Section III. Community Needs Assessment

Development Process

In order to develop this assessment, Region 20 reviewed and identified the regional priorities through data analysis and review of appropriate reference materials on health care capacity, behavioral health and chronic diseases in conjunction with socioeconomic conditions in the Region and unique demographic trends within the Region. RHP 20 Providers and stakeholders contributed information as well. All of the above variables have substantial impact on the provision of health care in Region 20.

Findings

The following priorities were identified as the Region's top community health needs and are addressed in the RHP 20 Plan DSRIP projects:

- **CN 1: Capacity – Primary and Specialty Care -** The demand for primary and specialty care services exceeds that of available medical physicians in these areas and prevents adequate access to care and management or specialized treatment for prevalent health condition and preventative health conditions.

- **CN 2: Behavioral Health Services –** Existing behavioral health services resources are insufficient to meet the current population needs and the projected population growth.

- **CN 3: Chronic Disease and Disease Self-Management Initiatives –** Many individuals in South Texas suffer from chronic diseases that are becoming more prevalent within the area.

- **CN 4: Patient Navigation and Coordination** – Due to the complex needs of the community and the medically underserved status, it is important to emphasize care coordination and navigation. The need is further demonstrated because of the poverty in the Region.

- **CN 5: Specialized Children's Health Needs** – The Region currently lacks a tertiary children's hospital and there is a need for specialized children's care coordination and support.

Section I. Demographics and Regional Description

Region 20 is a young, Latino community with a disproportionate number of residents living below the poverty level with limited health care access and low level of education. Over the past several years, growth, development and commerce within the Region continue to change the social and demographic face of the population and consequently health care, disease control, prevention and wellness. In population, Texas is the second largest state in the nation with more than 25 million people. From 2000 to 2010, Texas experienced a 20% growth in population, as

compared to only a 9.7% increase nationally. Region 20 encompasses a four county area including Webb, Zapata, Maverick and Jim Hogg counties, of which three are along the Texas/Mexico border. Laredo is the county seat of Webb County and is the main inland port of entry. These four South Texas counties include a total population of over 330,000 based on 2011 census data.[1] The population change has been very significant during the past decade with a population increase of over 116% from 2000 to 2010.[2] The overall poverty and high concentration of under age 18 poverty levels create substantial limitations on the healthcare delivery system to start special reform initiatives. However, given the limited availability of state matching funds necessary to access the Region's DSRIP allocation, the Region is proposing strategic DSRIP initiatives that address these Regional priorities with the funds projected to be available.

As of 2011, Webb County encompasses a total area of 3,376 sq. mi. and has a population of approximately 256,000 with over 95% of the population being of Hispanic or Latino origin.[3] Zapata County encompasses a total area of 1,058 sq. mi. and has a population of just over 14,000 with approximately 93% being of Hispanic or Latino origin.[4] Maverick County encompasses a total area of 1,058 sq. mi. and has a population of approximately 55,400 with 95% being of Hispanic or Latino origin.[5] Jim Hogg County encompasses a total area of 1,136 sq. mi. and has a population of just over 5,000 with approximately 92% being of Hispanic or Latino origin.[6] The population for each of the counties is projected to continue to increase at a substantial rate.[7]

The average percentage of persons who have graduated from high school for the region is almost 60% compared to the state average of 80.4%.[8] The average percentage of persons who continued their education and obtained a bachelor's degree or higher for the region is 12.05% compared to the state average of 26.1%.[9] RHP 20 has an unemployment rate of 9.325% ranging from 6.5% in Jim Hogg County to 14.2 % in Maverick County. [10]

The percent of the total population living below poverty of ranged from 12% in Jim Hogg County to over 37% in Zapata County, compared to the stateside percent 16.8%. The under age 18 percentages are much greater in the Region.[11] As of 2009, the state average for under age 18 population living below poverty was 17.1% while the under age 18 population living below poverty in Region 20 ranged from 33.5% in Jim Hogg County to 42.5% in Webb County.[12] Median household income from 2006-2012 in Texas was $46,646.[13] In Region 20, median

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[1] US Census Data. www.census.gov, 2011.
[2] ibid.
[3] ibid.
[4] ibid.
[5] ibid.
[6] ibid.
[7] Texas State Data Center. Accessed November, 2012.
[8] US Census Data. www.census.gov, 2011.
[9] US Census Data. www.census.gov, 2011.
[10] Texas Workforce Commission. http://www.tracer2.com/
[11] Texas Department of State Health Services 2009 Health Facts Profiles for Texas. http://www.dshs.state.tx.us/chs/cfs/Texas-Health-Facts-Profiles.doc.
[12] ibid.
[13] US Census Data. www.census.gov, 2011.

household income ranged from $24,496 in Zapata County to $40,000 in Jim Hogg County.[14] Region 20 unemployment statistics ranged from 7.8% in Jim Hogg County to over 14% in Maverick County compared to the state average of 7.6%.[15] All of these baseline socio-economic conditions have a substantial impact on access to effective health care.

Insurance coverage and dependency on Medicaid coverage is substantial throughout the health care delivery sector. Webb, Zapata and Jim Hogg Counties do not have a public hospital or hospital district. Maverick County Hospital District operates a clinic but does not operate a hospital. In addition, there is substantial uncompensated care impact on the health care provider sector. For some critical support to many children's health services, Driscoll Children's Hospital, based in Nueces County, provides support services to the Region. All four counties in RHP 20 have a greater uninsured population than the statewide percentage of uninsured population or 26%. The uninsured population in RHP 20 ranges from 29% in Jim Hogg County to 36% in Webb County.[16] As of June 2012, total Medicaid enrollment in Region 20 was 82,994.[17] Total enrollment in Children's Medicaid was 60,709.[18] Per County Health Rankings, 19% of statewide population was classified as having "poor or fair health."[19] In Region 20, Webb County has 27% and Maverick County 29% of population classified as having "poor or fair health."[20]

Approximately 26% of the statewide population 0-64 years was without health insurance in 2009.[21] This compares to Webb County's rate of 35.8%, Zapata County's rate of 34.8%, Maverick County's rate of 35%, and Jim Hogg County's rate of 29.1%.[22]

[14] ibid.
[15] Texas Department of State Health Services 2009 Health Facts Profiles for Texas. http://www.dshs.state.tx.us/chs/cfs/Texas-Health-Facts-Profiles.doc.
[16] RHP 20 Health Assessment for 1115 Medicaid Waiver, prepared by Region 20. 2012.
[17] ibid.
[18] ibid.
[19] ibid.
[20] ibid.
[21] Texas Department of State Health Services 2009 Health Facts Profiles for Texas. http://www.dshs.state.tx.us/chs/cfs/Texas-Health-Facts-Profiles.doc.
[22] ibid.

Figure: RHP 20 Medicaid Enrollment[23]

Point in Time Count[1] - Medicaid Enrollment by County - June 2012													
	Total Enroll-ment	Total Enrollment in Children's Medicaid	Total Children Under Age 19 Enrolled in Medicaid	Aged	Disabled & Blind	TANF Adults	TANF Children	Foster Care Children	Pregnant Women	Newborns	Children Age 1-5	Children Age 6-18	Medically Needy
Jim Hogg	1,162	711		188	203	20	75	10			238	313	0
Maverick	13,955	8,985	9,489	2,462	1,838	257	1,015	14	413	689	2,619	4,648	0
Webb	64,412	48,414	51,766	5,293	7,596	1,444	7,193	327	1,665	3,468	14,246	23,180	0
Zapata	3,465	2,599	2,695	347	360	65	332	22		200	861	1,184	0
Region	**82,994**	**60,709**	**64,737**	**8,290**	**9,997**	**1,786**	**8,615**	**373**	**2,212**	**4,432**	**17,964**	**29,325**	**0**

There are three private medical surgical hospitals in the Region, all of which are safety net hospitals that rely on over 30% coverage from Medicaid. These hospitals are Laredo Medical Center with 326 beds, Doctors Hospital of Laredo with 183 beds, and Fort Duncan Regional Medical Center with 101 beds. Other important infrastructure components include the City of Laredo's Health Department, the Maverick County Hospital District's clinic activities, two Mental Health Authorities (Border Region Behavioral Health Center and Camino Real Community Services), and the University of Texas Health Science Center San Antonio. A major not-for-profit organization, Mercy Ministries, is a critical service delivery component in the Region.

It is noted that Zapata and Jim Hogg Counties do not have any hospital beds and the entire Region 20 has no psychiatric hospital beds.

Section II: Capacity

Physician Supply and Physician Availability

Texas has had, and continues to have, a shortage of many types of mental health care providers, based on supply ratios and the number of federally designated Health Professional Shortage Areas for mental health.[24] Based on past and projected demographic trends, this shortage is expected to continue for the foreseeable future and likely to worsen because of retirements and the lack of new recruits.[25] For many mental health professions, the supply ratios are decreasing, which suggests that the growth in supply is not matching the growth in the population, and some professions are even seeing a decrease in the numbers of providers.[26]

The RHP 20 is greatly affected by the limited physician capacity in primary and specialty care areas. Recruitment and retention of physicians is a challenge for the Region, including selected

[23] ibid.

[24] Texas Department of State Health Services: Highlights: The Supply of Mental Health Professionals in Texas. 2010. http://www.dshs.state.tx.us/chs/hprc/publicat.shtm

[25] ibid.

[26] ibid.

specialties that encompass behavioral health related needs. Patient coordination is an on-going challenge for all of the providers in the Region. The City of Laredo's Health Department, the Maverick County Hospital District's clinic, the two Mental Health Authorities and the University of Texas Health Science Center San Antonio all have needs to improve access, improve care coordination and assist patients in navigating the health care system. The ability to attract and retain primary and specialty physicians in the Region is impacted by the high rates of poverty and uninsured and the dependency on Medicaid coverage, which reimburses physicians at low rates.

Medically Underserved and Shortage Areas

Under federal designations, Medically Underserved Areas or Populations, or MUAs/MUPs, are generally defined by the federal government to include areas of populations with a shortage of personal health care services.[27] A health professional shortage area, or HPSA, is a geographic area, population group, or health care facility that has been designated by the Federal government as having a shortage of health professionals. There are three categories of HPSAs: primary care, dental and mental health.[28] Poverty rate, infant mortality rate, fertility rate and physical distance from care are all considerations in scoring for HPSA designation. Each of the four Counties in RHP 20 has been designated as a MUA/MUP and as a HPSA in both primary medical care and mental health.[29]

Primary care physician's ratio statewide is 1,050:1.[30] In Region 20, it ranges from 1,843:1 in Webb County all the way to 6,914:1 in Zapata County.[31]

Children/Youth

The impact of limited primary care and specialty care is significantly profound for children and families in the region. Region 20 has a disproportionate number of persons under the age of 5 years. Statewide, there are 7.6% of persons under age 5 and in the Region 20 the percentage ranges from 8.5% in Jim Hogg County to over 11% in Zapata County.[32] Additionally, the statewide percent of persons under the age of 18 years is just over 27%, whereas in Region 20 the percent ranges from 28.7% in Jim Hogg County to 34.8% in Webb County.[33]

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[27] US Department of Health and Human Services, Health Resources and Services Administration. 2012. http://bhpr.hrsa.gov/shortage/
[28] ibid.
[29] ibid.
[30] ibid.
[31] ibid.
[32] US Census Data. www.census.gov, 2011.
[33] ibid.

Section III: Behavioral Health

Behavioral Health System

Texas is 50th in mental health funding nationwide, meaning that the funding per person served in Texas, including Region 20, is among the lowest in the nation.[34] More than 4.3 million Texans, including 1.2 million children, live with some form of mental health disorder.[35] Over the past decade, reduced state funding affected Texas' ability to care for patients with mental disorders. The economic impact of mental illness on the state and local governments is more than $1.5 billion per year.[36] In 2007, state legislators invested $82 million to redesign the state's mental health crisis system, but the new funds represented about 5 percent of local mental health authorities' (LMHAs') budgets.[37] As mentioned, each of the four Counties in RHP 20 has been designated as a MUA/MUP and as a HPSA in both primary medical care and mental health.[38]

Integration between Behavioral Health and Primary Care

National statistics indicate that persons with mental illness die an average of 25 years earlier than the general population due to poor or inadequate access to primary health care. There is a high incidence of obesity, diabetes, and chronic health conditions that are exacerbated by the mental illness conditions that challenge compliance with prescribed interventions. Currently, services are being rendered in silos; behavioral health care only addresses serious psychiatric conditions (schizophrenia, bi-polar; major depression); primary care addresses chronic illnesses and acute anxiety disorders, mild depression, etc.).

According to a recent study released by the Robert Wood Johnson Foundation, only 33% of patients with behavioral health conditions (24% of the adult population) receive adequate treatment. Patients with behavioral health issues experience higher risk of mortality and poor health outcomes, largely due to a lack of preventive health services and poorly controlled co-morbid medical disease. Risk increases with the severity of the behavioral health diagnoses. Behavioral health conditions also account for increased health care expenditures such as higher rates of potentially preventable inpatient admissions. Texas Medicaid data on potentially preventable inpatient readmissions demonstrates that behavioral health conditions are a significant driver of inpatient costs.

Primary care physicians prove to be the major providers of behavioral health care, but reimbursement protocols create a disincentive for comprehensive mental health screening in a system where they are overworked and undervalued.[39] Primary care visits typically last less than

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[34] Nation Alliance on Mental Illness. State Mental Health Cuts: The Continuing Crisis. March 2011.
[35] Texas Medical Association. Mental Health Funding Report. http://www.texmed.org/template.aspx?id=6491
[36] ibid.
[37] ibid.
[38] US Department of Health and Human Services, Health Resources and Services Administration. 2012. http://bhpr.hrsa.gov/shortage/
[39] American Academy of Family Physicians, "Mental Health Care Services by Family Physicians (Position Paper)."

fifteen minutes and require the management of multiple patient problems.[40] The detection and management of mental health problems often compete with other priorities such as treating an acute physical illness, monitoring a chronic illness, or providing preventive health services. Moreover, the primary care doctor often has to identify mental health problems that are obscured by physical symptoms or the patient's reluctance to acknowledge them. For example, eighty percent of patients with depression initially present with physical symptoms.[41] The combination of these findings and the fact that Region 20 is recognized as a MUA/MUP and HPSA emphasize the importance of attracting more health care providers in both primary care and behavioral health, and the need to develop better coordination of care.

Section IV: Chronic Disease

There are many definitions of "chronic condition," some more expansive than others. The affected person and interactions with the health care system often characterize it as any condition that requires ongoing adjustments. The most recent data show that more than 145 million people, or almost half of all Americans, live with a chronic condition. That number is projected to increase by more than one percent per year by 2030, resulting in an estimated chronically ill population of 171 million. Almost half of all people with chronic illness have multiple conditions. As a result, many managed care and integrated delivery systems have taken a great interest in correcting the many deficiencies in current management of diseases such as diabetes, heart disease, depression, asthma and others.

In RHP 20, approximately 70% of the population has at least one chronic condition, particularly driven by the high rates of obesity and overweight persons. For example, 36% of the population is overweight, 16% of the school age population has abnormal glucose levels, increase in gestational diabetes and eclampsia, a higher than state diabetes mortality rate and an increase in women's death due to heart disease. The current delivery model is designed to react to patients with chronic conditions upon presentation at the hospital and then to treat within the confines of the hospital setting. With the high prevalence of patients with chronic conditions, the demand for treatment is heavy and ongoing. There is a need for greater connectivity among hospital and primary care providers and community based chronic disease management resources so that patients are able to learn and have support for creating lifestyle changes that can effectively achieve wellness.

Disease Self-Management

Due to the Region's high rates of uninsured persons and population covered by Medicaid or Medicare that cannot access care due to a health professions shortage area, or to address lack of care due to physicians that do not accept patients on Medicaid, chronic disease self-management, especially integrated into primary preventive care is essential and critically important.

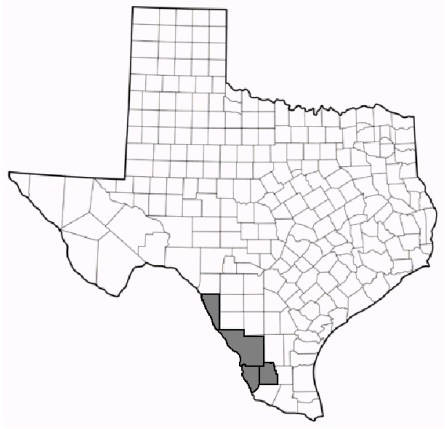
[40] ibid.
[41] ibid.

Integrating disease self-management, health education, telemedicine, case management and mental health into preventive primary care services is crucial. Through this integration and community disease self-management the Region can reduce chronic diseases, acute care, improve healthier choices, and reduce chronic and acute disease complications and co-morbidity acute illness. This preventive action can further prevent persons from using hospital services for preventable chronic and acute disease complications, co-morbidities, and acute infections and thus reduce hospitalizations, hospital and health care costs.

By integrating disease self-management (including mental health and case management) into primary care, preventive care and early detection services and enhancing community disease self-management we can improve health outcomes, further prevent disease, reduce risks and co-morbidities, improve healthier nutrition choices and increase physical activity. These actions along with increased preventive care stated in category I will reduce health care costs especially hospitalizations by improving early detection and preventive care.

In a span of five years (2005-2010) RHP 20 experienced a total of 24,159 potentially preventable hospitalizations resulting in over $600 million in hospital charges. The top five preventable hospitalization diseases for this region were congestive heart failure, bacterial pneumonia, urinary tract infections, diabetes long-term complications and dehydration.[42] It is imperative that any persons with risk factors be well educated in order to reduce them and prevent hospitalizations; however, a lack of easy access to healthcare prevents many residents from this region from obtaining it.

Webb, Maverick and Zapata counties are border cities along the southwest region of Texas. RHP 20 has over 160 colonias within the rural areas of each county with Maverick County having over 70 colonias and Webb County over 60 colonias.[43] Colonia residents lack medical services and face challenging obstacles in obtaining any available healthcare such as traveling far distances and not having insurance coverage; therefore, allowing illnesses to be left untreated. [44]



[42] DSHS, Potentially Preventable Hospitalizations
http://www.dshs.state.tx.us/ph/
[43] Directory of Colonias Located in Texas.
http://www.sos.state.tx.us/border/colonias/reg-colonias/index.shtml
[44] http://www.sos.state.tx.us/border/colonias/faqs.shtml

Key challenges include a rapid population increase, prevalence of chronic health problems, severe poverty, and ongoing difficulty of attracting and retaining qualified primary and specialty physicians and qualified mental health professionals. In addition, the lack of local financial resources creates an overarching challenge to the provision of health care to the overall Region.

Summary of Community Needs

Identification Number	Brief Description of Community Needs Addressed through RHP Plan	Data Source for Identified Need
CN.1	Capacity – Primary and Specialty Care The demand for primary and specialty care services exceeds that of available medical physicians in these areas, and prevents adequate access to care and management or specialized treatment for prevalent health condition and preventative health conditions.	1, 2, 3, 4, 6, 10
CN.2	Behavioral Health Services Existing behavioral health services resources are insufficient to meet the current population needs and the projected population growth.	1, 2, 3, 4, 5, 6, 7, 8, 9, 10
CN.3	Chronic Disease and Disease Self-Management Many individuals in South Texas suffer from chronic diseases that are becoming more prevalent within the area.	1, 3, 4, 10
CN.4	Patient Navigation and Coordination The Region lacks adequate patient coordination and navigation systems and procedures to promote more effective care.	1, 2, 3, 4
CN.5	Specialized Children's Health Needs The Region has a large number of under-age 18 population and lacks specialized children's health care services.	1, 2, 4, 10
CN.6	Increase palliative care services	11, 12
CN.7	Need for improvement in adolescent health, with focus on teen pregnancy, suicide, and obesity	13
CN.8	Need for improvement in prenatal and perinatal care	14, 15, 16, 17
CN.9	High costs associated with preventable hospitalization admissions and readmissions	18

Data Sources

1. Stakeholder Input from RHP 20 Work Group members representing health care providers, consumer advocates, hospital administrators, clinic administrators, physicians, non-profit health care providers, government and elected public officials, and academic health care professionals.

2. US Census Bureau. www.census.gov. Retrieved October 2012.

3. Texas Department of State Health Services. 2009 Health Facts Profiles for Texas. http://www.dshs.state.tx.us/chs/cfs/Texas-Health-Facts-Profiles.doc.

4. RHP 20 Health Assessment for 1115 Medicaid Waiver, prepared by Region 20. 2012.

5. Texas Department of State Health Services: Highlights: The Supply of Mental Health Professionals in Texas. 2010. http://www.dshs.state.tx.us/chs/hprc/publicat.shtm

6. US Department of Health and Human Services, Health Resources and Services Administration. 2012. http://bhpr.hrsa.gov/shortage/

7. Nation Alliance on Mental Illness, State Mental Health Cuts: The Continuing Crisis. March 2011.

8. Texas Medical Association, Mental Health Funding Report. http://www.texmed.org/template.aspx?id=6491

9. American Academy of Family Physicians, "Mental Health Care Services by Family Physicians (Position Paper)."

10. Texas State Data Center. Accessed November, 2012.

11. Center to Advance Palliative Care
    http://www.capc.org/

12. National Palliative Care Research Center
    http://www.npcrc.org/

13. Texas Office of Adolescent Health
    http://www.hhs.gov/ash/oah/

14. County Health Rankings
    http://www.countyhealthrankings.org/

15. University of Wisconsin – Population Health Institute
    http://uwphi.pophealth.wisc.edu/

16. Robert Wood Johnson Foundation
http://www.rwjf.org/content/rwjf/en/about-rwjf/newsroom/newsroom-content/2010/02/how-healthy-is-your-county.html

17. Texas Department of Health and Human Services
http://www.dshs.state.tx.us/mch/default.shtm

18. Texas Department of State Health Services, Center for Health Statistics
http://www.dshs.state.tx.us/chs/default.shtm