living with HIV

In **Terrebonne Parish**, there is a substantially lower number of people living with HIV.



# CONCLUSION

Overall, the existing data reviewed in the Region 3 Parish Community Health Assessment Profile for Terrebonne Parish revealed some key health and health care needs across the parish. Data gathered from the Gulf State Population Survey and existing national and state sources suggest that residents in the parish are vulnerable to socio-economic, social and environmental factors, like the oil spill. Exposure to toxins and chemicals were a major concern among stakeholders, and data on work related hospitalizations reflects the stated need for culturally appropriate occupational health training in the parish.

Hospital inpatient data, as well as, state survey data suggest that residents across the parishes experience substantial levels of chronic health conditions such as diabetes, respiratory disease, and congestive heart failure, which not only reflect the health status of residents but also indicate a lack of adequate preventative care in the region. Stakeholders also pointed to lack of mental and behavioral health interventions in the parish. In fact, HPSA data analyzed in this report points to primary care and mental health care provider shortages as an access to care priority across the parish.

This analysis also highlighted additional barriers to accessing health care that residents in rural parishes may experience, which included cost of care, lack of specialty care providers for those with Medicaid, limited cultural competency in care, and transportation barriers including substantial drive times to a primary care clinic for low-income residents.

## Next Steps

Gathering and translating community health data is a journey. This profile serves as one potential platform through which stakeholders, partners, and community members can continue the discussion around priority health needs, the identification of additional community level data to build a more comprehensive profile of community health, and continued engagement around health improvement planning efforts. This profile will be also available online to share these data with other stakeholders and community members in the parish at the following link:

<http://www.lphi.org/home2/section/358-360/reports>

There are many mechanisms throughout the state, region, and parish to continue to build upon the collaborative work initiated during the November 21<sup>st</sup> Regional Meeting on Health Priorities for Region 3.

Several of these next steps, initiatives, and opportunities include:

1. Primary Care Capacity Project – LPHI will use the information from the Regional Meeting on Health to inform its programming in these parishes. One immediate step will be for this community health information to be included in resource allocation decisions in early 2014 for the Primary Care Capacity Project of the Gulf Region Health Outreach Program in support of enhanced access to high quality, community-focused primary care with integration of mental health and environmental/occupational clinical services.
2. Community Data Initiative: LPHI will continue to engage interested stakeholders and community members in the process of cataloguing and adding to the data available in the community and parish. This offer is intended to support the existing local data efforts in the parish, and LPHI can assist local entities in the process of categorizing parish and sub-parish level data. LPHI can also facilitate the process of developing a mechanism through which make this data widely available in an effort to promote a collective understanding of the unique needs and assets in the parish.
3. DHH Bureau of Primary Care and Rural Health (BPCRHR) Health Systems Development: The BPCRHR will continue to work to increase local health systems' clinical capacity to provide health care services within their communities, and promote the development of critical health care workforce professionals in medically underserved areas. This is done with communities, providers, hospitals, and clinics, including federally qualified health centers, public health units, rural health clinics, and school-based health centers.
4. DHH BPCRHR Community Development Services: The BPCRHR will continue to provide the following community services:

- Technical assistance with development of, including but not limited to, rural health clinics, federally qualified health centers, private physician offices, non-profit health clinics, and school-based health centers;
- Data-driven and community-based needs assessments;
- Small and large group facilitation;
- Strategic planning and development;
- Health sector economic impact studies;
- Enhanced demographic scans, mapping services, and health service market analyses;
- Grant proposal development consultation and resource development technical support;
- Technical assistance on small and rural hospital regulatory issues; and
- Technical assistance regarding federal regulatory issues related to critical access hospitals, FQHCs, rural health clinics, and school-based health centers..

5. Region 3 Healthy Community Coalition Initiative: The Region 3 Healthy Communities Coalition (HCC) is committed to regional and parish level action planning. Currently the Coalition is engaged in identifying priority issues in the region and strategies to address these issues. In Terrebonne Parish, the HCC focuses on coalition and community development to address health concerns by engaging in the following:

- i. Sharing information and data for collective impact
- ii. Empowering the community with data and providing technical assistance on how use data to create change
- iii. Supporting the community in developing and making recommendations to policy makers to effect change
- iv. Using data to inform coalition and community organizing and advocacy work

If you are interested in joining this coalition or would like to hear more information, please contact Region 3 Manager Nakisha Singleton at [nsingleton@lphi.org](mailto:nsingleton@lphi.org) or 985-447-0916 (office).

Finally, LPHI will also update the data in this report on an annual basis with new or refreshed data. The updated profile will be available in the Reports section of the Louisiana Public Health Institute's website (<http://lphi.org/home2/section/358-360/reports>).

If you are interested in any more information about these next steps and/or opportunities, please contact Tiffany Netters. She can be reached at [tnetters@lphi.org](mailto:tnetters@lphi.org) or by phone at 504-301-9836.

# APPENDIX A

## Sources

Domain	Measure	Source	Year
<b>Who lives in your county?</b>			
	Race	US Census	2010
	Ethnicity		
	Age	American Community Survey	2011
	Income		
	Veteran Status		
	Military		
<b>What influences health in your county?</b>			
Socioeconomic Factors	Low SES	American Community Survey	2011
	Unemployment		
	Education Status		
Social Vulnerability	Social Vulnerability Index	Oxfam America	2009
	Social Vulnerability by Environmental Hazard		
Natural Environment	Fish Advisories	Louisiana Department of Health and Hospitals Center for Environmental Health	2009
	Unhealthy Air Quality	Environmental Protection Agency	2009-2011
	Extreme Heat Days	CDC North American Land Data Assimilation System	2008-2010
	Extreme Weather Events	Spatial Hazard Events and Losses Database	2001-2012
Social Environment	Grocery Stores	USDA Food Environment Atlas	2009
	Recreational Facilities		
	Homicide Rate	Louisiana Department of Health – Office of Public Health	2009-2011
	Violent Crime Rate	FBI Uniform Crime Reports via County Health Rankings	2008-2010

Domain	Measure	Source	Year
Occupational Safety Health	Lost Income and Employment due to Oil Spill	Gulf State Population Survey	2010-2011
	Occupation	American Community Survey	2011
	Risk for Injury	Bureau of Labor Statistics Census of Fatal Occupational Injuries	2008-2010 2010
	Work related hospitalizations	Louisiana Hospital Inpatient Discharge Data	2008-2010
Risk Behaviors	Smoking Prevalence	Gulf State Population Survey	2010-2011
	Binge Drinking		
	Prescription Drug Use		
	Physical Activity		
Access to Health Care	Uninsured Children	Small Area Health Insurance Estimates	2010
	Uninsured Adults	American Community Survey	2011
	Medicaid Recipients		
	Medicare Beneficiaries		
	Mental Health Coverage	Gulf State Population Survey	2010-2011
	Primary Care Providers	Health Resource and Services Administration	2011
	Mental and Behavioral Health Care Providers	Health Resource and Services Administration	2013
	Health Care Facilities	Health Resource and Services Administration	2012
	NeedyMeds.Com/Google	2013	
	American Hospital Association	2012	
	ESRI Infogroup Point Data	2012	

Domain	Measure	Source	Year
Access to Health Care	Health Professional Shortage Areas	Health Resource and Services Administration	2013
	Proximity to Care	HRSA	2012
		NeedMeds.Com/Google	2013
		American Community Survey	2006-2010
Health Care Seeking Behavior	Unable to See Doctor When Needed Due to Cost	Behavioral Risk Factor Surveillance System	2008-2010
	Adults with Health Care Provider		2010 <small>(state)</small>
	Adults Receiving Medical Checkup in Past Year		
<b>What is the current health status of your county?</b>			
Causes of Death	Leading Causes of Death	Louisiana Department of Health & Hospitals – Office of Public Health	2009-2011
Prevention Quality Indicators (PQI)	PQI Rates	Louisiana Hospital Inpatient Discharge Data	2008-2010
Chronic Health Conditions	Obesity Prevalence	Behavioral Risk Factor Surveillance System	2008-2010
			2010 <small>(state)</small>
	Diabetes	Gulf State Population Survey	2010-2011
Mental Well-Being	Suicide Rate	Louisiana Department of Health & Hospitals – Office of Public Health	2009-2011
	Depression Anxiety	Gulf State Population Survey	2010-2011

Domain	Measure	Source	Year
Maternal & Child Health	Infant Mortality Rate	Louisiana Department of Health & Hospitals –Maternal and Child Health Indicators	2007-2009
	Teen Birth Rate		
	Low Birth Weight		
Cancer	Lung Cancer	National Cancer Institute	2005-2009
	Breast Cancer		
Infectious Disease	Chlamydia Rate	Sexually Transmitted Diseases – Louisiana 2011 Annual Report	2011
	Gonorrhea Rate		
	Syphilis Rate		
	People living with HIV	Louisiana Office Public Health – 2010 Louisiana Report Card	2010

## APPENDIX B

For those factors which were not presented in the report, the following table lists the available data for these factors for Terrebonne Parish.

	Sub-Domain	Source	Year	Terrebonne
Demographics & SES	<b>Marital Status</b> (of those 15 years and older):			
	% Married	Census	2010	48.2%
	<b>Sex:</b>			
	% Male	Census	2010	49.7%
	<b>Education</b> (for those 25 years and older):			
	% College or graduate degree	ACS	2011	12.2%
	<b>% Citizens of USA</b>			98.6%
	<b>Language spoken at home:</b>			
% English only	ACS	2011	88.0%	
% Spanish or Creole only			3.1%	
Access to care	<b># beds per 10,000 population</b>	ARF	2008	49.6
Health Status	<b>Cancer</b>			
	Breast cancer annual death rate (age adjusted rates per 100,000)	National Cancer Institute's State Cancer Profiles	2005-2009	26.2
Risk Behaviors	<b>Screening utilization rates:</b>			
	% screened for diabetes in last 3 years	BRFSS	2008-2010	59.5%
	% of women who received a mammogram			60.8%
	% men who received a PSA test (40+)			61.9%
% adults who received sigmoidoscopy or colonoscopy (50+)	54.8%			

	Sub-Domain	Source	Year	Terrebonne
Infectious Disease	Tuberculosis (incidence rate per 100,000)	Department of Health 2010 Louisiana Report Card	2008	3.6 (4 cases)
Child Health	% women receiving no prenatal care in the first trimester	DoH-OPH, Vital Stats Dept	2007-2009	9.6%
Child Health	<b>In the past 30 days:</b>			
	Child felt nervous or afraid	Gulf State Population Survey	2010-2011	23.4%
	Child had problems sleeping	Gulf State Population Survey	2010-2011	13.0%
	Child had problems getting along with other children	Gulf State Population Survey	2010-2011	8.2%
Chronic Health	% Ever told have coronary heart disease	Gulf State Population Survey	2010-2011	7.3%
	% Ever told have asthma	Gulf State Population Survey	2010-2011	13.0%
Natural environment	<b>Air quality-</b>			
	Annual average of PM 10	EPA	2009-2011	Not collected
	Annual average of PM 2.5 (3 year average)	EPA	2009-2011	8.6
	#of days Ozone in AQI unhealthy range (3 year average)	EPA	2009-2011	Not available
	% population who had direct contact with oil during the oil spill	Gulf State Population Survey	2010-2011	6.9%
Occup. Health	Relative Risk of Fatal Injury	CFOI/ACS	2008-2010	1.38

	Sub-Domain	Source	Year	Terrebonne
Social environment	% Renters Spending $\geq$ 30% of Household Income on Rent	ACS	2011	49.7%
	% Households without a Car and > 1 Mile from a Grocery Store	USDA Food Environment Atlas	2006	6.0%
	Fast food restaurants per 1,000 population	USDA Food Environment Atlas	2009	0.66
	% students free-lunch eligible	USDA Food Environment Atlas	2009	56.0%
	Liquor Store Density per 1,000 population	US Census County Business Patterns	2010	Not available
Mental and Behavioral Health	Ever received counseling for emotional health issue	Gulf State Population Survey	2010-2011	16.8%
	Among those currently depressed	Gulf State Population Survey	2010-2011	26.6%
	Among those reporting anxiety symptoms	Gulf State Population Survey	2010-2011	32.2%
	Average # time counseling received last year	Gulf State Population Survey	2010-2011	8
	Ever prescribed medication for emotional health issues	Gulf State Population Survey	2010-2011	67.8%
	% Prescribed medication in the past year	Gulf State Population Survey	2010-2011	33.7%
	Average # Poor Mental Health Days in last 30 days	BRFSS	2008-2010	3.7
Occupational Safety & Health Professionals:				

	<b>Sub-Domain</b>	<b>Source</b>	<b>Year</b>	<b>Terrebonne</b>
	# board-certified occupational physicians	AOEC	2012	0
	# of members of ACOEM	ACOEM	2012	2
	# board-certified occupational health nurses	ABOHN	2012	Public directory not available
	# members of AAOHN	AAOHN	2012	Public directory not available
	# board certified industrial hygienists	NBCHIS	2012	0
	# members of AIHA	AIHA	2012	0
	# board certified safety health professionals	BCSP	2012	22
	# members of ASSE	ASSE	2012	Public directory not available
	# members of AOEC	AOEC	2012	no AOEC clinics