



Hood Memorial Hospital Community Health Needs Assessment

August 2026



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Hood Memorial Hospital's History

Hood Memorial Hospital serves as a long-standing community safe haven for healthcare in Amite, Louisiana, and has reached a renewed point of growth and stability following years of organizational transition. Established in April 1971 as a 45-bed acute care hospital with approximately 75 employees, the hospital transitioned in April 2003 to a Critical Access Hospital (CAH) with 25 acute care beds that also function as swing beds. Over the past several years, administrative restructuring has prompted a strategic redesign focused on sustainability, quality improvement, and community partnerships. Now celebrating 55 years of service as of April 2026, Hood Memorial Hospital has achieved a significant milestone through accreditation by the Center for Improvement in Healthcare Quality, reflecting its ongoing commitment to patient safety, quality care, and operational excellence.



55 Years Strong
Honoring Our Past. Advancing Your Future.

Mission and Vision

The mission of Hood Memorial Hospital is to provide premium, accessible, and compassionate healthcare services to residents and visitors of Tangipahoa, St. Helena, and Washington parishes while actively working to reduce health disparities and improve health outcomes. The organization is dedicated to delivering preventive, primary, and secondary care with an emphasis on affordability, empathy, and a hometown approach that fosters trust and comfort among patients. This mission extends beyond patient care to include a commitment to employee development, professionalism, and maintaining a supportive and ethical work environment. Hood Memorial Hospital operates with a vision of continued growth and evolution through strong community partnerships, financial responsibility, and a patient-centered philosophy that ensures all individuals feel welcomed and confident in the care they receive.



Hood Memorial Hospital Board of Commissioners



Services

Hood Memorial Hospital offers a comprehensive range of inpatient, outpatient, and specialty services designed to meet the diverse needs of the community. Inpatient services include acute care, dialysis, IV therapy, swing bed services,

and rehabilitative therapies such as speech, occupational, physical, and respiratory therapy. Outpatient services are structured for both convenience and specialized care, including walk-in EKGs, routine X-rays, lab work, and scheduled services such as pulmonary function testing, six-minute walk tests, CT scans, MRIs, ultrasounds, injections, infusions, blood transfusions, and pulmonary rehabilitation. The hospital also provides 24/7 emergency services for life-threatening conditions, ensuring continuous access to urgent medical care.



Additional specialized services include a Wound Care and Infusion Center, which provides advanced treatment for complex and chronic wounds such as diabetic foot ulcers, venous leg ulcers, surgical and traumatic wounds, and non-healing or infected wounds—many without requiring a referral. Infusion therapy services include IV antibiotics, hydration therapy, medication infusions, and blood transfusions. Hood Memorial Hospital further expands its reach through its affiliated clinics, including



Amite Rural Health Clinic (ARHC) and West Oak Family Clinic (WOFC). ARHC provides preventive, behavioral health, pediatrics and primary care for patients of all ages, while WOFC functions as a dedicated walk-in clinic designed to improve access, reduce wait times,

and offer extended hours of care, including evenings and limited weekend availability. Together, these services highlight Hood Memorial Hospital's commitment to accessible, high-quality, and patient-centered healthcare delivery for its surrounding communities.

What is a Community Health Needs Assessment?

The Patient Protection and Affordable Care Act (ACA) of 2010 requires non-profit, tax-exempt hospitals to conduct a Community Health Needs Assessment (CHNA)



every three years. In accordance with these requirements, hospitals must assess the health needs of their community or service area and develop an implementation strategy to address identified priorities.

Hood Memorial Hospital is pleased to present its 2026 Community Health Needs Assessment. This report provides an overview of the most significant health needs identified within the hospital's primary service area. The purpose of this CHNA is to present a comprehensive understanding of the health needs of the community served by Hood Memorial Hospital. The intent is to provide a comprehensive overview of the

health status and needs of the community. Together, these sources help create a complete picture of the community's health priorities, concerns, and opportunities for improvement. The findings will guide the hospital's community benefit planning efforts and support the development of measurable, effective strategies designed to improve the health outcomes and overall well-being of the population it serves.

Conducting the Assessment

The primary purposes included:

- Identify factors that are impacting the community's health
- Recognize the health disparities in the community
- Ultimately, create strategies that will lead to filling gaps in the needs of the community

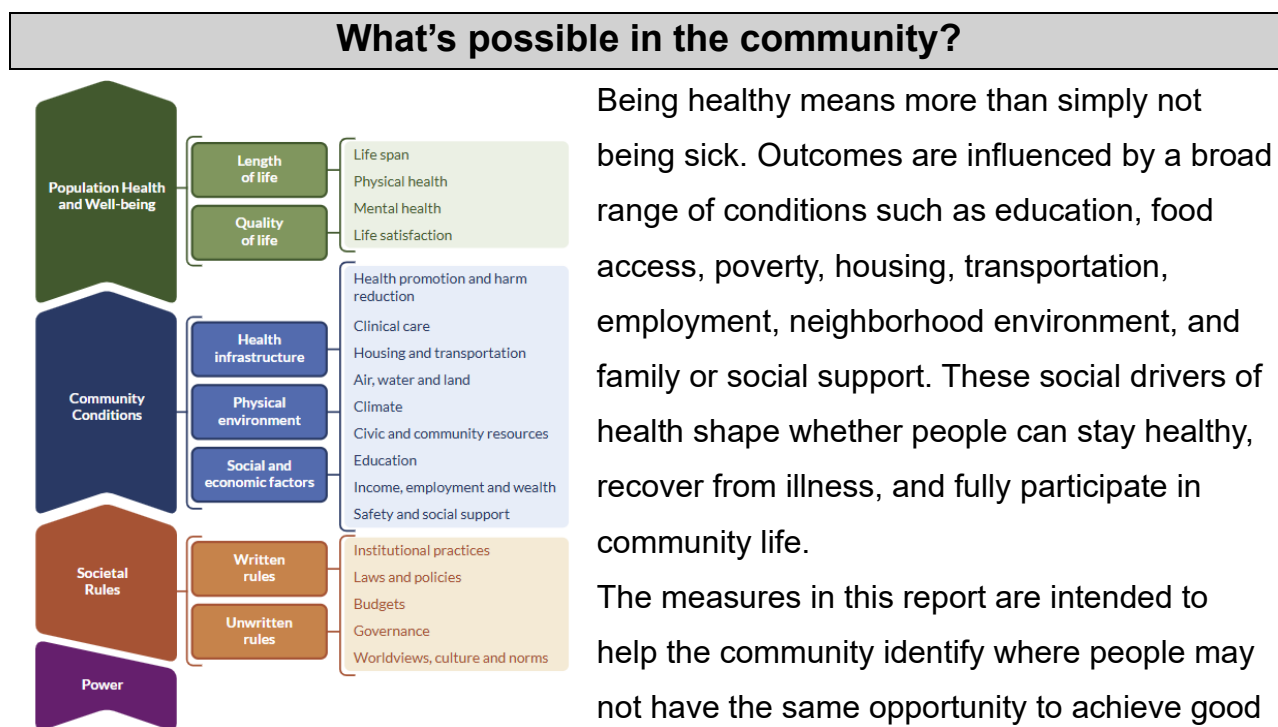
Three undergraduate interns from the Southeastern Louisiana University Healthcare Administration program assisted in administering the survey to patients at Amite Rural Health Clinic (ARHC). Surveys were offered to patients during natural waiting periods, such as prior to appointments, while waiting for laboratory services, or during the check-out and follow-up scheduling process. Participation remained voluntary, and patients were given the option to decline.

Similar to the previous assessment, initial engagement was modest; however, participation steadily increased as patients became more comfortable and recognized the opportunity to share their experiences. Over time, patients were increasingly willing to provide feedback, reinforcing the value of direct, face-to-face engagement in a rural clinical setting.

Findings from the open-ended responses highlight several consistent themes also seen in the prior CHNA, including gaps in health literacy, limited awareness of community resources, and transportation barriers. Some patients required additional clarification of survey questions, particularly those related to chronic conditions, indicating ongoing challenges with understanding healthcare terminology. Additionally, multiple respondents expressed uncertainty about available community resources or reported only being familiar with the clinic itself, suggesting a continued need for improved community education and outreach. Transportation challenges also persisted, with

patients reporting difficulty accessing services outside of Amite, particularly for specialty care.

The assessment was conducted over several months and focused on adult patients, continuing to capture perspectives from individuals who are actively receiving care. Overall, the 2026 CHNA reaffirms previously identified needs while emphasizing the importance of targeted strategies to improve health literacy, expand awareness of available resources, and address ongoing transportation barriers within the community.



University of Wisconsin Population Health Institute Model of Health © 2025
Figure 1. County Health Rankings Model ¹

Being healthy means more than simply not being sick. Outcomes are influenced by a broad range of conditions such as education, food access, poverty, housing, transportation, employment, neighborhood environment, and family or social support. These social drivers of health shape whether people can stay healthy, recover from illness, and fully participate in community life.

The measures in this report are intended to help the community identify where people may not have the same opportunity to achieve good health. Through community care coordination,

health care and social service partners can work together on needs such as food access, transportation, housing, and employment support. These efforts can improve both individual well-being and broader community health outcomes. This document is not meant to be exhaustive; rather, it serves as a current data snapshot and a starting point for local conversation, planning, and partnership development. Future updates can continue to track these measures using the cited state and federal sources

Defining Our Service Area

The Community Health Needs Assessment (CHNA) was conducted in Amite, Louisiana, a rural community located in Tangipahoa Parish. Amite has an estimated population of approximately 4,000 residents, reflecting a small, tight-knit rural population. The community is racially and ethnically diverse, with a majority African American population (approximately 60–62%) and a significant White population (approximately 30–34%), along with smaller proportions of Hispanic, Asian, and multiracial residents (U.S. Census Bureau, 2024).

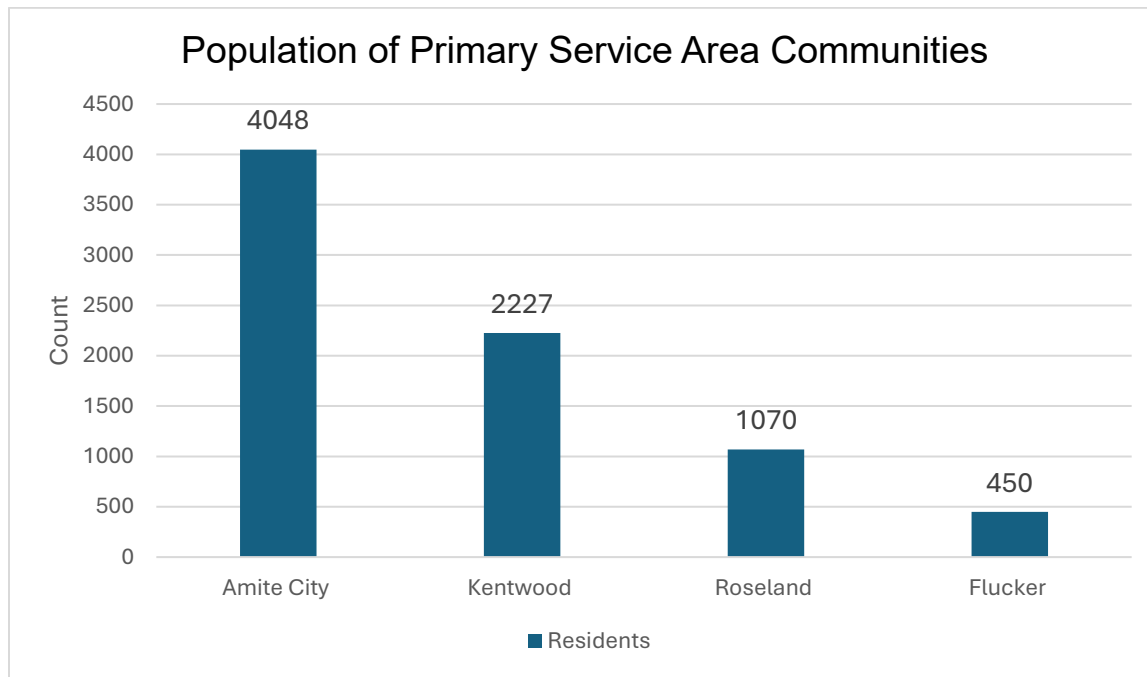


Figure 2: Population of Primary Service Area

Census Reporter. (2024). Amite City, Louisiana population profile. Retrieved July 10, 2026, from Census Reporter. Population: 4,048.

World Population Review. (2026). Kentwood, Louisiana population. Population: 2,227.

Census Reporter. (2024). Roseland, Louisiana population profile. Population: 1,070.

ZIP-Codes.com. (2026). ZIP Code 70436 demographic profile. Population: 450.

Hood Memorial Hospital's primary service area includes the communities of Amite City, Kentwood, Roseland, and Flucker, representing an estimated total population of 7,795 residents. Amite City is the largest community within the service area with approximately 4,048 residents, followed by Kentwood (2,227), Roseland (1,070), and Flucker (450). Together, these rural communities depend on local healthcare services, including primary care, emergency services, preventive care, chronic disease management, and specialty care access.

A total of 101 survey responses were collected. Respondents represented 17 unique ZIP codes, indicating a broad geographic reach across the hospital's service area. The majority of participants (n = 46) resided in ZIP code 70422 (Amite), followed by 70444 (Kentwood) (n = 14) and 70456 (Roseland) (n = 8). These findings demonstrate that the survey primarily reflects the perspectives of residents within Amite and the surrounding communities most directly served by the hospital.

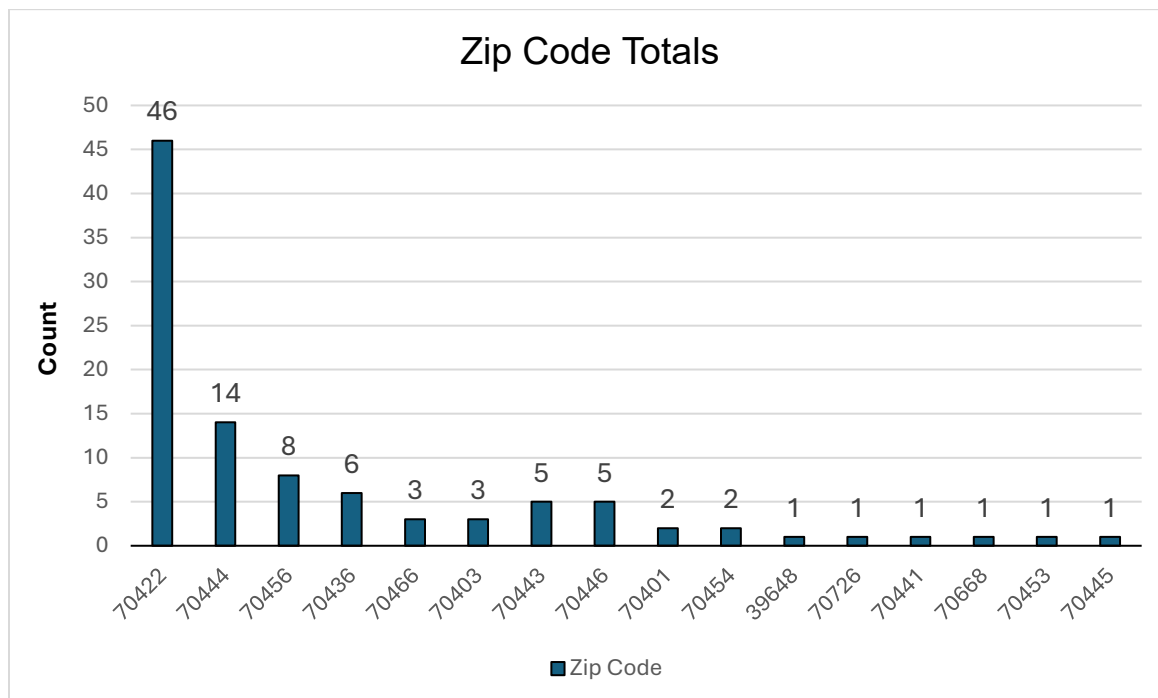


Figure 3. Zip Code Totals
Based on the Hood Memorial Hospital CHNA Question 1. What is your primary zip code?

The age distribution of survey respondents indicates a strong representation of middle-aged and older adults within the community. The largest proportion of respondents falls within the 55–64 age group (25 responses) followed closely by those aged 45–54 (23 responses) and 65 years or older (19 responses). Together, these groups represent a substantial portion of the population surveyed, suggesting that the perspectives captured in this assessment are heavily influenced by individuals in later stages of adulthood. Younger adult populations are represented to a lesser extent, with 25–34 with 15 responses and 35–44 age groups each accounting 12 responses, while the 18–24 age group represents the smallest proportion (6 responses). Notably, there was only

1 response identified from individuals under the age of 18, which is consistent with the survey population focused on adult respondents.

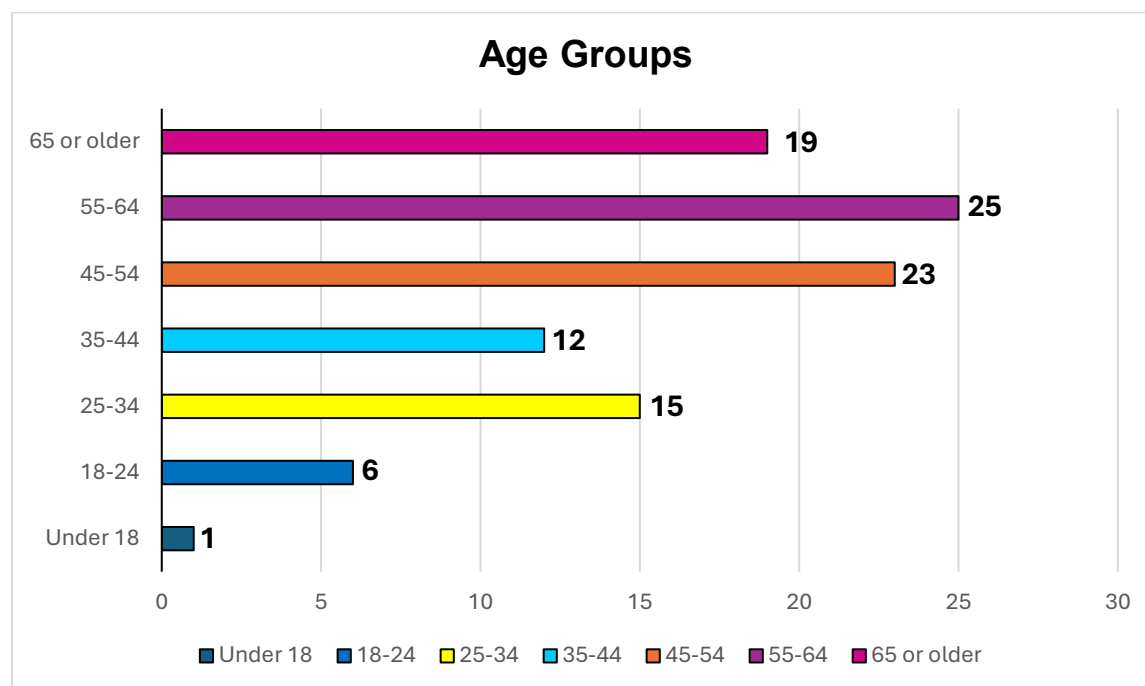
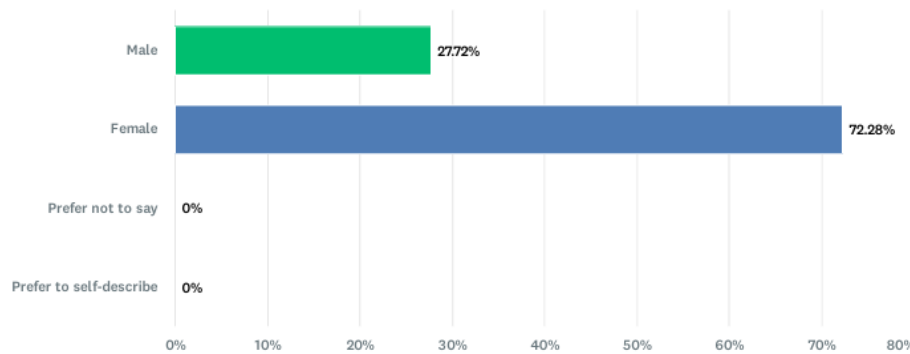


Figure 4. Age Groups

Based on the Hood Memorial Hospital CHNA Question 2. Please choose your age group.

The respondent population is largely female, with 72.28% identifying as female and 27.72% identifying as male. No respondents selected “prefer not to say” or “prefer to self-describe.” This indicates a strong female representation in the survey sample.

Please choose your sex.



Answer Choices	Percentage	Responses
Male	27.72%	28
Female	72.28%	73
Prefer not to say	0%	0
Prefer to self-describe	0%	0
Total		101

Figure 5. Gender/ Sex Distribution

Based on the Hood Memorial Hospital CHNA Question 3. Please choose your sex.

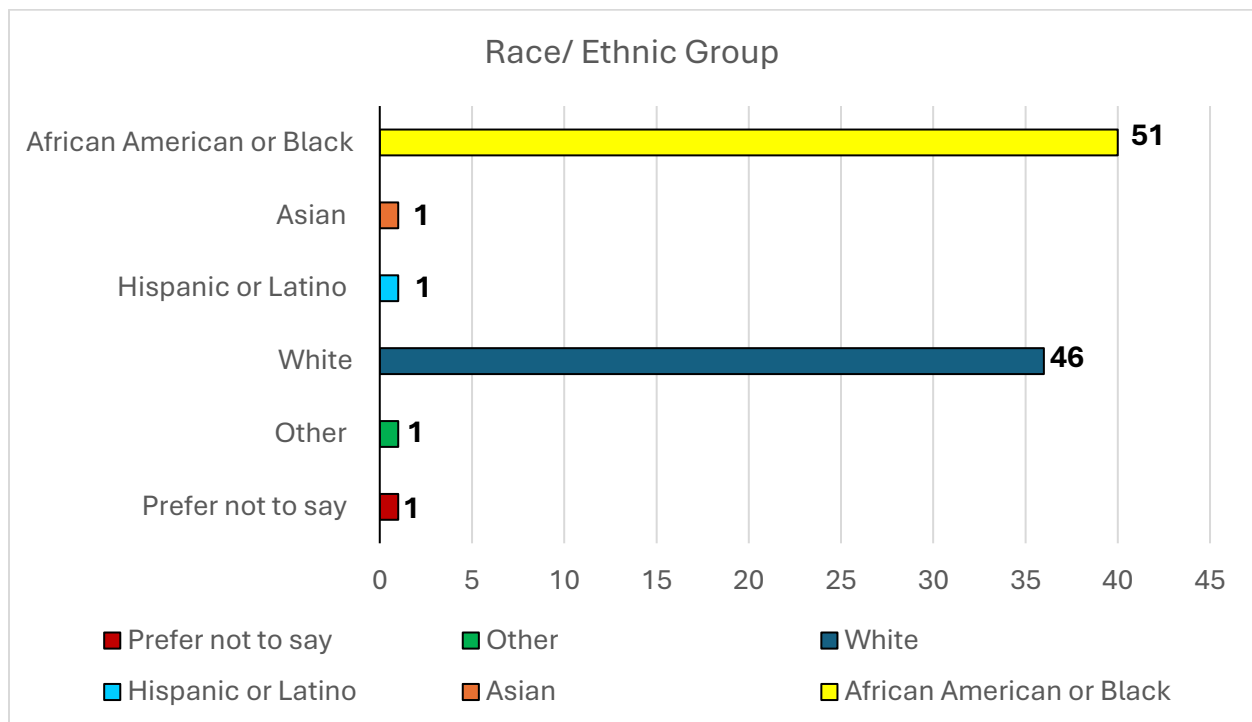
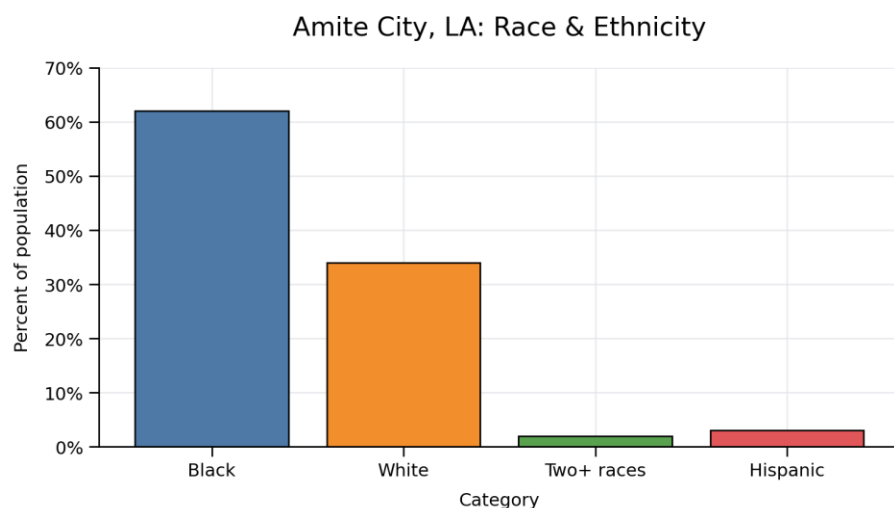


Figure 6. Race/ Ethnic Groups

Based on the Hood Memorial Hospital CHNA Question 3. What is your race/ ethnicity?

The most recent Community Health Needs Assessment (CHNA) findings continue to reflect a similar overall pattern observed in the 2023 assessment, with African American or Black and Caucasian or White respondents comprising the overwhelming majority of participants. In 2023, the community demographic data indicated a nearly equal distribution between African American residents (48.96%) and Caucasian residents (48.13%), with minimal representation from other racial and ethnic groups. However, the current assessment reveals a noticeable shift in this balance. The present data shows that approximately 62% of respondents identify as African American or Black, while approximately 34% identify as White. This change suggests a decrease in the proportion of White residents represented within the patient population compared to three years ago.

This shift raises important considerations regarding changes within the community and the patient population served by the clinic. Several factors may contribute to this variation, including population migration patterns, residents moving out of Amite City, changes in healthcare utilization among different groups, or broader demographic trends within Amite City and the surrounding areas.



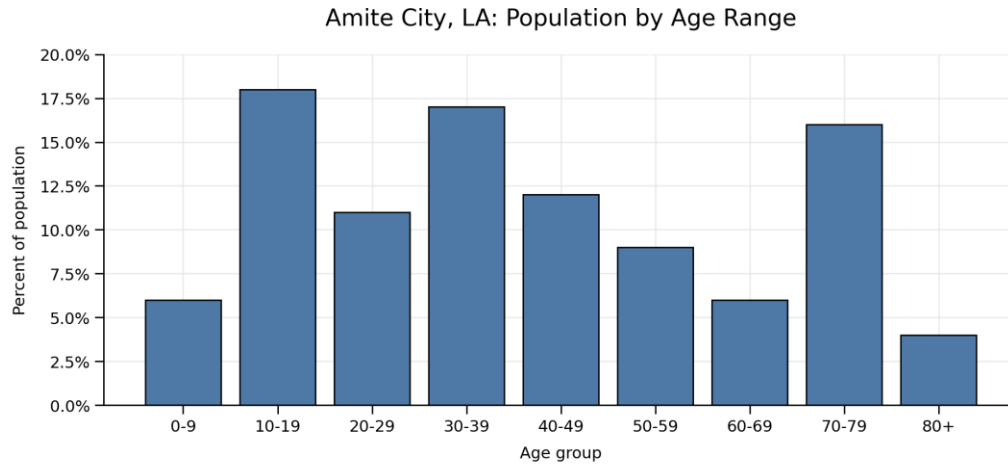
Source: Census Reporter profile for Amite City, LA (ACS 2024 5-year unless noted)
Values shown are those explicitly displayed in the Census Reporter profile. Hispanic is reported as ethnicity and may overlap with race categories.

Figure 7. Race and Ethnicity of Amite City Residents

Based on ACS 2024 5-year data displayed in Census Reporter for Amite City, Louisiana. Hispanic ethnicity may overlap with race categories

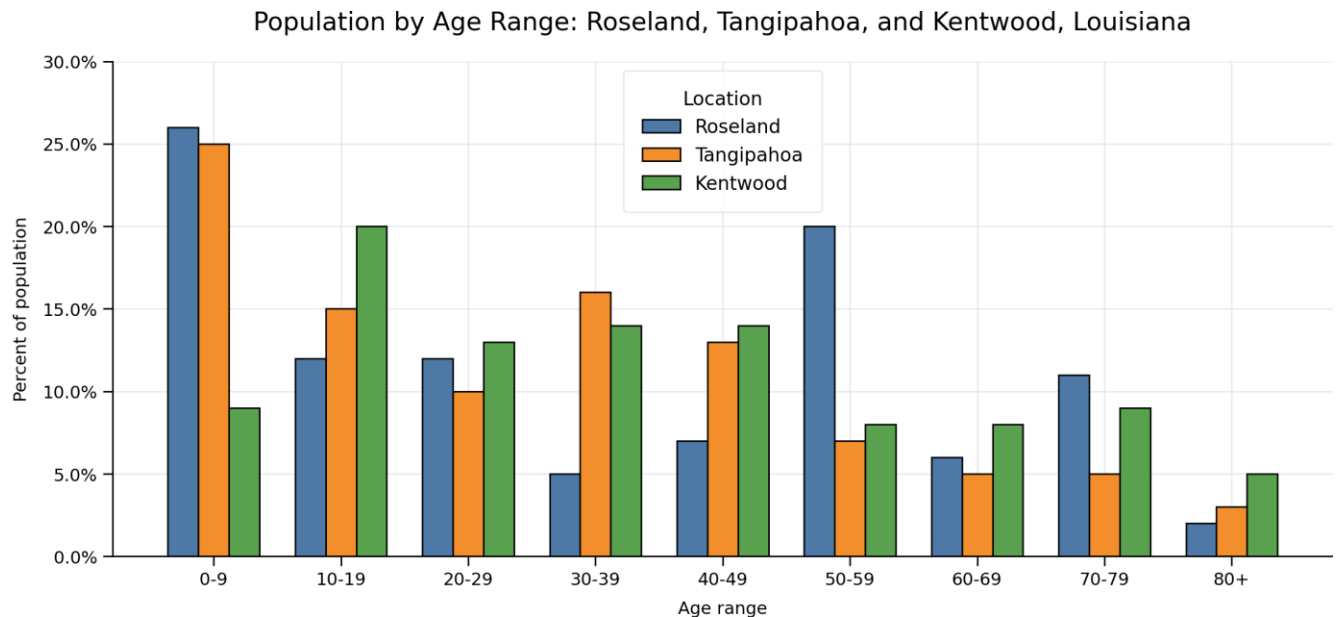
The age distribution of Amite City residents shows a fairly balanced population across several adult age groups, with the largest proportions concentrated among individuals

ages 10–19 (approximately 18%), 30–39 (17%), and 70–79 (16%). This indicates a community with both a strong youth presence and a significant aging population. Middle-aged groups, particularly those between 20–59 years, also make up a substantial portion of the population, supporting a stable working-age base. Smaller percentages are observed among the youngest (0–9) and oldest (80+) age groups.



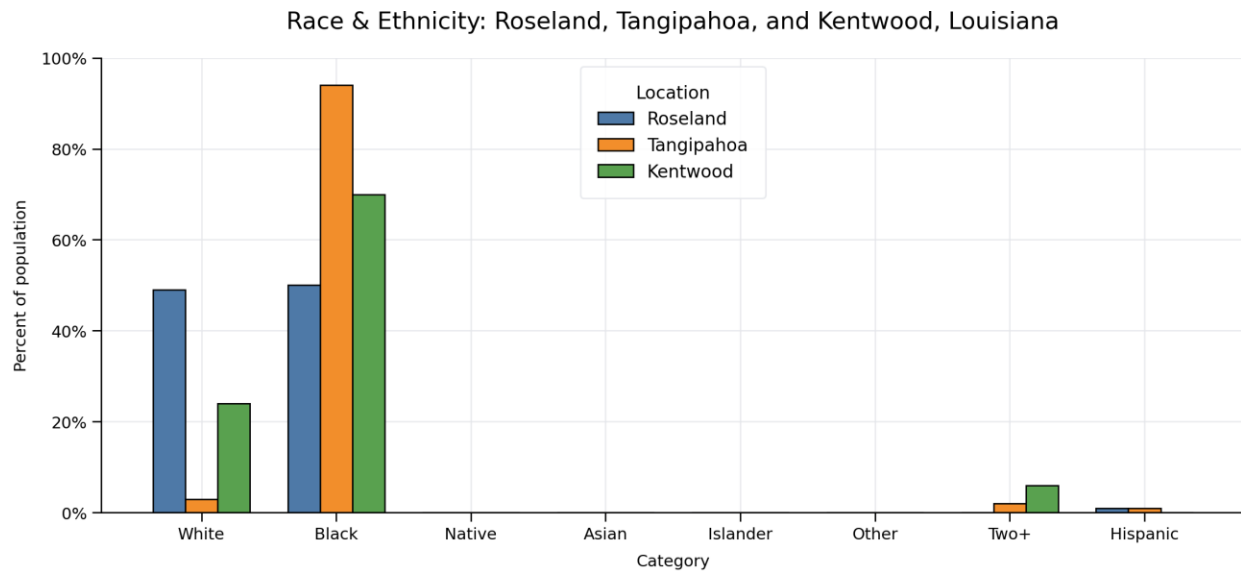
Source: Census Reporter profile for Amite City, LA (ACS 2024 5-year unless noted)

Figure 8. Age Distribution of Amite City Residents
Based on ACS 2024 5-year data displayed in Census Reporter for Amite City, Louisiana



Source: Census Reporter profiles (ACS 2024 5-year unless noted) for Roseland, Tangipahoa, and Kentwood, Louisiana.

Figure 9. Population by Age Range in Roseland, Tangipahoa, and Kentwood, Louisiana.
Chart based on ACS 2024 5-year estimates as displayed on Census Reporter community profiles for Roseland, Tangipahoa, and Kentwood, Louisiana



Source: Census Reporter profiles (ACS 2024 5-year unless noted) for Roseland, Tangipahoa, and Kentwood, Louisiana. Hispanic is ethnicity and may overlap with race categories, as stated on Census Reporter.

Figure 10. Race and Ethnicity in Roseland, Tangipahoa, and Kentwood, Louisiana.

Chart based on ACS 2024 5-year estimates as displayed on Census Reporter community profiles for Roseland, Tangipahoa, and Kentwood, Louisiana. Hispanic is reported by Census Reporter as an ethnicity and may overlap with race categories.

According to the Community Health Needs Assessment of September 2023, “The boundary begins at a point where the southeast corner of the district boundary meets the Tangipahoa River and the township line dividing townships 4 and 5, from said point proceeding east to the parish line. Thence north along the parish line to the state line. Thence west along the state line to the St. Helena parish line. Thence south along the parish line to the township line dividing townships 4 and 5. Thence east along the township line to the beginning point.

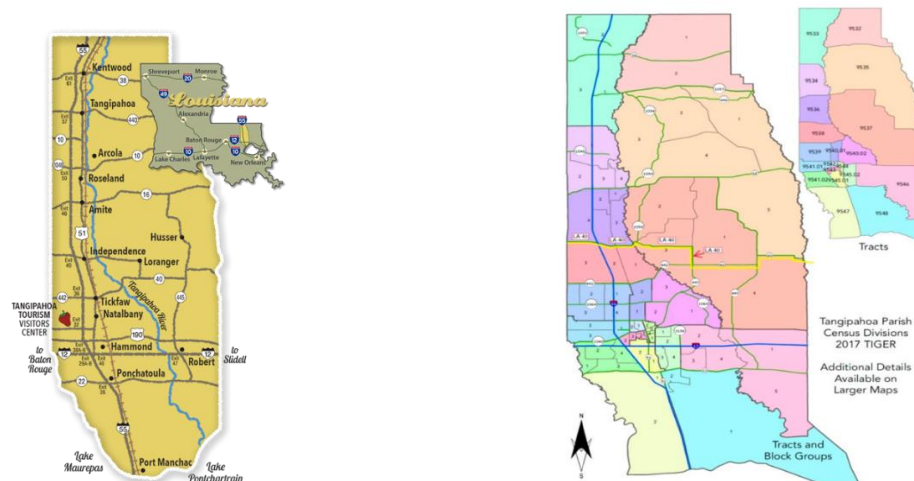


Figure 11. Tangipahoa Parish Map
Hood Memorial Hospital Service District

Data Collection and Methods

The use of face-to-face patient interviews with a brief 2–3-minute assessment survey was selected as the primary data source and method for conducting the Community Health Needs Assessment at Amite Rural Health Clinic because it enables the collection of timely, first-hand, and patient-centered information immediately following the care experience. This approach increases response rates and accuracy by capturing patient perspectives while their visit remains fresh, thereby reducing recall bias and enhancing the reliability of the data. The concise survey format minimizes patient burden while still capturing key information related to health needs, barriers to care, and gaps in services. Additionally, administering surveys in person promotes inclusivity by allowing participation from patients with limited literacy, lack of internet access, or discomfort with electronic tools, resulting in a more representative sample of the rural population served. This quasi-experimental, cross-sectional design offers practical, real-world insights that can be used to improve clinical services, care coordination, and community health outcomes within the clinic's service area.

Demographic and Health Data of Tangipahoa Parish

Demographic

Tangipahoa Parish continues to reflect several demographic characteristics that are important for care planning and community outreach. The parish remains much more rural than the state and nation (46.0% rural versus 28.5% statewide and 20.0% nationally). The parish also has a higher percentage of residents under age 18 than both Louisiana and the nation, while the share of residents age 65 and older remains slightly below the state and U.S. averages. Educational attainment and disability status remain important considerations: Tangipahoa Parish has a lower proportion of adults with a high school diploma or bachelor's degree than the state and the nation, and the percentage of residents under age 65 with a disability is meaningfully higher than both comparison groups.

	Tangipahoa Parish	Louisiana	United States
Population Estimates, July 1, 2025	141,346	4,618,189	341,784,857
% Rural	46.0%	28.5%	20.0%
Persons 65 years and over, percent	15.9%	17.7%	18.0%
Persons under 18 years, percent	24.3%	23.2%	21.5%
Percent Change in Population (2010–2020)	10.0%	2.7%	7.4%
Veteran Population, 2020–2024	6,438	212,834	16,185,883
With a disability, under age 65 years, percent, 2020–2024	16.5%	11.9%	9.3%
High School Graduate or Higher, percent of persons age 25 years+, 2020–2024	83.7%	87.3%	89.6%
Bachelor's degree or higher, percent of persons age 25+, 2020–2024	20.8%	27.0%	35.7%

Parish Snapshot

Community conditions represent the factors that can be improved—such as health infrastructure, clinical care, social and economic factors, and the physical environment—to support longer and healthier lives. Population health and well-being are shaped collectively by the conditions in which people live, not only by individual choices. Based on the current update, Tangipahoa Parish continues to face challenges relative to both Louisiana and national averages across multiple social, access, and health outcome measures.

U.S. Census Bureau demographics data from [QuickFacts](#)
County Demographics data from [County Health Rankings & Roadmaps](#)
Percent Change in Population (2010 to 2020) data from [U.S Census Bureau, State Visualizations of Key Demographic Trends from the 2020 Census](#)

Social & Economic Factors

Tangipahoa Parish's current income and poverty indicators remain less favorable than both Louisiana and the United States. Per capita income and median household income are lower than state and national benchmarks, while poverty remains elevated. The parish also continues to show social and economic stressors such as higher free or reduced lunch eligibility and notable childcare cost burden. Literacy and numeracy levels are important planning considerations as well, especially when communicating health information, developing care instructions, or designing community outreach materials.

	Tangipahoa Parish	Louisiana	United States
School Funding Adequacy	-\$6,099	-\$2,947	\$1,411
Unemployment	4.3%	3.7%	3.6%
Living Wage	42.95	42.93	N/A
Children eligible for free or reduced lunch	68%	62%	55%
Child Care Cost Burden	31%	30%	28%
Child Care Centers	5	4	7
Uninsured adults	8.4%	8.1%	9.0%
Uninsured children	3%	4%	5%
Per capita income in past 12 months (2024 dollars)	\$32,913	\$35,440	\$45,256
Median household income (2024 dollars)	\$56,626	\$60,986	\$81,604
Persons in poverty, percent	19.8%	18.7%	12.2%
Adults at or below Level 1 Literacy	29%	27%	22%
Adults at or below Level 1 Numeracy	44%	42%	32%

Social & Economic data from [County Health Rankings & Roadmaps](#)

Health Infrastructure data from [County Health Rankings & Roadmaps](#)

National Center for Education Statistics. (n.d.). U.S. Skills Map: State and County Indicators of Adult Literacy and Numeracy.

<https://nces.ed.gov/surveys/piaac/skillsmap/>

Health Infrastructure & Quality of Life

Health-related behaviors and access to care continue to present important opportunities for action in Tangipahoa Parish. Current data indicate higher levels of obesity and excessive drinking than state and national comparisons, along with smoking and physical inactivity rates that remain above the U.S. benchmark. Residents also continue to face more limited provider availability than state and national averages, especially for primary care, dental care, and mental health care. These conditions can contribute to delayed preventive care, more difficulty managing chronic disease, and poorer self-rated health outcomes over time.

	Tangipahoa Parish	State	United States
Adult Smoking	18.9%	20.1%	16.3%
Physical Inactivity	30.0%	32.7%	27.0%
Adult Obesity	43.1%	42.2%	37.6%
Excessive Drinking	18.6%	17.1%	16.7%
Alcohol-Impaired Driving Deaths	32%	31%	26%
Drug Overdose Deaths (per 100,000)	66	49	31
Poor or Fair Health	22.4%	24.2%	19.6%
Teen Births (per 1,000 females ages 15–19)	27	26	16
Poor Mental Health Days (last 30 days)	6.6	6.4	5.1
Food Environment Index	6.0	4.8	7.4
Primary Care Physicians / providers	2,500:1	2,270:1	1,220:1
Mental Health Providers	403:1	290:1	276:1
Dentists	1,990:1	1,690:1	1,360:1
Access to Exercise Opportunities	60%	76%	84%

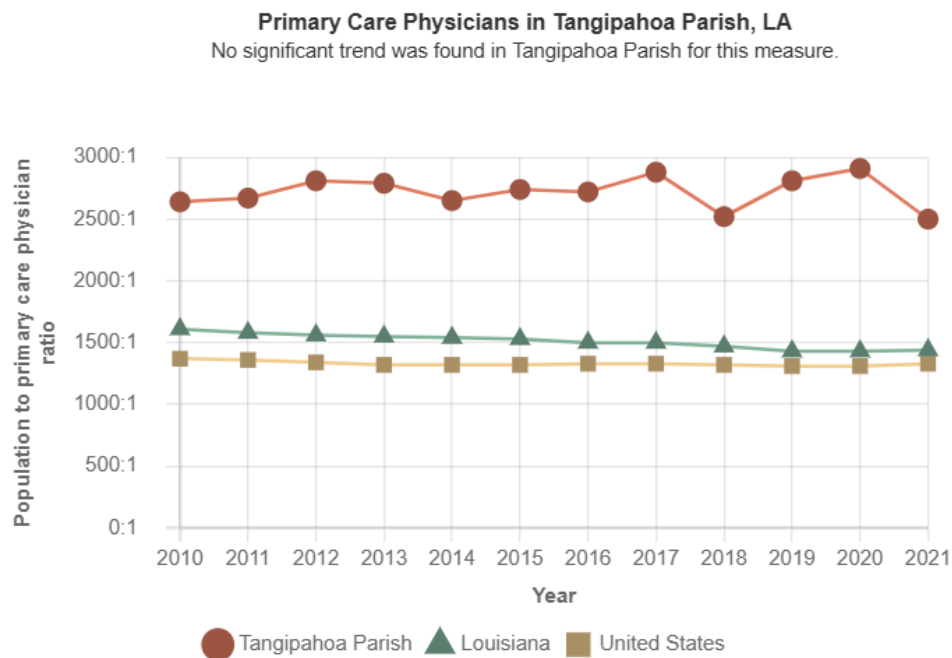


Figure 12: Primary care physician trend graphic from the prior report template (retained for layout continuity).

Physical Environment

Physical environment indicators help reflect the conditions that influence health every day. Tangipahoa Parish continues to show a high share of long solo commutes, which can affect time available for family needs, exercise, and medical care. Severe housing problems remain comparable to state and national patterns. Broadband access has improved based on current Census estimates, but internet access alone does not guarantee the speed or reliability needed for all telehealth and digital health applications.

	Tangipahoa Parish	State	United States
Severe Housing Problems	15%	16%	17%
Long Commute – Driving Alone (>30 minutes)	44%	34%	37%
Broadband Access	89.2%	86.6%	91.0%

Population Health & Well-being

Tangipahoa Parish continues to experience a shorter life expectancy than both Louisiana and the nation. Current mortality indicators also suggest a heavier burden of premature death than national benchmarks. Maternal and child health measures—such as low birth weight and infant mortality—remain important to follow, as they reflect broader issues related to access, nutrition, and population risk. Diabetes also remains a prominent chronic disease concern for the parish and the state.

	County/Parish	State	United States
Life Expectancy	72.1	72.5	77.5
Premature age-adjusted mortality (deaths per 100,000 under age 75)	13,160	12,896	10,395
Low Birth Weight	10%	11%	8%
Infant Mortality (per 1,000 live births)	8	8	6
Diabetes Prevalence	13.5%	14.2%	11.2%
Injury Deaths (per 100,000)	124	114	84

Participants Survey Results and Analysis

Community Member Survey Results

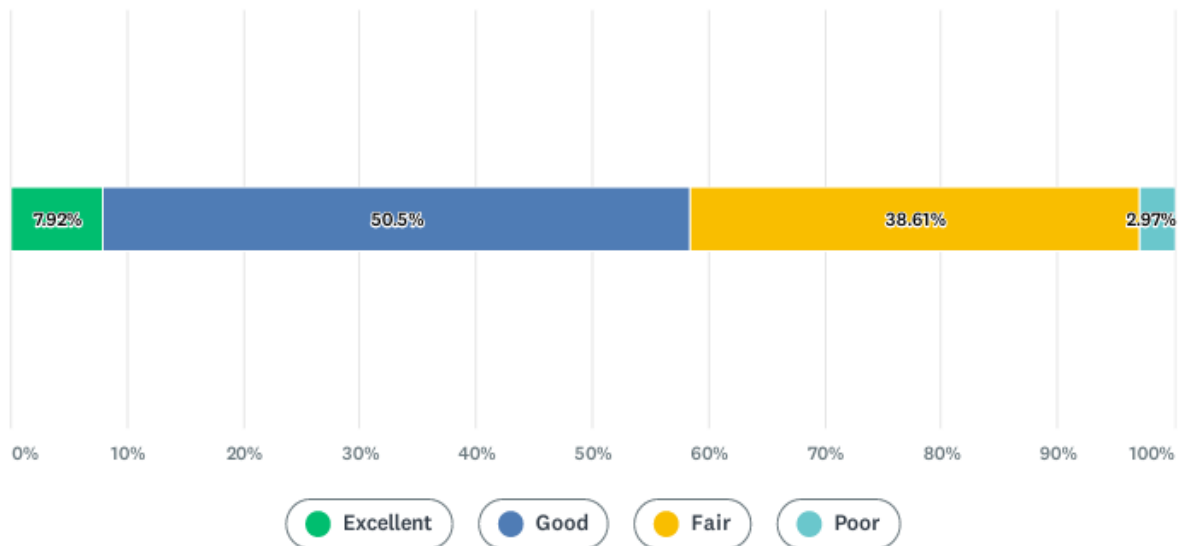
CHNA Questions 1 through 4 are addressed in the “Defining Our Service Area” section.

Question 5. How Would You Rate Your Overall Health?

Among 101 respondents, over half (50.5%) rated their health as good, while 7.9% reported excellent health. Approximately 38.6% described their health as fair, and only 3.0% reported poor health. Overall, most respondents perceived their health positively, with nearly 59% rating their health as good or excellent.

Q5 101 responses

How would you rate your overall health?



	● Excellent	● Good	● Fair	● Poor	Total
(no label)	7.92% 8	50.50% 51	38.61% 39	2.97% 3	101
					101

Figure 13. Rate Overall Health

Based on the Hood Memorial Hospital CHNA Question 5. How would rate your overall health?

Question 6. Do You Have Any Chronic Conditions?

Chronic conditions were reported by a majority of Caucasian respondents (32 of 46; 69.6%) and 43.1% of African American respondents (22 of 51). A total of 42 participants reported no chronic conditions, while only one participant identified as being at risk for a chronic condition. These findings suggest that chronic disease remains a significant health concern within the surveyed population.

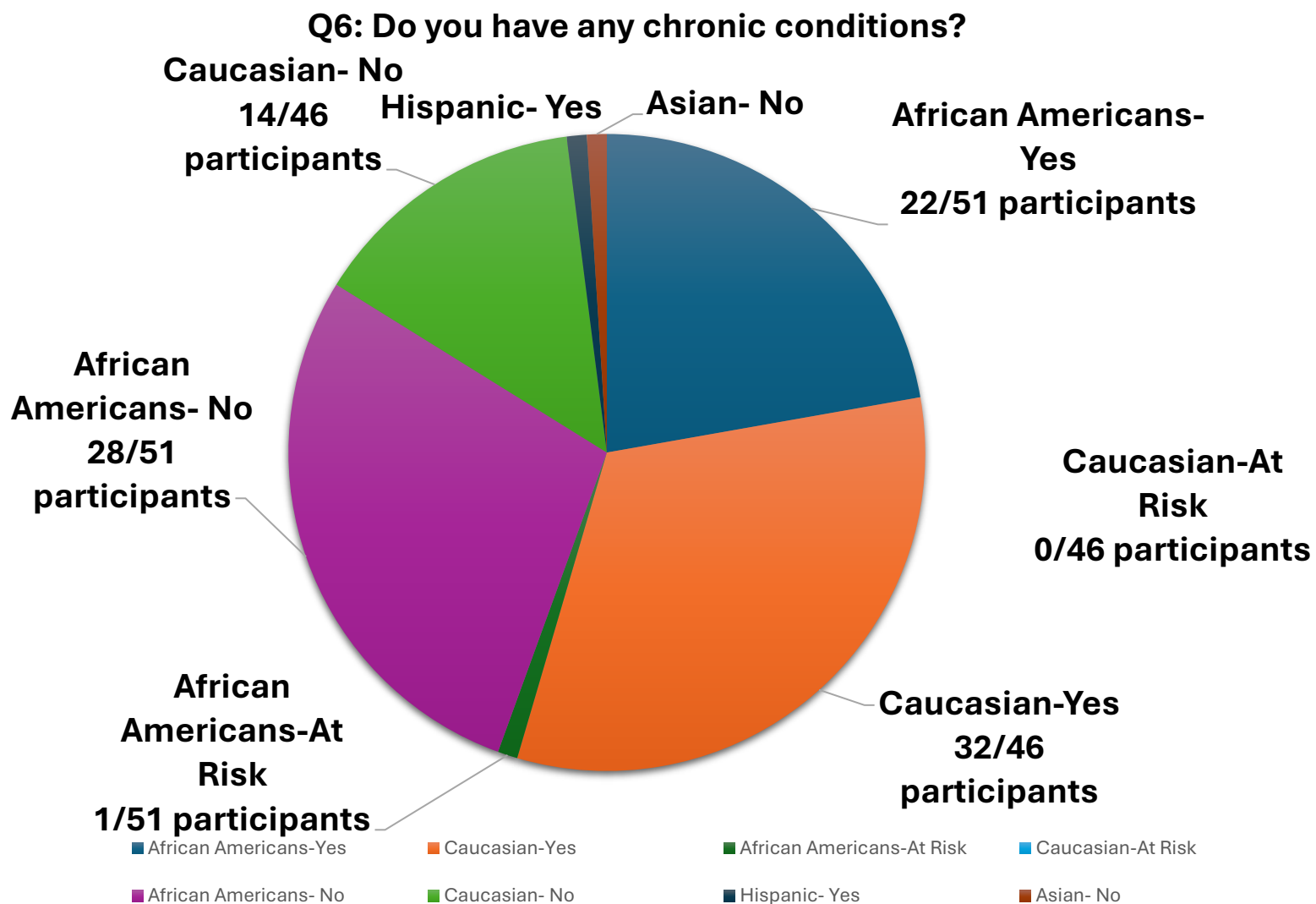


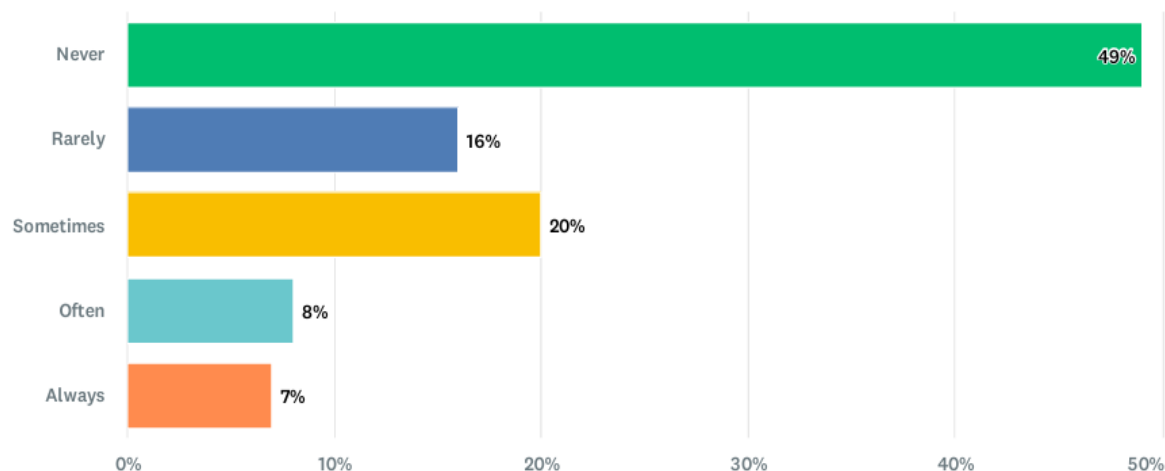
Figure 14. Breakdown of participants chronic conditions
Based on the Hood Memorial Hospital CHNA Question 6. Do you have any chronic conditions?

Question 7. How Often Do You Experience Mental Health Issues?

Nearly half of respondents (49%) reported never experiencing mental health issues such as anxiety or depression. However, 35% indicated experiencing mental health concerns at least sometimes, including 20% who reported symptoms sometimes, 8% often, and 7% always. These findings highlight an ongoing need for mental and behavioral health resources within the community.

Q7 100 responses

How often do you experience mental health issues (e.g. anxiety, depression)?



Answer Choices	Percentage	Responses
● Never	49.00%	49
● Rarely	16.00%	16
● Sometimes	20.00%	20
● Often	8.00%	8
● Always	7.00%	7
Total		100

Figure 15. Participants experiencing mental health issues

Based on the Hood Memorial Hospital CHNA Question 7. How often do you experience mental health issues?

Question 8. Do You Have a Primary Care Provider?

The vast majority of respondents (92.9%) reported having a primary care provider, while only 7.1% indicated they do not. This suggests strong access to routine healthcare services and an established connection to primary care among most participants.

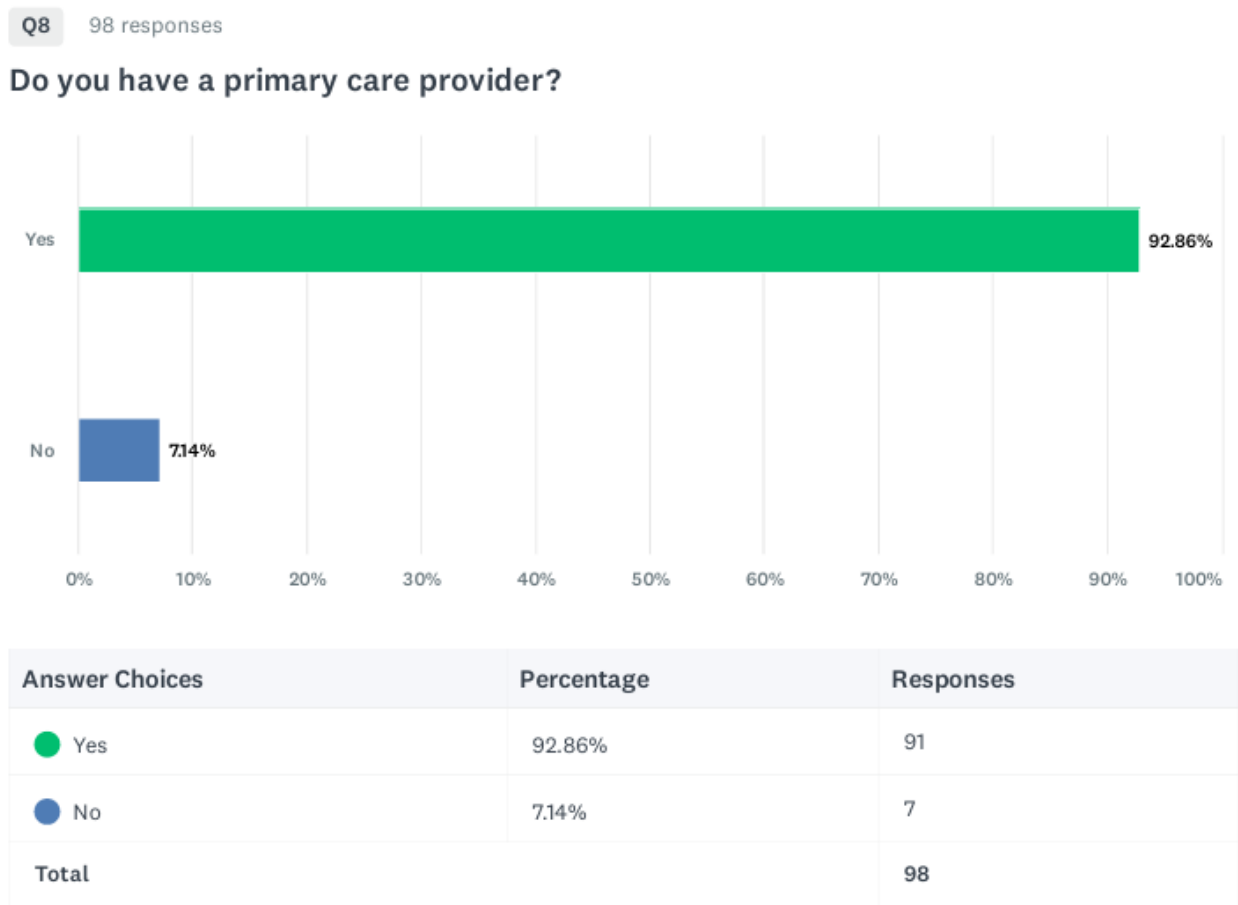


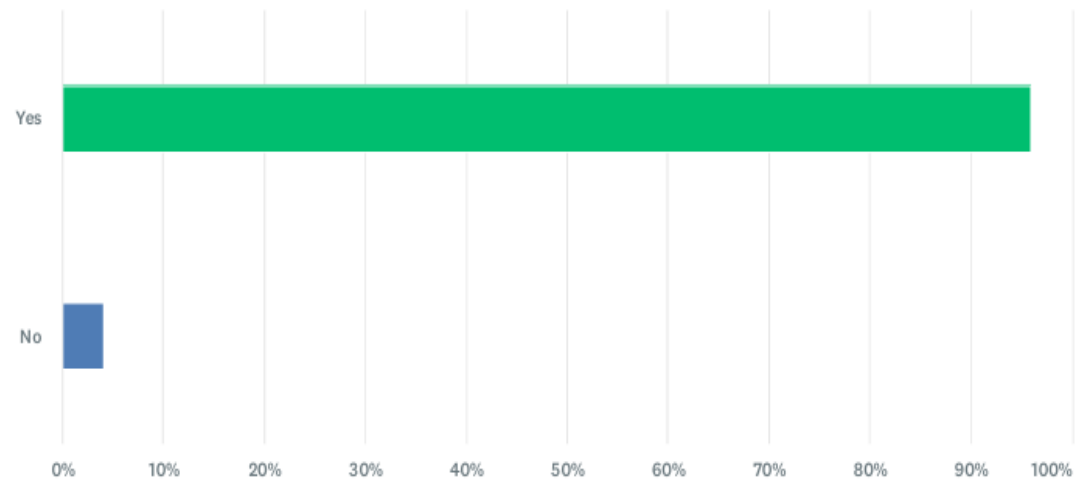
Figure 16. Primary Care Provider
Based on the Hood Memorial Hospital CHNA Question 8. Do you have a primary care provider?

Question 9. Do You Have Health Insurance?

Health insurance coverage was reported by 96% of respondents, with only 4% indicating they were uninsured. This high rate of coverage suggests that most community members have access to health insurance, which can support preventive care and disease management.

Q9 100 responses

Do you have health insurance?



Answer Choices	Percentage	Responses
Yes	96.00%	96
No	4.00%	4
Total		100

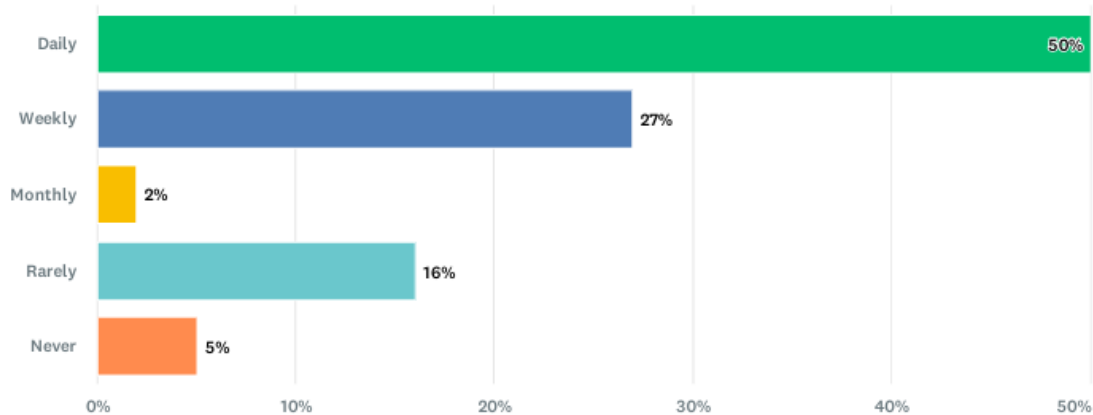
Figure 17. Health Insurance
Based on the Hood Memorial Hospital CHNA Question 9. Do you have a primary care provider?

Question 10. How Often Do You Engage in Physical Activity?

Half of respondents (50%) reported engaging in physical activity daily, while an additional 27% reported exercising weekly. However, 21% indicated that they participate in physical activity rarely or never. While overall activity levels appear favorable, a portion of the population may benefit from increased opportunities for regular exercise and wellness programs.

Q10 100 responses

How often do you engage in physical activity?



Answer Choices	Percentage	Responses
● Daily	50.00%	50
● Weekly	27.00%	27
● Monthly	2.00%	2
● Rarely	16.00%	16
● Never	5.00%	5
Total		100

Figure 18. Engage in Physical Activity
Based on the Hood Memorial Hospital CHNA Question 10. How often do you engage in physical activity?

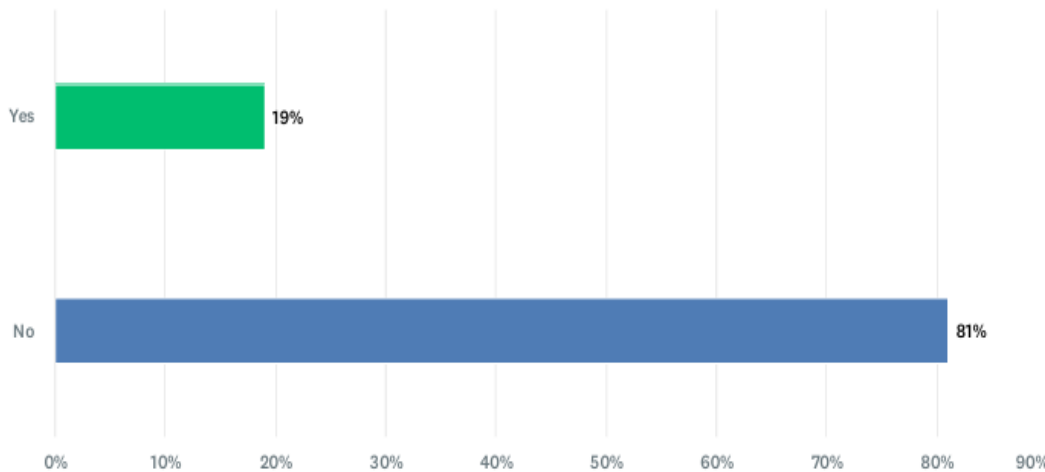
Question 11. Do You Smoke?

Most respondents (81%) reported that they do not smoke, while 19% indicated that they currently smoke. Although the majority do not use tobacco products, the smoking rate among surveyed individuals suggests continued opportunities for tobacco cessation

education and support services.

Q11 100 responses

Do you smoke?



Answer Choices	Percentage	Responses
● Yes	19.00%	19
● No	81.00%	81
Total		100

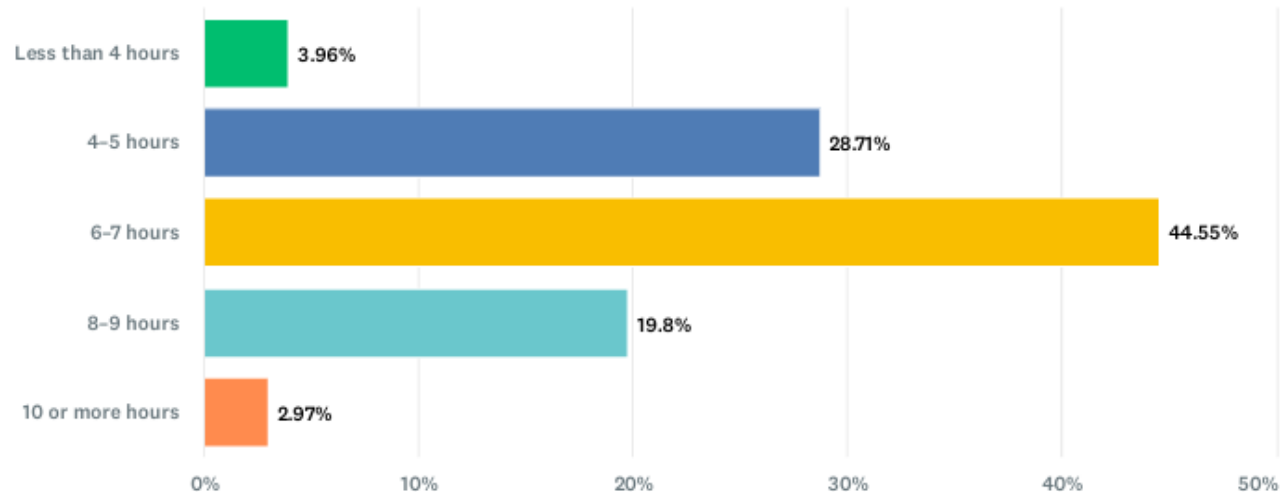
Figure 19. Participants who do or do not smoke
Based on the Hood Memorial Hospital CHNA Question 11. Do you smoke?

Question 12. How many hours of sleep do you get on average per night?

Most respondents reported getting 6–7 hours of sleep per night at 44.55%, followed by 4–5 hours at 28.71%. Only 19.80% reported getting 8–9 hours, suggesting that many respondents may not be getting the recommended amount of sleep.

Q12 101 responses

How many hours of sleep do you get on average per night?



Answer Choices	Percentage	Responses
● Less than 4 hours	3.96%	4
● 4-5 hours	28.71%	29
● 6-7 hours	44.55%	45
● 8-9 hours	19.80%	20
● 10 or more hours	2.97%	3
Total		101

Figure 20. Hours of sleep participants get

Based on the Hood Memorial Hospital CHNA Question 12. How many hours of sleep do you get on average per night?

Question 13. Do you leave the town or parish to seek care from a medical specialist? If so, what is the specialty?

Table: Community Members Leaving the Parish for Specialty Care

Response Category	Number of Responses	Percent
Yes, leave parish/town for specialty care	31	31.3%

No, do not leave parish/town	66	66.7%
Sometimes	1	1.0%
Total Responses	99	100%

Most Frequently Mentioned Destinations Among Those Who Travel

Destination	Frequency Mentioned
Hammond	11
Covington	8
Baton Rouge	4
St. Tammany Parish	1
Metairie	1
New Orleans	1
Independence	1
Other/Unspecified	4

Specialty Services Reported as Reasons for Travel

Specialty Service
Cardiology (Heart Care)
Oncology (Cancer Care)
Dermatology
Endocrinology
Neurology
Pain Management
Women's Health/OB-GYN

Breast Care/Mammography
Kidney Care (Nephrology)
Trauma Services

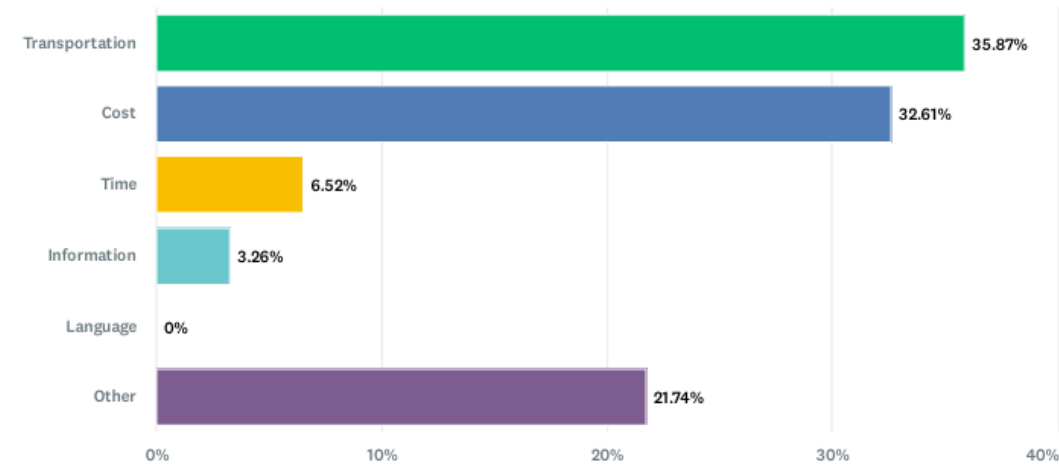
When asked whether they leave the town or parish to seek care from a medical specialist, approximately one-third (31.3%) of respondents indicated that they travel outside the community for specialty services, while 66.7% reported that they do not. Among those who travel, the most commonly reported destinations were Hammond, Covington, and Baton Rouge. Frequently cited specialty services included cardiology, oncology, dermatology, endocrinology, neurology, pain management, women's health, and nephrology. These findings suggest that while many respondents access healthcare services locally, specialty care often requires travel outside the immediate service area, highlighting the continued need to expand access to specialty healthcare services within Tangipahoa Parish.

Question 14. Biggest barrier to Accessing Healthcare

The data show that transportation and cost are the two largest barriers to accessing healthcare in the community. Transportation was the top barrier, followed closely by cost, indicating that both physical access and financial affordability affect residents' ability to receive care. The "Other" responses also provide important context, as some respondents reported personal barriers such as fear of going to the doctor or fear of the unknown, while others stated that none of the listed barriers applied to them. These findings suggest that improving healthcare access may require transportation support, financial assistance resources, patient education, and efforts to reduce fear or hesitation about seeking medical care.

Q14 92 responses

What is the biggest barrier to accessing healthcare in the community?



Answer Choices	Percentage	Responses
Transportation	35.87%	33
Cost	32.61%	30
Time	6.52%	6
Information	3.26%	3
Language	0%	0
Other	21.74%	20
Total		92

Figure 21. Biggest barrier to accessing healthcare

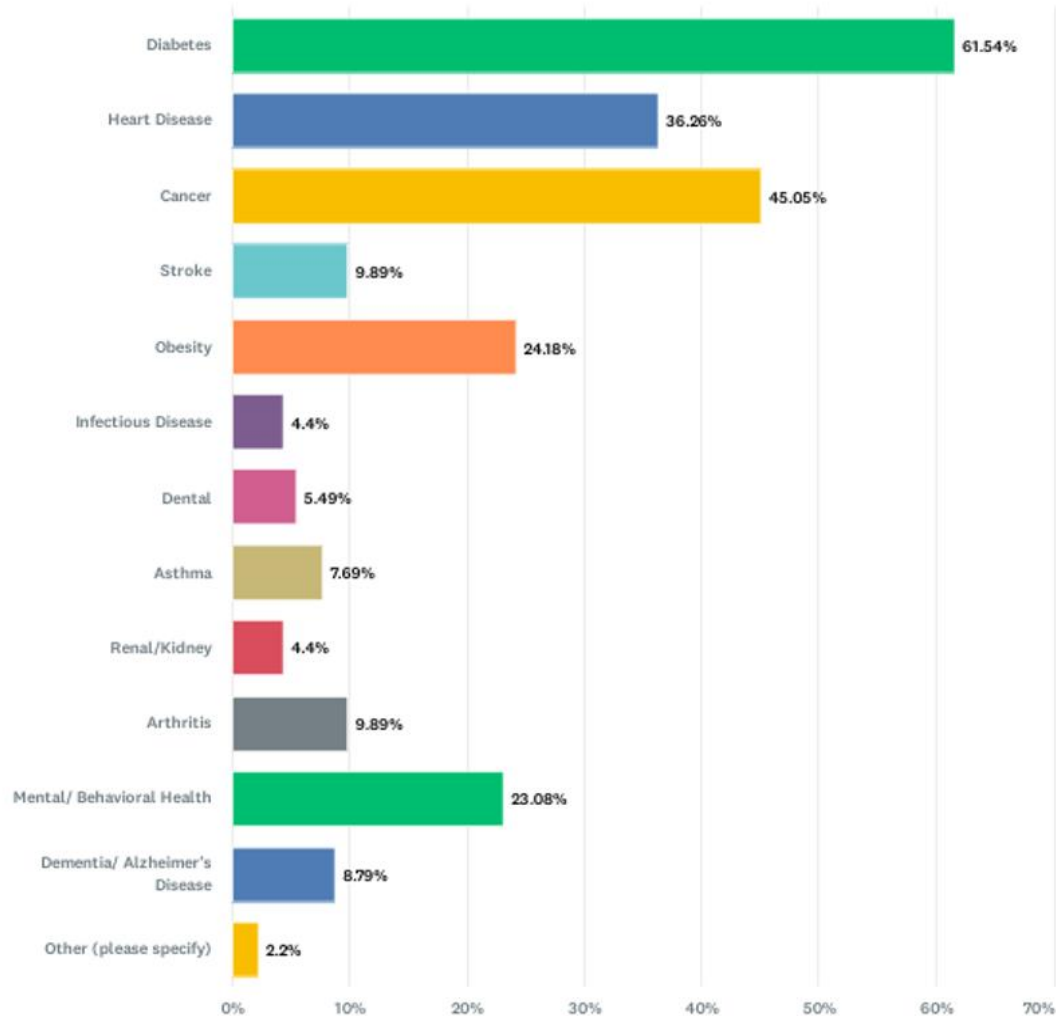
Based on the Hood Memorial Hospital CHNA Question 14. What is the biggest barrier to accessing healthcare in the community?

Question 15. Greatest Health Concerns in the Community

The most reported health concern was diabetes at 61.54%, followed by cancer at 45.05% and heart disease at 36.26%. These results show that chronic disease prevention and management remain major community health priorities. The data show that chronic disease is the leading health concern among respondents, with diabetes, cancer, and heart disease ranking as the top three concerns. Diabetes was selected by more than half of respondents, making it the most significant reported health priority.

Q15 91 responses

Based on your experience, please choose the two greatest health concerns in the community.



Answer Choices	Percentage	Responses
Diabetes	61.54%	56

The results also show concern for obesity and mental/behavioral health, suggesting a need for prevention, education, screening, and access to ongoing care. These findings support the importance of strengthening chronic disease management, promoting healthier lifestyles, improving access to screenings, and expanding behavioral health resources in the community.

Answer Choices	Percentage	Responses
Heart Disease	36.26%	33
Cancer	45.05%	41
Stroke	9.89%	9
Obesity	24.18%	22
Infectious Disease	4.40%	4
Dental	5.49%	5
Asthma	7.69%	7
Renal/Kidney	4.40%	4
Arthritis	9.89%	9
Mental/ Behavioral Health	23.08%	21
Dementia/ Alzheimer's Disease	8.79%	8
Other (please specify)	2.20%	2
Total		221

Figure 22. Two greatest health concerns

Based on the Hood Memorial Hospital CHNA Question 15. Based on your experience, please choose the two greatest health concerns in the community.

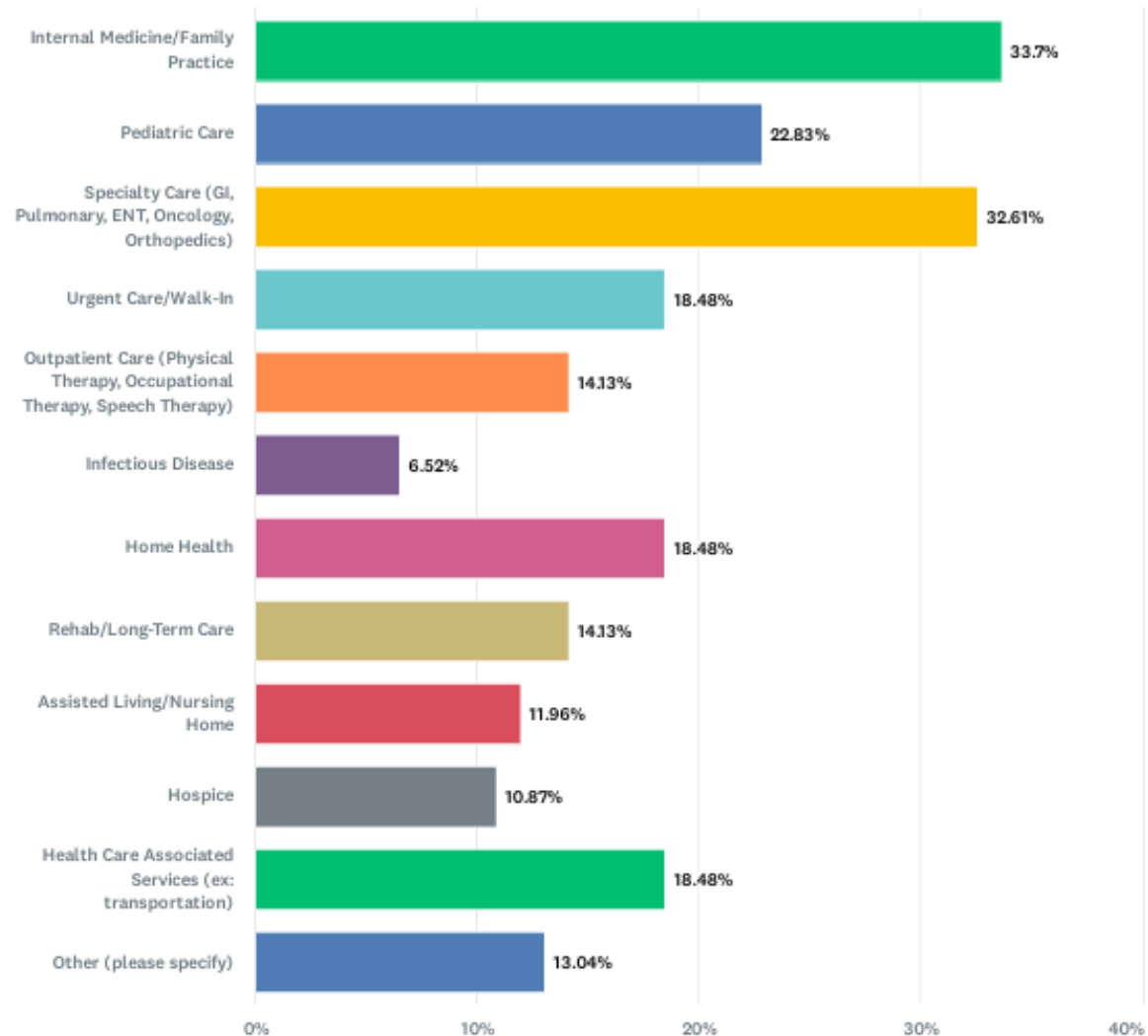
Question 16. Most Needed Health Services

The most needed health service was Internal Medicine/Family Practice at 33.70%, followed closely by Specialty Care at 32.61%. This indicates a need for stronger access to both primary care and specialty services in the community. The strong response for Internal Medicine/Family Practice highlights the importance of accessible routine healthcare, while the high need for specialty care suggests gaps in local access to advanced medical services. Respondents also identified needs related to pediatric care, urgent care, home health, transportation, outpatient therapy, and long-term care. These findings suggest that the community would benefit from expanded access to both basic

healthcare services and specialized support services that help residents receive care closer to home.

Q16 92 responses

Based on your experience, please choose the health services that are most needed in the community. (choose top three)



Answer Choices	Percentage	Responses
● Internal Medicine/Family Practice	33.70%	31
● Pediatric Care	22.83%	21

Answer Choices	Percentage	Responses
 Specialty Care (GI, Pulmonary, ENT, Oncology, Orthopedics)	32.61%	30
 Urgent Care/Walk-In	18.48%	17
 Outpatient Care (Physical Therapy, Occupational Therapy, Speech Therapy)	14.13%	13
 Infectious Disease	6.52%	6
 Home Health	18.48%	17
 Rehab/Long-Term Care	14.13%	13
 Assisted Living/Nursing Home	11.96%	11
 Hospice	10.87%	10
 Health Care Associated Services (ex: transportation)	18.48%	17
 Other (please specify)	13.04%	12
Total		198

Figure 23. Health services that are most needed

Based on the Hood Memorial Hospital CHNA Question 16. Based on the experience, please choose the health services that are most needed in the community. (choose the top three)

Question 17. Greatest Social Concerns Affecting Health

Based on 90 respondents, participants were asked to choose the two greatest social concerns affecting health in the community. The top concern identified was addictions/substance abuse, selected by 58.89% of respondents, or 53 individuals. The second highest concern was job insecurity, selected by 35.56% of respondents, or 32 individuals. This suggests that employment stability and financial stress are important factors affecting community health.

Housing insecurity was the third most selected concern, with 23.33% of respondents, or 21 individuals, identifying it as a major issue. This indicates that some community members may be experiencing challenges related to stable, safe, or affordable housing. Education was selected by 22.22% of respondents, or 20 individuals, showing that educational barriers may also influence health outcomes. Lower access to education or health-related information can affect a person's ability to understand healthcare instructions, access resources, and make informed health decisions.

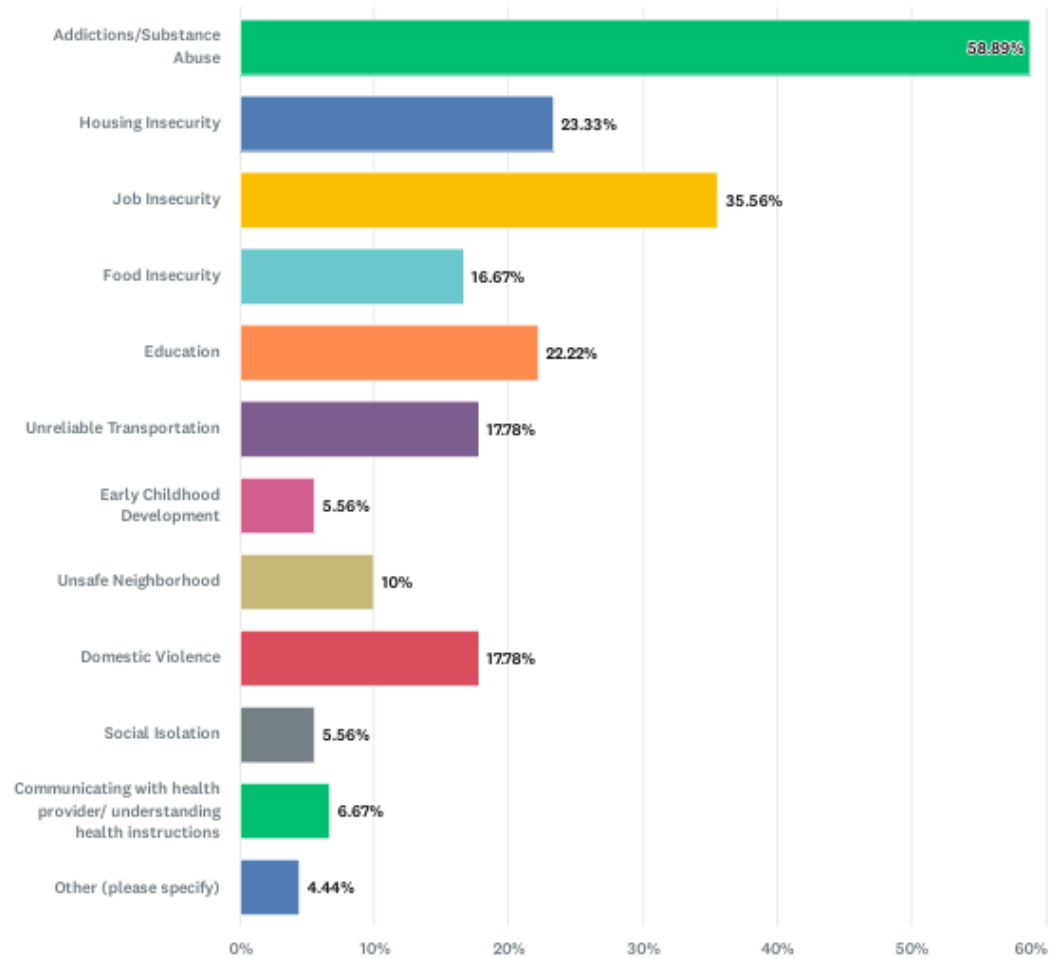
Several other concerns were also noted, including unreliable transportation and domestic violence, both selected by 17.78% of respondents, and 16 individuals each. Transportation challenges can affect a person's ability to attend medical appointments, pick up prescriptions, or access preventive services. Domestic violence also represents a serious social concern that can affect physical safety, mental health, and overall wellness.

Food insecurity was selected by 16.67% of respondents, or 15 individuals, indicating that access to nutritious and affordable food remains a concern for some residents. Food insecurity can contribute to poor nutrition, chronic disease, and difficulty managing conditions such as diabetes, high blood pressure, and obesity.

Lower-ranked concerns included unsafe neighborhoods at 10.00%, communication with healthcare providers or understanding health instructions at 6.67%, early childhood development and social isolation at 5.56% each, and other concerns at 4.44%. While these were selected less often, they still represent important social factors that can influence health for certain individuals and families.

Q17 90 responses

Based on your experience, please choose the two greatest social concerns affecting health in the community.



Answer Choices	Percentage	Responses
● Addictions/Substance Abuse	58.89%	53
● Housing Insecurity	23.33%	21
Total		202

Answer Choices	Percentage	Responses
 Job Insecurity	35.56%	32
 Food Insecurity	16.67%	15
 Education	22.22%	20
 Unreliable Transportation	17.78%	16
 Early Childhood Development	5.56%	5
 Unsafe Neighborhood	10.00%	9
 Domestic Violence	17.78%	16
 Social Isolation	5.56%	5
 Communicating with health provider/ understanding health instructions	6.67%	6
 Other (please specify)	4.44%	4
Total		202

Figure 24. Two greatest social concerns affecting health in our community.

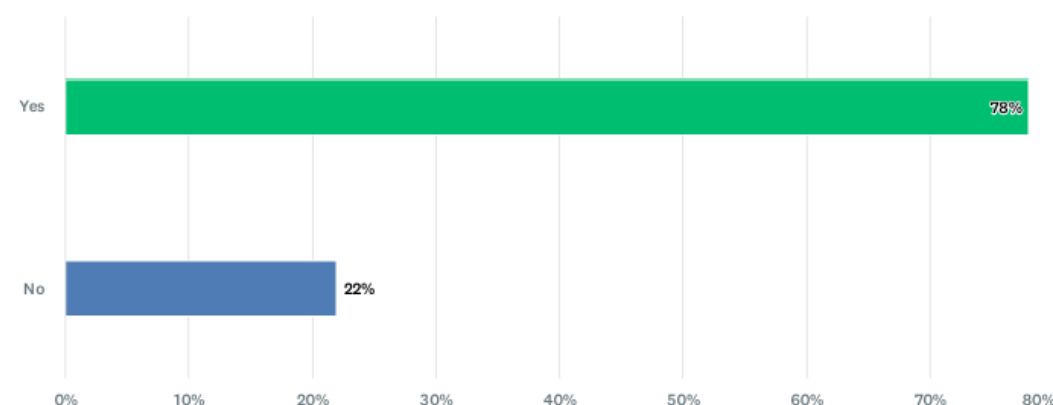
Based on the Hood Memorial Hospital CHNA Question 17. Based on the experience, please choose the greatest social concerns affecting health in the community.

Question 18. Awareness of Community Health Resources

Most respondents, 78%, reported being aware of available health resources in the community, while 22% were not. Although awareness is fairly high, there is still a need to improve outreach and education for residents who may not know what resources are available.

Q18 100 responses

Are you aware of the health resources available in the community?



Answer Choices	Percentage	Responses
● Yes	78.00%	78
● No	22.00%	22
Total		100

Figure 25. Awareness of health resources available

Based on the Hood Memorial Hospital CHNA Question 18. Are you aware of the health resources available in the community?

Finally, question 19 “Any additional comments or suggestions?”, provided valuable context regarding community members’ experiences, awareness of available resources, and perceived healthcare needs. The most common theme identified was awareness and knowledge of community resources. Several respondents indicated that they were only somewhat familiar with local services, had recently moved to the area, or did not know what resources were available. Others expressed a desire for greater education and outreach to improve community awareness of healthcare programs and services. A second prominent theme was health literacy and patient education. Multiple respondents had difficulty understanding healthcare terminology or survey questions, including concepts such as chronic conditions. Some participants required additional explanations to complete portions of the survey, highlighting the continued need for clear communication and educational efforts to ensure residents can make informed healthcare decisions.

Behavioral and mental health concerns were also frequently mentioned. Respondents referenced conditions such as depression, anxiety, ADHD, and bipolar disorder, while others emphasized the need for increased mental and behavioral health resources within the community. These comments reinforce the importance of maintaining and expanding access to behavioral health services in the region.

Issues related to transportation and access to care emerged as another significant concern. Community members noted difficulties traveling to appointments, particularly older adults and individuals who must travel outside of the area for specialty care.

Several respondents specifically highlighted transportation as a barrier and expressed a need for additional transportation options to improve access to healthcare services.

Respondents also shared concerns regarding chronic diseases, specialty healthcare services, and aging-related challenges. Comments included family histories of cancer, sleep apnea, smoking cessation experiences, environmental health concerns, and the need to travel to other communities to access specialists. Additionally, some elderly respondents described mobility limitations and challenges obtaining information through technology, illustrating the unique healthcare access needs of older adults.

Despite these concerns, several participants provided positive feedback regarding local healthcare services, specifically expressing appreciation for the care received at the clinic and indicating satisfaction with available services. These comments suggest that while opportunities for improvement exist, many community members value and trust their local healthcare providers. [\[Data Q19 260702 | PDF\]](#)

Healthcare Provider Survey Results

Question 1. Percentage of Patients Who Do Not Return for Necessary Follow-Up Visits

Total Survey Participants: 8 healthcare providers

Survey Focus: Patient follow-up, barriers to care, community health needs, specialty access, and provider recommendations.

The majority of providers, **75%**, estimated that **25–50% of their patients do not return for necessary follow-up visits**. This indicates that missed follow-up care is a significant concern within the community. One provider estimated that fewer than 25% of patients miss follow-up visits, while another estimated the rate to be between 50–

75%. No providers selected “75% or greater” or “unknown,” suggesting that providers are consistently aware of this issue and view it as a measurable challenge.

Healthcare Providers Survey

Q1 8 responses

Please estimate the percentage of your patients who do not return for necessary follow-up visits.

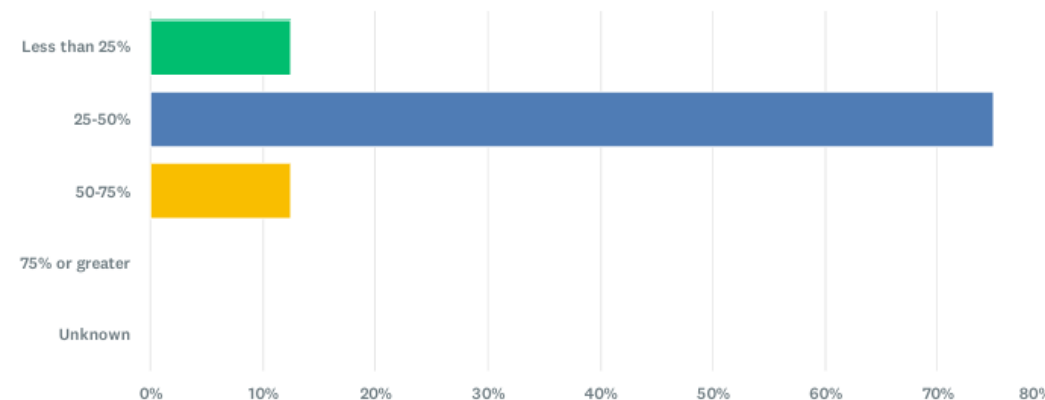


Figure 26. Percentage of patients who do not return for necessary follow-up visits

Based on the Hood Memorial Hospital Provider Survey: CHNA Question 1. Please estimate the percentage of your patients who do not return for necessary follow-up visits?

Question 2. Primary Reason Patients Do Not Return for Follow-Up Visits

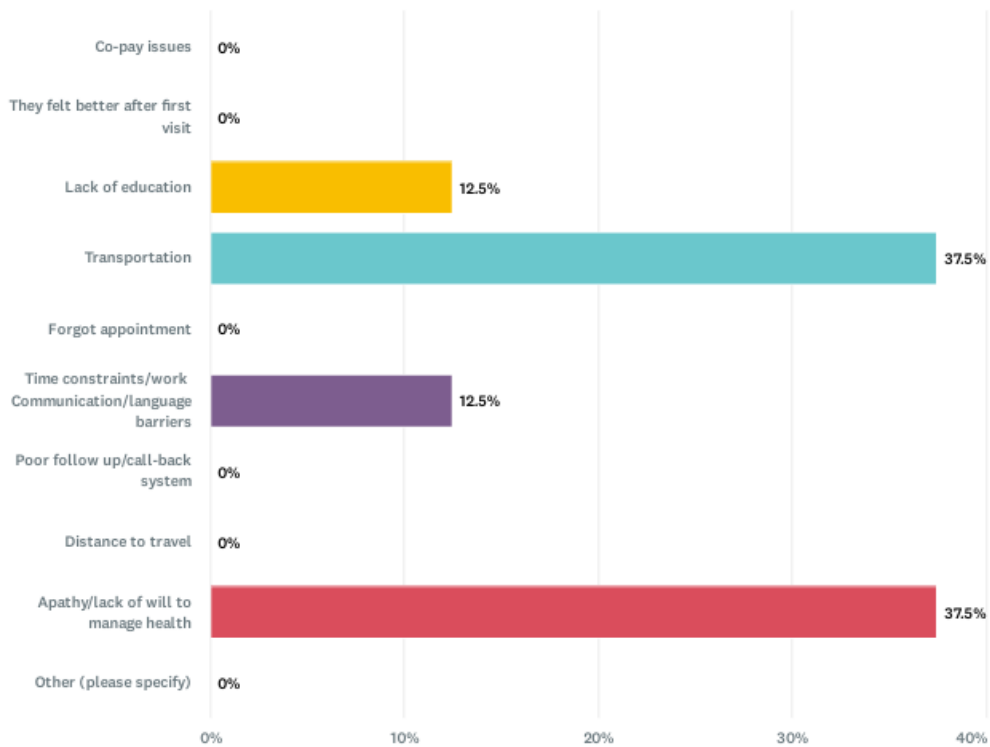
The top two reasons providers identified for patients not returning for follow-up visits were **transportation barriers** and **apathy/lack of will to manage health**, each

selected by **37.5%** of respondents.

Healthcare Providers Survey

Q2 8 responses

What do you think is the primary reason why patients do not return for follow-up visits?



Answer Choices	Percentage	Responses
Co-pay issues	0%	0
They felt better after first visit	0%	0
Lack of education	12.50%	1
Transportation	37.50%	3
Forgot appointment	0%	0
Total		8

Healthcare Providers Survey

Answer Choices	Percentage	Responses
Time constraints/work Communication/language barriers	12.50%	1
Poor follow up/call-back system	0%	0
Distance to travel	0%	0
Apathy/lack of will to manage health	37.50%	3
Other (please specify)	0%	0
Total		8

Figure 27. Primary reason why patients do not return

Based on the Hood Memorial Hospital Provider Survey: CHNA Question 2. What do you think is the primary reason why patients do not return for follow up visits.

These results suggest that both practical access barriers and patient engagement challenges are affecting continuity of care.

A smaller portion of respondents identified **lack of education and time constraints/work communication/language barriers**, each representing **12.5%** of responses. No respondents selected co-pay issues, feeling better after the first visit, forgotten appointments, poor follow-up systems, distance to travel, or other reasons.

Question 3. Degree to Which Health Literacy Impacts Community Health

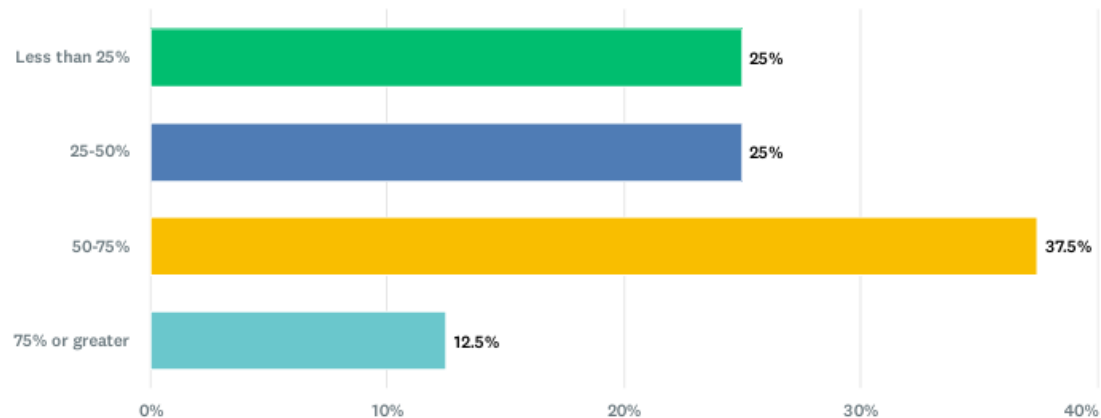
Responses show that providers believe health literacy has a meaningful impact on community health. The largest group, **37.5%**, estimated that health literacy impacts community health by **50–75%**. Another **12.5%** believed the impact was **75% or greater**. Combined, **50% of providers** believe health literacy has a moderate-to-high impact on health outcomes.

The remaining half of providers selected lower ranges: **25%** selected “less than 25%,” and **25%** selected “25–50%.” This shows some variation in provider perception, but overall, health literacy is recognized as an important factor.

Healthcare Providers Survey

Q3 8 responses

Please estimate the degree to which health literacy impacts community health.



Answer Choices	Percentage	Responses
● Less than 25%	25.00%	2
● 25-50%	25.00%	2
● 50-75%	37.50%	3
● 75% or greater	12.50%	1
Total		8

Figure 28. The degree to which health literacy impacts community health

Based on the Hood Memorial Hospital Provider Survey: CHNA Question 3. Please estimate the degree to which health literacy impacts community health.

Question 4: Greatest Healthcare Needs in the Community

The most frequently identified healthcare need was **obesity**, selected by **87.5%** of providers. This was followed by **heart disease**, selected by **50%** of providers. Diabetes and dental care were each selected by **25%** of providers, while mental/behavioral health was selected by **12.5%**.

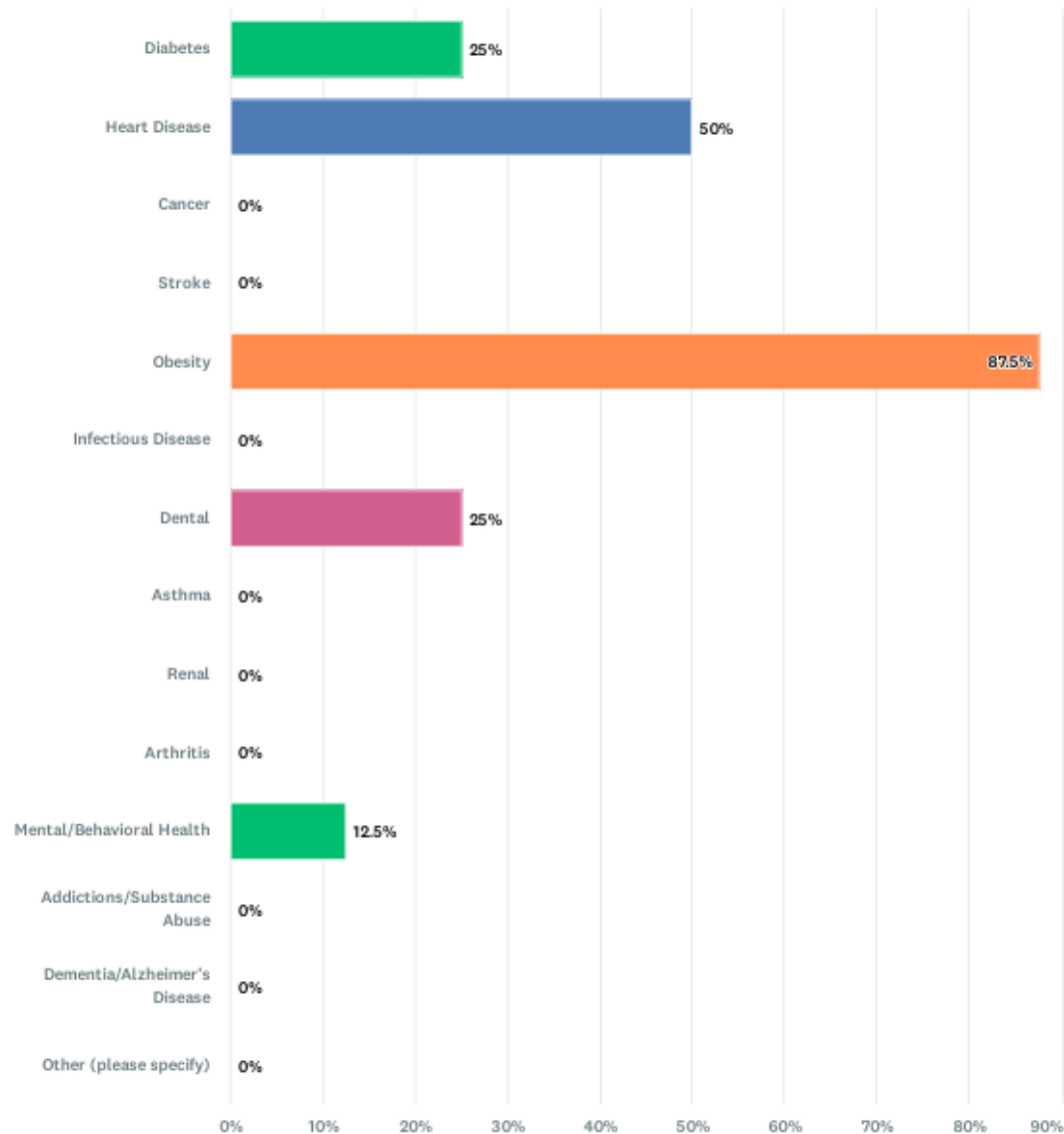
The results suggest that providers see chronic disease and lifestyle-related health concerns as the most pressing needs in the community. Obesity may also contribute to or worsen other chronic conditions, including diabetes, heart disease, stroke risk, and

mobility issues. The selection of heart disease as the second-highest need further supports the importance of chronic disease prevention and management.

Healthcare Providers Survey

Q4 8 responses

Based on your experience, please choose the two greatest healthcare needs in our community.



Answer Choices	Percentage	Responses
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Healthcare Providers Survey

Answer Choices	Percentage	Responses
 Diabetes	25.00%	2
 Heart Disease	50.00%	4
 Cancer	0%	0
 Stroke	0%	0
 Obesity	87.50%	7
 Infectious Disease	0%	0
 Dental	25.00%	2
 Asthma	0%	0
 Renal	0%	0
 Arthritis	0%	0
 Mental/Behavioral Health	12.50%	1
 Addictions/Substance Abuse	0%	0
 Dementia/Alzheimer's Disease	0%	0
 Other (please specify)	0%	0
Total		16

Figure 29. Two greatest healthcare needs in our community.

Based on the Hood Memorial Hospital Provider Survey: CHNA Question 4. Based on your experience, please choose the two greatest healthcare needs in our community.

Question 5. Biggest Barrier to Better Health in the Community

The two most common barriers identified were **lack of access to medical specialists in the community** and **cost of health services**, each selected by **37.5%** of respondents. This indicates that providers see both access and affordability as major obstacles to improving health outcomes.

A smaller number of providers selected **lack of education on chronic illness management** and **lack of mental health services**, each receiving **12.5%** of responses. No providers selected lack of access to primary care physicians, which may suggest

that primary care availability is not viewed as the greatest barrier compared to specialty care, cost, and support services.

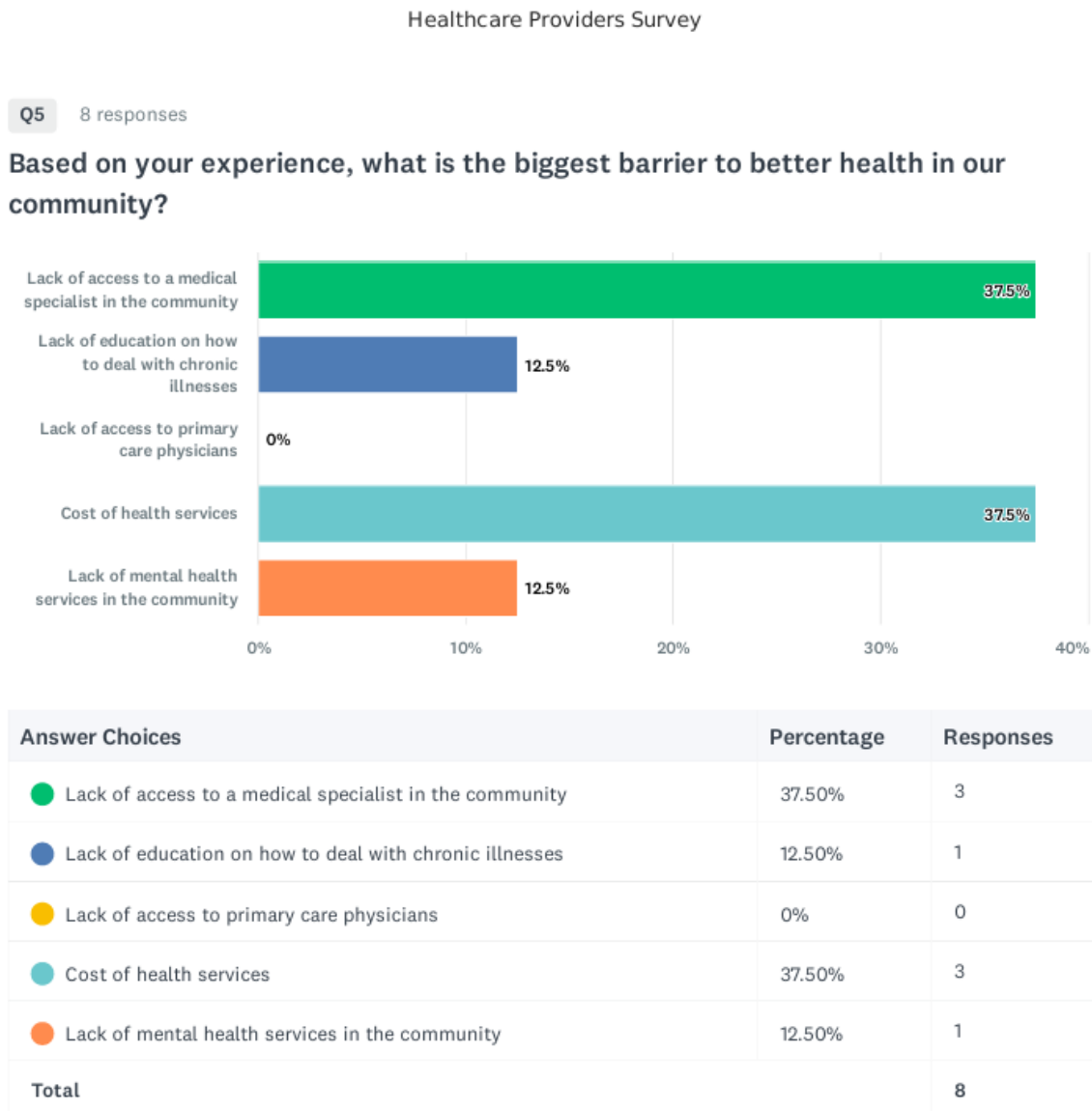


Figure 30. Biggest barrier to better health in our community

Based on the Hood Memorial Hospital Provider Survey: CHNA Question 5. Based on your experience, what is the biggest barrier to better health in our community?

Question 6. Specialty Services Not Available in the Area

Among the six providers who answered this question, cardiology was the most frequently mentioned specialty not readily available in the area, appearing in 5 out of 6 responses. Neurology and nephrology were each mentioned 3 times, while oncology was mentioned twice. GI and endocrinology were each mentioned once.

One provider noted that patients can be referred to Hammond for many services, but even that distance is too far for some patients. This comment reinforces the transportation and access barriers identified in earlier questions. The most frequently identified specialty gap was cardiology, followed by neurology, nephrology, and oncology. Providers also indicated that distance to specialty care remains a challenge for patients.

Healthcare Providers Survey

Q6 Is there a specialty you refer your patients to that is not available in this area? If so, what is it?

Answered: 6 Skipped: 2

#	RESPONSES	DATE
1	GI and Cardiology	7/2/2026 11:36 AM
2	Neurology, cardiology, endocrinology, and nephrologist	6/30/2026 12:42 PM
3	"I feel like I can refer to Hammond for everything but even that is too far for some patients."	6/30/2026 12:41 PM
4	Neurology, Nephrology, cardiology and oncology	6/30/2026 11:41 AM
5	Neurology, Nephrology, cardiology and oncology	6/30/2026 11:39 AM
6	Cardiology	6/30/2026 11:37 AM

Figure 31. Specialists' providers that ARHC providers refer to are not located in this area

Based on the Hood Memorial Hospital Provider Survey: CHNA Question 6. Is there a specialty you refer your patients to that is not available in this area? If so, what is it?

Question 7. Additional Comments or Suggestions

The open-ended responses strongly support the findings from earlier survey questions. Providers repeatedly mentioned that lack of specialty services, transportation barriers, and distance to care prevent patients from attending appointments outside the local area. Several comments specifically noted that patients may not want to travel more than 15–20 minutes for specialty care or may not have reliable transportation.

Another recurring theme was lack of will to manage health, with providers expressing concern that some patients do not actively engage in healthier behaviors despite provider education. These comments align closely with Q2, where “apathy/lack of will to manage health” was one of the top reasons patients do not return for follow-up visits. Provider comments emphasize that specialty care access, transportation, and patient motivation are key issues affecting patient follow-through and overall health outcomes.

Healthcare Providers Survey

Q7 Are there any additional comments or suggestions you would like to share?

Answered: 5 Skipped: 3

#	RESPONSES	DATE
1	Because of the lack of specialty services, I feel that the patients do not necessarily go to these appointments in other cities because of transportation and other issues and as a result they fail to keep their follow up appointments with the PCP.	7/2/2026 11:36 AM
2	Lack of will to manage health- "I feel most of my patients do not care to live healthier despite my efforts to educate them."	6/30/2026 12:41 PM
3	"Lack of will to manage health"	6/30/2026 12:38 PM
4	"Patients do not want to travel more than 15-20 minutes to get specialty care or can't get transportation to specialist visits >15-20 minutes away."	6/30/2026 11:41 AM
5	"I have noticed that patients do not want to travel more than 15-20 minutes to get specialty care or cannot get transportation to specialist visits > 15- 20 minutes away."	6/30/2026 11:39 AM

Figure 32. Comments or suggestions

Based on the Hood Memorial Hospital Provider Survey: CHNA Question 7. Are there any additional comments or suggestions you would like to share?

Overall, healthcare providers reported that the primary factors affecting community health include chronic disease burden, obesity, transportation challenges, limited specialty care access, health literacy issues, and apathy and patients’ limited engagement in managing their health. Providers consistently emphasized that many patients face difficulty traveling outside the immediate area for specialty services and may struggle with long-term disease self-management. These findings support the need for expanded local specialty care, community-based education, transportation assistance programs, and initiatives designed to improve patient engagement and continuity of care.

Summary of CHNA

The 2026 Community Health Needs Assessment (CHNA) conducted by Hood Memorial Hospital included responses from 101 community members and 8 healthcare providers serving the hospital's primary service area. The assessment identified chronic disease, access to specialty care, transportation barriers, health literacy challenges, behavioral health concerns, and social drivers of health as some of the most significant health issues affecting residents. Survey findings indicate that while most respondents reported having a primary care provider and health insurance, many continue to face barriers that affect their ability to access healthcare services and effectively manage chronic conditions.

Chronic disease emerged as the most significant health concern identified by both community members and healthcare providers. Diabetes, cancer, and heart disease were the top health concerns selected by survey participants, while healthcare providers identified obesity, heart disease, and diabetes as the most pressing healthcare needs within the community. Additionally, many respondents reported living with multiple chronic conditions, highlighting the substantial burden of chronic illness among residents.

Among African American participants who reported chronic conditions, diabetes was the most frequently reported condition, affecting 11 individuals. High blood pressure was reported by 7 participants, followed by heart disease (3), high cholesterol (2), arthritis (2), and individual reports of chronic bronchitis, pre-diabetes, Crohn's disease, depression, and liver disease. Three African American respondents chose not to disclose a chronic condition. The results indicate that diabetes and cardiovascular-related conditions represent the greatest chronic disease burden within this population group.

Among Caucasian (White) participants, high blood pressure and diabetes were the two most commonly reported chronic conditions, each affecting 7 individuals. Other reported conditions included arthritis (4), COPD (3), cancer (3), high cholesterol (2), anxiety disorders (2), and individual reports of asthma, epilepsy, depression, glaucoma, thyroid disease, lupus, autoimmune disease, endometriosis, bipolar disorder, chronic kidney

disease, and sleep apnea. One participant reported heart disease, and one declined to report a chronic illness. Similar to African American respondents, many Caucasian (White) participants reported having multiple chronic illnesses, further demonstrating the complexity of healthcare needs within the community.

Top 3 Specialist Referral Trends Chart

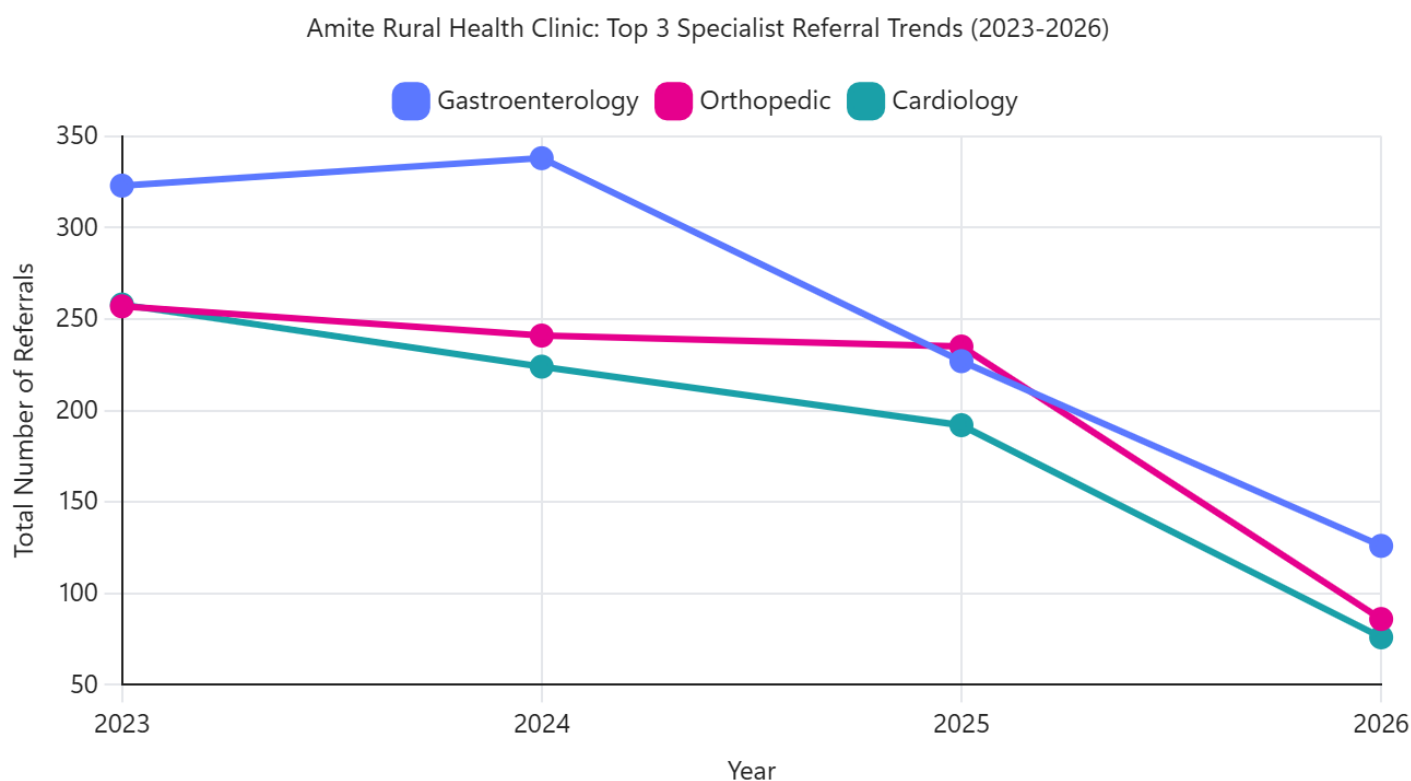


Figure 33. Top 3 Specialist Referral Trends Chart
Hood Memorial Hospital Quality at a Glance

These referral patterns the chart above were observed in annual quality data from 2023, 2024, and 2026 and support the growing need for access to specialty care services within the region. Based on specialty referral data from Amite Rural Health Clinic between 2023 and 2026, Gastroenterology, Orthopedics, and Cardiology consistently ranked among the most frequently referred specialty services. Gastroenterology is the leading referral specialty across the reporting period, demonstrating a sustained need for digestive health services within the community. Orthopedic referrals are consistently high, reflecting ongoing demand for musculoskeletal, joint, and mobility-related care.

Cardiology referrals represent a significant portion of specialty referrals, highlighting the prevalence of chronic cardiovascular conditions among residents served by the clinic. The continued demand for Gastroenterology and Cardiology services aligns with findings from the Community Health Needs Assessment (CHNA), which identified chronic diseases including hypertension, diabetes, heart disease, and obesity as significant health concerns affecting the local population. The high volume of specialty referrals further demonstrates the importance of strengthening care coordination, reducing transportation and travel-related barriers, and exploring opportunities to expand specialty service availability closer to home. In addition to specialty care needs, mental and behavioral health continues to emerge as a priority health concern within the service area. Community survey respondents frequently reported challenges related to anxiety, depression, stress, and other behavioral health conditions, while healthcare providers identified a need for increased mental health resources, counseling services, and community education.

Healthcare Needs

Tangipahoa Parish and the surrounding rural communities served by Hood Memorial Hospital experience many of the challenges common to rural Louisiana, including persistent poverty, high rates of disability, limited access to specialty healthcare services, transportation barriers, and disparities in preventive healthcare utilization. These challenges contribute to delayed medical treatment, fragmented care, increased emergency department utilization, avoidable hospital admissions, and poorer long-term health outcomes.

Measure	Tangipahoa	Louisiana	U.S.
Persons 65 years and over	17.10%	18.80%	18.90%
Female persons	51.70%	51.50%	50.90%
With a disability, under age 65	16.50%	11.90%	9.30%
Persons in poverty	19.40%	18.70%	10.60%
Median household income	\$56,760	\$60,756	\$80,734
Employment rate	59.20%	58.80%	63.00%
Mean travel time to work	29.6	25.7	26.4

Figure 34. **Source:** U.S. Census Bureau, American Community Survey (ACS) 2024 5-Year Estimates.

The prevalence of chronic disease continues to increase throughout the hospital's service area. Diabetes, hypertension, obesity, cardiovascular disease, chronic respiratory illness, chronic kidney disease, and behavioral health disorders account for a substantial share of healthcare utilization, disability, and preventable mortality among local residents. Many patients suffer from multiple chronic conditions requiring ongoing

management by several providers. Yet the availability of specialty care remains extremely limited within northern Tangipahoa Parish, forcing patients to travel significant distances for routine consultations and follow-up care.

According to the 2020 Decennial Census and the 2020–2024 American Community Survey Five-Year Estimates, Tangipahoa Parish exhibits demographic and socioeconomic characteristics associated with increased chronic disease burden and reduced healthcare access. Approximately 17.1 percent of parish residents are age 65 or older, representing a population at elevated risk for multiple chronic conditions requiring coordinated, long-term management. Older adults often face mobility limitations, transportation barriers, and financial constraints that make frequent travel to urban specialty providers difficult.

Economic conditions further exacerbate these healthcare challenges. Nearly 19.4% of parish residents live below the federal poverty level, exceeding both state and national averages, while median household income remains below statewide and national levels. Financial hardship frequently forces residents to postpone preventive care, specialty consultations, medication refills, and recommended follow-up appointments. These delays often result in worsening disease progression and increased reliance on emergency care.

Transportation remains another significant barrier. Residents experience longer average travel times than the national average, and specialty care often requires travel to Hammond, Covington, Baton Rouge, or New Orleans. For elderly patients, individuals with disabilities, and households without reliable transportation, these travel requirements frequently result in missed appointments and fragmented care.

Health literacy emerged as another recurring theme throughout the assessment.

Patients often required additional explanation of healthcare terminology and chronic disease concepts, while providers reported that health literacy has a meaningful impact on community health outcomes. Both patients and providers emphasized the need for greater education, community outreach, and awareness of available health resources. Social drivers of health continue to influence health outcomes across the service area. Participants identified substance abuse, job insecurity, housing instability, educational barriers, transportation challenges, and food insecurity as major social concerns

affecting community health. These findings align with county-level data showing elevated poverty rates, lower educational attainment, and ongoing economic challenges throughout Tangipahoa Parish.

Overall, the 2026 CHNA demonstrates that chronic disease prevention and management, specialty care access, transportation assistance, health literacy improvement, behavioral health services, and addressing social drivers of health should remain priority areas for Hood Memorial Hospital and its community partners. The assessment also highlights the strong foundation of trust that exists between local healthcare providers and community members, providing an opportunity to build upon existing strengths while addressing identified healthcare needs.

Community Progress

Since completion of the previous CHNA in September of 2023, HMMH has made significant progress in addressing several of the priority health needs identified throughout the service area. These efforts demonstrate the hospital's ongoing commitment to improving access to care, promoting health education, strengthening chronic disease management, and expanding local healthcare resources.

The largest community outreach initiative conducted by HMMH is its annual Community Health Fair program. HMMH now hosts two health fairs each year—one in Amite, which serves as the primary population center within the hospital's service district, and a second event in Kentwood to reach residents in the more rural portions of the service area. These events provide free health screenings, health education, community resource information, and opportunities for residents to engage directly with healthcare professionals. The health fairs have become an important community outreach initiative that promotes preventive care and increases awareness of available healthcare services.

In 2023, Hood Memorial Hospital began participating in the Delta Region Community Health Systems Development (DRCHSD) Program, a three-year initiative that provided funding, technical assistance, coaching, and organizational assessments to strengthen rural healthcare delivery and required a full-time Community Champion. Over the course of the program, HMMH participated in multiple Financial, Operational, and Quality Improvement (FOA/QI) assessments and reassessments, which helped identify

strengths, opportunities, and actionable strategies for organizational growth. Program activities supported telehealth expansion, specialty care access, employee engagement initiatives, revenue cycle improvement, and strategic operational development. The program facilitated an Electronic Health Record needs assessment and strategic technology planning process to support informed decision-making and modernization efforts. HMM actively participated in quarterly progress reviews, reassessment activities, workforce engagement initiatives, and action planning sessions designed to improve healthcare access and organizational sustainability. Additionally, HMM engaged community stakeholders through a series of Community Connect workshops conducted throughout the DRCHSD program. These collaborative sessions brought together healthcare leaders, community organizations, public agencies, and residents to identify local health priorities and develop actionable solutions. Key focus areas included improving health literacy, increasing community awareness of available healthcare resources, and expanding transportation services to address barriers to care. Through these discussions, HMM strengthened partnerships with local stakeholders and helped advance community-driven strategies that support better health outcomes for residents. To enhance community education and awareness, Hood Memorial Hospital implemented the HMM Marketing & Educational Channel across all public-facing televisions throughout our hospital and clinic locations. This dedicated channel serves as an ongoing communication platform to inform patients, visitors, and community members about the wide range of services available through HMM while also providing valuable health education. Each month, the channel highlights a specific health topic or disease focus, offering easy-to-understand information on prevention, risk factors, symptoms, treatment options, and healthy lifestyle practices. By delivering timely and accessible health information in high-traffic patient areas, HMM intends to empower individuals to make informed healthcare decisions and increase awareness of resources available within our community.

To strengthen chronic disease management efforts, Amite Rural Health Clinic implemented a Chronic Care Management (CCM) Program. This program allows clinic staff to provide ongoing support, education, care coordination, and monitoring for patients living with chronic conditions such as diabetes, hypertension, heart disease,

and other long-term illnesses. The CCM program helps patients better manage their health while reducing complications and unnecessary hospitalizations.

Behavioral health access has also improved significantly. Since the previous assessment, the organization has added a fully licensed Behavioral Health Practitioner, expanding access to mental and behavioral healthcare services for community members. This addition enhances the hospital's ability to address concerns related to depression, anxiety, and other behavioral health conditions that were identified throughout the assessment process.

Recognizing the importance of health education and workforce development, Hood Memorial Hospital has a dedicated Nursing Educator and established educational meeting space available for both staff and community use. The education space supports Basic Life Support (BLS) training, community education programs, health awareness presentations, and other topics identified by residents as areas of interest. These efforts support improved health literacy and empower individuals to take an active role in managing their health.

Amite Rural Health Clinic has transitioned walk-in care to a separate location. Access to convenient healthcare services has further improved through the acquisition and development of a new walk-in clinic located along the main highway in Amite named West Oak Family Clinic (WOFC). WOFC has become the primary walk in location to meet the growing needs of our community and continue offering convenient quality care. This location was strategically selected to improve accessibility and provide community members with convenient access to same-day healthcare services, helping reduce wait time for primary care and timely access to care. Since implementation of all these projects and programs, community participation and awareness of available healthcare resources have increased through ongoing outreach and educational efforts.



Hood Memorial Hospital achieved a major organizational milestone through accreditation by the *Center for Improvement in Healthcare Quality (CIHQ)*. Obtaining this accreditation represents an important milestone reflecting the organization's commitment to quality improvement and patient safety. Amite Rural Health Clinic successfully achieved accreditation from the *Compliance Team*, demonstrating a strong commitment to regulatory compliance, patient safety, quality improvement, and excellence in healthcare delivery. This achievement reflects the organization's dedication to meeting and exceeding established healthcare standards while ensuring high-quality care for the communities it serves.

In July 2026, Hood Memorial Hospital received the award for \$350,000 through HRSA's Delta Health Systems Implementation Program to support the implementation of a Unified Electronic Health Record system. This award represents a major step toward improving care coordination, reducing fragmented patient information, and strengthening healthcare infrastructure across the hospital, emergency department, and clinic settings.

Together, these accomplishments represent meaningful progress toward addressing priorities identified in previous CHNAs and provide a strong foundation for future initiatives focused on improving the health and well-being of residents throughout the Hood Memorial Hospital service area.

Strategies to Address Health Needs

Building on the findings of the 2026 Community Health Needs Assessment, Hood Memorial Hospital will utilize the results to guide organizational planning, community benefit activities, service expansion efforts, and the development of a Community Health Improvement Plan (CHIP).

Through this CHNA process, community members provided feedback on their health status, social drivers of health, and other factors influencing overall well-being. This input, combined with quantitative data, helps inform strategies to address priority health needs and improve health outcomes across the community. Alongside the healthcare providers' feedback and secondary data sources identified several opportunities to improve health outcomes access to care throughout the hospital's service area. The following focus areas will guide future initiatives and strategic planning efforts:

Priority Health Needs

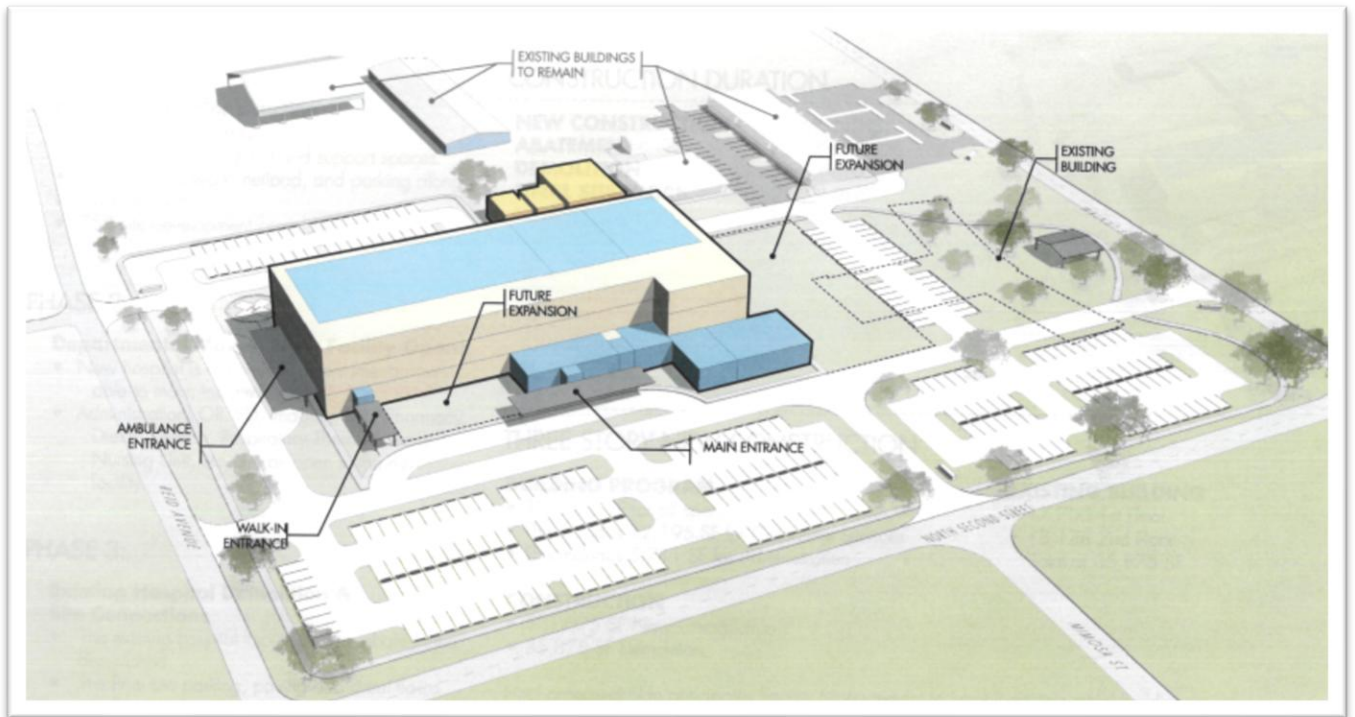
- Chronic disease prevention and management
- Specialty care access
- Transportation barriers
- Health literacy and patient education
- Behavioral and mental health resources
- Social Drivers of health
- Healthcare workforce and infrastructure expansion
- Health information technology modernization

Next Steps

Construction of a New Hood Memorial Hospital Facility

- Continue planning and development of a new hospital designed to meet the current and future healthcare needs of the community.

- Expand and modernize key service areas, including imaging, emergency services, outpatient clinics, wound care, infusion services, acute care, rehabilitation, laboratory services, and other essential healthcare programs.
- Strengthen local healthcare infrastructure and improve access to high-quality care closer to home for residents throughout the service area.



Expand the Healthcare Workforce and Community- Based Services

- In July 2026, Amite Rural Health Clinic expanded pediatric healthcare services, increasing access to comprehensive primary and preventive care for children and adolescents throughout the hospital's service area.
- Additional specialty services in podiatry, foot and ankle care, diabetic limb preservation, and wound care are being introduced to enhance local treatment options for patients with chronic conditions. These services will help reduce barriers to care and minimize the need for patients to travel outside the community for specialty treatment.
- In September 2026, expanded Internal Medicine services are also being added to meet the growing healthcare needs of the community. This enhancement will

strengthen access to adult primary and chronic disease management services, supporting improved continuity of care for local residents.

- Hiring a Community Health Worker (CHW) in 2026 to strengthen community outreach, improve care coordination, connect residents with available resources, and help address social drivers of health identified throughout the CHNA process.

Advance Health Information Technology through a Unified Electronic Health Record System

- Hood Memorial Hospital was awarded \$350,000 through HRSA's Delta Health Systems Implementation Program to support the implementation of a new Unified Electronic Health Record system. This project will strengthen the hospital's health information technology infrastructure and improve care coordination across the organization.
- Currently, Hood Memorial Hospital uses three separate electronic health record systems: CPSI for the main hospital, CMR for the Emergency Department, and Athena for the clinics. The transition toward a unified EHR will support more efficient communication between care settings, reduce fragmentation in patient information, and improve access to timely, accurate clinical data.
- This initiative aligns with several needs identified throughout the 2026 CHNA, including chronic disease management, specialty care coordination, patient follow-up, health literacy, and continuity of care. A unified EHR will better support providers and staff in tracking patient needs, coordinating referrals, managing chronic conditions, and improving the overall patient experience. The project will also help Hood Memorial Hospital continue modernizing its infrastructure as the organization prepares for future growth and expanded healthcare services.

Address Transportation Barriers

- Explore transportation assistance opportunities and community partnerships that improve access to care.
- Identify strategies to reduce travel-related barriers, particularly for older adults and individuals requiring specialty services.

Expand Access to Specialty and Preventive Healthcare Services

- Continue efforts to expand local specialty care services and reduce the need for residents to travel outside the parish for care.
- Pursue opportunities to enhance women's health services, including mammography, breast imaging, and early detection programs.
- Strengthen care coordination and referral networks to improve access to specialty providers.

Development of Patient Advisory Council (PFAC)

- As a result of lessons learned through the DRCHSD Program and ongoing community engagement efforts, HMM will establish a PFAC to strengthen patient-centered care and ensure the voices of patients and families are incorporated into organizational planning and decision-making.
- The PFAC will provide a structured forum for patients, family members, and community representatives to share perspectives, identify opportunities for improvement, and collaborate with hospital leadership on initiatives designed to enhance patient experience.

Development and Implement a Community Health Improvement Plan (CHIP)

- Partner with the Louisiana Public Health Institute (LPHI) to develop a Community Health Improvement Plan based on CHNA findings.
- Utilize technical assistance, coaching, training, and stakeholder engagement to establish measurable goals and community health priorities.
- Monitor progress and evaluate outcomes to ensure continuous improvement over the next three years.

Community Member Survey Questionnaire

2026 HMH Community Health Needs Assessment

A. Demographics

1. What is your primary zip code?

- ☐ No
- ☐ If yes, please specify:

2. Please choose your age group.

- ☐ Under 18
- ☐ 18–24
- ☐ 25–34
- ☐ 35–44
- ☐ 45–54
- ☐ 55–64
- ☐ 65 or older

3. Please choose your sex.

- ☐ Male
- ☐ Female
- ☐ Prefer not to say
- ☐ Prefer to self-describe:

4. What is your race/ ethnicity?

- ☐ White
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Asian
- ☐ Native American or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Two or more races
- ☐ Other:

-
- ☐ Prefer not to say

B. Health Status/ Behaviors

5. How would you rate your overall health?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

6. Do you have any chronic conditions?

- ☐ Yes

7. How often do you experience mental health issues (e.g. anxiety, depression)?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

8. Do you have a primary care provider?

- ☐ Yes
- ☐ No

9. Do you have health insurance?

- ☐ Yes
- ☐ No

10. How often do you engage in physical activity?

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Rarely
- ☐ Never

11. Do you smoke?

- ☐ Yes
- ☐ No

12. How many hours of sleep do you get on average per night?

- ☐ Less than 4 hours
- ☐ 4–5 hours
- ☐ 6–7 hours
- ☐ 8–9 hours
- ☐ 10 or more hours

C. Access to Care

13. Do you leave the town or parish to seek care from a medical specialist? If so, what is the specialty?

14. What is the biggest barrier to accessing healthcare in the community?

- Transportation
- Cost
- Time
- Information
- Language
- Other: _____

D. Community Health Needs

15. Based on your experience, please choose the two greatest health concerns in the community.

- Diabetes
- Heart Disease
- Cancer
- Stroke
- Obesity
- Infectious Disease
- Dental
- Asthma
- Renai
- Arthritis
- Mental/ Behavioral Health
- Dementia/ Alzheimer's Disease
- Other (please specify): _____

16. Based on your experience, please choose the health services that are most needed in the community. (choose top three)

- Internal Medicine/Family Practice
- Pediatric Care
- Specialty Care (GI, Pulmonary, ENT, Oncology, Orthopedics)
- Urgent Care/Walk-In
- Outpatient Care (Physical Therapy, Occupational Therapy, Speech Therapy)

- Infectious Disease
- Home Health
- Rehab/Long-Term Care
- Assisted Living/Nursing Home
- Hospice
- Health Care Associated Services (ex: transportation)
- Other (please specify): _____

E. Social Drivers of Health

17. Based on your experience, please choose the two greatest social concerns affecting health in the community.

- Addictions/Substance Abuse
- Housing Insecurity
- Job Insecurity
- Food Insecurity
- Education
- Unreliable Transportation
- Early Childhood Development
- Unsafe Neighborhood
- Domestic Violence
- Social Isolation
- Communicating with health provider/ understanding health instructions

Other (please specify): _____

18. Are you aware of the health resources available in the community?

- Yes
- No

19. Any additional comments or suggestions? (*Open-ended*)

Healthcare Providers Survey Questionnaire

2026 HMM Community Health Needs Assessment

1. Please estimate the percentage of your patients who do not return for necessary follow-up visits.

- ☐ Less than 25%
- ☐ 25-50%
- ☐ 50-75%
- ☐ 75% or greater
- ☐ Unknown

2. What do you think is the primary reason why patients do not return for follow-up visits? (choose one)

- ☐ Co-pay issues
- ☐ They felt better after first visit
- ☐ Lack of education
- ☐ Transportation
- ☐ Forgot appointment
- ☐ Time constraints/work
- ☐ Communication/language barriers
- ☐ Poor follow up/call-back system
- ☐ Distance to travel
- ☐ Apathy/lack of will to manage health
- ☐ Other (please specify)

3. Please estimate the degree to which health literacy impacts community health.

- ☐ Less than 25%
- ☐ 25-50%
- ☐ 50-75%
- ☐ 75% or greater

4. Based on your experience, please choose the two greatest healthcare needs in our community.

- ☐ Diabetes
- ☐ Heart Disease
- ☐ Cancer
- ☐ Stroke
- ☐ Obesity
- ☐ Infectious Disease
- ☐ Dental
- ☐ Asthma
- ☐ Renal
- ☐ Arthritis
- ☐ Mental/Behavioral Health
- ☐ Addictions/Substance Abuse
- ☐ Dementia/Alzheimer's Disease
- ☐ Other (please specify)

5. Based on your experience, what is the biggest barrier to better health in our community? (choose one)

- ☐ Lack of access to a medical specialist in the community
- ☐ Lack of education on how to deal with chronic illnesses
- ☐ Lack of access to primary care physicians
- ☐ Cost of health services
- ☐ Lack of mental health services in the community
- ☐ Recreation facilities/physical activities

6. Is there a specialty you refer your patients to that is not available in this area? If so, what is it?

7. Are there any additional comments or suggestions you would like to share?

Community Resources



As part of Hood Memorial Hospital's commitment to improving community health, we recognize that access to healthcare is only one component of overall well-being. Social drivers of health such as food security, housing stability, transportation, financial resources, and community support play a significant role in health outcomes. To assist residents in accessing available services, Hood Memorial Hospital has compiled this resource guide to provide information on community programs and organizations that can help meet a variety of needs for individuals and families throughout our service area. [community-resource-guide.pdf](#)

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