



Memorial San Augustine 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 San Augustine 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 Lufkin Hospital. Memorial San Augustine Hospital engaged Biel Consulting, Inc. to conduct the CHNA.

Community Definition

Memorial San Augustine Hospital is located at 511 E. Hospital Street, San Augustine, Texas, 75972. 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 five ZIP Codes, in five cities or communities, located in Sabine, San Augustine and Shelby Counties.

The population of the hospital service area is 29,513. Children and youth, ages 0-17, make up 23.8% of the population, 52.5% are adults, ages 18-64, and 23.8% of the population are seniors, ages 65 and older. 68.7% of the population in the service area identifies as non-Hispanic White, 15.5% of the population identifies as Black/African-American, and 13.4% of the population identifies as Hispanic/Latino of any race. 1.2% of service area individuals identify as multiracial (two-or-more races), 0.5% of residents identify as American Indian/Alaskan Natives, 0.3% as Asian, 0.1% as Native Hawaiian/Pacific Islander.

Among the residents in the service area, 22.6% are at or below 100% of the federal poverty level (FPL) and 45.4% are at 200% of FPL or below. In the hospital service area, 20.3% of adults, ages 25 and older, lack a high school diploma, which is higher than the state rate (16.3%). 15.6% 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 San Augustine County, Sabine County, Shelby 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.

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 the service area are heart disease and cancer. 14.8% of area adults have been diagnosed with diabetes, 41.1% have high blood pressure and 9.4% 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 13.7%. 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. 82.6% of the population in the service area has health insurance and 86.9% 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

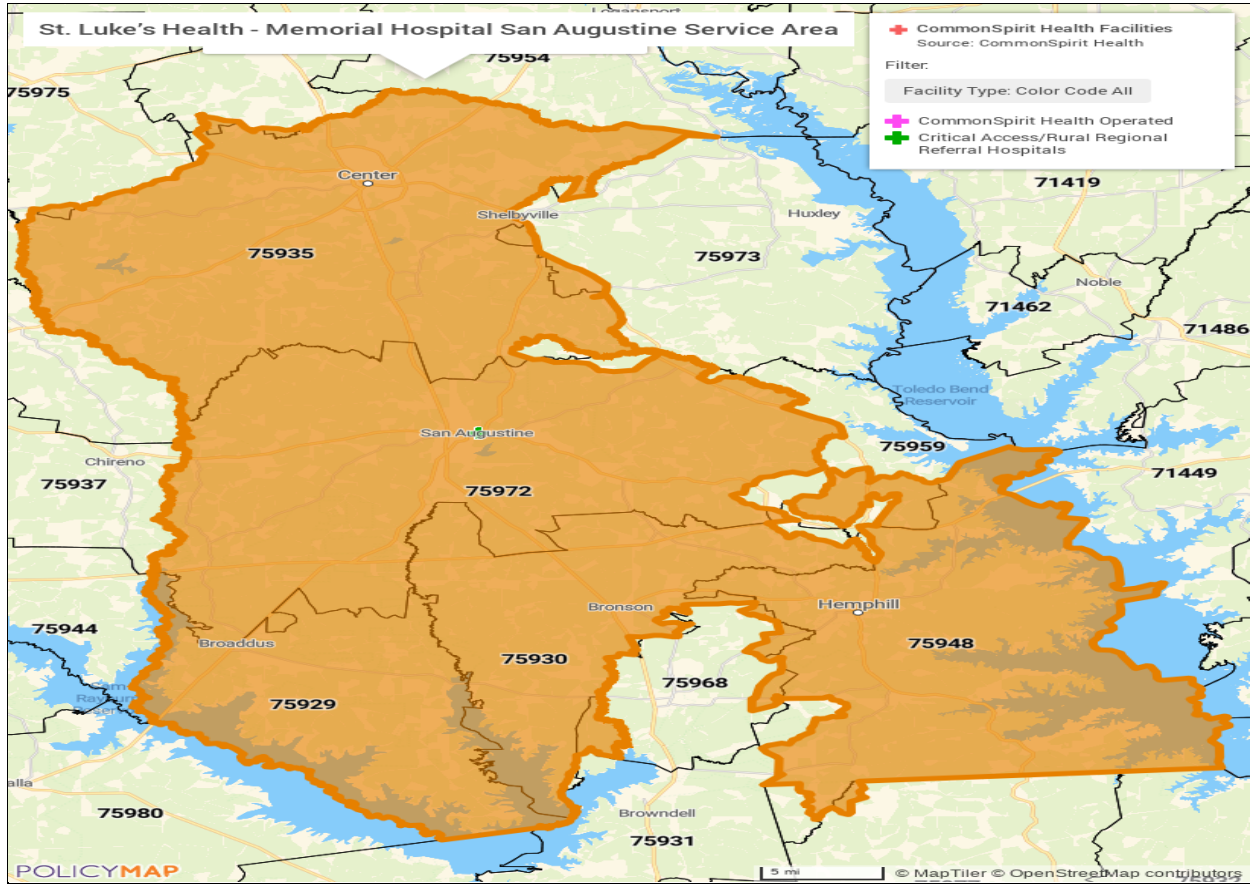
Service Area

St. Luke's Health – Memorial San Augustine Hospital is located at 511 E. Hospital Street, San Augustine, Texas, 75972. The hospitals track 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 defines its service area to include the following five ZIP Codes, in five cities or communities, located in Sabine, San Augustine and Shelby Counties.

St. Luke's Health – Memorial San Augustine Hospital Service Area

Place	ZIP Code	County
Broadus	75929	San Augustine
Bronson	75930	Sabine, San Augustine
Center	75935	Shelby
Hemphill	75948	Sabine
San Augustine	75972	Sabine, San Augustine

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



Memorial San Augustine Hospital is located at 511 E. Hospital Street, San Augustine, Texas, 75972. The population of the hospital service area is 29,513. Children and youth, ages 0-17, make up 23.8% of the population, 52.5% are adults, ages 18-64, and 23.8% of the population are seniors, ages 65 and older. 68.7% of the population in the service area identifies as non-Hispanic White, 15.5% of the population identifies as Black/African-American, and 13.4% of the population identifies as Hispanic/Latino of any race. 1.2% of service area individuals identify as multiracial (two-or-more races), 0.5% of residents identify as American Indian/Alaskan Natives, 0.3% as Asian, 0.1% as Native Hawaiian/Pacific Islander. In the service area, 87.6% of the population, 5 years and older, speak only English in the home. Among the area population, 12.1% speak Spanish, 0.2% speak an Asian/Pacific Islander language, and 0.1% speak an Indo-European language in the home.

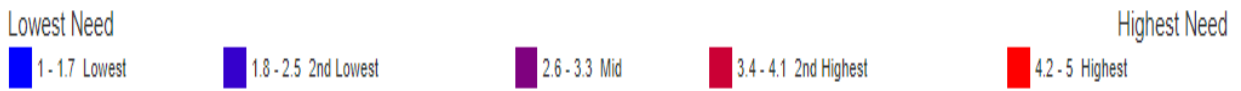
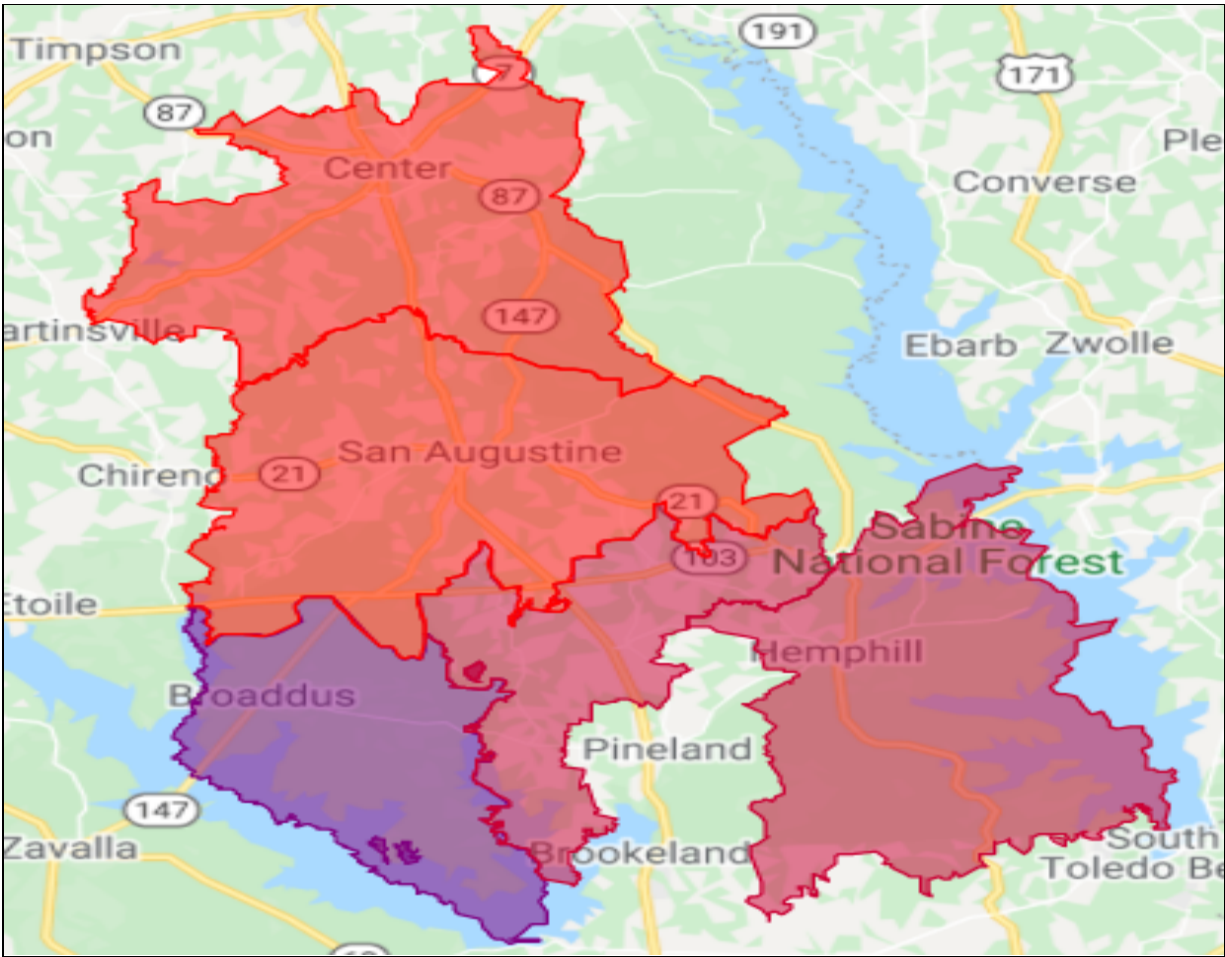
Among the residents in the service area, 22.6% are at or below 100% of the federal poverty level (FPL) and 45.4% are at 200% of FPL or below. Those who spend more than 30% of their income on housing are said to be “cost burdened.” In the service area, 24.1% of owner and renter occupied households spend 30% or more of their income on housing. Educational attainment is a key driver of health. In the hospital service area, 20.3% of adults, ages 25 and older, lack a high school diploma, which is higher than the

state rate (16.3%). 15.6% of area adults have a Bachelor's degree or higher degree.

San Augustine County and Shelby County are designated as Health Professional Shortage Areas (HPSAs) for primary care and mental health. Sabine County is designated as a Health Professional Shortage Area (HPSA) for primary care, dental care and mental health. San Augustine County, Shelby County and Sabine County are designated as Medically Underserved Areas (MUAs) for primary care.

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 Memorial San Augustine service area is 3.9. Center has the highest CNI score in the service area (4.8) and Broaddus 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).



Mean(zipcode): 3.9 / Mean(person): 4.2

CNI Score Median: 3.6

CNI Score Mode: 3.6

Zip Code	CNI Score	Population	City	County	State
75929	3.2	1483	Broaddus	San Augustine	Texas
75930	3.6	2066	Bronson	Sabine	Texas
75935	4.8	13079	Center	Shelby	Texas
75948	3.6	6386	Hemphill	Sabine	Texas
75972	4.2	6179	San Augustine	San Augustine	Texas

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 San Augustine County, Shelby County, Sabine County and Texas, framing the scope of an issue as it relates to the broader community.

The report includes benchmark comparison data, comparing Memorial San Augustine 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. Sabine, San Augustine and Shelby Counties are part of Health Service Region (HSR) 5, along with the following counties: Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, San Jacinto, Trinity, and Tyler.

Primary Data Collection

Memorial San Augustine Hospital partnered with Memorial Lufkin 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 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

Community Demographics

Population

The population of the St. Luke’s Health - Memorial San Augustine Hospital (MSA) service area is 29,513. From 2014 to 2019, the population decreased by 2.2%. While the three service area counties lost population, the state had an 8.3% rate of population growth.

Total Population and Change in Population

	MSA Service Area	Sabine County	San Augustine County	Shelby County	Texas
Total population	29,513	10,471	8,286	25,349	28,260,856
Change in population 2014-2019	-2.2%	-0.8%	-5.6%	-1.4%	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 show a continued decline for the three service area counties. From the 2010 Census, Sabine County decreased in population by 8.7%, San Augustine County lost 10.7% of its population, and the Shelby County population decreased by 5.6%. The state experienced a rate of population growth of 15.9%.

Total Population and Change in Population, 2010-2020

	Sabine County	San Augustine County	Shelby County	Texas
Total population	9,894	7,918	24,022	29,145,505
Change in population 2010-2020	-8.7%	-10.7%	-5.6%	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

	MSA Service Area	Sabine County	San Augustine County	Shelby County	Texas
Male	49.1%	47.9%	47.9%	49.6%	49.7%
Female	50.9%	52.1%	52.1%	50.4%	50.3%

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

Children and youth, ages 0-17, make up 23.8% of the service area population, 52.5% are adults, ages 18-64, and 23.8% of the population are seniors, ages 65 and older. This is a smaller percentage of children/youth and adults, and a higher percentage of seniors in the service area compared to the state.

Population, by Age

	MSA Service Area		Sabine County		San Augustine County		Shelby County	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Age 0-4	1,952	6.6%	491	4.7%	418	5.0%	1,807	7.1%
Age 5-17	5,058	17.1%	1,472	14.1%	1,224	14.8%	4,846	19.1%
Age 18-24	2,337	7.9%	580	5.5%	548	6.6%	2,461	9.7%
Age 25-44	5,709	19.3%	1,818	17.4%	1,511	18.2%	5,539	21.9%
Age 45-64	7,437	25.2%	2,918	27.9%	2,401	29.0%	6,291	24.8%
Age 65+	7,020	23.8%	3,192	30.5%	2,184	26.4%	4,405	17.4%

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 Center, which accounts for 46.2% of the total service area population. In the service area ZIP Codes, Center has the highest percentage of children and youth (29.6%) and the lowest percentage of seniors, ages 65 and older (16.2%). Hemphill has the largest percentage of seniors (37.4%) and the lowest percentage of children and youth (16.6%). San Augustine has the second-highest concentration of children and youth (21%) and the second-highest concentration of seniors (28.1%).

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

	ZIP Code	Total Population	Youth Ages 0 – 17	Seniors Ages 65+
Broadus	75929	1,649	19.0%	25.0%
Bronson	75930	1,779	17.8%	17.8%
Center	75935	13,648	29.6%	16.2%
Hemphill	75948	6,268	16.6%	37.4%
San Augustine	75972	6,169	21.0%	28.1%
MSA Service Area		29,513	23.8%	23.8%
Sabine County		10,471	18.7%	30.5%
San Augustine County		8,286	19.8%	26.4%
Shelby County		25,349	26.2%	17.4%
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

68.7% of the population in the service area identifies as non-Hispanic White, 15.5% of the population identifies as Black/African-American, and 13.4% of the population identifies as Hispanic/Latino of any race. 1.2% of service area individuals identify as multiracial (two-or-more races), 0.5% of residents identify as American Indian/Alaskan Natives, 0.3% as Asian, 0.1% as Native Hawaiian/Pacific Islander, and 0.3% of area

residents identified as being of a race/ethnicity not listed.

Race/Ethnicity

	MSA Service Area	Sabine County	San Augustine County	Shelby County	Texas
White	68.7%	85.5%	69.1%	61.6%	42.0%
Black/African-American	15.5%	5.6%	21.3%	18.9%	11.8%
Hispanic or Latino	13.4%	4.6%	7.2%	18.3%	39.3%
Multiracial	1.2%	3.2%	0.8%	0.4%	1.7%
American Indian / AK Native	0.5%	0.2%	1.6%	0.1%	0.3%
Asian	0.3%	0.1%	0.0%	0.4%	4.7%
Some other race	0.3%	0.5%	0.0%	0.1%	0.2%
Native HI / Pacific Islander	0.1%	0.3%	0.0%	0.0%	0.1%

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

When race/ethnicity is examined by ZIP Code, Bronson (98.4%) has the highest percentage of non-Hispanic Whites in the service area, followed by Broaddus (97.3%). San Augustine (30%) has the highest percentage of the population identifying as Black/African American. Center has the highest percentage of Hispanic/Latino residents (21.6%). San Augustine has the highest percentage of American Indian/Alaskan Native (AIAN) residents (2.1%).

Race/Ethnicity, by ZIP Code

	ZIP Code	White	Black	Hispanic/Latino	AIAN
Broaddus	75929	97.3%	0.0%	2.7%	0.0%
Bronson	75930	98.4%	0.0%	0.0%	0.0%
Center	75935	59.3%	18.0%	21.6%	0.0%
Hemphill	75948	83.8%	4.3%	6.7%	0.4%
San Augustine	75972	57.9%	30.0%	9.0%	2.1%
MSA Service Area		68.7%	15.5%	13.4%	0.5%
Sabine County		85.5%	5.6%	4.6%	0.2%
San Augustine County		69.1%	21.3%	7.2%	1.6%
Shelby County		61.6%	18.9%	18.3%	0.1%
Texas		42.0%	39.3%	11.8%	0.3%

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

Language

In the service area, 87.6% of the population, ages 5 and older, speak only English in the home, and 12.1% speak Spanish in the home. An additional 0.2% speak an Asian/Pacific Islander language, 0.1% 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

	MSA Service Area	Sabine County	San Augustine County	Shelby County	Texas
Population, ages 5 and older	27,561	9,980	7,868	23,542	26,261,053
English only	87.6%	96.5%	95.4%	81.8%	64.5%
Speaks Spanish	12.1%	3.0%	4.4%	17.8%	29.3%
Speaks Asian or Pacific Islander language	0.2%	0.1%	0.0%	0.2%	3.0%
Speaks Indo-European language	0.1%	0.2%	0.1%	0.2%	2.2%
Speaks other language	0.1%	0.2%	0.03%	0.0%	1.0%

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

Over one-fifth of Center residents (21.8%) speak Spanish in the home. Center also has the highest percentage of Asian/Pacific-Islander language households in the area (0.3%). Broaddus (0.4%) has the highest percentage of Indo-European language households, followed by Hemphill (0.3%). 98.5% of the residents of Broaddus live in English-only households, followed by Bronson (97.7%).

Language Spoken at Home, by ZIP Code

	ZIP Code	English	Spanish	Asian/Pacific Islander	Indo European
Broaddus	75929	98.5%	1.1%	0.0%	0.4%
Bronson	75930	97.7%	1.1%	0.0%	0.0%
Center	75935	77.8%	21.8%	0.3%	0.1%
Hemphill	75948	95.9%	3.7%	0.1%	0.3%
San Augustine	75972	94.3%	5.7%	0.0%	0.0%
MSA Service Area		87.6%	12.1%	0.2%	0.1%
Sabine County		96.5%	3.0%	0.1%	0.2%
San Augustine County		95.4%	4.4%	0.0%	0.1%
Shelby County		81.8%	17.8%	0.2%	0.2%
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 ranges from 0.3% in the West Sabine ISD to 30.1% of Center Independent School District students.

English Language Learner Students, by School District

	Number	Percent
Broaddus Independent School District	28	4.7%
Center Independent School District	799	30.1%
Excelsior Elementary Independent School District	2	2.5%
Hemphill Independent School District	20	2.2%
San Augustine Independent School District	87	11.8%
West Sabine Independent School District	2	0.3%
Sabine County	22	1.5%

	Number	Percent
San Augustine County	105	9.4%
Shelby County	1,027	19.2%
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, 9.7% of the civilian population, ages 18 and older, are veterans. 17.4% of adults in Hemphill, 13.5% in Broaddus, and 12% in San Augustine are veterans.

Veteran Status, Civilian Population, Ages 18 and Older

	ZIP Code	Percent
Broaddus	75929	13.5%
Bronson	75930	5.2%
Center	75935	4.4%
Hemphill	75948	17.4%
San Augustine	75972	12.0%
MSA Service Area		9.7%
Sabine County		14.0%
San Augustine County		11.3%
Shelby County		6.1%
Texas		7.0%

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

Citizenship

In the service area, 5.8% of the population is foreign-born. Of the foreign-born in the service area, 77% 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

	MSA Service Area	Sabine County	San Augustine County	Shelby County	Texas
Foreign born	5.8%	1.2%	2.6%	8.2%	17.0%
And not a U.S. citizen	77.0%	25.4%	65.6%	80.2%	62.5%

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

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. Shelby County is ranked 212 among counties in Texas, according to social and economic factors, San Augustine is ranked 224 and Sabine County is ranked 228, placing them all in the bottom 15% of ranked counties.

Social and Economic Factors Ranking

	County Ranking (out of 243)
Sabine County	228
San Augustine County	224
Shelby County	212

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 \$25,926. Among the residents in the service area, 22.6% are at or below 100% of the federal poverty level (FPL) and 45.4% are at 200% of FPL or below. The low-income rate in the service area is 45.4%. The highest poverty rate in the service area (33.2%) and the highest rate of low-income (52.9%) were found in Bronson. Broaddus has the lowest rate of residents living in poverty (16.1%) and below 200% of the FPL (25.2%).

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

	ZIP Code	<100% FPL	<200% FPL
Broaddus	75929	16.1%	25.2%
Bronson	75930	33.2%	52.9%
Center	75935	22.6%	46.9%
Hemphill	75948	20.2%	43.6%
San Augustine	75972	23.9%	47.5%
MSA Service Area		22.6%	45.4%
Sabine County		20.1%	44.5%
San Augustine County		24.8%	44.6%
Shelby County		22.6%	44.7%
Texas		14.7%	34.3%

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

The rate of poverty among children in the service area is 35.5%. The rate of poverty among seniors in the service area is 12.3%. 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 55.2% in the service area.

The highest rates of poverty in the service area among children (39.7%), among seniors (20.9%), and among female heads-of-household living with children (76.9%) are found in Bronson. In Broaddus, 3.8% of children were living in poverty. The lowest rate of poverty among seniors was in San Augustine (8.5%).

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

	ZIP Code	Children	Seniors	Female HoH with Children*
Broaddus	75929	3.8%	15.8%	0.0%
Bronson	75930	39.7%	20.9%	76.9%
Center	75935	38.1%	15.5%	61.1%
Hemphill	75948	36.3%	10.1%	49.5%
San Augustine	75972	33.6%	8.5%	44.8%
MSA Service Area		35.5%	12.3%	55.2%
Sabine County		34.2%	10.7%	58.4%
San Augustine County		30.6%	11.3%	48.9%
Shelby County		37.8%	11.7%	61.5%
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 8%. Rates of unemployment ranged from 0.8% in Broaddus to 9.3% in San Augustine.

Employment Status for the Population, Ages 16 and Older

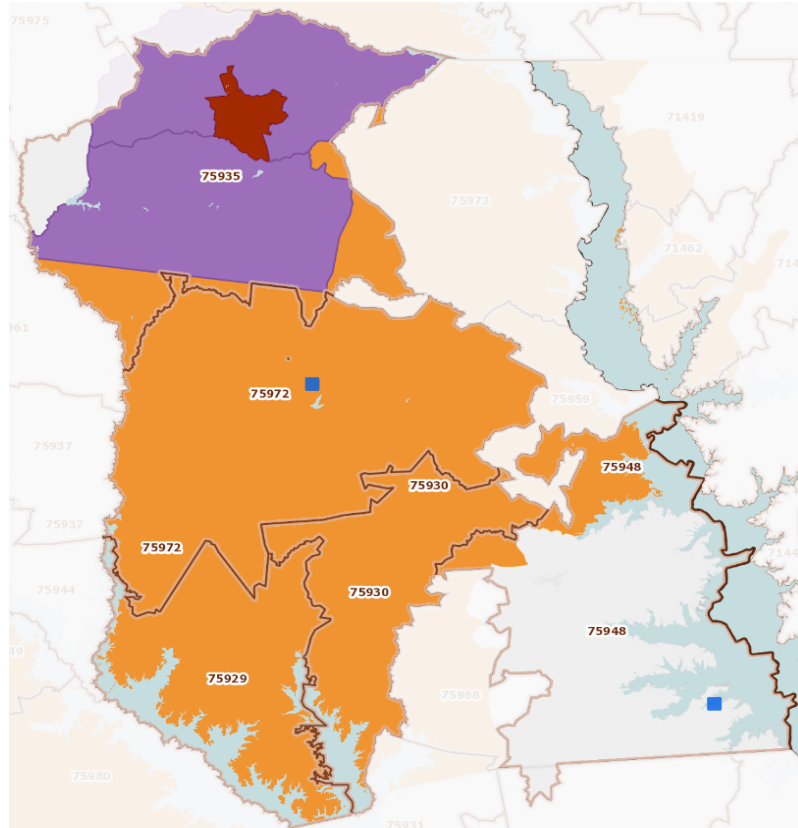
	ZIP Code	Civilian Labor Force	Unemployed	Unemployment Rate
Broaddus	75929	613	5	0.8%
Bronson	75930	735	49	6.7%
Center	75935	5,550	477	8.6%
Hemphill	75948	1,789	141	7.9%
San Augustine	75972	2,168	201	9.3%
MSA Service Area		10,855	873	8.0%
Sabine County		3,420	298	8.7%
San Augustine County		3,014	215	7.1%
Shelby County		10,452	802	7.7%
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 San Augustine is located in the center of the map.



San Augustine is located in the center of the map.

Much of the southern portion of the service area shows a high percentage of poverty and much of the northern section (most of Center, ZIP Code 75935) shows a low education level. One section of the service area, corresponding to the City of Center, contains 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. In San Augustine County, 83.8% of school students qualify as economically disadvantaged. The percentage of economically disadvantaged students in area school districts ranged from 64.1% in Hemphill ISD to 87.3% in San Augustine ISD.

Economically Disadvantaged Students

	Percent	
	2018 - 2019	2019 - 2020

Broaddus Independent School District	80.6%	77.0%
Center Independent School District	80.9%	80.9%
Excelsior Elementary Independent School District	N/A	72.2%
Hemphill Independent School District	64.4%	64.1%
San Augustine Independent School District	88.7%	87.3%
West Sabine Independent School District	78.4%	76.2%
Sabine County	70.1%	68.9%
San Augustine County	85.9%	83.8%
Shelby County	*75.6%	74.8%
Texas	60.6%	60.3%

Source: Texas Education Agency, Snapshots 2019 & 2020. <https://rptsvr1.tea.texas.gov/perfreport/snapshot/2020/index.html> *Not including Excelsior Elementary, for whom 2018-2019 data were not available.

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:

- 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 in East Texas.
- Low-cost loans need to be made available by financial institutions to help get people out of debt.

Households

In the service area, there were 11,330 households and 17,511 housing units. Over the last five years, the population decreased by 2.2% but the number of households grew at a rate of 2%. Housing units grew at a rate of 1.2%, while vacant units decreased by 0.2% to 35.3% of the total housing stock. Owner-occupied housing increased by 1.8% and renters increased by 2.8%.

Households and Housing Units, and Percent Change

	MSA Service Area			Sabine County			San Augustine County			Shelby County		
	2014	2019	Percent Change	2014	2019	Percent Change	2014	2019	Percent Change	2014	2019	Percent Change
Households	11,111	11,330	2.0%	3,965	4,311	8.7%	3,117	3,451	10.7%	9,564	9,293	(-2.8%)
Owner occ.	78.4%	78.3%	1.8%	87.9%	88.2%	9.2%	80.2%	77.5%	6.9%	72.1%	73.6%	(-0.7%)
Renter occ.	21.6%	21.7%	2.8%	12.1%	11.8%	5.6%	19.8%	22.5%	26.1%	27.9%	26.4%	(-8.2%)
Housing units	17,307	17,511	1.2%	8,002	8,306	3.8%	5,333	5,455	2.3%	11,891	12,290	3.4%

	MSA Service Area			Sabine County			San Augustine County			Shelby County		
	2014	2019	Percent Change	2014	2019	Percent Change	2014	2019	Percent Change	2014	2019	Percent Change
Vacant	35.8%	35.3%	(-0.2%)	50.4%	48.1%	(-1.0%)	41.6%	36.7%	(-9.6%)	19.6%	24.4%	28.8%

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

Households by Type

18.7% of service area households are family households (married or cohabiting couples) with children, ages 18 and younger, and 6.8% of households are households with a female as head of household with children and no spouse or partner present. 15.4% 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 Age 18	Female Head of Household with own Children Under Age 18	Seniors, 65 and Older, Living Alone
	Number	Percent	Percent	Percent
MSA Service Area	11,330	18.7%	6.8%	15.4%
Sabine County	4,311	12.6%	3.5%	19.7%
San Augustine County	3,451	18.0%	6.5%	14.5%
Shelby County	9,293	21.7%	8.2%	12.5%
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.

No unmarried-partner households in the service area or any of the three service area counties reported being same-sex couples.

Unmarried Partner Households, by Gender of Partner

	Total Households	Same-Gender Households		Mixed-Gender Households	
	Number	Number	Percent	Number	Percent
MSA Service Area	157	0	0.0%	157	100.0%
Sabine County	57	0	0.0%	57	100.0%
San Augustine County	37	0	0.0%	37	100.0%
Shelby County	98	0	0.0%	98	100.0%
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 \$40,753.

Household incomes ranged from medians of \$29,569 in Bronson to \$62,885 in Broaddus.

Median Household Income

	ZIP Code	Households	Median Household Income
Broaddus	75929	704	\$62,885
Bronson	75930	732	\$29,569
Center	75935	4,699	\$43,479
Hemphill	75948	2,643	\$33,670
San Augustine	75972	2,552	\$40,171
MSA Service Area		11,330	*\$40,753
Sabine County		4,311	\$34,992
San Augustine County		3,451	\$40,353
Shelby County		9,293	\$42,522
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.” 24.1% of owner and renter occupied households in the service area spend 30% or more of their income on housing. Bronson has the highest rate of households that pay 30% or more of their income on housing (41.6%), and Broaddus has the lowest (15.9%).

Households that Spend 30% or More of Income on Housing

	ZIP Code	Percent
Broaddus	75929	15.9%
Bronson	75930	41.6%
Center	75935	25.5%
Hemphill	75948	22.8%
San Augustine	75972	19.4%
MSA Service Area		24.1%
Sabine County		25.1%
San Augustine County		21.0%
Shelby County		22.9%
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 Sabine, San Augustine, and Shelby Counties. The 2020 PIT Count occurred on January 23, 2020 and was led by the Texas Homeless Network. The 2016-2020 PIT Counts for the BoS CoC appear to

have included only extrapolated data for all three service area counties, with no head counts performed.

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 were sheltered declined, suggesting a loss of shelter beds over that period. In the state, the proportion of homeless who were chronically homeless declined, while at the BoS CoC level the number and proportion of chronically homeless increased. The number and proportion of homeless who were veterans 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/>

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, 7.2% of residents received SSI benefits, 1.7% received cash public assistance income, and 16.7% of residents received food stamp benefits. Residents of Sabine County (7.5%) were the most likely to access SSI benefits, those in San Augustine were the most likely to access cash public assistance (2.1%), and residents of Shelby County (17.4%) were the most likely to be receiving food stamp benefits.

Household Supportive Benefits

	MSA Service Area	Sabine County	San Augustine County	Shelby County
Total households	11,330	4,311	3,451	9,293
Supplemental Security Income (SSI)	7.2%	7.5%	7.1%	6.3%
Public Assistance	1.7%	0.8%	2.1%	1.5%
Food Stamps/SNAP	16.7%	11.1%	15.9%	17.4%

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

Food Security

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 Sabine County, 20.6% of all residents in 2019 were food insecure, in San Augustine County the rate was 21% and in Shelby County it was 17.9%. Most of those who reported being food insecure, were likely eligible for SNAP benefits due to household income at or below 165% of the Federal Poverty Level (FPL). Among Sabine County children, 33% were food insecure in 2019, in San Augustine 30.7% were food insecure, and in Shelby County 28.8% were food insecure.

Food Security

	Sabine County	San Augustine County	Shelby County	Texas
Food insecure population, all ages	2,150	1,740	4,530	4,092,850
Food insecure rate, all ages	20.6%	21.0%	17.9%	14.1%
Income eligible for SNAP, all ages, at or <165% FPL	69%	66%	70%	62%

	Sabine County	San Augustine County	Shelby County	Texas
Food insecure, children	650	500	1,910	1,448,490
Food insecure rate, children	33.0%	30.7%	28.8%	19.6%
Income eligible for federal programs, children, at or <185% FPL	80%	60%	68%	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, 20.3% of adults, ages 25 and older, lack a high school diploma. 15.6% of area adults have a Bachelor's degree or higher.

Education Levels, Population Ages 25 and Older

	MSA Service Area	Sabine County	San Augustine County	Shelby County	Texas
Population, 25 and older	20,166	7,928	6,096	16,235	18,131,554
Less than 9 th grade	7.3%	3.8%	5.0%	9.5%	8.2%
9 th to 12 th grade, no diploma	13.0%	11.5%	12.7%	14.0%	8.1%
High school graduate	34.9%	35.6%	40.1%	35.0%	25.0%
Some college, no degree	23.6%	26.3%	22.4%	21.9%	21.6%
Associate's degree	5.7%	5.2%	5.9%	5.7%	7.2%
Bachelor's degree	10.0%	9.2%	8.7%	10.0%	19.5%
Graduate/professional degree	5.6%	8.4%	5.2%	3.8%	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. Center ISD has the lowest

graduation rate of area high school districts (93.2%) and West Sabine ISD had the highest high school graduation rate (100%).

High School Graduation Rates

	Percent
Broaddus Independent School District	97.1%
Center Independent School District	93.2%
Hemphill Independent School District	96.4%
San Augustine Independent School District	95.2%
West Sabine Independent School District	100.0%
Sabine County	97.8%
San Augustine County	95.8%
Shelby County	95.6%
Texas	*92.8%

Source: Texas Education Agency, Snapshot 2020 (Class of 2019). <https://rptsrv1.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

51.8% of service area children, ages 3 and 4, were enrolled in preschool, which was higher than the rate in all three service area counties. The enrollment rates ranged from 12.7% in Hemphill to 100% of Bronson’s 13 children in that age group. 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

	ZIP Code	Children, Ages 3 and 4	Percent Enrolled
Broaddus	75929	55	40.0%
Bronson	75930	13	100.0%
Center	75935	505	61.6%
Hemphill	75948	55	12.7%
San Augustine	75972	150	33.3%
MSA Service Area		778	51.8%
Sabine County		103	27.2%
San Augustine County		205	35.1%
Shelby County		810	47.2%
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 decreased from 2014 to 2019, in all three area counties and the two service area cities for which data were available. The crime rate was higher in Center (531.2 violent crimes per 100,000 persons) than for Hemphill (52.5 per 100,000 persons), and for Shelby County (302.6 violent crimes per 100,000 persons) than for San Augustine County (160.3 per 100,000 persons) or Sabine County (123.9 per 100,000 persons). Except for Center, all crime rates were lower than the state rate of 418.9 per 100,000 persons.

Property crime rates also decreased from 2014 to 2019 for all three counties, the state, and area cities for which data were available. Rates were higher in Center (3,433.8 property crimes per 100,000 residents) than for Hemphill (341.5 property crimes per 100,000 persons) and for Shelby County (1,571.3 property crimes per 100,000 persons) than for Sabine (734.1 per 100,000 persons) or San Augustine County (703 per 100,000 persons). The rate of property crime in Center was higher than the state rate (2,386.3 property crimes per 100,000 persons).

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

	Violent Crimes Rate		Property Crimes Rate	
	2014	2019	2014	2019
Center	829.8	531.2	4,790.6	3,433.8
Hemphill	83.8	52.5	1,592.6	341.5
San Augustine	286.5	0	1,814.7	0
Sabine County	357.8	123.9	1,347.3	734.1
San Augustine County	249.6	160.3	1,996.8	703.0
Shelby County	333.3	302.6	2,012.1	1,571.3
Texas	406.8	418.9	3,016.6	2,386.3

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

Health Care Access

Health Insurance Coverage

Health insurance coverage is considered a key component to ensure access to health care. 82.6% of the population in the service area has health insurance. Broaddus (96.8%) has the highest health insurance rate, followed by Hemphill (89.8%), while Center (77.6%) and Bronson (81.5%) have the lowest rates 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, and only Broaddus meets it for age groups, while Hemphill meets the goal among children, ages 0 to 18.

86.9% of children, ages 0-18, have health insurance coverage in the service area. Broaddus (100%) and Hemphill (96.4%) have the highest health insurance rates among children, and Bronson (82.3%) and Center (84.3%) have the lowest percentage of children with health insurance.

Among adults, ages 19-64, 72.8% in the service area have health insurance. Broaddus has a 95.1% insurance rate, and Center had the lowest health insurance rates among adults, 67.5%.

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
Broaddus	75929	96.8%	100.0%	95.1%
Bronson	75930	81.5%	82.3%	75.6%
Center	75935	77.6%	84.3%	67.5%
Hemphill	75948	89.8%	96.4%	79.1%
San Augustine	75972	82.6%	86.0%	71.8%
MSA Service Area		82.6%	86.9%	72.8%
Sabine County		87.5%	93.1%	77.8%
San Augustine County		85.2%	89.4%	76.4%
Shelby County		78.3%	85.1%	68.4%
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 (67.2% of the population for whom insurance status is known), Blacks/African Americans (15.1%), and Hispanics (13.2%) are based on very small numbers of residents (the remaining 4.6% of the population, or 1,351 individuals, combined) and should be interpreted with caution. For instance, Native Hawaiian/Pacific Islander (NHPI) residents are represented by just 30 total

individuals, adults, ages 19 to 64. Asian residents make up 0.4% of the population, and even among American Indian/Alaskan Native - AIAN - residents (1.3% of the area population for whom insurance status is known), when broken down further by age category, only 17 individuals are seniors.

The lowest rate of health insurance coverage is seen among those who identify as a AIAN, with 56.9% coverage, Hispanic residents (65.7%), and those who identify as a race Other than those listed (non-Hispanic White, Hispanic, Asian, Black, AIAN, or NHPI), with 72.3% coverage. Coverage among service area children is 89.2%. The lowest rate of coverage (65.1%) is seen in children identified as AIAN, Other race (74.7%), and multiracial children (79.7%). Among adults, ages 19 to 64, 76.7% have health insurance. The lowest rate is seen among adults who identify as AIAN (46.3%), Hispanic adults (49.2%), and multiracial adults (65.7%). The lowest rates of coverage among service area seniors, ages 65 and older, are found among Other-race seniors (53.3%, representing 40 uninsured seniors) and Hispanic seniors (77.7%, or 122 uninsured).

Health Insurance, Service Area Population, 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	97.2%	100.0%	95.8%	100.0%
Non-Hispanic White	85.6%	86.7%	77.3%	99.6%
Black/African American	81.5%	89.9%	70.3%	100.0%
Multiracial	75.4%	79.7%	65.7%	100.0%
Other race	72.3%	74.7%	80.6%	53.3%
Hispanic	65.7%	82.8%	49.2%	77.7%
American Indian/Alaskan Native	56.9%	65.1%	46.3%	100.0%
Service area average	82.8%	89.2%	76.7%	99.1%

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. 27.9% of adults in the service area do not have a usual primary care provider. Rates are lowest in Hemphill (22.3%) and Broaddus (22.9%) and highest in San Augustine (26.6%) and Center, where 32% of the population has no usual primary care provider.

No Usual Primary Care Provider

	ZIP Code	Percent
Broaddus	75929	22.9%

	ZIP Code	Percent
Bronson	75930	25.0%
Center	75935	32.0%
Hemphill	75948	22.3%
San Augustine	75972	26.6%
MSA Service Area*		27.9%
Sabine County		23.5%
San Augustine County		25.7%
Shelby County		30.5%
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 Sabine County was 3,530:1, in San Augustine County it was 4,120:1, and in Shelby County it was 5,080 residents per physician. All three area counties have far fewer primary care physicians per capita than the state rate (1,640:1).

Primary Care Physicians, Number and Ratio

	Sabine County	San Augustine County	Shelby County	Texas
Number of primary care physicians	3	2	5	17,476
Ratio of pop. to primary care physicians	3,530:1	4,120:1	5,080:1	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, 45.4% of the population in the service area is low-income (200% of Federal Poverty Level) and 22.6% of the population are living in poverty. There are 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 5,058 patients in the service area, which equates to 38.4% penetration among low-income patients and 17.1% penetration among the total population. From 2018-2020, the Community Health Center providers served 801 additional patients for an 18.8% increase in patients served by Community Health Centers in the service area. Despite this, there remain 8,100 low-income residents, 61.6% of the population at or below 200% FPL, who are not served 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
13,158	5,058	38.4%	17.1%	8,100	61.6%

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

Dental Care

Among Sabine County adults, 47.3% did not access dental care in the prior year, in San Augustine County, 50% of adults did not, and in Shelby County 51.7% of adults did not access dental care in the past year. All three service area counties 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
Sabine County	47.3%
San Augustine County	50.0%
Shelby County	51.7%
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.

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)

The ratio of residents to dentists in Sabine County was 2,640:1, for San Augustine County it was 2,060:1 and for Shelby County it was 3,160:1. All three area counties have many fewer dentists per capita than the state rate of 1,680 residents per dentist.

Dentists, Number and Ratio

	Sabine County	San Augustine County	Shelby County	Texas
Number of dentists	4	4	8	17,293
Ratio of population to dentists	2,640:1	2,060:1	3,160:1	1,680:1

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

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 Sabine County, the ratio of residents to mental health providers was 10,540:1, in San Augustine County it was 8,240:1, and in Shelby County it was 1,810:1. All three area counties have far fewer mental health providers per capita than the 830 persons per mental health provider in Texas.

Mental Health Providers, Number and Ratio

	Sabine County	San Augustine County	Shelby County	Texas
Number of mental health providers	1	1	14	35,039
Ratio of population to providers	10,540:1	8,240:1	1,810:1	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.
- Access to affordable dental care is very difficult. Oral health in children and adults suffers as a result.

Birth Indicators

Births

In 2017, the number of births in the service area was 349. The average annual births in the service area from 2013 to 2017 was 362.6 births.

Total Births

	2013	2014	2015	2016	2017
MSA Service Area	362	352	370	380	349
Sabine County	95	82	111	104	101
San Augustine County	99	92	79	90	80
Shelby County	381	351	390	392	338
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 Center (212.4 live births per year).

Births, by ZIP Code, Five-Year Average

	ZIP Code	Average Annual Live Births
Broaddus	75929	10.8
Bronson	75930	19.2
Center	75935	212.4
Hemphill	75948	47.6
San Augustine	75972	72.6
MSA Service Area*		362.6
Sabine County		98.6
San Augustine County		88.0
Shelby County		370.4
Texas		393,781.2

Source: Texas Department of State Health Services, Texas Health Data, Live Births Dashboard, 2013-2017. * = excluding Center
<https://healthdata.dshs.texas.gov/dashboard/births-and-deaths/live-births-2005-2017> N/A = Suppressed due to privacy concerns.

The race/ethnicity of mothers in the service area was White (54.1%), Hispanic/Latina (23%), Black/African-American (18%), and 4.9% of births were to mothers that were not identified as one of these three groups.

Births, by Mother's Race/Ethnicity

	White	Hispanic/ Latina	Black/African American	Other
MSA Service Area	54.1%	23.0%	18.0%	4.9%

	White	Hispanic/ Latina	Black/African American	Other
Sabine County	83.2%	5.7%	8.1%	3.0%
San Augustine County	62.3%	12.3%	24.5%	0.9%
Shelby County	51.2%	28.2%	15.7%	4.9%
Texas	33.8%	47.4%	11.7%	7.1%

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>

Teen Birth Rate

From 2013 to 2017, teen births among mothers, age 15 to 19, occurred in the service area at a rate of 105.4 per 1,000 live births (10.5% of total births). The teen birth rate was highest in Sabine County (11.8%) and lowest in San Augustine County (9.1%), but all three counties have higher rates of teen births than does the state (8.2% of births).

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

	MSA Service Area	Sabine County	San Augustine County	Shelby County	Texas
Births, mothers 14 and younger	0.0	0.0	0.0	0.6	431.2
Births, mothers ages 15 – 17	7.8	2.6	1.4	8.4	9,740.0
Births, mothers ages 18 – 19	30.4	9.0	6.6	30.4	22,622.4
Births, ages 19 and younger	38.2	11.6	8.0	39.4	32,793.6
Rate, mothers ages 14 and under	0.0	0.0	0.0	1.6	1.1
Rate, mothers ages 15 - 17	21.5	26.4	15.9	22.7	24.7
Rate, mothers ages 18 - 19	83.8	91.3	75.0	82.1	57.4
Rate, mothers ages 15 to 19	105.4	117.6	90.9	104.8	82.2

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>

Prenatal Care

58% 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
MSA Service Area	58.0%
Sabine County	61.0%
San Augustine County	59.9%
Shelby County	57.8%
Texas	62.2%

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>

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 7.9%, and in San Augustine County it was 9.8% of births.

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

	Percent of Births
MSA Service Area	7.9%
Sabine County	7.3%
San Augustine County	9.8%
Shelby County	7.5%
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. 8.8% of births in San Augustine County (where gestational age was known and recorded) were preterm births, 10.6% of Shelby County births were, and 12.7% of births in Sabine County were preterm births.

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

	Percent
Sabine County	12.7%
San Augustine County	8.8%
Shelby County	10.6%
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, 86.5% in the service area did not smoke during pregnancy. This rate 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
MSA Service Area	86.5%
Sabine County	82.2%
San Augustine County	82.5%

	Percent of Births
Shelby County	87.6%
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 is not available for any of the three service area counties, due to privacy and/or statistical validity concerns. The Texas average is 5.7 deaths, which does not meet the Healthy People 2030 objective of 5.0 deaths per 1,000 live births.

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

	Rate
Texas	5.7

Source: March of Dimes, Peristats, 2015-2018. N/A = suppressed due to privacy or statistical validity concerns.
<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.

Mortality/Leading Causes of Death

Life Expectancy at Birth

The life expectancy at birth in Sabine County was 76.1 years, in San Augustine it was 75.7 years, and in Shelby County it was 74.9 years. All three area counties have lower life expectancies at birth compared to Texas at 79.2 years.

Life Expectancy at Birth

	Number of Years
Sabine County	76.1
San Augustine County	75.7
Shelby County	74.9
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 Shelby County was 948 deaths annually per 100,000 persons, the San Augustine County rate was 859.2 deaths per 100,000 persons, and Sabine County's was 847 deaths per 100,000 persons. The mortality rate in each county is higher than the Texas rate (728.2 deaths per 100,000 persons).

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

	Deaths	Crude Rate	Age-Adjusted Rate
Sabine County	166.0	1,576.3	847.0
San Augustine County	126.7	1,537.1	859.2
Shelby County	299.7	1,179.7	948.0
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 the three service area counties were heart disease and cancer. The age-adjusted heart disease mortality rate in Sabine County was 222 deaths per 100,000 persons, in Shelby County it was 221.3 deaths per 100,000 persons, and in San Augustine County it was 165.5 per 100,000 persons. The Healthy People 2030 objective is specific to ischemic heart disease only: 71.1 deaths per 100,000 persons. The San Augustine County rate of ischemic heart disease (64.9 deaths from ischemic heart disease per 100,000 persons) met the Healthy Person 2030

objective, and was lower than Sabine County (128 deaths per 100,000 persons) and Shelby County (127.6 deaths from ischemic heart disease per 100,000 persons).

The cancer death rate in Shelby County was 190.9 per 100,000 persons, the Sabine County rate from cancer was 156.2 deaths per 100,000 persons, and the San Augustine County rate was 148.2 cancer deaths per 100,000 persons. All three counties had higher rates than the state (143.5), and none met the Healthy People 2030 objective for cancer mortality of 122.7 deaths per 100,000 persons.

In addition to heart disease and cancer, Chronic Lower Respiratory Disease (CLRD) and stroke were among the top five causes of death in all three counties, in addition to unintentional injury in Sabine and Shelby Counties and diabetes in San Augustine County. Rates of CLRD in all three counties were known to exceed the state rate. In Sabine County, in addition to CLRD, the causes of death, which were known to be in excess of state rates were heart disease and ischemic heart disease. For San Augustine County, they were unintentional injury and diabetes, For Shelby County, they were heart disease and ischemic heart disease, cancer, and unintentional injury.

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

	Sabine County		San Augustine County		Shelby County		Texas	
	Number	Age-Adjusted	Number	Age-Adjusted	Number	Age-Adjusted	Number	Age-Adjusted
All causes	166.0	847.0	126.7	859.2	299.7	948.0	201,226.3	728.2
Heart disease	45.0	222.0	26.3	165.5	70.0	221.3	46,082.7	167.5
Ischemic heart disease	24.3	128.0	10.3	64.9	40.7	127.6	25,823.0	93.0
All cancers	34.0	156.2	23.3	148.2	63.7	190.9	41,007.7	143.5
Stroke	7.7	42.7	9.3	61.6	15.0	45.1	10,802.3	40.2
Chronic Lower Respiratory Disease	15.0	63.4	10.3	62.3	24.7	72.6	10,737.7	39.6
Unintentional injury	7.0	65.9	7.0	82.3	16.0	59.8	10,931.0	38.7
Alzheimer's disease	8.3	35.4	7.7	41.3	12.7	40.1	9,803.0	38.5
Diabetes	6.3	N/A	10.3	63.5	7.0	20.6	6,237.3	22.0

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 Sabine County was 27.6 per 100,000 women, in San Augustine County it was 24.9 deaths per 100,000 women and in Shelby County it was 24 per 100,000 women. The rate for prostate cancer deaths in Sabine County was 17.4 per 100,000 men, while in San Augustine County it was 33.3

per 100,000 men, and in Shelby County the prostate cancer death rate was 12.9 per 100,000 men. Care should be used in interpreting and comparing these rates, as they are based on a low overall number of deaths.

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
Sabine County	7	33.0	27.6	9	34.9	17.4
San Augustine County	6	46.8	24.9	5	61.0	33.3
Shelby County	15	29.3	24.0	7	13.8	12.9
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/>

The age-adjusted rate of colorectal cancer deaths in Sabine County was 18.7 per 100,000 persons, while in San Augustine County it was 19.4 deaths per 100,000 persons and in Shelby County it was 23.6 per 100,000 persons. The rate for lung cancer deaths in Sabine County was 61.9 deaths per 100,000 persons, while in San Augustine County it was 52.8 deaths per 100,000 persons and in Shelby County it was 59.4 per 100,000 persons. The rates of death from lung cancer in all three service area counties is higher than the state rate of 34 deaths 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
Sabine County	22	42.1	18.7	68	130.1	61.9
San Augustine County	12	36.0	19.4	37	88.9	52.8
Shelby County	38	29.8	23.6	100	78.5	59.4
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 Sabine County was 65.9 per 100,000 persons, in San Augustine County it was 82.3 per 100,000 persons and in Shelby County it was 59.8 per 100,000 persons. The unintentional injury death rates in service area counties were 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
Sabine County	7.0	65.9
San Augustine County	7.0	82.3
Shelby County	16.0	59.8
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 all three area counties make rates highly unstable, and so they are suppressed. The first available age-adjusted rate is for Shelby County, and it is a ten-year average rate of 10.6 deaths per 100,000 persons, which is above the statewide rate of 10 deaths per 100,000 persons per year for that time period. Texas currently meets the Healthy People 2030 objective of 20.7 drug overdose deaths per 100,000 persons.

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

	2015	2016	2017	2018	2019	2010-2019 Average
Sabine	N/A	N/A	N/A	N/A	N/A	N/A
San Augustine	N/A	N/A	N/A	N/A	N/A	N/A
Shelby County	N/A	N/A	N/A	N/A	N/A	10.6
Texas	9.4	10.1	10.5	10.4	10.8	10.0

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. The rate of opioid drug overdoses in Texas 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. Due to statistical validity concerns, the smallest time-period for which an opioid overdose death rate was available was 20 years. Sabine County’s rate from 2000 through 2019 (4.3 deaths per year per 100,000 persons) was similar to the state rate (4.2 deaths per 100,000 persons). Texas meets the Healthy People 2030 objective of 13.1 deaths from opioids per 100,000 persons.

Opioid Overdoses, Age-Adjusted Death Rate, per 100,000 Persons, 20-Year Average

	2000-2019 Average	
	Number	Rate
Sabine County	0.5	N/A
San Augustine County	N/A	N/A
Shelby County	1.0	4.3
Texas	1,049.7	4.2

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 2006-2019, 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 deaths), and American Natives (8.3 deaths per 100,000 deaths). Asians had the lowest rate of drug overdose deaths (1.9 deaths per 100,000 persons).

Drug Overdoses, Age-Adjusted Death Rates, per 100,000 Persons, by Race and 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>

COVID-19

In Sabine County, there have been 974 confirmed or probable cases of COVID-19 reported as of 12/15/21. This represents a rate of 9,844.4 cases per 100,000 persons. In San Augustine County, there have been 902 confirmed or probable cases of COVID-19, for a rate of 11,391.8 cases per 100,000 persons, and in Shelby County there have been 2,997 confirmed or probable cases, for a rate of 12,476.1 per 100,000 persons. As of the same date, according to the Texas Department of State Health, 77 persons have died due to COVID-19 complications in Sabine County, a rate of 778.2 deaths per 100,000 persons. In San Augustine County, 38 people have died, for a COVID death rate of 299.2 deaths per 100,000 persons and in Shelby County 113 have died, for a rate of 470.4 deaths per 100,000 persons. Care should be taken when comparing and interpreting rates based on such relatively low population numbers as those found in the three service area counties; however, it does appear that while case rates of COVID-19 have been lower in these counties than in the state, death rates have been higher.

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

	Sabine County		San Augustine County		Shelby County		Texas	
	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*
Cases, confirmed or probable	974	9,844.4	902	11,391.8	2,997	12,476.1	4,391,567	15,067.7
Deaths, confirmed or probable	77	778.2	38	479.9	113	470.4	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 Sabine County residents, ages 5 and older, who received at least one dose of a COVID-19 vaccine is 41.2%, and 63.9% of the population, ages 65 and older, have received at least one vaccine dose. In Shelby, 44.4% of the population ages 5 and older and 68.7% ages 65 and older are at least partially vaccinated. In San Augustine County, 49% of residents, ages 5 and older, and 71.5% of the population, ages 65 and older, have received at least one dose of a COVID-19 vaccine. The rates in all three area counties 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, Percent Partial and Full, Ages 5 and Older and Seniors, 12/15/21

	Sabine County		San Augustine County		Shelby County		Texas	
	Partial	Complete	Partial	Complete	Partial	Complete	Partial	Complete
Aged 5 and older	4.8%	36.4%	6.6%	42.5%	7.0%	37.4%	10.2%	60.1%

	Sabine County		San Augustine County		Shelby County		Texas	
	Partial	Complete	Partial	Complete	Partial	Complete	Partial	Complete
Aged 65 and older	4.8%	59.1%	6.7%	64.8%	7.1%	61.6%	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 races vaccinated who were marked ‘Other’ (12.7% of all vaccinated, representing 4.2% of the county population) or ‘Unknown’ (10.5% of all vaccinated) is a confounding factor, it appears that Hispanic residents may be underrepresented in the vaccinated population of Sabine County.

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

	Percent of Population*	Percent of People Vaccinated**
White	85.5%	89.1%
Black/African American	5.6%	7.5%
Hispanic or Latino	4.6%	2.8%
Asian	0.1%	0.6%

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/>

As with Sabine County, many of the vaccinated in San Augustine County were marked ‘Other’ race (10.4% of all vaccinated, representing 2.4% of the county population) or ‘Unknown’ (5.4% of all vaccinated). Despite this, it appears that White and Hispanic residents of San Augustine County were underrepresented among the vaccinated population.

San Augustine County Population and Vaccinations for COVID-19, by Race, 12/15/21

	Percent of Population*	Percent of People Vaccinated**
White	69.1%	64.7%
Black/African American	21.3%	28.4%
Hispanic or Latino	7.2%	6.5%
Asian	0.0%	0.4%

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/>

In Shelby County many of the vaccinated were marked ‘Other’ race (10.2% of all vaccinated, representing 0.8% of the county population) or ‘Unknown’ (7.9% of all vaccinated). Despite this, it appears that White and Hispanic residents of Shelby County were underrepresented among the vaccinated population.

Shelby County Population and Vaccinations for COVID-19, by Race, 12/15/21

	Percent of Population*	Percent of People Vaccinated**
White	61.6%	58.9%
Black/African American	18.9%	21.1%
Hispanic or Latino	18.3%	17.9%
Asian	0.4%	2.0%

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 COVID. 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.

Chronic Disease

Diabetes

14.8% of service area adults have been diagnosed with diabetes by a health professional. Rates of diabetes ranged from 13.3% in Center to 16.6% in Hemphill.

Diabetes Diagnoses, Adults

	ZIP Code	Percent
Broadus	75929	15.5%
Bronson	75930	14.5%
Center	75935	13.3%
Hemphill	75948	16.6%
San Augustine	75972	16.1%
MSA Service Area*		14.8%
Sabine County		15.8%
San Augustine County		15.9%
Shelby County		13.6%
Texas		12.6%

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.

Heart Disease and Stroke

6.3% of service area adults report being told by a health professional they have heart disease and 4.7% 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 Hemphill (8%) and lowest in Center (5.1%). The prevalence of stroke diagnoses was highest in Hemphill (5.5%) and San Augustine (5.3%) and lowest in Center (4.1%).

Heart Disease and Stroke Prevalence, Adults

	ZIP Code	Heart Disease	Stroke
Broadus	75929	7.5%	5.1%
Bronson	75930	6.7%	4.7%
Center	75935	5.1%	4.1%
Hemphill	75948	8.0%	5.5%
San Augustine	75972	6.6%	5.3%
MSA Service Area*		6.3%	4.7%
Sabine County		7.5%	5.2%
San Augustine County		6.8%	5.2%
Shelby County		5.4%	4.2%
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; calculated using 2015-2019 ACS adult population estimates.

10.1% of service area adults reported having been diagnosed with angina or coronary heart disease, or a heart attack (Myocardial Infarction). Rates were lowest in Center (8.4%), and highest in Hemphill (12.6%).

Heart Disease or Heart Attack, Adults

	ZIP Code	Percent
Broaddus	75929	11.8%
Bronson	75930	10.7%
Center	75935	8.4%
Hemphill	75948	12.6%
San Augustine	75972	10.6%
MSA Service Area*		10.1%
Sabine County		11.8%
San Augustine County		10.8%
Shelby County		8.8%
Texas		6.7%

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.

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 in the service area was 41.1% and with high cholesterol was 36%. Rates of high BP diagnosis were highest in Hemphill (45.9%) and lowest in Center (37.2%). Rates of high cholesterol diagnosis were highest in Hemphill (41.2%) and lowest in Center (32.5%).

High Blood Pressure and High Cholesterol, Adults

	ZIP Code	Hypertension	High Cholesterol
Broaddus	75929	43.7%	40.5%
Bronson	75930	41.3%	37.8%
Center	75935	37.2%	32.5%
Hemphill	75948	45.9%	41.2%
San Augustine	75972	44.0%	36.6%
MSA Service Area*		41.1%	36.0%
Sabine County		44.0%	39.7%
San Augustine County		43.8%	37.5%
Shelby County		38.1%	33.4%
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 Sabine County, the age-adjusted rate of cancer incidence was 459.6 per 100,000 persons, in San Augustine County it was 409.8 per 100,000 persons, and in Shelby County it was 394.3 per 100,000 persons. The rate in Sabine County is significantly above the state cancer diagnoses rate of 410.7 per 100,000 persons. Sabine and Shelby Counties have higher rates of lung and bronchus and colorectal cancers than the state. From 2014 to 2018, there were 11 diagnosed cases of ovarian cancer in Shelby County, and 11 deaths from ovarian cancer, with an overall rate of 13.5 deaths per 100,000 women, which was higher than Texas' ovarian cancer mortality rate of 6.1 deaths per 100,000 women.

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

	Sabine County	San Augustine County	Shelby County	Texas
All sites	459.6	409.8	394.3	410.7
Breast (female)	82.3	95.0	86.6	114.1
Prostate	108.6	110.9	76.8	97.5
Lung and bronchus	69.2	63.0	71.3	49.4
Colon and rectum	53.9	32.0	50.6	37.8
Leukemia	14.4	17.1	15.3	14.2
Ovary	24.4	N/A	18.2	10.7

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

Asthma

The reported rate of adult asthma in the service area was 9.4%. Rates of diagnosis in the service area ranged from 9.2% in Broaddus and Hemphill to 9.7% in San Augustine.

Asthma Prevalence, Adults

	ZIP Code	Percent
Broaddus	75929	9.2%
Bronson	75930	9.4%
Center	75935	9.4%
Hemphill	75948	9.2%
San Augustine	75972	9.7%
MSA Service Area*		9.4%
Sabine County		9.3%
San Augustine County		9.6%
Shelby County		9.4%
Texas		7.4%

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.

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>

Tuberculosis

There have been no diagnosed cases of TB in Sabine or San Augustine County from 2015 to 2019. In Shelby County there were between 1 and 4 diagnoses annually. TB shows a declining rate in Texas over the past five years.

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

	2015		2016		2017		2018		2019	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Sabine County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
San Augustine County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Shelby County	2	7.9	4	15.6	1	4.0	1	4.0	4	15.8
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/>

Disability

In the service area, 21.4% of the non-institutionalized civilian population identified as having a disability, which is higher than the state rate of disability (11.5%).

Disability, Five-Year Average

	Percent
MSA Service Area	21.4%
Sabine County	26.4%
San Augustine County	25.2%
Shelby County	17.2%
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.

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 rankings of 211 for Sabine County, 215 for Shelby County and 237 for San Augustine County, the service area counties are in the bottom 15% of Texas counties for healthy behaviors, with San Augustine in the bottom 5%.

Health Behaviors Ranking

	County Ranking (out of 243)
Sabine County	211
San Augustine County	237
Shelby County	215

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

Overweight and Obesity

Over a third of adults in the service area (37.7%) were obese and another 32.8% were overweight. Rates of obesity in service area cities ranged from 36.6% in Broaddus to 38.7% in San Augustine. Combined rates of overweight and obesity ranged from 69.7% in Bronson to 71.3% in San Augustine.

Overweight and Obesity, Adults

	ZIP Code	**Overweight	Obese	Combined
Broaddus	75929	33.6%	36.6%	70.2%
Bronson	75930	33.0%	36.7%	69.7%
Center	75935	32.3%	38.0%	70.3%
Hemphill	75948	33.8%	36.7%	70.5%
San Augustine	75972	32.6%	38.7%	71.3%
MSA Service Area*		32.8%	37.7%	70.5%
Sabine County		33.4%	36.8%	70.2%
San Augustine County		32.8%	38.2%	71.0%
Shelby County		32.4%	37.8%	70.2%
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 are either overweight or obese.

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.
- 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, 86.2% of adults did not meet these recommendations.

Physical Activity Recommendations Not Met, Adults

	ZIP Code	Percent
Broaddus	75929	86.2%
Bronson	75930	86.0%
Center	75935	86.0%
Hemphill	75948	86.5%
San Augustine	75972	86.3%
MSA Service Area*		86.2%
Sabine County		86.3%
San Augustine County		86.3%
Shelby County		85.9%
Texas		83.0%

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

41% of adults in the service area were sedentary and did not participate in any leisure-time physical activity in the previous month. Adults in San Augustine (42.1%) were the most likely to report not participating in any leisure-time physical activities, while adults in Bronson (39.7%) were least likely to be sedentary.

Sedentary Adults

	ZIP Code	Percent
Broaddus	75929	40.0%
Bronson	75930	39.7%
Center	75935	40.8%

	ZIP Code	Percent
Hemphill	75948	41.0%
San Augustine	75972	42.1%
MSA Service Area*		41.0%
Sabine County		40.5%
San Augustine County		41.5%
Shelby County		40.5%
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 this 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>

Exercise Opportunities

Proximity to exercise opportunities can increase physical activity in a community. 85% of Sabine County residents, 50% of San Augustine County and 42% of Sabine County residents, live in close proximity to exercise opportunities.

Adequate Access to Exercise Opportunities, 2010 and 2019 Combined

	Percent
Sabine County	85%
San Augustine County	50%
Shelby County	42%
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 but one of the ZIP Codes in the service area are classified as "Car Dependent". Center, with a score of 59, is considered "Somewhat Walkable".

Walkability

	Walk Score
Broaddus	15
Bronson	0
Center	59
Hemphill	41
San Augustine	37

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.

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. 18.8% of service area adults reported eating less than a single serving of fruits or vegetables per day, while 11.1% 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
Broaddus	75929	16.6%	11.0%
Bronson	75930	17.1%	11.1%
Center	75935	19.9%	11.1%
Hemphill	75948	17.0%	11.0%
San Augustine	75972	19.4%	11.2%
MSA Service Area*		18.8%	11.1%
Sabine County		17.2%	11.1%
San Augustine County		18.7%	11.1%
Shelby County		19.4%	11.1%
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; calculated using 2015-2019 ACS adult population estimates.

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.

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

	Texas
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 the 10th graders who had sex during the prior three months did not use a condom, 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	
	10 th Grade	12 th Grade	10 th Grade	12 th 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

Rates of chlamydia and gonorrhea were higher in San Augustine County than in Sabine or Shelby Counties. Rates of primary and secondary syphilis were highest in Shelby County. All three counties had lower rates for these STIs than the state rates.

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

	Sabine County	San Augustine County	Shelby County	Texas
Chlamydia	321.2	403.0	312.9	509.4
Gonorrhea	89.0	129.0	85.2	158.5
Syphilis (primary & secondary)	3.2	4.0	5.2	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 (annual new cases) in Sabine County was 3.8 cases per 100,000 persons and in Shelby County it was 11.9 cases; there were no new cases reported for San Augustine County for the time period. 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 104.3 cases per 100,000 persons in Sabine County, 170.1 cases per 100,000 in Shelby County and 194.2 cases per 100,000 persons in San Augustine County.

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

	5-Year Average Incidence Rate, 2015-2019	2019 Prevalence
Sabine County	3.8	104.3
San Augustine County	0.0	194.2
Shelby County	11.9	170.1
Texas	15.6	337.4

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

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, 13.7% of adults had frequent mental distress. Adults with frequent mental distress ranged from 12.8% in Hemphill to 14.2% in Center.

Frequent Mental Distress, Adults

	ZIP Code	Percent
Broaddus	75929	13.2%
Bronson	75930	13.6%
Center	75935	14.2%
Hemphill	75948	12.8%
San Augustine	75972	13.5%
MSA Service Area*		13.7%
Sabine County		13.1%
San Augustine County		13.4%
Shelby County		14.1%
Texas		11.7%

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.

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>

18.9% 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>

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.

Substance Use and Misuse

Cigarette Smoking

20.9% of Sabine County adults, 20.4% of San Augustine County adults, and 22.2% of Shelby County adults were current smokers in 2018. The Healthy People 2030 objective is for 5% of the population to smoke cigarettes.

Smoking, Adults

	Percent
Sabine County	20.9%
San Augustine County	20.4%
Shelby County	22.2%
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

	Smokes 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, 16.6% reported having engaged in binge drinking in the previous 30 days. Rates of binge drinking were highest in Center (18%) and lowest in Hemphill (14.7%).

Binge Drinking, Past 30 Days, Adults

	ZIP Code	Percent
Broaddus	75929	15.8%
Bronson	75930	16.7%
Center	75935	18.0%
Hemphill	75948	14.7%
San Augustine	75972	15.5%
MSA Service Area*		16.6%

	ZIP Code	Percent
Sabine County		15.5%
San Augustine County		15.7%
Shelby County		17.9%
Texas		17.4%

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.

Alcohol use among youth increased with 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

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

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

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

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

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

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

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

Source: Centers for Disease Control (CDC), Youth Risk Behavior Survey (YRBS), 2019.

<https://nccd.cdc.gov/youthonline/app/default.aspx>

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 high school youth.

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

	Texas
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%

Source: Centers for Disease Control (CDC), Youth Risk Behavior Survey (YRBS), 2019.

<https://nccd.cdc.gov/youthonline/app/default.aspx>

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.

Preventive Practices

Flu and Pneumonia Vaccines

24.9% of adults in the service area received a flu shot, which falls below the Healthy People 2030 objective for 70% of all adults, 18 and older, to receive a flu shot. Adults in Hemphill (28.2%) were the most likely to be vaccinated for the flu, while those in Center (22.9%) were least likely to be vaccinated.

Flu Shots, Adults, Past 12 Months

	ZIP Code	Percent
Broaddus	75929	27.4%
Bronson	75930	26.1%
Center	75935	22.9%
Hemphill	75948	28.2%
San Augustine	75972	25.1%
MSA Service Area*		24.9%
Sabine County		27.3%
San Augustine County		25.6%
Shelby County		23.4%
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, Ages 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 88.9% (for all vaccinations in Excelsior Elementary ISD) to 99.4% (for all vaccines in Center ISD). In the service area, Excelsior ISD had the lowest rates of vaccination across all required vaccines (though Excelsior ISD had a small Kindergarten cohort).

Up-to-Date Immunization Rates of Children Entering Kindergarten

	DTaP	Hep A	Hep B	MMR	Polio	Varicella
Broaddus ISD	96.0%	92.0%	96.0%	96.0%	96.0%	96.0%
Center ISD	99.4%	99.4%	99.4%	99.4%	99.4%	99.4%
Excelsior Elementary ISD	88.9%	88.9%	88.9%	88.9%	88.9%	88.9%
Hemphill ISD	95.1%	93.4%	96.7%	96.7%	95.1%	96.7%
San Augustine ISD	92.3%	92.3%	92.3%	92.3%	92.3%	92.3%
West Sabine ISD	98.1%	98.1%	98.1%	98.1%	98.1%	98.1%
Sabine County	96.6%	95.9%	97.2%	97.2%	96.6%	97.2%
San Augustine County	93.8%	92.2%	93.8%	93.8%	93.8%	93.8%
Shelby County	97.6%	97.3%	98.8%	96.4%	97.3%	96.4%
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. Sabine County (34.9%), San Augustine County (32.4%), and Shelby County (32.9%) do not meet this goal.

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

	Percent
Sabine County	34.9%
San Augustine County	32.4%
Shelby County	32.9%
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. Sabine County (20.1%), San Augustine County (20.9%), and Shelby County (20.8%) do not meet this goal.

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

	Percent
Sabine County	20.1%
San Augustine County	20.9%
Shelby County	20.8%
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). 57.6% of Sabine County, 58.6% of San Augustine County, and 60.4% of Shelby County residents, ages 50-75, obtained colorectal cancer screening. These rates of screening do not meet the Healthy People objective.

Screening for Colorectal Cancer, Adults Ages 50-75

	Percent
Sabine County	57.6%
San Augustine County	58.6%
Shelby County	60.4%
Texas*	58.7%

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.

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.

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 overweight 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%

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

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

Impact of Actions Taken Since the Preceding CHNA

In 2019, Memorial San Augustine 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.

Created additional opportunities to reach the community by serving uniquely challenged populations. Administered vaccines to residents with walking disabilities in their vehicles and to nursing home residents. Provided follow up monitoring services to ensure safety and provided emergent response care.

Participated in a community health fair at the Deep East Texas Electrical Cooperative where the team provided preventive screenings, including lab work and blood pressure tests to address the health issues related to heart disease.

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.

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	93.2% - 100%	90.7%
Child health insurance rate	86.9%	92.1%
Adult health insurance rate	72.8%	92.1%
Unable to obtain medical care	17.5%	3.3%
Ischemic heart disease deaths	64.9 - 128.0	71.1 per 100,000 persons
Cancer deaths	148.2 - 190.9	122.7 per 100,000 persons
Colon/rectum cancer deaths	18.7 - 23.6	8.9 per 100,000 persons
Lung cancer deaths	52.8 - 61.9	25.1 per 100,000 persons
Female breast cancer deaths	24.0 - 27.6	15.3 per 100,000 persons
Prostate cancer deaths	12.9 - 33.3	16.9 per 100,000 persons
Stroke deaths	42.7 - 61.6	33.4 per 100,000 persons
Unintentional injury deaths	59.8 - 82.3	43.2 per 100,000 persons
Drug-overdose deaths (2010-2019)	10.6	20.7 per 100,000 persons
Overdose deaths involving opioids	4.3	13.1 per 100,000 persons
No smoking during pregnancy	86.5%	95.7%
Infant death rate	5.7	5.0 per 1,000 live births
Adult obesity (age range unknown)	37.7%	36.0%, adults ages 20+
Adults engaging in binge drinking	16.6%	25.4%
Cigarette smoking by adults	20.4% - 22.2%	5.0%
Pap smears, ages 21-65, screened in the past 3 years	79.1% - 79.9%	84.3%
Mammogram, ages 50-74, screened in the past 2 years	65.1% - 67.6%	77.1%
Colorectal cancer screenings, ages 50-75, screened per guidelines	57.6% - 60.4%	74.4%
Annual adult influenza vaccination	24.9%	70.0%

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

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

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

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.

- 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 that were lacking access to regular health care and social services. The following groups 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