

Region 17

Regional Healthcare Partnership

Walker County Planning Meeting

Tuesday, May 22, 2012

10:00 a.m. to 12:00 p.m.

Huntsville Memorial Hospital • Administrative Board Room
110 Memorial Hospital Drive (I-45 S) • Huntsville, Texas

AGENDA

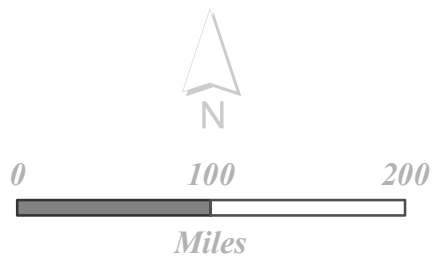
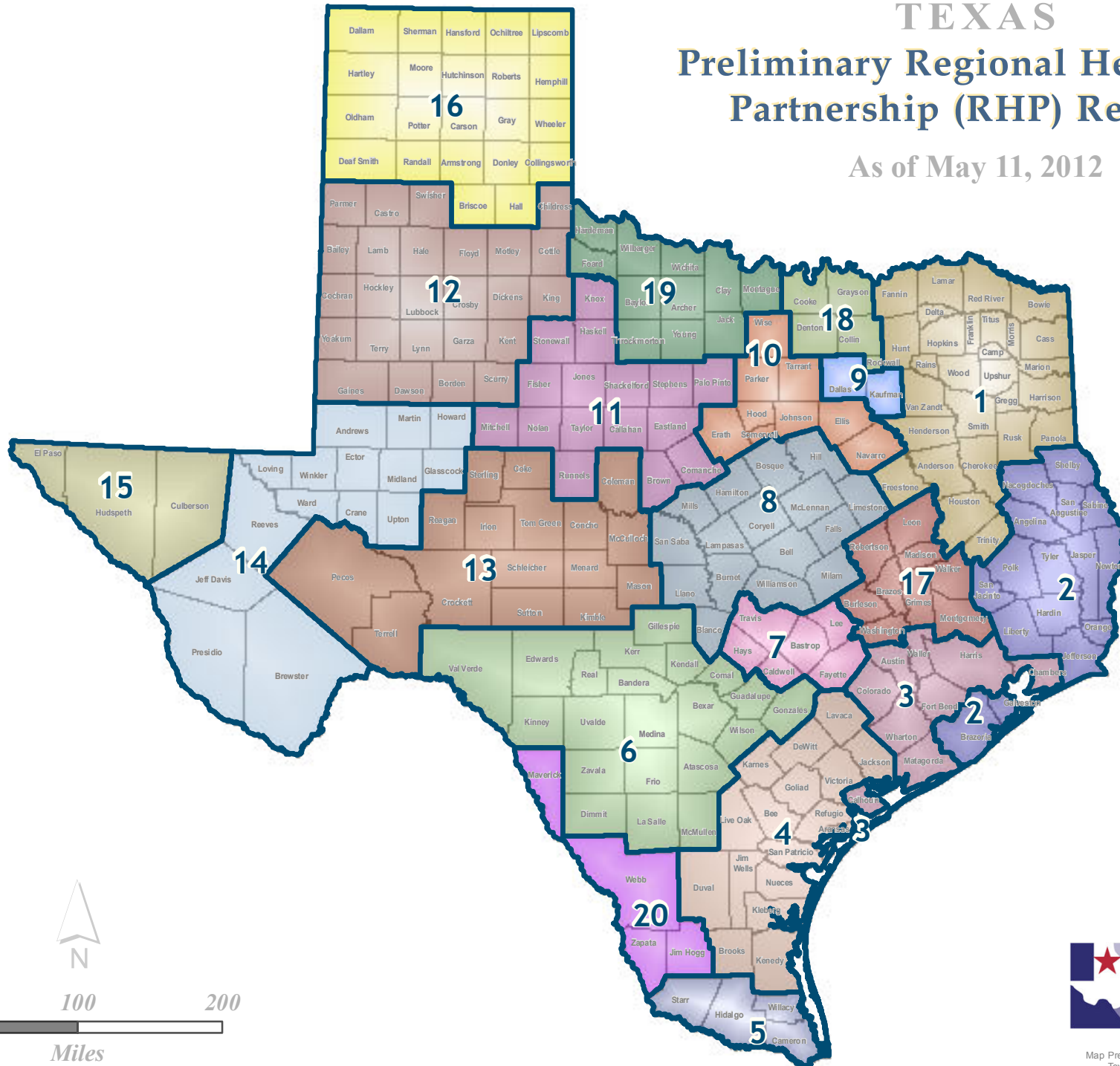
- I. Welcome and Introductions**
- II. Update on 1115 Waiver Activities**
- III. Review of County Assessment Data and Updated Secondary Data**
- IV. Discuss Community Priorities**
- V. Review of DSRIP Project Menu**
- VI. Discuss Key Priorities in Relation to DSRIP Projects**
- VII. Closing Remarks and Next Steps**
- VIII. Adjourn**

*Meeting will be facilitated by
Dr. Monica Wendel and Ms. Angie Alaniz
Texas A&M Health Science Center*

TEXAS

Preliminary Regional Healthcare Partnership (RHP) Regions

As of May 11, 2012



RHP 1

1. Anderson
2. Bowie
3. Camp
4. Cass
5. Cherokee
6. Delta
7. Fannin
8. Franklin
9. Freestone
10. Gregg
11. Harrison
12. Henderson
13. Hopkins
14. Houston
15. Hunt
16. Lamar
17. Marion
18. Morris
19. Panola
20. Rains
21. Red River
22. Rusk
23. Smith
24. Titus
25. Trinity
26. Upshur
27. Van Zandt
28. Wood

RHP 2

1. Angelina
2. Brazoria
3. Galveston
4. Hardin
5. Jasper
6. Jefferson
7. Liberty
8. Nacogdoches
9. Newton
10. Orange
11. Polk
12. Sabine
13. San Augustine
14. San Jacinto
15. Shelby
16. Tyler

RHP 3

1. Austin
2. Calhoun
3. Chambers
4. Colorado
5. Fort Bend
6. Harris
7. Matagorda
8. Waller
9. Wharton

RHP 4

1. Aransas
2. Bee
3. Brooks
4. DeWitt
5. Duval
6. Goliad
7. Jackson
8. Jim Wells
9. Karnes
10. Kenedy
11. Kleberg
12. Lavaca
13. Live Oak
14. Nueces
15. Refugio
16. San Patricio
17. Victoria

RHP 5

1. Cameron
2. Hidalgo
3. Starr
4. Willacy

RHP 6

1. Atascosa
2. Bandera
3. Bexar
4. Comal
5. Dimmit
6. Edwards
7. Frio
8. Gillespie
9. Gonzales
10. Guadalupe
11. Kendall
12. Kerr

13. Kinney
14. La Salle
15. McMullen
16. Medina
17. Real
18. Uvalde
19. Val Verde
20. Wilson
21. Zavala

RHP 7

1. Bastrop
2. Caldwell
3. Fayette
4. Hays
5. Lee
6. Travis

RHP 8

1. Bell
2. Blanco
3. Bosque
4. Burnet
5. Coryell
6. Falls
7. Hamilton
8. Hill
9. Lampasas
10. Limestone
11. Llano
12. McLennan
13. Milam
14. Mills
15. San Saba
16. Williamson

RHP 9

1. Dallas
2. Kaufman

RHP 10

1. Ellis
2. Erath
3. Hood
4. Johnson
5. Navarro
6. Parker
7. Somervell
8. Tarrant
9. Wise

RHP 11

1. Brown
2. Callahan
3. Comanche
4. Eastland
5. Fisher
6. Haskell
7. Jones
8. Knox
9. Mitchell
10. Nolan
11. Palo Pinto
12. Runnels
13. Shackelford
14. Stephens
15. Stonewall
16. Taylor

RHP 12

1. Bailey
2. Borden
3. Castro
4. Childress
5. Cochran
6. Cottle
7. Crosby
8. Dawson
9. Dickens
10. Floyd
11. Gaines
12. Garza
13. Hale
14. Hockley
15. Kent
16. King
17. Lamb
18. Lubbock
19. Lynn
20. Motley
21. Parmer
22. Scurry
23. Swisher
24. Terry
25. Yoakum

RHP 13

1. Coke
2. Coleman

3. Concho
4. Crockett
5. Irion
6. Kimble
7. Mason
8. McCulloch
9. Menard
10. Pecos
11. Reagan
12. Schleicher
13. Sterling
14. Sutton
15. Terrell
16. Tom Green

RHP 14

1. Andrews
2. Brewster
3. Crane
4. Ector
5. Glasscock
6. Howard
7. Jeff Davis
8. Loving
9. Martin
10. Midland
11. Presidio
12. Reeves
13. Upton
14. Ward
15. Winkler

RHP 15

1. Culberson
2. El Paso
3. Hudspeth

RHP 16

1. Armstrong
2. Briscoe
3. Carson
4. Collingsworth
5. Dallam
6. Deaf Smith
7. Donley
8. Gray
9. Hall
10. Hansford
11. Hartley

12. Hemphill
13. Hutchinson
14. Lipscomb
15. Moore
16. Ochiltree
17. Oldham
18. Potter
19. Randall
20. Roberts
21. Sherman
22. Wheeler

RHP 17

1. Brazos
2. Burleson
3. Grimes
4. Leon
5. Madison
6. Montgomery
7. Robertson
8. Walker
9. Washington

RHP 18

1. Collin
2. Cooke
3. Denton
4. Grayson
5. Rockwall

RHP 19

1. Archer
2. Baylor
3. Clay
4. Foard
5. Hardeman
6. Jack
7. Montague
8. Throckmorton
9. Wichita
10. Wilbarger
11. Young

RHP 20

1. Jim Hogg
2. Maverick
3. Webb
4. Zapata

Walker County Executive Summary



Community Description

Walker County (J-20) is in southeast Texas. Huntsville, the county seat, is near the center of the county sixty miles north of Houston. The area was originally named for Robert J. Walker of Mississippi, who introduced into the United States Congress the resolution for the annexation of Texas; because he was a Unionist during the Civil War, however, in 1863 the state legislature changed the honoree to Samuel H. Walker.

Walker County encompasses 801 square miles of rolling hills and open prairies in the Piney Woods vegetation area; around 70 percent of the county is blanketed by forests of loblolly, short-leaf and long-leaf pine, and hardwoods. Huntsville (population: 35,078) accounts for over 60 percent of the county's population, while Riverside (425) and New Waverly (950) are the next largest communities.

A large portion of the county is owned by two public agencies, the state prison system and the National Forest Service. Numerous prison farms are operated by the prison system. The economy benefits from the presence of Sam Houston State University. An increasingly important factor in the growth of Walker County is the tremendous expansion of Houston. As this city continues to sprawl northward, more Walker County residents benefit from employment opportunities available in its metropolitan area.

Huntsville residents often work in Houston offices, commuting from their Walker County homes.

2011 Health Status Assessment

Walker County by the Numbers

Population: 67,861

Males 60.2%

Females 39.8%

Age:

Under 5 Years: 4.8%

Under 18 Years: 16.7%

65 Years or Over: 10.3%

Race/Ethnicity

White: 59.1%

Black: 23.1%

Hispanic or Latino 15.5%

Asian alone 1.0%

Two Or More Races 1.3%

Educational Attainment

Less Than High School 2.6%

High School Graduates 80.3%

Bachelors Degree 17.1%

Employment Status

Private Wage or Salary 57.0%

Government 36.0%

Unemployed 7.0%

Median Resident Age 31.0 years

Texas Median Age 32.3 years

Average Household Size 2.4 people

Texas Average Household 3.0 people

Walker County Executive Summary

Nativity

- The percent of births to adolescent mothers (<18) for Walker County (4.7%) is comparable to the state (4.9%).
- Walker County (44.5%) has a slightly higher percentage of unmarried mothers when compared to the state (41.9%).
- Walker County (6.7%) and Texas (8.4%) have comparable percentages of low birth weight. ("Low birth weight represents live-born infants weighing less than 2,500 grams at birth.")
- Walker County (70%) has a higher percentage of prenatal care in the first trimester when compared to the state (58.4%).
- Walker County (62.2%) has a higher percentage of Medicaid covered births (as percent of total births) compared to the state (55.3%).

Communicable Diseases

- Tuberculosis rates for Walker County (3.9) are lower than the state (6.2).
- Primary and Secondary Syphilis rates for Walker County (3.1) and Texas (7.9) are comparable.
- Gonorrhea rate is lower in Walker County (111.5) than the state (129.8).
- Walker County (345.4) has a lower Chlamydia rate than the state (405.8).
- AIDS rate is slightly higher in Walker County (25.4) than the state (11.9).
- Walker County (15.5) has a lower rate of Varicella compared to the state (32.2)



Heart Disease and Stroke

- Walker County (235.8) has a higher Heart Disease mortality rate when compared to the state (194.3).
- Walker County (55.5) Stroke death rates are comparable to the state (49.4).

Diabetes

- Texas Department of Health Services statistics show diabetes mortality rates in both Texas and the U.S. have increased since the late 1970s. Mortality rates of Diabetes in Texas are significantly higher than the U.S. overall.
- Diabetes was the sixth leading cause of death in Texas in 2002 through 2006. In 2006, 5,180 deaths in Texas were directly attributed to diabetes according to Texas Diabetes Council survey data.
- There were an estimated 1.8 million people age 18 or older in Texas with a diabetes diagnosis representing 9.7% of that age group.
- The state has comparable mortality rates from Diabetes. Walker County had fewer than 20 deaths for Diabetes.

Community Benefit Plan

After reviewing the data available and speaking to a variety of community representatives, it was concluded that a significant number of people are affected by heart disease, cancer and diabetes in Huntsville and Walker County. Therefore, Huntsville Memorial Hospital (HMH) selected these primary areas of focus for its FY 2012 Community Benefit Plan objectives.

- **Objective #1**-Implement a community-wide Diabetes Intervention and Community Education (DICE) program together with Sam Houston State University (SHSU) and Texas AgriLife Extension.
- **Objective #2**-Expand HMH Medical Clinic hour to better serve the community
- **Objective #3**-Provide community education programs to help participants learn how to reduce their health risks and improve their health.
- **Objective #4**-Implement free community health screenings
- **Objective #5**-Continue implementation of Mended Hearts support program
- **Objective #6**-Fulfill the goals of the charitable mission



Walker County, Texas

People QuickFacts	Walker County	Texas
Population, 2011 estimate	NA	25,674,681
Population, 2010	67,861	25,145,561
Population, percent change, 2000 to 2010	9.9%	20.6%
Population, 2000	61,758	20,851,820
Persons under 5 years, percent, 2010	4.8%	7.7%
Persons under 18 years, percent, 2010	16.7%	27.3%
Persons 65 years and over, percent, 2010	10.3%	10.3%
Female persons, percent, 2010	41.0%	50.4%
White persons, percent, 2010 (a)	67.1%	70.4%
Black persons, percent, 2010 (a)	22.5%	11.8%
American Indian and Alaska Native persons, percent, 2010 (a)	0.4%	0.7%
Asian persons, percent, 2010 (a)	0.9%	3.8%
Native Hawaiian and Other Pacific Islander, percent, 2010 (a)	0.0%	0.1%
Persons reporting two or more races, percent, 2010	2.1%	2.7%
Persons of Hispanic or Latino origin, percent, 2010 (b)	16.8%	37.6%
White persons not Hispanic, percent, 2010	58.5%	45.3%
Living in same house 1 year & over, 2006-2010	75.3%	81.5%
Foreign born persons, percent, 2006-2010	8.3%	16.1%
Language other than English spoken at home, pct age 5+, 2006-2010	18.5%	34.2%
High school graduates, percent of persons age 25+, 2006-2010	80.3%	80.0%
Bachelor's degree or higher, pct of persons age 25+, 2006-2010	17.1%	25.8%
Veterans, 2006-2010	5,383	1,635,367
Mean travel time to work (minutes), workers age 16+, 2006-2010	22.3	24.8
Housing units, 2010	24,058	9,977,436
Homeownership rate, 2006-2010	58.0%	64.8%
Housing units in multi-unit structures, percent, 2006-2010	26.3%	24.1%
Median value of owner-occupied housing units, 2006-2010	\$106,100	\$123,500
Households, 2006-2010	19,902	8,539,206
Persons per household, 2006-2010	2.29	2.78
Per capita money income in past 12 months (2010 dollars) 2006-2010	\$13,920	\$24,870
Median household income 2006-2010	\$34,259	\$49,646
Persons below poverty level, percent, 2006-2010	23.8%	16.8%
Business QuickFacts	Walker County	Texas
Private nonfarm establishments, 2009	904	519,028 ¹
Private nonfarm employment, 2009	11,544	8,925,096 ¹
Private nonfarm employment, percent change 2000-2009	7.8%	11.2% ¹
Nonemployer establishments, 2009	3,467	1,844,130
Total number of firms, 2007	4,125	2,164,852

Black-owned firms, percent, 2007	S	7.1%
American Indian- and Alaska Native-owned firms, percent, 2007	F	0.9%
Asian-owned firms, percent, 2007	S	5.3%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	S	0.1%
Hispanic-owned firms, percent, 2007	7.5%	20.7%
Women-owned firms, percent, 2007	29.0%	28.2%
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Manufacturers shipments, 2007 (\$1000)	D	593,541,502
Merchant wholesaler sales, 2007 (\$1000)	D	424,238,194
Retail sales, 2007 (\$1000)	626,334	311,334,781
Retail sales per capita, 2007	\$9,835	\$13,061
Accommodation and food services sales, 2007 (\$1000)	73,827	42,054,592
Building permits, 2010	629	88,461
Federal spending, 2009	339,320	216,379,449 ¹
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Geography QuickFacts	Walker County	Texas
Land area in square miles, 2010	784.17	261,231.71
Persons per square mile, 2010	86.5	96.3
FIPS Code	471	48
Metropolitan or Micropolitan Statistical Area	Huntsville, TX Micro Area	

1: Includes data not distributed by county.

Population estimates for counties will be available in April, 2012 and for cities in June, 2012.

(a) Includes persons reporting only one race.

(b) Hispanics may be of any race, so also are included in applicable race categories.

D: Suppressed to avoid disclosure of confidential information

F: Fewer than 100 firms

FN: Footnote on this item for this area in place of data

NA: Not available

S: Suppressed; does not meet publication standards

X: Not applicable

Z: Value greater than zero but less than half unit of measure shown

Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits, Consolidated Federal Funds Report
Last Revised: Tuesday, 31-Jan-2012 16:58:42 EST

	Walker County	Error Margin	National Benchmark*	Texas	Rank (of 221)
Health Outcomes					89
Mortality					102
Premature death	8,381	7,570-9,192	5,466	7,186	
Morbidity					78
Poor or fair health	14%	9-22%	10%	19%	
Poor physical health days	4.5	2.6-6.4	2.6	3.6	
Poor mental health days	3.5	2.4-4.7	2.3	3.3	
Low birthweight	7.9%	7.1-8.7%	6.0%	8.2%	
Health Factors					145
Health Behaviors					154
Adult smoking	19%	12-28%	14%	19%	
Adult obesity	33%	26-40%	25%	29%	
Physical inactivity	27%	21-35%	21%	25%	
Excessive drinking	16%	9-26%	8%	16%	
Motor vehicle crash death rate	16	12-20	12	17	
Sexually transmitted infections	324		84	435	
Teen birth rate	30	27-33	22	63	
Clinical Care					91
Uninsured	29%	26-32%	11%	26%	
Primary care physicians	1,765:1		631:1	1,050:1	
Preventable hospital stays	82	75-90	49	73	
Diabetic screening	82%	75-88%	89%	81%	
Mammography screening	65%	58-73%	74%	62%	
Social & Economic Factors					170
High school graduation	72%			84%	
Some college	42%	38-46%	68%	56%	
Unemployment	7.6%		5.4%	8.2%	
Children in poverty	27%	20-34%	13%	26%	
Inadequate social support	16%	10-23%	14%	23%	
Children in single-parent households	35%	29-41%	20%	32%	
Violent crime rate	372		73	503	
Physical Environment					39
Air pollution-particulate matter days	0		0	1	
Air pollution-ozone days	0		0	18	
Access to recreational facilities	3		16	7	
Limited access to healthy foods	1%		0%	12%	
Fast food restaurants	46%		25%	53%	

* 90th percentile, i.e., only 10% are better

Note: Blank values reflect unreliable or missing data

2012



Walker County
POTENTIALLY PREVENTABLE HOSPITALIZATIONS
www.dshs.state.tx.us/ph

From 2005-2010, adult residents (18+) of **Walker County** received **\$154,918,644** in charges for hospitalizations that were potentially preventable. Hospitalizations for the conditions below are called “**potentially preventable**,” because **if the individual had access to and cooperated with appropriate outpatient healthcare, the hospitalization would likely not have occurred.**

Potentially Preventable Hospitalizations for Adult Residents of Walker County	Number of Hospitalizations							2005-2010		
	2005	2006	2007	2008	2009	2010	2005-2010	Average Hospital Charge	Hospital Charges	Hospital Charges Divided by 2010 Adult County Population
Bacterial Pneumonia	255	206	204	169	155	182	1,171	\$26,416	\$30,933,309	\$547
Dehydration	55	29	35	28	34	37	218	\$17,245	\$3,759,307	\$66
Urinary Tract Infection	134	122	132	120	100	136	744	\$20,117	\$14,967,042	\$265
Angina (without procedures)	16	25	18	10	23	7	99	\$13,910	\$1,377,123	\$24
Congestive Heart Failure	289	245	218	210	219	204	1,385	\$28,521	\$39,501,766	\$699
Hypertension (High Blood Pressure)	48	42	44	62	66	61	323	\$18,697	\$6,039,125	\$107
Asthma	103	88	98	68	84	65	506	\$21,270	\$10,762,806	\$190
Chronic Obstructive Pulmonary Disease	121	105	114	112	120	140	712	\$26,635	\$18,964,217	\$335
Diabetes Short-term Complications	60	35	61	41	47	50	294	\$17,749	\$5,218,323	\$92
Diabetes Long-term Complications	127	109	135	105	82	120	678	\$34,507	\$23,395,625	\$414
TOTAL	1,208	1,006	1,059	925	930	1,002	6,130	\$25,272	\$154,918,644	\$2,740

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

The purpose of this information is to assist in improving healthcare and reducing healthcare costs.
 This information is not an evaluation of hospitals or other healthcare providers.

Bacterial Pneumonia is a serious inflammation of the lungs caused by an infection. Bacterial pneumonia primarily impacts older adults. [Communities can potentially prevent hospitalizations by encouraging older adults and other high risk individuals to get vaccinated for bacterial pneumonia.](#)

Dehydration means the body does not have enough fluid to function well. Dehydration primarily impacts older adults or institutionalized individuals who have a limited ability to communicate thirst. [Communities can potentially prevent hospitalizations by encouraging attention to the fluid status of individuals at risk.](#)

Urinary Tract Infection (UTI) is usually caused when bacteria enter the bladder and cause inflammation and infection. It is a common condition, with older adults at highest risk. In most cases, an uncomplicated UTI can be treated with proper antibiotics. [Communities can potentially prevent hospitalizations by encouraging individuals to practice good personal hygiene; drink plenty of fluids; and \(if practical\) avoid conducting urine cultures in asymptomatic patients who have indwelling urethral catheters.](#)

Angina (without procedures) is chest pain that occurs when a blockage of a coronary artery prevents sufficient oxygen-rich blood from reaching the heart muscle. [Communities can potentially prevent hospitalizations by encouraging regular physical activity; smoking cessation; controlling diabetes, high blood pressure, and abnormal cholesterol; maintaining appropriate body weight; and daily administration of an anti-platelet medication \(like low dose aspirin\) in most individuals with known coronary artery disease.](#)

Congestive Heart Failure is the inability of the heart muscle to function well enough to meet the demands of the rest of the body. [Communities can potentially prevent hospitalizations by encouraging individuals to reduce risk factors such as coronary artery disease, diabetes, high cholesterol, high blood pressure, smoking, alcohol abuse, and use of illegal drugs.](#)

Hypertension (High Blood Pressure) is a syndrome with multiple causes. Hypertension is often controllable with medications. [Communities can potentially prevent hospitalizations by encouraging an increased level of aerobic physical activity, maintaining a healthy weight, limiting the consumption of alcohol to moderate levels for those who drink, reducing salt and sodium intake, and eating a reduced-fat diet high in fruits, vegetables, and low-fat dairy food.](#)

Asthma occurs when air passages of the lungs become inflamed and narrowed and breathing becomes difficult. Asthma is treatable, and most flare-ups and deaths can be prevented through the use of medications. [Communities can potentially prevent hospitalizations by encouraging people to learn how to recognize particular warning signs of asthma attacks. Treating symptoms early can result in prevented or less severe attacks.](#)

Chronic Obstructive Pulmonary Disease is characterized by decreased flow in the airways of the lungs. It consists of three related diseases: asthma, chronic bronchitis and emphysema. Because existing medications cannot change the progressive decline in lung function, the goal of medications is to lessen symptoms and/or decrease complications. [Communities can potentially prevent hospitalizations by encouraging education on smoking cessation and minimizing shortness of breath.](#)

Diabetes Short-term Complications are extreme fluctuations in blood sugar levels. Extreme dizziness and fainting can indicate hypoglycemia (low blood sugar) or hyperglycemia (high blood sugar), and if not brought under control, seizures, shock or coma can occur. Diabetics need to monitor their blood sugar levels carefully and adjust their diet and/or medications accordingly. [Communities can potentially prevent hospitalizations by encouraging the regular monitoring and managing of diabetes in the outpatient health care setting and encouraging patient compliance with treatment plans.](#)

Diabetes Long-term Complications include risk of developing damage to the eyes, kidneys and nerves. Risk also includes developing cardiovascular disease, including coronary heart disease, stroke, and peripheral vascular disease. Long-term diabetes complications are thought to result from long-term poor control of diabetes. [Communities can potentially prevent hospitalizations by encouraging the regular monitoring and managing of diabetes in the outpatient health care setting and encouraging patient compliance with treatment plans.](#)

For more information on potentially preventable hospitalizations, go to: www.dshs.state.tx.us/ph.

Walker County Health Care Notes

Huntsville Memorial Hospital

Huntsville Memorial Hospital is a Joint Commission-accredited, not-for-profit 124-bed acute care community hospital affiliated with the Memorial Hermann health network of Houston.

Hospital Services

- 24-hour Trauma IV Emergency Services
- Beginnings Prenatal Program
- Birthing Suites
- Home Health
- Diagnostic Imaging
- Mammography
- Medical Clinic
- Outpatient Counseling
- Rehabilitation – Inpatient/Outpatient & Cardiac
- Surgery – Inpatient/Outpatient
- Wellness and Healthy Living Programs
- Women's Health Center
- Wound Care
- Joe G. Davis School of Vocational Nursing

HMH Clinic

HMH Medical Clinic
521 IH-45 South, Suite 4
Huntsville, TX 77340

Hours of Operation: Open 8 a.m. to 8 p.m.; 7 days/week

Type of Clinic: Rural Health Clinic

Record medical histories

Perform complete physical exams

Provide immunizations

Assess health status

Provide routine lab tests

Diagnose and treat common health problems

Complete specialist referrals

UTILIZATION DATA FOR TEXAS ACUTE CARE HOSPITALS BY COUNTY, 2010

Huntsville Memorial Hospital

<i>Metro-Status</i>	<i>Ownership</i>	<i>Days Open</i>	<i>Staffed Beds</i>	<i>Admissions</i>	<i>Inpatient Days</i>	<i>Medicare Inpatient Days</i>	<i>Medicaid Inpatient Days</i>	<i>Average Daily Census</i>	<i>Average Length of Stay</i>	<i>Staffed Occupancy Rate%</i>
<i>Non-metro</i>	<i>NP</i>	<i>365</i>	<i>96</i>	<i>3,907</i>	<i>16,641</i>	<i>8,891</i>	<i>2,978</i>	<i>45.6</i>	<i>4.3</i>	<i>47.5</i>

Source: 2010 Cooperative DSHS/AHA/THA Annual Survey of Hospitals and Hospitals Tracking Database

CHARITY CARE CHARGES AND SELECTED FINANCIAL DATA FOR TEXAS ACUTE CARE HOSPITALS BY COUNTY, 2010

Huntsville Memorial Hospital

<i>Ownership</i>	<i>Bad Debt Charges</i>	<i>Charity Charges</i>	<i>Total UC Care</i>	<i>Net Patient Revenue</i>	<i>Gross Inpatient Revenue</i>	<i>Gross Outpatient Revenue</i>	<i>Total Gross Patient Revenue</i>	<i>UC Care as % of Gross Patient Revenue</i>
<i>NP</i>	<i>\$8,466,682</i>	<i>\$10,838,806</i>	<i>\$19,305,488</i>	<i>\$72,952,629</i>	<i>\$75,725,324</i>	<i>\$131,524,149</i>	<i>\$207,249,473</i>	<i>9.3</i>

Source: 2010 Cooperative DSHS/AHA/THA Annual Survey of Hospitals and Hospital Tracking Database

Walker County Health and Community Data

DSHS Health Currents System

www.dshs.state.tx.us/chs/healthcurrents

<i>Hospital Resources</i>				
	<i>Year</i>	<i>Walker County</i>	<i>Region 6</i>	<i>Texas</i>
<i>Acute Care Hospitals</i>	2009	1	102	553
<i>Psychiatric Hospitals</i>	2009	0	10	43
<i>Acute Care For-Profit Hospitals</i>	2009	0	62	279
<i>Acute Care Non-Profit Hospitals</i>	2009	1	28	151
<i>Acute Care Public Hospitals</i>	2009	0	12	123
<i>Beds Setup and Staffed for Acute Care</i>	2009	96	15,276	64,022
<i>Beds Setup and Staffed for Obstetrics Care</i>	2009	5	1,210	5,961
<i>Acute Care Licensed Beds</i>	2009	123	18,944	78,368
<i>Psychiatric Care Licensed Beds</i>	2009	0	1,130	5,450

<i>Health Occupations</i>				
	<i>Year</i>	<i>Walker County</i>	<i>Region 6</i>	<i>Texas</i>
<i>Direct Care Physicians</i>	2010	78	10,501	41,191
<i>Primary Care Physicians</i>	2010	42	4,355	17,526
<i>Physician Assistants</i>	2010	26	1,236	4,943
<i>Registered Nurses</i>	2010	266	43,493	176,498
<i>Licensed Vocational Nurses</i>	2010	211	12,249	71,141
<i>Nurse Practitioners</i>	2010	5	1,490	6,162
<i>Dentists</i>	2010	22	3,003	11,301
<i>Pharmacists</i>	2010	72	5,691	20,428
<i>Chiropractors</i>	2010	4	1,182	4,767
<i>Veterinarians</i>	2010	14	1,177	5,734
<i>EMS Personnel</i>	2010	104	13,272	56,381

Ratio of 2009 Population per Health Care Professional				
	Year	Walker County	Region 6	Texas
<i>Direct Care Physicians Ratio</i>	2010	119.6	171.5	162.3
<i>Primary Care Physicians Ratio</i>	2010	64.4	71.1	69.1
<i>Physician Assistants Ratio</i>	2010	39.9	20.2	19.5
<i>Registered Nurses Ratio</i>	2010	407.7	710.5	695.6
<i>Licensed Vocational Nurses Ratio</i>	2010	323.4	200.1	280.4
<i>Nurse Practitioners Ratio</i>	2010	7.7	24.3	24.3
<i>Dentists Ratio</i>	2010	33.7	49.1	44.5
<i>Pharmacists Ratio</i>	2010	110.4	93.0	80.5
<i>Chiropractors Ratio</i>	2010	6.1	19.3	18.8
<i>Veterinarians Ratio</i>	2010	21.5	19.2	22.6
<i>EMS Personnel Ratio</i>	2010	159.4	216.8	222.2

Health Insurance				
	Year	Walker County	Region 6	Texas
<i>18 Years and Younger, Without Health Insurance</i>	2007	2,032	364,908	1,375,714
<i>18 Years and Younger, Without Health Insurance (%)</i>	2007	18.4%	21.1%	19.5%
<i>Younger than 65 Years, Without Health Insurance</i>	2007	11,969	1,547,524	5,765,126
<i>Younger than 65 Years, Without Health Insurance (%)</i>	2007	29.6%	29.1%	26.8%

Socioeconomic Indicators				
	<i>Year</i>	<i>Walker County</i>	<i>Region 6</i>	<i>Texas</i>
<i>Average Monthly TANF Recipients</i>	<i>SFY2009</i>	<i>138</i>	<i>10,944</i>	<i>104,693</i>
<i>Average Monthly SNAP (food stamp) Participants</i>	<i>SFY2009</i>	<i>5,489</i>	<i>546,904</i>	<i>2,819,469</i>
<i>Unduplicated Medicaid Clients</i>	<i>SFY2009</i>	<i>9,680</i>	<i>1,006,556</i>	<i>4,760,721</i>
<i>Unemployment Rate</i>	<i>2010</i>	<i>7.6%</i>	<i>8.5%</i>	<i>8.2%</i>
<i>Per Capita Personal Income</i>	<i>2010</i>	<i>\$25,072</i>	<i>\$46,179</i>	<i>\$38,609</i>
<i>Average Monthly CHIP enrollment</i>	<i>FY2008</i>	<i>468</i>	<i>123,212</i>	<i>466,242</i>

Poverty				
	<i>Year</i>	<i>Walker County</i>	<i>Region 6</i>	<i>Texas</i>
<i>Total Persons Living Below Poverty</i>	<i>2009</i>	<i>10,817</i>	<i>903,425</i>	<i>4,143,077</i>
<i>Total Persons Living Below Poverty (%)</i>	<i>2009</i>	<i>23.2%</i>	<i>15.3%</i>	<i>17.1%</i>
<i>Related Children 0-17 Years, Living Below Poverty</i>	<i>2009</i>	<i>2,485</i>	<i>368,312</i>	<i>1,655,085</i>
<i>Related Children 0-17 Years, Living Below Poverty (%)</i>	<i>2009</i>	<i>24.9%</i>	<i>21.9%</i>	<i>24.3%</i>
<i>18 Years and Over, Living Below Poverty</i>	<i>2009</i>	<i>8,332</i>	<i>535,113</i>	<i>2,487,992</i>
<i>18 Years and Over, Living Below Poverty (%)</i>	<i>2009</i>	<i>22.8%</i>	<i>12.7%</i>	<i>14.3%</i>

Health Professional Shortage Area Designations – Walker County

Source: <http://hpsafind.hrsa.gov/HPSASearch.aspx>

- Primary Medical Care – Population Group: Low Income
- Dental – Not designated
- Mental Health – Not designated

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*excluding proposed metrics

Category 1: Infrastructure Development

Project Area 1: Expand Behavioral Health Access

- | | |
|----------|--|
| A | Implement technology-assisted services (telemedicine, telephonic guidance) to support or deliver behavioral health. |
| | Develop individual health management strategies to address personal and social barriers impeding access to services. |
| B | Provide an early intervention for a targeted behavioral health population to prevent unnecessary use of services in a specified setting (i.e., the criminal justice system, ER, urgent care etc.). |
| C | Enhance service availability (i.e., hours, clinic locations, transportation, and mobile clinics) to appropriate levels of care. |
| D | Collaborate with community partners to explore and develop a long-term Crisis Intervention/Stabilization unit. |
| E | Develop Workforce Enhancement Initiative(s) to Support Access to Providers in Underserved Markets and Areas (i.e., physicians, psychiatrists, psychologists LMSW, LRC, LMFT). |
| F | Expand residency training slots for psychiatrists, child psychiatrists, psychologists and mid-level behavioral health practitioners (LMSW, LPC, and LMFT). |

Project Area 2: Expand Primary Care Access

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| A | Enhance service availability (hours, clinic locations, urgent care, transportation, mobile clinics) to appropriate levels of care. |
| B | Develop a system for primary care provider recruitment and retention. |
| C | Develop Workforce Enhancement Initiative(s) to Support Access to Providers in Underserved Markets and Areas (i.e., Nurse Practitioners, Physician Assistants, nurses, educators, etc.). |

Project Area 3: Expand Specialty Care Access

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|----------|---|
| A | Enhance service availability (hours, clinic locations, transportation, and mobile clinics). |
| B | Implement facilitated referral programs and excellent communication between primary care and other health care consultants. |
| C | Develop and expand use of telehealth to increase access to care in fields consistent with CMS and Accreditation Standards. |
| D | Develop Workforce Enhancement Initiative(s) to Support Access to Providers in Underserved Markets and Areas. |

Project Area 4: Enhance Health Information Exchange and Health Information Technology for Performance Improvement and Reporting Capacity

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| A | Generate data reports to prioritize RHP decisions for quality improvement initiatives. |
| B | Capture race, ethnicity and language as self-reported. |
| C | Recruit and/or train staff to lead analyses (including data analytics, performance benchmarking, and implementation science) of population management and performance improvement methodologies. |
| D | Facilitate coordination of care by leveraging health information exchange. |
| E | Screen patients for health literacy using evidenced-base tool. |

Project Area 5: Implement and/or Expand Telehealth

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| A | Establish a telehealth program/network to provide additional health care services (i.e., home health, self-care, and translation services). |
| B | Use telehealth to deliver psychosocial and community-based nursing services to promote independence at home. |

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*excluding proposed metrics

<i>Project Area 6: Implement Disease or Care Management Registry</i>	
<i>A</i>	Create longitudinal registry databases of health care utilization and services for patients with common chronic diseases and/or ambulatory sensitive conditions.
<i>B</i>	Collaborate with health departments to develop a longitudinal database of epidemiological data.
<i>C</i>	Use/Maintain the ImmTrac, Texas Immunization Registry.
<i>Project Area 7: Develop Patient Centered Medical Home Model Infrastructure</i>	
<i>A</i>	Redesign care delivery, in accordance with medical home recognition program, or expand scope to a specified population/community.
<i>B</i>	Promote education and training for providers and patients related to the Patient-Centered Medical Home model.
<i>Project Area 8: Enhance Public Health Preventive Services</i>	
<i>A</i>	Enhance service availability (hours, clinic locations, transportation, and mobile clinics) to appropriate levels of care.
<i>Project Area 9: Improve or Expand Emergency Medical Services</i>	
<i>A</i>	Reduce the transfer time from ED to ED by ambulance to 2 hours or less.
	Reduce and eliminate the number of transfers by private vehicle from ED to ED.

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*excluding proposed metrics

Category 2: Program Innovation and Redesign

Project Area 1: Reduce Potentially Preventable Admissions/ Readmissions (PPA/PPR)

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| A | Implement an evidence-based care coordination model in a target population. |
| B | Implement post-discharge support for target population admitted to a hospital. |
| C | Implement programs that link patients with multiple hospitalizations in one year to home/non-hospital resources that will reduce demand for inpatient care. |

Project Area 2: Test Financing Mechanisms for Providers

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| A | Create patient-directed wellness pilot that includes incentives, such as health navigation with flexible wellness accounts. |
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Project Area 3: Develop Innovations in Health Promotion/ Disease Prevention

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| A | Formalize relationships and referrals to community partners that have capacity to promote wellness and healthy behaviors. |
| B | Utilize community health workers (CHW) to expand access to health promotion and disease prevention behavior. |
| C | Establish self-management education programs in community settings including self-enrollment in the program and appropriate follow-up with a health care professional.

Engage in wellness at non-medical locations using CHWs. |
| D | Engage in population-based campaigns or programs to promote healthy lifestyles using new media such as social media and text messaging in an identified targeted population. |
| E | Implement a program to increase early enrollment in prenatal care. |
| F | Implement evidenced-based strategies to reduce low birth weight and preterm birth. |
| G | Implement evidenced-based strategies to reduce tobacco use. |
| H | Implement evidence-based strategies to increase exclusive breast feeding. |
| I | Implement evidence-based strategies to increase screenings for targeted populations. |
| J | Implement prevalence testing for high risk diseases as determined by Public Health Authority. |

Project Area 4: Develop Innovation for Provider Training and Capacity

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| A | Implement an integrated multi-disciplinary care system to promote team-based care. |
| B | Develop chronic care multi-disciplinary training programs for nurses, pharmacists, social workers, registered dietitians and physicians. |

Project Area 5: Enhance Behavioral Health Services

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| A | Develop care management function that integrates the primary and behavioral health needs of individuals. |
| B | Co-locate primary and behavioral health care services. |
| C | Provide telephonic psychiatric and clinical guidance to all participating primary care providers delivering services to behavioral patients regionally |
| D | Establish post-discharge support for behavioral health/ substance abuse. |
| E | Recruit, train and support consumers of mental health services to be providers of behavioral health services as volunteers, paraprofessionals or professionals within the system. |

Project Area 6: Innovate in Telehealth

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| A | Leverage state government agencies, industry, and other organizations to offer online education to rural physician offices. |
| B | Provide psychosocial, clinical, and behavioral case management services to promote independence |

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*excluding proposed metrics

	and patient self-management at home via telehealth delivered by case managers who are integrated into primary care practices.
<i>Project Area 7: Innovate in Supportive Care</i>	
A	Create a sustainable supportive care program to improve the quality of life of patients living with chronic or terminal conditions and to further engage care providers in the clinical benefits of supportive care.
B	Standardize supportive care -decision-making with evidence-based protocols and documented health records to ensure that patient preferences are discussed/recorded.
C	Partner with community-based organizations to address pain and other supportive care issues with patients.
<i>Project Area 8: Reduce Inappropriate Emergency Department (ED) Use</i>	
A	Establish ED care teams.
B	Reduce ED visits by identifying frequent users' needs.
C	Develop and implement triage protocol.
<i>Project Area 9: Improve Patient Experience of Care</i>	
A	Survey patients using CAHPS Patient-Centered Medical Home (PCMH) Item Set.
B	Survey patients using CAHPS Cultural Competence Item Set.

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*excluding proposed metrics

Category 3: Quality Improvements

Project Area 1: Chronic Disease

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|----------|--------------------------|
| A | Congestive Heart Failure |
| B | Asthma |
| C | HIV |

Project Area 2: Healthcare Acquired Conditions

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|----------|-----------------------------------|
| A | Surgical Site Infections (SSI) |
| B | MDROs/CDI |
| C | Facility-acquired pressure ulcers |

Project Area 3: Perinatal Outcomes

- | | |
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| A | Birth trauma |
| B | Antenatal corticosteroid administration |
| C | Non-medically indicated delivery < 39 weeks |

Project Area 4: Potentially Preventable Admissions/ Readmissions

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|----------|--|
| A | Potentially Preventable Admissions/ Readmissions |
| B | Behavioral Health - Potentially Preventable Admissions/ Readmissions |

Project Area 5: Emergency Care

- | | |
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| A | Calculate baseline admit decision time to ED departure time for admitted patients. |
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*excluding proposed metrics

Category 4: Population-based Improvements

Project Area 1: At-risk Populations

A Congestive Heart Failure

B Diabetes

Project Area 2: Preventive Health

A Immunizations

B Diabetes

C Smoking cessation

Project Area 3: Potentially Preventable Admissions/ Readmissions

A Behavioral health & substance abuse

B COPD

C Diabetes

D All-cause

E Stroke

F Congestive Heart Failure

Project Area 4: Patient-Centered Health Care

A Patient satisfaction

B Medication management

Project Area 5: Cost Utilization

A Outpatient imaging

Project Area 6: Emergency Department

A Admit decision time to ED departure time