REGIONAL HEALTHCARE PARTNERSHIP 4
Community Needs Assessment - 2018

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Regional Healthcare Partnership (RHP) 4 is pleased to present this updated Community Needs Assessment that identifies the most pressing health care needs within the 18 counties included in our Region. Identifying the factors impacting the health of our community members is the first critical step in designing and implementing an effective strategy for improvement. This assessment includes information from a variety sources and describes health, social, environmental, and behavioral factors that impact health status either directly or indirectly. Taken together, these data help us understand the most significant areas of needs and the barriers our community members face when trying to obtain affordable, timely health care.

These data were used in the development of the RHP 4 plan for the second phase of the Texas Delivery System Reform Incentive Payment (DSRIP) Program. The DSRIP program began in 2011 and was recently renewed through September 2022. Program goals include:

- Support the development and maintenance of a coordinated care delivery system
- Improve outcomes while containing cost growth
- Protect and leverage financing to improve and prepare the health care infrastructure to increase access to services
- Provide a mechanism for investments in delivery system reform including improved coordination in the current indigent care system in advance of health care reform.

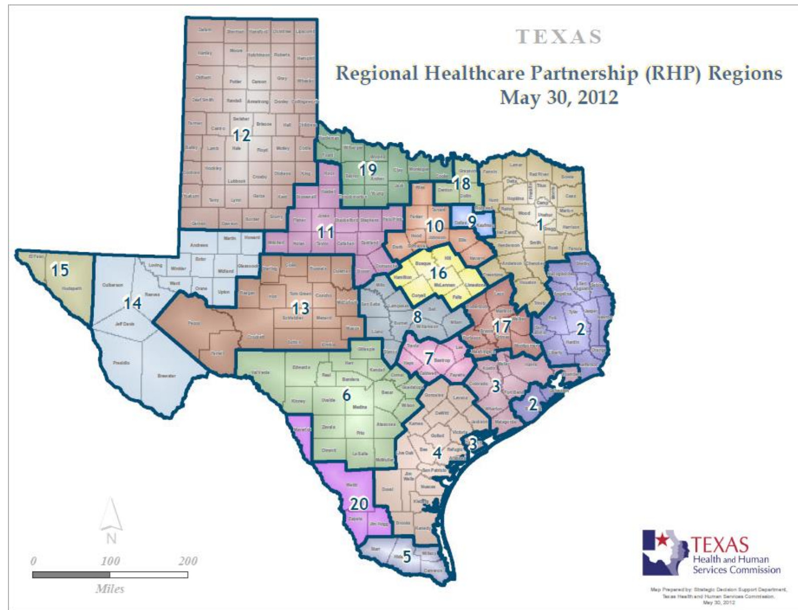
The Region conducted an initial CNA in 2011 that was used to select projects designed to transform and improve indigent and Medicaid health care systems to improve clients' experience, increase the quality of health care services, and better manage costs while improving health care outcomes. This report updates the information from the prior CNA and informed the selection of continued and/or new health care initiatives that will continue through the remainder of the DSRIP program. Findings are based on a variety of state and national resources identified throughout the report. The 2016 Coastal Bend Health Needs Assessment was also an excellent resource for local health care data and community perspectives. The Coastal Bend CNA was conducted by the Texas A&M University, Social Science Research Center under the guidance of a Steering Committee composed of local health officials and providers and included both a health care provider and community stakeholder survey. In addition, RHP 4 provider participants and community members also provided input and comments on the RHP 4 CNA report.

Region Overview

Regional Healthcare Partnership (RHP) 4 is comprised of 18 counties in South Texas including Aransas, Bee, Brooks, DeWitt, Duval, Goliad, Gonzales, Jackson, Jim Wells, Karnes, Kenedy, Kleberg, Lavaca, Live Oak, Nueces, Refugio, San Patricio, and Victoria. Most Region 4 counties

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 786,000 (about one-sixth the population size of Region 3).

Region Demographics & Insurance Coverage



The population of Region 4 reflects a diverse race and ethnic distribution. As Table 1 illustrates, the 2015 US Census data show that 57 percent of the population is Hispanic/Latino, followed by 36 percent identified as Anglo/White, and 4 percent who are Black/African American. The remaining 3 percent includes individuals who identified themselves as Asian, American Indian, Alaskan, and other race/ethnic populations.

County population ranges from a low of 415 individuals in Kenedy County to a high of 360,168 in Nueces County. Approximately two-thirds of Region 4's population resides in three counties (Nueces, Victoria, and San Patricio).

Table 1 - Region 4 Estimated Population by Race/Ethnicity and County - 2015

County	Population	White	%	Hispanic	%	Black	%	Other	%
Aransas	**25,110**	17,078	**68**	6,780	**27**	269	**1**	983	**3.9**
Bee	**32,702**	10,864	**33**	18,781	**57**	2,542	**8**	515	**2**
Brooks	**7,209**	576	**8**	6,576	**91**	13	**0**	44	**1**
DeWitt	**21,127**	11,305	**54**	7,510	**35**	1,888	**9**	424	**2**
Duval	**11,359**	1,127	**10**	10,095	**89**	81	**1**	56	**0**
Goliad	**7,766**	4,486	**58**	2,842	**37**	333	**4**	105	**1**
Gonzales	**20,328**	8,436	**42**	10,231	**50**	1,373	**7**	288	**1**
Jackson	**14,677**	8,781	**60**	4,624	**31**	1,031	**7**	241	**2**
Jim Wells	**40,569**	7,408	**18**	32,625	**81**	160	**0**	376	**1**
Karnes	**15,687**	6,219	**40**	7,936	**50**	1,374	**9**	158	**1**
Kenedy	**415**	91	**22**	310	**75**	2	**0**	12	**3**
Kleberg	**31,297**	6,864	**22**	22,251	**71**	1,082	**3**	1,100	**4**
Lavaca	**19,694**	14,461	**273**	3,590	**18**	1,346	**7**	297	**2**
Live Oak	**12,057**	6,959	**58**	4,408	**36**	465	**4**	225	**2**

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County	Population	White	%	Hispanic	%	Black	%	Other	%
Nueces	**360,168**	107,281	**30**	228,361	**64**	12,532	**3**	11,994	**3**
Refugio	**7,377**	3,165	**43**	3,651	**50**	439	**6**	122	**2**
San Patricio	**66,299**	26,267	**40**	37,548	**54**	939	**1**	1,545	**2**
Victoria	**92,166**	40,959	**44**	43,023	**47**	5,533	**6**	2,651	**3**
Region Totals	**786,007**	282,327	**36**	451,142	**57**	31,402	**4**	21,136	**3**
Statewide	**27,469,114**	**11,505,371**	**42**	**10,999,120**	**40**	**3,171,043**	**12**	**1,793,580**	**6**

Source: Texas Demographic Center, Texas Population Estimates Program; http://demographics.texas.gov/Resources/TPEPP/Estimates/2015/2015_ASRE_Estimate_alldata.pdf

Income

As shown in Table 2 below, the average Median Household Income ranges from a low of $22,741 in Brooks County to a high of $54,926 in Jackson County. Median income in every RHP 4 county except Jackson is below the statewide average of $53,207. Census data also shows that 18 percent of county residents had incomes below the federal poverty level (FPL), down from 20 percent in 2010. Poverty rates in Region 4 are slightly higher than the statewide average of 17 percent. Not surprisingly, the county with the highest median household income (Jackson) also has the lowest percentage of residents below the FPL while the county with the lowest median household income (Brooks) had the highest percentage of residents below FPL.

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

County	Median Household Income	Number of People in Poverty	% in Poverty	Number of Children Under 18 in Poverty	% of Children in Poverty
Aransas	**$41,690**	4,509	**19**	1,623	**36**
Bee	**$42,302**	5,274	**21**	2,399	**36**
Brooks	**$22,741**	2,726	**40**	925	**58**
DeWitt	**$49,736**	2,817	**15**	949	**2**
Duval	**$33,939**	2,617	**24**	971	**36**
Goliad	**$51,226**	1,358	**19**	487	**31**
Gonzales	**$42,983**	4,009	**20**	1,566	**30**
Jackson	**$54,926**	1,765	**12**	570	**15**
Jim Wells	**$42,986**	9,128	**22**	3,675	**32**
Karnes	**$45,502**	3,079	**25**	1,359	**44**
Kenedy	**$36,438**	NA	**27**	NA	**39**
Kleberg	**$38,247**	7,290	**26**	2,518	**33**
Lavaca	**$48,677**	2,360	**9**	805	**17**
Live Oak	**$50,400**	1,750	**15**	528	**22**
Nueces	**$50,337**	70,336	**18**	27,289	**31**
Refugio	**$44,240**	1,101	**17**	382	**23**
San Patricio	**$52,261**	10,312	**15**	4,208	**23**
Victoria	**$51,758**	12,329	**13**	4,835	**21**
Statewide	**$53,207**	4.25 million	**17**	1,634,149	**23**

U.S. Census Bureau, American Community Survey Five Year Estimates, 2011-2015

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Employment

The employment rate for residents living in Region 4 has not changed significantly since 2010 and is relatively stable. Table 3 shows the unemployment rate in the most populous counties (Nueces, Victoria, and San Patricio) has declined from a range of 7.0 to 7.9 percent in 2010 to 3.1 to 4.2 in 2015. Brooks County reported the highest unemployment rate at 10.3 percent, nearly double the statewide average. Fourteen counties had rates below the state average of 4.5 percent; only four counties exceeded the statewide average.

Table 3 – Region 4: Workforce Status of People Aged 16 and Over

County	Population Age 16 and Over	Percentage in Labor Force	Percentage Employed	Percentage Unemployed
Aransas	20,255	50.1	46.7	3.4
Bee	26,625	42.2	39.3	3.0
Brooks	5,781	52.1	41.8	10.3
DeWitt	16,474	51.7	48.1	3.5
Duval	9,149	53.2	47.4	5.8
Goliad	6,089	54.0	48.6	5.0
Gonzales	15,331	58.8	54.9	3.8
Jackson	11,202	58.9	55.8	3.1
Jim Wells	30,978	57.7	53.8	3.8
Karnes	12,050	45.8	43.6	2.2
Kenedy	377	49.1	49.1	0.1
Kleberg	25,116	62.1	53.6	7.1
Lavaca	15,511	60.0	57.6	2.4
Live Oak	9,664	44.7	42.8	1.9
Nueces	272,949	64.6	59.7	4.2
Refugio	5,841	56.8	53.0	3.8
San Patricio	50,200	60.5	57.0	3.1
Victoria	69,397	64.1	59.8	4.1
Statewide	**20,241,168**	**64.7%**	**59.8%**	**4.5**

Source: U.S. Census Bureau, American Community Survey 5 Year Estimates 2011-2015

Health Insurance Status

For more than 15 years, the state of Texas has experienced the highest uninsured rate in the country. This fact is reflected in the high number of uninsured people living throughout Region 4. The most recent county-level census data available estimates that 147,411 people (19.7%) were uninsured (Table 4). Though this number has increased from 117,028 people in 2010, the

percentage actually declined from 21.8% in 2010[1]. By county, uninsured rates varied significantly from a low of 11.6% in Goliad County to a high of 29.5% in Brooks County. Eleven counties were below the statewide average of 20.6%, including the three largest counties of Nueces, Victoria and San Patricio. However, all counties exceeded the 2016 national uninsured average of 8.8 percent.[2]

Table 4 – Region 4: Health Insurance Status

County	Civilian Non-Institutionalized Population	Total Insured	%	Insured with Private Coverage	Percent Insured w/Private Coverage	Insured with Public Coverage	Percent Insured w/Public Coverage	Total Uninsured	Percent Uninsured
Aransas	23,866	19,283	80.8	12,963	54.3	10,111	42.4	4,583	19.2
Bee	25,088	19,434	77.5	13,067	52.1	8,983	35.8	5,654	22.5
Brooks	6,898	4,861	70.5	2,314	**33.5**	3,157	45.8	2,037	29.5
DeWitt	18,776	15,575	83.0	11,513	61.3	6,570	35.0	3,201	17.0
Duval	11,046	7,926	71.8	4,815	43.6	4,398	39.8	3,120	28.2
Goliad	7,293	6,446	88.4	5,133	70.4	2,744	37.6	847	11.6
Gonzales	19,883	14,930	75.1	9,768	49.1	7,092	35.7	4,953	24.9
Jackson	14,249	12,187	85.5	9,521	66.8	4,232	29.7	2,062	14.5
Jim Wells	41,061	31,771	77.4	21,758	53.0	13,541	33.0	9,290	22.6
Karnes	12,189	10,367	85.1	7,213	59.2	4,665	38.3	1,822	14.9
Kenedy	565	390	69.0	282	49.9	126	22.3	175	31.0
Kleberg	31,362	24,426	77.9	17,736	56.6	9,874	31.5	6,936	22.1
Lavaca	19,114	16,237	84.9	12,688	66.4	6,197	32.4	2,877	15.1
Live Oak	10,284	8,240	80.1	6,345	61.7	3,216	31.3	2,044	19.9
Nueces	347,131	280,655	80.8	195,040	56.2	116,825	33.7	66,476	19.2
Refugio	7,118	5,855	82.3	4,167	58.5	2,755	38.7	1,263	17.7
San Patricio	65,254	51,902	79.5	37,888	58.1	20,468	31.4	13,352	20.5
Victoria	89,003	72,284	81.2	54,447	61.2	27,121	30.5	16,719	18.8
Region Total	750,180	602,769	80.3	426,658	56.8	252075	33.6	147,411	19.7
Statewide	**26,062,431**	**20,698,446**	**79.4**	**15,483,381**	**59.4**	**7,363,320**	**28.3**	**5,363,985**	**20.6**

Source: U.S. Census Bureau, American Community Survey Five Year Estimate 2011-2015

[1] Due to the small population, previously data was not available for 11 of the 18 counties.

[2] https://www.census.gov/library/publications/2017/demo/p60-260.html?eml=gd&utm_medium=email&utm_source=govdelivery

Individuals participating in the 2016 Coastal Bend Community Needs Assessment Community Survey were asked to describe the reasons why they do not have insurance. Premium cost was the most common reason as reported by 55% of respondents, followed by job loss (15%), a change in employment (7%), lack of access to employer-sponsored coverage (7%), and health status/pre-existing condition (6%).[3] Nine percent identified "other" as the primary reason. Kenedy County has the highest uninsured rate (31%) and the second highest percentage of people (27%) below the federal poverty level. Brooks County had the lowest median household income and the highest poverty rate (40%) and the second highest uninsured rate (29.5%). These data support the link between low income and higher uninsured rates.

Lack of health insurance is widely identified as a primary barrier to health care services. As noted in the Healthy People 2020 initiative, lack of health insurance makes it difficult for people to obtain services and, when they do get care, often creates financial hardship due to high medical costs. Uninsured people are more likely to have poor health status, less likely to receive medical care, and more likely to be diagnosed later when conditions have progressed to a more serious level that is costlier to treat and results in higher morbidity rates.[4] Uninsured adults are nearly twice as likely to report their health as fair or poor as those with private insurance, and almost a third have a chronic condition.[5]

Local health care providers who participated in the Coastal Bend 2016 Community Provider Survey reported access to care for uninsured patients as problematic. Among the top five barriers to health care identified by providers, availability of care for uninsured and underserved patients was ranked the top concern.[6] Several providers noted that because there is such a demand for healthcare services throughout the region, providers can be selective about which patients they choose to see and may be reluctant to accept patients with limited financial means who may not be able to afford recommended services.

Food Insecurity

Access to convenient food resources that are healthy and affordable is critical to individuals' dietary choices and risk factors associated with poor diet. Lack of good nutrition habits is tied to problems of diabetes and obesity, which are pervasive chronic conditions throughout the region. However, many individuals in the region struggle to afford basic food requirements on a regular basis. As shown in Table 5, the percentage of people who are food insecure range from a low of 7.4 percent in Duval County to 16.4 percent in Aransas County. Throughout the region, a total of more than 87,550 people are affected by food insecurity with an aggregated annual food budget shortfall of $41.5 million.

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[3] Texas A&M University – Corpus Christi and Members of the 2016 Coastal Bend Health Needs Assessment Committee, *2016 Coastal Bend Health Needs Assessment.*

[4] Healthy People 2020, accessed at https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services

[5] https://www.kff.org/report-section/the-uninsured-a-primer-2013-2-who-are-the-uninsured

[6] *2016 Coastal Bend Health Needs Assessment.*

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Table 5 – Region 4: Food Insecurity and Food Budget Shortfall

County	Percent of People who are Food Insecure[7]	# of People who are Food Insecure	Annual Food Budget Shortfall
Aransas	16.5	3,938	$1,963,000
Bee	13.5	3,387	$1,845,000
Brooks	11.3	779	$341,000
DeWitt	14.1	2,647	$1,785,000
Duval	7.4	817	$356,000
Goliad	13.3	970	$449,000
Gonzales	12.5	2,485	$1,381,000
Jackson	13.7	1,952	$$893,000
Jim Wells	8.6	3,531	$1,493,000
Karnes	13.1	1,597	$940,000
Kenedy	13.2	75	$30,000
Kleberg	12.2	3,826	$1,734,000
Lavaca	15.3	2,924	$1,377,000
Live Oak	12.3	1,265	$656,000
Nueces	10.9	37,837	$17,229,000
Refugio	12.1	861	$397,000
San Patricio	11.0	7,178	$3,313,000
Victoria	12.9	11,481	$5,406,000
Totals	**11.7**	**87,550**	**$41,588,000**

Source: U.S. Census Bureau, American Community Survey Five Year Estimates, 2011-2015.

Description of Regional Health System and Challenges

Region 4 has five hospital systems: CHRISTUS Spohn Health System, Citizens Medical Center, Corpus Christi Medical Center, DeTar Health System, and Driscoll Health System. These systems have acute care hospitals in Bee, Nueces, Kleberg, and Victoria counties. In addition, the region has other acute care hospitals in DeWitt, Gonzales, Jackson, Karnes, Lavaca, and Refugio counties for a total of 22 hospitals.[8] Aransas, Brooks, Duval, Goliad, Kenedy, and Live Oak counties do not have an acute care hospital. The region also has five Local Mental Health Authority (LMHA) providers, all of whom participate in the Region 4 plan. Based on geographic location of the centers and their coverage areas, recently two of the LMHAs have transitioned to another RHP and will not be included in RHP 4 reporting going forward. However, they may continue to participate in RHP 4 learning collaborative activities.

Health care infrastructure is largely concentrated in the most populous counties of Nueces and Victoria, with significantly fewer professional and facility services available in the rural counties. Table 6 below shows that 12 of the 22 hospitals in the region are located in Nueces and Victoria

[7] Percentage based on the total civilian non-institutionalized population.

[8]Texas Department of State Health Services, Texas Hospital List, 2016. http://www.dshs.texas.gov/chs/hosp/hosp2.aspx

counties. The region has only one psychiatric hospital, which is located in Nueces. The region has 3,194 acute care beds of which more than half (2,035) are located in Nueces.

Although not included in the list of Texas Acute and Psychiatric Hospitals on the Department of State Health Services (DSHS) website, the region also has one psychiatric hospital, which provides both inpatient and outpatient services. The Bayview Behavioral Hospital is located in Corpus Christi (Nueces County) and is part of the Corpus Christi Medical Center system.

Table 6 – Region 4: Hospital and Acute Beds

RHP 4 Hospitals	County Location	Number of Acute Beds
Christus Spohn Hospital Beeville	Bee	69
Memorial Hospital	Gonzales	33
Driscoll Children's Hospital	Nueces	189
Corpus Christi Medical Center – Bay Area	Nueces	631
Post-Acute Medical Specialty Hospital @ Corpus Christi North	Nueces	22
Post-Acute Medical Specialty Hospital at Corpus Christi	Nueces	74
South Texas Surgical Hospital	Nueces	33
Corpus Christi Rehabilitation Hospital	Nueces	35
Christus Spohn Hospital Corpus Christi	Nueces	1051
Cuero Community Hospital	DeWitt	49
Jackson County Hospital	Jackson	25
Lavaca Medical Center	Lavaca	25
Yoakum Community Hospital	Lavaca	25
Otto Kaiser Memorial	Karnes	25
Christus Spohn Hospital	Kleberg	96
Refugio County Memorial Hospital District	Refugio	20
Care Regional Medical Center	San Patricio	75
Citizens Medical Center	Victoria	338
DeTar Hospital Navarro	Victoria	304
Post-Acute Medical Specialty Hospital of Victoria	Victoria	23
Warm Springs Specialty Hospital of Victoria	Victoria	26
Warm Springs Rehabilitation Hospital of Victoria	Victoria	26

Source: Department of State Health Services, Cooperative DSHS/AHA/THA Annual Survey of Hospitals and Hospitals Tracking Database, Texas Hospital List 2016, available at https://www.dshs.texas.gov/chs/hosp/hosp2.aspx

The region has 649 primary care physicians (PCP) of which 413 (64%) practice in Nueces. Three rural counties have no PCP, up from two counties in 2011. Four other counties have four or fewer PCPs. 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.

As apparent in Table 7, physician specialists are also concentrated in the counties with the largest population. Five counties - Brooks, Duval and Goliad, Jackson 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: Physician Availability

County	Primary Care Physicians[9]		Total Physicians	
	Sept. 2011	Sept. 2017	Sept. 2011	Sept. 2017
Aransas	10	10	14	19
Bee	17	16	25	25
Brooks	3	1	3	1
DeWitt	10	14	11	18
Duval	0	0	0	0
Goliad	1	1	2	1
Gonzales	12	10	15	17
Jackson	4	7	4	7
Jim Wells	21	24	35	34
Karnes	4	4	5	5
Kenedy	0	0	0	0
Kleberg	15	17	18	24
Lavaca	13	13	18	17
Live Oak	0	0	0	1
Nueces	337	413	829	958
Refugio	2	3	2	4
San Patricio	20	21	22	35
Victoria	91	95	214	224
TOTALS	**560**	**649**	**1217**	**1390**

Source: Texas Medical Board

To better understand the health status and health care needs of the region's residents, Table 8 provides a summary of the most common reported principal and secondary diagnoses based on

[9] Includes the following types of licensed physicians: Family Medicine, Family Practice, General Practice, Internal medicine, Obstetrics/Gynecology, Pediatrics, Preventive Medicine

an analysis of four years of hospital data (September 1, 2007 through August 31, 2009 and September 1, 2013 – August 31, 2015). Though the rankings shift somewhat from 2009 and 2016, many of the same conditions remain as the most frequent diagnoses. Pneumonia, heart condition, and kidney disease appear in the top ten conditions for either primary or secondary diagnosis on both time periods. Of note, suicidal ideation is listed as one of the top secondary diagnoses for 2015-2016, consistent with the indicators that access to behavioral health services is challenging for many residents.

Table 8 - Region 4: Most Common Primary and Secondary Diagnosis in Order of Frequency, All Age Groups – 2016 and 2009[10]

2007 – 2009			
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 complications	2,091
Obstructive Chronic Bronchitis	1,828	Hyposmolality and/or Hyponatremia	1,752
Dehydration	1,675	Interstitial Emphysema	1,714
Cellulitis and Abscess	1,513	Dehydration	1,615
Acute Renal Failure	1,419	Coronary Atherosclerosis	1,228
2013 - 2015			
Primary Diagnosis	**Number of Patients**	**Secondary Diagnosis**	**Number of Patients**
Single Live Birth	8,450	Delivery, Single Newborn	7,426
Pneumonia	6,206	Vaccination and inoculation against hepatitis	7,137
Cesarean Delivery	5,116	Disorders of urethra and urinary tract	6,426
Rehabilitative Procedure	5,090	Acute Kidney Failure	6,377
Septicemia	5,051	Pneumonia	6,191
Previous Cesarean	4,991	End Stage Renal Disease	6,100
Urinary Tract Infection	4,069	Suicidal Ideation	5,708
Acute Kidney Failure	3,934	Diabetes Mellitus	4,375
Sub Endocardial Infarction	3,441	Acute Post Hemorrhagic Anemia	3,261
Cerebral Artery Occlusion	3,304	Hypertension	3,139

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

[10] 2016 Coastal Bend Community Needs Assessment and 2010 Coastal Bend Community Needs Assessment. .

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outpatient health care services and providers. Data from DSHS illustrates the frequency of these hospitalizations in Region 4 for 2010 and 2014. For every condition except dehydration, the region saw a significant decline in avoidable hospitalizations over the four-year period. For these six conditions, preventable hospitalizations declined by 13% from 2010 to 2014, with 1,352 fewer avoidable hospitalizations in 2014 than 2010 (Table 9). This is a significant improvement, at least some of which is likely a result of the DSRIP initiatives focused on care coordination, improved access to care, and patient education.

Table 9 - Region 4: Adult Preventable Hospitalizations, 2010 and 2014

County	Bacterial Pneumonia		CHF		COPD		Dehydration		Diabetes – Long Term Complications		UTI		Total PPH – All Diagnoses[11]	
	2010	2014	2010	2014	2010	2014	2010	2014	2010	2014	2010	2014	2010	2014
Aransas	88	69	81	60	77	89	16	28	24	16	34	36	347	320
Bee	118	64	100	121	81	84	18	44	30	39	36	69	416	463
Brooks	47	39	49	35	27	21	NA	17	20	17	48	31	219	177
DeWitt	21	13	37	34	17	NA	NA	12	NA	NA	20	13	114	87
Duval	68	30	51	55	52	25	13	21	NA	27	40	32	251	215
Goliad	19	21	17	26	13	20	NA	12	NA	NA	18	13	88	97
Gonzales	23	17	21	25	16	13	NA	NA	17	NA	13	NA	108	86
Jackson	38	17	50	42	24	31	12	18	14	13	24	26	175	151
Jim Wells	189	102	167	111	133	80	20	55	62	43	107	77	723	540
Karnes	15	NA	26	23	NA	NA	NA	NA	14	NA	NA	NA	90	62
Kenedy	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	15
Kleberg	204	108	224	165	63	63	26	44	32	39	99	89	693	571
Lavaca	70	45	115	76	61	48	43	29	17	NA	79	29	413	241
Live Oak	39	25	27	25	18	19	NA	NA	14	NA	14	NA	128	98
Nueces	922	551	1041	962	729	559	157	334	385	379	607	465	4199	3766
Refugio	NA	15	NA	28	NA	NA	NA	NA	NA	NA	NA	NA	56	90
San Patricio	192	111	204	183	200	142	26	75	59	82	139	99	877	777
Victoria	293	220	316	314	285	222	125	145	154	123	267	207	1569	1358
Totals	2346	1447	2526	2285	1796	1416	456	834	842	778	1545	1186	10466	9114

Source: Texas Department of State Health Services, Texas Health Care Information Collection, Center for Health Statistics

Causes of death are also an important indicator of community factors that impact access to and quality of care. Higher rates of treatable or preventable conditions can suggest that residents do not have access to important health care services and/or may not practice good lifestyle choices, such as poor dietary decisions, lack of exercise, or smoking. Tables 10 and 11 shows little change among the primary causes of death from 2011 and 2016. In both years, the three most common causes of death include heart disease, cancer, and Alzheimer’s disease, followed by cerebrovascular disease, accidents and diabetes.

[11] Includes additional diagnoses not included in this table.

Table 10 – Region 4: Primary Causes of Mortality - 2016

County	2016 - Leading Causes of Death in Order of Occurrence by County				
	Ranked # 1	Ranked #2	Ranked #3	Ranked #4	Ranked #5
Aransas	Heart Disease	Cancer	Respiratory Disease	Accidents	Diabetes
Bee	Heart Disease	Cancer	Accidents	Cerebrovascular Disease	Alzheimer's Disease
Brooks	Heart Disease	Cancer	NA*	NA	NA
DeWitt	Cancer	Heart Disease	Cerebrovascular Disease	Alzheimer's Disease	Diabetes
Duval	Heart Disease	Cancer	NA	NA	NA
Goliad	Cancer	Heart Disease	NA	NA	NA
Gonzales	Cancer	Heart Disease	Accidents	NA	NA
Jackson	Cancer	Heart Disease	NA	NA	NA
Jim Wells	Heart Disease	Cancer	Cerebrovascular Disease	Respiratory Disease	Alzheimer's Disease
Karnes	Heart Disease	Cancer	NA	NA	NA
Kenedy	NA	NA	NA	NA	NA
Kleberg	Heart Disease	Cancer	Cerebrovascular Disease	Diabetes	Alzheimer's Disease
Lavaca	Heart Disease	Cancer	Alzheimer's Disease	Cerebrovascular Disease	NA
Live Oak	Heart Disease	Cancer	Alzheimer's Disease	Cerebrovascular Disease	NA
Nueces	Heart Disease	Cancer	Alzheimer's Disease	Cerebrovascular Disease	Accidents
Refugio	Cancer	Heart Disease	NA	NA	NA
San Patricio	Heart Disease	Cancer	Alzheimer's Disease	Diabetes	Cerebrovascular Disease
Victoria	Cancer	Heart Disease	Cerebrovascular Disease	Respiratory Disease	Accidents

NA = Information is Not Available
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, CDC WONDER Database

Table 11 - Region 4: Leading Causes of Death 2011

County	2011 - Leading Causes of Death in Order of Occurrence by County				
	Ranked # 1	Ranked #2	Ranked #3	Ranked #4	Ranked #5
Aransas	Cancer	Heart Disease	Respiratory Disease	Accidents	Cerebrovascular Disease
Bee	Cancer	Heart Disease	Respiratory Disease	Diabetes	Cerebrovascular Disease
Brooks	Heart Disease	Cancer	NA	NA	NA
DeWitt	Heart Disease	Cancer	Cerebrovascular Disease	Respiratory Disease	Alzheimer's Disease
Duval	Heart Disease	Cancer	NA	NA	NA
Goliad	Heart Disease	Cancer	Accidents	NA	NA
Gonzales	Cancer	Heart Disease	Respiratory Disease	Accidents	Diabetes
Jackson	Heart Disease	Cancer	Alzheimer's Disease	NA	NA
Jim Wells	Heart Disease	Cancer	Accidents	Cerebrovascular Disease	Respiratory Disease
Karnes	Heart Disease	Cancer	Diabetes	Accidents	NA
Kenedy	NA	NA	NA	NA	NA
Kleberg	Heart Disease	Cancer	Diabetes	Respiratory Disease	Accidents
Lavaca	Heart Disease	Cancer	Septicemia	Respiratory Disease	Cerebrovascular Disease
Live Oak	Heart Disease	Cancer	NA	NA	NA
Nueces	Cancer	Heart Disease	Accidents	Cerebrovascular Disease	Alzheimer's Disease
Refugio	Cancer	Heart Disease	Respiratory Disease	NA	NA
San Patricio	Cancer	Heart Disease	Accidents	Cerebrovascular Disease	Respiratory Disease
Victoria	Heart Disease	Cancer	Cerebrovascular Disease	Accidents	Respiratory Disease

County Health Rankings

County Health Rankings are based on an analytical process that uses numerous types of data to assess and rank counties based on Overall Health Outcomes and Overall Health Factors. The tool was developed by the Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute. Individual comparison measures evaluate clinical care, social and economic factors and the physical environmental characteristics in each county. Rankings are available for most Texas counties and allow a comparison of how counties compare in terms of overall health and health status.

Table 12 provides rankings for the five major categories. Counties with lower numbers are ranked the highest (i.e., a rank of 1 is the highest/best ranking.) As the table shows, overall, RHP 4 counties generally do not rank among the highest counties. Only eight rankings are below 50, placing the counties in the top 50 for those measures. Both Jackson and Live Oak counties each received two of those lowest scores. Jackson ranked 39th for Quality of Life and 47th for Social and Economic Factors. (As noted in Table 2, Jackson has the highest median household income of all RHP 4 counties). Live Oak ranked 31st for Quality of Life and 46th for Health Behaviors. Overall, Goliad county had the lowest aggregated score across all factors, for a total of 341, followed by Lavaca county with 363 and Jackson with 383. Goliad also had the second highest median household income (Table 2).

Some of the poorest scores were received by Brooks County, which scored above 230 for all five categories, and had the highest (i.e. worst) aggregated score at 1,185. Not surprisingly, Brooks also had the lowest median household income of all RHP counties at $22,741. This is 41% of Jackson county's household income of $54,926. These factors again point to the correlation between income and health status/quality of life and the wide disparity in health status among counties and residents in RHP 4.

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Table 12 – Region 4: RHP County Health Rankings

Overall Texas County Rankings by Category of Measures[12]					
County	**Health Outcomes**	**Quality of Life**	**Health Behaviors**	**Clinical Care**	**Social and Economic Factors**
Aransas	234	179	83	21	208
Bee	120	176	200	160	222
Brooks	240	242	231	231	241
DeWitt	91	89	132	85	169
Duval	243	232	138	149	239
Goliad	63	83	31	89	75

[12] Rank #1 is best out of 243 ranked counties

Overall Texas County Rankings by Category of Measures[12]					
Gonzales	182	206	210	109	197
Jackson	94	39	106	97	47
Jim Wells	237	233	115	110	235
Karnes	217	178	192	122	198
Kenedy	Not Reported				
Kleberg	143	199	129	167	224
Lavaca	71	52	86	120	34
Live Oak	69	31	46	138	118
Nueces	133	189	193	26	203
Refugio	76	108	115	184	151
San Patricio	153	155	171	71	170
Victoria	87	93	209	29	140

Source: County Health Rankings & Roadmaps, 2017 available at:
http://www.countyhealthrankings.org

Table 13 provides more detailed rankings of the criteria used to develop the total Quality of Life Measure included in Table 12. Factors used to measure quality of life are based on self-reported data collected through a statistically valid survey. Due to improved sampling methodologies and expanded processes, data for 2017 is much more complete than 2012 data collection, with data unavailable for numerous states. As with the ranking measures, scores vary among counties. However, the majority of scores declined (i.e., were worse) in 2017 when compared to 2012. For example, the percentage of adults reporting poor or fair health increased for every county except Victoria. Scores in DeWitt county more than doubled from 9% in 2012 to 19% in 2017.

Overall, a large majority of sores for 2017 were below the state average. For example, for the category “Adults: Avg. # of Mentally Unhealthy Days Within Past 30 days”, every score was worse than the state average. For the category “Adults: Avg. # of Physically Unhealth Days”, only one score (Lavaca county) was better than the state average and one county (Jackson) met the state average. The best performing category was “Percentage of Live Births with Low Birth Weight” in which five counties met the statewide average of 8% and two county scored slightly better at 7%.

Table 13 – Region 4: Quality of Life Measures

Texas County Rankings: Quality of Life Measures								
County	**% of Adults Reporting Poor or Fair Health**		**Adults: Avg. # of Physically Unhealthy Days Within Past 30 Days**		**Adults: Avg. # of Mentally Unhealthy Days Within Past 30 Days**		**Percentage of Live Births with Low Birth Weight**	
	2012	**2017**	**2012**	**2017**	**2012**	**2017**	**2012**	**2017**
Statewide Average	**19%**	**19%**	**3.6**	**3.6**	**3.3**	**3.2**	**8.2%**	**8%**
Aransas	14%	20%	3.9	4.2	1.7	3.7	8.9%	9%
Bee	23%	24%	3.6	4.1	4.7	3.4	8.8%	9%
Brooks		42%		6.1		4.4	10.0%	10%
DeWitt	9%	19%	2.6	3.9	4.2	3.4.	7.5%	8%
Duval		33%		4.9		3.8	10.1%	10%
Goliad		18%		3.8		3.4	7.5%	8%
Gonzales		24%	3.3	4.4	3.2	3.8	7.7%	9%
Jackson		17%	6.3	3.6	2.9	3.3	6.3%	7%
Jim Wells		27%	5.0	4.5	4.8	3.6	10.6%	11%
Karnes	14%	24%		4.4		3.5	8.1%	9%
Kenedy		28%		4.5		3.7		NR
Kleberg	21%	28%	3.1	4.6	2.6	3.7	9.2%	8%
Lavaca		15%	3.8	3.5	1.0	3.3	7.8%	8%
Live Oak		18%		3.8		3.3	8.1%	7%
Nueces	21%	25%	4.4	4.5	3.5	3.7	9.0%	9%
Refugio		21%		4.0		3.4	7.5%	8%
San Patricio	19%	21%	3.3	4.1	2.8	3.4	8.9%	9%
Victoria	22%	19%	3.6	3.8	4.0	3.4	8.2%	8%

Table 14 includes measures used for the rankings of Health Factors and Health Behaviors. As with the prior table, many scores were not available for 2012. However, for 2017 scores, counties fared somewhat better compared to scores for Quality of Life Measures (Table 13). For example, for the category “Percent of Adults Who Currently Smoke”, five counties met the state average of 15% and five counties fared slightly better at 14%. Only six counties met or exceeded the state average for “Percent of Adults Reporting BMI of 30 or More” and several counties had levels significantly higher than the average of 28%, including Nueces (34%), San Patricio (33%), and Victoria (34%). The region performed best for the category “Percent of Adults Reporting Binge or Heavy Drinking” with six counties meeting the statewide average of 17% and eight counties reporting better scores below 17%.

Table 14 – Region 4: Health Factors and Health Behaviors Measures

Texas County Rankings: Health Factors/Health Behaviors Measures								
County	**Percent of Adults Who Currently Smoke**		**Percent of Adults Reporting BMI of 30 or More**		**Percent of Adults Age 20 or More Reporting No Leisure Physical Activity**		**Percent of Adults Reporting Binge or Heavy Drinking**	
	2012	**2017**	**2012**	**2017**	**2012**	**2017**	**2012**	**2017**
Statewide Average	**19%**	**15%**	**29%**	**28%**	**25%**	**23%**	**16%**	**17%**
Aransas	13%	16%	28%	27%	29%	24%	NA	14%
Bee	8%	17%	29%	29%	25%	24%	NA	18%
Brooks	NA	21%	29%	27%	30%	24%	NA	12%
DeWitt	NA	15%	28%	31%	26%	30%	NA	16%
Duval	NA	16%	30%	28%	27%	25%	NA	14%
Goliad	NA	14%	29%	29%	27%	25%	NA	16%
Gonzales	NA	17%	32%	30%	29%	29%	NA	16%
Jackson	NA	14%	30%	32%	27%	28%	NA	17%
Jim Wells	NA	15%	32%	29%	27%	25%	NA	15%
Karnes	NA	18%	30%	29%	28%	25%	NA	17%
Kenedy	NA	16%	30%	26%	28%	22%	NA	15%
Kleberg	9%	16%	30%	28%	27%	23%	NA	17%
Lavaca	NA	14%	27%	32%	29%	30%	NA	17%
Live Oak	NA	14%	28%	28%	30%	27%	NA	17%
Nueces	24%	17%	30%	34%	24%	24%	22%	19%
Refugio	NA	14%	29%	28%	30%	26%	NA	16%
San Patricio	17%	15%	30%	33%	29%	30%	10%	17%
Victoria	26%	15%	31%	34%	26%	29%	NA	18%

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.

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Table 15 - 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 Health System Improvements and Challenges

RHP 4 providers have made significant improvements in the local health care infrastructure and delivery system as a result of successful DSRIP projects. Examples of some of the key accomplishments over the past five years include:

- Improved coordination and collaboration among providers of all types throughout the region, including participation in formal learning collaboratives and joint "raise the floor" improvement initiatives
- Improved access to health care due to an increased number of primary care and specialty providers; the addition of new and expanded health care clinic locations and expanded office hours; improved transportation services; implementation of mobile crisis services; and expansion of telemedicine services
- Advances in care coordination through physical and behavioral health integration initiatives; improvements and expanded use of electronic medical records and physician order management systems; implementation of care transition strategies; and improved communication and planning between inpatient hospital settings and outpatient and community providers
- Implemented strategies designed to reduce avoidable emergency room admissions, including improving access to primary care and providing alternative options for treating behavioral health care crises
- Expanded and Improved patient education initiatives and provided assistance navigating the health care system to support patients' efforts to better utilize the services available and improve their health status and outcomes.

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While these efforts have resulted in measurable improvements in the lives of thousands of community residents, the Region continues to deal with many challenges. As noted throughout this report, every county still faces high numbers of uninsured residents. All but one county reports average median household incomes below the statewide average, and two thirds of the counties report average poverty rates above the statewide average. Despite a significant growth in the total number of providers practicing in RHP 4, three counties have no PCPs and two have no practicing physician of any kind.

The Region 4 community also continues to rebuild after extensive damage caused by Hurricane Harvey. RHP 4 includes many of the counties that suffered some of the most significant damage in the State. As an indication of the extent of damage, in the Corpus Christi Metropolitan Statistical Area, as of January 22, 2018, 53 percent of all households had registered for Individual Assistance from the Federal Emergency Management Agency. In the RHP 4 communities of Rockport, Fulton, Bayside, Aransas Pass, and Port Aransas, surveys estimate Harvey completely destroyed or severely damaged about 80 percent of homes and buildings. In addition to property damage, these communities suffered a decline in jobs and businesses as many owners await financial aid or are undecided whether they will re-build or re-open. Many of the DSRIP projects were placed on hold while staff and other resources were re-focused to meet the immediate community needs, including facility repairs that made it necessary to temporarily discontinue seeing patients until critical repairs could be made and utilities were restored.

While circumstances are gradually improving, health care services in some communities are still recovering, forcing some residents to travel longer distances for even basic health care services. In a survey conducted by the Episcopal Health Foundation and Kaiser Family Foundation, RHP 4 counties (Coastal Triangle) reported 74% of individuals were affected by property damage or job loss.[13] One in eight residents report they or a household member has a health condition that is new or has gotten worse as a result of the storm. Thirty-eight percent of these identified a respiratory condition such as asthma allergies or cough, and 20 percent identified mental health issues including anxiety, depression, and stress. Residents report skipping or delaying medical care or having problems paying medical bills, not filling prescriptions, cutting pills in half, and skipping doses. Addressing these concerns through enhanced efforts to improve access to affordable health care is even more important now in order to support the re-building of these coastal communities and ensure residents can obtain the services they need.

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

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[13] Kaiser Family Foundation, "An Early Assessment of Hurricane Harvey's Impact on Vulnerable Texans in the Gulf Coast Region: Their Voices and Priorities to Inform Rebuilding Efforts"; December 5, 2017 available at https://www.kff.org/other/report/an-early-assessment-of-hurricane-harveys-impact-on-vulnerable-texans-in-the-gulf-coast-region-their-voices-and-priorities-to-inform-rebuilding-efforts/

- **Inability to access necessary health care services.** Many RHP 4 residents continue to face barriers to accessing health care, including an absence or insufficient numbers of local health care providers, lack of insurance or an inability to pay for services, transportation challenges, and/or lack of knowledge regarding how to obtain care. In a 2016 Community Survey, 39 percent of respondents reported experiencing some type of barrier to access of routine health care, up from 20 percent in 2013.[14] Expanded access to services remains a priority for the region and is addressed by a variety of DSRIP initatives that are designed to increase the number of health care providers, support the expansion of available clinic hours, improve patient education and outreach to ensure residents understand how they can access services, and expand innovative delivery systems such as telemedicine.

- **High prevalence of chronic disease, including asthma, cancer, hypertension, diabetes, and cardiovascular disease.** As discussed throughout this report, many of the data sources used to measure health care utilization and diagnoses indicate a high percentage of residents continue to experience poor physical and/or mental health. In the 2017 County Health Rankings, the percent of adults in poor or fair health was at least twenty percent or higher in twelve counties, with one county reporting 42 percent in poor or fair health. In the Community Survey, 86.5 percent of respondents noted that at least one of the 25 illnesses listed occurred in their household within the past 12 months.[15] Top conditions reported included allergies (59% of respondents) and asthma (41% of respondents). Respiratory issues are also among the top primary diagnoses for all in-patient and emergency department data. Obesity also continues to be a primary condition across all counties, with 31% of all residents reporting a BMI of 30 or more.[16] The challenges of treating chronic conditions are addressed in a variety of DSRIP initiatives including patient education and engagement to improve health habits, improving access to primary care and screenings for early detection and treatment

- **Continued growth in mental health issues and challenges accessing appropriate behavioral health care providers and services.** Despite significant improvements in the delivery of behavioral health services under DSRIP initiatives, the region continues to face an increasing demand for services. Inpatient hospitalization data for the region indicates depression disorder and major depressive disorder are in the top ten diagnoses for individuals under the age of 18.[17] In addition, 52 percent of adults participating in the 2016 Community Survey reported having poor mental health days in the past 30 days compared to only 27% in 2013. Thirty-three of survey respondents also reported missing work due to physical and/or mental health. As noted in the 2016 Community Survey, mental health facilities continue to be very limited in both urban and rural areas. Within the entire Coastal Bend region, only 19 facilities for mental

[14] Texas A&M University, Social Science Research Center, 2016 Coastal Bend Health Needs Assessment, 2016.
[15] Ibid.
[16] County Health Rankings 2017
[17] 2016 Coastal Bend Health Needs Assessment

health services are available, and two of those have been added since 2014. Only Nueces and San Patricio counties have more than one facility.[18]

- **Expanded patient education and engagement efforts are needed to support residents' ability to better utilize available services and make healthy living choices.** RHP 4 residents face a number of factors that make it difficult to navigate the health care system and make positive health care decisions that lead to better outcomes. Residents of more rural communities often must travel lengthy distances to obtain services, and transportation is often difficult to arrange. As such, patients delay services or inappropriately seek care in emergency rooms for lack of other options. Health care professionals have noted that health literacy and patient compliance are often difficult because people are not aware of local resources, or do not have the economic support to meet basic needs such as affordable housing and food security.[19] Others make poor choices that have negative impacts on their health. For example, the 2017 County Health Rankings report that 17 percent of the regions' adults reported binge or heavy drinking. Nearly one third of adults are obese and 16 percent of adults currently smoke. DSRIP initiatives to address these problems include the use of patient navigators to help residents obtain services and receive guidance on how to use the health care service, implementation of patient education programs to improve compliance with health care instructions, and improved coordination of services using community health workers and care coordinators.

- **Limited access to public transportation and emergency medical services.** Many of the Region's residents live in rural communities that provide little or no options for public transportation to obtain medical care and have very limited options for emergency transportation. 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 that could have been provided in a primary care setting or avoided entirely. Recent data indicates that only about 48 percent of Emergency Department visits are high or urgent severity, suggesting that more than half of the visits could have been served in an urgent care or primary care facility. DSRIP initiatives include efforts to recruit more primary care physicians and expand access to primary and preventative care services, expanded office hours to increase the number of available clinic appointments, and collaboration with community workers to work with patients to arrange services and provide ongoing support and assistance.

- **High number of uninsured patients, many of whom do not have a medical home, do not receive primary and preventative care, and often rely on emergency departments for health care needs.** Although the percentage of uninsured residents has declined from 21.8 percent in 2010 to 18.7 percent in 2015, the number of insured has increased to more than 147,000. With nearly 20% of the population lacking health insurance, like

[18] Ibid.
[19] Ibid.

many Texas communities, the region struggles to provide affordable services and meet the demand for services. In the 2016 Community Survey, residents without insurance reported that cost was the main reason for not having coverage. Without insurance, individuals may have difficulty finding a provider that will accept them. When they do get care, it is often only to treat an urgent care need. Uninsured individuals frequently do not receive important diagnostic, screening or preventative services. Half of the provider survey respondents reported the lack of services for uninsured and underserved patients is a major impediment to the delivery of health care.[20] Uninsured patients who delay treatment often have more serious conditions and ultimately seek treatment in emergency settings, resulting in millions of dollars in unnecessary spending with no follow-up care or chronic disease management. DSRIP projects have provided a critical support system for many low income, uninsured residents by providing access to care, providing patient training and education for chronic conditions, and arranging community supports and coordination.

Based on these key challenges, the following table provides a summary overview of the primary community needs in RHP 4:

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

[20] Ibid.

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CN 16	Improved integration of physical and behavioral health care services
CN 17	Improvements in hospital safety to reduce costs and improve patient outcomes

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

Key sources of information that supported this Needs Assessment came from the Texas Department of State Health Services, Center for Health Statistics, 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 2016 Community Health Needs Assessment, prepared by Texas A&M University, located in RHP 4, also provided significant information and findings from a health needs assessment conducted in the Coastal Bend counties referenced throughout this document. The 2016 Coastal Bend Needs Assessment included a community stakeholder survey and a provider survey, both of which provided important data relative to this report and the identification of current community needs.

Other resources included:

- Texas Demographic Center, Texas Population Estimates Program
- U.S. Census Bureau, American Community Survey Five Year Estimates, 2011-2015
- Healthy People 2020
- Texas Medical Board
- Centers for Disease Control and Prevention, National Center for Health Statistics
- U.S. Department of Health and Human Services, Health Resources and Services Administration
- South Texas Economic Development Center

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

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