CHI St. Luke's Health

Memorial

Community Health Needs Assessment

Memorial-Lufkin

2016

The Community Health Needs Assessment for St. Luke's Health Memorial-Lufkin 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.

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Executive Summary

CHI St. Luke's Health and Saurage Market Research, Inc. have conducted this Assessment for the Lufkin 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 134 telephone surveys and 17 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 Lufkin Area Health Needs

- Access to care for uninsured, undocumented, homeless, poor and uneducated, and victims of rape and trauma, as well as Hispanics and those who do not trust the healthcare system
- Increase access to those needing dialysis, emotional/mental health, cancer treatment, or other specialized care, those who can't afford large deductibles and those covered by Medicare and/or Medicaid
- Need more primary and family care doctors, oncologists and oncology specialists, endocrinologists, pediatric diabetes specialists and counseling services
- Make it knowledgeable through the service area of the available services, care, education and support
- Raise the priority/importance of general health, healthy living, exercise and nutrition
- Increase education focused on preventing, understanding and living with diabetes, heart disease, cancer, obesity, drug use and depression
- Provide information regarding stress and stress reduction, weight control, making better decisions, end-of-life preparation and care
- Implement patient education programs for specific diseases and healthcare problems
- Focus education programs on school aged children, their parents/guardians identified as primary/special educational targets, (i.e. education about tobacco and drug use and healthy lifestyles).
- Increase focus and investment on preventive care
- Minimize use of ER for primary and routine care
- Improve transitional care for discharged patients and reducing readmission rates
- Overcome language barriers as the diversity of patients increases; address cultural, economic and racial bias
- Identify transportation alternatives and link to patient needs for care and treatment.
- Reduce wait times for diagnosis and treatment
- Identify lower cost sources for medicine and healthy foods
- Increase focus on mental health services and care
- Implement a program to significantly increase physician coordination, communication and collaboration in treating the same patient to overall reducing the number of physicians/hospitalists treating one patient
- Improve availability and distribution of healthy and nutritious food for those who need it
- Provide resources for sexual assault, human trafficking and school violence/bullying services
- Promote partnerships/teamwork between providers, hospitals, services & care organizations

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 Lufkin primarily serves residents of Angelina County and surrounding counties. It offers an array of medical and surgical services, including the area's first dedicated heart and stroke care center, an award-winning Cancer Center and the area's most advanced imaging centers. The hospital is also known for the area's only comprehensive diabetes, heart and stroke education center. Additional services include orthopedic care, women's and children's services, inpatient and outpatient rehabilitation, robotic surgery, homecare, wound care and hyperbaric oxygen therapy, kidney and diabetes treatment, sleep disorders treatment, and express lab. Memorial Lufkin opened its doors in 1949. Currently, it houses 271 beds, 979 employees, including 249 RNs and 127 medical staff. Annual admissions account for more than 6,600 visits and the emergency department is utilized more than 33,500 times annually.

A Community Health Needs Assessment (CHNA) for the St. Luke's Health Memorial Lufkin (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 5). 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 Lufkin 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 Lufkin, Texas, the Memorial service area reaches into 10 Texas counties, with the majority of the primary service area found within Angelina, Polk, Trinity and San Augustine 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 Angelina County for persons aged 18 years and older. The Memorial community is best defined by Angelina 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.

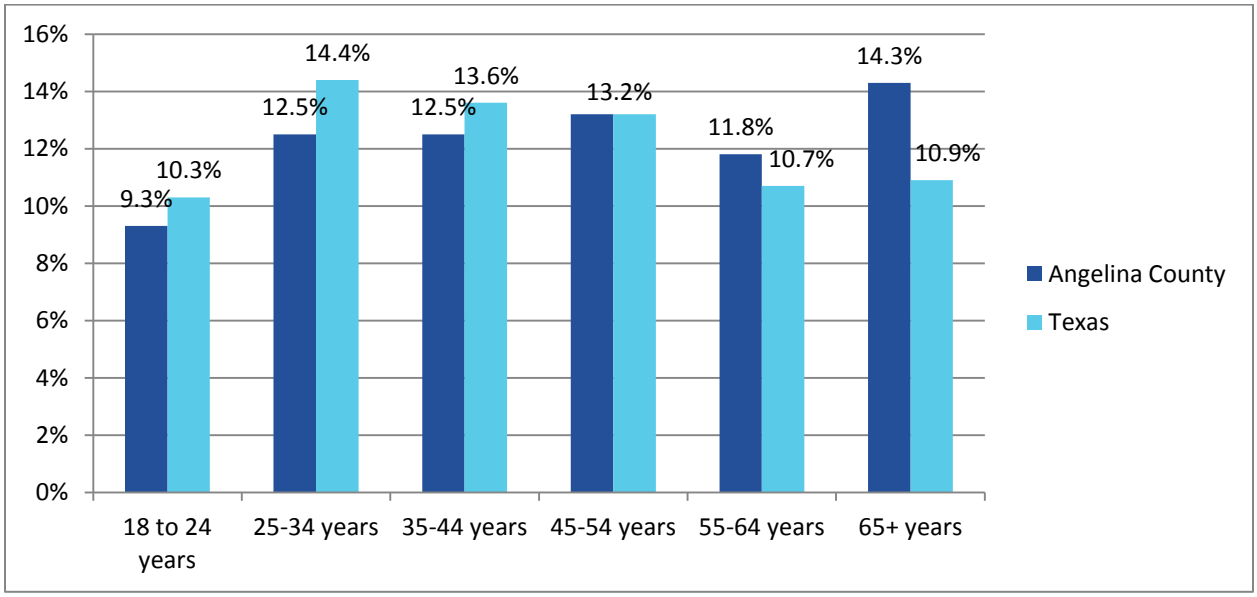
Community Demographics

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 Lufkin service area illustrates a noticeable difference in age when compared to the state of Texas. There are significantly more residents age 55 years and older. The elder population is much more evident in the population older than 65 years (14.3% Lufkin vs. 10.9% Texas) (Figure 1)

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



- ***Race/Ethnicity:*** The Memorial Lufkin population is much less diverse than the state of Texas. More individuals identify as White, Non-Hispanics (62.4% vs. 44.3%). The second highest identified race for residents of the service area is Hispanic (20.5%). (Table 1).

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

Ethnicity	Memorial Community	Texas
White/Non-Hispanic	62.4%	44.3%
Hispanic	20.5%	38.2%
Black/Non-Hispanic	15.1%	11.6%
Asian/Non-Hispanic	0.9%	4.0%

- ***Gender:*** Memorial Lufkin's community and Texas have similar distribution of males and females: males comprise 48.9% of Memorial population and 49.6% of the Texas population; females comprise 51.1% of the Memorial population and 50.4% of the Texas population.

- ***Education:*** In both the Memorial Lufkin community and Texas, most residents age 25 and older have a high school education/GED or more. However when compared to Texas, the Memorial community is home to fewer residents with Bachelor's Degrees or higher (Table 2)

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

Education Level	Memorial Community	Texas
Less than 9th grade	8.9%	9.3%
9th-12th grade, no diploma	11.9%	9.2%
High School Graduate	32.5%	25.2%
Some college, no degree	24.5%	22.7%
Associate's Degree	6.9%	6.6%
Bachelor's Degree	10.3%	17.9%
Graduate or Professional Degree	5.0%	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

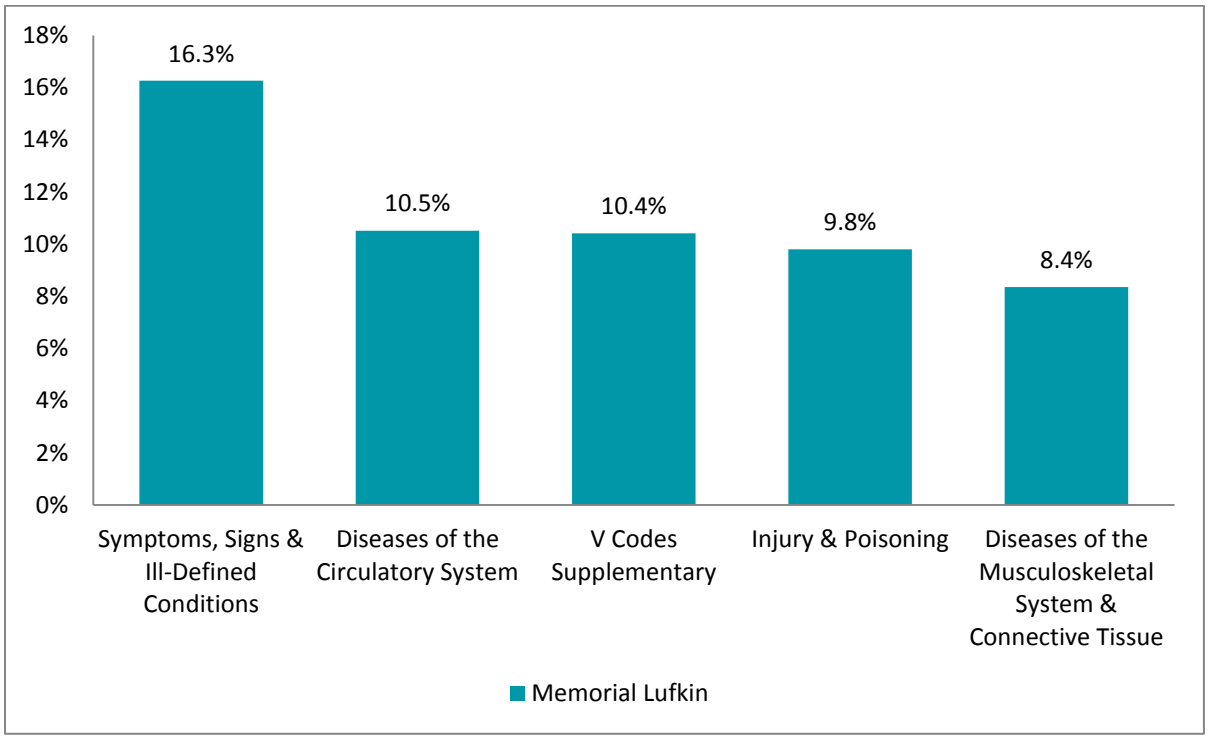
Public health data collection, review, and analysis efforts were guided by two main questions: "What are the health needs of the community served by the hospital facility?" and "What are the characteristics of the populations experiencing these health needs?" Quantitative data were obtained and analyzed 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 Angelina 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 Lufkin 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 Lufkin were *Symptoms, Signs & Ill-Defined Conditions (16.26%); Diseases of the Circulatory System (10.52%); V Codes Supplementary (10.42%); Injury and Poisoning (9.8%); and Diseases of the Musculoskeletal System and Connective Tissue (8.35%)* (Figure 2).

Figure 2. 2014 Memorial Lufkin 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 Angelina 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. Detailed tables of BRFSS 2014 Angelina County (weighted data) can be found in Appendix 4: Tables A-M.

- ***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 more Texans were uninsured (21.9%) in comparison with the Memorial Lufkin community (20%). In fact, the Memorial community had a lower percentage, in all age categories, of persons who were uninsured; meaning they were more residents who were insured in some way (Table 3).

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

Age Category	Memorial Community	Texas
Less than 18 years	10.3%	12.6%
18-64 years	28.9%	29.5%
65+ years	0.9%	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 20.0%, higher than 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	29.7%	25.3%
18-64 years	18.2%	15.5%
65+ years	8.9%	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 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)	113.8	113.1
Prostate	155.4	115.7
Lung & Bronchus	82.4	58.1

Mortality rate for breast (female) cancer and prostate cancer was lower in the Memorial community compared to Texas. However, the Memorial community had a much 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)	17.4	21.0
Prostate	14.5	19.6
Lung & Bronchus	51.5	43.5

According to 2014 BRFSS data, there is a higher diagnosis of any type of cancer in the state of Texas when compared to the Memorial community (9.0% Texas vs. 7.5% Memorial community). Other comparisons regarding gender, age and race are illustrated in Appendix 4: Table A.

- ***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 9.7 (cases per 1,000) of diagnosed diabetes. Additional 2014 BRFSS data for doctor diagnosed diabetes in the Memorial community can be found in Appendix 4: Table B.

- ***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 3.9 days, slightly higher than the state of Texas, 3.3 days.

- ***Cardiovascular disease:*** In 2014, 10.9% of surveyed adults living in the Memorial community reported having been diagnosed with some form of cardiovascular disease, significantly higher than Texas (7.8%). According to 2014 BRFSS data, the highest discrepancy between the Memorial community and Texas in cardiovascular disease is in gender. Females in the Memorial community are more likely to have been diagnosed with cardiovascular disease than females in the state of Texas (11.8% Memorial vs. 6.7% Texas). A detailed table can be found in Appendix 4: Table D, Table E.

- ***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. BRFSS data illustrates that more than twice the number of individuals residing in the Memorial community are having strokes in comparison to the state of Texas (6.4% Memorial vs. 3.0% Texas). A detailed table can be found in Appendix 4: Table F.

- ***Asthma:*** Compared with Texas, the Memorial community reported higher rates of asthma (10.4% BSLMC community vs. 6.7% Texas). In the Memorial community, women are three times more likely to report having asthma (15.0% vs. 5.2%). Race also plays a part in asthma reporting; blacks and whites are much more likely to report asthma than Hispanics. A table providing data on current, former and never diagnosed asthma patients from the Memorial community compared to the state of Texas can be found in Appendix 4: Table G.

- ***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 22.7%, while 14.6% of the Texas adult population is current smokers. More detailed smoking statistics can be viewed in Appendix 4: Table H.

- ***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. When compared to the Memorial community, there is a higher number of overweight or obese residents. More than three-fourths of the Memorial community is considered in this category (77.6%). More detailed statistics can be found in Appendix 4: Table I.

- ***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 (36.1%) than the state of Texas (27.6%). This shows the Memorial community has less leisure-time available for physical activity.

- ***Access to Care:*** Access to care regardless of insurance status can pose as a significant issue for many Americans. Cost can play a large factor in care for individuals. Almost 20% (18.9%) of residents in the Memorial community needed to see a doctor in 2014, but could not because of cost. Fortunately, the majority of residents within the Memorial community and the state of Texas say they can identify one person as a personal doctor or health care provider and have had a routine check-up within the past 12 months (Appendix 4: Tables J-L).

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 15 community and student groups (Appendix 6). Quantitative data was collected via online and telephone interviews with 134 healthcare decision makers between the ages of 18-74 years living in the Memorial Lufkin 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 6, Qualitative Summary.

- ***Access to Care:*** Those involved in the qualitative analysis suggested an increased need for drug users, undocumented, indigent mothers, uninsured, and homeless. Specifically those with emotional and mental illness, as well as victims of rape and/or trauma were discussed. It was also deemed necessary to increase the level of trust with Hispanic patients.
- ***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 diabetes, obesity, stress, drugs and hospice care.
- ***Specialists:*** Those employed at Memorial discussed the local shortages in primary care, endocrinology, pediatric diabetes and counseling.
- ***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 growing number of individuals utilizing the ER for routine care and the difficulty of compliance support. Other services deemed necessary were tracking chronic care, providing affordable childcare, education and opportunities related to nutrition, eating healthy, and exercise, and reducing drug and alcohol dependency among residents. Numerous other services discussed in the interviews and focus groups are illustrated in Appendix 6, 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 Lufkin service area (N=134). The survey was distributed 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 the accompanying PowerPoint. Below are some brief descriptors of the surveyed answers using the whole Memorial area as the comparison to the Lufkin community.

- ***Routine Care:*** The majority of Lufkin area residents look first to doctor's offices or private clinics for their routine care (87%). 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 more confident and insured residents.

- ***Distance Traveled for Access to Care:*** The survey inquired on average how many miles a family must travel to receive health care. Almost half (49%) of the Memorial Lufkin service area residents travel less than 10 miles one way for regular healthcare. This is significantly higher than residents in the broader Memorial market. One-third of the respondents have developed long term personal relationships and positive experiences with their family provider and choose to continue care with that provider. Perceived quality, insurance acceptance and location also play important roles in selections of family physicians.

- ***Confidence:*** When asked how confident a resident was that they were able to access quality health care, almost three-fourths (73%) of those living in the Lufkin service area were very confident. Confidence was strongest among affluent, those who haven't delayed health care or prescriptions and those living with children.

- ***Delayed Heath 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 Lufkin residents who have faced these tradeoff decisions. The frequency of delayed health care is highest among younger, less affluent and less confident individuals and those who have delayed

prescriptions. Those who delay prescriptions are more often female, less affluent and less confident who have delayed health care.

- ***Available Services:*** Care availability levels in the Memorial Lufkin service area are highest for primary care, dental care, and eye/ear care. They are lowest for pediatric care, cancer and stroke treatment, obstetric care and neurology services. Availability levels in the broader Memorial area closely resemble the Memorial Lufkin profile. Across the various types of care listed, availability tends to be rated highest among those who are more affluent, more confident and have not had to delay health care or prescriptions.

- ***Concerns in Health Care:*** Residents in the Memorial Lufkin community have very few concerns about their health care. Those who do worry, focus on healthcare costs as their primary concern. In addition to cost, residents of the Lufkin area also mention distance, lack of doctors and services not covered by insurance.

- ***Attitudes & Perceptions:*** Healthcare attitudes among Memorial Lufkin residents closely parallel those in the broader Memorial area. Among the respondents, the highest levels of agreement are for the availability and affordability of emergency services, vaccinations and quality health care. These are also the highest for Memorial area residents. The lowest level of agreement are recorded for seniors getting enough nutritious food, access to injury and/or violence prevention programs and seniors getting the help they need to stay in their homes.

- ***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, four in ten residents of the Memorial Lufkin service area say they are likely to participate in seminars and classes about health and prevention. Participation likelihood tends to be higher among female, 35-54, non-White respondents and those living with children.

- ***Safety & Violence:*** When asked about the level of violence in their community, two-thirds of the respondents in the Lufkin area feel safe (68%). More than half, however, question the adequacy of resources for victims of abuse, human trafficking and school violence.

- ***Last Exam:*** Overall, the last exam profile among Memorial Lufkin service area residents mimics the market-wide profile for Memorial area. Six in ten have not had a colon cancer screening and the same proportion of men have not had a prostate cancer exam and four in then women have not had a mammogram in the last two years.

- ***Health Problems or Conditions:*** This profile shows only minor differences between the Memorial Lufkin residents and those in the broader Memorial market. Those residing in the Memorial Lufkin service area reported high blood pressure more than any other health condition, but that was not significantly higher when compared to the larger area.

- ***Activity & Program Participation:*** Very few residents (one in seven) Lufkin service area residents have a health problem or disability that interferes a lot in their participating fully in work, school or other activities. Three in ten have taken part in a program offered by their doctor to help them manage a health problem compared to the four in ten who said they were likely to participate in educational seminars and classes about health and prevention available in the community.

- ***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. All services were similarly utilized between the Memorial Lufkin residents and the broader Memorial area; none of which were significantly used.

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 Lufkin:

- Access to care for uninsured, undocumented, homeless, poor and uneducated, and victims of rape and trauma, as well as Hispanics and those who do not trust the healthcare system
- Increase access to those needing dialysis or emotional/mental health care, those who can't afford large deductibles and those covered by Medicare and/or Medicaid
- Need more primary and family care doctors, endocrinologists, pediatric diabetes specialists and counseling services
- Make available services, care, education and support known throughout the service area
- Raise the priority/importance of general health, healthy living, exercise and nutrition
- Increase education focused on preventing, understanding and living with diabetes, heart disease, obesity, drug use and depression
- Provide information regarding stress and stress reduction, weight control, making better decisions, end-of-life preparation and care
- Implement patient education programs for specific diseases and healthcare problems
- Focus education programs on school aged children, their parents/guardians identified as primary/special educational targets
- Increase focus and investment on preventive care
- Minimize use of ER for primary and routine care
- Improve transitional care for discharged patients and reducing readmission rates
- Overcome language barriers as patient diversity increases; address cultural, economic and racial bias
- Identify transportation alternatives and linking to patient needs
- Reduce wait times for diagnosis and treatment
- Identify lower cost sources for medicine and healthy foods
- Increase focus on mental health services and care
- Implement a program to significantly increase physician coordination, communication and collaboration in treating the same patient to overall reducing the number of physicians/hospitalists treating one patient
- Improve availability and distribution of healthy and nutritious food for those who need it
- Provide resources for sexual assault, human trafficking and school violence/bullying services
- Promote partnerships/teamwork between providers, hospitals, services & care organizations

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CHI St. Luke's Health – Memorial Lufkin Hospital 2014 Hospital Discharge Data. Obtained by request from St. Luke's Health System.

CHI St. Luke's Health

Memorial

Appendices

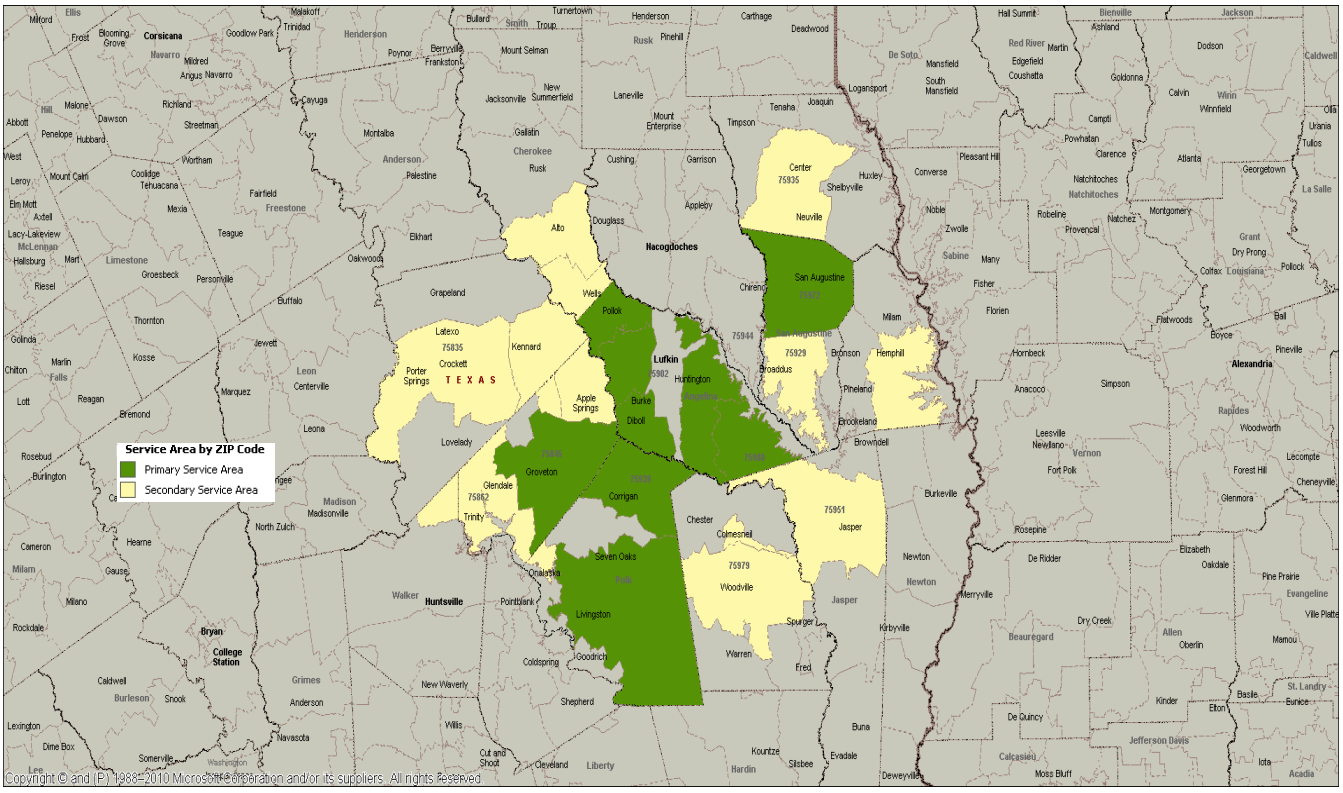
Appendix 1, Memorial Lufkin Service Area Map and Zip Codes

The community served by the St. Luke's Memorial Lufkin 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: 75904, 75901, 77351, 75949, 75941, 75972, 75969, 75939, 75980, 75845, 75902, and 75915.

The secondary service area includes the following zip codes: 75951, 75948, 77360, 75926, 75979, 75929, 75976, 75944, 75862, 75938, 75847, 75835, 75925, and 75935.

Because most of the zip codes within the service area are found within Angelina, Polk, Trinity and San Augustine 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

CHI St. Luke's Health System Team			
Valerie Mattice Ausborn MPH	Project Coord	CHI St. Luke's Health System, Healthy Communities	Overall CHNA Project Management
Jay Gilchrist MA	Vice President	CHI St. Luke's Memorial, Mission Integration	Memorial 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
Stacy Garcia	Administration	CHI St. Luke's Memorial Lufkin	Focus Group Staff Participant
Debora Burgess	MSH	CHI St. Luke's Memorial Lufkin	Focus Group Staff Participant
Amy Mullins	Homecare	CHI St. Luke's Memorial Lufkin	Focus Group Staff Participant
Peggy Mortensen	Administration	CHI St. Luke's Memorial Lufkin	Focus Group Staff Participant
Ginger Strange	Cancer Center	CHI St. Luke's Memorial Lufkin	Focus Group Staff Participant
Angela Whitley	Women's Special Services	CHI St. Luke's Memorial Lufkin	Focus Group Staff Participant
Edward Thomas	Spiritual Care	CHI St. Luke's Memorial Lufkin	Focus Group Staff Participant
Charles Macko	Spiritual Care	CHI St. Luke's Memorial Lufkin	Focus Group Staff Participant
Bill Malnar	Imaging Services/ Cancer Center	CHI St. Luke's Memorial Lufkin	Focus Group Staff Participant
Michael Plankers	CNO	CHI St. Luke's Memorial Lufkin	Focus Group Staff Participant
Les Leach	VP Post-Acute Services	CHI St. Luke's Memorial Lufkin	Focus Group Staff Participant
Teri Davis	CID II	CHI St. Luke's Memorial Lufkin	Focus Group Staff Participant

Community Stakeholders		
Mychael Mimes	Impact Lufkin	Community Stakeholder Focus Group Participant
Jhirkala Clark	Impact Lufkin	Community Stakeholder Focus Group Participant
Megan Cole	Impact Lufkin	Community Stakeholder Focus Group Participant
Darlene Henderson	Lufkin High School	Community Stakeholder Focus Group Participant
Randy Brown	Southside Baptist Church	Community Stakeholder Focus Group Participant
Guessippina Bonner	St. Patrick Church	Community Stakeholder Focus Group Participant
Demetress Harrell	Hospice in the Pines	Community Stakeholder Focus Group Participant
Robert Shankle	City of Lufkin	Community Stakeholder Focus Group Participant
Winifred F. Adams	Angelina College	Community Stakeholder Focus Group Participant
Paul D. Johnson	Hospice in the Pines	Community Stakeholder Focus Group Participant
Emily Gay	TLL Temple Foundation	Community Stakeholder Focus Group Participant
Maria Coronado	Impact Lufkin	Community Stakeholder Focus Group Participant
Kelly Follie	Impact Lufkin	Community Stakeholder Focus Group Participant
Joy Scott-Killam	Ultrasound/Vascular	Community Stakeholder Focus Group Participant
Greg Sims	Impact Lufkin	Community Stakeholder Focus Group Participant

Lufkin Healthy Communities Reflection Group

Darlene Henderson - Lufkin ISD Health Instructor

Jim Johnson - Lufkin Area Chamber Executive

Bonnie Denmon - Memorial Specialty Hospital Board

Heather Kartye - Family Crisis Center

Sharon Shaw - Executive Director Angelina Counties/Cities Health District

Demetress Harrell - Hospice in the Pines Director, CHI St. Luke's Health Memorial Board

Janet Aldredge – Health Careers Hudson VN Instructor

Winifred Adams – Dean, Angelina College Health Careers

Jan Fulbright – Director LISD Health Services

Guessippina Bonner – Attorney, Lufkin City Council Member and NAACP

Appendix 3. 2014 Memorial Lufkin 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.

2014 Memorial Lufkin Hospital Discharge by ICD-9 Code

Diagnostic Group (ICD-9)	Inpatient		Outpatient		Emergency		Total	
	n	%	n	%	n	%	n	%
Infectious and Parasitic Diseases (001-139)	485	39	211	17	561	45	**1257**	**1.37**
Neoplasms (140-239)	270	10	2527	89	27	1	**2824**	**3.09**
Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	268	10	1883	69	576	21	**2727**	**2.98**
Diseases of the Blood and Blood-Forming Organs (280-289)	91	12	541	72	119	16	**751**	**0.82**
Mental Disorders (290-319)	20	3	199	27	530	71	**749**	**0.82**
* 290-294 organic psychotic conditions	10		31		45			
* 295-299 other psychoses	3		58		142			
* 300-316 neurotic disorders, personality disorders, and other nonpsychotic	7		104		343			
* 317-319 intellectual disabilities	0		6		0			
Diseases of the Nervous System and Sense Organs (320-389)	170	5	1725	50	1551	45	**3446**	**3.77**
Diseases of the Circulatory System (390-459)	1731	18	7111	74	787	8	**9629**	**10.52**
* 390-392 acute rheumatic fever	0		0		0			
* 393-398 chronic rheumatic heart disease	0		25		0			
* 401-405 hypertensive disease	72		1153		290			
* 410-414 ischemic heart disease	479		2201		17			

* 415-417 diseases of pulmonary circulation	49		79		1			
* 420-429 other forms of heart disease	515		1889		242			
* 430-438 cerebrovascular disease	384		625		56			
* 440-449 diseases of arteries, arterioles, and capillaries	155		787		20			
* 451-459 diseases of veins and lymphatics, and other diseases of circulatory	77		352		161			
Diseases of the Respiratory System (460-519)	794	12	1622	25	4197	63	**6613**	**7.23**
* 460-466 acute respiratory infections	19		218		2315			
* 470-478 other diseases of upper respiratory tract	10		252		404			
* 480-488 pneumonia and influenza	290		262		444			
* 490-496 chronic obstructive pulmonary disease and allied conditions	205		563		921			
* 500-508 pneumoconiosis and other lung diseases due to external agents	41		13		3			
* 510-519 other diseases of respiratory system	229		314		110			
Disease of the Digestive System (520-579)	801	21	1286	33	1763	46	**3850**	**4.21**
* 520-529 diseases of oral cavity, salivary glands and jaws	5		35		465			
* 530-539 diseases of esophagus, stomach and duodenum	102		232		228			
* 540-543 appendicitis	68		49		7			
* 550-553 hernia of abdominal cavity	39		255		65			
* 555-558 noninfective enteritis and colitis	56		88		270			
* 560-569 other diseases of intestines and peritoneum	193		128		468			
* 570-579 other diseases of digestive system	338		499		260			

Disease of the Genitourinary System (580-629)	409	6	4673	68	1814	26	**6896**	**7.54**
* not specified	0		0		0			
* 580-589 nephritis, nephrotic syndrome, and nephrosis	147		653		10			
* 590-599 other diseases of urinary system	187		2409		1205			
* 600-608 diseases of male genital organs	19		295		94			
* 610-612 disorders of breast	6		704		37			
* 614-616 inflammatory disease of female pelvic organs	5		12		97			
* 617-629 other disorders of female genital tract	45		600		371			
Complications of Pregnancy, Childbirth and the Puerperium (630-677)	364	21	917	52	466	27	**1747**	**1.91**
Disease of the Skin and Subcutaneous Tissue (680-709)	152	5	1392	46	1497	49	**3041**	**3.32**
Disease of the Musculoskeletal System and Connective Tissue (710-739)	257	3	5804	76	1581	21	**7642**	**8.35**
* 710-719 arthopathies and related disorders	134		1489		361			
* 720-724 dorsopathies	55		2676		783			
* 725-729 rheumatism, excluding the back	29		877		370			
* 730-739 osteopathies, chondropathies, and acquired musculoskeletal	39		762		67			
Congenital Anomalies (740-759)	0	0	149	96	6	4	**155**	**0.17**
Certain Conditions Originating in the Perinatal Period (760-779)	1	2	39	72	14	26	**54**	**0.06**
Symptoms, Signs and Ill-Defined conditions (780-799)	144	1	9017	61	5719	38	**14880**	**16.26**
* 780-789 symptoms	133		7639		5669			
* 790-796 nonspecific abnormal	10		1358		39			

findings								
* 797-799 ill-defined and unknown causes of morbidity and mortality	1	20	11					
Injury and Poisoning	435	5	1984	22	6545	73	**8964**	**9.80**
* 800-804 fracture of skull	6	17	62					
* 805-809 fracture of spine and trunk	23	143	91					
* 810-819 fracture of upper limb	11	141	392					
* 820-829 fracture of lower limb	146	88	168					
* 830-839 dislocation	1	250	104					
* 840-848 sprains and strains of joints and adjacent muscles	2	226	1791					
* 850-854 intracranial injury, excluding those with skull fracture	32	19	134					
* 860-869 internal injury of chest, abdomen, and pelvis	11	9	7					
* 870-879 open wound of head, neck and trunk	3	69	467					
* 880-887 open wound of upper limb	3	28	433					
* 890-897 open wound of lower limb	4	117	191					
* 900-904 injury to blood vessels	1	3	0					
* 905-909 late effects of injuries, poisonings, toxic effects and other external	0	9	6					
* 910-919 superficial injury	1	5	356					
* 920-924 contusion with intact skin surface	2	62	1366					
* 925-929 crushing injury	0	13	2					
* 930-939 effects of foreign body entering through orifice	2	40	162					
* 940-949 burns	1	13	77					
* 950-957 injury to nerves and spinal cord	1	5	1					
* 958-959 certain traumatic complications and unspecified injuries	0	154	267					
* 960-979 poisoning by drugs, medicinals and biological substances	31	8	66					
* 980-989 toxic effects of substances chiefly nonmedical as to source	3	29	138					

* 990-995 other and unspecified effects of external causes	7		98		154			
* 996-999 complications of surgical and medical care, not elsewhere classified	144		438		110			
Sickle-cell Disease (282.60-282.69)	12		4		9			
* 282.60 sickle-cell disease unspecified	1		3		0			
* 282.61 HB-SS disease without crisis	0		0		0			
* 282.62 HB-SS disease with crisis	10		0		8			
* 282.63 Sickle-cell/Hb-C disease without crisis	0		0		0			
* 282.64 Sickle-cell/Hb-C disease with crisis	1		0		0			
* 282.68 other sickle-cell disease without crisis	0		1		0			
* 282.69 other sickle-cell disease with crisis	0		0		1			
V Codes Supplementary Classification of Factors Influencing Health Status and Contact	565	6	8509	89	460	5	**9534**	**10.42**
Total							**91507**	

Appendix 4. Texas BRFSS Data 2014 Angelina County

Table A. Texas BRFSS 2014 Cancer Data – Angelina County (Weighted Data)

Diagnosis of any type of cancer

			Angelina County				Texas			
			Yes		No		Yes		No	
Demographic Group		Sample Size	Percent	CI 95%	Percent	CI 95%	Percent	CI 95%	Percent	CI 95%
Total	Total	297	**7.5**	(5.2-10.7)	**92.5**	(89.3-94.8)	**9.0**	(8.4-9.7)	**91.0**	(90.3-91.6)
Gender	Male	94	**6.9**	(3.8-12.2)	**93.1**	(87.8-96.2)	**8.6**	(7.7-9.6)	**91.4**	(90.4-92.3)
	Female	203	**8.1**	(5.1-12.7)	**91.9**	(87.3-94.9)	**9.4**	(8.5-10.3)	**90.6**	(89.7-91.5)
Age Groups	18-29	N	**N**	(-)	**N**	(-)	**0.9**	(0.5-1.7)	**99.1**	(98.3-99.5)
	30-44	50	**1.3**	(0.2-8.6)	**98.7**	(91.4-99.8)	**3.4**	(2.6-4.6)	**96.6**	(95.4-97.4)
	45-64	95	**7.4**	(3.8-14.0)	**92.6**	(86.0-96.2)	**9.8**	(8.7-11.1)	**90.2**	(88.9-91.3)
	65+	137	**21.4**	(14.3-30.8)	**78.6**	(69.2-85.7)	**28.5**	(26.2-30.8)	**71.5**	(69.2-73.8)
Race/Ethnicity	White Only	234	**9.2**	(6.1-13.4)	**90.8**	(86.6-93.9)	**15.0**	(14.0-16.2)	**85.0**	(83.8-86.0)
	Black Only	N	**N**	(-)	**N**	(-)	**4.9**	(3.2-7.4)	**95.1**	(92.6-96.8)
	Hispanic	N	**N**	(-)	**N**	(-)	**3.7**	(2.9-4.7)	**96.3**	(95.3-97.1)

	Other Only/Multiracial	N	**N**	(-)	**N**	(-)	**3.2**	(1.9-5.1)	**96.8**	(94.9-98.1)
Insurance	Has Insurance	256	**9.1**	(6.3-13.1)	**90.9**	(86.9-93.7)	**11.0**	(10.2-11.9)	**89.0**	(88.1-89.8)
	No Insurance	N	**N**	(-)	**N**	(-)	**3.1**	(2.3-4.2)	**96.9**	(95.8-97.7)

Table B. Texas BRFSS 2014 Diabetes Data – Angelina County (Weighted Data)
Doctor Diagnosed Diabetes

				Yes (%)		**No (%)**	
Demographic Group		Sample Size Angelina County	Sample Size Texas	Angelina County	Texas	Angelina County	Texas
Total	Total	298	15,394	**12.7**	11.0	**87.3**	89.0
Gender	Male	94	6,195	**13.9**	11.5	**86.1**	88.5
	Female	204	9,199	**11.7**	10.5	**88.3**	89.5
Age Groups	18-29	N	1,706	**N**	1.2	**N**	98.8
	30-44	50	2,837	**6.8**	4.8	**93.2**	95.2
	45-64	95	5,367	**14.1**	16.3	**85.9**	83.7
	65+	138	5,302	**27.1**	25.3	**72.9**	74.7
Race/Ethnicity	White Only	235	9,116	**13.7**	9.9	**86.3**	90.1
	Black Only	N	1,129	**N**	12.9	**N**	87.1
	Hispanic	N	4,100	**N**	12.7	**N**	87.3
	Other Only/Multiracial	N	613	**N**	6.0	**N**	94.0
Insurance	Has Insurance	257	12,908	**15.0**	12.0	**85.0**	88.0
	No Insurance	N	2,392	**N**	8.1	**N**	91.9

Table C. Texas BRFSS 2014 Mental Health Data – Angelina County (Weighted Data)

Days of mental health considered "not good" for 5+ days

Demographic Group		Sample Size	None to less than 5 days		5 or more days	
			Percent	CI 95%	Percent	CI 95%
Total	Total	288	**82.7**	(75.8-87.9)	**17.3**	(12.1-24.2)
Gender	Male	90	**80.7**	(68.2-89.1)	**19.3**	(10.9-31.8)
	Female	198	**84.4**	(76.8-89.8)	**15.6**	(10.2-23.2)
Age Groups	18-29	N	**N**	(-)	**N**	(-)
	30-44	N	**N**	(-)	**N**	(-)
	45-64	92	**75.0**	(62.8-84.2)	**25.0**	(15.8-37.2)
	65+	134	**87.8**	(80.2-92.8)	**12.2**	(7.2-19.8)
Race/Ethnicity	White Only	232	**81.1**	(72.5-87.5)	**18.9**	(12.5-27.5)
	Black Only	N	**N**	(-)	**N**	(-)
	Hispanic	N	**N**	(-)	**N**	(-)
	Other Only/Multiracial	N	**N**	(-)	**N**	(-)
Insurance	Has Insurance	248	**82.3**	(74.4-88.1)	**17.7**	(11.9-25.6)
	No Insurance	N	**N**	(-)	**N**	(-)

Table D. Texas BRFSS 2014 Cardiovascular Disease Data – Angelina County (Weighted Data)

Demographic Group		Sample Size Angelina Co.	Sample Size Texas	Yes (%)		No (%)	
				Angelina County	Texas	Angelina County	Texas
Total	Total	295	15,253	**10.9**	7.8	**89.1**	92.2
Gender	Male	94	6,159	**9.9**	9.0	**90.1**	91.0
	Female	201	9,097	**11.8**	6.7	**88.2**	93.3
Age Groups	18-29	N	1,699	**N**	1.1	**N**	98.9
	30-44	50	2,833	**3.1**	2.6	**96.9**	97.4
	45-64	94	5,335	**9.8**	10.0	**90.2**	90.0
	65+	136	5,209	**30.7**	22.6	**69.3**	77.4
Race/Ethnicity	White Only	233	9,032	**12.3**	9.7	**87.7**	90.3
	Black Only	N	1,122	**N**	10.3	**N**	89.7
	Hispanic	N	4,066	**N**	4.9	**N**	95.1
	Other Only/ Multiracial	N	604	**N**	4.4	**N**	95.6
Insurance	Has Insurance	254	12,787	**12.7**	8.5	**87.3**	91.5
	No Insurance	N	2,375	**N**	5.6	**N**	94.4

Table E. Texas BRFSS 2014 Heart Disease Data – Angelina County (Weighted Data)

Demographic Group		Sample Size Angelina County	Sample Size Texas	Yes (%)		No (%)	
				Angelina County	Texas	Angelina County	Texas
Total	Total	295	15,274	**6.6**	5.8	**93.4**	94.2
Gender	Male	93	6,161	**6.0**	6.9	**94.0**	93.1
	Female	202	9,113	**7.1**	4.8	**92.9**	95.2
Age Groups	18-29	N	1,702	**N**	0.6	**N**	99.4
	30-44	50	2,833	**0.9**	1.7	**99.1**	98.3
	45-64	94	5,344	**2.2**	7.0	**97.8**	93.0
	65+	136	5,215	**25.9**	18.4	**74.1**	81.6
Race/Ethnicity	White Only	233	9,038	**7.9**	7.7	**92.1**	92.3
	Black Only	N	1,123	**N**	6.0	**N**	94.0
	Hispanic	N	4,078	**N**	3.7	**N**	96.3
	Other Only/ Multiracial	N	603	**N**	2.7	**N**	97.3
Insurance	Has Insurance	254	12,802	**8.2**	6.4	**91.8**	93.6
	No Insurance	N	2,379	**N**	3.9	**N**	96.1

Table F. Texas BRFSS 2014 Stroke Data – Angelina County (Weighted Data)

Demographic Group		Sample Size Angelina County	Sample Size Texas	Yes (%)		No (%)	
				Angelina County	Texas	Angelina County	Texas
Total	Total	297	15,370	**6.4**	3.0	**93.6**	97.0
Gender	Male	94	6,197	**6.1**	3.1	**93.9**	96.9
	Female	203	9,173	**6.6**	2.8	**93.4**	97.2
Age Groups	18-29	N	1,706	**N**	0.5	**N**	99.5
	30-44	50	2,840	**2.2**	1.2	**97.8**	98.8
	45-64	95	5,363	**8.9**	4.3	**91.1**	95.7
	65+	137	5,278	**12.7**	6.9	**87.3**	93.1
Race/Ethnicity	White Only	234	9,102	**6.7**	3.1	**93.3**	96.9
	Black Only	N	1,131	**N**	5.8	**N**	94.2
	Hispanic	N	4,090	**N**	1.9	**N**	98.1
	Other Only/Multiracial	N	613	**N**	2.5	**N**	97.5
Insurance	Has Insurance	256	12,883	**7.1**	3.2	**92.9**	96.8
	No Insurance	N	2,390	**N**	2.3	**N**	97.7

Table G. Texas BRFSS 2014 Asthma Data – Angelina County (Weighted Data)
Computed Asthma Status

Demographic Group		Sample Size Angelina Co.	Sample Size Texas	Current (%)		Former (%)		Never (%)	
				Angelina County	Texas	Angelina County	Texas	Angelina County	Texas
Total	Total	295	15,329	**10.4**	6.7	**4.4**	4.0	**85.2**	89.3
Gender	Male	94	6,178	**5.2**	4.6	**6.6**	4.6	**88.2**	90.9
	Female	201	9,151	**15.0**	8.7	**2.5**	3.5	**82.5**	84.9
Age Groups	18-29	N	1,696	**N**	7.0	**N**	5.7	**N**	87.3
	30-44	50	2,833	**11.4**	5.0	**6.0**	3.7	**82.6**	91.3
	45-64	95	5,351	**7.6**	7.3	**4.9**	3.4	**87.5**	89.3
	65+	135	5,267	**10.9**	7.5	**4.1**	3.6	**85.0**	89.0
Race/Ethnicity	White Only	232	9,068	**10.9**	7.3	**6.0**	4.5	**83.1**	88.2
	Black Only	N	1,125	**N**	9.4	**N**	5.4	**N**	85.2
	Hispanic	N	4,090	**N**	4.6	**N**	3.2	**N**	92.2
	Other Only/ Multiracial	N	612	**N**	6.7	**N**	2.0	**N**	91.3
Insurance	Has Insurance	254	12,849	**10.2**	6.9	**5.2**	4.1	**84.6**	88.9
	No Insurance	N	2,384	**N**	5.7	**N**	3.4	**N**	90.9

Table H. Texas BRFSS 2014 Smoking Data – Angelina County (Weighted Data)

Four-level Smoker Status

				Current Smoker - Every Day (%)		Current Smoker - Some Days (%)		Former Smoker (%)		Never Smoker (%)	
Demographic Group		Sample Size Angelina Co.	Sample Size Texas	Angelina County	Texas	Angelina County	Texas	Angelina County	Texas	Angelina County	Texas
Total	Total	287	14,536	**14.7**	8.7	**8.0**	5.9	**19.7**	21.3	**57.6**	64.2
Gender	Male	90	5,849	**13.5**	9.3	**12.9**	7.4	**21.1**	26.2	**52.5**	57.1
	Female	197	8,687	**15.7**	8.0	**3.8**	4.4	**18.5**	16.5	**62.0**	71.0
Age Groups	18-29	N	1,589	**N**	7.0	**N**	7.7	**N**	10.1	**N**	75.2
	30-44	N	2,655	**N**	10.0	**N**	7.0	**N**	17.8	**N**	65.2
	45-64	91	5,133	**20.8**	10.8	**5.7**	5.4	**18.6**	22.5	**54.8**	61.3
	65+	133	5,015	**8.7**	4.7	**1.8**	2.7	**37.9**	39.9	**51.7**	52.7
Race/ Ethnicity	White Only	228	8,741	**15.6**	11.3	**9.7**	4.8	**24.4**	27.5	**50.2**	56.3
	Black Only	N	1,049	**N**	7.6	**N**	6.3	**N**	15.2	**N**	70.9
	Hispanic	N	3,805	**N**	6.1	**N**	7.3	**N**	16.5	**N**	70.2
	Other Only/ Multiracial	N	568	**N**	5.7	**N**	4.9	**N**	12.4	**N**	77.0
Insurance	Has Insurance	247	12,222	**15.3**	7.2	**5.4**	5.2	**20.8**	23.1	**58.5**	64.6
	No Insurance	N	2,237	**N**	13.4	**N**	8.3	**N**	16.0	**N**	62.4

Table I. Texas BRFSS 2014 Obesity Data – Angelina County (Weighted Data)
Overweight or Obese

Demographic Group		Sample Size Angelina Co.	Sample Size Texas	At Risk (%)		Not At Risk (%)	
				Angelina County	Texas	Angelina County	Texas
Total	Total	274	14,058	**77.6**	67.8	**22.4**	32.2
Gender	Male	91	5,939	**78.5**	74.3	**21.5**	25.7
	Female	183	8,119	**76.7**	61.0	**23.3**	39.0
Age Groups	18-29	N	1,515	**N**	51.9	**N**	48.1
	30-44	N	2,511	**N**	70.9	**N**	27.1
	45-64	93	4,992	**81.2**	75.4	**18.8**	24.6
	65+	122	4,941	**69.8**	69.5	**30.2**	30.5
Race/Ethnicity	White Only	220	8,546	**77.4**	63.9	**22.6**	36.1
	Black Only	N	1,026	**N**	79.1	**N**	20.9
	Hispanic	N	3,558	**N**	73.8	**N**	26.2
	Other Only/Multiracial	N	578	**N**	40.4	**N**	59.6
Insurance	Has Insurance	239	11,904	**74.7**	67.3	**25.3**	32.7
	No Insurance	N	2,079	**N**	70.2	**N**	29.8

Table J. Texas BRFSS 2014 Access to Care Data – Angelina County (Weighted Data)

Do you have one person you think of as your personal doctor or health care provider?

Demographic Group		Sample Size Angelina Co.	Sample Size Texas	Yes, one (%)		Yes, more than one (%)		No (%)	
				Angelina County	Texas	Angelina County	Texas	Angelina County	Texas
Total	Total	295	15,336	**68.9**	58.8	**8.5**	8.2	**22.6**	32.9
Gender	Male	93	6,172	**69.6**	53.8	**8.7**	6.5	**21.6**	39.6
	Female	202	9,164	**68.3**	63.7	**8.3**	9.8	**23.4**	26.5
Age Groups	18-29	N	1,695	**N**	41.2	**N**	6.1	**N**	52.7
	30-44	N	2,833	**N**	52.6	**N**	5.9	**N**	41.5
	45-64	95	5,354	**75.3**	68.9	**11.0**	7.8	**13.7**	23.3
	65+	137	5,270	**75.6**	74.7	**15.5**	16.1	**9.0**	9.2
Race/Ethnicity	White Only	232	9,085	**68.5**	68.4	**8.1**	10.1	**23.4**	21.5
	Black Only	N	1,129	**N**	62.9	**N**	7.6	**N**	29.5
	Hispanic	N	4,081	**N**	45.0	**N**	6.4	**N**	48.6
	Other Only/Multiracial	N	612	**N**	59.8	**N**	5.3	**N**	34.8
Insurance	Has Insurance	255	12,865	**73.7**	68.9	**9.4**	10.0	**16.9**	21.1
	No Insurance	N	2,390	**N**	29.1	**N**	2.8	**N**	68.0

Table K. Texas BRFSS 2014 Access to Care Data – Angelina County (Weighted Data)
Had a routine checkup in the past year

Demographic Group		Sample Size Angelina Co.	Sample Size Texas	Yes (%) Angelina County	Yes (%) Texas	No (%) Angelina County	No (%) Texas
Total	Total	293	15,130	**66.8**	67.6	**33.2**	32.4
Gender	Male	92	6,104	**59.5**	63.6	**40.5**	36.4
	Female	201	9,026	**73.1**	71.5	**26.9**	28.5
Age Groups	18-29	N	1,642	**N**	56.8	**N**	43.2
	30-44	N	2,779	**N**	60.5	**N**	39.5
	45-64	95	5,320	**74.0**	70.0	**26.0**	30.0
	65+	135	5,210	**92.2**	89.4	**7.8**	10.6
Race/Ethnicity	White Only	231	8,978	**65.8**	71.9	**34.2**	28.1
	Black Only	N	1,121	**N**	74.0	**N**	24.0
	Hispanic	N	4,017	**N**	60.1	**N**	39.9
	Other Only/Multiracial	N	601	**N**	63.7	**N**	36.3
Insurance	Has Insurance	254	12,718	**72.1**	75.7	**27.9**	24.3
	No Insurance	N	2,329	**N**	43.3	**N**	56.7

Table L. Texas BRFSS 2014 Access to Care Data – Angelina County (Weighted Data)
Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?

Demographic Group		Sample Size Angelina Co.	Sample Size Texas	Yes (%)		No (%)	
				Angelina County	Texas	Angelina County	Texas
Total	Total	297	15,379	**18.9**	17.6	**81.1**	82.4
Gender	Male	94	6,193	**15.7**	14.1	**84.3**	85.9
	Female	203	9,186	**21.7**	21.1	**78.3**	78.9
Age Groups	18-29	N	1,700	**N**	16.1	**N**	83.9
	30-44	50	2,837	**18.9**	22.2	**81.1**	77.8
	45-64	94	5,371	**26.3**	20.9	**73.7**	79.1
	65+	138	5,287	**7.5**	5.9	**92.5**	94.1
Race/Ethnicity	White Only	234	9,110	**16.8**	10.9	**83.2**	89.1
	Black Only	N	1,130	**N**	21.2	**N**	78.8
	Hispanic	N	4,095	**N**	26.1	**N**	73.9
	Other Only/Multiracial	N	611	**N**	11.4	**N**	88.6
Insurance	Has Insurance	257	12,902	**13.2**	10.0	**86.8**	90.0
	No Insurance	N	2,384	**N**	41.0	**N**	59.0

Table M. Texas BRFSS 2014 Leisure Time Data – Angelina County (Weighted Data)
During the past month, did you participate in any physical activities or exercises such as running, golf, gardening or walking for exercise?

				Yes (%)		No (%)	
Demographic Group		Sample Size Angelina County	Sample Size Texas	Angelina County	Texas	Angelina County	Texas
Total	Total	298	15,394	**63.9**	72.4	**36.1**	27.6
Gender	Male	94	6,200	**63.5**	75.0	**36.5**	25.0
	Female	204	9,194	**64.3**	70.0	**35.7**	30.0
Age Groups	18-29	N	1,707	**N**	77.0	**N**	23.0
	30-44	50	2,835	**60.5**	75.8	**39.5**	24.2
	45-64	95	5,380	**65.7**	69.4	**34.3**	30.6
	65+	138	5,287	**60.8**	65.1	**39.2**	34.9
Race/Ethnicity	White Only	235	9,110	**67.4**	78.1	**32.6**	21.9
	Black Only	N	1,133	**N**	69.4	**N**	30.6
	Hispanic	N	4,108	**N**	665.2	**N**	34.8
	Other Only/Multiracial	N	612	**N**	76.1	**N**	23.9
Insurance	Has Insurance	257	12,902	**66.4**	75.7	**33.6**	24.3
	No Insurance	N	2,398	**N**	62.5	**N**	37.5

Appendix 5

Memorial Medical Center - Lufkin 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)

MMC-Lufkin 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: Prevention, education and early detection for heart and cerebrovascular disease, diabetes and cancer

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

Implementation Activities:

- MMC-Lufkin has hosted an annual Diabetes Expo since 2013, in November during Diabetes Awareness Month. The Expo offers community members a comprehensive look at preventing and managing diabetes, and includes a vendor fair for products and services, discounted glucose screenings, educational presentations by local physicians and cooking demonstrations on how to prepare healthy meals.
- 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.
- 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.

- Diabetes classes are offered at Memorial Medical Center – Lufkin.

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

Implementation Activities:

- MMC-Lufkin participates in the Know Your Stats Prostate Awareness Campaign. In September, the hospital hosts several men's breakfasts 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 are also offered at a discounted rate.
- MMC-Lufkin hosts its annual breast cancer awareness luncheon, Power of Pink. The hospital works with the American Cancer Society to supply vendors and sign women up for mammograms. In 2015, the Power of Pink luncheon marked its 23rd year milestone and reached more than 800 women in the Lufkin community.
- MMC-Lufkin 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' Cancer Center began offering lung cancer screenings at each of its facilities in October, 2015.

Objective #3: MMC-Lufkin 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.
- For the last three years MHSET has partnered with Methodist Hospital System in Houston to educate thousands of East Texans on the signs and symptoms of stroke. Memorial Medical Center – Lufkin. This program has expanded into the East Texas Heart and Vascular Initiative, where public education forums are held at industries, schools, assisted living centers, retirement centers, and civic clubs. Initiative conducts a variety of community outreach events, including health fairs, screenings, and education events.

Objective #4: MMC-Lufkin 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-Lufkin is an active partner with 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-Lufkin is a clinical rotation site for area nursing, laboratory, physical therapy, pharmacy, nurse practitioner, medical student and physician assistant programs.
- 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-Lufkin 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.
    - MMC-Lufkin offers the Drug Replacement Program, which offers medication to cancer patients who are unable to pay, free of cost.
    - MMC-Lufkin supports the School Based Health Center, a clinic on the campus of Lufkin ISD for elementary to high school age students. This clinic utilizes a midlevel practitioner and uses Medicaid or CHIP as payer sources, or else services are provided at no cost.
    - In 2015 the hospital started MD Save, which enables patients to obtain a 60% discount on specific radiology and cardiology diagnostic tests and certain procedures.
    - The Cancer Indigent Care Fund helps with prescriptions, gas, lodging and other expenses for those undergoing cancer treatment

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

Implementation Activities:

- MMC-Lufkin employs a Medicaid staff member who connects 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.
- MHSET funds the salary of the Administrator of the Angelina County and Cities Health District.

Objective #3: Through affiliation with the Angelina County and Cities Health District, CHI St. Luke's Health Memorial-Lufkin will provide guidance and leadership in a collaborative effort to provide primary health care and other public health resources to our community.

Implementation Activities:

- MMC-Lufkin continues its affiliation with the Health District to provide primary care and services. The affiliation includes ex-officio Health District Board membership, funding the Administrator's salary, providing space and resources to the organization, and collaborating on services, including
    - Referrals from the Emergency Department, and Inpatient Discharge to the Health District for primary care follow-up, and pharmaceutical assistance for necessary medications for low-income and non-insured individuals and families
    - Referrals from CHI for other public health programs such as STI, HIV, TB testing and treatment
    - Collaboration on special patient populations such as Dialysis patients and case management to reduce re-admission rates
    - The Health District provides bedside Breastfeeding counseling and support to new moms at CHI Lufkin
    - Collaboration with the BCCS Program, and with the Cancer Center on an Enhanced Colon Cancer Screening Project
    - CHI Lufkin provides Diagnostic Services at reduced rates (Medicaid rates)
    - CHI Lufkin provides Surgical procedures through the charity program

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-Lufkin will recruit primary care and specialist care physicians, as well as participate in and offer various training programs.

Implementation Activities:

- MMC-Lufkin actively recruits primary care and specialist physicians, based on a recently conducted Medical Staff Development Plan, via its MMA affiliation.
- The Angelina County and Cities Health District is a physician assistant and nurse practitioner training site. MMC-Lufkin partners with many of these students and a number of different physicians to enable them to complete licensure at the Lufkin facility.

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

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

Implementation Activities:

- MMC-Lufkin is a leader in promoting healthy lifestyles in the community, playing a significant role in Angelina County receiving Silver recognition in the Texas Healthy Communities Program for spring 2016.
- MHSET participates in the city wide, smoke free initiative. Several employees serve on the smoke free initiative's committee. All of MHSET' campuses are smoke free.
- MMC-Lufkin advocates for improved health and well-being among staff by offering discounted or free services to employees, including an employee health clinic and discounted gym memberships for employees.
- MHSET provides nutritional articles on a monthly basis to various news sources, including the Lufkin Daily News, the Polk County Enterprise and East Texas Magazines.
- MMC-Lufkin provides healthy options in the facility's cafeteria, along with nutritional information such as calorie count.
- MMC-Lufkin provides 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, the Mosaic Center-Shelter, Hospice in the Pines (MMC-Lufkin provides 5 discounted inpatient hospice rooms, and the Alzheimer's Association.
- MMC-Lufkin promotes healthy lifestyles among youth in the community through involvement in school programs. This includes an infection control nurse who educates students about good hygiene, etc. in Lufkin schools.
- MMC-Lufkin has donated money to the Heart Alliance to provide defibrillators to local schools.
- MMC-Lufkin provides leadership to organizations in the community that address unhealthy lifestyles. For example, the hospital provides representatives to the Angelina Public Health Coalition.
- Smoking cessation and lifestyle changes are addressed in public health fairs & senior & women's expos.

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

Implementation Activities:

- MMC-Lufkin organizes and provides space for diabetes and cancer support groups.
- The hospital offers free childbirth classes.

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

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

Implementation Activities:

- MMC-Lufkin 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 and Drug Abuse Council of Deep East Texas and the Alzheimer's Association. MHSET Employees also support these and other community health organizations through United Way.
- The hospital works collaboratively with The Burke Center on mental health patients being evaluated in the Emergency Department and the hospital participates in the Rural East Texas Health Network.
- The Emergency Department provides education to staff on assessment and care of patients who are sexual assault and abuse victims. The hospital works in partnership with Harold's House on patient care needs and coordinates patient transfers as needed.

Objective #2: As a part of the larger health system, MMC-Lufkin 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-Lufkin 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. This includes coordination with the Burke Center for use of their 3-bed detoxification unit.
- MHSET provides a counselor on contract at the Angelina County Health District to assist patients who cannot pay for services.
- In 2015 the Temple Cancer Center began to assess every patient for psychosocial distress indicators.

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-Lufkin 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-Lufkin engages in outreach in public schools, such as infection and behavior related activities.
- In collaboration with the larger system, MMC-Lufkin sponsors community wide

health fairs and health screenings, including the Senior Expo, Women's Health Expo, Pinewood Park Health Screens, 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-Lufkin will conduct and participate in events that raise funds for specific populations, such as women and indigent cancer patients.

Implementation Activities:

- MMC-Lufkin assists with the annual Dr. Bill Shelton Totally Awesome Fishing Adventure. Part of the proceeds raised at this event support indigent cancer patients.
- The pharmacy at MMC-Lufkin works with indigent patients to obtain chemotherapy and other high cost medications. For FY 2016 Quarter 1 through 3, we have obtained $174,762 worth of medications for the indigent and underserved.
- Part of the proceeds from Power of Pink goes to the Cancer Center for indigent care and transportation.

Objective #3: MMC-Lufkin will provide culturally sensitive resources to specific populations in the community, such as non-residents or Spanish speaking only persons.

Implementation Activities:

- The hospital has bilingual staff members in the Education Center and in registration areas to help with communications, and also contracts with a Language Line service to assist hospital and physician staff with interpretation on medical issues.
- Diabetes classes for Spanish speaking persons in the community are offered at the Angelina
- County Health District. The personnel who run the classes are trained by the hospital.
- Angelina County & Cities Health offers obstetrics services for non-residents

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

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

Implementation Activities:

- MMC-Lufkin offers a shuttle service that transports patients from the Joe W. Elliott House to the hospital. The hospital also pays for the maintenance of that facility.
- Part of the proceeds that are raised through Power of Pink and the Fishing Tournament provide gas vouchers for cancer treatment and prescription medication for qualified patients.
- In certain circumstances, guest services provides taxi and ambulance transport to qualified patients.
- MHSET has been a partner with the Angelina Coalition in creating a resources list of available health and social services that is shared among agencies and with the public.

Appendix 6

Lufkin Service Area 2016 Healthy Communities Listening Sessions

LUFKIN ISD NURSES, 2-3-16

Healthy Communities Listening Session 1 Facilitator Jay Gilchrist

What are our most important health problems/needs?

- Parents not taking responsibility of their children's nutritional, physical and mental health needs
- Doctor Office/Hospital visit hindrances

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

- Education for parents to break cycle: Grandparents still taking care of their children/grandchildren
- Seeing a higher number of students with Diabetes, obesity, ADD/ADHD, mental illness and Autism
- Babies being born with Fetal Alcohol Syndrome and Neonatal Abstinence Syndrome
- Parents maintaining their children's eligibility for their: Private Health Insurance, CHIPS & Medicaid. Many let it lapse due to the process being too complicated to deal with; which in turn means a possible delay/lapse in medication and doctor's office visit care
- Communication- Need to get information out to our community and reach all people groups
- Affordability-Meeting a high deductible &/or co-pay
- Accessibility-Doctor office location and times open
- Transportation- students to and from doctor appointment when ill
- Need more Endocrinologist and a pediatric diabetes specialist in Lufkin
- Our LISD Lead Social Worker needs help-possibly use qualifying community volunteers

What priorities should we focus on first? Second?

- **First: Quickest and Easiest ~ Communication**
  - Have a "Town Healthcare Liaison" to have all community resources and healthcare media events filtered to one site. A way to keep parents "in the know" on government programs and changes as they happen
  - Communicate via: town and district websites, social media, newspaper, TV and radio.
- **Second: Educate All People Groups** through community health rallies, speakers, Senior Expo and smaller scale school health fairs to name a few. The largest impact focus needs to be with our student's parent/grandparents/guardians

What Resources are already available to address these priorities?

- LISD Health Services has a Collaboration Agreement with Dr. Fidone/Dr. Glass to help with student's healthcare needs

- Many LISD campuses are conducting campus health fairs/rallies
- The Coalition has a pamphlet with all of the different resources offered to Angelina County residents (update every two years)-see pamphlet attached
- Social Media
- Eye-glass vouchers for qualifying students through our state and national school nurse memberships
- It was mentioned that LISD had a grant which funded an ACCHD sponsored myPack Clinic. It was conveniently located at LMS campus & had a positive impact on our students health and attendance around 2009-2012. The grant lasted about three years, then the program funded out and the LISD location was removed.

LUFKIN ISD HEALTH ADVISORY COUNCIL, 2-18-16

Healthy Communities Listening Session 2 Facilitator Jan Fulbright

What are our most important health problems/needs?

- "Primary Care" of contagious illnesses (i.e. Flu and Viruses) needs to be removed from the Emergency Room setting. The emergency room should be for the treatment and care of emergencies.
- Free, safe, outdoor recreational activities for our older youth: i.e. Skate Park
- Wellness: Nutrition, Physical Education and Psychosocial: Not good to be idol.
- Bullying: socially accept each other

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

- Financial
- Positive role models or mentors
- Reaching the people that may be misunderstood or have emotional problems
- Cultural, economic or racial bias

What priorities should we focus on first? Second?

- Health Care - Big gap with No Insurance & Catastrophic Insurance (large individual deductibles and office visit deductibles)

- Psychosocial – Mental Health & Safety

What resources are already available to address these priorities?

We believe we have many resources, but they need to all come together and work together. We don't need to re-invest in new resources. We need to try and make them all work together and be on the same page. Some of the resources we have in our community are: ACCHD, Salvation Army, Harold's House, Burke Center, Buckner Family, ADAC & Lufkin's Smoke-free ordinance; just to name a few.

LUFKIN HS PRINCIPLES OF HEALTH SCIENCE CLASS, 2-5-16

Healthy Communities Listening Session 3 Facilitator Jay Gilchrist

What are our most important health problems/needs?

More of a focus on patients first and money later
Shorter waiting times: service first
Help with where to start, how to get access

Cost of a good diagnosis; too many "temporary fixes" leading to mistrust that people don't get the right treatment from the start

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

Money
Communications; lack on one-on-one skills
Lack of knowledge about what really might be going on, and lack of listening for real needs
We need to avoid incidents like the woman who died in the parking lot after being refused ER treatment

What priorities should we focus on first? Second?

Communications: getting in touch with one another. We are family.
Set up a center for health care communications, to expand the community conversation, build trust and care

What resources are already available to address these priorities?

Classes like ours where people can learn about health matters. Teachers like Ms. Henderson
Young people exploring health careers and things like alternate therapies, stress and illness, self-care

LUFKIN HS HEALTH TERMINOLOGY CLASS, 2-5-16

Healthy Communities Listening Session 4 Facilitator Jay Gilchrist

What are our most important health problems/needs?

Cleaner water
Safer community; too many road deaths and injuries
Getting turned down for health care when people can't afford and have serious issues
Better diagnosis when people seek care; too many unnecessary tests
More care to figure out what is going on with patients
Better care from Pre-K all the way through school
A more caring community

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

A mindset of apathy and hopelessness

What priorities should we focus on first? Second?

More focus on better diagnosis
Build trust in the medical system
Water fountains with clean, clear water

What resources are already available to address these priorities?

Existing water fountains could be converted?

LUFKIN HS CLINICAL ROTATION CLASS, 2-5-16

Healthy Communities Listening Session 5 Facilitator Jay Gilchrist

What are our most important health problems/needs?

Smoking
Obesity
Heart health
Insurance: people can't get good coverage
Access to good, affordable care
Depression
Family issues and alienation
Drugs and other bad habits

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

Money: high cost, low coverage and low wages
Lack of counseling opportunities
Judgment by peers if someone is having difficulties, and pride preventing people to reach out
Wait times

What priorities should we focus on first? Second?

A place for people to go to talk about health concerns; perhaps outdoors in a safe environment, "under a tree"

What resources are already available to address these priorities?

Churches: if they can just come together
Food: to share; perhaps in gatherings where people can come together to discuss health issues

LUFKIN HS PHARMACY TECH CLASS, 2-5-16

Healthy Communities Listening Session 6 Facilitator Jay Gilchrist

What are our most important health problems/needs?

Clean water
Lack of community togetherness
Crime
Dirty, abandoned buildings
Obesity

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

Lack of funding
Inappropriate allocation of resources: the money goes to the wrong places
High prices for healthy food
Not much to do in town except eat poor restaurant food
Lack of things to do
Lack of hope
Lack of education, even about things like manners and basic life skills
Lack of transportation

What priorities should we focus on first? Second?

Jobs: workforce development
Food: healthier places and choices
Healthy places to gather for family activities; perhaps "family days" with activities and education

What resources are already available to address these priorities?

We have plenty of parks; let's open them up as places for people to gather to talk about health and life issues
Open land; perhaps we could have more community gardens, fitness trails, etc.
Families have the biggest influence; let's work to strengthen them

HUDSON HS HEALTH CAREERS CLASSES (3), 1-22-16

Healthy Communities Listening Sessions 7-9 Facilitator Jay Gilchrist

What are our most important health problems/needs?

Obesity and lack of physical fitness
Money: high cost of and limited access to health services
Economy: lack of jobs and lowered incomes
Communications: no place to talk about and learn about health concerns
Lack of healthy habits, movement, good nutrition

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

Apathy: people do not place high value or priority on their health
Money and economy: rising costs and lowering incomes
Poor drinking water in Lufkin
Lack of unity between our communities

What priorities should we focus on first? Second?

Someplace to go where people can talk about health issues and concerns
Building better mobile and computer platforms to learn about issues and share concerns
Ways to help people navigate the health care system: more personal advocacy and navigation

What resources are already available to address these priorities?

Churches and youth groups
Schools
Good teachers and programs for health careers

FAMILY CRISIS CENTER SUPPORT GROUP, 3-1-16

Healthy Communities Listening Session 10 Facilitators Lissy Turner and Verna Hayter

What are our most important health problems/needs?

Transportation
Dental needs
Eye care
Help with rape trauma
Care facilities
Paying for medication

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

Payment
Limited transportation
Limited resources
Hours of available care

What priorities should we focus on first? Second?

Mange our time more efficiently
Less wait time
Travel and transportation

What resources are already available to address these priorities?

Public transportation
Medical aid at hospital

FAMILY CRISIS CENTER HISPANIC SUPPORT GROUP, 3-1-16

Healthy Communities Listening Session 11 Facilitator Mona Rodriguez

What are our most important health problems/needs?

Support for undocumented people (i.e. someone needing surgery, with no insurance or finances)
Dialysis

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

Financial difficulties and un/under-employment
Utilities in landlord's name
Transportation

What priorities should we focus on first? Second?

Educate health care workers to give referrals for other agencies if people don't qualify
Transportation

What resources are already available to address these priorities?

Public transportation, but it runs in Angelina County only

HOSPICE IN THE PINES STAFF, 4-4-16

Healthy Communities Listening Session 12 Facilitator Jay Gilchrist

What are our most important health problems/needs?

Earlier-on discussion of serious illness with people, with physicians, patients and families
Payer sources dictate our outcomes; too much control
Fragmented care; confusing messages for patients – they leave with more questions than answers
Primary physicians and hospitalists need to be more proactive
Patients must rely on hospitalists that know nothing about them or their history. Often attending MDs don't know their patients are in the hospital.
More education and guidance from physicians
Prompt assessment and care
Physician education on end of life care
A quality infrastructure to assure all will receive healthcare regardless of their payer source
Support and help for drug addicts and victims of abuse
Education about patients' specific diseases
Better mental health care

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

Control by government and insurance companies
We've become too dependent on technology, wanting to use all measures for the outcomes we expect. We must return to focus on God.
Too many physicians are involved, not collaborating with one another, and not following patients "full circle."
Healthcare changes in the past few years have dictated our care by hospitalists and how many days we can receive care.
Healthcare needs have increased with the increase in unhealthy population
Lack of financial resources for patients
Need to understand cultural elements around each individual patient/family
We need doctors, nurses and healthcare team to make more of a team approach to provide education
Not enough clinics or staff trained to help patients of all age groups

What priorities should we focus on first? Second?

Educate nurses on transition of care timeframe. Close the gap between hospital and hospice care.
Better coordination of patient records: transition from paperless to EMR creates issues
Better ambulance service
More focus on mental health issues. Perhaps mental health court; has been successful elsewhere
Improve the state of health insurance; moving toward complete & thorough care for patients regardless of their coverage.
Ensure that 1-3 (only) physicians follow a patient from admission to discharge.
Create a Palliative Care option, starting with education of staff on end-of-life realities, and education of patients and families so they feel enabled to make informed decisions.
Better communication between physicians on the care of patients, and better explanation to patients and families of their prognosis and need for palliative care before we show up.

Quicker, more prompt care
Include chaplains in discussions with physicians about patient care.
Proactive action on behalf of good patient care, not letting insurance determine outcomes
Make sure patients get the care they deserve and are paying for.
Lower healthcare costs, with affordable payment plans
Educate the community on hospice and how it helps people
Funding for a good clinic for victims of abuse
Provide more education about disease progression

What resources are already available to address these priorities?

Good resources and partnership for social services and case management
A strong nonprofit community, with good resources
Nurses at bedside are becoming more comfortable with providing initial end-of-life symptom management, and anticipating hospice admissions
Some physicians do excel in driving and coordinating care (i.e. Sean Moran)
We have good hospitals, hospitalists, medical alliances, physicians, nurses (yet ethical standards are not the same for all).
ADAC (Alcohol and Drug Abuse Council)
Hospice marketing and bereavement support
Continuing education for nurses and healthcare workers
New ER clinics; Burke and Oceans mental health providers

LUFKIN TOP LADIES OF DISTINCTION, 4-4-16

Healthy Communities Listening Session 13 Facilitator Jay Gilchrist

What are our most important health problems/needs?

Health insurance and health care for everyone. Too many people do not have medical insurance, and have no one to speak on their behalf.
Control of diabetes
Weight management
More coverage in people's health plans and doctors to take more health plans
Access to affordable health care and affordable prescriptions

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

People not knowing where to go and how to get the services they need
Getting more people involved in exercise programs and in better eating habits
Not knowing how we could receive better health plans
Not enough available health care resources

What priorities should we focus on first? Second?

Employ people who truly believe in the core values set in place, to care for all people.
Provide good dental and vision care for those on Medicare and Medicaid.
Serve those who are underserved.
Lessen waiting times for service in the ER, as well as for nurses when patients are in the hospital.
Diabetic control

Get doctors and health plans to work better with each other
Financial assistance programs to help people with medical needs

What resources are already available to address these priorities?

Good resources and partnership for social services and case management
A strong nonprofit community, with good resources
Nurses at bedside are becoming more comfortable with providing initial end-of-life symptom management, and anticipating hospice admissions
Some physicians do excel in driving and coordinating care (i.e. Sean Moran)
Good hospitals, hospitalists, medical alliances, physicians, nurses (yet ethical standards are not the same for all).
ADAC (Alcohol and Drug Abuse Council)
Hospice marketing and bereavement support
Continuing education for nurses and healthcare workers
New ER clinics
Burke and Oceans mental health providers
CHI educational luncheons and support groups
We have good resources, but limited access to and knowledge of them

PARENTS OF TOP TEENS, 4-30-16

Healthy Communities Listening Session 14 Facilitator Jay Gilchrist

What are our most important health problems/needs?

Four people mentioned having "bad experiences" with the Lufkin hospital. One said her daughter, bleeding from an injury, was sent to the ER by staff of an urgent care center, and she had to wait four hours to be seen. The mother, a nurse, said she didn't think it was "good triage."

Another person spoke of a family member who was not bathed regularly, and beds not being changed daily. Another man said his wife was turned away because of inability to pay. Another woman said she was not told how much a procedure would cost, and that the cost would be from her own pocket.

One woman spoke of being treated rudely by an ER nurse, but that others had compensated with kindness.

The group consensus on community needs was for preventive care and community health education, that there is a community perception of Memorial being understaffed because of last year's reduction in force, and that there is a need for more "chivalry," i.e. more personable service.

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

The perception was shared that CHI is too "big city" and does not understand small-town Texas mentality.

What priorities should we focus on first? Second?

- Customer service; more welcoming care
- Better communication ahead of time about costs, insurance, etc.
- A stronger community presence, with employers, churches and other organizations

What resources are already available to address these priorities?

The women's networking luncheons are very good.

AREA EMS PERSONNEL, 4-20-16

Healthy Communities Listening Session 15 Facilitator Jay Gilchrist

In attendance: Eddie Arnold, Keith Cole, Kenny Cole, Levi Cole, Brad Gallaway, Bill Gates, Ben McBride, Jeff McReynolds, Justin Murray, Jody Nichols, Mike Parrish, Natalie Parrish, Jesse Picket, Jerry Pugh, Scott Shipley, Jason Stuck, Bill Wafer, Cody Walton, Jennifer Worcester, Travis Zienko

1. **What are our most important health problems/needs?**

Emergency room alternatives: places for people to go with their sniffles and minor aches and pains
Transportation: many people without cars

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

Education about when emergency care is needed and when it is not
Desire/over-dependence on ambulance service
The economy: income, jobs, etc.

3. **What priorities should we focus on first? Second?**

More quick-care locations and other ways to "shed unnecessary calls"
CHI St. Luke's could create a van system to assist with health transport needs
(An example was given of Seton Health Care's community clinics with transportation services)

4. **What resources are already available to address these priorities?**

Volunteers at the hospital: very helpful
Other ambulance services, i.e. ORA
Collaboration with and support with outlying EMS departments and providers

ACCOMPANYING DOCUMENTS

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

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