



Shriners Hospitals
for Children®

Shriners Hospitals for Children — Galveston 2018 Community Health Needs Assessment

Prepared by: SHC Galveston Assessment Advisory Team

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Shriners Hospitals for Children – Home Office
2900 Rocky Point Dr. Tampa, FL 33607
813-281-0300
shrinershospitalsforchildren.org

Shriners Hospitals for Children at a Glance

Shriners Hospitals for Children® is a health care system with locations in the U.S., Canada and Mexico. Our staff is dedicated to improving the lives of children by providing pediatric specialty care, conducting innovative research, and offering outstanding educational programs for medical professionals. Children up to age 18 with orthopaedic conditions, burns, spinal cord injuries, and cleft lip and palate are eligible for care, regardless of the families' ability to pay. Within these broad service lines, many types of care are provided. For example, some locations offer reconstructive plastic surgery, treatment for craniofacial abnormalities or care for sports injuries. Generally, care is provided until age 18, although, in some cases, it may be extended to age 21. All services are provided in a compassionate, family-centered environment. Our patients are our priority. We take the time to care, and to listen. At Shriners Hospitals for Children, every patient and family can expect respectful, compassionate, expert care.

The mission of Shriners Hospitals for Children is to:

Provide the highest quality care to children with neuromusculoskeletal conditions, burn injuries and other special health care needs within a compassionate, family-centered and collaborative care environment.

Provide for the education of physicians and other health care professionals.

Conduct research to discover new knowledge that improves the quality of care and quality of life of children and families.

This mission is carried out without regard to race, color, creed, sex or sect, disability, national origin, or ability of a patient or family to pay.

SHC — Galveston Assessment Advisory Team

Mary Jaco, MSN, RN, NEA-BC – Hospital Administrator

Ronald Mlcak, Ph.D., MBA – Administrative Director Ancillary Services

Jennifer Anderson – Public Relations Specialist

Jessica (Morgan) Sheppard, MHA, MAT – Administrative Coordinator



The 2018 Community Health Needs Assessment (CHNA) Report for Shriners Hospitals for Children — Galveston satisfies Section 501(r) which was added to the Internal Revenue Code by the Patient Protection and Affordable Care Act, Public Law 111-148 (124 STAT. 119).² This Act was put into effect on March 23, 2010, and imposed additional requirements for charitable hospital organizations.² This 2018 Community Health Needs Assessment and Action Plan were both reviewed and approved per IRS Notice 2011-52, section 3.09, by the SHC — Galveston Board of Governors during their March 25th, 2019 meeting

Our Commitment to the Community



Introduction

Shriners Hospitals for Children–Galveston (SHC — Galveston) is honored to submit this Community Health Needs Assessment (CHNA) to meet the requirements of Internal Revenue Code Section 501 (r). Our comprehensive, integrated CHNA is designed to help SHC — Galveston understand the needs of the community and provide health services (within our scope) that fulfill the immediate and future needs identified within the CHNA. Being a pediatric specialty hospital, there are limitations to the services we provide. Our range of services include providing medical care for children with burn injuries, burn rehabilitation, reconstructive care, treatment of other related skin conditions, research and education.

According to the National Fire Protection Association (NFPA), there were 1.3 million fires in 2017, with fire departments responding to residential fires every 24 seconds.³ In 2016, there were 486,000 burn injuries reported and a civilian death every 2 minutes and 41 seconds.⁴ Of those burn related injuries, 60% received medical treatment at one of 128 burn centers in the United States. While these burn centers report over 200 admissions per year, an average of less than 3 burn admissions are reported at each of the other 4500 acute care hospitals.⁴ In Texas alone, there were roughly 12,600 burn related injuries reported from 2008-2012.⁵ The NFPA also reports trends in location, with 9 out of 11 states reporting the highest overall fire deaths being located in the south. Other factors such as high school graduation rate, being a smoker, residing in a rural community, as well as living below the poverty line, have all been correlated to fire loss.⁶

In 2017, Texas hospitals discharged 1,534 pediatric patients with burn injuries. Additionally, 1,250 pediatric burn injury patients were treated and released from hospital emergency rooms across Texas⁷. Each year fire kills more Americans than all natural disasters combined, and states in the Southeast U.S. accounted for 10 of the 14 states with the highest rates of fire-related deaths (our U.S. catchment area).⁷

As a result of these startling statistics, there is greater recognition that this specialized patient population requires expert, dedicated care. This CHNA will take an in-depth look at the demographic composition related to 16 counties including and surrounding Galveston, Texas as a means to better serve the SHC – Galveston community with the services and treatment we provide.

About Shriners Hospitals for Children — Galveston

Shriners Hospitals for Children is a world-renowned health care system dedicated to improving the lives of children by providing pediatric specialty care, innovative research, and outstanding teaching programs for medical professionals. Children up to age 18 with orthopaedic conditions, burns, spinal cord injuries, and cleft lip and palate are eligible for care and receive all services in a family-centered environment.

Shriners Hospitals for Children — Galveston, Texas (SHC — Galveston) is a licensed 30 bed pediatric burn hospital, and is the only ABA verified pediatric burn center in Texas. The hospital has a pediatric intensive care unit, ambulatory outpatient day surgery program, outpatient clinic (hospital based and outreach), as well as a telemedicine program. In addition to comprehensive burn care, SHC — Galveston specializes in comprehensive wound management. However, treating patients with acute burn injuries, providing burn rehabilitation, and reconstructive surgery are our primary clinical treatment product lines.

SHC — Galveston has been a pioneer in burn care since it first started treating burn survivors in the 1960's. Some of the most significant advancements in burn care include fluid resuscitation, nutritional/metabolic support, treatment of inhalation injuries, as well as total early excision, which were researched and implemented at SHC — Galveston. The hospital has been instrumental in advancing pediatric burn care and survival rates, as well as helping to advance and measure the "quality of life" of the post-burn patient. With extensive in-house follow-up clinics, outreach clinics and telemedicine sites, we offer a multidisciplinary after-care model designed for enhanced

recovery rates. Improved outcomes are measured in terms of patient physical, psychological, and social integration. SHC — Galveston strives to meet the health care needs of the communities it serves. Improving burn outcomes, reconstructive surgical care, burn rehabilitation, complex wound management, and education are central to this mission. Shriners Hospitals for Children is committed to providing excellence in compassionate family-centered burn and reconstructive care from the acute phase through rehabilitation by teamwork, research, and education.

Pediatric Burn Care and Education

For over 50 years, SHC — Galveston has served the medical needs of the community by providing care to children with burn injuries. Shriners Hospitals for Children ranks as one of the nation's largest charities with educational outreach and training as one of its core activities. At Shriners, we provide training to physicians, clinical/research fellows, medical students, physician assistants, mental health professionals, nursing students, pharmacists, respiratory therapists, clinical laboratory medicine students, occupation and physical therapy students, health information students, emergency medical technicians, paramedics, and visiting health care professionals from other countries.

SHC — Galveston regularly visits emergency department physicians and pediatricians throughout Texas to provide pediatric burn education and spread the mission of Shriners to those in need. Many of the hospitals visited throughout the year have requested to have a Shrine physician or health care provider present at their grand rounds and provide in-service training for their hospital's medical staff. Additionally, each year for the past 5 years, SHC — Galveston has sponsored a Pediatric Burn Transport course for air ambulance crews, and local and state EMS providers. In 2018, the Mexican Navy requested SHC — Galveston provide a burn care course and burn transport course for their personnel in Mexico City.

Clinical Teaching

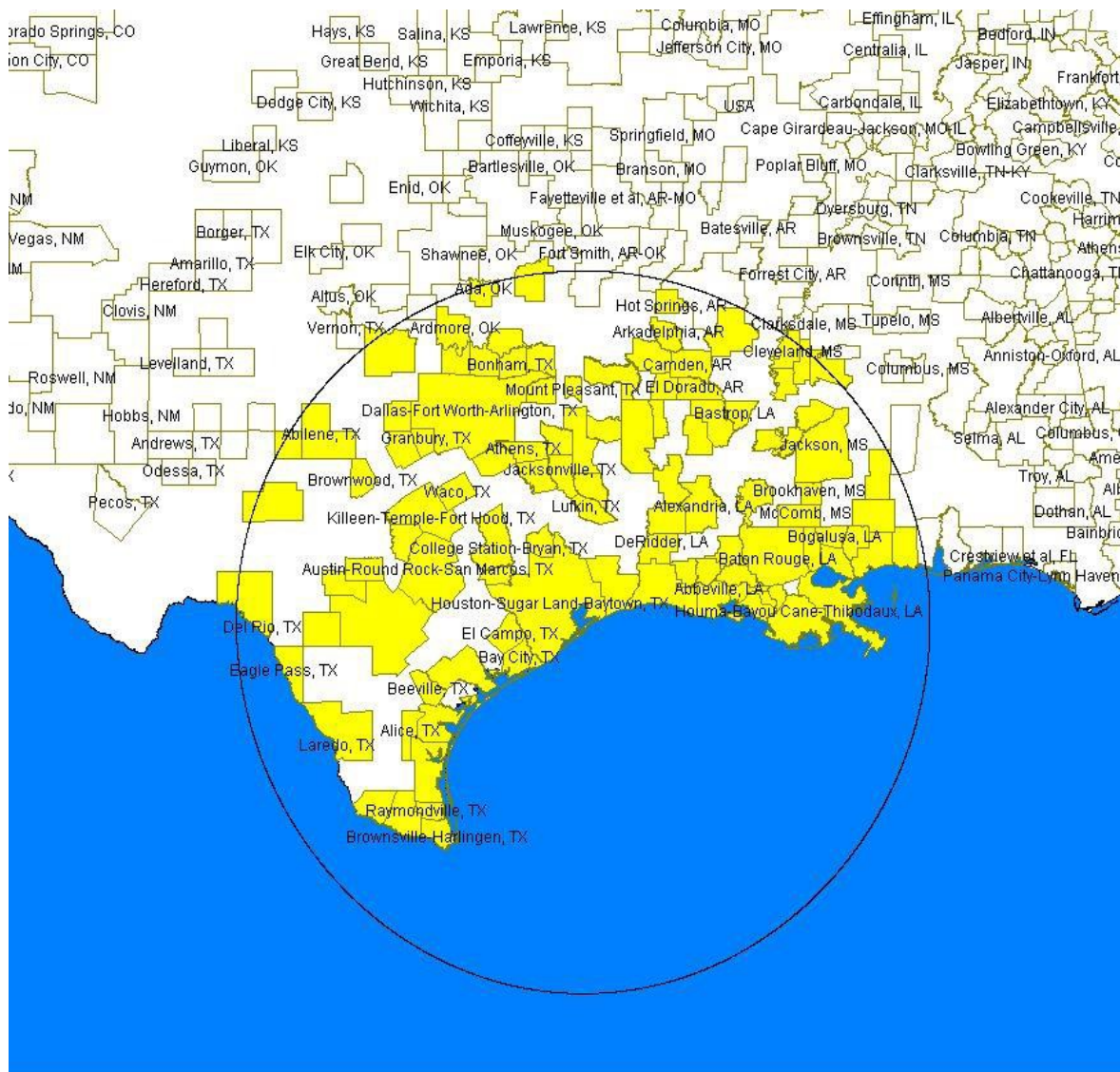
Over 200 Clinical and Research Fellows have been trained at SHC — Galveston, many of which are now professors at prestigious academic institutions worldwide. A number serve on the boards of professional associations and have become Directors of Burns Centers throughout the world. Furthermore, the hospital is accredited by the Joint Commission and the American Burn Association. SHC — Galveston also holds a certification as a Burn and Critical Care Fellowship Program from the American College of Graduate Medical Education. Additionally, SHC —

Galveston published the leading comprehensive reference book for the management of burn injury.

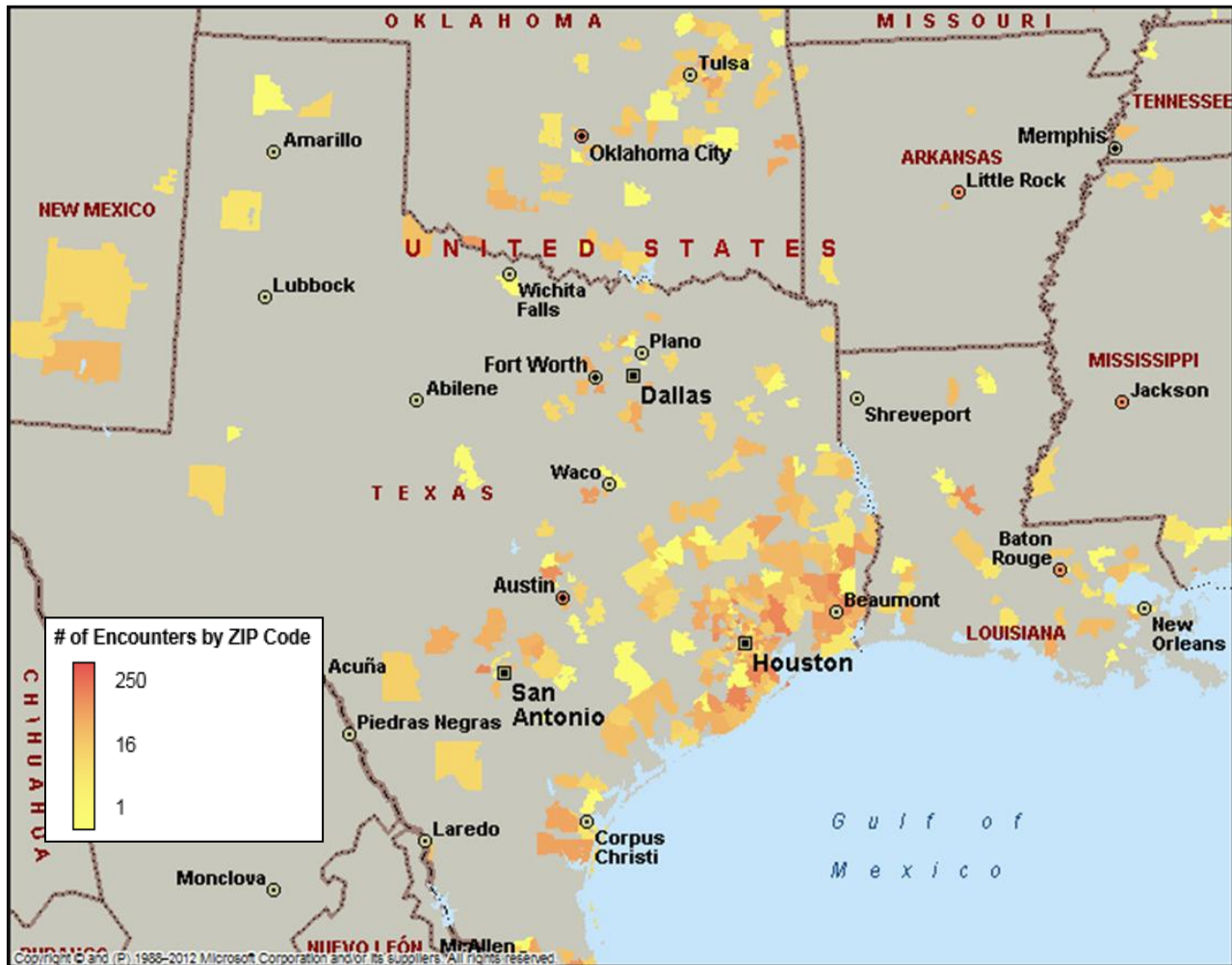
SHC — Galveston is a referral-based hospital, with 80% of our U.S. Core Based Statistical Market Area (U.S. CBSA) including patients from Texas, as well as from the South Eastern United States (Map 1).⁸ A heat map (Map 2) represents the number of patient encounters in Texas for 2017 and the majority of the encounters occur in the gulf coast and south east Texas area.⁹ Our secondary catchment area includes patients from across the U.S., Mexico, Central America and other foreign countries. Since our U.S. catchment area is so vast, we have elected to concentrate our CHNA on 16 counties surrounding SHC — Galveston which will be referred to as “the Region” (Map 3).¹⁰

By focusing on this Region, we feel confident that the CHNA will reveal relevant information, which will act as a portal through which to better understand the community health needs of those we serve. Based on the results of the 2018 CHNA, SHC — Galveston plans to integrate systems of care to ensure that patients within our community receive the right care, at the right time, and in the right setting (within our scope of service), while providing necessary services identified by our primary and secondary data findings and feedback gathered from our CHNA.

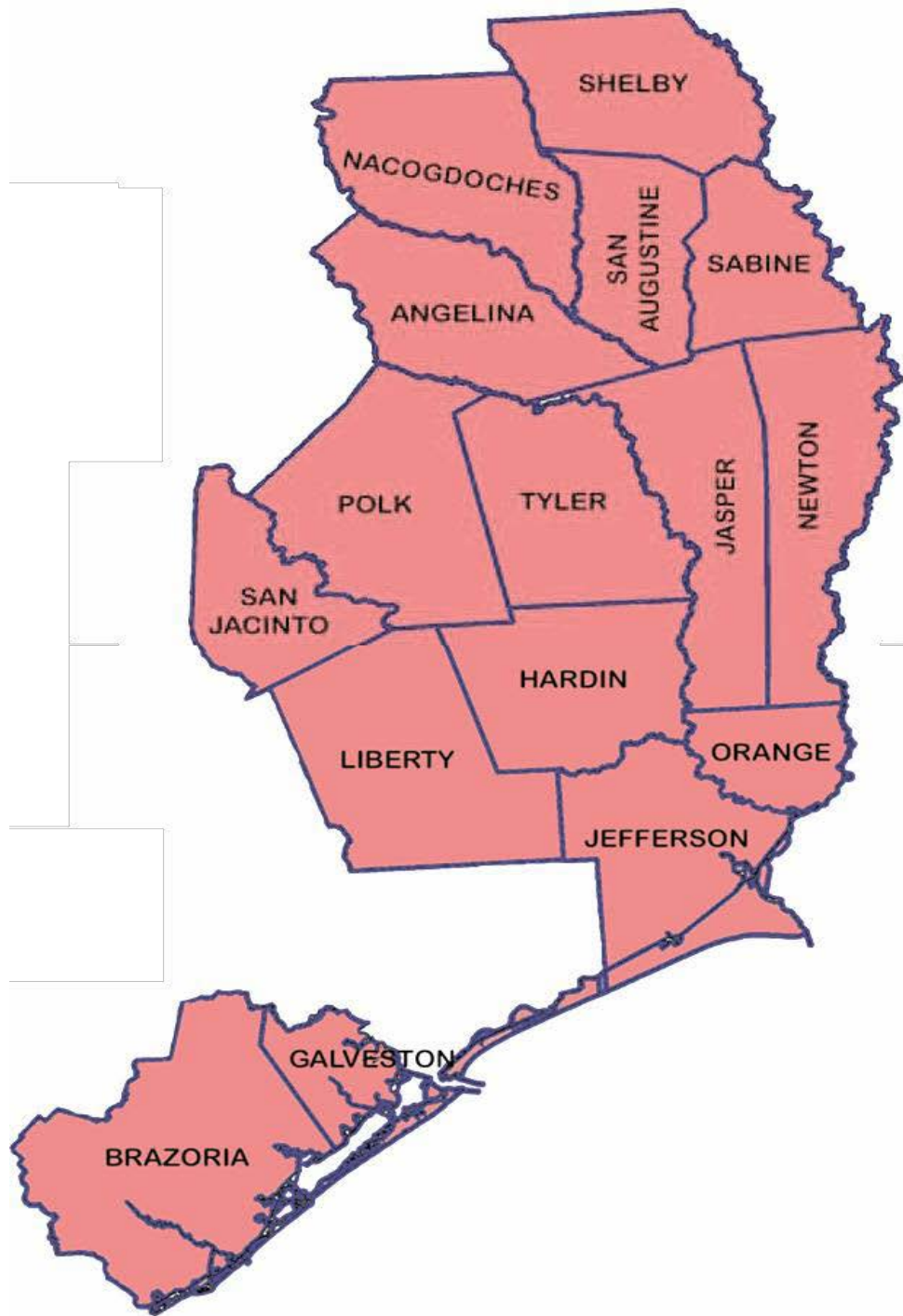
Map 1. SHC — Galveston 80% U.S. Core Based Statistical Market Area



Map 2. SHC — Galveston 2017 Heat Map – Number of Encounters in Texas



Map 3. SHC — Galveston’s CHNA Targeted “Region 16 Counties”



Overview of SHC — Galveston's "Region"

The defined Region for SHC — Galveston is comprised of 16 surrounding counties covering almost 13,000 square miles and is home to approximately 1.46 million individuals.¹⁰ The Region includes both metropolitan and rural areas and has some of the most rapidly expanding neighborhoods and communities throughout the State of Texas.

Demographically, the age of the Region is similar to that of both Texas and the United States (U.S.). (25%) of the Region is made up of 0-17 year olds, compared to (26.46%) in Texas and (23.11%) in the United States overall. In the greater than 65 age group, the age of the Region is slightly higher (13.69%) than Texas (11.49%) and marginally lower than the U.S. (14.5%). Additionally, the racial composition of the Region is similar to both Texas and the U.S. The breakdown of the Region is approximately (75.44%) Caucasian, (16.35%) Black, (3.08%) Asian and (5.14%) fall into "other" categories. It is noted that (20.21%) of the region's population is reported as being Hispanic of any descent. In looking at Texas as whole, (74.84%) of the population are Caucasian, (11.95%) Black, (4.36%) Asian, and (8.5%) falling into "other" categories, while the breakdown of the U.S. stands at (73.35%) Caucasian, (12.63%) Black, (5.22%) Asian, and (8.81%) listed as "other".¹⁰

The Region is comprised of both the Southeast and Gulf Coast economies which is similar to that of Texas and includes a mixture of oil, natural gas, fuel processing/manufacturing, biomedical research, health care, agriculture, and tourism.¹¹ Natural resources range from sandy beaches along the Gulf Coast, large intercostal waterways and dense forest in East Texas.¹² Furthermore, the Region is home to two of the biggest petrochemical complexes in the nation (Texas City and the Golden Triangle — Beaumont/Port Arthur/Orange) and also one of the world's largest chemical manufacturing complexes in the world (Brazoria County). Additionally, the Region is home to some of the most productive agricultural areas in the State with poultry, cattle, and timber industries helping fuel the economies throughout East Texas.

The Region is home to major waterways that support four shipping ports including the Port of Galveston, Port of Texas City, Port of Beaumont and Port of Bay City. The ports support industry, military, tourism, commercial shrimping and recreational boating. Large employers in the Region include Dow Chemical, Valero, Marathon Oil, Eastman Chemicals, University of Texas Medical Branch, Schlumberger Technology Corp and Chevron-Phillips. Additionally, the Region supports

hundreds of small public and private businesses. State, federal and local governments are also a significant employer throughout the Region.^{13, 14, 15}

Regarding socioeconomic indicators, the median household income of the Region is lower (\$40,990.50) than both Texas (\$54,727) and the U.S. (55,322). The unemployment rate is higher in the Region (5.9%) than that of Texas (4.3%) and the U.S. (4.4%). Those percent of those living at or below the poverty level in the Region (15.64%) is lower than Texas (16.7%) and similar to the U.S. (15.11%). Roughly eighteen percent (17.76%) of the Region's total population is uninsured. This number is lower than Texas (19.32%) and higher than the U.S. (11.7%). Additionally, 210,600 individuals in the region are on Medicaid, as compared to 4.5 million in Texas and 66 million in the U.S.^{10, 16-20}

The healthcare infrastructure for the Region has numerous limitations. The number of primary care physicians per 100,000 people in the Region is lower (65.4) than both Texas (68.7) and the U.S. (87.8). There are 40 Health Professional Shortage Area (HPSA) Designations in the region, as compared to 478 across Texas and 9,836 for the entire United States. These totals include primary care facilities, mental health care facilities, and dental health care facilities.¹⁰ Shortages among healthcare professionals were also identified with Physician Assistants, as only 299 were listed for the entire Region. By county, the range for Physician Assistants was 3.2- 42.0 per 100,000 people.²²

The Region contains 1 academic health center, 7 safety net hospitals, 1 pediatric burn specialty hospital, and 28 Federally Qualified Health Centers (FQHCs).^{10, 23} Additionally, the Region contains 41 community health centers that provide care for clinical, mental, and dental health needs, as well as care to indigent populations.²⁴ There are limitations in access to services and health care as well as regional variations in clinical practice and outcomes, as displayed by Preventable Hospital Events (PAE). The PAE rate for the Region is significantly higher than both Texas (53.2) and the U.S (49.4). Furthermore, mortality rates from unintentional injuries are higher in the Region (46.5 per 100,000) than both Texas (37.57 per 100,000) and the United States (41.9 per 100,000).¹⁰

As the only pediatric burn hospital in the Southeast Texas region and throughout Texas, SHC — Galveston seeks to examine how we can utilize the information provided by the CHNA to best serve our community now and in the future. Our Mission allows us to provide medical care for children with specialty needs regardless of insurance coverage or the ability to pay.



The Goals of this CHNA are:

- To provide a baseline measure for critical health and socio-economic indicators within the Region.
- To identify needed community health services that fall within our scope of practice and limits of specialization.
- To establish benchmarks and monitor trends in the health status of SHC — Galveston Regional residents.
- Improve the quality of health care through data collection, analysis and reporting.
- To offer a platform for collaboration among community groups that include hospitals, emergency rooms, physicians, health care workers, public health departments, Texas EMS for Children Advisory Council, Texas Governor's EMS and Trauma Pediatric Advisory Council, emergency medical technicians (first responders), and health educators as appropriate.

- To act as a resource for individuals, agencies and institutions looking to identify community health needs and priorities.
- To assist with community benefits requirements as outlined in the Patient Protection and Affordable Care Act.

The information provided in SHC — Galveston's 2018 CHNA provides the necessary foundation upon which community health services and interventions can be targeted, developed and implemented with the ultimate goal of improving the health of our community and its residents.



Process and Methods

SHC — Galveston has determined that a current and comprehensive community health needs assessment is essential to the development and understanding of the Region's needs. Much thought and effort was put forth into creating a process that would document useful information to health care organizations, community-based health, and social service organizations, as well as the community. This CHNA served as an important starting point for SHC — Galveston and facilitated the understanding of everyday health and social needs relevant to our community and our patient population.

A CHNA Assessment Advisory Team was tasked with design, implementation and completion of the CHNA. The Advisory Team provided input, designed and approved the surveys, reviewed the primary and secondary findings, prioritized results from the CHNA, developed action plans, and shaped the final version of this report.

As SHC — Galveston is a referral hospital and does not have an emergency room, we felt it necessary to involve the EMS community and referring pediatricians in a collaborative partnership approach so as to better understand the needs of our community.



SHC — Galveston took a multidimensional approach including utilization of primary data from surveys, community input from EMS officials and pediatricians, as well as secondary data from publically available sources. The primary data includes two community health needs surveys - one sent to Pediatricians in the Region, and the other sent to EMS Agencies in the region (Regional Advisory Council RAC “H” “Q” and “R”). The survey sent to the pediatricians identifies their practice patterns as it relates to burn care, referral patterns, reasons for referral to SHC — Galveston, patient insurance status, experience with burn education, as well as concerns about pediatric care in Texas. The survey sent to the EMS agencies identifies transfer patterns for burn patients, reasons for referring to SHC — Galveston, patient insurance status, if the agencies utilized protocols, and experience with burn care education. Responses from the surveys were analyzed and reported as percentages.

Secondary data includes a regional community health needs report which was composed of a 16-county Regional profile. The profile was collected from publically available websites including

Community Commons, the Texas Hospital Association, the Texas Medical Board, the National Fire Protection Association, Web-based Injury Statistics Query and Reporting System (WISQARS), Texas Department of State and Health Services Public Use Data and the American Burn Association. The regional profile illustrates the general health of individuals and communities. Data regarding health care delivery systems, health resources, socio-economic factors, as well as cultural and environmental effects on community health are also presented.

Texas and U.S. benchmarks were also obtained where possible. The data was then compiled, reviewed, and analyzed for accuracy, and merged into a single document. Analysis for the entire Region was conducted, and then compared to Texas and U.S. benchmarks, paying particular attention to limitations in resources and the relationship of demographic and risk factors to key health challenges for the Region. Primary survey data is presented as numbers and percentages. The secondary data is presented as numbers, percentages, and rates per 100,000 population.

The completed CHNA, including a combined county regional profile, identified community needs, as well as action plans that will be made available to all counties, providers, and the public by way of Shriners Hospitals for Children intranet website. This report utilizes the data and health information collected for the Region, serves as the foundation for creating our Key Findings, and guided SHC — Galveston in identifying and prioritizing our Community Health Needs and Action Plans. The extensive Community Health Needs Assessment project was completed, reviewed and analyzed to better understand the current state of health and health services at the regional, county and local levels. Based on the information contained in the CHNA, SHC — Galveston believes it is important to frame our efforts on providing identified needed services that fit within our mission and scope of services. Therefore, community health needs were prioritized, and action plans were developed to address the identified needs including goals, objectives, timelines, and an evaluation plan for monitoring.

Key Findings

Primary Data

Primary data includes two surveys soliciting information concerning community health needs within the SHC — Galveston Region. While the response rate from the surveys were low, we believe the results portrayed the needs and concerns of the respondents within the Region.



The first survey was mailed to 90 pediatricians in the Region. Six were returned to sender-undelivered. The final number received was 84 (Exhibit 1, pg. 42 - 44). The completed response rate from the pediatricians was 12/84 or 14%. (Exhibit 2 pg. 45 - 47) shows the results of the survey sent to the pediatricians revealing information regarding access to care, referral patterns, insurance status, SHC — Galveston reputation, the need for burn education and general concerns about pediatric health in Texas. Of those who replied, 83% stated they “often” see children who are uninsured. Seventy-five% of the respondents indicate the primary reason they refer patients to SHC — Galveston is specialty care, while 25% note excellent reputation. Fifty-eight% of the respondents refer patients for acute burn injuries, 42% for burn rehabilitation, 16% for hand and/or foot reconstruction, and 16% for Stevens-Johnson Syndrome. Eighty-three% of the respondents see the need for burn education and 83% would be interested in receiving burn education. In reference to greatest concerns regarding pediatric health care in Texas, 58% of the respondents stated unhealthy eating/lifestyle habits, 50% lack of insurance, 50% lack of

specialist and 41.6% cost (note: respondents were directed to mark more than one response for this question).

The second survey was electronically sent to 38 EMS Agencies within the Region (Exhibit 3, pg 48 - 49). Ten of the thirty-seven EMS agency surveys were completed and returned, or 27%. Results of the survey sent to EMS Agencies in the Region reveal information regarding transfer patterns of burn patients, insurance status, SHC — Galveston reputation, use of protocols, and information regarding the need for burn education.

In regard to the EMS agencies treatment and transfer patterns, 40% of the respondents treated pediatric burn patients, while 30% had transferred burn patients within the past 12 months. Of those agencies that transferred patients, 40% were sent to SHC — Galveston. In terms of reasoning for transferring a patient to SHC — Galveston, 78% cited excellent reputation. Fifty-six% of the EMS agencies responded that they transfer children who are uninsured “sometimes”; 33% “very often”, 11% “never”. In regard to use of protocols, 90% indicated they were used for stabilization and transfer of burn patients. One hundred% of the EMS respondents reported seeing a need for burn education. (Exhibit 4, pg 50 - 51 displays the EMS survey results).

Additionally, essential information regarding the use of EMS protocols was solicited by personal communication from members of the Texas EMS for Children Advisory Council and the Texas State EMS program director. The general consensus was that EMS Agencies utilize protocols approved by their local medical directors.

In summarizing the primary data from the two surveys, the common theme that falls within SHC-G scope includes lack of insurance and the need for burn education. Furthermore, specifically in the Pediatrician survey, 50% of the respondents cited lack of specialist as a major concern. (Note: The question was not included in the EMS survey).

Secondary Data

The defined Region for SHC — Galveston is comprised of 16 surrounding counties covering almost 13,000 square miles and is home to approximately 1.46 million individuals.¹⁰ The Region includes both metropolitan and rural areas and has some of the most rapidly expanding neighborhoods and communities throughout the State of Texas.

The racial composition for the Region ([Table 1](#)) is closely related to that of both Texas and the U.S., and is predominately Caucasian. Additionally, the racial makeup of the Region includes more African Americans, but fewer Asians and other ethnic groups, than Texas overall. The Region also reports 20.21% of the population is Hispanic or Latino of any descent*, which is lower than the Texas average, but higher than the U.S. average.¹⁰ Ethnic variations in cultural norms, language comprehension, and beliefs about health may influence the mode of health care delivery and how patients respond to medical care services. This ethnic and racial variation creates a requirement for increased awareness, sensitivity, and compassion among health care workers and service providers.

Table 1: Race/Ethnicity

	Region	Texas	U.S.
Caucasian	75.44%	74.84%	73.35%
Black	16.35%	11.95%	12.63%
Asian	3.08%	4.36%	5.22%
Other (Native American/Hawaiian, Alaska Native, Pacific Islander, Multiple Races)	5.14%	8.85%	8.81%
*Hispanic (<i>of any descent</i>)	20.21%	38.63%	17.33

In terms of age for the 0-17 year old range, the Region is slightly younger than the Texas average and similar to the U.S. average ([Table 2](#)). In the 18 - 64 year age range, the Region is similar to both the Texas and U.S. averages. The Region average for the 65+ population is higher than Texas and slightly lower than the U.S.¹⁰

Table 2: Age Distribution

Age Distribution (Years)	Region Average	Texas Average	U.S. Average
0 – 17	24.82%	26.46%	23.11%
18 -- 64	61.49%	62.05%	62.4%
65+	13.69%	11.49%	14.5%

In terms of socio-economic indicators ([Table 3](#)), the Region faces a slightly higher unemployment rate compared to that of Texas and the U.S. overall. The percentage of individuals who are not

proficient in English is lower than both the Texas and U.S. average, while the percentage of those who did not complete high school is slightly higher than the U.S. average, and slightly lower than Texas. In addition to the disproportion in employment, median household income levels are lower and a greater percentage of the population is living below the federal poverty level when compared to the U.S. as a whole. These indicators have all been linked to positive health outcomes and are relevant for meeting the needs of our Regional population.¹⁰

Table 3: Socioeconomic Indicators

	Region Average	Texas Average	U.S. Average	Number Below Texas Average
Unemployment Rate (%)	5.2	3.9	4	1.3 higher than Texas
Limited English Households (%)	3.28	7.77	4.48	4.49
Did Not Complete High School (%)	15.29	17.65	13.02	2.36
Population Receiving SNAP benefits (%)	13	13.6	13.9	0.6
Median Household Income (\$)	43,288.15	54,727.00	55,322.00	11,438.85
Living Below Poverty Level (%)	15.64	16.7	15.11	0.06

Insurance coverage estimates in the Region are similar to Texas and significantly higher than the U.S. (Table 4). For 0-18 year olds, (9.63%) of the Region are uninsured, as compared to (10.92%) in Texas and (5.9%) in the U.S. CHIP coverage in the region ranges from (2.3%- 4.7%) as compared to (4.5%) of Texas as a whole. When considering the health status of individuals, health insurance is a primary indicator. Those who lack insurance coverage have considerable barriers to healthcare access, leaving them increasingly vulnerable and without primary or other forms of necessary care.^{10, 16-21}

Table 4: Insurance

	Region	Texas	U.S.
Uninsured Age 0-18	9.63%	10.92%	5.9%
Uninsured Age 19-64	24.89%	26.17%	16.37%
CHIP/Children's Medicaid Enrollment	158,629	3,372,937	6,591,730
Medicaid Enrollment	210,665	4,067,380	72,658,984

Based on the quantitative and qualitative community health assessments, the current health care resources and infrastructure of the Region are inadequate. (Table 5). Federally Qualified Health Centers (FQHCs) promote and provide care to vulnerable populations throughout the community, while Health Professional Shortage Areas (HPSA's) indicate a shortage in either primary care, dental care, mental health care, or a combination of all three.¹⁰

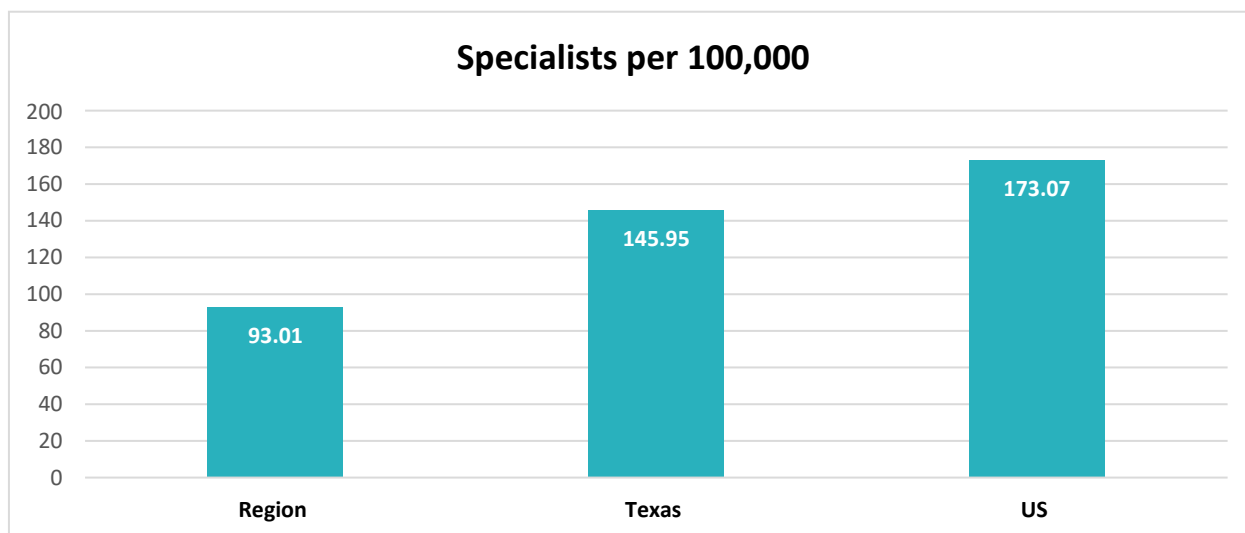
Table 5: Health Care Resources

	Region	Texas	U.S.
Federally Qualified Health Centers	28	461	8,329
Facilities Designated as HPSA	40	478	9,836
Primary Care Physicians (per 100,000)	65.4	68.7	87.8
Specialty Care Physicians (per 100,000)	93.01	145.95	173.07
Mental Health Care Provider (per 100,000)	72.7	102.3	202.3
Mid-Level Providers Physician Assistants (per 100,000)	20.8	31.42	37.63

Data obtained from the Regional and county profiles demonstrate that the current complement of providers in primary care and/or specialty care services do not adequately serve the community health care needs. The number of primary care providers per 100,000 in the Region (65.4) is similar to Texas (68.7) and significantly lower than the U.S (87.8). There is an especially acute shortage of mental/behavioral health resources, specialty care, and mid-level providers. Mental

health providers in the Region exist at a rate of only (72.7) per 100,000, while Texas has (102.3) per 100,000 and the U.S. boasts (202.8) per 100,000.¹⁰ There are roughly 1,250 specialty care physicians to serve the entire Region, at a rate of (93.01) per 100,000 ([Figure 1](#)).²² When comparing that number to both Texas (145.95) and the U.S. (173.07) the deficiency for our 16-county region is evident.^{22, 27}

Figure 1



Furthermore, the Region contains only two Level 1 Trauma Centers and one pediatric burn hospital to serve a Region that is susceptible to natural disaster, industrial accidents, infectious disease, and potential terrorism.²⁸

Community Health Challenges/Behavior Characteristics

Most communities in the Region face similar health related challenges in terms of behavioral characteristics ([Table 6](#)). Common unhealthy behavior characteristics throughout the Region include physical inactivity, excessive drinking, and smoking. The Regional average rate of physical inactivity (25.2%) is higher than both Texas (22.7%) and U.S. (21.6%) averages. The Region also has a high smoking rate with an average of (20.4), which is slightly higher than Texas (16.5%) and U.S. (18.1%) rates. Furthermore the Region reported lower rates of excessive drinking, with an average of (12.6%) as compared to (15.8%) in Texas and (16.9%) for the U.S.¹⁰ As previously stated, smoking, high school graduation rate, and living below the poverty line have all been correlated to fire loss, thus making the Region more susceptible to fire related accidents and injury.⁶

Table 6: Behavior Characteristics

	Region Average	Texas Average	U.S. Average	Number Compared to Texas Average
Physical Inactivity (%)	25.2	22.7	21.6	2.5 higher
Tobacco Usage (%)	20.4	16.5	18.1	2.3 higher
Excessive Drinking (%)	12.6	15.8	16.9	3.2 lower

Environmental factors show that the Region is significantly limited in providing resources necessary for a healthy lifestyle (Table 7). The average proportion of the population who have restricted access to healthy foods for the Region (26.63%) is slightly lower than Texas (27.07%) and slightly higher than the United States (22.43%). Furthermore, the rate of access to recreational facilities in the Region per 100,000 (7.1) is lower than Texas (9.3) and the U.S. (11.01).¹⁰

**Table 7: Environmental
(Rates per 100,000)**

	Region Average	Texas Average	U.S. Average	Number Below Texas Average
Low Food Access (%)	26.63	27.07	22.43	0.44
Recreational Facilities Rate (per 100,000)	7.17	9.33	11.01	2.16

Two other important findings from the CHNA that are related include a high mortality rate from unintentional injuries as well as motor vehicle crashes (Table 8). The average mortality rate (per 100,000) for accidents in the Region (46.5) is significantly higher than Texas (37.57) and the U.S. (41.9). Additionally, the Regional average for mortality related to motor vehicle crashes are also significantly higher (19.8) as compared to Texas (13.93) and the U.S (11.3).⁸

**Table 8: Key Health Challenges - Mortality
(Rates per 100,000)**

	Region Average	Texas Average	U.S. Average	Number Compared to Texas Average
Unintentional Injuries (per 100,000)	46.5	37.57	41.9	8.93 higher
Motor Vehicle Crash (%)	19.8	13.93	11.3	5.87 higher

(Table 9) includes a summary of statistics for SHC — Galveston Region's Under 18 Population, as identified by the data collected from the quantitative community health needs assessment, Regional profile. The Region has a higher number of uninsured when compared to the U.S., while numbers are slightly lower to that of Texas. At a rate of (9.63) per 100,000 uninsured and (21.73) per 100,000 living below the Federal Poverty Line, the under 18 population of the Region is increasingly vulnerable to health care access barriers.^{10, 16-20}

Table 9: Statistics for Under 18 Population

	Region	Texas	U.S.
Percent of Population Under 18	24.82	26.46	23.11
Uninsured (%)	9.63	10.92	5.9
CHIP Enrollment	158,629	390,625	6,591,730
Medicaid	84,345	2,982,312	36,862,057
Children Living Below 100% FPL (%)	21.73	23.92	21.17

Exhibit 5 (p. 53) depicts a listing of all the categories of information used as secondary data. Secondary data includes an SHC — Galveston Region health needs assessment summary report (see SHC — Galveston Region Profile, Exhibit 6, Pgs. 54 - 55). The combined county profile was collected from publically available websites including Community Commons, the Texas Hospital Association, the Texas Medical Board, the National Fire Protection Association, American Burn Association, Health and Human Services, and Medicaid.gov. The Regional profile illustrates the general health of individuals and communities. Data regarding health care delivery systems, health resources, and information regarding socio-economic, cultural and environmental effects on community health are also presented.

Additionally, the summary data for all the health needs were identified through analyzing the secondary data collected from numerous sources. This includes SHC — Galveston Regional county data, Health Professional Shortages Areas (HPSAs), mental health resources, the number of primary/specialty care physicians, and under 18 years of age population without health insurance. The main health needs portrayed in the secondary data sets that fall within our scope were lack of insurance, specialty care physician shortages, mental health provider shortages, mid-level provider shortages, and high mortality rates from accidents.

(Table 10) includes a summary of all SHC-Galveston Region's Community Health Needs identified by the secondary data collected from the quantitative community health needs assessment and from the secondary data (qualitative community assessment).

Table 10

CHN Number	CHN	Region	Texas	U.S.
CHN.1	Access Barriers: Lack of Personal Resources <ul style="list-style-type: none"> - Median Household Income - Unemployment Rate - Living at or Below Federal Poverty Level 	\$43,288.15 5.2% 15.64%	\$54,727.00 3.9% 16.7%	\$55,322.00 4% 15.11%
CHN.2	Access Barriers: Lack of Insurance <ul style="list-style-type: none"> - Uninsured Under Age 18 	9.63%	10.92%	5.9%
CHN.3	Primary Care Physician Shortage <ul style="list-style-type: none"> - Physicians per 100,000 - Number of Primary Care HPSAs 	65.4 40	68.7 478	87.8 9,386
CHN.4	Specialty Care Physician Shortage <ul style="list-style-type: none"> - Physicians per 100,000 	93.01	145.95	173.07
CHN.5	Mental/Behavioral Health Provider Shortage <ul style="list-style-type: none"> - Number of Mental Health HPSAs - Mental Health Care Provider Rate (per 100,000 population) 	13 72.7	147 102.3	3,171 202.8
CHN.6	Mid-Level Provider Shortage <ul style="list-style-type: none"> - Physician Assistants per 100,000 	20.38	31.42	37.63

CHN.7	Mortality			
	- Unintentional Injury per 100,000	46.5	37.57	41.9
	- Motor Vehicle Crash per 100,000	19.8	13.93	11.3

2018 CHNA Prioritization Process

Primary and secondary data identified multiple Community Health Needs (CHN), many are outside the scope of services provided at SHC-Galveston. Therefore, SHC — Galveston utilized a prioritization grid to help identify which CHN's should be addressed. For the prioritization grid to be utilized, the following definitions were used:

- Organization Capacity – hospital can address the issue.
- Infrastructure – hospital has programs, systems, staff and support resources in place to address the issue.
- Partners – the hospital has established community partners (relationships) to address the issue.
- Investment – existing resources are committed to the issue.
- Focus Area – the hospital has acknowledged competencies and expertise to address the issue and the issue fits into the scope of service.
- High/Low Priority – how the hospital rates the findings

Tables 11-13 demonstrate the prioritization results used to identify key community health needs. Table 14 identifies the three prioritized community health needs that will provide the greatest impact for our Community and Region and fall within our scope of services.

Table 11 utilized the prioritization grid to qualify CHN's as determined by the primary data collected from the survey of ***Pediatricians***.

Table 11

Health Need	Organizational Capacity	Infrastructure	Partners	Investment	Focus Area	High or Low Priority
	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No	High or Low
<i>Access Barriers:</i> Pediatricians Treatment of burn patients during the past 12 months	No	No	No	No	Yes	Low

<i>Transfer Barriers:</i> 50% of Pediatricians transfer patients to SHC-G.	Yes	Yes	Yes	Yes	Yes	High
<i>Access Barriers:</i> Lack of Insurance	Yes	Yes	Yes	Yes	Yes	High
<i>Referral Patterns:</i> 75 % of pediatricians refer patients to Shriners due to "Specialty Care"; 25% due to Excellent Reputation and 8% due to in-network.	Yes	Yes	Yes	Yes	Yes	High
<i>Referral Patterns – Primary reason for referral to Shriners:</i> 58% for acute burn injuries, 41.6% for burn rehabilitation, 8% for skin conditions and inhalation injury	Yes	Yes	Yes	Yes	Yes	High
<i>Referral Patterns – Referral to Shriners for Secondary reconstructive conditions:</i> 17% for hand and/or foot reconstruction, 8% for burn contracture release, revision of hypertrophic scars and facial burn deformities.	Yes	Yes	Yes	Yes	Yes	High
<i>Referral Patterns – Referral to Shriners for Soft Tissue Conditions:</i> 16% Stevens-Johnson Syndrome; 8% for Toxic Epidermal Necrosis and Epidermolysis Bullosa.	Yes	Yes	Yes	Yes	Yes	Low
<i>Knowledge Barriers –</i> 83% Need and desire for Burn Education	Yes	Yes	Yes	Yes	Yes	High

<i>Major Concerns About Pediatric Health in Texas: 50% Lack of Insurance and 50% lack of specialist. and 41.6% cost</i>	Yes	Yes	Yes	Yes	Yes	High
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Table 12 utilized the prioritization grid to quality CHN's as determined by the primary data collected from the survey of EMS Agencies.

Table 12

Health Need	Organizational Capacity	Infrastructure	Partners	Investment	Focus Area	High or Low Priority
	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No	High or Low
<i>Access Barriers – Treatment of Burn Patients: 40% of EMS agencies treated burn patients within the past 12 months.</i>	No	No	No	No	No	No
<i>Access Barriers – Transfer Pediatric Burn Patients: 30% of EMS agencies transferred pediatric burn patients within the past 12 months.</i>	No	No	No	No	No	No
<i>Access Barriers – Transfer Burn Patients to Shriners: 40% of EMS agencies transferred patients to Shriners.</i>	Yes	Yes	Yes	Yes	Yes	High
<i>Access Barriers – Transferred Patients to Shriners Because of Reputation: 78% of EMS agencies transferred patients to Shriners due to excellent reputation.</i>	Yes	Yes	Yes	Yes	Yes	High

<i>Access Barriers – Lack of Insurance:</i> 56% of EMS agencies reported transferring patients without insurance “sometimes.”	No	No	No	No	No	No
<i>Use of Protocols:</i> 90% of EMS agencies utilize protocols for stabilization and transfer of burn patients.	Yes	Yes	Yes	Yes	Yes	High
<i>Knowledge Barriers:</i> 100% of EMS agencies see the need for burn education and would be interested in receiving burn education	Yes	Yes	Yes	Yes	Yes	High

Table 13 utilized the prioritization grid to qualify CHN's as determined by the secondary data collected from numerous sources.

Table 13

Health Need	Organizational Capacity	Infrastructure	Partners	Investment	Focus Area	High or Low Priority
	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No	High or Low
Access Barriers: Lack of Personal Resources	No	No	No	No	No	Low
Access Barriers: Lack of Insurance	Yes	Yes	Yes	Yes	Yes	High
Primary Care Physician Shortage	No	No	No	No	No	Low
Specialty Care Physician Shortage	Yes	Yes	Yes	Yes	Yes	High
Mental/Behavioral Health Provider Shortage	Yes	Yes	Yes	Yes	Yes	High
Mid-Level Provider Shortage	Yes	Yes	Yes	Yes	Yes	High
Accidents (Mortality)	Yes	Yes	Yes	Yes	Yes	High

As SHC – Galveston is a pediatric hospital specializing in acute and reconstructive burn care, the following CHN's could not be addressed from the secondary data: Lack of personal resources and primary care physician shortages. These CHN's fall outside of our narrow scope of services offered, as well as our available financial and human resources.

Summary of CHNA Key Findings Relevant to SHC-Galveston, TX

An extensive analysis of the CHNA data was undertaken to better understand the current state of health and health services at the local, county and regional levels. Many cultural, socioeconomic, health and demographic characteristics of the population living in our Region influence the main CHNA concerns. The key information and data from the CHNA validate the concern for marginalized and underserved populations. Many of the community health needs identified were beyond the scope of services offered at SHC-Galveston. However, the predominate findings from the CHNA that are relevant to SHC-Galveston's mission and vision and that we can positively influence include the following three prioritized community health needs (Table 14):

Table 14

CHN Number	Health Needs Identified
1	<u>Access Barriers – Lack of Insurance</u> Increase awareness that SHC-Galveston accepts patients without insurance.
2	<u>Specialist Barriers – Health Care Provider Shortages</u> Continuing training and education for specialty care physicians, physician assistants, mental health providers, and other health care professionals.
3	<u>Knowledge/Educational Barriers</u> Increase burn education to Pediatricians, Emergency Departments and EMS personnel.

Action Plans

ACTION PLAN RESULTS FROM 2015 CHNA

The previous Community Health Needs Assessment identified four focus areas that SHC — Galveston felt we could impact the most. Action plans were developed, implemented, and results documented as follows:

- The first CHN was designed to increase public awareness that SHC – Galveston accepts patients without insurance or regardless of the ability to pay. Shriners Hospitals for Children broadcasted over 1677 Public Service announcements regarding Shriners Hospitals for Children, the type of conditions we treat and to help educate the public regarding our policy on accepting patients regardless of the ability to pay.
- The second CHN addressed decreasing the Health Care Provider shortages in our region by continuing to train critical care fellows, residents, and medical students, mid-level providers, and mental health professionals. Over the last 3 years SHC — Galveston has trained approximately 15 critical care fellows, 362 residents, medical students and visiting health care professionals. Additionally we have provided training for 34 mental health professionals and 6 physician assistants.
- The third and fourth CHN were combined since they were so closely linked to address decreasing Educational/Knowledge Barriers to EMS agencies, emergency room nurses, physicians, burn care nurses and air transport vendors on ABLIS courses, pre-hospital management, basic burn care education and transport guidelines in hopes of improving knowledge and decreasing the morbidity from accidents. Over the last 3 years SHC-Galveston health care providers have provided over 63 educational programs to approximately 1482 providers not only in our region but throughout the U.S., Mexico and the world. Additionally SHC-G has provided 4 educational programs on air transport of critically injured patients to over 230 health care providers in the Region, U.S., and Mexico.
- To summarize the 2015 CHN action plan outcomes, SHC — Galveston believes we have taken positive steps to address the CHN's within and beyond our Region and scope of services.

ACTION PLANS FOR 2018 CHNA

The collaborative efforts of everyone involved in SHC — Galveston's 2018 CHNA contains a set of three Action Plans to address the community health needs identified in the assessment ([Table 14](#)). The following Action Plans ([Table 15](#)) include identified priorities, a comprehensive set of goals, objectives, action steps, timelines, program evaluations, and a list of responsible departments essential to improving the health of the Region. We feel the Action Plans will target specific measures that will improve the health of the Region and thus have a positive impact on improving the quality of life for SHC — Galveston's Region's residents. Each Action Plan is equally important in improving the health and well-being of the Region



Table 15**Priority Health Need CHN 1: Access Barriers – Lack of Insurance**

Goals	Objectives	Action Steps	Implementation Timeline	Evaluation Plan for Monitoring	Responsible Department
1. Increase public awareness that SHC - Galveston accepts patients regardless of insurance.	1a. Increase the number of new PR/Marketing contacts by 5% in the next 3 years from baseline (2018).	1a. Work with SHC-Galveston PR/Marketing to increase awareness that SHC - Galveston accepts patients regardless of insurance.	1a. June 2019	1a. Determine the number of PR/Marketing/ Physician liaison contacts for 2018.	1a. Marketing/Public Relations
	1b. Increase the number of new physician liaison contacts by 5% in the next 3 years from baseline (2018).	1b. Work with SHC-Galveston physician liaison to increase the number of new contacts by 5% for the next 3 years from baseline (2018).	1b. June 2019	1b. Design and maintain a database of all SHC-Galveston PR/Marketing/ Physician liaison contacts and track new contacts for the next 3 years.	1b. Physician Liaison
	1c. Continue to educate the public concerning the mission of SHC-Galveston at meetings and conferences.	1c. Educate the public concerning the mission of SHC-Galveston at meetings and or conferences.	1c. May 2019	1c. Design and maintain a database of the number of contacts at meetings and or conferences for the next 3 years.	1c. Marketing/Public Relations, Physician Liaison, Administrative Director
2. Assist our uninsured patient population in accessing resources, including health insurance.	2a. Continue to increase public awareness concerning the mission of SHC - Galveston by providing lectures at educational	2a. Increase public awareness concerning the mission by providing lectures at educational conferences.	2a. May 2019	2a. Determine the number of lectures at educational conferences for 2018. Design and maintain a database of all presentations at educational conferences, at the	2a. Administrative Director

	conferences and at the hospital.			hospital for the next 3 years.	
	2b.Continue providing assistance in accessing resources.	2b. Increase assistance to our uninsured patient population in accessing resources through financial counseling.	2b. October 2019	2b. Track the number of uninsured patients and those that require financial assistance including third party coverage.	2b. Revenue Center

Priority Health Need CHN 2: Health Care Provider Shortage

Goals	Objectives	Action Steps	Implementation Timeline	Evaluation Plan for Monitoring	Responsible Department
1. Decrease the healthcare provider shortage in our Region by expanding and enhancing training of the healthcare workforce.	1. Continue training of burn specialty care physicians.	1. Increase awareness of opportunities for burn specialty care training at SHC-Galveston.	1. July 2019	1. Document the number of physicians who receive burn care specialty training.	1. Administrative Director
	2. Continue training residents and medical students at SHC-Galveston.	2. Increase the number of training opportunities for residents and medical students.	2. July 2019	2. Utilizing hospital data, track the number of medical students/residents trained at SHC-Galveston.	2. Credentialing
	3. Continue training PA students at SHC-Galveston.	3. Collaborate with UTMB to increase the training opportunities for PAs.	3. September 2019	3. Utilizing hospital data, track the number of PA students trained at SHC-Galveston.	3. Credentialing
	4. Continue training mental health providers at SHC-Galveston.	4. Collaborate with UTMB to increase the training opportunities for mental health professionals.	4. September 2019	4. Utilizing hospital data, track the number of mental health professionals trained at SHC-Galveston.	4. Credentialing
	5. Continue weekly multi-disciplinary (MDC) training conferences at SHC-Galveston.	5. Develop a weekly calendar of MDC educational opportunities for SHC-Galveston.	5. May 2019	5. Track the number of health care providers trained at SHC-Galveston MDC.	5. Nurse Educator and Administrative Director

	6. Begin offering burn educating training to pediatricians	6. Collaborate with pediatrician groups in the Region to offer burn care education.	6. August 2019	6. Track the number of classes offered or pediatricians trained in burn care education.	6. Administrative director and physician liaison
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Priority Health Need CHN 3: Knowledge/Education Barriers

Goals	Objectives	Action Steps	Implementation Timeline	Evaluation Plan for Monitoring	Responsible Department
1. Provide burn care education to pediatricians, specialty care providers, health care providers and EMS personnel	1. Increase educational/training opportunities for pediatricians, health care personnel, specialty care physicians and EMS agencies on burn care.	1. Increase awareness of Advanced Burn Life Support protocols, basic emergency burn care and American Burn Association referral guidelines.	1. July 2019	1. Utilizing hospital data, track the number of educational programs provided throughout the Region, U.S. and nationally. Secondly, track the number of transport courses and burn related courses given to air transport companies throughout the region, nationally and internationally.	1. Administrative Director
2. Improve patient outcomes by educating emergency departments, health care professionals, specialty physicians and EMS personnel on burn care and the need for early transport.	2. Improve patient outcomes by monitoring admission vital signs, timeliness of transports and patient outcomes.	2. Document admission vital signs and compare to age appropriate vital signs as well as monitor and document patient outcomes.	2. May 2019	2. Utilizing a hospital database document timeliness of transports, admission vital signs and patient outcomes.	2. Administrative Director
3. Decrease the high mortality rate from accidents in our Region.	3. Decrease the high mortality rate from burn-related accidents in our Region by 5% in the next 3 years.	3. Provide Advanced Burn Life Support (ABLS) courses for EMS personnel, and emergency room nurses and physicians in our Region.	3. September 2019	3. Develop a spreadsheet to document the number of ABLS courses provided to EMS personnel, and emergency room nurses and physicians in our Region.	3. Nurse educator and administrative director

Conclusion

The 2018 Community Health Needs Assessment (CHNA) was assembled to give readers an overview of Shriners Hospitals for Children – Galveston, Texas health trends and to provide a platform to increase communication across non-governmental, as well as, governmental agencies to improve the lives of children within our Region with specialized health needs. The findings from this process demonstrate that SHC —Galveston Region's residents include high concentrations of individuals at an increased risk for access barriers due to a lack of health care insurance. Other key findings include shortages in specialty care physicians, mental/ behavioral health care providers, and mid-level practitioners. In addition to the health care worker shortages in our Region, this assessment identified the need for burn care education in our communities and beyond. SHC — Galveston's Action Plans have been developed to target the identified priorities of the community needs assessment that fall within our scope of services and that are aligned with the mission and vision of SHC — Galveston, Texas.



This report has shown that trends in health outcomes are determined not just by individual level factors, such as genetic make-up or access to medical services. Rather, the findings are the result of social, political, and environmental conditions that exist throughout our Region. By building on the analysis of this report and completing the Action Plans, SHC — Galveston will take significant steps to improve the health of our communities and thus influence health outcomes in our Region.

Acknowledgements

Under the direction and guidance of the Shriners Hospitals for Children — Corporate Headquarters, SHC — Galveston's Community Health Needs Assessment Advisory Team began planning this assessment in 2018. Much thought was placed into creating both a process and document that would be useful and enlightening to health care organizations, community-based health and social service organizations, and the community at large. SHC — Galveston wishes to thank the following community health needs assessment partners for their support of this project:

- Shriners Hospitals for Children Corporate Headquarters, Tampa, Florida
- Texas EMS for Children Advisory Council
- Regional Advisory Councils (RAC's H, Q and R)
- The Pediatricians and EMS Agencies within the Region that responded to the Surveys

EXHIBITS



PRIMARY DATA

Pediatrician Survey

EMS Survey



Shriners Hospitals for Children® — Galveston

Community Health Needs Assessment Survey

Pediatricians

As one of our valued community health partners, we are asking you to complete this brief 14-question survey. We want to identify the concerns of pediatric health care providers. Your answers will help us better respond to identified needs in our community.

Please return this survey by January 31, 2019

1. During the past 12 months, did you treat any pediatric burn patients?

☐ Yes

☐ No

If yes, check the approximate number of patients per year.

☐ 1-2

☐ 3-5

☐ 6-8

☐ > 8

2. During the past 12 months, did you transfer out any pediatric burn patients?

☐ Yes

☐ No

If yes, check the approximate number of patients per year.

☐ 1-2

☐ 3-5

☐ 6-8

☐ > 8

3. Do you ever transfer pediatric burn patients to Shriners Hospitals for Children-Galveston?

☐ Yes

☐ No

If yes, check the approximate number of patients per year.

☐ 1-2

☐ 3-5

☐ >5

4. What is the **most important** reason you transfer children to Shriners Hospitals for Children – Galveston, Texas?

☐ Charity care policy

☐ Free-standing pediatric facility

☐ In network

- ☐ Only place service was available ☐ Excellent reputation
☐ Convenience ☐ N/A

5. How often do you see children who are uninsured?

- ☐ Very often ☐ Sometimes ☐ Never

6. Do you routinely refer your patients to Shriners Hospital for Children-Galveston for the following conditions?

(Check all that apply.)

- ☐ Acute Burn Injuries ☐ Reconstructive Surgery ☐ Skin conditions
☐ Inhalation Injuries ☐ Burn Rehabilitation ☐ N/A

7. Do you routinely refer patients for any of the following Secondary Reconstructive Conditions? (Check all that apply)

- ☐ Burn Contracture Release ☐ Facial Burn Deformities
☐ Revision of Hypertrophic Scars ☐ Hand and/or Foot Reconstruction
☐ Dermabrasion ☐ Microdermabrasion
☐ Laser Surgery ☐ Complicated Wounds
☐ Not Applicable

8. Do you routinely refer patients for the treatment of Soft Tissue Conditions? (Check all that apply)

- ☐ Soft Tissue Infections ☐ Toxic Epidermal Necrosis
☐ Stevens - Johnson syndrome ☐ Epidermolysis Bullosa
☐ Necrotizing Fasciitis ☐ Not Applicable

9. Do you see a need for burn care education in the health care setting?

- ☐ Yes ☐ No

10. Have you had burn education in the past year?

- ☐ Yes ☐ No

11. How long ago did you receive burn care education, if ever?

- ☐ 1-5 years ago
☐ 5-10 years ago
☐ >10 years ago
☐ I have never received burn education

12. Would you be interested in burn education?

- ☐ Yes ☐ No

13. What concerns you most about pediatric health care in Texas?

☐ Cost

☐ No insurance

☐ Lack of specialist

☐ Unhealthy eating/lifestyle habits

☐ Other _____

14. What city and county do you work in?

City: _____

County: _____

Please return the completed survey in the enclosed postage-paid envelop by January 31, 2019.
Thank you for your time and cooperation.

Sincerely,

Ronald P. Mlcak PhD, MBA, RRT

Administrative Director Ancillary Services

Shriners Hospital for Children-Galveston, Texas

Exhibit 2 – Pgs. 45 - 47**2018 SHC — Galveston CHNA Survey Results – Pediatricians**

90 Surveys were mailed – 6 returned to sender. $90 - 6 = 84$ received survey.

12 responses: $12 / 84 = 14\%$ response rate of those who received the survey.

Question 1. During the past 12 months, did you treat any pediatric burn patients?

Yes	75%
No	16.6%
No Response	8%
If yes, check the approximate number of patients per year.	
1-2	50%
3-5	25%
6-8	0%
>8	0%
N/A	25%

Question 2. During the past 12 months, did you transfer out any pediatric burn patients?

Yes	91.6%
No	8%
No Response	0%
If yes, check the approximate number of patients per year.	
1-2	0%
3-5	8%
6-8	0%
>8	0%
N/A	91.6%

Question 3. Do you ever transfer pediatric burn patients to Shriners Hospitals for Children-Galveston?

Yes	50%
No	50%
No Response	0%

Question 4. What is the most important reason you transfer children to Shriners Hospitals for Children-Galveston, Texas? (*Note- several respondents chose more than one answer)

Charity Care Policy	8%
Specialty Care	75%
Free-Standing Pediatric Facility	8%
Excellent Reputation	25%
Only Place Service Was Available	0%
Convenience	0%
In-Network	8%
No Response	8%

Question 5. How often do you see children who are not insured?

Very Often	8%
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Sometimes	75%
Never	0%
No Response	16.6%

Question 6. Do you routinely refer your patients to Shriners Hospitals for Children-Galveston for the following conditions? (*Note- respondents were asked to check all that apply)

Acute Burn Injuries	58%
Inhalation Injuries	8%
Reconstructive Surgery	8%
Burn Rehabilitation	41.6%
Skin Conditions	8%
N/A	16.6%
No Response	25%

Question 7. Do you routinely refer patients for any of the following secondary reconstructive conditions? (*Note- respondents were asked to check all that apply)

Burn Contracture Release	8%
Revision of Hypertrophic Scars	8%
Dermabrasion	0%
Laser Surgery	0%
Facial Burn Deformities	8%
Hand and/or Foot Reconstruction	16.6%
Microdermabrasion	0%
Complicated Wounds	8%
N/A	41.6%
No Response	33%

Question 8. Do you routinely refer patients for the treatment of soft tissue conditions? (*Note- respondents were asked to check all that apply)

Soft Tissue Infections	0%
Stevens-Johnson Syndrome	16.6%
Necrotizing Fasciitis	8%
Toxic Epidermal Necrosis	8%
Epidermolysis Bullosa	8%
N/A	25%
No Response	41.6%
N/A But Will Refer	8%

Question 9. Do you see a need for burn care education in the health care setting?

Yes	83%
No	0%
No Response	16.6%

Question 10. Have you had burn education in the past year?

Yes	83%
No	0%
No Response	16.6%

Question 11. How long ago did you receive burn care education, if ever?

1-5 Years	8%
5-10 Years	25%
>10 Years	33%
I Have Never Received Burn Education	16.6%
No Response	16.6%

Question 12. Would you be interested in burn education?

Yes	83%
No	0%
No Response	16.6%

Question 13. What concerns you the most about pediatric health care in Texas? (*Note-several respondents selected more than one answer)

Cost	41.6%
No Insurance	50%
Lack of Specialist	50%
Unhealthy Eating/Lifestyle Habits	58%
Other	0%

Question 14. What city and county do you work in?

City	County
Nacogdoches	Nacogdoches
Galveston	Galveston
Nacogdoches	Nacogdoches
Nacogdoches	Nacogdoches
Beaumont	Jefferson
League City	Galveston
Pearland	Brazoria
Port Arthur	Jefferson
Livingston	Polk
Nacogdoches	Nacogdoches
Lufkin	Angelina
Lufkin	Angelina

Exhibit 3 – Pgs. 48 - 49**Shriners Hospitals
for Children® — Galveston****Community Health Needs Assessment****EMS Survey**

As one of our valued community health partners, we are asking you to complete this brief 11-question survey. We want to identify the needs and concerns of EMS Providers. Your answers will help us better respond to needs within our community.

Please return this survey by January 31, 2019

1. During the past 12 months, did you treat any pediatric burn patients?

☐ Yes ☐ No

If yes, check the approximate number of patients per year.

☐ 1-2 ☐ 3-5
☐ 6-8 ☐ > 8

2. During the past 12 months, did you transfer any pediatric burn patients?

☐ Yes ☐ No

If yes, check the approximate number of patients per year.

☐ 1-2 ☐ 3-5
☐ 6-8 ☐ > 8

3. Does your EMS agency ever transfer pediatric burn patients to Shriners Hospitals for Children-Galveston?

☐ Yes ☐ No

If yes, check the approximate number of patients per year.

☐ 1-2 ☐ 3-5 ☐ >5

4. What is the **most important** reason you transfer children to Shriners Hospitals for Children – Galveston, Texas?
- ☐ Charity care policy ☐ Free-standing pediatric facility ☐ In network
☐ Only place service was available ☐ Excellent reputation
☐ Convenience ☐ Other: _____
5. How often do you transfer children who are uninsured?
- ☐ Very Often ☐ Sometimes ☐ Never
6. Does your EMS agency utilize protocols for stabilization and transfer of burn patients?
- ☐ Yes ☐ No
7. Do you see a need for burn care education in your health care setting?
- ☐ Yes ☐ No
8. How long ago did you receive burn care education, if ever?
- ☐ 1-5 years ago
☐ 5-10 years ago
☐ >10 years ago
☐ I have never received burn education
9. Would you be interested in burn education?
- ☐ Yes ☐ No
10. What city and county do you work in?
- City: _____
County: _____

Please return the completed survey by January 31, 2019.

Thank you for your time and cooperation.

Ron Mlcak

Ronald Mlcak PhD, MBA
Administrative Director Ancillary Services
Shriners Hospitals for Children-Galveston
rmalcak@shrinenet.org

Exhibit 4 – Pgs. 50 - 51**2018 SHC — Galveston CHNA Survey Results – EMS**

38 surveys were sent via email. All surveys were delivered.

10 responses: 10 / 38= 26% response rate of those who received the survey.

Question 1. During the past 12 months, did you treat any pediatric burn patients?

Yes	40%
No	50%
If yes, check the approximate number of patients per year.	
1-2	10%
3-5	0%
6-8	0%
>8	0%
No Response	90%

Question 2. During the past 12 months, did you transfer out any pediatric burn patients?

Yes	30%
No	70%
If yes, check the approximate number of patients per year.	
1-2	0%
3-5	0%
6-8	0%
>8	0%
N/A	0%
No Response	100%

Question 3. Does your EMS agency ever transfer pediatric burn patients to Shriners Hospitals for Children-Galveston?

Yes	40%
No	60%
If yes, check the approximate number of patients per year.	
1-2	0%
3-5	0%
6-8	0%
>8	0%
N/A	0%

Question 4. What is the most important reason you transfer children to Shriners Hospitals for Children-Galveston, Texas? (*Note- several respondents chose more than one answer)

Charity Care Policy	0%
Free-Standing Pediatric Facility	0%
Excellent Reputation	77.7%
Only Place Service Was Available	11.1%
Convenience	0%
In-Network	0%
Other	11.11%

Question 5. How often do you see children who are not insured?

Very Often	33.33%
Sometimes	55.56%
Never	11.1%

Question 6. Does your EMS agency utilize protocols for stabilization and transfer of burn patients?

Yes	90%
No	10%

Question 7. Do you see a need for burn care education in the health care setting?

Yes	100%
No	0%

Question 8. How long ago did you receive burn care education, if ever?

1-5 Years	70%
5-10 Years	20%
>10 Years	0%
I Have Never Received Burn Education	10%

Question 9. Would you be interested in burn education?

Yes	100%
No	0%

Question 9. Would you be interested in burn education?

Yes	100%
No	0%

Question 14. What city and county do you work in?

City	County
Anahuac	Chambers
Liberty	Liberty
Houston	Harris
Beaumont	Jefferson
Angleton	Brazoria
Winnie	Chambers
Santa Fe	Galveston
Baytown	Harris
Crystal Beach	Galveston
Webster	Harris

SECONDARY DATA

Community/Region Data



List of CHNA Rating/Ranking Criteria

Geography & Population

Total Population
Population per Square Mile
Area in Square Miles
County Rank (Population)

Population / Age Groups

Age 0 - 4
Age 5 - 17
Age 18 - 24
Age 25 - 34
Age 35-44
Age 45-54
Age 55-64
Age 65+

Race/Ethnicity

Asian/Asian American
Black/African American
White (Caucasian)
Other
(% Population Hispanic of any descent)

Socioeconomic Indicators

Median Household Income
Unemployment
Living at/below 100% Federal Poverty Level
Limited English Households
Uninsured 0 - 18
Uninsured 19 - 64
Medicaid/CHIP Clients
Did Not Complete High School
Bachelor's Degree or Higher

Health Environment & Behaviors

Physical Inactivity
Excessive Drinking
Adult Smoking
Limited Access to Healthy Food
Availability of Recreation Facilities

Health Services & Resources

Primary Care Physicians
Specialty Care Physicians
Physician Assistants
Mental Health Providers

Mortality
Motor Vehicle Crash
Unintentional Injury

Facilities & Beds

Community Clinics
Acute Care Beds
Psychiatric Care Beds

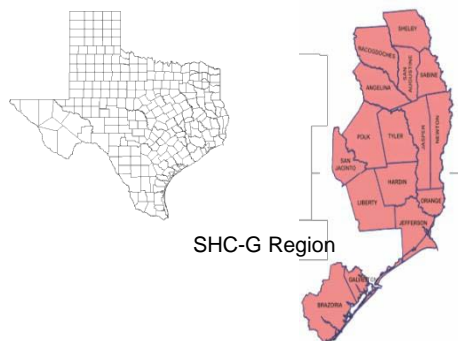
Access & Quality Measures

HPSA Primary Care
HPSA Dental
HPSA Mental Health
Preventable Hospital Events
Federally Qualified Health Centers

Exhibit 6 – Pgs. 54 - 55

SHC-Galveston Community Health Needs Assessment

SHC-G REGION SUMMARY



Geography & Population Density

Texas Population	26,956,435
Region Population	1,466,615
Region Population per Square Mile	112.98
Region Area in Square Miles	12,980.96

Demography / Population

Age	Region (%)	Texas (%)	US (%)	Race/Ethnicity	Region (%)	Texas (%)	US (%)
0 – 4	6.74	7.31	6.24	Asian/Asian American	3.08	4.36	5.22
5 - 17	18.08	19.15	16.87	Black/African American	16.35	11.95	12.63
18 – 44	35.44	38.2	36.17	White	75.44	74.84	73.35
45 – 64	26.07	23.86	26.22	Other/Multiple Races	5.14	8.85	8.81
65 +	13.69	11.49	14.5	Hispanic (of any descent)	20.21	38.63	17.33

Socioeconomic Indicators

	Region	Texas	US		Region	Texas	US
Median Household Income (\$)	43,228.15	54,727	55,322	Uninsured 0-18 Years (%)	9.63	10.92	5.9
Unemployed (%)	5.2	3.9	4	Uninsured 19-64 Years (%)	24.89	26.17	16.37
Living at/below Poverty Level (%)	15.64	16.7	15.11	Medicaid Clients	20,665	4,067,380	72,658,984
Population receiving SNAP (%)	13	13.6	13.9	Did Not Comp. High School (%)	15.29	17.65	13.02
Limited English Households (%)	3.28	7.77	4.48	Bachelor's Degree or Higher (%)	21.53	28.1	30.32

Health Environment & Behaviors

	Region	Texas	US
Physical Inactivity (%)	25.2	22.7	21.6
Low Food Access (%)	26.63	27.07	22.43
Availability of Rec. Fac. (Rate)	7.7	9.33	11.01
Tobacco Usage (%)	20.4	16.5	18.1
Excessive Drinking (%)	12.6	15.8	16.9

Mortality

	Region	Texas	US
Unintentional Injuries	46.5	37.57	41.9
Motor Vehicle Crash	19.8	13.93	11.3

SHC-Galveston Community Health Needs Assessment SHC-G REGION SUMMARY

Health Services & Resources	(Rates per 100,000)	Access & Quality Measures	
	Region	Texas	US
Primary Care Physicians	65.4	68.7	87.8
Specialty Care Physicians	93.01	145.95	173.07
Physician Assistants	20.38	31.42	37.63
Mental Health Providers	72.7	102.3	202.8

Health Services & Resources	(Rates per 100,000)	Access & Quality Measures	
	Region	Texas	US
# Facilities w/Shortage			
HPSA Primary Care	16	181	3,599
HPSA Mental Health Care	13	147	3,171
HPSA Dental Care	11	150	3,071

Facilities & Beds			
	Region	Texas	US
Community Clinics (FQHC)	28	461	8,329
Acute Care Beds (#)	3,657	81,257	-
Psychiatric Care Licensed Beds (#)	112	6,208	-

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