

Community Health Needs Assessment

Memorial-Livingston

2016

The Community Health Needs Assessment for St. Luke's Health Memorial Livingston was conducted and developed between September 2015 and May 2016 in fulfillment of the requirements described in section 501(r)(3) of the Internal Revenue Code. The Community Health Needs Assessment was reviewed and accepted by the CHI St. Luke's Health Memorial Board of Trustees on June 27, 2016. Community Health Improvement Strategies will be prepared for Board approval at their October, 2016 meeting.

Table of Contents

Community Health Needs Assessment CHI St. Luke's Health Memorial-Livingston

Executive Summary	Page 2
Community Health Needs Assessment Introduction.....	Page 3
Community Served by the Hospital	Page 4
Community Health Needs Assessment Process	Page 7
Community Input.....	Page 12
Prioritized Significant Community Health Needs	Page 17
References	Page 18
Appendices	Page 19
Appendix 1 Primary and Secondary Service Area Map and Zip Codes.....	Page 20
Appendix 2 Participants Involved in the CHNA.....	Page 21
Appendix 3 2014 Memorial Livingston Discharges by ICD-9 Code.....	Page 22
Appendix 4 Evaluation of Impact of 2013-2016 Strategies	Page 27
Appendix 5 Livingston Service Area 2016 Community Listening Sessions	Page 32

Accompanying Documents

Saurage Research, Inc. Analysis (PowerPoint)
Available Health Resources in CHI St. Luke's Health Memorial Service Areas

CHI St. Luke's Health Memorial Livingston Community Health Needs Assessment

EXECUTIVE SUMMARY

CHI St. Luke's Health and Saurage Market Research, Inc. have conducted this Assessment for the Livingston service area for the 2017-19 fiscal years. The public health data cited here has been analyzed to help determine the characteristics and the health needs of the people of the service area. The most significant community health needs were also identified through 131 telephone surveys and three staff and community listening sessions.

The following priority community health needs will be ranked by CHI St. Luke's Health Memorial executive leadership. Then Implementation Strategies for Community Health Improvement will be determined by hospital and community leadership. These strategies will be submitted for Board of Trustees approval in October, 2016.

Significant Livingston Area Health Needs

- Access to care for the uninsured or underinsured (early retired age 55-64 or laid off)
- Care for those suffering with heart disease or other serious illnesses preventing them from being employed and receiving insurance through their employer
- Access to care for those suffering with mental health – diagnosis and care
- Local provider shortages in most areas in both primary care and specialty practices
- Information regarding services, care, education and support available for area residents
- Increase the importance & priority of general health, healthy eating and living, exercise and nutrition
- Implement education for areas of health prevention, cancer, diabetes, heart disease, and obesity
- Education regarding stress and stress reduction, weight control, making better decisions, end-of-life preparation and care
- Senior patient education for insurance alternatives, benefits and care decisions
- Increased focus and investment on preventive care and services
- Initiate health screening programs for adults, children and families
- Education regarding high risk of diabetes in Hispanic populations
- Overcome language barriers as patient populations change
- Reduce wait time for physicians and specialists
- Identify lower cost sources for medicine and healthy foods
- Address high levels of arsenic in drinking water
- Increase focus on mental health, services and care
- Plan to address questions of availability and affordability in areas of senior services, child services, hospice services, quality healthcare, pregnancy care, and basic healthcare in the Livingston area
- Provide more resources and information regarding sexual assault, human trafficking and school violence/bullying services

Community Health Needs Assessment

Introduction

CHI St. Luke's Health Memorial is a part of Catholic Health Initiatives (CHI), one of the nation's largest nonprofit, faith-based health systems. Headquartered in Englewood, Colorado, CHI operates in 19 states and comprises more than 100 hospitals, including four academic medical centers and teaching hospitals; 30 critical-access facilities; community health services organizations; accredited nursing colleges; home health agencies; living communities; and other services that span the inpatient and outpatient continuum of care.

CHI St. Luke's Health is dedicated to a mission of enhancing community health through high-quality, cost-effective care. In partnership with physicians and community partners, CHI St. Luke's Health is committed to excellence and compassion in caring for the whole person while creating healthier communities. CHI St. Luke's Health is comprised of three markets throughout Greater Houston, CHI St. Luke's Health Memorial and St. Joseph Health System.

CHI St. Luke's Health Memorial joined CHI St. Luke's Health in 2015. It encompasses four hospital locations: Memorial Lufkin, Memorial Livingston, Memorial San Augustine and Memorial Specialty Hospital. Each offers unique services to the East Texas area counties of Angelina, Polk and San Augustine. As the largest health care system in the area, the private, not-for-profit market provides care to almost 250,000 patients each year. CHI St. Luke's Memorial takes pride in consistently ranks among the nation's best for exceptional health care and patient satisfaction.

Memorial Livingston provides access to 24/7 critical care, surgical care and diagnostic care to patients in Polk County and surrounding communities. The hospital provides more than 60,000 patient services each year, with half of those being offered in the Level 4 Trauma-designated Emergency Department. Clinical services include inpatient and outpatient imaging, intensive care, express lab, homecare, inpatient rehabilitation, women's and children's services, orthopedics, sleep disorders treatment and surgery. The hospital opened in 1950 and was acquired by Memorial in 1994. The 66 bed facility employs 299 individuals, including 87 RNs and 39 medical staff. Annual admissions total to more than 2,000 patients with more than 25,000 annual emergency department visits.

A Community Health Needs Assessment (CHNA) for the St. Luke's Health Memorial-Livingston (Memorial) was conducted by Memorial between September 2015 and May 2016 in fulfillment of the requirements described in section 501(r)(3) of the Internal Revenue Code. The CHNA process involved the review of secondary data sources describing the health needs of the community served by Memorial, quantitative analysis through an online and telephone survey presented to the population within the Memorial service area, and qualitative analysis from telephone interviews with physicians employed by the hospital and focus groups including Memorial staff and community stakeholders to identify the priority community health needs. This CHNA document was developed by the CHI St. Luke's Health Healthy Communities Department, located in Houston, TX, and the Mission Integration Department of CHI St. Luke's Health Memorial. They were assisted by Saurage Marketing Research, Inc.

This report includes a description of the community served by Memorial; the process and methods used to conduct the assessment; a description of how Memorial included input from persons who represent the broad interests of the community served by Memorial; description of all of the significant community health needs identified through the CHNA. It also includes an evaluation of the impact of 2013-2016 Implementation Strategies (Appendix 4). This document is accompanied by a description of the existing healthcare facilities and other resources within the community available to meet the community health needs identified through the CHNA.

CHI St. Luke's Health Memorial executive leadership will determine the top priorities from the needs listed in the CHNA. They will work with clinical and community leaders to create a new Community Health Improvement Plan and 2016 Implementation Strategy by November 15, 2016.

Community Served by the Hospital

The community served by St. Luke's Health Memorial Livingston is defined as the contiguous zip codes determined by 2014 Memorial hospital discharge data. Primary and secondary service areas were identified by the number of visits from each zip code. Located in Livingston, Texas, the Memorial service area reaches into seven Texas counties, with the majority of the primary service area found within Polk, Tyler and San Jacinto counties.

To describe the health needs of the Memorial community, this report used data from the United States Census Bureau American Community Survey 2014 Estimates (ACS) from Polk

County for persons aged 18 years and older. The Memorial community is best defined by Polk County because of the comparison of its population and primary service area. The Memorial community will be compared to the ACS Texas state data as a reference. The Memorial service area map and zip codes are included in Appendix 1.

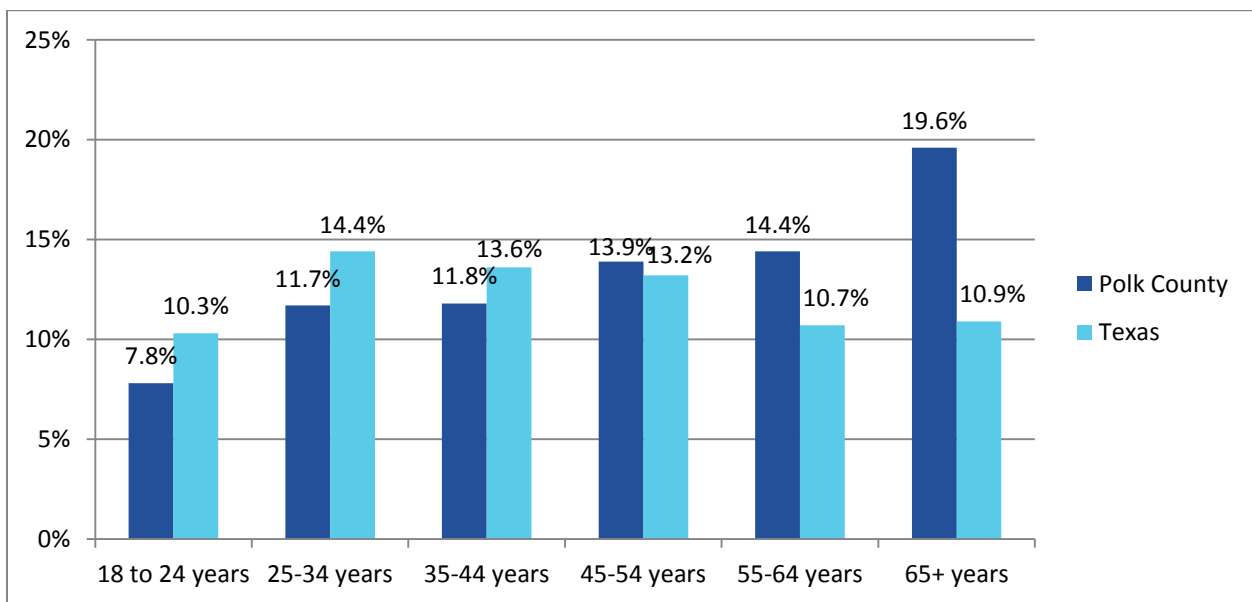
Community Demographics

Demographic data were collected and analyzed for the Memorial community and compared to ACS 2014 Estimates data for the state of Texas (Texas). Overall, the community served by Memorial has a more prominent elder population, a less diverse racial/ethnic distribution, and fewer residents with higher education degrees.

Below are additional details related to the demographics of the Memorial community compared with Texas:

- **Age:** Memorial Livingston service area illustrates a noticeable difference in age when compared to the state of Texas. There are significantly more residents age 45 years and older. The elder population is much more evident in the population older than 65 years (19.6% Livingston vs. 10.9% Texas) (Figure 1).

Figure 1. Age distribution for the Memorial Livingston community and Texas



- **Race/Ethnicity:** Almost three-fourths of the Memorial Livingston residents identify as White, Non-Hispanics (71.5%); this is significantly more than the state of Texas (44.3%). There is also a significant difference seen in Hispanic residents between Memorial Livingston and Texas; Memorial Livingston being significantly lower (13.9% Memorial Livingston vs. 38.2% Texas). A significant difference can also be seen in Black, Non-Hispanics as well, with Memorial Livingston illustrating a higher population (28.9% Memorial Livingston vs. 11.6% Texas). (Table 1).

Table 1. Racial/ethnic distribution for the Memorial Livingston community and Texas

Ethnicity	Memorial Community	Texas
White/Non-Hispanic	71.5%	44.3%
Hispanic	13.9%	38.2%
Black/Non-Hispanic	28.9%	11.6%
Asian/Non-Hispanic	0.5%	4.0%

- **Gender:** The Memorial Livingston community and Texas presented a similar but slightly different distribution of males and females: males accounted for 53.6% of the Memorial population and only 49.6% of the Texas population, and females accounted for only 46.4% of the Memorial population and 50.4% of the Texas population.
- **Education:** In both the Memorial Livingston community and Texas, most residents age 25 years or older have more than or equal to a high school education/GED. However, when compared to Texas, the Memorial community is home to much fewer residents with a college degree (17% Memorial vs. 33.6% Texas) (Table 2).

Table 2. Education for the Memorial Livingston community and Texas (population over 25 years of age)

Education Level	Memorial Community	Texas
Less than 9th grade	8.6%	9.3%
9th-12th grade, no diploma	13.6%	9.2%
High School Graduate	35.9%	25.2%

Some college, no degree	25.0%	22.7%
Associate’s Degree	4.9%	6.6%
Bachelor’s Degree	8.0%	17.9%
Graduate or Professional Degree	4.1%	9.1%

Community Health Needs Assessment Process

The CHI St. Luke’s Health Healthy Communities Department, located in Houston, TX, collaborated with Saurage Marketing Research, Inc., selected Memorial staff, and community organizations to conduct the Memorial CHNA. A survey, prepared by Saurage Research, Inc. in March 2016, was distributed via email and telephone to residents residing within the Memorial service area. Telephone interviews were also performed with Memorial employed physicians and focus groups including Memorial staff and community members were held. Survey, interview and focus group results were analyzed in April in order to report to the hospital leadership and the larger community as part of the CHNA. These results will be prioritized by Memorial executive leadership and the Mission Integration Department will work with hospital and community leaders to create the Community Health Improvement Plan and Implementation Strategy by November. The names, titles, organizations, and roles of those involved in the CHNA, including the data analysis and community input portions, can be found in Appendix 2.

Public Health Data

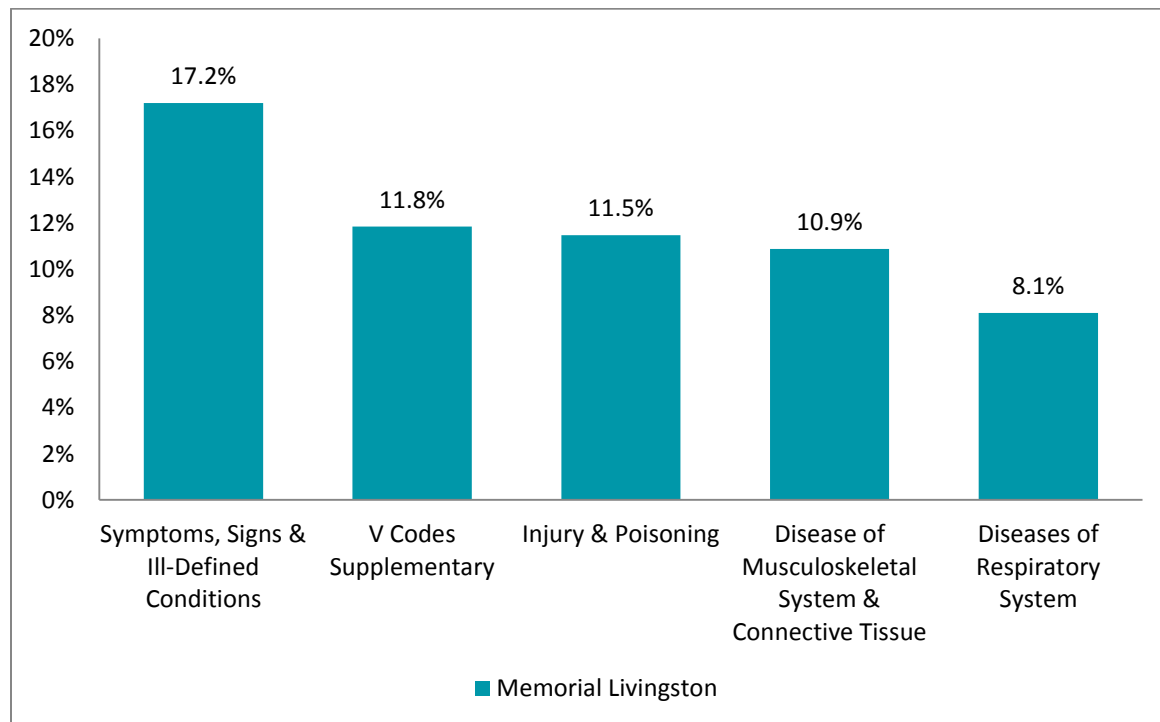
Public health data collection, review, and analysis efforts were guided by two main questions: “What are the health needs of the community served by the hospital facility?” and “What are the characteristics of the populations experiencing these health needs?” Quantitative data were obtained and analyzed in April 2016, from various data sources including the American Community Survey (ACS) 2014 Estimates, Texas Department of State Health Services (DSHS), Center of Disease Control (CDC) and the 2014 St. Luke’s Memorial’s hospital discharge data. Data for this report were analyzed for Polk County, as being representative of the Memorial’s service area and for the state of Texas to serve as a point of comparison.

Hospital Discharge Data

Data on all hospital discharges for 2014 were provided by the St. Luke’s Memorial Health System. Data were aggregated by the 5-digit ICD-9 diagnosis code and were further aggregated into more relevant and less clinically specific categories. Discharge data were summarized for Memorial Livingston and the categories reflecting the most frequently occurring diagnoses were highlighted (Appendix 3).

For those diagnoses with high prevalence, the categories were disaggregated to a level that aided understanding if the main description was extremely broad. Overall, the leading discharge categories for Memorial Livingston were *Symptoms, Signs & Ill-Defined Conditions* (17.20%); *V Codes Supplementary* (11.84%); *Injury and Poisoning* (11.47%); *Diseases of the Musculoskeletal System and Connective Tissue* (10.87%); *Diseases of Respiratory System* (8.10%) (Figure 2).

Figure 2. 2014 Memorial Livingston Discharge by Diagnoses



Key Indicators and Health Disparities

The Memorial community key indicators and health disparities were established by comparing data from the Texas Department of State Health Services (DSHS) for Polk County

with the data for Texas as a whole. Data reviewed indicate that sufficient health information is already available from local public health sources to allow for the identification of the most important health needs of the Memorial community. The below indicators reflect analyses from the DSHS, CDC and Behavioral Risk Factor Surveillance System (BRFSS) data for both the Memorial community and Texas.

- Health insurance and poverty:** In 2015 the uninsured rate for persons in the United States was calculated at 11.6%. The number of uninsured has significantly decreased from 2013 after requirements for individuals to obtain health insurance changed through the Affordable Care Act. In 2014, slightly less Texans were uninsured (21.9%) in comparison with the Memorial Livingston community (22%). By age category, the Memorial community had a similar percentage for those less than 18 years, but differed with a higher number of residents uninsured between the age 18-64 years and a lower number of residents uninsured age 65 years or older (Table 3).

Table 3. Health insurance by age category for the Memorial community and Texas

Age Category	Memorial Community	Texas
Less than 18 years	12.7%	12.6%
18-64 years	33.6%	29.5%
65+ years	0.3%	2.0%

In 2014, the number of persons living in poverty in the USA equaled 46.7 million (14.8%). According to 2014 ACS data, persons of all ages living in poverty in the Memorial community was 18.0%, similar to the state of Texas, 17.7%. When compared to Texas, the Memorial community had more individuals age 64 years and younger living below the poverty level and less individuals age 65 years or older (Table 4).

Table 4. Persons living below poverty level by age for Memorial community and Texas

Age Category	Memorial Community	Texas
Less than 18 years	26.7%	25.3%
18-64 years	18.1%	15.5%
65+ years	8.3%	11.2%

- **Cancer:** DSHS data reported, in 2014, cancer was the leading cause of death from disease among Texans below age 85 years. The highest incidences of cancer were found in female breast, prostate and lung and bronchus in the state. Data illustrated that the Memorial community had similar incidence with the state of Texas in breast (female) cancer but significantly higher incidence in prostate and almost twice the incidence in lung and bronchus, in comparison (Table 5).

Table 5. Age-adjusted cancer incidence rate (cases per 100,000)

Cancer Type	Memorial Community	Texas
Breast (Female)	115.9	113.1
Prostate	153.7	115.7
Lung & Bronchus	99.5	58.1

Mortality rate for breast (female) cancer and prostate cancer was similar in the Memorial community compared to Texas. However, the Memorial community had a significantly higher mortality rate for lung and bronchus cancer (Table 6).

Table 6. Age-adjusted cancer mortality rate (deaths per 100,000)

Cancer Type	Memorial Community	Texas
Breast (Female)	20.0	21.0
Prostate	20.0	19.6
Lung & Bronchus	73.7	43.5

- **Diabetes:** Approximately 9.3% of the United States population has diabetes; comprising 29.1 million people. Of those, 27.8% are undiagnosed. In 2013, Texas reported a 9.8 age-adjusted incidence rate (cases per 1,000); 109 total diagnosed cases (cases per 1,000). Data for the Memorial community suggest a similar age-adjusted incidence totaling 9.0 (cases per 1,000) of diagnosed diabetes.

- ***Mental Health:*** BRFSS data presented the age-adjusted average number of mentally unhealthy days reported in the past 30 days from adults in the Memorial community as 4.6 days, much higher than the state of Texas, 3.3 days.
- ***Cardiovascular disease:*** Heart disease is the leading cause of death for both men and women in the nation. In 2013, the age-adjusted rate or deaths due to heart disease per 100,000 of adults living in the Memorial community was calculated at 475.8. This is more than double of the state of Texas 213.9.
- ***Stroke:*** Almost 1 out of every 20 American deaths is caused by stroke; equaling nearly 130,000 Americans per year. The majority of individuals who have a stroke are first or new strokes; however, it is possible for someone to suffer from more than one stroke. Stroke risk varies greatly by race and ethnicity. There was a reported 123.6 deaths caused by stroke per 100,000 in the Memorial community in 2013. This is much higher than the state of Texas.
- ***Smoking:*** Tobacco use is the leading preventable cause of disease and death in the United States. Smoking rates have declined, for all age groups, in the past few years but it still poses as a significant problem. The percent of adults who are current smokers in the Memorial community is 17.0%, while 14.6% of the Texas adult population is current smokers.
- ***Overweight / Obesity:*** According to 2014 BRFSS data, 67.8% of Texans are overweight or obese. An adult who has a BMI between 25 and 29.9 is considered overweight and an adult who has a BMI of 30 or higher is considered obese. Adults who report a BMI of greater than 30 in the Memorial community account for 34%. This is higher than those considered obese in the state of Texas, 28%.
- ***Exercise or physical activity:*** Data offering percent of adults, age 30 years or older, reporting no leisure-time physical activity illustrated higher numbers in the Memorial community (30%) than the state of Texas (23%). This shows the Memorial community has slightly less leisure-time available for physical activity. This is further illustrated when reporting the percent without adequate access to locations for physical activity. More than

30% of the Memorial community reports not having adequate access to locations for physical activity while only 16% of Texas reports lack of adequate access.

Community Input

Qualitative and quantitative research analysis was performed in the primary service area of Memorial Lufkin by Saurage Research, Inc. Qualitatively, individual phone interviews were conducted with physicians employed by Memorial. In-person focus groups also took place with Memorial staff and community stakeholders. The group of community stakeholders was comprised to represent public health agencies, community health centers, government agencies, community organizations, academics, media organizations, policy makers, elected officials and others throughout the community with a creditable understanding of the population, health and health care needs of those who reside in the Memorial service area. Informal listening sessions were also conducted with two community and student groups (Appendix 5). Quantitative data was collected via online and telephone interviews with 130 healthcare decision makers between the ages of 18-74 years living in the Memorial-Livingston Hospital's primary service area. The complete qualitative and quantitative analysis accompanies this document in a PowerPoint presentation.

Qualitative Analysis

Between the feedback provided by hospital physicians and staff and external stakeholders, categories of interest were identified in: Access to Care; Education; Specialists; Services. Below clarifies the specific needs identified within each of these categories. A comprehensive table can be found in Appendix 5, Qualitative Summary.

- ***Access to Care:*** Those involved in the qualitative analysis suggested an increased need for persons age 55-65 years of age, low income, those with heart disease, those with an illness that prevents them from working preventing them from acquiring health insurance, mental illness and indigent.
- ***Education:*** Participants discussed the growing need for education related to making better choices and taking better care of themselves, as well as eating healthy and weight management. They believe there should be increased education for parents regarding

children's diet, portions and nutrition. Other areas of education opportunities discussed included prevention, obesity, heart disease and diabetes.

- **Specialists:** Those employed at Memorial discussed the local shortages in most areas within the service area and surrounding for physicians and specialists. There is a significant need for a children's doctor within the emergency department and psychiatrists.
- **Services:** It was discussed that the majority of the priority needs would be better approached if there were available services throughout the community for those who need them. A primary issue discussed was the excessive time it takes to be seen by a physician causing patients to be seen when they are sicker. Another prevalent concern is nutrition, the importance of nutritious food, and decreasing obesity, especially among school age children. Physicians and staff also see more young teens having babies, more drug, alcohol and tobacco use and a lot of mental health issues. Numerous other services discussed in the interviews and focus groups are illustrated in Appendix 5, Qualitative Summary.

Quantitative Analysis

A survey was conducted by Saurage Research, Inc. to residents of the greater Memorial area (N=300) and those specifically located within the Memorial Livingston service area (N=130). The survey was distributed by telephone. Survey questions focused on access to care, patient satisfaction and confidence, available services, and other pertinent information was gathered to identify the priority needs of the Memorial community. All quantitative key findings can be found in Appendix 5. Below are some brief descriptors of the surveyed answers using the whole Memorial area as the comparison to the Livingston community.

- **Routine Care:** The majority of Livingston area residents look first to doctor's offices or private clinics for their routine care (86%). Specialists and emergency rooms also receive significant use. These patterns are consistent throughout the whole Memorial area. Those who utilize doctor's offices or private clinics are highest among older, insured respondents without children living at home.
- **Distance Traveled for Access to Care:** The survey inquired on average how many miles a family must travel to receive health care. Almost half (47%) of the Memorial Livingston

service area residents travel more than 20 miles one way for regular healthcare. This is significantly higher than residents in the broader Memorial market. The primary reasons for traveling further for care was a convenient location, insurance acceptance, a personal relationship with the provider and perception of higher quality providers. Those who traveled less distance were insured by Medicare or Medicaid and were less affluent.

- **Confidence:** When asked how confident a resident was that they were able to access quality health care, just over half (59%) of those living in the Livingston service area were very confident. Confidence was strongest among older, White respondents who had never had to delay health care or prescriptions, those with insurance and without children living in the home.
- **Delayed Health Care or Prescriptions:** Consistent with the broader Memorial market, most of the respondents had never had to delay health care or prescription purchases because of money or insurance shortage. There are however a sizeable segment of the Livingston residents who have faced these tradeoff decisions. The frequency of delayed health care is highest among younger, non-White and less confident individuals, those who have delayed prescriptions, are uninsured and have children living in the home. Those who delay prescriptions are more often younger and less confident individuals. They have children living at the home and also are more likely to delay health care.
- **Available Services:** Care availability levels in the Memorial Livingston service area are highest for primary care and eye/ear care. They are lowest for obstetric services, cancer treatment and pediatric care. Availability levels in the broader Memorial area closely resemble the Memorial Livingston profile. Across the various types of care listed, availability tends to be rated highest among those who are older, White, most confident, have not had to delay health care or prescriptions and those covered by Medicare or Medicaid.
- **Concerns in Health Care:** Residents in the Memorial Livingston community focus on healthcare costs, distance to services and lack of providers (both primary and specialists) as their primary areas of concern. The concern regarding distance to hospital or emergency

services is significantly higher among the Livingston primary service area residents in comparison to the whole Memorial area.

- ***Attitudes & Perceptions:*** Healthcare attitudes among Memorial Livingston residents significantly differ from those in the broader Memorial area. Specifically, residents in the Livingston serve area are much less likely to identify access to emergency services, quality healthcare, pregnancy care and injury and/or violence prevention services as strengths of the Livingston area. All of these areas are viewed as areas of improvement necessary to better the health of those residing there.
- ***Likelihood of Participation:*** When identifying a strategy to address priority needs, it is sometimes essential to collaborate with community resources. In the 2013 CHNA, educational classes regarding the importance of health and health prevention methods were established to address some priority community needs. CHI St. Luke's Health deemed it important to understand if community members were likely to attend such locations or events in seek of health care prevention. When asked if they would participate in activities through community resources and educational classes, one in three residents of the Memorial Livingston service area say they are likely to participate in seminars and classes about health and prevention. Participation likelihood tends to be higher among older, non-White, and lower income respondents.
- ***Safety & Violence:*** When asked about the level of violence in their community, two-thirds of the respondents in the Livingston area feel safe (68%). More than half, however, question the adequacy of resources for victims of abuse, human trafficking and school violence. Except for their lower perception of resources available for adult victims of abuse, Memorial Livingston shares the same attitudes toward safety and violence with the broader Memorial market.
- ***Last Exam:*** With the exception of more recent prostate cancer exams, the last exam profile among Memorial Livingston respondents closely parallels the market-wide profile. Six in ten have not had a colon cancer screening and half of the women have not had a mammogram in

the last two years. Across the various types of exams listed, less frequent are reported more among younger, uninsured respondents with children living at home.

- ***Health Problems or Conditions:*** Overall, Memorial Livingston residents are significantly more likely to have at least one of the seven discussed health issues: high blood pressure, diabetes, obesity, anxiety or depression, heart disease, asthma, and/or cancer. They have significantly more cases of high blood pressure and heart disease than the greater Memorial market.
- ***Activity & Program Participation:*** Almost a quarter (24%) of Livingston service area residents have a health problem or disability that interferes a lot in their participating fully in work, school or other activities. A similar number (26%) of respondents have taken part in a program offered by their doctor to help them manage a health problem. Those who do participate in a program are more likely to be younger, more confident, less affluent and insured.
- ***Other Health Care Use:*** It was discussed whether or not a surveyed resident utilized the following health services: chiropractor, herbal medicines/treatments; homeopathy, acupuncture, and doctor of osteopathy. With the exception of lower rates of homeopathy used, all services were similarly utilized between the Memorial Livingston residents and the broader Memorial area.

Prioritized Significant Community Health Needs

In summary, after reviewing all of the data from the qualitative and quantitative analysis, there is a need for the following in the community served by Memorial Livingston:

- Access to care for the uninsured or underinsured (early retired age 55-64 or laid off)
- Care for those suffering with heart disease or other serious illnesses preventing them from being employed and receiving insurance through their employer
- Access to care for those suffering with mental health – diagnosis and care
- Local provider shortages in most areas in both primary care and specialty practices
- Information regarding services, care, education and support that is available for area residents
- Increasing the importance or priority of general health, healthy eating and living, exercise and nutrition
- Implementing education for areas of health prevention, cancer, diabetes, heart disease and obesity
- Education regarding stress and stress reduction, weight control, making better decisions, end-of-life preparation and care
- Senior patient education for insurance alternatives, benefits and care decisions
- Increased focus and investment on preventive care and services
- Initiate health screening programs for adults, children and families
- Education regarding high risk of diabetes in Hispanic populations
- Overcome language barriers as patient populations change
- Reduce wait time for physicians and specialists
- Identify lower cost sources for medicine and healthy foods
- Address high levels of arsenic in drinking water
- Increase focus on mental health, services and care
- Plan to address questions of availability and affordability in areas of senior services, child services, hospice services, quality healthcare, pregnancy care, basic healthcare in the Livingston area
- Provide more resources and information regarding sexual assault, human trafficking and school violence/bullying services

References

- Centers for Disease Control and Prevention (CDC). Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2015.
- Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2014.
- Harris County Healthcare Alliance. *The State of Houston/Harris County 2015-2016*. Houston, TX: 2015.
- National Cancer Institute; Centers of Disease Control and Prevention. *State Cancer Profiles*. <www.cancer.gov> January 2016.
- Robert Wood Johnson Foundation. *County Health Rankings & Roadmaps*. <www.countyhealthrankings.org> Retrieved January 2016.
- Texas Department of State Health Services (DSHS). *The Health Status of Texas 2014*. <<https://www.dshs.state.tx.us>> October 2014.
- U.S. Census Bureau, American Community Survey. *American Community Survey 2014 Estimates*. Generated by CHI St. Luke's Health. American Fact Finder. <<http://factfinder.census.gov>> Retrieved December 2015.
- U.S. Census Bureau. *Population Highlights*. <<https://www.census.gov/hhes>> Retrieved January 2016.
- CHI St. Luke's Memorial - Livingston Hospital 2014 Hospital Discharge Data. Obtained by request from CHI St. Luke's Health System.

Appendices

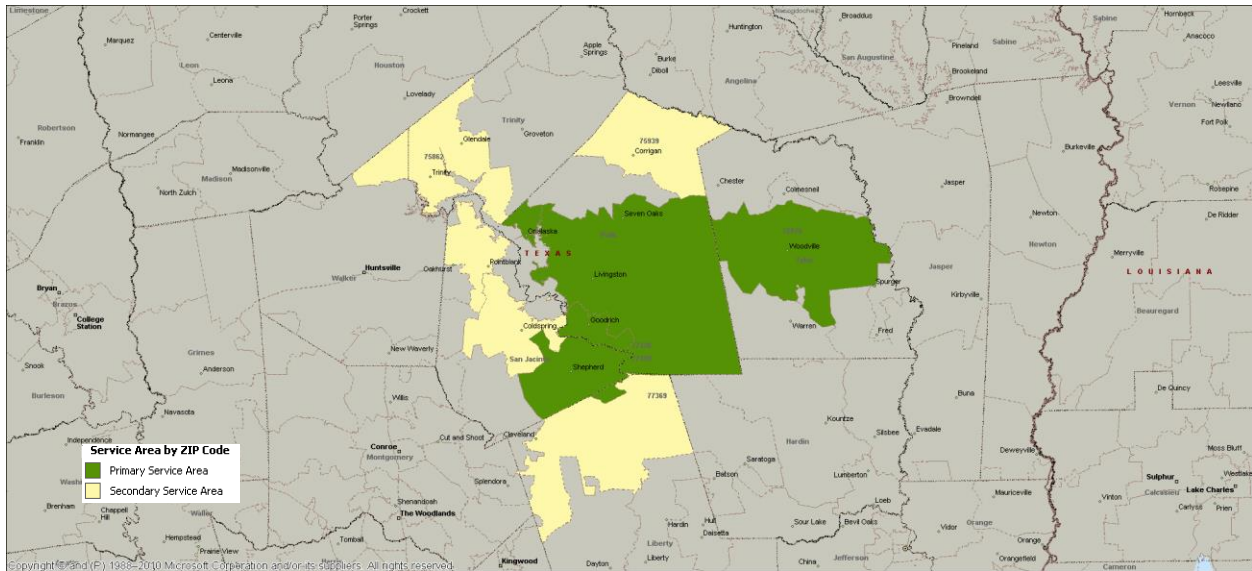
Appendix 1. Memorial Livingston Service Area Map and Zip Codes

The community served by the St. Luke's Memorial Livingston consists of primary and secondary zip codes determined by 2014 hospital discharge data provided by the St. Luke Health System.

The primary service area includes the following zip codes: 77351, 77360, 77371, 77335, 75979, 77399, and 77326.

The secondary service area includes the following zip codes: 77331, 77364, 75862, 77369, 75939, and 77327.

Because most of the zip codes within the service area are found within Polk, Tyler and San Jacinto counties, this report has relied upon recent data available for these counties to draw inferences about the Memorial community. The map below displays the Memorial service area and community.



Appendix 2. Participants Involved in the CHNA

<i>CHI St. Luke's Health System Team</i>			
Valerie Mattice Ausborn, MPH	Project Coordinator	CHI St. Luke's Health System, Healthy Communities	Overall CHNA Project Management
Jay Gilchrist	Vice President	CHI St. Luke's Memorial, Mission	CHNA Project Management
Mike Sullivan, PhD	Director	CHI St. Luke's Health System, Healthy Communities	Technical Assistance
Janice Lamy	Vice President	CHI St. Luke's Health System, Marketing & Communication	Technical Assistance
Yana Ogletree	Director	CHI St. Luke's Memorial, Marketing & Communication	Technical Assistance
Susan Saurage	President	Saurage Marketing Research Inc.	Qualitative Data Analysis
Charlotte Cummings	Med-Surg RN	CHI St. Luke's Health Memorial-Livingston	Focus Group Staff Participant
Kina Hooker	Care Transitions	CHI St. Luke's Health Memorial-Livingston	Focus Group Staff Participant
Karen Stanton	RN	CHI St. Luke's Health Memorial-Livingston	Focus Group Staff Participant
Peggy Stapleton	Administration	CHI St. Luke's Health Memorial-Livingston	

Community Stakeholders

- Barbara Hayes** - Polk County Social Services Dir.
- Stephanie Williams** - Alabama/Coushatta Tribe
- Tina Battise** - Alabama/Coushatta Tribal Court Administrator
- Nancy Johnson** - Admin Asst A/C Tribe Health
- Chris Martin** - Nursing Home Broker
- Verlis Williams** - Coushatta Tribe, former tribal council member in LA
- Ricky Harrell** - Sam Houston Elec Coop and Leggett community
- Rosie Murphy** - Fitness Trainer
- Rhonda Farrar** - Health Occupations Instructor, Big Sandy ISD
- Crissy Judy** - Pharm Tech Student, Big Sandy ISD
- Jacque Delahoussaye** RPA Livingston Fitness/Radiology
- Zoey Shotwell** - Health Occupations Student/Pharm Tech,

Appendix 3. 2014 Memorial Livingston Discharges by ICD-9 Code

Data on all hospital discharges for 2014 were provided by the St. Luke's Memorial Health System. Data were available for Memorial and was aggregated by the 5 digit ICD-9 diagnosis code and broken down by inpatient, outpatient and emergency discharges. No demographic or personally identifying information was provided. In order to summarize the data more effectively, the ICD-9 codes were further aggregated into more relevant and less clinically specific categories.

Diagnostic Group (ICD-9)	Inpatient		Outpatient		Emergency		Total	
	n	%	n	%	n	%	n	%
Infectious and Parasitic Diseases (001-139)	135	17	274	35	363	47	772	1.46
Neoplasms (140-239)	24	3	659	95	8	1	691	1.31
Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	100	4	2091	79	441	17	2632	4.98
Diseases of the Blood and Blood-Forming Organs (280-289)	27	3	670	86	79	10	776	1.47
Mental Disorders (290-319)	4	1	235	30	555	70	794	1.50
* 290-294 organic psychotic conditions	2		26		28			
* 295-299 other psychoses	0		119		176			
* 300-316 neurotic disorders, personality disorders, and other nonpsychotic	2		90		350			
* 317-319 intellectual disabilities	0		0		1			
Diseases of the Nervous System and Sense Organs (320-389)	14	1	544	36	958	63	1516	2.87
Diseases of the Circulatory System (390-459)	213	5	2652	68	1041	27	3906	7.39
* 390-392 acute rheumatic fever	0		1		0			
* 393-398 chronic rheumatic heart disease	0		2		0			
* 401-405 hypertensive disease	22		1173		246			
* 410-414 ischemic heart disease	18		184		220			
* 415-417 diseases of pulmonary circulation	9		18		4			
* 420-429 other forms of heart disease	118		589		266			
* 430-438 cerebrovascular disease	16		204		168			

* 440-449 diseases of arteries, arterioles, and capillaries	0		301		28			
* 451-459 diseases of veins and lymphatics, and other diseases of circulatory	30		180		109			
Diseases of the Respiratory System (460-519)	439	10	1218	28	2621	61	4278	8.10
* 460-466 acute respiratory infections	16		225		1589			
* 470-478 other diseases of upper respiratory tract	2		57		49			
* 480-488 pneumonia and influenza	176		221		396			
* 490-496 chronic obstructive pulmonary disease and allied conditions	127		605		446			
* 500-508 pneumoconiosis and other lung diseases due to external agents	11		11		5			
* 510-519 other diseases of respiratory system	107		99		136			
Disease of the Digestive System (520-579)	242	11	772	35	1184	54	2198	4.16
* 520-529 diseases of oral cavity, salivary glands and jaws	0		18		391			
* 530-539 diseases of esophagus, stomach and duodenum	24		110		120			
* 540-543 appendicitis	28		19		12			
* 550-553 hernia of abdominal cavity	17		94		28			
* 555-558 noninfective enteritis and colitis	22		44		169			
* 560-569 other diseases of intestines and peritoneum	84		143		194			
* 570-579 other diseases of digestive system	67		344		270			
Disease of the Genitourinary System (580-629)	136	3	2594	63	1406	34	4136	7.83
* not specified	0		0		0			
* 580-589 nephritis, nephrotic syndrome, and nephrosis	42		862		41			
* 590-599 other diseases of urinary system	54		986		1035			
* 600-608 diseases of male genital	0		100		70			

organs									
* 610-612 disorders of breast	0		287		26				
* 614-616 inflammatory disease of	0		7		62				
female pelvic organs									
* 617-629 other disorders of female	40		352		172				
genital tract									
Complications of Pregnancy, Childbirth and the Puerperium (630-677)	431	27	734	46	427	27	1592	3.01	
Disease of the Skin and Subcutaneous Tissue (680-709)	79	5	285	19	1118	75	1482	2.81	
Disease of the Musculoskeletal System and Connective Tissue (710-739)	146	3	4518	79	1081	19	5745	10.87	
* 710-719 arthropathies and related disorders	108		1675		255				
* 720-724 dorsopathies	2		1650		556				
* 725-729 rheumatism, excluding the back	16		753		249				
* 730-739 osteopathies, chondropathies, and acquired musculoskeletal	20		440		21				
Congenital Anomalies (740-759)	0	0	75	97	2	3	77	0.15	
Certain Conditions Originating in the Perinatal Period (760-779)	4	6	46	73	13	21	63	0.12	
Symptoms, Signs and Ill-Defined conditions (780-799)	35	0	4771	53	4280	47	9086	17.20	
* 780-789 symptoms	28		3671		4246				
* 790-796 nonspecific abnormal findings	5		1086		27				
* 797-799 ill-defined and unknown causes of morbidity and mortality	2		14		7				
Injury and Poisoning	165	3	817	13	5079	84	6061	11.47	
* 800-804 fracture of skull	0		7		72				
* 805-809 fracture of spine and trunk	7		56		125				
* 810-819 fracture of upper limb	25		82		287				
* 820-829 fracture of lower limb	80		56		189				
* 830-839 dislocation	0		52		73				

* 840-848 sprains and strains of joints and adjacent muscles	1	138	1128				
* 850-854 intracranial injury, excluding those with skull fracture	0	15	110				
* 860-869 internal injury of chest, abdomen, and pelvis	4	4	5				
* 870-879 open wound of head, neck and trunk	1	14	297				
* 880-887 open wound of upper limb	0	6	359				
* 890-897 open wound of lower limb	1	37	196				
* 900-904 injury to blood vessels	0	1	1				
* 905-909 late effects of injuries, poisonings, toxic effects and other external	0	0	0				
* 910-919 superficial injury	0	7	184				
* 920-924 contusion with intact skin surface	1	49	1333				
* 925-929 crushing injury	0	1	10				
* 930-939 effects of foreign body entering through orifice	1	6	96				
* 940-949 burns	0	0	85				
* 950-957 injury to nerves and spinal cord	0	4	1				
* 958-959 certain traumatic complications and unspecified injuries	0	116	77				
* 960-979 poisoning by drugs, medicinals and biological substances	4	11	128				
* 980-989 toxic effects of substances chiefly nonmedical as to source	1	2	140				
* 990-995 other and unspecified effects of external causes	3	60	80				
* 996-999 complications of surgical and medical care, not elsewhere classified	36	93	103				
Sickle-cell Disease (282.60-282.69)	10	33	3	10	17	57	30
* 282.60 sickle-cell disease unspecified	0		0		5		
* 282.61 HB-SS disease without crisis	0		0		0		
* 282.62 HB-SS disease with crisis	10		2		12		
* 282.63 Sickle-cell/Hb-C disease without crisis	0		0		0		
* 282.64 Sickle-cell/Hb-C disease with crisis	0		0		0		

* 282.68 other sickle-cell disease without crisis	0		0		0			
* 282.69 other sickle-cell disease with crisis	0		1		0			
V Codes Supplementary Classification of Factors Influencing Health Status and Contact	414	7	5541	89	301	5	6256	11.84

Total								52831
--------------	--	--	--	--	--	--	--	--------------

Appendix 4

Memorial Medical Center - Livingston 2013-16 Implementation Plan Evaluation

The Memorial Health System of East Texas (MHSET) prioritized eight needs shown in the 2012 Community Health Needs Assessment. Executive leadership decided to address the top seven as 2013-2016 Community Health Improvement Strategies. They decided not to specifically address the need for “increased access to affordable dental care,” as it was not a core business function. Top priorities in descending order were:

1. Prevention, education and early detection for heart and cerebrovascular disease, diabetes and cancer
2. The community needs increased access to affordable primary care
3. The community needs additional healthcare providers; including primary care physicians, specialists, mental health providers, and physicians who accept Medicare and Medicaid HMO products
4. There is a need to address unhealthy lifestyles, such as smoking and obesity
5. There is a lack of a mental health and behavioral health continuum of care
6. There is a need to decrease health disparities by targeting specific populations, including:
 - The high prevalence of diabetes among Native Americans in Polk County
 - Low income, un/underinsured and elderly
 - A safe place for treatment for undocumented persons
 - A culturally sensitive, language appropriate healthcare environment for minority populations
7. There is a need to increase access to transportation for healthcare services for those without access (such as elderly and low income residents)

Memorial Medical Center-Livingston (MMC-Livingston) executive leadership developed the following objectives and implementation strategies to target activities and services to directly address these seven priorities. The objectives were identified by studying the prioritized health needs within the context of the hospital’s strategic plan and the availability of finite resources. Significant progress was made on each priority objective, as identified in this evaluative summary, created in consultation with hospital leadership and members of the community. There is considerable solid groundwork on which to build 2017-2019 strategies.

Priority #1: There is a need for prevention, education and early detection for heart and cerebrovascular disease, diabetes and cancer

Objective #1: MMC-Livingston will focus financial and staff resources on educating the community about diabetes prevalence, prevention and disease management.

Implementation Activities:

- MHSET produces a monthly cooking show, Memorial Cooking Innovations, a 30 minute program featuring a registered dietitian and a certified chef. The show features diabetic friendly foods that are delicious and easy to prepare and is broadcast on the local government access television channels daily, in 62 cities across the United States, and online any time at <http://www.memorialhealth.us/cooking>.
- Diabetes Classes are offered through the HC Polk Education Center at a minimal charge.
- MMC-Livingston provides space for diabetes classes to meet in the hospital’s cafeteria.

- MMC-Livingston offers a support group that meets regularly to share experiences on living with diabetes successfully.
- MMC-Livingston employs a certified dietician.
- Each MHSET County participates in the Texas Adult Potentially Preventable Hospitalization Initiative to improve care and reduce costs. Major foci in our service areas are Dehydration, Bacterial Pneumonia & UTI.

Objective #2: MMC-Livingston will participate in a variety of cancer related events, such as campaigns and luncheons, to increase awareness and promote early cancer detection through appropriate screenings.

Implementation Activities:

- MHSET brought the Know Your Stats Prostate Awareness Campaign to MMC-Livingston in CY 2013. This includes hosting a men's breakfast to educate men on the importance of prostate screenings. Local urologists participate to offer information on prostate cancer, signs and symptoms, risk factors and treatment methods. Prostate Specific Antigens will also be offered at a discounted rate.
- MHSET brought the annual breast cancer awareness luncheon, Power of Pink to MMC-Livingston in 2013. The hospital works with the American Cancer Society to supply vendors and sign women up to get mammograms. In 2016, the Power of Pink luncheon reached nearly 500 women.
- MMC-Livingston actively participates in Mammography Month. The hospital runs an educational media campaign on understanding the signs and symptoms of breast cancer and encourages women to get mammograms. A free gift is offered to those scheduling a mammogram at one of MHSET's facilities.
- MHSET's Cancer Center began offering lung cancer screenings at each of its facilities in October, 2015.

Objective #3: MMC-Livingston will engage in collaborative initiatives to educate the community on a variety of health topics.

Implementation Activities:

- MHSET participates in the monthly Speakers' Bureau at each of its facilities. At this event, MHSET physicians speak to civic clubs on a variety of health topics.
- MHSET offers a monthly Women's Power Lunch in Lufkin, with 130 attendees on average. Local physicians speak on pertinent health topics.
- In 2015, MMC-Livingston partnered with Memorial Hermann Hospital in Houston to enhance the care of stroke patients in the Livingston ED. Through telemedicine MMC-Livingston and Memorial Herman are elevating the care for stroke patients presenting to the Livingston ED. Additionally, MMC-Livingston is part of the East Texas Heart and Vascular Initiative, which holds public education forums at industries, schools, assisted living centers, retirement centers, and civic clubs.

Objective #4: MMC-Livingston will serve as a resource to other healthcare providers in the community, and as a clinical resource for allied health academic institutions.

Implementation Activities:

- MMC-Livingston serves as a resource for other healthcare care providers, such as nursing homes, the Regional Advisory Council, the Emergency Preparedness Team, the Rural East Texas Health Network and EMS.
- MMC-Livingston serves as a clinical resource for allied health academic institutions. This includes clinical rotations, “mini-internships,” and serving as a training site for Sam Houston State University for dietetic interns to come obtain clinical and food service hours.
- MHSET and its hospitals participate in Education Affiliation Agreements with over 30 universities, colleges and medical institutions that prepare students for careers in nursing, allied therapies and administration.
- MHSET has increased postings on its online patient library that serves as a medical resource for surgical procedures, illnesses, etc.

PRIORITY #2: The community needs increased access to affordable primary care.

Objective #1: MMC-Livingston will coordinate with various providers to offer affordable and discounted care to community members.

Implementation Activities:

- MHSET collaborates with Express Lab to offer very affordable lab testing at all of the system’s facilities. Discounted screenings include glucose testing and PSAs.
- MHSET offers the Lifeline home alert system, at a discounted rate.

Objective #2: MMC-Livingston will provide staff members that aim to connect patients with available resources and affordable healthcare options.

Implementation Activities:

- MMC-Livingston employs a Medicaid staff member who works to connect indigent and disabled patients to available payer sources. The hospital contributes half of the staff member’s salary, while the state pays the remaining half.

PRIORITY #3: The community needs additional healthcare providers; including primary care physicians, specialists, mental health providers, & physicians who accept Medicare and Medicaid HMO products

Objective #1: MMC-Livingston will recruit primary care and specialist care physicians.

Implementation Activities:

- MMC-Livingston is actively recruiting primary care and specialist physicians, based on a recently conducted Medical Staff Development Plan, via its MMA affiliation.

PRIORITY #4: There is a need to address unhealthy lifestyles, such as smoking and obesity.

Objective #1: MMC-Livingston will engage in a variety of initiatives to promote healthy lifestyles, such as good nutrition and smoking cessation.

Implementation Activities:

- MHSET will participate in the city wide, smoke free initiative. In addition, all of Memorial Health System of East Texas' campuses are all smoke free.
- MMC-Livingston will advocate for improved health and well-being among staff by offering discounted or free services to employees. MMC-Livingston operates an employee health clinic.
- MHSET will provide nutritional articles on a monthly basis to various news sources, including the Lufkin Daily News, the Polk County Enterprise and East Texas Magazines.
- MMC-Livingston will provide healthy options in the facility's cafeteria.
- MMC-Livingston will provide financial support and volunteers to organizations that strive to improve unhealthy lifestyles in the community. Some of these organizations include: American Cancer Society, The Coalition, Mosaic Center, Hospice, Alzheimer's Association
- Smoking cessation and lifestyle changes are addressed in public health fairs and women's and senior expos.

Objective #2: MMC-Livingston will offer and provide space for programs that address unhealthy lifestyles through education, group meetings, or classes.

Implementation Activities:

- MMC-Livingston organizes and provides space for diabetes and cancer support groups, and for Weight Watchers' meetings.

PRIORITY #5: There is a lack of a mental and behavioral health continuum of care.

Objective #1: MMC-Livingston will provide financial support, staff and volunteers to organizations that either offer services or strive to address mental health and substance abuse concerns in the community.

Implementation Activities:

- MMC-Livingston provides financial support and volunteers to organizations that offer prevention and treatment for alcohol and drug abuse, underage drinking, etc. These organizations include the Alcohol Drug Abuse Council of Deep East Texas and the Alzheimer's Association.
- MMC-Livingston is one of only a few hospitals in East Texas that offers the SANE program. These nurses, who treat sexual assault victims, are specially trained and certified in this field through the office of the Texas Attorney General. MMC-Livingston will provide access to these nurses in the Emergency Department.

Objective #2: As a part of the larger health system, MMC-Livingston will provide staff and leadership to organizations in the community that work to improve the continuum of care between mental health and behavioral health services.

Implementation Activities:

- MMC-Livingston has expanded its relationship and increased referrals with the Burke

Center and the Alcohol and Drug Abuse Council to improve care and access to care for mental and substance abuse patients.

PRIORITY #6: There is a need to decrease health disparities by targeting specific populations.

- **The high prevalence of diabetes among Native Americans in Polk County**
- **Low income, un/underinsured and elderly**
- **A safe place for treatment for undocumented persons**
- **A culturally sensitive, language appropriate healthcare environment for minority populations**

Objective #1: As a part of the larger health system, MMC-Livingston will focus on decreasing health disparities among specific populations by collaborating, organizing, and participating in a variety of initiatives that target specific groups.

Implementation Activities:

- The hospital continues as a presenting sponsor for the Senior Expo.
- MMC-Livingston engages in outreach in public schools, such as infection and behavior related activities.
- In collaboration with the larger system, MMC-Livingston sponsors community wide health fairs and health screenings, including the Senior Expo, Women's Health Expo, Physician/New Product presentations, and area school events.
- MHSET provides Women's Special Services that offers mammograms, GYN exams and pap smears and GYN educational services to the uninsured population in the community.
- MHSET provides bacterial pneumonia and flu vaccinations at all of its facilities.

Objective #2: MMC-Livingston will conduct and participate in events that raise funds for specific populations, such as women and indigent cancer patients.

Implementation Activities:

- MMC-Livingston offers events specifically targeted at women, such as the Women's Power Lunches and the Power of Pink.

PRIORITY #7: There is a need to increase access to transportation for health care services for those without access (such as elderly and low income residents).

Objective #1: MMC-Livingston will work to provide access to transportation and transportation vouchers to patients at the hospital.

Implementation Activities:

- Part of the proceeds raised through Power of Pink provides gas vouchers for cancer treatment and prescription medication for qualified patients.

Appendix 5

Livingston Service Area 2016 Healthy Communities Listening Sessions

LIVINGSTON REFLECTION/ADVISORY GROUP, 2/17/16 Healthy Communities Listening Session Facilitator Jay Gilchrist

What are our most important health problems/needs?

- Barbara Hayes – Indigent healthcare’s maximum payment is \$30,000 per person.
- Ricky Harrell – Two of the biggest concerns are diabetes and cancer. Those diseases are affecting more people in the last 3-4 years. We need more education on diabetes and smoking.
- Jacque Delahoussaye – We are offering nutrition classes at the fitness center. We need to educate parents and kids regarding the reasons diabetes is so prevalent. Jacque mentioned the Health Fair the hospital had in December for school children.
- Nancy Johnson explained that HIS is promoting a water initiative. It is called “Water Up”. At the health fair they have a display that shows the amount of sugar in different beverages such as pop, Gatorade, fruit drinks etc. It is very eye-opening to see how much sugar a person consumes in one sugary drink.
- Barbara Hayes stated she is diabetic and she learned from her doctor that drinking two bottles of water will help lower her blood sugar. She stated her diet includes water, fish, chicken, shrimp, and vegetables.
- Verlis Williams stated that it is important for each individual to take responsibility for their life. We need to be disciplined and take our health seriously. Caution: drive through restaurants and fast food.
- Nancy Johnson summed up V. Williams point as behavior modification.
- Chris Martin pointed out that the need for good nutrition is not a priority in our community and we need to make it a priority.
 - a. Main challenge and obstacles
 - i. Finances – fruits and vegetables are expensive
 - ii. Many people will change their diet, not see immediate results and quit a few days later.
 - iii. A limited income creates a greater challenge for lifestyle change
- Jacque Delahoussaye stated it is easy to go to McDonalds.
- Rosie Murphy said McDonalds does have healthier options on the menu in the local restaurant.
- Barbara Hayes stated it is not what you eat, but how much you eat.
- Verlis Williams stated portion control is hard and for him it is what foods he eats, because certain foods are harder to stop eating. If you go to an all you can eat buffet and pay \$20 you want to get your money’s worth.
- Chris Martin stated there are two motivators – Inspiration and Desperation. See the study done by Stanford University. Better Choices, Better Health® - Diabetes or Healthier Living With Diabetes (Internet Diabetes Self-Management Program)
<http://patienteducation.stanford.edu/internet/diabetesol.html>
- Rhonda Farrar reported that schools have changed school menus to take sugar out of menus.
 - a. No more vending machines
 - b. No foods brought into the school until after the lunch hour
- Crissy Judy stated she takes her lunch to school each day. Her lunch consists of a sandwich, chips, and apple.

- Jacque Delahoussaye stated that his wife is a teacher and breakfast is served every morning. Meals not eaten by students are being thrown away. They are not allowed to save the foods or donate it to other organizations. This is a waste of food and money.

Group Consensus:

- Diet: too much junk food
- Affordable treatment for chronic conditions
- Education about cancer and other conditions (I have never seen so much cancer)
- Education of parents about diet, nutrition, portions

What are the main challenges and obstacles to meeting those needs?

- Expense of good nutrition and convenience of bad nutrition
- Lack of positive reinforcement

What priorities should we focus on first? Second?

- Increase communication and education
- Adult Education is very important. Adults must be willing to change what they buy and serve in the household in order for children to make changes.
- Educate students in the school system – Channel One news reports in LISD
- Polk County Today - reaches a large audience
- Lufkin diabetes group – Horace C. Polk Jr. Regional Diabetes Center at Memorial Health System of East Texas

The statement was made that Polk County is the second unhealthiest county in the state of Texas. The committee voted that the greatest need in the City of Livingston is “Diet” and that should be our central focus.

What resources are already available to address these priorities?

- What are our assets
 - Diabetic education, fitness training and nutrition education
 - Relay for Life, Chamber of Commerce
 - Barbara Hayes - Polk County Today gives free advertisement to non-profits
 - Chris Martin – Livingston has a sense of community togetherness. Relay for Life is a good example of how this community can pull together for a common goal.
 - Community organizations/clubs

○ Chamber of Commerce	○ Rotary Club
○ Merchants Guild	○ Sam Houston Electric Cooperative
○ Grace Pregnancy Outreach	
○ Lions Club	
 - Community Challenge – Collect Data and organize it
 - Success stories – Healthy Communities (promote these stories)
- Each person has to take control of their lives; to care. How can we get to “Yes I can?”

ESCAPEES R-V COMMUNITY, 2/17/16

Healthy Communities Listening Session Facilitator Jay Gilchrist

What are our most important health problems/needs?

- Age-related issues: eyes, ears, heart, lungs, joints, skin. Our needs are well met but there are gaps
- Affordability of drugs
- Available alternative therapies, treatments and medicine

What are the main challenges and obstacles to meeting those needs?

- Patients treated as numbers; no time for the personal approach

Changing rules regarding tests, follow-up appointments; government dictates policy
Insurance rates and realities: being dropped
Lack of specialists in this area
Negative Lufkin hospital experiences: husband had bed sore; it never got better, though one doctor did help alleviate pain
Lack of continuity
More people “going south” for care

What priorities should we focus on first? Second?

Alternative therapies
Availability of more specialists
Finish Livingston ER
Communications and education about health care

What resources are already available to address these priorities?

The Escapee community setup with professionally staffed clinic and modified assisted living
Our nurse practitioner Dusty and medical assistant Judy: treatment with a personal touch

ACCOMPANYING DOCUMENTS

Community Health Needs Assessment PowerPoint prepared by Saurage Research, Inc.

CHI St. Luke's Health Memorial Available Health Resources notebook