



Community Benefit Plan/Community Health

Needs Assessment FY 2013

Huntsville Memorial Hospital FY 2013 Community Benefit Plan

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Introduction

Huntsville Memorial Hospital (HMH) is a Joint Commission-accredited, not-for-profit acute care community hospital. Since 1927, we have provided charitable health care services, delivering quality healthcare to the residents of Walker County and the surrounding communities. The facility provides quality health care services to the Huntsville community, such as:

- 24-hour Trauma IV Emergency Center
- Inpatient/Outpatient Surgery
- Diagnostic Imaging (Open MRI)
- Mammography (Digital)
- Women's Health Center
- Birthing Suites
- Inpatient/Outpatient Rehabilitation (Sports Medicine)
- Cardiac Rehabilitation
- HMH Outpatient Counseling Services (Heritage Program for Senior Adult Care and Chemical Dependency Program)
- HMH Medical Clinic
- Home Care
- Wound Care Center
- Beginnings Prenatal Program
- Wellness & Healthy Living Programs
- Joe G. Davis School of Vocational Nursing
- Diabetes Education Services

Huntsville Memorial Hospital is a non-profit and affiliated with Memorial Hermann Hospital. The hospital is licensed for 123 beds and has 96 certified beds. As a not-for-profit hospital, Huntsville Memorial Hospital has a mission to serve the healthcare needs of its service area. The mission, vision and values of HMH follow.

Our Mission

In keeping with the original Huntsville Memorial Hospital Charter of April 4, 1927, the purpose of Huntsville Memorial Hospital is to provide "benevolent and charitable" services for the "sick, infirm, and afflicted residents" of Walker County through the "establishment, maintenance, support, and operation of a hospital."

Our Vision

Huntsville Memorial Hospital will be the institution of choice by residents of Walker County and the surrounding area for their health care needs. The hospital will be a leader in efficiently and continuously improving the economics, accessibility and quality of health care in Walker County.

Our Values

We believe that caring for people is the foundation of everything we do. We believe in treating people with integrity and honesty. We believe in anticipating and accommodating our customer's needs. We believe in promoting a culture of safety. We believe in teamwork with a customer focus. We believe in the power of education to promote health. We believe in leadership aimed at helping people do a better job. We believe in the unique contribution of each individual.

As part our mission, the hospital engages in community benefit activities to improve the health status of the community as a whole. These activities are based on a specific community wide assessment of need using a variety of sources including, discussions with leaders of community organizations, state and community data and hospital admission and ER trends.

This community benefits plan is designed in accordance with the Texas Statutes and Codes of Health and Safety, Title 4F. Health Facilities, Powers and Duties of Hospitals, Chapter 311. Powers and Duties of Hospitals, Subchapter C. Hospital Data Reporting and Collection System and Subchapter D. Community Benefits and Charity Care.

This document serves as the operational plan for serving the community's health care needs that sets out goals and objectives for providing community benefits that include charity care and government-sponsored indigent health care. This plan also identifies the populations and communities served by the hospital.

Demographics in Community Served by Huntsville Memorial Hospital

The HMH Primary Service Area (PSA) includes 8 zip codes in Huntsville (77340, 77320, 77341, and 77342), Trinity, (75862), New Waverly (77358), Riverside (77367) and Dodge (77334). These PSA zip codes for HMH fall mostly within Walker County. Demographic information is pulled from Claritas 2010 data. Uninsured information comes from US Census Bureau, released July 2010.

- The service area population is growing slowly at a rate of about 0.48% per year. The PSA is expected to add 1,847 people by 2015, a total of 2.4% growth over 5 years. Excluding the TDCJ prison population (13,503) the 2010 population is 62,078 and is projected to increase to 63,925 by 2015 (3.0% projected growth rate).
- The service area is primarily White with a significantly-sized Hispanic and Black population. Growth is expected in both the White and Hispanic populations. The Black population is expected to decline.
- The service area population is younger compared to Texas. The most significant growth over the next five years is expected to come from the age 65-plus segment of the population. Significant growth is also expected in the age 18-44 age segment.
- The median household income for the HMH PSA is lower when compared to Texas and the United States.
- The HMH PSA has a higher level of families below poverty compared to Texas.
- The study area has lower levels of household income above \$100,000 and lower levels of higher education when compared to Texas and the United States.
- The study area zip codes are included primarily in Walker County. Walker County has a higher uninsured percentage compared to Texas.

Need in Community Served by Huntsville Memorial

The Primary Service Area (PSA) zip codes for Huntsville Memorial Hospital are included in Walker County. The Texas Department of State Health groups counties into 11 different Health Service Regions. Walker County is included in Health Service Region 6.

Huntsville Texas is located along interstate 45 and Texas Highway 30 West to Bryan/College Station and Highway 190 east of Livingston. It is 31.0 square miles and is surrounded by The Sam Houston National Forest. Walker County has 790 square miles and has several county roads and farm to market roads. Walker County is bordered by Montgomery, Grimes, San Jacinto, Madison, Trinity and Houston counties. Other cities in Walker County include New Waverly and Riverside. There are four zip codes in the city.

Service Area Health Information

Texas Department of Health lists Walker County as one of 44 medically underserved counties. <http://www.dshs.state.tx.us/CHS/HPRC/MUAList.shtm>.

Medically Underserved status is designated to areas or populations having a shortage of personal health services according to U.S. Department of Health and Human Services' rules. MUA/MUP Designations Are Used by Rural Health Clinic programs, such as the HMH Medical Clinic, for eligibility status, by community health center programs and by licensing boards for granting limited prescriptive authority.

The following information outlines health data available for Walker County, Health Service Region 6 and State of Texas information that was used to document areas of community need. These areas led to the selection of the FY 2013 HMH Community Benefit Objectives, which follow.

Nativity

Information from Texas Department of State Health Services – *Health Facts 2008*

		Walker	Region 6	Texas
Births to Adolescent Mothers (<18)	2006	4.4%	4.3%	4.9%
	2007	4.5%	4.2%	4.9%
	2008	4.7%	4.3%	4.9%
Unmarried Mothers	2006	43.2%	39.9%	39.6%
	2007	46.4%	40.8%	40.9%
	2008	44.5%	41.7%	41.9%
Low Birth Weight*	2006	8.4%	8.6%	8.5%
	2007	7.7%	8.6%	8.4%
	2008	6.7%	8.6%	8.4%
Prenatal Care in First Trimester**	2006	64.3%	59.8%	61.0%
	2007	66.1%	60.1%	62.1%
	2008	70.0%	56.3%	58.4%
Medicaid Covered Births***	2006	54.4%	54.6%	56.6%
	2007	57.6%	53.8%	56.2%
	2008	62.2%	51.7%	55.3%

*Low birth weight represents live-born infants weighing less than 2,500 grams at birth.

**Due to a revised birth certificate in 2005, onset of prenatal care is not comparable to values published in prior years

*** Medicaid Covered Births calculated differently prior to 2005

Summary of Natality

- The percent of births to adolescent mothers (<18) for Walker County (4.7%) is comparable to the state (4.9%) and Region 6 (4.3%).
- Walker County (44.5%) has a slightly higher percentage of unmarried mothers when compared to the state (41.9%) and Region 6 (41.7%).
- Walker County (6.7%), Texas (8.4%) and Region 6 (8.6%) all have comparable percentages of low birth weight. (“Low birth weight represents live-born infants weighing less than 2,500 grams at birth.”)

- Walker County (70%) has a higher percentage of prenatal care in the first trimester when compared to the state (58.4%) and Region 6 (56.3%). (“Due to a revised birth certificate in 2005, onset of prenatal care is not comparable to values published in prior years.”)
- Walker County (62.2%) has a higher percentage of Medicaid covered births (as percent of total births) compared to the state (55.3%) and Region 6 (51.7%).

Mortality

The following data is from the Texas Department of State Health Services – *Health Facts 2008*. All rates (except infant and fetal) mentioned in this assessment are for cases per 100,000 population. Infant and fetal death rates are per 1,000 live births or live births plus fetal deaths. Texas Department of State Health Services does not calculate death rates if 20 or fewer deaths occurred in the county for that event.

		Walker	Region 6	Texas
Heart Disease	2006	193.9	204.8	203.6
	2007	224.1	204.3	202.7
	2008	235.8	196.2	194.3
Cerebrovascular Disease (Stroke)	2006	52.4	53.3	50.2
	2007	–	51.7	49.8
	2008	55.5	49.7	49.4
Respiratory/Lung Cancer	2006	56.5	50.2	49.5
	2007	72.8	49.8	48.2
	2008	47.9	48.1	47.0
Female Breast Cancer	2006	–	25.1	22.8
	2007	–	26.4	23.0
	2008	–	24.3	22.3
Colorectal Cancer	2006	–	18.6	17.1
	2007	–	17.7	16.9
	2008	–	16.7	16.4
Male Prostate Cancer	2006	–	25.9	22.6
	2007	–	23.1	21.9
	2008	–	21.1	20.8
Chronic Lower Respiratory Disease	2006	–	36.4	40.9
	2007	–	36.9	42.5
	2008	44.5	40.5	45.8
Nephritis, Nephrotic Syndrome and Nephrosis	2006	–	18.0	15.7
	2007	–	18.1	17.0
	2008	–	19.9	17.9
Diabetes	2006	–	23.8	26.5
	2007	–	22.8	25.5
	2008	–	23.8	25.4
Unintentional Injury (accidents)	2006	41.4	42.7	40.7
	2007	33.9	45.0	42.2
	2008	37.3	42.4	41.4

		Walker	Region 6	Texas
Motor Vehicle Injury	2006	–	14.5	16.2
	2007	–	14.3	15.8
	2008	–	14.2	15.3
Assault (Homicide)	2006	–	8.9	6.0
	2007	–	8.1	6.1
	2008	–	7.9	5.9
Suicide	2006	–	9.6	10.2
	2007	–	10.3	10.5
	2008	–	10.8	11.0
Alzheimer's	2006	–	25.5	27.6
	2007	–	25.6	26.6
	2008	–	23.9	28.7
Influenza and Pneumonia	2006	–	17.0	18.0
	2007	–	15.9	17.1
	2008	–	17.2	18.3
Septicemia	2006	–	17.7	13.8
	2007	–	18.7	14.5
	2008	–	19.8	14.8
Chronic Liver Disease & Cirrhosis	2006	–	9.5	11.0
	2007	–	10.5	11.5
	2008	–	10.2	11.7
Infant Deaths**	2006	–	6.0	6.2
	2007	–	5.8	6.2
	2008	–	6.0	6.1
Fetal Deaths**	2006	–	5.2	5.5
	2007	–	5.9	5.4
	2008	–	5.9	5.6

* All death rates (except infant and fetal) were age adjusted to the 2000 standard per 100,000 population. No age-adjusted rates were calculated if based on 20 or fewer deaths (Indicated by "-").

** Infant death rates are per 1,000 live births. Fetal death rates are per 1,000 live births plus fetal deaths.

Summary of Mortality

- Walker County (44.5), Texas (45.8) and Region 6 (40.5) have comparable Chronic Lower Respiratory Disease mortality rates.
- Walker County (37.3), Texas (42.4) and Region 6 (41.4) have comparable mortality rates from Accidents.
- Region 6 and the state have comparable mortality rates from Nephritis, Nephrotic Syndrome and Nephrosis, Motor Vehicle Injury, Assault (Homicide), Suicide, Alzheimer's, Influenza and Pneumonia, Septicemia, Chronic Liver Disease & Cirrhosis, Infant and Fetal deaths when compared to the state.
- Walker County had fewer than 20 deaths for Nephritis, Nephrotic Syndrome and Nephrosis, Motor Vehicle Injury, Homicide, Suicide, Alzheimer's, Septicemia, Chronic Liver Disease and Cirrhosis, Influenza and Pneumonia, Infant and Fetal deaths.

Communicable Diseases

The following data is from the Texas Department of State Health Services – *Health Facts 2008*. All rates (except infant and fetal) mentioned in this assessment are for cases per 100,000 population.

		Walker	Region 6	Texas
Tuberculosis	2006	6.0	8.6	6.7
	2007	8.0	8.7	6.3
	2008	3.9	8.7	6.2
Primary and Secondary Syphilis	2006	1.6	7.0	4.5
	2007	–	8.9	4.9
	2008	3.1	7.9	5.8
Gonorrhea	2006	71.8	130.7	128.8
	2007	112.1	137.7	132.9
	2008	111.5	124.6	129.8
Chlamydia	2006	239.0	265.6	320.4
	2007	317.7	306.4	354.7
	2008	345.4	361.0	405.8
AIDS	2006	4.0	19.8	12.4
	2007	10.0	18.0	12.0
	2008	25.4	18.0	11.9
Pertussis	2006	–	1.8	4.1
	2007	1.6	1.6	4.4
	2008	–	3.1	8.4
Varicella (chickenpox)	2006	50.0	36.8	50.1
	2007	12.5	26.6	42.1
	2008	15.5	22.7	32.2

Summary of Communicable Diseases

- Tuberculosis rates are comparable for Walker County (3.9), Region 6 (8.7) and state (6.2).
- Primary and Secondary Syphilis rates for Walker County (3.1), Region 6 (7.9) and Texas (7.9) are comparable.
- Gonorrhea rate is lower in Walker County (111.5) than the region (124.6) and state (129.8).
- Walker County (345.4) has a lower Chlamydia rate than the region (361.0) and state (405.8).
- AIDS rate is slightly higher in Walker County (25.4) than the region (18.0) and state (11.9).
- Pertussis rates for Region 6 (3.1) and Texas (8.4) are comparable. Walker County does not have any documented cases of Pertussis.
- Walker County (15.5) has a lower rate of Varicella compared to and the state (32.2) have a comparable rate of Varicella while Region 6 is lower (22.7).

Heart Disease and Stroke

- Walker County (235.8) has a higher Heart Disease mortality rate when compared to the state (194.3) and Region 6 (196.2).
- Walker County (55.5) Stroke death rates are comparable to the state (49.4) and Region 6 (49.7).

Diabetes

- According to the Texas Diabetes Council, estimates of diabetes prevalence in Texas rose from 8% in 2006 to 10.3% in 2007 and now slightly decreased to 9.7% in 2008.
- Texas Department of Health Services statistics show diabetes mortality rates in both Texas and the U.S. have increased since the late 1970s. Mortality rates of Diabetes in Texas are significantly higher than the U.S. overall.
- Diabetes was the sixth leading cause of death in Texas in 2002 through 2006. In 2006, 5,180 deaths in Texas were directly attributed to diabetes according to Texas Diabetes Council survey data.
- There were an estimated 1.8 million people age 18 or older in Texas with a diabetes diagnosis representing 9.7% of that age group.
- Region 6 and the state have comparable mortality rates from Diabetes. Walker County had fewer than 20 deaths for Diabetes.

Cancer

- According to Texas Cancer Registry, Cancer Epidemiology and Surveillance Branch 2004-2008 statistics published by the Texas Department of State Health Services, Texas as a whole has an annual adjusted rate of 445.8 cancer diagnoses per 100,000 people.
- The same data source showed State Health Region 6 with a comparable annual rate of 455.0 per 100,000 people. Rates for men and women in Region 6 were higher than the state as a whole.
- The data also indicated that rates of cancer diagnosis were significantly higher for African American and White Region 6 residents than for the state as a whole.

- Region 6 (182.4) also reported a slightly higher adjusted annual rate of cancer mortality than the state of Texas as a whole (177.9).
- Walker County (47.9) Lung Cancer death rates are comparable with the state (47.0) and Region 6 (48.1).
- Region 6 and the state have comparable mortality rates from Female Breast Cancer, Colorectal Cancer and Male Prostate Cancer.
- Walker County had fewer than 20 deaths for Female Breast Cancer, Colorectal Cancer and Male Prostate Cancer.

Cardiovascular Disease Statistics in Texas

The following data is from the Health Promotion Unit of Texas Department of State Health Services – *Cardiovascular Disease (CVD) in Texas: A Surveillance Report December 2008*.

- While Heart Disease mortality rates in Texas and the U.S. have been declining since the 1970s, heart disease is still the number one cause of death in the State of Texas overall and for the Hispanics, African American and Whites
- Heart disease and stroke were the first and third causes of death, respectively, during 2005. Combined, they attributed to 32% of all deaths in Texas during 2005.
- Stroke is the third leading cause of death in Texas, accounting for 9,342 deaths or approximately 6% of the state's deaths in 2005.
- CVD, Heart Disease and Stroke have the highest prevalence in the 65+ population, those with no high school diploma and making under \$25,000 a year.
- Region 6 has higher smoking rates, higher prevalence of no leisure time activity and higher prevalence of fruit and vegetable intake less than 5 per day than Texas which can be risk factors for diseases of the heart.
- The prevalence of diabetes, high cholesterol and high blood pressure in Region 6 than Texas.
- Prevalence of diabetes, high cholesterol and high blood pressure has increased in Texas since 1995 through 2007.
- The age demographic with the highest prevalence of diabetes, high cholesterol and high blood pressure is the 65+ years age group.
- African Americans have the highest prevalence of diabetes and high blood pressure in Texas.
- The Hispanic population has the second highest prevalence of diabetes and high cholesterol in Texas.
- Whites have the highest prevalence of high cholesterol in Texas.

Input from Institutions and Organizations

As part of the data collection process, HMH gathered existing reports on community need in addition to input through telephone interviews with key organizations and institutions within the community. A summary of the information gathering process and interview notes follows.

- **Local government:** Meredith Henry of Texas Agrilife Extension
The Extension office fills the role of the county health department. Meredith Henry was able to point to Texas Department of Health and other publicly available statistics documenting the health care needs of Walker County and Region 6. Ms. Henry explained that their office did not develop a separate local assessment of community needs. When asked anecdotally about areas of specific health need, she pointed to the community task force on Diabetes. She mentioned that condition was a priority because of a significant increase in the number of cases seen in the area. The interview was completed by Laura Schieber, Principal of Vivanti Group consultant to Huntsville Memorial Hospital, on September 11, 2009. Ms. Henry can be reached at (936) 435-2426.
- **Public health region:** Health data including a variety of Texas Health and Region 6 statistics are included. See the appendix for a full listing of the sources.
- **Local health district:** Cindy Morgan of the Walker County Hospital District
The purpose of the interview was to gain any available information about available reports on trends in indigent care in Walker County and the health care institutions providing care for this population. The hospital district funds medical treatment for Walker County residents without health insurance that meet their income criteria and are enrolled in their program. The monies are funded through tax revenue. Ms. Morgan explained that over the last two years HMH has provided more services than before to indigent patients in Walker County. Hurricane Katrina brought additional indigent patients to the area and the hurricane also wiped out UTMB and other facilities that typically provide treatment for these patients. The district does not tabulate or report formal documentation of trends in indigent care by diagnosis or disease type. When asked about health care needs she was aware of, she could not point to any specific areas of concern. The interview was completed by Laura Schieber, consultant to Huntsville Memorial Hospital, on September 11, 2009. Ms. Morgan can be reached at (936) 295-0038.
- **Insurance companies:** Shara McClure – Director, Facility Provider Network for Blue Cross and Blue Shield of Texas
BCBSTX was selected as the managed care plan to make these inquiries primarily because of the volume of hospital services they purchase from HMH. In general hospital services provided to BCBSTX members account for an estimated 75% of all managed care reimbursements at HMH. Ms. McClure indicated that as of March 2009 the combined membership for all BCBSTX products in Walker County was 18,490. She explained that BCBSTX does not collect specific hospital diagnoses data related to the BCBSTX membership in Walker County that could be used to identify and/or develop a plan that would provide certain health benefits to this community. She indicated the Underwriting Department uses employer group specific data to develop premiums for existing groups at renewal and for prospective employer groups that were out for bid for a new health carrier.

Ms. McClure was not aware of any areas in Walker County that did not meet Texas Department of Insurance TDI requirements. She further indicated that if the BCBSTX network did not compare favorably with that of a competitor that the Sale and Marketing department would request either the Facility Provider Network or the Professional Provider Network staff contact the provider for network participation. At this point she was not aware any request from the Sale and Marketing department.

The interview with Ms. McClure was completed by George Hill, VP Managed Care for Community Hospital Corporation on September 4, 2009. Ms. McClure can be reached at (713) 663-1110 and is willing to answer other questions regarding BCBSTX and their membership in Walker County.

- **Region 6 Education Service Center:** Bernadette Woods, Health/CSCOPE Specialist

The mission of Education Service Center Region 6 (ESC Region VI) is to ensure excellence to the educational community by providing quality services. ESC Region VI is located in beautiful southeast Texas in the piney woods, 60 miles north of Houston, in Huntsville, Texas and encompasses 12,400 square miles. ESC Region VI serves 15 counties, 57 schools districts, and various private, charter, and state schools which include 150,000+ students, and over 21,000+ educators. Governed by an eight member board, the ESC works closely with the Texas Education Agency.

Bernadette Woods mentioned that part of her role is to disseminate information she receives from the State through various channels within the school. One of the groups she works with is the School Health Advisory Counsel at each school in the region. At these meetings she disseminates information to school regarding health initiatives from the State including: prevention of suicide, bullying, teen pregnancy, injuries and drugs and alcohol. She feels this would be a great opportunity for HMH to get involved and provide education to the schools. This information is then passed from teachers to students. Ms. Woods also passes along information from the State to school nurses, counselors and PE coaches such as a publication called "Friday Beat" which discusses relevant health information.

ESC Region VI offers various courses to teachers regarding health and wellness and one she specifically mentioned is offered for high school teachers. This program is called Parenting and Paternity Awareness and trains teachers how to discuss these topics with high school students. There is also a free program available from the Texas Department of State Health Services called "Power to Wait" which is an abstinence program. This program has web based games and modules for students and is geared towards K-12. Bernadette encourages schools to use this program since it is free and is from the State. Ms. Woods also attends the Diabetes Intervention through Community Education (DICE).

When asked about health care needs she was aware of, she mentioned childhood obesity, diabetes, teen pregnancy and drug and alcohol abuse mainly with college students.

The interview was completed by Lisette Hudson, consultant to Huntsville Memorial Hospital, on June 17, 2011. Ms. Woods can be reached at (936) 435-8269.

- **Huntsville Independent School District:** Carol Wood, HISD Nurse Director

Carol Wood, a fifth and sixth grade campus with HISD and is also the coordinator responsible for disseminating information to other HISD nurses. Ms. Wood mentioned access to dental and vision care for indigent and uninsured students is a problem. She said the Lions Club does offer some assistance to those students in need. The health issues she was aware of include teenage pregnancy, STDs (at the high school level), obesity and Type 2 Diabetes. She said it would be beneficial to students and families to have a fitness/wellness program in the community. Ms. Wood mentioned the bike safety and

baby sitting programs and valuable resources and hopes they continue. HISD has an initiative called “Health Rocks” where they focus on anti-smoking and anti-drinking for middle school and high school students.

The interview was completed by Lisette Hudson, consultant to Huntsville Memorial Hospital, on June 17, 2011. Ms. Wood can be reached at (936) 293-2715.

- **Health Related Organizations:** DICE (Diabetes Intervention through Community Education) – Regular committee meetings with representatives from SHSU, Texas Agrilife Extension, Education Service Center Region VI and HMM. The group is working to collect and tabulate incidence of diabetes in Walker County, as well as plan educational events, screenings and public service announcements to help educate the community about diabetes risk factors and treatment.
- **Consumers:** Meetings of the HMM Community Advisory Council. Huntsville Memorial Hospital meets quarterly to gather input from key community members and report to the group on community benefits and updates on HMM services. The council includes:
 - Sue Clyde – TDCJ
 - Rhonda Ellisor – SHSU
 - Carol Smith – Chamber of Commerce
 - George Miles – First National Bank & SHSU
 - Dr. Steve Johnson – HISD
 - Judge Danny Pierce – Walker County Judge
 - Paul Davidhizer – Alpha Omega Academy

Please see the Appendix for a listing of all sources used in this report and relevant notes and information gathered during the research and writing of the report.

Community Benefit Plan – Measurable Objectives and Tactics

After reviewing the data available and speaking to a variety of community representatives, it was concluded that a significant number of people are affected by heart disease, cancer and diabetes in Huntsville and Walker County. Therefore, HMH selected these primary areas of focus for its FY 2013 Community Benefit Plan objectives.

The following objectives were identified by studying the health needs of the community, hospital objectives and the HMH availability of finite resources.

Objective #1: Implement a program, utilizing grant funding from the Texas Department of State Health Services, that provides services and education to Walker County residents that have been diagnosed with Diabetes and/or Hypertension.

- **Rationale:** Diagnoses and mortality figures related to diabetes are on the rise nationally and Texas has higher rates for diabetes than the nation as a whole. Hypertension is also related to top health conditions, such as heart disease. Services and programs that promote education regarding diabetes and hypertension can assist individuals with effective disease management, leading to increased longevity and a better quality of life.
- **Implementation activities:**
 - Direct services to persons diagnosed with diabetes and hypertension in Walker County
 - Education and awareness programs regarding diabetes
 - Education and awareness programs regarding hypertension
- **Metric:** The goal is to assist 225 adult residents of Walker County diagnosed with diabetes and 100 adult residents of Walker County diagnosed with hypertension. (within the 20-month grant period)

Objective #2: Continue to offer support services and expand access to primary care through funding the HMH Medical Clinic.

- **Rationale:** HMH Medical Clinic provides health care services for indigent patients in Walker County and the surrounding eight counties. The clinic also provides care for many Medicare and Medicaid patients that have no other access to medical services. The clinic provides important wellness care in a more appropriate setting— allowing more patients to see a provider.

- **Implementation Activities:**

- Continue late night operation hours, from 8:00am to 8:00pm 7 days a week.
- Work with the Huntsville Independent School District to host an immunization clinic for the students prior to the beginning of school. The Clinic will then designate specific times/days of the week when immunizations will be given out so parents can bring children.
- The Clinic is enrolled in the Texas Vaccines for Children Program and another vaccine program through the state of Texas.
- Introduce various social media campaigns that will help highlight Clinic services such as TB testing, teen pregnancy, sexually transmitted diseases, etc.

- **Metric:** Exceed FY 2012 patient volume at the HMH Medical Clinic for FY 2013.

Objective #3: Continue to provide community education programs to help participants learn how to reduce their health risks and improve their health.

- **Rationale:** HMH organizes events designed to educate the community, particularly for the selected areas of focus for FY 2013: Cardiology, Sports Medicine, Diabetes, Bariatric Surgery/Obesity, Cancer, Women’s Health, Smoking Cessation, Environmental Factors (Snakebite, Heat Awareness, Swimming Safety, etc.)
- **Implementation Activities:**
 - Schedule speakers
 - Promote events
 - Host events at the hospital
- **Metric:** Host one (1) community education program per month with attendance averaging 20-30 people per event.

Objective #4: Implement free community health screenings.

- **Rationale:** Health screenings allow HMH to identify community members with diseases or risk factors. Many times identifying such a condition in its earliest stages ensures the best outcomes for care.

- **Implementation Activities:**
 - Schedule screenings at community events, health fairs, or in conjunction with education programs mentioned in objective #3.
 - Promote to the community through advertising
 - Staff screenings
 - Report participation
- **Metric:** Host three (3) free screenings with an average of 20-25 people screened for each event.

Objective #5: Continue offering Mended Hearts support group.

- **Rationale:** HMM will conduct an active cardiovascular rehabilitation support group with monthly meetings in FY2013. The scheduled programs cover the benefits of exercise and ideas to improve wellness for cardiovascular patients. In addition to education, the group provides a support network for these community members.
- **Implementation activities:**
 - Scheduling meetings
 - Promoting meetings
 - Hosting meetings
- **Metric:** Hosting monthly Mended Hearts support group meetings with an average of 20 people per meeting.

Objective #6: Continue offering Diabetes support groups.

- **Rationale:** HMM has an active diabetes education program, and in addition, provides a support network for these community members. In FY 2013, HMM will offer Diabetes support group meetings facilitated by a Certified Diabetic Educator.
- **Implementation activities:**
 - Scheduling meetings

- Promoting meetings
- Hosting meetings
- **Metric:** Hosting monthly Diabetes support group meetings with an average of 20 people per meeting.

Objective # 7: Fulfill the goals of the charitable mission

- In addition to the above objectives, aimed at meeting the specific healthcare needs of the community, Huntsville will continue to fulfill the goals of its charitable mission through the provision of charity care and government sponsored indigent healthcare. Specifically, Huntsville will ensure that notices of the availability of charity care are conspicuously posted throughout its facility, that its charity care policies and procedures conform to all applicable State laws and regulations and that it provides charity care and government sponsored indigent health care both in accordance with its charity care policy and at levels sufficient to meet the four percent net patient revenue requirement under Section 311.045(b)(1)(C) of the Texas Health and Safety Code.

Health Services Available in the Community

In addition to the services provided by HMH on page 3, other charity care services available in the community include:

- Bryan/College Station Community Health Center – full clinic for low income, including dental and pharmacy services
- COME center – clothing & assistance with utilities for low-income
- Davita Dialysis Center
- DSHS immunization clinics
- Good Shepherd Mission – meals and shelter for low income, clothing store and food pantry
- Head Start – day care for low income
- Heritage Program for Senior Adults – outpatient counseling for seniors
- HMH Medical Clinic – provides care to low-income
- Home Health Care – many local agencies provide services to the homebound
- Hospice care – several local agencies provide hospice care
- Huntsville Housing Authority – housing for low income
- Long term care – several local nursing homes, including skilled nursing facilities
- Meals on Wheels – provides meals for homebound residents
- Planned Parenthood
- SAAFE House – provides support services, counseling , food bank and emergency shelter to people with domestic violence
- Senior Center – provides activities and meals for seniors
- Tri-County MHMR – offers mental health services
- United Way of Walker County
- UTMB/WIC Center – offers women’s and children’s services
- VA Clinic – information resource for veterans
- Walker County Hospital District indigent program
- Walker County Housing Authority – housing for low income
- Walker County Mammogram Fund – provides mammograms for low income women

Information Gaps

Information that limits HMH ability to assess all of the community’s health needs include:

- Health issues of uninsured persons
- Health issues of low-income persons

Action Plan – Community Benefit

Objective #1						
Description: Implement Diabetes and Hypertension education and services program, using grant funding by Texas Department of State Health Services.						
	Responsible Leader	Executive Sponsor	Estimated Completion Date - Quarter			
Action Steps	Karen Bilsing	Calli Dretke				
			Q1	Q2	Q3	Q4
1. Offer Diabetes educational and awareness programs			x	x	x	x
2. Offer Hypertension educational and awareness programs			x	x	x	x
Objective #2						
Description: Continue offering support and primary care services at the HMH Medical Clinic.						
	Responsible Leader	Executive Sponsor	Estimated Completion Date – Quarter			
Action Steps	Karen Bilsing	Calli Dretke	Q1	Q2	Q3	Q4
1. Offer extended hours of operation (8:00am-8:00pm seven days a week).			x	x	x	x
2. Offer immunization clinic for HIDS students			x			
3. Introduce social media campaigns that will highlight Clinic services such as TB testing, teen pregnancy, sexually transmitted diseases, etc			x	x	x	x

Objective #3						
Description: Provide community education programs (1 per month)						
	Responsible Leader	Executive Sponsor	Estimated Completion Date - Quarter			
Action Steps	Karen Bilsing	Calli Dretke	Q1	Q2	Q3	Q4
1. Schedule speakers for community education programs			x	x	x	x
2. Plan publicity for programs, including print ads, radio, emails, fliers, and direct mail when appropriate			x	x	x	x
Objective #4						
Description: Offer free community health screenings						
	Responsible Leader	Executive Sponsor	Estimated Completion Date - Quarter			
Action Steps	Karen Bilsing	Calli Dretke	Q1	Q2	Q3	Q4
1. Identify and coordinate specific health screenings in conjunction with education programs			x	x	x	x
2. Coordinate with appropriate physicians and/or staff			x	x	x	x
3. Plan publicity for programs, including print ads, radio, emails, fliers, and direct mail when appropriate			x	x	x	x

Objective #5						
Description: Continue offering Mended Heart support group.						
	Responsible Leader	Executive Sponsor	Estimated Completion Date - Quarter			
Action Steps	Margaret Gullede	Donna Stewart	Q1	Q2	Q3	Q4
1. Hold monthly speaker programs			x	x	x	x
2. Invite cardiac rehab patients to participate			x	x	x	x
3. Plan special event for American Heart Month in February					x	
4. Publicize monthly events: Best Bets notice in The Item, send invitations to previous attendees and all cardiac rehab patients; post fliers throughout hospitals			x	x	x	x
5. Send meeting notices to physician offices			x			
6. Plan special event for Great American Smoke Out in November				x		
Objective #6						
Description: Continue offering Diabetes support group.						
	Responsible Leader	Executive Sponsor	Estimated Completion Date - Quarter			
Action Steps	Karen Bilsing	Calli Dretke	Q1	Q2	Q3	Q4
1. Hold monthly speaker programs			x	x	x	x
2. Invite diabetes patients to participate			x	x	x	x
3. Plan special event for Diabetes Month in November					x	

4. Publicize monthly events: Best Bets notice in The Item, send invitations to previous attendees and all diabetes patients; post fliers throughout hospitals			x	x	x	x
5. Send meeting notices to physician offices			x			

Community Benefit Budget

Based on historical data, the following budget allocates funds required to cover Community Benefits activities set forth in the FY 2013 Community Benefit Objectives and Tactics. Through the year, HMH will track actual costs in order for reporting purposes at the end of the year.

Objective	Budget	Notes
<i>HMH Medical Clinic</i>	\$1,190,773	
<i>Community Education Events</i>	\$15,500	\$1,500 for supplies/\$14,000 for advertising
<i>DICE / Health Screenings</i>	\$3,500	
<i>Mended Hearts Support Group</i>	\$3,400	

Appendix

Report Sources

1. U.S. Census Bureau (<http://www.census.gov/>)
2. Census information at the county level, <http://quickfacts.census.gov/qfd/states/48000.html>
3. Texas Department of State Health Services, The Center for Health Statistics (provides useful health information for Texas), <http://www.dshs.state.tx.us/chs/default.shtm>
4. Texas Health Facts (<http://www.dshs.state.tx.us/chs/cfs/>)
5. Center for Public Policy Priorities (<http://www.cppp.org/>)
6. The Center for Public Policy Priorities is a non-partisan, non-profit policy research organization committee to improving public policies and private practices that influence the economic and social aspects and conditions of individuals, families, and communities.
7. FedStats (<http://www.fedstats.gov/>) Link to statistics from 100 government agencies
8. Bureau of Labor Statistics (<http://www.bls.gov/>) Provides data/statistics on employment, wages, and consumer spending
9. United States Department of Agriculture (<http://www.usda.gov/>)
10. Texas Department of State Health Services, Texas Cardiovascular Health & Wellness Program <http://www.dshs.state.tx.us/wellness/PDF/FactSheetRg608.pdf>
The University of Texas School of Public Health, CHARTing Health Information <http://www.sph.uth.tmc.edu/charting/>
Texas Diabetes Fact Sheet 2008 <http://www.dshs.state.tx.us/diabetes/PDF/diabetesfacts.pdf>
11. Texas Cancer Registry <http://www.dshs.state.tx.us/tcr/statistics.shtm>

Other Information on Following Pages

- DICE Committee Agenda – Shown as an example of work ongoing by the community Diabetes Education Committee.
- Community Advisory Council Agenda – Shown as an example of information shared in these regular community meetings.
- FY 2012 Community Benefit Report – Community Benefit Report.