

# Community Health Needs Assessment 2020



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## Consultants' Report

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On behalf of Frio Regional Hospital, we have assisted in conducting a Community Health Needs Assessment (CHNA) consistent with the scope of services outlined in our engagement letter dated March 12, 2019. The purpose of our engagement was to assist the Hospital in meeting the requirements of Internal Revenue Code §501(r)(3) and regulations thereunder. We also relied on certain information provided by the Hospital, specifically certain utilization data, geographic HPSA information, and existing community health care resources.

Based upon the assessment procedures performed, it appears the Hospital is in compliance with the provisions of §501(r)(3). Please note that we were not engaged to, and did not, conduct an examination, the objective of which would be the expression of an opinion on compliance with the specified requirements. Accordingly, we do not express such an opinion.

We used and relied upon information furnished by the Hospital, its employees, and representatives and on information available from generally recognized public sources. We are not responsible for the accuracy and completeness of the information and are not responsible to investigate or verify it.

These findings and recommendations are based on the facts as stated and existing laws and regulations as of the date of this report. Our assessment could change as a result of changes in the applicable laws and regulations. We are under no obligation to update this report if such changes occur. Regulatory authorities may interpret circumstances differently than we do. Our services do not include interpretation of legal matters.

December 30, 2020

## 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 FRH) 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 fiscal years ended December 31, 2018 through December 31, 2020, which was adopted by the Hospital's board of directors in 2018.
- ✓ Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources, and hospital data.
- ✓ Obtaining community input from key stakeholders through phone interviews on health and quality of life issues impacting Frio and La Salle County.

This *document* is a summary of all the available evidence collected during the CHNA conducted in tax year 2020. 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 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 2,700 partners and employees in 40 offices. BKD serves more than 1,000 hospitals and health care systems across the country. The CHNA was conducted from May 2020 to December 2020.

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

- An evaluation of the impact of actions taken to address the significant health needs identified in the tax year 2017 CHNA was completed to understand the effectiveness of the Hospital's current strategies and programs.
- The "community" served by the Hospital was defined by utilizing inpatient & outpatient 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 the Center for Disease Control and Prevention (Community Health Status Indicators) as well as countyhealthrankings.org. Health factors with significant opportunity for improvement were noted.
- Community input was provided key stakeholder phone interviews. Results and findings are described in the *Key Stakeholder Survey* 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) alignment with the Hospital's resources.
- An inventory of health care facilities and other community resources potentially available to address the significant health needs identified through the CHNA was prepared and collaborative efforts were identified.

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 owes its genesis to two visionary individuals who saw the need for a regional hospital after prior medical facilities had shut down in Pearsall. Mrs. S.T. Brown and Mrs. Grady Higdon saw the continuing need for a new hospital and pushed the community to work together to open a new facility in 1963. Since its opening on January 2, 1963, Frio Regional Hospital has been growing and improving for over 57 years. Frio Regional Hospital was converted to a Critical Access Hospital in September 2017.

Our growth has been extraordinary for a small rural hospital in South Texas. In April 27, 2020, FRH opened the doors to its latest medical facility in Dilley, Texas. Frio Regional Primary Care and Urgent Care Clinic was initiated to meet the needs of an underserved community and patients in that part of Frio County. The clinic is a beautiful, newly constructed 5600 sq. ft. facility that includes six exam rooms, a procedures/treatment room, an x-ray room, and space for laboratory and pharmacy services. Residents now have quick access to primary care for adults and children, with urgent care treatment available for minor injuries.

The Frio Rehabilitation Center was established in Pearsall to meet patient demands for physical, occupational, and speech therapy services throughout the Frio and LaSalle counties' service areas. These comprehensive services are provided in-hospital and through our new outpatient clinic to help patients recover from surgery, strokes, brain injuries, spinal cord injury, sports injuries, and other disorders or injuries.

Frio Regional Hospital's Home Health Care Services were expanded in 2019 to include rehabilitation services and increased staff. We have therapists, licensed, and registered nurses to provide first-rate nursing and rehabilitative care for recovering patients in a home setting. Among the home health services we provide are catheter care, intravenous or nutrition therapy, medication and other injections, patient, family and caregiver education, physical therapy, speech therapy, and wound care.

Specialized services and treatments also have increased steadily over the years at FRH. Today, we partner with medical specialists and practices throughout the South Texas area and nearby San Antonio to bring the latest specialty services to our patients. We offer specialist services in cardiology, hematology, oncology, orthopedic, podiatry, nephrology (kidney), gastroenterology, hepatology, nutrition, and urology.

## ***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 Regional Hospital is dedicated to ethical behavior, compassionate care, ownership of responsibilities, respectful treatment, and excellence in each action we take.

## ***Clinics and Facilities***

- Frio Regional Hospital
- Frio Hospital Home Health
- Frio Regional Medical Plaza
- Frio Rehab Center
- Frio Regional Primary Care & Urgent Care Clinic



### ***Evaluation of Prior Implementation Strategy***

The implementation strategy for the prior three-year period focused on three priorities to address identified health needs. Based on the Hospital’s most recent evaluation, the Hospital has made significant progress on meeting their goals and strategies outlined in their 2018 Implementation Strategy. A full update of the yearly accomplishments can be found in the *Appendix E*.

The chart below presents the community health needs identified in the 2017 Community Health Needs Assessment.

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

### **Summary of Findings – 2020 Tax Year CHNA**

Health needs were identified based on information gathered and analyzed through the 2020 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 25*.

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

- Lack of health knowledge/education
- Adult obesity
- Lack of mental health providers/mental health conditions
- Lack of access to primary care physicians
- Poverty/children in poverty

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

## Community Served by the Hospital

Frio Regional Hospital, Inc. is located in Pearsall, Texas.

### **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 and outpatient visits from January 1, 2019 through December 31, 2019, management has identified Frio County and La Salle County as the defined CHNA community. Frio County represents over 80 percent of the total as reflected in *Exhibit 1* below. The CHNA will utilize data and input from this county to analyze health needs for the community.

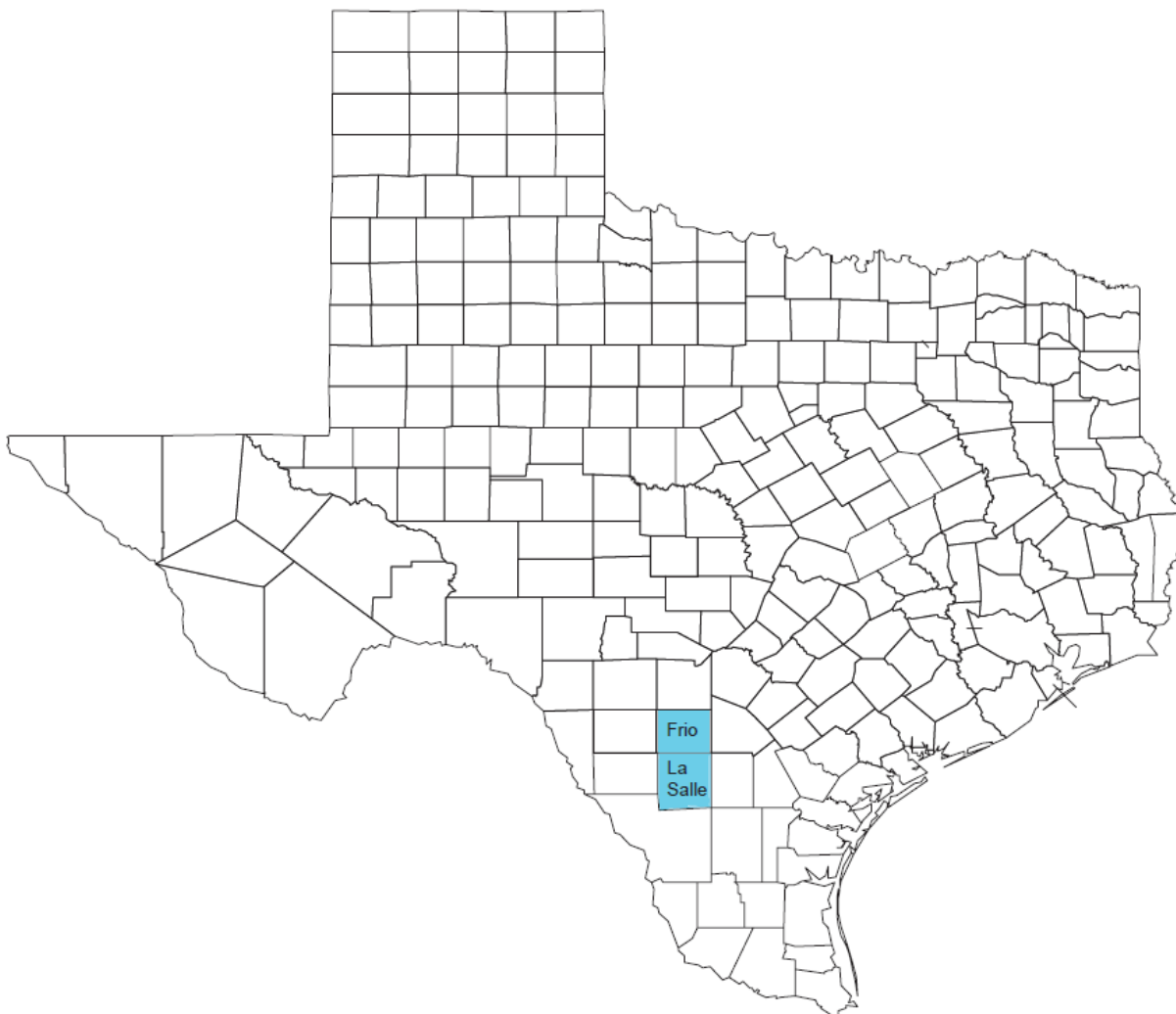
<b>Exhibit 1</b>						
<b>Summary of Discharges by Zip Code</b>						
<b>1/1/2019 to 12/31/2019</b>						
Zip Code	City	Inpatient	Outpatient	Total	Percent of Total Discharges	
<b>Frio County:</b>						
78061	Persall	156	5,898	6,054	64.0%	
78017	Dilley	52	1,712	1,764	18.7%	
78016	Moore	3	140	143	1.5%	
78005	Bigfoot	1	61	62	0.7%	
<b>Total</b>		<u>212</u>	<u>7,811</u>	<u>8,023</u>		
<b>La Salle County:</b>						
78014	Cotulla	63	1,279	1,342	14.2%	
78019	Encinal	1	63	64	0.7%	
78021	Fowlerton	-	20	20	0.2%	
78001	Artesia Wells	-	4	4	0.0%	
<b>Total</b>		<u>64</u>	<u>1,366</u>	<u>1,430</u>		
<b>Total</b>		<u>276</u>	<u>9,177</u>	<u>9,453</u>	<b>100.0%</b>	

Source: Frio Regional Hospital

## Community Details

### *Identification of Geographical Community*

The following map geographically illustrates the Hospital's community.



## 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 (as of 2020)									
Total Population				Population by Gender					
County	Population			County	Male			Female	
Frio County	19,394			Frio County	11,580			7,814	
La Salle County	7,409			La Salle County	4,408			3,001	
Texas	27,885,195			Texas	13,849,775			14,035,420	
United States	322,903,030			United States	158,984,190			163,918,840	
Age Distribution									
Age Group	Frio County	% of Total	La Salle County	% of Total	Texas	% of Total	United States	% of Total	
0 - 4	1,166	6.0%	508	6.9%	1,998,869	7.2%	19,836,850	6.1%	
5 - 17	3,453	17.8%	1,113	15.0%	5,293,817	19.0%	53,716,390	16.6%	
18 - 24	2,687	13.9%	729	9.8%	2,777,150	10.0%	30,903,719	9.6%	
25 - 34	3,553	18.3%	1,499	20.2%	4,094,297	14.7%	44,567,976	13.8%	
35 - 44	2,385	12.3%	887	12.0%	3,767,582	13.5%	40,763,210	12.6%	
45 - 54	2,094	10.8%	985	13.3%	3,511,040	12.6%	42,589,573	13.2%	
55 - 64	1,675	8.6%	654	8.8%	3,104,626	11.1%	41,286,731	12.8%	
65+	2,381	12.3%	1,034	13.9%	3,337,814	12.0%	49,238,581	15.2%	
<b>Total</b>	<b>19,394</b>	<b>100.0%</b>	<b>7,409</b>	<b>100.0%</b>	<b>27,885,195</b>	<b>100%</b>	<b>322,903,030</b>	<b>100.0%</b>	
Race/Ethnicity									
Race/Ethnicity	Frio County	% of Total	La Salle County	% of Total	Texas	% of Total	United States	% of Total	
White	3,035	15.6%	1,125	15.2%	11,807,263	42.3%	197,181,177	61.1%	
Black	757	3.9%	94	1.3%	3,269,253	11.7%	39,715,917	12.3%	
Hispanic/Latino	15,279	78.8%	6,104	82.4%	10,921,556	39.2%	57,517,935	17.8%	
Asian	172	0.9%	12	0.2%	1,292,813	4.6%	17,367,169	5.4%	
Native American/ Alaska Native	9	0.0%	-	0.0%	68,452	0.2%	2,135,479	0.7%	
Native Hawaiian/Pacific Islander	-	0.0%	-	0.0%	20,381	0.1%	525,102	0.2%	
Some Other Race	23	0.1%	-	0.0%	42,354	0.2%	754,496	0.2%	
Multiple Races	119	0.6%	74	1.0%	463,123	1.7%	7,705,755	2.4%	
<b>Total</b>	<b>19,394</b>	<b>100.00%</b>	<b>7,409</b>	<b>100.00%</b>	<b>27,885,195</b>	<b>100.00%</b>	<b>322,903,030</b>	<b>100.00%</b>	

Data Source: US Census Bureau, American Community Survey, 2014-18.

\* May not total due to rounding

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 illustrates different categories of race such as Hispanic, white, black, Asian, other, and multiple races. Hispanics make up approximately 79 percent of Frio County and 82 percent of La Salle County.

Note that the age category that utilizes health care services the most, 65 years and over, is an estimated 12.3 percent of the population in Frio County and 13.9 percent of the population in La Salle County. The number of persons age 65 or older is relevant because this population has unique health needs, which should be considered separately from other age groups.

*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.

<b>Exhibit 3</b>		
<b>Urban/Rural Population</b>		
<b>County</b>	<b>Percent Urban</b>	<b>Percent Rural</b>
<b>Frio County</b>	77.8%	22.2%
<b>La Salle County</b>	53.7%	46.4%
<b>Texas</b>	84.7%	15.3%
<b>United States</b>	81.0%	19.1%

*Data Source: US Census Bureau, Decennial Census. 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 median household 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***

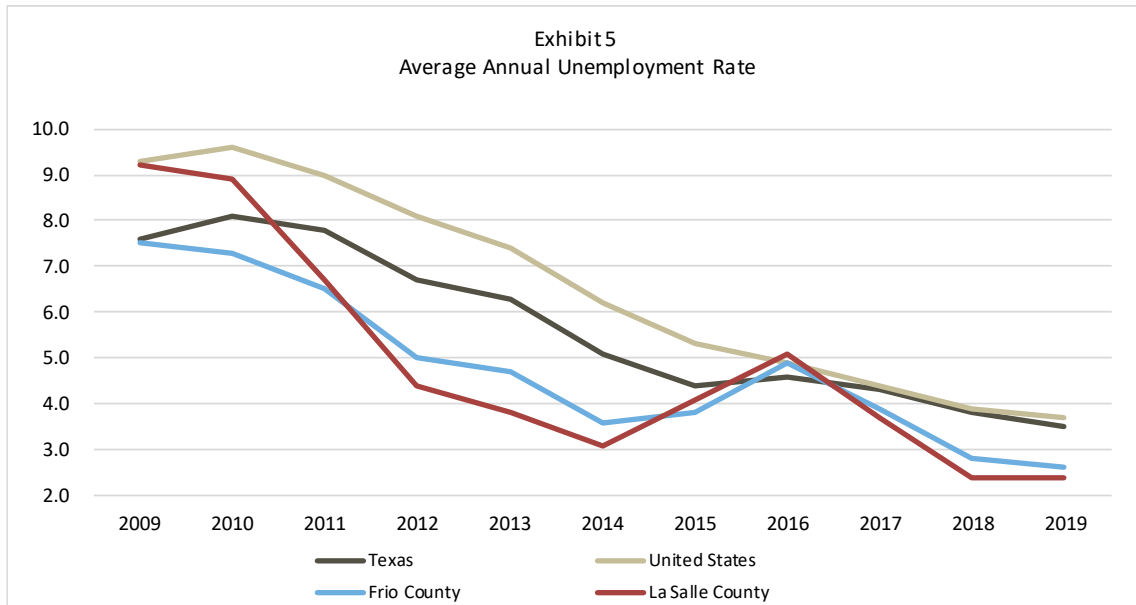
*Exhibit 4* presents the median household income for the CHNA community. This includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one person, average household income is usually less than average family income. Frio and La Salle County’s median household income is below the state of Texas and the United States.

<b>Exhibit 4</b>					
<b>Median Household Income</b>					
<b>County</b>	<b>Total Households</b>		<b>Average Household Income</b>		<b>Median Household Income</b>
<b>Frio County</b>	3,502	\$	70,667	\$	48,839
<b>La Salle County</b>	1,563	\$	84,595	\$	53,699
<b>Texas</b>	6,629,325	\$	96,001	\$	70,423
<b>United States</b>	78,697,103	\$	99,436	\$	73,965

*Data Source: US Census Bureau, American Community Survey. 2014-18.*

**Unemployment Rate**

Exhibit 5 presents the average annual unemployment rate from 2009 through 2019 for Frio and La Salle County, as well as the trend for Texas and the United States. On average, the unemployment rates for Frio and La Salle County are lower than both the United States and the state of Texas. Both counties saw an increase in unemployment from 2014-2016, and then a decrease from 2016-2018 that leveled off through 2019.





## Poverty

Exhibit 6 presents the percentage of total population below 100 percent 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.

According to the US Census Bureau, American Community Survey, both Frio and La Salle Counties have seen a decrease (improvement) in the percent of the population living below 100% of the Federal Poverty Level. In the 2017 CHNA, Frio County reported 22.09% of its population was below FPL. While Frio County's percent in poverty figure remains higher than both state of Texas and United States levels, it has decreased to 20.2% for the current CHNA cycle. Similarly, La Salle County has also seen a reduction in its percent in poverty figure since the 2017 CHNA. In the 2017 CHNA, La Salle County reported 15.57% of the population in poverty. In the current CHNA report, that percentage has decreased to 12.2%.

Exhibit 6 Population Below 100% FPL			
County	Population (for Whom Poverty Status is Determined)	Population in Poverty	Percent in Poverty
Frio County	15,657	3,169	20.2%
La Salle County	6,471	786	12.2%
Texas	27,264,694	4,213,938	15.5%
United States	314,943,184	44,257,979	14.1%

Data Source: US Census Bureau, American Community Survey. 2014-18.

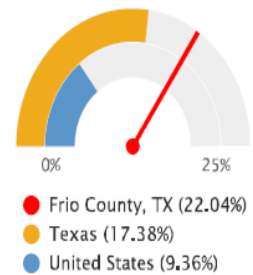
**Uninsured**

*Exhibit 7* reports the percentage of the total civilian noninstitutionalized 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 7* shows more than 5,000 persons are uninsured in the CHNA community based on 5-year estimates produced by the U.S. Census Bureau, 2014 through 2018 American Community Survey.

<b>Exhibit 7 Uninsured Status</b>			
<b>County</b>	<b>Population (Civilian Noninstitutionalized)</b>	<b>Total Uninsured</b>	<b>Percent Uninsured</b>
<b>Frio County</b>	15,733	3,468	<b>22.0%</b>
<b>La Salle County</b>	6,471	1,625	<b>25.1%</b>
<b>Texas</b>	27,417,645	4,764,897	17.4%
<b>United States</b>	317,941,631	29,752,767	9.4%

*Data Source: US Census Bureau, American Community Survey. 2014-18.*

Uninsured Population, Percent

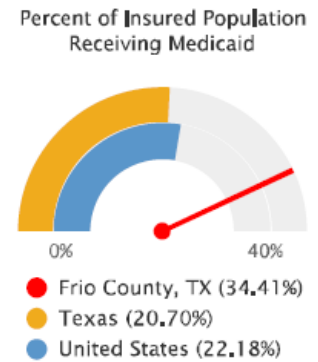


**Medicaid**

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 8* shows Frio and La Salle County ranks unfavorably when compared to the state of Texas and the United States.

Exhibit 8 Health Insurance Coverage Status				
County	Total Population	Population with Any Health Insurance	Population Receiving Medicaid	Percent Receiving Medicaid
Frio County	19,394	12,265	4,220	34.41%
La Salle County	7,409	4,846	1,164	24.02%
Texas	27,885,195	22,652,748	4,688,942	20.70%
United States	322,903,030	288,188,864	63,906,660	22.18%

*Data Source: US Census Bureau, American Community Survey. 2014-18.*

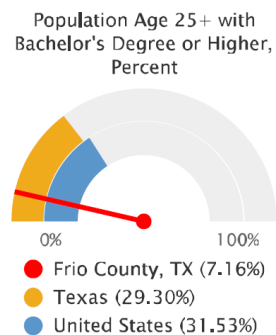


**Education**

*Exhibit 9* presents the population with a Bachelor’s degree or higher in Frio and La Salle County versus the state of Texas and the United States.

<b>Exhibit 9</b>			
<b>Educational Attainment of Population Age 25 and Older</b>			
<b>County</b>	<b>Total Population Age 25 and Older</b>	<b>Population with Bachelor's Degree or Higher</b>	<b>Percent with Bachelor's Degree or Higher</b>
<b>Frio County</b>	12,088	865	<b>7.2%</b>
<b>La Salle County</b>	5,059	664	<b>13.1%</b>
<b>Texas</b>	17,815,359	5,219,469	29.3%
<b>United States</b>	218,446,071	68,867,051	31.5%

*Data Source: US Census Bureau, American Community Survey, 2014-18.*

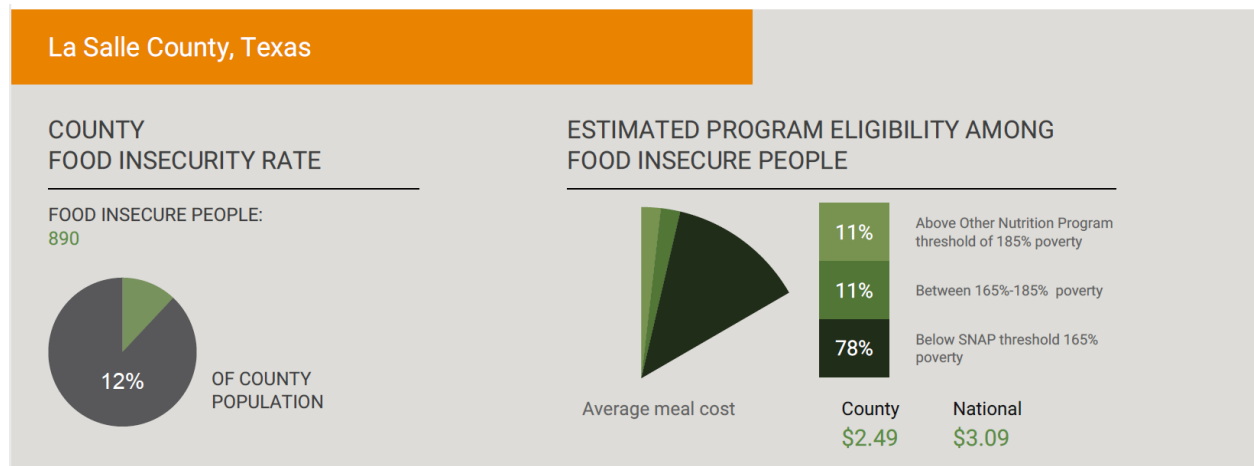
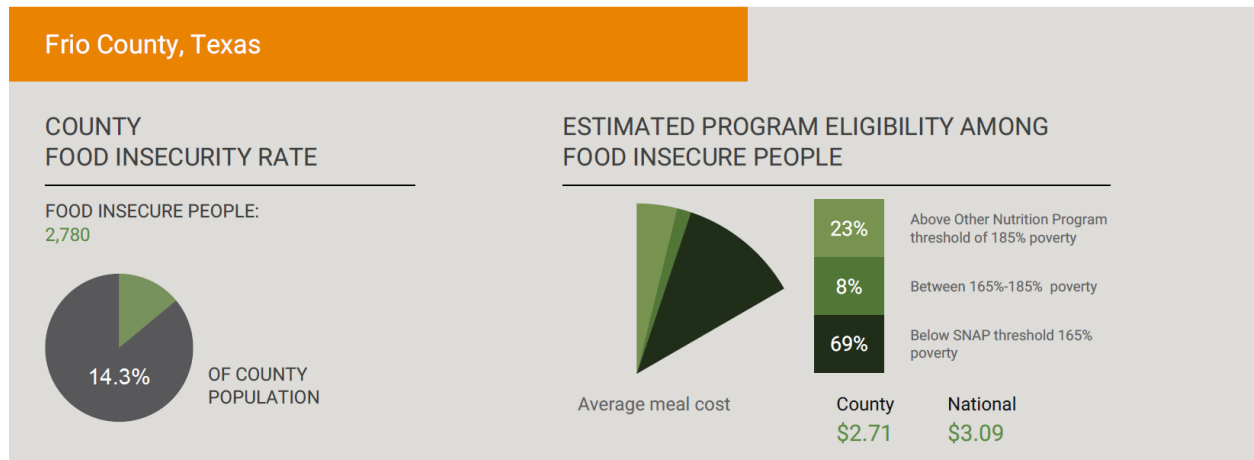


Education levels obtained by community residents may impact the local economy. Higher levels of education generally lead to higher wages, less unemployment, and greater job stability. These factors may indirectly influence community health. As noted in *Exhibit 9*, the percent of residents within the CHNA community of Frio and La Salle County obtaining a Bachelor’s degree or higher is well below the state and national percentages.

**Food Insecurity**

Access to healthy food is a national issue, as evidenced by Feeding America’s Map the Meal Gap Project. Food insecurity refers to the USDA’s measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. Food-insecure households are not necessarily food insecure all the time. Food insecurity may reflect a household’s need to make trade-offs between important basic needs, such as housing or medical bills, and purchasing nutritionally adequate foods. *Exhibit 10* shows the food insecure people in the community.

**Exhibit 10**



Feeding american.org. 2018.

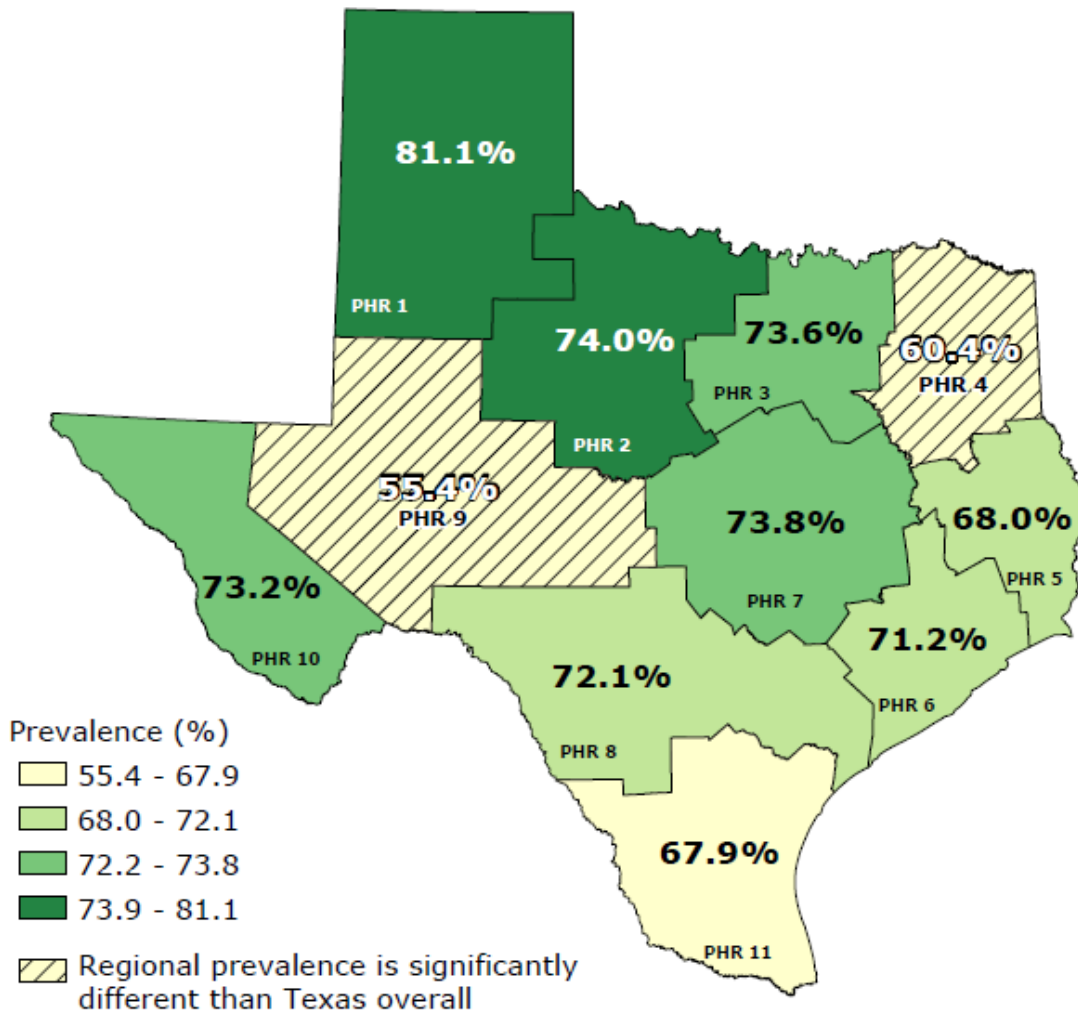
## Physical Activity

The chart below was created by the Texas Behavioral Risk Factor Surveillance System (BRFSS), which is operated by the Texas Department of State Health Services (under the direction of the Centers for Disease Control and Prevention). The BRFSS is a federally supported telephone survey that collects data about Texas residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services.

Information presented in *Exhibit 11* was obtained by asking the following question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" The percentages on the exhibit illustrate what percentage of people surveyed responded with a 'yes' answer.

Both Frio and La Salle Counties are included in Public Health Region 8.

**Exhibit 11**



*2018 Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services.*

## 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 12 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 12 Access to Primary Care			
County	Total Population 2017	Primary Care Physicians 2017	Primary Care Physicians Rate per 100,000
Frio County	19,564	4	20.5
La Salle County	7,567	-	-
Texas	28,322,717	17,239	60.9
United States	325,147,121	249,103	76.6

*Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2017.*

### Access to Dentists

Exhibit 13 shows the number of dentists per 100,000 population. This indicator includes all dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

Exhibit 13 Access to Dentist			
County	Total Population 2015	Dentist 2015	Dentists Rate per 100,000
Frio County	18,793	4	21.3
La Salle County	7,631	-	-
Texas	27,469,144	14,857	54.1
United States	321,418,820	210,832	66.0

*Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015.*

### Access to Mental Health Providers

Exhibit 14 shows the estimated population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

Exhibit 14 Access to Mental Health Providers			
County	Estimated Population	Number of Mental Health Providers	Mental Health Care Providers Rate per 100,000
Frio County	19,816	5	25.2
La Salle County	7,531	4	53.1
Texas	57,217,389	65,340	114.2
United States	317,105,555	643,219	202.8

*Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2017.*



### **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 15* below shows, all of Frio and La Salle Counties are considered a health professional shortage area.

<b>Exhibit 15</b>			
<b>Population Living in a Health Professional Shortage Area</b>			
<b>County</b>	<b>Total Population</b>	<b>Population Living in HPSA</b>	<b>Percent Living in HPSA</b>
<b>Frio County</b>	19,394	14,961	<b>77.1%</b>
<b>La Salle County</b>	7,409	6,194	<b>83.6%</b>
<b>Texas</b>	27,885,195	5,258,204	18.9%
<b>United States</b>	322,903,030	74,701,828	23.1%

*Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration. February 2019.*

**Preventable Hospital Events**

*Exhibit 16* 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.

<b>Exhibit 16</b>		
<b>Preventable Hospital Events</b>		
<b>County</b>	<b>Medicare Beneficiaries</b>	<b>Preventable Hospitalization rate per 100,000</b>
<b>Frio County</b>	1,620	4,920
<b>La Salle County</b>	671	5,297
<b>Texas</b>	2,205,833	5,167
<b>United States</b>	33,648,235	4,624

*Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2017.*

## 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 percent 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	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 Cardiovascular disease Alcohol/drug abuse

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 17 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 17				
Age-Adjusted Rates				
Selected Causes of Resident Deaths	Age-Adjusted Death Rate per 100,000 Population			
	Frio County	La Salle County	Texas	United States
Cancer	135.5	116.9	147.8	155.3
Coronary Heart Disease	166.0	131.9	95.8	94.7
Heart Disease	239.9	214.9	169.7	165.9
Stroke	44.8	N/A	41.5	37.2
Unintentional Injury	34.3	N/A	38.0	45.9

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17.

The table above shows leading causes of death within Frio and La Salle County as compared to the state of Texas and also to the United States. The age-adjusted rate is shown per 100,000 residents. The rates in red represent Frio and La Salle County and corresponding leading causes of death that are greater than the state rates. As the table indicates, the leading causes of death above that are greater than both the state of Texas and national rates are stroke and heart disease. Note: Coronary Heart Disease is considered a sub-set of Heart Disease.

## 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 tables in *Exhibits 18 and 19* include the 2015 and 2018 indicators reported by County Health Rankings for Frio and La Salle County.

<b>Exhibit 18.1 County Health Rankings - Health Outcomes</b>					
	Frio County 2015	Frio County 2018		Texas 2018	Top US Performers 2018**
<b>Mortality</b>	*	196	223	↑	
<b>Premature death</b> - Years of potential life lost before age 75 per 100,000 population (age-adjusted)		9,500	9,100	↓	6,700 5,300
<b>Morbidity</b>	*	234	231	↓	
<b>Poor or fair health</b> - Percent of adults reporting fair or poor health (age-adjusted)		30%	29%	↓	18% 12%
<b>Poor physical health days</b> - Average number of physically unhealthy days reported in past 30 days (age-adjusted)		4.5	4.4	↓	3.5 3.0
<b>Poor mental health days</b> - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)		3.4	3.6	↑	3.4 3.1
<b>Low birth weight</b> - Percent of live births with low birth weight (<2500 grams)		11.0%	11.0%	—	6.0% 6.0%
*2015 rank out of 241 Texas counties					
*2018 rank out of 242 Texas counties					
Source: Countyhealthrankings.org					

Exhibit 18.2 County Health Rankings - Health Factors					
	Frio County 2015	Frio County 2018		Texas 2018	Top US Performers 2018**
<i>Health Behaviors</i>	*	207	169	↓	
<b>Adult smoking</b> - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	18.0%	17.0%	↓	14.0%	14.0%
<b>Adult obesity</b> - Percent of adults that report a BMI >= 30	31.0%	28.0%	↓	28.0%	26.0%
<b>Food environment index</b> - Index of factors that contribute to healthy food environment, 0 (worst) to 10	7.9	9.1	↑	6.0	8.6
<b>Physical inactivity</b> - Percent of adults aged 20 and over reporting no leisure time physical activity	25.0%	24.0%	↓	24.0%	20.0%
<b>Access to exercise opportunities</b> - Percentage of population with adequate access to locations for physical	17.0%	17.0%	—	81.0%	91.0%
<b>Excessive drinking</b> - Percent of adults that report excessive drinking in the past 30 days	17.0%	18.0%	↑	19.0%	13.0%
<b>Alcohol-impaired driving deaths</b> - Percent of motor vehicle crash deaths with alcohol involvement	22.0%	28.0%	↑	28.0%	13.0%
<b>Sexually transmitted infections</b> - Chlamydia rate per 100K population	440.6	518.1	↑	523.6	145.1
<b>Teen births</b> - Female population, ages 15-19	92.0	77.0	↓	41.0	15.0
<i>Clinical Care</i>	*	130	78	↓	
<b>Uninsured adults</b> - Percent of population under age 65 without health insurance	23.0%	20.0%	↓	19.0%	6.0%
<b>Primary care physicians</b> - Number of population for every one primary care physician	6,020	4,700	↓	1,670	1,030
<b>Dentists</b> - Number of population for every one dentist	6,180	3,790	↓	1,790	1,280
<b>Mental health providers</b> - Number of population for every one mental health provider	3,090	3,160	↑	1,010	330
<b>Preventable hospital stays</b> - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	82.0	58.0	↓	53.0	35.0
<b>Flu Vaccination<sup>^</sup></b> - Percent of Medicare enrollees that receive flu vaccinations	88.0%	90.0%	↑	84.0%	91.0%
<b>Mammography screening<sup>^</sup></b> - Percent of female Medicare enrollees that receive mammography screening	53.0%	58.0%	↑	58.0%	71.0%

Exhibit 18.2 County Health Rankings - Health Factors						
	Frio County 2015	Frio County 2018		Texas 2018	Top US Performers 2018**	
<b>Social &amp; Economic Factors</b>						
	*	187	214			
<b>High school graduation<sup>^</sup></b> - Percent of ninth grade cohort that graduates in 4 years	83.0%	85.0%	↑	89.0%	95.0%	
<b>Some college<sup>^</sup></b> - Percent of adults aged 25-44 years with some post-secondary education	33.0%	33.0%	—	60.0%	72.0%	
<b>Unemployment</b> - Percent of population age 16+ unemployed but seeking work	3.5%	5.0%	↑	4.6%	3.2%	
<b>Children in poverty</b> - Percent of children under age 18 in poverty	32.0%	33.0%	↑	22.0%	12.0%	
<b>Income inequality</b> - Ratio of household income at the 80th percentile to income at the 20th percentile	4.4	5.3	↑	4.9	3.7	
<b>Children in single-parent households</b> - Percent of children that live in household headed by single parent	33.0%	36.0%	↑	33.0%	20.0%	
<b>Social associations<sup>^</sup></b> - Number of membership associations per 10,000 population	8.3	7.4	↓	7.6	22.1	
<b>Violent Crime Rate</b> - Violent crime rate per 100,000 population (age-adjusted)	181.0	180.0	↓	408.0	62.0	
<b>Injury deaths</b> - Number of deaths due to injury per 100,000 population	59.0	52.0	↓	55.0	55.0	
<b>Physical Environment</b>						
	*	19	124			
<b>Air pollution-particulate matter days</b> - Average daily measure of fine particulate matter in micrograms per cubic meter	8.3	7.5	↓	6.7	8.0	
<b>Severe housing problems</b> - Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	20.0%	24.0%	↑	9.0%	18.0%	
<b>Driving alone to work</b> - Percentage of the workforce that drives alone to work	80.0%	84.0%	↑	75.0%	80.0%	
<b>Long commute, driving alone</b> - Among workers who commute in their car alone, the percentage that commute more than 30 minutes	21.0%	17.0%	↓	15.0%	37.0%	
<p>*2015 rank out of 241 Texas counties            *2018 rank out of 242 Texas counties  <sup>^</sup> Opposite Indicator signifying that an increase is a positive outcome and a decrease is a negative.            **90th percentile, i.e., only 10% are better            Data should not be compared between years due to changes in definition and/or methods            Note: NA indicates unreliable or missing data            Source: <a href="http://Countyhealthrankings.org">Countyhealthrankings.org</a></p>						



Exhibit 19.1 County Health Rankings - Health Outcomes					
	La Salle County 2015	La Salle County 2018		Texas 2018	Top US Performers 2018**
<b>Mortality</b>	*	90	62	↓	
<b>Premature death</b> - Years of potential life lost before age 75 per 100,000 population (age-adjusted)		7,600	7,200	↓	6,700 5,300
<b>Morbidity</b>	*	225	200	↓	
<b>Poor or fair health</b> - Percent of adults reporting fair or poor health (age-adjusted)		33%	30%	↓	18% 12%
<b>Poor physical health days</b> - Average number of physically unhealthy days reported in past 30 days (age-adjusted)		4.7	4.5	↓	3.5 3.0
<b>Poor mental health days</b> - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)		3.5	3.7	↑	3.4 3.1
<b>Low birth weight</b> - Percent of live births with low birth weight (<2500 grams)		9.0%	8.0%	↓	8.0% 6.0%
*2015 rank out of 241 Texas counties					
*2018 rank out of 242 Texas counties					
Source: Countyhealthrankings.org					

Exhibit 19.2 County Health Rankings - Health Factors						
	La Salle County 2015	La Salle County 2018		Texas 2018	Top US Performers 2018**	
<i>Health Behaviors</i>	*	204	137	↓		
<b>Adult smoking</b> - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	18.0%	16.0%	↓	14.0%	14.0%	
<b>Adult obesity</b> - Percent of adults that report a BMI >= 30	30.0%	27.0%	↓	28.0%	26.0%	
<b>Food environment index</b> - Index of factors that contribute to healthy food environment, 0 (worst) to 10	6.2	6.4	↑	6.0	8.6	
<b>Physical inactivity</b> - Percent of adults aged 20 and over reporting no leisure time physical activity	26.0%	27.0%	↑	24.0%	20.0%	
<b>Access to exercise opportunities</b> - Percentage of population with adequate access to locations for physical activity	N/A	N/A	—	81.0%	91.0%	
<b>Excessive drinking</b> - Percent of adults that report excessive drinking in the past 30 days	17.0%	18.0%	↑	19.0%	13.0%	
<b>Alcohol-impaired driving deaths</b> - Percent of motor vehicle crash deaths with alcohol involvement	18.0%	18.0%	—	28.0%	13.0%	
<b>Sexually transmitted infections</b> - Chlamydia rate per 100K population	309.5	307.7	↓	523.6	145.1	
<b>Teen births</b> - Female population, ages 15-19	81.0	73.0	↓	41.0	15.0	
<i>Clinical Care</i>	*	203	92	↓		
<b>Uninsured adults</b> - Percent of population under age 65 without health insurance	26.0%	19.0%	↓	19.0%	6.0%	
<b>Primary care physicians</b> - Number of population for every one primary care physician	7,370	7630.0%	↓	1,670	1,030	
<b>Dentists</b> - Number of population for every one dentist	N/A	N/A	—	1,790	1,280	
<b>Mental health providers</b> - Number of population for every one mental health provider	2,490	1,900	↓	1,010	330	
<b>Preventable hospital stays</b> - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	87.0	62.0	↓	53.0	35.0	
<b>Diabetic screening<sup>^</sup></b> - Percent of diabetic Medicare enrollees that receive HbA1c screening	89.0%	88.0%	↓	84.0%	91.0%	
<b>Mammography screening<sup>^</sup></b> - Percent of female Medicare enrollees that receive mammography screening	27.0%	N/A	—	58.0%	71.0%	

Exhibit 19.2 County Health Rankings - Health Factors						
	La Salle County 2015	La Salle County 2018		Texas 2018	Top US Performers 2018**	
<i>Social &amp; Economic Factors</i>	*	174	202	↑		
<b>High school graduation<sup>^</sup></b> - Percent of ninth grade cohort that graduates in 4 years	93.0%	93.0%	█	89.0%	95.0%	
<b>Some college<sup>^</sup></b> - Percent of adults aged 25-44 years with some post-secondary education	35.0%	34.0%	↓	60.0%	72.0%	
<b>Unemployment</b> - Percent of population age 16+ unemployed but seeking work	3.1%	5.2%	↑	4.6%	3.2%	
<b>Children in poverty</b> - Percent of children under age 18 in poverty	36.0%	35.0%	↓	22.0%	12.0%	
<b>Income inequality</b> - Ratio of household income at the 80th percentile to income at the 20th percentile	5.2	4.5	↓	4.9	3.7	
<b>Children in single-parent households</b> - Percent of children that live in household headed by single parent	42.0%	38.0%	↓	33.0%	20.0%	
<b>Social associations<sup>^</sup></b> - Number of membership associations per 10,000 population	8.1	7.9	↓	7.6	22.1	
<b>Violent Crime Rate</b> - Violent crime rate per 100,000 population (age-adjusted)	186.0	114.0	↓	408.0	62.0	
<b>Injury deaths</b> - Number of deaths due to injury per 100,000 population	74.0	67.0	↓	55.0	55.0	
<i>Physical Environment</i>	*	86	64	↓		
<b>Air pollution-particulate matter days</b> - Average daily measure of fine particulate matter in micrograms per cubic meter	8.1	6.9	↓	6.7	8.0	
<b>Severe housing problems</b> - Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	16.0%	17.0%	↑	9.0%	18.0%	
<b>Driving alone to work</b> - Percentage of the workforce that drives alone to work	82.0%	82.0%	█	75.0%	80.0%	
<b>Long commute, driving alone</b> - Among workers who commute in their car alone, the percentage that commute more than 30 minutes	26.0%	32.0%	↑	15.0%	37.0%	
<p>*2015 rank out of 241 Texas counties            *2018 rank out of 242 Texas counties            ^ Opposite Indicator signifying that an increase is a positive outcome and a decrease is a negative.            **90th percentile, i.e., only 10% are better            Data should not be compared between years due to changes in definition and/or methods            Note: NA indicates unreliable or missing data            Source: <a href="http://Countyhealthrankings.org">Countyhealthrankings.org</a></p>						

### Improvements and Challenges

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 summary shows some of the major improvements from the prior Community Health Needs Assessment to current year and challenges faced by Frio and La Salle County. The improvements/challenges shown below in *Exhibit 20* were determined using a process of comparing the rankings of the Hospital’s health outcomes in the current year to the rankings in the prior Community Health Needs Assessment. If the current year rankings showed an improvement or decline that was deemed to be significant, they were included in the charts below.

Exhibit 20 Frio and La Salle County Improvements and Challenges	
Improvements	Challenges
Adult Smoking - percent decreased from 18% to 17% in Frio and 18% to 16% in La Salle County	Number of poor mental health days per month increased from 3.4 to 3.6 in Frio County and 3.5 to 3.7 in La Salle County
Premature Death - Decreased for both Counties	In Frio County, percentage of children in poverty and percentage of children in single-parent households increased
Uninsured Adults - percent decreased from 23% to 20% in Frio County and 26% to 19% in La Salle County	In La Salle County, percent of adults reporting no physical activity increased

As can be seen from the summarized table above, there are numerous areas that have room for improvement when compared to the statistics from the prior Community Health Needs Assessment. However, there are also significant improvements that have been made within Frio and La Salle County over the past three years.

## Community Health Status Indicators

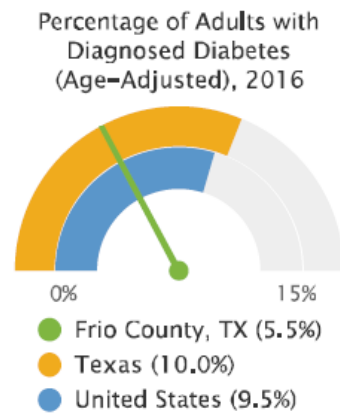
The following exhibits show a more detailed view of certain health outcomes and factors for the community, the state of Texas and the United States.

### **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 Population with Diagnosed Diabetes			
County	Total Population Age 20 and Older	Population with Diagnosed Diabetes	Percent* with Diagnosed Diabetes
<b>Frio County</b>	14,333	731	5.5%
<b>La Salle County</b>	5,839	327	6.1%
<b>Texas</b>	20,170,352	2,058,679	10.0%
<b>United States</b>	245,628,960	25,942,874	9.5%

\* Age-adjusted Rate  
 Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2017.



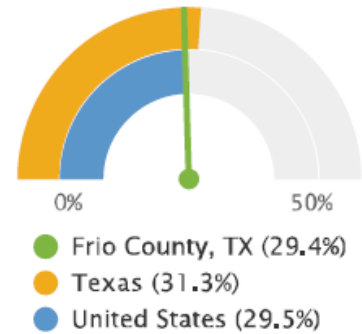
**Obesity (Adult)**

Of adults aged 20 and older, an average of 26.6 percent self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the CHNA community per *Exhibit 22*. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

<b>Exhibit 22</b>			
<b>Population with Obesity</b>			
<b>County</b>	<b>Total Population Age 20 and Older</b>	<b>Population with BMI &gt; 30.0 (Obese)</b>	<b>Percent* with BMI &gt; 30.0 (Obese)</b>
<b>Frio County</b>	14,332	4,185	29.4%
<b>La Salle County</b>	5,831	1,376	23.8%
<b>Texas</b>	20,180,862	6,331,722	33.3%
<b>United States</b>	243,101,202	72,159,365	29.5%

\* Age-adjusted Rate  
 Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2017.

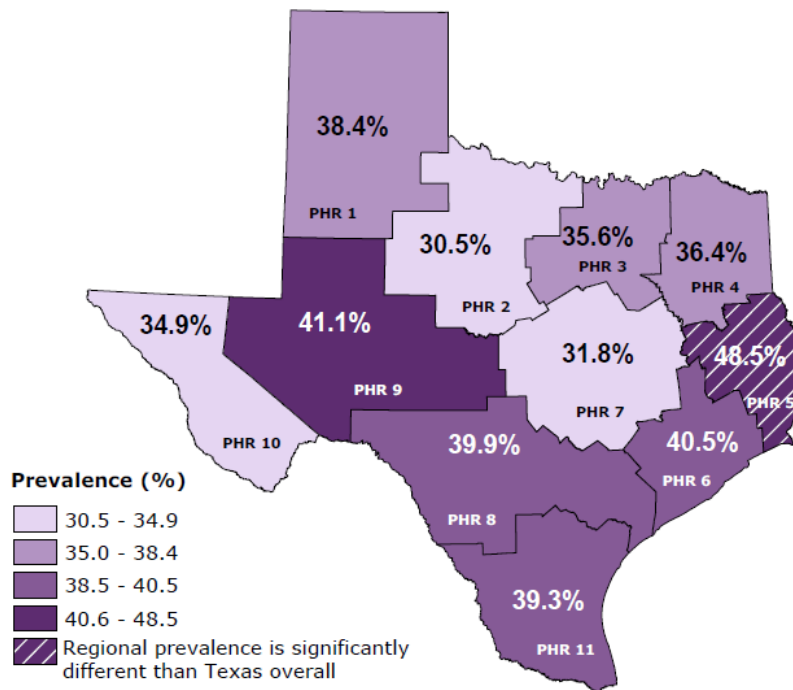
Percentage of Adults Obese (BMI > 30.0), 2016



Both Frio and La Salle Counties are included in Public Health Region 8 (PHR 8). The data presented in the below chart is gathered by the Texas Behavioral Risk Factor Surveillance System (BRFSS), which is operated by the Texas Department of State Health Services (under the direction of the Centers for Disease Control and Prevention). *Exhibit 23* illustrates the percentage of surveyed adults in each Public Health Region in Texas that are considered obese (body mass index of 30.0 or higher) calculated from self-reported height and weight.

**Exhibit 23**

**Obesity Prevalence Among Adults in Texas**



*Data Source: 2018 Texas Behavioral Risk Factor Surveillance System (BRFSS), Center for Health Statistics, Texas Department of State Health Services.*

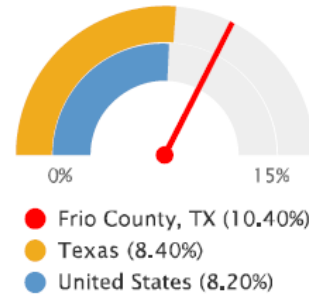
**Low Birth Weight**

Exhibit 24 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.

<b>Exhibit 24</b>			
<b>Births with Low Birth Weight</b>			
<b>County</b>	<b>Total Live Births</b>	<b>Low Weight Births (Under 2500g)</b>	<b>Percent Low Weight Births</b>
<b>Frio County</b>	1,764	183	<b>10.4%</b>
<b>La Salle County</b>	651	59	<b>9.1%</b>
<b>Texas</b>	2,759,442	231,793	8.4%
<b>United States</b>	29,300,495	2,402,641	8.2%

*Data Source: US Department of Health & Human Services, Health Indicators Warehouse.  
 Centers for Disease Control and Prevention, National Vital Statistics System.  
 Accessed via CDC WONDER. 2006-12*

Percent Low Birth Weight Births





## **Community Input – Key Stakeholder Interviews**

Obtaining input from 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 county’s health status and unmet needs. This input is 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**

Phone interviews were conducted with seven key stakeholders representing Frio and La Salle County. 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.

Seven stakeholders provided input 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

The survey consisted of a series of twelve questions.

### **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:

- ✓ Hospitals and healthcare facilities
- ✓ Social service agencies
- ✓ Public health agencies
- ✓ Local elected officials and governmental agencies
- ✓ Local businesses
- ✓ Local Churches

### **Key Stakeholder Interview Results**

The questions on the survey were grouped into four major categories. 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 on a scale of 1 to 10, with 10 being perfect health.

The seven key stakeholders that participated in the interviews provided answers that varied across the board with the lowest rating being a 2 and the highest being a 7. The average rating was a 5.3.

When asked whether the health and quality of life had improved, declined, or stayed the same, nearly all of the stakeholders responded they felt the health and quality of life had improved or stayed the same over the last few years. When asked why they thought the health and quality of life had improved, key stakeholders noted an increase in available services. Stakeholders also mentioned that the Hospital continues to try to be more involved with the community – although this has been somewhat slowed/altered in the last several months due to COVID-19.

One key stakeholder answered that the health and quality of life in the community had declined slightly over the last several years. When asked why they thought the health and quality of life had remained the same or declined slightly, key stakeholders noted poverty and obesity remain prevalent in the community. Obesity is often the root issue that leads to a variety of other health problems.

Several key stakeholders mentioned the negative effect that the COVID-19 pandemic has had on the health of the community, as well as negative economic effects, which impact overall well-being.

*“Frio is more involved in the community that it used to be – the Hospital is doing community projects and health fairs.”*

## 2. Underserved Populations and Communities of Need

The majority of the stakeholders agreed the elderly and those living in poverty have the most serious unmet health care needs. Several different factors were identified that contribute to the elderly having unmet healthcare needs: transportation, limited income, lifelong unhealthy habits that community members are unwilling or unable to break, and lack of awareness of available resources. Key stakeholders mentioned that the COVID-19 pandemic has negatively impacted both groups (elderly population and those living in poverty).

Key stakeholders noted that at times members of the community may not see health as a priority. Individuals can be set in their ways and unwilling to make necessary changes to improve health.

Children in the community were identified as a group with unmet health care needs. At age 5, children who had been participating in the WIC program through the Health Department age out of the program. Stakeholders noted that childhood obesity seems to be more prevalent and that children are not receiving education on how to live a healthy lifestyle.

### 3. Barriers

The survey included an assessment of community perceptions of major barriers to addressing health issues. Each key stakeholder was asked what barriers or problems keep community residents from obtaining necessary health services and improving health in the community. Over half of the respondents cited lack of financial resources as among the most prevalent barrier in the community. Stakeholders emphasized that the inability to afford co-pays and/or deductibles prevents community members from accessing the care they need.

Key stakeholders mentioned that the perceptions of the community members can serve as a barrier to accessing health services. Key stakeholders noted that Frio Regional Hospital has sometimes been looked at as a ‘country Hospital’ and that people believe they will receive better care if they travel to a larger city, such as San Antonio. Key stakeholders emphasized that the increased services and clinic locations now offered by Frio Regional Hospital, as well as the partnership with Methodist Healthcare in San Antonio, have been an asset to the Hospital and the community. One of the biggest challenges is increasing public awareness of these health services.

Key stakeholders noted that the COVID-19 pandemic has been a barrier to improving health and quality of life in the community. Stakeholders indicated that COVID-19 has created a great degree of uncertainty, and in some cases fear, in the community, which has led community members to cancel regular appointments and neglect certain aspects of health care, especially preventative care such as annual check-ups. Stakeholders also mentioned that availability and utilization of mental/behavioral/substance abuse services had already been an issue in the community, but that COVID-19 has complicated those issues. COVID-19 has also negatively impacted the local economy. The oil and gas industry has a significant presence in the area, and it was severely impacted by COVID-19, resulting in widespread layoffs.

Although COVID-19 had several negative impacts on the health and quality of life in the community, key stakeholders also mentioned several notable positive outcomes that have been a by-product of the pandemic. Increased availability and use of telemedicine, drive-thru stations for flu vaccines, curbside delivery model offered by the WIC office, and increased conversations around identifying health care gaps and finding solutions have all benefitted the community.

Other barriers noted by key stakeholders include lack of education, lack of awareness of available services, transportation, and the ability of the Hospital to attract specialists to the area.

Stakeholders were asked if there are any specialists that are needed in the community. A variety of answers were received to this question. The most common specialist that was mentioned was a surgeon. Several stakeholders mentioned that the Hospital and community would benefit from the addition of a surgeon. Stakeholders also mentioned the following specialties as being needed at the Hospital: dermatologist, cardiologist, bone specialist, nutritionist, someone who works with diabetic patients, gynecologist, and pediatrician.

*“We need to continue to get the word out about the quality services that Frio offers.”*

*“The Hospital has hired more doctors and joined forces with Methodist Hospital in San Antonio. This partnership has been good for reputation/good to be associated with a well-known, large hospital”*

*“COVID-19 has slowed the economy, and changed the way we live, shop and travel. Those who have been most impacted are community members with underlying health issues.”*

#### **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 community. The following issues were the most frequently identified:

- Obesity
- Diabetes
- Lack of health awareness/education
- Children’s health issues, including health education and childhood obesity

At some point in the interview process, every key stakeholder interviewed mentioned obesity as being a major issue facing the community. Key stakeholders mentioned poor eating habits and inadequate physical activity as primary contributing factors to this problem. Stakeholders indicated culture, traditions and habits that are passed from generation to generation continue to promote an unhealthy lifestyle.

Several stakeholders talked about expanding the Hospital to provide more services, better patient care, and more accessible facilities in a central location. Stakeholders emphasized the need to continue to bring in specialists and increase capacity.

When asked what needs to be done to address these issues, the most common answer was more health education. Many stated that this education needs to start with children in schools. Kids are not learning good health habits such as how to eat healthy and be physically active. Key stakeholders indicated health education is meaningful when it comes from the Hospital or an agency or individual associated with the Hospital.

Key stakeholders mentioned better collaboration between the Hospital and local organizations/agencies would improve the health of the community and make the delivery of health care services more accessible and more seamless for the patient.

*“Obesity is prevalent here and leads to a whole host of other problems.”*

*“The Hospital and local agencies need to improve collaboration and communication in order to better serve the community.”*

## **Key Findings**

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

- A majority of key stakeholders felt the health and quality of life in the community had improved or stayed the same in the recent years.
- The community has a number of distinct populations identified as being underserved (low-income, elderly, young children) which are in need of targeted outreach to address health needs.
- Culture, tradition, and long-standing habits have contributed to an unhealthy culture due to lack of health knowledge and/or apathy regarding personal health and wellness.
- The community has benefited from new ways of accessing health services that COVID-19 has brought about including a drive thru flu vaccine, telemedicine, and curbside pickups.

## **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 4.2 and La Salle County is 4.8. The zip codes with the highest level of need were 78061 (Pearsall) and 78014 (Cotulla) with a score of 4.8.

## **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, publicly 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 Frio and La Salle County 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 an identified health need.

### ***Health Outcomes and Factors***

An analysis of the County Health Rankings health outcomes and factors data was prepared for Frio Regional Hospital'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 percent of the national benchmark) resulted in an identified health need.

The indicators falling within the least favorable quartile from the Community Health Status Indicators (CHSI) resulted in an identified health need.

### ***Primary Data***

Health needs identified through the key stakeholder 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.** This rating factor used information obtained from key stakeholder interviews to identify vulnerable populations and determine the impact of the health need on these populations.
- 4) **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, County Health Rankings, and Primary Data) identified the need.
- 5) **Alignment with the Hospital's resources.** This rating factor was determined by whether or not the need fits within the Hospital's strategic plan, as well as the Hospital's ability to address the need. Rating of one (least) through five (greatest) was given to each need, based on management assignment.

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

Exhibit 25							
Prioritization of Community Health Needs							
Health Problem	How many people are affected by the issue?	What are the consequences of not addressing this problem?	What is the Impact on Vulnerable Populations?	Prevalence of Common Themes	Alignment with Hospital's Resources	Total Score	
Lack of Health Knowledge/Education	5	3	5	5	3	21	
Adult Obesity	5	4	3	5	3	20	
Lack of Mental Health Providers/Mental Health Conditions	3	3	4	5	4	19	
Physicians	3	4	4	3	5	19	
Poverty/Children in Poverty	4	4	4	5	2	19	
Needs Associated with the Aging Population	4	3	4	3	3	17	
Substance Abuse	3	3	4	3	3	16	
Uninsured/High Cost of Healthcare	3	3	4	3	3	16	
Heart Disease	3	3	3	3	3	15	
Lack of Access to Exercise Opportunities	4	3	3	1	2	13	
Adult Smoking	4	1	3	3	2	13	
Stroke	1	3	2	1	5	12	
Preventable Hospital Stays	2	2	2	1	4	11	
Children in Single-Parent Households	3	3	3	1	1	11	
Cancer	2	3	2	1	2	10	
Teen Birth Rate	1	3	2	1	3	10	
Transportation	2	2	2	1	1	8	
Alcohol-Impaired Driving Deaths	1	2	1	1	2	7	
Violent Crime Rate	1	2	2	1	0	6	

## 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 25*, 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

As a result of the analysis described, Hospital management identified the following health needs as the most significant health needs for the community. The health needs that scored a 19 or more (out of a possible 25) were identified as a priority area that will be addressed through Frio Regional Hospital's Implementation Strategy for years 2021 – 2023.

- Lack of health knowledge/education
- Adult obesity
- Lack of mental health providers/mental health conditions
- Lack of access to primary care physicians
- Poverty/children in poverty

The Hospital's next steps include determining priority areas and 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.

### ***Frio Regional Hospital***

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.

### ***Swing Bed Program at Frio Regional Hospital***

The goal of the swing bed program is to assist patients who have undergone surgery, an illness, or injury, with continued skilled care so they are discharged with a higher level of functioning and wellness. Patients may stay in a swing bed program as long as they are making progress – for as little as three days, or as many as 21 days.

### ***Frio Regional Primary Care and Urgent Care Clinic***

Services offered: Quick, walk-in access, primary care services, adult & pediatric services, extended hours, x-rays, lab services, physicals, disease management, immunizations, minor emergency treatment, women's health/gynecological care, and family planning.

### ***Frio Hospital Home Health***

Awarded a 4.5 star rating from Medicare Home Health Compare. Sometimes you need a little help at home. Maybe you recently left the hospital with a wound that needs more care than your family can provide. Or you're coming home after having had hip or knee replacement surgery and could benefit from physical therapy. That's where Frio Regional Hospital's Home Health Care Services come in. Our skilled nurses and other specialist can provide a wide range of care in the comfort of your own home. We serve the population of Frio County and the surrounding areas, including La Salle and Medina counties.

### ***Frio Regional Hospital Rehabilitation Services***

At the Frio Rehabilitation Center, we understand how important it is to get back on your feet as quickly as possible after an illness, injury, or surgery. Our new-hospital rehabilitation gym makes it easier and even more convenient to get back to living a full life. If you're living with a health problem that makes difficult to function independently, we can help with that, too. Our team of highly skilled rehab specialist are

trained to help you recover by providing the highest quality care. We offer: Comprehensive Care, Physical Therapy, Occupational Therapy, Speech Therapy, and Pediatric Therapy.

### **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 26 provides a listing of community health centers and rural health clinics in the Hospital’s community.

<b>Exhibit 26</b>			
<b>Summary of Other Health Care Facilities</b>			
<b>Facility</b>	<b>Facility Type</b>	<b>Address</b>	<b>County</b>
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 Department**

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**

<b>Analysis of CHNA Data</b>					
<b>Analysis of Health Status-Leading Causes of Death</b>					
			(A)	(B)	
	U.S. Crude Rates	Texas Crude Rates	County Rate	10% Increase of Texas Crude Rate	If (A)>(B), then "Health Need"
<b>Frio County:</b>					
Cancer	155.3	147.8	135.5	162.6	
Coronary Heart Disease	94.7	95.8	166	105.4	Health Need
Heart Disease	165.9	169.7	239.9	186.7	Health Need
Stroke	37.2	41.5	44.8	45.7	
Unintentional Injury	45.9	38.0	34.3	41.8	
<b>La Salle County:</b>					
Cancer	155.3	147.8	116.9	162.6	
Coronary Heart Disease	94.7	95.8	131.9	105.4	Health Need
Heart Disease	37.2	169.7	214.9	186.7	Health Need
Stroke	45.9	41.5	N/A	45.7	
Unintentional Injury	45.9	38.0	N/A	41.8	

*The crude rate is shown per 100,000 residents. Please refer to Exhibit 17 for more information*

<b>Analysis of Health Outcomes and Factors</b>					
	National Benchmark	(A) 30% of National Benchmark	County Rate	(B) County Rate Less National Benchmark	If (B)>(A), then "Health Need"
<b>Frio County:</b>					
Adult Smoking	14.0%	4.2%	16.0%	2.0%	
Adult Obesity	26.0%	7.8%	25.0%	-1.0%	
Food Environment Index	8.6	3	8.6	0	
Physical Inactivity	20.0%	6.0%	24.0%	4.0%	
Access to Exercise Opportunities	91.0%	27.3%	41.0%	50.0%	Health Need
Excessive Drinking	13.0%	3.9%	19.0%	6.0%	Health Need
Alcohol-Impaired Driving Deaths	11.0%	3.3%	21.0%	10%	Health Need
Sexually Transmitted Infections	161	48	521	360	Health Need
Teen Birth Rate	13	4	64	51	Health Need
Uninsured	6.0%	1.8%	22.0%	16.0%	Health Need
Primary Care Physicians	1030	309	4900	3870	Health Need
Dentists	1240	372	3960	2720	Health Need
Mental Health Providers	290	87	3960	3670	Health Need
Preventable Hospital Stays	2761	828	5013	2252	Health Need
Mammography Screening	53.0%	15.9%	27.0%	26.0%	Health Need
Violent Crime Rate	63	19	237	174	Health Need
Children in Poverty	11.0%	3.3%	34.0%	23.0%	Health Need
Children in Single-Parent Households	20.0%	6.0%	45.0%	25.0%	Health Need
<b>La Salle County:</b>					
Adult Smoking	14.0%	4.2%	14.0%	0.0%	
Adult Obesity	26.0%	7.8%	30.0%	4.0%	
Food Environment Index	8.6	2.6	6.3	-2.3	
Physical Inactivity	20.0%	6.0%	25.0%	5.0%	
Access to Exercise Opportunities	91.0%	27.3%	N/A		
Excessive Drinking	13.0%	3.9%	19.0%	6.0%	Health Need
Alcohol-Impaired Driving Deaths	11.0%	3.3%	14.0%	3.0%	
Sexually Transmitted Infections	161	48.4	326.6	165.2	Health Need
Teen Birth Rate	13	390.0%	63.0	50.0	Health Need
Uninsured	6.0%	1.8%	17.0%	11.0%	Health Need
Primary Care Physicians	1030	309	N/A		
Dentists	1240	372	N/A		
Mental Health Providers	290	87	1,880	1590.0	Health Need
Preventable Hospital Stays	2761	828	4,701	1940.0	Health Need
Mammography Screening	53.0%	15.9%	24.0%	-29.0%	
Violent Crime Rate	63	18.9	85.0	22.0	Health Need
Children in Poverty	11.0%	3.3%	36.0%	25.0%	Health Need
Children in Single-Parent Households	20.0%	6.0%	29.0%	9.0%	Health Need

\*From County Health Rankings

**APPENDIX B**  
**SOURCES**

DATA TYPE	SOURCE	YEAR(S)
Discharges by Zip Code	Frio Regional Hospital	2019
Community Details: Population & Demographics	Community Commons via American Community Survey <a href="https://factfinder.census.gov/">https://factfinder.census.gov/</a>	2014-2018
Community Details: Urban/Rural Population	Community Commons via US Census Bureau <a href="https://factfinder.census.gov/">https://factfinder.census.gov/</a>	2010
Socioeconomic Characteristics: Income	Community Commons via American Community Survey <a href="https://factfinder.census.gov/">https://factfinder.census.gov/</a>	2014-2018
Socioeconomic Characteristics: Unemployment	Community Commons via US Department of Labor <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2018
Socioeconomic Characteristics: Poverty	Community Commons via American Community Survey <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2014-2018
Socioeconomic Characteristics: Uninsured	Community Commons via American Community Survey <a href="https://factfinder.census.gov/">https://factfinder.census.gov/</a>	2014-2018
Socioeconomic Characteristics: Medicaid	Community Commons via American Community Survey <a href="https://factfinder.census.gov/">https://factfinder.census.gov/</a>	2010-2014
Socioeconomic Characteristics: Education	Community Commons via US Census Bureau <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2014-2018
Physical Environment: Food Insecurity	Feeding american.org. 2018.	2018
Physical Environment: Physical Activity	2018 Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services.	2018
Clinical Care: Access to Primary Care	Community Commons via Centers for Disease Control & Prevention <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2014
Clinical Care: Access to Dentists	Community Commons via US Department of Health & Human Services <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2015
Clinical Care: Access to Mental Health Providers	Community Commons via US Department of Health & Human Services <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2017
Clinical Care: Professional Shortage Area	Community Commons via Centers for Disease Control & Prevention <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2019
Critical Care: Preventable Hospital Events	Community Commons via Dartmouth College Institute for Health Policy <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2017
Leading Causes of Death	Community Commons via Centers for Disease Control and Prevention <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2014-2018
Health Outcomes and Factors	County Health Rankings <a href="http://www.countyhealthrankings.org/">http://www.countyhealthrankings.org/</a>	2015 & 2018
Health Outcome Details	Community Commons <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2011-2016
Health Care Resources: Hospitals	US Hospital Finder <a href="http://www.ushospitalfinder.com/">http://www.ushospitalfinder.com/</a>	2018
Health Care Resources: Community Health Centers	Community Commons, CMS.gov, HRSA	
Zip Codes with Highest CNI	Dignity Health Community Needs Index <a href="http://cni.chw-interactive.org/">http://cni.chw-interactive.org/</a>	2018

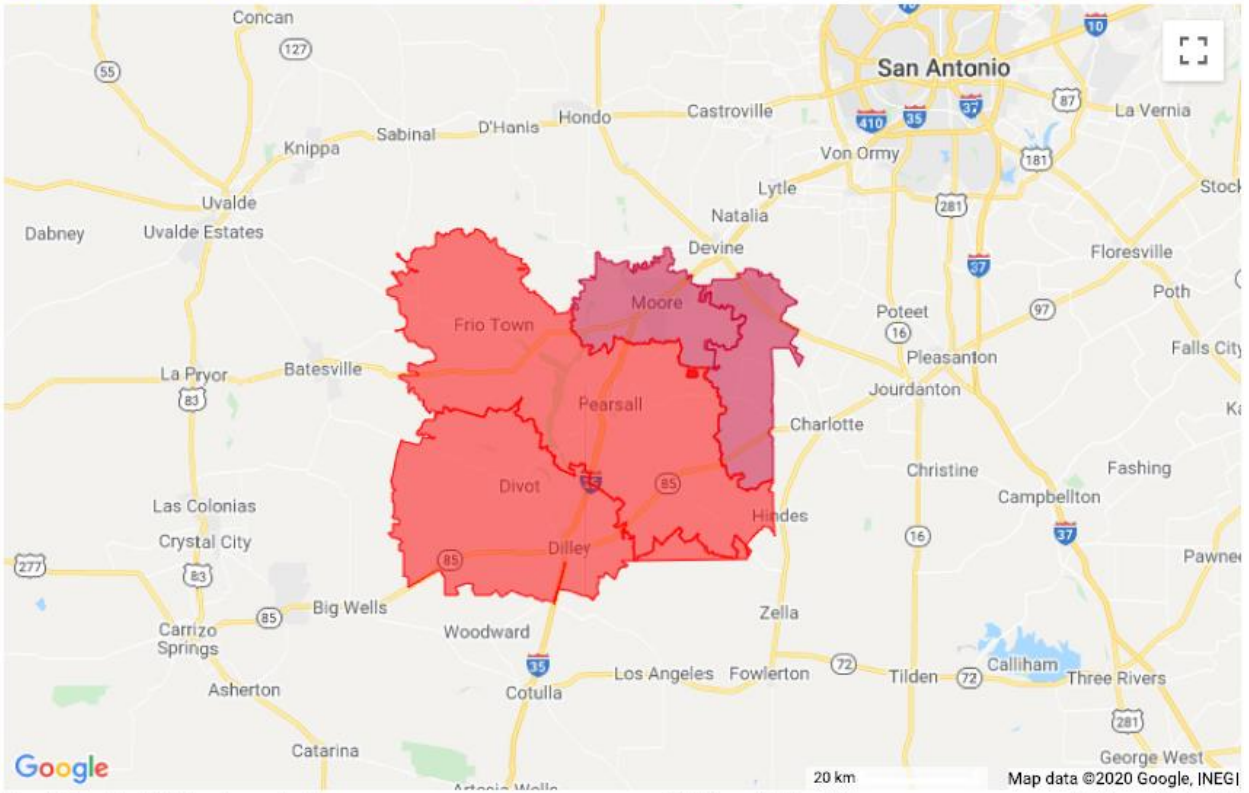


**APPENDIX C**  
**DIGNITY HEALTH COMMUNITY NEED INDEX**  
**(CNI) REPORT**

## Frio County

Lowest Need      Highest Need

■ 1 - 1,7 Lowest     
 ■ 1,8 - 2,5 2nd Lowest     
 ■ 2,6 - 3,3 Mid     
 ■ 3,4 - 4,1 2nd Highest     
 ■ 4,2 - 5 Highest



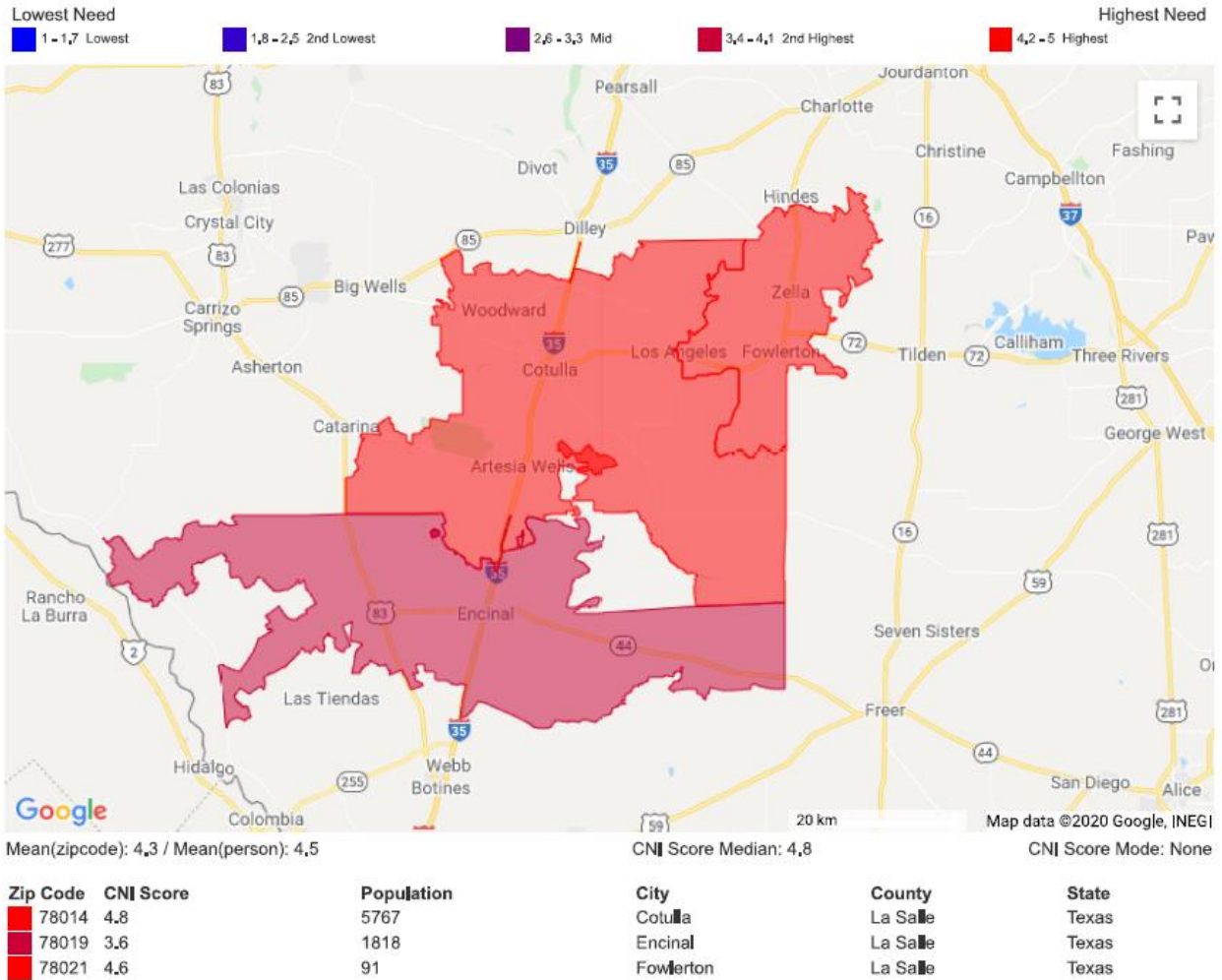
Mean(zipcode): 4,2 / Mean(person): 4,7

CNI Score Median: 4,2

CNI Score Mode: 3,6

Zip Code	CNI Score	Population	City	County	State
78005	3,6	867	Bigfoot	Frio	Texas
78017	5	5599	Dilley	Frio	Texas
78057	3,6	1247	Moore	Frio	Texas
78061	4,8	12605	Pearsall	Frio	Texas

## 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:

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 30 minutes, but we may find that we run over – up to 45 minutes total - once we get into the interview. **(Check to see if this is okay)**.

**Frio Regional Hospital** is gathering local data as part of developing a plan to improve health and quality of life in Frio and La Salle Counties and the surrounding communities. Community input is essential to this process. Key stakeholder interviews are being used to engage community members. You have been selected for a key stakeholder 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 on a scale of 1 to 10, with 10 being the highest?
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 barriers, if any, exist to improving health and quality of life in Frio and La Salle Counties?
5. In your opinion, what are the most critical health and quality of life issues in Frio and La Salle Counties?
6. What needs to be done to address these issues?
7. Please describe your familiarity and/or perceptions regarding available local health resources and services.
8. What groups of people in the community do you believe have the most serious unmet health care needs? Describe the causes.
9. Are there any specialists (physicians) which are needed in the community? If so, what specialties are needed?
10. How has COVID-19 impacted the overall health of the community?
11. How has COVID-19 changed the way community members access health care services? Has the pandemic revealed any weaknesses and/or opportunities regarding the delivery of health care services?
12. 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 stakeholder interview process:

Billie Heiser, Frio Regional Hospital

Jim Gates, Frio Hospital Association

David Bachelor, First Methodist Church

Jose Asuncion, Frio County Commissioner

Dr. Samer Arab, Frio Regional Hospital

Jaime Lopez, Frio County Extension Agent

Tammy Hernandez, WIC

**APPENDIX E**  
**IMPLEMENTATION STRATEGY UPDATE**



**COMMUNITY HEALTH NEEDS ASSESSMENT  
IMPLEMENTATION STRATEGIES**

**for**

**PRIORITY HEALTH NEEDS**

**of**

**FRIO REGIONAL HOSPITAL**

**2018**

*By*

*Nancy Ortiz  
Director, HR & Marketing  
Frio Regional Hospital*

## **COMMUNITY HEALTH NEEDS**

Provide information, education and treatment to the community/patient population to prevent; reduce and treat heart disease, diabetes and obesity; encourage better health behavior and lifestyle choices; address the lack of health knowledge in the community; encourage physical activity & exercise; increase awareness and sensitivity to community language preferences and cultural mindsets; and expand awareness of poverty within the community, especially children in poverty.

### **IMPLEMENTATION PLAN:**

Provide information, educate the public through health literature, public forums, health fairs, and continued treatment of affected patients through direct treatment in collaboration with other health resources, civic, political, nonprofit, religious and business organizations.

### **IMPLEMENTATION STRATEGIES/ACCOMPLISHMENTS 2018**

#### **PRIORITY #1 - CHRONIC DISEASE MANAGEMENT**

##### **A. Heart Disease**

January 3 – Translational Advisory Board (TAB) monthly meeting.

Topic: Planning a “healthy activity event” for our youth and their families in Pearsall, TX. FRH staff was involved by providing first-aid & educational stations.

May 5 – Pearsall High School scholarship fun run – FRH sponsored drinks and assisted with volunteers and first-aid stations.

July 31 – Marketing dept. assisted at the Summer Youth Rec Fun Day at sports complex – Pearsall, TX.

October 6 – Immaculate Heart of Mary Church 5K/10K Run community event at Pearsall, TX. Marketing department attended also nursing staff provided first-aid.

##### **B. Diabetes**

January 3 – Translational Advisory Board (TAB) monthly meeting.

Topic: Planning a “healthy activity event” for our youth and their families in Pearsall, TX. FRH staff was involved by providing first-aid & educational stations.

May 5 – Pearsall High School scholarship fun run – FRH sponsored drinks and assisted with volunteers and first-aid stations.

July 31 – Marketing dept. assisted at the Summer Youth Rec Fun Day at sports complex – Pearsall, TX.

October 6 – Immaculate Heart of Mary Church 5K/10K Run community event in Pearsall, TX. Marketing department attended also nursing staff provided first-aid.

### **C. Obesity**

January 3 – Translational Advisory Board (TAB) monthly meeting.

Topic: Planning a “healthy activity event” for our youth and their families in Pearsall, TX. FRH staff was involved by providing first-aid & educational stations.

May 5 – Pearsall High School scholarship fun run – FRH sponsored drinks and assisted with volunteers and first-aid stations.

July 31 – Marketing dept. assisted at the Summer Youth Rec Fun Day at sports complex – Pearsall, TX.

October 6 – Immaculate Heart of Mary Church 5K/10K Run community event in Pearsall, TX. Marketing department attended also nursing staff provided first-aid.

## **PRIORITY #2 - PRIMARY CARE PHYSICIANS**

### **A. Lack of Primary Care Physicians**

May 2 - Translational Advisory Board (TAB) monthly meeting. Topic: Clinical Aspects of Integrated Primary Care Behavioral Health.

October 24 – Lunch & Learn for staff and physicians presented by Dr. Cathy Carroll, MSN, RN, CEN, CPEN from Methodist Hospital. Topic: General overview of abused and neglected children.

### **B. Obstetrics/Low Birth Weight**

March 21 – Neonatal Infection Lunch & Learn for FRH staff & physicians at FRH presented by Dr. Christina Stine, MS, RD, MD and Methodist Pediatric Outreach.

June 27 – Lunch & Learn for clinical and FRH staff and physicians. Topic: Hypoxic Ischemic Encephalopathy by Dr. Christina Stine.

### **C. Uninsured**

### **D. High Cost of Health Care**

March 21 – Neonatal Infection Lunch & Learn for FRH staff & physicians at FRH presented by Dr. Christina Stine, MS, RD, MD and Methodist Pediatric Outreach.

April 13 – Lunch & Learn for all staff and physicians. Topic: Opiates Crisis.

May 2 - Translational Advisory Board (TAB) monthly meeting. Topic: Clinical Aspects of Integrated Primary Care Behavioral Health.

June 27 – Lunch & Learn for clinical and FRH staff and physicians. Topic: Hypoxic Ischemic Encephalopathy by Dr. Christina Stine.

## **PRIORITY #3 - HEALTH EDUCATION**

### **A. Healthy Behavior and Lifestyle Choices**

January 3 – Translational Advisory Board (TAB) monthly meeting.

Topic: Planning a “healthy activity event” for our youth and their families in Pearsall, TX. FRH staff was involved by providing first-aid & educational stations.

January 11 – N. Ortiz attended School Health Advisory Council (SHAC) meeting at Pearsall High School. Plans to have a mock presentation on drug overdose for students and parents with PISD Police Department and FRH.

February 7 – TAB monthly meeting. Topic: Establishing an Explorer/Post Club Healthcare Program with Pearsall, TX students.

March 8 – Career/Technology Advisory Council (CTE) at PHS - Student Interview Project presented by FRH Human Resources Director.

March 21 – Neonatal Infection Lunch & Learn for FRH staff & physicians at FRH presented by Dr. Christina Stine, MS, RD, MD and Methodist Pediatric Outreach.

March 24 – N. Ortiz attended Pioneer Days in Pearsall, TX to market FRH and nursing staff performed blood pressure readings to the community.

April 2 – Lunch & Learn for all staff, Pearsall community and surrounding counties. Topic: Distractive Driving -Law Enforcement.

April 27 – “Stop the Bleed” Presentation at Pearsall High School for all students and staff by FRH nursing staff.

April 13 – Lunch & Learn for all staff and physicians. Topic: Opiates Crisis.

May 2 - Translational Advisory Board (TAB) monthly meeting. Topic: Clinical Aspects of Integrated Primary Care Behavioral Health.

May 5 – Pearsall High School scholarship fun run – FRH sponsored drinks and assisted with volunteers and first-aid stations.

May 7<sup>th</sup>/ May 11<sup>th</sup> - Hospital week events for all staff.

May 7 – Employee engagement survey & hospital week – FRH Lab & Maintenance departments hosted food, games for all FRH staff.

May 8 – Health Fair in Lytle, TX – ED Director & Marketing Director represented FRH.

May 9 – Open House at FRH for community of Pearsall/Dilley, TX during Hospital Week.

June 2 – Nancy Ortiz attended the watermelon festival in Dilley, Texas representing FRH in a marketing capacity.

June 6 – Translational Advisory Board (TAB) monthly meeting. Topic: Healthy Frio, HPV Project, Caregiver Project.

June 15 – Marketing dept. attended end-of-the-school-year bash for Pearsall community at Pearsall Nursing Home.

July 17 – Louisa Martinez, DON; Andy Williams, CEO; and Nancy Ortiz, HR Director met with Dr. Bell from Coastal Bend College – nursing students training at FRH.

July 24 - Pearsall Rotary group met at Pearsall, TX Library to support city officials event presented by SBA.

July 31 – Marketing dept. assisted at the Summer Youth Rec Fun Day at sports complex – Pearsall, TX.

August 1 – Attended TAB monthly meeting. Topic: Community Engagement Symposium.

August 1 – Cotulla back to school fair – FRH Home Health attended.

August 2 - Pearsall WIC health fair – Marketing dept. attended.

August 10 – Pearsall HS Back-To-School Bash; Marketing dept. attended.

August 29 – FRH Home Health Open House – Open to the community/staff.

September 5 - Nancy Ortiz met with Dr. Carol White at UTHSC about caregiver project presentation (Alzheimer's) to be held at FRH.

September 5 - TAB monthly meeting.

September 21 – Frio Nueces Current newspaper visited FRH Rehab Center to cover a story about a patient receiving therapy and is now able to walk after not walking for over a year.

September 24 – FRH staff assisted at Fireman's Park for community food drive.

September 26 – Pearsall High School report card event. Marketing department attended.

October 3 – TAB monthly meeting. Topic: Health Career Planning & Caregiver Project Update.

October 6 – Immaculate Heart of Mary Church 5K/10K Run community event in Pearsall, TX. Marketing department attended also nursing staff provided first-aid.

October 12 – Fire Prevention Week –participation from Pearsall & Dilley Elementary Schools.

October 12 – FRH staff assisted at Fireman's Park for community food drive.

October 23 – Lytle Health Fair – Marketing dept. attended.

November 3 – Participated at Pearsall's Market Days event.

November 15 – National Rural Health Day at FRH. Served lunch to all the staff and C N A programs from Pearsall and Dilley high school students. Also, FRH staff/departments met with all students to explain their job roles at the hospital.

November 29 – Nancy Ortiz attended School Health Advisory Council (SHAC) & Career/Technology Advisory Board meetings at PSH.

## **B. Lack of Health Knowledge**

January 11 – N. Ortiz attended School Health Advisory Council (SHAC) meeting at Pearsall High School. Plans to have a mock presentation on drug overdose for students and parents with PISD Police Department and FRH.

February 7 – TAB monthly meeting. Topic: Establishing an Explorer/Post Club Healthcare Program with Pearsall, TX students.

March 7 - Translational Advisory Board (TAB) meeting.

March 8 – SHAC Health Fair at Dilley HS – nursing staff attended.

March 9 – PSH Career Fair – Various hospital departments represented FRH: lab, radiology, nursing, and marketing.

March 21 – Neonatal Infection Lunch & Learn for FRH staff & physicians at FRH presented by Dr. Christina Stine, MS, RD, MD and Methodist Pediatric Outreach.

March 24 – N. Ortiz attended Pioneer Days in Pearsall, TX to market FRH and nursing staff performed blood pressure readings to the community.

March 29th/30th – Clinical skills fair at FRH for all staff.

April 2 – Lunch & Learn for all staff, Pearsall community and surrounding counties. Topic: Distractive Driving -Law Enforcement.

April 4 – Translational Advisory Board (TAB) HPV Project – Cristina Martinez; Caregiver Project – Nancy Ortiz; Healthy Frio – Marisol McDaniel; Recruitment Challenges; TAB Fact Sheet – Ariel Gomez; Open Discussion – High School Explorers.

April 5 – Career/Technology Advisory Council (CTE) at Pearsall High School; TWC JET Grant information and Program Review; CTE Program Evaluation/Action Plan for 2018-2019. Nancy Ortiz, HR Director (council member) attended meeting.

April 11 – Lunch & Learn for hospital staff & Pearsall Community - An Overview of Parkinson's Disease, Research and Resources – Presenter - Dianne Johnson, Clinical Research Nurse, Parkinson's Disease Clinic from UTHSC. Also, had Virtual Dementia second tours available.

April 12 - GENCURE Meeting – Agri-Life Building – CEO, Andy Williams attended.

April 13 – Lunch & Learn for all staff and physicians. Topic: Opiates Crisis.

April 27 – “Stop the Bleed” Presentation at Pearsall High School for all students and staff at PSH by FRH nursing staff.

May 2 - Translational Advisory Board (TAB) monthly meeting. Topic: Clinical Aspects of Integrated Primary Care Behavioral Health.

May 7th/May 11th – Hospital week events for all staff.

May 7 – Employee engagement survey & hospital week – FRH Lab & Maintenance departments hosted food, games for all FRH staff.

May 8 – Health Fair in Lytle, TX – ED Director & Marketing Director represented FRH.

May 9 – Open House at FRH for community of Pearsall/Dilley, TX. during Hospital Week.

June 2 – Nancy Ortiz attended the watermelon festival in Dilley, Texas representing FRH in a marketing capacity.

June 6 – Translational Advisory Board (TAB) monthly meeting. Topic: Healthy Frio, HPV Project, Caregiver Project.

June 15 – Marketing dept. attended end-of-the-school-year bash for Pearsall community at the Pearsall Nursing Home.

June 27 – Lunch & Learn for clinical and FRH staff and physicians. Topic: Hypoxic Ischemic Encephalopathy by Dr. Christina Stine.

July 17 – Louisa Martinez, DON; Andy Williams, CEO; Nancy Ortiz, HR Director met with Dr. Bell from Coastal Bend College – nursing students training at FRH.

August 1 – Attended TAB monthly meeting. Topic: Community Engagement Symposium.

August 1 – Cotulla back to school fair – FRH Home Health attended.

August 2 - Pearsall WIC health fair – Marketing dept. attended.

August 7 - Channel 4 news at FRH to interview a patient with West Nile Virus.

August 9th/10th – 2018 Global Leadership Forum at Holy Trinity in S.A. for all FRH directors.

August 16 – Multi disciplinary Trauma meeting with Dr. Jenkins and FRH staff, physicians & community.

August 24 – Nancy Ortiz met with Admissions Director from Pearsall Nursing Home to plan fall festival/pumpkin patch for Pearsall community in October. This planning meeting was in conjunction with event partnership with Pearsall Nursing Home.

August 29 – FRH Home Health Open House – Opened to the community/staff.

September 5 - Nancy Ortiz met with Dr. Carol White at UTHSC on caregiver project presentation.

September 5 - TAB monthly meeting.

September 21 – Nancy Ortiz attended Human Resources Director’s Rural Hospitals Meeting at Methodist.

October 3 – TAB monthly meeting. Topic: Health Career Planning & Caregiver Project Update.

October 23 – Lytle Health Fair – Marketing dept. attended.

October 24 – Lunch & Learn for staff and physicians presented by Dr. Cathy Carroll, MSN, RN, CEN, CPEN from Methodist Hospital. Topic: General overview of abused and neglected children.

November 3 – Participated at Pearsall’s Market Days event.

November 29 – Nancy Ortiz attended School Health Advisory Council (SHAC) & Career/Technology Advisory Board meetings at PSH.

### **C. Physical Inactivity**

January 3 – Translational Advisory Board (TAB) monthly meeting.

Topic: Planning a “healthy activity event” for our youth and their families in Pearsall, TX before May. FRH staff was involved by providing first-aid & educational stations.

February 7 - TAB monthly meeting. Topic: Establishing an Explorer/Post Club Healthcare Program with Pearsall, TX students.

July 31 – Marketing dept. assisted at the Summer Youth Rec Fun Day at sports complex – Pearsall, TX.

October 6 – Immaculate Heart of Mary Church 5K/10K Run community event in Pearsall, TX. Marketing department attended also nursing staff provided first-aid.

### **D. Language and Cultural Mindset**

January 11 – N. Ortiz attended School Health Advisory Council (SHAC) meeting at Pearsall High School. Plans to have a mock presentation on drug overdose for students and parents with PISD Police Department and FRH.

February 13 – Pearsall Rotary sponsored their Annual Pancake Supper at First United Methodist Fellowship Hall. Rotary President – Andy Williams, Vice President- Nancy Ortiz, Member Tom Grimert.



May 1 – CEO, Andy Williams attended a welcoming event that included a tour for Texas’ First Lady’s – Mrs. Abbott - for the Texas Historical Commission Texas Main Street Program in Pearsall, TX - promoting Pearsall and its unique character through the revitalization of downtown, historic preservation and community involvement (Main Street Improving Grant).

May 7<sup>th</sup>/May 11<sup>th</sup> – Hospital week events for all staff.

May 7 – Employee engagement survey & hospital week – FRH Lab & Maintenance departments hosted food, games for all FRH staff.

May 8 – Health Fair in Lytle, TX – ED Director & Marketing Director represented FRH.

May 9 – Open House at FRH for community of Pearsall/Dilley, TX. during Hospital Week.

June 2 – Nancy Ortiz attended the watermelon festival in Dilley, Texas representing FRH in a marketing capacity.

June 6 – Translational Advisory Board (TAB) monthly meeting – Healthy Frio, HPV Project, Caregiver Project.

November 29 – Nancy Ortiz attended School Health Advisory Council (SHAC) & Career/Technology Advisory Board meetings at PSH.

#### **E. Poverty/Children in Poverty**

February 9 – Frio County Food Distribution at Fireman’s Park. FRH staff participated.

March 10 – Easter community event at FRH.

July 10 – Nancy Ortiz (CASA Board Member) met with Mrs. Francie Gasch to discuss fundraiser for CASA.

August 1 – Cotulla back to school fair – FRH Home Health attended

August 2 – Pearsall WIC health fair – Marketing dept. attended.

August 10 – Pearsall Back-To-School Bash – FRH staff attended.

October 12 – FRH staff assisted at Fireman’s Park for community food drive.

November 16 – FRH staff delivered 31 Thanksgiving baskets to seniors in Pearsall, TX resident homes.

December 7<sup>th</sup>/8<sup>th</sup> – Pearsall Rotary members participated at Pearsall Walmart for their annual can food drive/donations for Pearsall Child Board (Nancy Ortiz, Rotary President).

December 8 – FRH hosted Annual Community Lunch with Santa and Mrs. Santa event for the community.

December 12 – Francie Gash (CASA) collected all toys/gift cards donated by staff for their annual CASA toy drive.

### **ON-GOING AND CONTINUING FOR 2018**

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

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

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.

Feb. 15 - MCLE at Norris Conference Center.

May 22 – Employee Engagement Survey casino event for all FRH staff.

May 24 – HR Director, Nancy Ortiz – Participated in selecting the 2017-18 District Teacher of the Year.

June 20 – FRH Human Resources dept. hosted quarterly luncheon for birthday staff.

July 3 – Employee engagement survey appreciation lunch & breakfast for day/night shift staff.

July 16 – Town hall meetings for all FRH staff 9:30 am, 3:30 pm, 5:30 pm.

July 18 - Town hall meetings for all FRH staff 7:30 am, 9:30 am, 3:30 pm.

August 1 - Dilley ISD welcome luncheon for all new teachers/administration. FRH donated plants and goodie bags.

August 1 – Cotulla back to school fair – FRH Home Health attended.

August 6 – Pearsall ISD mandatory all staff meeting – FRH attended.

August 9th/10th – 2018 Global Leadership Forum at Holy Trinity in S.A. for FRH Director's.

August 10 – FRH attended Pearsall Back-To-School Bash.

September 19 – Human Resources dept. hosted quarterly birthday lunch for staff.

September 26 – Attend Pearsall High School report card event.

October 1 – 3rd Pearsall Rotary Auction – Nancy Ortiz, President; Andy Williams & Tom Grimert, Members.

October 2 – National Night Out – FRH staff participated in Pearsall & Dilley, TX.

- October 3 – TAB monthly meeting. Topic: Health Career Planning & Caregiver Project Update.
- October 11 – Pearsall Homecoming Parade – Community Event – FRH participated.
- October 27 - 1st Annual Pumpkin Patch community event – FRH partnered with Pearsall Nursing Home.
- October 31 – Fall Fest (Methodist Church hosted) Community event – FRH staff participated.
- October 31 – FRH staff luncheon – pumpkin carving & costume contest.
- November 5 – Nancy Ortiz met with Dr. Carole White at UTHSC to discuss 2019 calendar for caregiver project for Pearsall/Dilley community.
- November 7 – FRH staff participated at the Dilley, TX homecoming parade.
- December 5 – FRH staff participated at the Dilley, TX Christmas Parade.
- December 14 – FRH participated at the Pearsall, TX Christmas Parade.
- December 18 – FRH Rotary members participated along with the Pearsall H.S. Choir for Christmas Caroling at Pearsall Nursing Home.
- December 19 – FRH Staff Christmas Luncheon/Service Awards Presentation.

**COMMUNITY HEALTH NEEDS ASSESSMENT  
IMPLEMENTATION STRATEGIES**

**for**

**PRIORITY HEALTH NEEDS**

**of**

**FRIO REGIONAL HOSPITAL**

**2019**

## COMMUNITY HEALTH NEEDS

Provide information, education and treatment to the community/patient population to prevent; reduce and treat heart disease, diabetes and obesity; encourage better health behavior and lifestyle choices; address the lack of health knowledge in the community; encourage physical activity & exercise; increase awareness and sensitivity to community language preferences and cultural mindsets; and expand awareness of poverty within the community, especially children in poverty.

### IMPLEMENTATION PLAN:

Provide information, educate the public through health literature, public forums, health fairs, and continued treatment of affected patients through direct treatment in collaboration with other health resources, civic, political, nonprofit, religious and business organizations.

### IMPLEMENTATION STRATEGIES/ACCOMPLISHMENTS 2019

#### PRIORITY #1 – CHRONIC DISEASE MANAGEMENT

##### A. Heart Disease

###### January:

- Translational Advisory Board (TAB) meeting.
- School Health Advisory Council (SHAC) meeting at Pearsall HS
- FRH partners with Anytime Fitness in Pearsall, Texas by providing an incentive cost for all FRH staff and board members.
- Translational Advisory Board (TAB) meeting. Agenda: Healthy Frio Project; Fresh Start to Healthier You Program; HPV project; Health Careers Initiative.

###### February:

- Translational Advisory Board (TAB) meeting. Agenda: Healthy Frio Project; Fresh Start to Healthier You Program; PHV project; Health Careers Initiative.
- Methodist Healthcare – Discussion on childbirth; newborn; breast feeding; basic CPR & First Aid classes for the communities of Pearsall and Dilley, Texas.

###### March:

- Dilley HS – FRH attended Health Fair.

###### April:

- Pearsall HS Career Fair/Report Card night; FRH represented by Dr. Arab, lab, QA, infection prevention, and nursing departments.
- Health Committee Board meeting – FRH represented by HR Director

###### May:

- Hospital Week at FRH – Hosted and invited participants from medical providers, community and governmental agencies, and organizational partners.

**September:**

- Translational Advisory Board (TAB) meeting. Agenda: Alzheimer’s Awareness month in November; Public Health Ambassadors & Pearsall HS; Self Care Workshop; Health Frio update.
- Health Committee meeting at Frio County WIC in Pearsall, Texas.

**October:**

- Immaculate Heart of Mary Church in Pearsall, Texas – 5K/10K Run. FRH participates by providing nursing staff for first aid, blood pressure & glucose screenings for participants and families.
- National Night Out Events – FRH nursing staff provided health education & free screenings for Pearsall & Dilley, Texas residents.
- Radiology Department at FRH – Open House for all residents of Pearsall & Dilley, Texas for Breast Cancer Awareness.
- FRH Strategic Planning meeting for all Director’s – Agenda: Overview of Frio County & FRH health & community data; Recommendations; Workforce & Leadership Development; Operational needs; Community Health & Engagement; Quality & Patient Service.

**November:**

- Free Health Screenings Event held in Dilley, Texas for all residents.
- Translational Advisory Board (TAB) meeting; Agenda: Healthy Frio update; Nutrition Initiative; planning for Spring Health Fair.
- First Steps Educational Offerings at FRH – Childbirth Basics & Newborn Care classes offered to all Frio County residents.

**December:**

- Translational Advisory Board (TAB) meeting.

**B. Diabetes**

**January:**

- Translational Advisory Board (TAB) meeting.
- School Health Advisory Council (SHAC) meeting at Pearsall HS
- Methodist Healthcare – Discussion on childbirth; newborn; breast feeding; basic CPR & First Aid classes for the communities of Pearsall and Dilley, Texas.

**February:**

- Translational Advisory Board (TAB) meeting. Agenda: Healthy Frio Project; Fresh Start to Healthier You Program; PHV project; Health Careers Initiative.

**March:**

- Translational Advisory Board (TAB) meeting. Agenda: Healthy Frio Project update; Health Careers Initiative opportunities.
- Dilley HS – FRH attended Health Fair.

**April:**

- Pearsall HS Career Fair/Report Card night; FRH represented by Dr. Arab, lab, QA, infection prevention, and nursing departments.
- Health Committee Board meeting – FRH represented by HR Director

**May:**

- Hospital Week at FRH – Hosted and invited participants from medical providers, community and governmental agencies, and organizational partners.
- Health Committee Board meeting – FRH represented by HR Director

**August:**

- Back to School & Breastfeeding Awareness Health Fair held in Dilley, Texas – FRH held several types of demonstration stations for new mom to be.

**September:**

- Translational Advisory Board (TAB) meeting. Agenda: Alzheimer’s Awareness month in November; Public Health Ambassadors & Pearsall HS; Self Care Workshop; Health Frio update
- Health Committee meeting at Frio County WIC in Pearsall, Texas.

**October:**

- Immaculate Heart of Mary Church in Pearsall, Texas – 5K/10K Run. FRH participates by providing nursing staff for first aid, blood pressure & glucose screenings for participants and families.
- National Night Out Events – FRH nursing staff provided health education & free screenings for Pearsall & Dilley, Texas residents.

**November:**

- Free Health Screenings Event held in Dilley, Texas for all residents.
- Translational Advisory Board (TAB) meeting; Agenda: Healthy Frio update; Nutrition Initiative; planning for Spring Health Fair.
- First Steps Educational Offerings at FRH – Childbirth Basics & Newborn Care classes offered to all Frio County residents.

**December:**

- Translational Advisory Board (TAB) meeting.

**C. Obesity**

**January:**

- Translational Advisory Board (TAB) meeting.
- School Health Advisory Council (SHAC) meeting at Pearsall HS

**February:**

- Translational Advisory Board (TAB) meeting. Agenda: Healthy Frio Project; Fresh Start to Healthier You Program; PHV project; Health Careers Initiative.
- Methodist Healthcare – Discussion on childbirth; newborn; breast feeding; basic CPR & First Aid classes for the communities of Pearsall and Dilley, Texas.

**March:**

- Translational Advisory Board (TAB) meeting. Agenda: Healthy Frio Project update; Health Careers Initiative opportunities.
- Dilley HS – FRH attended Health Fair.

**April:**

- Health Committee Board meeting – FRH represented by HR Director

**May:**

- Hospital Week at FRH – Hosted and invited participants from medical providers, community and governmental agencies, and organizational partners.
- Health Committee Board meeting – FRH represented by HR Director

**June:**

- Translational Advisory Board (TAB) meeting. Agenda: Fall planning – SIMS lab clinical training equipment held at FRH; Health career exploration; Stop the Bleed education for PISD by FRH staff; lunch & learn Lifetime Recovery project.

**September:**

- Translational Advisory Board (TAB) meeting. Agenda: Alzheimer’s Awareness month in November; Public Health Ambassadors & Pearsall HS; Self Care Workshop; Health Frio update
- Health Committee meeting at Frio County WIC in Pearsall, Texas.

**October:**

- Immaculate Heart of Mary Church in Pearsall, Texas – 5K/10K Run. FRH participates by providing nursing staff for first aid, blood pressure & glucose screenings for participants and families.
- National Night Out Events – FRH nursing staff provided health education & free screenings for Pearsall & Dilley, Texas residents.
- FRH Strategic Planning meeting for all Director’s – Agenda: Overview of Frio County & FRH health & community data; Recommendations; Workforce & Leadership Development; Operational needs; Community Health & Engagement; Quality & Patient Service.

**November:**

- Free Health Screenings Event held in Dilley, Texas for all residents.
- Translational Advisory Board (TAB) meeting; Agenda: Healthy Frio update; Nutrition Initiative; planning for Spring Health Fair.



- First Steps Educational Offerings at FRH – Childbirth Basics & Newborn Care classes offered to all Frio County residents.

**December:**

- Translational Advisory Board (TAB) meeting.

**PRIORITY #2 – PRIMARY CARE PHYSICIANS**

**A. Lack of Primary Care Physicians**

**January:**

- Translational Advisory Board (TAB) meeting.

**February:**

- Translational Advisory Board (TAB) meeting. Agenda: Healthy Frio Project; Fresh Start to Healthier You Program; PHV project; Health Careers Initiative.

**March:**

- Translational Advisory Board (TAB) meeting. Agenda: Healthy Frio Project update; Health Careers Initiative opportunities.

**April:**

- Health Committee Board meeting – FRH represented by HR Director

**May:**

- Health Committee Board meeting – FRH represented by HR Director

**July:**

- Translational Advisory Board (TAB) meeting.

**August:**

- Translational Advisory Board (TAB) meeting.

**September:**

- Translational Advisory Board (TAB) meeting. Agenda: Alzheimer’s Awareness month in November; Public Health Ambassadors & Pearsall HS; Self Care Workshop; Health Frio update

**October:**

- Translational Advisory Board (TAB) meeting.
- FRH Strategic Planning meeting for all Director’s – Agenda: Overview of Frio County & FRH health & community data; Recommendations; Workforce & Leadership Development; Operational needs; Community Health & Engagement; Quality & Patient Service.

**December:**

- Translational Advisory Board (TAB) meeting.

**B. Obstetrics/Low Birth Weight**

**February:**

- Methodist Healthcare – Discussion on childbirth; newborn; breast feeding; basic CPR & First Aid classes for the communities of Pearsall and Dilley, Texas.
- Methodist Healthcare – Discussion on SAFE Riders. Having some FRH become certified to give these courses to Pearsall & Dilley, Texas communities. Distributed free diaper bags, free starter kits with formula, and information for all new parents for the Pearsall and Dilley, Texas communities.

**May:**

- Hospital Week at FRH – Hosted and invited participants from medical providers, community and governmental agencies, and organizational partners.
- Health Committee Board meeting – FRH represented by HR Director.

**August:**

- Back to School & Breastfeeding Awareness Health Fair held in Dilley, Texas – FRH held several types of demonstration stations for new mom to be.

**September:**

- Health Committee meeting at Frio County WIC in Pearsall, Texas.
- First Steps Educational Offerings at FRH – Childbirth Basics & Newborn Care classes offered to all Frio County residents.

**October:**

- First Steps Educational Offerings at FRH – Childbirth Basics & Newborn Care classes offered to all Frio County residents.

**November:**

- Translational Advisory Board (TAB) meeting; Agenda: Healthy Frio update; Nutrition Initiative; planning for Spring Health Fair.
- First Steps Educational Offerings at FRH – Childbirth Basics & Newborn Care classes offered to all Frio County residents.

**December:**

- First Steps Educational Offerings at FRH – Childbirth Basics & Newborn Care classes offered to all Frio County residents.

## **C. Uninsured**

### **January:**

- Translational Advisory Board (TAB) meeting.
- School Health Advisory Council (SHAC) meeting at Pearsall HS

### **February:**

- Translational Advisory Board (TAB) meeting. Agenda: Healthy Frio Project; Fresh Start to Healthier You Program; PHV project; Health Careers Initiative.
- Methodist Healthcare – Discussion on childbirth; newborn; breast feeding; basic CPR & First Aid classes for the communities of Pearsall and Dilley, Texas.

### **March:**

- Translational Advisory Board (TAB) meeting. Agenda: Healthy Frio Project update; Health Careers Initiative opportunities.
- Methodist AirCare 2 Groundbreaking Ceremony for Pearsall community.

### **April:**

- Health Committee Board meeting – FRH represented by HR Director

### **May:**

- Health Committee Board meeting – FRH represented by HR Director.

### **July:**

- Translational Advisory Board (TAB) meeting.

### **August:**

- Back to School & Breastfeeding Awareness Health Fair held in Dilley, Texas – FRH held several types of demonstration stations for new mom to be.

### **September:**

- Translational Advisory Board (TAB) meeting. Agenda: Alzheimer’s Awareness month in November; Public Health Ambassadors & Pearsall HS; Self Care Workshop; Health Frio update
- Health Committee meeting at Frio County WIC in Pearsall, Texas.
- 2019 Dealing with Dementia training class - Training held at FRH for all Pearsall community members and FRH clinical staff.
- First Steps Educational Offerings at FRH – Childbirth Basics & Newborn Care classes offered to all Frio County residents.

### **October:**

- Translational Advisory Board (TAB) meeting.
- First Steps Educational Offerings at FRH – Childbirth Basics & Newborn Care classes offered to all Frio County residents.

- National Night Out Events – FRH nursing staff provided health education & free screenings for Pearsall & Dilley, Texas residents.
- Radiology Department at FRH – Open House for all residents of Pearsall & Dilley, Texas for Breast Cancer Awareness.
- FRH Strategic Planning meeting for all Director’s – Agenda: Overview of Frio County & FRH health & community data; Recommendations; Workforce & Leadership Development; Operational needs; Community Health & Engagement; Quality & Patient Service.

**November:**

- First Steps Educational Offerings at FRH – Childbirth Basics & Newborn Care classes offered to all Frio County residents.
- Translational Advisory Board (TAB) meeting.

**December:**

- First Steps Educational Offerings at FRH – Childbirth Basics & Newborn Care classes offered to all Frio County residents.
- Translational Advisory Board (TAB) meeting.

**D. HIGH COST OF HEALTH CARE**

**January:**

- Translational Advisory Board (TAB) meeting.

**February:**

- Translational Advisory Board (TAB) meeting. Agenda: Healthy Frio Project; Fresh Start to Healthier You Program; PHV project; Health Careers Initiative.
- Methodist Healthcare – Discussion on childbirth; newborn; breast feeding; basic CPR & First Aid classes for the communities of Pearsall and Dilley, Texas.

**March:**

- Translational Advisory Board (TAB) meeting. Agenda: Healthy Frio Project update; Health Careers Initiative opportunities.
- Methodist AirCare 2 Groundbreaking Ceremony for Pearsall community.

**April:**

- Health Committee Board meeting – FRH represented by HR Director

**May:**

- Health Committee Board meeting – FRH represented by HR Director.

**July:**

- Translational Advisory Board (TAB) meeting.

**September:**

- Translational Advisory Board (TAB) meeting. Agenda: Alzheimer’s Awareness month in November; Public Health Ambassadors & Pearsall HS; Self Care Workshop; Health Frio update
- 2019 Dealing with Dementia training class - Training held at FRH for all Pearsall community members and FRH clinical staff.
- First Steps Educational Offerings at FRH – Childbirth Basics & Newborn Care classes offered to all Frio County residents.
- Health Committee meeting at Frio County WIC in Pearsall, Texas.

**October:**

- Translational Advisory Board (TAB) meeting.
- First Steps Educational Offerings at FRH – Childbirth Basics & Newborn Care classes offered to all Frio County residents.
- FRH Strategic Planning meeting for all Director’s – Agenda: Overview of Frio County & FRH health & community data; Recommendations; Workforce & Leadership Development; Operational needs; Community Health & Engagement; Quality & Patient Service.

**November:**

- First Steps Educational Offerings at FRH – Childbirth Basics & Newborn Care classes offered to all Frio County residents.

**December:**

- Translational Advisory Board (TAB) meeting.
- First Steps Educational Offerings at FRH – Childbirth Basics & Newborn Care classes offered to all Frio County residents.

**PRIORITY #3 – HEALTH EDUCATION**

**A. Healthy Behavior and Lifestyle Choices**

**January:**

- Translational Advisory Board (TAB) meeting.
- School Health Advisory Council (SHAC) meeting at Pearsall HS

**February:**

- Translational Advisory Board (TAB) meeting. Agenda: Healthy Frio Project; Fresh Start to Healthier You Program; PHV project; Health Careers Initiative.
- Methodist Healthcare – Discussion on childbirth; newborn; breast feeding; basic CPR & First Aid classes for the communities of Pearsall and Dilley, Texas.
- Methodist Healthcare – Discussion on SAFE Riders. Having some FRH become certified to give these courses to Pearsall & Dilley, Texas communities. Began to distribute free diaper bags, free starter kits with formula, and information for all new parents for the Pearsall and Dilley, Texas communities.

- Dilley HS students filmed a segment in our Emergency Department for their shattered dreams production.

**March:**

- Dilley HS – FRH attended Health Fair.
- Translational Advisory Board (TAB) meeting. Agenda: Healthy Frio Project update; Health Careers Initiative opportunities.

**April:**

- Pearsall HS Career Fair/Report Card night; FRH represented by Dr. Arab, lab, QA, infection prevention, and nursing departments.
- Health Committee Board meeting – FRH represented by HR Director

**May:**

- Hospital Week at FRH – Hosted and invited participants from medical providers, community and governmental agencies, and organizational partners.
- Health Committee Board meeting – FRH represented by HR Director

**June:**

- Translational Advisory Board (TAB) meeting. Agenda: Fall planning – SIMS lab clinical training equipment held at FRH; Health career exploration; Stop the Bleed education for PISD by FRH staff; lunch & learn Lifetime Recovery project.

**July:**

- Translational Advisory Board (TAB) meeting.
- Cotulla, Texas – Back to School bash; FRH ER staff provided Injury Prevention education to all families.

**August:**

- Translational Advisory Board (TAB) meeting.
- Back to School & Breastfeeding Awareness Health Fair held in Dilley, Texas – FRH held several types of demonstration stations for new mom to be.
- Pearsall ISD – Back to School bash; FRH ER staff provided Injury Prevention education to all families.
- Pearsall HS – FRH Emergency nursing staff educated over 200 students on Stop the Bleed class.
- Pearsall ISD – Reading Connection Program meeting; Agenda: Volunteers needed for all children that attend PISD. FRH represented by HR & Dietary Director's they are Reading Connection Volunteers.

**September:**

- Translational Advisory Board (TAB) meeting. Agenda: Alzheimer's Awareness month in November; Public Health Ambassadors & Pearsall HS; Self Care Workshop; Health Frio update

- 2019 Dealing with Dementia training class - Training held at FRH for all Pearsall community members and FRH clinical staff.
- First Steps Educational Offerings at FRH – Childbirth Basics & Newborn Care classes offered to all Frio County residents.
- Health Committee meeting at Frio County WIC in Pearsall, Texas.

**October:**

- Translational Advisory Board (TAB) meeting.
- First Steps Educational Offerings at FRH – Childbirth Basics & Newborn Care classes offered to all Frio County residents.
- Immaculate Heart of Mary Church in Pearsall, Texas – 5K/10K Run. FRH participates by providing nursing staff for first aid, blood pressure & glucose screenings for participants and families.
- National Night Out Events – FRH nursing staff provided health education & free screenings for Pearsall & Dilley, Texas residents.
- Radiology Department at FRH – Open House for all residents of Pearsall & Dilley, Texas for Breast Cancer Awareness.
- FRH Strategic Planning meeting for all Director’s – Agenda: Overview of Frio County & FRH health & community data; Recommendations; Workforce & Leadership Development; Operational needs; Community Health & Engagement; Quality & Patient Service.

**November:**

- Free Health Screenings Event held in Dilley, Texas for all residents.
- Translational Advisory Board (TAB) meeting; Agenda: Healthy Frio update; Nutrition Initiative; planning for Spring Health Fair.
- First Steps Educational Offerings at FRH – Childbirth Basics & Newborn Care classes offered to all Frio County residents.
- Translational Advisory Board (TAB) meeting; Agenda: Healthy Frio update; Nutrition Initiative; planning for Spring Health Fair.

**December:**

- Translational Advisory Board (TAB) meeting.
- First Steps Educational Offerings at FRH – Childbirth Basics & Newborn Care classes offered to all Frio County residents.

**B. Lack of Health Knowledge**

**January:**

- Translational Advisory Board (TAB) meeting.
- School Health Advisory Council (SHAC) meeting at Pearsall HS
- Translational Advisory Board (TAB) meeting. Agenda: Healthy Frio Project; Fresh Start to Healthier You Program; PHV project; Health Careers Initiative.
- First Steps Educational Offerings at FRH – Childbirth Basics & Newborn Care classes offered to all Frio County residents.

- Methodist Healthcare – Discussion on SAFE Riders. Having some FRH become certified to give these courses to Pearsall & Dilley, Texas communities. Began to distribute free diaper bags, free starter kits with formula, and information for all new parents for the Pearsall and Dilley, Texas communities.
- Dilley HS students filmed a segment in our Emergency Department for their shattered dreams production.
- Translational Advisory Board (TAB) meeting. Agenda: Healthy Frio Project update; Health Careers Initiative opportunities.
- Dilley HS – FRH attended Health Fair.

**March:**

- Translational Advisory Board (TAB) meeting. Agenda: Healthy Frio Project update; Health Careers Initiative opportunities.
- Dilley HS – FRH attended Health Fair.

**April:**

- Pearsall HS Career Fair/Report Card night; FRH represented by Dr. Arab, lab, QA, infection prevention, and nursing departments.
- Health Committee Board meeting – FRH represented by HR Director

**May:**

- Hospital Week at FRH – Hosted and invited participants from medical providers, community and governmental agencies, and organizational partners.
- Health Committee Board meeting – FRH represented by HR Director

**June:**

- Translational Advisory Board (TAB) meeting. Agenda: Fall planning – SIMS lab clinical training equipment held at FRH; Health career exploration; Stop the Bleed education for PISD by FRH staff; lunch & learn Lifetime Recovery project.

**July:**

- Translational Advisory Board (TAB) meeting.
- Cotulla, Texas – Back to School bash; FRH ER staff provided Injury Prevention education to all families.

**August:**

- Translational Advisory Board (TAB) meeting.
- Back to School & Breastfeeding Awareness Health Fair held in Dilley, Texas – FRH held several types of demonstration stations for new mom to be.
- Pearsall ISD – Back to School bash; FRH ER staff provided Injury Prevention education to all families.
- Pearsall HS – FRH Emergency nursing staff educated over 200 students on Stop the Bleed class.



- Pearsall ISD – Reading Connection Program meeting; Agenda: Volunteers needed for all children that attend PISD. FRH represented by HR & Dietary Director’s they are Reading Connection Volunteers.

**September:**

- Translational Advisory Board (TAB) meeting. Agenda: Alzheimer’s Awareness month in November; Public Health Ambassadors & Pearsall HS; Self Care Workshop; Health Frio update
- 2019 Dealing with Dementia training class - Training held at FRH for all Pearsall community members and FRH clinical staff.

**October:**

- Translational Advisory Board (TAB) meeting.
- First Steps Educational Offerings at FRH – Childbirth Basics & Newborn Care classes offered to all Frio County residents.
- Immaculate Heart of Mary Church in Pearsall, Texas – 5K/10K Run. FRH participates by providing nursing staff for first aid, blood pressure & glucose screenings for participants and families
- National Night Out Events – FRH nursing staff provided health education & free screenings for Pearsall & Dilley, Texas residents.
- Radiology Department at FRH – Open House for all residents of Pearsall & Dilley, Texas for Breast Cancer Awareness.
- FRH Strategic Planning meeting for all Director’s – Agenda: Overview of Frio County & FRH health & community data; Recommendations; Workforce & Leadership Development; Operational needs; Community Health & Engagement; Quality & Patient Service.

**November:**

- Free Health Screenings Event held in Dilley, Texas for all residents.
- Translational Advisory Board (TAB) meeting; Agenda: Healthy Frio update; Nutrition Initiative; planning for Spring Health Fair.
- First Steps Educational Offerings at FRH – Childbirth Basics & Newborn Care classes offered to all Frio County residents.
- Translational Advisory Board (TAB) meeting; Agenda: Healthy Frio update; Nutrition Initiative; planning for Spring Health Fair.

**December:**

- Translational Advisory Board (TAB) meeting.
- First Steps Educational Offerings at FRH – Childbirth Basics & Newborn Care classes offered to all Frio County residents.

**C. Physical Inactivity**

**February:**

- Translational Advisory Board (TAB) meeting. Agenda: Healthy Frio Project; Fresh Start to Healthier You Program; PHV project; Health Careers Initiative.

**March:**

- Translational Advisory Board (TAB) meeting. Agenda: Healthy Frio Project update; Health Careers Initiative opportunities.

**August:**

- Back to School & Breastfeeding Awareness Health Fair held in Dilley, Texas – FRH held several types of demonstration stations for new mom to be.

**September:**

- Translational Advisory Board (TAB) meeting. Agenda: Alzheimer’s Awareness month in November; Public Health Ambassadors & Pearsall HS; Self Care Workshop; Health Frio update
- 2019 Dealing with Dementia training class - Training held at FRH for all Pearsall community members and FRH clinical staff.

**October:**

- National Night Out Events – FRH nursing staff provided health education & free screenings for Pearsall & Dilley, Texas residents.

**November:**

- Free Health Screenings Event held in Dilley, Texas for all residents.
- Translational Advisory Board (TAB) meeting; Agenda: Healthy Frio update; Nutrition Initiative; planning for Spring Health Fair.
- First Steps Educational Offerings at FRH – Childbirth Basics & Newborn Care classes offered to all Frio County residents.
- Translational Advisory Board (TAB) meeting; Agenda: Healthy Frio update; Nutrition Initiative; planning for Spring Health Fair.

**D. Language and Cultural Mindset**

**January:**

- School Health Advisory Council (SHAC) meeting at Pearsall HS

**February:**

- Translational Advisory Board (TAB) meeting. Agenda: Healthy Frio Project; Fresh Start to Healthier You Program; PHV project; Health Careers Initiative.
- Career & Technology meeting at Pearsall HS.

**March:**

- Translational Advisory Board (TAB) meeting. Agenda: Healthy Frio Project update; Health Careers Initiative opportunities.
- Frio County Economic Development Work Group meeting with Workforce Solutions Alamo held in Dilley, Texas. HR Director represented FRH.

**April:**

- Health Committee Board meeting – FRH represented by HR Director
- CTE Advisory Council meeting – Agenda: Expand internship opportunities for students with Pearsall employers; advertise to Pearsall employers; Increase parental awareness of CTE programs; Increase publicity for CTE programs; Life Skills training for students. FRH represented by HR Director.

**May:**

- CTE Advisory Council meeting; FRH represented by HR Director.
- Hospital Week at FRH – Hosted and invited participants from medical providers, community and governmental agencies, and organizational partners.
- Health Committee Board meeting – FRH represented by HR Director.

**August:**

- Translational Advisory Board (TAB) meeting.
- Pearsall ISD – Reading Connection Program meeting; Agenda: Volunteers needed for all children that attend PISD. FRH represented by HR & Dietary Director’s they are Reading Connection Volunteers.

**September:**

- Translational Advisory Board (TAB) meeting. Agenda: Alzheimer’s Awareness month in November; Public Health Ambassadors & Pearsall HS; Self Care Workshop; Health Frio update.
- 2019 Dealing with Dementia training class - Training held at FRH for all Pearsall community members and FRH clinical staff.

**October:**

- Translational Advisory Board (TAB) meeting.
- FRH Strategic Planning meeting for all Director’s – Agenda: Overview of Frio County & FRH health & community data; Recommendations; Workforce & Leadership Development; Operational needs; Community Health & Engagement; Quality & Patient Service.

**November:**

- Translational Advisory Board (TAB) meeting; Agenda: Healthy Frio update; Nutrition Initiative; planning for Spring Health Fair.

**E. Poverty/Children in Poverty**

**February:**

- Translational Advisory Board (TAB) meeting. Agenda: Healthy Frio Project; Fresh Start to Healthier You Program; PHV project; Health Careers Initiative.
- Methodist Healthcare – Discussion on SAFE Riders. Having some FRH become certified to give these courses to Pearsall & Dilley, Texas communities. Began to distribute free diaper

bags, free starter kits with formula, and information for all new parents for the Pearsall and Dilley, Texas communities.

**March:**

- Frio County Economic Development Work Group meeting with Workforce Solutions Alamo held in Dilley, Texas. HR Director represented FRH.

**April:**

- Health Committee Board meeting – FRH represented by HR Director
- CTE Advisory Council meeting; FRH represented by HR Director.
- Hospital Week at FRH – Hosted and invited participants from medical providers, community and governmental agencies, and organizational partners.

**May:**

- Health Committee Board meeting – FRH represented by HR Director.

**July:**

- Cotulla, Texas – Back to School bash; FRH ER staff provided Injury Prevention education to all families.

**August:**

- Back to School & Breastfeeding Awareness Health Fair held in Dilley, Texas – FRH held several types of demonstration stations for new mom to be.
- Pearsall ISD – Back to School bash; FRH ER staff provided Injury Prevention education to all families.
- Pearsall ISD – Reading Connection Program meeting; Agenda: Volunteers needed for all children that attend PISD. FRH represented by HR & Dietary Director's they are Reading Connection Volunteers.

**September:**

- Health Committee meeting at Frio County WIC in Pearsall, Texas.

**November:**

- FRH employees delivered Thanksgiving dinner baskets to senior citizens in Pearsall and Dilley, Texas

**December:**

- Pearsall Rotary members participated at Pearsall Walmart for their annual can food drive/donations for the Pearsall Child Care Board.
- FRH employees donated toys for children placed by CASA. Our annual CASA toy drive.

**COMMUNITY HEALTH NEEDS ASSESSMENT  
IMPLEMENTATION STRATEGIES**

**for**

**PRIORITY HEALTH NEEDS**

**of**

**FRIO REGIONAL HOSPITAL**

**2020**

## COMMUNITY HEALTH NEEDS

Provide information, education and treatment to the community/patient population to prevent; reduce and treat heart disease, diabetes and obesity; encourage better health behavior and lifestyle choices; address the lack of health knowledge in the community; encourage physical activity & exercise; increase awareness and sensitivity to community language preferences and cultural mindsets; and expand awareness of poverty within the community, especially children in poverty.

### IMPLEMENTATION PLAN:

Provide information, educate the public through health literature, public forums, health fairs, and continued treatment of affected patients through direct treatment in collaboration with other health resources, civic, political, nonprofit, religious and business organizations.

### IMPLEMENTATION STRATEGIES/ACCOMPLISHMENTS 2020

#### PRIORITY #1 – CHRONIC DISEASE MANAGEMENT

##### A. Heart Disease

###### January:

- Translational Advisory Board (TAB) meeting.
- School Health Advisory Council (SHAC) meeting at Pearsall HS

###### February:

- Translational Advisory Board (TAB) meeting.

###### March:

- Dilley ISD Health & Wellness Day at high school – FRH provided education and free screenings by nursing.
- COVID-19 preparedness presentation by Infection Prevention Coordinator for all FRH employees.
- Translational Advisory Board (TAB) meeting.

###### April:

- Health Committee Board meeting – FRH represented by HR Director
- Translational Advisory Board (TAB) meeting.

###### May:

- COVID-19 preparedness presentation by Infection Prevention Coordinator for all FRH employees.

###### June:

- Translational Advisory Board (TAB) meeting.

**July:**

- Translational Advisory Board (TAB) meeting.

**August:**

- Translational Advisory Board (TAB) meeting.

**September:**

- Translational Advisory Board (TAB) meeting.

**November:**

- Translational Advisory Board (TAB) meeting.

**B. Diabetes**

**January:**

- Translational Advisory Board (TAB) meeting.

**February:**

- Translational Advisory Board (TAB) meeting.

**March:**

- Dilley ISD Health & Wellness Day at high school – FRH provided education and free screenings by nursing.

**April:**

- Health Committee Board meeting – FRH represented by HR Director

**May:**

- Translational Advisory Board (TAB) meeting.

**June:**

- Translational Advisory Board (TAB) meeting.

**July:**

- Translational Advisory Board (TAB) meeting.

**August:**

- Translational Advisory Board (TAB) meeting.

**November:**

- Translational Advisory Board (TAB) meeting.

## **PRIORITY #2 – PRIMARY CARE PHYSICIANS**

### **A. Lack of Primary Care Physicians**

#### **January:**

- Translational Advisory Board (TAB) meeting.
- School Health Advisory Council (SHAC) meeting at Pearsall HS

#### **April:**

- Health Committee Board meeting – FRH represented by HR Director
- Translational Advisory Board (TAB) meeting.

### **B. Obstetrics/Low Birth Weight**

### **C. Uninsured**

#### **January:**

- Translational Advisory Board (TAB) meeting.

#### **March:**

- Dilley ISD Health & Wellness Day at high school – FRH provided education and free screenings by nursing.
- Health Committee Board meeting – FRH represented by HR Director

#### **April:**

- Health Committee Board meeting – FRH represented by HR Director

### **D. High Cost of Health Care**

#### **January:**

- Translational Advisory Board (TAB) meeting.
- School Health Advisory Council (SHAC) meeting at Pearsall HS

#### **February:**

- Translational Advisory Board (TAB) meeting.

#### **March:**

- Dilley ISD Health & Wellness Day at high school – FRH provided education and free screenings by nursing.
- Translational Advisory Board (TAB) meeting.

#### **April:**

- Health Committee Board meeting – FRH represented by HR Director



## **PRIORITY #3 – HEALTH EDUCATION**

### **A. Healthy Behavior and Lifestyle Choices**

#### **January:**

- Translational Advisory Board (TAB) meeting.
- School Health Advisory Council (SHAC) meeting at Pearsall HS

#### **February:**

- Translational Advisory Board (TAB) meeting.

#### **March:**

- Dilley ISD Health & Wellness Day at high school – FRH provided education and free screenings by nursing.
- Translational Advisory Board (TAB) meeting.

#### **April:**

- Health Committee Board meeting – FRH represented by HR Director
- Translational Advisory Board (TAB) meeting.

#### **May:**

- Translational Advisory Board (TAB) meeting.

#### **June:**

- Translational Advisory Board (TAB) meeting.

#### **July:**

- Translational Advisory Board (TAB) meeting.

#### **August:**

- Translational Advisory Board (TAB) meeting.

#### **September:**

- Translational Advisory Board (TAB) meeting.

### **B. Lack of Health Knowledge**

#### **January:**

- Translational Advisory Board (TAB) meeting.
- School Health Advisory Council (SHAC) meeting at Pearsall HS

#### **February:**

- Translational Advisory Board (TAB) meeting.

- Pearsall WIC provides breastfeeding information at FRH for Breastfeeding Awareness month.

**March:**

- Dilley ISD Health & Wellness Day at high school – FRH provided education and free screenings by nursing.
- COVID-19 preparedness presentation by Infection Prevention Coordinator for all FRH employees.

**May:**

- COVID-19 preparedness presentation by Infection Prevention Coordinator for all FRH employees.

**June:**

- COVID-19 survey for FRH employees – meeting for HR Director

**July:**

- COVID-19 survey for FRH employees

**August:**

- Translational Advisory Board (TAB) meeting.

**C. Physical Inactivity**

**January:**

- Translational Advisory Board (TAB) meeting.

**March:**

- Dilley ISD Health & Wellness Day at high school – FRH provided education and free screenings by nursing.

**April:**

- Translational Advisory Board (TAB) meeting.

**June:**

- Translational Advisory Board (TAB) meeting.

**July:**

- Translational Advisory Board (TAB) meeting.

**September:**

- Translational Advisory Board (TAB) meeting.

**November:**

- Translational Advisory Board (TAB) meeting.

**D. Language and Cultural Mindset**

**E. Poverty/Children in Poverty**

**April:**

- Pearsall Food Drive for community held at Fireman's Park – FRH staff volunteered.

**November:**

- FRH employees delivered Thanksgiving dinner baskets to senior citizens in Pearsall and Dilley, Texas

**December:**

- Pearsall Rotary members participated at Pearsall Walmart for their annual can food drive/donations for Pearsall Child Care Board.
- FRH employees donated toys for children placed by CASA. Annual CASA toy drive.

**APPENDIX F**  
**HEALTH CARE RESOURCES**

## **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 Hospital Home Health  
105 Hackberry, Suite B  
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 Rehabilitation Center  
205 E. Hackberry  
Pearsall, TX 78061

**Dilley**

- Frio Regional Primary Care and Urgent Care Clinic  
801 W. FM 117  
Dilley, TX 78017  
(830) 326-3171
- 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
- Hometown Healthcare, RHC  
105 S. Stewart  
Cotulla, TX 78014  
(830) 879-2502