

Region 17

Regional Healthcare Partnership

Grimes County Planning Meeting

Wednesday, May 23, 2012

2:00 p.m. to 4:00 p.m.

Commissioner's Courtroom

100 Main Street • Anderson, TX

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*

As of May 11, 2012



Map Prepared by: Strategic Decision Support Department,
Texas Health and Human Services Commission.
April 27, 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



2010 Brazos Valley Health Status Assessment

Grimes County Executive Summary

Grimes County by the Numbers

Discussion Groups (CDGs): 7

Participants in CDGs: 51

Surveys Completed: 326

Survey Demographics

Age:

18-34 years: 27%

35-44 years: 23%

45-64 years: 32%

65 years and older: 18%

Race/Ethnicity:

White: 79%

Hispanic: 15%

Black: 4%

Multi-racial (non-Hispanic): 1%

Educational Attainment:

Less than high school: 6%

High School: 27%

More than high school: 67%

Employment Status:

Employed: 61%

Retired: 16%

Homemaker: 13%

Disabled: 10%

Unemployed: 1%

Poverty Status:

Below Poverty: 11%

Low-Income: 21%

Community Description

Grimes County was described as a traditional, friendly, rural community. A family-oriented community, many highlighted the religious influence with many active churches throughout the county. Residents reported a large number of churches in the county. Discussion group participants reported a large number of commuters and older adults living in the community with a continuous influx of new retirees to the county. Additional Grimes County growth is from families escaping the city, creating pockets of bedroom communities throughout the county. Despite the small town feeling and sense of connectedness reported, the growth of Grimes County was reported to contribute to traffic congestion in the small towns. With a host of historical roots, the strong community history was reported by residents as often contributing to an insider versus outsider mentality within the community. Many also perceived the community to be racially and economically divided.

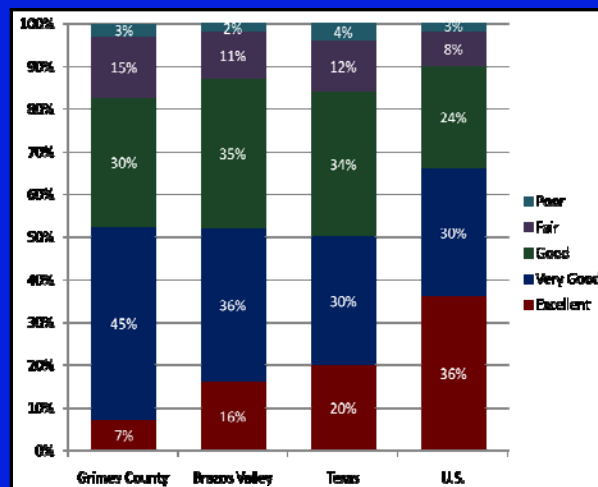
Community Issues

Several issues were repeated by Grimes County discussion group participants including:

- Increased need for services due to the impact of the economy on local families
- Unemployment and underemployment; poverty
- Lack of reliable, affordable public transportation
- Most specialty care and other social services located in Bryan/College Station making it difficult to access these services
- Lack of resources and services for older adults and the disabled
- Geography of the county is a challenge for collaboration
- Lack of motivation for residents to get involved in addressing issues

Health Status

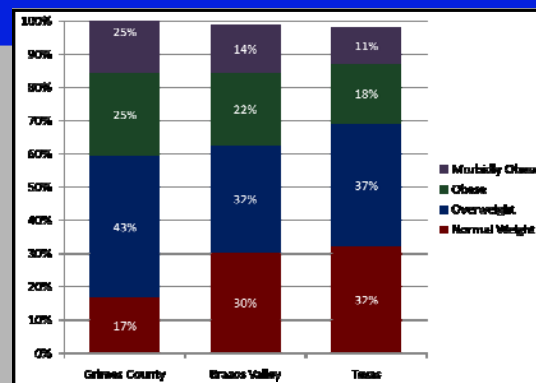
In Grimes County, 7.1 percent of respondents indicated their health was *excellent*, 45.3 percent said their health was *very good*, and 30.1 percent reported their health as *good*. In contrast, 14.5 percent indicated their health was *fair*, and 2.9 percent said their health was *poor*. Grimes County residents were less likely to report their health as excellent compared to the Brazos Valley, Texas, and the



Obesity

In Grimes County, only 16.6 percent of residents were assessed to be at a *normal weight* for their height, the lowest proportion of residents at a *normal weight* in the region. Alarming, 81.7 percent of the Grimes County survey respondents were *overweight* (42.7%), *obese* (24.9%) or *morbidly obese* (24.9%).

Given the number and types of conditions that are related to obesity, these statistics are cause for great concern in this community.



Chronic Disease

Chronic Disease	Percentage
Overweight/Obesity	81.7%
Hypertension	40.2%
High Cholesterol	32.2%
Arthritis/Rheumatism	25.1%
Depression	16.5%
Diabetes (high blood sugar)	14.6%

Survey respondents were asked to report if they had ever been diagnosed with a list of chronic diseases/condition by a health care provider. The six most frequently reported conditions for Grimes County survey respondents were overweight/obesity, hypertension, high cholesterol, arthritis/rheumatism, depression, and diabetes (high blood sugar). Grimes County, compared to the Brazos Valley region, reported higher rates of a number of chronic diseases common among older adults, including *hypertension, high cholesterol, congestive heart failure, stroke, and arthritis*. Grimes County also had the highest rate of diabetes in the region. The higher instances of these diseases are not surprising given the larger proportion of obesity and older adults in Grimes County.

Top 10 Issues

Survey respondents were asked to rate the severity of a list of community issues, on a scale ranging from not at all a problem to a very serious problem. In Grimes County, the top 10 issues that emerged were (in order of perceived severity):

1. Poor or inconvenient public transportation (35.4%)
2. Unemployment (34.4%)
3. Lack of jobs for unskilled workers (33.0%)
4. Illegal drug use (31.7%)
5. Sewage and storm water drainage (28.0%)
6. Garbage/trash collection (24.4%)
7. Access to safe places for physical activity (23.7%)
8. Poverty (23.2%)
9. Lack of recreational and cultural activities (22.8%)
10. Access to affordable, healthful food (22.1%)

Community Advice

Community discussion group participants were asked to offer advice for anyone attempting to address issues in Grimes County. The following recommendations were offered in most of the discussions:

- **Get to know the community.** Spending time getting to know the community, local issues, history, and politics was mentioned as critical to successfully engaging the community in efforts to improve health.
- **Think local collaboration.** Grimes County has substantial local resources such as churches, schools, and media.
- **Involving local community members from the start** and maintaining constant communication with the community and involved members.
- **Communicate and follow through.** Residents expressed a need for clear, timely, systematic communication.
- **Planning for sustainability** so that newly developed programs were not lost.

Grimes County, Texas

People QuickFacts	Grimes County	Texas
Population, 2011 estimate	NA	25,674,681
Population, 2010	26,604	25,145,561
Population, percent change, 2000 to 2010	13.0%	20.6%
Population, 2000	23,552	20,851,820
Persons under 5 years, percent, 2010	5.9%	7.7%
Persons under 18 years, percent, 2010	22.8%	27.3%
Persons 65 years and over, percent, 2010	13.8%	10.3%
Female persons, percent, 2010	45.5%	50.4%
White persons, percent, 2010 (a)	73.0%	70.4%
Black persons, percent, 2010 (a)	16.5%	11.8%
American Indian and Alaska Native persons, percent, 2010 (a)	0.5%	0.7%
Asian persons, percent, 2010 (a)	0.2%	3.8%
Native Hawaiian and Other Pacific Islander, percent, 2010 (a)	0.0%	0.1%
Persons reporting two or more races, percent, 2010	2.2%	2.7%
Persons of Hispanic or Latino origin, percent, 2010 (b)	21.2%	37.6%
White persons not Hispanic, percent, 2010	60.6%	45.3%
Living in same house 1 year & over, 2006-2010	80.1%	81.5%
Foreign born persons, percent, 2006-2010	7.2%	16.1%
Language other than English spoken at home, pct age 5+, 2006-2010	16.3%	34.2%
High school graduates, percent of persons age 25+, 2006-2010	77.2%	80.0%
Bachelor's degree or higher, pct of persons age 25+, 2006-2010	11.3%	25.8%
Veterans, 2006-2010	2,557	1,635,367
Mean travel time to work (minutes), workers age 16+, 2006-2010	30.0	24.8
Housing units, 2010	10,917	9,977,436
Homeownership rate, 2006-2010	74.9%	64.8%
Housing units in multi-unit structures, percent, 2006-2010	4.9%	24.1%
Median value of owner-occupied housing units, 2006-2010	\$89,400	\$123,500
Households, 2006-2010	8,366	8,539,206
Persons per household, 2006-2010	2.70	2.78
Per capita money income in past 12 months (2010 dollars) 2006-2010	\$17,365	\$24,870
Median household income 2006-2010	\$39,429	\$49,646
Persons below poverty level, percent, 2006-2010	15.9%	16.8%
Business QuickFacts	Grimes County	Texas
Private nonfarm establishments, 2009	362	519,028 ¹
Private nonfarm employment, 2009	5,180	8,925,096 ¹

Private nonfarm employment, percent change 2000-2009	2.3%	11.2% ¹
Nonemployer establishments, 2009	1,737	1,844,130
Total number of firms, 2007	1,896	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	F	0.1%
Hispanic-owned firms, percent, 2007	S	20.7%
Women-owned firms, percent, 2007	S	28.2%
Manufacturers shipments, 2007 (\$1000)	892,610	593,541,502
Merchant wholesaler sales, 2007 (\$1000)	142,455	424,238,194
Retail sales, 2007 (\$1000)	157,336	311,334,781
Retail sales per capita, 2007	\$6,110	\$13,061
Accommodation and food services sales, 2007 (\$1000)	12,524	42,054,592
Building permits, 2010	3	88,461
Federal spending, 2009	176,463	216,379,449 ¹
Geography QuickFacts	Grimes County	Texas
Land area in square miles, 2010	787.46	261,231.71
Persons per square mile, 2010	33.8	96.3
FIPS Code	185	48
Metropolitan or Micropolitan Statistical Area	None	

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 16:58:06 EST

	Grimes County	Error Margin	National Benchmark*	Texas	Rank (of 221)
Health Outcomes					92
Mortality					108
Premature death	8,551	7,308-9,794	5,466	7,186	
Morbidity					66
Poor or fair health	13%	7-22%	10%	19%	
Poor physical health days	2.6	1.2-4.0	2.6	3.6	
Poor mental health days	4.9	2.2-7.6	2.3	3.3	
Low birthweight	8.2%	7.1-9.3%	6.0%	8.2%	
Health Factors					173
Health Behaviors					200
Adult smoking			14%	19%	
Adult obesity	34%	27-42%	25%	29%	
Physical inactivity	27%	20-35%	21%	25%	
Excessive drinking			8%	16%	
Motor vehicle crash death rate	38	29-47	12	17	
Sexually transmitted infections	313		84	435	
Teen birth rate	66	60-73	22	63	
Clinical Care					140
Uninsured	28%	26-30%	11%	26%	
Primary care physicians	1,996:1		631:1	1,050:1	
Preventable hospital stays	85	74-96	49	73	
Diabetic screening	78%	69-87%	89%	81%	
Mammography screening	55%	46-64%	74%	62%	
Social & Economic Factors					152
High school graduation	88%			84%	
Some college	33%	28-38%	68%	56%	
Unemployment	8.8%		5.4%	8.2%	
Children in poverty	28%	20-35%	13%	26%	
Inadequate social support			14%	23%	
Children in single-parent households	32%	23-41%	20%	32%	
Violent crime rate	249		73	503	
Physical Environment					62
Air pollution-particulate matter days	0		0	1	
Air pollution-ozone days	0		0	18	
Access to recreational facilities	4		16	7	
Limited access to healthy foods	12%		0%	12%	
Fast food restaurants	40%		25%	53%	

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

Note: Blank values reflect unreliable or missing data

2012



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

From 2005-2010, adult residents (18+) of **Grimes County** received **\$65,412,289** 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 Grimes 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	98	81	90	75	80	91	515	\$25,312	\$13,035,540	\$634
Dehydration	55	31	43	39	47	26	241	\$14,353	\$3,459,107	\$168
Urinary Tract Infection	56	50	65	60	55	51	337	\$18,365	\$6,188,916	\$301
Angina (without procedures)	0	0	7	0	0	3	0	\$0	\$0	\$0
Congestive Heart Failure	91	88	115	118	85	97	594	\$26,876	\$15,964,509	\$777
Hypertension (High Blood Pressure)	10	10	14	14	16	9	73	\$20,404	\$1,489,492	\$72
Asthma	20	29	22	23	27	19	140	\$20,492	\$2,868,876	\$140
Chronic Obstructive Pulmonary Disease	37	46	61	61	67	64	336	\$28,375	\$9,534,154	\$464
Diabetes Short-term Complications	14	30	12	15	13	12	96	\$22,617	\$2,171,187	\$106
Diabetes Long-term Complications	32	36	52	48	55	44	267	\$40,077	\$10,700,507	\$521
TOTAL	413	401	481	453	445	416	2,599	\$25,168	\$65,412,289	\$3,184

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

The number of hospitalizations is likely greater than what is reported, because there is no hospital in the county or the hospital(s) is not required to report data to DSHS. Annual hospitalizations less than 5 and hospitalizations less than 30 for 2005-2010 are reported as 0.

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.

Grimes County Health Environment Notes & Related Data

Grimes County Health Clinics

<u>Name/Location</u>	<u>Providers</u>	<u>Type of Facility</u>
Grimes County Community Health Clinic 1905 Dove Crossing Lane Navasota, TX 77868	1 Family Practice MD 1 Internal Medicine MD 1 FP/OB (3days/week) 1 PA	FQHC
Dr. Donna Canney 222 East Washington Ave. Navasota, TX 77868	1 Family Practice MD	
Navasota Medical Center 501 East Washington Navasota, TX 77868	2 Family Practice MDs 2 Internal Medicine MDs	RHC
St. Joseph Family Medicine - Navasota 9409 State Highway 6 Navasota, TX 77868	2 Family Practice MDs 1 Cardiologist (½ day every other week) 1 Orthopedist (½ day every other week)	RHC

Grimes St. Joseph Health Center

210 South Judson Street • Navasota, Texas

Grimes St. Joseph Health Center (GSJHC) is a 25-bed critical access hospital offering a Level IV Trauma Center, inpatient, outpatient and day surgery services. The hospital was established by Grimes County and in 1996 it became part of St. Joseph Regional Health Center. St. Joseph has a long-term lease to manage and operate GSJHC, which is owned by Grimes County. GSJHC is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

Hospital Services

- 24 Hour Emergency Care
- Fitness & Wellness
- Imaging
- Inpatient Care
- Laboratory Services
- Occupational Therapy
- Physical Therapy

UTILIZATION DATA FOR TEXAS ACUTE CARE HOSPITALS BY COUNTY, 2010

Grimes St. Joseph Health Center

<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>
Non-metro	NP	365	18	579	3373	2,753	61	9.2	5.8	51.3

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

Grimes St. Joseph Health Center

<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>
NP	\$4,104,773	\$1,014,976	\$5,119,749	\$14,359,653	\$10,890,421	\$20,981,192	\$31,871,613	16.1

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

Grimes County Health and Community Data

DSHS Health Currents System

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

<i>Hospital Resources</i>				
	<i>Year</i>	<i>Grimes County</i>	<i>Region 7</i>	<i>Texas</i>
<i>Acute Care Hospitals</i>	2009	1	57	553
<i>Psychiatric Hospitals</i>	2009	0	6	43
<i>Acute Care For-Profit Hospitals</i>	2009	0	18	279
<i>Acute Care Non-Profit Hospitals</i>	2009	1	33	151
<i>Acute Care Public Hospitals</i>	2009	0	6	123
<i>Beds Setup and Staffed for Acute Care</i>	2009	18	5,630	64,022
<i>Beds Setup and Staffed for Obstetrics Care</i>	2009	0	659	5,961
<i>Acute Care Licensed Beds</i>	2009	25	6,708	78,368
<i>Psychiatric Care Licensed Beds</i>	2009	0	652	5,450

<i>Health Occupations</i>				
	<i>Year</i>	<i>Grimes County</i>	<i>Region 7</i>	<i>Texas</i>
<i>Direct Care Physicians</i>	2010	14	5,185	41,191
<i>Primary Care Physicians</i>	2010	11	2,252	17,526
<i>Physician Assistants</i>	2010	2	622	4,943
<i>Registered Nurses</i>	2010	53	19,024	176,498
<i>Licensed Vocational Nurses</i>	2010	63	7,690	71,141
<i>Nurse Practitioners</i>	2010	2	724	6,162
<i>Dentists</i>	2010	4	1,376	11,301
<i>Pharmacists</i>	2010	4	2,288	20,428
<i>Chiropractors</i>	2010	2	639	4,767
<i>Veterinarians</i>	2010	19	1,151	5,734
<i>EMS Personnel</i>	2010	59	7,779	56,381

Ratio of 2009 Population per Health Care Professional				
	Year	Grimes County	Region 7	Texas
<i>Direct Care Physicians Ratio</i>	2010	53.0	177.0	162.3
<i>Primary Care Physicians Ratio</i>	2010	41.6	76.9	69.1
<i>Physician Assistants Ratio</i>	2010	7.6	21.2	19.5
<i>Registered Nurses Ratio</i>	2010	200.5	649.5	695.6
<i>Licensed Vocational Nurses Ratio</i>	2010	238.4	262.5	280.4
<i>Nurse Practitioners Ratio</i>	2010	7.6	24.7	24.3
<i>Dentists Ratio</i>	2010	15.1	47.0	44.5
<i>Pharmacists Ratio</i>	2010	15.1	78.1	80.5
<i>Chiropractors Ratio</i>	2010	7.6	21.8	18.8
<i>Veterinarians Ratio</i>	2010	71.9	39.3	22.6
<i>EMS Personnel Ratio</i>	2010	223.2	265.6	222.2

Health Insurance				
	Year	Grimes County	Region 7	Texas
<i>18 Years and Younger, Without Health Insurance</i>	2007	1,365	132,294	1,375,714
<i>18 Years and Younger, Without Health Insurance (%)</i>	2007	22.0%	17.3%	19.5%
<i>Younger than 65 Years, Without Health Insurance</i>	2007	5,592	611,604	5,765,126
<i>Younger than 65 Years, Without Health Insurance (%)</i>	2007	27.7%	24.7%	26.8%

Socioeconomic Indicators				
	Year	Grimes County	Region 7	Texas
<i>Average Monthly TANF Recipients</i>	<i>SFY2009</i>	<i>21</i>	<i>2,788</i>	<i>104,693</i>
<i>Average Monthly SNAP (food stamp) Participants</i>	<i>SFY2009</i>	<i>3,094</i>	<i>271,789</i>	<i>2,819,469</i>
<i>Unduplicated Medicaid Clients</i>	<i>SFY2009</i>	<i>4,978</i>	<i>476,113</i>	<i>4,760,721</i>
<i>Unemployment Rate</i>	<i>2010</i>	<i>8.8%</i>	<i>7.2%</i>	<i>8.2%</i>
<i>Per Capita Personal Income</i>	<i>2010</i>	<i>\$27,815</i>	<i>\$36,225</i>	<i>\$38,609</i>
<i>Average Monthly CHIP enrollment</i>	<i>FY2008</i>	<i>332</i>	<i>37,184</i>	<i>466,242</i>

Poverty				
	Year	Grimes County	Region 7	Texas
<i>Total Persons Living Below Poverty</i>	<i>2009</i>	<i>4,225</i>	<i>442,754</i>	<i>4,143,077</i>
<i>Total Persons Living Below Poverty (%)</i>	<i>2009</i>	<i>18.1%</i>	<i>15.9%</i>	<i>17.1%</i>
<i>Related Children 0-17 Years, Living Below Poverty</i>	<i>2009</i>	<i>1,402</i>	<i>144,890</i>	<i>1,655,085</i>
<i>Related Children 0-17 Years, Living Below Poverty (%)</i>	<i>2009</i>	<i>23.9%</i>	<i>20.3%</i>	<i>24.3%</i>
<i>18 Years and Over, Living Below Poverty</i>	<i>2009</i>	<i>2,823</i>	<i>297,864</i>	<i>2,487,992</i>
<i>18 Years and Over, Living Below Poverty (%)</i>	<i>2009</i>	<i>16.2%</i>	<i>14.4%</i>	<i>14.3%</i>

Health Professional Shortage Area Designations – Grimes County

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

- Primary Medical Care – Low Income/Single County
- Dental – Not designated
- Mental Health – Single County

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*excluding proposed metrics

Category 1: Infrastructure Development

Project Area 1: Expand Behavioral Health Access

- | | |
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| 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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<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