

Community Health Needs Assessment 2017



FR FRIO REGIONAL
HOSPITAL
Managed by Methodist Healthcare San Antonio

BKD^{LLP}
CPAs & Advisors

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Introduction

Internal Revenue Code (IRC) Section 501(r) requires health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. Per IRC Section 501(r), a byproduct of the *Affordable Care Act*, to comply with federal tax-exemption requirements, a tax-exempt hospital facility must:

- ✓ Conduct a community health needs assessment (CHNA) every three years.
- ✓ Adopt an implementation strategy to meet the community health needs identified through the assessment.
- ✓ Report how it is addressing the needs identified in the CHNA as well as a description of needs that are not being addressed with the reasons why such needs are not being addressed.

The CHNA must take into account input from persons including those with special knowledge of or expertise in public health, those who serve or interact with vulnerable populations and those who represent the broad interest of the community served by the hospital facility. The hospital facility must make the CHNA widely available to the public.

This CHNA, which describes both a process and a document, is intended to document Frio Regional Hospital's (Hospital or Frio) compliance with IRC Section 501(r)(3). Health needs of the community have been identified and prioritized so that the Hospital may adopt an implementation strategy to address specific needs of the community.

The *process* involved:

- ✓ An evaluation of the implementation strategy for the prior three year period was adopted by the Hospital board of directors in 2014.
- ✓ Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources and hospital data.
- ✓ Obtaining community input through interviews with key stakeholders who represent a) persons with specialized knowledge in public health, b) populations of need or c) broad interests of the community.

This *document* is a summary of all the available evidence collected during the CHNA conducted in tax year 2017. It will serve as a compliance document, as well as a resource, until the next assessment cycle. Both the *process* and *document* serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.



Summary of Community Health Needs Assessment

The purpose of the CHNA is to understand the unique health needs of the community served by the Hospital and to document compliance with new federal laws outlined above.

The Hospital engaged **BKD, LLP** to conduct a formal CHNA. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,600 partners and employees in 35 offices. BKD serves more than 900 hospitals and health care systems across the country. The CHNA was conducted from May 2017 to November 2017.

Based on current literature and other guidance from the treasury and the IRS, the following steps were conducted as part of Frio's CHNA:

- An evaluation of the impact of actions taken to address the significant health needs identified in the tax year 2014 CHNA was completed to understand the effectiveness of the Frio's current strategies and programs.
- The "community" served by Frio was defined by utilizing inpatient data regarding patient origin. This process is further described in *Community Served by the Hospital*.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties (see references in *Appendices*). The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by countyhealthrankings.org. Health factors with significant opportunity for improvement were noted.
- Community input was provided through key stakeholder interviews of 9 stakeholders. Results and findings are described in the *Key Stakeholder Interview Results* section of this report.
- Information gathered in the above steps was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health needs were ranked utilizing a weighting method that weighs 1) the size of the problem, 2) the seriousness of the problem, 3) the impact of the issues on vulnerable populations, 4) the prevalence of common themes and 5) how important the issue is to the community.
- An inventory of health care facilities and other community resources potentially available to address the significant health needs identified through the CHNA was prepared.

Health needs were then prioritized taking into account the perceived degree of influence the Hospital has to impact the need and the health needs impact on overall health for the community. Information gaps identified during the prioritization process have been reported.

General Description of the Hospital

Frio Regional Hospital is a 22 bed Hospital located in Pearsall, Texas, that offers a birthing center, pain management center and numerous other innovative services. When prior medical facilities that once cared for the members of the community had closed, two Pearsall residents - Mrs. S.T. Brown and Mrs. Grady Higdon, pushed the community to work together and open a new Frio hospital. Since their opening on January 2, 1963 Frio Regional Hospital has be growing and improving for over 50 years.

Mission

At Frio Regional Hospital, our mission is to improve the quality of life in our community by providing exceptional healthcare with compassion and respect. That's a mission our team of directors and senior leaders recently authored, and it's been approved by the Frio Hospital Association Board.

We vet all of our decisions against our mission and ensure that our choices adhere to our stated goals.

Vision

In addition to crafting a mission statement, we've also approved several core values, including:

- Integrity
- Compassion
- Accountability
- Respect
- Excellence

We hold ourselves accountable to these values. Each person you'll encounter in our Frio County hospital is dedicated to ethical behavior, compassionate care, ownership of responsibilities, respectful treatment and excellence in each action we take.



Evaluation of Prior Implementation Strategy

The implementation strategy for the prior three year period focused on three goals to address identified health needs. Based on the Hospital's most recent evaluation, the Hospital has made significant progress in meeting their goals and strategies outlined in their 2014 Implementation Strategy. A full update of the accomplishments can be found in the *Appendix E*.

Goal 1: Establish an on-going community outreach and public relations program whose purpose is to inform the public on hospital services, health education and health resources.

Goal 2: As an employment leader and the largest health provider in the area, improve outreach and participation in collaborative efforts toward improving the public's sense of well-being, pride and confidence as members of our rural community.

Goal 3: Improve physician and medical staff involvement in community education.

Summary of Findings – 2017 Tax Year CHNA

Health needs were identified based on information gathered and analyzed through the 2017 CHNA conducted by the Hospital. These identified community health needs are discussed in greater detail later in this report and the prioritized listing is available at *Exhibit 24*.

Based on the prioritization process, the following significant needs were identified:

- Lack of health knowledge/education
- Healthy behaviors/lifestyle choices
- Poverty/children in poverty
- Lack of primary care physicians
- High cost of health care
- Uninsured
- Physical inactivity
- Adult obesity
- Diabetes
- Language/cultural mindset
- Heart disease
- Obstetrics/low birth weight

These needs have been prioritized based on information gathered through the CHNA and the prioritization process is discussed in greater detail later in this report.

Community Served by the Hospital

The Hospital is located in Pearsall, Texas, in Frio County, 1 hour southwest from San Antonio, Texas. As a regional facility, the Hospital serves residents in and around Pearsall.

Frio Regional Hospital serves the residents of Frio County and La Salle County and many of the surrounding counties. These counties are more rural in nature and hospitals available in the surrounding counties are primarily critical access hospitals. Some of the surrounding counties do not have a hospital located within them.

Defined Community

A community is defined as the geographic area from which a significant number of the patients utilizing Hospital services reside. While the CHNA considers other types of health care providers, the Hospital is the single largest provider of acute care services. For this reason, the utilization of Hospital services provides the clearest definition of the community.

Based on the patient origin of acute care inpatient discharges from January 1, 2016 through December 31, 2016, management has identified Frio County and La Salle County as the defined CHNA community. Frio County represents approximately 74% of the inpatient discharges and La Salle County represents approximately 18% as reflected in *Exhibit 1* below. The CHNA will utilize data and input from these counties, as well as the top three zip codes within Frio County and La Salle County to analyze health needs for the community.

Exhibit 1
Summary of Discharges by Zip Code
 1/1/2016 - 12/31/2016

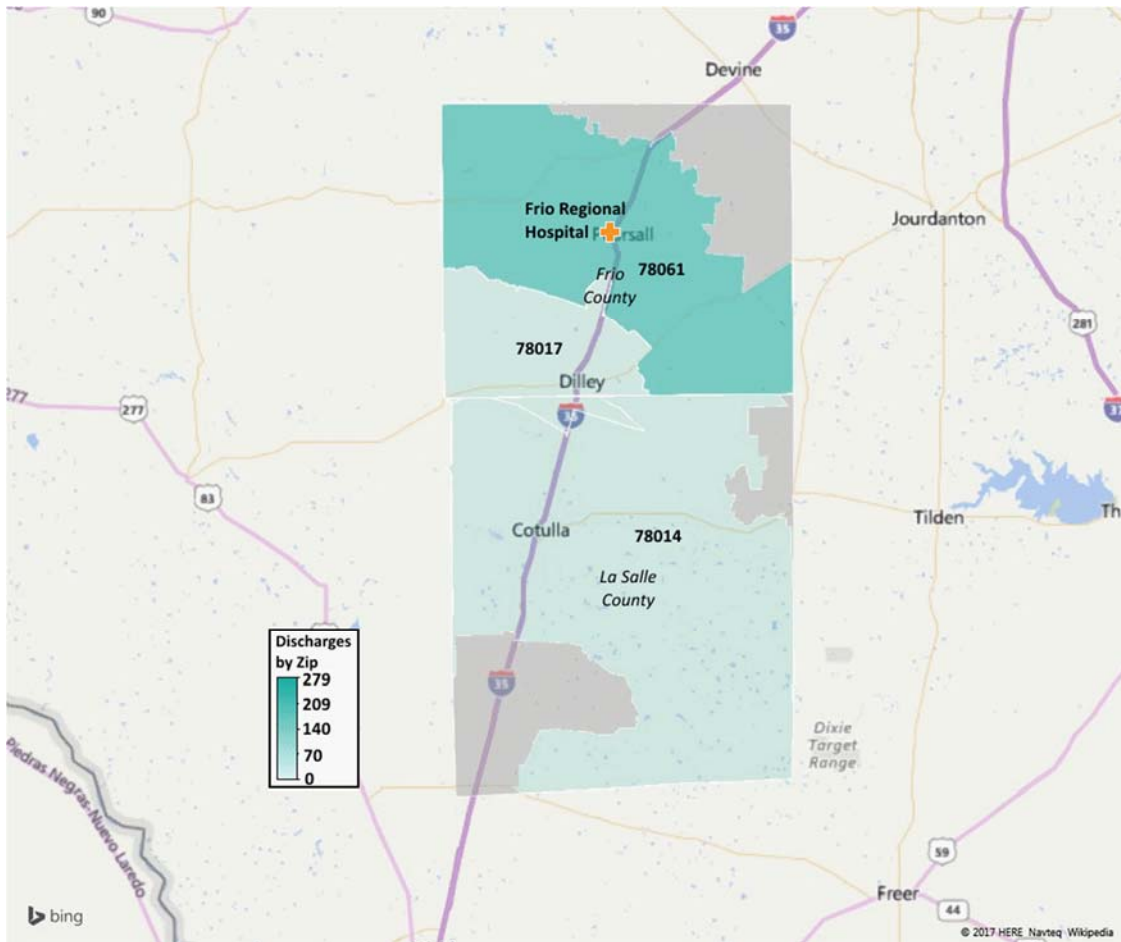
Zip Code	City	Inpatient Discharges	Percent of Total Inpatient Discharges	Outpatient Discharges	Percent of Total Outpatient Discharges
Frio County:					
78017	Dilley	78	16.1%	1,321	15.0%
78061	Pearsall	279	57.8%	5,449	61.8%
Total Frio County		357	73.9%	6,770	76.8%
La Salle County:					
78014	Cotulla	86	17.8%	1,024	11.6%
All Other		40	8.3%	1,022	11.6%
Total		483	100.0%	8,816	100.0%

Source: Frio Regional Hospital

Community Details

Identification and Description of Geographical Community

The following map geographically illustrates the Hospital’s community by showing the community zip codes shaded by number of inpatient discharges. The map below displays the Hospital’s geographic relationship to the community, as well as significant roads and highways.



Community Population and Demographics

The U.S. Bureau of Census has compiled population and demographic data. *Exhibit 2* below shows the total population of the CHNA community. It also provides the breakout of the CHNA community between the male and female population, age distribution, race/ethnicity and the Hispanic population.

Exhibit 2
Demographic Snapshot

DEMOGRAPHIC CHARACTERISTICS				
	Total Population		Frio County	La Salle County
Frio County	18,168			
La Salle County	7,191	Total Male Population	10,723	4,021
Texas	26,538,614	Total Female Population	7,445	3,170
United States	316,515,021			

POPULATION DISTRIBUTION										
Age Group	Age Distribution									
	Frio County	Percent of Total	La Salle County	Percent of Total	Texas	Percent Texas	United States	Percent of Total US		
0 - 4	1,200	6.61%	634	8.82%	1,951,305	7.35%	19,912,018	6.29%		
5 - 17	3,214	17.69%	1,446	20.11%	5,107,705	19.25%	53,771,807	16.99%		
18 - 24	2,793	15.37%	656	9.12%	2,714,461	10.23%	31,368,674	9.91%		
25 - 34	2,868	15.79%	1,232	17.13%	3,840,350	14.47%	42,881,649	13.55%		
35 - 44	2,091	11.51%	785	10.92%	3,602,462	13.57%	40,651,910	12.84%		
45 - 54	2,180	12.00%	834	11.60%	3,465,858	13.06%	43,895,858	13.87%		
55 - 64	1,597	8.79%	624	8.68%	2,888,241	10.88%	39,417,628	12.45%		
65+	2,225	12.25%	980	13.63%	2,968,232	11.18%	44,615,477	14.10%		
Total	18,168	100.00%	7,191	100.00%	26,538,614	100.00%	316,515,021	100.00%		

RACE/ETHNICITY										
Race/Ethnicity	Race/Ethnicity Distribution									
	Frio County	Percent of Total	La Salle County	Percent of Total	Texas	Percent Texas	United States	Percent of Total US		
White Non-Hispanic	3,084	16.97%	1,102	15.32%	11,635,757	43.84%	197,258,278	62.32%		
Hispanic	14,184	78.07%	5,986	83.24%	10,196,367	38.42%	54,232,205	17.13%		
Black Non-Hispanic	706	3.89%	66	0.92%	3,070,821	11.57%	38,785,726	12.25%		
Asian & Pacific Island Non-Hispanic	81	0.45%		0.00%	1,129,523	4.26%	16,553,605	5.23%		
All Others	113	0.62%	37	0.51%	506,146	1.91%	9,685,207	3.06%		
Total	18,168	100.00%	7,191	100.00%	26,538,614	100.00%	316,515,021	100.00%		

Source: Community Commons (ACS 2011-2015 data sets)

While the relative age of the community population can impact community health needs, so can the ethnicity and race of a population. The population of the CHNA community by race and illustrates different categories of race such as, white, black, Asian, other and multiple races. Hispanics make up approximately 78% of the Frio County and approximately 83% of the La Salle County. The community within Frio County and La Salle County is less diverse when comparing all other race/ethnicities to the state of Texas and the United States.

Exhibit 3 reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban. This table could help to understand why transportation may or may not be considered a need within the community, especially within the rural and outlying populations.

Exhibit 3

County	Percent Urban	Percent Rural
78017-Dilley	83.69%	16.31%
78061-Pearsall	77.25%	22.75%
78014-Cotulla	53.42%	46.58%
Frio County, TX	77.82%	22.18%
La Salle County, TX	53.65%	46.35%
TEXAS	84.70%	15.30%
UNITED STATES	80.89%	19.11%

Source: Community Commons (2010)

Socioeconomic Characteristics of the Community

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. The economic status of an area may be assessed by examining multiple variables within the CHNA community. The following exhibits are a compilation of data that includes household per capita income, unemployment rates, poverty, uninsured population and educational attainment for the CHNA community. These standard measures will be used to compare the socioeconomic status of the community to the state of Texas and the United States.

Income and Employment

Exhibit 4 presents the per capita income for the CHNA community. This includes all reported income from wages and salaries, as well as income from self-employment, interest or dividends, public assistance, retirement and other sources. The per capita income in this exhibit is the average (mean) income computed for every man, woman and child in the specified area. Frio and La Salle County’s per capita income is below the state of Texas and the United States. There is a large disparity between zip codes 78017 and 78014 within the CHNA community; with 78017 having a per capita income well below Texas and the United States.

Exhibit 4

County	Total Population	Total Income (\$)	Per Capita Income (\$)
78017-Dilley	4,827	\$58,738,400	\$12,168
78061-Pearsall	12,379	\$224,028,700	\$18,097
78014-Cotulla	5,460	\$138,307,400	\$25,331
Frio County, TX	18,168	\$309,168,200	\$17,017
La Salle County, TX	7,191	\$159,118,700	\$22,127
TEXAS	26,835,614	\$716,519,339,400	\$26,999
UNITED STATES	316,515,021	\$9,156,731,836,300	\$28,929

Source: Community Commons (2011 – 2015)

Unemployment Rate

Exhibits 5 and 6 present the average annual unemployment rate from 2006 through 2016 for Frio County and La Salle County, as well as the trend for Texas and the United States. On average, the unemployment rates for the community are lower than both the United States and the state of Texas. An increase in the unemployment rate has been the trend for both counties from 2014 through 2016.

Exhibit 5

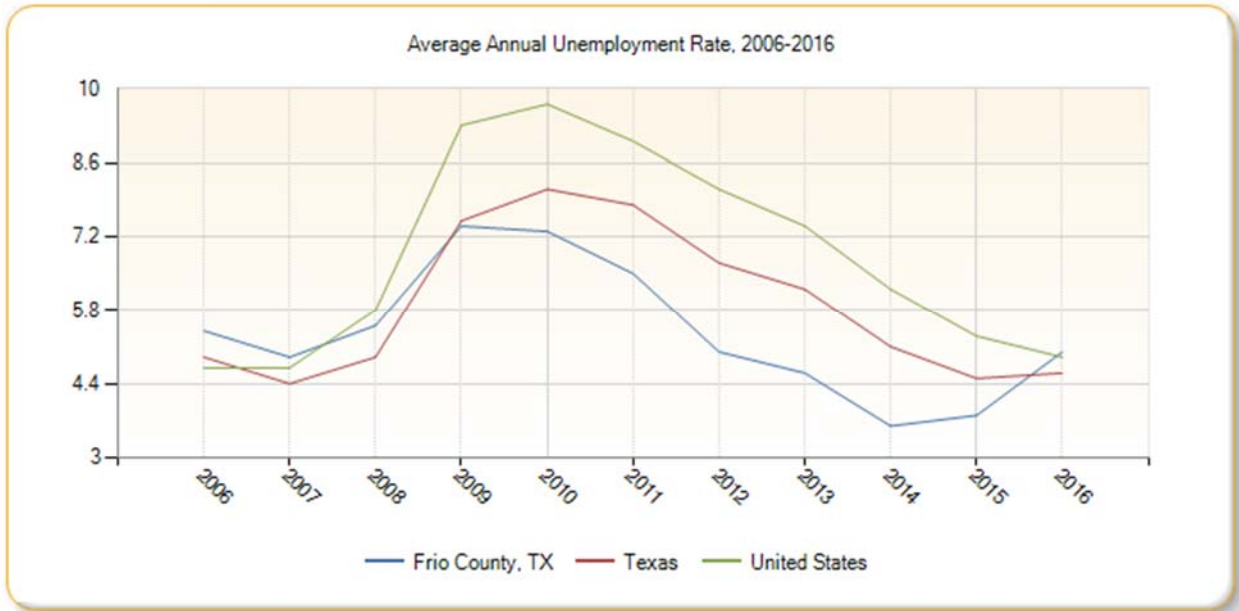
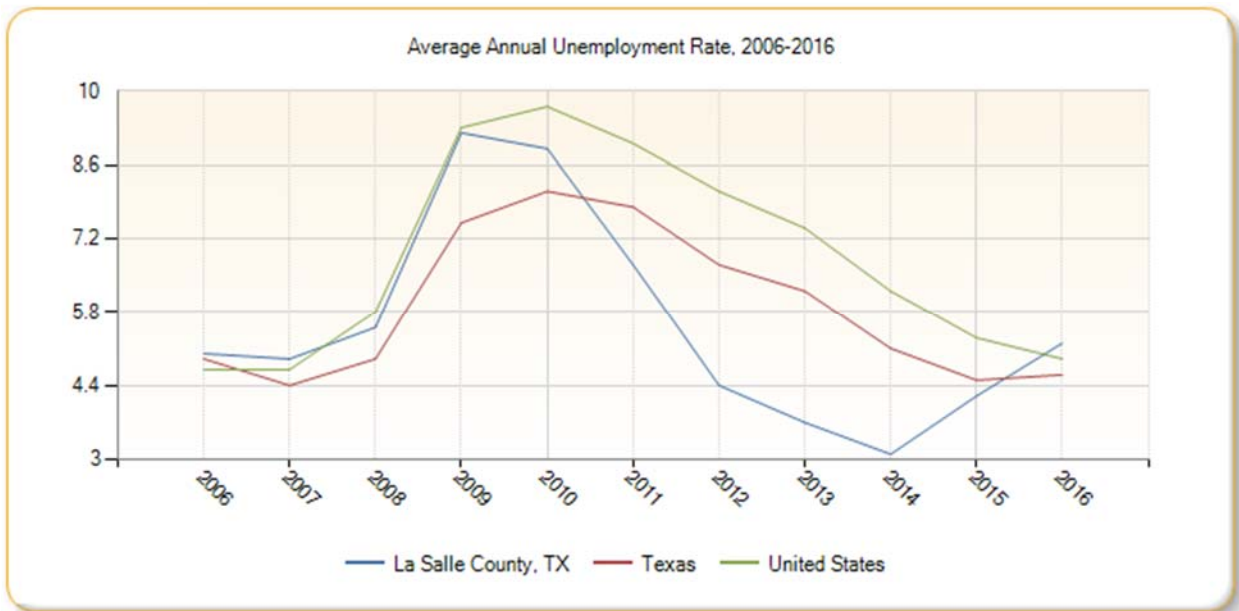


Exhibit 6



Data Source: US Department of Labor, Bureau of Labor Statistics. 2017 - May. Source geography: County

Poverty

Exhibit 7 presents the percentage of total population below 100% Federal Poverty Level (FPL). Poverty is a key driver of health status and is relevant because poverty creates barriers to access, including health services, healthy food choices and other factors that contribute to poor health. Frio County’s poverty rate is greater than the state poverty rate and the national rate. Zip code 78017 has the highest poverty rate of 26.92% when compared to Texas and the United States.

Exhibit 7

County	Total Population	Population in Poverty	Percent Population in Poverty
78017-Dilley	3,503	943	26.92%
78061-Pearsall	10,569	2,092	19.79%
78014-Cotulla	4,856	853	17.57%
Frio County, TX	15,034	3,321	22.09%
La Salle County, TX	6,242	972	15.57%
TEXAS	25,923,852	4,472,451	17.25%
UNITED STATES	308,619,550	47,749,043	15.47%

*Data Source: US Census Bureau, American Community Survey, 2011-15. Source geography: Tract
Note: Total population for poverty status was determined at the household level.*

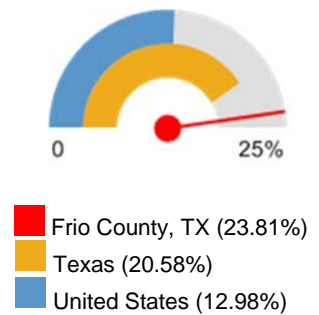
Uninsured

Exhibit 8 reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to health care access, including regular primary care, specialty care and other health services that contribute to poor health status. Exhibit 8 shows almost 6,000 persons are uninsured in the CHNA community based on 5-year estimates produced by the U.S. Census Bureau, 2011-2015 American Community Survey. The table below shows of the main zip codes, zip code 78014 has the highest percentage of uninsured.

Exhibit 8

County	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
78017-Dilley	3,544	730	20.60%
78061-Pearsall	10,549	2,733	25.91%
78014-Cotulla	4,904	1,477	30.12%
Frio County, TX	15,055	3,584	23.81%
La Salle County, TX	6,290	1,797	28.57%
TEXAS	26,062,431	5,363,985	20.58%
UNITED STATES	311,516,332	40,446,231	12.98%

Percent Uninsured Population



Data Source: US Census Bureau, American Community Survey. 2011-15. Source geography: Tract

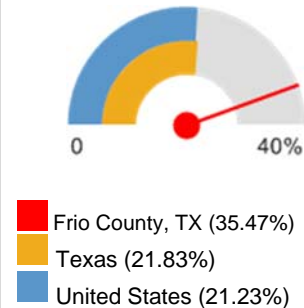
Medicaid

The Medicaid indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This is relevant because it assesses vulnerable populations, which are more likely to have multiple health access, health status and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment. *Exhibit 9* shows Frio County, La Salle County and all three main zip codes rank unfavorably compared to the state of Texas and the United States.

Exhibit 9

County	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
78017-Dilley	3,544	2,814	1,083	38.49%
78061-Pearsall	10,549	7,816	2,866	36.67%
78014-Cotulla	4,904	3,427	1,386	40.44%
Frio County, TX	15,055	11,471	4,069	35.47%
La Salle County, TX	6,290	4,493	1,665	37.06%
TEXAS	26,062,431	20,698,446	4,519,485	21.83%
UNITED STATES	311,516,332	271,070,101	57,557,806	21.23%

Percent of Insured Population Receiving Medicaid



Data Source: US Census Bureau, American Community Survey. 2011-15. Source geography: Tract

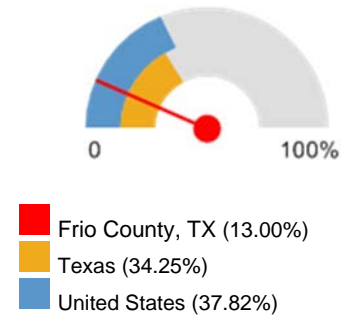
Education

Exhibit 10 presents the population with an Associate’s degree or higher in Frio County versus Texas and the United States.

Exhibit 10

County	Total Population Age 25	Population Age 25 with Associate’s Degree or Higher	Percent Population Age 25 with Associate’s Degree or Higher
78017-Dilley	2,961	332	11.21%
78061-Pearsall	7,250	1,042	14.37%
78014-Cotulla	3,298	496	15.04%
Frio County, TX	10,961	1,425	13.00%
La Salle County, TX	4,445	756	16.97%
TEXAS	16,765,143	5,742,271	34.25%
UNITED STATES	211,462,522	79,981,739	37.82%

Percent Population Age 25 With Associate’s Degree or Higher



Data Source: US Census Bureau, American Community Survey. 2011-15. Source geography: Tract

Education levels obtained by community residents may impact the local economy. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health. As noted in Exhibit 10, the percent of residents within the CHNA community of Frio and La Salle County obtaining an associate’s degree or higher is below the state and national percentages. All of the main zip codes have a significantly lower percentage of the population with an associate’s degree or higher.

Physical Environment of the Community

A community’s health is also affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. This section will touch on a few of the elements that relate to some needs mentioned throughout the report.

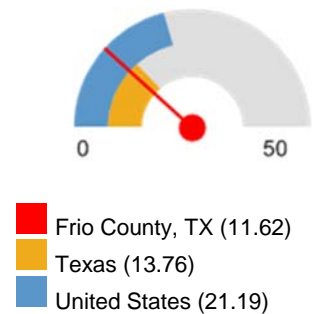
Grocery Store Access

Exhibit 11 reports the number of grocery stores per 100,000-population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods, fresh fruits and vegetables and fresh and prepared meats, such as fish and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Exhibit 11

County	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
78017-Dilley	4,787	0	0.00
78061-Pearsall	11,031	1	9.07
78014-Cotulla	4,986	2	40.11
Frio County, TX	17,217	2	11.62
La Salle County, TX	6,886	3	43.57
TEXAS	25,145,561	3,460	13.76
UNITED STATES	312,846,570	66,284	21.19

Grocery Stores, Rate (Per 100,000 Population)



Data Source: U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES. 2015. Source geography: County

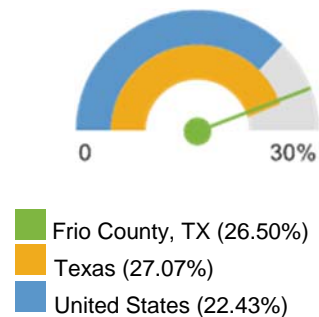
Food Access/Food Deserts

This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery stores. The information in *Exhibit 12* below is relevant because it highlights populations and geographies facing food insecurity. Frio County as a whole along with zip code 78061 have a population with higher food access when compared to Texas.

Exhibit 12

Exhibit 11	Total Population	Population With Low Food Access	Percent Population With Low Food Access
78017-Dilley	4,987	1,456	29.20%
78061-Pearsall	11,031	2,475	22.43%
78014-Cotulla	4,787	2,042	42.65%
Frio County, TX	17,217	4,563	26.50%
La Salle County, TX	6,886	2,006	29.13%
TEXAS	25,145,561	6,807,728	27.07%
UNITED STATES	308,745,538	69,266,771	22.43%

Percent Population With Low Food Access



Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015. Source geography: Tract

Recreation and Fitness Facility Access

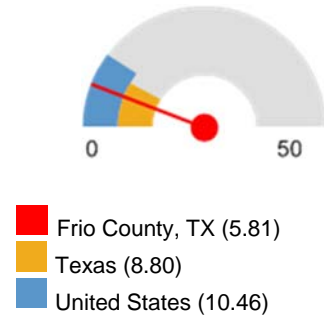
This indicator reports the number per 100,000-population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. It is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors. *Exhibit 13* shows that Frio and La Salle Counties have fewer fitness establishments available to the residents of the community than Texas and the United States as a whole.

Exhibit 13

County	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Frio County, TX	17,217	1	5.81
La Salle County, TX	6,886	0	0.00
TEXAS	25,145,561	2,212	8.80
UNITED STATES	312,846,570	32,712	10.46

Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2015. Source geography: County
 Note: Information reported above is unavailable at the zip code level.

Recreation and Fitness Facilities, Rate (Per 100,000 Population)



The trend graph below (*Exhibits 14.1 and 14.2*) shows the percentage of adults who are physically inactive by year for the community and compared to Texas and the United States. From 2005-2012, the CHNA community percentage of adults who are physically inactive were higher than both the state of Texas and the United States. The trend has been decreasing for Frio County since 2009, when the community hit a peak of 29.7%. The latest data (2013) shows that the community now has a lower percentage of physically inactive adults than the state of Texas. La Salle County has had a steady percent of physically inactive adult of around 26% from 2007 – 2010, which has since decreased to 21.4% in 2013.

Exhibit 14.1

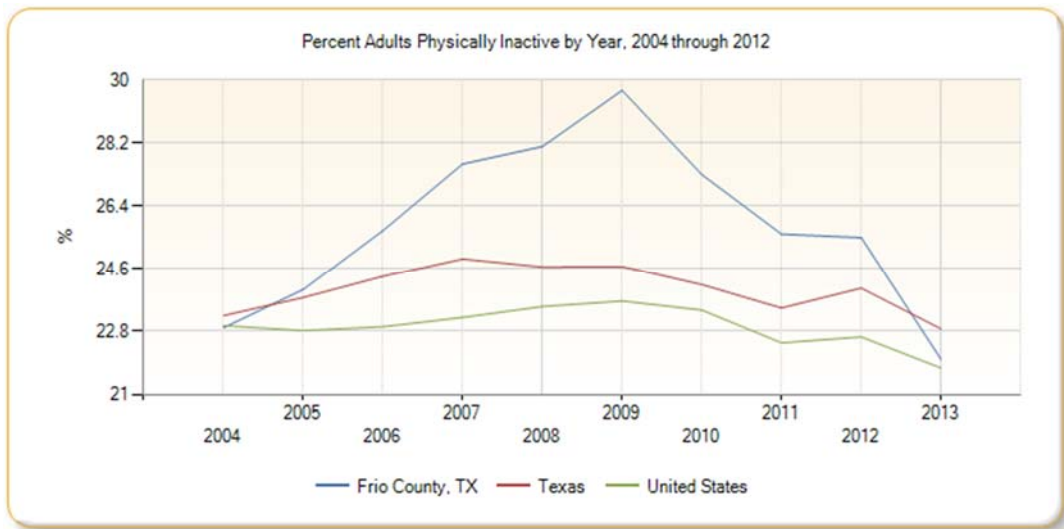
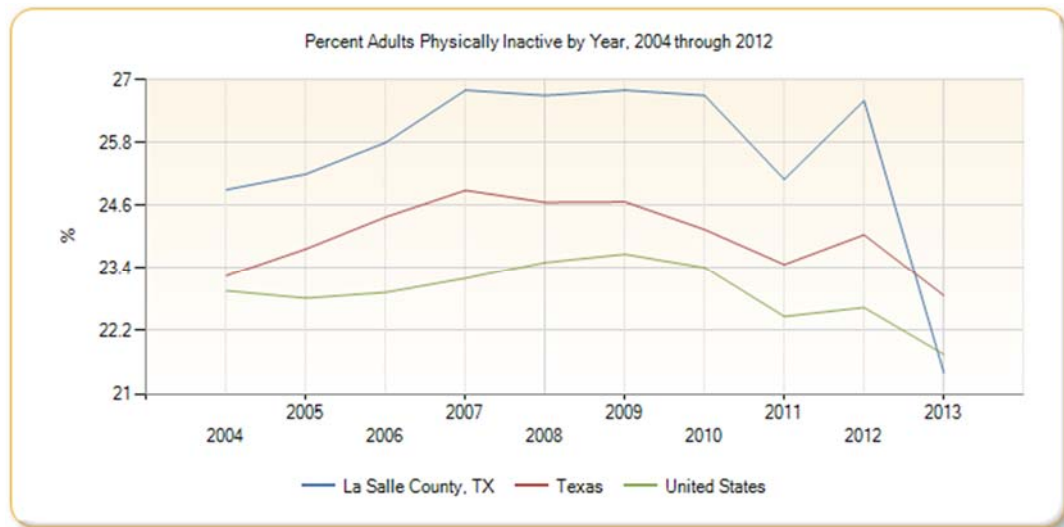


Exhibit 14.2



Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013.
 Source geography: County

Clinical Care of the Community

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsured, financial hardship, transportation barriers, cultural competency and coverage limitations affect access.

Rates of morbidity, mortality and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

Access to Primary Care

Exhibit 15 shows the number of primary care physicians per 100,000-population. Doctors classified as “primary care physicians” by the American Medical Association include general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Exhibit 15

County	Total Population, 2014	Primary Care Physicians, 2014	Primary Care Physicians, Rate per 100,000 Pop.
78017-Dilley	5,152	1	19.41
78061-Pearsall	11,872	2	16.85
78014-Cotulla	5,413	0	0.00
Frio County, TX	18,531	4	21.59
La Salle County, TX	7,474	1	13.38
TEXAS	26,956,958	18,511	68.70
UNITED STATES	318,857,056	279,871	87.80

Data Source: US Department of Health Human Services, Health Resources and Services Administration, Area Health Resource File. 2014. Source geography: County

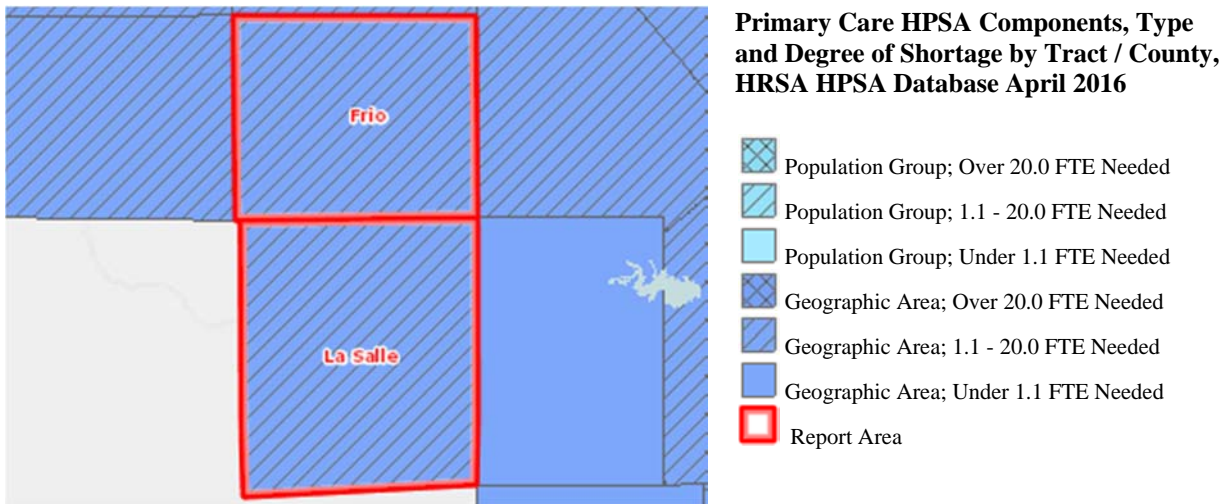
Population Living in a Health Professional Shortage Area

This indicator reports the percentage of the population that is living in a geographic area designated as a Health Professional Shortage Area (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. As *Exhibit 16* below shows, Frio County and La Salle County are both considered a health professional shortage area.

Exhibit 16

County	Total Area Population	Population Living in a HPSA	Percentage of Population Living in a HPSA
Frio County, TX	17,217	17,217	100.00%
La Salle County, TX	6,886	6,886	100.00%
Texas	25,145,561	4,222,353	16.79%
United States	308,745,538	102,289,607	33.13%

Data Source: U.S. Department of Health Human Services, Health Resources and Services Administration, Health Professional Shortage Areas. April 2016. Source geography: HPSA
 Note: Information reported above is unavailable at the zip code level.



Preventable Hospital Events

Exhibit 17 reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes and other conditions, which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible “return on investment” from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

Exhibit 17

County	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
78017-Dilley	330	23	69.80
78061-Pearsall	856	59	69.70
78014-Cotulla	486	38	79.10
Frio County, TX	1,363	94	69.40
La Salle County, TX	569	44	79.10
Texas	no data	no data	no data
United States	29,649,023	1,479,545	49.90

Data Source: Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2014. Source geography: County
Note: Information reported above is unavailable at the zip code level.

Health Status of the Community

This section of the assessment reviews the health status of the CHNA community and its residents. As in the previous section, comparisons are provided with the state of Texas and the United States. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the county residents that make up the CHNA community will enable the Hospital to identify priority health issues related to the health status of its residents.

Good health can be defined as a state of physical, mental and social well-being, rather than the absence of disease or infirmity. According to *Healthy People 2020*, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community. Healthy people are among a community’s most essential resources.

Numerous factors have a significant impact on an individual’s health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services.

Studies by the American Society of Internal Medicine conclude that up to 70% of an individual’s health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities and premature death.

The interrelationship among lifestyle/behavior, personal health attitude and poor health status is gaining recognition and acceptance by both the general public and health care providers. Some examples of lifestyle/behavior and related health care problems include the following:

Lifestyle/Behavior	Primary Disease Factor	
Smoking	Lung cancer Cardiovascular disease	Emphysema Chronic bronchitis
Alcohol/drug abuse	Cirrhosis of liver Motor vehicle crashes Unintentional injuries Malnutrition	Suicide Homicide Mental illness
Poor nutrition	Obesity Digestive disease Depression	
Driving at excessive speeds	Trauma Motor vehicle crashes	
Lack of exercise	Cardiovascular disease Depression	
Overstressed	Mental illness Alcohol/drug abuse Cardiovascular disease	

Health problems should be examined in terms of morbidity as well as mortality. Morbidity is defined as the incidence of illness or injury, and mortality is defined as the incidence of death. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

Leading Causes of Death and Health Outcomes

Exhibit 18 reflects the leading causes of death for the community and compares the age-adjusted rates to the state of Texas and the United States.

Exhibit 18

Selected Causes of Resident Deaths	Age-Adjusted Death Rate per 100,000 Population			
	Frio County	La Salle County	Texas	United States
Cancer	135.9	113.0	159.4	166.3
Heart Disease	220.7	268.7	172.9	171.8
Lung Disease	26.1	No Data	42.1	41.7
Stroke	41.9	No Data	41.9	37.3
Unintentional Injury	45.3	No Data	37.9	39.2

Source: Community Commons 2010-2014

The table above shows leading causes of death within Frio County and La Salle County as compared to the state of Texas and the United States. The age-adjusted rate is shown per 100,000 residents. The rates in red represent Frio County and La Salle County and corresponding leading causes of death that are greater than the state rates. For Frio County, the age-adjusted death rate for heart disease, stroke, and unintentional injury are greater than the Texas and national rates.

Health Outcomes and Factors

An analysis of various health outcomes and factors for a particular community can, if improved, help make the community a healthier place to live, learn, work and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment. This portion of the community health needs assessment utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation. The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state and federal levels.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, *e.g.* 1 or 2, are considered to be the "healthiest". Counties are ranked relative to the health of other counties in the same state based on health outcomes and factors, clinical care, economic status and the physical environment.

A number of different health factors shape a community's health outcomes. The County Health Rankings model includes four types of health factors: health behaviors, clinical care, social and economic and the physical environment.

The following *Exhibits 19 and 20* include the 2012 and 2015 indicators reported by County Health Rankings for Frio County and La Salle County. The health indicators that are unfavorable when compared to the Texas rates are shaded in gray.

Exhibit 19
County Health Rankings – Health Outcomes

	Frio County 2012***	Frio County 2015***	Texas 2015	Top U.S. Performers 2015
Mortality	*	68	196	
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	7,257	9,500	6,600	5,200
Morbidity	*	155	234	
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	N/A	30%	20%	12%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	N/A	4.5	3.5	2.9
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	N/A	3.4	3.0	2.8
Low birth weight – Percent of live births with low birth weight (<2500 grams)	9.3%	11.0%	8.0%	6.0%

* Rank out of 232 Texas counties in 2012 and 241 counties in 2015

** 90th percentile, *i.e.*, only 10% are better

*** Data for 2012 and 2015 was pulled in 2013 and 2016

^ Data should not be compared between years due to changes in definition and/or methods

Source: *Countyhealthrankings.org*

**Exhibit 19
County Health Rankings – Health Factors**

	Frio County 2012***	Frio County 2015***	Texas 2015	Top Performers 2015**
Health Behaviors	* 120	207		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	N/A	18.0%	15.0%	14.0%
Adult obesity – Percent of adults that report a BMI >= 30	29.0%	31.0%	28.0%	25.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10	N/A	7.9	6.4	8.3
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	30.0%	25.0%	24.0%	20.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical	N/A	17.0%	84.0%	91.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	N/A	17.0%	17.0%	12.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	N/A	22.0%	32.0%	14.0%
Sexually transmitted infections – Chlamydia rate per 100K population	482.0	440.6	498.3	134.1
Teen birth rate – Per 1,000 female population, ages 15-19	97.0	92.0	52.0	19.0
Clinical Care	* 186	130		
Uninsured adults – Percent of population under age 65 without health insurance	25.0%	23.0%	25.0%	11%
Primary care physicians – Ratio of population to primary care physicians	2,869:1	6,020:1	1,680:1	1,040:1
Dentists – Ratio of population to dentists	5,739:1	6,180:1	1,880:1	1,340:1
Mental health providers – Ratio of population to mental health providers	N/A	3,090:1	1,130:1	390:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	122.0	82.0	58.0	38.0
Diabetic screening – Percent of diabetic Medicare enrollees that receive HbA1c screening	76.0%	88.0%	84.0%	90.0%
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	51.3%	53.0%	58.0%	71.0%

**Exhibit 19
County Health Rankings – Health Factors (cont.)**

	Frio County 2012***	Frio County 2015***	Texas 2015	Top Performers 2015**
Social and Economic Factors	*	211		187
High school graduation – Percent of ninth grade cohort that graduates in 4 years	86.0%	83.0%	88.0%	93%
Some college – Percent of adults aged 25-44 years with some post-secondary education	30.0%	33.0%	59.0%	72.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	7.3%	3.5%	5.1%	3.5%
Children in poverty – Percent of children under age 18 in poverty	41.0%	32.0%	25.0%	13.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	N/A	4.4	4.9	3.7
Children in single-parent households – Percent of children that live in household headed by single parent	32.0%	33.0%	33.0%	21%
Social associations – Number of membership associations per 10,000 population	N/A	8.3	7.8	22.1
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)	222.0	181.0	422.0	59.0
Injury deaths – Number of deaths due to injury per 100,000 population	N/A	59.0	54.0	51.0
Physical Environment	*	78		19
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	90.0	8.3	9.6	9.5
Severe housing problems – Percentage of household with at least one of four housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	N/A	20.0%	18.0%	9.0%
Driving alone to work – Percentage of the workforce that drives alone to work	N/A	80.0%	80.0%	71.0%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute	N/A	21.0%	36.0%	15.0%

* Rank out of 232 Texas counties in 2012 and 241 counties in 2015

** 90th percentile, i.e., only 10% are better

*** Data for 2012 and 2015 was pulled in 2013 and 2016

Note: N/A indicates unreliable or missing data

^ Data should not be compared between years due to changes in definition and/or methods

Source: *Countyhealthrankings.org*

**Exhibit 20
County Health Rankings – Health Outcomes**

	La Salle County 2012***	La Salle County 2015***	Texas 2015	Top U.S. Performers 2015
Mortality	* 79	90		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	7,369	7,600	6,600	5,200
Morbidity	* 154	225		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	N/A	33%	20%	12%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	N/A	4.7	3.5	2.9
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	N/A	3.5	3.0	2.8
Low birth weight – Percent of live births with low birth weight (<2500 grams)	9.2%	9.0%	8.0%	6.0%

* Rank out of 232 Texas counties in 2012 and 241 counties in 2015

** 90th percentile, *i.e.*, only 10% are better

*** Data for 2012 and 2015 was pulled in 2013 and 2016

^ Data should not be compared between years due to changes in definition and/or methods

Source: *Countyhealthrankings.org*

**Exhibit 20
County Health Rankings – Health Factors**

	La Salle County 2012***	La Salle County 2015***	Texas 2015	Top Performers 2015**
Health Behaviors	* 115	204		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	N/A	18.0%	15.0%	14.0%
Adult obesity – Percent of adults that report a BMI >= 30	30.0%	30.0%	28.0%	25.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10	N/A	6.2	6.4	8.3
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	27.0%	26.0%	24.0%	20.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical	N/A	N/A	84.0%	91.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	N/A	17.0%	17.0%	12.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	N/A	18.0%	32.0%	14.0%
Sexually transmitted infections – Chlamydia rate per 100K population	203.0	309.5	498.3	134.1
Teen birth rate – Per 1,000 female population, ages 15-19	85.0	81.0	52.0	19.0
Clinical Care	* 210	203		
Uninsured adults – Percent of population under age 65 without health insurance	29.0%	26.0%	25.0%	11%
Primary care physicians – Ratio of population to primary care physicians	N/A	7,370:1	1,680:1	1,040:1
Dentists – Ratio of population to dentists	2,300:1	N/A	1,880:1	1,340:1
Mental health providers – Ratio of population to mental health providers	N/A	2,490:1	1,130:1	390:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	132.0	87.0	58.0	38.0
Diabetic screening – Percent of diabetic Medicare enrollees that receive HbA1c screening	79.0%	89.0%	84.0%	90.0%
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	41.7%	27.0%	58.0%	71.0%

**Exhibit 20
County Health Rankings – Health Factors (cont.)**

	La Salle County 2012***	La Salle County 2015***	Texas 2015	Top Performers 2015**
Social and Economic Factors	*	212		174
High school graduation – Percent of ninth grade cohort that graduates in 4 years	85.0%	93.0%	88.0%	93%
Some college – Percent of adults aged 25-44 years with some post-secondary education	28.5%	35.0%	59.0%	72.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	6.5%	3.1%	5.1%	3.5%
Children in poverty – Percent of children under age 18 in poverty	42.0%	36.0%	25.0%	13.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	N/A	5.2	4.9	3.7
Children in single-parent households – Percent of children that live in household headed by single parent	44.0%	42.0%	33.0%	21%
Social associations – Number of membership associations per 10,000 population	N/A	8.1	7.8	22.1
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)	107.0	186.0	422.0	59.0
Injury deaths – Number of deaths due to injury per 100,000 population	N/A	74.0	54.0	51.0
Physical Environment	*	173		86
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	9.0	8.1	9.6	9.5
Severe housing problems – Percentage of household with at least one of four housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	N/A	16.0%	18.0%	9.0%
Driving alone to work – Percentage of the workforce that drives alone to work	N/A	82.0%	80.0%	71.0%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute	N/A	26.0%	36.0%	15.0%

* Rank out of 232 Texas counties in 2012 and 241 counties in 2015

** 90th percentile, i.e., only 10% are better

*** Data for 2012 and 2015 was pulled in 2013 and 2016

Note: N/A indicates unreliable or missing data

^ Data should not be compared between years due to changes in definition and/or methods

Source: *Countyhealthrankings.org*

The following exhibits show a more detailed view of certain health outcomes and factors. The percentages for Frio County and La Salle County are compared to the state of Texas and the United States.

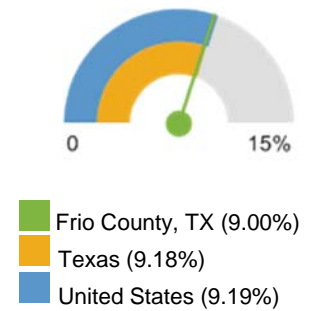
Diabetes (Adult)

Exhibit 21 reports the percentage of adults, aged 20 and older, who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Exhibit 21

County	Total Population Age 20	Population With Diagnosed Diabetes	Population With Diagnosed Diabetes, Crude Rate	Population With Diagnosed Diabetes, Age-Adjusted Rate
Frio County, TX	13,116	1,128	8.60	9.00%
La Salle County, TX	5,720	469	8.20	8.70%
Texas	18,709,042	1,734,167	9.27	9.18%
United States	236,919,508	23,685,417	10.00	9.19%

Percent Adults With Diagnosed Diabetes (Age-Adjusted)



Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Source geography: County
 Note: Information reported above is unavailable at the zip code level.

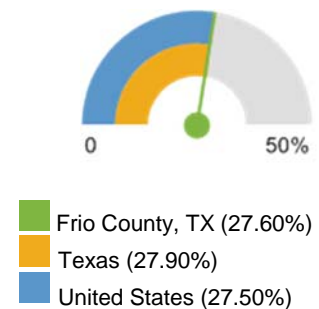
Obesity

Of adults aged 20 and older, 27.6% in Frio County and 26.90% in La Salle County self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) per Exhibit 22. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. The CHNA community has a BMI percentage slightly lower than the state rate.

Exhibit 22

County	Total Population Age 20	Adults With BMI > 30.0 (Obese)	Percent Adults With BMI > 30.0 (Obese)
Frio County, TX	13,193	3,628	27.60%
La Salle County, TX	5,703	1,517	26.90%
Texas	18,707,673	5,244,904	27.90%
United States	234,188,203	64,884,915	27.50%

Percent Adults With BMI > 30.0 (Obese)



Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion 2013. Source geography: County
 Note: Information reported above is unavailable at the zip code level.

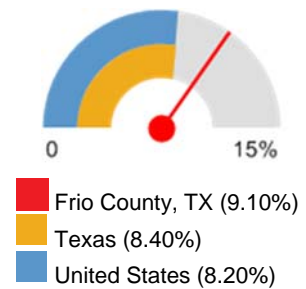
Low Birth Weight

Exhibit 23 reports the percentage of total births that are low birth weight (under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Exhibit 23

County	Total Live Births	Low Weight Births (Under 2500g)	Low Weight Births, Percent of Total
Frio County, TX	1,764	183	10.40%
La Salle County, TX	651	59	9.10%
Texas	2,759,442	231,793	8.40%
United States	29,300,495	2,402,641	8.20%
HP 2020 Target			<= 7.80%

Percent Low Birth Weight Births



Data Source: U.S. Department of Health Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER 2006-12.
Source geography: County
Note: Information reported above is unavailable at the zip code level.

Community Input – Key Stakeholder Interviews

Interviewing key stakeholders (persons with knowledge of or expertise in public health, community members who represent the broad interest of the community or persons representing vulnerable populations) is a technique employed to assess public perceptions of the community's health status and unmet needs. These interviews are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community.

Methodology

Interviews were performed with 9 key stakeholders. Stakeholders were determined based on a) their specialized knowledge or expertise in public health, b) their involvement with underserved and minority populations or c) their affiliation with local government, schools and industry.

All interviews were conducted by BKD personnel. Participants provided comments on the following issues:

- ✓ Health and quality of life for residents of the primary community
- ✓ Underserved populations and communities of need
- ✓ Barriers to improving health and quality of life for residents of the community
- ✓ Opinions regarding the important health issues that affect community residents and the types of services that are important for addressing these issues

Interview data was initially recorded in narrative form asking participants a series of fifteen questions. Please refer to *Appendix D* for a copy of the interview instrument. This technique does not provide a quantitative analysis of the stakeholders' opinions but reveals community input for some of the factors affecting the views and sentiments about overall health and quality of life within the community.

Key Stakeholder Profiles

Key stakeholders from the community (see *Appendix D* for a list of key stakeholders) worked for the following types of organizations and agencies:

- ✓ Frio Regional Hospital
- ✓ Social service agencies and non-profit organizations
- ✓ Public health agencies
- ✓ Other medical providers
- ✓ Local elected officials

Key Stakeholder Interview Results

The questions on the interview instrument are grouped into four major categories for discussion. The interview questions for each key stakeholder were identical. A summary of the stakeholders' responses by each of the categories follows. Paraphrased quotes are included to reflect some commonly held opinions and direct quotes are employed to emphasize strong feelings associated with the statements. This section of the report summarizes what the key stakeholders said without assessing the credibility of their comments.

1. General Opinions Regarding Health and Quality of Life in the Community

The key stakeholders were asked to rate the health and quality of life in Frio and La Salle Counties. They were also asked to provide their opinion whether the health and quality of life had improved, declined or stayed the same over the past few years. Lastly, key stakeholders were asked to provide support for their answers.

One stakeholder rated the health and quality of life as “above average” or “very good”. Thirty-three percent (3 out of 9) of the key stakeholders rated the health and quality of life in their county as “good”, “average” or “fair”. The remaining fifty-six percent (5 out of 9) rated the health and quality of life as “less than average” or “poor”. Stakeholders noted conditions such as obesity and diabetes were mentioned most often as negatively impacting the health of the community. Additionally, the needs of a significant Hispanic population, were mentioned as impacting health and quality of life in the community.

When asked whether the health and quality of life had improved, declined or stayed the same, more than half of the stakeholders, 6 of 9, responded they felt the health and quality of life had improved over the last few years. Two of the remaining three stakeholders expressed they thought the health and quality of life had stayed the same over the last three years and one felt it had decreased. When asked why they thought the health and quality of life had improved, key stakeholders noted the increase in the insured population as a result of the Affordable Care Act has been a factor. People who didn’t have insurance prior to the ACA didn’t have the resources to see a physician or to get labs drawn. There has also been a push to focus more on preventative health care for individuals in an attempt to keep them out of the emergency department.

Several key stakeholders also indicated an increase and movement towards better health awareness and education within the community.

“People are taking more notice on what is needed for healthy living.”

“The Hospital is starting to be more proactive in the community in regards to education.”

2. Underserved Populations and Communities of Need

Key stakeholders were asked to provide their opinions regarding specific populations or groups of people whose health or quality of life may not be as good as others. BKD also asked the key stakeholders to provide their opinions as to why they thought these populations were underserved or in need. Each key stakeholder was asked to consider the specific populations they serve or those with which they usually work.

Many of the key stakeholders identified persons living with low-incomes or in poverty as most likely to be underserved due to lack of access to services. Lack of financial resources prevents persons with low-income from seeking medical care and receiving the resources they need. It also leads to people being uninsured and underinsured. Stakeholders noted that knowing how to effectively utilize the programs that are available is an issue.

The elderly were also identified as a population that is faced with challenges accessing care due to limited transportation and fixed incomes. The elderly who do not have adequate support systems have a difficult time managing chronic diseases without additional support and they are often not equipped to take care of themselves when they are released from an inpatient stay at the hospital. Fear and lack of knowledge/education regarding health services are additional reasons the elderly are considered a vulnerable population within the community.

The Hispanic population was regularly noted as persons who may have unmet health needs due to language barriers, cultural differences that make them reluctant of care and fear of repercussions of being caught, for those who are in the United States illegally. Stakeholders noted that making health a priority would go a long way in meeting the needs of this population and more education is critical.

The younger, school-age population was also mentioned as needing more education on health and substance abuse awareness.

“It’s all about education – get people to help themselves.”

“The promotion of programs could make a large impact.”

3. Barriers

The key stakeholders were asked what barriers or problems keep community residents from obtaining necessary health services and improving health in their community. The majority of the key stakeholders indicated lack of financial resources and education are the biggest barriers to improving health in the community. Stakeholders emphasized that people, particularly those that need services most, lack knowledge surrounding available services and they don’t know how to navigate the health system. Additionally, they are uninformed and uneducated on how insurance works. Education needs to be prevalent throughout the community and start at a young age.

Stakeholders also noted the culture does not emphasize physical activity and there are not many places or resources to be active within the community. Diabetes and obesity were identified as conditions prevalent in the community. Several stakeholders indicated having a nutritional or diabetic counselor would be beneficial for the community.

Difficulty in accessing physicians, particularly specialists, was also noted as a barrier to improving health. Stakeholders noted it is a struggle to recruit new physicians to the community. They also stated there are limited providers in the community and many specialists come from San Antonio on a limited basis.

“It takes generation to make change perspectives on health.”

“We need to able to attract more qualified medical professionals.”

“The Hospital has gotten very active in the community.”

4. Most Important Health and Quality of Life Issues

Key stakeholders were asked to provide their opinion as to the most critical health and quality of life issues facing the county. The issues identified most frequently were:

- Obesity
- Diabetes
- Culture and attitude towards health

It was also noted that cancer and heart disease are health conditions that impact the community.

Education, particularly of the community’s children was a concern for stakeholders. Stakeholders felt that children are not being taught about good health practices early on and are unprepared to take care

of themselves as young adults. A high percentage of children in the community are growing up in poverty and educational opportunities are limited.

Preventative care was identified by key stakeholders as a way to address many of the needs listed above. More programs and free screenings were suggested to get preventative care to the residents of the community.

The key stakeholders were also asked to provide suggestions on what should be done to address the most critical issues. Responses included:

- Many of the key stakeholders recommended that education is the best way to address most of the needs identified above. Education on preventive care, healthy living and awareness regarding available resources targeted to the populations who most need is recommended. Stakeholders recommended partnering with schools and youth programs in order to access families in settings where they already are to incorporate health education or related health information. Stakeholders also recommended the Hospital should continue to increase partnerships and collaborations to help in the delivery of educational programs to reduce costs and expand outreach
- Educational activities, health fairs and screening events should be coordinated and conducted with programs that can help reach out to the vulnerable populations within in the community.
- Expansion of resources and programs to address physical inactivity.

Key Findings

A summary of themes and key findings provided by the key informants follows:

- A significant number of key stakeholders felt the health and quality of life in the county was above average and were grateful Frio Regional Hospital is in the community.
- The community has a number of distinct populations identified as being underserved (low-income, poor elderly, Hispanic population, young children) which are in need of targeted outreach to address health needs.
- The Hospital should seek opportunities to collaborate with other community organizations to help deliver health education to the community and/or aid in communication regarding available educational resources.
- Although most interviewees thought access to care has improved over the past three years, it continues to be an issue due to the shortage of primary care doctors and specialists in the community.
- The community generally has an unhealthy culture due to lack of health knowledge and/or apathy regarding personal health and wellness.
- Some stakeholders would like to see more collaboration between the Hospital and other programs offered in the community.

Health Issues of Vulnerable Populations

According to Dignity Health’s Community Need Index (see *Appendices*), the Hospital’s community has a high level of need. The CNI score is an average of five different barrier scores that measure socioeconomic indicators of each community (income, cultural, education, insurance and housing). The median CNI score for Frio County is 4.1 while the median CNI score for La Salle County is 4.6. The zip codes with the highest CNI scores within the community are: 78017 – Dilley (5.0), 78061 – Pearsall (4.6), 78014 – Cotulla (4.6) and 78019 – Encinal (4.0).

Certain key stakeholders were selected due to their positions working with low-income and uninsured populations. Several key stakeholders were selected due to their work with minority populations. Based on information obtained through key stakeholder interviews, the following populations are considered to be vulnerable or underserved in the community and the identified needs are listed:

- Working Poor Population/Uninsured
 - Preventative Care
 - Lack of healthy lifestyle and health nutrition education
 - Access to primary care physicians
 - High cost of health care prevents needs from being met
- Elderly
 - Lack of health knowledge regarding how to navigate and access services
 - Cost of health care services
 - Transportation
- Hispanic population
 - Lack of health knowledge/culture regarding health
 - Financial barriers
 - Language barriers
 - Fear of repercussions

Information Gaps

This assessment was designed to provide a comprehensive and broad picture of the health in the overall community served by the Hospital; however, there may be a number of medical conditions that are not specifically addressed in this report due to various factors, including but not limited to, publically available information or limited community input.

In addition, certain population groups might not be identifiable or might not be represented in numbers sufficient for independent analysis. Examples include homeless, institutionalized persons, undocumented residents and members of certain ethnic groups who do not speak English or Spanish. Efforts were made to obtain input from these specific populations through key stakeholder interviews.

Prioritization of Identified Health Needs

Priority setting is a required step in the community benefit planning process. The IRS regulations indicate that the CHNA must provide a prioritized description of the community health needs identified through the CHNA and include a description of the process and criteria used in prioritizing the health needs.

Using findings obtained through the collection of primary and secondary data, the Hospital completed an analysis of these inputs (see *Appendices*) to identify community health needs. The following data was analyzed to identify health needs for the community:

Leading Causes of Death

Leading causes of death for the community and the death rates for the leading causes of death for each county within the Hospital's CHNA community were compared to U.S. adjusted death rates. Causes of death in which the county rate compared unfavorably to the U.S. adjusted death rate resulted in a health need for the Hospital's CHNA community.

Health Outcomes and Factors

An analysis of the County Health Rankings health outcomes and factors data was prepared for each county within Frio's CHNA community. County rates and measurements for health behaviors, clinical care, social and economic factors and the physical environment were compared to state benchmarks. County rankings in which the county rate compared unfavorably (by greater than 30% of the national benchmark) resulted in an identified health need.

Primary Data

Health needs identified through key informant interviews were included as health needs. Needs for vulnerable populations were separately reported on the analysis in order to facilitate the prioritization process.

Health Needs of Vulnerable Populations

Health needs of vulnerable populations were included for ranking purposes.

To facilitate prioritization of identified health needs, a ranking process was used. Health needs were ranked based on the following five factors. Each factor received a score between 0 and 5.

- 1) **How many people are affected by the issue or size of the issue?** For this factor, ratings were based on the percentage of the community who are impacted by the identified need. The following scale was utilized: >25% of the community= 5; >15% and <25%=4; >10% and <15%=3; >5% and <10%=2 and <5%=1.
- 2) **What are the consequences of not addressing this problem?** Identified health needs which have a high death rate or have a high impact on chronic diseases received a higher rating.
- 3) **The impact of the problem on vulnerable populations.** Needs identified which pertained to vulnerable populations were rated for this factor.
- 4) **How important the problem is to the community.** Needs identified through community interviews and/or focus groups were rated for this factor.
- 5) **Prevalence of common themes.** The rating for this factor was determined by how many sources of data (leading causes of death, health outcomes and factors and primary data) identified the need.

Each need was ranked based on the five prioritization metrics. As a result, the following summary list of needs was identified:

Exhibit 24
Prioritization of Health Needs

	How Many People Are Affected by the Issue?	What Are the Consequences of Not Addressing This Problem?	What is the Impact on Vulnerable Populations?	How Important is it to the Community?	How Many Sources Identified the Need?	Total Score *
Lack of Health Knowledge	5	4	5	5	2	21
Healthy Behaviors/Lifestyle Changes	5	4	5	5	2	21
Poverty/Children in Poverty	4	4	4	5	3	20
Lack of Primary Care Physicians	4	4	4	4	3	19
High Cost of Health Care	4	4	5	4	2	19
Uninsured	3	4	5	4	3	19
Physical Inactivity	4	5	2	5	3	19
Adult Obesity	5	4	3	5	1	18
Diabetes	4	5	2	4	1	16
Language/Cultural Mindset	3	2	4	4	2	15
Heart Disease	4	5	2	2	1	14
Obstetrics/Low Birth Weight	3	3	2	2	1	11
Children in Single-Parent Households	3	2	2	1	2	10
Stroke	2	4	2	0	1	9
Mental Health Providers	2	2	2	1	1	8
Alcohol Impaired Driving Deaths	2	2	1	0	1	6
Sexually Transmitted Infections	1	2	2	0	1	6
Teen Birth Rate	1	2	2	0	1	6
Lack of Dentists	1	2	1	0	1	5
Violent Crime Rate	1	1	2	0	1	5
Unintentional Injury	1	1	0	0	1	3

*Highest potential score = 25

Management’s Prioritization Process

For the health needs prioritization process, the Hospital engaged a hospital leadership team to review the most significant health needs reported the prior CHNA, as well as in *Exhibit 24*, using the following criteria:

- ✓ Current area of hospital focus
- ✓ Established relationships with community partners to address the health need
- ✓ Organizational capacity and existing infrastructure to address the health need

Based on the criteria outlined above, the leadership team ranked each of the health needs. As a result of the priority setting process, the identified priority areas that will be addressed through the Hospital’s Implementation Strategy for the next three years will be:

Frio Regional Hospital Priority	Correlated Community Health Need
Chronic Disease Management	Heart Disease Diabetes Obesity
Primary Care Physicians	Lack of Primary Care Physicians Obstetrics/Low Birth Weight Uninsured High Cost of Health Care
Health Education	Healthy Behaviors and Lifestyle Choices Lack of Health Knowledge Physical Inactivity Language and Cultural Mindset Poverty/Children in Poverty

The Hospital’s next steps include developing an implementation strategy to address these priority areas.

Resources Available to Address Significant Health Needs

Health Care Resources

The availability of health care resources is a critical component to the health of a county's residents and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers are vital for sustaining a community's health status. Fewer health care facilities and health care providers can impact the timely delivery of services. A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care as there are fewer providers upon which to distribute the burden of indigent care. A list of health care resources, including community partners and public resources, can be found in the *Appendix F*.

Hospitals

The Hospital has 22 acute beds. Residents of the community can also take advantage of services provided by hospitals in neighboring counties, as well as services offered by other facilities and providers. There are no hospitals within a 30 mile radius available to the residents of CHNA Community. Residents also travel to healthcare facilities in San Antonio to have their health needs met.

Other Health Care Facilities

Short-term acute care Hospital services are not the only health services available to members of the Hospital’s community. *Exhibit 25* provides a listing of community health centers and rural health clinics in the Hospital’s community.

Exhibit 25

Health Care Facility	Facility Type	Address	County
Hometown Clinic	Rural Health Clinic	205 N Commerce Street, Dilley, TX 78017	Frio
Hometown Clinic	Rural Health Clinic	404 E San Marcos Street, Pearsall, TX 78061	Frio
Hometown Clinic	Rural Health Clinic	408 N Giraud, Cotulla, TX 78014	La Salle
South Texas Rural Health Services, Inc	Federally Qualified Health Center	150 Medical Drive, Pearsall, TX 78061	Frio
South Texas Rural Health Services, Inc	Federally Qualified Health Center	606 W Leona Street, Dilley, TX 78017	Frio
South Texas Rural Health Services, Inc.	Federally Qualified Health Center	105 S Stewart Street, Cotulla, TX 78014	La Salle
STRHS, Substance Abuse	Federally Qualified Health Center	611 Thornton, Cotulla, TX 78014	La Salle
Family Medical Clinic	Private Clinic	101 Medical Drive, Pearsall, TX 78061	Frio

Source: CMS.gov, Health Resources & Services Administration (HRSA)

Health Departments

The Hospital’s CHNA community is served by the Texas Department of State Health Services – Region 8.

The Health Services Department is responsible for wide array of public health issues. Some of the services provided to the counties it serves include: epidemiology, family and community health, HIV/STD prevention, immunizations, oral health programs, tobacco prevention and control and tuberculosis treatment.

APPENDICES

APPENDIX A
ANALYSIS OF DATA

**Frio Regional Hospital
 Analysis of CHNA Data**

Analysis of Health Status-Leading Causes of Death

	U.S. Age-Adjusted Rate	(A) 10% of U.S. Age-Adjusted Rate	County Rate	(B) County Rate Less U.S. Age-Adjusted Rate	If (B)>(A), then "Health Need"
Frio County					
Cancer	166.3	16.6	135.9	-30.4	
Heart Disease	171.8	17.2	220.7	48.9	Health Need
Lung Disease	41.7	4.2	26.1	-15.6	
Stroke	37.3	3.7	41.9	4.6	Health Need
Unintentional Injury	39.2	3.9	45.3	6.1	Health Need
La Salle County:					
Cancer	166.3	16.6	113.0	-53.3	
Heart Disease	171.8	17.2	268.7	96.9	Health Need
Lung Disease	41.7	4.2	N/A	0.0	
Stroke	37.3	3.7	N/A	0.0	
Unintentional Injury	39.2	3.9	N/A	0.0	

***The age-adjusted rate is shown per 100,000 residents. Please refer to Exhibit 18 for more information.

Analysis of Health Outcomes and Factors - County Health Rankings

	National Benchmark	(A) 30% of National Benchmark	County Rate	(B) County Rate Less National Benchmark	If (B)>(A), then "Health Need"
Frio County, TX:					
Adult Smoking	14.0%	4.2%	18.0%	4.0%	
Adult Obesity	25.0%	7.5%	31.0%	6.0%	
Food Environment Index	8.3	2	7.9	0	
Physical Inactivity	20.0%	6.0%	25.0%	5.0%	
Access to Exercise Opportunities	91.0%	27.3%	17.0%	74.0%	Health Need
Excessive Drinking	12.0%	3.6%	17.0%	-5.0%	
Alcohol-Impaired Driving Deaths	14.0%	4.2%	22.0%	8%	Health Need
Sexually Transmitted Infections	134	40	441	307	Health Need
Teen Birth Rate	19	6	92	73	Health Need
Uninsured	11.0%	3.3%	23.0%	12.0%	Health Need
Primary Care Physicians	1,040	312	6,020	4980	Health Need
Dentists	1,340	402	6,180	4840	Health Need
Mental Health Providers	390	117	3,090	2700	Health Need
Preventable Hospital Stays	38	11	82	44	Health Need
Diabetic Screen Rate	90.0%	27.0%	88.0%	2.0%	
Mammography Screening	71.0%	21.3%	53.0%	18.0%	
Violent Crime Rate	59	18	181	122	Health Need
Children in Poverty	13.0%	3.9%	32.0%	19.0%	Health Need
Children in Single-Parent Households	21.0%	6.3%	33.0%	12.0%	Health Need

Analysis of Health Outcomes and Factors - County Health Rankings (Cont.)

	(A)		(B)		If (B)>(A), then "Health Need"
	National Benchmark	30% of National Benchmark	County Rate	County Rate Less National Benchmark	
La Salle County, TX:					
Adult Smoking	14.0%	4.2%	18.0%	4.0%	
Adult Obesity	25.0%	7.5%	30.0%	5.0%	
Food Environment Index	8.3	2	6.2	2	
Physical Inactivity	20.0%	6.0%	26.0%	6.0%	
Access to Exercise Opportunities	91.0%	27.3%	N/A		
Excessive Drinking	12.0%	3.6%	17.0%	-5.0%	
Alcohol-Impaired Driving Deaths	14.0%	4.2%	18.0%	4%	
Sexually Transmitted Infections	134	40	310	176	Health Need
Teen Birth Rate	19	6	81	62	Health Need
Uninsured	11.0%	3.3%	26.0%	15.0%	Health Need
Primary Care Physicians	1,040	312	7,370	6330	Health Need
Dentists	1,340	402	N/A		
Mental Health Providers	390	117	2,490	2100	Health Need
Preventable Hospital Stays	38	11	87	49	Health Need
Diabetic Screen Rate	90.0%	27.0%	89.0%	1.0%	
Mammography Screening	71.0%	21.3%	27.0%	44.0%	Health Need
Violent Crime Rate	59	18	186	127	Health Need
Children in Poverty	13.0%	3.9%	36.0%	23.0%	Health Need
Children in Single-Parent Households	21.0%	6.3%	42.0%	21.0%	Health Need

* From County Health Rankings

Analysis of Primary Data – Key Informant Interviews

Poverty
Lack of Health Knowledge/Education
Healthy Behaviors/Lifestyle Choices
Language & Cultural Mindset
Obesity
Diabetes
Physical Inactivity
Uninsured
Lack of Physicians/Specialists
Cost of Health Care

***Issues of Uninsured Persons, Low-Income Persons
and Minority/Vulnerable Populations***

Population

Issues

Uninsured/Working Poor Population

Preventative Care
Access to primary care physicians
High cost of health care prevents needs from being met
Lack of healthy lifestyle and health nutrition education

Elderly

Lack of health knowledge regarding how to navigate and
access services
Cost of healthcare services
Transportation

Hispanic Population

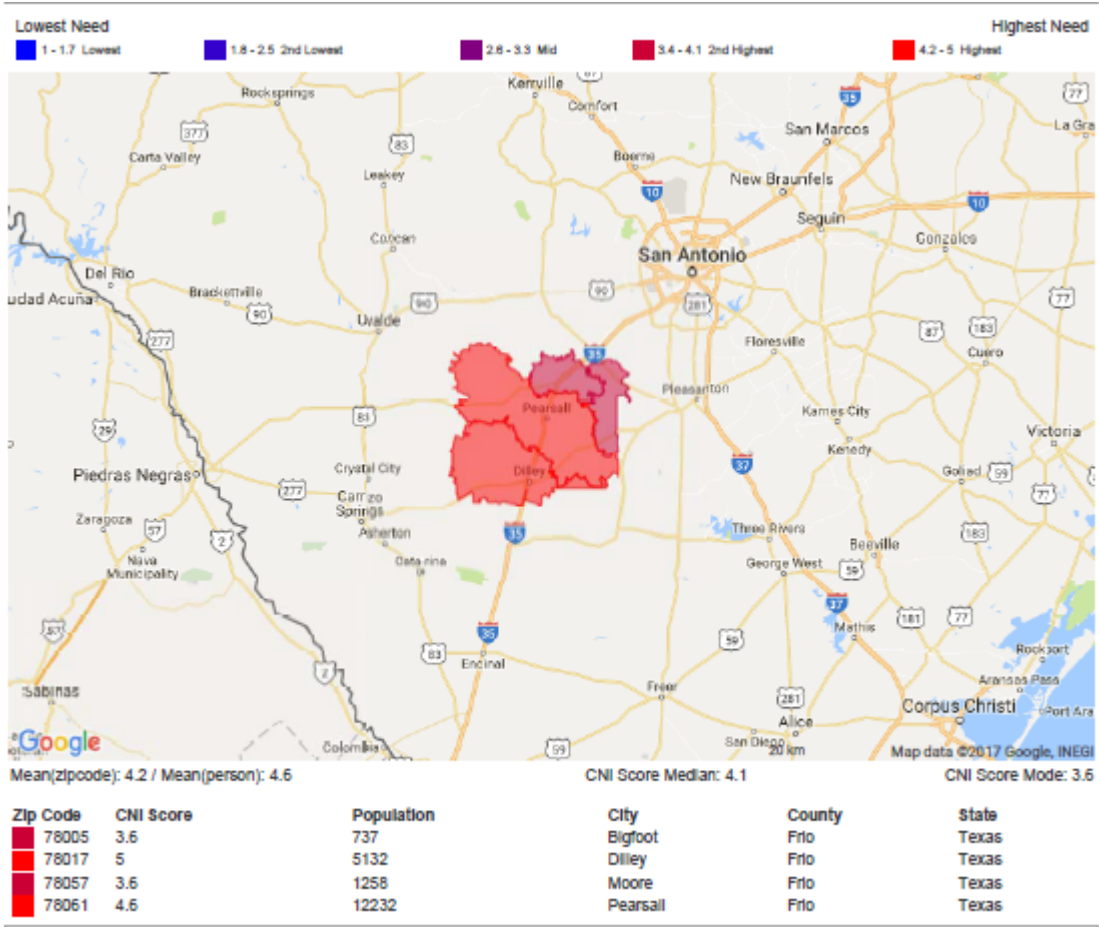
Lack of health knowledge/culture regarding health
Financial barriers
Language barriers
Fear of repercussions

APPENDIX B
SOURCES

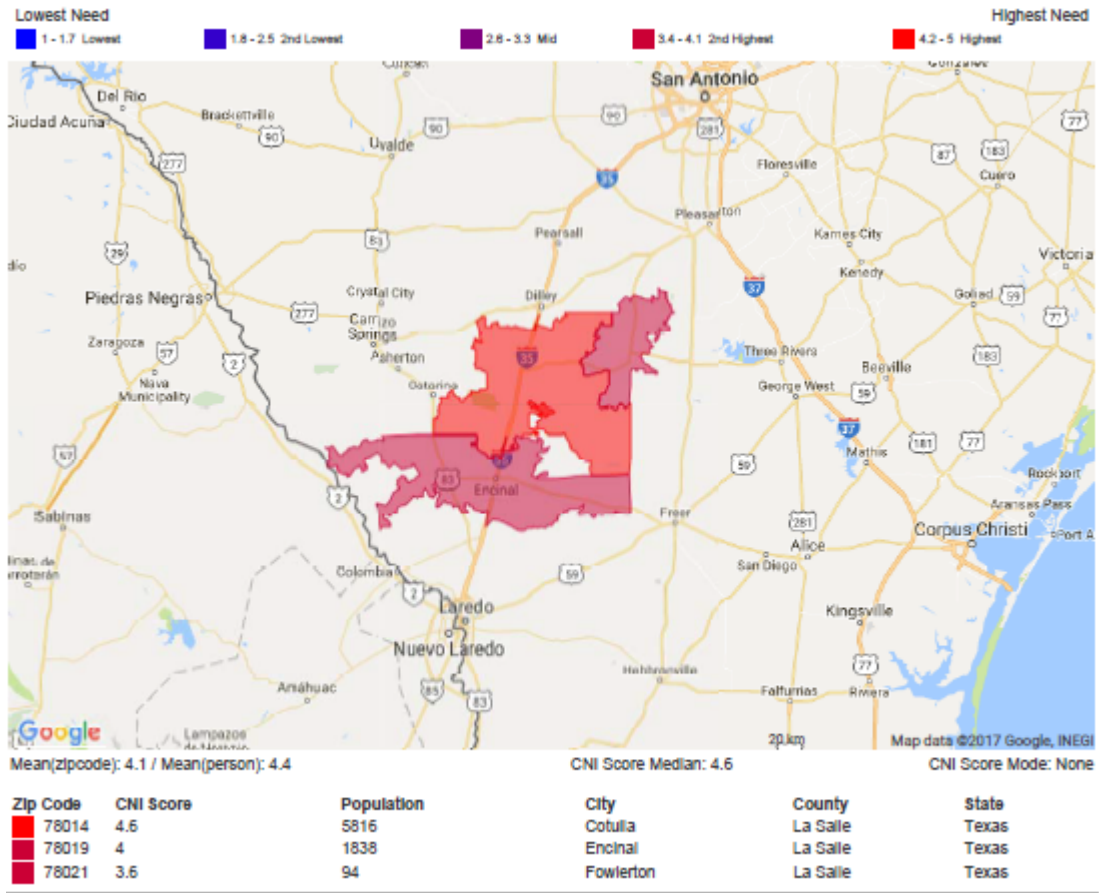
DATA TYPE	SOURCE	YEAR(S)
Discharges by Zip Code	Hospital	FY 2016
Population Estimates	Community Commons via American Community Survey http://www.communitycommons.org/	2015
Demographics - Race/Ethnicity	Community Commons via American Community Survey http://www.communitycommons.org/	2015
Demographics - Income	Community Commons via American Community Survey http://www.communitycommons.org/	2011 - 2015
Unemployment	Community Commons via US Department of Labor http://www.communitycommons.org/	2017
Poverty	Community Commons via US Census Bureau, Small Areas Estimates Branch http://www.census.gov	2011 - 2015
Uninsured Status	Community Commons via US Census Bureau, Small area Health Insurance Estimates http://www.communitycommons.org/	2011 - 2015
Medicaid	Community Commons via American Community Survey http://www.communitycommons.org/	2011 - 2015
Education	Community Commons via American Community Survey http://www.communitycommons.org/	2011 - 2015
Physical Environment - Grocery Store Access	Community Commons via US Census Bureau, County Business Patterns http://www.communitycommons.org/	2015
Physical Environment - Food Access/Food Deserts	Community Commons via US Department of Agriculture http://www.communitycommons.org/	2015
Physical Environment - Recreation and Fitness Facilities	Community Commons via US Census Bureau, County Business Patterns http://www.communitycommons.org/	2015
Physical Environment - Physically Inactive	Community Commons via US Centers for Disease Control and Prevention http://www.communitycommons.org/	2013
Clinical Care - Access to Primary Care	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2014
Clinical Care - Lack of a Consistent Source of Primary Care	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2011 - 2012
Clinical Care - Population Living in a Health Professional Shortage Area	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2016
Clinical Care - Preventable Hospital Events	Community Commons via Dartmouth College Institute for Health Policy & Clinical Practice http://www.communitycommons.org/	2014
Leading Causes of Death	Community Commons via CDC national Behavioral Risk Factor Surveillance System http://www.communitycommons.org/	2010 - 2014
Health Outcomes and Factors	County Health Rankings http://www.countyhealthrankings.org/ Community Commons http://www.communitycommons.org/	2015 & 2009-2013
Health Care Resources	Community Commons, CMS.gov, HRSA	

APPENDIX C
DIGNITY HEALTH COMMUNITY NEED INDEX
(CNI) REPORT

Frio County



La Salle County



APPENDIX D
KEY STAKEHOLDER INTERVIEW PROTOCOL
& ACKNOWLEDGEMENTS

KEY STAKEHOLDER INTERVIEW

Community Health Needs Assessment for: Frio Regional Hospital

Interviewer's Initials: _____

Date: _____ Start Time: _____ End Time: _____

Name: _____ Title: _____

Agency/Organization: _____

of years living in _____ County: _____ Current position: _____

E-mail address: _____

Introduction: Good morning/afternoon. My name is [interviewer's name]. Thank you for taking time out of your busy day to speak with me. I'll try to keep our time to approximately 40 minutes, but we may find that we run over – up to 50 minutes total - once we get into the interview. **(Check to see if this is okay).**

[Name of Organization] is gathering local data as part of developing a plan to improve health and quality of life in Frio and La Salle Counties. Community input is essential to this process. A combination of surveys and key informant interviews are being used to engage community members. You have been selected for a key informant interview because of your knowledge, insight, and familiarity with the community. The themes that emerge from these interviews will be summarized and made available to the public; however, individual interviews will be kept strictly confidential.

To get us started, can you tell me briefly about the work that you and your organization do in the community?

Thank you. Next I'll be asking you a series of questions about health and quality of life in Frio and La Salle Counties. As you consider these questions, keep in mind the broad definition of health adopted by the World Health Organization: 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,' while sharing the local perspectives you have from your current position and from experiences in this community.

Questions:

1. In general, how would you rate health and quality of life in Frio and La Salle Counties?

2. In your opinion, has health and quality of life in Frio and La Salle Counties improved/declined /stayed the same over the past few years?
3. Why do you think it has (based on answer from previous question: Improved/declined/stayed the same)?
4. What other factors have contributed to the health and quality of life [improving, declining or staying the same] (based on answer to question 2:
5. What barriers, if any, exist to improving health and quality of life in Frio and La Salle Counties?
6. In your opinion, what are the most critical health and quality of life issues in Frio and La Salle Counties?
7. What needs to be done to address these issues?
8. Do you think access to Health Services has improved over the last 3 years?
9. In your opinion, what is the reason why people are not able to access health services (medical, dental, mental health)? Please describe the challenges that keep individuals from seeking health care services?
 - Lack of Health Insurance
 - Inability to afford co-pays and/or deductibles
 - Transportation
 - Physicians refuse to take insurance or Medicaid
 - People don't know how to find a doctor.
 - Fear
 - Too long to wait for an appointment
 - Inconvenient hours/locations
 - Other
10. Please provide your thoughts on the accessibility of Mental Health services for residents of the community.
11. Please describe your familiarity and/or perceptions regarding educational programs provided by Frio Regional Hospital.
13. Are there any specialists (physicians) which are needed in the community? If so, what specialties are needed?

14. What groups of people in the community do you believe have the most serious unmet health care needs? Describe the causes? What should be done to address the needs of these persons?

15. What is the most important issue that the hospital should address in the next 3-5 years?

Close: Thanks so much for sharing your concerns and perspectives on these issues. The information you have provided will contribute to develop a better understanding about factors impacting health and quality of life in Frio and La Salle Counties. Before we conclude the interview,

Is there anything you would like to add?

As a reminder, summary results will be made available by the **Frio Regional Hospital** and used to develop a community health improvement plan.

Key Stakeholders

Thank you to the following individuals who participated in our key informant interview process:

Trish Garcia, Cotulla City Council

Dr. Oscar Garza, Frio Regional Hospital

Jim Gates, Frio Hospital Association

Tammy Hernandez, WIC

Mary Koraleski, Cotulla City Council

Marie Villanueva, Community Representative

Victor Vinton, Frio Hospital District

Matt Whitson, Texas Department of State Health Services – Region 8

Thomas Winters, Saint Peter Lutheran Church

APPENDIX E
IMPLEMENTATION STRATEGY UPDATE

**COMMUNITY HEALTH NEEDS ASSESSMENT
IMPLEMENTATION STRATEGY**

FRIO REGIONAL HOSPITAL

FOR FISCAL YEARS

2014, 2015 AND 2016

GOAL:

Establish an on-going community outreach and public relations program whose purpose is to inform the public on hospital services, health education and health resources.

IMPLEMENTATION:

Provide information and educate public through health literature, public forums, health fairs, and collaboration with other health resources, civic, political, nonprofit, religious and business organizations.

STRATEGIES/ACCOMPLISHMENTS 2014

Distribute hospital/health related material, educational information and free screenings and at various local events and locations. Assist and collaborate with community organizations with health fairs, community events, partnerships and provide booth sponsorships to raise health awareness.

Sept. - Frio County Health Fair: FRH participated w/Frio County Translational Advisory Board (TAB) in distributing literature on hospital and its services.

Oct. - HR/Marketing Director represented FRH at Hunters' Extravaganza in Cotulla with booth to distribute literature on hospital services, as well as promotional merchandise with hospital logo.

CONTINUING FOR 2015

Feb. - Nancy Ortiz attended "Mental Health First Aid" at Camino Real MHMR in Lytle, TX with CASA organization.

April – FRH participated at Pearsall High School for Career Day with students.

April - The Texas Organization of Rural & Community Hospitals (TORCH) celebrated their 25th Anniversary. FRH sent photos & info on hospital. Goal was to get all 150 of our member hospitals represented. FRH sent in project with photos.

May - Participated in Community Engagement Symposium

CONTINUING FOR 2016

Aug. - Discussions with Wesley Nurse, Ms. Trevino from Methodist Healthcare Ministries of South Texas, Inc. We are partnering with them to serve the community of Pearsall on various health education topics. Such as breastfeeding education to help increase mothers' knowledge and skills, help them view breastfeeding as normal, and help them develop positive attitudes toward breastfeeding.

Sept. - Frio County Health Fair: FRH participated w/Frio County Translational Advisory Board (TAB) in distributing literature on hospital and its services.

Oct. - HR/Marketing Director represented FRH at Hunters' Extravaganza in Cotulla with booth and distributed literature on hospital services, as well as promotional merchandise with hospital logo.

Oct. – Eagle Ford Safety & Equipment Rodeo – FRH participated, distributing wellness literature and providing health screenings.

Utilize local and other media to help advertise our services to the community.

STRATEGIES/ACCOMPLISHMENTS 2014

Dec. - Published article in local newspaper on Radiology Department FRH beginning the final stage toward 100% completion of its digital upgrade.

Sept. - Inspire Health Magazine; information article about available FRH services

CONTINUING FOR 2015

Quarterly articles on hospital-provided services published quarterly in Inspire Health 2015.

April- News conference to announce partnership between FRH & Methodist Hospital. To unveil the partnership between Frio Regional Hospital and Methodist Healthcare—San Antonio. Two health care institutions with one vision of excellence and quality for the residents of Frio County and surrounding areas.

Sept. - Inspire Health Magazine; information article about available FRH services

Dec. - Published article in local newspaper on Radiology Department FRH beginning the final stage toward 100% completion of its digital upgrade.

CONTINUING FOR 2016

Quarterly articles on hospital-provided services published quarterly in Inspire Health 2015.

Continue publicizing health and hospital events in local media and website and increase wellness and important health and community information in social media.

Partner with various community organizations and help educate the public on their services and usage/access.

STRATEGIES/ACCOMPLISHMENTS 2014

Sept. - HR/Marketing Director became a Court Appointed Special Advocates (CASA) volunteer.

Sept. - Dec. – FRH hosted CASA monthly meetings in hospital conference room.

Sept. – FRH staff joined local Pearsall Rotary to help raise scholarship funds for high school youth in the Pearsall and Dilley communities.

CONTINUING FOR 2015

On-going - HR/Marketing Director continues to volunteer with Court Appointed Special Advocates (CASA).

On-going - FRH staff continues to participate in local Pearsall Rotary Club to help raise scholarship funds for high school youth in the Pearsall and Dilley communities.

CONTINUING FOR 2016

On-going - FRH staff continues to participate in local Pearsall Rotary Club with HR/Marketing Director as Vice-President to help raise scholarship funds for high school youth in the Pearsall and Dilley communities.

Create and implement in-house events and activities to enhance community involvement and contribution of FRH as a means to increase awareness of hospital leadership and services.

STRATEGIES/ACCOMPLISHMENTS 2014

Sept. - Dec- Initiated community blood drives to recur every month.

Dec. – Initiated first Annual Visit with Santa for community children & families on campus; photos, arts & crafts were available with Santa arriving via helicopter.

Dec. – Implemented first Annual CASA Toy Drive for abused & neglected children with outstanding hospital staff involvement and participation.

CONTINUING FOR 2015

March – FRH held an Easter Egg Hunt for the community on campus.

Jan. – Dec. - Community blood drives to recur every month.

May - National Hospital Week Open House at FRH. All departments, community businesses, and WIC participated.

Dec. – Initiated second Annual Visit with Santa for community children & families on campus; photos, arts & crafts were available with Santa arriving via helicopter.

Dec. – Implemented second Annual CASA Toy Drive for abused & neglected children with outstanding hospital staff involvement and participation.

CONTINUING FOR 2016

March – FRH campus was the site for its annual Easter Egg Hunt for the Pearsall community.

Community blood drives to recur every month.

Dec. – Will conduct third Annual Visit with Santa for community children & families on campus; photos, arts & crafts were available with Santa arriving via helicopter.

Dec – Will conduct third Annual CASA Toy Drive for abused & neglected children with outstanding hospital staff involvement and participation.

GOAL:

As an employment leader and the largest health provider in the area, improve outreach and participation in collaborative efforts toward improving the public's sense of well-being, pride and confidence as members of our rural community

IMPLEMENTATION:

Provide community organizations and groups with in-kind, informational and financial assistance with the intent to help them meet their community goals and objectives.

STRATEGIES/ACCOMPLISHMENTS 2015

Involvement with community organizations to provide assistance and support

Feb. – FRH donated monies for scholarships to the youth that participated in the JR. Live Stock in Pearsall.

April - Participated in completing a grant application with TAB. Rural Health Care Coordination Network Partnership Program: HRSA-15-123. The purpose of the Program is to support the development of formal, mature rural health networks that focus on care coordination activities for the following chronic conditions: diabetes, congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD).

June - Open House - Introduced new partnering with Windsor Rehab offering pediatric occupation & speech therapy.

August 2015 thru May 2016-FRH and Pearsall High School collaborate on training Cluster XII Special Education Cooperative Program students through work-based learning. Eight students learn job skills on-the-job at FRH.

Aug. – LaSalle County; Back to School/Health Fair. FRH participated.

Aug. – Pearsall Back to School/Health Fair. FRH participated with a booth and wellness literature.

Oct. – Cotulla; Hunter's Extravaganza - FRH participated.

Oct. – Eagle Ford Safety & Equipment Rodeo – FRH participated providing health screenings.

Nov. – As a member of the TAB, FRH participated in the award ceremony where TAB and Frio County were named the Outstanding Rural Community by the Texas Rural Health Association at their annual meeting in Fort Worth on October 29th at their awards luncheon.

Dec. – FRH hosted a Health Fair for Immaculate Heart of Mary Church.

CONTINUING FOR 2016

Jan. – FRH donated monies for scholarship youth participants in Pearsall for Jr. Rodeo Livestock Show.

Feb. – FRH personnel participated and assisted with food bank distribution of foods.

Feb. – FRH staff participated as Rotary members in hosting and serving a pancake supper to the community.

Feb. – FRH was a participant in the Pearsall Career Day with a booth and literature.

Feb. – FRH participated at the TAB Health Fair in Pearsall with a booth and literature.

March – FRH participated at Pioneer Days (art museum event) with a booth and literature.

March – FRH staff participated at Fireman’s Park where food packages were distributed to the needy. About 200 people were served.

April – Relay for Life. FRH raised several hundred dollars for cancer awareness.

June – Caregiver Project in Frio County with Frio County Translational Advisory Board (TAB). FRH and TAB collaborated with Dr. Carole White on a research project focused on family caregiving. This is an area critical to our community to identify resources and types of support and education for family caregivers in our rural communities who provide care for persons afflicted with Alzheimer’s, dementia and other chronic diseases.

June – FRH staff participated with the Food Bank at Community Park to distribute food.

June - FRH physicians collaborated with the REACH Program of the University of Texas School of Public Health Regional Campus at San Antonio to announce its report: “Chronic Pain: The Hidden epidemic” in Frio County”. This report, aimed at the South Texas health care community, explores how health care professionals and institutions can work together effectively to understand chronic pain within Frio County.

Aug. – FRH donated goodie bags to all new Dilley ISD teachers at the start of the new school year.

Aug. – Pearsall Back to School Bash. FRH donated school supplies to students and parents of the district and offered free health screenings to the community.

Oct. -

FRH participated in the National Night Out with Pearsall community.

FRH participated in the Homecoming Parade with Pearsall High School.

FRH participated in the Eagle Ford Safety Rodeo, providing health and wellness literature and health screenings

FRH will offer free health screenings at the annual Frio Vision Market Days in Pearsall.

FRH will participate in the Pearsall Nursing Home’s Fall Fest and give out promotional items and wellness literature.

Dec. – FRH will be a participant in the Community Christmas parade and display its hospital banner.

GOAL:

Improve physician and medical staff involvement in community education.

IMPLEMENTATION

Increase the number and frequency of physician and medical-staff attended events where they can educate youth and adults alike in various health topics important to this rural community.

STRATEGIES/ACCOMPLISHMENTS 2016

Promote educational, wellness and career discussions with community-at-large.

Sept. – FHR had an Open House of its Rehab facility for the community to introduce new therapy equipment.

Oct. – FRH will have a Town Hall meeting for the community. Physicians and other medical staff will attend to answer any questions from community attendees.

Oct. - Career Day at Pearsall High School – an FRH physician will attend with other departments represented to talk to youth about careers in the medical field.

APPENDIX F
HEALTH CARE RESOURCES

Frio Regional Hospital
Community Health Needs Assessment

Community Partners & Public Resources

Pearsall

- 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
- Frio Regional Medical Clinic
 - 105 E. Hackberry
 - Pearsall, TX 78061
 - (830) 334-2656
- Hometown Healthcare, RHC
 - 404 E. San Marcos
 - Pearsall, TX 78061
 - (830) 334-3336
- 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

Frio Regional Hospital
Community Health Needs Assessment

Community Partners & Public Resources

Dilley

- Dilley Schools
 - 245 W. FM 117
 - Dilley, TX 78017
 - (830)965-1912
- Hometown Healthcare, RHC
 - 205 N. Commerce
 - Dilley, TX 78017
 - (830)965-4466
- South Texas Rural Health
 - 606 W. Leona
 - Dilley, TX 78017
 - (830)965-1797

Cotulla

- Cotulla Schools
 - 310 N. Main
 - Cotulla, TX 78014
 - (830)879-3073
- Hometown Healthcare, RHC
 - 408 N. Giraud
 - Cotulla, TX 78014
 - (830)879-2279
- South Texas Rural Health
 - 105 S. Stewart
 - Cotulla, TX 78014
 - (830)879-2502