



Keeping the **H** in Hometown®

# Baptist Hospitals of Southeast Texas

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## Community Health Needs Assessment and Implementation Plan

May 2019

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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 Baptist Hospitals of Southeast Texas (BHSET) by Community Hospital Corporation (CHC). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Jefferson and Orange Counties in Texas.

The CHNA Team, consisting of leadership from BHSET, met with staff from CHC on October 16, 2018 to review the research findings and prioritize the community health needs. Seven 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 seven most significant needs, as ranked during the October 16th prioritization meeting, are listed below:

- 1.) Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
- 2.) Access to Affordable Care and Reducing Health Disparities Among Specific Populations
- 3.) Access to Mental and Behavioral Health Care Services and Providers
- 4.) Need for Increased Emphasis on Sex Education and Communicable Disease Prevention
- 5.) Access to Specialty Care Services and Providers
- 6.) Access to Affordable Dental Care Services and Providers
- 7.) Need for Improved Availability of Safe, Affordable Housing

Once this prioritization process was complete, the hospital leadership discussed the results and decided to address five of the prioritized needs in various capacities through hospital specific implementation plans. This implementation plan addresses the top five of the seven needs. “Access to Affordable Dental Care Services and Providers” and “Need for Improved Availability of Safe, Affordable Housing” are not addressed largely due to the fact that they are not core business functions of the hospital and the limited capacity of the hospital to address such needs.

BHSET leadership has developed the following implementation plan to identify specific activities and services which directly address the top five 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 BHSET Board reviewed and adopted the 2019 Community Health Needs Assessment and Implementation Plan on April 22, 2019.



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

Data suggests that higher rates of specific mortality causes and unhealthy behaviors warrants a need for increased preventive education and services to improve the health of the community. Heart disease and cancer are the two leading causes of death in Jefferson and Orange Counties. Jefferson and Orange Counties have higher mortality rates than Texas for the following causes of death: accidents (unintentional injuries); Alzheimer's disease; cerebrovascular diseases; chronic liver disease and cirrhosis; chronic lower respiratory diseases; diseases of heart; intentional self-harm (suicide); malignant neoplasms; nephritis, nephrotic syndrome and nephrosis; colon and rectum cancer; and lung and bronchus cancer. In several of the listed death categories – including accidents (unintentional injuries), Alzheimer's disease, cerebrovascular diseases, chronic liver disease and cirrhosis, chronic lower respiratory diseases, diseases of heart, intentional self-harm (suicide) and malignant neoplasms – Orange County ranked higher than Jefferson County with regards to age-adjusted mortality rates. Additionally, Jefferson County has a higher diabetes mellitus and prostate cancer mortality rate than the state, and Orange County has a higher septicemia mortality rate than the state.

Both Jefferson and Orange Counties have higher prevalence rates of chronic conditions such as diabetes, obesity and arthritis than the state. Both counties have higher percentages of residents participating in unhealthy lifestyle behaviors such as physical inactivity and smoking than the state, and also have lower rates of recreational facilities per 100,000 population than the state. With regards to maternal and child health, specifically, Jefferson and Orange Counties have higher low birth weight births, higher rates of mothers smoking during pregnancy, and higher teen (age 0-19 years) birth rates than the state.

Data suggests that Orange County residents are not appropriately seeking preventive care services, such as timely colonoscopy or sigmoidoscopies. Additionally, both counties have a lower rate of primary care providers per 100,000 persons as compared to the state, and Orange County has a lower rate of dentists per 100,000 than the state as well.

Several interviewees noted that there is a need for health education in the community regarding chronic conditions and unhealthy lifestyle behaviors, including obesity, diabetes, high blood pressure, physical inactivity, asthma, heart failure, and COPD. Several individuals specified that the Hispanic and African American populations may face higher rates of diabetes and heart disease. It was mentioned that there is an increasing number of fast food restaurants entering both counties, and a general lack of primary prevention tactics for chronic diseases. Interviewees also noted that low income populations may face cost barriers when accessing healthy lifestyle resources, and that the youth population may tend to overuse the ER due to lack of established relationships with local PCPs. One interviewee stated: "Teens are using the ER for care because they are somehow not able to establish themselves with primary care so we do have a problem with them not getting preventive counseling for diabetes, hypertension, and asthma because they're not accessing care."

Interviewees emphasized the need to educate the community on local resources available for their use. It was discussed that there are many resources and services in the community; however, there is a lot of confusion surrounding what resources are available and how to access those services. Additionally, many people mentioned that there is confusion on how to navigate the health care system in the area, and a specific limitation of programs in Orange County. One interviewee stated: "In Orange County, there are no programs out there to promote healthy lifestyles."

## **Priority #2: Access to Affordable Care and Reducing Health Disparities Among Specific Populations**

Data suggests that some residents in the study area face significant cost barriers when accessing the health care system. Jefferson and Orange Counties have higher unemployment rates than the state, as well as lower educational attainment rates than the state. In addition, Jefferson County has a lower high school graduation rate than the state.

## Priority #2: Access to Affordable Care and Reducing Health Disparities Among Specific Populations (continued)

Jefferson County also has a higher percentage of families and children living below poverty than the state, as well as a higher percentage of public school students eligible for free or reduced price lunch.

Jefferson County has a higher rate of those adults (age 18-64) who are uninsured as compared to the state, and both counties have a higher percentage of residents that experienced a medical cost barrier to care within the past 12 months than the state. Additionally, Jefferson and Orange Counties are designated as Health Professional Shortage Areas and Medically Underserved Areas, as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

Interviewees discussed affordability and cost barriers as concerns that disproportionately affect the low income, un/underinsured, working poor and elderly populations. Many people pointed out the limited options for low income, Medicaid, and un/underinsured patients in Jefferson and Orange Counties, as well as higher rates of un/underinsured residents within the low income, male, and hurricane victim populations. It was also mentioned that those residents facing financial strains, particularly hurricane victims and un/underinsured residents, may delay or forego care due to such cost barriers. One interviewee specifically stated: "For low income, Medicaid, and uninsured patients, access continues to be a significant problem."

It was noted several times that there are limited affordable preventive care options in the community, which leads to poor management of chronic conditions and un/underinsured families raising their children to inappropriately use the Emergency Room for conditions that could have been appropriately handled in a primary care setting. One interviewee stated: "If people grow up in the environment of seeking care at an ER rather than a PCP, they go to the ER for a head cold."

It was mentioned that un/underinsured Orange County residents, specifically, are disproportionately challenged by a lack of local health care services due to the closing of the hospital. One interviewee specifically stated: "[In Orange County], whether you have insurance or not, the number of physicians is certainly more of a trouble. Jefferson County is relegated to whether you have insurance or not."

When asked about which specific groups are at risk for inadequate care, interviewees spoke about youth, elderly, homeless, racial/ethnic, low income/working poor, veterans, un/underinsured, and residents living in the 77701 and 77705 zip codes. With regards to the youth population, interviewees discussed an increasing need for broad sex education and STI prevention (specifically within the African American population), a need for increased access to mental and dental services, healthy lifestyle education to target obesity rates, drug prevention and education, and efforts to address overuse of the Emergency Room. With regards to the elderly population, interviewees discussed a lack of affordable medications and medical equipment (dentures, wheelchairs), an increasing number of primary care providers not accepting Medicare, transportation barriers, lack of access to specialty care, higher rates of STIs, and conditions such as dementia, Cancer, and COPD as significant concerns for elderly residents. Homeless residents were discussed as being disproportionately challenged by a lack of local shelters and resources and a lack of affordable, safe housing options. Racial/ethnic groups were discussed as facing a lack of local bilingual therapists; distrust of the health care system; a need for healthy lifestyle education; significant language barriers (for Vietnamese residents); higher rates of uninsured residents in the African American, Hispanic, and Vietnamese populations; high unemployment rates within the African American, Hispanic, and Vietnamese groups; and a stigma in seeking mental and behavioral health care services within the African American population. Veterans and un/underinsured residents were brought up as a subgroup of the population that may be disproportionately affected by a lack of local services and facilities for them to utilize. Low income and working poor residents were discussed as facing displacement post Hurricane Harvey and typically delay seeking preventive care due to cost and having to take off work. Lastly, for residents living in the 77701 and 77705 zip codes, interviewees discussed a higher uninsured and unemployment rate, high poverty rates, and a significant homeless population.

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

Data suggests that residents in Jefferson and Orange Counties do not have adequate access to mental and behavioral health care services and providers. Jefferson and Orange Counties have lower rates of mental health care providers per 100,000 than the state, as well as higher rates of depressive disorders and percentages of adults who reported experiencing fourteen or more poor mental health days.

Many interviewees mentioned the overall lack of mental and behavioral health care providers and services in the county, particularly for un/underinsured and Medicaid residents. It was mentioned several times that the limited or no options for mental and behavioral health care resources in the community for Medicaid and un/underinsured residents yields long wait times. It was also specifically noted that there is an increasing need for individualized services vs. group therapy to address any stigma associated with seeking such care. One interviewee stated: “[Mental health care] is very fragmented. Providers are limited and a lot of resources are geared towards group therapy...that is a barrier for somebody who is just getting to grips with the fact that they need mental health care.”

Interviewees also discussed an increasing rate of mental ailments within the youth, elderly and low income populations, which may be correlated with the effects of Hurricane Harvey. Additionally, it was noted that there is a significant need for addiction treatment services in both counties, and a demand for more Spanish-speaking providers. One interviewee stated: “There’s a significant need for Spanish speaking providers that don’t have to offer services using a translator.”

### **Priority #4: Need for Increased Emphasis on Sex Education and Communicable Disease Prevention**

Data suggests that residents in Jefferson and Orange Counties face higher risks of communicable disease infection. Jefferson County has higher prevalence rates of communicable diseases (chlamydia, gonorrhea, HIV, syphilis) than the state.

Interviewees mentioned significant increases in STIs within the youth and elderly populations, such as Syphilis, Chlamydia, Gonorrhea, HIV, and Hepatitis C. It was also mentioned that there is a lack of education regarding safe sex practices in schools due to the stigma associated with discussing sexual education. One interviewee specifically stated: “Our teens and adolescents are the fastest growing population for HIV. We have difficulty providing education for teens because our state does not allow comprehensive sex education in schools.”

It was also noted that there is a limited availability of specialists trained in providing HIV and Hepatitis C diagnoses and treatment, as well as an increasing demand for health care services and provider education on treating transgender patients. One interviewee specifically stated: “There is a lack of services for trans patients and not enough providers. We need to educate ER staff on that subset of patients and how to most appropriately handle their health care needs.”

### **Priority #5: Access to Specialty Care Services and Providers**

Interviewees noted patient outmigration to Houston for specialty care services, specifically for those who are un/underinsured and veterans. Cardiology, Infectious Disease, Nephrology, Oncology and Rheumatology were all specialties that were indicated as needs for those un/underinsured residents from interviewees. It was also mentioned that Neurology, specifically, is lacking for all residents – regardless of insurance coverage. One interviewee stated: “There is a huge need for neurology. If I made an appointment as an insured patient, it would take 4.5 months before I’d be seen.”

A few interviewees mentioned that there is a limited supply of specialty care services available in Orange County, specifically, due to the closing of the hospital and consequential physician relocations. One interviewee specifically stated: “[In Orange County], our heart doctor left...some orthopedic doctors left. I don’t think there’s cancer doctors left in the area. I really don’t think there’s a whole lot of specialists left in Orange County at all.”





# 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 on 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 BHSET
  - 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

# 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 BHSET
  - 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
  - A description of the progress and/or completion of community benefit activities documented in the previous implementation plan
  - The prioritized community needs and separate implementation plan, which intend to address the community needs identified
  - Documentation and rationalization of priorities not addressed by the implementation plan
  - A description of additional health services and resources available in the community
  - A list of information gaps that impact the hospital's ability to assess the health needs of the community served

# Process and Methodology

## *Methodology*

- BHSET worked with CHC in the development of its CHNA. BHSET 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 IBM Watson's Truven Health Analytics Market Expert Tool
  - 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 prioritization process during the CHNA Team meeting on October 16, 2018. The CHNA Team included:
    - Bryan Chandler, Vice President, Business Development
    - Mary Poole, Director, Public Relations
- 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)*

### – BHSET Biography

- Background information about BHSET, mission, vision, values and services provided were provided by the hospital or taken from its website

### – Study Area Definition

- The study area for BHSET is based on hospital inpatient discharge data from January 1, 2017 – December 31, 2017 and discussions with hospital staff

### – Demographics of the Study Area

- Population demographics include population change by race, ethnicity, age, median income analysis, unemployment and economic statistics in the study area
- Demographic data sources include, but are not limited to, IBM Watson's Truven Health Analytics Market Expert Tool, 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, Community Commons, United States Census Bureau, and the Centers for Disease Control and Prevention

### – Interview Methodology

- BHSET provided CHC with a list of persons with special knowledge of public health in Jefferson and Orange Counties, including public health representatives and other individuals who focus specifically on underrepresented groups
- From that list, thirteen 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.

# Process and Methodology

## *Methodology (continued)*

### – Evaluation of Hospital's Impact

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

### – Prioritization Strategy

- Seven 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 CHNA Team October 16, 2018
- See the prioritization section for a more detailed description of the prioritization methodology



# HOSPITAL BIOGRAPHY

# Hospital Biography

## *About Baptist Hospitals of Southeast Texas*

### **Specialized Services to Deliver Better Care**

Baptist Hospitals of Southeast Texas hosts the only Behavioral Health Inpatient facility in Southeast Texas, a strong emphasis has been placed on serving patients struggling with mental and/or addiction disorders. New programs have been designed to support those in need of intensive outpatient therapy, group therapy, medical detoxification, and crisis stabilization for all generations.

As the need for cancer services continued to increase in our regional area as well, Baptist Hospitals of Southeast Texas Partnered with the Cancer Center of Southeast Texas and Altus Cancer Center to create the Baptist Hospitals of Southeast Texas Regional Cancer Network. This consolidation of specialized radiation therapy, hematology and medical oncology serves to expand and enhance regional cancer care in Southeast Texas.

This partnership, combined with the recent Comprehensive Accreditation through the Commission on Cancer for the Baptist Cancer Center demonstrates the commitment to providing safe, efficient, and high-quality cancer services in a loving environment to members of the community.

### **Care for the Whole Family**

With the only pediatric emergency room in Southeast Texas, the Children's Emergency Center boasts five treatment rooms in a designated child-friendly area. The pediatric emergency unit is open 24 hours a day/7 days a week, staffed with nurses who have special pediatric emergency training.

As part of the commitment to the members of our community, Baptist Hospitals of Southeast Texas partnered with the Beaumont Foundation and the Reaud Foundation to open the Albert E. and Gena Reaud Guest House to provide lodging for members of our community and surrounding areas receiving medical treatment.



# Hospital Biography

## *About Baptist Hospitals of Southeast Texas (continued)*

### ***Performing Sacred Work by Delivering Quality Health Care Solutions***

The mission of Baptist Hospitals of Southeast Texas is and always has been dedicated to providing quality health care and sacred work in a Christian environment to all who need it. For over sixty years, our Partners in Caring — physicians, nurses, and staff — practice a philosophy that inspires an environment of teamwork, respect, encouragement, opportunity, and trust. Our efforts continue each day as we strive to offer newer and better programs, services, and technologies for the members of our community.

The dedicated staff at our Beaumont hospital provide their time and talents to performing life-changing education and community-focused programs and services meant to enable us to achieve our vision of improving the health of our community.

### **Our History**

Established in 1945 when L.E. Stagg Sr. — a Beaumont businessman and Baptist leader — led the effort to build a “City of Healing” as a response to the serious hospital bed shortage in the Southeast Texas area. In keeping with the spirit of his membership in the Baptist General Convention of Texas, the Christian emphasis continues to be exemplified through the interrelationships of our organization’s management, 1500 employees, and the presence and participation of the chaplaincy in the healing process.

Having served Southeast Texas for more than 65 years, Baptist Hospitals of Southeast Texas has had the opportunity to touch, heal, and change many lives. With a long history of clinical excellence, high quality health care, cutting-edge technology, excellent customer service, and a mission and vision founded in faith, Baptist Hospitals is privileged to be entrusted with the health of our families, friends, and neighbors.

# Hospital Biography

## *Services*

- Baptist Family Medicine
- Behavioral Health
- Bariatric Weight Loss Program
- Cancer Network
- Cardiovascular Services
- Diabetes
- Emergency Services
- Imaging Services
- Orthopaedics
- Pediatrics
- Radiology
- Rehabilitation & Physical Therapy
- School of Radiologic Technology
- Sleep Center
- SmartHealth Clinic
- Surgical Services
- Women's Services
- Wound Healing Centers

# Hospital Biography

## *Mission, Vision and Values*

### **Mission**

Together, we perform Sacred Work by uniting Kindness, Quality and Healing...ALWAYS.

### **Vision**

Baptist Hospitals of Southeast Texas will be the premier health care system by creating the best possible outcomes with exceptional patient care experiences. We will accomplish this by keeping quality (best clinical outcomes, excellent customer service and a reasonable or commensurate price) at the core of everything we do.

### **Values**

We are committed to assisting and meeting the health care needs of the individuals in our diverse communities

We are stewards of community resources and are committed to being medically, socially, financially, legally, and environmentally responsible

We are devoted to providing superior quality, cost-efficient, innovative, and compassionate care

We collaborate with our patients, families, physicians, employees, volunteers, vendors, and communities to achieve our purpose

We support teaching programs that develop the health care professionals of tomorrow

We support education and implementation of innovative technology to expand our knowledge and learn how to provide better care

We provide holistic health care which addresses with dignity the physical, social, psychological, and spiritual needs of individuals

We are committed to the growth and development of the intellectual and spiritual capabilities of our employees

We have high ethical standards and expect integrity, fairness, and respect in all our relationships

We recognize that effective, quality health care encourages and supports an environment focused on safe practices



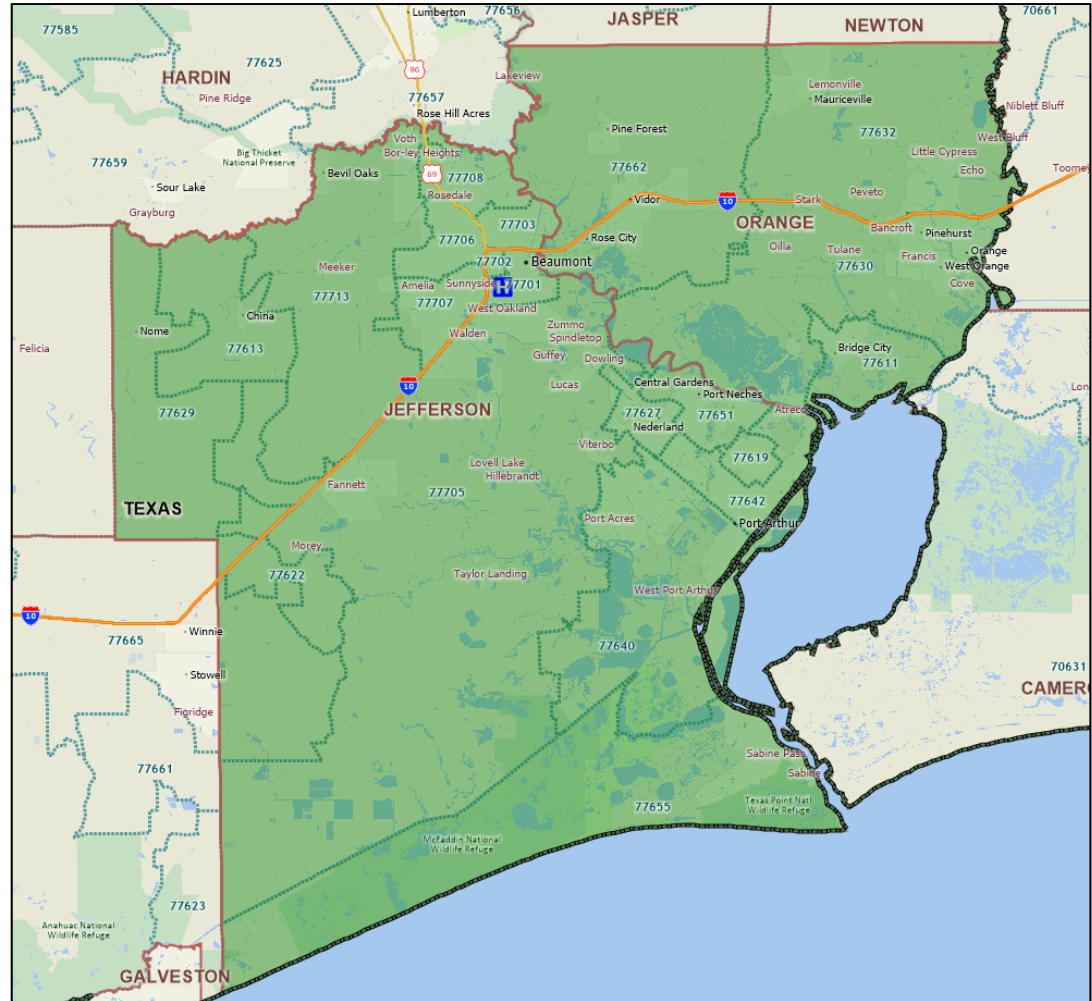
# STUDY AREA

# Baptist Hospitals of Southeast Texas

## Study Area

Jefferson and Orange Counties comprise 69.9% of CY 2017 Inpatient Discharges

**H** Indicates the hospital



**Baptist Hospitals of Southeast Texas**  
Patient Origin: January 2017 - December 2017

County	State	CY 2017 Discharges	% of Total	Cumulative % of Total
Jefferson County	TX	7,980	49.4%	49.4%
Orange County	TX	3,303	20.5%	69.9%
All Others		4,868	30.1%	100.0%
<b>Total</b>		<b>16,151</b>	<b>100%</b>	

Source: Hospital inpatient discharge data provided by Baptist Hospitals of Southeast Texas; January 2017 - December 2017; Normal Newborns excluded.

Note: the 2016 BHSET CHNA and Implementation Plan report studied Jefferson and Orange Counties, Texas, which comprised 71.3% of FY 2015 (July 1, 2014 – June 30, 2015) inpatient discharges.



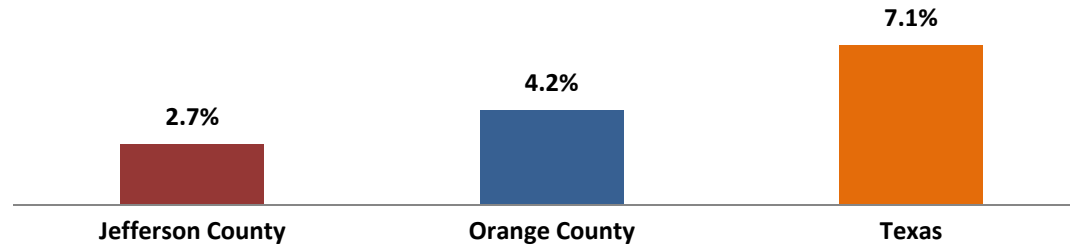


# DEMOGRAPHIC OVERVIEW

# Population Health

## Population Growth

### Projected 5-Year Population Growth 2018-2023

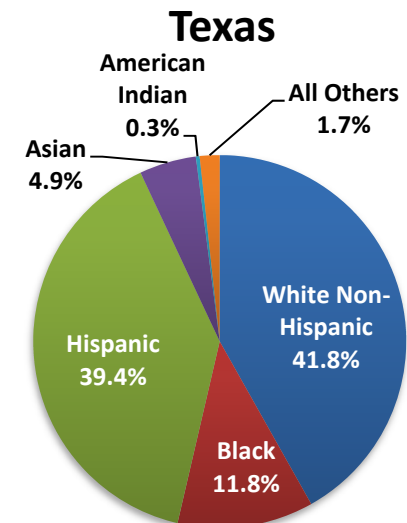
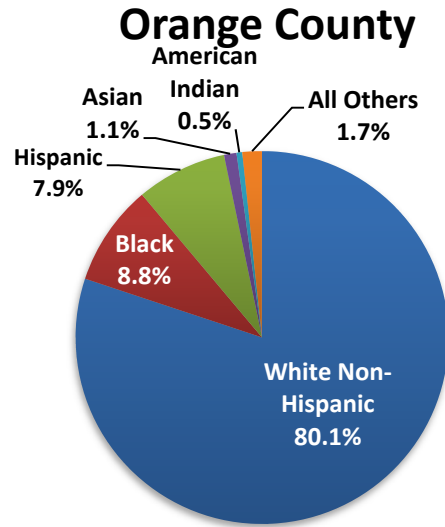
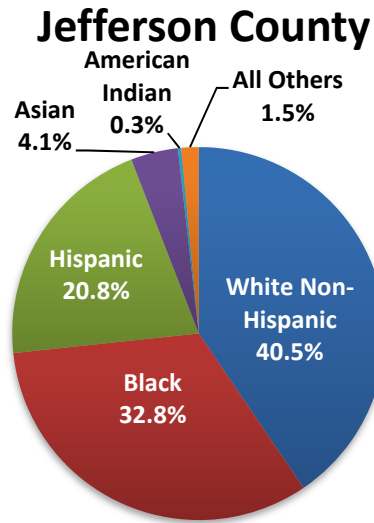


Overall Population Growth					
Geographic Location	2010	2018	2023	2018-2023 Change	2018-2023 % Change
Jefferson County	252,273	254,142	260,932	6,790	2.7%
Orange County	81,837	85,210	88,783	3,573	4.2%
Texas	25,145,561	28,531,603	30,558,741	2,027,138	7.1%

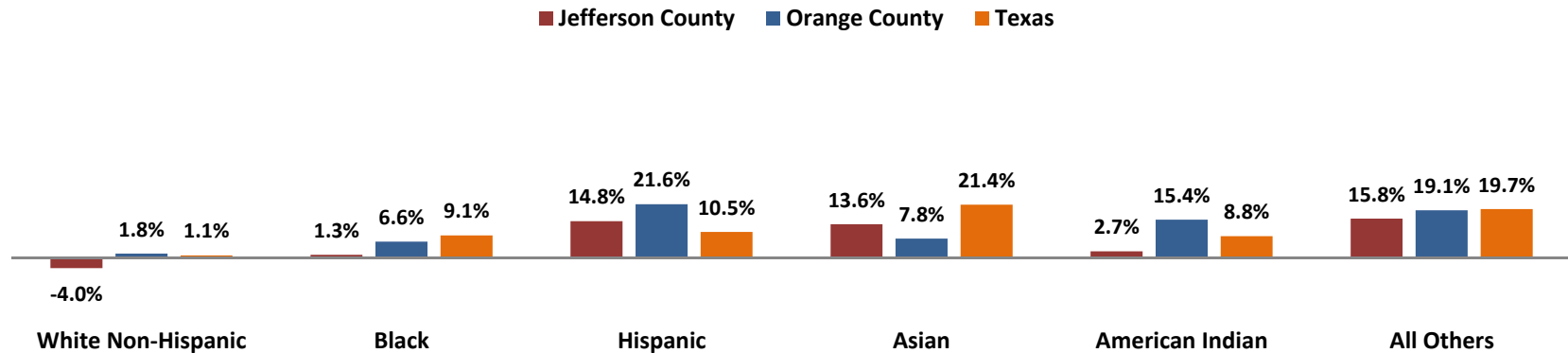
Source: Truven Health's Market Expert; data accessed September 26, 2018.

# Population Health

## Population Composition by Race/Ethnicity



## Race/Ethnicity Projected 5-Year Growth 2018-2023



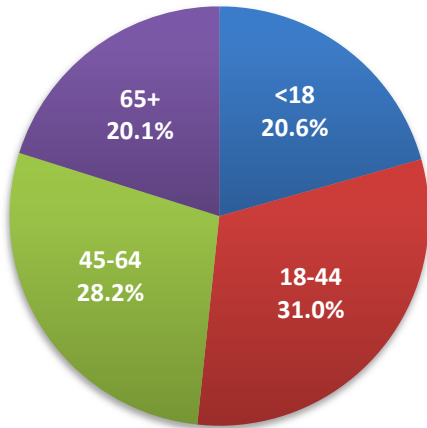
Source: Truven Health's Market Expert; data accessed September 26, 2018.



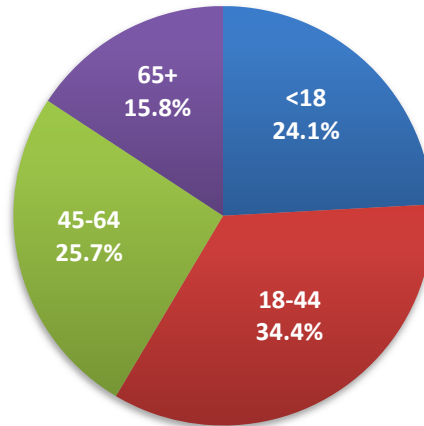
# Population Health

## Population Composition by Age Group

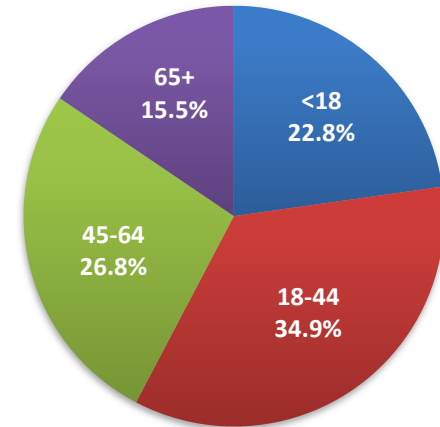
Jefferson County



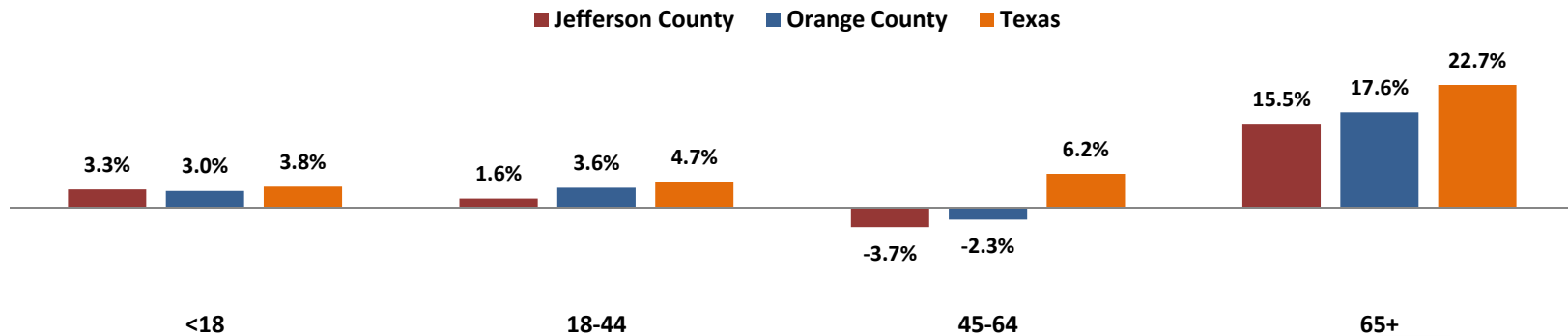
Orange County



Texas



### Age Projected 5-Year Growth 2018-2023

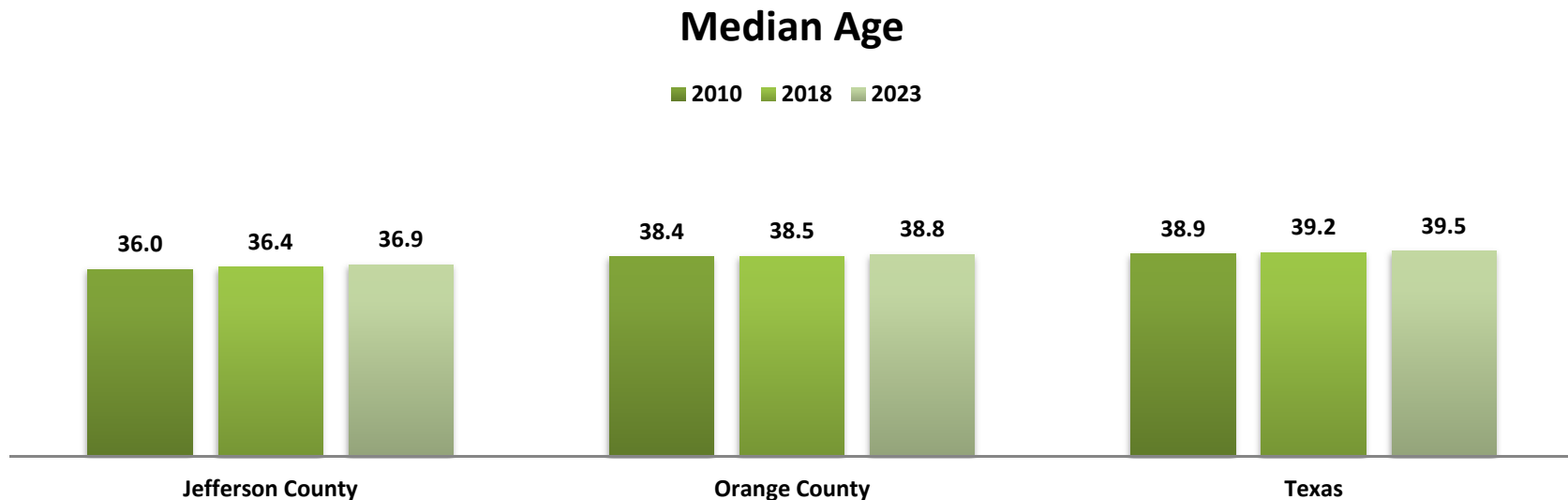


Source: Truven Health's Market Expert; data accessed September 26, 2018.

# Population Health

## Median Age

- As of 2018, Jefferson County (36.4 years) has a younger median age than both Orange County (38.5 years) and the state (39.2 years).
- The median age in Jefferson County, Orange County and the state is expected to slightly increase over the next five years.



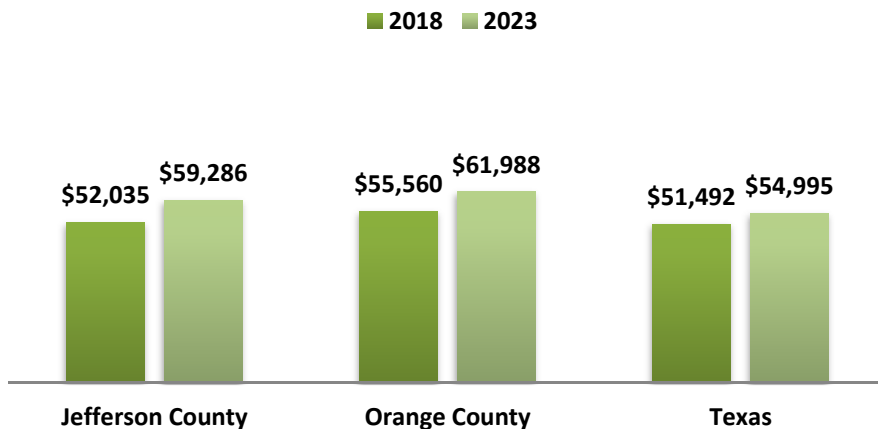
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# Population Health

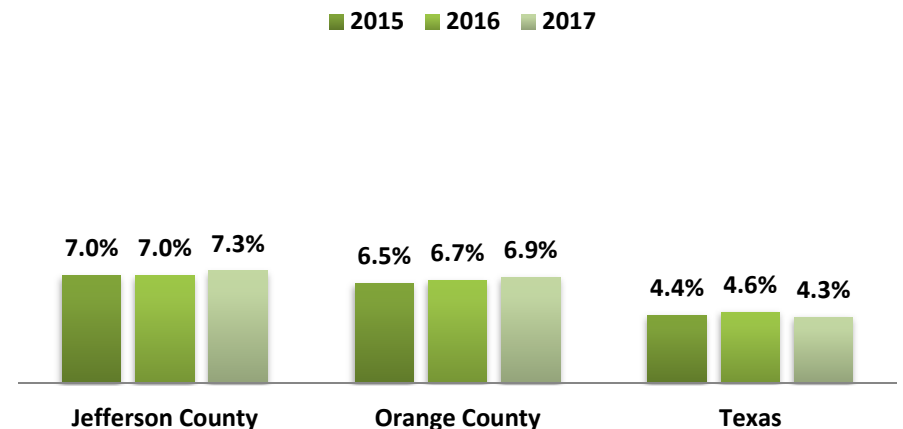
## Median Household Income & Unemployment

- The median household incomes in both Jefferson (\$52,035) and Orange (\$55,560) Counties are higher than that of the state (\$51,492).
- Between 2018 and 2023, the median household incomes in Jefferson County, Orange County and the state are expected to increase.
- The unemployment rates in both Jefferson and Orange Counties overall increased between 2015 and 2017, while rates in the state remained relatively steady.
- The unemployment rate in Jefferson County (7.3%) is higher than the rate in Orange County (6.9%) and the state (4.3%) (2017).

### Median Household Income



### Unemployment Rates



Source: Truven Health's Market Expert; data accessed September 26, 2018.

Source: Bureau of Labor Statistics, Local Area Unemployment Statistics, [www.bls.gov/lau/#tables](http://www.bls.gov/lau/#tables); data accessed September 26, 2018.

# Population Health

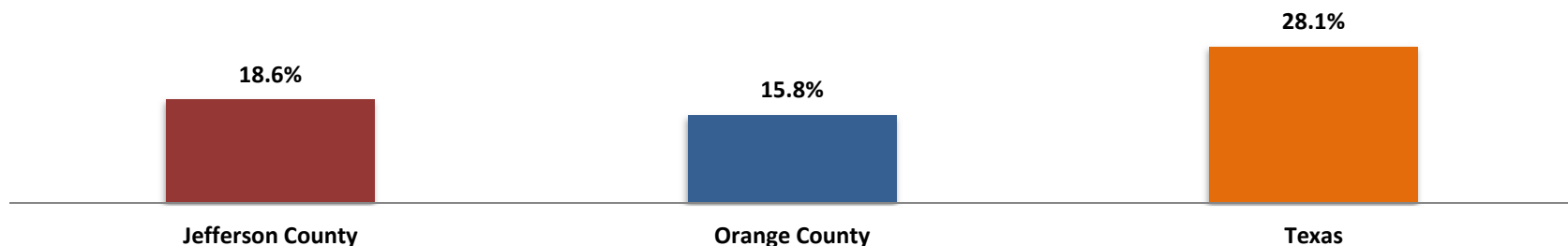
## *Educational Attainment*

- Jefferson County (18.6%) and Orange County (15.8%) have a lower percentage of residents with a bachelor or advanced degree than the state (28.1%).

### Education Bachelor / Advanced Degree

2018

■ Jefferson County ■ Orange County ■ Texas



# Population Health

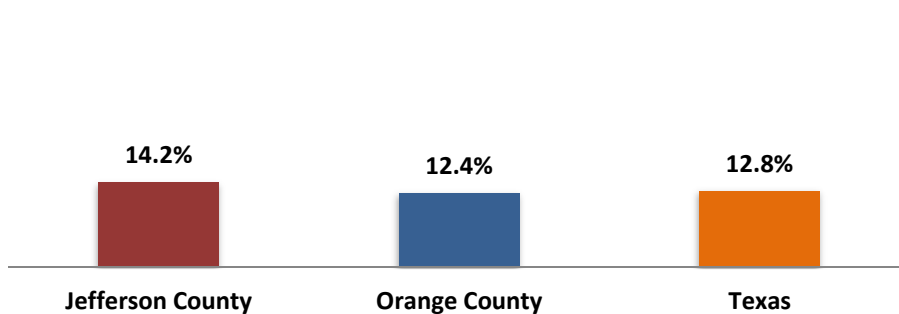
## Poverty

- Jefferson County (14.2%) has the highest percentage of families living below the poverty line as compared to Orange County (12.4%) and the state (12.8%).
- Between 2014 and 2016 the percentage of children (<18 years) living below poverty in Jefferson County, Orange County and the state decreased.
- In 2016, Jefferson County (30.0%) had a higher percentage of children (<18 years) living below poverty than the state (22.4%), while Orange County's (20.2%) rate of children in poverty is lower than the state.

### Families Below Poverty

2018

■ Jefferson County ■ Orange County ■ Texas

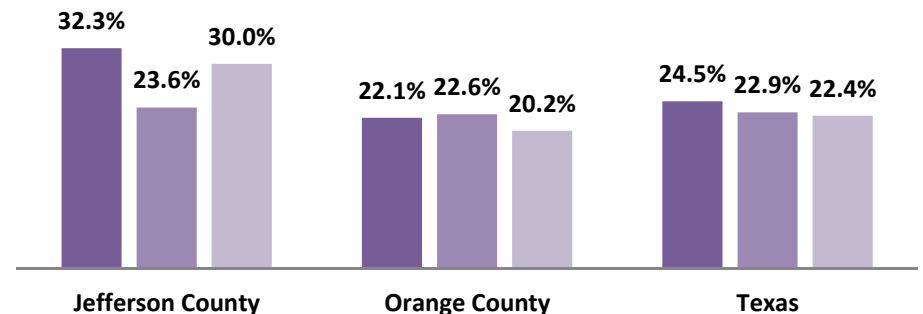


### Children in Poverty

Percent, Children (<18 years)

2014-2016

■ 2014 ■ 2015 ■ 2016



Source: Truven Health's Market Expert, data accessed September 26, 2018.

Source: The Annie E. Casey Foundation, Kids Count Data Center, filtered for Jefferson and Orange Counties, TX, [www.datacenter.kidscount.org](http://www.datacenter.kidscount.org); data accessed September 26, 2018.

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 2016 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 \$24,300, and less than 200% of the federal poverty level if the household income is less than \$48,600. Please see the appendix for the full 2016 Federal Poverty Guidelines.

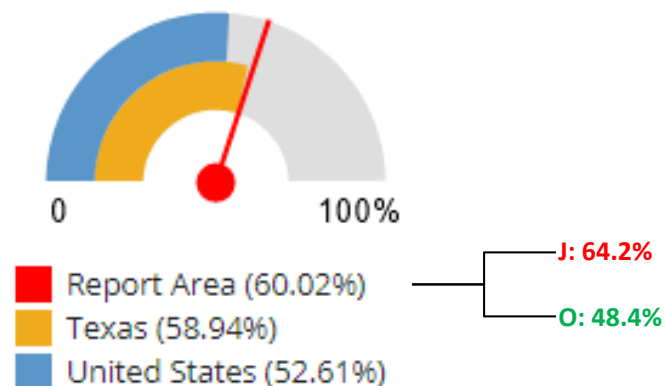


# Population Health

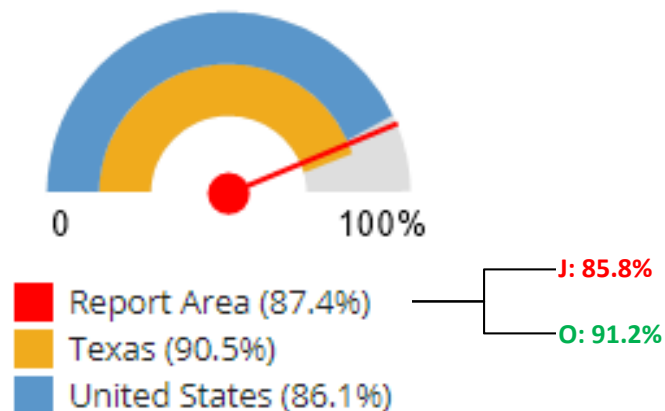
## Children in the Study Area

- In 2015-2016, the report area (60.0%) had a higher percentage of public school students eligible for free or reduced price lunch than the state (58.9%) and the nation (52.6%).
- The report area (87.4%) has a slightly lower high school graduation rate than the state (90.5%) but a slightly higher rate than the nation (86.1%) (2015-2016).

Percent Students Eligible for Free or Reduced Price Lunch



Cohort Graduation Rate



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



# HEALTH DATA OVERVIEW

# Data Methodology

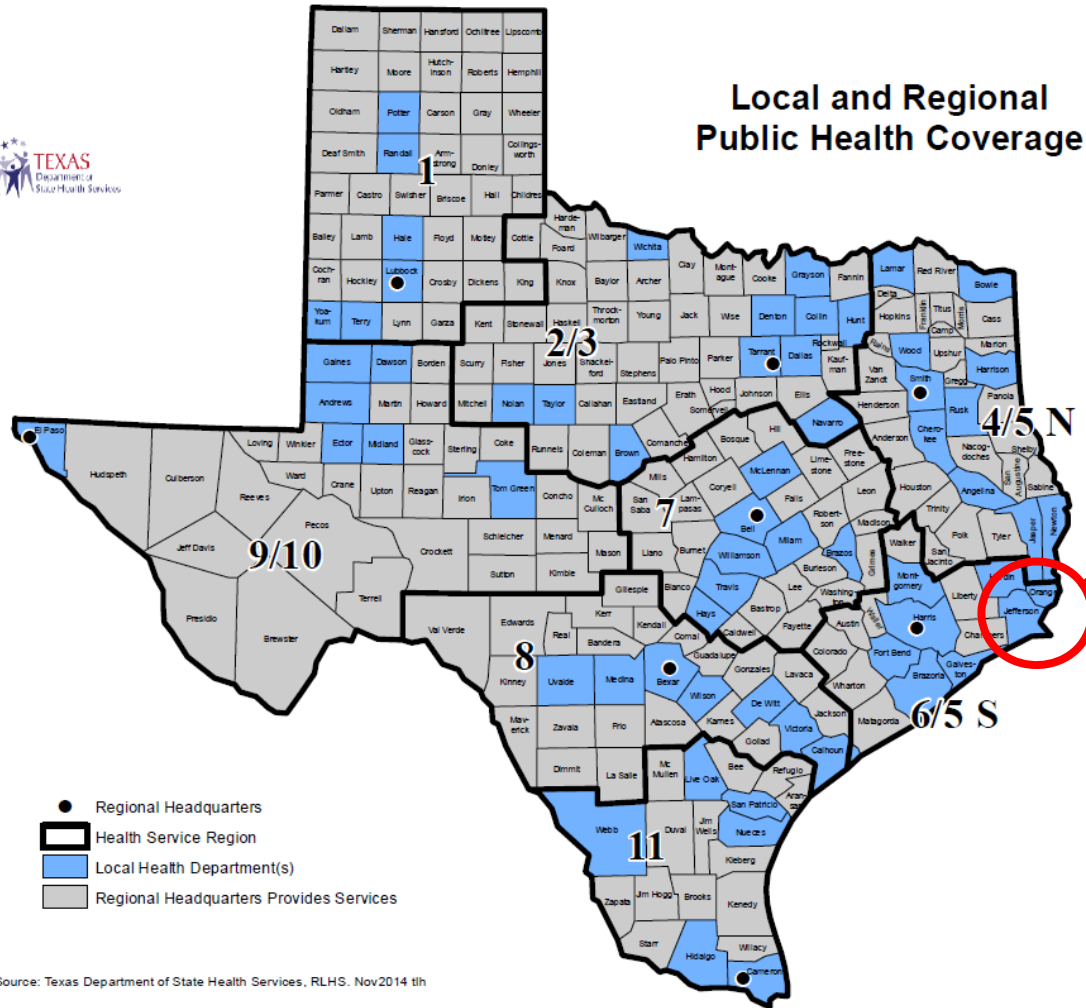
- **The following information outlines specific health data:**
  - Mortality, chronic diseases and conditions, health behaviors, natality, mental health and health care access
- **Data Sources include, but are not limited to:**
  - Texas Department of State Health Services
  - Texas Cancer Registry
  - Small Area Health Insurance Estimates (SAHIE)
  - Community Commons
  - 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, health service region, BRFSS customized area, and county level data



# County and Health Service Region Map



Local and Regional Public Health Coverage



County Name	Health Service Region
Jefferson	6/5S
Orange	6/5S

Source: Texas Department of State Health Services, RLHS, Nov2014 th

Source: Texas Department of State Health Services, Center for Health Statistics; <http://www.dshs.state.tx.us/chs/vstat/annrpts.shtml>; data accessed August 21, 2018.



# BRFSS Region Map



County Name
Jefferson County
Orange County

Source: Texas Department of State Health Services, Center for Health Statistics; <http://www.dshs.state.tx.us/chs/vstat/annrpts.shtml>; data accessed August 21, 2018.

# County Health Rankings & Roadmaps

## Jefferson & Orange Counties, Texas

- The County Health Rankings rank 244 counties in Texas (1 being the best, 244 being the worst).
- Many factors go into these rankings. A few examples include:
  - Clinical Care:
    - Uninsured
    - Primary care physicians
    - Preventable hospital stays
    - Mammography screening
  - Physical Environment:
    - Air pollution – particulate matter
    - Drinking water violations
    - Severe housing problems
    - Driving alone to work

2019 County Health Rankings	Jefferson County	Orange County
<b>Health Outcomes</b>	<b>196</b>	<b>220</b>
LENGTH OF LIFE	180	229
QUALITY OF LIFE	192	154
<b>Health Factors</b>	<b>230</b>	<b>208</b>
HEALTH BEHAVIORS	224	237
CLINICAL CARE	53	42
<b>SOCIAL &amp; ECONOMIC FACTORS</b>	<b>231</b>	<b>187</b>
<b>PHYSICAL ENVIRONMENT</b>	<b>233</b>	<b>205</b>

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

Source: County Health Rankings and Roadmaps; www.countyhealthrankings.org; data accessed March 27, 2019.  
 Note: Please see the appendix for full methodology.  
 Note: County Health Rankings ranks 244 of the 254 counties in Texas.

# Top 10 Causes of Death

## State/County Comparison, Age-Adjusted Death Rate, 2012-2016

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

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed September 13, 2018.  
Note: Age Adjustment Uses 2000 Standard Population.

# Selected Causes of Death

## State/County Comparison, Age-Adjusted Death Rate, 2012-2016

Disease	Jefferson County	Orange County	Texas
Accidents (unintentional injuries) (V01-X59,Y85-Y86)	● 39.1	● 55.4	37.6
Alzheimer's disease (G30)	● 49.9	● 61.3	31.2
Cerebrovascular diseases (I60-I69)	● 51.6	● 55.0	41.7
Chronic liver disease and cirrhosis (K70,K73-K74)	● 13.6	● 14.5	13.3
Chronic lower respiratory diseases (J40-J47)	● 53.9	● 83.0	41.2
Diabetes mellitus (E10-E14)	● 24.4	● 18.8	21.2
Diseases of heart (I00-I09,I11,I13,I20-I51)	● 220.3	● 249.0	170.2
Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	● 12.5	● 17.7	12.2
Malignant neoplasms (C00-C97)	● 180.0	● 194.5	153.4
Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)	● 18.8	● 18.7	16.0
Septicemia (A40-A41)	● 15.1	● 17.5	16.4

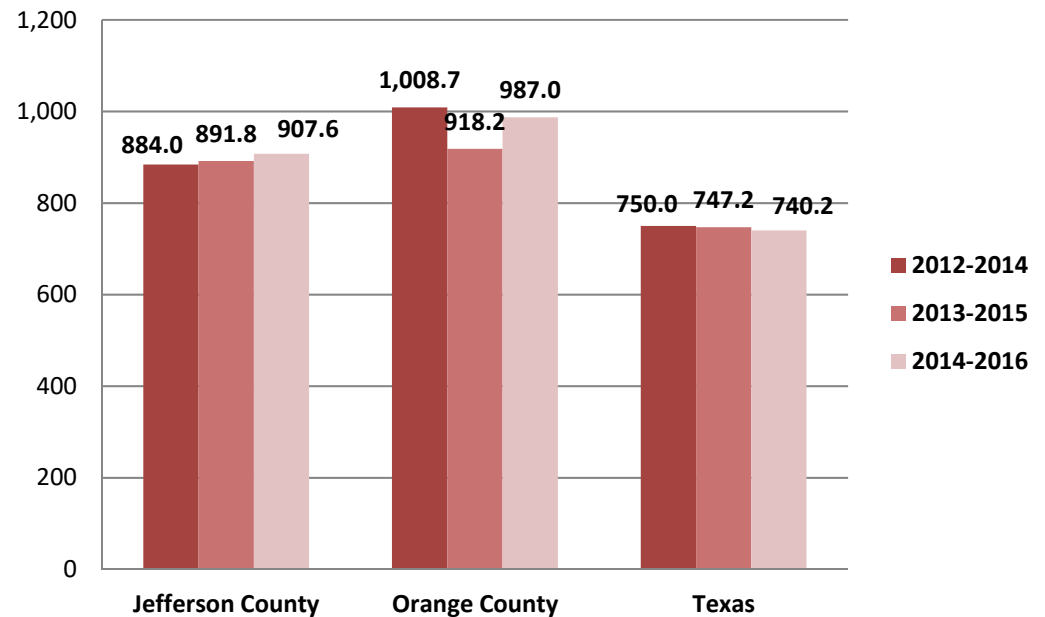
- Green indicates that the county's rate is lower than the state's rate for that disease category.
- Red indicates that the county's rate is higher than the state's rate for that disease category.

# Mortality

## Overall

- Overall mortality rates in both Jefferson and Orange Counties remained higher than the state rate between 2012 and 2016.
- Overall mortality rates in Jefferson County increased between 2012 and 2016, while rates in Orange County fluctuated and the state rate slightly decreased.
- In 2014-2016, the overall mortality rate in Orange County (987.0 per 100,000) was higher than both Jefferson County (907.6 per 100,000) and the state (740.2 per 100,000).

**Overall Mortality**  
Age-adjusted Death Rates per 100,000  
2012-2016



LOCATION	2012-2014		2013-2015		2014-2016		2012-2016	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Jefferson County	7,342	884.0	7,468	891.8	7,618	907.6	12,411	891.9
Orange County	2,837	1,008.7	2,844	918.2	2,896	987.0	4,784	998.6
Texas	537,282	750.0	552,749	747.2	565,532	740.2	918,902	744.9

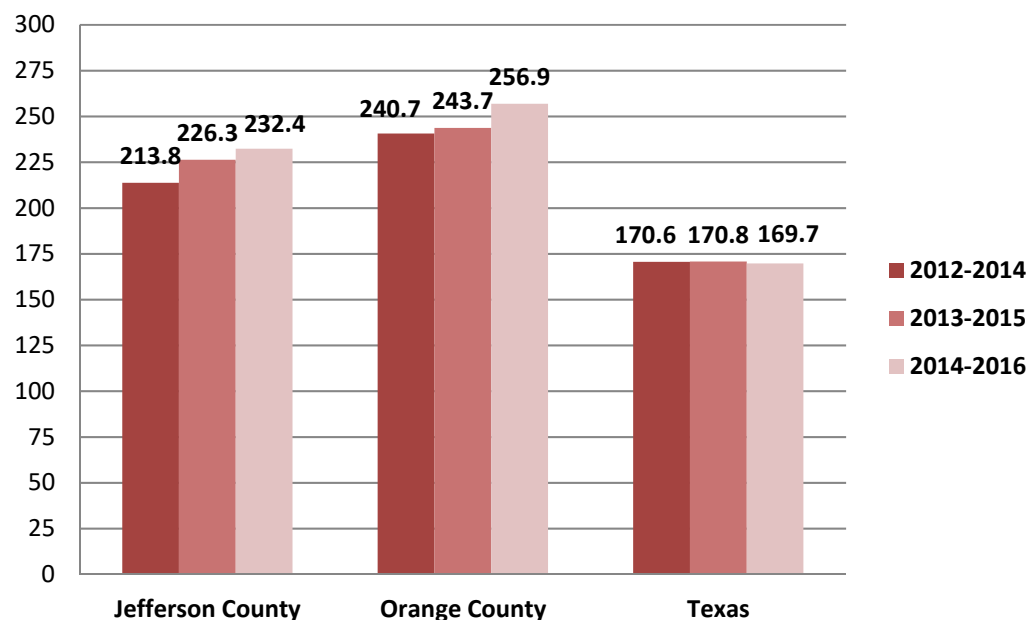
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed September 13, 2018.  
Note: Age Adjustment Uses 2000 Standard Population.

# Mortality

## *Diseases of the Heart*

- Heart disease is the leading cause of death in both counties and the state (2012-2016).
- Between 2012 and 2016, heart disease mortality rates overall increased in both Jefferson and Orange Counties, and remained steady in the state.
- In 2014-2016, the heart disease mortality rate in Orange County (256.9 per 100,000) was higher than the rate in Jefferson County (232.4 per 100,000) and in the state (169.7 per 100,000).

**Diseases of Heart**  
Age-adjusted Death Rates per 100,000  
2012-2016



LOCATION	2012-2014		2013-2015		2014-2016		2012-2016	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Jefferson County	1,797	213.8	1,918	226.3	1,972	232.4	3,101	220.3
Orange County	686	240.7	706	243.7	762	256.9	1,208	249.0
Texas	120,743	170.6	124,980	170.8	128,549	169.7	207,813	170.2

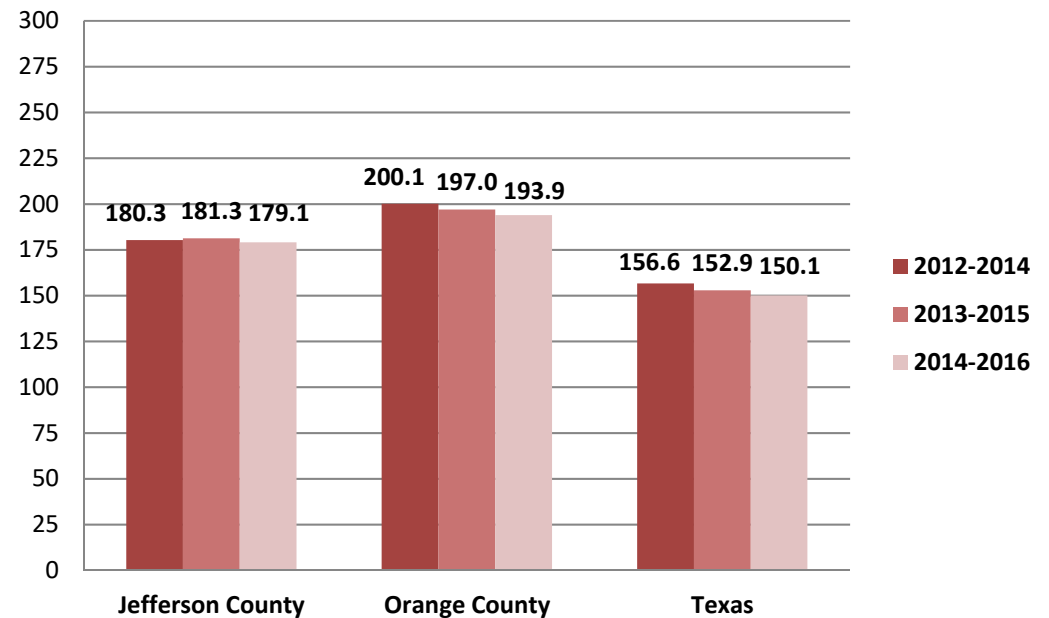
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed September 13, 2018.  
Note: Age Adjustment Uses 2000 Standard Population.

# Mortality

## Malignant Neoplasms

- Cancer is the second leading cause of death in both counties and the state (2012-2016).
- Between 2012 and 2016, cancer mortality rates decreased in Orange County and the state, but remained steady in Jefferson County.
- In 2014-2016, the cancer mortality rate in Orange County (193.9 per 100,000) was higher than the rate in Jefferson County (179.1 per 100,000) and in the state (150.1 per 100,000).

**Cancer (Malignant Neoplasms)**  
Age-adjusted Death Rates per 100,000  
2012-2016



LOCATION	2012-2014		2013-2015		2014-2016		2012-2016	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Jefferson County	1,495	180.3	1,523	181.3	1,517	179.1	2,514	180.0
Orange County	592	200.1	592	197.0	597	193.9	981	194.5
Texas	115,401	156.6	116,380	152.9	118,163	150.1	194,717	153.4

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed September 13, 2018.  
Note: Age Adjustment Uses 2000 Standard Population.

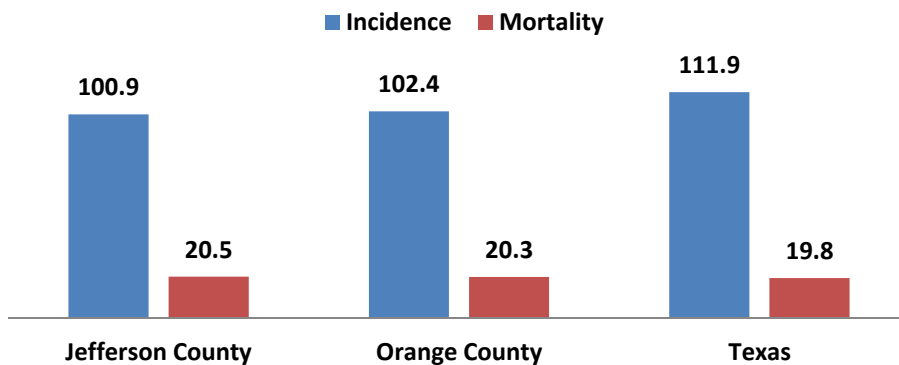


# Cancer Incidence and Mortality by Type

Age-Adjusted Rates per 100,000, 2011-2015

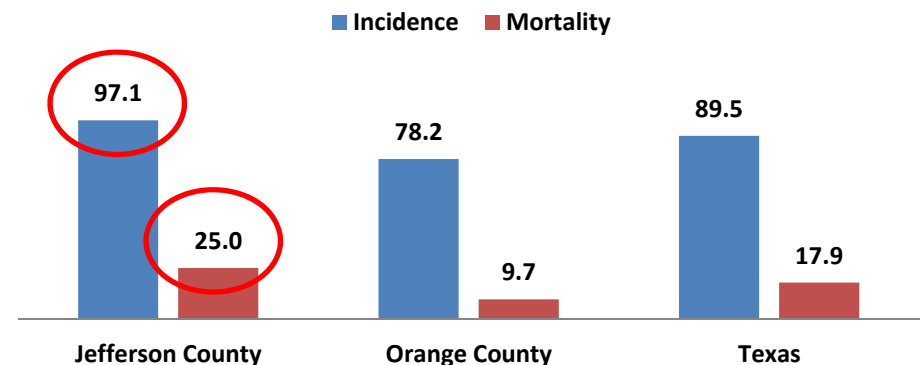
## Female Breast

Age-adjusted Incidence and Mortality Rates per 100,000  
2011-2015



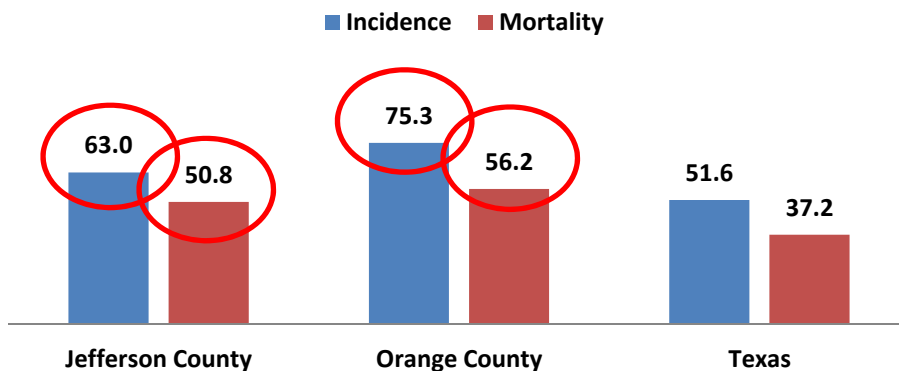
## Prostate

Age-adjusted Incidence and Mortality Rates per 100,000  
2011-2015



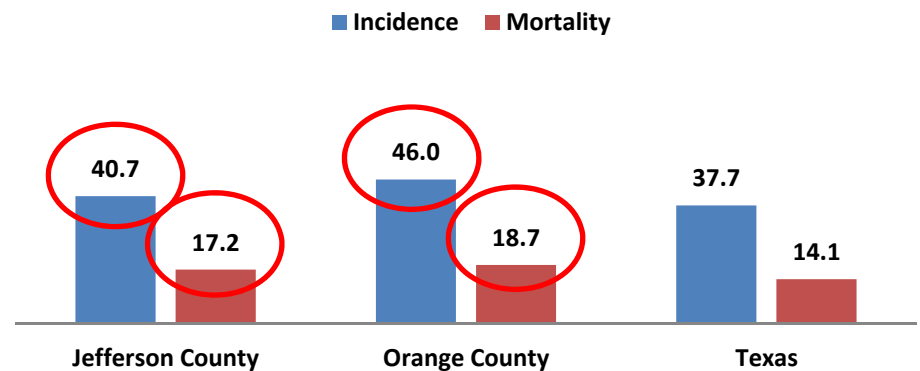
## Lung & Bronchus

Age-adjusted Incidence and Mortality Rates per 100,000  
2011-2015



## Colon & Rectum

Age-adjusted Incidence and Mortality Rates per 100,000  
2011-2015



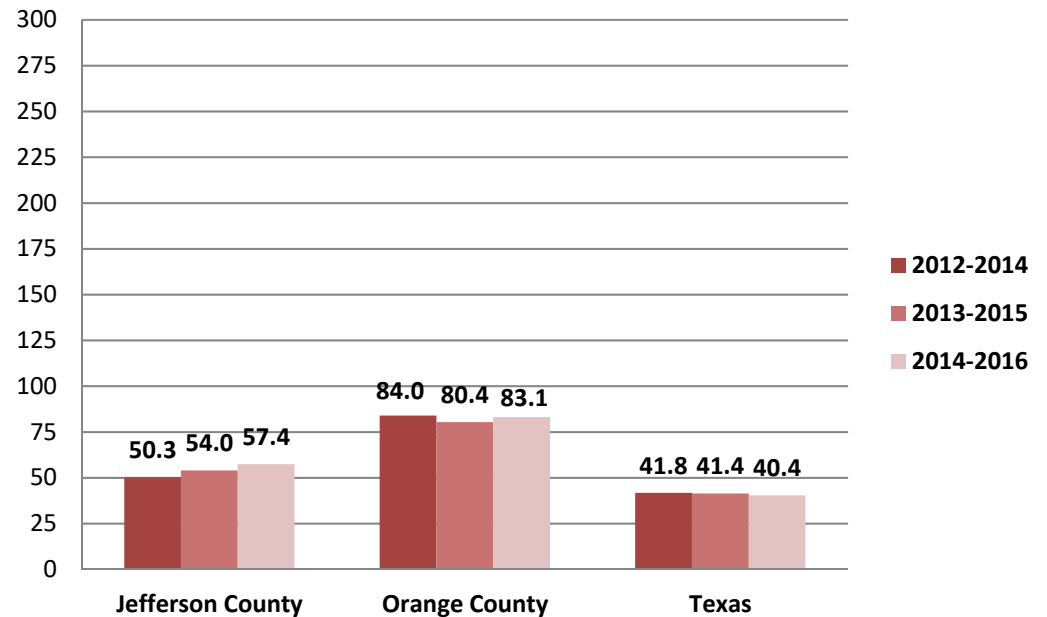
Source: Texas Cancer Registry, Cancer Incidence and Mortality by Site and County, <http://www.cancer-rates.info/tx/index.php>; data accessed September 24, 2018.  
Note: All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Population.

# Mortality

## Chronic Lower Respiratory Disease

- Chronic lower respiratory disease (CLRD) is the third leading cause of death in Jefferson and Orange Counties, and the fourth leading cause of death in the state (2012-2016).
- Between 2012 and 2016, CLRD mortality rates increased in Jefferson County, remained steady in Orange County, and decreased in the state.
- In 2014-2016, the CLRD mortality rate in Orange County (83.1 per 100,000) was higher than the rate in Jefferson County (57.4 per 100,000) and the state (40.4 per 100,000).

Chronic Lower Respiratory Disease  
Age-adjusted Death Rates per 100,000  
2012-2016



LOCATION	2012-2014		2013-2015		2014-2016		2012-2016	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Jefferson County	414	50.3	449	54.0	482	57.4	750	53.9
Orange County	244	84.0	237	80.4	250	83.1	408	83.0
Texas	28,992	41.8	29,699	41.4	30,006	40.4	49,330	41.2

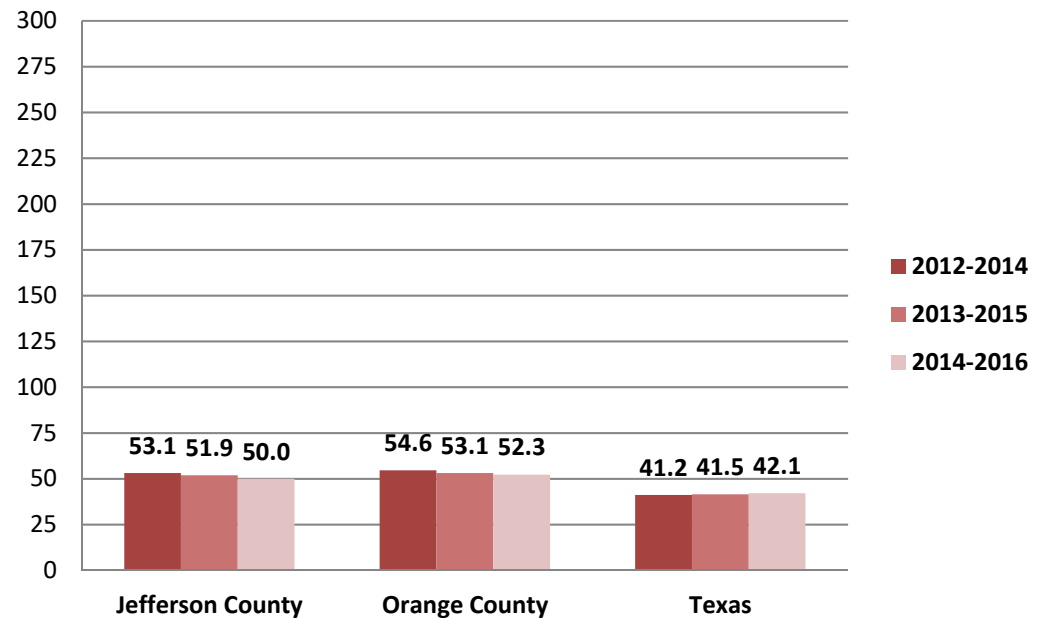
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed September 13, 2018.  
Note: Age Adjustment Uses 2000 Standard Population.

# Mortality

## Cerebrovascular Disease

- Cerebrovascular disease is the fourth leading cause of death in Jefferson County, the fifth leading cause of death in Orange County, and the third leading cause of death in the state (2012-2016).
- Between 2012 and 2016, cerebrovascular disease mortality rates decreased in Jefferson and Orange Counties, and increased in the state.
- In 2014-2016, the cerebrovascular disease mortality rate in Orange County (52.3 per 100,000) was consistent with the rate in Jefferson County (50.0 per 100,000) and higher than the state rate (42.1 per 100,000).

**Cerebrovascular Diseases**  
Age-adjusted Death Rates per 100,000  
2012-2016



LOCATION	2012-2014		2013-2015		2014-2016		2012-2016	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Jefferson County	444	53.1	436	51.9	424	50.0	724	51.6
Orange County	155	54.6	154	53.1	154	52.3	265	55.0
Texas	28,486	41.2	29,666	41.5	31,056	42.1	49,644	41.7

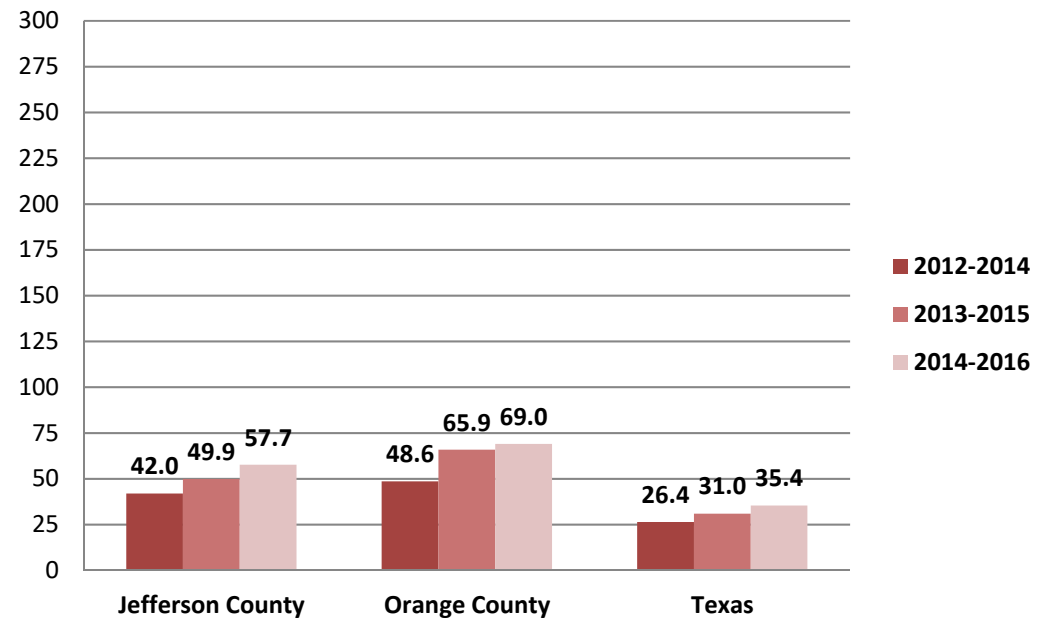
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed September 13, 2018.  
Note: Age Adjustment Uses 2000 Standard Population.

# Mortality

## Alzheimer's Disease

- Alzheimer's disease is the fifth leading cause of death in Jefferson County, the fourth leading cause of death in Orange County, and the sixth leading cause of death in the state (2012-2016).
- Between 2012 and 2016, Alzheimer's disease mortality rates increased in both counties and the state.
- In 2014-2016, the Alzheimer's disease mortality rate in Orange County (69.0 per 100,000) was higher than the rate in Jefferson County (57.7 per 100,000) and in the state (35.4 per 100,000).

Alzheimer's Disease  
Age-adjusted Death Rates per 100,000  
2012-2016



LOCATION	2012-2014		2013-2015		2014-2016		2012-2016	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Jefferson County	361	42.0	437	49.9	501	57.7	719	49.9
Orange County	131	48.6	183	65.9	198	69.0	284	61.3
Texas	17,240	26.4	20,968	31.0	24,810	35.4	35,278	31.2

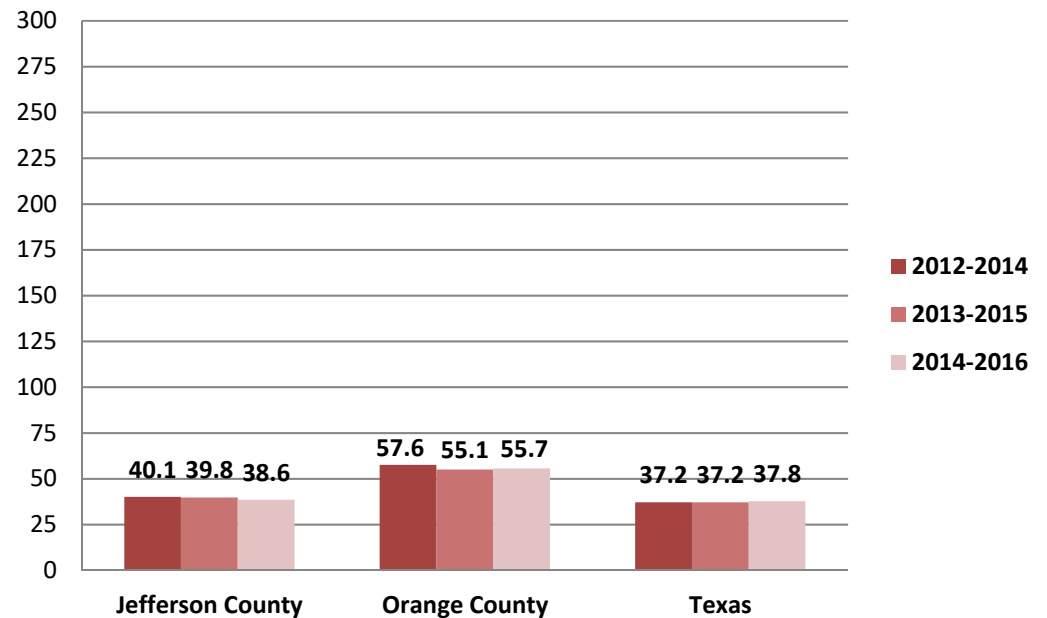
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed September 13, 2018.  
Note: Age Adjustment Uses 2000 Standard Population.

# Mortality

## Accidents

- Fatal accidents are the sixth leading cause of death in Jefferson and Orange Counties, the fifth leading cause of death in the state (2012-2016).
- Between 2012 and 2016, accident mortality rates decreased in Jefferson County, but remained steady in Orange County and the state.
- In 2014-2016, the accident mortality rate in Orange County (55.7 per 100,000) was higher than the rate in Jefferson County (38.6 per 100,000) and in the state (37.8 per 100,000).
- The leading cause of fatal accidents in both Jefferson and Orange Counties is due to motor vehicle accidents (2014-2016).

**Accidents**  
Age-adjusted Death Rates per 100,000  
2012-2016



LOCATION	2012-2014		2013-2015		2014-2016		2012-2016	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Jefferson County	318	40.1	317	39.8	305	38.6	514	39.1
Orange County	141	57.6	136	55.1	139	55.7	228	55.4
Texas	28,431	37.2	29,094	37.2	30,235	37.8	48,943	37.6

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed September 13, 2018.

Note: Age Adjustment Uses 2000 Standard Population.

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.

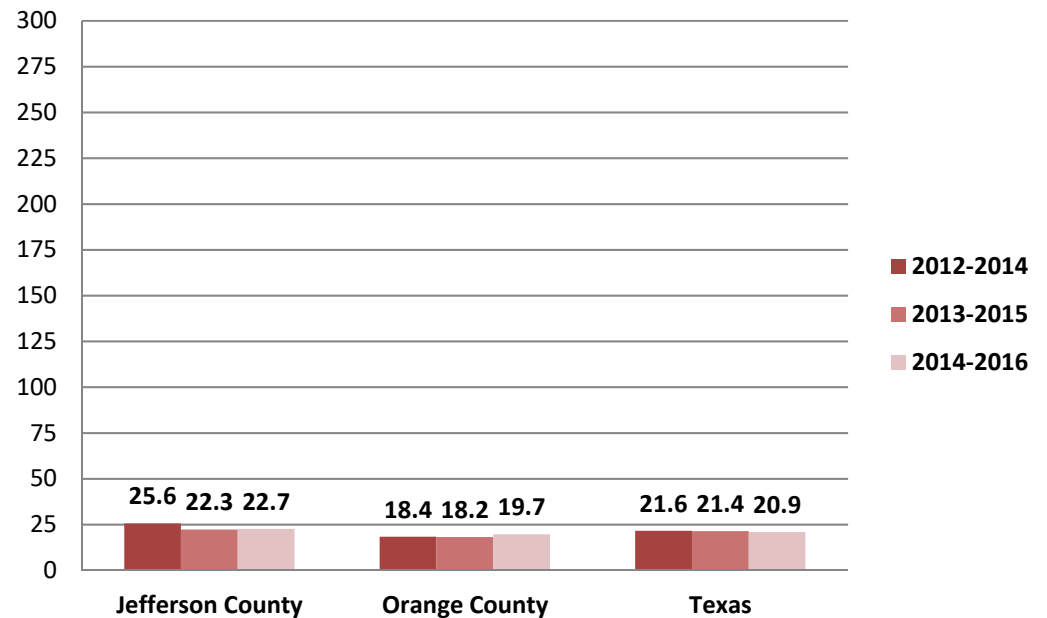


# Mortality

## Diabetes Mellitus

- Diabetes mellitus is the seventh leading cause of death in Jefferson County and the state, and the eighth leading cause of death in Orange County (2012-2016).
- Between 2012 and 2016, diabetes mortality rates remained steady in Jefferson and Orange Counties, and decreased in the state.
- In 2014-2016, the diabetes mortality rate in Jefferson County (22.7 per 100,000) was slightly higher than the rate in Orange County (19.7 per 100,000) and the state (20.9 per 100,000).

**Diabetes Mellitus**  
Age-adjusted Death Rates per 100,000  
2012-2016



LOCATION	2012-2014		2013-2015		2014-2016		2012-2016	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Jefferson County	212	25.6	188	22.3	192	22.7	340	24.4
Orange County	52	18.4	52	18.2	58	19.7	91	18.8
Texas	15,757	21.6	16,142	21.4	16,339	20.9	26,748	21.2

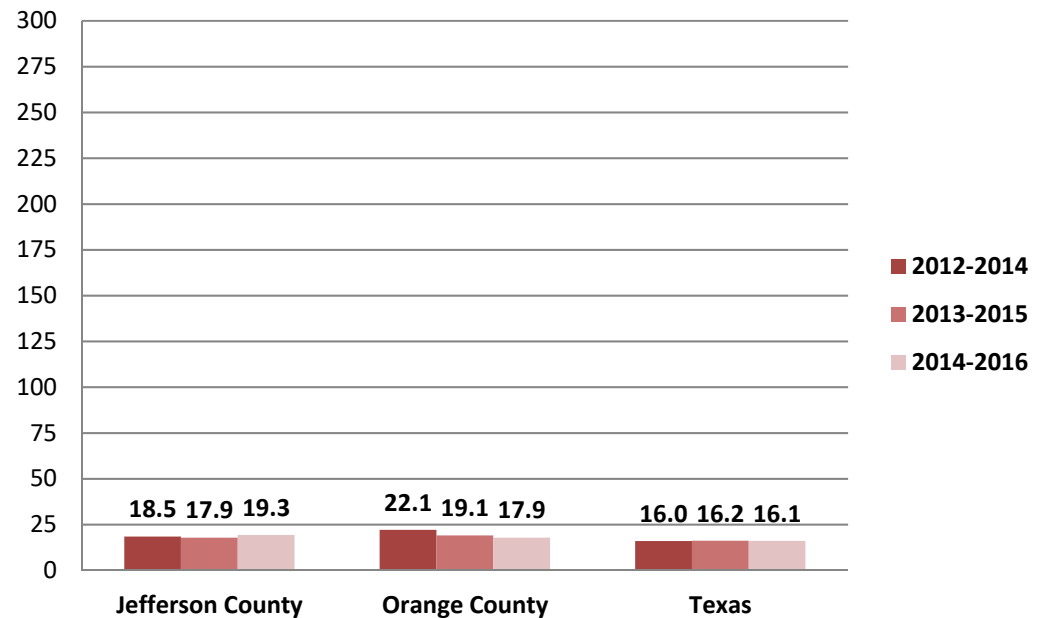
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed September 13, 2018.  
Note: Age Adjustment Uses 2000 Standard Population.

# Mortality

## *Nephritis, Nephrotic Syndrome & Nephrosis*

- Nephritis, nephrotic syndrome and nephrosis is the eighth leading cause of death in Jefferson County, the seventh leading cause of death in Orange County, and the ninth leading cause of death in the state (2012-2016).
- Between 2012 and 2016, nephritis, nephrotic syndrome and nephrosis mortality rates slightly increased in Jefferson County, remained steady in the state, and decreased in Orange County.
- In 2014-2016, the nephritis, nephrotic syndrome and nephrosis mortality rate in Jefferson County (19.3 per 100,000) was slightly higher than the rate in Orange County (17.9 per 100,000) and the state rate (16.1 per 100,000).

**Nephritis, Nephrotic Syndrome and Nephrosis**  
Age-adjusted Death Rates per 100,000  
2012-2016



LOCATION	2012-2014		2013-2015		2014-2016		2012-2016	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Jefferson County	154	18.5	149	17.9	160	19.3	260	18.8
Orange County	64	22.1	56	19.1	54	17.9	92	18.7
Texas	11,255	16.0	11,782	16.2	12,185	16.1	19,432	16.0

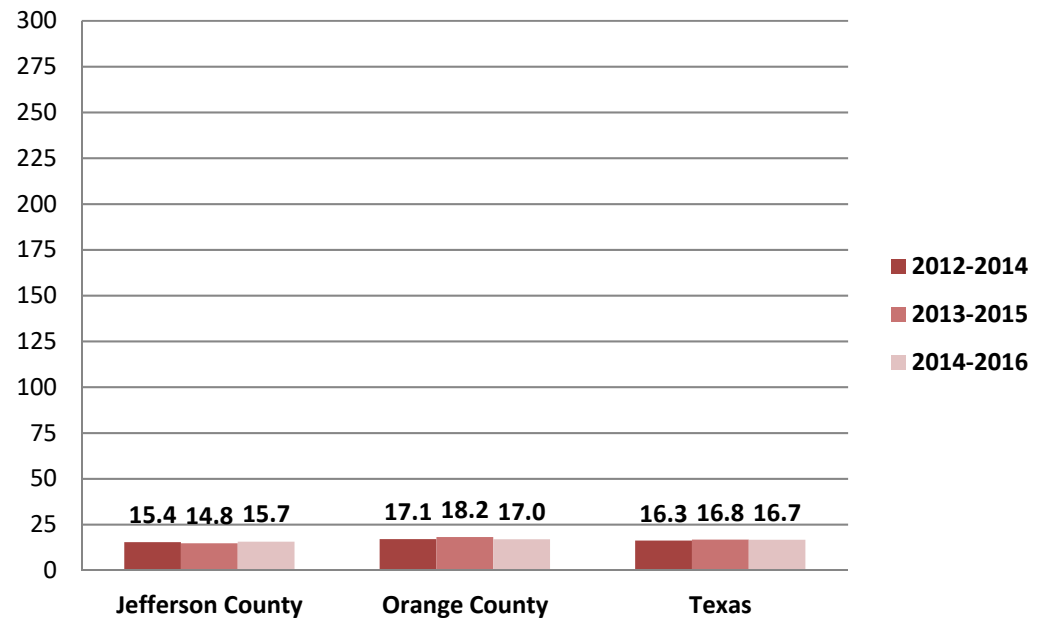
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed September 13, 2018.  
Note: Age Adjustment Uses 2000 Standard Population.

# Mortality

## Septicemia

- Septicemia is the ninth leading cause of death in Jefferson and Orange Counties, and the eighth leading cause of death in the state (2012-2016).
- Between 2012 and 2016, septicemia mortality rates remained steady in both counties and the state.
- In 2014-2016, the septicemia mortality rate in Orange County (17.0 per 100,000) was slightly higher than Jefferson County (15.7 per 100,000) and consistent with the state (16.7 per 100,000).

**Septicemia**  
Age-adjusted Death Rates per 100,000  
2012-2016



LOCATION	2012-2014		2013-2015		2014-2016		2012-2016	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Jefferson County	127	15.4	125	14.8	130	15.7	207	15.1
Orange County	48	17.1	53	18.2	50	17.0	84	17.5
Texas	11,630	16.3	12,394	16.8	12,732	16.7	20,241	16.4

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed September 13, 2018.  
Note: Age Adjustment Uses 2000 Standard Population.

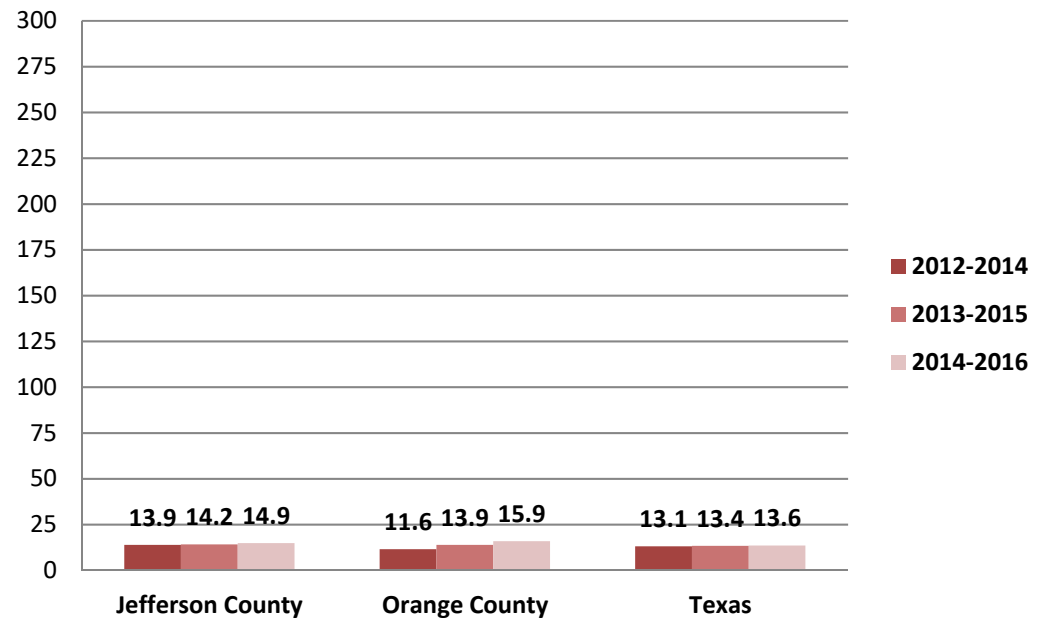


# Mortality

## Chronic Liver Disease & Cirrhosis

- Chronic liver disease and cirrhosis is the tenth leading cause of death in Jefferson County and the state, and is not a leading cause of death in Orange County (2012-2016).
- Between 2012 and 2016, chronic liver disease and cirrhosis mortality rates increased in both counties and the state.
- In 2014-2016, the chronic liver disease and cirrhosis mortality rate in Orange County (15.9 per 100,000) was higher than Jefferson County (14.9 per 100,000) and the state (13.6 per 100,000).

Chronic Liver Disease and Cirrhosis  
Age-adjusted Death Rates per 100,000  
2012-2016



LOCATION	2012-2014		2013-2015		2014-2016		2012-2016	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Jefferson County	116	13.9	120	14.2	125	14.9	191	13.6
Orange County	34	11.6	41	13.9	48	15.9	72	14.5
Texas	10,392	13.1	10,936	13.4	11,404	13.6	18,116	13.3

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed September 13, 2018.  
Note: Age Adjustment Uses 2000 Standard Population.

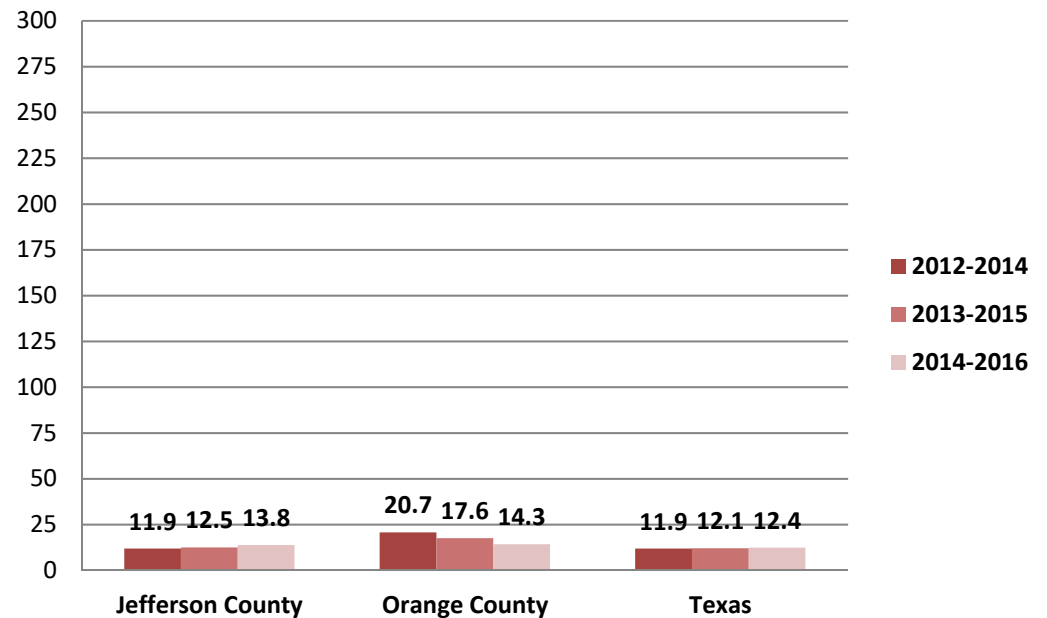


# Mortality

## Intentional Self-Harm (Suicide)

- Intentional self-harm (suicide) is the tenth leading cause of death in Orange County, and is not a leading cause of death in Jefferson County or the state (2012-2016).
- Between 2012 and 2016, intentional self-harm mortality rates increased in Jefferson County and the state, and decreased in Orange County.
- In 2014-2016, the intentional self-harm mortality rate in Orange County (14.3 per 100,000) was consistent with Jefferson County (13.8 per 100,000) and the state (12.4 per 100,000).

**Intentional Self-Harm (Suicide)**  
Age-adjusted Death Rates per 100,000  
2012-2016



LOCATION	2012-2014		2013-2015		2014-2016		2012-2016	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Jefferson County	95	11.9	99	12.5	109	13.8	164	12.5
Orange County	50	20.7	43	17.6	36	14.3	73	17.7
Texas	9,350	11.9	9,716	12.1	10,145	12.4	16,241	12.2

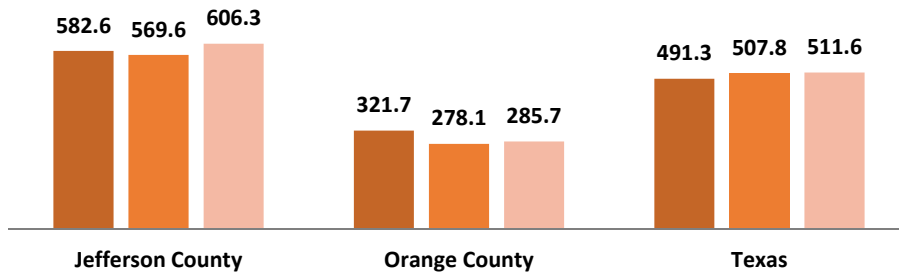
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed September 13, 2018.  
Note: Age Adjustment Uses 2000 Standard Population.

# Communicable Diseases

## *Chlamydia, Gonorrhea, Syphilis and HIV*

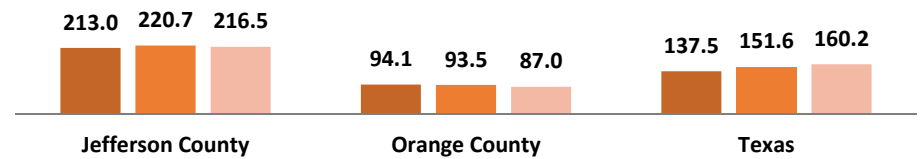
**Chlamydia**  
Rate per 100,000  
2015-2017

■ 2015 ■ 2016 ■ 2017



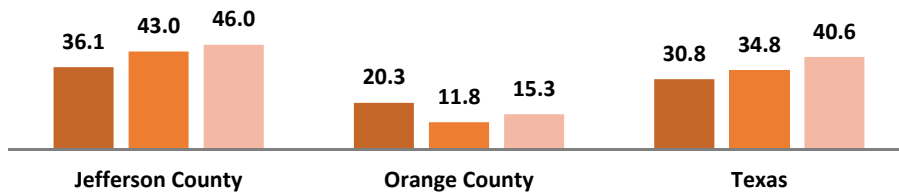
**Gonorrhea**  
Rate per 100,000  
2015-2017

■ 2015 ■ 2016 ■ 2017



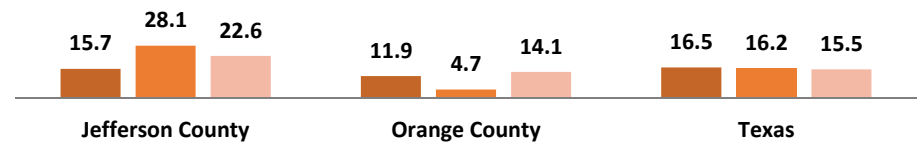
**Syphilis**  
Rate per 100,000  
2015-2017

■ 2015 ■ 2016 ■ 2017



**HIV**  
Rate per 100,000  
2015-2017

■ 2015 ■ 2016 ■ 2017

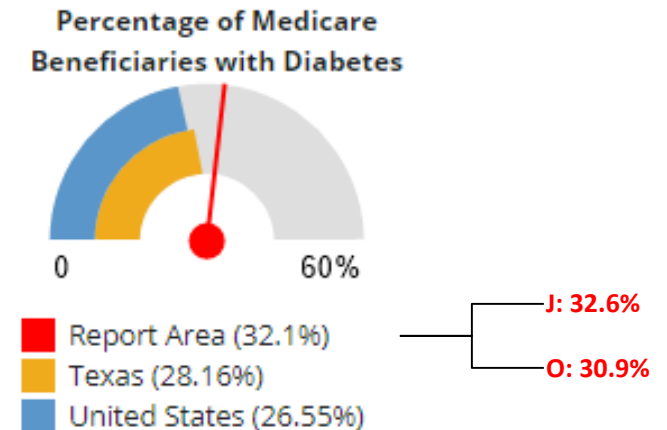
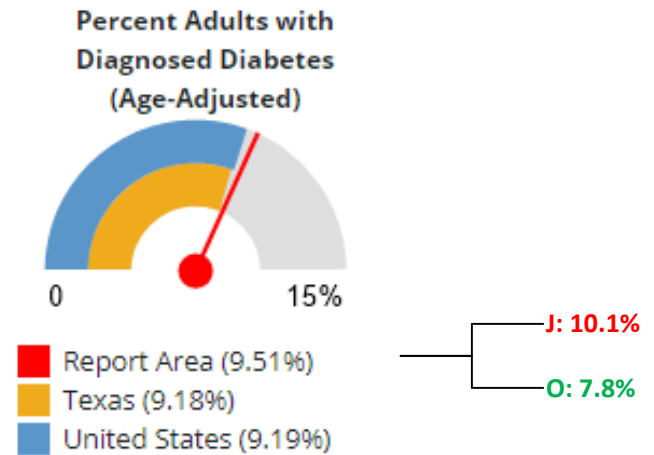
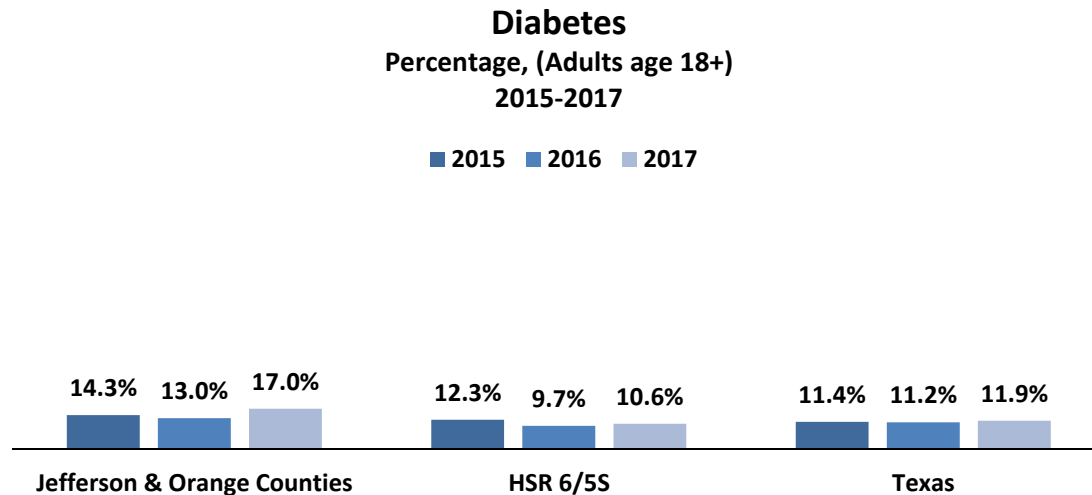


Source: Texas Department of State Health Services, HIV/STD Program: Reports. <https://dshs.texas.gov/hivstd/reports/>; information accessed January 25, 2019.

# Chronic Conditions

## Diabetes Mellitus

- In 2013, the percent of adults (age 20+) ever diagnosed with diabetes by a doctor in the report area (9.5%) was consistent with the state (9.2%) and national (9.2%) rates.
- In 2015, the percentage of **Medicare Beneficiaries** with diabetes in the report area (32.1%) was higher than the state (28.2%) and the national rate (26.6%).
- In 2017, Jefferson & Orange Counties (17.0%) had a higher percent of adults (age 18+) who had ever been diagnosed with diabetes than Health Service Region (HSR) 6/5S (10.6%) and the state (11.9%).
- Between 2015 and 2017, diabetes prevalence rates in adults (age 18+) in Jefferson & Orange Counties increased, while rates in HSR 6/5S and the state remained relatively steady.



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

Source: Community Commons, Health Indicator Report filtered for Jefferson and Orange Counties, Texas, www.communitycommons.org; data accessed September 4, 2018.

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed September 10, 2018.

Definition: Has a doctor, nurse, or other health professional ever told you that you have diabetes?

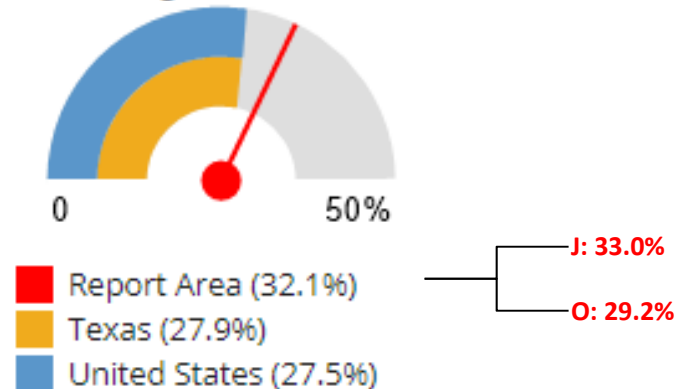
Note: "-" indicates a rate could not be calculated. Rates for sample sizes less than 50 or that yield a relative standard error greater than 30.0% are unreliable and will not be provided.

# Chronic Conditions

## Obesity

- In 2013, the report area (32.1%) had a higher percentage of adults (age 20+) who reported having a Body Mass Index (BMI) greater than 30.0 (obese) than the state (27.9%) and the nation (27.5%).
- In 2017, Jefferson & Orange Counties (36.5%) had a higher percent of obese adults (age 18+) than HSR 6/5S (31.8%) and the state (33.0%).
- Between 2015 and 2017, obesity prevalence rates in adults (age 18+) in Jefferson & Orange Counties, HSR 6/5S and the state remained relatively steady.

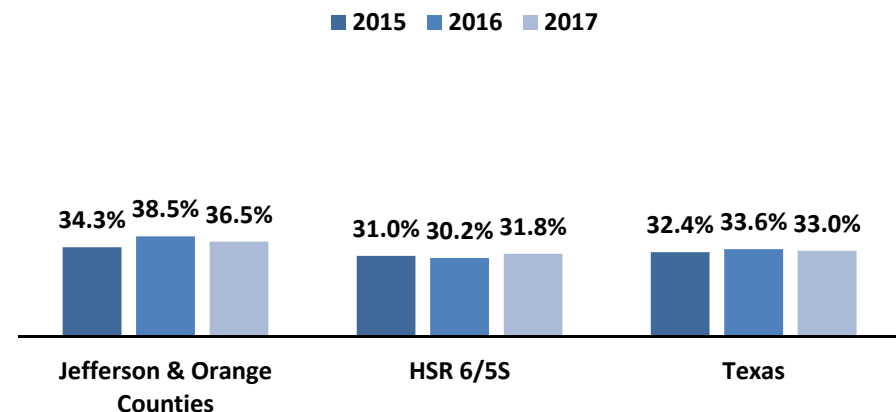
Percentage of Adults Obese



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

### Obesity

Percentage, Adults (age 18+)  
2015-2017



Source: Community Commons, Health Indicator Report filtered for Jefferson and Orange Counties, Texas, [www.communitycommons.org](http://www.communitycommons.org); data accessed September 4, 2018.

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed September 10, 2018.

Definition: BMI is (weight in lbs. divided by (height in inches squared)) times 703. Recommended BMI is 18.5 to 24.9 Overweight is 25.0 to 29.9 Obese is => 30.0.

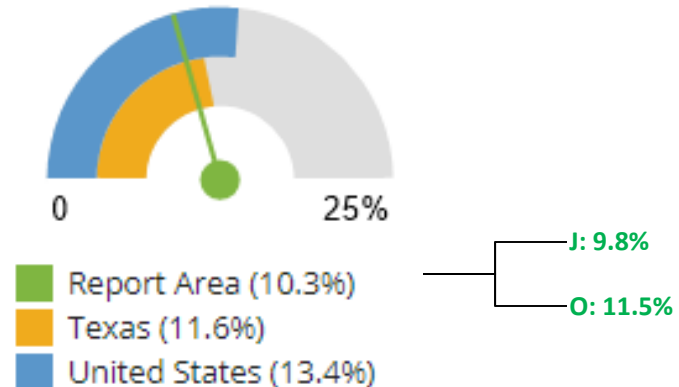
Note: "-" indicates a rate could not be calculated. Rates for sample sizes less than 50 or that yield a relative standard error greater than 30.0% are unreliable and will not be provided.

# Chronic Conditions

## Asthma

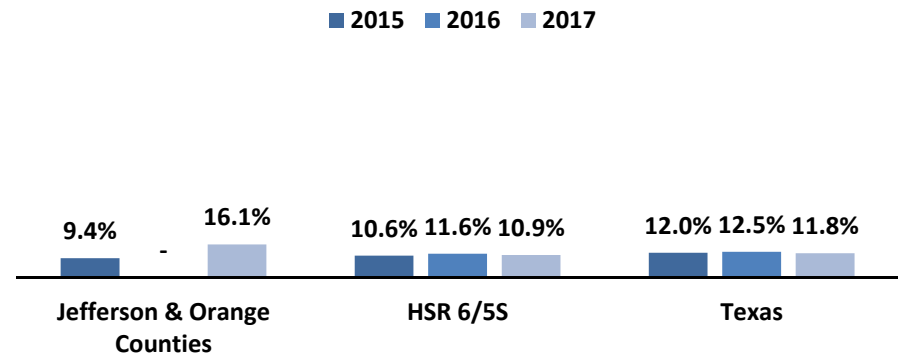
- In 2011-2012, the percent of adults (age 18+) in the report area (10.3%) that had ever been told by a health professional that they had asthma was lower than the state (11.6%) and national rate (13.4%).
- In 2017, Jefferson & Orange Counties (16.1%) had a higher percentage of adults (age 18+) ever diagnosed with asthma than HSR 6/5S (10.9%) and the state (11.8%).
- Between 2015 and 2017, asthma prevalence rates in adults (age 18+) in HSR 6/5S and the state remained relatively steady.

Percent Adults with Asthma



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

Asthma  
Percentage, Adults (age 18+)  
2015-2017



Note: the percentage of adults (age 18+) ever diagnosed with asthma in Jefferson & Orange Counties could not be calculated in 2016 due to a sample size less than 50 and/or a relative standard error greater than 30.0%.

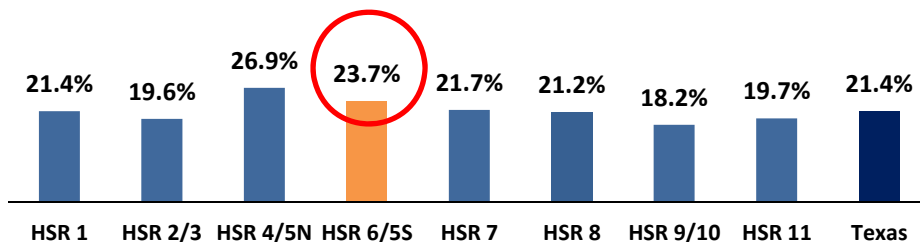
Source: Community Commons, Health Indicator Report filtered for Jefferson and Orange Counties, Texas, www.communitycommons.org; data accessed September 4, 2018.  
 Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed September 10, 2018.  
 Definition: Has a doctor, nurse, or other health professional ever told you that you had asthma?

# Chronic Conditions

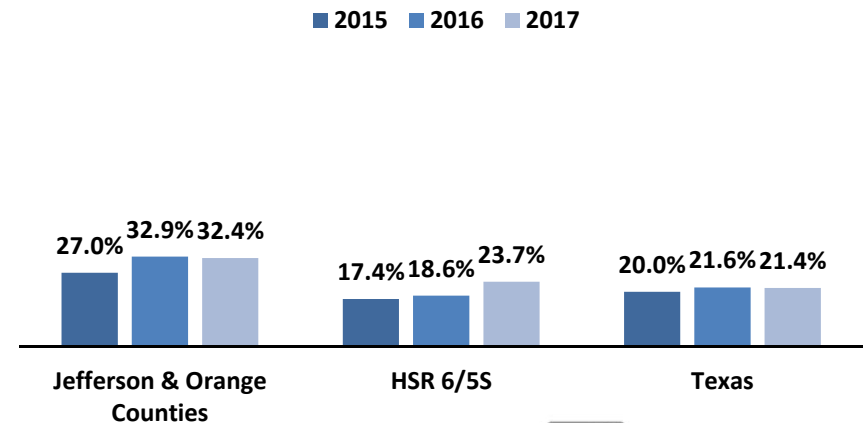
## Arthritis

- In 2017, the percentage of adults (age 18+) ever diagnosed with arthritis in HSR 6/5S (23.7%) was the second highest as compared to all other health service regions and the state (21.4%).
- In 2017, Jefferson & Orange Counties (32.4%) had a higher percentage of adults (age 18+) ever diagnosed with arthritis than HSR 6/5S (23.7%) and the state (21.4%).
- Between 2015 and 2017, arthritis prevalence rates in adults (age 18+) in Jefferson & Orange Counties and HSR 6/5S overall increased, while rates in the state remained steady.

**Arthritis**  
Percentage, Adults (age 18+)  
2017



**Arthritis**  
Percentage, Adults (age 18+)  
2015-2017



Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed September 10, 2018.

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: "-" indicates a rate could not be calculated. Rates for sample sizes less than 50 or that yield a relative standard error greater than 30.0% are unreliable and will not be provided.



# Health Behaviors

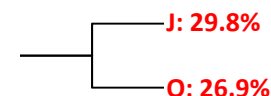
## Physical Inactivity

- In 2013, the percent of the adult population (age 20+) in the report area (29.1%) that self-reported **no leisure time for physical activity** was higher than the state (22.9%) and the national rate (21.8%).
- In 2016, the number per 100,000 population of recreation and fitness facilities in the report area (6.6) was lower than the state (9.3) and national rates (11.0).
- In 2017, the percentage of adults (age 18+) that **did not** participate in physical activity in Jefferson & Orange Counties (38.4%) was higher than HSR 6/5S (29.9%) and the state (32.1%).
- The percent of adults (age 18+) that **did not** participate in leisure time physical activity in Jefferson & Orange Counties increased between 2015 and 2017, while rates in HSR 6/5S and the state fluctuated.

Percent Population with no Leisure Time Physical Activity



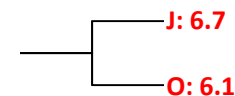
- Report Area (29.1%)
- Texas (22.9%)
- United States (21.8%)



Recreation and Fitness Facilities, Rate (Per 100,000 Population)



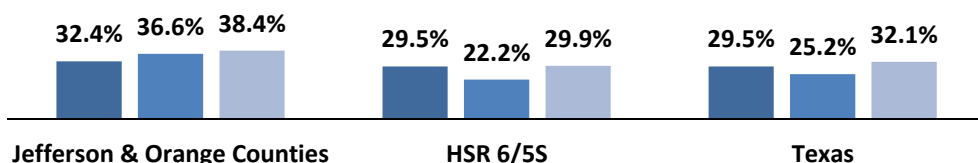
- Report Area (6.58)
- Texas (9.33)
- United States (11.01)



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

Physical Inactivity Percentage, Adults (age 18+) 2015-2017

■ 2015 ■ 2016 ■ 2017



Source: Community Commons, Health Indicator Report filtered for Jefferson and Orange Counties, Texas, www.communitycommons.org; data accessed September 4, 2018.  
 Recreation and Fitness Facility Definition: establishments primarily engaged in operating fitness and recreational sports facilities featuring exercise and other active physical fitness conditioning or recreational sports activities, such as swimming, skating, or racquet sports  
 Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed September 10, 2018.  
 Physical Activity Definition: During the past month, did you participate in any physical activities or exercises such as running, golf, gardening or walking for exercise?  
 Note: “-” indicates a rate could not be calculated. Rates for sample sizes less than 50 or that yield a relative standard error greater than 30.0% are unreliable and will not be provided.

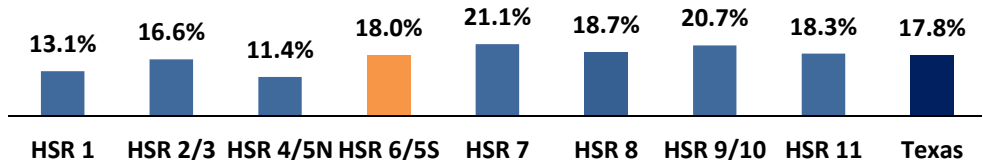


# Health Behaviors

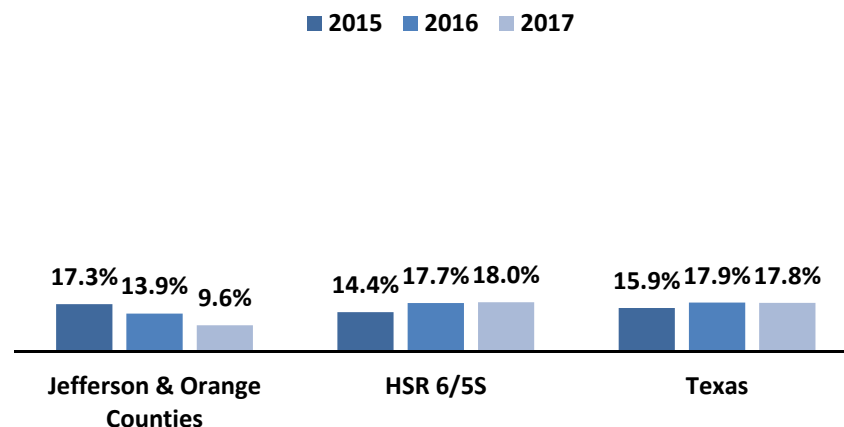
## Binge Drinking

- In 2017, the percentage of adults (age 18+) at risk of binge drinking in HSR 6/5S (18.0%) was consistent with the majority of the other health service regions and the state (17.8%).
- In 2017, Jefferson & Orange Counties (9.6%) had a lower percentage of adults (age 18+) at risk of binge drinking than HSR 6/5S (18.0%) and the state (17.8%).
- Between 2015 and 2017, the percentage of adults (age 18+) at risk of binge drinking in Jefferson & Orange Counties decreased, while rates in HSR 6/5S and the state overall increased.

**Binge Drinking**  
Percentage At Risk, Adults (age 18+)  
2017



**Binge Drinking**  
Percentage At Risk, Adults (age 18+)  
2015-2017



Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed September 10, 2018.

Definition: During the past 30 days, what is the largest number of drinks you had on any occasion? Respondents are classified as "at risk" for binge drinking if males reported consuming 5 or more and females reported consuming 4 or more alcoholic beverages at one time.

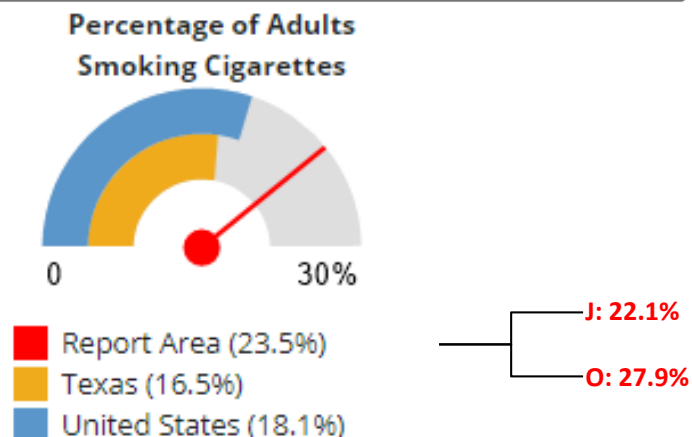
Note: "-" indicates a rate could not be calculated. Rates for sample sizes less than 50 or that yield a relative standard error greater than 30.0% are unreliable and will not be provided.



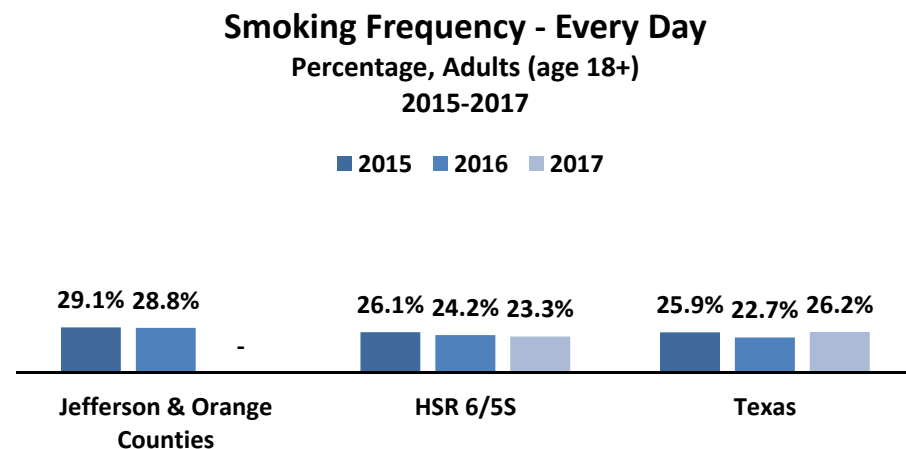
# Health Behaviors

## Smoking

- The percent of the adult (age 18+) population in the report area (23.5%) that self-reported **currently smoking cigarettes some days or every day** was higher than the state (16.5%) and national rates (18.1%) (2006-2012).
- In 2016, the prevalence of current, **every day** smokers in Jefferson & Orange Counties (28.8%) was higher than HSR 6/5S (24.2%) and the state (22.7%).
- Between 2015 and 2017, the percent of adults (age 18+) that self-reported smoking **every day** in HSR 6/5S decreased, while the state remained steady.



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



Note: the percentage of adults (age 18+) currently smoking cigarettes everyday in Jefferson & Orange Counties could not be calculated in 2017 due to a sample size less than 50 and/or a relative standard error greater than 30.0%.

Source: Community Commons, Health Indicator Report filtered for Jefferson and Orange Counties, Texas, [www.communitycommons.org](http://www.communitycommons.org); data accessed September 4, 2018.

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed September 10, 2018.

Frequency of Smoking Definition: Do you now smoke cigarettes every day, some days, or not at all? (Respondents that reported smoking 'Every Day' are included in this chart)

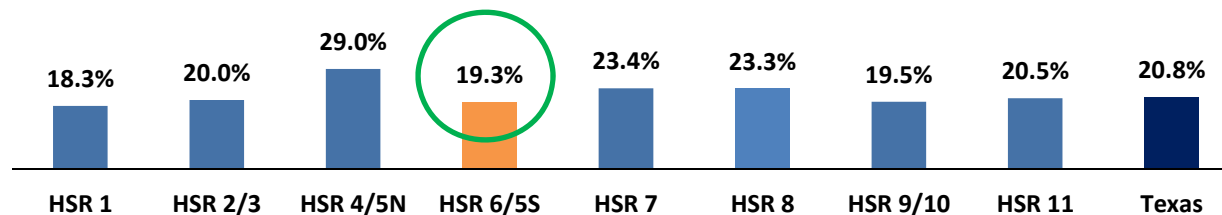
Note: Smoking refers to cigarettes, and does not include electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), marijuana, chewing tobacco, snuff, or snus.

# Health Behaviors

## *E-Cigarette Use*

- In 2017, the percentage of adults (age 18+) that reported ever using an e-cigarette or other electronic vaping product in HSR 6/5S (19.3%) was the second lowest as compared to all other health service regions and the state (20.8%).

**E-Cigarette Use - Ever**  
Percentage, Adults (age 18+)  
2017



Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed September 10, 2018.

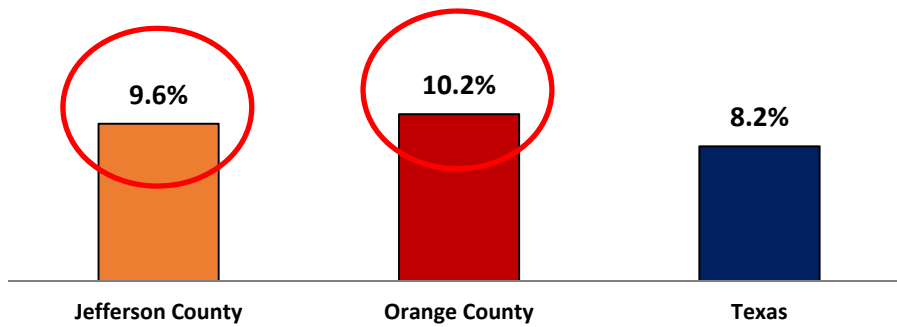
Definition: Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?

Note: "-" indicates a rate could not be calculated. Rates for sample sizes less than 50 or that yield a relative standard error greater than 30.0% are unreliable and will not be provided.

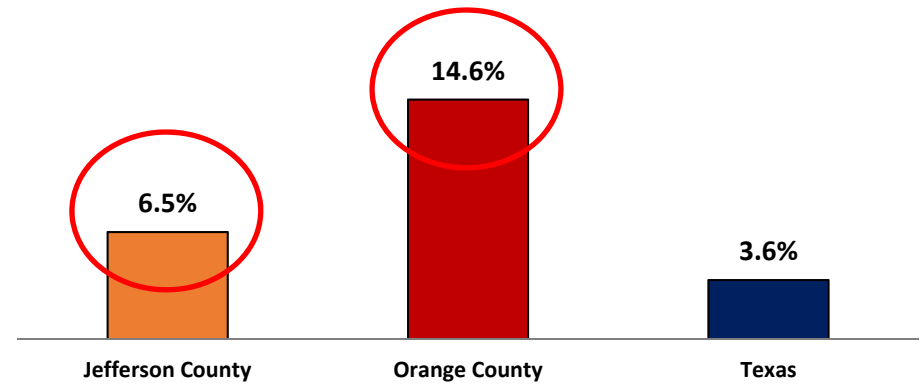
# Natality

## Birth Indicators

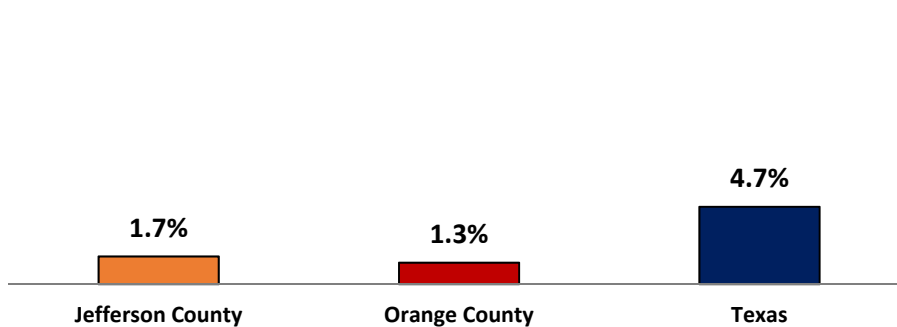
**Low Birth Weight (<2,500g)**  
Crude Percent, All Births  
2015



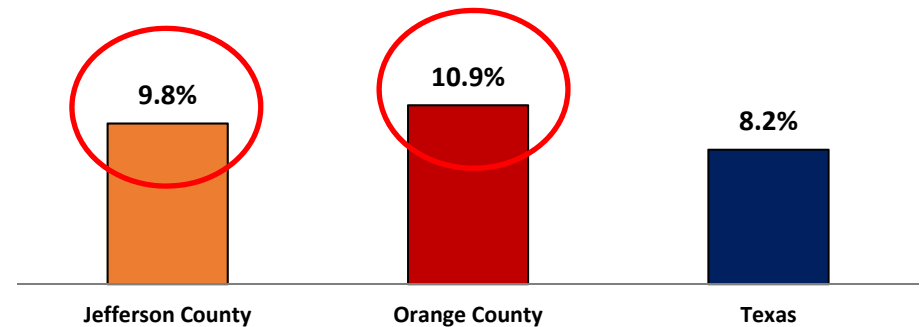
**Smoking During Pregnancy**  
Crude Percent, All Births  
2015



**No Prenatal Care**  
Crude Percent, All Births  
2015



**Teen Births (age 0-19)**  
Crude Percent, All Births  
2015



Source: Texas Department of State Health Services, Texas Health Data, Birth Outcomes report filtered for Jefferson and Orange Counties, TX; <http://healthdata.dshs.texas.gov/VitalStatistics/Birth/>; data accessed September 26, 2018.

Note: Percentages are crude rates based on number of specific indicator-related cases divided by total births. Rates are not calculated if number of cases are too low for statistical reliability.

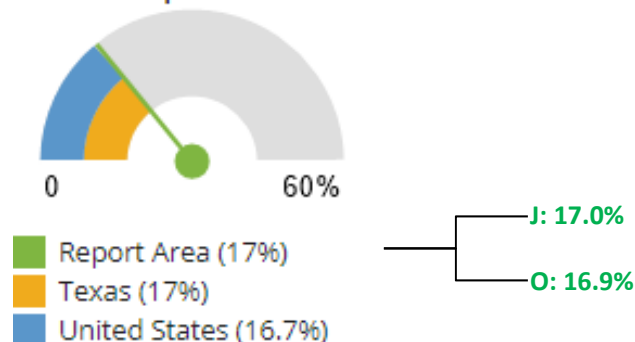


# Mental Health

## Depressive Disorders

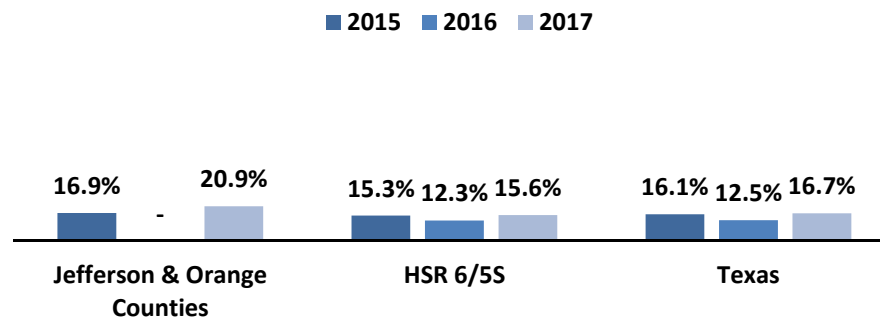
- In 2015, the percentage of **Medicare Beneficiaries** in the report area (17.0%) with depression was consistent with the state (17.0%) and national rates (16.7%).
- In 2017, Jefferson & Orange Counties (20.9%) had a higher percentage of adults (age 18+) ever diagnosed with a depressive disorder than HSR 6/5S (15.6%) and the state (16.7%).
- Between 2015 and 2017, the rate of adults (age 18+) in HSR 6/5S and the state that have been diagnosed with a depressive disorder fluctuated.

Percentage of Medicare Beneficiaries with Depression



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

Depressive Disorders  
Percentage, Adults (age 18+)  
2015-2017



Note: the percentage of adults (age 18+) ever diagnosed with a depressive disorder in Jefferson & Orange Counties could not be calculated in 2016 due to a sample size less than 50 and/or a relative standard error greater than 30.0%.

Source: Community Commons, Health Indicator Report filtered for Jefferson and Orange Counties, Texas, www.communitycommons.org; data accessed September 4, 2018.

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed September 10, 2018.

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?

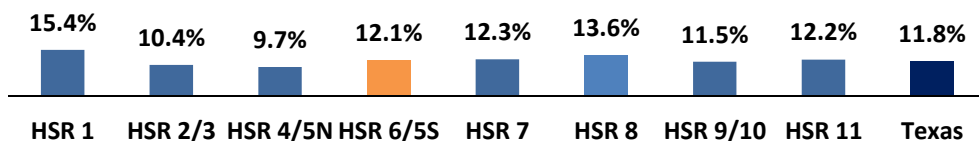


# Mental Health

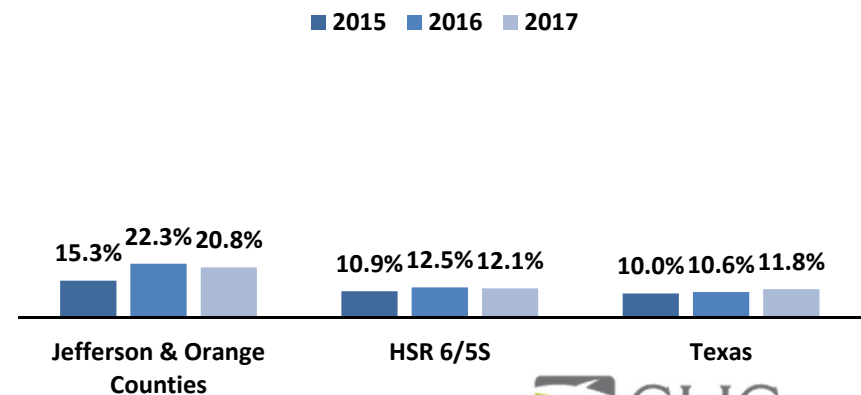
## Days of Poor Mental Health – 14+

- In 2017, HSR 6/5S (12.1%) had a consistent rate of adults (age 18+) that reported experiencing **14 or more days** of poor mental health with all other health service regions and the state (11.8%).
- In 2017, Jefferson & Orange Counties (20.8%) had a higher percent of adults (age 18+) that reported experiencing **14 or more days** of poor mental health than HSR 6/5S (12.1%) and the state (11.8%).
- Between 2015 and 2017, the percent of adults (age 18+) that reported experiencing **14 or more days** of poor mental health in Jefferson & Orange Counties fluctuated and overall increased, while rates in HSR 6/5S remained steady and rates in the state steadily increased.

Days of Poor Mental Health - 14+  
Percentage, Adults (age 18+)  
2017



Days of Poor Mental Health - 14+  
Percentage, Adults (age 18+)  
2015-2017



Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed September 10, 2018.

Definition: Days mental health not good - 14 days

Note: "-" indicates a rate could not be calculated. Rates for sample sizes less than 50 or that yield a relative standard error greater than 30.0% are unreliable and will not be provided.

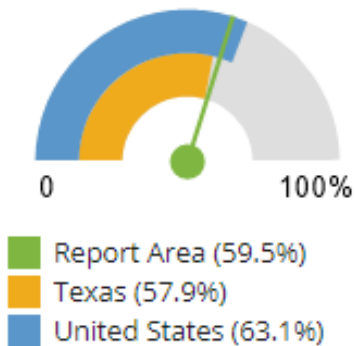


# Preventive Care

## Screenings - Mammography

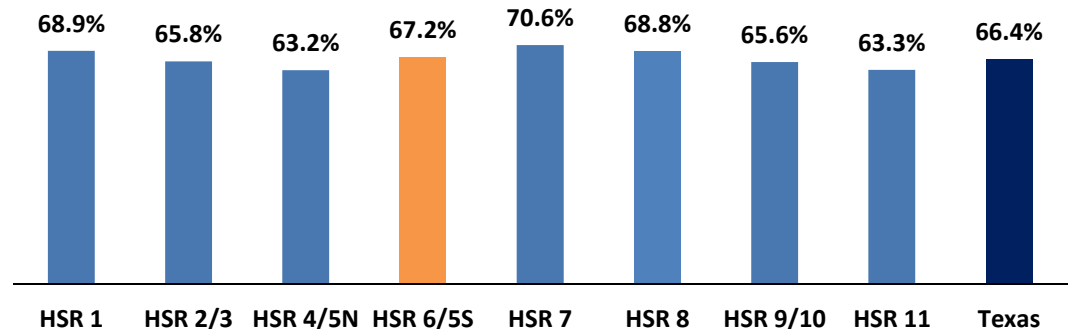
- In 2014, the percent of female **Medicare Enrollees** (age 67-69) in the report area (59.5%) that received one or more mammograms in the past two years was slightly higher than the state (57.9%), but lower than the national (63.1%) rate.
- In 2016, the percent of female adults (age 40+) in HSR 6/5S (67.2%) that received a mammogram in the past 2 years was consistent with all other health service regions and the state (66.4%).

Percent Female Medicare Enrollees with Mammogram in Past 2 Year



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

Mammogram in Past 2 Years Percentage, Female Adults (age 40+) 2016



Source: Community Commons, Health Indicator Report filtered for Jefferson and Orange Counties, Texas, www.communitycommons.org; data accessed September 4, 2018.

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed September 10, 2018.

Definition: Females 40 years and older who had a mammogram within the past 2 years

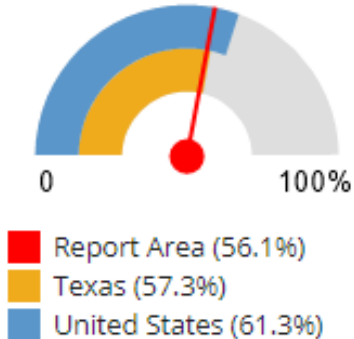
Note: “-” indicates a rate could not be calculated. Rates for sample sizes less than 50 or that yield a relative standard error greater than 30.0% are unreliable and will not be provided.

# Preventive Care

## Screenings - Colonoscopy

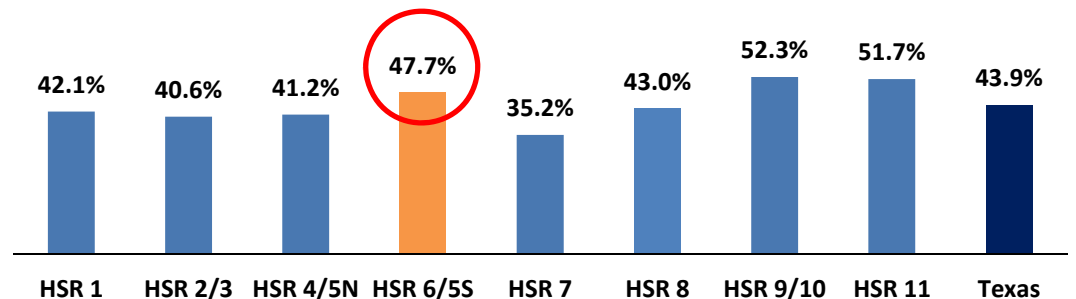
- The report area (56.1%) has a slightly lower percentage of adults (age 50+) who self-reported that they have ever had a sigmoidoscopy or colonoscopy than the state (57.3%), and a lower rate than the nation (61.3%) (2006-2012).
- In 2016, the percent of adults (age 50-75) in HSR 6/5S (47.7%) that **did not** have a colonoscopy in the past 10 years was the third highest as compared to all other health service regions and the state (43.9%).

Percent Adults Screened for Colon Cancer (Age-Adjusted)



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

No Colonoscopy in Past 10 Years  
Percentage, Adults (age 50-75)  
2016



Source: Community Commons, Health Indicator Report filtered for Jefferson and Orange Counties, Texas, www.communitycommons.org; data accessed September 4, 2018.

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed September 10, 2018.

Definition: Males and females 50-75 years who have not had a colonoscopy in the past 10 years.

Note: "-" indicates a rate could not be calculated. Rates for sample sizes less than 50 or that yield a relative standard error greater than 30.0% are unreliable and will not be provided.

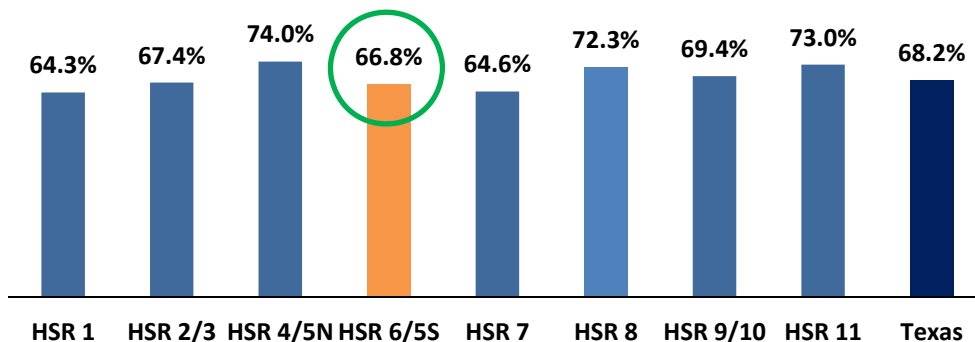


# Preventive Care

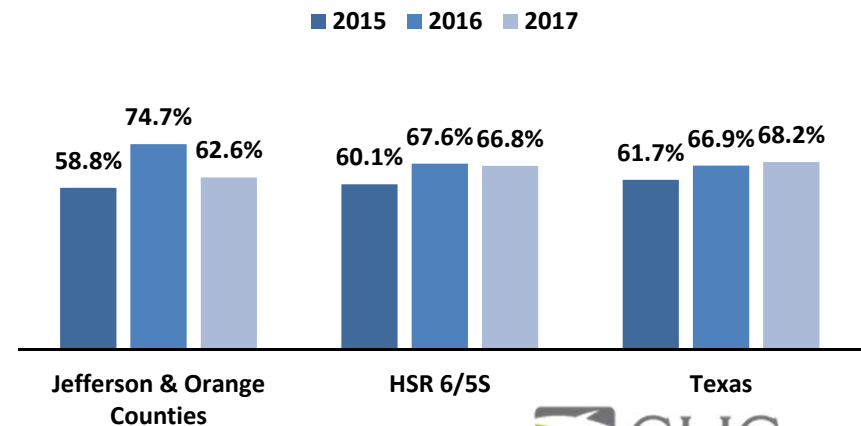
## Immunizations – Influenza Vaccine (18-64 Years)

- In 2017, the percent of adults (age 18-64) in HSR 6/5S (66.8%) that **did not** receive a flu shot in the past year was the third lowest as compared to all other health service regions and the state (68.2%).
- In 2017, Jefferson & Orange Counties (62.6%) had a lower percentage of adults (age 18-64) that **did not** receive a flu shot than HSR 6/5S (66.8%) and the state (68.2%).
- Between 2015 and 2017, the percent of adults (age 18-64) that **did not** receive a flu shot in Jefferson & Orange Counties fluctuated, while rates in HSR 6/5S and the state increased.

No Flu Shot in the Past Year  
Percentage, Adults (age 18-64)  
2017



No Flu Shot in the Past Year  
Percentage, Adults (age 18-64)  
2015-2017



Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed September 10, 2018.

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? \*ADULTS AGE 18-64 YEARS\*

Note: “-” indicates a rate could not be calculated. Rates for sample sizes less than 50 or that yield a relative standard error greater than 30.0% are unreliable and will not be provided.

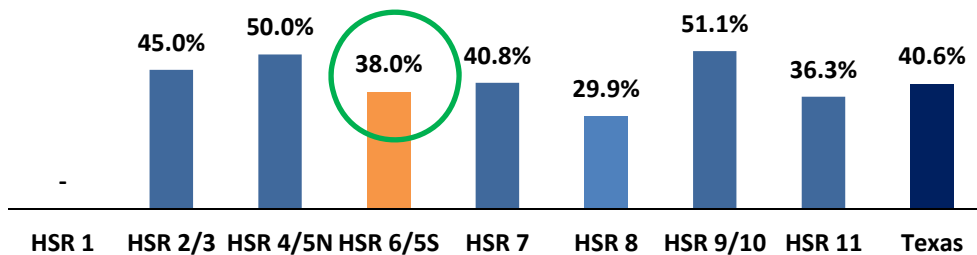


# Preventive Care

## Immunizations – Influenza Vaccine (65+ Years)

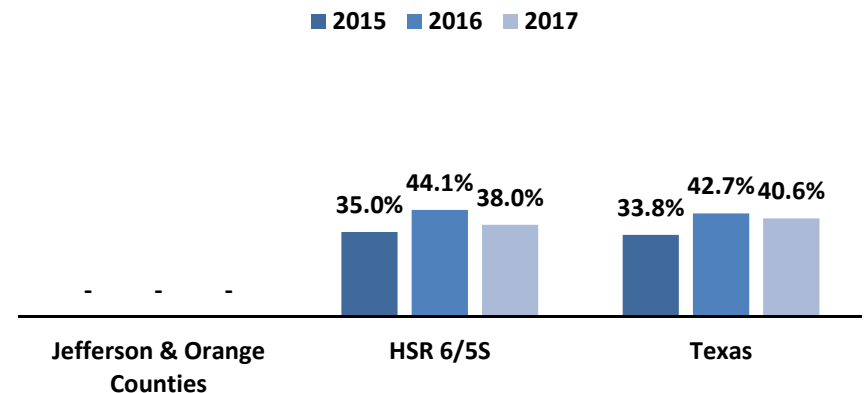
- In 2017, the percent of adults (age 65+) that **did not** receive a flu shot in the past year in HSR 6/5S was the third lowest as compared to all other health service regions and the state (40.6%).
- Between 2015 and 2017, the percent of adults (age 65+) that **did not** receive a flu shot in the past year fluctuated in HSR 6/5S and the state.

No Flu Shot in the Past Year  
Percentage, Adults (age 65+)  
2017



Note: the percentage of adults (age 65+) that did not receive a flu shot in the past year in HSR 1 could not be calculated in 2017 due to a sample size less than 50 and/or a relative standard error greater than 30.0%.

No Flu Shot in the Past Year  
Percentage, Adults (age 65+)  
2015-2017



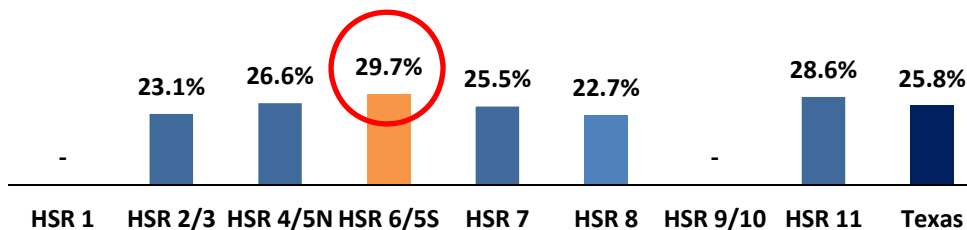
Note: the percentage of adults (age 65+) that did not receive a flu shot in the past year in Jefferson & Orange Counties could not be calculated in 2015, 2016 and 2017 due to a sample size less than 50 and/or a relative standard error greater than 30.0%.

# Preventive Care

## Immunizations – Pneumococcal Vaccine (65+ Years)

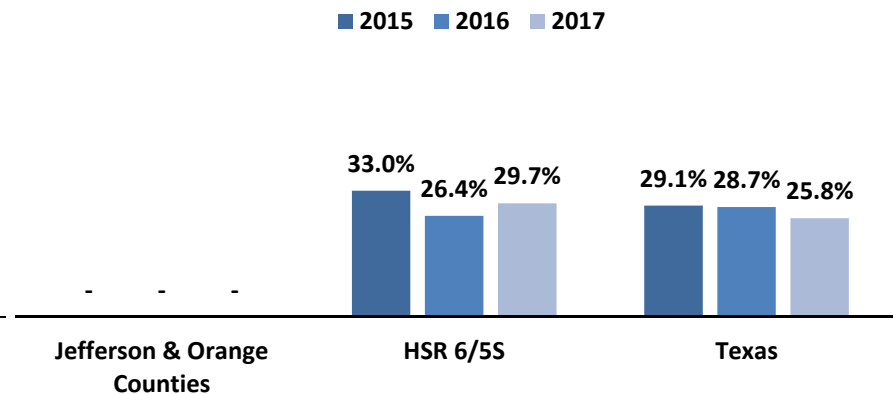
- In 2017, the percent of adults (age 65+) that had **never** received a pneumonia shot in HSR 6/5S (29.7%) was higher than all other health service regions and the state (25.8%).
- Between 2015 and 2017, the percent of adults (age 65+) that had **never** received a pneumonia shot in HSR 6/5S fluctuated, while rates in the state decreased.

No Pneumonia Shot  
Percentage, Adults (age 65+)  
2017



Note: the percentage of adults (age 65+) that have never received a pneumonia shot in HSR 1 and HSR 9/10 could not be calculated in 2017 due to a sample size less than 50 and/or a relative standard error greater than 30.0%.

No Pneumonia Shot  
Percentage, Adults (age 65+)  
2015-2017

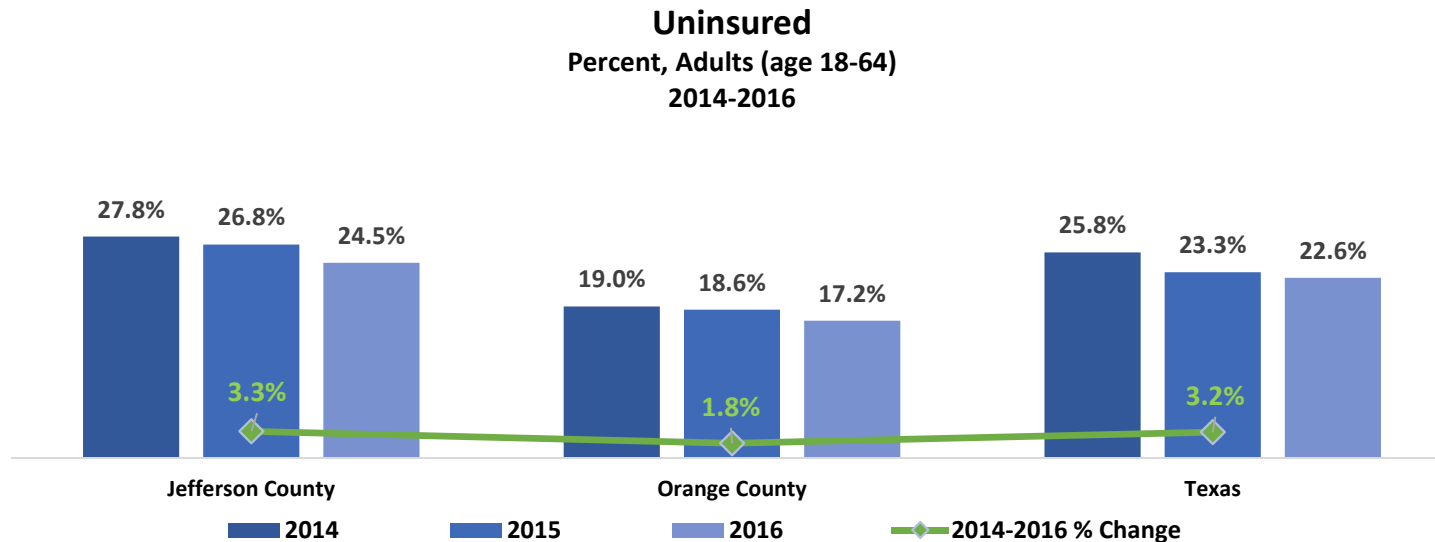


Note: the percentage of adults (age 65+) that have never received a pneumonia shot in Jefferson and Orange Counties could not be calculated in 2016 and 2017 due to a sample size less than 50 and/or a relative standard error greater than 30.0%.

# Health Care Access

## *Uninsured*

- As of 2016, Jefferson County (24.5%) has a higher rate of uninsured adults (age 18-64) as compared to Orange County (17.2%) and the state (22.6%).
- Jefferson County and the state experienced consistent declines in the percentage of uninsured adults (age 18-64) between 2014 and 2016 (3.3% and 3.2%, respectively), while Orange County (1.8%) experienced a slightly smaller decline.



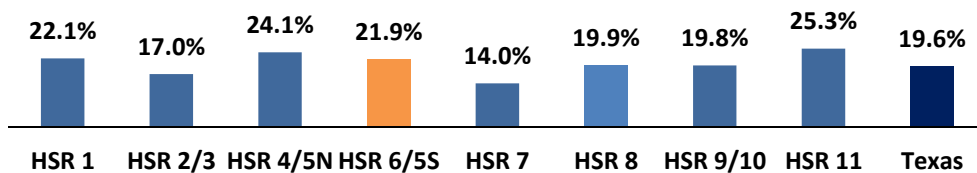
Source: United States Census Bureau, Small Area Health Insurance Estimates filtered for Jefferson and Orange Counties, TX, <https://www.census.gov/data-tools/demo/sahie/#/>; data accessed September 24, 2018.

# Health Care Access

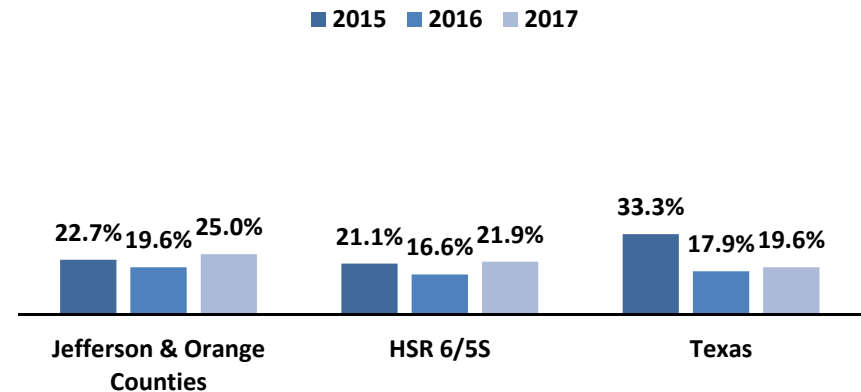
## Medical Cost Barriers

- In 2017, the percent of adults (age 18+) that reported experiencing a medical cost barrier in the past 12 months in HSR 6/5S (21.9%) was consistent with the majority of other health service regions and the state (19.6%).
- In 2017, the percent of adults (age 18+) that reported experiencing a medical cost barrier in the past 12 months in Jefferson & Orange Counties (25.0%) was higher than HSR 6/5S (21.9%) and the state (19.6%).
- Between 2015 and 2017, the percent of adults (age 18+) that needed medical care but could not receive it due to cost overall increased in Jefferson & Orange Counties and HSR 6/5S, and decreased in the state.

**Medical Cost Barrier**  
Percentage, Adults (age 18+)  
2017



**Medical Cost Barrier**  
Percentage, Adults (age 18+)  
2015-2017



Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed September 10, 2018.

Definition: Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?

Note: "-" indicates a rate could not be calculated. Rates for sample sizes less than 50 or that yield a relative standard error greater than 30.0% are unreliable and will not be provided.

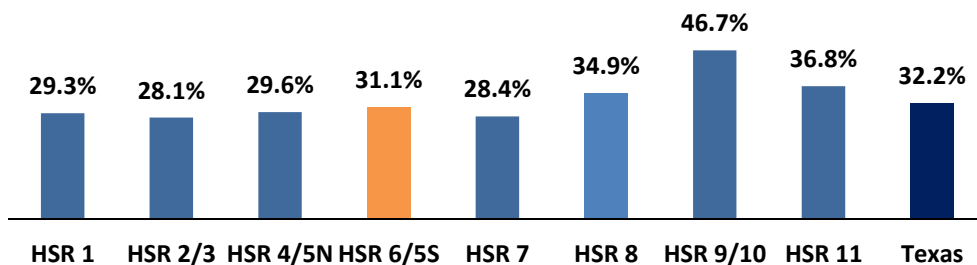


# Health Care Access

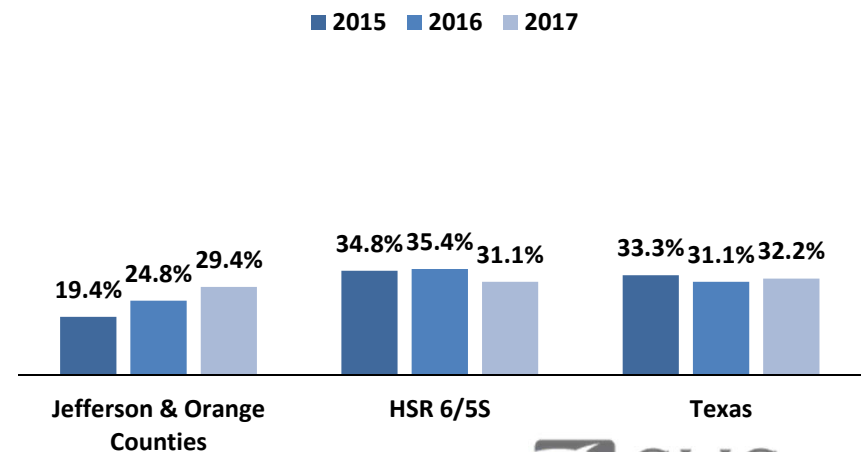
## Personal Doctors

- In 2017, HSR 6/5S (31.1%) had a consistent percent of adults (age 18+) that had **no personal doctor** as compared to most other health service regions and the state (32.2%).
- In 2017, Jefferson & Orange Counties (29.4%) had a consistent percent of adults (age 18+) that had **no personal doctor** with HSR 6/5S (31.1%) and the state (32.2%).
- Between 2015 and 2017, the percent of adults (age 18+) in Jefferson & Orange Counties that reported having **no personal doctor** increased, while rates in HSR 6/5S and the state remained steady.

**No Personal Doctor**  
Percentage, Adults (age 18+)  
2017



**No Personal Doctor**  
Percentage, Adults (age 18+)  
2015-2017



Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed September 10, 2018.

Definition: Do you have one person you think of as your personal doctor or health care provider?

Note: “-” indicates a rate could not be calculated. Rates for sample sizes less than 50 or that yield a relative standard error greater than 30.0% are unreliable and will not be provided.

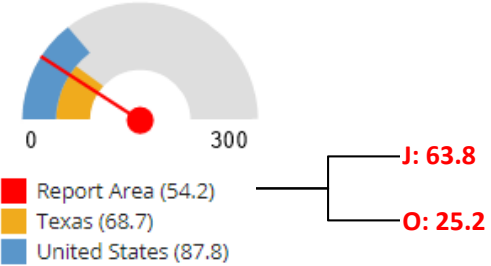


# Health Care Access

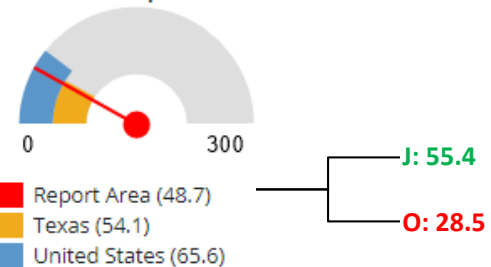
## Providers

- In 2014, the rate of primary care physicians per 100,000 population in the report area (54.2 per 100,000) was lower than the state (68.7 per 100,000) and national rates (87.8 per 100,000).
- In 2015, the rate of dental care providers per 100,000 population in the report area (48.7 per 100,000) was lower than the state (54.1 per 100,000) and national rates (65.6 per 100,000).
- In 2018, the rate of mental health care providers per 100,000 population in the report area (79.2 per 100,000) was significantly lower than the state rate (102.3 per 100,000) and the national rate (202.8 per 100,000).

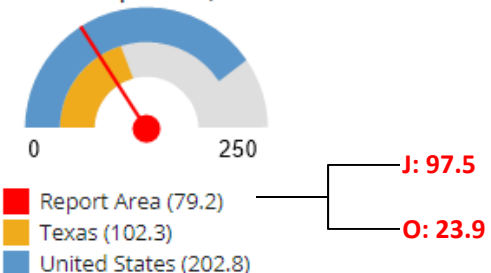
Primary Care Physicians,  
Rate per 100,000 Pop.



Dentists, Rate per 100,000  
Pop.



Mental Health Care Provider  
Rate (Per 100,000  
Population)



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

Source: Community Commons, Health Indicator Report filtered for Jefferson and Orange Counties, Texas, www.communitycommons.org; data accessed September 4, 2018.

Definition: "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.

Definition: 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.

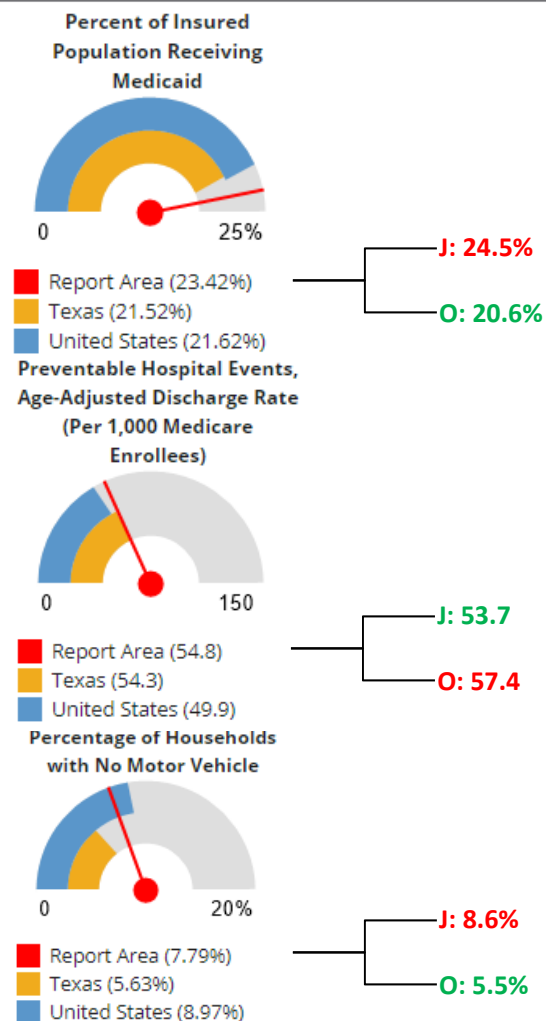
Definition: Psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.



# Health Care Access

## Barriers to Care

- **Cost of health care may delay or inhibit patients from seeking preventive care.**
  - Between 2012 and 2016, 23.4% of the insured population in the report area reported receiving Medicaid, which is above the state rate (21.5%).
- **Lack of adequate and available primary care resources for patients to access may lead to increased preventable hospitalizations.**
  - In 2014, the rate of preventable hospital events in the report area (54.8 per 1,000 Medicare Enrollees) was consistent with the state (54.3 per 1,000) and higher than the nation (49.9 per 1,000).
- **Lack of transportation is frequently noted as a potential barrier to accessing and receiving care.**
  - Between 2012 and 2016, 7.8% of households in the report area had no motor vehicle, as compared to 5.6% in Texas and 9.0% in the nation.



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

Source: Community Commons, Health Indicator Report filtered for Jefferson and Orange Counties, Texas, www.communitycommons.org; data accessed September 4, 2018.

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

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- Conducted 16 interviews with the two groups outlined in the final IRS regulations
- Discussed the health needs of the community, access issues, barriers and issues related to specific populations
- Gathered background information on each interviewee

# Interviewee Information

- **Heather Champion:** Director of Business Development, Spindletop Center
- **Rasheeda Daugherty:** Corporate Market Director, Golden Triangle American Heart Association
- **Sabrina Davis:** Nurse, University of Texas Medical Branch Orange County Health Department
- **Rachel Guidry:** Director of Counseling, Beaumont Independent School District
- **Colleen Halliburton:** Director, Area Agency on Aging of Southeast Texas
- **Jessica Hill:** Executive Director, Orange County Economic Development Corporation
- **Dena Hughes:** Executive Director, Triangle Area Network
- **Karyn Husbands:** President & CEO, United Way of Beaumont and North Jefferson County
- **Lesly Johnson:** Community Relations Manager, Legacy Community Health Services
- **Chester Jourdan:** Executive Director, American Red Cross of Southeast and Deep East Texas
- **Cordella Lyons:** HIV Screening Coordinator, Baptist Hospitals of Southeast Texas
- **Maureen McAllister:** President & CEO, United Way of Orange County
- **John Neely:** Executive Director, Southeast Texas Council on Alcohol and Drug Abuse
- **Norma Sampson:** Executive Director, Julie Rogers Gift of Life
- **Sherry Ulmer:** Director, City of Beaumont Public Health Department
- **Byron Young:** Director of Advanced Practice Nursing Services/Patient Navigation, Baptist Hospitals of Southeast Texas

# 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

12.5%

- 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

87.5%

*Note: Interviewees may provide information for several required groups.*

# Community Needs Summary

- Interviewees discussed the following as the most significant health issues:
  - Overall Access Issues
    - Insurance Coverage
    - Transportation
  - Access to Mental and Behavioral Health Care
  - Access to Specialty Care
  - Access to Dental Care
  - Community Education & Preventive Care
    - Sex Education & Communicable Disease Prevention
    - Nutrition & Weight Management
    - Community Collaboration & Awareness of Existing Resources
  - Need for Affordable, Safe Housing

# Overall Access Issues

## *Insurance Coverage*

- **Issues:**

- Limited health care services for low income, Medicaid, and un/underinsured patients
- High rates of un/underinsured residents (low income, males, and/or hurricane victims)
- Residents forced to delay or forego care due to financial strains, particularly hurricane victims, un/underinsured
- Lack of preventive care access leads to inappropriate use of the ER, poor management of chronic conditions
- Un/underinsured families raising generation of inappropriate ER users
- Limited number of providers accepting HMO, Medicaid, Medicare
- Lack of specialty care services for un/underinsured
- Lack of access for un/underinsured residents in Orange County due to hospital closure

- **Needs:**

- Emphasis on the needs of low income, Medicaid, un/underinsured residents
- Education regarding the importance in seeking preventive care, particularly for low income, males, hurricane victims
- Greater number of local specialty and primary care options for all payer types
- Education regarding when to use the Emergency Room vs a Primary Care Provider

**“For low income, Medicaid, and uninsured patients, access continues to be a significant problem.”**

**“Fewer people are seeking health care because they are financially strained...families and individuals living paycheck to paycheck who had their homes or cars flooded. They’re struggling to make ends meet. They can’t afford a doctors visit, a prescription, etc. So they may have coverage and choose to self-treat or not treat it.”**

**“...a lot of men don’t have insurance or coverage.”**

**“The ER is an access point for uninsured patients.”**

**“If people grow up in the environment of seeking care at an ER rather than a PCP, they go to the ER for a head cold.”**

**“There’s not many accepting Obamacare plans. There’s limited Medicaid physicians and we’re seeing a drop in physicians accepting Medicare in primary care.”**

**“There are less specialty services for the uninsured. If they needed an endocrinologist and don’t have insurance, it’s a dead end for them.”**

**“[In Orange County], whether you have insurance or not, the number of physicians is certainly more of a trouble. Jefferson County is relegated to whether you have insurance or not.”**

# Overall Access Issues

## *Transportation*

- Issues:

- Transportation barriers in accessing health care services, particularly for underserved populations
- Lack of reliability in existing transportation services
- Perception that ambulance services yield quicker access to health care
- Increased barriers to transportation services for men, elderly, veterans, and Orange County un/underinsured

- Needs:

- Emphasis on the transportation needs of underserved populations (men, elderly, veterans, Orange County un/underinsured)
- Education on proper use of ambulance services

“If you can’t afford a vehicle or the fuel to put in the vehicle, then you won’t get to a doctors appointment. There is Southeast TX Regional transit and Medicaid transit, but those aren’t reliable and they’re not always available to people who need them.”

“There is a belief that if they call for an ambulance to transport them to the hospital, they will be seen quicker.”

“[Orange County] has no emergency services for uninsured or underinsured, Medicare or Medicaid. Those people have to get in an ambulance and be transported 30 miles down the road and that’s sometimes life or death.”

“If you don’t have Medicaid, you can’t get a ride very easily. Women who are pregnant qualify for Medicaid, but there’s not an option for men. They struggle with transportation issues frequently.”

“[In Orange County], we have an unhealthy aging population and don’t have services available to treat those needs. They have to travel a further distance and may not have transportation to get there. They’re not seeking care because of those barriers.”

“For Veterans, transportation is an issue. We don’t have a VA hospital anywhere near here.”

“Transportation is an issue for [elderly]. Their vision is not well enough for them to be driving and they don’t have a way to get to certain places, like the doctors office.”

# Access to Mental & Behavioral Health Care

- **Issues:**

- Lack of mental and behavioral health facilities for general population, specifically un/underinsured and Medicaid patients
- Limited availability of appointments for Medicaid, underinsured patients yielding long wait times
- Demand for individualized services vs. group therapy
- Increasing prevalence of mental ailments for youth, elderly and low income, particularly post Hurricane Harvey
- Significant need for addiction treatment services
- Demand for Spanish-speaking mental and behavioral health providers

- **Needs:**

- Increased access to local mental and behavioral health services, specifically for un/underinsured, Medicaid, youth, elderly and low income residents
- Increased emphasis on need for primary prevention for mental and behavioral health, particularly individualized approaches
- Promotion and generation of substance abuse and addiction programs and services
- Continued emphasis on provision of Spanish-speaking providers in mental and behavioral health care disciplines

**“We have significant access problems with behavioral health whether you’re insured or uninsured. We don’t have enough providers. For Medicaid and underinsured patients, there will be a wait. For uninsured, the only way they’ll be evaluated is through a psychological emergency.”**

**“[Mental health care] is very fragmented. Providers are limited and a lot of resources are geared towards group therapy...that is a barrier for somebody who is just getting to grips with the fact that they need mental health care.”**

**“We continually have challenges meeting the [mental health] needs for the youth...young people have the greatest need.”**

**“Most students are dealing with emotional issues that are beyond our reach. That’s why they are breaking down, committing suicide, cutting, shooting, they’re figuring there’s no other way out.”**

**“[Mental health] has been a huge challenge after Harvey...we’ve seen the impact upon those that were disenfranchised – particularly with children, elderly and low income. Frustration is still there and hopelessness.”**

**“We have a great need in behavioral health for addiction medicine. Substance use disorder has a great impact on the full health of an individual, that’s a problem in both Jefferson and Orange.”**

**“There’s a significant need for Spanish speaking providers that don’t have to offer services using a translator.”**





# Access to Specialty Care

- **Issues:**

- Patient outmigration to Houston for specialty care
- Limited access to local specialty care services for un/underinsured patients (Cardiology, Infectious Disease, Nephrology, Oncology, Rheumatology)
- Demand for Neurology services for all patients, regardless of coverage
- Limited specialty care available in Orange County due to hospital closure, physician relocations
- Lack of local specialty services forces Veterans to travel to Houston for care

- **Needs:**

- Attract native residents in the medical field to return home
- Need for increased access to Cardiology, Infectious Disease, Nephrology, Oncology, Rheumatology services for un/underinsured residents
- Targeted recruitment efforts for Neurology providers to the community (if feasible)
- Emphasis on the needs of veteran residents and care closer to home

**“If they need a specialist and have insurance, they go to Houston.”**

**“Unless you have the right insurance or a fat check book, you won’t find specialty care in Jefferson or Orange Counties.”**

**“Cardiology is not a problem for most insured patients...we have a few cardiologists that will accept Medicaid. For the uninsured, it is a great challenge to get those patients seen.”**

**“Oncology is the most difficult [for] un/underinsured. Those patients don’t have anywhere to go for treatment that would be affordable. Most places don’t accept cash pay patients for that.”**

**“There is a huge need for neurology. If I made an appointment as an insured patient, it would take 4.5 months before I’d be seen.”**

**“[In Orange County], physicians are leaving. We don’t have as many specialists anymore because there’s not a hospital here.”**

**“[In Orange County], our heart doctor left...some orthopedic doctors left. I don’t think there’s cancer doctors left in the area. I really don’t think there’s a whole lot of specialists left in Orange County at all.”**

**“Specialty care is not available here and volunteers have to take our veteran community to Houston for it.”**

# Access to Dental Care

- **Issues:**

- Lack of affordable dental care for all residents
- Demand for dental services for low income, un/underinsured residents
- Relationship between poor cardiac health and poor dental health in Jefferson and Orange Counties
- Disproportionate challenge in accessing dental care services for youth, adults, low income, un/underinsured

- **Needs:**

- Increased access to and availability of local dental care providers that accept un/underinsured patients
- Emphasis on the needs of underserved residents (youth, adults, low income, un/underinsured)

“There’s a need for more [dental] resources, not necessarily more providers. We have providers but not everybody has resources to be able to access them.”

“Fewer people have dental insurance and that’s not specific to low income. If there’s a procedure that’s costly, people are more likely to put that off. So people working within a budget, they may not pursue treatment.”

“[Dental care] is not an issue for those who are insured. The gap is for those who are uninsured.”

“The uninsured have challenges with getting dental care. There’s a strong correlation between poor dental health and poor cardiac health in our community...the need for dental care for low income and uninsured is significant for Jefferson and Orange Counties.”

“Dentists aren’t accepting Medicaid or un/underinsured. The young people can’t afford it. They don’t have the money and can’t qualify for Medicaid, so they have a difficult time getting in to see a dentist who accepts [their] payment.”

“There’s a lot of students that don’t have dental care. We have a lot of tooth decay.”

“One thing is really hard is to find affordable dentures in our area and not having teeth can be nutritionally detrimental to a patient overall. This would be an issue for patients between 18-65 because once they qualify for Medicare, they get better access.”

# Community Education & Preventive Care

## *Sex Education & Communicable Disease Prevention*

- **Issues:**

- Significant increases in sexually transmitted infections (STIs) (Syphilis, Chlamydia, Gonorrhea, HIV, Hepatitis C), particularly in youth and elderly populations
- Lack of education regarding safe sex practices in schools due to stigma
- Limited availability of specialists trained in HIV, Hepatitis C diagnoses and treatment
- Increasing demand for health care services, provider education on transgender patient treatment

- **Needs:**

- Sex education regarding abstinence, proper contraception and STI prevention, particularly for youth, elderly
- Education for providers regarding proper treatment of HIV, Hepatitis C, and transgender patients

“In Southeast Texas, we have a very large number of STDs. We are seeing a resurgence in syphilis cases. This has caused us to start having to educate more on STDs and how to protect oneself.”

“We have seen an increase in elderly patients past reproductive age contracting STDs because they’re not using protection.”

“STDs are changing and gonorrhea is coming out. There are limited medications to treat that...it is changing and morphing constantly and there are limited medicines. Gonorrhea is on the rise.”

“We have seen an increase in HIV patients and we’re limited on staff and funding to better serve that community.”

“Our teens and adolescents are the fastest growing population for HIV. We have difficulty providing education for teens because our state does not allow comprehensive sex education in schools.”

“We’ve seen a large number of African American youth between 13-24 years diagnosed with HIV compared to nationwide averages. There’s a huge stigma in Southeast Texas surrounding HIV/AIDs. People find it’s sexually related so they don’t want to talk to youth about it, but it needs to be happening.”

“People are living longer with HIV...there is a cure for Hep C. There is a lack of specialists who know how to care for these diagnoses.”

“There is a lack of services for trans patients and not enough providers. We need to educate ER staff on that subset of patients and how to most appropriately handle their health care needs.”

# Community Education & Preventive Care

## *Nutrition & Weight Management*

- **Issues:**

- High prevalence rates of chronic conditions and poor lifestyle behaviors (obesity, diabetes, high blood pressure, lack of physical activity, asthma, heart failure, COPD)
- Increasing number of fast food restaurants in the community
- Lack of primary prevention tactics for chronic diseases
- Overuse of the ER for care by youth population for preventable conditions due to lack of PCP (diabetes, high blood pressure, asthma)
- Barriers for low-income population to access gyms and healthy lifestyle resources
- Disproportionate challenges in diabetes, heart disease for African American, Hispanic populations

- **Needs:**

- Increased targeted education regarding healthy lifestyles and disease management for youth, African American, Hispanic residents
- Improved access to healthy food options and exercise for the lower income population

**“The biggest health concern is in managing chronic diseases, which includes hypertension and diabetes.”**

**“Obesity is much like hypertension in that it creates other health conditions, so we have a huge need for treating obese patients.”**

**“A lot of patients with COPD have heart failure as a comorbidity.”**

**“We are getting different restaurants popping up left and right that are not exactly the healthiest food options. That would be one of the biggest concerns is the rise in obesity rates.”**

**“We need to make a concerted effort to address disease prevention, and that is really lacking in every demographic in our community regarding diet, exercise, and lifestyle.”**

**“Teens are using the ER for care because they are somehow not able to establish themselves with primary care so we do have a problem with them not getting preventive counseling for diabetes, hypertension, and asthma because they’re not accessing care.”**

**“We are in dire need of healthy programs for preventive care. Our gyms are unaffordable for a lot of people.”**

**“We have facilities for people to exercise and there’s plenty of promotion, there just seems to be a lack of interest in doing so.”**

**“Heart disease and diabetes are increasing, especially in the African American and Hispanic cultures.”**

# Community Education & Preventive Care

## *Community Collaboration & Awareness of Existing Resources*

- **Issues:**

- Need for emphasis on existing health care resources within the community for residents to access
- Cost barriers to care keeping residents from seeking preventive care services
- Lack of education on the differences in provider sources across the continuum of care
- Limited community collaboration across organizations to promote health care information, particularly for cancer-related populations
- Perception of unequal distribution of resources post Hurricane Harvey
- Limited programs available in Orange County

- **Needs:**

- Increased targeted education regarding proper use of health care provider channels
- Improved collaboration across local organizations
- More communication and education of locally available resources and programs, particularly for Orange County residents

“We need to be able to educate the community on what care is available, where it’s available, and how they can get care.”

“The general public doesn’t want to get preventive care because of the expense and not knowing where they can go. There’s a need for communication or knowledge for the individuals.”

“There is a lack of communication in the community as to which facilities provide which type of care – urgent care clinics, emergency room, primary care physicians, freestanding ERs...there’s a misunderstanding about where to go if you have a broken arm vs. where to go if you have a head cold.”

“There is a need to establish a stronger linkage between the hospital, the community health center, and private practice. How do we create connections that create a path to help patients?”

“How do we maximize the resources in our area? There doesn’t appear to be a central base of knowledge and information.”

“We need a collaborative health care base of stakeholders to meet the unmet needs of the ramifications of cancer.”

“Allocation of resources hasn’t been fair here after hurricane Harvey.”

“In Orange County, there are no programs out there to promote healthy lifestyles.”

# Need for Affordable, Safe Housing

- Issues:

- Lack of affordable, safe housing in Jefferson and Orange Counties
- Prioritization of housing issues over health care appointments
- Post Hurricane Harvey effects leaving families homeless or in unsafe living conditions over one year later
- Unsafe living conditions, particularly for elderly, disabled, veterans, low income
- Significant homeless population tied to rise in mental health issues
- Limited shelter options for homeless population in Orange County

- Needs:

- Increased focus on needs of Hurricane Harvey victims displaced from their homes
- Emphasis on the mental health care needs of homeless residents in the community
- Improved access to shelter resources for homeless residents in Orange County

“We need affordable, appropriate and safe housing for people living in Jefferson and Orange Counties. It’s greatly impacting their ability to take care of their health and wellness. If you don’t have a place to live, you’re not going to worry about going to a doctor’s appointment.”

“We have subpar living conditions, specifically after the hurricane and the flooding we had last year. Some people are still living in some pretty bad scenarios with mold, which causes illness. There’s a wait time for federal dollars to help repair or rebuild homes, but in the interim there’s just a lack of safe housing.”

“The impact that Harvey has had on our communities and the impact it had on the elderly, our disabled, our veterans, our low income...particularly with them living in environments that they shouldn’t be but they don’t have any other option.”

“We have an increasing homeless population that we do not address at all, and that goes hand in hand with a lack of mental health care.”

“[In Orange County], we need a shelter. We get calls all the time asking for a shelter. The nearest one is in Beaumont and we don’t have anywhere in Orange County to refer them to.”

# Populations Most at Risk

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

- Elderly
  - Lack of affordable medications, medical equipment (dentures, wheelchairs)
  - Increasing number of primary care providers not accepting Medicare
  - Transportation barriers
  - Lack of access to specialty care
  - Sexually Transmitted Infections (STIs)
  - Dementia, Cancer, COPD
- Homeless
  - Lack of local shelters and resources
  - Lack of affordable, safe housing
- Racial/Ethnic
  - Lack of bilingual therapists
  - Distrust of health care system
  - Healthy lifestyle education
  - Significant language barriers (Vietnamese)
  - High rate of uninsured residents (African American, Hispanic, Vietnamese)
  - High unemployment rate (African American, Hispanic, Vietnamese)
  - Stigma in seeking mental and behavioral health care (African American)
- Teenagers/Adolescents
  - Increasing need for sex education and STI prevention (African American)
  - Need for increased access to mental and dental services
  - Healthy lifestyle education (obesity)
  - Drug prevention and education (marijuana, meth, opioids, alcohol)
  - Overuse of ER
- Low Income/Working Poor
  - Displacement due to Hurricane Harvey
  - Delay in seeking preventive care due to cost/taking off work
- Un/Underinsured
  - Lack of local, affordable preventive care, dental care, and specialty care
- Veterans
  - Lack of access to local resources and services, specifically specialty care
- 77701 & 77705
  - High rate of uninsured residents
  - High unemployment rate
  - High poverty rate
  - Significant homeless population



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# **KAISER FAMILY FOUNDATION/EPISCOPAL HEALTH FOUNDATION HARVEY ANNIVERSARY SURVEY**



# Hurricane Harvey Recovery Survey

## *Background*

- Three months after Hurricane Harvey, the Kaiser Family Health Foundation and Episcopal Health Foundation partnered to conduct a representative survey of residents in 24 heavily-impacted Texas counties, in order to provide those working on the recovery effort with reliable information about how residents were affected by the hurricane and what their needs and priorities were for recovery
- As a follow-up, the partners jointly conducted the current survey nearly one year after the storm, to shed light on the progress being made, as well as residents' view on the greatest areas of need as recovery moves from the short-term into the long-term

Source: Henry J. Kaiser Family Foundation and Episcopal Health Foundation, One Year After the Storm: Texas Gulf Coast Residents' Views and Experiences with Hurricane Harvey Recovery, [https://www.kff.org/other/report/one-year-after-storm-texas-gulf-coast-residents-views-experiences-hurricane-harvey-recovery/?utm\\_campaign=KFF-2018-August-Poll-Hurricane-Harvey-Anniversary-Survey&utm\\_source=hs\\_email&utm\\_medium=email&utm\\_content=65385343&\\_hsenc=p2ANqtz-9JuNuh-NfMSOPlzgO3egKKfoj7s\\_wdkSB1kPg4Hn-CMXOxgE505H87TpiR558LoRBXHd14j00gQnGv-nkAWM27lkj5VQ&\\_hsmi=65385343](https://www.kff.org/other/report/one-year-after-storm-texas-gulf-coast-residents-views-experiences-hurricane-harvey-recovery/?utm_campaign=KFF-2018-August-Poll-Hurricane-Harvey-Anniversary-Survey&utm_source=hs_email&utm_medium=email&utm_content=65385343&_hsenc=p2ANqtz-9JuNuh-NfMSOPlzgO3egKKfoj7s_wdkSB1kPg4Hn-CMXOxgE505H87TpiR558LoRBXHd14j00gQnGv-nkAWM27lkj5VQ&_hsmi=65385343); information accessed October 9, 2018.



# Hurricane Harvey Recovery Survey

## *Methodology*

- The region surveyed divides into four groupings of counties:
  - Harris County (i.e., where Houston is located and the largest in terms of population)
  - Counties surrounding Harris that are part of the same Regional Council of Governments (“Outside Harris”)
  - Three counties that make up the “Golden Triangle” area where the cities of Beaumont, Orange, and Port Arthur are located
  - Several counties to the southwest of Houston that make up the coastal area, including Corpus Christi and Rockport (“Coastal”)
- The survey was fielded from late June 2018 through late July 2018
- To represent some of the most vulnerable groups affected by the storm, the survey included oversamples of lower-income residents, Black and Hispanic residents, and those living in the areas that had the largest amount of property damage as reported by FEMA
- In addition to the survey, six focus groups were conducted (two each in Houston, Port Arthur, and Dickinson) on July 24 and 25 with lower- and middle-income residents who experienced damage to their homes and/or a loss of income as a result of Hurricane Harvey, and who said their lives were still very or somewhat disrupted from the storm nearly one year later
- Focus group findings highlighted in this report help provide context and add the human story behind some of the quantitative findings from the survey

Source: Henry J. Kaiser Family Foundation and Episcopal Health Foundation, One Year After the Storm: Texas Gulf Coast Residents' Views and Experiences with Hurricane Harvey Recovery, [https://www.kff.org/other/report/one-year-after-storm-texas-gulf-coast-residents-views-experiences-hurricane-harvey-recovery/?utm\\_campaign=KFF-2018-August-Poll-Hurricane-Harvey-Anniversary-Survey&utm\\_source=hs\\_email&utm\\_medium=email&utm\\_content=65385343&\\_hsenc=p2ANqtz-9JuNuh-NfMSOPlzgO3egKKfoj7s\\_wdkSB1kPg4Hn-CMXOxgE505H87TpiR558LoRBXHd14j00gQnGv-nkAWM27lkj5VQ&\\_hsmi=65385343](https://www.kff.org/other/report/one-year-after-storm-texas-gulf-coast-residents-views-experiences-hurricane-harvey-recovery/?utm_campaign=KFF-2018-August-Poll-Hurricane-Harvey-Anniversary-Survey&utm_source=hs_email&utm_medium=email&utm_content=65385343&_hsenc=p2ANqtz-9JuNuh-NfMSOPlzgO3egKKfoj7s_wdkSB1kPg4Hn-CMXOxgE505H87TpiR558LoRBXHd14j00gQnGv-nkAWM27lkj5VQ&_hsmi=65385343); information accessed October 9, 2018.



# Hurricane Harvey Recovery Survey

## *Key Findings - Regional*

- Nearly one year after Hurricane Harvey, many Texas Gulf Coast residents feel their lives are getting back on track. **Seven in ten affected residents now say their lives are largely or almost back to normal**, up from 56 percent three months after the storm.
- Despite this progress, many residents are still struggling to recover. Among those who experienced property damage or income loss, **nearly a quarter say their personal financial situation is worse as a result of Harvey and one in six say their overall quality of life is worse.**
- While many feel their lives are returning to normal, **four in ten affected residents say they are not getting the help they need to recover** from the storm, a share that has not declined since the 3-month mark. The biggest areas of need continue to be **housing, financial assistance, and help with navigating the different systems for receiving aid.**
- Affected residents who are **Black, have lower incomes, or live in the Golden Triangle area are more likely to say their lives are still disrupted and less likely to say they are getting the help they need with recovery.**
- One in five residents in the 24-county area **experienced severe damage to their home** and eight percent **remain displaced** from their pre-Harvey home. **Both of these groups report high rates of ongoing life disruptions along a number of dimensions.**

Source: Henry J. Kaiser Family Foundation and Episcopal Health Foundation, One Year After the Storm: Texas Gulf Coast Residents' Views and Experiences with Hurricane Harvey Recovery, [https://www.kff.org/other/report/one-year-after-storm-texas-gulf-coast-residents-views-experiences-hurricane-harvey-recovery/?utm\\_campaign=KFF-2018-August-Poll-Hurricane-Harvey-Anniversary-Survey&utm\\_source=hs\\_email&utm\\_medium=email&utm\\_content=65385343&\\_hsenc=p2ANqtz-9JuNuh-NfMSOPlzgO3egKKfoj7s\\_wdkSB1kPg4Hn-CMXOxgE505H87TpiRS58LoRBXHd14j00gQnGv-nkAWM27lkj5VQ&\\_hsmi=65385343](https://www.kff.org/other/report/one-year-after-storm-texas-gulf-coast-residents-views-experiences-hurricane-harvey-recovery/?utm_campaign=KFF-2018-August-Poll-Hurricane-Harvey-Anniversary-Survey&utm_source=hs_email&utm_medium=email&utm_content=65385343&_hsenc=p2ANqtz-9JuNuh-NfMSOPlzgO3egKKfoj7s_wdkSB1kPg4Hn-CMXOxgE505H87TpiRS58LoRBXHd14j00gQnGv-nkAWM27lkj5VQ&_hsmi=65385343); information accessed October 9, 2018.



# Hurricane Harvey Recovery Survey

## *Key Findings – Regional (continued)*

- While some affected residents report receiving financial help from FEMA, charities, and other sources, **most say they have not received assistance, or that any financial help they have received will cover very little or none of their financial losses.** In the wake of Harvey, many affected residents, particularly those who are Black, Hispanic, or have lower incomes, report financial problems such as **falling behind in their rent or mortgage, having problems paying for food, taking on extra work, or borrowing money from friends and relatives to make ends meet.**
- **Access to health and mental health services may be an area of unmet needs.** While about three in ten affected residents report declines in their own mental health as a result of Harvey, **just 8 percent say they or someone in their household has received counseling or mental health services since the storm.** In addition, one in six say someone in their household has a health condition that is new or worse as a result of Harvey, and **16 percent say they need help getting health care for themselves or their family.**
- Along with housing and financial help for those in need, residents of the 24-county area overall (including those who were affected by Harvey and those who weren't) **prioritize preparation for future storms** when asked about areas where more resources need to be devoted. While most feel that they themselves, along with local, state, and federal officials are at least somewhat prepared to deal with hurricanes in the future, **about half say they have not personally taken any specific steps to prepare for future hurricanes.**
- The vast majority of **the 24-county area residents are not aware that the federal government has provided funding** to help Texas with long-term recovery and rebuilding.

Source: Henry J. Kaiser Family Foundation and Episcopal Health Foundation, One Year After the Storm: Texas Gulf Coast Residents' Views and Experiences with Hurricane Harvey Recovery, [https://www.kff.org/other/report/one-year-after-storm-texas-gulf-coast-residents-views-experiences-hurricane-harvey-recovery/?utm\\_campaign=KFF-2018-August-Poll-Hurricane-Harvey-Anniversary-Survey&utm\\_source=hs\\_email&utm\\_medium=email&utm\\_content=65385343&\\_hsenc=p2ANqtz-9JuNuh-NfMSOPlzgO3egKKfoj7s\\_wdkSB1kPg4Hn-CMXOxgE505H87TpiR558LoRBXHd14j00gQnGv-nkAWM27lkj5VQ&\\_hsmi=65385343](https://www.kff.org/other/report/one-year-after-storm-texas-gulf-coast-residents-views-experiences-hurricane-harvey-recovery/?utm_campaign=KFF-2018-August-Poll-Hurricane-Harvey-Anniversary-Survey&utm_source=hs_email&utm_medium=email&utm_content=65385343&_hsenc=p2ANqtz-9JuNuh-NfMSOPlzgO3egKKfoj7s_wdkSB1kPg4Hn-CMXOxgE505H87TpiR558LoRBXHd14j00gQnGv-nkAWM27lkj5VQ&_hsmi=65385343); information accessed October 9, 2018.



# Hurricane Harvey Recovery Survey

## *Key Findings – Golden Triangle Area*

- 46% of Golden Triangle residents indicated that **their personal situations, in terms of recovering from Hurricane Harvey, are still somewhat/very disrupted.**
- 34% of Golden Triangle residents reported that **their personal financial situation is worse today as a result of hurricane Harvey, and 32% indicated that their overall quality of life has suffered.**
- 50% of Golden Triangle residents responded that **they are not getting the help they need to recover from Hurricane Harvey.**
- 25% of Golden Triangle residents indicated that **their home is still in an unlivable condition after Hurricane Harvey.**
- 20% of Golden Triangle residents **have not returned home after Hurricane Harvey.**
- 34% of Golden Triangle residents noted that **they or another family member has received help paying for food, housing, or health care, or other financial help from a local or national charity, such as a church or non-profit organization since Hurricane Harvey.**
- 27% of Golden Triangle residents reported **having a harder time controlling their temper, and 23% reported that their mental health has gotten worse as a result of Harvey.**
- 57% of Golden Triangle residents indicated that **they have taken steps to prepare for future hurricanes in their area.**

Source: Henry J. Kaiser Family Foundation and Episcopal Health Foundation, One Year After the Storm: Texas Gulf Coast Residents' Views and Experiences with Hurricane Harvey Recovery, [https://www.kff.org/other/report/one-year-after-storm-texas-gulf-coast-residents-views-experiences-hurricane-harvey-recovery/?utm\\_campaign=KFF-2018-August-Poll-Hurricane-Harvey-Anniversary-Survey&utm\\_source=hs\\_email&utm\\_medium=email&utm\\_content=65385343&\\_hsenc=p2ANqtz-9JuNuh-NfMSOPlzgO3egKKfoj7s\\_wdkSB1kPg4Hn-CMXOxgE505H87TpiRS58LoRBXHd14j00gQnGv-nkAWM27lkj5VQ&\\_hsmi=65385343](https://www.kff.org/other/report/one-year-after-storm-texas-gulf-coast-residents-views-experiences-hurricane-harvey-recovery/?utm_campaign=KFF-2018-August-Poll-Hurricane-Harvey-Anniversary-Survey&utm_source=hs_email&utm_medium=email&utm_content=65385343&_hsenc=p2ANqtz-9JuNuh-NfMSOPlzgO3egKKfoj7s_wdkSB1kPg4Hn-CMXOxgE505H87TpiRS58LoRBXHd14j00gQnGv-nkAWM27lkj5VQ&_hsmi=65385343); information accessed October 9, 2018.



# Hurricane Harvey Recovery Survey

## Focus Group Highlights – Golden Triangle Area

*“Once this left the front page, we became yesterday’s news. As long as it’s on the front page, you had everybody coming down wanting to help poor little old Port Arthur. But once it left the front page, then you’re expected to be back to normal at that point. And it’s not so.”*

*– 59-year-old Black male, Port Arthur*

*“We just need people to help us, period. Because you’ll call these organizations and nobody still not gonna return no calls until a month or two later. Still no answer.”*

*– 27-year-old Black female, Port Arthur*

*“I think support systems are good. I’m not talking about family. I’m talking about being able to go and talk with people that may be able to help - with not everything, but some things. Sometimes all you’ve got to do is go in to talk to somebody that’s willing to listen. ”*

*– 65-year-old Black female, Port Arthur*

*“[Moderator: Is the house you’re renting safe?] No, but I ain’t got nowhere else to go.”*

*– 47-year-old Black male, Port Arthur*

*“[Still don’t feel safe] because we’re in hurricane season again. I have no sheetrock. I have no insulation in my house and creepy crawly bugs and things like that and I hear stuff at night ... I’m not happy. Let me put it like this: I’m not comfortable, but it is what it is. I want it to get better. I’m doing what I can.”*

*– 65-year-old Black female, Port Arthur*

# Hurricane Harvey Recovery Survey

## Focus Group Highlights – Golden Triangle Area (continued)

*“Even with the assistance ... In my case we were driving back and forth from Winnie. It was the gas, the food. I mean you’re exhausted. You’re on the road trying to survive.”*

*– 53-year-old Black female, Port Arthur*

*“Contractors have been like at a premium. You find a contractor and he says, ‘I can get to you in 3 months.’”*

*– 59-year-old Black male, Port Arthur*

*“Well I had to fight them because I lost everything. I had to send them pictures and everything I had because they felt that what I owned was only worth \$2000, and I worked all my life for those things. Although they were material, but they were mine. So I had to fight them in order to get what I got from them.”*

*– 53-year-old Black female, Port Arthur*



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# **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.



# PREVIOUS PRIORITIZED NEEDS

# Previous Prioritized Needs

## 2013 Prioritized Needs

1. Access to Primary Care and Specialist Services
2. High Mortality Rates for Prominent Diseases
3. Access to Mental Health Services
4. Fragmented Continuum of Care
5. Health Disparities Among Specific Populations
6. Unhealthy Lifestyles and Behaviors in the Community
7. Poor Air Quality

## 2016 Prioritized Needs

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



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# EVALUATION OF HOSPITAL'S IMPACT

# Evaluation of Hospital's Impact

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- 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 completed activities based on the 2016 to 2019 Implementation Plan.

# Baptist Hospital of South East Texas

## FY 2017 - FY 2019 Implementation Plan

A comprehensive, six-step community health needs assessment (“CHNA”) was conducted for Baptist Hospital of Southeast Texas (BHSET) by Community Hospital Corporation (CHC). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Jefferson and Orange Counties in Texas.

The CHNA Team, consisting of leadership from BHSET, met with staff from CHC on May 16, 2016 to review the research findings and prioritize the community health needs. Five significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The CHNA Team participated in a 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 the hospital’s capacity to address the need. Once this prioritization process was complete, the hospital leadership discussed the results and decided to address all of the five prioritized needs in various capacities through hospital specific implementation plans.

The five most significant needs, as ranked during the May 16th prioritization meeting, are listed below:

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

BHSET leadership has developed the following implementation plan to identify specific activities and services which directly address all five 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, annual updates and progress, and key results (as appropriate).

The BHSET Board reviewed and adopted the 2016 Community Health Needs Assessment and Implementation Plan on June 27, 2016.

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

### Rationale:

-In 2016, the rate of mental health care providers per 100,000 population in the report area (79.2 per 100,000) was lower than the state (102.3 per 100,000) rate and significantly lower than the national rate (202.8 per 100,000). When broken out by county, both Jefferson County (97.5 per 100,000) and Orange County (23.9 per 100,000) had a lower rate of mental health care providers than the state and the nation.

-Four of the interviewees noted access to mental and behavioral health services as one of the biggest needs in the community.

-Similar to primary and specialty care, interviewees noted that resources are inadequate for those without a pay source and high deductibles and medication costs were mentioned as a deterrent to seeking appropriate care. One interviewee specifically stated: "Many call about being off medications for months, but can't get any more or can't afford them and can't get back in to see someone for another two months."

-Interviewees also discussed a lack of awareness regarding available resources and a stigma around accessing services. One interviewee raised concern around the lack of awareness of existing resources, stating: "There is not enough knowledge as to what are the available resources for folks who present substance abuse problems...I don't think the medical community really knows what to do with those folks."

-One interviewee mentioned that there is a need for bilingual psychiatric services in the area, stating: "With counseling staff, there has also been a lack of bilingual psychiatric services."

### Objective:

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

Implementation Activity	Responsible Leader(s)	FY 2017	FY 2018	FY 2019	Key Results (As Appropriate)
		Progress	Progress	Progress	
1.A. BHSET will continue to provide the only inpatient and outpatient psychiatric and chemical dependency programs between Houston and New Orleans. The hospital will focus efforts to promote these available services to the public.	Director of Psychiatric Services	Q1 - opened new tranquility unit and new crisis stabilization unit Q2 - opened new inpatient detox unit Q3 - ongoing/continued progress Q4 - ongoing/continued progress	Q1 - ongoing/continued progress Q2 - ongoing Q3 - ongoing Q4 - ongoing; for FY 2019, received \$1.2 million grant for behavioral health children services, and also \$500K grant for detox services for veterans and their families through the Texas Veteran's Commission	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	
1.B. BHSET partners with the Spindletop Center to offer mental health <b>and substance abuse treatment services</b> . Baptist Beaumont pays for the first <b>(72) 48</b> hours for qualified patients, such as the uninsured.	Director of Psychiatric Services	Q1 - ongoing/contract is still in place Q2 - ongoing/contract is still in place Q3 - ongoing/contract is still in place Q4 - ongoing/contract is still in place	Q1 - ongoing/contract is still in place <b>Q2 - NO MORE FUNDING FOR SUBSTANCE ABUSE TREATMENT / 48 HRS INSTEAD OF 72</b> Q3 - ongoing mental health services Q4 - ongoing mental health services; for FY 2019, received \$500K grant for veterans and their families through the Texas Veteran's Commission	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	<b>**LANGUAGE UPDATED FY18**</b>

Implementation Activity	Responsible Leader(s)	FY 2017	FY 2018	FY 2019	Key Results (As Appropriate)
		Progress	Progress	Progress	
1.C. Through grant funding, BHSET offers behavioral health services for children age 6 to 12 years through its Behavioral Health Center. The inpatient care program is provided for those children with mental illness who are in need of 24-hour hospitalization, and is designed to increase problem solving and communication skills and enhance self-esteem. BHSET also offers a transition to outpatient treatment for those who are ready as well.	Director of Psychiatric Services	-	-	Ongoing	<b>**ACTIVITY ADDED FY19**</b>
1.D. Through grant funding, BHSET offers detox services for veterans and their families through the Texas Veteran's Commission Fund for Veterans' Assistance. The inpatient Detox Unit is designed for veterans and their families to receive a safe and medically supervised detox to avoid dangerous withdrawal symptoms. Patients are monitored by physicians and psychiatrists, and doctors and nurses are available to provide medical support 24/7 if necessary.	Director of Psychiatric Services	-	-	Ongoing; funding will not continue after FY19.	<b>**ACTIVITY ADDED FY19**</b>
1.E. BHSET provides a detox program through its partnership with the Spindletop Center.	Director of Psychiatric Services	Q1 - ongoing services Q2 - ongoing services; detox program implemented Q3 - ongoing services Q4 - ongoing services	Q1 - ongoing services <b>Q2 - NO MORE SPINDLETOP FUNDING</b> <b>Q3 - NO MORE SPINDLETOP FUNDING</b> Q4 - for FY 2019, \$500K provided through the grant funding for veteran's assistance through the Texas Veteran's Commission	Q1 - ongoing services; offered presentation at the Military Veterans Peer Network promoting veterans detox services Q2 - ongoing services Q3 - ongoing services Q4 - ongoing services	



Implementation Activity	Responsible Leader(s)	FY 2017	FY 2018	FY 2019	Key Results (As Appropriate)
		Progress	Progress	Progress	
1.F. BHSET is available to provide crisis care through its newly opened Crisis Stabilization Unit in partnership with the Spindletop Center. The Crisis Stabilization Unit is open 24 hours a day, 7 days per week, and provides a more affordable alternative to hospitalization. Services include group therapy, medication management, and psychiatric evaluation.	Director of Psychiatric Services	Q1 - opened Q2 - ongoing services Q3 - ongoing services Q4 - ongoing services	Q1 - ongoing services Q2 - ongoing services Q3 - ongoing services Q4 - ongoing services	Q1 - ongoing services Q2 - ongoing services Q3 - ongoing services Q4 - ongoing services	
1.G. BHSET therapists will continue to work with patients to refer them to appropriate facilities for their needed care, such as Spindletop and the Sprint Team, the Wood Group, and community boarding homes and halfway homes. Appointed Mental Health Officers in Jefferson, Orange and Hardin Counties also assist in acting as the first responder and collaborating with local law enforcement.	Director of Psychiatric Services	Q1 - partnered with Spindletop for Sprint Team - when we have a patient we need to refer someone else, they come over with the Spring Team and we see if we can find a place that will take them Q2 - ongoing Q3 - ongoing Q4 - ongoing	Q1 - now partnered with The Wood Group for referrals Q2 - continue to partner with community boarding homes and halfway homes Q3 - continue to partner with community boarding homes and halfway homes Q4 - continue to partner with community boarding homes and halfway homes	Q1 - ongoing services Q2 - ongoing services Q3 - ongoing services Q4 - ongoing services	<b>**LANGUAGE UPDATED IN FY19** reflecting specific examples and Mental Health Officers</b>
1.H. In addition to the 3 recently recruited psychiatrists, (BHSET is currently exploring the addition of Nurse Practitioners to the Behavioral Health Center and is always exploring the recruitment of additional psychiatrists to the area) BHSET offers UTMB resident services on weekends and is always exploring the recruitment of additional psychiatrists to the area.	Director of Psychiatric Services, Chief Nursing Officer	Q1 - ongoing Q2 - hired new psychiatrist and also hired a new director of psychiatric services Q3 - ongoing Q4 - UTMB resident services offered; contract extended for his graduation in June	Q2 - signed contract for new Psychiatric physician who will begin in Q4 Q4 - signed Dr. Gillespie, who started on July 1, 2018	Q1 - ongoing services Q2 - ongoing services Q3 - ongoing services Q4 - ongoing services	<b>**LANGUAGE UPDATED IN FY19** reflecting UTMB resident services on weekends and additional psychiatrist recruitment</b>

Implementation Activity	Responsible Leader(s)	FY 2017	FY 2018	FY 2019	Key Results (As Appropriate)
		Progress	Progress	Progress	
1.I. BHSET will continue to be available to speak at local middle and high schools with regard to promoting mental or behavioral health on an as needed basis. BHSET personnel have presented to local middle and high schools on emerging issues such as bullying, self harm, and recreational drug abuse.	Director of Marketing	Q1 - ongoing Q2 - ongoing Q3 - Dare Day Event - kids had a whole day in the auditorium on drug abuse, psych services presented to over 500 kids at time; dressed up in superman outfits Q4 - depression screenings at Hardin Jefferson High School	Q1 - participated in Senior Rally Depression Screening Q2 - hurricane grief classes at multiple locations around the community Q3 - DARE events at all Partners in Education locations, included bullying topics Q4 - behavioral health crisis team gave presentations at Santa Fe High School	Q1 - presentation on bullying at Hamshire-Fannett Independent School District Q2 - participated in National Recovery Month symposium Q3 - participated in Beaumont Senior Rally, participated in Red Ribbon Week at Regina Howell Elementary School	
1.J. BHSET will continue to support the local Mental Health Association dinner every year in January through a donation towards their fundraising efforts.	Director of Marketing	(no longer a local office)	<b>ACTIVITY CEASED FY 2017</b> <b>**DO NOT REMOVE FOR TRACKING PURPOSES**</b>	<b>ACTIVITY CEASED FY 2017</b> <b>**DO NOT REMOVE FOR TRACKING PURPOSES**</b>	<b>ACTIVITY CEASED FY 2017</b> <b>**DO NOT REMOVE FOR TRACKING PURPOSES**</b>
1.K. BHSET will continue to (provide a full-time psychiatric Nurse Practitioner in the Emergency Room to screen and) appropriately address any applicable mental health patients that present to the Emergency Room.	Director of Psychiatric Services, Director of Emergency Services	Q1 - ongoing/nurse is 40 hrs/week Q2 - ongoing/nurse is 40 hrs/week Q3 - ongoing/nurse is 40 hrs/week Q4 - ongoing/nurse is 40 hrs/week	Q1 - ongoing/nurse is 40 hrs/week Q2 - eliminated NP in ER (was not busy enough) Q4 - no one else has been added	Q1 - mental health patients that present to the Emergency Room are screened by the newly-created Sprint Team to appropriately address such patients and their needs Q2 - ongoing Sprint Team services Q3 - ongoing Sprint Team services Q4 - ongoing Sprint Team services	<b>**LANGUAGE UPDATED FY19**</b>
1.L. BHSET is an active member of the Community Mental Health Consortium, including all 3 hospitals in the area as well as law enforcement and EMS services, that meets quarterly to discuss how to better address mental health services in the community. As a result of this community collaboration, the Mental Health Officers were appointed to assist in acting as the first responder and collaborating with local law enforcement.	Director of Marketing	Q1 - meet on a quarterly basis; ongoing Q2 - meet on a quarterly basis; ongoing Q3 - meet on a quarterly basis; ongoing Q4 - meet on a quarterly basis; ongoing	Q1 - meet on a quarterly basis; ongoing Q2 - meet on a quarterly basis; ongoing Q3 - meet on a quarterly basis; ongoing Q4 - meet on a quarterly basis; ongoing	Q1 - meet on a quarterly basis; ongoing Q2 - meet on a quarterly basis; ongoing Q3 - meet on a quarterly basis; ongoing Q4 - meet on a quarterly basis; ongoing	<b>**LANGUAGE UPDATED FY19**</b>

Implementation Activity	Responsible Leader(s)	FY 2017	FY 2018	FY 2019	Key Results (As Appropriate)
		Progress	Progress	Progress	
1.M. BHSET will continue to strive to staff bilingual Psychiatrists in its Behavioral Health Center, as well as to provide a translation language line.	Director of Psychiatric Services, Director of Business Development	Q1 - ongoing; still working on staffing bilingual Psychiatrist(s) Q2 - ongoing; still working on staffing bilingual Psychiatrist(s) Q3 - ongoing; still working on staffing bilingual Psychiatrist(s) Q4 - ongoing; still working on staffing bilingual Psychiatrist(s)	Q1 - ongoing; still working on staffing bilingual Psychiatrist(s) Q2 - Dr. Val Verde is bilingual Q3 - ongoing bilingual services provided Q4 - ongoing bilingual services provided	Q1 - ongoing bilingual services provided Q2 - ongoing bilingual services provided Q3 - ongoing bilingual services provided Q4 - Dr. Val Verde left facility and therefore no bilingual providers are at BHSET, will continue working to staf bilingual Psychiatrist(s) as opportunities arise	
1.N. BHSET will continue to create and release Public Service Announcements (PSA), (such as its current synthetic marijuana PSA), regarding any emerging health issues in the area.	Director of Marketing	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - presentations at Exxon Mobile and Valero health fairs	Q1 - started doing Electroconvulsive therapy (ECT); Sally and Dr. Val Verde went to a conference and presented the service so that other hospitals were aware of BHSET offering ECT; only hospital between Houston, San Antonio, all over the state of TX that offers this service Q2 - Dr. Val Verde did a PSA on opioid addiction at the mental health conference Q3 - did a talk on elderly mental health at program called CHIEF Q4 - Exxon Mobile and Valero Health Fair substance abuse and synthetic marijuana presentations	Q1 - offered opioid addiction symposium Q2 - released PSA on ECT Q3 - offered presentation on depression and daylight savings time, participated in National Recovery Month symposium	<b>**LANGUAGED UPDATED FY19** reflecting removal of specific example</b>
1.O. BHSET will continue to provide transportation for mental health patients to get to their necessary therapy through the mobile vans (and/or through the Chaplain Fund).	Director of Psychiatric Services, Director of Chaplain Services	Purchased a second multipassenger van in addition to the multipassenger van that BHSET already had	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	<b>**LANGUAGED UPDATED FY19** reflecting removal of Chaplain Fund</b>
1.P. BHSET will continue to provide geriatric psychiatry services through its Senior Care Unit.	Director of Behavioral Health Services	Q1 - ongoing services Q2 - ongoing services Q3 - ongoing services Q4 - ongoing services	Q1 - ongoing services Q2 - ongoing services Q3 - ongoing services Q4 - ongoing services	Q1 - ongoing services Q2 - ongoing services Q3 - ongoing services Q4 - ongoing services	

Implementation Activity	Responsible Leader(s)	FY 2017	FY 2018	FY 2019	Key Results (As Appropriate)
		Progress	Progress	Progress	
1.Q. BHSET will continue to provide detox services through its newly opened Detox Unit.	Director of Behavioral Health Services	Q1 - ongoing services Q2 - ongoing services; detox program implemented Q3 - ongoing services Q4 - ongoing services	Q1 - ongoing services <b>Q2 - NO MORE FUNDING</b> <b>Q3 - NO MORE FUNDING</b> Q4 - for FY 2019, \$500K provided through the grant funding for veteran's assistance through the Texas Veteran's Commission	<b>see 1.C.</b>	<b>(duplicate of 1.C.)</b>
1.R. Upon discharge from the Behavioral Health Center, patients may seek available services through the Chemical Dependency Intensive Outpatient Program or the Partial Hospitalization Program that allows for patients to go back to work while still seeking necessary mental and behavioral health care.	Director of Psychiatric Services	Q1 - ongoing services Q2 - ongoing services Q3 - ongoing services Q4 - ongoing services	Q1 - ongoing services Q2 - ongoing services Q3 - ongoing services Q4 - ongoing services	Q1 - ongoing services Q2 - ongoing services Q3 - ongoing services Q4 - ongoing services	
1.S. BHSET now offers electroconvulsive therapy (ECT) services, as the only facility to offer such services between Houston, TX and New Orleans, LA.	Director of Psychiatric Services	Q4 - services started	Q1 - ongoing services Q2 - ongoing services Q3 - ongoing services Q4 - ongoing services	Q1 - ongoing services Q2 - ongoing services Q3 - ongoing services Q4 - ongoing services	<b>ACTIVITY BEGAN JUNE FY 2017</b>
1.T. Under grant funding, BHSET now offers art and music therapy services for patients that may benefit from such services.	Director of Psychiatric Services	Q4 - services started	Q1 - ongoing services Q2 - ongoing services Q3 - ongoing services Q4 - ongoing services	Q1 - ongoing services Q2 - ongoing services Q3 - ongoing services Q4 - ongoing services	<b>ACTIVITY BEGAN JUNE FY 2017</b>

## Priority #2: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

### Rationale:

- Overall mortality rates in Jefferson and Orange Counties were higher than the state rates in 2011, 2012, and 2013. Between 2011 and 2013, Orange County had a higher overall mortality rate than Jefferson County and a much higher overall mortality rate than Texas.
- Infant mortality rates in the report area (7.4 per 1,000 births) are higher than the state (6.2 per 1,000 births) and national rates (6.5 per 1,000 births). When broken out by county, Jefferson County (7.2 per 1,000 births) and Orange County (8.1 per 1,000 births) both have higher rates than the state and the nation.
- Heart disease is the leading cause of death in both Jefferson and Orange Counties, as well as the state (2013). Jefferson County's heart disease mortality rate increased between 2011 and 2013, Orange County's rate decreased, and Texas' rate remained relatively stable. In 2013, heart disease mortality rates in Jefferson County (213.5 per 100,000) and Orange County (219.3 per 100,000) were substantially higher than mortality rates in Texas (170.7 per 100,000).
- In comparison to their respective peer county groupings, Jefferson County (131.8 per 100,000) ranked within the upper end of the two middle quartiles and Orange County (160.8 per 100,000) ranked within the least favorable quartile for coronary heart disease deaths between 2005 and 2011. Both counties ranked above the Healthy People 2020 Target (103.4 per 100,000) and the U.S. median (126.7 per 100,000).
- Cancer is the second leading cause of death in both Jefferson and Orange Counties, as well as the state (2013). Between 2011 and 2013, Jefferson County's and Texas' cancer mortality rates decreased, while Orange County's rate increased. In 2013, Jefferson and Orange Counties (176.1 and 191.8 per 100,000) had higher cancer mortality rates than Texas (156.1 per 100,000).
- In comparison to their respective peer county groupings, Jefferson County (195.2 per 100,000) ranked within the upper end of the two middle quartiles and Orange County (201.8 per 100,000) ranked within the least favorable quartile for cancer death rates between 2005 and 2011. Both counties ranked above the Healthy People 2020 Target (161.4 per 100,000) and the U.S. median (185.0 per 100,000).
- Both Jefferson (48.9 per 100,000) and Orange (61.2 per 100,000) Counties have higher lung and bronchus cancer mortality rates than the state (43.4 per 100,000).
- Jefferson (23.0 per 100,000) and Orange (23.1 per 100,000) Counties have very consistent female breast cancer mortality rates, as compared to the state (21.0 per 100,000).
- Jefferson County (28.4 per 100,000) has a higher male prostate cancer mortality rate, as compared to Orange County (17.8 per 100,000) and the state (19.5 per 100,000).
- Jefferson (19.7 per 100,000) and Orange (18.2 per 100,000) Counties have higher rates of colon and rectum cancer mortality rates than the state (15.3 per 100,000).
- Orange County (87.6 per 100,000) has a much higher lung and bronchus cancer incidence rate as compared to Jefferson County (64.4 per 100,000) and the state (58.1 per 100,000).
- Female breast cancer incidence rates in Jefferson (57.8 per 100,000) and Orange (60.3 per 100,000) Counties remain below the state (60.6 per 100,000).
- Jefferson County (128.5 per 100,000) has a significantly higher rate of male prostate cancer incidence as compared to Orange County (97.0 per 100,000) and the state (115.7 per 100,000).
- Jefferson (47.2 per 100,000) and Orange (45.6 per 100,000) Counties have higher rates of colon and rectum cancer incidence than the state (40.2 per 100,000).
- Jefferson and Orange Counties ranked within the two middle quartiles of their respective peer groupings for the rate of female breast cancer incidence rates (114.7 per 100,000 and 118.4 per 100,000, respectively) and male prostate cancer incidence rates (151.4 per 100,000 and 122.1 per 100,000, respectively) between 2006 and 2010.
- Both Jefferson (50.4 per 100,000) and Orange (54.6 per 100,000) Counties ranked within the least favorable quartile of their respective peer county groupings for colon and rectum cancer incidence rates between 2006 and 2010.
- While Jefferson County (65.4 per 100,000) ranked within the two middle quartiles for lung and bronchus cancer incidence rates between 2006 and 2010, Orange County (94.6 per 100,000) ranked within the least favorable quartile of its peer county grouping.
- While chronic lower respiratory disease mortality rates in Texas remained relatively stable between 2011 and 2013, rates in Jefferson and Orange Counties increased. Orange County has the 9th highest rate of chronic lower respiratory disease deaths, as compared to all other counties in the state (2013). In 2013, chronic lower respiratory disease mortality rates in Orange County (79.9 per 100,000) were higher than Jefferson County (50.4 per 100,000), as well as the state (42.3 per 100,000).
- In comparison to their respective peer county groupings, Jefferson County (46.7 per 100,000) ranked within the two middle quartiles and Orange County (73.3 per 100,000) ranked at the very top of the least favorable quartile for chronic lower respiratory disease death rates between 2005 and 2011. Orange County ranked above the U.S. median (49.6 per 100,000).
- Mortality rates due to accidents in Orange County and Texas steadily decreased between 2011 and 2013. Rates in Jefferson County increased. Accident mortality rates in Orange County (46.7 per 100,000) and Jefferson County (44.6 per 100,000) were higher than the state (36.8 per 100,000) in 2013. In 2013, the leading causes of fatal accidents in Jefferson and Orange Counties were due to motor vehicle accidents and accidental poisonings and exposure to noxious substances.
- In comparison to their respective peer county groupings, both Jefferson County (48.1 per 100,000) and Orange County (85.6 per 100,000) ranked within the least favorable quartiles for unintentional injury death rates between 2005 and 2011. Jefferson County ranked above the Healthy People 2020 Target (36.0 per 100,000), and Orange County ranked above both the Healthy People 2020 Target and the U.S. median (50.8 per 100,000).
- Cerebrovascular disease mortality rates decreased in Orange County and the state between 2011 and 2013, while Jefferson County's rates increased. Orange County has the 12th highest rate of cerebrovascular disease mortality as compared to all other counties in the state. Jefferson County has the 16th highest rate (2013). In 2013, Orange County had the highest cerebrovascular disease mortality rate (57 per 100,000) as compared to Jefferson County (55 per 100,000) and the state (40.1 per 100,000).

## Priority #2: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles (cont.)

### Rationale:

- In comparison to their respective peer county groupings, Jefferson County (60.0 per 100,000) and Orange County (54.6 per 100,000) both ranked within the least favorable quartile for stroke deaths between 2005 and 2011. Both counties ranked above the Healthy People 2020 Target (34.8 per 100,000) and the U.S. median (46.0 per 100,000).
- Chlamydia rates in Jefferson County have recently increased, while rates in Orange County and the state have recently decreased (2012-2014). In 2014, Jefferson County (560.6 per 100,000) had higher rates of Chlamydia as compared to Orange County (248.1 per 100,000) and the state (475.0 per 100,000).
- Gonorrhea rates in Jefferson County have steadily increased, while rates in Orange County and the state remain steady (2012-2014). In 2014, Jefferson County (241.0 per 100,000) had significantly higher Gonorrhea rates than Orange County (48.3 per 100,000) and the state (127.7 per 100,000).
- In 2012, the percent of adults (age 20+) ever diagnosed with diabetes by a doctor in the report area (10.7%) was higher than the state (9.2%) and national (9.1%) rates. When broken out by county, Jefferson County (11.4%) had a higher rate of adults with diabetes than the state, while Orange County (8.6%) ranked below the state.
- In comparison to their respective peer county groupings, Jefferson County (10.9%) ranked within the upper end of the two middle quartiles and Orange County (6.8%) ranked within the most favorable quartile for the percent of adults living with diagnosed diabetes between 2005 and 2011. Jefferson County ranked above the U.S. median (8.1%).
- In 2012, over one-third (35.2%) of adults (age 20+) in the report area reported that they have a Body Mass Index (BMI) greater than 30.0 (obese), as compared to 28.2% in the state and 27.1% in the nation. When broken out by county, Jefferson County (36.7%) had a significantly higher rate of adult obesity than the state, while Orange County (30.8%) ranked just slightly above the state.
- In 2014, HSR 6/5S (34.2%) had a higher prevalence rate of obesity than the state (31.9%). Obesity prevalence rates in adults (age 18+) in HSR 6/5S and the state appear to be increasing (2012-2014).
- In comparison to their respective peer county groupings, Jefferson County (35.5%) ranked within the least favorable quartile and Orange County (31.1%) ranked within the two middle quartiles for the percent of obese adults between 2006 and 2012. Both counties ranked above the U.S. median (30.4%).
- In comparison to their respective peer county groupings, Jefferson County (4.4%) and Orange County (3.7%) both ranked within the two middle quartiles for the percent of older adults living with asthma in 2012. Both counties ranked above the U.S. median (3.6%).
- In 2012, the percent of the adult population (age 20+) in the report area (29.3%) that self-reported no leisure time for physical activity was higher than the state (24.0%) and national (22.6%) rate. When broken out by county, both Jefferson County (29.6%) and Orange County (28.5%) had higher rates of physical inactivity than the state and the nation.
- In comparison to their respective peer county groupings, Jefferson County (33.7%) and Orange County (31.3%) both ranked in the least favorable quartile for the percent of adults who reported no leisure time physical activity between 2006 and 2012. Both counties ranked above the U.S. median (25.9%), and Jefferson County ranked above the Healthy People 2020 Target (32.6%).
- The percent of the adult population (age 18+) in the report area (23.5%) that self-reported currently smoking some days or every day was higher than the state (16.5%) and national rate (18.1%) (2006-2012). When broken out by county, both Jefferson County (22.1%) and Orange County (27.9%) had higher rates of smoking than the state and the nation.
- In comparison to their respective peer county groupings, Jefferson County (22.1%) and Orange County (27.9%) both ranked within the least favorable quartile for the percent of adults who reported smoking cigarettes between 2006 and 2012. Both counties ranked above the Healthy People 2020 Target (12.0%) and the U.S. median (21.7%).
- The rate of teen (females age 15-19) births in the report area (55.4 per 1,000) is slightly higher than the state (55.0 per 1,000) and national rates (36.6 per 1,000) (2006-2012). When broken out by county, Orange County (57.5 per 1,000 population) has a higher rate of teen births than the state and the nation. Jefferson County fell slightly below the state at 54.8 per 1,000 population.
- The percent of low birth weight (<2,500g) births in the report area (10.2%) is higher than the state (8.4%) and national rate (8.2%) (2006-2012). When broken out by county, both Jefferson County (10.4%) and Orange County (9.6%) have a higher percent of low birth weight births than the state and the nation.
- In 2014, the percent of female adults (age 40+) in HSR 6/5S (22.8%) that did not receive a mammogram in the past 2 years was lower than the state (29.0%), as well as all of other regions.
- In 2014, the percent of adults (age 50-75) in HSR 6/5S (41.5%) that did not have a colonoscopy in the past 10 years was slightly lower than the state (42.6%). Between 2006 and 2012, the percentage of adults (age 50+) who self-reported that they have ever had a sigmoidoscopy or colonoscopy in the report area (56.1%) was lower than the state (57.3%) and national rate (61.3%). When broken out by county, Jefferson county (59.4%) had a higher percent of adults that have ever received a sigmoidoscopy or colonoscopy than the state, while Orange County (47.0%) had a lower percentage than the state and the nation.
- In 2014, the percent of adults in HSR 6/5S (67.8%) that did not receive a flu shot in the past year was slightly higher than the state (66.2%).
- Many interviewees mentioned that the prevalence of certain chronic conditions is a concern in the community. The conditions and unhealthy behaviors mentioned include: obesity, diabetes, cardiovascular and heart diseases, hypertension, and physical inactivity.
- Along with chronic conditions, physical fitness and active lifestyles were also mentioned as significant needs. A few interviewees noted the lack of infrastructure or built environment to facilitate physical activity. One interviewee specifically stated: "We need access to parks, we have neighborhoods with no sidewalks. It's just diet and the built environment."

## Priority #2: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles (cont.)

**Rationale:**

-Many interviewees mentioned that restaurants in the area do not offer healthier alternatives, and one interviewee stated: "[There is a need for] availability of access to good, healthy food."

**Objective:**

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

Implementation Activity	Responsible Leader(s)	FY 2017	FY 2018	FY 2019	Key Results (As Appropriate)
		Progress	Progress	Progress	
2.A. BHSET is actively participating with the City of Beaumont in the "Let's Move" initiative in Southeast Texas. This national program is designed to promote healthy lifestyles, activities and education on wellness.	Director of Marketing	Q1 - participated in initiative Q2 - city not pursuing that initiative any further Q3 - N/A Q4 - N/A	<b>ACTIVITY CEASED FY 2017</b> <b>**DO NOT REMOVE FOR TRACKING PURPOSES**</b>	<b>ACTIVITY CEASED FY 2017</b> <b>**DO NOT REMOVE FOR TRACKING PURPOSES**</b>	<b>ACTIVITY CEASED FY 2017</b> <b>**DO NOT REMOVE FOR TRACKING PURPOSES**</b>
2.B. BHSET 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 appearance and health fairs to address health topics of particular concern to the public.	Director of Marketing	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	
2.C. BHSET will continue to host quarterly community seminars on topics such as joint replacement and bariatrics, as well as increase awareness of these service offerings through social media outlets.	Director of Marketing	Q1 - 2 seminars (ongoing) Q2 - 1 seminar (ongoing) Q3 - 1 seminar (ongoing) Q4 - ongoing  *most are bariatrics and joint replacement	Q1 - ongoing (focused on bariatrics and joint replacement) Q2 - N/A Q3 - focused on new headache clinics Q4 - COPD and a Head/Neck cancer screening	Q1 - offered Parkinson's Disease presentation on new implant for controlling tremors Q2 - offered presentation on colon and rectal cancer Q3 - offered presentations on bariatrics and limb salvage program	<b>**LANGUAGE UPDATED FY2019**</b>
2.D. BHSET will continue to offer education on a variety of topics through Healthy Focus, a weekly TV station segment, such as cancer care from a BHSET radiation oncologist.	Director of Marketing	-	-	Ongoing	<b>**ACTIVITY ADDED FY2019**</b>

Implementation Activity	Responsible Leader(s)	FY 2017	FY 2018	FY 2019	Key Results (As Appropriate)
		Progress	Progress	Progress	
2.E. BHSET provides support groups to encourage follow-up and continued education for patients during and after an illness. BHSET initiates support groups for patients and family members based on demand for the programs. Some of the groups currently meeting include: Stroke Wise Support Group, Bariatrics, Sacred Circle for cancer survivors, Cancer Support Group, Journaling to Health and Diabetes Education.	Director of Marketing	Q1 - ongoing Q2 - ongoing Q3 - added a new support group, Sacred Circle, for cancer survivors Q4 - ongoing	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - temporarily stopped Stroke Life Support group due to lack of participation; will offer the program once again when it kicks back up	Q1 - Stroke Wise support group now offered again; ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	<b>**LANGUAGE UPDATED FY2019**</b>
2.F. BHSET partners with community organizations to host a variety of free health screenings which can include blood pressure, weight, glucose, pulmonary function, diabetes and heart disease on an as needed basis.	Director of Marketing	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - community-wide stroke event in May; Exxon Mobile and Valero health fairs and prostate screenings in June	Q1 - free prostate screenings at Senior Day Q2 - N/A Q3 - event at Exxon Mobile with Gift of Life Q4 - held community wide health fair in the lobby focused on stroke prevention for National Stroke Month	Q1 - free prostate screenings offered in lobby, participated in Beaumont Senior Rally Q2 - participated in the Exxon Mobile health fair Q3 - participated in the Valero employee health fair	
2.G. BHSET will continue to host educational wellness programs with partners in education at respective school campuses on a variety of topics. The programs are provided to both school staff as well as students.	Director of Marketing	Q1 - added 2 schools to the partnership Q2 - participated in Nederland ISD's field day (sponsored the event) Q3 - collaborated with Taft Elementary to track walking miles for students Q4 - added Regina Howell Elementary and brought speakers to Health Occupations Students of America (HOSA) class for those interested in healthcare careers	Q1 - ongoing Q2 - added Hamshire Fannett ISD, new Partner in Education Q3 - focus on Partner in Education, wellness days, DARE rallies Q4 - wellness days and field days for our Partners in Education	Q1 - presentation on bullying at Hamshire-Fannett Independent School District, taught relaxation techniques (breathing exercise, etc.) for students at Hamshire-Fannett Independent School District and Regina Howell Elementary School during the week of school testing Q2 - presentation on vaping (e-cigarette use) at Hamshire-Fannett Independent School District	



Implementation Activity	Responsible Leader(s)	FY 2017	FY 2018	FY 2019	Key Results (As Appropriate)
		Progress	Progress	Progress	
2.H. BHSET will continue to partner with EMS to promote better health in the community, including quarterly lunch and learns surrounding trauma and emergency education.	Director of Emergency Services, Vice President of Business Development	Q1 - meet on a quarterly basis with breakfast and in-service; ongoing Q2 - meet on a quarterly basis with breakfast and in-service; ongoing Q3 - meet on a quarterly basis with breakfast and in-service; ongoing Q4 - meet on a quarterly basis with breakfast and in-service; ongoing	Q1 - meet on a quarterly basis with breakfast and in-service; ongoing Q2 - meet on a quarterly basis with breakfast and in-service; ongoing Q3 - meet on a quarterly basis with breakfast and in-service; ongoing Q4 - meet on a quarterly basis with breakfast and in-service; ongoing	Q1 - meet on a quarterly basis with breakfast and in-service; ongoing Q2 - meet on a quarterly basis with breakfast and in-service; ongoing Q3 - meet on a quarterly basis with breakfast and in-service; ongoing Q4 - meet on a quarterly basis with breakfast and in-service; ongoing	
2.I. BHSET provides regular Tobacco Awareness programs in the hospital, at employer locations and at community events to outline the risks of smoking and tobacco use, including lung cancer and other pulmonary diseases.	Director of Cancer Services	Q1 - lung screenings and smoking cessation education in Beaumont & Orange to 2 businesses that requested it Q2 - community talk and talked on TV on vaping Q3 - outside and internal initiative about lung screening (newspaper ads, elevator cards, billboards, etc.) for new screening tool that insurance covers Q4 - presentation at Jefferson County Medical Society regarding lung screenings; presentation at the Exxon Mobile and Valero Health Fairs	Q1 - nothing Q2 - series of TV interviews regarding teen vaping Q3 - did colon cancer awareness, big colon in the lobby last Thursday (colon awareness month is in March) 12 ft walk through colon - included tobacco prevention and education / lung function and lung cancer awareness Q4 - Exxon Mobile and Valero Health Fair substance abuse and synthetic marijuana presentations	Q1 - provided smoking cessation education at the Senior Rally Q2 - provided smoking cessation education during breast cancer awareness in the lobby Q3 - provided smoking cessation education during colon cancer social media campaign called "No One Left Behind"	

Implementation Activity	Responsible Leader(s)	FY 2017	FY 2018	FY 2019	Key Results (As Appropriate)
		Progress	Progress	Progress	
2.J. BHSET will continue to engage in a variety of employee wellness initiatives, including: promoting employee and family wellness via (Accountable Health) Asset Health and the Hospital Wellness Committee; offering need specific special programs; CHIP (Coronary Health Improvement Plan); smoking cessation; weight management; collaborating with hospital cafeteria providers to highlight healthy food options; promoting fitness opportunities and exercise classes on campus, as well as discounted gym membership offerings; charitable fitness events; providing mental health education through the Employee Assistance Program via Beacon Health Options; and continuing to implement the tobacco-free new hire policy.	Director of Human Resources	Q1 - Ongoing Q2 - Ongoing Q3 - negotiated with ER physicians (contracted) and they have lowered their pricing for employees 25%; employees are only charged \$20 per imaging and \$20 per lab fee Q4 - Wellness Day in June that provided them with wellness dollars to reduce the cost of health insurance	Q1 - extended employee wellness fair to include local vendors and fitness facilities to talk to employees about signing up Q2 - N/A Q3 - national nutrition month -sending out weekly tips, also can see the colon Q4 - in-service and health and wellness kickoff for employees; distributed information to all employees on suicide prevention awareness, emphasizing EAP and the importance of behavioral health care	Q1 - hosted Employee Wellness Fair Q2 - during the month of October, BHSET offered weekly flu cautionary tips Q3 - during National Nutrition Month, BHSET offered weekly nutritional tips	<b>**LANGUAGE UPDATED FY2019**</b>
2.K. BHSET will strive to maintain designation as a Texas Ten Step Facility by the Department of State Health Services and the Texas Hospital Association.	Director of Women's Services	Q1 - ongoing (received a certification for hearing program for infants) Q2 - ongoing Q3 - ongoing Q4 - ongoing	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	
2.L. BHSET will evaluate the opportunity to establish a Breast Milk Depot. This program involves healthy, lactating women to donate their extra breast milk to preterm and ill infants in need when a mother cannot provide her own breast milk. Partnering with the Breast Milk Bank of Austin, potential donors are evaluated and screened. Once approved, they will be allowed to donate breast milk on site at Baptist Beaumont Hospital and the breast milk will be sent to Austin to be used by all Texas hospitals.	Director of Women's Services	Q1 - working on it Q2 - found office space Q3 - applied for funding Q4 - received \$75,000 in grant funding and continuing to apply for grant funding	Q1 - working on funding Q2 - working on funding Q3 - working on funding Q4 - working on funding	Q1 - working on funding Q2 - working on funding Q3 - partnered with Best Fed Beginnings organization to initiate Breast Milk Depot	

Implementation Activity	Responsible Leader(s)	FY 2017	FY 2018	FY 2019	Key Results (As Appropriate)
		Progress	Progress	Progress	
2.M. BHSET will continue to offer educational seminars on health, wellness and independent living issues including taking medications, basic first aid, health screening and defensive driving classes to the 55+ members of the population.	Director of Marketing	Q1 - Senior Celebration "Brown Bag Lunch" - brought bags of medicine and asked pharmacist about medicines Q2 - ongoing Q3 - ongoing Q4 - ongoing	Q1 - healthy eating habits Q2 - medicine reconciliation (bring all meds to pharmacy and talk about when to take them and what not to take together) Q3 - joint health Q4 - COPD and a Head/Neck cancer screening	Q1 - offered healthy eating education during the holidays Q2 - offered limb salvaging services education Q3 - offered pharmacy reconciliation education	<b>"DEFENSIVE DRIVING CLASSES" ACTIVITY CEASED FY 2017 **DO NOT REMOVE FOR TRACKING PURPOSES**</b>
2.N. BHSET will continue to partner with the Congregational Health Ministry (Parish Nursing) to provide a Faith Community Nursing program designed to promote the ministry of the nurse in local congregations, training and certifying nurses to become Faith Community Nurses (FCN). This program provides unreimbursed services and training to educate faith-based nurses to function in their respective congregations and assist them with the implementation of their congregational programming. BHSET, Faith Community Nurses, partnering with Congregational Health Ministry, will work together with other health professionals to provide assessment through screening and consultations (i.e., health education as appropriate for identified needs, referral for care and follow-up, coordination of health ministries' activities).	Director of Chaplain Services	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - new class of FCNs began in June	Q1 - ongoing Q2 - N/A Q3 - new class starting Spring of 2018 Q4 - new class starting in August (2019)	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - new class of FCNs beginning in Summer 2019	
2.O. Through the partnership with the Congregational Health Ministry, BHSET chaplains have created the Minister Alliance and provide monthly lunch and learn events to local ministers to discuss health-related projects and sacred work.	Director of Chaplain Services	-	-	Q1 - focus on ethics and depression at end of life Q2 - focus on holiday grief, grief therapy, palliative care and end of life Q3 - focused on domestic violence	<b>**ACTIVITY ADDED FY19**</b>

Implementation Activity	Responsible Leader(s)	FY 2017	FY 2018	FY 2019	Key Results (As Appropriate)
		Progress	Progress	Progress	
2.P. BHSET will continue to participate in the annual (Orange County Senior Rally and the) Beaumont Senior Rally to provide pharmaceutical consulting, glucose screenings, lung screenings, pulmonary function tests, fall prevention strategies, stroke assessments, PVD screenings, cancer screenings, mental health screenings, and headache questionnaires/screenings.	Director of Marketing	Q1 - 450 attendants in Orange and 3,000 in Beaumont Q2 - remove Orange; Orange facility closed on January 13th Q3 - ongoing Q4 - ongoing	<b>ORANGE FACILITY CLOSED IN FY 2017 **DO NOT REMOVE FOR TRACKING PURPOSES**</b>	<b>ORANGE FACILITY CLOSED IN FY 2017</b>	<b>ORANGE FACILITY CLOSED IN FY 2017</b>
2.Q. BHSET will continue its partnership with local private and public schools to provide health screenings to faculty members. Screenings are free and include height, weight, blood pressure, BMI, cholesterol, and glucose measurements.	Director of Marketing	Q1 - add Nederland ISD Q2 - add Port Neches-Groves ISD Q3 - participated in the city wide marathon (kids could track miles) Q4 - track and field day at Taft Elementary in Holina Park	Q1 - ongoing Q2 - added Hamshire Fannett ISD Q3 - big quarter for us with schools, doing all spring wellness events at 4 local elementary schools Q4 - still have all Partners in Education, doing spring events/wellness events and End of Year events	Q1 - added Bridge City Independent School District to partnership Q2 - N/A Q3 - screening events and field days at Regina Howell Elementary School fun run at Hamshire Fannett Independent School District	
2.R. BHSET will continue to provide free immunizations to local private and public school faculty members, including influenza, shingles, pertussis and pneumonia vaccinations, as well as TB skin tests.	Director of Marketing	Q1-Q3 - free flu injections at Regina Howell Elementary, All Saints Episcopal School, Saint Frances Church in Orange, and Community Christian School in Orange	Q2 - free flu clinics at 3 elementary schools and 1 church Q3 - women's event Q4 - follow up with outreach patients, Smart Health clinic; grant funding to continue HIV, Hep C, Syphilis education/screenings	Q1 - N/A Q2 - free flu clinics at 4 schools Q3 - N/A	
2.S. BHSET will continue to follow up with higher risk patients (i.e., stroke, CHF, joint replacement patients) in order to provide high quality, follow up care with guidance if necessary.	Director of Advanced Practice Nursing Services	Q1 - Hired new director for Smart Health Clinic (Byron Hebert, NP) Q2 - ongoing Q3 - doing HIV and Hep C screening out of the Smart Health Clinic (Gilead Grant) Q4 - ongoing HIV, Hep C and disease management services out of the Smart Health Clinic, received grant funding from Gilead	Q1 - N/A Q2 - HIV, Hep C and Syphilis testing Q3 - hosting a women's health event Q4 - HIV, Hep C and Syphilis testing	Q1 - N/A Q2 - hosted World AIDS Day and offered free testing in lobby Q3 - participated with City of Beaumont for HIV seminar, also offering Hep C testing as well	

Implementation Activity	Responsible Leader(s)	FY 2017	FY 2018	FY 2019	Key Results (As Appropriate)
		Progress	Progress	Progress	
2.T. BHSET will continue to participate in the Community Nursing Home Consortium, which includes all local nursing homes, Skilled Nursing Facilities, and Home Health Care Agencies, to meet on a quarterly basis and comprehensively discuss and address any emerging issues in the area and how to address such issues.	Director of Care Management	Q1 - ongoing Q2 - presentation by Dr. Floyd to understand the psychiatric issues of senior patients Q3 - Dr. Nash oncologist did same type of presentation on understanding palliative care in senior patients Q4 - Dr. Hymel did a presentation on cancer screenings	Q1 - spoke on ECT Q2 - hurricanes Q3 - rheumatologist talked about lupus, gout, and all the things that come with that Q4 - continuing	Q1 - presentation on ECT Q2 - presentation on limb salvaging program Q3 - presentation on MRSA	
2.U. BHSET personnel serve in leadership roles and as volunteers with many agencies and committees in the community.	Director of Marketing	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	

Implementation Activity	Responsible Leader(s)	FY 2017	FY 2018	FY 2019	Key Results (As Appropriate)
		Progress	Progress	Progress	
2.V. BHSET will continue to coordinate events during designated months, such as stroke awareness in May, prostate cancer in September, breast cancer awareness in October and lung cancer awareness in November, that may include the provision of low cost or free related screening services.	Director of Marketing	<p>Q1 - free prostate screenings in September</p> <p>Q2 - breast cancer screenings in partnership with the Gift of Life program; chest pain screening and stroke screening at the American Heart Walk</p> <p>Q3 - started meeting several times to do stroke awareness in May; open to the public on May 7</p> <p>Q4 - stroke awareness event for Stroke Month; prostate awareness and screenings in the hospital lobby in June</p>	<p>Q1 - prostate screenings</p> <p>Q2 - gift of life mammograms</p> <p>Q3 - colon cancer awareness</p> <p>Q4 - prostate screenings</p>	<p>Q1 - prostate screenings</p> <p>Q2 - gift of life mammograms</p> <p>Q3 - colon cancer awareness</p>	**LANGUAGE UPDATED FY2019**
2.W. BHSET personnel will continue to provide health-related education and information sessions to organizations on an as needed basis and upon request.	Director of Marketing	<p>Q1 - boy scouts needing CPR badge came to lobby and toured hospital/played dummies and played doctors in scrubs</p> <p>Q2 - ongoing</p> <p>Q3 - call from local school in town and in their challenged students class, they needed a class on signs/symptoms of being sick. Did a class for all of them, they had to have a class like that before they could graduate</p> <p>Q4 - CPR class for Nederland High School HOSA students</p>	<p>Q1 - Ozen High School had an upward mobility class which is all disabled students and they came for a tour and went through the whole hospital as part of their life skills training</p> <p>Q2 - N/A</p> <p>Q3 - provided CPR classes for greater Beaumont Chamber of Commerce</p> <p>Q4 - Summer career event coordinated through Westgate Baptist Church</p>	<p>Q1 - Newton High School students and Harmony Charter School students shadowed BHSET nurses for the day, bullying presentation at Hamshire-Fannett ISD</p> <p>Q2 - offered Red Ribbon week at Regina Howell Elementary School, Young Life created and donated gift bags for patients, HOSA provided to Port Neches ISD students</p> <p>Q3 - Christ Covenant Kids Ministry and additional church created and donated gift bags for patients</p>	**LANGUAGE UPDATED FY2019**

Implementation Activity	Responsible Leader(s)	FY 2017	FY 2018	FY 2019	Key Results (As Appropriate)
		Progress	Progress	Progress	
2.X. BHSET will continue its partnership with Hardin Jefferson High School to educate students about two year health care degrees and to promote health care careers within the high school student population. BHSET provides Hardin Jefferson High School with the necessary equipment to instruct their newly created IV Therapy and Infusion class, which allows for students to get a certificate where they can immediately begin working right out of high school.	Director of Marketing	<b>ACTIVITY CEASED FY 2017 **DO NOT REMOVE FOR TRACKING PURPOSES**</b>	<b>ACTIVITY CEASED FY 2017 **DO NOT REMOVE FOR TRACKING PURPOSES**</b>	<b>ACTIVITY CEASED FY 2017 **DO NOT REMOVE FOR TRACKING PURPOSES**</b>	<b>ACTIVITY CEASED FY 2017 **DO NOT REMOVE FOR TRACKING PURPOSES**</b>
2.Y. BHSET will continue to serve as the (corporate sponsor for the Exygon / Baptist Gusher Marathon) emergency medical services provider for the annual marathon. Employees volunteer their time for this event.	Director of Marketing	Ongoing and provide all medical services in tent - employees donate their time	Q1 - N/A Q2 - N/A Q3 - Gusher Marathon (provided medical tent) Q4 - N/A	<b>ACTIVITY CEASED FY 2019 **DO NOT REMOVE FOR TRACKING PURPOSES**</b>	<b>ACTIVITY CEASED FY 2019 **DO NOT REMOVE FOR TRACKING PURPOSES**</b>
2.Z. BHSET will continue to participate in the Harvest Food Drive at the Orange hospital for the Orange County Food Bank.	Director of Chaplain Services	Q1 - ongoing Q2 - participated Q3 - Orange Hospital closed  NO LONGER BECAUSE HOSPITAL CLOSED	<b>ORANGE FACILITY CLOSED IN FY 2017 **DO NOT REMOVE FOR TRACKING PURPOSES**</b>	<b>ORANGE FACILITY CLOSED IN FY 2017 **DO NOT REMOVE FOR TRACKING PURPOSES**</b>	<b>ORANGE FACILITY CLOSED IN FY 2017 **DO NOT REMOVE FOR TRACKING PURPOSES**</b>
2.AA. BHSET will continue to offer HOSA program courses for local high schools to come and volunteer 4 hrs/week to learn about the nursing field.	Director of Marketing	HOSA program is a class at those high schools and come in here and volunteer 4 hrs a week to learn about nursing; multiple local high schools participate  ONGOING, in Nederland and provided them with supplies that they needed (IV poles, stethoscopes, etc.)	Q1 - ongoing Q2 - added 1 new high school Q3 - added 3 new high schools Q4 - ongoing; asking school contact if there are any new schools to add for 2019 when school starts back up in August 2019	Q1 - offered at Nederland, Port Neches and Lumberton ISDs Q2 - offered at Beaumont United School Q3 - allow for Vista College students to rotate through the hospital for their Medical Assistant Certification Class	<b>**ACTIVITY ADDED IN FY2017**</b>

Implementation Activity	Responsible Leader(s)	FY 2017	FY 2018	FY 2019	Key Results (As Appropriate)
		Progress	Progress	Progress	
2.AB. In conjunction with Acadian Emergency Services, BHSET will lead a recently-developed local Emergency Medicine Council to improve emergency medicine services for the community. Meetings are held periodically to collaborate and address issues in accessing emergency care within the community.	Director of Trauma Services	-	-	Ongoing	<b>**ACTIVITY ADDED IN FY2019**</b>
2.AC. BHSET offers low pricing for imaging and lab services for employees, and has contracted with Emergency Room physicians to lower pricing on services for employees as well.	Director of Business Services	-	-	Ongoing	<b>**ACTIVITY ADDED IN FY2019**</b>
2.AD. BHSET will continue to host outside professionals to provide education on cancer-related medical research and therapy alternatives to medical staff.	Director of Marketing	-	-	Ongoing	<b>**ACTIVITY ADDED IN FY2019**</b>
2.AE. BHSET will strive to maintain certification for a hearing program for infants.	Director of Women's Services	-	-	Ongoing	<b>**ACTIVITY ADDED IN FY2019**</b>
2.AF. Through grant funding, BHSET will continue to provide retinol scans for infants born under 34 weeks.	Director of Women's Services	-	-	Ongoing	<b>**ACTIVITY ADDED IN FY2019**</b>
2.AG. BHSET will continue to provide HIV Education in partnership with a grant from Texas Department of State Health Services to provide free HIV screening and linkage to care for HIV positive patients.	Director of Emergency Services	-	-	Ongoing	<b>**ACTIVITY ADDED IN FY2019**</b>
2.AH. BHSET will support communicable disease prevention in the community in conjunction with the Beaumont Health Department.	HIV Screening Program Coordinator	-	-	Ongoing	<b>**ACTIVITY ADDED IN FY2019**</b>
2.AI. BHSET will continue to host World AIDS Day, which includes educational speakers, ministerial support services, and free STI testing.	HIV Screening Program Coordinator	-	-	Ongoing	<b>**ACTIVITY ADDED IN FY2019**</b>
2.AJ. The SmartHealth Clinic will continue to partner with the Beaumont Health Department to provide screenings for their patients who access services for STI care.	Director of Advanced Practice Nursing Services	-	-	Ongoing	<b>**ACTIVITY ADDED IN FY2019**</b>



## Priority #3: Access to Affordable Care and Reducing Health Disparities Among Specific Populations

### Rationale:

- The majority of growth in both counties and the state over the next five years is expected to come from the 65 years and older population (2016-2021).
- The median household income in Jefferson County (\$43,442) is lower than that of Orange County (\$53,180), the state (\$48,776) and the nation (\$48,280) (2016).
- Unemployment rates in Texas have steadily decreased since 2013. As of 2015, Jefferson and Orange Counties' unemployment rates (7.0% and 6.5%, respectively) remain higher than the state rate (4.5%).
- Almost 18% of residents in Jefferson County have a Bachelor's or Advanced Degree compared to 15.1% in Orange County and about 27% in Texas. Nearly 30% of residents across the United States have an Bachelor's or Advanced Degree.
- In 2013-2014, the percent of students receiving their high school diploma within four years in the report area (87.6%) was lower than the state rate (89.6%). When broken out by county, Jefferson County (86.1%) had a lower graduation rate than the state but was slightly higher than the national rate. Orange County (91.4%) had a higher graduation rate than the state and the nation.
- Jefferson County (17.5%) has a higher percent of families living below poverty as compared to Orange County (11.0%), but both counties remain below the state rate (24.6%) (2016).
- As of 2013, almost one-fourth (24.0%) of the population in the report area experienced food insecurity, as compared to 17.6% in the state. When broken out by county, both Jefferson County (24.9%) and Orange County (21.5%) had higher percentages of food insecurity within their respective populations as compared to the state and the nation.
- The percent of public school students that are eligible for free/reduced price lunch between 2013 and 2014 in the report area (63.6%) is slightly higher than the state (60.1%), and national (52.4%) rates. When broken out by county, Jefferson County (67.5%) had a higher percentage of its public school students that were eligible for free or reduced price lunch than the state and the nation, while Orange County (52.5%) ranked below the state.
- The number of food stores and other retail establishments that are authorized to accept WIC Program benefits and that carry WIC foods and food categories in the report area (8.9 per 100,000) is slightly lower than the state (9.1 per 100,000) and national rates (15.6 per 100,000) (2011). When broken out by county, Jefferson County (8.3 per 100,000) has a lower rate of WIC-Authorized food stores than the state and the nation. Orange County (10.9 per 100,000) has a slightly higher rate than the state, but still ranks below the national rate.
- In 2012, the percent of female Medicare Enrollees (age 67-69) in the report area (61.4%) that received one or more mammograms in the past two years was slightly higher than the state (58.9%) and higher than the nation (63.0%). When broken out by county, Orange County (56.3%) had a lower percent of female Medicare Enrollees that received a mammogram within the past 2 years than the state and the nation. Jefferson County (63.6%) had a higher percent than the state and the nation.
- In 2014, HSR 6/5S (42.9%) had one of the highest percentages of adults (age 65+) that did not receive a flu shot in the past year, as compared to all other regions and the state (41.2%). Between 2012 and 2014, the percent of adults (age 65+) that did not receive a flu shot in the past year in 6/5S increased, while rates in the state remained steady.
- Between 2006 and 2012, the percent of the population (age 65+) in the study area (68.2%) that self-reported ever having received the pneumonia vaccine was slightly higher than the state (67.7%) and national (67.5%) rates. When broken out by county, Orange County (61.7%) had a lower percent of its population (age 65+) that had ever received the pneumonia vaccination as compared to the state and the nation. Jefferson County (70.6%) had a higher percent than the state and the nation.
- In 2014, the percent of adults (age 65+) that had never received a pneumonia shot in HSR 6/5S (34.8%) was higher than the state's (32.1%) and all other regions. Between 2012 and 2014, the percent of adults (age 65+) that had never received a pneumonia shot in HSR 6/5S fluctuated, while the state's rate increased.
- Between 2010 and 2014, the percent of the population (all ages) in the report area (21.7%) that were uninsured was slightly lower than the state (21.9%), but higher than the national (14.2%) rates. When broken out by county, Jefferson County (22.9%) had a higher percent of uninsured residents than the state and the nation. Orange County (18.3%) had a lower uninsured rate than the state, but still ranked above the nation.
- As of 2015, Jefferson County (18.0%) has the highest rate of uninsured adults (age 18-64) as compared to Orange County (16.0%), as well as the state (16.0%) and nation (10.7%).
- In comparison to their respective peer county groupings, Jefferson County (24.1%) and Orange County (21.7%) both ranked within the least favorable quartile for the percent of the population without health insurance in 2011. Both counties ranked above the U.S. median (17.7%).
- In comparison to their respective peer county groupings, Jefferson County (21.1%) ranked within the least favorable quartile and Orange County (15.2%) ranked within the two middle quartiles for the percent of adults who did not see a doctor due to cost between 2006 and 2012. Both counties ranked above the Healthy People 2020 Target (9.0%), and Jefferson County ranked above the U.S. median (15.6%).
- Between 2010 and 2014, one-fourth (24.7%) of the insured population in the report area was receiving Medicaid, which is above the state (22.1%) and national rates (20.8%). When broken out by county, Jefferson County (26.1%) had a higher percent of insured residents receiving Medicaid than the state and the nation. Orange County (20.8%) had a lower percent than the state, but still ranked slightly above the nation.
- Between 2010 and 2014, 8.2% of households in the report area had no motor vehicle, as compared to 5.9% in Texas and 9.1% in the nation. When broken out by county, Jefferson County (9.3%) had a higher percent of households with no motor vehicle than the state and the nation, while Orange County (4.8%) had a lower percent than the state and the nation.
- Interviewees overwhelmingly agreed ability to pay and insurance coverage are strong determinants of health in the area. The majority of interviewees agreed that access to primary care and dental services are adequate in the area but only for those who have a payment source. One interviewee specifically stated: "We are getting more options if you have money, but fewer options if you're in that middle to lower income area."

## Priority #3: Access to Affordable Care and Reducing Health Disparities Among Specific Populations (cont.)

### Rationale:

-Many of the interviewees agreed that physicians in the area are not accepting Medicaid and Medicare, which presents a barrier for those patients in seeking care, and one interviewee stated: "The physicians are going where the dollars are, and a lot of them don't want to take Medicare/Medicaid."

-A few interviewees mentioned the cost of health care is a concern for all populations, regardless of coverage. One interviewee stated: "Affordability is a concern, even when you have insurance."

-A couple interviewees mentioned that transportation is a particular issue for the elderly and the low income populations, and one interviewee stated: "For elderly, we need to bring the services to where the people are. In areas where there is not public transportation it makes it very difficult for poor people and seniors."

### Objective:

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

Implementation Activity	Responsible Leader(s)	FY 2017	FY 2018	FY 2019	Key Results (As Appropriate)
		Progress	Progress	Progress	
3.A. BHSET will continue to provide HIV Education in partnership with a grant from Texas Department of State Health Services to provide free HIV screening and linkage to care for HIV positive patients.	Director of Emergency Services	Q1 - ongoing Q2 - ongoing Q3 - added HIV and Hep C grant Q4 - ongoing services; clinic space expanded for more room	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	
3.B. The Julie Rogers Gift of Life Free Mammogram Program was established in 1993 as a collaborative effort between the Julie & Ben Rogers Cancer Institute, Baptist Hospitals of Southeast Texas and University of Texas Medical Branch. The Gift of Life has made mammography services available to women who need the examination but are unable to obtain the procedure due to financial limitations or other constraints. Baptist Beaumont participates in the program and offer free mammograms at its facility.	Director of Cancer Services	Provide up to 50 gift of life mammograms/month. 50 in BHSET every month and 15 in orange.  Those continue and since it's inception we've done 22,000+ mammograms	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	
3.C. The Julie & Ben Rogers Cancer Institute offers free prostate screenings to promote early detection of the disease. A team of the Cancer Institute employees generously contribute their time and expertise to the Gift of Life Educational Programs. Baptist Beaumont will participate in any prostate screening events offered through the Gift of Life Program.	Director of Cancer Services	Ongoing; host it here in September, but they do it at 4 different locations throughout community in September and our employees go to all of those. Employees donate time for all 4 of them regardless of location; we pay for all of that, all testing is free	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	

Implementation Activity	Responsible Leader(s)	FY 2017	FY 2018	FY 2019	Key Results (As Appropriate)
		Progress	Progress	Progress	
3.D. BHSET will continue to provide transportation to applicable patients to their respective households, and make arrangements for transportation or to take an ambulance as necessary.	Director of Care Management	Ongoing; Work with American Cancer Society and they provide gift cards for gas and any other methods for transportation that we need to do	Q1 - Ongoing; participating in strides for life walk and the funding for that will go towards transportation Q2 - ongoing Q3 - ongoing Q4 - ongoing	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	Transportation funding comes from several organizations. BHSET receives funds from the Foundation of Southeast Texas designated for the transportation of cancer patients; BHSET receives funds from the American Cancer Society for the transportation of cancer patients; Americares provides funding for the transportation of SmartHealth Clinic patients; and AIDS United provides funding for the transportation of HIV patients.
3.E. BHSET will continue to provide nearby office space at no cost for the SANE (Sexual Assault Nurse Examiner) organization that treats sexually assaulted patients.	Vice President of Business Development	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	
3.F. BHSET will continue its partnership with the Legacy Clinic and local OB/GYNs to coordinate deliveries at the hospital for the underserved populations.	Director of Women's Services	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	<b>**SHIFTED LANGUAGE FROM "...continue its partnership with the Legacy Clinic to provide sliding fee scale primary care, OB/GYN, and pediatric services to underserved populations" TO EDITED WORDING IN FY2017**</b>
3.G. BHSET will continue its partnership with UT Houston to open its UT Physician Clinic near the hospital, which will provide medical, dental, and mental health services on a sliding fee scale.	Vice President of Business Development	Q1 - clinic is open Q2 - working with them for all cardiac screenings and also psychiatrist there that is a referral source for us Q3 - already started expanding Q4 - ongoing	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	

Implementation Activity	Responsible Leader(s)	FY 2017	FY 2018	FY 2019	Key Results (As Appropriate)
		Progress	Progress	Progress	
3.H. BHSET will continue its partnership with Jefferson County Correctional Facility to provide care to its prisoners, including the provision of colonoscopies to correctional facility prisoners every other Thursday.	Director of Managed Care	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	
3.I. BHSET will continue its contract with ADRIEMA to assist patients in getting them signed up for any health coverage that they may qualify for. ADRIEMA also assists in helping mothers and their babies sign up for Medicaid and CHIP.	Director of Business Services	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	
3.J. BHSET will continue to provide a language line to provide translation services for non-English speaking patients and families as needed.	Director of Care Management	Q1 - ongoing; new service Q2 - ongoing; new service Q3 - ongoing; new service Q4 - ongoing; new service	Q1 - ongoing; started with a new vendor, implemented Cyracom and is now iPads - it's all coordinated through an iPad which enhances services for patients Q2 - ongoing Q3 - ongoing Q4 - ongoing	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	
3.K. BHSET will continue to host a jewelry show that donates all proceeds to the Partners in Caring fund, Chaplain Fund and the Employee Assistance Fund on a rotating basis, which is used for patient medicine, groceries, utility bills, travel, etc. on an as needed basis.	Director of Marketing	Ongoing	Q1 - jewelry show in first quarter Q2 - put funds towards hurricane contributions Q3 - scheduled next jewelry show for Q4 Q4 - hosted jewelry show and were able to raise \$15,000	Q1 - jewelry show (proceeds go towards Employee Assistance Fund) Q2 - N/A Q3 - jewelry show (proceeds go towards the Chaplain Fund)	<b>**EDITED WORDING IN FY17**</b>  <b>**EDITED WORDING IN FY19**</b>

Implementation Activity	Responsible Leader(s)	FY 2017	FY 2018	FY 2019	Key Results (As Appropriate)
		Progress	Progress	Progress	
3.L. During the holiday season, individuals collect gifts for children within the Child Protective Service Agency of Southeast Texas, and distribute gifts to senior adults as well, in conjunction with Homestead Homecare. The "Angel Tree" and employee participants provide children and senior adults with a joyous Christmas delivery.	Director of Marketing	Q1 - ongoing Q2 - hosted all events/activities listed Q3 - ongoing Q4 - ongoing	Q1 - ongoing Q2 - give employees turkeys for Thanksgiving, had 300 turkeys donated back to us that we took out to communities devastated with water Q3 - ongoing Q4 - ongoing; event rained out in Q4, so doing Habitat for Humanity event in Q1 of FY19	Q1 - N/A Q2 - employees donated Thanksgiving turkeys to local organizations for those in need Q3 - participate in Christmas events including the Angel Tree, Buckners Christmas Celebration, Santa for Seniors, and partnered with Habitat for Humanity during the holiday season	<b>**LANGUAGE UPDATED IN FY19**</b>
3.M. Baptist Beaumont has established the Positive Points Program in conjunction with Beaumont ISD, Vidor ISD, Nederland ISD and Hardin Jefferson ISD. The program involves third, fourth and fifth grade students who are awarded points from his/her teacher based on positive behaviors. These positive behaviors may consist of random acts of kindness, courtesy toward others, good listening skills and respect for adults. The children with the most points are taken on a field trip to the hospital where lunch is provided.	Director of Marketing	Program has been revamped to include health and wellness which is kids marathon club and their field days	Q1 - N/A Q2- added Hamshire Fannett ISD	<b>POSITIVE POINTS ACTIVITY CEASED FY 2017 **DO NOT REMOVE FOR TRACKING PURPOSES**</b>	<b>POSITIVE POINTS ACTIVITY CEASED FY 2017 **DO NOT REMOVE FOR TRACKING PURPOSES**</b>
3.N. Baptist Beaumont will continue to participate in the Santa for Seniors program, <b>which allows for employees to purchase and wrap holiday gifts for residents at local nursing homes.</b>	Director of Marketing	Ongoing	Ongoing	Ongoing	<b>**LANGUAGE UPDATED IN FY19**</b>
3.O. Baptist Beaumont will continue to participate in the Buckners Christmas program, <b>which involves employee support of children within the program during the holidays through various events (i.e., putt-putt with Santa). Employees initiate a celebration, gift giving and mentoring for the inhabitants of Buckner's Children Village.</b>	Director of Marketing	Ongoing	Ongoing	Ongoing	<b>**LANGUAGE UPDATED IN FY19**</b>

Implementation Activity	Responsible Leader(s)	FY 2017	FY 2018	FY 2019	Key Results (As Appropriate)
		Progress	Progress	Progress	
3.P. Through its Baptist Regional Cancer Network, BHSET will celebrate the holidays with those patients and staff members.	Director of Marketing	-	-	Ongoing	<b>**ACTIVITY ADDED FY19**</b>
3.Q. BHSET will continue to offer affordable hospitality services for patients and their families requiring a longer stay in the community through their Reaud House.	Director of Marketing	-	-	Ongoing	<b>**ACTIVITY ADDED FY19**</b>
3.R. Through grant funding and a signed contract with Circulation, the SmartHealth Clinic will provide transportation for cancer patients needing assistance in getting to and from their care appointments.	Director of Advanced Practice Nursing Services	-	-	Ongoing	<b>**ACTIVITY ADDED FY19**</b>

## Priority #4: Need for Increased Emphasis on a Collaborative Continuum of Care

### Rationale:

- In 2014, HSR 6/5S (34.1%) had a higher percent of adults that had no personal doctor than the state (32.9%), as well as the majority of other regions.
- In 2012, the rate of primary care physicians per 100,000 population in the report area (52.9 per 100,000) was lower than the state (58.5 per 100,000) and national rate (74.5 per 100,000). When broken out by county, Orange County (28.9 per 100,000) had a lower rate of primary care physicians than the state and the nation. Jefferson County (60.8 per 100,000) ranked above the state but below the nation.
- In comparison to their respective peer county groupings, Jefferson County (68.8 per 100,000) and Orange County (26.7 per 100,000) both ranked within the least favorable quartiles for the rate of primary care providers per 100,000 persons in 2011. Orange County ranked below the U.S. median (48.0 per 100,000).
- As of April 2016, 100% of the population in both Jefferson and Orange Counties are living within a HPSA.
- In 2013, the rate of dental care providers per 100,000 population in the report area (46.2 per 100,000) was lower than the state (51.5 per 100,000) and national rates (63.2 per 100,000). When broken out by county, Orange County (26.5 per 100,000) had a lower rate of dentists than the state and the nation. Jefferson County (52.7 per 100,000) had a slightly higher rate of dentists than the state but still ranked below the nation.
- In 2012, the rate of preventable hospital events in the report area (69.3 per 1,000 Medicare Enrollees) was higher than that of the state (62.9 per 1,000) and the nation (59.2 per 1,000). When broken out by county, Jefferson County (64.8 per 1,000 Medicare Enrollees) and Orange County (80.8 per 1,000 Medicare Enrollees) had higher rates of preventable hospital events than the state and the nation.
- Interviewees discussed the need for collaboration among health care professionals, including specialists. Issues include: more patient-centered care, emphasis on prevention, and more comprehensive care. One interviewee specifically stated: "Emergency to follow up care is bad. If the PCP is the ER, and a family doesn't have a doctor, then transitioning to follow up care or outpatient is lacking. That goes back again to the lack of specialists."
- Interviewees also discussed the need for increased patient education. Issues include: the need to provide more information about how to access healthcare coverage, and misuse of the emergency room / lack of understanding of resources.
- Other concerns regarding the continuum of care include: long wait times and difficulty in making appointments, and transitions between care settings. One interviewee emphasized longer wait times and the fragmented continuum of care, stating: "If you are on Medicaid, if you're not using one of the FQHCs, and even then, you wait long periods of time there. If you are uninsured or under insured, they're going to wait a very long time."

### Objective:

*Engage in efforts to improve the fragmented continuum of care*

Implementation Activity	Responsible Leader(s)	FY 2017 Progress	FY 2018 Progress	FY 2019 Progress	Key Results (As Appropriate)
4.A. BHSET provides a SmartHealth Clinic designed to provide navigation for recently discharged patients with acute heart failure, COPD, Diabetes and/or hypertension. Patient demographics include uninsured, indigent, Medicaid and Underserved. Benefits will be improved quality of care, increased attention to patient safety, smoother care transitions, decreased healthcare costs and improved time savings for referring providers.	Director of Advanced Practice Nursing Services	Q1 - ongoing Q2 - ongoing Q3 - added Hep C screening and linkage to care; asked to participate in Episcopal Health Coalition Q4 - partnered with the public health department for the Community Health Information Educational Form (CHIEF) to provide in-services every month; the health department provides the space and BHSET provides the speaker	Q1 - focused on HIV Q2 - focused on Hep C Q3 - focus on Women's Wellness event CHIEF (new program they're created) monthly presentation to community and presentation on Women's wellness Q4 - ongoing details above	Q1 - focused on congestive heart failure, held collaborative meetings with local primary care providers to discuss patient coordination Q2 - focus on limb salvaging services, screening for limbs Q3 - focus on the importance of Hep C screening	

Implementation Activity	Responsible Leader(s)	FY 2017	FY 2018	FY 2019	Key Results (As Appropriate)
		Progress	Progress	Progress	
4.B. BHSET will participate in Nursing Home/Community Health partnerships to provide increased collaborative efforts which will improve quality and efficiency of care for patients needing home health, nursing home and palliative care. This includes the quarterly nursing home consortium, establishing the quarterly home health consortium, and extending bi-annual educational programs.	Director of Case Management	<p>Q1 - Ongoing; meet quarterly for nursing home consortium that includes home health programs, offer bi-annual educational programs</p> <p>Q2 - Ongoing; meet quarterly for nursing home consortium that includes home health programs, offer bi-annual educational programs</p> <p>Q3 - Ongoing; meet quarterly for nursing home consortium that includes home health programs, offer bi-annual educational programs</p> <p>Q4 - Ongoing; meet quarterly for nursing home consortium that includes home health programs, offer bi-annual educational programs</p>	<p>Q1 - Dr. Val Verde spoke to Nursing Home Consortium about Electroconvulsive Shock therapy</p> <p>Q2 - hurricane</p> <p>Q3 - new rheumatologist talked about lupus, gout, and all the things that come with that</p> <p>Q4 - COPD focus</p>	<p>Q1 - presentation on ECT</p> <p>Q2 - presentation on limb salvaging program</p> <p>Q3 - presentation on MRSA</p>	
4.C. BHSET will continue to provide a Patient Portal (YourCareCommunity.com) to increase quick access to patient medical records and billing. Patients are able to access the Patient Portal through the mobile phone application.	Director of Information Technology	Ongoing	Ongoing	Ongoing	
4.D. The on-site SmartHealth Clinic at BHSET is designed to follow up with high-risk, non-compliant emergency room patients who have chronic diseases, such as diabetes, heart disease, or pulmonary disease in order to keep those patients healthy and out of the ER. Navigators at the clinic make sure that all of the patients' transportation needs are met and assist them in finding low-cost or free health resources that they might qualify for in the community.	Director of Advanced Practice Nursing Services	Ongoing with Gilead grant funding	Ongoing with Gilead grant funding	Ongoing with Gilead grant funding	



## Priority #5: Access to Specialty Care Services

### Rationale:

- Interviewees agreed that access to specialist services is a big need in the community. Specialties mentioned include: psychiatry and psychology, OB/GYN services, pediatrics, and affordable emergency care. One interviewee emphasized the lack of specialists by stating: "We have plenty of primary care providers, but not enough specialists."
- A few interviewees mentioned that patients needing specialty services are typically referred out to Houston or Galveston to access care, and one interviewee stated: "We have very few specialty care providers...high risk patients are sent to Galveston or Houston to be seen."
- One interviewee specifically discussed affordable emergency services for minors as a need in the area, stating: "There's not a reasonably priced emergency service for minor care."

### Objective:

*Provide access to specialist services in the community*

Implementation Activity	Responsible Leader(s)	FY 2017 Progress	FY 2018 Progress	FY 2019 Progress	Key Results (As Appropriate)
<p>5.A. In addition to services already available at the hospital, Baptist Beaumont will actively recruit additional physicians, including (but not limited to): Oncology, Psychiatry, Cardiology, Pediatrics, Primary Care (Internal Medicine and Family Medicine), Neuro Surgery, General Surgery, Podiatry, Gastroenterology, Urology, Pediatric Surgeon, Orthopedics, and Thoracic Surgeon.</p>	<p>Vice President of Business Development</p>	<p>Q1 - ongoing Q2 - recruited 3 pediatric surgeons Q3 - announced regional cancer network where we partnered with the Cancer Network and that adds 4 new cancer physicians onto our staff; 2 radiation oncologists; 2 medical oncologists were added with the partnership, and new medical oncologist that had left our practice that is coming back to join this group - now can provide services with 4 medical oncologists and 2 radiation oncologist Q4 - recruited a new Radiation Oncologist Dr. Ashindu and a new Cardiologist, Dr. Brown</p>	<p>Q1 - recruited 1 FP, 1 Endocrinologist, 1 General Surgeon Q2 - recruited 1 Internal Medicine, 1 ER, 1 Gastro, 1 Pediatric, 2 Telemedicine reading Neuroscans, 1 Telemedicine reading neuropathy screening for Newborns Q3 - 1 Rheumatologist, 1 ER, 1 Pain Management Q4 - 1 Emergency Medicine, 2 Psychiatric Residents, 2 Pathologists, 3 Radiologists, 1 Teleneurologist</p>	<p>Q1 - 1 ENT Q2 - 1 Family Medicine, 1 Neonatologist, 1 Orthopedist, 1 Teleradiologist Q3 - 1 Internal Medicine, 1 CV Surgeon, 2 Teleradiologists</p>	
<p>5.B. BHSET will continue to provide opportunities for better management of health information through collaboration with Houston Healthcare Connect.</p>	<p>Director of Information Technology</p>	<p>Ongoing</p>	<p>Ongoing</p>	<p>Ongoing</p>	

Implementation Activity	Responsible Leader(s)	FY 2017	FY 2018	FY 2019	Key Results (As Appropriate)
		Progress	Progress	Progress	
5.C. Baptist Beaumont will continue implementation of the CIHQ Stroke Certified Program and grow the Stroke Education Program targeting the following counties: Orange, Jefferson, Jasper, and Hardin Counties. This will include educational programs on the prevention of vascular diseases related to strokes, monthly stroke meetings and community and employee educational events.	Chief Nursing Officer	Ongoing / maintaining certification	Q2 - recertified, approved for another 2 years for stroke program; also designated as a primary level 2 stroke facility by the Texas Department of State Health Services Q4 - National Stroke Month event in lobby of hospital	Q2 - certified through CIHQ as stroke center Q4 - hosted National Stroke Month awareness event in the hospital lobby	
5.D. Baptist Beaumont will continue to partner with the city of Beaumont in its designation from the state of Texas as a "Certified Stroke City." The certification status involves ongoing patient education, the hospitals' non-smoking policy, serving on various committees and providing data to the state regarding this initiative, in order to retain certification.	Director of Marketing	(disbanded for the city)	<b>ACTIVITY CEASED FY 2017 **DO NOT REMOVE FOR TRACKING PURPOSES**</b>	<b>ACTIVITY CEASED FY 2017 **DO NOT REMOVE FOR TRACKING PURPOSES**</b>	<b>ACTIVITY CEASED FY 2017 **DO NOT REMOVE FOR TRACKING PURPOSES**</b>
5.E. BHSET will continue its contract with the Legacy Clinic to do all of their infant deliveries.	Director of Women's Services	Ongoing	Ongoing	Ongoing	
5.F. BHSET will continue to provide Telestroke services in partnership with UT Physicians in Houston.	Director of Emergency Services	Ongoing	Ongoing	Ongoing	
5.G. BHSET will continue to explore Teleneurology and Telepsychiatry opportunities, as well as increasing rotation coverage for neurological services.	Director of Emergency Services	Q1- Ongoing Q2 - Purchased a robot and hired a NP; on days when we don't have neurologist call coverage and we have patients in a bed that need a neurology consult, we now have teleneurology so we can do it at the bedside Q3 - Ongoing Q4 - partnered with another company with a new robot to expand to include IP Neurology consults	Q1-Q4 - along with physicians recruited, added Steven Reid (NP) as a Teleneurology program manager who walks into all rooms and connects to the telemedicine robots for the doctors	Q1-Q4; Teleneurology services ongoing, implementation of Telepsychiatry program will not be pursued.	<b>**WORDING EDITED IN 2017 TO REFLECT MORE DETAIL FROM 5.H. BELOW**</b>

Implementation Activity	Responsible Leader(s)	FY 2017	FY 2018	FY 2019	Key Results (As Appropriate)
		Progress	Progress	Progress	
5.H. BHSET will continue to explore increasing rotation coverage for neurological services.	Chief Nursing Officer	Ongoing	Q1-Q4 - along with physicians recruited, added Steven Reid (NP) as a Teleneurology program manager who walks into all rooms and connects to the telemedicine robots for the doctors	Q1-Q4 - coverage will not be increasing, Telemedicine will continue to be provided	<b>(DETAILED ABOVE)</b>
5.I. BHSET will continue to provide a list of referral specialty services in both English and Spanish on an as needed basis.	Director of Care Management	Ongoing	Ongoing	Ongoing	The list of referral specialty services is updated quarterly (in both English and Spanish)
5.J. BHSET will continue to serve as a teaching facility for Radiology, RN, Respiratory Therapy, Dietetics, Phlebotomy, Case Management and Medical Assistant students.	Director of Imaging Services, Director of Respiratory Therapy, Director of Food Service, Assisting Chief Nursing Officer	Ongoing	Ongoing; added phlebotomy course and case management through Lamar Institute of Technology program	Ongoing; added Phlebotomy, Case Management and Medical Assistant students in FY19.	<b>**LANGUAGE UPDATED FY19**</b>
5.K. BHSET will continue its Baptist Hospital School of Radiological Technology to provide accepted students with clinical rotation education over a span of 2 years. Students graduate with an Associate's degree.	Director of Imaging Services	Ongoing; just graduated 37th class	Ongoing; Graduated our 38th class of radiology technology and the school was accredited by the ABHES American Board of Health Education Services	Ongoing; graduated our 39th class	
5.L. BHSET will continue to incentivize its providers through the payment of physicians and specialists to be on call and increase the number of uninsured patients receiving care.	Vice President of Business Development	Ongoing	Ongoing	Ongoing	
5.M. BHSET will continue to partner with the UT Medical Branch in Galveston transplant clinic in order to promote organ donation for patients with varying organ needs.	Director of Chaplain Services	Ongoing	Ongoing	Ongoing	
5.N. BHSET will continue to provide an OB/GYN oncologist that rotates through the clinic from UT Medical Branch on a monthly basis.	Chief Nursing Officer	Efforts are ongoing.	Efforts are ongoing.	<b>ACTIVITY CEASED FY 2019 **DO NOT REMOVE FOR TRACKING PURPOSES**</b>	<b>ACTIVITY CEASED FY 2019 **DO NOT REMOVE FOR TRACKING PURPOSES**</b>
5.O. BHSET recently opened the Headache Treatment Center, a new headache center that specializes in migraines and is designed to be an outpatient facility to eliminate migraines.	Chief Nursing Officer	Q4 - services started	Q3 - seminars on Headache Clinic Q4 - another seminar for Headache Clinic	As of Q3, the on-campus Wound Care clinic is no longer a contracted service and is now owned by BHSET	<b>ACTIVITY BEGAN FY 2017</b>

Implementation Activity	Responsible Leader(s)	FY 2017	FY 2018	FY 2019	Key Results (As Appropriate)
		Progress	Progress	Progress	
5.P. BHSET recently began providing scoliosis screening and imaging services.	Chief Nursing Officer	Q4 - services started	Ongoing	Ongoing	<b>ACTIVITY BEGAN FY 2017</b>
5.Q. BHSET has added a new limb salvaging clinic and will continue to offer limb salvaging services one day per week.	Director of Imaging	-	-	Ongoing	<b>**ACTIVITY ADDED FY19**</b>
5.R. BHSET will continue to offer cancer-related clinical trails in conjunction with UTMB.	Medical Director of Baptist Regional Cancer Network	-	-	Ongoing	<b>**ACTIVITY ADDED FY19**</b>
5.S. BHSET will continue to provide experts on various topics, such as Phlebotomy and Case Management, to provide education to students at the Lamar Institute of Technology.	Director of Marketing	-	-	Ongoing	<b>**ACTIVITY ADDED FY19**</b>
5.T. BHSET will provide rotations for 3rd and 4th year medical students at Sam Houston State University, and rotations for 3rd and 4th year obstetric students at UTMB.	Medical Director of Behavioral Health	-	-	Ongoing	<b>**ACTIVITY ADDED FY19**</b>
5.U. BHSET recently completed its Medical Staff Development Plan to outline a physician/provider recruitment plan for the next few years, and will use this report as a roadmap for its recruitment efforts.	Vice President of Business Development	-	-	Ongoing	<b>**ACTIVITY ADDED FY19**</b>
5.V. BHSET will explore the feasibility of providing telemedicine services for oncology patients within the secondary service area.	Chief Nursing Officer, Director of Emergency Services, Baptist Regional Cancer Network Chief Medical Officer	-	-	Ongoing	<b>**ACTIVITY ADDED FY19**</b>
5.W. BHSET recently opened a new infusion clinic in Tyler County at the Tyler County Hospital for rheumatic and cancer-related patients.	Director of Specialty Services	-	-	Ongoing	<b>**ACTIVITY ADDED FY19**</b>
5.X. BHSET recently purchased a new clinic in China, Texas, the China Community Clinic, which is now a part of the Baptist Physician Network.	Vice President of Business Development	-	-	Ongoing	<b>**ACTIVITY ADDED FY19**</b>



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# 2019 CHNA PRELIMINARY HEALTH NEEDS

# 2019 Preliminary Health Needs

- Access to Affordable Care and Reducing Health Disparities Among Specific Populations
- Access to Affordable Dental Care Services and Providers
- Access to Mental and Behavioral Health Care Services and Providers
- Access to Specialty Care Services and Providers
- Need for Improved Availability of Safe, Affordable Housing
- Need for Increased Emphasis on Sex Education and Communicable Disease Prevention
- Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles



# PRIORITIZATION

# The Prioritization Process

- On October 16, 2018 leadership from BHSET met with CHC to review findings and prioritize the community's health needs. Attendees from the hospital included:
  - Bryan Chandler, Vice President, Business Development
  - Mary Poole, Director, Public Relations
- 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.

<b>1. Size and Prevalence of the Issue</b>
<ul style="list-style-type: none"> <li>a. How many people does this affect?</li> <li>b. How does the prevalence of this issue in our communities compare with its prevalence in other counties or the state?</li> <li>c. How serious are the consequences? (urgency; severity; economic loss)</li> </ul>
<b>2. Effectiveness of Interventions</b>
<ul style="list-style-type: none"> <li>a. How likely is it that actions taken will make a difference?</li> <li>b. How likely is it that actions will improve quality of life?</li> <li>c. How likely is it that progress can be made in both the short term and the long term?</li> <li>d. How likely is it that the community will experience reduction of long-term health cost?</li> </ul>
<b>3. Baptist Beaumont Hospital Capacity</b>
<ul style="list-style-type: none"> <li>a. Are people at Baptist Beaumont Hospital likely to support actions around this issue? (ready)</li> <li>b. Will it be necessary to change behaviors and attitudes in relation to this issue? (willing)</li> <li>c. Are the necessary resources and leadership available to us now? (able)</li> </ul>

# 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. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
  2. Access to Affordable Care and Reducing Health Disparities Among Specific Populations
  3. Access to Mental and Behavioral Health Care Services and Providers
  4. Need for Increased Emphasis on Sex Education and Communicable Disease Prevention
  5. Access to Specialty Care Services and Providers
  6. Access to Affordable Dental Care Services and Providers
  7. Need for Improved Availability of Safe, Affordable Housing

# Final Priorities

- Hospital leadership decided to address five of the five ranked health needs. The final health priorities that BHSET will address through its Implementation Plan are, in descending order:
  1. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
  2. Access to Affordable Care and Reducing Health Disparities Among Specific Populations
  3. Access to Mental and Behavioral Health Care Services and Providers
  4. Need for Increased Emphasis on Sex Education and Communicable Disease Prevention
  5. Access to Specialty Care Services and Providers



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# **PRIORITIES THAT WILL NOT BE ADDRESSED**

# Needs That Will Not Be Addressed

- BHSET decided not to specifically address “Access to Affordable Dental Care Services and Providers” and “Need for Improved Availability of Safe, Affordable Housing” largely due to their position (last) on the prioritized list and the hospital’s capacity to address that need.
- While BHSET acknowledges that these are significant needs in the community and will work with local community organizations to see how the facility can assist in these areas, the identified priorities will not be addressed by the hospital since they are not core business functions of the hospital and the leadership team felt that resources and efforts would be better spent addressing the remaining prioritized needs.



# RESOURCES IN THE COMMUNITY



# Additional Resources in the Community

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

**SmartHealth Clinic:** 409-212-7474; 810 Hospital Dr, Suite 350, Beaumont  
Mon-Fri 8-5; Specializes in family medicine

**Legacy Community Health:** 409-242-2577 450 North 11<sup>th</sup> Street Beaumont and  
409-242-2525 4450 Highland Ave, Mon-Fri 8am – 5pm  
Beaumont Offers: Mental Health, Pediatric, Obstetric and Adult Health Care

**UT Physicians Community Health & Wellness Center:** 409-730-4700  
3610 Stagg, Beaumont, Mon-Fri- 8am-5pm walk- ins welcome or call for apt.  
UTP Triage Nurse Line: 24/7 409-730-4700  
Offering Family, Pediatrics, Mental Health, Obstetrics, Gynecology & Wellness

**Beaumont Public Health Department:** 409-832-4000, 3040, College Street, Beaumont  
Provides: immunizations, sexual transmitted disease treatment, HIV & TB control

**Birthright:** 409-832-6411, 2626 Calder Suite 201, Beaumont - M-F 10am-3pm  
Provides: free pregnancy testing and counseling - **Hotline # 1-800-550-4900**

**Chambers County Health Centers:** 1-877-983-1161 (press #2)  
Serves Newton, Orange, Port Arthur, Silsbee and Jasper  
Jasper also has a dental clinic

**Hardin County Indigent Health Care:** 409-246-5190, 440 Monroe, Kountze  
Not a clinic, can assist with funding for indigent patients

**Hope Center for Crisis Pregnancy:** 409-898-4005, 3740 Laurel Ave, Beaumont  
Free pregnancy testing; Appointments preferred  
Mon 9-7, Tues 9-5, Wed 9-1, Thurs 9-5, Fri CLOSED

**Jefferson County Health and Welfare:** 409-835-8530, 1295 Pearl, Beaumont  
Provides health care – M-F 8am-5pm walk-ins welcome except on Wednesday

**Jefferson County Health and Welfare, Unit # 2:** 409-983-8380  
246 Dallas, Pt. Arthur, Provides primary health care, M-F 8am-5pm walk-ins welcome

**Rape and Violence Crisis:** 409-835-3355, HOTLINE # 1-800-793-2273 (7-wecare)

**Salvation Army:** 409-896-2361 Provides shelter, must have ID

**Some Other Place:** 409-832-7976, 590 Center St., Beaumont. Provides shelter & meals

**Southeast Texas Community Health Clinic:** 409-833-4383; 365 Forsythe St., Beaumont.  
Adult Indigent & Pediatric Medicaid Care, open M-F call for hours

**TAN Clinic:** 409-832-8338 - 1495 N. 7<sup>th</sup> Street, Beaumont

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Mon 7-6, Tue 8-5, Wed 8-3; closed for lunch 12-1  
Hep C, HIV, STD testing & treatment and Women's' Health, pap smears 15 and older

**Gulf Coast Clinic:** 409-886-4400 1301 W. Park Ave, Orange, 409-983-1161 2548 Memorial Blvd, Port  
Arthur ( does provide dental care also ) ,  
409-983-1161 710 Highway 327 E, Silsbee – Provide Family Health

**UTMB Health Clinic:** Regional Maternal and Child Health Program (RMCHP) – 409-266-1888,  
950 Washington Blvd. Beaumont Mon –Fri 8:00am – 5:00pm. Offer: pregnancy testing, prenatal care  
& Family Planning, screening for breast and cervical cancer and Children's services

**Spindletop Center:** 409-838-1818 – 2750 S. 8<sup>th</sup> St. Beaumont  
**Crisis Hotline: 1-800-937-8097 24/7**  
Mental Illness, Substance Abuse & Early Childhood Intervention

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## Home Health Agencies

### ORANGE COUNTY

(Bridge City, Mauriceville, Orange, Orangefield, Pineforest, Pinehurst, Rose City, Vidor, West Orange)

### Orange

**Advantage Plus Home Care**  
(409) 883-9902  
FAX (409) 883-9963

**Complete Homecare Services**  
(409) 384-3040  
FAX (409) 384-3784

**Carter Healthcare**  
*(Services the Golden Triangle & surrounding areas)*  
409-201-8098 Shannon Harrod  
1-888-951-1112  
Fax 1-888-622-4329

**Intrepid Home Health**  
(Has Spanish Speaking Nurses)  
(409) 722-0515  
FAX (409) 722-0633

**Prescribed Home Health**  
(409) 670-0026  
FAX (409) 670-0047

**Riceland Home Health**  
(409) 385-7744 / 1-888-385-7744  
FAX (409) 385-7723

### Bridge City

**Advantage Plus Home Care**  
1-866-999-1665

**All Nursing Home Health**  
800-238-9245  
FAX 936-539-2275

**Carter Healthcare**  
*(Services the Golden Triangle & surrounding areas)*  
409-284-2412 Lewanna Jones  
1-888-951-1112  
Fax 1-888-622-4329

**Intrepid Home Health**  
(Has Spanish Speaking Nurses)  
(409) 722-0515  
FAX (409) 722-0633

**Riceland Home Health**  
(409) 385-7744 / 1-888-385-7744  
FAX (409) 385-7723

**Southwest Texas Home Health**  
(409) 735-6100  
FAX (409) 735-6773

### Vidor

**Advantage Plus Home Care**  
1-866-999-1665

**All Nursing Home Health**  
800-238-9245  
FAX 936-539-2275

**Carter Healthcare**  
*(Services the Golden Triangle & surrounding areas)*  
409-201-8098 Shannon Harrod  
1-888-951-1112  
Fax 409-670-0047

**Intrepid Home Health**  
(Has Spanish Speaking Nurses)  
(409) 722-0515  
FAX (409) 722-0633

**Providence Care**  
(409) 769-7770  
FAX (409) 813-2272

## Home Health Agencies

### **Riceland Home Health**

(409) 385-7744 / 1-888-385-7744  
FAX (409) 385-7723

**Texas Total Care**  
(409) 769-3414  
FAX (409) 769-6740

### HARDIN COUNTY

(Batson, Bon Ami, Browndell, Buna, Kountze, Lumberton, Rose Hill Acres, Saratoga, Silsbee, Sour Lake, Votaw)

**Advantage Plus Home Care**  
1-866-999-1665

**All Nursing Home Health**  
800-238-9245  
FAX 936-539-2275

**Carter Healthcare**  
*(Services the Golden Triangle & surrounding areas)*  
409-201-8098 Shannon Harrod  
1-888-951-1112  
Fax 1-888-622-4329

**Choice Homecare**  
(409) 994-0300  
FAX (409) 994-0400

**Intrepid Home Health**  
(Has Spanish Speaking Nurses)  
(409) 722-0515  
FAX (409) 722-0633

**M.D's Choice Home Health**  
(409) 386-2273  
FAX (409) 386-2459

**Riceland Home Health**  
(409) 385-7744 / 1-888-385-7744  
FAX (409) 385-7723

### **Texas Home Health**

INTAKE 844-440-4321  
INTAKE FAX 844-333-0632

**Priority Methodist Home Health**  
Serves Golden Triangle  
(832) 850-7463  
FAX (832) 850-7486

### JASPER COUNTY

(Bon Ami, Browndell, Buna, Evadale, Jasper, Kirbyville, Magnolia Springs, Roganville, Sam Rayburn)

**All Nursing Home Health**  
800-238-9245  
FAX 936-539-2275

**Advantage Plus Homecare, Inc.**  
(409) 489-1496  
FAX (409) 489-1153

**Carter Healthcare**  
*(Services the Golden Triangle & surrounding areas)*  
409-201-8098 Shannon Harrod  
1-888-951-1112  
Fax 1-888-622-4329

**Choice Homecare**  
(409) 994-0300  
FAX (409) 994-0400

**Complete Homecare Services**  
(409) 384-3040  
FAX (409) 384-3784

**Home Care Innovations**  
(409) 423-6777  
FAX (409) 423-2020

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### Home Health Agencies

**Home Care Solution**  
(409) 331-9492  
FAX (409) 331-9490

**Integrity Home Care of Texas**  
315N. Zavalla - Jasper TX, 75951  
409-383-1400

**Intrepid Home Health**  
(Has Spanish Speaking Nurses)  
(409) 722-0515  
FAX (409) 722-0633

**Jordan Healthcare**  
(409) 489-0225  
FAX (409) 489-0551

**Riceland Home Health**  
(409) 385-7744 / 1-888-385-7744  
FAX (409) 385-7723

**Texas Home Health**  
INTAKE 844-440-4321  
INTAKE FAX 844-333-0632

**Texas Total Care**  
(409) 769-3414  
FAX (409) 769-1126

#### LIBERTY COUNTY

(Ames, Cleveland, Daisetta, Dayton, Devers, Hardin, Kenefick, Liberty, Mont Belview, North Cleveland, Plum Groves, Raywood, Romayor, Rye)

**Advantage Plus Home Care**  
1-866-999-1665

**Angels Care Home Health**  
2345 N. Main St. Liberty  
(936) 336-2224  
FAX (936) 336-2231

**Bayview Home Health Services**  
281-573-7000  
FAX 888-522-3080

**Carter Healthcare**  
(Services the Golden Triangle & surrounding areas)  
409-201-8098 Shannon Harrod  
1-888-951-1112  
Fax 1-888-622-4329

**Intrepid Home Health**  
(Has Spanish Speaking Nurses)  
(409) 722-0515  
FAX (409) 722-0633

#### NEWTON COUNTY

(Bon Wier, Burkeville, Call, Deweyville, Newton, Wiergate)

**Advantage Plus Home Care**  
1-866-999-1665

**All Nursing Home Health**  
800-238-9245  
FAX 936-539-2275

**Carter Healthcare**  
(Services the Golden Triangle & surrounding areas)  
409-201-8098 Shannon Harrod  
1-888-951-1112  
Fax 1-888-622-4329

**Intrepid Home Health**  
(Has Spanish Speaking Nurses)  
(409) 722-0515  
FAX (409) 722-0633

#### SABINE COUNTY

(Bronson, Brookland, Geneva, Hemphill, Milam, Pineland)

**Advantage Plus Home Care**  
1-866-999-1665

### Home Health Agencies

**East Texas Home Health-Chester**  
936-969-2103  
1-800-407-0090  
866-513-6081  
FAX (936) 969-2785

#### TYLER COUNTY

(Chester, Colmesneil, Dowood, Doucet, Fred, Hillister, Rockland, Spurcer, Warren, Woodville)

**Advantage Plus Home Care**  
1-866-999-1665

**Carter Healthcare**  
(Services the Golden Triangle & surrounding areas)  
409-201-8098 Shannon Harrod  
1-888-951-1112  
Fax 1-888-622-4329

#### HARRIS COUNTY

(Houston and surrounding area)

**Advantage Plus Home Care**  
1-866-999-1665

**Bayview Home Health Services**  
281-573-7000  
FAX 888-522-3080

**Carter Healthcare**  
(Services the Golden Triangle & surrounding areas)  
409-201-8098 Shannon Harrod  
1-888-951-1112  
Fax 1-888-622-4329

**Medicare Professional Group**  
(713) 995-9292  
FAX (713) 779-9600

#### HOUSTON COUNTY

**Bayview Home Health Services**  
281-573-7000  
FAX 888-522-3080

**Houston County Home Health Care**  
(936) 544-2423  
FAX (936) 544-8085

**Advantage Plus Home Care**  
1-866-999-1665

**Carter Healthcare**  
(Services the Golden Triangle & surrounding areas)  
409-201-8098 Shannon Harrod  
1-888-951-1112  
Fax 1-888-622-4329

#### POLK COUNTY

(Acc, Barnhum, Camden, Corrigan, Dallardsville, Goodrich, Leggett, Livingston, Moscow, Onalaska, Segno, Seven Oaks)

**Carter Healthcare**  
(Services the Golden Triangle & surrounding areas)  
409-201-8098 Shannon Harrod  
1-888-951-1112  
Fax 1-888-622-4329

**Home Care PRN**  
(936) 327-9822  
FAX (936) 327-9825

**Piney Woods Home Health-Corrigan**  
(936) 398-5595  
FAX (936) 398-5598

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**Home Health Agencies**

**ANAHUAC**

**All Nursing Home Health**  
800-238-9245  
FAX 936-539-2275

**Bayview Home Health Services**  
281-573-7000  
FAX 888-522-3080

**Carter Healthcare**  
*(Services the Golden Triangle & surrounding areas)*  
409-201-8098 Shannon Harrod  
1-888-951-1112  
Fax 1-888-622-4329

**Innovative Health Services**  
(409) 267-6194  
FAX (409) 299-3440  
FAX (409) 267-6428

**LUFKIN COUNTY**

**Carter Healthcare**  
*(Services the Golden Triangle & surrounding areas)*  
409-201-8098 Shannon Harrod  
1-888-951-1112  
Fax 1-888-622-4329

**LOUISIANA**

**Lake Charles**

**Christus St. Patrick Hospital Home Health and Hospice**  
(337) 430-5498-  
FAX (337) 395-5780

**Dequincy**

**Southern Home Health**  
(337) 786-8231  
FAX (337) 786-8215

<b>Beaumont</b>	<b>Location</b>	<b>Phone No.</b>	<b>Fax No.</b>	<b>Insurance</b>
Altus Hospice	3821 Stagg Dr. Beaumont, TX 77701	409-832-4582	409-832-6345	All
Best Hospice Care Of TX	3800 Hwy 365 Suite #137 Port Arthur, TX. 77642	409-356-9271	409-299-3409	Liaison Courtney King 409-960-4403
Buckner Hospice	7080 Calder Avenue, Beaumont Tx 77706	409-866-0400	409-866-0461	Contact is Sheri
Compassion Care Hospice	2528 Calder Ave. Beaumont, TX 77702	409-835-8357	409-835-8327	On file
Dignity Team Health	440 Benmar, Suite 1010 Houston, TX 77060	Office 832-306-3105	Fax 832 306 3106	Rep.in our area Angela Foster 713-515-6885
Kindred Hospice <i>(formerly Odyssey and Gentiva)</i>	8050 E. TX. Freeway Beaumont, TX	409-924-0085	409-924-0448	All
Grace Hospice	4180 Delaware St. Suite 101 Beaumont, TX 77706	409-554-0111	409-554-0017	
Heart to Heart Hospice	550 Fannin Street Beaumont, TX 77701	409-813-1028	409-838-9939	
Harbor Hospice	2450 North Major Drive, Beaumont, TX 103 W.Gibson Ste.150	409-840-5640 409-981-1800 409-384-3662	409-840-5643 409-384-4152	
Hospice Plus <i>(formerly New Century Hospice)</i>	2615 Calder Ave. suite 660 Beaumont, TX 77702	409-832-6700	409-832-6703	All (in network w/ BCBS, United, Medicare & Medicaid)
Professional Healthcare	2533 Calder Ave. Beaumont, TX 77701	409-212-0205	409-212-0208	
Riceland Hospice	1420 West Cardinal Drive Beaumont, TX 77705	409-842-1112	409-840-4104	Medicare, BCBS & any priv.
Heart of Texas Hospice	2688 Calder Ave. Beaumont, TX 77702	409-832-3311	409-832-3312	
Southeast Texas Hospice	912 W. Cherry Orange, TX 77631	409 886 0622	409 886 0623	

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Texas Home Health Hospice	5683 Eastex Frwy Beaumont, TX 77706	409-899-1152	409-898-0155 1-888-400-5092 (main)	All (some ins. Don't refer in networks)
Texas Total Care Hospice	940 West Freeway Vidor, TX 77662	409-769-3414 1-888-226-1849	409-769-3769	Medicare, Care Plus, Care Improvement, VA-Tricare
Cima Hospice/Jordan Home Health	6860 Phelan Blvd. Beaumont, Texas 77706	409-444-3725	409-444-2298	All
<b>Orange</b>	<b>Location</b>	<b>Phone No.</b>	<b>Fax No.</b>	<b>Insurance</b>
Southeast Texas Hospice	912 W. Cherry Orange, TX	409-886-0622	409-886-0623	Contracts w/ all
<b>Woodville</b>	<b>Location</b>	<b>Phone No.</b>	<b>Fax No.</b>	<b>Insurance</b>
1 <sup>st</sup> Quality Hospice, LLC	716 West Bluff Woodville, TX 75979	409-331-9909	409-331-9913	
<b>Beaumont</b>	<b>Location</b>	<b>Phone No.</b>	<b>Fax No.</b>	<b>Insurance</b>
Heart of Texas Hospice	2688 Calder Ave. Beaumont, TX 77702 office 409 832 33311	409-787-1500	409-787-1501	Medicare/Medicaid private insurances
<b>Jasper</b>	<b>Location</b>	<b>Phone No.</b>	<b>Fax No.</b>	<b>Insurance</b>
Lakes Area Hospice	254 Ethel St. Jasper, TX 75951	409-384-5995	409-384-1184	Non-Profit- Any (Priv., Medicare & Medicaid)
River City Hospice	2014 S. Wheeler Jasper, Tx	409 383 0788	409-383-0780	Medicare/Medicaid private insurances
<b>Chambers County</b>	<b>Location</b>	<b>Phone No.</b>	<b>Fax No.</b>	<b>Insurance</b>
A-Med Comm. Hospice	Out of Texas City	409-935-0169	409-933-1770	All
<b>Baytown</b>	<b>Location</b>	<b>Phone No.</b>	<b>Fax No.</b>	<b>Insurance</b>
<b>Conroe</b>	<b>Location</b>	<b>Phone No.</b>	<b>Fax No.</b>	<b>Insurance</b>
Odyssey Health Care of Conroe	100 I-45 N. Ste 240	936-788-7707	936-788-7709	All ins. Except Humana (by case)
<b>Friendswood</b>	<b>Location</b>	<b>Phone No.</b>	<b>Fax No.</b>	<b>Insurance</b>
Vitas Healthcare of TX	211 E. Parkwood Ste. 108	713-663-7777		
<b>Houston</b>	<b>Location</b>	<b>Phone No.</b>	<b>Fax No.</b>	<b>Insurance</b>
A-Med Comm Hospice	3535 Briarpark Dr.	1-800-377-7260		
American Hospice	7322 Southwest Frwy, Ste. 570	713-995-5929		
American Hospice	8401 Westheimer	713-339-3577		
Christus St. Joseph	1404 St. Joseph Pkwy	713-655-7284		
Compassionate Care Hospice of Houston, LLC	2020 N. Loop W. Ste. 140	713-667-3247		
East Harris County Hospice Services, LLC	1313 Holland Ave. Ste. 2	713-450-4500		

Heartland Home Health (Care and Hospice)	13310 Beamer Ste. E	281-484-9696		
Hospice Alpha	3505 Sage Rd. Ste. 160	713-899-6083		
Hospice Care Team	540 Normandy St.	713-453-8862		
Hospice Preferred Choice	427 W. 20 <sup>th</sup> Ste. 603	713-864-2626		
Houston Hospice	5206 FM 1960 W	281-587-2218		
Houston Hospice	1905 Holcombe Blvd	713-467-7423		
Houston Hospice and Palliative Care	8811 Gaylord Ste. 100	713-468-2441		
Life's Solutions Hospice Care	8989 Westheimer	713-821-3000		
Odyssey Healthcare of Houston	2636 S. Loop W. Ste. 210	713-592-5600		
Prayer of Jabez Hospice	9800 Northwest Frwy	713-290-1746		
Vitas Care Family Hospice	701 N. Post Oak Road	713-290-1746		
Vitas Healthcare	4828 Loop Central Dr	713-663-7777		
Vitas Healthcare of TX	3845 FM 1960 Ste. 390	281-895-6351		
Vitas Healthcare of TX	303 Lantern Bend Dr.	832-249-6977		
Vitas Healthcare of TX	777 N. Post Oak Rd.	713-263-9493		
<b>Humble</b>	<b>Location</b>	<b>Phone No.</b>	<b>Fax No.</b>	<b>Insurance</b>
Northeast Hospice Service	9813 Memorial Blvd	281-540-7852		
<b>Katy</b>	<b>Location</b>	<b>Phone No.</b>	<b>Fax No.</b>	<b>Insurance</b>
Katy Hospice	810 S. Mason Rd. Ste. 303	281-347-5690		
<b>Kingwood</b>	<b>Location</b>	<b>Phone No.</b>	<b>Fax No.</b>	<b>Insurance</b>
Grace Hospice of Texas	2807 King Crossing Dr. Ste. 342	281-361-6032		
<b>Lake Jackson</b>	<b>Location</b>	<b>Phone No.</b>	<b>Fax No.</b>	<b>Insurance</b>
Helping Hands & Hearts Hospice	418 Plantation Dr.	979-297-3775		
Hospice Care Team	107 West Wat Ste. 29	979-297-6043		
<b>League City</b>	<b>Location</b>	<b>Phone No.</b>	<b>Fax No.</b>	<b>Insurance</b>
Regency Hospice	2800 W. Main St. Ste. C	281-557-7429		
<b>Texas City</b>	<b>Location</b>	<b>Phone No.</b>	<b>Fax No.</b>	<b>Insurance</b>
A-Med	8901 Emmett F.	409-935-0169		

Community Hospice	Lawry			
Hospice Care Team	1708 Amburn Rd. Ste. C	409-938-0070		
<b>Tomball</b>	<b>Location</b>	<b>Phone No.</b>	<b>Fax No.</b>	<b>Insurance</b>
Lighthouse Hospice	14011 Park Dr. Ste. 201	281-290-7727		

**Long Term Acute Care Hospital (LTACH)**

<b>LTACH</b>	<b>Location</b>	<b>Phone No.</b>	<b>Fax No.</b>
Dubuis North Hospital	2830 Calder Ave. Beaumont, TX. 77702	409-899-7680 CM:7276 Jason:409-626-1521	409-899-8158
	860 S. 8 <sup>th</sup> Street Beaumont, TX. 77701	409-236-8787 Kristy: 409-988-9250	409-236-8796
Dubuis South Hospital	524 Dr. Micheal E. Debakey Drive Lake Charles, LA 70605	337-491-7752	337-491-7586
	2600 HWY 365 Nederland, TX 77627	409-726-8800 Nikki:409-554-5480	800-483-0068
Meadow Brook Specialty House	Lafayette, LA	337-232-1905	337-261-1601
Triumph Hospital	Central Line	713-691-6556	713-884-3154
	Baytown	281-420-7800	281-420-7835
	Channelview	832-200-5500	832-200-1030 832-200-1031
	North Houston	832-200-6000	832-200-3140
	N.W. Houston	832-249-2700	281-583-0890
	S.W. Houston	281-275-6000	281-491-7255
Texas Specialty Hospital	Houston, TX	713-640-2400	713-644-7514
Select Specialty Hospital	Houston Heights	713-802-8182	713-802-8626
	Medical Center	713-520-9595	713-520-7394
Nexus Specialty Hospital	Woodlands, TX	281-364-0317 713-482-3385	713-482-3217
Kindred Hospital	Pasadena	713-473-9700	713-473-0990
	Houston	713-790-0500	713-790-1457
	N.W. Houston	281-517-1002	281-517-1005
Health Bridge (Age 21 & younger)	Houston	713-724-3344 281-293-7774	281-293-8117
Cornerstone	Bellaire	713-295-5300	713-295-2862
	Clear Lake	281-332-3322	281-338-1095
	Austin	512-706-1904	512-706-1912
	Sulphur, LA	800-559-1999	337-310-6049

### Home Health Agencies

#### **JEFFERSON COUNTY**

(Beaumont, Bevil Oaks, China, Cheek, Fannett, Groves, Hamshire, Labelle, Meeker, Nederland, Nome, Port Acres, Port Arthur, Port Neches, Sabine Pass, Sour Lake, Voht)

#### **BEAUMONT**

**AccuCare Home Health**  
409 242-5860  
FAX (713) 263-3548

**Advanced Patient Care (Pediatrics)**  
(409) 832-3304  
FAX (409) 835-2799

**Advantage Plus Home Care**  
(409) 899-1665  
FAX (409) 899-1680

**Altus Home Health**  
(409) 835-2828  
FAX (409) 835-2129

**Alpha Omega Home Health**  
(409) 899-3535  
FAX (409) 899-3537

**All Nursing Home Health**  
800-238-9245  
FAX 936-539-2275

**Angels Care Health Services**  
Office – 936-336-2224  
FAX – 936-336-2231

**Beaumont Home Health**  
(409) 833-4632  
FAX (409) 838-1238  
FAX (409) 833-0459

**Caring Hearts Home Care**  
(409) 833-7062  
FAX (409) 833-7553

**Carter Healthcare**  
*(Services the Golden Triangle & surrounding areas)*  
409-201-8098 Shannon Harrod  
1-888-951-1112  
Fax 1-888-622-4329

**Choice Homecare**  
(409) 994-0300  
FAX (409) 994-0400

**Convenient Home Health**  
(409) 813-1154  
FAX (409) 813-1935

**Consolidated Health Care**  
(409) 861-3200  
FAX (409) 861-3205

**Encompass Home Health**  
(409) 813-8109  
FAX (409) 212-9079

**Good Looking Home Health**  
(409) 729-1100  
844-576-8773  
FAX 888-891-3521

**Harbor Home Health**  
(409) 835-1670  
FAX 409 835 1672  
Fax-1-888-700-8743

**Homesight of Texas**  
(409) 835-3330  
FAX (888) 891-3697

### Home Health Agencies

**Intrepid Home Health**  
(Has Spanish Speaking Nurses)  
(409) 722-0515  
FAX (409) 722-0633

**Jefferson County Home Health Care**  
(409) 835-9909  
FAX (409) 835-9949

**Jordan Health Services**  
(409) 899-9053  
FAX (409) 347-0993

**Kindred Home Health**  
(409) 895-0009  
FAX (409) 895-0006

**IPR Healthcare Sys.**  
(409) 466-4894  
Fax 281-358-5157  
Barbara Morris, RN

**Maxim Healthcare (Pediatrics)**  
(409) 833-4004  
FAX 844-691-2084

**Pathfinder Home Health**  
(409) 924-9906  
FAX (409) 924-7338

**Professionals Health Care**  
(409) 212-0205  
FAX (409) 242-6623

**Pulse Home Care**  
(409) 212-8880  
FAX (409) 212-8880

**Riceland Home Health**  
(409) 385-7744 / 1-888-385-7744  
FAX (409) 385-7723

**Senior Preferred Home Care**  
(409) 347-2500  
FAX (409) 287-2565

**Southeast Texas Homecare Specialists**  
(409) 842-0077  
FAX (409) 842-2411

**Texas Home Health**  
(409) 899-9979  
FAX (409) 899-9552  
INTAKE 844-440-4321  
INTAKE FAX 844-333-0632

**Three M Home Health**  
(409) 767-8833  
FAX (409) 767-9203

**Theracare Home Health**  
(409) 299-9741  
FAX 409-299-9739

**Total Home Health**  
(409) 835-3330  
FAX 888-891-3697

**Village Choice Home Health**  
(409) 838-5151  
FAX (409) 838-6161

#### **GROVES**

**Advantage Plus Home Care**  
1-866-999-1665

**Carter Healthcare**  
*(Services the Golden Triangle & surrounding areas)*  
409-201-8098 Shannon Harrod  
1-888-951-1112  
Fax 1-888-622-4329

**Home Care Innovations**  
(409) 963-2775  
FAX (409) 963-1872

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**Home Health Agencies**

**Intrepid Home Health**

(Has Spanish Speaking Nurses)  
(409) 722-0515  
FAX (409) 722-0633

**Providence Care Health Services**

(409) 962-0041  
FAX (409) 813-2272

**365care Home Health**

(409) 548-0036  
(409) 546-0071

**Traditions Health Care and Hospice**

800-238-9245  
FAX 836-539-2275  
FAX (409) 766-1063

**NEDERLAND**

**A Med Home Health**

(409) 719-0111  
FAX (409) 719.0110  
Cell 409-466-1951

**Advantage Plus Home Care**

1-866-999-1665

**All Nursing Home Health**

800-238-9245  
FAX 936-539-2275

**Allegiance Home Health**

(409) 729-6500  
FAX (409) 729-6501

**Carter Healthcare**

*(Services the Golden Triangle & surrounding areas)*  
409-201-8098 Shannon Harrod  
1-888-951-1112  
Fax 1-888-622-4329

**Home Care Elite**

(409) 724-2533  
FAX (409) 724-2624

**Intrepid Home Health**

(Has Spanish Speaking Nurses)  
(409) 722-0515  
FAX (409) 722-0633

**Omnibus Home Health**

(409) 724-7000  
FAX (409) 724-7066

**Southern Home Care**

(409) 721-9075  
FAX (409) 721-6206

**PORT ARTHUR**

**Advantage Plus Home Care**

1-866-999-1665

**Carter Healthcare**

*(Services the Golden Triangle & surrounding areas)*  
(409) 656-4402-Shannon Harrod  
1-888-951-1112  
Fax 1-888-622-4329

**Intrepid Home Health**

(Has Spanish Speaking Nurses)  
(409) 722-0515  
FAX (409) 722-0633

**Port Arthur Home Health**

(409) 983-5668  
FAX (409) 983-5604

**PruCare Home Health**

(409) 722-9797  
FAX (409) 729-7019

**SKILLED NURSING FACILITIES**

Beaumont	Location		Phone No.	Fax No.	Insurance	Hospice
Calderwoods (Doesn't take Medicaid)	7080 Calder 77706		SNF 409-861-1123	409-861-1002 409-861-8469	Medicare & Priv. Pay	On site (Buckner) & Harbor (1x contracts w/ Altus & New Century)
Beaumont Healthcare Center	795 Lindbergh 77707		SNF 409-842-2228	409-842-2874	On file Medicare, Medicaid, TXHS & most priv., Tx plus, Humana, Tricare, usfhp	Odyssey, Harbor & Altus
Beaumont Nursing and Rehabilitation	1175 Denton Drive 77707		SNF 409-842-3120	409-840-5698	Medicare, Medicaid, Care Improv.+, NPX, CIGNA, Humana, Sterling, Superior HP groups, Tricare for life, BCBSsome 1x contracts	New Century, River City & Altus
Clairmont Beaumont	1020 South 23rd 77707		SNF 409-842-9700	409-842-1829	On file Medicare, TXHS	Harbor, Altus, Odyssey, River City, New Century
College Healthcar e Center	4150 College St. 77707		SNF 409-842-2244	409-842-3399	Medicare, Medicaid, Tx plus, Humana, Tricare, usfhp	River City, Harbor & Altus
PHP The Oaks of Beaumont	4195 Milam 77707	Dr Quraishi, Dr Blahey, Dr Levine follows his hospice	SNF 409-842-4550	E-Fax 972-767-6149	On file	Altus & Harbor Best Hospice Hospice Plus Kindred
Spring Creek Nursing and	2660 Brickyard		SNF 409-892-1533	409-892-1405	By case	Altus, Compassion,

11:10 AM 08/16/18

*Baptist Hospitals of Southeast Texas honors and respects patient and family preferences when they are expressed, and when possible, gives patients the freedom to choose among participating Medicare providers of post hospital care services.*

**SKILLED NURSING FACILITIES**

Rehabilitation LP	Road 77703					Odyssey, Harbor, Cosmos & River City
Summer Place Nursing & Rehab	2485 S. Major Drive 77707	409-861-4611 409-540-6544 Venus White Cell	409-861-4632	Medicare, Medicaid, AETNA, TXHS, Humana, USFHP & Care Improv+		Girling, Harbor & River City (1x contracts)
Jefferson Nursing and Rehabilitation Center	3840 Pointe Parkway 77706	409-892-6811 409-767-3643 James Urban Cell	409-896-5025 409-347-0965	Care Improv+, Humana, BCBS, AETNA & TX+		Harbor & New Century
<b>Groves</b>	<b>Location</b>	<b>Phone No.</b>	<b>Fax No.</b>	<b>Insurance</b>		<b>Hospice</b>
Magnolia Manor	4400 Gulf 77619	409-962-5785	409-962-2944	On file		Altus, Odyssey & River City (1x contracts)
Oak Grove Nursing Home	6230 Warren 77619	409-963-1266	409-962-9622	Work w/ most		Harbor, Odyssey & Altus
<b>Port Arthur</b>	<b>Location</b>	<b>Phone No.</b>	<b>Fax No.</b>	<b>Insurance</b>		<b>Hospice</b>
Bonne Vie	8595 Medical Center Blvd	409-721-8600 Melanie Cell 409-365-4036	866-436-6895			
Cypress Glen	7200 9 <sup>th</sup> Ave. 77642	409-729-8701	409-729-5722 EFax 866-898-4894	On file		Girling, Altus & Odyssey (1x contracts)
Lake Arthur Place Nursing & Rehabilitation	4225 Lake Arthur Drive 77642	409-727-3193	409-727-4777	On file		Girling, Odyssey, Harbor & Altus (1x contracts w/ River City etc.)
Senior Rehabilitation & Nursing Center. Use other	6600 9 <sup>th</sup> Ave 77642	409-962-5541 Candice (admissions)	409-962-4550	On file		Contract w/ any

**SKILLED NURSING FACILITIES**

facility first			dir.) cell 409-540-9314			
Senior Rehabilitation & Skilled Nursing Center	8825 Lamplighter 77642	409-727-1651 Crystal (admissions dir.) cell 409-543-1445	409-727-2767	Most Can do 1x contract (i.e United)		New Century, River City, Odyssey & Altus
<b>Orange</b>	<b>Location</b>	<b>Phone No.</b>	<b>Fax No.</b>	<b>Insurance</b>		<b>Hospice</b>
Pinehurst Nursing & Rehabilitation	3000 Cardinal Drive 77630	409-886-8677 Joel Watts, Administrator / Admissions contact (cell # 988-6504)	409-883-9844	On file		On file
The Meadows of Orange	4201 FM 105 77630	409-883-8803	409-883-9455	By case Medicare, TXHS		Indiv. contracts w/ all
<b>Vidor</b>	<b>Location</b>	<b>Phone No.</b>	<b>Fax No.</b>	<b>Insurance</b>		<b>Hospice</b>
Oakwood Manor Nursing Home	225 S. Main 77662	409-769-3692 409-769-5697	409-769-1390	Confirm by case		River City, TX Total Care, Harbor & Odyssey
Vidor Health & Rehab	470 Moore Street 77662	409-769-2454	409-769-9324	On file		Altus & Odyssey
<b>Kountze</b>	<b>Location</b>	<b>Phone No.</b>	<b>Fax No.</b>	<b>Insurance</b>		<b>Hospice</b>
Kountze Nursing Center	Hwy. 1293 77625	409-246-3418 Natasha Brown (adm coord.) 409-790-5122	409-246-2129	TXHS, TX+, USFHP & BCBS (all insurances w/ approval)		Altus, Harbor, Professional & Odyssey
<b>Lumberton</b>	<b>Location</b>	<b>Phone No.</b>	<b>Fax No.</b>	<b>Insurance</b>		<b>Hospice</b>
Village Creek Rehabilitation & Nursing Center	705 N. Main 77657	409-755-0100	409-755-4200	Medicare, Medicaid & Humana contracted provider, Molina and United Medicaid Star, Medicare Advantage and Medicaid Star Plus PAS.		Altus, Odyssey, Harbor, Compassion, Compassionate Care, TX Home Health Hospice, River City & Lakes



**SKILLED NURSING FACILITIES**

<b>Silsbee</b>	<b>Location</b>	<b>Phone No.</b>	<b>Fax No.</b>	<b>Insurance</b>	<b>Area Hospice</b>
Pine Arbor	705 FM 418 W 77656	409-385-0033 Natasha Brown (adm coord.) 409-790-5122	409-385-8116	TXHS, TX+, USFHP & BCBS (all insurances w/ approval)	All (same as Kountze)
Silsbee Convalescent Center	1105 FM 418 77656	409-385-3784	409-385-0808	Confirm by case (same as Magnolia Manor & Oakwood)	Odyssey, Harbor, Altus & Compassionate Care (1x contracts)
Silsbee Oaks Health Care	920 East Ave. L 77656	409-385-5571	409-385-3285	No network-run ins. Benefit profile	TX Home Health Hospice & Odyssey (1x contracts)
<b>Buna</b>	<b>Location</b>	<b>Phone No.</b>	<b>Fax No.</b>	<b>Insurance</b>	<b>Hospice</b>
<b>Jasper</b>	<b>Location</b>	<b>Phone No.</b>	<b>Fax No.</b>	<b>Insurance</b>	<b>Hospice</b>
Rayburn Healthcare and Rehabilitation	144 Bulldog Ave. 75951	409-381-8500	409-381-8506	Medicare-no supplements	Lakes Area, Affinity, Odyssey & Harbor
Timber lake Health Care Center	315 W. Gibson 75951	409-384-5768	409-381-8774	Humana, BCBS, Medicare & Medicaid	Harbor, River City, Odyssey & Lakes Area
<b>Kirbyville</b>	<b>Location</b>	<b>Phone No.</b>	<b>Fax No.</b>	<b>Insurance</b>	<b>Hospice</b>
Avalon Place	700 N. Herndon 75956	409-423-6111	409-423-5807 409-423-6355	Humana, BCBS, TXHS (in process) & contracts out of network	River City, TX Home Health Hospice, Lakes Area, Odyssey, Harbor & Affinity (LT/1x contracts)
<b>Winnie</b>	<b>Location</b>	<b>Phone No.</b>	<b>Fax No.</b>	<b>Insurance</b>	<b>Hospice</b>
Arboretum Nursing & Rehabilitation Center of Winnie	1215 Hwy 124 77665	409-296-8200	409-296-8212	Humana, Care Improv., BCBS, Physicians	Odyssey & Harbor

**SKILLED NURSING FACILITIES**

					Mutual, Medicare & Medicaid	
Winnie Community Hospital (Riceland Medical)	Winnie, Texas	409-385-7744 (Jeannie Martinez) 409-296-6000	Call for referral and fax #			
<b>Newton</b>	<b>Location</b>	<b>Phone No.</b>	<b>Fax No.</b>	<b>Insurance</b>	<b>Hospice</b>	
Shady Acres Nursing Home	405 Shady Acres Lane 75966	409-379-8912	409-379-2851	By case	Lakes Area, Odyssey & Harbor	
<b>Woodville</b>	<b>Location</b>	<b>Phone No.</b>	<b>Fax No.</b>	<b>Insurance</b>	<b>Hospice</b>	
Dogwood Trail Manor	76 Hwy 190 W 75979	409-283-8147	409-283-3919	On file	On file	
Woodville Health & Rehab	102 N. Beach Street 75979	409-283-2555	409-283-8446	On file	Odyssey, Affinity, Lakes Area & Harbor (1x contracts)	
<b>Cleveland</b>	<b>Location</b>	<b>Phone No.</b>	<b>Fax No.</b>	<b>Insurance</b>	<b>Hospice</b>	
Cleveland Healthcare (Trach & Dialysis pts & in house dialysis as needed)	903 East Houston 77327	281-593-3737	281-593-3762	On file	Rose of TX Hospice, TriCare & Odyssey	
<b>Liberty</b>	<b>Location</b>	<b>Phone No.</b>	<b>Fax No.</b>	<b>Insurance</b>	<b>Hospice</b>	
Magnolia Place Nursing Home	1620 Magnolia 77575	936-336-8844	936-336-5316	By case	Embracing Hospice, Contreres, New Century, Odyssey, Professional, Faith & Family & Harbor	
Liberty Health Care	1206 N. Travis 77575	936-336-7247	888-965-6034	On file	Odyssey, Profession, Compassionate Care, Altus & AMed	

**Baptist Regional Cancer Network**  
[www.baptistcancernetwork.org](http://www.baptistcancernetwork.org)  
 409-212-5922

**Sacred Circle** – Baptist Regional Cancer Network patient and caregivers support group. Meetings held on the second Tuesday of each month in the Resource Room at the Baptist Regional Cancer Network Julie & Ben Rogers Cancer Institute located at 3555 Stagg Drive from noon to 1PM. It's a place to receive practical information, exchange information with others, and support one another for the mutual benefit of everyone touched by cancer.

**Pink Power Network, Breast Cancer Support Group** – A support group specifically for our breast cancer patients. This program is provided Baptist Regional Cancer Network and by the Julie Rogers "Gift of Life".

Program offered twice in one day on the 3rd Thursday of every month.  
 12:00pm

**Dauphin Women's Center**  
 Conference Room  
 740 Hospital Drive, Ste. 140  
 RSVP 409-212-7962

6:00pm  
**Gift of Life**  
 148 South Dowlen Rd.  
 RSVP 409-833-3663

**Look Good Feel Better** – A skin care session by a trained licensed cosmetologist. The participants get tips on managing their appearance due to treatment side effects. They receive a kit of hypoallergenic makeup and lotions through our partnership with the National Cosmetology Association. This program is provided by the American Cancer Society and Baptist Regional Cancer Network.

1st Monday of every month  
 11:00am  
**Dauphin Women's Center**  
 Conference Room  
 RSVP 409-351-9788

**Baptist**  
 Regional Cancer Network  
*Performing Sacred Work Every Day*

**Cancer Center of Southeast Texas**  
 8333 9th Avenue  
 Port Arthur, Texas  
 (409) 729-8088

**Altus Cancer Center**  
 310 N. 11th Street  
 Beaumont, Texas  
 (409) 981-5510

**Julie & Ben Rogers Cancer Institute**  
 3555 Stagg Drive  
 Beaumont, Texas  
 (409) 212-5922

**Charline and Sidney "Chief" Dauphin**  
 Cancer Screening & Prevention Center  
 740 Hospital Drive • Suite 140  
 Beaumont, Texas  
 (409) 212-7950

[www.baptistcancernetwork.org](http://www.baptistcancernetwork.org)

**Baptist**  
 Regional Cancer Network  
*Performing Sacred Work Every Day*

**Cancer Patient and Family Resources**

Baptist Hospitals of Southeast Texas complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Baptist Hospitals of Southeast Texas does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

**American Cancer Society**  
[www.cancer.org](http://www.cancer.org)  
 1-800-227-2345

**Reach to Recovery** – A one-on-one support program for newly diagnosed breast cancer patients, with trained mentors, providing information, bras, cover with fluff, etc.

**Road to Recovery/Transportation** – Volunteer drivers, who have been through training and a background check, drive patients to and from their treatments. We reimburse their mileage and/or parking. Our drivers are currently bringing patients to the Baptist Cancer Center. We also provide gas cards as needed.

**Cancer Survivors Network** – An online support system for patients and caregivers that provides an outlet for them to chat in groups or one-on-one with someone the same age and/or same diagnosis so that they can share their stories and cancer journey. Participants can set up their own individual page through [www.cancer.org/csn](http://www.cancer.org/csn).

**Patient Service Center** – A special group of patient navigators can be accessed for patient's special needs such as services we offer (as above) or for referral resources. These resources could be local, state-wide, or nationwide. They are available for any cancer related need. The PSC Navigators can be accessed by calling 1-800-227-2345.

**Resource Books** – These offer patients a resource on different types of cancer, chemo, radiation, nausea, etc. For more information call 1-800-227-2345.

**Supplies and Other Services** – Wigs, turbans, and additional services are discussed with patients and are available at our local office. Patient Resource Information is available 24/7 at 1-800-227-2345.

**Julie Rogers "Gift of Life" Program**  
[www.giftoflifebmt.org](http://www.giftoflifebmt.org)  
 409-833-3663

**Man to Man, Prostate Cancer Support Group** – a one-on-one support program for newly diagnosed prostate cancer patients partnered with the Julie Rogers "Gift of Life" Program.

Meets on the 2nd Tuesday of every month at 6:00 pm  
 St. Mark's Episcopal Church Downtown Beaumont  
 (680 Calder Avenue)

**Free Prostate Cancer Screenings** – Potentially lifesaving tests and exams that medically underserved clients would otherwise be unable to afford, equalizing access to early detection tools. Call for eligibility at 409-860-3369.

**Free Mammograms** – Potentially lifesaving tests and exams that medically underserved clients would otherwise be unable to afford, equalizing access to early detection tools. Call for eligibility at 409-860-3369.

**Cancer Resource Library** – Books and DVD's available about healthy living, breast cancer, and prostate cancer.

**Don't Smoke Your Life Away** – Preventing tobacco usage before it starts and encouraging current smoking adolescents and adults to quit smoking.

**Educational Outreach** – Aimed at raising awareness of the lifesaving benefits of early detection tests and exams which is key in reducing cancer mortality. Programming is available on breast prostate, testicular, and ovarian cancers, as well as healthy living to reduce cancer risk.

**Additional Resources**

**2-1-1 Texas** – A program of the Texas Health and Human Services Commission, is committed to helping Texas citizens connect with the services they need. Available in more than 90 languages 24/7; calls are answered by HHSC 2-1-1 – Texas Information and Referral Network.

**Grief and Bereavement Support Group** – Compassion Hospice offers group counseling at no cost to individuals who have suffered a loss. The group is led by a licensed professional counselor. Meetings are held the last Wednesday of each month, RSVP 409-835-8357.

**Nutrition and Services for Seniors** – A local agency serving Jefferson and Hardin County senior citizens age 60 and older by providing transportation to and from appointments at a discounted rate. The nutritional supplement, Ensure, is available at a discounted rate of \$23 per case to the above population. Call 409-892-4455 for further details.

**Department of Aging and Disability Services (DADS)** – Provides assistance to those individuals who are elderly and disabled. Assistance includes home-based services such as a provider to help with light housekeeping and preparation of meals. For Provider Services call 1-866-449-1919 or 2-1-1 Texas.

**Towers Elite Cleaning Service** – A local maid service company that provides free housecleaning to women currently undergoing treatment for any type of cancer. For more information call 409-832-8444 or visit their website at [www.towerselite.com](http://www.towerselite.com).

**Albert E. and Gena Reaud Guest House**  
 3120 College Street  
 Beaumont 212-6500

The Guest House is designed to house families facing a medical crisis and who have a loved one receiving care at any local Beaumont hospital. Eases the emotional and financial burden families carry by providing a home-away-from-home in close proximity to their loved ones receiving treatment. Offering first class accommodations at a very affordable price – just \$35.00 per night.

**Baptist**  
 Regional Cancer Network  
*Performing Sacred Work Every Day*



# Family, Community & Civic Organizations

Hot Deals

Narrow search by:

## Christus Southeast Texas Foundation

2830 Calder Beaumont, TX 77702

WEBSITE  
[HTTP://WWW.CHRISTUSHEALTHFOUNDATIONSETX.ORG]

MAP

(409) 899-7555

## Greater Beaumont Chamber of Commerce



1110 Park Street Beaumont, TX 77701-3004

WEBSITE  
[HTTP://WWW.BMTCOC.ORG]

MAP

(409) 838-6581

## The Best Year's Center

780 S. 4th Street Beaumont, TX 77701

(409) 838-1902

## Cardiovascular Foundation of Southeast Texas

2680 McFaddin Ave Beaumont, Texas 77702

WEBSITE  
[HTTP://SETXCARDIOFOUNDATION.COM]

(409) 363-3288

## Cheddar's Casual Cafe

3815 IH-10 South Beaumont, TX 77705

(409) 840-5333

## Girl's Haven, Inc.

3380 Fannin Street Beaumont, TX 77701

WEBSITE  
[HTTP://GIRLSHAVENINC.ORG]

(409) 832-6223

## Texas Poker Club

5395 Hiway 105 Beaumont, TX 77708

(512) 516-0158

## African Violet Society of America, Inc.

2375 North Street Beaumont, TX 77702-1722

(409) 839-4725

## Alcohol & Drug Abuse Council of Deep East Texas

755 South 11th Street Beaumont, TX 77701

(409) 600-2427

## American Cancer Society

#4 Bayou Brandt Dr. Suite B Beaumont, TX 77706

(409) 924-0579

## American Heart Association

10060 Buffalo Speedway Houston, TX 77054

(409) 363-0787

## American Red Cross of Southeast and Deep East Texas

505 Milam Beaumont, TX 77701

(409) 832-1644

## Anayat House, Inc.

1025 N. 14th Street Beaumont, TX 77702

(409) 833-0649

## Apartment Association of Southeast Texas

7770 Gladys Ste B Beaumont, TX 77706

(409) 899-4455

## Art Museum of Southeast Texas

500 Main Street Beaumont, TX 77701

(409) 832-3432

## Associated General Contractors of Southeast Texas

5458 Avenue A Beaumont, TX 77705-6402

(409) 835-6661

## Babe Didrikson Zaharias Foundation

2135 Brewton Circle Beaumont, TX 77706

(409) 833-4514

## Beaumont Art League

2675 Gulf Street Beaumont, Texas 77703

(409) 833-4179

## Beaumont Children's Museum

Beaumont Civic Center 701 Main St. Beaumont, TX 77701

(409) 347-7919

## Beaumont Community Players

4155 Laurel St. Beaumont, TX 77707

(409) 833-4664

## Beaumont Heritage Society

2240 Calder Ave Beaumont, TX 77706

409-832-4010

## Beaumont Housing Authority

8/17/2018

Family, Community & Civic Organizations

1890 Laurel St. Beaumont, TX 77701

(409) 951-7200

**Beaumont Main Street**

390 Fannin Beaumont, TX 77701

(409) 838-2202

**Beaumont New Car & Truck Dealers Association**

655 19th St. Beaumont, TX 77706

(409) 835-7564

**Ben Rogers I Have A Dream Program**

PO Box 7434 Beaumont, TX 77726

(409) 832-1999

**Benign Essential Blepharospasm Research Foundation, Inc.**

755 South 11th Street Suite 211 Beaumont, TX 77702

(409) 832-0788

**Better Business Bureau Serving Southeast Texas**

550 Fannin Street, Suite 100 Beaumont, TX 77701-3101

(409) 835-5348

**Big Thicket Association/Neches River Adventures**

700 North Street Suite 79 Beaumont, TX 77701

(409) 790-5399

**Boys Haven of America, Inc**

3655 North Major Drive Beaumont, TX 77713

(409) 866-2400 X 124

**Buckner Children & Family Services**

9055 Manion Drive Beaumont, TX 77706

(409) 866-0976

**Buckner Project HOPES**

2355 IH-10 East Beaumont, TX 77702

(409) 200-2739

**Cajun Country Cookers Inc.**

902 Bowie St. Beaumont, TX 77701

(409) 832-4170

**CASA of Southeast Texas**

2449 Calder Avenue Beaumont, TX 77702-1919

(409) 832-2272

**Cathedral Church**

2350 Eastex Freeway Beaumont, TX 77703-4626

(409) 892-8475

**Catholic Charities of Southeast Texas**

2780 Eastex Freeway Beaumont, TX 77703

(409) 924-4400

<http://www.bmtcoc.org/list/ql/family-community-civic-organizations-9>

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8/17/2018

Family, Community & Civic Organizations

**Christus Beaumont Adult Medicine**

3030 North St Suite #420 Beaumont, TX 77702

(409) 236-8655

**CHRISTUS Preventive Medicine**

5875 North Major Drive Beaumont, TX 77713

(409) 892-2262

**College Street Health Care Center**

4150 College Street Beaumont, TX 77707

(409) 842-2244

**Communities In Schools, Southeast Texas, Inc.**

350 Pine St., Ste 418 Beaumont, TX 77701

(409) 951-1880

**Creative Corrections**

6675 Calder Beaumont, TX 77706

(409) 866-9920

**Crime Stoppers Serving Hardin & Jefferson Counties**

255 College Beaumont, TX 77702

(409) 880-1092

**Delta Sigma Theta Sorority, Beaumont Alumnae Chapter**

P. O. Box 20599 Beaumont, TX 77720

(409) 291-9114

**Digital Workforce Academy**

5091 Rolfe Christopher Dr Suite #117 Beaumont, TX 77705

(409) 880-7108

**Family Services of Southeast Texas**

3550 Fannin Beaumont, TX 77701

(409) 833-2668

**First Baptist Church**

3739 North Major Drive Beaumont, TX 77713

(409) 833-1426

**Garth House, Mickey Mehaffy Children's Advocacy Program Inc.**

1895 McFaddin Beaumont, TX 77701

(409) 838-9084

**Golden Triangle Baptist Network**

555 N. 10th Street Beaumont, TX 77702

(409) 832-1110

**Goodwill Industries of Southeast Texas, Inc.**

30445 Phelan Suite 200 Beaumont, TX 77707

(409) 838-9911

<http://www.bmtcoc.org/list/ql/family-community-civic-organizations-9>

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**Habitat for Humanity of Jefferson County**

610 Trinity Beaumont, TX 77701

(409) 832-5853

**Harmony Science Academy**

4055 Calder Ave. Beaumont, TX 77706

(409) 838-4000

**Harvest House**

3395 Highland Ave Beaumont , TX 77705

409-790-0798

**Hope Women's Resource Clinic**

3740 Laurel Beaumont, TX 77707

(409) 898-4005

**IEA Inspire, Encourage, Achieve**

20 North 11th Street Beaumont, TX 77702

(409) 839-8778

**Indian Springs Camp/Recreation**

6106 Holland Cem Rd Kountze, TX 77625

(409) 781-3074

**Infogroup - Reference USA**

1020 East 1st Street Papillion, ne 68046

(800) 808-1113

**International Brotherhood of Electrical Workers L.U. 479**

1430 Spindletop Ave Beaumont, TX 77705

(409) 833-8252

**Janiyah's Love**

700 North Street Suite Q Beaumont , Texas 77701

(337) 298-4994

**Jefferson County Republican Party Texas**

7060 Phelan Blvd Beaumont, TX 77706

(409) 861-4481

**Julie Rogers "Gift of Life"**

2390 Dowlen Rd. Beaumont, TX 77706

(409) 833-3663

**Junior Achievement of the Golden Triangle**

505 Milam Street, Suite 700 Beaumont, TX 77701

(409) 833-3860

**Junior League of Beaumont**

2388 McFaddin Street Beaumont, TX 77702-2017

(409) 832-0873

**Lamar State College Port Arthur**

1500 Proctor St Port Arthur, TX 77642

(409) 984-6291

**Land Manor, Inc-Adams House**

4655 Collier Beaumont, TX 77706

(409) 838-3946

**Leadership Southeast Texas**

3749 Hwy 69 N. Beaumont, TX 77705

(409) 554-8456

**Legacy Christian Academy**

8200 Highway 105 Beaumont, TX 77713

(409) 924-0500

**LifeShare Blood Centers**

4305 Laurel Avenue Beaumont, TX 77707

(409) 980-8214

**Lutcher Theater**

707 Main Orange, TX 77630

(409) 886-5535

**Magnolia Cemetery Company**

2291 Pine St. Beaumont, TX 77703

(409) 832-5741

**Maximized Purpose Inc**

958 S. Village Creek PKWY Lumberton, TX 77657

409-782-7170

**Mental Health America of Southeast Texas**

2444 Broadway Beaumont, Texas 77701

(409) 550-5091

**Monsignor Kelly Catholic High School**

5950 Kelly Drive Beaumont, TX 77707-3599

(409) 866-2351

**Nutrition & Services for Seniors**

4590 Concord Road Beaumont, TX 77703-1806

(409) 892-4455

**Plum Nearly Ranch**

2125 Hebert Road Beaumont, TX 77705

(409) 722-1192

**Rape & Suicide Crisis Center of Southeast Texas, Inc.**

700 North St. Suite 18 Beaumont, TX 77701

(409) 832-6530

**RISE Center for Independent Living**

755 So. 11th Street Suite 101 Beaumont, TX 77701

(409) 832-2599

**Rotary Club of Beaumont**

2355 IH-10 South, Suite 213 Beaumont, TX 77705

(409) 842-1913

**Sabine Area Restaurant Association**

Beaumont, TX 77701

(409) 782-5514

**Sales and Marketing Executives Club**

1025 IH 10 North, Ste. 109 Beaumont, TX 77706

(409) 962-2828

**Shangri La Botanical Gardens and Nature Center**

2111 W. Park Avenue Orange, TX 77631

(409) 670-9113

**Shorkey Center**

855 South Eighth Street Beaumont, Tx 77701-4603

(409) 838-6568

**Silsbee Chamber of Commerce**

125 Suncrest St Silsbee, TX 77656

(409) 385-5562

**Some Other Place**

590 Center Beaumont, TX 77701

(409) 832-7976

**South East Texas Council on Alcohol and Drug Abuse**

4675 C Washington Blvd Beaumont, TX 77707

(409) 842-2408

**Southeast Texas Arts Council**

700 North Street Beaumont, TX 77701

(409) 835-2787

**Southeast Texas Food Bank**

3845 S. MLK Jr. Parkway Beaumont, TX 77705

(409) 839-8777

**Southeast Texas Human Resource Association**

P.O. Box 222 Bridge City , TX 77611

(409) 728-1211

**Southeast Texas Nonprofit Development Center**

700 North St, Suite O Beaumont, TX 77701

(409) 832-6565

**Southeast Texas Solider's Advocate**

440 N. 18th Street Suite 6 Beaumont, TX 77707

(409) 239-5722

**Spindletop Housing Corporation (Cottages)**

2795 S. 8th Street Beaumont, TX 77701

(409) 839-2224

**St. Anne Catholic School**

375 North Eleventh Street Beaumont, TX 77702

(409) 832-5939

**St. Anthony Cathedral School**

850 Forsythe Beaumont, TX 77701-2890

(409) 832-3486

**St. James United Methodist Church**

2485 Blanchette St Beaumont, Texas 77701

409-8334867

**STAR Museum of Art**

712 Green Avenue Orange, TX 77630

(409) 886-2787

**Steward Medical Group**

6025 Metropolitan Dr Suite 230 Beaumont, TX 77706

(409) 617-7775

**Symphony of Southeast Texas**

4345 Phelan Boulevard, Suite 105 Beaumont, TX 77707

(409) 892-2257

**Texas Energy Museum**

600 Main Street Beaumont, TX 77701

(409) 833-5100

**Texas Oncology-Mamie McFaddin Ward Cancer Treatment Center**

690 N. 14th St Beaumont, TX 77702

(409) 899-7180

**The Arc of Greater Beaumont**

4330 Westridge LN Beaumont, TX 77706

(409) 838-9012

**The Habitat Restore**

610 Trinity Beaumont, TX 77701

(409) 832-5853

**The HT Group**

5695 Eastex Freeway Beaumont, TX 77706

(409) 898-8449

**The Huguen Center, Inc.**

2849 9th Avenue Port Arthur, TX 77642

(409) 983-6659

**The Salvation Army**

2350 IH-10 East Beaumont, TX 77703

(409) 896-2361

**The Salvation Army Thrift Store**

2350 IH-10 East Beaumont, TX 77707

(409) 896-2361

**The W.H. Stark House**

610 W. Main Avenue Orange, TX 77630

(409) 883-0871

**Triangle Area Network**

1495 N. 7th Beaumont, TX 77702

(409) 832-8338

**Ubi Caritas-A Healing Ministry**

4442 Highland Avenue Beaumont, TX 77705-5205

(409) 832-1924

**United Way of Beaumont and North Jefferson County**

700 North Street, Suite H Beaumont 77701

(409) 835-4575

**Wesley United Methodist Church**

3810 N. Major Dr. Beaumont, TX 77713

(409) 892-7733

**Westgate Memorial Baptist Church**

6220 Westgate Drive Beaumont, TX 77706

(409) 866-3417

**Workforce Solutions Southeast Texas**

511 Park Beaumont, TX 77701

(409) 839-8045

**Young Men's Business League**

7250 Wespark Circle Beaumont, TX 77705

(409) 832-9991

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Narrow search by:

**City of Beaumont**

801 Main Street, Suite 300 Beaumont, TX 77701

(409) 880-3736

**City of Beaumont - Beaumont Fire Department**

400 Walnut Beaumont, TX 77701

(409) 880-3909

**Lamar Institute of Technology**

Lamar Institute of Technology (LIT) offers programs in fields including Allied Health and Sciences, Business Technologies, Public Service and Safety, Technology and General Education.

855 East Lavaca Beaumont, TX 77710

WEBSITE  
[HTTP://WWW.LIT.EDU  
]  
(409) 880-8185

**Lamar University**

4400 M.L. King Parkway Beaumont, TX 77705

WEBSITE  
[HTTP://WWW.LAMAR  
.EDU]  
(409) 880-8405

**All Saints Episcopal School**

4108 Delaware Street Beaumont, TX 77706-7803

WEBSITE  
[HTTPS://WWW.ALLSA  
INTS-  
BEAUMONT.ORG/PAGE  
]  
(409) 892-1755

**Beaumont Independent School District**

3395 Harrison Avenue Beaumont, TX 77706

WEBSITE  
[HTTP://WWW.BEAU  
MONT.K12.TX.US]  
(409) 617-5000

**Brightwood College**

6115 Eastex Freeway Beaumont, TX 77706

WEBSITE  
[HTTPS://WWW.KAPLA  
NCOLLEGE.COM/BEAU  
MONT-TX/]  
(409) 347-5900

**Jamie Smith, Jefferson County District Clerk**



8/17/2018

Government, Education & Individuals

1085 Pearl Street Ste 203 Beaumont, TX 77701

WEBSITE  
[HTTP://CO.JEFFERSO  
N.TX.US/DCLERK/DC\_H  
OME.HTM]  
(409) 835-8518

**Texas Healthtech Institute**

9615 College St Beaumont, Texas 77707

WEBSITE  
[HTTP://WWW.TEXAS  
HEALTHTECH.COM]  
(409) 866-0555

**Beaumont Electrical J.A.T.C.**

707 Helena Avenue Nederland, TX 77627

(409) 727-3102

**Congressman Randy Weber**

505 Orleans St. Ste 103 Beaumont, TX 77701

(409) 835-0108

**Crockett Street Development**

6550 Tram Rd. Beaumont, TX 77713

(409) 898-1170

**Faithful Schooling**

10305 Eastex Fwy Beaumont, TX 77708

(409) 926-3081

**Harris, DeVille & Associates, Inc.**

521 Laurel St. Baton Rouge, LA 70801

(225) 344-0381

**Jason Alliance of Southeast Texas**

P.O. Box 1609 Nederland, TX 77627

(409) 721-6400

**National EMS Academy**

550 I-H 10 South Suite 200 Beaumont, TX 77707

(866) 459-3500

**Sabine-Neches Navigation District**

8180 Anchor Drive Port Arthur, TX 77642

(409) 729-4588

**Vista College**

3871 Stagg Drive Suite 194 Beaumont, TX 77701

(409) 291-4900

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## Health Care

Narrow search by:

Hot Deals

### Christus Hospital - St Elizabeth's Outpatient Pavilion

755 North 11th St. Beaumont, TX 77702

WEBSITE  
[HTTP://WWW.CHRISTUSHOSPITAL.ORG/CHRISTUSOUTPATIENTREHABCENTERBEAUMONT]

MAP

(409) 899-8549

### Christus Minor Care- Beaumont

3939 Dowlen Rd Ste. 19 Beaumont, TX 77706

WEBSITE  
[HTTP://WWW.CHRISTUSHOSPITAL.ORG/MINORCARE]

MAP

(409) 899-7800

### Christus Southeast Texas Bariatric Center

3030 North Street Ste. 340 Beaumont, TX 77702

WEBSITE  
[HTTP://WWW.CHRISTUSHOSPITAL.ORG/SETXWEIGHTLOSS]

MAP

(409) 839-5673

### CHRISTUS Southeast Texas Health System



2830 Calder Avenue Beaumont, TX 77702

WEBSITE  
[HTTP://WWW.CHRISTUSSTE.ORG]

MAP

(409) 892-7171

### Beaumont Emergency Center

Beaumont Emergency Center is a freestanding, full-service Emergency Department open 24/7 to treat all of your emergencies without the wait. We serve all communities throughout Southeast Texas.

4004 College St. Beaumont, TX 77707

WEBSITE  
[HTTP://WWW.BEAUMONTER.COM]

MAP

(409) 840-4004

### Christus Orthopedic Specialty Center-Beaumont Bone & Joint

3650 Laurel Street Beaumont, TX 77707-2287

(409) 838-0346

### The Medical Center of Southeast Texas

The Medical Center of Southeast Texas is a provider of leading-edge, quality healthcare services in a family-friendly environment. With two locations serving the Southeast Texas region, we are never far from you. 2555 Jimmy Johnson Blvd Port Arthur, TX 77640

WEBSITE  
[HTTP://WWW.MEDICALCENTERSETEXAS.ORG]

MAP

(409) 724-7389

### The Medical Center of Southeast Texas - Beaumont Campus

The Medical Center of Southeast Texas Beaumont Campus is dedicated to providing leading-edge, exceptional emergency, surgical and diagnostic services to the Southeast Texas community.

6025 Metropolitan Drive Beaumont, TX 77706

WEBSITE  
[HTTP://WWW.MEDICALCENTERSETEXAS.ORG]

MAP

(409) 617-7700

### UT Physicians - Beaumont

3610 Stagg Drive Beaumont, TX 77701

WEBSITE  
[HTTP://WWW.UTPHYSICIANS.COM]

MAP

(409) 730-4700

### All About Ears, LLC

6270 Phelan Blvd Beaumont, TX 77706

(409) 866-7747

### Amerigroup

755 S. 11th Street, Suite 260 Beaumont, TX 77701

WEBSITE  
[HTTP://WWW.AMERIGROUP.COM]

(409) 554-0574

### Anesthesia Associates

755 North 11th Street, Suite P3600 Beaumont, TX 77702

WEBSITE  
[HTTP://ANESTHESIA-ASSOCIATES.COM]

(409) 838-5214

### Beaumont Pediatric Center, PLLC

3127 College Street Beaumont, TX 77701

WEBSITE  
[HTTP://WWW.BMTPEDI.COM]

(409) 899-1433

**Beaumont Psychiatric Clinic**

3560 Delaware Suite 207 Beaumont, Texas 77706

WEBSITE  
[HTTP://WWW.BEAMONTPSYCHIATRIC.COM]  
(409) 291-7616

**Beaumont Smile Center**

3560 Delaware Ste. 102 Beaumont, TX 77706

WEBSITE  
[HTTP://WWW.BEAMONTSMILECENTER.COM]  
(409) 892-2600

**Brookdale Dowlen Oaks**

2250 N Dowlen Rd Beaumont, TX 77706

WEBSITE  
[HTTP://WWW.BROOKDALE.COM]  
(409) 866-8090

**CHRISTUS Wilton P. Hebert Health & Wellness Center**

3030 North St. Beaumont, TX 77702

WEBSITE  
[HTTP://WWW.CHRISTUSWELLNESSCENTER.ORG]  
(409) 899-7777

**City Ambulance Service**

16911 Old Louetta Rd #16 Houston, TX 77070

WEBSITE  
[HTTP://WWW.CITYAMBULANCE.COM]  
(832) 630-4863

**CryoCare 360**

4031 DOWLEN BEAUMONT, TEXAS 77706

WEBSITE  
[HTTP://CRYOCARE360.COM]  
(409) 937-9109

**Dowlen Medical Center**

2342 Dowlen Beaumont TX 77706, TX 77706

WEBSITE  
[HTTP://WWW.DOWLENMEDICALCENTER.COM]  
(409) 861-0000

**Golden Triangle Emergency Center**

5550 Eastex Freeway Suite C Beaumont, Texas 77708

WEBSITE  
[HTTP://WWW.GTEC24.COM]  
(409) 892-1000

**Harbor Home Health**

3130 Stagg Drive Beaumont, TX 77701

WEBSITE  
[HTTP://WWW.HARBORHOMEHEALTH.COM]  
(409) 835-1670

**Heart of Texas Hospice**

2688 Calder Avenue Beaumont, TX 77701

(409) 832-3311

**Hospice Plus**

2615 Calder Ave, Ste. 660 Beaumont, Texas 77707

WEBSITE  
[HTTP://WWW.HOSPICEPLUS.NET]  
(409) 832-6700

**Jefferson Nursing and Rehabilitation Center**

3840 Pointe Parkway Beaumont, TX 77708

WEBSITE  
[HTTP://WWW.REGENERATIONHEALTHCARE.COM/LOCATIONS/JEFFERSON]  
(409) 892-6811

**John C. Reimers, D.D.S.**

1120 Longfellow Drive Beaumont, TX 77706-4820

WEBSITE  
[HTTP://WWW.DRREIMERSDDS.COM]  
(409) 892-2517

**Kindred Hospice**

8050 Eastex Fwy Beaumont, TX 77708

WEBSITE  
[HTTP://WWW.KINDREDHOSPICE.COM]  
(409) 212-0020

**King's Pharmacy of Beaumont**

3610 N. Major Drive Beaumont, TX 77713

WEBSITE  
[HTTP://WWW.KINGSPHARMACYBMT.COM]  
(409) 892-2517

(409) 860-0040

**Legacy Community Health**

450 N. 11th St. Beaumont, TX 77702

WEBSITE  
[HTTP://WWW.LEGACYCOMMUNITYHEALTH.ORG/]

(409) 242-2577

**Magnolia Manor - Cantex Health Care Center**

4400 Gulf Groves, TX 77619

WEBSITE  
[HTTP://WWW.CANTEXCC.COM]

(409) 962-5785

**MedExpress Urgent Care**

3565 College St. Beaumont, TX 77701

WEBSITE  
[HTTP://WWW.MEDEXPRESS.COM](409) 813-8189  
(LOCAL)**Outreach Home Care**

2626 Calder Ste. 101 Beaumont, Texas 77702

(409) 832-0465

**Post Acute Medical Rehabilitation Hospital of Beaumont**

3340 Plaza 10 Blvd Beaumont, TX 77707

WEBSITE  
[HTTP://WWW.POSTACUTEMEDICAL.COM]

(409) 835-0835

**Revivify Medical Spa**

3560 Delaware Street Suite 107 Beaumont, TX 77706

WEBSITE  
[HTTP://WWW.REVIVIFYMEDICALSPA.COM]

(409) 347-7976

**Riceland Healthcare**

85 IH 10 North Suite 111 Beaumont, TX 77707

(409) 842-1112

**Southeast Texas Air Rescue**

2900 North Street Suite 408 Beaumont, TX 77701

(409) 460-8148

**Southeast Texas Gastroenterology Associates, P.A.**

950 North 14th Street, Suite 100 Beaumont, TX 77702-1112

WEBSITE  
[HTTP://WWW.SETGA.COM]

(409) 833-5858

**Spindletop Center**

655 South 8th Street Beaumont, TX 77701

WEBSITE  
[HTTP://WWW.SPINDLETOPCENTER.ORG]

(409) 784-5400

**Texas Children's Health Plan Inc.**

2450 Holcombe, Suite 34L Houston, TX 77021

WEBSITE  
[HTTP://WWW.TEXASCHEALTHPLANS.ORG]

(832) 828-1303

**Texas Home Health**

5687 Eastex Fwy Beaumont, TX 77706

WEBSITE  
[HTTP://WWW.TXHHA.COM]

(409) 838-0045

**The Oaks at Beaumont**

4195 Milam Beaumont, TX 77707

WEBSITE  
[HTTP://WWW.OAKSATBEAUMONT.COM]

(409) 842-4550

**TheraCare Home Health**

2825 IH10E Suite 120 Beaumont, TX 77702

WEBSITE  
[HTTP://CANTEXCC.COM]

(409) 299-9741

**Total Home Health**

11115A Eastex Freeway Beaumont, TX 77708

WEBSITE  
[HTTP://WWW.TOTALHH.COM]

(409) 835-3330

**Wilson Chiropractic**

7060 Phelan Blvd, Ste. 101 Beaumont, TX 77706

WEBSITE  
[HTTP://WWW.WILSONCHIROS.COM]

(409) 866-8661

**Acadian Ambulance Service**

3720 Corley Beaumont, TX 77701

(409) 833-3800

**Advanced Cardiovascular Specialists**

755 N. 11th Street, Apt. P2200 Beaumont, TX 77702

(409) 892-1192

**Alan B. Coleman, D.D.S.**

7811 Gladys Avenue Beaumont, TX 77706-3107

(409) 866-6444

**Altus Homecare**

3180 College St. Beaumont, TX 77701

(409) 835-2828

**Angels Care Home Health**

2345 North Main Street Liberty, Texas 77575

(936) 336-2224

**Audibel Hearing Aid Center**

5475 Highway 105 Beaumont, TX 77708

(409) 892-8840

**Baptist Beaumont Hospital**

3080 College Beaumont, TX 77701

(409) 212-5000

**Baptist Rheumatology Center**

740 Hospital Drive #150 Beaumont, TX 77701

(409) 212-5115

**Beaumont Family Eye Care**

6725 Delaware Beaumont, TX 77706

(409) 832-9151

**Best Hospice Care of Texas**

3800 Highway 365 Suite 137 Port Arthur, TX 77642

(409) 356-9271

**Beyond Words, PLLC**

6755 Phelan Blvd #38 Beaumont, TX 77706

409-554-0689

**Blood and Plasma Research, Inc.**

85 North 23rd Street Beaumont, TX 77707-2469

(409) 835-7268

**Blue Cross and Blue Shield of Texas, Inc.**

2615 Calder Suite 700 Beaumont, TX 77702

(409) 896-0100

**Business Health Partners**

3749 Hwy 69 Beaumont, TX 77705

(409) 291-4858

**Child Guidance Center**

3250 Medical Center Drive Beaumont, TX 77701

(409) 813-1765

**CIMA Hospice**

1425 Wellington Circle Suite A Beaumont, TX 77701

(409) 444-3725

**Cobb Family Chiropractic**

3965 Phelan Blvd., Ste 109 Beaumont, TX 77707

(409) 835-7676

**Consolidated Health Care Services**

115 N. 23rd St. Beaumont, TX 77707

(409) 861-3200

**Dauphin Women's Center**

740 Hospital Dr. #140 Beaumont, TX 77701

(409) 212-7950

**Delta Life Fitness**

42 Black Swan CT Magnolia, Texas 77354

(409) 651-0010

**DiscoveResearch, Inc**

3515 Fannin, Suite 102 Beaumont, TX 77701

(409) 813-1190

**Endoscopy Center of Southeast Texas**

950 North 14th Street Beaumont, TX 77702

(409) 833-5555

**Eye Centers of Southeast Texas**

3345 Plaza 10 Drive, Ste. B Beaumont, TX 77707

(409) 833-0444

**Eye Centers of Southeast Texas, L.L.P.**

3129 College Street Beaumont, TX 77701-4649

(409) 838-3725

**Golden Triangle NeuroCare, L.L.P.**

2965 Harrison Street, Suite 111 Beaumont, TX 77702-1108

(409) 898-7800

**Golden Triangle Physician Alliance**

2300 Highway 365, Suite 390 Nederland, TX 77627

(409) 721-5900

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Health Care

**Gulf Coast Orthodontic Specialists**

3190 North Street Beaumont, TX 77702

(409) 924-0002

**Harbor Hospice of Beaumont**

2450 N. Major Drive Beaumont, TX 77713

(409) 840-5640

**Heart to Heart Hospice of the Gulf Coast**

550 Fannin Street, Ste. 1200 Beaumont, TX 77701

(409) 813-1028

**Japera N. Levine, DPM**

350 Tine St Suite 1420 Beaumont, TX 77705

(409) 833-3668

**Jay C. Proctor, M.D.**

6450 Folsom Drive Beaumont, TX 77706

(409) 835-0524

**Jefferson County Medical Society**

3560 Delaware #601C Beaumont, TX 77706

(409) 924-0499

**Jerry L. Burd, D.D.S., Inc.**

3555 Delaware Street Beaumont, TX 77706

(409) 898-3388

**Joel Lane Smith, D.D.S.**

4330 Calder Avenue Beaumont, TX 77706-4631

(409) 895-0089

**Linda G. Clark, LCSW, MSW, MS**

4347 Phelan Blvd. #100B Beaumont, TX 77707

(409) 899-9990

**Lovoi & Sons Pharmacy, Inc.**

3480 Fannin Street Beaumont, TX 77701-3878

(409) 833-7538

**Mark Bellard, DDS**

8 Acadiana Court Beaumont, TX 77706

(409) 899-4884

**Neighbors Emergency Center**

4755 Eastex Freeway Beaumont, TX 77706

(409) 924-0055

**Occucare International**

3717 Royal Meadows Blvd Port Arthur, TX 77642

(409) 722-0600

**Planet Fitness - Beaumont**

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9/11

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Health Care

6430 Eastex Freeway Beaumont, Texas 77708

(409) 299-5560

**Prescription Mart**

6388 Folsom Drive Beaumont, TX 77706

(409) 866-6271

**PRN Medical Services, Inc.**

3675 Calder Avenue Beaumont, TX 77706-5027

(409) 833-5181

**Select Physical Therapy**

3050 Dowlen Rd. Ste. L. Beaumont, TX 77706

(409) 861-4606

**Southeast Texas Medical Associates, L.L.P.**

3570 College Street Suite 200 Beaumont, TX 77702

(409) 833-9797

**Texas State Optical**

4105 Dowlen North, Suite B Beaumont, TX 77706

(409) 899-9999

**Triangle Area Network**

1495 N. 7th Beaumont, TX 77702

(409) 832-8338

**TSO of Beaumont**

138 Gateway Beaumont, TX 77701

(409) 835-2041

**Uniformed Services Family Health Plan**

919 Hidden Ridge Irving, TX 75038

(469) 282-2638

**Up 2-U Fitness, LLC**

2650 Evalon Beaumont, TX 77702

(409) 937-0414

**US Family Health**

919 Hidden Ridge Irving, TX 75038

(469) 282-3601

**WEAVER AND JAYNES DENTISTRY PLLC**

3590 Blackmon Lane, Suite 1 Beaumont, TX 77706

(409) 898-8602

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# 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.
  - The most significant information gap exists within this assessment’s ability to capture various county-level health data indicators, such as arthritis, e-cigarette use, and influenza and pneumonia immunizations. Data for these indicators is reported at the specifically-created BRFSS level and the health service region level.





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# ABOUT COMMUNITY HOSPITAL CORPORATION

# About Community Hospital Corporation

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



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# APPENDIX

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



# SUMMARY OF DATA SOURCES

# Summary of Data Sources

- **Demographics**

- This study utilized demographic data from **IBM Watson Truven Health Analytics Market Expert Tool**.
- The **United States Bureau of Labor Statistics**, Local Area Unemployment Statistics provides unemployment statistics by county and state; <http://www.bls.gov/lau/#tables>.
- This study also used health data collected by **Community Commons**, a site which is managed by the Institute for People Place and Possibility, the Center for Applied Research and Environmental Systems, and Community Initiatives. Data can be accessed at <http://www.communitycommons.org/>.
- The **Annie E. Casey Foundation** is a private charitable organization, dedicated to helping build better futures for disadvantaged children in the United States. One of their initiatives is the Kids Count Data Center, which provides access to hundreds of measures of child well-being by county and state; <http://datacenter.kidscount.org/>.
- The **United States Bureau of Labor Statistics**, Local Area Unemployment Statistics provides unemployment statistics by county and state; <http://www.bls.gov/lau/#tables>.

- **Health Data**

- The **County Health Rankings** are made available by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The Rankings measure the health of nearly all counties in the nation and rank them within states. The Rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights. The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Wisconsin's counties every year since 2003; <http://www.countyhealthrankings.org/>.
- The **Centers for Disease Control and Prevention National Center for Health Statistics WONDER Tool** provides access to public health statistics and community health data including, but not limited to, mortality, chronic conditions, and communicable diseases; <http://wonder.cdc.gov/ucd-icd10.html>.
- This study utilizes Health Service Region level data from the **Behavioral Risk Factor Surveillance System (BRFSS)**, provided by the Texas Department of Health and Human Services; <https://www.dshs.texas.gov/chs/brfss/>.
- This study also used health data collected by **Community Commons**, a site which is managed by the Institute for People Place and Possibility, the Center for Applied Research and Environmental Systems, and Community Initiatives. Data can be accessed at <http://www.communitycommons.org/>.

# Summary of Data Sources

- **Health Data (continued)**

- 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>.

- **Phone Interviews**

- CHC conducted interviews on behalf BHSET from June 11, 2018 – August 23, 2018.
- Interviews were conducted and summarized by Valerie Hayes, Planning Manager.



# DATA FINDINGS

## 2018 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
For families/households with more than 8 persons, add \$4,320 for each additional person.	
1	\$12,140
2	\$16,460
3	\$20,780
4	\$25,100
5	\$29,420
6	\$33,740
7	\$38,060
8	\$42,380

Source: U.S. Department of Health & Human Services: Office of the Assistant Secretary for Planning and Evaluation, "Poverty Guidelines," <https://aspe.hhs.gov/poverty-guidelines>; information accessed October 22, 2018.





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# 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 of 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

# 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.

# Medically Underserved Areas/Populations

## *Jefferson County*

- **Jefferson County**

- Service Area Name: Low Inc – Jefferson Service Area

- CT 0113.03

- CT 0114.00

- CT 0116.00

- CT 0113.04

- CT 0115.00

- CT 9900.00

- MUA/P Source ID Number: 03361

- Designation Type: MUP Low Income

- Index of Medical Underservice Score: 45.9

- Status: Designated

- Rural Status: Non-Rural

- Designation Date: 01/18/1995

- Update Date: 01/18/1995

# Medically Underserved Areas/Populations

## *Jefferson County*

- **Jefferson County**

- Service Area Name: Port Arthur/Jefferson Service Area

- CT 0051.00

- CT 0059.00

- CT 0063.00

- CT 0054.00

- CT 0061.00

- CT 0118.00

- MUA/P Source ID Number: 03470

- Designation Type: Medically Underserved Area

- Index of Medical Underservice Score: 49.3

- Status: Designated

- Rural Status: Non-Rural

- Designation Date: 05/04/1994

- Update Date: 03/18/2008

# Medically Underserved Areas/Populations

## *Jefferson County*

- **Jefferson County**

- Service Area Name: Low Inc – Inner City Beaumont

- CT 0001.03
    - CT 0006.00
    - CT 0007.00
    - CT 0009.00
    - CT 0017.00
    - CT 0019.00
    - CT 0020.00
    - CT 0021.00
    - CT 0022.00
    - CT 0023.00
    - CT 0024.00
    - CT 0025.00
    - CT 0026.00
    - CT 0117.00

- MUA/P Source ID Number: 07302

- Designation Type: MUP Low Income

- Index of Medical Underservice Score: 55.6

- Status: Designated

- Rural Status: Non-Rural

- Designation Date: 02/28/2003

- Update Date: 02/28/2003

# Medically Underserved Areas/Populations

## *Orange County*

- **Orange County**

- Service Area Name: Orange Service Area
  - CT 0202.00
  - CT 0203.00
  - CT 0208.00
- MUA/P Source ID Number: 03486
- Designation Type: Medically Underserved Area
- Index of Medical Underservice Score: 57.9
- Status: Designated
- Rural Status: Non-Rural
- Designation Date: 05/11/1994
- Update Date: 05/11/1994

# Medically Underserved Areas/Populations

## *Orange County*

- **Orange County**

- Service Area Name: Med Ind – Vidor Service Area

- CT 0207.00

- CT 0214.00

- CT 0215.01

- CT 0215.02

- CT 0216.00

- CT 0217.00

- CT 0218.00

- CT 0219.00

- CT 0220.00

- CT 0222.00

- MUA/P Source ID Number: 03403

- Designation Type: MUA – Governor’s Exception

- Index of Medical Underservice Score: 0.0

- Status: Designated

- Rural Status: Non-Rural

- Designation Date: 09/29/1995

- Update Date: 09/29/1995



# 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)

# 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.

# Health Professional Shortage Areas

## *Low Income – Jefferson County*

- **County Name:** Jefferson County
  - **HPSA Name:** Low Income-Jefferson County
  - **Status:** Designated
  - **Rural Status:** Non-Rural
- 
- **HPSA Discipline Class:** Primary Care
    - **Designation Type:** Low Income Population HPSA
    - **HPSA ID:** 1487609159
    - **HPSA Score:** 20
    - **HPSA Designation Last Update Date:** 10/26/2018
  - **HPSA Discipline Class:** Mental Health
    - **Designation Type:** Low Income Population HPSA
    - **HPSA ID:** 7481404641
    - **HPSA Score:** 16
    - **HPSA Designation Last Update Date:** 09/20/2018

# Health Professional Shortage Areas

## *Gulf Coast Health Center*

- **County Name:** Jefferson County
- **HPSA Name:** Gulf Coast Health Center
- **Status:** Designated
- **Rural Status:** Non-Rural

– **HPSA Discipline Class:** Primary Care

- **Designation Type:** Federally Qualified Health Center
- **HPSA ID:** 148999485N
- **HPSA Score:** 18
- **HPSA Designation Last Update Date:** 03/01/2012

– **HPSA Discipline Class:** Dental Health

- **Designation Type:** Federally Qualified Health Center
- **HPSA ID:** 64899948A7
- **HPSA Score:** 20
- **HPSA Designation Last Update Date:** 03/01/2012

– **HPSA Discipline Class:** Mental Health

- **Designation Type:** Federally Qualified Health Center
- **HPSA ID:** 748999482F
- **HPSA Score:** 17
- **HPSA Designation Last Update Date:** 03/01/2012

# Health Professional Shortage Areas

## *Triangle AIDS Network*

- **County Name:** Jefferson County
- **HPSA Name:** Triangle AIDS Network
- **Status:** Designated
- **Rural Status:** Non-Rural

– **HPSA Discipline Class:** Primary Care

- **Designation Type:** Federally Qualified Health Center
- **HPSA ID:** 14899948PU
- **HPSA Score:** 20
- **HPSA Designation Last Update Date:** 08/01/2015

– **HPSA Discipline Class:** Dental Health

- **Designation Type:** Federally Qualified Health Center
- **HPSA ID:** 64899948NQ
- **HPSA Score:** 18
- **HPSA Designation Last Update Date:** 08/01/2015

– **HPSA Discipline Class:** Mental Health

- **Designation Type:** Federally Qualified Health Center
- **HPSA ID:** 74899948NU
- **HPSA Score:** 16
- **HPSA Designation Last Update Date:** 08/01/2015

# Health Professional Shortage Areas

## *Federal Correctional Complex - Beaumont*

- **County Name:** Jefferson County
- **HPSA Name:** Federal Correctional Complex - Beaumont
- **Status:** Designated
- **Rural Status:** Non-Rural

- |  |   |  |
|--|---|--|
| <p>– <b><u>HPSA Discipline Class:</u></b> Primary Care</p> <ul style="list-style-type: none"><li>○ <b><u>Designation Type:</u></b><br/>Correctional Facility</li><li>○ <b><u>HPSA ID:</u></b> 1489492952</li><li>○ <b><u>HPSA Score:</u></b> 6</li><li>○ <b><u>HPSA Designation Last Update Date:</u></b> 12/31/2018</li></ul> | <p>– <b><u>HPSA Discipline Class:</u></b> Dental Health</p> <ul style="list-style-type: none"><li>○ <b><u>Designation Type:</u></b><br/>Correctional Facility</li><li>○ <b><u>HPSA ID:</u></b> 6482606496</li><li>○ <b><u>HPSA Score:</u></b> 6</li><li>○ <b><u>HPSA Designation Last Update Date:</u></b> 12/31/2018</li></ul> | <p>– <b><u>HPSA Discipline Class:</u></b> Mental Health</p> <ul style="list-style-type: none"><li>○ <b><u>Designation Type:</u></b><br/>Correctional Facility</li><li>○ <b><u>HPSA ID:</u></b> 7483817330</li><li>○ <b><u>HPSA Score:</u></b> 12</li><li>○ <b><u>HPSA Designation Last Update Date:</u></b> 12/31/2018</li></ul> |
|--|---|--|

# Health Professional Shortage Areas

## *CF-Larry Gist State Jail*

- **County Name:** Jefferson County
- **HPSA Name:** CF-Larry Gist State Jail
- **Status:** Designated
- **Rural Status:** Non-Rural

– **HPSA Discipline Class:** Primary Care

- **Designation Type:**  
Correctional Facility
- **HPSA ID:** 1481864050
- **HPSA Score:** 6
- **HPSA Designation Last Update Date:** 05/26/2017

– **HPSA Discipline Class:** Mental Health

- **Designation Type:**  
Correctional Facility
- **HPSA ID:** 7486265119
- **HPSA Score:** 12
- **HPSA Designation Last Update Date:** 05/26/2017

# Health Professional Shortage Areas

*CF-Mark W. Stiles*

- **County Name:** Jefferson County
- **HPSA Name:** CF-Mark W. Stiles
- **Status:** Designated
- **Rural Status:** Non-Rural

– **HPSA Discipline Class:** Primary Care

- **Designation Type:**  
Correctional Facility
- **HPSA ID:** 1484631859
- **HPSA Score:** 12
- **HPSA Designation Last Update Date:** 08/24/2018

– **HPSA Discipline Class:** Mental Health

- **Designation Type:**  
Correctional Facility
- **HPSA ID:** 7487216850
- **HPSA Score:** 12
- **HPSA Designation Last Update Date:** 08/24/2018



# Health Professional Shortage Areas

## *Orange County*

- **County Name:** Orange County
- **HPSA Name:** Orange County
- **Status:** Designated
- **Rural Status:** Non-Rural

– **HPSA Discipline Class:** Primary Care

- **Designation Type:**  
Geographic HPSA
- **HPSA ID:** 1483949786
- **HPSA Score:** 11
- **HPSA Designation Last Update Date:** 10/27/2017

– **HPSA Discipline Class:** Mental Health

- **Designation Type:**  
Geographic HPSA
- **HPSA ID:** 7487345123
- **HPSA Score:** 17
- **HPSA Designation Last Update Date:** 10/25/2018

# Health Professional Shortage Areas

## *Vidor Community Health Clinic, Inc.*

- **County Name:** Orange County
  - **HPSA Name:** Vidor Community Health Clinic, Inc.
  - **Status:** Designated
  - **Rural Status:** Non-Rural
- 
- **HPSA Discipline Class:** Primary Care
    - **Designation Type:** Rural Health Clinic
    - **HPSA ID:** 14899948A9
    - **HPSA Score:** 11
    - **HPSA Designation Last Update Date:** 12/10/2017



# INTERVIEWEE BIOGRAPHIES

## Baptist Hospitals of Southeast Texas Community Health Needs Assessment Interviewee Biographies

Name	Title	Organization	Interview Date	County Served	Interviewer	IRS Category		Population Served
						A	B	
Heather Champion	Director of Business Development	Spindletop Center	6/26/2018	Multi-county area, including Jefferson and Orange Counties	Valerie Hayes		x	Mental Health, Behavioral Health
Rasheeda Daugherty	Corporate Market Director	Golden Triangle American Heart Association	6/29/2018	Multi-county area, including Jefferson and Orange Counties	Valerie Hayes		x	General Public
Sabrina Davis	Nurse	University of Texas Medical Branch Orange County Health Department	7/2/2018	Orange County	Valerie Hayes	x		General Public
Rachel Guidry	Director of Counseling	Beaumont Independent School District	6/11/2018	Jefferson County	Valerie Hayes		x	Children, Teens/Adolescents
Colleen Halliburton	Director	Area Agency on Aging of Southeast Texas	7/9/2018	Multi-county area, including Jefferson and Orange Counties	Valerie Hayes		x	Aging, Vulnerable
Jessica Hill	Executive Director	Orange County Economic Development Corporation	7/18/2018	Orange County	Valerie Hayes		x	General Public
Dena Hughes	Executive Director	Triangle Area Network	6/29/2018	Multi-county area, including Jefferson and Orange Counties	Valerie Hayes		x	Underserved, Low Income, Un/underinsured
Karyn Husbands	President & Chief Executive Officer	United Way of Beaumont and North Jefferson County	6/13/2018	Jefferson County	Valerie Hayes		x	General Public
Lesly Johnson	Community Relations Manager	Legacy Community Health Services	6/18/2018	Multi-county area, including Jefferson and Orange Counties	Valerie Hayes		x	Underserved, Low Income, Un/underinsured
Chester Jourdan	Executive Director	American Red Cross of Southeast and Deep East Texas	7/3/2018	Multi-county area, including Jefferson and Orange Counties	Valerie Hayes		x	General Public, Vulnerable
Cordella Lyons	HIV Screening Coordinator	Baptist Hospitals of Southeast Texas	8/23/2018	Multi-county area, including Jefferson and Orange Counties	Valerie Hayes		x	General Public, Vulnerable
Maureen McAllister	President & Chief Executive Officer	United Way of Orange County	6/19/2018	Orange County	Valerie Hayes		x	General Public
John Neely	Executive Director	Southeast Texas Council on Alcohol and Drug Abuse	6/12/2018	Multi-county area, including Jefferson and Orange Counties	Valerie Hayes		x	Mental Health, Behavioral Health
Norma Sampson	Executive Director	Julie Rogers Gift of Life	7/5/2018	Multi-county area, including Jefferson and Orange Counties	Valerie Hayes		x	General Public, Vulnerable
Sherry Ulmer	Director	City of Beaumont Public Health Department	6/26/2018	Jefferson County	Valerie Hayes	x		General Public
Byron Young	Director of Advanced Practice Nursing Services/Patient Navigation	Baptist Hospitals of Southeast Texas	6/11/2018	Multi-county area, including Jefferson and Orange Counties	Valerie Hayes		x	General Public, Vulnerable, Underserved

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

Source: Baptist Beaumont Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Corporation; June 11, 2018 – August 23, 2018.

## **Section 2:**

# **Implementation Plan**

# Baptist Hospitals of Southeast Texas FY 2020 - FY 2022 Implementation Plan

A comprehensive, six-step community health needs assessment (“CHNA”) was conducted for Baptist Hospitals of Southeast Texas (BHSET) by Community Hospital Corporation (CHC). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Jefferson and Orange Counties in Texas.

The CHNA Team, consisting of leadership from BHSET, met with staff from CHC on October 16, 2018 to review the research findings and prioritize the community health needs. Seven 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 seven most significant needs, as ranked during the October 16th prioritization meeting, are listed below:

- 1.) Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
- 2.) Access to Affordable Care and Reducing Health Disparities Among Specific Populations
- 3.) Access to Mental and Behavioral Health Care Services and Providers
- 4.) Need for Increased Emphasis on Sex Education and Communicable Disease Prevention
- 5.) Access to Specialty Care Services and Providers
- 6.) Access to Affordable Dental Care Services and Providers
- 7.) Need for Improved Availability of Safe, Affordable Housing

Once this prioritization process was complete, the hospital leadership discussed the results and decided to address five of the prioritized needs in various capacities through hospital specific implementation plans. This implementation plan addresses the top five of the seven needs. “Access to Affordable Dental Care Services and Providers” and “Need for Improved Availability of Safe, Affordable Housing” are not addressed largely due to the fact that they are not core business functions of the hospital and the limited capacity of the hospital to address such needs.

BHSET leadership has developed the following implementation plan to identify specific activities and services which directly address the top five 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 BHSET Board reviewed and adopted the 2019 Community Health Needs Assessment and Implementation Plan on April 22, 2019.

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

## Rationale:

Data suggests that higher rates of specific mortality causes and unhealthy behaviors warrants a need for increased preventive education and services to improve the health of the community. Heart disease and cancer are the two leading causes of death in Jefferson and Orange Counties. Jefferson and Orange Counties have higher mortality rates than Texas for the following causes of death: accidents (unintentional injuries); Alzheimer's disease; cerebrovascular diseases; chronic liver disease and cirrhosis; chronic lower respiratory diseases; diseases of heart; intentional self-harm (suicide); malignant neoplasms; nephritis, nephrotic syndrome and nephrosis; colon and rectum cancer; and lung and bronchus cancer. In several of the listed death categories – including accidents (unintentional injuries), Alzheimer's disease, cerebrovascular diseases, chronic liver disease and cirrhosis, chronic lower respiratory diseases, diseases of heart, intentional self-harm (suicide) and malignant neoplasms – Orange County ranked higher than Jefferson County with regards to age-adjusted mortality rates. Additionally, Jefferson County has a higher diabetes mellitus and prostate cancer mortality rate than the state, and Orange County has a higher septicemia mortality rate than the state.

Both Jefferson and Orange Counties have higher prevalence rates of chronic conditions such as diabetes, obesity and arthritis than the state. Both counties have higher percentages of residents participating in unhealthy lifestyle behaviors such as physical inactivity and smoking than the state, and also have lower rates of recreational facilities per 100,000 population than the state. With regards to maternal and child health, specifically, Jefferson and Orange Counties have higher low birth weight births, higher rates of mothers smoking during pregnancy, and higher teen (age 0-19 years) birth rates than the state.

Data suggests that Orange County residents are not appropriately seeking preventive care services, such as timely colonoscopy or sigmoidoscopies. Additionally, both counties have a lower rate of primary care providers per 100,000 persons as compared to the state, and Orange County has a lower rate of dentists per 100,000 than the state as well.

Several interviewees noted that there is a need for health education in the community regarding chronic conditions and unhealthy lifestyle behaviors, including obesity, diabetes, high blood pressure, physical inactivity, asthma, heart failure, and COPD. Several individuals specified that the Hispanic and African American populations may face higher rates of diabetes and heart disease. It was mentioned that there is an increasing number of fast food restaurants entering both counties, and a general lack of primary prevention tactics for chronic diseases. Interviewees also noted that low income populations may face cost barriers when accessing healthy lifestyle resources, and that the youth population may tend to overuse the ER due to lack of established relationships with local PCPs. One interviewee stated: "Teens are using the ER for care because they are somehow not able to establish themselves with primary care so we do have a problem with them not getting preventive counseling for diabetes, hypertension, and asthma because they're not accessing care."

Interviewees emphasized the need to educate the community on local resources available for their use. It was discussed that there are many resources and services in the community; however, there is a lot of confusion surrounding what resources are available and how to access those services. Additionally, many people mentioned that there is confusion on how to navigate the health care system in the area, and a specific limitation of programs in Orange County. One interviewee stated: "In Orange County, there are no programs out there to promote healthy lifestyles."

## Objective:

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

Implementation Activity	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.A. BHSET personnel will continue to provide health-related education and information sessions to organizations on an as needed basis and upon request.	Director of Marketing						
1.B. BHSET 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 appearance and health fairs to address health topics of particular concern to the public.	Director of Marketing						
1.C. BHSET will continue to host quarterly community seminars on topics such as bariatrics, as well as increase awareness of these service offerings through social media outlets.	Director of Marketing						
1.D. BHSET will continue to offer education on a variety of topics through Healthy Focus, a weekly TV station segment, such as cancer care from a BBH radiation oncologist.	Director of Marketing						

Implementation Activity	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.E. BHSET provides support groups to encourage follow-up and continued education for patients during and after an illness. BHSET initiates support groups for patients and family members based on demand for the programs. Some of the groups currently meeting include: Stroke Wise Support Group, Bariatrics, Sacred Circle for cancer survivors, Cancer Support Group, Journaling to Health, and Diabetes Education.	Director of Marketing						
1.F. BHSET partners with community organizations to host a variety of free health screenings which can include blood pressure, weight, glucose, pulmonary function, diabetes and heart disease on an as needed basis.	Director of Marketing						
1.G. BHSET will continue to coordinate events during designated months, such as stroke awareness in May, prostate cancer in September, breast cancer awareness in October, and lung cancer awareness in November that may include the provision of low cost or free related screening services.	Director of Marketing						
1.H. BHSET will continue to host educational wellness programs with partners in education at respective school campuses on a variety of topics. The programs are provided to both school staff as well as students.	Director of Marketing						
1.I. BHSET will continue to offer Health and Occupational Safety Association (HOSA) program courses for local high schools to come and volunteer 4 hrs/week to learn about the nursing field.	Director of Marketing						
1.J. BHSET will continue to partner with EMS to promote better health in the community, including quarterly lunch and learns surrounding trauma and emergency education.	Director of Emergency Services, Vice President of Business Development						
1.K. In conjunction with Acadian Emergency Services, BHSET will lead a recently-developed local Emergency Medicine Council to improve emergency medicine services for the community. Meetings are held periodically to collaborate and address issues in accessing emergency care within the community.	Director of Trauma Services						



Implementation Activity	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.L. BHSET provides regular Tobacco Awareness programs in the hospital, at employer locations and at community events to outline the risks of smoking and tobacco use, including lung cancer and other pulmonary diseases upon request.	Director of Cancer Services						
1.M. BHSET will continue to engage in a variety of employee wellness initiatives, including: promoting employee and family wellness via Asset Health and the Hospital Wellness Committee; offering need specific special programs; CHIP (Coronary Health Improvement Plan); smoking cessation; weight management; collaborating with hospital cafeteria providers to highlight healthy food options; promoting fitness opportunities and exercise classes on campus, as well as discounted gym membership offerings; charitable fitness events; and providing mental health education through the Employee Assistance Program via Beacon Health Options.	Director of Human Resources						
1.N. BHSET offers low pricing for imaging and lab services for employees, and has contracted with Emergency Room physicians to lower pricing on services for employees as well.	Director of Business Services						
1.O. BHSET will continue to host outside professionals to provide education on cancer-related medical research and therapy alternatives to medical staff.	Director of Marketing						
1.P. BHSET will strive to maintain designation as a Texas Ten Step Facility by the Department of State Health Services and the Texas Hospital Association.	Director of Women's Services						
1.Q. BHSET will strive to maintain certification for a hearing program for infants.	Director of Women's Services						

Implementation Activity	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.R. BHSET will continue to evaluate the opportunity to establish a Breast Milk Depot. This program involves healthy, lactating women to donate their extra breast milk to preterm and ill infants in need when a mother cannot provide her own breast milk. Partnering with the Breast Milk Bank of Austin, potential donors are evaluated and screened. Once approved, they will be allowed to donate breast milk on site at Baptist Beaumont Hospital and the breast milk will be sent to Austin to be used by all Texas hospitals.	Director of Women's Services						
1.S. Through grant funding, BHSET will continue to provide retinol scans for infants born under 34 weeks.	Director of Women's Services						
1.T. BHSET will continue to partner with the Congregational Health Ministry (Parish Nursing) to provide a Faith Community Nursing program designed to promote the ministry of the nurse in local congregations, training and certifying nurses to become Faith Community Nurses (FCN). This program provides unreimbursed services and training to educate faith-based nurses to function in their respective congregations and assist them with the implementation of their congregational programming. BHSET, Faith Community Nurses, partnering with Congregational Health Ministry, will work together with other health professionals to provide assessment through screening and consultations (i.e., health education as appropriate for identified needs, referral for care and follow-up, coordination of health ministries' activities).	Director of Chaplain Services						
1.U. BHSET will continue to participate in the annual Beaumont Senior Rally to provide pharmaceutical consulting, glucose screenings, lung screenings, pulmonary function tests, fall prevention strategies, stroke assessments, PVD screenings, cancer screenings, mental health screenings, and headache questionnaires/screenings.	Director of Marketing						

Implementation Activity	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.V. BHSET will continue its partnership with local private and public schools to provide health screenings to faculty members. Screenings are free and include height, weight, blood pressure, BMI, cholesterol, and glucose measurements.	Director of Marketing						
1.W. BHSET will continue to provide free immunizations to local private and public school faculty members, including influenza, shingles, pertussis and pneumonia vaccinations, as well as TB skin tests.	Director of Marketing						
1.X. BHSET will continue to follow up with higher risk patients (i.e., stroke, CHF, joint replacement patients) in order to provide high quality, follow up care with guidance if necessary.	Director of Advanced Practice Nursing Services						
1.Y. BHSET will continue to participate in the Community Nursing Home Consortium, which includes all local nursing homes, Skilled Nursing Facilities, and Home Health Care Agencies, to meet on a quarterly basis and comprehensively discuss and address any emerging issues in the area and how to address such issues to improve quality and efficiency of care for patients needing home health, nursing home and palliative care. Bi-annual educational programs are offered.	Director of Care Management						
1.Z. BHSET personnel serve in leadership roles and as volunteers with many agencies and committees in the community.	Director of Marketing						
1.AA. BHSET will continue to serve as the emergency medical services provider for the annual marathon. Employees volunteer their time for this event.	Director of Marketing						
1.AB. BHSET will continue to provide a Patient Portal (YourCareCommunity.com) to increase quick access to patient medical records and billing. Patients are able to access the Patient Portal through the mobile phone application.	Director of Information Technology						
1.AC. Through the partnership with the Congregational Health Ministry, BBH chaplains have created the Minister Alliance and provide monthly lunch and learn events to local ministers to discuss health-related projects and sacred work.	Director of Chaplain Services						

## Priority #2: Access to Affordable Care and Reducing Health Disparities Among Specific Populations

### Rationale:

Data suggests that some residents in the study area face significant cost barriers when accessing the health care system. Jefferson and Orange Counties have higher unemployment rates than the state, as well as lower educational attainment rates than the state. In addition, Jefferson County has a lower high school graduation rate than the state.

Jefferson County also has a higher percentage of families and children living below poverty than the state, as well as a higher percentage of public school students eligible for free or reduced price lunch.

Jefferson County has a higher rate of those adults (age 18-64) who are uninsured as compared to the state, and both counties have a higher percentage of residents that experienced a medical cost barrier to care within the past 12 months than the state. Additionally, Jefferson and Orange Counties are designated as Health Professional Shortage Areas and Medically Underserved Areas, as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

Interviewees discussed affordability and cost barriers as concerns that disproportionately affect the low income, un/underinsured, working poor and elderly populations. Many people pointed out the limited options for low income, Medicaid, and un/underinsured patients in Jefferson and Orange Counties, as well as higher rates of un/underinsured residents within the low income, male, and hurricane victim populations. It was also mentioned that those residents facing financial strains, particularly hurricane victims and un/underinsured residents, may delay or forego care due to such cost barriers. One interviewee specifically stated: "For low income, Medicaid, and uninsured patients, access continues to be a significant problem."

It was noted several times that there are limited affordable preventive care options in the community, which leads to poor management of chronic conditions and un/underinsured families raising their children to inappropriately use the Emergency Room for conditions that could have been appropriately handled in a primary care setting. One interviewee stated: "If people grow up in the environment of seeking care at an ER rather than a PCP, they go to the ER for a head cold."

It was mentioned that un/underinsured Orange County residents, specifically, are disproportionately challenged by a lack of local health care services due to the closing of the hospital. One interviewee specifically stated: "[In Orange County], whether you have insurance or not, the number of physicians is certainly more of a trouble. Jefferson County is relegated to whether you have insurance or not."

When asked about which specific groups are at risk for inadequate care, interviewees spoke about youth, elderly, homeless, racial/ethnic, low income/working poor, veterans, un/underinsured, and residents living in the 77701 and 77705 zip codes. With regards to the youth population, interviewees discussed an increasing need for broad sex education and STI prevention (specifically within the African American population), a need for increased access to mental and dental services, healthy lifestyle education to target obesity rates, drug prevention and education, and efforts to address overuse of the Emergency Room. With regards to the elderly population, interviewees discussed a lack of affordable medications and medical equipment (dentures, wheelchairs), an increasing number of primary care providers not accepting Medicare, transportation barriers, lack of access to specialty care, higher rates of STIs, and conditions such as dementia, Cancer, and COPD as significant concerns for elderly residents. Homeless residents were discussed as being disproportionately challenged by a lack of local shelters and resources and a lack of affordable, safe housing options. Racial/ethnic groups were discussed as facing a lack of local bilingual therapists; distrust of the health care system; a need for healthy lifestyle education; significant language barriers (for Vietnamese residents); higher rates of uninsured residents in the African American, Hispanic, and Vietnamese populations; high unemployment rates within the African American, Hispanic, and Vietnamese groups; and a stigma in seeking mental and behavioral health care services within the African American population. Veterans and un/underinsured residents were brought up as a subgroup of the population that may be disproportionately affected by a lack of local services and facilities for them to utilize. Low income and working poor residents were discussed as facing displacement post Hurricane Harvey and typically delay seeking preventive care due to cost and having to take off work. Lastly, for residents living in the 77701 and 77705 zip codes, interviewees discussed a higher uninsured and unemployment rate, high poverty rates, and a significant homeless population.

### Objective:

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

Implementation Activity	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
2.A. The on-site SmartHealth Clinic at BHSET is designed to follow up with high-risk, recently discharged emergency room patients who have chronic diseases such as acute heart failure, COPD, Diabetes and/or hypertension. Patient demographics include uninsured, indigent, Medicaid and underserved. Benefits will be improved quality of care, increased attention to patient safety, smoother care transitions, decreased healthcare costs and improved time savings for referring providers. Navigators at the clinic make sure that all of the patients' transportation needs are met and assist them in finding low-cost or free health resources that they might qualify for in the community.	Director of Advanced Practice Nursing Services						

Implementation Activity	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
2.B. Through grant funding and a signed contract with Circulation, the SmartHealth Clinic will provide transportation for cancer patients needing assistance in getting to and from their care appointments.	Director of Advanced Practice Nursing Services						
2.C. BHSET will continue its contract with ADRIEMA to assist patients in getting them signed up for any health coverage that they may qualify for. ADRIEMA also assists in helping mothers and their babies sign up for Medicaid and CHIP.	Director of Business Services						
2.D. BHSET will continue to offer affordable hospitality services for patients and their families requiring a longer stay in the community through their Reaud House.	Director of Marketing						
2.E. BHSET will continue to host a jewelry show that donates all proceeds to the Partners in Caring fund, the Chaplain Fund or the Employee Assistance Fund on a rotating basis, which is used for patient medicine, groceries, utility bills, travel, etc. on an as needed basis.	Director of Marketing						
2.F. BHSET will continue to provide transportation to applicable patients to their respective households, and make arrangements for transportation or to take an ambulance as necessary.	Director of Care Management						
2.G. BHSET will continue its partnership with UT Houston to open its UT Physician Clinic near the hospital, which will provide medical, dental, and mental health services on a sliding fee scale.	Vice President of Business Development						
2.H. BHSET will continue its partnership with the Legacy Clinic and local OB/GYNs to coordinate deliveries at the hospital for the underserved populations.	Director of Women's Services						

Implementation Activity	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
2.I. The Julie Rogers Gift of Life was established in 1993 as a collaborative effort between the Julie & Ben Rogers Cancer Institute, Baptist Hospitals of Southeast Texas and University of Texas Medical Branch. The Gift of Life has made mammography services available to women who need the examination but are unable to obtain the procedure due to financial limitations or other constraints. BHSET participates in the program and offers free mammograms at its facility.	Director of Cancer Services						
2.J. The Julie & Ben Rogers Cancer Institute offers free prostate screenings to promote early detection of the disease. A team of the Cancer Institute employees generously contribute their time and expertise to the Gift of Life educational programs. BHSET staff will participate as volunteers in any prostate screening events offered through the Gift of Life Program.	Director of Cancer Services						
2.K. BHSET will continue to provide nearby office space at no cost for the SANE (Sexual Assault Nurse Examiner) organization that treats sexually assaulted patients.	Vice President of Business Development						
2.L. BHSET will continue its partnership with Jefferson County Correctional Facility to provide care to its prisoners, including the provision of colonoscopies to correctional facility prisoners every other Thursday.	Director of Managed Care						
2.M. BHSET will continue to provide a language line to offer translation services for non-English speaking patients and families as needed.	Director of Care Management						
2.N. During the holiday season, BHSET employees collect gifts for children within the Child Protective Service Agency of Southeast Texas, and distribute gifts to senior adults as well, in conjunction with Homestead Homecare. The "Angel Tree" and employee participants provide children and senior adults with a joyous Christmas delivery.	Director of Marketing						

Implementation Activity	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
2.O. BHSET will continue to participate in the Santa for Seniors program, which allows for employees to purchase and wrap holiday gifts for residents at local nursing homes.	Director of Marketing						
2.P. BHSET will continue to participate in the Buckners Christmas program, which involves employee support of children within the program during the holidays through various events (i.e., putt-putt with Santa). Employees initiate a celebration, gift giving and mentoring for the inhabitants of Buckner's Children Village.	Director of Marketing						
2.Q. Through its Baptist Regional Cancer Network, BHSET will celebrate the holidays with those patients and staff members.	Director of Marketing						

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

### Rationale:

Data suggests that residents in Jefferson and Orange Counties do not have adequate access to mental and behavioral health care services and providers. Jefferson and Orange Counties have lower rates of mental health care providers per 100,000 than the state, as well as higher rates of depressive disorders and percentages of adults who reported experiencing fourteen or more poor mental health days.

Many interviewees mentioned the overall lack of mental and behavioral health care providers and services in the county, particularly for un/underinsured and Medicaid residents. It was mentioned several times that the limited or no options for mental and behavioral health care resources in the community for Medicaid and un/underinsured residents yields long wait times. It was also specifically noted that there is an increasing need for individualized services vs. group therapy to address any stigma associated with seeking such care. One interviewee stated: “[Mental health care] is very fragmented. Providers are limited and a lot of resources are geared towards group therapy...that is a barrier for somebody who is just getting to grips with the fact that they need mental health care.”

Interviewees also discussed an increasing rate of mental ailments within the youth, elderly and low income populations, which may be correlated with the effects of Hurricane Harvey. Additionally, it was noted that there is a significant need for addiction treatment services in both counties, and a demand for more Spanish-speaking providers. One interviewee stated: “There’s a significant need for Spanish speaking providers that don’t have to offer services using a translator.”

### Objective:

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

Implementation Activity	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
3.A. BHSET will continue to provide the only inpatient and outpatient psychiatric and chemical dependency programs between Houston and New Orleans. The hospital will focus efforts to promote these available services to the public.	Director of Psychiatric Services						
3.B. BHSET partners with the Spindletop Center to offer mental health. Baptist Beaumont pays for the first 48 hours for qualified patients, such as the uninsured.	Director of Psychiatric Services						
3.C. Through grant funding, BHSET offers behavioral health services for children age 6 to 12 years through its Behavioral Health Center. The inpatient care program is provided for those children with mental illness who are in need of 24-hour hospitalization, and is designed to increase problem solving and communication skills and enhance self-esteem. BHSET also offers a transition to outpatient treatment for those who are ready as well.	Director of Psychiatric Services						
3.D. Through grant funding, BHSET offers detox services for veterans and their families through the Texas Veteran's Commission Fund for Veterans' Assistance. The inpatient Detox Unit is designed for veterans and their families to receive a safe and medically supervised detox to avoid dangerous withdrawal symptoms. Patients are monitored by physicians and psychiatrists, and doctors and nurses are available to provide medical support 24/7 if necessary.	Director of Psychiatric Services						



Implementation Activity	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
3.E. BHSET provides a detox program through its partnership with the Spindletop Center.	Director of Psychiatric Services						
3.F. BHSET is available to provide crisis care through its newly opened Crisis Stabilization Unit in partnership with the Spindletop Center. The Crisis Stabilization Unit is open 24 hours a day, 7 days per week, and provides a more affordable alternative to hospitalization. Services include group therapy, medication management, and psychiatric evaluation.	Director of Psychiatric Services						
3.G. BHSET therapists will continue to work with patients to refer them to appropriate facilities for their needed care, such as Spindletop and the Sprint Team, the Wood Group, and community boarding homes and halfway homes.	Director of Psychiatric Services						
3.H. In addition to the 3 recruited psychiatrists, BHSET offers UTMB resident services on weekends and is always exploring the recruitment of additional psychiatrists to the area.	Director of Psychiatric Services, Chief Nursing Officer						
3.I. BHSET will continue to be available to speak at local middle and high schools with regard to promoting mental or behavioral health on an as needed basis. BHSET personnel have presented to local middle and high schools on emerging issues such as bullying, self harm, and recreational drug abuse.	Director of Marketing						
3.J. BHSET is an active member of the Community Mental Health Consortium, including all 3 hospitals in the area as well as law enforcement and EMS services, that meets periodically to discuss how to better address mental health services in the community.	Director of Marketing						
3.K. BHSET will continue to strive to staff bilingual Psychiatrists in its Behavioral Health Center, as well as to provide a translation language line.	Director of Psychiatric Services, Director of Business Development						
3.L. BHSET will continue to create and release Public Service Announcements (PSA) regarding any emerging health issues in the area as needed.	Director of Marketing						

Implementation Activity	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
3.M. BHSET will continue to provide transportation for mental health patients to get to their necessary therapy through the mobile vans.	Director of Psychiatric Services						
3.N. BHSET will continue to provide geriatric psychiatry services through its Senior Care Unit.	Director of Behavioral Health Services						
3.O. Upon discharge from the Behavioral Health Center, patients may seek available services through the Chemical Dependency Intensive Outpatient Program or the Partial Hospitalization Program that allows for patients to go back to work while still seeking necessary mental and behavioral health care.	Director of Psychiatric Services						
3.P. BHSET now offers electroconvulsive therapy (ECT) services, as the only facility to offer such services between Houston, TX and New Orleans, LA.	Director of Psychiatric Services						
3.Q. Under grant funding, BHSET now offers art and music therapy services for patients that may benefit from such services.	Director of Psychiatric Services						

## Priority #4: Need for Increased Emphasis on Sex Education and Communicable Disease Prevention

### Rationale:

Data suggests that residents in Jefferson and Orange Counties face higher risks of communicable disease infection. Jefferson County has higher prevalence rates of communicable diseases (chlamydia, gonorrhea, HIV, syphilis) than the state.

Interviewees mentioned significant increases in STIs within the youth and elderly populations, such as Syphilis, Chlamydia, Gonorrhea, HIV, and Hepatitis C. It was also mentioned that there is a lack of education regarding safe sex practices in schools due to the stigma associated with discussing sexual education. One interviewee specifically stated: "Our teens and adolescents are the fastest growing population for HIV. We have difficulty providing education for teens because our state does not allow comprehensive sex education in schools."

It was also noted that there is a limited availability of specialists trained in providing HIV and Hepatitis C diagnoses and treatment, as well as an increasing demand for health care services and provider education on treating transgender patients. One interviewee specifically stated: "There is a lack of services for trans patients and not enough providers. We need to educate ER staff on that subset of patients and how to most appropriately handle their health care needs."

### Objective:

*Support efforts to increase sex education and communicable disease prevention in the community*

Implementation Activity	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
4.A. Through Gilead Grant funding, the SmartHealth Clinic will continue to follow up with higher risk patients (i.e., HIV, Hepatitis C) in order to provide high quality, follow up care with guidance if necessary.	Director of Advanced Practice Nursing Services						
4.B. BHSET will continue to provide HIV Education in partnership with a grant from Texas Department of State Health Services to provide free HIV screening and linkage to care for HIV positive patients.	Director of Emergency Services						
4.C. BHSET will support communicable disease prevention in the community in conjunction with the Beaumont Health Department.	HIV Screening Program Coordinator						
4.D. BHSET will continue to host World AIDS Day, which includes educational speakers, ministerial support services, and free STI testing.	HIV Screening Program Coordinator						
4.E. The SmartHealth Clinic will continue to partner with the Beaumont Health Department to provide screenings for their patients who access services for STI care.	Director of Advanced Practice Nursing Services						

## Priority #5: Access to Specialty Care Services and Providers

**Rationale:**

Interviewees noted patient outmigration to Houston for specialty care services, specifically for those who are un/underinsured and veterans. Cardiology, Infectious Disease, Nephrology, Oncology and Rheumatology were all specialties that were indicated as needs for those un/underinsured residents from interviewees. It was also mentioned that Neurology, specifically, is lacking for all residents – regardless of insurance coverage. One interviewee stated: “There is a huge need for neurology. If I made an appointment as an insured patient, it would take 4.5 months before I'd be seen.”

A few interviewees mentioned that there is a limited supply of specialty care services available in Orange County, specifically, due to the closing of the hospital and consequential physician relocations. One interviewee specifically stated: “[In Orange County], our heart doctor left...some orthopedic doctors left. I don't think there's cancer doctors left in the area. I really don't think there's a whole lot of specialists left in Orange County at all.”

**Objective:**

*Provide access to specialist services in the community*

Implementation Activity	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
5.A. BHSET recently completed its Medical Staff Development Plan to outline a physician/provider recruitment plan for the next few years, and will use this report as a roadmap for its recruitment efforts.	Vice President of Business Development						
5.B. BHSET will continue to incentivize its providers through the payment of physicians and specialists to be on call and increase the number of uninsured patients receiving care.	Vice President of Business Development						
5.C. BHSET will continue implementation of the CIHQ Stroke Certified Program and grow the Stroke Education Program targeting the following counties: Hardin, Orange, Jasper, Jefferson, and Tyler Counties. This will include educational programs on the prevention of vascular diseases related to strokes, monthly stroke meetings and community and employee educational events.	Chief Nursing Officer						
5.D. BHSET will continue its contract with the Legacy Clinic to do all of their infant deliveries.	Director of Women's Services						
5.E. BHSET will continue to provide Telestroke services in partnership with UT Physicians in Houston.	Director of Emergency Services						
5.F. BHSET will continue to offer inpatient Teleneurology services, and will explore increasing rotation coverage for neurological services.	Chief Nursing Officer, Director of Emergency Services						
5.G. BHSET will explore the feasibility of providing telemedicine services for oncology patients within the secondary service area.	Chief Nursing Officer, Director of Emergency Services, Baptist Regional Cancer Network Chief Medical Officer						

Implementation Activity	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
5.H. BHSET recently opened a new infusion clinic in Tyler County at the Tyler County Hospital for rheumatic and cancer-related patients.	Director of Specialty Services						
5.I. BHSET will continue to provide a list of referral specialty services in both English and Spanish on an as needed basis.	Director of Care Management						
5.J. BHSET will continue its Baptist Hospital School of Radiological Technology, which has been accredited by the American Board of Health Education Services (ABHES), to provide accepted students with clinical rotation education over a span of 2 years. Students graduate with an Associate's degree.	Director of Imaging Services						
5.K. BHSET will continue to serve as a teaching facility for Radiology, RN, Respiratory Therapy, and Dietetics students. BHSET will also continue to allow for students from Vista College to rotate through the facility for their Medical Assistant Certification course.	Director of Imaging Services, Director of Respiratory Therapy, Director of Food Service, Assisting Chief Nursing Officer						
5.L. BHSET will provide rotations for 3rd and 4th year medical students at Sam Houston State University, and rotations for 3rd and 4th year obstetric students at UTMB.	Medical Director of Behavioral Health						
5.M. BHSET will continue to provide experts on various topics, such as Phlebotomy and Case Management, to provide education to students at the Lamar Institute of Technology.	Director of Marketing						
5.N. BHSET recently opened the Headache Treatment Center, a new headache center that specializes in migraines and is designed to be an outpatient facility to eliminate migraines.	Chief Nursing Officer						
5.O. BHSET recently began providing scoliosis screening and imaging services.	Chief Nursing Officer						
5.P. BHSET has added a new limb salvaging clinic and will continue to offer limb salvaging services one day per week.	Director of Imaging						
5.Q. BHSET will continue to offer cancer-related clinical trails in conjunction with UTMB.	Medical Director of Baptist Regional Cancer Network						
5.R. BHSET recently purchased a new clinic in China, Texas, the China Community Clinic, which is now a part of the Baptist Physician Network.	Vice President of Business Development						

## **Section 3:**

# **Feedback, Comments and Paper Copies**



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# **INPUT REGARDING THE HOSPITAL'S CURRENT CHNA**

# CHNA Feedback Invitation

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



# Feedback, Questions or Comments?

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

**Mary Poole**

Director of Public Relations

Baptist Hospitals of Southeast Texas

3080 College Street

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Please find the most up to date contact information on the Baptist Hospitals of Southeast Texas website in the “Community Health Needs Assessment” section under “About Us”:

<https://www.bhset.net/about-us/>





# Thank you!

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