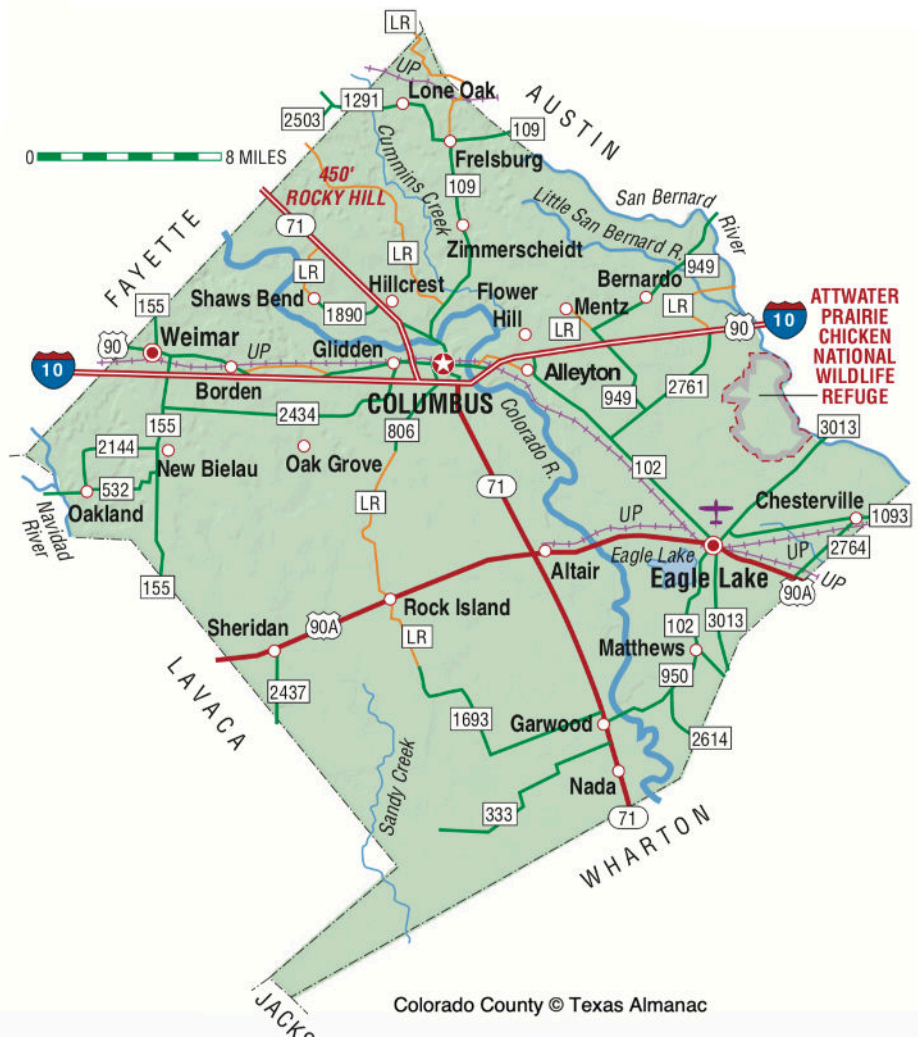


2019 Colorado County

Community Health Needs Assessment



Colorado County
Community Health Needs Assessment

Presented to:
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and
Columbus Community Hospital
Board of Directors

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History and Location

Colorado County is located in the southeast quadrant of Texas, halfway between Houston and San Antonio, and is approximately 60 miles from the Gulf of Mexico (figure 1). The county contains three incorporated towns, and 46% of the county's population resides in Columbus, Eagle Lake, and Weimar (figure 2). The remaining population resides in nine other communities, with populations ranging between 100 and 741 people, or in rural areas. Despite its rural nature, the location of Colorado County is important because it has a major thoroughfare (Interstate 10) that connects the East Coast and West Coast, a well-connected state highway system, and railroads. This infrastructure is valuable for transporting products of the county's agribusinesses, gravel mining, and oil/gas services (Texas Almanac, 2016).

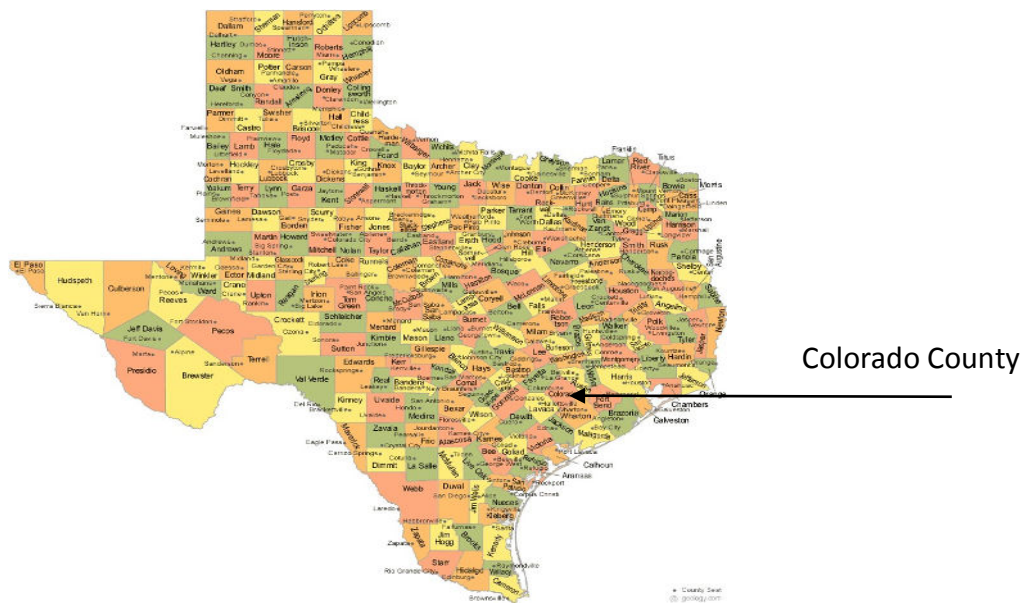


Figure 1.

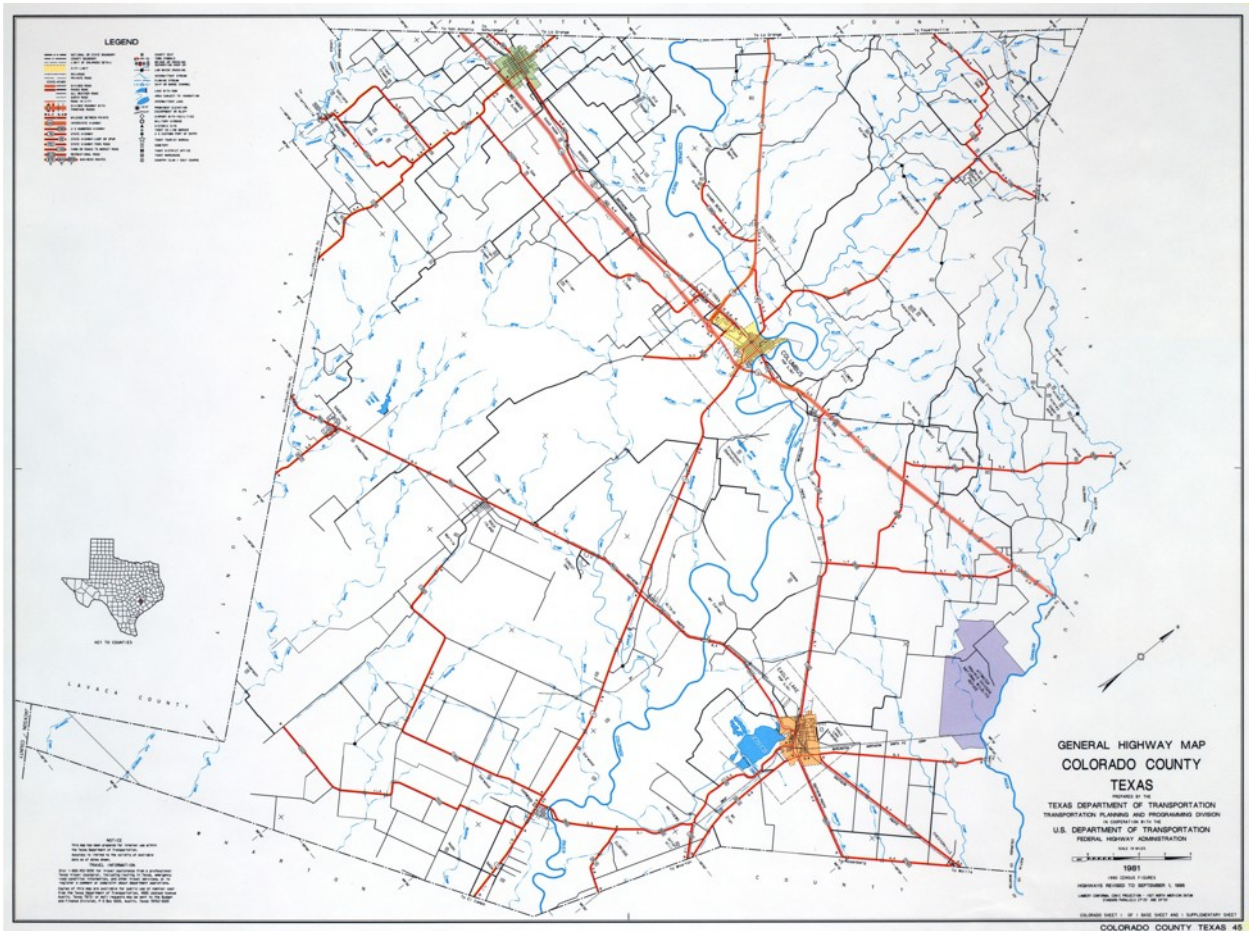


Figure 2.

Historically, Colorado County is important. Many of Stephen F. Austin’s “Old Three Hundred” colonists settled in Colorado County in 1821, along the banks of the Colorado River. Although it was a site for the headquarters of the Austin Colony, it later was abandoned due partially to Indian raids. Later, the area played an important role during the fight for Texas Independence; after the Battle of the Alamo, General Sam Houston camped on the east bank of the Colorado River and General Santa Anna camped about two miles to the west of the river.

When the Republic of Texas was recognized, Colorado County became one of the original counties, being settled mainly by German immigrants. This German influence has continued today, and approximately 30% of the community is of German ancestry. Because of good soil, the mild climate, and a long growing season, the county was an important agricultural area. At first, cotton and corn, the main cash crops, were exported via the Colorado River. However, after the Civil War, water transportation was replaced by railroad. Although cotton remained a viable product, more people turned to ranching for their livelihoods, and the impact of railroads certainly contributed to the emphasis on livestock.

In the early 1900s, rice was introduced into the county and became an important cash crop due to large-scale irrigation processes; today, Colorado County is the third greatest producer of rice in Texas. In addition to farming, oil and gravel industries were initiated in the early 1900s. Colorado County has remained one of the leading producers of gravel since the 1930s. Although both farming/ranching and oil/gravel industries have waxed and waned over the centuries, they remain paramount in the county's economy.

The county's racial/ethnic makeup is approximately 58% Anglo, 28% Hispanic, and 13% Black (Texas Almanac, 2018-19). The county has an unemployment rate of approximately 3.3% (Bureau of Labor Statistics, 2018), with the unemployment rate in Colorado County steadily decreasing over the past four years (see Figure 3).

Figure 3. Unemployment rate, Colorado County, Texas

Year	Rate
2018	3.3%
2017	4.0%
2016	4.2%
2015	4.4%

Because of common culture, socioeconomics, and businesses, the communities within the county work together for common interests of the county. The county is bordered by Austin, Lavaca, Fayette, and Wharton counties. Three of these counties (Lavaca, Fayette, Wharton) are similar in size and demographics as Colorado County, while Austin County, also bordering Houston, tends to have a larger population (people/square mile) although a smaller land mass (US Census, 2018).

The overall appearance of the county is that of a content and proud area, with neighbors willing to help each other. There is a pride in all of the communities, and homes and businesses seem well-kept. Large shade trees cover the community, and there are parks and recreation areas that support outdoor activities. The Colorado river is a source of recreation, drawing people from outside the county as well as residents of the county. In addition, the communities seem to have drawn on their historical emphasis to attract tourists with home tours being highlighted in the springtime. Because of the tourists and the proximity to Interstate 10, the communities, especially Columbus, have a plethora of fast-food restaurants.

Government

Although the towns that make up Colorado County have their own city governments, when considering the health of the entire county, it is important to appreciate the county government as well as state legislative officials. Colorado County has four men serving as County Commissioners – Doug Wessels, Darrel Kubesch, Tommy Hahn, and Darrell Garton. The County Judge, Ty Prause, has served in this position for 9 years. Although fiscally conservative and having a limited tax base, the Commissioners adopted a tax rate of 5.1% for the 2018 fiscal year - which has remained the same since 2016, but is up from 4.82% in 2015 (Colorado County, 2018). The county has an emergency management department, an emergency medical services department, and an indigent health care department. It currently has no public health department, but is included in Region 6-5 South of the Texas Department of State Health Services.

Colorado County is represented in the Texas Senate by Lois Kolkhorst, who was elected in a special election in 2014. She previously served as a member of the House of Representatives from 2001-2014 (The Texas Senate, 2019). Senator Kolkhorst sits on the Senate Finance Committee and is Chair of the Senate Committee on Health and Human Services. She serves as a member on four other committees – Budget Conference Committee; Committee on Transportation; Senate Committee on Nominations; and Senate Committee on Water and Rural Affairs. Known as a fiscal conservative, Senator Kolkhorst has written legislation to toughen Texas laws on medical privacy. In addition, Senator Kolkhorst passed legislation in 2019 focused on rebuilding and hurricane mitigation efforts in the aftermath of Hurricane Harvey.

In 2018, Representative Leighton Schubert was replaced by Representative Ben Leman. Representative Leman sits on the Land and Resource Management Committee,

Redistricting Committee, and Transportation Committee (Texas House of Representatives, 2018). An advocate for private property rights, Representative Lemman has been heavily involved in efforts opposing the Texas High Speed Rail Train.

Colorado County continues to be represented in the United States House of Representatives by Representative Michael McCaul. Representative McCaul served as a Republican leader on the Foreign Affairs Committee and as Chairman Emeritus on the House Committee on Homeland Security during the 116th Congress. McCaul is also a co-chair on the Congressional High Tech Caucus, Childhood Cancer Caucus, the Congressional Cybersecurity Caucus, and Congressional Caucus on Sudan and South Sudan (United States House of Representatives, 2019).

Workforce/Economy

Continuing its agriculture history, Colorado County remains predominantly agribusiness. It has the third highest acres of rice within the state, although drought conditions and upstream damming of rivers has decreased the production. Other important agriculture endeavors include cattle, corn, cotton, soybeans, sesame, hay, pecans, and nurseries, with these businesses bringing in approximately \$68 million dollars in 2018, which has held constant since 2015 (Texas Almanac, 2018).

Because of its location and number of irrigated acres of rice, Colorado County is also an important duck and goose hunting area. Besides waterfowl, there are numerous other animals for hunting, including deer, dove, and exotic animals. With the vast amount of wildlife, Colorado County has nearly year-round hunting leases open. This means there is potential for unintentional injuries. Other businesses that impact Colorado County include gas, oil, and gravel mining. Although Colorado County is not a component of the

Eagle Ford Shale Oil region, the industry does contribute indirectly to the Colorado County economy through equipment sales and transportation through the county.

The impact of the oil industry is reflected in local wages. In 2016, the personal income for Colorado County was \$45,389 whereas, the per capita income in 2017 was \$44,836 (Texas LMCI Tracer, 2016; U.S. Bureau of Economic Analysis, 2017). A closer look at the labor workforce found that the average weekly wage change was 2.5% between 2016 and 2017, while Texas' average weekly wage decreased by 1.0% (Bureau of Labor Statistics, 2018).

Following the decreasing unemployment rate, the level of poverty has also decreased. The U.S. Census estimates that in 2017, 14.9% of the Colorado County's was in poverty, a decrease from 17.4% in 2014 (Fields & Hatala, 2016). This was just barely above Texas' 14.7% poverty rate (U.S. Census Bureau, 2017).

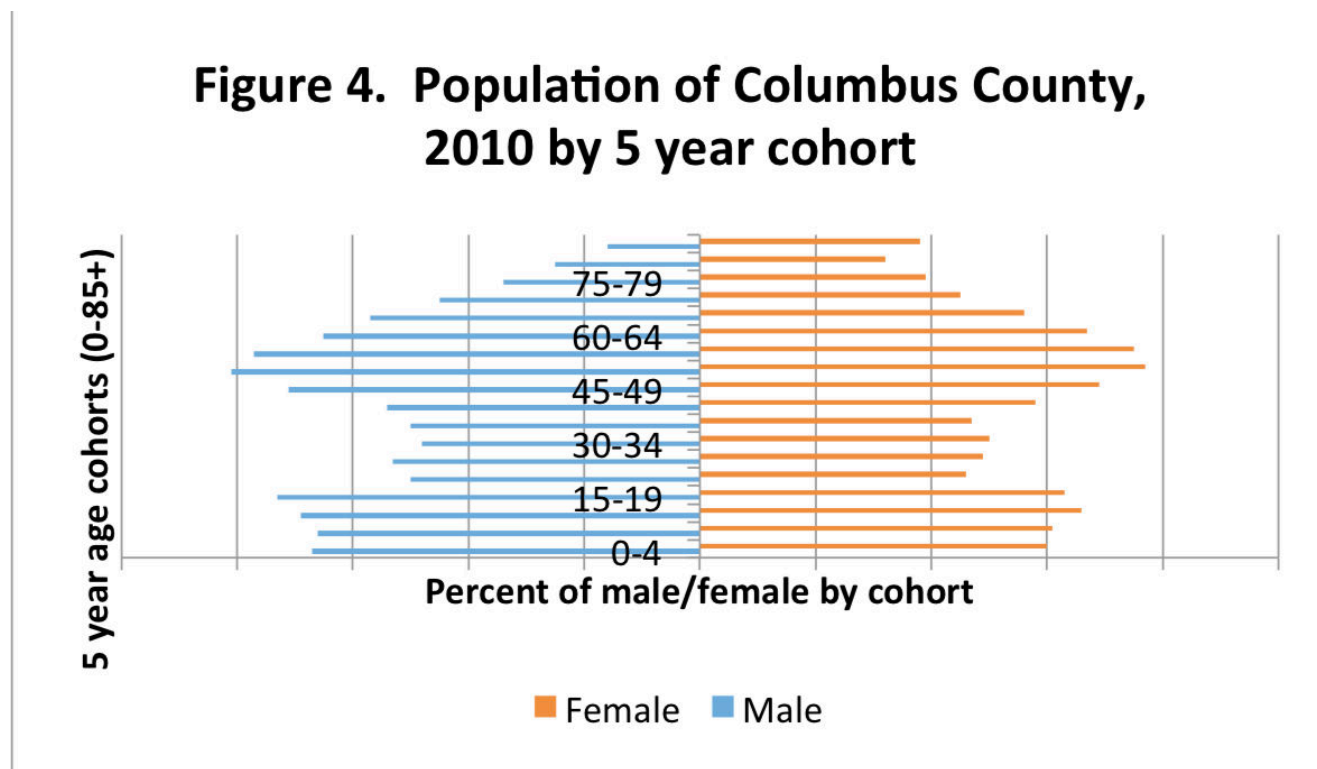
For children under the age of 17, the situation remains dire. In 2017, 23% of Colorado County children were at/below poverty compared to 21% for Texas as a whole (USDA, 2017). More than one in five children are in poverty should be of great concern.

Demographics

Age. The actual number of people residing in a county is determined every 10 years through the national census. For that reason, the picture of actual people living in Colorado County has not officially changed since the 2016 Community Needs Assessment was created. According to the 2010 census (Fields & Hatala, 2013), Colorado County has 20,874 residents, with that number equally divided between male and females. The population of Colorado County tends to be older, with the female population being even older (median age of females is 44.9; median age of males is 42.3). The median age (male and

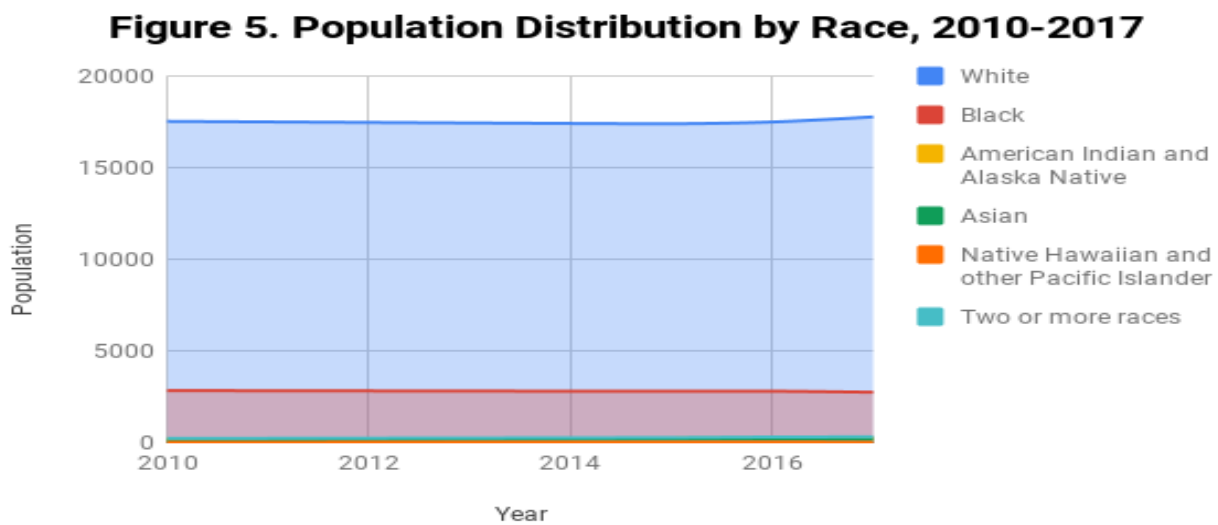
female) for Colorado County is 43.6 compared to Texas' median age of 33.6. Thus, the population of Colorado County tends to be older. The population pyramid (figure 4), displays the 5-year increments of population, and reflects a larger older working-age group of people and a larger percent of young children. The graph, originally shown in the 2016 Colorado County Community Needs Assessment (Fields & Hatala, 2016), reflects a low percent of young adults (20-35 age cohorts), which indicates that youth seem to leave the county after high school. This also reflects that there is an older cohort of people (45-64) in the area; this might indicate a group of people who have immigrated to the county later in the work-years, perhaps pre-retirement. This large cohort also could reflect people who did not leave the area during their youth. Finally, the population reflects more older women than older men, a norm throughout the nation; this large cohort of women is especially true in the oldest cohort (85+) where women outnumber men 400 to 166 (Fields & Hatala, 2013).

Source: Fields & Hatala, 2016.



Although the 2010 census is the most accurate picture of people living in Colorado County, the U.S. Census does project change in population throughout the decade. Although these are extrapolations, it does provide some insight into population change at the county level. A 2018 population estimate by the Texas Demographic Center indicates that the population may have grown by 4.4% to 21,789 (Texas Demographic Center, 2018).

Race and Ethnicity. The U.S. Census 2017 estimates projected a slight growth in the white population, while other races remained steady from 2010 through 2017. Figure 5 shows that this growth appears to have occurred between 2016 and 2017.



Source: U.S. Census Bureau, 2017.

The Texas Almanac reports that 58.1% of the population is Anglo, 27.8% Hispanic, and 13.6% black (The Texas Almanac, 2018-2019).

Education. Currently there are three main school districts within Colorado County – Columbus ISD, Rice ISD, and Weimar ISD. These school districts have between 635 and 1,483 stu-

dents and reflect slight change from the 2016 statistics (602-1538) (Texas Education Agency, 2018).

Social and Behavioral Factors

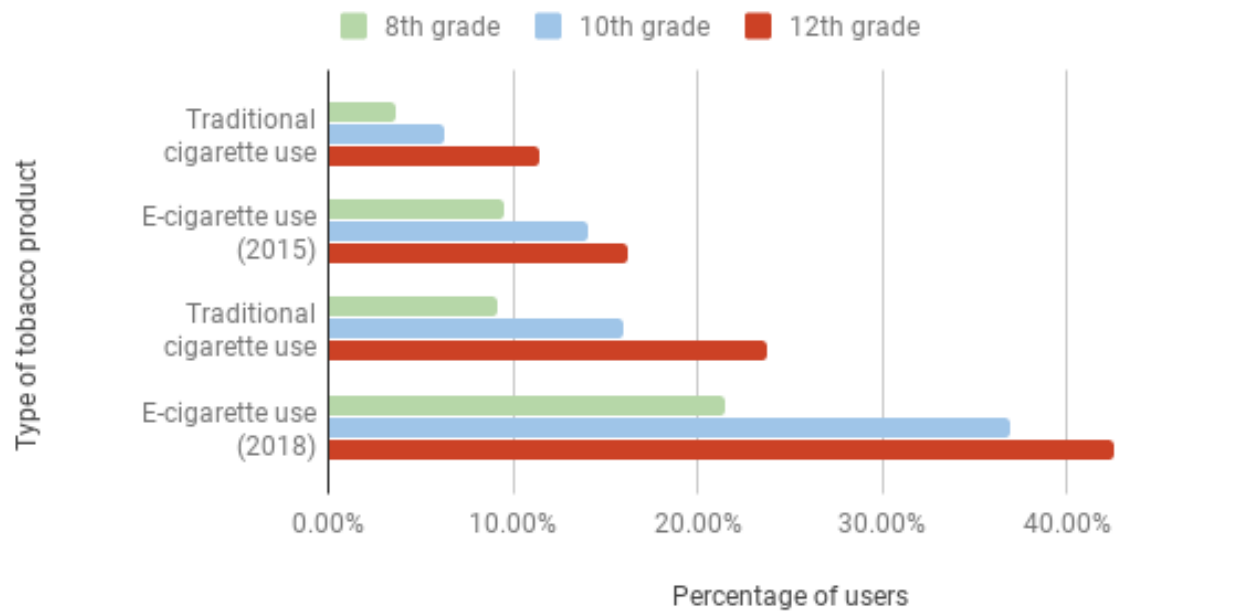
Social and behavior factors include numerous underlying determinants that contribute to people developing disease. These factors include, but are not limited to personal behaviors, exposure to infection, genetics, geography, environment (natural and built), access to medical care, education, income, occupation, cultural and religious factors. Many people, unfortunately, do not appreciate the impact of these factors on their ultimate health. These risk factors, however, can contribute to heart disease, cancers, diabetes, and other chronic diseases.

In the 2016 Colorado County Community Needs Assessment, social and behavior factors for the county were compared to counties throughout the U.S that were similar in size and demographics using the 2015 Community Health Status Indicator (CHSI). However, because the CHSI is not longer available, we will be using sets of the most current data from various sources for each indicator.

Tobacco. According to national and state health sources, tobacco use is a major risk factor for multiple cancers, heart disease, stroke and lung disease. In Texas, it is estimated that 28,000 lives are lost annually from smoking-related illnesses (CDC, 2017). In Colorado County, 2016 data estimates that 15% of adults are smokers (County Health Rankings, 2019). This closely mirrors Texas' overall rate of 14%. The 2016 Community Needs Assessment indicated an aggregate regional rate of 13% using 2014 data, but because this considered public

health region 6/5 as a whole, data should not be compared. In addition to traditional tobacco products, recent data indicates that electronic cigarettes, or “e-cigs”, have grown in popularity, especially among teens and young adults. Electronic cigarettes are battery-powered devices that allow users to inhale vapors that may contain nicotine, flavorings, and other toxins (FDA, 2018). Figure 6 shows the increased use of e-cigarettes among 8th, 10th, and 12th graders

Figure 6. Comparison: Traditional cigarette use and e-cigarette use over 3 year span, 8th-12th grade



Source: National Institute on Drug Abuse, 2015-2018.

since 2015 when compared to traditional cigarette use. While e-cigarette use has increased significantly, the rate at which traditional smoking has increased is also noteworthy. One 2017 study that attempts to explain this increase found that individuals using e-cigarettes are four times more likely to become desensitized to e-cigarettes and begin traditional smoking

(Miech, et al., 2017). Though e-cigarettes are advertised as a healthier replacement for traditional cigarettes, they may be correlated to increased traditional cigarette use over time. The rise of e-cigarette popularity is relatively recent, and county level data will likely lag behind a few years.

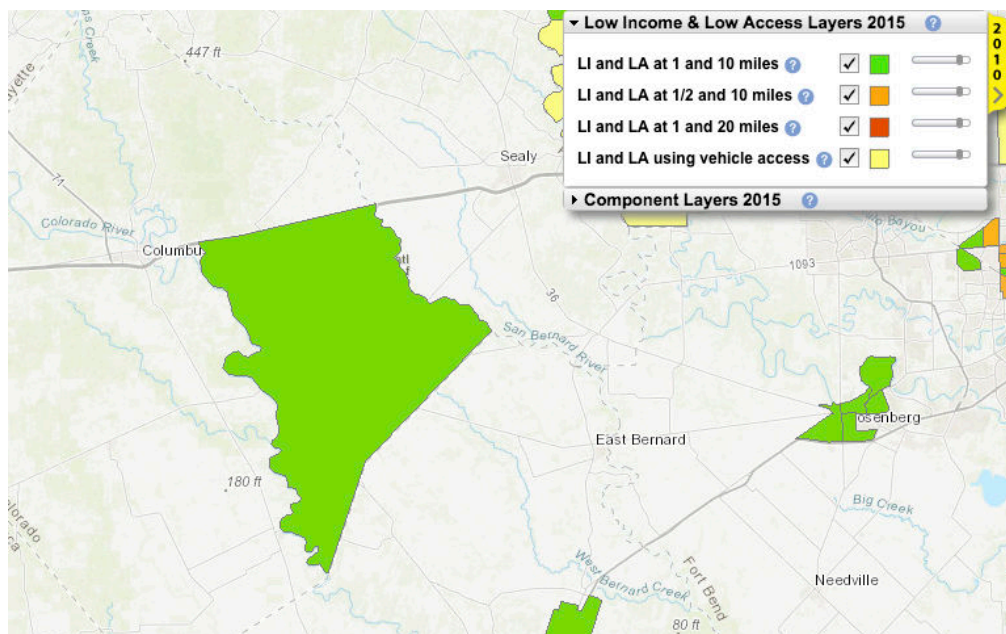
Obesity. The Centers for Disease Control and Prevention estimates that 40% of the adult population in the U.S. and 18.5% of American children are clinically obese (CDC, 2017).

Obesity is defined as a Body Mass Index (BMI) greater than 30, with the calculation being based on an individual's weight and height. In the 2016 Colorado County Community Needs Assessment, it was determined from national datasets that 31% of adults were obese in Colorado County. This data has not been updated, but 2016 state-level data (the most recent available data) from the Texas Behavioral Risk Factor Surveillance System indicates that public health region 6, which includes Colorado County, has an obesity rate of 29.7%, below Texas' rate of 33.6% (TDSHS, 2016).

Some factors that contribute to obesity include physical activity, access to fast food, poor access to grocery stores, and food insecurity. The 2016 Colorado County Community Needs Assessment indicated that for every 10,000 residents, Colorado County had 2.44 grocery stores. This ratio was slightly higher than Texas' rate of 1.47 grocery stores per 10,000 residents, suggesting that Colorado County residents have, on average, more access to grocery stores. Additionally, the most current information indicates that Colorado County has 2.93 convenience stores (without gas) per 10,000 residents, higher than Texas' rate of 1.11 per 10,000. For convenience stores with gasoline, Colorado County has a rate of 9.27/10,000 compared to Texas 3.95/10,000. However, it is important to note that convenience stores fre-

requently offer non-perishable, unhealthy food options and should not be considered an indicator of access to food. The USDA’s Food Access Research Atlas in Figure 7 below indicates that much of Colorado County’s southwest quadrant experiences low-income levels and low access to food at 1 mile for urban residents and 10 miles for rural areas (USDA, 2019). The USDA uses 2015 data for this measure, which is the most recent data.

Figure 7. Access to food



Paralleling people’s inability to get healthy food was the number of fast food restaurants in the county. According to USDA (2019), foods that are consumed while “eating out” tend to be lower in nutrition and higher in calories. The research further cited that availability, convenience, and price of fast food contribute to poor dietary health. Thus, it is important to appreciate not only the number of “fast food” restaurants in a location, but also the amount of funds spent for eating out. Statistics for this information tend to lag, and the most current in-

formation for Colorado County was from 2012. In that year, there were 15 “fast food” restaurants in Colorado County, which indicated a rate of 0.72 restaurants per 1,000 population (USDA.ERS, 2015). In addition, Colorado County had 13 “full service” restaurants, which equates to 6.34 restaurants/10,000 people compared to 6.13/10,000 for Texas (City-Data, 2016). During the same timeframe, the expenditures per capita for fast food restaurants was \$784 (USDA.ERS, 2016). Food from fast food restaurants tend to satisfy hunger by providing food with high fat content, but this does not equate to “healthy.” Although there is not data specific to Colorado County regarding food insecurity in 2019, the general trends remain - about 14 percent of households were food insecure in 2014, with food insecurity meaning that sometime during the year, the person/family was concerned with not having enough food. Between 2012 and 2016, an average of 8.7% of households in Colorado County received SNAP benefits, a relatively low amount compared to 2017 statewide Texas data indicating that 14% of the state’s population received SNAP benefits (Food Research and Action Center, 2018; Center on Budget and Policy Priorities, 2017). About 79% of these Texan participants having benefits received by families with children and 28% receiving benefits by families with members who are disabled or elderly. Though the most recent county-level data available is from 2012, because Colorado County mirrors Texas rates closely, we may estimate that Colorado County SNAP beneficiary rates are similar.

Physical Activity. Lack of physical activity is a contributing factor to obesity. The 2015 Community Health Status Indicator (CHSI), the most recent available data, determined that physical inactivity for Colorado County residents was 24% compared to 25.9% for its peer counties throughout the U.S. This number is lower than the *Healthy People 2020* target of 32.6% (CHSI, 2016). Contributing to this lower percent could be another finding of the CHSI (2016) that found only 8% of residents in Colorado County indicated they lived within 1/2 mile

of a park compared to 14% of people throughout the US (CHSI, 2016). However, more recent data (2018) reported that access to exercise opportunities has increased from the 48% reported in the 2016 Community Needs Assessment to 61% (CHR, 2018).

Perhaps part of the issue could be travel time for work. County Health Rankings determined that 86% of employees commuted alone to their worksite, up from 78% in the 2010 Census, and the mean travel time was 20.5 minutes, which decreased from 26.4 in the last Community Needs Assessment (County Health Rankings, 2017). This decrease in time may reflect that people who have entered the workforce at entry-level positions are working closer to their homes. The commuting time may have taken quality time that could have been used in physical activity. One factor that may be associated with length of time in vehicle is an increase in the annual PM2.5 concentration. In 2015, the annual average PM2.5 concentration was $9.5 \mu\text{m}^3$ meter compared to $10.7 \mu\text{m}^3$ for the US. This $9.5 \mu\text{m}^3$ concentration placed Colorado County in the 50% range when compared to 49 other counties of similar size and demographics (CHSI, 2015).

Injuries. Although the Texas Department of State Health Services indicates that fewer than 10 motor vehicle fatalities occurred in 2015, holding steady since 2013, the CHSI determined that the rate of motor vehicle deaths was 25.6 per 100,000 compared to the US rate of 19.2 per 100,000 and a *Healthy People 2020* target of 12.4 per 100,000 (CHSI, 2016). Additionally, County Health Rankings reported that there were 91 overall injury deaths in Colorado County per 100,000. With the rate of fatalities associated with motor vehicles higher than the national and target rates, the root causes for these injuries should be investigated to determine if policy or environmental changes could address the issue. County Health Rankings

reported that 10% of driving deaths were related to alcohol in 2017, up from 0% in 2016, but this percentage is far lower than the state and national averages of 26% (County Health Rankings, 2017).

Stress and Mental Health. Colorado County, along with most of the nation, is a Mental Health Professional Shortage Area (HRSA, 2019), meaning there are not enough mental health providers to service the need. The designation of Mental-HPSA has not changed from the 2016 Community Needs Assessment. Because of the limited number of mental health providers, Colorado County works with Texana Center, a 501(c) organization, to address mental health issues (Texana, 2016). Texana has a geographical region that covers 6,000 square miles and serves over 16,000 clients annually. The Corporation has numerous sites throughout the region, with the sites varying in size. There is a small Texana office located in Columbus, Texas. However, because access to mental health services is still difficult, many people continue to seek care at the hospital's emergency room.

Maternal and Child Health. A key to determining the health of a community is by analyzing the health of children. Although Colorado County is considered an "older county," meaning that its average age is higher than the state's median age, the health of the youth remains a way to gauge the health of the community. The 2016 Community Health Needs Assessment (Fields & Hatala, 2016) reported that the pre-term live birth rate in Colorado County was 14% compared to the US rate of 12.1% (and a *Healthy People 2020* target rate of 11.4%). Though county-level data for this statistic have not yet been updated, the rate of pre-term births in nearby Houston in 2016 was 13% (National Center for Health Statistics, 2016). This statistic is important as early delivery is the leading cause of perinatal deaths in newborns. In

addition, pre-term births increase the risk of long-term morbidity and often require intensive care after birth and longer stays in the hospital. This may result in increased healthcare costs, especially when considering that 54% of births in Texas are financed by Medicaid (Kaiser Family Foundation, 2016).

Equally important for healthy birth outcomes is prenatal care. The 2016 Community Health Needs Assessment reported that approximately 56.8% of Colorado County women received first trimester prenatal care compared to the state's 62.5% (Fields & Hatala, 2013). In 2015, 61.6% of women received first trimester care compared to Texas 62.2% (DSHS, 2015). Of the 265 babies born in Colorado County in 2015 (TDSHS, 2015), fewer than 10 were to women younger than 18. The percent of babies born to unmarried women, although higher than the state average (47.9% vs. 41.7%), has decreased from the 2016 reporting (43.9% vs. 42.4%) (DSHS, 2015).

Pregnancy and Birth. The 2016 Community Health Needs Assessment reported that Colorado County had a premature birth rate of 13.7%, higher than the 12.1% for the US and the proposed *Healthy People 2020* target of 11.4%. This statistic has not yet been updated. However, the premature birth rate for Texas was 10.4% in 2017 (Healthy Texas Babies Data Book, 2017). Low Birth Weight, which may or may not be associated with pre-term births, occurred in 9% of the births in Colorado County in 2017 (CHR, 2017) which was close to the Texas rate of 8%. For the families of babies who were born at low birth weights, there are short- and long-term repercussions. In addition, according to the Texas Behavioral Risk Factor Surveillance System (2014), the mean hospital charge for low birth weight babies in Colorado County was \$116,861 - which equals \$127,063.67 in 2019 dollars (adjusted for inflation).

Chronic Diseases. Most chronic diseases have behavioral factors that contribute to the disease. This is why a good understanding of health determinants is vital. In a county like Colorado that has an older-than-average population, the rates of chronic diseases are expected to be higher. According to the TDSHS, the main causes of death to residents of Colorado County were heart disease (216.2 per 100,000 compared to Texas' 178.1/100,000) and cancer (135.8 per 100,000 compared to Texas 150.6/100,000). Colorado County reported some deaths attributed to stroke (n=249), chronic lower respiratory disease (n=188), and diabetes (n=less than 10 [no rate]) and comparable rates were not determined for these diseases. The CHSI (2015) substantiated this by indicating that Colorado County was in the "most favorable" quartile for cancer deaths (168.2/100,000 vs. US 185.0/100,000), chronic lower respiratory disease deaths (31.5/100,000 vs. US 49.6/100,000). The same report found the diabetes deaths in Colorado County to be higher than the US deaths attributed to diabetes (35.7/100,000 vs. 24.7/100,000).

Diabetes. Although Colorado County had less than 10 deaths attributed to diabetes, it did have many people who have been diagnosed with diabetes. Diabetes continued to be of concern throughout the US because of the percent of people who have behavior factors that predispose them to developing the disease. Specific Colorado County behavior statistics identified in the 2015 County Health Ranking (the most recent data) include the following:

- Adult smoking (15% vs. Texas 14%);
- Adult obesity (29.7% vs. Texas 29%);
- Physical inactivity (24% vs. Texas 23%); and
- Access to exercise opportunities (61% vs. Texas 80%).

In Colorado County, 76% of people with diabetes are monitoring their disease compared to rates of 84% in Texas and 90% in the US (CHR, 2015).

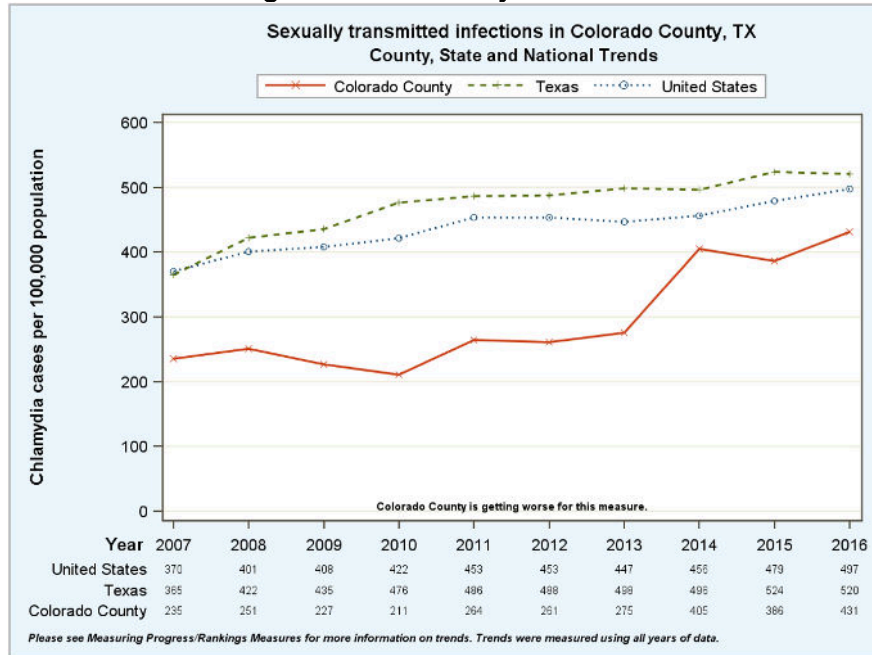
Hypertension and other cardiac problems. The rate of Colorado County residents who died from coronary heart disease was 216.2 per 100,000 compared to Texas 178.1/100,000 in 2015 (DSHS, 2015). This is higher than the statistics reported in the 2013 health profile for Colorado County (196.9/100,000). Although higher than the state rate, the demographics of the county must be considered; with a much older median age than Texas, Colorado County would be expected to have more cardiac problems.

Cancer. The rate of cancer-related deaths in 2015 was 135.8 per 100,000, a decrease from 2013's rate of 192.4 per 100,000. The Texas Cancer Registry reported in 2016 that the crude incidence rate of cancer in Colorado County was 675.3 per 100,000 (compared to Texas 391.8 per 100,000), which was a decline from the 2012 rate of 588.8/100,000. However, the age-adjusted rate of cancer for Colorado County was 459 versus 412.8 for Texas; again, this helps to emphasize the impact of the county's older population on chronic disease statistics. Cancer statistics seem to be difficult to capture; there are statistics from the CHSI (2015) and the CHR (2014), which reflect different rates. One issue with cancer statistics is the reporting mechanism, with some organizations reporting cancer mortalities or perhaps specific (i.e. "common") cancers.

Communicable Diseases. It was reported in the 2013 and 2016 Community Needs Assessment that communicable diseases required to be reported to the state were well below

Texas' rates. However, while this remains true, Figure 8 shows that chlamydia rates in Colorado County have increased at a higher rate than Texas.

Figure 8. Chlamydia rates



Source: County Health Rankings, 2016.

Other communicable diseases, including AIDS, gonorrhea, pertussis, syphilis, tuberculosis, and chickenpox have remained steady or decreased since 2013 (DSHS, 2016). Figure 9 reflects the incidence rates for select reportable diseases for Colorado County and Texas.

Figure 9. Incidence rate (per 100,000) of select reportable diseases

	Colorado County	Texas
AIDS rate	Less than 5 (no rate)	16.5
Chlamydia rate	373	491.3
Gonorrhea rate	67	137.5
Pertussis rate	0	5.4
Primary and secondary syphilis rate	Less than 5 (no rate)	6.3
Tuberculosis rate	Less than 5 (no rate)	4.9
Varicella (chickenpox) rate	Less than 5 (no rate)	5.4

Source: DSHS, 2015.

Rates for four diseases, AIDS, syphilis, tuberculosis, and varicella, are not shown in the chart for Colorado County. This indicates that the number of reported cases was too low to report a rate (in both cases, the number of actual cases in Colorado County was less than 5). This is different than the “0” rate, which is reflected in the pertussis rate where no cases were reported for the county.

Immunizations. Childhood immunization has been viewed as an important component of disease prevention. Historically, babies received a number of immunizations and young people were required to have met vaccination requirements prior to entering school. A recent trend has emerged whereby many parents are opting out of having their children receive any/all of the immunizations, citing concern for the safety and efficacy of the vaccine. Texas residents can be exempted from vaccination requirements by citing medical reasons, reasons of conscience, or religious reasons. The 2013 Colorado County Community Needs Assessment (Fields & Hatala, 2013) reported on the percent of children who were vaccinated for a number of specific diseases, with the rates ranging between 90% for polio and 37% for three dose of pneumococcal conjugate vaccine (PCV). More recent county rates have not been published. However, the Centers for Disease Control and Prevention conducts an annual survey measuring the levels of vaccination for children aged 19-35 months nationally and at the state level. In the previous Community Needs Assessment, The National Immunization Survey data reported Texas vaccination levels for the “combined 7 series vaccine” at 64%. In 2017, this number had risen to 67.8%, but fell from the 2016 rate (69.5%) and remains behind the U.S. average rate of 70.4% (CDC, 2017). However, the survey measured vaccination rates in two specific geographical regions (San Antonio/Bexar County and Houston), which

reflected increases in immunization rates. Further fluctuation in vaccination rates is likely to be seen in the coming years in light of the 2019 measles outbreaks and strong mobilization of both proponents and opponents of vaccines.

Access to Care. Access to health care depends on many factors such as availability of providers, types of services, insurance providers, vulnerable populations, and safety net organizations. These factors contribute to a person having the ability to get healthcare when needed.

Colorado County had a primary care provider to population ratio of 1,750 to 1, respectively, in 2016 (the most recent data), widening since the 2016 Colorado County Community Needs Assessment ratio of 1,380 to 1 (Fields & Hatala, 2016). This ratio is slightly higher than Texas' ratio of 1,657 to 1 and considerably higher than the United States' ratio of 1,326 to 1. However, this measure has improved slightly from Colorado County's 2015 ratio of 1,898 to 1 (County Health Rankings, 2016). Additionally, Texas' geographic makeup and geographically dispersed population puts it at a stark disadvantage relative to the rest the nation.

Facilities. Since the 2016 Colorado County Health Needs Assessment was completed, the health care landscape in Colorado County has changed. Weimar Medical Center closed in November 2016 and St. Mark's Medical Center in La Grange no longer provides OBGYN services. During the focus groups, the National Rural Health Association's Rural Health Policy Institute and The Chartis Center for Rural Health named Columbus Community Hospital as one of the top 100 rural and community hospitals in the U.S. In addition, Tejas Health Care, a community health center, recently opened in La Grange. In terms of public health, the Co-

lumbus area is supported by the 6-5S Region of the Texas State Department of Health Services, but there is no local health department office in the community. The regional office is based in Houston. Despite multiple attempts, we received no input from DSHS for this needs assessment.

HPSA, MUA, MUP. Health Professional Shortage Area (HPSA) is a federal designation for a geographic area that meets certain criteria. Counties may seek federal HPSA designation as Primary Care HPSA, Mental HPSA, and/or Dental HPSA. Primary Care HPSAs are based on a 1:3,500 physician-to-population ratio and meet a number of other factors such as age of community residents, number of mid-levels in the area, and travel time to services. Mental HPSA is based on a psychiatrist-to-patient ratio of 1:30,000. Dental HPSA determination is based on a dentist-to-patient ration of 1:5,000. Counties may have all three designations, and partial county status can occur. In addition, the federal government also has established Medically Underserved Areas (MUA) and Medically Underserved Populations (MUP), with status being determined by shortage of personal health services or inclusion of vulnerable populations that face economic, cultural, or language barriers. HPSA/MUA/MUP designations are important when/if federal funding is sought and are often used to recruit health providers to a region, as these designations may have a “loan forgiveness” bonus. As of May 2019, all of Colorado County has been designated Primary Care HPSA, Dental HPSA, and Mental Health HPSA (HRSA, 2019). Mental Health HPSA is discussed earlier in this document.

Medicaid/Medicare/CHIP. The 2016 Colorado Community Needs Assessment (Fields & Hatala, 2016) indicated that approximately 26.3% of the county’s 0-64 population did not have health insurance, and approximately 16.2% of the children (under 17) did not have in-

urance. These percentages have decreased with the 0-64 population dropping to 19.6% and the 0-17 population falling to 11.7% (DSHS, 2015). These percentages are similar to Texas' percentages of uninsured populations - 19.4% for the 0-64 range and 9.5% for the 0-17 range (slightly less than Colorado County). This may be a result of efforts made to identify and enroll people into health insurance programs, but the state and county both dropping to similar numbers likely reflects changes stemming from the Affordable Care Act taking effect in 2014.

Preventable Hospital Days. In late 2015, the Center for Health Statistics, the home of the preventative hospitalization data for Texas, changed its focus on the data it collects. These changes were based on the shift from ICD-9 codes to the use of ICD-10 codes. The state's repository of data now holds data pertaining to perforated appendix, uncontrolled diabetes and lower-extremity amputation among patients with diabetes; for those under age 18, the database stores information about low birth weight, asthma, short-term complications from diabetes, gastroenteritis, perforated appendix, and urinary tract infection.

Previous Colorado County Community Needs Assessments

As a non-profit hospital, Columbus Community Hospital wants to comply the IRS requirements by taking the necessary steps to successfully complete a health needs assessment. Dr. Jeff Hatala served in the public health role for the 2013, 2016 and now the 2019 Community Health Needs Assessment. The past two community health needs assessments can be found on the hospital's website; recommendations and actions the hospital has taken following the 2016 assessment are also located on the hospital's website. For your convenience, highlights from those documents are summarized below.

In 2017, Columbus Community Hospital provided a recommendation plan on its website. The recommendation plan was based off the recommendations provided in the 2016 Community Health Needs Assessment and contained a status update regarding those recommendations. On a high level, the recommendations included developing a website or repository of community health events and resources, partnering with academic and volunteer resources to augment and sustain existing efforts, investigating options for a community effort for diabetes education, and using the health fair as a mechanism to enroll people into health insurance. Columbus Community Hospital has taken these recommendations to heart and began to use them to improve health outcomes in the community either directly or indirectly. For example, the hospital added an LED sign that informs people about community events and resources. In addition, the hospital is continuing to use college students for nursing and physical therapy support, and the hospital's office of community relations helps with enrollment in Medicare Part D. Also, the hospital has provided funding for the training of an RN to become a Registered Diabetes Educator, and the hospital has invited Maximus, Texas' outsourced partner for Medicaid eligibility and enrollment, to answer questions and help eligible community members to enroll.

James E. Vanek, CEO of Columbus Community Hospital since 2016, felt the continuity between the previous needs assessment should continue and contracted with Dr. Jeff Hatala to coordinate the new endeavor.

2019 Community Health Needs Assessment

As part of the needs assessment, Dr. Hatala and a public health student conducted 4 focus groups with the hospital, community leaders, members of the local school system, members from the worksite sector and medical providers to obtain their input about the health concerns in the community, how these concerns compare since the last needs assessment, what resources are available in the community to combat these health needs, and what challenges the community is facing regarding health and health outcomes. The following information provides a summary of those focus groups.

Focus Groups and Informational Sessions

As part of the community health needs assessment, Dr. Hatala and a public health student conducted informational sessions with hospital executives, physicians and key nursing staff, and held focus groups with community leaders, representatives from the school system, the health care community, and representatives from local businesses. The various groups met for approximately two hours, with group size varying between 3 and 6 people. The consultants explained the need for the community health needs assessment and provided guidance as to where the earlier version could be found. The consultants used structured, open-ended questions to facilitate discussion. During the discussion, one consultant took notes to ensure comments were captured accurately. The following section summarizes findings from the informational sessions and focus groups.

Community Leaders.

Community leaders reported that the leading health concerns in the community include diabetes, obesity, vaping, mental health and related issues, and the cost of health care. The aging population was also noted.

Participants noted that dental care is a challenge in the community. The aging population struggles with obtaining affordable dental care, especially with only 2 providers in the community. Medicare does not cover dental and dental insurance is cost prohibitive.

Mental health issues garnered the most attention during the focus group. Participants stated that there is no mental health facility in the community. Texana provides screening as the local health authority, but does not provide in-patient care. The hospital sees mental health issues arrive at its Emergency Department, but it can take nearly a week to get the patient to the right services.

The focus group members mentioned that the number of uninsured people is increasing in the community. Respondents discussed that local employers are challenged to provide health insurance for its employees because of the price. With the aging population, Medicare plays an important role in the community, but respondent report that many residents do not understand Medicare Part C and the limited number of providers in those plans. Residents are frustrated that they cannot switch to Parts A & B until the renewal period in October.

The presence of vaping has increased in the community since the previous health needs assessment, predominantly among high school students, as is marijuana. Some respondents noted that high school students know where and how to obtain drugs. The opioid epidemic

has not yet hit Columbus, but one respondent believes we will see more opioid abuse in the community. The respondent indicated that we tend to see issues like this start on the coasts and move inland. Having said this, the respondent also believes that Columbus will not be as affected by the opioid epidemic as other communities since there are more inexpensive options, such as meth, coke and marijuana. The community's proximity to the Mexico border reinforces this notion, per the respondent.

Issues related to the LGBT community, specifically with youth, were raised and members questioned if the community needs to do more to address these issues. They also discussed uncertainty regarding who was presently addressing LGBT issues and to what extent; for instance, participants asked whether the schools or Youth and Family Services is addressing these issues.

Respondents also noted the changing demographics in the community. While the demographics of Columbus have not statistically changed in the last 3 years, the demographics of the outlying areas and Colorado County have. The community has seen an influx of people from large metropolitan areas, particularly Houston, that come to Columbus for tourism reasons. This influx has shifted demand in the community for real estate. Housing costs have risen significantly in recent years given the large volume of people and money coming from outside of Columbus. The cost increases have made it difficult to stay in the area, even for individuals that have lived in Columbus for many years. Of note, the focus group reported that tourism "could be better" in the community. For example, one respondent noted that there are five museums in the community, but they are open by appointment only. In addi-

tion, the bock dock on the Colorado River was destroyed in the hurricane in 2017, which has also notably hurt tourism associated with river recreation.

Focus group members stated that the local economy is based on the oil and gas industry. Today, the oil and gas industry is on the upswing, which should positively impact Columbus. During the last community health needs assessment, respondents noted that one of the main employers in the oil and gas sector significantly reduced its workforce. Soon after the focus groups from the previous needs assessment were completed, that organization was acquired by a Chinese company and is now doing well.

While the oil and gas industry is helping to improve the local economy, respondents state that these improvements have not been seen in other sectors. There are a few more retail outlets, but some have closed in the last three years. Retail as an industry is struggling outside of Columbus. Respondents had hoped that the increase work in the oil and gas industry in the community would help attract additional businesses to the industrial park, but that has not been the case. Respondents noted that local housing prices and published school quality statistics could be negatively influencing new businesses coming to the area.

Respondents cited ample resources in the community in the form of non-profit organizations, including the Columbus Christian Women's Organization, Rotary, Lion's Club, Boys and Girls Club, the Live Oak Arts Center and there are a number of individual churches participating in efforts to improve the community. Respondents stated that the community infrastructure is great; the police are outstanding and the country transportation system has been very helpful.

In addition, the Boys and Girls Club was noted, as it was in previous needs assessments, as serving an important role for the youth of the community.

The focus group participants noted the significant effect of Hurricane Harvey on the community in late August 2017. One respondent stated, “The community came together in a profoundly positive way... both organizations and individuals.” Roughly 170 homes were destroyed, concentrated on the north and south ends of Columbus. People from all demographics supported each other in terms of clean-up and mucking out homes, making donations, and feeding people. The focus group added that the hurricane has presented the opportunity to rebuild and revitalize the community. The community is slowly restoring and trying to make further improvements.

Focus group members noted the portion of I-10 that borders the community is often at a standstill on Friday afternoons/evenings as Houston residents travel east toward San Antonio and on Sunday afternoons/evenings as they return from their travels. This standstill results in travelers exiting the interstate in Columbus and staying for dinner. However, participants noted that this area of interstate will be under construction in 2022-2024, which could create negative impacts to the community in terms of tourism and economic development.

Participants frequently discussed the problem with communication in the community and being able to identify the “information highway” that best reaches the audiences for community events. The Farmer’s Market can be shifted to a once-a-month event with live music, but it is still challenging to get growers/producers to participate. The annual health fair only draws about 10% of the eligible population for free cholesterol screenings. One participant ex-

pressed a need for a public information officer. Another noted that the Chamber of Commerce is willing to be the information hub for community events. The local radio DJ goes out of his way to provide community information on morning radio programming.

The focus group was concerned about the recent state-level policies enacted that require hospitals providing obstetric services to have three obstetricians, a psychiatrist, and an anesthesiologist. While this “urban” model would work in large metropolitan areas, small rural communities would be negatively affected by the financial implications. A number of surrounding hospitals have closed, are in process of filing for bankruptcy, or are reducing the services that they offer. Even with the increased number of OB patients coming to the hospital (30-40/month), the policy would still have a negative effect on the organization’s viability.

Schools. School officials reported that mental health is clearly the biggest health issue affecting the community, particularly within the school system. Mental health issues have grown tremendously in the last 3-5 years. Mental health issues are affecting not only high school children, but also junior high children; issues seen include bipolar disorder, self harm and an inability to deal with everyday life. Such issues are seen at the elementary school level as well.

Respondents stated family dynamics are different than they were 5 years ago, and these changes have influenced health behaviors. Specifically, focus group members stated that there are different parenting styles and different family structures that create challenges for children. Respondents noted that grandparents are often raising children because the parent(s) cannot for whatever reason. Historically, these issues were predominantly seen with

people of lower socioeconomic status, but today these issues cross all socioeconomic classes, races, and ethnicities. One respondent noted that some parents do not have driver's licenses, which creates difficulties if the parent needs to pick up a sick child from school. Other parents work 2-3 hourly wage positions so leaving work can mean that there is no electricity, food, or water.

Respondents noted that there is a wide range of income levels in the community. Some are "very rich" while others are very poor. Within the school district, approximately 65% of students participate in the free or reduced school lunch program. Columbus is reported to have a very high cost of housing with few affordable rental options. Respondents report that most school employees do not live in Columbus due to the price, and the difficulty faced in hiring new employees is compounded by the area's housing costs. Land is also quite expensive and, because the community is restricted by water on three sides, is not plentiful. Respondents stated that a small plot can be priced at \$75-85K.

School officials also report that more junior high and high schoolers are dealing and using drugs. Marijuana use, respondents report, is seen as more socially acceptable since it is legal in several states; students view it as "smoking" much like smoking was viewed several decades ago. Vaping, on the other hand, is a significant issue for the schools. Vaping is seen as "being cool." Because vaping is fruit flavored, looks like a flash drive, and smells like body spray, it is hard to detect in schools. Focus group attendees stated that 70% of high school students have tried vaping. Additionally, students do not realize they are committing a felony crime within Texas by ordering the vape cartridges from states where recreational marijuana use is legal.

The schools also said that the number of students in special education is “exploding.” The number of students diagnosed with autism has decreased, but ADHD and dyslexia seem to be on the rise. The number of students qualifying for Section 504 resources has increased.

School officials report that Texana, the area mental health authority, provides service based on health insurance status. They add that Texana will provide services only to patients who do not have health insurance coverage of any kind. Additionally, the evaluation for service requirements can only be initiated by police or hospital employees – individuals and their families are unable to request services from Texana without the assistance of the aforementioned people.

School authorities report that there is a greater need for counseling than what the schools can provide with existing resources, and that teachers and administrators, in general, provide counseling more to parents than to students.

In terms of physical conditions, respondents stated that major health issues are not often seen in schools. Diabetes and obesity still exist, but those issues seem to have improved in the schools over the last few years. The schools credit a very successful physical education program on the elementary school level as helping with the improvement. Other positive influencers for school-aged children include the Healthy High program in Weimar, the health course for the eighth grades in Columbus, and the programs offered by AgriLife Extension for the junior high and high schools. One respondent also noted the importance of adding soccer in the high school to the health of the children; getting students involved has had a posi-

tive effect. School officials noted that they are always looking for guest speakers from the community to talk about a variety of health topics and healthy habits.

School officials report that dental issues for children have also declined due to the presence of a Medicaid pediatric dental office in town. One respondent also noted that the office provides free braces as well.

In addition, the summer school lunch program feeds students, regardless of financial status. The Boys and Girls Club's after school program support 100-130 (2 buses of junior high and high school students) as well as elementary students. Some families don't have the registration fee, but that can be waived. Some families have the money, but choose to not have their kids participate in the program.

The school supply drive and backpack programs are still very successful. Some schools and the hospital still have too many supplies, but other schools still can use supplies. The business community in Columbus has been very supportive of the schools. Respondents note that they do not ask for in-kind gifts often, but when they do, local businesses are happy to contribute.

School officials did note that the number of students who are vaccinated is decreasing. One respondent noted that having a mobile trailer come to the school to provide vaccinations may be in order. The state health department's regional office also provides vaccinations, but transportation issues can prevent some from using state health department resources. Others noted that it could be important for the community health fair run by the hospital to provide vaccinations as well, but that fair is decreasing in attendance.

Respondents also noted hygiene issues among students. One respondent noted that one of their students bathes at the local gym due to issues at home.

School officials stated that, overall, the kids are “good kids.” Respondents are very impressed at how well they interact with each other and are very accepting of each other, and they are particularly impressed with the way they interact with special needs children. The educators also indicated that the students are much more tolerant and accepting of others than previous generations.

Respondents believe that a few things would benefit the community, including affordable housing, more employment paying above minimum wage, a Super Walmart and a super HEB. Weimar, the neighboring town, is still affordable, but lacks the amenities of Columbus. The high housing prices result in large property taxes, which benefit the school’s budget in Columbus. Weimar is more financially strapped. In Weimar, the teachers are very involved in the community – from city council to leading volunteer groups. However, parents rarely drive the process for improving things for their children and the community.

Regarding employment, there are few employers outside of the schools and hospital that provide jobs above minimum wage. Many high school students do work as well. Respondents noted that there are few jobs for the unskilled workforce. There used to be a gravel pit where people could obtain unskilled positions. Those positions do not pay well enough to support a family. Schools would like to see more vocational education opportunities for students. Students in Columbus can learn welding, but there are no opportunities for students to learn other trades. Many students have expressed interest in learning about health careers, but the

schools say they cannot find someone to teach the necessary classes. The hospital does use nurses from a program in Victoria, but hiring nurses right out of school is difficult because they still need a couple of years of training before they are very effective. Once they get trained, they oftentimes will take jobs in Katy or San Antonio where the pay is better.

Businesses/Work Site. The worksite group talked about the cost of health care and the cost of health insurance as significant issues in the community and how significant these concerns are to the employer and employee. Few employers in the area offer health insurance so those that do receive many job applications. However, employers want reliable and hardworking employees, and the incentive of insurance is not always strong enough to instill desired work behaviors.

The seemingly constant changes from health insurers are challenging to monitor and it is confusing to “keep up” with the information insurers provide to organizations. For example, one participant noted that her organization’s premiums amount to approximately \$200,000 annually. The organization only had claims for \$19,000, which the insurer said warranted a rebate. But the rebate came with conditions, including a renewed contract at a higher premium. Managing this information as well as understanding the calculations requires time and effort that does not necessarily help the small business to grow, prosper, and continue to provide employment opportunities for those who live in the community.

Respondents noted, in terms of health insurance, that organizations want a small copay for their employees, a reasonable premium, and a reasonable deductible. This poses a chal-

lenge for organizations to find insurance that meets these needs, even in the health insurance marketplace.

The price of health care, and specifically the transparency of pricing, continues to create challenges for members of the community. Health care organizations are requesting pre-payment for services, but community members are concerned about future billing after pre-paying and receiving multiple bills for services.

One respondent noted that health insurance should operate more like car insurance; in this scenario, health insurance would only be utilized for significant health care delivery and standard care would be paid for out-of-pocket by patients.

Respondents also noted that the presence of an urgent care organization in the community has been a positive addition. The presence of urgent care has reduced, but not eliminated, the use of the hospital's emergency department as the "first stop" for medical care. Area residents still use the ambulance as a taxi service because it is easier to use and many know they do not have to pay for this service. Respondents said that some "people work the system." It was added that "the more the government gives, the more people take."

Understanding health insurance is difficult and complicated. Respondents suggested that the schools teach a course in health insurance for high school students. Respondents also noted that a general budgeting class would be useful too.

The transition from health insurance to education resulted in discussion about the youth of the community. Respondents noted that "schools don't prepare you for the real world" and one respondent noted that "youth don't work like they did [back then]" since both parents

work in today's society. The youth are focused on "select" ball, extracurricular activities, or are engaged in maintaining or raising their GPA.

Respondents noted that the employers see drug issues related to their employees. Employers see use of marijuana and alcohol in background checks. Employers frequently require pre-employment drug testing and do random drug tests of employees.

Mental health issues are seen by community employers. Respondents note that they see a range of mental health-related issues from their employees. Some see the inability to handle negative situations. Others see more pronounced issues, like bipolar disorder. Issues that affect the youth have a negative or concerning impact on the parents who are the employees. These parents are trying to help their children deal with things like bullying.

Other generational issues are also present. The older respondents noted that "life is too easy for a lot of kids" and there's a need for parents to be a dad and "get on [the child's] case." There is a sense that kids feel both entitled and privileged, and act that way.

At the same time, children are struggling. Some children are in the middle of parental divorces, which is emotionally difficult and taxing. Perhaps due to the emotional loads on these children, there are no expectations placed on children, and demands on children in terms of behavior are not being made. As such, employers can feel like they are raising other people's children. Respondents also feel like grandparents raise their grandchildren more often than in previous years. Respondents also note that after-school and extracurricular programs can also be viewed as "babysitting" services. Parents are not involved in helping with the activities or helping their children; the sports or activities often serve as a drop-off service.

Respondents also note other concerns around the youth of the community. Teachers are required to teach “to the test” and teachers are not allowed to defend themselves from the bad behavior of students. One respondent noted that students “cuss out” teachers and teachers are not able to discipline the students. Students move in a cohort model; respondents stated that good and bad students move forward through their educational path together. Private schools, respondents state, are not bound by state testing so they have more leeway in determining what to teach and how to teach.

Respondents stated that these issues named above regarding children and the schools “all come down to parenting,” specifically noting that today’s young parents are challenged to guide their children in a way that prepares them for successful independent living based on changing societal norms.

While the worksite respondents stated a number of negative elements affecting the community, they also noted a number of positives. Respondents appreciate the agricultural-based programs, such as FFA, in the community. These programs are competitive with each other and push each other to move from the ordinary to the extraordinary. Activities like 4H, Scouts, and church organizations, regardless of denomination, are very popular and well attended.

Worksite respondents also noted that having more mentors who work with the schools could be very valuable. For example, a Big Brothers/Big Sisters-like program could leverage the skills and experience of community retirees to benefit students of all ages (grade school and high school), especially in a community where both parents, if there are two parents, work.

Hospital Providers. Providers from the hospital, including physicians and nurses, see health conditions “across the board.” Providers specifically listed hypertension, diabetes, hyperthyroidism, and COPD as issues facing the community. Providers also noted that childhood obesity is significant, especially among the Hispanic population.

Group members noted that the problems related to physical illness is related to culture. “Eating is cultural,” said one respondent. Columbus and the surrounding area has around 30 number of fast-food chains and local restaurants.

One respondent noted that Columbus Community Hospital’s proposed wellness center could help to reduce the negative outcomes associated with the previously listed conditions. The plan for the wellness center includes a pool, which could be used by both adults and children, and the wellness center could provide a close venue for developing additional educational programs about a number of health topics.

Providers also listed mental health issues as “HUGE.”

Providers note the presence of Staci Ulrich, a new counselor as an important mental health resource in the area. Respondents believe that she works primarily with adults on a sliding scale, but will also provide support for children if needed.

Also in terms of mental health, respondents stated that Texana works well for mental health crises. Texana uses telemedicine to support mental health patients as needed, but, again, this works mostly in an emergency situation. Texana’s role, per the provider group, is to support the emergency mental health situations that arise. However, the primary function of mental health providers in town is changing medications, per respondents.

One participant said that health care comes down to cost. Newer medications are expensive and many patients in the community do not have financial resources to pay for the medications or care they need. Providers note that they spend extra time trying to find medications that insurance will cover and/or that patients can afford. Respondents noted how challenging it is to know what insurance covers, and there needs to be a better way to get this information. Respondents also stated that the tremendous amount of paperwork involved is onerous to many patients; elderly patients often have to rely on a son or daughter to help. One provider said you “can’t ignore the cost part.”

Care for the patient continues after the patient leaves the hospital. Pharmacy contacts patients 1-2 days after they leave the hospital, but the goal is to call the day after discharge. Nurses follow up with patients when they are being discharged. The hospital is also reviewing what it can do in terms of transitional care.

Providers also talked about the importance that technology plays with patients. Being able to communicate with patients electronically offers convenience for the provider and patient, especially for those patients with issues related to transportation, day care, etc. Telemedicine is gaining traction; school employees and several large employers in the area are now using this service. Uber service is available for patients in Columbus.

Other providers. Other providers serving the community report diabetes as a main problem, especially with the Hispanic population. These providers report diabetes issues pertaining to noncompliance and lack of control. There is a lifestyle issue with the Hispanic population that limits positive change in health outcomes. Diabetes also creates a number of vision

issues, such as glaucoma, for community residents. Brochures about glaucoma as well as classes are available through the hospital.

These providers stated that mental health issues are as prevalent as those related to diabetes. Providers noted that depression, anxiety, suicide attempts, bipolar disorder, and issues related to insufficient medication dosage or foregone doses are often seen. Providers added that mental health issues for adolescents are quite notable. The community sees bullying and issues related to social media. In fact, there was one teen suicide in 2018. From an EMS perspective, local providers note seeing episodes of PTSD.

Texana, the mental health authority for the community, provides good service for those who have come to the hospital emergency department. However, Texana does not provide services to those in their homes; providers report that Texana serves those in a crisis condition located at a place where crisis situations often conclude.

The local counselor, new to the community, is “extremely busy” per the providers. Outside of the community, Katy houses the next closest counselor, but transportation issues make access to Katy difficult for segments of the population.

These providers also report that hypertension is seen throughout the community. Providers say the culture in the community is such that processed foods and “liquid poison” (sodas) are easy to access.

Participants also stated that sepsis is a big issue as well and people/patients need to understand its causes. The local EMS reports that they see patients with sepsis on a frequent basis, notably with patients from nursing homes.

These providers also noted that there is a significant indigent population in the community where many people should be receiving disability services, but are not. This population also tends to use the emergency department inappropriately, causing undue burden on those who truly need the services as well as on the hospital and hospital emergency department staff.

Related to nursing homes, the providers stated that the geriatric community is significant and that there are “lots of people who live into their 90s and 100s.” This solidifies the Columbus area’s status as a retirement community. Providers noted that there are 3 nursing homes in town, but a geriatric day care center would be useful to relieve caregiver stress and activities at such a center would help provide social outlets, thus helping to improve the seniors’ quality of life. Respondents also noted that a community paramedicine program, providing regular at-home visits to elderly patients that have frequently utilized emergency services, would be useful to reduce emergency department visits.

These providers, like the hospital providers, report the cost of medications to be a significant issue. Many providers report the need to keep as many samples on hand as possible. The providers stated that patients often stretch their medications, but then wind up in the emergency department because the medication dosage/timing is not sufficient to help their health needs. These cost issues are very concerning for the geriatric community; however, cost concerns pertain to both the cost of medications and the cost of actually seeing a provider.

The focus group members also stated that a number of issues related to teens and children in general are due to parents not wanting or able to discipline or parent the children. Many parents in the community are working 2 jobs.

Providers note resources available to help. For example, the hospital offers a chronic disease management program. Available 24/7, the chronic care management program is available for community members with two or more chronic conditions and has been in place for about 2 years, with notable growth in the second year. There are presently approximately 200 patients in the chronic care management program.

The Methodist church, the Episcopal church, and other church ministries provide a community meal and distributes fresh fruit and other items for free. Frequency of meals and fruit distribution varies. Meals on Wheels also delivers food to the local geriatric population, among other groups in need. The minister alliance in the community provides linkages to other important needed resources in the community; the hospital is working with local hotels to provide temporary outpatient housing.

Providers also note the importance of the local Habitat for Humanity. With the housing issues in town, Habitat for Humanity has been able to build two houses in Columbus with two more planned near the Brookshire Brothers grocery store.

The Wesley nurse plays a critical role in the community. The Wesley nurse tries to find resources in the community to help people pay for medications and find other ways to help the community with medical needs as well as issues related to housing, utilities, food, etc. All resource-locating services provided by the Wesley nurse are free, as are blood pressure and related screenings. Often, the Wesley nurse distributes vouchers or rebates to help with prescription costs. The Wesley nurse is always trying to find cheaper options for those in need.

Providers recommended that the labs establish a pricing schedule for cash-pay patients.

Recommendations

Based on the statistical data and feedback from the focus groups, there are a number of recommendations for the hospital and the community in general. These recommendations have been categorized by topic. Some suggestions may cross multiple areas. Moving forward with any of these recommendations can be challenging based on the Weimar hospital's closure and the elimination of OBGYN services by surrounding providers.

1. Mentoring program with the youth. Representatives from each focus group noted issues with the youth of the community and stated concerns about the family unit. Parents, particularly those with limited education and low income, often work multiple jobs to survive. The Boys and Girls Club, one of the strengths of the community, supports school-aged children in a number of ways. The after-school program has good participation and is well regarded in the community. One focus group respondent suggested that those in Columbus who are retired could serve as mentors to the youth in the community. The amount of life experience held by retired people could benefit the youth in a variety of ways – educationally (helping with homework, providing advice about educational opportunities), financially (teaching about budgeting and personal finances), and in finding careers (trade school, college majors, jobs). Not all youth have the opportunity to receive this information in their homes so providing another outlet for youth to grow could be very positive for the youth, the retirees, and the community as a whole. Such mentoring could help to reduce the prevalence of vaping, marijuana use, teen pregnancy and sexually transmitted diseases, and other behaviorally-influenced conditions faced among the youth. This mentoring may also help the youth to make better decisions about their futures. This mentoring relationship does not have to be

one-sided; youth can teach seniors about technology, as an example. If the partnership with senior mentors and the Boys and Girls is successful, perhaps there is a way to expand the program into the schools.

2. Repository of Community Information. During the focus groups, participants noticeably obtained new information about events and resources in the community. The hospital's website and LED sign probably have made a small positive impact, but more significant changes are needed. The head of the Chamber of Commerce is willing to provide the hub for such information. A committee with the Chamber, hospital, ministering alliance, the local radio DJ, and schools should be formed to take the lead about the content and format for the repository; if a committee does not form, the Chamber would probably want to take the lead on this initiative.

a. Community Health Resource Center. Today, the Wesley Nurse provides free support for health and other needs through the Methodist Church. Such support includes health screenings (blood pressure, glucose) as well as charity referrals and prescription assistance. The Wesley Nurse also works with the hospital to enroll people in health insurance. If the Wesley Nurse needs additional resources, it might be good to consider creating a community health resource center. The idea of a community health resource center has existed in parts of east central Texas for more than a decade. Previously used community health resource center models have been successful as an information and referral service, but they can also provide case management and help people enroll in health insurance. Community health resource centers often

arise from the need to reduce costs stemming from inappropriate use of the emergency room for primary care and related health care needs. The Center for Community Health Development at the Texas A&M School of Public Health works with communities to help establish these health resource centers and would be happy to talk with you about this. While this is not a solution that can be implemented in the short-term, it is one worth considering.

3. Mental health. Although the community now has a counselor, there is more work than one person can do. For those unable to see the counselor in Columbus, they may have to drive as far as Katy for mental health care. In light of the need for mental health services, it would be beneficial to have more mental health resources in the community. It may be beneficial to suggest to the ministering community, perhaps through the pastoral alliance, to seek educational opportunities to become certified counselors. Columbus Community Hospital might consider partnering with the Telehealth Counseling Center, which is part of the Texas A&M School of Medicine, or with one of the hospital networks in the Houston area to obtain telehealth services for the range of mental health issues seen not only in the emergency department, but throughout the community. Ultimately, treatment for mental health issues needs to be made more accessible to members of the community.

4. Communicable disease. While communicable disease in general is not a significant concern in the community, Chlamydia prevalence exceeds the state's average. Chlamydia was not discussed as part of the focus groups, but the statistics suggest that attention needs to be paid. Hygiene was listed as a concern by members of the school-based focus

group. With hygiene in mind as well, consider forming a partnership with the schools to provide education about communicable diseases and their prevention.

5. Diabetes. Diabetes rates continue to be problematic due to the number of associated factors. With the decline in popularity of the health fair, there are fewer avenues for delivering education and screenings on a large scale. Even so, the hospital is making progress with enhancing the ability to provide more diabetes education, particularly for the Hispanic population. Perhaps when the hospital's wellness center is complete, the facility space for delivering education, screenings, and other support will increase. Such space would make hospital-provided education more feasible and create space for the Wesley nurse and others to provide support; perhaps Houston-based resources like the American Diabetes Association would be able to send an educator, or perhaps a community health worker would be able to provide education as well.

6. Health insurance. The hospital is actively assisting community members to determine their eligibility and enroll in public insurance programs. While most employers are small businesses, it may be useful for those entities to pool together into a co-op entity so these organizations can obtain health insurance. Some Chambers of Commerce have been able to secure health insurance for their members; the Columbus Chamber may want to consider this if they have not done so previously. Perhaps the pool of Chamber members would be large enough to reduce the cost of health insurance. Perhaps other area Chambers could join the pool as well. Consultants are researching examples of efforts where this has been successful; more information will be provided under separate cover.

These recommendations attempt to address the significant issues in the community, as well as some of the new health problems seen. In addition, note that the recommendations put forth in 2016 could be worth further examination. Also know that the consultants working on the community health needs assessment can provide additional advice and support to enable some of these recommendations. Plus, universities often have students that need to do community service and want to engage in professional endeavors to build their resume before graduation. There are a number of colleges and universities within an easy drive of the community that could help plan, implement, and/or evaluate a variety of the recommendations provided.

Attachment 1 – Focus Group Participants

Jackie Drozd - Columbus Medical Clinic, Manager
Skip Edman – City of Columbus, Police Chief
Michael Furrh – Columbus County EMS
Lori An Gobert – Mayor, City of Columbus
Jeno Hargrove, RN, Director of Nursing
Betty Hajovsky – Leyco Real Estate
Billy Kahn – Columbus Chamber of Commerce
Bart Klaus – Four Oaks Medical Clinic
Allison Korell – AL&M Building Supply
Gary Leopold – Columbus Junior High School
Kirk Lowe – FSC Inc.
Troy Millican, MD – Columbus Medical Clinic
Tammy Kristynik-Moeller, BSN, RN – Columbus Community Hospital, ER Manager
Tom Mueller, MD – Columbus Medical Clinic
Shana Neisner – Columbus Elementary School
Barbara Peterman – Columbus Steering Committee, Farmer’s Market
Kelly Randerman, RN, FNPC – Columbus Medical Clinic
Robert Russell – Columbus High School
Deborah Shimek – Methodist Healthcare Ministries
Matthew Skinner -- Walmart
John Spiess – San Bernard Electric Cooperative
Amanda Turlington – Weimar ISD

Attachment 2 – Consultant Biosketch

Jeffrey J. (Jeff) Hatala, PhD
2019 biosketch

Current Position: Assistant Professor & MPH Program Director
School of Public Health
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Education:

Degree	Year	University	Major	Thesis/Dissertation
PhD	2013	University of South Carolina	Health Services Policy and Management	Factors Influencing Local Public Health Agency Participation in Core Public Health Functions Related to Obesity Prevention
MPH	2007	University of Colorado Health Sciences Center	Public Health	Participated in graduate certificate in public health.
MBA	2005	University of Phoenix	Business	NA
MMC	1994	University of South Carolina	Mass Communication, emphasis in public relations	Feasibility Study of Desktop Publishing Businesses
BA	1988	West Virginia University	English	Minors in psychology and journalism

Health-Related Experience:

Position	Organization	Dates
Assistant Professor & MPH Program Director	Texas A&M School of Public Health, Department of Health Policy and Mgmt	2015-present
Assistant Professor	Texas State University-San Marcos	2011-2015
Graduate Research Associate	South Carolina Rural Health Research Center	2008-2011
Proposal Manager	Policy Studies Inc, Denver, CO	2006-2007
Certified Fitness Trainer	24 Hour Fitness	2006
Regional Director	American Heart Association	1991-1992
Public Relations Assistant	Chernoff/Silver (now Chernoff/Newman) and Associates	1990-1991

Recent publications:

Obesity Prevention Interventions in Texas, 2012-2017: A Scoping Review. Hatala, J., Foster, M. (in development).

Factors associated with Southern and non-Southern LPHA participation in obesity prevention. Hatala, J. & Fields, T. *Southern Medical Journal.* 108(5): 283-289.

That, That, But Not That...Using a Cafeteria Plan to Enhance Writing Skills: Fields, T., Hatala, J. *Administrative Issues Journal.* 4(2):3-11.

-
- Assessing Health Services Organizations' Perceptions of Students Writing Skills: A Pilot Study.* Fields, T., **Hatala, J.**, Nauert, R. *Administrative Issues Journal*, 4(1):19-29.
- Factors Associated with LPHA Participation in Core Public Health Functions Related to Obesity Prevention, 2008.* **Hatala, J.**, Probst, J., Byrd, M., Hale, N., Hardin, J. *Journal of Management Policy and Practice* 14(6):92-106.
- The collaboration of not-for-profit hospitals and public health departments to perform community needs assessments that meet PPACA requirements.* Fields, T., Johnson, P., & **Hatala, J.** *Journal of Management Policy and Practice* 14(5):39-46.
- Challenges and Opportunities within a University/Community Partnership: Development of the Soldier Health Promotion to Examine and Reduce Health Disparities (SHPERHD) Project Coordinating Center.* Williams EM, Lee MD, Preston G, Williams A, Wigfall LT, Wilkinson L, **Hatala J**, Hassan R, Glover SH. *Military Medicine*, 2011 Jul;176(7):757-62.

Technical Reports

- Martin AB, Bellinger J, **Hatala J**, Mitchell, J, Probst J. (2012) *State Policy Levers for Addressing Preventive Dental Care Disparities for Rural Children: Medicaid Reimbursement to Non-Dental Clinicians for Fluoride Varnish and Dental Hygiene Supervision in Primary Care Safety Net Settings.*
- Martin AB, **Hatala J**, Shaw, K, Probst JC. (2009) *South Carolina Public School Nurses' Perceptions of Oral Health Status and Dental Partnerships in their Schools.*

Recent presentations at professional meetings:

- Hatala, J.**, Foster, M. (2019) *Obesity Prevention Interventions in Texas, 2012-2017: A Scoping Review.* (in development; presented at Texas Public Health Association Annual Education Conference, San Antonio, Texas. March 2019.
- Hatala, J.** (2015) *Obesity Prevention Efforts in Texas: Pilot test of Systematic Review.* Southern Obesity Summit. Jackson, MS. Oral presentation.
- Hatala, J.**, Fields, T. (2013) *Obesity Prevention in the Southern States: The Role of the Local Public Health Agency.* Southern Obesity Summit, Nashville, TN. Oral presentation.
- Hatala, J.**, Probst, J., Byrd, M., Hale, N., Hardin, J. (2013). *Factors Associated with LPHA Participation in Core Public Health Functions Related to Obesity Prevention, 2008.* Southwest Academy of Management, Albuquerque, NM. Oral presentation.
- Fields, T.T., Johnson, P.S., & **Hatala, J.** (2013). *The collaboration of not for profit hospitals and public health departments to perform community needs assessments that meet PPACA requirements.* Albuquerque, NM.
- Hatala J**, Probst J, Byrd, M, Harden, J. (2011) *The Relationship between Local Public Health Agency Infrastructure and Partnership Activities and Obesity Prevention.* Keeneland Conference. Poster.
- Martin AB, **Hatala J**, Veschusio, C, Probst JC. (2010) *Oral Health in SC: Importance of the Relationship between School Nurses and Dentists.* American Public Health Association. Poster.
- Martin AB, **Hatala J**, Veschusio, C, Probst JC. (2010) *Oral Health in SC: Importance of the Relationship between School Nurses and Dentists.* Academy for Health Equity. Poster.
- Martin AB, **Hatala J**, Veschusio, C, Probst JC. (2010) *Oral Health in SC: Importance of the Relationship between School Nurses and Dentists.* Academy Health. Poster.
- Martin AB, **Hatala J**, Veschusio, C, Probst JC. (2010) *Oral Health in SC: Importance of the Relationship between School Nurses and Dentists.* National Rural Health Association, Oral presentation.

References:

Bureau of Labor Statistics, 2018. County Employment and Wages in Texas. Retrieved from: https://www.bls.gov/regions/southwest/news-release/2018/pdf/countyemploymentandwages_texas_20180316.pdf

Center for Health Statistics, Texas Health Care Information Collection, Preventable Hospitalizations 2016. Retrieved from: <https://www.dshs.texas.gov/thcic/publications/hospitals/PQIReport2016/Preventable-Hospitalizations-2016/>

Center on Budget and Policy Priorities, 2017. A Closer Look at Who Benefits from SNAP: State-by-state Fact Sheets. Retrieved from: <https://www.cbpp.org/research/food-assistance/a-closer-look-at-who-benefits-from-snap-state-by-state-fact-sheets#Texas>

Centers for Disease Control and Prevention, 2017. Extinguishing the Tobacco Epidemic in Texas. Retrieved from: <https://www.cdc.gov/tobacco/about/osh/state-fact-sheets/texas/index.html>

Centers for Disease Control and Prevention, 2017. National Immunization Surveys. Retrieved from: <https://www.cdc.gov/vaccines/imz-managers/nis/data-tables.html>

Centers for Disease Control and Prevention, 2017. Prevalence of Obesity Among Adults and Youth: United States. Retrieved from: <https://www.cdc.gov/nchs/data/databriefs/db288.pdf>

Texas Department of State Health Services. (2016). Obesity Data. Retrieved from: <https://www.dshs.texas.gov/Obesity/Data/>

City-data, 2016. Colorado County, Texas. Retrieved from: http://www.city-data.com/county/Colorado_County-TX.html

County Health Rankings, 2019. Adult Smoking. Retrieved from: <http://www.countyhealthrankings.org/app/texas/2019/measure/factors/9/data>

Food Research and Action Center, 2018. SNAP Matters in Every Community - Metros, Small Towns, and Rural Communities. Retrieved from: <http://www.frac.org/snap-county-map/snap-counties.html>

Texas Department of State Health Services, 2017. Healthy Texas Babies Data Book.

Kaiser Family Foundation, 2016. Births financed by Medicaid. Retrieved from: <https://www.kff.org/medicaid/state-indicator/births-financed-by-medi-caid/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

Miech et al., 2017. E-cigarette use as a predictor of cigarette smoking: results from a 1-year follow-up of a national sample of 12th grade students. Retrieved from: <https://tobaccocontrol.bmj.com/content/26/e2/e106>

National Center for Health Statistics, 2016. Child Trends analysis of 1990-2006 Natality Micro Data files. Retrieved from: <https://datacenter.kidscount.org/data/tables/18-preterm-births#detailed/3/64/false/870,573,869,36,868,867,133,38,35,18/any/279,280>

Texas State Historical Association, 2019. The Texas Almanac, 2018-2019.

Texas Cancer Registry, 2016. Texas cancer incidence rates. Retrieved from: <https://www.cancer-rates.info/tx/>

Texas Department of State Health Services (DSHS), 2016. Health Facts Profiles. Retrieved from: http://healthdata.dshs.texas.gov/HealthFactsProfiles_14_16

Texas Education Agency, 2018. School Report Cards. Retrieved from: <https://tea.texas.gov/perfreport/src/index.html>

U.S. Department of Agriculture, 2017. Economic Research Service: Percent of Total Population in Poverty. Retrieved from: <https://data.ers.usda.gov/reports.aspx?ID=17826>

U.S. Food and Drug Administration, 2018. Vaporizers, E-cigarettes, and other Electronic Nicotine Delivery Systems (ENDS). Retrieved from: <https://www.fda.gov/tobacco-products/products-ingredients-components/vaporizers-e-cigarettes-and-other-electronic-nicotine-delivery-systems-ends>

United States House of Representatives, 2019. Representative Michael McCaul. Retrieved from: <https://mccaul.house.gov/issues>