**FRIO REGIONAL HOSPITAL**
**PEARSALL, TEXAS**
**COMMUNITY HEALTH NEEDS ASSESSMENT**

Prepared by Durbin & Company, LLP
2950 50th Street, Lubbock, TX 79413
November 2014

*Completed in accordance with the Patient Protection and Affordable Care Act (Pub. L. 111-148) which added section 501(r) to the Internal Revenue Code. Section 501(r) imposes new requirements on non-profit hospitals. Section 501(r)(3) requires hospital organizations to conduct a community health needs assessment (CHNA) once every three years and adopt an Implementation Strategy to meet the community health needs identified through such assessment. The CHNA must (1) take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health and (2) be made widely available to the public. Section 501(r)(3)(B). Frio Regional Hospital relied on Notice 2011-52: Notice and Request for Comments Regarding the Community Health Needs Assessment Requirements for Tax-Exempt Hospital to meet the requirements.

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## EXECUTIVE SUMMARY

Frio Regional Hospital (the "Hospital) conducts a Community Health Needs Assessment ("CHNA") at least every three years as required by the Internal Revenue Service, IRC §501(r). The assessment takes into account input from persons who represent the broad interest of the community served by the Hospital, including those with special knowledge of or expertise in public health. The assessment process includes current demographic data relevant to the health needs of the community served from various Federal, State, regional, and local departments and agencies, as well as input from community leaders and representatives, members of medically underserved, low-income, and minority populations, and populations with chronic disease needs in the community served by the Hospital. This was accomplished by completing an extensive phone survey campaign that included over 600 residential phone numbers in Pearsall, TX, as well as surveys in both Spanish and English distributed in-person around the community. Some of the surveys' respondents volunteered and were selected to participate in focus groups to help analyze and prioritize the needs identified. The resulting information is used by the Hospital's Board of Directors to develop and adopt an Implementation Strategy that describes how the Hospital plan to meet the needs identified through this CHNA, or identifies each health need the Hospital does not intend to meet and why the Hospital does not intend to meet that need.

## MISSION STATEMENT

Our Mission is to provide quality and affordable healthcare services to the citizens of Pearsall, Texas and the surrounding communities.

## INTRODUCTION

Frio Hospital Association operates a not-for-profit acute care hospital, Frio Regional Hospital (the "Hospital"), located in Pearsall, Frio County, Texas. The Hospital provides inpatient and outpatient services as well as other affiliated services to the community. The Hospital is exempt from taxes under Section 501(c)(3) of the Internal Revenue Code, and is thus completing this Community Health Needs Assessment in compliance with the new Section 501(r). The Association is operated by a seven member Board of Directors.

Durbin & Company, LLP was founded in 1981 and is a registered public accounting firm in Texas. The firm is a member of the Private Companies Practice Section of the AICPA. Discovery Healthcare Consulting Group, LLP ("DHCG") is a wholly owned affiliate offering various consulting and advisory services. DHCG focuses on concepts in management consulting, including restructuring troubled hospitals, lender oversight and compliance.

Jonathan Phillips serves as the firm's IRS liaison. Mr. Phillips is tasked with understanding the implications brought about by the Patient Protection and Affordable Care Act and assisting hospitals with 501(r) compliance including performing Community Health Needs Assessments and Implementation Strategies. In addition, he prepares many of the non-profit organization and healthcare entity tax returns and is well-versed in the Forms 1023 and 990 return preparation. All of his accounting experience has been in public accounting and consulting. He is currently in the process of completing the CPA exam in Texas as well as completing his final semester toward his Master's in Business Administration from Wayland Baptist University.

Gayle de Haas, PhD, CPA earned a BBA in Accounting and MBA in Finance from the University of Texas at Austin. She also earned a PhD in Finance from Texas Tech University. Dr. de Haas has been a Certified Public Accountant in Texas since 1985. She worked in public accounting primarily as a tax accountant for ten years and in private industry as a controller for five years. She also taught accounting and finance classes at several universities for ten years.

## COMMUNITY

### Description of Community Served

Frio Regional Hospital is located along Interstate 35 in Pearsall, TX approximately 55 miles southwest of San Antonio, TX and approximately 100 miles northeast of Laredo, TX and the U.S./Mexican border. In 2013, 75.9% of the patients seen by the Hospital had residential zip codes that covered four counties: Medina, La Salle, Atascosa and Frio. A majority of the patients (53.3%) live in Frio County, TX. The majority of the Hospital's patients during 2013 came from an area that stretched approximately 90 miles along IH35 and covered an area of over 2,700 square miles. Pearsall serves as an economic hub for an economy based in agriculture, healthcare, education and transportation.

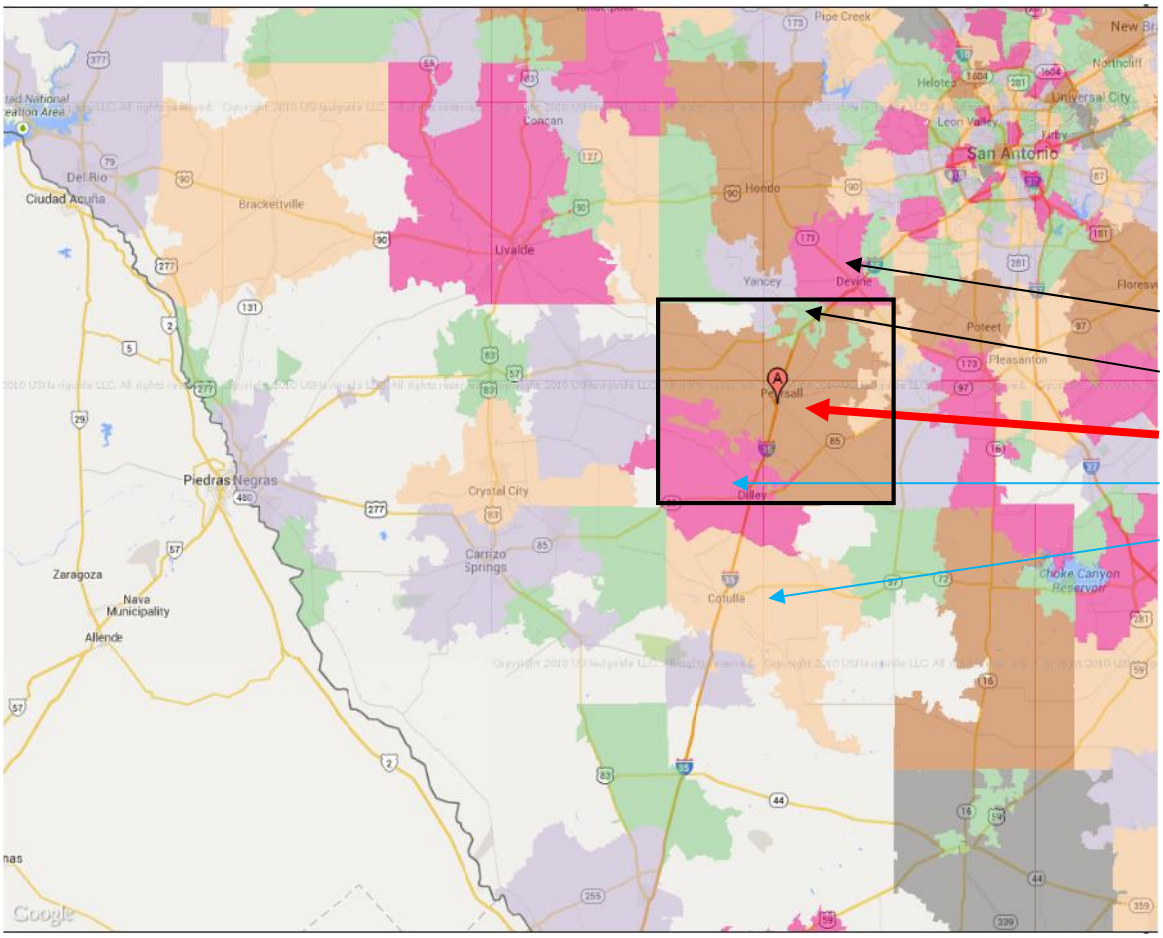
*Community Benefit Service Area Description*
The Community Benefit Service Area (CBSA) was determined by the analysis of the 2013 patient mix of the Hospital. The CBSA is defined as the following:

Primary CBSA: Frio County with an emphasis on residents living within the 78061 zip code.

Secondary CBSA: Medina, La Salle, and Atascosa counties with an emphasis on residents living within the 78014 and 78017 zip codes.

## COMMUNITY PROFILE

The following additional geographic analysis was conducted to get an understanding of the geographic needs in the Frio County area.




| 2013 PATIENT RESIDENCY VOLUME |
|---|
| 78016 – 1.5% |
| 78057 – 2.0% |
| 78061 – 53.3% |
| 78014 – 11.8% |
| 78017 – 10.8% |
| OTHER – 20.6% |

*Community Profile – Focused Zip Code Data*

| | Zip Codes | | | City | County | State | National |
|---|---|---|---|---|---|---|---|
| | **78061** | **78014** | **78017** | **Pearsall** | **Frio County** | **Texas** | **U.S.** |
| Population | 11,031 | 4,987 | 4,787 | 9,146 | 17,217 | 25,145,561 | 308,745,538 |
| Average HH Size | 3.60 | 3.08 | 3.89 | 3.76 | 3.55 | 2.82 | 2.68 |
| % of age 0-17 | 25.8% | 24.2% | 23.1% | 24.7% | 24.7% | 27.3% | 24.0% |
| % of age 65+ | 13.1% | 14.7% | 9.8% | 11.0% | 11.2% | 10.3% | 13.0% |
| % White | 95.5% | 89.0% | 70.8% | 78.9% | 77.4% | 70.4% | 72.4% |
| % African American | 1.1% | 0.5% | 9.3% | 1.3% | 3.4% | 11.8% | 12.6% |
| % Asian | 0.3% | 0.1% | 1.0% | 3.3% | 2.1% | 3.8% | 4.8% |
| % Other* | 3.2% | 10.4% | 18.9% | 16.5% | 17.1% | 14.0% | 10.2% |
| % Latino origin ** (of any race) | 90.3% | 84.4% | 73.0% | 85.1% | 77.8% | 37.6% | 16.3% |
| % Spanish - Primary Language at Home | 18.4% | 21.9% | 12.5% | 22.2% | 16.8% | 12.5% | 5.7% |
| % 25+ with no HS Diploma | 41.7% | 40.9% | 37.7% | 43.3% | 37.2% | 19.3% | 14.2% |
| % of HH with Gross rent ≥ 35% Income | 21.1% | 36.3% | 13.6% | 20.0% | 19.4% | 40.3% | 43.0% |
| Per Capita Income | $ 17,266 | $ 14,449 | $ 13,102 | $ 15,070 | $ 16,463 | $ 25,809 | $ 28,051 |
| % Children Below Poverty | 33.2% | 32.6% | 28.1% | 27.3% | 29.9% | 24.8% | 20.8% |
| % 65+ Below Poverty | 13.4% | 23.4% | 17.5% | 11.6% | 16.2% | 11.4% | 9.4% |
| % Individuals Below Poverty | 25.0% | 24.1% | 20.9% | 22.2% | 22.8% | 17.4% | 14.9% |
| % No Health Insurance | 25.1% | 25.9% | 19.8% | 23.4% | 23.7% | 23.0% | 14.9% |

*Community Profile – County Insurance and Health Risk Data*

| | County | State | National |
|---|---|---|---|
| | Frio County | Texas | U.S. |
| % Uninsured under age 65 | 24.0% | 26.0% | 16.9% |
| % Medicare | 14.4% | 15.7% | 19.8% |
| % Medicaid | 20.7% | 14.5% | 21.5% |
| # of Primary Care Physicians per County/Rate per 100K Population | 49.7 | 33.6 | 46.1 |
| % Adult Obesity Rate per County | 30.0% | 29.5% | 34.9% |

## METHODOLOGY

The following section outlines the methodology followed to conduct the Community Health Needs Assessment for the Hospital. This assessment process was conducted in the fall of 2014. The methodology is outlined below.

*Community Health Needs Assessment process*

- Identify the Primary and Secondary Community Benefit Service Areas (CBSAs) for the Hospital by analyzing the patient residency mix from 2013.
- Identify the significant health needs in the CBSAs through primary and secondary data collection.
- Analyze the data collected to prioritize health needs to aid in creating an Implementation Strategy.

*Secondary Data Collection and Analysis*

- Summarize demographic data for CBSAs.
- Contracted with Durbin & Company, LLP & DHCG to collect available data, gather, summarize and document key health issues based on criteria and prepare a summary report for use in primary data collection describing key health issues.
- Some information is not available at the city or zip code level for Frio County and the surrounding areas. This is detailed within the secondary data report. All data sources and relevant dates of the data sourced are also listed in the secondary data report.

*Primary Data Collection*

- Analyze existing community assets and programs by key health issue.
- Develop questions based on secondary data to probe for additional perspectives and information during focus groups with local community health experts and community service providers.

## PRIORITIZATION PROCESS AND CRITERIA

*Select priorities for 2014 Community Health Needs Assessment Implementation Strategy*

- Engage leadership in considering options, identifying additional questions and developing recommendations.
- Recommend priorities to Frio Regional Hospital's Board of Directors and Administration with criteria based on rationale and implications/next steps.

*Develop Plan for Each Priority*

- Engage groups of consumers/residents through focus groups, surveys and interviews to gather their input and perspective on needed approaches, strengths/ weaknesses of current approaches, etc.
- Establish measurable outcomes for priority for local reporting.
- Review evidence about effective approaches to impacting outcome.
- Identify key strategies and activities.

All identified health needs were presented to focus groups comprised of community medical professionals as well as other community members from the Pearsall, Texas area. Frio Regional Hospital physicians were asked to complete a survey related to the identified needs. The feedback received from these groups combined with the secondary data analysis helped shape the final priorities. Priorities were then ranked according to how well they met the following required elements and additional considerations listed below.

*Required Elements*

- All priorities will be focused on the economically poor within the primary CBSA for the Hospital.
- Primary data and local secondary have identified this problem as affecting a substantial number of persons in the Hospital's primary CBSA.
- Primary data and local secondary as well as national evidence have identified this problem as an important one in affecting residents' health status.
- Available local resources to address the problem are not adequate.
- Issue can be effectively addressed within the Hospital's mission.

*Additional Considerations*

- Internal alignment within Frio Regional Hospital:
    - Focus on this area will help the Hospital's Emergency Department and inpatient services provide the services needed to address needs at appropriate intensity of care and, thus, reduce charity care costs.
    - Focus on this area will help the Hospital provide the services needed for the economically poor in its practice and thus reduce charity care costs.
    - Focus on this area will help the Hospital insure that the economically poor receive services in areas of clinical excellence.
    - Focus on this area will help the Hospital address other strategic priorities.
- Community perception:
    - Other community service providers agree that there is a need for additional services and providers.
    - Other community service providers support the Hospital being a provider in this area.
- Continuity of current priorities:
    - There would be a negative impact on community if the Hospital discontinued a current program or service.
- Service design/delivery of capacity
    - The Hospital can provide this service as efficiently as other providers of this service in the community.
    - The Hospital has or will develop the competencies/expertise needed to address this need effectively.
    - The Hospital will focus on primary and/or secondary prevention approaches to this problem rather than on tertiary prevention.

- The Hospital will address this problem through an integrated or coordinated approach working with other providers to meet patients' needs and "best practices" standards.

To further develop the final priorities, a template for selecting priority topics (3-W Template) was applied to each priority selected. Each priority was evaluated in the following areas:

- Detailed definition of the problem including the scope and seriousness of the issue.
- Evaluation of community resources that currently address the issue.
- Overall alignment with internal strategic plans.

**INFORMATION GAPS**

Demographic and health data is not available at the city or zip code level for Frio County and the surrounding areas. However, this did not impact the Hospital's ability to reach reasonable conclusions regarding community health needs.

## SECONDARY DATA

### Overview of Secondary Data Report

The following section provides data on the three main topics: health behaviors, access to care and clinical conditions that Frio Regional Hospital leadership and other major stakeholders identified as key areas to examine for unmet need. There were no significant information gaps identified in the secondary data analysis. The secondary data report is organized in the following manner:

- Summary
- Key types of data sources
- National, State and local data pertaining to the topic
- Summary of community assets pertaining to the topic
- Implications

The 2012 American Community Survey found that the percentage of children and adults (18-64) living in poverty in Frio County is 29.9% and 20.7%, respectively. This reflects a higher percentage of children and adults in Frio County live in poverty than the national averages of 20.8% for children and 13.7% for adults (18-64).

Pearsall, the largest city within our primary and secondary CBSA is located in South Texas in Frio County. According to the 2010 US Census Estimate, Pearsall and Frio County have a population of 9,146 and 17,217, respectively. Pearsall serves as a rural medical center for a 90-mile stretch of Interstate 35 between Laredo, TX and San Antonio, TX, caring for people within a five county, 2,700 square mile radius of the city.

## CLINICAL CONDITION: MATERNAL AND CHILD HEALTHCARE

**Summary:** Maternal and child health are key determinants in long term health status. In the Hospital's CBSA, the rate of access to pregnancy care is extremely low and the rate of low birth weight babies is higher than state average. A large proportion of local births occur to unmarried mothers and the local rate of teen mothers is higher than the state average. The provision of prevention and treatment services for children is also very low in Texas. In addition, Texas' equity of services and access for the most vulnerable children ranks 50th among the states.

**Background:** Pregnancy, childbirth and the first few years of a child's life are extremely important in the child's long term cognitive, physical, social and emotional development. Eighty percent of a child's brain develops before the age of four and research on an umber of adult medical conditions points to the importance of early childhood. Factors affecting pregnancy and childbirth outcomes include preconception health status, access to appropriate healthcare, age, tobacco use, substance abuse and poverty. Low birth weight reflects maternal exposure to health risks and the infant's current and future health status.[1] Factors affecting child health include health, nutrition and behavior of mothers and families. Significant disparities across racial/ethnic and economic groups continue to exist in maternal, infant and child health.

**Key types of data:**

- Receipt of early prenatal care: birth certificates
- Low birth weight (low bith weight: < 2500 grams; very low birth weight < 1500 grams); unmarried and teenage pregnancy rates: birth certificates
- Prevention and treatment in childhood: medical home, vaccinations, preventive medical care visits: medical records

*National data:* Fewer than half of all pregnancies are planned. In 2007, 70.5% of mothers had early and adequate prenatal care. Rates of low birth weight and very low birth babies have increased in recent years. In 2007, 8.2% of births were low birth weight, and an additional 1.5% were very low birth weight babies. Of children between 0-17 years, 57.5% had access to a medical home to supervise their medical care.[2]

*State data:* Texas' 2010 rate of prenatal care within the first trimester is 59.1%, the lowest in the country.[3] In 2009, almost 43% of Texas births occurred to unmarried mothers and 4.7% to adolescent mothers (under 18 years of age). The 2009 percentage of low birth weight babies was 8.5%, only slightly higher than national average.[4]

For children's health (ages 0-17), Texas is ranked 48th nationally in prevention and treatment. Only 50.3% of children have a medical home, 66.7% have received all required vaccinations by 36 months and 85.6% of children have had a preventive medical care visit in the past year. Texas ranks 50th in equity of its child health system, when several variables related to preventive and treatment services and access and affordability of care are utilized to compare Texas performance for the most vulnerable to the US national average. [5]

[1] Centers for Disease Control, Healthy People 2020.
[2] Ibid.
[3] Ibid.
[4] United Health Foundation. America's Health Rankings, 2010.
[5] Trust for American's Health, 2010.

*Local data:* In 2009, Frio County had, 68.2% of mothers were unmarried and 7.1% of those were adolescents. Both of these statistics were higher than the statewide rates. The County's rate for low birth weight babies was 10.6%, notably higher than the state level of 8.5%. Additionally, the rate of prenatal care was 51.0%, lower than the level of the state of 58.6%.[6]

**Maternal/Child Health Community Assets Summary**
The Maternal and Child Health asset mapping found very few services offered to under-served expectant mothers, infants and children in the Hospital's CBSA.

- Frio County WIC
- Frio Regional Hospital Physicians
- Pearsall Schools

There are very few specialized services available to medically vulnerable women and children in the Frio County area.

**Implications:**
There appears to be a lack of services offered related to Maternal and Child health in the community. Based on secondary data, it is clear that many pregnant women and/or new parents are either unaware of existing services, encounter barriers accessing these services or choose not to take advantage of the services offered.

[6] Texas Department of State Health Services, Selected Health Facts, 2009.

## CLINICAL CONDITION: DIABETES

**Summary:** Diabetes is a serious chronic disease, which often leads to serious health complications. The prevalence of diabetes and its associated risk factors of high blood pressure, high blood cholesterol levels and obesity are high and increasing in the Hospital's CBSA. It is estimated that an additional 30% of diabetics have not been diagnosed.

**Background:** Type 1 diabetes occurs in 5-10% of cases of diabetes, with autoimmune, genetic and environmental risk factors. For Type 2 diabetes, high blood pressure, high blood cholesterol levels and obesity are the top three risk factors. The rate of diabetes continues to increase and Type 2 diabetes is occurring at earlier ages. Diabetes is a major cause of cardiovascular disease and is the leading cause of kidney failure, non-traumatic lower limb amputations and new cases of blindness. Medical expenses for people with diabetes are more than two times higher than for people without diabetes. Gestational diabetes, which occurs in 2-10% of pregnancies, increases risks to mother and fetus and increases the probability of later diabetes in mothers.[7]

**Key types of data:**

- Self Report (Behavioral Risk Factor Surveillance Survey)
- Hospital admission data
- Death data

*National data:* Diabetes affects 8.3% of the US population, but approximately 30% of those who have diabetes have not yet been diagnosed. Prevalence by age varies significantly, with rates of less than .5% of those under 20, 3.7% of those 20-44, 13.7% of those 45-64, and 26.9% of those 65 or over. Differences in prevalence by race/ethnicity are partially attributable to age differences. After age adjustments, 7.1% of non Hispanic whites, 8.4% of Asian Americans, 11.8% of Hispanics, and 12.6% of non-Hispanic blacks have been with diagnosed diabetes. Diabetes is the seventh leading cause of death in the US.[8]

*State Data:* Approximately 1.8 million adult Texans have adult on-set diabetes and it is estimated that another 440,000 are undiagnosed diabetics. There has been a steady increase in the rate of diabetes from 2000 to 2010, rising from 6.2% to 9.7% of the adult population. Rates by ethnic group and by age parallel national trends. It is the sixth leading cause of death in Texas and the fourth leading cause of death for African Americans and Hispanics. Approximately 21.9% of adults with diagnosed diabetes do not have health insurance.[9]

[7] Center for Chronic Disease Prevention and Health Promotion. *National Diabetes Fact Sheet*, 2011.
[8] Ibid.
[9] Texas Diabetes Council. *The Burden of Diabetes in Texas*, 2008.

*Local Data:* Calculations of the prevalence of diagnosed diabetes are all drawn from the BRFSS self-report data but vary depending on survey sample and year. Frio County has not been included in the BRFSS City and County Data project. In addition, the mortality rates for diabetes in areas with fewer than 20 deaths in 2009 were not calculated. In 2009, however, there were 5 deaths in Frio County attributed to diabetes of the 130 total deaths. Using the rates for deaths that were calculated, an approximate mortality rate associated with diabetes for Frio County would be over 75.9/100,000 compared to 23.1/100,000 for Texas.[10] Information about use of the Hospital's inpatient services for diabetes by the economically poor and ambulatory care sensitive condition admissions for self-pay and Medicaid admission may provide some useful information as well.

**Diabetes Community Assets Summary**

The following are services offered to diabetics in the community:

- South Texas Rural Health
- Frio Regional Hospital Physicians
- Hood Clinic

**Implications**

There is an identifiable gap between clinical services and educational/preventative services. There is also a deficit in assets related to early intervention, health education, physical fitness programs and preventative education within the schools due to program and budget limits. There are limited funds available for community providers to assist with diabetic supplies such as test strips and medications. Medication and supplies can be very costly and many patients do not regularly test their blood sugar levels because they cannot afford the strips. The Hospital could increase its Health Education programs to better meet the needs of diabetics in our community. Community partnerships and collaborations may even be explored to address diabetes.

[10] Texas Department of State Health Services. *Health Facts Profile*, 2009.

## CLINICAL CONDITION: CARDIOVASCULAR DISEASE

**Summary:** Cardiovascular disease (CVD) is a significant problem in the country and in the Hospital's CBSA, reflected both in its prevalence and its costs. Over half of the poorest group of adults in the Hospital's CBSA has at least one risk factor for cardiovascular disease.

**Background:** Together, heart disease and stroke are among the most widespread and costly health problems in the US, causing serious illness and disability, decreased quality of life and huge economic losses. Both are preventable through focus on high blood pressure, high cholesterol, smoking, diabetes, poor diet and physical inactivity, weight maintenance and obesity.

**Key data points:**

- Self-report about disease (Behavioral Risk Factor Surveillance Study, BRFSS)
- Death data by condition

*National data:* In the US, 81.1 million adults live with one or more types of cardiovascular disease. There are significant disparities based on gender, age, race/ethnicity, geographic area and socioeconomic status. High blood pressure affects approximately 30% of adults and more than half do not have it under control.[11] Heart disease is the first and stroke the third leading cause of death.

*State data:* Cardiovascular disease was the leading cause of death in Texas in 2005, responsible for 49% of deaths. Of these, 81.1% were due to heart disease and 18.9% due to stroke.[12]

*Local data:* In Frio County, over 25% of all deaths in 2009 were attributed to heart disease and 4.6% to stroke. The mortality rate of heart disease was 219.5/100,000 compared to 186.7/100,000 for the state during that same period.[13] The rates of CVD are significantly higher for economically vulnerable populations. In the Hospital's CBSA, approximately 25% of the population lives in poverty. In the Hospital's CBSA, 9.4% of the population have diagnoses of CVD. The rate for those with incomes less than $25,000 is 16.3% compared to 5.5% for those with incomes of $50,000 or more.[14]

**Cardiovascular Disease Community Assets Summary**

The Cardiology Service Asset mapping reflects the following services are offered to the underserved in the Hospital's CBSA.

- Family Medical Clinic
- Frio Regional Hospital
- Health Screenings
- Health Fairs
- Blood Pressure Checks

Funding for these community services is at risk of being cut due to budget cuts at the state and federal level.

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[11] Centers for Disease Control and Prevention. *Healthy People 2020*, 2011.
[12] Texas Departments of State Health Services. *Texas Chronic Disease Burden Report*, 2010.
[13] Texas Department of State Health Services. *Health Facts Profile*, 2009.
[14] Texas Department of State Health Services, *Behavioral Risk Factor Surveillance Study Special Report*, 2010.

The most vulnerable populations are adults with no insurance. Frio Regional Hospital accepts patients who are in the Frio Hospital District's indigent program. These patients do have access to both primary and specialty care, but the financial guidelines are so stringent that many un-insured adults do not qualify for the indigent program.

**Implications**

Based on secondary data analysis, it is clear that cardiovascular disease affects the most vulnerable and economically disadvantaged at a higher rate than other populations. There is an identified need for access to Cardiologists and specialists related to cardiovascular disease. The clinics providing primary care to un-insured patients face real barriers when attempting to refer patients to specialists due to a lack of specialists in the region who will accept un-insured patients.

## CLINICAL CONDITION: SEXUALLY TRANSMITTED DISEASES

**Summary:** The consequences of untreated sexually transmitted diseases can be serious for adults and infants. The prevalence of these diseases is low when compared to other conditions. However, over the past few years, there has been a marked increase.

**Background:** Chlamydia is the most frequently reported bacterial sexually transmitted disese. If untreated, Chlamydia infections can progress to serious reproductive and other health problems. Untreated Gonorrhea can cause infertility in men and women or ectopic pregnancies and, if transmitted to a fetus, can cause blindness or blood infections. Untreated syphilis can affect infant mortality and illness and over time can severely damage internal organs.[15]

**Key types of data:**

- Prevalence of reported Chlamydia
- Prevalence of reported Gonorrhea
- Prevalence of reported Syphilis

*National Data:* Underreporting of Chlamydia is substantial, as many persons do not know they are infected. It is estimated that over 2 million adults in the country between the ages of 14-39 are infected with the Chlamydia bacteria. In 2006, the rate of reported Gonorrheal infections was 120.9/100,000 persons and over 36,000 cases of Syphilis were reported.

*State data:* In 2009, the Texas rate for primary and secondary Syphilis was 7$^{th}$ in the nation; for congenital Syphilis, 2$^{nd}$ among 34 areas reporting. The Texas rate for men is 9.5/100,000 persons and for women is 4.0/100,000. The Syphilis rate among African Americans is 14 times that of Caucasians. Texas ranks 14$^{th}$ in the nation for reported cases of Gonorrhea. The reported rate for Chlamydia in Texas is also higher than the national average.[16]

*Local data:* Although the numbers of cases are small, the rates of reported sexually transmitted disease cases in Frio County are higher than the state rate and they are increasing. From 2006 – 2013, the number of reported cases of Chlamydia in the Hospital's CBSA increased 40%. During the same period, the number of reported cases of Gonorrhea increased 140%. The rate primary and secondary syphilis was 38.7/100,000, the 9$^{th}$ highest in the state.[17]

[15] Centers for Disease Control and Prevention. *Healthy People 2020*, 2010.
[16] Centers for Disease Control and Prevention. *Sexually Transmitted Diseases Surveillance*, 2009.
[17] Texas Department of State Health Services. *Texas STD Surveillance Report*, 2013.

**Sexually Transmitted Diseases Community Assets Summary**
The STD asset mapping reflects the following services and classes offered to persons in the Hospital's CBSA.

- South Texas Rural health
- Pearsall Schools
- Local Health Department

There are a few agencies and programs in the community focused on these diseases. Much of the funding for the STD related services is dependent on grants or state funding. The services provided are more focused on providing assistance once a person has an STD or is HIV positive. There is not a significant focus on prevention or education. The Frio County Health Department provides STD testing and treatment of HIV, Syphilis, Chlamydia and Gonorrhea. There is no cost of the treatment of the diseases. These services are open to the public and there are no financial requirements to receive treatment. The Texas Department of State Health Services (DSHS) also has STD Intervention Specialists. They help interview persons who test positive and locate past partners to inform them of the need to be tested. This service offers testing and some treatment for those partners who test positive. There is no cost to the patient and DSHS also provides some HIV education.

**Implications**
There is an identified gap in prevention and education related to STDs and HIV within the community. There is an opportunity and potential for the Hospital to participate in community partnerships and collaborations related to this issue.

## CLINICAL CONDITIONS: MENTAL HEALTH

**Summary:** Mental illness has a substantial negative impact on quality of life and health. Approximately 6% of the adult population has a serious mental illness. Access to services is a particularly difficult problem in Texas for adults and children, due at least in part to low funding levels. Local data are very limited.

**Background:** Mental disorders are among the most common causes of disability, accounting for 25% of all years of life lost to disability and premature mortality. Mental health and physical health are closely connected, as problems in one domain often impact the other domain. The main burden of illness is concentrated in the 6% who suffer from a serious mental illness. About 20% of children, either currently or at some point in their life, have had a seriously debilitating mental disorder.[18]

**Key types of data:**

- Admission data from facilities
- Prescription records
- Self-report data for adults (BRFSS)
- Self-report data for youth (School-based Behavioral Health Survey)

*National data:* In 2008, 13.4% of adults received treatment for a serious mental health problem. Of these, 7.5% received inpatient treatment, 40.5% outpatient treatment, and 52.5% received prescription medications. Among adults with any type of serious mental health problem, 58.7% received care and 71% of those with major depression received care. [19]

The use of Emergency Departments (ED) for mental health/substance abuse care has also risen over the last decade. In 2007, 12.5% of all ED visits in the US were for a diagnosis related to a mental health or substance abuse condition. These visits were two and a half times more likely to result in a hospital admission than other conditions. Of these, 20.6% were uninsured and 19.8% were covered by Medicaid. Mood disorder was the most common reason for an ED visit (42%). A national survey of ED physician directors noted that the resource-intensive care required for these patients has an impact on the quality of care for all patients in the ED.[20]

*State data:* Fewer than half of the eligible mental health population received services in 2002 with per capita spending of $39.01 (nationally ranked at 47$^{th}$). Of children ages 2-17 needing mental health treatment, 41.7% received that care in 2007 compared to a national average of 63%. Texas is nationally ranked at 51$^{st}$ for access to mental health care for children when including Washington D.C. and Puerto Rico.[21]

*Local data:* In Frio County and the surrounding area, a 2010 BRFSS study of adults found that 16.6% of the adult population had experienced five or more days of poor mental health. These rates varied significantly among subpopulations with these particularly high rates: 40.1% of persons with no high school diploma, 32.0% of persons with income less than $25,000 and 20.5% of persons age 45-64 years of age.

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[18] National Institute of Mental Health. Statistics, 2011.
[19] Ibid.
[20] Owens, PL, Mutter, R, Stocks, C. "Mental Health and Substance Abuse-Related Emergency Department Visits Among Adults, 2007," Agency for Healthcare Research and Quality.
[21] Voices Transforming Texas, *Texas Assessment of Mental Health Needs and Resources*, 2006.

The 2009 Texas Mental Health Transformation Working Group released their survey results for the Texas School-Based Behavioral Health Survey. The survey audience was primarily school counselors, nurses and, to a limited extent, special education staff. When asked "Does the school where you work have an arrangement through contract, memorandum of agreement, or similar method provide behavioral health services to students?" only 25.0% of respondents answered "yes." Additionally, only 17.4% of the survey's respondents indicated that their school held health meeting and trainings regularly with school staff. [22]

In 2012, Frio County law enforcement (Frio County Sherriff's Office, Pearsall Police Department and Dilley Police Department) responded to 129 calls related to family violence. In October 2010, the Frio County Commissioners Court approved its three-year Community Plan. One of its top priorities was addressing domestic violence and it noted some startling statistics, including:

- 120 women killed by their partners in Texas in 2006
- 46 Emergency Protective Orders on file in Frio County Sherriff's Department
- 193 child abuse investigations by Child Protective Services (CPS) in Frio County (10% increase from the prior year)
- CPS removals more than doubling from 32 in September 2005 to 77 in 2007
- 77 children currently in custody of the state through CPS
- 45-mile drive to the nearest domestic abuse shelter in Hondo, TX[23]

**Mental Health Services Community Assets Summary**

The Mental Health asset mapping reveals that counseling services are offered on a limited basis to Medicaid patients and the un-insured with mental disorders. The following are identified services for the vulnerable populations in the community.

- MHMR – Counseling, Diagnoses, Medication, Substance & Rehabilitation
- South Texas Rural Health
- Frio Regional Hospital

Funding for many of these services is dependent on State and Federal support.

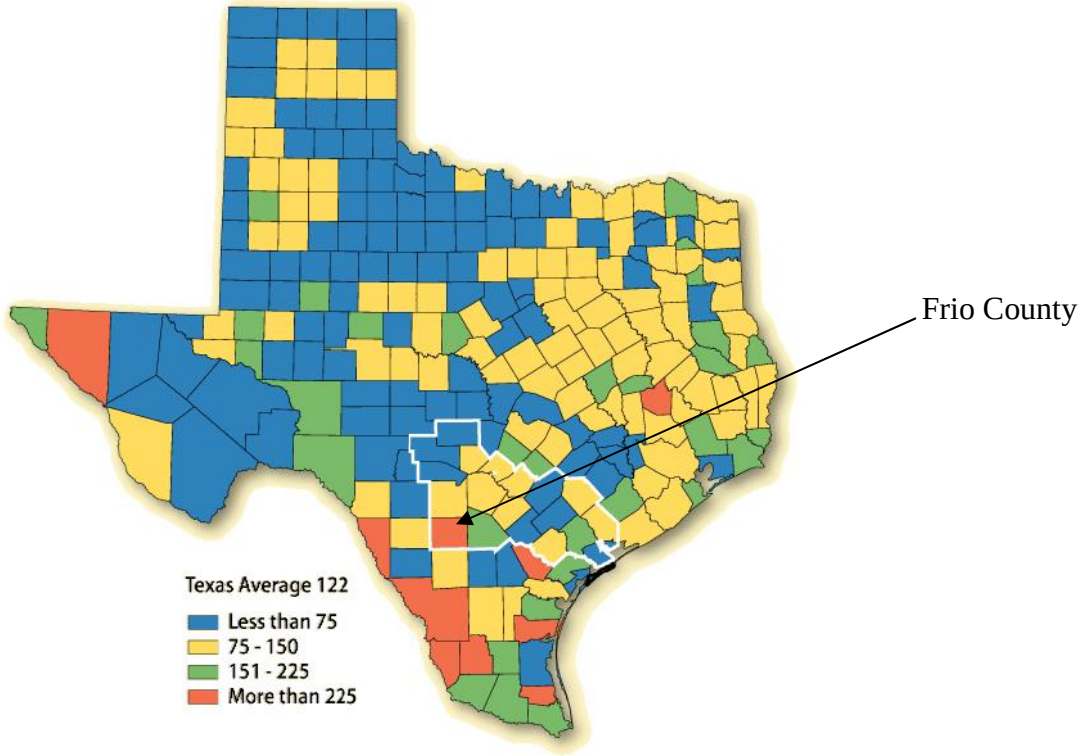
**Implications**

There is an identified gap in medical interventions, prescriptions assistance, prescription management and access to psychiatrists for un-insured and Medicaid mental health patients. Unfortunately, the need for mental health services is growing but the services available are not expanding at the same rate. Budget reductions at the State and Federal level have negatively impacted the ability for organizations to meet the growing mental health needs in the community served. The Hospital currently provides counseling services and is working toward more stable collaborations with community partners for prescription maintenance.

[22] Texas Mental Health Transformation, Transformation Working Group, *Texas School-Based Behavioral Health Survey*, 2009.
[23] Frio County Commissioners Court, *Frio County Community Plan*, 2010.

## HEALTH BEHAVIOR: OBESITY

**Summary:** Obesity and its causes, low physical activity and poor eating habits, are major risk factors for negative health outcomes. At national, state and local levels, rates are growing among both adults and children. In the Hospital's CBSA, well over 50% of the adult population is overweight or obese. In 2005, Frio County had one of the highest rates of admissions for diabetes-related long-term complications per 100,000 population.




Source: Texas Department of State Health Services

**Background:** Obesity and physical inactivity are risk factors in more than twenty chronic diseases, including Type 2 diabetes, heart disease and some forms of cancer. Obesity-related medical costs are nearly 10% of all annual medical spending. Obesity is also associated with lower productivity at work. Among children, obesity negatively impacts mental health and school performance.[24] Lifestyle has been shown to be a more powerful factor than genetics in obesity.[25]

**Key types of data:**

- Obesity is commonly measured through Body Mass Index, the ratio of height to weight. Persons with BMIs between 25 and 29.9 are considered overweight; those with BMIs over 30 are considered obese.
- Self-report by adults (BRFSS)
- Self-report by youth (Youth Risk Behavioral Survey, YBRS)
- Weight and height measurement of children (Pediatric Nutrition Surveillance System)

[24] Trust for America's Health. *Combating the Obesity Epidemic*, September 2010.
[25] Eagle, K. et al., *American Heart Journal*, 2011.

*National data:* More than two-thirds of Americans are overweight or obese. Over 23% of American adults report that they do not engage in any physical activity and only 33% of high school students have daily physical education.[26] Approximately 25 million US children are overweight or obese, at a rate that has more than tripled since 1980.[27]

*State data:* In 2010, 29.5% of Texas adults were overweight or obese. This rate has increased considerably since 1995 and has consistently been higher than the national average.[28] In 2007, 11.8% of Texas children ages 10-17 were overweight and 20.4% were obese.[29] A large majority of high school students engage in unhealthy dietary behaviors and physical inactivity.

*Local data:* In the Frio County area, the 2010 BRFSS oversample study of adults found that 29.8% of men and 33.6% of women were obese. When overweight and obesity are considered together, 74.8% of men and 59.7% of women were overweight and/or obese. There is also a significant distinction by income group. For those with incomes under $25,000, the rate of overweight/obesity was 77.3%. For those with incomes between $25,000 and $49,999, the rate was 62.0%. For those with incomes over $50,000, the rate was 65.4%.[30] Local data about the prevalence of child obesity is very limited. A 2004-5 research project provides some information regarding obesity for Public Health Region 8 (in which the Hospital's CBSA is located). At 4$^{th}$ grade, 28.7% of children were obese. By 8$^{th}$ grade, 17.1% of children were obese. By 11$^{th}$ grade, 21.1% were obese. (This region had the highest rate in the state).[31]

**Obesity Community Assets Summary**
The following services are offered to the underserved population in the Hospital's CBSA.

- YMCA
- Nix Clinic – Pearsall
- South Texas Rural Health
- Pearsall Schools
- Frio Regional Hospital

The asset mapping found five community organizations that provide medical services targeted at the obese population; however, of those five, only three accept Medicaid. There is a concern among agencies that budget cuts will further reduce their ability to fund and create programs geared towards reducing obesity.

**Implications**
Local health care providers, agencies and organizations recognize the negative impact of obesity on the health of both children and adults. There is also a negative financial impact of obesity within our community. There is an identified gap in obesity related services, education and support for the community as a whole. The most economically underserved seem to be particularly vulnerable to chronic diseases related to or caused by becoming over-weight or obese.

[26] Centers for Disease Control and Prevention, 2009.
[27] National Center for Health Statistics, Centers for Disease Control and Prevention, 2006.
[28] United Health Foundation. *America's Health Rankings*, 2010. Texas Department of State Health Services. *Texas Chronic Disease Burden Report*, 2010.
[29] Commonwealth Fund. *State Score Card on Child Health System Performance*, 2011.
[30] Texas Department of State Health Services, *Behavioral Risk Factor Surveillance Study Special Report*, 2010.
[31] Span III Research Project, cited by Texas Department of Health and Human Services.

## HEALTH BEHAVIOR: ALCOHOL & SUBSTANCE ABUSE

**Summary:** Alcohol abuse comprises the major component of substance abuse, with substantial impacts on health and safety for the individual, family and community. Data about the prevalence of diagnosed substance abuse within the Hospital's CBSA are not available. Binge drinking data describe a behavior that may indicate or lead to alcohol abuse.

**Background:** Substance abuse has a significant impact on physical and mental health, including liver damage, hypertension, heart attacks, fetal alcohol and sudden infant death syndromes, sexually transmitted diseases and suicide. Other societal consequences may include domestic and child abuse, motor vehicle crashes and crimes. Social attitudes and legal responses make substance abuse a very complex public health issue to address. Emerging issues in substance abuse include the rise in adolescent abuse of prescription drugs and substance abuse among veterans.

**Key types of data:**

- Self-report of substance abuse (National Epidemiological Survey on Alcohol and Related Conditions and BRFSS)
- Admission rates for substance abuse treatment programs (State of Texas)

*National data:* In 2005, an estimated 17.6 million Americans met standard criteria for an alcohol use disorder and an additional 4.2 million met criteria for a drug use disorder. About 20% of those with a substance abuse disorder also experience a mood or anxiety mental disorder.[32] Almost 95% of people with substance use problems are considered to be unaware of their problem.

*State data:* Alcohol is the primary drug of abuse in Texas. It is estimated that 2.7% of Texans were dependent on or had used an illicit drug in the last year; which is slightly below the national average.[33] Comparable information about population rate was not available for alcohol abuse. Clients of public treatment programs include both alcohol and other drugs. In 2009, 28% of clients admitted to publicly funded treatment programs had a primary problem with alcohol. Of these clients, 70% were male, 30% were Hispanic, 46% were polydrug users and the average age was 39 years.[34]

[32] National Institute on Alcohol Abuse and Alcoholism, March 2011.
[33] Addiction Research Institute. *Substance Abuse Trends in Texas*, June 2010.
[34] Ibid.

*Local data:* Local data about the prevalence of diagnosed substance abuse disorders are not available. The 2010 BRFSS study of the Hospital's CBSA found that 18% of the population was at risk of binge drinking. The BRFSS defines binge drinking as four or more drinks on an occasion for women and five or more drinks on an occasion for men. Men were more than twice as likely to have self-reported binge drinking at a rate of 25.5% compared to 11.4% for women. Hispanics were also the most likely race/ethnicity to self-report binge drinking at a rate of 24.4%. There was also a significant decrease of binge drinking as the population aged: 31.2% for ages 18-29 years, 24.0% for ages 30-44 years, 14.2% for ages 45-64 years and 3.5% for ages 65+ years. In addition to binge drinking, another behavior which might indicate or lead to an alcohol abuse disorder is heavy drinking, defined by the BRFSS as more than one drink/day for women and more than two drinks/day for men. Regarding heavy drinking, the 2010 BRFSS found that 7.6% of the population was at risk for heavy drinking. This rate was almost double for those between the ages of 18-29 at 14.2%. [35]

**Alcohol & Substance Abuse Community Assets Summary**

The Alcohol & Substance Abuse asset mapping reflects the following are services available to the community for members in needs of assistance for addictions.

- South Texas Rural Health
- Frio Regional Hospital
- MHMR
- Alcoholics Anonymous

Funding for agencies and organizations addressing substance abuse is provided by Medicaid, Medicare, the US military, military insurance, private health insurance, grants and private pay. Most of these agencies and organizations offer services free of charge or on a sliding fee scale based upon income for persons who do not qualify for funded care. The State Justice System also has several programs in place to assist with substance abuse recovery and rehabilitation of convicted offenders. The Department of Veterans' Affairs offers an out-patient program for veterans with combined mental health and substance abuse problems.

**Implications**

There is a gap in alcohol and substance abuse services for the economically vulnerable within the community. It is well known that there is often a link between alcohol/substance abuse and mental health issues, so comprehensive programs are needed to support detoxification and to sustain recovery. While there are several recovery programs available, there is very little funding to support those without insurance or without financial resources. Private recovery centers require self-pay or insurance payments.

[35] Texas Department of State Health Services, *Behavioral Risk Factor Surveillance Study Special Report*, 2010.

## ACCESS TO CARE: EMERGENCY TRANSPORTATION

**Summary:** Emergency medical technicians (EMTs) and paramedics are a critical component of any community's Emergency Medical Services (EMS) System. According to Rural Health People 2010, access to Emergency Medical Care is a major health concern among state office of rural health.[36] EMS is the third most often cited rural health priority on state and national surveys.[37]

**Background:** Assuring the continued viability of the pre-hospital EMS workforce is a key concern for many local, State, Federal and tribal EMS agencies, as well as national EMS organizations. Many rural communities struggle to recruit and retain health care providers, as discussed in the following section. Rural populations are older than urban populations and poverty rates are higher in rural areas. Additionally, rural areas are likely to be more dependent on Medicare and Medicaid reimbursement than urban areas. Nationally, the rural EMS workforce faces many of the same challenges: ambulatory services have significant recruitment and retention problems; the increasing retired and aged populations demand levels of emergency services that can be difficult for many rural communities to provide; and funding sources for EMS systems are a continual struggle for most rural communities.[38] There is very little data regarding local EMS services.

**Key types of data:**

- EMS payroll records and employment surveys (ems.gov)
- Emergency Room admission rates

*National data:* The rural US is confronted by many of the same EMS workforce issues as are found in urban areas, but there are some important differences. The varied communities and terrain outside of urban areas of the country are what generally lump together as "rural." Rural areas, which comprise 75% of the nation's geography, range from geographically isolated and sparsely populated communities to small towns that are within reasonable commutes of major metropolitan areas.[39] Complicating the collection of national data pertaining to rural EMS systems is the dependence on volunteers in rural areas. No other healthcare profession routinely uses volunteers to provide professional services. In the western US, rural EMS systems routinely face transport distances of 60 to 100 miles. According to a 2004 survey, 49.8% of EMTs and 21.8% of paramedics nationwide were volunteers, that number rising to over 73% in the 12 most rural states.[40] The combination of a tendency to depend on volunteer services and the overall transport distances in the western US, leaves many rural areas with significant EMS system failures.

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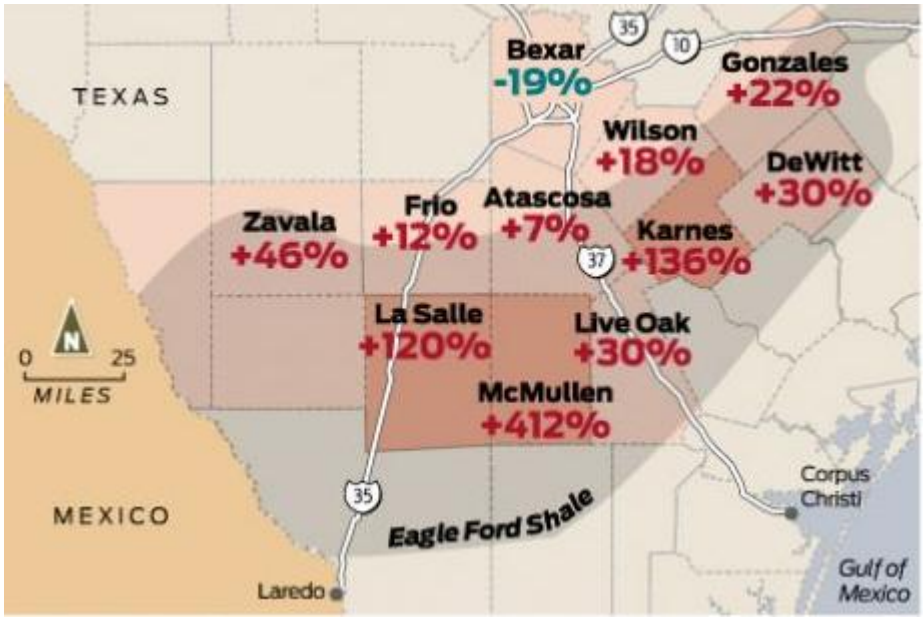
[36] Rawlinson, C., & Crews, P. Rural Health People 2010: A Companion Document to Health People 2010, *Access to Quality Health Services in Rural Areas-Emergency Medical Services*, 2010.
[37] Philips, B. F. Marie Hall Institute for Rural and Community Health Texas Tech University Health Sciences Center, *An Assessment of Rural West Texas Emergency Medical Services (EMS)*, 2012.
[38] National Highway Traffic Safety Administration, *EMS Workforce for the 21st Century: A National Assessment*, 2010.
[39] Ibid.
[40] University of California at San Francisco Center for Health Professions, LEADS Survey, 2010.

*State data:* Texas is one of the largest in the US and the south Texas region is a large geographical area comprising largely of rural and frontier populations. According to the Texas Department of Transportation (TxDOT) in 2012, the total number of motor vehicle crashes in Texas was 416,476 with 48,666 (11.7%) located in rural areas. However, there were 3,025 fatalities resulting from crashes in Texas during this period with over 37% occurring in rural areas.[41] This disproportionate ratio of total crashes to total traffic fatalities and rural crashes to rural fatalities further illustrates that there are significant barriers to providing necessary EMS systems in rural areas across Texas.

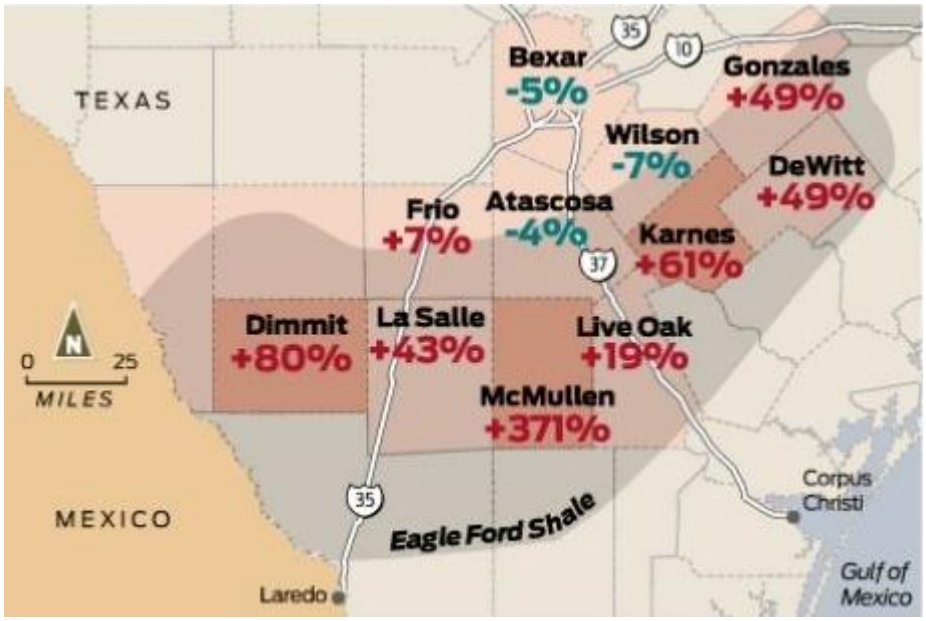
*Local data:* Frio County is one of 18 counties in the Eagle Ford Shale oil and gas play that is struggling with a serious deficiency in the number of healthcare providers and ambulatory services. The Eagle Ford Shale's production is projected to last 20 to 30 years and the area population of these 18 counties is estimated to nearly double in that time period from 2.2 million to nearly 4 million by 2050.[42] An increase in vehicle wrecks and workplace injuries have only exacerbated the need for EMS systems in the area. As illustrated in the maps following, there has been a significant increase in both traffic accidents and work injuries in the Hospital's CBSA, which is almost 76% comprised of residents in Frio and LaSalle Counties.[42]

Traffic Accidents in the Eagle Ford area:
A snapshot of how the numbers have changed from 2009 to 2011:




[41] Texas Department of Transportation, Safety Construction Programs & Data Analysis, Traffic and Engineering Section, 2012.
[42] South Texas Community Medical Needs Assessment, prepared by UTSA Institute for Economic Development, 2014.

Work Injuries in the Eagle Ford area:
A snapshot of how the numbers have changed from 2010 to 2011:




**Emergency Medical Services Community Asset Summary**

- Alamo EMS
- Frio County EMS

**Implications**

There is an identified gap in access to Emergency Medical Services systems in the Hospital's CBSA. Recently, the Frio County Commissioner's office allowed a contracted EMS provider (Alamo EMS) to transport non-emergent patients from Frio Regional Hospital to specialists at other medical providers to help alleviate the pressures currently existing on the Frio County EMS. The most economically vulnerable are the most at risk of requiring EMS systems and Frio County is one of the poorest counties in the State and the US.

## ACCESS TO CARE: PHYSICIAN AVAILABILITY

**Summary:** Timely and appropriate access to healthcare is a significant factor in health and in health costs. Texas ranks very poorly in key aspects of access, including insurance coverage and use of primary care physicians for both adults and children. Local data suggest access problems in primary and outpatient care for the economically poor which negatively affects health status and leads to the use of more costly and less appropriate alternatives, including inpatient and Emergency Department services.

**Background:** National definitions of "access to care" encompass factors of insurance coverage, availability of appropriate services (particularly primary care), timeliness of care and necessary workforce. Access to care has been demonstrated to have a measurable impact on health status, prevention of disease and disability, quality of life and life expectancy for individuals, as well as health equity across populations. Lack of access to preventive and primary care often yields delayed detection of disease and more costly interventions.

**Key types of data:**

- Insurance: Self-reports on health insurance coverage (BRFSS)
- Lack of access to appropriate level of care: Inpatient admission for conditions defined as "ambulatory care sensitive conditions" (ACSC) by national quality standards; self-reported visits to primary care physician for routine checkup and delays in seeking care (BRFSS)
- Healthcare workforce: Ratio of primary care physicians to population

*National data:*

Insurance: In 2009, there were over 50 million persons without health coverage due to declines in employer-sponsored coverage, a high unemployment rate and cost of coverage. About 60% of the uninsured have at least one full-time worker in their family and have no education beyond high school. There persons have no regular source of healthcare and are more than twice as likely to delay or forgo needed care. Medical bills forced 27% of uninsured adults to use up all or most of their savings in 2009.[43]

Lack of access to primary/outpatient care: Approximately 12% of all 2009 hospitalizations were potentially preventable, with higher rates among middle and lower income groups.[44] National admission rates for the sixteen defined ambulatory care sensitive conditions indicate that the highest admission rates are for congestive heart failure, bacterial pneumonia, chronic obstructive pulmonary disease and urinary tract infections.[45]

In 2008, 27% of adults went to the Emergency Room for a condition that could have been treated by a regular doctor, if available.[46] Chronically ill individuals without insurance are four to six times more likely to have problems accessing care and, therefore, rely on Emergency Departments for primary care.[47]

[43] Kaiser Foundation. *Key Facts*, September 2010.
[44] University of Wisconsin. *County Health Rankings*, 2011.
[45] Agency for Healthcare Research and Quality, 2010.
[46] Commonwealth Fund. *National Scorecard on US Health System Performance*, 2008.
[47] *Annals of Internal Medicine*, August 2008.

Access to preventive care: Vulnerable populations receive less information about their health. In 2005, the percentage of obese adults who obtained advice from physicians about changing their diet was significantly lower for poor and near-poor adults than for more affluent adults.[48]

Workforce supply: Adequate primary care physician supply is associated with improved health outcomes, lower prevalence of low birth weight, greater life expectancy, improved self-rated health and lower probability of hospitalization for ambulatory care sensitive conditions.[49] However, charity care is being offered by less than half of all medical practices and at less than 2% of gross charges.[50]

*State data:*
Insurance: In 2008, the State of Texas had the highest rate of uninsured adults under 65, 25.1%, compared to the national rate of 15.4%. Texas also had the second highest rate of uninsured children, 17.9%, compared to the national rate of 9.9%.[51]

Lack of access to primary/outpatient care: Based on 2006-2007 data, Texas had 78.7 preventable hospitalizations per 1000 Medicare enrollees, yielding a state ranking of 40th.

Workforce supply: In 2008, Texas had 95.4 primary care physicians per 100,000 population, ranking Texas 42nd in the country.[52] Texas ranks first in the country in the number of Health Professional Shortage Areas for primary care.[53]

When four overall access factors (rate of nonelderly adults insured, rate of children insured, rate of at-risk adults visiting a doctor for routine checkup in last two years and rate of adults not seeing a doctor when needed due to cost) are compared across states, Texas has ranked 51st when including Washington D.C. and Puerto Rico in both 2007 and 2009. Texas also ranked 50th or 51st in terms of equity of care for the most vulnerable populations. With regard to avoidable hospital use and costs (including hospitalization for ambulatory care sensitive conditions), Texas ranked 42nd in 2009.[54]

When four child access and affordability factors (rate of children insured, rate of parents insured, rate of insured children for whom coverage is adequate and cost of coverage premium as percentage of family household income) are compared across states, Texas ranked 50th in 2009.[55]

[48] Trust for America's Health, 2010.
[49] University of Wisconsin, County Health Rankings, 2010.
[50] Metzger, LM et al. Measuring physician contribution to the healthcare safety net, *Harvard Business Review*, 2010.
[51] Trust for America's Health, 2010.
[52] University of Wisconsin, County Health Rankings, 2011.
[53] Trust for America's Health, 2010.
[54] Commonwealth Fund. *State Scorecard on US Health System Performance*, 2011.
[55] Ibid.

*Local data*

Insurance: In 2012, the percentage of adults without insurance in Frio County was 24%. The Texas rate was 26% for this same period.

The 2010 Behavioral Risk Factor Surveillance Survey of an oversample of the Hospital's CBSA found that 18.4% of the adults did not have health insurance. The rates of black and Hispanic adults were significantly higher than that of whites: 20.3% for blacks, 26.9% for Hispanics, and 11.3% for whites. Among adults with incomes under $25,000, incomes between $25,000 and $49,999, and incomes over $50,000, 42.9%, 19.0% and 5.9% did not have insurance, respectively.[56]

Lack of access to primary care: Frio Regional Hospital provides a significant amount of its care for the economically vulnerable through its Emergency Department. In 2013, the Hospital had 193 inpatient admissions, of which 122 (63.2%) were Medicare patients, 24 (12.4%) had commercial insurance and the remaining 47 (24.4%) were either Medicaid, self-pay or charity/indigent admissions.[57]

Workforce supply: The rate of primary care physicians per 100,000 population for Frio County was 49.7 compared to 33.6 for Texas and 46.1 nationally in 2012.[58] This indicates that the availability of primary care providers in Frio County is higher than across Texas and the US.

**Physician Availability Community Asset Summary**

- Nix Hospital – Dilley, TX
- Frio Regional Hospital
- South Texas Rural Health

**Implications**

Frio Regional Hospital uses the same eligibility criteria and procedures, the County Indigent Health Care (CHIC) program, as the Frio Hospital District for the financially indigent. Eligibility for financially indigent persons is at or below 20% of federal poverty guidelines (FPG). Persons who do not qualify as financially indigent under this program, however, may qualify as medically indigent if their household income is less than 185% of the FPG and their hospital bill reaches 35% of their annual income.[58] For example, a single person would need to have an annual income less than $2,334 to qualify as financially indigent under this program. For a family of four, the threshold is $4,770. In order to qualify as medically indigent, a single person would need to have an annual income less than $21,589 and medical bills over $7,556. For a family of four, the threshold is $44,122 and medical bills over $15,442 to qualify. Due to this restrictive Charity Care policy, many of the most economically vulnerable delay seeking healthcare because they cannot afford adequate insurance coverage and do not qualify as either financially or medically indigent.

[56] Texas Department of State Health Services, *Behavioral Risk Factor Surveillance Study Special Report*, 2010.
[57] Frio Regional Hospital, Patient Statistics, 2013.
[58] Frio Regional Hospital, Charity Care Policy, Last updated 2014.

**Attachment 1: Frio County Community Focus Group Comments**

1. In your opinion, what are the health concerns and needs of your community?

   A. Diabetic care and education.
   B. I don't know.
   C. Getting accurate diagnoses & kindness towards our patients.
   D. Diabetes, obesity, low birth age of mothers, low infant birth weight, lack of prenatal care, stroke and heart disease.
   E. Nutrition education, nutrition responsibility, breast feeding education and encouragement, obesity management and diabetes management.
   F. Greater community understanding of the chronic disease needs.
   G. Unknown.
   H. To have a good hospital that meets everyone's needs. A place that they trust the staff and will get taken care of.
   I. To have a hospital that meets everyone's needs; nursing staff need people skills, training, and how to be courteous to everyone.
   J. Cancer.
   K. Chronic diseases and OP services.
   L. The community needs assistance with transportation to doctor visits. Some need help with health insurance and management of medication for chronic illnesses.
   M. Specialists.
   N. There needs to be more education to patients to understand their health issues.
   O. Diabetes, teen pregnancy, healthcare unavailable to low-income persons.
   P. None.
   Q. None.
   R. Faster medical response. Trained people to deal with elderly sick people and mentally challenged people; need trained people to deal with rape victims.
   S. Pediatric services in Frio County; educational services.
   T. Could use more resources, more involvement from families of patients, and more accountability from patient about their own healthcare. Educate, educate.
   U. Readmissions of the same complaints, poor follow-up with primary care physicians, lots of obstetrical patients.
   V. Education for diabetes and obesity.
   W. Diabetic needs, obesity, need to teach how to live a healthy lifestyle to help present problems.
   X. Immunizations and access to healthcare.

2. In your opinion, how well does Frio Regional Hospital meet the needs of your community?

   A. Does well, as well as can with large non-compliant community.
   B. Fair
   C. FRH meets the needs of Frio as much as possible, increased kindness to patients.
   D. Adequate for services provided.
   E. Improvement could be made.
   F. Outstanding patient care.
   G. Very well for the capabilities of FRH.
   H. Very well as far as services such as ER, OP, IP, etc. I would say nursing staff could be a little nicer and trained better in patient care.
   I. Needs for the community – we provide Emergency Room services, OP services, labs, X-rays.
   J. Very well.
   K. Good.
   L. The hospital sees all patients regardless of insurance. They see patients who cannot make it to the doctor. The hospital provides emergency assistance to those with major concerns like heart attack and delivered the care needed to stabilize and help resolve the issue.
   M. Very well.
   N. FRH needs more specialty doctors in the area to meet people's health needs. As of now, FRH has met my needs and are able to handle trauma and other health issues if needed.
   O. We need to provide more community education like classes or host meetings to distribute more education.
   P. None.
   Q. Well.
   R. On a scale of 1 -10, an 8; due to all of the oilfield stations in our area. FRH is not equipped to handle burn victims or patients under the influence of Climax which is a big problem in our area.
   S. Needs are not being met, but losing out on specialized services.
   T. There are tremendous efforts on some parts, but until the whole community comes together, the job is too big.
   U. Good. FRH sees everybody who presents in the Emergency Room.
   V. Very well, local care.
   W. Benefits the community; wonderful to have a hospital in the community and continue to serve patients. Great X-ray, labs, and Emergency Room.
   X. FRH administers immunizations and vaccinations through its providers. An indigent caseworker employed jointly by entities that conducts charity care programs, and in addition, a State employee that is based at the hospital to provide easy access to patients applying for the Medicaid program.

3. In your opinion, how could Frio Regional Hospital better serve and meet the needs of your community?

   A. Wound care services.
   B. Provide more services; be helpful and kind.
   C. Better website so patients can see and understand FRH's capabilities.
   D. Expand services, improve customer service.
   E. Educational programs and responsibilities; host activities in the community to provide education and resources, news publications and flyers targeting specific community needs.
   F. Refer to #8.
   G. MRIs, surgeries, kitchen service
   H. Maybe have MRI machines, perform minor surgeries, stress test; have more services so people don't have to drive to San Antonio. Also it would bring more business.
   I. Provide more services that can be performed here and people don't have to go to San Antonio (MRIs, stress tests, surgeries, etc…) colonoscopies, EKGs, need a surgeon.
   J. Need more doctors.
   K. Providing more surgical services.
   L. An idea would be to provide a clinic maybe inside the hospital for non-emergent patients that can be treated. We have doctors' offices that are always full and cannot take walk-in patients so the next option is to go to the Emergency Room.
   M. No comment.
   N. Have better of specialty physicians and more professional buildings where physicians can see more patients with different needs.
   O. Provide preventative care like screenings, education, more pharmacy services so that patients don't make repetitive visits to the Emergency Room because they don't follow-up, fill meds, or just don't know.
   P. Not pay upfront; some people can't afford it.
   Q. Providing more specialized care for the elderly in the community.
   R. Increased community involvement. Train to treat patients with new medical emergencies such as Climax overdose. Provide educational opportunities to the community through paid ads and free service announcements. Having all employees greeting and helping patients or their family members at any given time.
   S. Specialized services (pediatric, wound care, diabetic education and pulmonology).
   T. Better discharge and transition planning, educate more, not just give papers to educate, patients need more explanation to be more informed about meds and/or disease process.
   U. Expand the Emergency Room – more beds (currently have 6). MRI machine, security to protect patients and FRH employees. Frequent violent threats and situations. New OB monitors - up to date. Plasma monitors from nurses station.
   V. Be more professional in the workplace.

W. Raise health awareness to improve health; continue to engage in community; more surgical procedures.
X. FRH can partner with city councils, school boards and other local state organizations to promote successful community health campaigns and programs.

**Attachment 2: Frio Regional Hospital Physician Survey Results**

1. In the last five years, have you seen an increase in patients who are overweight or obese?

   Yes 57.1%  No 28.6%  N/A 14.3%

2. Do you think there are adequate community resources to refer your patients to for obesity related education?

   Yes 14.3%  No 85.7%

3. Do you think there is adequate education available within our community concerning the risks of alcohol abuse, substance abuse, and/or tobacco use?

   Yes 14.3%  No 85.7%

4. Do you believe there are adequate resources for the poor and vulnerable in our community providing support reducing alcohol abuse, substance abuse, and/or tobacco use?

   Yes 14.3%  No 85.7%

5. Why do you think patients have issues filling their medications?
   A. Patient is noncompliant - 57.1%
   B. Cannot afford medications - 100.0%
   C. Lack of education for maintenance medications - 42.9%
   D. Other, please specify

   Insurance Coverage; Community Indifference; All of the Above.

6. Why do you think mental health patients have issues filling their medications?
   A. Patient is noncompliant - 57.1%
   B. Cannot afford medications - 71.4%
   C. Lack of education for maintenance medications - 57.1%
   D. Other, please specify - None

7. Do you think there are adequate community resources to refer your Medicaid or un-funded patients to for diabetes related services?

   Yes 14.3%  No 85.7%

**Discussion**

1. What health issues are you treating in your practice related to obesity?
   - Physician #1: DM, hypertension, high cholesterol, arthritis, CAD.
   - Physician #2: All. Hypertension, somatic C/O, diabetes, mellitus.
   - Physician #3: DM2, HTN, high cholesterol, chronic pain due to weight.
   - Physician #4: The usual & diabetes; HTN, arteries, sclerosis, peripheral venous insufficiency, et al…
   - Physician #5: Diabetes, hypertension, high cholesterol.
   - Physician #6: Diabetes, CAD, hyperlipidemic.
   - Physician #7: HBP, high cholesterol.

2. Frio Regional Hospital is focused on care for the poor and the under-served in our community. How can the Hospital work with community partners to reduce obesity in the community we serve?
   - Physician #1: Education, encourage annual physical.
   - Physician #2: Unknown
   - Physician #3: Nutritionist
   - Physician #4: Identify who may be interested in improving the problems. Work through them.
   - Physician #5: Education programs.
   - Physician #6: Need to look for grants that will pay for expenses involved in running a community team project that delivers those services efficiently.
   - Physician #7: Make public aware of the risks and complications of obesity. (Conferences, radio, TV, mail, etc…)

3. What would help to reduce the use of the Emergency Department for non-emergent needs?
   - Physician #1: Education, improve insurance availability.
   - Physician #2: Client education. A long-term solution not previously done by healthcare network (all partners).
   - Physician #3: No answer.
   - Physician #4: A pamphlet can be generated that could be available to all persons as they come into the waiting room describing alternate services and highlighting fees.
   - Physician #5: After hour's clinic.
   - Physician #6: More primary care providers needed. Educate people on follow-ups.
   - Physician #7: Education.

4. Frio Regional Hospital is focused on care for the poor and the under-served in our community. How can the Hospital work with the Emergency Department and other community partners to reduce the number of patients using the Emergency Department for primary care issues?
   - Physician #1: Education, insurance availability.
   - Physician #2: See #3.
   - Physician #3: Redirect calls to the office.
   - Physician #4: Alternate care should be printed in an attractive form, English and Spanish, and presented to all cases.
   - Physician #5: More education programs.
   - Physician #6: See #3.
   - Physician #7: Conferences, TV, Newspaper ads, education.

5. There are a large number of adults in our community without access to dental insurance or dental care. What can the Hospital do to better serve un-insured adult dental patients?
   - Physician #1: Volunteer dentists.
   - Physician #2: This would be a complex partnership with State and Federal government; not going to happen I expect.
   - Physician #3: Acquire a dental service once per week or month.
   - Physician #4: See if dental services can be contracted or see if a provider would take all cases (good or bad) we would refer.
   - Physician #5: Find dental services for low-income patients.
   - Physician #6: No comment.
   - Physician #7: Hard question.

6. Do you think there are adequate resources to refer your patients to for mental health services? If not, what would you suggest?
   - Physician #1: Yes
   - Physician #2: No. See #5.
   - Physician #3: No, have psychiatrist come once a week.
   - Physician #4: There are local resources but places to refer are scarce or unavailable most of the time.
   - Physician #5: Only one is MHMR, but not adequate for our needs.
   - Physician #6: No. MHMR locally does not serve the needs of the community. MHMR and other program services need increased funding. There does not seem to be emphasis on psychiatry in the Medicare funding from the State.
   - Physician #7: Increase services.

7. Why do you think mental health patients have issues filling their medications?
   - Physician #1: Compliance, education.
   - Physician #2: Primary disease process; lack of insurance and/or insurance coverage of medicines.
   - Physician #3: Non-compliance; lack of money.
   - Physician #4: Too expensive.
   - Physician #5: They also need someone to oversee them afterward.
   - Physician #6: Cost of medications, some meds not covered; prior authorizations are futile.
   - Physician #7: Patient mental problems depend on relatives to fill his/her meds. There is no communication between pharmacy and patient's family.

8. Do you see any gaps finding Mental Health services for Medicaid or un-funded patients? If so, what would improve access to Mental Health services for these vulnerable patients?
   - Physician #1: No.
   - Physician #2: Grand Canyon sized gap.
   - Physician #3: I don't know.
   - Physician #4: More state funding.
   - Physician #5: More mental health programs and clinics.
   - Physician #6: more funding for psych services.
   - Physician #7: Increased mental services.

9. Have you seen an increase in newly diagnosed diabetics within the last five years? If so, what do you believe is the main factor contributing to the increase?
   - Physician #1: N/A.
   - Physician #2: Yes, diet, lifestyle, family history (genetics).
   - Physician #3: Yes, obesity.
   - Physician #4: Yes, obesity, poor diet, poor exercise.
   - Physician #5: Obesity.
   - Physician #6: Yes, genetics, obesity.
   - Physician #7: Yes, obesity is #1.

10. Do you think that there are adequate services available for prenatal care? Why do you think there is an increase in the number of new mothers who had no prenatal care prior to delivery?
    - Physician #1: Yes, insurance, education.
    - Physician #2: Lack of foresight: pregnancy planned, insurance arranged so that care can be undertaken.
    - Physician #3: Yes, non-compliance.
    - Physician #4: Inadequate prenatal care, poor education, community indifference.
    - Physician #5: Patients are non-compliant, and they don't feel the need to come in for prenatal care.
    - Physician #6: No comment.
    - Physician #7: I don't know

11. Do you think there are adequate health resources available for low-income pregnant women in Frio County and the surrounding region? If not, what resources would you suggest?
    - Physician #1: Yes.
    - Physician #2: No, lack of any real commitment from State, foresight, plan, and financial resource.
    - Physician #3: Yes.
    - Physician #4: What we have is good, but needs expansion.
    - Physician #5: Yes, patient doesn't take advantage of services.
    - Physician #6: No comment.
    - Physician #7: I don't know.

12. Why do you think the STD rate in Frio County has had a high increase since 2006?
    - Physician #1: School education very important.
    - Physician #2: Shifting population source, lack of understanding or care by sexually active population, cultural propensities.
    - Physician #3: Lack of education.
    - Physician #4: Unknown.
    - Physician #5: No health department to monitor these.
    - Physician #6: Promiscuity, new generation needs education on STDs.
    - Physician #7: Promiscuity, alcohol, drugs.

13. What do you think can be done to lower the STD rate?
    - Physician #1: See #12.
    - Physician #2: Short of personal care by the exposed – nothing.
    - Physician #3: Educate about them.
    - Physician #4: Education.
    - Physician #5: have more well-women clinics.
    - Physician #6: Education programs to address the problem. Cultural attitudes need to be addressed.
    - Physician #7: See #12.

**Attachment 3: Community Partners & Public Resources**

- Camino Real - MHMR
  - 411 E. Brazos St.
  - Pearsall, TX 78061
  - (830) 334-0075
- Family Medical Clinic
  - 151 Medical Clinic Dr.
  - Pearsall, TX 78061
  - (830) 334-4142
- Frio County WIC
  - 411 E. Brazos St.
  - Pearsall, TX 78061
  - (830) 334-0090
- Frio Health Department
  - 1009 N. Oak St.
  - Pearsall, TX 78061
  - (830) 334-3395
- Frio Regional Hospital
  - 200 IH 35 South
  - Pearsall, TX 78061
  - (830) 334-3617
- Hood Medical Clinic
  - 325 N. Cherry St.
  - Pearsall, TX 78061
  - (830) 334-8703
- Nix Rural Healthcare Clinic
  - 105 E. Hackberry
  - Pearsall, TX 78061
  - (830) 334-2002
- Pearsall Schools
  - 318 Berry Ranch Rd.
  - Pearsall, TX 78061
  - (830) 334-8001
- South Texas Rural Health
  - 150 Medical Dr.
  - Pearsall, TX 78061
  - (830) 334-4102
- YMCA
  - 523 E. Florida St.
  - Pearsall, TX 78061
  - (210) 246-9622

**Attachment 4: Frio Regional Hospital Community Health Needs Assessment Survey**

**Frio Regional Hospital, Inc.**
**Community Health Needs Assessment Survey 2014**

Zip Code: _____

The purpose of this survey is to gather input from the community on how Frio Regional Hospital could better serve and meet the health needs of the community. Your insight into the needs of the community is valued, and your responses will be considered in the Community Health Needs Assessment for Frio Regional Hospital.

Answer the following questions by circling the answer choices that apply to you. On questions where there is space provided for you, write in your response to the questions, if applicable.

4. What is your gender?
    a. Male
    b. Female

5. What is your age?
    a. _____

6. How many years have you resided in Frio County?
    a. _____

7. Do you or your family use Frio Regional Hospital to serve your health needs? If you answer no, which hospital does you or your family use?
    a. Yes
    b. No _____

8. Have you or your family used Frio Regional Hospital within the last 24 months?
    a. Yes
    b. No

9. Do you suffer from any chronic diseases? (Ex: diabetes, asthma, obesity, heart disease, cancer, stroke, HIV, etc…)
    a. Yes
    b. No

10. Do you identify with any of the following groups? (Check all that apply)
    a. Local Business Leader (Organization) _____
    b. Health Care Professional (Title) _____
    c. Minority Group (Describe) _____
    d. Low-Income Persons (Gross Household Income) _____
    e. Underserved by Frio hospital (Describe) _____

11. In your opinion, what are the health concerns and needs of your community?

    _____
    _____
    _____
    _____
    _____

12. In your opinion, how well does Frio Regional Hospital meet the needs of your community?

    _____
    _____
    _____
    _____
    _____

13. In your opinion, how could Frio Regional Hospital better serve and meet the needs of your community?

    _____
    _____
    _____
    _____
    _____

14. Is it okay for a researcher from Durbin & Company, L.L.P. to contact you with follow-up questions? If so, please provide a good phone number and/or email address below:
    a. Phone _____
    b. Email _____

Durbin & Company, L.L.P. is conducting this research on behalf of Frio Regional Hospital as required under Section 501(r) of the Internal Revenue Code as required by the Patient Protection and Affordable Care Act. All responses are confidential and anonymous unless respondent elects to be contacted by the researcher. Any questions should be directed to Jonathan Phillips at Durbin & Company, L.L.P. You can contact him via letter at 2950 50th Street Lubbock, TX 79423; phone (806) 791-1592; fax (806) 791-3974; or email jonathan@durbinco.com.

**Attachment 4 (Spanish): Frio Regional Hospital Community Health Needs Assessment Survey**

**Frio Regional Hospital, Inc.**

**Estudio de las Necesidades de la Salud Para el Año 2014**

Código postal: _____

El propósito de este estudio es para obtener información de la comunidad en como Frio Regional Hospital puede servir mejor y puede atender las necesidades de la comunidad. Su punto de vista es valiosa para ver cuáles son las necesidades de la comunidad y sus respuestas van a ser consideradas para este estudio.

Por favor marqué la respuesta de su selección. En las preguntas donde hay un espacio, escriba su respuesta, si es aplicable.

1. ¿Cuál es su sexo?
    a. Masculino
    b. Femenino

2. ¿Cuál es su edad?
    a. _____

3. ¿Cuantos años ha vivido en el condado de Frio?
    a. _____

4. ¿Usted o su familia utilizan a Frio Regional Hospital para servicios de salud? Si su respuesta es no, a cual hospital va usted y su familia?
    a. Sí
    b. No _____

5. ¿Usted o su familia utilizan a Frio Regional Hospital para servicios de la salud en los últimos 24 meses?
    a. Sí
    b. No

6. ¿Sufre usted de una enfermedad crónica? (Ejemplos: diabetes, asma, obesidad, enfermedad del corazón, cáncer, derrame cerebral, sida, etc..)
    a. Sí
    b. No

7. ¿Con que grupo se identifica? (Marque todos los que le apliquen)
    a. Líderes de Negocios Locales (Organización) _____
    b. Profesionales de Cuidado de la Salud (Titulo) _____
    c. Grupo para Menores (Describa) _____
    d. Personas de Bajo Recursos (Salario anual) _____
    e. No bien servido por Frio hospital (Describa) _____

8. ¿En su opinión, cuáles son sus preocupaciones en cuestión a la salud y las necesidades para la comunidad?

_____
_____
_____
_____

9. ¿Usted cree que Frio Regional Hospital atiende las necesidades en su comunidad?

_____
_____
_____
_____

10. ¿En su opinión, como puede Frio Regional Hospital servir mejor & atender a su comunidad?

_____
_____
_____
_____

11. Si usted está de acuerdo a que alguien que condujo el estudio de Durbin & Company, L.L.P. lo contacte con más preguntas, por favor de darnos su número de teléfono o su correo electrónico.
    a. Número de teléfono _____
    b. Correo electrónico _____

Durbin & Company, L.L.P. esta conduciendo este estudió por parte de Frio Regional Hospital porque es necesario bajo la Sección 501(1) del código del Internal Revenue por el acto de Patient Protection and Affordable Care Act. Todas las respuestas son confidenciales y anónimas a menos que quiera que alguien lo contacte. Las preguntas van dirigidas a Jonathan Phillips a Durbin & Company, L.L.P. Puede contactarlo por correo al 2950 50th Street Lubbock, TX 79423; teléfono (806) 791-1592; fax (806) 791-3974; o correo electrónico jonathan@durbinco.com.