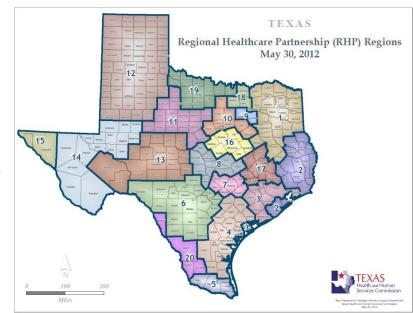
RHP 4 Community Needs Assessment

Region Overview

Regional Healthcare Partnership (RHP) 4 is comprised of 18 counties in South Texas including Aransas, Bee, Brooks, DeWitt, Duval, Goliad, Gonzales, Jackson, Jim Wells, Karnes, Kenedy, Kleberg, Lavaca, Live Oak, Nueces, Refugio, San Patricio, and Victoria. Most Region 4 counties are located within the Coastal Bend Council of Government (Coastal Bend-COG) geographic area. The Coastal Bend COG includes all the counties of Region 4 except Gonzales, Jackson, Lavaca, and Victoria. The region is a mix of suburban, urban, and rural areas and while it is geographically large (almost twice the size of Region 3 - Harris County) it has a relatively small population of 747,000 (about one-sixth the population size of Region 3). Corpus Christi is the largest city in the region with a population of approximately 308,000¹.

Region Demographics & Insurance Coverage

The population of Region 4 reflects a diverse race and ethnic distribution. As Table 1 illustrates, the 2010 US Census data show that 56 percent of the population is Hispanic/Latino, followed by 37 percent identified as Anglo/White, and 5 percent who are Black/African American. The remaining 2 percent include individuals who identified themselves as Asian, American Indian,



Alaskan, and other race/ethnic populations.

County population ranges from as low as 385 individuals (Kenedy County) to as high as 322,876 individuals (Nueces County). Approximately two-thirds of Region 4's population resides in three counties (Nueces, Victoria, and San Patricio.)

Hispanic Population White % % Black % Other % County Aransas 25,507 18,670 73 5,463 21 376 2 998 4 Bee 33,196 10,760 32 19,171 58 3,006 9 259 1 **Brooks** 7,721 581 7 7,118 92 0.05 18 0.23 4 56 32 2,316 **DeWitt** 20,173 11,351 6,378 11 128 1 12,309 10,901 50 0.4 50 0.4 Duval 1,308 10 89

Table 1. Region 4: Estimated 2010 Population by Race/Ethnicity and County

¹ U.S. Census Bureau, State and County Quick Facts, 2011.

County	Population	White	%	Hispanic	%	Black	%	Other	%
Goliad	7,351	4,273	58	2,744	37	311	4	23	0.3
Gonzales	19,522	8,956	46	8,783	45	1,665	8	118	0.6
Jackson	14,862	9,332	63	4,273	29	1,128	7	129	1
Jim Wells	41,562	8,683	21	32,365	78	206	0.5	308	0.7
Karnes	15,340	6,050	39	7,804	51	1,395	9	101	0.6
Kenedy	385	79	20	303	79	0	0	3	1
Kleberg	30,657	7,956	26	20,801	68	1,195	4	705	2
Lavaca	19,457	14,966	77	2,881	15	1,518	8	92	0.5
Live Oak	12,191	6,890	56	4,983	41	260	2	58	0.5
Nueces	322,876	98,788	31	203,372	63	12,914	4	7,802	2
Refugio	7,411	3,212	43	3,606	49	523	7	70	1
San	69,169	29,626	43	36,249	52	2,201	3	1,093	2
Patricio									
Victoria	87,757	39,964	46	41,088	47	5,480	6	1,225	1
TOTALS	747,466	281,445	37	418,283	56	34,548	5	13,180	2

Source: Texas State Data Center, Texas Population 2010

Income

As shown in Table 2 below, the average Median Household Income ranges from a low of \$26,027 in Brooks County to a high of \$46,566 in Victoria County. Median income in all of the 18 counties falls below the statewide average of \$49,585. Census data also shows that 20 percent of county residents had incomes below the federal poverty level; among children under 18, the rate was even higher at 31 percent. Poverty rates in Region 4 are higher than statewide averages of 18 percent and 26 percent for total population and children, respectively.

Table 2. Region 4: Income and Poverty Status by County--2010

County	Median Household Income	Number of People in Poverty	%	Number of Children Under 18 in Poverty	%
Aransas	\$38,516	5,058	22	1,827	41
Bee	\$36,462	6,623	27	2,344	35
Brooks	\$26,027	2,353	33	984	49
DeWitt	\$36,611	3,885	21	1,414	32
Duval	\$30,365	2,994	27	1,165	38
Goliad	\$42,646	1,101	15	404	25
Gonzales	\$31,012	4,061	21	1,670	32
Jackson	\$38,137	2,234	16	887	25
Jim Wells	\$36,404	8,753	22	3,775	32
Karnes	\$34,970	3,026	26	982	33
Kenedy	\$33,502	52	12	18	18
Kleberg	\$37,418	7,445	25	2,613	33
Lavaca	\$39,468	2,735	14	916	21
Live Oak	\$36,091	1,932	19	648	28
Nueces	\$41,899	66,978	20	26,953	31
Refugio	\$39,582	1,284	18	466	26

County	Median Household Income	Number of People in Poverty	%	Number of Children Under 18 in Poverty	%
San Patricio	\$44,307	13,444	21	5,680	32
Victoria	\$46,566	15,537	18	6,336	28
Statewide	\$49,646	4,411,217	17.9	1,746,564	25.7
United States			15.3		21.6

Source: U.S. Census Bureau, Small Area Income and Poverty Estimates- 2010 County Level Estimations; U.S. Census Bureau, American Community Survey, 2009-2010.

Education

Education rates in Region 4 also vary by county, but, consistent with lower incomes, most counties experience lower high school and college graduation rates than the statewide average. Among 18-24 year olds, high school graduation rates range from 47% in Karnes to 90.5% in Kleberg County. Among adults age 25 and over, high school graduation rates vary from a low of 53.7% in Brooks County to a high of 85.1% in Aransas County. College graduation rates for 18-24 year olds range from a low of 0% to a high of 12.1%; only one county exceeded the statewide average of 7.1%. Among those age 25 and over, high school graduation rates vary from 53.7% to 85.1%; college rates range from 9.2% to 23.9%, all below the statewide average of 26.4%.

Table 3. Region 4: Education by Age and County

	A	ge 18 – 24 Years			Age 25 & Over	
County	Less Than	High School	College	Less Than	High School	College
	High School	Graduate	Graduate	High School	Graduate	Graduate
Aransas	25.7%	74.3%	4.5%	14.9%	85.1%	23.9%
Bee	37.9%	62.1%	2.5%	30.5%	69.5%	9.2%
Brooks	43.6%	56.5%	0%	46.4%	53.7%	12.5%
DeWitt	31.8%	68.2%	0.3%	24.5%	75.5%	12.1%
Duval	23.0%	77.0%	0%	35.1%	64.9%	8.5%
Goliad	51.1%	48.9%	0%	16.2%	83.3%	18.0%
Gonzales	36.6%	63.4%	0.9%	32.4%	67.6%	13.9%
Jackson	19.5%	80.6%	4.3%	22.8%	77.2%	16.9%
Jim Wells	34.4%	65.6%	1.3%	29.4%	70.6%	10.6%
Karnes	53.0%	47.0%	0.4%	34.4%	65.6%	8.4%
Kenedy	0%	100%	0%	40.2%	59.8%	17.9%
Kleberg	9.4%	90.5%	12.1%	23.9%	76.1%	20.4%
Lavaca	24.0%	75.9%	4.3%	23.7%	76.3%	14.0%
Live Oak	23.8%	76.2%	3.0%	22.9%	77.1%	14.0%
Nueces	19.1%	80.9%	5.2%	21.7%	78.2%	19.9%
Refugio	21.2%	78.9%	0%	27.3%	72.7%	11.2%
San Patricio	17.5%	82.4%	2.3%	23.7%	76.3%	15.1%
Victoria	23.4%	76.6%	5.5%	19.2%	80.8%	16.4%
Statewide	19.3%	80.7%	7.1%	18.9%	81.1%	26.4%

Source: U.S. Census Bureau, American Community Survey 5 year Estimates, 2006-1010

Employment

Employment rate is relatively stable in Region 4. The unemployment rate in the most populous counties (Nueces, Victoria, and San Patricio) ranges from 7.0 to 7.9 percent, which is below the state average of 8.5 percent.

Table 4: Workforce Status of Peopled Aged 16 and Over (2009-2011)

County	Total Population	Percentage In Labor Force	Percentage Employed	Percentage Unemployed
Aransas	19,029	52.0%	48.4%	6.8%
Bee	26,026	37.5%	34.0%	9.0%
Brooks	5,597	49.3%	45.3%	8.1%
DeWitt	16,242	54.9%	51.5%	6.0%
Duval	9,193	55.7%	51.3%	7.8%
Goliad	5,689	59.8%	58.7%	1.8%
Gonzales	14,900	60.5%	55.1%	8.8%
Jackson	10,812	64.6%	61.2%	5.3%
Jim Wells	30,010	58.5%	54.5%	6.6%
Karnes	13,612	35.5%	34.3%	3.2%
Kenedy	200	57.5%	57.5%	0.0%
Kleberg	24,681	59.3%	52.4%	9.3%
Lavaca	15,273	62.2%	58.3%	6.3%
Live Oak	9,341	45.0%	43.5%	3.3%
Nueces	256,930	63.7%	57.6%	7.9%
Refugio	5,896	49.5%	45.9%	7.2%
San Patricio	49,600	62.5%	55.5%	7.5%
Victoria	65,189	66.7%	61.9%	7.0%
Statewide	19,117,836	65.4%	59.3%	8.5%

Source: US Census Bureau, 2009-2011 American Community Survey

Health Insurance Status

For more than 15 years, the state of Texas has experienced the highest uninsured rate in the country (approximately 25 percent). This fact is reflected in the high number of uninsured people living throughout Region 4. Of the eight counties for which data is available, the most recent census data available estimates that 117,028 people (21.8%) were uninsured in 2010.² By county, uninsured rates varied from a low of 17.6% in Bee County to 23.8% in San Patricio.

² Due to the small population, data is not available for 11 of the 18 counties.

In a 2010 Community Needs Assessment study, focus group participants reported lack of insurance is due primarily to high premium costs, a lack of employment-based coverage, and ineligibility for governmental plans.³

Table 5: Health Insurance Status

County	Civilian Non- institutionalized Population	Total Insured	%	Insured with Private Coverage	Insured with Public Coverage	Medicaid Enrollment	Percent Medicaid Enrolled	Total Uninsured	Percent Uninsured
Aransas	22,294	18,504	80.7%	58.4%	39.4%	2,888	11.3%	4,420	19.3%
Bee	23,917	19,712	82.4%	59.7%	35.0%	4,284	12.9%	4,205	17.6%
Brooks	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DeWitt	18,327	14,134	77.1%	56.0%	36.8%	3,028	15.0%	4,193	22.9%
Duval	N/A	N/A	N/A	N/A	N/A	2,369	19.2%	N/A	N/A
Goliad	N/A	N/A	N/A	N/A	N/A	808	11.0%	N/A	N/A
Gonzales	N/A	N/A	N/A	N/A	N/A	3,271	16.8%	N/A	N/A
Jackson	N/A	N/A	N/A	N/A	N/A	1,837	12.4%	N/A	N/A
Jim Wells	40,252	31,360	77.9%	48.8%	37.4%	8,211	19.8%	8,892	22.1%
Karnes	N/A	N/A	N/A	N/A	N/A	1,861	12.1%	N/A	N/A
Kenedy	N/A	N/A	N/A	N/A	N/A	54	14.0%	N/A	N/A
Kleberg	31,270	24,578	78.6%	56.8%	31.6%	5,051	16.5%	6,692	21.4%
Lavaca	N/A	N/A	N/A	N/A	N/A	1,853	9.5%	N/A	N/A
Live Oak	N/A	N/A	N/A	N/A	N/A	1,079	8.9%	N/A	N/A
Nueces	335,609	262,201	78.1%	53.9%	33.6%	53,566	16.6%	73,408	21.9%
Refugio	N/A	N/A	N/A	N/A	N/A	1,016	13.7%	N/A	N/A
San Patricio	63,975	48,757	76.2%	52.7%	33.1%	10,290	14.9%	15,218	23.8%
Victoria	N/A	N/A	N/A	N/A	N/A	12,508	14.3%	N/A	N/A
TOTALS	536,264	419,246				116,091	15.50%	117,028	21.8%

Sources: Texas State Data Center, Texas Population 2010; Texas Health and Human Services Commission

Description of Regional Health System and Challenges

Region 4 has three main area hospital systems: Spohn Health System, Corpus Christi Medical Center, and Driscoll Health System. There are also hospital district facilities in DeWitt, Gonzales, Jackson, Karnes, Lavaca, and Refugio counties. Aransas, Brooks, Duval, Goliad, Kenedy, and Live Oak counties do not have an acute care hospital. Several hundred physicians

³ Texas A&M University, "The Coastal Bend's Community Health Needs Assessment," Social Sciences Research Center, July1, 2010.

are affiliated with the Spohn, Corpus Christi and Driscoll systems. The region has five Local Mental Health Authority providers, all of whom are participants in the Region 4 plan.

Health care infrastructure is largely concentrated in the most populous counties of Nueces and Victoria, and fewer professional and facility services are available in the rural counties. Table 6 below shows that 11 out of the 21 hospitals in the region are located in Nueces and Victoria. The region has only one psychiatric hospital located in Nueces. The region has 2,555 acute care beds of which more than half (1,427) are located in Nueces. The region has 488 primary care physicians of which 289 practice in Nueces. In some rural counties, with large percentages of uninsured, there are few primary care physicians (PCPs). Eight counties in the region have four or fewer PCPs. Two counties have none. Based on the ratio of acute care beds to population, Region 4 has roughly one acute care bed for every 290 persons, and one PCP for every 1,495 persons.

Table 6. Region 4: Hospitals & Primary Care Physicians

County	Population	Acute Care Hospitals	Acute Care Beds	Psychiatric Hospitals	Primary Care Physicians
Aransas	25,507	0	0	0	10
Bee	33,196	1	63	0	18
Brooks	7,721	0	0	0	3
DeWitt	20,173	1	49	0	12
Duval	12,309	0	0	0	0
Goliad	7,351	0	0	0	1
Gonzales	19,522	1	34	0	11
Jackson	14,862	1	25	0	3
Jim Wells	41,562	1	142	0	16
Karnes	15,340	1	21	0	4
Kenedy	385	0	0	0	0
Kleberg	30,657	1	77	0	12
Lavaca	19,457	2	50	0	13
Live Oak	12,191	0	0	0	1
Nueces	322,876	7	1,427	1	289
Refugio	7,411	1	20	0	4
San Patricio	69,169	1	75	0	20
Victoria	87,757	4	572	0	83
TOTALS	747,466	22	2,555	1	500

Source: Texas Department of State Health Services; Texas Board of Medical Examiners

As apparent in Table 7, physician specialists are also concentrated in the counties with the largest population. Two counties, Duval and Kenedy, have no physician specialists. Though not uncommon for rural communities, lack of access to specialty care providers is a critical issue for patients who must often travel a significant distance to obtain care. The issue is particularly challenging for individuals with no reliable source of transportation.

Table 7. Region 4: Selected Physician Specialists by County

County	Population	Cardiology	Family Practice	Internal Medicine	OB/GYN	Pediatrics
Aransas	25,507	0	5	0	0	1
Bee	33,196	0	7	2	2	2
Brooks	7,721	0	2	0	0	0
DeWitt	20,173	0	3	1	0	0
Duval	12,309	0	0	0	0	0
Goliad	7,351	0	1	0	0	0
Gonzales	19,522	0	3	1	1	1
Jackson	14,862	0	1	0	0	1
Jim Wells	41,562	2	5	4	1	4
Karnes	15,340	0	4	0	0	0
Kenedy	385	0	0	0	0	0
Kleberg	30,657	0	6	3	1	4
Lavaca	19,457	0	9	13	0	1
Live Oak	12,191	0	0	0	0	0
Nueces	322,876	27	83	73	43	75
Refugio	7,411	0	1	2	0	0
San Patricio	69,169	0	5	4	0	1
Victoria	87,757	6	22	31	8	13
TOTALS	747,466	35	157	134	56	103

Source: Texas Board of Medical Examiners

In 2010, about one-fifth of the inpatient days in Region 4 hospitals were related to the treatment of Medicaid patients. There were more than one million outpatient visits to regional hospitals with almost half occurring in Nueces County. Hospitals also provided care for nearly 379,000 ER visits, some of which contributed to the more than \$500 million in uncompensated care as shown in the following Table.

Table 8. Region 4: Hospital Utilization--2010

County	Staffed Beds	Inpatient Days	Medicaid Inpatient Days	Average Length of Stay	ER Visits	Outpatient Visits	Uncompensated Care
Aransas	0						
Bee	63	7,652	1,626	3.8	18,844	34,596	\$23,532,704
Brooks	0						
DeWitt	49	7,189	1,276	3.6	7,996	139,966	\$4,829,184
Duval	0						
Goliad	0						
Gonzales	32	3,707	674	3.1	8,165	62,174	\$4,721,492
Jackson	25	4,438	1,632	12.2	3,848	12,735	\$2,021,688
Jim Wells	126	17,411	4,461	4.2	28,382	55,767	\$40,441,237
Karnes	21	1,945	52	5.3	6,342	14,914	\$3,335,798
Kenedy	0						
Kleberg	77	17,264	3,792	4.1	18,244	32,245	\$28,345,913
Lavaca	50	7,583	345	5.0	8,256	43,018	\$4,066,605
Live Oak	0						

County	Staffed Beds	Inpatient Days	Medicaid Inpatient Days	Average Length of Stay	ER Visits	Outpatient Visits	Uncompensated Care
Nueces	1,459	329,581	77,391	5.6	195,394	540,693	\$307,282,274
Refugio	20	404	15	3.0	4,025	28,447	\$2,045,357
San Patricio	75	5,769	602	4.3	11,553	22,941	\$4,396,352
Victoria	572	108,969	12,436	5.3	67,825	193,286	\$78,098,420
TOTALS	2,569	511,912	104,302		378,874	1,180,782	\$503,117,024

Source: Texas Department of State Health Services, American Hospital Association, Texas Hospital Association, 2009 & 2010 Annual Survey of Hospitals and Hospital Database

To better understand the health status and health care needs of the region's residents, the Coastal Bend's Community Health Needs Assessment was conducted in 2004, with a follow-up study in 2010 to update the study data.⁴ Table 9 provides a summary of the most common reported principal and secondary diagnoses based on an analysis of two years of hospital data (September 1, 2007 through August 31, 2009).

Table 9. Region 4: Most Common Primary and Secondary Diagnosis in Order of Frequency,
All Age Groups -- 2009⁵

Primary Diagnosis	Number of Patients	Secondary Diagnosis	Number of Patients
Pneumonia	4,612	Urinary Tract Infection	5,194,
Heart Failure	3,221	Essential Hypertension	4,595
Previous Cesarean Delivery	2,910	Acute Renal Failure	4,036
Coronary Atherosclerosis	2,059	Pneumonia	3,971
Normal Delivery	2,053	End Stage Renal Disease	3,822
Urinary Tract Infection	1,947	Diabetes without	2,091
Offilary fract infection		complications	
Obstructive Chronic Bronchitis	1,828	Hyposmolality and/or	1,752
Obstructive Chronic Bronchitis		Hypernatemia	
Dehydration	1,675	Interstitial Emphysema	1,714
Cellulitis and Abscess	1,513	Dehydration	1,615
Acute Renal Failure	1,419	Coronary	1,228
Acute Neildi Fallure		Atherosclerosis	

Many of these identified diagnoses are often associated with "preventable hospitalizations," which the Texas Department of State Health Services (DSHS) defines as hospitalizations which might have been prevented had the person had access to and cooperated with appropriate outpatient health care services and providers. Data from DSHS illustrates the frequency of these hospitalizations in Region 4 as compared with statewide incidence.

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⁴ Texas A&M University, 2010.

⁵ Reported Diagnostic Related Groups (DRGs) for Coastal Bend Hospitals, January 1 to August 31, 2009. This does not include data from the eight hospitals located in Gonzales, Jackson, Lavaca and Victoria counties.

Table 10. Region 4: Percent (%) of Adult Preventable Hospitalizations as a Percent of Total County Population, 2006 – 2010

County	Asthma	Bacterial Pneumonia	CHF	COPD	Dehydration	Diabetes (Long-term Complications)	UTI
Aransas		1.58	1.57	1.08			0.70
Bee		1.56	1.93	1.01		0.65	0.64
Brooks		2.94	3.76				1.80
DeWitt		1.35	1.81				0.75
Duval		2.83	2.74	1.29			1.28
Goliad			2.07				
Gonzales			0.78				
Jackson		1.28	1.68				
Jim Wells	0.58	2.29	2.32	0.94		0.61	1.06
Karnes			1.04				
Kenedy							
Kleberg		2.89	3.10	0.70	0.91	0.58	1.39
Lavaca		1.72	2.19	0.97	0.83		1.41
Live Oak		1.27	1.47				
Nueces	0.36	1.39	1.72	0.71	0.28	0.58	0.82
Refugio							
San Patricio	0.26	1.46	1.76	0.92	0.25	0.50	0.77
Victoria	0.62	1.75	1.89	0.79	0.82	0.24	1.30
TEXAS	0.31	1.00	1.18	0.58	0.27	0.18	0.64

Source: Texas Department of State Health Services. The number of hospitalizations was too small to analyze for Kenedy and Refugio counties, which have small populations. Data does not exist for all conditions in all counties.

These and other data in the Community Needs Assessment clearly illustrate the wide range of health care concerns and needs that prevail throughout our community. The selection of DSRIP projects reflects these needs and the priorities established by our stakeholders, and represent a range of diverse projects that are designed to improve the health status of our community members and ensure patients receive the most appropriate care for their condition in the most cost-effective setting and manner possible.

HPSA Designation

According to the federal Health Resources and Services Administration (HRSA), all counties in the region are either partially or fully medically underserved and have a shortage of primary care and mental health providers. A Medically Underserved Area (MUA) is defined by HRSA as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population. Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility).

The table below lists the federal designations by county. Unless otherwise noted, the entire county is designated as MUA or HPSA.

Table 11. Region 4: Medically Underserved Areas and Health Professional Shortage Areas

County	Medically Underserved Area	Health Professional Shortage Area (HPSA) Primary Care	HPSA Mental Health
Aransas	✓	✓	✓
Bee	✓	√	✓
Brooks	✓	√	✓
DeWitt	✓		✓
Duval	✓	√	✓
Goliad	✓	√	✓
Jackson	✓	√	✓
Jim Wells	✓	√	✓
Karnes	✓	√	✓
Kenedy	✓	√	✓
Kleberg	✓	√	✓
Lavaca	✓	√	✓
Live Oak	✓	√	✓
Nueces	Partial	Partial	Partial
Refugio	✓	✓	✓
San Patricio	Partial	✓	✓
Victoria	✓	✓	✓

Source: U.S. Department of Health & Human Services, Health Resources and Services Administration

Regional Initiatives funded by the U.S. Department of Health and Human Services (HHS)

According to the U.S. Department of Health and Human Services' Tracking Accountability in Government Grants System (TAGGS), there are five HHS-funded initiatives operating in the region in 2012 which are directly related to enhancing the region's health care delivery network.

- Rural Health Network Development program in Goliad County. Recipient is the South Texas Health System.
- Health Center Cluster program in Gonzales County. Recipient is the Community Health Centers of South Texas.
- Health Center Cluster program in Jackson County. Recipient is the Community Action Corporation of South Texas.
- HIV Prevention Projects in Nueces County. Recipient is the Nueces County Community Action Agency.
- Basic Centers program in Victoria County. Recipient is the Gulf Bend Mental Health and Mental Retardation Center.

Projected Major Changes

Regional leaders do not anticipate major changes in the demographic or health care infrastructure characteristics of the region. Should the state implement an expansion of the Medicaid program, as permitted under federal law, there would be an increased need for professional and facility acute care and behavioral health services.

Key Health Challenges

Region 4 confronts a number of health care challenges in meeting the health care needs of its population:

- <u>Inadequate number of primary and specialty care providers</u>. As outlined above, many regional residents live in counties with limited access to basic health care services. Expanded access to these services is a priority for the region and it must be undertaken against the backdrop of constrained resources.
- High prevalence of chronic disease, including cancer, hypertension, diabetes, and cardiovascular disease. Regional hospital admissions and related data indicate that there is a prevalence of chronic conditions that lead to preventable hospitalizations, and which require a coordinated care management team approach to maximize patient outcomes.
- Inadequate access to behavioral health care services. In 2009, Coastal Bend hospitals reported that schizoaffective disorder and manic depressive disorder were the third and fourth most common principal admission diagnosis for patients aged 18 to 49 years. About 23% of those responding to a telephone survey of Coastal Bend residents stated they had depression, and 12.5 % reported that one of their children needed mental health services. Of that group, 33% said they did not receive the mental health services they needed.
- <u>Urban/rural differences in perception of health care access.</u> Residents in rural areas are more likely to experience barriers to health care access than those who live in urban areas. Some of the specific challenges faced by our population include transportation to and from health care facilities, excessive time waiting for services, lack of both primary and specialty care providers.
- Limited access to public transportation and emergency medical services. Many patients live in areas that provide little or no options for public transportation to obtain medical care, and have very limited options for emergency transportation. Services vary greatly throughout the region, and are especially limited for those living in rural communities that have limited resources and large territories to cover. The absence of these services results in patients delaying necessary care until it becomes a critical health care condition, and relying on emergency transportation for services could have been provided in a primary care setting, or avoided entirely.
- <u>High number of uninsured patients</u>. With more than 20% of the population lacking health insurance, the region struggles to keep up with the demand for services. Patients

do not receive basic health care services, delay treatment, and often seek primary care services in emergency settings, resulting in millions of dollars in unnecessary spending with no follow-up care or chronic disease management.

Approach and Sources Used to Complete Needs Assessment

The RHP 4 providers, stakeholders and other partners comprise a wide assortment of public and private institutions coming together to address the region's heavy burden of chronic disease, demonstrated need for improved access to primary care services, specialty care services, and behavioral health care services and treatment. The goal of this RHP 4 needs assessment was to guide the health delivery reform strategic planning process by providing information to guide decisions in selecting DSRIP projects for the region. In this process we engaged the community and key partners to identify health concerns, priorities, strengths, and opportunities for DSRIP projects.

Key sources of information that supported this Needs Assessment came from the Texas Department of State Health Services, Center for Health Statistics, which is a major source of information for local community health assessment and public health planning. The Center is a repository of federal health surveys that have demographic, health and workforce statistics available at the state, MSA or county level, as well as state-based surveys and vital statistics at the state and county level. The Coastal Bend's 2010 Community Health Needs Assessment, prepared by Texas A&M University, located in RHP 4, also provided findings from a health needs assessment conducted in the Coastal Bend counties referenced throughout this document.

Summary of Community Needs

Identification	Brief Description of Community	Data Source for Identified Need
Number	Needs Addressed through RHP Plan	
CN.1	Inadequate access to primary care	1; 2; 3; 4; 5; 6; 7; 8; 9;10; 11; 13
CN.2	Inadequate access to specialty services.	1; 2; 3; 4; 5; 6; 7; 8; 9;10; 11
CN.3	Inadequate provision and coordination of health care services for persons with chronic conditions.	1; 2; 3; 4; 5; 6; 7; 8; 9;10; 11
CN.4	Inadequate access to behavioral health services.	1; 2; 3; 4; 5; 6; 7; 8; 9;10; 11
CN.5	Inadequate Access to Dental Care	1; 4;10
CN.6	High rates of inappropriate emergency department utilization and dissatisfaction of emergency department services	2; 5; 8
CN.7	High rates of preventable hospital admissions	1; 5; 13; 18
CN.8	High rates of poor dental health and associated medical issues	15, 16
CN.9	Shortage of specialty care physicians	1; 2; 4;8; 9
CN.10	Shortage of primary care physicians	1; 2; 4; 8;10
CN.11	High rates of poor birth outcomes and low birth-weight babies	1; 2; 4; 12; 13; 14
CN.12	Lack of patient navigation, patient and family education, health promotion, and information programs to prevent illness and increase utilization of health services	1; 2; 8; 13
CN.13	Insufficient access to services for pregnant women, particularly low income women	2; 4; 6; 14
CN.14	High rates of diabetes, including gestational diabetes	1; 2; 4; 17
CN.15	Inadequate health care access in rural areas	1; 2; 8; 10
CN.16	Lack of integration of physical and behavioral health services	1; 13
CN.17	High incidence, mortality, and cost associated with Chronic Obstructive Pulmonary Disease	1; 2; 4
CN.18	High incidence and mortality of sepsis and severe sepsis	1; 2
CN.19	Negative mental health outcomes, such as suicide or mental health admissions in jail/prisons	1;2; 4; 19

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