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Baptist Hospitals of Southeast Texas

Community Health Needs Assessment and
Implementation Plan

April 2025

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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, reviewed the research findings in October 2024 to prioritize the community health needs. Six significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The list of prioritized needs, in descending order, is listed below:

- 1.) Access to Mental and Behavioral Health Care Services and Providers
- 2.) Continued Recruitment & Retention of Healthcare Workforce
- 3.) Prevention, Education and Services to Increase Community Awareness and Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
- 4.) Need for Increased Emphasis on Collaborative Continuum of Care
- 5.) Access to Affordable Care and Reducing Health Disparities Among Specific Populations
- 6.) Continued Focus on Community Infrastructure

The CHNA Team participated in a prioritization process using a structured matrix to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions, and their capacity to address the need. Once this prioritization process was complete, the BHSET leadership discussed the results and decided to address five of the six prioritized needs in various capacities through a hospital specific implementation plan. “Continued Focus on Community Infrastructure” is not directly addressed in the hospital’s implementation plan. “Continued Focus on Community Infrastructure” is not a core business function of the hospital and the leadership team felt that resources and efforts would be better spent addressing the other prioritized needs.

Hospital leadership has developed an 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, and annual updates and progress (as appropriate).

The BHSET Board reviewed and adopted the 2025 Community Health Needs Assessment and Implementation Plan on March 24, 2025.

Priority #1: 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 a higher ratio of patients per mental health care provider as compared to the state as well as the nation. Both Jefferson and Orange Counties have a higher percentage of adults with depression and adults who expressed they had frequent mental distress than the state.

Many interviewees mentioned the underserved population, specifically, as experiencing difficulties accessing mental and behavioral health resources. One interviewee stated: "...In terms of the underserved population (low income, homeless, etc.), we have a strong sector of the community with mental health issues. They are plaguing law enforcement and the jail system. There is some available inpatient care, but it is not nearly adequate..." Several interviewees expressed excitement for the expansion of the BHSET mental and behavioral health facility and the psychiatry residency program. One interviewee stated: "...we are excited about the expansion of the mental health facility at Baptist. I know law enforcement is excited about it." Another interviewee stated: "Baptist has recently started a psychiatry residency program and hopes to retain some of them in the community."

There were conflicting interviewee comments about accessibility to see a mental and behavioral healthcare provider. One interviewee stated: "It's easy to get in to see a therapist. It's fairly easy to see a psychiatrist." Another interviewee stated: "It's more difficult than it should be. People don't know how to access the provider in a timely manner." A couple of interviewees expressed desire for more education about local, available programs to improve mental and behavioral health access. Interviewees also discussed long wait times and how that may potentially worsen mental health conditions. One interviewee stated: "...You may set up an appointment four weeks after something comes up, but in four weeks, things can go downhill pretty fast. We don't have enough mental health services or training in the area for mental health issues."

Interviewees also discussed the need for additional mental and behavioral health providers accepting insurance. One interviewee stated: "There's a lot of people in the community who have insurance looking for psychiatric care. There are not a lot of providers for private pay. A few take cash payments but don't take insurance because they don't want to deal with the hassle. That's difficult for the people who need the care and pay cash." Lastly, one interviewee noted appreciation for telehealth options for mental health. One interviewee: "I love telehealth, including for mental health. I use it especially for therapy."

Several interviewees discussed needs for adolescent mental health services, specifically a need for more psychiatric rehab services. A couple interviewees noted the increased drug use among the youth population. One interviewee mentioned the growing mental health issues and demand for services is leading to long wait times as well as some local psychiatrists who are not accepting certain insurances which is leading to limited access to psychiatric care. One interviewee stated: "Mental health is a big and expanding issue for the youth. We are seeing kids now who have no coping skills. So many kids are suicidal and can't deal with school or family life. The demand for services has skyrocketed. Almost all kids now have CHIP and Medicaid if they don't have private insurance. However, the lack of psychiatric coverage is concerning. We have about four psychiatrists and APRNs that do psychiatric care. Outside of that, there are only 1-2 in the region, and they generally work with commercial private insurance. It takes about two months to get in to see a psychiatrist. It's gotten better but I don't see it improving much."

Priority #2: Continued Recruitment & Retention of Healthcare Workforce

Data suggests both Jefferson and Orange Counties have a higher ratio of patients per primary care provider as compared to the state as well as the nation. Orange County has a higher ratio of patients per dental care provider as compared to the state as well as the nation. Jefferson County has a higher percentage of preventable hospital events per 100,000 when compared to the state. Additionally, both counties have several Health Professional Shortage Area designations as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

With regards to specialty care, interviewees expressed appreciation for the hospital's use of telemedicine for specialty care appointments. One interviewee stated: "Baptist has done such a great job with telemedicine, which I think is super helpful." However, interviewees had conflicting comments on wait times for specialty care services. One interviewee stated: "I would say specialty care has a wait time of 2 to 3 weeks to see a..."



Priority #2: Continued Recruitment & Retention of Healthcare Workforce (continued)

...specialist,” while another interviewee stated, “Conservatively, it’s a couple of months to see a specialist but sometimes it could be even longer.”

Several interviewees discussed the need for pediatric subspecialties. One interviewee stated: “We have a lot of pediatricians, but in terms of specialists, there does seem to be a gap.” Interviewees noted that some patients prefer to see a physician over an advanced practitioner. One interviewee stated: “I think accessibility is okay, but that definitely depends on the size of the practice and how busy they are. With specialists, I know a lot of patients don’t like seeing mid-level providers.” Interviewees mentioned appreciation for the local cancer center saying, “I’ve heard people are very happy with our cancer center we have in Beaumont. I’ve come across people who decide to stay here for their cancer treatment instead of going to Houston, which speaks volumes.” A couple interviewees noted the high turnover of OB/GYN providers which is leading to limited availability of services. One interviewee stated: “There seems to be a lot of turnover with local facilities and practitioners for women’s health. In Orange, it really just provides screenings, ultrasounds, and preventative scans, like mammograms. There is nothing in Orange County, so people go to Jefferson County or some folks go to Lake Charles for that type of service.”

A couple interviewees mentioned the limited accessibility to local specialty care services which is leading to outmigration to Houston and Lake Charles as well as challenges in seeing certain specialty care providers, particularly for the Medicaid population. One interviewee stated: “Most specialists do not accept Medicaid at all, traditional or managed care, with the exception of a couple of cardiologists in town who only see a limited number of Medicaid patients.” Specific specialties mentioned as needed include Neurology (general and pediatric), Gastroenterology, Mental health, OB/GYN, Cardiology, Dermatology, Endocrinology, Oncology, Orthopedics and Pulmonology.

With regards to dental care, interviewees discussed the limited access to pediatric and specialized dentists in Orange County. Additionally, there were conflicting interviewee opinions on the accessibility of local dentists as well as mentions about the lack of prioritization of dental health due to: cost of care and inadequate insurance coverage. One interviewee stated: “I feel like we have plenty of dentists. There are very few pediatric dentists. Other than that, parents just bring their kids to their regular dentist.” Another interviewee stated: “I do not think there's an adequate number of dentists. A lot of people don't seek dental care as a focus. In some areas, it's seen as expensive and unaffordable.” Another interviewee stated: “It's pretty accessible, but the frustrating part is that it is expensive, and insurance often does not cover it. If it does, it's at a minimum level that people can't afford. Some dentists might offer reduced prices, but I have not seen that myself. Dentists do root canals and crowns. Some do it in-office, and some refer to a specialist. If you are in pain, you can get in to be seen in a pretty good amount of time.”

A couple interviewees noted the perceived limited access to care due to local dentists not accepting new patients. It was mentioned that there’s a greater difficulty for certain populations like the indigent, or those with Medicaid in accessing dental care providers. One interviewee stated: “For our indigent population, there’s a bit of a struggle. There aren't a lot of providers that accept state payment for dental care.” Lastly, a couple interviewees acknowledged that there are local dental options that assist certain populations like the indigent or those with Medicaid. One interviewee stated: “People with dental insurance find accessibility pretty fast. For Medicaid clients, there are dental centers, like Lovett Dental in town that generally meets the needs of that population. We have dental centers with multiple services and prices for Medicaid and Managed Medicaid patients. For certain uninsured patients, they can receive some care but it's extremely limited. Lamar University still has a dental hygiene program, so patients can go get free dental cleanings.”

It was noted from interviewees that there are difficulties recruiting providers to the area due to the perceived poor quality school system. One interviewee stated: “I would focus on engaging providers to stay here and improving the local infrastructure and schools. That is a major draw for families wanting to raise children. A lot of times we get people here to talk to them but Beaumont is not really pretty on the outside. We have a poorly-rated school district. I think we have trouble getting people in the door.”

Priority #3: Prevention, Education and Services to Increase Community Awareness and 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 and the state. Jefferson and Orange Counties have higher mortality rates than Texas for the following causes of death: diseases of heart; malignant neoplasms; COVID-19; chronic lower respiratory diseases; Alzheimer's disease; accidents (unintentional injuries); cerebrovascular diseases; diabetes mellitus; nephritis, nephrotic syndrome and nephrosis; chronic liver disease and cirrhosis; breast cancer (female); and lung and bronchus cancer. Additionally, Jefferson County has a higher colon & rectum cancer mortality rate than the state.

Both Jefferson and Orange Counties have higher prevalence rates of chronic conditions such as diabetes for Medicare population, obesity for the adult and Medicare population, arthritis (adult), asthma (adult), hypertension for the Medicare population and those with a disability (adult) than the state. Both counties have higher percentages of residents participating in unhealthy lifestyle behaviors such as physical inactivity, binge drinking and smoking than the state. Jefferson County has a higher prevalence rate for adults with diabetes than the state. With regards to maternal and child health, Jefferson and Orange Counties have higher rates of low birth weight births, higher rates of premature births 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 mammograms for Medicare beneficiaries and those Medicare beneficiaries who have ever received the pneumonia vaccine. Both Jefferson and Orange Counties have a lower percent of Medicare beneficiaries who have received their flu vaccine in the past year. Jefferson County has higher prevalence rates of communicable diseases such as chlamydia, gonorrhea and HIV/AIDs than the state.

Several interviewees expressed appreciation for the local programs and resources in the community, including but not limited to: preventative screenings; the local food bank; parks and walking trails; and BHSET hosted events. One interviewee stated: "Prevention is always the hardest part. We do have a lot of programs focused on breast and prostate health. We have a local food bank here. There are some parks and walking trails. Compared to a lot of cities, we are in pretty good shape." Another interviewee stated: "For our area, we have a substantial amount of resources available for health and fitness. You can't make anybody take advantage of them. There are people in the fitness community who say our community doesn't do enough. If you've lived in other cities, this city has average, if not above-average, resources for its size."

Interviewees emphasized the desire for more options or resources for those who are lower income as well as the need for better access to healthy food options and education about nutrition. One interviewee stated: "I wish there were more cost-effective options for the lower-income. We have a bunch of gyms in the area but some won't be able to afford the membership." Another interviewee stated: "There are a lot of studies regarding food deserts in our area and several initiatives to address that. Access around healthy eating and being intentional about it is essential." Interviewees brought up several chronic conditions and risky behaviors that they've seen in the community like: cancer; diabetes; hypertension; substance abuse; and increased syphilis rates. One interviewee stated: "A lot of areas are affected by the refineries. The cancer rate is high and the diabetes rate is elevated due to diet. Diabetes is a huge issue, along with uncontrolled hypertension and substance abuse." One interviewee expressed a desire for increased community education surrounding healthy lifestyle behaviors. One interviewee stated: "Having more community outreach and education on preventable issues, like healthier lifestyles, is crucial. Diabetic patients often don't eat right, don't take their meds, and don't see doctors regularly. If we had more education that goes out into the field, it could make a difference."

It was noted by several interviewees that there are high levels of food insecurity and the limited amount of local grocery stores is leading to poor nutrition and a range of health problems. One interviewee stated: "Health concerns related to food insecurity are critical. When families don't have access to food, it leads to other problems. A grocery store in Vidor, TX is closing, and there's another in the south end of Beaumont that is also closing. Not having a grocery store close by is definitely a struggle, leading to issues with diabetes, hypertension, and other chronic diseases that can be impacted by poor health decisions and options." One interviewee discussed an opportunity for enhanced collaboration among organizations as well as...

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

...a need for additional green spaces and wellness programs to help promote healthy lifestyle choices and improve quality of life. One interviewee stated: “We should be putting in some green spaces and have community wide wellness initiatives. More collaboration among healthcare entities in the area is essential. It’s not just about the money; it’s about working together to identify solutions.” Lastly, one interviewee expressed the desire to see a YMCA come into Beaumont and stated: “Quality of life is at the top of my list. That includes providing amenities that encourage people to get outside. Building healthier lifestyles through parks, trees, walking paths, bike paths, and wide open spaces where people can safely play. We used to have a YMCA. A facility like that would allow families to gather and make it affordable for them to participate in different programs, like learning to swim.”

Priority #4: Need for Increased Emphasis on Education and Awareness of Existing Health Care Resources

Interviewees mentioned the need for additional education on healthcare options as well as the difficulty educating the community due to the lack of a unified way to reach patients. One interviewee stated: “Communication is key. We have people willing to teach these individuals, but we don’t have a way to effectively reach them because there isn’t a single source where they get their information. It’s hard to get a good turnout. There are several pockets in the county that don’t have internet access.” Interviewees noted the perceived delaying or foregoing care due to lack of knowledge about healthcare. A few interviewees discussed the lack of understanding next health steps or seeking follow up care leading to patient readmissions. One interviewee stated: “The back of the discharge papers has information. But does the patient read it and comprehend it? They aren’t going to look at that. Finding a way to close the loop on that is important. A lot of times, the patient will be back in 90 days.” Interviewees discussed the need for more community engagement and marketing of local resources due to challenges in reaching vulnerable populations and the lack of awareness of existing programs and resources. One interviewee stated: “There’s a lot going on that’s not hitting everyone. They’re trying to find ways to reach the homebound folks or the people who are really having issues. The hospital is doing a good job in hosting events, but there’s a challenge in reaching the most vulnerable.” Another interviewee stated: “You don’t see many people doing outdoor activities. There aren’t a lot of communities that have sidewalks. I don’t see much healthy eating or marketing around our food banks and I know they are active here.”

It was noted by interviewees that knowledge deficits of available services is leading to use of the ER, particularly for the low income and uninsured populations. Interviewees mentioned confusion about the appropriate healthcare facility to use based on patient’s symptoms leading to: overuse of the ER and using EMS for non-emergent situations. One interviewee stated: “You have the hospital ER, freestanding ERs, ‘doc-in-a-box’ and urgent cares. How do people know where to go? Which one is really the appropriate option when you don’t have a primary care provider? I think some people know, and others will just go to the ER thinking it’s urgent care. I do think this is very confusing.” Another interviewee stated: “A lot of people don’t know what an emergency is and what is not. They are scared, but once EMS gets there and triages and makes the assessment, then they don’t want to go. Some need to go and refuse, while others demand to go but don’t really need emergency care.” Lastly, the need for education on insurance implications of selecting one type of facility over another for emergency care was mentioned by a couple interviewees. One interviewee stated: “There might need to be a heightened awareness of when to go to the private ER versus the hospital ER. There is some misunderstanding about insurance and what they cover at hospital ERs vs freestanding ERs. There could probably be some public service announcements that could run to build awareness.”

Priority #5: Access to Affordable Care and Reducing Health Disparities Among Specific Populations

Data suggests that some residents in the study area may face significant cost barriers when accessing the healthcare system. Jefferson and Orange Counties have higher unemployment rates than the state, as well as lower educational attainment rates than the state. Both Jefferson and Orange Counties have a lower median household income than the state, a higher percentage of families living below poverty than the state, a higher percentage of overall food insecurity, child food insecurity and a higher average meal cost when compared to the state. Jefferson County has a higher percentage of children living in poverty as well as a higher percentage of school students eligible for free or reduced price lunch. Jefferson and Orange Counties have a higher percentage of recipients who qualified for Supplemental Nutrition Assistance Program (SNAP) benefits and a lower percentage of those who...

Priority #5: Access to Affordable Care and Reducing Health Disparities Among Specific Populations (continued)

...graduated high school within four years than the state. Jefferson County also has a higher percent of people who do not own a motor vehicle when compared to the state.

Jefferson County has a higher rate of those adults (age 18-64) who are uninsured as compared to the state. When analyzing economic status in both counties, Jefferson County is in more economic distress than Orange County and other counties in the state. Additionally, Jefferson and Orange Counties are designated as Medically Underserved Areas, as defined by the U.S. Department of Health and HRSA.

Interviewees mentioned transportation barriers that are hindering access to care for specific groups such as individuals living in outlying areas as well as the low income and working poor. One interviewee stated: "Transportation and the lack of co-located providers are significant problems. Your primary care provider may be here, but you might have to travel somewhere else for a specialist or a procedure. For some of our outlying counties, it's harder." Additionally, several acknowledged that telemedicine has improved access to some, but rural areas still lack accessibility. One interviewee stated: "In general, rural accessibility to physicians or nurse practitioners is a significant concern. We've seen some improvement with telehealth, but there are still some rural pockets that lack accessibility—like Fannett."

Interviewees discussed the struggle between paying for medication versus essential expenses, particularly for the uninsured. One interviewee stated: "People are unable to afford their medication. It has to do with cost, especially for those without insurance. 'Do I pay for my medicine or my electricity?' Many people are walking around with hypertension but have no means of obtaining blood pressure medication." It was noted several times that the limited health options in the area are leading to ER and/or urgent care use which results in expensive bills. Additionally, a few interviewees perceived the overprescribing of medications for certain conditions is leading to increased costs and use of insurance. One interviewee stated: "Healthcare is expensive partly because we medicate a large percentage of problems that don't require medication. This makes care more expensive and necessitates insurance."

When discussing those individuals who may need long term care in the community, several interviewees noted the lack of local long term facilities leading to challenges like: transportation barriers, proximity to family and foregoing care. One interviewee stated: "We don't have any long-term care facilities or in-between options where they need to go for a few weeks to a month, like for a PICC line. They don't have transportation, so they stay in mid-county, which is an hour's drive. If they had a little bit of family support, that would help, but there just aren't those types of facilities. They go home, don't recover, and it's just a cycle. They come back to the hospital." Lastly, a couple of interviewees expressed desire for more collaborative support during a patient transition from one health setting to the next. One interviewee stated: "Perhaps we could streamline communication from one physician to another. If you have a heart condition, it would be helpful for your primary care physician to receive that information directly. Maybe just more cohesiveness of the doctors working together to help you. [Having] more of a team mindset when addressing the health of the patient." Another interviewee stated: "There are challenges in the transitional phase. Is the initial entity following through to conclusion, or are they saying it's your responsibility now? It needs to be more collaborative and follow that patient, whether that's verbal or otherwise. Transitioning to physical therapy from heart surgery was challenging. Even though it was in the same building, it felt like we were dealing with two separate businesses."

With regards to the elderly population, interviewees acknowledged that there is food insecurity for the elderly population, specifically for those that are homebound. Additionally, several interviewees discussed the difficulty navigating the different Medicare insurance options. One interviewee stated: "Navigating Medicare options is hard for the elderly to do. It's hard to find the right plan that fits you." One interviewee mentioned that there are limited facilities and services for people with Alzheimer's or who are in need of dementia care. It was noted that there is a need for additional education and assistance with local resources in the area. One interviewee stated: "Many seniors need an explanation of 211 services at the state level. A lot of times, extra help is needed. You have a lot of seniors who cannot navigate the system by themselves."

Several interviewees discussed the transportation barriers and limited housing options for the elderly. The low income senior population was discussed by a few interviewees as facing a greater challenge in affording medications and health care services. One interviewee stated: "A lot of the Medicare-eligible people are also low-income, so they're having a hard time paying copays or utility bills. Maybe adherence to their medication..."

Priority #5: Access to Affordable Care and Reducing Health Disparities Among Specific Populations (continued)

...has everything to do with their financial situation and not them wanting to take it.”

A couple of people mentioned the elderly population going to Houston for specialty care and limited support systems for the elderly which is leading to isolation. One interviewee mentioned the elderly have a desire to be seen by a physician versus an advanced practice provider. One interviewee stated: “I feel like when my in laws go to the doctors, sometimes they don’t even see their doctor. They see a nurse practitioner.” It was noted that there is a need for enhanced coordination and communication amongst providers for patient care by a couple interviewees. Lastly, one interviewee mentioned that a local pharmacy was closing and this will cause issues accessing medication. One interviewee stated: “We have one neighborhood in the north end of town and the Walgreens will close its doors in two weeks, so that will create a medication desert. The closest pharmacy by walking distance is 40 minutes away. There are some senior living apartments there and they will be out of medication access.”

When thinking about the youth population specifically, interviewees discussed how the lack of a children’s hospital is leading to outmigration or transferring patients to Houston. Additionally, interviewees mentioned the need for more recreational activities for the youth as well as migration of rural communities to Beaumont for care. One interviewee stated: “The quality of life for kids is lacking in terms of safe activities during their free time. The city has some great parks, but we are lacking traditional recreational and entertainment opportunities for the youth and the population at large. In terms of their health, we struggle with pediatric care in Beaumont. We go to Beaumont for doctors appointments and a large percentage of the population is doing the same thing—either Beaumont or Port Arthur.” A couple interviewees noted the need for increased education on preventive care for the youth. One interviewee stated: “We get a lot of graduates who either stay with their parents, move out, get a job, or get their own place. Kids aren’t being taught the importance of annual exams, making doctors visits a routine priority. So many from the younger generation don’t like calling or talking on the phone so they don’t make an appointment. Education on these aspects is important as they prepare for adulthood.” Lastly, there was concern by one interviewee about legislative efforts surrounding childhood immunizations which is leading to potential resurgence of preventable diseases. One interviewee stated: “In Texas, we have lawmakers trying to do away with childhood immunizations to attend school. I’m afraid that we will see a resurgence of diseases. A recent story discussed two teenagers who returned from a trip with rubella.”

When asked about which specific groups are at risk for inadequate care, interviewees spoke about teenagers/adolescents, elderly, low income/working poor, obstetric, racial/ethnic, Orange County residents, Hardin County residents, homeless and veterans. With regards to the teenagers/adolescents population, interviewees discussed the need for better quality of education; the need for mental health services, especially long term psychiatric care; healthy lifestyle and preventive care education; limited recreational activities; lack of a local children’s hospital; resources for teen pregnancy; drug abuse; and the need for post-foster care programs. For the elderly population, interviewees discussed transportation barriers; dementia, Alzheimer’s disease; food insecurity; and cost barriers to care. Low income/working poor residents were brought up as a subgroup of the population that may be disproportionately affected by the need for accessible childcare; cost barriers to care and insurance coverage; hourly shift limitation; long wait times for appointments; transportation barriers; limited availability of affordable housing; and education on establishing a primary care provider and how to take care of oneself. For the obstetric population, interviewees discussed the desire for more female providers.

Racial/ethnic groups were discussed as having a growing Hispanic population; underinsured, particularly for the Hispanic and African Americans; language barriers, particularly for the Hispanic; transportation barriers; perceived racial tension; fear of deportation; cultural challenges (Vietnamese, Hispanic, African American); and limited access to care (limited income, long wait times). Specifically for Orange County residents, interviewees discussed the limited adequate housing; lack of pediatric dentists; and transportation barriers. For Hardin County residents, interviewees discussed the lack of pediatricians; and that there is no county food bank. Homeless residents were discussed as being disproportionately challenged by a growing population, migrant as well as local homelessness; the limited number of shelters in the community, especially bridge housing; difficulty accessing shelters due to organization policies; mental health and drug abuse concerns; limited affordable housing; and fragmented continuum of care. Lastly, for the veteran population, interviewees discussed outmigration due to lack of a nearby VA hospital ; limited services available at the local VA clinic;...



Priority #5: Access to Affordable Care and Reducing Health Disparities Among Specific Populations (continued)

...the growing population; lack of education surrounding veteran benefits and what is available; mental health concerns; some homelessness; transportation barriers; challenges with providers accepting VA insurance; and lack of access to mental/behavioral health services.



PROCESS AND METHODOLOGY

Process and Methodology

Background & Objectives

- This CHNA is designed in accordance with CHNA requirements identified in the Patient Protection and Affordable Care Act and further addressed in the Internal Revenue Service final regulations released in December 29, 2014. The objectives of the CHNA are to:
 - Meet federal government and regulatory requirements
 - Research and report on the demographics and health status of the study area, including a review of state and local data
 - Gather input, data and opinions from persons who represent the broad interest of the community
 - Analyze the quantitative and qualitative data gathered and communicate results via a final comprehensive report on the needs of the communities served by 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
 - Community leaders
 - A description of the progress and/or completion of community benefit activities documented in the previous implementation plan
 - The prioritized community needs and separate implementation plan, which intend to address the community needs identified
 - Documentation and rationalization of priorities not addressed by the implementation plan
 - A description of additional health services and resources available in the community
 - A list of information gaps that impact the hospital's ability to assess the health needs of the community served

Process and Methodology

Methodology

- 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 Syntellis
 - A study of the most recent health data available
 - Conducted one-on-one phone interviews with individuals who have special knowledge of the communities, and analyzed results
 - Facilitated the review of collected data in October 2024 with the CHNA Team. The CHNA Team included:
 - Justin Doss, Chief Executive Officer
 - Bryan Chandler, Chief Operating Officer
 - Kathy Degenstein-Gartman, Chief Nursing Officer
 - Gary Troutman, Chief Financial Officer
 - William Toon, Chief IT Officer
 - Stephanie Harris, VP of Marketing & Communications
 - Hannah Schiesler, VP of Human Resources
 - Garret Craver, Administrator of Behavioral Health & Residency Programs
 - Payton Ferguson, Administrative Resident
- 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)

– Baptist Hospitals of Southeast Texas Biography

- Background information about BHSET, mission, vision, values and services 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 July 1, 2023 - June 30, 2024 and discussions with hospital staff

– Demographics of the Study Area

- Population demographics include population change by race, ethnicity, age, median household income analysis, unemployment and economic statistics in the study area
- Demographic data sources include, but are not limited to, Syntellis, the U.S. Census Bureau and the United States Bureau of Labor Statistics

– Health Data Collection Process

- A variety of sources (also listed in the reference section) were utilized in the health data collection process
- Health data sources include, but are not limited to, the Robert Wood Johnson Foundation, Texas Department of Health and Human Services, SparkMap, United States Census Bureau, and the Centers for Disease Control and Prevention

Process and Methodology

Methodology (continued)

– 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, twenty-three in depth phone interviews were conducted using a structured interview guide
- Extensive notes were taken during each interview and then quantified based on responses, communities and populations (minority, elderly, un/underinsured, etc.) served, and priorities identified by respondents. Qualitative data from the interviews was also analyzed and reported.

– Evaluation of Hospital's Impact

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

– Prioritization Strategy

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



HOSPITAL BIOGRAPHY

Hospital Biography

About Baptist Hospitals of Southeast Texas

Performing Sacred Work by Delivering Quality Healthcare Solutions

The mission of Baptist Hospitals of Southeast Texas is and always has been dedicated to providing quality healthcare and sacred work in a Christian environment to all who need it. For over seventy-five 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 1949 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 75 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 healthcare, 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

About Baptist Hospitals of Southeast Texas (cont'd)

Serving the Southeast Texas Community

Baptist Beaumont Hospital is located just off I-10 approximately 90 miles east of Houston, 60 miles from Galveston and 25 miles from the Louisiana border. This area of Southeast Texas is home to some of the world's largest refining and petrochemical centers, and has become a source of sophisticated medical technology, precision industrial equipment, large and small business, and higher education facilities that appreciate the low cost of living and the skilled workforce.

As the population changes, healthcare must adapt to the needs of the community. Caring for generations — from pediatrics to geriatrics — requires constant adaptation to meet the needs of the population. Baptist Hospitals of Southeast Texas provides abundant resources for outpatient services, inpatient services, high definition imaging, and emergency medical care 24/7 for all those needing services.

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, 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 Cancer Network. This consolidation of specialized radiation therapy, hematology and medical oncology serves to expand and enhance regional cancer care in Southeast Texas.

Hospital Biography

About Baptist Hospitals of Southeast Texas (cont'd)

Specialized Services to Deliver Better Care (cont'd)

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

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 healthcare 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 healthcare encourages and supports an environment focused on safe practices

Source: Baptist Hospitals of Southeast Texas, "About Us," <https://www.bhset.net/about-us/>; accessed March 17, 2025.

Hospital Biography

Hospital Services

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



STUDY AREA

Baptist Hospitals of Southeast Texas

Study Area

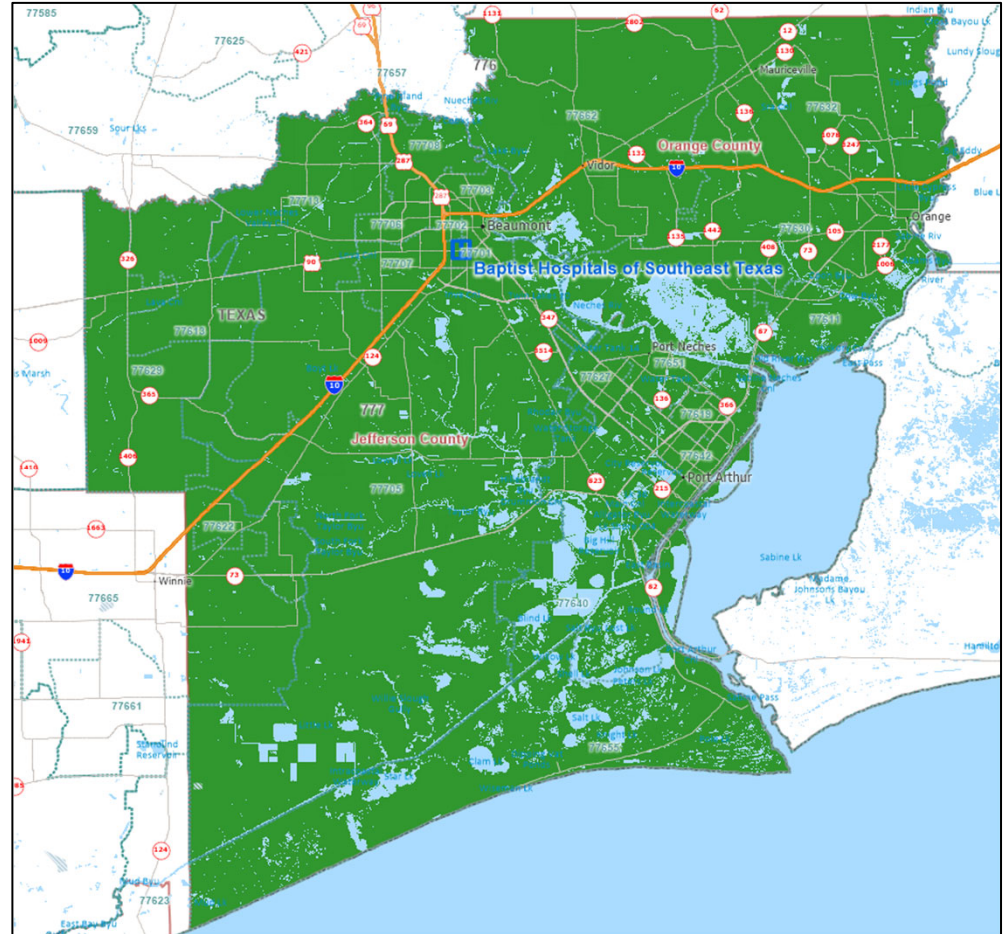
Jefferson and Orange Counties comprise 73.2% of FY 2024 Inpatient Discharges

H Indicates the hospital

**Baptist Hospitals of Southeast Texas
Patient Origin by County
July 1, 2023 - June 30, 2024**

County	State	FY24 Inpatient Discharges	% of Total	Cumulative % of Total
Jefferson	TX	9,369	53.4%	53.4%
Orange	TX	3,482	19.8%	73.2%
All Others		4,710	26.8%	100.0%
Total		17,561	100.0%	

Source: Hospital inpatient discharge data provided by Baptist Hospitals of Southeast Texas; July 2023 – June 2024.



Note: the 2022 BHSET CHNA and Implementation Plan report studied Jefferson and Orange Counties, Texas, which comprised 70.3% of FY 2021 (July 1, 2020 – June 30, 2021) inpatient discharges.

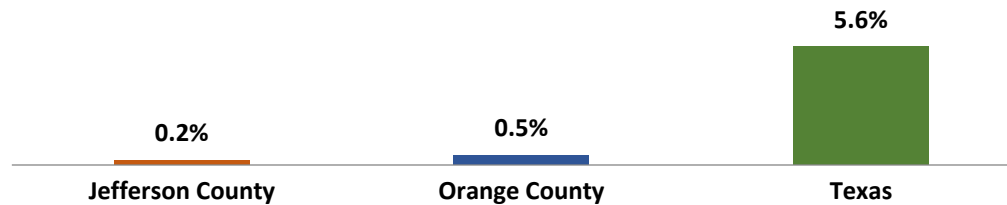


DEMOGRAPHIC OVERVIEW

Population Health

Population Growth

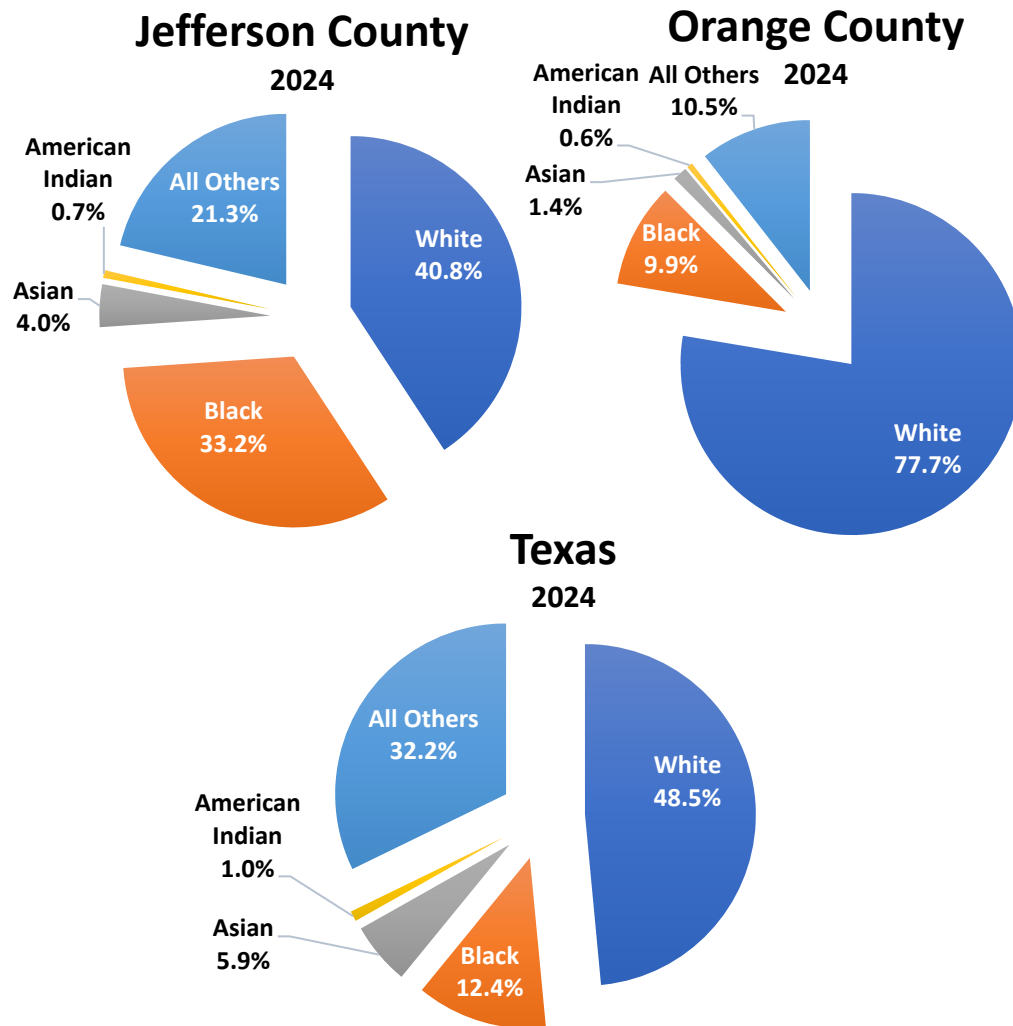
Projected 5-Year Population Growth 2024-2029



Overall Population Growth				
Geographic Location	2024	2029	2024-2029 Change	2024-2029 % Change
Jefferson County	255,726	256,301	575	0.2%
Orange County	85,528	85,918	390	0.5%
Texas	30,857,478	32,581,174	1,723,696	5.6%

Population Health

Population Composition by Race/Ethnicity



Jefferson County				
Race/Ethnicity	2024	2029	2024-2029 Change	2024-2029 % Change
White	104,250	100,202	-4,048	-3.9%
Black	84,781	84,920	139	0.2%
Asian	10,321	10,876	555	5.4%
American Indian	1,882	1,914	32	1.7%
All Others	54,492	58,389	3,897	7.2%
Total	255,726	256,301	575	0.2%
Hispanic*	63,230	68,007	4,777	7.6%

Orange County				
Race/Ethnicity	2024	2029	2024-2029 Change	2024-2029 % Change
White	66,417	65,514	-903	-1.4%
Black	8,455	8,805	350	4.1%
Asian	1,166	1,263	97	8.3%
American Indian	473	481	8	1.7%
All Others	9,017	9,855	838	9.3%
Total	85,528	85,918	390	0.5%
Hispanic*	8,186	9,082	896	10.9%

Texas				
Race/Ethnicity	2024	2029	2024-2029 Change	2024-2029 % Change
White	14,966,254	15,275,878	309,624	2.1%
Black	3,825,747	4,009,424	183,677	4.8%
Asian	1,823,390	2,052,678	229,288	12.6%
American Indian	304,880	323,019	18,139	5.9%
All Others	9,937,207	10,920,175	982,968	9.9%
Total	30,857,478	32,581,174	1,723,696	5.6%
Hispanic*	12,405,217	13,594,988	1,189,771	9.6%

Source: Syntellis, Growth Reports, 2024.

*Hispanic numbers and percentages are calculated separately since it is classified as an ethnicity.

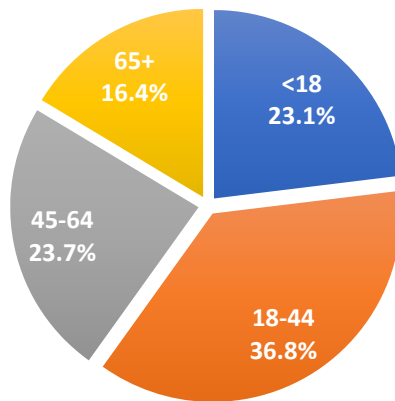
Note: A green highlighted row in the table represents the biggest change in true numbers in the population for each county and state.

Note: "All Others" is a category for people who do not identify with 'White', 'Black', 'American Indian or Alaska Native', or 'Asian'.

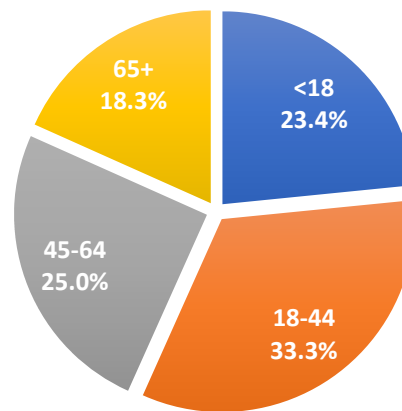
Population Health

Population Composition by Age Group

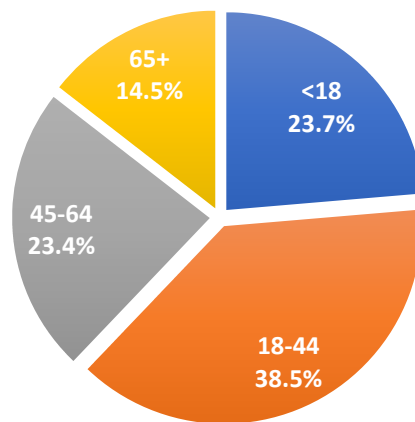
Jefferson County
2024



Orange County
2024



Texas
2024



Jefferson County				
Age Cohort	2024	2029	2024-2029 Change	2024-2029 % Change
<18	59,008	56,830	-2,178	-3.7%
18-44	94,183	93,453	-730	-0.8%
45-64	60,677	58,904	-1,773	-2.9%
65+	41,858	47,114	5,256	12.6%
Total	255,726	256,301	575	0.2%
Orange County				
Age Cohort	2024	2029	2024-2029 Change	2024-2029 % Change
<18	20,033	19,063	-970	-4.8%
18-44	28,467	28,644	177	0.6%
45-64	21,366	20,798	-568	-2.7%
65+	15,662	17,413	1,751	11.2%
Total	85,528	85,918	390	0.5%
Texas				
Age Cohort	2024	2029	2024-2029 Change	2024-2029 % Change
<18	7,302,571	7,283,713	-18,858	-0.3%
18-44	11,867,100	12,465,350	598,250	5.0%
45-64	7,212,418	7,528,831	316,413	4.4%
65+	4,475,389	5,303,280	827,891	18.5%
Total	30,857,478	32,581,174	1,723,696	5.6%

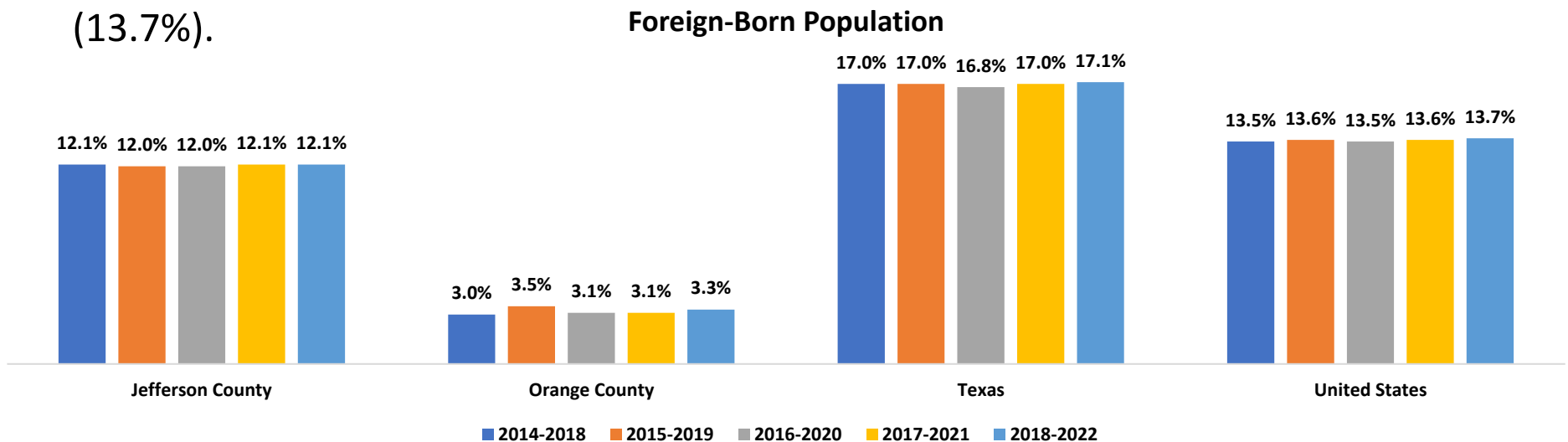
Source: Syntellis, Growth Reports, 2024.

Note: A green highlighted row in the table represents the biggest change in true numbers in the population for each county and state.

Population Health

Subpopulation Composition

- Between 2014 and 2022, the percent of foreign-born residents increased in Orange County, the state, and the nation, while the percent remained consistent in Jefferson County.
- Between 2014 and 2022, Jefferson County maintained a higher percentage of foreign-born residents than Orange County and a lower percentage than the state and the nation.
- In 2018-2022, Jefferson County (12.1%) had a higher percent of foreign-born residents than Orange County (3.3%), and a lower percent than the state (17.1%) and the nation (13.7%).



Source: United States Census Bureau, filtered for Jefferson and Orange Counties, TX, https://data.census.gov/table?q=DP02&g=010XX00US_040XX00US48_050XX00US48245,48361; data accessed July 23, 2024.

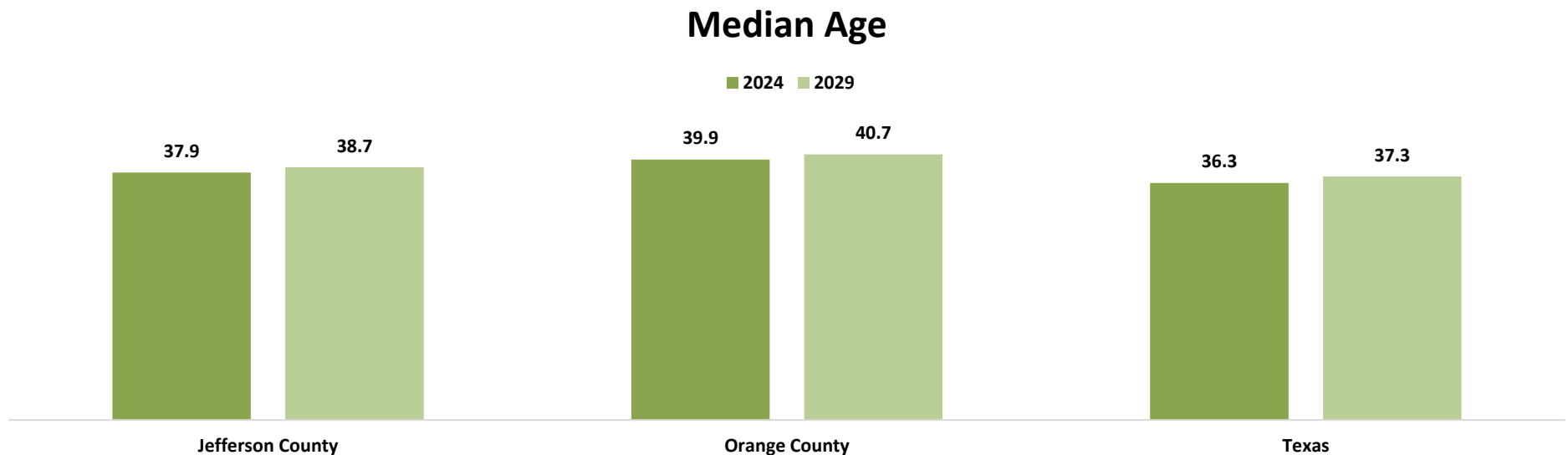
Note: Foreign-born means an individual who was born outside of the United States but lives in the United States currently.

Note: Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

Population Health

Median Age

- The median age in both Jefferson and Orange Counties and the state is expected to increase over the next five years (2024-2029).
- As of 2024, Orange County (39.9 years) has an older median age than both Jefferson County (37.9 years) and the state (36.3 years).

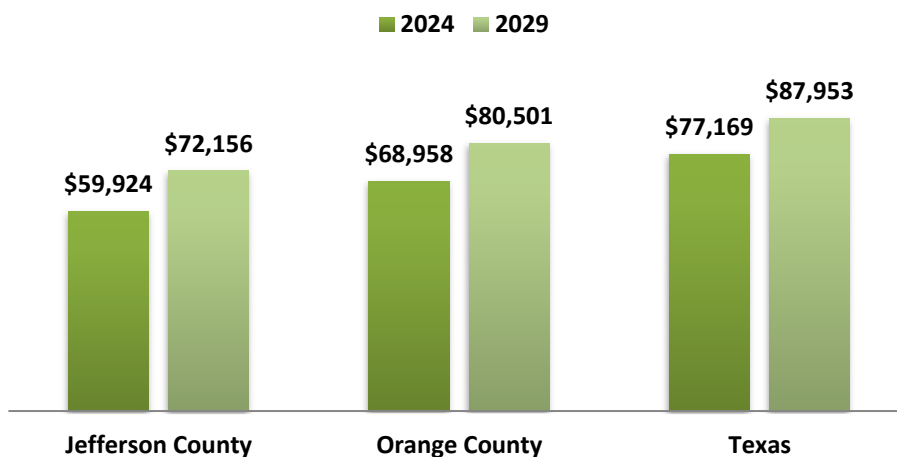


Population Health

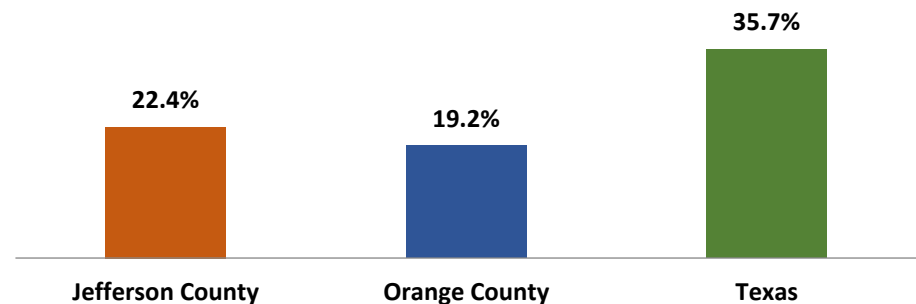
Median Household Income & Educational Attainment

- Between 2024 and 2029, the median household incomes in Jefferson County, Orange County and the state are expected to increase.
- The median household incomes in Jefferson County (\$59,924) had the lowest median household income as compared to Orange County (\$68,958) and the state (\$77,169) (2024).
- Jefferson County (22.4%) and Orange County (19.2%) have a lower percentage of residents with a bachelor or advanced degree than the state (35.7%) (2024).

Median Household Income



Education Bachelor / Advanced Degree 2024

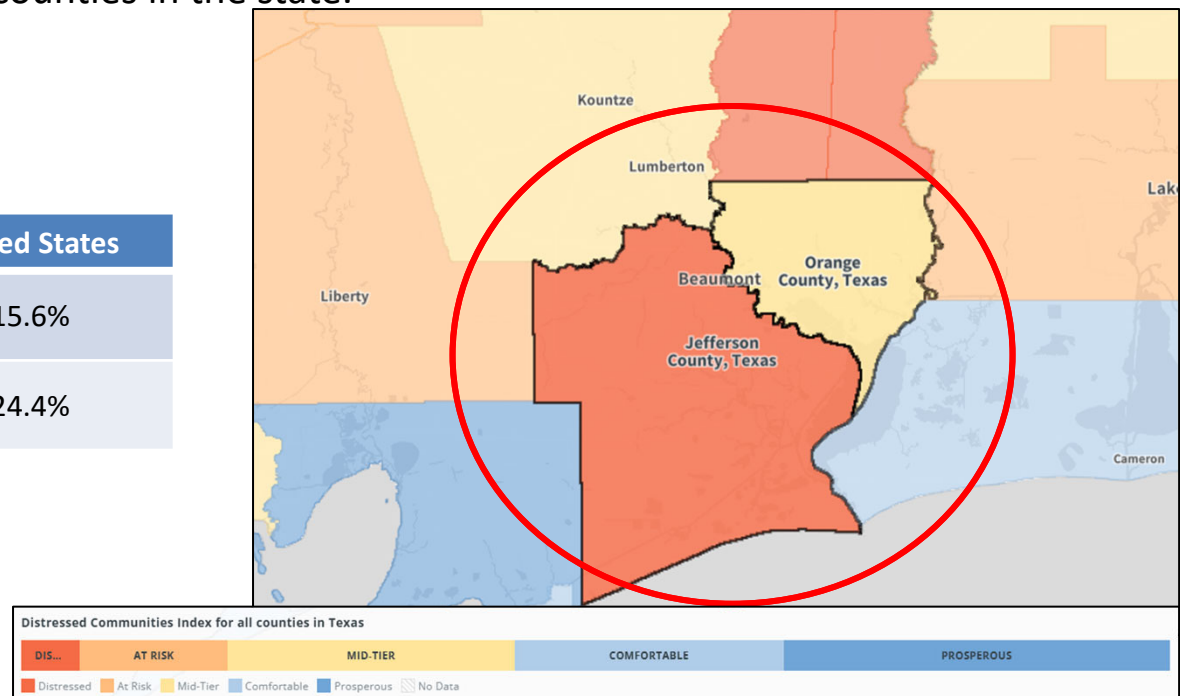


Population Health

Distressed Communities Index

- In 2017-2021, 15.6% of the nation lived in a distressed community, as compared to 24.4% of the nation that lived in a prosperous community.
- In 2017-2021, 23.5% of the population in Texas lived in a distressed community, as compared to 26.6% of the population that lived in a prosperous community.
- In 2017-2021, the distress score in Jefferson County was 87.6, which is more distressed as compared to Orange County (54.5) and other counties in the state.

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



Source: Economic Innovation Group, 2024 DCI Interactive Map, filtered for Jefferson and Orange Counties, TX, <https://eig.org/distressed-communities/2022-dci-interactive-map/?path=county/48113&view=county;> data accessed July 23, 2024.

Definition: 'Prosperous' has a final score of 0 all the way up to 'Distressed' which has a final score of 100.

Note: 2024 DCI edition used U.S. Census Bureau's American Community Survey (ACS) 5 – Year Estimates covering 2017 -2021.

Note: Distressed Communities Index (DCI) combines seven complementary economic indicators: no high school diploma, housing vacancy rate, adults not working, poverty rate, median income ratio, change in employment and change in establishments. Full definition for each economic indicator can be found in the appendix.

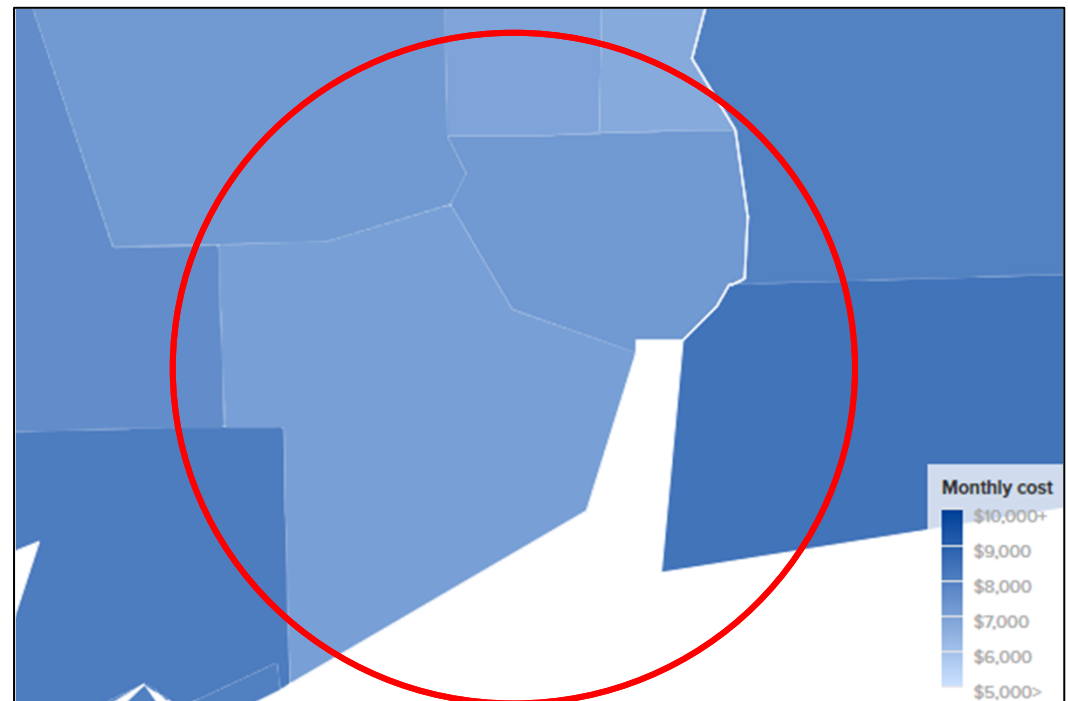
Population Health

Family Budget Map

- As of January 2024, the cost of living for a two-parent, two-child family in Jefferson County is \$84,375 per year or \$7,031 per month, and Orange County is \$86,755 per year or \$7,230 per month.
- Transportation is estimated to be the highest monthly cost for Jefferson and Orange Counties with taxes estimated to be the lowest monthly cost, as of January 2024.

The cost of living for a two-parent, two-child family in Jefferson County, TX is:	
\$84,375	
per year	
\$7,031	
per month	
🏠 Housing:	\$1,039/month
🍽️ Food:	\$863/month
👶 Child care:	\$1,144/month
🚗 Transportation:	\$1,402/month
🏥 Health care:	\$1,327/month
🛒 Other necessities:	\$673/month
💰 Taxes:	\$583/month

The cost of living for a two-parent, two-child family in Orange County, TX is:	
\$86,755	
per year	
\$7,230	
per month	
🏠 Housing:	\$998/month
🍽️ Food:	\$879/month
👶 Child care:	\$1,144/month
🚗 Transportation:	\$1,599/month
🏥 Health care:	\$1,327/month
🛒 Other necessities:	\$665/month
💰 Taxes:	\$617/month



Source: Economic Policy Institute, Family Budget Map, filtered for Jefferson and Orange Counties, TX, <https://www.epi.org/resources/budget/budget-map/>; data accessed September 19, 2024.

Note: Data is from the 2024 edition of EPI's Family budget calculator. All data are in 2023 dollars.

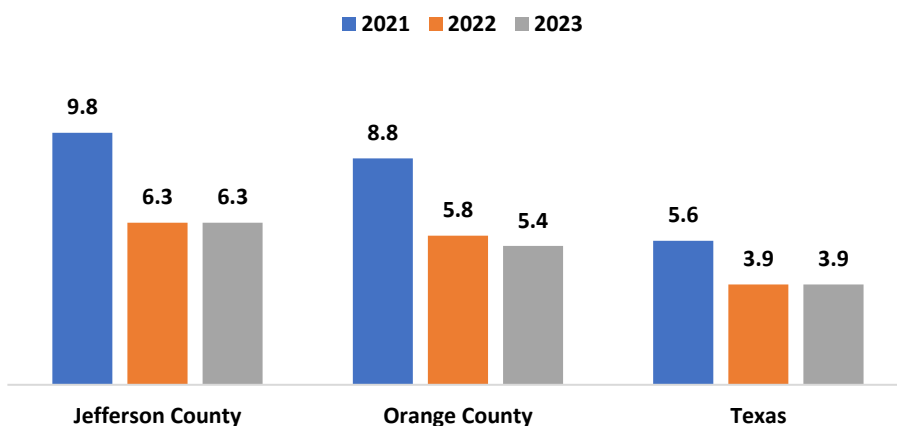
Note: The budgets estimate community-specific costs for 10 family types (one or two adults with zero to four children) in all counties and metro areas in the United States. Compared with the federal poverty line and the Supplemental Poverty Measure, EPI's family budgets provide a more accurate and complete measure of economic security in America.

Population Health

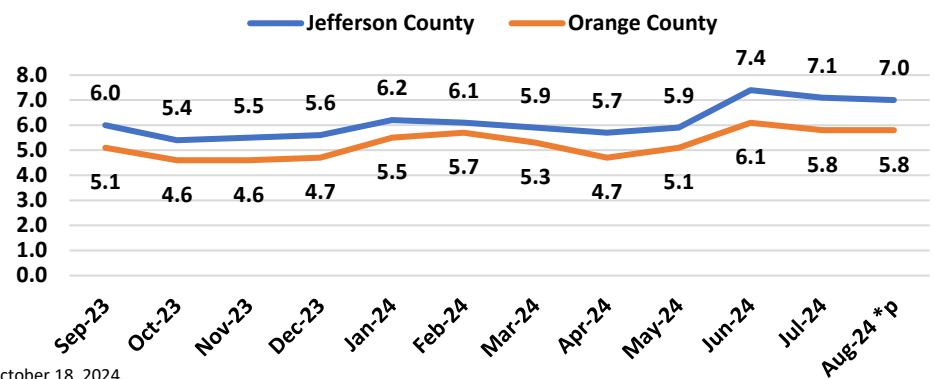
Unemployment

- Unemployment rates in both Jefferson and Orange Counties and the state decreased between 2021 and 2023.
- In 2023, both Jefferson (6.3) and Orange (5.4) Counties had a higher unemployment rate than the state (3.9).
- Over the most recent 12-month time period, monthly unemployment rates in Jefferson and Orange Counties increased.
- For Jefferson County, October 2023 had the lowest unemployment rate (5.4) as compared to June 2024 with the highest rate (7.4). October and November 2023 had the lowest unemployment rate (4.6) for Orange County, while June 2024 had the highest rate (6.1).

**Unemployment
Annual Average, 2021-2023**



**Monthly Unemployment
Rates by Month
Most Recent 12-Month Period**



Source: Bureau of Labor Statistics, Local Area Unemployment Statistics, <https://www.bls.gov/lau/tables.htm>; data accessed October 18, 2024.

Definition: Unemployed persons include all persons who had no employment during the reference week, were available for work, except for temporary illness, and had made specific efforts to find employment some time during the 4 week-period ending with the reference week. Persons who were waiting to be recalled to a job from which they had been laid off need not have been looking for work to be classified as unemployed.

Note: "*p" indicates that the number associated with that month is a preliminary rate.

Population Health

Industry Workforce Categories

- As of 2022, the majority of employed persons in Jefferson County are within Sales & Related Occupations, as compared to Orange County where the majority of employed persons are within Production positions. The most common employed groupings are as follows:

Jefferson County

- Sales & Related Occupations (11.6%)
- Construction & Extraction Occupations (9.9%)
- Office & Administrative Support Occupations (9.5%)
- Management Occupations (7.6%)
- Production Occupations (7.3%)

Orange County

- Production Occupations (11.0%)
- Office & Administrative Support Occupations (10.4%)
- Sales & Related Occupations (10.4%)
- Construction & Extraction Occupations (9.8%)
- Management Occupations (8.4%)

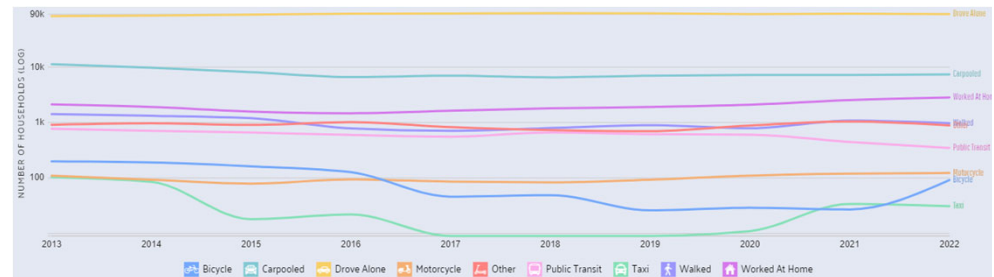
Population Health

Means of Transportation

- In 2018-2022, driving alone was the most frequent means of transportation to work for both Jefferson and Orange Counties and the state.
- In 2018-2022, Orange County (9.1%) had the lowest percent of people who carpooled to work than Jefferson County (11.2%) and the state (9.7%).
- Jefferson County (20.8 minutes) had a shorter mean travel time to work than Orange County (24.3 minutes) and the state (26.6 minutes) (2018-2022).

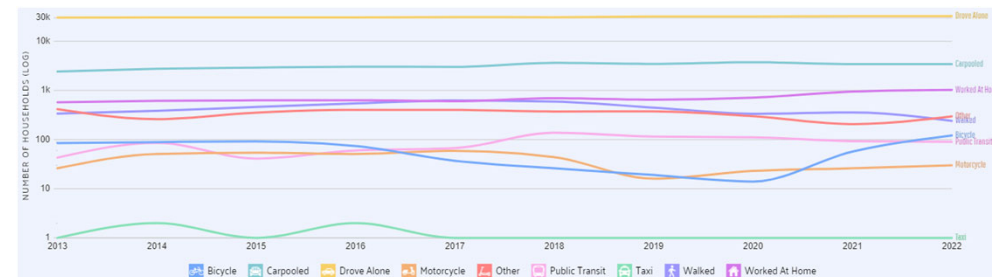
Jefferson County

Mean travel time to work: 20.8 minutes



Orange County

Mean travel time to work: 24.3 minutes



Texas

Mean travel time to work: 26.6 minutes

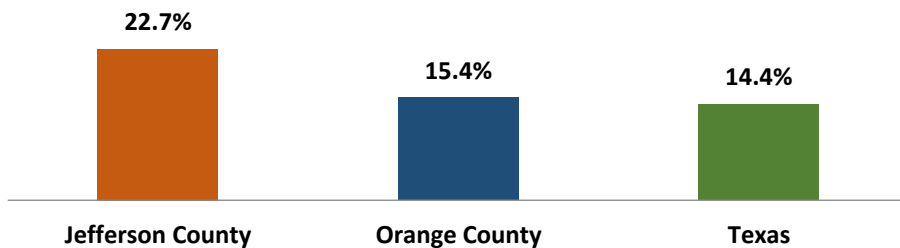


Population Health

Poverty

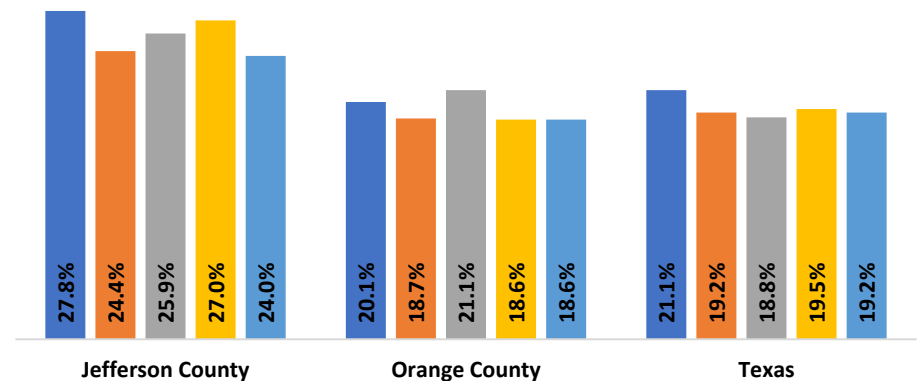
- Jefferson County (22.7%) has the highest percentage of families living below the poverty level as compared to Orange County (15.4%) and the state (14.4%) (2024).
- Between 2018 and 2022, the percentage of children (<18 years) living in poverty in Jefferson County, Orange County, and the state decreased.
- In 2022, Jefferson County (24.0%) had a higher percentage of children (<18 years) living in poverty than the state (19.2%), while the percentage in Orange County (18.6%) is lower than the state.

**Families Below Poverty
2024**



Children Living in Poverty

■ 2018 ■ 2019 ■ 2020 ■ 2021 ■ 2022



Source: Syntellis, Growth Reports, 2024.

Source: Small Area Income and Poverty Estimates (SAIPE), filtered for Jefferson and Orange Counties, TX, https://www.census.gov/data-tools/demo/saipe/#/?map_geoSelector=aa_c; data accessed July 23, 2024.

Children Living Below Poverty Definition: Estimated percentage of related children under age 18 living in families with incomes less than the federal poverty threshold.

Note: The 2024 Federal Poverty Guidelines define a household size of 4 as living below 100% of the federal poverty level if the household income is less than \$31,200, and less than 200% of the federal poverty level if the household income is less than \$62,400. Please see the appendix for the full 2024 Federal Poverty Guidelines.



Population Health

Food Insecurity

- According to Feeding America, Jefferson County (17.8%) had the highest estimated percent of residents who are food insecure as compared to Orange County (16.8%) and the state (16.4%) (2022).
- Additionally, 32.7% of the youth population (under 18 years of age) in Jefferson County are food insecure, as compared to 24.7% in Orange County and 22.8% in Texas (2022).
- The average meal cost for a Jefferson County resident is \$3.52, as compared to \$3.61 in Orange County and \$3.45 in Texas (2022).

Location	Overall Food Insecurity	Child Food Insecurity	Average Meal Cost
Jefferson County	17.8%	32.7%	\$3.52
Orange County	16.8%	24.7%	\$3.61
Texas	16.4%	22.8%	\$3.45

Source: Feeding America, Map The Meal Gap: Data by County in Each State, filtered for Jefferson and Orange Counties, TX, <https://map.feedingamerica.org/>; information accessed July 23, 2024.

Overall Food Insecure Definition: Lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. "Overall" refers to all individuals, including children, regardless of race or ethnicity.

Child Food Insecure Definition: Those children living in households experiencing food insecurity. "Child" refers to all children under age 18, regardless of race or ethnicity.

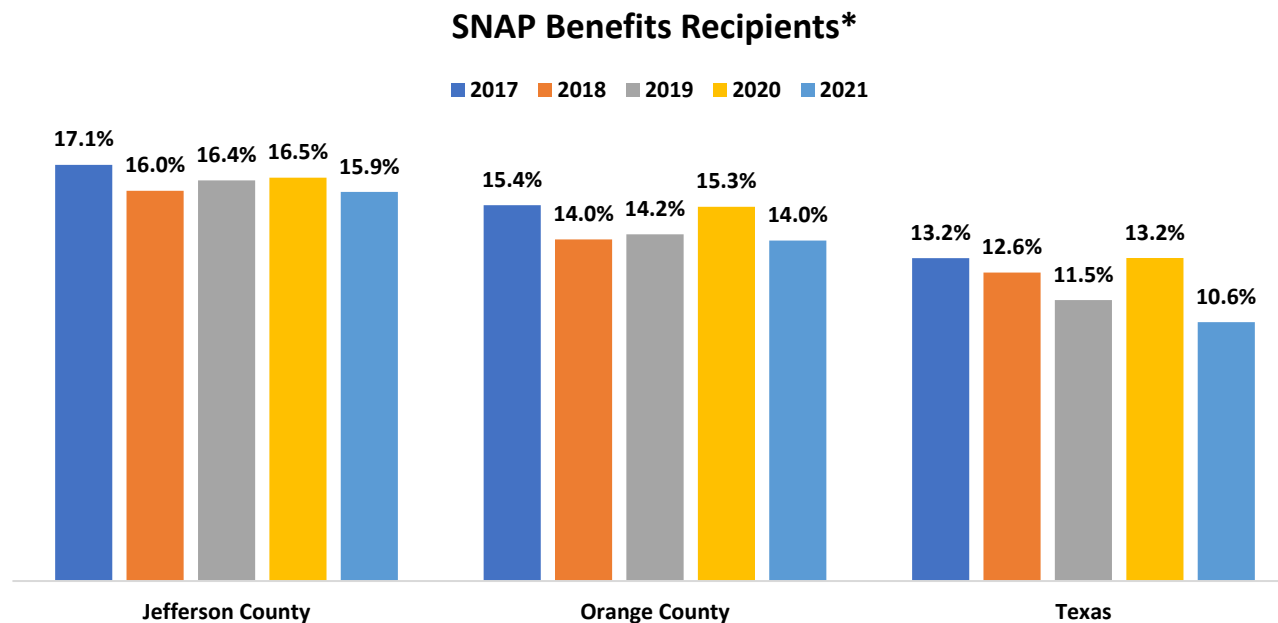
Average Meal Cost Definition: The average weekly dollar amount food-secure individuals report spending on food, as estimated in the Current Population Survey, divided by 21 (assuming three meals a day, seven days a week).



Population Health

Supplemental Nutrition Assistance Program (SNAP) Benefits

- Between 2017 and 2021, Jefferson County maintained a higher percentage of SNAP benefit recipients than Orange County and the state. Additionally, the percentage of SNAP benefit recipients in both counties overall decreased between 2017 and 2021.
- In 2021, Jefferson County (15.9%) had a higher percentage of SNAP benefit recipients than both Orange County (14.0%) and the state (10.6%).



Source: SAIPE Model, United States Census Bureau, <https://www.census.gov/data/datasets/time-series/demo/saipe/model-tables.html>; data accessed July 23, 2024.

Source: County Population Totals: 2010-2019, United States Census Bureau, filtered for Jefferson and Orange Counties, TX, <https://www.census.gov/data/datasets/time-series/demo/popest/2010s-counties-total.html>; data access July 23, 2024.

Source: County Population Totals: 2020-2023, United States Census Bureau, filtered for Jefferson and Orange Counties, TX, <https://www.census.gov/data/tables/time-series/demo/popest/2020s-counties-total.html>; data access July 23, 2024.

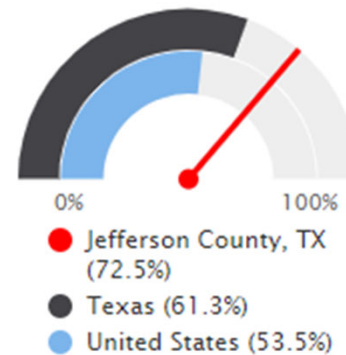
*Percentage manually calculated based on estimated population numbers by county and state between 2017 and 2021 as provided by the United States Census Bureau.

Population Health

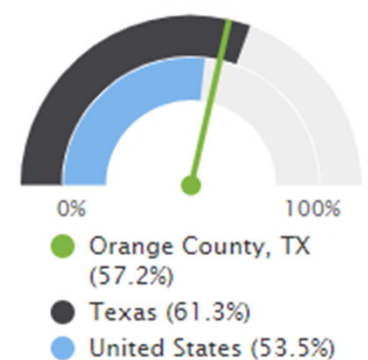
Children in the Study Area

- In 2022-2023, Jefferson County (72.5%) had the highest percentage of public school students eligible for free or reduced price lunch as compared to Orange County (57.2%), the state (61.3%) and the nation (53.5%).
- Jefferson County (82.2%) had a lower high school graduation rate than Orange County (89.3%) and the state (91.2%), but a higher rate than the nation (81.1%) (2020-2021).

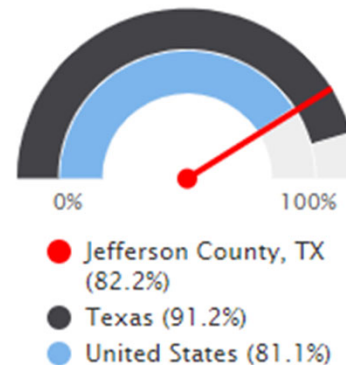
Percentage of Students Eligible for Free or Reduced Price School Lunch



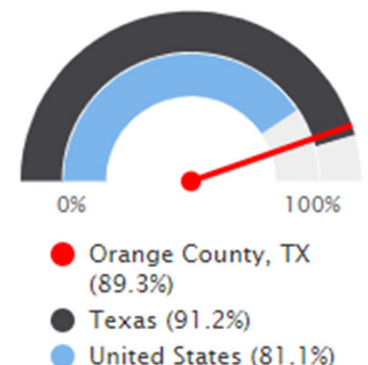
Percentage of Students Eligible for Free or Reduced Price School Lunch



Adjusted Cohort Graduation Rate



Adjusted Cohort Graduation Rate



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

Source: SparkMap, Health Indicator Report: logged in and filtered for Jefferson and Orange Counties, TX, <https://sparkmap.org/report/>; data accessed July 22, 2024.

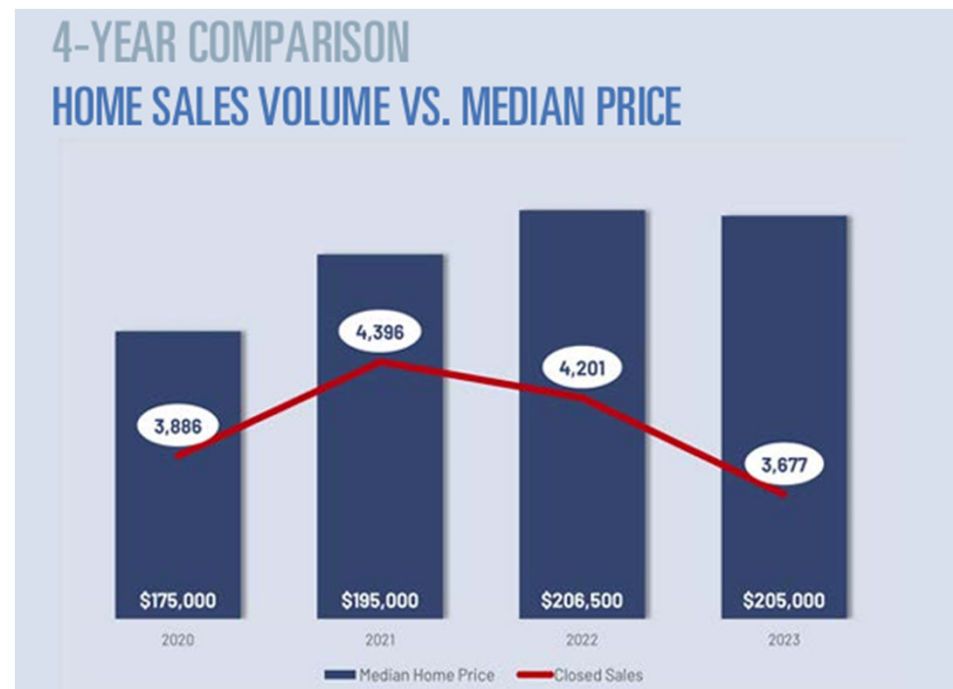
Eligible for Free/Reduced Price Lunch Definition: Free or reduced price lunches are served to qualifying students in families with income between under 185 percent (reduced price) or under 130% (free lunch) of the US federal poverty threshold as part of the federal National School Lunch Program (NSLP).

Cohort Graduation Rate Definition: Students receiving a high school diploma within four years.

Population Health

Housing – Home Sales & Median Price

- Beaumont-Port Arthur MSA had a 12.5% decrease in total numbers of houses sold in 2023.
- Between 2022 and 2023, the median home price for a home in Beaumont-Port Arthur MSA decreased from \$208,500 to \$205,000.
- Between 2020 and 2023, the number of houses sold decreased while the median home price overall increased.



Source: Texas Realtors, Texas Quarterly Housing Report: filtered for 2023 Texas Real Estate Year in Review Report, <https://www.texasrealestate.com/market-research/quarterly-housing-report/>; data accessed October 18, 2024.

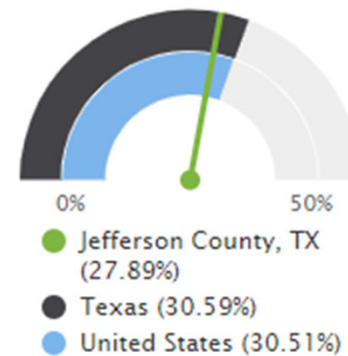
Note: The sales data in those reports include home sales for single family homes, condos, and townhomes for all properties sold through a multiple listing service (MLS) in Texas.

Population Health

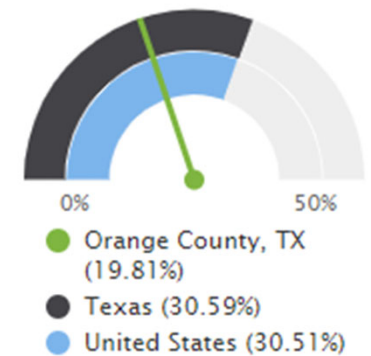
Housing – Cost and Substandard Housing Conditions

- Jefferson County (27.9%) has a higher percent of households where housing costs exceed 30% of total household income than Orange County (19.8%), but a lower percent than the state (30.6%) and the nation (30.5%) (2018-2022).
- The percent of occupied housing units that have one or more substandard conditions in Jefferson County (29.0%) is higher than Orange County (22.0%), but lower than the state (32.9%) and the nation (31.7%) (2018-2022).

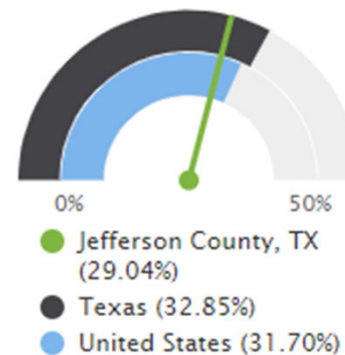
Percentage of Households where Housing Costs Exceed 30% of Income



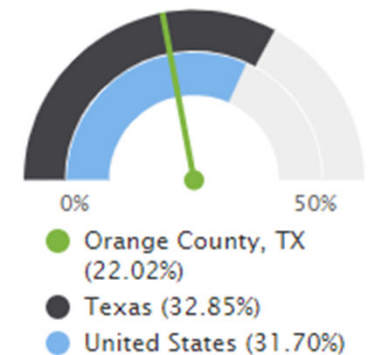
Percentage of Households where Housing Costs Exceed 30% of Income



Occupied Housing Units with One or More Substandard Conditions, Percent



Occupied Housing Units with One or More Substandard Conditions, Percent



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

Source: SparkMap, Health Indicator Report: logged in and filtered for Jefferson and Orange Counties, TX, <https://sparkmap.org/report/>; data accessed July 22, 2024.

Housing Costs Exceeds 30% of Income Definition: The percentage of the households where housing costs are 30% or more of total household income.

Substandard Conditions Definition: The number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%.



HEALTH DATA OVERVIEW

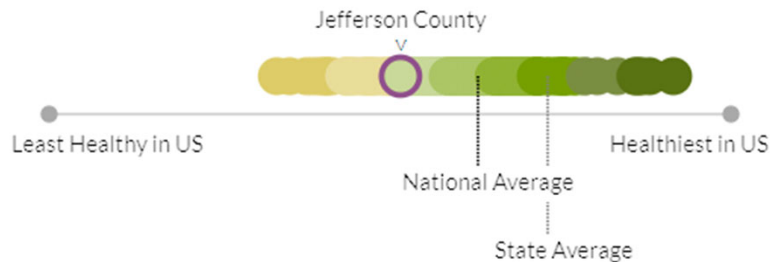
Data Methodology

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

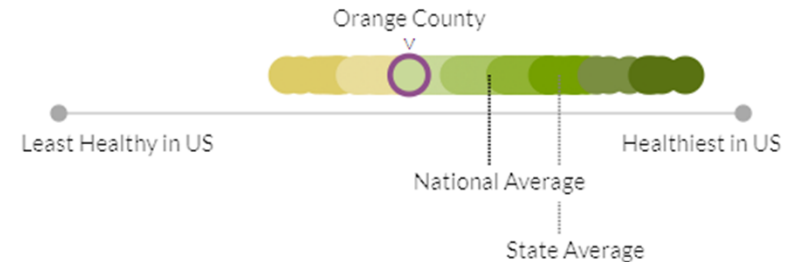
Health Status

County Health Rankings & Roadmaps – Health Outcomes

Jefferson County Health Outcomes



Orange County Health Outcomes

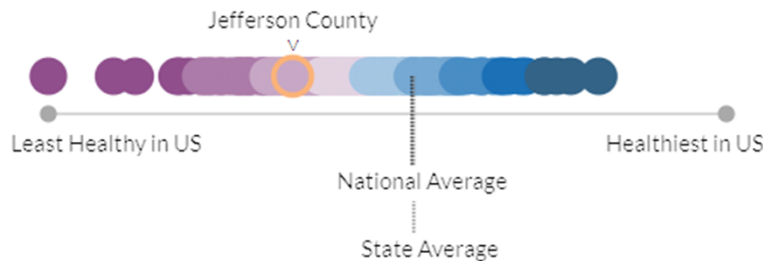


- According to County Health Rankings & Roadmap, Health Outcomes tell us how long people live on average within a community, and how much physical and mental health people experience in a community while they are alive.
- Many indicators go into the overall health outcomes and some examples of where both Jefferson and Orange Counties were worse than the state for health outcomes include:
 - Length Of Life:
 - Premature Death
 - Quality Of Life:
 - Poor Physical Health Days
 - Poor Mental Health Days
 - Low Birthweight

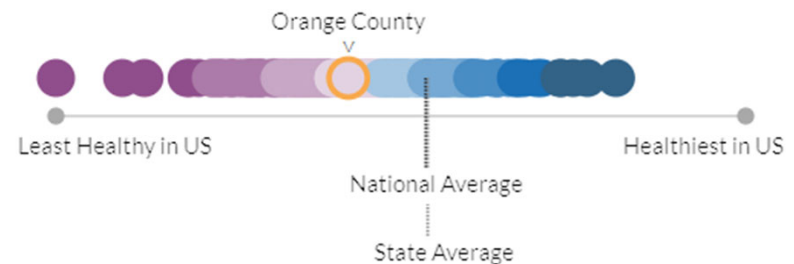
Health Status

County Health Rankings & Roadmaps – Health Factors

Jefferson County Health Factors



Orange County Health Factors



- According to County Health Rankings & Roadmap, many things influence how well and how long we live. Health Factors represent those things we can improve to live longer and healthier lives. They are indicators of the future health of our communities.
- Many indicators go into the overall health factors and some examples of where both Jefferson & Orange Counties were worse than the state for health factors include:
 - Health Behaviors:
 - Adult Obesity
 - Clinical Care:
 - Primary Care Physicians
 - Social and Economic Factors:
 - Unemployment
 - Physical Environment:
 - Driving Alone to Work

Health Status

Mortality – Leading Causes of Death (2018-2022)

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	COVID-19 (U07.1)	Chronic lower respiratory diseases (J40-J47)	COVID-19 (U07.1)
4	Chronic lower respiratory diseases (J40-J47)	COVID-19 (U07.1)	Accidents (unintentional injuries) (V01-X59,Y85-Y86)
5	Alzheimer's disease (G30)	Accidents (unintentional injuries) (V01-X59,Y85-Y86)	Cerebrovascular diseases (I60-I69)
6	Accidents (unintentional injuries) (V01-X59,Y85-Y86)	Alzheimer's disease (G30)	Alzheimer's disease (G30)
7	Cerebrovascular diseases (I60-I69)	Cerebrovascular diseases (I60-I69)	Chronic lower respiratory diseases (J40-J47)
8	Diabetes mellitus (E10-E14)	Diabetes mellitus (E10-E14)	Diabetes mellitus (E10-E14)
9	Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)	Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	Chronic liver disease and cirrhosis (K70,K73-K74)
10	Chronic liver disease and cirrhosis (K70,K73-K74)	Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)	Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed September 17, 2024.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.



Health Status

Mortality – Leading Causes of Death (2018-2022)

Disease	Jefferson County	Orange County	Texas
Diseases of heart (I00-I09,I11,I13,I20-I51)	● 280.1	● 334.9	166.7
Malignant neoplasms (C00-C97)	● 182.4	● 215.2	143.5
COVID-19 (U07.1)	● 68.8	● 87.5	61.3
Chronic lower respiratory diseases (J40-J47)	● 60.4	● 100.1	35.5
Alzheimer's disease (G30)	● 59.6	● 62.5	35.9
Accidents (unintentional injuries) (V01-X59,Y85-Y86)	● 55.2	● 74.1	44.3
Cerebrovascular diseases (I60-I69)	● 52.6	● 57.9	39.2
Diabetes mellitus (E10-E14)	● 28.1	● 26.5	25.1
Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)	● 22.0	● 20.3	15.3
Chronic liver disease and cirrhosis (K70,K73-K74)	● 16.9	● 20.0	16.2

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

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

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed September 17, 2024.

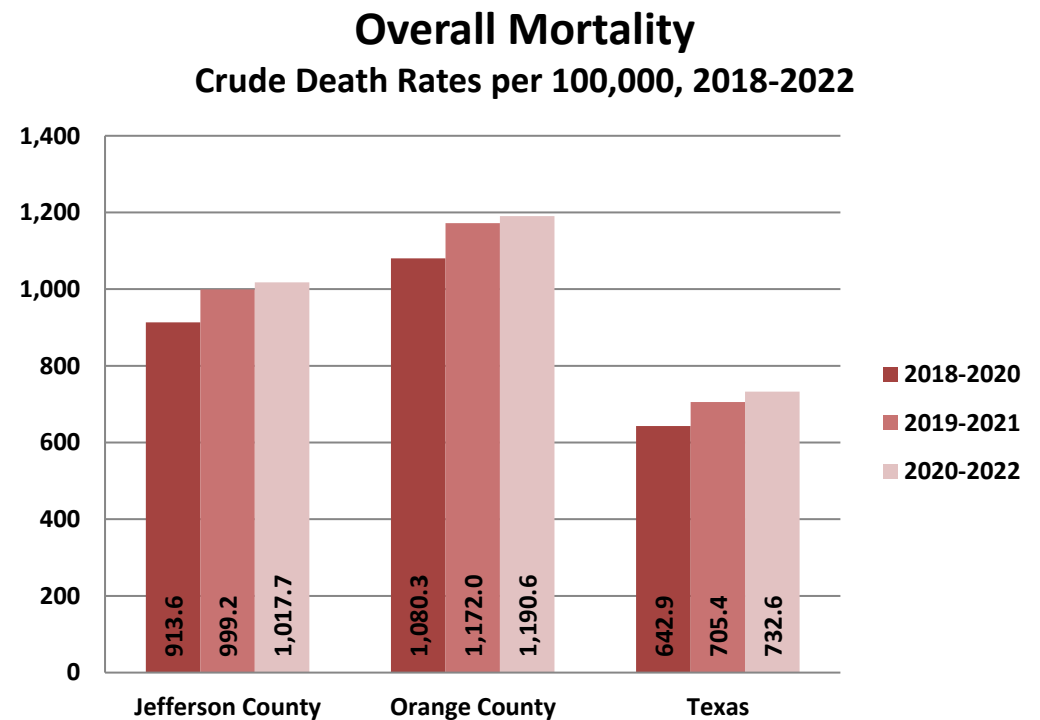
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality - Overall

- Overall mortality rates in both Jefferson and Orange Counties remained higher than the state between 2018 and 2022.
- Overall mortality rates in both counties and the state increased between 2018 and 2022.
- In 2020-2022, the overall mortality rate in Orange County (1,190.6 per 100,000) was higher than both Jefferson County (1,017.7 per 100,000) and the state (732.6 per 100,000).



LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Jefferson County	6,913	913.6	7,548	999.2	7,680	1,017.7	11,998	951.3
Orange County	2,699	1,080.3	2,942	1,172.0	3,007	1,190.6	4,703	1,121.0
Texas	559,730	642.9	619,946	705.4	651,407	732.6	995,142	678.7

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed September 17, 2024.

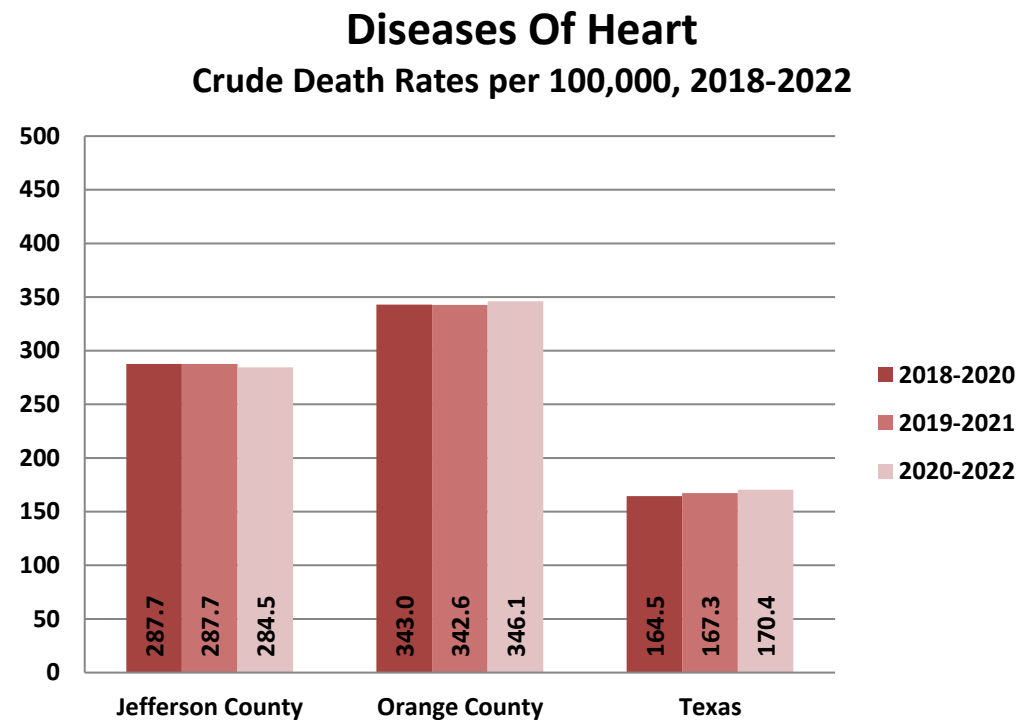
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality - Diseases of the Heart

- Heart disease is the leading cause of death in both counties and the state (2018-2022).
- Between 2018 and 2022, heart disease mortality rates decreased in Jefferson County and increased in Orange County and the state.
- In 2020-2022, the heart disease mortality rate in Orange County (346.1 per 100,000) was higher than the rate in Jefferson County (284.5 per 100,000) and in the state (170.4 per 100,000).



LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Jefferson County	2,177	287.7	2,173	287.7	2,147	284.5	3,533	280.1
Orange County	857	343.0	860	342.6	874	346.1	1,405	334.9
Texas	143,183	164.5	147,004	167.3	151,537	170.4	244,439	166.7

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed September 17, 2024.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

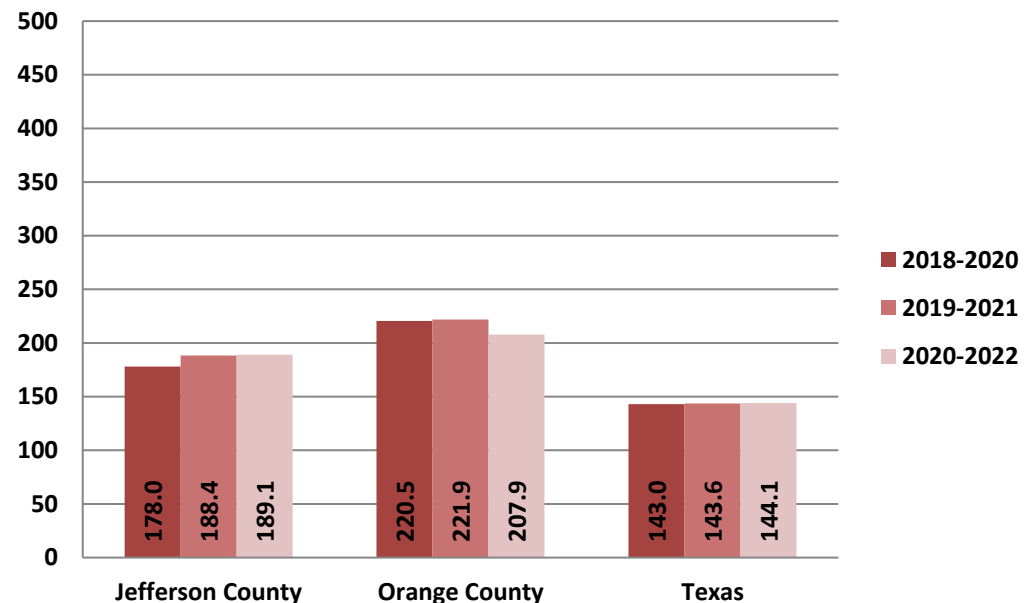
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality - Malignant Neoplasms

- Cancer is the second leading cause of death in both counties and the state (2018-2022).
- Between 2018 and 2022, cancer mortality rates increased in Jefferson County and the state, and decreased in Orange County.
- In 2020-2022, the cancer mortality rate in Orange County (207.9 per 100,000) was higher than the rate in Jefferson County (189.1 per 100,000) and in the state (144.1 per 100,000).

Malignant Neoplasms
Crude Death Rates per 100,000, 2018-2022



LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Jefferson County	1,347	178.0	1,423	188.4	1,427	189.1	2,301	182.4
Orange County	551	220.5	557	221.9	525	207.9	903	215.2
Texas	124,497	143.0	126,183	143.6	128,097	144.1	210,452	143.5

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed September 17, 2024.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

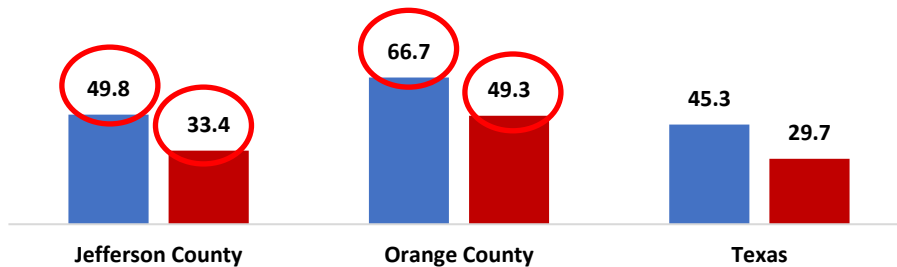
Health Status

Cancer Incidence & Mortality by Type

Lung & Bronchus Cancer

Age-adjusted Incidence & Mortality Rates per 100,000
2018-2021

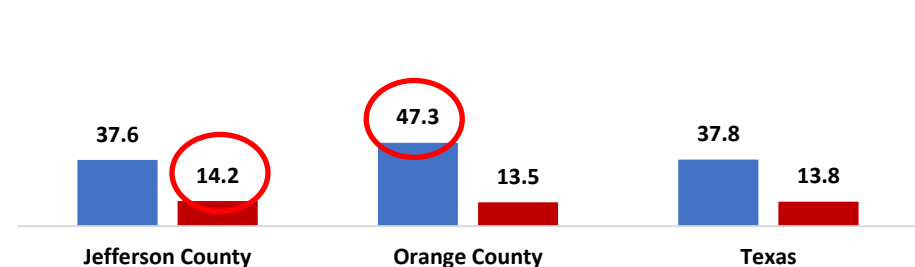
■ Incidence ■ Mortality



Colon & Rectum Cancer

Age-adjusted Incidence & Mortality Rates per 100,000
2018-2021

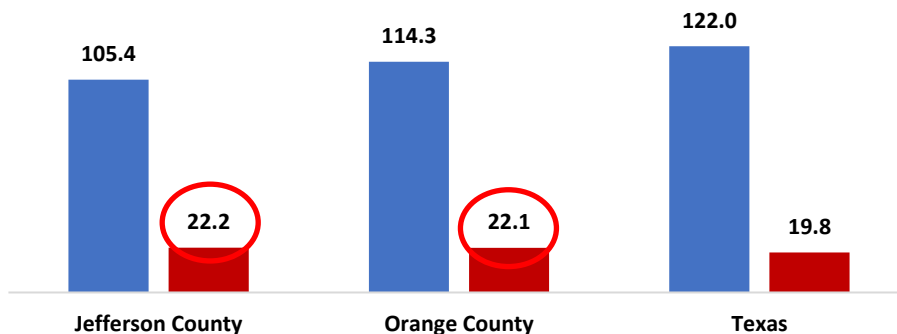
■ Incidence ■ Mortality



Breast Cancer (Female)

Age-adjusted Incidence & Mortality Rates per 100,000
2018-2021

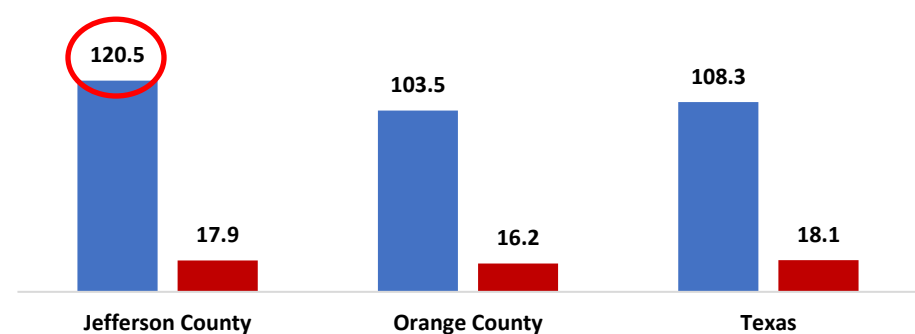
■ Incidence ■ Mortality



Prostate Cancer

Age-adjusted Incidence & Mortality Rates per 100,000
2018-2021

■ Incidence ■ Mortality

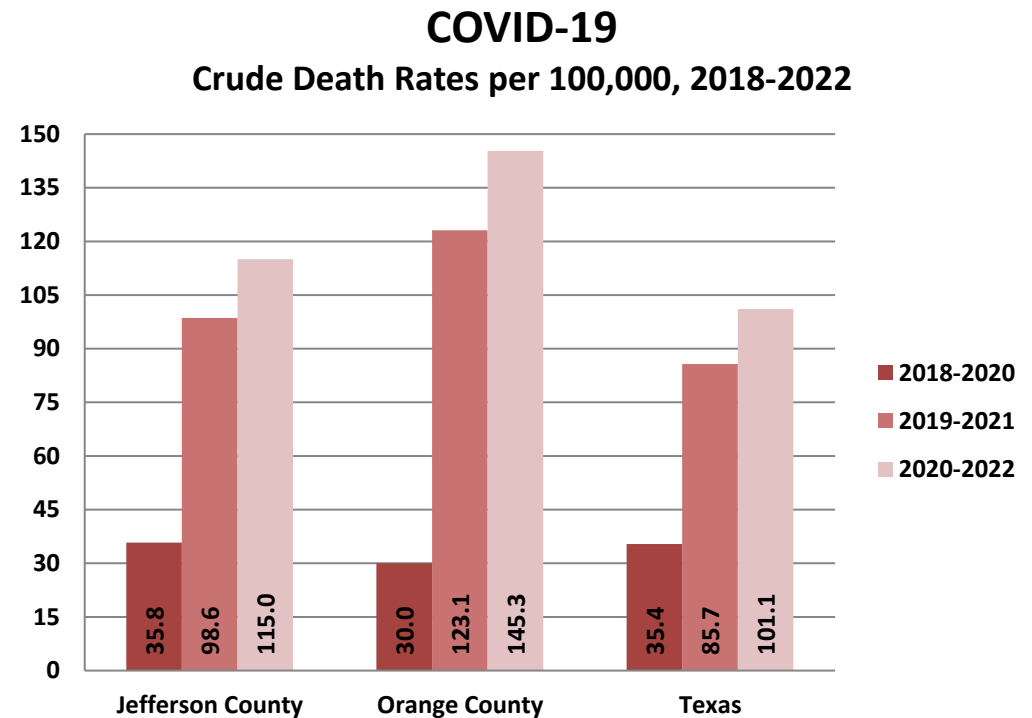


Source: Texas Cancer Registry, Cancer Incidence and Mortality by Site and County, <https://www.cancer-rates.com/tx/>; data accessed July 29, 2024.
Note: All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Population.

Health Status

Mortality – COVID-19

- COVID-19 is the third leading cause of death in Jefferson County and the state, and is the fourth leading cause of death in Orange County (2018-2022).
- Between 2018 and 2022, COVID-19 mortality rates in both counties and the state increased.
- In 2020-2022, the COVID-19 mortality rate in Orange County (145.3 per 100,000) was higher than the rate in Jefferson County (115.0 per 100,000) and state rate (101.1 per 100,000).



LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Jefferson County	271	35.8	745	98.6	868	115.0	868	68.8
Orange County	75	30.0	309	123.1	367	145.3	367	87.5
Texas	30,840	35.4	75,356	85.7	89,929	101.1	89,929	61.3

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed September 17, 2024.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

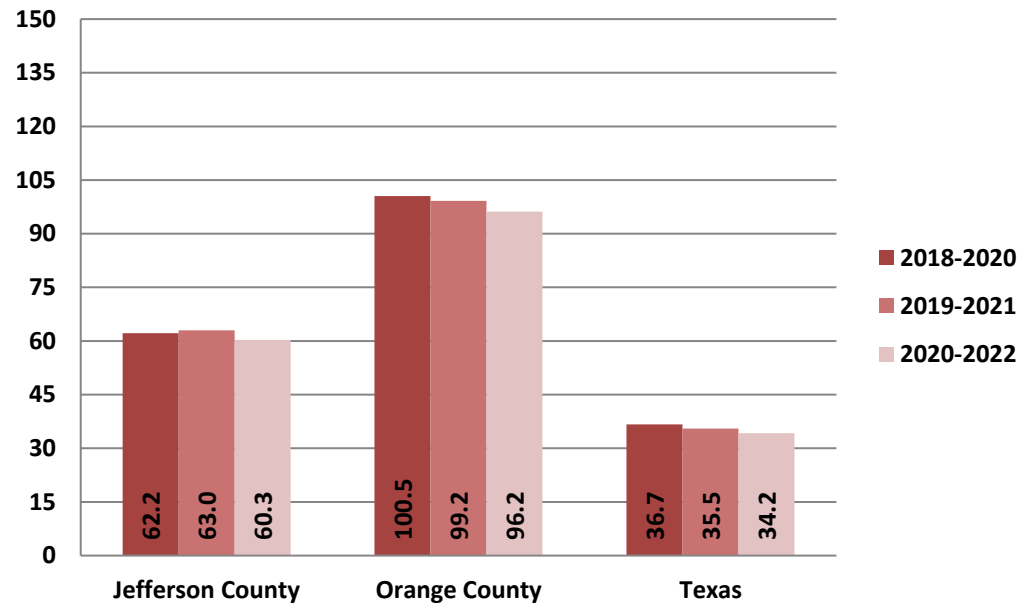
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality - Chronic Lower Respiratory Diseases

- Chronic lower respiratory diseases (CLRD) is the fourth leading cause of death in Jefferson County, the third leading cause of death in Orange County and the seventh leading cause of death in the state (2018-2022).
- Between 2018 and 2022, CLRD mortality rates decreased in both counties and the state.
- In 2020-2022, the CLRD mortality rate in Orange County (96.2 per 100,000) was higher than the rate in Jefferson County (60.3 per 100,000) and the state rate (34.2 per 100,000).

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



LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Jefferson County	471	62.2	476	63.0	455	60.3	762	60.4
Orange County	251	100.5	249	99.2	243	96.2	420	100.1
Texas	31,965	36.7	31,225	35.5	30,442	34.2	52,005	35.5

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed September 17, 2024.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

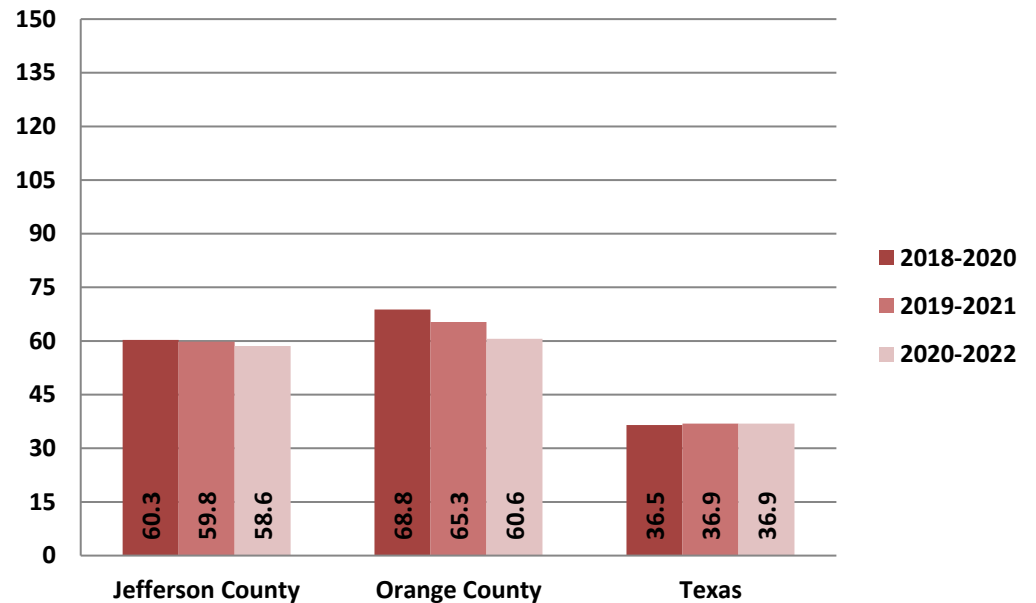
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality - Alzheimer's Disease

- Alzheimer's disease is the fifth leading cause of death in Jefferson County and the sixth leading cause of death in both Orange County and the state (2018-2022).
- Between 2018 and 2022, Alzheimer's disease mortality rates decreased in both counties, while rates in the state slightly increased.
- In 2020-2022, the Alzheimer's disease mortality rate in Orange County (60.6 per 100,000) was higher than the rate in Jefferson County (58.6 per 100,000) and in the state (36.9 per 100,000).

Alzheimer's Disease
Crude Death Rates per 100,000, 2018-2022



LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Jefferson County	456	60.3	452	59.8	442	58.6	752	59.6
Orange County	172	68.8	164	65.3	153	60.6	262	62.5
Texas	31,782	36.5	32,456	36.9	32,782	36.9	52,646	35.9

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed September 17, 2024.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

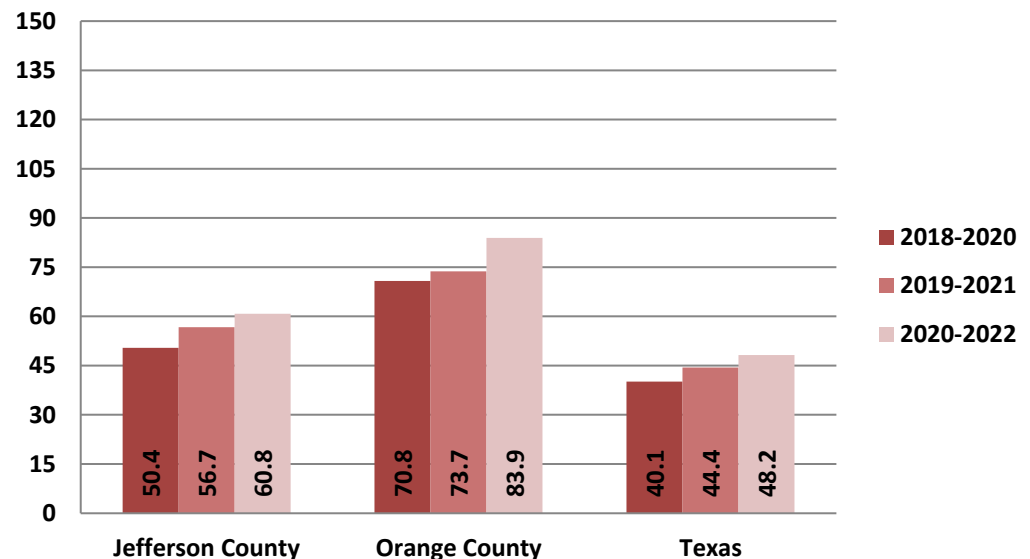
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality - Accidents

- Fatal accidents are the sixth leading cause of death in Jefferson County, the fifth leading cause of death in Orange County, and the fourth leading cause of death in the state (2018-2022).
- Between 2018 and 2022, overall accident mortality rates increased in both counties, and the state.
- In 2020-2022, the accident mortality rate in Orange County (83.9 per 100,000) was higher than the rate in Jefferson County (60.8 per 100,000) and in the state (48.2 per 100,000).
- The leading cause of fatal accidents in Jefferson County is due to motor vehicle accidents, while the leading cause of fatal accidents in Orange County is due to accidental poisoning and exposure to noxious substances (2020-2022).

Accidents
Crude Death Rates per 100,000, 2018-2022



LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Jefferson County	381	50.4	428	56.7	459	60.8	696	55.2
Orange County	177	70.8	185	73.7	212	83.9	311	74.1
Texas	34,949	40.1	39,007	44.4	42,875	48.2	64,905	44.3

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed September 17, 2024.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

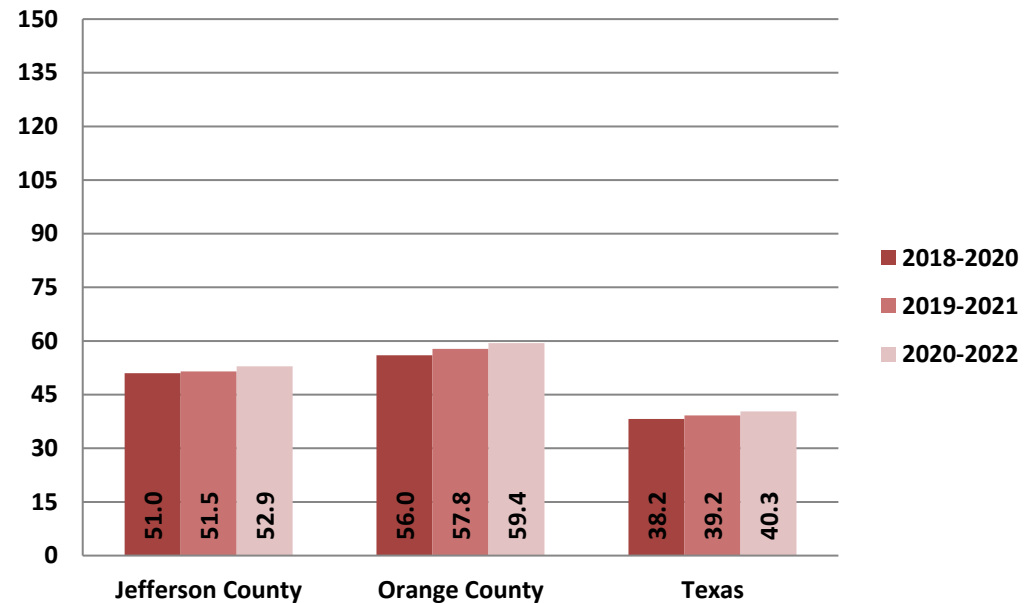
Accident mortality rates include: motor vehicle crashes, other land transport accidents, water transport accidents, air and space transport accidents, falls, accidental shootings, drownings, fire and smoke exposures, poisonings, suffocations, and all other unintentional injuries.

Health Status

Mortality - Cerebrovascular Disease

- Cerebrovascular disease is the seventh leading cause of death in Jefferson and Orange Counties, and the fifth leading cause of death in the state (2018-2022).
- Between 2018 and 2022, cerebrovascular disease mortality rates increased in both counties and the state.
- In 2020-2022, the cerebrovascular disease mortality rate in Orange County (59.4 per 100,000) was higher than the rate in Jefferson County (52.9 per 100,000) and in the state (40.3 per 100,000).

Cerebrovascular Diseases
Crude Death Rates per 100,000, 2018-2022



LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Jefferson County	386	51.0	389	51.5	399	52.9	663	52.6
Orange County	140	56.0	145	57.8	150	59.4	243	57.9
Texas	33,284	38.2	34,418	39.2	35,836	40.3	57,453	39.2

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed September 17, 2024.

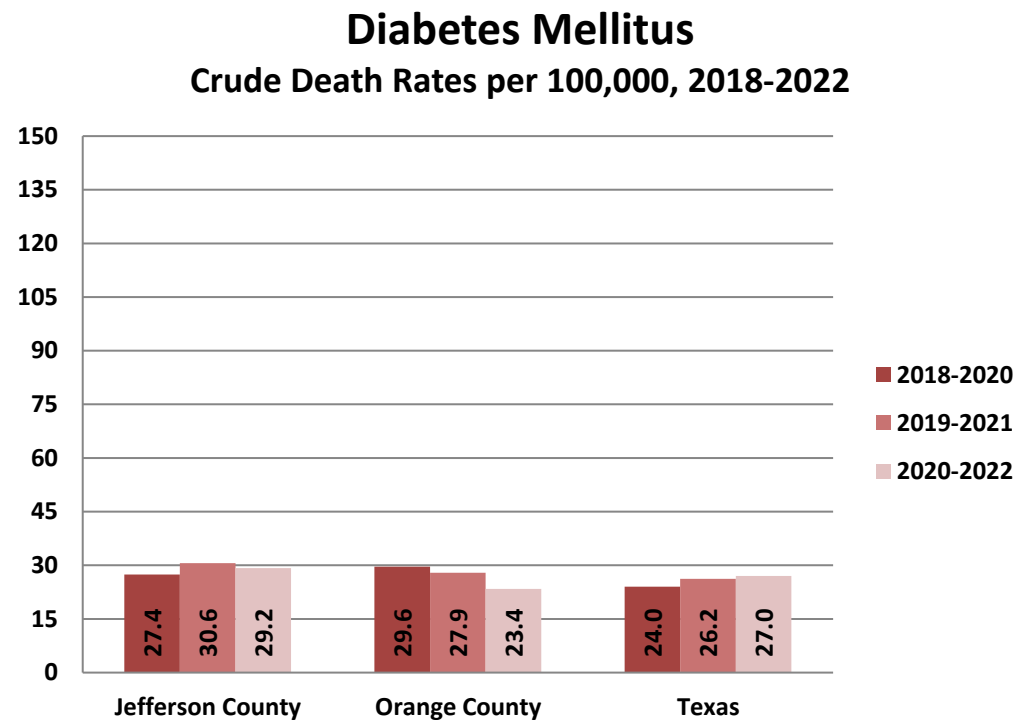
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality - Diabetes Mellitus

- Diabetes mellitus is the eighth leading cause of death in both counties and the state (2018-2022).
- Between 2018 and 2022, diabetes mortality rates increased in both Jefferson County and the state, while rates in Orange County decreased.
- In 2020-2022, the diabetes mortality rate in Jefferson County (29.2 per 100,000) was higher than the rate in Orange County (23.4 per 100,000) and in the state (27.0 per 100,000).



LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Jefferson County	207	27.4	231	30.6	220	29.2	355	28.1
Orange County	74	29.6	70	27.9	59	23.4	111	26.5
Texas	20,870	24.0	23,015	26.2	23,979	27.0	36,859	25.1

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed September 17, 2024.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

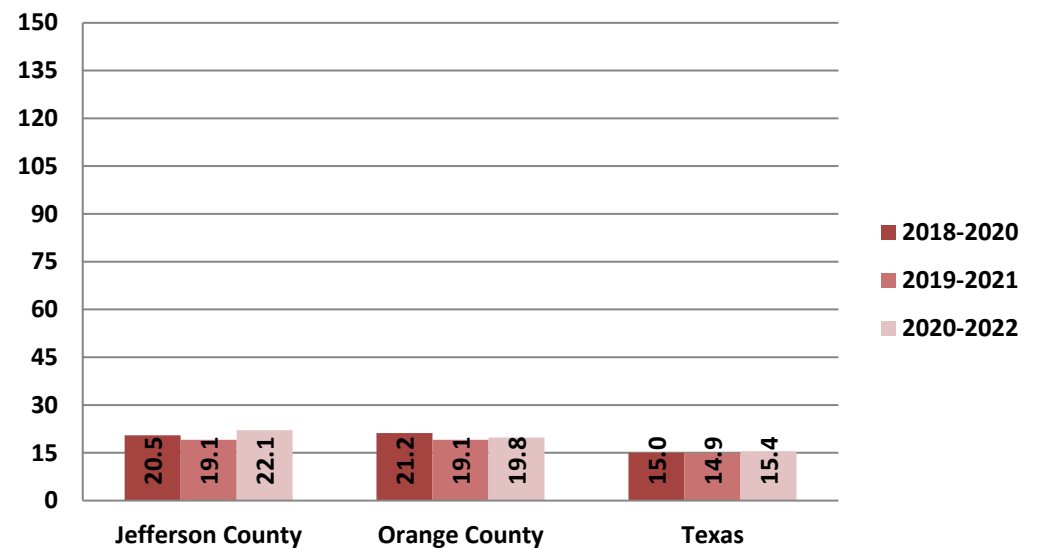
Health Status

Mortality - Nephritis, Nephrotic Syndrome & Nephrosis

- Nephritis, nephrotic syndrome and nephrosis is the ninth leading cause of death in Jefferson County, and the tenth leading cause of death in both Orange County and the state (2018-2022).
- Between 2018 and 2022, nephritis, nephrotic syndrome and nephrosis mortality rates increased in Jefferson County and the state, and decreased in Orange County.
- In 2020-2022, the nephritis, nephrotic syndrome and nephrosis mortality rate in Jefferson County (22.1 per 100,000) was higher than the rate in Orange County (19.8 per 100,000) and in the state (15.4 per 100,000).

Nephritis, Nephrotic Syndrome And Nephrosis

Crude Death Rates per 100,000, 2018-2022



LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Jefferson County	155	20.5	144	19.1	167	22.1	277	22.0
Orange County	53	21.2	48	19.1	50	19.8	85	20.3
Texas	13,094	15.0	13,078	14.9	13,679	15.4	22,373	15.3

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed September 17, 2024.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

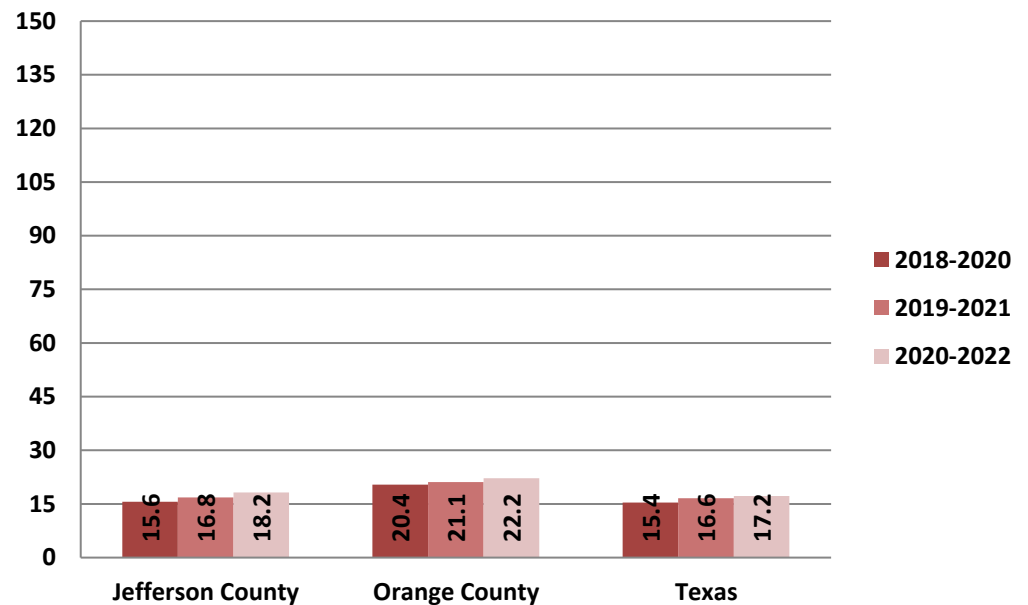
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality – Chronic Liver Disease and Cirrhosis

- Chronic liver disease and cirrhosis is the tenth leading cause of death in Jefferson County, the ninth leading cause of death in the state, and is not a leading cause of death in Orange County (2018-2022).
- Between 2018 and 2022, chronic liver disease and cirrhosis mortality rates increased in both counties and the state.
- In 2020-2022, the chronic liver disease and cirrhosis mortality rate in Orange County (22.2 per 100,000) was higher than both the rate in Jefferson County (18.2 per 100,000) and the state (17.2 per 100,000).

Chronic Liver Disease And Cirrhosis
Crude Death Rates per 100,000, 2018-2022



LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Jefferson County	118	15.6	127	16.8	137	18.2	213	16.9
Orange County	51	20.4	53	21.1	56	22.2	84	20.0
Texas	13,443	15.4	14,562	16.6	15,282	17.2	23,795	16.2

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed September 17, 2024.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

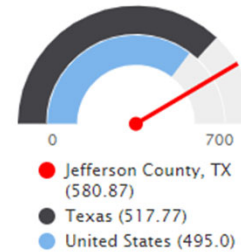
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

Health Status

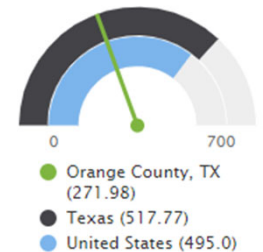
Communicable Diseases – Chlamydia, Gonorrhea & HIV/AIDS

- In 2022, Jefferson County (580.9 per 100,000) had a higher chlamydia infection rate than Orange County (272.0 per 100,000), the state (517.8 per 100,000) and the nation (495.0 per 100,000).
- In 2022, Jefferson County (298.8 per 100,000) had a higher gonorrhea infection rate than Orange County (116.8 per 100,000), the state (206.5 per 100,000) and the nation (194.4 per 100,000).
- In 2022, Jefferson County (631.0 per 100,000) had a higher rate of persons with HIV/AIDS than Orange County (227.9 per 100,000), the state (425.2 per 100,000) and the nation (386.6 per 100,000).

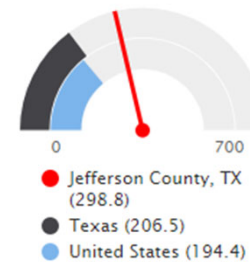
Chlamydia Infection Rate
(Per 100,000 Pop.)



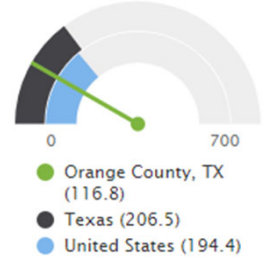
Chlamydia Infection Rate
(Per 100,000 Pop.)



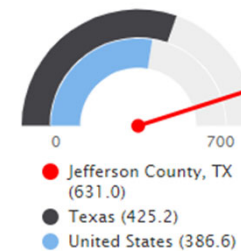
Gonorrhea Infection Rate
(Per 100,000 Pop.)



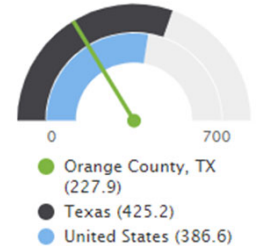
Gonorrhea Infection Rate
(Per 100,000 Pop.)



Population with HIV / AIDS,
Rate per 100,000 Pop.



Population with HIV / AIDS,
Rate per 100,000 Pop.



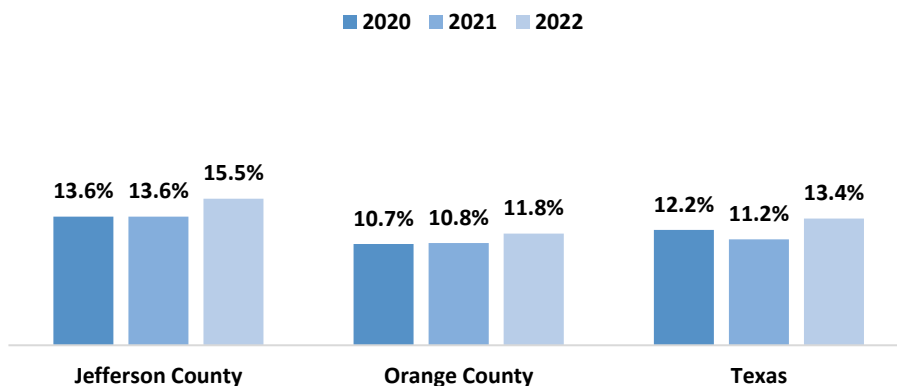
Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Health Status

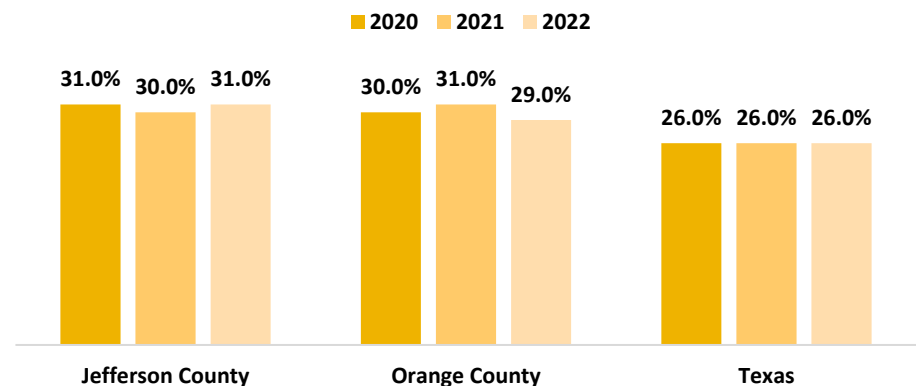
Chronic Conditions - Diabetes

- Between 2020 and 2022, the percent of adults (age 18+) with diabetes increased in both counties and the state.
- Jefferson County (15.5%) had a higher percent of adults (age 18+) with diabetes than Orange County (11.8%) and the state (13.4%) (2022).
- Between 2020 and 2022, the percent of Medicare beneficiaries with diabetes decreased in Orange County and remained consistent in Jefferson County and the state.
- In 2022, the percent of Medicare beneficiaries with diabetes in Jefferson County (31.0%) was higher than Orange County (29.0%) and the state (26.0%).

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



**Diabetes (Medicare), Percentage,
2020-2022**



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Jefferson and Orange Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releases/xyst-f73f/about_data, data accessed September 19, 2024.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Jefferson and Orange Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releases/7cmc-7y5g/about_data, data accessed September 19, 2024.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Jefferson and Orange Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releases/i46a-9kgh/about_data, data accessed September 19, 2024.

Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; <https://www.cdc.gov/cdi/>, data accessed September 19, 2024.

Source: Centers for Medicare & Medicaid Services, Office of Minority Health, Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>, data accessed on September 23, 2024.

Definition: Adults who report being told by a doctor or other health professional that they have diabetes (other than diabetes during pregnancy for female respondents).

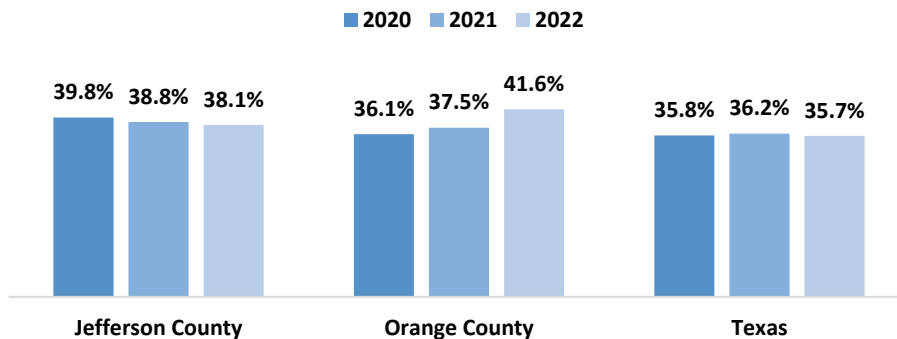
CMS Note: There was a change in algorithm in 2021.

Health Status

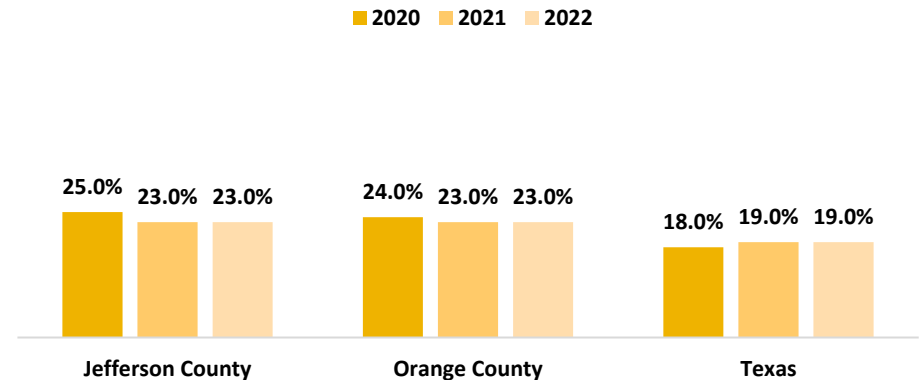
Chronic Conditions - Obesity

- Between 2020 and 2022, the percent of adults (age 18+) who were obese overall decreased in Jefferson County and the state, while the percent in Orange County increased.
- Orange County (41.6%) had the highest percent of adults (age 18+) who were obese when compared to Jefferson County (38.1%) and the state (35.7%) (2022).
- Between 2020 and 2022, the percent of Medicare beneficiaries who were obese decreased in both Jefferson and Orange Counties and increased in the state.
- In 2022, the percent of Medicare beneficiaries who were obese in Jefferson County (23.0%) was comparable to Orange County (23.0%) and higher than state (19.0%).

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



Obesity (Medicare), Percentage, 2020-2022



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Jefferson and Orange Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releases/xyst-f73f/about_data, data accessed September 19, 2024.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Jefferson and Orange Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releases/7cmc-7y5g/about_data, data accessed September 19, 2024.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Jefferson and Orange Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releases/i46a-9kgh/about_data, data accessed September 19, 2024.

Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; <https://www.cdc.gov/cdi/>, data accessed September 19, 2024.

Source: Centers for Medicare & Medicaid Services, Office of Minority Health, Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>; data accessed on September 23, 2024.

Definition: Respondents aged ≥ 18 years who have a body mass index (BMI) ≥ 30.0 kg/m² calculated from self-reported weight and height. Exclude the following: Height: data from respondents measuring < 3 ft or ≥ 8 ft; Weight: data from respondents weighing < 50 lbs or ≥ 650 lbs and BMI: data from respondents with BMI < 12 kg/m² or ≥ 100 kg/m².

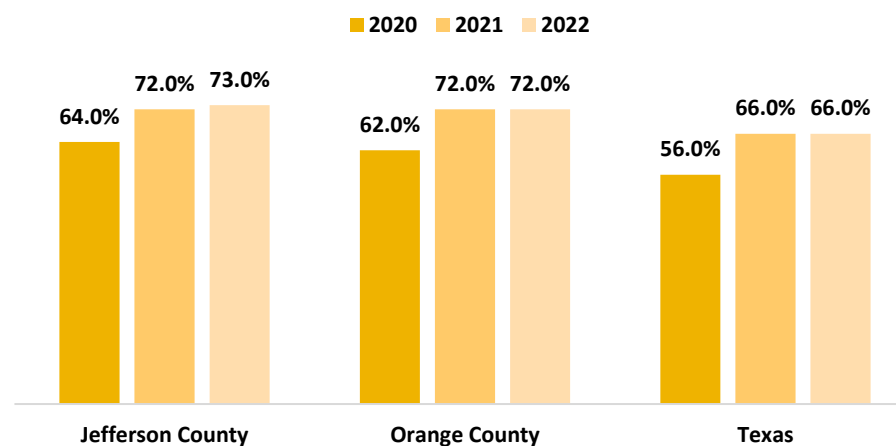
CMS Note: There was a change in algorithm in 2021.

Health Status

Chronic Conditions - Hypertension

- Between 2020 and 2022, the percent of Medicare beneficiaries with hypertension increased in both Jefferson and Orange Counties and the state.
- In 2022, the percent of Medicare beneficiaries with hypertension in Jefferson County (73.0%) was highest when compared to Orange County (72.0%) and than state (66.0%).

Hypertension (Medicare), Percentage, 2020-2022



Source: Centers for Medicare & Medicaid Services, Office of Minority Health, Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>; data accessed on September 23, 2024.

Definition: Respondents who report ever having been told by a doctor, nurse, or other health professional that they have high blood pressure.

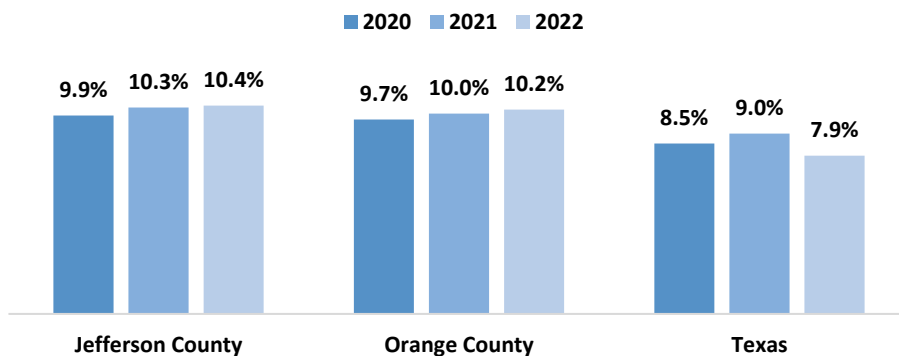
CMS Note: There was a change in algorithm in 2021.

Health Status

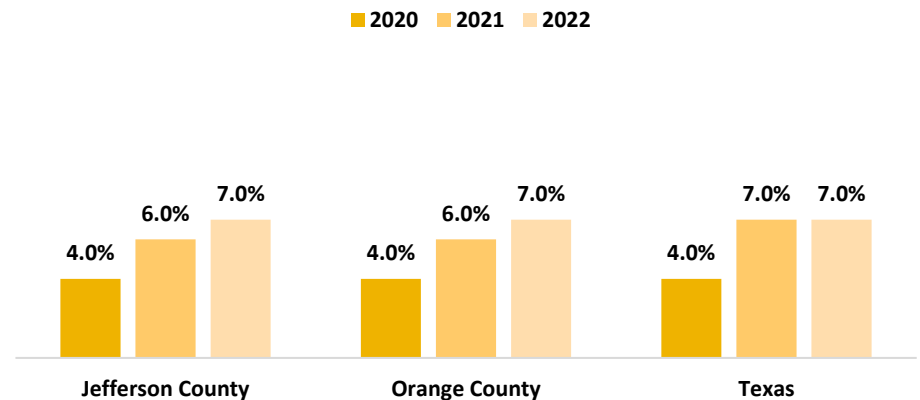
Chronic Conditions - Asthma

- Between 2020 and 2022, the percent of adults (age 18+) who currently have asthma increased in both Jefferson and Orange Counties and decreased in the state.
- Jefferson County (10.4%) had the highest percent of adults (age 18+) who currently have asthma when compared to Orange County (10.2%) and the state (7.9%) (2022).
- Between 2020 and 2022, the percent of Medicare beneficiaries with asthma increased in both Jefferson and Orange Counties and the state.
- In 2022, the percent of Medicare beneficiaries with asthma in Jefferson County (7.0%) was comparable to Orange County (7.0%) and the state (7.0%).

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



Asthma (Medicare), Percentage, 2020-2022



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Jefferson and Orange Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releases/xyst-f73f/about_data, data accessed September 19, 2024.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Jefferson and Orange Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releases/7cmc-7y5g/about_data, data accessed September 19, 2024.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Jefferson and Orange Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releases/i46a-9kgh/about_data, data accessed September 19, 2024.

Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; <https://www.cdc.gov/cdi/>, data accessed September 19, 2024.

Source: Centers for Medicare & Medicaid Services, Office of Minority Health, Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>; data accessed on September 23, 2024.

Definition: Having current asthma (reporting 'yes' to both of the questions, "Have you ever been told by a doctor, nurse, or other health professional that you have asthma?" and the question, "Do you still have asthma?").

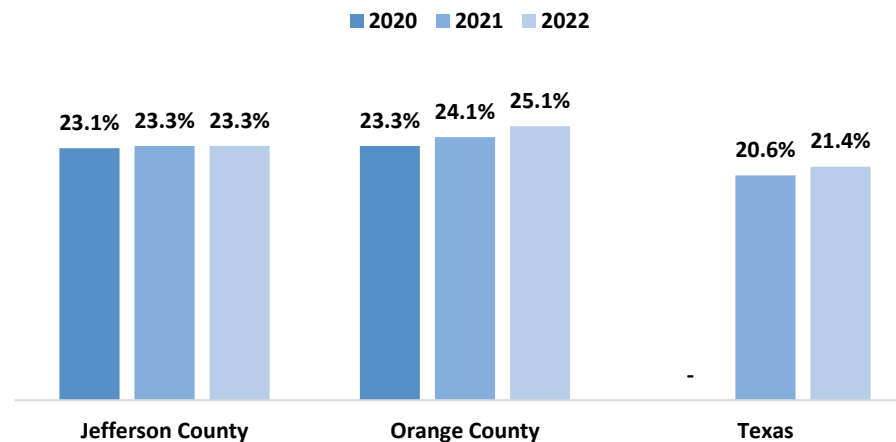
CMS Note: There was a change in algorithm in 2021.

Health Status

Chronic Conditions - Arthritis

- Between 2020 and 2022, the percent of adults (age 18+) who have arthritis increased in both Jefferson and Orange Counties.
- Orange County (25.1%) had a higher percent of adults (age 18+) with arthritis than Jefferson County (23.3%) and the state (21.4%) (2022).

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



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Jefferson and Orange Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releases/xyst-f73f/about_data, data accessed September 19, 2024.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Jefferson and Orange Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releases/7cmc-7y5g/about_data, data accessed September 19, 2024.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Jefferson and Orange Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releases/i46a-9kgh/about_data, data accessed September 19, 2024.

Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; <https://www.cdc.gov/cdi/>, data accessed September 19, 2024.

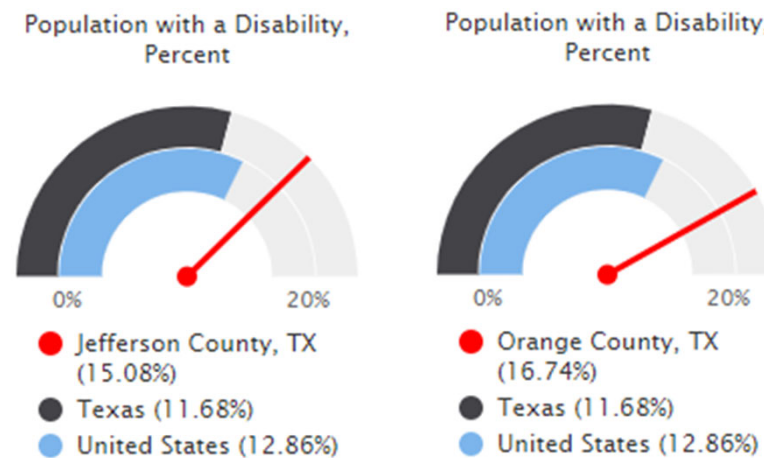
Definition: Having arthritis (reporting 'yes' to the question: "Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?")

Note: "-" indicates that data may be missing due to factors such as a small sample size, the question not being asked in a particular year, or the source used to collect the data being limited to core questions asked nationwide across all states.

Health Status

Chronic Conditions - Disability

- The percent of the total civilian non-institutionalized population with a disability in both Jefferson and Orange Counties (15.1% and 16.7%, respectfully) was higher than the state (11.7%) and the nation (12.9%) (2018-2022).



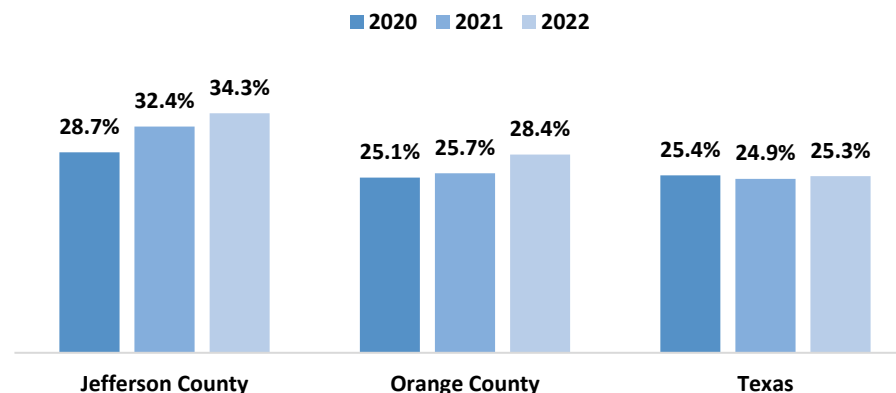
Note: A green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Health Status

Health Behaviors - Physical Inactivity

- Between 2020 and 2022, the percent of adults (age 18+) who have no leisure-time for physical activity increased in both Jefferson and Orange Counties and slightly decreased in the state.
- Jefferson County (34.3%) had the highest percent of adults (age 18+) with no leisure-time for physical activity when compared to Orange County (28.4%) and the state (25.3%) (2022).

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



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Jefferson and Orange Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releases/xyst-f73f/about_data, data accessed September 19, 2024.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Jefferson and Orange Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releases/7cmc-7y5g/about_data, data accessed September 19, 2024.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Jefferson and Orange Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releases/i46a-9kgh/about_data, data accessed September 19, 2024.

Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; <https://www.cdc.gov/cdi/>, data accessed September 19, 2024.

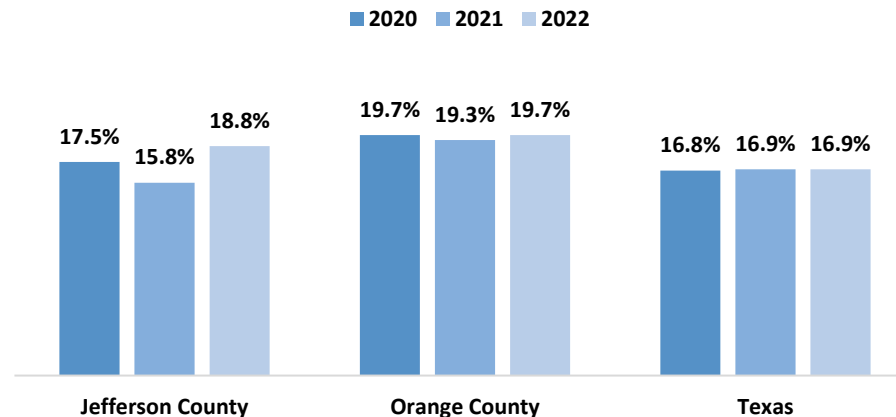
Definition: Having no leisure-time physical activity (reporting 'No' to the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?")

Health Status

Health Behaviors - Binge Drinking

- Between 2020 and 2022, the percent of adults (age 18+) who reported binge drinking increased in Jefferson County and the state, while the percent fluctuated in Orange County.
- Orange County (19.7%) had the highest percent of adults (age 18+) who reported binge drinking when compared to Jefferson County (18.8%) and the state (16.9%) (2022).

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



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Jefferson and Orange Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releases/xyst-f73f/about_data, data accessed September 19, 2024.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Jefferson and Orange Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releases/7cmc-7y5g/about_data, data accessed September 19, 2024.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Jefferson and Orange Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releases/i46a-9kg/about_data, data accessed September 19, 2024.

Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; <https://www.cdc.gov/cdi/>, data accessed September 19, 2024.

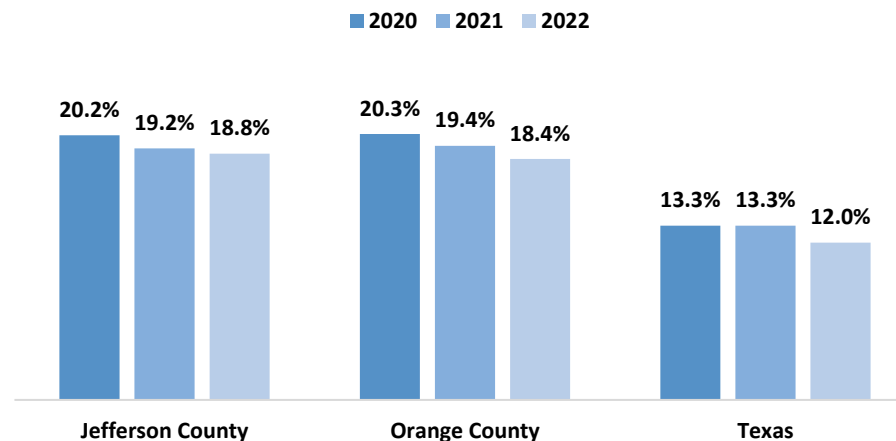
Definition: Adults who report having ≥ 5 drinks (men) or ≥ 4 drinks (women) on ≥ 1 occasion during the previous 30 days.

Health Status

Health Behaviors - Smoking

- Between 2020 and 2022, the percent of adults (age 18+) who currently smoke decreased in both Jefferson and Orange Counties and the state.
- Jefferson County (18.8%) had the highest percent of adults (age 18+) who reported currently smoking when compared to Orange County (18.4%) and the state (12.0%) (2022).

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



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Jefferson and Orange Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releases/xyst-f73f/about_data, data accessed September 19, 2024.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Jefferson and Orange Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releases/7cmc-7y5g/about_data, data accessed September 19, 2024.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Jefferson and Orange Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releases/i46a-9kgh/about_data, data accessed September 19, 2024.

Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; <https://www.cdc.gov/cdi/>, data accessed September 19, 2024.

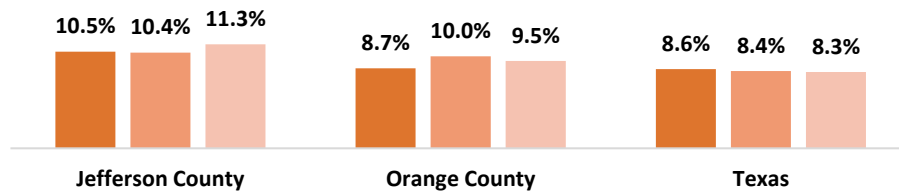
Definition: Adults who report having smoked ≥ 100 cigarettes in their lifetime and currently smoke every day or some days.

Health Status

Maternal & Child Health Indicators

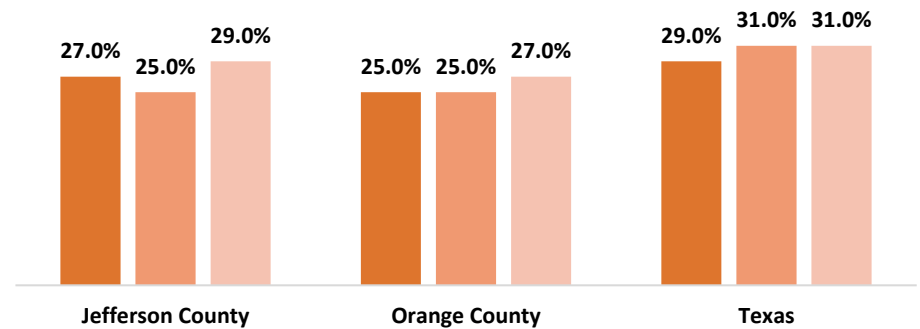
Low Birth Weight (<2,500g), Percent of All Births, 2018-2020

2018 2019 2020



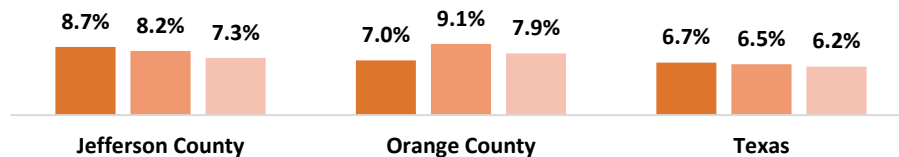
Births to Women Receiving No Prenatal Care, Percent of All Births, 2018-2020

2018 2019 2020



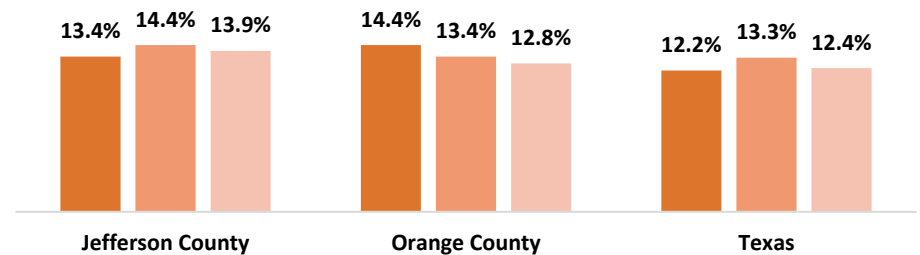
Teen Births (Age 19 and Younger), Percent of All Births, 2018-2020

2018 2019 2020



Preterm Births, Percentage, 2018-2020

2018 2019 2020



Source: The Annie E. Casey Foundation, Kids Count Data Center, filtered for Jefferson & Orange Counties, TX, <https://datacenter.aecf.org/>; data accessed July 30, 2024.

Note: Percentages are crude rates based on number of specific indicator-related cases divided by total births. Rates are not calculated if number of cases are too low for statistical reliability. Birth data are reported by mothers' county of residence (as mothers reported on birth certificates during the birth registration) regardless where deliveries actually occurred, in state or out-of-state.

Teen Birth Definition: live births to women younger than 19 years old.

Prenatal Care Definition: the number and percent of births to women who received no prenatal care, or care after the first trimester.

Preterm Births Definition: the number of babies born before 37 weeks gestation and that number as a percentage of all live births.

Low Birth-Weight Births Definition: live births with birthweight less than 2,500 grams.

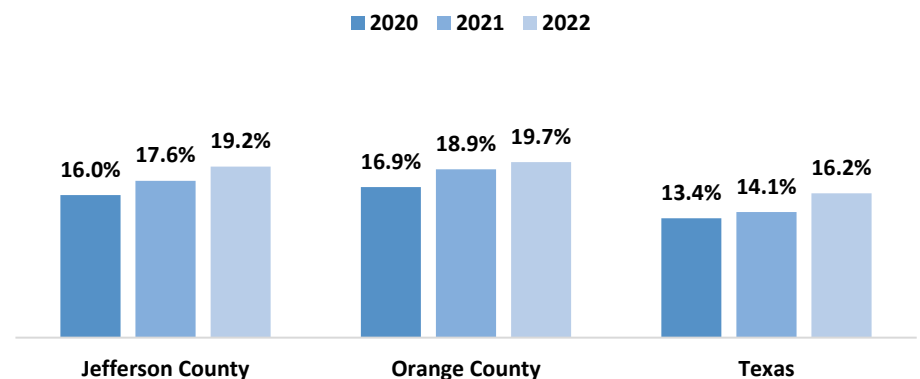
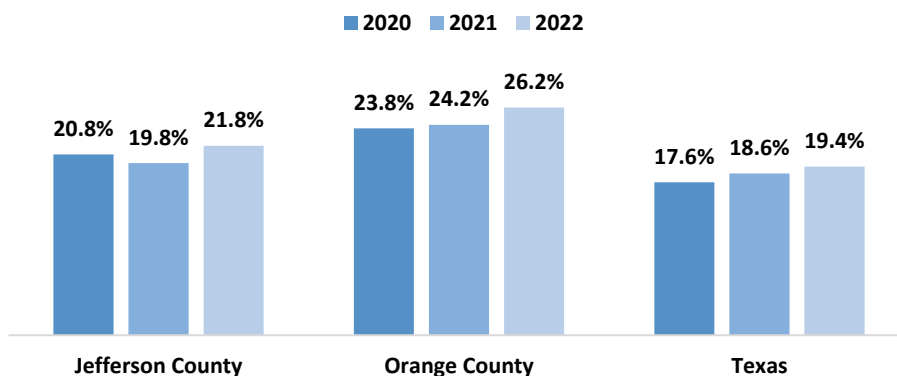
Health Status

Mental Health - Depressive Disorders

- Between 2020 and 2022, the percent of adults (age 18+) with depression increased in both Jefferson and Orange Counties and the state.
- Orange County (26.2%) had a higher percent of adults (age 18+) with depression than Jefferson County (21.8%) and the state (19.4%) (2022).
- Between 2020 and 2022, the percent of adults (age 18+) who self-reported that their mental health was not good for 14+ days increased in both Jefferson and Orange Counties and the state.
- In 2022, the percent of adults (age 18+) who self-reported that their mental health was not good for 14+ days in Orange County (19.7%) was higher than Jefferson County (19.2%) and the state (16.2%).

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

Frequent Mental Distress, Percentage, Adults (age 18+), 2020-2022



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Jefferson and Orange Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releases/xyst-f73f/about_data, data accessed September 19, 2024.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Jefferson and Orange Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releases/7cmc-7y5g/about_data, data accessed September 19, 2024.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Jefferson and Orange Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releases/i46a-9kgh/about_data, data accessed September 19, 2024.

Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; <https://www.cdc.gov/cdi/>, data accessed September 19, 2024.

Depression Definition: Adults who responded yes to having ever been told by a doctor, nurse, or other health professional they had a depressive disorder, including depression, major depression, dysthymia, or minor depression.

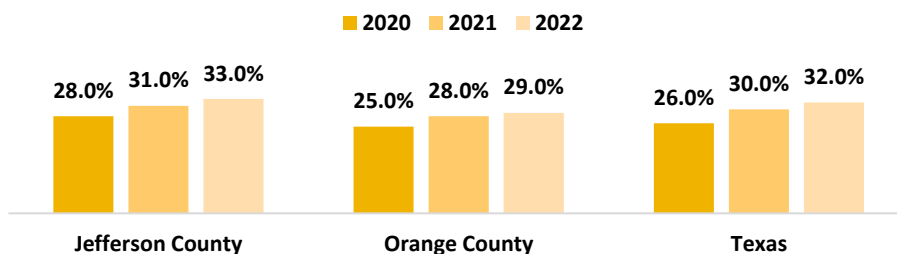
Frequent Mental Distress Definition: Adults aged ≥ 18 years who report that their mental health (including stress, depression, and problems with emotions) was not good for 14 or more days during the past 30 days.

Health Status

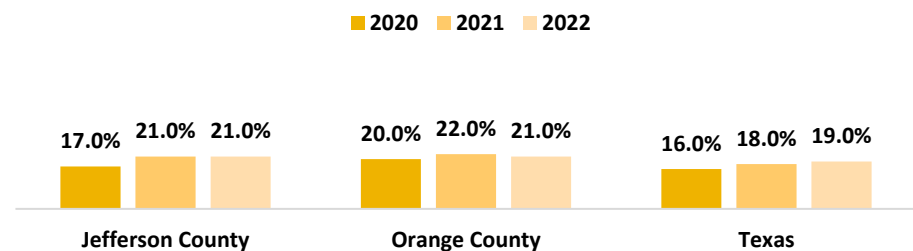
Screenings – Mammography & Prostate Screening (Medicare)

- Between 2020 and 2022, the percent of females (age 35+) that received at least one mammography screening in the past year increased in both Jefferson and Orange Counties and the state.
- In 2022, the percent of females (age 35+) that received at least one mammography screening in the past year in Jefferson County (33.0%) was higher than Orange County (29.0%) and the state (32.0%).
- Between 2020 and 2022, the percent of males (age 50+) that received at least one prostate screening in the past year increased in both Jefferson and Orange Counties and the state.
- In 2022, the percent of males (age 50+) that received at least one prostate screening in the past year in both Jefferson and Orange County was consistent (21.0%) and was higher than the state (19.0%).

Mammography Screening, Percentage, Medicare, Females (age 35+), 2020-2022



Prostate Cancer Screening, Percentage, Medicare, Males (age 50+), 2020-2022



Source: Centers for Medicare & Medicaid Services, Office of Minority Health, Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>; data accessed on July 30, 2024.

Mammography Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for mammography services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for mammography services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; male beneficiaries; and female beneficiaries aged less than 35.

Prostate Cancer Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for prostate cancer services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for prostate cancer screening services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; female beneficiaries; and male beneficiaries aged less than 50.

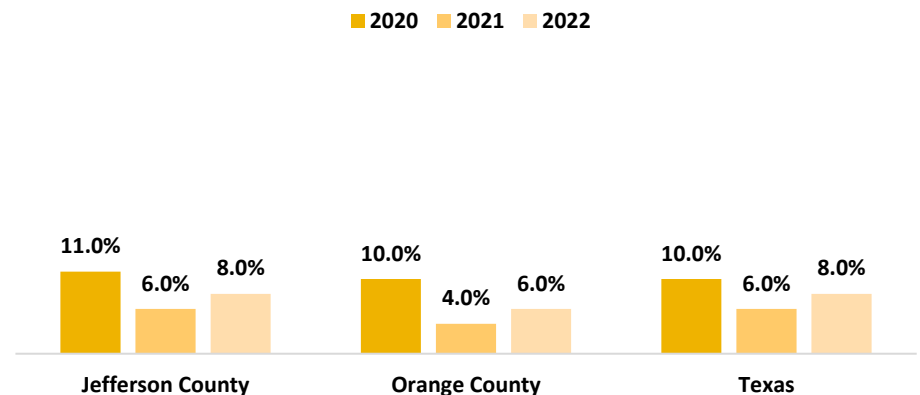
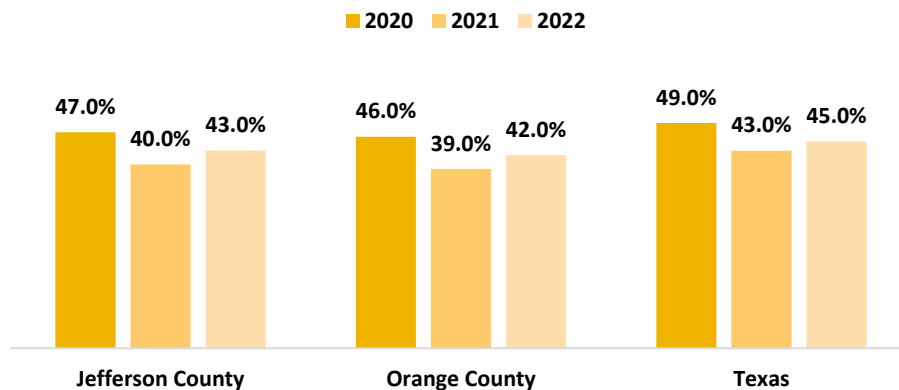
Health Status

Screenings – Influenza & Pneumococcal Vaccination (Medicare)

- Between 2020 and 2022, the percent of Medicare beneficiaries that received a flu shot in the past year in both Jefferson and Orange Counties and the state decreased.
- In 2022, Jefferson County (43.0%) had a higher percent of Medicare beneficiaries that received a flu shot in the past year than Orange County (42.0%) but a lower percent than the state (45.0%).
- Between 2020 and 2022, the percent of Medicare beneficiaries that ever received a pneumonia shot in both Jefferson and Orange Counties and the state decreased.
- In 2022, Jefferson County (8.0%) had a higher percent of Medicare beneficiaries that ever received a pneumonia shot than Orange County (6.0%) and a comparable percent to the state (8.0%).

**Influenza Virus Vaccine, Percentage, Medicare,
2020-2022**

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



Source: Centers for Medicare & Medicaid Services, Office of Minority Health, Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>; data accessed on September 23, 2024.

Influenza Virus Vaccine Definition: Received an influenza vaccination in the past year.

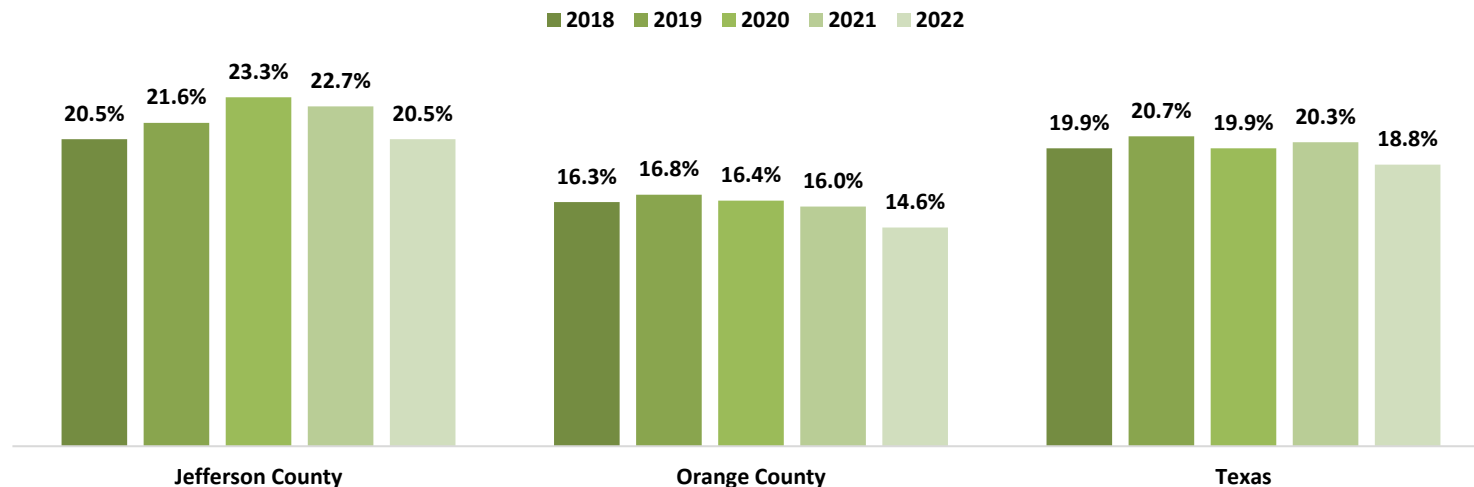
Pneumococcal Vaccine Definition: Received a pneumococcal vaccination (PPV) ever.

Health Status

Health Care Access - Uninsured

- Orange County and the state experienced a decrease in the percent of uninsured adults (age 18-64) between 2018 and 2022 while Jefferson County's percent fluctuated.
- As of 2022, Jefferson County (20.5%) had a higher percent of uninsured adults (age 18-64) as compared to Orange County (14.6%) and the state (18.8%).

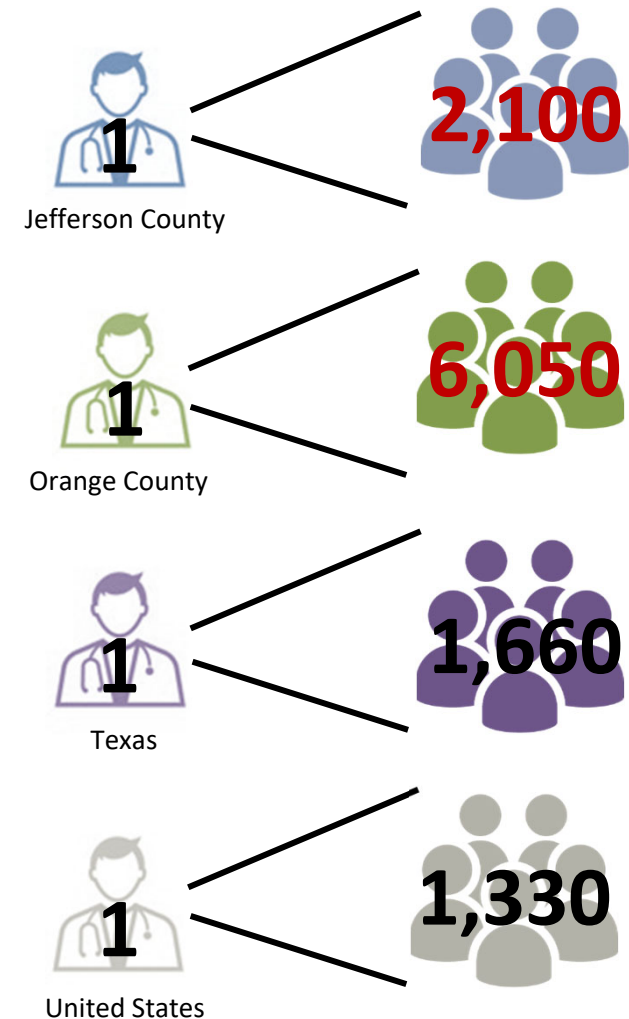
Uninsured, Percent of Adults (Age 18-64), 2018-2022



Health Status

Health Care Access – Primary Care Physicians

- **Sufficient availability of primary care physicians is essential for preventive and primary care.**
 - In 2021, the population to primary care physician ratio in Orange County (6,050:1) was the highest as compared to Jefferson County (2,100:1), the state (1,660:1) and the nation (1,330:1).



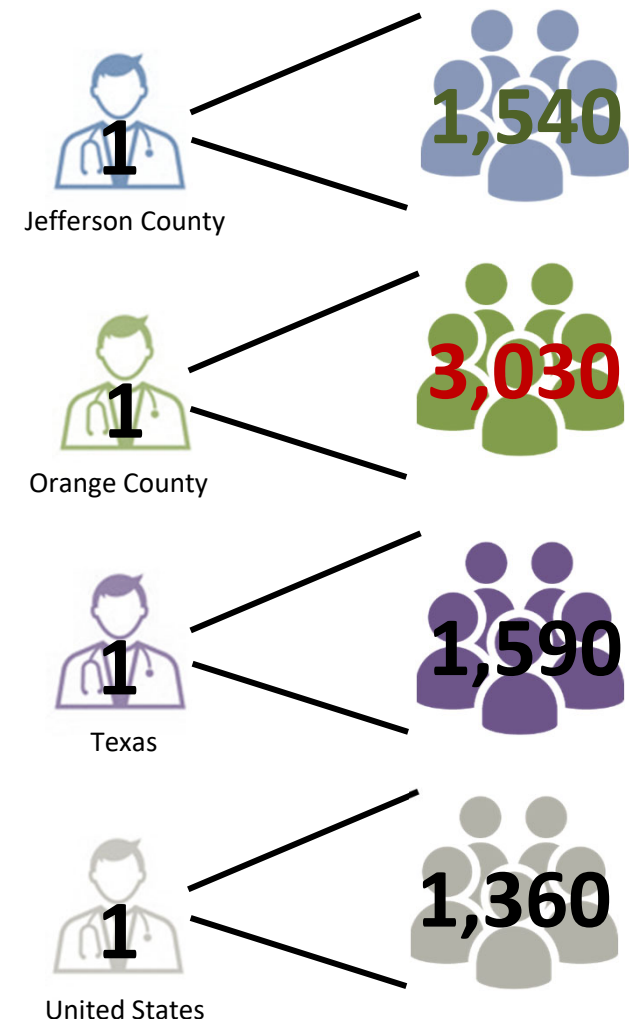
Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Jefferson and Orange Counties, TX, <https://www.countyhealthrankings.org/>; data accessed July 29, 2024.

Definition: The ratio represents the number of individuals served by one physician in a county, if the population was equally distributed across physicians. "Primary care physicians" classified by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.

Health Status

Health Care Access – Dental Care Providers

- **Lack of sufficient dental providers is a barrier to accessing oral health care. Untreated dental disease can lead to serious health effects including pain, infection, and tooth loss.**
 - In 2022, the population to dental provider ratio in Orange County (3,030:1) was the highest as compared to Jefferson County (1,540:1), the state (1,590:1) and the nation (1,360:1).



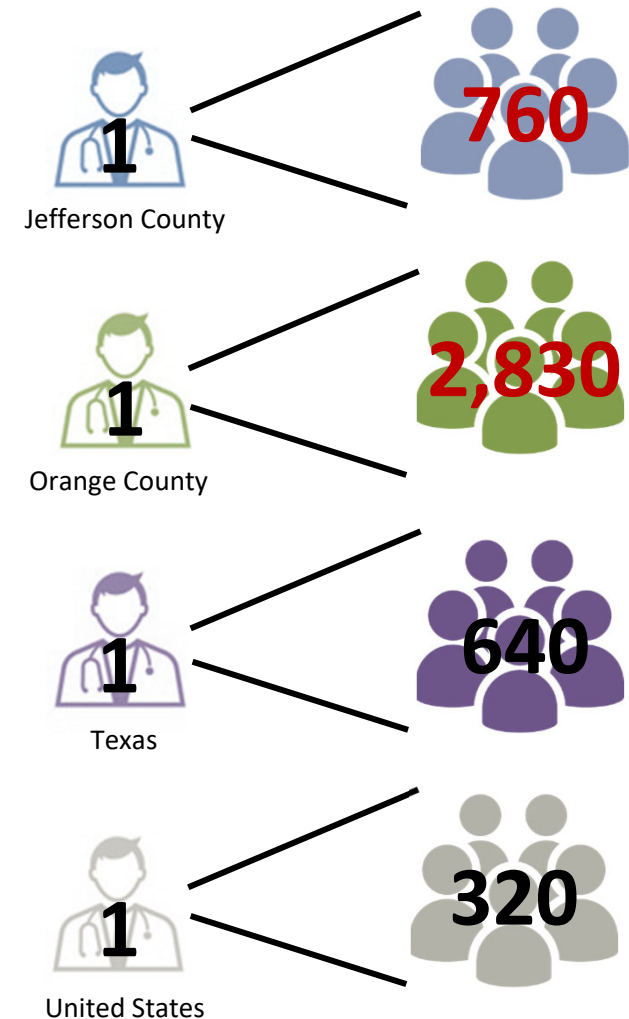
Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Jefferson and Orange Counties, TX, <https://www.countyhealthrankings.org/>; data accessed July 29, 2024.

Definition: The ratio represents the population served by one dentist if the entire population of a county was distributed equally across all practicing dentists. All dentists qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.) licensed by the state to practice dentistry and who practice within the scope of that license.

Health Status

Health Care Access – Mental Health Care Providers

- **Lack of access to mental health care providers not only effects overall individual wellness but also impacts the health of a community.**
 - In 2023, the population to mental health provider ratio in Orange County (2,830:1) was the highest as compared to Jefferson County (760:1), the state (640:1) and the nation (320:1).

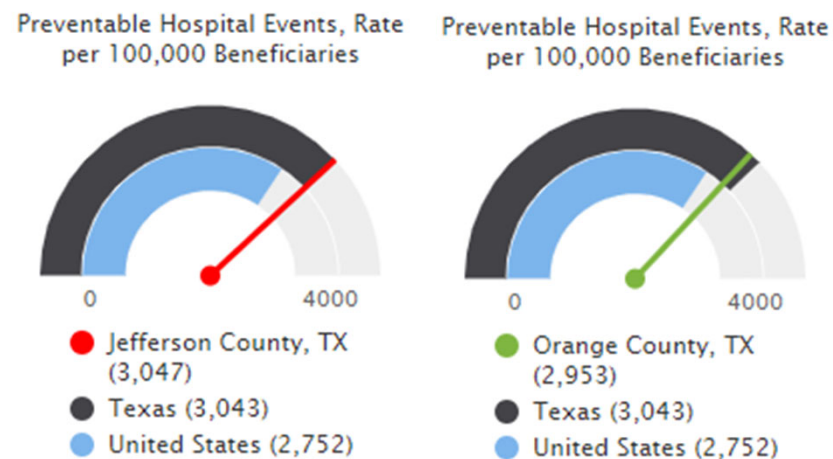


Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Jefferson and Orange Counties, TX, <https://www.countyhealthrankings.org/>; data accessed July 29, 2024.
Definition: The ratio represents the number of individuals served by one mental health provider in a county, if the population were equally distributed across providers. Psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

Health Status

Health Care Access – Preventable Hospital Events

- **Lack of adequate and available primary care resources for patients to access may lead to increased preventable hospitalizations.**
 - In 2021, the rate of preventable hospital events in Jefferson County (3,047 per 100,000 Medicare beneficiaries) was the highest as compared to Orange County (2,953 per 100,000 Medicare beneficiaries), the state (3,043 per 100,000 Medicare Enrollees) and the nation (2,752 per 100,000 Medicare beneficiaries).



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

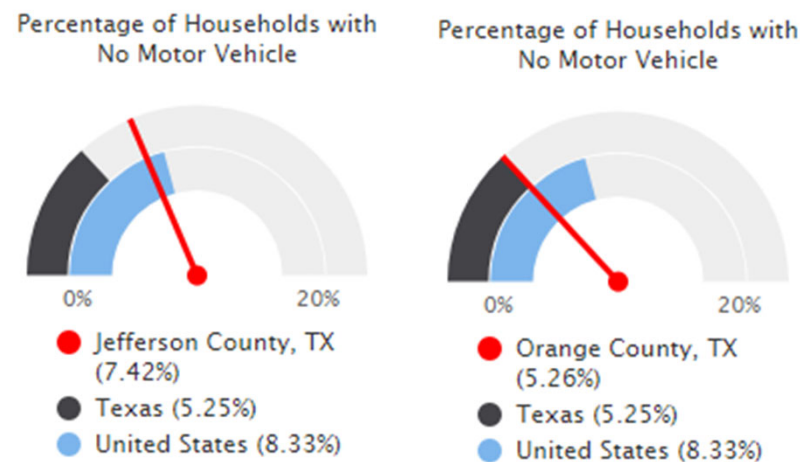
Source: SparkMap, Health Indicator Report: logged in and filtered for Jefferson and Orange Counties, TX, <https://sparkmap.org/report/>; data accessed July 29, 2024.

Definition: Ambulatory Care Sensitive (ACS) conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients.

Health Status

Health Care Access – Transportation

- **Lack of transportation is frequently noted as a potential barrier to accessing and receiving care.**
 - Between 2018 and 2022, Jefferson County (7.4%) had a higher percent of households that had no motor vehicles as compared to Orange County (5.3%) and the state (5.3%), but a lower percent when compared to the nation (8.3%).



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



PHONE INTERVIEW FINDINGS

Overview

- Conducted 23 interviews with the two groups outlined in the IRS final regulations
 - CHC contacted other individuals in the community to participate in the interview process, but some were unable to complete an interview due to a variety of reasons
- Discussed the health needs of the community, access issues, barriers and issues related to specific populations
- Gathered background information on each interviewee

Methodology

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

Interviewee Information

- **Pastor John Adolph:** Pastor, Antioch Baptist Church; Board Member, Baptist Hospitals of Southeast Texas
- **Virtue Alexander:** Grant Writer/Manager, Communities in Schools of Southeast Texas
- **Jennifer Blankenship:** Director, Orange County Health Department
- **Holly Borel:** Chief Executive Officer, Spindletop
- **Shanna Briggs:** Regional Manager, Alzheimer's Association
- **Bonnie Brooks:** Community Services Outreach Coordinator, Southeast Texas Regional Planning
- **Kathy Chessher:** Sr. Community Development Manager, American Cancer Society
- **Kenneth Coleman:** Executive Director, Beaumont Public Health Department
- **Garrett Craver:** Administrator of Behavioral Health & Residency Programs, Baptist Hospitals of Southeast Texas
- **Joshua Davis:** Vice President of Development (East Region), Legacy Community Health
- **Jeff Dyson:** Director MBA and Graduate Certificate Programs and Instructor of Management, Lamar University; Board Member, Baptist Hospitals of Southeast Texas
- **Carol Fernandez:** Executive Director, Catholic Charities of Southeast Texas
- **Stephanie Garsea:** Community Relations, Acadian Ambulance
- **Karyn Husbands:** Executive Director, United Way of Jefferson County
- **Janci Kimball:** President/Chief Executive Officer, Nutrition & Services for Seniors
- **Megan Layne:** Executive Director, Orange County Economic Development
- **GiGi Mazzola:** Executive Director, Cardiovascular Foundation of Southeast Texas
- **Amber Meredith:** Immunizations Clinical Manager, Hardin County Health Department
- **Michael Perez:** President, Rotary Club of Beaumont
- **Yuri Sanchez:** Program Coordinator HIV Screening, Baptist Hospitals of Southeast Texas
- **Kayla White:** Executive Director, Southeast Texas Nonprofit
- **Byron Young:** Director of the SmartHealth Clinic, Baptist Hospitals of Southeast Texas
- **Harvey Zernial:** Executive Director, Southeast Texas Food Bank

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

13.0%

- 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

78.3%

- Community leaders

8.7%

Note: Interviewees may provide information for several required groups.

Community Needs Summary

- Interviewees discussed the following as the most significant health issues:
 - Environment & Infrastructure Concerns
 - Programs Promoting Healthy Lifestyles
 - Access to Mental & Behavioral Healthcare
 - Barriers to Care
 - Community Education on Seeking Appropriate Care
 - Cost Care & Patient Transitions
 - Access to Specialty Care
 - Elderly Population
 - Youth Population
 - Access to Dental Care

Environment & Infrastructure Concerns

- **Issues/Themes:**

- Transportation barriers hindering access to care for specific groups:
 - Individuals living in outlying areas
 - Low income/working poor
- Acknowledgement that telemedicine has improved access for some, but rural areas still lack accessibility
- Concern about local affordable housing and the impact of disasters on available housing options
- Perceived poor quality school system leading to difficulties recruiting providers to the area
- Desire for a comprehensive healthcare facility in Orange County
- Awareness of high levels of food insecurity
- Limited local grocery stores leading to poor nutrition and a range of health problems
- Perceived opportunity for enhanced collaboration among organizations
- Need for additional green spaces and wellness programs to help:
 - Promote healthy lifestyle choices
 - Improve quality of life
- Desire to see a YMCA come into Beaumont

“Transportation and the lack of co-located providers are significant problems. Your primary care provider may be here, but you might have to travel somewhere else for a specialist or a procedure. For some of our outlying counties, it’s harder.”

“Transportation is a challenge. Many cannot afford an Uber or Lyft, and the public transportation system is limited in both reach and availability.”

“In general, rural accessibility to physicians or nurse practitioners is a significant concern. We’ve seen some improvement with telehealth, but there are still some rural pockets that lack accessibility—like Fannett.”

“Housing is of concern. We’ve had a lot of disasters that impacted housing in our region. It’s devastated homes to the point they are unlivable. Housing here is not affordable.”

“I would focus on engaging providers to stay here and improving the local infrastructure and schools. That is a major draw for families wanting to raise children. A lot of times we get people here to talk to them but Beaumont is not really pretty on the outside. We have a poorly-rated school district. I think we have trouble getting people in the door.”

“In Orange County, there’s no surgery happening here. If someone is facing a life-threatening situation or even routine surgery, they must go to Beaumont or Houston. We need a hospital to meet the needs of the community.”

“Health concerns related to food insecurity are critical. When families don’t have access to food, it leads to other problems. A grocery store in Vidor, TX is closing, and there’s another in the south end of Beaumont that is also closing. Not having a grocery store close by is definitely a struggle, leading to issues with diabetes, hypertension, and other chronic diseases that can be impacted by poor health decisions and options.”

“We should be putting in some green spaces and have community wide wellness initiatives. More collaboration among healthcare entities in the area is essential. It’s not just about the money; it’s about working together to identify solutions.”

“Quality of life is at the top of my list. That includes providing amenities that encourage people to get outside. Building healthier lifestyles through parks, trees, walking paths, bike paths, and wide open spaces where people can safely play. We used to have a YMCA. A facility like that would allow families to gather and make it affordable for them to participate in different programs, like learning to swim.”

Programs Promoting Healthy Lifestyles

- **Issues/Themes:**

- Appreciation for local programs and resources in the community including but not limited to:
 - Preventative screenings
 - Local food bank
 - Parks/walking trails
 - BHSET hosted events
- Need for more community engagement and marketing of local resources
 - Challenge in reaching vulnerable populations
 - Lack of awareness of existing programs and resources
- Desire for more options/resources for those who are lower-income
- Need for better access to healthy food options and education about nutrition
- Chronic conditions and risky behaviors such as:
 - Cancer
 - Diabetes
 - Hypertension
 - Substance abuse
 - Increased syphilis rates
- Desire for increased community education surrounding healthy lifestyle behaviors

“Prevention is always the hardest part. We do have a lot of programs focused on breast and prostate health. We have a local food bank here. There are some parks and walking trails. Compared to a lot of cities, we are in pretty good shape.”

“We have some pretty good programs that promote health, but there’s a huge lack of awareness among the community. For the average citizen who works 9 to 5 and has kids, I don’t think they are aware of some of the programs that are here. We could do better to make people more aware of them.”

“There’s a lot going on that’s not hitting everyone. They’re trying to find ways to reach the homebound folks or the people who are really having issues. The hospital is doing a good job in hosting events, but there’s a challenge in reaching the most vulnerable.”

“For our area, we have a substantial amount of resources available for health and fitness. You can’t make anybody take advantage of them. There are people in the fitness community who say our community doesn’t do enough. If you’ve lived in other cities, this city has average, if not above-average, resources for its size.”

“You don’t see many people doing outdoor activities. There aren’t a lot of communities that have sidewalks. I don’t see much healthy eating or marketing around our food banks and I know they are active here.”

“I wish there were more cost-effective options for the lower-income. We have a bunch of gyms in the area but some won’t be able to afford the membership.”

“There are a lot of studies regarding food deserts in our area and several initiatives to address that. Access around healthy eating and being intentional about it is essential.”

“A lot of areas are affected by the refineries. The cancer rate is high and the diabetes rate is elevated due to diet. Diabetes is a huge issue, along with uncontrolled hypertension and substance abuse.”

“We are seeing a larger number of syphilis infections in the area, which is a concern.”

“Having more community outreach and education on preventable issues, like healthier lifestyles, is crucial. Diabetic patients often don’t eat right, don’t take their meds, and don’t see doctors regularly. If we had more education that goes out into the field, it could make a difference.”

Access to Mental & Behavioral Healthcare

- **Issues/Themes:**

- Underserved population experiencing difficulties accessing mental and behavioral health resources
- Excitement for the expansion of the BHSET mental and behavioral health facility and psychiatry residency program
- Conflicting comments about accessibility to see a mental and behavioral healthcare provider
- Desire for more education about local, available programs to improve mental and behavioral health access
- Potentially worsening mental health conditions due to long wait times
- Need for additional mental and behavioral health providers accepting insurance
- Appreciation for telehealth options for mental health

“It’s easy to get in to see a therapist. It’s fairly easy to see a psychiatrist. In terms of the underserved population (low income, homeless, etc.), we have a strong sector of the community with mental health issues. They are plaguing law enforcement and the jail system. There is some available inpatient care, but it is not nearly adequate. However, we are excited about the expansion of the mental health facility at Baptist. I know law enforcement is excited about it.”

“The minimum wait for someone with good insurance is no less than six months. You cannot have a mental health crisis and expect to get help. That would have to be managed in an acute setting, which we do have. Baptist Hospital is the only inpatient behavioral health center in our community. The only other one closed down a couple of years ago in Port Arthur. Baptist has recently started a psychiatry residency program and hopes to retain some of them in the community.”

“We have the Spindletop Center here that provides free access to mental health services. We also have Catholic Charities, which provides counseling at a sliding scale rate. Other than that, there’s not a lot of services. We have a lot of patients who have complaints or issues with mental health.”

“There are several programs but there could be more of a push to educate people about these programs and clinics that are specifically there for mental health. The accessibility is there, we just need to raise more awareness that they exist.”

“It’s more difficult than it should be. People don’t know how to access the provider in a timely manner. You may set up an appointment four weeks after something comes up, but in four weeks, things can go downhill pretty fast. We don’t have enough mental health services or training in the area for mental health issues.”

“There’s a lot of people in the community who have insurance looking for psychiatric care. There are not a lot of providers for private pay. A few take cash payments but don’t take insurance because they don’t want to deal with the hassle. That’s difficult for the people who need the care and pay cash.”

“I love telehealth, including for mental health. I use it especially for therapy.”

Barriers to Care

Community Education on Seeking Appropriate Care

- **Issues/Themes:**

- Need for additional education on healthcare options
- Difficulty educating the community due to lack of unified way to reach patients
- Perceived delaying or foregoing care due to lack of knowledge about healthcare
- Lack of understanding next health steps/seeking follow up care leading to patient readmissions
- Knowledge deficits of available services leading to use of the ER, particularly for the low income, uninsured populations
- Confusion about the appropriate healthcare facility to use based on patient's symptoms leading to:
 - Overuse of the ER
 - Using EMS for non-emergent situations
- Need for education on insurance implications of selecting one type of facility over another for emergency care

"Most people don't pay attention to what is available until they need the service. We have 211 but we need more specific resources."

"Communication is key. We have people willing to teach these individuals, but we don't have a way to effectively reach them because there isn't a single source where they get their information. It's hard to get a good turnout. There are several pockets in the county that don't have internet access."

"There are access barriers to care for people who want care as well as for those who don't access care because they don't know. Some people are hesitant to go to the doctor because they don't know what they don't know."

"The back of the discharge papers has information. But does the patient read it and comprehend it? They aren't going to look at that. Finding a way to close the loop on that is important. A lot of times, the patient will be back in 90 days."

"When I contact patients to see if they have followed up with any providers, they say they haven't, so they continue to come back with the same complaint."

"There is a knowledge deficit in truly knowing how to access services and what services to access. The well-insured population doesn't seem to access the ER or other parts of the hospital for their primary care needs. But that's not the same for Medicaid and uninsured populations; sometimes they don't have a choice."

"You have the hospital ER, freestanding ERs, 'doc-in-a-box' and urgent cares. How do people know where to go? Which one is really the appropriate option when you don't have a primary care provider? I think some people know, and others will just go to the ER thinking it's urgent care. I do think this is very confusing."

"A lot of people don't know what an emergency is and what is not. They are scared, but once EMS gets there and triages and makes the assessment, then they don't want to go. Some need to go and refuse, while others demand to go but don't really need emergency care."

"There might need to be a heightened awareness of when to go to the private ER versus the hospital ER. There is some misunderstanding about insurance and what they cover at hospital ERs vs freestanding ERs. There could probably be some public service announcements that could run to build awareness."

Barriers to Care

Cost of Care & Patient Transitions

- **Issues/Themes:**

- Struggle between paying for medication vs. essential expenses, particularly for uninsured
- Limited health options leading to ER and/or urgent care use which results in expensive bills
- Perceived overprescribing of medications for conditions leading to increased costs and use of insurance
- Lack of local long term care facilities leading to challenges, including:
 - Transportation barriers
 - Proximity to family
 - Foregoing care
- Desire for more collaborative support during patient transitions from one health setting to the next

"People are unable to afford their medication. It has to do with cost, especially for those without insurance. 'Do I pay for my medicine or my electricity?' Many people are walking around with hypertension but have no means of obtaining blood pressure medication."

"When someone wants to see a doctor, they go to the ER. But going to the ER can result in thousands of dollars in bills."

"Some clinics only accept insurance which forces some indigent people to the ER."

"There are urgent care clinics but they may require cash payment if someone is uninsured and that can be an issue."

"We have a lack of internal medicine providers. [Seeing a] pediatrician is hard. We have a couple of Federally Qualified Health Centers (FQHC) that help, but I still think there's a shortage [of providers]. We have an internal medicine clinic and it's always full."

"Healthcare is expensive partly because we medicate a large percentage of problems that don't require medication. This makes care more expensive and necessitates insurance."

"We don't have any long-term care facilities or in-between options where they need to go for a few weeks to a month, like for a PICC line. They don't have transportation, so they stay in mid-county, which is an hour's drive. If they had a little bit of family support, that would help, but there just aren't those types of facilities. They go home, don't recover, and it's just a cycle. They come back to the hospital."

"There are challenges in the transitional phase. Is the initial entity following through to conclusion, or are they saying it's your responsibility now? It needs to be more collaborative and follow that patient, whether that's verbal or otherwise. Transitioning to physical therapy from heart surgery was challenging. Even though it was in the same building, it felt like we were dealing with two separate businesses."

"Perhaps we could streamline communication from one physician to another. If you have a heart condition, it would be helpful for your primary care physician to receive that information directly. Maybe just more cohesiveness of the doctors working together to help you. [Having] more of a team mindset when addressing the health of the patient."

"Healthcare navigation needs to be a priority. It would be nice if you were somewhere dealing with a sudden issue, to know or know how to access someplace where you can connect to the care or providers you need."

Access to Specialty Care

- **Issues/Themes:**

- Appreciation for the hospital's use of telemedicine for specialty care appointments
- Conflicting comments on wait times for specialty care services
- Need for pediatric subspecialties
- Patient preferences to see a physician vs. an advanced practitioner
- Appreciation for the local cancer center
- High turnover of OB/GYN providers leading to limited available services
- Limited accessibility to local specialty care services leading to outmigration (Houston, Lake Charles)
- Challenges in seeing certain specialty care providers, particularly for the Medicaid population
- Specialties mentioned as needed due to long wait times or lack of coverage, include (in descending order of number of times mentioned and then alpha order):
 - Neurology (general and pediatric)
 - Gastroenterology
 - Mental health
 - OB/GYN
 - Cardiology
 - Dermatology
 - Endocrinology
 - Oncology
 - Orthopedics
 - Pulmonology

"I would say specialty care has a wait time of 2 to 3 weeks to see a specialist, and some do travel into the Beaumont area from the Houston market. Some specialists are backlogged, and there are some who have wait times of 5 months or longer, depending on the specialty. Baptist has done such a great job with telemedicine, which I think is super helpful."

"Conservatively, it's a couple of months to see a specialist but sometimes it could be even longer. We have a lot of pediatricians, but in terms of specialists, there does seem to be a gap."

"I think accessibility is okay, but that definitely depends on the size of the practice and how busy they are. With specialists, I know a lot of patients don't like seeing mid-level providers. I've heard people are very happy with our cancer center we have in Beaumont. I've come across people who decide to stay here for their cancer treatment instead of going to Houston, which speaks volumes."

"There seems to be a lot of turnover with local facilities and practitioners for women's health. In Orange, it really just provides screenings, ultrasounds, and preventative scans, like mammograms. There is nothing in Orange County, so people go to Jefferson County or some folks go to Lake Charles for that type of service."

"Access to specialty care is a concern in Orange County. I would say this applies to Jefferson as well. A lot of times, when someone needs that care, they have to travel to Houston for certain specialties, such as neurology and cardiovascular care."

"The outmigration of the insured population to Houston really affects care in the Southeast."

"Getting in to see a specialist in general is very simple for those with insurance. There are some specialties that we are severely lacking in our community like psychiatry or behavioral health. Most specialists do not accept Medicaid at all, traditional or managed care, with the exception of a couple of cardiologists in town who only see a limited number of Medicaid patients."

Elderly Population

- **Issues/Themes:**

- Acknowledgement of food insecurity for the elderly population, specifically for those that are homebound
- Difficulty navigating Medicare options
- Limited facilities and services for Alzheimer's and dementia care
- Need for additional education and assistance with local resources
- Transportation barriers and limited housing options for the elderly
- Low income seniors facing greater challenge in affording medications and health care services
- Outmigration to Houston for specialty care
- Limited support systems for the elderly leading to isolation
- Desire to be seen by a physician vs. an advanced practitioner
- Need for enhanced coordination and communication amongst providers for patient care
- Closing of local pharmacy cause issues accessing medication

“Food insecurity is a huge issue, especially among the homebound population. Programs like Meals on Wheels and transportation services are essential. It's really important that we have the funding and ability to serve seniors.”

“Navigating Medicare options is hard for the elderly to do. It's hard to find the right plan that fits you. For Alzheimer's and dementia care, there are very few people who specialize in that. There aren't great memory care units. They exist in assisted living facilities, not nursing homes.”

“Many seniors need an explanation of 211 services at the state level. A lot of times, extra help is needed. You have a lot of seniors who cannot navigate the system by themselves.”

“The city of Beaumont has the Beaumont Municipal Transit. It's not a 24-hour service. For the elderly, it's challenging to get to the bus stop. Housing is a concern. There's just not a lot of housing available to meet their income.”

“A lot of the Medicare-eligible people are also low-income, so they're having a hard time paying copays or utility bills. Maybe adherence to their medication has everything to do with their financial situation and not them wanting to take it.”

“Most of the elderly go to Houston to have good access to specialty care.”

“Some of this area is very rural, and the senior population can get very isolated. They have outlived their friends and family, and there's not a support system.”

“I feel like when my in laws go to the doctors, sometimes they don't even see their doctor. They see a nurse practitioner.”

“I have a family member who is 70 and has dementia. She sees multiple doctors. Every time she goes, it's a whole medication summit. One person prescribes something and the other provider doesn't know or doesn't want her to take it.”

“We have one neighborhood in the north end of town and the Walgreens will close its doors in two weeks, so that will create a medication desert. The closest pharmacy by walking distance is 40 minutes away. There are some senior living apartments there and they will be out of medication access.”

Youth Population

- **Issues/Themes:**

- Lack of children's hospital leading to outmigration or transferring patients to Houston
- Need for more recreational activities for the youth
- Migration of rural communities to Beaumont for care
- Increased drug use among the youth population
- Growing mental health issues and demand for services leading to long wait times
- Local psychiatrists not accepting certain insurances leading to limited access to psychiatric care
- Need for adolescent mental health services, specifically psychiatric rehab
- Need for increased education on preventive care
- Concern about legislative efforts surrounding childhood immunizations leading to potential resurgence of preventable diseases
- Acknowledgement of long wait times for kids with higher needs, like those with Autism

“We don't have a children's hospital. The closest is 90 miles away. We take care of children in the ERs, stabilize them, but they get transported to other places in Houston.”

“The quality of life for kids is lacking in terms of safe activities during their free time. The city has some great parks, but we are lacking traditional recreational and entertainment opportunities for the youth and the population at large. In terms of their health, we struggle with pediatric care in Beaumont. We go to Beaumont for doctors appointments and a large percentage of the population is doing the same thing—either Beaumont or Port Arthur.”

“There is high drug use among the youth population along with behavioral issues. We do have our little league sports but those cost money and aren't cheap. It's very challenging for a family that have multiple kids. The city is looking at what they can do to increase youth activities and provide more positive things to do.”

“Mental health is a big and expanding issue for the youth. We are seeing kids now who have no coping skills. So many kids are suicidal and can't deal with school or family life. The demand for services has skyrocketed. Almost all kids now have CHIP and Medicaid if they don't have private insurance. However, the lack of psychiatric coverage is concerning. We have about four psychiatrists and APRNs that do psychiatric care. Outside of that, there are only 1-2 in the region, and they generally work with commercial private insurance. It takes about two months to get in to see a psychiatrist. It's gotten better but I don't see it improving much.”

“There is a need for more psychiatric rehab services for teenagers. We see a lot of patients we have to transport out to San Antonio and places like that.”

“We get a lot of graduates who either stay with their parents, move out, get a job, or get their own place. Kids aren't being taught the importance of annual exams, making doctors visits a routine priority. So many from the younger generation don't like calling or talking on the phone so they don't make an appointment. Education on these aspects is important as they prepare for adulthood.”

“In Texas, we have lawmakers trying to do away with childhood immunizations to attend school. I'm afraid that we will see a resurgence of diseases. A recent story discussed two teenagers who returned from a trip with rubella.”

“I know for certain types of physical and occupational therapy, especially for children, there have been wait times of up to two years to have kids screened for things like autism.”

Access to Dental Care

- **Issues/Themes:**

- Limited access to pediatric and specialized dentists in Orange County
- Conflicting opinions on the accessibility of local dentists
- Lack of prioritization of dental health due to:
 - Cost of care
 - Inadequate insurance coverage
- Perceived limited access to care due to local dentists not accepting new patients
- Greater difficulty in accessing dental care providers for certain populations (indigent, Medicaid)
- Local dental options that assist certain populations (indigent, Medicaid)

“I can think of a handful of well-established dentists in the area. We also recently had a new orthodontist. The wait to be seen and accessibility are much more reasonable. I called my dentist and was seen the same day. Anything more specialized or needing additional attention, we don't have a ton of specialty dentists. I know a handful that do see children, but we don't have pediatric-specific dentists in Orange County.”

“I feel like we have plenty of dentists. There are very few pediatric dentists. Other than that, parents just bring their kids to their regular dentist.”

“I do not think there's an adequate number of dentists. A lot of people don't seek dental care as a focus. In some areas, it's seen as expensive and unaffordable.”

“It's pretty accessible, but the frustrating part is that it is expensive, and insurance often does not cover it. If it does, it's at a minimum level that people can't afford. Some dentists might offer reduced prices, but I have not seen that myself. Dentists do root canals and crowns. Some do it in-office, and some refer to a specialist. If you are in pain, you can get in to be seen in a pretty good amount of time.”

“A lot of our dentists don't take new patients. You have to hunt around or find people who are taking new patients. There are quite a few of them, but not a monumental number of dental offices that aren't orthodontists as well. I would say it's better than a lot of the other specialties. There are some dentists that do offer reduced rates, and others partner with the FQHCs.”

“For our indigent population, there's a bit of a struggle. There aren't a lot of providers that accept state payment for dental care. There aren't too many pediatric dentists, but there are a handful.”

“People with dental insurance find accessibility pretty fast. For Medicaid clients, there are dental centers, like Lovett Dental in town that generally meets the needs of that population. We have dental centers with multiple services and prices for Medicaid and Managed Medicaid patients. For certain uninsured patients, they can receive some care but it's extremely limited. Lamar University still has a dental hygiene program, so patients can go get free dental cleanings.”

Populations Most at Risk

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

- Teenagers/Adolescents
 - Need for better quality of education
 - Need for mental health services, especially long term psychiatric care
 - Healthy lifestyle and preventive care education
 - Limited recreational activities
 - Lack of a local children's hospital
 - Resources for teen pregnancy
 - Drug abuse
 - Need for post-foster care programs
- Elderly
 - Transportation barriers
 - Dementia, Alzheimer's disease
 - Food insecurity
 - Cost barriers to care
- Low Income/Working Poor
 - Need for accessible childcare
 - Cost barriers to care and insurance coverage
 - Hourly shift limitation
 - Long wait times for appointments
 - Transportation barriers
 - Limited availability of affordable housing
 - Education on establishing a primary care provider and how to take care of oneself
- Obstetric
 - Desire for more female providers
- Racial/Ethnic
 - Growing Hispanic population
 - Underinsured, particularly for the Hispanic and African Americans
 - Language barriers, particularly for the Hispanic
- Transportation barriers
- Perceived racial tension
- Fear of deportation
- Cultural challenges (Vietnamese, Hispanic, African American)
- Limited access to care (limited income, long wait times)
- Orange County Residents
 - Limited adequate housing
 - Lack of pediatric dentists
 - Transportation barriers
- Hardin County Residents
 - Lack of pediatricians
 - No county food bank
- Homeless
 - Growing population, migrant and local homelessness
 - Limited number of shelters in the community, especially bridge housing
 - Difficulty accessing shelters due to organization policies
 - Mental health and drug abuse concerns
 - Limited affordable housing
 - Fragmented continuum of care
- Veterans
 - Outmigration due to lack of a nearby VA hospital
 - Limited services available at the local VA clinic
 - Growing population
 - Lack of education surround veteran benefits and what is available
 - Mental health concerns
 - Some homelessness
 - Transportation barriers
 - Challenges with providers accepting VA insurance
 - Lack of access to mental/behavioral services

Source: Baptist Hospitals of Southeast Texas Community Health Needs Assessment Interviews conducted by Community Hospital Corporation; July 18, 2024 – August 8, 2024.





LOCAL COMMUNITY HEALTH REPORTS

CHRISTUS Southeast Texas Health System – Beaumont

Community Health Needs Assessment – 2023 - 2025

- To complete the 2023-2025 CHNA, CHRISTUS Southeast Texas Health System (CSETHS) partnered with Metopio, health departments and regional and community-based organizations

Methodology

- The CHNA process involved engagement with multiple stakeholders to prioritize health needs. Stakeholders also worked to collect, curate, and interpret the data. Stakeholder groups provided insight and expertise around the indicators to be assessed, types of focus group questions to be asked to the community, interpretation of results, and prioritization of areas of highest need.
- CSETHS conducted its CHNA using a process from the Mobilizing for Action through Planning and Partnerships (MAPP) framework.
- Primary data for the CHNA was collected through four channels:
 - Community resident focus groups
 - Community resident surveys
 - Health care and social service provider focus groups
 - Key informant interviews
- Secondary data for the CHNA was aggregated on Metopio's data platform and included:
 - Hospital utilization data
 - Secondary sources including, but not limited to, the American Community Survey, the Decennial Census, the Centers for Disease Control, the Environmental Protection Agency, Housing and Urban Development and the Texas Department of State Health Services
- Residents in CSETHS's PSA provided input to the CHNA process by completing a community resident survey between October and December 2021. The survey was available online and in paper form in English and Spanish.

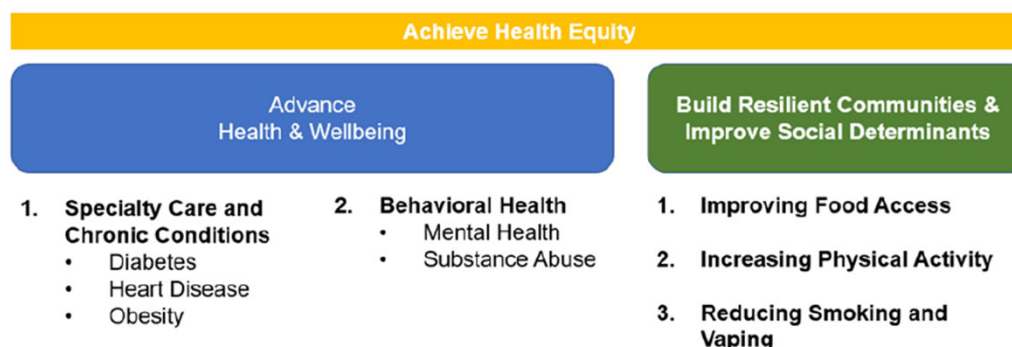
CHRISTUS Southeast Texas Health System – Beaumont

Community Health Needs Assessment – 2023 - 2025

Prioritization

- Using a prioritization framework guided by the MAPP framework, the process included a multi-pronged approach to determine health issue prioritization. The Mission team, including internal and external stakeholders, worked with the hospital leadership and community partners to prioritize the health issues of the community benefit programming.
- CSETHS is using a new structure for its identified needs, categorizing them under two domains with the overarching goal of achieving health equity. While the prioritization structure is new, CSETHS retained two of the primary health priority issues from the 2020-2022 CHNA: mental health, and food insecurities. CSETHS added six new issues in response to the needs assessment results.

SIZE	How many people are affected?	Secondary Data
SERIOUSNESS	Deaths, hospitalizations, disability	Secondary Data
EQUITY	Are some groups affected more?	Secondary Data
TRENDS	Is it getting better or worse?	Secondary Data
INTERVENTION	Is there a proven strategy?	Mission team
INFLUENCE	How much can CSETHS affect change?	Mission team
VALUES	Does the community care about it?	Survey, Focus Groups, Key Informant Interviews
ROOT CAUSES	What are the community conditions?	Mission team





INPUT REGARDING THE HOSPITAL'S PREVIOUS CHNA

Consideration of Previous Input

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



EVALUATION OF HOSPITAL'S IMPACT

Evaluation of Hospital's Impact

- IRS Final Regulations require a hospital facility to conduct an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital's prior CHNA.
- This section includes activities completed based on the 2023 to 2025 Implementation Plan.

Baptist Hospitals of Southeast Texas FY 2023 - FY 2025 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 December 2, 2021 to review the research findings and prioritize the community health needs. Six 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.

Baptist Hospitals of Southeast Texas 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. Through collaboration, engagement and partnership with the community, BHSET will address the following priorities with a specific focus on affordable care and reducing health disparities among specific populations.

The six most significant needs, as ranked during the December 2nd 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 Mental and Behavioral Health Care Services and Providers
- 3.) Access to Primary and Specialty Care Services and Providers
- 4.) Increased Emphasis on Education and Awareness of Existing Health Care Resources
- 5.) Continued Focus on COVID-19 Prevention & Response
- 6.) Access to Dental Care Services and Providers

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 a hospital specific implementation plan. This implementation plan addresses the top five of the six needs. “Access to Dental Care Services and Providers” is not addressed largely due to the fact that it is not a core business function of the hospital and the limited capacity of the hospital to address this need.

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 2022 Community Health Needs Assessment and Implementation Plan on March 28, 2022.

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: heart disease; cancer; Alzheimer's disease; chronic lower respiratory diseases; cerebrovascular disease; accidents (unintentional injuries); diabetes mellitus; nephrotic syndrome and nephrosis; intentional self-harm (suicide); lung and bronchus cancer; and colon & rectum cancer. Additionally, Jefferson County has a higher prostate cancer mortality rate than the state and Orange County has a higher rate of chronic liver disease and cirrhosis than the state.

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

Data suggests that Jefferson and Orange County residents are not appropriately seeking preventive care services, such as timely pap tests and adults (age 18-64) who did not receive their flu vaccine in the past year. Orange County has a lower rate of individuals who received a mammogram when compared to the state. 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 persons than the state as well.

Several interviewees noted that there are emerging chronic conditions like obesity, diabetes, heart disease and hypertension in the community. Interviewees expressed concern surrounding the increasing need to address chronic conditions in the area. One interviewee stated: "There are nonprofits in the community attempting to service as many of our residents as they can, but the need is greater than our capacity to serve." Additionally, interviewees discussed limited availability of the built environment as well as wellness opportunities in the area, particularly in Orange County. One interviewee stated: "...the first thing Orange County needs is a hospital, and then we just need education to make sure everyone knows what's available and could get regular health checks that are preventive that would help alleviate more serious problems down the road."

Interviewees also discussed the impact of COVID-19 on prevalence of lung issues like asthma and COPD as well as HIV infections. One interviewee stated: "...we're going to have a higher case rate of HIV and that is because of the interruption with HIV testing over the past year. Right now we are seeing more new cases of HIV and I fear we are going to see more in the younger population." It was mentioned that there is limited awareness and understanding of health care resources and benefits available in minority populations, particularly the Hispanic population. One interviewee stated: "Our Hispanic population doesn't know about the different health care benefits that are available. It's about getting them to be aware and checking on everything and taking those preventive steps." Interviewees also emphasized the disparate rates of chronic conditions in the African American population. One interviewee stated: "We still have an inordinate number of our black community suffering from diabetes, high blood pressure and that's a disparity that's ongoing and we see it. We need to be active in educating where we can."

Objective:

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

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
<p>1.A. 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 appearances, public service announcements and health fairs to address health topics of particular concern to the public.</p>	Director of Marketing	ONGOING	<p>Q1 - Oncology nurse spoke to Lamar Nursing Schools about Oncology certified nursing</p> <p>Q2 - Director of Dauphin Center spoke to the Parish Nurses at First Baptist Nederland about breast cancer; 50 participants; BHSET CNO spoke at the Philippine Annual Nursing Association about culture and second victim syndrome, 200 attendants; Participated in senior expo, 1,750 attended; Cancer Director and Dauphin Director spoke on breast cancer awareness</p> <p>Q3 - 15 people in the mentorship program with Leadership of Southeast Texas toured behavioral health; Dr. Roy has started and will be the one of the main heads of the residency program</p> <p>Q4 - BHSET leadership volunteered 30 hours of service at the Southeast Texas Food Bank, Bariatric seminar had 5 participants, BHSET was a sponsor for Relay For Life which raised money and awareness for cancer</p>	ONGOING	<p>Q1 - RN educated community on breast feeding at a county forum</p> <p>Q2 - Participated in Senior Expo - educated over 2,000 seniors on Bariatrics, Breast Health, Cancer Screenings and Nutrition</p> <p>Q3 - CEO Justin Doss was the keynote speaker at a BBB event about leadership in healthcare; BHSET Cardiac Team educated 15 ExxonMobil employees on cardiac care and prevention; Imaging leadership presented to the Southeast Texas Coaches Assn (50 attendees) on lung screening and calcium scoring; 7 physicians and administrators from BHSET were panelists for a group of Lamar students interested in careers in healthcare; provided a tour to the Junior Leadership Beaumont group (30 students)</p> <p>Q4 - Chamber of Commerce tour of hospital and presentation by CEO Justin Doss to 50 chamber members on hospital updates and service lines; Baptist leaders presented to 55 ExxonMobil employees on stroke, cancer, bari and cardiac care</p>	ONGOING	<p>Q1 - Jefferson County Breastfeeding Celebration - Detra Pickney (Women's Services Director) and Michele Bordelon, keynote speakers (200 participants); Rotary Club of Beaumont - Justin Doss, keynote speaker (100 participants)</p> <p>Q2 - Hosted 2 BISD Health Advisory meetings where Drs. Al-Bayan and Iyamu along with Women's Services Director Detra Pickney spoke on women's health, breast cancer awareness & prenatal education, and Gay-Lynne Jones from the Baptist Cancer Network spoke on cancer services and the survivor support group (approx 50 participants total)</p> <p>Q3 - Dr. Rahul Patri presented on "Diagnosis/Mgmt of Peripheral Vascular Disease" to approx 20 providers; Dr. K. Billingsley discussed signs and symptoms of pertussis in Jan and Michael Moore, NP gave info on cardiovascular health in Feb to the BISD Health Advisory Bd (approx 30 participants in each)</p>

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.B. BHSET provides varying support groups and classes to encourage follow-up and continued education for patients during and after an illness. BHSET initiates support groups and educational classes for patients and family members based on demand for the programs.	Director of Marketing	ONGOING	Q1 - monthly Bariatric Support Group, 9 total with 58 participants; Diabetes Education for 126 patients Q2 - Bariatric Support Group, 60 participants; Diabetes Education for 152 patients; Childbirth Education classes, 30 participants Q3 - Bariatric Support Group, 46 participants; Diabetes Education for 134 patients; Childbirth Education classes, 15 participants, was temporarily suspended for a couple of months Q4 - Bariatric Support Group, 49 participants; Diabetes Education for 141 patients; Childbirth Education classes, 30 participants	ONGOING	Q1 - Bariatric Support Group, 27 participants; Diabetes Education for 137 patients; Childbirth Education classes, 22 participants Q2 - Bariatric Support Group, 32 participants; Diabetes Education for 147 patients; Childbirth Education classes, 33 participants Q3 - Bariatric Support Group, 37 participants; Diabetes Education for 137 patients; Childbirth Education classes, 22 participants Q4 - Bariatric Support Group, 43 participants; Diabetes Education for 174 patients; Childbirth Education classes, 27 participants	ONGOING	Q1 - Bariatric Support Group, 33 participants; Diabetes Education for 147 patients Q2 - Bariatric Support Group, 22 participants; Diabetes Education for 91 patients, Childbirth Education for 15 adults Q3 - Bariatric Support Group, 22 participants; Diabetes Education for 92 patients, Childbirth Education for 15 adults; Cancer Support Group, 11 participants
1.C. BHSET partners with community organizations to host a variety of free health screenings which can include blood pressure, weight, glucose, mammography, pulmonary function, diabetes and heart disease on an as needed basis.	Director of Marketing	ONGOING	Q1 - partnered with the Gift of Life for men's health screenings, our physicians residents completed 150 screenings; completed a sports themed Health Fair with 180 participants; continue to host 5/6 blood drives per year, 19 participants at our most recent drive Q2 - hosted blood drives - 40 units collected	ONGOING	Q1 - hosted blood drive - 20 units collected; Partnered with the Gift of Life for mammography screenings, provided 291 mammograms Q2 - hosted 2 blood drives - 58 units collected; Partnered with the Gift of Life for mammography screenings, provided 282 mammograms	ONGOING	Q1 - hosted blood drive - 38 units collected; Partnered with the Gift of Life for mammography screenings, provided 378 mammograms Q2 - IM Residents attended the USPS employee health fair and provided glucose checks for 70 employees; hosted 2 blood drives with a total of 35 units given; Provided 331 free mammograms in Partnership with Gift of Life program

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.C. BHSET partners with community organizations to host a variety of free health screenings which can include blood pressure, weight, glucose, mammography, pulmonary function, diabetes and heart disease on an as needed basis.	Director of Marketing	ONGOING	Q3 - hosted blood drive - 24 units collected; Partnered with the Gift of Life for mammography screenings, provided 355 mammograms Q4 - hosted blood drive - 38 units collected; Partnered with the Gift of Life for mammography screenings, provided 317 mammograms; hosted a community health fair, 130 participants	ONGOING	Q3 - hosted 2 blood drives - 31 units collected; Partnered with the Gift of Life for mammography screenings, provided 345 mammograms; participated in the Industry Expo with over 350 participants to educate on Cardiac health and provide blood pressure checks Q4 - hosted 2 blood drives and collected 33 units; Partnered with the Gift of Life for mammography screenings, provided 284 mammograms and provided personnel to help with 255 prostate screenings in the community	ONGOING	Q3 - hosted blood drive - 16 units collected; Partnered with the Gift of Life for mammography screenings, provided 337 mammograms

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.D. 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	ONGOING	Q1 - provided a health fair at the Nederland ISD, over 200 participants including high school students and high school staff Q2 - held one meeting for BISD staff where Drs. Qurie and Musa discussed Rheumatologic disorders and treatments, 25 in attendance Q3 - Dr. Kerr monthly BISD meeting and there were 21 in attendance; provided nutrition education on topics like body image and eating disorders, 145 students reached; a resident addressed 45 Region 5 school nurses on wellness topics Q4 - held BISD meeting with 22 in attendance; conducted education on the Afib clinic	ONGOING	Q1 - Internal Medicine resident (IM) spoke to high school students about cancer screenings; participated in the Lamar University health fair where we discussed cancer and diabetes education for 125 students; went to a high school and discussed radiology careers and bariatrics with 275 participants; went to a high school in Orange to discuss the infusion center in Orange with 185 students and adults Q2 - Internal Medicine Residents Dr. Anwar and Dr. Patta presented talks on testicular cancer and breast cancer to HS Seniors Q3 - hosted BISD admin meeting where BPN NP spoke to 25 participants on flu, COVID and RSV Q4 - toured 9 students and 2 adults with the King's Club Youth Ministry	ONGOING	Q1 - Nederland ISD Back to School health fair - Garrett Craver presented Behavioral Health info to 300 students and adults Q2 - Behavioral Health hosted a table at the Lamar World Mental Health Day event with 20 participants Q3 - Behavioral Health and IM Resident attended a Mental Health health fair at Hardin-Jefferson high school where they discussed mental health and also how physical health contributes to your overall mental health with over 400 students

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.E. BHSET will continue to partner with the Health and Occupational Safety Association (HOSA) organization to provide education and supplies as needed.	Director of Volunteer Services	ONGOING	Q1 - pharmacy team went to Orangefield High School to speak to their pharmacy and pharmacy tech students; 17 students educated on careers in pharmaceuticals Q2 - Orangefield High School students came through and shadow the hospital Q3 - Orangefield High School students came and spent time shadowing the hospital. The pharmacy students shadowed 4 hours in pharmacy. Medical students went to 4 different units with 1 hour at each unit. Hampshire-Fannett HOSA shadowed and toured the facility, 48 students participated Q4 - did a Junior Leadership Beaumont tour with 42 students	ONGOING	Q1 - provided defibrillator batteries and pads to Allsaints School Q2 - Provided Student Tours to HOSA students from Orangefield and Bmt United (total of 35 students) Q3 - provided student tours to HOSA students from Orangefield, WestBrook, & Hampshire Fannett (total of 90 students); provided gauze and bandaids to Regina Howell elementary for field day Q4 - nothing to report	ONGOING	Q1 - donated equipment to HOSA lab at Hampshire-Fannett HS Q2 - Hosted 2 Medical Technology classes from West Brook HS (37 students) to explore career opportunities and receive education on medical services available Q3 - provided gowns, gloves and surgical caps to approx 200 students at Regina Howell elementary for interactive workshop on healthcare careers
1.F. BHSET will continue to partner with EMS to promote better health and improved emergency medicine services in the community. Meetings also address issues in accessing emergency care in the community and encourage collaboration.	Director of Emergency Services	ONGOING	Q1 - nothing to report Q2 - Trauma committee meeting went over new guidelines; 12 attendants Q3 - Trauma committee met and reviewed hazmat classes and Southeast Texas Regional Advisory Council (SETRAC) updates; held an EMS committee meeting and reviewed stroke updates and TPA times Q4 - we had 3 EMS and 4 departments represented, HASMAT drill in conjunction with local EMS and authorities in April	ONGOING	Q1 - held a Trauma Committee Meeting Q2 - Quarterly EMS meeting in Nov; discussed new Trauma Coordinator, Stroke and EMS/Trauma Registry Downtime Q3 - Quarterly EMS meeting in Jan - discussed Stroke TPA times and education as well as upcoming maternal survey (Acadian & City Ambulance present) Q4 - Quarterly EMS meeting in April - discussed pediatric preparedness, surge plans and disaster drills	ONGOING	Q1 - Quarterly EMS meeting in July - discussed Pulsara pt tracking devices, stroke education for EMS Q2 - nothing to report Q3 - Quarterly EMS meeting to discuss disaster drills, stroke statistics, ER surge plan, and Pediatric preparedness

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.G. 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	ONGOING	Q1 - The Real Appeal Weight Loss Success kit sent out to all employees; provided our annual employee health screening which included blood pressure, glucose, BMI, etc. Q2 - flu shots made available to all staff members; Corporate Real Appeal Weight Loss; weight loss support holiday campaign Q3 - participated in the Defeat the Seat challenge on moving and stretching Q4 - CHC stadium step tour challenge	ONGOING	Q1 - The Real Appeal Weight Loss Success kit sent out to all employees; provided our annual employee health screening which included blood pressure, glucose, BMI, etc. Q2 - flu shots made available to all staff members Q3 - CHC Real Appeal updates sent to employees, and the Drop 5 Weight Loss Challenge ran Feb 12 - Mar 24 Q4 - CHC unplug to recharge - digital detox challenge	ONGOING	Q1 - Provided our annual employee health screening which included blood pressure, glucose, BMI, cholesterol, etc. Q2 - Real Appeal weight mgmt program through CHC provides personalized support and fitness tips Q3 - Feb CHC and Marquee Health presented a healthy heart wellness challenge to staff as well as a seminar entitled: staying on track
1.H. 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. Additionally, urgent care services are in-network for employees.	Vice President of Revenue Cycle Management	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing
1.I. BHSET will continue to host outside professionals to provide education on medical research and therapy.	Director of Marketing	ONGOING	Q1 - nothing to report Q2 - meeting with the Jefferson County Medical Society, TMA President, Dr. Gary Floyd, was the speaker Q3 - hosted a mental health and primary care forum, Michelle Hext from UT Health was the speaker Q4 - Dr. Bransford, EP did an education presentation on Afib for 25 providers	ONGOING	Q1 - Dr. Cindy Stinson did a talk on compassion fatigue to 30 clinicians at Baptist; Dr. Sotolongo did a talk to the local HNA regarding cardiology updates and technological advancements at Baptist Q2 - nothing to report Q3 - Dr. Cindy Stinson did a talk on leadership styles in healthcare to 48 clinicians at Baptist Q4 - Dr. Gibson (ENT) presented on Inspire Device for better sleep	ONGOING	Q1 - Dr. Hawkins (ob/gyn) spoke to Ch 12 news about the new BPN prenatal clinic in Port Arthur, where access to ob/gyn services has recently diminished Q2 - Dr. J. Winberg spoke to Infection Prevention committee to provide info on community TB case counts, resistance patterns and treatment Q3 - Hosted a community forum for the Alzheimer's Assn to talk about awareness and community resources available (approx 25 participants; Alz Assn employees as keynote speakers)

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.J. BHSET will strive to maintain designation as a Texas Ten Step Facility by the Department of State Health Services and the Texas Hospital Association. Additionally, BHSET purchased and fully implemented a lactation pod.	Director of Women's Services	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing
1.K. BHSET will continue to partner with Best Fed Beginnings to provide Breast Milk Depot services. 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	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	SUSPENDED	Q1 - no longer an active program Q2 - nothing to report Q3 - nothing to report
1.L. 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	ONGOING	Q1 -14 consults with Church program; held 2 workshops for Lamar students; parish nurse faith community nursing director Q2 - Parish nurse faith community nursing director had 41 consultations, in October the parish nurse faith community nursing director hosted a webinar on Addressing Mental and Behavioral Needs, 65 in attendance; in November, they hosted a webinar on Caring for Human Anguish, 38 in attendance; in December, they hosted a webinar on Decreasing Marginalization of At Risk Youth; 40 in attendance	ONGOING	Q1 - held 2 webinars on anxiety and aging; 5 faith community nurses graduated Q2 - held 2 meetings for BSN Nursing students to discuss the Faith Comm Nursing program (40 participants); held a virtual conference for Faith Community Nurses on Cancer Screening Guidelines (35 participants)	ONGOING	Q1 - Pastors' Roundtable discussing the coming Behavioral Health facility and the needs of our community (14 churches represented) Q2 - Quality Director Diana Miles educated 100 church members on breast cancer screening and prevention

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.L. 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	ONGOING	Q3 - Parish nurse faith community nursing director had 55 consultations; participated in a seminar for Lamar, 300 students reached along with faculty on faith community nursing program and challenges Q4 - 40 consultations, plus 2 seminars targeting students and community nurses with a total of 36 participants	ONGOING	Q3 - hosted 4 seminars that reached 81 community nurses covering topics such as phone communication, leadership and navigation at SmartHealth Q4 - hosted a luncheon and a debriefing session and 28 consultations with prospective new faith community nurses	ONGOING	Q3 - Pastors' Roundtable discussing SmartHealth clinic and community benefits (15 participants)
1.M. BHSET will continue to participate in the annual Women's Conference to provide education to women in the community.	Director of Marketing	ONGOING	Q1 - prepped for annual conference Q2 - participated in the annual Women's Conference for 400 women; provided 5 speakers on various leadership and healthcare topics; had 2 booths at the conference, 1 on bariatrics and 1 on mammograms Q3 - nothing to report Q4 - prepping for conference and breakout sessions	ONGOING	Q1 - held the Women's Conference and educated 432 women on nutrition, breast health, bariatrics, and mental health Q2 - nothing to report Q3 - nothing to report Q4 - sponsored the Spark Leadership summit (new with BBB, adjunct to PWC)	ONGOING	Q1 - held the Women's Conference and educated over 400 women on breast health, bariatrics, and mental health; Drs. Iyamu (gyn), Stephens (colorectal) and Patri (cardio) were breakout session leaders on women's health in their respective areas Q2 - nothing to report Q3 - nothing to report
1.N. 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	ONGOING	Q1 - provided 40 flu shots to All Saints schools (ages K-8) Q2 - provided 54 flu shots to a Catholic Church in Orange County; provided 35 flu shots in Regional-Howell Elementary; provided 15 flu shots to the Board of Trustees Q3 - nothing to report Q4 - nothing to report	ONGOING	Q1 - provided 42 flu shots to Allsaints School and 26 flu shots to our board of trustees Q2 - provided 37 flu shots to Regina Howell Elementary and 60 flu shots to St. Marks Catholic Church Q3 - nothing to report Q4 - nothing to report	ONGOING	Q1 - provided 44 flu shots to All Saints School, 30 to Regina Howell elementary school staff, and 24 flu shots to our board of trustees Q2 - provided 40 flu shots to Lamar Athletic Dept and 30 flu shots to church members at St. Francis in Orange Q3 - nothing new to report

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.O. BHSET and the SmartHealth Clinic will continue to follow up on chronic disease management of higher risk patients in order to provide high quality, follow up care with guidance if necessary. 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 SmartHealth Clinic	ONGOING	Q1 - saw 548 patients in the SmartHealth Clinic Q2 - saw 1,210 patients in the SmartHealth Clinic Q3 - saw 1,456 patients in the SmartHealth Clinic Q4 - saw 2,841 patients in the SmartHealth Clinic, 70% of those 2,841 were unfunded	ONGOING	Q1 - saw 2,671 patients in the SmartHealth Clinic Q2 - 3,268 patients treated and educated in the SmartHealth Clinic Q3 - 2,071 patients treated and educated in the SmartHealth Clinic Q4 - 3,281 patients treated and educated in the SmartHealth Clinic	ONGOING	Q1 - saw 3,307 patients in the SmartHealth Clinic Q2 - saw 3,308 patients in the SmartHealth Clinic Q3 - saw 3,567 patients in the SmartHealth Clinic
1.P. 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 Business Development	ONGOING	Q1 - in July, meeting held with 6 nursing homes represented; talked about psych; introduced new psychiatrist - Dr. Gen; completed a tour of the facility; admissions process for geriatric care Q2 - nursing home consortium in October, 9 facilities represented, 20 people in attendance; Attendance; Garrett Craver discussed Senior Care; Acadian EMS presented on Medical Necessity; Garrett Syphrett, the Director of Physician Recruitment and Business Development, gave hospital staff medical staff updates Q3 - nothing to report Q4 - 3 NH reps attended a NH consortium meeting in May, discussed the Admissions Process with Case Management	ONGOING	Q1 - nothing new to report Q2 - this program temporarily suspended for revamping Q3 - nothing new to report Q4 - this program temporarily suspended for revamping	SUSPENDED	Q1 - nothing new to report Q2 - nothing new to report Q3 - nothing new to report

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.Q. BHSET personnel serve in leadership roles and as volunteers with many agencies and committees in the community.	Director of Marketing	ONGOING	Q1 - Deborah Verrett, member of Spindletop Rotary Club; Kim Moncla - board member of Better Business Bureau and President of the Southeast Texas Nonprofit Development Center, board member of Samaritan Counseling Center; Joy Angulo, Ray Peregrino and Babette Aguilin are on the board of the Philippine Nursing Association Q2 - ongoing Q3 - ongoing Q4 - Trinity Ewing, new liaison is an Ambassador at Beaumont Chamber of Commerce	ONGOING	Q1 - Justin Doss is on the Economic Development Committee of the Beaumont Chamber of Commerce Q2 - Kathy Gartman is on the mayors committee for homelessness Q3 - Stephanie Harris is a member of the Rotary Club of Beaumont Q4 - nothing new to report	ONGOING	Q1 - nothing new to report Q2 - Kathy Gartman is the co-chair of the LIT Nursing Advisory Council Q3 - Aily Powell is a Board Member for the CTE program
1.R. 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.	HIV Screening Program Coordinator	ONGOING	Q1 - 5,697 HIV tested; 67 positive and 62 linked to care Q2 - 6,207 HIV tested; 63 positive and 61 linked to care Q3 - 6,271 HIV tested; 70 positive and 67 linked to care Q4 - 7,078 HIV tested; 59 positive and all were linked to care	ONGOING	Q1 - 7,717 HIV tested; 85 positive and 80 linked to care Q2 - 6,663 HIV screens were conducted with 76 positives identified and linked to care Q3 - 7,387 HIV screens were conducted with 78 positives identified and linked to care Q4 - 8,253 HIV screens were conducted with 124 positives identified and linked to care	ONGOING	Q1 - 8,392 HIV tested; 124 positive and linked to care Q2 - 7,516 HIV tested; 109 positive and linked to care Q3 - 3,765 HIV tested; 56 positive and linked to care

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.S. BHSET will support communicable disease prevention and education in the community including a focus on World AIDS Day and educational speakers.	HIV Screening Program Coordinator	ONGOING	Q1 - 5 Facebook posts on communicable diseases Q2 - sent out direct mail piece about Hep C to 2,400 homes; participated in World Aids Day event at the Beaumont Health Department Q3 - supported 7 public and private events focused on HIV education and legislation, reached 189 adults Q4 - education event in celebration of women and girls HIV/AIDs awareness day; 45 people attended	ONGOING	Q1 - did a presentation for school nurse professional development on sexual health and education to 96 nurses Q2 - Coordinated World AIDS Day community event with 45 participants Q3 - educated over 200 community members on HIV/AIDS through various programs with Baptist speakers Q4 - presented at the annual HIV conference in Galveston to 100 attendees	ONGOING	Q1 - HIV Summit in Central Park (35 attendees) Q2 - Monthly syndicate meetings with a total of 177 attendees; Teen sexual health community zoom meeting Q3 - HIV Syndicate Regional Monthly Meetings (3 meetings, 71 total guests), HIV Task Force City of Port Arthur (15 guests), HIV prevention contractors meeting (50 guests)
1.T. The SmartHealth Clinic will continue to partner with the Beaumont Health Department to provide screenings for their patients who access services for STI care.	HIV Screening Program Coordinator	ONGOING	Q1 - Hep C 4,660 tested; 92 positive and 74 linked to care Q2 - Hep C 4,726 tested; 89 positive and 54 linked to care Q3 - Hep C 5,025 tested; 81 positive and 47 linked to care Q4 - Hep C 5,008 tested; 75 positive and 41 linked to care	ONGOING	Q1 - Hep C 4,947 tested; 71 positive and 38 linked to care Q2 - 5,102 Hepatitis C screens were provided with 61 positives identified and 31 linked to care Q3 - 5,808 Hepatitis C screens were provided with 84 positives identified and linked to care Q4 - 6,237 Hepatitis C screens were provided with 106 positives identified and linked to care	ONGOING	Q1 - Hep C 6,272 tested; 140 positive and linked to care Q2 - Hep C 5,842 tested; 77 positive and linked to care Q3 - Hep C 2,961 tested, 50 positive and linked to care

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.U. The Julie & Ben Rogers Cancer Institute offers free prostate screenings in the month of September 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	ONGOING	Q1 - free prostate screening through partnership with Gift of Life, 150 men screened for prostate Q2 - nothing to report Q3 - nothing to report Q4 - participated in a public event where PSA checks were conducted for 200 people; Baptist in partnership with Gift of Life screened 479 men for prostate cancer in June	ONGOING	Q1 - prostate screening through partnership with Gift of Life, 58 men screened; 60 men were screened at a community event Q2 - nothing to report Q3 - nothing to report Q4 - nothing to report	ONGOING	Q1 - provided volunteers for prostate screening through partnership with Gift of Life in Orange and Kountze communities in July Q2 - nothing to report Q3 - nothing new to report
1.V. 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 Home Instead Homecare. The "Angel Tree" and employee participants provide children and senior adults with a joyous Christmas delivery. BHSET also adopts several cancer patients and their families to provide them with resources.	Director of Marketing	ONGOING	Q1 - nothing to report Q2 - adopted and provided gifts for 125 children, seniors and cancer patients Q3 - nothing to report Q4 - nothing to report	ONGOING	Q1 - nothing to report Q2 - employees adopted 150 children, Seniors and cancer patients for the annual Angel Tree event Q3 - nothing to report Q4 - nothing to report	ONGOING	Q1 - nothing to report Q2 - employees adopted 150 children, Seniors and cancer patients for the annual Angel Tree event Q3 - nothing to report Q4 - nothing to report

Priority #2: 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 a lower rate of mental health care providers per 100,000 than the state. Additionally, both counties have higher rates of adult (age 18+) depression and those individuals who reported having 14+ days of poor mental health.

Many interviewees mentioned the significant impact of natural disasters and the COVID-19 pandemic on residents' mental health. Several interviewees discussed the difficulty in recruiting mental and behavioral health providers and how the shortage of providers and resources is leading to long wait times for all payer types and outmigration to Houston. One interviewee stated: "The name of the game is long wait times for mental health, regardless of payment source. Even if you're cash, Medicare, low income, sliding scale, it's very hard to get in as a new patient." Another interviewee stated: "People who need psychological counseling go to Houston. They'll find Houston counseling centers with certified therapists, licensed counselors to go to."

Interviewees also discussed the need for affordable outpatient services and the concern surrounding how mental and behavioral health patients are landing in the Emergency Room, judicial system or using ambulances. One interviewee stated: "Post pandemic, there's an increase in mental health patients. We could double what we've put out there. A lot of people with mental health problems just end up in the back of an ambulance or the back of a police car." Another interviewee stated: "Mental and behavioral health is an issue, especially as it pertains to individuals placed in the judicial system inaccurately that really are more a mental or behavioral health issue."

Several people discussed the need for substance abuse treatment for women in the community and concerns about the impact of COVID-19 on remote access of services. One interviewee stated: "The need for substance abuse treatment is dire. Substance abuse disorder clogs our jails and prisons and also clogs our hospital ERs. Substance use disorders have been mainly focused on men however we're seeing a huge growth in a need of services for women." Another interviewee stated: "There's an enormous change since COVID-19 came around. Almost all mental health providers are remote now, psychiatrists as well as counselors. There are a few who have gone back to face to face, but very few. Most are very remote."

Objective:

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

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
2.A. BHSET partners with the local mental health authority, Spindletop Center, to offer inpatient psychiatric services for unfunded patients, as well as State Hospital beds.	Director of Psychiatric Services	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing
2.B. 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	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing
2.C. BHSET discharge planners 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, the Dream Center, and community boarding homes and halfway homes.	Director of Psychiatric Services	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
2.D. In addition to recruited psychiatrists, BHSET offers UTMB resident services on weekends and is exploring establishing a psychiatric residency program.	Director of Psychiatric Services, Vice President of Operations	ONGOING	Q1 - in planning phase of residency program Q2 - aiming for official approval of psychiatric residency program by Q3 Q3 - residency program approved, 4 residents matched and they will start in July Q4 - residency program officially started on June 27th, 4 psych residents	ONGOING	Q1 - nothing to report Q2 - nothing to report Q3 - added a 5th psych resident Q4 - started new class with 4 residents	ONGOING	Q1 - added 1 Psych resident transfer (PGY-2) Q2 - nothing to report Q3 - Psych residency ongoing; working through interview process for Match Day for next class
2.E. 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, Director of Psychiatric Services	ONGOING	Q1 - provided a health fair at the Nederland ISD, over 200 participants including high school students and high school staff Q2 - nothing to report Q3 - participated in Leadership Southeast Texas, Garrett Craver spoke, 40 participants Q4 - student led health fair and behavioral health had an educational booth at the fair, 175 attended	ONGOING	Q1 - presented to BISD Administration on Behavioral Health, 20 people Q2 - nothing to report Q3 - Behavioral Health provided a tour for 4 HOSA groups Q4 - nothing to report	ONGOING	Q1 - Nederland ISD Back to School health fair - Garrett Craver presented Behavioral Health info to 300 students and adults Q2 - Nothing to report Q3 - attended Hardin-Jefferson High School Mental Health fair; Chamber Mentorship program visited the Behavioral Health hospital for presentation and tour

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
2.F. 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 Behavioral Health Services	ONGOING	Q1 - nothing to report Q2 - did a story with Channel 6 on overdose and treatment. Did a presentation to Lamar students on community behavioral health needs. In November, we did a presentation to the Texas Workforce Commission. We had a meeting with the Sexual Assault Division from the Beaumont Police Department Q3 - nothing to report Q4 - nothing to report	ONGOING	Q1 - Garrett Craver did a presentation on autism at the Hispanic Pastors Conference Q2 - nothing to report Q3 - Garrett Craver participates in monthly Adult SART meetings for Jefferson County as well as monthly community strategic planning meetings regarding Behavioral Health; Garrett Craver made a presentation to the SETX Press Club about mental health education, and TX Speaker of the House Dade Phelan held a press conference to discuss local mental health needs and upcoming new construction on an expanded Behavioral Health Center (increase of 71 beds) Q4 - Garrett Craver presented to 35 ExxonMobil employees on mental health in the workplace	ONGOING	Q1 - participated in ER and Community Advisory committee meeting, made a presentation to the Lamar University Psych Dept, attended the MHA Board meeting Q2 - Participated in the Spindletop Center's Global Peer Support Celebration Day with 15 attendees & attended a meeting of the Beaumont Homeless Coalition Q3 - Administrators at Behavioral Health participated in the monthly Mental Health Association meeting
2.G. BHSET will continue to provide transportation for mental health patients to get to their necessary therapy through the mobile vans.	Director of Psychiatric Services	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing
2.H. BHSET will continue to provide geriatric psychiatry services through its Senior Care Unit.	Director of Behavioral Health Services	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing
2.I. Upon discharge from the Behavioral Health Center, patients may seek available services through the Intensive Outpatient Program to continue their care as needed.	Director of Psychiatric Services	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
2.J. BHSET offers electroconvulsive therapy (ECT) services, as the only facility to offer such services between Houston, TX and New Orleans, LA.	Director of Psychiatric Services	ON HOLD	Q1 - temporarily suspended, ECT services are planning to start back up soon Q2 - temporarily suspended, ECT services are planning to start back up in July Q3 - temporarily suspended, ECT services are planning to start back up in July Q4 - temporarily suspended	ON HOLD	Q1 - temporarily suspended Q2 - nothing to report Q3 - nothing to report Q4 - nothing to report	ON HOLD	Q1 - temporarily suspended Q2 - nothing to report Q3 - nothing to report Q4 - nothing to report
2.K. Under grant funding, BHSET offers art and music therapy services for patients that may benefit from such services.	Director of Psychiatric Services	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing

Priority #3: Access to Primary and Specialty Care Services and Providers

Rationale:

Both counties have higher preventable hospitalization rates than the state. Additionally, Jefferson and Orange Counties have several Health Professional Shortage Area and Medically Underserved Area/Population designations as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

With regards to primary care access, interviewees noted difficulty accessing primary care in Southeast Texas, particularly for the low income, un/underinsured and Medicare/Medicaid residents in the area. Interviewees discussed the limited supply of resources accepting underserved residents and how that is leading to long wait times. One interviewee stated: "...There's not a huge amount of PCPs who are taking Medicare, Medicaid, and/or un/underinsured patients. There are a few resources in town and the wait times for those resources are very long."

Interviewees discussed long wait times for appointments in the community and that is leading to patients inappropriately using the Emergency Room, individuals foregoing care and worsened health outcomes. In conjunction to that, interviewees mentioned how the urgent care services are used by individuals because they perceive it to be lower in cost and having a shorter wait time than their provider. One interviewee stated: "I seek out one of the urgent care facilities when I'm sick because I know it's a shorter wait time and what my copay will be, so I very seldom use my PCP when I'm ill."

It was noted that residents who were impacted by disasters are utilizing urgent care facilities as a stop-gap measure. Several people mentioned the difficulty in accessing primary care in Orange County and the need for greater diversity in providers who can relate to minority populations in the community. One interviewee stated: "We need to have more diversity in primary care providers. We have an emerging Spanish speaking population. They may understand English but they're more comfortable expressing themselves in Spanish. There's also a shortage of black female providers and more requests for black female providers."

Access to specialty care was brought up by several interviewees as a need because there has been historical outmigration to Houston due to a "bigger is better" perception of services. Additionally, several people noted the long wait times in the area for specialty care services and that is leading to individuals foregoing care, particularly the un/underinsured and Medicaid patients. One interviewee stated: "They do have wait times, there are many who do not accept Medicaid or un/underinsured so it takes a longer time for people to get into care. That's actually causing a lot of people to forego care."

Interviewees also discussed the difficulty in finding providers with similar cultural backgrounds and how this issue is leading to some individuals foregoing care. In Jefferson County specifically, interviewees mentioned the limited supply of certain specialties causing patients to travel to nearby communities and these services include: OB/GYN, Neurology, Rheumatology, Endocrinology, Pain management, Ortho/Spine, Female Cancer, and inpatient Pediatric surgery. For Orange County, it was mentioned that there was a greater shortage of specialty services due to lack of a hospital. One interviewee stated: "In Orange County, we've lost a lot of our specialty doctors because there's not a hospital so they don't want to be in a smaller area without a hospital."

Objective:

Implement and offer programs that aim to address access to primary and specialty care services in the community through recruitment and retention efforts

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
3.A. 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.	Director of Business Development	ONGOING	Q1 - Zephan Chen, Psychiatry; Jillian Fleischer, General Surgery; Frances LaGrone, Podiatry; Micah Gibson, ENT/Otolaryngology; Chinualumogu Nwakile, Cardiology; Gordon Healey, Urologist; Preston Kerr, Urologist; Richey Chen, Gastroenterology Q2 - Ryan McHugh, Pain Management; Sekhar Raja, Anesthesiologist; Jason Smalley, Pediatrics Q3 - Dr. Pradeep Roy, Psychiatry Q4 - M. Al-Bayan, OBGYN; R. Hariharan, EP, Cardio; C. Huynh, ER; M. Khalil, Medical Oncology	ONGOING	Q1 - A. Verheec, Anesthesiologist; E. Flores, IR; D. Pacheco, Pathology Q2 - N. Shinthia, Emergency Med; R. Chounoune, Gen. Surg. (Locums) Q3 - added the following physicians to our medical staff: R. Memon, MD (Child/Adolescent Psychiatry), G. Iyamu, MD (Ob/Gyn), N. Latuso, MD (Internal Med), C. Nock, MD (Emergency Med), J. Mensah, DO (Psychiatry), A. Abdulamir, MD (Internal Med) Q4 - added the following physicians to our medical staff: Sudhir Alampur, MD (Gastroenterology), Feras Zabad, MD (Gastroenterology), Syed Jilani, MD (Associate/Internal Medicine), Nhu Vu, DO (Associate/Psychiatry)	ONGOING	Q1 - O. Tabatabaie, MD - General Surgery; G. Butler, MD - Associate/Psychiatry; H. Rivas, MD - Locums/General Surgery; J. Rollins, MD - Orthopedic Surgery Q2 - R. Dakour, MD - Associate/Psychiatry; C. Colbert, MD - Active/PMR; C. Floyd, DO - Active/Psychiatry; K. Billingsley, MD - MNP/Family Medicine; M. Naqvi, MD - Associate/Psychiatry Q3 - C. Blakely, D.O. - Vasc Surg -UTMB; M. Cox, M.D. -Vasc Surg - UTMB; M. Silva, Jr, M.D. - Vasc Surg-UTMB
3.B. BHSET will continue to provide emergency coverage for uninsured patients for primary and specialty care services.	Director of Emergency Services	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
3.C. 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	ONGOING	Q1 - 180 participants at Health Fair that focused on stroke and BHSET showed of their stroke robot and dialed in our tele neurologist in Houston. Q2 - Dr. Jagolino spoke at the MD roundtable; for stroke we had a Facebook video with our Neurology NP, Stephen Reid, who explained the teleneuro robot; on World Stroke Day we had a team go throughout the hospital and educate the staff on signs and symptoms Q3 - nothing to report Q4 - elevator paper ads around signs and symptoms of stroke; health fair had 134 attendees	ONGOING	Q1 - 31 BISD administrators educated on the teleneuro/stroke program Q2 - nothing to report Q3 - increased FB posts and hospital signage regarding education on women & risk of stroke Q4 - educated local EMS personnel on signs and symptoms of stroke	ONGOING	Q1 - increased FB posts and hospital signage regarding education on women & risk of stroke Q2 - education and marketing surrounding the latest CIHQ redesignation as a stroke center of excellence Q3 - added new video to website under Emergency Services section discussing Stroke center of excellence

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
3.D. BHSET will continue to increase access to care through the provision of telehealth services to applicable patients.	Chief Nursing Officer, Director of Emergency Services	ONGOING	Q1 - ongoing Q2 - added two teleneuro physicians to the staff roster Q3 - added one teleneuro physician Q4 - added one teleneuro physician	ONGOING	Q1 - added 2 teleneurology physicians and 3 teleradiology physicians Q2 - added the following telemedicine physicians: L. Diamond, Psychiatry; S. Feinberg, Teleradiology; K. Hirschman, Teleradiology; D. Moesch, Teleradiology Q3 - added the following telemedicine physicians: A. Rowe, MD (Teleradiology), S. Ruehrmund, MD (Teleradiology), J. Knight, MD (Teleradiology), S. Pawar, MD (Teleradiology) Q4 - added the following telemedicine physicians: Jerome Jeeverajan, MD (Teleneurology), David Bodne, MD (Teleradiology), Marc Kahn, MD (Teleradiology)	ONGOING	Q1 - R. Anton, MD - Teleradiology; D. Green, MD - Teleradiology; E. Quigley III, MD - Teleradiology; M. Shahrivari, MD - Teleneurology Q2 - K. Khalid, MD - Teleneurology ; K. Kani, MD - Teleradiology; J. Huckabee, MD - Teleradiology; B. Olivieri, MD - Teleradiology; A. Shoujaa, MD - Teleradiology; D. Miner, MD - Teleradiology Q3 - C. Barker, M.D. - Teleradiology; P. Britt, M.D. - Teleradiology; J. Fries, M.D. - Teleneurology; C. Kay, M.D. - Teleradiology; E. Munoz, M.D. - Teleradiology
3.E. BHSET offers the infusion clinic in Jasper County for rheumatic and cancer-related patients.	Vice President of Operations	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	ONGOING	Q1 - ongoing Q2 - opened new and larger infusion clinic in Jasper Q3 - ongoing Q4 - ongoing, FaceBook ad promotions	ONGOING	Q1 - ongoing & new fliers distributed to PCPs in the area about services offered Q2 - nothing to report Q3 - Sponsored the Jasper Chamber of Commerce Women's event - Infusion employees attended/networked

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
3.F. 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 the Radiology School	ONGOING	Q1 - 16 new radiology techs graduated and all passed their boards Q2 - ongoing Q3 - Facebook ads on applications for the radiology school Q4 - Facebook ads on applications for the radiology school	ONGOING	Q1 - visited 2 high schools to discuss radiology tech careers; 14 students graduated and 100% passed their boards Q2 - ongoing Q3 - Attended Youth Expo to promote Radiology careers to over 3,000 students Q4 - pushed ads to promote the program and received the largest number of applicants in the history of the program	ONGOING	Q1 - 73rd Graduating class - 12 graduates took their National Board Registry Test and all 12 passed with 6 out of the 12 students scoring in the 90s Q2 - nothing new to report Q3 - Participated in the Youth Career Expo, educating over 3300 students on a career in Radiologic Technology
3.G. BHSET will continue to serve as a teaching facility for Radiology, RN, Respiratory Therapy, Pharmacy and Dietetics students.	Departmental Directors	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	ONGOING	Q1 - donated to the Lamar University nursing school to help secure more faculty Q2 - ongoing Q3 - ongoing Q4 - ongoing	ONGOING	Q1 - became the first hospital in Texas to have an upward mobility nursing program within the hospital itself (through LSCPA) Q2 - Graduated 11 nurses from the Baptist/LSCPA Nursing program Q3 - new Baptist/LSCPA nursing program started with 22 students; new dedicated classroom built on Baptist Hospital campus Q4 - Pharmacy Residency program ongoing
3.H. 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	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
3.1. BHSET will continue to offer cancer-related clinical trials in conjunction with UTMB and other industry sponsors.	Medical Director of Baptist Regional Cancer Network	ONGOING	Q1 - 1) Phase 3 Trial Evaluation the Role of Weight Loss with Breast Cancer; 2) Trial of Therapy and Risk of Chemo Induced Neuropathy in African American Women; 3) Phase 3 Trial Regarding Cancer Associated Anorexia Q2 - Phase 3 Trial Evaluation the Role of Weight Loss with Breast Cancer & Trial of Therapy and Risk of Chemo Induced Neuropathy in African American Women clinical trials are ongoing and are in a long term follow up; In November we began 2 new clinical trials, 1) NEAAR Medical Food Study for Metastatic Prostate Cancer; 2) NEAAR Medical Food Study for Metastatic Colorectal Cancer	ONGOING	Q1 - 1) Optimizing Endocrine Therapy Through Motivational Interviewing and Text Interventions; 2) Phase 1b Study of Serabelisib in Combination With an Insulin Suppressing Diet; 3) NEAAR Medical Food study for the Dietary Management of Advanced/Metastatic Pancreatic Cancer; 4) Early Detection of Lung Cancer based on small RNA signatures - Boston II Q2 - nothing to report	ONGOING	Q1 - 1) Prevalence of Major Depressive Disorder in Cancer Patients in Southeast Texas: A Prospective Study (Resident-led;active/enrolling); 2) Randomized Phase III Trial Evaluating the Role of Weight Loss in Adjuvant Treatment of Overweight and Obese Women With Early Breast Cancer (active/closed to enrollment); 3) Optimizing Endocrine Therapy Through Motivational Interviewing and Text Interventions (active/enrolling); 4) Prospective Validation Trial of Taxane Therapy (Docetaxel or Weekly Paclitaxel) and Risk of Chemotherapy-Induced Peripheral Neuropathy in African American Women (active/closed to enrollment) Q2 - nothing new to report

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
3.1. BHSET will continue to offer cancer-related clinical trials in conjunction with UTMB and other industry sponsors.	Medical Director of Baptist Regional Cancer Network	ONGOING	Q3 - nothing to report Q4 - nothing to report	ONGOING	Q3 - nothing new to report Q4 - 1) NEAAR-001 is still open at the cancer center to enroll advanced and unresectable or metastatic pancreatic cancer. 2) SER-ISD-001: Phase 1b Study of Serabelisib in Combination with an Insulin Suppressing Diet (Study ISD) in Adult Subjects with Advanced Solid Tumors with PIK3CA Mutations with or without PTEN loss) has closed to enrollment as of Apr2024. 3) A191901: Optimizing Endocrine Therapy Through Motivational Interviewing and Text Interventions / Additional Support Program Via Text Messaging and Telephone-Based Counseling for Breast Cancer Patients Receiving Hormonal Therapy reopened to enrollment Apr2024 after being on hold for 2 years. 4) Prevalence of Major Depressive Disorder in Cancer Patients in Southeast Texas: A Prospective Study with Dr. M. Hasan	ONGOING	Q3 - 1) Prevalence of Major Depressive Disorder in Cancer Patients in Southeast Texas: A Prospective Study (Resident-led;active); 2) Breast Cancer Weight Loss Study (BWEL Study) - Subjects are followed for 10 years after enrollment. Current subjects are on year 6; 3) Docetaxel or Paclitaxel in Reducing Chemotherapy-Induced Peripheral Neuropathy in African American Patients with Stage I-III Breast Cancer - Subjects are followed for 5 years after enrollment. Current subjects are on year 4 or 5; 4) Effect of Pt Demographics & Disease Characteristics in Influencing Disease Treatment Adherence, Quality of Care & Long-Term Survival in Patients w/Breast Cancer in SETX (Current "inprogress" retrospective study: led by IM Resident)

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
3.J. BHSET will continue to explore opportunities to expand access to providers and services in the primary and secondary service areas.	Chief Operating Officer	ONGOING	Q1 - Lumberton outpatient center is the only mammographic center in Hardin County Q2 - Added a nurse practitioner, Kenneth Fisher, at the Lumberton outpatient center Q3 - nothing to report Q4 - Dr. Alghrouz, Cardiology - added to BPN (Baptist Physician Network)	ONGOING	Q1 - Dr. Smith, Cardiology, and Dr. Patri, Cardiology were added to BPN Q2 - now offering Wound Care services at the new clinic in Jasper Q3 - have increased education on services provided in Orange Q4 - Acquired Dr. Bowell's practice in Vidor as well as Dr. Proctor's practice in Beaumont	ONGOING	Q1 - Dr. Oszczakiewicz (Cardiothoracic surgeon) and NP Michael Moore added to BPN Q2 - placed Dr. K. Billingsley at the Lumberton Outpatient Center (FP and prenatal care) Q3 - added an NP to the Port Arthur market to see moms needing prenatal care up to the point of delivery
3.K. 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	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing

Priority #4: Increased Emphasis on Education and Awareness of Existing Health Care Resources

Rationale:

Interviewees raised concern surrounding the limited awareness of local opportunities to access health resources and the difference between health care access points. One interviewee stated: "People just don't know where to go. The community in general is not very visible about where people can go just for health care. It doesn't matter if it's a pregnancy test or surgery, there doesn't seem to be a hub where everyone goes to. People do not know where to go. There's just no navigator - this is not just uninsured people, it's all different kinds of people and payer types."

Several interviewees discussed health literacy, connectivity/social media and cost barriers to care as factors inhibiting awareness of health care resources in the community. Concern was raised surrounding lack of awareness of available primary care services for the underserved residents in the community. Several people discussed the difficulty in accessing/utilizing appropriate healthcare resources for the underserved population and how that is leading to delaying or foregoing care. One interviewee stated: "I don't think people are aware of everything they can get that may be low cost. There's a lot of people that may not go seek out medical help when they have an issue for fear of not having the money to pay for it."

It was mentioned that in Orange County, there is a lack of resources and that is leading to a limited number of residents seeking appropriate care. Lastly, challenges were discussed in finding methods of communication and education for the homeless population in the community. One interviewee stated: "There is not a single shelter in Orange County for homeless people and that makes it hard to communicate with them, educate them, even let them know what is available to help them. When they don't have shelter, it also means they're going to the doctor and getting medications they have nowhere to store."

Objective:

Participate in initiatives and create opportunities to emphasize and educate community members on existing health care resources

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
4.A. 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. 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 SmartHealth	ONGOING	Q1 - ongoing Q2 - Facebook posts and videos on diabetic education Q3 - nothing to report Q4 - nothing to report	ONGOING	Q1 - Byron Young spoke at the MD roundtable in July about SmartHealth Q2 - nothing to report Q3 nothing to report Q4 - FB and digital ads on Cardiac & Stroke education	ONGOING	Q1 - FB and digital ads on A-Fib awareness and bariatrics Q2 - nothing new to report Q3 - nothing new to report
4.B. BHSET will continue its contract with Savista to assist patients in getting them signed up for any health coverage that they may qualify for. Savista also assists in helping mothers and their babies sign up for Medicaid and CHIP.	Director of Patient Access	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
4.C. 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	ONGOING	Q1 - prostate screening event in September; for Suicide Awareness month, we had a campaign partnership with Exxon Mobile to help educate their employees Q2 - for Breast Cancer Awareness month, we posted several posts, videos, and news stories; at the Professional Women's Conference, we had our booth about screening; in November, we had a newspaper ad on lung cancer screening Q3 - Colon Cancer Awareness Events, 125 participants; Dr. Jessica Stevens set up a table for the events Q4 - 2 men's health month seminars on prostate health; ED stroke health fair at Valero for 150 people	ONGOING	Q1 - Administrative Director of the cancer network spoke at the Young Emerging Leaders group on cancer screening and prevention Q2 - Held "Mammo's After Dark" event to encourage women to get mammograms after hours (12 participants, all with mammo's); offered Saturday special on Low-Dose Lung Cancer Screening for Nov Lung Cancer Awareness month (special pricing and weekend appointments - had 5 participants) Q3 - hosted organ donor awareness event for 40 attendees Q4 - Hosted National Cancer Survivor Day event; to support Stroke Month initiative in May, Baptist hosted a health fair on the campus featuring education for stroke and EMS as well as 10 other service lines to 65 individuals	ONGOING	Q1 - Prostate Cancer Awareness ads (FB and digital) Q2 - Breast Cancer Awareness events - Mammo's & Mingle, Mammo's After Dark - total of 34 participants who received first-time mammograms; News Story with Dr. Echendu on Breast Cancer Awareness; Promoted Lung Cancer Screening at Senior Expo with 1700 participants Q3 - sponsored a Lamar University baseball game for a "Strike out Colon Cancer" event; educated approx 150 baseball fans on the importance of colon cancer screening; Behavioral Health team participated in a walk in support of Suicide prevention during Stress Awareness month

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
4.D. BHSET will continue to support and/or participate in round table events (ministry, physicians, etc.) to better educate various community members on services available locally.	Director of Marketing	ONGOING	Q1 - July - Nurse roundtable event with 13 participants; Sept - MD roundtable with 10 participants; Sept - Hispanic churches meeting with 18 participants Q2 - pastor round table with 14 participants; an MD roundtable with a focus on stroke with 11 physicians in attendance; nurse practitioner roundtable on breast concierge program and colorectal surgery with 14 participants Q3 - NP roundtable in February covered bariatrics and the AFib clinic; MD roundtable in March covered ECMO and transfer center Q4 - in April, Dr. Alkhativ presented at a NP roundtable and we had an ECMO presentation with 10 participants; pastor roundtable with 10 participants, received education on behavioral health	ONGOING	Q1 - pastor round table where they discussed Medicare Advantage plans, 11 participants; NP roundtable - discussed the Lower Extremity Amputation Prevention Program (LEAP) to 12 providers Q2 - MD roundtable - discussed the Lower Extremity Amputation Prevention Program (LEAP) to 15 providers Q3 - MD roundtable - advanced directives & A-Fib program (13 providers); NP roundtable - Interventional Radiology and Oncology (10 providers) Q4 - MD roundtable - Bariatrics/GERD (14 providers); NP roundtable - Stroke program & celiac (11 providers)	ONGOING	Q1 - Pastors' Roundtable discussing the coming Behavioral Health facility and the needs of our community (14 churches represented) Q2 - MD and NP Roundtable Events with a total of 24 community providers present - discussed updates in Cardiothoracic Surgery; hosted Jefferson County Medical Society meeting with 30 physicians Q3 - NP & MD Roundtables discussing surgical recruits, community developments with Gastro & Ortho specialists (30 participants)

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
<p>4.E. BHSET will continue to increase awareness of its primary and specialty care service offerings in the community through various media outlets and advertisements.</p>	Director of Marketing	ONGOING	<p>Q1 - 2 billboards for Lumberton outpatient center, 2 newspaper ads and weekly Facebook posts; all new doctors have a newspaper ad, a Facebook post and a blast email through Constant Contact and also a patient portal screen in two different waiting rooms</p> <p>Q2 - Facebook ads and videos on bone density testing at LOPC as well as introduction of new practitioner; ads about our Orange NP clinic with full time hours; ads about new practitioner in the China clinic</p> <p>Q3 - direct mail piece to advertise the Lumberton Outpatient Center (LOPC) and Kenneth Fisher, NP to Hardin County residents</p> <p>Q4 - new commercial about cardiac services; Digital ads: BPN clinics, cardiac, behavioral health, bariatrics, and cancer</p>	ONGOING	<p>Q1 - commercial about joint rejuvenation with Dr. Bransford (cardiac EP); direct mail piece to 2,700 homes on cardiology services</p> <p>Q2 - direct mail piece to over 9,000 homes on Breast Concierge Program</p> <p>Q3 - TV commercial about Bariatric program; direct mail piece to over 5,000 homes on LOPC</p> <p>Q4 - TV commercial about Women's services; print and digital ads featuring Cancer services, behavioral health, infusion services and locations & the TAVR program; also received free press on our NICU success stories</p>	ONGOING	<p>Q1 - print and digital ads featuring wound care, Women's services, Pedi ER; Billboard and TV commercial featuring cancer services & bariatrics</p> <p>Q2 - participated in the Orange Scarecrow festival to promote bariatric services, held a beam raising to celebrate the construction of the new cancer center, GERD Awareness event for 1,000 participants, Special Christmas commercial promoting Cardiac Services (even Santa needed a new heart)</p> <p>Q3 - participated in the Lamar State College Port Arthur health fair featuring Women's services and Behavioral Health as well as screening tools for lung cancer and cardiac health</p>

Priority #5: Continued Focus on COVID-19 Prevention and Response

Rationale:

Both counties have a lower percent of their population (age 5+) vaccinated with the COVID-19 vaccine as compared to the state (information as of November 30, 2021).

Interviewees expressed appreciation for the hospital and the community's quick response to the COVID-19 pandemic as well as the distribution of vaccines and appropriate communication regarding information about the pandemic. However, concerns were brought up about the impact of the pandemic including: vaccine administration; new virus strains; long term health effects of the COVID-19 virus as well as the vaccine, availability of vaccines and the limited supply of associated specialists; and the financial impact on health care systems. One interviewee stated: "We don't know what's going to happen with people who have had COVID-19, and we don't have a lot of either one of those specialists in this town. It's going to have a lot of lasting effects, we just don't know yet." Another interviewee stated: "The concern around the COVID-19 vaccine - what will this look like moving forward? Will it be available every year? What are the long term effects? The long term effects of vaccinations and availability is my biggest concern and think it'll be the biggest concern of a lot of people."

It was also mentioned that there is an increasing rate of mental health concerns due to COVID-19 and the pandemic, including youth substance abuse and isolation and fear in the elderly population. One interviewee specifically stated: "With COVID-19, people have been home with nothing to do and are so bored that they're turning to substances. Substance abuse seems to be everywhere in the schools, and now it seems to be in the middle schools."

Objective:

Implement and offer programs that aim to reduce the impact of the COVID-19 pandemic

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
5.A. BHSET will continue to provide education on COVID-19 as opportunities arise.	Director of Marketing	ONGOING	Q1 - ongoing; posting once a month that PCR testing for COVID is at our outpatient clinic Q2 - participated in a symposium on Building Resilience at the Intersection of COVID-19, HCV, HIV, and Monkey Pox, 210 in attendance Q3 - nothing to report Q4 - advised to reduce measures (EX: masking); we had our first successful ECMO patient	ONGOING	Q1 - had our second successful ECMO patient Q2 - third successful ECMO patient with significant media coverage Q3 - NP presentation to BSD Admin board on COVID and other respiratory illnesses Q4 - nothing to report	ONGOING	Q1 - COVID-related clinical trials: 1) Phase 2, Randomized, Double-blinded, Placebo-controlled, Multicenter Study to Assess Efficacy and Safety of Reparixin as add-on Therapy to SoC in Acute Respiratory Distress Syndrome (active/enrolling); 2) Reparixin 1200 mg TID as add-on to SoC to Limit Disease Progression in Hospitalised Patients With COVID-19 and Other Community-Acquired Pneumonia. A Multicentre, Randomised, Double-blinded, Placebo-controlled, Phase III Trial (active/closed to enrollment) Q2 - nothing new to report Q3 - nothing new to report
5.B. BHSET continues following CDC guidelines and community standards to control the spread and reduce risk of COVID-19 infection when discharging patients to a lower level of care and their home environment.	Director of Marketing	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
5.C. BHSET continues to report COVID-19 test and patient admissions data to the state and Centers for Disease Control (CDC) in an ongoing effort to share timely information and research regarding the pandemic. Vaccination rates at the hospital are also provided.	Director of Infection Prevention	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing	ONGOING	Q1 - ongoing Q2 - ongoing Q3 - ongoing Q4 - ongoing



PREVIOUS CHNA PRIORITIZED HEALTH NEEDS

Previous Prioritized Needs

2019 Prioritized Needs

1. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
2. Access to 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

2022 Prioritized Needs

1. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
2. Access to Mental and Behavioral Health Care Services and Providers
3. Access to Primary and Specialty Care Services and Providers
4. Increased Emphasis on Education and Awareness of Existing Health Care Resources
5. Continued Focus on COVID-19 Prevention & Response



2025 CHNA PRELIMINARY HEALTH NEEDS

2025 Preliminary Health Needs

- Access to Affordable Care and Reducing Health Disparities Among Specific Populations
- Access to Mental and Behavioral Health Care Services and Providers
- Continued Focus on Community Infrastructure
- Continued Recruitment & Retention of Healthcare Workforce
- Need for Increased Emphasis on a Collaborative Continuum of Care
- Prevention, Education and Services to Increase Community Awareness and Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles



PRIORITIZATION

The Prioritization Process

- In October 2024 leadership from BHSET met with CHC to review findings and prioritize the community's health needs. Attendees from the hospital included:
 - Justin Doss, Chief Executive Officer
 - Bryan Chandler, Chief Operating Officer
 - Kathy Degenstein-Gartman, Chief Nursing Officer
 - Gary Troutman, Chief Financial Officer
 - William Toon, Chief IT Officer
 - Stephanie Harris, VP of Marketing & Communications
 - Hannah Schiesler, VP of Human Resources
 - Garret Craver, Administrator of Behavioral Health & Residency Programs
 - Payton Ferguson, Administrative Resident
- Leadership ranked the health needs based on three factors:
 - Size and Prevalence of Issue
 - Effectiveness of Interventions
 - Hospital's Capacity
- See the following page for a more detailed description of the prioritization process.

The Prioritization Process

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

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

Health Needs Ranking

- Hospital leadership participated in a prioritized ballot process to rank the health needs in order of importance, resulting in the following order:
 1. Access to Affordable Care and Reducing Health Disparities Among Specific Populations
 2. Access to Mental and Behavioral Health Care Services and Providers
 3. Continued Focus on Community Infrastructure
 4. Continued Recruitment & Retention of Healthcare Workforce
 5. Need for Increased Emphasis on a Collaborative Continuum of Care
 6. Prevention, Education and Services to Increase Community Awareness and Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

Final Priorities

- Hospital leadership decided to address five of the six ranked health needs. The final health priorities that BHSET will address through its Implementation Plan are, in descending order:
 1. Access to Mental and Behavioral Health Care Services and Providers
 2. Continued Recruitment & Retention of Healthcare Workforce
 3. Prevention, Education and Services to Increase Community Awareness and Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
 4. Need for Increased Emphasis on a Collaborative Continuum of Care
 5. Access to Affordable Care and Reducing Health Disparities Among Specific Populations



PRIORITIES THAT WILL NOT BE ADDRESSED



Needs That Will Not Be Addressed

- BHSET decided not to specifically address “Continued Focus on Community Infrastructure” largely due to its position (last) on the prioritized list and the hospital’s capacity to address that need.
- While BHSET acknowledges that this is a significant need in the community and will work with local community organizations to see how the facility can assist in these areas, the identified priority will not be addressed by the hospital since it is not a core business function of the hospital and the leadership team felt that resources and efforts would be better spent addressing the remaining five prioritized needs.



RESOURCES IN THE COMMUNITY



Additional Resources in the Community

- 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.

Mom's Meals

- Mom's Meals delivers fully prepared meals to homes in Texas, and offers programs for chronic care, long-term care, post-discharge care, and self-pay individuals.
- You can visit their website for more information:
<https://www.momsmeals.com/>



SETX SOCIAL SERVICES RESOURCE GUIDE

INFORMATION/INFORMACION

2-1-1 Information and Referrals	2-1-1
Aging & Disability Resource Center	(855) 937-2372
Dept. of Human Services APS/CPS	(800) 252-5400
Dept. of Public Safety (DPS)	(409) 924-5400
Medicaid, TANF, Food Stamps	(409) 730-1098
Mental Health America – Southeast Texas	(409) 550-0134
Rape and Suicide Crisis Center	(800) 793-2273
Social Security, SSI, & Medicare	(800) 772-1213
Veterans Affairs Outpatient Clinic	(409) 981-8550

CLOTHING/ROPA

Community Care Prayer Outreach	(409) 724-0163
Love Lunchsack Ministry	(409) 781-4169
Goodwill Industries	
Beaumont	(409) 212-8354
Port Arthur	(409) 722-4352
Orange	(409) 670-9216
Orange Christian Services	(409) 886-0938
Some Other Place	(409) 832-7976
St. Mark's Treasure House	(409) 832-0253
United Board of Missions	(409) 962-5661
Vidor United Christian Care Center	(409) 769-2861

SHELTER & HOUSING/REFUGIOS

Endeavors	(409) 572-9320
Family Services Women & Children Shelter	(409) 832-7575
Henry's Place (Day Center)	(409) 832-4088
Housing Authorities	
Beaumont	(409) 951-7200
Orange	(409) 883-5882
Port Arthur	(409) 982-6442
Neighborhood Development Corp	(409) 670-0051
Port Cities Rescue Mission	(409) 720-9046
Salvation Army	(409) 896-2361
Orange	(409) 291-8400
The Wood Group	(409) 839-1088

MEALS/FOOD PANTRY/COMIDA/DESPENSA de ALIMENTOS

Bridge City/Orangefield Ministerial Alliance	(409) 735-8296
Catholic Charities Hospitality Center	(409) 924-4406
Hardin County Christian Care Center	(409) 385-2237
Hospitality Center	(409) 924-4406
Community Care Prayer Outreach	(409) 724-0163
First Presbyterian Church	(409) 883-2097
Love Lunchsack Ministry	(409) 781-4169
Orange Christian Services	(409) 886-0938
Salvation Army	(409) 896-2361
Orange	(409) 291-8400
Some Other Place Soup Kitchen	(409) 832-7976
St. Mary's Catholic Church	(409) 883-2883
St. Mark's Episcopal Church	(409) 832-3405
(Breakfast: Friday only)	(409) 962-5661
United Board of Missions	(409) 769-2861
Vidor United Christian Care Center	(409) 832-4000
WIC – Women, Infant, & Children	(409) 983-8875
Beaumont	
Port Arthur	

YOUTH SERVICES /SERVICIOS PARA JOVENES

Buckner FYI Center	(409) 833-1971
Child Protective Services	(800) 252-5400
Partners Resource Network/Education to Parents of	
Children with Disabilities	(409) 898-4684
Spindletop – Daybreak Youth Interagency Youth Services	(409) 839-2200
Texas Youth Helpline	(800) 989-6884

Baptist Hospitals of Southeast Texas Community Health Needs Assessment and Implementation Plan
Community Hospital Corporation

DOMESTIC ABUSE/ABUSO DOMESTICO

Family Services of Southeast Texas	(409) 832-7575 (800) 621-8882
Rape & Suicide Crisis Center	(800) 793-2273
Victim's Assistance Center	(409) 833-3377

EMPLOYMENT SERVICES/ABUSO DOMESTICO

Goodwill Industries Job Services	(409) 651-3802
Workforce Solution Centers	
Beaumont	(409) 839-8045
Hardin County	(409) 719-7417
Orange	(409) 882-0302
Port Arthur	(409) 962-1236

FINANCIAL ASSISTANCE/ASISTENCIA FINANCIERA

Catholic Charities	(409) 924-4400
Orange Christian Services	(409) 886-0938
Salvation Army	(409) 833-4153
Some Other Place	(409) 832-7976
Texas Dept of Health & Human Services	
Beaumont	(409) 730-1098
Orange	(409) 886-4475
Port Arthur	(409) 962-2001

LEGAL SERVICES/SERVICIOS LEGALES

Lone Star Legal Aid	(409) 835-4971
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MEDICAL SERVICES/SERVICIOS MEDICOS

Baptist Hospitals of SE Texas	(409) 212-5000
Christus Hospital - Orange	(409) 792-6500
CHRISTUS Southeast Texas	(409) 892-7171
City Health Departments	
Beaumont	(409) 832-4000
Port Arthur	(409) 983-8874
Gulf Coast Health Centers	
Port Arthur	(409) 983-1161
West-Side Port Arthur	(409) 983-1161
Orange	(409) 886-4400
Silsbee	(409) 386-1222
Jasper	(409) 489-9103
Beaumont & Port Arthur	(409) 983-1161
Ibn Sina Foundation Clinic	(409) 724-7462
Indigent Health Care	(409) 882-7838
Jefferson County Public Health Department	
Beaumont Clinic	(409) 835-8530
Port Arthur Clinic	(409) 983-8380
Legacy Community Health	(409) 242-2577
Central Beaumont Clinic	(409) 833-8850
Central Stagg Clinic	(409) 833-4383
SETX Community Health Clinic	(409) 839-1000
Spindletop Center	(409) 832-3377
TAN Healthcare	(409) 920-4223
Beaumont	(409) 266-1888
Orange	(409) 981-8550
UTMB Women's Clinic	
Veterans Affairs Outpatient Clinic	

MENTAL HEALTH/SALUD MENTAL

Baptist Behavioral Health	(409) 212-7000
Family Services of Southeast Texas	(409) 832-7575 (800) 621-8882
Spindletop Center	(409) 839-1000 (800) 317-5809

SUBSTANCE ABUSE/ABUSO de SUSTANCIAS

Alcohol & Drug Abuse Council of Deep East Texas	(800) 445-8562
Land Manor – Beaumont	(409) 838-4298
Recovery Council of Southeast Texas	(409) 840-9350
Spindletop Center Addiction Treatment & Recovery	(409) 839-1000

ADDICTION

ATAR (Addiction Treatment & Recovery) COPSD, Intensive, and TC Outpatient Programs Choosing to Change Relapse Prevention

Program *Spindletop* 409-838-1044

2750 S. 8th St. BLDG C

Baptist Detox 409-212-7480

3250 Fannin

BES Group Solutions Plus 409-892-2066

4347 Phelan Blvd. Suite 101

- Out patient
- Sent home with Meds

Celebrate Recovery(Calvary Baptist Church) 409-898-0812

3650 Dowlen Rd. www.recoverybeaumont.com

- Faith Based Recovery, Newcomers 101, fri.6:30-7:30

Faith It to Make It 409-832-1165

Christ Community Church

- Faith Based Recovery, Friday 7-8 pm

Southeast TX Treatment Access Services 409-833-7774

2210 Eastex Freeway 888-833-9077

- No walk-ins, by apt. Only

Spindletop (Substance Abuse) 409-839-1033

2750 S. 8th St. BLDG. C

Spindletop (Recovery Support Services) 409-839-2206

2750 S. 8th St. BLDG. C

Spindletop (Tracewood II) 409-899-8408

4925 Concord Rd.

- Youth Prevention & Intervention Programs

BATTERED WOMEN

Victims Assistance Center 409-839-2318

215 Franklin St. 2nd floor 409-833-3377

Family Services Woman and Children Shelter 409-832-7575

3550 Fannin St. 800-621-8882

Rape and Suicide Crisis Center 800-793-2273

Texas Council on Family Violence www.tcfv.org

CHILDREN

Boys Haven 409-866-2400

3655 North Major Dr.

- Provides basic care for boys 8-17 yrs. experiencing behavioral challenges)(Call to get application

Buckner Children's Village 409-866-0976

9055 Manion Drive

- Provides placement and/or foster care for children ages 7-17 yrs. in CPS system

CASA 409-832-2272

2449 Calder

- CPS referrals

Catholic Charities 409-924-4400

278 Eastex Freeway 9-5 mon-fri.

- Support group for children who have experienced loss of Loved ones ages 5-17

Catholic Charities 409-835-1411

304 Pearl St www.workforcechildcare.org

- Child care

Child Protective Services 409-730-1099

3105 Executive Blvd. 800-252-5400

- 24 hr. report abuse hotline

DARS (ECI) 409-924-7320

www.dars.state.tx.us

Family Services 409-833-2668

990 I-10 North Ste. 140 www.westregthenfamilies.org

- Anger management, family counseling, Train parenting, Battered women's services, kids' corner

Garth House 409-838-2668

1895 Mc Faddin

- Victimized children

Girls Haven 409-832-6223

3380 Fannin St.

- Girls only 6-17
- Must have a referral
- Pregnancy precludes placement

Hope Center 409-898-4005

1155 I-10 North

info@hope-clinic.com

- Pregnancy test/help for pregnant women/and young Children

Hope Women's Resource Clinic 409-898-4005

1155 I-10 North

- Free services, pregnancy testing, help for expecting mothers

STARS 409-861-0582

9055 Manion Dr.

- Counseling for children

Spindletop (Early Childhood Intervention) 409-784-5435

655 South 8th St. 888-837-8687

Spindletop (Youth Services) 409-839-2200

655 South 8th St.

TX Attorney General 409-832-1606

110 Calder St. 800-252-8014

- Child support

WIC 409-832-4000

950 Washington Blvd. www.texaswic.org

WIC Eastex Clinic 409-899-4488

WIC Eastex Clinic 409-899-4488

4890 Dowlen www.texaswic.org

- Call to set up apt.

CLOTHING

Some Other Place 409-832-7976

1240 Mc Faddin Dr.

Salvation Army Thrift Store 409-839-4771

2350 I-10 East

Goodwill 409-212-8354

3849 Stagg Dr.

Salvation Army 409-839-4771

4295 College St.

EMPLOYMENT

Advanced Staffing 409-924-0586

2358 Eastex Freeway

DARS 409-924-7320

5550 Eastex Freeway www.dars.state.tx.us

Inner City-Hand Up Ministry 409-679-7207

- Job referrals

Labor Ready 409-892-9300

2560 I-10

Outsource Staffing 409-813-2900

2611 Laurel St. www.outsourceink.com

Spindletop Individual Placement and Support 409-839-2240

2750 S. 8th St. Building E Amber Woods

Unemployment 800-939-6631

www.twc.state.tx.us

Workforce Center 409-839-8045

304 Pearl St. www.setworks.org

EMERGENCY CONTACTS

IN CASE OF AN EMERGENCY ALWAYS CALL 911

Police Department	409-892-1234
Fire Department	409-880-3901
Poison Control Center	800-222-1222
National Suicide Prevention Lifeline	800-273-8255
National Human Trafficking Hotline	888-373-7888
www.traffickingresourcecenter.org	
National Runaway Switchboard	800-786-2929
www.1800runaway.org	
Rape and Suicide Crisis of SETX	800-793-2273
	409-835-3355
Rape and Suicide Crisis Center	409-823-6530
	800-793-2273
Family Services for Battered Women	409-833-2663
700 North St. 149	

FINANCIAL ASSISTANCE

Catholic Charities	409-924-4400
278 Eastex Freeway	
<ul style="list-style-type: none"> Offers improving finances/credit classes, homeless prevention 	
Some Other Place	409-832-7976
1240 Mc Fadden	
<ul style="list-style-type: none"> Mon-Thurs. 8-5, Fri 8-1 	
Salvation Army	409-833-4153
1490 North 7 th St.	
<ul style="list-style-type: none"> Mon- Thurs. 9-4, Fri 9-3 	
Human Services	409-886-4338
3105 Executive Blvd.	
<ul style="list-style-type: none"> Mon-Wed 8-3 	
Red Cross	409- 832-1644
505 Milam St, Suite 500, Bmt Tx 77701	

FOOD PANTRY

Apostolic Church of Beaumont	409-898-3060
3333 Eastex Fwy	
<ul style="list-style-type: none"> 2nd Thursday 9am-12pm 	
Central City Baptist	409-832-7925
1825 Franklin	
<ul style="list-style-type: none"> Provides food once a month, Thurs. 9-1, Receive a card and return monthly 	
Christ Community Church	409-832-1165
413 South 11 th St.	
Friendship Baptist Church	409-898-0249
6750 Hwy 105	
<ul style="list-style-type: none"> 3rd Tuesday 10am-12 noon 	
Inner City – Hand Up Ministry	409-679-7207
1240 Mc Fadden	
<ul style="list-style-type: none"> Hot meals Wed 5:30-7:30, at SOP 	
Market to Hope	
3370 Sarah Street, Beaumont Texas 77705	
New Life Tabernacle	409-899-1190
6655 HWY 105	
<ul style="list-style-type: none"> 3rd Sat of month 10-12 / ID required 	
Our Mother of Mercy Catholic Church	409-842-1206
3390 Sarah Street	
<ul style="list-style-type: none"> Mon & Weds 9am-12:30 pm Appointment Only 	
Salvation Army Soup Kitchen	409-896-2361

2350 I-10 East

- 5pm dinner

Shining Star Mission Society 409-782-3832

590 Elgie

- 3rd Fri 10am-run out

Some Other Place 409-832-7976

1240 Mc Fadden

- Hot meals Tues, Thurs, Fri 11:30-12:30
- Weekend Sack lunch 10:15
- Can get food with an ID every 3 months
- Mon, Wed, Fri be in by 8:30 opens at 9 @ hr wait

Soup Kitchen 409-899-7359

1155 Mc Fadden

- Lunch Tues- Fri 11:30-12:30, Sack lunch Sat 11:30

Southeast TX Food Bank 409-839-8777

3845 S. MLK PKWY

- Does not distribute to Individuals

St. James Methodist 409-833-4867

2485 Blanchette Rd.

- 3rd Thurs 9am-1pm
- ID required

St. Marks Episcopal Church 409-832-3405

680 Calder

- Free breakfast Fri 8am, Can /Dry goods Fri 9am, Id required

The Anchor 409-899-1190

6655 Hwy 105

- 3rd Sat 10am-1pm
- ID required

TX Health and Human Services 409-981-5920 ext. 1

3105 Executive Blvd. 888-834-7406

- Food – Medicaid – Taniff

Victory to Victory 409-861-4011

9950 Walden Rd.

- Friday 9-4 , ID required

West Tabernacle Baptist Church 409-842-3360

3805 Waco St

- 2nd Wed 1-2 pm
- ID required

Wic Eastex Clinic 409-899-4488

4890 Dowlen Rd.

www.texaswic.org

- Call for apt

Wic 409-832-4000

950 Washington Blvd

www.texaswic.org

HOUSING AND SOBER LIVING

BEAUMONT

Franklin House North 409-896-5911

5670 Concord

- Women and children under the age of 50

Franklin House South 409-832-7564

1635 Avenue A

- Co-Ed

H.O.W. 409-832-7102

2509 Cable Avenue

- Men, Sober House

Melton Center 409-835-2662

1785 Washington Blvd.

Unity Treatment Center 409-840-9350

4573 Washington Blvd

- Men

Victoria House

2135 Victoria St.

- Co-Ed, ¾ house

PORT ARTHUR

Jump Start 409-982-7841
1222 E. 5th St.

- Women and Men

Lazarus Housing 409-984-5616
1001 6th St. **Paul Hulin** 409-527-1384

- Men Only

Magdalene 409-985-9984
530 Waco Ave
• Men Only

LUFKIN

Dream Center 936-875-4176
• Faith Based
• Women and Men

HOUSTON

Texas House 888-268-0905
2208 W. 34th St.
• Therapeutic Community
• Co-occurring
• Men Only

MAGNOLIA

Adult and Teen Challenge
Magnolia-Houston Men's Campus 281-259-5600
30310 Misty Meadow Drive
• Men Only
• Faith Based

IDENTIFICATION

Department of Motor Vehicles 409-924-5400
7200 Eastex Freeway www.dmv.com
• Renewal fee \$5-\$24, Free change of address, commercial C license \$21
Social Security Administration 866-613-2864
8455 Dishman Rd.
• Free Social Security Cards
Beaumont Health Department 409-832-4000
950 Washington Blvd. www.cityofbeaumont.com
• Vital Statistics, birth certificates \$23 and death certificates \$21
• ID required
Immigration Services (Catholic Charities) 409-924-4413
2780 Eastex Freeway www.catholiccharitiesbmt.org
• Immigration consultants, family visa petitions, citizenship renewal of alien cards, and Visas
• Fees vary

INTELLECTUAL AND DEVELOPMENTAL DISABILITIES SERVICES (SPINDELTOP)

Intellectual and Developmental Disabilities 409-784-5627
655 S. 8th St.
Community Enrichment Services 409-784-5560
655 S 8th St.
HOPE (Helping Older People Emerge) 409-784-5400
655 S. 8th St.
In-Home and Family Support 409-784-5462
655 S. 8th St.
Service Coordination 409-784-5564
655 S. 8th St.
KIDS (Kinetic, Interactive Day Services) 409-784-5413
655 S 8th St.
Community Therapy 409-784-5503
655 S. 8th St.

LEAP (Living Environment Adapted for People) 409-784-5503
655 S. 8th St.

Behavioral Support (Psychology Service) 409-784-5540
655 S. 8th St.

Recreation 409-784-5528
655 S. 8th St.

HCS (Home and Community –Based Services) 409-784-5469
655 S. 8th St.

- Residential Services

ICF/MR (Intermediate Care Facility / Mental Retardation)
655 s. 8th St. 409-784-5469

- Residential Services

TxHmL (Texas Home Living) 409-784-5469
655 S 8th St.

- Residential Services

Respite Care 409-784-5469
2750 S. 8th St.

- Emergency Short Term Residential Services

Ben Rogers Employment Training Facility 409-838-3494
500 Canal St.

- Vocational Services

Job Quest 409-784-5429
655 S. 8th St.

JUDICIAL

Jefferson County Jail 409-726-2540
5030 U.S. 69
Jefferson County Probation 409-951-2200
820 Neches
Jefferson County Women's Center 409-434-5478
145 South 11th St. Donna Kountz
District Parole Office 409-835-9981
3375 South MLK
Beaumont Police Department 409-832-1234
225 College St. www.beaumontpd.com
Jefferson County Court House 409-835-8459
1129 Pearl St. www.co.jefferson.tx.us

MEALS

Henrys Place 409-832-7359
1107 Mc Faddin
• Lunch: Tue-Fri 11:30-12:30pm
• Sat 11:30am-sack lunch

MEDICAL

Health Services 409-832-4000
950 Washington Blvd.
• Immunizations child \$10/ adult \$15
STDs \$20/ no appt. required
Tuberculosis /free/ no walk- in
Health Clinic 409-838-3939
365 Forsythe
• Diabetes/ blood pressure ONLY
Jefferson County Indigent Care 409-835-8530
1295 Pearl
Legacy Health 409-242-2525
4450 Highland
• ID, social security, & proof of income
IBN Foundation 409-724-7462
8533 9th Ave. P.A. (services BMT also)
Triangle Aids Network 409-832-8338
1495 North 7th St.
• STD testing, blood pressure, Hep c treatment
Palm Center 409-832-0710

355 North 18th St.
Spindletop (Primary Care Clinic) 409-839-1096
 2750 S. 8th St. Bldg. D
 • (No Walk-ins after 3:30)

MENTAL HEALTH (SPINDLETOP)

Crisis Line & intake 409-839-1002
 2750 S. 8th St., Bldg. A (Crisis 24/7) 800-937-8097
Out Patient Clinic 409-839-1032
 2750 S. 8th St., Bldg. A
Day Break Outpatient Clinic 409-839-2200
 2895 S. 8th St.
Specialty Psychiatric Clinic 409-839-1096
 (Crisis 24/7) 409-838-1818
Suicide Prevention Classes 409-839-2251
 (Crisis 24/7) 800-937-8097
Peer Specialist Services 409-839-2226
Hope Center 409-835-6253
 Ginny Morgan 409-839-2226 or 409-782-5019
 Garry Lewis 409-651-8351
WRAP Program
 Tina Simpson 409-658-5718

SHELTER

Beaumont Housing Authority 409-951-7200
 1890 Laurel St. www.bmtha.org
 • Only dress code allowed
 • Online applications only
Habitat for Humanity 409-832-5853
 610 Trinity St. www.beaumonthabitat.org
Henrys Place (Day Center) 409-832-4088
 1107 MFaddin
Respite Care 409-784-5469
 2750 S. 8th St.
 • Emergency Short Term Residential Services
Salvation Army 409-896-2361
 2350 I-10 East
 • Open 5:30pm-7am/ 5pm dinner
 • 1st 3 nights free/ \$10 additional stay
 • ID required/ no sex offenders
Spindletop (Housing Assist. For Clients) 409-839-2224
 2750 S. 8th St.
Watts Home for the Homeless 409-833-4854
 695 Irma St. Mr. Lee - Director
 • Mental disabilities
 • Paid housing only
Woman and Children Shelter 409-832-7575 ext.0
 3550 Fannin St. Open 24 hours a day
 • 2yr. transitional housing program w/ referral from shelter

TRANSPORATION

Municipal Transit 409-835-7895
 550 Milam
Senior Ride Program 409-892-4455
 • 65Yrs or older, BMT resident
Doctor Appt. Transportation 855-687-4786
 • Medicaid recipients
Yellow Cab 409-234-6063
 6950 College St.
 Taxi, \$2 a mile

ANONYMOUS WEBSITES

Survivors of Incest Anonymous www.siaawso.org
Alcoholics Anonymous www.aadistrict90.org
www.aabeaumont.org
Narcotics Anonymous www.NA.org
Sex Addicts Anonymous www.saa-recovery.org
Overeaters Anonymous www.oa.org/meetings/
Al-Anon /Alateen www.setxalanon.org
www.al-anon.alateen.org
Emotions Anonymous www.emotionsanonymous.org
Nar-Anon www.nar-anon.org
Cocaine Anonymous www.ca.org
Crystal Meth Anonymous www.crystalmeth.org
Gamblers Anonymous www.gamblersanonymous.org
Co-dependents Anonymous www.coda.org

HURRICANE HARVEY/IMELDA ASSISTANCE

Southeast Texas Emergency Relief Fund (409) 240-0331
House in the Box (409) 886-1100
 2300 41st Street, Orange Texas 77630
 • Furniture Assistance
Iconnect Outreach (409) 658-2027
 • Assistance with rebuilding homes
 • Furniture assistance
Nehemiah's Vision (409) 617-1038
 • Assistance with rebuilding homes

Baptist Regional Cancer Network
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

Cancer Patient and Family Resources

Baptist

Regional Cancer Network
Performing Sacred Work Every Day

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
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.

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
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.

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

Community Resource List

Access to Healthcare:

Baptist SmartHealth Clinic - accepts adult patients who have a previously diagnosed chronic illness.

409-212-5000 <https://www.bhset.net/services/smarthealth-clinic/>

Primary Medical Care by Triangle Area Network (TAN) - accepts children, teens, and adults

<https://www.tanhealthcare.org/tan-healthcare-beaumont/>

1495 North 7th Street, Beaumont, Texas 77702. 409-832-3377

3727 N 16th Street, Orange, Texas 77632. 409-832-8338

Gulf Coast Health Center- serves all ages, low-income, uninsured, primary care and mental health. Call

409-983-1161 <https://gulfcoasthc.org/>

UTMB Health - regional women's services and children - 195 North 11th Street, Beaumont, TX 77702

409-266-1888 <https://www.utmbhealth.com/services/regional-women-pedi>

Legacy Community Health - all ages, low income, uninsured

<https://www.legacycommunityhealth.org/region/beaumont/>

Locations: 3455 Stagg Dr. Beaumont, TX 77701 409-833-8850

Central Beaumont - 450 North 11th St. Beaumont, TX 77702. 409-242-2588

Legacy Pediatrics - 3030 North St Ste 500 Beaumont, TX 77702. 409-242-2525

Beaumont Public Health Department - Treatment for TB, STD's, Free or Low cost immunizations

3040 College Street Beaumont, TX 77701. 409-654-3603. <https://www.beaumonttexas.gov/216/Public-Health-Services>

Jefferson County Public Health - access to the Indigent Program

<https://co.jefferson.tx.us/PublicHealth/PublicHealth.htm>

Beaumont, TX 409-835-8530. Port Arthur, TX 77640. 409-983-8380

Hardin County Indigent Healthcare - Kountze, TX. 409 246-5189

<https://www.co.hardin.tx.us/page/hardin.County.Indigent.HealthCare>

Orange County Indigent Healthcare -. 409-882-7838

<https://www.co.orange.tx.us/departments/HealthServices>

Spindletop Center - Community mental health and intellectual and developmental disabilities center.

Many different services. <https://www.spindletopcenter.org/> 1-800-317-5809 Crisis Hotline: 1-800-937-8097

Baptist Behavioral Health - Short term hospitalization for mental illness. 409-212-7000

<https://www.bhset.net/services/behavioral-health/>

Outpatient Veterans Clinic 3420 Plaza Circle Beaumont TX 77707 713-791-1414

Help Pay for Utilities:

Emergency Service Program by Some Other Place - 409-832-7976

<https://www.someotherplacebeaumont.com/>

Power to Care Program - serves seniors, all disabilities, homeowners or renters, distributed by non-profits. Check eligibility by calling the center in your area.

Hardin County Christian Care Center Silsbee 409-385-2237

Christian Loving Care, Kountze 409-246-3101

Community Care Prayer Outreach, Nederland 409-724-0163

United Board of Missions, Port Arthur 409-962-5661

Friends Helping Friends, Orange 409-882-9717

Emergency Financial Assistance provided by Catholic Charities of Southeast Texas - 409-924-

4400 <https://www.ccsetx.org/> Helps families that have suffered a recent emergency.

Entergy Public Benefit Fund - Can lower utility bills based on income. Access at

<https://www.myentergy.com/s/programs> to apply. Scroll to the bottom of the page and click on PUBLIC BENEFIT FUND. follow instructions to complete.

Community Energy Assistance Program - Helps low income and elderly with utilities. Serves the Tri County area. 1-800-621-5746

Social Services by the Salvation Army of Beaumont - Various services. Serves anyone in need. Call 409-896-2361. Port Arthur, Call 409-363-9823, Orange 409-291-8400

Transportation:

Curb to Curb Transportation - South East Texas Regional Planning Commission - Southeast Texas Transit (SETT) transportation services to residents of Orange County, Hardin County, Rural Western Jefferson County, as well as transportation services for seniors, age 65 years and older, and persons with disabilities in the Mid-Jefferson County cities of Groves, Port Neches, and Nederland.

<https://www.setrpc.org/south-east-texas-transit/> SouthEast Texas Transit: Mid-County Transit

Phone (800) 259-4457 or (409) 892-0979 Orange County Transportation

Phone (409) 745-9511 : Orange Community Action Association Phone: (409) 886-8348

Rural Hardin County Transit Phone (409) 892-4455

Medical Transportation Program by Texas Health and Human Services Commission

Non-emergency rides for people who have no other way to get to their Medicaid health -care visits.

Serves Medicaid recipients, children in the Special HealthCare Needs program and people in the

Transportation of Indigent Cancer Patients program. 877-633-8747

<https://www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-members/medical-transportation-program>

Gulf Coast Health Center - Offers free transportation to and from appointments for their patients at their Orange, Port Arthur, Silsbee and Jasper Locations. 409-983-1161 <https://gulfcoasthc.org/>

Senior Citizens and Disability related Transportation by Nutrition and Services for Seniors

Mid County 409-722-6510

Beaumont 409-892-0979

Hardin County 409-892-0979

Beaumont Public Transportation - 409-835-7895 <https://beaumontzip.com/>

Housing and Homelessness:

Salvation Army of Beaumont - 409-896-2361 temporary shelter. Transitional Shelter Program 409-896-2361

Magdalen Transitional Housing Project by Port Cities Rescue Mission Ministries - for homeless men. 409-300-4128

HOW Center- provides a safe and structured living environment for men recovering from addiction while they gain the skills they need to live independently. 409-832-7102 for application

<https://thehowcenter.org/>

Some Other Place - Screening for various emergency services. 509 Center St. Beaumont, TX 77701 409-832-7976. Call for applications. <https://www.someotherplacebeaumont.com/>

Henry's Place - day center for the homeless. Breakfast, Showers, Laundry, Access to an address, Access to a telephone. 1107 McFaddin St. Beaumont, TX 77701. 409-832-7976

<https://www.someotherplacebeaumont.com/page/some-other-place-programs>

Beaumont Housing Authority - low-income housing 409-951-7200 <https://bmtha.org/>

Pt Arthur Housing Authority - 409-982-6442 <https://pahousing.org/>

Orange Housing Authority - Must apply online <https://orangeha.com/how-to-apply/>

The Wood Group - The Wood Group provides Crisis Respite and Residential Services designed to provide 24-hour resident supervision for a short period of time to be observed and assessed by the Community Behavioral Health Center. 409-839-1088

Domestic Violence:

Call 911- for an emergency

Family Services of Southeast Texas Crisis intervention 24 hr Hotline 409-832-7575 or toll free 1-800-621-8882 Offers safe house protections, emergency transportation, accompaniment to the hospital for SANE examination and other resources. <https://westrengthenfamilies.org>

Orange County Victim Assistance Center 409-833-6764

<https://www.co.orange.tx.us/VictimAssistanceCoordinator>

Hardin County Crime Victims Assistance Center 409-246-4300

<https://www.co.hardin.tx.us/page/hardin.Crime.Victims>

Jefferson County Victims Assistance Center 409-833-3377 hotline. 409-839-2318 office

<https://co.jefferson.tx.us/da/VictimsAssist.htm>

Texas Human Trafficking Hotline - Text HELP to 233733, or call 888-373-7888

Food Insecurity:

Meal Delivery for Seniors , Hardin and Jefferson Counties Nutrition and Services for Seniors. 409-892-4455

Southeast Texas Food Bank - Various programs, Social Services Enrollment for SNAP, WIC, Texas Medicaid, Women's Healthcare Program, Children's Medicaid, and Temporary Assistance for Needy Families (TANF) Call 409-339-8777 for assistance. **For an alphabetical listing of all free food giveaways in the area, go to <https://setxfoodbank.org/all-pantries/>**

Hospitality Center 3959 Gulfway Drive, Port Arthur, Texas 77642 - Free daily meal.

<https://www.ccsetx.org/hospitality-center-program>

Market to Hope Client Choice Food Pantry - In store and curbside service. Open 6 days a week. 3370 Sarah Street Beaumont. Call 409-924-4400 for more information. <https://www.ccsetx.org/market-to-hope-program>

Annie Rogers Vaxler Nutrition Center - 1155 McFaddin St. Beaumont, Texas 77701 Free Hot Meals Monday-Friday Lunch 11:30am-12:30pm , Saturday 10:30am -Sunday 9:30am , Sandwich Sack Lunches. <https://www.someotherplacebeaumont.com/>

Lighthouse Soup Kitchen- Free Hot meals every Tuesday and Friday from 11:30 to 12:30pm, At the Corner of 9th and Green Avenue, Orange Texas. <https://www.firstpresorange.com/soup-kitchen>

Salvation Army Soup Kitchen 409-896-2361 2350 I-10 E., Beaumont 5pm Dinner

Salvation Army Food Pantry - Beaumont, Call 409-896-2361, Orange, Call 409-291-8400

<https://www.yourtexasbenefits.com/Learn/Home> - apply for SNAP, WIC, TANF benefits

Meals on Wheels Jefferson and Hardin Counties - Various programs for Seniors, Home Meal Delivery. 4590 Concord Road Beaumont, Texas 77703. 409 892-4455 <https://www.seniormeals.org/>

Meals on Wheels Orange - Contact Kristin Burman, 103 North 5th Street, Orange, TX 77630. 409-866-2816 <https://setxnonprofit.org/members/ocaa-meals-on-wheels-orange-texas/>

Texas Health and Human Services Offices - to apply for WIC, SNAP, TANF and other benefits Beaumont, 409-730-1098, Port Arthur 409-962-2001, Silsbee 409-385-5290, Orange 409-886-4475.

For more information on other available services in the area, dial **211**

Family, Community & Civic Organizations



← Results Found: 100

↓ A Z

Christus Southeast Texas Foundation	<div>Christus Southeast Texas Foundation</div> <div>2830 Calder, Beaumont, TX 77702</div> <div>(409) 899-7555</div> <div>Visit Website</div>
	<div>Downtown Beaumont Cultural Arts District</div> <div>The mission of the Downtown Beaumont Cultural Arts District is to promote the cultural and economic development of historic Downtown Beaumont.</div> <div>700 North Street, Suite I, Beaumont, TX 77701</div> <div>(409) 239-5983</div>
	<div>Greater Beaumont Chamber of Commerce</div> <div>1110 Park Street, Beaumont, TX 77701-3004</div> <div>(409) 838-6581</div> <div>Visit Website</div>
	<div>Spindletop - Gladys City Boomtown Museum</div> <div>For over 40 years, Gladys City has given visitors a glimpse into life in the historic Spindletop oil field circa 1901.</div> <div>5550 Jimmy Simmons Blvd., Beaumont, TX 77705</div> <div>(409) 880-1750</div>
The Best Year's Center	<div>The Best Year's Center</div> <div>150 Magnolia St, Beaumont, TX 77701</div> <div>(409) 838-1902</div>
Aim2Achieve	<div>Aim2Achieve</div> <div>1325 W. Virginia St., Beaumont, TX 77705</div> <div>(409) 877-1961</div>

Beaumont Renegades LLC	Beaumont Renegades LLC	3220 69th street, Galveston, TX 77551 (409) 356-8336
D-BAT Beaumont	D-BAT Beaumont	5015 IH-10 S, Beaumont, TX 77705 (409) 349-1220
Dorie E Miller Post 817 Inc. The Ame...	Dorie E Miller Post 817 Inc. The American Legion	3430 W Cardinal Dr, Beaumont, TX 77705 (409) 550-9354
Girl's Haven, Inc.	Girl's Haven, Inc.	3380 Fannin Street, Beaumont, TX 77701 (409) 832-6223 Visit Website
Golden Triangle Minority Business Cou...	Golden Triangle Minority Business Council	Post Office Box 5064, Beaumont, TX 77726 1-409-962-8530
Habitat for Humanity of Jefferson Cou...	Habitat for Humanity of Jefferson County	610 Trinity, Beaumont, TX 77704 (409) 832-5853
Health and Safety Council	Health and Safety Council	5213 Center Street, Pasadena, TX 77505 888-955-SAFE
i9 Sports Beaumont/Port Arthur	i9 Sports Beaumont/Port Arthur	115 S LHS Dr, Apt 237, Lumberton, TX 77657 (409) 219-1301
Period Power Pantry	Period Power Pantry	2447 Ashley St, BEAUMONT, TX 77702 (409) 651-0964



















Pet Endowment Trust (PET)	Pet Endowment Trust (PET)	1525 Lacey Lane, Silsbee, TX 77656 (409) 651-9808
Three Rivers Council	Three Rivers Council	4650 Cardinal Drive, Beaumont, TX 77705 (409) 842-5240
Tot Town Child Development Center, LL...	Tot Town Child Development Center, LLC	1255 Broadway St, Beaumont, TX 77701 (409) 504-3182
World of Color Development Center	World of Color Development Center	780 Pinchback Road, Beaumont, TX 77707 (409) 543-2860
Alcohol & Drug Abuse Council of Deep ...	Alcohol & Drug Abuse Council of Deep East Texas	6450 Concord, Beaumont, TX 77708 (409) 600-2427
American Cancer Society	American Cancer Society	PO Box 763, China, TX 77613 (409) 924-0576 (Option 3)
American Red Cross of Southeast and D...	American Red Cross of Southeast and Deep East Texas	505 Milam, Suite 500, Beaumont, TX 77701 (409) 832-1644
Anayat House, Inc.	Anayat House, Inc.	1025 N. 14th Street, Beaumont, TX 77702 (409) 833-0649
Apartment Association of Southeast Te...	Apartment Association of Southeast Texas	6845 Phelan Blvd, Beaumont, TX 77706 (409) 899-4455

Art Museum of Southeast Texas	Art Museum of Southeast Texas	500 Main Street, Beaumont, TX 77701 (409) 832-3432
Associated General Contractors of Southeast Texas	Associated General Contractors of Southeast Texas	5458 Avenue A, Beaumont, TX 77705-6402 (409) 835-6661
Babe Didrikson Zaharias Foundation	Babe Didrikson Zaharias Foundation	2135 Brewton Circle, Beaumont, TX 77706 (409) 782-0222
Beaumont Children's Museum	Beaumont Children's Museum	Beaumont Civic Center 701 Main St., Beaumont, TX 77701 (409) 347-7919
Beaumont Elks Lodge 311	Beaumont Elks Lodge 311	11431 Highway 90, Beaumont, TX 77713 (409) 866-4318
Beaumont Heritage Society	Beaumont Heritage Society	2240 Calder Ave, Beaumont, TX 77701 409-832-4010
Beaumont Housing Authority	Beaumont Housing Authority	1890 Laurel St., Beaumont, TX 77701 (409) 951-7200
Beaumont Products & Services	Beaumont Products & Services	1305 Washington Boulevard, Beaumont, TX 77705 (409) 832-8849
Ben Rogers I Have A Dream Program	Ben Rogers I Have A Dream Program	PO Box 7434, Beaumont, TX 77726 (409) 832-1999

Better Business Bureau Serving Southe...	Better Business Bureau Serving Southeast Texas	550 Fannin Street, Suite 100, Beaumont, TX 77701-3101 (409) 835-5348
Big Thicket Association/Neches River ...	Big Thicket Association/Neches River Adventures	700 North Street, Suite 79, Beaumont, TX 77701 (409) 790-5399
Bob Hope School	Bob Hope School	4545 Hwy 73, Port Arthur, TX 77642 (409) 983-3244
Boys' Haven of America, Inc	Boys' Haven of America, Inc	3655 North Major Drive, Beaumont, TX 77713 (409) 866-2400 X 124
Buckner Children & Family Services	Buckner Children & Family Services	9055 Manion Drive, Beaumont, TX 77706 (409) 866-0976
Cajun Country Cookers Inc.	Cajun Country Cookers Inc.	902 Bowie St., Beaumont, TX 77701 (409) 832-4170
CASA of Southeast Texas	CASA of Southeast Texas	2449 Calder Avenue, Beaumont, TX 77702-1919 (409) 832-2272
Catholic Charities of Southeast Texas	Catholic Charities of Southeast Texas	2780 Eastex Freeway, Beaumont, TX 77703 (409) 924-4400
College Street Health Care Center	College Street Health Care Center	4150 College Street, Beaumont, TX 77707 (409) 842-2244 Visit Website

Communities In Schools, Southeast Tex...	Communities In Schools, Southeast Texas, Inc.	350 Pine St., Ste 418, Beaumont, TX 77701 (409) 951-1880
Crime Stoppers of Southeast Texas 409...	Crime Stoppers of Southeast Texas 409-833-TIPS	700 North, Beaumont, Texas 77704 (409) 333-4088
Crisis Center of Southeast Texas, Inc...	Crisis Center of Southeast Texas, Inc.	700 North St., Suite 18, Beaumont, TX 77701 (409) 832-6530
Delta Sigma Theta Sorority, Beaumont ...	Delta Sigma Theta Sorority, Beaumont Alumnae Chapter	P. O. Box 20599, Beaumont, TX 77720 (409) 291-9114
Discovery Learning Center, LLC	Discovery Learning Center, LLC	6130 Muela Creek Drive, Beaumont, TX 77706 (409) 718-7217
Family Services of Southeast Texas	Family Services of Southeast Texas	3550 Fannin, Beaumont, TX 77701 (409) 833-2668
First Baptist Church	First Baptist Church	3739 North Major Drive, Beaumont, TX 77713 (409) 833-1426
Garth House, Mickey Mehaffy Children'...	Garth House, Mickey Mehaffy Children's Advocacy Program Inc.	1895 McFaddin, Beaumont, TX 77701 (409) 838-9084
Golden Triangle Baptist Network	Golden Triangle Baptist Network	6750 Highway 105, Beaumont, TX 77706 (409) 832-1110

Golden Triangle Chapter of the Links,...	Golden Triangle Chapter of the Links, Incorporated	8045 Palmetto Dunes Cir, Beaumont, TX 77707 (409) 782-2734
Goodwill Industries of Southeast Texa...	Goodwill Industries of Southeast Texas, Inc.	3445 Phelan, Suite 200, Beaumont, TX 77707 (409) 838-9911
Harvest House	Harvest House	3395 Highland Ave, Beaumont, TX 77705 409-790-0798
Hope Women's Resource Clinic	Hope Women's Resource Clinic	3740 Laurel, Beaumont, TX 77707 (409) 898-4005
IEA Inspire, Encourage, Achieve	IEA Inspire, Encourage, Achieve	20 North 11th Street, Beaumont, TX 77702 (409) 839-8778
Indian Springs Camp/Recreation	Indian Springs Camp/Recreation	6106 Holland Cem Rd, Kountze, TX 77625 (409) 781-3074
Janiyah's Love	Janiyah's Love	700 North Street, Suite Q, Beaumont, Texas 77701 (337) 298-4994
Jefferson County Republican Party Tex...	Jefferson County Republican Party Texas	1844 IH South, Suite 102, Beaumont, TX 77706 (409) 242-0650
Julie Rogers "Gift of Life"	Julie Rogers "Gift of Life"	2390 Dowlen Rd., Beaumont, TX 77706 (409) 833-3663

Junior Achievement of the Golden Tria...	Junior Achievement of the Golden Triangle	505 Milam Street, Suite 700, Beaumont, TX 77701  (409) 833-3860 
Junior League of Beaumont	Junior League of Beaumont	2388 McFaddin Street, Beaumont, TX 77702-2017  (409) 832-0873 
Lamar State College Port Arthur	Lamar State College Port Arthur	1500 Proctor St, Port Arthur, TX 77642  (409) 984-6291 
Land Manor, Inc-Adams House	Land Manor, Inc-Adams House	4655 Collier, Beaumont, TX 77706  (409) 838-3946 
Legacy Community Development Corporat...	Legacy Community Development Corporation	620 Pearl Street, Beaumont, TX 77701  (409) 832-2723 
LifeShare Blood Centers	LifeShare Blood Centers	4305 Laurel Avenue, Beaumont, TX 77707  (409) 980-8214 
Lutcher Theater	Lutcher Theater	707 Main, Orange, TX 77630  (409) 886-5535 
Magnolia Cemetery Company	Magnolia Cemetery Company	2291 Pine St., Beaumont, TX 77703  (409) 832-5741 
Monsignor Kelly Catholic High School	Monsignor Kelly Catholic High School	5950 Kelly Drive, Beaumont, TX 77707-3599  (409) 866-2351 

Neil-Troy Advertising	Neil-Troy Advertising	3670 Seminole Dr., Beaumont, TX 77707-5481 (409) 781-4095
Nutrition & Services for Seniors	Nutrition & Services for Seniors	4590 Concord Road, Beaumont, TX 77703-1806 (409) 892-4455
One City Church	One City Church	2350 Eastex Freeway, Beaumont, TX 77703-4626 (409) 892-8475
Pitzer Family Education Foundation	Pitzer Family Education Foundation	6545 Calder Ave., Beaumont, TX 77706 (409) 861-2536
Plum Nearly Ranch	Plum Nearly Ranch	2125 Hebert Road, Beaumont, TX 77705 (409) 722-1192
Recovery Council of Southeast Texas	Recovery Council of Southeast Texas	4675 Washington Blvd, Suite C, Beaumont, TX 77707 (409) 842-2408
RISE Center for Independent Living	RISE Center for Independent Living	755 So. 11th Street, Suite 101, Beaumont, TX 77701 (409) 832-2599
Rotary Club of Beaumont	Rotary Club of Beaumont	2355 IH-10 South, Suite 213, Beaumont, TX 77705 (409) 842-1913
Samaritan Counseling of Southeast Tex...	Samaritan Counseling of Southeast Texas	7980 Anchor Dr Bldg 500, Port Arthur, Texas 77642 (409) 727-6400

Shangri La Botanical Gardens and Natu...	Shangri La Botanical Gardens and Nature Center	<u>2111 W. Park Avenue, Orange, TX 77631</u> <u>(409) 670-9113</u>
Shorkey Center	Shorkey Center	<u>855 South Eighth Street, Beaumont, Tx 77701-4603</u> <u>(409) 838-6568</u>
Some Other Place	Some Other Place	<u>590 Center, Beaumont, TX 77701</u> <u>(409) 832-7976</u>
Southeast Texas Food Bank	Southeast Texas Food Bank	<u>3845 S. MLK Jr. Parkway, Beaumont, TX 77705</u> <u>(409) 839-8777</u>
Southeast Texas Human Resource Associ...	Southeast Texas Human Resource Association	<u>P.O. Box 222, Bridge City, TX 77611</u> <u>(409) 728-1211</u>
Southeast Texas Nonprofit Development...	Southeast Texas Nonprofit Development Center	<u>700 North St, Suite O, Beaumont, TX 77701</u> <u>(409) 832-6565</u>
Southeast Texas Soldier's Advocate	Southeast Texas Soldier's Advocate	<u>87 North I-10, Suite 102, Beaumont, TX 77707</u> <u>(409) 239-5722</u>
St. Anne Catholic School	St. Anne Catholic School	<u>375 North Eleventh Street, Beaumont, TX 77702</u> <u>(409) 832-5939</u>
St. Anthony Cathedral Basilica School	St. Anthony Cathedral Basilica School	<u>850 Forsythe, Beaumont, TX 77701-2890</u> <u>(409) 832-3486</u>

St. James United Methodist Church	St. James United Methodist Church	2485 Blanchette St, Beaumont, Texas 77701 (409) 833-4867
STARK Museum of Art	STARK Museum of Art	601 Green Avenue, Orange, TX 77630 (409) 886-2787
Symphony of Southeast Texas	Symphony of Southeast Texas	4345 Phelan Boulevard, Suite 105, Beaumont, TX 77707 (409) 892-2257
Texas Energy Museum	Texas Energy Museum	600 Main Street, Beaumont, TX 77701 (409) 833-5100
The Arc of Greater Beaumont	The Arc of Greater Beaumont	4330 Westridge LN, Beaumont, TX 77706 (409) 838-9012
The Salvation Army	The Salvation Army	2350 IH-10 East, Beaumont, TX 77703 (409) 896-2361
Triangle Area Network	Triangle Area Network	1495 N. 7th, Beaumont, TX 77702 (409) 832-3377
United Way of Beaumont and North Jeff...	United Way of Beaumont and North Jefferson County	700 North Street, Suite H, Beaumont, 77701 (409) 835-4575
W.H. Stark House	W.H. Stark House	610 W. Main Avenue, Orange, TX 77630 (409) 883-0871

Wesley United Methodist Church	Wesley United Methodist Church	3810 N. Major Dr., Beaumont, TX 77713 (409) 892-7733
Westgate Memorial Baptist Church	Westgate Memorial Baptist Church	6220 Westgate Drive, Beaumont, TX 77706 (409) 866-3417
Workforce Solutions Southeast Texas	Workforce Solutions Southeast Texas	510 Park, Suite 500, Beaumont, TX 77701 (409) 719-4750
Young Men's Business League	Young Men's Business League	7250 Wespark, Beaumont, TX 77705 (409) 832-9991

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Health Care



















Results Found: 79

Christus Hospital - St Elizabeth's Ou...	Christus Hospital - St Elizabeth's Outpatient Pavilion	755 North 11th St., Beaumont, TX 77702 (409) 899-8549 Visit Website
Christus Minor Care- Beaumont	Christus Minor Care- Beaumont	3939 Dowlen Rd Ste. 19, Beaumont, TX 77706 (409) 899-7800 Visit Website
Christus Southeast Texas Bariatric Ce...	Christus Southeast Texas Bariatric Center	3030 North Street Ste. 340, Beaumont, TX 77702 (409) 839-5673 Visit Website
	CHRISTUS Southeast Texas Health System	2830 Calder Avenue, Beaumont, TX 77702 (409) 892-7171 Visit Website
Beaumont Emergency Hospital	Beaumont Emergency Hospital Beaumont Emergency Hospital is a freestanding, full-service Emergency Department open 24/7 to treat all of your emergencies without the wait. We serve all ...	4004 College St., Beaumont, TX 77707 (409) 350-0176 Visit Website
Beaumont ISD Career & Technical Educa...	Beaumont ISD Career & Technical Education (CTE) Education, Industry-Based Certifications, Work-Based Learning, Practicums/Internships	2330 North Street, Beaumont, TX 77702 (409) 617-5217 Visit Website

<u>Christus Orthopedic Specialty Center-...</u>	Christus Orthopedic Specialty Center-Beaumont Bone & Joint <div><u>3650 Laurel Street, Beaumont, TX 77707-2287</u><u>(409) 838-0346</u><u>Visit Website</u></div>
<u>Christus Trinity Clinic</u>	Christus Trinity Clinic <div><u>4046 Dowlen Rd, Beaumont, TX 77706</u><u>(409) 236-3510</u><u>Visit Website</u></div>
<u>IV Solutions TX, LLC</u>	IV Solutions TX, LLC <div>Mobile IV Therapy & Hydration<div><u>10045 Maple Falls, Port Arthur, TX 77640</u><u>(409) 719-2107</u><u>Visit Website</u></div></div>
	King's Pharmacy of Beaumont <div>Get everything you need and more for you and your family's health at King's Pharmacy, where service is not a thing of the past.<div><u>3610 N. Major Drive, Beaumont, TX 77713</u><u>(409) 860-0040</u><u>Visit Website</u></div></div>
<u>The Medical Center of Southeast Texas...</u>	The Medical Center of Southeast Texas - Beaumont Campus <div>The Medical Center of Southeast Texas Beaumont Campus is dedicated to providing leading-edge, exceptional emergency, surgical and diagnostic...<div><u>6025 Metropolitan Drive, Beaumont, TX 77706</u><u>(409) 617-7700</u><u>Visit Website</u></div></div>
<u>ADAPT Programs/Brazos Place</u>	ADAPT Programs/Brazos Place <div><u>5550 Eastex Freeway, Suite EE, Beaumont, TX 77708</u><u>(855) 862-3278</u></div>
<u>Aesthetic Laser Center</u>	Aesthetic Laser Center <div><u>2720 Laurel, Beaumont, TX 77702</u><u>(936) 648-7841</u></div>
<u>Anesthesia Associates</u>	Anesthesia Associates <div><u>755 North 11th Street, Suite P3600, Beaumont, TX 77702</u><u>(409) 838-5214</u><u>Visit Website</u></div>
<u>Beaumont WELLness for Women PLLC</u>	Beaumont WELLness for Women PLLC <div><u>6755 Phelan Ste 24A, Beaumont, TX 77706</u><u>(409) 299-9570</u></div>

Brookdale Dowlen Oaks	Brookdale Dowlen Oaks <div>ATTN: Business Office, 2250 Dowlen Rd, Beaumont, TX 77706</div> <div>(409) 866-8090</div> <div>Visit Website</div>
Choice Hospice	Choice Hospice <div>1085 I 10 N., Beaumont, TX 77706</div> <div>(409) 655-2110</div>
CHRISTUS Wilton P. Hebert Health & We...	CHRISTUS Wilton P. Hebert Health & Wellness Center <div>3030 North St., Beaumont, TX 77702</div> <div>(409) 899-7777</div> <div>Visit Website</div>
	Cobb Family Chiropractic <div>3965 Phelan Blvd., Ste 109, Beaumont, TX 77707</div> <div>(409) 835-7676</div>
Connected Path Recovery	Connected Path Recovery <div>1505 Cornerstone Ct., Beaumont, TX 77706</div> <div>(409) 299-8555</div>
Courageous Diagnostics LLC	Courageous Diagnostics LLC <div>2186 Eastex Frwy, Suite 3B, Beaumont, TX 77703</div> <div>(409) 206-0302</div>
CVS Health	CVS Health <div>1 CVS Drive., Woonsocket, RI 02895</div> <div>1-800-746-7287</div>
Dharma Recovery Center & Spa	Dharma Recovery Center & Spa <div>2684 Calder St., Beaumont, TX 77701</div> <div>(409) 333-1335</div>
Diagnostic Group Integrated Healthcar...	Diagnostic Group Integrated Healthcare System PLLC <div>3406 College Street, Beaumont Tx, TX 77701</div> <div>(409) 813-1677</div>

Dialysis Support Chapter 1	Dialysis Support Chapter 1	3935 Baldwin Street, BEAUMONT, TX 77703 (409) 533-1610
Do It Big Foundation	Do It Big Foundation	2145 Treemont Lane, Orange, TX 77630 (713) 206-8479
Eastex Urgent Care & Occupational Med...	Eastex Urgent Care & Occupational Medicine	4310 Dowlen Road, Suite 16, Beaumont, TX 77706 (409) 299-4448 Visit Website
	Enhance Wellness	6355 Hwy 347, Beaumont, TX 77705 (409) 853-1000
Exceptional Emergency Center - Beaumo...	Exceptional Emergency Center - Beaumont	4755 Eastex Fwy, Beaumont, Texas 77706 (817) 908-7588 Visit Website
FRUIT OF THE SPIRIT SENIOR CARE CORP.	FRUIT OF THE SPIRIT SENIOR CARE CORP.	2176 Treemont Lane, Orange, TX 77630 (409) 272-2003
Gadolin Research	Gadolin Research	2965 Harrison St., STE 320, Beaumont, TX 77702 (409) 331-6040
Gentiva Hospice	Gentiva Hospice	3129 College St, Suite 150, Beaumont, TX 77701 (409) 924-0085
Grifols Biomat Plasma Center	Grifols Biomat Plasma Center	7180 Eastex Freeway, Beaumont, TX 77708 (409) 291-7753

Jefferson Nursing and Rehabilitation ...	Jefferson Nursing and Rehabilitation Center	3840 Pointe Parkway, Beaumont, TX 77708  (409) 892-6811  Visit Website 
Kare Infusion Center	Kare Infusion Center	7090 Phelan Blvd Suite 100, Beaumont, TX 77706  (409) 299-4848 
Legacy Community Health	Legacy Community Health	450 N. 11th St., Beaumont, TX 77702  (409) 242-2577  Visit Website 
Legacy Dental of Beaumont	Legacy Dental of Beaumont	6480 Eastex Fwy., Ste. A, Beaumont, TX 77708  (409) 241-8383  Visit Website 
Moreau Physical Therapy	Moreau Physical Therapy	6438 Phelan Blvd, Beaumont, TX 77706  (409) 920-4380 
NewPath Therapy & Wellness	NewPath Therapy & Wellness	4749 Odom Rd, Beaumont, TX 77706  (409) 200-2220  Visit Website 
Next Level Urgent Care	Next Level Urgent Care	6342 Phelan Blvd, Beaumont, TX 77706  (806) 346-0891 
Pediatric Heart Care	Pediatric Heart Care	2955 Harrison Ave, Suite 100, Beaumont, TX 77702  (409) 234-0934 
Pelican Bay Assisted Living	Pelican Bay Assisted Living	2501 S. Major Drive, Beaumont, TX 77707  (409) 860-3500  Visit Website 

Post Acute Medical Rehabilitation Hos...	Post Acute Medical Rehabilitation Hospital of Beaumont	3340 Plaza 10 Blvd, Beaumont, TX 77707 (409) 835-0835 Visit Website
Professional Health Care	Professional Health Care	4347 Crow Rd, Beaumont, TX 77706 (409) 212-0205
QC Kinetix	QC Kinetix	350 Pine St, suite 350, Beaumont, TX 77701 (409) 206-5635 Visit Website
Riceland Healthcare	Riceland Healthcare	85 IH 10 North, Suite 111, Beaumont, TX 77707 (409) 842-1112 Visit Website
Southeast Texas Cardiology Associates...	Southeast Texas Cardiology Associates, Vascular Center & Vein Clinic	2693 North Street, Beaumont, TX 77702 (409) 363-3288
Southeast Texas Gastroenterology Asso...	Southeast Texas Gastroenterology Associates, P.A.	950 North 14th Street, Suite 100, Beaumont, TX 77702-1112 (409) 833-5858 Visit Website
Southwest Transplant Alliance	Southwest Transplant Alliance	8190 Manderville Lane, Dallas, TX 75231 (903) 571-4664
Spindletop Center	Spindletop Center	655 South 8th Street, Beaumont, TX 77701 (409) 784-5400 Visit Website
Texas Oncology Beaumont	Texas Oncology Beaumont	3010 Harrison Ave, Beaumont, TX 77702 (409) 899-7180

<u>The Joint Chiropractic</u>	<div><div>The Joint Chiropractic</div><div><u>3850 College St., #300, Beaumont, TX 77701</u> <u>(409) 333-1042</u></div></div>
<u>Three Oaks Hospice</u>	<div><div>Three Oaks Hospice</div><div><u>350 Pine St, Suite 335, Beaumont, TX 77701</u> <u>(409) 751-2100</u></div></div>
<u>United Hands Adult DayCare</u>	<div><div>United Hands Adult DayCare</div><div><u>1945 Sarah street, Beaumont , TX 77705</u> <u>(409) 434-0727</u></div></div>
<u>Your Medical Home</u>	<div><div>Your Medical Home</div><div><u>3749 Hwy 69 North, Beaumont, TX 77705</u> <u>1-833-698-6825</u></div></div>
<u>Acadian Ambulance Service</u>	<div><div>Acadian Ambulance Service</div><div><u>3720 Corley, Beaumont, TX 77701</u> <u>(409) 833-3800</u></div></div>
<u>Advanced Cardiovascular Specialists</u>	<div><div>Advanced Cardiovascular Specialists</div><div><u>755 N. 11th Street, Suite P2200, Beaumont, TX 77702</u> <u>(409) 892-1192</u></div></div>
<u>Angels Care Home Health</u>	<div><div>Angels Care Home Health</div><div><u>2345 N. Main St., Liberty, TX 77575</u> <u>(936) 336-2224</u></div></div>
<u>Baptist Hospitals of Southeast Texas</u>	<div><div>Baptist Hospitals of Southeast Texas</div><div><u>3080 College, Beaumont, TX 77701</u> <u>(409) 212-5000</u></div></div>
<u>Baptist Rheumatology Center</u>	<div><div>Baptist Rheumatology Center</div><div><u>740 Hospital Drive #150, Beaumont, TX 77701</u> <u>(409) 212-5115</u></div></div>

Best Hospice Care of Texas	Best Hospice Care of Texas	3120 Fannin Street, Beaumont, TX 77701 (409) 356-9271
Bonne Vie	Bonne Vie	8595 Medical Center Blvd., Port Arthur, TX 77640 (409) 721-8600
Business Health Partners	Business Health Partners	3749 Hwy 69, Beaumont, TX 77705 (409) 291-4858
Dauphin Women's Center	Dauphin Women's Center	740 Hospital Dr. #140, Beaumont, TX 77701 (409) 212-7950
Endoscopy Center of Southeast Texas	Endoscopy Center of Southeast Texas	950 North 14th Street, Beaumont, TX 77702 (409) 833-5555
Eye Centers of Southeast Texas	Eye Centers of Southeast Texas	3345 Plaza 10 Drive, Ste. B, Beaumont, TX 77707 (409) 833-0444
Gulf Coast Orthodontic Specialists	Gulf Coast Orthodontic Specialists	3190 North Street, Beaumont, TX 77702 (409) 924-0002
Harbor Hospice of Beaumont	Harbor Hospice of Beaumont	2450 N. Major Drive, Beaumont, TX 77713 (409) 840-5640
Heart to Heart Hospice of the Gulf Co...	Heart to Heart Hospice of the Gulf Coast	550 Fannin Street, Suite 1200, Beaumont, TX 77701 (409) 813-1028

Jay C. Proctor, M.D.	Jay C. Proctor, M.D.	6450 Folsom Drive, Beaumont, TX 77706 (409) 835-0524
Jefferson County Medical Society	Jefferson County Medical Society	Homebased, (409) 932-4349
Jerry L. Burd, D.D.S., Inc.	Jerry L. Burd, D.D.S., Inc.	3555 Delaware Street, Beaumont, TX 77706 (409) 898-3388
Joel Lane Smith, D.D.S.	Joel Lane Smith, D.D.S.	4330 Calder Avenue, Beaumont, TX 77706-4631 (409) 895-0089
Kamada Plasma	Kamada Plasma	85 North 23rd Street, Beaumont, TX 77707 (409) 835-7268
Lovoi & Sons Pharmacy, Inc.	Lovoi & Sons Pharmacy, Inc.	3480 Fannin Street, Beaumont, TX 77701-3878 (409) 833-7538
Texas State Optical	Texas State Optical	5910 Muela Creek Dr. Suite A, Beaumont, TX 77706 (409) 899-9999
Triangle Area Network	Triangle Area Network	1495 N. 7th, Beaumont, TX 77702 (409) 832-3377
TSO of Beaumont	TSO of Beaumont	138 Gateway, Beaumont, TX 77701 (409) 835-2041

JEFFERSON COUNTY

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

BEAUMONT

Accentcare Home Health

(409) 899-9979

FAX (409) 899-9552

INTAKE 1-888-440-4321

INTAKE FAX 1-888-333-0632

AccuCare Home Health

(409) 242-5860

FAX 409-347-8663

Advanced Patient Care (Pediatrics)

(409) 832-3304

FAX (409) 835-2799

Advantage Plus Home Care

(409) 899-1665

FAX (409) 899-1680

Vital Caring /Altus Home Health

(409) 835-2828

FAX (409) 835-2129

Amazing Angels Home Health

(409) 767-8833

FAX (409) 767-9203

Angels Care Health

Office (936) 336-2224

FAX (936) 336-2231

Baptist Homecare

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(409) 994-0300

FAX (409) 994-0400

Consolidated Health Care

(409) 861-3200

FAX (409) 861-3205

Doctor's Choice HC & Hospice

Office-833-365-2464

Fax-713-782-1824

Elara Caring Skilled Home Health

Office- 409-489-9104

Preslie Ruiz c.409-594-6565

Fax-877-734-1897

Enhabit Home Health

FAX (409) 212-9079

409-813-8109

Harbor Home Health

3515 Fannin Suite 103 Beaumont

409 835 1670

FA 888-700-8743

Intrepid Home Health

(409) 722-0515

FAX (409) 722-0633

Jefferson County Home Health Care

(409) 835-9909

FAX (409) 835-9949

Kindred Home Health

(409) 895-0009

FAX (409) 895-0006

Maxim Healthcare (Pediatrics)

(409) 833-4004

FAX (409) 833-4050

Pathfinder Home Health

(409) 924-9906

FAX (409) 924-7338

Professionals Health Care

(409) 212-0205

FAX (409) 212-0208

Pulse Home Care

(409) 212-8880
FAX (409) 212-1508

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

Synergy Homecare
409-861-2000/Fx409-861-2002
4180 Delaware, Bmt. TX 77706

VieMed Respiratory Care
Moose Touchet, RRT
Cell-337-257-5159
Fax- 409-240-2428
Beaumont, TX

Thera Care Home Health
(409) 299-9741
FAX (409) 299-9739

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

Advantage Plus Home Care
1-866-999-1665

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

Intrepid Home Health
(409) 722-0515
FAX (409) 722-0633

365care Home Health
(409) 548-0036
FAX (409) 548-0071

NEDERLAND

A Med Home Health
(409) 719-0111
FAX (409) 719-0110
Cell (409) 466-1951

Advantage Plus Home Care
1-866-999-1665

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

Southwest Texas Home Health
(409)735-6100 F. 409-735-6773

Omnibus Home Health
(409) 724-7000
FAX (409) 724-7066

Southern Home Health
Office 409-721-9075
FAX (409) 721-6206

PORT ARTHUR
Advantage Plus Home Care
1-866-999-1665

Intrepid Home Health
(409) 722-0515
FAX (409) 722-0633

Prucare Home Health
(409) 722-9797
FAX (409) 729-7019

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

Orange

Advantage Plus Home Care

(409) 883-9902

(409) 883-9963

Baptist Homecare

Baptist Beaumont Hospital has an indirect ownership interest in Baptist Homecare.

(409) 994-0300

FAX (409)994-0400

Complete Homecare Services

(409) 384-3040

FAX (409) 384-3784

Harbor Home Health

(409) 835-1670

FAX 888-700-8743

Intrepid Home Health

(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

Intrepid Home Health

(409) 722-0515

FAX (409) 722-0633

Pulse Home Care

(409) 212-8880

FAX (409) 212-1508

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

Intrepid Home Health

(409) 722-0515

FAX (409) 722-0633

Riceland Home Health

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

FAX (409) 385-7723

Texas Total Care Home Health

(409) 769-3414

FAX (409) 769-1126

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

Baptist Homecare

Baptist Beaumont Hospital has an indirect ownership interest in Baptist Homecare.

(409) 994-0300

FAX (409)994-0400

Harbor Home Health

3515 Fannin Suite 103

Beaumont, TX 77701

(409) 835-1670

FAX 888-700-8743

Intrepid Home Health

(409) 722-0515

FAX (409) 722-0633

Pulse Home Care

(409) 212-8880

FAX (409) 212-1508

Riceland Home Health

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

FAX (409) 385-7723

Texas Home Health

(409) 899-9979

FAX (409) 899-9552

INTAKE 1-888-440-4321

INTAKE FAX 1-888-333-0632

JASPER COUNTY

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

Advantage Plus Homecare, Inc.

(409) 489-1496

FAX (409) 489-1153

Affinity Home Health

(Formerly Integrity Home Care)

(409) 383-1400

FAX (409) 383-1401

Baptist Homecare

*Baptist Beaumont Hospital has an indirect
ownership interest in Baptist Homecare.*

(409) 994-0300

FAX (409) 994-0400

Complete Homecare Services

(409) 384-3040

FAX (409) 384-3784

East Texas Home Health-Chester

1-800-407-0090

FAX (936) 969-2100

Elara Caring Home Health

Office- 713-780-2390

Office- 409-899-9053

INTAKE 855-455-3600

Fax-855-826-5123

Harbor Home Health

3515 Fannin Suite 103

Beaumont, TX 77701

(409) 835 1670

FAX 888-700-8743

Home Care Innovations

(409) 423-6777

FAX (409) 423-2020

Home Care Solution

(409) 331-9492

FAX (409) 331-9490

Intrepid Home Health

(409) 722-0515

FAX (409) 722-0633

Pulse Home Care

(409) 212-8880

FAX (409) 212-1508

Riceland Home Health

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

FAX (409) 385-7723

Texas Home Health

(409) 899-9979

FAX (409) 899-9552

INTAKE 1-888-440-4321

INTAKE FAX 1-888-333-0632

Texas Total Care

(409) 423-6737

FAX (409) 423-6738

LIBERTY COUNTY

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

Advantage Plus Homecare, Inc.
1-866-999-1665

Angels Care HH
(936) 336-2224
FAX (936) 336-2231

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

Harbor Home Health
3515 Fannin Suite 103
Beaumont, TX 77701
(409) 835-1670
FAX 888-700-8743

Intrepid Home Health
(409) 722-0515
FAX (409) 722-0633

Pulse Home Care
(409) 212-8880
FAX (409) 212-1508

NEWTON COUNTY

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

Advantage Plus Homecare, Inc.
1-866-999-1665

Baptist Homecare
*Baptist Beaumont Hospital has an indirect
ownership interest in Baptist Homecare.*
(409) 994-0300

FAX (409)994-0400

Harbor Home Health
3515 Fannin Suite 103
Beaumont, TX 77701
(409) 835-1670
FAX 888-700-8743

Intrepid Home Health
(409) 722-0515
FAX (409) 722-0633

Pulse Home Care
(409) 212-8880
FAX (409) 212-1508

SABINE COUNTY

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

Advantage Plus Homecare, Inc.
1-866-999-1665

Baptist Homecare
*Baptist Beaumont Hospital has an indirect
ownership interest in Baptist Homecare.*
(409) 994-0300
FAX (409)994-0400

East Texas Home Health-Chester
1-800-407-0090
FAX (936) 969-2100

Harbor Home Health
3515 Fannin Suite 103
Beaumont, TX 77701
(409) 835-1670
FAX 888-700-8743

Pulse Home Care
(409) 212-8880
FAX (409) 212-1508

TYLER COUNTY

**(Chester, Colmesneil, Dogwood, Doucet,
Fred, Hillister, Rockland, Spurger,
Warren, Woodville)**

Advantage Plus Homecare, Inc.
1-866-999-1665

Baptist Homecare

*Baptist Beaumont Hospital has an indirect
ownership interest in Baptist Homecare.*

(409) 994-0300
FAX (409)994-0400

Harbor Home Health

(409) 835-1670
FAX 888-700-8743

Pulse Home Care

(409) 212-8880
FAX (409) 212-1508

HARRIS COUNTY

(Houston and surrounding area)

Advantage Plus Homecare, Inc.
1-866-999-1665

Baptist Homecare

*Baptist Beaumont Hospital has an indirect
ownership interest in Baptist Homecare.*

(409) 994-0300
FAX (409)994-0400

Bayview Home Health Services

(281) 573-7000
FAX 888-522-3080

East Texas Home Health-Chester

1-800-407-0090
FAX (936) 969-2100

Harbor Home Health

(409) 835-1670

FAX 888-700-8743

IPR Healthcare Sys

281-358-5970
FAX (281) 358-5157
Barbara Morris RN

Traditions Home Health

800-238-9245
FAX (936) 539-2275

HOUSTON COUNTY

Advantage Plus Homecare, Inc.
1-866-999-1665

Baptist Homecare

*Baptist Beaumont Hospital has an indirect
ownership interest in Baptist Homecare.*

(409) 994-0300
FAX (409)994-0400

Bayview Home Health Services

(281) 573-7000
FAX 888-522-3080

Carter Healthcare

1-888-951-1112
FAX 1-888-622-4329

Harbor Home Health

(409) 835-1670
FAX 888-700-8743

Traditions Home Health

1-800-238-9245
FAX (936) 539-2275

POLK COUNTY

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

Baptist Homecare

Baptist Beaumont Hospital has an indirect ownership interest in Baptist Homecare.

(409) 994-0300

FAX (409)994-0400

Harbor Home Health

(409) 835-1670

FAX 888-700-8743

CHAMBERS COUNTY

(Anahuac)

Bayview Home Health Services

(281) 573-7000

FAX 888-522-3080

Innovative Health Services

(409) 267-6194

(409) 267-6428

IPR Healthcare Sys

PHONE 281-358-5970

FAX (281) 358-5157

Barbara Morris RN

LUFKIN COUNTY**Harbor Home Health**

(409)835-1670

FAX 888-700-8743

LOUISIANA

(Lake Charles)

Christus St. Patrick Hospital Home Health and Hospice

(337) 430-5498

FAX (337) 395-5780

Harbor Home Health

(409) 835-1670

FAX 888-700-8743

Dequincy**Harbor Home Health**

(409) 835-1670

FAX 888-700-8743

Southern Home Health

(337) 786-8231

FAX (337) 786-8215

MONTGOMERY COUNTY**Conroe****Home Care Select**

Office (936)756-5800

Fax- (936)441-5850

Contact Holly Gilstrap


936-827-9659


IPR Healthcare Sys

PHONE 281-358-5970

FAX (281) 358-5157

Barbara Morris RN

3590 Blackmon Lane, Suite 1, 
Beaumont, TX 77706

(409) 898-8602 

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1110 Park Street, Beaumont, TX 77701 – (409) 838-6581 – chamber@bmtcoc.org



INFORMATION GAPS



Information Gaps

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



ABOUT COMMUNITY HOSPITAL CORPORATION

About CHC

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



APPENDIX

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



SUMMARY OF DATA SOURCES

Summary of Data Sources

- **Demographics**

- This study utilized demographic data from **Syntellis**.
- The **United States Census Bureau**, provides foreign-born population statistics by county and state; https://data.census.gov/table?q=DP02&g=010XX00US_040XX00US48_050XX00US48245,48361.
- This study utilizes data from the **Economic Innovation Group**, which provides distressed community index scores by county and state: <https://eig.org/distressed-communities/2022-dci-interactive-map/?path=county/48113&view=county>.
- **Economic Policy Institute, Family Budget Map** provides a break down of estimates monthly costs in specific categories for Jefferson & Orange Counties; <https://www.epi.org/resources/budget/budget-map/>.
- The **United States Bureau of Labor Statistics**, Local Area Unemployment Statistics provides unemployment statistics by county and state; <https://www.bls.gov/lau/tables.htm>.
- **Data USA** provides access to industry workforce categories as well as access to transportation data at the county and state level: <https://datausa.io/>.
- This study also used data collected by the **Small Area Income and Poverty Estimates (SAIPE)**, that provides Supplemental Nutrition Assistance Program (SNAP) Benefits as well as poverty estimates by county and state: https://www.census.gov/data-tools/demo/saie/#/?map_geoSelector=aa_c and <https://www.census.gov/data/datasets/time-series/demo/saie/model-tables.html>.
- Food insecurity information is pulled from **Feeding America's Map the Meal Gap**, which provides food insecurity data by county, congressional district and state: <http://map.feedingamerica.org/>.
- This study also used health data collected by the **SparkMap**, a national platform that provides public and custom tools produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. Data can be accessed at <https://engagementnetwork.org/>.
- The **Texas Realtors** provides Texas Quarterly Housing Report that include housing prices and trends by market service areas: <https://www.texasrealestate.com/market-research/quarterly-housing-report/>.

- **Health Data**

- The **County Health Rankings & Roadmaps (CHR&R)**, a program of the University of Wisconsin Population Health Institute, draws attention to why there are differences in health within and across communities. The program highlights policies and practices that can help everyone be as healthy as possible. CHR&R aims to grow a shared understanding of health, equity and the power of communities to improve health for all. This work is rooted in a long-term vision where all people and places have what they need to thrive; <http://www.countyhealthrankings.org/>.

Summary of Data Sources

- **Health Data (continued)**

- 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>.
- The **Texas Cancer Registry** is a statewide, population-based registry that serves as the foundation for measuring the cancer burden in Texas. Data can be accessed at: <https://www.cancer-rates.info/tx/>.
- This study also used health data collected by the **SparkMap**, a national platform that provides public and custom tools produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. Data can be accessed at <https://engagementnetwork.org/>.
- This study utilizes a county level data from **Center for Disease Control and Prevention, PLACES: County Data** (GIS Friendly Format), 2022 release, filtered for Jefferson and Orange Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data.
- This study utilizes a county level data from **Center for Disease Control and Prevention, PLACES: County Data** (GIS Friendly Format), 2023 release, filtered for Jefferson and Orange Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data.
- This study utilizes a county level data from **Center for Disease Control and Prevention, PLACES: County Data** (GIS Friendly Format), 2024 release, filtered for Jefferson and Orange Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data.
- This study utilizes a state level data from **Center for Disease Control and Prevention, Chronic Disease Indicators**, filtered for Texas; <https://www.cdc.gov/cdi/>.
- The **Centers for Medicare & Medicaid Services, Office of Minority Health**, provides public tools to better understand disparities in chronic diseases. Data can be accessed at; <https://data.cms.gov/mapping-medicare-disparities>.
- 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 **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 of BHSET from July 18, 2024 – August 8, 2024.
- Interviews were conducted and summarized by Alex Campbell, Senior Planning Analyst.



DATA REFERENCES

Distressed Communities Index

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

2024 Poverty Guidelines

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

Source: Poverty Guidelines, Office Of The Assistant Secretary For Planning and Evaluation, <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>; data accessed July 23, 2024.



HPSA AND MUA/P INFORMATION

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.

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1487609159	LI - Jefferson County	Low Income Population HPSA	Texas	Jefferson County, TX	16.193	17	15	Designated	Non-Rural	10/26/2018	08/06/2021
	Component State Name		Component County Name	Component Name		Component Type		Component GEOID		Component Rural Status		
	Texas		Jefferson	Jefferson		Single County		48245		Non-Rural		
Mental Health	7487345123	Orange County	Geographic HPSA	Texas	Orange County, TX	4.14	18	NA	Designated	Non-Rural	10/26/2018	08/06/2021
	Component State Name		Component County Name	Component Name		Component Type		Component GEOID		Component Rural Status		
	Texas		Orange	Orange		Single County		48361		Non-Rural		
Mental Health	7481404641	LI-Jefferson County	Low Income Population HPSA	Texas	Jefferson County, TX	3.06	13	NA	Designated	Non-Rural	09/20/2018	09/10/2021
	Component State Name		Component County Name	Component Name		Component Type		Component GEOID		Component Rural Status		
	Texas		Jefferson	Jefferson		Single County		48245		Non-Rural		
Primary Care	1483949786	Orange County	Geographic HPSA	Texas	Orange County, TX	10.65	12	16	Designated	Non-Rural	09/23/2013	09/10/2021
	Component State Name		Component County Name	Component Name		Component Type		Component GEOID		Component Rural Status		
	Texas		Orange	Orange		Single County		48361		Non-Rural		
Primary Care	14899948PU	Triangle Area Network, Inc.	Federally Qualified Health Center	Texas	Jefferson County, TX		22	19	Designated	Non-Rural	08/01/2015	09/11/2021

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
	Site Name		Site Address	Site City	Site State	Site ZIP Code		County		Rural Status		
	TAN Healthcare Health Education and Outreach Center		2365 Interstate 10 E	Beaumont	TX	77702-1320		Jefferson		Non-Rural		
	The Lester Daigle Behavioral Health Center at TAN Healthcare		2355 Interstate 10 E	Beaumont	TX	77702-1320		Jefferson		Non-Rural		
	Triangle Area Network		1495 N 7th St	Beaumont	TX	77702-1345		Jefferson		Non-Rural		
	Triangle Area Network - Administration		2365 Interstate 10 E STE 3	Beaumont	TX	77702-1344		Jefferson		Non-Rural		
	Triangle Area Network - Orange		3727 N 16th St	Orange	TX	77632-4690		Orange		Non-Rural		
	Triangle Area Network Mobile Healthcare		1495 N 7th St	Beaumont	TX	77702-1345		Jefferson		Non-Rural		
Mental Health	74899948NU	Triangle Area Network, Inc.	Federally Qualified Health Center	Texas	Jefferson County, TX		17	NA	Designated	Non-Rural	08/01/2015	09/11/2021
	Site Name		Site Address	Site City	Site State	Site ZIP Code		County		Rural Status		
	TAN Healthcare Health Education and Outreach Center		2365 Interstate 10 E	Beaumont	TX	77702-1320		Jefferson		Non-Rural		
	The Lester Daigle Behavioral Health Center at TAN Healthcare		2355 Interstate 10 E	Beaumont	TX	77702-1320		Jefferson		Non-Rural		
	Triangle Area Network		1495 N 7th St	Beaumont	TX	77702-1345		Jefferson		Non-Rural		
	Triangle Area Network - Administration		2365 Interstate 10 E STE 3	Beaumont	TX	77702-1344		Jefferson		Non-Rural		
	Triangle Area Network - Orange		3727 N 16th St	Orange	TX	77632-4690		Orange		Non-Rural		
	Triangle Area Network Mobile Healthcare		1495 N 7th St	Beaumont	TX	77702-1345		Jefferson		Non-Rural		

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	64899948NQ	Triangle Area Network, Inc.	Federally Qualified Health Center	Texas	Jefferson County, TX		25	NA	Designated	Non-Rural	08/01/2015	09/11/2021
	Site Name		Site Address	Site City	Site State	Site ZIP Code		County		Rural Status		
	TAN Healthcare Health Education and Outreach Center		2365 Interstate 10 E	Beaumont	TX	77702-1320		Jefferson		Non-Rural		
	The Lester Daigle Behavioral Health Center at TAN Healthcare		2355 Interstate 10 E	Beaumont	TX	77702-1320		Jefferson		Non-Rural		
	Triangle Area Network		1495 N 7th St	Beaumont	TX	77702-1345		Jefferson		Non-Rural		
	Triangle Area Network - Administration		2365 Interstate 10 E STE 3	Beaumont	TX	77702-1344		Jefferson		Non-Rural		
	Triangle Area Network - Orange		3727 N 16th St	Orange	TX	77632-4690		Orange		Non-Rural		
	Triangle Area Network Mobile Healthcare		1495 N 7th St	Beaumont	TX	77702-1345		Jefferson		Non-Rural		
Primary Care	148999485N	Gulf Coast Health Center, Inc.	Federally Qualified Health Center	Texas	Jefferson County, TX		20	19	Designated	Non-Rural	12/02/2003	09/11/2021

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
	Site Name		Site Address	Site City	Site State	Site ZIP Code		County		Rural Status		
	GCHC Port Arthur Park Plaza Site		2927 Park Plaza Ln	Port Arthur	TX	77642-5516		Jefferson		Non-Rural		
	Gulf Coast Health Center - Memorial High School SBHC		3501 Lucien Adams Blvd	Port Arthur	TX	77642-6461		Jefferson		Non-Rural		
	Gulf Coast Health Center - Mobile 1		2548 Memorial Blvd	Port Arthur	TX	77640-2825		Jefferson		Non-Rural		
	Gulf Coast Health Center - Phillis Wheatley School of Early Childhood Programs SBHC		1100 Jefferson Dr	Port Arthur	TX	77642-0638		Jefferson		Non-Rural		
	Gulf Coast Health Center Inc - Jasper State Street		561 State St	Jasper	TX	75951-5134		Jasper		Rural		
	Gulf Coast Health Center Inc. Mobile Unit		561 State St	Jasper	TX	75951-5134		Jasper		Rural		
	Gulf Coast Health Center Inc. Orange		610 Strickland Dr STE 380	Orange	TX	77630-4787		Orange		Non-Rural		
	GULF COAST HEALTH CENTER, INC. - PORT ARTHUR		2548 Memorial Blvd	Port Arthur	TX	77640-2825		Jefferson		Non-Rural		
	GULF COAST HEALTH CENTER, INC. - SILSBEE		755 N 4th St	Silsbee	TX	77656-3802		Hardin		Non-Rural		
	GULF COAST HEALTH CENTER, INC. - WEST SIDE		601 Rev Dr Ransom Howard St	Port Arthur	TX	77640-5963		Jefferson		Non-Rural		
Mental Health	748999482F	Gulf Coast Health Center, Inc.	Federally Qualified Health Center	Texas	Jefferson County, TX		19	NA	Designated	Non-Rural	12/02/2003	09/11/2021

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
	Site Name		Site Address	Site City	Site State	Site ZIP Code		County		Rural Status		
	GCHC Port Arthur Park Plaza Site		2927 Park Plaza Ln	Port Arthur	TX	77642-5516		Jefferson		Non-Rural		
	Gulf Coast Health Center - Memorial High School SBHC		3501 Lucien Adams Blvd	Port Arthur	TX	77642-6461		Jefferson		Non-Rural		
	Gulf Coast Health Center - Mobile 1		2548 Memorial Blvd	Port Arthur	TX	77640-2825		Jefferson		Non-Rural		
	Gulf Coast Health Center - Phillis Wheatley School of Early Childhood Programs SBHC		1100 Jefferson Dr	Port Arthur	TX	77642-0638		Jefferson		Non-Rural		
	Gulf Coast Health Center Inc - Jasper State Street		561 State St	Jasper	TX	75951-5134		Jasper		Rural		
	Gulf Coast Health Center Inc. Mobile Unit		561 State St	Jasper	TX	75951-5134		Jasper		Rural		
	Gulf Coast Health Center Inc. Orange		610 Strickland Dr STE 380	Orange	TX	77630-4787		Orange		Non-Rural		
	GULF COAST HEALTH CENTER, INC. - PORT ARTHUR		2548 Memorial Blvd	Port Arthur	TX	77640-2825		Jefferson		Non-Rural		
	GULF COAST HEALTH CENTER, INC. - SILSBEE		755 N 4th St	Silsbee	TX	77656-3802		Hardin		Non-Rural		
	GULF COAST HEALTH CENTER, INC. - WEST SIDE		601 Rev Dr Ransom Howard St	Port Arthur	TX	77640-5963		Jefferson		Non-Rural		
Dental Health	64899948A7	Gulf Coast Health Center, Inc.	Federally Qualified Health Center	Texas	Jefferson County, TX		25	NA	Designated	Non-Rural	12/02/2003	09/11/2021

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date							
Primary Care	14899948C2	Legacy Community Health Services, Inc.	Federally Qualified Health Center	Texas	Harris County, TX		21	18	Designated	Non-Rural	09/30/2005	09/11/2021							
													Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
													GCHC Port Arthur Park Plaza Site	2927 Park Plaza Ln	Port Arthur	TX	77642-5516	Jefferson	Non-Rural
													Gulf Coast Health Center - Memorial High School SBHC	3501 Lucien Adams Blvd	Port Arthur	TX	77642-6461	Jefferson	Non-Rural
													Gulf Coast Health Center - Mobile 1	2548 Memorial Blvd	Port Arthur	TX	77640-2825	Jefferson	Non-Rural
													Gulf Coast Health Center - Phillis Wheatley School of Early Childhood Programs SBHC	1100 Jefferson Dr	Port Arthur	TX	77642-0638	Jefferson	Non-Rural
													Gulf Coast Health Center Inc - Jasper State Street	561 State St	Jasper	TX	75951-5134	Jasper	Rural
													Gulf Coast Health Center Inc. Mobile Unit	561 State St	Jasper	TX	75951-5134	Jasper	Rural
													Gulf Coast Health Center Inc. Orange	610 Strickland Dr STE 380	Orange	TX	77630-4787	Orange	Non-Rural
													GULF COAST HEALTH CENTER, INC. - PORT ARTHUR	2548 Memorial Blvd	Port Arthur	TX	77640-2825	Jefferson	Non-Rural
													GULF COAST HEALTH CENTER, INC. - SILSBEE	755 N 4th St	Silsbee	TX	77656-3802	Hardin	Non-Rural
													GULF COAST HEALTH CENTER, INC. - WEST SIDE	601 Rev Dr Ransom Howard St	Port Arthur	TX	77640-5963	Jefferson	Non-Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
	Site Name		Site Address	Site City	Site State	Site ZIP Code		County		Rural Status		
	Galena Park - ACT		13940 Bonham St	Houston	TX	77015-5108		Harris		Non-Rural		
	Galena Park Middle School		400 Keene St	Galena Park	TX	77547-3200		Harris		Non-Rural		
	Green Valley Elementary		13350 Woodforest Blvd	Houston	TX	77015-2826		Harris		Non-Rural		
	KIPP - Climb		8805 Ferndale	Houston	TX	77017-6515		Harris		Non-Rural		
	KIPP CONNECT		6700 Bellaire Blvd	Houston	TX	77074-4906		Harris		Non-Rural		
	KIPP East End Campus		5402 Lawndale St	Houston	TX	77023-3743		Harris		Non-Rural		
	KIPP Journey		14030 Florence Rd	Sugar Land	TX	77498-1714		Fort Bend		Non-Rural		
	KIPP Legacy Preparatory School		9606 Mesa Dr	Houston	TX	77078-3024		Harris		Non-Rural		
	KIPP Mosaic		12751 Hillcroft St	Houston	TX	77085-1361		Harris		Non-Rural		
	KIPP Nexus		4211 Watonga Blvd	Houston	TX	77092-5324		Harris		Non-Rural		
	KIPP North Campus		500 Tidwell Rd	Houston	TX	77022-2122		Harris		Non-Rural		
	KIPP SHARP		8430 Westglen Dr	Houston	TX	77063-6312		Harris		Non-Rural		
	KIPP Sharpstown		8440 Westpark Dr	Houston	TX	77063-5808		Harris		Non-Rural		
	KIPP Southwest Campus		10711 Kipp Way Dr	Houston	TX	77099-2675		Harris		Non-Rural		
	KIPP Sunnyside Campus		11000 Scott St	Houston	TX	77047-1500		Harris		Non-Rural		
	KIPP Third Ward Campus		5400 Martin Luther King Blvd	Houston	TX	77021-3010		Harris		Non-Rural		
	KIPP West - Unity		8500 Highway 6 S	Houston	TX	77083-5709		Fort Bend		Non-Rural		
	Legacy - Allen Parkway		2929 Allen Pkwy STE 2700	Houston	TX	77019-7102		Harris		Non-Rural		
	Legacy Alief Bissonnet		12345 Bissonnet St	Houston	TX	77099-1332		Harris		Non-Rural		
	Legacy Baker Ripley		6500 Rookin St	Houston	TX	77074-5019		Harris		Non-Rural		
	Legacy Baytown Garth		3509 Garth Rd	Baytown	TX	77521-3854		Harris		Non-Rural		
	Legacy Beaumont North		3030 North St STE 500	Beaumont	TX	77702-1424		Jefferson		Non-Rural		
	Legacy Bissonnet Street		12667 Bissonnet St	Houston	TX	77099-1331		Harris		Non-Rural		

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
	Legacy Central Beaumont	450 N 11th St	Beaumont	TX		77702-1804			Jefferson		Non-Rural	
	Legacy Central Beaumont Stagg Dr.	3455 Stagg Dr	Beaumont	TX		77701-4521			Jefferson		Non-Rural	
	Legacy Deer Park	3430 Center St	Deer Park	TX		77536-5056			Harris		Non-Rural	
	Legacy Fifth Ward Lyons	3811 Lyons Ave	Houston	TX		77020-8306			Harris		Non-Rural	
	Legacy Greater Third Ward Cleburne	2222 Cleburne St	Houston	TX		77004-5177			Harris		Non-Rural	
	Legacy Gulfton Dashwood 200	5420 Dashwood Dr, Ste 200	Houston	TX		77081-5332			Harris		Non-Rural	
	Legacy Gulfton Dashwood Ste 100	5420 Dashwood Dr STE 100	Houston	TX		77081-5333			Harris		Non-Rural	
	Legacy Gulfton Dashwood Ste 102	5420 Dashwood Dr STE 102	Houston	TX		77081-5333			Harris		Non-Rural	
	Legacy Mapleridge Clinic	6550 Mapleridge St STE 106	Houston	TX		77081-4629			Harris		Non-Rural	
	Legacy Montrose Clinic	1415 California St	Houston	TX		77006-2602			Harris		Non-Rural	
	Legacy North Irvington	3517 Irvington Blvd STE 200	Houston	TX		77009-5700			Harris		Non-Rural	
	Legacy Northside/Northline – North Freeway	5598 North Fwy # A1	Houston	TX		77076-4702			Harris		Non-Rural	
	Legacy San Jacinto	4301 Garth Rd, Ste 400	Baytown	TX		77521-3159			Harris		Non-Rural	
	Legacy San Jacinto	4301 Garth Rd STE 306	Baytown	TX		77521-3158			Harris		Non-Rural	
	Legacy San Jacinto Dental	4301 Garth Rd STE 302	Baytown	TX		77521-3158			Harris		Non-Rural	
	Legacy Santa Clara Clinic	5616 Lawndale St STE A108	Houston	TX		77023-3821			Harris		Non-Rural	
	Legacy South Main St	10021 Main St STE B3	Houston	TX		77025-5254			Harris		Non-Rural	
	Legacy Southwest Clinic	6441 High Star Dr	Houston	TX		77074-5005			Harris		Non-Rural	

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
	Legacy Sugardale Fountains	12540 Sugardale Dr	Stafford	TX		77477-3702			Fort Bend		Non-Rural	
	Legacy Texas Parkway	3021 Texas Pkwy	Missouri City	TX		77489-5242			Fort Bend		Non-Rural	
	Legacy Wellness Bar	120 Westheimer Rd STE F	Houston	TX		77006-3332			Harris		Non-Rural	
	Montrose Center Clinic	401 Branard St RM 300-302	Houston	TX		77006-5015			Harris		Non-Rural	
	North Shore Senior High School	353 N Castlegory Rd	Houston	TX		77049-1739			Harris		Non-Rural	
	YES Prep - Brays Oaks	9000 W Bellfort Ave	Houston	TX		77031-2410			Harris		Non-Rural	
	YES Prep - East End	8329 Lawndale St	Houston	TX		77012-3707			Harris		Non-Rural	
	Yes Prep - East End (New Campus)	8401 Lawndale St	Houston	TX		77012-3709			Harris		Non-Rural	
	YES Prep - North Forest	6602 Winfield Rd	Houston	TX		77050-4704			Harris		Non-Rural	
	Yes Prep - Northside	5215 Jensen Dr	Houston	TX		77026-2514			Harris		Non-Rural	
	Yes Prep - Southeast	353 Crenshaw Rd	Houston	TX		77034-1543			Harris		Non-Rural	
	YES Prep - Southwest	4411 Anderson Rd	Houston	TX		77053-2307			Harris		Non-Rural	
	YES Prep - White Oak	5620 W Tidwell Rd	Houston	TX		77091-4638			Harris		Non-Rural	
	YES Prep Fifth Ward	1305 Benson St	Houston	TX		77020-4044			Harris		Non-Rural	
	YES Prep Gulfton	6565 De Moss Dr	Houston	TX		77074-5099			Harris		Non-Rural	
	YES Prep North Central	13703 Aldine Westfield Rd	Houston	TX		77039-2001			Harris		Non-Rural	
	YES Prep North Central Elementary	1900 Strawn Rd # 77039	Houston	TX		77039-2017			Harris		Non-Rural	
	YES Prep North Forest Elementary	6602 Winfield Rd BLDG A	Houston	TX		77050-4704			Harris		Non-Rural	
	YES Prep Northline	5815 Airline Dr	Houston	TX		77076-4922			Harris		Non-Rural	
	YES Prep Northline Secondary	441 Little York Rd	Houston	TX		77076-1124			Harris		Non-Rural	
	YES Prep Southeast Elementary	507 Crenshaw Rd	Pasadena	TX		77504-3729			Harris		Non-Rural	

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
	YES Prep Southside		5515 South Loop E	Houston	TX		77033-1603		Harris		Non-Rural	
	YES Prep Southside Elementary		5515 South Loop E STE B	Houston	TX		77033-1603		Harris		Non-Rural	
	YES Prep West		10535 Harwin Dr	Houston	TX		77036-1505		Harris		Non-Rural	
Mental Health	748999483U	Legacy Community Health Services, Inc.	Federally Qualified Health Center	Texas	Harris County, TX		17	NA	Designated	Non-Rural	05/01/2006	09/11/2021

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
	Site Name		Site Address	Site City	Site State	Site ZIP Code		County		Rural Status		
	Galena Park - ACT		13940 Bonham St	Houston	TX	77015-5108		Harris		Non-Rural		
	Galena Park Middle School		400 Keene St	Galena Park	TX	77547-3200		Harris		Non-Rural		
	Green Valley Elementary		13350 Woodforest Blvd	Houston	TX	77015-2826		Harris		Non-Rural		
	KIPP - Climb		8805 Ferndale	Houston	TX	77017-6515		Harris		Non-Rural		
	KIPP CONNECT		6700 Bellaire Blvd	Houston	TX	77074-4906		Harris		Non-Rural		
	KIPP East End Campus		5402 Lawndale St	Houston	TX	77023-3743		Harris		Non-Rural		
	KIPP Journey		14030 Florence Rd	Sugar Land	TX	77498-1714		Fort Bend		Non-Rural		
	KIPP Legacy Preparatory School		9606 Mesa Dr	Houston	TX	77078-3024		Harris		Non-Rural		
	KIPP Mosaic		12751 Hillcroft St	Houston	TX	77085-1361		Harris		Non-Rural		
	KIPP Nexus		4211 Watonga Blvd	Houston	TX	77092-5324		Harris		Non-Rural		
	KIPP North Campus		500 Tidwell Rd	Houston	TX	77022-2122		Harris		Non-Rural		
	KIPP SHARP		8430 Westglen Dr	Houston	TX	77063-6312		Harris		Non-Rural		
	KIPP Sharpstown		8440 Westpark Dr	Houston	TX	77063-5808		Harris		Non-Rural		
	KIPP Southwest Campus		10711 Kipp Way Dr	Houston	TX	77099-2675		Harris		Non-Rural		
	KIPP Sunnyside Campus		11000 Scott St	Houston	TX	77047-1500		Harris		Non-Rural		
	KIPP Third Ward Campus		5400 Martin Luther King Blvd	Houston	TX	77021-3010		Harris		Non-Rural		
	KIPP West - Unity		8500 Highway 6 S	Houston	TX	77083-5709		Fort Bend		Non-Rural		
	Legacy - Allen Parkway		2929 Allen Pkwy STE 2700	Houston	TX	77019-7102		Harris		Non-Rural		
	Legacy Alief Bissonnet		12345 Bissonnet St	Houston	TX	77099-1332		Harris		Non-Rural		
	Legacy Baker Ripley		6500 Rookin St	Houston	TX	77074-5019		Harris		Non-Rural		
	Legacy Baytown Garth		3509 Garth Rd	Baytown	TX	77521-3854		Harris		Non-Rural		
	Legacy Beaumont North		3030 North St STE 500	Beaumont	TX	77702-1424		Jefferson		Non-Rural		
	Legacy Bissonnet Street		12667 Bissonnet St	Houston	TX	77099-1331		Harris		Non-Rural		

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	Legacy Central Beaumont	450 N 11th St	Beaumont	TX		77702-1804			Jefferson		Non-Rural	
	Legacy Central Beaumont Stagg Dr.	3455 Stagg Dr	Beaumont	TX		77701-4521			Jefferson		Non-Rural	
	Legacy Deer Park	3430 Center St	Deer Park	TX		77536-5056			Harris		Non-Rural	
	Legacy Fifth Ward Lyons	3811 Lyons Ave	Houston	TX		77020-8306			Harris		Non-Rural	
	Legacy Greater Third Ward Cleburne	2222 Cleburne St	Houston	TX		77004-5177			Harris		Non-Rural	
	Legacy Gulfton Dashwood 200	5420 Dashwood Dr, Ste 200	Houston	TX		77081-5332			Harris		Non-Rural	
	Legacy Gulfton Dashwood Ste 100	5420 Dashwood Dr STE 100	Houston	TX		77081-5333			Harris		Non-Rural	
	Legacy Gulfton Dashwood Ste 102	5420 Dashwood Dr STE 102	Houston	TX		77081-5333			Harris		Non-Rural	
	Legacy Mapleridge Clinic	6550 Mapleridge St STE 106	Houston	TX		77081-4629			Harris		Non-Rural	
	Legacy Montrose Clinic	1415 California St	Houston	TX		77006-2602			Harris		Non-Rural	
	Legacy North Irvington	3517 Irvington Blvd STE 200	Houston	TX		77009-5700			Harris		Non-Rural	
	Legacy Northside/Northline – North Freeway	5598 North Fwy # A1	Houston	TX		77076-4702			Harris		Non-Rural	
	Legacy San Jacinto	4301 Garth Rd, Ste 400	Baytown	TX		77521-3159			Harris		Non-Rural	
	Legacy San Jacinto	4301 Garth Rd STE 306	Baytown	TX		77521-3158			Harris		Non-Rural	
	Legacy San Jacinto Dental	4301 Garth Rd STE 302	Baytown	TX		77521-3158			Harris		Non-Rural	
	Legacy Santa Clara Clinic	5616 Lawndale St STE A108	Houston	TX		77023-3821			Harris		Non-Rural	
	Legacy South Main St	10021 Main St STE B3	Houston	TX		77025-5254			Harris		Non-Rural	
	Legacy Southwest Clinic	6441 High Star Dr	Houston	TX		77074-5005			Harris		Non-Rural	

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
	Legacy Sugardale Fountains	12540 Sugardale Dr	Stafford	TX		77477-3702			Fort Bend		Non-Rural	
	Legacy Texas Parkway	3021 Texas Pkwy	Missouri City	TX		77489-5242			Fort Bend		Non-Rural	
	Legacy Wellness Bar	120 Westheimer Rd STE F	Houston	TX		77006-3332			Harris		Non-Rural	
	Montrose Center Clinic	401 Branard St RM 300-302	Houston	TX		77006-5015			Harris		Non-Rural	
	North Shore Senior High School	353 N Castlegory Rd	Houston	TX		77049-1739			Harris		Non-Rural	
	YES Prep - Brays Oaks	9000 W Bellfort Ave	Houston	TX		77031-2410			Harris		Non-Rural	
	YES Prep - East End	8329 Lawndale St	Houston	TX		77012-3707			Harris		Non-Rural	
	Yes Prep - East End (New Campus)	8401 Lawndale St	Houston	TX		77012-3709			Harris		Non-Rural	
	YES Prep - North Forest	6602 Winfield Rd	Houston	TX		77050-4704			Harris		Non-Rural	
	Yes Prep - Northside	5215 Jensen Dr	Houston	TX		77026-2514			Harris		Non-Rural	
	Yes Prep - Southeast	353 Crenshaw Rd	Houston	TX		77034-1543			Harris		Non-Rural	
	YES Prep - Southwest	4411 Anderson Rd	Houston	TX		77053-2307			Harris		Non-Rural	
	YES Prep - White Oak	5620 W Tidwell Rd	Houston	TX		77091-4638			Harris		Non-Rural	
	YES Prep Fifth Ward	1305 Benson St	Houston	TX		77020-4044			Harris		Non-Rural	
	YES Prep Gulfton	6565 De Moss Dr	Houston	TX		77074-5099			Harris		Non-Rural	
	YES Prep North Central	13703 Aldine Westfield Rd	Houston	TX		77039-2001			Harris		Non-Rural	
	YES Prep North Central Elementary	1900 Strawn Rd # 77039	Houston	TX		77039-2017			Harris		Non-Rural	
	YES Prep North Forest Elementary	6602 Winfield Rd BLDG A	Houston	TX		77050-4704			Harris		Non-Rural	
	YES Prep Northline	5815 Airline Dr	Houston	TX		77076-4922			Harris		Non-Rural	
	YES Prep Northline Secondary	441 Little York Rd	Houston	TX		77076-1124			Harris		Non-Rural	
	YES Prep Southeast Elementary	507 Crenshaw Rd	Pasadena	TX		77504-3729			Harris		Non-Rural	

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	YES Prep Southside	5515 South Loop E	Houston	TX		77033-1603			Harris		Non-Rural	
	YES Prep Southside Elementary	5515 South Loop E STE B	Houston	TX		77033-1603			Harris		Non-Rural	
	YES Prep West	10535 Harwin Dr	Houston	TX		77036-1505			Harris		Non-Rural	
Dental Health	64899948L1	Legacy Community Health Services, Inc.	Federally Qualified Health Center	Texas	Harris County, TX		25	NA	Designated	Non-Rural	01/09/2006	09/11/2021

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
	Site Name		Site Address	Site City	Site State	Site ZIP Code		County		Rural Status		
	Galena Park - ACT		13940 Bonham St	Houston	TX	77015-5108		Harris		Non-Rural		
	Galena Park Middle School		400 Keene St	Galena Park	TX	77547-3200		Harris		Non-Rural		
	Green Valley Elementary		13350 Woodforest Blvd	Houston	TX	77015-2826		Harris		Non-Rural		
	KIPP - Climb		8805 Ferndale	Houston	TX	77017-6515		Harris		Non-Rural		
	KIPP CONNECT		6700 Bellaire Blvd	Houston	TX	77074-4906		Harris		Non-Rural		
	KIPP East End Campus		5402 Lawndale St	Houston	TX	77023-3743		Harris		Non-Rural		
	KIPP Journey		14030 Florence Rd	Sugar Land	TX	77498-1714		Fort Bend		Non-Rural		
	KIPP Legacy Preparatory School		9606 Mesa Dr	Houston	TX	77078-3024		Harris		Non-Rural		
	KIPP Mosaic		12751 Hillcroft St	Houston	TX	77085-1361		Harris		Non-Rural		
	KIPP Nexus		4211 Watonga Blvd	Houston	TX	77092-5324		Harris		Non-Rural		
	KIPP North Campus		500 Tidwell Rd	Houston	TX	77022-2122		Harris		Non-Rural		
	KIPP SHARP		8430 Westglen Dr	Houston	TX	77063-6312		Harris		Non-Rural		
	KIPP Sharpstown		8440 Westpark Dr	Houston	TX	77063-5808		Harris		Non-Rural		
	KIPP Southwest Campus		10711 Kipp Way Dr	Houston	TX	77099-2675		Harris		Non-Rural		
	KIPP Sunnyside Campus		11000 Scott St	Houston	TX	77047-1500		Harris		Non-Rural		
	KIPP Third Ward Campus		5400 Martin Luther King Blvd	Houston	TX	77021-3010		Harris		Non-Rural		
	KIPP West - Unity		8500 Highway 6 S	Houston	TX	77083-5709		Fort Bend		Non-Rural		
	Legacy - Allen Parkway		2929 Allen Pkwy STE 2700	Houston	TX	77019-7102		Harris		Non-Rural		
	Legacy Alief Bissonnet		12345 Bissonnet St	Houston	TX	77099-1332		Harris		Non-Rural		
	Legacy Baker Ripley		6500 Rookin St	Houston	TX	77074-5019		Harris		Non-Rural		
	Legacy Baytown Garth		3509 Garth Rd	Baytown	TX	77521-3854		Harris		Non-Rural		
	Legacy Beaumont North		3030 North St STE 500	Beaumont	TX	77702-1424		Jefferson		Non-Rural		
	Legacy Bissonnet Street		12667 Bissonnet St	Houston	TX	77099-1331		Harris		Non-Rural		

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	Legacy Central Beaumont Stagg Dr.	3455 Stagg Dr	Beaumont	TX		77701-4521			Jefferson		Non-Rural	
	Legacy Deer Park	3430 Center St	Deer Park	TX		77536-5056			Harris		Non-Rural	
	Legacy Fifth Ward Lyons	3811 Lyons Ave	Houston	TX		77020-8306			Harris		Non-Rural	
	Legacy Greater Third Ward Cleburne	2222 Cleburne St	Houston	TX		77004-5177			Harris		Non-Rural	
	Legacy Gulfton Dashwood 200	5420 Dashwood Dr, Ste 200	Houston	TX		77081-5332			Harris		Non-Rural	
	Legacy Gulfton Dashwood Ste 100	5420 Dashwood Dr STE 100	Houston	TX		77081-5333			Harris		Non-Rural	
	Legacy Gulfton Dashwood Ste 102	5420 Dashwood Dr STE 102	Houston	TX		77081-5333			Harris		Non-Rural	
	Legacy Mapleridge Clinic	6550 Mapleridge St STE 106	Houston	TX		77081-4629			Harris		Non-Rural	
	Legacy Montrose Clinic	1415 California St	Houston	TX		77006-2602			Harris		Non-Rural	
	Legacy North Irvington	3517 Irvington Blvd STE 200	Houston	TX		77009-5700			Harris		Non-Rural	
	Legacy Northside/Northline – North Freeway	5598 North Fwy # A1	Houston	TX		77076-4702			Harris		Non-Rural	
	Legacy San Jacinto	4301 Garth Rd, Ste 400	Baytown	TX		77521-3159			Harris		Non-Rural	
	Legacy San Jacinto	4301 Garth Rd STE 306	Baytown	TX		77521-3158			Harris		Non-Rural	
	Legacy San Jacinto Dental	4301 Garth Rd STE 302	Baytown	TX		77521-3158			Harris		Non-Rural	
	Legacy Santa Clara Clinic	5616 Lawndale St STE A108	Houston	TX		77023-3821			Harris		Non-Rural	
	Legacy South Main St	10021 Main St STE B3	Houston	TX		77025-5254			Harris		Non-Rural	
	Legacy Southwest Clinic	6441 High Star Dr	Houston	TX		77074-5005			Harris		Non-Rural	

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	Legacy Texas Parkway	3021 Texas Pkwy	Missouri City	TX		77489-5242			Fort Bend		Non-Rural	
	Legacy Wellness Bar	120 Westheimer Rd STE F	Houston	TX		77006-3332			Harris		Non-Rural	
	Montrose Center Clinic	401 Branard St RM 300-302	Houston	TX		77006-5015			Harris		Non-Rural	
	North Shore Senior High School	353 N Castlegory Rd	Houston	TX		77049-1739			Harris		Non-Rural	
	YES Prep - Brays Oaks	9000 W Bellfort Ave	Houston	TX		77031-2410			Harris		Non-Rural	
	YES Prep - East End	8329 Lawndale St	Houston	TX		77012-3707			Harris		Non-Rural	
	Yes Prep - East End (New Campus)	8401 Lawndale St	Houston	TX		77012-3709			Harris		Non-Rural	
	YES Prep - North Forest	6602 Winfield Rd	Houston	TX		77050-4704			Harris		Non-Rural	
	Yes Prep - Northside	5215 Jensen Dr	Houston	TX		77026-2514			Harris		Non-Rural	
	Yes Prep - Southeast	353 Crenshaw Rd	Houston	TX		77034-1543			Harris		Non-Rural	
	YES Prep - Southwest	4411 Anderson Rd	Houston	TX		77053-2307			Harris		Non-Rural	
	YES Prep - White Oak	5620 W Tidwell Rd	Houston	TX		77091-4638			Harris		Non-Rural	
	YES Prep Fifth Ward	1305 Benson St	Houston	TX		77020-4044			Harris		Non-Rural	
	YES Prep Gulfton	6565 De Moss Dr	Houston	TX		77074-5099			Harris		Non-Rural	
	YES Prep North Central	13703 Aldine Westfield Rd	Houston	TX		77039-2001			Harris		Non-Rural	
	YES Prep North Central Elementary	1900 Strawn Rd # 77039	Houston	TX		77039-2017			Harris		Non-Rural	
	YES Prep North Forest Elementary	6602 Winfield Rd BLDG A	Houston	TX		77050-4704			Harris		Non-Rural	
	YES Prep Northline	5815 Airline Dr	Houston	TX		77076-4922			Harris		Non-Rural	
	YES Prep Northline Secondary	441 Little York Rd	Houston	TX		77076-1124			Harris		Non-Rural	
	YES Prep Southeast Elementary	507 Crenshaw Rd	Pasadena	TX		77504-3729			Harris		Non-Rural	

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
	YES Prep Southside		5515 South Loop E	Houston	TX		77033-1603		Harris		Non-Rural	
	YES Prep Southside Elementary		5515 South Loop E STE B	Houston	TX		77033-1603		Harris		Non-Rural	
	YES Prep West		10535 Harwin Dr	Houston	TX		77036-1505		Harris		Non-Rural	
Primary Care	1489492952	FCC - Beaumont	Correctional Facility	Texas	Jefferson County, TX	4.76	12	0	Designated	Non-Rural	12/31/2018	04/15/2022
	Site Name		Site Address	Site City	Site State	Site ZIP Code		County		Rural Status		
	FCC - Beaumont		5560 Knauth Rd	Beaumont	TX	77705		Jefferson		Non-Rural		
Dental Health	6482606496	FCC - Beaumont	Correctional Facility	Texas	Jefferson County, TX	4.10	12	NA	Designated	Non-Rural	12/31/2018	04/15/2022
	Site Name		Site Address	Site City	Site State	Site ZIP Code		County		Rural Status		
	FCC - Beaumont		5560 Knauth Rd	Beaumont	TX	77705		Jefferson		Non-Rural		
Mental Health	7483817330	FCC - Beaumont	Correctional Facility	Texas	Jefferson County, TX	3.08	12	NA	Designated	Non-Rural	11/18/2009	04/15/2022
	Site Name		Site Address	Site City	Site State	Site ZIP Code		County		Rural Status		
	FCC - Beaumont		5560 Knauth Rd	Beaumont	TX	77705		Jefferson		Non-Rural		

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.

Discipline	MUA/P ID	Service Area Name	Designation Type	Primary State Name	County	Index of Medical Underservice Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1485694769	Orange City	Medically Underserved Area	Texas	Orange County, TX	60.6	Designated	Non-Rural	07/01/2019	07/01/2019
	Component State Name		Component County Name	Component Name	Component Type	Component GEOID		Component Rural Status		
	Texas		Orange	202	Census Tract	48361020200		Non-Rural		
	Texas		Orange	203	Census Tract	48361020300		Non-Rural		
	Texas		Orange	205	Census Tract	48361020500		Non-Rural		
	Texas		Orange	207	Census Tract	48361020700		Non-Rural		
	Texas		Orange	208	Census Tract	48361020800		Non-Rural		
	Texas		Orange	209	Census Tract	48361020900		Non-Rural		
	Texas		Orange	210	Census Tract	48361021000		Non-Rural		
	Texas		Orange	213	Census Tract	48361021300		Non-Rural		
Primary Care	1486907649	LI - Jefferson County	Medically Underserved Population	Texas	Jefferson County, TX	60.0	Designated	Non-Rural	11/29/2019	11/29/2019
	Component State Name		Component County Name	Component Name	Component Type	Component GEOID		Component Rural Status		
	Texas		Jefferson	Jefferson	Single County	48245		Non-Rural		



INTERVIEWEE INFORMATION

Baptist Hospitals of Southeast Texas Community Health Needs Assessment Interviewee Information

Name	Title	Organization	Interview Date	County Served	Interviewer	IRS Category			Population Served
						A	B	C	
John Adolph	Pastor Board Member	Antioch Baptist Church Baptist Hospitals of Southeast Texas	8/6/2024	Multi-county area, including Jefferson and Orange Counties	Alex Campbell		X		General Public
Virtue Alexander	Grant Writer/Manager	Communities in Schools of Southeast Texas	7/23/2024	Multi-county area, including Jefferson and Orange Counties	Alex Campbell		X		Youth
Jennifer Blankenship	Director	Orange County Health Department	8/1/2024	Orange County	Alex Campbell	X			General Public
Holly Borel	Chief Executive Officer	Spindletop Center	7/19/2024	Multi-county area, including Jefferson and Orange Counties	Alex Campbell		X		Mental Health, Behavioral Health
Shanna Briggs	Regional Manager	Alzheimer's Association	7/25/2024	Multi-county area, including Jefferson and Orange Counties	Alex Campbell		X		Elderly
Bonnie Brooks	Community Services Outreach Coordinator	Southeast Texas Regional Planning	7/26/2024	Multi-county area, including Jefferson and Orange Counties	Alex Campbell		X		General Public
Kathy Chessher	Sr. Community Development Manager	American Cancer Society	8/2/2024	Multi-county area, including Jefferson and Orange Counties	Alex Campbell		X		Vulnerable, Medically Complex
Kenneth Coleman	Executive Director	Beaumont Public Health	7/19/2024	Jefferson County	Alex Campbell	X			General Public
Garrett Craver	Administrator of Behavioral Health & Residency Programs	Baptist Hospitals of Southeast Texas	7/18/2024	Multi-county area, including Jefferson and Orange Counties	Alex Campbell		X		Mental Health, Behavioral Health
Joshua Davis	VP Development (East Region)	Legacy Community Health	8/5/2024	Multi-county area, including Jefferson and Orange Counties	Alex Campbell		X		Underserved, Low Income, Un/Underinsured

Baptist Hospitals of Southeast Texas Community Health Needs Assessment Interviewee Information

Name	Title	Organization	Interview Date	County Served	Interviewer	IRS Category			Population Served
						A	B	C	
Jeff Dyson	Director MBA and Graduate Certificate Programs and Instructor of Management Board Member	Lamar University Baptist Hospitals of Southeast Texas	7/19/2024	Multi-county area, including Jefferson and Orange Counties	Alex Campbell		X		General Public, Young Adults
Carolyn Fernandez	Executive Director	Catholic Charities of Southeast Texas	8/1/2024	Multi-county area, including Jefferson and Orange Counties	Alex Campbell		X		General Public, Underserved
Stephanie Garsea	Community Relations	Acadian Ambulance	7/25/2024	Jefferson and Hardin Counties	Alex Campbell		X		General Public
Karyn Husbands	Executive Director	United Way of Jefferson County	8/8/2024	Jefferson County	Alex Campbell		X		General Public, Underserved
Janci Kimball	President/CEO	Nutrition & Services for Seniors	7/22/2024	Multi-county area, including Jefferson and Orange Counties	Alex Campbell		X		Elderly
Megan Layne	Executive Director	Orange County Economic Development	7/18/2024	Orange County	Alex Campbell			X	General Public
Gigi Mazzola	Executive Director	Cardiovascular Foundation of Southeast Texas	7/23/2024	Jefferson County	Alex Campbell		X		General Public
Amber Meredith	Immunizations Clinical Manager	Hardin County Health Department	8/8/2024	Hardin County	Alex Campbell	X			General Public
Michael Perez	President	Rotary Club of Beaumont	7/19/2024	Multi-county area, including Jefferson and Orange Counties	Alex Campbell			X	General Public
Yuri Sanchez	Program Coordinator HIV Screening	Baptist Hospitals of Southeast Texas	7/24/2024	Multi-county area, including Jefferson and Orange Counties	Alex Campbell		X		General Public, Medically Complex
Kayla White	Executive Director	Southeast Texas Nonprofit	7/24/2024	Multi-county area, including Jefferson and Orange Counties	Alex Campbell		X		General Public

Baptist Hospitals of Southeast Texas Community Health Needs Assessment Interviewee Information

Name	Title	Organization	Interview Date	County Served	Interviewer	IRS Category			Population Served
						A	B	C	
Byron Young	Director of the SmartHeath Clinic	Baptist Hospitals of Southeast Texas	7/22/2024	Multi-county area, including Jefferson and Orange Counties	Alex Campbell		X		Underserved, Medically Complex
Harvey Zernial	Executive Director	Southeast Texas Food Bank	8/1/2024	Multi-county area, including Jefferson and Orange Counties	Alex Campbell		X		General Public, 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

C: Community Leaders

Source: Baptist Hospitals of Southeast Texas Community Health Needs Assessment Interviews conducted by Community Hospital Corporation; July 18, 2024 – August 8, 2024.



PRIORITY BALLOT

Prioritization Ballot

Upon reviewing the comprehensive preliminary findings report for the 2025 Baptist Hospitals of Southeast Texas (BHSET) Community Health Needs Assessment (CHNA), we have identified the following needs for the BHSET CHNA Team to prioritize *in order of importance*.

Please review the following criteria (Size and Prevalence of the Issue, Effectiveness of Interventions and BHSET Capacity) that we would like for you to use when identifying the top community health priorities for BHSET, then cast 3 votes for each priority.

1. Size and Prevalence of the Issue

In thinking about the "Size and Prevalence" of the health need identified, ask yourself the following questions listed below to figure out if the overall magnitude of the health issue should be ranked as a "1" (least important) or a "5" (most important).

- a. How many people does this affect?**
- b. How does the prevalence of this issue in our communities compare with its prevalence in other counties or the state?**
- c. How serious are the consequences? (urgency; severity; economic loss)**

2. Effectiveness of Interventions

In thinking about the "Effectiveness of Interventions" of the health need identified, ask yourself the following questions listed below to figure out if the overall magnitude of the health issue should be ranked as a "1" (least important) or a "5" (most important).

- a. How likely is it that actions taken by BHSET will make a difference?**
- b. How likely is it that actions taken by BHSET will improve quality of life?**
- c. How likely is it that progress can be made in both the short term and the long term?**
- d. How likely is it that the community will experience reduction of long-term health cost?**

3. BHSET Capacity

In thinking about the Capacity of BHSET to address the health need identified, ask yourself the following questions listed below to figure out if the overall magnitude of the health issue should be ranked as a "1" (least important) or a "5" (most important).

- a. Are people at BHSET likely to support actions around this issue? (ready)**
- b. Will it be necessary to change behaviors and attitudes in relation to this issue? (willing)**
- c. Are the necessary resources and leadership available to us now? (able)**

****Please note that the identified health needs below are in alphabetical order for now, and will be shifted in order of importance once they are ranked by the CHNA Team.***

* 1. Access to Affordable Care and Reducing Health Disparities Among Specific Populations

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectiveness of Interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BHSET Capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 2. Access to Mental and Behavioral Health Care Services and Providers

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectiveness of Interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BHSET Capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 3. Continued Focus on Community Infrastructure

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectiveness of Interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BHSET Capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 4. Continued Recruitment & Retention of Healthcare Workforce

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectiveness of Interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BHSET Capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 5. Need for Increased Emphasis on a Collaborative Continuum of Care

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectiveness of Interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BHSET Capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 6. Prevention, Education and Services to Increase Community Awareness and Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles**

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectiveness of Interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BHSET Capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 7. When thinking about the above needs, are there any on this list that you DO NOT feel that BHSET could/would work on over the next 3 years?**

	Yes, we could/should work on this issue.	No, we cannot/should not work on this issue.
Access to Affordable Care and Reducing Health Disparities Among Specific Populations	<input type="radio"/>	<input type="radio"/>
Access to Mental and Behavioral Health Care Services and Providers	<input type="radio"/>	<input type="radio"/>
Continued Focus on Community Infrastructure	<input type="radio"/>	<input type="radio"/>
Continued Recruitment & Retention of Healthcare Workforce	<input type="radio"/>	<input type="radio"/>
Need for Increased Emphasis on a Collaborative Continuum of Care	<input type="radio"/>	<input type="radio"/>
Prevention, Education and Services to Increase Community Awareness and Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles	<input type="radio"/>	<input type="radio"/>

Section 2:

Implementation Plan

Baptist Hospitals of Southeast Texas FY 2026 - FY 2028 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, reviewed the research findings in October 2024 to prioritize the community health needs. Six significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The list of prioritized needs, in descending order, is listed below:

- 1.) Access to Mental and Behavioral Health Care Services and Providers
- 2.) Continued Recruitment & Retention of Healthcare Workforce
- 3.) Prevention, Education and Services to Increase Community Awareness and Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
- 4.) Need for Increased Emphasis on Collaborative Continuum of Care
- 5.) Access to Affordable Care and Reducing Health Disparities Among Specific Populations
- 6.) Continued Focus on Community Infrastructure

The CHNA Team participated in a prioritization process using a structured matrix to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions, and their capacity to address the need. Once this prioritization process was complete, the BHSET leadership discussed the results and decided to address five of the six prioritized needs in various capacities through a hospital specific implementation plan. “Continued Focus on Community Infrastructure” is not directly addressed in the hospital’s implementation plan. “Continued Focus on Community Infrastructure” is not a core business function of the hospital and the leadership team felt that resources and efforts would be better spent addressing the other prioritized needs.

Hospital leadership has developed an 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, and annual updates and progress (as appropriate).

The BHSET Board reviewed and adopted the 2025 Community Health Needs Assessment and Implementation Plan on March 24, 2025.

Priority #1: 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 a higher ratio of patients per mental health care provider as compared to the state as well as the nation. Both Jefferson and Orange Counties have a higher percentage of adults with depression and adults who expressed they had frequent mental distress than the state.

Many interviewees mentioned the underserved population, specifically, as experiencing difficulties accessing mental and behavioral health resources. One interviewee stated: "...In terms of the underserved population (low income, homeless, etc.), we have a strong sector of the community with mental health issues. They are plaguing law enforcement and the jail system. There is some available inpatient care, but it is not nearly adequate..." Several interviewees expressed excitement for the expansion of the BHSET mental and behavioral health facility and the psychiatry residency program. One interviewee stated: "...we are excited about the expansion of the mental health facility at Baptist. I know law enforcement is excited about it." Another interviewee stated: "Baptist has recently started a psychiatry residency program and hopes to retain some of them in the community."

There were conflicting interviewee comments about accessibility to see a mental and behavioral healthcare provider. One interviewee stated: "It's easy to get in to see a therapist. It's fairly easy to see a psychiatrist." Another interviewee stated: "It's more difficult than it should be. People don't know how to access the provider in a timely manner." A couple of interviewees expressed desire for more education about local, available programs to improve mental and behavioral health access. Interviewees also discussed long wait times and how that may potentially worsen mental health conditions. One interviewee stated: "...You may set up an appointment four weeks after something comes up, but in four weeks, things can go downhill pretty fast. We don't have enough mental health services or training in the area for mental health issues."

Interviewees also discussed the need for additional mental and behavioral health providers accepting insurance. One interviewee stated: "There's a lot of people in the community who have insurance looking for psychiatric care. There are not a lot of providers for private pay. A few take cash payments but don't take insurance because they don't want to deal with the hassle. That's difficult for the people who need the care and pay cash." Lastly, one interviewee noted appreciation for telehealth options for mental health. One interviewee: "I love telehealth, including for mental health. I use it especially for therapy."

Several interviewees discussed needs for adolescent mental health services, specifically a need for more psychiatric rehab services. A couple interviewees noted the increased drug use among the youth population. One interviewee mentioned the growing mental health issues and demand for services is leading to long wait times as well as some local psychiatrists who are not accepting certain insurances which is leading to limited access to psychiatric care. One interviewee stated: "Mental health is a big and expanding issue for the youth. We are seeing kids now who have no coping skills. So many kids are suicidal and can't deal with school or family life. The demand for services has skyrocketed. Almost all kids now have CHIP and Medicaid if they don't have private insurance. However, the lack of psychiatric coverage is concerning. We have about four psychiatrists and APRNs that do psychiatric care. Outside of that, there are only 1-2 in the region, and they generally work with commercial private insurance. It takes about two months to get in to see a psychiatrist. It's gotten better but I don't see it improving much."

Objective:

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

Implementation Activity	Responsible Leader(s)	FY 2026		FY 2027		FY 2028	
		Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
1.A. BHSET partners with the local mental health authority, Spindletop Center, to offer inpatient psychiatric services for unfunded patients, as well as State Hospital beds.	Administrator of Behavioral Health & Residency Programs						
1.B. 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.	Administrator of Behavioral Health & Residency Programs						
1.C. In addition to recruited psychiatrists, BHSET offers UTMB resident services on the weekends and SHSU medical students on rotation, as well as a Psychiatry Residency program with 5 residents per year.	Administrator of Behavioral Health & Residency Programs, Vice President of Operations						

Implementation Activity	Responsible Leader(s)	FY 2026		FY 2027		FY 2028	
		Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
1.D. BHSET Behavioral Health leaders and clinicians will be available to speak at local schools and community organizations promoting mental or behavioral health education on an as-needed basis.	VP of Marketing & Communications, Administrator of Behavioral Health & Residency Programs						
1.E. 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.	Administrator of Behavioral Health & Residency Programs						
1.F. BHSET will continue to provide geriatric psychiatry services through its Senior Care Unit.	Administrator of Behavioral Health & Residency Programs						
1.G. Upon discharge from the Behavioral Health Center, patients may seek available services through the Outpatient Program to continue their care as needed.	Administrator of Behavioral Health & Residency Programs						
1.H. BHSET offers electroconvulsive therapy (ECT) services, as the only facility to offer such services between Houston, TX and New Orleans, LA.	Administrator of Behavioral Health & Residency Programs						
1.I. BHSET offers art, play, and music therapy services for patients who may benefit from such services.	Administrator of Behavioral Health & Residency Programs						
1.J. BHSET provides Integrated Care using the Collaborative Care Model.	Administrator of Behavioral Health & Residency Programs						

Priority #2: Continued Recruitment & Retention of Healthcare Workforce

Rationale:

Data suggests both Jefferson and Orange Counties have a higher ratio of patients per primary care provider as compared to the state as well as the nation. Orange County has a higher ratio of patients per dental care provider as compared to the state as well as the nation. Jefferson County has a higher percentage of preventable hospital events per 100,000 when compared to the state. Additionally, both counties have several Health Professional Shortage Area designations as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

With regards to specialty care, interviewees expressed appreciation for the hospital's use of telemedicine for specialty care appointments. One interviewee stated: "Baptist has done such a great job with telemedicine, which I think is super helpful." However, interviewees had conflicting comments on wait times for specialty care services. There were conflicting comments regarding wait times for specialty care services in the area. One interviewee stated: "I would say specialty care has a wait time of 2 to 3 weeks to see a specialist," while another interviewee stated, "Conservatively, it's a couple of months to see a specialist but sometimes it could be even longer."

Several interviewees discussed the need for pediatric subspecialties. One interviewee stated: "We have a lot of pediatricians, but in terms of specialists, there does seem to be a gap." Interviewees noted that some patients prefer to see a physician over an advanced practitioner. One interviewee stated: "I think accessibility is okay, but that definitely depends on the size of the practice and how busy they are. With specialists, I know a lot of patients don't like seeing mid-level providers." Interviewees mentioned appreciation for the local cancer center saying, "I've heard people are very happy with our cancer center we have in Beaumont. I've come across people who decide to stay here for their cancer treatment instead of going to Houston, which speaks volumes." A couple interviewees noted the high turnover of OB/GYN providers which is leading to limited availability of services. One interviewee stated: "There seems to be a lot of turnover with local facilities and practitioners for women's health. In Orange, it really just provides screenings, ultrasounds, and preventative scans, like mammograms. There is nothing in Orange County, so people go to Jefferson County or some folks go to Lake Charles for that type of service."

A couple interviewees mentioned the limited accessibility to local specialty care services which is leading to outmigration to Houston and Lake Charles as well as challenges in seeing certain specialty care providers, particularly for the Medicaid population. One interviewee stated: "Most specialists do not accept Medicaid at all, traditional or managed care, with the exception of a couple of cardiologists in town who only see a limited number of Medicaid patients." Specific specialties mentioned as needed include Neurology (general and pediatric), Gastroenterology, Mental health, OB/GYN, Cardiology, Dermatology, Endocrinology, Oncology, Orthopedics and Pulmonology.

With regards to dental care, interviewees discussed the limited access to pediatric and specialized dentists in Orange County. Additionally, there were conflicting interviewee opinions on the accessibility of local dentists as well as mentions about the lack of prioritization of dental health due to: cost of care and inadequate insurance coverage. One interviewee stated: "I feel like we have plenty of dentists. There are very few pediatric dentists. Other than that, parents just bring their kids to their regular dentist." Another interviewee stated: "I do not think there's an adequate number of dentists. A lot of people don't seek dental care as a focus. In some areas, it's seen as expensive and unaffordable." Another interviewee stated: "It's pretty accessible, but the frustrating part is that it is expensive, and insurance often does not cover it. If it does, it's at a minimum level that people can't afford. Some dentists might offer reduced prices, but I have not seen that myself. Dentists do root canals and crowns. Some do it in-office, and some refer to a specialist. If you are in pain, you can get in to be seen in a pretty good amount of time."

A couple interviewees noted the perceived limited access to care due to local dentists not accepting new patients. It was mentioned that there's a greater difficulty for certain populations like the indigent, or those with Medicaid in accessing dental care providers. One interviewee stated: "For our indigent population, there's a bit of a struggle. There aren't a lot of providers that accept state payment for dental care." Lastly, a couple interviewees acknowledged that there are local dental options that assist certain populations like the indigent or those with Medicaid. One interviewee stated: "People with dental insurance find accessibility pretty fast. For Medicaid clients, there are dental centers, like Lovett Dental in town that generally meets the needs of that population. We have dental centers with multiple services and prices for Medicaid and Managed Medicaid patients. For certain uninsured patients, they can receive some care but it's extremely limited. Lamar University still has a dental hygiene program, so patients can go get free dental cleanings."

It was noted from interviewees that there are difficulties recruiting providers to the area due to the perceived poor quality school system. One interviewee stated: "I would focus on engaging providers to stay here and improving the local infrastructure and schools. That is a major draw for families wanting to raise children. A lot of times we get people here to talk to them but Beaumont is not really pretty on the outside. We have a poorly-rated school district. I think we have trouble getting people in the door."

Objective:

Continued efforts to recruit and retain providers to the community

Implementation Activity	Responsible Leader(s)	FY 2026		FY 2027		FY 2028	
		Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
2.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. Additionally, BHSET will use the report to explore opportunities to expand access to services in the primary and secondary service areas.	Director of Business Development						

Implementation Activity	Responsible Leader(s)	FY 2026		FY 2027		FY 2028	
		Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
2.B. 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 the Radiology School						
2.C. BHSET will continue to serve as a teaching facility for Radiology, RN, Respiratory Therapy, Pharmacy and Dietetics students.	Director of Education						
2.D. 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						
2.E. 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						
2.F. BHSET will continue to connect with local individuals interested in medical careers as early as possible in an attempt to encourage students to remain local. Additionally, BHSET offers tuition reimbursement and financial assistance opportunities for clinical and non-clinical degrees for individuals in the community.	VP of Human Resources						
2.G. BHSET will continue to offer an Internal Medicine Residency Program and Psychiatry Residency Program, with plans to expand into other specialties as opportunities arise.	Administrator of Behavioral Health & Residency Programs						
2.H. BHSET will continue to host educational wellness programs with partners in education and the Health and Occupational Safety Association (HOSA) organization to provide education on a variety of topics. The programs are provided to both school staff as well as students and supplies are provided as needed.	VP of Marketing & Communications, Director of Volunteer Services						

Priority #3: Prevention, Education and Services to Increase Community Awareness and 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 and the state. Jefferson and Orange Counties have higher mortality rates than Texas for the following causes of death: diseases of heart; malignant neoplasms; COVID-19; chronic lower respiratory diseases; Alzheimer's disease; accidents (unintentional injuries); cerebrovascular diseases; diabetes mellitus; nephritis, nephrotic syndrome and nephrosis; chronic liver disease and cirrhosis; breast cancer (female); and lung and bronchus cancer. Additionally, Jefferson County has a higher colon & rectum cancer mortality rate than the state.

Both Jefferson and Orange Counties have higher prevalence rates of chronic conditions such as diabetes for Medicare population, obesity for the adult and Medicare population, arthritis (adult), asthma (adult), hypertension for the Medicare population and those with a disability (adult) than the state. Both counties have higher percentages of residents participating in unhealthy lifestyle behaviors such as physical inactivity, binge drinking and smoking than the state. Jefferson County has a higher prevalence rate for adults with diabetes than the state. With regards to maternal and child health, Jefferson and Orange Counties have higher rates of low birth weight births, higher rates of premature births 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 mammograms for Medicare beneficiaries and those Medicare beneficiaries who have ever received the pneumonia vaccine. Both Jefferson and Orange Counties have a lower percent of Medicare beneficiaries who have received their flu vaccine in the past year. Jefferson County has higher prevalence rates of communicable diseases such as chlamydia, gonorrhea and HIV/AIDS than the state.

Several interviewees expressed appreciation for the local programs and resources in the community, including but not limited to: preventative screenings; the local food bank; parks and walking trails; and BHSET hosted events. One interviewee stated: "Prevention is always the hardest part. We do have a lot of programs focused on breast and prostate health. We have a local food bank here. There are some parks and walking trails. Compared to a lot of cities, we are in pretty good shape." Another interviewee stated: "For our area, we have a substantial amount of resources available for health and fitness. You can't make anybody take advantage of them. There are people in the fitness community who say our community doesn't do enough. If you've lived in other cities, this city has average, if not above-average, resources for its size."

Interviewees emphasized the desire for more options or resources for those who are lower income as well as the need for better access to healthy food options and education about nutrition. One interviewee stated: "I wish there were more cost-effective options for the lower-income. We have a bunch of gyms in the area but some won't be able to afford the membership." Another interviewee stated: "There are a lot of studies regarding food deserts in our area and several initiatives to address that. Access around healthy eating and being intentional about it is essential." Interviewees brought up several chronic conditions and risky behaviors that they've seen in the community like: cancer; diabetes; hypertension; substance abuse; and increased syphilis rates. One interviewee stated: "A lot of areas are affected by the refineries. The cancer rate is high and the diabetes rate is elevated due to diet. Diabetes is a huge issue, along with uncontrolled hypertension and substance abuse." One interviewee expressed a desire for increased community education surrounding healthy lifestyle behaviors. One interviewee stated: "Having more community outreach and education on preventable issues, like healthier lifestyles, is crucial. Diabetic patients often don't eat right, don't take their meds, and don't see doctors regularly. If we had more education that goes out into the field, it could make a difference."

It was noted by several interviewees that there are high levels of food insecurity and the limited amount of local grocery stores is leading to poor nutrition and a range of health problems. One interviewee stated: "Health concerns related to food insecurity are critical. When families don't have access to food, it leads to other problems. A grocery store in Vidor, TX is closing, and there's another in the south end of Beaumont that is also closing. Not having a grocery store close by is definitely a struggle, leading to issues with diabetes, hypertension, and other chronic diseases that can be impacted by poor health decisions and options." One interviewee discussed an opportunity for enhanced collaboration among organizations as well as a need for additional green spaces and wellness programs to help promote healthy lifestyle choices and improve quality of life. One interviewee stated: "We should be putting in some green spaces and have community wide wellness initiatives. More collaboration among healthcare entities in the area is essential. It's not just about the money; it's about working together to identify solutions." Lastly, one interviewee expressed the desire to see a YMCA come into Beaumont and stated: "Quality of life is at the top of my list. That includes providing amenities that encourage people to get outside. Building healthier lifestyles through parks, trees, walking paths, bike paths, and wide open spaces where people can safely play. We used to have a YMCA. A facility like that would allow families to gather and make it affordable for them to participate in different programs, like learning to swim."

Objective:

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

Implementation Activity	Responsible Leader(s)	FY 2026		FY 2027		FY 2028	
		Status	Progress Updates	Status	Progress Updates	Status	Progress Updates

Implementation Activity	Responsible Leader(s)	FY 2026		FY 2027		FY 2028	
		Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
3.A. BHSET will continue to reach out to the community by offering numerous classes, speakers and other informative activities. Additionally, hospital personnel are made available as speakers for civic groups, industrial partners, media appearances, public service announcements and health fairs to address health topics of particular concern to the public.	VP of Marketing & Communications						
3.B. BHSET will continue to engage in a variety of employee wellness initiatives, including: promoting employee and family wellness via Marquee Health and the Hospital Wellness Committee; offering need-specific special programs; CHIP (Coronary Health Improvement Plan); weight management; discounted gym membership offerings; charitable fitness events; and providing mental health education through the Employee Assistance Program & Critical Incident Management Team.	VP of Human Resources						
3.C. BHSET will strive to maintain designation as a Texas Ten Step Facility by the Department of State Health Services and the Texas Hospital Association. Additionally, BHSET purchased and fully implemented a lactation pod.	Director of Women's Services						
3.D. BHSET will continue to participate in the annual Women's Conference to provide education to women in the community.	VP of Marketing & Communications						
3.E. BHSET personnel serve in leadership roles and as volunteers with many agencies and committees in the community.	VP of Marketing & Communications						
3.F. 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. Additionally, BHSET will support communicable disease prevention and education in the community including a focus on World AIDS Day and educational speakers.	HIV Screening Program Coordinator						
3.G. The SmartHealth Clinic will continue to partner with the Beaumont Health Department to provide screenings for their patients who access services for Hep C and other STI care.	HIV Screening Program Coordinator						

Implementation Activity	Responsible Leader(s)	FY 2026		FY 2027		FY 2028	
		Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
3.H. BHSET will host and/or support charitable events and opportunities for the community throughout the year	VP of Marketing & Communications						
3.I. 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, quarterly stroke meetings and community and employee educational events.	Chief Nursing Officer						
3.J. BHSET will continue to offer clinical trials in conjunction with UTMB and other industry sponsors.	Nurse Manager of Clinical Research						
3.K. BHSET will continue to support and/or participate in roundtable events (physicians, NPs, pastors, etc.) to better educate various providers and community members on services available locally.	VP of Marketing & Communications						
3.L. BHSET will continue to increase awareness of its primary and specialty care service offerings in the community through various media outlets and advertisements.	VP of Marketing & Communications						
3.M. BHSET will continue providing cancer-related genetic testing to help patients assess their cancer risk and support preventive screening efforts.	Director of Imaging						

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

Rationale:

Interviewees mentioned the need for additional education on healthcare options as well as the difficulty educating the community due to the lack of a unified way to reach patients. One interviewee stated: "Communication is key. We have people willing to teach these individuals, but we don't have a way to effectively reach them because there isn't a single source where they get their information. It's hard to get a good turnout. There are several pockets in the county that don't have internet access." Interviewees noted the perceived delaying or foregoing care due to lack of knowledge about healthcare. A few interviewees discussed the lack of understanding next health steps or seeking follow up care leading to patient readmissions. One interviewee stated: "The back of the discharge papers has information. But does the patient read it and comprehend it? They aren't going to look at that. Finding a way to close the loop on that is important. A lot of times, the patient will be back in 90 days." Interviewees discussed the need for more community engagement and marketing of local resources due to challenges in reaching vulnerable populations and the lack of awareness of existing programs and resources. One interviewee stated: "There's a lot going on that's not hitting everyone. They're trying to find ways to reach the homebound folks or the people who are really having issues. The hospital is doing a good job in hosting events, but there's a challenge in reaching the most vulnerable." Another interviewee stated: "You don't see many people doing outdoor activities. There aren't a lot of communities that have sidewalks. I don't see much healthy eating or marketing around our food banks and I know they are active here."

It was noted by interviewees that knowledge deficits of available services is leading to use of the ER, particularly for the low income and uninsured populations. Interviewees mentioned confusion about the appropriate healthcare facility to use based on patient's symptoms leading to: overuse of the ER and using EMS for non-emergent situations. One interviewee stated: "You have the hospital ER, freestanding ERs, 'doc-in-a-box' and urgent cares. How do people know where to go? Which one is really the appropriate option when you don't have a primary care provider? I think some people know, and others will just go to the ER thinking it's urgent care. I do think this is very confusing." Another interviewee stated: "A lot of people don't know what an emergency is and what is not. They are scared, but once EMS gets there and triages and makes the assessment, then they don't want to go. Some need to go and refuse, while others demand to go but don't really need emergency care." Lastly, the need for education on insurance implications of selecting one type of facility over another for emergency care was mentioned by a couple interviewees. One interviewee stated: "There might need to be a heightened awareness of when to go to the private ER versus the hospital ER. There is some misunderstanding about insurance and what they cover at hospital ERs vs freestanding ERs. There could probably be some public service announcements that could run to build awareness."

Objective:

Participate in initiatives that improve the patient experience as he or she transitions through the continuum of care

Implementation Activity	Responsible Leader(s)	FY 2026		FY 2027		FY 2028	
		Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
4.A. BHSET provides varying support groups and classes to encourage follow-up and continued education for patients during and after an illness. BHSET initiates support groups and educational classes for patients and family members based on demand for the programs.	VP of Marketing & Communications						
4.B. BHSET will continue to partner with EMS to promote better health and improved emergency medicine services in the community. Meetings also address issues in accessing emergency care in the community and encourage collaboration.	Director of Emergency Services						
4.C. BHSET's nurse navigators collaborate with patients to ensure follow-up appointments are scheduled upon discharge. They also provide guidance on insurance coverage, explain the care received, and offer education to enhance patients' understanding of their treatment and the next steps in their care journey.	VP of Marketing & Communications						

Priority #5: Access to Affordable Care and Reducing Health Disparities Among Specific Populations

Rationale:

Data suggests that some residents in the study area may face significant cost barriers when accessing the healthcare system. Jefferson and Orange Counties have higher unemployment rates than the state, as well as lower educational attainment rates than the state. Both Jefferson and Orange Counties have a lower median household income than the state, a higher percentage of families living below poverty than the state, a higher percentage of overall food insecurity, child food insecurity and a higher average meal cost when compared to the state. Jefferson County has a higher percentage of children living in poverty as well as a higher percentage of school students eligible for free or reduced price lunch. Jefferson and Orange Counties have a higher percentage of recipients who qualified for Supplemental Nutrition Assistance Program (SNAP) benefits and a lower percentage of those who graduated high school within four years than the state. Jefferson County also has a higher percent of people who do not own a motor vehicle when compared to the state.

Jefferson County has a higher rate of those adults (age 18-64) who are uninsured as compared to the state. When analyzing economic status in both counties, Jefferson County is in more economic distress than Orange County and other counties in the state. Additionally, Jefferson and Orange Counties are designated as Medically Underserved Areas, as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

Interviewees mentioned transportation barriers that are hindering access to care for specific groups such as individuals living in outlying areas as well as the low income and working poor. One interviewee stated: "Transportation and the lack of co-located providers are significant problems. Your primary care provider may be here, but you might have to travel somewhere else for a specialist or a procedure. For some of our outlying counties, it's harder." Additionally, several acknowledged that telemedicine has improved access to some, but rural areas still lack accessibility. One interviewee stated: "In general, rural accessibility to physicians or nurse practitioners is a significant concern. We've seen some improvement with telehealth, but there are still some rural pockets that lack accessibility—like Fannett."

Interviewees discussed the struggle between paying for medication versus essential expenses, particularly for the uninsured. One interviewee stated: "People are unable to afford their medication. It has to do with cost, especially for those without insurance. 'Do I pay for my medicine or my electricity?' Many people are walking around with hypertension but have no means of obtaining blood pressure medication." It was noted several times that the limited health options in the area are leading to ER and/or urgent care use which results in expensive bills. Additionally, a few interviewees perceived the overprescribing of medications for certain conditions is leading to increased costs and use of insurance. One interviewee stated: "Healthcare is expensive partly because we medicate a large percentage of problems that don't require medication. This makes care more expensive and necessitates insurance."

When discussing those individuals who may need long term care in the community, several interviewees noted the lack of local long term facilities leading to challenges like: transportation barriers, proximity to family and foregoing care. One interviewee stated: "We don't have any long-term care facilities or in-between options where they need to go for a few weeks to a month, like for a PICC line. They don't have transportation, so they stay in mid-county, which is an hour's drive. If they had a little bit of family support, that would help, but there just aren't those types of facilities. They go home, don't recover, and it's just a cycle. They come back to the hospital." Lastly, a couple interviewees expressed desire for more collaborative support during a patient transition from one health setting to the next. One interviewee stated: "Perhaps we could streamline communication from one physician to another. If you have a heart condition, it would be helpful for your primary care physician to receive that information directly. Maybe just more cohesiveness of the doctors working together to help you. [Having] more of a team mindset when addressing the health of the patient." Another interviewee stated: "There are challenges in the transitional phase. Is the initial entity following through to conclusion, or are they saying it's your responsibility now? It needs to be more collaborative and follow that patient whether that's verbal or otherwise. Transitioning to physical therapy from heart surgery was challenging. Even though it was in the same building, it felt like we were dealing with two separate businesses."

With regards to the elderly population, interviewees acknowledged that there is food insecurity for the elderly population, specifically for those that are homebound. Additionally, several interviewees discussed the difficulty navigating the different Medicare insurance options. One interviewee stated: "Navigating Medicare options is hard for the elderly to do. It's hard to find the right plan that fits you." One interviewee mentioned that there are limited facilities and services for people with Alzheimer's or who are in need of dementia care. It was noted that there is a need for additional education and assistance with local resources in the area. One interviewee stated: "Many seniors need an explanation of 211 services at the state level. A lot of times, extra help is needed. You have a lot of seniors who cannot navigate the system by themselves."

Several interviewees discussed the transportation barriers and limited housing options for the elderly. The low income senior population was discussed by a few interviewees as facing a greater challenge in affording medications and health care services. One interviewee stated: "A lot of the Medicare-eligible people are also low-income, so they're having a hard time paying copays or utility bills. Maybe adherence to their medication has everything to do with their financial situation and not them wanting to take it."

A couple of people mentioned the elderly population going to Houston for specialty care and limited support systems for the elderly which is leading to isolation. One interviewee mentioned the elderly have a desire to be seen by a physician versus an advanced practice provider. One interviewee stated: "I feel like when my in laws go to the doctors, sometimes they don't even see their doctor. They see a nurse practitioner." It was noted that there is a need for enhanced coordination and communication amongst providers for patient care by a couple interviewees. Lastly, one interviewee mentioned that a local pharmacy was closing and this will cause issues accessing medication. One interviewee stated: "We have one neighborhood in the north end of town and the Walgreens will close its doors in two weeks, so that will create a medication desert. The closest pharmacy by walking distance is 40 minutes away. There are some senior living apartments there and they will be out of medication access."

Priority #5: Access to Affordable Care and Reducing Health Disparities Among Specific Populations

Rationale:

When thinking about the youth population specifically, interviewees discussed how the lack of a children's hospital is leading to outmigration or transferring patients to Houston. Additionally, interviewees mentioned the need for more recreational activities for the youth as well as migration of rural communities to Beaumont for care. One interviewee stated: "The quality of life for kids is lacking in terms of safe activities during their free time. The city has some great parks, but we are lacking traditional recreational and entertainment opportunities for the youth and the population at large. In terms of their health, we struggle with pediatric care in Beaumont. We go to Beaumont for doctors appointments and a large percentage of the population is doing the same thing—either Beaumont or Port Arthur." A couple interviewees noted the need for increased education on preventive care for the youth. One interviewee stated: "We get a lot of graduates who either stay with their parents, move out, get a job, or get their own place. Kids aren't being taught the importance of annual exams, making doctors visits a routine priority. So many from the younger generation don't like calling or talking on the phone so they don't make an appointment. Education on these aspects is important as they prepare for adulthood." Lastly, there was concern by one interviewee about legislative efforts surrounding childhood immunizations which is leading to potential resurgence of preventable diseases. One interviewee stated: "In Texas, we have lawmakers trying to do away with childhood immunizations to attend school. I'm afraid that we will see a resurgence of diseases. A recent story discussed two teenagers who returned from a trip with rubella."

When asked about which specific groups are at risk for inadequate care, interviewees spoke about teenagers/adolescents, elderly, low income/working poor, obstetric, racial/ethnic, Orange County residents, Hardin County residents, homeless and veterans. With regards to the teenagers/adolescents population, interviewees discussed the need for better quality of education; the need for mental health services, especially long term psychiatric care; healthy lifestyle and preventive care education; limited recreational activities; lack of a local children's hospital; resources for teen pregnancy; drug abuse; and the need for post-foster care programs. For the elderly population, interviewees discussed transportation barriers; dementia, Alzheimer's disease; food insecurity; and cost barriers to care. Low income/working poor residents were brought up as a subgroup of the population that may be disproportionately affected by the need for accessible childcare; cost barriers to care and insurance coverage; hourly shift limitation; long wait times for appointments; transportation barriers; limited availability of affordable housing; and education on establishing a primary care provider and how to take care of oneself. For the obstetric population, interviewees discussed the desire for more female providers.

Racial/ethnic groups were discussed as having a growing Hispanic population; underinsured, particularly for the Hispanic and African Americans; language barriers, particularly for the Hispanic; transportation barriers; perceived racial tension; fear of deportation; cultural challenges (Vietnamese, Hispanic, African American); and limited access to care (limited income, long wait times). Specifically for Orange County residents, interviewees discussed the limited adequate housing; lack of pediatric dentists; and transportation barriers. For Hardin County residents, interviewees discussed the lack of pediatricians; and that there is no county food bank. Homeless residents were discussed as being disproportionately challenged by a growing population, migrant as well as local homelessness; the limited number of shelters in the community, especially bridge housing; difficulty accessing shelters due to organization policies; mental health and drug abuse concerns; limited affordable housing; and fragmented continuum of care. Lastly, for the veteran population, interviewees discussed outmigration due to lack of a nearby VA hospital; limited services available at the local VA clinic; the growing population; lack of education surrounding veteran benefits and what is available; mental health concerns; some homelessness; transportation barriers; challenges with providers accepting VA insurance; and lack of access to mental/behavioral health services.

Objective:

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

Implementation Activity	Responsible Leader(s)	FY 2026		FY 2027		FY 2028	
		Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
5.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. Patients are screened for Social Determinants of Health (SDoH), including transportation needs, or low-cost/free health resources. When identified, navigators at the clinic perform a more focused evaluation and offer interventions as needed to assist them in finding programs and services that they might qualify for in the community.	Director of SmartHealth						

Implementation Activity	Responsible Leader(s)	FY 2026		FY 2027		FY 2028	
		Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
5.B. BHSET will continue its contract with a third party vendor to assist patients in getting them signed up for any health coverage that they may qualify for and also assists in helping mothers and their babies sign up for Medicaid and CHIP.	Director of Patient Access						
5.C. 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.	VP of Marketing & Communications						
5.D. BHSET will continue to provide emergency coverage for uninsured patients for primary and specialty care services.	Director of Emergency Services						
5.E. BHSET will continue to increase access to care through the provision of telehealth services to applicable patients.	Chief Nursing Officer, Director of Emergency Services						
5.F. BHSET partners with community organizations to host a variety of free health screenings which can include blood pressure, weight, glucose, mammography, pulmonary function, diabetes and heart disease on an as needed basis.	VP of Marketing & Communications						
5.G. 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. Additionally, urgent care services are in-network for employees.	Director of Managed Care & Materials Management						
5.H. BHSET will continue to provide free or low-cost immunizations to local private and public school faculty & other community members, which may include influenza, MMR, Tdap, and pneumonia vaccinations, as well as TB skin tests.	VP of Marketing & Communications						

Section 3:

Feedback, Comments and Paper Copies



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.
- Baptist Hospitals of Southeast Texas 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:

Stephanie Harris, VP of Marketing & Communications

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Email: stephanie.harris@bhset.net

Please find the most up to date contact information on the Baptist Hospitals of Southeast Texas website under “About Us” then “Community Needs Assessment”:

<https://www.bhset.net/about-us/community-needs-assessments/>



Thank you!

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