CHRISTUS®
DUBUIS
Hospital of Paris

Community Health Needs Assessment

2017-2019

About Texas Health Institute:

Texas Health Institute (THI) is a nonpartisan, nonprofit organization whose mission is to improve the health of Texans and their communities. Based in Austin, Texas, THI has operated at the forefront of public health and health policy in the state for over 50 years. THI serves as a trusted, leading voice on issues of health care access, health equity, workforce development, planning, and evaluation. Core and central to THI's approach is engaging communities in participatory, collaborative approaches to improving population health, bringing together the wisdom embedded within communities with insights, innovations, and guidance from leaders across the state and nation.

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EXECUTIVE SUMMARY

The CHRISTUS Dubuis Hospital of Paris is part of the CHRISTUS Dubuis Health System, a non-profit long term acute care hospital (LTACH) system operated by CHRISTUS Health System, delivering care to patients who require acute care hospitalization over an extended period of time. CHRISTUS Dubuis Hospital of Paris' dedicated staff provide specialty services tailored to the individual needs of every patient, aiming to deliver high-quality treatment with excellent clinical outcomes. CHRISTUS Dubuis Hospital of Paris works closely with the local community to ensure that regional health needs are identified and incorporated into system-wide planning and strategy. To this end, CHRISTUS Health commissioned the Texas Health Institute to conduct and produce its 2016 Community Health Needs Assessment, required by law to be performed once every three years as a condition of 501(c)(3) tax-exempt status.

In this Community Health Needs Assessment, THI staff and community stakeholders from the CHRISTUS Dubuis Hospital of Paris service area analyzed over 40 different indicators, spanning demographics, socioeconomic factors, health behaviors, clinical care, and health outcomes. Report findings combine data from publicly available sources, internal hospital data, and input from those with close knowledge of the local public health and health care systems to present a comprehensive overview of unmet health needs in the region.

The voice of the community guided the needs assessment process throughout the life of the project, ensuring data and analyses remained grounded in local context. Through an iterative process of community debriefing and refinement of findings, a final list of six prioritized health concerns was developed and is summarized in the table below. This priority list of health needs and the data compiled in support of their selection lays the foundation for CHRISTUS Dubuis Hospital of Paris to remain an active, informed partner in population health in the region for years to come.

Rank	Health Concern
1	Access to primary care
2	Unhealthy behaviors
3	Access to mental health services and providers
4	Preventable hospitalizations
5	Aging population
6	Unemployment

INTRODUCTION

CHRISTUS Dubuis Hospital of Paris is a long term acute care hospital (LTACH), located within the south campus of Paris Regional Medical Center, a healthcare facility that offers comprehensive health care to medically complex patients facing prolonged hospitalization and recovery. The 25-bed facility opened in 2002, and primarily serves Lamar County, Texas with an extended service area encompassing northeast Texas and southeast Oklahoma. CHRISTUS Health is a Catholic health system formed in 1999 to strengthen the faith-based health care ministries of the Congregations of the Sisters of the Incarnate Word of Houston and San Antonio that began in 1866. Today, CHRISTUS Health operates 25 acute care hospitals and 92 clinics across Texas, Louisiana, and New Mexico, and 12 international hospitals in Mexico and Chile. In addition, the CHRISTUS Dubuis Health System owns or manages eight long term acute care hospitals across the southern and midwestern United States. As part of its mission "to extend the healing ministry of Jesus Christ," CHRISTUS Dubuis Hospital of Paris strives to be "a leader, a partner, and an advocate in the creation of innovative health and wellness solutions that improve the lives of individuals and communities so that all may experience God's healing presence and love."[1]

Federal law requires all non-profit hospitals to conduct a Community Health Needs Assessment (CHNA) every three years to maintain their tax-exempt status. CHRISTUS Health contracted with Texas Health Institute (THI) to develop the 2017-2019 CHNA report for CHRISTUS Dubuis Hospital of Paris, a document that will fulfill the requirements set forth in IRS Notice 2011-52, 990 Requirements for non-profit hospitals' community health needs assessments, and will be made available to the public. To complete its CHNA, the THI team and CHRISTUS Dubuis Hospital of Paris have drawn upon a wide range of primary and secondary data sources, and have engaged a group of community residents and stakeholders with special knowledge of the local public health landscape and/or vulnerable population groups to provide insight into community health needs and priorities, challenges, resources, and potential solutions.

A CHNA ensures that CHRISTUS Dubuis Hospital of Paris has made efforts to identify the unmet health needs of residents in its service region, examine barriers residents face in achieving and maintaining good health status, and inventory the available health opportunities and assets available within the service area that can be leveraged toward improving population health. The CHNA lays the foundation for future planning, ensuring that CHRISTUS Dubuis Hospital of Paris is prepared to

[1] CHRISTUS Health. (2016). Our mission, values, and vision. Available at: http://www.christushealth.org/OurMission.

undertake efforts that will help residents of the local community attain the highest possible standard of health.

METHODOLOGY

REVIEW OF LITERATURE AND QUANTITATIVE DATA

THI staff conducted a literature review using previously published community health needs assessments and other local reports focused on Lamar County. Findings and evaluations from previous community needs assessments were incorporated into project design, interviews and focus groups, and this report as applicable.

In an effort to standardize the CHNA process across all CHRISTUS facilities, THI staff collaborated with the Louisiana Public Health Institute (LPHI) to design and conduct the needs assessments. THI and LPHI followed a mixed methods approach of data collection, accessed from both primary and secondary data sources, including both qualitative and quantitative measures.

THI staff began the process with collection and review of the quantitative data that derive from secondary sources. Community-level data were accessed from Community Commons, which contains data from sources such as the American Community Survey, U.S. Census Bureau, the CDC Behavioral Risk Factor Surveillance System, and the National Vital Statistics System to illustrate demographics by region and county, health outcomes, and health risk factors. The THI team subsequently obtained internal data from CHRISTUS Dubuis Hospital of Paris and conducted a descriptive analysis. Together, THI staff reviewed over 40 measures and categorized them for higher-level examination.

KEY INFORMANT INTERVIEWS

Purpose

The purpose of in-depth interviews was to gather a broad sample of perspectives on significant health needs in the community. Findings from interviews informed the design of the focus group and were incorporated into the results to lend context to quantitative patterns and trends. Semi-structured interviews followed a pre-designed questionnaire covering the identification of health needs, community barriers and resources, and possible opportunities for action. The interviewer inquired about reasons for unmet health needs, existing capacity, needed resources, and potential solutions that could enhance well being in the community, either for specific subgroups or the population at-large. The full length Key Informant Interview Protocol can be found in Appendix B of this report.

Sample and Recruitment

Representatives from CHRISTUS contributed contact information for ten people who represent the broad interests of Lamar County and who possess knowledge about the region's health-related challenges. These key stakeholders included nonprofit leaders, health department authorities, public school leaders, healthcare providers or leaders, elected officials, local and state agencies, law enforcement agencies, people representing distinct geographic areas, and people representing diverse racial/ethnic groups. To recruit interviewees, THI staff contacted key informants by email and telephone. THI conducted two interviews between February and May 2016. Interviews lasted between 45 and 60 minutes.

Transcription

The identities of key informants and transcribed content of their statements will remain confidential.

FOCUS GROUP

Purpose and Questions to Address

The purpose of the focus group was to obtain clarity around needs and concepts proposed for inclusion in the CHNA report, and to approximate a group response to the collection of ideas put forth. The group followed a semi-structured protocol intended to elicit responses aligned with the following objectives:

1. Identify significant health needs
2. Identify community resources to meet its health needs
3. Identify barriers and reasons for unmet health needs
4. Identify supports, programs, and services that would help to improve the needs or issues

The THI team finalized the design of the focus group guide after discussions with CHRISTUS Health staff, a review of the quantitative data, and analysis of interview data collected prior to the focus group.

Recruitment and Sample

Potential participants were identified by CHRISTUS Dubuis Hospital of Paris leadership. Most participants were recruited through organizations that provide health care or related services to community residents (e.g., community organizations, social service agencies, clinics). Elected officials and government leaders were also invited to participate. To assist with recruitment, the local CHRISTUS liaison recruited 11 stakeholders who represented specific groups, occupations, or perspectives important to the project. Ten people participated in the focus group.

Administering Focus Group and Collecting Data

The focus group lasted two hours. The facilitator opened with a general assessment of the participants' views of the community's overall health profile, inviting general comments using open-

ended questions about health needs. Next, the facilitator followed with probes regarding any health needs that arose in the quantitative and qualitative analyses but did not appear in the group members' initial responses. An assistant moderator took notes and recorded the group responses. THI coded all transcripts, identifying and consolidating the main themes. From successive readings of transcripts, the THI team methodically analyzed transcript content to produce a progressively refined coding scheme. From this coding scheme, several predominant themes emerged that were used to construct the final summaries.

NEEDS PRIORITIZATION

Needs prioritization occurred in two phases. The first phase included a data-based prioritization from the THI team in advance of convening a needs prioritization committee comprised of local stakeholders. The second step was to facilitate a community-driven refinement of the data-based priorities, using Nominal Group Technique to generate a prioritized needs list.

THI staff facilitated the Nominal Group Technique at a needs prioritization meeting that took place in June 2016. The local liaison recruited eight participants to serve on the needs prioritization committee, seven of whom attended the meeting. THI staff presented the initial analysis of both primary and secondary data, a list of data-based priorities, and led the group in the Nominal Group Technique exercise to distill a final list of top priorities. Participants identified and scored their top priorities, and facilitators from THI consolidated individual participants' scores to generate an overall ranking, which was relayed back to the group for further discussion. The prioritization committee reached consensus on the composite ranking before finalizing the priority health needs list.

SUMMARY OF ACTIVITIES SINCE 2014-2016 CHNA

CHRISTUS Dubuis Hospital of Paris serves a population of medically complex, acutely ill patients for extended periods of time. Due to the nature of the long term acute care industry and the regulatory bodies that oversee and govern the types of services that are provided, the hospital has a limited scope of service and is subject to penalties if it cares for patients that do not meet the strict requirements for admission. The hospital only provides inpatient acute care services to patients whose length of stay exceeds 25 days and who fall into a limited number of diagnostic categories. Low profit margins further restrict the scope of community health activities the hospital undertakes. CHRISTUS Dubuis Hospital of Paris is located in a rural area of the state with limited access to patients from other communities. The facility maintains a low census, but is supported by the medical community as an alternative to sending patients several hours away for long term acute care hospitalization.

CHRISTUS Dubuis Hospital of Paris' most recent CHNA was conducted in advance of the 2014-2016 triennium. In response to those findings, CHRISTUS Dubuis Hospital of Paris has initiated or continued existing initiatives to address community health needs, including but not limited to the following examples:

- Providing nursing staff at the Good Samaritan Clinic providing care for the poor and underserved in the community
- Working with area colleges, the hospital provides training for new nursing students to increase the number of health care providers in the community
- Annual donation from the hospital to to the St. Joseph Foundation restricting the use of the funds for health care services for the poor and underserved
- Hospital staff offer education and training to area nursing homes to improve the patient care, especially those with slow healing wounds as a result of diabetes
- The hospital has conducted several community health fairs (Northeast Texas, Magnolia Manor, Idabel Senior Health, Sulphur Springs County, and Red River Senior Health) to identify individuals in the community who may be at risk of diabetes or heart disease and initatie appropriate referrals when necessary

FINDINGS

POPULATION DEMOGRAPHICS

CHRISTUS Dubuis Hospital of Paris primarily serves the Lamar County region, home to a total population of nearly 50,000 residents (Table 1). Half of Lamar County residents live in close proximity to the city center of Paris, Texas, while the remaining half of residents are considered rural. The total population of Lamar County represents approximately 0.2% of Texas' total population.

County	Population
Lamar	49,704

Table 1. Lamar County Population

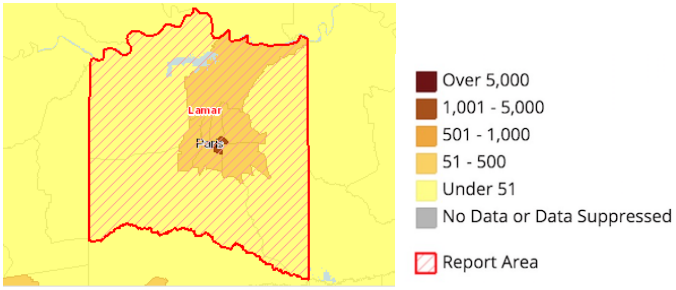

Figure 1. Lamar County Population Density (Persons per Square Mile)

Approximately fifty eight percent of persons living in Lamar County are working-age adults. Of the remaining population, 6% are in infancy or early childhood, 17% are school-age children, and 17% are over the age of 65 (Figure 2). Overall, the population residing in Lamar County is older than the population of Texas — just 11% of Texas' population is comprised of adults over age 65. Focus group participants acknowledged the unique challenges associated with the aging population, characterizing older adults as the region's fastest growing demographic segment. Stakeholders described a relative scarcity of available programs designed to support people who are growing older and leaving the workforce, and stressed the need for CHRISTUS to plan proactively and with urgency for the needs of the over-65 age group.

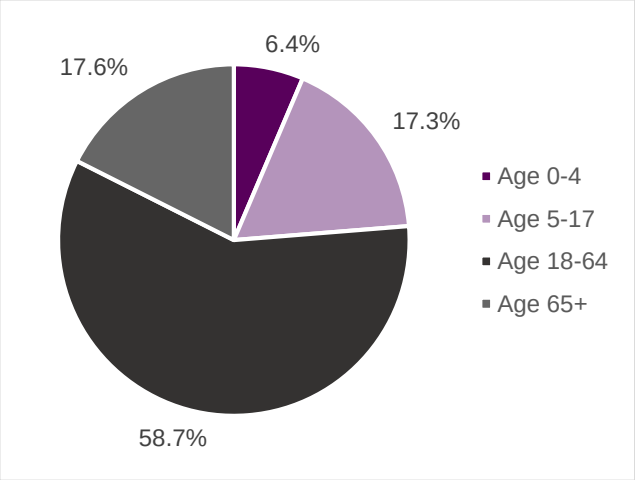

Figure 2. Lamar County Population, by Age

Lamar County is home to a racially and ethnically diverse population that differs slightly in composition from the racial/ethnic demographics of Texas overall (Table 2). Nearly 4 in 10 Texans are Hispanic/Latino, compared to fewer than 1 in 10 residents of Lamar County. Among the non-Hispanic/Latino population, 80.5% are White, 12.6% are Black, and 0.8% are Asian. Persons belonging to Native Hawaiian/Pacific Islander and Native American/Alaska Native race categories each comprise less than 0.5% of the Lamar County population.

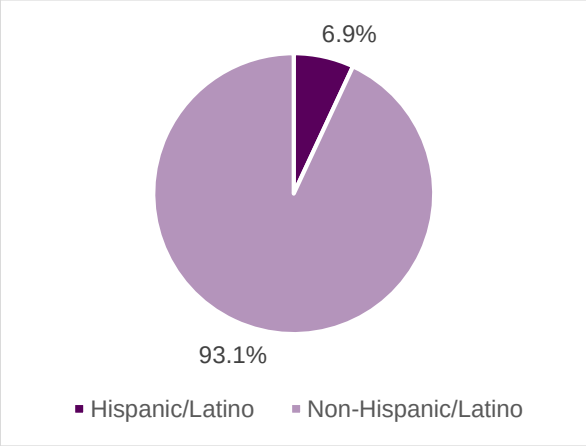

Figure 3. Lamar County Population, by Ethnicity

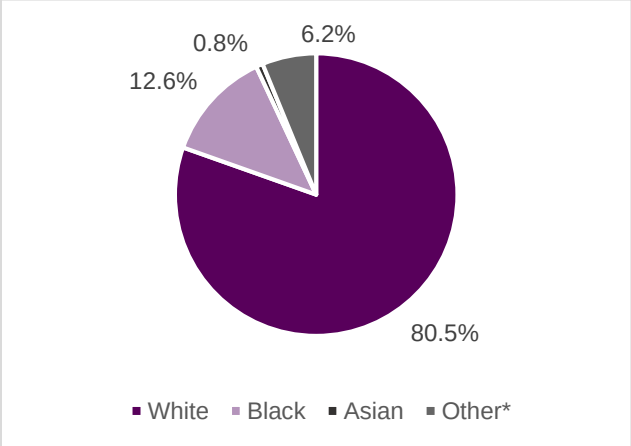

Figure 4. Lamar County Population, by Race

**Other includes the following race classifications: Native Hawaiian/Pacific Islander, Native American/Alaska Native, Multiple races, and Other race.*

	Lamar County	Texas
Ethnicity		
• Hispanic/Latino	6.9%	38.2%
• Non-Hispanic/Latino	93.1%	61.8%
Race		
• White	80.5%	74.7%
• Black	12.6%	11.9%
• Asian	0.8%	4.1%
• Native Hawaiian/Pacific Islander	0.4%	<0.1%
• American Indian/Alaska Native	0.2%	0.5%
• Other race	1.5%	6.4%
• Multiple races	4.1%	2.4%

Table 2. Race/ethnic Distribution of Lamar County and Texas

SOCIAL AND ECONOMIC ENVIRONMENT

Educational attainment in the CHRISTUS Dubuis Hospital of Paris service area is slightly higher than in Texas as a whole — just 15.0% of Lamar County residents over age 25 lack a high school diploma, compared to 18.4% of Texans. However, the 2013-14 high school graduation rates in Texas (89.6%) are slightly higher than Lamar County (88.7%). The median annual family income for Lamar County is $51,294, about $10,000 less than Texas' median annual family income of $61,958. Poverty is fairly widespread in the service area, with 43.1% of Lamar County residents earning annual incomes at or below 200% of Federal Poverty Level (FPL). According to 2016 federal guidelines, 200% FPL corresponds to an income of $48,600 per year for a family of four.[2]

Lamar County's food insecurity rate is substantially higher than Texas' overall. Almost 23% percent of Lamar County residents experience food insecurity, or uncertainty whether they will be able to get enough nutritious food at some point during the year, compared to about 18% of Texas residents. The unemployment rate in Lamar County is identical to Texas' overall unemployment rate (4.1%). Figure 5 displays a comparative summary of socioeconomic indicators for Lamar County and the state of Texas.

[2] U.S. Department of Health and Human Services. (2016). 2016 Poverty Guidelines. Office of the Assistant Secretary for Planning and Evaluation. Available at: http://aspe.hhs.gov/poverty-guidelines

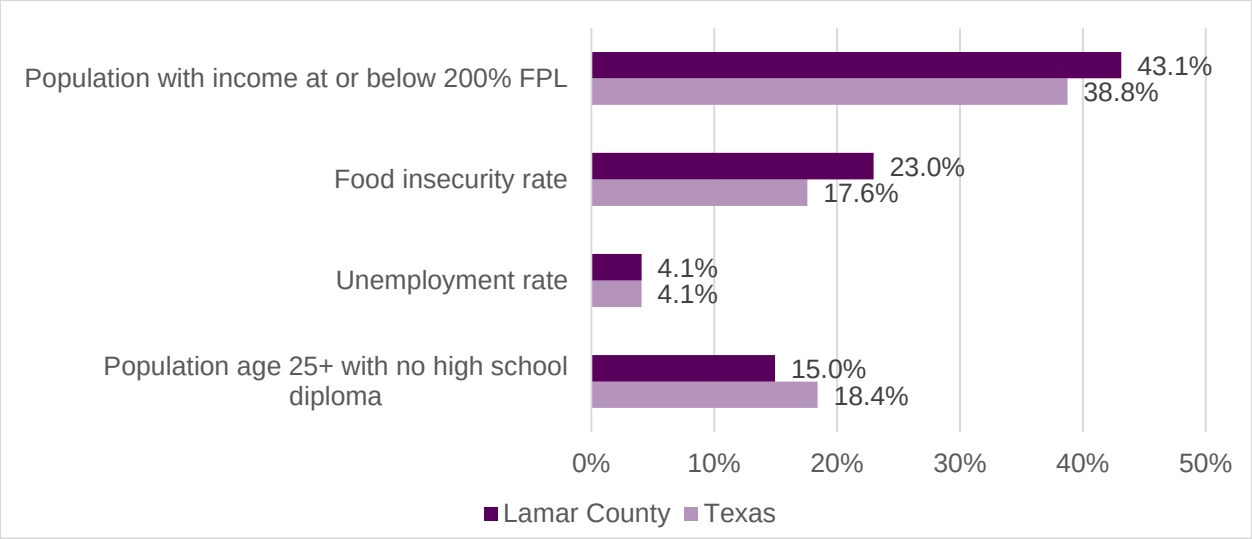

Figure 5. Socioeconomic Characteristics of Lamar County and Texas

Crime reporting data suggest that Lamar County is relatively safe compared to the state of Texas. Violent crime (defined as homicide, rape, robbery, and aggravated assault) occurred in the report area at a rate of 375 violent crimes per 100,000 population, versus 422 per 100,000 population in Texas overall (Figure 6).

Overweight, obesity, and chronic disease have remained consistent areas of need for the CHRISTUS Dubuis Hospital of Paris service area, and a scarcity of healthy food outlets can create barriers for individuals who need to manage their weight and nutrition. The Centers for Disease Control and Prevention (CDC) Modified Retail Food Environment Index measures the availability of healthy food retail outlets at the census tract level. According to this measure, nearly all of the Lamar County population lives in a census tract with either low access to healthy food outlets, no healthy food outlets, or no food outlets at all (Figure 7). Among the population with low/no healthy food access, significant racial/ethnic differences exist: 80.0% of the White population has low/no healthy food access, compared to 73.9% of the area's Hispanic/Latino residents and 69.3% of Black residents. The racial/ethnic differences observed in Lamar County are the reverse of patterns observed across Texas and the nation, where Black and Hispanic/Latino populations tend to have lower access to healthy foods than Whites.

Focus group participants and key informants helped contextualize many of these socioeconomic factors in local realities. While the data show only modest unemployment rates, stakeholders noted that low-wage employment with no benefits is common and limits residents' ability to securely

provide for themselves and their families. Comments from the focus group emphasized the connection between having stable, productive employment and the impact it can have on health behaviors. For example, people who have limited access to routine care due to their economic circumstances are likely to skip screenings and avoid care for minor health issues, only for conditions to eventually worsen into chronic, long-term problems. It can also be difficult for people in the community with criminal histories to secure employment, which constitutes a barrier to obtaining insurance or accessing a primary care provider, and can also trigger or exacerbate mental health issues like depression.

Food security and access also received a strong emphasis from stakeholders, who noted that even when healthy choices are available, they can be cost prohibitive. Some residents may be less accustomed to cooking with healthy ingredients and/or using healthy food preparation techniques. Stakeholders highlighted many organizations already working in Lamar County to address food insecurity, and generally felt that food insecurity could be considered a symptom of a larger issue with an underemployed workforce: if higher-wage employment were to increase across the region, stakeholders predict the number of food insecure families would decline commensurately.

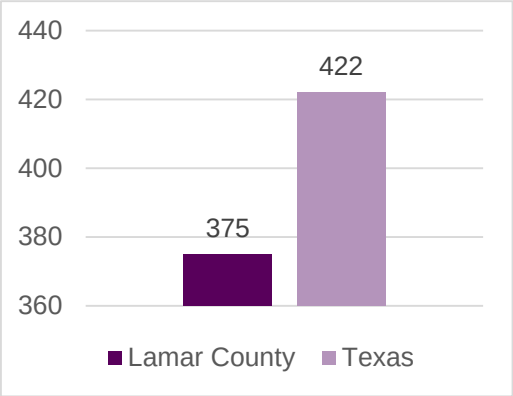

Figure 6. Violent Crime Rate per 100,000 Residents

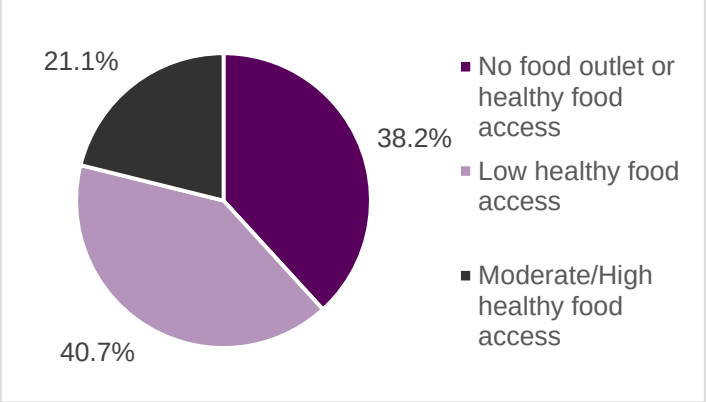

Figure 7. Lamar County Population Living in Census Tracts with Access to Healthy Food Outlets

ACCESS TO HEALTH CARE

Access to health care is a key component of maintaining and improving overall health. The Institute of Medicine identifies three essential steps in attaining access to care: gaining entry into the health care system, finding access to appropriate sites and types of care, and developing relationships with

providers who meet patients' needs and whom patients can trust.[3] For many, health insurance represents not only a ticket into the health care system, but an assurance that the cost of most health services will remain affordable to them.

Uninsured rates in Texas have declined in recent years, but remain relatively high compared to the rest of the nation. In the CHRISTUS Dubuis Hospital of Paris service area, the uninsured rate is slightly lower than Texas' uninsured rate overall (19.5% versus 21.9%). Fewer than 1% of the population over age 65 is uninsured in Lamar County, likely due to the availability of Medicare coverage for this age group. In contrast, over 1 in 4 working-age adults in Lamar County are uninsured and approximately 1 in 10 children in Lamar County is uninsured.

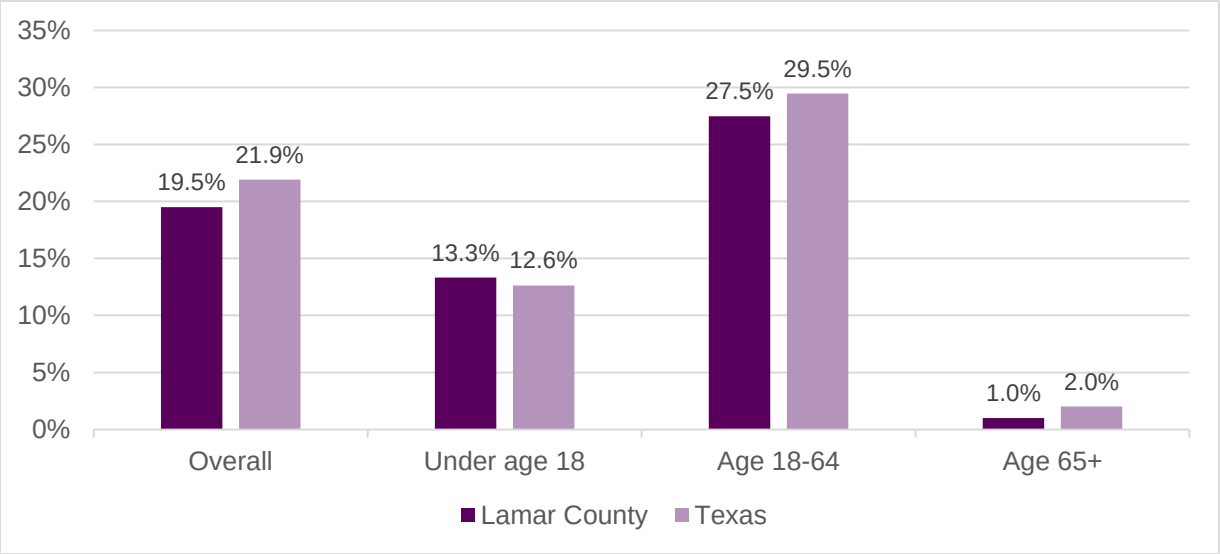

Figure 8. Uninsured Rate, Overall and by Age Group

Health insurance represents just one component of access to care, and does not guarantee access even to those enrolled in coverage. For example, without an adequate supply of local health care providers, the health system will not have the capacity to accommodate all patients who need care, regardless of insurance status. Insufficient numbers of health care providers stands out as an area of concern in the service region. The number of primary care physicians, and mental health providers per 100,000 population practicing in Lamar County is uniformly lower than the number of providers nationally, and is roughly equal to or less than the number of providers in Texas (Figure 9). While the national average number of mental health providers is 202.8 per 100,000 population, Texas averages

[3] Institute of Medicine. (1993). Access to health care in America. *Committee on Monitoring Access to Personal Health Care Services.* Washington, DC: National Academy Press.

only half this number of providers (102.3 per 100,000), and the number of mental health providers in Lamar County is even lower than Texas overall (98.9 per 100,000). The national average of primary care providers is 75.8 per 100,000 compared to 59.5 per 100,000 in Texas and just 46.5 per 100,000 in Lamar County.

When access to care is limited, people may forego routine preventive care or diagnostic services commonly provided by a primary care physician. Among residents of Lamar County, over 42.6% self-reported not having a consistent source of primary care, or someone they consider their personal doctor. This figure is substantially higher than the 32.4% of people in Texas who lack a source of primary care.

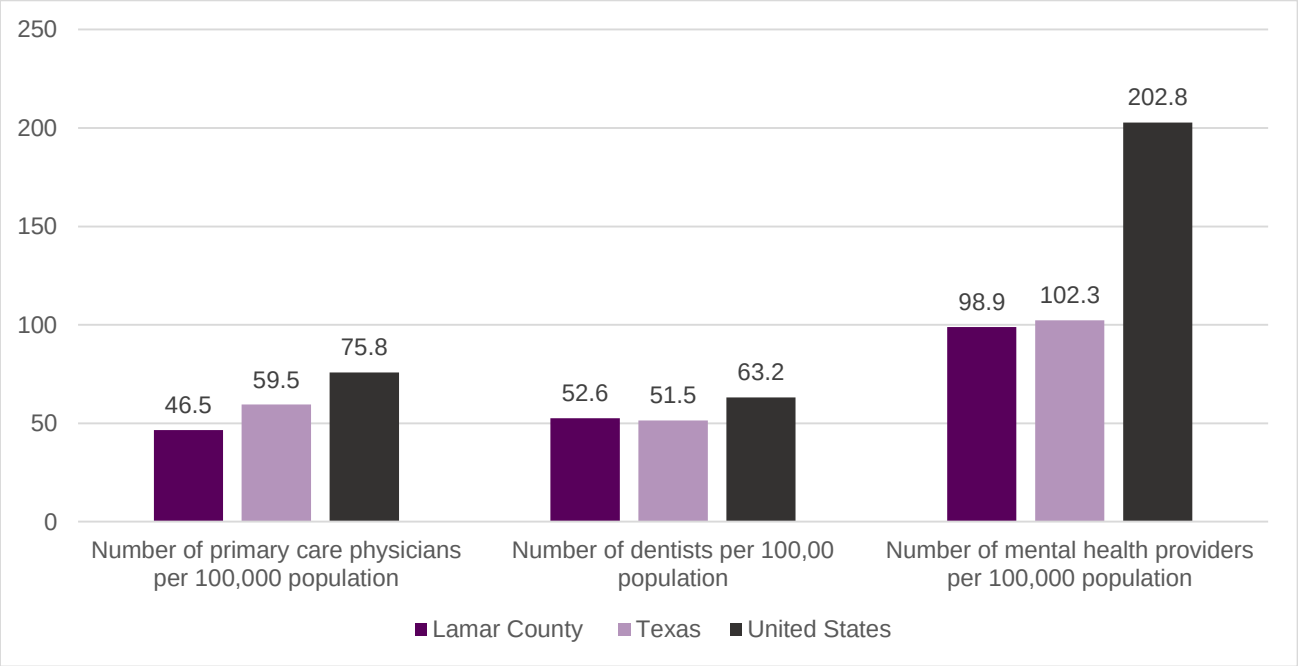

Figure 9. Number of Health Care Providers per 100,000 Population, by Type

Stakeholders identified access to care and provider shortages as some of the community's most urgent needs. The focus group and key informants pointed out that many providers in the area are not accepting new patients into their practice, especially patients with Medicaid coverage. One stakeholder estimated that, at the time of the focus group, only one primary care physician in the area was accepting new patients. Transportation was identified as another significant barrier to primary and preventive care access. Many stakeholders referenced previously available transportation services that had been discontinued, contributing to overwhelming demand for the scarce remaining

transportation resources. Some recommended an increase in mobile services, such as mobile mammograms, as one possible solution for the area's transportation challenges.

Primary care access barriers heighten the potential for minor, treatable health conditions to worsen in severity, leading to avoidable hospital visits and overuse of costly emergency department services. Preventable hospital stays are defined as hospital visits for conditions that could have been prevented if adequate primary care resources were available and patients had accessed them. These preventable visits numbered 69.9 per 1,000 Medicare enrollees in Lamar County, exceeding the 62.9 preventable hospital events per 1,000 Medicare enrollees in Texas overall (Figure 10). A consensus emerged among the community stakeholders that improper use of hospital and emergency department services is predominantly linked to lack of knowledge or awareness about an alternative service, such as a community clinic or the local health department. For some issues, a lack of capacity to care for certain populations in the community eventually spills over into emergency demand. Stakeholders pointed to mental health as an example, wherein a shortage of community-based mental health services and providers leads to an excess of people needing crisis intervention or other emergency mental health care..

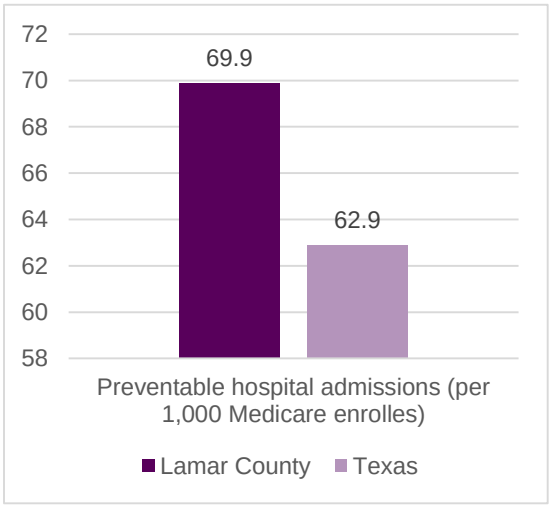

Figure 10. Number of Preventable Hospital Stays (per 1,000 Medicare Enrollees)

HEALTH OUTCOMES

Physical Health

Preventable chronic diseases, such as diabetes, heart disease, hypertension, and asthma, occur at high rates in Lamar County, frequently in excess of the corresponding prevalence in Texas overall (Figure 11). Hypertension is one of the most common preventable conditions observed in Lamar County, with 35.4% of residents reporting they have been told they have high blood pressure by a doctor. Diabetes prevalence among adults in Lamar County is 11.6%, an increase of approximately 3% over the past decade. Heart disease prevalence remains near 9.4%, which substantially exceeds the state prevalence. Roughly eleven percent of residents in Lamar County have asthma, in line with asthma prevalence in Texas. After age adjustment, about one in five residents of Lamar County perceive their health status as fair or poor, a slightly elevated rate compared to the proportion of Texas residents who self-report fair or poor health.

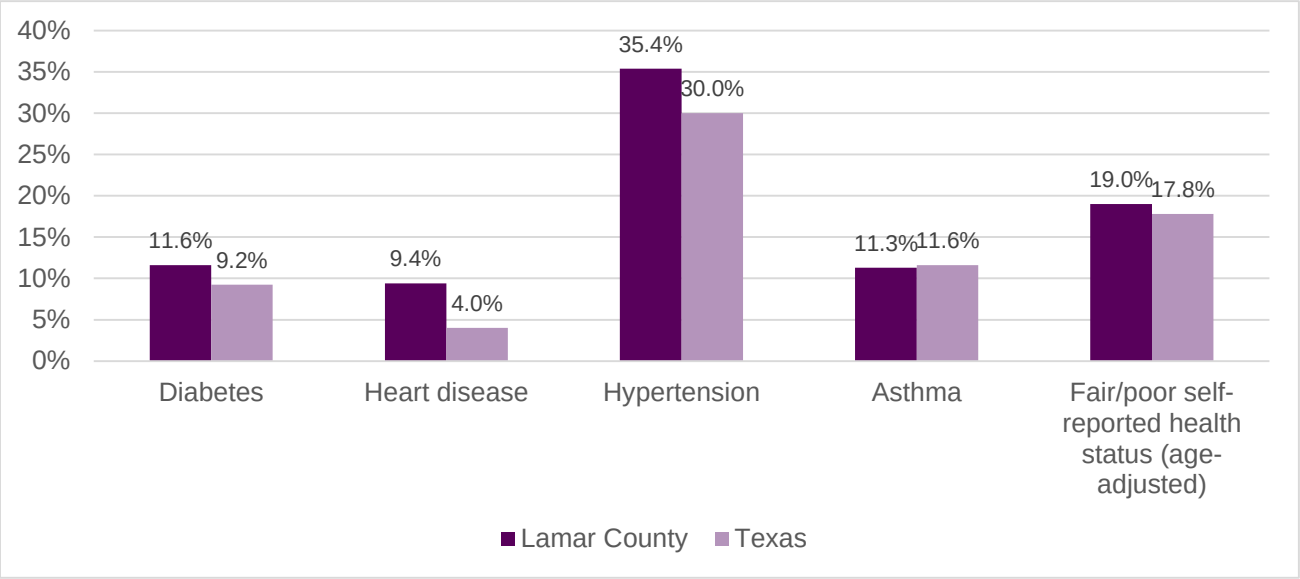

Figure 11. Lifetime Prevalence of Select Health Conditions among Adults

Cancer represents a leading cause of morbidity and mortality among the service area population. Measures of age-adjusted annual cancer incidence per 100,000 population show that cancer diagnoses are more frequent among all types of cancer in Lamar County than in Texas as a whole (Figure 12). The largest difference is observed in prostate cancer incidence, with Lamar County exceeding Texas in incidence by 24 new cases of cancer per 100,000 population annually. Cancer mortality is also substantially elevated among residents of the service area as compared to Texas,

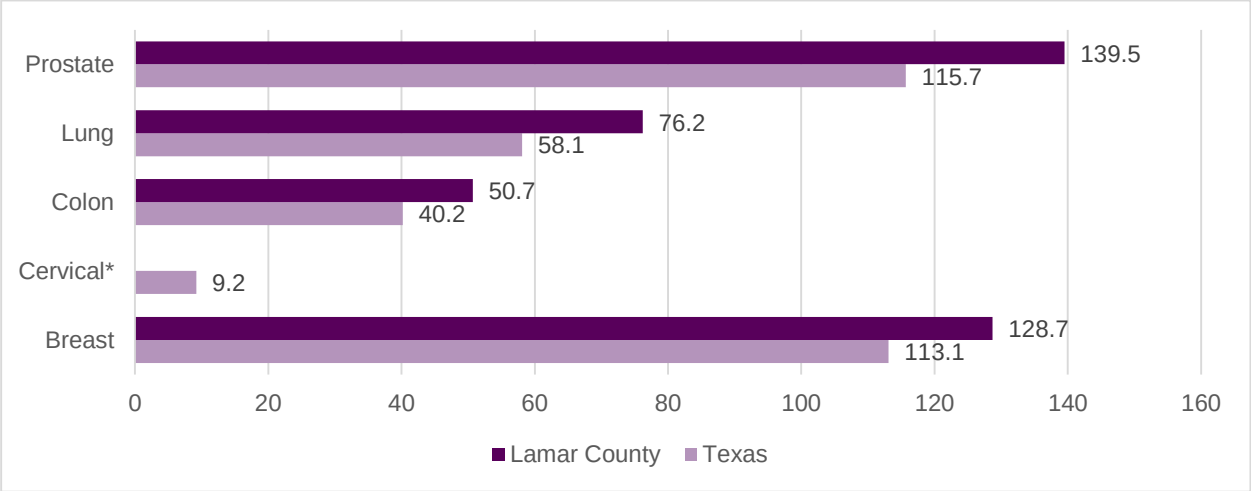

Figure 12. Age-adjusted Cancer Incidence per 100,000 Population Annually, by Type

**Lamar County data not available*

with approximately 26 more deaths per 100,000 population occurring from cancer in Lamar County than in the state as a whole.

Age-adjusted mortality from numerous other causes assessed is elevated in the CHRISTUS Dubuis Hospital of Paris service area (Figure 13). Though the prevalence of heart disease in Lamar County is comparable to Texas, mortality from heart disease is much higher in the Lamar County (243.0 deaths versus 175.7 deaths per 100,000 population). Along with cancer and heart disease, stroke and respiratory diseases comprise the other leading causes of mortality.

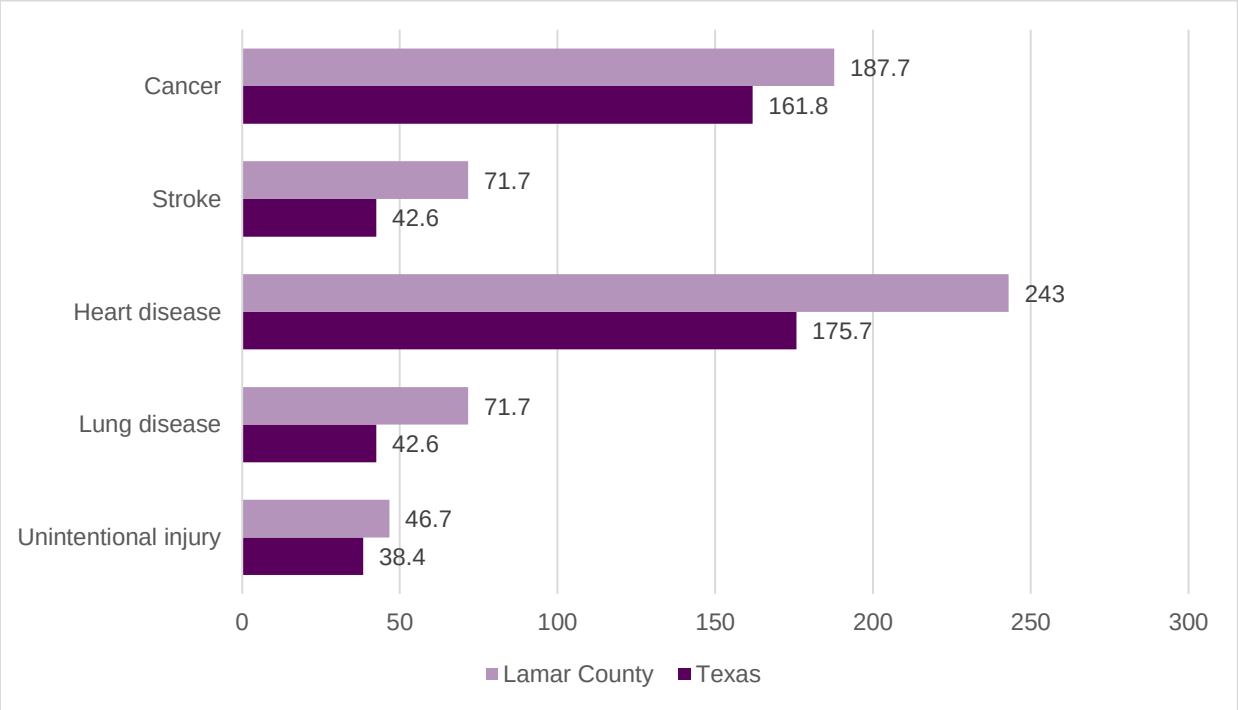

Figure 13. Age-adjusted Mortality Rate per 100,000 Population, by Cause

Community stakeholders spoke to the negative health effects they observed related to the high prevalence of heart disease, cancer, and obesity in the community. They stressed the importance of prevention in curtailing incidence, severity, and mortality associated with these conditions. As opposed to clinical care, stakeholders emphasized the need to support residents of Lamar County in pursuing and sustaining behavior changes. Several stakeholders agreed that most people in the community seem to know what behaviors are likely to prevent disease — one remarked "we've beat that to death," — and the main challenge is to help people follow through with lifestyle change. For this reason, most were adamant that chronic disease prevention should go beyond simply educating and raising awareness.

In addition, stakeholders noted that management of chronic diseases among the aging population has presented a challenge, particularly with respect to medication and treatment adherence. When diagnosed with chronic conditions, it is common for older adults in the area to experience episodic or persistent difficulty affording their medications. People may be unable or unwilling to comply with treatment plans and/or medication regimens, or cycle on and off of treatment regimens as they can afford them. Cancer treatment in particular was singled out as cost-prohibitive. One stakeholder also raised a concern that many older adults have turned to selling their medications to cover other expenses, potentially jeopardizing their safety and increasing the likelihood of an emergency situation.

Mental and Behavioral Health

The burden of morbidity and mortality resulting from mental illness represents a significant concern in Lamar County. Approximately 19 people per 100,000 population in Lamar County die by suicide, compared to 12 deaths by suicide per 100,000 population in Texas (Figure 14). Report area males die by suicide at a rate of 31.7 per 100,000, suggesting strong variation by gender (a comparison point for female suicide mortality is not available for the report area.) Suicide risk is particularly elevated among older adults, who comprise a growing proportion of the Lamar County population. Evidence shows that 90% of people who die by suicide have a mental illness.[4]

Depression, a major risk factor for suicide, affects 18% of Medicare beneficiaries in Lamar County, nearly identical to depression prevalence in this population across the state (Figure 15). Seventeen percent of Lamar County residents feel they do not receive the social or emotional support they need all or most of the time, a lower rate than Texas residents overall (Figure 16). Social and emotional support equips people to manage life stressors, navigate daily challenges, and demonstrate resilience

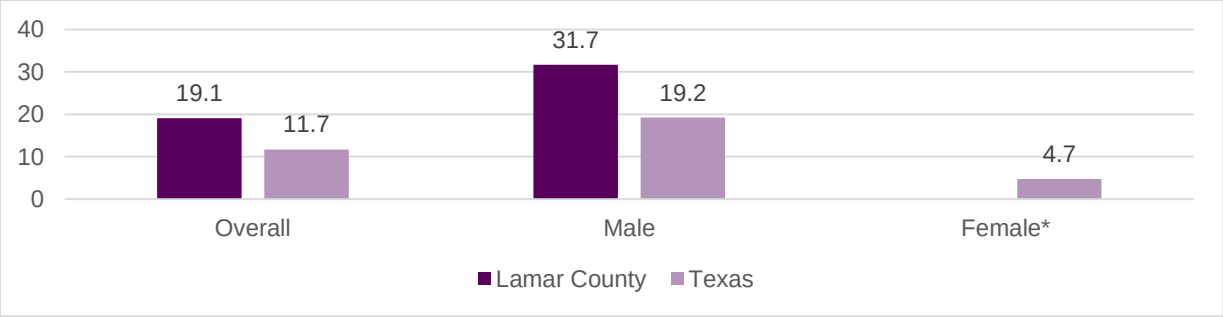

Figure 14. Age-adjusted Suicide Mortality Rate per 100,000 Population, Overall and by Gender
**Lamar County data not available*

[4] National Alliance on Mental Illness. (2016). Risk of suicide. Available at: http://www.nami.org/learn-more/mental-health-conditions/related-conditions/suicide

in times of crisis. Psychological distress can be precipitated or exacerbated by a perceived lack of social or emotional support.

Mental and behavioral health appeared to be at the forefront of many stakeholders' minds. Several felt that the current system of mental health services in Lamar County is not adequately equipped to respond to the mental health needs of veterans and the aging population. Much of the concern centered on the deficiency of mental health providers discussed earlier, but beyond these concerns, stakeholders emphasized the growing toll that substance use disorders and addiction have begun to take on the community. Abuse of drugs — both illicit drugs and prescription drugs — is common, and at least one stakeholder commented on the importance of considering infants who are born addicted to drugs as a population with need for substance use supports and services. In addition, many commented on the lack of capacity to intervene in crisis on behalf of people who may be seriously considering a suicide attempt. The focus group also noted the potential for mental and behavioral health outcome improvements to have cross-cutting impacts in other areas like unemployment, housing, and economic stability.

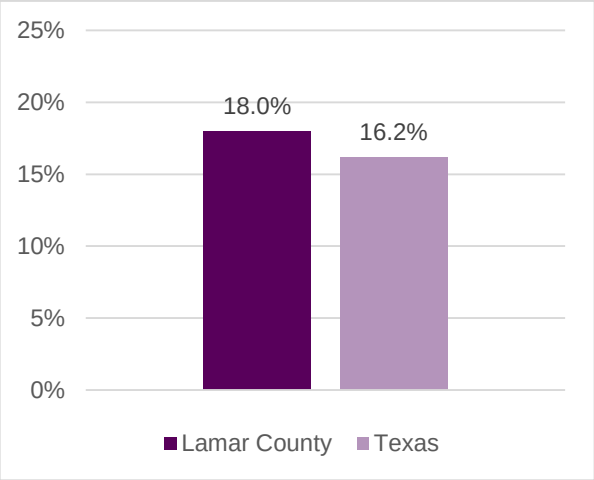

Figure 15. Prevalence of Depression among Medicare Beneficiaries

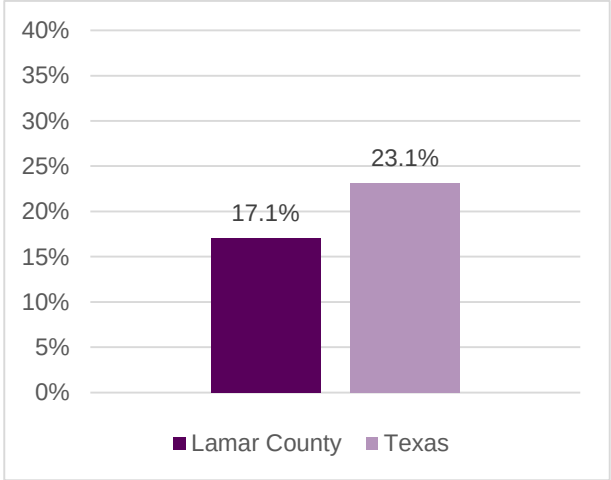

Figure 16. Percent of Residents Reporting a Lack of Social or Emotional Support

MATERNAL AND CHILD HEALTH

Healthy People 2020 stresses the role of maternal, infant, and child health as a key driver of overall population health and wellness. Infant mortality in Lamar County is slightly lower than infant mortality across the state, while the rate of low-birth-weight newborns exceeds the rate observed in Texas. In Lamar County, infant mortality (defined as death before an infant's first birthday) occurs at a rate of

4.2 infant deaths per 1,000 births, compared to 6.2 infant deaths per 1,000 births in Texas (Figure 17). About 9.6% of infants in Lamar County are born with low birth weight (weighing under 2500 grams at birth), compared to 8.4% of infants in Texas (Figure 18).

Preterm birth is a contributing factor to low-birth-weight infants, and is associated with elevated risk for health problems and developmental disabilities. Infant mortality rate reflects not only the status of maternal and child health at the population level, but is frequently indicative of broader health system issues such as access to care and high prevalence of behavioral and socioeconomic health risks in the population. While more granular data on infant mortality and low birth weight are not available for Lamar County, substantial disparities in infant mortality and low birth weight do exist in Texas and nationally by race/ethnicity, income, and educational attainment.

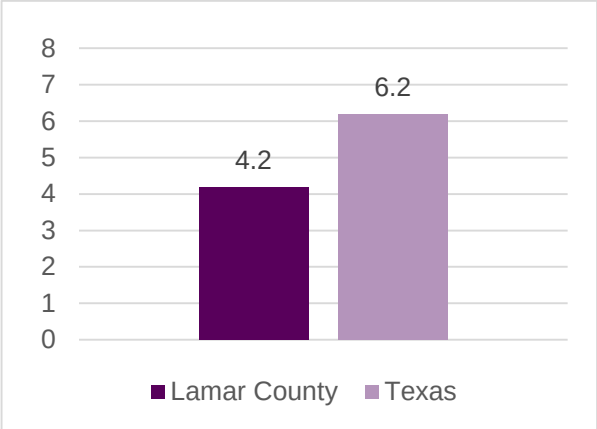

Figure 17. Infant Mortality Rate per 1,000 Births

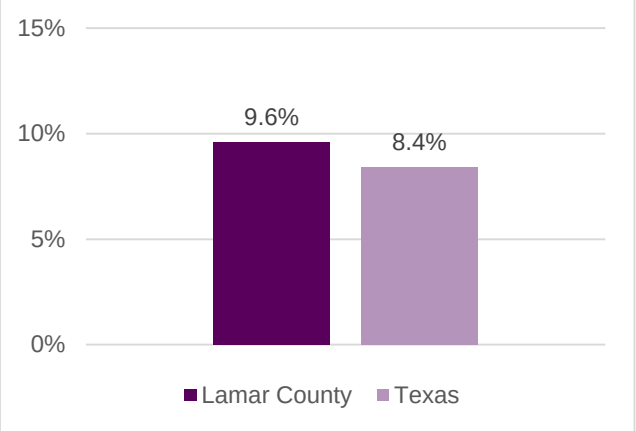

Figure 18. Percent of Infants Born with Low Birth Weight

HEALTH BEHAVIORS

Residents of the service area self-report numerous health risk behaviors at high rates. Figure 19 displays comparative prevalence rates of select health behaviors within Lamar County and in Texas. Rates of obesity, physical inactivity, and tobacco use in the service area all exceed the rest of the state by approximately 5-8%.

In Lamar County, almost a quarter of adults currently use tobacco some days or every day. Tobacco use, including smoking, is associated with elevated risk for numerous cancers, cardiovascular disease, respiratory disease, and premature death. Regular tobacco use in Lamar County exceeds Texas by 8%. One stakeholder remarked that smoke-free policies in public locations in Paris and surrounding

communities appear to have reduced smoking rates, but several other stakeholders agreed that behavior change support for tobacco cessation must continue in order to drive further reductions in tobacco use.

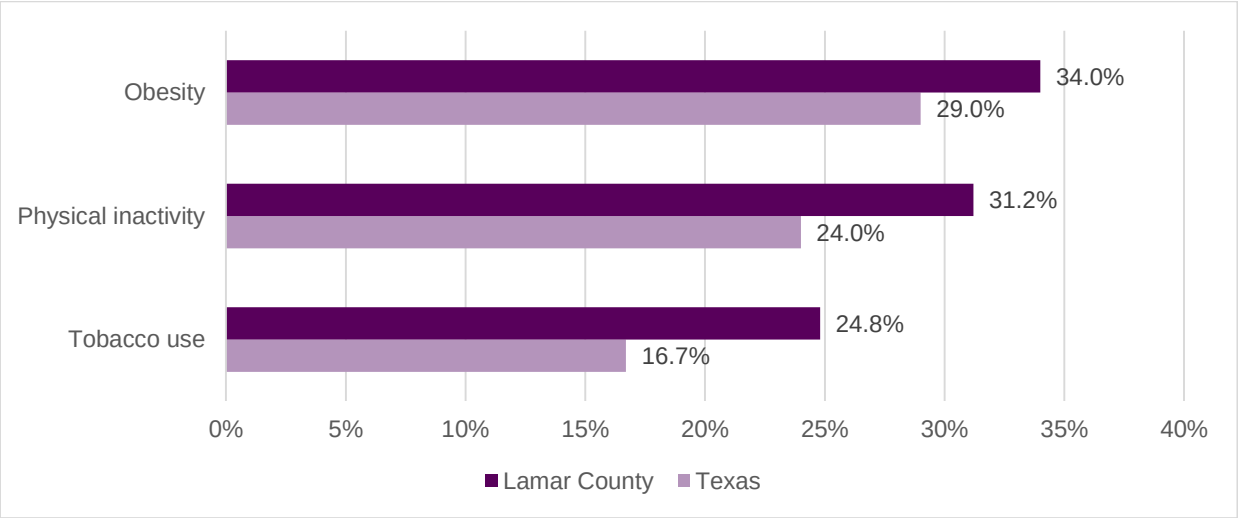

Figure 19. Prevalence of Select Health Behaviors of Concern among Adults

Physical inactivity contributes to poor health outcomes such as diabetes and cardiovascular disease. The CDC recommends adults participate in a minimum of 150 minutes of moderate intensity physical activity per week,[5] but 31.2% of Lamar County residents reported no physical activity all during the past month. In contrast, about one quarter of Texans reported the same degree of physical inactivity. A physically inactive lifestyle elevates risk for overweight and obesity, which is also observed at high rates among the adult population of the service area. Thirty one percent of Lamar County residents are classified as obese, defined as a body mass index greater than 30.0 kg/m^2, while obesity rates in Texas and the nation fall below 30%. Although the growth of obesity rates has slowed in recent years across Texas and the nation, obesity in Lamar County has continued to climb sharply, increasing from 27% to 34% since 2009 (Figure 20).

[5] Centers for Disease Control and Prevention. (2008). 2008 Physical activity guidelines for Americans. U.S. Department of Health and Human Services. Available at: http://health.gov/paguidelines/pdf/paguide.pdf

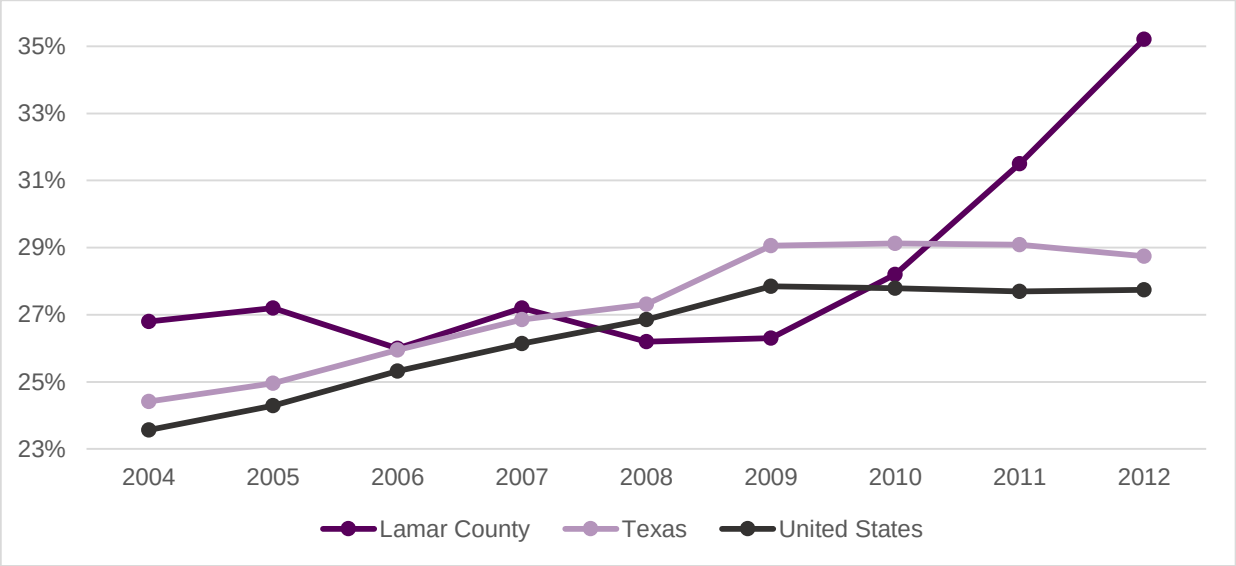

Figure 20. Prevalence of Obesity in Adults, 2004-2012

Stakeholders commented on pervasive lifestyle patterns they feel local residents will need support to change in order to curb risky health behaviors and the associated disease outcomes. Many felt these patterns may be embedded in family customs, local culture, and community norms, such as eating fried foods, smoking, and heavy alcohol consumption. Focus group participants reinforced the availability of options and opportunities for those who want or need support in making lifestyle changes, but perceived a need to help people navigate to resources that can help them, and align all local organizations working toward healthy lifestyle-related missions in a coordinated effort.

HOSPITAL DATA

CHRISTUS Dubuis Hospital of Paris supplied internal data on admissions for presentation and descriptive analysis in this section. Two years of hospital admission data are shown (2014 and 2015), disaggregated by age group and ZIP code.

Facility	Hospital Admissions		
	2014	**2015**	**Total**
CHRISTUS Dubuis Hospital of Paris	221	203	**424**

Table 3. Hospital Admissions Data, 2014-2015

Table 3 displays hospital admissions data from 2014 and 2015. A total of 424 patients were treated in the hospital over the two year period. Eighteen fewer patients were treated in 2015 than 2014. Nearly three quarters of patients treated at CHRISTUS Dubuis Hospital of Paris are over the age of 65, and about 40% are age 75 or older. The remaining quarter are between the age of 45 and 64, with a small remaning fraction under age 45. Between 2014 and 2015, the proportion of admitted patients over age 75 increased slightly, while the share of patients age 45-74 decreased slightly.

Table 4 displays the four most common ZIP codes from which patients admitted to CHRISTUS Dubuis Hospital of Paris originate. ZIP code 75460, encompassing downtown Paris and communities to the northwest and southwest, accounted for roughly 15% of admissions in each of the two reporting years. Admissions from ZIP code 75462, east of the Paris city center, were second most common, and increased approximately threefold from 3.6% in 2014 to 9.4% in 2015.

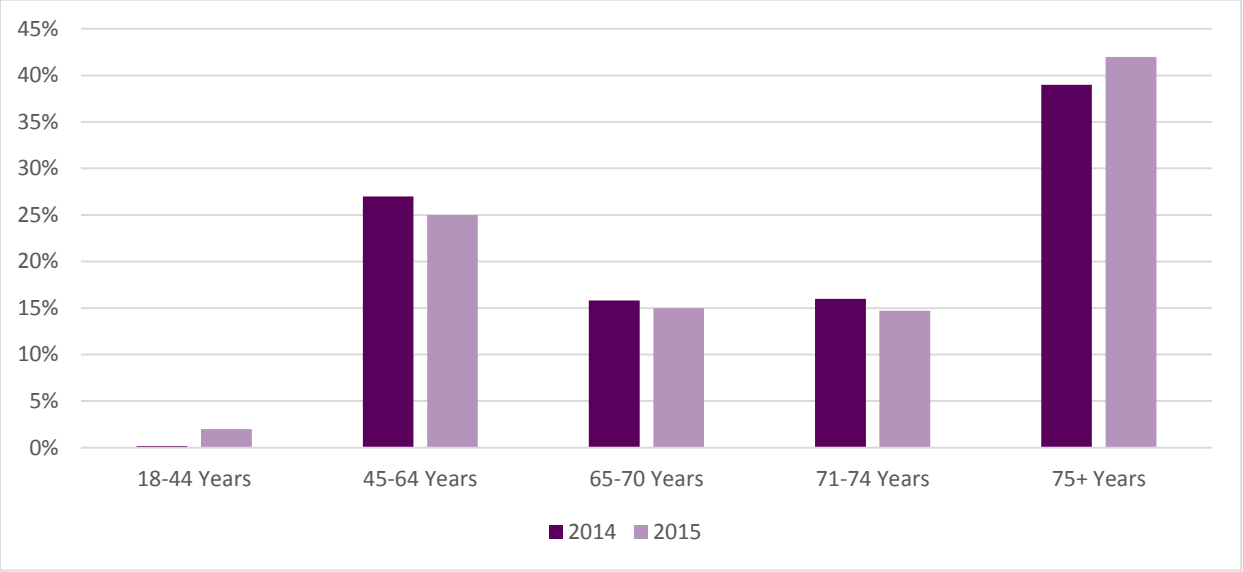

Figure 21. Hospital Utilization by Age Group, 2014-2015.

Hospital Admissions		
ZIP Code	**2014**	**2015**
75460	14.5%	15.7%
75462	3.6%	9.4%
74745	2.7%	6.4%
74743	5.4%	3.9%

Table 4. Residency of Admitted Patients by ZIP Code, 2014-2015.

ZIP codes 74745 and 74743, which contain the southern Oklahoma towns of Idabel and Hugo, respectively, rank third and fourth. Together, they are home to roughly 8-10% of the hospital's admitted patients. Admissions from 74745 increased from 2014 to 2015, while admissions from 74743 decreased over the same interval of time.

The topic of hospital utilization patterns produced robust discussion among key informants and focus group participants. The data seemed to confirm their impression that the share of aging adults needing long term services may be increasing, and that CHRISTUS Dubuis Hospital of Paris will need to remain responsive to the needs of this population over time. They noted that CHRISTUS Dubuis is the sole resource in Lamar County for the type of care it provides, which has implications for access to care as the local population ages and grows. There was a sense among the focus groups that the long term care hospital and patients should work together to plan for supports in the community, using resources like home health providers and social workers to follow up with patients, ensuring treatment plan and medication adherence. With an effective continuum of long term care in place, stakeholders anticipate that a greater share of rehospitalizations could be prevented and costs to the system could decline.

OTHER QUALITATIVE FINDINGS

Although CHRISTUS Dubuis Hospital of Paris is not an emergency facility, several community stakeholders contributed their perspectives on the status of the emergency department in the community. There is only one emergency room serving Lamar County — Paris Regional Medical Center — and patients are occasionally turned away. According to stakeholders, this emergency department delivers a substantial amount of care to uninsured patients who have no ability to afford the costly medical debt they incur as a result of their visit. The availability of free or lost cost alternatives to the emergency room for uninsured individuals was described as very limited in Lamar County. Stakeholders expressed concern that the uncompensated care volume will continue to drive up costs and threaten the hospital's financial position. For this reason, many advocated for measures to divert people from the emergency department who may be using it for non-emergent issues.

COMMUNITY RESOURCES

An inventory of community resources was compiled based on key informant and focus group interviews, augmented by an internet-based review of health services in Lamar County. The list below is not meant to be exhaustive, but represents a broad sampling of feedback received from the stakeholder engagement process. The list of community resources is restricted to only those that have physical locations within Lamar County. Several additional organizations located outside Lamar

County may provide services to Lamar County residents, but fall outside the scope of inclusion in this report. Similarly, many of the organizations identified in this resource compilation serve a population broader than Lamar County but are included here in the context of the services they offer to Lamar County residents.

Community Resources	
Name	**Description**
CHRISTUS Dubuis Hospital of Paris	Long term acute care hospital with 25 beds. Serves medically complex patients who require extended lengths of stay. Specialty programs for ventilator dependency, wound care, and rehabilitation.
Paris Regional Medical Center	Acute care hospital with over 300 beds. Services include emergency care, rehabilitation, imaging, intensive care, orthopedics, psychiatric services, wound care, women's health, men's health, and pediatrics.
Lakes Regional MHMR	Local Mental Health Authority for Lamar County. Operates seven different facilities serving Lamar County residents with mental health challenges, substance use disorders, and intellectual and developmental disabilities. These include the Paris Day Program, Paris Innovative Enterprises, Paris Mental Health Clinic, Paris Mental Health Counseling Center, Paris Service Coordination Office, and Paris Substance Use Disorder Services.
Paris-Lamar County Health District	Offers a variety of primary preventive services, including prenatal care, immunizations, family planning, STI/HIV screening and treatments, environmental health services, and a car seat program. Also administers the WIC nutrition education and supplemental assistance program.
Good Samaritan Clinic	Volunteer-run free medical clinic that operates one evening per week.
Agape Care Pharmacy	Locally owned pharmacy offering free delivery to Paris residents.
Meals on Wheels	Provides home-delivered or center-based meals to adults age 60 and over, or individuals with disabilities.
Christians in Action	Collects donations and provides basic needs assistance to community members, including clothing assistance, utility assistance, prescription assistance, food bank, and more.

East Texas Council on Alcoholism and Drug Abuse (ETCADA)	Offers substance abuse screening and referral services, substance abuse education and prevention, crisis intervention services. Conducts trainings in the community and participates in advocacy initiatives on substance use issues.
Tobacco Prevention and Control Coalition of East Texas	Affiliated with ETCACA; provides community-based tobacco use prevention education and trainings.
CASA for Kids	Court Appointed Special Advocates for Texas children involved the child welfare system. Enlists volunteers to advocate for the best interests of abused and neglected children in court.
Lamar County Head Start Program (Paris ISD)	Federally funded early childhood education program for three- and four-year-old children. Head Start seeks to provide meaningful education opportunities for young children and enhance their kindergarten readiness.
Rotary Healthy Smiles Program	Dental examinations and sealant application for eligible Lamar County children.
Paris Founders Lions Club	Conducts vision screening and other initiatives to improve eye health in the community. SightFirst program trains doctors and nurses, raises awareness about eye disease and conditions.
Children's Advocacy Center of Paris	Provides mental health treatment, forensic interviewing, and medical care to children who have experienced abuse or neglect.
Carter Blood Care	Blood donation and transfusion center
Advanced Heart Care	Offers numerous cardiovascular procedures including imaging, hypertension treatment, pacemaker implantation, smoking cessation, angioplasty, stenting, cardiac catheterization, and more.
Genesis Pediatric Home Health	Home health service providing skilled nursing care for pediatric patients, with specialized care for children depending on ventilators or other technology.
Fresenius Dialysis Center and Physicians Choice Dialysis	Dialysis treatment and patient support services for patients with end stage renal disease or chronic kidney disease.

Encompass Home Health	Home health care and hospice services for adults and children, including skilled nursing, orthopedics, diabetes management, physical/occupational therapies, and more.
American HomePatient	Home health services focusing on patients with respiratory issues, including COPD, sleep apnea, and more.

Table 5. Select Community Health Resources Serving the Lamar County Area

PRIORITIZED COMMUNITY NEEDS

Based on the THI team's initial review of data, ten priority need areas emerged. Table 8 lists these ten priority areas in no particular order. This list was presented to the local needs prioritization committee consisting of stakeholders assembled from throughout CHRISTUS Dubuis Hospital of Paris's service area. The committee was asked to (a) validate the data-based priorities and (b) distill and rank the list of ten priorities into a targeted, actionable group of six (Table 9).

No.	Need	No.	Need
1	Aging population	**6**	Suicide/mental health issues
2	Unemployment	**7**	Heart disease
3	Primary care access	**8**	Unhealthy behaviors
4	Access to mental health services and providers	**9**	Lung cancer
5	Preventable hospitalizations	**10**	Food insecurity

Table 6. Top Ten Data-based Priorities from Review of Quantitative Data, Unranked

Participants in the needs prioritization process were encouraged to consider the following criteria when selecting what needs to elevate in importance over others:

- Magnitude of the problem (number of people affected)
- Severity of the problem (burden of morbidity and mortality due to the problem)
- Organizational capacity to address the problem
- Impact of the problem on vulnerable populations
- Existing resources already addressing the problem
- Risk associated with delaying targeted intervention on the problem.
- Influence one problem may have on addressing other related problems

Final Prioritization and Comments		
Rank	**Issue**	**Comments**
1	Access to primary care	• Focus on access for aging population • Preserve affordability for low-income patients • Ensure reasonable wait times • Reduce non-emergent use of emergency department
2	Unhealthy behaviors	• Promote healthy lifestyles among older adults • Substance abuse prevention and education • Connect people to healthy food choices
3	Access to mental health services and providers	• Recruit, hire, and retain providers • Seek a grant writer to bring more mental health resources into community, enhance capacity
4	Preventable hospitalizations	• Emphasize screenings and primary care to identify and manage issues early • Home health services to prevent rehospitalization • Hospitals should assist patients with planning and self-management in community
5	Aging Population	• Emphasis on mental health, unhealthy behaviors • Strive to preserve affordability and access
6	Unemployment	• Economic insecurity directly impacts well being • Enhance opportunities to obtain higher-wage employment that provides health benefits • Remove barriers to employment for people with criminal history

Table 7. Final Prioritized List of Community Health Needs with Comments

Members of the needs prioritization committee reported their preferred ranking scheme for the ten data-based priorities and discussed the rationale behind their rankings within the group. The list was organized in order of highest importance to lowest importance according to a composite tally of each member's ranks. Consensus was reached among the committee on the final order of priority.

In distilling the list of ten data-based priorities into a final list of six, needs prioritization committee members generally favored priorities that were prevention focused (e.g., access to care, unhealthy behaviors), and de-emphasized priorities that were outcomes based (e.g., lung cancer, suicide/mental illness, heart disease). When asked to justify the prioritization choices they made, many remarked that changes to upstream behaviors or systemic barriers could lead to downstream reductions in a number of poor health outcomes, not just those appearing on the priority list. Given the affordability concerns raised in the group, emphasizing preventive measures also aligned with the goal to contain costs and reduce the need for hospital services wherever possible.

MOVING FORWARD

Findings from the qualitative and quantitative data and the final prioritization of needs highlight numerous gaps, issues, and threats to population health and quality of life in Lamar County, Texas. This report has also emphasized key resources, assets, capacity, and potential opportunities that exist in the region to address the identified problems. The voice of stakeholders in the community has been core and central to the entire needs assessment process, contextualizing data in community realities while shaping the process and product.

The content of this report is intended to inform planning and strategy for the CHRISTUS Dubuis Hospital of Paris in coming years. The findings from this CHNA report lay the groundwork for a companion Community Health Improvement Plan (CHIP) to aid CHRISTUS Dubuis Hospital of Paris in taking action to improve the health of the community it serves. A forthcoming report presenting the CHIP in detail will closely follow the release of this CHNA report, and will describe opportunities, solutions, and innovations with the potential to address critical areas of unmet need in the region.

APPENDIX A: COUNTY LEVEL DATA

Indicator	Texas	Lamar County
i) Social and Economic Demographics		
Uninsured Population	21.91%	19.51%
Uninsured Adults	25.81%	26.89%
Uninsured Children	11.62%	12.65%
Unemployment Rate	4.2	4.2
High School Graduation Rate	89.60%	88.70%
ii) Access to Care		
Primary Care Physician rate*	59.5	46.5
Mental Health Provider rate*	102.3	98.9
Dentists rate*	51.5	52.6
Preventable hospital stays**	62.9	69.9
Lack of consistent source of primary care	32.36%	42.60%
Populations living in HPSA	16.79%	0%
iii) Health Outcomes		
Diabetes (Adult)	9.24%	11.60%
Heart disease (Adult)	4%	9.40%
Asthma	11.60%	11.30%
Hypertension	30.00%	35.40%
Poor General Health (age-adjusted)	17.80%	19.00%
Cancer Incidence - Breast*	113.1	128.7
Cancer Incidence - Cervical*	9.2	no data
Cancer Incidence - Colon and Rectum*	40.2	50.7
Cancer Incidence - Lung*	58.1	76.2
Cancer Incidence - Prostate*	115.7	139.5
Depression (Medicare beneficiaries)	16.20%	18%
iv) Maternal and Child Health		
Low birth weights	8.40%	9.60%
Infant mortality (rate per 1,000 births)	6.2	4.2
v) Health Behaviors		
Adult obesity	28.20%	34.10%
Tobacco use (current)	16.50%	24.80%
Excessive drinking	15.80%	suppressed
vi) Physical and Social Environment		
Violent crime rate*	422	375
Food Insecurity rate	17.59%	22.99%

Lack of Social & Emotional Support	23.10%	17.10%

*rate per 100,000 population
**rate per 1,000 Medicare beneficiaries

APPENDIX B: KEY INFORMANT INTERVIEW PROTOCOL

[Notes to interviewer: All instructions to the interviewer are in square brackets. Do not read the statements aloud. Suggested script for interviewer appears in italics. The main questions are numbered. Interviewer should read and understand questions prior to starting the interview. Interviewer should cover all questions in protocol.

Questions phrasing is *suggested*. This is a discussion. Interviewer should phrase questions in a way that s/he is comfortable speaking.

Follow-up questions may be employed to more fully explore the topic area when applicable. If interviewer believes the concept has been covered s/he may skip follow-up questions. Probes are optional. If interviewer believes the participant has not fully engaged or answered the main or follow-up question s/he may use one or more of the "probes" to further investigate and engage the participant. These optional questions are listed below the main question stem.]

*Hello, may I please speak with **[NAME]?***
*My name is **[INTERVIEWER'S NAME]** and I am calling from the **[Louisiana Public Health Institute/Texas Health Institute]. [INSERT CHRISTUS HEALTH CONTACT PERSON'S NAME]** from CHRISTUS Health gave me your information in order to participate in CHRISTUS Health's Community Health Needs Assessment. Thank you so much for offering to speak with me.*

As you may know, all non-profit hospitals are required to conduct a community health needs assessment every three years. The purpose of this assessment is for the hospital to gain an understanding of the current health status of their target area, learn about the top health needs and priorities, and to develop an action plan to address some of those health needs when possible. Part of the assessment is gathering quantitative data on health indicators from secondary analysis and the other part of the assessment process includes getting input from community residents and key stakeholders, which is why I am conducting this interview with you. Your input will be used to inform the health needs assessment and potential future action by CHRISTUS Health in your community. The interview will take a maximum of one hour.

In order to capture all of the information we talk about, I will be taking notes throughout the conversation. I will not record your name on the call; I will only start taking notes with the beginning of the questions. After the interview is completed, we will transcribe and code the interviews so that we can see if any themes arise across the multiple interviews conducted. All transcripts will be destroyed at the end of the project, and your responses will not be tied back to you in any way; the

results of the interviews will only be reported in aggregate. Are you comfortable with having the conversation recorded in this way?

[IF YES]: *Great, thank you. I will call you at* ***[DATE AND TIME].*** *I look forward to speaking with you then.*
[IF NO, THANK THE PARTICIPANT FOR THEIR TIME AND END CALL]

[START HERE FOR ACTUAL INTERVIEW]

Hello, may I please speak with ***[NAME]?***
Thank you so much for taking this time to speak with me. Do you have any questions about the assessment that we discussed during our last call? **[ALLOW TIME FOR QUESTIONS]**

[IF PREVIOUSLY AGREED TO RECORDING]: *In order to capture all of the information we talk about, I am going to take detailed notes throughout our conversation. After the interview is completed, we will review and code the interviews so that we can see if any themes arise across the multiple interviews conducted. All of your responses will not be tied back to you in any way; the results of the interviews will only be reported in aggregate. Do you agree to participate in this way?*

[IF YES, PROCEED WITH INTERVIEW]
[IF NO, THANK THE PARTICIPANT FOR THEIR TIME AND END CALL]

[BEGIN INTERVIEW]: *Thank you! I appreciate your time. Again, please remember that your responses will not be tied back to you directly so feel free to be as honest as possible. We are truly interested in hearing your opinions and ideas. You may refuse to answer any question or topic during the interview. Do you have any questions? Let's get started. I am going to begin the recording now.* **[BEGIN RECORDING]**

This is key informant interview ***[#]*** *on* ***[day, date, time]***
As we go through these questions, please answer based on your perception for the following geographies: ***[Paris interviewee]—****Lamar County*

1. Can you please tell me a little bit about your background and how you are connected to CHRISTUS Health, if at all?

Probe: Are you a public health expert, local/county/state official; community resident; representative of CBO, faith-based organization, schools, other health setting, etc.?

Follow-up: Do you meet any of these criteria? **[Note: Participant does not necessarily have to meet any of these to participate]**

[CIRCLE ALL THAT APPLY]

1. Persons with special knowledge of or expertise in public health
2. Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility
3. Leaders, representatives, or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility.

COMMUNITY HEALTH AND WELLNESS

2. What are some of your community's assets and strengths as related to the health and well-being of community residents?

Probe: primary and preventive health care; mental/behavioral health; social environment; any other community assets

3. What do you think are the physical health needs or concerns of your community? [free list]

Probe: heart disease, diabetes, cancer, asthma, STIs, HIV, etc.

Follow up: Who do these health needs or concerns affect the most (e.g. age groups, racial/ethnic groups, socioeconomic groups, geographic subsets, etc.)?

Follow up: Are there organizations already addressing these needs? [free list] If so, which ones? How could CHRISTUS possibly partner with or enhance the efforts of these organizations?

Follow up: These are the top 3 health needs we have identified: **[Refer to data sheet and read the corresponding top 3 health needs for the region from which the interviewee is representing].** Do you think these are primary concerns for your community?

Follow up: Are there any other needs that should be addressed?

Follow up: Are there organizations already addressing these needs? [free list] If so, which ones?

4. What do you think are the behavioral/mental health needs or concerns of your community? [free list]

Probe: suicide, depression, anxiety, ADHD, etc.

Follow up: Who do these health needs or concerns affect the most (e.g. age groups, racial/ethnic groups, socioeconomic groups, geographic subsets, etc.)?

Follow up: Are there organizations already addressing these needs? [free list] If so, which ones? How could CHRISTUS possibly partner with or enhance the efforts of these organizations?

5. What do you think are the environmental, including built environment, concerns facing your community? Not just limited to factors like air quality, these concerns can include things like access to green space, safe sidewalks or playgrounds, and reliable transportation. [free list]

Probe: Air quality, water quality, workplace related dangers, toxin/chemical exposures, transportation, green space, etc.

Follow up: Who do these health needs or concerns affect the most (e.g. age groups, racial/ethnic groups, socioeconomic groups, geographic subsets, etc.)?

Follow up: Are there organizations, assets or infrastructure (i.e. green space, parks, bike lanes, etc.) already addressing these needs? [free list] If so, which ones? How could CHRISTUS possibly partner with or enhance the efforts of these organizations?

6. Now I want you to think a little about a broader range of factors that could affect health. What do you think are the economic concerns facing your community? [free list]

Probe: Housing, employment, access to quality daycare, chronic poverty, etc.

Follow up: Who do these health needs or concerns affect the most (e.g. age groups, racial/ethnic groups, socioeconomic groups, geographic subsets, etc.)?

Follow up: Are there organizations already addressing these needs? [free list] If so, which ones? How could CHRISTUS possibly partner with or enhance the efforts of these organizations?

7. Again, thinking about other issues that could impact a person's health and well-being, what do you think are the social concerns facing your community? These could be concerns that impact a person's

ability to interact with others and thrive or concerns that influence how the members of that society are treated and behave toward each other.

Probe: Neighborhood safety, violence, dropout rates, teen and unplanned pregnancy etc.

Follow up: Who do these health needs or concerns affect the most (e.g. age groups, racial/ethnic groups, socioeconomic groups, geographic subsets, etc.)?

Follow up: Are there organizations, assets or initiatives in place already addressing these needs? [free list] If so, which ones? How could CHRISTUS possibly partner with or enhance the efforts of these organizations?

BEHAVIORAL RISK FACTORS

8. What are behaviors that promote health and wellness in your community?

Probe: Exercise, healthy nutrition, etc.

Follow up: Who engages in these positive behaviors and who is impacted (e.g. age groups, racial/ethnic groups, socioeconomic groups, geographic subsets, etc.)?

Follow up: Based on your experience/ knowledge/ expertise, what could be done to facilitate that more individuals can engage in these behaviors?

9. What are behaviors that cause sickness and death in your community?

Probe: Smoking, drinking, drug use, poor diet/nutrition, lack of physical activity, lack of screening (breast cancer, diabetes, etc.), etc.

Follow up: Who engages in these risk factors and who is impacted (e.g. age groups, racial/ethnic groups, socioeconomic groups, geographic subsets, etc.)?

HEALTH CARE UTILIZATION

10. Where do members of your community go to access existing primary health care?

Probe: Can you identify the facilities and what types they are (free clinic, private doctors office)?

Follow up: Who accesses these services?

Follow up: How often do they go to these facilities?

Follow up: What are the reasons they go (preventive, chronic care, etc.)?

11. Where do members of your community go to access existing specialty care?

Probe: Can you identify the facilities and what types they are (free clinic, private doctors office)?

Probe: What types of specialty care are people in your community seeking (ie gynecology, heart specialist, dialysis, etc?

Follow up: Who accesses these services?

Follow up: How often do they go to these facilities?

Follow up: What are the reasons they go (preventive, chronic care, etc.)?

12. Where do members of your community go to access emergency rooms or urgent care centers?

Probe: Please identify these facilities:

Follow up: Who accesses these services?

Follow up: How often do they go to these facilities?

Follow up: What are the reasons they go (emergencies, preventive, chronic care, etc.)?

Follow up: Why do they go to emergency care facilities rather than primary care?

13. Where do members of your community go to access existing mental and behavioral health care?

Probe: Can you identify the facilities and what types they are (free clinic, private doctors office)?

Follow up: How often do they go to these facilities?

Follow up: What are the reasons they go (preventive, chronic care, etc.)?

ACCESS TO CARE

14. Are you satisfied with the current capacity of the health care system in your community?

Probe: Access, cost, availability, quality, options in health care, etc.

Follow up: Why or why not?

15. What are some barriers to accessing primary health care in your community? [free list]

Probe: inadequate transportation, long wait times, don't know where to go, lack of insurance, etc.

16. What are some barriers to accessing mental and behavioral care in your community [free list]

Probe: inadequate transportation, long wait times, don't know where to go, lack of insurance, stigma, etc.

17. Who are impacted by these barriers?

18. Reflecting on these barriers, what are one or two things CHRISTUS, its partners, or other organizations in the community could do to try to address these?

Those are all of the questions I have for you today. Is there anything else you would like to add before I turn of the recorder? **[ALLOW TIME FOR COMMENTS]**

Thank you very much for your time today; we really appreciate you sharing your thoughts on the current status and health needs of your community. If you have any questions about the interviews we are conducting, you can contact **[INSERT CONTACT NAME AND INFORMATION]**