



2023 Community Health Needs Assessment



Community Health Needs Assessment

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Special Thanks

- Kurt Sunderman, CEO
- CAHRMC dba Rice Medical Center Board of Directors
- Rice Hospital District
- RMC Medical Staff
- RMC Leadership & Management Team
- Community Participants – Diverse, wide range
- Area Health Providers
- Sanjuana Martinez for coordinating



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Overview of Community Health Needs Assessment

- In 2014 the Affordable Care Act required CHNA for all 501 (c) (3) hospitals every 3 years
- The main purpose is to provide a comprehensive review of health needs among diverse constituents, how well those needs are being met, and identify any gaps in services available to community stakeholders
 - The focus is on community health, to identify ways the hospital can plan with others to better serve these needs
- Another purpose is to identify partnership opportunities with other area providers or agencies
- CHNA serves as basis for development of a required action plan that must be developed with an intent to improve community health and reduce gaps among those who receive services

Data Sources



Public data sources

CMS, U.S. Census Bureau, see bibliography



Written questionnaire

41 community participants comprising diverse stakeholders submitted responses to a written questionnaire

Mission & Vision of Rice Medical Center

- Mission: Providing quality health services at reasonable cost to those we serve in our communities.
- Vision: Rice Medical Center is the health provider of choice and continues to achieve highest levels of customer satisfaction. Rice Medical Center continues to add value back to its communities by remaining financially sound and supporting economic development.



Overview of Colorado County and Surrounding Area

- Located approximately 50 miles west of Houston and 60 miles north of Gulf of Mexico
- Large producer of plant crops and livestock agriculture.
- Oil, Gas, and gravel mining are key industries
- Population size of Colorado County has changed little since 1900

Overview of Rice Medical Center

- Rice Medical Center is a 25-bed Critical Access Hospital with Level IV Trauma Center designation.
- Service area includes greater Colorado County and parts of Austin and Wharton Counties
- RMC was founded in 1942

RMC Service Lines

- **Inpatient Services**
 - ***Swing Bed***
 - ***Emergency Department***
 - ***Surgical Services***
 - ***Diagnostic Imaging***
 - ***Laboratory***
 - ***Respiratory Therapy***
 - ***Chronic Care Management***
-
- **Physical Rehabilitation Services**
 - *Physical Therapy*
 - *Occupational Therapy*
 - *Speech Therapy*
 - **Wound Care**
 - **Sleep Studies**
 - **Telemedicine**
 - **Lighthouse RMC Behavioral Health**
 - **Rice Medical Associates – 2 Rural Health Clinic Locations**

RMC Provider Specialties

- **Family Medicine** – 8 Providers
 - **Pediatrics** – 1 Provider
 - **Cardiology** – 1 Provider
 - **Dermatology** – 1 Provider
 - **Nephrology** – 1 Provider
 - ER – 11 Providers
-
- **Surgery**
 - General – 2 Providers
 - Orthopedic – 1 Provider
 - **Podiatry** – 1 Provider
 - **Behavioral Health** – 3 Providers
 - **Psychiatrist** - 1 Provider

Specialty and Other Medical Staff

- Frank Cavallo, MD
- Heather Vasser, MD
- Earl Mangin, MD
- Adam Czelusta, MD
- Aymen Aldujali, MD
- Paul Gee, DPM
- Prashant Gajwani, MD
- Genna Lubrano, MD
- Shawn Johnson, MD

Radiology
General Surgery
Cardiology
Dermatology
Nephrology
Podiatry
Psychiatry
General Surgery
Orthopedic Surgery



Specialty and Other Medical Staff

- Emergency Department Providers
 - Brett Burnett, MD
 - Benjamin Karfunkle, MD
 - Joshua Bales, MD
 - Denzil Frost, DO
 - Barry Diner, MD
 - Jared Kennedy, MD
 - Daniel Kim, MD
 - Justin Wolfshohl, MD
 - Ramon Cantu, DO
 - Mark Boyle, MD
 - Andy Wilson, MD



Driving Distance from Eagle Lake to Next Nearest Other Hospitals

• Columbus Community Hospital	Columbus, TX	18 miles
• El Campo Memorial Hospital	El Campo, TX	34 miles
• Mid Coast Medical Center	Bellville, TX	34 miles
• OakBend Medical Center	Rosenberg TX	36 miles
• Memorial Hermann Katy Hospital	Katy, TX	45 miles
• Christus St. Catherine Hospital	Katy, TX	48 miles

Colorado County Demographics

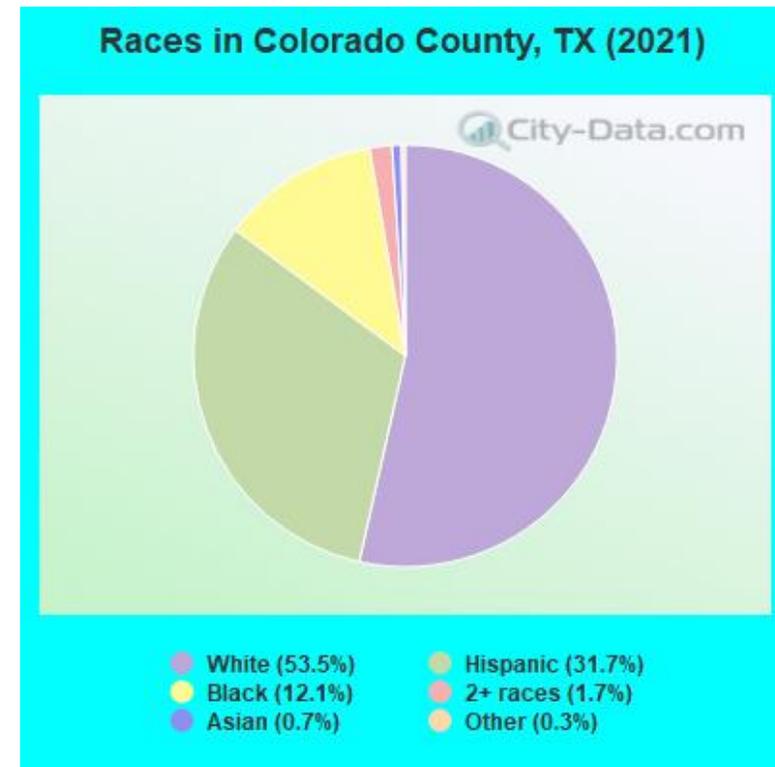
Population

Source: U.S. Census.gov/quickfacts. 2022.
<https://www.census.gov/quickfacts/fact/table/texas,US/PST045222>

<u>Population</u>	<u>2010</u>	<u>2022</u>
Colorado County	20,874	20,557
Eagle Lake	3,639	3,442

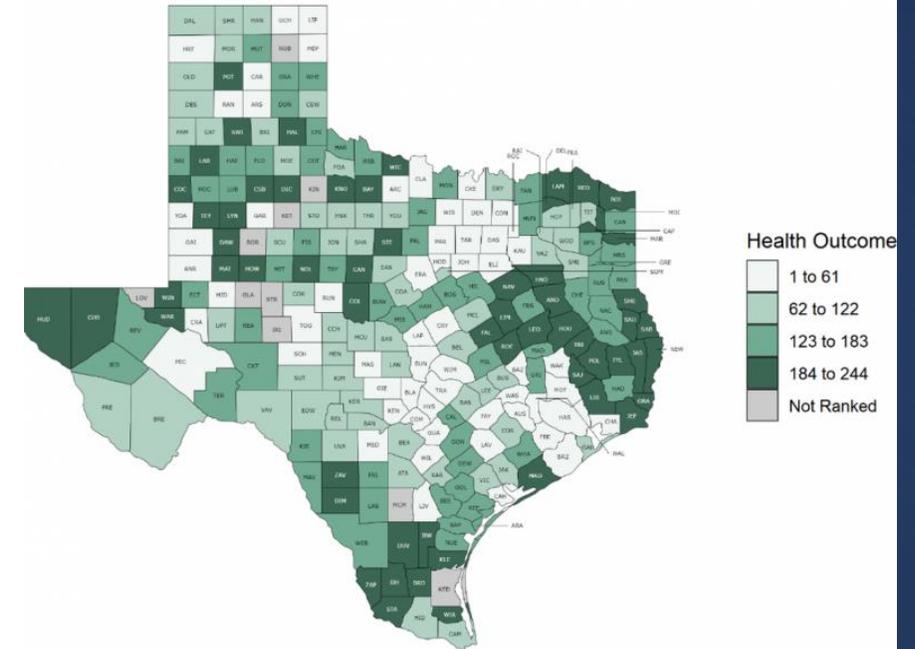
Races

Source: City-data.com. 2021.
https://www.city-data.com/county/Colorado_County-TX.html



Comparison of Health Outcomes and Factors

- This provides a quick snapshot of the comparison of healthy outcomes and factors for Texas Counties. Lighter colors represent better health while dark represent unhealthy. Colorado and Wharton Counties are ranked in the third quartile for health among Texas counties. Austin County is ranked in the second quartile for comparative purposes.



Comparison of Health Outcomes and Factors

Source: County Health Rankings & Roadmaps

<https://www.countyhealthrankings.org/explore-health-rankings/texas/Colorado/Wharton/Austin?year=2023>

NOTE: Wharton is included as a material part of its outreach service area

	<u>Colorado</u>	<u>Wharton</u>	<u>Austin</u>	<u>Texas</u>
Overall Health Ranking	123	142	62	
HEALTH OUTCOMES (Rank)	3rd Qtr.	3 rd Qtr.	2 nd Qtr.	
Life Expectancy	77.1	76	78.2	79.1
Child Mortality (per 100k)	100	40	60	50
Diabetes Prevalence	12%	13%	11%	10%
HIV Prevalence	251	244	216	405

Comparison of Health Outcomes and Factors

Source: County Health Rankings & Roadmaps

<https://www.countyhealthrankings.org/explore-health-rankings/texas/Colorado/Wharton/Austin?year=2023>

NOTE: Wharton is included as a material part of its outreach service area

	<u>Colorado</u>	<u>Wharton</u>	<u>Austin</u>	<u>Texas</u>
HEALTH FACTORS (Rank)	2 nd Qtr.	3 rd Qtr.	Top Qtr.	
Health Behaviors				
Food Environment Index (Higher is better)	7.8	7.4	7.8	5.9
Alcohol Impaired Driving Deaths	9%	9%	16%	25%
STI's (per 100k)	237	397	270	535
Teen Births (per 1,000)	29	43	25	34
Adult Obesity	40%	41%	36%	30%
Physical Inactivity	28%	30%	26%	24%

Comparison of Health Outcomes and Factors

Source: County Health Rankings & Roadmaps

<https://www.countyhealthrankings.org/explore-health-rankings/texas/Colorado/Wharton?year=2023>

NOTE: Wharton is included as a material part of its outreach service area

Clinical Care	<u>Colorado</u> <u>County</u>	<u>Wharton</u> <u>County</u>	<u>Austin</u> <u>County</u>	<u>Texas</u>
Uninsured Adults	27%	29%	25%	23%
Uninsured Children	16%	15%	14%	11%
Primary Care Physicians	2160:1	2450:1	5990:1	1614:1
Dentists	4130:1	1810:1	1900:1	1730:1
Mental Health Providers	4130:1	1190:1	2760:1	880:1
Mammogram Screening	32%	28%	33%	37%
Flu Vaccinations	43%	42%	47%	44%

Comparison of Health Outcomes and Factors

Source: County Health Rankings & Roadmaps

<https://www.countyhealthrankings.org/explore-health-rankings/texas/Colorado/Wharton/Austin?year=2023>

NOTE: Wharton is included as a material part of its outreach service area

Social and Economic Factors	<u>Colorado</u> <u>County</u>	<u>Wharton</u> <u>County</u>	<u>Austin</u> <u>County</u>	<u>Texas</u>
Median Household Income	\$62,000	\$56,500	\$68,200	\$60,600
Children in Poverty	22%	23%	17%	21%
Children Eligible for Free Lunch	63%	67%	53%	59%
Suicides (per 100k)	17	16	22	13
Firearm Fatalities (per 100k)	11	15	23	12
Injury Deaths (per 100k)	78	76	81	60
High School Completion Rate	84%	81%	87%	85%
Some College	54%	55%	56%	61%
Child Care Cost Burden	28%	31%	25%	25%

Comparison of Health Outcomes and Factors

Source: County Health Rankings & Roadmaps

<https://www.countyhealthrankings.org/explore-health-rankings/texas/Colorado/Wharton/Austin?year=2023>

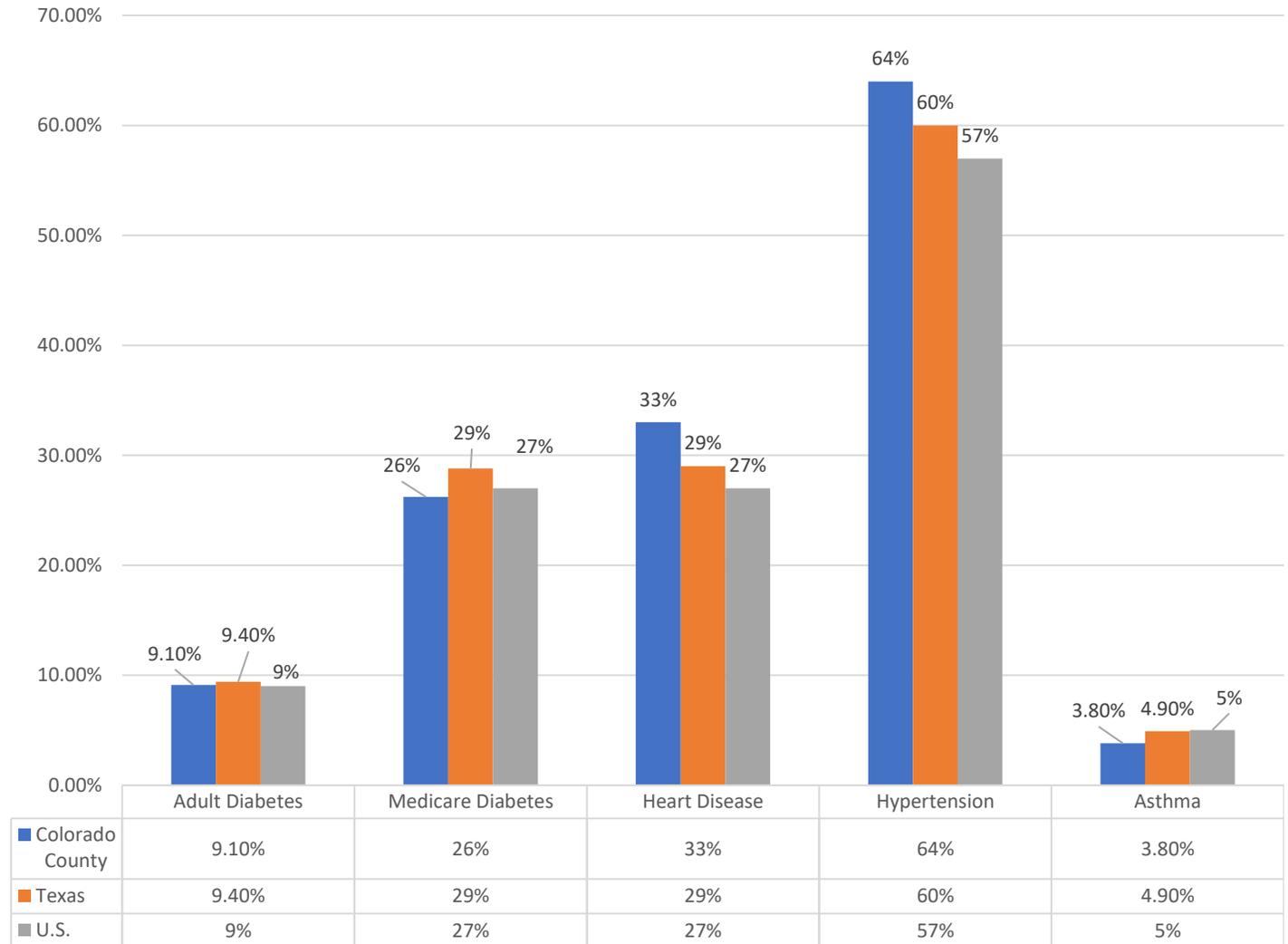
NOTE: Wharton is included as a material part of its outreach service area

Physical Environment (Rank)	Colorado County	Wharton County	Austin County	<u>Texas</u>
Severe Housing Problems	13%	19%	16%	18%
Air Pollution Particulate (micr/m3)	9.3%	9.5	9%	7.4%
Drinking Water Violations	No	Yes	No	

Prevalence of Illness and Disease

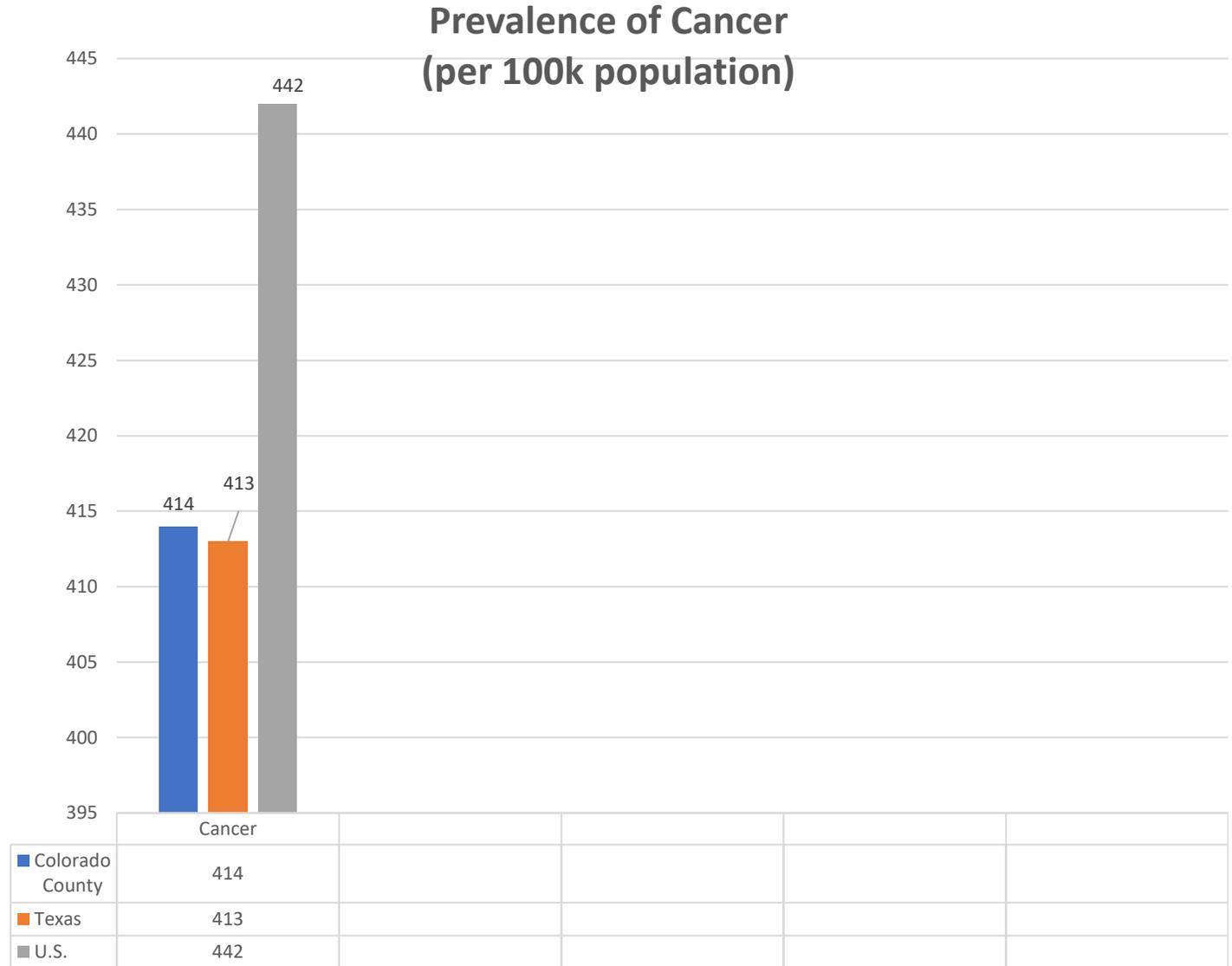
- *Source: Sparkmap.org. Data Source: Centers for Medicare & Medicaid Services, [Centers for Medicare & Medicaid Services - Chronic Conditions](#). 2018. Source geography: County*

Prevalence of Illness and Disease



Prevalence of Illness and Disease

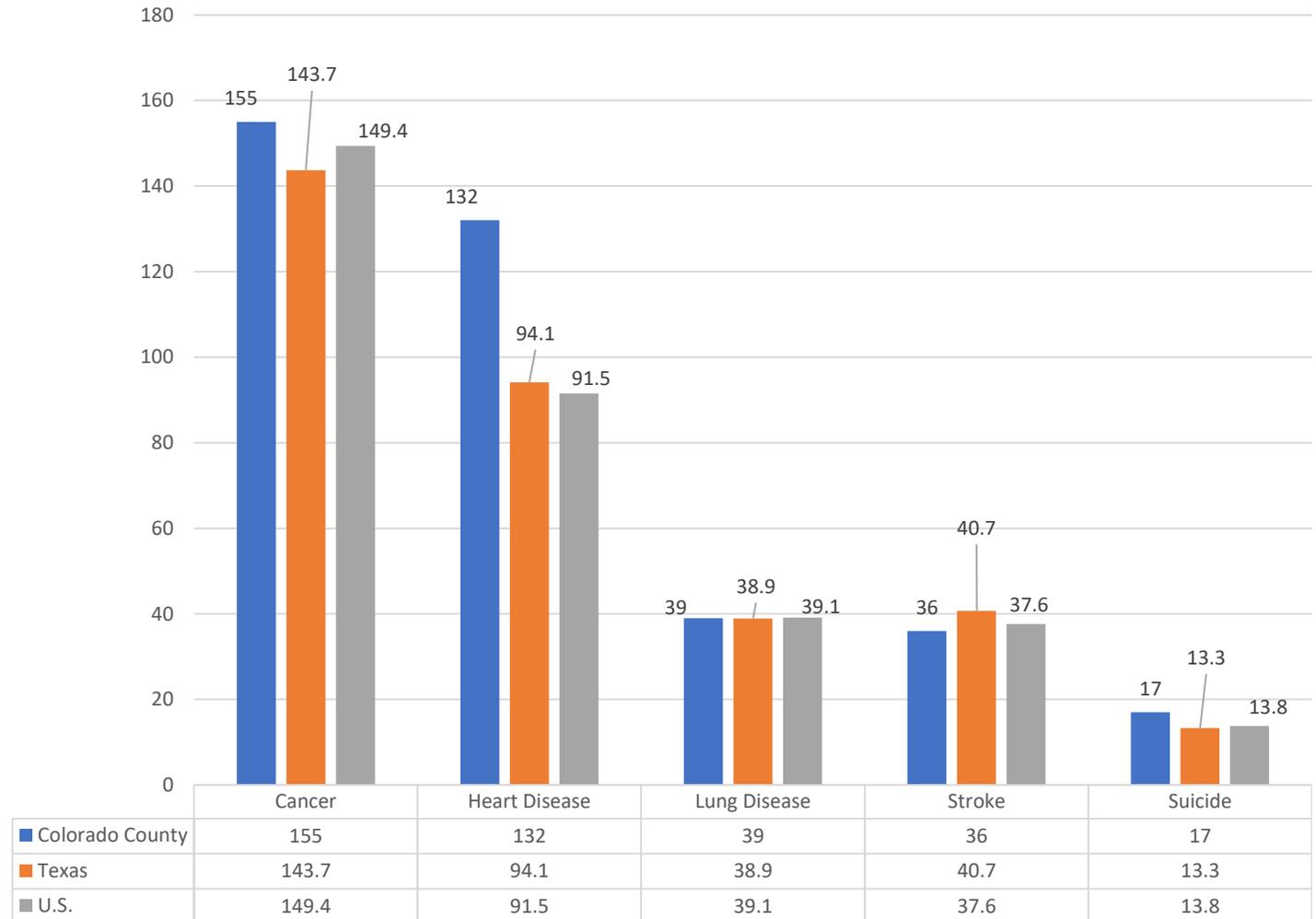
- *Source: Sparkmap.org. State Cancer Profiles. 2012-17*



Mortality

- Source: Sparkmap.org.
Data Source: Centers for Disease Control and Prevention, [CDC - National Vital Statistics System](#).
Accessed via [CDC WONDER](#).
2016-20. Source geography: County.

Mortality (per 100k)



Comparison Colorado, Wharton, and Austin County Health Factors to Texas and U.S.

Favorable

HIV

STI's

Food Index

Alcohol Impaired Driving Deaths

Housing

Unfavorable

- Suicides
- Adult Obesity
- Injury Deaths
- Mental Health Providers
- Child Mortality (Colorado)
- Water Problems (Wharton)
- Hypertension
- Heart Disease

Community Health Survey

What the People Have to Say

A written Community Health Survey was distributed to a diverse cross section of the population living and working in the service area of Rice Medical Center. The Survey contained multiple questions related to two components: 1. Access to Healthcare; 2. Community Health and Wellness. 41 written responses were received. Face to face interviews were not able to be conducted to time constraints and other factors.

Community Health Written Survey Questions

Survey Questions probed responses from the following categories:

Category I

Access to Healthcare Services

- Questions asked pertaining to:
 - Access to healthcare
 - Most critical services that are available
 - Most critical services not available but needed
 - Specialty physician services not available or need improvement
 - Services or specialties people are most likely to travel out of town
 - Confidence rating in locally provided services
 - Area resources available

Category II

Community Health & Wellness

- Describe the health and well-being of the community based upon:
 - Social and Physical Environment
 - Chronic Illness and Disease
 - Mental Health and Substance Abuse
 - Lifestyle Behavior

Access to Healthcare Services

Current access and availability of health services

- Generally good access to primary and emergency care
- Lack local access to specialty physicians and services

What are most critical health needs in the county

- Emergency Services
- Mental Health Primary Care
- Physical Rehab
- Chronic Care Management

How well are these critical needs being met in the county

- Good – Emergency Services and Primary Care
- Needs Improvement – Physical Rehab Facilities
- Poor – Mental Health

Access to Healthcare Services

What service lines provided by the hospital are considered most critical to the community

- Primary Care Clinics
- Emergency Services
- Inpatient and Swing Bed Care
- Physical Rehab Services

What would the impact be if these services were not available?

- Life threatening
- Unnecessary deaths
- Distant travel

What medical specialties are not available that are most needed?

- Mental Health - Limited
- Cardiology - Limited
- Orthopedics- Limited
- Dermatology - Limited
- Ear, Nose, Throat
- Substance Abuse Treatment

Access to Healthcare Services

What Physician Specialties are Available but Most Need Improvement

- Physical Rehab Services (Facilities)
- Surgery

Access to Healthcare Services

Community Confidence in Hospital and Other Local Health Providers

Confidence level expressed in services provided by the hospital

- Very good overall

What hospital service lines are considered to be high quality

- ER Radiology Lab Nursing
- Primary Care

Community Perception Rating – Hospital services (scale 1 to 10)

- 8.95 / 10 Indicates strong support

Community Perception Rating - Overall community (scale 1 to 10)

- 7.6 / 10



Community Health and Wellness

Finding the Pieces and Putting Them Together



Community Health & Wellness

Healthy Aspects of Colorado County and Service Area

(cited by focus group participants)

Healthy

Unhealthy

Primary Care
Access

Hospital

EMS

Neighbors
helping
neighbors

Health Shakes
/ Drinks Cafe

Gym

Churches

Texana Center
MHMR

- Lack of mental health services
- High substance abuse
- Lack of Wellness Programs
- Domestic Violence

What Characteristics Do You Consider for a Healthy Community?

- Active lifestyle and exercise
- Healthy nutrition
- Focus on wellness & prevention
- Education
- Access to primary care
- Access to emergency services
- Access to mental health services

Categories of Community Health & Wellness

Social and
Physical
Environment

Nutrition, Housing,
Transportation,
Violence, Domestic
Abuse, others

Chronic Illness
and Disease

Diabetes,
Hypertension, CHF,
COPD, etc.

Mental Health
and Substance
Abuse

Lifestyle
Behaviors

Community Health

Social and Physical Environment

Nutrition, Housing, Transportation, Violence, Domestic Abuse, others

Community Health

Social & Physical Environment
Biggest Needs Expressed

Domestic
Violence

Nutrition

Housing

Crime
(overall)

Wellness
Programs



Community Health

Social and Physical Environment

Domestic violence was the most frequently cited social issue. Overall crime was also cited multiple times.

Nutrition and overall food environment cited as a growing need

Wellness Programs for Chronic Care Conditions

Safe affordable housing was cited as a growing issue. While a local issue, data shows consistent with state averages

Community Health

Chronic Illness and Disease
Diabetes, Hypertension, CHF, COPD



Community Health

Chronic Illness and Disease

Biggest Issues

- Diabetes
- Hypertension / Heart Disease

Community Health

Chronic Illness and Disease Issues

--- Needs Expressed

The need for chronic disease education and lifestyle management was frequently expressed

Greater access to wellness and physical activities was frequently expressed and supported by public data

The need for healthier food choices in restaurants and grocery stores was expressed

Community Health

Chronic Illness and Disease

- Resource and Opportunity

RMC operates two Rural Health Clinics with strong reputations, good community awareness, and respected providers

Access for Seniors to wellness and physical therapy including aqua therapy is cited as a request and need

Community Health

Mental Health and Substance Abuse



Community Health

Mental Health and Substance Abuse

** Biggest Issues

Alcohol and other substance abuse cited as a major issue

Lack of resource availability for interventional services for substance abuse

Lack of resource availability for preventive substance abuse services and education

Lack of available area resources and social services for adolescent and non-geriatric adults

Community Health

Texana Center serves as the multi-county MHMR provider for Colorado, Wharton, and Austin Counties

Mental Health and Substance Abuse

Lighthouse RMC is a behavioral health program operated by the hospital for the geriatric community

** Area Resources

Geriatric psych program offered by hospital cited as a good resource for the elderly

Community Health

Lifestyle Behaviors

Community
Health

Lifestyle
Behaviors

** Biggest Issues

Obesity

Smoking

Teen Lifestyle Behaviors

Lack of access to gym and other exercise or
recreation opportunities

Lack of access to aquatic therapy

Community Health

Top 3 Priority Needs Cited for Improvement

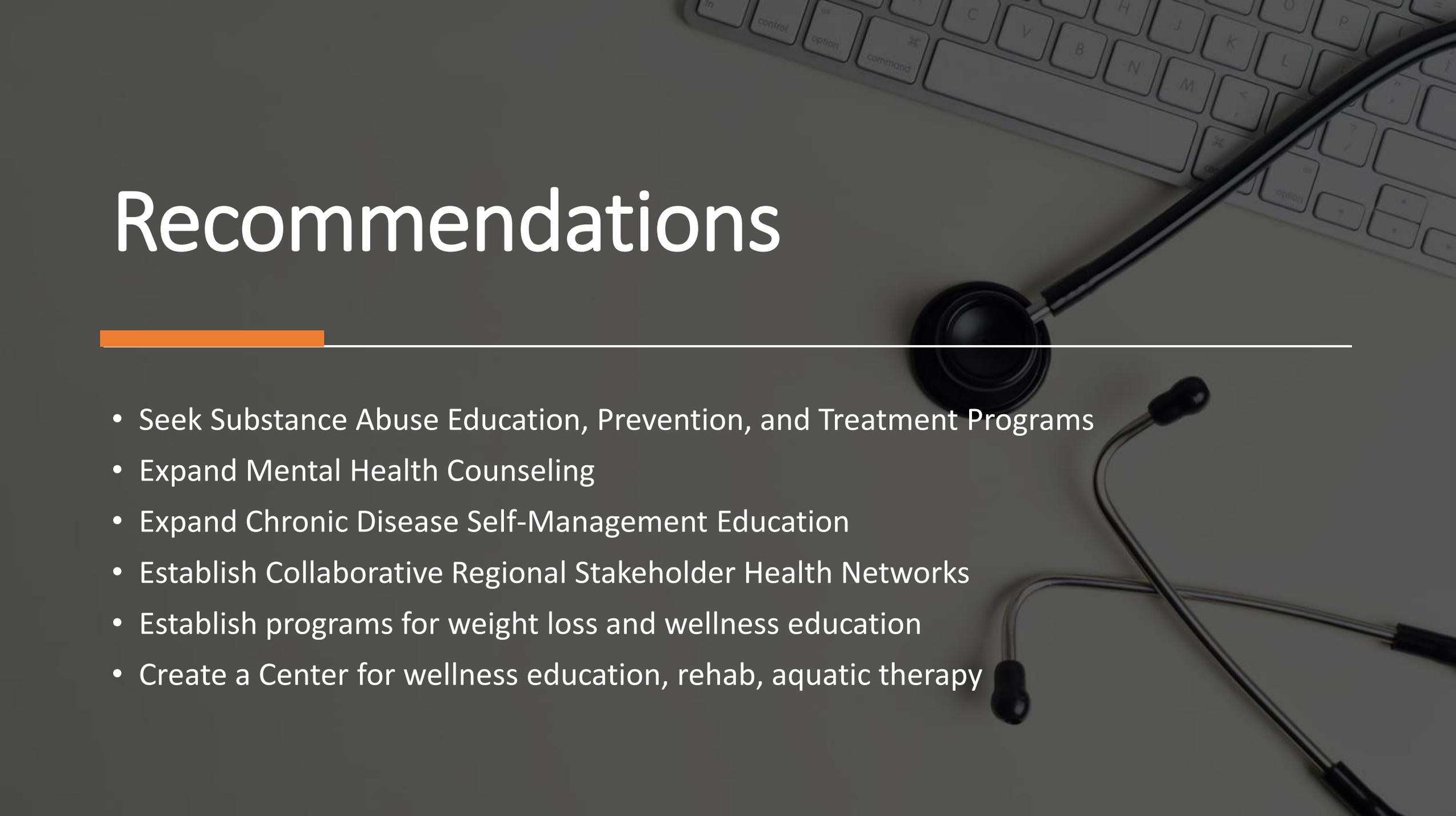
Mental Health and
Domestic Violence

Education for
Chronic Disease
and Substance
Abuse

Wellness and
Rehab

Recommendations

Recommendations



- Seek Substance Abuse Education, Prevention, and Treatment Programs
- Expand Mental Health Counseling
- Expand Chronic Disease Self-Management Education
- Establish Collaborative Regional Stakeholder Health Networks
- Establish programs for weight loss and wellness education
- Create a Center for wellness education, rehab, aquatic therapy

RECOMMENDATION

Mental Health and Substance Abuse Services

It is recommended that issues contributing to mental health behavioral disorders and substance abuse be identified. Collaborative efforts are encouraged to maximize utilization of available resources and to broaden the scope of impact.

- Mental health and drug abuse was the number one need cited by community respondents. This high priority need is supported by public health data.
- The number of suicides reported in Colorado, Wharton, and Austin counties ranks far higher than the average for other Texas counties and the U.S.
- The number of mental health providers in each county service area ranks far below other Texas counties and the number of poor mental health days exceeds the state average.
- Improved awareness of and local access to mental health counseling services and drug rehabilitation is needed within the region. The shortage of mental health providers is prevalent across the State, but the shortage in this service region is even much worse.

RECOMMENDATION

Mental Health and Substance Abuse Services

- Texana Center is the State supported MHMR serving 6 counties including Colorado, Wharton, and Austin. The Center specializes in providing access to community-based treatment and support services for persons with mental illness, autism, intellectual and other development disorders, and family services. Like MHMR's across the State of Texas, Texana Center does the best they can with the limited funding, staffing, and other resources they are provided.
- Telehealth is being used effectively in counties across Texas to expand access to psychiatry, licensed professional counseling, and other mental health services. Consultative services can be accessed locally by patients while linked to remote providers. Expansion of telehealth should be considered as an option for expanding local access to mental health.
- Engage collaborative discussion among diverse local and regional stakeholders to identify core contributors to mental health behavior and drug abuse, prioritize issues, identify available resources, and develop a community plan of action. Participants should include local health professionals, school leaders, city/county/sheriff officials, MHMR, faith leaders, leaders from civic and youth organizations, etc.

RECOMMENDATION

Mental Health and Substance Abuse Services

Action Items for Consideration:

- Identify grant funds that might be available to support local efforts.
- Utilize practitioners at the RMC Rural Health Clinics to identify patients with mental health issues and provide treatment as able within their primary scope of practice or refer for specialty follow-up.
- Visit with Texana Center about innovative ways to use their state-provided funds to improve access to services within their service region.
- A community education campaign is needed to increase awareness of services available to improve access and expand mental health outreach in these counties.
- Advocate for increased state funding for MHMR and other mental health services.
- Expand telehealth as a viable source to offer increased access to psychiatry and other professional counseling services.

RECOMMENDATION

Mental Health and Substance Abuse Services

Action Items for Consideration:

- Domestic violence was cited numerous times as a serious community health issue. Law enforcement should be included with mental health providers and social service agencies to identify core causes and seek measurable actions to reduce the incidence of this harmful behavior.

RECOMMENDATION

Chronic Disease Education and Self-Management

- Chronic Disease education and self-management is identified as a high need
 - The prevalence and mortality of hypertension and heart disease exceeds State and National numbers
 - The need for education pertaining to chronic disease, diet, and lifestyle behavior was strongly expressed and is supported by data.
 - Obesity was cited as a major concern that adversely contributes to other chronic illnesses
- *Chronic Disease Self-Management (CDSM)* programs seek to teach patients to take charge of their own health through education, active monitoring, and behavioral lifestyle adjustments.

RECOMMENDATION

Chronic Disease Education and Self-Management

It is recommended that RMC seek ways to offer Chronic Disease Education and Self-Management (CDSM) programs to improve overall health and well-being

- RMC is well recognized and respected for its primary care clinics and providers.
 - Hospital and clinic providers offer a good source for identifying chronically ill at-risk patients
 - Qualified patients could be channeled into individual and focus group classes teaching lifestyle behaviors in nutrition, relaxation, exercise, sleep, and other behaviors to improve health
- Many people living with chronic disease lack insurance and use the ER for primary care that is largely unfunded. Studies have shown that reducing unfunded utilization of for chronic disease management largely offsets the cost of providing CDSM
- Virtual monitoring devices are available to be issued to patients to track factors like weight, blood pressure, oxygen saturation, blood sugar levels, and other factors. These monitoring and home interventional efforts can lead patients to enjoy improved health, reduce cost, and reduce utilization of the ED for chronic care visits

RECOMMENDATION

Chronic Disease Education and Self-Management

Action Ideas for Consideration:

- RMC and Rural Health Clinic providers work together to develop a customized Chronic Disease Self-Management Program focused on Eagle Lake service area
- Consult with advisors who prepare the hospital's Medicare Cost Report to determine if best to operate as a service line of the Rural Health Clinic, Hospital, or separate organization.
- Gather information and/or consult with other established CDSM Programs.
- Consider ways to issue virtual devices that provide 24/7 monitoring.
- Seek collaborative opportunities to involve other health providers such as optometry, mental health, pharmacists, dentists, etc.

RECOMMENDATION

Establish Collaborative Community Health Network

It is recommended that RCM lead efforts to form a collaborative community health network comprised of diverse constituents that contribute to community health. Network participants may represent employers, school districts, public health, safety, and other services, environmental, faith leaders, health providers, recreation, child daycare, etc.

- Community Health is much more extensive than the hospital, clinics, and providers. Hospitals respond to patient illness and injury after the events have occurred. Community health involves much more than hospitals, doctors, and clinics
 - What can communities do together to help minimize events that lead to illness, injury and other adverse health events?
- Collaborative networking to join diverse community organizations together in a unified effort to improve the wellbeing of communities have been shown to make the biggest impact. The combined effort to achieve mutual goals is more impactful than the exclusive efforts of the hospital or any single organization acting alone. This gets private diverse groups pulling together to improve community health and wellbeing.
- Networks may include the hospital, providers, school district leaders, city and county government leaders, local, state, and federal agencies, law enforcement, social agencies, churches and other faith organizations, civic clubs, business leaders, diverse cultural and ethnic groups, law enforcement, etc.

RECOMMENDATION

Establish Collaborative Community Health Network

- The community network may choose to organize as a charitable 501 (c) (3) non-profit organization and seek grant and foundation funding to support initiatives.
 - One example is in Del Rio, TX, where Val Verde Regional Medical Center led the establishment of “CHIC”, the Community Health Improvement Coalition, a local collaborative non-profit charitable organization.

Action Ideas for Consideration:

- RMC senior leaders invite a select group of community leaders who represent various sectors that influence or contribute to community health.
 - Identify and prioritize needs, develop a plan of action involving key sectors
 - Seek funding for goals and objectives
 - Set goals for measurable accountability

Summary

RMC is a vital and essential resource providing healthcare services to remote populations dispersed across a large multi-county geographic area. RMC serves a diverse racial, ethnic, and employment constituency. Services provided by RMC are available to all who present for care regardless of income or other discriminating factors.

Improving the health and well-being of the diverse needs in Colorado, Wharton, and Austin County is larger than RMC can accomplish alone. The RMC service area is fortunate to be served by many public, private, health, and social service organizations. Collaborative efforts should be made to engage each of these organizations to work together toward a common goal to improve local health and well-being. Willingness to work together was expressed by each of the leaders who participated in this CHNA.

Summary (cont.)

Thank you to all who contributed to this Community Health Needs Assessment. The RMC Leadership team, Hospital staff, Medical Staff, and Board of Directors are to all be commended for maintaining a well-run and successful community hospital. Thanks to the many people who volunteered to participate in the community health survey. The findings in this report are intended to serve as a platform to further the efforts of RMC to improve care, identify solutions, and overcome obstacles to improve community health.

Next Steps

- *Next Steps:*
 - *A next step will be to present this CHNA to the Board of Directors and hospital leadership team.*
 - *It is recommended that this CHNA be shared with all focus group participants who contributed to this assessment, and post on the hospital website for public access. Sharing this assessment with the focus group participants and community will likely create synergy as the community sees that the hospital is focused on strategic efforts to improve the health and wellbeing of people living in the RMC service area.*
 - *These recommendations, with consideration for comments provided by community focus groups and supporting data, should be prioritized and used as a basis for planning and allocation of resources to improve community health and well-being.*