



Coastal Health & Wellness 2022-2025 Strategic Health Plan



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Introduction

Strategic planning at Coastal Health and Wellness (CHW) employs a thorough evaluation of how the practice organization is performing, using a comprehensive review of current performance and data analytics that enable insights into current and projected future operations. Strategic planning assists CHW to manage performance in a changing environment; helps to align goals and top initiatives; creates a culture of accountability and expectations on results; clearly defines goals and objectives in relation to organization-wide communication and demonstrates a commitment to progress monitoring with a comprehensive review of performance. The Strategic Health Plan (SHP) priorities, goals, and action steps to achieve those goals, will be executed inline with CHW's mission, vision, and values.

Mission

Providing high quality healthcare to all

Vision

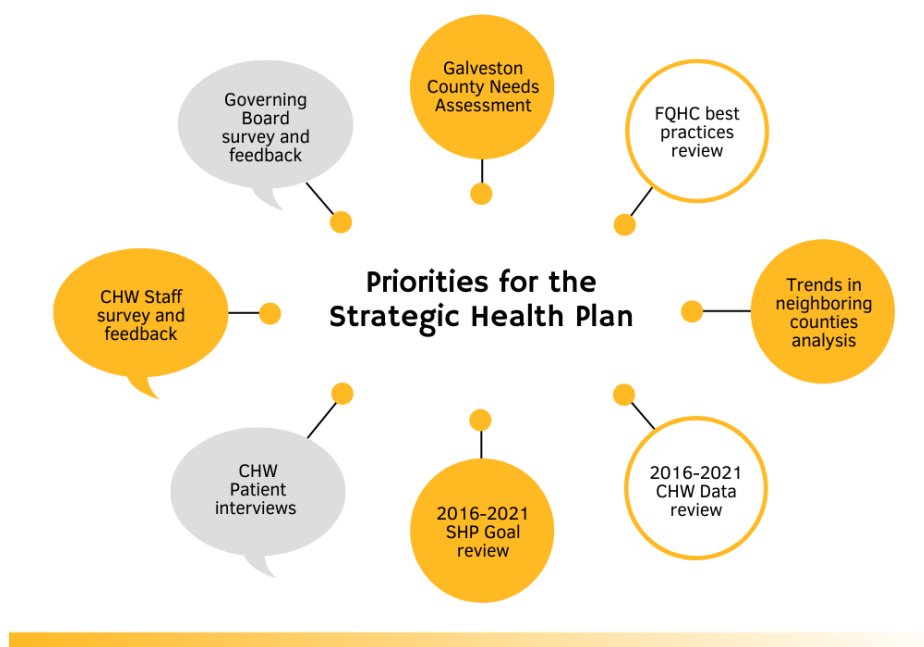
Healthy people in healthy communities

Values

I CARE – Integrity, Customer Service, Accountability, Respect, and Equality

Approach

The SHP Team engaged stakeholders across the organization, conducted internal and external data reviews, and researched best practices. This information was synthesized into summaries and was made available to stakeholders where applicable. Through the feedback, reviews, and analyses, the SHP Team determined the 2022-2025 SHP priorities.



The entire CHW leadership team were provided a draft of the strategic priorities and were offered several opportunities to provide direct feedback to the plan. Internal stakeholders were given an opportunity to provide feedback ahead of the proposal for SHP approval. External stakeholders can comment on the proposed SHP at the Governing Board Meeting. Any additional feedback will be considered and potentially

implemented at the annual checkpoints where progress toward these priorities and their goals will be reviewed.

External Needs Assessment

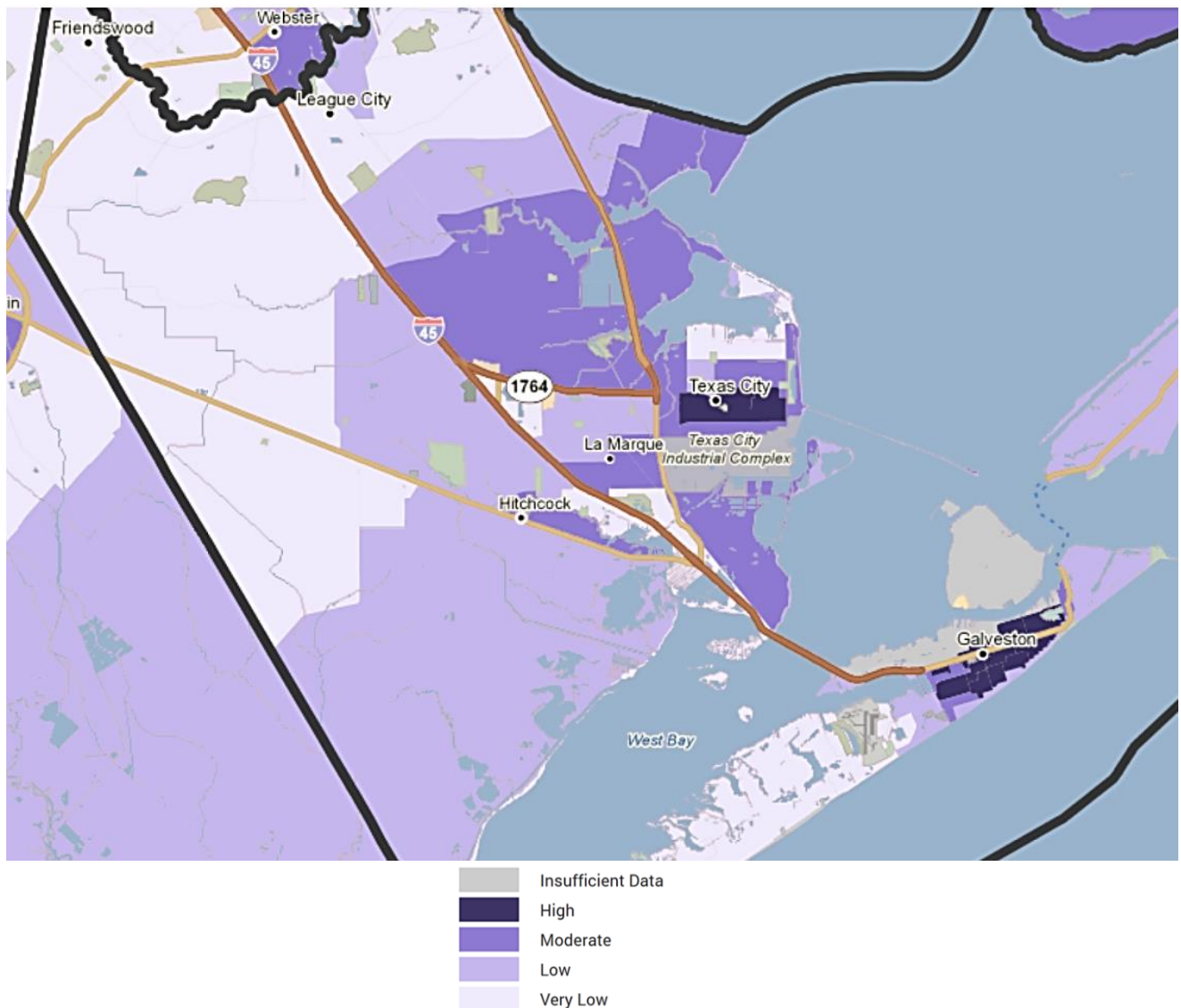
Environmental Factors

A community's environment affects its health outcomes. Healthy People 2030 highlights the risks associated with pollutants in homes, workplaces, food, water, and air. Pollutants are linked to some cancers, respiratory diseases, and heart conditions.ⁱ Individuals living in low-income areas are more likely to be exposed to these environmental risks.ⁱⁱ This section explores some of the more pervasive environmental factors impacting community health in Galveston County.

Lead Exposure Risk Index

Exposure to lead can create short- and long-term effects, ranging from physical discomfort to death.ⁱⁱⁱ In 2021, Epidemiology at GCHD reported 23 cases of elevated blood lead levels, an increase from the 15 cases in 2020.^{iv} Using data from the CDC and an academic study of lead poisoning risk, PolicyMap found that between 2015-2019 Galveston County had low-, moderate-, and high-risk lead exposure areas, with the outskirts mostly considered very low risk.^v The map below shows these areas and their respective levels of risk.

Map 1 Lead Exposure Risk in Galveston County 2015-2019^{vi}

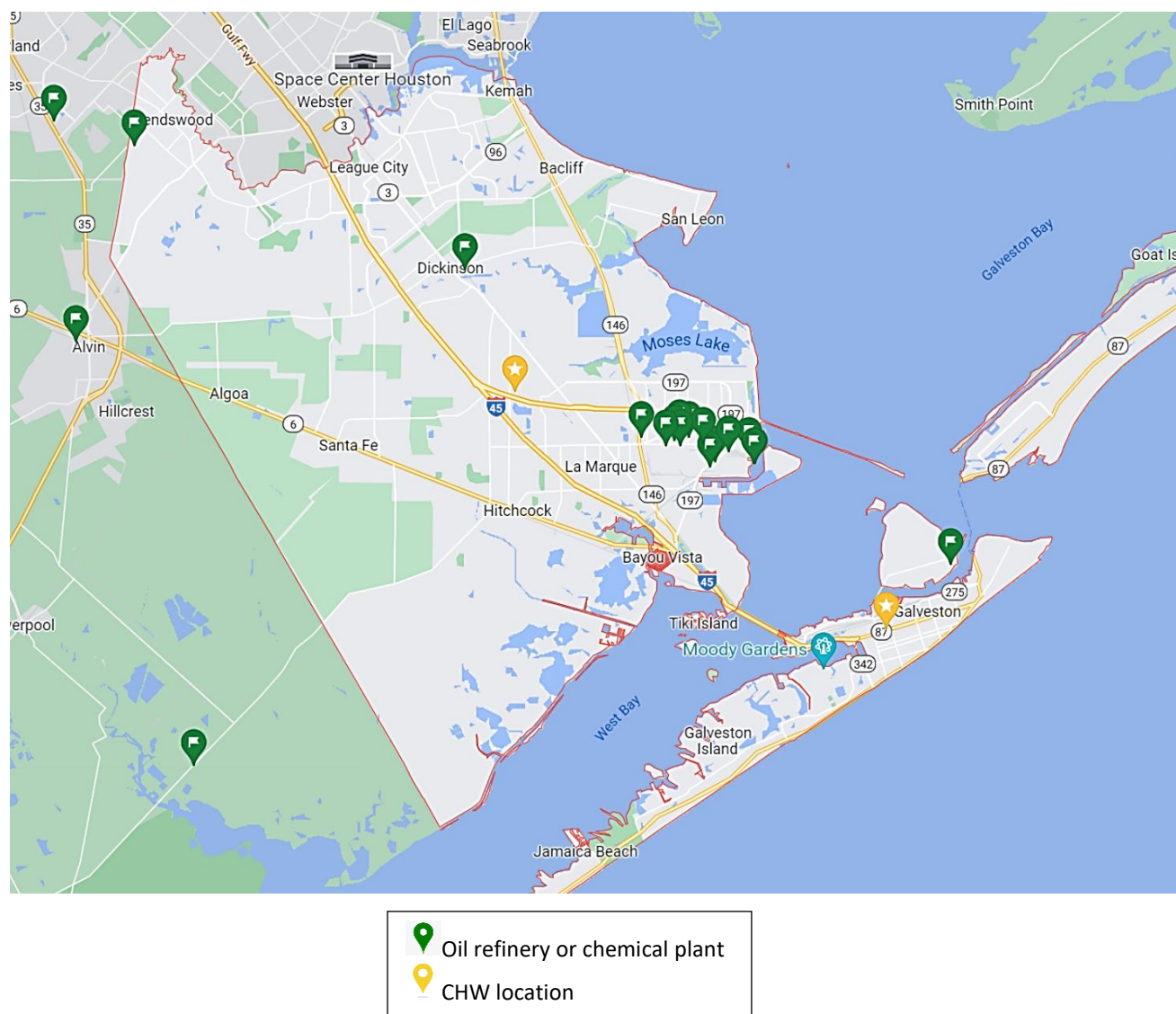


In 2021 CHW saw 33 visits for childhood lead test screenings. GCHD conducted 23 investigations of lead exposure, an increase from 15 investigations in 2020.

Occupational Risk Hazards

According to Galveston County Economic Development, “The Texas Gulf Coast has 25% of the nation’s refining capacity, capable of refining 4.8 million barrels of oil per day.” The same source indicates about one-third of oil and gas extraction jobs in the United States are in (or around) Houston. The Occupational Health and Safety Administration (OSHA) lists hazards associated with working in oil and gas extraction on their website. One of the most notable health concerns is respiratory issues.^{vii} Chemical plants carry many of the same risks associated with oil refineries. The map below shows oil refineries and chemical plant locations in Galveston County in relation to the location of the CHW clinics.

Map 2 Oil Refineries and Chemical Plants in Relation to CHW Locations^{viii}



Food Access

According to Feeding America, 17% of Galveston County suffers from food insecurity. In Texas, 1 and 7 adults and 1 and 5 children face hunger each day. 21.9% of children within the service area suffer from food insecurity.^{ix} Improper and limited nutritional intake during childhood can lead to chronic illnesses, obesity, diabetes, and a life-long pattern of poor eating habits. 47% of Galveston County children are eligible for the reduced school lunch program, which is an income-based program that provides discounted or free school meals to school-aged children. This program provides adequate nutrition for children who may be suffering from food insecurity at home. Of the food insecure population in Galveston County 45% are likely ineligible for food assistance programs. In 2019, 34,637 individuals were receiving SNAP benefits in Galveston County compared to 28,645 individuals in neighboring Brazoria County.^x

Galveston County has an environmental food index score of 7.2, which is significantly higher than Texas' 5.9, but much lower than US Top Performers at 8.7.

The environmental food index measures the quality of foods available regardless of household income. Limited access to healthy foods due to food deserts is associated with higher rates of obesity, chronic illnesses, and poor health outcomes. Galveston County has an environmental food index score of 7.2, which is significantly higher than Texas' 5.9, but much lower than US Top Performers at 8.7.^{xi} Populations living in food deserts often eat high-fat, high-carbohydrate foods like those which can be purchased at fast-food restaurants or corner stores. Overweight and obese patients are at increased risk of developing numerous chronic health problems, including diabetes, hypertension, cardiovascular disease, stroke, and certain kinds of cancer, to name a few.

Geography and Transport

In CHW's service area, approximately 5% of households do not have access to a motor vehicle. Areas with large concentrations of poverty and racial segregation are correlated with limited access to motor vehicles.^{xii} Having no access to a car in an urban area is a great barrier to reaching essential destinations such as medical care facilities, grocery stores, places of employment, and critical service providers. There are some limited public transportation options in the Galveston area, but even traveling short distances by bus can double or triple the time the same trip would take by car. Local bus services (Island Transit) arrives/departs at the Texas City location at the top of every hour. For the Galveston location, bus services arrive inconsistently every 90 minutes. Local bus fare is 50 cents for a disabled individual vs. \$1.25 for all others. Patients traveling with small children or having mobility issues can further complicate using public transportation. CHW patients often do not have money for bus fare.

UTMB and the City of Galveston are partners in an extended transit service that only serves the needs of the university's employees, students, visitors, and patients. Patients who show proof of scheduled appointments, admittance, or pharmacy visits may also ride at no cost. In addition, people who are assisting patients or children under 18 accompanied by a patient ride free.

Fixed-route buses and Dial-a-Ride (DART) services, a curb-to-curb service for those persons who are unable, due to disability, to use the regular fixed route service, run Monday through Saturday from 6 a.m. to 7:30 p.m. and Sundays from 8 a.m. to 7 p.m. DART participants ride for \$2 each way. DART services require 24-hour notice and therefore are not available for those with urgent or emergent care needs.

Population Characteristics

Demographics

In 2021 CHW saw 8,304 unique patients. CHW sees a higher proportion of Hispanic and African American patients compared to the population of Galveston County. Race and ethnicity are not mutually exclusive, so the percentages do not add up to 100%.

Table 1 Race and Ethnicity Percentages in Galveston County and CHW Populations in 2021

Race or Ethnicity	Percent of Galveston County Population ^{xiii}	Percent of CHW Population
Ethnicity: Hispanic	25.4%	43.5%
White Alone	56.7%	71.5%
African American Alone	13.2%	24.9%
Multi-Racial	2.1%	0.01%
Asian Alone	3.5%	0.02%
Native Hawaiian and Other Pacific Islander Alone	0.01%	0.00%
American Indian & Alaska Native Alone	0.77%	0.002%

**Percentages may not add up to 100% because ethnicity and race are not mutually exclusive*

Economic Factors

Poverty is well-researched as a determinant of health. The Office of Disease Prevention and Health Promotion (ODPHP) explains communities living in poverty have more adverse health outcomes and are at higher risk for chronic conditions like diabetes, obesity, and heart disease.^{xiv}

Most patients, 71.2%, served at CHW are uninsured and more than half fall below the federal poverty line.

Most patients, 71.2%, served at CHW are uninsured and more than half fall below the federal poverty line. This population is at greater risk for chronic conditions, in part because of lack of access to healthcare, as well as other environmental factors.

Table 2 Percentage of Poverty and Uninsured in Galveston County and CHW Populations

	Galveston County ^{xv}	CHW
% of Population in Poverty	9.9%	57%
Population Below the 100% Federal Poverty Line	33,751	4,734
% of Population Under 18 in Poverty	8.6%	0.04%
Uninsured	19.8%	71.2%

Texas has chosen not to expand Medicaid under the Affordable Care Act, there are around 771,000 Texans who fall into the health care coverage gap, meaning they are not eligible for Medicaid under Texas'

stringent rules, the income cap for a family of three is \$3,740 annually, or 18% of the FPG but also not eligible for Marketplace subsidies.^{xvii} Were Texas to expand Medicaid, some 1,534,000 residents would become eligible.

Limited or no access to health insurance impacts individuals living in poverty the greatest. A population who already face increased risks of poor health outcomes and early mortality. Having no access to health care services can result in unmanaged or poorly managed health conditions that can lead to reduced participation in the workforce. This only increases costs throughout the health care systems and increased early mortality rates. Access to healthcare for uninsured individuals is addressed in [Priority 1: Be an Exceptional Health Center and Workplace](#).

In Galveston County, the median income is \$74,977, which is higher than the state (\$64,034) and national (\$65,712) figures and reflects the impact of high-paying jobs in the health and petrochemical industries and the influx of wealthy residents that joined the community. However, in CHW's service area, the median family income is only \$53,275, well below the local, state, and national averages.^{xviii}

Per the US Bureau of Labor Statistics, the December 2022 unemployment rate for the service area was 5.1%. This figure is significantly higher than the state (4.8%) and national rate (3.9%).^{xix} The unemployment rate in Galveston County spiked in 2020, peaking at about 15%, and then declined in 2022.^{xx} As of January 2022, Galveston County's unemployment rate is reported to be 5.8%. CHW began collecting employment status information in December 2021 and thus does not have patient specific data to report at this time.

Age

The population in Galveston County is evenly divided among the various age groups; however, as is happening across the U.S., Galveston's 65+ population continues to grow, which will ultimately impact the area's health care utilization patterns. An early indication of this change may be reflected in the service area's high proportion, 41.5%, of disabled individuals compared to the state's average of 35.8%.^{xxi}

Patients at CHW primarily fall between 19-64 years old, with the highest proportion falling between 34-48 years old. The median age for a CHW patient is 46, compared to Galveston County's median age of 38. The population under 18 years old made up <1% of total CHW patients. This represents an area of potential growth for the clinic that is further discussed in the [Priorities and Goals](#) section. The population over 65 years old also made up less than 1% of the patient population and may also represent an area of potential growth.

Graph 1 Number of Patients in Age Ranges at CHW in 2021

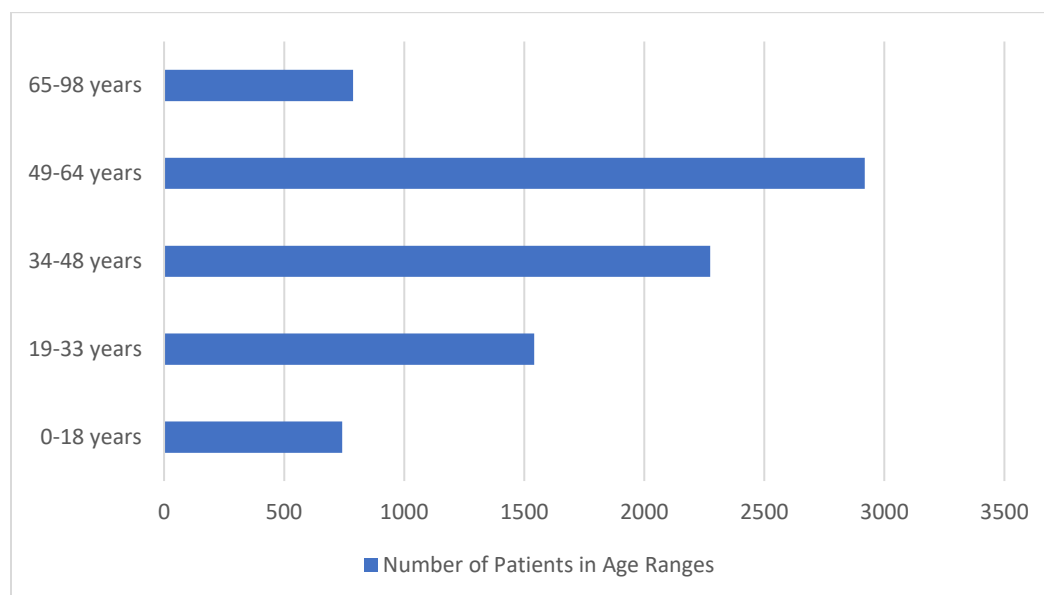


Table 3 Percent of CHW Patient Age Ranges in 2021

Age	CHW Population
0-2 years	0.006%
3-5 years	0.01%
6-13 years	0.04%
14-18 years	0.04%
19-33 years	18.5%
34-48 years	27.4%
49-64 years	35.1%
65-78 years	0.08%
79-98 years	0.01%

Language

Communication is key to accessing health care, from finding a provider and scheduling an appointment through discussion of patient symptoms and treatments. An estimated 20% of Galveston County residents do not exclusively speak English at home.^{xxii} 15.5% of residents reported speaking Spanish and 5% said they do not speak English very well. Even those who speak English well may feel more comfortable discussing their health in Spanish.

Many staff at CHW are bilingual and able to speak with patients in Spanish. Of 50 patients interviewed about their care at CHW, 5 mentioned the importance of speaking Spanish. One patient said, “Everyone speaks Spanish – that helps me understand.” Delivering care in an appropriate manner that responds to a patient’s needs is and remains a priority and is further discussed in [Priority 3: Strategically Address Health Disparities](#).

Health Behaviors

Health behaviors such as inactivity, smoking, mental health conditions, and non-medical drug use are important factors impacting community health.^{xxiii}

According to County Health Rankings, 26% of Galveston County adults are physically inactive compared to 23% of Texas adults reporting complete physical inactivity.^{xxiv} The top US performers only have 19% of physically inactive adults. Little to no physical activity leads to higher rates of obesity, type 2 diabetes, heart disease, and early mortality rates. Participating in physical activity not only improves overall health, but studies have shown that it decreases the rates of depression and anxiety.

The rate of deaths caused by drug overdose and suicide is higher in Galveston County when compared to the state. In a GCHD survey, approximately 55% of county residents report limited access to mental health services as a serious problem, second to obesity.^{xxv} Residents of Galveston County report a higher number of poor mental health days (4.3) than the state and the national number of 3.8.^{xxvi} Further, a survey of area residents conducted by the Galveston County Health District found that 75% of survey respondents ranked access to mental health services as a serious or somewhat serious problem. [This is addressed in Priority 2: Scale Services.](#)

Adult smoking in Galveston County is estimated to occur in 18% of the population, 4% higher than the state average of 14%.

Table 4 Health Behaviors in Galveston County, Brazoria County, and Texas^{xxvii}

Health Behavior	Galveston County	Brazoria County	Texas
Physical inactivity	26%	32%	23%
Adult smoking	18%	15%	14%
Excessive Drinking	22%	19%	19%

CHW measures health behavior data based on 2021 Universal Data System (UDS) measures. Patients may self-report behaviors and some conditions are diagnosed. In 2021, 1079 patients were diagnosed with depression and other mood disorders, 815 were diagnosed with anxiety disorders including post-traumatic stress disorder (PTSD), and 213 were diagnosed with other mental conditions. Also in 2021, 821 patients were diagnosed with tobacco use disorder, 218 patients were diagnosed with alcohol-related disorders, and 132 were diagnosed with other substance-related disorders. Currently, inactivity is difficult to measure at the clinic level, an issue that informs [Priority 3: Strategically Address Health Disparities](#) and [Priority 5: Upgrade Technology and Processes.](#)

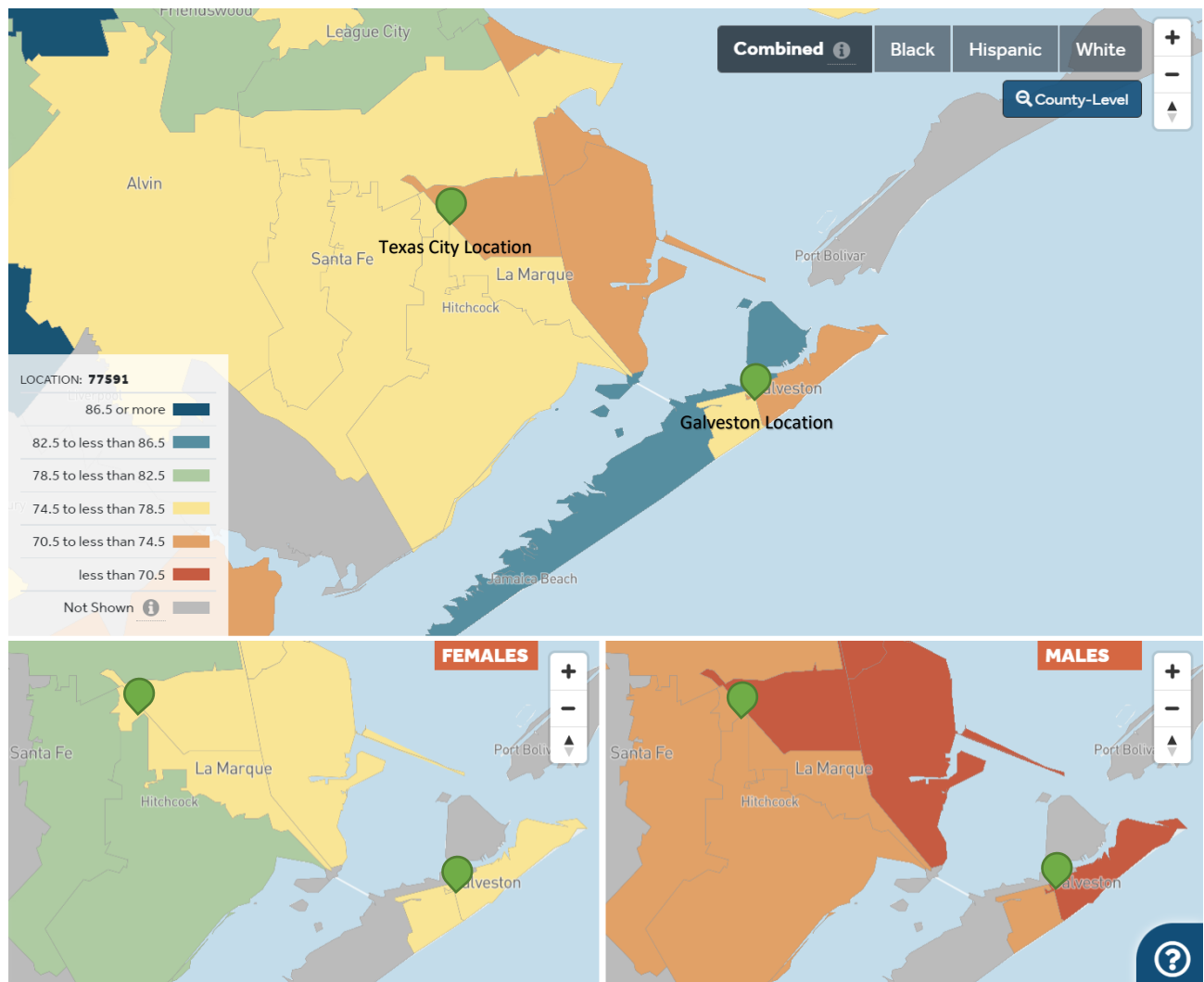
Table 5 CHW Visits and Diagnoses related to Mental Health in 2021

<i>Diagnostic Category</i>	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
<i>Depression and other mood disorders</i>	2459	1079
<i>Tobacco use disorder</i>	1267	821
<i>Anxiety disorders, including post-traumatic stress disorder (PTSD)</i>	2061	815
<i>Attention deficit and disruptive behavior disorders</i>	113	49

Health Outcomes

Coastal Health and Wellness has two locations, one in Texas City and the other in Galveston. The average life expectancy of people living in the Texas City 77591 zip code is 71.8 years.^{xxviii} The average life expectancy for people in the Galveston 77551 zip code is 75 years. Both these life expectancies are lower than the average for Galveston County's 76.7 years and Texas' average of 78.5 years. The approximate location of the two clinics is marked on University of Texas Southwestern's life expectancy map below.

Map 3 Life Expectancy in Galveston County^{xxix}



CHW facilities are in locations where the life expectancy is lower than the surrounding areas. This means CHW is strategically located to provide access to care for those who may have a higher need for services.

Health factors, which are the environmental factors, community characteristics, and health behaviors, of Galveston County help CHW better understand the context developing health outcomes. County Rankings summarizes these factors in a score and rank system, visualized in the tables below. Galveston County, Brazoria County, and Bell County are included due to their size and comparability. In 2021, Galveston County ranked lower across all subcategories except physical environment.

Table 6 Texas County Rankings in 2021^{xxx}

County	Length of Life	Quality of Life	Health Behaviors
Galveston	57	63	137
Brazoria	19	35	32
Bell	56	74	112
County	Clinical Care	Social & Economic Factors	Physical Environment
Galveston	48	78	147
Brazoria	43	36	240
Bell	24	62	166

In 2021, Galveston County ranked lower across all subcategories except physical environment. Health outcomes are the length and quality of life and are the result of numerous factors combined. Overall health outcomes in Galveston County are ranked 55th in the state of Texas. In health factors, Galveston County ranked 77th out of 243 ranked counties.

Table 7 Texas County Rankings in 2021^{xxxi}

County	Health Outcomes	Health Factors
Galveston	55	77
Brazoria	17	39
Bell	62	50

Prevalent Conditions

The most prevalent, critical, medical conditions across the CHW patient population are diabetes, cardiovascular disease, cancer, HIV, overweight and obesity, chronic respiratory disease, and mental health disorders.

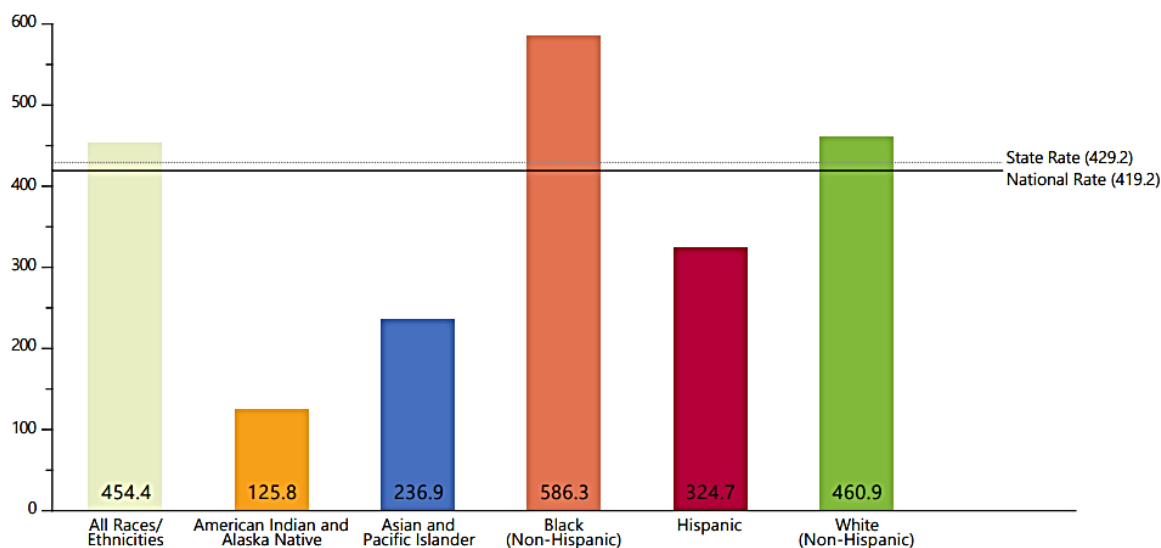
Diabetes

The service area's diabetes prevalence rate is 12%, which is higher than the state's 10% rate.^{xxxii} Similarly, the percentage of Medicare beneficiaries with diabetes is 28.08%, which is higher than the national rate of 26.95% but slightly lower than the state's 28.78% rate.^{xxxiii} Individuals without proper management of diabetes end up having higher utilization rates of dialysis centers and emergency rooms, and their health status suffers due to loss of limbs, eyesight, and the ability to work.

Cardiovascular Disease

At CHW, the most frequently observed conditions are cardiovascular disease and overweight and obesity, both are seen at a rate of 35% in the patient population. Death rates from hypertension in the service area are 264.2 per 100,000 deaths; this is higher than the national hypertension death rate of 241.2/100,000.^{xxxiv} In Galveston County, approximately 454.4 per 100,000 deaths are attributed to cardiovascular disease, which is higher than the national rate of 419.2/100,000 and the state rate of 429.2/100,000.

Graph 2 Total Cardiovascular Disease Death Rate per 100,000 in Galveston County, All Races/Ethnicities, Both Genders, Ages 35+, 2017-2019^{xxxv}



Graph from CDC Interactive Atlas of Heart Disease and Stroke

Many patients who lack a regular health care provider or medical access are unaware they have high blood pressure, which has coined hypertension as the silent killer. The graph above reflects racial disparity in cardiovascular disease death rate, with the Black/African American population highly overrepresented. This inequity is addressed in [Priority 3: Strategically Address Health Disparities](#). Unawareness of a high blood pressure diagnosis can lead patients to seek medical care from emergency rooms and urgent care centers when the condition reaches dangerous limits. Patients with high blood pressure can avoid this outcome with the help of preventive care, healthcare provider visits, medications, diet, and exercise.

A lack of primary care services for low-income, uninsured, patients in CHW's service area means that many people are not receiving preventive care that could help them manage their high blood pressure. Over the years, high blood pressure damages the body, which is demonstrated by the high rate of heart attacks in the target population. These heart attacks could be prevented with proper primary care management, thereby reducing patients' long-term health care utilization, and improving their health status.

Cancer

Cancer mortality data from 2015-2019 show Galveston County has high incidence rates of certain kinds of cancer, including breast, colon and rectum, lung, and prostate, and a high cancer mortality rate. Between 2018-2020, the CDC reported malignant neoplasm was the underlying cause of death for 189.2 per 100,000 people in Galveston County compared to the 142.9 in neighboring Brazoria County and 143 in Texas.^{xxxvi}

Table 8 Cancer Mortality Rates per 100,000 between 2015-2019 ^{xxxvii}

	Galveston County	Texas	United States
All Cancer	174.8	146.5	152.4
Lung and Bronchus	45.0	32.5	36.7
Breast	23.4	19.9	19.9
Prostate	21.8	17.7	18.9
Colon and Rectum	18.8	17.2	16.0
Kidney and Renal Pelvis	6.2	6.0	5.2
Bladder	8.5	6.3	7.3

Education, awareness, and regular screenings are critical to prevention, early detection, and, if necessary, treatment. However, only 75% of women aged 18 and older in the service area reported having a cervical cancer screening in the last three years compared to the national rate of 77.7%. Only 68.2% of women over age 40 reported having a mammogram within the past two years while the national rate is 71.5%.^{xxxviii} CHW has worked diligently over the last year to make patients aware of free and reduced-price cancer screenings, particularly breast and cervical cancer screenings.

HIV

Since 2010, Texas has seen an increase in total number of people living with HIV. Galveston County saw an increase between 2017 and 2018, with a slight decrease between 2018 and 2019. However, total number of people living with HIV in Galveston County is almost double than the number of people living with HIV in neighboring Brazoria County.

Graph 3 Persons Living with HIV in Texas by Year^{xxxix}

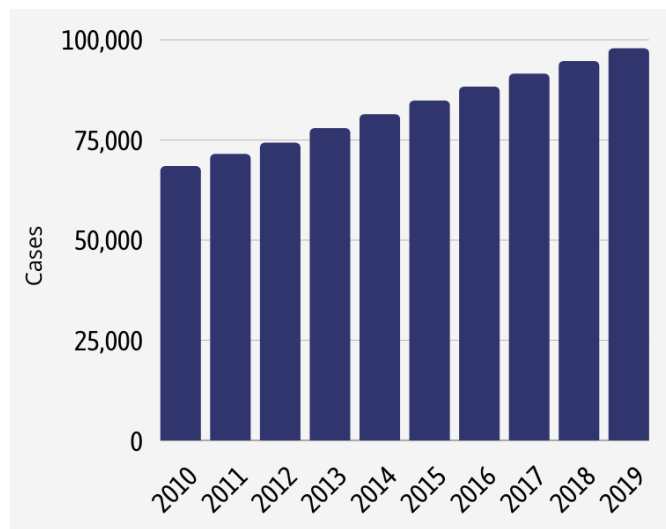


Table 9 Persons Living with HIV in Galveston, Brazoria, and Bell County between 2017-2019^{xl}

Year	Galveston County	Brazoria County	Bell County
2017	1,038	643	758
2018	1,239	667	804
2019	1,118	684	855

Between 2017-2019 Galveston County had a higher number of people living with HIV than Brazoria and Bell County. In 2021, CHW provided 1,681 patients with HIV tests. The CDC reports about 40% of people with HIV are unaware of their status, which may mean case numbers are underreported.^{xli}

In 2021, CHW provided 1,681 patients with HIV tests.

Black and Hispanic communities are the most disproportionately impacted by HIV. In 2019, 31.5% of HIV cases were among Black/African American individuals who only make up 12.6% of the Galveston County population. This is a 19% over-representation of HIV cases compared to the population. In 2019, 40% of HIV cases were among White individuals who make up 61.2% of the Galveston County population. This is 21% underrepresentation proportional to the population. Disproportionality reflects inequity and requires health centers to make strategic efforts to address disparities. Awareness through testing, treatment, and education, is essential for those living with the virus and to prevent transimission. HIV has been, and will continue to be, a priority for CHW and GCHD.

Overweight and Obesity

Overweight and obesity increases health risks and is a comorbidity related to cancers, type 2 diabetes, cardiovascular disease, depression, and respiratory disease.^{xlii} The 2021 America's Health Rankings list Texas 39th (out of the 50 states) for obesity. Several environmental factors likely play a role in the service area's high rate of overweight and obese residents. The highest number of CHW patients seen in 2021 were diagnosed with overweight and obesity at 2,926 patients, representing 35% of the population. Overweight and obesity was the second highest diagnosis related to patient visits, with 4,796 visits in 2021.

Overweight and obesity was the second highest diagnosis related to patient visits, with 4,796 visits in 2021.

As discussed in the [Environmental Factors: Food Access](#) section, access to healthy foods is one factor influencing overweight and obesity. Social determinants of health, such as income, environment, education, community context, and health care access, also influence overweight and obesity.^{xliii} For example, someone working multiple jobs with a lower income may not have the resources to buy fresh produce, cook, and engage in leisurely physical activity. CHW has and will continue to engage patients with respect to their individual circumstances to best support their health and addresses this in [Priority 3: Strategically Address Health Disparities](#) and [Priority 4: Expand CHW Reach into the Community Through Maximizing Community Stakeholder Relationships](#).

Chronic Respiratory Disease

Chronic respiratory disease impacts airways and lungs and yield major impacts on an individual's health. Respiratory disease can be caused by tobacco smoke, air pollutants, exposure to occupational dust and chemicals, and frequent lower respiratory infections during childhood.^{xliv}

Table 10 Mortality Data: Underlying Cause of Death 2018-2020^{xlv}

Underlying Cause of Death 2018-2020 (Crude Rate per 100,000)	Galveston County	Brazoria County	Texas
Malignant neoplasms of trachea, bronchus, and lung	48.1	33.0	30.2
Influenza and Pneumonia	12.8	11.6	11.7
Chronic Lower Respiratory Diseases	44.0	31.1	36.7
Other Chronic Lower Respiratory Diseases (COPD and Asthma)	38.0	28.0	34.3

The death rates in Galveston County for malignant neoplasms of trachea, bronchus, and lung, influenza and pneumonia, and chronic lower respiratory diseases, are higher than Brazoria County and Texas. Treatment and maintenance for respiratory conditions necessary to avoid negative and even deadly health outcomes.

Mental Health

Mental health is an increasingly important focus in healthcare. Conditions such as anxiety, post-traumatic stress disorder (PTSD), depression, and others, can affect how people feel, think, and act, all factors in a person's overall well-being. If unaddressed, mental conditions can lead to consequences as severe as self-harm. The table below shows Galveston County's drug overdose and suicide mortality rate is higher than Texas.

Table 11 Drug Overdose Death and Suicide Rate per 100,000 People in 2021^{xlvi}

	Galveston County	Texas
Drug Overdose Death Rate	16	11
Suicide Rate	16	13

In 2021, CHW provided medical care for 1,079 patients diagnosed with depression and other mood disorders, 815 patients with anxiety disorders (including PTSD), 213 patients with mental disorders excluding alcohol and tobacco disorders, and 49 patients with attention deficit and disruptive behavior disorders. A total of 5,130 visits occurred in 2021 to address mental health conditions, excluding substance use disorders.

In 2021 CHW saw 5,130 visits to address mental health conditions and 2,252 visits to address substance use disorders.

Substance use disorders (SUDs) are separate but sometimes are co-occurring with mental health disorders. Both mental health and substance use disorders can disrupt daily life and cause impairment and health problems. In 2021 CHW saw 821 patients diagnosed with tobacco use disorder, 218 patients with alcohol-related disorders, and 132 patients with other substance-related disorders (excluding tobacco use disorders). A total of 2,252 visits to CHW in 2021 addressed substance use disorders. Mental health and wellbeing are an essential facet of community health and priority for CHW, addressed in [Priority 2: Scale Services](#).

Conditions Affecting Child Health Outcomes

In Texas, 35.3% of the total population ages 19 to 35 months has not received the recommended 7-vaccination series. For children who are at or below poverty, this figure increases to 37.8%. 53.3% of uninsured children did not receive the recommended 7-vaccine series in Texas.^{xlvii} Obesity is another significant, and worsening, problem for service area children ages 10 to 17, particularly low-income children. Approximately 24.2% of Texas children who are between 300-399% of the FPG are obese. For comparison, only 8.7% of children who are at or below 400% of the FPG are obese.^{xlviii} Currently CHW's child patient population is less than 1% of total population. This will inform the strategic priorities for 2022-2025 and is discussed further in [Priority 2: Scale Services](#).

Table 12 CHW Visits and Diagnoses related to Pediatric Health in 2021

Diagnostic Category	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
<i>Childhood lead test screening (9 to 72 months)</i>	33	33
<i>Lack of expected normal physiological development (such as delayed milestone, failure to gain weight, failure to thrive); nutritional deficiencies in children only. Does not include sexual or mental development.</i>	19	17

Dental

There are only three locations in Galveston County where one can receive dental care at reduced cost: CHW, St. Vincent's, and St. Hope. Currently, St. Vincent's only offers extractions. The 2020 Behavioral Risk Factor Surveillance System (BRFSS) reported 43.4% of service area adults did not visit a dentist or dental clinic in the past year, and around 39.9% report having permanent teeth extracted.^{xlix}

There are only three locations in Galveston County where one can receive dental care: CHW, St. Vincent's, and St. Hope. Currently, St. Vincent's only offers extractions.

Poor oral health can seriously compromise a person's general health, quality of life, and life expectancy. Oral disease can lead to systemic problems that damage other parts of the body and result in the need for expensive emergency department visits, hospital stays, and medications. Community members who are in financial trouble often forego treatment or neglect their oral health, placing priority on other problems they may be facing—unemployment, eviction, and childcare.

In 2021, CHW Dental had a total 5,432 visits addressing dental conditions. 1,475 patients were diagnosed as needing emergency services (any dental procedure deemed an emergency), 1,190 with oral exams, 746 patients with restorative services (repairing or restoring damaged oral structures such as fillings, bridges, implants, etc.), and 739 for oral surgeries (extractions and other surgical procedures). Dental completed a total of 1,915 restorative service units, including composite and amalgam restorations and crowns. Dental completed a total of 1415 extractions and 112 complete dentures or removable partial dentures.

Table 13 CHW Visits and Diagnoses related to Dental Health in 2021

Diagnostic Category	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
<i>Emergency services</i>	1704	1475
<i>Oral exams</i>	1288	1190
<i>Restorative services</i>	1419	746
<i>Oral surgery (extractions and other surgical procedures)</i>	1021	739
<i>Prophylaxis—adult or child</i>	769	658
<i>Fluoride treatment—adult or child</i>	747	647

The limited availability of dental services in the service area, as well as the expense associated with dental procedures, bolsters the importance of CHW’s dental services. Support for dental services is highlighted in [Priority 2: Scale Services](#).

Coastal Health and Wellness Visit and Diagnosis Data

Top diagnosed conditions in 2021 were overweight and obesity, hypertension, HIV, diabetes mellitus, and emergency services. Emergency services are any dental procedure deemed an emergency (extreme pain, potential infection, extraction, fever, body can suffer, etc.).

Table 14 CHW Visits and Diagnoses related to Chronic Disorders in 2021

Diagnostic Category	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
<i>Overweight and obesity</i>	4796	2926
<i>Hypertension</i>	5104	2536
<i>Diabetes mellitus</i>	3718	1564

Table 15 CHW Visits and Diagnoses related to Infections in 2021

Diagnostic Category	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
<i>HIV test</i>	1813	1681
<i>Coronavirus (SARS-CoV-2) vaccine</i>	2384	1415
<i>Seasonal Flu vaccine</i>	1316	1269
<i>Hepatitis C test</i>	1331	1243
<i>Hepatitis B test</i>	756	729
<i>Novel coronavirus (SARS-CoV-2) diagnostic test</i>	702	628
<i>Hepatitis C</i>	148	85
<i>Sexually transmitted infections</i>	59	51
<i>Symptomatic/Asymptomatic human immunodeficiency virus (HIV)</i>	24	19
<i>Pre-Exposure Prophylaxis (PrEP)-associated management of all patients on PrEP</i>	36	15
<i>Acute respiratory illness due to novel coronavirus (SARS-CoV-2) disease</i>	12	12
<i>Hepatitis B</i>	2	1
<i>Tuberculosis</i>	4	1

Table 16 CHW Visits and Diagnoses related to Well Woman Exams in 2021

Diagnostic Category	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
<i>Pap test</i>	692	689
<i>Abnormal breast findings, female</i>	98	86
<i>Abnormal cervical findings</i>	74	49

Table 17 CHW Visits and Diagnoses related to Other Conditions in 2021

Diagnostic Category	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
<i>Otitis media and Eustachian tube disorders</i>	13	10
<i>Dehydration</i>	4	4
<i>Exposure to heat or cold</i>	3	3

The visit and diagnosis data follows similar trends to the Galveston County health data.

Internal Organizational Needs Assessment

Staffing

Adequate staffing is essential for a functioning workplace and to deliver quality care to patients. Between 2016 and 2021, total staff numbers declined by 10. As of March 2022, that number declined further to 86 staff.

Table 18 Number of CHW Staff 2016-2021

Year	Total CHW Staff
2016	104
2017	99
2018	103
2019	100
2020	94
2021	94

In 2021, 23 new staff were hired. The average number of years worked by existing employees is 7.5 years. Available data related to staffing was limited. The total number of new positions added in the last year and current open positions cannot be confirmed. Almost all HR processes and records were hard copy on paper between 2016-2021. Migrating documents and processes to a digital platform is necessary for better tracking and understanding staff needs and is addressed [in Priority 5: Upgrade Technology and Processes](#).

Coastal Health and Wellness staff participated in a Strategic Health Plan (SHP) information and feedback session during an in-service held February 9th, 2022. Staff felt the top items needed to better the clinic for patients and employees were improved recruitment efforts related to posting and filling positions, service expansion, increased communication and team building, and opportunities for performance enhancement and incentives. These are addressed in [Priority 1: Be an Exceptional Health Center and Workplace](#).

Priorities and Goals

Priorities and goals are the responsibility of every staff member at CHW. CHW leadership are accountable to ensure tracking of each goal. The [Checkpoint Timeline](#) section details the timing of check-ins toward priorities and goals.

Priority 1: Be an Exceptional Health Center and Workplace

Goal one: Recruit and retain top talent.

Examples of previous progress: In January of 2020, an employee survey was conducted by executive leaders.

Action steps:

- Complete market analysis and applicable wage adjustments by 2025.
- Explore options for performance-based incentives by 2025.
- Provide staff shout outs, icebreakers, and team building on an ongoing basis.
- Provide opportunities to laterally transfer and be promoted.
- Increase the number of educational opportunities for all CHW staff.
- Work toward CHW becoming a teaching facility for community healthcare and clinical site rotations.

Goal two: Expand facility resources.

Examples of previous progress: CHW obtained a series of grants through HRSA that enabled more resources for staff and patients.

Action steps:

- Grant exploration in the areas of substance use disorder, mental health counseling, social work, and dental health.
- Counsel patients who qualify for coverage in accessing insurance.
- Develop ideas to create new revenue streams.

Goal three: Maintain excellent care that is patient centered.

Examples of previous progress: PCMH certification through TJC was achieved in 2021. In September of 2021, TJC conducted a 2-day site survey specifically to review CHW standards for PCMH. CHW passed TJC's PCMH survey and remains fully certified.

Action steps:

- PCMH certification through TJC was achieved in 2021. Continue to follow workflows and processes.
- Explore applicability of PCMH to the Dental Clinic.
- Use PCMH Patient Guide for new patient introduction to CHW.
- Increase screening and prevention of the following chronic conditions:
 - HTN
 - A1C or diabetes care
 - Mammograms
 - Colorectal Screening
 - HIV care

Priority 2: Scale Services

Goal one: Expand access to specialties.

Example of past progress: Assessment of specialties needed was conducted in October of 2021.

Patients and staff noted a need to expand services. Increasing specialists available at the clinic enhances efficiency and access of care by ensuring patients can have a larger scope of their health concerns addressed in one space. Specialists contribute a greater range of services through their expertise. Referrals, while necessary and helpful, can mean added wait time and rerouting a client to another location that may be harder to reach.

Action steps:

- Integrate specialists for Physical Therapy, Gastroenterology, and Cardiology.
- Expand mental health resources.
- Expand general dentistry resources.

Goal two: Grow child health.

Example of past progress: CHW hired a 0.5 FTE Pediatrician in Fall of 2021.

Action steps:

- Partner with school health advisory councils and school nurses to expand CHW's reach to the pediatric population.
- Operate with an increased number of providers and ancillary staff in comparison to the close of 2016-2021 SHP date.

Goal three: Grow patient population.

Example of past progress: The patient population grew between 2020-2021.

Action steps:

- Increase number of total unduplicated patients by 3,500 patients by December 2025.
- Leadership ensures marketing and promotion of CHW across all platforms.

Priority 3: Strategically Address Health Disparities

Goal one: Deliver care that is patient-centered and responsive to community.

Examples of past progress: Many of our staff are bilingual and communicate with patients who speak languages other than English.

Action steps:

- Monthly review of chronic disease best practice workflows using Population Health software, and provide more opportunities for staff, leader, and provider input.
- Continue to grow bilingual staff and providers.

Goal two: Identify and address disparities.

Examples of past progress: CHW works with patients who do not have insurance in an effort to ensure they receive care. Providers and staff receive trainings related to addressing bias and providing equitable care

Action steps:

- Implement the TACHC Pilot program, the Social Determinants of Health (SDoH) Initiative in 2022. The SDoH Initiative will allow CHW to identify and address disparities and in turn focus on providing greater resources were needed to patients.
- Implementation of value-based care into practice.
- Utilize Electronic Medical Record (EMR) data from NextGen to drive SDoH efforts.
- Continue in-service discussions educating staff about the collection of SDoH data, identify patient needs, and connect patients to resources.

Priority 4: Expand CHW Community Reach through Maximizing Community Stakeholder Relationships

Goal one: Expand and maintain strategic partnerships with other organizations and community leaders.

Examples of past progress: CHW has key partnerships with the following entities depicted below (this is not an all-inclusive list).

Image 1 CHW Partnerships

**Action steps:**

- Expand partnerships with more community leaders through community health worker outreach and outreach activities, leveraging the special relationship between GCHD and CHW to enhance outreach.
- Maintain communications with partners through in-person meetings, phone calls, emails, and events. Ensure communications occur at least every six months.
- Provide opportunities for partners to deliver feedback to CHW through surveys, interviews, and focus groups.
- Co-host collaborative events with partners' involvement quarterly.

Goal two: Execute activities with attention to maximizing impact.

Examples of past progress: An analysis of the patient population at CHW reflects that those who have less access to care are being served at the clinic at a higher proportion than the population of Galveston County. The clinic locations are positioned where health outcomes are worse than the surrounding areas.¹ This maximizes impact for communities who may otherwise not have access to care.

Action steps:

- Utilize the most up to date data, including heat maps, regarding health concerns in Galveston County and create activities to address those concerns.
- Conduct educational and health promoting activities in geographic locations that respond to needs relevant to that area.
- Increase social media outreach partnerships, sharing information from partners to CHW's network and ask partners to share CHW posts to their networks.

Priority 5: Upgrade Technology and Processes

Goal one: Upgrade CHW technology for care improvements and efficiency.

Examples of past progress: Departments researched software to improve efficiency, between 2016-2021, all providers, staff, and leaders are provided with monthly patient satisfaction scores and comments. Patient satisfaction concerns/complaints are followed up promptly by supervisors, managers, directors, COO, and Executive Director.

Action steps:

- Upgrade HR, payroll, and accounting and finance software.
- Expand and optimize virtual care.
- Population Health implementation beginning in April 2022.
- Monitor patient experience based on patient satisfaction surveys and develop interventions as needed.
- Routine audits of newly implemented technology for functionality and potential gaps.

Goal two: Develop or update processes enhancing communication and work performance.

Examples of past progress: A new approach to addressing no-shows was developed in 2021 and implemented in 2022.

Action steps:

- Develop more robust standard operating procedures for all aspects of care.
- Regularly solicit and act upon meaningful staff and patient feedback.
- Conduct annual performance reviews and improvement plans.
- Development of SHP dashboard that is updated bi-annually.

Goal three: Leverage existing technologies.

Examples of past progress: Plan for implementing new no-show/reminder practice was developed November 2021.

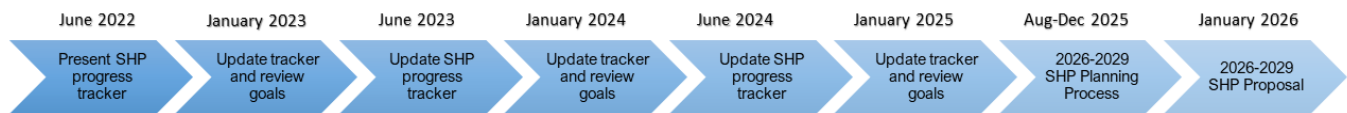
Action steps:

- Maximize the current use of NextGen through tracking patient referrals and emergency room discharges.
- Maximize the current use of NextGen by creating workflows that allow improved patient follow-up.

Checkpoint Timeline

The CHW SHP tracker will be developed upon approval of the 2022-2025 SHP. Bi-annual updates to the SHP tracker will be delivered to Governing Board in June and January. Once a year priorities and goals will be evaluated for their applicability and can be updated as needed.

Image 2 CHW SHP Checkpoint Timeline 2022-2025



**2022-2025 CHW SHP Checkpoints pending SHP approval*

Regular check-ins will keep the organization centered on its priorities and on track toward its goals. Regular evaluation of goals will allow space to address challenges and act accordingly. Additionally, consistent tracking will better enable establishment of future priorities and goals.

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