Yoakum Community Hospital

Lavaca and DeWitt Counties Community Health Needs Assessment and Implementation Plan

May 2025

Yoakum Community Hospital

CHC
Community Hospital Corporation

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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 Lavaca and DeWitt Counties, Texas.

The CHNA Team, consisting of leadership from YCH, reviewed the research findings in December 2024 to 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 list of prioritized needs, in descending order, is listed below:
1.) Access to Primary and Specialty Care Services and Providers
2.) Access to Mental and Behavioral Health 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

The CHNA Team participated in a prioritization process using a structured matrix to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions, and their capacity to address the need. Once this prioritization process was complete, YCH leadership discussed the results and decided to address all of the prioritized needs in various capacities through a hospital specific implementation plan.

Hospital leadership has developed an implementation plan to identify specific activities and services which directly address the identified 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, and annual updates and progress (as appropriate).

The YCH Board reviewed and adopted the 2025 Community Health Needs Assessment and Implementation Plan on May 28, 2025.

Priority #1: Access to Primary and Specialty Care Services and Providers

Lavaca and DeWitt Counties experience disparities in access to healthcare services compared to the state of Texas. Lavaca County has a higher population to primary care physician ratio than both the state and national averages, indicating reduced access to primary care. DeWitt County exhibits a higher percentage of households without motor vehicles compared to the state, suggesting potential transportation barriers. Additionally, Lavaca and DeWitt Counties are designated as Health Professional Shortage Areas, with Lavaca County also being a designated Medically Underserved Area, as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

Interviewees highlighted significant challenges regarding the availability of specialty providers. A primary concern is the difficulty accessing specialty care for the general population. This is compounded by the lack of local specialty care due to aging providers and challenges in recruiting to rural communities, with many young professionals opting for larger cities. The outmigration of care to larger cities like Victoria, Gonzalez, and Houston further exacerbates the problem. Providers are overbooked and limiting time for patient education on major health issues. Furthermore, limited access and delayed specialty care were attributed to transportation barriers, with interviewees noting "Transportation and specialty care is a need. We have to travel at least an hour if not two hours for a specialist" and expressing concerns about older residents feeling uncomfortable traveling long distances for care. Additionally, there's an insufficient availability of cardiologists, causing delays in care. Specific specialties mentioned as needed, due to long wait times or lack of coverage, include vision, psychiatry, endocrinology, gerontology, cardiology, dentistry, gastroenterology, OB/GYN, neurology, and orthopedic.

Interviewees discussed concerns regarding the availability of primary care providers. A key issue is the perceived insufficient number of physicians, leading to a reliance on advanced practitioners. This is further complicated by aging general physicians nearing retirement, creating potential gaps in care. Differences in the availability of appointments for physicians versus advanced practitioners were noted, with some interviewees finding it easier to schedule with the latter. There's a lack of pediatricians in the area, impacting care for children. The need for additional doctors to handle patient demand at the local hospital was emphasized, as was the difficulty attracting doctors to rural areas due to financial and geographic factors. Finally, a lack of after-hours and weekend urgent care options was identified as a barrier to timely care.

Priority #2: Access to Mental and Behavioral Health Care Services and Providers

Lavaca and DeWitt Counties demonstrate significant disparities in mental and behavioral health compared to the state of Texas. Both counties exhibit a higher percentage of adults experiencing depression and a higher percentage reporting 14 or more days of poor mental health. Furthermore, access to mental health providers is severely limited in both counties, as evidenced by significantly higher population to mental health provider ratios compared to both the state and national averages.

Interviewees discussed the limited availability of local psychiatrists and psychologists, with one interviewee expressing, "My concern is the lack of mental health professionals. Even from Victoria, the closest psychiatrist or psychologist is in the big metropolitan areas." While there's a recognition of rising mental health awareness within the youth population leading to earlier intervention, access challenges persist. The effects of cost of living is leading to stress and anxiety for adults. The limited access to inpatient mental health facilities and increasing suicide rates is a critical concern, as is the increasing drug presence threatening community safety and well-being, compounded by limited rehab options. Drug-related activities are often associated with homelessness and unsafe living conditions are also a concern. Finally, interviewees believe there's a need for more resources for alcohol abuse.

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

Lavaca and DeWitt Counties exhibit significant health disparities compared to the state of Texas across numerous health indicators. Lavaca and Dewitt County had a higher rate than the state in the following causes of death: diseases of heart, malignant neoplasms, COVID-19. Cerebrovascular diseases, Alzheimer’s disease, accidents, chronic lower respiratory diseases, diabetes mellitus, nephritis, nephrotic syndrome and nephrosis, and influenza and pneumonia. Lavaca County had a higher rate of cancer incidence than the state in lung and bronchus cancer and breast cancer…

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

…as well as a higher mortality rate for lung and bronchus cancer, breast cancer, and colon and rectum cancer. DeWitt County has a higher rate of cancer incidence than the state in breast cancer and colon and rectum cancer as well as a higher mortality rate for colon and rectum cancer.

Both counties show a higher prevalence of several chronic conditions and risk factors. Diabetes is more prevalent among adults and Medicare beneficiaries in DeWitt County as compared to the state. Obesity rates are elevated in both adult and Medicare beneficiary populations Lavaca County, while DeWitt County had higher rates of obesity in just the adult population. Hypertension is also significantly higher among Medicare beneficiaries in both counties. Additionally, adults with asthma, arthritis, and that have disabilities (as well as Medicare beneficiaries) are more prevalent in both Lavaca and DeWitt Counties as compared to the state.

Furthermore, unhealthy behaviors contribute to these disparities. Physical inactivity, binge drinking, and smoking are more common among adults in both counties than the state. Screening rates for preventive care are also lower, with fewer women receiving mammograms in DeWitt County, fewer men receiving prostate screenings in Lavaca County, and lower rates of flu and pneumonia vaccinations among Medicare beneficiaries in both counties.

The interviewees expressed a desire for education and awareness about heart disease and cancer, recognizing them as leading causes of death and highlighting the need for preventative measures. However, they also pointed out economic barriers hindering the ability to maintain a healthy lifestyle, with concerns about the lack of affordable gyms, walking trails, and fitness opportunities. The decline in home-cooked meals and increased reliance on fast food was a significant concern, emphasizing the need for community education on nutrition, exercise, and healthy habits. There was a desire for education on the impact of processed foods and the need for better dietary practices, alongside a preference for treating underlying health issues naturally rather than relying on excessive medications. Finally, increased prevalence of STDs, coupled with financial and access barriers to birth control and healthcare, was identified as a critical issue.

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

Both counties have an older median age, higher percentage of families living below poverty and lower median household incomes than the state of Texas. Additionally, a smaller percentage of residents in both counties hold bachelor's or advanced degrees. DeWitt County, in particular, has a higher economic distress score than most counties in the state. For the typical two-parent, two-child family, transportation costs represent a substantial financial burden in both counties. DeWitt County has a higher percentage of children living in poverty. Food insecurity and a higher percentage of SNAP benefit recipients are also more prevalent in DeWitt County than the state. Furthermore, a greater percentage of public school students in DeWitt County qualify for free or reduced-price lunch compared to both the state and national averages.

The primary concerns raised by interviewees centered around infrastructure and transportation, highlighting significant challenges related to housing affordability, access to healthcare, and basic necessities. The economic challenges of inflation and poverty were also evident, with worries about affording basic needs like utilities and groceries. Finally, limited local shopping options and food insecurity were raised.

Interviewees discussed several concerning issues regarding the youth population, highlighting challenges in their health, well-being, and development. A major concern is vaping and mental health issues. The influence of electronics and social media on youth behavior and mental health was also emphasized, with concerns about its potential negative impact. There were conflicting statements regarding the availability of recreational opportunities, with worries about violence, drugs, and alcohol use among adolescents. The acknowledgment of ADHD support within the schools was noted, but there's a growing need for increased psychiatric help for the youth. Concerns about neglected children, especially in younger age groups, were raised. Literacy challenges with reading and writing were also identified as a concern. Interviewees mentioned that much of the younger population does not have a designated primary care physician, raising concerns about access to basic healthcare. These issues highlight the need for targeted interventions and support systems to address the unique challenges faced by the youth population in this community.

Interviewees revealed several concerns regarding the elderly population, highlighting challenges related to their well-being…

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

… and access to care. An overall concern for the well-being of the elderly population, especially those who are alone and the need for community support. There's a desire for more community initiatives to support the elderly, such as community centers with meals and activities. A significant issue is the need for increased access to local specialty care focused on the elderly, as many have to travel outside the community for specialized treatment. Many elderly individuals are leaving the community for assisted living facilities due to the limited local options, indicating a gap in available services. However, there's appreciation for doctors who travel from other communities to provide care, reducing the burden on older patients to travel.

Interviewees revealed critical concerns regarding insurance and affordability, highlighting the financial barriers to accessing healthcare services. A primary issue is the difficulty affording healthcare and insurance coverage amidst rising costs of living. High drug prices strain seniors and those on fixed incomes, forcing difficult choices between medication and other necessities. There are no local resources or services for uninsured individuals, leaving a vulnerable population without access to care. Affordability and limited acceptance of Medicaid hinders local access to dental and vision care, impacting essential aspects of well-being. Finally, Medicaid and uninsured populations often use the ER for non-urgent issues due to cost or perceived convenience, leading to overcrowding and inappropriate use of emergency services.

Interviewees expressed significant concern regarding health disparities disproportionately affecting several vulnerable populations. The elderly face risks due to a lack of assisted living options, limited access to local specialty services, social isolation, and challenges affording prescriptions. Low-income and working poor individuals have experienced increased food bank usage, have forgone care due to lack of insurance, struggle to access healthy foods, and face low-paying jobs. The racial and ethnic populations, particularly Venezuelan, Honduran, and Spanish-speaking individuals, encounter barriers to accessing healthcare due to language barriers, lack of job/insurance, an increase in tuberculosis cases among the immigrant population, and a need for affordable housing. The youth population is at risk due to a lack of mental health resources, neglected and homeless children, limited recreational opportunities, violence, drug, and alcohol use among adolescents, social media's negative impact on behavior and mental health, literacy challenges, and the lack of designated primary care physicians. New parent populations require education on parenting and appropriate emergency room use. Veterans face challenges traveling for services and endure long wait times. Finally, the homeless population struggles with a lack of shelters and resources, transient living, and mental health and addiction concerns.

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 (YCH)
  - 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 YCH
  - 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
  - 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

- YCH worked with CHC in the development of its CHNA. YCH 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 Syntellis
  - 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 December 2024 with the CHNA Team. The CHNA Team included:
    - Tiffany Miller, Chief Executive Officer
    - Kim Mraz, Chief Nursing Officer
    - John Olivares, Chief Financial Officer
    - Kellee J. Horton, Executive Assistant/Medical Staff Coordinator
- 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)

- YCH Biography
  - Background information about YCH, mission, vision, values, and services were provided by the hospital or taken from its website
- Study Area Definition
  - The study area for YCH is based on hospital inpatient discharge data from July 1, 2022 - June 30, 2023 and discussions with hospital staff
- Demographics of the Study Area
  - Population demographics include population change by race, ethnicity, age, median household income analysis, unemployment and economic statistics in the study area
  - Demographic data sources include, but are not limited to, Syntellis, 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

CHC Community Hospital Corporation

Process and Methodology

Methodology (continued)

– Interview Methodology

- YCH provided CHC with a list of persons with special knowledge of public health in Lavaca and DeWitt Counties, including public health representatives and other individuals who focus specifically on underrepresented groups
- From that list, fourteen 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
- YCH 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 Healthcare: 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 April 4, 2025.

Hospital Biography

Mission, Vision and Values

Mission

The Yoakum Community Hospital team is dedicated to providing quality care and superior service with compassion, dignity, and respect.

Vision

To be the leader in comprehensive and innovative healthcare close to home.

Values

Respect
Integrity
Stewardship
Excellence

Source: Yoakum Community Hospital, Mission, Vision & Values Statements, information received April 7, 2025.

Hospital Biography

Hospital Services

Surgical Services

- Gastroenterology
- General Surgery
- 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 healthcare
- Sports medicine
- Well baby and child care

Source: Yoakum Community Hospital, "Services," https://www.yoakumhospital.org/services/; accessed May 22, 2025.

Hospital Biography

Services (continued)

New Horizons

- Anger
- Depression
- Anxiety
- Sleep Disorders
- Marriage and Relationship Challenges
- Parenting Problems
- Career Changes
- Traumatic Experiences
- Caregiver burnout and Stress
- Social Withdrawal

Radiology

- X-Ray 24/7
- CT Scan (see also LDCT)
- Ultrasound (OB-Gyn, Breast, Small parts, Abdomen)
- Echo Cardiac Ultrasound
- Vascular Ultrasound
- 1.5T MRI
- Nuclear Medicine
- 3D Digital Mammography
- LDCT- Low Dose CT Chest Cancer Screening
- Fluoroscopy – COMING OCTOBER 2025

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 (EKG)
- EEG: Electroencephalogram
- PFT: Pulmonary Function Testing
- ABG: Arterial Blood Gas

Source: Yoakum Community Hospital, "Services," https://www.yoakumhospital.org/services/; accessed May 22, 2025.

Hospital Biography

Services (continued)

Respiratory: Outpatient

- Inhalation Therapy
- Chest percussion Therapy: Smart Vest
- Disease and medication therapy
- ABG: Arterial Blood Gas
- Pulse oximetry
- EKG: Electrocardiogram
- Pulmonary Function Testing
- EEG: Electroencephalogram

Wound Care

- Surgical debridement
- Offloading
- Vacuum-assisted closure
- Specialty dressings and wraps
- Cellular and/or tissue-based products (skin substitutes)
- Hyperbaric oxygen (HBO) therapy
- Compression therapy
- Surgical interventions, when indicated

Laboratory

Swing Bed

24-Hour Emergency Department

Outpatient Clinic

Nephrology

Med/Surg

To find the most up-to-date list of services, please visit the Yoakum Community Hospital website:
https://www.yoakumhospital.org/

Source: Yoakum Community Hospital, "Services," https://www.yoakumhospital.org/services/; accessed May 22, 2025.

STUDY AREA

Yoakum Community Hospital

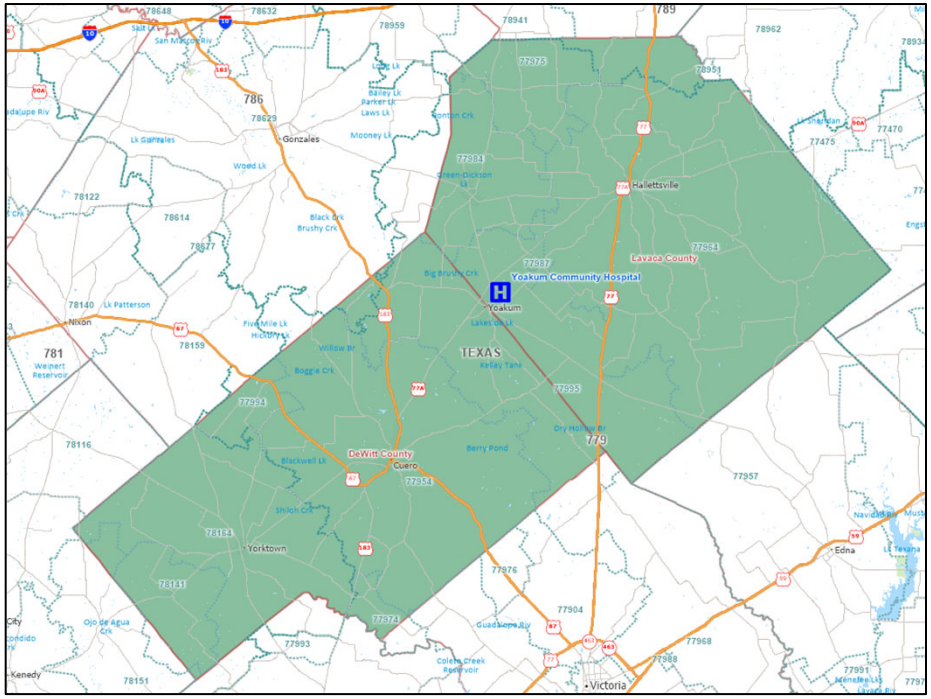
Study Area

- Lavaca and DeWitt Counties comprise 92.5% of FY 2023 Inpatient Discharges
- Indicates the hospital

Yoakum Community Hospital
Patient Origin by County
July 1, 2022 - June 30, 2023

County	State	FY23 Inpatient Discharges	% of Total	Cumulative % of Total
Lavaca	TX	465	89.4%	89.4%
DeWitt	TX	16	3.1%	92.5%
All Others		39	7.5%	100.0%
Total		**520**	**100.0%**	

Source: Hospital inpatient discharge data provided by Yoakum Community Hospital; July 2022 – June 2023.



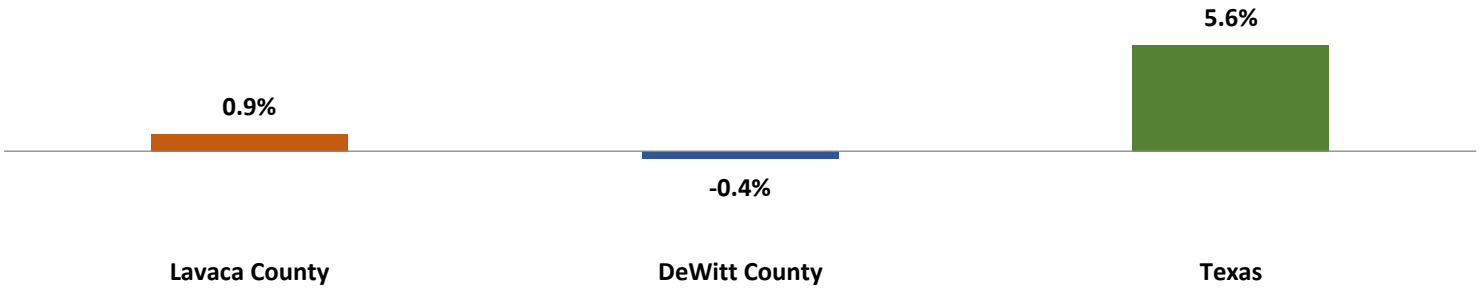
Note: The 2022 YCH CHNA and Implementation Plan report studied Lavaca and DeWitt Counties, Texas, which comprised 94.4% of FY 2021 (July 1, 2020 – June 30, 2021) inpatient discharges.

DEMOGRAPHIC OVERVIEW

Population Health

Population Growth

Projected 5-Year Population Growth
2024-2029

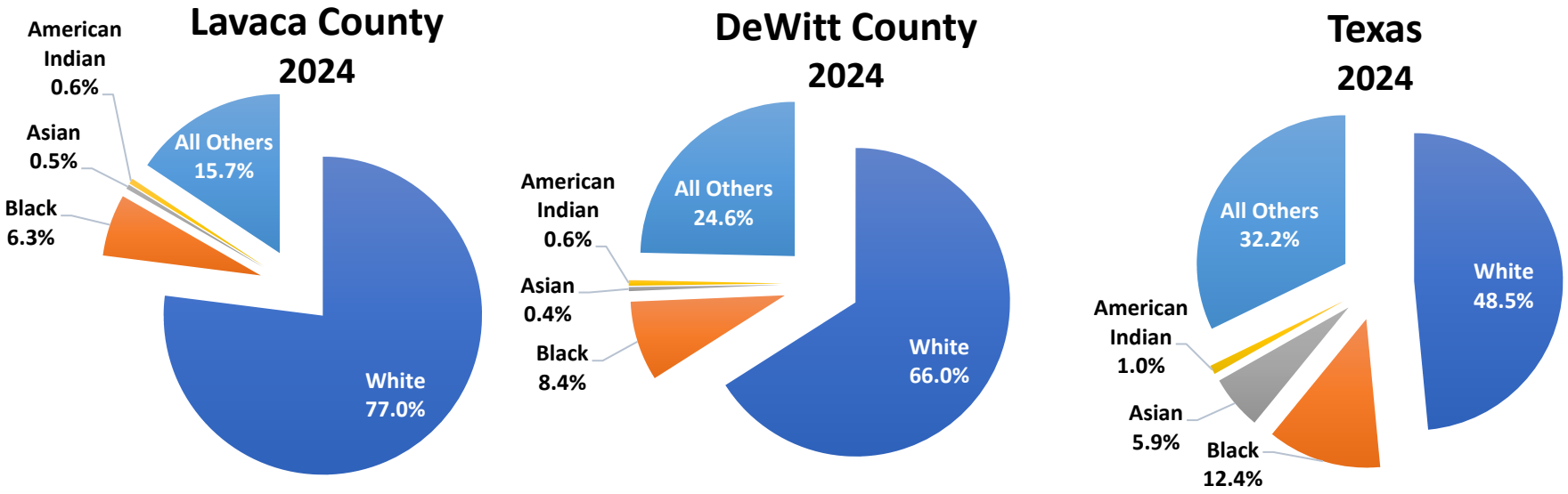


Overall Population Growth				
Geographic Location	**2024**	**2029**	**2024-2029 Change**	**2024-2029 % Change**
Lavaca County	20,674	20,862	188	0.9%
DeWitt County	19,815	19,741	-74	-0.4%
Texas	30,857,478	32,581,174	1,723,696	5.6%

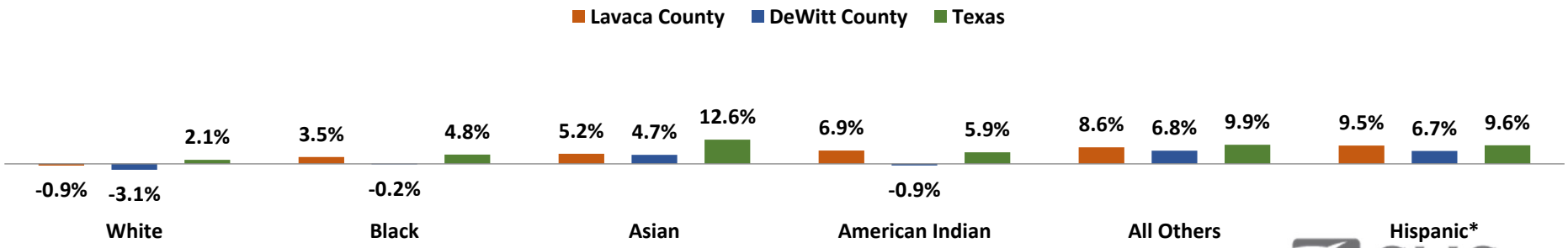
Source: Syntellis, Growth Reports, 2024.

Population Health

Population Composition by Race/Ethnicity



Race/Ethnicity Projected 5-Year Growth
2024-2029

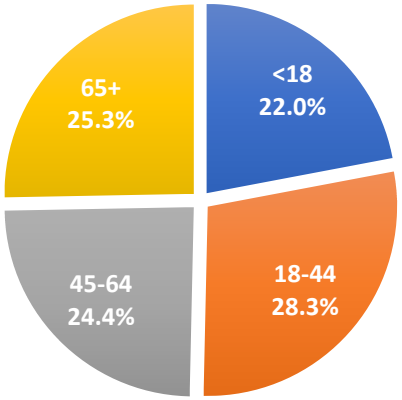


Source: Syntellis, Growth Reports, 2024.
*Hispanic numbers and percentages are calculated separately since it is classified as an ethnicity.
Note: "All Others" is a category for people who do not identify with 'White', 'Black', 'American Indian or Alaska Native', or 'Asian'.

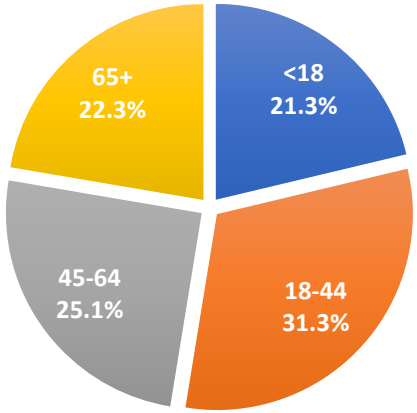
Population Health

Population Composition by Age Group

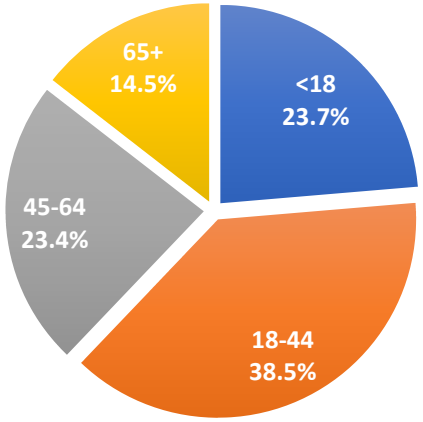
Lavaca County 2024



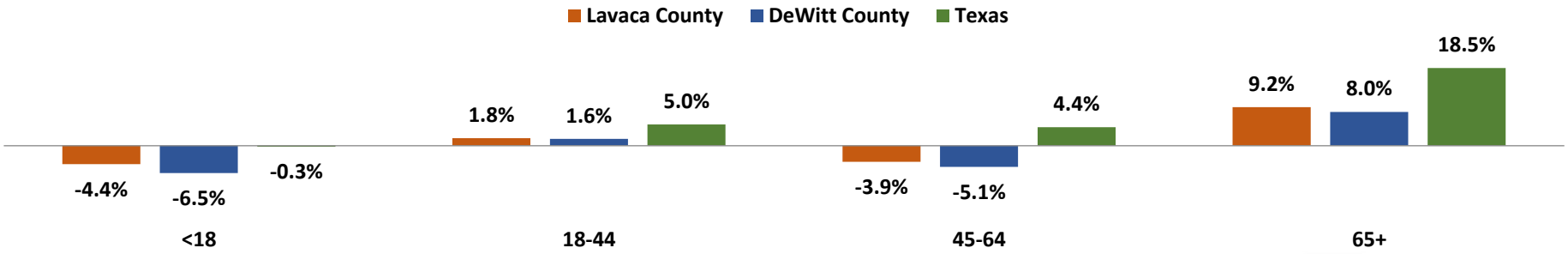
DeWitt County 2024



Texas 2024



Age Projected 5-Year Growth 2024-2029

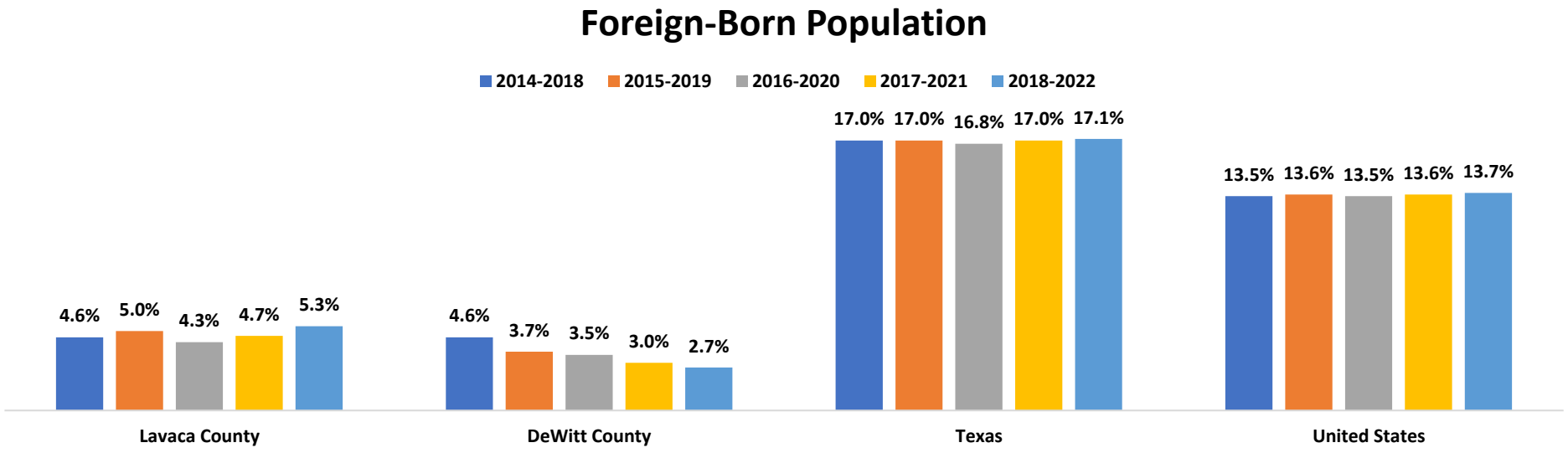


Source: Syntellis, Growth Reports, 2024.

Population Health

Subpopulation Composition

- Between 2014 and 2022, the percentage of foreign-born residents increased in Lavaca County, the state, and the nation, while the percent decreased in DeWitt County.
- Between 2014 and 2022, DeWitt County maintained a lower percentage of foreign-born residents than Lavaca County, the state, and the nation.
- In 2018-2022, DeWitt County (2.7%) had a lower percentage of foreign-born residents than Lavaca County (5.3%), the state (17.1%), and the nation (13.7%).

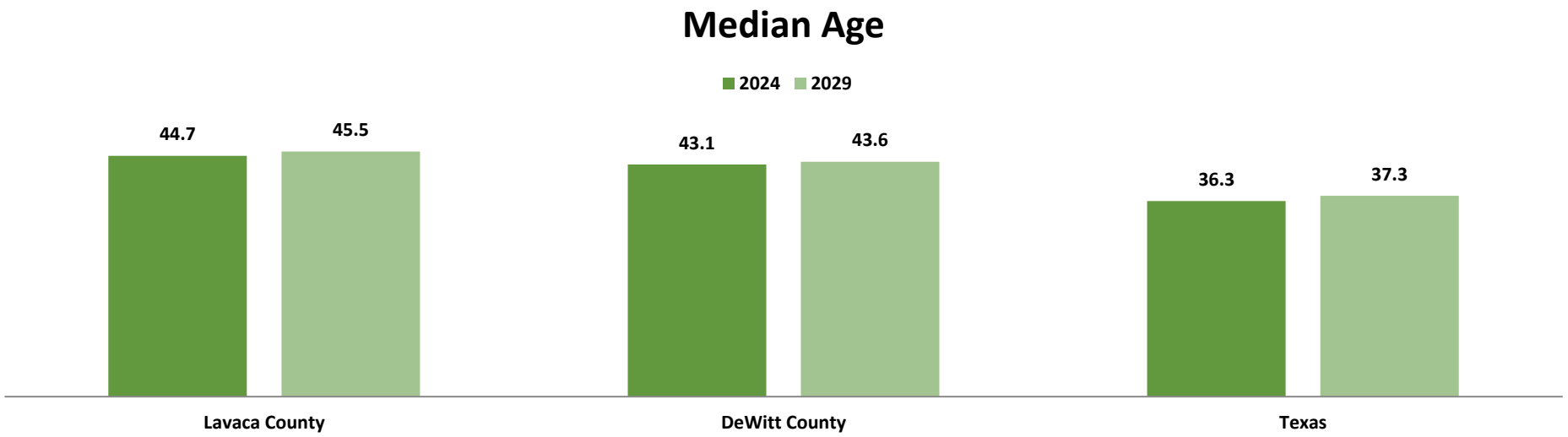


Source: United States Census Bureau, filtered for Lavaca and DeWitt Counties, TX, https://data.census.gov/table/ACSDP1Y2019.DP02?q=DP02&g=050XX00US48453&hidePreview=true&moe=false; data accessed November 14, 2024.
Note: Foreign-born means an individual who was born outside of the United States but lives 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

- The median age in Lavaca and DeWitt Counties and the state is expected to increase over the next five years.
- As of 2024, Lavaca County (44.7 years) has an older median age than both DeWitt County (43.1 years) and the state (36.3 years).



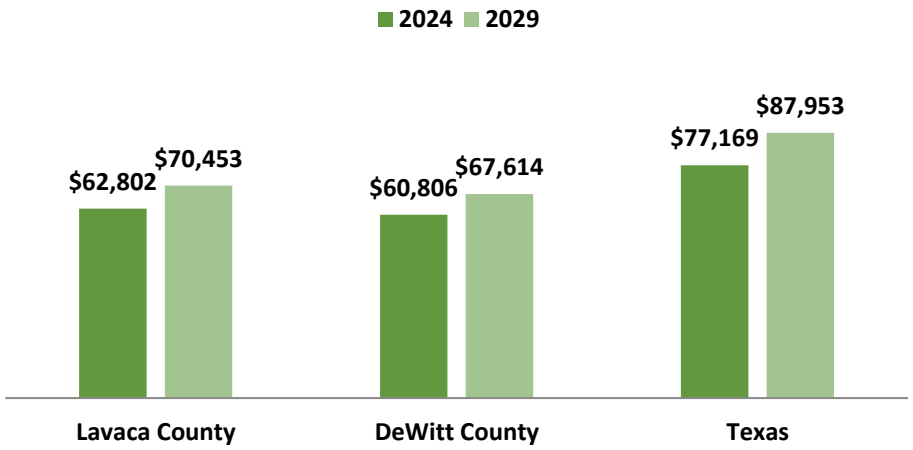
Source: Syntellis, Growth Reports, 2024.

Population Health

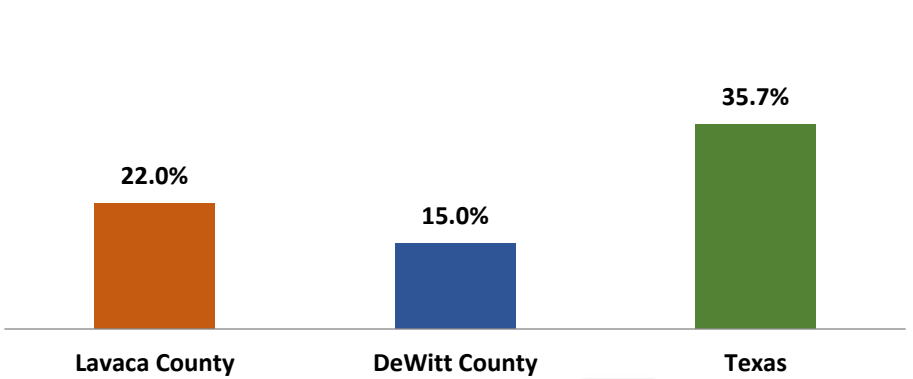
Median Household Income & Educational Attainment

- Between 2024 and 2029, the median household income in Lavaca and DeWitt Counties and the state are expected to increase.
- As of 2024, the median household incomes in both Lavaca ($62,802) and DeWitt ($60,806) Counties are lower than the state ($77,169).
- Lavaca (22.0%) and DeWitt (15.0%) Counties and have a lower percentage of residents with a bachelor or advanced degree than the state (35.7%) (2024).

Median Household Income



Education Bachelor / Advanced Degree 2024



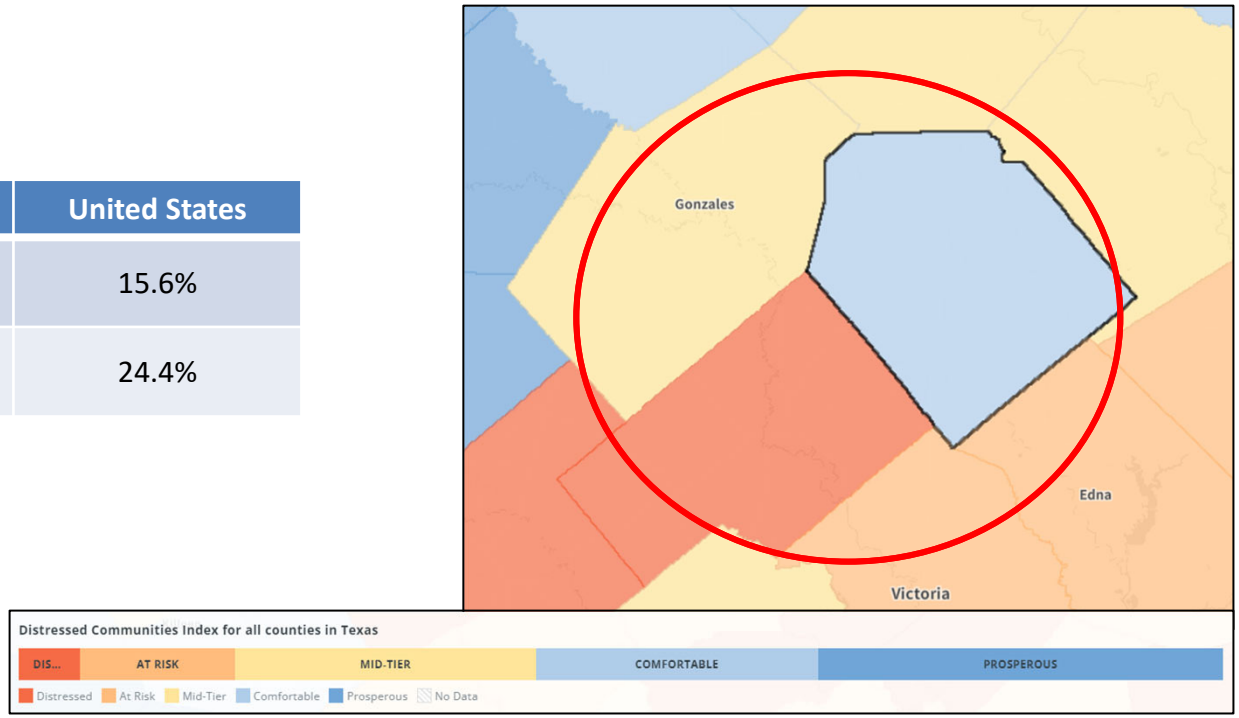
Source: Syntellis, Growth Reports, 2024.

Population Health

Distressed Communities Index

- In 2017-2021, 15.6% of the nation lived in a distressed community, as compared to 24.4% of the nation that lived in a prosperous community.
- In 2017-2021, 23.5% of the population in Texas lived in a distressed community, as compared to 26.6% of the population that lived in a prosperous community.
- In 2017-2021, Lavaca County is comfortable with a distress score of 34.8, which is more prosperous than DeWitt County with a distress score of 87.0 and other counties in the state.

	Texas	United States
Lives in a Distressed Zip Code	23.5%	15.6%
Lives in a Prosperous Zip Code	26.6%	24.4%



Source: Economic Innovation Group, 2024 DCI Interactive Map, filtered for Lavaca and DeWitt Counties, TX, https://eig.org/distressed-communities/2022-dci-interactive-map/?path=county/48113&view=county; data accessed November 12, 2024.
Definition: 'Prosperous' has a final score of 0 all the way up to 'Distressed' which has a final score of 100.
Note: 2024 DCI edition used U.S. Census Bureau's American Community Survey (ACS) 5 – Year Estimates covering 2017 -2021.
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

Family Budget Map

- As of January 2024, the cost of living for a two-parent, two-child family in Lavaca County is $86,199 per year or $7,183 per month and DeWitt County is $87,752 or $7,313 per month.
- Transportation is estimated to be the highest monthly cost of $1,667 per month in Lavaca County and $1,720 per month in DeWitt County and taxes are estimated to be the lowest monthly cost of $609 per month in Lavaca County and $631 per month in DeWitt County, as of January 2024.

The cost of living for a two-parent, two-child family in **Lavaca County, TX** is:

$86,199
per year

$7,183
per month

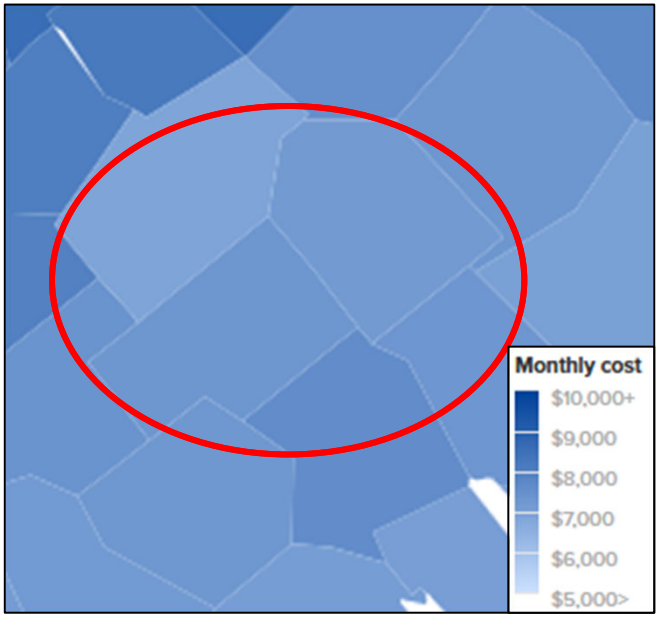
- **Housing:** $929/month
- **Food:** $818/month
- **Child care:** $1,043/month
- **Transportation:** $1,667/month
- **Health care:** $1,500/month
- **Other necessities:** $618/month
- **Taxes:** $609/month

The cost of living for a two-parent, two-child family in **DeWitt County, TX** is:

$87,752
per year

$7,313
per month

- **Housing:** $969/month
- **Food:** $818/month
- **Child care:** $1,043/month
- **Transportation:** $1,720/month
- **Health care:** $1,500/month
- **Other necessities:** $633/month
- **Taxes:** $631/month



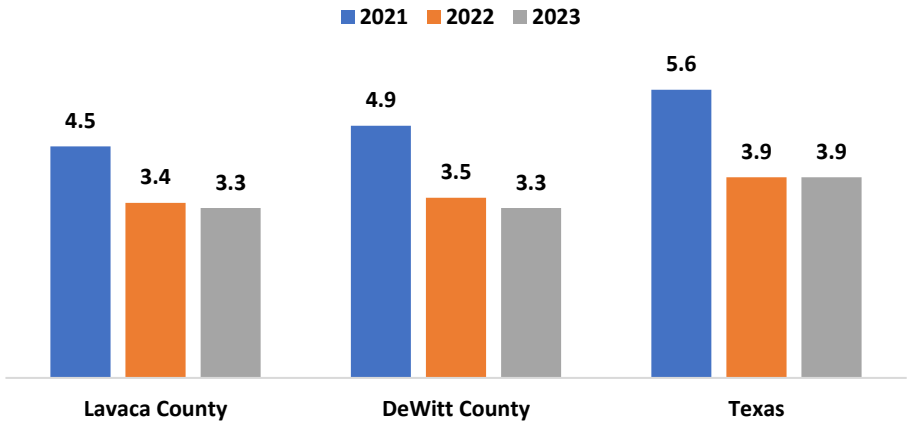
Source: Economic Policy Institute, Family Budget Map, filtered for Lavaca and DeWitt Counties, TX, https://www.epi.org/resources/budget/budget-map/; data accessed November 12, 2024.
Note: Data is from the 2024 edition of EPI's Family budget calculator. All data are in 2023 dollars.
Note: The budgets estimate community-specific costs for 10 family types (one or two adults with zero to four children) in all counties and metro areas in the United States. Compared with the federal poverty line and the Supplemental Poverty Measure, EPI's family budgets provide a more accurate and complete measure of economic security in America.

Population Health

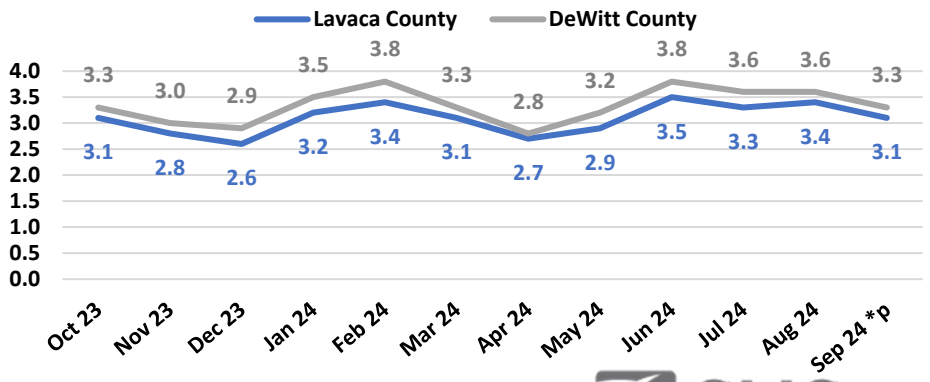
Unemployment

- Unemployment rates in Lavaca and DeWitt Counties and the state decreased between 2021 and 2023.
- In 2023, Lavaca (3.3) and DeWitt (3.3) Counties had a lower unemployment rate than the state (3.9).
- Over the most recent 12-month time period, monthly unemployment rates in Lavaca and DeWitt Counties fluctuated.
- For Lavaca County, December 2023 had the lowest unemployment rate (2.6) as compared to June 2024 with the highest rate (3.5).
- For DeWitt County, April 2024 had the lowest unemployment rate (2.8) as compared to February 2024 and June 2024 with the highest rate (3.8).

Unemployment
Annual Average, 2021-2023



Monthly Unemployment
Rates by Month
Most Recent 12-Month Period



Source: Bureau of Labor Statistics, Local Area Unemployment Statistics, www.bls.gov/lau/#tables; data accessed November 13, 2024.
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.
Note: "*p" indicates that the number associated with that month is a preliminary rate.

Population Health

Industry Workforce Categories

- As of 2022, the majority of employed persons in Lavaca County are within Production Occupations, as compared to DeWitt County where the majority of employed persons are within Office & Administrative Support Occupations. The most common employed groupings are as follows:

<u>Lavaca County</u>

- Production Occupations (10.9%)
- Management Occupations (10.6%)
- Office & Administrative Support Occupations (10.2%)
- Sales & Related Occupations (9.2%)
- Construction & Extraction Occupations (7.2%)

<u>DeWitt County</u>

- Office & Administrative Support Occupations (12.6%)
- Education Instruction, & Library Occupations (9.9%)
- Sales & Related Occupations (9.1%)
- Construction & Extraction Occupations (8.9%)
- Food Preparation & Serving Related Occupations (7.6%)

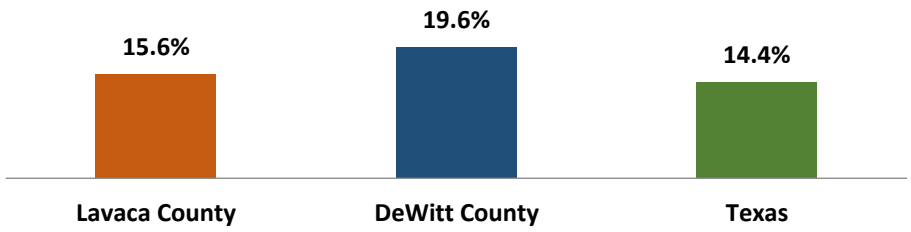
Source: Data USA, filtered for Lavaca and DeWitt Counties, TX, https://datausa.io/; data accessed November 12, 2024.

Population Health

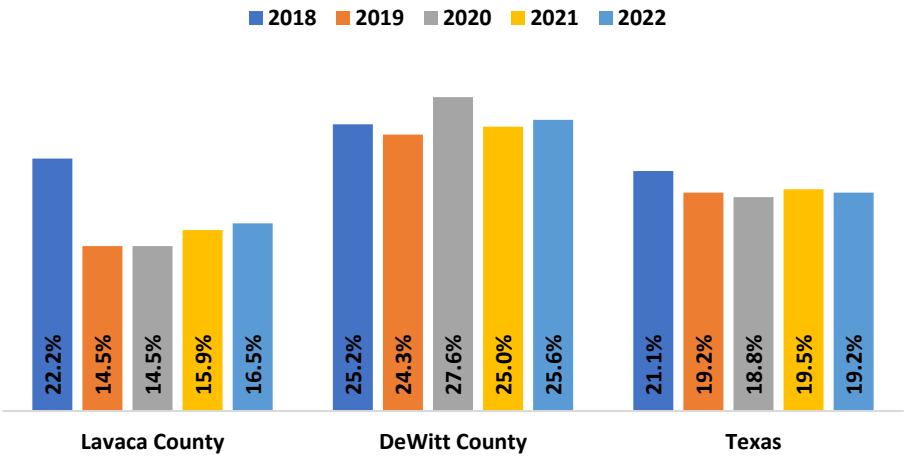
Poverty

- DeWitt County (19.6%) has the highest percentage of families living below the poverty level as compared to Lavaca County (15.6%) and the state (14.4%) (2024).
- Between 2018 and 2022, the percentage of children (<18 years) living in poverty overall decreased in Lavaca County and the state but fluctuated in DeWitt County.
- In 2022, DeWitt County (25.6%) had a higher percentage of children (<18 years) living in poverty than the state (19.2%), while the rate in Lavaca County (16.5%) was lower than the state.

Families Below Poverty
2024



Children Living in Poverty



Source: Syntellis, Growth Reports, 2024.
Source: Small Area Income and Poverty Estimates (SAIPE), filtered for Lavaca and DeWitt Counties, https://www.census.gov/data-tools/demo/saipe/#/?map_geoSelector=aa_c; data accessed November 13, 2024.
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 2024 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 $31,200, and less than 200% of the federal poverty level if the household income is less than $62,400. Please see the appendix for the full 2024 Federal Poverty Guidelines.

Population Health

Food Insecurity

- According to Feeding America, DeWitt County (17.6%) had the highest estimated percent of residents who are food insecure as compared to Lavaca County (14.7%) and the state (16.4%) (2022).
- Additionally, 21.3% of children (under 18 years of age) in Lavaca County are food insecure, as compared to 22.1% in DeWitt County and 22.8% in Texas (2022).
- The average meal cost for a Lavaca County resident is $3.31 as compared to $3.27 in DeWitt County and $3.45 in Texas (2022).

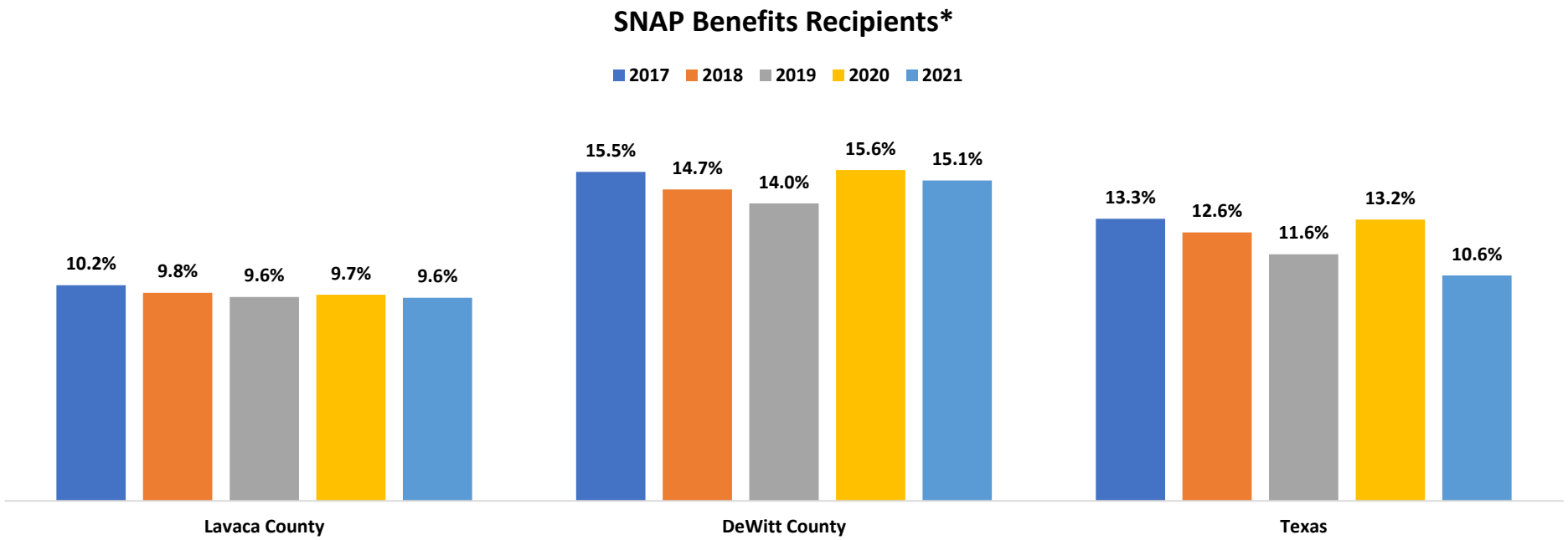
Location	Overall Food Insecurity	Child Food Insecurity	Average Meal Cost
Lavaca County	14.7%	21.3%	$3.31
DeWitt County	17.6%	22.1%	$3.27
Texas	16.4%	22.8%	$3.45

Source: Feeding America, Map The Meal Gap: Data by County in Each State, filtered for Lavaca and DeWitt Counties, TX, https://map.feedingamerica.org/county/2022/child/texas information accessed November 12, 2024.
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 2017 and 2021, DeWitt County maintained a higher percentage of SNAP benefit recipients than Lavaca County and the state.
- Additionally, the percentage of SNAP benefit recipients in both counties overall decreased between 2017 and 2021.
- In 2021, DeWitt County (15.1%) had a higher percentage of SNAP benefit recipients than both Lavaca County (9.6%) and the state (10.6%).



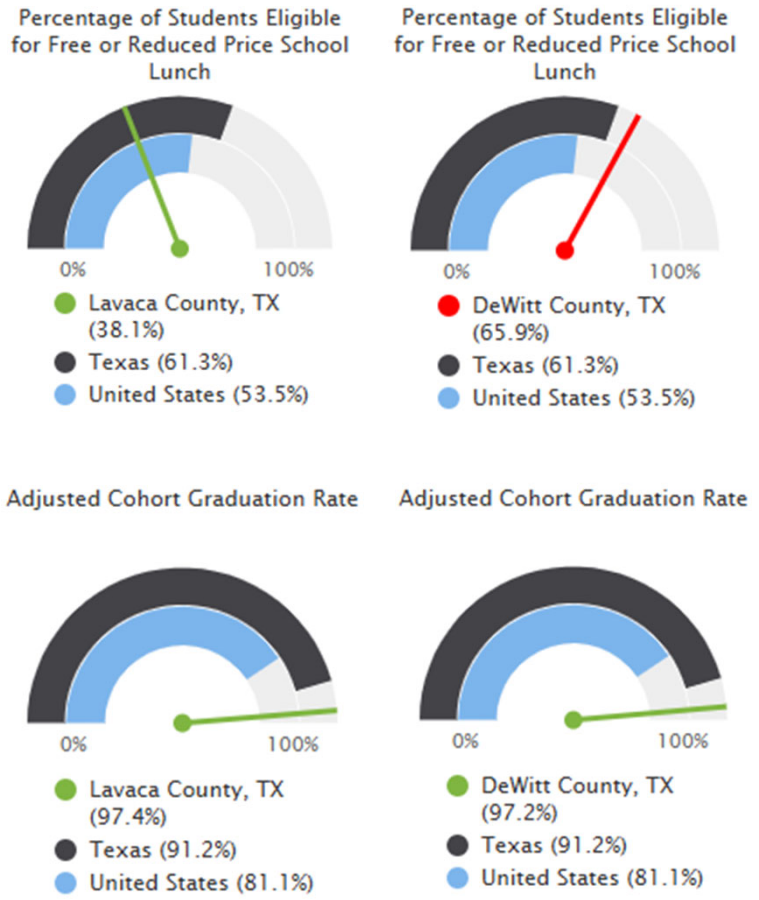
Source: SAIPE Model, United States Census Bureau, https://www.census.gov/data/datasets/time-series/demo/saipe/model-tables.html; data accessed November 14, 2024.
Source: County Population Totals: 2010-2019, United States Census Bureau, filtered for Lavaca and DeWitt Counties, Texas, https://www.census.gov/data/datasets/time-series/demo/popest/2010s-counties-total.html; data access November 14, 2024.
Source: County Population Totals: 2020-2023, United States Census Bureau, filtered for Lavaca and DeWitt Counties, Texas, https://www.census.gov/data/tables/time-series/demo/popest/2020s-counties-total.html; data access November 14, 2024.
*Percentage manually calculated based on estimated population numbers by county and state between 2017 and 2021 as provided by the United States Census Bureau.

CHC Community Hospital Corporation

Population Health

Children in the Study Area

- In 2022-2023, DeWitt County (65.9%) had a higher percentage of public school students eligible for free or reduced price lunch than Lavaca County (38.1%), the state (61.3%), and the nation (53.5%).
- Lavaca County (97.4%) and DeWitt County (97.2%) have a higher high school graduation rate than the state (91.2%) and the nation (81.1%) (2020-2021).



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 Lavaca and DeWitt Counties, TX, https://sparkmap.org/report/; data accessed November 12, 2024.
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: the number of students who graduate in four years with a regular high school diploma divided by the number of students who form the adjusted cohort for the graduating class.

HEALTH DATA OVERVIEW

Data Methodology

- **The following information outlines specific health data:**
  - Mortality, chronic diseases and conditions, health behaviors, 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, and county level data

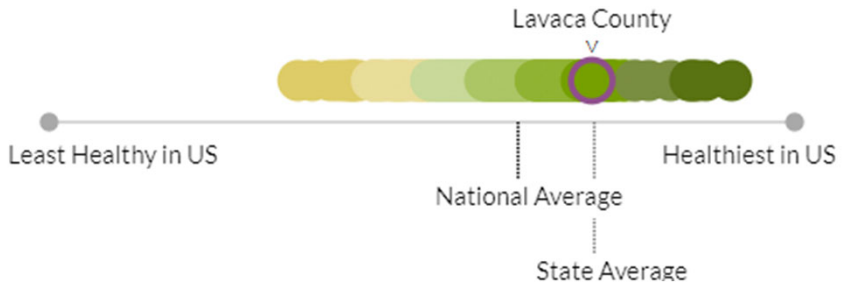
CHC Community Hospital Corporation

Health Status

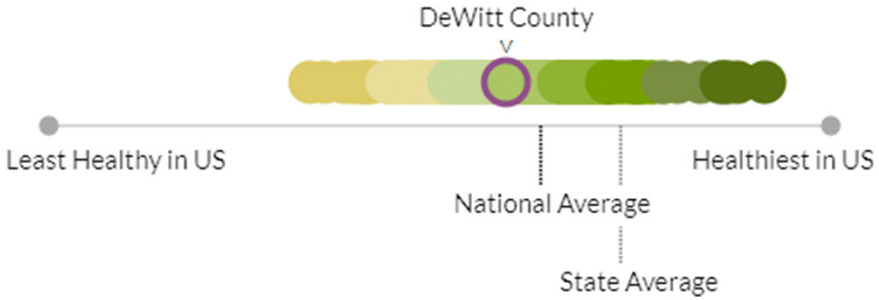
County Health Rankings & Roadmaps – Health Outcomes

- According to County Health Rankings & Roadmaps, Health Outcomes tell us how long people live on average within a community, and how much physical and mental health people experience in a community while they are alive.
- Many indicators go into the overall health outcomes and some examples of where each county was worse than the state for health outcomes include:
  - <u>Quality Of Life:</u>
    - Poor Physical Health Days
    - Poor Mental Health Days
  - <u>Additional Health Outcomes:</u>
    - Frequent Physical Distress
    - Frequent Mental Distress

<u>Lavaca County Health Outcomes</u>



<u>DeWitt County Health Outcomes</u>



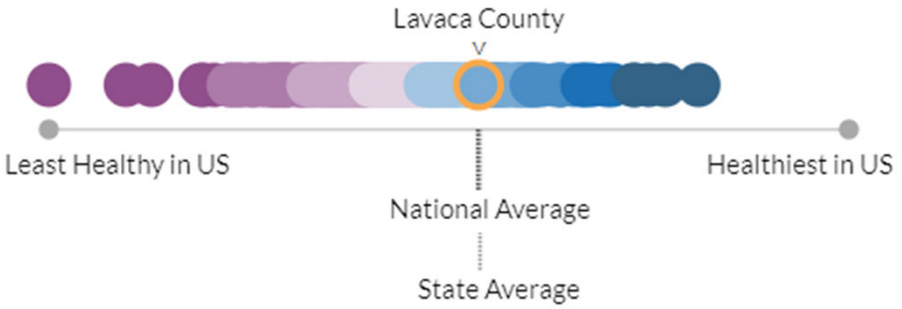
Source: County Health Rankings and Roadmaps; www.countyhealthrankings.org; data accessed November 14, 2024.

Health Status

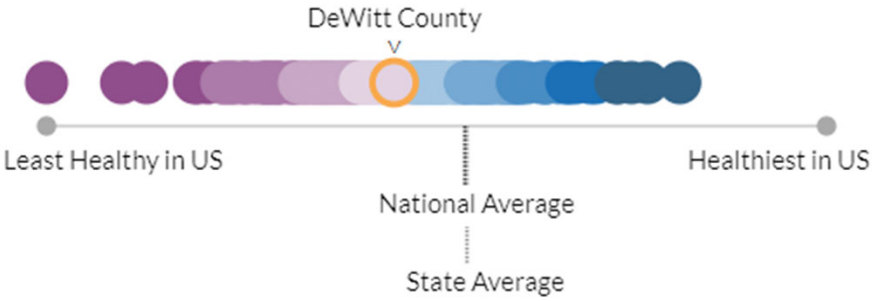
County Health Rankings & Roadmaps – Health Factors

- According to County Health Rankings & Roadmaps, many things influence how well and how long we live. Health Factors represent those things we can improve to live longer and healthier lives. They are indicators of the future health of our communities.
- Many indicators go into the overall health factors and some examples of factors where each county was worse than the state for health factors include:
  - <u>Health Behaviors:</u>
    - Adult Obesity
    - Teen births
  - <u>Clinical Care:</u>
    - Dentists
    - Mental Health Providers

<u>Lavaca County Health Factors</u>



<u>DeWitt County Health Factors</u>



Source: County Health Rankings and Roadmaps; www.countyhealthrankings.org; data accessed November 14, 2024.

Health Status

Mortality – Leading Causes of Death (2018-2022)

Rank	Lavaca County	DeWitt County	Texas
1	Diseases of heart (I00-I09,I11,I13,I20-I51)	Malignant neoplasms (C00-C97)	Diseases of heart (I00-I09,I11,I13,I20-I51)
2	Malignant neoplasms (C00-C97)	Diseases of heart (I00-I09,I11,I13,I20-I51)	Malignant neoplasms (C00-C97)
3	COVID-19 (U07.1)	COVID-19 (U07.1)	COVID-19 (U07.1)
4	Cerebrovascular diseases (I60-I69)	Diabetes mellitus (E10-E14)	Accidents (unintentional injuries) (V01-X59,Y85-Y86)
5	Alzheimer's disease (G30)	Cerebrovascular diseases (I60-I69)	Cerebrovascular diseases (I60-I69)
6	Accidents (unintentional injuries) (V01-X59,Y85-Y86)	Chronic lower respiratory diseases (J40-J47)	Alzheimer's disease (G30)
7	Chronic lower respiratory diseases (J40-J47)	Accidents (unintentional injuries) (V01-X59,Y85-Y86)	Chronic lower respiratory diseases (J40-J47)
8	Diabetes mellitus (E10-E14)	Alzheimer's disease (G30)	Diabetes mellitus (E10-E14)
9	Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)	Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)	Chronic liver disease and cirrhosis (K70,K73-K74)
10	Influenza and pneumonia (J09-J18)	Essential hypertension and hypertensive renal disease (I10,I12,I15)	Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed November 18, 2024.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality – Leading Causes of Death (2018-2022)

Disease	Lavaca County	DeWitt County	Texas
Diseases of heart (I00-I09,I11,I13,I20-I51)	320.8	247.5	166.7
Malignant neoplasms (C00-C97)	280.5	258.5	143.5
COVID-19 (U07.1)	98.4	114.8	61.3
Cerebrovascular diseases (I60-I69)	64.0	68.9	39.2
Alzheimer's disease (G30)	53.1	45.9	35.9
Accidents (unintentional injuries) (V01-X59,Y85-Y86)	53.1	60.9	44.3
Chronic lower respiratory diseases (J40-J47)	52.2	62.9	35.5
Diabetes mellitus (E10-E14)	33.5	89.8	25.1
Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)	24.6	35.9	15.3
Influenza and pneumonia (J09-J18)	22.6	23.0	11.0

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.

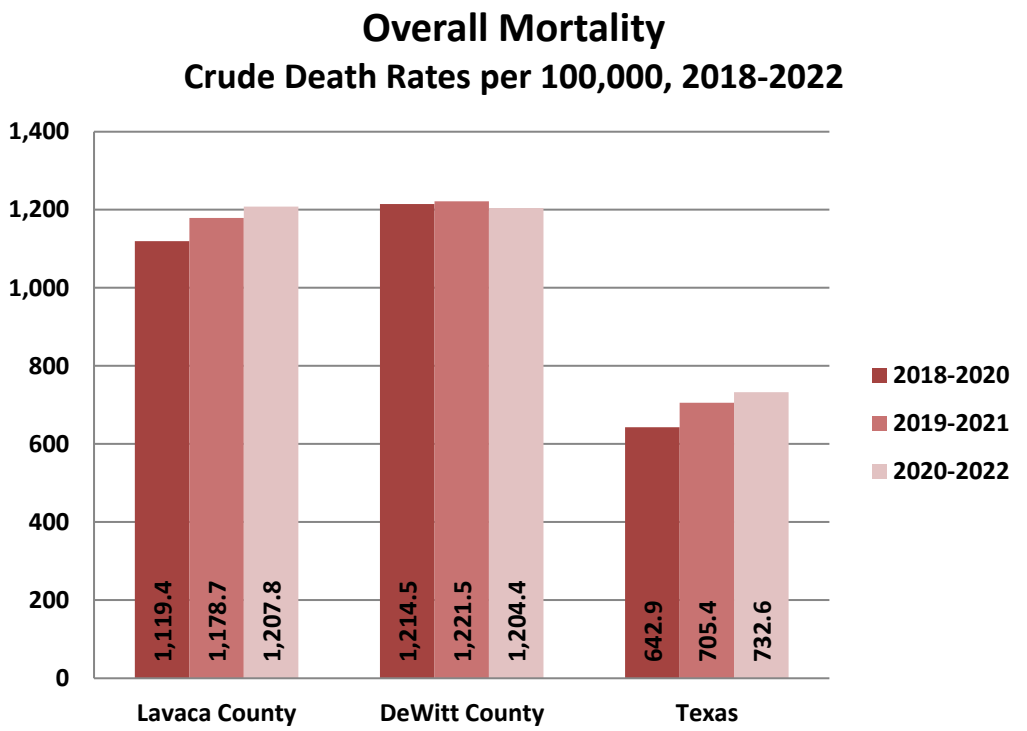
Note: Mortality charts and tables on the following slides are in descending order based on 2018-2022 crude death rates for Lavaca County.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed November 18, 2024.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality - Overall

- Overall mortality rates in Lavaca and DeWitt Counties remained higher than the state rate between 2018 and 2022.
- Overall mortality rates in Lavaca County and the state increased between 2018 and 2022, while rates in DeWitt County overall decreased.
- In 2020-2022, the overall mortality rate in Lavaca County (1,207.8 per 100,000) was higher than both DeWitt County (1,204.4 per 100,000) and the state (732.6 per 100,000).



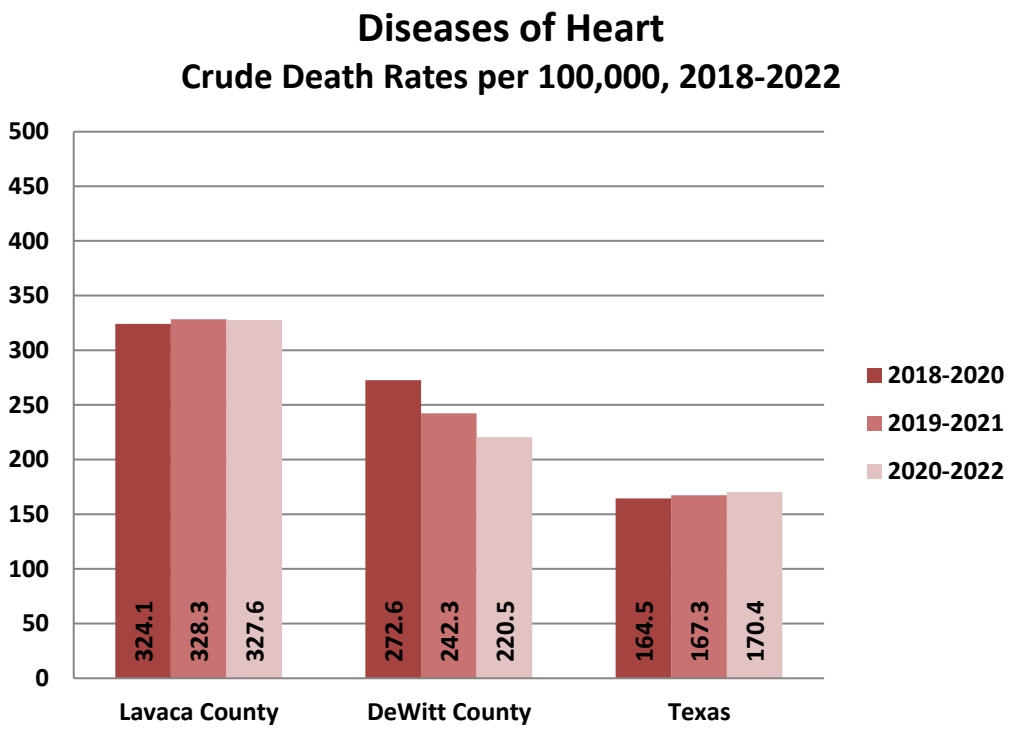
LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Lavaca County	677	1,119.4	718	1,178.7	741	1,207.8	1,145	1,126.8
DeWitt County	735	1,214.5	736	1,221.5	721	1,204.4	1,196	1,193.5
Texas	559,730	642.9	619,946	705.4	651,407	732.6	995,142	678.7

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed November 18, 2024.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability

Health Status

Mortality – Diseases of the Heart

- Heart disease is the leading cause of death in Lavaca County and the state and the second leading cause of death in DeWitt County (2018-2022).
- Between 2018 and 2022, heart disease mortality rates overall increased in Lavaca County and the state and decreased in DeWitt County.
- In 2020-2022, the heart disease mortality rate in Lavaca County (327.6 per 100,000) was higher than both DeWitt County (220.5 per 100,000) and the state (170.4 per 100,000).



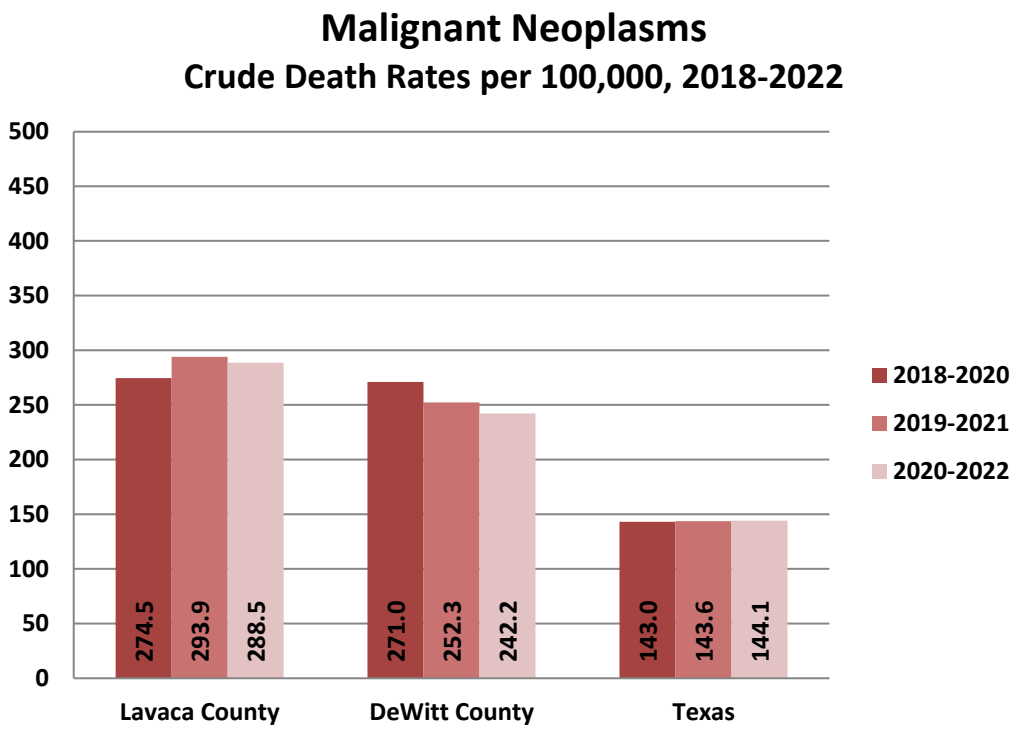
LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Lavaca County	196	324.1	200	328.3	201	327.6	326	320.8
DeWitt County	165	272.6	146	242.3	132	220.5	248	247.5
Texas	143,183	164.5	147,004	167.3	151,537	170.4	244,439	166.7

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed November 18, 2024.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.
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 second leading cause of death in Lavaca County and the state and the leading cause of death in DeWitt County (2018-2022).
- Between 2018 and 2022, cancer mortality rates overall increased in Lavaca County and the state and decreased in DeWitt County.
- In 2020-2022, the cancer mortality rate in Lavaca County (288.5 per 100,000) was higher than DeWitt County (242.2 per 100,000) and the state (144.1 per 100,000).



LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Lavaca County	166	274.5	179	293.9	177	288.5	285	280.5
DeWitt County	164	271.0	152	252.3	145	242.2	259	258.5
Texas	124,497	143.0	126,183	143.6	128,097	144.1	210,452	143.5

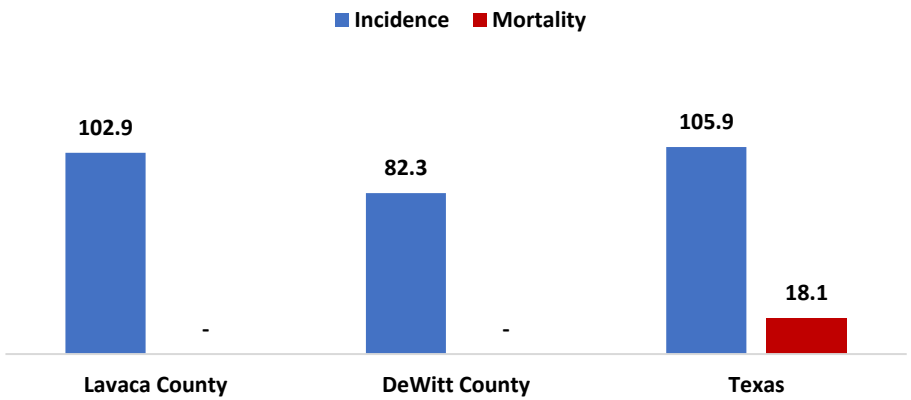
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed November 18, 2024.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability

Health Status

Cancer Incidence & Mortality by Type

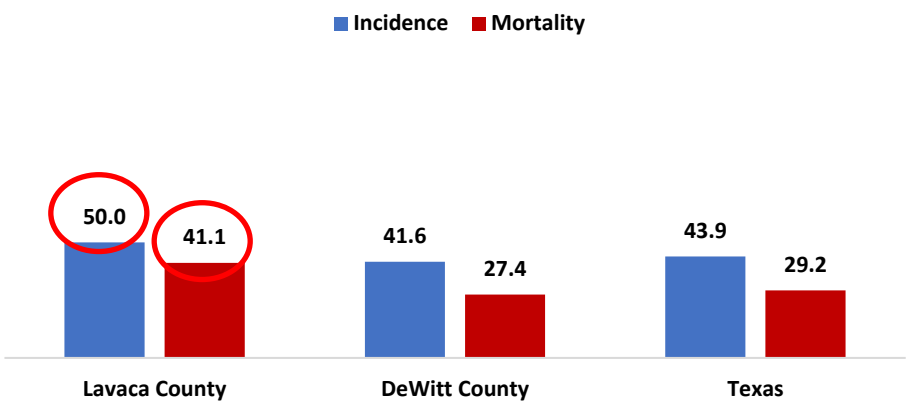
Prostate Cancer

Age-adjusted Incidence & Mortality Rates per 100,000
2019-2021



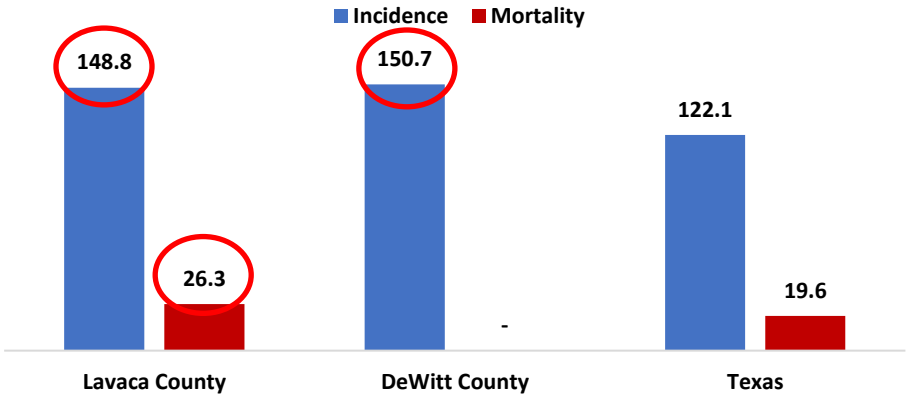
Lung & Bronchus Cancer

Age-adjusted Incidence & Mortality Rates per 100,000
2019-2021



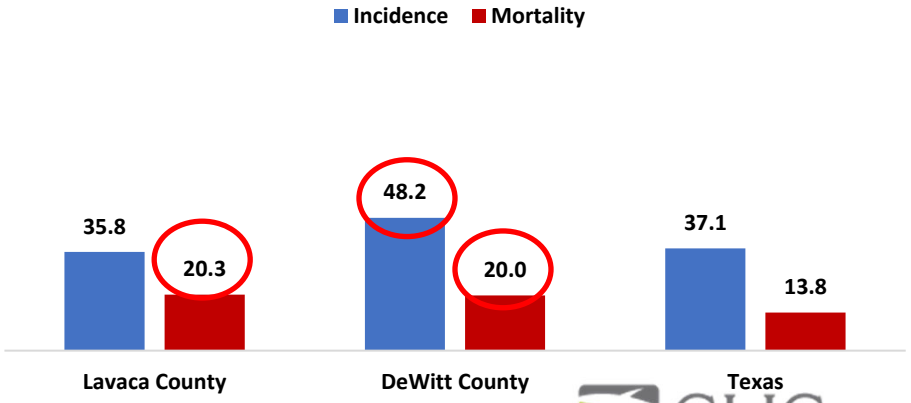
Breast Cancer (Female)

Age-adjusted Incidence & Mortality Rates per 100,000
2019-2021



Colon & Rectum Cancer

Age-adjusted Incidence & Mortality Rates per 100,000
2019-2021



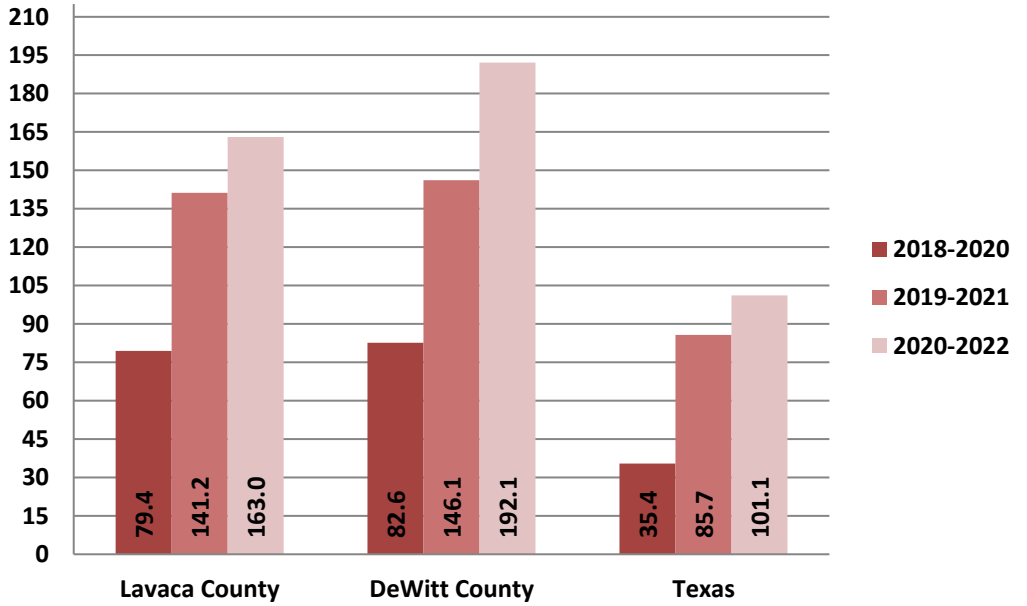
Source: Texas Cancer Registry, Cancer Incidence and Mortality by Site and County, https://www.cancer-rates.info/tx/; data accessed November 14, 2024.
Note: All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Population. Counts/rates are suppressed (indicated by "-") if fewer than 16 cases were reported in the specified category; Counts < 16 are too few to calculate a stable age-adjusted rate.

Health Status

Mortality – COVID-19

- COVID-19 is the third leading cause of death in Lavaca and DeWitt Counties and the state (2018-2022).
- Between 2018 and 2022, COVID-19 mortality rates increased in both counties and the state.
- In 2020-2022, the COVID-19 mortality rate in DeWitt County (192.1 per 100,000) was higher than Lavaca County (163.0 per 100,000) and the state (101.1 per 100,000).

COVID-19
Crude Death Rates per 100,000, 2018-2022



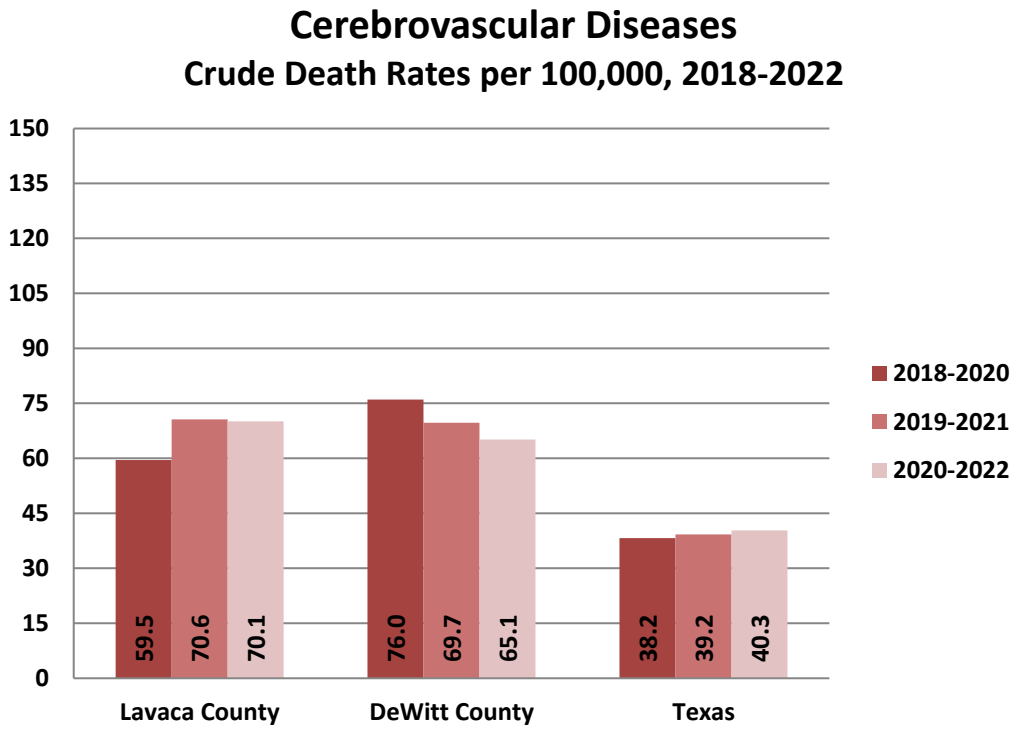
LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Lavaca County	48	79.4	86	141.2	100	163.0	100	98.4
DeWitt County	50	82.6	88	146.1	115	192.1	115	114.8
Texas	30,840	35.4	75,356	85.7	89,929	101.1	89,929	61.3

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed November 18, 2024.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability

Health Status

Mortality – Cerebrovascular Diseases

- Cerebrovascular diseases is the fourth leading cause of death in Lavaca County and the fifth leading cause of death in DeWitt County and the state (2018-2022).
- Between 2018 and 2022, cerebrovascular diseases mortality rates increased in Lavaca County and the state but decreased in DeWitt County.
- In 2020-2022, the cerebrovascular diseases mortality rate in Lavaca County (70.1 per 100,000) was higher than DeWitt County (65.1 per 100,000) and the state rate (40.3 per 100,000).



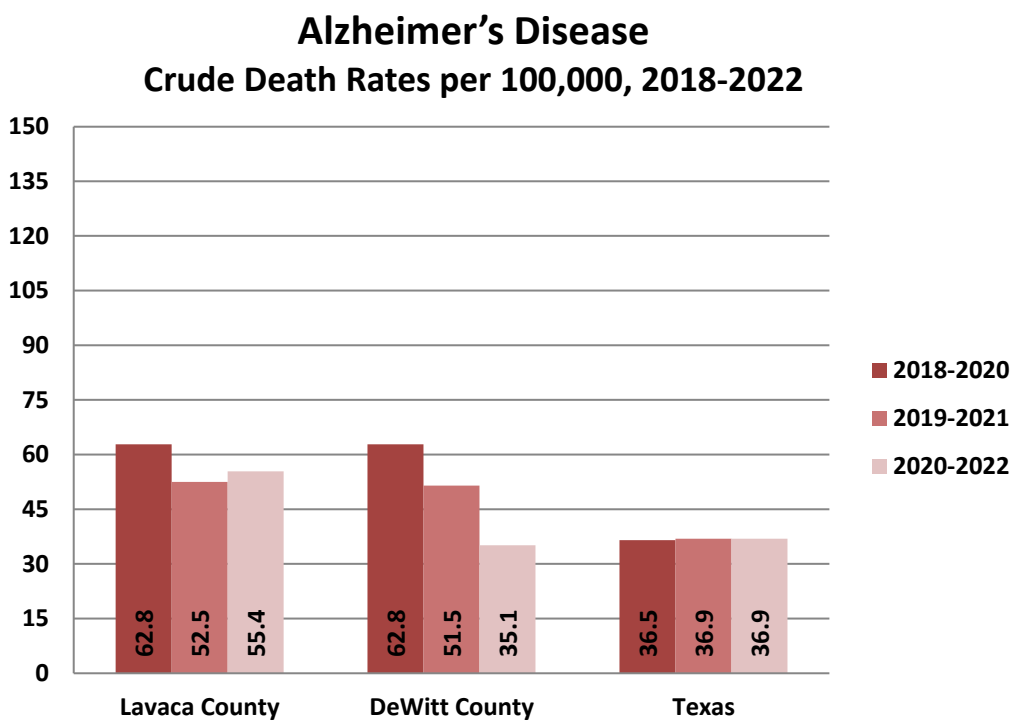
LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Lavaca County	36	59.5	43	70.6	43	70.1	65	64.0
DeWitt County	46	76.0	42	69.7	39	65.1	69	68.9
Texas	33,284	38.2	34,418	39.2	35,836	40.3	57,453	39.2

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed November 18, 2024.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.
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 fifth leading cause of death in Lavaca County, the sixth leading cause of death in the state, and the eighth leading cause of death in DeWitt County (2018-2022).
- Between 2018 and 2022, Alzheimer's disease mortality rates decreased in Lavaca and DeWitt Counties but remained consistent in the state.
- In 2020-2022, the Alzheimer's disease mortality rate in Lavaca County (55.4 per 100,000) was higher than the rate in DeWitt County (35.1 per 100,000) and the state (36.9 per 100,000).



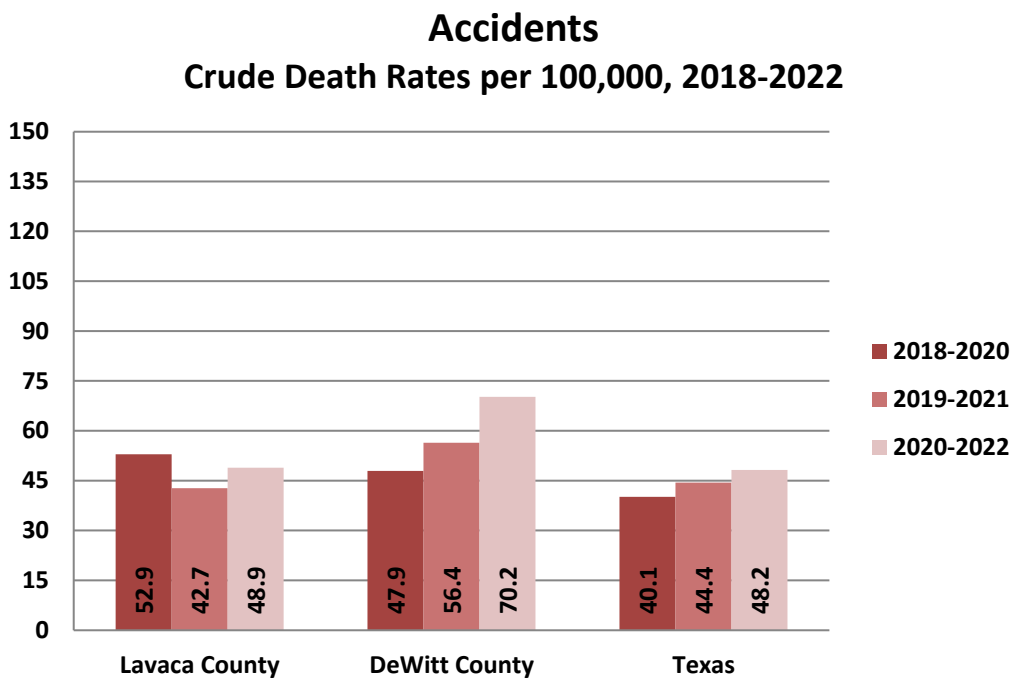
LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Lavaca County	38	62.8	32	52.5	34	55.4	54	53.1
DeWitt County	38	62.8	31	51.5	21	35.1	46	45.9
Texas	31,782	36.5	32,456	36.9	32,782	36.9	52,646	35.9

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed November 18, 2024.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.
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 sixth leading cause of death in Lavaca County, seventh leading cause of death in DeWitt County, and the fourth leading cause of death in the state. (2018-2022).
- Between 2018 and 2022, accident mortality rates decreased in Lavaca County and increased in DeWitt County and the state.
- In 2020-2022, the accident mortality rate in DeWitt County (70.2 per 100,000) was higher than the rate in Lavaca County (48.9 per 100,000) and the state (48.2 per 100,000).
- The leading cause of fatal accidents in Lavaca and DeWitt Counties is due to motor vehicle accidents (2020-2022).



LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Lavaca County	32	52.9	26	42.7	30	48.9	54	53.1
DeWitt County	29	47.9	34	56.4	42	70.2	61	60.9
Texas	34,949	40.1	39,007	44.4	42,875	48.2	64,905	44.3

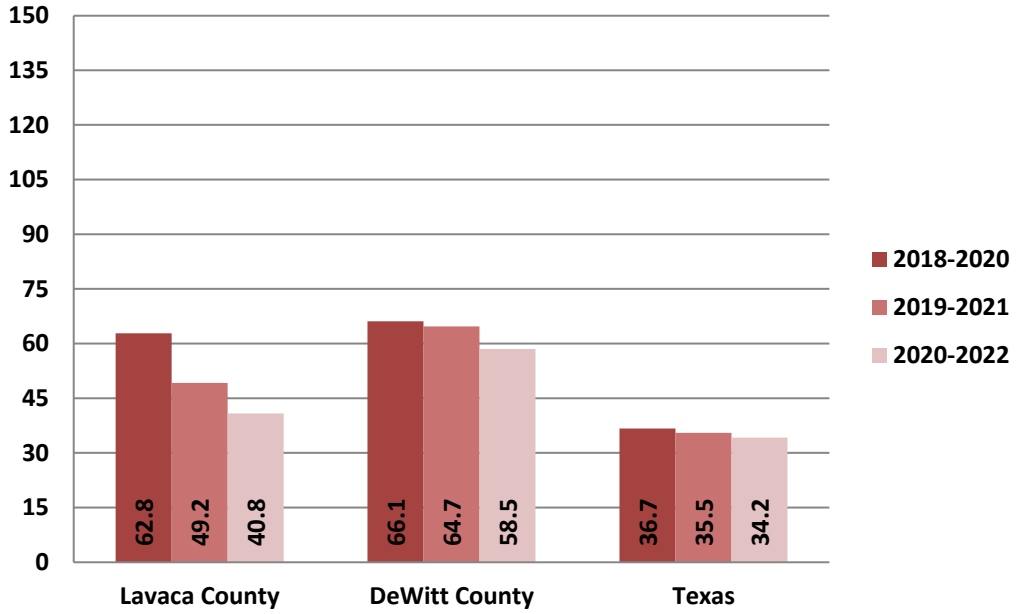
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed November 18, 2024.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability
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.

Health Status

Mortality – Chronic Lower Respiratory Diseases

- Chronic lower respiratory diseases (CLRD) is the seventh leading cause of death in Lavaca County and the state and the sixth leading cause of death in DeWitt County (2018-2022).
- Between 2018 and 2022, CLRD mortality rates decreased in Lavaca and DeWitt Counties and the state.
- In 2020-2022, the CLRD mortality rate in DeWitt County (58.5 per 100,000) was higher than the rate in Lavaca County (40.8 per 100,000) and the state (34.2 per 100,000).

Chronic Lower Respiratory Diseases
Crude Death Rates per 100,000, 2018-2022



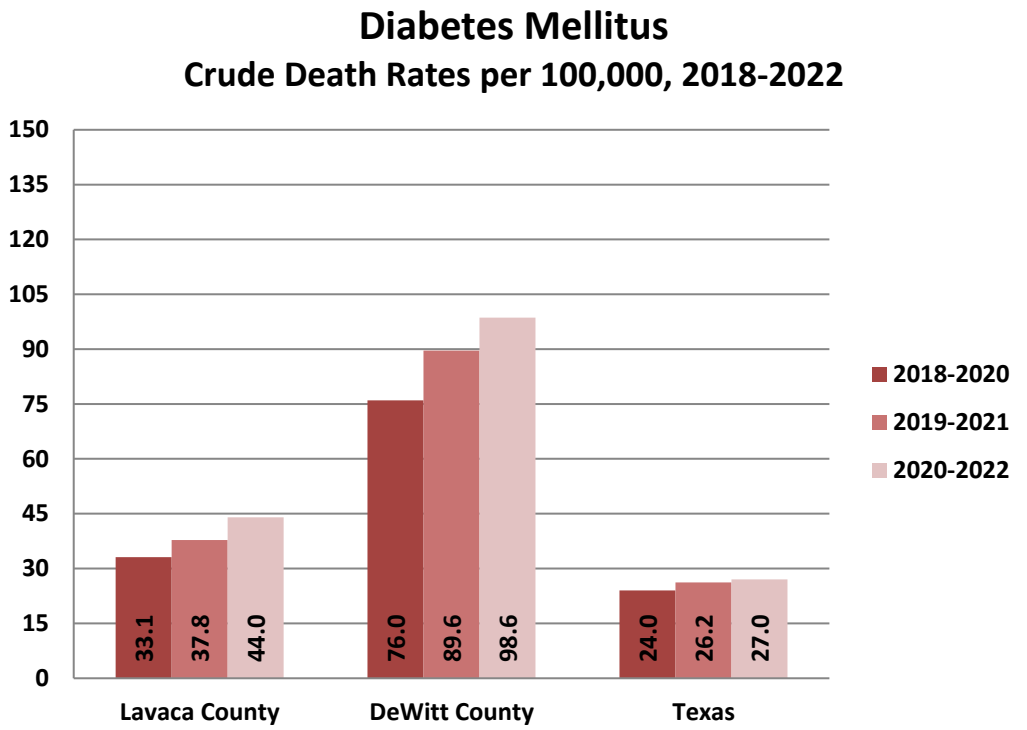
LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Lavaca County	38	62.8	30	49.2	25	40.8	53	52.2
DeWitt County	40	66.1	39	64.7	35	58.5	63	62.9
Texas	31,965	36.7	31,225	35.5	30,442	34.2	52,005	35.5

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed November 18, 2024.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability

Health Status

Mortality – Diabetes Mellitus

- Diabetes is the eighth leading cause of death in Lavaca County and the state and the fourth leading cause of death in DeWitt County (2018-2022).
- Between 2018 and 2022, diabetes mortality rates increased in Lavaca and DeWitt Counties and in the state.
- In 2020-2022, the diabetes mortality rate in DeWitt County (98.6 per 100,000) was higher than Lavaca County (44.0 per 100,000) and the state (27.0 per 100,000).



LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Lavaca County	20	33.1	23	37.8	27	44.0	34	33.5
DeWitt County	46	76.0	54	89.6	59	98.6	90	89.8
Texas	20,870	24.0	23,015	26.2	23,979	27.0	36,859	25.1

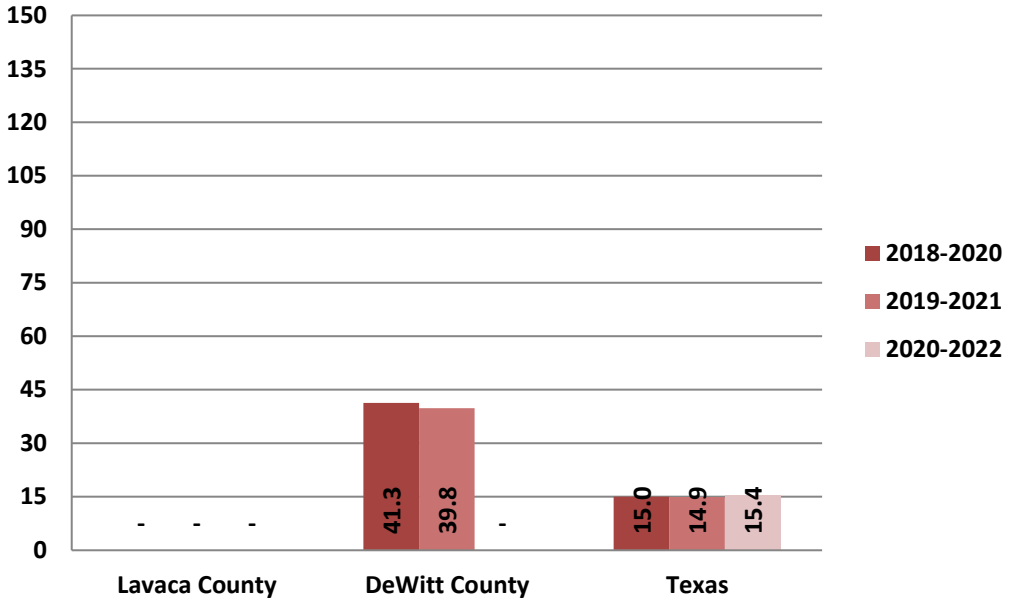
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed November 18, 2024.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability

Health Status

Mortality – Nephritis, Nephrotic Syndrome and Nephrosis

- Nephritis, nephrotic syndrome and nephrosis is the ninth leading cause of death in Lavaca and DeWitt Counties and the tenth leading cause of death in the state (2018-2022).
- Between 2018 and 2022, nephritis, nephrotic syndrome and nephrosis mortality rates remained consistent in the state.

Nephritis, Nephrotic Syndrome and Nephrosis
Crude Death Rates per 100,000, 2018-2022



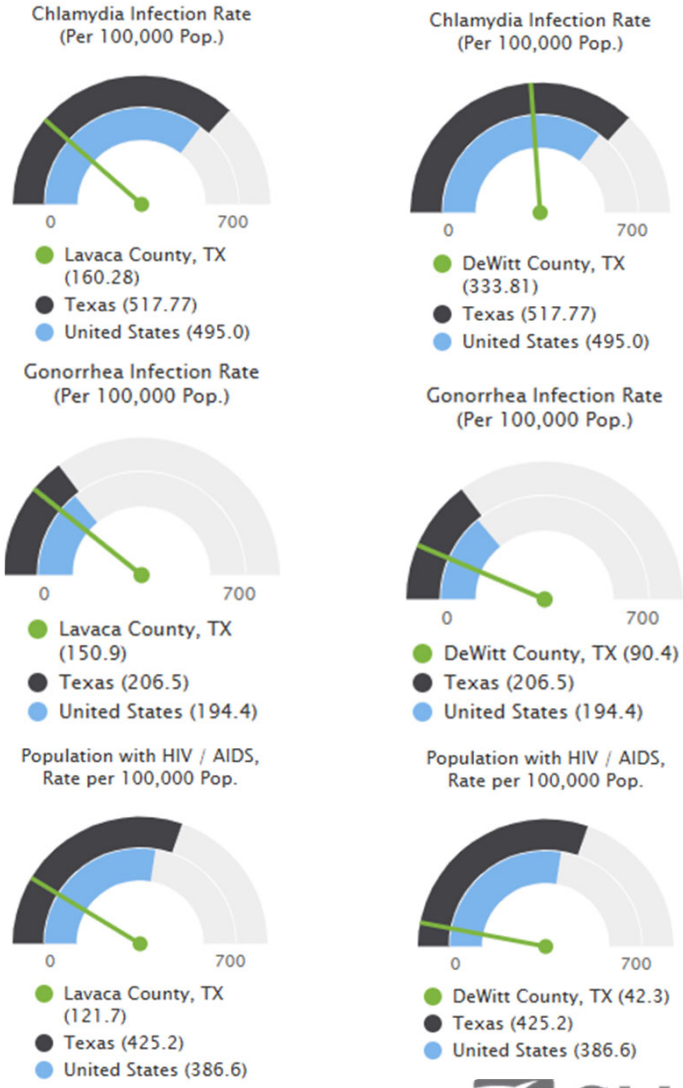
LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Lavaca County	16	Unreliable	17	Unreliable	14	Unreliable	25	24.6
DeWitt County	25	41.3	24	39.8	18	Unreliable	36	35.9
Texas	13,094	15.0	13,078	14.9	13,679	15.4	22,373	15.3

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed November 18, 2024.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability
"-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Communicable Diseases - Chlamydia, Gonorrhea, & HIV/AIDS

- In 2022, Lavaca (160.3 per 100,000) and DeWitt (333.8 per 100,000) Counties had lower rates of chlamydia than the state (517.8 per 100,000) and the nation (495.0 per 100,000), with Lavaca County having the lowest rate.
- In 2022, Lavaca (150.9 per 100,000) and DeWitt (90.4 per 100,000) Counties had lower rates of gonorrhea than the state (206.5 per 100,000) and the nation (194.4 per 100,000), with DeWitt County having the lowest rate.
- In 2022, Lavaca (121.7 per 100,000) and DeWitt County (42.3 per 100,000) had lower rates of HIV/AIDS than the state (425.2 per 100,000) and the nation (386.6 per 100,000), with DeWitt County having the lowest rate.



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.

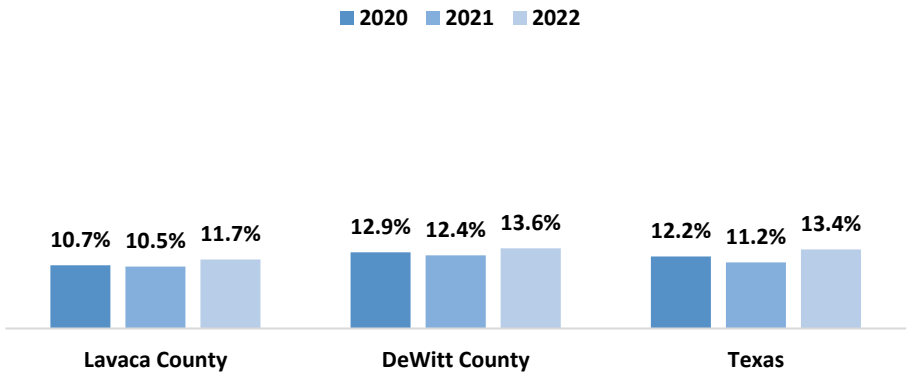
Source: SparkMap, Health Indicator Report: logged in and filtered for Lavaca and DeWitt Counties, TX, https://sparkmap.org/report/; data accessed November 14, 2024.

Health Status

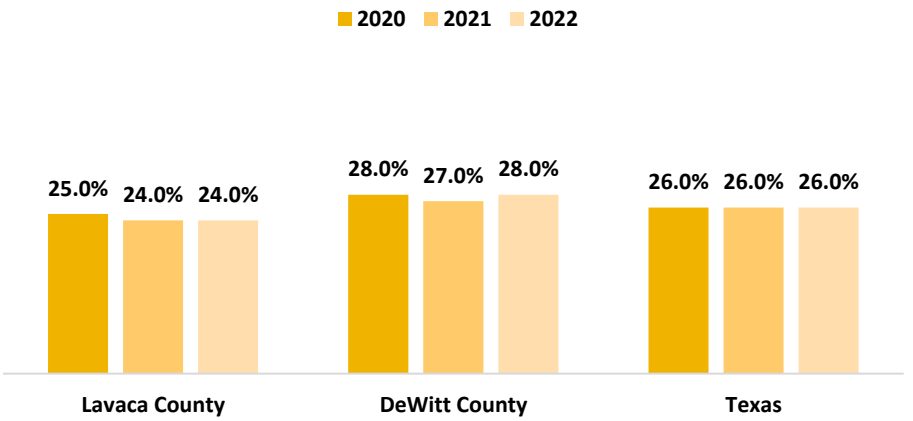
Chronic Conditions - Diabetes

- Between 2020 and 2022, the percentage of adults (age 18+) with diabetes in Lavaca and DeWitt Counties and the state increased.
- In 2022, DeWitt County (13.6%) had a higher percentage of adults (age 18+) diagnosed with diabetes than Lavaca County (11.7%) the state (13.4%).
- Between 2020 and 2022, the percentage of Medicare beneficiaries with diabetes decreased in Lavaca County and remained consistent in DeWitt County and the state.
- In 2022, DeWitt County (28.0%) had a higher percentage of Medicare beneficiaries with diabetes than Lavaca County (24.0%) and the state (26.0%).

Diabetes, Percentage, Adults (age 18+), 2020-2022



Diabetes, Percentage, Medicare, 2020-2022



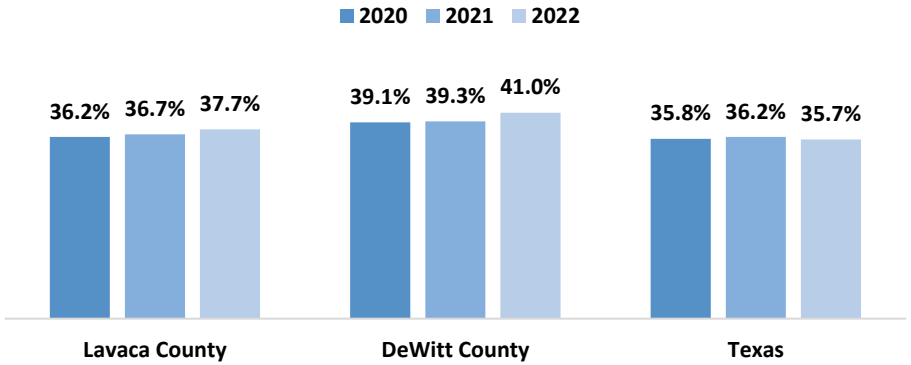
Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; information accessed November 15, 2024.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered Lavaca and DeWitt Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed November 15, 2024.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered Lavaca and DeWitt Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data, data accessed November 15, 2024.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered Lavaca and DeWitt Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data, data accessed November 15, 2024.
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; https://www.cdc.gov/cdi/, data accessed November 15, 2024.
Definition: Has a doctor, nurse, or other health professional ever told you that you have diabetes?
CMS Note: There was a change in the algorithm in 2021.

Health Status

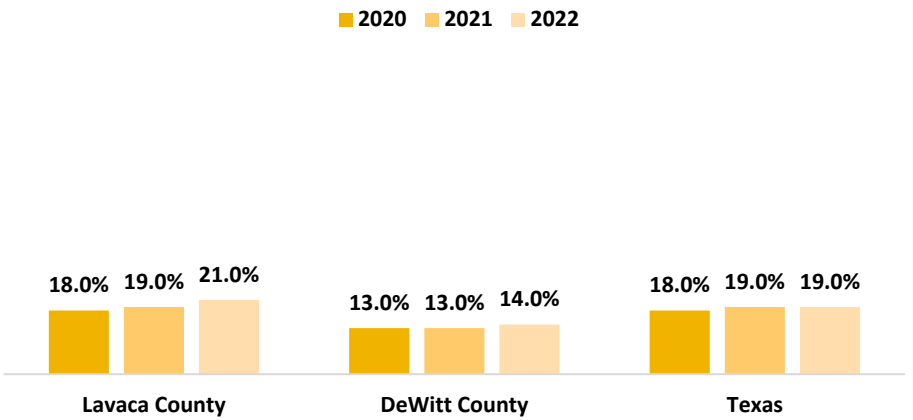
Chronic Conditions - Obesity

- Between 2020 and 2022, the percentage of adults (age 18+) who were obese in Lavaca and DeWitt Counties increased and the state fluctuated.
- In 2022, DeWitt County (41.0%) had a higher percentage of adults (age 18+) who were obese than Lavaca County (37.7%) the state (35.7%).
- Between 2020 and 2022, the percentage of Medicare beneficiaries who were obese increased in Lavaca and DeWitt Counties and the state.
- In 2022, Lavaca County (21.0%) had a higher percentage of Medicare beneficiaries who were obese than DeWitt County (14.0%) and the state (19.0%).

Obesity, Percentage, Adults (age 18+), 2020-2022



Obesity, Percentage, Medicare, 2020-2022



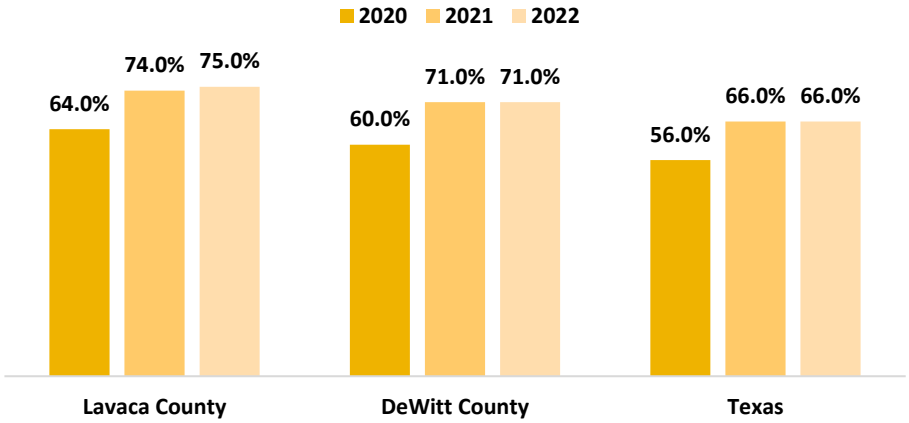
Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; information accessed November 15, 2024.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered Lavaca and DeWitt Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed November 15, 2024.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered Lavaca and DeWitt Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data, data accessed November 15, 2024.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered Lavaca and DeWitt Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data, data accessed November 15, 2024.
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; https://www.cdc.gov/cdi/, data accessed November 15, 2024.
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.
CMS Note: There was a change in the algorithm in 2021.

Health Status

Chronic Conditions - High Blood Pressure

- Between 2020 and 2022, Lavaca and DeWitt Counties and the state had an increase in hypertension among Medicare beneficiaries.
- In 2022, Lavaca County (75.0%) had a higher percentage of Medicare beneficiaries with hypertension than DeWitt County (71.0%) and the state (66.0%).

High Blood Pressure, Percentage, Medicare, 2020-2022



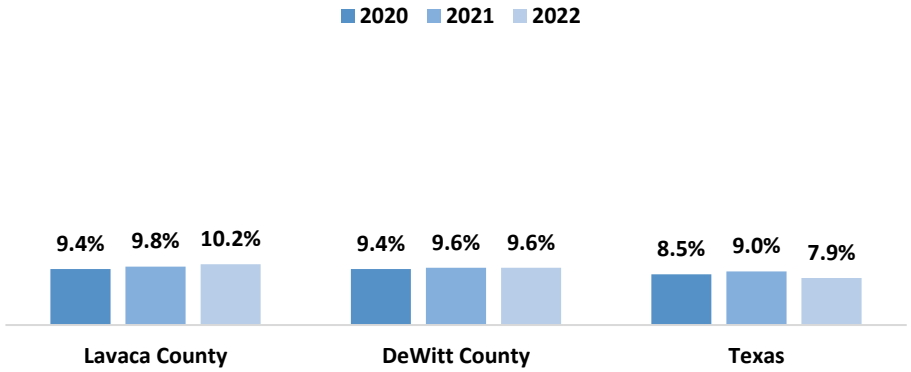
Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; information accessed November 15, 2024.
CMS Note: There was a change in the algorithm in 2021.

Health Status

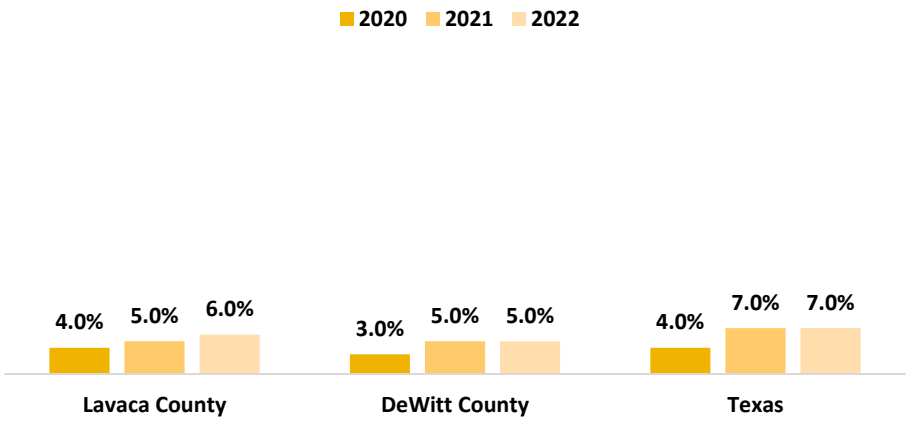
Chronic Conditions - Asthma

- Between 2020 and 2022, the percentage of adults (age 18+) with asthma in Lavaca and DeWitt Counties increased while the state overall decreased.
- In 2022, Lavaca County (10.2%) had a higher percentage of adults (age 18+) with asthma than DeWitt County (9.6%) the state (7.9%).
- Between 2020 and 2022, the percentage of Medicare beneficiaries with asthma increased in Lavaca and DeWitt Counties and the state.
- In 2022, Lavaca (6.0%) and DeWitt Counties (5.0%) had a lower percentage of Medicare beneficiaries with asthma than the state (7.0%).

Asthma, Percentage, Adults (age 18+), 2020-2022



Asthma, Percentage, Medicare, 2020-2022



Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; information accessed November 15, 2024.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered Lavaca and DeWitt Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed November 15, 2024.
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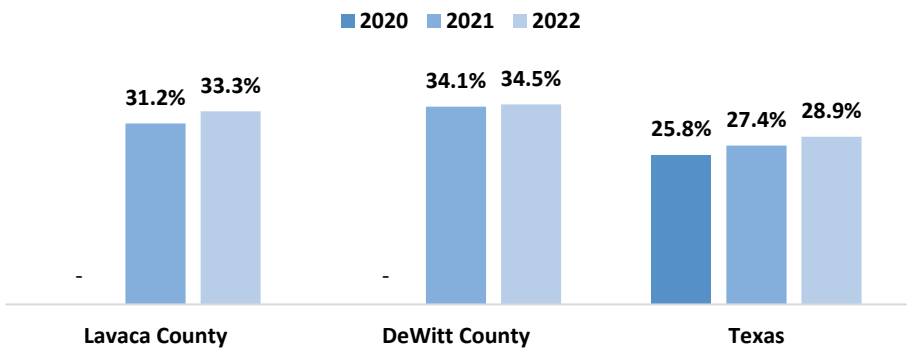
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; https://www.cdc.gov/cdi/, data accessed November 15, 2024.
Definition: Has a doctor, nurse, or other health professional ever told you that you have asthma?
CMS Note: There was a change in the algorithm in 2021.

Health Status

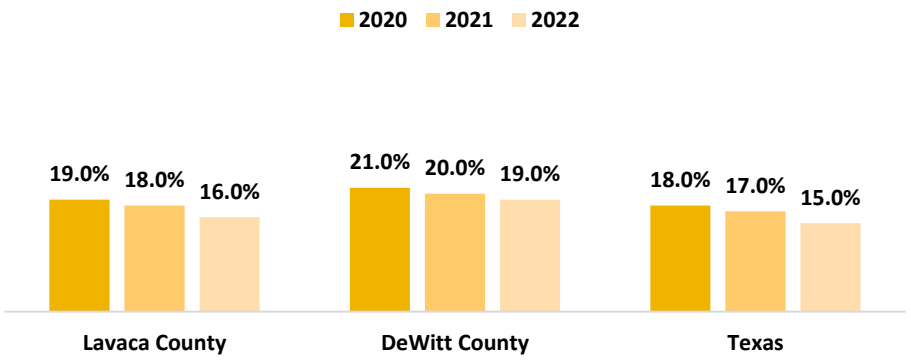
Chronic Conditions - Disability

- Between 2020 and 2022, the percentage of adults with a disability in the state increased.
- In 2022, DeWitt County (34.5%) had a higher percentage of adults (age 18+) with a disability than Lavaca County (33.3%) and the state (28.9%).
- Between 2020 and 2022, the percentage of Medicare beneficiaries with a disability in Lavaca and DeWitt Counties and the state decreased.
- In 2022, DeWitt County (19.0%) had a higher percentage of Medicare beneficiaries with a disability than Lavaca County (16.0%) and the state (15.0%).

Disability, Percentage, Adults (age 18+), 2020-2022



Disability (reason for Medicare eligibility), Percentage, Medicare, 2020-2022



Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; information accessed November 15, 2024.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered Lavaca and DeWitt Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed November 15, 2024.
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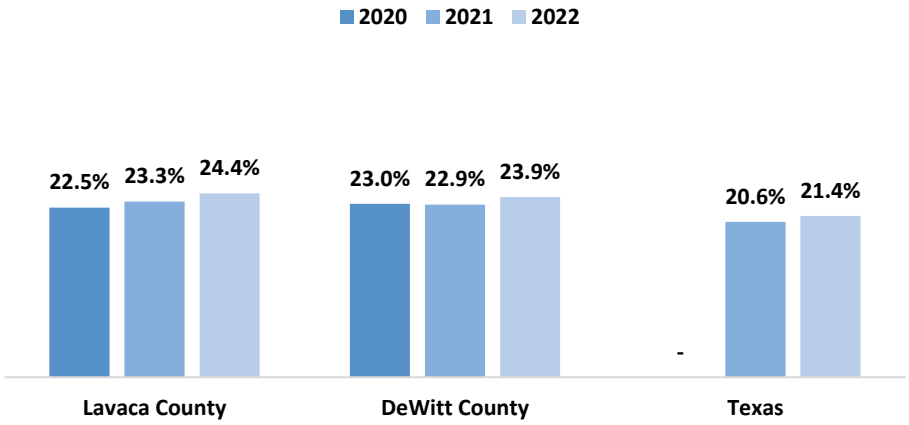
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered Lavaca and DeWitt Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data, data accessed November 15, 2024.
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; https://www.cdc.gov/cdi/, data accessed November 15, 2024.
Definition: adults who said yes to at least one of six disability questions below. "Are you deaf or do you have serious difficulty hearing?", "Are you blind or do you have serious difficulty seeing, even when wearing glasses?", "Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?", "Do you have serious difficulty walking or climbing stairs?", "Do you have difficulty dressing or bathing?", or "Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor´s office or shopping?".
Note: Data may be missing due to factors such as a small sample size, the question not being asked in a particular year, or the source used to collect the data being limited to core questions asked nationwide across all states.
CMS Note: There was a change in the algorithm in 2021.

Health Status

Chronic Conditions - Arthritis

- Between 2020 and 2022, the percentage of adults (age 18+) with arthritis in Lavaca and DeWitt Counties increased.
- In 2022, Lavaca County (24.4%) had a higher percentage of adults (age 18+) with arthritis than DeWitt County (23.9%) the state (21.4%).

Arthritis, Percentage, Adults (age 18+), 2020-2022



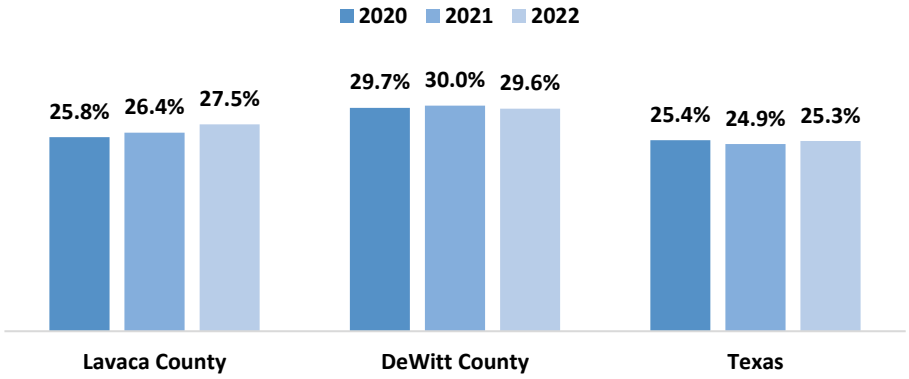
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered Lavaca and DeWitt Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed November 15, 2024.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered Lavaca and DeWitt Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data, data accessed November 15, 2024.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered Lavaca and DeWitt Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data, data accessed November 15, 2024.
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; https://www.cdc.gov/cdi/, data accessed November 15, 2024.
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 may be missing due to factors such as a small sample size, the question not being asked in a particular year, or the source used to collect the data being limited to core questions asked nationwide across all states.

Health Status

Health Behaviors - Physical Inactivity

- Between 2020 and 2022, the percentage of adults (age 18+) who indicated being physically inactive in Lavaca County increased while DeWitt County and the state slightly decreased.
- In 2022, DeWitt County (29.6%) had a higher percentage of adults (age 18+) who indicated being physically inactive than Lavaca County (27.5%) and the state (25.3%).

No Leisure-Time For Physical Activity, Percentage, Adults (age 18+), 2020-2022



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered Lavaca and DeWitt Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed November 15, 2024.
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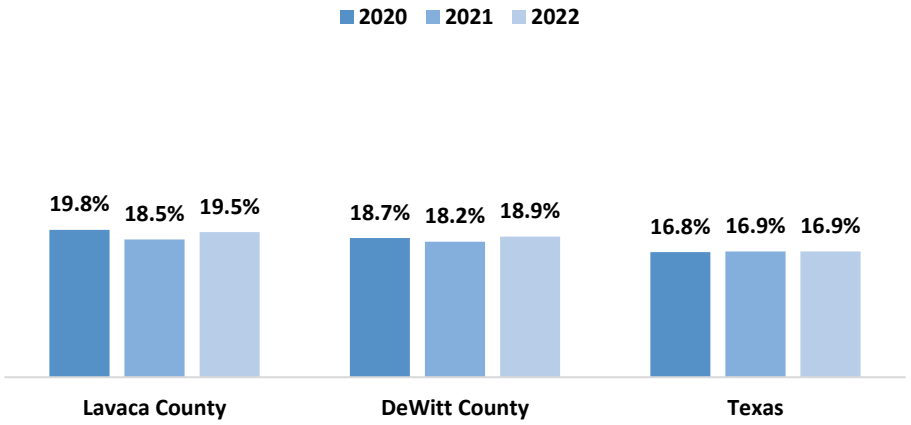
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; https://www.cdc.gov/cdi/, data accessed November 15, 2024.
Definition: Respondents who answered "no" to the following question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"

Health Status

Health Behaviors - Binge Drinking

- Between 2020 and 2022, the percentage of adults (age 18+) who binge drink overall decreased in Lavaca County and slightly increased in DeWitt County and the state.
- In 2022, Lavaca County (19.5%) had a higher percentage of adults (age 18+) who binge drink than DeWitt County (18.9%) and the state (16.9%).

Binge Drinking, Percentage, Adults (age 18+), 2020-2022



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered Lavaca and DeWitt Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed November 15, 2024.
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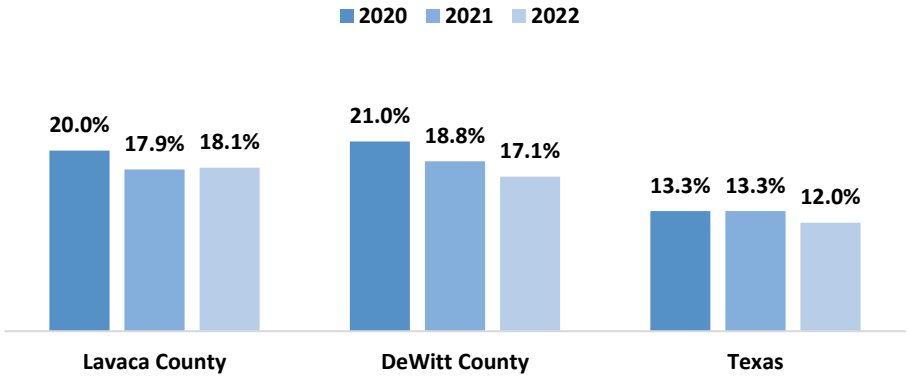
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; https://www.cdc.gov/cdi/, data accessed November 15, 2024.
Definition: During the past 30 days, what is the largest number of drinks you had on any occasion? Respondents are classified as "at risk" for binge drinking if males reported consuming 5 or more and females reported consuming 4 or more alcoholic beverages at one time.

Health Status

Health Behaviors - Smoking

- Between 2020 and 2022, the percentage of adults (age 18+) who smoke in Lavaca and DeWitt Counties and the state decreased.
- In 2022, Lavaca County (18.1%) had a higher percentage of adults (age 18+) who smoke than DeWitt County (17.1%) and the state (12.0%).

Smoking Status (Current Smoker), Percentage, Adults (age 18+), 2020-2022



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered Lavaca and DeWitt Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed November 15, 2024.
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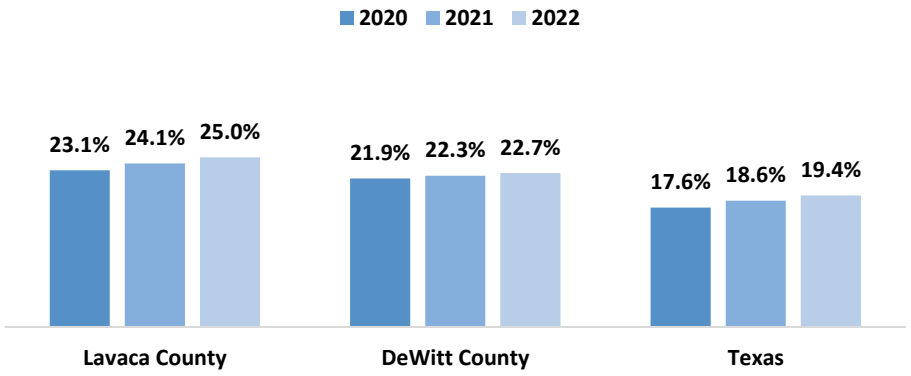
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; https://www.cdc.gov/cdi/, data accessed November 15, 2024.
Definition: Respondents who report having smoked ≥100 cigarettes in their lifetime and currently smoke every day or some days.

Health Status

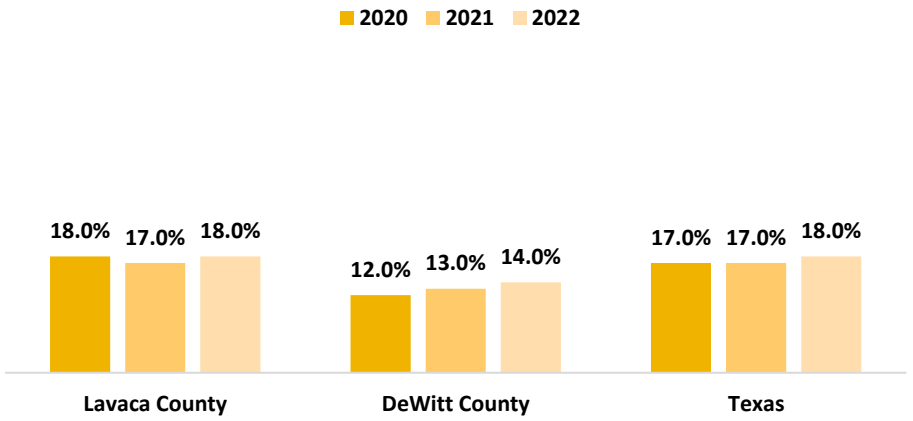
Mental Health - Depressive Disorders

- Between 2020 and 2022, the percentage of adults (age 18+) with depression in Lavaca and DeWitt Counties and the state increased.
- In 2022, Lavaca County (25.0%) had a higher percentage of adults (age 18+) with depression than DeWitt County (22.7%) and the state (19.4%).
- Between 2020 and 2022, the percentage of Medicare beneficiaries with depression remained consistent in Lavaca County and increased in DeWitt County and the state.
- In 2022, Lavaca County (18.0%) had a higher percentage of Medicare beneficiaries with depression than DeWitt County (14.0%) and was consistent with the state (18.0%).

Depression, Percentage, Adults (age 18+), 2020-2022



Depression, Percentage, Medicare, 2020-2022



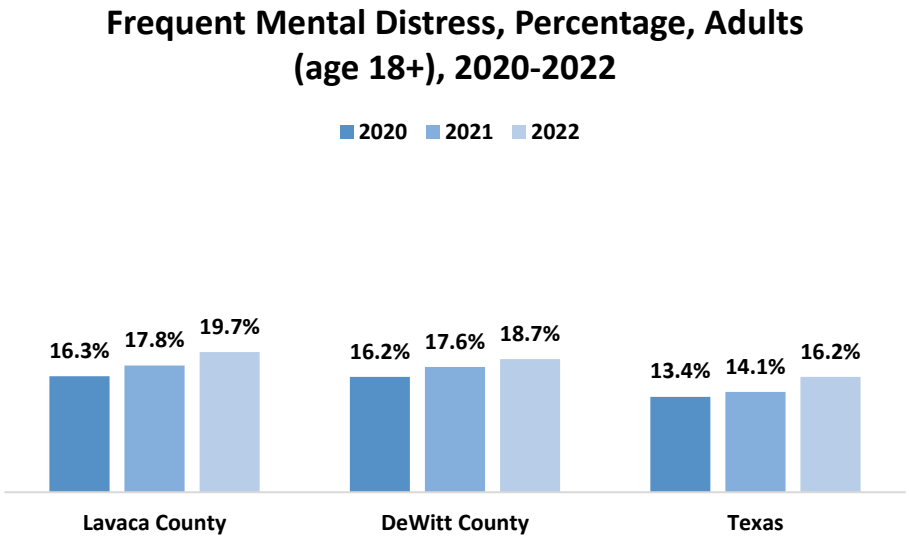
Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; information accessed November 15, 2024.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered Lavaca and DeWitt Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed November 15, 2024.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered Lavaca and DeWitt Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data, data accessed November 15, 2024.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered Lavaca and DeWitt Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data, data accessed November 15, 2024.
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; https://www.cdc.gov/cdi/, data accessed November 15, 2024.
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?
CMS Note: There was a change in the algorithm in 2021.

CHC Community Hospital Corporation

Health Status

Mental Health - Frequent Mental Distress

- Between 2020 and 2022, the percentage of adults (age 18+) that reported experiencing 14 or more days of poor mental health in Lavaca and DeWitt Counties and the state increased.
- In 2022, Lavaca County (19.7%) had a higher percentage of adults (age 18+) that reported experiencing 14 or more days of poor mental health than DeWitt County (18.7%) and the state (16.2%).



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered Lavaca and DeWitt Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed November 15, 2024.
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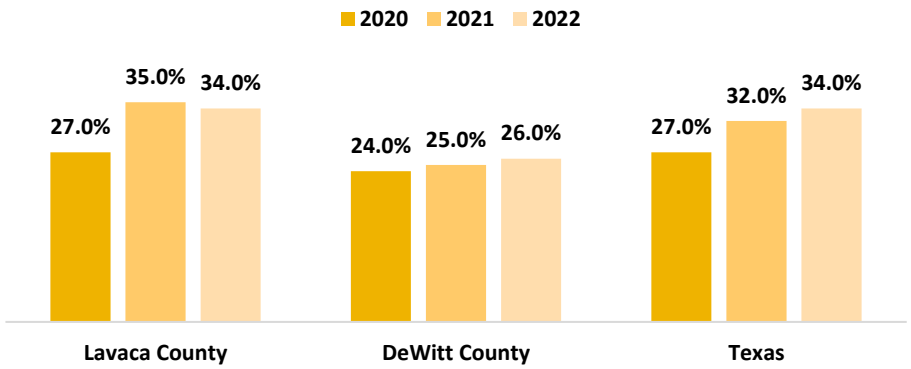
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; https://www.cdc.gov/cdi/, data accessed November 15, 2024.
Definition: Respondents who report that their mental health (including stress, depression, and problems with emotions) was not good for 14 or more days during the past 30 days.

Health Status

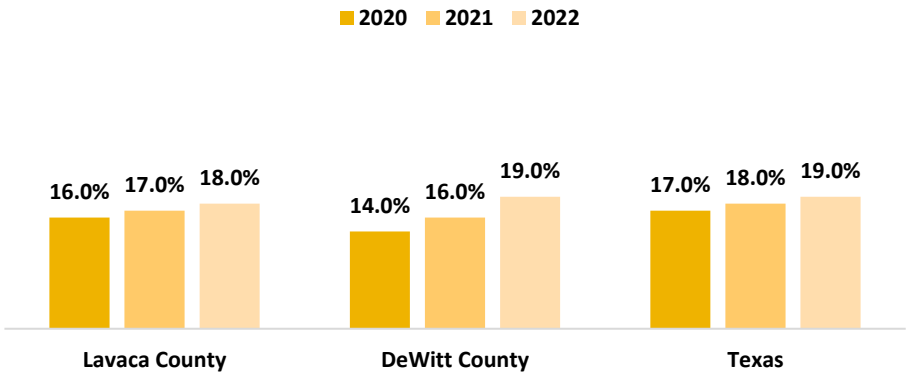
Preventive Care - Mammography & Prostate Cancer Screening (Medicare)

- Between 2020 and 2022, the percentage of females (age 35+) that received at least one mammography screening in the past year increased in Lavaca and DeWitt Counties and the state.
- In 2022, the percentage of females (age 35+) that received at least one mammography screening in the past year in DeWitt County (26.0%) was lower than Lavaca County (34.0%) and the state (34.0%).
- Between 2020 and 2022, the percentage of males (age 50+) that received at least one prostate screening in the past year increased in Lavaca and DeWitt Counties and the state.
- In 2022, the percentage of males (age 50+) that received at least one prostate screening in the past year in Lavaca County (18.0%) was lower than DeWitt County (19.0%) and the state (19.0%).

Mammography Screening, Percentage, Medicare, 2020-2022



Prostate Cancer Screening, Percentage, Medicare, 2020-2022



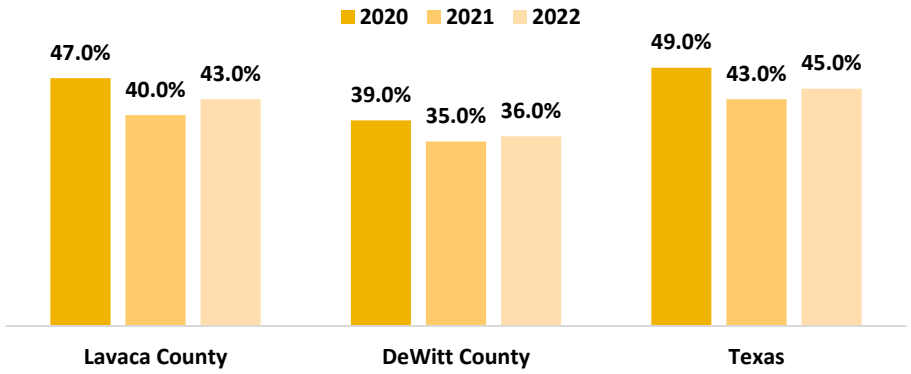
Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; information accessed November 15, 2024.
Mammography Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare 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.
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 prostate 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

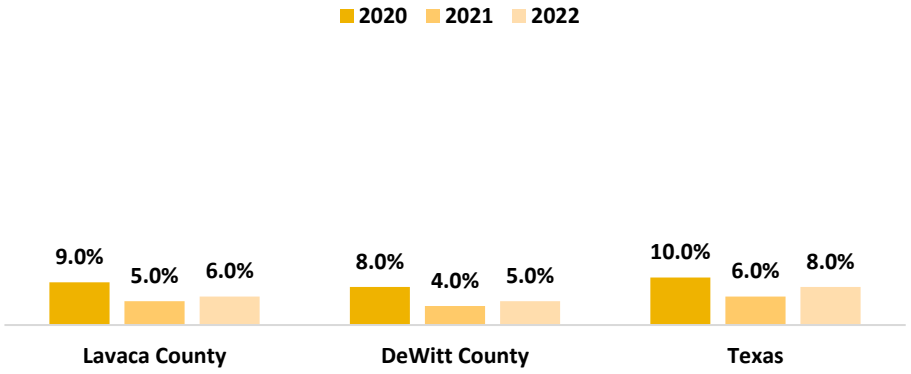
Preventive Care - Influenza & Pneumococcal Vaccination (Medicare)

- Between 2020 and 2022, the percentage of Medicare beneficiaries that received a flu shot in the past year in Lavaca and DeWitt Counties and the state overall decreased.
- In 2022, Lavaca (43.0%) and DeWitt (36.0%) Counties had a lower percentage of Medicare beneficiaries that received a flu shot in the past year than the state (45.0%).
- Between 2020 and 2022, the percentage of Medicare beneficiaries that ever received a pneumonia shot in Lavaca and DeWitt Counties and the state overall decreased.
- In 2022, Lavaca (6.0%) and DeWitt (5.0%) Counties had a lower percentage of Medicare beneficiaries that ever received a pneumonia shot than the state (8.0%).

Influenza Vaccine, Percentage, Medicare, 2020-2022



Pneumococcal Vaccine (Ever), Percentage, Medicare, 2020-2022

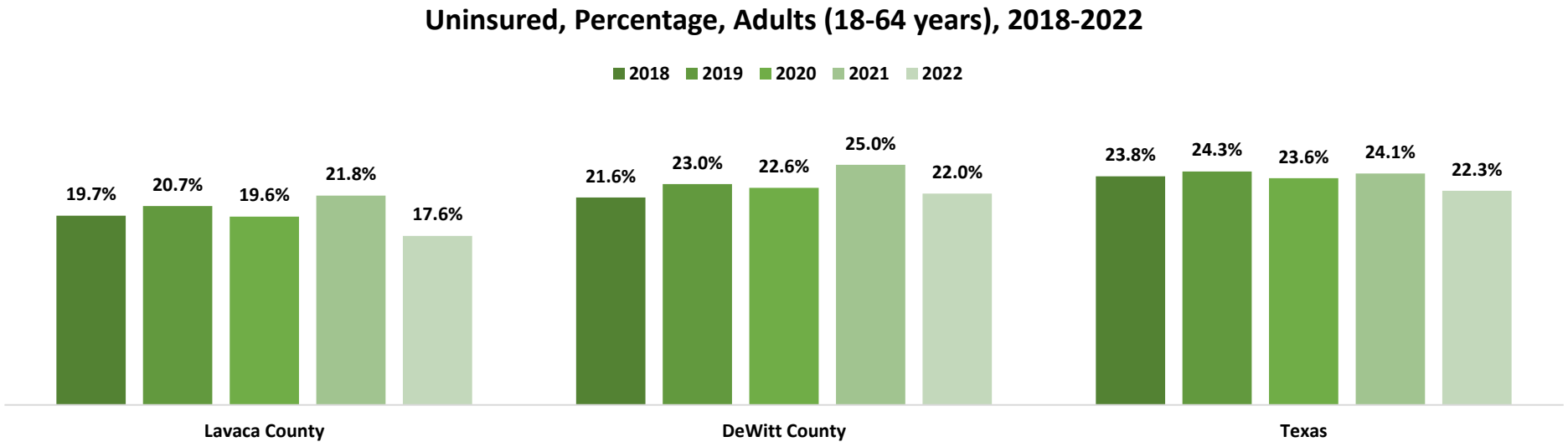


Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; information accessed November 15, 2024.
Definition: During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?
Definition: Have you ever received a pneumonia vaccination?

Health Status

Health Care Access - Uninsured

- Between 2018 and 2022, the percentage of uninsured adults (age 18-64) overall decreased in Lavaca County and the state btu increased in DeWitt County.
- As of 2022, Lavaca County (17.6%) had the lowest percentage of uninsured adults (age 18-64) as compared to DeWitt County (22.0%) and the state (22.3%).

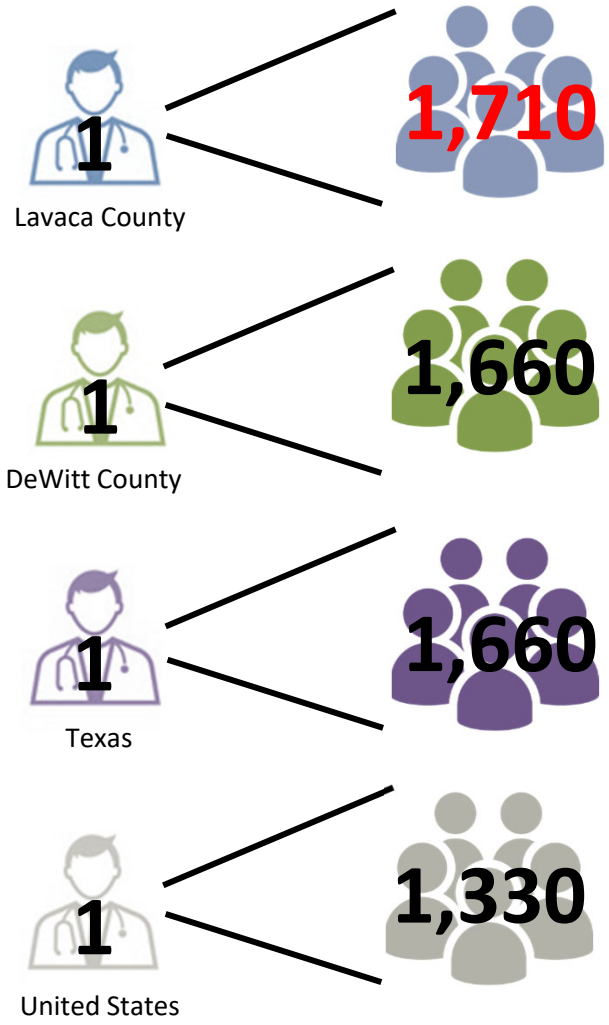


Source: United States Census Bureau, Small Area Health Insurance Estimates, filtered for Lavaca and DeWitt County, TX, https://www.census.gov/data-tools/demo/sahie/#/; data accessed on June 18, 2025.

Health Status

Health Care Access - Primary Care Physicians

- **Sufficient availability of primary care physicians is essential for preventive and primary care.**
  - In 2021, the population to primary care physicians ratio in Lavaca County (1,710:1) was the highest as compared to DeWitt County (1,660:1), the state (1,660:1), and the nation (1,330:1).

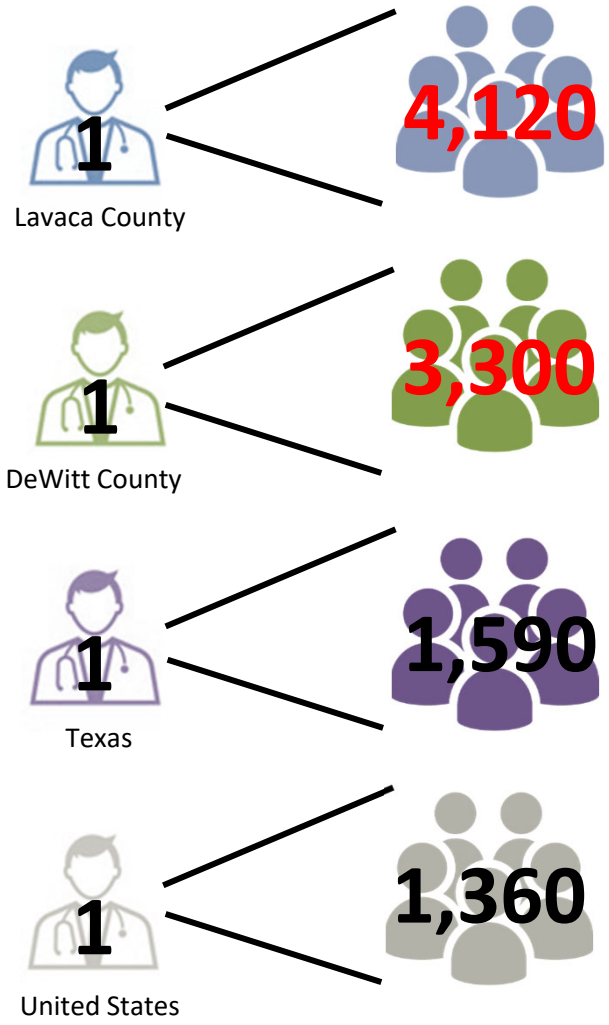


Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Lavaca and DeWitt County, TX, https://www.countyhealthrankings.org/; data accessed November 14, 2024.
Definition: The ratio represents the number of individuals served by one physician in a county, if the population was 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 2022, the population to dental provider ratio in Lavaca County (4,120:1) was the highest as compared to DeWitt County (3,300:1), the state (1,590:1), and the nation (1,360:1).

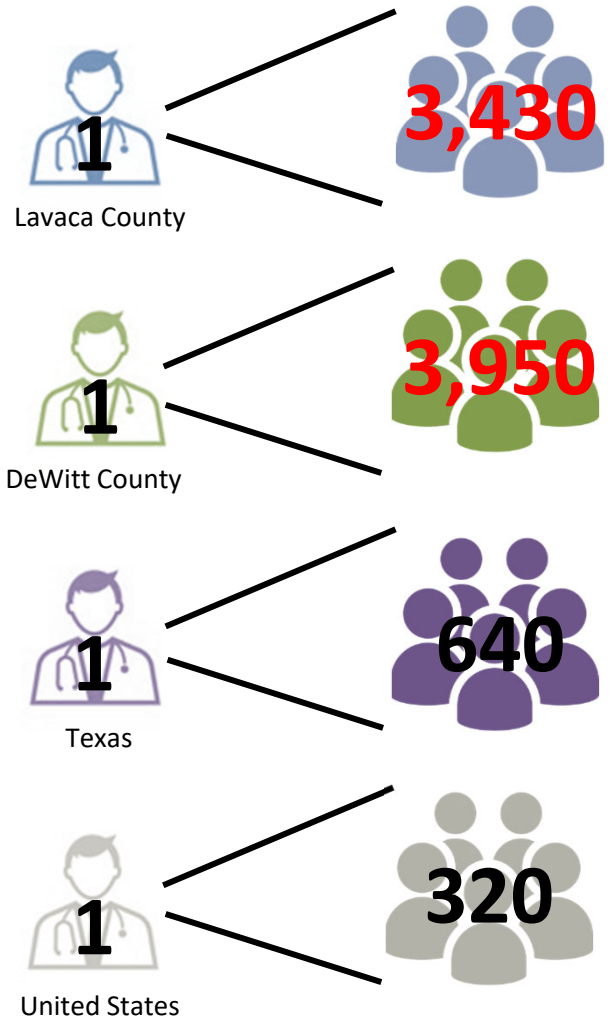


Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Lavaca and DeWitt County, TX, https://www.countyhealthrankings.org/; data accessed November 14, 2024.
Definition: The ratio represents the population served by one dentist if the entire population of a county was distributed 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 2023, the population to mental health provider ratio in DeWitt County (3,950:1) was the highest as compared to Lavaca County (3,430:1), the state (640:1), and the nation (320:1).

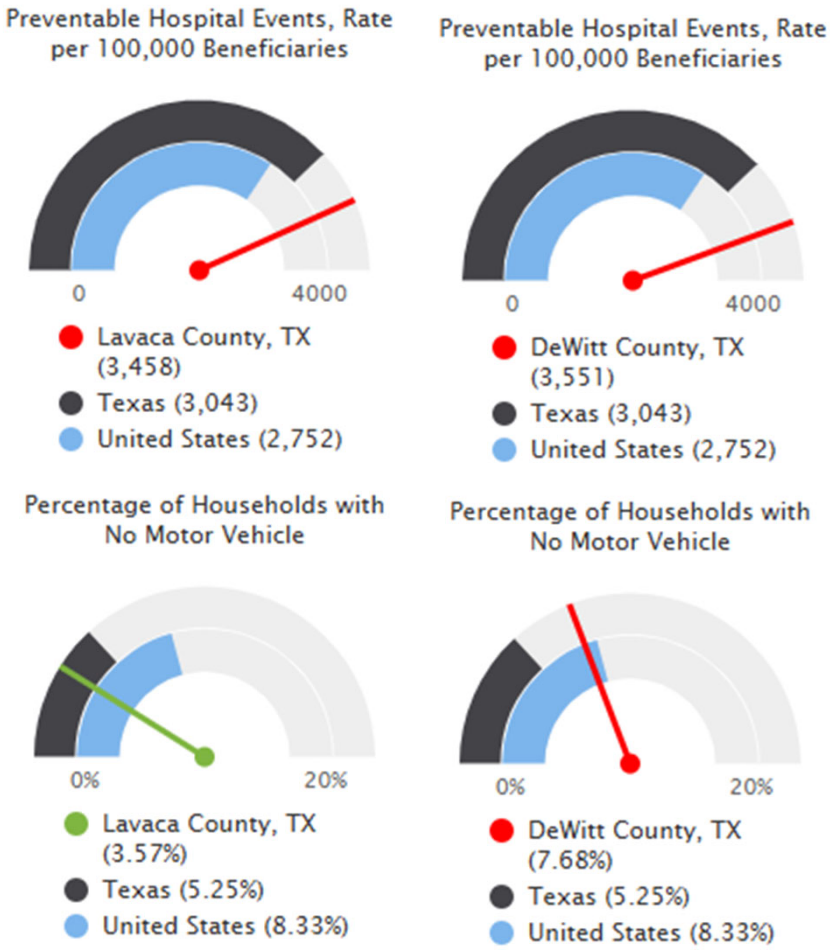


Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Lavaca and DeWitt County, TX, https://www.countyhealthrankings.org/; data accessed November 14, 2024.
Definition: The ratio represents the number of individuals served by one mental health provider in a county, if the population were equally distributed across providers. Psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

Health Status

Health Care Access - Common Barriers to Care

- **Lack of adequate and available primary care resources for patients to access may lead to increased preventable hospitalizations.**
  - In 2021, the rate of preventable hospital events in DeWitt County (3,551 per 100,000 Medicare beneficiaries) was higher than Lavaca County (3,458 per 100,000 Medicare beneficiaries), the state (3,043 per 100,000 Medicare beneficiaries), and the nation (2,752 per 100,000 Medicare beneficiaries).
- **Lack of transportation is frequently noted as a potential barrier to accessing and receiving care.**
  - In 2018-2022, DeWitt County (7.7%) had a higher percentage of households with no motor vehicles as compared to Lavaca County (3.6%) and the state (5.3%), but lower than the nation (8.3%).



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 Lavaca and DeWitt Counties, TX, https://sparkmap.org/report/; data accessed November 12, 2024.
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.

PHONE INTERVIEW FINDINGS

Overview

- Conducted 14 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; September 16, 2024 – September 27, 2024.

Methodology

- Individuals interviewed for the CHNA were identified by the hospital and are known to be supportive of ensuring community needs are met. CHC 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 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 or the CHC 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; September 16, 2024 – September 27, 2024.

Interviewee Information

- ***Sandra Bergey, DDS:*** Family Dentist, Sandra B. Bergey, DDS
- ***Lisa Campos:*** Nurse Manager, Cuero DeWitt County Health Department
- ***Grace Foreman:*** Lead Pharmacist, Yoakum Discount Pharmacy
- ***Jenny Foster, FNP:*** Family Nurse Practitioner, Yoakum Family Practice
- ***Gregory Gremmel, M.D.:*** Emergency Medicine-Physician Director, Yoakum Community Hospital
- ***Tom Kelley:*** Superintendent, Yoakum ISD; Board Member, Yoakum Community Hospital
- ***Ronnie Leck:*** Chairman of the Board, Yoakum Community Hospital
- ***Stephanie Lerch:*** Director of New Horizons, Yoakum Community Hospital
- ***Debbie Long:*** Director of Patient Access/Outpatient Clinic, Yoakum Community Hospital
- ***Michael Mitchell:*** City Manger, City of Yoakum
- ***Carl O'Neill:*** Mayor, City of Yoakum
- ***Annie Rodriguez:*** Retired City Council Member, City of Yoakum
- ***Lauren Werner:*** Public Health Nurse, Lavaca County Health Department- Texas Dept. of State Health Services
- ***Brother Elvis Whaley:*** Clergy, Austin Street Baptist Church

Source: Yoakum Community Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Corporation; September 16, 2024 – September 27, 2024.

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

14.3%

- 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

57.1%

- Community leaders

28.6%

Note: Interviewees may provide information for several required groups.

Source: Yoakum Community Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Corporation; September 16, 2024 – September 27, 2024.

Community Needs Summary

- Interviewees discussed the following as the most significant health issues:
  - Overall Community Concerns
    - Infrastructure and Transportation
  - Chronic Conditions and Healthy Lifestyles
  - Access to Mental & Behavioral Health Care
  - Availability of Specialty Providers
  - Availability of Primary Care Providers
  - Youth Population
  - Elderly Population
  - Insurance and Affordability

Source: Yoakum Community Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Corporation; September 16, 2024 – September 27, 2024.

Overall Community Concerns

Infrastructure and Transportation

- **Issues/Themes:**
  - Concern surrounding housing shortages, overcrowding, and affordability
  - Limited access and delayed specialty care due to transportation barriers
  - Older residents feel uncomfortable traveling long distances for care
  - Economic challenges with inflation and poverty, affecting the affordability of basic needs like utilities and groceries
  - Limited local shopping options and food insecurity concerns

"Affordable housing is a need. We're seeing three or four families in a single home. Affordable housing options would be a big assistance to provide access for people."

"I had connections to rent a house but if not for that, I don't know where I would be right now."

"There's a lack of housing here, plus the rent is so high that residents can't afford the housing. It's even harder for families."

"Transportation and specialty care is a need. We have to travel at least an hour if not two hours for a specialist. Some people don't have transportation or can't pay for transportation. That can affect their health as well."

"There is public transportation but I think it is limited. If they need to go to Victoria, I don't know if it goes there. It needs to be broader for specialty doctors and things like that."

"I was talking with someone who needed to reschedule a doctor's appointment because they did not have a way to get there. Their appointment had to be booked out farther since they had to also schedule transportation to get there. If there was transportation through Uber or something like that, she could have gotten in much sooner because the clinic has appointments available for the same day."

"I don't understand why we can't drive closer and instead have to drive two and a half hours into a metropolitan area for care. I'm getting a little older and I do not feel comfortable driving."

"I don't know what we are going to do about poverty rates and how people can afford to go to the grocery store and get the basic things with inflation. I don't understand how they pay their electricity bill with the heat in the summer and cold spell in the winter. The economy and inflation is a huge concern in the country right now."

"We probably have a need for additional grocery stores. We have one, but they downsized."

Source: Yoakum Community Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Corporation; September 16, 2024 – September 27, 2024.

Chronic Conditions and Healthy Lifestyles

- **Issues/Themes:**
  - Desire for education and awareness about heart disease and cancer
  - Economic barriers to maintaining a healthy lifestyle
  - Lack of affordable gyms, walking trails, and fitness opportunities to promote healthier lifestyles and combat chronic illnesses
  - Concern for the decline in home-cooked meals and increased reliance on fast food
  - Need for community education on nutrition, exercise, and healthy habits
  - Desire for education around the impact of processed foods and the need for better dietary practices
  - Preference for treating underlying health issues naturally rather than relying on excessive medications
  - Increased prevalence of STDs, with financial and access barriers to birth control and healthcare

"Heart disease and cancer are probably our two leading causes of death for our area. We need more education, more prevention, and awareness starting at a younger age and going up. Parents are more hesitant to give their child all the recommended routine vaccines that the CDC recommends. And if they do, they have lots of questions."

"Obesity is big here. I think people are struggling with higher costs. People would be healthier but it's hard to afford."

"Access to gyms or education would be beneficial because I think the obesity crisis is getting bigger here. We're going to end up being a more chronically ill community if we can't provide ways to put better, cleaner foods on the table."

"There is one small, private gym. We do have another gym but it's costly and not within the price range for older people to pay. There is not even a walking trail here."

"I was born and raised on home cooked meals, so it's very rare that I personally eat out. It's a treat when I eat out. I look up and I see that the Dairy Queen parking lot is busy every day for lunch and supper."

"Educate the community on how to take care of themselves, proper habits, proper eating, exercises, and personal hygiene. You can't drink a 6 pack of beer everyday."

"There is very limited diabetic education. We do have a dietitian that is for appointments and I think she does a great job. She's not available very often. So what I would like to see is just something offered to the community on a regular basis that actually teaches them in a group setting for diabetic education."

"A lot of people don't have direct access to the amount of food that they need."

"We need to be educating the public on what you're putting in your mouth and try to preach till there's no tomorrow about processed foods and what it is doing to our bodies. We've gotten so lazy. With the children's sports practices and cheerleading camps, these parents rush home and open up a box to hurry up and get them fed. I think that's where we're missing the mark."

"I believe too much medicine is being used when we can help treat from the inside out."

"The younger age group, 16 - 30 years of age, has seen a rise in STDs. There was a syphilis out break in Victoria. People use over the counter Plan B frequently. The use of Plan B goes back to if they have health insurance and if they see their primary care doctor. I think they would rather risk pregnancy than be committed to a regular payment for over the counter birth control."

Source: Yoakum Community Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Corporation; September 16, 2024 – September 27, 2024.

Access to Mental & Behavioral Health Care

- **Issues/Themes:**
  - Limited availability of local psychiatrists and psychologists
  - Rising mental health awareness leading to earlier intervention for the youth, but access challenges still exist
  - Effects of cost of living leading to stress and anxiety for adults
  - Limited access to inpatient mental health facilities and increasing suicide rates
  - Increasing drug presence threatening community safety and well-being with limited rehab options
  - Drug-related activities often associated with homelessness and unsafe living conditions
  - Need for more resources for alcohol abuse

"My concern is the lack of mental health professionals. Even from Victoria, the closest psychiatrist or psychologist is in the big metropolitan areas."

"I find my interactions with Gulf Bend to be helpful. They help the uninsured get treatment. If New Horizons had a psychiatrist, that would be a real bonus."

"The problem is psychiatry; medication management from a psychiatrist is very limited. Gulf Bend does come to the hospital in the outpatient setting twice a month, which creates easier access for people who are already established with Gulf Bend so they don't have to travel to Victoria for their appointments. The practitioners don't actually come here. They only do telehealth services."

"There is more awareness now and mental health concerns are getting caught earlier. In school, they're raising awareness and have resources. They're catching mental health concerns earlier with the youth. With adults, there's a lot of stress factors going on. Cost of living is hard and puts stress and anxiety on adults."

"Access to more mental health providers is a really big need here. We do have a great program here at the hospital for adults for counseling and depression. For teens and children under 18, it's such a struggle to find care."

"We've seen suicides in the population, not necessarily just in our two counties but throughout the nation. Access to behavioral health hospitalization is very limited around here."

"The safety of our citizens is a concern with the increase in drugs. For the past two years we have seen an influx of drugs coming in."

"You see adults every day that are on drugs. You see them walking around, riding bikes. It is pretty bad for a small county. There are many people that are abusing drugs and there's nowhere for them to go. I think there are a few places for people who are addicted. Drug rehab is a big need here."

"The drug use and abuse in this small community is sad. We don't have anything available to help these people and it's probably going to get worse."

"There are homeless people that will go stay in undesirable places where there's drug trade going on. Inappropriate things go on in those types of homes."

"We need resources for alcohol abuse."

Source: Yoakum Community Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Corporation; September 16, 2024 – September 27, 2024.

Availability of Specialty Providers

- **Issues/Themes:**
  - Difficulty accessing specialty care for the general population
  - Lack of local specialty care due to aging providers and challenges in recruiting to rural communities
  - Outmigration of care to Victoria, Gonzalez, Columbus, Houston, Flatonia, San Antonio
  - Providers are overbooked, limiting time for patient education on major health issues
  - Insufficient availability of cardiologists, causing delays in care
  - Specialties mentioned as needed due to long wait times or lack of coverage, include (in descending order of number of times mentioned and then alpha order):
    - Vision
    - Psychiatry
    - Endocrinology
    - Gerontology
    - Cardiology
    - Dentist
    - Gastroenterology
    - OB/GYN
    - Neurology
    - Orthopedic

"Access to specialty care for the general population is difficult."

"Specialty care is lacking like you would expect in a small community. We don't have the population to keep 24/7 patient care. There is outpatient care but we need more specialty care. I think the hospital has been working to get specialty care. Neurology is desired but there is not a lot of neurology outpatient services."

"There's two dentists and they are getting close to retirement age. For vision, there's not anyone that's here. There used to be an optometrist that came one day a week, but we don't even have that. The closest ophthalmologists are in Victoria. There's not a lot of draw for younger people or new graduates to come to small towns for dental or vision. They all seem to want to go to the bigger cities."

"We don't have a maternal doctor here. You have to go to Victoria, San Antonio, or Houston."

"We need more specialty doctors in our area. The hospital here has specialty doctors but it's not a big variety of what people can choose from for their specialty care needs."

"Providers are so booked and don't have as much time to truly sit down and educate patients on some of these issues that come up, like heart disease, diabetes, cancer, or even maternal, child health."

"Cardiology is a big need. We've gotten better than what we had a few years ago because we do have specialty doctors that'll come in, but it's only one to two days a week. I don't like a delay in care. Doctors are so far booked out that it may be two months before you can actually get seen."

"There's a big need for more GI doctors, psychiatrists, counseling/mental health."

Source: Yoakum Community Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Corporation; September 16, 2024 – September 27, 2024.

Availability of Primary Care Providers

- **Issues/Themes:**
  - Perceived insufficient number of physicians leading to reliance on advanced practitioners
  - Aging general physicians nearing retirement
  - Differences in availability of appointments for physicians versus NPs and PAs
  - Lack of pediatricians in the area
  - Need for additional doctors to handle patient demand at the local hospital
  - Difficulty attracting doctors to rural areas due to financial and geographic factors
  - Lack of after hours and weekend urgent care options

"Primary care here is good. I'm a little concerned that there's not enough MDs. We have an abundance of family nurse practitioners and PAs. I'm a little concerned that we don't have enough general physicians. The ones around here are getting ready to retire."

"At YCH, I have been impressed with the access to primary care. I don't know much about DeWitt County but I feel like primary care is better in Lavaca County. Most people can see a practitioner within a day of calling. Primary care is better than other places I've been. Some people even prefer a NPs and PAs. There doesn't seem to be any appointments available other than for NPs or PAs."

"There is a need for more doctors in the area. There is an issue right now with people having to wait to get in to see a doctor. You're sick one day, you can hardly ever get in that same day, which is crazy to me."

"There's no pediatricians here at all."

"We need more doctors at the hospital because they are busy all the time. The hospital services are good, our hospitals is good, and we need our hospital here in Yoakum."

"We have some wonderful doctors in Yoakum but they're getting up in age and will either be limiting their practice or retiring. The CEO is out trying to recruit doctors and she's working real hard at it. I understand you have to find a candidate that is interested in the rural areas. I'm sure doctors can make a lot more money in bigger communities."

"We're very short on doctors. I understand why it's hard to attract physicians to rural areas. That remains and probably always will be an area of need."

"After hours and weekend care is a barrier. There's no urgent care other than the emergency room, which since it is a hospital, the price points are higher than they would be at a clinic or a urgent care."

Source: Yoakum Community Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Corporation; September 16, 2024 – September 27, 2024.

Youth Population

- **Issues/Themes:**
  - Concerns around vaping and mental health issues
  - Electronics and social media's influence on the youth and the negative effects on student behavior and mental health
  - Conflicting statements regarding availability of recreational opportunities and the impact on violence, drugs, and alcohol use among adolescents
  - Acknowledgment of ADHD support within the schools, but a growing need for increased psychiatric help among the youth
  - Concerns about neglected children, especially in younger age groups
  - Literacy challenges with reading and writing
  - Younger population do not have a designated primary care physician

"Tobacco use or vaping has been big amongst the youth. I think it's an issue. I do think there's a lot of mental health problems. I do not know how much of it stems from electronics. They've grown up being on them. Their brain is always into some computer, which may be affecting their attention span."

"I think social media is influencing behaviors at school, getting in trouble, and student's mental health."

"Violence among adolescents is a concern. I know we've had a few incidents in DeWitt County, but not as much as bigger cities or counties. There's nothing here for kids to do so they turn to guns, alcohol, and drugs."

"There's several churches here, and all of them have youth groups and they're very involved. You constantly see all youth invited over to this church for pizza night or movie night or so they really try to keep the kids involved."

"The schools have some things in place to help with ADHD. I'm not familiar if all the schools have school counselors or if they help handle depression. Sometimes students need medications prescribed, which they're not going to do. More access to psychiatric help would be helpful."

"We have had to call CPS with neglected children. It is very concerning and we see it with the young children, kindergarten through 5th grade, pre-k also. We try to take care of them as much as possible."

"Kids cannot read and write and it's tough on the teachers."

"A lot of the younger population doesn't have a primary care physician."

Source: Yoakum Community Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Corporation; September 16, 2024 – September 27, 2024.

Elderly Population

- **Issues/Themes:**
  - Overall concern for the wellbeing of the elderly population, especially those who are alone
  - Desire for more community initiatives to support the elderly
  - Need for increased access to local specialty care focused on the elderly
  - Elderly individuals leaving the community for assisted living facilities due to the limited local options
  - Appreciation for doctors who travel from other communities to provide care, reducing the burden on older patients to travel

"There is a concern for the elderly here. It's a concern that they are home by themselves."

"I wish there were something in place to check on all of our elderly people. We do have a community center and they serve lunch every weekday for a minimal charge."

"The population here is older so there is a great need for the geriatric population to have specialty care geared towards them."

"Specialty care would be a big part of the geriatric need. Assisted living is another need. People are having to go out of the community. We do have the two nursing homes but assisted living would be a need."

"With elderly people, finding help and assistance for the elderly that don't have family to take care of them is a need. Specifically the elderly population that is not ready to be in a nursing home but maybe need some kind of assistance to help them."

"We have doctors that come in from other places to see patients. People like the opportunities that those doctors bring to the hospital in this area, so that really helped out the older community because they don't like to travel."

Source: Yoakum Community Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Corporation; September 16, 2024 – September 27, 2024.

Insurance and Affordability

- **Issues/Themes:**
  - Difficulty affording healthcare and insurance coverage amidst rising costs of living
  - High drug prices strain seniors and those on fixed incomes
  - No local resources or services for uninsured individuals
  - Affordability and limited acceptance of Medicaid hinders local access to dental and vision care
  - Medicaid and uninsured populations often use the ER for non-urgent issues due to cost or perceived convenience

"One of the big things right now is being able to find affordable care. With the cost of living, talking with people in the community, people are struggling right now financially. I'm sure a lot of that has to do with inflation but I'm seeing people who either don't have insurance or if they do have the insurance, they're not getting all the coverage that they need. Within this past year, insurance hasn't been covering vaccines."

"People on fixed incomes are having a hard time paying for prescription medication because of the price. Some seniors are paying almost $1,000 out-of-pocket."

"I think the elderly get isolated and the economy makes them choose between paying for their bills and getting their meds. I know there are churches that will help pay their meds. There is the indigent program at the hospitals and it's called the Blue Card. It helps any age but you have to qualify. It doesn't help the elderly with insurance."

"People don't have insurance. We have an indigent population but there's no services here for people that do not have insurance."

"Vision and dental has been tough lately. A lot of dentists aren't taking insurance anymore. A lot of our Medicaid patients actually travel out of town for dental care. We have great dentists here. It's the affordability; they're not accepting many insurances anymore."

"I think that people do know the difference for when to go to the ER versus the primary care doctor, but I don't think it's being used appropriately. We have such a large Medicaid population. They're going to use the ER for a runny nose because they don't have to pay for it. They're going to go wherever they feel they get the quickest service."

"There are people that don't have health insurance so naturally they're going to use the ER because they can be seen even if it's not a life or death situation."

"A lot of emergency room visits can be handled in the primary care setting. I don't know if it's because of lack of insurance, lack of knowledge, or patients go to the ER because they have Medicaid."

Source: Yoakum Community Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Corporation; September 16, 2024 – September 27, 2024.

Populations Most at Risk

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

- Elderly
  - Lack of assisted living options
  - Lack of local specialty services
  - Social isolation
  - Access to affordable prescriptions
- Low Income/Working Poor
  - Increase in food bank recipients
  - Foregoing care due to lack of insurance
  - Lack of access to healthy foods leading to chronic conditions
  - Lack of higher paying jobs, some living paycheck to paycheck
- Racial/Ethnic
  - Growing racial population creating greater demand for services, particularly the Venezuelan and Honduran population
  - Barriers to accessing healthcare services due to language barriers, lack of job/insurance, especially of the Hispanic/Spanish speaking population
  - Increase in Tuberculosis cases within the immigrant population
  - Need for affordable housing
- Youth
  - Lack of mental health resources
  - Concern for neglected, homeless children
  - Lack of recreational opportunities
  - Violence, drugs, and alcohol use among adolescents
  - Social media's influence on behavior and mental health
  - Literacy challenges with reading and writing
  - Lack of designated primary care physician
- New Parent Population
  - Need for new parent education
  - Need for education around appropriate emergency room use
- Veterans
  - Travel to San Antonio, Houston, Austin, and Victoria for services
  - Long wait times and slow healthcare service options
- Homeless Population
  - Lack of shelters and resources
  - Transient population
  - Mental health and addiction concerns

Source: Yoakum Community Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Corporation; September 16, 2024 – September 27, 2024.

LOCAL COMMUNITY HEALTH REPORTS

Driscoll Health System

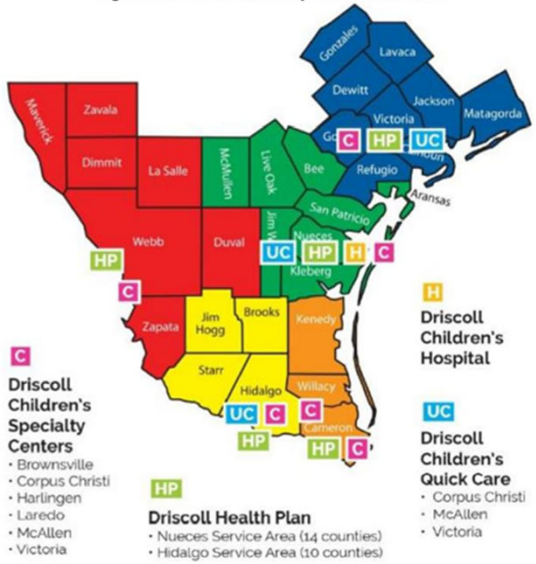
Community Health Needs Assessment - 2022

Executive Summary

Driscoll Health System commissioned a community health needs assessment. The resulting report is based on data from the time period of September 1, 2018 through August 31, 2021 from Driscoll Children's Hospital (including inpatient, outpatient, and emergency department data) and Driscoll Health System quick care clinics and specialty centers. Additionally, data from County Health Ranking and Roadmaps provided by the University of Wisconsin Public Health Institute in collaboration with the Robert Wood Johnson Foundation and a series of focus groups with community stakeholders organized by Driscoll Health Plan's Community Outreach Department were utilized.

This report details the access to and utilization of healthcare services in Driscoll Health System's 31 county service area. This executive summary highlights the needs of the community as supported by the data, privileging areas in which Driscoll Health System can affect change. The executive summary is organized into four themes: Preventable Hospital Use, Managing Chronic Illnesses, Addressing Mental Health Issues, and Recommendations.

Figure 13. Driscoll Health System Service Area



Driscoll Health System serves 31 South Texas counties spanning 33,000 square miles with a cumulative population of nearly 2.6 million. For context, this area is geographically larger than six states (New Hampshire, Massachusetts, New Jersey, Connecticut, Delaware, and Rhode Island)—and is twice as large as Switzerland. The vastness of this territory has critical implications.

Source: 2022 Driscoll Health System Community Health Needs Assessment, chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://driscollchildrens.org/wp-content/uploads/DHS-CHNA-2022-6.17-Final-Report.pdf; data accessed April 4, 2025.

Driscoll Health System

Community Health Needs Assessment – 2022 (cont.)

Methodology

Driscoll Health System provided emergency department, inpatient, outpatient, and clinic data that were collected from September 1, 2018 through August 31, 2021. These data were used to determine patterns of health care utilization and prevalence of disease. The data primarily focused on patient visits; as such, some cases may be repeat patients. Files with emergency department, inpatient, and outpatient data contained the following information: home zip code, patient's home county, discharge date, patient's age, patient's gender, patient's race/ethnicity, discharge disposition, DRG, DRG disposition, CPT code, CPT description, primary diagnosis code, primary diagnosis description, financial class, primary insurance, and the patient's guarantor's employment status. Additionally, separate files were sent containing secondary diagnoses for each of the data sets. Data were analyzed using the Statistical Package for the Social Sciences (SPSS) version 26.0.

Stakeholder Focus Groups

6 Six focus groups were conducted with community stakeholders to ensure this report accurately conveys not just health issues present in medical data but also those perceived and experienced by members of the community. Each group consisted of 10-13 participants who were recruited by Driscoll Health Plan's Community Outreach Department. Participants were selected based on their role within their communities; those selected included healthcare professionals, social workers, school staff, Driscoll Health Panelists, and others with strong community ties and awareness of the needs therein. Participants were categorized based on two factors: whether the county they lived in and/or served was urban or rural and whether their community was in a border or non-border county. For the purposes of these focus groups, urban communities are those whose 2020 Census populations were at least 50,000; border counties are those that share at least one geographical boundary with Mexico.

The same questions were asked in each focus group. These questions pertained to perceived existing health and wellness resources available to the community; barriers to accessing healthcare and maintaining health; and possible solutions for removing barriers and improving health outcomes in the community. Both researchers coded the data from focus groups independently, then worked collaboratively to synthesize, organize, and present the themes identified. Community stakeholders' comments often reflected concerns highlighted in the County Health Rankings section of this report. Their comments were organized into four themes: Individual-Level Concerns, Community-Level Concerns, Physical Environment Concerns, and Solutions to Improve Meeting Needs.

Source: 2022 Driscoll Health System Community Health Needs Assessment, chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://driscollchildrens.org/wp-content/uploads/DHS-CHNA-2022-6.17-Final-Report.pdf; data accessed April 4, 2025.

Driscoll Health System

Community Health Needs Assessment – 2022 (cont.)

How Can We Improve Our Community's Health?

- Meeting People Where They Are: Going into Communities
- Increase Access to Quick Care Services
- Take Steps to Address Preventable, Manageable Conditions
  - Phimosis
  - Asthma
  - Mental Health
  - Diabetes
- Fostering Collaboration and Networks to Assist Vulnerable Populations

Source: 2022 Driscoll Health System Community Health Needs Assessment, chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://driscollchildrens.org/wp-content/uploads/DHS-CHNA-2022-6.17-Final-Report.pdf; data accessed April 4, 2025.

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 2023 to 2025 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 Optum to help employees navigate various life challenges.	Karen Roznovsky	ONGOING	YCH continues to offer the EAP to employees.	ONGOING	YCH continues to offer the EAP to employees. Beacon was changed to Optum and updated under Action Steps.	ONGOING	YCH continues to offer the EAP to employees.
1.B. The New Horizons program is available at Yoakum Community Hospital for patients age 19 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 19+ in the community.*	Stephanie Lerch	ONGOING	YCH continues to offer the New Horizons program for patients age 50 and above.	ONGOING	YCH continues to offer the New Horizons program for patients. Updated the age from 50 and above to 19 and above.	ONGOING	YCH continues to offer New Horizons program to patients 19 and above.
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.	Stephanie Lerch / John Olivares	ONGOING	YCH continues to collect data from the New Horizons program to confirm its positive impact on the need of behavioral health within its adult community.	ONGOING	YCH continues to collect data from the New Horizons program to confirm its positive impact on the need of behavioral health within its adult community.	ONGOING	YCH continues to collect data from the New Horizons program to confirm its positive impact on the need of behavioral health within its adult community.
1.D. The hospital currently employs one Masters of Social Work candidate that is working to complete their credentials and hours in order to become Licensed Clinical Social Workers.	Stephanie Lerch	ONGOING	One student completed their credentials and hours to become a LCSW; hired a full LMSW who is working on her credential.	ONGOING	YCH currently employs 1 full-time LCSW, 2 PRN LCSW's and 1 LMSW who should finish her hours to attain her LCSW in October 2024.	ONGOING	YCH currently employs 1 full-time LCSW, 2 PRN LCSW's and 1 LMSW who should finish her hours to attain her LCSW in October 2024. *Changed from October 2024 to November 2024.*

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.E. YCH will provide vouchers to 9 local physicians that allow them to refer 2 – 3 uninsured or underinsured persons to YCH social workers. *(YCH continues to offer FAP for all qualifying candidates. Grant was received from the Dickson Allen Foundation for behavioral health services for Lavaca County Residents.)*	Stephanie Lerch / Debbie Long	ONGOING	YCH received a scholarship to help pay for these services; YCH continues to offer services regardless of ability to pay.	ONGOING	YCH continues to offer FAP for all qualifying candidates. Grant was received from the Dickson Allen Foundation for behavioral health services for Lavaca County Residents.	ONGOING	YCH continues to offer FAP for all qualifying candidates. Grant was received from the Dickson Allen Foundation for behavioral health services for Lavaca County Residents. *Updated MD Save to reduced prices to improve access to care.*
1.F. YCH provides Sexual Assault Nurse Examiner (SANE) services in conjunction with the local Norma's House organization.	Meghan Robles	ONGOING	The collaboration between YCH and Norma's House is still ongoing.	ONGOING	The collaboration between YCH and Norma's House is still ongoing.	ONGOING	The collaboration between YCH and Norma's House is still ongoing.
1.G. 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 prevention hotline for applicable patients.	ONGOING	988 information will be added to the hospital website and will continue to be promoted as needed.	ONGOING	988 information has been added to the hospital website and will continue to be promoted as needed.
1.H. YCH maintains a process to quicken the appropriate care for patients requiring mental and behavioral health care services with providers.	Stephanie Lerch	ONGOING	YCH continues to maintain a process to quicken the appropriate care for patients requiring mental and behavioral health care services with providers.	ONGOING	YCH continues to maintain a process to quicken the appropriate care for patients requiring mental and behavioral health care services with providers.	DISCONTINUED	This activity was discontinued in FY 2025.
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	ONGOING	YCH continues to participate in collaborative care between Family Practice physicians and Mental Health care providers through the use of collaborative care codes.	DISCONTINUED	This activity was discontinued in FY 2024. Psychiatrist is no longer employed.	DISCONTINUED	This activity was discontinued in FY 2024.

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.	Tiffany Miller	ONGOING	YCH continues to consult its Medical Staff Development plan to determine the physician needs of the community.	ONGOING	YCH continues to consult its Medical Staff Development plan to determine the physician needs of the community. Actively working to recruit via website posting, flyers to A&M Rural Health Program and upcoming DeTar Resident Dinner.	ONGOING	YCH continues to consult its Medical Staff Development plan to determine the physician needs of the community. Recruitment efforts continue with Job Fair with JBL.
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 and Facebook in line with Stark regulations.	Tiffany Miller, Kellee Horton	ONGOING	YCH continues to support medical staff development efforts through promotion of available physicians and maintaining an updated physician directory for distribution.	ONGOING	YCH continues to support medical staff development efforts through promotion of available physicians and maintaining an updated physician directory for distribution.	ONGOING	YCH continues to support medical staff development efforts through promotion of available physicians and maintaining an updated physician directory for distribution.
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 - Cardiology, General Surgery, and Podiatry, Nephrology, Orthopedics, ENT, Behavioral Health, Pain Management, Urology.	Kim Mraz	ONGOING	YCH continues to provide an outpatient clinic for rotating patients in order to increase access to specialty care for local residents.	ONGOING	YCH continues to provide an outpatient clinic for rotating patients in order to increase access to specialty care for local residents. *Removed OB/GYN from Action Step*	ONGOING	YCH continues to provide an outpatient clinic for rotating patients in order to increase access to specialty care for local residents.

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.D. YCH provides wound care, hyperbaric center and BioFire lab services on-site to increase access to local services.	Kim Mraz	ONGOING	YCH continues to provide wound care, hyperbaric center and BioFire lab services on-site to increase access to local services.	ONGOING	YCH continues to provide wound care, hyperbaric center and BioFire lab services on-site to increase access to local services.	ONGOING	YCH continues to provide wound care, hyperbaric center and BioFire lab services on-site to increase access to local services.
2.E. YCH will continue to provide the gold standard of both care and technology through its new 3D-Tomosynthesis Mammography unit.	Christina Steele	ONGOING	YCH continues to provide the gold standard of both care and technology through its new 3D-Tomosynthesis Mammography unit.	ONGOING	YCH continues to provide the gold standard of both care and technology through its new 3D-Tomosynthesis Mammography unit.	ONGOING	YCH continues to provide the gold standard of both care and technology through its new 3D-Tomosynthesis Mammography unit.
2.F. YCH will continue to provide the Teleneurology and Telestroke program, as well as reading services for EEGs, through its partnership with St. David's.	Millie Driskell, Meghan Robles	ONGOING	YCH continues to provide the Teleneurology and Telestroke program, as well as reading services for EEGs.	ONGOING	YCH continues to provide the Teleneurology and Telestroke program, as well as reading services for EEGs.	ONGOING	YCH continues to provide the Teleneurology and Telestroke program, as well as reading services for EEGs.
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 assist in setting up follow-up appointments with necessary providers for any patients discharge from inpatient care.	ONGOING	YCH continues to assist in setting up follow-up appointments with necessary providers for any patients discharge from inpatient care.	ONGOING	YCH continues to assist in setting up follow-up appointments with necessary providers for any patients discharge from inpatient care.
2.H. YCH case management services will assist in coordinating follow-up care for patients as needed.	Pat Benbow	ONGOING	YCH case management services will continue to assist in coordinating follow-up care for patients.	ONGOING	YCH case management services will continue to assist in coordinating follow-up care for patients.	ONGOING	YCH case management services will continue to assist in coordinating follow-up care for patients.

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.	Courtney Meyer, Meghan Robles	ONGOING	Inpatient patients continue to receive a copy of their written discharge summary and an electronic summary is sent to their primary care provider upon discharge. ER patients' primary care providers continue to be provided with a summary of their emergent visit.	ONGOING	Inpatient patients continue to receive a copy of their written discharge summary and an electronic summary is sent to their primary care provider upon discharge. ER patients' primary care providers continue to be provided with a summary of their emergent visit.	ONGOING	Inpatient patients continue to receive a copy of their written discharge summary and an electronic summary is sent to their primary care provider upon discharge. ER patients' primary care providers continue to be provided with a summary of their emergent visit.
2.J. YCH will continue to increase awareness of its service offerings, such as, Behavioral Health, Wound Care, Cardiopulmonary Rehab 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.	ONGOING	YCH continues to increase awareness of its service offerings. Discontinued water therapy. *Updated Geriatric Psych to Behavioral Health and added Cardiopulmonary Rehab to the Action Step*.	ONGOING	YCH continues to increase awareness of its service offerings
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 continues to be a designated Support Level III Stroke Facility.	ONGOING	YCH continues to be a designated Support Level III Stroke Facility. Designation is through 2026.	ONGOING	YCH continues to be a designated Support Level III Stroke Facility. Designation is through 2026. Added new articles to the website and added education in waiting rooms.

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.	Tiffany Miller	ONGOING	YCH continues to offer numerous classes, speakers and other informative activities.	ONGOING	YCH continues to offer numerous classes, speakers and other informative activities. FY24 examples include: Rotary Club, added Stop the Bleed	ONGOING	YCH continues to offer numerous classes, speakers and other informative activities. FY25 examples include: worked with A&M to start Diabetic Classes back up, Stop the Bleed for school personnel, Wrap Training for local EMS and police.
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. Stop the Bleed Training.	Susan Kutzer, Debbie Long, Lorren Cason	ONGOING	YCH continues to offer reduced price wellness screenings to local businesses.	ONGOING	YCH continues to offer reduced price wellness screenings to local businesses *upon request.*	ONGOING	YCH continues to offer reduced price wellness screenings to local businesses *upon request.*

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.	Kim Mraz	ONGOING	YCH continues to support and participate in local health-related events.	ONGOING	YCH continues to support and participate in local health-related events. FY24 examples include: participated at Hallettsville Heath Fair, hosted local Health Fair in the fall	ONGOING	YCH continues to support and participate in local health-related events. FY25 examples include: New Horizons participated in Hallettsville Health Fair, New Year New You January Health Fair
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 Cason, Christy Brosch	ONGOING	YCH offered physicals for the local schools.	ONGOING	YCH offered physicals for the local schools and will expand to other schools as opportunities arise.	ONGOING	YCH offered physicals for the local schools and will expand to other schools as opportunities arise.
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, *YCH Auxiliary, Widow Support Group, patients in the Texas A&M diabetic education program, and the Yoakum Garden Club.*	Kellee Horton	ONGOING	YCH continues to provide free meeting space for various support groups.	ONGOING	YCH continues to provide free meeting space for various support groups. *Added Grief Support group and YCH Auxiliary to Action Step.*	ONGOING	YCH continues to provide free meeting space for various support groups.
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	ONGOING	YCH continues to provide space for South Texas Blood Drives quarterly with donation goals being met. In FY23, YCH had 110% completion for blood drive.	ONGOING	YCH continues to provide space for South Texas Blood Drives quarterly with donation goals being met.	ONGOING	YCH continues to provide space for South Texas Blood Drives quarterly with donation goals being met. Blood drive held October 3, 2024.
3.G. The hospital will continue to provide a location for WIC.	Kim Mraz	ONGOING	YCH continues to provide a location for WIC.	ONGOING	YCH continues to provide a location for WIC.	ONGOING	YCH continues to provide a location for WIC.
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	ONGOING	YCH continues to serve as a site for proper medication disposal.	ONGOING	YCH continues to serve as a site for proper medication disposal.	ONGOING	YCH continues to serve as a site for proper medication disposal.

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.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	YCH pharmacists continue to call patients within the first 24-72 hours to ensure that their medication process is understood and to answer any questions.	ONGOING	YCH pharmacists continue to call patients within the first 24-72 hours to ensure that their medication process is understood and to answer any questions.	ONGOING	YCH pharmacists continue to call patients within the first 24-72 hours to ensure that their medication process is understood and to answer any questions.
3.J. The hospital will continue to engage in a variety of employee wellness initiatives, including: promoting employee and family wellness via *Marquee* ; 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	YCH continues to engage in a variety of employee wellness initiatives.	ONGOING	YCH continues to engage in a variety of employee wellness initiatives.	ONGOING	YCH continues to engage in a variety of employee wellness initiatives.
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	ONGOING	YCH continues to encourage and support employees in physical activity and wellness. In FY23, YCH participated in the Dash for Down 5k	ONGOING	YCH continues to encourage and support employees in physical activity and wellness. In FY24, YCH participated in the Dash for Down 5k and held a 9 week weight loss competition.	ONGOING	YCH continues to encourage and support employees in physical activity and wellness. In FY25, RISE hosted Summer Picnic Kickball and cornhole tournament.
3.L. YCH will continue to serve as a clinical site for LVN, PT, PTA and Respiratory students at Victoria College.	Kim Mraz	ONGOING	YCH continues to serve as a clinic site for LVN and respiratory students at Victoria College. In FY23, YCH established an agreement with Wharton County Junior College and for RN students.	ONGOING	YCH continues to serve as a clinic site for LVN and respiratory students at Victoria College, and RN students from Wharton County Junior College. In FY24, YCH added PTA students.	ONGOING	YCH continues to serve as a clinic site for LVN and respiratory students at Victoria College, and RN students from Wharton County Junior College. In FY25, YCH added an affiliation with Texas State and TAMU.

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.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	**ONGOING**	YCH personnel continues to serve in leadership roles and as volunteers in the community.	**ONGOING**	YCH personnel continues to serve in leadership roles and as volunteers in the community (Boy Scouts, Rotary, high school booster club, Museum Board).	**ONGOING**	YCH personnel continues to serve in leadership roles and as volunteers in the community (Boy Scouts, Rotary, high school booster club, Museum Board).

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.

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	ONGOING	YCH continues to provide public service materials pertaining to wellness benefits as well as free ACA counseling.	DISCONTINUED	This activity was discontinued in FY 2024.	DISCONTINUED	This activity was discontinued in FY 2024.
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 for self-pay and those with high deductibles in order to offer certain services at a discounted rate.	ONGOING	YCH continues to provide the MD Save program for self-pay and those with high deductibles in order to offer certain services at a discounted rate.	ONGOING	YCH continues to provide the MD Save program for self-pay and those with high deductibles in order to offer certain services at a discounted rate.
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.

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.	Debbie Long - Pat Benbow	ONGOING	YCH continues to provide medication support to indigent patients as appropriate.	ONGOING	YCH continues to provide medication support to indigent patients as appropriate.	ONGOING	YCH continues to provide medication support to indigent patients 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	YCH will continue to promote education among the youth population by providing tours of various departments. In FY23, YCH provided a tour for a group out of Hallettsville.	ONGOING	YCH will continue to promote education among the youth population by providing tours of various departments. In FY24, YCH had a table for Juniors and Seniors to see what types of jobs are available at a Job Fair hosted by the Yoakum Chamber and offered Club-Med.	ONGOING	YCH will continue to promote education among the youth population by providing tours of various departments. In FY25, YCH provided a tour for a group out of Hallettsville.
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 and Yoakum to discuss careers in healthcare at the hospital facility. Scholarships are provided to at least one Shiner and one Yoakum student.	Debbie Long, Crystal Harris, Karen Roznovsky	ONGOING	YCH leadership and staff volunteers continue to meet monthly with Junior and Senior high school students at Shiner and Yoakum to discuss careers in healthcare.	ONGOING	YCH leadership and staff volunteers continue to meet monthly with Junior and Senior high school students at Shiner and Yoakum to discuss careers in healthcare.	ONGOING	YCH leadership and staff volunteers continue to meet monthly with Junior and Senior high school students at Shiner and Yoakum to discuss careers in healthcare. In FY25, the first meeting was held in Sept 2024. Students from Yoakum and (New) Moulton High School were present at the meeting. St. Paul joined starting with the meeting in October.
4.G. YCH provides non-healthcare CPR classes to local groups upon request (i.e., Police Department).	Susan Kutzer	ONGOING	YCH continues to provide non-healthcare CPR classes to local groups upon request.	ONGOING	YCH continues to provide CPR classes to the community upon request. In FY24, YCH provided classes for students at SPH and employees of the City of Yoakum.	ONGOING	YCH continues to provide non-healthcare CPR classes to local groups upon request.

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.H. YCH has a contract with an interpreting service to provide translation services for non-English speaking and ASL patients and families as needed.	Susan Kutzer	ONGOING	YCH continues to contract with an interpreting service to provide translation services.	ONGOING	YCH continues to contract with an interpreting service to provide translation services.	ONGOING	YCH continues to contract with an interpreting service to provide translation services.
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/ Kim Mraz / Debbie Long	ONGOING	The YCH Case Management department continues to identify complex patients and provide additional hospital support as appropriate.	ONGOING	The YCH Case Management department continues to identify complex patients and provide additional hospital support as appropriate.	ONGOING	The YCH Case Management department continues to identify complex patients and provide additional hospital support as appropriate.
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 continues to evaluate the hospital's infrastructure.	ONGOING	YCH continues to evaluate the hospital's infrastructure, and conducts safety rounds monthly.	ONGOING	YCH continues to evaluate the hospital's infrastructure, and conducts safety rounds monthly.
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 through the phlebotomist that goes to the local nursing homes.	ONGOING	YCH continues to provide lab work for the elderly through the phlebotomist that goes to the local nursing homes.	ONGOING	YCH continues to provide lab work for the elderly through the phlebotomist that goes to the local nursing homes.
4.L. ~~During the month of October, YCH provides physicians with vouchers to distribute to unfunded patients needing mammography services.~~ *YCH continues to partner with MD Save for discounted screening vouchers that covers the hospital and radiologist fees.*	Christina Steele	ONGOING	YCH continues to provide physicians with vouchers to distribute to unfunded patients needing mammography services. In FY23, a local school raised $1,000 for breast cancer and donated the funds to YCH.	ONGOING	*FY24 Change* - YCH participates with MDSave to provide discounted screening mammograms during the month of October.	ONGOING	YCH participates with MDSave to provide discounted screening mammograms during the month of October. In FY25, YCH provided breast cancer education during one football game for Breast Cancer Awareness; added education to the hospital bulletin board.

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.M. YCH will continue to host drive events to benefit various groups within the community.	Kellee Horton	ONGOING	YCH continues to host drive events to benefit various groups within the community. In FY23, YCH participated in a food drive and an event for Norma's House.	ONGOING	YCH continues to host drive events to benefit various groups within the community. In FY24, YCH participated in an event for Norma's House.	ONGOING	YCH continues to host drive events to benefit various groups within the community. In FY25, YCH participated in Blue Santa, Adopt a Family, Adopt a Senior Citizen, Thanksgiving Food Drive, and a drive-thru flu-clinic for elderly residents.
4.N. YCH will continue to utilize Akin Ambulance Services, as well as local EMS provider.	Meghan Robles	ONGOING	YCH continues to contract with Akin Ambulance Services.	ONGOING	YCH continues to contract with Akin Ambulance Services.	ONGOING	YCH continues to 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, Behavioral Health) free of charge to the community. Events are held at local churches, event centers, etc.	Stephanie Lerch	ONGOING	Though the quarterly lunch and learns have been discontinued, community education continues to be offered and scheduled as requested. In FY23, YCH provided information on Medicare education.	ONGOING	Though the quarterly lunch and learns have been discontinued, community education continues to be offered and scheduled as requested. In FY24, YCH attended area health fairs.	ONGOING	Though the quarterly lunch and learns have been discontinued, community education continues to be offered and scheduled as requested. In FY25, YCH attended area health fairs.
4.P. YCH partners with the Golden Crescent Area on Aging to host Medicare open enrollment for seniors in the community.	Stephanie Lerch	ONGOING	YCH continues to partner with the Golden Crescent Area on Again for Medicare Open Enrollment Education.	ONGOING	YCH continues to partner with the Golden Crescent Area on Again for Medicare Open Enrollment Education.	ONGOING	YCH continues to partner with the Golden Crescent Area on Again for Medicare Open Enrollment Education.

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.	Kim Mraz	DISCONTINUED	YCH is no longer providing vaccine clinics.	DISCONTINUED	This activity was discontinued in FY 2023.	DISCONTINUED	This activity was discontinued in FY 2023.
A.B. YCH will continue to offer outpatient COVID-19 treatment.	Kim Mraz	ONGOING	YCH continues to offer outpatient COVID-19 treatment	ONGOING	YCH continues to offer outpatient COVID-19 treatment	ONGOING	YCH continues to offer outpatient COVID-19 treatment
A.C. YCH will continue to support and coordinate education, tests and vaccinations surrounding COVID-19 for staff and for the community as opportunities arise.	Kim Mraz	ONGOING	Support and education surrounding COVID-19 for staff and community as needed.	DISCONTINUED	This activity was discontinued in FY 2024.	DISCONTINUED	This activity was discontinued in FY 2024.

PREVIOUS CHNA PRIORITIZED HEALTH NEEDS

Previous Prioritized Needs

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

2022 Prioritized Needs

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

Source: Yoakum Community Hospital, Community Health Needs Assessment and Implementation Plan, https://www.yoakumhospital.org/about-yoakum-hospital/chna/; data accessed November 26, 2024.

2025 CHNA PRELIMINARY HEALTH NEEDS

2025 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 Primary and 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

PRIORITIZATION

The Prioritization Process

- In December 2024, leadership from YCH met with CHC to review findings and prioritize the community's health needs. Members of the hospital CHNA team included:
  - Tiffany Miller, Chief Executive Officer
  - Kim Mraz, Chief Nursing Officer
  - John Olivares, Chief Financial Officer
  - Kellee J. Horton, Executive Assistant/Medical Staff Coordinator
- 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 Primary and Specialty Care Services and Providers
2. Access to Mental and Behavioral Health 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 Primary and Specialty Care Services and Providers
2. Access to Mental and Behavioral Health 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 Lavaca and DeWitt 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, the Yoakum Food Pantry is open every Tuesday from 1:30 pm to 4:00 pm. Looking for an opportunity 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	100 N Promenade St., Hallettsville, TX 77964	361-798-2808	-	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.
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 Counseling Program	Lavaca County	1200 Carl Ramert Dr, Yoakum, TX 77995	(361) 293-2321	https://www.yoakumhospital.org/services/new-horizons/	Individuals experiencing troublesome mental health symptoms now have convenient access to mental treatment. The New Horizons Program is available at Yoakum Community Hospital. 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 communities 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.
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 Community Hospital Services Available in DeWitt and Lavaca Counties					
Organization Name	**Area Primarily Served**	**Address**	**Phone**	**Website**	**Services Provided**
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. Therefore, quantitative data for maternal and child health indicators were not included in this report due to a significant gap in recent data availability.
  - Due to smaller population numbers and the general rural nature of Lavaca and DeWitt 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.
  - Links included for sources were accurate when this report was published.

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.chc.com

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 **Syntellis.**
  - 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/table/ACSDP1Y2019.DP02?q=DP02&g=050XX00US48453&hidePreview=true&moe=false.
  - 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/.
  - **Economic Policy Institute, Family Budget Map** provides a break down of estimates monthly costs in specific categories for Lavaca and DeWitt Counties, TX; https://www.epi.org/resources/budget/budget-map/.
  - **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/.
  - 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-tools/demo/saipe/#/?map_geoSelector=aa_c and https://www.census.gov/data/datasets/time-series/demo/saipe/model-tables.html.

- **Health Data**
  - The **County Health Rankings & Roadmaps (CHR&R)**, a program of the University of Wisconsin Population Health Institute, draws attention to why there are differences in health within and across communities. The program highlights policies and practices that can help everyone be as healthy as possible. CHR&R aims to grow a shared understanding of health, equity and the power of communities to improve health for all. This work is rooted in a long-term vision where all people and places have what they need to thrive; 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 state level data from **Center for Disease Control and Prevention**, **Chronic Disease Indicators**, filtered for Texas; https://www.cdc.gov/cdi/.
  - This study utilizes a county level data from **Center for Disease Control and Prevention, PLACES: Local Data for Better Health**, County Data 2022 Release, filtered for Lavaca and DeWitt Counties, TX; https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data.
  - This study utilizes a county level data from **Center for Disease Control and Prevention, PLACES: Local Data for Better Health**, County Data 2023 Release, filtered for Lavaca and DeWitt Counties, TX; https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data.
  - This study utilizes a county level data from **Center for Disease Control and Prevention, PLACES: Local Data for Better Health**, County Data 2024 Release, filtered for Lavaca and DeWitt Counties, TX; https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data.
  - 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 **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 September 16, 2024 – September 27, 2024.
  - Interviews were conducted and summarized by Raegen Price, Planning Analyst

DATA REFERENCES

Distressed Communities Index

- The Distressed Communities Index (DCI) brings attention to the deep disparities in economic well-being that separate U.S. communities. The latest Census data is used to sort zip codes, counties, and congressional districts into five quintiles of well-being: **prosperous**, **comfortable**, **mid-tier**, **at risk**, and **distressed**. The index allows us to explore disparities within and across cities and states, as well.
- The seven components of the index are:
  1. **No high school diploma:** Share of the 25 and older population without a high school diploma or equivalent.
  2. **Housing vacancy rate:** Share of habitable housing that is unoccupied, excluding properties that are for seasonal, recreational, or occasional use.
  3. **Adults not working:** Share of the prime-age (25-54) population that is not currently employed.
  4. **Poverty rate:** Share of the population below the poverty line.
  5. **Median income ratio:** Median household income as a share of metro area median household income (or state, for non-metro areas and all congressional districts).
  6. **Changes in employment:** Percent change in the number of jobs over the past five years.
  7. **Changes in establishments:** Percent change in the number of business establishments over the past five years.

Source: Economic Innovation Group, Methodology; https://eig.org/distressed-communities/2022-dci-methodology/; data accessed March 4, 2025.

2024 Poverty Guidelines

2024 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	**Poverty guideline**
1	$15,060
2	$20,440
3	$25,820
4	$31,200
5	$36,580
6	$41,960
7	$47,340
8	$52,720
For families/households with more than 8 persons, add $5,380 for each additional person.	

Source: Poverty Guidelines, Office Of The Assistant Secretary For Planning and Evaluation, https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines; data accessed May 13, 2024.

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 April 3, 2025.

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.
- *Please note that there are currently no Medically Underserved Areas or Medically Underserved Populations in DeWitt County, Texas.*

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, http://www.hrsa.gov/; data accessed April 3, 2025.

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 April 3, 2025.

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 April 3, 2025.

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA 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	NA	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

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	6486977810	Lavaca County	Geographic HPSA	Texas	Lavaca County, TX	1.23	8	NA	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

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1487092246	LI - Lavaca County	Low Income Population HPSA	Texas	Lavaca County, TX	1.19	13	15	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

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1488098447	LI - Dewitt County	Low Income Population HPSA	Texas	DeWitt County, TX	0.55	11	18	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

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	7482189195	LI - DeWitt County	Low Income Population HPSA	Texas	DeWitt County, TX	0.46	16	NA	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

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	6484166357	LI - DeWitt County	Low Income Population HPSA	Texas	DeWitt County, TX	1.74	17	NA	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

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1487050299	PARKSIDE FAMILY CLINIC	Rural Health Clinic	Texas	DeWitt County, TX		10	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	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	7485220353	PARKSIDE FAMILY CLINIC	Rural Health Clinic	Texas	DeWitt County, TX		17	NA	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	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	6485892950	PARKSIDE FAMILY CLINIC	Rural Health Clinic	Texas	DeWitt County, TX		15	NA	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	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
	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					
Primary Care	1489274594	CUERO MEDICAL CLINIC	Rural Health Clinic	Texas	DeWitt County, TX		6	14	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					
Mental Health	7489219245	CUERO MEDICAL CLINIC	Rural Health Clinic	Texas	DeWitt County, TX		17	NA	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					
Dental Health	6483643923	CUERO MEDICAL CLINIC	Rural Health Clinic	Texas	DeWitt County, TX		15	NA	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					
Primary Care	1488028405	YORKTOWN MEDICAL CLINIC	Rural Health Clinic	Texas	DeWitt County, TX		14	16	Designated	Rural	08/04/2022	08/04/2022
	Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status					
	YORKTOWN MEDICAL CLINIC	508 N Riedel St	Yorktown	TX	78164-1810	DeWitt	Rural					
Mental Health	7482373684	YORKTOWN MEDICAL CLINIC	Rural Health Clinic	Texas	DeWitt County, TX		13	NA	Designated	Rural	08/04/2022	08/04/2022
	Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status					
	YORKTOWN MEDICAL CLINIC	508 N Riedel St	Yorktown	TX	78164-1810	DeWitt	Rural					

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	6481797247	YORKTOWN MEDICAL CLINIC	Rural Health Clinic	Texas	DeWitt County, TX		15	NA	Designated	Rural	08/04/2022	08/04/2022

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
YORKTOWN MEDICAL CLINIC	508 N Riedel St	Yorktown	TX	78164-1810	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	9/17/2024	Multi-county area; including Lavaca and DeWitt Counties	Raegen Price		X		General Public
Lisa Campos, LVN	Nurse Manager	Cuero DeWitt County Health Department	9/17/2024	DeWitt County	Raegen Price	X			General Public
Grace Foreman	Lead Pharmacist	Yoakum Discount Pharmacy	9/24/2024	Lavaca County	Raegen Price		X		General Public
Jenny Foster, FNP	Family Nurse Practitioner	Yoakum Family Practice	9/27/2024	Multi-county area; including Lavaca and DeWitt Counties	Raegen Price		X		General Public
Gregory Gremmel, M.D.	Emergency Medicine-Physician Director	Yoakum Community Hospital	9/20/2024	Multi-county area; including Lavaca and DeWitt Counties	Raegen Price		X		General Public
Tom Kelley	Superintendent Board Member	Yoakum ISD Yoakum Community Hospital	9/23/2024	Multi-county area; including Lavaca and DeWitt Counties	Raegen Price		X		Youth
Ronnie Leck	Chairman of Board	Yoakum Community Hospital	9/18/2024	Multi-county area; including Lavaca and DeWitt Counties	Raegen Price		X		General Public
Stephanie Lerch	Director of New Horizons	Yoakum Community Hospital	9/19/2024	Multi-county area; including Lavaca and DeWitt Counties	Raegen Price		X		Mental Health
Debbie Long	Director of Patient Access/Outpatient Clinic	Yoakum Community Hospital	9/25/2024	Multi-county area; including Lavaca and DeWitt Counties	Raegen Price		X		General Public
Michael Mitchell	City Manager	City of Yoakum	9/25/2024	Lavaca County	Raegen Price			X	General Public
Carl Oneill	Mayor	City of Yoakum	9/18/2024	Lavaca County	Raegen Price			X	General Public
Annie Rodriguez	Retired City Council Member	City of Yoakum	9/20/2024	Lavaca County	Raegen Price			X	General Public
Lauren Werner	Public Health Nurse	Lavaca County Health Department- Texas Dept. of State Health Services	9/24/2024	Lavaca County	Raegen Price	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	
Brother Elvis Whaley	Clergy	Austin Street Baptist Church	9/16/2024	Lavaca County	Raegen Price			X	General Public

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, September 16, 2024 – September 27, 2024.

Section 2:

Implementation Plan

Yoakum Community Hospital
FY 2026 - FY 2028 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 Lavaca and DeWitt Counties, Texas.

The CHNA Team, consisting of leadership from YCH, reviewed the research findings in December 2024 to 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 list of prioritized needs, in descending order, is listed below:
1.) Access to Primary and Specialty Care Services and Providers
2.) Access to Mental and Behavioral Health 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

The CHNA Team participated in a prioritization process using a structured matrix to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions, and their capacity to address the need. Once this prioritization process was complete, YCH leadership discussed the results and decided to address all of the prioritized needs in various capacities through a hospital specific implementation plan.

Hospital leadership has developed an implementation plan to identify specific activities and services which directly address the identified 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, and annual updates and progress (as appropriate).

The YCH Board reviewed and adopted the 2025 Community Health Needs Assessment and Implementation Plan on May 28, 2025.

Priority #1: Access to Primary and Specialty Care Services and Providers

Rationale:

Lavaca and DeWitt Counties experience disparities in access to healthcare services compared to the state of Texas. Lavaca County has a higher population to primary care physician ratio than both the state and national averages, indicating reduced access to primary care. DeWitt County exhibits a higher percentage of households without motor vehicles compared to the state, suggesting potential transportation barriers. Additionally, Lavaca and DeWitt Counties are designated as Health Professional Shortage Areas, with Lavaca County also being a designated Medically Underserved Area, as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

Interviewees highlighted significant challenges regarding the availability of specialty providers. A primary concern is the difficulty accessing specialty care for the general population. This is compounded by the lack of local specialty care due to aging providers and challenges in recruiting to rural communities, with many young professionals opting for larger cities. The outmigration of care to larger cities like Victoria, Gonzalez, and Houston further exacerbates the problem. Providers are overbooked and limiting time for patient education on major health issues. Furthermore, limited access and delayed specialty care were attributed to transportation barriers, with interviewees noting "Transportation and specialty care is a need. We have to travel at least an hour if not two hours for a specialist" and expressing concerns about older residents feeling uncomfortable traveling long distances for care. Additionally, there's an insufficient availability of cardiologists, causing delays in care. Specific specialties mentioned as needed, due to long wait times or lack of coverage, include vision, psychiatry, endocrinology, gerontology, cardiology, dentistry, gastroenterology, OB/GYN, neurology, and orthopedic.

Interviewees discussed concerns regarding the availability of primary care providers. A key issue is the perceived insufficient number of physicians, leading to a reliance on advanced practitioners. This is further complicated by aging general physicians nearing retirement, creating potential gaps in care. Differences in the availability of appointments for physicians versus advanced practitioners were noted, with some interviewees finding it easier to schedule with the latter. There's a lack of pediatricians in the area, impacting care for children. The need for additional doctors to handle patient demand at the local hospital was emphasized, as was the difficulty attracting doctors to rural areas due to financial and geographic factors. Finally, a lack of after-hours and weekend urgent care options was identified as a barrier to timely care.

Objective:

Provide access to primary and specialty care services in the community

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2026		FY 2027		FY 2028	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
1.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.	CEO							
1.B. YCH will continue to increase awareness of its service offerings in the community and 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 and Facebook in line with Stark regulations.	CEO	Current Examples: billboard, direct mail advertisements, updating the hospital's website and Facebook page						
1.C. YCH provides an outpatient clinic for rotating specialists in order to increase access to specialty care for local residents.	CNO	Current Examples: Cardiology, General Surgery, and Podiatry, Nephrology, Orthopedics, ENT, Behavioral Health, Pain Management, Urology						
1.D. YCH provides wound care, hyperbaric center and BioFire lab services on-site to increase access to local services.	CNO							
1.E. YCH will continue to provide the gold standard of both care and technology through its new 3D-Tomosynthesis Mammography unit.	Director of Radiology							
1.F. YCH will continue to provide the Teleneurology and Telestroke program, as well as reading services for EEGs, through its partnership with St. David's.	Director of Quality Management & Education, Director of Emergency Department							
1.G. YCH helps patients through the continuum of care by assisting in setting up follow-up appointments with necessary providers for any patients discharged from inpatient care, case management services will assist in coordinating follow-up care for patients as needed, and patients receive a copy of their written discharge summary and an electronic summary is sent to their primary care provider. Upon discharge from the emergency room, patients' primary care providers are provided with a summary of their emergent visit.	Director of Case Management, Med Surg and ICU Nursing Director, Director of Emergency Department							
1.H. 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.	Director of Quality Management & Education							
1.I. YCH will continue to serve as a clinical site for a variety of health care students from local academic institutions.	CNO	Current Examples: LVN, PT, PTA, DO/MD; Victoria College, Texas A&M, SHSU						
1.J. YCH is focusing on implementing different primary care initiatives to streamline access to care, such as leveraging Athena to improve the registration process and same day access, aiming to have access to appointments within 14 days.	Director of Clinic Operations							

Priority #2: Access to Mental and Behavioral Health Care Services and Providers

Rationale:

Lavaca and DeWitt Counties demonstrate significant disparities in mental and behavioral health compared to the state of Texas. Both counties exhibit a higher percentage of adults experiencing depression and a higher percentage reporting 14 or more days of poor mental health. Furthermore, access to mental health providers is severely limited in both counties, as evidenced by significantly higher population to mental health provider ratios compared to both the state and national averages.

Interviewees discussed the limited availability of local psychiatrists and psychologists, with one interviewee expressing, "My concern is the lack of mental health professionals. Even from Victoria, the closest psychiatrist or psychologist is in the big metropolitan areas." While there's a recognition of rising mental health awareness within the youth population leading to earlier intervention, access challenges persist. The effects of cost of living is leading to stress and anxiety for adults. The limited access to inpatient mental health facilities and increasing suicide rates is a critical concern, as is the increasing drug presence threatening community safety and well-being, compounded by limited rehab options. Drug-related activities are often associated with homelessness and unsafe living conditions are also a concern. Finally, interviewees believe there's a need for more resources for alcohol abuse.

Objective:

Provide a point of access for mental health services in the community

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2026		FY 2027		FY 2028	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
2.A. The hospital will continue to offer the Employee Assistance Program (EAP) through Optum to help employees navigate various life challenges.	Human Resources Director							
2.B. The New Horizons program is available at Yoakum Community Hospital for patients age 13 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.	Director of New Horizons							
2.C. YCH will continue to collect data from the New Horizons program to confirm its positive impact on the need of mental and behavioral health within the patient population in the community and conduct presentations at local schools to promote awareness on mental and behavioral healthcare.	Director of New Horizons, CFO							
2.D. YCH continues to conduct presentations at local schools to promote awareness on mental and behavioral healthcare.	Director of New Horizons							
2.E. YCH continues to staff social work candidates working to complete their credentials and hours in order to attain their appropriate licensure.	Director of New Horizons							
2.F. YCH received a grant from the Dickson Allen Foundation for behavioral health services for Lavaca County Residents as well as participates in the MD Save Program to improve access to mental and behavioral health care services.	Director of New Horizons, Director of Patient Access							
2.G. YCH provides Sexual Assault Nurse Examiner (SANE) services in conjunction with the local Norma's House organization.	Director of Emergency Department							
2.H. YCH will continue to promote the local suicide prevention hotline for applicable patients as needed.	Director of New Horizons							

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

Rationale:

Lavaca and DeWitt Counties exhibit significant health disparities compared to the state of Texas across numerous health indicators. Lavaca and Dewitt County had a higher rate than the state in the following causes of death: diseases of heart, malignant neoplasms, COVID-19. Cerebrovascular diseases, Alzheimer's disease, accidents, chronic lower respiratory diseases, diabetes mellitus, nephritis, nephrotic syndrome and nephrosis, and influenza and pneumonia. Lavaca County had a higher rate of cancer incidence than the state in lung and bronchus cancer and breast cancer as well as a higher mortality rate for lung and bronchus cancer, breast cancer, and colon and rectum cancer. DeWitt County has a higher rate of cancer incidence than the state in breast cancer and colon and rectum cancer as well as a higher mortality rate for colon and rectum cancer.

Both counties show a higher prevalence of several chronic conditions and risk factors. Diabetes is more prevalent among adults and Medicare beneficiaries in DeWitt County as compared to the state. Obesity rates are elevated in both adult and Medicare beneficiary populations Lavaca County, while DeWitt County had higher rates of obesity in just the adult population. Hypertension is also significantly higher among Medicare beneficiaries in both counties. Additionally, adults with asthma, arthritis, and that have disabilities (as well as Medicare beneficiaries) are more prevalent in both Lavaca and DeWitt Counties as compared to the state.

Furthermore, unhealthy behaviors contribute to these disparities. Physical inactivity, binge drinking, and smoking are more common among adults in both counties than the state. Screening rates for preventive care are also lower, with fewer women receiving mammograms in DeWitt County, fewer men receiving prostate screenings in Lavaca County, and lower rates of flu and pneumonia vaccinations among Medicare beneficiaries in both counties.

The interviewees expressed a desire for education and awareness about heart disease and cancer, recognizing them as leading causes of death and highlighting the need for preventative measures. However, they also pointed out economic barriers hindering the ability to maintain a healthy lifestyle, with concerns about the lack of affordable gyms, walking trails, and fitness opportunities. The decline in home-cooked meals and increased reliance on fast food was a significant concern, emphasizing the need for community education on nutrition, exercise, and healthy habits. There was a desire for education on the impact of processed foods and the need for better dietary practices, alongside a preference for treating underlying health issues naturally rather than relying on excessive medications. Finally, increased

Objective:

Implement programs and provide educational opportunities that seek to address unhealthy lifestyles and behaviors in the community

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2026		FY 2027		FY 2028	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
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.	CEO	Current Examples: Rotary, Stop the Bleed, Wrap Training - local EMS and Police, National Night Out						
3.B. YCH will continue to support and participate in local health-related events to share information on health education and provide various wellness screenings.	CNO	Current Examples: local Health Fair (fall), Lavaca Medical Center Health Fair						
3.C. 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.	Administrative Assistant	Current Examples: Alzheimer's Support Group, YCH Auxiliary, Widow Support Group, Yoakum Garden Club, Grief Support group, YCH Auxiliary to Action Step, retired teachers						
3.D. 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.	Director of Patient Access							
3.E. 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.	Pharmacy Director							
3.F. 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.	Pharmacy Director							
3.G. YCH personnel serve in leadership roles and as volunteers with many agencies and committees in the community.	All Staff	Current Examples: Rotary Club and the local Boy Scouts of America chapter, Little League Baseball board member, Yoakum Building and Standards Commission, Treasurer of the MC Jamison Youth Center						

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

Rationale:

Both counties have an older median age, higher percentage of families living below poverty and lower median household incomes than the state of Texas. Additionally, a smaller percentage of residents in both counties hold bachelor's or advanced degrees. DeWitt County, in particular, has a higher economic distress score than most counties in the state. For the typical two-parent, two-child family, transportation costs represent a substantial financial burden in both counties. DeWitt County has a higher percentage of children living in poverty. Food insecurity and a higher percentage of SNAP benefit recipients are also more prevalent in DeWitt County than the state. Furthermore, a greater percentage of public school students in DeWitt County qualify for free or reduced-price lunch compared to both the state and national averages.

The primary concerns raised by interviewees centered around infrastructure and transportation, highlighting significant challenges related to housing affordability, access to healthcare, and basic necessities. The economic challenges of inflation and poverty were also evident, with worries about affording basic needs like utilities and groceries. Finally, limited local shopping options and food insecurity were raised.

Interviewees discussed several concerning issues regarding the youth population, highlighting challenges in their health, well-being, and development. A major concern is vaping and mental health issues. The influence of electronics and social media on youth behavior and mental health was also emphasized, with concerns about its potential negative impact. There were conflicting statements regarding the availability of recreational opportunities, with worries about violence, drugs, and alcohol use among adolescents. The acknowledgment of ADHD support within the schools was noted, but there's a growing need for increased psychiatric help for the youth. Concerns about neglected children, especially in younger age groups, were raised. Literacy challenges with reading and writing were also identified as a concern. Interviewees mentioned that much of the younger population does not have a designated primary care physician, raising concerns about access to basic healthcare. These issues highlight the need for targeted interventions and support systems to address the unique challenges faced by the youth population in this community.

Interviewees revealed several concerns regarding the elderly population, highlighting challenges related to their well-being and access to care. An overall concern for the well-being of the elderly population, especially those who are alone and the need for community support. There's a desire for more community initiatives to support the elderly, such as community centers with meals and activities. A significant issue is the need for increased access to local specialty care focused on the elderly, as many have to travel outside the community for specialized treatment. Many elderly individuals are leaving the community for assisted living facilities due to the limited local options, indicating a gap in available services. However, there's appreciation for doctors who travel from other communities to provide care, reducing the burden on older patients to travel.

Interviewees revealed critical concerns regarding insurance and affordability, highlighting the financial barriers to accessing healthcare services. A primary issue is the difficulty affording healthcare and insurance coverage amidst rising costs of living. High drug prices strain seniors and those on fixed incomes, forcing difficult choices between medication and other necessities. There are no local resources or services for uninsured individuals, leaving a vulnerable population without access to care. Affordability and limited acceptance of Medicaid hinders local access to dental and vision care, impacting essential aspects of well-being. Finally, Medicaid and uninsured populations often use the ER for non-urgent issues due to cost or perceived convenience, leading to overcrowding and inappropriate use of emergency services.

Interviewees expressed significant concern regarding health disparities disproportionately affecting several vulnerable populations. The elderly face risks due to a lack of assisted living options, limited access to local specialty services, social isolation, and challenges affording prescriptions. Low-income and working poor individuals have experienced increased food bank usage, have forgone care due to lack of insurance, struggle to access healthy foods, and face low-paying jobs. The racial and ethnic populations, particularly Venezuelan, Honduran, and Spanish-speaking individuals, encounter barriers to accessing healthcare due to language barriers, lack of job/insurance, an increase in tuberculosis cases among the immigrant population, and a need for affordable housing. The youth population is at risk due to a lack of mental health resources, neglected and homeless children, limited recreational opportunities, violence, drug, and alcohol use among adolescents, social media's negative impact on behavior and mental health, literacy challenges, and the lack of designated primary care physicians. New parent populations require education on parenting and appropriate emergency room use. Veterans face challenges traveling for services and endure long wait times. Finally, the homeless population struggles with a lack of shelters and resources, transient living, and mental health and addiction concerns.

Objective:

Implement and offer programs that aim to reduce health disparities by targeting specific populations

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2026		FY 2027		FY 2028	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
4.A. 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.	Director of Patient Access	Current Examples: partners with MD Save for reduced price screening vouchers that covers the hospital and mammography fees						
4.B. YCH will participate in the 340b Pharmacy Program which provides discounted pharmacy pricing to indigent patients.	Pharmacy Director							
4.C. 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.	Director of Patient Access, Director of Case Management							
4.D. 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 to discuss careers in healthcare at the hospital facility. Club Med program students will be eligible to receive scholarships based on raised funds.	Director of Patient Access, IT Director, Privacy Officer, Human Resource Director	Current Examples: Yoakum, (New) Moulton High School, St. Paul						
4.E. YCH provides non-healthcare CPR classes to local groups upon request.	Director of Quality Management & Education	Current Examples: police department, SPH, employees of the City of Yoakum, Yoakum ISD						
4.F. YCH has a contract with an interpreting service to provide translation services for non-English speaking and ASL patients and families as needed.	Director of Quality Management & Education							
4.G. YCH's Case Management department continues to identify complex patients with multiple chronic illnesses and provide additional hospital support as appropriate.	Director of Case Management, CNO, Director of Patient Access							
4.H. YCH will continue to provide lab work for the elderly through the phlebotomist that goes to the local nursing homes.	Director of Lab							
4.I. YCH will continue to host drive events to benefit various groups within the community.	Marketing Coordinator	Current Examples: Norma's House, Blue Santa, Adopt a Family, Adopt Senior Citizen, Thanksgiving Food Drive, Drive - thru flu-clinic for elderly						

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2026		FY 2027		FY 2028	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
4.J. YCH, local nursing homes, home health agencies, and pharmacies will continue to co-sponsor community education at local churches, event centers, etc. which provides information, free of charge to the community, on rotating health-related topics, specifically surrounding the elderly (i.e., Medicare, Behavioral Health) upon request.	Director of New Horizons							
4.K. YCH partners with the Golden Crescent Area on Aging to host Medicare open enrollment for seniors in the community.	Director of New Horizons							
4.L. The hospital will continue to provide a location for WIC.	CNO							
4.M. Yoakum Family Practice helps with the annual athletic preparticipation sports physicals for the local junior high and high schools at no cost.	Clinical Supervisor							

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?

To share your comments on the CHNA and Implementation Plan or request a paper copy of the report, please email us at chna_ych@yoakumhospital.org. You may also write to:

Yoakum Community Hospital
Attn: Administration
1200 Carl Ramert Drive
Yoakum, TX 77995

Please find the most up to date contact information on the Yoakum Community Hospital website under “About - CHNA”:

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.chc.com

Lisette Hudson - lhudson@chc.com
Valerie Hayes - vhayes@chc.com
Alex Campbell - acampbell@chc.com
Raegen Price - rprice@chc.com