

Community Health Needs Assessment

Memorial-San Augustine

2016

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

Table of Contents

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

Executive Summary	Page 2
Community Health Needs Assessment Introduction.....	Page 3
Community Served by the Hospital	Page 4
Community Health Needs Assessment Process	Page 6
Community Input.....	Page 11
Prioritized Significant Community Health Needs	Page 16
References	Page 17
Appendices	Page 18
Appendix 1 Primary and Secondary Service Area Map and Zip Codes.....	Page 19
Appendix 2 Participants Involved in the CHNA.....	Page 20
Appendix 3 2014 Memorial San Augustine Discharges by ICD-9 Code.....	Page 21
Appendix 4 Evaluation of Impact of 2013-2016 Strategies	Page 25
Appendix 5 Lufkin Service Area 2016 Community Listening Sessions	Page 30

Accompanying Documents

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

CHI St. Luke's Health Memorial San Augustine Community Health Needs Assessment

Executive Summary

CHI St. Luke's Health and Saurage Market Research, Inc. have conducted this Assessment for the San Augustine 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 36 telephone surveys and three staff and community listening sessions.

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

Significant San Augustine Area Health Needs

- Increase access to care for transient, homeless, indigent, disabled and low income
- Better serve patients who are very old and very young
- Increase availability of primary and family care providers
- Promote more medical/dental resources locally in many specialty and treatment areas
- Provide information regarding available services, care, education and support
- Raise the importance of general health, healthy living/eating, exercise, nutrition and regular health care
- Implement education programs to focus on preventing, understanding and living with diabetes, obesity, and drug dependency; stress and stress reduction; making better decisions/choices
- Increase focus and investment on preventive care
- Transition those using emergency rooms for regular and routine care to more appropriate alternatives
- Provide health screening programs (lab fairs, health fairs, etc.)
- Overcome language barriers and transportation limitations for patients
- Explore partnership opportunities with credible churches already involved in the community
- Identify lower cost sources for medicines, healthy foods and childcare
- Increase focus on mental health services and care
- Address the distance necessary to travel for routine and specialty healthcare for residents
- Provide more resources for sexual assault, human trafficking and school violence/bullying services

Community Health Needs Assessment

Introduction

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

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

CHI St. Luke's Health Memorial joined CHI St. Luke's Health in 2014. 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 San Augustine is the area's only fully accredited and certified critical care access hospital. This acute care hospital consistently earns the Center for Medicare & Medicaid Services certification which demonstrates compliance with the highest standards of care. Clinical services include diagnostic imaging, emergency care, homecare and express lab. This hospital opened its doors in 1948 and became a part of the Memorial system in 1996. It houses 18 licensed beds and 42 employees, including 13 RNs and 3 medical staff. Its annual admissions accounts for 311 visits and more than 6,000 emergency department visits.

A Community Health Needs Assessment (CHNA) for the St. Luke's Health Memorial San Augustine (Memorial) was conducted by Memorial between September 2015 and May 2016 in fulfillment of the requirements described in section 501(r)(3) of the Internal Revenue Code.

The CHNA process involved the review of secondary data sources describing the health needs of the community served by Memorial, quantitative analysis through an online and telephone survey presented to the population within the Memorial service area, and qualitative analysis from telephone interviews with physicians employed by the hospital and focus groups including Memorial staff and community stakeholders to identify the priority community health needs. This CHNA document was developed by the CHI St. Luke's Health Healthy Communities Department, located in Houston, TX, and the Mission Integration Department of CHI St. Luke's Health Memorial. They were assisted by Saurage Marketing Research, Inc.

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

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

Community Served by the Hospital

The community served by St. Luke's Health Memorial San Augustine 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 San Augustine, Texas, the Memorial service area reaches into three Texas counties, with the majority of the primary service area found within San Augustine County.

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 San Augustine County for persons aged 18 years and older. The Memorial community is best defined by San Augustine 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.

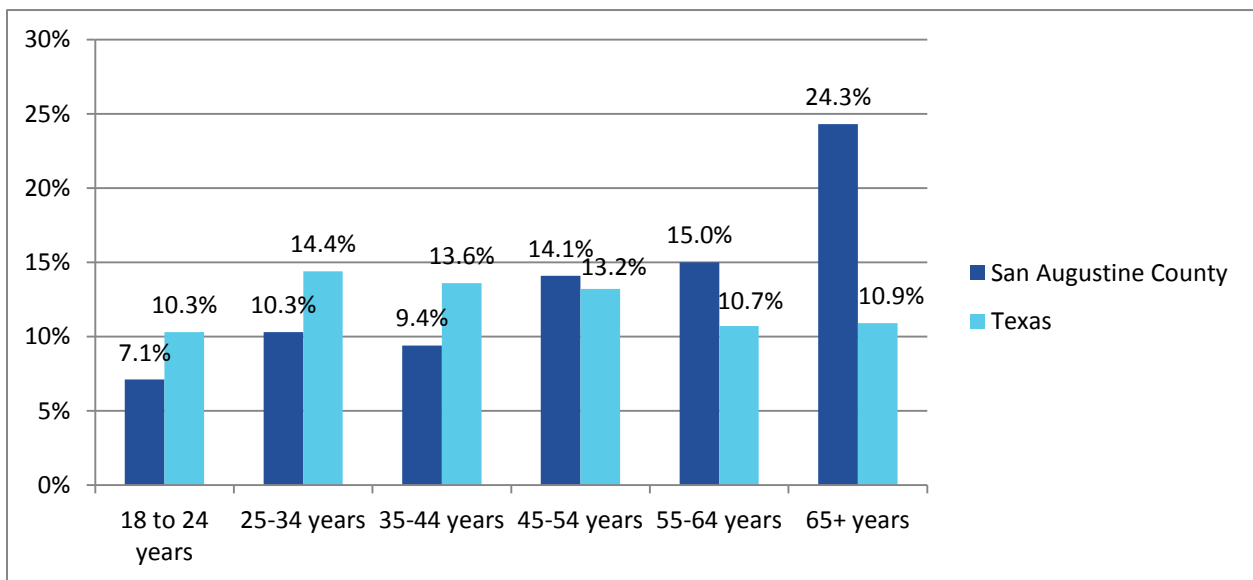
Community Demographics

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 San Augustine service area illustrates a noticeable difference in age when compared to the state of Texas. There are significantly more residents age 45 years and older. The elder population is much more evident, illustrating more than double, in the population older than 65 years (24.3% San Augustine vs. 10.9% Texas) (Figure 1).

Figure 1. Age distribution for the Memorial San Augustine community and Texas



- **Race/Ethnicity:** The majority of Memorial San Augustine resident population identifies as White, Non-Hispanic (69.0%) or Black, Non-Hispanic (22.7%). Both of these are significantly higher than the state of Texas. Within this community, there are much fewer residents who identify as Hispanic (6.6% vs. 38.2% Texas) (Table 1).

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

Ethnicity	Memorial Community	Texas
White/Non-Hispanic	69.0%	44.3%
Hispanic	6.6%	38.2%
Black/Non-Hispanic	22.7%	11.6%
Asian/Non-Hispanic	~ 0%	4.0%

- **Gender:** The Memorial San Augustine community and Texas presented a very similar distribution of males and females: males accounted for 48.5% of the Memorial population and 49.6% of the Texas population, and females accounted for 51.5% of the Memorial population and 50.4% of the Texas population.
- **Education:** In both the Memorial San Augustine community and Texas, most residents age 25 years or older have more than or equal to a high school education/GED. However, when compared to Texas, the Memorial community is home more residents with less than a high school degree (22% Memorial vs. 18.5% Texas) and to significantly fewer residents with a college degree (16.2% Memorial vs. 33.6% Texas). (Table 2).

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

Education Level	Memorial Community	Texas
Less than 9th grade	10.6%	9.3%
9th-12th grade, no diploma	11.4%	9.2%
High School Graduate	42.9%	25.2%
Some college, no degree	19.0%	22.7%
Associate’s Degree	6.2%	6.6%
Bachelor’s Degree	7.2%	17.9%
Graduate or Professional Degree	2.8%	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 San Augustine County, as being representative of the Memorial’s service area and for the state of Texas to serve as a point of comparison.

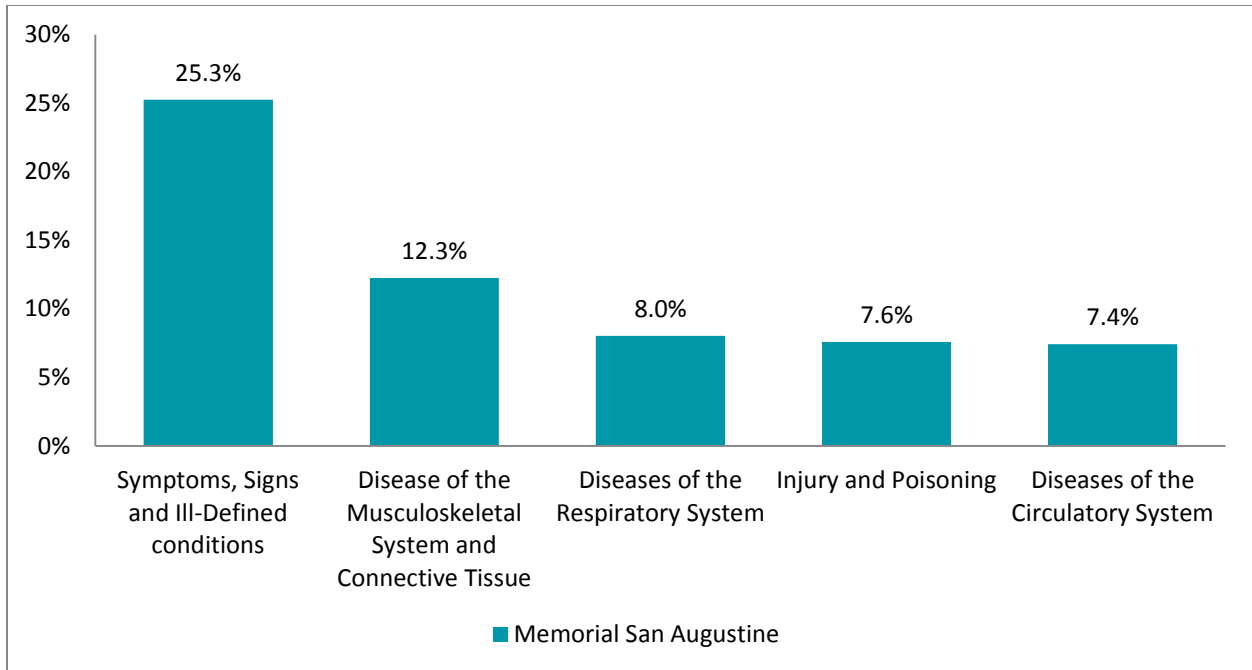
Hospital Discharge Data

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 San Augustine 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 San Augustine were *Symptoms, Signs & Ill-Defined Conditions* (25.25%); *Disease of the Musculoskeletal System and Connective Tissue* (12.26%);

Diseases of the Respiratory System (8.03%); Injury and Poisoning (7.59%); and Diseases of the Circulatory System (7.42%) (Figure 2).

Figure 2. 2014 Memorial San Augustine 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 San Augustine County with the data for Texas as a whole. Data reviewed indicate that sufficient health information is already available from local public health sources to allow for the identification of the most important health needs of the Memorial community. The below indicators reflect analyses from the DSHS, CDC and Behavioral Risk Factor Surveillance System (BRFSS) data for both the Memorial community and Texas.

- Health insurance and poverty:** In 2015 the uninsured rate for persons in the United States was calculated at 11.6%. The number of uninsured has significantly decreased from 2013 after requirements for individuals to obtain health insurance changed through the Affordable Care Act. In 2014, almost a quarter of Memorial San Augustine community was uninsured (24.3%). By age category, the Memorial community had a higher percentage of uninsured

residents when compared to Texas for those less than 18 years and between the ages 18-64. There was insufficient data for residents older than 65 years (Table 3).

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

Age Category	Memorial Community	Texas
Less than 18 years	18.2%	12.6%
18-64 years	36.4%	29.5%
65+ years	0 %	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 23.7%, much higher when compared to the state of Texas, 17.7%. The Memorial community illustrated much higher numbers of individuals living in poverty compared to the state (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	38.6%	25.3%
18-64 years	21.1%	15.5%
65+ years	17.2%	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 prostate cancer, lower incidence in breast (female) cancer and significantly higher incidence in lung and bronchus, in comparison (Table 5).

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

Cancer Type	Memorial Community	Texas
Breast (Female)	71.5	113.1
Prostate	118.0	115.7
Lung & Bronchus	74.3	58.1

Unfortunately, data regarding mortality rates for breast (female) cancer and prostate cancer were unavailable for the Memorial community. However, the Memorial community had a significantly higher mortality rate for lung and bronchus cancer when compared to Texas (Table 6).

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

Cancer Type	Memorial Community	Texas
Breast (Female)	NA	21.0
Prostate	NA	19.6
Lung & Bronchus	57.5	43.5

- **Diabetes:** Approximately 9.3% of the United States population has diabetes; comprising 29.1 million people. Of those, 27.8% are undiagnosed. In 2013, Texas reported a 9.8 age-adjusted incidence rate (cases per 1,000); 109 total diagnosed cases (cases per 1,000). Data for the Memorial community suggest the same age-adjusted incidence totaling 9.8 (cases per 1,000) of diagnosed diabetes.
- **Mental Health:** There was insufficient data for the age-adjusted average number of mentally unhealthy days reported in the past 30 days from adults in the Memorial community. The state of Texas reports 3.3 days.
- **Cardiovascular disease:** Heart disease is the leading cause of death for both men and women in the nation. In 2013, the age-adjusted rate or deaths due to heart disease per 100,000 of adults living in the Memorial community was calculated at 388.4. This is significantly higher than the state of Texas 213.9.
- **Stroke:** Almost 1 out of every 20 American deaths is caused by stroke; equaling nearly 130,000 Americans per year. The majority of individuals who have a stroke are first or new strokes; however, it is possible for someone to suffer from more than one stroke. Stroke risk varies greatly by race and ethnicity. There was a reported 140.0 deaths caused by stroke per 100,000 in the Memorial community in 2013.

- **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 18.0%, while 14.6% of the Texas adult population is current smokers.
- **Overweight / Obesity:** According to 2014 BRFSS data, 67.8% of Texans are overweight or obese. An adult who has a BMI between 25 and 29.9 is considered overweight and an adult who has a BMI of 30 or higher is considered obese. Adults who report a BMI of greater than 30 in the Memorial community account for 33%. This is higher than those considered obese in the state of Texas, 28%.
- **Exercise or physical activity:** Data offering percent of adults, age 30 years or older, reporting no leisure-time physical activity illustrated higher numbers in the Memorial community (30%) than the state of Texas (23%). This shows the Memorial community has slightly less leisure-time available for physical activity. Only 18% of the Memorial community reports not having adequate access to locations for physical activity while 16% of Texas reports lack of adequate access.

Community Input

Qualitative and quantitative research analysis was performed in the primary service area of Memorial San Augustine 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. Quantitative data was collected via online and telephone interviews with 36 healthcare decision makers between the ages of 18-74 years living in the Memorial San Augustine Hospital's primary service area. The complete qualitative and quantitative analysis can be found in Appendix 5.

Qualitative Analysis

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

- ***Access to Care:*** Those involved in the qualitative analysis suggested an increased need for persons who are very young and very old, as well as transient and/or homeless, and disabled.
- ***Education:*** Participants discussed the growing need for education related to preventative healthcare, nutrition, and stress reduction. There was also heightened concern for individuals with HIV, STDs, other communicable diseases and drug dependence.
- ***Specialists:*** Those employed at Memorial discussed significant need for more primary care physicians in the area.
- ***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 use of ER for routine care. In the area, there are also a lot of residents who are unable to afford food, are members of gangs and/or are drug users. This makes for an unhealthy and unsafe environment. Another prevalent concern is nutrition and the importance of nutritious food. Numerous other services discussed in the interviews and focus groups are illustrated in Appendix 5, Qualitative Summary.

Quantitative Analysis

A survey was conducted by Saurage Research, Inc. to residents of the greater Memorial area (N=300) and those specifically located within the Memorial San Augustine service area (N=36). The survey was distributed primarily by telephone. Survey questions focused on access to care, patient satisfaction and confidence, available services, and other pertinent information was gathered to identify the priority needs of the Memorial community. All quantitative key findings can be found in Appendix 5. Below are some brief descriptors of the surveyed answers using the whole Memorial area as the comparison to the San Augustine community.

- ***Routine Care:*** The majority of San Augustine area residents look first to doctor's offices or private clinics for their routine care (89%). Specialists and emergency rooms also receive significant use. These patterns are consistent throughout the whole Memorial area. Highest usage of doctor's offices or private clinics is among female, affluent 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. More than half (55%) of the Memorial San Augustine service area residents travel more than 20 miles one way for regular healthcare. This is significantly higher than residents in the broader Memorial market. The primary reasons for traveling further for care was a personal relationship with a physician, the need for specialist or better quality providers.
- ***Confidence:*** When asked how confident a resident was that they were able to access quality health care, just over half (56%) of those living in the San Augustine service area were very confident. Confidence was strongest among less affluent, those who haven't delayed healthcare or prescriptions, those in good health and insured by Medicare or Medicaid.
- ***Delayed Health Care or Prescriptions:*** Consistent with the broader Memorial market, most of the respondents had never had to delay health care or prescription purchases because of money or insurance shortage. There are however a sizeable segment of the San Augustine residents who have faced these tradeoff decisions. The frequency of delayed health care is highest among younger, less affluent, less healthy and less confident individuals. Those who delay prescriptions are more often younger and less confident individuals. They have children living at the home and also are more likely to delay health care.
- ***Available Services:*** Care availability levels in the Memorial San Augustine service area are highest for primary care and eye/ear care. They are lowest for pediatric care, cancer and stroke treatment. Residents in the San Augustine area are not likely to rate availability of healthcare services as a community strength since they trail the ratings for the whole of Memorial service area in most of the categories measured. Across the various types of care listed, no consistent and significant profile differences appear between those more and less likely to rate services easily or usually available.

- ***Concerns in Health Care:*** Memorial San Augustine area residents spread their healthcare concerns across a wide range of issues: lack of specialists, distance to hospital and/or ER, cost, services not covered by insurance and lack of primary care physicians. The order may be different, but these are the same concerns for the Memorial market as a whole.
- ***Attitudes & Perceptions:*** Healthcare attitudes among Memorial San Augustine residents parallel those for all of Memorial, with two exceptions: pregnancy care and injury/violence prevention programs. Among San Augustine service area residents, the highest levels of agreement are for the availability and affordability of emergency services and vaccinations. These are also the highest for the whole Memorial market. The lowest level of agreement is recorded for access to injury/violence prevention programs and the availability and affordability of care during pregnancy.
- ***Likelihood of Participation:*** When identifying a strategy to address priority needs, it is sometimes essential to collaborate with community resources. In the 2013 CHNA, educational classes regarding the importance of health and health prevention methods were established to address some priority community needs. CHI St. Luke's Health deemed it important to understand if community members were likely to attend such locations or events in seek of health care prevention. When asked if they would participate in activities through community resources and educational classes, one in four residents of the San Augustine service area say they are likely to participate. Participation likelihood tends to be highest among more affluent respondents insured by Medicare or Medicaid.
- ***Safety & Violence:*** When asked about the level of violence in their community, only half of those residing in the San Augustine service area feel safe when visiting community public areas (56%). Even higher numbers question the adequacy of resources for victims of abuse, human trafficking and school violence. Memorial San Augustine shares the same attitudes toward safety and violence with the broader Memorial market.
- ***Last Exam:*** Memorial San Augustine respondents closely parallel the market-wide profile regarding exam profiles. Seven in ten have not had a colon cancer screening and half of the men have not had a prostate exam in the last two years. In addition, more than half of the women in the service area have not had a mammogram or a pap test in the last two years.

- ***Health Problems or Conditions:*** The doctor alert profile did not yield any significant differences between the San Augustine residents and those of the overall Memorial market. Those in the San Augustine service area were most likely to be diagnosed with high blood pressure, without significance (59%).
- ***Activity & Program Participation:*** Few residents (21%) of San Augustine service area residents have a health problem or disability that interferes a lot in their participating fully in work, school or other activities. A similar number (24%) of respondents have taken part in a program offered by their doctor to help them manage a health problem. This is nearly identical to those who earlier said they were likely to participate in educational seminars and classes about health 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. There were no significant uses of these healthcare services when compared to the Memorial market as a whole.

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 San Augustine:

- Increase access to care for transient, homeless, indigent, disabled and low income
- Better serve patients who are very old and very young
- Increase availability of primary and family care providers
- Promote more medical/dental resources locally in many specialty and treatment areas
- Provide information regarding available services, care, education and support
- Raise the importance of general health, healthy living/eating, exercise, nutrition and regular health care
- Implement education programs to focus on preventing, understanding and living with diabetes, obesity, and drug dependency; stress and stress reduction; making better decisions/choices
- Increase focus and investment on preventative care
- Transition those using emergency rooms for regular and routine care to more appropriate alternatives
- Provide health screening programs (lab fairs, health fairs, etc.)
- Overcome language barriers and transportation limitations for patients
- Explore partnership opportunities with churches already credible and involved in the community
- Identify lower cost sources for medicines, healthy foods and childcare
- Increase focus on mental health services and care
- Address the distance necessary to travel for routine and specialty healthcare for residents
- Provide more resources for sexual assault, human trafficking and school violence/bullying services

References

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

Appendices

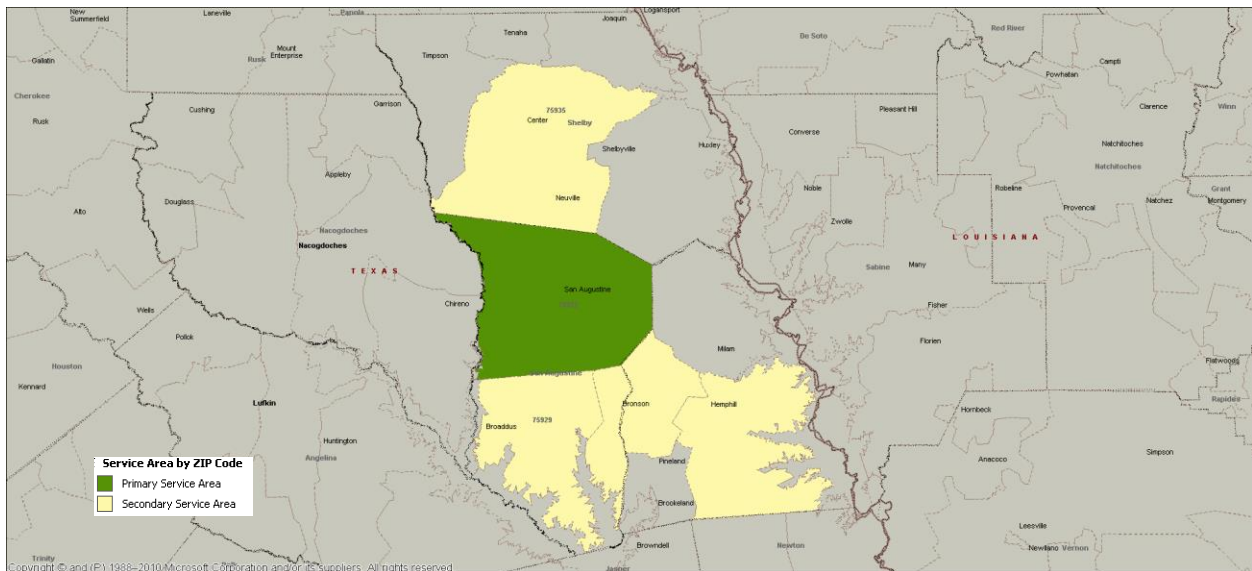
Appendix 1. Memorial San Augustine Service Area Map and Zip Codes

The community served by the St. Luke’s Memorial San Augustine 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 code: 75972

The secondary service area includes the following zip codes: 75935, 75929, 75930, and 75948.

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



Appendix 2. Participants Involved in the CHNA

<i>CHI St. Luke's Health System Team</i>			
Valerie Mattice Ausborn, MPH	Project Coordinator	CHI St. Luke's Health System, Healthy Communities	Overall CHNA Project Management
Jay Gilchrist	Vice President	CHI St. Luke's Health Memorial, Mission	CHNA Project Management
Mike Sullivan, PhD	Director	CHI St. Luke's Health System, Healthy Communities	Technical Assistance
Janice Lamy	Vice President	CHI St. Luke's Health System, Marketing & Communication	Technical Assistance
Yana Ogletree	Director	CHI St. Luke's Health Memorial, Marketing & Communication	Technical Assistance
Susan Saurage	President	Saurage Marketing Research Inc.	Qualitative Data Analysis
Vickie Cooper	Dietary Manager	CHI St. Luke's Health Memorial-San Augustine	Focus Group Staff Participant
Janice Napier	Nurse Practitioner	CHI St. Luke's Health Memorial Clinics	Focus Group Staff Participant
Norrell Thomas	Advisory Board Member	CHI St. Luke's Health Memorial-San Augustine	Focus Group Participant
<i>Community Stakeholders</i>			

David Parks – Director Boys & Girls Club San Augustine

Virginia Liepman – Superintendent San Augustine School District

Samye Johnson –San Augustine County Judge-Executive

Leasa Dunn – San Augustine High School Principal

Sandy Jenkins – County Extension Agent

Shane Bridges – County Extension Agent/LVN

LaTasha Byrd – San Augustine Chamber of Commerce

Appendix 3 2014 Memorial San Augustine Discharges by ICD-9 Code

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

Diagnostic Group (ICD-9)	Inpatient		Outpatient		Emergency		Total	
	n	%	n	%	n	%	n	%
			2		11			1.2
Infectious and Parasitic Diseases (001-139)	7	5	1	15	6	81	144	3
			5					0.4
Neoplasms (140-239)	0	0	1	93	4	7	55	7
			4					
Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	2		6		10			5.0
	8	5	5	78	0	17	593	7
			1					
Diseases of the Blood and Blood-Forming Organs (280-289)	2	1	7	87	21	12	180	4
			5					1.5
Mental Disorders (290-319)	1	1	1	40	4	59	176	1
* 290-294 organic psychotic conditions	1		3		15			
			4					
* 295-299 other psychoses	0		4		20			
* 300-316 neurotic disorders, personality disorders, and other nonpsychotic	0		1					
* 317-319 intellectual disabilities	0		9		69			
			5					
Diseases of the Nervous System and Sense Organs (320-389)	4	1	8	15	7	84	569	7
			8		47			4.8
			6					
Diseases of the Circulatory System (390-459)	5		1		19			7.4
* 390-392 acute rheumatic fever	9	7	8	71	0	22	867	2
* 393-398 chronic rheumatic heart disease	0		0		0			
			2					
			7					
* 401-405 hypertensive disease	6		2		85			
			3					
* 410-414 ischemic heart disease	2		5		25			
* 415-417 diseases of pulmonary circulation	3		6		2			

									2
									3
* 420-429 other forms of heart disease	9								38
									2
* 430-438 cerebrovascular disease	7								17
									2
* 440-449 diseases of arteries, arterioles, and capillaries	0								3
* 451-459 disease of veins and lymphatics, and other diseases of circulatory	2								20
									1
	4	1							5
Diseases of the Respiratory System (460-519)	0	5	0	16	8	69	938		8.0
									3
* 460-466 acute respiratory infections	2								30
* 470-478 other diseases of upper respiratory tract	1								4
	6								83
* 480-488 pneumonia and influenza	5								12
* 490-496 chronic obstructive pulmonary disease and allied conditions	4								2
* 500-508 pneumonconioses and other lung diseases due to external agents	2								12
	7								0
									2
* 510-519 other diseases of respiratory system	3								1
									17
	3								8
Disease of the Digestive System (520-579)	8	9	6	21	6	70	410		3.5
									17
* 520-529 diseases of oral cavity, salivary glands and jaws	1								6
* 530-539 diseases of esophagus, stomach and duodenum	0								2
* 540-543 appendicitis	0								3
* 550-553 hernia of abdominal cavity	0								7
* 555-558 noninfective enteritis and colitis	7								3
									16
									1
* 560-569 other diseases of intestines and peritoneum	6								2
	2								36
* 570-579 other diseases of digestive system	4								3
									31
									3
	3								1
Disease of the Genitourinary System (580-629)	6	6	7	54	4	40	587		5.0
* not specified									2
									1
	1								2
* 580-589 nephritis, nephrotic syndrome, and nephrosis	0								8
* 590-599 other diseases of urinary system	2								12
									13

	5		3		8			
			9					
			2					
* 600-608 diseases of male genital organs	1		2		20			
* 610-612 disorders of breast	0		2		5			
* 614-616 inflammatory disease of female pelvic organs	0		2		14			
			2					
* 617-629 other disorders of female genital tract	0		4		45			
Complications of Pregnancy, Childbirth and the Puerperium (630-677)	1	1	1	1	76	97	78	0.6
								7
	1		4		27			2.8
Disease of the Skin and Subcutaneous Tissue (680-709)	3	4	3	13	5	83	331	3
			5					
Disease of the Musculoskeletal System and Connective Tissue (710-739)	1	0	6	40	86	5	143	12.
			7			60	3	26
			2					
			4		34			
* 710-719 arthropathies and related disorders	0		3		3			
			1					
			6		24			
* 720-724 dorsopathies	1		7		9			
			9		27			
* 725-729 rheumatism, excluding the back	0		0		0			
* 730-739 osteopathies, chondropathies, and acquired musculoskeletal	0		6					
			7		3			
				10				0.0
Congenital Anomalies (740-759)	0	0	6	0	0	0	6	5
Certain Conditions Originating in the Perinatal Period (760-779)						10		0.0
	0	0	0	0	2	0	2	2
			8					
			8		20		295	25.
Symptoms, Signs and Ill-Defined conditions (780-799)	6	0	7	30	58	70	1	25
			8					
			2		20			
* 780-789 symptoms	6		2		41			
			6					
* 790-796 nonspecific abnormal findings	0		3		13			
* 797-799 ill-defined and unknown causes of morbidity & mortality	0		2		4			
Injury and Poisoning	1	1		0	87	99	887	7.5

	0		7					9
* 800-804 fracture of skull	0	1	11					
* 805-809 fracture of spine and trunk	3	5	9					
* 810-819 fracture of upper limb	0	5	23					
* 820-829 fracture of lower limb	0	9	11					
* 830-839 dislocation	0	4	7					
* 840-848 sprains and strains of joints and adjacent muscles	0	0	2					
* 850-854 intracranial injury, excluding those with skull fracture	1	1	17					
* 860-869 internal injury of chest, abdomen, and pelvis	0	0	1					
* 870-879 open wound of head, neck and trunk	0	1	85					
* 880-887 open wound of upper limb	0	0	78					
* 890-897 open wound of lower limb	0	1	49					
* 900-904 injury to blood vessels	0	0	0					
* 905-909 late effects of injuries, poisonings, toxic effects and other external	0	0	1					13
* 910-919 superficial injury	0	3	9					
		2	12					
* 920-924 contusion with intact skin surface	2	3	3					
* 925-929 crushing injury	0	1	4					
* 930-939 effects of foreign body entering through orifice	0	1	24					
* 940-949 burns	0	1	26					
* 950-957 injury to nerves and spinal cord	0	1	0					
* 958-959 certain traumatic complications and unspecified injuries	0	2						44
* 960-979 poisoning by drugs, medicinals and biological substances	3	2	7					
* 980-989 toxic effects of substances chiefly nonmedical as to source	0	0	52					
* 990-995 other and unspecified effects of external causes	0	5	42					
* 996-99 surgical & medical complications not elsewhere classified	1	6	12					
			8					
V Codes Supplementary Classification of Factors Influencing Health Status and Contact	1	0	1	91	82	9	884	7.5
								6
Total								116
								87

Memorial Medical Center - San Augustine 2013-16 Implementation Plan Evaluation

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

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

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

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

Objective #1: MMC-San Augustine will engage in a variety of initiatives that aim to educate the community about prevalence, prevention and disease management on a variety of conditions, such as diabetes and cancer.

Implementation Activities:

- MHSET produces a monthly cooking show, Memorial Cooking Innovations, a 30 minute program featuring a registered dietitian and a certified chef. The show features diabetic friendly foods that are delicious and easy to prepare and is broadcast on the local government access television channels daily, in 62 cities across the United States,

- and online any time at <http://www.memorialhealth.us/cooking>.
- MMC-San Augustine sponsors Go Pink Night, a Local Rodeo event. The hospital, as sponsors of the night, emphasizes a theme: *Have a Mammography--Save Lives*; The sponsors and many of the participants in the rodeo wear pink because it is a breast cancer awareness night.
 - MMC-San Augustine 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.
 - Currently, MHSET conducts Women's Power Lunches at the Lufkin and Livingston facilities. MMC-San Augustine is in the process of evaluating a similar event.
 - Memorial Health System of East Texas' Cancer Committee is evaluating the possibility of offering lung cancer screenings at each of its facilities.
 - Each MHSET County participates in the Texas Adult Potentially Preventable Hospitalization Initiative to improve care and reduce costs. Major foci in our service areas are Dehydration, Bacterial Pneumonia & UTI.

Objective #2: MMC-San Augustine 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.
- 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. 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. MMC-San Augustine has duplicated these efforts at its facility.

Objective #3: MMC-San Augustine 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-San Augustine serves as a clinical resource for allied health academic institutions. This includes a relationship with Panola County Junior College in Carthage, TX.
- MHSET has increased postings on its online patient library that serves as a medical resource for surgical procedures, illnesses, etc.
- 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.

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

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

Implementation Activities:

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

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

Implementation Activities:

- MMC-San Augustine utilizes a Medicaid staff member, employed by MMC-Lufkin, who works to connect indigent and disabled patients to available payer sources.
- MMC-San Augustine funds an Indigent Intake Coordinator. The hospital pays this employees salary and provides office space.

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: MHSET will recruit primary care and specialist care physicians.

Implementation Activities:

- MHSET collaborates with a recruitment firm to actively recruit primary care and specialist physicians, based on a recently conducted Medical Staff Development Plan, via its MMA affiliation. Due to the difficulty of recruiting physicians to MMC-San Augustine, recruitment at this facility is ongoing.
- MMC-San Augustine provides two mid-level practitioners to see patients in the jail population.

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

Objective #1: Memorial Medical Center –San Augustine will engage in a variety of initiatives to promote healthy lifestyles, such as good nutrition and smoking cessation.

Implementation Activities:

- MHSET participates in the city wide, smoke free initiative in Lufkin. In addition, all of Memorial Health System of East Texas' campuses are all smoke free.
- MMC-San Augustine participates in MHSET's initiative to provide nutritional articles

on a monthly basis to various news sources, including the Lufkin Daily News, the Polk County Enterprise paper and the San Augustine Tribune and East Texas Magazines.

- MMC-San Augustine provides financial support and volunteers to organizations, such as the American Cancer Society, that strive to improve unhealthy lifestyles in the community.

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

Implementation Activities:

- MMC-San Augustine organizes and provides space for diabetes support groups.
- MMC-San Augustine offers CPR classes at a reduced rate.

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

Objective #1: As a part of the larger health system, MMC-San Augustine 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:

- MHSET provides leadership to various boards that seek to improve the mental health continuum of care in the community. For example, Darlene Williams serves on the Rural East Texas Health Network Board (MMC-San Augustine was a founding member) and is also president of local advisory board for RETHN.

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-San Augustine will focus on decreasing health disparities among specific populations by participating in a variety of initiatives that target specific groups.

Implementation Activities:

- MMC-San Augustine participates with Lufkin personnel in outreach in public schools, such as infection and behavior related activities.
- 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. MMC-San Augustine performs mammograms as a part of these

services.

- As previously mentioned, MMC-San Augustine provides two mid-level practitioners to see patients from the jail population.
- MHSET provides bacterial pneumonia and flu vaccinations at all of its facilities.

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-San Augustine will work to increase access to transportation in the community.

Implementation Activities:

- MMC-San Augustine is working with the county judge, the San Augustine County Coalition and the Deep East Texas Council of Governments to address transportation issues in San Augustine County.
- The hospital district solely provides funding for the ambulance and transport services at MMC-San Augustine.
- MMC-San Augustine works with the San Augustine County coalition and the SFA School of Social Work to develop and find resources available in the community. The hospital is collaborating on the Children's Service Center community project.

San Augustine Service Area 2016 Healthy Community Listening Sessions

SAN AUGUSTINE LIONS CLUB, 2-4-16

Healthy Communities Listening Session Facilitator Jay Gilchrist

What are our most important health problems/needs?

Most of our people are elderly, with age-related health problems

Mental health issues	HIV
Diabetes	Drugs
Obesity	

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

Poverty: low income and insufficient access to health services.

Ignorance: need for good health education

What priorities should we focus on first? Second?

More health fairs with opportunities for education and screenings

Education on nutrition for the elderly

Education to contain STDs and other communicable diseases

What resources are already available to address these priorities?

Local people working on grants for trails, etc.

Boys and Girls Club, David Parks

Our local schools and our local leaders: Judge Samye Johnson, Mayor LeRoy Hughes, Social Services office, USDA Service Center

SAN AUGUSTINE COUNTY JUDGE/EXECUTIVE SAMYE JOHNSON, 4-5-16

Healthy Communities Listening Session Facilitator Jay Gilchrist

What are our most important health problems/needs?

See 2014 community needs assessment done by Stephen F. Austin School of Social Work:

Recommendations from that study were incorporated into the county's strategic plan:

- Expand services countywide for substance abuse, mental health, and child & adult protection
- Focus on the continuum of care: prevention, treatment and after-care given in-county
- Services should be accessible in terms of language
- Increase numbers of volunteers working with agencies
- A one-stop model for social services: Children's Services Building is underway
- Strengthen existing resources for youth, and strategies to keep young people in the county
- Strengthen local partnerships for grant applications and service development
- Make information on support groups, food pantries and services available continuously, through a variety of media
- Increase availability of child care
- Ensure adequate infrastructure for garbage collection and animal control
- Strengthen medical services and dental care
- Develop a recreation center or central community center, with activities for youth & families
- Expand educational opportunities, including a vocational training program
- Develop a transportation system with access for all county residents
- Further research needed on: economic development, at risk populations, and people with disabilities
- Evaluate efforts and conduct a follow-up needs assessment. Continue to coordinate efforts with the county's overall strategic plan

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

Poor nutrition and hygiene

Poor coordination of services

Challenges with children being raised by grand and great-grandparents

What priorities should we focus on first? Second?

We are not “fully engaged” with CHI St. Luke’s Memorial. We need to expand our partnership, and to include involvement with efforts underway in the county by SFA and Next Step Ministries (a Wisconsin group that has made a 10-year commitment in the county “where short-term mission trips collide with long-term community development.”)

What resources are already available to address these priorities?

Strong partnerships with SFA, Texas A&M Extension, DETCOG Star Teens, Next Step Ministries, community volunteers, and more. Our Commissioners’ Court on 4-12-16 will celebrate and inaugurate efforts on the new Children’s Services Building.

ACCOMPANYING DOCUMENTS

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

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