Colorado County Community Health Needs Assessment

2013

Colorado County Community Health Needs Assessment

Presented to

Mr. Rob Thomas, CEO

And

Columbus Community Hospital

Board of Directors

Submitted by

Tina T. Fields, PhD, MPH

Jeff Hatala, PhD, MMC

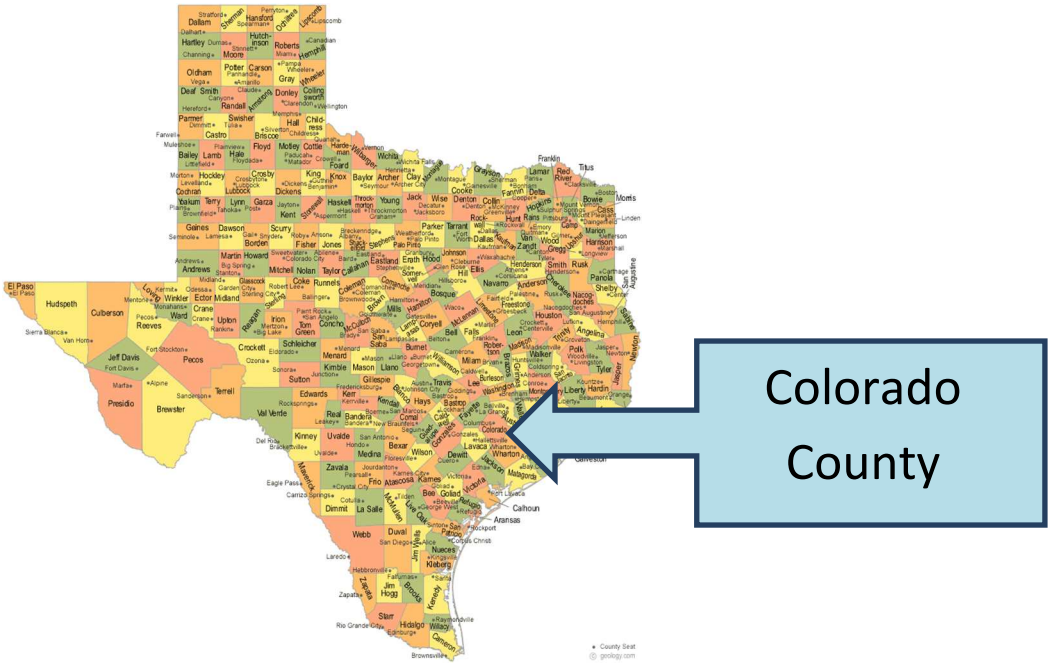
August 2013

Table of Contents

History and Location

Colorado County is located in the southeast quadrant of Texas, halfway between Houston and San Antonio, and is approximately 60 miles from the Gulf of Mexico (figure 1). The county contains 3 towns, and 46% of the county's population resides in Columbus, Eagle Lake, and Weimar. The remaining population resides in seven other communities, with populations ranging between 30 and 975 people, or in rural areas. Despite its rural nature, the location of Colorado County is important because it has a major thoroughfare (Interstate 10) that connects the East Coast and West Coast, a well-connected state highway system, and railroads. This infrastructure is valuable for transporting products of the county's agribusinesses, gravel mining, and oil and gas services (Texas Almanac, 2012).

Figure 1. Colorado County, Texas



Historically, Colorado County is important. Many of Stephen F. Austin's "Old Three Hundred" colonists settled in Colorado County in 1821 along the banks of the Colorado River. The next year, these families were authorized by the Mexican government to elect an alcalde, and the site was to become the headquarters of the Austin Colony. Later the site was abandoned, due partially to Indian raids, in favor of San Felipe de Austin. The area, however, played an important role during the fight for Texas Independence; after the Battle of the Alamo, General Sam Houston camped on the east bank of the Colorado River and General Santa Anna camped about two miles to the west of the river.

When the Republic of Texas was recognized, Colorado County became one of the original counties. It became a settlement of German immigrants, and the first German university in the state, Hermann University, was charted in 1844 (Texas Historical Association, 2013). This German influence remains today, and approximately 30% of the community is of German ancestry. Because of the good soil, the mild climate, and long growing season, the county was an important agricultural area. At first, cotton and corn, the main cash crops, were exported via the Colorado River. However, after the Civil War, water transportation was replaced by railroad. Although cotton remained a viable product, more people turned to ranching for their livelihoods, and the impact of railroads certainly contributed to the emphasis on livestock.

In the early 1900s, rice was introduced into the county and became an important cash crop due to large-scale irrigation processes. In addition to farming, oil and gravel industries were initiated in the early 1900s. Colorado County has remained one of the leading producers of gravel since the 1930s. Although both farming/ranching and oil/gravel industries have waxed and waned over the centuries, they remain paramount in the county's economy. For example, in 2002, approximately 49% of the county was designated ranch/pasture land and approximately 39% was farming/crop land.

Colorado County remains rural, with 46% of its 20,696 (Texas Almanac, 2012) people living in the three towns of Columbus, Eagle Lake, and Weimar. Each of these towns has less than 4,000 people, and they are equally dispersed throughout the county's 960.3 square miles (figure 2). The county's racial/ethnic makeup is approximately 59% Anglo, 27% Hispanic, and 13% Black (Texas Almanac, 2013). The county has an unemployment rate of approximately 5.7% (Bureau of Labor Statistics, 2013), which is lower than the state's unemployment rate of 6.5%. Because of common culture, socioeconomics, and businesses, the communities within the county work together for common interests of the county. The county is bordered by Austin, Lavaca, Fayette, and Wharton counties. Three of these counties (Lavaca, Fayette, Wharton) are similar in size and demographics as Colorado County, while Austin County, also bordering Houston (the city), tends to have a larger population (people/square mile) although smaller in land size (US Census, 2013).

Figure 2. Major Communities of Colorado County

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

Government

Although the towns that make up Colorado County have their own city governments, when considering the health of the entire county, it is important to appreciate the county government as well as state legislative officials. Colorado County has four men serving as County Commissioners – Doug Wessel, Darrell Kubesch, Tommy Hahn, and Darrell Gartson. The County Judge, Ty Prause, has served in this position for three years. Although fiscally conservative and having a limited tax base, the Commissioners have adopted a tax rate that will "be raised by 4.66 percent and will raise taxes for maintenance and operations on a $100,000 home by approximately $21.45" (http://www.co.colorado.tx.us). The county has an emergency management department, an emergency medical services department, and an indigent health care department. It currently has no public health department but is included in Region 6-5 South of the Texas Department of State Health Services (TDSHS).

Colorado County is represented in the Texas Senate by Senator Glenn Hegar, who has represented District 18 since 2007 (http: www.statescapes.com/LegislatorInfo).

Although from Katy, Senator Hegar, with a farming background, has conservative values that seem to parallel Colorado County. In Congress, he has held two chair positions, Finance Subcommittee: Fiscal Matters and Nominations Committee. He also has served on committees such as the Agriculture, Rural Affairs and Homeland Security and the Natural Resources Committee – both of which impact Colorado County.

Colorado County is represented in the Texas House of Representatives by Representative Lois Kolkhorst. She chairs the House Committee on Public Health and has served six years on the Appropriations Committee. In 2013, Representative Kolkhorst worked on numerous health related issues including reform of the foster care system and the neonate intensive care standards. She has been instrumental in trying to pass a state healthcare compact that would put more control of public health on states instead of the federal government (http://www.statescapes.com/LegislatorInfo). As a small business owner, she relates well with the citizens of Colorado County.

Colorado County is represented in the United States House of Representatives by Representative Michael McCaul. In 2013, he was named Chairman of the Homeland Security Committee. Previously he has held the position of Chairman of the Oversight and Investigations Subcommittee, and he authored a report *A Line in the Sand: Confronting Crime, Violence and Terrorism at the Southwest Border* (http://mccaul.house.gov). During the 112th Congressional session, Representative McCaul introduced the Creating Hope Act, which encouraged pharmaceutical companies to develop new pediatric cancer treatments.

Workforce/Economy

Continuing its agriculture history, Colorado County remains predominantly agribusiness. It has the second highest acres of rice within the state although drought conditions and upstream damming of rivers may soon cut the acreage. Other important agriculture endeavors include cattle, corn, cotton, soybeans, sesame, hay, pecans, and nurseries, with these businesses bringing in approximately $72 million dollars in 2012 (Texas Almanac, 2012). Because of its location and number of irrigated acres for rice, Colorado County is also an important duck and goose hunting area. Besides waterfowl, there are numerous other animals for hunting including deer, dove, and exotic animals. With the vast amount of wildlife, Colorado County has nearly year-round hunting leases opened. This, along with the proximity to Houston, means there is potential for unintentional injuries.

Other businesses which impact Colorado County include gas, oil, and gravel. Although Colorado County is not a component of Eagle Ford Shale Oil, the industry does contribute indirectly to the Colorado County economy through equipment sales and transportation through the county. As in the past, gravel mining remains an

important business, with seven separate mining businesses being located within the county. With approximately 11,200 people in the employment venue, Colorado County has an unemployment rate (May 2013) of 5.7% which is approximately 0.2% higher than the previous month but 0.5% less than a year ago (Texas Workforce Commission, 2013a). The unemployment rate of 5.7% is lower than the state rate of 6.5% (Bureau of Labor Statistics, 2013). Equally important, Colorado County has an "average" diverse economic base (Texas Workforce Commission, 2013b), which means that relative to the state's economy the county's business structure is diverse and not significantly concentrated in a limited industrial sector.

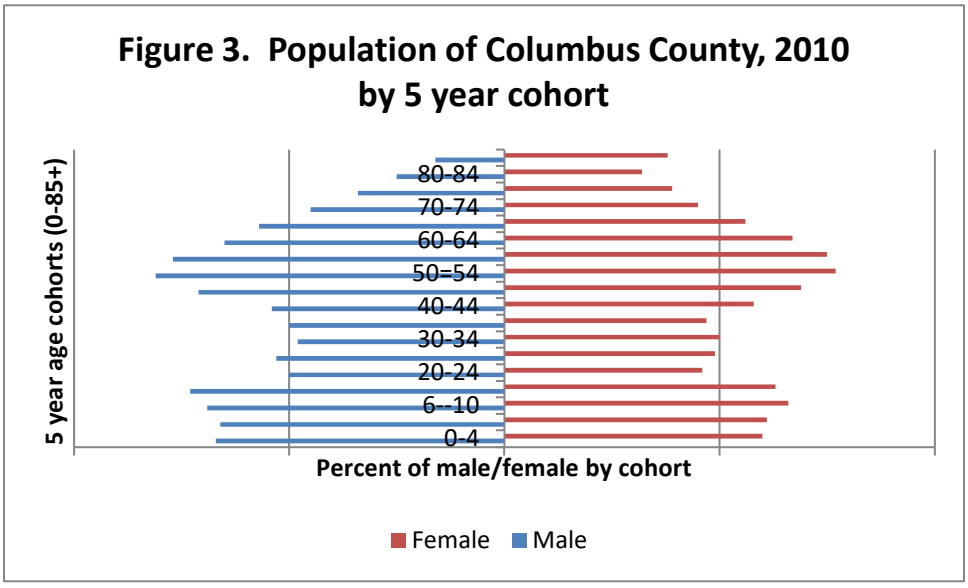
This diversity helps to limit economic decline during recessions. According to the County Narrative Profile (CNP), Colorado County has a higher rate of diversity in manufacturing, trade, transport and utilities; financial activities group; professional business; and other services. It has a lower rate, when compared to the State, in natural resources and mining; construction; education and health services; leisure and hospitality; and public administration (Texas Workforce Commission, 2013a). This is interesting because the same report indicates that the percent of change between 2011 and 2012 within the county is greater in professional, business; other services; manufacturing; financial activities; leisure and hospitality. This would seem to imply that although the county is not performing as well as rest of the state, when compared to itself, the county is improving. The job arena with the largest decline is in manufacturing, construction, and education/health services. Considering the diversity of these arenas, and considering the impact that these types of jobs bring to the community, there should be concern with future tax bases. With that said, however, the same CNP report indicates that the industries hiring the most new employees during the first quarter of 2012 is manufacturing (141 new hires), accommodation and food services (121 new hires), retail trade (93 new hires), health care and social assistance (70 new hires). Construction has the least new hires (6%) during the same period (Texas Workforce Commission, 2013b).

Employment growth in those industries that pay more had a greater impact on the county economy and also helped to increase the living standard of the community. During the 2012 time period, the average weekly wage increased 11.6% (compared to the previous year); this percent was nearly twice as high as the State's 5.6% rate (Texas Workforce Commission, 2013). However, the personal income, according to the Bureau of Economic Analysis, was $59,087 for Colorado County compared to $70,777 statewide (Texas Workforce Commission, 2013b). At the same time, the US Department of Census indicated that in 2011, there were 3,207 Colorado County residents who were classified as poverty level; this was 15.7% of the population compared to Texas' 17.0% poverty. For youth under the age of 18, there were 5.5%

who were living below the poverty definition compared to Texas' 6.7% (Texas Workforce Commission, 2013a).

Demographics

Age. According to the 2010 census (US Census Bureau, 2011), Colorado County has 20,874 residents. This number is equally divided between male (10,347) and female (10,527). The median age for Colorado County is 43.6 compared to Texas median age of 33.6 (US Census, 2013). Thus, the population of Colorado County tends to be older, with the female population being even older (median age of females is 44.9; median age of males is 42.3). The population pyramid (figure 3), displaying the population in 5-year increments, reflects a large older working-age group of people and a large percent of young people. The graph also reflects a low percent of young adults (20-35 age cohorts), which indicates that youth seem to leave the county after high school. This also reflects that there is an older cohort of people (45-65) in the area. This might indicate a group of people who have immigrated to the county later in the work-years, perhaps pre-retirement. This large cohort also could reflect people who did not leave the area during their youth. Finally, the population pyramid reflects more older women than older men, a norm throughout the nation; this large cohort of women is especially true in the oldest cohort (85+) where women outnumber men 400 to 166 (US Census, 2011).

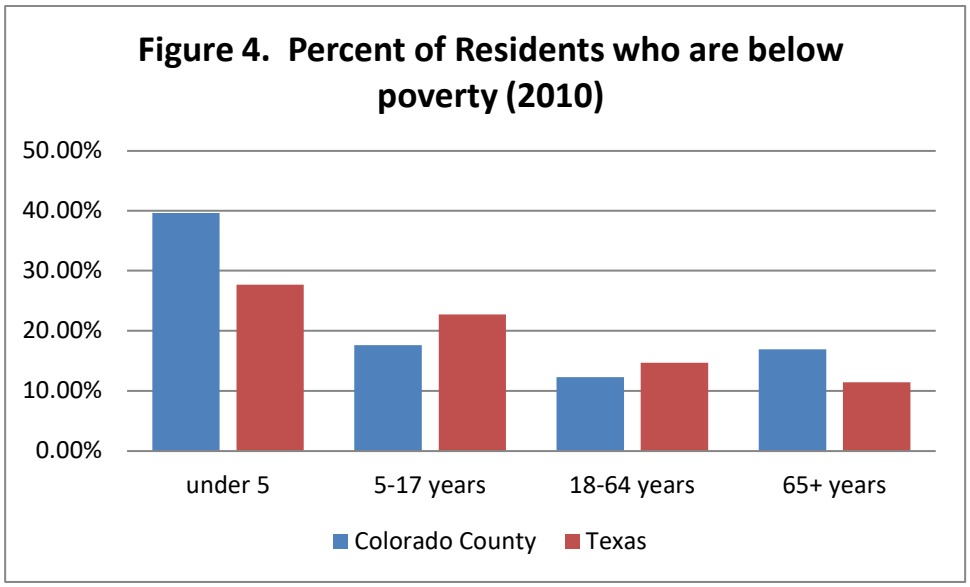


Source: US Census

The county is equally divided between the sexes, with males accounting for 49.6% and females accounting for 50.4%. There is a skewed distribution in that there are more

males in the working age, especially the 40-55 cohorts, and more females in the oldest cohorts (75-85+).

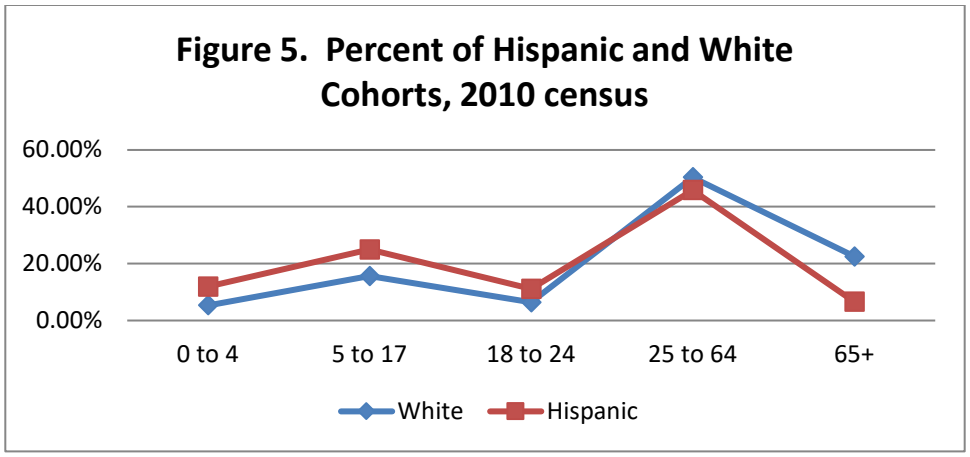
Socioeconomics. As mentioned previously, the percent of Colorado County residents who are at/below poverty is less than the State's rate (15.7% vs. 17.0%). Figure 4 reflects the age cohorts of people in poverty.



Source: US Census

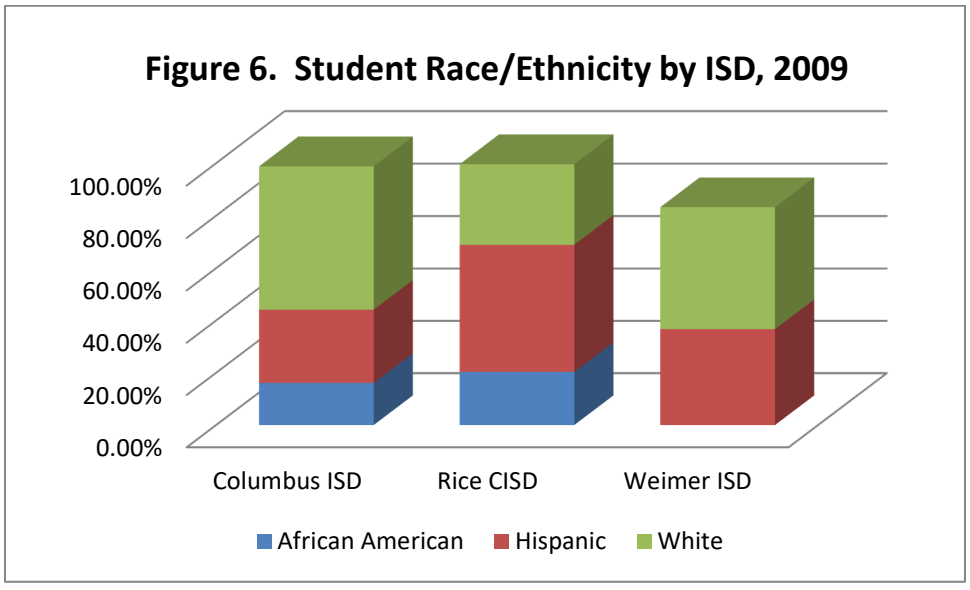
As Figure 4 shows, compared to the State average, Colorado County has a larger percent of children under five years of age who are living in poverty. This might reflect a growing number of Hispanic immigrants who are moving into the southern part of the county and whose families have lower paying jobs. There are also a greater percent of older people (65+) who are in poverty compared to the rest of Texas. This is explained by the larger number of females who live in the county and who may have only Social Security benefits to sustain them.

Race and Ethnicity. The breakout of age cohorts between races/ethnicities seems to parallel the poverty rate. Of the 20,874 county residents, 75.1% (15,676) are white (US Census, 2011) and 13.1% (2,740) are Black / African American, with the remaining 2,458 claiming other census designations (i.e. Native American, Asian, more than one race). Regarding ethnicity, 5,452 people claim to be Hispanic/Latino in the 2010 census. A comparison of age cohorts for white and Hispanic, figure 5, indicates that there is a greater percent of older whites (25-65+), and a greater percent of Hispanics in the younger cohorts. This difference will have long-term implications for education, health care, and the workforce. This difference, which parallels rest of Texas, indicates that the county will become a "minority majority" county in the future, as these young cohorts begin to have their own children.



Source: US Census

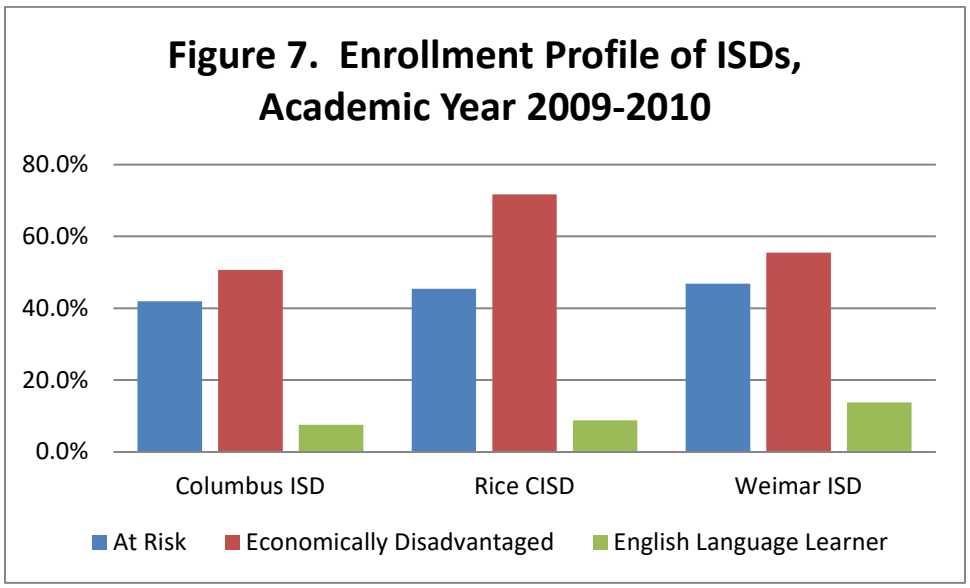
Education. As the number of young children begins to reach school age, the school districts within the county must have contingency plans. Currently there are three school districts within Colorado County – Columbus ISD, Rice CISD, and Weimar ISD. These school districts have between 602 – 1,538 students. All schools have academically acceptable or recognized accountability status (Texas Education Agency, 2011). As shown in Figure 6, the school districts have limited ethnic/racial diversity, with Columbus having the largest percent of students classified as white and Rice CISD having the largest percent of students classified as Hispanic. Weimer ISD shows only Hispanic and white students, although the percent of students reported by the Texas



Source: www.Lonestar Reports.com (2009 data is most recent)

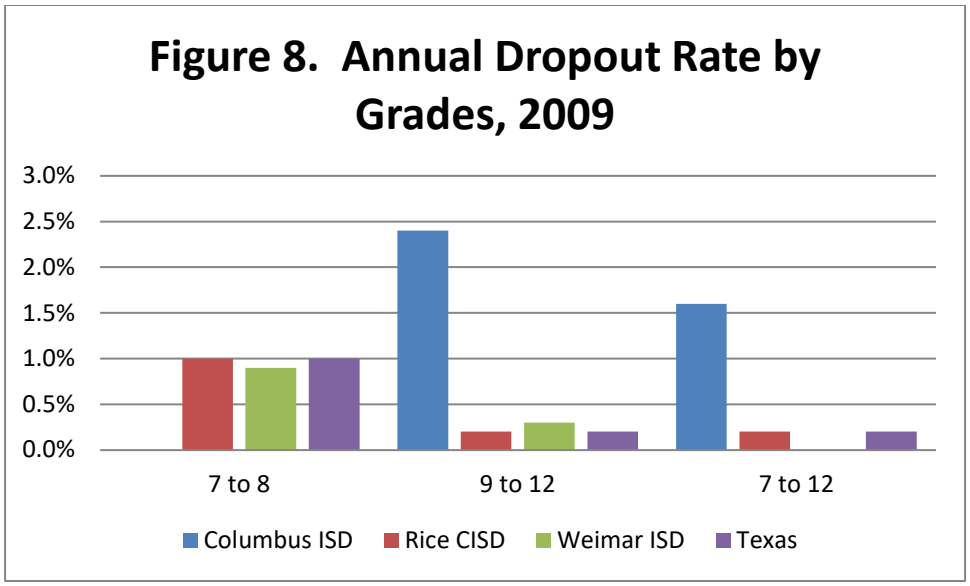
Education Agency (TEA) only accounted for 83.2% of the total student population. This indicates that other racial/ethnic categories were masked (hidden) by TEA because of

the low numbers of students. All three school districts reported, in 2009, that over 40% of their students were considered "at risk" of dropping out of school according to state defined criteria. The school districts also reported high percent of students who were economically disadvantaged, ranging from 50.7% to 71.7%. Finally, all school districts indicated that between 7.5% and 13.8% of their students were "English Language Learners" meaning their native language was something other than English and the other language is used as the primary language in the home.



Source: www.LonestarReports.com (2009 data is most recent)

An equally interesting statistic that should be considered in the overall health of a community is school dropout rates. As Figure 8 indicates, Columbus ISD has dropout rates in grades 9-12 which are much higher than the other county school districts and much higher than the State rate, but it does not have any reported dropouts in the earlier grades. Weimer ISD, on the other hand, has high dropout rates in the earlier grades (7-8), but its dropout rates decreased in the upper grades. Although there may be many factors that contribute to the dropout rate, the concern is the long-range repercussions for not having high school degrees. These young people are poised to find low-paying jobs, frequently without health insurance benefits. More current statistics indicate similar dropout rates, with Colorado having 0.42% compared to Texas' 0.9%. In addition, according to the Texas Workforce Commission (2013a), the attrition rate in Colorado County is attracting students who have dropped out of school but are receiving their education through innovative programs. In Colorado County, during 2011-2012, the attrition rate for all students is 17%; the attrition rate for Black students is 31%; and the attrition rate for Hispanic students is 39%. This indicates that the school districts have developed mechanisms to keep students engaged - even if the learning process does not occur through the normal academic channels.



Source: www.LonestarReports.com (2009 data is most recent)

Low education attainment and low paying jobs often lead to poor housing conditions. In a community where housing is at a premium, and cost of housing is considered high, as more young people begin seeking housing, the issue will worsen. According to the Texas Workforce Commission (2013a), the number of new houses that were built between 2000 and 2010 in Colorado County was 1,494 (14.3%) compared to 20.6% statewide. In addition, Colorado County had more mobile homes (14.3%) compared to the statewide percent (9.2%). This indicates the inadequate number of housing units in the area. Without adequate numbers of structures, people may be forced to leave the community, thus creating lost revenue for the communities.

Social and Behavior Factors

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

Tobacco. According to state and local health sources, tobacco use is a major risk factor for multiple cancers, heart disease, stroke and lung disease. In Texas, about 24,000 adults die of smoking-attributable illness annually (Texas Department of State Health Services, 2013a). In addition, for each person who dies from tobacco-related

diseases, another 20 people suffer directly from at least one serious illness related to smoking. In addition, secondhand smoke, which includes over 50 carcinogens, is especially harmful to young children. The Texas Behavior Risk Factor Surveillance System (BRFSS), a telephone survey, collects data on lifestyle risks. According to that survey, Colorado County has approximately 13% adults who smoke (Centers for Disease Control and Prevention, 2012).

Obesity. The United States is experiencing an epidemic of obesity, and the Centers for Disease Control and Prevention estimates that one-third of the adult population (35.7%) and 17% (12.5 million) of American children are clinically obese (Centers for Disease Control and Prevention, 2013). Obesity is defined as a body mass index (BMI) greater than 30, and this calculation is based on a person's weight and height. Colorado County has 29% of its adult population being classified as obese, which is equal to the Texas rate (Centers for Disease Control and Prevention, 2012).

Some factors which may contribute to the obesity rate include lack of physical activity, access to fast food, and poor access to grocery stores, and food insecurity. According to the USDA, Colorado County has 20.9% of its population having low access to grocery stores (US Department of Agriculture, 2010). Approximately 6% of low-income residents have low access to grocery stores; this indicates that people with low income living within towns do have access to grocery stores, but people in the rural areas may lack transportation that would get them to grocery stores. About 4.5% of older adults have low access to grocery stores, and 4.4% of children have low access to grocery stores. The USDA (2010) further indicates that food insecurity (the uncertainty of having enough food for the month) has increased to 4.6% from early 2000 to 2011, although the number of grocery stores in the county has increased from 5 to 6.

Paralleling people's inability to get healthy food (i.e. ability to get to the grocery store) was the number of fast food restaurants in the county. According to USDA, in 2009, there were 15 such restaurants in the county, and the expenditure per capita for these fast-food restaurants was $784.26 (USDA, 2010). During the same timeframe, there were no farmers' markets, although there were some direct farm sales (i.e. road-side stands, "come and pick"). Most of the time, fast food restaurants satisfied hunger by providing foods with high fat content and were quick, something that hungry children wanted and parents perceived as needed.

A third factor that contributes to obesity is food insecurity. In Colorado County, the average percent of children who experienced food insecurity was 12.8% while the 2009-2011 household food insecurity was 18.5%. When people experience food insecurity, they frequently will eat the fat-laden, cheaper foods to satisfy the hunger

while not receiving the nutrients needed for health. Age, lack of access to healthy food, inability to pay for healthy food, lack of knowledge of healthy food all may contribute to these nutritional issues.

Physical Activity. Contributing to the obesity rate is the lack of physical activity. The County Health Rankings found that 31% of adults in Colorado County were physically inactive – which parallels the finding of 29% adults being obese (Centers for Disease Control and Prevention, 2012). Some reasons that people have given for the lack of physical activity include commuting to work and lack of public parks. The US Census (2013) found that 78% of employed workers commuted alone to their worksite, and the mean travel time was 26.4 minutes. Commuting to work increased stress levels and took away quality time that could be used in physical activity. In addition, despite the Colorado River running through the county and ozone air pollution being non-existent, only 8% of county residents indicated they had access to parks (aka recreation) (Centers for Disease Control and Prevention, 2012).

Injuries. Injuries ("accidents") can be divided into two main categories – intentional and unintentional. Of the 14 unintentional deaths that occurred in Colorado County in 2008, five (36%) were due to motor vehicle injuries. Referring to the Community Health Reports (Centers for Disease Control and Prevention, 2013), compared to its peer[1] counties, Colorado County's leading cause of death in the age 15-24 cohort (white) was injuries and 31% of the deaths in the 25-44 age cohort was due to injuries. Other unintentional injuries could include falls, work-related accidents, drowning; however, the number of deaths attributed to other unintentional injuries was not significant and did not appear in data released by the TDSHS (2009). During the same timeframe, there were two suicides and one homicide in Colorado County. With the great number of deaths from injuries attributed to motor vehicles, the root causes for these injuries should be investigated to determine if policy or environmental changes could address the problem.

Stress and Mental Health. Colorado County, along with most of the nation, is considered a Mental Health Professional Shortage Area (http://www.hrsa.gov), meaning there is not enough mental health providers to service the need. In additional to diagnosed mental conditions requiring direct care, there are many less visible mental health issues in the county, often acerbated by the stress of economy and family issues. The County Health Ranking survey (Centers for Disease Control and Prevention, 2013) found that 4.6% of the population indicated they had poor mental health days (compared to 3.3% for Texas). According to Dr. David Lakey, Texas Commissioner of

[1] Community Health Status Indicator provides information about the nation's 3141 counties and allows for comparison of similar size counties in numerous health measurements.

Health, “46% of all ER visits have behavior health issues as a basic or contributing factor” (Lakey, 2008, slide 14).

Because of the lack of mental health providers throughout Texas, the 81st Legislative Session established region mental health centers. Colorado County belongs to Region 34 (Texana Center) along with five other counties. The Texana Center, a not-for-profit organization, provides behavior healthcare with a focus on acute mental health conditions. It has a discounted pay plan for people who cannot afford to pay the full cost, but demand is great and professional staffing is limited. Thus, many people continue to not be able to get behavior health services they need.

Health Indicators

Maternal and Child Health. One key to a healthy community is the status of its children. Although Colorado County is an older county, meaning that the average age is greater than the State rate, the health of youth remains a way to gauge the health of the community. In 2009 (latest released statistics from TDSHS), the rate of pre-term live births in Colorado County was 13.2 compared to the State rate of 12.0. Preterm births are important since it is the leading cause of perinatal deaths in newborns. Research has shown that preterm births increase the risk of long-term morbidity and often require intensive care after birth. In addition, preterm babies usually have more complications and thus have longer stays in the hospital.

Equally important for the healthy delivery of a baby is prenatal care. Approximately 63% of pregnant women in Colorado County received first trimester prenatal care compared to the state’s 63% (Texas Department of State Health Services, 2012b). Once delivered, the infant death rate (per 1000) is 3.4 compared to the State’s 6.1. One reason for this difference could be the percent of Hispanic women who are delivering babies, and this could reflect the phenomenon of “Hispanic Paradox” in which Hispanics, even with low socioeconomic status, have better health and mortality outcomes than expected. According to the TDSHS (2012b), a lower percent of adolescents in Colorado County gave birth in 2009 (4.1%) compared to Texas (4.7%) although more unmarried women gave birth in Colorado County (46.6% versus 42.6%).

Pregnancy and birth. Colorado County has 13.7% premature births (under 37 weeks), which is high when compared to similar size counties throughout the United States and a great distance from the *Healthy People 2010* target of 7.6%. Low birth weights have short- and long-term repercussions for the baby, the family, and the community. Between 7-8% of all births in Colorado County are to women under 18 years of age (Centers for Disease Control and Prevention, 2013). This percent is

greater than similar size counties throughout the United States. Also, Colorado County is on the high end of the peer continuum for births to unmarried women, having 41.0% compared to the peer county range of 24.6%-42.9%.

Infant mortality. Often viewed as a window to health status for a community, infant mortality seems to be a concern when the county rate of 10.0% is compared to peer county rates of 3.5-11.3%. When analyzed by race/ethnicity, Colorado infant mortality for white/non-Hispanic is 9.2%, for Black/non-Hispanic is 12.5%, and for Hispanic is 9.0%. Both the Hispanic and Black rates are higher than the U.S. rates (Centers for Disease Control and Prevention, 2013). For births that occurred during 2009, Colorado County's perinatal and infant death rates were lower than the state average, but the fetal death ratio was higher (6.8 verses 5.2) (Texas Department of State Health Services, 2012b).

Chronic Diseases. Most chronic diseases have behavior factors that contribute to the disease. This is why a good understanding of health determinants is so important. In a county like Colorado that has an older-than-average population, the rates of chronic disease are expected to be higher. Because of the size of Texas, the TDSHS is usually 2-4 years late in releasing county data. However, this data serves as a way to compare county and state rates and is a useful picture of the overall health of an area. According to the TDSHS, the main causes of death to residents of Colorado County (2012b) were 1) cardiovascular disease, 2) cancers, 3) unintentional injuries, and 4) chronic lower respiratory disease. A further breakdown finds that heart disease accounts for most of the cardiovascular disease deaths (79% or 67 of 85 deaths) and lung cancer accounts for most of the cancer deaths (26%) although many other types of cancers make up the total number of cancer deaths.

Diabetes. Diabetes continues to be a disease of concern because of the percent of people, especially youth, who have behavior factors that predispose them to developing the disease. In 2009, an estimated 21 million people over 18 years of age were diagnosed with diabetes, and 1.7 million people in Texas (9.3% of 18+ age group) were diagnosed with diabetes. It is worth noting that although the prevalence of diabetes in Texas has increased over the past decade, the death rate from diabetes has declined (Texas Department of State Health Services, 2011b) which reflects better disease management and better pharmaceuticals. The "downslope" is that more people are expected to be diagnosed with diabetes because of lifestyles. In Colorado County, in 2010, the age-adjusted death rate was slightly higher (but not statistically higher) than the State's rate of 30.1 per 100,000 (Texas Department of State Health Services, 2012a & b).

Although many things contribute to the disease, one interesting factor is that adults with higher education levels (college+) have significantly lower prevalence of diabetes (7.1% of people with high school diplomas and 11.2% of people without high school diplomas) (Texas Department of State Health Services, 2011a). These statistics are substantiated by recent research (Fox News, 2013) which has reported that participants from low socioeconomics are twice as likely to develop Type 2 diabetes even when other risk factors (weight, physical activity, nutrition) are kept constant. The research suggests that stress tends to exacerbate the body's inflammation response and this, in turn, may increase the risk of diabetes.

Hypertension and other cardiac problems. The rate of Colorado County residents who died from coronary heart disease[2] was 355 (per 100,000) compared to similar size U.S. counties which had rates between 229.7-395.8 (Centers for Disease Control and Prevention, 2013). The U.S. rate for coronary heart disease was 154.0 in 2005, and the *Healthy People 2010* target rate was 162.0. Although Colorado County's rate is in the upper range when compared to similar size US counties, the fact that Colorado County is an "older age county" must be factored into the consideration. More recent mortality information from the TDSHS (2009) found that Colorado County had a heart disease mortality rate of 234.8 per 100,000 compared to Texas 186.7; again, we must consider that the 65+ cohort in Colorado County was nearly twice the state percent (18.7% vs. 10.0%).

Cancer. In 2009, Colorado County had a cancer mortality rate of 190.2 per 100,000 compared to Texas' 167.6 (Texas Department of State Health Services, 2009), with the cancer deaths occurring from respiratory/lung cancer and colon/rectum/anus cancer. These cancers have behavior factors that predispose people to developing the cancers – food and smoking. The Texas Cancer Registry (2013) indicated that the age-adjusted cancer incidence rate for Colorado County for the years 2006-2010 ranged between 387.9-429.9 per 100,000 compared to Texas' 441.4. Thus, Colorado County had an overall cancer incidence rate somewhat lower than the state. However, when comparing specific cancers, in 2012 Colorado County had statistically significantly higher cancer rates for prostate (158.4 vs. 141.8), female breast cancer (120.1 vs. 115.5) and female lung cancer (52.1 vs. 50.0) (Texas Cancer Registry, 2013).

Communicable Diseases. Review of data released from the TDSHS (2012b) found that important communicable diseases reported throughout the State were not as relevant to Colorado County. For example, the rate of tuberculosis in Colorado County

[2] coronary heart disease – death due to hypertensive heart disease and ischemic heart disease (acute myocardial infarction, other acute ischemic heart disease, and other forms of chronic ischemic heart disease)

was 4.5 per 100,000 compared to 8.2 in Region 6 and 6.0 for Texas. The rate of varicella (chickenpox) was 4.5 compared to 12.5 in Region 6 and 17.9 in Texas, and there were no cases of reported pertussis (whooping cough) in Colorado County. Colorado County had a syphilis rate higher than the Region and Texas but a chlamydia rate lower (by nearly 50%) than the Region or Texas (Figures 9 and 10). This seems unusual since there have been national trends of increasing chlamydia rates because of requirements for testing in women who seek contraceptives.

Figure 9. Select Communicable Diseases, 2009

Disease	Year	Colorado County	Region 6	Texas
primary/secondary syphilis cases	2010	2	344	1,231
primary/secondary syphilis rate	2010	9.0	5.6	4.9
gonorrhea cases	2010	10	8,004	31,453
gonorrhea rate	2010	44.9	130.7	124
chlamydia cases	2010	47	28,743	118,577
chlamydia rates	2010	211.2	469.5	467.3

Source: Texas Department of State Health Services, Health Currents Report

Figure 10. Trend of Sexually Transmitted Diseases, 2004-2011

	2004		2005		2006		2007		2008		2009		2010		2011	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
	CHLAMYDIA															
Colorado County	28	132	25	118.8	36	166.4	47	217	51	234	43	195	47	211	54	240.6
Texas		312		313.3		320.4		355		406		417		467		473
	SYPHILIS (primary and secondary)															
Colorado County	2	9.4	2	9.5	1	4.6	2	9.2	3	13.8	8	36.2	8	35.9	4	17.8
Texas		18.6		19.1		21.1		23.3		26		28.1		25.2		23.7

Source: Texas Department of State Health Services, 2011 STD Surveillance Report

Prevention and Screenings. Childhood immunization has long been viewed as an important component of disease prevention. The latest immunization survey (Figure 11) conducted in Colorado County by the TDSHS occurred in 2010 (2008 data). The Colorado County Retrospective Immunization School Survey (Texas Department of State Health Services, 2010) determined immunization coverage of children at 24 months of age. The survey included five kindergarten schools and a total of 230

records were analyzed. The survey analyzed different measures of inoculation (i.e. percent children having received 4 doses of diphtheria-tetanus-pertussis, percent children having received 3 doses of polio vaccine). Although the results cannot be used to assess current intervention levels, it is worth noting that there seems to be an effort to get children immunized although the full set of immunizations is low.

Figure 11. Percent of Children Immunized, Colorado County (2008)

Vaccine Series	% vaccinated by 24 months
4 DTP/DTaP/DT	79.6
3 Polio	90
1 MMR	87.8
3 Hib	94.8
3 Hep B	93.0
1 Var	82.2
3 PCV	71.3
4 PCV	37.0
4:3:1	73.5
4:3:1:3:3	71.3
4:3:1:3:3:1	65.2
4:3:1:3:3:1:4	30.0

Source: Texas Department of State Health Services

Access to Care

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

Facilities. Until recently, Colorado County had three hospitals strategically located throughout the county. With the closing of one of these hospitals, the two remaining hospitals (one centrally located and one located in the southeast quadrant) continue to attract providers and patients. In addition to the two not-for-profit hospitals, the county has a number of medical clinics, with many specialty services being offered on a limited basis (i.e. specialists are in the county on specific days). The county does not have a county health department but relies on Region 6-5 for services. Region 6-5 covers 16 counties (5 million residents) for basic public health services. Columbus does maintain a TDSHS Nursing Clinic and a WIC Clinic, but this limited service would not constitute a "safety net."

Vulnerable Populations. Vulnerable populations are those groups of people who have factors that predispose them to being more in need of services or who have less ability to seek care. Vulnerable populations in Colorado County (Centers for Disease Control and Prevention, 2013) include the following:

- Adults over 25 with no high school diploma 4,261
- Unemployed 439
- Severely work disabled 465
- Major depression 1,096
- Recent drug users (within past month) 1,151

Vulnerable populations tend to have more medical needs and poorer health status than the general population. In counties with fewer medical facilities and social service agencies, these people may turn to the emergency room for their main source of care.

HPSA, MUA, MUP. Health Professional Shortage Area (HPSA) is a federal designation for a geographic area that meets certain criteria. Counties may seek federal HPSA designation as Primary Care HPSA, Mental HPSA, and/or Dental HPSA. Primary Care HPSAs are based on a 1:3,500 physician-to-population ratio plus meet a number of other factors such as age of the community, mid-levels in the area, travel time to services. Mental HPSA is based on a psychiatrist-to-patient ratio of 1:30,000. Dental HPSA determination is based on a dentist-to-patient ratio of 1:5,000. Counties may have all three designations, and partial county status can occur. In addition, the federal government also has established Medically Underserved Areas (MUA) and Medically Underserved Populations (MUP), with status being determined by shortage of personal health services or inclusion of vulnerable populations that face economic, cultural, or language barriers. HPSA/MUA/MUP designations are important when/if federal funding is sought and are often used to recruit health providers to a region, as these designations may have a “loan forgiveness” bonus. As of June 2013, Colorado County has a full (or partial) designation for Primary Care HPSA, Mental HPSA, and Dental HPSA (http://www.dshs.state.tx.us/chs/hprc/hpsa.shtm).

Medicaid/Medicare/CHIP. According to the 2009 Colorado County Health Profile, approximately 30% of the county’s population between birth and 64 years of age do not have health insurance, and approximately 21% of children ages 0-17 are without health insurance. Both of these percentages are greater than the State’s rate. Pairing this information with the fact that in 2009 there was 16% of the population living below poverty (23.6% of children between the ages of 0-17 living below poverty), it should be apparent that there is a group of people who may be eligible for Medicaid, Medicare, or CHIP insurance who are not receiving benefits (Texas Department of State Health Services, 2009). More current data (Texas Department of State Health Services, 2012b)

indicates that Colorado County has 33% adults not insured and 19% of children not insured.

Preventable Hospital Days. The TDSHS has created a database that analyzes several hospital diagnoses which have a prevention component. Hospitals, although not required, are asked to report on these particular diagnoses. The concept is a report card on the success of prevention programs throughout the community and does not reflect the quality of service provided by hospitals. From 2006-2011, adults in Colorado County received $17,068,938 in charges for hospitalizations which had a prevention component (Texas Department of State Health Services, 2013c). The four diseases that contributed the most to this charge were congestive heart failure, long-term diabetes complications, bacterial pneumonia, and chronic obstructive pulmonary disease or asthma in older adults. This seems to indicate that there are some health promotion/disease prevention activities that could occur in the community that could lower hospitalization.

Information released by the TDSHS does not dispute information released through the Medicare Hospital Comparison database (Medicare Hospital Comparison, 2012) but rather is an indication of where the community could address prevention activities. The Medicare Hospital Comparison survey looks at specific complications and deaths that occurs and attempts to analyze if patients are discharged too early or if the disease could have been prevented by using other "best practices." Some of the diseases of interest are not reported for Columbus Community Hospital because there are too few cases seen at the local hospital to be useful. For other outcomes, the local hospital has rates that are comparable with the U.S. national rate. Such rates include readmission for heart failure patients, death rate for heart failure patients, rate of readmission for pneumonia patients, and death rate for pneumonia patients. It is also important to note that the Columbus Community Hospital has established policies that are addressing these issues. For example, in the third quarter of 2012, Columbus Community Hospital had 100% success in having blood cultures performed before administering first antibiotics upon entrance to hospital, 100% of these initial antibiotics being received within 6 hours of hospital arrival, and 100% appropriately selected antibiotic (Columbus Community Hospital, 2013).

2013 Colorado County Community Needs Assessment

In order to understand the health needs of Colorado County (Columbus), the Columbus Community Hospital contracted Dr. Tina Fields and Dr. Jeff Hatala[3] to perform a community health needs assessment. The consultants gathered existing data and information of the county from numerous secondary sources and worked with

[3] Biosketches for Dr. Fields and Dr. Hatala can be found in Attachment 1.

the hospital to establish focus groups to learn the community's perception of the county's health status. The community needs assessment was based on a community health model that had been developed and validated by the Centers for Disease Control and Prevention and has been used throughout the United States to assist communities to determine issues that impact health. The suggested CDC model is not based on medical care but is a mechanism to allow community residents to identify areas in the community that impact health and that can be modified through community efforts and/or policy enactment.

During the summer of 2013, county residents were invited to attend a series of focus groups, all of which were held in the physician dining room of the Columbus Community Hospital. People were identified and contacted by the Community Relations representative of the hospital. A total of 28 people (Attachment 2) attended the focus groups. There were a total of five focus groups designated as follows:

- Business/workforce
- Community leadership
- School/education
- Medical providers
- Health/hospital organizations

Individual focus groups were scheduled in three-hour increments, with the average time per focus group being 2.25 hours. A scripted agenda was used to keep the focus groups on task, although time allocations for each task varied between the focus groups. The scripted agenda can be found in Attachment 3. The size of the focus groups varied between 3-6 people; because of the small size, the scripted format was changed during the process to not have small break-out groups. Instead, the groups were asked to brainstorm as one entity. Focus group members took notes and made written comments which were submitted to the consultants. In addition, ideas and comments were also captured by one of the consultants while the second consultant served as a facilitator.

After all the focus groups had occurred, the consultants analyzed the submitted notes and comments. Common themes were identified across all groups, with specific comments from individual groups being noted. In addition, unique themes identified by one or a portion of the focus groups were also analyzed. All of the comments and observations were used to generate the findings and recommendations found in this report.

Focus Group: Business/Workforce

Characteristics of focus group. Four community residents attended the 2-hour focus group; residents represented the ranching community, insurance agencies, the City of Columbus and the Chamber of Commerce.

Results from focus group. The representatives from area businesses summarized the population characteristics as including "very old people and their parents," indicating that the elderly are caring for the parents – people even older than they are. Such population characteristics could have implications for the type of health care needed in the community and/or the impacts of this population on the tax base. The community houses 2 nursing facilities and 2 assisted living facilities with waiting lists for both. Business representatives also stated that the area has a sizeable Hispanic population. Business representatives stated that the economically disadvantaged population is overwhelming and growing.

The business community noted that housing is a challenge to the community. The 65+ population are building homes in the country, but after living in the houses a few years, believe they are too remote. Housing "in town" is perceived to be overpriced. There is a reticence to "cross the river" for housing; the city of Columbus does not provide services on the north and east sides of the river.

In addition to housing, the business representatives also noted that rice farming in the community is on the decline. One representative stated that one rice farmer did not plant this year. Decreased rice farming could negatively impact the goose and duck hunting in the area and thus has an impact on the county's economy.

On the positive front, business representatives note that the community works hard to maintain and enhance the community overall. Business representatives report the local library as being outstanding and state that the city inspects substandard housing to determine need and sends letters to owners to make repairs. If the owner does not oblige, city destroys the housing. The city also enforces a weed lot ordinance. Business representatives add that people feel safe in the community.

Business representatives stated that there are a number of organizations available in the community that support health. Such organizations include the new gym with 24/7 availability, a local swimming pool open during the summer months, and the hospital (the health fair in particular). Business representatives also mentioned that the Boys and Girls Club plays an important role in the community for children of low socioeconomic status. Activities provided are available for $30 for the summer, and the price includes breakfast and lunch. Parks in the community are well used. However, there are no walking trails in the area; area residents use the track at the football field for walking.

Specific to health conditions, business representatives cite a number of concerns in the community. Concerns include prescription drug use, specifically pain killers, but crack and meth are present. Business representatives note that alcohol abuse and mental health issues are also a big problem in the community. Other issues mentioned

include cancers and heart disease due to smoking and working in the gravel pits, and teenage sex and pregnancy.

Business representatives stated that the lack of health insurance is a problem for people in the community. Big deductibles and the high price of health insurance are barriers to receiving care, and unhealthy people “can’t find market” for the individual buyer. Part of the problem is that health insurance is misused by many because they “keep using their insurance” when they are not really sick, which “ruins it for others.” Despite these concerns, the business representatives cited the outstanding contribution made to the community by the hospital.

Business representatives state that there is a small farmer’s market in the community but would like to see something larger located on the square. Business representatives believe that there are job opportunities for “sitters” for the elderly. The elderly population needs a number of services that are difficult for them to provide for themselves. Education about how to be a sitter is important and needed.

Business representatives also state that Colorado Valley Transit offers transportation services, but “no one is riding the bus.” One business representative states that the bus system is not “user friendly” and suggests that the route be modified as a possible means for improvement. The lack of participation in public transit could be a marketing or customer service issue. The service is important and should be addressed since there is no taxi service in town.

Business representatives also noted that there is no town ordinance around smoking, but some restaurants do ban smoking. Thus, although there seems to be efforts on the part of many businesses to address health issues, there remains reluctance by local government to develop policies. This may be due to the community’s perception that government should not interfere in “personal choice.”

Focus Group: Leadership

Characteristics of focus group. Seven community leaders attended the 2.5-hour focus group and represented leadership of churches, construction, real estate, newspaper, EMS, city government and the county extension office.

Results from focus group. Business leaders noted that few young people move into the county, except for jobs associated with schools and hospitals, and when they do move to the county, they struggle to find affordable housing. Housing is perceived by community leaders to be an obstacle to getting new businesses to come to the area.

Community leaders also report that, aside from the Columbus Community Hospital, there are a number of services in the community to support health issues.

The leaders feel there are misuses of the health care system, primarily originating from a sense of entitlement by those seeking help. There are services in the community and ancillary services to support the health of community residents, such as Colorado Valley Transit. Community leaders report that this organization is willing to help with transportation for those in need by taking them to doctor's appointments.

Community leaders also state that the population of the area is aging and increases in population come from an influx of Hispanics into the area.

Community leaders also showed concern for the children of the community. They state that there are no after-school activities for those in the third grade and older. There are many children in the community on "mind meds," children have died from suicides and drowning. The family unit has changed; the number of single-parent families has increased and many are working more than one job to support their family. With government assistance being more lucrative than employment in some cases, people are not looking for employment. According to the focus group, some parents are teaching their children how to "work the system" by teaching them to behave in certain ways in order to obtain a diagnosis that would allow them to qualify for government assistance. Community leaders note "there are 'lazy' parents who are 'satisfied with living in a certain way.'" This is perceived to be an intergenerational issue.

In addition to income and employment issues related to children, community leaders state that they are seeing more chronic disease impacting people at younger ages and believe that poor eating habits and sedentary lifestyle are contributors to disease. Community leaders note the need for nutrition education courses. One leader cited seeing people buying Ramen noodles by the case.

Community leaders also emphasized the importance of the Boys and Girls Club to the area. With the Boys and Girls Club activities taking place in the elementary school, it provides a convenient support to the children and families in the community. Community leaders also noted the need for a parenting education course that teaches parents how to parent. Many issues seen in the community stem from the family and "comes down from the parent."

Smoking and alcohol use. Community leaders were asked about various health behaviors to understand their perceptions of successes and challenges in the community. Community leaders report that smoking has decreased in the last 50 years. The community is aware that smoking is a health issue but is not the primary health concern in the area. There are no municipal ordinances that prevent or restrict smoking. Alcohol use is part of the culture and is used by all age levels. Community leaders report that "having a beer is part of the German culture" and that alcohol use

and misuse is culturally tolerated. Community laws pertaining to alcohol use are perceived to be lenient.

Obesity. Although a community garden and food stands exist in the community and some community residents have gardens, community leaders perceive obesity to be an important problem. Community leaders report that access to healthy food is a problem; people in Columbus can walk to a grocery store, but people in the county do not have that same access. Leaders perceive that nutrition education is needed by community residents. The area houses a number of fast-food restaurants and many people frequent them. Portion size is perceived to be a problem as is desire to eat unhealthy foods and use of food as comfort; leaders report that the school cafeteria is meeting dietary guidelines, but school children "throw apples in the garbage." Leaders report convenience of unhealthy foods/lack of convenience of healthy foods as a detriment to healthy eating. Combined with these factors, leaders report technology use and being inside/away from the heat as factors that influence obesity rates in the community.

Food is one piece of the obesity issue, physical activity is the other. Community leaders report there are a number of venues available for community residents to exercise or engage in some form of physical activity, including a health club, an extreme gym open 24/7, city/county parks, bike trails, school track, and a fitness center with an indoor pool and water aerobics. The elementary school host Family Mileage night where an adult and child can track the distance of their walk in exchange for a toy or trinket. Athletics are big, but physical education class in the schools "is not much anymore" with some students "working the system to get out of PE." A local church offers a Zumba class. Even with a number of outlets in existence, community leaders report that people do not use these facilities or take advantage of the organized activities in large numbers. Community leaders state that awareness of said activities may be an issue. Even so, there is a group of residents who "want to do better."

Teen pregnancy. Teen pregnancy is reported by community leaders to not be any worse than in other communities.

Injuries. Community leaders stated that most injuries come from falls by the elderly, but there are also suicides (wrist cutting) and drug overdoses. Community leaders report that the part of I-10 between exit 699 and 700 has a number of car accidents. In addition, there are a number of farm, hunting, ATV, boat and firearms-related accidents, and those who "do not know the river" can drown from their lack of knowledge and experience.

Other/mental health. Community leaders state that a number of children in the community take medication for anger, depression and ADD/ADHD, with children's anger

perceived to stem from the impact of being in blended families. Community leaders also report that kids do not value education. The entitlement mentality is an issue among the younger members of the community.

Focus Group: School/Education

Characteristics of focus group. Seven representatives from the Columbus Independent School District, Columbus Jr. High School, Weimer Independent School District and St. Anthony's School participated in the approximately 2-hour focus group.

Results from focus group. The representatives from the school system report that the population of the community is getting older, and that geriatric wellness and caregiving for this population are community concerns. The school system representatives also stated that Colorado County is now a minority majority population with Hispanics now the majority. Cultural differences between Hispanics and other groups, including language, create challenges in the community. School system representatives note that there is a program available where, twice a month, Hispanic parents and children can learn English. Another point of interest mentioned was that Hispanic youth at age 15 are expected to contribute to the family income, which impacts their ability to engage in extracurricular activities, and, thus, their ability to become accepted to college. School representatives also discussed various health behaviors and the school's role in addressing healthy behaviors in the community.

Substance abuse. Education representatives report that smoking is not an issue in the community, but use of smokeless tobacco is done widely and added that youth do not see health risks associated with smokeless tobacco. School representatives also state that depression and prescription drug use are linked and are on the increase. Education representatives report that that the drug of choice tends to run in cycles; currently, marijuana is used more than cigarettes.

Childhood obesity. Education representatives state that childhood obesity is prevalent. One representative noted that there are 200-pound children in elementary schools. Educational representatives added that school lunches are not the problem and parent education is needed in this area.

Related to childhood obesity is the issue of food access. Education representatives report that there are a number of children in school who are hungry by 10 a.m. Students have access to food at school, but students do not believe that food tastes good and will put the food in the trash. These students will also leave school "for chips and Mountain Dew." The education representatives further stated there are pockets of children who do not have food in their home.

Education representatives report that there are programs available to help children with access to healthy foods, including the Backpack program with the Houston Food Bank. In addition, the Boys and Girls Club offers after-school services, including a wellness component.

Obesity. School representatives note there are a number of fast food restaurants in the community and no farmer's markets. Healthy eating is challenging because people use food as a reward, unhealthy choices are more convenient than healthy food items, and there is no stigma associated with being obese. Education representatives note that TV programs, such as Honey BooBoo, provide a negative influence regarding healthy eating.

Physical activity is one component of obesity. Education representatives state that children are not playing outside as parents do not want their children to be unsupervised due to safety and security issues. Also, the weather plays a role in this as well. As such, children are inside watching TV and/or playing computer games. The city of Weimer does offer a physical activity program for children from 8 a.m. to noon and costs $30 for the summer.

Chronic disease. Education representatives state that the most significant diseases in the community are cancer, diabetes and heart diseases. Education representatives note that lack of health insurance is an issue, which results in increased hospital emergency department visits. For school-age children, education representatives suggest it would be useful to have a school-based clinic, but "that costs money" and workers in the clinic would need to know Spanish.

Teen pregnancy. Education representatives stated that teen pregnancy is a major problem in the community; the representatives state that there are girls who want to be pregnant, to have someone who will love them. Education representatives also note that calls to Child Protective Services (CPS) increase each year, and calls may result from child abuse and neglect from teenage parents.

Immunization. Education representatives state that community residents question the value of immunization. Education representatives also report that "people are lazy and indifferent" about immunizations. The representatives indicate that parents wait until school starts to get their children immunized.

Mental health. Education representatives state that mental health is an issue in the community as noted in the subsection pertaining to substance abuse. Education representatives note the issue of bullying, and that bullying and depression "goes hand in hand." Social media makes bullying a problem 24/7. Education representatives state that parent involvement is critical to fixing this problem and parents will need to

continually teach and remind their children so they can fully understand the importance of this issue.

Education representatives state that broken homes and stress result in depression and mental health issues, and children are becoming more "high maintenance" with those categorized as "crack babies" having learning and behavioral issues. The Texana Center "can give a pill for certain things," but family counseling facilities are needed in the community.

Other. Education representatives report that the community has a number of single-parent families; many of these parents have a distrust of schools because they have had negatives experiences while they were in school. Education representatives note that many children come from households where both parents work, which creates challenges for children to participate in after-hours activities.

Education representatives note that there is a perception among area residents that there is "our community" vs. "those kids." Education representatives note that the schools have emphasized helping minorities to break the poverty cycle. Education representatives note that high school graduates with no trade skill cannot earn as much as they can receive from government assistance; for those with only a high school diploma, job opportunities in the county do not pay enough to support a family. Education representatives stated that there is a need for workforce training that results in skills in employment paying greater than what government assistance provides. The schools would like to offer such classes, but, for example, they cannot pay a plumber enough to convince him/her to leave a well-paying job in order to teach on the high school level.

Education representatives note that there are a number of dropouts in the community, citing legal issues and attitude as causes. Dropouts who are older recruit younger dropouts to sell drugs. Education representatives state that parents need to be educated about how to teach goal setting to their children.

Education representatives noted that the school district employs one school nurse, and that nurse does not provide health care support to the Catholic school.

Focus Group: Physicians/Providers

Characteristics of focus group. Four providers, 1 nurse and 3 physicians, from Columbus Community Hospital participated in the 2-hour focus group.

Results from focus group. Providers stated that the strengths of the community included the Food Bank, the Methodist Church and AgriLife Extension Service. They mentioned other organizations that contributed additional strengths,

citing the community garden, the summer feeding program in the schools, and the backpack program for children. Providers noted that these groups offered services to support the health of the community, but the providers did not know how well attended these programs were. One provider noted that AgriLife Extension Service offered a diabetic nutrition education course over 4 sessions that was well attended for the first two sessions, but the last two sessions barely had any participation.

Providers stated that the health fair sponsored by Columbus Community Hospital was very important to the community as people were able to get multiple screenings done free of charge. One provider noted that screenings should be offered more frequently, as the price often hinders patients from obtaining services. Providers did note that there was a need in the community for regular and affordable screening.

Other effective community resources include the health club with the pool. The pool is used by the elderly to help with back problems as well as for water aerobics. The pool is very popular and has a waiting list for the limited membership. Providers state that the cost of the pool needs to stay affordable as it has closed in the past due to the cost of maintenance which led to escalating fees.

Providers see a number of problems in the community for both younger and older populations. Issues for children include mental health problems, including coping skills and attitudes toward healthy food. Providers report children are discarding healthy food provided in school-supplied lunches. They acknowledge that students receive information about diet and exercise in school, and providers state that children in the community are in need of effective coping skills to deal with issues outside of “normal,” such as unemployment in the family, multiple families living in the same home, parent’s consumption of alcohol, parental incarceration, or mobility of the child (meaning the child may be living with friends rather than with parents).

Regarding adults and health, physicians discussed issues including lack of health insurance and drug use. Providers said the lack of health insurance hurts patients’ ability to monitor their diseases. Providers stated that drug abuse mostly pertained to prescription drugs, but marijuana, cocaine, THC, and opiates were abused. Providers perceived that “People don’t want to get better; they just want to feel better and want meds.” Providers added that people were not interested in quitting smoking. Regarding the overall population, providers stated that people did not want to be healthy until they were dying or were “too” sick.

Providers state that the community offers a number of activities and outlets for health promotion and prevention, and there are appropriate and adequate incentives, such as gift cards and transportation to and from the event, to get people to attend.

Providers add that there is plenty of community initiative, but “You can take a horse to water, but you can’t make him drink.”

Even with the number of activities, providers recognize that there are gaps in the delivery of health care-related services in the community. For example, there have been classes that identify healthy meals for diabetics, but providers state that the class did not teach people how to prepare those meals. Although participants were able to eat the healthy foods shown in the class, they did not learn how to prepare the food themselves. Providers also note that there is no diabetes educator in the hospital and it would be important, should a position be available, that the educator be of Hispanic descent.

Providers see health information technology as an opportunity to improve health of the community. Columbus Community Hospital is employing a new EMR system. This system includes a portal that will allow patients to view their health information/record. Providers believe this portal will allow the hospital to tailor education and related activities to their patients, and providers believe the portal will be able to link to “outside” information.

Providers noted two threats to the health of the community – policy and the lack of available mental health services, specifically counseling services. Providers report that school nurses are not the answer. Texana can help in cases of suicide. Youth and Family Services has a stigma associated with using it. There is a Catholic priest at St. Anthony’s who is training to counsel. Other clergy do some degree of counseling. Even with the number of services available, the providers feel there is not enough mental health services to meet the need in the community.

Policy is also seen as a threat. Some providers indicate that people are not going to change their behavior unless they want to change, even if policy is in place to support that change. One provider noted that “you can’t change human nature, but you can slow it down.” For example, some local restaurants feature symbols on their menus that show the healthy selections. There is no local policy that mandates this; restaurants do this because they want to. Providers feel that state/federal programs should review foods that are allowed to be purchased through the federal programs. Providers do not know if a smoking policy exists in places outside the hospital and public buildings.

Providers also noted that a class about health care, specifically how to pick a Medicare plan, would benefit those approaching 65 years of age. Providers also said it would be good for there to be a trail along the river.

Focus Group: Healthcare Organization

Characteristics of focus group. Three employees of Columbus Community Hospital, including representatives from nursing, information technology, and social services attended the focus group.

Results from focus group. Representatives from health care depict the community as having a large elderly population. Health care representatives note that the area does not have a place that offers organized social activities for the elderly. Social activities form organically at places throughout the area, such as the hospital cafeteria. Churches do offer meals for the elderly, but this only takes place once per month. Health care representatives state that many of the elderly population are depressed.

Representatives from health care state that the biggest health issue in the area pertains to mental health and related issues, including chemical dependency. Representatives from health care note that Vicodin, Xanax and crack are abused and there are no support groups, even Alcoholics Anonymous, in the area. Representatives state that there is quite a lot of smoking in the area, particularly among the youth, diabetics and people with COPD.

Representatives from health care also expressed concern about those without financial resources to pay for health care. Representatives report that this population is not using the local clinics but are using the hospital's emergency department instead and are listing the emergency room doctor as their primary care provider.

Representatives note that there are a number of services in town that meet the needs of the elderly, but some of these services could be improved. Health care representatives note that Colorado Valley Transit, with a number of bus stops throughout town, is a good service that transports patients to doctors and grocery store. Health care representatives state that Meals on Wheels is also a good service, but it can take 3-4 weeks to get through the application process. The community offers classes in home safety for those 55+. One representative from health care mentioned that she just learned that "visiting physicians" exists in the area and will now make house calls.

Health care representatives discussed the youth of the area. Health care representatives stated that there were services available to support the youth of the community, but they were not without issue as well. Health care representatives noted that the Boys and Girls Club offered services for young children, although teens used the club as well. Health care representatives reported that there were no centers available for adolescents. Health care representatives noted that the community offered

a number of opportunities to participate in a variety of organized sports, such as baseball and soccer, but these opportunities could be expensive.

In general, health care representatives note that, in terms of access to food, the community offers two grocery stores, a food bank, and the Methodist Church serves food and gives the needy food “staples” that they can take home.

Findings

Colorado County includes a handful of small towns, all with fewer than 4,000 people. Driving through the area, one can see that it is well kept and its citizens have pride in their community. Parts of the county are picturesque and the Colorado River draws tourists to the area.

The main industries are agri-business, gravel and oil and gas services. Agri-business in Colorado County includes primarily rice, but also cattle, corn, soybeans, sesame, hay, pecans and nurseries. Rice allows for hunting in the area, including duck and geese.

Major industries such as gravel and oil/gas have waned over time but are still important to the local economy. This rural community presently has a 5.7% unemployment rate, which is lower than the state unemployment rate.

The average age in the county is 43 with the average age of men being slightly lower (42.3) and the average age of women being slightly higher (44.9). Older residents in the community tend, on average, to be white and the younger population, on average, tends to be Hispanic. Based on population trends, it appears that youth tend to leave the county after high school.

Slightly more than 5% (5.7) of the county population tends to live in poverty with 5.5% of children living below the poverty line. Compared to the state average, more children under 5 live in poverty and more adults over 65 live below the poverty line.

The schools in the area are considered adequate, if not good. However, 40% of students are at risk for dropping out, and there is a high percentage (above 50%) of the students who are economically disadvantaged. These students may be facing low paying jobs without health insurance. Low educational attainment and low paying jobs often leads to poor housing conditions. In an area with high-cost and scarce housing, this issue can worsen.

In addition to economic factors, social and behavioral factors also influence health. These factors include personal behaviors, exposure to infection, genetics, geography, environment (natural and built), access to medical care, income,

occupation, and cultural and religious factors. These factors can positively or negatively affect such conditions as heart disease, cancer, diabetes.

Thirteen percent of Colorado County smokes. Many more use smokeless tobacco products, a habit which seems acceptable by the community.

Twenty-nine percent of Colorado County is obese, which is the same as the state obesity rate. Obesity is linked to a number of factors, including lack of physical activity, access to fast food, lack of access to grocery stores, and food insecurity. In Colorado County, 31% of people are physically inactive. People are typically inactive due to long commute times (into Houston), which increased stress levels and decreased time for physical activity. People are also typically inactive due to lack of public parks (8% of the population reported they had access to parks).

Focus Group Findings

The focus groups provided perceptions and beliefs about the health needs of the community and, in many cases, were aligned with the statistics named in this report. Focus groups were able to shed additional detail that could be useful to understand the status of the community as well as ideas for improving the community in the short and long term.

The community is one of pride. Community residents are proud of their community and work hard to make the community a nice place to live. Colorado County is a picturesque community with large trees lining the streets and a river running along a sizable portion of the town. People feel safe here. The community is concerned and willing to maintain and even enhance the surroundings. Taking care of each other seems to be part of the community culture and community organizations seem proud to add value to area residents.

Colorado County offers a number of organizations, classes and events to support community health needs. Organizations most frequently named as addressing health issues, in no particular order, in the community include the Food Bank, Methodist Church, AgriLife Extension Service, Boys and Girls Club, the health club with the indoor pool and the hospital. These organizations face challenges around funding/costs, accessibility and maintenance. For example, the health club with the pool has limited access and closed previously due to maintenance costs. Awareness of events may also be an issue. Focus groups frequently had reported consistent events and organizations, but the knowledge of the details of the events had been inconsistent. This is normal in many instances as determining success of an event, for example, is subjective. But dates, duration and specifics of the events left participants asking each other for confirmation. The focus group reaction may also be held by other community

members. In addition to awareness, cost of events and activities may be too high for some families to pay, particularly those from economically disadvantaged households or with medical issues.

The health care needs of the community are important to everyone, but in the community, the most pressing need exists for children, elderly and economically disadvantaged populations. Economic issues for the county could have a negative effect, particularly due to the main industries in the community, on the health needs of the community as well as the tax base. Housing in the community is expensive and scarce, which can further exacerbate economic issues in the community.

Mental health and related issues, such as substance abuse, are prevalent with few resources able to handle the vast needs in the community. Texana provides a number of resources; some church leaders are becoming counselors. Clergy provide some level of support but not enough to meet the community needs.

Focus group participants named prescription drugs as the most abused, specifically citing Vicodin and Xanax. Crack was named second most frequently, with meth, marijuana, cocaine, THC, and opiates also being mentioned. Children were using prescription drugs, including “mind meds,” perhaps to combat a ADD/ADHD diagnosis or other conditions, and adults were most frequently abusing pain killers and anxiety and panic disorder medications, which can speak to the extent of the mental health issues of community residents. Smoking and alcohol were also named, but focus groups reported that smoking was not nearly as bad as it was several decades ago. Alcohol, per the focus groups, was cultural. Although it could be abused, the German heritage prevalent in the area allowed and accepted alcohol use before the legal age.

Diet and lack of exercise loom as significant threats to the health of community residents, regardless of age, gender, race/ethnicity, income, and education level. Convenience is a prevalent theme in terms of convenience of fast food, as it is throughout the state and country. There are 15 fast food restaurants in town and 6 grocery stores. There is a community garden, food stands, and some area restaurants note healthy options on their menus. Fast food is quick, needs no preparation, and tastes good. Fast food contains “empty” calories or, worse, has high levels of fat and sugar that have good taste and create a sense of satiety. They are linked with a number of diseases seen in the community, including heart disease, diabetes, and obesity. Even with the number of healthy food options in the community, the choices for unhealthy foods far exceeded that of the healthy, and this variation was linked with the most prevalent diseases affecting the community.

Focus groups reported that Colorado County housed a number of outlets for physical activity, such as the health club, the extreme gym open 24/7, city/county parks, school track, fitness center with an indoor pool and water aerobics. One activity noted by the focus groups was Family Mileage Night which occurred at the school track. Members in some of the focus groups stated that this was a big event in town and lots of people participate. Members in other focus groups reported that only a small proportion of the community participated. The lack of physical activity coupled with the dietary issues mentioned above contributes to the decline in health of community residents.

Focus groups spoke of special concern for the physical and mental health and overall well-being of the children in the community. Focus groups report that there are a number of obese, even severely obese, children in the school system. Focus groups also report children have a sense of entitlement to services rather than an appreciation of a privilege, with some children being educated by parents about how to "work the system," including how to behave in order to obtain a diagnosis that will result in the ability to receive a disability check. Children come from economically disadvantaged families, families with a single parent, families with two parents working or one parent working two jobs, or may be living with friends when there is unrest in the home. For those children, receiving a healthy meal may be a rare treat or even something that is strange and does not taste good. Providing that healthy meal may be a financial stressor to the parent, which may result in unhealthy behaviors.

Recommendations

Based on the statistical data and feedback from the focus groups, there are two key recommendations. These two recommendations can work independently but are designed to work in tandem. After the main recommendations, there are suggestions for activities that could help address the issues identified in secondary data and focus groups.

1. Institute a Community Advisory board that serves as a bridge between the hospital and the community. The hospital should not run the board. Rather, the hospital should serve as a facilitator to some extent, but should not bear the burden of leading a community effort. The hospital should support the board by providing expertise in key areas or by providing meeting space when available. This board should consist of active community residents who are passionate about the health and wellbeing of those in their neighborhoods, school, businesses, as well as with the hospital. The board should examine the determinants of health (provided earlier in this report) to set an agenda for creating positive change in the community, and actively support the efforts to do so. The board may wish to recruit or appoint community residents to serve on

subcommittees or task forces that would implement the chosen suggestions. Your consultants may be able to support the development and implementation of these suggestions.

a. Changing demographics in Colorado County will impact health care. The county needs a county strategic plan to address how it will prepare for being a "minority majority" in the near future.
b. Host a farmer's market located on hospital grounds. With there being a bus stop by the hospital, this would easily allow Colorado Valley Transit users to patron the farmer's market. With close proximity to the hospital, health educators could use that opportunity to teach farmer's market patrons about healthy eating, demonstrate how to prepare healthy foods and meals, the dangers of unhealthy eating over time, etc. Consider asking AgriLife Extension to provide this education with local produce. As the farmer's market becomes more of a regular fixture in the community, the farmer's market could be moved to the Square downtown or an additional farmer's market could be located on the Square, which could be used to help drive tourism into the area. Note that the hospital should not run the farmer's market but should support the effort by offering its tree-shaded grounds.
    i. Learn how other communities have started accepting food stamps at their local farmers' markets.
    ii. Expand the AgriLife nutrition education program by having cooking demonstrations at some of the churches during the times the churches provide meals.
    iii. Consider having "meal prep on a budget" demonstrations.
c. Educate the elderly about their health-related issues.
    i. Present a program for people as they approach 65 about how to pick a Medicare health plan. Health insurance is very confusing and daunting to all ages, but these issues may be exacerbated for the elderly.
    ii. Educate the elderly and the uninsured about the upcoming health exchanges that are part of PPACA so they will be able to select the insurance that is best suited for their families' needs.
    iii. Building on the informal "social centers" that elderly have created on their own (such as the gentlemen who daily eat lunch at the hospital cafeteria), use these gatherings as "teachable moments" (a five-minute education on some topic of interest; topics can be shared with other organizations that have similar informal gatherings).
d. Offer education to those providing care to the elderly. As the elderly population is increasing in age and in number, knowing how best to support the elderly outside of a health care or residential facility becomes critically important, especially with the facilities for elderly occupied at capacity. The facilities in town may want to use their waiting lists as potential candidates for the class. Consider using AgriLife Extension to

provide this education as they may have family educators on staff. The hospital may be able to donate classroom space for the education.

i. Host pneumonia/flu shot campaign, perhaps even having “drive through” clinics where elderly do not have to leave their transportation to get appropriate shots (or coordinate “shot day” with a farmer’s market day).
ii. Tie diabetes nutrition and physical fitness with the farmer’s market.
iii. Identify local and regional organizations that have a vested interested in elderly issues (i.e. safety with Red Cross and Region 6-5 Health Department) to develop education geared for the elderly.
iv. Market diabetes nutrition, senior nutrition (etc.) through hospital, physicians, existing health education programs. There seems to be on-going programs but not a clear mechanism to make target populations aware.
    1. One suggestion could be to have physicians “prescribe” nutrition education classes for newly diagnosed diabetic patients. The “prescription” pad would look similar to regular prescriptions but would indicate location and dates for nutrition programs.
v. With the hospital introducing a patient access portal, hold training classes to ensure that community residents know how to access the information. Perhaps the library could sponsor the training so it could become an access site for community residents.

e. Mental health was an issue mentioned by all focus groups. In addition to the need to attract more mental health providers into the area, identify underlying (root causes) of such issues as depression, child abuse, spouse abuse, and elder abuse. Many times the causes will be economic in nature. If that is the case,
    i. Work with Texas Workforce Commission to identify ways to train local youth on skills that can lead to liveable wages and local employment,
    ii. Identify skills that are needed in local industries (or potential industries) and work with nearby community colleges to develop training programs (courses) that could be held in Colorado County (perhaps hold night classes at a local school),
    iii. Develop a training program on parenting skills across the age continuum for parents.
f. For the youth, survey children and parents of children who use the Boys and Girls Club. Focus groups said this organization is vital to the community and keeping it open and funded is paramount. Surveys should ask about what services should be stopped, what should be started and what should be continued. Link to other resources who can help secure additional grants or other funding sources to offer services deemed necessary by the community. Your consultants can help with this.
g. Obesity is a concern expressed by all the focus groups. Addressing this will require education and attitude change.

i. Training for young parents on nutrition and food preparation,
ii. Training people how to “choose health” when eating in restaurants,
iii. Based on the hospital’s internal weight challenge, begin a city/county challenge to lose weight (i.e. countdown to Thanksgiving),
iv. Ensure that Colorado Valley Transit has bus stops located adjacent to parks and publicize it,
v. Work with Parks and Recreation to determine feasibility of a nature walking trail along the river.

h. Alcohol and tobacco are big contributors to illness. Without destroying the influence of the German heritage, the community needs to address attitude toward underage alcohol and tobacco use.
i. Have a “no tolerance” policy for underage drinking throughout the county,
ii. Work with such organizations as the American Cancer Society to highlight the danger of smokeless tobacco products (perhaps have a kickoff campaign similar to the “Cold Turkey” day that is held one week prior to Thanksgiving to begin the awareness campaign)
iii. Investigate how to initiate self-help programs within the community, including tobacco cessation, Alcoholics Anonymous, Narcotics Anonymous,
iv. After determining the severity of underage drinking/tobacco use (survey), hold trainings for convenience store personnel on how to recognize (“card”) underage youth attempting to purchase products.

i. Work with TxDOT to discover why accidents occur between Exit 699 and 700 on I-10. Examine 5 years of hospital data to identify trends in accidents, location, type of injury, if fatality occurred, etc.
j. Lastly, consider creating a school-based clinic. The community already offers a dental clinic for children, but a school-based clinic could help with many of the issues noted by focus group participants.

2. Related to number 1 above, investigate potential collaborations and affiliations with academic institutions in your region, specifically with medical schools, schools/departments of social work, schools/departments of psychology, and schools/departments of public health or community health. While medical students could be wonderful additions to the community, consider students from other degree programs, such as nursing, social work, psychology, public health, health administration, and community health – many college degrees have required internships whereby students gain practical work experience and the agency gets much-needed help. These collaborations can be used in a number of ways; some examples are itemized below.
a. Consider allowing medical and other students to participate in a rural rotation to CCH. Medical professions students, including nursing and psychiatry students could provide additional help with some of the basic health care needs of the community, particularly with the uninsured,

children and vulnerable populations. Social work and psychology could also help with case management and counseling services.

b. Encourage community health and social services organizations to use student workers to implement activities that help to create a solid health network and deliver care or services where existing services do not fully meet the community needs. Examples include:
    i. Develop a directory of health and social services available in the community. Consider making this directory available on the Internet and have a limited number of copies available at key health and social services organizations, such as CCH, Boys and Girls Club, and AgriLife Extension. A web-based document is easy to create and maintain, thus making it simple to keep current and be useful for the community. This activity could be done by a public health or community health student as a school project.
    ii. Develop a directory of media outlets specific to Colorado County, including community-oriented websites, health and social services organizations that distribute a newsletter on a regular basis, and the two newspapers that serve Columbus, Eagle Lake, and Weimer.
    iii. CCH should consider the possibility of serving as a site to train people for entry-level positions in medicine and/or administration, such as phlebotomist and office assistant. Such opportunities may help to prevent young people from leaving the community after high school while supporting the community's health needs.
    iv. Consider using the affiliations and/or student workers to support efforts listed in Recommendation #1.

References

Bureau of Labor Statistics (2013). Texas Unemployment Rate. Retrieved from http://ycharts.com/indicators/ttexas_unemployment_rate

Centers for Disease Control and Prevention. (201?). CHSI – National Leading causes of Death. Retrieved from htt://wwwn.cdc.gov/CommunityHealth/NationalLeadingCauses of Death.aspx?GeogCD=48089&

Centers for Disease Control and Prevention (2012?). County Health Rankings & Roadmaps: A Healthier Nation, County by County. Retrieved from http://www.countyhealthrankings.org/app

City-Data.com (2012). Columbus, Texas profile. Retrieved from http://www.city-data.com/city/Columbus-Texas.html

Colorado County, Texas County Health rankings & Roadmaps. Retrieved from http://www.countyhealthrankings.org/app.texas/2013/colorado/county/outcomes/overall/additional/by-rank

Columbus Community Hospital (2013). Retrieved from htt://www.columbushosp.org/for_patients_visitors/quality_reports/pneumonia.aspx

Fox News (2013). Type 2 diabetes more common among low-income families. Retrieved from http://www.foxnews.com/health/2013/07/03/type-2-diabetes-smore-common-among-low-income

Lakey, D. (2008). Senate Health and Human Service Committee Interim Charge #1 (Power Point). Retrieved from http://www.dshs.state.tx.us/WorkArea/DownloadAsset.aspx?id=9606

Medicare Hospital Comparison (2012). Retrieved from http://www.medicare.gov/HospitalCompare/compare.aspx

Texas Almanac. (2012). Colorado County (map). Retrieved from http://www.texasalmanac.com/topics/government/colorado-county

Texas Cancer Registry (2013). Cancer Incidence File, April 2013. Retrieved from www.cancer-rates.info/tx/index.php.

Texas Department of State Health Services (2009). Health Facts Profile 2009P: Colorado County. Retrieved from http://www.dshs.state.tx.us/chs

Texas Department of State Health Services (2010). Results from the 2008 Colorado County Retrospective Immunization School Survey. Retrieved from http://www.dshs.state.tx.us

Texas Department of State Health Services (2011a). Texas Diabetes Fact Sheet. Retrieved from http://www.dshs.state.tx.us

Texas Department of State Health Services (2011b). The Health Status of Texas.

Texas Department of State Health Services (2012a). Diabetes Status in Texas, 2012. Retrieved from http://www.dshs.state.tx.us

Texas Department of State Health Services (2012b). Health Currents – Complete Report: Colorado County. Retrieved from http://www.dshs.state.tx.us/hcquery/report/?mode=summ&areas=45_261_255

Texas Department of State Health Services (2013a). FACT: Tobacco Use is a Tremendous Burden to All Texans. Retrieved from tobacco.free@dshs.state.tx.us

Texas Department of State Health Services (2013b). Texas 2011 STD Surveillance Report. Retrieved from http://www.dshs.state.tx.us

Texas Department of State Health Services (2013c). Potentially Preventable Hospitalizations (2006-2011). Retrieved from http://www.dshs.state.tx.us

Texas Education Agency (2011). LonestarReports. Retrieved from http://www.LonestarReports.com

Texas Historical Association (2013). Colorado County. Retrieved from http://www.tshaonline.org/handbook/online/articles/hcc18

Texas Workforce Commission (2011a). County Narrative Profile (CNP): Colorado County Report. Retrieved from http://socrates.cdr.state.tx.us/CNP/ASP/cnp.asp

Texas Workforce Commission (2013b). Texas Labor Market Review. Retrieved from http://www.tracer2.com

The Texas Tribune (2012). Public Schools Explorer. Retrieved from http://www.texastribune.org/public-ed/explore/columbus-isd

The Texas Tribune (2012). Public Schools Explorer. Retrieved from http://www.texastribune.org/public-ed/explore/rice-isd

The Texas Tribune (2012). Public Schools Explorer. Retrieved from http://www.texastribune.org/public-ed/explore/weimer-isd

US Census Bureau (2011). Census 2010, Summary File 1: Colorado County, Texas. Retrieved from http://txsdc.utsa.edu

US Census Bureau (2012). Colorado County, TX Census Statistics. Retrieved from http://census-statistics.findthedata.org/1/2612/Colorado-County-Tx

US Census (2013). American FactFinder: Colorado County, Texas. Retrieved from http://factfinder2.census.gov/bkmk/table/1.0/en/ACS/11_5YR/DP03/0500000US48089%7C

US Department of Agriculture. Economic Research Service. (2013). Food Access Research Atlas. Retrieved from www.ers.usda.gov

Attachment 1

Biosketches

Dr. Tina T. Fields

Dr. Jeff Hatala

Tina Taylor Fields, PhD, MPH

2013 biosketch

Current Position: Associate Professor
School of Health Administration
Texas State University
601 University Drive
San Marcos, TX 78666
(512)245-6878
TFields@txstate.edu

Education:

Degree	Year	University	Major	Thesis/Dissertation
MPH	1981	University of Texas-School of Public Health	Health Administration	Patterns of Low Birth Weights in Selected Census Tracks in Bexar County, Texas
PhD	1979	Texas A&M University	Health Education	Attitude of Family Planning Workers Toward Teenage Sexual Permissiveness
MS	1974	Texas A&M University	Health Education	A Study of the Attitudes of Arkansas School Superintendents Concerning Sex Education Classes
BA	1971	Texas A&M University	Education	Specialties: Russian and History

Academic Experience:

Position	University	Dates
Associate Professor	Texas State University-San Marcos	2008-present
Lecturer	Texas State University-San Marcos	2008 (spring)
Visiting Professor	University of Texas at Brownsville	2004 (summer)
Assistant Professor	University of Texas Health Science Center – San Antonio	2001-2007
Associate Professor	Southwest Texas State University	1998-2000
Assistant/Associate Professor & Division Head	Texas Tech University	1983-1994

Relevant Professional Experience:

Position	Entity	Dates
Executive Director	Center for South Texas Programs, UTHSCSA, San Antonio, TX	2007-2008
Interim Director	Center for South Texas Programs, UTHSCSA, San Antonio, TX	2006-2007
Assistant Director	Center for South Texas Programs, UTHSCSA, San Antonio, TX	2001-2006
Executive Director	Western Colorado Area Health Education Center, Grand Junction, CO	2000-2001
County Public Health Administrator	Cameron County, TX	1996-1998

Planner/Grant Writer	Brownsville Community Health Center, Brownsville, TX	1994-1996
Health Education Specialist	Texas Department of Health, Austin, TX	1982-1984
Health Promotion Bureau Chief	New Mexico Health & Environment Dept., Santa Fe, NM	1981-1982

Recent publications:

Fields, T.T., Johnson, P.A., & Hatala, J. (2013). The collaboration of not-for-profit hospitals and public health departments to perform community needs assessments that meet PPACA requirements. *Journal of Management Policy and Practice. 14(5) [upcoming journal edition].*

Nauert, R & Fields, T.T. (2012). Adoption of information technology in Texas long term care facilities. *Texas Public Health Journal*. 64(3), 5-12.

Fields, T.T. (2012). Making diversity activities your own. *National FORUM of Multicultural Issues Journal*. 9(2), 59-66.

Fields, T.T., Morrison, E.E., & Greene, L. (2010). Intragenerational focused mentoring: Engaging graduate and undergraduate health administration students in learning. *The Journal of Health Administration Education, 27*(4), 311-321.

Fields, T.T. (2009). Doorways into the Hospital. In D.J. Griffin (Ed.), Hospitals: What they are and how they work (pp. 51-64). Sudsbury, MA: Jones & Bartlett Learning.

Recent presentations at professional meetings:

Fields, T.T., Johnson, P.S., & Hatala, J. (2013, March). *The collaboration of not for profit hospitals and public health departments to perform community needs assessments that meet PPACA requirements.* Paper to be presented at Southwest Academy of Management 2013 Conference. Albuquerque, NM. [acceptance letter received 12/28/2012]

Nauert, R. & Fields, T.T. (2012, September 28). *Adaptive music/dance therapy: An activity to improve quality of life in long-term care settings.* Poster session presented at Texas Culture Change Coalition's Second Annual Symposium. San Marcos, TX.

Fields, T.T. (2011, October13-14). *A 3-Prong Approach to Competency-Based Curriculum*. Inaugural Academic Conference of Administrative Issues Journal. Weatherford, OK.

Fields, T.T. & Morrison E.E. (2011, May 20-22). *Intragenerational focused mentoring: Engaging health administration graduate and undergraduate students*. The 2011 Teaching Professor Conference. Atlanta, GA. [poster presentation]

Nauert, R. & Fields, T.T. (2011, May 3-5). *Adaptive music/dance therapy: An activity to improve quality of life in long-term care settings.* National Rural Health Association's 34th Annual Conference. Austin, TX. [poster session]

Fields, T.T. (2011, April 30). *Making diversity activities your own*. 2011 Texas NAME conference. Mesquite, TX.

Fields, T.T. (2011, February 5). *Do I bully? Am I bullied?* Surviving to Thriving: Fifth Annual New Teacher Conference. Edinburg, TX

Fields, T.T. (2010, November 19). *A theoretical model to cultivate promotores.* Midwest Stream Farmworker Health Forum. Austin, TX [poster session]

Fields, T., Armstrong, P., & Shumpert, S. (2006, September 26-28). *The need to reinvent our approach to abstinence education*. Paper presented at the 2006 Title XX AFL Prevention Conference. Pittsburg, PA.

Fields, T.T., Rodriguez, P., Rabbin, K., & Carabel, G. (2006, August 16-18). *The mental health vacuum in rural communities – Legal and ethical concerns*. Paper presented at the Texas Rural Health Summit, Austin, TX.

Jeff Hatala, PhD

2013 biosketch

Current Position: Assistant Professor
School of Health Administration
Texas State University
601 University Drive
San Marcos, TX 78666
(512)245-3497
hatala@txstate.edu

Education:

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

Health-Related Experience:

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

Recent publications:

Challenges and Opportunities within a University/Community Partnership: Development of the Soldier Health Promotion to Examine and Reduce Health Disparities (SHPERHD) Project Coordinating Center. Williams EM, Lee MD, Preston G, Williams A, Wigfall LT, Wilkinson L, **Hatala J,** Hassan R, Glover SH. *Military Medicine*, 2011 Jul;176(7):757-62.

Hatala, J., Probst, J., Byrd, M., Hale, N., Hardin, J. (2013). Factors Influencing LPHA Participation in Core Public Health Functions Related to Obesity Prevention, 2008. *Journal of Management Policy and Practice. 14(5) [upcoming journal edition].*

Fields, T.T., Johnson, P.A., & **Hatala, J.** (2013). The collaboration of not-for-profit hospitals and public health departments to perform community needs assessments that meet PPACA requirements. *Journal of Management Policy and Practice. 14(5) [upcoming journal edition].*

Technical Reports

Martin AB, Bellinger J, **Hatala J**, Mitchell, J, Probst J*. State Policy Levers for Addressing Preventive Dental Care Disparities for Rural Children: Medicaid Reimbursement to Non-Dental Clinicians for Fluoride Varnish and Dental Hygiene Supervision in Primary Care Safety Net Settings*. August 2012

Martin AB, **Hatala J**, Shaw, K, Probst JC. *South Carolina Public School Nurses' Perceptions of Oral Health Status and Dental Partnerships in their Schools.* January 2009.

Recent presentations at professional meetings:

Hatala, J., Probst, J., Byrd, M., Hale, N., Hardin, J. (2013, March). Factors Associated with LPHA Participation in Core Public Health Functions Related to Obesity Prevention, 2008. Southwest Academy of Management, March 2013.

Fields, T.T., Johnson, P.S., & **Hatala, J**. (2013, March). *The collaboration of not for profit hospitals and public health departments to perform community needs assessments that meet PPACA requirements.* Paper to be presented at Southwest Academy of Management 2013 Conference. Albuquerque, NM. [acceptance letter received 12/28/2012]

Hatala J, Probst J, Byrd, M, Harden, J. The Relationship between Local Public Health Agency Infrastructure and Partnership Activities and Obesity Prevention. Keeneland Conference. April 2011. Poster.

Martin AB, **Hatala J**, Veschusio, C, Probst JC. Oral Health in SC: Importance of the Relationship between School Nurses and Dentists. American Public Health Association, November 2010. Poster.

Martin AB, **Hatala J**, Veschusio, C, Probst JC. Oral Health in SC: Importance of the Relationship between School Nurses and Dentists. Academy for Health Equity, August 2010. Poster.

Martin AB, **Hatala J**, Veschusio, C, Probst JC. Oral Health in SC: Importance of the Relationship between School Nurses and Dentists. Academy Health, June 2010. Poster.

Martin AB, **Hatala J**, Veschusio, C, Probst JC. Oral Health in SC: Importance of the Relationship between School Nurses and Dentists. National Rural Health Association, June 2010. Oral.

Recently Submitted Proposals for Presentation

Hatala, J., Fields, T. *Obesity Prevention in the Southern States: The Role of the Local Public Health Agency*. Southern Obesity Summit, Nashville, TN. Accepted July 2013 for November 2013 oral presentation.

Brunson, E., **Hatala, J.** (2013, April). *Living Uninsured in Hays County, Texas*. Submitted to Society for Medical Anthropology Annual Conference, April 2013.

Attachment 2. Focus Group Participants

Colorado County Community Health Needs Assessment

Pastor R. C. Waddle	St. Paul U.M.C
Janis Pfeffer	Texas A&M AgriLife Extension
Jay Altieri	Dry Malla Construction
Nicola Hammett	Texas Star Realty
Cindy Parkhurst	The Colorado County Citizen
Ray Miller, Jr.	City of Weimer
Patty Nelson	Colorado County EMS
M. J. Sturges	St. Anthony's School
Jerry Brem	CISD – Principal
Scott Leopold	CISD – Principal
Robert O'Connor	CISD – Superintendent
Gary Leopold	CJHS Principal
Jon Wunderlich	WISD – Superintendent
Robert Russell	CJHS – Assistant Principal
John Cates	Independent Rancher
Susan Gilthero	Baumgart Agencies
Donald Warschak	City of Columbus
Nancy Stiles	Magnolia Oaks B&B; Chamber of Commerce
Yvonne Wagner	CMC
Tom Mueller	CMC
David Wilkinson	CMC
Ramashilpa Sudireddy	CMC
Jeno Hargrove	CCH
Carol Rooks	CCH
Ashley Mathis	CCH

Attachment 3. Focus Group Scripted Agenda

Columbus Community Hospital

Community Health Needs Assessment – Focus Group

A. [8:30]Introduction (10 minutes)
    a. Jeff and Tina
    b. Concept
        i. Affordable Care Act requirement
        ii. Must have community input
        iii. Focus group representatives of the community
        iv. focus groups
            1. Leadership
            2. Schools
            3. Workforce
            4. Community-at-large
            5. Medical/health
    c. Set stage
        i. Informal
        ii. Will have break – but feel free to get up if need to
        iii. In discussion, please speak one at a time so we can capture your thoughts
        iv. We will not be orally recording your answers but want to capture the essence of your thoughts
B. [8:40] Why focus group input is so important (5 minutes)
    a. Moving away from medical model
    b. Emphasis is on health promotion/disease prevention
C. [8:45] Brainstorm (15 minutes)
    a. At your tables
    b. 15 minutes discussing (and writing on paper)
    c. What are the health issues in your community?
D. 9:00 Tell us about your community – the makeup (demographics) (15 minutes)
    a. Population
    b. Race/ethnicity
    c. Age
    d. Religions
    e. socioeconomics
E. [9:15]BREAK (15 minutes)

F. [9:30] What are your perceptions of (about 7 minutes per topic =63; allow 75 minutes)
    a. Smoking
    b. Obesity
    c. Physical activity
    d. Teenage pregnancy
    e. Injuries
    f. Chronic diseases
    g. Access to food
    h. Work opportunities
    i. Education
G. [10:45] What is your local government currently doing to address these issues?(15 minutes)
    a. Go down the list

Determinant	Priority
Smoking	
Obesity	
Physical Activity	
Teenage Pregnancy	
Injuries	
Chronic diseases	
Access to food	
Work opportunities	
Education	

H. [11:00] What would you like to see your local government doing on these issues?
    a. Prioritize issues

Determinant	Priority
Smoking	
Obesity	
Physical Activity	
Teenage Pregnancy	
Injuries	
Chronic diseases	
Access to food	
Work opportunities	
Education	
Other	