St. Luke's Health

Memorial Lufkin Hospital

Report adopted by the Board of Directors in May 2022.

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Executive Summary

Purpose Statement

The purpose of this Community Health Needs Assessment (CHNA) is to identify and prioritize significant health needs of the community served by St. Luke's Health – Memorial Lufkin Hospital. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that nonprofit hospitals conduct a CHNA at least once every three years.

CommonSpirit Health Commitment and Mission Statement

The hospital's dedication to engaging with the community, assessing priority needs, and helping to address them with community health program activities is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

CHNA Collaborators

This CHNA was conducted in partnership with St. Luke's Health – Memorial Livingston Hospital and St. Luke's Health – Memorial San Augustine Hospital. Memorial Lufkin Hospital engaged Biel Consulting, Inc. to conduct the CHNA.

Community Definition

Memorial Lufkin Hospital is located at 1201 W. Frank Ave., Lufkin, Texas, 75904. The population of the hospital service area is 92,893. The hospital tracks ZIP Codes of origin for all patient admissions and includes all who received care without regard to insurance coverage or eligibility for financial assistance. The hospital determined the community definition by using the ZIP Codes of the top 75% of inpatient and outpatient visits in 2020. For the purposes of this report, the hospital defines its service area to include following seven ZIP Codes, in six cities or communities, located primarily in Angelina County.

Children and youth, ages 0-17, make up 25.6% of the population, 58.7% are adults, ages 18-64, and 15.7% of the population are seniors, ages 65 and older. 60.1% of the population in the service area identifies as non-Hispanic White, and 22.3% of the population identifies as Hispanic/Latino of any race. 14.8% of the population identifies as Black/African-American, and 1.5% of service area individuals identify as multiracial (two-or-more races). 1% of residents identify as Asian, 0.1% as American Indian/Alaskan Natives, 0.6% as Asian, and 0.01% as Native Hawaiian/Pacific Islander.

Among the residents in the service area, 18.1% are at or below 100% of the federal poverty level (FPL) and 41.7% are at 200% of FPL or below. Educational attainment is a key driver of health. In the hospital service area, 18% of adults, ages 25 and older, lack a high school diploma, which is higher than the state rate (16.3%). 16.6% of area adults have a Bachelor's degree or higher degree.

Assessment Process and Methods
Secondary data were collected from local, county, and state sources to present community demographics, social determinants of health, health care access, birth indicators, leading causes of death, COVID-19, chronic disease, health behaviors, mental health, substance use and misuse and preventive practices. Where available, these data are presented in the context of Angelina County and Texas, framing the scope of an issue as it relates to the broader community. The report includes benchmark comparison data, comparing community data findings with Healthy People 2030 objectives.

Interviews with community stakeholders were conducted to obtain input on health needs, barriers to care and resources available to address the identified health needs. Eight (8) interviews were conducted from December 2021 to March 2022. Community stakeholders identified by the hospital were contacted and asked to participate in the interviews. Interviewees included individuals who are leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies that have "current data or other information relevant to the health needs of the community served by the hospital facility."

Process and Criteria to Identify and Prioritize Significant Health Needs
Significant health needs were identified from an analysis of the primary and secondary data sources. Interviews with community stakeholders were used to gather input and prioritize the significant health needs. The following criteria were used to prioritize the health needs:
- The perceived severity of a health or community issue as it affects the health and lives of those in the community.
- Improving or worsening of an issue in the community.
- Availability of resources to address the need.
- The level of importance the hospital should place on addressing the issue.

The key informant stakeholder respondents were asked to prioritize the health needs according to the highest level of importance in the community.

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List of Prioritized Significant Health Needs
Chronic disease, mental health and access to care were identified as priority needs by the community stakeholders.

Chronic disease – Leading causes of death in Angelina County are heart disease and cancer. 12.5% of area adults have been diagnosed with diabetes, 35.5% have high blood pressure and 9.1% of adults have been diagnosed with asthma. Stakeholders commented that a lack of health awareness results in people making poor health and lifestyle choices.

Mental health – Frequent mental distress is defined as 14 or more bad mental health days in the last month. In the hospital service area, the rate of mental distress among adults was 13.4%. Community stakeholders noted the area lacks mental health providers and few of the existing providers accept Medicaid.

Access to health care – Health insurance coverage is considered a key component to ensure access to health care. The Healthy People 2030 objective for health insurance is 92.1% coverage. 81.1% of the population in the service area has health insurance and 87.4% of children, ages 18 and younger, have health insurance coverage in the service area. Community stakeholders noted there are a number of barriers to accessing care, including: the procedure to sign up for benefits, the cost of medications, transportation, and too few primary care providers.

Resources Potentially Available to Address Needs
Community stakeholders identified community resources potentially available to address the identified community needs. A partial list of community resources can be found in the CHNA report.

Report Adoption, Availability and Comments
This CHNA report was adopted by the St. Luke's Health Clinical Operations Board in May 2022. The report is widely available to the public on the hospital's web site at https://www.stlukeshealth.org/about-st-lukes-health/healthy-communities. A paper copy is available for inspection upon request at the Mission Integration Administration Office, 1201 W. Frank Ave., Lufkin, TX, 75904. Please send comments or questions about this report to Curtis Prunty, Market Director of Mission Integration at cbeasttexas@gmail.com.

Community Definition

Service Area

St. Luke's Health – Memorial Lufkin Hospital is located at 1201 W. Frank Ave., Lufkin, Texas, 75904. The hospital tracks ZIP Codes of origin for all patient admissions and include all who received care without regard to insurance coverage or eligibility for financial assistance. The hospital determined the community definition by using the ZIP Codes of the top 75% of inpatient and outpatient visits in 2020. For the purposes of this report, the hospital defined its service area to include the following seven ZIP Codes, in six cities or communities, located primarily in Angelina County.

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Place	ZIP Code	County
Corrigan	75939	Polk
Diboll	75941	Angelina
Huntington	75949	Angelina
Lufkin	75901, 75904	Angelina
Pollok	75969	Angelina
Zavalla	75980	Angelina

St. Luke's Health – Memorial Lufkin Hospital Service Area Map

St. Luke's Health – Memorial Lufkin Hospital
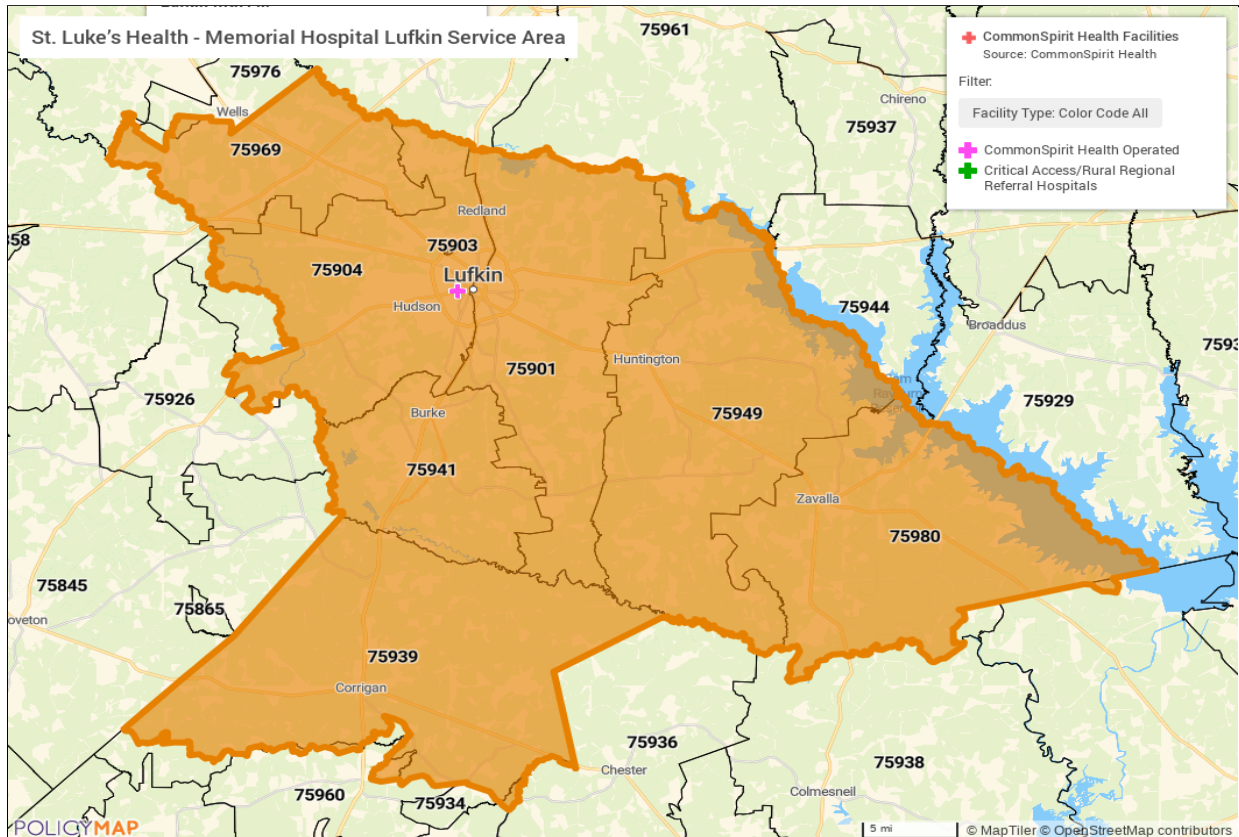
The population of the hospital service area is 92,893. Children and youth, ages 0-17, make up 25.6% of the population, 58.7% are adults, ages 18-64, and 15.7% of the population are seniors, ages 65 and older. 60.1% of the population in the service area identifies as non-Hispanic White, and 22.3% of the population identifies as Hispanic/Latino of any race. 14.8% of the population identifies as Black/African-American, and 1.5% of service area individuals identify as multiracial (two-or-more races). 1% of residents identify as Asian, 0.1% as American Indian/Alaskan Natives, 0.6% as Asian, and 0.01% as Native Hawaiian/Pacific Islander. In the service area, 81.3% of the population, 5 years and older, speak only English in the home. Among the area population, 17.4% speak Spanish, 0.8% speak an Asian/Pacific Islander language, and 0.4% speak an Indo-European language in the home.

Among the residents in the service area, 18.1% are at or below 100% of the federal poverty level (FPL) and 41.7% are at 200% of FPL or below. Those who spend more than 30% of their income on housing are said to be "cost burdened." In the service area, 25.7% of owner and renter occupied households spend 30% or more of their income on housing. This is higher than the state rate (30.5%). Educational attainment is a key driver of health. In the hospital service area, 18% of adults, ages 25 and older, lack a high school diploma, which is higher than the state rate (16.3%). 16.6% of area adults have a Bachelor's degree or higher degree.

Angelina County is designated as a Health Professional Shortage Area (HPSA) for primary care, dental health and mental health.

Community Need Index
One tool used to assess health need is the Community Need Index (CNI). The CNI analyzes data at the ZIP Code level on five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each ZIP Code in the community. The mean CNI score for the hospital service area is 4.1. Diboll has the highest CNI score in the service area (4.8) and Zavalla has the lowest CNI score (3.2). Research has shown that communities with the highest CNI scores (those between 4.2 and 5.0) experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores (1.0 to 1.7).

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Lowest Need

				Highest Need
■ 1 - 1.7 Lowest	■ 1.8 - 2.5 2nd Lowest	■ 2.6 - 3.3 Mid	■ 3.4 - 4.1 2nd Highest	■ 4.2 - 5 Highest
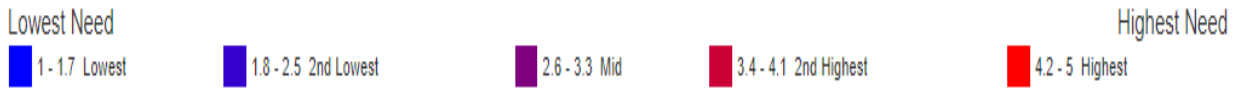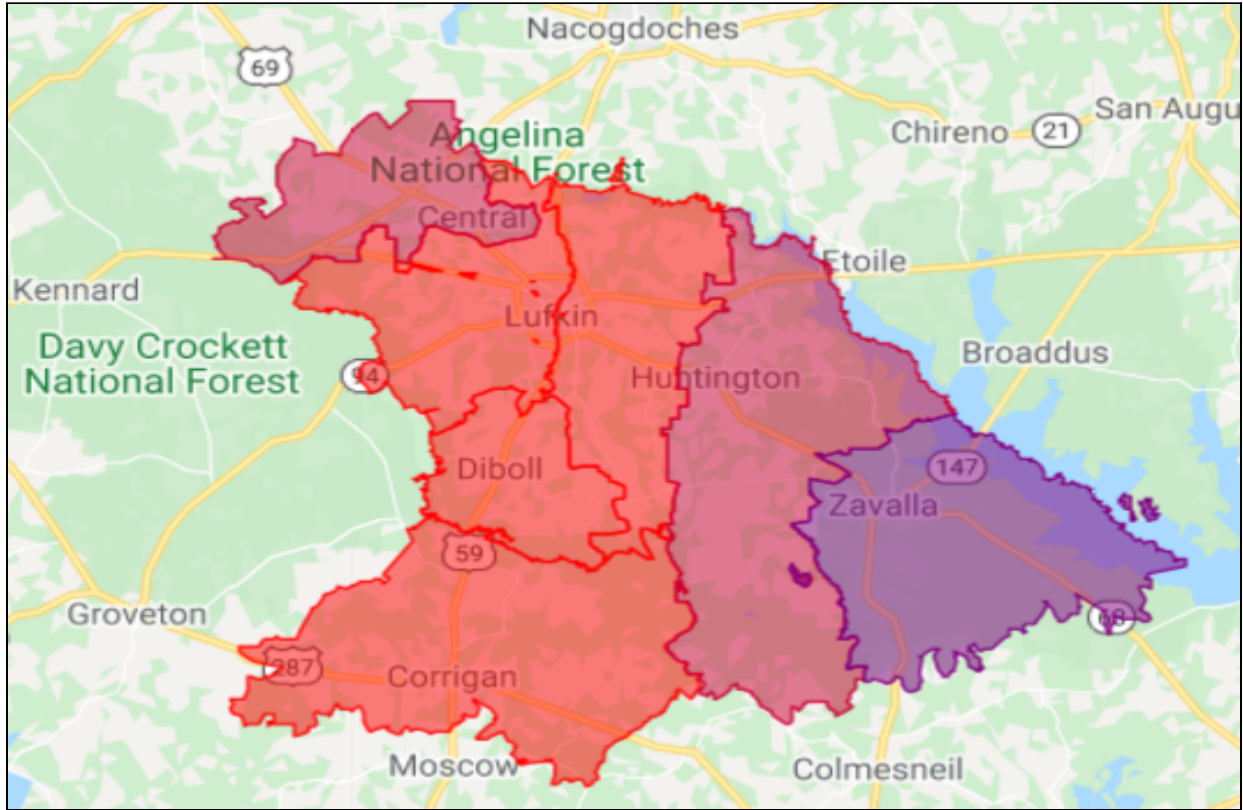
Mean(zipcode): 4.1 / Mean(person): 4.4   CNI Score Median: 4.6   CNI Score Mode: 4.6

Zip Code	CNI Score	Population	City	County	State
■ 75901	4.6	29616	Lufkin	Angelina	Texas
■ 75904	4.6	34844	Lufkin	Angelina	Texas
■ 75939	4.4	4592	Corrigan	Polk	Texas
■ 75941	4.8	9245	Diboll	Angelina	Texas
■ 75949	3.4	7975	Huntington	Angelina	Texas
■ 75969	4	4151	Pollok	Angelina	Texas
■ 75980	3.2	3003	Zavalla	Angelina	Texas

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Assessment Process and Methods

Secondary Data Collection

Secondary data were collected from a variety of local, county, and state sources to present community demographics, social determinants of health, health care access, birth indicators, leading causes of death, chronic disease, health behaviors, mental health, substance use and misuse and preventive practices. Where available, these data are presented in the context of Angelina County and Texas, framing the scope of an issue as it relates to the broader community.

The report includes benchmark comparison data, comparing Memorial Lufkin Hospital community data findings with Healthy People 2030 objectives (Attachment 1). Texas is divided into 11 Public Health Regions, and this distinction is used in some of the data tables in this report. Angelina County is part of Health Service Region (HSR) 5, along with the following counties: Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, and Tyler.

Primary Data Collection

Memorial Lufkin Hospital partnered with Memorial San Augustine Hospital and Memorial Livingston Hospital to conduct interviews with community stakeholders to obtain input on health needs, barriers to care and resources available to address the identified health needs.

Interviews

Eight (8) telephone interviews were conducted from December 2021 through March 2022. Interview participants included a broad range of stakeholders concerned with health and wellbeing within the service area, which spans Angelina County, Texas.

The hospital identified stakeholders who were invited by email to participate in a phone interview. Appointments for the interviews were made on dates and times convenient to the stakeholders. At the beginning of each interview, the purpose of the interview in the context of the assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given. Attachment 2 lists the stakeholder interview respondents, their titles and organizations.

A review of health data and needs in the service area was conducted prior to the interviews in order to develop an interview framework. The interview asked questions to identify the major health issues impacting the community and the social determinants of health contributing to poor health outcomes. Interviewees were asked to identify populations least likely to receive or seek services. They were also asked to reflect on

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the impact that COVID-19 had on the health issues in the community. Key stakeholders shared their perspectives on the issues, challenges, and barriers relative to the identified community needs (What makes each need a significant issue in the community? What are the challenges and barriers people face in addressing these needs?). They also identified potential resources to address the community needs, such as services, programs and/or community efforts. Stakeholder responses to the questions from the interviews are detailed in Attachment 3.

Analysis of the primary data occurred through a process that compared and combined responses to identify themes. The interviews focused on these significant health needs:
- Access to health care
- Birth indicators (teen births, prenatal care, pre-term birth, infant mortality)
- Chronic diseases (cancer, diabetes, heart disease, hypertension, liver disease, lung disease, stroke)
- COVID-19
- Economic insecurity
- Food insecurity
- Homelessness
- Mental health
- Overweight and obesity
- Preventive practices (vaccines, screenings)
- Substance use
- Unintentional injury (accidents, falls)

Public Comment
In compliance with IRS regulations 501(r) for charitable hospitals, a hospital CHNA and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. These documents are posted on the web site where they are widely available to the public at
https://www.stlukeshealth.org/about-st-lukes-health/healthy-communities. No written comments have been received.

Project Oversight
The CHNA process was overseen by:
Curtis Prunty
Market Director of Mission Integration
St. Luke's Health East Texas

Consultants

Biel Consulting, Inc. conducted the CHNA. Melissa Biel, MSN, DPA was joined by Denise Flanagan, BA and Smruti Shah, MPH. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Biel Consulting, Inc. has over 25 years of experience conducting hospital CHNAs and working with hospitals on developing, implementing, and evaluating community benefit programs. www.bielconsulting.com

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Community Demographics

Population
The population of the St. Luke's Health – Memorial Lufkin Hospital (Lufkin) service area is 92,893. From 2014 to 2019, the population increased by 0.8%, which is a higher rate of growth than Angelina County (decreased by 0.1%), but lower than the state rate of population growth (8.3%).

Total Population and Change in Population

	Lufkin Service Area	Angelina County	Texas
Total population	92,893	8,322	28,260,856
Change in population, 2014-2019	0.8%	-0.1%	8.3%

Source: U.S. Census Bureau, American Community Survey, 2010-2014 & 2015-2019, DP05. http://data.census.gov

While data from the 2020 U.S. Census are not yet available at the city or ZIP Code level, population data for Angelina County shows a 0.4% decrease in population from the 2010 Census. The state had a 15.9% rate of population growth since the 2010 Census.

Total Population and Change in Population, 2010-2020

	Angelina County	Texas
Total population	86,395	29,145,505
Change in population, 2010-2020	-0.4%	15.9%

Source: U.S. Census Bureau, U.S. Decennial Census, 2010-2020.
https://www.census.gov/library/visualizations/interactive/2020-population-and-housing-state-data.html

The service area population is 50.9% female and 49.1% male.

Population, by Gender

	Lufkin Service Area	Angelina County	Texas
Male	49.1%	48.8%	49.7%
Female	50.9%	51.2%	50.3%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05.http://data.census.gov

Children and youth, ages 0-17, make up 25.6% of the population, 58.7% are adults, ages 18-64, and 15.7% of the population are seniors, ages 65 and older.

Population, by Age

	Lufkin Service Area		Angelina County		Texas	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	6,215	6.7%	5,909	6.8%	1,999,803	7.1%
Age 5-17	17,570	18.9%	16,539	18.9%	5,338,642	18.9%
Age 18-24	8,273	8.9%	7,599	8.7%	2,790,857	9.9%

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	Lufkin Service Area		Angelina County		Texas	
	Number	**Percent**	**Number**	**Percent**	**Number**	**Percent**
Age 25-44	23,073	24.8%	21,861	25.0%	7,977,267	28.2%
Age 45-64	23,166	24.9%	21,567	24.7%	6,691,760	23.7%
Age 65+	14,596	15.7%	13,847	15.9%	3,462,527	12.3%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. http://data.census.gov/

The largest population center in the service area is in Lufkin, whose two ZIP Codes hold 69.8% of the total service area population. Lufkin 75904 has the highest percentage of children and youth (27.6%), while Pollok has the lowest percentage of children and youth (16.9%) and the highest percentage of seniors (21.1%). The lowest percentage of seniors (13.2%) is found in Corrigan.

Population, by Youth, Ages 0-17, and Seniors, Ages 65 and Older

	ZIP Code	Total Population	Youth Ages 0 – 17	Seniors Ages 65+
Corrigan	75939	5,260	25.0%	13.2%
Diboll	75941	8,465	25.2%	17.7%
Huntington	75949	8,225	22.8%	18.7%
Lufkin	75901	30,429	25.5%	14.8%
Lufkin	75904	34,406	27.6%	14.9%
Pollok	75969	3,854	16.9%	21.1%
Zavalla	75980	2,254	24.6%	18.3%
Lufkin Service Area		**92,893**	**25.6%**	**15.7%**
Angelina County		**87,322**	**25.7%**	**15.9%**
Texas		**28,260,856**	**26.0%**	**12.3%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. http://data.census.gov/

Race/Ethnicity

60.1% of the population in the service area identifies as non-Hispanic White, and 22.3% of the population identifies as Hispanic/Latino of any race. 14.8% of the population identifies as Black/African-American, and 1.5% of service area individuals identify as multiracial (two-or-more races). 1% of residents identify as Asian, 0.1% as American Indian/Alaskan Natives, 0.6% as Asian, and 0.01% as Native Hawaiian/Pacific Islander. 0.1% of area residents identified as being of a race/ethnicity not listed.

Race/Ethnicity

	Lufkin Service Area	Angelina County	Texas
White	60.1%	60.5%	42.0%
Hispanic or Latino	22.3%	22.1%	39.3%
Black/African-American	14.8%	14.6%	11.8%
Multiracial	1.5%	1.4%	1.7%
Asian	1.0%	1.1%	4.7%
American Indian/AK Native	0.1%	0.1%	0.3%
Some other race	0.1%	0.1%	0.2%

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Native HI/Pacific Islander	0.01%	0.01%	0.08%

When race/ethnicity are examined by ZIP Code, Zavalla has the highest percentage of non-Hispanic Whites in the service area (94.6%). Diboll has the highest percentage of the population identifying as Hispanic/Latino (37.8%). Lufkin 75904 has the highest percentage of Black/African American residents (19.7%) and Lufkin 75901 has the highest percentage of Asian residents (2%).

Race/Ethnicity, by ZIP Code

	ZIP Code	White	Hispanic/Latino	Black	Asian
Corrigan	75939	51.1%	26.0%	19.5%	0.0%
Diboll	75941	44.1%	37.8%	16.1%	0.4%
Huntington	75949	91.4%	3.5%	3.4%	0.0%
Lufkin	75901	53.9%	30.1%	12.7%	2.0%
Lufkin	75904	58.2%	19.2%	19.7%	0.9%
Pollok	75969	86.2%	2.1%	11.1%	0.0%
Zavalla	75980	94.6%	0.8%	1.1%	0.2%
Lufkin Service Area		**60.1%**	**22.3%**	**14.8%**	**1.0%**
Angelina County		**60.5%**	**22.1%**	**14.6%**	**1.1%**
Texas		**42.0%**	**39.3%**	**11.8%**	**4.7%**

Language

In the service area, 81.3% of the population, ages 5 and older, speak only English in the home, and 17.4% speak Spanish in the home. Among the area population, 0.8% speak an Asian/Pacific Islander language, 0.4% speak an Indo-European language, and 0.1% of the population speak some other language in the home.

Language Spoken at Home for the Population, Ages 5 and Older

	Lufkin Service Area	Angelina County	Texas
Population, 5 years and older	86,678	81,413	26,261,053
English only	81.3%	81.5%	64.5%
Speaks Spanish	17.4%	17.2%	29.3%
Speaks Asian or Pacific Islander language	0.8%	0.8%	3.0%
Speaks Indo-European language	0.4%	0.4%	2.2%
Speaks other language	0.1%	0.1%	1.0%

One-third of Diboll residents (33.6%) speak Spanish in the home. Lufkin 75901 also has the highest percentage of Asian/Pacific-Islander language households (1.5%). Huntington (1.2%) has the highest percentage of Indo-European language speaking households. 98.1% of the residents of Pollok live in English-only speaking households.

Language Spoken at Home, by ZIP Code

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	ZIP Code	English	Spanish	Asian/Pacific Islander	Indo European
Corrigan	75939	76.3%	22.9%	0.0%	0.9%
Diboll	75941	65.8%	33.6%	0.3%	0.2%
Huntington	75949	97.6%	1.1%	0.1%	1.2%
Lufkin	75901	73.6%	24.4%	1.5%	0.5%
Lufkin	75904	85.8%	13.2%	0.7%	0.2%
Pollok	75969	98.1%	1.6%	0.4%	0.0%
Zavalla	75980	95.8%	3.0%	0.2%	1.0%
Lufkin Service Area		**81.3%**	**17.4%**	**0.8%**	**0.4%**
Angelina County		**81.5%**	**17.2%**	**0.8%**	**0.4%**
Texas		**64.5%**	**29.3%**	**3.0%**	**2.2%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov/

Among area school districts, the percentage of students classified as Limited English Proficient and English Language Learners ranged from 0% in the Zavalla and 1.2% in the Huntington Independent School Districts to 18.4% of Lufkin Independent School District students.

English Language Learner Students, by School District

	Number	Percent
Central Independent School District	62	4.2%
Corrigan-Camden Independent School District	94	11.5%
Diboll Independent School District	296	16.5%
Hudson Independent School District	183	6.2%
Huntington Independent School District	19	1.2%
Lufkin Independent School District	1,442	18.4%
Zavalla Independent School District	0	0.0%
Angelina County	**2,048**	**12.0%**
Texas	**1,112,588**	**20.3%**

Source: Texas Education Agency, Snapshot 2020 (2019-2020). https://rptsvr1.tea.texas.gov/perfreport/snapshot/2020/index.html

Veteran Status
In the service area, 9% of the civilian population, 18 years and older, are veterans. 13.6% of adults in Zavalla are veterans.

Veteran Status, Civilian Population, Ages 18 and Older

	ZIP Code	Percent
Corrigan	75939	11.4%
Diboll	75941	9.8%
Huntington	75949	10.3%
Lufkin	75901	9.1%
Lufkin	75904	7.7%
Pollok	75969	8.8%
Zavalla	75980	13.6%
Lufkin Service Area		**9.0%**
Angelina County		**8.8%**
Texas		**7.0%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov

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Citizenship

In the service area, 8.5% of the population is foreign-born, which is equal to Angelina County and half the Texas rate (17%). Of the foreign-born in the service area, 67.9% are not citizens. It is important to note that not being a U.S. citizen does not indicate an illegal resident status within the U.S.

Foreign-Born Residents and Citizenship

	Lufkin Service Area	Angelina County	Texas
Foreign born	8.5%	8.5%	17.0%
Of the foreign born, not a U.S. citizen	67.9%	68.5%	62.5%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov

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Social Determinants of Health

Social and Economic Factors Ranking

The County Health Rankings ranks counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county's residents. Texas has 254 counties, 243 of which are ranked from 1 to 243 according to social and economic factors. A ranking of 1 is the county with the best factors and a ranking of 243 is the county with the poorest factors. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. Angelina County is ranked 139 among ranked counties in Texas, according to social and economic factors.

Social and Economic Factors Ranking

	County Ranking (out of 243)
Angelina County	139

Source: County Health Rankings, 2021 http://www.countyhealthrankings.org

Poverty

Poverty thresholds are used for calculating official poverty population statistics. They are updated each year by the Census Bureau. For 2019, the federal poverty level (FPL) for one person was $13,011 and for a family of four it was $25,926. Among the residents in the service area, 18.1% are at or below 100% of the federal poverty level (FPL) and 41.7% are at 200% of FPL or below. The service area poverty rate is above the Angelina County (17.7%) and state (14.7%) rates. The low-income rate in the service area (41.7%) is similar to the Angelina County rate (41.8%) and above the state (34.3%) rate. The highest poverty rate in the service area was found in Corrigan (24.1%). Huntington has the highest percentage of the population in the service area who qualify as low-income (48.2%). Lufkin 75904 has the lowest rate of residents living in poverty (15.5%) and Pollok has the lowest percentage of residents who live below 200% of the FPL (32.8%).

Income below 100% and 200% of Federal Poverty Level, by ZIP Code

	ZIP Code	<100% FPL	<200% FPL
Corrigan	75939	24.1%	41.4%
Diboll	75941	23.7%	45.9%
Huntington	75949	19.9%	48.2%
Lufkin	75901	17.6%	42.5%
Lufkin	75904	15.5%	39.3%
Pollok	75969	18.4%	32.8%
Zavalla	75980	23.4%	46.1%
Lufkin Service Area		**18.1%**	**41.7%**
Angelina County		**17.7%**	**41.8%**
Texas		**14.7%**	**34.3%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1701. http://data.census.gov/

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The rate of poverty among children in the service area is 25.1%. The rate of poverty among seniors in the service area is 9.9%. The rate of poverty for female heads-of-household (HoH), living with their own children, under the age of 18, with no spouse or partner present, is 42.6% in the service area.

The highest rates of poverty in the service area among children (44.8%) and female heads-of-household living with children (58.8%) are found in Zavalla and among seniors (14.9%) is found in Diboll. The second-highest rates of child and female HoH poverty are also found in Diboll. The lowest rate of poverty among seniors is in Huntington (4%). The lowest percentage of poverty in children is found in Pollok (20.4%) and in female HoH households with children is in Corrigan (32.9%).

Poverty Levels of Children, Under Age 18, Seniors, Ages 65 and Older, and Female HoH

	ZIP Code	Children	Seniors	Female HoH with Children*
Corrigan	75939	31.4%	11.8%	32.9%
Diboll	75941	34.4%	14.9%	58.4%
Huntington	75949	21.0%	4.0%	44.2%
Lufkin	75901	26.0%	9.3%	33.1%
Lufkin	75904	21.5%	11.5%	44.5%
Pollok	75969	20.4%	7.6%	49.7%
Zavalla	75980	44.8%	4.4%	58.8%
Lufkin Service Area		**25.1%**	**9.9%**	**42.6%**
Angelina County		**24.7%**	**9.8%**	**43.2%**
Texas		**20.9%**	**10.6%**	**37.6%**

*Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1701 & *S1702. http://data.census.gov/*

Unemployment

The unemployment rate in the service area, averaged over 5 years, was 7%. This is slightly higher than Angelina County (6.6%) and the state (5.1%) rates of unemployment. Rates ranged from 4.8% in Lufkin 75904 to 12.6% in Corrigan.

Employment Status for the Population, Ages 16 and Older

	ZIP Code	Civilian Labor Force	Unemployed	Unemployment Rate
Corrigan	75939	2,498	314	12.6%
Diboll	75941	3,138	325	10.4%
Huntington	75949	3,244	311	9.6%
Lufkin	75901	14,389	1,040	7.2%
Lufkin	75904	16,000	771	4.8%
Pollok	75969	1,743	99	5.7%
Zavalla	75980	773	51	6.6%
Lufkin Service Area		**41,785**	**2,911**	**7.0%**
Angelina County		**39,122**	**2,597**	**6.6%**

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	ZIP Code	Civilian Labor Force	Unemployed	Unemployment Rate
Texas		**13,962,458**	**708,827**	**5.1%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03. http://data.census.gov/

Vulnerable Populations

When vulnerable populations in the area are mapped, pockets of poverty emerge. The map below shows the service area and surrounding areas, highlighting the percentage of each ZIP Code that has more than 20% poverty (in tan) and more than 25% of the population with low education, defined as less than a high school education (in lavender). Areas above the vulnerable thresholds for poverty and education are noted on the map in brown. Area hospitals are represented by blue squares, and Memorial Lufkin Hospital is located under the letter "L" in Lufkin.

In the service area, Corrigan, Zavalla, and large portions of Huntington, Lufkin 75901 and the east portion of Diboll show a high percentage of poverty. A section of Lufkin 75904 shows a low education level. A section of Lufkin 75904, north of Memorial Lufkin Hospital, as well as the west portion of Diboll (75941), contain a high percentage of vulnerable populations, with 25% or more of the population possessing less than a high school education and poverty found among 20% or more of the population.
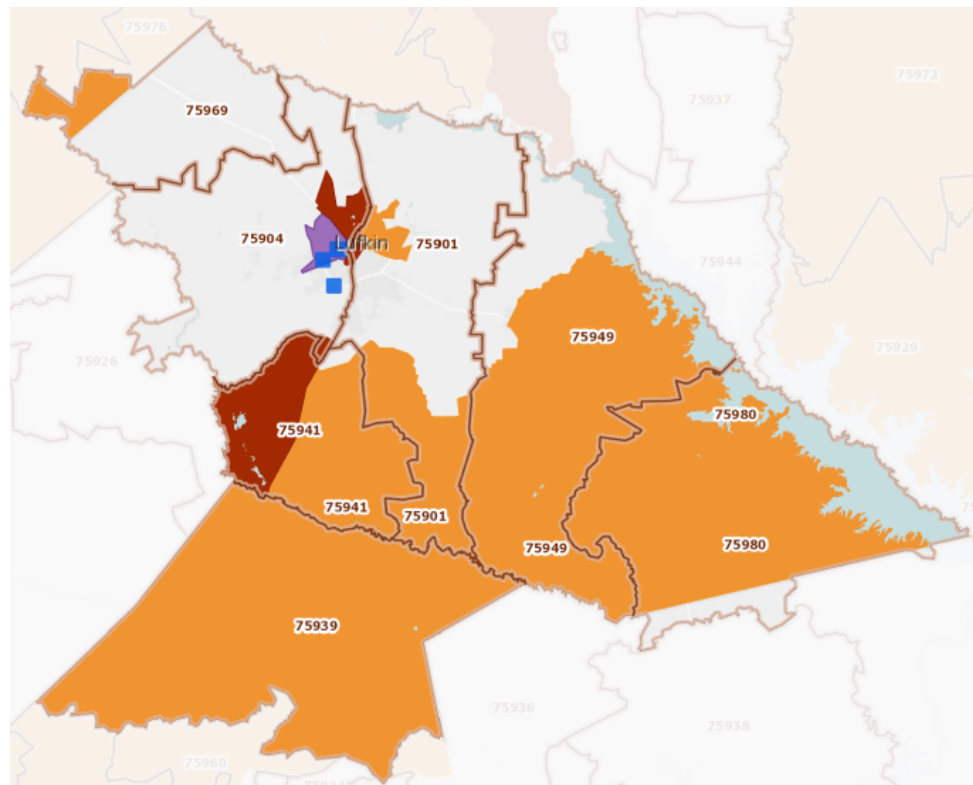
Economically Disadvantaged Students

The percentage of students determined by the Texas Education Agency to be 'Economically Disadvantaged' is another indicator of socioeconomic status. This classification is determined by eligibility for the national free and reduced-price meals program, or other public assistance. Diboll ISD (99.6%) and Lufkin ISD (84.4%) had

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rates of economic disadvantage among students enrolled in the 2019-2020 school year that were higher than Angelina County (73.4%) and the state (60.3%).

Economically Disadvantaged Students

	Percent	
	2018 - 2019	**2019 - 2020**
Central Independent School District	59.0%	59.5%
Corrigan-Camden Independent School District	78.8%	72.2%
Diboll Independent School District	78.9%	99.6%
Hudson Independent School District	54.4%	52.9%
Huntington Independent School District	56.0%	54.4%
Lufkin Independent School District	77.2%	84.4%
Zavalla Independent School District	67.5%	72.5%
Angelina County	**68.1%**	**73.4%**
Texas	**60.6%**	**60.3%**

Source: Texas Education Agency, Snapshots 2019 & 2020. *https://rptsvr1.tea.texas.gov/perfreport/snapshot/2020/index.html*

Community Input – Economic Insecurity

Stakeholder interviews identified the following issues, challenges and barriers related to economic insecurity. Following are their comments summarized and edited for clarity:
- Angelina County has a high cost of living. Many people have to work multiple jobs to make ends meet.
- There are many jobs and industry-related certifications that are advertised as job advancement opportunities. But in reality, they don't lead to a living wage. These certifications should be stopped and more attention needs to be paid to make sure county residents are getting the benefits.
- Community Development Financial Institutions would be a good way to bring banking services and economic growth into the most under resourced communities.
- Low-cost loans need to be made available by financial institutions to help get people out of debt.

Households

In the service area, there are 33,065 households and 39,447 housing units. Over the last five years, the population grew by 0.8%, the number of households grew at a rate of 1.8%, housing units grew at a rate of 3.8%, and vacant units increased by 15.6%. Owner-occupied housing increased by 1.5% and renters increased by 2.2%.

Households and Housing Units, and Percent Change

	Lufkin Service Area			Angelina County		
	2014	**2019**	**Percent Change**	**2014**	**2019**	**Percent Change**

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Households	32,494	33,065	1.8%	30,840	31,035	0.6%
Owner occ.	66.1%	66.0%	1.5%	66.1%	66.2%	0.8%
Renter occ.	33.9%	34.0%	2.2%	33.9%	33.8%	0.4%
Housing units	38,014	39,447	3.8%	35,947	36,922	2.7%
Vacant	14.5%	16.2%	15.6%	14.2%	15.9%	15.3%

Source: U.S. Census Bureau, American Community Survey, 2010-2014 & 2015-2019, DP04. http://data.census.gov/

Households by Type

23.3% of service area households are family households (married or cohabiting couples) with children, ages 18 and younger, and 7.6% of households are households with a female as head of household with children and no spouse or partner present. 10.1% of area households are seniors who live alone. Seniors living alone may be isolated and lack adequate support systems.

Households, by Type

	Total Households	Family Households* with Children Under Age18	Female Head of Household with own Children Under Age 18	Seniors, 65 and Older, Living Alone
	Number	Percent	Percent	Percent
Lufkin Service Area	33,065	23.3%	7.6%	10.1%
Angelina County	31,035	23.7%	7.6%	10.3%
Texas	9,691,647	24.6%	6.5%	8.3%

*Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov/ *Family Households refers to married or cohabiting couples with householder's children under 18.*

6.3% of unmarried-partner households in the service area are same-sex couples and 93.7% are heterosexual-couples.

Unmarried Partner Households, by Gender of Partner

	Total Households	Same-Gender Households		Mixed-Gender Households	
	Number	Number	Percent	Number	Percent
Lufkin Service Area	1,773	112	6.3%	1,661	93.7%
Angelina County	1,718	101	5.9%	1,617	94.1%
Texas	513,894	33,857	6.6%	480,037	93.4%

Source: U.S. Census Bureau, American Community Survey, 2014-2018, B11009. http://data.census.gov/

The weighted average of the median household income in the service area is $49,931. This is below the median household income of Angelina County ($50,453) and the state median ($61,874). Household incomes ranged from medians of $34,555 in Huntington to $56,250 in Pollok.

Median Household Income

	ZIP Code	Households	Median Household Income
Corrigan	75939	1,888	$45,909

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	ZIP Code	Households	Median Household Income
Diboll	75941	2,616	$47,500
Huntington	75949	3,103	$34,555
Lufkin	75901	10,547	$50,813
Lufkin	75904	12,530	$54,306
Pollok	75969	1,403	$56,250
Zavalla	75980	978	$38,365
Lufkin Service Area		**33,065**	***$49,931**
Angelina County		**31,035**	**$50,453**
Texas		**9,691,647**	**$61,874**

*Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03. http://data.census.gov/ *Weighted average of the medians.*

According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be "cost burdened." 25.7% of owner and renter occupied households in the service area spend 30% or more of their income on housing. This is slightly lower than the rate of cost-burdened households in Angelina County (26.1%) and the state (30.5%). Lufkin 75904 has the highest rate of households that pay 30% or more of their income on housing (28.4%) and Zavalla has the lowest (16.2%).

Households that Spend 30% or More of Income on Housing

	ZIP Code	Percent
Corrigan	75939	20.4%
Diboll	75941	22.1%
Huntington	75949	23.6%
Lufkin	75901	26.9%
Lufkin	75904	28.4%
Pollok	75969	17.6%
Zavalla	75980	16.2%
Lufkin Service Area		**25.7%**
Angelina County		**26.1%**
Texas		**30.5%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP04. http://data.census.gov/

Homelessness

A point-in-time count (PIT Count) of persons experiencing homelessness is conducted annually in every state in the nation, scheduled to occur on a single night in the third week of January, unless weather does not permit. 215 of the 254 Texas counties are counted as part of the 'Balance of State Continuum of Care' (BoS CoC), when reported to the U.S. Department of Housing and Development, including Angelina County. The 2020 PIT Count occurred on January 23, 2020 and was led by the Texas Homeless Network. A sub-report was created in 2020 for the 'Rural Homeless Network', identified as including Angelina, Jasper, Newton and Polk Counties; a similar report was not created during the 2016-2019 counts.

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At the time of the 2020 PIT Count, there were an estimated 9,198 homeless individuals in the Texas BoS CoC. Over the prior three years, the homeless population rose in the BoS CoC and statewide, while the number and proportion of homeless who are sheltered has declined, suggesting a loss of shelter beds over that period. In the state, the proportion of homeless who are chronically homeless has declined, while at the BoS CoC level the number and proportion of chronically homeless has risen. The number and proportion of homeless who are veterans has declined in the BoS CoC and in Texas.

Homeless Point-in-Time Count, 2017 and 2020

	Texas BoS CoC				Texas			
	2017		2020		2017		2020	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total Homeless	7,153	100%	9,198	100%	23,548	100%	27,229	100%
Sheltered	3,583	50.1%	3,433	37.3%	15,055	63.9%	14,017	51.5%
Unsheltered	3,570	49.9%	5,765	62.7%	8,493	36.1%	13,212	48.5%
Chronically homeless	879	12.3%	1,178	12.8%	3,711	15.8%	4,033	14.8%
Veteran	674	9.4%	555	6.0%	2,200	9.3%	1,948	7.2%

Source: U.S. Department of Housing and Urban Development (HUD), Annual Homeless Assessment Report (AHAR), 2017 & 2020.
https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/

At the time of the 2020 PIT Count, there were an estimated 186 homeless individuals in the Rural Homeless Network, which was comprised of Angelina, Jasper, Newton and Polk Counties. 58.1% were sheltered, and 41.9% were unsheltered; most of the unsheltered individuals were observed but not given interviews, and so breakdowns of subpopulations were likely to be incomplete. Despite this drawback, they provided some insight into what homelessness looks like in rural counties such as Angelina and Polk.

Homeless Point-in-Time Count, Rural Homeless Network

	Number	Percentage
Sheltered	108	58.1%
Unsheltered	78	41.9%
Adults 25+	115	61.8%
As heads-of-household	28	24.3%
Young adults (18-24)	15	8.1%
As heads-of-household	2	13.3%
Children	56	30.1%
Unaccompanied minors	0	0.0%
Female	100	53.8%
Male	84	45.2%
Transgender	1	0.5%
Unknown	1	0.5%
Chronically homeless	1	0.8%

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	Number	Percentage
Veteran	4	2.2%
Adult survivors of domestic violence	42	32.3% of adults
Total	**186**	**100.0%**

Source: Texas Homeless Network, 2020 PIT Reports by Area.
https://www.thn.org/wp-content/uploads/2020/03/Rural-Homeless-Network.pdf

Community Input – Housing and Homelessness

Stakeholder interviews identified the following issues, challenges and barriers related to housing and homelessness. Following are their comments summarized and edited for clarity:

● Homelessness is more prevalent here than most people think. Unhoused people live in cars, in the forest, and in tent cities.
● While there are organizations and shelters in the community to help homeless people, some have strict rules about Bible study and looking for work. People who don't want to follow those rules prefer to stay homeless.
● There is not enough affordable housing.
● Vouchers to help defray the costs of housing don't cover the costs of rent, deposit and utilities.
● The quality of some of the affordable housing is so substandard that it makes you wonder about the dignity of living in such a low-quality place.
● Many homeless individuals that have a criminal history, mental health or substance abuse problems have trouble finding secure housing.
● There are homeless initiatives in the county trying to address the issue. But without the buy-in and participation of community partners, including the health systems, it won't go anywhere.
● A huge issue is lack of family support for homeless individuals.

Public Program Participation

In the service area, 7.9% of residents received SSI benefits, 1.5% received cash public assistance income, and 19.9% of residents received food stamp benefits. These rates were almost identical to Angelina County rates, and higher than state rates.

Household Supportive Benefits

	Lufkin Service Area	Angelina County	Texas
Total households	**33,065**	**31,035**	**9,691,647**
Supplemental Security Income (SSI)	7.9%	7.9%	4.7%
Public Assistance	1.5%	1.5%	1.4%
Food Stamps/SNAP	19.9%	19.8%	11.8%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03. http://data.census.gov

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Food Insecurity

The U.S. Department of Agriculture (USDA) utilizes an 18-question Food Security Supplement module to determine food insecurity rates of households. Feeding America, the nation's largest domestic hunger-relief organization, defines 'Food Insecure' as three or more affirmative responses to these questions.

In Angelina County, 17.3% of all residents in 2019 were food insecure. Of those who reported being food insecure. 68% were likely eligible for SNAP benefits due to household income at or below 165% of the Federal Poverty Level (FPL). Among Angelina County children, 24.6% were food insecure in 2019 and 72% of those children were likely eligible for federal food support programs due to household income at or below 185% of the FPL. Food insecurity is more common in the county than in Texas.

Food Security

	Angelina County	Texas
Food insecure population, all ages	15,090	4,092,850
Food insecure rate, all ages	17.3%	14.1%
Income eligible for SNAP, all ages, at or < 165% FPL	68%	62%
Food insecure, children	5,520	1,448,490
Food insecure rate, children	24.6%	19.6%
Income eligible for federal programs, children, at or <185% FPL	72%	66%

Source: Feeding America, Map the Meal Gap, based on Current Population Survey data, 2019.
https://map.feedingamerica.org/county/2019/overall/texas

Community Input – Food Insecurity

Stakeholder interviews identified the following issues, challenges and barriers related to food insecurity. Following are their comments summarized and edited for clarity:
- Food bank use is up in all segments of the community. It's not just low-income or single parent families who access the services.
- There are some community gardens in progress to address access to healthy and affordable produce. Education on how to cook healthy meals on a budget is needed.
- Some areas have more fast-food restaurants and access to fried food than grocery stores with fresh food. It is a food swamp.
- Children and families rely on free and reduced-price meals at schools. Sometimes it's the only healthy meal they eat in a day.

Educational Attainment

Educational attainment is a key driver of health. In the service area, 18% of adults, ages 25 and older, lack a high school diploma, which is similar to the Angelina County rate

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(18.1%). 16.6% of area adults have a Bachelor's degree or higher, which is lower than the state (29.9%) and lower than Angelina County (16.9%).

Education Levels, Population, Ages 25 Years and Older

	Lufkin Service Area	Angelina County	Texas
Population 25 years and older	**60,835**	**57,275**	**18,131,554**
Less than 9th grade	8.2%	8.3%	8.2%
9th to 12th grade, no diploma	9.8%	9.8%	8.1%
High school graduate	32.0%	31.6%	25.0%
Some college, no degree	25.7%	25.7%	21.6%
Associate's degree	7.7%	7.8%	7.2%
Bachelor's degree	10.9%	11.2%	19.5%
Graduate/professional degree	5.7%	5.7%	10.4%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov/,

High School Graduation Rates

High school graduation rates are the percentage of high school students that graduate four years after starting 9th grade. The Healthy People 2030 objective for high school graduation is 90.7%. All area school districts met this goal with the exception of Lufkin Independent School District, where 90.2% of students graduated in four years.

High School Graduation Rates

	Percent
Central Independent School District	98.9%
Corrigan-Camden Independent School District	98.0%
Diboll Independent School District	96.7%
Hudson Independent School District	93.6%
Huntington Independent School District	97.0%
Lufkin Independent School District	90.2%
Zavalla Independent School District	96.3%
Angelina County	**93.6%**
Texas	***92.8%***

Source: Texas Education Agency, Snapshot 2020 (Class of 2019). https://rptsvr1.tea.texas.gov/perfreport/snapshot/2020/index.html
*County and State rates do not include Districts whose graduation rates were either suppressed or otherwise unavailable.

Preschool Enrollment

38.5% of service area children, ages 3 and 4, were enrolled in preschool, which was lower than Angelina County (39.3%) and the state (43.2%) rate. The enrollment rates ranged from 0% in Huntington and 14.7% in Corrigan to 48.5% in Lufkin 75904 and 100% in Pollok. The Texas Public Education Information Resource website reports that among children eligible for public preschool, those who attended were more likely to graduate high school than those who did not (https://www.texaseducationinfo.org/).

Enrolled in Preschool, Children, Ages 3 and 4

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	ZIP Code	Children, Ages 3 and 4	Percent Enrolled
Corrigan	75939	75	14.7%
Diboll	75941	246	35.8%
Huntington	75949	97	0.0%
Lufkin	75901	760	30.7%
Lufkin	75904	1,038	48.5%
Pollok	75969	37	100.0%
Zavalla	75980	67	32.8%
Lufkin Service Area		**2,320**	**38.5%**
Angelina County		**2,245**	**39.3%**
Texas		**823,538**	**43.2%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1401. http://data.census.gov/

Crime and Violence

Crime negatively impacts communities through economic loss, reduced productivity, and disruption of social services. Violent crimes include homicide, rape, robbery, and aggravated assault. Property crimes include arson, burglary, larceny theft, and motor vehicle theft.

Violent crime rates remained stable in Angelina County from 2014 to 2019, while rising slightly at the state level. Rates in three of the five service area cities for which data were available (Diboll, Hudson and Huntington) fell, while they rose in Corrigan and Lufkin. It is important to keep in mind, however, that the rates for all but Lufkin are based on very small populations, and so should be interpreted with caution. The Lufkin rate (517.5 violent crimes per 100,000 persons) is higher than the county and state rates.

Property crime rates decreased from 2014 to 2019 for Angelina County, the state, and all area cities for which data were available. The rate was highest in Lufkin, with 4,396 property crimes per 100,000 persons. With the exception of Lufkin, all listed service area cities had lower property crime rates than in the county and state.

Violent Crimes and Property Crime Rates, per 100,000 Persons

	Violent Crimes Rate			Property Crimes Rate		
	2014	2019	Number of Crimes 2019	2014	2019	Number of Crimes 2019
Corrigan	324.4	685.3	11	2,790.3	1,869.1	30
Diboll	113.1	95.6	5	1,867.5	1,013.7	53
Hudson	953.9	122.2	6	2,628.7	1,344.4	66
Huntington	189.9	142.3	3	2,991.4	1,233.9	26
Lufkin	432.1	517.5	184	5,549.5	4,396.0	1,559
Angelina County	**340.1**	**340.7**	**295**	**3,393.1**	**2,627.9**	**2,275**

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	Violent Crimes Rate			Property Crimes Rate		
	2014	2019	Number of Crimes 2019	2014	2019	Number of Crimes 2019
Texas	**406.8**	**418.9**	**121,007**	**3,016.6**	**2,386.3**	**689,310**

Source: Federal Bureau of Investigations, Nationwide Crime Counts and Rates, via PolicyMap.
https://commonspirit.policymap.com/tables

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Health Care Access

Health Insurance Coverage

Health insurance coverage is considered a key component to ensure access to health care. 81.1% of the population in the service area has health insurance. Pollok (89.1%) has the highest health insurance rate, while Zavalla (77.2%) has the lowest rate of health insurance. The Healthy People 2030 goal is for 92.1% of the population to be covered by health insurance. The service area does not meet this goal, nor do any of the ZIP Codes, for children or adults, ages 19 to 64.

87.4% of children, ages 0-18, have health insurance coverage in the service area. Corrigan (91.5%) has the highest health insurance rate among children, and Huntington (84.2%) and Zavalla (85.8%) have the lowest percentage of children with health insurance.

Among adults, ages 19-64, 73.2% in the service area have health insurance. Pollok has an 86.2% insurance rate, and Zavalla (65.7%) and Corrigan (69.4%) have the lowest health insurance rates among adults.

Health Insurance, Total Population, Children, Ages 0-18, and Adults, Ages 19-64

	ZIP Code	Total Population	Children, Ages 0-18	Adults, Ages 19-64
Corrigan	75939	79.1%	91.5%	69.4%
Diboll	75941	81.4%	88.3%	72.0%
Huntington	75949	79.4%	84.2%	70.9%
Lufkin	75901	79.0%	86.6%	70.4%
Lufkin	75904	82.9%	88.1%	76.2%
Pollok	75969	89.1%	86.0%	86.2%
Zavalla	75980	77.2%	85.8%	65.7%
Lufkin Service Area		**81.1%**	**87.4%**	**73.2%**
Angelina County		**81.2%**	**87.1%**	**73.5%**
Texas		**82.8%**	**89.2%**	**76.7%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03. http://data.census.gov/

When examined by race/ethnicity, there are differences in the rate of health insurance coverage in the service area. However, it is important to keep in mind that rates for all service area groups aside from non-Hispanic Whites (58.4% of the population for whom insurance status is known), Hispanics (21.7%), and Blacks/African-Americans (14.4%) are based on very small numbers of residents (the remaining 5.5% of the population, or 5,125 individuals, combined) and should be interpreted with caution. For instance, Native Hawaiian/Pacific Islander (NHPI) residents are represented by just five total individuals, Asian residents make up 1% of the population, and among American

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Indian/Alaskan Native - AIAN - residents (0.5% of the area population for whom insurance status is known), when broken down further by age category, a total of only 10 individuals are seniors.

The lowest rate of health insurance coverage is seen among AIAN residents (46.9%), those who identify as a race Other than those listed (non-Hispanic White, Hispanic, Asian, Black, AIAN, or NHPI) with 67.8% coverage, and Hispanic residents (72.2%). Coverage among service area children is 87.4%. The lowest rate of coverage (54.3%) is seen in children identified as AIAN, Other race (76.9%), and Hispanic children (82.7%). Among adults, ages 19 to 64, 73.2% have health insurance. The lowest rate is seen among adults who identify as AIAN (40.5%), Other (60.7%), and Hispanic adults (62.3%). The lowest rates of coverage among service area seniors, ages 65 and older, are found among Asian seniors (75.4%, or 43 uninsured individuals), Hispanic seniors (97.3%, or 27 uninsured) and Black/African American seniors (7 uninsured individuals).

Health Insurance, by Race/Ethnicity and Age Group

	Total Population	Children, Under 19	Adults, Ages 19-64	Senior Adults, 65+
Native Hawaiian/Pacific Islander	100.0%	N/A	100.0%	N/A
Asian	91.2%	100.0%	92.1%	75.4%
Multiracial	87.1%	92.9%	77.3%	100.0%
Non-Hispanic White	84.1%	88.4%	76.8%	100.0%
Black/African American	80.7%	92.4%	72.1%	99.5%
Hispanic	72.2%	82.7%	62.3%	97.3%
Other race	67.8%	76.9%	60.7%	100.0%
American Indian/Alaskan Native	46.9%	54.3%	40.5%	100.0%
Lufkin Service Area average	**81.1%**	**87.4%**	**73.2%**	**99.4%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, C27001B thru C27001I. http://data.census.gov/

Regular Source of Care

Access to a medical home and a primary care provider improve continuity of care and decrease unnecessary emergency room visits. 28.4% of adults in the service area do not have a usual primary care provider. Rates are lowest in Zavalla (20.9%) and highest in Diboll (31.6%) and Corrigan (31.7%) of the population has no usual primary care provider.

No Usual Primary Care Provider

	ZIP Code	Percent
Corrigan	75939	31.7%
Diboll	75941	31.6%
Huntington	75949	24.6%
Lufkin	75901	29.7%

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	ZIP Code	Percent
Lufkin	75904	27.7%
Pollok	75969	26.5%
Zavalla	75980	20.9%
Lufkin Service Area*		**28.4%**
Angelina County		**28.2%**
Texas		**31.8%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://commonspirit.policymap.com/tables/ *Weighted average; calculated using 2015-2019 ACS adult population estimates.*

Unmet Medical Need

17.5% of adults in Health Service Region (HSR) 5 reported an unmet medical need as a result of not being able to afford care. The rate of unmet need was higher than in Texas (16.8%). The Healthy People 2030 objective is 3.3% of the population to have an unmet medical need.

Unmet Medical Need Due to Cost, Adults

	Percent
Health Service Region 5	17.5%
Texas	16.8%

Source: Texas Department of State Health Services, Texas Behavioral Risk Factor Surveillance System Dashboard, 2018. http://healthdata.dshs.texas.gov/dashboard/surveys-and-profiles/behavioral-risk-factor-surveillance-system

Primary Care Physicians

The ratio of the population to primary care physicians in Angelina County was 1,710:1. This equates to fewer primary care physicians per capita than the state rate (1,640:1).

Primary Care Physicians, Number and Ratio

	Angelina County	Texas
Number of primary care physicians	51	17,476
Ratio of population to primary care physicians	1,710:1	1,640:1

Source: County Health Rankings, 2018. http://www.countyhealthrankings.org

Access to Primary Care Community Health Centers

Community Health Centers provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for the service area and information from the Uniform Data System (UDS)[1], 41.7% of the population in the service area is low-income (200% of Federal Poverty Level) and 18.1% of the population are living in poverty. There are

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[1] The UDS is an annual reporting requirement for grantees of HRSA primary care programs:
• Community Health Center, Section 330 (e)
• Migrant Health Center, Section 330 (g)
• Health Care for the Homeless, Section 330 (h)
• Public Housing Primary Care, Section 330 (i)

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several Section 330-funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) located in the service area.

Even with Section 330 funded Community Health Centers serving the area, there are a number of low-income residents who are not served by one of these clinic providers. The FQHCs have a total of 5,056 patients in the service area, which equates to 6% penetration among low-income patients and 2.4% penetration among the total population. From 2018-2020, the Community Health Center providers served 562 additional patients for a 33.5% increase in patients served by Community Health Centers in the service area. Despite this, there remain 35,363 low-income residents, 94% of the population at or below 200% FPL, who are <u>not served</u> by an FQHC.

Low-Income Patients Served and Not Served by FQHCs

Low-Income Population	Patients served by Section 330 Grantees In Service Area	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
				Number	Percent
37,604	2,241	6.0%	2.4%	35,363	94.0%

Source: UDS Mapper, 2020, 2015-2019 population numbers. http://www.udsmapper.org

Dental Care

Among Angelina County adults, 52.5% did not access dental care in the prior year. The county and the state meet the Healthy People 2030 goal among adults, ages 18 and older, of 45% of the population, ages 2 years and older, to have a dental visit within the prior 12 months.

Did Not Access Dental Care, Adults, Prior Year

	Percent
Angelina County	52.5%
Texas*	42.2%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2020. 2018 data. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
*Weighted average of Texas county rates.

The ratio of residents to dentists in Angelina County was 1,970:1, which was fewer dentists per capita than the state rate of 1,680 residents per dentist.

Dentists, Number and Ratio

	Angelina County	Texas
Number of dentists	44	17,293
Ratio of population to dentists	1,970:1	1,680:1

Source: County Health Rankings, 2019 http://www.countyhealthrankings.org

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Mental Health Providers

Mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications. In Angelina County, the ratio of residents to mental health providers was 730:1, as compared to 830 persons per mental health provider in Texas.

Mental Health Providers, Number and Ratio

	Angelina County	Texas
Number of mental health providers	118	35,039
Ratio of population to mental health providers	730:1	830:1

Source: County Health Rankings, 2020. http://www.countyhealthrankings.org

Community Input – Access to Health Care

Stakeholder interviews identified the following issues, challenges and barriers related to access to health care. Following are their comments summarized and edited for clarity:

- For most people in need, the lack of insurance keeps them from getting the care they need.
- Underinsured people get some coverage but it's not enough to get the medications they need on an ongoing basis.
- There is no simple and straightforward financial assistance plan for prescriptions.
- We have reduced access to primary care providers.
- If people's health care plan is not accepted by the specialist provider they need to see, then they have to figure out what to do next because there are not enough specialists in the area.
- Why are so many people who qualify for insurance not signed up? They don't know how.
- The sign-up/documentation process for insurance or any coverage is laborious. Providers don't help with the sign up and then delay services when something is incorrect.
- There are few resources to help the foreign born, undocumented population.
- The greatest fear in the foreign-born population is that providers will ask for information that uncovers their legal status. Unfortunately, it prevents them getting the help they need.
- If a family has one car that's primarily used by the wage earner, it's hard for other family members to access medical care or other services, especially given the lack of mass transportation options in East Texas.
- Health care inequities affect both poor African Americans and Caucasians. Neither of these groups have it worse than the other.
- Health care literacy is a barrier especially for monolingual Spanish speakers and individuals who are not familiar with the health care system.

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- Access to affordable dental care is very difficult. Oral health in children and adults suffers as a result.

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Birth Indicators

Births

In 2017, the number of births in the service area was 1,141. The average annual births in the service area from 2013 to 2017 was 1,222.8 births per year.

Total Births

	2013	2014	2015	2016	2017
Lufkin Service Area	1,288	1,217	1,256	1,212	1,141
Angelina County	1,240	1,174	1,215	1,172	1,097
Texas	387,110	399,482	403,439	396,999	381,876

Source: Texas Department of State Health Services, Texas Health Data, Live Births Dashboard, 2013-2017.
https://healthdata.dshs.texas.gov/dashboard/births-and-deaths/live-births-2005-2017

From 2013 to 2017, the highest number of births in the service area was to mothers in Lufkin 75904 (468.2 live births per year), while Zavalla saw an average of 23.4 births per year.

Births, by ZIP Code, Five-Year Average

	ZIP Code	Average Annual Live Births
Corrigan	75939	47.8
Diboll	75941	112.0
Huntington	75949	99.0
Lufkin	75901	425.2
Lufkin	75904	468.2
Pollok	75969	47.2
Zavalla	75980	23.4
Lufkin Service Area*		**1,222.8**
Angelina County		**1,179.6**
Texas		**393,781.2**

Source: Texas Department of State Health Services, Texas Health Data, Live Births Dashboard, 2013-2017.
https://healthdata.dshs.texas.gov/dashboard/births-and-deaths/live-births-2005-2017

The race/ethnicity of mothers in the service area was White (53.9%), Hispanic/Latina (27.7%), Black/African-American (15.2%), and 3.1% to mothers of a race/ethnicity not listed.

Births, by Mother's Race/Ethnicity

	White	Hispanic/ Latina	Black/African American	Other
Lufkin Service Area	53.9%	27.7%	15.2%	3.1%
Angelina County	53.9%	27.7%	15.3%	3.1%

	White	Hispanic/ Latina	Black/African American	Other
Texas	33.8%	47.4%	11.7%	7.1%

Teen Birth Rate

From 2013 to 2017, teen births among mothers, ages 15 to 19, occurred in the service area at a rate of 106.1 per 1,000 live births (10.6% of total births). This is a higher rate of teen births than seen at the state level (8.2% of total births).

Births to Teens, Ages 15-19, Number and Rate per 1,000 Births, Five-Year Average

	Lufkin Service Area	Angelina County	Texas
Births to mother ages 14 and younger	1.6	1.6	431.2
Births to mothers ages 15 – 17	32.2	31.2	9,740.0
Births to mothers ages 18 – 19	97.6	93.0	22,622.4
Births to mothers ages 19 and younger	**131.4**	**125.8**	**32,793.6**
Rate per 1,000 live births, mothers ages 14 and younger	1.3	1.4	1.1
Rate per 1,000 live births, mothers ages 15 - 17	26.3	26.4	24.7
Rate per 1,000 live births, mothers ages 18 - 19	79.8	78.8	57.4
Rate per 1,000 live births, mothers ages 15 to 19	**106.1**	**105.3**	**82.2**

Prenatal Care

57.1% of pregnant women in the service area entered prenatal care on-time – during the first trimester – where time-of-entry was known.

First Trimester Prenatal Care, Five-Year Average

	Percent of Births
Lufkin Service Area	57.1%
Angelina County	57.4%
Texas	62.2%

Low Birth Weight

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. For this measurement, a lower rate is a better indicator. The rate of low-birth-weight babies in the service area was 8.9% of births.

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Low Birth Weight (Under 2,500 grams), Five-Year Average

	Percent of Births
Lufkin Service Area	8.9%
Angelina County	8.9%
Texas	8.3%

Source: Texas Department of State Health Services, Texas Health Data, Live Births Dashboard, 2013-2017.
https://healthdata.dshs.texas.gov/dashboard/births-and-deaths/live-births-2005-2017

Preterm Births

Preterm births - defined for this report as less than 37 weeks of pregnancy - have higher rates of death and disability. 11.9% of births in Angelina County (where gestational age was known and recorded) were preterm births. The Texas average is 10.7% of births are preterm births.

Preterm Births, Babies Born at Less Than 37 Weeks of Pregnancy, Four-Year Average

	Percent of Births
Angelina County	11.9%
Texas	10.7%

Source: March of Dimes, Peristats, Profile of Prematurity, 2016-2019.
https://www.marchofdimes.org/peristats/Peristats.aspx

Maternal Smoking During Pregnancy

Among pregnant women, 89.5% in the service area did not smoke during pregnancy. This rate of not smoking is lower than the Texas average (96.4% of women abstaining) and does not meet the Healthy People 2030 objective of 95.7% of women to abstain from cigarette smoking during pregnancy.

No Smoking during Pregnancy

	Percent of Births
Lufkin Service Area	89.5%
Angelina County	89.7%
Texas	96.4%

Source: Texas Department of State Health Services, Texas Health Data, Live Births Dashboard, 2013-2017.
https://healthdata.dshs.texas.gov/dashboard/births-and-deaths/live-births-2005-2017

Infant Mortality

For the purposes of this report, the infant mortality rate is defined as deaths to infants under 1 year of age. The infant mortality rate in Angelina County is 7.3 deaths per 1,000 live births. In Texas it is 5.7 deaths per 1,000 live births. These rates do not meet the Healthy People 2030 objective of 5.0 deaths per 1,000 live births.

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Infant Mortality Rate, per 1,000 Births, Four-Year Average

	Rate
Angelina County	7.3
Texas	5.7

Source: March of Dimes, Peristats, 2015-2018. https://www.marchofdimes.org/peristats/Peristats.aspx

Breastfeeding Initiation

Breastfeeding has been proven to have considerable benefits to baby and mother. The American Academy of Pediatrics recommends that babies are fed only breast milk for the first six months of life. According to data from birth certificates, 88.2% of infants in Texas were breastfed at some point prior to discharge from the hospital. These breastfeeding rates are higher in metro (89.3%) than non-metro (79%) areas of the state, and are highest among non-Hispanic Asians (95.1%) and Whites (90.4%) and lowest among non-Hispanic Black/African-American (81%) residents of the state. Decisions regarding breastfeeding may be influenced by cultural and economic considerations, among other potential factors.

Infants Breastfed at Some Point Prior to Discharge

	Percent of Births
Non-Hispanic Asian	95.1%
Non-Hispanic White	90.4%
Non-Hispanic Multiracial	88.4%
Hispanic of Any Race	88.1%
Non-Hispanic American Indian/Alaska Native	86.9%
Non-Hispanic Native Hawaiian/Pacific Islander	86.2%
Non-Hispanic Black	81.0%
Metro Texas	89.3%
Nonmetro Texas	79.0%
Total	88.2%

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2018-2020, on CDC WONDER. http://wonder.cdc.gov/natality-expanded-current.html

Community Input – Birth Indicators

Stakeholder interviews identified the following issues, challenges and barriers related to birth indicators. Following are their comments summarized and edited for clarity:

- There are services to educate and support healthy pregnancies, but many of the service providers have a religious affiliation.
- Due to tradition and/or lack of knowledge or fear, many women have a late entrance to prenatal care resulting in poor pregnancy and birth outcomes.

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Mortality/Leading Causes of Death

Life Expectancy at Birth

The life expectancy at birth in Angelina County was 76.3 years, which is lower than 79.2 years of life expectancy in Texas.

Life Expectancy at Birth

	Number of Years
Angelina County	76.3
Texas	79.2

Source: County Health Rankings, 2021. Years of Data: 2017-2019. http://www.countyhealthrankings.org

Mortality Rates

Age-adjusted death rates are an important factor to examine when comparing mortality data. The crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations. The age-adjusted death rate in Angelina County was 886 deaths annually per 100,000 persons, which was higher than the Texas rate (728.2 deaths per 100,000).

Mortality Rates, per 100,000 Persons, Three-Year Average

	Deaths	Crude Rate	Age-Adjusted Rate
Angelina County	932.3	1,069.1	886.0
Texas	201,226.3	701.9	728.2

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2017-2019, on CDC WONDER. https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html

Leading Causes of Death

The top two leading causes of death in Angelina County were heart disease and cancer. The age-adjusted heart disease mortality rate in Angelina County was 202.5 deaths per 100,000 persons. The Healthy People 2030 objective is specific to ischemic heart disease only: 71.1 deaths per 100,000 persons. The Angelina County rate of ischemic heart disease (125.2 deaths from ischemic heart disease per 100,000 persons) does not meet the Healthy Person 2030 objective.

The cancer death rate in Angelina County was 155.1 per 100,000 persons, which does not meet the Healthy People 2030 objective for cancer mortality of 122.7 deaths per 100,000 persons.

In addition to heart disease and cancer, stroke, Chronic Lower Respiratory Disease (CLRD) and Alzheimer's disease are among the top five causes of death in Angelina County. In Angelina County, deaths from heart disease, ischemic heart disease, stroke,

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CLRD, Alzheimer's disease, accidents, diabetes and essential hypertension/ hypertensive renal disease all occurred at higher rates than in the state.

Mortality, Age-Adjusted Rates, per 100,000 Persons, Three-Year Average

	Angelina County		Texas	
	Number	**Age-Adjusted**	**Number**	**Age-Adjusted**
All causes	**932.3**	**886.0**	**201,226.3**	**728.2**
Heart disease	215.7	202.5	46,082.7	167.5
Ischemic heart disease	134.0	125.2	25,823.0	93.0
All cancers	167.0	155.1	41,007.7	143.5
Stroke	79.7	74.3	10,802.3	40.2
Chronic Lower Respiratory Disease	66.7	60.8	10,737.7	39.6
Alzheimer's disease	61.3	56.8	9,803.0	38.5
Unintentional injury	45.7	50.5	10,931.0	38.7
Diabetes	33.0	31.2	6,237.3	22.0
Kidney disease	18.0	16.3	4,316.7	15.7
Septicemia	16.0	14.8	3,901.3	14.1
Chronic liver disease and cirrhosis	15.7	14.7	4,206.7	14.1
Suicide	12.7	14.1	3,866.3	13.5
Essential hypertension and hypertensive renal disease	13.0	12.9	2,356.7	8.7
Pneumonia and flu	11.0	10.5	3,209.3	11.8
Parkinson's disease	10.3	9.8	2,452.3	9.6

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2017-2019, on CDC WONDER. https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html
N/A = Not available due to statistical unreliability

Cancer Mortality

The age-adjusted death rate for female breast cancer in Angelina County was 13.5 per 100,000 women and the rate for prostate cancer deaths was 13.7 per 100,000 men. The rate of death for female breast cancer in the county was lower than the state rate.

Cancer, Crude and Age-Adjusted Death Rates, per 100,000 Persons

	Female Breast Cancer			Prostate Cancer		
	Number	**Crude Rate**	**Age-Adjusted**	**Number**	**Crude Rate**	**Age-Adjusted**
Angelina County	38	16.9	13.5	32	15.0	13.7
Texas	14,585	20.8	19.7	9,214	13.3	17.5

Source: Texas State Department of Health, Texas State Cancer Registry, 2014-2018. https://www.cancer-rates.info/tx/

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The age-adjusted rate of colorectal cancer deaths in Angelina County was 14.8 per 100,000 persons. The rate for lung cancer deaths in Angelina County was 47.7 deaths per 100,000 persons, which was higher than the state rate (34 per 100,000 persons).

Cancer, Crude and Age-Adjusted Death Rates, per 100,000 Persons

	Colorectal Cancer			Lung Cancer		
	Number	Crude Rate	Age-Adjusted	Number	Crude Rate	Age-Adjusted
Angelina County	65	14.8	12.7	256	58.4	47.7
Texas	18,758	13.4	13.9	45,514	32.6	34.0

Source: Texas State Department of Health, Texas State Cancer Registry, 2014-2018. https://www.cancer-rates.info/tx/

Unintentional Injuries

The unintentional injury death rate in Angelina County was 50.5 per 100,000 persons, which was higher than the state rate of unintentional injury deaths (38.7 per 100,000 persons).

Unintentional Injury Deaths, Number and Rate, per 100,000 Persons, Three-Year Average

	Number	Rate
Angelina County	45.7	50.5
Texas	10,931.0	38.7

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2017-2019, on CDC WONDER. https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html

Community Input – Unintentional Injuries

Stakeholder interviews identified the following issues, challenges and barriers related to unintentional injuries. Following are their comments summarized and edited for clarity:
● There needs to be more education on how to prevent injuries (bike safety, not to use the phone when driving, use of seatbelts).
● Many seniors and their families don't know how to make their houses safe.
● There's been an increase in community violence in the last year. We are hearing more about it than ever before.
● Since the pandemic, there's been an increase in family violence and harm to children. Once schools closed, many children at risk for abuse were stuck at home with their abusers.

Drug Overdose Deaths

Rates of death by drug overdose, whether unintentional, suicide, homicide, or undetermined intent, have been rising in Texas since 2015. The low overall number of overdose deaths in Angelina County make the annual rates highly unstable and so they were suppressed. However, a three-year average rate shows an annual drug overdose rate of 13.2 deaths per 100,000 persons in Angelina County, which was higher than the

Texas rate of 10.6 deaths per 100,000 persons per year. However, the county and the state currently meet the Healthy People 2030 objective of 20.7 drug overdose deaths per 100,000 persons.

Drug Overdoses, Age-Adjusted Mortality Rate, per 100,000 Persons

County	2015	2016	2017	2018	2019	2017-2019 Average
Angelina	N/A	N/A	N/A	N/A	N/A	13.2
Texas	9.4	10.1	10.5	10.4	10.8	10.6

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2009-2019, on CDC WONDER. https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html
N/A= Not Available due to statistical instability of data based on low numbers.

Opioid deaths include those from heroin, methadone, fentanyl and other synthetic opioids, and oxycodone and other natural or semi-synthetic opioids. In Texas, the rate of opioid drug overdoses has been rising for the past seven years, from 4.0 deaths per 100,000 persons in 2013 to 5.1 deaths per 100,000 persons in 2019, and rates appear to have been rising in Angelina County as well. Due to privacy and statistical validity concerns, the smallest time-period for which an opioid overdose death rate was available for Angelina County was five years. The county and state meet the Healthy People 2030 objective of 13.1 deaths from opioids per 100,000 persons.

Fatal Opioid Overdoses, Age-Adjusted Rate, per 100,000 Persons, Five-Year Average

	Number	Rate
Angelina County	4.2	4.9
Texas	1,403.8	4.9

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Multiple Cause Death public-use data 2015-2019, on CDC WONDER. https://wonder.cdc.gov/mcd.html

In Texas, from 2015 through 2019 combined, Whites had the highest rates of drug overdose deaths (14.7 deaths per 100,000 persons), followed by Blacks (11.5 deaths per 100,000 persons), and American Natives (8.3 deaths per 100,000 persons). Asians had the lowest rate of drug overdose deaths (1.9 deaths per 100,000 persons).

Drug Overdoses Age-Adjusted Mortality Rates, per 100,000 Persons, by Race/Ethnicity

	Number, 5 Years Combined	Rate
Asian, non-Hispanic	149	1.9
Hispanic	3,174	6.0
American Indian/Alaskan Native	44	8.3
Black, non-Hispanic	2,023	11.5
White, non-Hispanic	9,087	14.7
Texas, all races	**14,549**	**10.3**

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2015-2019, on CDC WONDER. https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html

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COVID-19

In Angelina County, there have been 13,929 confirmed or probable cases of COVID-19 reported as of 12/15/21. This represents a rate of 16,122.5 cases per 100,000 persons. As of the same date, according to the Texas Department of State Health, 422 persons have died in Angelina County due to COVID-19 complications, a rate of 488.5 deaths per 100,000 persons. These rates are higher than the state rates.

COVID-19, Cases and Crude Death Rates, per 100,000 Persons, as of 12/15/21

	Angelina County		Texas	
	Number	**Rate ***	**Number**	**Rate ***
Confirmed or probable cases	13,929	16,122.5	4,391,567	15,067.7
Confirmed or probable deaths	422	488.8	73,658	252.7

Source: Texas Department of State Health Services, Updated December 16, 2021.*Calculated based on 2020 U.S. Census data. https://dshs.texas.gov/coronavirus/

The percent of Angelina County residents, ages 5 and older, who received at least one dose of a COVID-19 vaccine is 51.7%, and 82.3% of the population, ages 65 and older, have received at least one vaccine dose. These rates lag behind the state rates of 70.3% of the population, ages 5 and older, and 92.4% of the population, ages 65 and older, being at least partially vaccinated.

COVID-19 Vaccinations, Partial and Full, Ages 5 and Older and Seniors, 12/15/21

	Angelina County		Texas	
	Partially Vaccinated	Completed	Partially Vaccinated	Completed
Population 5 and older	5.9%	45.8%	10.2%	60.1%
Population 65 and older	5.5%	76.7%	9.6%	82.8%

Source: Texas Department of State Health Services, Vaccine Dashboard. Updated December 16, 2021; data through December 15th. https://dshs.texas.gov/coronavirus/

While the percent of those vaccinated in Angelina County, who were marked 'Other' (16.5% of all vaccinated, representing 1.7% of the county population) or 'Unknown' (7.5% of all vaccinated) is a confounding factor, it appears that White residents may be underrepresented in the vaccinated population of Angelina County.

Population and Vaccinations for COVID-19, by Race, as of 12/15/21

	Percent of Population*	Percent of People Vaccinated**
White	60.5%	57.6%
Hispanic or Latino	22.1%	26.1%
Black/African American	14.6%	15.0%
Asian	1.1%	1.3%

Source: Texas Department of State Health Services, Vaccine Dashboard. Updated December 16, 2021. *per ACS 2015-2019 data. **Where ethnicity of the vaccinated was known/recorded. https://dshs.texas.gov/coronavirus/

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Community Input – COVID-19

Stakeholder interviews identified the following issues, challenges and barriers related to COVID-19. Following are their comments summarized and edited for clarity:

- There was a lot of misinformation in the community about the vaccine and its effectiveness. Due to this, many did not believe that COVID was real and refused to follow mask mandates or get vaccinated.
- Many communities fell back on ingrained negative beliefs about vaccines and health care.
- Many hospitals (including St. Luke's) stepped up during the pandemic and became hyper focused on patients with a higher acuity of care, which was a positive outcome.
- There were increased demands on first responders and health care providers. They quickly got overwhelmed with all the need.
- There were fewer people to do more work during COIVD. This led to higher rates of illness, overwork and burnout.
- Many community providers had to pivot their services and priorities to focus on infrastructure needs like rent, utilities, and food.
- Many providers who focused on capacity training or education had to temporarily stop and focus on COVID. We prioritized going to meet people in the community, not expecting them to come to us.
- The public health system was dismantled. The leadership didn't have the tools and guidance to operate, there was a lack of transparency on cases and counts.
- There was no clear direction and consistent messaging on how to address COVID.
- There was a lack of public health infrastructure to take the lead. In many cases, private entities stepped up to address infrastructure and vaccine distribution.
- The lack of comprehensive broadband showed where the greatest inequities lay during COVID when so many relied on internet for connection, school, telehealth.
- At one point there was limited access to food bank when it was closed for weeks, leaving many people to figure out alternatives.
- People put off regular screenings out of fear of catching COVID. Subsequently, there was a delay of diagnosis and many chronic health conditions got worse.
- There was a huge increase in the need for mental health support. We saw increased stress, depression and anxiety.
- There was an increased distrust of the health system.
- People looked to trusted leaders for guidance; they didn't know who was right or wrong.
- Conversations around COVID created friction and division among family members, communities and providers.
- Many people reported having PTSD-like symptoms during COVID and after the surge.

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Chronic Disease

Diabetes

12.5% of service area adults have been diagnosed with diabetes by a health professional. Rates of diabetes among adults ranged from Pollok (11.3%) and Huntington (11.4%) to Corrigan (14.4%).

Diabetes Diagnoses, Adults

	ZIP Code	Percent
Corrigan	75939	14.4%
Diboll	75941	13.2%
Huntington	75949	11.4%
Lufkin	75901	12.1%
Lufkin	75904	12.6%
Pollok	75969	11.3%
Zavalla	75980	13.8%
Lufkin Service Area*		**12.5%**
Angelina County		**12.4%**
Texas		**12.6%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://commonspirit.policymap.com/tables/ *Weighted average of ZIPs for which data were available; calculated using 2015-2019 ACS adult population estimates.*

Heart Disease and Stroke

4.7% of service area adults report being told by a health professional they have heart disease and 3.5% of service area adults reported being told by a health professional they have had a stroke. The rate of heart disease diagnosis was highest in Zavalla (6.5%) and lowest in Diboll and Lufkin 75901 (4.4%). The prevalence of stroke diagnosis was highest in Corrigan (4.3%) and Zavalla (4.2%) and lowest in Pollok (3.2%) and Huntington (3.3%).

Heart Disease and Stroke Prevalence, Adults

	ZIP Code	Heart Disease	Stroke
Corrigan	75939	5.2%	4.3%
Diboll	75941	4.4%	3.4%
Huntington	75949	4.9%	3.3%
Lufkin	75901	4.4%	3.4%
Lufkin	75904	4.7%	3.6%
Pollok	75969	4.5%	3.2%
Zavalla	75980	6.5%	4.2%
Lufkin Service Area*		**4.7%**	**3.5%**
Angelina County		**4.7%**	**3.5%**
Texas		**3.8%**	**3.7%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://commonspirit.policymap.com/tables/ *Weighted average of ZIPs for which data were available; calculated using 2015-2019 ACS adult population estimates N/A = not available, possible due to small sample size / statistical validity and/or privacy concerns.*

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7.5% of service area adults reported having been diagnosed with angina or coronary heart disease, or a heart attack (Myocardial Infarction). Rates were lowest in Lufkin 75901 (7.1%), and highest in Zavalla (9.9%), followed by Corrigan (8.6%).

Heart Disease or Heart Attack, Adults

	ZIP Code	Percent
Corrigan	75939	8.6%
Diboll	75941	7.2%
Huntington	75949	7.7%
Lufkin	75901	7.1%
Lufkin	75904	7.5%
Pollok	75969	7.2%
Zavalla	75980	9.9%
Lufkin Service Area*		**7.5%**
Angelina County		**7.4%**
Texas		**6.7%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://commonspirit.policymap.com/tables/ *Weighted average of ZIPs for which data were available; calculated using 2015-2019 ACS adult population estimates N/A = not available, possible due to small sample size / statistical validity and/or privacy concerns.*

High Blood Pressure and High Cholesterol

Co-morbidity factors for diabetes and heart disease are high blood pressure (hypertension) and high blood cholesterol. The percent of adults who reported being diagnosed with high blood pressure was 35.5% and with high cholesterol was 32.2%. Rates of high BP diagnosis ranged from 33.9% in Pollok to 40.4% in Zavalla. Rates of high cholesterol diagnosis were highest in Zavalla (38.4%) and lowest in Lufkin 75901 (31.1%).

High Blood Pressure and High Cholesterol, Adults

	ZIP Code	Hypertension	High Cholesterol
Corrigan	75939	38.6%	33.5%
Diboll	75941	35.4%	32.3%
Huntington	75949	34.8%	33.7%
Lufkin	75901	34.4%	31.1%
Lufkin	75904	36.0%	32.2%
Pollok	75969	33.9%	32.5%
Zavalla	75980	40.4%	38.4%
Lufkin Service Area*		**35.5%**	**32.2%**
Angelina County		**35.3%**	**32.2%**
Texas		**32.5%**	**34.0%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2017 data, https://commonspirit.policymap.com/tables/ *Weighted average; calculated using 2015-2019 ACS adult population estimates.*

Cancer

In Angelina County, the age-adjusted rate of cancer incidence was 451.9 per 100,000 persons, which is above the state cancer diagnoses rate of 410.7 per 100,000 persons. Angelina County has a higher rate of all below-listed cancers than the state, with the possible exceptions of female breast cancer, colorectal cancers and leukemia. Angelina

County also has a higher rate of mortality from urinary bladder cancers (5.8 deaths per 100,000 persons, age-adjusted) than the state (3.7 per 100,000 persons).

Cancer, Age Adjusted Incidence Rates, per 100,000 Persons

	Angelina County	Texas
All sites	451.9	410.7
Breast (female)	102.3	114.1
Prostate	119.5	97.5
Lung and Bronchus	67.6	49.4
Colon and Rectum	43.4	37.8
Urinary Bladder	20.8	14.9
Cervix Uteri	18.3	9.3
Leukemia	14.6	14.2

Source: Texas State Department of Health, Texas State Cancer Registry, 2014-2018. https://www.cancer-rates.info/tx/

Tuberculosis

Cases of TB in Angelina County are relatively rare, varying from 0 to 2 case per year. TB showed a declining rate in Texas from 2015 through 2018, rising slightly in 2019.

Tuberculosis, Number and Crude Rate, per 100,000 Persons

	2015		2016		2017		2018		2019	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Angelina County	2	2.3	0	0.0	0	0.0	1	1.2	2	2.3
Texas	1,334	4.9	1,250	4.5	1,127	4.0	1,129	3.9	1,159	4.0

Source: Texas Department of State Health Services, TB Surveillance Report, 2019.
https://www.dshs.texas.gov/idcu/disease/tb/statistics/

Asthma

The reported rate of adult asthma in the service area was 9.1%. Rates of diagnosis in the service area ranged from 8.6% in Diboll to 9.6% in Corrigan.

Asthma Prevalence, Adults

	ZIP Code	Percent
Corrigan	75939	9.6%
Diboll	75941	8.6%
Huntington	75949	8.9%
Lufkin	75901	9.1%
Lufkin	75904	9.2%
Pollok	75969	8.9%
Zavalla	75980	8.8%
Lufkin Service Area*		**9.1%**
Angelina County		**9.0%**
Texas		**7.4%**

Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data,
*https://commonspirit.policymap.com/tables/ *Weighted average of ZIPs for which data were available; calculated using 2015-2019*
ACS adult population estimates N/A = not available, possible due to small sample size / statistical validity and/or privacy concerns.

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Asthma hospitalization in children, under age 18, occurred at a rate of 9.6 hospitalizations per 10,000 children in HSR 5. This rate was lower than the state rate of 10.9 hospitalizations per 10,000 children.

Asthma Hospitalizations, Age-Adjusted Rate, per 10,000 Children, Ages 0 - 17

	Number	Rate
Health Service Region 5	178	9.6
Texas	7,736	10.9

Source: Texas Department of State Health Services, 2016 Child Asthma Fact Sheet, March 2016.
https://www.dshs.texas.gov/asthma/data.aspx

Disability

In the service area, 18.2% of the non-institutionalized civilian population identified as having a disability, which much higher than the state rate of disability (11.5%).

Disability, Five-Year Average

	Percent
Lufkin Service Area	18.2%
Angelina County	18.2%
Texas	11.5%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1810. http://data.census.gov

Community Input – Chronic Disease

Stakeholder interviews identified the following issues, challenges and barriers related to chronic disease. Following are their comments summarized and edited for clarity:
- Many individuals make poor lifestyle choices around health due to poverty and a lack of health awareness. We need to address these issues before addressing the health condition itself.
- Strategic use of discharge planners by the hospitals to educate and connect patients would help in reducing a quick turnaround by patients because they did not have the understanding or resources on how to manage their conditions.
- If people can't pay for medication, they will quickly relapse. There needs to be more options around access to affordable medicine.
- More education classes around lifestyle management, nutrition and cooking are needed.
- There is a Native American community that has high rates of chronic diseases including, heart disease, respiratory issues, and poor maternal and mental health conditions. We don't know if they are accessing services.

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Health Behaviors

Health Behaviors Ranking

The County Health Ranking examines healthy behaviors and ranks counties according to health behavior data. Texas has 254 counties, 243 of which are ranked from 1 (healthiest) to 243 (least healthy) based on indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. With a ranking of 199, Angelina County is in the bottom 20% of Texas counties for healthy behaviors.

Health Behaviors Ranking

	County Ranking (out of 243)
Angelina County	199

Source: County Health Rankings, 2021. http://www.countyhealthrankings.org

Overweight and Obesity

Over a third of adults in the service area (35.5%) were obese and another third (32.9%) were overweight. Rates of obesity in service area cities ranged from 33.8% in Huntington to 38.8% in Corrigan. Combined rates of overweight and obesity ranged from 66.9% in Huntington to 71.2% in Corrigan.

Overweight and Obesity, Adults

	ZIP Code	**Overweight	Obese	Combined
Corrigan	75939	32.4%	38.8%	71.2%
Diboll	75941	33.9%	37.0%	70.9%
Huntington	75949	33.1%	33.8%	66.9%
Lufkin	75901	32.7%	35.3%	68.0%
Lufkin	75904	32.7%	35.4%	68.1%
Pollok	75969	33.0%	34.5%	67.5%
Zavalla	75980	34.0%	34.1%	68.1%
Lufkin Service Area*		**32.9%**	**35.5%**	**68.4%**
Angelina County		**32.9%**	**35.3%**	**68.2%**
Texas		**34.7%**	**34.8%**	**69.5%**

Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data,
*https://commonspirit.policymap.com/tables/ *Weighted average; calculated using 2015-2019 ACS adult population estimates.*
***Calculated by subtracting percentage of those with BMI of 30 or more from the percentage of total population with a BMI over 24.9.*

17.8% of Texas high school students were overweight (85th percentile or above for BMI by age and sex, but below the 95th percentile) and 16.9% qualified as obese (95th percentile or above for BMI by age and sex), meaning that more than one-third (34.7%) of all Texas high school students were either overweight or obese.

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Overweight and Obesity, 9th - 12th Grade Youth

	Overweight	Obese	Combined
Texas	17.8%	16.9%	34.7%

Source: Centers for Disease Control (CDC), Youth Risk Behavior Survey (YRBS), 2019.
https://nccd.cdc.gov/youthonline/app/default.aspx

Youth Body Dysmorphia and Dieting

33.1% of students surveyed in the *Texas Youth Risk Behavior Survey* described themselves as slightly or very overweight – less than the percentage who were classified as overweight or obese (34.7%). This apparent lack of self-awareness varied by gender, with 30.1% of boys viewing themselves as overweight when 34.8% were actually overweight or obese. Among females, 36.2% viewed themselves as overweight while only 34.6% of them were classified as overweight or obese. Black students were most likely to underestimate their rates of overweight: 27.5% of Black students said they were overweight versus 37.6% being classified as overweight or obese.

Despite only 33.1% of students describing themselves as overweight, and 34.7% of the total surveyed population being classified as overweight or obese, 51.3% of students described themselves as currently trying to lose weight. Girls were more likely to describe themselves as trying to lose weight (61%), despite only 34.6% being actually classified as overweight or obese and only 36.2% describing themselves as overweight. 41.8% of boys said they were trying to lose weight, despite only 34.8% of them being classified as overweight or obese and only 30.1% describing themselves as overweight. This dieting despite not being overweight or obese – and not describing themselves as either slightly or very overweight – was most common among non-White, non-Black, non-Hispanic students, 53.9% of whom were trying to lose weight despite only 31.2% being classified as overweight or obese.

Describes Self as Overweight, and Trying to Lose Weight, 9th - 12th Grade Youth

	Describe Self as Overweight	Combined Overweight & Obese (see above chart)	Trying to Lose Weight
Texas	33.1%	34.7%	51.3%

Source: Texas Youth Risk Behavior Survey (YRBS), 2019.
http://healthdata.dshs.texas.gov/dashboard/surveys-and-profiles/youth-risk-behavior-survey

Community Input – Overweight and Obesity

Stakeholder interviews identified the following issues, challenges and barriers related to overweight and obesity. Following are their comments summarized and edited for clarity:

- While there are greenspaces, walking trails and parks accessible to residents, many are not in practice of regular exercise or cannot due to lack of time, or other issues.

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- Cultural norms around food, obesity and body types play a large role in whether individuals or families are overweight.
- One of the food banks has a nutritionist who suggests healthy choices and the healthy food is kept at eye level with unhealthy items up high or on the bottom shelf.
- There are several neighborhoods that can be considered food deserts/food swamps. Many people lack nutrition knowledge (how to cook, what to choose when shopping and how to incorporate other good habits). There are very few or no classes that really teach this well.

Physical Activity

The CDC recommendation for adult physical activity is 30 minutes of moderate activity five times a week or 20 minutes of vigorous activity three times a week, and strength training exercises that work all major muscle groups at least 2 times per week. In the service area, 84% of adults did not meet these recommendations. They physical activity recommendations were least likely to be met in Corrigan (86.2%).

Physical Activity Recommendations Not Met, Adults

	ZIP Code	Percent
Corrigan	75939	86.2%
Diboll	75941	84.4%
Huntington	75949	83.3%
Lufkin	75901	83.8%
Lufkin	75904	84.0%
Pollok	75969	83.5%
Zavalla	75980	84.0%
Lufkin Service Area*		**84.0%**
Angelina County		**83.9%**
Texas		**83.0%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2017 data, https://commonspirit.policymap.com/tables/ *Weighted average of ZIPs for which data were available; calculated using 2015-2019 ACS adult population estimates N/A = not available, possible due to small sample size / statistical validity and/or privacy concerns.*

36.9% of adults in the service area were sedentary and did not participate in any leisure-time physical activity in the previous month. Adults in Corrigan (41.8%) were the most likely to report not participating in any leisure-time physical activities, while adults in Huntington (34.1%) were least likely to be sedentary.

Sedentary Adults

	ZIP Code	Percent
Corrigan	75939	41.8%
Diboll	75941	38.0%
Huntington	75949	34.1%

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	ZIP Code	Percent
Lufkin	75901	36.8%
Lufkin	75904	37.0%
Pollok	75969	34.6%
Zavalla	75980	35.5%
Lufkin Service Area*		**36.9%**
Angelina County		**36.6%**
Texas		**38.1%**

Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2017 data,
*https://commonspirit.policymap.com/tables/ *Weighted average; calculated using 2015-2019 ACS adult population estimates.*

32.3% of adults in Health Service Region 5 limited their activities for at least 5 of the prior 30 days due to poor mental or physical health, and 15.7% limited them for at least 14 of the prior 30 days.

Limited Activity Due to Poor Health, Days per Month, Adults

	> = 5 days	> = 14 days
Health Service Region 5	32.3%	15.7%
Texas	26.6%	17.0%

Source for Texas: Texas Department of State Health Services, Texas Behavioral Risk Factor Surveillance System Dashboard, 2018.
http://healthdata.dshs.texas.gov/dashboard/surveys-and-profiles/behavioral-risk-factor-surveillance-system

The CDC recommendation for youth physical activity is 60 minutes or more each day. Among Texas youth, 77.1% of high school students did not meet the activity recommendation. 41.8% of student were active for at least 60 minutes on at least 5 of the past 7 days. 20.1% of Texas' high school students surveyed indicated there was not one day in the previous week where they got at least an hour of exercise. In all categories, girls were less active than boys.

Physical Activity, 9th - 12th Grade Youth

	Texas
Active for 60+ minutes, 7 of past 7 days	22.9%
Boys	29.9%
Girls	15.9%
Active for 60+ minutes, at least 5 of past 7 days	41.8%
Boys	49.5%
Girls	34.0%
Active for 60+ minutes, 0 of past 7 days	20.1%
Boys	18.0%
Girls	22.4%

Source: Centers for Disease Control (CDC), Youth Risk Behavior Survey (YRBS), 2019.
https://nccd.cdc.gov/youthonline/app/default.aspx

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Exercise Opportunities

Proximity to exercise opportunities can increase physical activity in a community. 65% of Angelina County residents live in close proximity to exercise opportunities, which is lower than the state rate of 81%.

Adequate Access to Exercise Opportunities, 2010 and 2019 Combined

	Percent
Angelina County	65%
Texas	81%

Source: County Health Rankings, 2021 ranking, utilizing 2010 and 2019 combined data. http://www.countyhealthrankings.org

Community Walkability

WalkScore.com ranks over 2,500 cities in the United States (over 10,000 neighborhoods) with a walk score. The walk score for a location is determined by its access to amenities. Many locations are sampled within each city and an overall score is issued for the walkability of that city (scores for smaller towns, however, may be based on a single location). A higher score indicates an area is more accessible to walking while a lower score indicates a more vehicle-dependent location.

WalkScore.com has established the range of scores as follows:
0-24: Car Dependent (Almost all errands require a car)
25-49: Car Dependent (A few amenities within walking distance)
50-69: Somewhat Walkable (Some amenities within walking distance)
70-89: Very Walkable (Most errands can be accomplished on foot)
90-100: Walker's Paradise (Daily errands do not require a car)

Based on this scoring method, all of the ZIP Codes in the service area are classified as "Car Dependent", from a low of 6 in Pollok to a high of 43 in Diboll.

Walkability

	Walk Score
Corrigan	26
Diboll	43
Huntington	31
Lufkin	26
Pollok	6
Zavalla	28

Source: WalkScore.com, 2021.

Soda Consumption

19.5% of Texas high school students drink soda daily, and 10.6% drink soda at least twice per day, while 23.6% of teens drank no soda in the past week.

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Daily Soda Consumption, Past Week, 9ᵗʰ - 12ᵗʰ Grade Youth

	Texas
Drank soda at least once per day, past 7 days	19.5%
Drank soda at least twice per day, past 7 days	10.6%
Drank no soda, past 7 days	23.6%

Source: Centers for Disease Control (CDC), Youth Risk Behavior Survey (YRBS), 2019.
https://nccd.cdc.gov/youthonline/app/default.aspx

Fruit and Vegetable Consumption

Adults were asked how often they ate fruits or vegetables, including 100% pure fruit juices, green leafy or lettuce salads, potatoes (excluding fried potatoes) and other fruits or vegetables. 18.4% of service area adults reported eating less than a single serving of fruits or vegetables per day, while 12.1% reported eating at least five servings of fruits and vegetables per day.

Fruit and Vegetable Consumption, Adults

	ZIP Code	Ate Fewer Than One Serving Per Day	Ate 5 or More Servings Per Day
Corrigan	75939	20.4%	11.0%
Diboll	75941	19.8%	11.7%
Huntington	75949	15.9%	12.4%
Lufkin	75901	18.9%	12.2%
Lufkin	75904	18.4%	12.3%
Pollok	75969	16.7%	12.3%
Zavalla	75980	15.4%	12.3%
Lufkin Service Area*		**18.4%**	**12.1%**
Angelina County		**18.3%**	**12.2%**
Texas		**20.1%**	**13.7%**

Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2017 data,
*https://commonspirit.policymap.com/tables/ *Weighted average of ZIPs for which data were available; calculated using 2015-2019*
ACS adult population estimates N/A = not available, possible due to small sample size / statistical validity and/or privacy concerns.

11.5% of Texas high school students said they ate no vegetables, including salads, carrots, potatoes (excluding fried potatoes, chips or fries) or other vegetables, during the 7 days prior to the survey. 8.8% of Texas students said they ate no fruit and drank no 100% fruit juice (such as orange, apple or grape juice but excluding all fruit-flavored or sweetened drinks) in the 7 days prior to the survey. Cost and access must be considered as factors that may affect fruit and vegetable consumption, not solely personal preference.

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Consumed No Vegetables, Fruit or 100% Fruit Juice, Past Week, 9th - 12th Grade Youth

	Percent
Consumed no vegetables, past 7 days	11.5%
Did not consume fruit or 100% fruit juice	8.8%

Source: Centers for Disease Control (CDC), Youth Risk Behavior Survey (YRBS), 2019.
https://nccd.cdc.gov/youthonline/app/default.aspx

Youth Sexual Behaviors

Among high-school students surveyed in the *Texas Youth Risk Behavior Survey*, 38.3% of 10th graders and 65.7% of 12th graders have had sex. 43.9% of Texas 10th graders who had sex during the prior three months did not use a condom during their last sexual encounter, and 54.4% of 12th graders did not use a condom during their last sexual encounter.

Sexual Behaviors, Youth

	Has had Sex		Did Not Use a Condom During Last Sexual Encounter	
	10th Grade	12th Grade	10th Grade	12th Grade
Texas	38.3%	65.7%	43.9%	54.4%

Source: Centers for Disease Control (CDC), Youth Risk Behavior Survey (YRBS), 2019.
https://nccd.cdc.gov/youthonline/app/default.aspx N/A = suppressed due to sample size too small for statistical validity.

Sexually Transmitted Infections

Chlamydia occurred at a rate of 494.3 cases per 100,000 persons in Angelina County. The rate of gonorrhea was 173.3 cases per 100,000 persons, and primary and secondary syphilis occurred at a rate of 6.1 cases per 100,000 persons. The rate of gonorrhea in Angelina County was higher than the Texas rate, while the rates for chlamydia and primary/secondary syphilis were lower.

Sexually Transmitted Infection Rates, per 100,000 Persons, 2016-2018 Average

	Angelina County	Texas
Chlamydia	494.3	509.4
Gonorrhea	173.3	158.5
Syphilis (primary & secondary)	6.1	7.8

Source: Texas Department of State Health Services, Texas STD Surveillance Report, 2018. https://www.dshs.texas.gov/hivstd/

HIV

The five-year average HIV incidence in Angelina County was 10.3 new cases per 100,000 persons. In Texas the five-year-average incidence of HIV was 15.6 cases per 100,000 persons. The prevalence of HIV/AIDS (those living with HIV/AIDS regardless of when they might have been diagnosed or infected) was 193.7 cases per 100,000 persons in Angelina County, compared to 337.4 cases per 100,000 persons in the state.

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HIV Incidence and HIV/AIDS Prevalence, per 100,000 Persons

	5-Year Average Incidence Rate, 2015-2019	2019 Prevalence
Angelina County	10.3	193.7
Texas	15.6	337.4

Source: Texas Department of State Health Services, Texas HIV Surveillance Report, 2019. https://www.dshs.texas.gov/hivstd/

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Mental Health

Frequent Mental Distress

Frequent Mental Distress is defined as 14 or more bad mental health days in the last month. In the service area, 13.4% of adults had frequent mental distress. Adults with frequent mental distress ranged from 12.3% in Zavalla to 14.2% in Corrigan.

Frequent Mental Distress, Adults

	ZIP Code	Percent
Corrigan	75939	14.2%
Diboll	75941	13.1%
Huntington	75949	13.1%
Lufkin	75901	13.5%
Lufkin	75904	13.3%
Pollok	75969	13.4%
Zavalla	75980	12.3%
Lufkin Service Area*		**13.4%**
Angelina County		**13.3%**
Texas		**11.7%**

Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data,
*https://commonspirit.policymap.com/tables/ *Weighted average of ZIPs for which data were available; calculated using 2015-2019*
ACS adult population estimates N/A = not available, possible due to small sample size / statistical validity and/or privacy concerns.

Youth Mental Health

Among Texas high school students, 38.3% had experienced depression in the previous year, described as 'feeling so sad or hopeless every day for two weeks or more in a row that they stopped doing some usual activities'.

Depression, Past 12 Months, 9ᵗʰ - 12ᵗʰ Grade Youth

	Percent
Texas	38.3%

Source: Texas Youth Risk Behavior Survey (YRBS), 2019.
http://healthdata.dshs.texas.gov/dashboard/surveys-and-profiles/youth-risk-behavior-survey

19.6% of high school students in Texas said they had considered suicide in the past year, while 10% said they had attempted suicide in the past year.

Considered and Attempted Suicide, Past 12 Months, 9ᵗʰ - 12ᵗʰ Grade Youth

	Seriously Considered Suicide	Attempted Suicide
Texas	18.9%	10.0%

Source: Texas Youth Risk Behavior Survey (YRBS), 2019.
http://healthdata.dshs.texas.gov/dashboard/surveys-and-profiles/youth-risk-behavior-survey

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Experiencing physical or sexual violence from someone they were dating during the prior year was a concern for youth beginning in at least the 9th grade, rising by grade level. 8.3% of Texas teens said they were physically hurt on purpose by someone they were dating during the past 12 months, and 15.4% of Texas teens said they were forced to do sexual things by someone they were dating during the past 12 months.

Dating Violence, in the Past 12 Months, 9th - 12th Grade Youth

	Physical Dating Violence	Sexual Dating Violence
Texas	8.3%	15.4%

Source: Centers for Disease Control (CDC), Youth Risk Behavior Survey (YRBS), 2019.
https://nccd.cdc.gov/youthonline/app/default.aspx

Community Input – Mental Health

Stakeholder interviews identified the following issues, challenges and barriers related to mental health. Following are their comments summarized and edited for clarity:

- East Texas counties have the lowest health rankings for mental health issues out of the entire state.
- There is one mental health authority in East Texas that has an eight-county jurisdiction. It's spread too thin to meet the need in East Texas.
- Availability and access to mental health providers is very difficult.
- Independent mental health professionals that take Medicaid are far and few between.
- Many people feel a stigma for seeking care for mental health distress. Some providers that do take Medicaid patients report that they don't show up for their appointments, citing stigma as the reason.
- Mental health providers don't get a lot of reimbursement for Medicaid patients so what is the incentive for them to take on this population's needs?
- The cost of seeing mental health providers plus medication is more than many people can afford.
- There is a good outpatient clinic but no inpatient support.

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Substance Use and Misuse

Cigarette Smoking
19.7% of Angelina County adults were current smokers in 2018. The Healthy People 2030 objective is for 5% of the population to smoke cigarettes.

Smoking, Adults

	Percent
Angelina County	19.7%
Texas	*16.0%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2020. 2018 data. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
*Weighted average of Texas county rates.

Vapor products are now the most common nicotine product used by youth. 4.9% of high school students surveyed in Texas smoked cigarettes in the prior 30 days, 3.4% used smokeless tobacco in the prior 30 days, and 18.7% had used vapor products.

Tobacco Use, Past 30 Days, 9th - 12th Grade Youth

	Smoked Cigarettes	Used Smokeless Tobacco	Used Vapor Products
Texas	4.9%	3.4%	18.7%

Source: Centers for Disease Control (CDC), Youth Risk Behavior Survey (YRBS), 2019. https://nccd.cdc.gov/youthonline/app/default.aspx

Alcohol Use
Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among adults in the service area for whom data is available, 17.5% reported having engaged in binge drinking in the previous 30 days. Rates of binge drinking ranged from 15.9% in Zavalla to 18.5% in Pollok.

Binge Drinking, Past 30 Days, Adults

	ZIP Code	Percent
Corrigan	75939	17.5%
Diboll	75941	18.1%
Huntington	75949	18.2%
Lufkin	75901	17.6%
Lufkin	75904	17.0%
Pollok	75969	18.5%
Zavalla	75980	15.9%
Lufkin Service Area*		**17.5%**
Angelina County		**17.5%**

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	ZIP Code	Percent
Texas		**17.4%**

Alcohol use among youth increased by age. 39.9% of 12th grade youth in Texas had consumed at least one alcoholic drink on one or more occasions in the past 30 days. Consumption of alcohol was seen in 28.6% of 11th graders, 28.1% of 10th graders and 16.1% of 9th graders.

Alcohol Use, Past 30 Days, Youth

	9th Grade	10th Grade	11th Grade	12th Grade
Texas	16.1%	28.1%	28.6%	39.9%

Binge drinking was described in the *Texas Youth Risk Behavior Survey* as four or more alcoholic drinks in a row for female students or five or more drinks in a row for male students, within a couple of hours, on at least one day during the previous month. Extreme binge drinking was described as ten or more alcoholic drinks in a row, within a couple of hours, regardless of gender, on at least one occasion in the prior month. The reported rate of binge drinking (not extreme) among 10th graders in Texas was 13.6% and among 12th graders it was 18.6%. Extreme binge drinking among 10th graders in Texas was 4% and among 12th graders it was 6.6%.

Binge Drinking and Extreme Binge Drinking, Past 30 Days, Youth

	10th Grade		12th Grade	
	Binge Drinking	**Extreme Binge Drinking**	**Binge Drinking**	**Extreme Binge Drinking**
Texas	13.6%	4.0%	18.6%	6.6%

Youth Drug Use

42.2% of 12th grade youth, and 31.1% of the 10th grade youth in Texas indicated they had tried marijuana. 22% of 12th grade students and 15.3% of 10th grade students had used marijuana in the past 30 days.

Marijuana Use, Ever and Past 30 Days, Youth

	10th Grade		12th Grade	
	Ever	**Past 30 Days**	**Ever**	**Past 30 Days**
Texas	31.1%	15.3%	42.2%	22.0%

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Among Texas 9th – 12th graders, 16.6% have used prescription pain medications obtained without a prescription, 6.3% have used inhalants, 4% have tried ecstasy and 4.8% cocaine. Methamphetamines have been tried by 2.2% of Texas' high schoolers, steroids by 2.1%, heroin by 1.3% and IV drugs have been tried by 1.2% of youth.

Other Drug Use, Ever, 9th - 12th Grade Youth

	Percent
Rx pain meds without a prescription	16.6%
Inhalants (glue, aerosol, paints, sprays, etc.)	6.3%
Ecstasy	4.0%
Cocaine (any form)	4.8%
Methamphetamines	2.2%
Steroids	2.1%
Heroin	1.3%
Injected drugs	1.2%

Community Input – Substance Use

Stakeholder interviews identified the following issues, challenges and barriers related to substance use. Following are their comments summarized and edited for clarity:

● Alcohol and meth use is high in rural East Texas.
● People think they can handle drinking, smoking or drugs, but they get pulled in and can't help themselves. Then they are too embarrassed, feel apathetic or find a stigma in seeking care.
● People are not educated about the dangers of substance abuse.
● There are no inpatient rehab or detox facilities in the area.
● Meth production and crack use increased during the pandemic
● There is a lot of drug running and trafficking throughout parts of East Texas. It has a huge impact on young people in particular.

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Preventive Practices

Flu and Pneumonia Vaccines

25.5% of adults in the service area received a flu shot, which falls below the Healthy People 2030 objective for 70% of all adults, ages 18 and older, to receive a flu shot.

Flu Shots, Adults, Past 12 Months

	ZIP Code	Percent
Corrigan	75939	22.8%
Diboll	75941	24.3%
Huntington	75949	27.0%
Lufkin	75901	25.1%
Lufkin	75904	25.8%
Pollok	75969	25.9%
Zavalla	75980	29.8%
Lufkin Service Area*		**25.5%**
Angelina County		**25.7%**
Texas		**26.4%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://commonspirit.policymap.com/tables/ *Weighted average; calculated using 2015-2019 ACS adult population estimates*

The state rate of pneumonia vaccination among adults, ages 65 and older, was 71.3%, which was higher than the pneumonia vaccine rate in Health Service Region 5 (60.6%).

Pneumonia Vaccine, Adults, 65 and Older

	Percent
Health Service Region 5	60.6%
Texas	71.3%

Source for Texas: Texas Department of State Health Services, Texas Behavioral Risk Factor Surveillance System Dashboard, 2018. http://healthdata.dshs.texas.gov/dashboard/surveys-and-profiles/behavioral-risk-factor-surveillance-system

Immunization of Children

Among area school districts, rates of vaccinations among children entering Kindergarten ranged from 91.3% (for DTap in Zavalla ISD) to 100% (for all vaccines in Corrigan-Camden ISD and most in Diboll ISD). In the service area, Zavalla ISD and Huntington ISD have the lowest rates of vaccination across all required vaccines, while Central ISD has the second-lowest rate for the Hepatitis B, MMR and Polio vaccines.

Up-to-Date Immunization Rates of Children Entering Kindergarten

	DTaP	Hep A	Hep B	MMR	Polio	Varicella
Central ISD	96.6%	96.6%	96.6%	96.6%	96.6%	96.6%
Corrigan-Camden ISD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Diboll ISD	99.1%	100.0%	100.0%	100.0%	99.1%	100.0%

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	DTaP	Hep A	Hep B	MMR	Polio	Varicella
Hudson ISD	99.1%	99.1%	99.5%	99.1%	99.1%	99.1%
Huntington ISD	95.9%	95.0%	97.5%	96.7%	96.7%	94.2%
Lufkin ISD	98.2%	97.9%	98.6%	98.2%	98.1%	98.1%
Zavalla ISD	91.3%	95.7%	95.7%	95.7%	95.7%	95.7%
Angelina County	**97.9%**	**97.8%**	**98.4%**	**98.2%**	**97.9%**	**97.9%**
Texas	**96.6%**	**96.4%**	**97.4%**	**97.0%**	**96.8%**	**96.5%**

Source: Texas Department of State Health Services, 2019-2020. https://www.dshs.texas.gov/immunize/coverage/schools/

Mammograms

The Healthy People 2030 objective for mammograms is for 77.1% of women, between the ages of 50 and 74, to have a mammogram in the past two years. This translates to a maximum of 22.9% who lack screening. Angelina County (27.9%) and Texas (28.3%) did not meet this goal.

No Mammogram, Past Two Years, Women, Ages 50-74, Five-Year Average

	Percent
Angelina County	27.9%
Texas*	28.3%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2020. 2018 data. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
*Weighted average of Texas county rates.

Pap Smears

The Healthy People 2030 objective is for 84.3% of women, ages 21 to 65, to have a Pap smear in the past three years. This equates to a maximum of 15.7% of women who lack screening. Angelina County (19.4%) and Texas (18.2%) did not meet this goal.

No Pap Test, Past Three Years, Women, Ages 21-65

	Percent
Angelina County	19.4%
Texas*	18.2%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2020. 2018 data. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
*Weighted average of Texas county rates.

Colorectal Cancer Screening

The Healthy People 2030 objective for adults, ages 50 to 75 years old, is for 74.4% to obtain colorectal cancer screening (defined as a blood stool test in the past year, sigmoidoscopy in the past five years plus blood test in the past three years, or colonoscopy in the past ten years). 59.8% of Angelina County residents and 58.7% of Texas residents, ages 50-75, met the colorectal cancer screening guidelines. These rates of screening do not meet the Healthy People objective.

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Screening for Colorectal Cancer, Adults, Ages 50-75

	Percent
Angelina County	59.8%
Texas*	58.7%

Community Input – Preventive Practices

Stakeholder interviews identified the following issues, challenges and barriers related to preventive practices. Following are their comments summarized and edited for clarity:

- People don't access care in a timely manner. They only go to see a provider if their health gets really bad or whatever medication they have at home is not working or has run out.
- There is a lack of health care literacy. More education on the importance of primary care should be provided on an ongoing basis. The only time people may hear it is when they go to a provider. However, some providers don't give information or encouragement to seek care often and early. It's a missed opportunity.
- There are no social norms around prevention in this part of Texas. That includes oral health, chronic disease, and vision checks.
- Some providers don't give prevention information – just the medicine.

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Prioritized Description of Significant Health Needs

The identified significant community needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the significant needs. The following criteria were used to prioritize the significant needs:

- The perceived severity of a health or community issue as it affects the health and lives of those in the community.
- Improving or worsening of an issue in the community.
- Availability of resources to address the need.
- The level of importance the hospital should place on addressing the issue.

Each of the stakeholder interviewees was sent a link to an electronic survey (SurveyMonkey) in advance of the interview. The stakeholders were asked to rank each identified need. The percentage of responses were noted as those that identified the need as having severe or very severe impact on the community, had worsened over time, and had a shortage or absence of resources available in the community. Not all survey respondents answered every question, therefore, the response percentages were calculated based on respondents only and not on the entire sample size.

Economic insecurity, mental health and overweigh and obesity had the highest scores for severe and very severe impact on the community. Overweight and obesity, chronic disease and economic insecurity were the top needs that had worsened over time. Homelessness, economic insecurity and mental health had the highest scores for insufficient resources available to address the need.

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access to health care	75%	50%	62.5%
Birth indicators	37.5%	37.5%	62.5%
Chronic disease	87.5%	75%	62.5%
COVID-19	87.5%	37.5%	0%
Economic insecurity	100%	75%	75%
Food insecurity	75%	50%	50%
Homelessness	12.5%	62.5%	87.5%
Mental health	100%	75%	75%
Overweight and obesity	100%	100%	50%
Preventive practices	37.5%	25%	12.5%
Substance use	87.5%	62.5%	62.5%
Unintentional injury	12.5%	0%	12.5%

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The interviewees were also asked to prioritize the health needs according to highest level of importance in the community. The total score for each significant need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each significant need. Chronic disease, mental health and access to health care were ranked as the top three priority needs in the service area. Calculations resulted in the following prioritization of the significant needs:

Significant Needs	Priority Ranking (Total Possible Score of 4)
Chronic disease	3.88
Mental health	3.88
Access to health care	3.86
COVID-19	3.50
Overweight and obesity	3.50
Preventive practices	3.50
Economic insecurity	3.38
Birth indicators	3.29
Food insecurity	3.14
Substance use	3.13
Unintentional injury	3.00
Homelessness	2.88

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Resources to Address Significant Health Needs

Community stakeholders identified community resources potentially available to address the identified community needs. This is not a comprehensive list of all available resources. For additional resources refer to https://www.211texas.org/

Significant Needs	Community Resources
Access to care	FQHCs, TLL Temple Foundation, Impact Lufkin, East Texas Community Health Services, Northeast Texas Health District, Private Providers, Faith-based organizations, Deep East Texas Resource Center
Birth indicators	Woodland Heights Medical Center, Pregnancy Help Center, Episcopal Health Foundation, Medicaid, Angelina County AgriLife Extension
Chronic diseases	Deep East Texas Food Bank, FQHC, Angelina County AgriLife Life Extension
COVID-19	CHI, TLL Foundation, Deep East Texas Food Bank, Angelina County and Cities Health District
Economic insecurity	TLL Temple Foundation, Mosaic Center, Workforce Solutions East Texas, Goodwill, Chamber of Commerce, Texas Forest County Partnership
Food insecurity	East Texas Food Bank, TLL Temple Foundation, faith-based organizations, Lufkin Food Bank, Care and Share, East Texas Human Needs Network, Zavalla Food Pantry
Homelessness	Godtel, Salvation Army, The Coalition, Love Inc., VA services
Mental health	Burke's Center, Oceans Behavioral Hospital, Faith based communities
Overweight and obesity	St. Luke's diabetes education classes, local Parks and Recreation exercise and cooking classes, Mosaic Center, East Texas Food Bank, Seasons of Hope
Preventive practices	FQHCs, Angelina County and Cities Health District, Family Crisis Center, WIC
Substance use	Alcohol and Drug Abuse Council of Deep East Texas, Burke's Center, Angelina County Drug Court
Unintentional injuries	Hospitals, Social Workers, Area Agency on Aging of Deep East Texas, local senior centers, Brookshire Brothers Pharmacy, Harold's House

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Impact of Actions Taken Since the Preceding CHNA

In 2019, Memorial Lufkin Hospital conducted the previous CHNA and significant health needs were identified from issues supported by primary and secondary data sources. The hospital's Implementation Strategy associated with the 2019 CHNA addressed: access to health care, including preventive care and transportation, and behavioral health (mental health and substance use) through a commitment of community benefit resources. The following activities were undertaken to address these selected significant health needs since the completion of the 2019 CHNA.

Access to Care Resources (including Preventive Care and Transportation)
Response to Need
Administered up to 700 COVID tests weekly through a drive-through testing operation. Our facility administered vaccines for the community in conjunction with our allocation plan. In addition, we collaborated with the local grocery chain and provided staff and other resources to assist with community vaccination efforts.

Supported the operations of the Angelina County & Cities Health District (ACCHD) with financial support including staff salary and resources. The ACCHD serves as the primary public health reportable disease point-of-contact for our three-county market and continues to provide the COVID count, as well as public notification and communication. Additionally, the ACCHD administered and helped others to administer over 35,000 COVID vaccines in the three-county region.

The ACCHD provided complete vaccination services for all age groups. St Luke's partnered with ACCHD and other community nonprofit leaders to fully operationalize vaccine shipments and create efficient vaccination clinics. Since January 2021, St. Luke's, ACCHD, and other nonprofit entities provided weekly community COVID vaccination clinics.

ACCHD deployed mobile vaccination efforts and reached vulnerable populations through the Salvation Army, CISC food bank, homeless encampments, underserved areas as well as businesses, industries, and schools.

Since the beginning of COVID-19, we launched a fully-staffed call center that has reached over 9,500 callers. This call center is the vaccine reference point for the tri-county area (Polk, Angelina and San Augustine Counties) and helped to facilitate dialogue, instructions, health access updates, contact tracing, and data entry for the state.

The Lufkin team also participated in a community health fair in conjunction with Pilgrim's Pride in Lufkin. The team provided preventive screenings including lab work and blood pressure tests to address the heart-related health issues of the region.

Behavioral Health (Mental Health and Substance Use)
Response to Need
Our team worked with the Chamber of Commerce, local magazines, and Angelina College to equip business owners, community leaders, and nonprofit leaders with up-to-date information and tools for maintaining mental and physical health during the pandemic. By engaging key influencers in the region, we provided behavioral health resources, education and content to other citizens. These efforts also included maintaining a presence with the pastors' network and forging new partnerships with local churches.

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Attachment 1: Benchmark Comparisons

Where data were available, the hospital service area health and social indicators were compared to the Healthy People 2030 objectives. The **bolded items** are Healthy People 2030 objectives that did not meet established benchmarks; non-bolded items met or exceeded the objectives.

Indicators	Service Area Data	Healthy People 2030 Objectives
High school graduation rate	**90.2%** - 100%	90.7%
Child health insurance rate	**87.4%**	92.1%
Adult health insurance rate	**73.2%**	92.1%
Unable to obtain medical care	**17.5%**	3.3%
Ischemic heart disease deaths	**125.2**	71.1 per 100,000 persons
Cancer deaths	**155.1**	122.7 per 100,000 persons
Colon/rectum cancer deaths	**12.7**	8.9 per 100,000 persons
Lung cancer deaths	**47.7**	25.1 per 100,000 persons
Female breast cancer deaths	13.5	15.3 per 100,000 persons
Prostate cancer deaths	13.7	16.9 per 100,000 persons
Stroke deaths	**74.3**	33.4 per 100,000 persons
Unintentional injury deaths	**50.5**	43.2 per 100,000 persons
Suicides	**14.1**	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths	**14.7**	10.9 per 100,000 persons
Drug-overdose deaths	13.2	20.7 per 100,000 persons
Overdose deaths involving opioids	4.9	13.1 per 100,000 persons
No smoking during pregnancy	**89.5%**	95.7%
Infant death rate	**7.3**	5.0 per 1,000 live births
Adult obesity (age range unknown)	35.5%	36.0%, adults, ages 20+
Adults engaging in binge drinking	17.5%	25.4%
Cigarette smoking by adults	**19.7%**	5.0%
Pap smears, ages 21-65, screened in the past 3 years	**80.6%**	84.3%
Mammogram, ages 50-74, screened in the past 2 years	**72.1%**	77.1%
Colorectal cancer screenings, ages 50-75, screened per guidelines	**59.8%**	74.4%
Annual adult influenza vaccination	**25.5%**	70.0%

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Attachment 2: Community Stakeholder Interviewees

Community input was obtained from interviews with community stakeholders from community agencies and organizations that represent medically underserved, low-income, and/or minority populations.

Name	Title	Organization
Eric Barton	Lead Pastor	City Church Lufkin
Donna Busler	Director	Angelina Nonprofit Leadership Center
Stephen Jansen	Executive Director (previous)	Love Inc.
Sharon Kruk	Executive Director	The Coalition
Kevin Lambing	Senior Program Officer, Health Services	T.L.L. Temple Foundation
Romy Poindexter	RN	St. Luke's Memoria Lufkin
Dr. Sidney Roberts	Medical Director	CHI St. Luke's Memorial Temple Cancer Center
Sharon Shaw	Administrator	Angelina County and Cities Health District

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Attachment 3: Community Stakeholder Interview Responses

Participants were asked to name some of the major health issues affecting individuals in the community. Responses have been grouped by category and combined where appropriate.

Access to Care
- Primary care providers are hard to access in terms of getting appointments and accessibility.
- Insurance coverage isn't enough to cover medication costs.
- Many people in East Texas, especially the rural areas, lack reliable access to broadband. As a result, they don't have reliable Internet access to get health information or make medical appointments.
- Specialty care, especially cancer care, is not easily accessible in East Texas. Many people travel to Houston or other metros to find care.

Chronic Disease
- Chronic diseases like diabetes, heart disease, stroke and comorbidities like hypertension, obesity, and stress are very high.
- Prevalent health issues include kidney disease, heart attacks and mental health issues such as anxiety and depression.
- Area counties have higher rates of adult obesity than the state average.
- Even if providers have advice and medication on managing chronic disease, patients need to follow those recommendations daily. Twenty percent comes from the provider, eighty percent effort has to come from the patient.
- East Texas is part of the 'stroke belt' spanning many of the Southeastern states. All three counties have higher rates of stroke than the state average.

Education
- East Texas counties have high school graduation rates at or just above the state average, attainment of a college degree is lower than the state.
- Some communities have lower rates of literacy and educational attainment, which can lead to lower wage jobs and lack of economic stability over time.

Social Determinants of Health

Interviewees were asked about the underlying systemic issues/social determinants of health that impacted health and health outcomes in the area. Responses are presented according to the five domains of Social Determinants of Health (Healthy People 2030).

Economic Stability
- There is a high prevalence of generational poverty. People might be making

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enough for their immediate needs, but there is a definite gap between what's needed to get by versus being able to save and get ahead. This cycle continues from parents to children.

- Manufacturing jobs, once the main employer in the area, have slowly decreased leaving smaller industry to fill the gaps. Current industries like biomedicine and energy require a more highly educated workforce, which isn't always available in these counties.
- There is a relationship between economic status, jobs with lower paying wages and lower educational attainment. In order to keep getting paid, people leave school before graduating.
- Many people have thousands of dollars of medical debt accumulated over time, but they don't earn enough to pay it off. They continue to pay little by little over time.
- Residents of these counties work in retail or industrial jobs until retirement. They aren't able to save enough to stop working and retire.
- Residents move away to find better paying jobs so they can support their families.

Neighborhood and Physical Environment
- There is more food insecurity among children. This directly impacts their physical development and ability to learn.
- Many of the school districts in the three counties have high rates of free and reduced lunch use.
- Finding healthy food is a challenge even if food is accessible through food pantries.
- Many traditional diets from Hispanic and African American communities are high in fat and calories. Moving to healthy eating habits without losing the tradition needs to be addressed by members of the community and providers.
- Generational habits around food and exercise get passed down in families and communities. In many cases this prolongs unhealthy behaviors.
- There is an acceptance of poor health choices. It's just part of everyday life for many.
- Some cities can be considered food deserts as there is little to no access to fresh produce or affordable and healthy food.
- There is a lack of reliable public transportation in these counties.
- In the rural areas, there is no public transportation. In many places there are no bus stops and the service runs for limited hours.
- Even if there are parks and greenspace for play and exercise, many people say they don't find parks safe due to crime or lack of lighting.
- Housing quality is substandard and the infrastructure to support or improve it is

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not good.
- There are not enough sidewalks and bike lanes to encourage exercise.

Education Access
- For many communities in East Texas, there is a lack of educational attainment.
- People's level of education is tied to how well they can navigate care. We see so many problems and barriers to accessing care and understanding how to make critical health care decisions among low literacy individuals.

Health Care Access
- There is a perceived lack of quality health care in East Texas. People choose to go elsewhere for specialty care, because there are few specialty providers in the area.
- Medicaid has become political line in the sand and it is the individuals who need it to access medical care that suffer. No matter which side you're on, it affects the ability of parties to pass other health legislation.
- Health systems and social service providers would benefit greatly from participating in accountable communities of health but they do not exist in East Texas
- The ending of the 1115 waiver means there are no more federal funds to pay for under resourced care. Because of the cancellation of the waiver, it is likely that small hospitals will be the most impacted and might have to cut back services or close their doors. They can't afford to take on the care that they are mandated to provide.
- The current political administration opened a special session for the health care marketplace plan, but some physicians said they won't take that insurance.
- The availability of the marketplace plan means residents should have better health outcomes in the county but what's the point if providers won't accept it?
- The provider community needs to answer the question, "Are we delivering health care or health?" Patients report feeling rushed at appointments, given a lot of prescriptions for medicines and not a lot of prevention information.
- There is not enough information or outreach methods to the general public about preventive care.
- Access points for care, especially in the rural parts of East Texas, need to be improved. The hours of operation aren't feasible for people who work or they can't reach the facility due to lack of transportation.
- Providers say resources are available, but county residents don't know where to go.
- Even if you have insurance, accessing a provider is difficult. Appointments are hard to get and are 2-3 months out.

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- Not a lot of providers speak Spanish or provide bilingual staff. It's a problem for the Latino community.
- Race, language and economic status play a factor in the quality of health care people receive.

Social and Community Context
- We need more interactions with community leaders. Forming a relationship with them is crucial to building trust between providers and community members.
- If there was a central repository of provider and contact information, community leaders could teach others how to connect with the services they need.
- Many groups are working on the same problems, we need more collaboration to address the root causes of health.
- We see that people in poverty know the services that are available because they are used to seeking out help. But the working poor or people in situational poverty who likely never had to seek assistance before now don't know about available services.
- A lot of people feel the system will not change. This has to do with barriers such as discrimination and racism when seeking care.

Gaps in Accessing Care
Interviewees were asked to identify populations and geographies that were lacking access to regular health care and social services. The following groups and areas were mentioned multiple times in the interviews as having the most barriers to care.

Demographic groups
- Individuals living in rural parts of East Texas
- Homeless individuals
- African American community
- People at or below the poverty line
- Foreign born individuals
- Seniors
- Latino community
- Working poor
- Single men, especially day laborers

Geographic areas
- North Lufkin
- Wards 1 and 2 (Lufkin)
- Zavalla
- Diboll

St. Luke's Health – Memorial Lufkin Hospital

- Sayers Street and Paul Ave (Lufkin)

St. Luke's Health – Memorial Lufkin Hospital