Yoakum Community Hospital

DeWitt and Lavaca Counties Community Health Needs Assessment and Implementation Plan

March 2022

Yoakum Community Hospital

CHC
Community Hospital Corporation

Table of Contents

Section 1: Community Health Needs Assessment 2

Executive Summary 3

Process and Methodology 8

Hospital Biography 14

Study Area 20

Demographic Overview 22

Health Data Overview 37

Phone Interview Findings 79

Local Community Health Reports 91

Input Regarding the Hospital's Previous CHNA 94

Evaluation of Hospital's Impact 96

Previous CHNA Prioritized Needs 111

2022 CHNA Preliminary Health Needs 113

Prioritization 115

Resources in the Community 122

Information Gaps 126

About Community Hospital Corporation 128

Appendix 130

Summary of Data Sources 131

Data References 134

MUA/P and HPSA Information 137

Interviewee Information 146

Section 2: Implementation Plan 149

Section 3: Feedback, Comments and Paper Copies 162

Input Regarding the Hospital's Current CHNA 163

Section 1:

Community Health Needs Assessment

EXECUTIVE SUMMARY

Executive Summary

A comprehensive, six-step community health needs assessment ("CHNA") was conducted for Yoakum Community Hospital (YCH) by Community Hospital Corporation (CHC). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in DeWitt and Lavaca Counties, Texas.

The CHNA Team, consisting of leadership from YCH, met with staff from CHC on November 10, 2021 to review the research findings and prioritize the community health needs. Four significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The CHNA Team participated in a roundtable discussion to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions and the hospital's capacity to address the need.

The four most significant needs, as ranked during the November 10th prioritization meeting, are listed below:

1. Access to Mental and Behavioral Health Care Services and Providers
2. Access to Specialty Care Services and Providers
3. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
4. Access to Affordable Care and Reducing Health Disparities Among Specific Populations

YCH leadership has developed the following implementation plan to identify specific activities and services which directly address the top four priorities. The objectives were identified by studying the prioritized health needs, within the context of the hospital's overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, responsible leaders, progress, and key results (as appropriate).

The YCH Board reviewed and adopted the 2022 Community Health Needs Assessment and Implementation Plan on March 23, 2022.

Priority #1: Access to Mental and Behavioral Health Care Services and Providers

Data suggests that residents in DeWitt and Lavaca Counties do not have adequate access to mental and behavioral health care services and providers. DeWitt and Lavaca Counties have a lower rate of mental health care providers per 100,000 than the state.

Many interviewees appreciated the hospital's leadership in addressing the mental health needs in the community but there was still a perceived limited awareness of resources as well as understanding the resources that are available in the community. It was mentioned several times that there is a lack of mental and/or behavioral health facilities in the area for the general population but particularly the youth and adults. One interviewee stated: "We have a place in Victoria, but it is so overwhelmed. There are a few counselors that come to the hospital but one person can't handle the couple counties. The age requirements at New Horizons is an issue for adolescents."

Several individuals mentioned that telehealth has increased the access to the mental and behavioral health resources but this lack of in person providers is leading to long wait times and outmigration. One interviewee stated: "Telehealth has been a tremendous outreach and way to provide what the patients are needing. As far as in person [psychiatric] care, you have to go to another county and there's a significant wait period – up to 3 months." Interviewees also mentioned a concern for the impact COVID-19 has had on mental health.

Interviewees also discussed that primary care providers are treating patients with mental health needs as necessary but there is still a need for specialized care for mental and behavioral health issues. One interviewee stated: "Mental health is the number one need. That goes without being said. From child abuse up to domestic abuse we need the ability to reach out for counseling locally in addition to having telehealth. Telehealth is amazing, but getting access to medications is tough. Primary care providers do what they can, but we need that special help."

Priority #2: Access to Specialty Care Services and Providers

Interviewees expressed appreciation for the hospital's efforts to increase access to local specialty care. However, there was still a need for greater availability of inpatient specialty care. One interviewee stated: "We have an outpatient clinic where different doctors come at different times. It's amazing. They even perform some minor surgeries here." It was also noted that there is limited availability for local specialists which is leading to outmigration to larger cities. One interviewee stated: "We need more inpatient specialty care…There aren't any dialysis centers in Yoakum. We need [interventional cardiology]. GI is a big one in a sense that we don't have it in Yoakum. The next closest place is Austin or San Antonio. There's limited GI coverage in Victoria."

Specific specialties mentioned as needed include Oncology, Cardiology, Orthopedics, Neurology, Dermatology, Podiatry, Gastroenterology, Urology, OB/GYN, Pediatrics, Psychiatry and ENT. One interviewee stated: "I do know that both DeWitt County and Lavaca County have specialty physicians who come to their outpatient clinic. Oncology, Neurology, OB are issues and any type of pediatric care. It's not available at all. They go to Victoria, Gonzales or further for those services."

Priority #3: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

Data suggests that higher rates of specific mortality causes and unhealthy behaviors warrants a need for increased preventive education and services to improve the health of the community. Heart disease and cancer are the two leading causes of death in DeWitt and Lavaca Counties. Both counties have higher mortality rates than Texas for the following causes of death: malignant neoplasms; diseases of heart; accidents (unintentional injuries); lung and bronchus cancer; and colon rectum cancer. DeWitt County also has higher mortality rates than Texas for the following causes of death: cerebrovascular diseases; diabetes mellitus; septicemia; chronic liver disease and cirrhosis; intentional self-harm (suicide); and breast cancer.

Both DeWitt and Lavaca Counties have higher prevalence rates of chronic conditions such as high blood pressure (Medicare) than the state. DeWitt County has higher prevalence rates of chronic conditions such as diabetes for Medicare beneficiaries, while Lavaca County has higher prevalence rates of obesity.

Priority #3: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles (continued)

Both counties have higher percentages of residents participating in unhealthy lifestyle behaviors such as physical inactivity and smoking than the state. With regards to maternal and child health, specifically, DeWitt County has higher low birth weight births and higher teen (age 0-19 years) birth rates than the state.

Data suggests that DeWitt County residents are not appropriately seeking preventive care services, such as timely mammography and pap tests. Additionally, both DeWitt and Lavaca have a lower rate of those 65 and older who received their pneumonia vaccine in the past year than the state. Both counties have a lower rate dentists per 100,000 persons and DeWitt County has a lower rate of primary care providers as compared to the state.

Several interviewees had conflicting statements surrounding access to the local gyms, programs and health resources. Additionally, several individuals discussed the limited awareness of affordable resources in the community and the perceived lack of desire to pursue healthy lifestyle opportunities. One interviewee stated: “There needs to be more affordable health safety services especially for our underserved populations. They can’t afford healthcare costs. [We need] to make them more aware of what is out there. There are times where we have put on educational things and we don’t get any attendance.”

It was mentioned that there is a lack of understanding about chronic conditions, disease processes as well as healthy lifestyle behaviors. A few interviewees discussed the need for more family-centered healthy lifestyle education. One interviewee stated: “When people hit 30, they’re like ‘let’s take care of ourselves’, but until then they have had no guidance or their family is all about food and no exercise and that’s the norm. I wish we had time in the clinic to educate the child and parents.” Lastly, it was discussed how the COVID-19 pandemic has impacted the availability of health lifestyle resources in the community. One interviewee stated: “I haven’t heard of any programs that I’m familiar with since COVID. Dewitt County had a program through their ministry that helped with diabetes care and healthy eating, but as far as I know, that program went by the way side since COVID.”

Priority #4: Access to Affordable Care and Reducing Health Disparities Among Specific Populations

DeWitt and Lavaca Counties have a higher percentage of families living below poverty than the state. DeWitt County had a higher percentage of children living below poverty than the state, a higher percentage of public school students eligible for free or reduced price lunch, as well as a higher rate of overall food insecurity than the state. Both counties have a lower median household income than the state.

DeWitt and Lavaca Counties are designated as Health Professional Shortage Areas and Lavaca County, specifically, is designated as a Medically Underserved Area, as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA). When analyzing economic status in the two counties, DeWitt is considered a more economically distressed county than Lavaca County. DeWitt and Lavaca Counties have also seen an increase in the rate of those adults (age 18-64) who are uninsured.

Interviewees discussed the overuse of the emergency room for non-emergent issues by the un/underinsured population as well as low income residents and how they perceive the emergency room as a quicker way to access care. Several interviewees mentioned cost barriers to care are leading individuals to either delay seeking care or go without care altogether and this goes for treatments as well. One interviewee stated: “The cost of health care is a real issue for a lot of our economically disadvantaged families being able to get health insurance for their children, their family. It is [an issue] for everyone but for them especially.”

It was noted several times that there are limited affordable options for prescriptions and this is leading to inconsistency in prescription use or individuals not taking their prescriptions at all. One interviewee stated: “[People] aren’t able to get assistance if they make too much money but not enough to cover the medical costs. I think people don’t take their medications because they can’t afford it. We have heard from clients that their prescription prices are increasing so they are taking their meds every other day verses every day to make it last longer”. Lastly, there was a growing concern around costs and coverage for future healthcare services and resources.

Priority #4: Access to Affordable Care and Reducing Health Disparities Among Specific Populations (continued)

One interviewee stated: “I think the finances will continue to grow as being a big deal because as it stands right now, health care isn't getting any cheaper and the insurance issue is not getting any better. It's getting worse at a rapid pace and affordability of care is going to be a huge problem.”

The elderly population were discussed by several interviewees and that there is a significant senior population with unmet needs. Literacy, neglect, safe and affordable housing as well as transportation barriers were discussed by interviewees as emerging health issues for the elderly. It was noted that there was a need for access to support groups and resources like financial assistance or having a family or advocacy resource. One interviewee stated: “[The elderly] have trouble with transportation and advocacy. There are a lot of low income geriatric residents in our communities. The primary care providers have been promoting telehealth services or making it accessible to them through the past year.”

Several interviewees had conflicting statements regarding transportation options in the community and how they are used to access healthcare appointments. One interviewee stated: “I know they do have the county transportation vehicles that take people around. There’s a lot of elderly people here who don’t have family nearby so it is hard to get to doctors and clinics. Not having specialists and having to travel so far is an issue. Getting to the specialists they’re referred to who don’t come to Yoakum is expensive and a big issue for the elderly. The county has vehicles that are just for those who are disabled or people who don’t have access to transportation like the elderly”. It was mentioned that there are issues with access to affordable prescriptions and a need for continued focus on the resources for the elderly in the community. One interviewee stated: “One of the things we have to make sure we continue to do, and we’re doing a great job right now, is focus on the fact that a large percentage of our citizens are elderly. I’m very impressed with the hospital PAs and a hospitalists now. They’re great people and it’s really helped, and I hear it in the community.”

When asked about which specific groups are at risk for inadequate care, interviewees spoke about the elderly, low income/working poor, racial/ethnic, teenagers/adolescents, un/underinsured, obstetric population and the veterans. With regards to the elderly population, interviewees discussed transportation barriers and a lack of local specialty services, social isolation issues as well as literacy issues, a need for more safe and affordable housing and access to affordable prescriptions. The low income/working poor population were brought up as having some issues with local affordable preventive care and specialty care options, a need for more bilingual healthcare providers as well as issues in regards to transportation.

Racial/ethnic groups were discussed as facing a lack of local bilingual healthcare providers and a need for healthy lifestyle education. With regards to the teenagers/adolescents population, interviewees discussed an increasing need for broad sex education, a need for mental health services, healthy lifestyle education and drug prevention and education. Un/underinsured residents were discussed as facing lack of local, affordable preventive care, dental care as well as specialty care options; and overuse of the emergency room as a clinic versus seeing their provider or going to an urgent care.

For the obstetric population, interviewees discussed this group needing education for new mothers. as a need. Lastly, for the veteran residents, interviewees mentioned that they may be disproportionately affected by a lack of local services and resources for them to utilize.

PROCESS AND METHODOLOGY

Process and Methodology

Background & Objectives

- This CHNA is designed in accordance with CHNA requirements identified in the Patient Protection and Affordable Care Act and further addressed in the Internal Revenue Service final regulations released in December 29, 2014. The objectives of the CHNA are to:
  - Meet federal government and regulatory requirements
  - Research and report on the demographics and health status of the study area, including a review of state and local data
  - Gather input, data and opinions from persons who represent the broad interest of the community
  - Analyze the quantitative and qualitative data gathered and communicate results via a final comprehensive report on the needs of the communities served by Yoakum Community Hospital
  - Document the progress of previous implementation plan activities
  - Prioritize the needs of the community served by the hospital
  - Create an implementation plan that addresses the prioritized needs for the hospital

CHC Community Hospital Corporation

Process and Methodology

Scope

- The CHNA components include:
  - A description of the process and methods used to conduct this CHNA, including a summary of data sources used in this report
  - A biography of Yoakum Community Hospital
  - A description of the hospital's defined study area
  - Definition and analysis of the communities served, including demographic and health data analyses
  - Findings from phone interviews collecting input from community representatives, including:
    - State, local, tribal or regional governmental public health department (or equivalent department or agency) with knowledge, information or expertise relevant to the health needs of the community;
    - Members of a medically underserved, low-income or minority populations in the community, or individuals or organizations serving or representing the interests of such populations
    - Community leaders
  - A description of the progress and/or completion of community benefit activities documented in the previous implementation plan
  - The prioritized community needs and separate implementation plan, which intend to address the community needs identified
  - Documentation and rationalization of priorities not addressed by the implementation plan
  - A description of additional health services and resources available in the community
  - A list of information gaps that impact the hospital's ability to assess the health needs of the community served

Process and Methodology

Methodology

- Yoakum Community Hospital worked with CHC in the development of its CHNA. Yoakum Community Hospital provided essential data and resources necessary to initiate and complete the process, including the definition of the hospital's study area and the identification of key community stakeholders to be interviewed.
- CHC conducted the following research:
  - A demographic analysis of the study area, utilizing demographic data from Stratasan and local reports
  - A study of the most recent health data available
  - Conducted one-on-one phone interviews with individuals who have special knowledge of the communities, and analyzed results
  - Facilitated the review of collected data in November 2021 with the CHNA Team. The CHNA Team included:
    - Karen Barber, Chief Executive Officer
    - Jennifer Franklin, Chief Clinical Officer
- The methodology for each component of this study is summarized in the following section. In certain cases methodology is elaborated in the body of the report.

Process and Methodology

Methodology (continued)

- Yoakum Community Hospital Biography
  - Background information about Yoakum Community Hospital, mission, vision, values and services provided were provided by the hospital or taken from its website
- Study Area Definition
  - The study area for Yoakum Community Hospital is based on hospital inpatient discharge data from July 1, 2020 - June 30, 2021 and discussions with hospital staff
- Demographics of the Study Area
  - Population demographics include population change by race, ethnicity, age, median income analysis, unemployment and economic statistics in the study area
  - Demographic data sources include, but are not limited to, Stratasan, the U.S. Census Bureau and the United States Bureau of Labor Statistics
- Health Data Collection Process
  - A variety of sources (also listed in the reference section) were utilized in the health data collection process
  - Health data sources include, but are not limited to, the Robert Wood Johnson Foundation, Texas Department of Health and Human Services, SparkMap, United States Census Bureau, and the Centers for Disease Control and Prevention

Process and Methodology

Methodology (continued)

– Interview Methodology

- Yoakum Community Hospital provided CHC with a list of persons with special knowledge of public health in DeWitt and Lavaca Counties, including public health representatives and other individuals who focus specifically on underrepresented groups
- From that list, sixteen in depth phone interviews were conducted using a structured interview guide
- Extensive notes were taken during each interview and then quantified based on responses, communities and populations (minority, elderly, un/underinsured, etc.) served, and priorities identified by respondents. Qualitative data from the interviews was also analyzed and reported.

– Evaluation of Hospital's Impact

- A description of the progress and/or completion of community benefit activities documented in the previous implementation plan
- Yoakum Community Hospital provided CHC with a report of community benefit activity progress since the previous CHNA report

– Prioritization Strategy

- Four significant needs were determined by assessing the prevalence of the issues identified in the health data findings, combined with the frequency and severity of mentions in the interviews
- Three factors were used to rank those needs during the prioritization process
- See the prioritization section for a more detailed description of the prioritization methodology

HOSPITAL BIOGRAPHY

Hospital Biography

About Yoakum Community Hospital

A SMALL TEXAS HOSPITAL THAT CARES FOR OUR COMMUNITY

Comprehensive Healthcare Services: Yoakum Community Hospital provides a broad range of inpatient and outpatient healthcare services to meet the evolving health care needs of our community. These services include laboratory, rehabilitation, imaging, emergency and urgent care, general medicine, diabetes education, treatment for sleep disorders, surgery, cardiology, and the many specialty physicians who schedule patient appointments at the YCH Outpatient Clinic.

Trauma Center: The Yoakum Community Hospital team is the only Level IV trauma center in the area. We believe this recognition indicates the quality of care.

Communities We Serve: We have an ongoing commitment to patients in Lavaca County, DeWitt County, Gonzales County, Victoria County including the communities of Yoakum, Gonzales, Victoria, Cuero, Shiner, Moulton, Flatonia, Schulenburg, Hallettsville and the surrounding communities.

Strong Legacy of Care: Yoakum Community Hospital has provided healthcare since 1922. The 23-bed hospital operates as a not-for-profit hospital managed by Community Hospital Corporation of Plano, Texas. Patients benefit from the latest medical technology along with comprehensive healthcare delivered by highly skilled physicians, nurses and professional staff. Our dedication to providing comprehensive healthcare services with compassion, dignity and respect demonstrates our standard of quality healthcare and superior service to our community.

In addition, our YCH Form 990 is available by request in writing to: Yoakum Community Hospital, 1200 Carl Ramert Drive, Yoakum, TX 77995.

Source: Yoakum Community Hospital, "About," https://www.yoakumhospital.org/about-yoakum-hospital/; accessed December 20, 2021.

Hospital Biography

Mission, Vision and Values

Mission

The Yoakum Community Hospital family provides comprehensive health care with compassion, dignity and respect through our tradition of quality care and superior service to our community.

Vision

Yoakum Community Hospital will be the recognized source of compassionate, quality health care for our region.

Values

Respect
Integrity
Stewardship
Excellence

Source: Yoakum Community Hospital, Mission, Vision & Values Statements, information received January 26, 2022.
Note: the Mission and Vision statements for Yoakum Community Hospital are currently being updated at the time of this report publication. The new YCH Mission and Vision statements can be found at the following link: https://www.yoakumhospital.org/about-yoakum-hospital/.

Hospital Biography

Hospital Services

Surgical Services

- Gastroenterology
- General Surgery
- Gynecology
- Orthopedic
- Podiatry
- Urology

Rehabilitation Services

- Occupational and hand therapy
- Sports injury rehabilitation
- Stroke rehabilitation
- Functional training
- Pain management
- Wound care
- Orthopedic rehabilitation
- Speech therapy
- Swallowing assessments and treatment
- Cognitive assessments and treatment

Yoakum Family Practice

- Treatment of acute illness in children and adults
- Diabetes education
- Exercise program development
- Family planning/contraception
- Fitness and dietary guidance
- Comprehensive geriatric assessment
- Gynecological and obstetric care
- Immunizations
- Laboratory tests and routine x-rays on campus
- Minor surgery including skin biopsies
- Osteopathic manipulative therapy
- Patient health and disease education
- Physical examinations (insurance physicals, school physicals) and sports physical exams
- Preventive health care
- Sports medicine
- Well baby and child care

Source: Yoakum Community Hospital, "Services," https://www.yoakumhospital.org/services/; accessed December 20, 2021.

Hospital Biography

Services (continued)

Outpatient Clinic

- Cardiologist
- Dermatologist
- Diet consults
- Digital mammography
- Endocrinologist
- ENT
- Gastroenterology
- General surgeon
- Licensed counselor
- Nephrologist
- OB/Gynecology
- Orthopedic
- Podiatrist
- Spinal neurosurgeon
- Urologist
- Wound care clinic

New Horizons

- Social withdrawal
- Grief
- Depression
- Mild cognitive decline
- Acute memory impairment
- Sleep disorders
- Psychosis
- Mood changes
- Unfounded fears and anxiety
- Caregiver burnout and stress

Radiology

- Regular radiological exams
- Bone densitometry exams
- Computed tomography exams
- Ultrasound exams
- MRI exams
- Fluoroscopy for gastroenterology studies and surgery
- Nuclear medicine exams
- Healthy heart screenings
- 3D mammography exams

Source: Yoakum Community Hospital, "Services," https://www.yoakumhospital.org/services/; accessed December 20, 2021.

Hospital Biography

Services (continued)

Respiratory: Inpatient

- Inhalation therapy
- Chest percussion therapy: smart vest
- Disease and medication education
- BIPAP/CPAP management
- Ventilator management
- Pulse oximetry
- Home-based oxygen need evaluation
- Electrocardiogram
- EEG: Electroencephalogram
- PFT: Pulmonary Function Testing
- ABG: Arterial Blood Gas

Respiratory: Outpatient

- Inhalation therapy
- Chest percussion therapy: smart vest
- Disease and medication therapy
- ABG: Arterial Blood Gas
- Pulse oximetry
- Electrocardiogram
- Pulmonary Function Testing
- Electroencephalogram

Pulmonary Rehab

Swing Bed Program

24-Hour Emergency Department

Laboratory

Source: Yoakum Community Hospital, "Services," https://www.yoakumhospital.org/services/; accessed December 20, 2021.

STUDY AREA

Yoakum Community Hospital

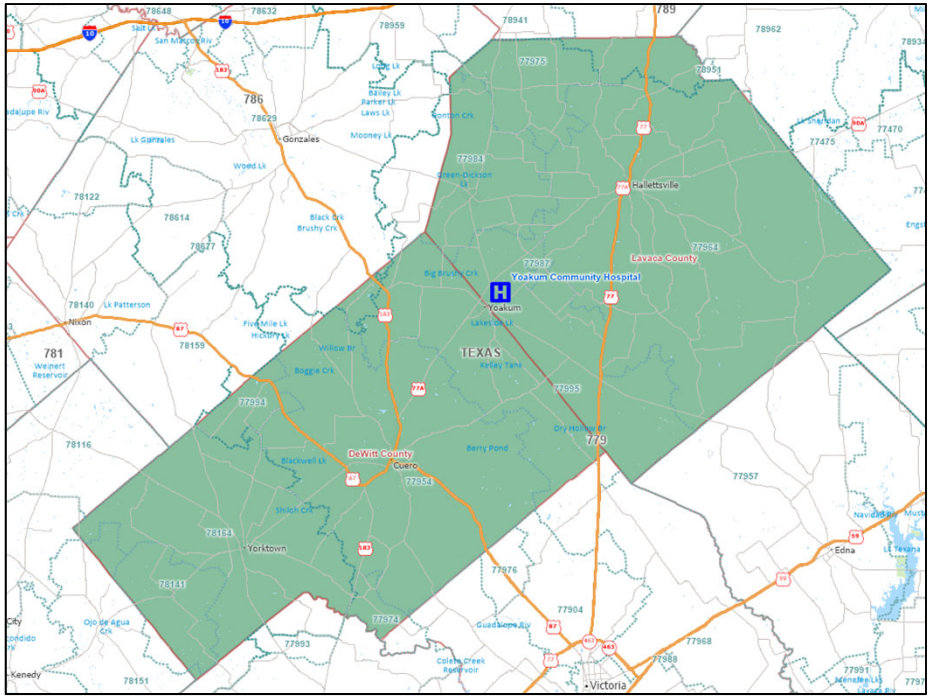
Study Area

- DeWitt and Lavaca Counties comprise 94.4% of FY 2021 Inpatient Discharges
- Indicates the hospital

Yoakum Community Hospital
Patient Origin by County
July 1, 2020 - June 30, 2021

County	State	FY21 Inpatient Discharges	% of Total	Cumulative % of Total
Lavaca County	TX	525	92.6%	92.6%
DeWitt County	TX	10	1.8%	94.4%
All Others		32	5.6%	100.0%
Total		**567**	**100.0%**	

Source: Hospital inpatient discharge data provided by Yoakum Community Hospital; July 2020 – June 2021.



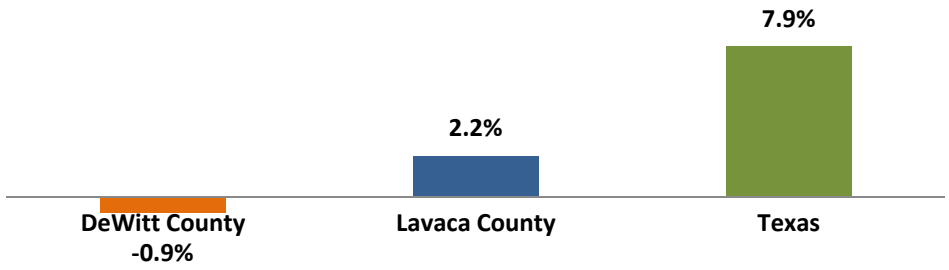
Note: the 2019 YCH CHNA and Implementation Plan report studied DeWitt and Lavaca Counties, Texas, which comprised 96.0% of FY 2018 (July 1, 2017 – June 30, 2018) inpatient discharges.

DEMOGRAPHIC OVERVIEW

Population Health

Population Growth

Projected 5-Year Population Growth
2021-2026

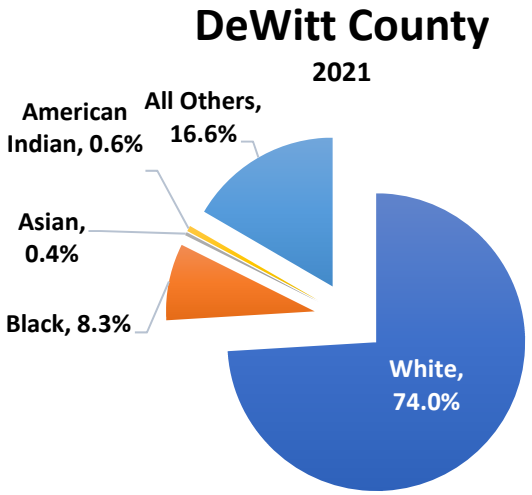


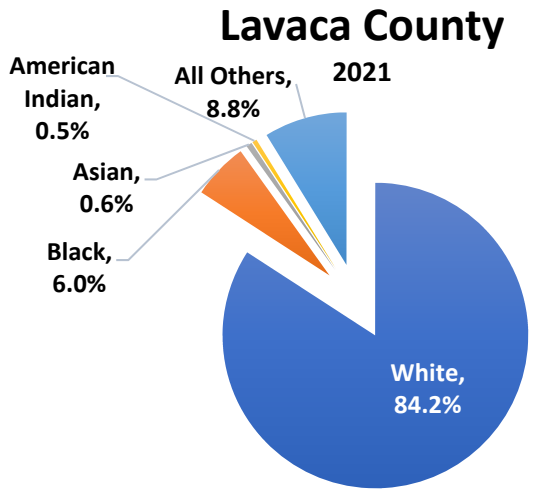
Overall Population Growth				
Geographic Location	**2021**	**2026**	**2021-2026 Change**	**2021-2026 % Change**
DeWitt County	20,265	20,092	-173	-0.9%
Lavaca County	20,466	20,910	444	2.2%
Texas	29,969,514	32,346,738	2,377,224	7.9%

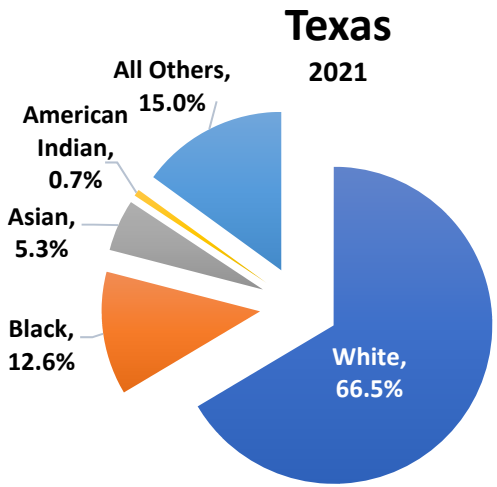
Source: Stratasan, Canvas Demographic Report, 2021.

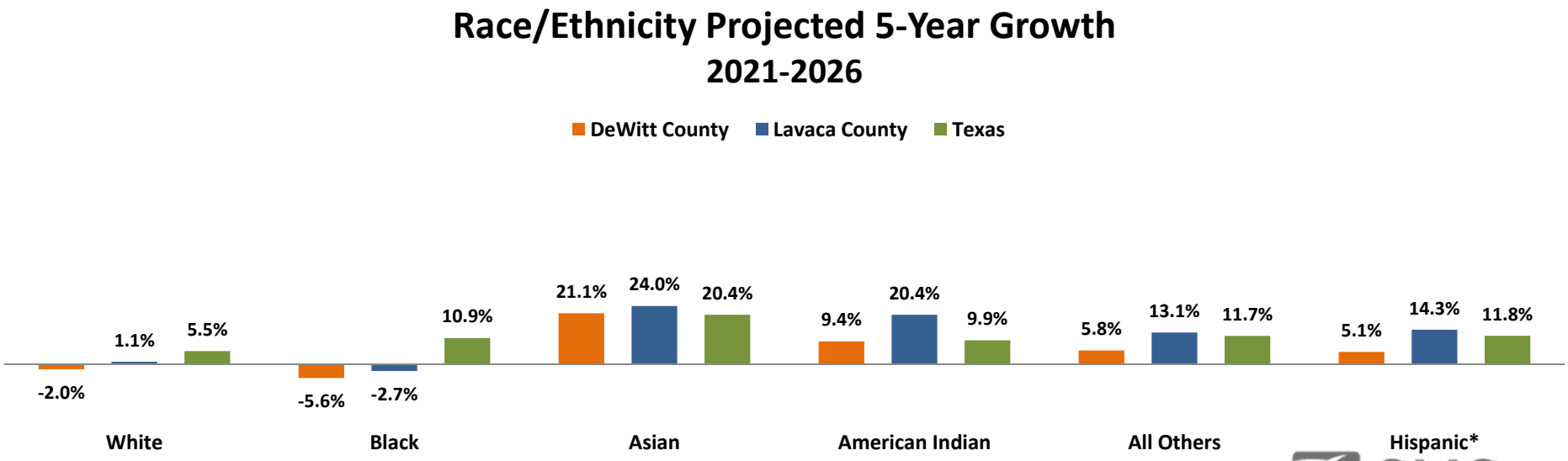
Population Health

Population Composition by Race/Ethnicity





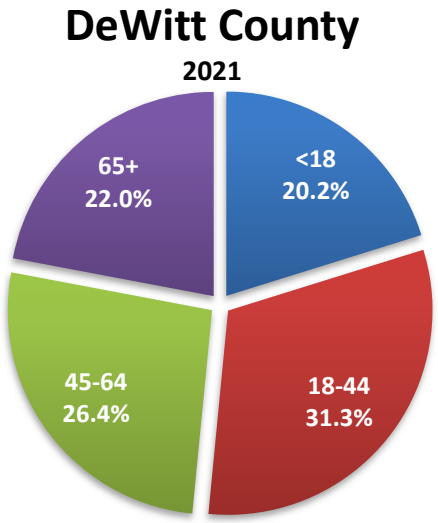


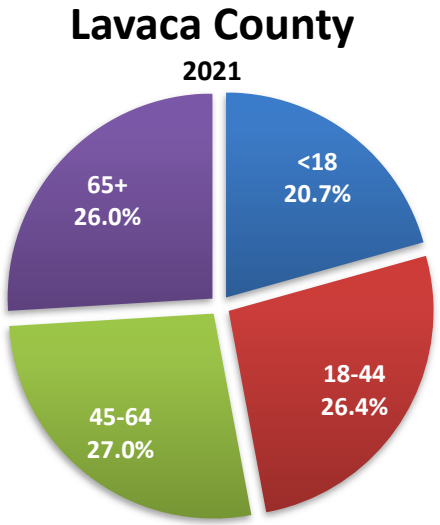


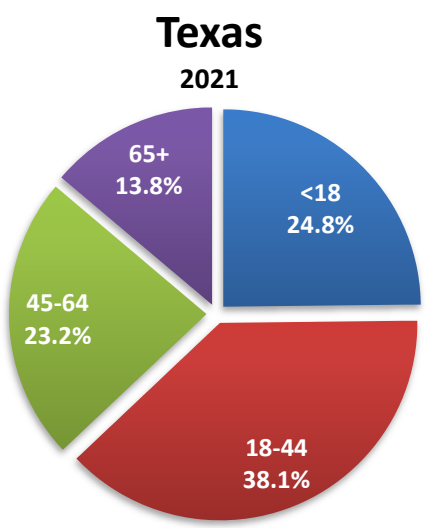
Source: Stratasan, Canvas Demographic Report, 2021.
*Hispanic numbers and percentages are calculated separately since it is classified as an ethnicity.

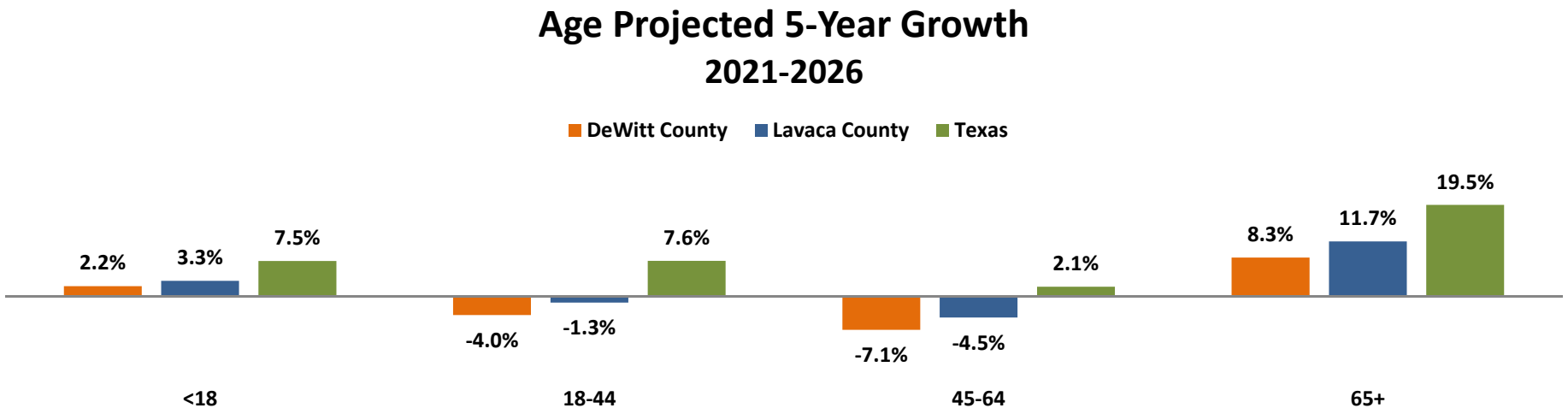
Population Health

Population Composition by Age Group







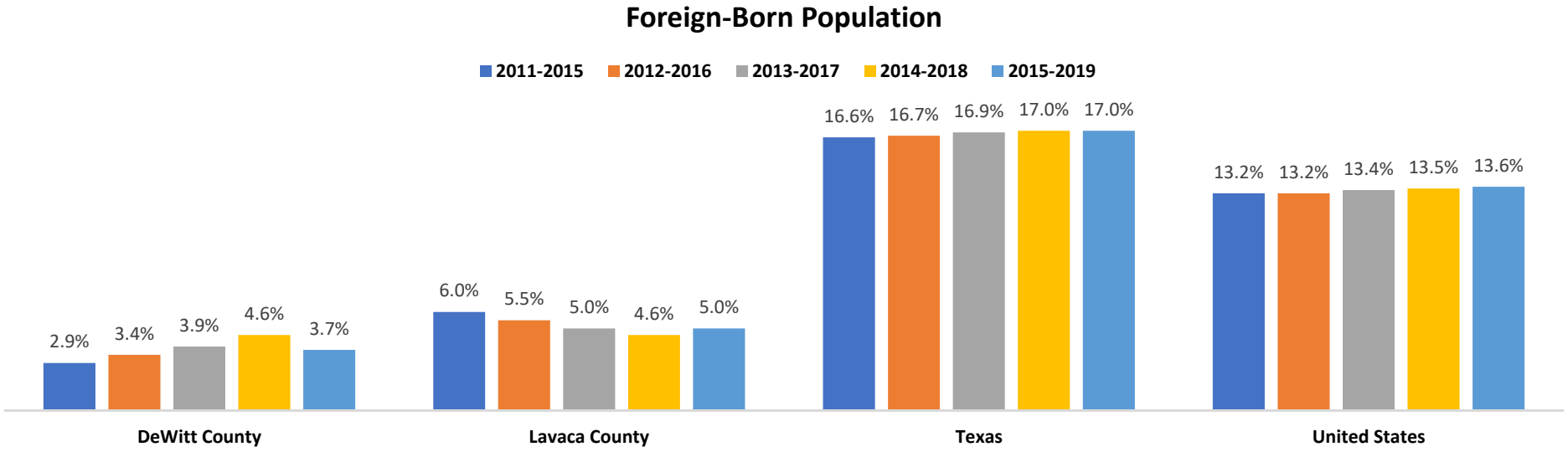


Source: Stratasan, Canvas Demographic Report, 2021.

Population Health

Subpopulation Composition

- Between 2011 and 2019, the percent of foreign-born residents increased in DeWitt County, the state, and the nation, while the percent decreased in Lavaca County.
- Between 2011 and 2019, DeWitt County maintained a lower percentage of foreign-born residents than Lavaca County, the state, and the nation.
- In 2015-2019, DeWitt County (3.7%) had a lower percent of foreign-born residents than Lavaca County (5.0%), the state (17.0%) and the nation (13.6%).

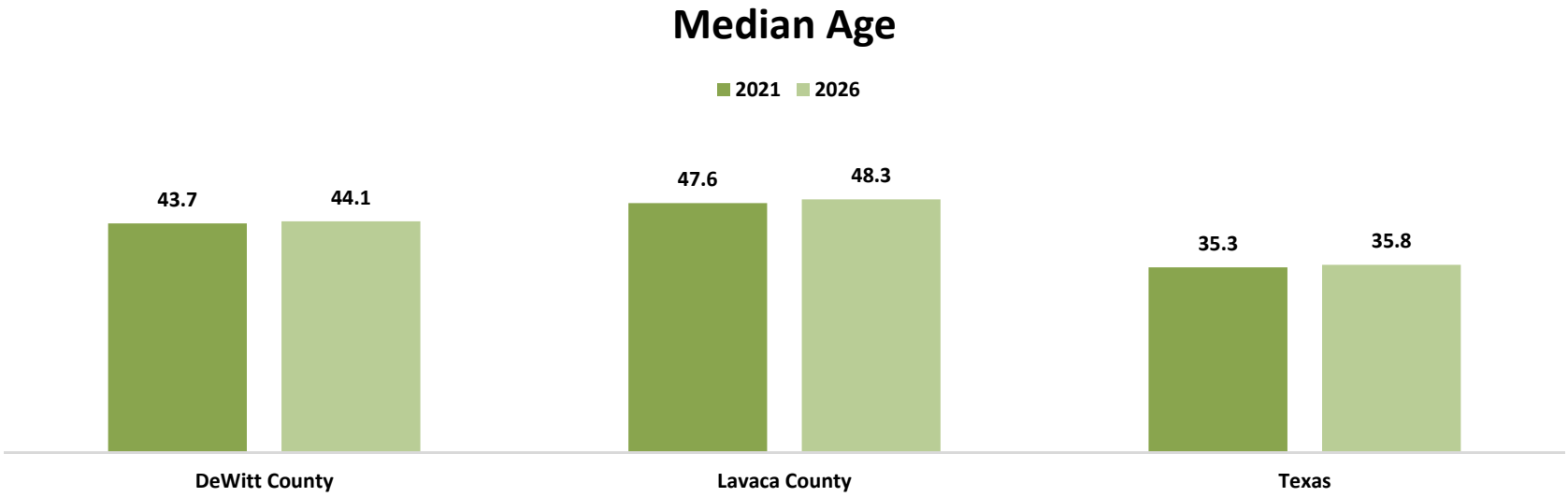


Source: United States Census Bureau, filtered for DeWitt and Lavaca Counties, TX, https://data.census.gov/cedsci/table?q=foreign%20born&tid=ACSDP1Y2019.DP02; data accessed November 2, 2021.
Note: Foreign-born means an individual who was born outside of the United States but lives in the United States currently.
Note: Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

Population Health

Median Age

- As of 2021, Lavaca County (47.6 years) has an older median age than both DeWitt County (43.7 years) and the state (35.3 years).
- The median age in DeWitt County, Lavaca County, and the state is expected to slightly increase over the next five years.

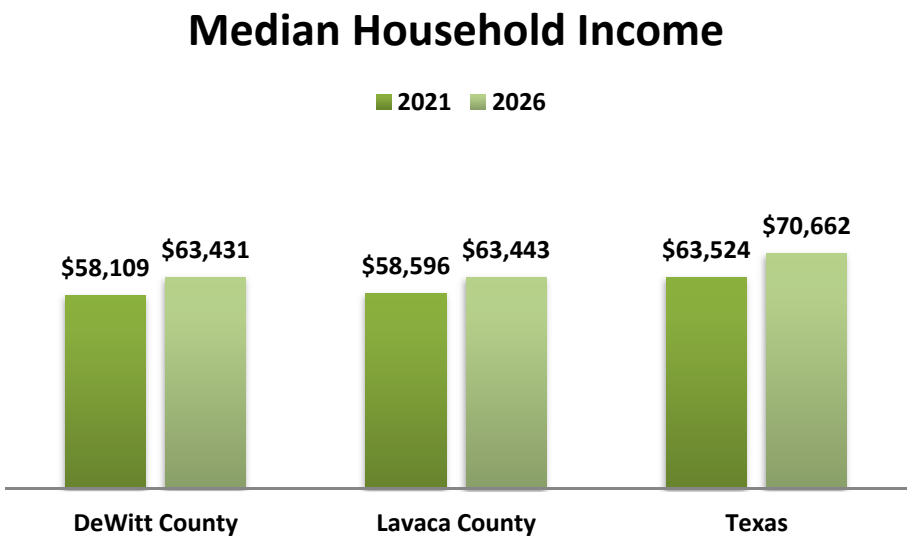


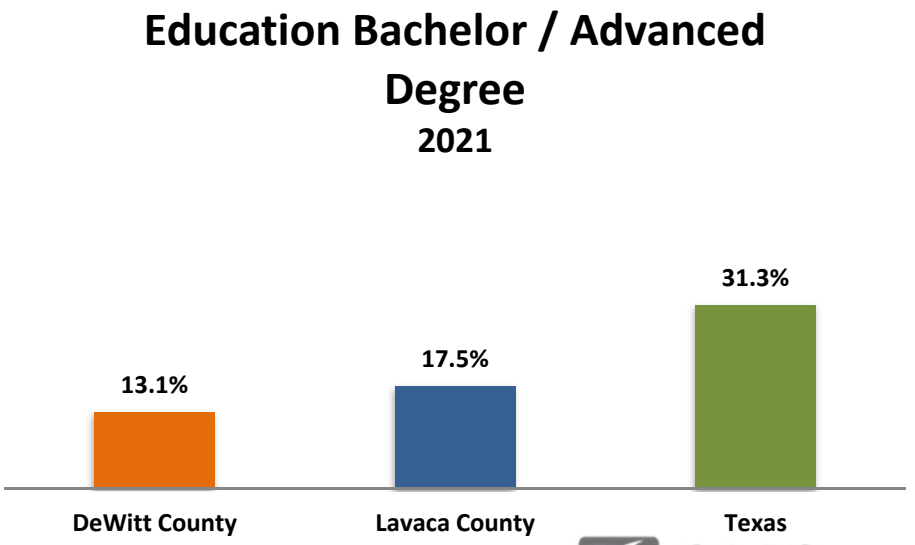
Source: Stratasan, Canvas Demographic Report, 2021.

Population Health

Median Household Income & Educational Attainment

- As of 2021, the median household income in both DeWitt ($58,109) and Lavaca ($58,596) Counties is lower than that of the state ($63,524).
- Between 2021 and 2026, the median household income in DeWitt County, Lavaca County and the state are expected to increase.
- DeWitt County (13.1%) and Lavaca County (17.5%) have a lower percentage of residents with a bachelor or advanced degree than the state (31.3%) (2021).





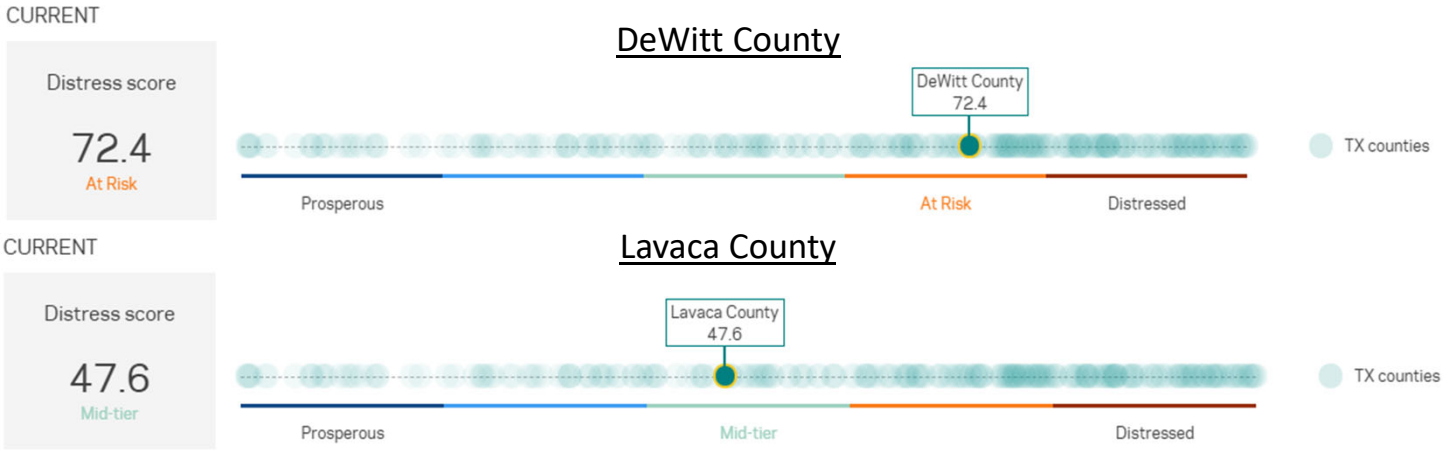
Source: Stratasan, Canvas Demographic Report, 2021.

Population Health

Distressed Communities Index

- In 2014-2018, 16.0% of the nation lived in a distressed community, as compared to 26.0% of the nation that lived in a prosperous community.
- In 2014-2018, 24.5% of the population in Texas lived in a distressed community, as compared to 26.2% of the population that lived in a prosperous community.
- In 2014-2018, the distress score in DeWitt County was 72.4 which falls within the at risk economic category, while the distress score in Lavaca County was 47.6 which falls within the mid-tear economic category and is more prosperous as compared to other counties in the state.

	Texas	United States
Lives in a Distressed Community	24.5%	16.0%
Lives in a Prosperous Community	26.2%	26.0%

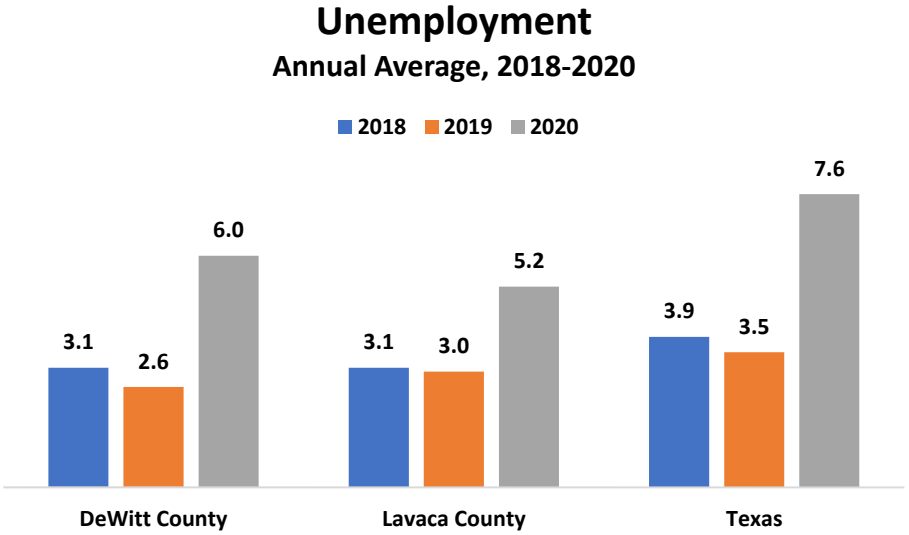


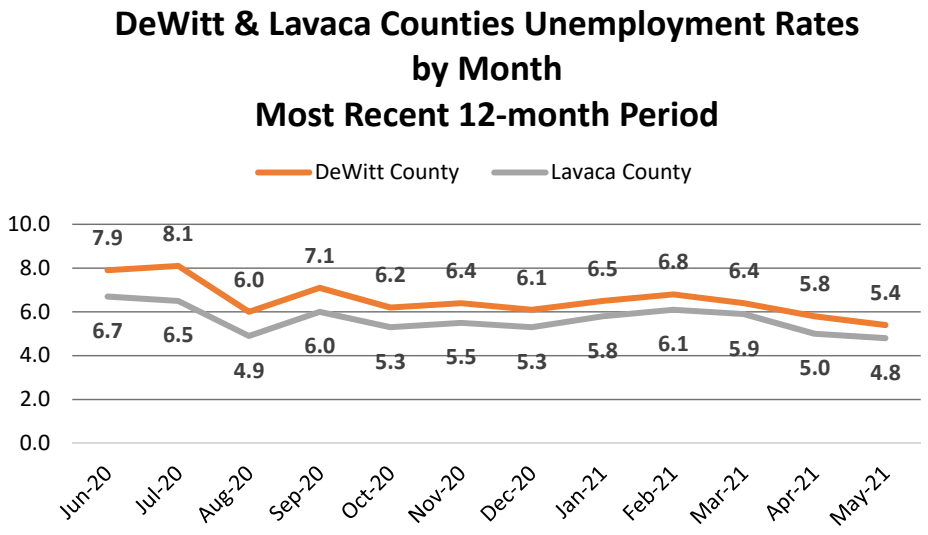
Source: Economic Innovation Group, 2020 DCI Interactive Map, filtered for DeWitt and Lavaca Counties, TX, https://eig.org/dci/interactive-map?path=state/; data accessed August 9, 2021.
Definition: 'Prosperous' has a final score of 0 all the way up to 'Distressed' which has a final score of 100.
Note: 2020 DCI edition used U.S. Census Bureau's American Community Survey (ACS) 5 – Year Estimates covering 2014 -2018.
Note: Distressed Communities Index (DCI) combines seven complementary economic indicators: no high school diploma, housing vacancy rate, adults not working, poverty rate, median income ratio, change in employment and change in establishments. Full definition for each economic indicator can be found in the appendix.

Population Health

Unemployment

- Unemployment rates in DeWitt and Lavaca Counties and the state increased between 2018 and 2020.
- In 2020, DeWitt (6.0) and Lavaca (5.2) Counties had a lower unemployment rate than the state (7.6).
- Over the most recent 12-month time period, monthly unemployment rates in DeWitt and Lavaca Counties decreased.
- For DeWitt County, May 2021 had the lowest unemployment rate (5.4) as compared to July 2020 with the highest rate (8.1).
- For Lavaca County, May 2021 had the lowest unemployment rate (4.8) as compared to June 2020 with the highest rate (6.7).





Source: Bureau of Labor Statistics, Local Area Unemployment Statistics, www.bls.gov/lau/#tables; data accessed July 21, 2021.
Definition: Unemployed persons include are all persons who had no employment during the reference week, were available for work, except for temporary illness, and had made specific efforts to find employment some time during the 4 week-period ending with the reference week. Persons who were waiting to be recalled to a job from which they had been laid off need not have been looking for work to be classified as unemployed.

Population Health

Industry Workforce Categories

- As of 2019, the majority of employed persons in DeWitt County are within Construction & Extraction Occupations, as compared to Lavaca County where the majority of employed persons are within Production Occupations. The most common employed groupings are as follows:

<u>DeWitt County</u>

- Construction & Extraction Occupations (13.6%)
- Office & Administrative Support Occupations (12.3%)
- Management Occupations (10.6%)
- Sales & Related Occupations (9.0%)
- Production Occupations (7.7%)

<u>Lavaca County</u>

- Production Occupations (12.2%)
- Office & Administrative Support Occupations (10.9%)
- Sales & Related Occupations (10.4%)
- Management Occupations (10.0%)
- Construction & Extraction Occupations (8.1%)

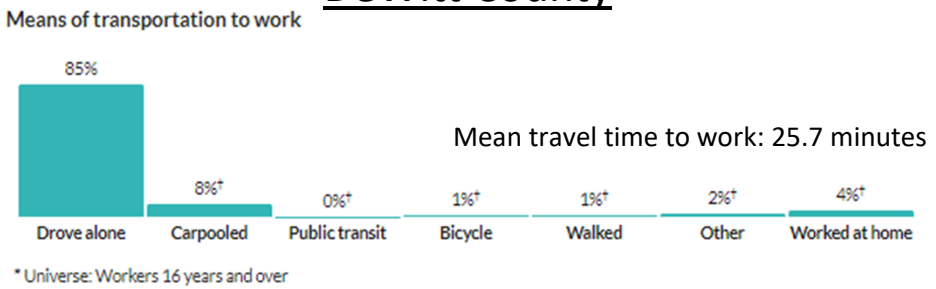
Source: Data USA, filtered for DeWitt and Lavaca Counties, TX, https://datausa.io/; data accessed August 9, 2021.

Population Health

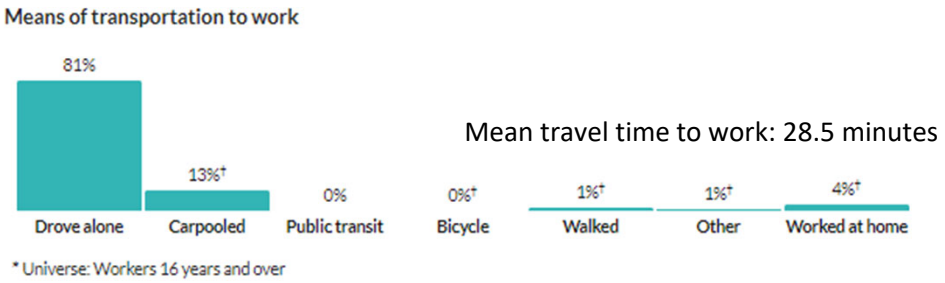
Means of Transportation

- In 2015-2019, driving alone was the most frequent means of transportation to work for both DeWitt and Lavaca Counties and the state.
- In 2015-2019, Lavaca County (13.0%) had the highest percent of people who carpooled to work as compared to DeWitt County (8.0%) and the state (10.0%).
- DeWitt County (25.7 minutes) had a shorter mean travel time to work than Lavaca County (28.5 minutes) and the state (27.2 minutes) (2015-2019).

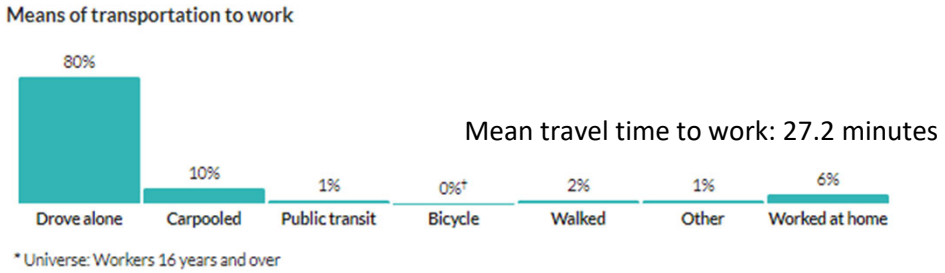
DeWitt County



Lavaca County



Texas



Source: U.S. Census Bureau (2015-2019). Sex of Workers by Means of Transportation to Work American Community Survey 5-year estimates, filtered for DeWitt and Lavaca Counties, TX, https://censusreporter.org/search/; data accessed July 30, 2021.
"†" indicates a margin of error is at least 10 percent of the total value. Interpret with caution.

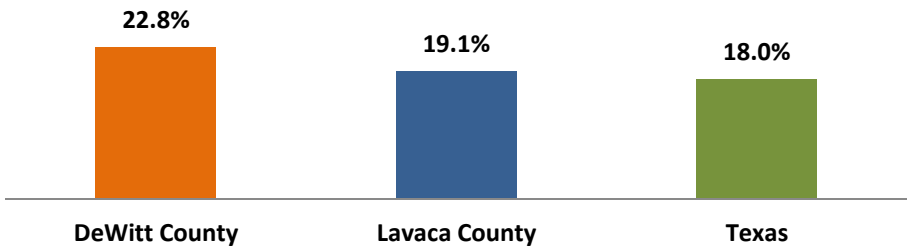
Population Health

Poverty

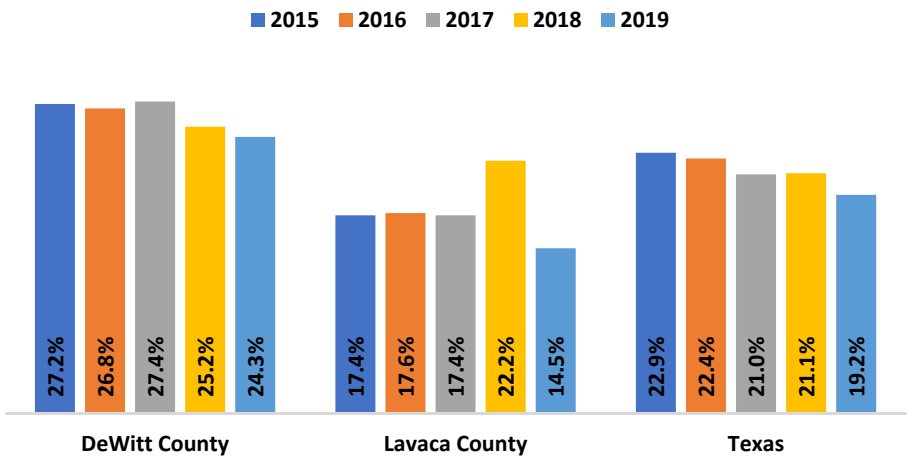
- DeWitt County (22.8%) has the highest percentage of families living below the poverty level as compared to Lavaca County (19.1%) and the state (18.0%) (2021).
- Between 2015 and 2019, the percentage of children (<18 years) living below poverty in both DeWitt and Lavaca Counties and the state overall decreased.
- In 2019, DeWitt County (24.3%) had a higher percentage of children (<18 years) living below poverty than the state (19.2%), while the rate in Lavaca County (14.5%) was lower than the state.

Families Below Poverty

2021



Children Living in Poverty



Source: Stratasan, Canvas Demographic Report, 2021.
Source: Small Area Income and Poverty Estimates (SAIPE), filtered for DeWitt and Lavaca Counties, TX, https://www.census.gov/data-tools/demo/saipe/#/?map_geoSelector=aa_c; data accessed October 11, 2021.
Children Living Below Poverty Definition: Estimated percentage of related children under age 18 living in families with incomes less than the federal poverty threshold.
Note: The 2021 Federal Poverty Guidelines define a household size of 4 as living below 100% of the federal poverty level if the household income is less than $26,500, and less than 200% of the federal poverty level if the household income is less than $53,000. Please see the appendix for the full 2021 Federal Poverty Guidelines.

CHC Community Hospital Corporation

Population Health

Food Insecurity

- According to Feeding America, DeWitt County (14.8%) had the highest estimated percent of residents who are food insecure as compared to Lavaca County (13.9%) and the state (14.1%) (2019).
- Additionally, 19.2% of the youth population (under 18 years of age) in DeWitt County are food insecure, as compared to 19.0% in Lavaca County and 19.6% in Texas (2019).
- The average meal cost for a DeWitt County resident is $2.67, as compared to $2.65 in Lavaca County and $2.68 in Texas (2019).

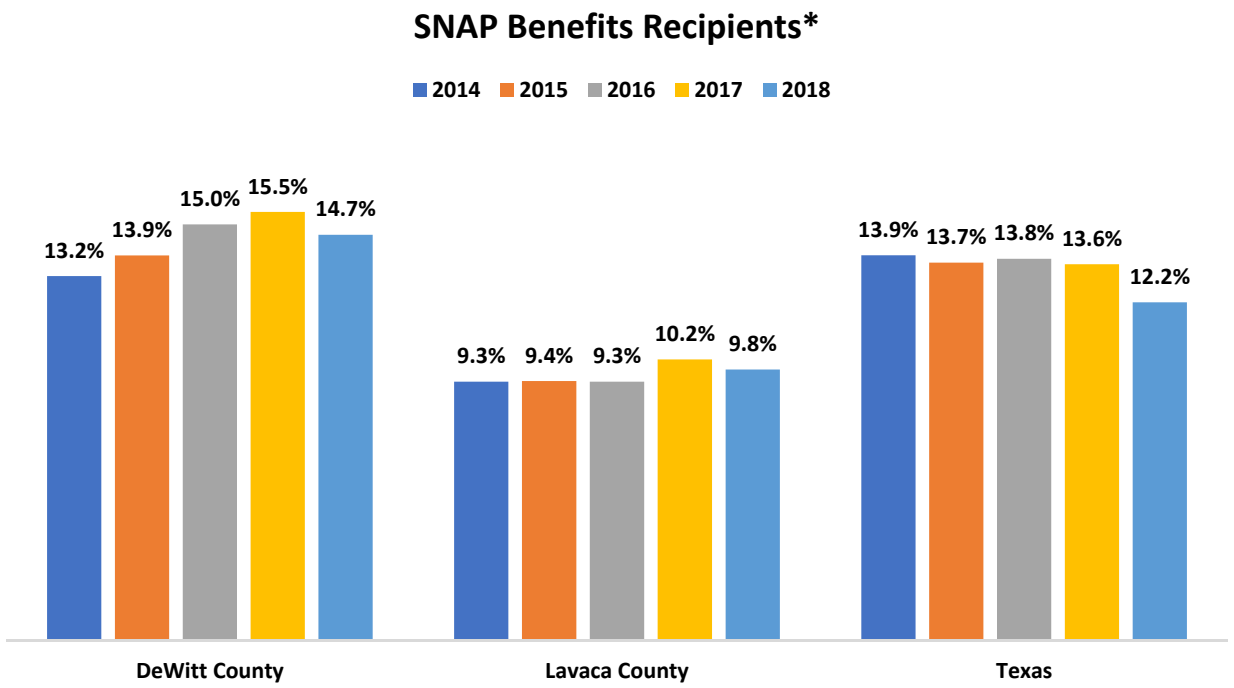
Location	Overall Food Insecurity	Child Food Insecurity	Average Meal Cost
DeWitt County	14.8%	19.2%	$2.67
Lavaca County	13.9%	19.0%	$2.65
Texas	14.1%	19.6%	$2.68

Source: Feeding America, Map The Meal Gap: Data by County in Each State, filtered for DeWitt and Lavaca Counties, TX, https://www.feedingamerica.org/research/map-the-meal-gap/by-county?_ga=2.33638371.33636223.1555016137-1895576297.1555016137&s_src=W194ORGSC; information accessed July 21, 2021.
Food Insecure Definition (Adult): Lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods.
Food Insecure Definition (Child): Those children living in households experiencing food insecurity.
Average Meal Cost Definition: The average weekly dollar amount food-secure individuals report spending on food, as estimated in the Current Population Survey, divided by 21 (assuming three meals a day, seven days a week).

Population Health

Supplemental Nutrition Assistance Program (SNAP) Benefits

- Between 2014 and 2018, DeWitt County maintained a higher percentage of recipients who qualified for Supplemental Nutrition Assistance Program (SNAP) benefits than Lavaca County and the state. Additionally, the percentage of SNAP Benefit recipients in both counties overall increased between 2014 and 2018.
- In 2018, DeWitt County (14.7%) had a higher percentage of recipients who qualified for SNAP benefits than both Lavaca County (9.8%) and the state (12.2%).

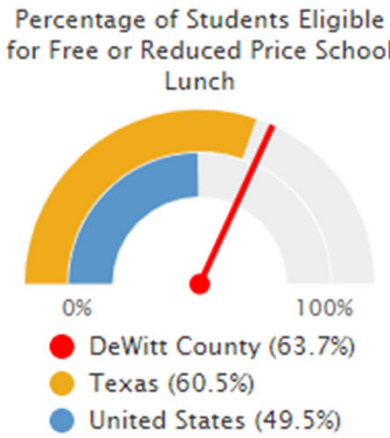


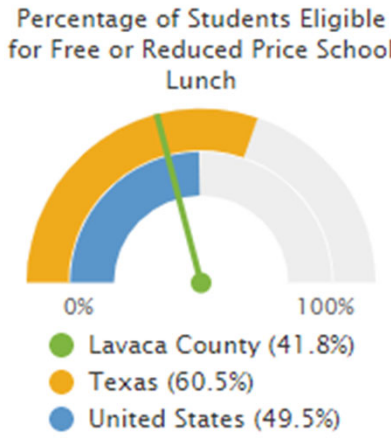
Source: SAIPE Model, United States Census Bureau, filtered for DeWitt and Lavaca Counties, TX, https://www.census.gov/data/datasets/time-series/demo/saipe/model-tables.html; data accessed July 30, 2021.
Source: County Population Totals: 2010-2019, United States Census Bureau, filtered for DeWitt and Lavaca Counties, TX, https://www.census.gov/data/tables/time-series/demo/popest/2010s-counties-total.html#par_textimage_242301767; data access August 9, 2021.
*Percentage manually calculated based on estimated population numbers by county and state between 2014 and 2018 as provided by the United States Census Bureau.

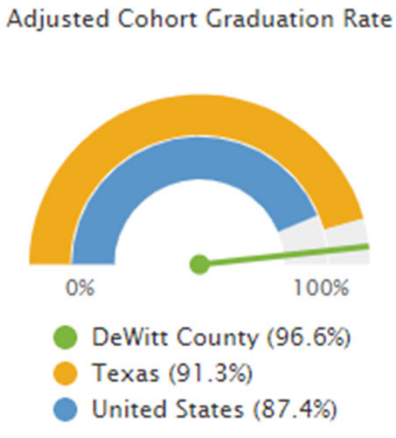
Population Health

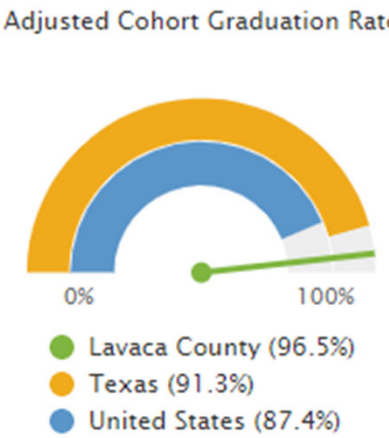
Children in the Study Area

- In 2018-2019, DeWitt County (63.7%) had a higher percentage of public school students eligible for free or reduced price lunch than Lavaca County (41.8%), the state (60.5%), and the nation (49.5%).
- DeWitt County (96.6%) and Lavaca County (96.5%) have a higher high school graduation rate than the state (91.3%) and the nation (87.4%) (2018-2019).









Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: SparkMap, Health Indicator Report: logged in and filtered for DeWitt and Lavaca Counties, TX, https://sparkmap.org/report/; data accessed June 15, 2021.
Eligible for Free/Reduced Price Lunch definition: Free or reduced price lunches are served to qualifying students in families with income between under 185 percent (reduced price) or under 130% (free lunch) of the US federal poverty threshold as part of the federal National School Lunch Program (NSLP).
Cohort Graduation Rate Definition: Students receiving a high school diploma within four years.

HEALTH DATA OVERVIEW

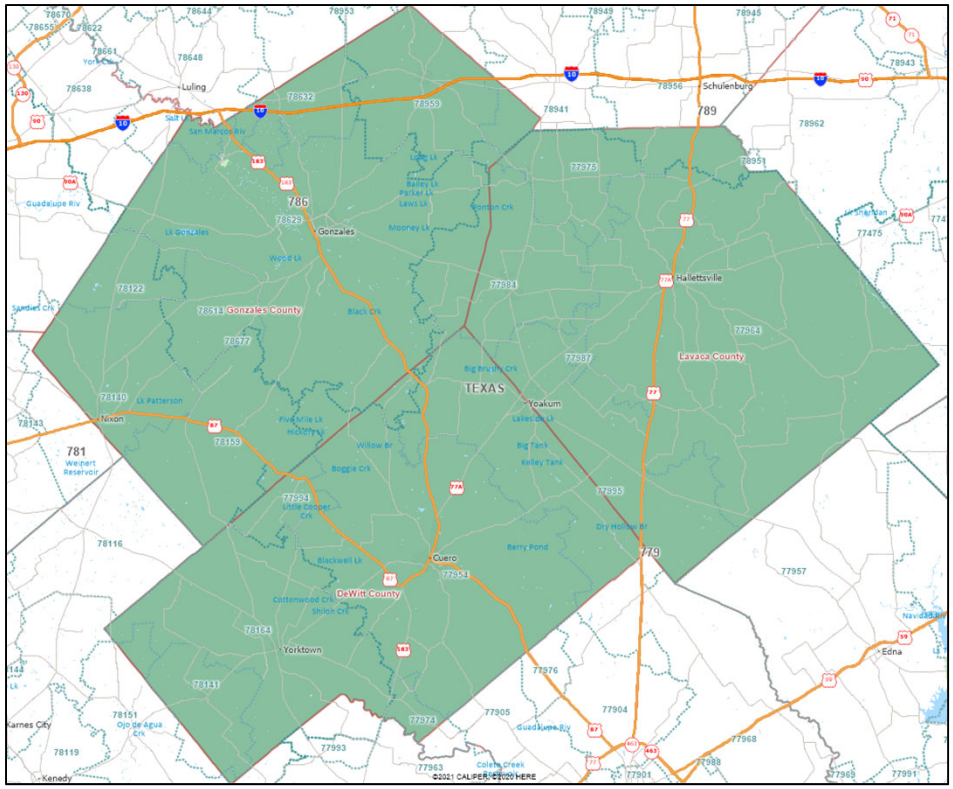
Data Methodology

- **The following information outlines specific health data:**
  - Mortality, chronic diseases and conditions, health behaviors, natality, mental health and health care access
- **Data Sources include, but are not limited to:**
  - Texas Department of State Health Services
  - Texas Cancer Registry
  - Small Area Health Insurance Estimates (SAHIE)
  - SparkMap
  - The Behavioral Risk Factor Surveillance System (BRFSS)
    - The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Currently, information is collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam.
    - It is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors.
    - States use BRFSS data to identify emerging health problems, establish and track health objectives, and develop and evaluate public health policies and programs. Many states also use BRFSS data to support health-related legislative efforts.
  - The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute
  - United States Census Bureau
- **Data Levels:** Nationwide, state, BRFSS customized region, and county level data

CHC Community Hospital Corporation

Health Status

BRFSS Customized Study Area – YCH 3 County Area



County Name
DeWitt County
Lavaca County
Gonzales County

Source: Texas Department of State Health Services, Center for Health Statistics; http://www.dshs.state.tx.us/chs/vstat/annrpts.shtm; data accessed October 6, 2021.

Health Status

County Health Rankings & Roadmaps – DeWitt & Lavaca Counties, Texas

- The County Health Rankings rank 243 counties in Texas (1 being the best, 243 being the worst).
- Many factors go into these rankings. A few examples include:
  - Quality of Life:
    - Poor or fair health
    - Poor physical health days
    - Poor mental health days
  - Health Behaviors:
    - Adult smoking
    - Adult obesity
    - Physical inactivity
  - Physical Environment:
    - Air pollution – particulate matter
    - Drinking water violations
    - Severe housing problems
    - Driving alone to work

2021 County Health Rankings	DeWitt County	Lavaca County
Health Outcomes	**137**	**20**
LENGTH OF LIFE	143	23
QUALITY OF LIFE	151	38
Health Factors	**127**	**83**
HEALTH BEHAVIORS	140	187
CLINICAL CARE	124	73
SOCIAL & ECONOMIC FACTORS	128	33
PHYSICAL ENVIRONMENT	98	157

Note: Green represents the best ranking for the county, and red represents the worst ranking.

Source: County Health Rankings and Roadmaps; www.countyhealthrankings.org; data accessed July 20, 2021.
Note: Please see the appendix for full methodology.
Note: County Health Rankings ranks 243 of the 254 counties in Texas.

CHC Community Hospital Corporation

Health Status

Mortality – Leading Causes of Death (2015-2019)

Rank	DeWitt County	Lavaca County	Texas
1	Malignant neoplasms (C00-C97)	Diseases of heart (I00-I09,I11,I13,I20-I51)	Diseases of heart (I00-I09,I11,I13,I20-I51)
2	Diseases of heart (I00-I09,I11,I13,I20-I51)	Malignant neoplasms (C00-C97)	Malignant neoplasms (C00-C97)
3	Cerebrovascular diseases (I60-I69)	Accidents (unintentional injuries) (V01-X59,Y85-Y86)	Cerebrovascular diseases (I60-I69)
4	Diabetes mellitus (E10-E14)	Cerebrovascular diseases (I60-I69)	Chronic lower respiratory diseases (J40-J47)
5	Accidents (unintentional injuries) (V01-X59,Y85-Y86)	Alzheimer disease (G30)	Accidents (unintentional injuries) (V01-X59,Y85-Y86)
6	Chronic lower respiratory diseases (J40-J47)	Chronic lower respiratory diseases (J40-J47)	Alzheimer disease (G30)
7	Alzheimer disease (G30)	Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)	Diabetes mellitus (E10-E14)
8	Septicemia (A40-A41)	Influenza and pneumonia (J09-J18)	Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)
9	Chronic liver disease and cirrhosis (K70,K73-K74)	Septicemia (A40-A41)	Septicemia (A40-A41)
10	Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	Diabetes mellitus (E10-E14)	Chronic liver disease and cirrhosis (K70,K73-K74)

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed June 1, 2021.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Mortality – Leading Causes of Death (2015-2019)

Disease	DeWitt County	Lavaca County	Texas
Malignant neoplasms (C00-C97)	190.1	156.4	145.6
Diseases of heart (I00-I09,I11,I13,I20-I51)	186.3	183.2	168.3
Cerebrovascular diseases (I60-I69)	56.7	33.2	41.0
Diabetes mellitus (E10-E14)	48.5	11.9	21.5
Accidents (unintentional injuries) (V01-X59,Y85-Y86)	44.2	53.1	38.5
Chronic lower respiratory diseases (J40-J47)	36.9	28.9	39.9
Alzheimer disease (G30)	34.1	32.8	38.3
Septicemia (A40-A41)	30.4	14.4	15.0
Chronic liver disease and cirrhosis (K70,K73-K74)	18.6	Unreliable	13.9
Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	18.4	Unreliable	13.1

Green indicates that the county's rate is lower than the state's rate for that disease category.

Red indicates that the county's rate is higher than the state's rate for that disease category.

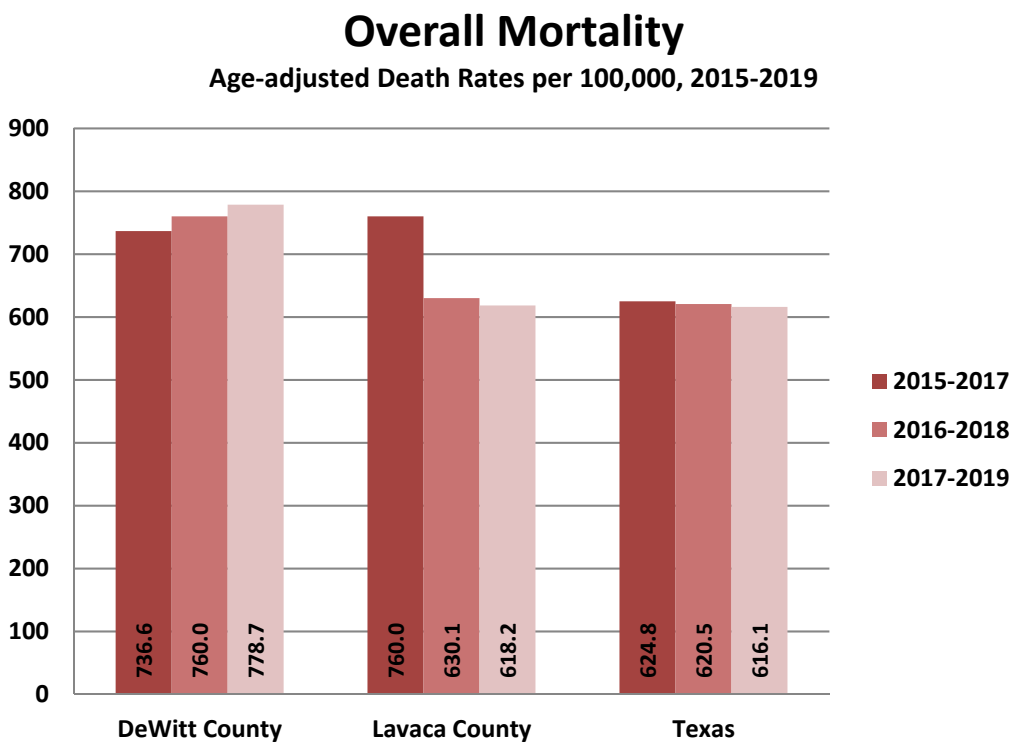
Note: Mortality charts and tables on the following slides are in descending order based on 2015-2019 age-adjusted death rates for DeWitt County.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed June 1, 2021.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously. In the event that a rate is too small to calculate, 'Unreliable' is used in the cell block.

Health Status

Mortality - Overall

- Overall mortality rates in DeWitt and Lavaca County remained higher than the state rate between 2015 and 2019.
- Overall mortality rates in DeWitt County increased between 2015 and 2019, while rates in Lavaca County and the state decreased.
- In 2017-2019, the overall mortality rate in DeWitt County (778.7 per 100,000) was higher than both Lavaca County (618.2 per 100,000) and the state (616.1 per 100,000).



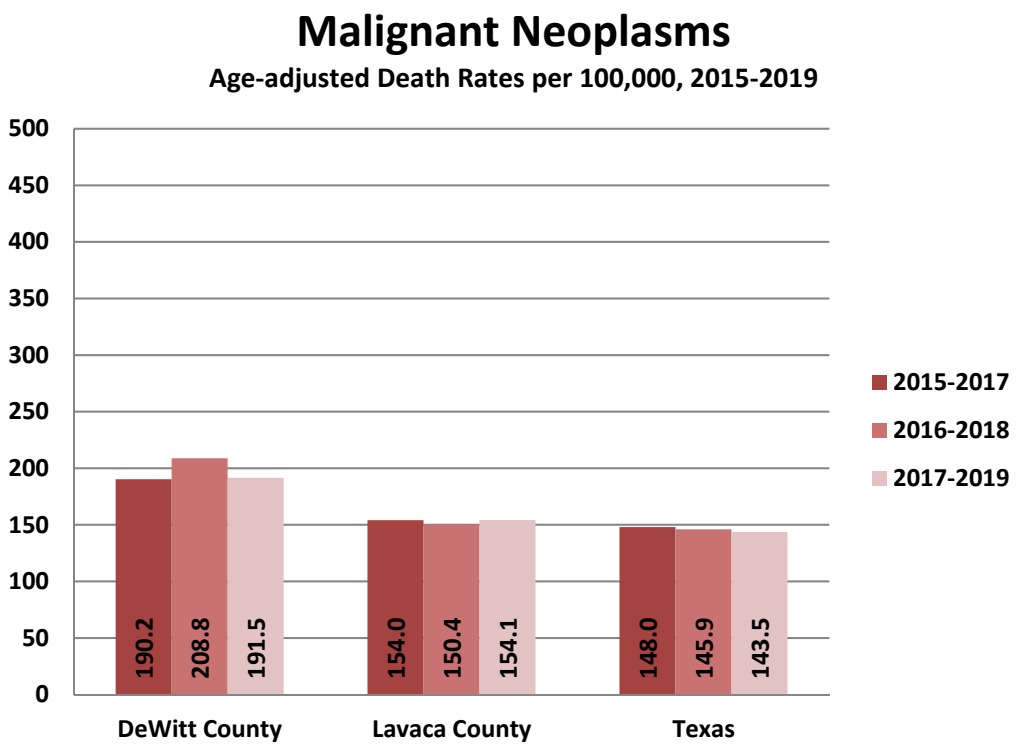
LOCATION	2015-2017		2016-2018		2017-2019		2015-2019	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
DeWitt County	679	736.6	696	760.0	702	778.7	1,154	760.8
Lavaca County	696	760.0	645	630.1	640	618.2	1,046	616.1
Texas	492,808	624.8	502,928	620.5	512,109	616.1	836,543	619.7

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed June 1, 2021.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality - Malignant Neoplasms

- Cancer is the leading cause of death in DeWitt County and second leading cause of death in both Lavaca County and the state (2015-2019).
- Between 2015 and 2019, cancer mortality rates overall increased in DeWitt and Lavaca Counties, and decreased in the state.
- In 2017-2019, the cancer mortality rate in DeWitt County (191.5 per 100,000) was higher than both Lavaca County (154.1 per 100,000) and the state (143.5 per 100,000).



LOCATION	2015-2017		2016-2018		2017-2019		2015-2019	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
DeWitt County	174	190.2	188	208.8	173	191.5	288	190.1
Lavaca County	152	154.0	152	150.4	157	154.1	260	156.4
Texas	119,984	148.0	121,729	145.9	123,023	143.5	202,339	145.6

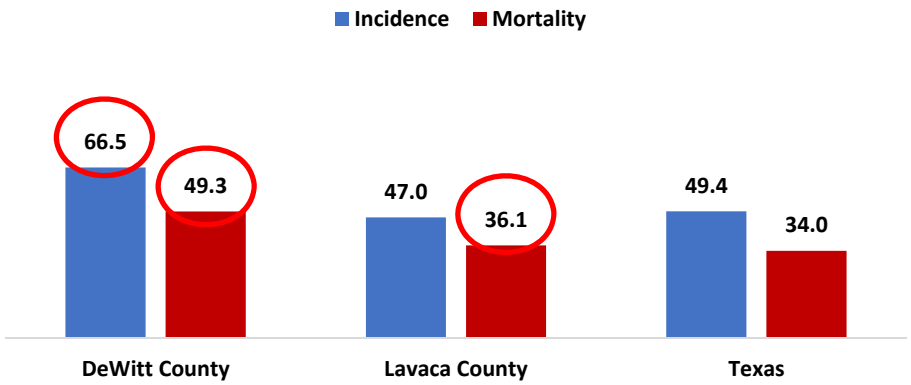
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed June 1, 2021.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Cancer Incidence & Mortality by Type

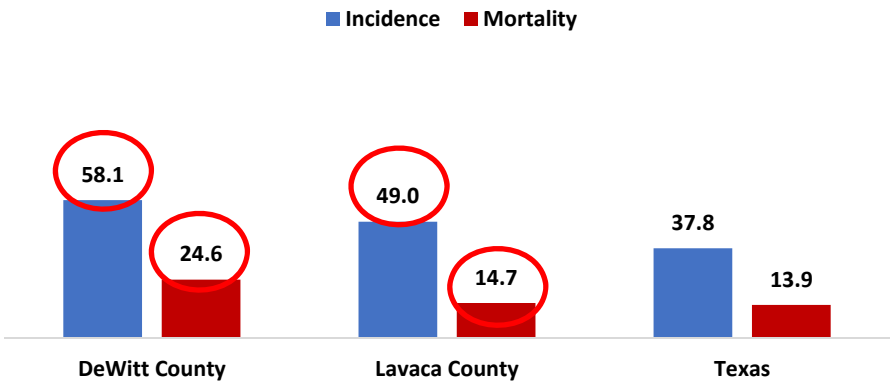
Lung & Bronchus Cancer

Age-adjusted Incidence & Mortality Rates per 100,000
2014-2018



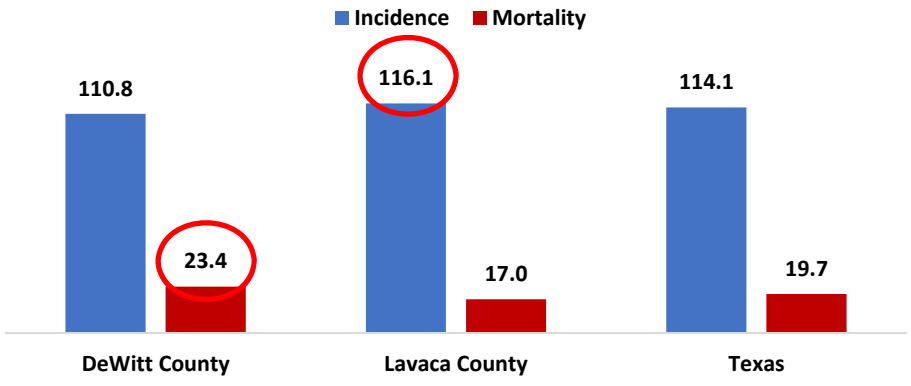
Colon & Rectum Cancer

Age-adjusted Incidence & Mortality Rates per 100,000
2014-2018



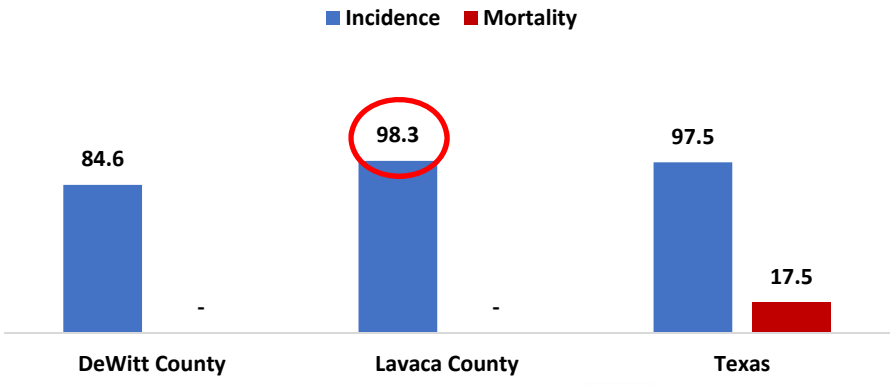
Breast Cancer (Female)

Age-adjusted Incidence & Mortality Rates per 100,000
2014-2018



Prostate Cancer

Age-adjusted Incidence & Mortality Rates per 100,000
2014-2018

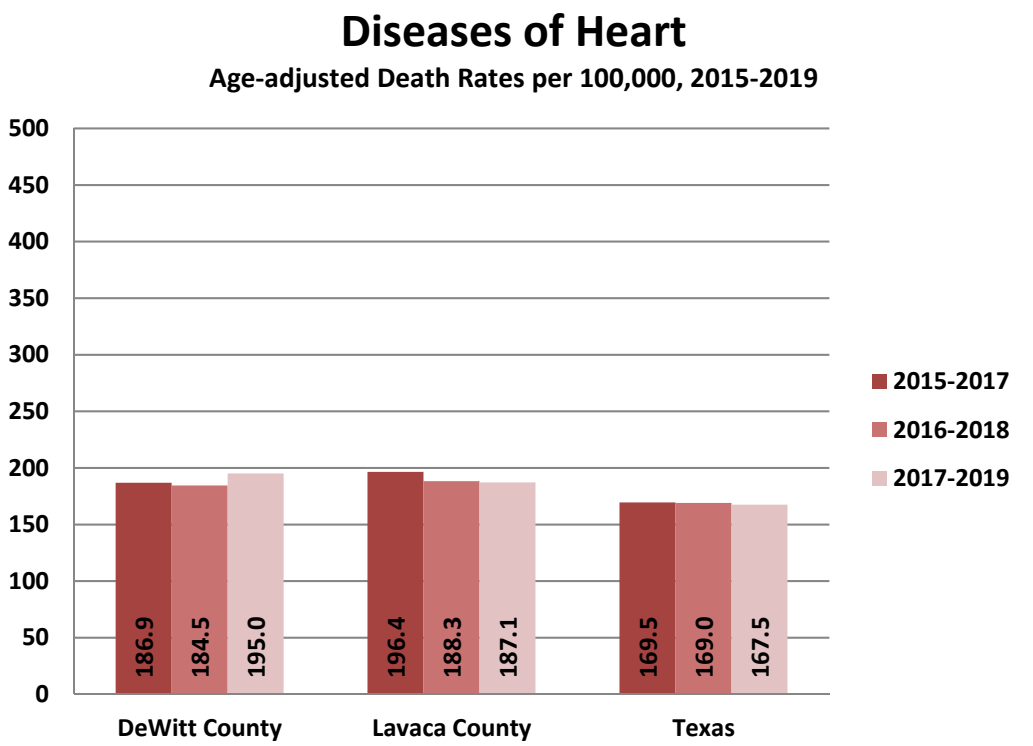


Source: Texas Cancer Registry, Cancer Incidence and Mortality by Site and County, https://www.cancer-rates.info/tx/; data accessed July 20, 2021.
Note: All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Population. Counts/rates are suppressed (indicated by "-") if fewer than 16 cases were reported in the specified category; Counts < 16 are too few to calculate a stable age-adjusted rate.

Health Status

Mortality - Diseases of the Heart

- Heart disease is the second leading cause of death in DeWitt County, and the leading cause of death in both Lavaca County and the state (2015-2019).
- Between 2015 and 2019, heart disease mortality rates overall decreased in both Lavaca County and the state, and increased in DeWitt County.
- In 2017-2019, the heart disease mortality rate in DeWitt County (195.0 per 100,000) was higher than both Lavaca County (187.1 per 100,000) and the state (167.5 per 100,000).



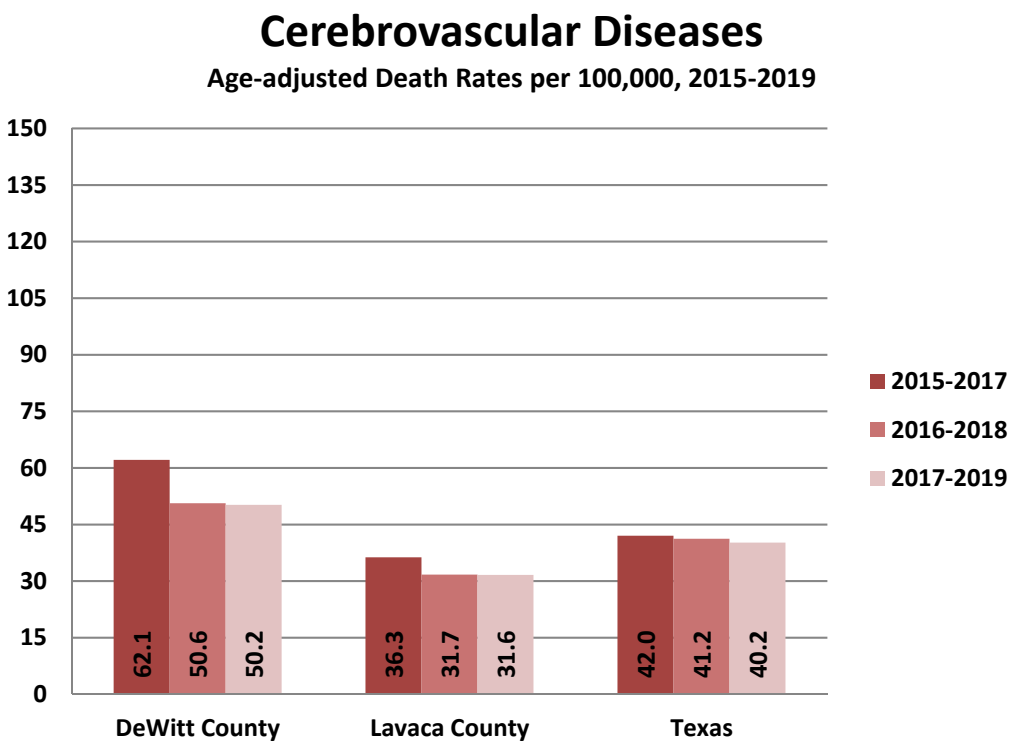
LOCATION	2015-2017		2016-2018		2017-2019		2015-2019	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
DeWitt County	182	186.9	180	184.5	183	195.0	298	186.3
Lavaca County	204	196.4	203	188.3	209	187.1	329	183.2
Texas	132,416	169.5	135,881	169.0	138,248	167.5	225,318	168.3

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed June 1, 2021.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality - Cerebrovascular Disease

- Cerebrovascular disease is the third leading cause of death in DeWitt County and the state, and the fourth leading cause of death in Lavaca County (2015-2019).
- Between 2015 and 2019, cerebrovascular disease mortality rates decreased in both counties and the state.
- In 2017-2019, the cerebrovascular disease mortality rate in DeWitt County (50.2 per 100,000) was higher than both Lavaca County (31.6 per 100,000) and the state (40.2 per 100,000).



LOCATION	2015-2017		2016-2018		2017-2019		2015-2019	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
DeWitt County	61	62.1	49	50.6	47	50.2	91	56.7
Lavaca County	39	36.3	35	31.7	35	31.6	61	33.2
Texas	31,948	42.0	32,273	41.2	32,407	40.2	53,565	41.0

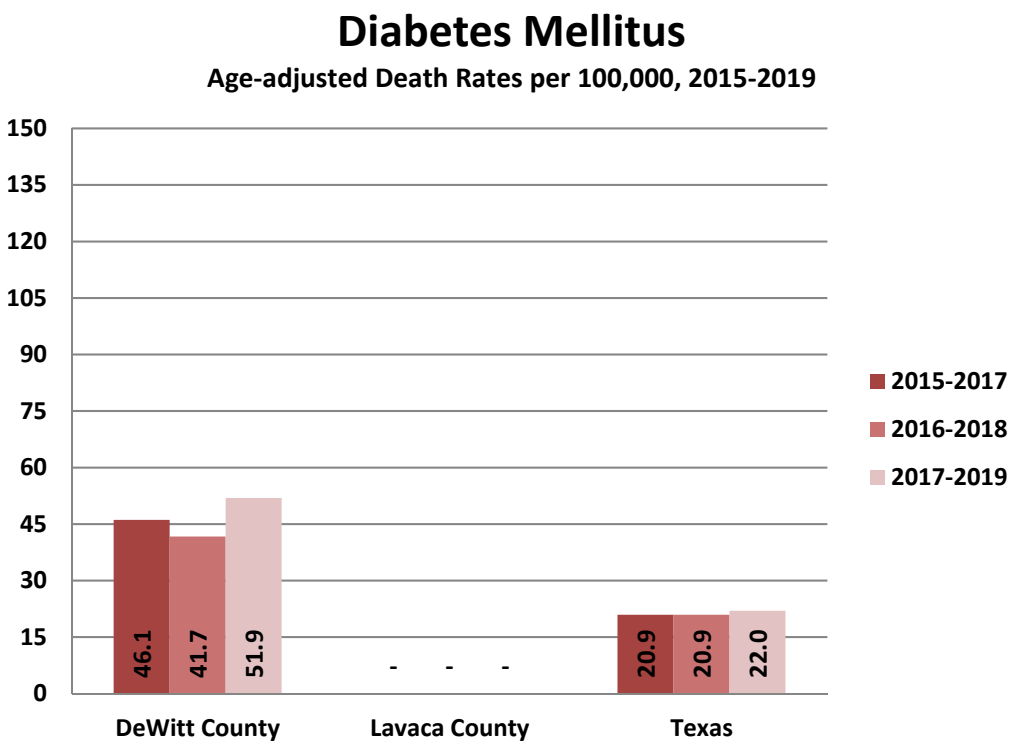
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed June 1, 2021.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

CHC Community Hospital Corporation

Health Status

Mortality - Diabetes Mellitus

- Diabetes mellitus is the fourth leading cause of death in DeWitt County, the seventh leading cause of death in the state, and the tenth leading cause of death in Lavaca County (2015-2019).
- Between 2015 and 2019, diabetes mortality rates increased in both DeWitt County and the state.
- In 2017-2019, the diabetes mortality rate in DeWitt County (51.9 per 100,000) was higher than the state rate (22.0 per 100,000).



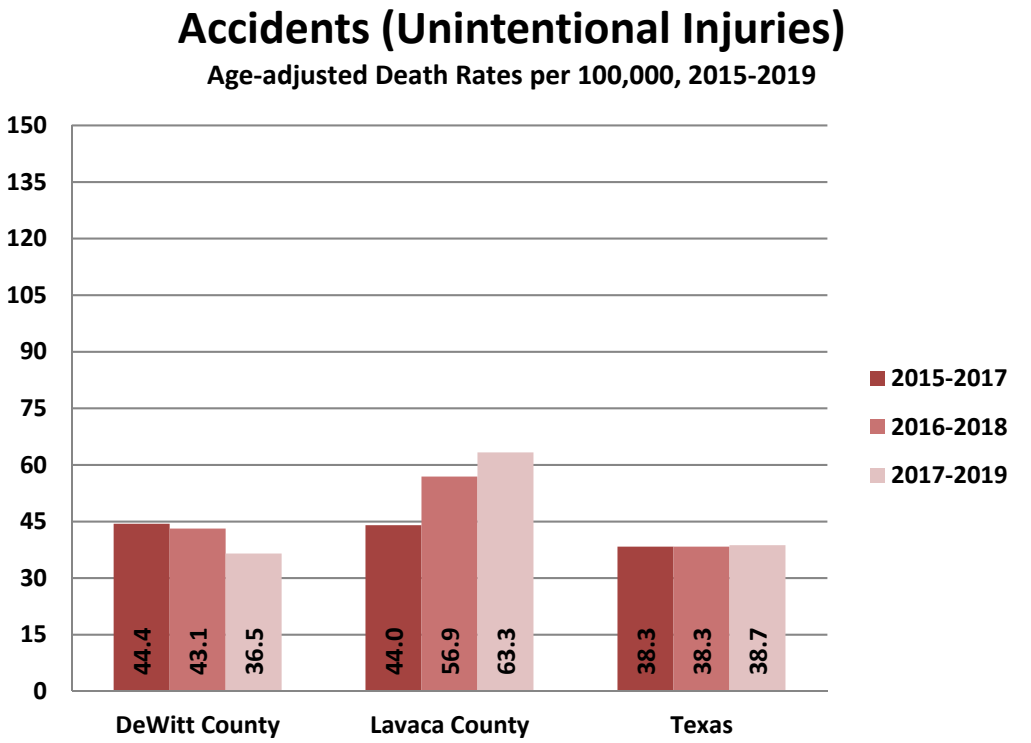
LOCATION	2015-2017		2016-2018		2017-2019		2015-2019	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
DeWitt County	42	46.1	39	41.7	46	51.9	73	48.5
Lavaca County	13	Unreliable	Suppressed	Suppressed	Suppressed	Suppressed	20	11.9
Texas	16,823	20.9	17,293	20.9	18,712	22.0	29,703	21.5

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed June 1, 2021.
Note: Age Adjustment Uses 2000 Standard Population. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality - Accidents

- Fatal accidents are the fifth leading cause of death in both DeWitt County and the state, and the third leading cause of death in Lavaca County (2015-2019).
- Between 2015 and 2019, accident mortality rates decreased in DeWitt County, increased in Lavaca County, and slightly increased in the state.
- In 2017-2019, the accident mortality rate in Lavaca County (63.3 per 100,000) was higher than the rate in DeWitt County (36.5 per 100,000) and the state (38.7 per 100,000).
- The leading cause of fatal accidents in DeWitt and Lavaca County is due to motor vehicle accidents (2017-2019).



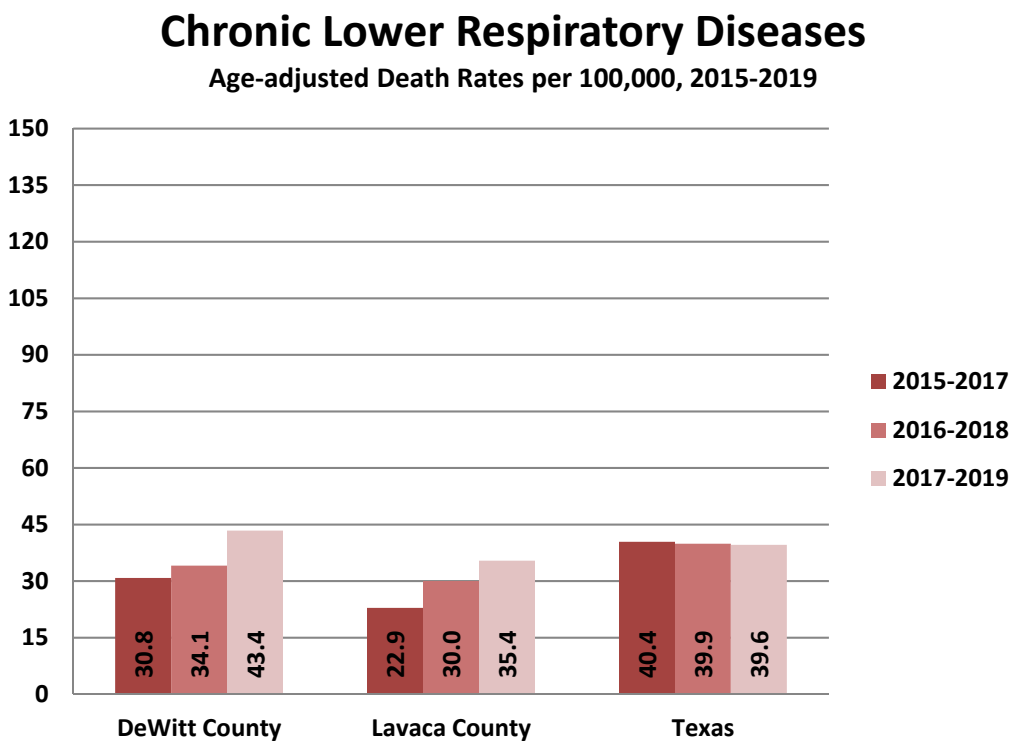
LOCATION	2015-2017		2016-2018		2017-2019		2015-2019	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
DeWitt County	27	44.4	26	43.1	24	36.5	46	44.2
Lavaca County	30	44.0	36	56.9	38	63.3	54	53.1
Texas	31,275	38.3	31,945	38.3	32,793	38.7	53,305	38.5

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed June 1, 2021.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.
Accident mortality rates include: motor vehicle crashes, other land transport accidents, water transport accidents, air and space transport accidents, falls, accidental shootings, drownings, fire and smoke exposures, poisonings, suffocations, and all other unintentional injuries.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality - Chronic Lower Respiratory Disease

- Chronic lower respiratory disease (CLRD) is the sixth leading cause of death in both DeWitt and Lavaca Counties, and the fourth leading cause of death in the state (2015-2019).
- Between 2015 and 2019, CLRD mortality rates increased in both counties and slightly decreased the state.
- In 2017-2019, the CLRD mortality rate in DeWitt County (43.4 per 100,000) was higher than Lavaca County (35.4 per 100,000) and the state (39.6 per 100,000).



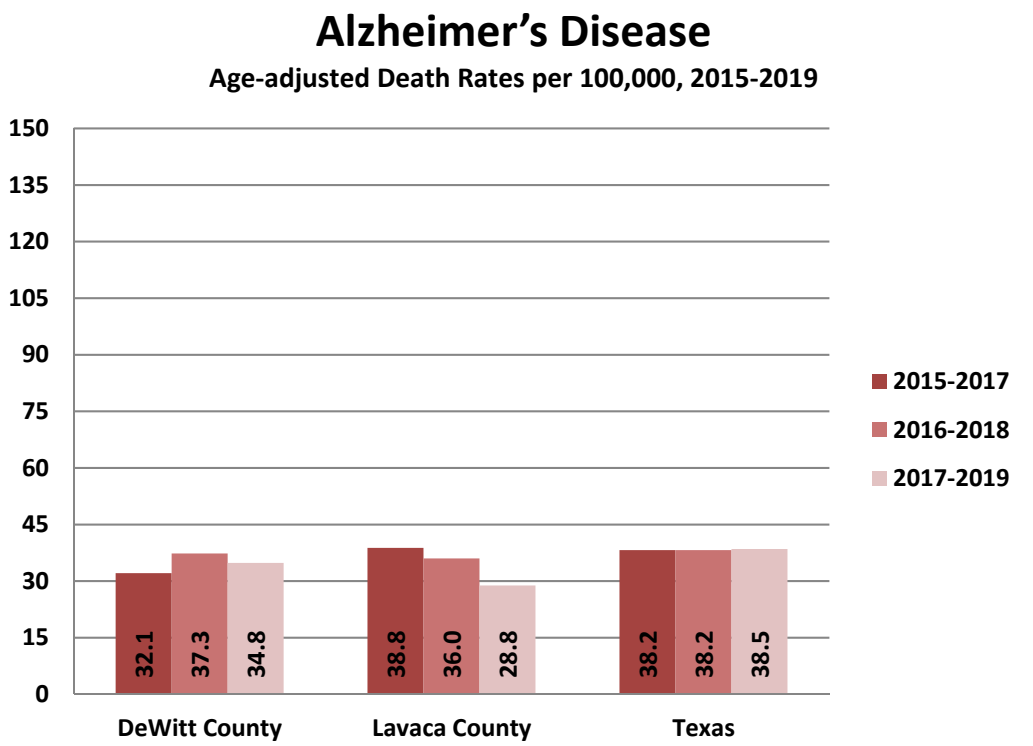
LOCATION	2015-2017		2016-2018		2017-2019		2015-2019	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
DeWitt County	29	30.8	32	34.1	40	43.4	57	36.9
Lavaca County	25	22.9	32	30.0	40	35.4	53	28.9
Texas	30,988	40.4	31,523	39.9	32,213	39.6	52,551	39.9

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed June 1, 2021.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality - Alzheimer's Disease

- Alzheimer's disease is the seventh leading cause of death in DeWitt County, the fifth leading cause of death in Lavaca County, and the sixth leading cause of death in state (2015-2019).
- Between 2015 and 2019, Alzheimer's disease mortality rates slightly increased in DeWitt County and the state, while the rate in Lavaca County decreased.
- In 2017-2019, the Alzheimer's disease mortality rate in the state (38.5 per 100,000) was higher than the rate in both DeWitt County (34.8 per 100,000) and in Lavaca County (28.8 per 100,000).



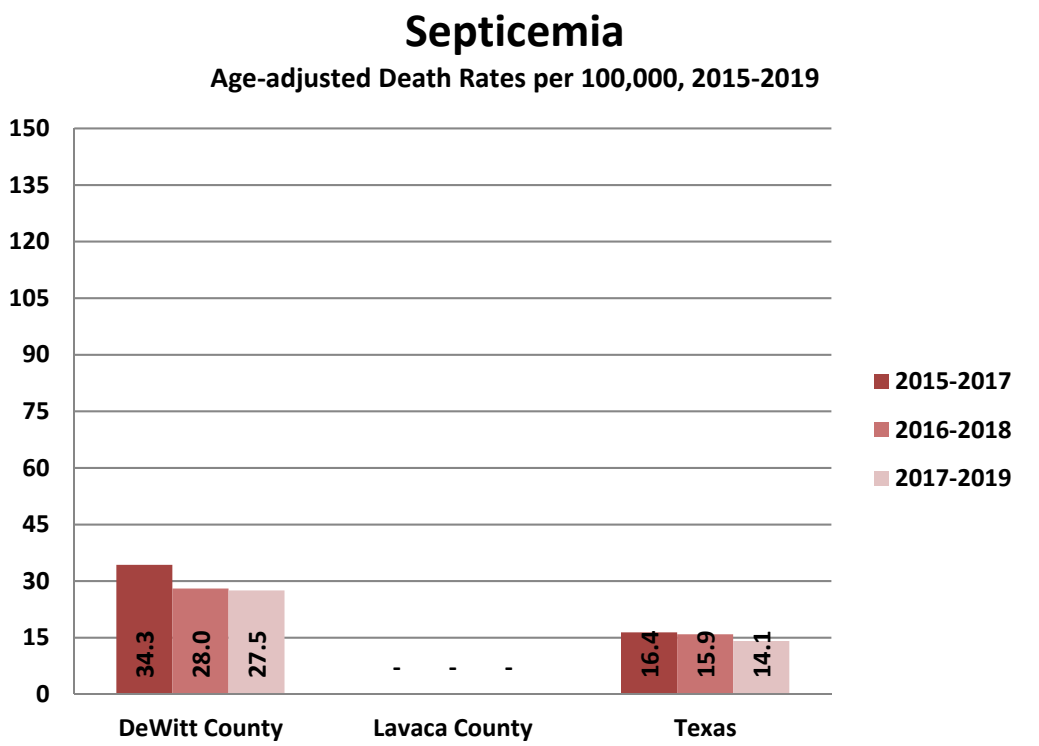
LOCATION	2015-2017		2016-2018		2017-2019		2015-2019	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
DeWitt County	35	32.1	39	37.3	36	34.8	60	34.1
Lavaca County	48	38.8	45	36.0	36	28.8	68	32.8
Texas	27,583	38.2	28,443	38.2	29,409	38.5	47,447	38.3

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed June 1, 2021.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality - Septicemia

- Septicemia is the eighth leading cause of death in DeWitt County, and the ninth leading cause of death in Lavaca County and the state and (2015-2019).
- Between 2015 and 2019, septicemia mortality rates decreased in DeWitt County and in the state.
- In 2017-2019, the septicemia mortality rate in DeWitt County (27.5 per 100,000) was higher than the state rate (14.1 per 100,000).



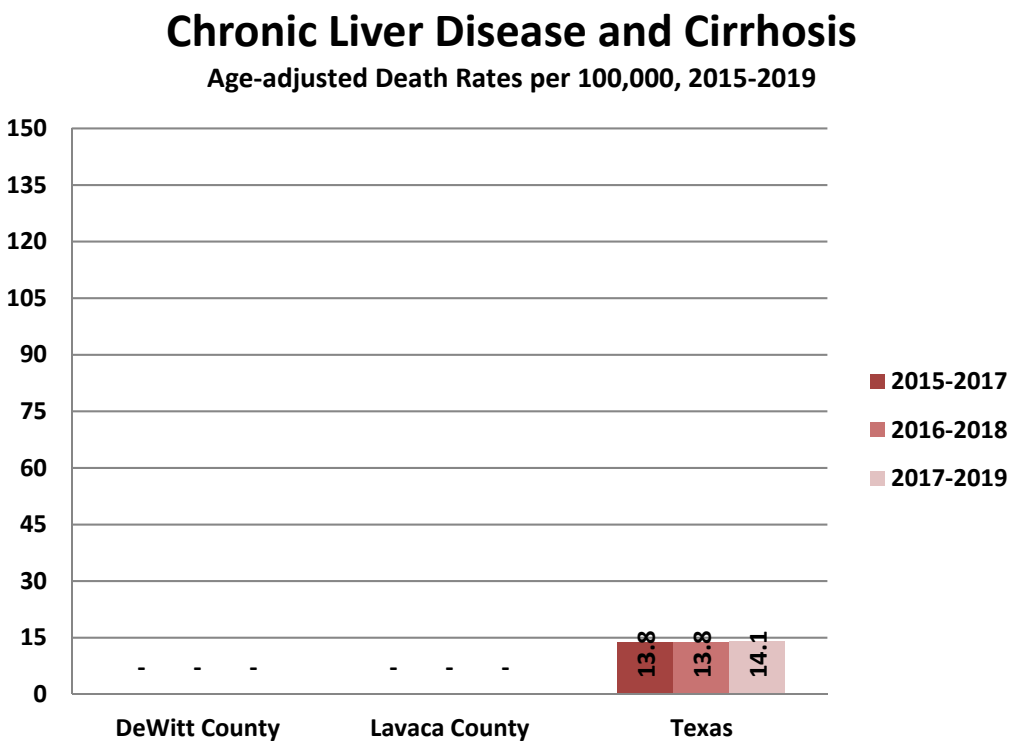
LOCATION	2015-2017		2016-2018		2017-2019		2015-2019	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
DeWitt County	32	34.3	27	28.0	26	27.5	47	30.4
Lavaca County	18	Unreliable	17	Unreliable	16	Unreliable	26	14.4
Texas	12,879	16.4	12,876	15.9	11,704	14.1	20,315	15.0

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed June 1, 2021.
Note: Age Adjustment Uses 2000 Standard Population. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality – Chronic Liver Disease and Cirrhosis

- Chronic liver disease and cirrhosis is the ninth leading cause of death in DeWitt County, the tenth leading cause of death in the state, and is not a leading cause of death in Lavaca County (2015-2019).
- Between 2015 and 2019, chronic liver disease and cirrhosis mortality rates slightly increased in the state.



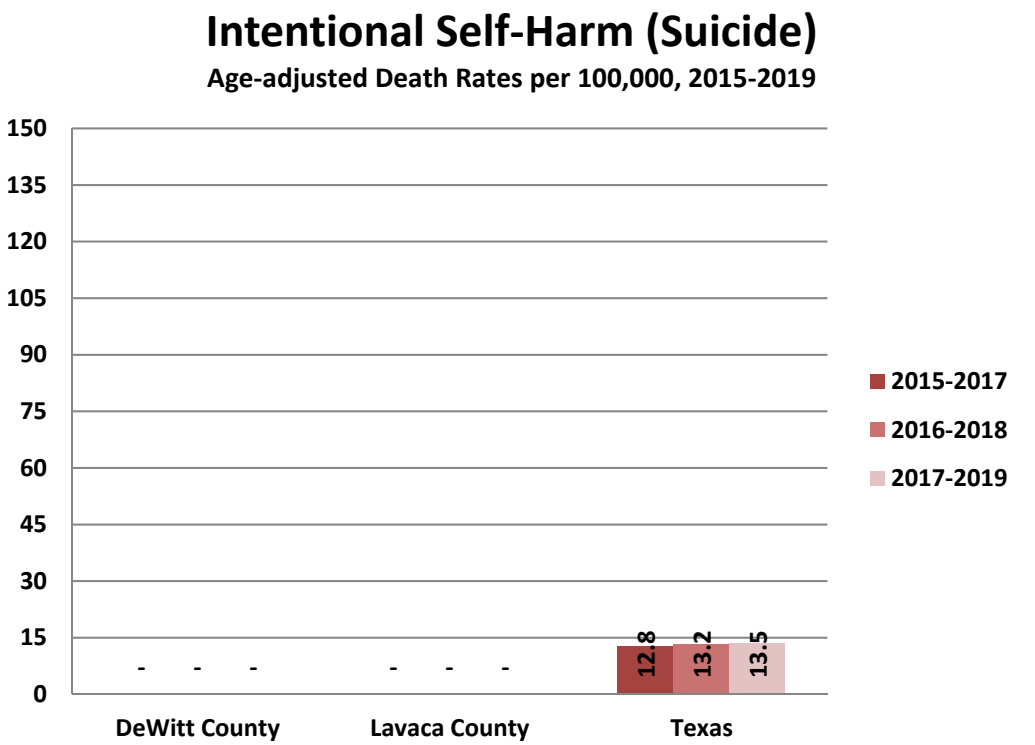
LOCATION	2015-2017		2016-2018		2017-2019		2015-2019	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
DeWitt County	11	Unreliable	19	Unreliable	16	Unreliable	26	18.6
Lavaca County	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed	14	Unreliable
Texas	11,831	13.8	12,141	13.8	12,620	14.1	20,344	13.9

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed June 1, 2021.
Note: Age Adjustment Uses 2000 Standard Population. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality – Intentional Self-Harm (Suicide)

- Intentional self-harm (suicide) is the tenth leading cause of death in DeWitt County, and is not a leading cause of death in Lavaca County or the state (2015-2019).
- Between 2015 and 2019, intentional self-harm (suicide) mortality rates increased in the state.



LOCATION	2015-2017		2016-2018		2017-2019		2015-2019	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
DeWitt County	Suppressed	Suppressed	13	Unreliable	15	Unreliable	20	18.4
Lavaca County	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed	10	Unreliable
Texas	10,669	12.8	11,196	13.2	11,599	13.5	18,490	13.1

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed June 1, 2021.
Note: Age Adjustment Uses 2000 Standard Population. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

COVID-19

- As of September 11, 2021, DeWitt County (124.2 per 1,000) has the highest rate of total COVID-19 cases as compared to Lavaca County (107.4 per 1,000) and the state (106.4 per 1,000).
- As of November 8, 2021, the percent of the population (age 5+) that is fully vaccinated in DeWitt County (43.3%) is lower than Lavaca County (44.9%) and lower the state (57.8%).

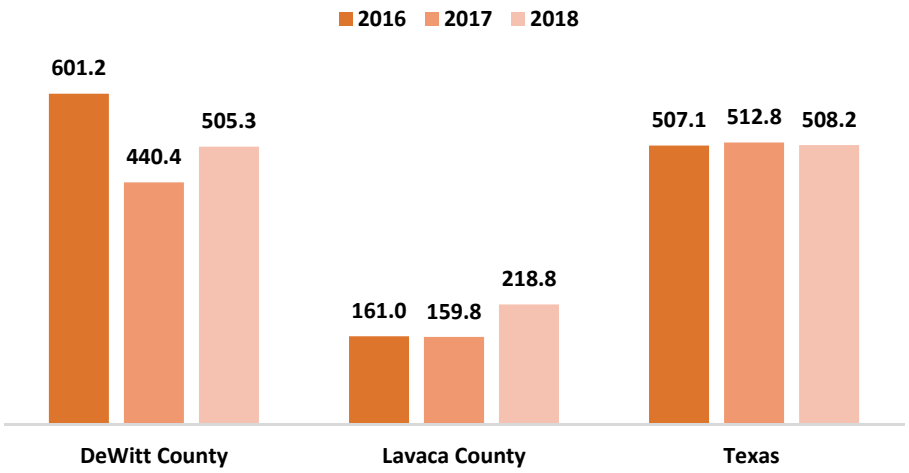
Location	Total Case Rate (per 1,000)	Total Number of First Doses Reported as Administered	Total Number of Second Doses Reported as Administered	Percent of Population Fully Vaccinated (Age 5+)
DeWitt County	124.2	9,351	8,485	43.3%
Lavaca County	107.4	9,045	8,269	44.9%
Texas	106.4	17,921,322	15,585,732	57.8%

Source: Texas Health and Human Services, Texas Department of State Health Services, COVID-19 Vaccination in Texas, https://tabexternal.dshs.texas.gov/t/THD/views/COVID-19VaccineinTexasDashboard/Summary?:origin=card_share_link&:embed=y&:isGuestRedirectFromVizportal=y; information accessed on November 8, 2021. Data updated as of November 8, 2021 at 12:30 p.m. CST.
Source: Texas Health and Human Services, County-level Vulnerability and COVID-19 Measures, https://hhs.texas.gov/data/county-level-vulnerability-covid-19-measures; information accessed on November 8, 2021.
Note: Vaccine coverage for at least 1 dose includes all individuals who have received their first dose of COVID-19 vaccine. Vaccine coverage for series completion includes all individuals who have completed 2 doses of Pfizer-BioNTech or Moderna vaccine or 1 dose of Johnson and Johnson/Janssen. This data also includes any "additional and booster" doses given on or after August 13, 2021.

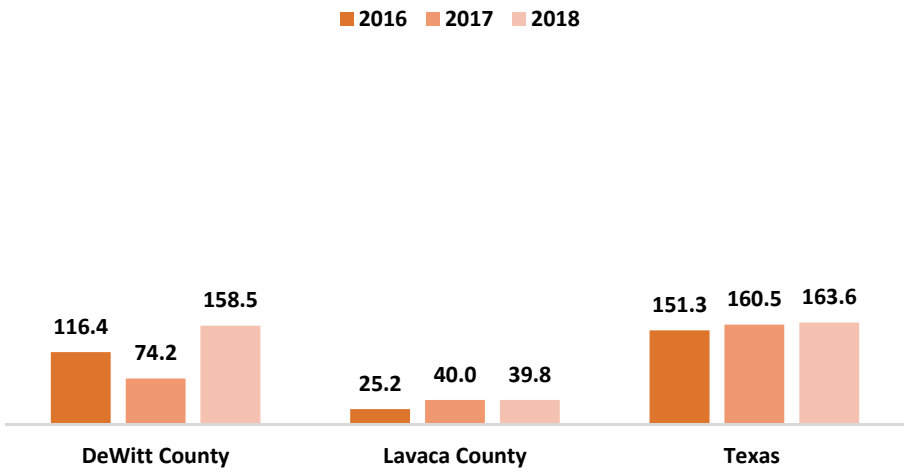
Health Status

Communicable Diseases - Chlamydia, Gonorrhea, Syphilis and HIV

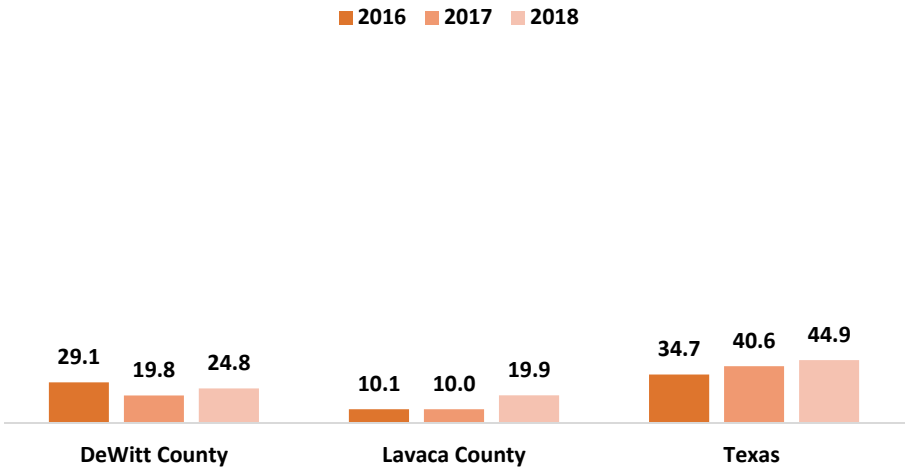
Chlamydia, Rate per 100,000, 2016-2018



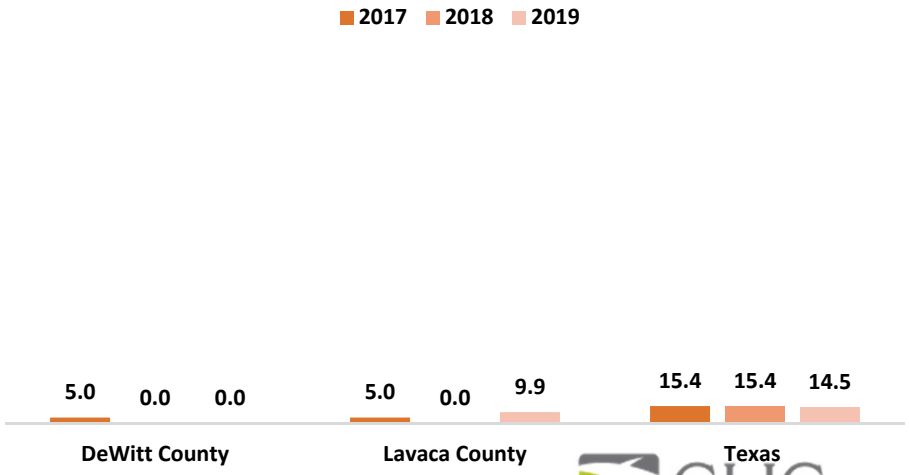
Gonorrhea, Rate per 100,000, 2016-2018



Syphilis, Rate per 100,000, 2016-2018



HIV, Rate per 100,000, 2017-2019

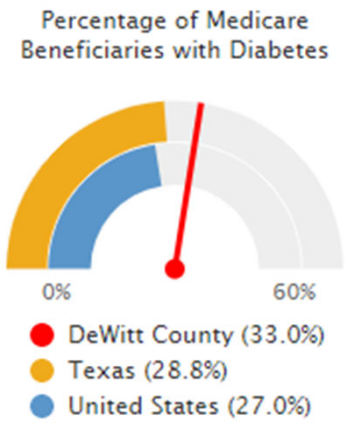


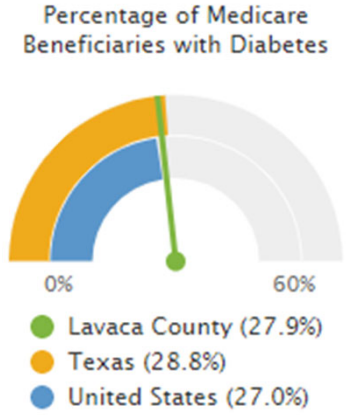
Source: Texas Department of State Health Services, HIV/STD Program: Reports. https://dshs.texas.gov/hivstd/reports/; information accessed July 20, 2021.

Health Status

Chronic Conditions - Diabetes

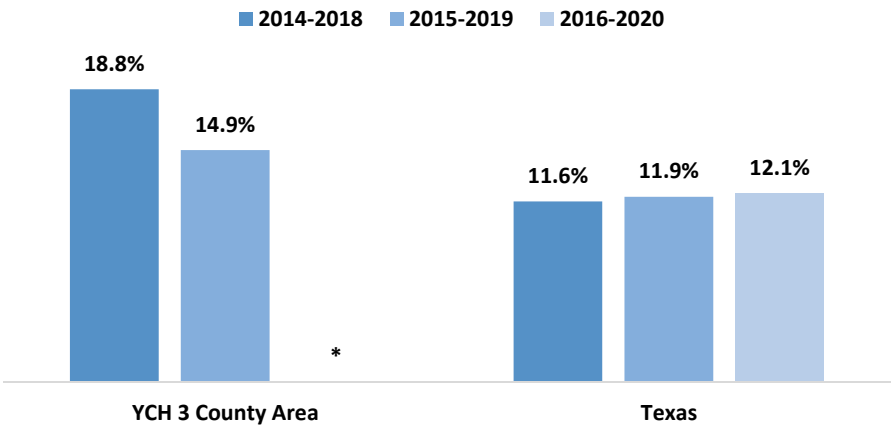
- In 2018, the percentage of ***Medicare Beneficiaries*** with diabetes in DeWitt County (33.0%) was the highest as compared to Lavaca County (27.9%), the state (28.8%) and the nation (27.0%).
- Between 2014 and 2020, diabetes prevalence rates in adults (age 18+) in the state slightly increased.
- In 2015-2019, YCH 3 County Area (14.9%) had a higher percent of adults (age 18+) who had ever been diagnosed with diabetes than the state (11.9%).





Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Diabetes, Percentage, Adults (age 18+), 2014-2020

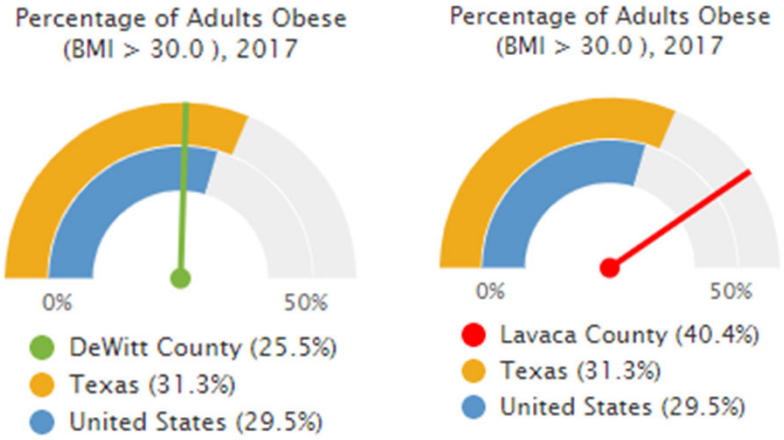


Source: SparkMap, Health Indicator Report: logged in and filtered for DeWitt and Lavaca Counties, TX, https://sparkmap.org/report/; data accessed June 15, 2021.
Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on October 4, 2021.
Definition: Has a doctor, nurse, or other health professional ever told you that you have diabetes?
Note: Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.
Note: "*" indicates a relative standard error greater than 30%. Estimate is not displayed.

Health Status

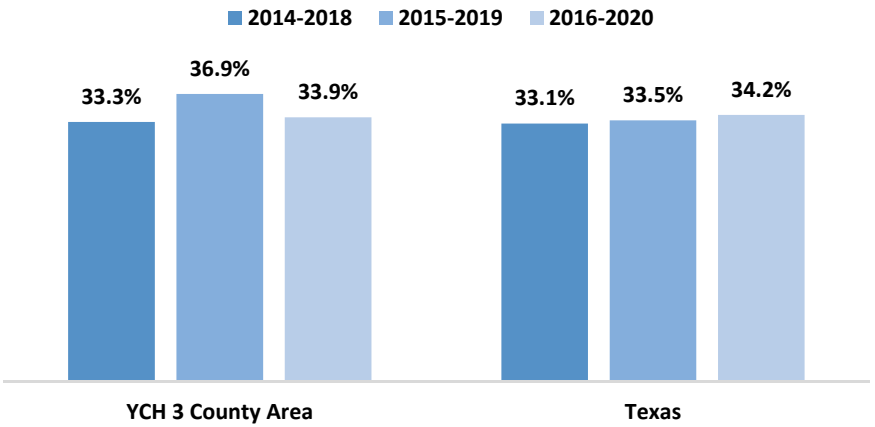
Chronic Conditions - Obesity

- In 2017, DeWitt County (25.5%) had the lowest percentage of adults (age 20+) who reported having a Body Mass Index (BMI) greater than 30.0 (obese) as compared to Lavaca County (40.4%), the state (31.3%) and the nation (29.5%).
- Between 2014 and 2020, obesity prevalence rates in adults (age 18+) in YCH 3 County Area and the state increased.
- In 2016-2020, YCH 3 County Area (33.9%) had a slightly lower percent of obese adults (age 18+) than the state (34.2%).



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Obesity, Percentage, Adults (age 18+), 2014-2020

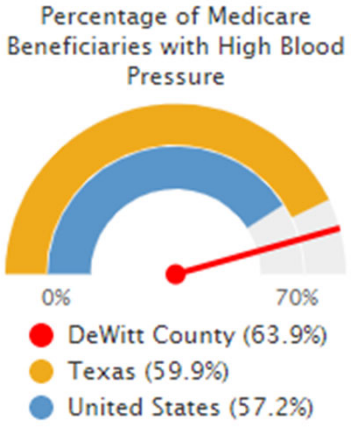


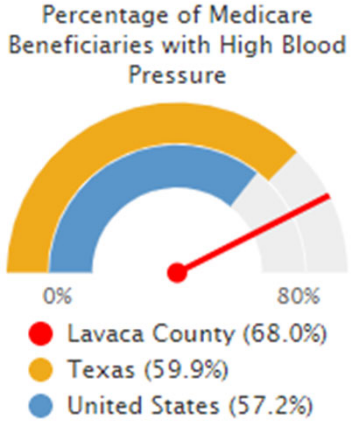
Source: SparkMap, Health Indicator Report: logged in and filtered for DeWitt and Lavaca Counties, TX, https://sparkmap.org/report/; data accessed June 17, 2021.
Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on October 4, 2021.
Definition: BMI is (weight in lbs. divided by (height in inches squared)) times 703. Recommended BMI is 18.5 to 24.9. Obese is => 30.0.
Note: Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

Health Status

High Blood Pressure

- Lavaca County (68.0%) had the highest rate of Medicare fee-for-service residents with hypertension as compared to DeWitt County (63.9%), the state (59.9%) and the nation (57.2%) (2018).





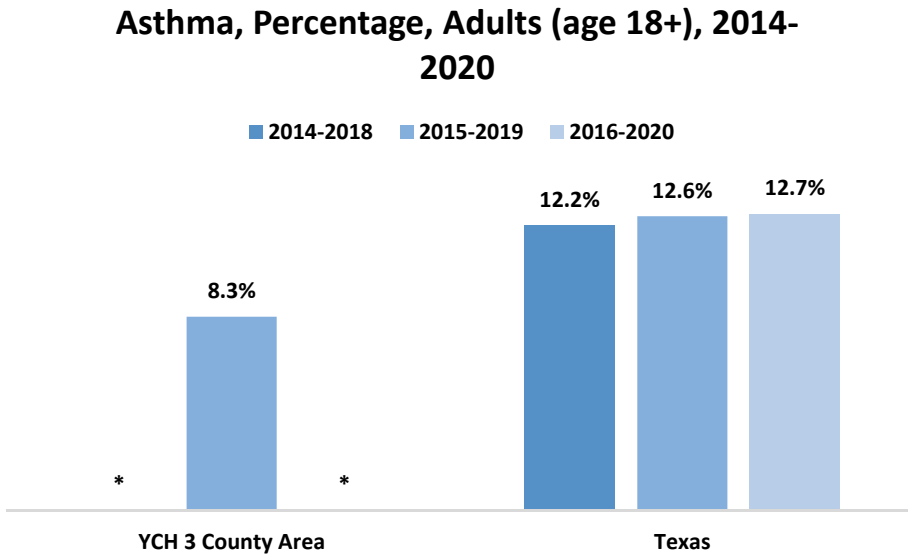
Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: SparkMap, Health Indicator Report: logged in and filtered for DeWitt and Lavaca Counties, TX, https://sparkmap.org/report/; data accessed June 17, 2021.

Health Status

Chronic Conditions - Asthma

- Between 2016 and 2020, asthma prevalence rates in adults (age 18+) in the state slightly increased.
- In 2015-2019, YCH 3 County Area (8.3%) had a lower percentage of adults (age 18+) ever diagnosed with asthma than the state (12.6%).

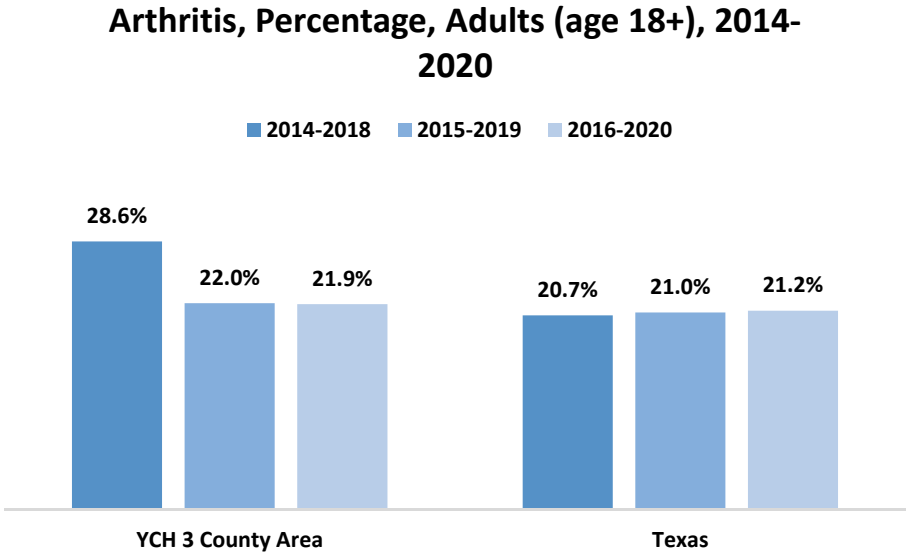


Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on October 4, 2021.
Definition: Has a doctor, nurse, or other health professional ever told you that you had asthma?
Note: Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.
Note: "*" indicates a relative standard error greater than 30%. Estimate is not displayed.

Health Status

Chronic Conditions - Arthritis

- Between 2014 and 2020, arthritis prevalence rates in adults (age 18+) in YCH 3 County Area decreased, while rates in the state slightly increased.
- In 2016-2020, YCH 3 County Area (21.9%) had a slightly higher percentage of adults (age 18+) ever diagnosed with arthritis than the state (21.2%).

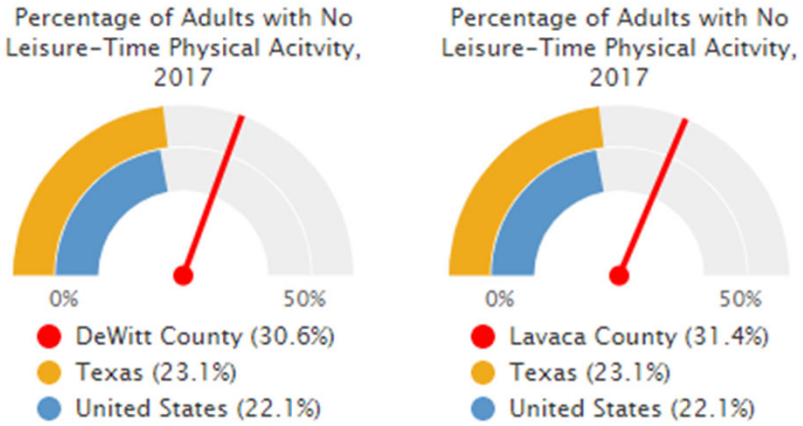


Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on October 4, 2021.
Definition: Has a doctor, nurse, or other health professional ever told you that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?
Note: Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

Health Status

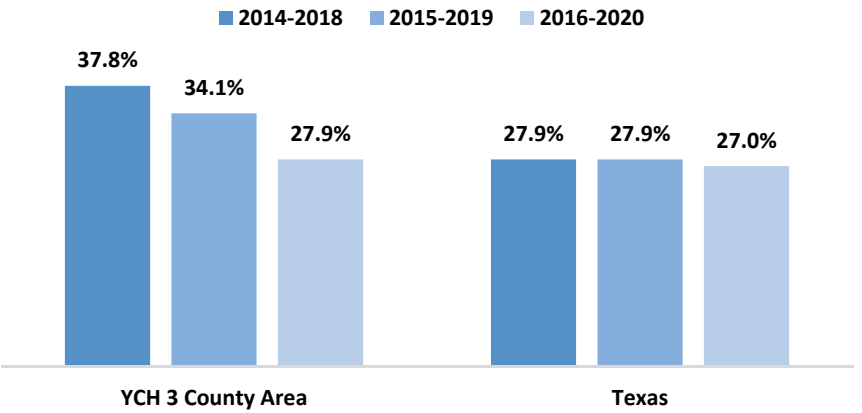
Health Behaviors - Physical Inactivity

- In 2017, the percent of the adult population (age 20+) in Lavaca County (31.4%) that self-reported ***no leisure time for physical activity*** was the highest as compared to DeWitt County (30.6%), the state (23.1%) and the nation (22.1%).
- The percent of adults (age 18+) that ***did not*** participate in leisure time physical activity in YCH 3 County Area and the state decreased between 2014 and 2020.
- In 2016-2020, the percentage of adults (age 18+) that ***did not*** participate in physical activity in YCH 3 County Area (27.9%) was slightly higher than the state (27.0%).



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Physical Inactivity, Percentage, Adults (age 18+), 2014-2020



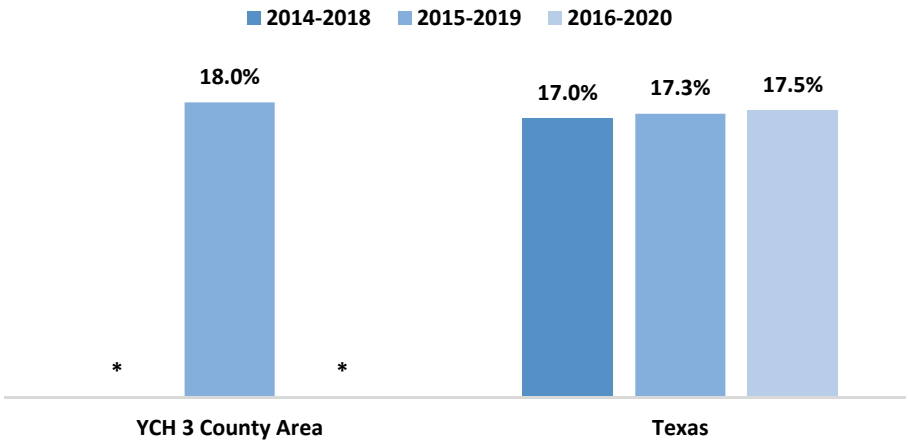
Source: SparkMap, Health Indicator Report: logged in and filtered for DeWitt and Lavaca Counties, TX, https://sparkmap.org/report/; data accessed June 17, 2021.
Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on October 4, 2021.
Physical Activity Definition: During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?
Note: Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

Health Status

Health Behaviors - Binge Drinking

- Between 2014 and 2020, the percentage of adults (age 18+) at risk of binge drinking in the state slightly increased.
- In 2015-2019, YCH 3 County Area (18.0%) had a slightly higher percentage of adults (age 18+) at risk of binge drinking than the state (17.3%).

Binge Drinking, Percentage, Adults (age 18+), 2014-2020

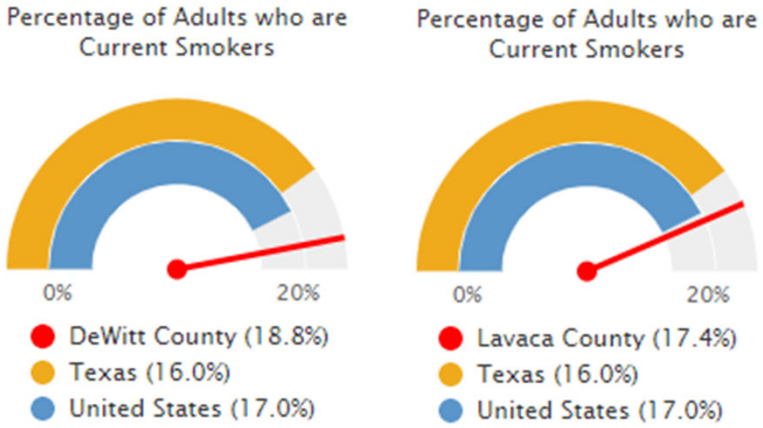


Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on October 4, 2021.
Definition: During the past 30 days, what is the largest number of drinks you had on any occasion? Respondents are classified as "at risk" for binge drinking if males reported consuming 5 or more and females reported consuming 4 or more alcoholic beverages at one time.
Note: Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.
Note: "*" indicates a relative standard error greater than 30%. Estimate is not displayed.

Health Status

Health Behaviors - Smoking

- The percent of the adult (age 18+) population in DeWitt County (18.8%) that self-reported ***ever smoking 100 or more cigarettes and currently smoke every day or some days*** was the highest as compared to Lavaca County (17.4%), the state (16.0%) and nation (17.0%) (2018).



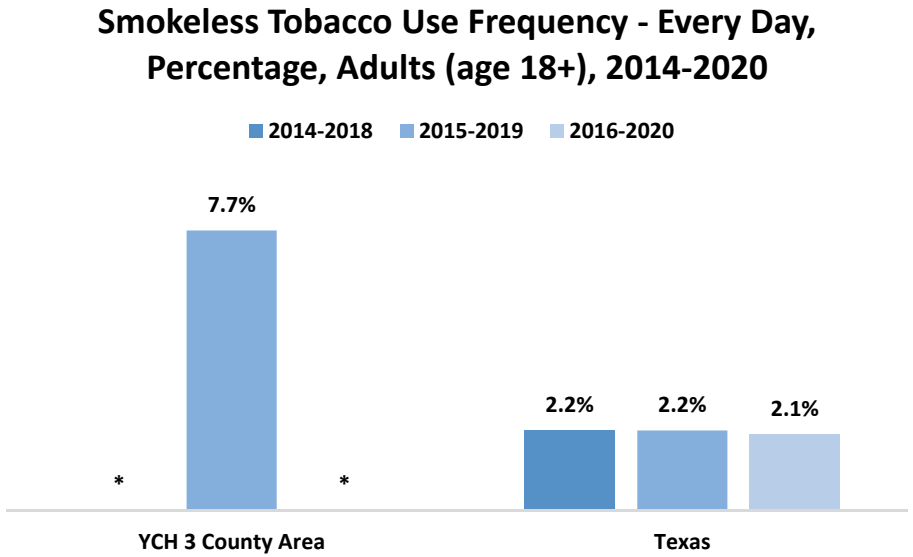
Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: SparkMap, Health Indicator Report: logged in and filtered for DeWitt and Lavaca Counties, TX, https://sparkmap.org/report/; data accessed June 17, 2021.
Frequency of Smoking Definition: The percentage of adults age 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days.

Health Status

Health Behaviors – Smokeless Tobacco Use

- Between 2014 and 2020, the percent of adults (age 18+) that self-reported using a smokeless tobacco product in the state decreased.
- In 2015-2019, the percentage of adults (age 18+) that self-reported using a smokeless tobacco product in YCH 3 County Area (7.7%) was higher than the state (2.2%).

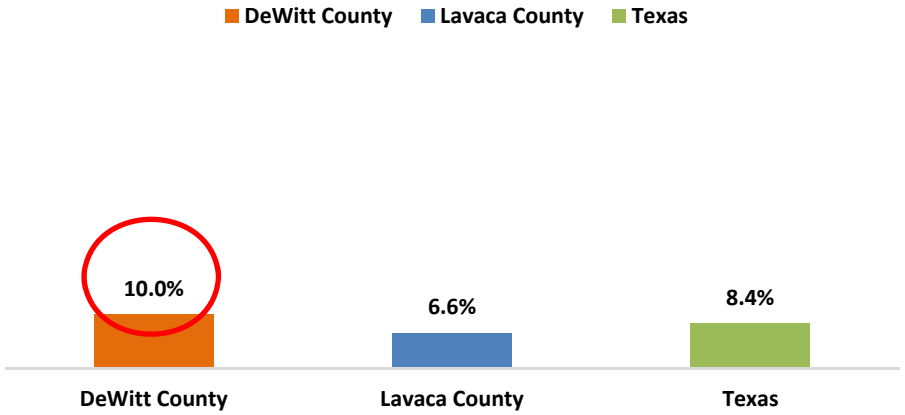


Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on October 4, 2021.
Definition: Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?
Note: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.
Note: Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.
Note: "*" indicates a relative standard error greater than 30%. Estimate is not displayed.

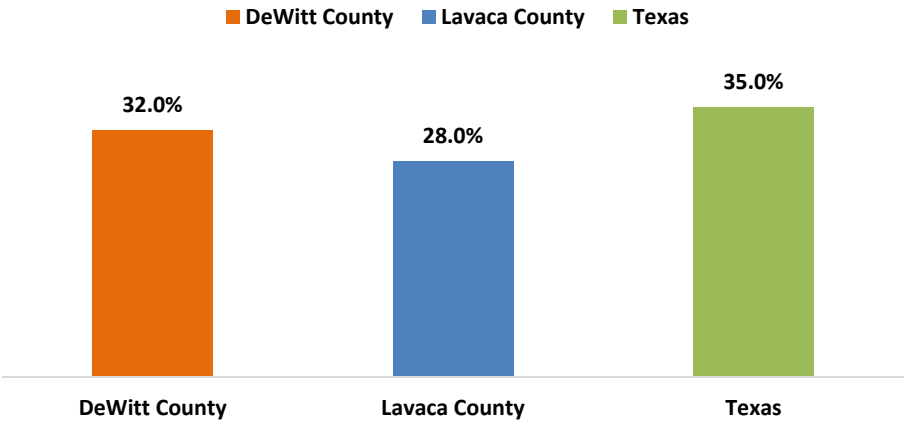
Health Status

Maternal & Child Health Indicators

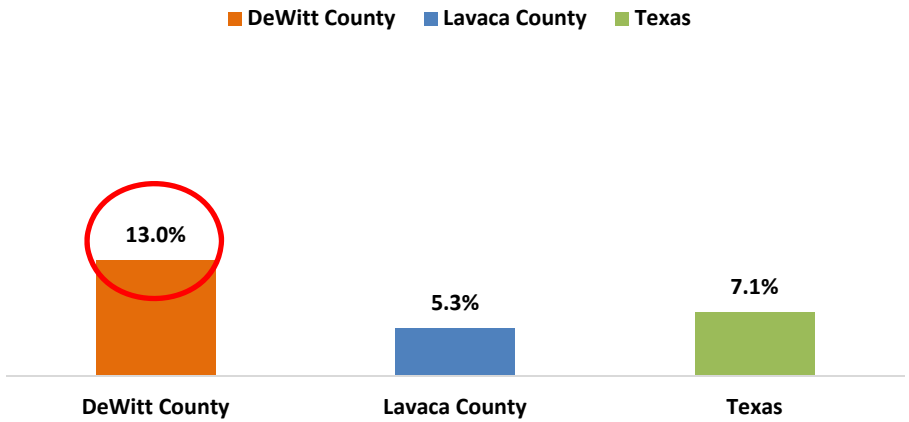
Low Birth Weight (<2,500g), Percent of All Births, 2017



Births to Women Receiving Late or No Prenatal Care, Percent of All Births, 2017



Teen Births (Age 19 and Younger), Percent of All Births, 2017



Source: The Annie E. Casey Foundation, Kids Count Data Center, filtered for DeWitt and Lavaca Counties, TX, www.datacenter.kidscount.org; data accessed July 20, 2021.
Note: Percentages are crude rates based on number of specific indicator-related cases divided by total births. Rates are not calculated if number of cases are too low for statistical reliability. Birth data are reported by mothers' county of residence (as mothers reported on birth certificates during the birth registration) regardless where deliveries actually occurred, in state or out-of-state.

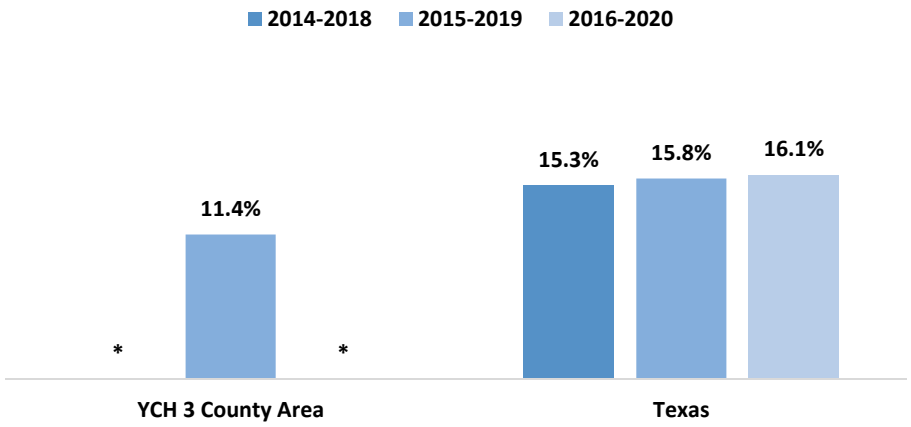
CHC Community Hospital Corporation

Health Status

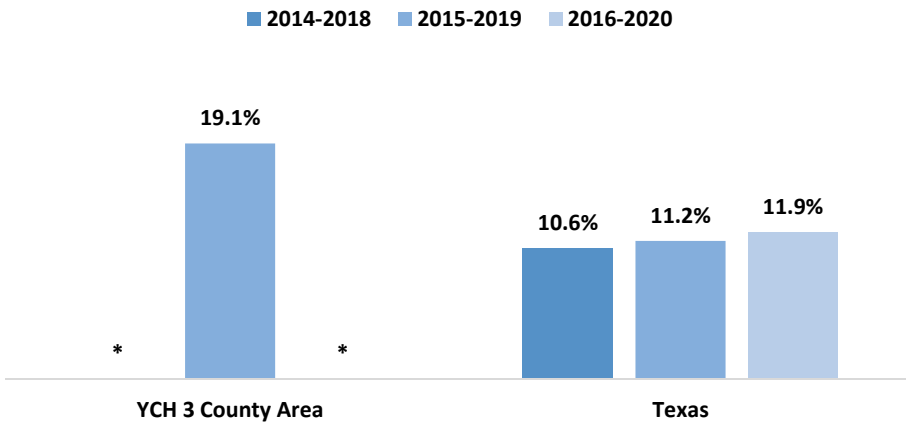
Mental Health - Depressive Disorders

- Between 2014 and 2020, the rate of adults (age 18+) in the state that have been diagnosed with a depressive disorder increased.
- In 2015-2019, YCH 3 County Area (11.4%) had a lower percentage of adults (age 18+) ever diagnosed with a depressive disorder than the state (15.8%).
- Between 2014 and 2020, the percent of adults (age 18+) that reported experiencing ***14 or more days*** of poor mental health in the state increased.
- In 2015-2019, YCH 3 County Area (19.1%) had a higher percent of adults (age 18+) that reported experiencing ***14 or more days*** of poor mental health than the state (11.2%).

Depressive Disorders, Percentage, Adults (age 18+), 2014-2020



Days of Poor Mental Health - 14+, Percentage, Adults (age 18+), 2014-2020

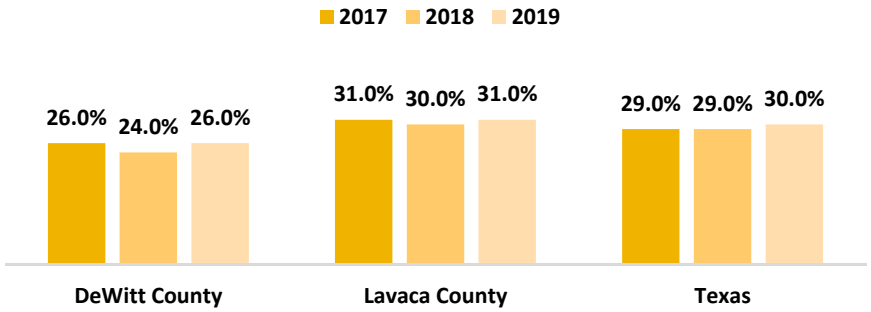


Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on October 4, 2021.
Definition: Has a doctor, nurse, or other health professional ever told you that you have a depressive disorder including depression, major depression, dysthymia, or minor depression?
Definition: Days mental health not good - 14 days.
Note: Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.
Note: "*" indicates a relative standard error greater than 30%. Estimate is not displayed.

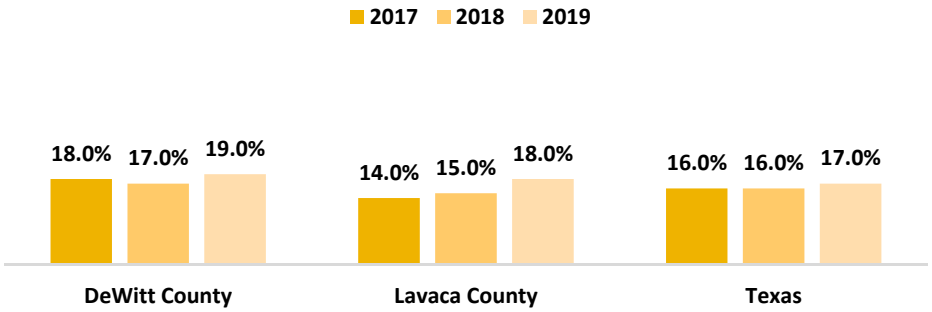
Health Status

Screenings – Mammography, Prostate Screening, Pap Test, Colorectal (Medicare)

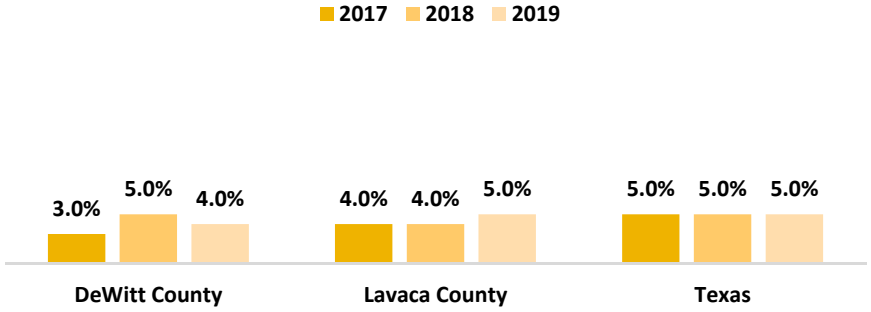
Received Mammography Screening, Percentage, Females (age 35+), 2017-2019



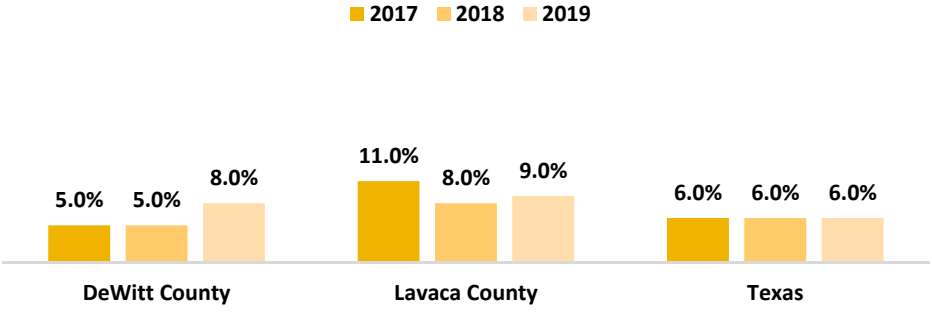
Received Prostate Cancer Screening, Percentage, Males (age 50+), 2017-2019



Received Pap Test Screening, Percentage, Females (all ages), 2017-2019



Received Colorectal Cancer Screening, Percentage, Adults (age 50+), 2017-2019



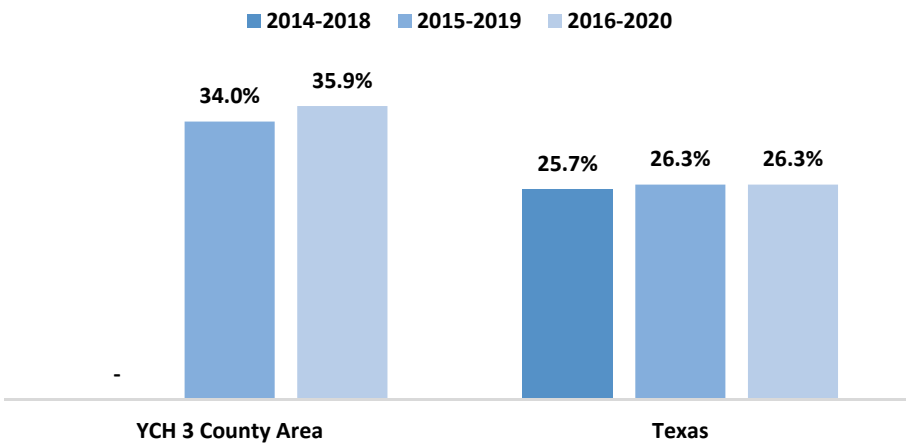
Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; information accessed July 20, 2021.
Mammography Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for mammography services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for mammography services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; male beneficiaries; and female beneficiaries aged less than 35.
Colorectal Cancer Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for colorectal cancer services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for colorectal cancer screening services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; and beneficiaries aged less than 50.
Pap Test Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for pap test services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for colorectal cancer screening services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; and male beneficiaries.
Prostate Cancer Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for prostate cancer services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for colorectal cancer screening services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; female beneficiaries; and male beneficiaries aged less than 50.

Health Status

Health Status - Disability

- Between 2014 and 2020, the percent of adults (age 18+) who self-reported that they had a disability in the state increased.
- The percent of adults (age 18+) who self-reported that they had a disability in YCH 3 County Area (35.9%) is higher than the state (26.3%) (2016-2020).

Disability Status, Percentage, Adults (age 18+), 2014-2020

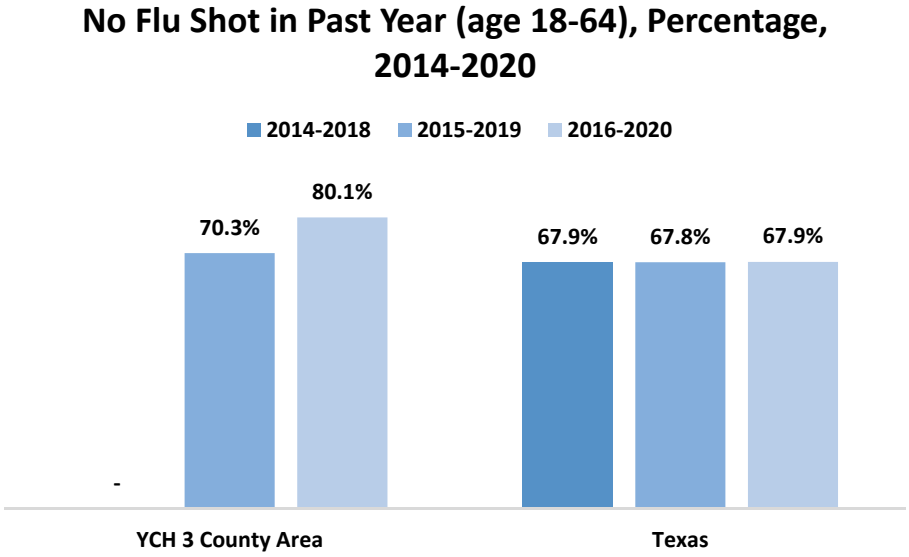


Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on October 4, 2021.
Definition: The percentage of people that self-reported that they had a disability
Note: Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.
Note: "-" indicates sample size is less than 50. The numerator is too small for rate calculation.

Health Status

Preventive Care – Influenza Vaccine (age 18-64)

- Between 2014 and 2020, the percent of adults (age 18-64) that ***did not*** receive a flu shot in the state remained consistent.
- In 2016-2020, YCH 3 County Area had a higher percentage of adults (age 18-64) that ***did not*** receive a flu shot than the state (67.9%).



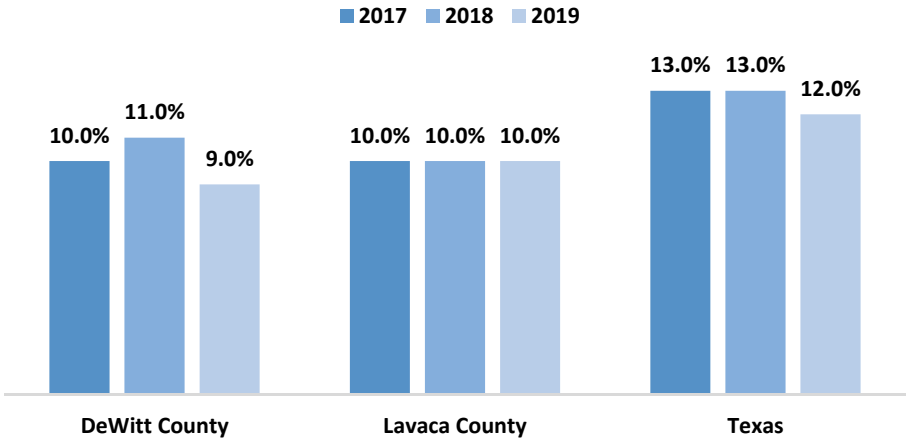
Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on October 4, 2021.
Definition: During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm? *ADULTS AGE 18-64 YEARS*
Note: Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.
Note: "-" indicates sample size is less than 50. The numerator is too small for rate calculation.

Health Status

Immunizations – Pneumococcal Vaccine (65+ Years)

- Between 2017 and 2019, the percent of adults (age 65+) that ***did*** receive a pneumonia shot in in the past year in DeWitt County and the state decreased, while the percent in Lavaca County remained steady.
- In 2019, the percent of adults (age 65+) that ***did*** receive a pneumonia shot in the past year in DeWitt County (9.0%) was the lowest as compared to Lavaca County (10.0%) and the state (12.0%).

Received Pneumonia Shot in Past Year (age 65+), Percentage, 2017-2019

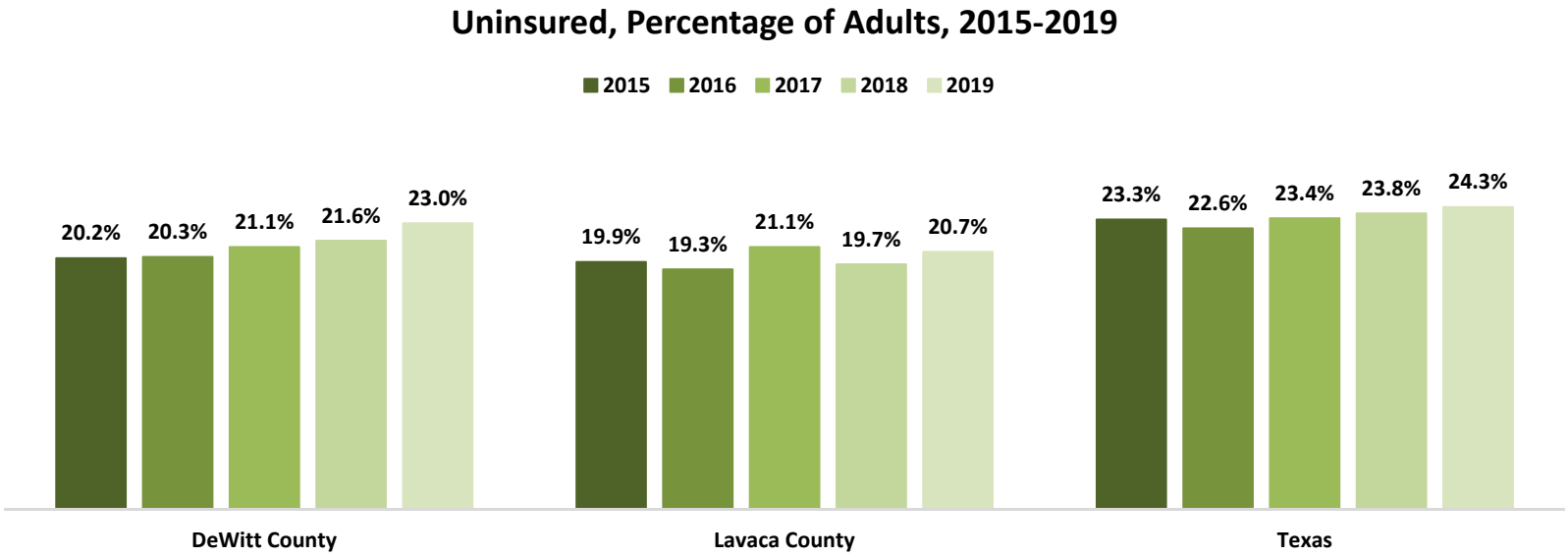


Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; information accessed October 6, 2021.
Definition: Percentage of beneficiaries that received at least one flu shot, also known as the pneumococcal vaccine in the past 12 months *ADULTS AGE 65+ YEARS*
Note: Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

Health Status

Health Care Access - Uninsured

- As of 2019, both DeWitt (23.0%) and Lavaca (20.7%) Counties have lower rates of uninsured adults (age 18-64) as compared to the state (24.3%).
- Both DeWitt and Lavaca Counties and the state experienced slight increases in the percentage of uninsured adults (age 18-64) between 2015 and 2019.



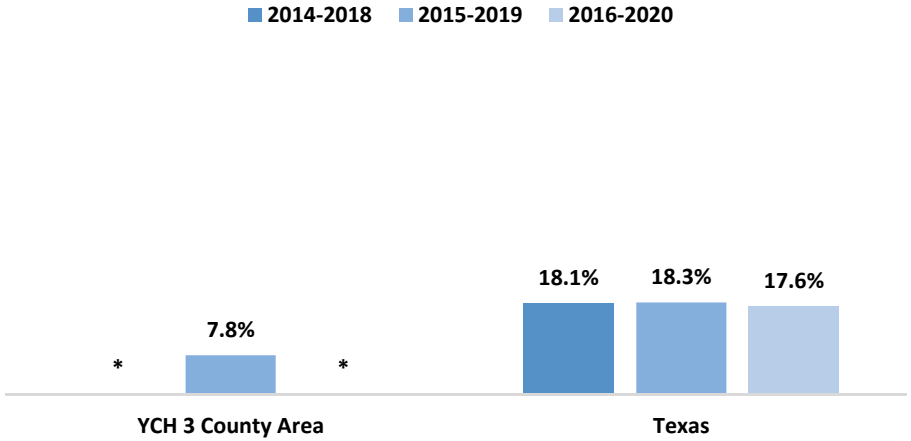
Source: United States Census Bureau, Small Area Health Insurance Estimates, filtered for DeWitt and Lavaca County, TX, https://www.census.gov/data-tools/demo/sahie/#/; data accessed on July 30, 2021.

Health Status

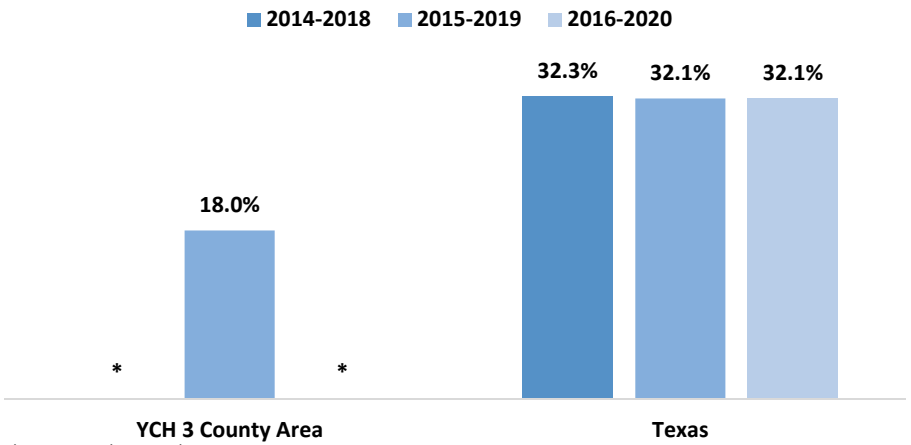
Health Care Access - Medical Cost Barriers & No Personal Doctor

- Between 2014 and 2020, the percent of adults (age 18+) that needed medical care but could not receive it due to cost decreased in the state.
- In 2015-2019, the percent of adults (age 18+) that reported experiencing a medical cost barrier in the past 12 months in YCH 3 County Area (7.8%) was lower than the state (18.3%).
- Between 2014 and 2020, the percent of adults (age 18+) in the state that reported having ***no personal doctor*** slightly decreased.
- In 2015-2019, YCH 3 County Area (18.0%) had a lower percent of adults (age 18+) that had ***no personal doctor*** than the state (32.1%).

Medical Cost Barrier to Care, Percentage, Adults (age 18+), 2014-2020



No Personal Doctor, Percentage, Adults (age 18+), 2014-2020

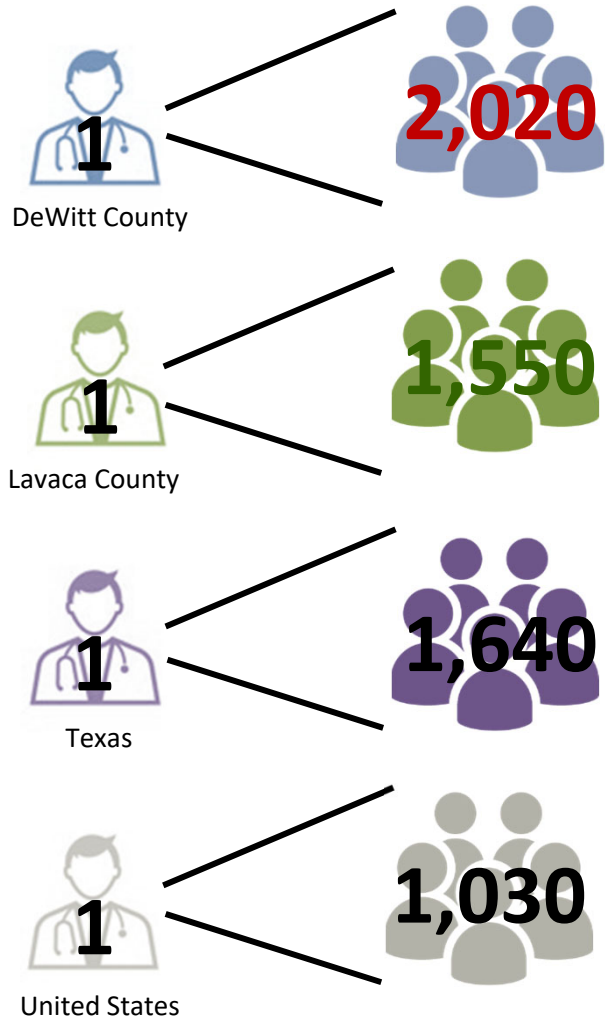


Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on October 4, 2021.
Definition: Do you have one person you think of as your personal doctor or health care provider?
Definition: Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?
Note: Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.
Note: "*" indicates a relative standard error greater than 30%. Estimate is not displayed.

Health Status

Health Care Access – Primary Care Providers

- **Sufficient availability of primary care physicians is essential for preventive and primary care.**
  - In 2018, the population to primary care provider ratio in DeWitt County (2,020:1) was the highest as compared to Lavaca County (1,550:1), the state (1,640:1) and the nation (1,030:1).

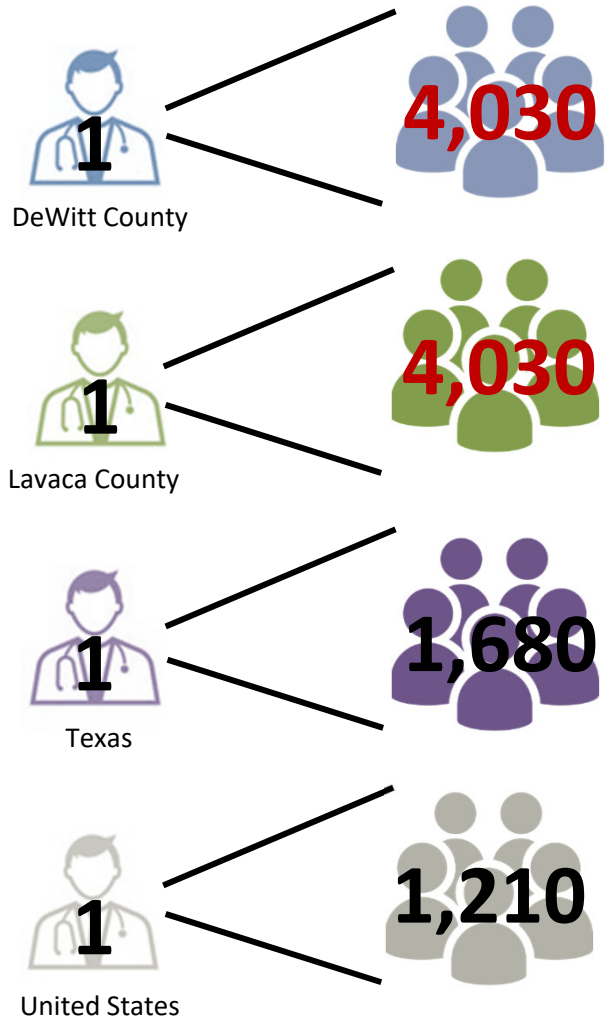


Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for DeWitt and Lavaca County, TX, https://www.countyhealthrankings.org/; data accessed July 21, 2021.
Definition: The ratio represents the number of individuals served by one physician in a county, if the population was equally distributed across physicians. "Primary care physicians" classified by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.

Health Status

Health Care Access – Dental Care Providers

- **Lack of sufficient dental providers is a barrier to accessing oral health care. Untreated dental disease can lead to serious health effects including pain, infection, and tooth loss.**
  - In 2019, the population to dental provider ratio in DeWitt County (4,030:1) was consistent with Lavaca County (4,030:1) and significantly higher than the state (1,680:1) and the nation (1,210:1).

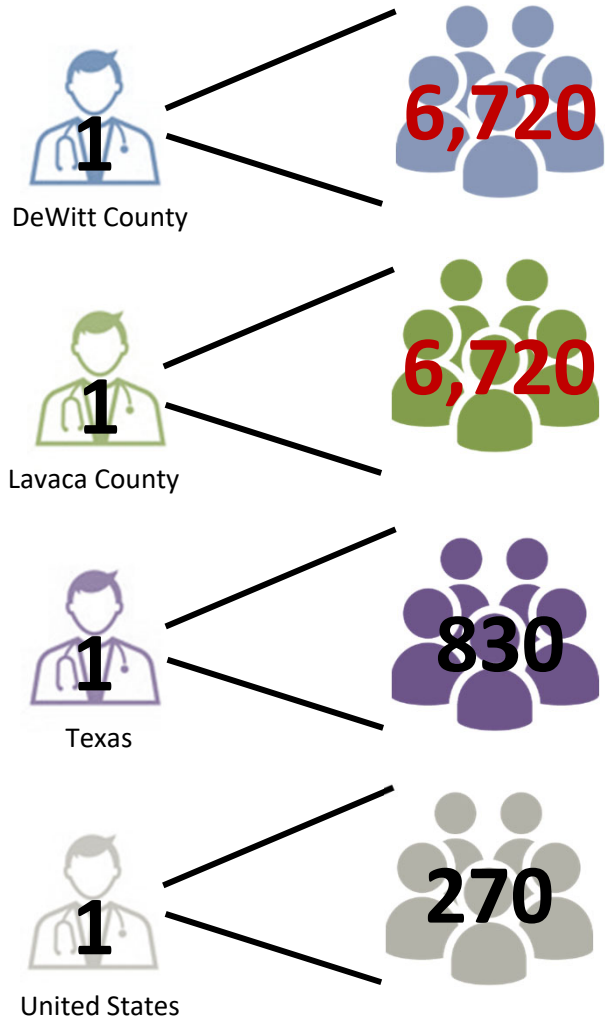


Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for DeWitt and Lavaca County, TX, https://www.countyhealthrankings.org/; data accessed July 21, 2021.
Definition: The ratio represents the population served by one dentist if the entire population of a county was distributed equally across all practicing dentists. All dentists qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.) licensed by the state to practice dentistry and who practice within the scope of that license.

Health Status

Health Care Access – Mental Health Care Providers

- **Lack of access to mental health care providers not only effects overall individual wellness but also impacts the health of a community.**
  - In 2020, the population to mental health provider ratio in DeWitt County (6,720:1) was consistent with Lavaca County (6,720:1) and significantly higher than the state (830:1) and the nation (270:1).

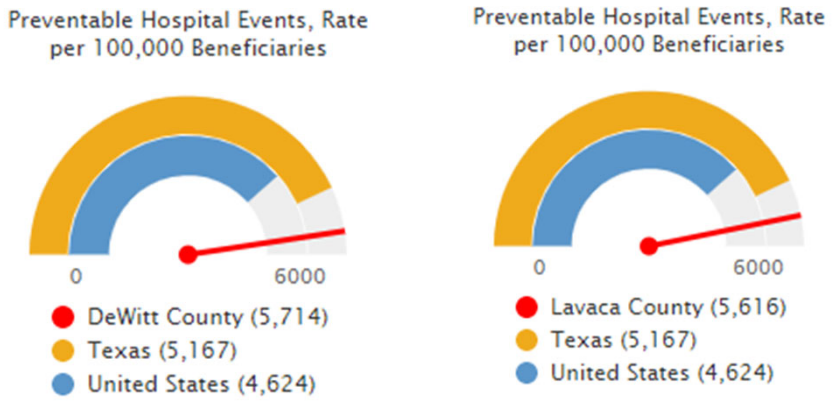


Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for DeWitt and Lavaca County, TX, https://www.countyhealthrankings.org/; data accessed July 21, 2021.
Definition: The ratio represents the number of individuals served by one mental health provider in a county, if the population were equally distributed across providers. Psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

Health Status

Health Care Access – Preventable Hospital Events

- **Lack of adequate and available primary care resources for patients to access may lead to increased preventable hospitalizations.**
  - In 2017, the rate of preventable hospital events in DeWitt County (5,714 per 100,000 Medicare Enrollees) was the highest as compared to Lavaca County (5,616 per 100,000 Medicare Enrollees), the state (5,167 per 100,000 Medicare Enrollees) and the nation (4,624 per 100,000 Medicare Enrollees).



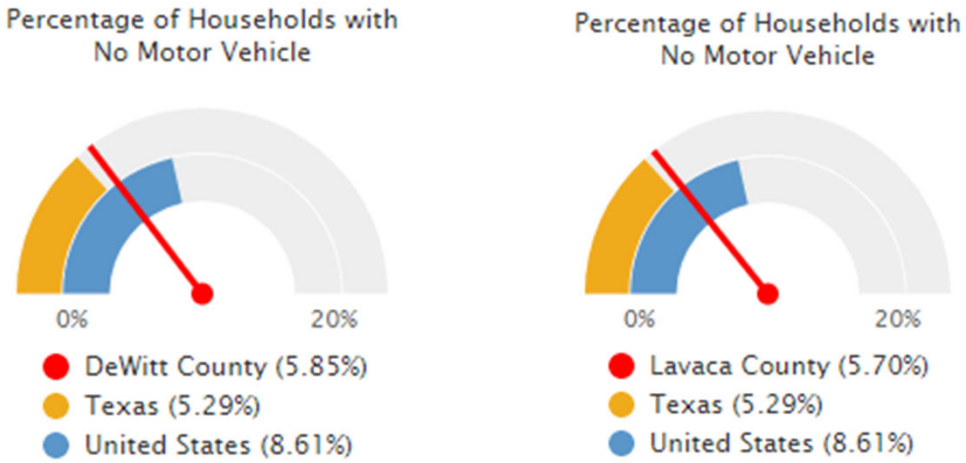
Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: SparkMap, Health Indicator Report: logged in and filtered for DeWitt and Lavaca Counties, TX, https://sparkmap.org/report/; data accessed June 17, 2021.
Definition: Ambulatory Care Sensitive (ACS) conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients.

Health Status

Health Care Access – Transportation

- **Lack of transportation is frequently noted as a potential barrier to accessing and receiving care.**
  - In 2015-2019, DeWitt County (5.9%) had a higher percentage of households that had no motor vehicles as compared to Lavaca County (5.7%) and the state (5.3%), but a lower percentage when compared to the nation (8.6%).



Note: a green dial indicates that the report area has a better rate than the state, and a red dial indicates that the report area has a worse rate than the state.

Source: SparkMap, Health Indicator Report: logged in and filtered for DeWitt and Lavaca Counties, TX, https://sparkmap.org/report/; data accessed June 17, 2021.

PHONE INTERVIEW FINDINGS

Overview

- Conducted 16 interviews with the two groups outlined in the IRS final regulations
  - CHC contacted a number of other individuals in the community to participate in the interview process, but several persons were unable to complete an interview due to a variety of reasons
- Discussed the health needs of the community, access issues, barriers and issues related to specific populations
- Gathered background information on each interviewee

Source: Yoakum Community Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Corporation; June 3, 2021 – June 30, 2021.

Methodology

- Individuals interviewed for the CHNA were identified by the hospital and are known to be supportive of ensuring community needs are met. CHC Consulting did not verify any comments or depictions made by any individuals interviewed. Interviewees expressed their perception of the health of the community based on their professional and/or personal experiences, as well as the experiences of others around them. It is important to note that individual perceptions may highlight opportunities to increase awareness of local resources available in the community.
- This analysis is developed from interview notes, and the CHC Consulting team attempted to identify and address themes from these interviews and share them within this report. None of the comments within this analysis represent any opinion of CHC Consulting or the CHC Consulting professionals associated with this engagement. Some information may be paraphrased comments. The comments included within the analysis are considered to have been common themes from interviews defined as our interpretation of having the same or close meaning as other interviewees.

Source: Yoakum Community Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Corporation; June 3, 2021 – June 30, 2021.

Interviewee Information

- ***Sandra Bergey, DDS:*** Family Dentist, Sandra B. Bergey, DDS
- ***Lisa Campos:*** IHC Coordinator for DeWitt County, Health Department Administrator – IHC Department
- ***Grace Foreman:*** Lead Pharmacist, Yoakum Discount Pharmacy
- ***Blake Goodman, M.D.:*** Emergency Medicine-Physician, Yoakum Community Hospital
- ***Holly Haas, FNP:*** Family Nurse Practitioner, Yoakum Family Practice
- ***Becky Janak:*** Program Director, Community Connections of Lavaca County
- ***Sheila Jansky:*** Human Service Technician, Lavaca County Health Department
- ***Tom Kelley:*** Superintendent, Yoakum ISD; Board Member, Yoakum Community Hospital
- ***Kathy Kostelnik:*** Underwriter, Hochheim Prairie Insurance
- ***Stephanie Lerch:*** Director of New Horizons, Yoakum Community Hospital
- ***Debbie Long:*** Director of Patient Access/Outpatient Clinic, Yoakum Community Hospital
- ***Carl O'Neill:*** Mayor, City of Yoakum
- ***Annie Rodriguez:*** City Council Member, City of Yoakum
- ***Elorine Sitka:*** Vice President, Yoakum National Bank; Board Chair, Yoakum Community Hospital
- ***Carolyn Strong:*** Director, Food Bank
- ***Lauren Werner:*** Public Health Nurse, Lavaca County Health Department

Source: Yoakum Community Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Corporation; June 3, 2021 – June 30, 2021.

Interviewee Characteristics

- Work for a State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community

18.8%

- Member of a medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations

62.5%

- Community leaders

18.8%

Note: Interviewees may provide information for several required groups.

Source: Yoakum Community Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Corporation; June 3, 2021 – June 30, 2021.

Community Needs Summary

- Interviewees discussed the following as the most significant health issues:
  - Insurance Coverage & Affordability of Care
  - Availability of Specialty Care
  - Access to Mental & Behavioral Health Care
  - Community Education & Preventive Care
    - Nutrition, Weight Management & Health Lifestyles
  - Need for Additional Support for Elderly

Source: Yoakum Community Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Corporation; June 3, 2021 – June 30, 2021.

Insurance Coverage & Affordability of Care

- **Issues/Themes:**
  - Overuse of Emergency Room for non-emergent issues by un/underinsured, low income residents
    - Perceived quicker access to care through the Emergency Room
  - Cost barrier to care causing individuals to delay seeking care or go without care, treatment
  - Affordability issues for prescriptions leading to inconsistent use and/or not using them at all
  - Growing concern around future healthcare costs and coverage
- **Needs:**
  - Education regarding when to use the Emergency Room vs. a Primary Care Provider
  - Emphasis on the needs of low income and un/underinsured residents
  - Efforts to increase access to and awareness of financial assistance services

"We see a fair amount of uninsured care through the local meatpacking plant and I think the plastic plant. A lot of people have no access to care outside of the Emergency Department."

"A lot of people do not have insurance, even in this pandemic period that we're going through. Some of the doctors and the Emergency Room have not been able to handle them in both counties. There may be a need for more doctors [to serve that population]."

"Some [inappropriately] use the emergency room because they want to get seen quicker."

"The cost of health care is a real issue for a lot of our economically disadvantaged families being able to get health insurance for their children, their family. It is [an issue] for everyone but for them especially."

"Affordability of prescription drugs is a need here. Some don't have healthcare insurance. They can't afford it…or their employer doesn't provide [coverage]."

"[People] aren't able to get assistance if they make too much money but not enough to cover the medical costs. I think people don't take their medications because they can't afford it. We have heard from clients that their prescription prices are increasing so they are taking their meds every other day verses every day to make it last longer."

"I think the finances will continue to grow as being a big deal because as it stands right now, health care isn't getting any cheaper and the insurance issue is not getting any better. It's getting worse at a rapid pace and affordability of care is going to be a huge problem."

Source: Yoakum Community Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Corporation; June 3, 2021 – June 30, 2021.

Availability of Specialty Care

- **Issues/Themes:**
  - Appreciation for the hospital's efforts to increase access to local specialty care
  - Perceived need for greater availability of inpatient specialty care
  - Limited specialist availability results in patient outmigration
  - Specialties mentioned as needed include:
    - Oncology
    - Cardiology
    - Orthopedics
    - Neurology
    - Dermatology
    - Podiatry
    - Gastroenterology
    - Urology
    - OB/GYN
    - Pediatrics
    - Psychiatry
    - ENT

- **Needs:**
  - Attract native residents in the medical field to return home
  - Targeted recruitment efforts for increased coverage in needed specialties (if feasible)

"We have an outpatient clinic where different doctors come at different times. It's amazing. They even perform some minor surgeries here. We have a general surgeon who comes in from Victoria. It's very good for the elderly who have no transportation to get there. If it's serious, you go to Houston or San Antonio or wherever. Minor things are taken care of here and the outpatient clinic is very good."

"Specialty care as a whole is a little more challenging to access appointments. But we do have a good variety in the county who come to the facilities. We have cardiology, gastroenterology, gynecology, orthopedics, podiatry, a spinal neurosurgeon, nephrology, urology."

"We need more inpatient specialty care…There aren't any dialysis centers in Yoakum. We need [interventional cardiology]. GI is a big one in a sense that we don't have it in Yoakum. The next closest place is Austin or San Antonio. There's limited GI coverage in Victoria."

"In both counties, we're unable to provide any type of cancer treatment. Everyone has to travel to Victoria or Houston."

"Usually patients go to Victoria for specialty care, or further away…sometimes depending on what they need, like oncology, they go to Houston."

"I do know that both DeWitt County and Lavaca County have specialty physicians who come to their outpatient clinic. Oncology, Neurology, OB are issues and any type of pediatric care. It's not available at all. They go to Victoria, Gonzales or further for those services. With our outpatient clinic, sometimes there's a month wait to get into those appointments."

Source: Yoakum Community Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Corporation; June 3, 2021 – June 30, 2021.

Access to Mental & Behavioral Health Care

- **Issues/Themes:**
  - Appreciation for the hospital's leadership in addressing mental health needs in the community
  - Perceived limited awareness and understanding of available resources
  - Lack of mental and/or behavioral health facilities, resources and services for general population, particularly youth and adults
    - Use of telehealth to increase access to care but lack of in person providers leads to outmigration, long wait times
  - Concerns surrounding impact of COVID-19 on mental health
  - Primary care providers are treating mental health patients as necessary, but need remains for specialized care
- **Needs:**
  - Increased access to local mental and behavioral health services, specifically for youth and adult residents
  - Increased emphasis on telehealth services for accessing mental and/or behavioral healthcare

"We have a wonderful program being New Horizons. The staff that we have in there are super duper people and I know people who have gone there and they were happy."

"We are the only office that provides cognitive behavioral therapy. YCH recognizes the need and the uniqueness of the program. Telehealth has been a tremendous outreach and way to provide what the patients are needing."

"[Mental health is] a feast or famine type deal. From an emergency standpoint, it's miserable. From an outpatient standpoint, I know we have a geri-psych program called New Horizons, and they're really good and a huge benefit for the community. The problem is getting people to attend. The [older generation] don't understand it as much as younger generations do and the need for it so they're less apt to use the service."

"We have New Horizons next door which is for geriatrics so that population is taken care of. As far as mental health, I know there's a counselor on site certain days of the month through outpatient, but I don't know of anything for DeWitt County."

"Telehealth has been a tremendous outreach and way to provide what the patients are needing. As far as in person [psychiatric] care, you have to go to another county and there's a significant wait period – up to 3 months."

"We have a place in Victoria, but it is so overwhelmed. There are a few counselors that come to the hospital but one person can't handle the couple counties. The age requirements at New Horizons is an issue for adolescents."

"Mental and behavioral health has been an ongoing problem. We always get questions on resources and where to go. There needs to be more awareness, maybe trainers or even just having access to getting these service."

"Mental wellness is very much needed in this community, there seems to be a lot of things going on with COVID-19 as well and a lot of people affected by that."

"Mental health is the number one need. That goes without being said. From child abuse up to domestic abuse we need the ability to reach out for counseling locally in addition to having telehealth. Telehealth is amazing, but getting access to medications is tough. Primary care providers do what they can, but we need that special help."

Source: Yoakum Community Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Corporation; June 3, 2021 – June 30, 2021.

Community Education & Preventive Care

Weight Management & Healthy Lifestyles

- **Issues/Themes:**
  - Conflicting statements surrounding access to gyms, programs and health resources
  - Limited awareness of affordable resources in the community
  - Perceived lack of desire to pursue healthy lifestyle opportunities
  - Lack of understanding chronic conditions, disease process, healthy lifestyle behaviors
  - Perceived need for family-centered healthy lifestyle education
  - Impact of COVID-19 on availability of resources
- **Needs:**
  - More communication and education of locally available resources and programs
  - Targeted education regarding healthy lifestyles and disease management for youth
  - Educational opportunities focused on family nutrition and exercise

"I'm not aware of any specific [healthy lifestyle] programs. The hospital has posted on their Facebook about healthy lifestyle stuff whether that's fitness or biking, etc."

"There are programs to benefit people, there are just people who don't take care of themselves. We have a track you can exercise on, we have fitness centers, but people don't go. People don't eat right, that's their choice. We can lead a horse to the water but you can't force them to drink."

"There needs to be more affordable health safety services especially for our underserved populations. They can't afford healthcare costs. [We need] to make them more aware of what is out there. There are times where we have put on educational things and we don't get any attendance."

"Texas A&M has a healthy wellness program but that's about the only one I'm aware of in DeWitt County. In the surrounding counties, they do have diabetes classes for underinsured, uninsured, etc."

"We have two fitness places where people can go – the physical therapy department has a pool, and then the Shape Shop and we have Anytime Fitness here."

"When people hit 30, they're like 'let's take care of ourselves', but until then they have had no guidance or their family is all about food and no exercise and that's the norm. I wish we had time in the clinic to educate the child and parents."

"I haven't heard of any programs that I'm familiar with since COVID. DeWitt County had a program through their ministry that helped with diabetes care and healthy eating, but as far as I know, that program went by the way side since COVID."

"We had a lunch-n-learn in Hallettsville before COVID. It was mostly for the elderly where they could learn about healthcare. I don't know about Yoakum."

Source: Yoakum Community Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Corporation; June 3, 2021 – June 30, 2021.

Need for Additional Support for Elderly

- **Issues/Themes:**
  - Significant senior population with unmet needs in aging process
  - Emerging social determinants of health issues, including:
    - Literacy
    - Neglect
    - Safe, affordable housing
    - Transportation barriers
  - Access to support groups and resources (financial assistance, advocacy and family)
  - Conflicting statements regarding transportation options to access health care appointments
  - Limited access to affordable prescriptions
  - Continued focus on resources for the elderly
- **Needs:**
  - Assistance in navigating the existing transportation services
  - Improved communication around social determinants of health
  - Emphasis on local availability of health care support services (financial assistance and patient advocacy)

"The biggest thing we see in the Emergency Department is a lot of geriatric medicine, we see a lot of elderly folks and all the things that go along with that."

"We are starting to see some illiteracy and to me it's coming from a certain population of older adults, maybe 50s and 60s."

"There's neglect amongst the elderly. They can't go to the grocery store, their church, they can't go to the place for help and there is no one for them. [Additionally], the living conditions for them in their houses [are concerning]. With the economic disadvantages, it's even worse."

"I think the health care there is available, I think there may be other issues as far as elderly people if they're not able to go to the doctor with transportation."

"We don't have anything to assist them with secondary insurance or fill out applications for financial assistance."

"[The elderly] have trouble with transportation and advocacy. There are a lot of low income geriatric residents in our communities. The primary care providers have been promoting telehealth services or making it accessible to them through the past year."

"I know they do have the county transportation vehicles that take people around. There's a lot of elderly people here who don't have family nearby so it is hard to get to doctors and clinics. Not having specialists and having to travel so far is an issue. Getting to the specialists they're referred to who don't come to Yoakum is expensive and a big issue for the elderly. The county has vehicles that are just for those who are disabled or people who don't have access to transportation like the elderly."

"…the elderly affording prescriptions even on a Medicare supplement [is an issue]. Having alternatives to medications cheaper for them [is a need]."

"One of the things we have to make sure we continue to do, and we're doing a great job right now, is focus on the fact that a large percentage of our citizens are elderly. I'm very impressed with the hospital PAs and a hospitalists now. They're great people and it's really helped, and I hear it in the community. That is one big need that we always have and have to take care of and could grow."

Source: Yoakum Community Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Corporation; June 3, 2021 – June 30, 2021.

Populations Most at Risk

Interviewees expressed concern surrounding health disparities disproportionately affecting specific populations, including:

- Elderly
  - Transportation barriers
  - Lack of local specialty services
  - Social isolation
  - Literacy
  - Safe, affordable housing
  - Access to affordable prescriptions
- Low Income/Working Poor
  - Lack of local, affordable preventive care, and specialty care options
  - Lack of bilingual healthcare providers
  - Transportation barriers
- Racial/Ethnic
  - Lack of bilingual healthcare providers
  - Healthy lifestyle education
- Teenagers/Adolescents
  - Increasing need for broad sex education
  - Need for mental health services
  - Healthy lifestyle education
  - Drug prevention and education
- Un/Underinsured
  - Lack of local, affordable preventive care, dental care, and specialty care options
  - Overuse of Emergency Room as clinic
- Obstetric Population
  - New mom education
- Veterans
  - Lack of access to local resources and services

Source: Yoakum Community Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Corporation; June 3, 2021 – June 30, 2021.

LOCAL COMMUNITY HEALTH REPORTS

Regional Healthcare Partnership 4

Community Needs Assessment - 2018

The Region conducted an initial CNA in 2011 that was used to select projects designed to transform and improve indigent and Medicaid health care systems to improve clients' experience, increase the quality of health care services, and better manage costs while improving health care outcomes. This report updates the information from the prior CNA and informed the selection of continued and/or new health care initiatives that will continue through the remainder of the DSRIP program. Findings are based on a variety of state and national resources identified throughout the report.

Region Overview

Regional Healthcare Partnership (RHP) 4 is comprised of 18 counties in South Texas including Aransas, Bee, Brooks, DeWitt, Duval, Goliad, Gonzales, Jackson, Jim Wells, Karnes, Kenedy, Kleberg, Lavaca, Live Oak, Nueces, Refugio, San Patricio, and Victoria. Most Region 4 counties Page 2 RHP 4 Community Needs Assessment are located within the Coastal Bend Council of Government (Coastal Bend-COG) geographic area. The Coastal Bend COG includes all the counties of Region 4 except Gonzales, Jackson, Lavaca, and Victoria.

Methodology

The goal of the RHP 4 needs assessment was to direct the DSRIP strategic planning process by providing information to guide decisions in selecting DSRIP initiatives for the region. In this process we engaged the community and key partners to identify health concerns, priorities, strengths, and opportunities for DSRIP initiatives.

Key sources of information that supported this Needs Assessment came from the Texas Department of State Health Services, Center for Health Statistics as well as other local sources.

In addition, discussion of community needs was included in multiple regional Learning Collaborative Meetings in 2017 and 2018. Providers were invited and encouraged to submit relevant data and reports, including information on existing DSRIP activities and identification of ongoing challenges and concerns related to community needs and opportunities for continued improvements.

Source: Regional Healthcare Partnership 4, Community Needs Assessment - 2018, https://cms9files.revize.com/nchdtx/RHP-4-Final-CNA-April-2018.pdf; data accessed January 18, 2022.

Regional Healthcare Partnership 4

Community Needs Assessment - 2018

- Following is a brief summary of the identified key community health care needs and challenges that informed the selection of DSRIP projects for DY 7-8. Please note that community needs are not listed in any order of priority.

Identification Number	Summary Description of Community Needs in RHP4
CN 1	Improved access to primary health care services
CN 2	Improved access to specialty health care services
CN 3	Improved access to behavioral health care services
CN 4	Improved access to dental care services
CN 5	Improved coordination of health care services, including hospital discharge management
CN 6	Reduction in rates of avoidable emergency department utilization
CN 7	Reduction in rates of preventable hospital admissions
CN 8	Improved access to pain management and palliative care to reduce avoidable hospital admissions and improve patient satisfaction
CN 9	Improved rates of poor birth outcomes and low birth-weight babies
CN 10	Implementation of patient navigation, education, and health promotion programs to prevent illness and increase appropriate utilization of health care services
CN 11	Improved access to services for pregnant women
CN 12	Implementation of emergency and non-emergency transportation services to improve access to care and support appropriate utilization of services
CN 13	Improved access to services for individuals living in rural communities
CN 14	Reduction in mortality, incidence, and costs associated with chronic conditions including, but not limited to, diabetes, obesity, heart disease, asthma, hepatitis
CB 15	Reduction in negative mental health outcomes, such as suicide and mental health admissions in jail/prisons
CN 16	Improved integration of physical and behavioral health care services
CN 17	Improvements in hospital safety to reduce costs and improve patient outcomes

Source: Regional Healthcare Partnership 4, Community Needs Assessment - 2018, https://cms9files.revize.com/nchdtx/RHP-4-Final-CNA-April-2018.pdf; data accessed January 18, 2022.

INPUT REGARDING THE HOSPITAL'S PREVIOUS CHNA

Consideration of Previous Input

- IRS Final Regulations require a hospital facility to consider written comments received on the hospital facility's most recently conducted CHNA and most recently adopted Implementation Strategy in the CHNA process.
- The hospital made every effort to solicit feedback from the community by providing a feedback mechanism on the hospital's website. However, at the time of this publication, written feedback has not been received on the hospital's most recently conducted CHNA and Implementation Strategy.
- To provide input on this CHNA please see details at the end of this report or respond directly to the hospital online at the site of this download.

EVALUATION OF HOSPITAL'S IMPACT

Evaluation of Hospital's Impact

- IRS Final Regulations require a hospital facility to conduct an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital's prior CHNA.
- This section includes activities completed based on the 2020 to 2022 Implementation Plan.

Yoakum Community Hospital
FY 2020 - FY 2022 Implementation Plan

A comprehensive, six-step community health needs assessment ("CHNA") was conducted for Yoakum Community Hospital (YCH) by Community Hospital Corporation (CHC). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in DeWitt and Lavaca Counties, Texas.

The CHNA Team, consisting of leadership from YCH, met with staff from CHC on October 10, 2018 to review the research findings and prioritize the community health needs. Five significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The CHNA Team participated in a roundtable discussion to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions and the hospital's capacity to address the need.

The five most significant needs, as ranked during the October 10th prioritization meeting, are listed below:

1. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
2. Access to Specialty Care Services and Providers
3. Access to Mental and Behavioral Health Care Services and Providers
4. Access to Affordable Care and Reducing Health Disparities Among Specific Populations
5. Access to Affordable Dental Care Services

Once this prioritization process was complete, the hospital leadership discussed the results and decided to address four of the five prioritized needs in various capacities through a hospital specific implementation plan. This implementation plan addresses the top four of the five needs. "Access to Affordable Dental Care Services" is not addressed largely due to the fact that it is not a core business function of the hospital and the limited capacity of the hospital to address that need.

YCH leadership has developed the following implementation plan to identify specific activities and services which directly address the top four priorities. The objectives were identified by studying the prioritized health needs, within the context of the hospital's overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, responsible leaders, progress, and key results (as appropriate).

The YCH Board reviewed and adopted the 2019 Community Health Needs Assessment and Implementation Plan on March 27, 2019.

Priority #1: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

Rationale:

Data suggests that higher rates of specific mortality causes and unhealthy behaviors warrants a need for increased preventive education and services to improve the health of the community. Heart disease and cancer are the two leading causes of death in DeWitt and Lavaca Counties. DeWitt and Lavaca Counties have higher mortality rates than Texas for the following causes of death: heart disease; cancer; accidents (unintentional injuries); Alzheimer's disease; diabetes mellitus; influenza and pneumonia; nephritis, nephrotic syndrome and nephrosis; and colon and rectum cancer. Additionally, DeWitt County has a higher cerebrovascular disease, septicemia, and lung and bronchus cancer mortality rate than the state.

Both DeWitt and Lavaca Counties have higher prevalence rates of chronic conditions such as obesity, and DeWitt County has a higher rate of diabetes (for both adults and Medicare beneficiaries) than the state. Both counties have higher percentages of residents participating in unhealthy lifestyle behaviors such as physical inactivity than the state, and Lavaca County has a higher rate of those adults ever smoking 100 or more cigarettes than the state. With regards to maternal and child health, specifically, DeWitt and Lavaca Counties have higher rates of mothers who smoked during pregnancy than the state, and DeWitt County has a higher teen (0-19 years) birth rate than the state.

Data suggests that DeWitt and Lavaca County residents are not appropriately seeking preventive care services, such as timely mammograms. Additionally, both counties have a lower rate of primary care providers and dentists per 100,000 persons as compared to the state.

Several interviewees noted that there is a need for health education in the community regarding chronic conditions and unhealthy lifestyle behaviors, including obesity, diabetes, high blood pressure, and physical inactivity. Several individuals specified that the Hispanic and elderly populations may face higher rates of diabetes, and that the Hispanic group is challenged by higher rates of hypertension. Interviewees also noted that low income populations may face cost barriers when accessing healthy lifestyle resources, and emphasized the need to educate the community on local resources available for their use. One interviewee stated: "I wish that there were more educational programs or support groups to attend…[there are people who] do want a healthier lifestyle and don't know how to do it. It's a much needed thing that is not exactly provided adequately."

Interviewees also emphasized the need to educate the community on safe sex practices, proper parenting and family planning. Significant teen birth rates and the normalization of teen pregnancy were noted as issues within the community, as well as poor maternal and child health and tobacco use during pregnancy. Interviewees agreed there is a lack of prenatal care and wellness education in the area, as well as an increasing rate of STIs among the youth population. One interviewee stated: "We see chlamydia and herpes at least twice a week throughout the clinic."

Objective:

Increase healthy lifestyle education and prevention resources at the hospital and in the community

Action Steps	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.A. YCH will continue to reach out to the community by offering numerous classes, speakers and other informative activities. Hospital personnel are made available as speakers for civic groups, industrial partners, media appearances and health fairs to address health topics of particular concern to the public upon request.	Karen Barber	ONGOING (as appropriate)	Some activities temporarily suspended in FY20 due to COVID-19. In FY 2020, YCH offered the following: -Cardiology Presentations Yoakum Rotary, Hochheim Prairie, Yoakum Lions Club -Physical Therapy Women's Lutheran Church, Catholic Alter Society, Bank Insets at Yoakum National Bank, Educating Elderly Program at Park -Wellness Screenings performed at Hochheim Prairie -HBO Presentation given at Yoakum Rotary -Diabetes Education Hochheim Prairie, Elderly Program at Park, Retired Teachers	ONGOING (as appropriate)	Some activities temporarily suspended in FY21 due to COVID-19. -Golden Crescent Regional Hospitals Count on Communities to Help Stop the Spread of COVID-19 -Facebook education (diabetic foot ulcers, neuropathy, DEA prescription drug take-back, peripheral artery disease, COVID-19 safety [mask wearing, social distancing, self isolating], vaccine safety) -Wellness presentations to Hoccheim Prairie Insurance staff (Cardiac Rehab services presentation in November 2020)	ONGOING (as appropriate)	Some activities temporarily suspended in FY22 due to COVID-19. -Facebook education (firework safety, importance of routine child wellness visits, wound care, peripheral arterial disease) -Free wellness screenings and wellness talks, as well as vaccine clinics, to local organizations (TXDOT District Office, Yoakum ISD, Kaspar Wire Works, Hoccheim Prairie, Lions Club, Rotary Club)

Action Steps	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.B. YCH offers reduced price wellness screenings to local businesses (i.e., Hochhiem Prairie), including free blood pressure, A1c, cholesterol screenings and PSAs for men upon request.	Kim Mraz, Sandra Chilek, Debbie Long, Lorren Duckett, Alberta Brown	ONGOING (as appropriate)	Temporarily suspended in FY20 due to COVID-19.	ONGOING (as appropriate)	YCH continues to work with local businesses in providing wellness screenings and other valuable medical services as opportunities arise (subject to COVID-19 changes).	ONGOING (as appropriate)	YCH continues to work with local businesses in providing wellness screenings and other valuable medical services as opportunities arise (subject to COVID-19 changes). -Free wellness screenings and wellness talks, as well as vaccine clinics, to local organizations (TXDOT District Office, Yoakum ISD, Kaspar Wire Works, Hoccheim Prairie, Lions Club, Rotary Club)
1.C. YCH will continue to participate in local health-related events to share information on health education and provide various wellness screenings, including the annual Highway Department career fair and local health fairs (i.e., First Responders health fair).	Jennifer Franklin	ONGOING (as appropriate)	Temporarily suspended in FY20 due to COVID-19.	ONGOING (as appropriate)	Participated in a drive thru health fair, Helping Hearts. Offered COVID-19 vaccinations to local employers (school district, meat packing plant) at their respective locations. -Offered Drive Thru Flu Shot Clinic (serving 217 patients) in October 2020 -May 2021 COVID-19 J&J vaccination clinic for the community	ONGOING (as appropriate)	EXAMPLES -October 2021 COVID-19 vaccination clinic for the community (J&J, Moderna) -October 2021 COVID-19 walk in vaccination clinic for the community (Moderna) -Free wellness screenings and wellness talks, as well as vaccine clinics, to local organizations (TXDOT District Office, Yoakum ISD, Kaspar Wire Works, Hoccheim Prairie, Lions Club, Rotary Club)
1.D. YCH physical therapy department and local physicians help with the annual athletic preparticipation sports physicals for the local junior high and high schools at no cost. This includes Yoakum ISD, Sweet Home ISD, and St. Joseph Catholic School.	Lorren Duckett, Pixie Holik	ONGOING (as appropriate)	Temporarily suspended in FY20 due to COVID-19.	ONGOING (as appropriate)	YCH continues to assist with annual athletic preparticipation sports physicals for local schools at no cost as opportunities arise (and subject to COVID-19 changes).	ONGOING (as appropriate)	YCH continues to assist with annual athletic preparticipation sports physicals for local schools at no cost as opportunities arise (and subject to COVID-19 changes).

Action Steps	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.E. The hospital will continue to provide free meeting space for various support groups to increase awareness about diseases and resources offered through the community as appropriate. Examples include, but are not limited to, the Alzheimer's Support Group, patients in the Texas A&M diabetic education program, and the Yoakum Garden Club.	Kellee Horton	ONGOING (as appropriate)	Temporarily suspended in FY20 due to COVID-19. Support groups have slowly started coming back (EX: Alzheimer's support group).	ONGOING (as appropriate)	Support groups have slowly started coming back (EX: Alzheimer's support group, Garden Club).	ONGOING (as appropriate)	Support groups have slowly started coming back (EX: Alzheimer's support group, Garden Club, Dementia Care Giver Support Group).
1.F. The hospital will continue to coordinate with South Texas Blood and Tissue Center to participate in blood drives on a quarterly basis, which are open to hospital employees and the community.	Debbie Long	ONGOING (as appropriate)	Temporarily suspended in FY20 due to COVID-19. A few blood drives were coordinated with South Texas Blood and Tissue Center.	ONGOING (as appropriate)	Quarterly blood drives coordinated with South Texas Blood and Tissue Center.	ONGOING (as appropriate)	Quarterly blood drives coordinated with South Texas Blood and Tissue Center.
1.G. The hospital will continue to provide a location for WIC.	Jennifer Franklin	ONGOING (as appropriate)	Temporarily suspended in FY20 due to COVID-19. Patients sent to Victoria clinic temporarily.	ONGOING (as appropriate)	Patients are now being seen in the original annex location.	ONGOING (as appropriate)	Patients are now being seen in the original annex location.
1.H. YCH will serve as a site for proper medication disposal to encourage the safe disposal of unused and remainder medications for residents in the community.	Lynette Pesek	ONGOING (as appropriate)	Proper medication disposal services are up and running and very active.	ONGOING (as appropriate)	Proper medication disposal services are up and running and very active.	ONGOING (as appropriate)	Proper medication disposal services are up and running and very active.
1.I. Upon discharge, YCH pharmacists call patients within the first 24-72 hours to ensure that their medication process is understood and to answer any questions.	Lynette Pesek	ONGOING (as appropriate)	Pharmacists continue to call patients within 24-72 hours after discharge to address any questions.	ONGOING (as appropriate)	Pharmacists continue to call patients within 24-72 hours after discharge to address any questions.	ONGOING (as appropriate)	Pharmacists continue to call patients within 24-72 hours after discharge to address any questions.
1.J. The hospital will continue to engage in a variety of employee wellness initiatives, including: promoting employee and family wellness via Asset Health; offering Teladoc services; offering need specific special programs; encouraging participation in quarterly wellness challenges; smoking cessation; collaborating with hospital cafeteria providers to highlight healthy food options; promoting fitness opportunities; charitable fitness events; providing mental health education via the Employee Assistance Program; continuing to implement the tobacco-free new hire policy; and offering the Fiducious program for employees with student loan payments.	Karen Roznovsky	ONGOING (as appropriate)	Employee wellness initiatives are ongoing. Salad bar has been adjusted due to COVID-19, salads are offered through the bistro instead of a buffet bar.	ONGOING (as appropriate)	Employee wellness initiatives are ongoing. Salad bar has been adjusted due to COVID-19, salads are offered through the bistro instead of a buffet bar.	ONGOING (as appropriate)	Employee wellness initiatives are ongoing. Salad bar has been adjusted due to COVID-19, salads are offered through the bistro instead of a buffet bar. Staff participated in the 4 week Hydration Challenge in the month of August.
1.K. YCH will continue to encourage and support employees in physical activity and wellness (i.e., softball tournament, Dash for Down 5k, employee weight loss challenge, etc.). Additionally, YCH will pay for half of the expense for an employee's gym membership in order to encourage employees to maintain an active lifestyle.	All Directors	ONGOING (as appropriate)	5k events temporarily suspended due to COVID-19. Gym membership expenses still covered for employees to encourage active lifestyles.	ONGOING (as appropriate)	Physical activity and wellness events are encouraged as opportunities arise and are subject to changes due to COVID-19. Gym membership expenses still covered for employees to encourage active lifestyles.	ONGOING (as appropriate)	Physical activity and wellness events are encouraged as opportunities arise and are subject to changes due to COVID-19. Gym membership expenses still covered for employees to encourage active lifestyles.

Action Steps	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.L. The hospital will continue to offer a wide variety of salad bar options in the cafeteria for employees and the community.	Michael Guajardo	ONGOING (as appropriate)	Employee wellness initiatives are ongoing. Salad bar has been adjusted due to COVID-19, salads are offered through the bistro instead of a buffet bar.	ONGOING (as appropriate)	Employee wellness initiatives are ongoing. Salad bar has been adjusted due to COVID-19, salads are offered through the bistro instead of a buffet bar.	ONGOING (as appropriate)	Employee wellness initiatives are ongoing. Salad bar has been adjusted due to COVID-19, salads are offered through the bistro instead of a buffet bar.
1.M. YCH will continue to serve as a clinical site for LVN and Respiratory students at Victoria College.	Jennifer Franklin	ONGOING (as appropriate)	LVN and Respiratory Students continued to rotate through YCH as a clinical site.	ONGOING (as appropriate)	LVN and Respiratory Students continued to rotate through YCH as a clinical site.	ONGOING (as appropriate)	LVN and Respiratory Students continued to rotate through YCH as a clinical site.
1.N. YCH personnel serve in leadership roles and as volunteers with many agencies and committees in the community, including the Rotary Club and the local Boy Scouts of America chapter.	All Staff	ONGOING (as appropriate)	YCH personnel continue to serve as volunteers and in leadership roles for local organizations.	ONGOING (as appropriate)	YCH personnel continue to serve as volunteers and in leadership roles for local organizations.	ONGOING (as appropriate)	YCH personnel continue to serve as volunteers and in leadership roles for local organizations.

Priority #2: Access to Specialty Care Services and Providers

Rationale:

Interviewees overwhelmingly agreed that recruitment of specialty care providers to a rural area is difficult. Individuals noted patient outmigration for specialty care services due to long wait times with physicians who are local or rotating through the hospital Outpatient clinic, including Cardiology and Endocrinology. It was also mentioned that limited local specialty care causes patients to travel to outside communities for services within Neurology, Oncology, Orthopedics, Obstetrics, Pediatric Sub-specialties and Psychiatry specialties. This lack of specialty physicians, particularly for elderly residents, may create transportation barriers for the vulnerable population. One interviewee stated: "Some specialists come to the day clinic but for surgery you have to leave town...for older [patients] that can't drive, that's a difficult problem."

Objective:

Increase access to specialty care services and providers in the community

Action Steps	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
2.A. YCH will continue to support medical staff development efforts through promotion of available physicians and maintaining an updated physician directory for distribution. The hospital introduces all new physicians through advertisement in the local newspaper in line with Stark regulations.	Karen Barber, Kellee Horton	ONGOING	YCH continues to promote available physicians through an updated physician directory for distribution, as well as physician advertisements in the local newspaper (in line with Stark regulations). -HBO Meet and Greet for Medical Staff and Administrators (January 13th) -HBO Open House for the public (January 29th) -Christi Jacobs (HBO Technician) made presentation to the Yoakum Rotary in January and to the Yoakum Lions Club in February	ONGOING	YCH continues to promote available physicians through an updated physician directory for distribution, as well as physician advertisements in the local newspaper (in line with Stark regulations). -Hoccheim Prairie Insurance wellness presentations (Cardiac Rehab services in November 2020) -Health Screening Kiosk installed in January 2021	ONGOING	YCH continues to promote available physicians through an updated physician directory for distribution, as well as physician advertisements in the local newspaper (in line with Stark regulations). -Continued marketing of Wound Care and HBO services with focus outside traditional PSA and SSA and wound clinics without HBO -Continued marketing of cardiac rehab services -Addition of PA in FY22 from Craig Cardiovascular -Exploring addition of midlevel psych provider to support inpatient volumes
2.B. YCH provides an outpatient clinic for rotating specialists in order to increase access to specialty care for local residents, including - but not limited to - OB/GYN, Cardiology, General Surgery, and Podiatry.	Jennifer Franklin	ONGOING	Specialty care services continue to be offered through the outpatient clinic.	ONGOING	Specialty care services continue to be offered through the outpatient clinic. In FY21, Pain Management and Oncology services were added.	ONGOING	Specialty care services continue to be offered through the outpatient clinic. In FY22, Gulf Bend Center joined the outpatient clinic to provide psychiatric medical services (via Televideo), care coordination, nursing and intake services.

Action Steps	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
2.C. YCH will explore the expansion of wound care and hyperbaric center services and on-site lab services to increase access to local services.	Jennifer Franklin	ONGOING	BioFire lab services have been added. The HBO opened in March of 2020.	ONGOING	Added a second day for wound care services and an additional provider.	ONGOING	YCH continues to offer BioFire lab services and additional capacity for wound care services. Expansion of such services is evaluated as appropriate. YCH also coordinates with other Restorix wound care facilities for HBO.
2.D. YCH will continue to provide the gold standard of both care and technology through its new 3D-Tomosynthesis Mammography unit.	James Oblegoner	ONGOING	YCH continues to provide 3D-Tomosynthesis mammography services.	ONGOING	YCH continues to provide 3D-Tomosynthesis mammography services.	ONGOING	YCH continues to provide 3D-Tomosynthesis mammography services.
2.E. YCH will continue to provide the Teleneurology and Telestroke Program through St. David's Medical Center.	Millie Driskell	ONGOING	YCH continues to provide the teleneurology and telestroke program through St. David's Medical Center.	ONGOING	YCH continues to provide the teleneurology and telestroke program through St. David's Medical Center.	ONGOING	YCH continues to provide the teleneurology and telestroke program through St. David's Medical Center.
2.F. YCH will continue its partnership with St. David's Medical Center to provide Telestroke services, as well as reading services for EEGs.	Millie Driskell	ONGOING	YCH continues to provide Telestroke services and reading services for EEGs through St. David's Medical Center.	ONGOING	YCH continues to provide Telestroke services and reading services for EEGs through St. David's Medical Center.	ONGOING	YCH continues to provide Telestroke services and reading services for EEGs through St. David's Medical Center.
2.G. YCH assists in setting up follow-up appointments with necessary providers for any patients discharged from inpatient care.	Pat Benbow	ONGOING	YCH continues to set up follow-up appointments with appropriate providers upon discharge.	ONGOING	YCH continues to set up follow-up appointments with appropriate providers upon discharge.	ONGOING	YCH continues to set up follow-up appointments with appropriate providers upon discharge.
2.H. YCH case management services will assist in coordinating follow-up care for patients as needed.	Pat Benbow	ONGOING	Case management services continue to coordinate follow-up care for patients.	ONGOING	Case management services continue to coordinate follow-up care for patients.	ONGOING	Case management services continue to coordinate follow-up care for patients.
2.I. Upon discharge from inpatient care, patients receive a copy of their written discharge summary and an electronic summary is sent to their primary care provider as well. Upon discharge from the emergency room, patients' primary care providers are provided with a summary of their emergent visit.	Pat Benbow, Millie Driskoll	ONGOING	YCH continues to share copies of written discharge summaries with patients, as well as electronic summaries with their primary care providers.	ONGOING	YCH continues to share copies of written discharge summaries with patients, as well as electronic summaries with their primary care providers.	ONGOING	YCH continues to share copies of written discharge summaries with patients, as well as electronic summaries with their primary care providers.

Action Steps	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
2.J. YCH will continue to increase awareness of its service offerings, such as Water Therapy, Geriatric Psych, Wound Care and Emergency Stroke care in the community. This will be done via billboard and direct mail advertisements, as well as updating the hospital's website and Facebook page.	Kellee Horton	ONGOING	YCH continues to increase awareness of its service offerings via billboard and direct mail advertisements, the hospital website and the Facebook page. -HBO Meet and Greet for Medical Staff and Administrators (January 13th) -HBO Open House for the public (January 29th) -Christi Jacobs (HBO Technician) made presentation to the Yoakum Rotary in January and to the Yoakum Lions Club in February	ONGOING	YCH continues to increase awareness of its service offerings via billboard and direct mail advertisements, the hospital website and the Facebook page. -Hoccheim Prairie Insurance wellness presentations (Cardiac Rehab services in November 2020) -Health Screening Kiosk installed in January 2021 -Continued marketing of Wound Care and HBO services with focus outside traditional PSA and SSA and wound clinics without HBO -Continued marketing of cardiac rehab services	ONGOING	YCH continues to increase awareness of its service offerings via billboard and direct mail advertisements, the hospital website and the Facebook page. -Free wellness screenings and wellness talks, as well as vaccine clinics, to local organizations (TXDOT District Office, Yoakum ISD, Kaspar Wire Works, Hoccheim Prairie, Lions Club, Rotary Club) -Continued marketing of Wound Care and HBO services with focus outside traditional PSA and SSA and wound clinics without HBO -Continued marketing of cardiac rehab services
2.K. YCH is a designated Support Level III Stroke Facility by the Texas Department of State Health Services, and will continue its ongoing commitment to ensure quality care is available for stroke patients in its area.	Millie Driskell	ONGOING	YCH remains a designated Support Level III Stroke Facility.	ONGOING	YCH remains a designated Support Level III Stroke Facility.	ONGOING	YCH remains a designated Support Level III Stroke Facility.

Priority #3: Access to Mental and Behavioral Health Care Services and Providers

Rationale:

Data suggests that residents in DeWitt and Lavaca Counties do not have adequate access to mental and behavioral health care services and providers. DeWitt and Lavaca Counties have lower rates of mental health care providers per 100,000 than the state.

Many interviewees mentioned the overall lack of mental and behavioral health care providers and services in the area, particularly for youth and adult residents. Several individuals noted the difficulty in recruiting mental and behavioral health care providers to the rural area and acknowledged the use of primary care providers by patients to manage mental and behavioral health needs.

It was also mentioned that there is a lack of local services accepting un/underinsured residents in the area, as well as an increasing rate of mental ailments for youth, including substance abuse. One interviewee stated: "Teenagers are our future. The life they're having to deal with without the maturity and guidance of parents will end up with more mental health issues or deaths due to OD or another addiction. If we don't target the psych health of our teenagers and getting them healthy, we'll have a big problem in 10-15 years, maybe sooner…"

Objective:

Increase access to mental health services and providers in the community

Action Steps	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
3.A. The hospital will continue to offer the Employee Assistance Program (EAP) through Beacon Health Options to help employees navigate various life challenges.	Karen Roznovsky	ONGOING	YCH continues to offer the Employee Assistance Program (EAP) for employees.	ONGOING	YCH continues to offer the Employee Assistance Program (EAP) for employees.	ONGOING	YCH continues to offer the Employee Assistance Program (EAP) for employees.
3.B. The New Horizons program is available at Yoakum Community Hospital for patients age 50 and above. This program is designed to address a significant need in our community for those who are experiencing difficult behavior, mental, emotional, and/or physical changes that are impacting their quality of life. New Horizons at Yoakum Community Hospital provides a mental health assessment and appropriate interventions for these individuals.	Stephanie Lerch	ONGOING	YCH continues to offer the New Horizons program, and also started offering individual therapy to adults (age 18+) in FY2020. Adults age 18+ do not qualify for the geripsych services or group therapy.	ONGOING	YCH continues to offer the New Horizons program, and also started offering individual therapy to adults (age 18+) in FY2021. Adults age 18+ do not qualify for the geripsych services or group therapy. -New Horizons offered free in-person and virtual mental health screenings for depression in October 2020	ONGOING	YCH continues to offer the New Horizons program, and also started offering individual therapy to adults (age 18+) in FY2021. Adults age 18+ do not qualify for the geripsych services or group therapy.
3.C. YCH will continue to collect and publish data from the New Horizons program to confirm its positive impact on the need of mental and behavioral health within its aging community.	Jennifer Franklin	ONGOING	Data collection is ongoing; publishing data occurs as opportunities arise.	ONGOING	Data collection is ongoing; publishing data occurs as opportunities arise.	ONGOING	Data collection is ongoing; publishing data occurs as opportunities arise.
3.E. The hospital currently employs two Masters of Social Work candidates that are working to complete their credentials and hours in order to become Licensed Clinical Social Workers.	Stephanie Lerch	ONGOING	One MSW candidate met the requirements and became a LCSW, the other one is still completing hours (potentially finishing in FY21).	ONGOING	YCH now employs 3 social workers (2 LMSW, 1 LCSW) in the New Horizons program.	ONGOING	YCH now employs 3 social workers (2 LMSW, 1 LCSW) in the New Horizons program. YCH is also exploring the addition of a midlevel psych provider to support inpatient volumes.
3.F. YCH will provide vouchers to 9 local physicians that allow them to refer 2 – 3 uninsured or underinsured persons to YCH social workers.	Stephanie Lerch	ONGOING	Referrals may be made my providers for un/underinsured persons to YCH social workers.	ONGOING	Referrals may be made my providers for un/underinsured persons to YCH social workers.	ONGOING	Referrals may be made my providers for un/underinsured persons to YCH social workers.
3.G. YCH provides Sexual Assault Nurse Examiner (SANE) services in conjunction with the local Norma's House organization.	Susan Kutzer	ONGOING	SANE services continue to be offered as appropriate.	ONGOING	SANE services continue to be offered as appropriate.	ONGOING	SANE services continue to be offered as appropriate.

Action Steps	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
3.H. YCH will continue to promote the local suicide prevention hotline for applicable patients as needed.	Stephanie Lerch	ONGOING	YCH continues to promote the local suicide hotline.	ONGOING	YCH continues to promote the local suicide hotline.	ONGOING	YCH continues to promote the local suicide hotline.
3.I. YCH is exploring the implementation of a policy to quicken the process of their mental and behavioral health care providers visiting patients immediately requiring such services.	Stephanie Lerch	ONGOING	YCH maintains a process to quicken the appropriate care for patients requiring mental and behavioral health care services.	ONGOING	YCH maintains a process to quicken the appropriate care for patients requiring mental and behavioral health care services.	ONGOING	YCH maintains a process to quicken the appropriate care for patients requiring mental and behavioral health care services.
3.J. YCH is participating in collaborative care between Family Practice physicians and Mental Health Care providers through the use of new collaborative care codes. These codes require collaboration between team members for physicians to bill for the individual counseling and/or program services.	Stephanie Lerch	ONGOING	YCH continues to participate in the use of new collaborative care codes between Family Practice physicians and Mental Health Care providers.	ONGOING	YCH continues to participate in the use of new collaborative care codes between Family Practice physicians and Mental Health Care providers.	ONGOING	YCH continues to participate in the use of new collaborative care codes between Family Practice physicians and Mental Health Care providers.

Priority #4: Access to Affordable Care and Reducing Health Disparities Among Specific Populations

Rationale:

DeWitt and Lavaca Counties have lower educational attainment rates than the state, and DeWitt County also has a lower high school graduation rate than the state. DeWitt County also has a higher percentage of children living below poverty than the state, as well as a higher percentage of public school students eligible for free or reduced price lunch.

Both counties have higher preventable hospital events than the state for conditions that could have been prevented if adequate primary care resources were available and accessed by those patients. Additionally, DeWitt and Lavaca Counties are designated as Health Professional Shortage Areas and Medically Underserved Areas, as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

Many people pointed out the limited specialty care options for un/underinsured and Medicaid patients in DeWitt and Lavaca Counties, and the outmigration of those patients to Victoria, San Antonio, and Austin where there are more options available for their needs. It was also mentioned that those residents facing financial strains may delay or forego care due to such cost barriers, and un/underinsured and low income residents may be overusing the Emergency Room for non-emergent issues. The lack of an urgent care facility within DeWitt and Lavaca Counties was mentioned as an issue since having a local urgent care facility could help to circumvent the inappropriate use of the Emergency Room by such populations. One interviewee specifically stated: “Those that have insurance or copays will go to their Primary Care [provider], but the ones that do not are going to the ER...”

It was noted several times that there is a significant senior population with unmet needs in the aging process in DeWitt and Lavaca Counties. Specific issues discussed included transportation barriers for elderly residents in accessing health care appointments, and a lack of access to support devices both within and outside the community (i.e., wheelchairs, walkers, home health equipment). One interviewee specifically stated: “We had to go out of town for just about [all health care equipment/support devices] since the store that was here in Yoakum closed and we didn’t have any place to get a walker or canes or wheelchairs...”

When asked about which specific groups are at risk for inadequate care, interviewees spoke about elderly, obstetric, low income/working poor, racial/ethnic, youth, un/underinsured, and veteran residents. With the elderly population, interviewees discussed senior residents being disproportionately challenged by transportation barriers, a lack of local specialty services, and social isolation. Individuals discussed the obstetrics population as challenged by a lack of local OB-related services and providers, and also emphasized the lack of local, affordable preventive care, dental care, and specialty care options for the low income and working poor residents.

With regards to racial/ethnic groups, interviewees noted a lack of bilingual therapists and a need for healthy lifestyle education for such residents. For the youth population, it was mentioned that teens and adolescents may be specifically challenged by an increasing need for broad sex education, a need for mental health services, healthy lifestyle education, and drug prevention and education efforts.

For the un/underinsured residents in DeWitt and Lavaca Counties, interviewees noted a lack of local, affordable preventive care, dental care and specialty care options, as well as overuse of the Emergency Room as a primary care clinic. Lastly, veteran residents were discussed as disproportionately challenged by a lack of local resources and services.

Objective:

Participate in initiatives and create opportunities to increase access to affordable care and reduce health disparities among specific populations, such as the minority and geographically isolated populations

Action Steps	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
4.A. YCH will continue to provide public service material pertaining to wellness benefits now covered under the Affordable Care Act (ACA), as well as free ACA counseling from a Certified Application Counselor.	Debbie Long	ONGOING	YCH continues to provide public service materials for ACA benefits as well as free ACA counseling.	ONGOING	YCH continues to provide public service materials for ACA benefits as well as free ACA counseling.	ONGOING	YCH continues to provide public service materials for ACA benefits as well as free ACA counseling.
4.B. YCH provides the MD Save program for self-pay and those with high deductibles in order to offer certain services at a discounted rate to assist the community with their high deductible plans or individuals who are uninsured.	Debbie Long	ONGOING	YCH continues to provide the MD Save program.	ONGOING	YCH continues to provide the MD Save program. Mammogram screenings through MDSave were provided in October 2020.	ONGOING	YCH continues to provide the MD Save program.
4.C. YCH will participate in the 340b Pharmacy Program which provides discounted pharmacy pricing to indigent patients.	Lynette Pesek	ONGOING	YCH continues to participate in the 340b Pharmacy Program.	ONGOING	YCH continues to participate in the 340b Pharmacy Program.	ONGOING	YCH continues to participate in the 340b Pharmacy Program.
4.D. YCH provides medication support to indigent patients through the tax district and their allowance of additional funding and increasing the dollar amount provided.	Pat Benbow	ONGOING	YCH continues to provide medication support to indigent patients through the tax district additional funding.	ONGOING	YCH continues to provide medication support to indigent patients through the tax district additional funding.	ONGOING	YCH continues to provide medication support to indigent patients through the tax district additional funding.

Action Steps	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
4.E. YCH will continue to promote education among the youth population by providing tours of various departments, such as the emergency room, to junior high and high school students regarding age appropriate safety topics relating to each respective department upon request.	All Directors	ONGOING (as appropriate)	Temporarily suspended in FY20 due to COVID-19.	ONGOING (as appropriate)	YCH continues to provide tours of various departments to junior high and high school students as appropriate (subject to COVID-19 changes).	ONGOING (as appropriate)	YCH continues to provide tours of various departments to junior high and high school students as appropriate (subject to COVID-19 changes).
4.F. The employees of YCH are dedicated to enhancing community wellness through the Club Med program. With Club Med, YCH leadership and staff volunteer to meet monthly with Junior and Senior high school students at Shiner, Moulton and Yoakum to discuss careers in healthcare at the hospital facility. Scholarships are provided to one Shiner, one Moulton, and one Yoakum student.	Debbie Long, Crystal Harris, Alberta Brown, Karen Roznovsky	ONGOING (as appropriate)	Temporarily suspended in FY20 due to COVID-19. -January 2020: Speaker: Sandra Chilek YCH Lad Director Yoakum: 10 Shiner: 5 St. Paul: 8 -February 2020: Speaker: Susan Kutzer YCH ED Director Yoakum: 8 Shiner: 3 St. Paul 7 -March 2020: Club Med Alberta Brown Scholarship Fundraiser	ONGOING (as appropriate)	In person started again in April 2021. -Alberta Dilworth Brown Memoprial Club Med Scholarship fundraiser with breast cancer awareness t-shirts in September 2020	ONGOING (as appropriate)	In person started again in April 2021. -Alberta Dilworth Brown Memorial Club Med Scholarship fundraiser with breast cancer awareness t-shirts in August/September 2021
4.G. YCH provides non-healthcare CPR classes to local groups upon request (i.e., Boy Scout Troop).	Russell Ulcak	ONGOING	YCH continues to provide non-healthcare CPR classes upon request.	ONGOING	YCH continues to provide non-healthcare CPR classes upon request.	ONGOING	YCH continues to provide non-healthcare CPR classes upon request.
4.H. YCH has a contract with an interpreting service to provide translation services for non-English speaking patients and families as needed.	Debbie Long	ONGOING	YCH maintains its contract with an interpreting service to provide translation services as appropriate.	ONGOING	YCH maintains its contract with an interpreting service to provide translation services as appropriate.	ONGOING	YCH maintains its contract with an interpreting service to provide translation services as appropriate.
4.I. YCH is funding a pilot intensive case management program to provide additional hospital support to patients with multiple chronic illnesses.	Pat Benbow	ONGOING	Case Management continues to identify complex patients and support them appropriately.	ONGOING	Case Management continues to identify complex patients and support them appropriately.	ONGOING	Case Management continues to identify complex patients and support them appropriately.
4.J. YCH will continue to evaluate the hospital's infrastructure, with a particular emphasis on maintaining elderly or handicap-friendly building elements.	Brian Eggemeyer	ONGOING	YCH continuously evaluates the hospital's infrastructure to better meet the needs of elderly or disabled patients.	ONGOING	YCH continuously evaluates the hospital's infrastructure to better meet the needs of elderly or disabled patients.	ONGOING	YCH continuously evaluates the hospital's infrastructure to better meet the needs of elderly or disabled patients.
4.K. YCH will continue to provide lab work for the elderly through the phlebotomist that goes to the local nursing homes.	Sandra Chilek	ONGOING	YCH continues to provide lab work for the elderly at local nursing homes.	ONGOING	YCH continues to provide lab work for the elderly at local nursing homes.	ONGOING	YCH continues to provide lab work for the elderly at local nursing homes.

Action Steps	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
4.L. During the month of October, YCH provides physicians with vouchers to distribute to unfunded patients needing mammography services.	Jay oglebomber	ONGOING	YCH continues to provide vouchers to physicians to distribute to unfunded patients requiring mammography services in October.	ONGOING	YCH continues to provide vouchers to physicians to distribute to unfunded patients requiring mammography services in October.	ONGOING	YCH continues to provide vouchers to physicians to distribute to unfunded patients requiring mammography services in October.
4.M. YCH will continue to host drive events to benefit various groups within the community, such as local food drive donations, Toys for Tots during the holidays, and supporting abused children at Norma's House during the holiday season.	Kellee Horton	ONGOING	YCH continues to host drive events to benefit various organizations in the community, such as Christmas clothing drives.	ONGOING	YCH continues to host drive events to benefit various organizations in the community, such as Christmas clothing drives. March 2021: YCH Auxiliary Spring 2021 Fundraiser	ONGOING	YCH continues to host drive events to benefit various organizations in the community, such as Christmas clothing drives. November 2021: Food drive to benefit the Food Bank of the Golden Crescent
4.N. YCH will continue its contract with Akin Ambulance Services as a new, local EMS provider.	Millie Driskell	ONGOING	YCH maintains its contract with Akin Ambulance Services.	ONGOING	YCH maintains its contract with Akin Ambulance Services.	ONGOING	YCH maintains its contract with Akin Ambulance Services.
4.O. YCH and local nursing homes, home health agencies, and pharmacies will continue to co-sponsor quarterly lunch and learns that provide information on rotating health-related topics, specifically surrounding the elderly (i.e., Medicare, Geriatric Mental Health) free of charge to the community. Events are held at local churches, event centers, etc.	Stephanie Lerch	ONGOING (as appropriate)	Temporarily suspended in FY20 due to COVID-19.	ONGOING (as appropriate)	YCH participates in and/or sponsors quarterly lunch and learns as opportunities arise (subject to COVID-19 changes). -New Horizons Geriatric Psych Program offers at least 1-2 presentations every quarter -Hosted Medicare Open Enrollment event	ONGOING	YCH participates in and/or sponsors quarterly lunch and learns as opportunities arise (subject to COVID-19 changes). -New Horizons Geriatric Psych Program offers at least 1-2 presentations every quarter -YCH hosted Medicare Open Enrollment in November 2021 in partnership with the Golden Crescent Area on Aging.

PREVIOUS CHNA PRIORITIZED HEALTH NEEDS

Previous Prioritized Needs

2016 Prioritized Needs

1. Need for Increased Emphasis on Elderly Care
2. Access to Mental and Behavioral Health Care Services
3. Access to Affordable Care and Reducing Health Disparities Among Specific Populations
4. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

2019 Prioritized Needs

1. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
2. Access to Specialty Care Services and Providers
3. Access to Mental and Behavioral Health Services and Providers
4. Access to Affordable Care and Reducing Health Disparities Among Specific Populations

Source: Yoakum Community Hospital, Community Health Needs Assessment and Implementation Plan, https://yoakumhospital.org/about/chna/; data accessed July 21, 2021.

2022 CHNA PRELIMINARY HEALTH NEEDS

2022 Preliminary Health Needs

- Access to Affordable Care and Reducing Health Disparities Among Specific Populations
- Access to Mental and Behavioral Health Care Services and Providers
- Access to Specialty Care Services and Providers
- Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

PRIORITIZATION

The Prioritization Process

1.	**Size and Prevalence of the Issue**
	a. How many people does this affect? b. How does the prevalence of this issue in our communities compare with its prevalence in other counties or the state? c. How serious are the consequences? (urgency; severity; economic loss)
2.	**Effectiveness of Interventions**
	a. How likely is it that actions taken will make a difference? b. How likely is it that actions will improve quality of life? c. How likely is it that progress can be made in both the short term and the long term? d. How likely is it that the community will experience reduction of long-term health cost?
3.	**Yoakum Community Hospital Capacity**
	a. Are people at Yoakum Community Hospital likely to support actions around this issue? (ready) b. Will it be necessary to change behaviors and attitudes in relation to this issue? (willing) c. Are the necessary resources and leadership available to us now? (able)

Roundtable Discussion

- Access to Affordable Care and Reducing Health Disparities Among Specific Populations
- Access to Mental and Behavioral Health Care Services and Providers
- Access to Specialty Care Services and Providers
- Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

CHC
Community Hospital Corporation

The Prioritization Process

- In November 2021, leadership from YCH met with CHC to review findings and prioritize the community's health needs. Members of the hospital CHNA team included:
  - Karen Barber, Chief Executive Officer
  - Jennifer Franklin, Chief Clinical Officer
- Leadership ranked the health needs based on three factors:
  - Size and Prevalence of Issue
  - Effectiveness of Interventions
  - Hospital's Capacity
- See the following page for a more detailed description of the prioritization process.

The Prioritization Process

- The CHNA Team utilized the following factors to evaluate and prioritize the significant health needs.

1. Size and Prevalence of the Issue	
a. How many people does this affect? b. How does the prevalence of this issue in our communities compare with its prevalence in other counties or the state? c. How serious are the consequences? (urgency; severity; economic loss)	
2. Effectiveness of Interventions	
a. How likely is it that actions taken will make a difference? b. How likely is it that actions will improve quality of life? c. How likely is it that progress can be made in both the short term and the long term? d. How likely is it that the community will experience reduction of long-term health cost?	
3. Yoakum Community Hospital Capacity	
a. Are people at Yoakum Community Hospital likely to support actions around this issue? (ready) b. Will it be necessary to change behaviors and attitudes in relation to this issue? (willing) c. Are the necessary resources and leadership available to us now? (able)	

Health Needs Ranking

- Hospital leadership participated in a roundtable discussion to rank the health needs in order of importance, resulting in the following order:

1. Access to Mental and Behavioral Health Care Services and Providers
2. Access to Specialty Care Services and Providers
3. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
4. Access to Affordable Care and Reducing Health Disparities Among Specific Populations

Final Priorities

- Hospital leadership decided to address all four ranked health needs. The final health priorities that YCH will address through its Implementation Plan are listed below:

1. Access to Mental and Behavioral Health Care Services and Providers
2. Access to Specialty Care Services and Providers
3. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
4. Access to Affordable Care and Reducing Health Disparities Among Specific Populations

RESOURCES IN THE COMMUNITY

Additional Resources in the Community

- In addition to the services provided by YCH, other charity care services and health resources that are available in DeWitt and Lavaca Counties are included in this section.

Yoakum Community Hospital Services Available in DeWitt and Lavaca Counties					
Organization Name	**Area Primarily Served**	**Address**	**Phone**	**Website**	**Services Provided**
Baptist Church Food Pantry	Yoakum	202 Dunn Street, Yoakum, TX 77995	(361) 293-2319	http://www.fbcyoakum.com/#!ministries/c24jx	Serving nearly 420 families a month, theYoakum Food Pantry is open every Tuesday from 1:30 pm to 4:00 pm. Looking for an oppurtunity to serve someone in need please contact the church office.
Gonzales Community Health Center	Gonzales County	228 St. George, Gonzales, TX 78629	(830) 672-6511	http://www.chcsct.com/index.php	The Gonzales Community Health Center offers basic medical and dental services Monday through Friday. Medical services offered include women's health, pediatrics, behavioral health services, and pharmacy and laboratory services.
Health Ministry Committee	Lavaca County	502 E 4th St Hallettsville, TX 77964	-	-	A network offering resources for those in need of health care financial assistance.
Holy Cross Lutheran Church Benevolence Fund	Yoakum	605 South Highway 77 A, Yoakum, TX 77995	(361) 293-3033	http://www.holycrosstx.org/	The Holy Cross Lutheran Church of Yoakum, Texas has a benevolence fund that is sometimes used to assist the elderly in affording necessary medications.
Lavaca Medical Center	Lavaca County	1400 North Texana Street, Hallettsville, TX 77964-2099	(361) 798–3671	-	Lavaca Medical Center is a genereal medical and surgical hospital in Hallettsville, Texas. The facility also provides a wellness center to the community, including an in-ground therapy pool, rehab gym, and rehab treatment area.
Meals on Wheels	Yoakum	105 Center Drive, Yoakum, TX 77995	(361) 293-5313	-	Assists disabled, homebound, low-income, elderly clients (age 60 and over) with meals delivered to their homes by volunteers and staff.
New Horizons Geriatric Counseling Program	Lavaca County	P.O. Box 753 · 1200 Carl Ramert Dr, Yoakum, TX 77995	(361) 293-2321	http://www.yoakumhospital.org/index.php?option=com_content&task=view&id=39&Itemid=74	Individuals experiencing troublesome mental health symptoms now have convenient access to mental treatment. The New Horizons Program is available at Yoakum Community Hospital for patients age 50 and above. This program is designed to address a significant need in our community for those who are experiencing difficult behavior, mental, emotional, and/or physical changes that are impacting their quality of life. New Horizons at Yoakum Community Hospital provides a mental health assessment and appropriate interventions for these individuals.
Salvation Army	Victoria and Lavaca Counties	-	-	http://www.salvationarmyusa.org	A faith-based organization committed to serving communitied all over the United States. With a location in Victoria, the organization offers services such as housing and homeless services, disaster relief, adult rehabilitation, elderly services and more.
Texas A&M AgriLife Extension Services (Lavaca County)	Lavaca County	312 S. LaGrange St. Hallettsville, TX 77964	(361) 798-2221	http://lavaca.agrilife.org/	The mission of AgriLife Extension is a seemingly simple one: improving the lives of people, businesses, and communities across Texas and beyond through high-quality, relevant education. The Extension offers services such as diabetes education and other healthy living programs throughout Lavaca County and the surrounding areas.

Yoakum Community Hospital Services Available in DeWitt and Lavaca Counties					
Organization Name	**Area Primarily Served**	**Address**	**Phone**	**Website**	**Services Provided**
Victoria County Health Department - WIC Services	WIC of Victoria services 5 counties: Calhoun, DeWitt, Jackson, Goliad, and Victoria. Clinic sites are in Cuero, Edna, Goliad, Port Lavaca, Seadrift, Yoakum, Yorktown and Victoria. These sites are visited on various days of each month.	2805 N. Navarro, Victoria, Texas 77901	(361) 578-2884	http://www.victoriacountytx.org/index.php?view=article&id=366&option=com_content	The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a health and nutrition program with a successful record for improving the diet of infants, children, and pregnant, postpartum, and breastfeeding women who are at risk for nutrition-related illness. The main focus of the WIC program is to educate mothers on the proper nutrition for babies and young children. The program primarily serves Victoria County, but also offers services to surrounding counties, including Lavaca County.
Yoakum Housing Authority	Yoakum	712 Forrest St, Yoakum, TX 77995	(361) 293-5241	-	The Yoakum Housing Authority provides rental assistance, assistance for those seeking employment, as well as assisting elderly and other community members who are unable to afford necessary medication.

INFORMATION GAPS

Information Gaps

- While the following information gaps exist in the health data section of this report, please note that every effort was made to compensate for these gaps in the interviews conducted by Community Hospital Corporation.
  - This assessment seeks to address the community's health needs by evaluating the most current data available. However, published data inevitably lags behind due to publication and analysis logistics.
  - Due to smaller population numbers and the general rural nature of DeWitt and Lavaca Counties, 1-year estimates for the majority of data indicators are statistically unreliable. Therefore, sets of years were combined to increase the reliability of the data while maintaining the combined county-level perspective.
  - The most significant information gap exists within this assessment's ability to capture various county-level health data indicators. Data for these indicators is reported at the customized combined-county level.

ABOUT COMMUNITY HOSPITAL CORPORATION

About CHC

- Community Hospital Corporation owns, manages and consults with hospitals through three distinct organizations – CHC Hospitals, CHC Consulting and CHC ContinueCare, which share a common purpose of preserving and protecting community hospitals.
- Based in Plano, Texas, CHC provides the resources and experience community hospitals need to improve quality outcomes, patient satisfaction and financial performance. For more information about CHC, please visit the website at: www.communityhospitalcorp.com

CHC Community Hospital Corporation

APPENDIX

- SUMMARY OF DATA SOURCES
- DATA REFERENCES
- MUA/P AND HPSA INFORMATION
- INTERVIEWEE INFORMATION

SUMMARY OF DATA SOURCES

Summary of Data Sources

- **Demographics**
  - This study utilized demographic data from **Stratasan.**
  - The **United States Bureau of Labor Statistics** Local Area Unemployment Statistics provides unemployment statistics by county and state; http://www.bls.gov/lau/#tables.
  - The **United States Census Bureau**, provides foreign-born population statistics by county and state; https://data.census.gov/cedsci/table?q=foreign%20born&tid=ACSDP1Y2019.DP02.
  - This study utilizes data from the **Economic Innovation Group**, which provides distressed community index scores by county and state: https://eig.org/dci/interactive-map?path=state/.
  - **Data USA** provides access to industry workforce categories at the county and state level: https://datausa.io/.
  - Food insecurity information is pulled from **Feeding America's Map the Meal Gap**, which provides food insecurity data by county, congressional district and state: http://map.feedingamerica.org/.
  - This study also used health data collected by the **SparkMap**, a national platform that provides public and custom tools produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. Data can be accessed at https://engagementnetwork.org/.
  - The **United States Bureau of Labor Statistics**, Local Area Unemployment Statistics provides unemployment statistics by county and state; http://www.bls.gov/lau/#tables.
  - The **United States Census Bureau** provides access to transportation data at the county and state level: https://censusreporter.org/search/.
  - This study also used data collected by the **Small Area Income and Poverty Estimates (SAIPE)**, that provides Supplemental Nutrition Assistance Program (SNAP) Benefits as well as poverty estimates by county and state: https://www.census.gov/data/datasets/time-series/demo/saipe/model-tables.html.

- **Health Data**
  - The **County Health Rankings** are made available by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The Rankings measure the health of nearly all counties in the nation and rank them within states. The Rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights. The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Wisconsin's counties every year since 2003; http://www.countyhealthrankings.org/.
  - The **Centers for Disease Control and Prevention National Center for Health Statistics WONDER Tool** provides access to public health statistics and community health data including, but not limited to, mortality, chronic conditions, and communicable diseases; http://wonder.cdc.gov/ucd-icd10.html.

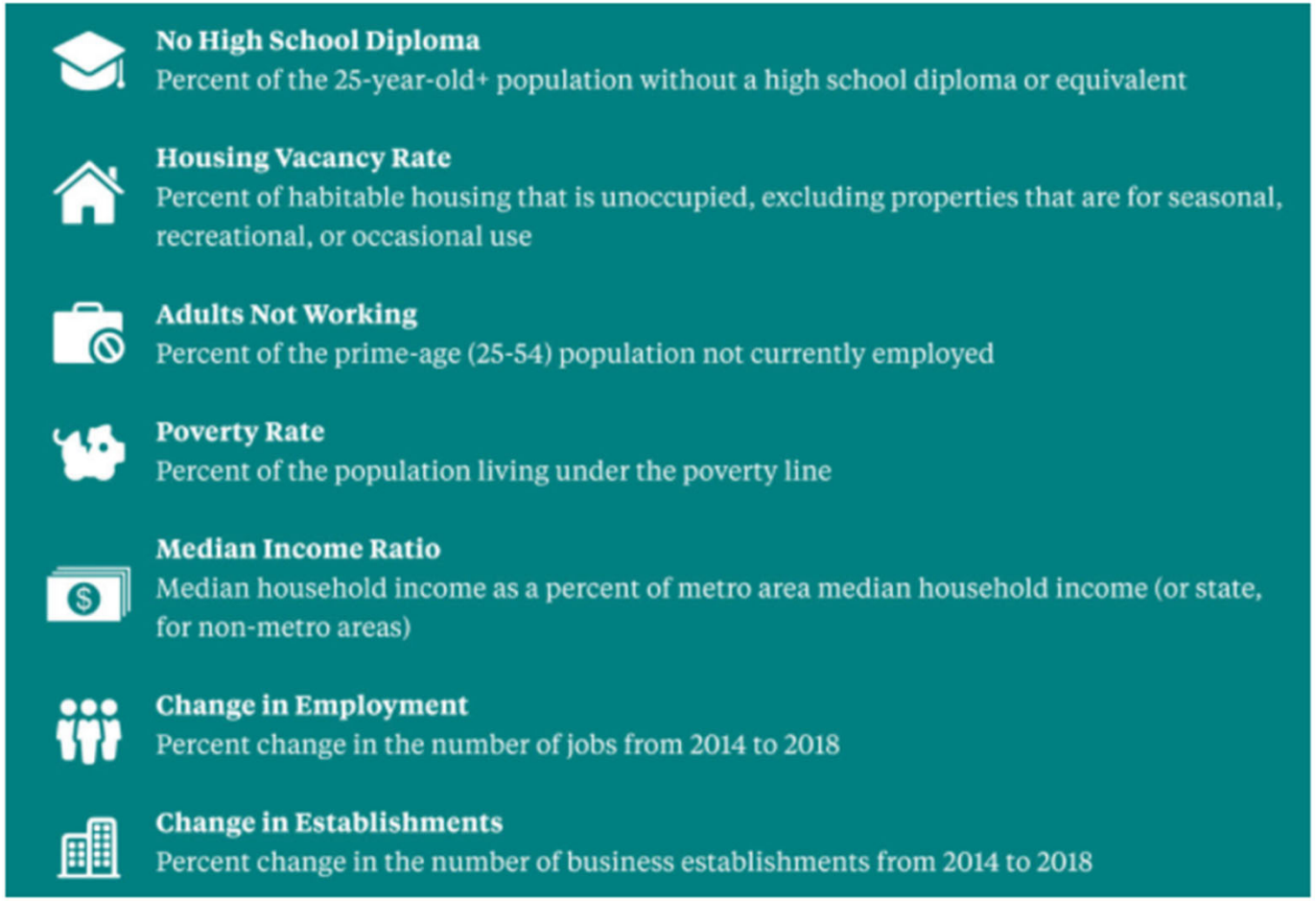
Summary of Data Sources

- **Health Data (continued)**
  - This study utilizes a customized combined 3 county level data from the **Behavioral Risk Factor Surveillance System (BRFSS),** provided by the Texas Department of Health and Human Services; https://www.dshs.texas.gov/chs/brfss/.
  - This study also used health data collected by the **SparkMap**, a national platform that provides public and custom tools produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. Data can be accessed at https://engagementnetwork.org/.
  - The **U.S. Census Bureau's Small Area Health Insurance Estimates** program produces the only source of data for single-year estimates of health insurance coverage status for all counties in the U.S. by selected economic and demographic characteristics. Data can be accessed at https://www.census.gov/data-tools/demo/sahie/index.html.
  - The **U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA)** provides Medically Underserved Area / Population and Health Professional Shortage Area scores, and can be accessed at: https://datawarehouse.hrsa.gov/tools/analyzers.aspx.
  - The **Texas Cancer Registry** is a statewide, population-based registry that serves as the foundation for measuring the cancer burden in Texas. Data can be accessed at: https://www.cancer-rates.info/tx/.
  - The **Texas Health and Human Services** produces a COVID-19 dashboard about vaccinations in Texas. Data can be accessed at: https://tabexternal.dshs.texas.gov/t/THD/views/COVID-19VaccineinTexasDashboard/Summary?:origin=card_share_link&:embed=y&:isGuestRedirectFromVizportal=y.
  - The **Texas Health and Human Services** produces county-level vulnerability in combination with COVID-19 occurrence. Data can be accessed at: https://hhs.texas.gov/data/county-level-vulnerability-covid-19-measures.
  - The **Annie E. Casey Foundation** is a private charitable organization, dedicated to helping build better futures for disadvantaged children in the United States. One of their initiatives is the Kids Count Data Center, which provides access to hundreds of measures of child well-being by county and state; http://datacenter.kidscount.org/.
  - The **Texas Department of State Health Services** provides HIV/STD surveillance for year by year estimates. Data can be accessed at: https://dshs.texas.gov/hivstd/reports/.
  - The **Centers for Medicare & Medicaid Services, Office of Minority Health** provides public tools to better understand disparities in chronic diseases. Data can be accessed at: https://data.cms.gov/mapping-medicare-disparities.
- **Phone Interviews**
  - CHC conducted interviews on behalf of YCH from June 3, 2021 – June 30, 2021.
  - Interviews were conducted and summarized by Alex Campbell, Planning Analyst; Valerie Hayes, Planning Manager and Lisette Hudson, Vice President of Planning.

DATA REFERENCES

Distressed Communities Index

The seven components of the index are:



Source: Economic Innovation Group, Methodology; https://eig.org/dci/methodology; data accessed August 9, 2021.

2021 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Search in table for...

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
1	$12,880
2	$17,420
3	$21,960
4	$26,500
5	$31,040
6	$35,580
7	$40,120
8	$44,660
For families/households with more than 8 persons, add $4,540 for each additional person.	

MUA/P AND HPSA INFORMATION

Medically Underserved Areas/Populations

Background

- Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population.
- MUAs have a shortage of primary care services for residents within a geographic area such as:
  - A whole county
  - A group of neighboring counties
  - A group or urban census tracts
  - A group of county or civil divisions
- MUPs are specific sub-groups of people living in a defined geographic area with a shortage of primary care services. These groups may face economic, cultural, or linguistic barriers to health care. Examples include, but are not limited to:
  - Homeless
  - Low income
  - Medicaid eligible
  - Native American
  - Migrant farmworkers

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, http://www.hrsa.gov/; data accessed December 20, 2021.

Medically Underserved Areas/Populations

Background (continued)

- The Index of Medical Underservice (IMU) is applied to data on a service area to obtain a score for the area. IMU is calculated based on four criteria:
  1. Population to provider ratio
  2. Percent of the population below the federal poverty level
  3. Percent of the population over age 65
  4. Infant mortality rate
- The IMU scale is from 1 to 100, where 0 represents 'completely underserved' and 100 represents 'best served' or 'least underserved.'
- Each service area or population group found to have an IMU of 62.0 or less qualifies for designation as a Medically Underserved Area or Medically Underserved Population.

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, http://www.hrsa.gov/; data accessed December 20, 2021.

Discipline	MUA/P ID	Service Area Name	Designation Type	Primary State Name	County	Index of Medical Underservice Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1482290985	LI - Lavaca County	Medically Underserved Population	Texas	Lavaca County, TX	56.0	Designated	Rural	11/20/2020	11/20/2020

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Texas	Lavaca	Lavaca	Single County	48285	Rural

Health Professional Shortage Areas

Background

- Health Professional Shortage Areas (HPSAs) are designations that indicate health care provider shortages in:
  - Primary care
  - Dental health
  - Mental health
- These shortages may be geographic-, population-, or facility-based:
  - Geographic Area: A shortage of providers for the entire population within a defined geographic area.
  - Population Groups: A shortage of providers for a specific population group(s) within a defined geographic area (e.g., low income, migrant farmworkers, and other groups)
  - Facilities:
    - Other Facility (OFAC)
    - Correctional Facility
    - State Mental Hospitals
    - Automatic Facility HPSAs (FQHCs, FQHC Look-A-Likes, Indian Health Facilities, HIS and Tribal Hospitals, Dual-funded Community Health Centers/Tribal Clinics, CMS-Certified Rural Health Clinics (RHCs) that meet National Health Service Corps (NHSC) site requirements)

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, http://www.hrsa.gov/; data accessed December 20, 2021.

Health Professional Shortage Areas

Background (continued)

- HRSA reviews these applications to determine if they meet the eligibility criteria for designation. The main eligibility criterion is that the proposed designation meets a threshold ratio for population to providers.
- Once designated, HRSA scores HPSAs on a scale of 0-25 for primary care and mental health, and 0-26 for dental health, with higher scores indicating greater need.

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, http://www.hrsa.gov/; data accessed December 20, 2021.

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	7485581511	LI - Lavaca County	Low Income Population HPSA	Texas	Lavaca County, TX	0.39	13	Designated	Rural	11/19/2019	08/06/2021
	Component State Name	**Component County Name**	**Component Name**	**Component Type**		**Component GEOID**			**Component Rural Status**		
	Texas	Lavaca	Lavaca	Single County		48285			Rural		
Primary Care	1488098447	LI - Dewitt County	Low Income Population HPSA	Texas	DeWitt County, TX	0.55	11	Designated	Rural	08/02/2018	09/10/2021
	Component State Name	**Component County Name**	**Component Name**	**Component Type**		**Component GEOID**			**Component Rural Status**		
	Texas	DeWitt	DeWitt	Single County		48123			Rural		
Mental Health	7482189195	LI - DeWitt County	Low Income Population HPSA	Texas	DeWitt County, TX	0.46	16	Designated	Rural	03/18/2020	09/10/2021
	Component State Name	**Component County Name**	**Component Name**	**Component Type**		**Component GEOID**			**Component Rural Status**		
	Texas	DeWitt	DeWitt	Single County		48123			Rural		
Dental Health	6486977810	Lavaca County	Geographic HPSA	Texas	Lavaca County, TX	1.23	8	Designated	Rural	01/10/2020	09/10/2021
	Component State Name	**Component County Name**	**Component Name**	**Component Type**		**Component GEOID**			**Component Rural Status**		
	Texas	Lavaca	Lavaca	Single County		48285			Rural		
Dental Health	6484166357	LI - DeWitt County	Low Income Population HPSA	Texas	DeWitt County, TX	1.74	17	Designated	Rural	03/18/2020	09/10/2021
	Component State Name	**Component County Name**	**Component Name**	**Component Type**		**Component GEOID**			**Component Rural Status**		
	Texas	DeWitt	DeWitt	Single County		48123			Rural		
Primary Care	1487092246	LI - Lavaca County	Low Income Population HPSA	Texas	Lavaca County, TX	1.19	13	Designated	Rural	11/18/2020	09/10/2021
	Component State Name	**Component County Name**	**Component Name**	**Component Type**		**Component GEOID**			**Component Rural Status**		
	Texas	Lavaca	Lavaca	Single County		48285			Rural		
Primary Care	1487050299	PARKSIDE FAMILY CLINIC	Rural Health Clinic	Texas	DeWitt County, TX		10	Designated	Rural	09/18/2020	09/11/2021

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	7485220353	PARKSIDE FAMILY CLINIC	Rural Health Clinic	Texas	DeWitt County, TX		17	Designated	Rural	09/18/2020	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
PARKSIDE FAMILY CLINIC	1109 E Broadway St	Cuero	TX	77954-2108	DeWitt	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	6485892950	PARKSIDE FAMILY CLINIC	Rural Health Clinic	Texas	DeWitt County, TX		15	Designated	Rural	09/18/2020	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
PARKSIDE FAMILY CLINIC	1109 E Broadway St	Cuero	TX	77954-2108	DeWitt	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1489274594	CUERO MEDICAL CLINIC	Rural Health Clinic	Texas	DeWitt County, TX		6	Designated	Rural	09/18/2020	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
CUERO MEDICAL CLINIC	2500 N Esplanade St Ste 102	Cuero	TX	77954-4727	DeWitt	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	7489219245	CUERO MEDICAL CLINIC	Rural Health Clinic	Texas	DeWitt County, TX		17	Designated	Rural	09/18/2020	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
CUERO MEDICAL CLINIC	2500 N Esplanade St Ste 102	Cuero	TX	77954-4727	DeWitt	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	6483643923	CUERO MEDICAL CLINIC	Rural Health Clinic	Texas	DeWitt County, TX		15	Designated	Rural	09/18/2020	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
CUERO MEDICAL CLINIC	2500 N Esplanade St Ste 102	Cuero	TX	77954-4727	DeWitt	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1485881266	CF- Clarence N Stevenson Facility	Correctional Facility	Texas	DeWitt County, TX	0.57	3	Designated	Rural	07/08/2016	07/06/2018

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
CF- Clarence N Stevenson Facility	1525 Fm 766	Cuero	TX	77954-6300	DeWitt	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	7489759970	CF- Clarence N Stevenson Facility	Correctional Facility	Texas	DeWitt County, TX	0.68	21	Designated	Rural	07/08/2016	08/02/2018

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
CF- Clarence N Stevenson Facility	1525 Fm 766	Cuero	TX	77954-6300	DeWitt	Rural

INTERVIEWEE INFORMATION

Yoakum Community Hospital Community Health Needs Assessment Interviewee Information

Name	Title	Organization	Interview Date	County Served	Interviewer	IRS Category			Population Served
						A	B	C	
Sandra Bergey, DDS	Family Dentist	Sandra B Bergey, DDS	6/23/2021	Multi-county area, including DeWitt and Lavaca Counties	Alex Campbell		X		General Public
Lisa Campos	Indigent Health Care Coordinator for DeWitt County	Health Department Adminstrator - Indigent Health Care Department	6/10/2021	DeWitt County	Alex Campbell	X			Underserved, Indigent
Grace Foreman	Lead Pharmacist	Yoakum Discount Pharmacy	6/8/2021	Lavaca County	Alex Campbell		X		General Public/Underserved
Blake Goodman, M.D.	Emergency Medicine-Physician	Yoakum Community Hospital	6/3/2021	Multi-county area, including DeWitt and Lavaca Counties	Valerie Hayes		X		General Public
Holly Haas, FNP	Family Nurse Practitioner	Yoakum Family Practice	6/30/2021	Multi-county area, including DeWitt and Lavaca Counties	Alex Campbell		X		General Public
Becky Janak	Program Director	Community Connections of Lavaca County	6/11/2021	Lavaca County	Alex Campbell		X		General Public
Sheila Jansky	Human Service Technician	Lavaca County Health Department	6/23/2021	Lavaca County	Lisette Hudson	X			General Public
Tom Kelley	Superintendent	Yoakum Independent School District	6/7/2021	Lavaca County	Alex Campbell		X		Youth
Kathy Kostelnik	Underwriter	Hochheim Prairie Insurance	6/9/2021	Multi-county area, including DeWitt and Lavaca Counties	Alex Campbell		X		General Public
Stephanie Lerch	Director of New Horizons	Yoakum Community Hospital	6/23/2021	Multi-county area, including DeWitt and Lavaca Counties	Alex Campbell		X		Elderly, Mental & Behavioral Health, Vulnerable, Complex
Debbie Long	Director of Patient Access/Outpatient Clinic	Yoakum Community Hospital	6/9/2021	Multi-county area, including DeWitt and Lavaca Counties	Alex Campbell		X		General Public
Carl O'Neil	Mayor	City of Yoakum	6/7/2021	Lavaca County	Alex Campbell			X	General Public
Annie Rodriguez	City Council Member	City of Yoakum	6/15/2021	Lavaca County	Alex Campbell			X	General Public
Elorine Sitka	Vice President Board Chair	Yoakum National Bank Yoakum Community Hospital	6/10/2021	Multi-county area, including DeWitt and Lavaca Counties	Alex Campbell			X	General Public
Carolyn Strong	Director	Food Bank	6/10/2021	Multi-county area, including DeWitt and Lavaca Counties	Alex Campbell		X		General Public/Underserved
Lauren Werner	Public Health Nurse	Lavaca County Health Department	6/22/2021	Lavaca County	Lisette Hudson	X			General Public

Yoakum Community Hospital Community Health Needs Assessment Interviewee Information

Name	Title	Organization	Interview Date	County Served	Interviewer	IRS Category			Population Served
						A	B	C	

A: Work for a State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community

B: Member of a medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations

C: Community Leaders

Source: Yoakum Community Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Corporation; June 3, 2021 – June 30, 2021.

Section 2:

Implementation Plan

Yoakum Community Hospital
FY 2023 - FY 2025 Implementation Plan

A comprehensive, six-step community health needs assessment ("CHNA") was conducted for Yoakum Community Hospital (YCH) by Community Hospital Corporation (CHC). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in DeWitt and Lavaca Counties, Texas.

The CHNA Team, consisting of leadership from YCH, met with staff from CHC on November 10, 2021 to review the research findings and prioritize the community health needs. Four significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The CHNA Team participated in a roundtable discussion to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions and the hospital's capacity to address the need.

The four most significant needs, as ranked during the November 10th prioritization meeting, are listed below:

1. Access to Mental and Behavioral Health Care Services and Providers
2. Access to Specialty Care Services and Providers
3. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
4. Access to Affordable Care and Reducing Health Disparities Among Specific Populations

YCH leadership has developed the following implementation plan to identify specific activities and services which directly address the top four priorities. The objectives were identified by studying the prioritized health needs, within the context of the hospital's overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, responsible leaders, progress, and key results (as appropriate).

The YCH Board reviewed and adopted the 2022 Community Health Needs Assessment and Implementation Plan on March 23, 2022.

Priority #1: Access to Mental and Behavioral Health Care Services and Providers

Rationale:

Data suggests that residents in DeWitt and Lavaca Counties do not have adequate access to mental and behavioral health care services and providers. DeWitt and Lavaca Counties have a lower rate of mental health care providers per 100,000 than the state.

Many interviewees appreciated the hospital's leadership in addressing the mental health needs in the community but there was still a perceived limited awareness of resources as well as understanding the resources that are available in the community. It was mentioned several times that there is a lack of mental and/or behavioral health facilities in the area for the general population but particularly the youth and adults. One interviewee stated: "We have a place in Victoria, but it is so overwhelmed. There are a few counselors that come to the hospital but one person can't handle the couple counties. The age requirements at New Horizons is an issue for adolescents."

Several individuals mentioned that telehealth has increased the access to the mental and behavioral health resources but this lack of in person providers is leading to long wait times. One interviewee stated: "Telehealth has been a tremendous outreach and way to provide what the patients are needing. As far as in person [psychiatric] care, you have to go to another county and there's a significant wait period – up to 3 months." Interviewees also mentioned a concern for the impact COVID-19 has had on mental health.

Interviewees also discussed that primary care providers are treating patients with mental health needs as necessary but there is still a need for specialized care for mental and behavioral health issues. One interviewee stated: "Mental health is the number one need. That goes without being said. From child abuse up to domestic abuse we need the ability to reach out for counseling locally in addition to having telehealth. Telehealth is amazing, but getting access to medications is tough. Primary care providers do what they can, but we need that special help."

Objective:

Increase access to mental health services and providers in the community

Action Steps	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.A. The hospital will continue to offer the Employee Assistance Program (EAP) through Beacon Health Options to help employees navigate various life challenges.	Karen Roznovsky						
1.B. The New Horizons program is available at Yoakum Community Hospital for patients age 50 and above. This program is designed to address a significant need in our community for those who are experiencing difficult behavior, mental, emotional, and/or physical changes that are impacting their quality of life. New Horizons at Yoakum Community Hospital provides a mental health assessment and appropriate interventions for these individuals. Individual therapy is now offered to adults age 18+ in the community.	Stephanie Lerch						
1.C. YCH will continue to collect and publish data from the New Horizons program to confirm its positive impact on the need of mental and behavioral health within its aging community.	Jennifer Franklin						
1.D. The hospital currently employs two Masters of Social Work candidates that are working to complete their credentials and hours in order to become Licensed Clinical Social Workers.	Stephanie Lerch						
1.E. YCH will provide vouchers to 9 local physicians that allow them to refer 2 – 3 uninsured or underinsured persons to YCH social workers.	Stephanie Lerch						
1.F. YCH provides Sexual Assault Nurse Examiner (SANE) services in conjunction with the local Norma's House organization.	Susan Kutzer						

Action Steps	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.G. YCH will continue to promote the local suicide prevention hotline for applicable patients as needed.	Stephanie Lerch						
1.H. YCH maintains a process to quicken the appropriate care for patients requiring mental and behavioral health care services with providers.	Stephanie Lerch						
1.I. YCH is participating in collaborative care between Family Practice physicians and Mental Health Care providers through the use of new collaborative care codes. These codes require collaboration between team members for physicians to bill for the individual counseling and/or program services.	Stephanie Lerch						

Priority #2: Access to Specialty Care Services and Providers

Rationale:

Interviewees expressed appreciation for the hospital's efforts to increase access to local specialty care. However, there was still a need for greater availability of inpatient specialty care. One interviewee stated: "We have an outpatient clinic where different doctors come at different times. It's amazing. They even perform some minor surgeries here." It was also noted that there is limited availability for local specialists which is leading to outmigration to larger cities. One interviewee stated: "We need more inpatient specialty care…There aren't any dialysis centers in Yoakum. We need [interventional cardiology]. GI is a big one in a sense that we don't have it in Yoakum. The next closest place is Austin or San Antonio. There's limited GI coverage in Victoria."

Specific specialties mentioned as needed include Oncology, Cardiology, Orthopedics, Neurology, Dermatology, Podiatry, Gastroenterology, Urology, OB/GYN, Pediatrics, Psychiatry and ENT. One interviewee stated: "I do know that both DeWitt County and Lavaca County have specialty physicians who come to their outpatient clinic. Oncology, Neurology, OB are issues and any type of pediatric care. It's not available at all. They go to Victoria, Gonzales or further for those services."

Objective:

Increase access to specialty care services and providers in the community

Action Steps	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
2.A. YCH will continue to consult its Medical Staff Development Plan to determine the physician needs of the community and consider the recruitment of providers accordingly.	Karen Barber	***Current Examples include:*** *dialysis services, endocrinology, cardiology, mental and behavioral health*					
2.B. YCH will continue to support medical staff development efforts through promotion of available physicians and maintaining an updated physician directory for distribution. The hospital introduces all new physicians through advertisements in the local newspaper in line with Stark regulations.	Karen Barber, Kellee Horton						
2.C. YCH provides an outpatient clinic for rotating specialists in order to increase access to specialty care for local residents, including - but not limited to - OB/GYN, Cardiology, General Surgery, and Podiatry.	Jennifer Franklin						
2.D. YCH provides wound care, hyperbaric center and BioFire lab services on-site to increase access to local services.	Jennifer Franklin						
2.E. YCH will continue to provide the gold standard of both care and technology through its new 3D-Tomosynthesis Mammography unit.	James Oblegoner						
2.F. YCH will continue to provide the Teleneurology and Telestroke program, as well as reading services for EEGs, through its partnership with St. Davids.	Millie Driskell						
2.G. YCH assists in setting up follow-up appointments with necessary providers for any patients discharged from inpatient care.	Pat Benbow						
2.H. YCH case management services will assist in coordinating follow-up care for patients as needed.	Pat Benbow						

Action Steps	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
2.I. Upon discharge from inpatient care, patients receive a copy of their written discharge summary and an electronic summary is sent to their primary care provider as well. Upon discharge from the emergency room, patients' primary care providers are provided with a summary of their emergent visit.	Pat Benbow, Susan Kutzer						
2.J. YCH will continue to increase awareness of its service offerings, such as Water Therapy, Geriatric Psych, Wound Care and Emergency Stroke care in the community. This will be done via billboard and direct mail advertisements, as well as updating the hospital's website and Facebook page.	Kellee Horton	***Current Examples include:*** *HBO Meet and Greet for Medical Staff and Administrators, HBO Open House for the public, Christi Jacobs (HBO Technician) made presentation to the Yoakum Rotary and to the Yoakum Lions Club, New Horizons, Cardiac Rehab*					
2.K. YCH is a designated Support Level III Stroke Facility by the Texas Department of State Health Services, and will continue its ongoing commitment to ensure quality care is available for stroke patients in its area.	Millie Driskell						

Priority #3: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

Rationale:

Data suggests that higher rates of specific mortality causes and unhealthy behaviors warrants a need for increased preventive education and services to improve the health of the community. Heart disease and cancer are the two leading causes of death in DeWitt and Lavaca Counties. Both counties have higher mortality rates than Texas for the following causes of death: malignant neoplasms; diseases of heart; accidents (unintentional injuries) lung and bronchus cancer; and colon rectum cancer. DeWitt County also has higher mortality rates than Texas for the following causes of death: cerebrovascular diseases; diabetes mellitus; septicemia; chronic liver disease and cirrhosis; intentional self-harm (suicide); and breast cancer.

Both DeWitt and Lavaca Counties have higher prevalence rates of chronic conditions such as high blood pressure (Medicare) than the state. DeWitt County has higher prevalence rates of chronic conditions such as diabetes for Medicare beneficiaries, while Lavaca County has higher prevalence rates of obesity. Both counties have higher percentages of residents participating in unhealthy lifestyle behaviors such as physical inactivity and smoking than the state. With regards to maternal and child health, specifically, DeWitt County has higher low birth weight births and higher teen (age 0-19 years) birth rates than the state.

Data suggests that DeWitt County residents are not appropriately seeking preventive care services, such as timely mammography and pap tests. Additionally, both DeWitt and Lavaca have a lower rate of those 65 and older who received their pneumonia vaccine in the past year than the state. Both counties have a lower rate dentists per 100,000 persons and DeWitt County has a lower rate of primary care providers as compared to the state.

Several interviewees had conflicting statements surrounding access to the local gyms, programs and health resources. Additionally, several individuals discussed the limited awareness of affordable resources in the community and the perceived lack of desire to pursue healthy lifestyle opportunities. One interviewee stated: “There needs to be more affordable health services especially for our underserved populations. They can’t afford healthcare costs. [We need] to make them more aware of what is out there. There are times where we have put on educational things and we don’t get any attendance.”

It was mentioned that there is a lack of understanding about chronic conditions, disease processes as well as healthy lifestyle behaviors. A few interviewees discussed the need for more family-centered healthy lifestyle education. One interviewee stated: “When people hit 30, they’re like ‘let’s take care of ourselves’, but until then they have had no guidance or their family is all about food and no exercise and that’s the norm. I wish we had time in the clinic to educate the child and parents.” Lastly, it was discussed how the COVID-19 pandemic has impacted the availability of health lifestyle resources in the community. One interviewee stated: “I haven’t heard of any programs that I’m familiar with since COVID. Dewitt County had a program through their ministry that helped with diabetes care and healthy eating, but as far as I know, that program went by the way side since COVID.”

Objective:

Increase healthy lifestyle education and prevention resources at the hospital and in the communit

Action Steps	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
3.A. YCH will continue to reach out to the community by offering numerous classes, speakers and other informative activities. Hospital personnel are made available as speakers for civic groups, industrial partners, media appearances and health fairs to address health topics of particular concern to the public upon request.	Karen Barber	***Current Examples include:*** *TAMU Offered Diabetes Education Classes at YCH, YCH COVID-19 Updates, Christi Jacobs (HBO Technician) presented to the Rotary in January and to the Lions Club, drive through health fairs, speakers for Hochheim Prairie*					
3.B. YCH offers reduced price wellness screenings to local businesses (i.e., Hochhiem Prairie), including free blood pressure, A1c, cholesterol screenings and PSAs for men upon request.	Kim Mraz, Sandra Chilek, Debbie Long, Lorren Duckett, Alberta Brown	***Current Examples include:*** *TXDOT District Office Yoakum ISD Kaspar Wire Works*					

Action Steps	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
3.C. YCH will continue to support and participate in local health-related events to share information on health education and provide various wellness screenings.	Jennifer Franklin	***Current Examples include:*** *annual Highway Department career fair, local health fairs (First Responders health fair), Sock It to Breast Cancer*					
3.D. YCH physical therapy department and local physicians help with the annual athletic preparticipation sports physicals for the local junior high and high schools at no cost. This includes Yoakum ISD, Sweet Home ISD, and St. Joseph Catholic School.	Lorren Duckett, Pixie Holik						
3.E. The hospital will continue to provide free meeting space for various support groups to increase awareness about diseases and resources offered through the community as appropriate. Examples include, but are not limited to, the Alzheimer's Support Group, patients in the Texas A&M diabetic education program, and the Yoakum Garden Club.	Kellee Horton	***Current Examples include:*** *the Alzheimer's Support Group, patients in the Texas A&M diabetic education program, Dementia Care Giver Support Group, and the Yoakum Garden Club*					
3.F. The hospital will continue to coordinate with South Texas Blood and Tissue Center to participate in blood drives on a quarterly basis, which are open to hospital employees and the community.	Debbie Long						
3.G. The hospital will continue to provide a location for WIC.	Jennifer Franklin						
3.H. YCH will serve as a site for proper medication disposal to encourage the safe disposal of unused and remainder medications for residents in the community.	Lynette Pesek						
3.I. Upon discharge, YCH pharmacists call patients within the first 24-72 hours to ensure that their medication process is understood and to answer any questions.	Lynette Pesek						

Action Steps	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
3.J. The hospital will continue to engage in a variety of employee wellness initiatives, including: promoting employee and family wellness via Asset Health; offering Teladoc services; offering need specific special programs; encouraging participation in quarterly wellness challenges; smoking cessation; collaborating with hospital cafeteria providers to highlight healthy food options; promoting fitness opportunities; charitable fitness events; providing mental health education via the Employee Assistance Program; continuing to implement the tobacco-free new hire policy; and offering the Fiducious program for employees with student loan payments.	Karen Roznovsky						
3.K. YCH will continue to encourage and support employees in physical activity and wellness (i.e., softball tournament, Dash for Down 5k, employee weight loss challenge, etc.). Additionally, YCH will pay for half of the expense for an employee's gym membership in order to encourage employees to maintain an active lifestyle.	All Directors						
3.L. YCH will continue to serve as a clinical site for LVN and Respiratory students at Victoria College.	Jennifer Franklin						
3.M. YCH personnel serve in leadership roles and as volunteers with many agencies and committees in the community, including the Rotary Club and the local Boy Scouts of America chapter.	All Staff						

Priority #4: Access to Affordable Care and Reducing Health Disparities Among Specific Populations

Rationale:

DeWitt and Lavaca Counties have a higher percentage of families living below poverty than the state. DeWitt County had a higher percentage of children living below poverty than the state, a higher percentage of public school students eligible for free or reduced price lunch, as well as a higher rate of overall food insecurity than the state. Both counties have a lower median household income than the state.

DeWitt and Lavaca Counties are designated as Health Professional Shortage Areas and Lavaca County, specifically, is designated as a Medically Underserved Area, as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA). When analyzing economic status in the two counties, DeWitt is considered a more economically distressed county than Lavaca County. DeWitt and Lavaca Counties have also seen an increase in the rate of those adults (age 18-64) who are uninsured.

Interviewees discussed the overuse of the emergency room for non-emergent issues by the un/underinsured population as well as low income residents and how they perceive the emergency room as a quicker way to access care. Several interviewees mentioned cost barriers to care are leading individuals to either delay seeking care or go without care altogether and this goes for treatments as well. One interviewee stated: “The cost of health care is a real issue for a lot of our economically disadvantaged families being able to get health insurance for their children, their family. It is [an issue] for everyone but for them especially.”

It was noted several times that there are limited affordable options for prescriptions and this is leading to inconsistency in prescription use or individuals not taking their prescriptions at all. One interviewee stated: “[People] aren’t able to get assistance if they make too much money but not enough to cover the medical costs. I think people don’t take their medications because they can’t afford it. We have heard from clients that their prescription prices are increasing so they are taking their meds every other day verses every day to make it last longer”. Lastly, there was a growing concern around costs and coverage for future healthcare services and resources. One interviewee stated: “I think the finances will continue to grow as being a big deal because as it stands right now, health care isn't getting any cheaper and the insurance issue is not getting any better. It's getting worse at a rapid pace and affordability of care is going to be a huge problem.”

The elderly population were discussed by several interviewees and that there is a significant senior population with unmet needs. Literacy, neglect, safe and affordable housing as well as transportation barriers were discussed by interviewees as emerging health issues for the elderly. It was noted that there was a need for access to support groups and resources like financial assistance or having a family or advocacy resource. One interviewee stated: “[The elderly] have trouble with transportation and advocacy. There are a lot of low income geriatric residents in our communities. The primary care providers have been promoting telehealth services or making it accessible to them through the past year.”

Several interviewees had conflicting statements regarding transportation options in the community and how they are used to access healthcare appointments. One interviewee stated: “I know they do have the county transportation vehicles that take people around. There’s a lot of elderly people here who don’t have family nearby so it is hard to get to doctors and clinics. Not having specialists and having to travel so far is an issue. Getting to the specialists they’re referred to who don’t come to Yoakum is expensive and a big issue for the elderly. The county has vehicles that are just for those who are disabled or people who don’t have access to transportation like the elderly”. It was mentioned that there are issues with access to affordable prescriptions and a need for continued focus on the resources for the elderly in the community. One interviewee stated: “One of the things we have to make sure we continue to do, and we’re doing a great job right now, is focus on the fact that a large percentage of our citizens are elderly. I’m very impressed with the hospital PAs and a hospitalists now. They’re great people and it’s really helped, and I hear it in the community.”

When asked about which specific groups are at risk for inadequate care, interviewees spoke about the elderly, low income/working poor, racial/ethnic, teenagers/adolescents, un/underinsured, obstetric population and the veterans. With regards to the elderly population, interviewees discussed transportation barriers and a lack of local specialty services, social isolation issues as well as literacy issues, a need for more safe and affordable housing and access to affordable prescriptions. The low income/working poor population were brought up as having some issues with local affordable preventive care and specialty care options, a need for more bilingual healthcare providers as well as issues in regards to transportation.

Racial/ethnic groups were discussed as facing a lack of local bilingual healthcare providers and a need for healthy lifestyle education. With regards to the teenagers/adolescents population, interviewees discussed an increasing need for broad sex education, a need for mental health services, healthy lifestyle education and drug prevention and education. Un/underinsured residents were discussed as facing lack of local, affordable preventive care, dental care as well as specialty care options; and overuse of the emergency room as a clinic versus seeing their provider or going to an urgent care.

For the obstetric population, interviewees discussed this group needing education for new mothers. as a need. Lastly, for the veteran residents, interviewees mentioned that they may be disproportionately affected by a lack of local services and resources for them to utilize.

Objective:

Participate in initiatives and create opportunities to increase access to affordable care and reduce health disparities among specific populations, such as the minority and geographically isolated populatior

Action Steps	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
4.A. YCH will continue to provide public service material pertaining to wellness benefits now covered under the Affordable Care Act (ACA), as well as free ACA counseling from a Certified Application Counselor.	Debbie Long						
4.B. YCH provides the MD Save program for self-pay and those with high deductibles in order to offer certain services at a discounted rate to assist the community with their high deductible plans or individuals who are uninsured.	Debbie Long						
4.C. YCH will participate in the 340b Pharmacy Program which provides discounted pharmacy pricing to indigent patients.	Lynette Pesek						

Action Steps	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
4.D. YCH provides medication support to indigent patients (as appropriate) through the tax district and their allowance of additional funding and increasing the dollar amount provided.	Pat Benbow						
4.E. YCH will continue to promote education among the youth population by providing tours of various departments, such as the emergency room, to junior high and high school students regarding age appropriate safety topics relating to each respective department upon request.	All Directors						
4.F. The employees of YCH are dedicated to enhancing community wellness through the Club Med program. With Club Med, YCH leadership and staff volunteer to meet monthly with Junior and Senior high school students at Shiner, Moulton and Yoakum to discuss careers in healthcare at the hospital facility. Scholarships are provided to one Shiner, one Moulton, and one Yoakum student.	Debbie Long, Crystal Harris, Alberta Brown, Karen Roznovsky	***Current Examples include:*** *Various staff speakers each month, fundraising events*					
4.G. YCH provides non-healthcare CPR classes to local groups upon request (i.e., Boy Scout Troop).	Russell Ulcak						
4.H. YCH has a contract with an interpreting service to provide translation services for non-English speaking patients and families as needed.	Debbie Long						
4.I. YCH's Case Management department continues to identify complex patients with multiple chronic illnesses and provide additional hospital support as appropriate.	Pat Benbow						
4.J. YCH will continue to evaluate the hospital's infrastructure, with a particular emphasis on maintaining elderly or handicap-friendly building elements.	Brian Eggemeyer						
4.K. YCH will continue to provide lab work for the elderly through the phlebotomist that goes to the local nursing homes.	Sandra Chilek						

Action Steps	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
4.L. During the month of October, YCH provides physicians with vouchers to distribute to unfunded patients needing mammography services.	James Oblegoner						
4.M. YCH will continue to host drive events to benefit various groups within the community.	Kellee Horton	***Current Examples include:*** *Local food drive donations like the Food Bank of the Golden Crescent, Toys for Tots during the holidays, and supporting abused children at Norma's House during the holiday season.*					
4.N. YCH will continue its contract with Akin Ambulance Services as a new, local EMS provider.	Millie Driskell						
4.O. YCH and local nursing homes, home health agencies, and pharmacies will continue to co-sponsor quarterly lunch and learns that provide information on rotating health-related topics, specifically surrounding the elderly (i.e., Medicare, Geriatric Mental Health) free of charge to the community. Events are held at local churches, event centers, etc.	Stephanie Lerch						
4.P. YCH partners with the Golden Crescent Area on Aging to host Medicare open enrollment for seniors in the community.	Stephanie Lerch						

COVID-19 Related Activities

Please use the space below to describe any COVID-19 related activities that have been implemented and are not described in the previous priorities. Though COVID-19 has resulted in the cancellation of several community benefit activities (i.e., health education events, health fairs, etc.), there may be opportunities to include other activities as community benefit. Examples may include, but are not limited to, costs associated with educating health professionals related to training/responding to coronavirus (when education meets criteria for required degree/certificate/training), research conducted on COVID-19 (including screening, treatment and impact on the health and welfare of communities) which will be shared across professional disciplines and organizations, and cash or in-kind contributions provided to community groups within and outside the local community that are restricted in response to the pandemic. For further information on what could be included as community benefit, please visit https://www.chausa.org/communitybenefit/what-counts. Also please reference the "COVID-19 Comm. Ben. Examples" tab for applicable situations.

Action Steps	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
A.A. YCH provides a vaccine clinic for Yoakum ISD.	Jennifer Franklin						
A.B. YCH will continue to offer outpatient COVID-19 treatment.	Jennifer Franklin	***Current Examples include:*** *Yoakum Family practice testing and treatment protocols in place*					
A.C. YCH will continue to support and coordinate education, tests and vaccinations surrounding COVID-19 for staff and for the community.	Jennifer Franklin	***Current Examples include:*** *walk in testing clinics, walk in vaccination clinics*					

Section 3:

Feedback, Comments and Paper Copies

INPUT REGARDING THE HOSPITAL'S CURRENT CHNA

CHNA Feedback Invitation

- Yoakum Community Hospital invites all community members to provide feedback on its existing CHNA and Implementation Plan.
- To provide input on this CHNA, please see details at the end of this report or respond directly to the hospital online at the site of this download.

Feedback, Questions or Comments?

Please address any written comments on the CHNA and Implementation Plan and/or requests for a copy of the CHNA and Implementation Plan to:

Karen Barber
Chief Executive Officer
Yoakum Community Hospital
1200 Carl Ramert Drive
Yoakum, TX 77995
Phone: (361) 293-2321 x102

Please find the most up to date contact information on the Yoakum Community Hospital website under “Community Health Needs Assessment”:

https://www.yoakumhospital.org/about-yoakum-hospital/chna/

Thank you!

Community Hospital Corporation
7950 Legacy Drive, Suite 1000
Plano, TX 75024
972-943-6400

www.communityhospitalcorp.com

Lisette Hudson - lhudson@communityhospitalcorp.com
Valerie Hayes - vhayes@communityhospitalcorp.com
Alex Campbell - acampbell@communityhospitalcorp.com