

**INFORMATION REQUESTS (Limit each response to 250 words - Total submissions should not exceed 10 pages, 12 pt font):**

1. What are the main health care-related factors that influence patient outcomes in rural and/or urban underserved areas? Are there additional, systems or factors outside of the health care industry that influence health outcomes within these communities?

In the East Texas communities, which are largely rural, the main health-care related factors that influence patient outcomes are lack of adequate healthcare coverage, access to healthcare, scarce mental health providers (East Texas has the highest suicide rate in the state), and poor diet. In addition, the factors outside of the healthcare industry that influence health outcomes are poverty, lack of transportation to seek medical help, and a lack of knowledge of the measures that can be taken to avoid chronic illnesses, low birth rates and high infant mortality rates. *“Poverty generates poor health and poor health generates poverty. In every aspect of healthcare from being sick to getting care, from prevention to aftercare, people in poverty don’t fare as well as people in middle class or wealth” quoted from the East Texas Human Needs Network (ETHNN) website.*

39% of ETHNN's Smith County 2016 Comprehensive Community Needs Assessment (CCNA) participants report not having healthcare coverage, this compared to the 30% reported by the Robert Wood Johnson Foundation's County Health Rankings.

Note on Mental Health in rural East Texas: The most recent federal data shows that in Gregg County, which includes Longview, 335 people died by suicide from 1999 to 2017. The county had a suicide rate of 15 deaths per 100,000 people in that time period, compared to the average state rate of 11.4. Several nearby, more rural counties — including Marion and Morris counties, just north of Gregg — have even higher suicide rates.

2. What successful models show a demonstrable, positive impact on health outcomes within rural or underserved communities, for example initiatives that address: a) social determinants of health (particularly transportation, housing instability, food insecurity); b) multiple chronic conditions; c) broadband access; or d) the use of telehealth/telemedicine/telemonitoring?

There are a couple of successful models that address the social determinants of health:

- A. In 2014, Goodwill Industries of East Texas launched its GoodAssist Program in collaboration with the East Texas Foodbank. Goodwill retail store customers can walk into any location where the program exists and receive free one-on-one assistance in applying for Supplemental Nutrition Assistance Program (SNAP/foodstamps), Children's Health Insurance Program (CHIP), Medicare,

Temporary Aide to Needy Families (TANF), childcare vouchers, as well as jobs and help with resume writing and referrals to food pantries, without an appointment. In 2017, Goodwill entered into an alliance with United Healthcare to host Resource Events in every store with a GoodAssist office. United Healthcare invited all of their low-income STAR Plus customers. Resource events were held monthly with 25 to 150 customers. Customers received information about resources, met with providers, and got information on preventative healthcare. These events were so successful that United Healthcare reached out to other Texas Goodwill organizations to replicate the model.

- B. The next model is the Collective Impact Model – the basis for which the East Texas Human Needs Network was formed. In this model, social service agencies, local government, volunteers, and those in the education and medical fields come together to devise solutions to area problems. This model has resulted in the implementation of 903HELP.ORG, an online social services directory, as well as CommUNITY Cares, a health initiative to refer high risk people who seek help from social service agencies to primary care providers. This program reduces emergency room visits and assist individuals in getting the healthcare they need early.

- 3. What should the Committee consider with respect to patient volume adequacy in rural areas?

There is a shortage of registered nurses and doctors, particularly in rural communities. This shortage impacts the not only the number of patients waiting for hours to be seen, if affects the level of care that they receive.

- 4. What lessons can we glean from service line reduction or elimination in hospitals that serve underserved communities where —

- a. patients have the option to transition to alternative care sites, including community health centers and federally qualified health centers?
- b. there is broader investment in primary care or public health?
- c. the cause is related to a lack of flexibility in health care delivery or payment?

Thanks to the Affordable Care Act 700,000 more Texans have healthcare coverage, but Texas still has the highest percentage and highest number of uninsured individuals in the nation. Northeast Texas is home to just over 1.5 million people, over half of whom live in a rural area. Relative to Texas overall, the Northeast Texas population is slightly older and has a larger proportion of white and black residents. Although the unemployment rate in the region is slightly lower than in Texas overall, every county in Northeast Texas has a median household income below that of Texas, according to the publication: “The Health Status of Northeast Texas,” a project of the University of Texas Health Science Center. The bottom line is that healthcare insurance is expensive and

medical procedures even with insurance is out of range for many people. There is a push in the state for more Community Health Workers (CHW's) who can educate and advocate on behalf of at-risk individuals in their communities. These CHW's are trusted individuals who basically fill in the gaps of service. They make sure that patients understand the doctor's instructions concerning diet and medicine, they provide resources to transportation, food, housing, etc.

5. If states or health systems have formed regional networks of care, leveraging for example systems of transport or the use of telehealth/telemedicine, what states or entities are these, what approaches did they use to form these networks, what challenges did they overcome, and what challenges persist?

The UT Northeast Healthcare formed a Regional Partnership to address the following challenges:

- Primary Care Workforce: In some areas, the ratio of patients to primary care providers is five times worse than the statewide average and eight times worse than the national benchmark.
- Behavioral Health Workforce: The ratio of patients to mental health providers in some communities is nearly 25,000 to 1, seven times worse than the state average.
- Mental/Behavioral Health: An estimated 85,000 individuals in the region have a serious mental illness and 113,000 need treatment for substance abuse but do not receive it. The region has a suicide rate 65% higher than the rate for Texas.

They addressed each challenge in the following manner:

- Primary/Specialty Care: Creation of medical homes, expanded hour clinics, pediatric obesity interventions, emergency room diversion programs, pediatric asthma.
- Behavioral Health: Crisis stabilization centers, jail diversion projects, behavioral-physical health integration, technology infrastructure to better coordinate care.
- Other: Community health worker training, potentially preventable admissions/readmissions reduction programs, cancer screening and early detection.

Here are the initial outcomes:

- At least 500,000 new encounters for patients in underserved rural communities.
  - At least 50,000 encounters in behavioral health
  - Primary care, care coordination, and medical home account for the largest amount of new encounters and individuals served
- Provider-level quality indicators are trending upwards.
  - Primary Care & Chronic Disease Management
  - Potentially Preventable Admissions & Readmissions

6. What successful models show a demonstrable, positive impact on addressing workforce shortages in rural and underserved areas? What makes these models successful?

In addition to the work being done by our local public health authority and regional medical networks, Goodwill of East Texas supports all of its GoodAssist workers in becoming certified Community Health Workers. These CHW's provide cultural mediation between health care, social services and our community.

GoodAssist currently provides services to more than 1,300 individuals, annually. This frontline program assists community members with connecting to support services, as well as submitting applications for local, state and federal program which provides at-risk community members strategic networking connections, enhancing the quality of life across the region. Research indicates that "direct connections to health care can improve the health and well-being of a traditionally high-need population with serious health issues (Manpower Demonstration Research Corporation, "MDRC," 2019).

Strategically designed for accessibility, GoodAssist provides a complete "one stop shop" for at-risk participants who need immediate assistance with securing food, employment, and/or physical and mental health services.

Operating Monday through Friday, five days a week, with office hours from 10 a.m. to 3 p.m., there are dedicated computer stations where trained GoodAssist workers confidentially assist participants who are seeking support, such as referrals to mental health counseling services.

Research further indicates that Community Health Workers are uniquely positioned to address mental health concerns in underserved communities as they bridge the gap between affected individuals and available resources (Providing Preventive Health Education and Developing a Referral Policy and Toolkit to Increase Access to Primary Care for Individuals with Mental Illness, Phaedra Mclin and Stephanie Myers University of Southern Mississippi, 2019).

7. Access to providers that address oral, behavioral, and substance use needs in rural and underserved communities can be particularly limited. What approaches have communities or states taken to address such gaps in care delivery?

GoodAssist workers make referrals to dental clinics (of which there are very few), behavioral health and substance counselors. However, with the severe lack of providers in the area, coupled with limited healthcare insurance and funds for co-payments this continues to be a struggle. The GoodAssist Workers at Goodwill Industries of East Texas are also certified Community Health Workers (CHW's). This provides them with the knowledge they need to inform consumers of the available resources to meet their needs whether the resources are local, or at the state and

national levels. GoodAssist workers distribute prescription discount cards to help with the cost of medications as well. Many people report that they cannot afford the medications or the co-pay for their medications.

8. The availability of post-acute care and long-term services and supports is limited across the nation, but can be particularly challenging in rural and underserved areas facing disproportionately large burdens of chronic and disabling conditions. What approaches have communities taken to address these gaps in care delivery and the associated challenges of social isolation?

One example addressing the needs of those in underserved areas is the Nurse-Family Partnership. Texas has Nurse-Family Partnerships in 28 counties. Nurse-Family Partnership is an evidence-based, community health program with over 40 years of evidence showing significant improvements in the health and lives of first-time moms and their children living in poverty. The Nurse-Family Partnership work by having specially trained nurses regularly visit young, first-time moms-to be, starting early in the pregnancy, continuing through the child's second birthday. Mothers, babies, families and communities all benefit.

9. There are known, longstanding issues with the availability and integrity of data related to rural and urban community health. What data definitions or data elements are needed to help researchers better identify the causes of health disparities in rural and underserved areas, but are unavailable or lack uniformity?

There is a correlation between the social determinants of health and the lack of information in many underserved communities. Knowledge is power. Recently at a gathering of doctors and other professionals in the community, this discussion came up. One doctor said that one of his patients said "Boss, you'll be real proud of me, I did add salt to my lunch today." The doctor asked the patient what he had for lunch and he replied, "I had a salami sandwich and a pickle." So while the patient didn't add salt to his sandwich (as he was accustomed to doing, according to this doctor), he didn't know that the salami and the pickle were also packed with sodium. The doctor said he felt like he had failed because he had not previously gone into enough detail on what the hypertension patient should and should not eat.

This has little to do with data, but everything to do with communication, data definitions and data elements. Researchers must assume that everyone is coming from a different place of knowledge and understanding. The way the questions are asked and answered as just as important as the data points.

10. Are there two or three institutional, policy, or programmatic efforts needed to further strengthen patient safety and care quality in health systems that provide care to rural and underserved populations? The quality of care in health systems seems to be the issue that we hear most about and it relates to a lack of proper communication, time and attention. Every patient, private physician and healthcare facility would benefit from having a Community Health Worker to insure that the patient understands their care and

their medications. While the state of Texas has promoted CHW Apprenticeship Programs, many facilities have not jumped on board. One of the issues is the cost associated with participating in or implementing an apprenticeship program. By law, apprentices must receive 2,000 hours and be paid with incremental wage increases. This is fine for incumbent workers whose employer sponsors the program, but for those who do not have the staff to dedicate to the CHW apprenticeship program, it is an expense that they cannot make. This is especially true in rural areas. Goodwill Industries of East Texas is a DOL approved CHW Apprenticeship site, but it has been difficult to get any small healthcare facilities, doctor offices or human service organizations to join in and pay for their staff or be willing to support CHW applicants as they complete the program because of the expenses of paying wages to staff who are in training. Funds are available, but they are limited.