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**HCM**

HILL COUNTRY  
MEMORIAL

**2016**

## **Hill Country Memorial Hospital**

Community Health Needs  
Assessment

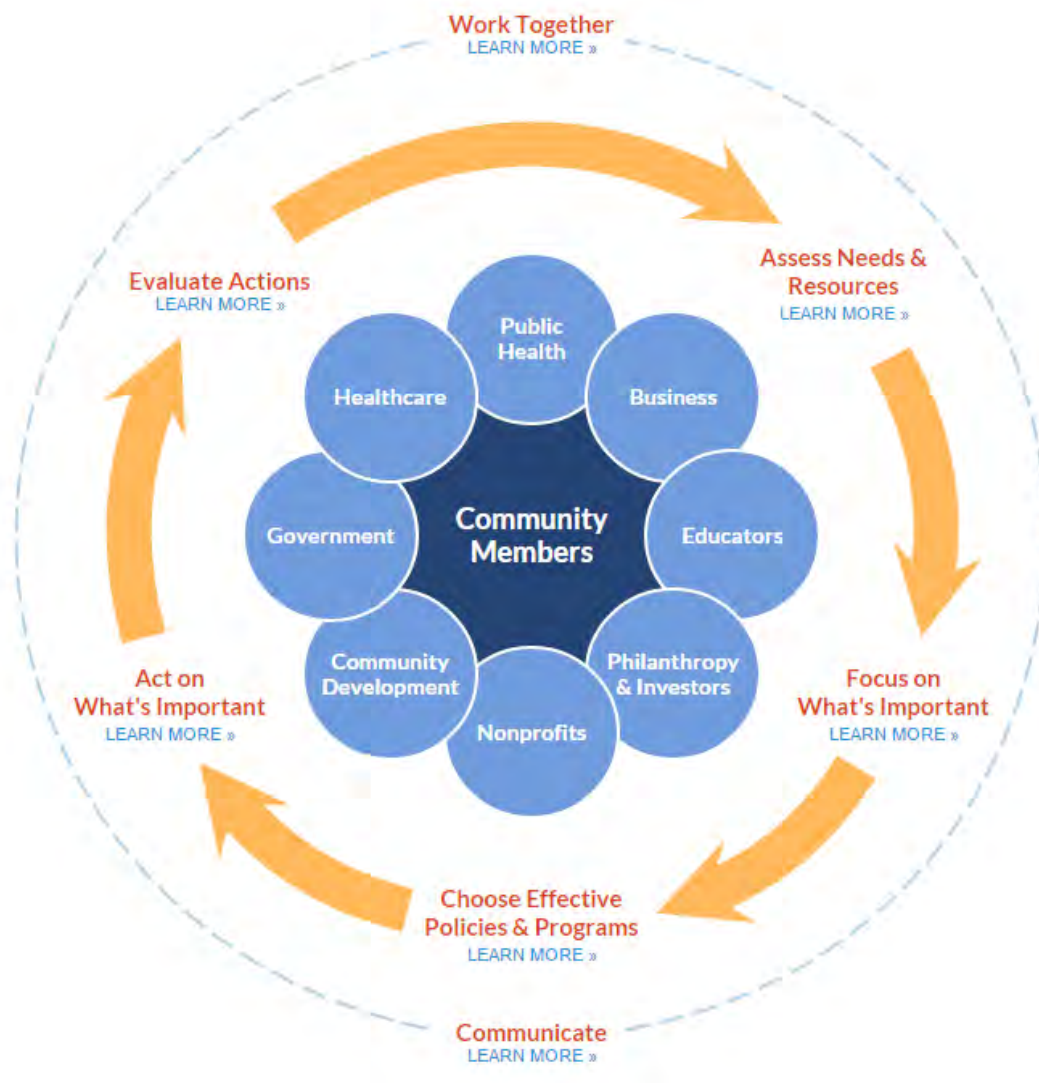
Gillespie, Blanco and Kendall Counties, Texas

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# Perspective/Overview

Creating a culture of health in the community



Sourced from the Robert Wood Johnson Foundation's County Health Rankings website:  
<http://www.countyhealthrankings.org/roadmaps/action-center>

The Community Health Needs Assessment (CHNA) defines priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of Gillespie, Blanco and Kendall Counties, Texas. Hill Country Memorial conducted a community health needs assessment in 2013 and implemented a community health improvement plan for Gillespie County. This assessment analyzes progress since the last assessment as well as defines new or continued priorities for the next three years and expands the geography from Gillespie to include Blanco and Kendall Counties.

Hill Country Memorial as the sponsor of the assessment, engaged national leaders in community health needs assessment to assist in the project. Stratasan, a healthcare analytics and facilitation company out of Nashville, Tennessee was engaged to marshal the process and provide community health data and facilitation expertise. Stratasan provided the analysis of community health data and facilitated the community health summit to assist the community with determining significant health needs.

✓ Hill Country Memorial's Board of Directors approved this assessment along with the associated community health improvement implementation plan on December 6, 2016.

✓ Starting on December 13, 2016, this report was made widely available to the community via:  
Hill Country Memorial- <http://www.hillcountrymemorial.org/> or 1020 S State Hwy 16, Fredericksburg, TX 78624, (830) 997-4353. Paper copies are available free of charge at the above address.

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## Participants

Over seventy individuals from over forty community and health care organizations collaborated to conduct a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of the three counties. The three-month process centered on gathering and analyzing data as well as receiving input from persons who represent the broad interests of the community and have special knowledge of or expertise in public health to provide direction and create a plan to improve the health of the community.

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## Project Goals

- 1 To continue a formal and comprehensive community health assessment process which allows for the identification and prioritization of significant health needs of the community to determine resource allocation, inform decision-making and collective action that will improve health.
- 2 To continue a collaborative partnership between stakeholders in the community by seeking input from persons who represent the broad interests of the community, including low-income, medically underserved and minorities.
- 3 To support the existing infrastructure and utilize resources available to instigate health improvement in the community.



“ We initiated the 2016 Community Health Needs Assessment with the goals of analyzing changes from 2013’s assessment and identifying significant health needs and priorities and addressing those needs,” said Jayne Pope, Chief Executive Officer, Hill Country Memorial. “It is our intention to use our findings as a catalyst for community mobilization to improve the health of our residents.”

“The information we gathered both from public health data and from community stakeholders provided the insight the community needed to set priorities for significant health issues and will be used by HCM and others to create implementation plans. The Community Health Summit was the final step in the assessment process. Now the real work— creating and implementing the plan improving the health of the community—begins” added Dawn Bourgeois, ” Director Hill Country Memorial Wellness Center.



Photo Credit: Hill Country Memorial

# Community

## Input and Collaboration



Photo Credit: Stratasan

## Data Collection and Timeline

HCM sought input from persons who represent the broad interests of the community using several methods:

- 40 community members, employers, not-for-profit organizations (representing medically underserved, low-income, minority populations, seniors and children), health plan, economic development, health department, health providers, and government representatives participated in focus groups and interviews for their perspectives on community health needs and issues from September 7 to September 27, 2016.
- Information gathering, using secondary public health sources occurred in September and October of 2016.
- 705 community members and were surveyed electronically and on paper regarding their perspectives on community health status and needs from September 1-September 30, 2016. 404 were surveyed via random dial telephone surveys, including 85 cell phones, and 301 were surveyed electronically. 19 were completed electronically in Spanish.
- 186 HCM employees and 12 community providers were surveyed electronically regarding their perspectives on community health status and needs from September 1-30, 2016.
- A Community Health Summit was conducted on October 11, 2016 with 60 community stakeholders. The audience consisted of healthcare providers (Hill Country Memorial and physicians, Good Samaritan Center), business leaders, fire department, government representatives, faith community, schools, not-for-profit organizations, (mental health, substance abuse, elderly services) and other community members.

Participation in the focus group and at the Community Health Summit creating the Gillespie, Blanco and Kendall Counties Community Health Needs Assessment and Improvement Plan:

Organization	Population Represented	Involvement
Bending Branch Winery		Summit
Bethany Lutheran Church		Summit, Gillespie County Focus Group, Comfort Focus Group
Blanco Co. Healthcare Mission, Trinity Lutheran Church	Uninsured, Blanco County	Comfort Focus Group
Blanco Counseling Center	County/City & Low Income	Summit
Blanco County, Gem of the Hills Fitness Center	general public	Comfort Focus Group
Blanco ISD	Kids	Summit
Chamber of Commerce		Summit
Christian Job Corps of Gillespie Co	Low Income	Summit
City Administration, City of Blanco		Gillespie County Focus Group
City of Fredericksburg, City Manager		Summit
Gillespie County Health Board	general public, Create A Healthy Community Council	Summit
Comfort Chamber of Commerce		Summit
Comfort Fire Department / EMS		Summit
Comfort Golden Age Senior Center	Comfort, Seniors	Summit
Comfort Library		Summit
Community Foundation/ Hill Country Memorial Trustee		Summit
Cornerstone Clinic	Comfort, Texas	Summit, Gillespie County Focus Group
County Atty / Stonewall Volunteer Fire Dept.		Blanco Focus Group
Crenwelge Motor Sales		Summit
First United Methodist Church / Ministerial Alliance		Summit, Blanco Focus Group
Fischer & Wieser, Mid Size local employer / HCM Foundation		Summit
Fredericksburg ISD School Board / Security State Bank		Summit
Food Pantry	Low income	Summit, Gillespie County Focus Group
Former Mayor, City of Fredericksburg		Summit, Comfort Focus Group
Fredericksburg Fire / EMS	Gillespie County	Summit, Gillespie County Focus Group
Fredericksburg Independent School District, Superintendent	Kids	Gillespie County Focus Group
Gem of The Hills Senior Center, Blanco County	Seniors/ general population	Summit, Gillespie County Focus Group
Gillespie County Commissioner	Gillespie County	Summit
Gillespie County Economic Development		Summit
Gillespie County Health Board	Create A Healthy Community Council	Summit
Gillespie County Mental Health Department	Behavioral Health	Summit
Golden Hub Senior Center	Senior population	Summit, Blanco Focus Group
Good Samaritan Center (Free / Reduced fee Primary Care Clinic)	Clients, uninsured, Hispanic population	Summit, Comfort Focus Group, Gillespie County Focus Group
Good Samaritan Center Board of Directors		Summit
Hill Country Community Needs Council	Low income, minorities	Summit
Hill Country Family Services		Summit, Gillespie County Focus Group
Hill Country Memorial	All	Summit, Comfort, Blanco and Gillespie County Focus Groups
Johnson City ISD	Kids	Summit
Juvenile Probation-Gillespie Co	Youth	Summit
Physician		Gillespie County Focus Group
Medical Clinic		Summit, Blanco Focus Group
Methodist Healthcare Ministries	Uninsured / underserved	Summit
Methodist Healthcare Ministries – Wesley Nurse	Those without access	Summit
MOM Center	Minority, Teen moms	Summit
Our Lady of Guadalupe Church	Hispanic population	Summit, Gillespie County Focus Group
Police Chief, City of Fredericksburg		Gillespie County Focus Group
Primary Care		Summit
Serenity House	Drug & Alcohol Rehab	Summit, Gillespie County Focus Group
Sheriff, Gillespie County		Summit
Social Worker		Gillespie County Focus Group
St. Boniface Episcopal Church		Summit, Gillespie County Focus Group
St. Mary's Catholic Church	Hispanic population	Summit
St. Vincent DePaul	Low Income	Spanish Focus Group
Stewart Counseling	Youth	Spanish Focus Group
Texas A&M Gillespie County Agrilife Extension	Gillespie County Youth & Adults, Create a Healthy Community Council	Spanish Focus Group
UTMP – DNP Student		Blanco Focus Group
Volunteer – Hill Country Memorial		Blanco Focus Group
Zion Lutheran Church		Blanco Focus Group



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## Input of Public Health Officials

Where there are common initiatives between the state, counties, hospitals, and community groups, coordination of efforts would be ideal. Many local public health officials were invited to the focus groups and summit. A few did attend, including representatives from the Gillespie County Mental Health Department and the Gillespie County Health Board. The state health department representative for the area was invited and did not attend.

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*Photo Credit: Hill Country Memorial*



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## **Input of Medically Underserved, Low-Income and Minority Populations - Community Engagement and Transparency**

Input was received during the focus groups, community survey, and community health summit. Representatives of these population groups were intentionally invited to participate in the process. Community physicians and hospital employees were also surveyed. They have insight into the medically underserved population, health needs and the community at-large.

### **Community Engagement and Transparency**

We are pleased to share the results of the Community Health Needs Assessment with our community in hopes of attracting more advocates and volunteers to improve the health of the community. The following pages highlight key findings of the assessment. We hope you will take the time to review the health needs of our community as the findings impact each and every citizen in one way or another; and join in the improvement efforts. The comprehensive data analysis may be obtained via a PowerPoint on the Hill Country Memorial website or by contacting Hill Country Memorial.

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*Photo credit: Stratasan*

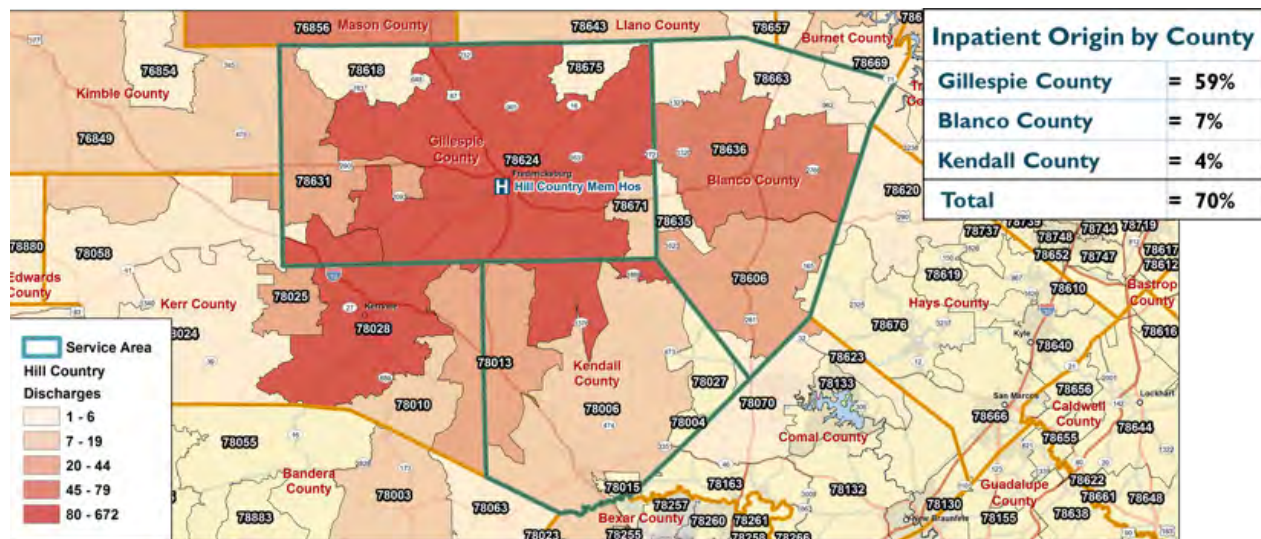
# Community

## Selected for Assessment

Hill Country Memorial's (HCM) health information provided the basis for the geographic focus of the CHNA. The map below shows where HCM received its patients; most of HCM's inpatients came from Gillespie County (59%), followed by Blanco (7%), then Kendall (4%). Therefore, it was reasonable to select these three counties as the primary focus of the CHNA. HCM mostly serves northern Kendall County and the Comfort area. Southern Kendall County has become a suburb of San Antonio. Comfort remains more underserved, with a minority majority of Hispanics and a lower median household income than the other geographies.

The community included medically underserved, low-income and minority populations who live in the geographic areas from which HCM draws its patients. All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under HCM's Financial Assistance Policy.

## Hill Country Memorial Patients - 2015



Source: Hill Country Memorial, 2015



# Key Findings

## Community Health Assessment

### Information Gaps

While this assessment was quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups (such as the homeless, institutionalized persons, or those who only speak a language other than English and Spanish) were not represented in the primary data.

Other population groups (for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups) might not be identifiable or might not be represented in numbers sufficient for independent analyses.

### Process and Methods

Both primary and secondary data sources were used in the CHNA. Primary methods included:

- Community focus groups and interviews
- Community landline telephone, cellphone and electronic surveys
- HCM employee and community physician electronic surveys

Secondary methods included:

- Public health data – death statistics, county health rankings
- Demographics – population, poverty, uninsured
- Psychographics – spending-based behavior information



*Photo credit: Hill Country Memorial*



## Demographics of the Community

The table below shows the demographic summary of Gillespie, Blanco, Kendall Counties, and Comfort City, compared to Texas and the U.S.

- Source: ESRI

### Demographic Summary 2016

	Gillespie County	Blanco County	Comfort City	Kendall County	Texas	USA
Population	26,376	11,228	3,085	41,742	27,637,152	323,580,626
Median Age	Older population 51.1	48.2	37.2	45.3	34.4	38.0
Median Household Income	\$54,869	\$50,238	\$41,033	\$79,239	\$54,075	\$54,149
Annual Pop. Growth (2016-2021)	Positive growth 0.89%	0.85%	4.19%	3.68%	1.63%	0.84%
Household Population	11,222	4,616	1,058	15,606	9,741,019	121,786,233
Dominant Tapestry	Midlife Constants (5E)	Exurbanites (1E)	Down the Road (10D)	The Great Outdoors (6C)	Up and Coming Families (7A)	Green Acres (6A)
Businesses	1,723	587	157	2,112	1,005,633	13,207,211
Employees	12,618	3,934	757	15,572	12,570,391	162,998,347
Medical Care Index*	108	105	74	141	99	100
Average Medical Expenditures	\$2,070	\$2,010	\$1,425	\$2,717	\$1,902	\$1,921
Total Medical Expenditures	\$23.2 M	\$9.3 M	\$1.5 M	\$42.4 M	\$18.5 B	\$234.0 B

#### Racial and Ethnic Make-up

White	90%	89%	67%	88%	68%	71%
Black	1%	1%	1%	1%	12%	13%
American Indian	1%	1%	1%	1%	1%	1%
Asian/Pacific Islander	0%	1%	0%	1%	5%	5%
Other	7%	6%	28%	7%	11%	7%
Mixed Race	2%	2%	3%	3%	3%	3%
Hispanic Origin	23%	19%	63%	27%	39%	18%

#### Population 65+

Gillespie County = 29.0%

Blanco County = 21.4%

Kendall County = 18.6%

U.S. = 14.9%

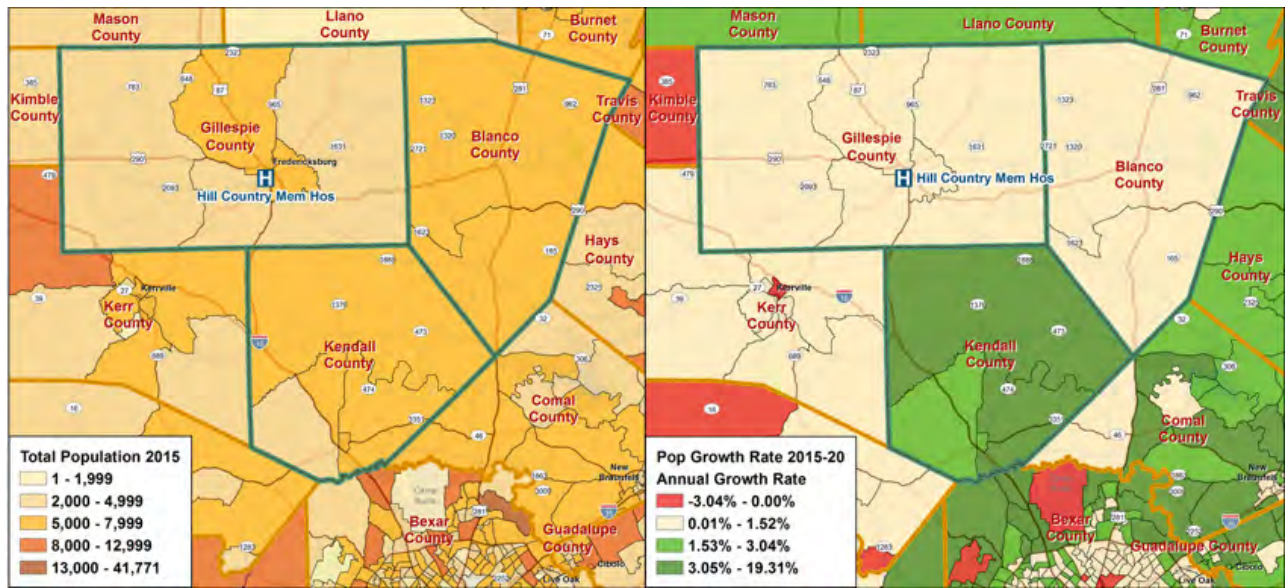
Geography	Lower Household Income (<\$25K)	Middle Household Income (\$25K – \$99,999)	Higher Household Income (\$100,000 +)
Gillespie County	20%	60%	20%
Blanco County	20%	58%	22%
Kendall County	25%	46%	39%
Comfort City	29%	59%	12%
U.S.	22%	55%	23%

- Source: ESRI

## Gillespie, Blanco, Kendall Counties - Texas

- The population of Gillespie County was projected to increase from 2016 to 2021 (.89% per year), lower than the rate of TX at 1.6%, and slightly higher than the U.S. at .84%. Blanco County was projected to increase .85%. Comfort City was projected to increase 4.19% and Kendall County as a whole was projected to increase 3.68% per year.
  - Gillespie County was older (51.1 median age) than TX and the U.S. as were Blanco at 48.2 and Kendall at 45.3. Comfort City was younger than the counties at 37.2, but still older than TX.
  - Gillespie County had higher median household income (\$54,869) than both TX and the U.S. Blanco County had lower median household income at \$50,239 than both TX and the U.S. Kendall had a much higher median income at \$79,239 while Comfort City had lower household income at \$41,033.
  - The medical care index measures how much the geography spent out of pocket on medical care services. The U.S. index was 100. Gillespie County (108 index) spent 8% more than the average U.S. household out of pocket on medical care (doctor's office visits, prescriptions, hospital visits). Blanco at 105, spent 5% more than the average U.S. household and Kendall County at 141 spent 41% more. Older populations spend more out of pocket on healthcare as well as higher income households who have more money to spend on healthcare. However, Comfort City at 74, spent 26% less out of pocket than the U.S. Comfort City was younger and had a lower household income.
  - The racial make-up of Gillespie County was 90% white, 1% black, 1% American Indian, 7% some other race, 2% mixed race and 23% Hispanic origin. (Totals exceed 100% because Hispanic is an origin not a race. One can be black or white Hispanic) Blanco County was very similar to Gillespie with 89% white, 1% black, 1% American Indian, 1% Asian/Pacific Islander, 6% other, 2% mixed race and 19% Hispanic origin. Kendall County was 88% white, 1% black, 1% American Indian, 1% Asian/pacific Islander, 7% other, 3% mixed race and 27% Hispanic. Comfort City, in contrast was 67% white, 1% black, 1% American Indian, 28% other, 3% mixed race and 63% Hispanic.
  - The median household income distribution of Gillespie County was 20% higher income (over \$100,000), 60% middle income and 20% lower income (under \$24,999). Blanco was 22% higher income, 58% middle and 20% lower income. Kendall County was 39% higher income, 46% middle income and 15% lower income. Again, in contrast, Comfort was 12% higher income, 59% middle income and 29% lower income.
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## 2015 Population by Census Tract and Change (2015-2020)



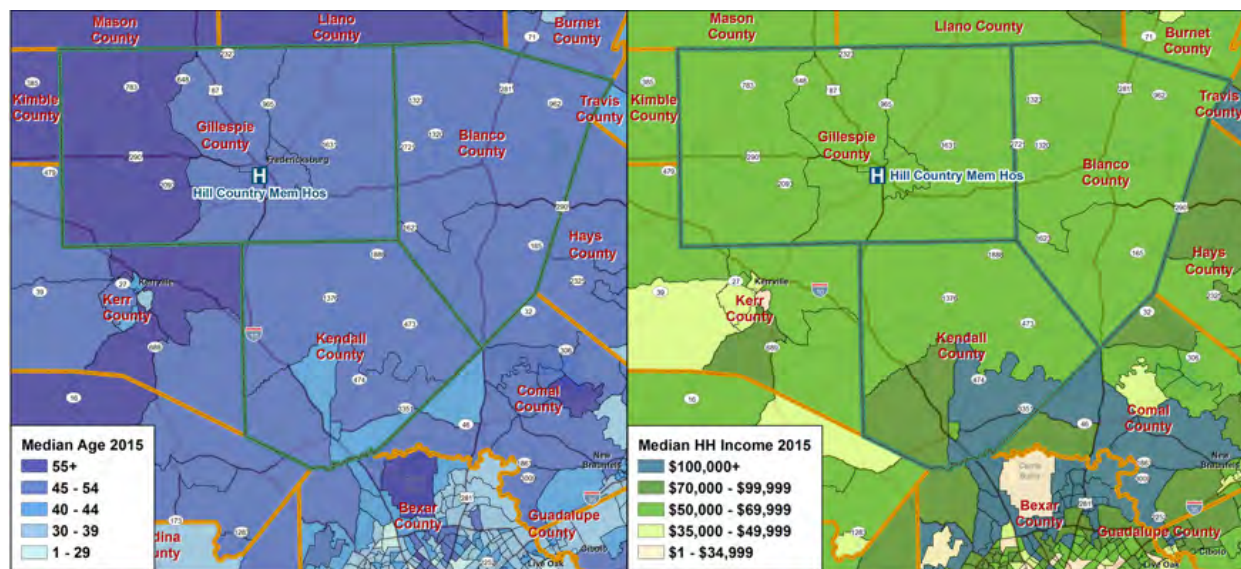
- Source: ESRI

Census tracts generally have a population between 1,200 and 8,000 people, with an optimum size of 4,000 people. Most of the census tracts in the three counties had between 5,000 and 7,999 population. There were three tracts in Gillespie and one in Kendall (southern Kendall County) that had 2,000 to 4,999 population.

All three counties were projected to grow in population, particularly northern Kendall County. The census tract maps are useful for analyzing sections of the county that may need focused attention and to pinpoint geographic areas that may have lower health outcomes.



## 2015 Median Age & Income



- Source: ESRI

These maps depict median age and median income by census tract. Western Gillespie County had an older population (55+ median<sup>1</sup> age), while the remainder of Gillespie County had a median age of 45-54. Both census tracts in Blanco County had a median age of 45-54. Northern Kendall County including Comfort had median ages of 45-54. A couple of tracts in southern Kendall County had median ages of 40-44.

Both Gillespie and Blanco census tracts had median household incomes of \$50,000 to \$69,999. In Kendall County not all households were at the median in a census tract, but these are indicators of segments of the population that may need focused attention. There was one higher median income (\$70,000 - \$99,999) tract in southwestern Kendall County. There was one tract of higher income (\$100,000+) in southeastern Kendall County. Northern Kendall County had a median household income of \$50,000 to \$69,999 like Gillespie and Blanco Counties.

The rate of poverty in Gillespie County was 12.5% (2014 data), which was below TX (17.2%) and the U.S. (15.5%). The poverty percentage was in the middle of the surrounding counties with the highest being Kimble at 18.5% and the lowest being Kendall at 8.3%. Blanco had 12% of its population in poverty. Gillespie County's unemployment was 2.9%, Blanco, 3.2% and Kendall 3.4% compared to 4.5% for Texas and 4.9% for the U.S. Unemployment decreased significantly in the last few years. (Bureau of Labor Statistics, June 2016)

<sup>1</sup>The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.

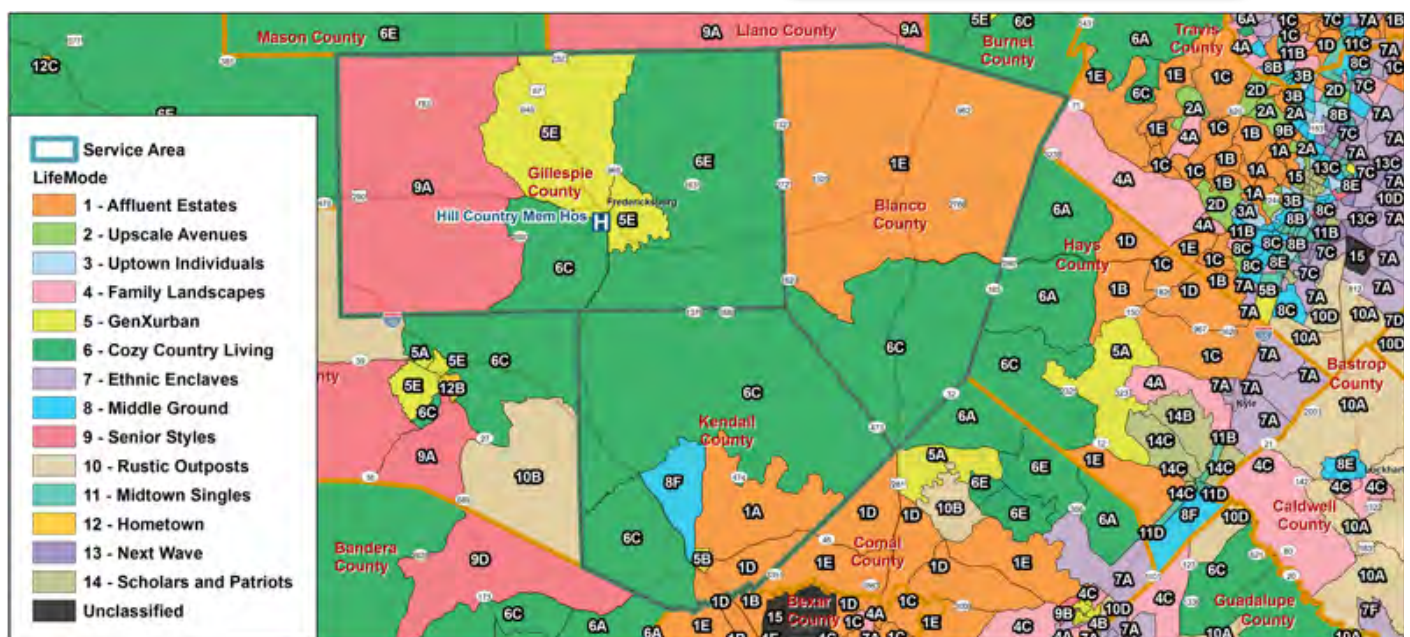
## Psychographics of the Community

Psychographics takes demographics and includes behavior information, primarily based on spending habits. 41% of the three-county population was contained in three Tapestry Segments: The Great Outdoors (19%), Midlife Constants (12%) and Exurbanites (10%). Brief descriptions are below. More in-depth descriptions may be found at -<http://www.esri.com/landing-pages/tapestry>

These three Tapestry Segments are contained in three separate LifeModes – Great Outdoors is in Cozy Country Living (green on the map), Midlife Constants is in GenX Urban (yellow), and Exurbanites are in Affluent Estates (orange).

Knowing not only about demographics, but also psychographics can help with implementation and communication strategies.

Top 3 Tapestry Segments	
<b>The Great Outdoors (6C) (19%)</b>	46.3 med. Age; \$53k med. Income; pastoral settings; small towns; travel domestically; have dogs or cats; outdoors activities; light use of Internet
<b>Midlife Constants (5E) (12%)</b>	45.9 med. age; \$48k med. Income; 82% own homes; older homes; SUVs & trucks; DIY home improvement.
<b>Exurbanites (1E) (10%)</b>	49.6 med. age; \$98k med. income; 85% own home; luxury cars & SUVs; prefer organic products; gardening and home improvement; active financial investors.



## Health Status Data

The major causes of death in Gillespie County were cancer, followed by heart disease, stroke, chronic lower respiratory disease, accidents, Alzheimer's Disease, diabetes, influenza and pneumonia, and liver disease followed by suicide. In Blanco County, heart disease surpassed cancer as the leading cause of death (like the U.S.), followed by chronic lower respiratory disease, accidents, stroke, Alzheimer's Disease and liver disease, suicide, influenza and pneumonia, then diabetes. Like Blanco County, the leading cause of death in Kendall County was heart disease followed by cancer. Following behind were accidents, chronic lower respiratory disease, stroke, Alzheimer's and stroke, diabetes, liver disease, suicide and influenza and pneumonia. Source(s): CDC/NCHS, National Vital Statistics System, Mortality 2013 (2014); Texas: Texas Department of State Health Services, [soupin.tdh.state.tx.us](http://soupin.tdh.state.tx.us) (2016). Age adjusted rates.

Based on the latest County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin<sup>2</sup>, Gillespie County ranked 16th healthiest county in Texas out of the 241 counties ranked (1= the healthiest; 241 = unhealthiest). Blanco County ranked 18th and Kendall County ranked 6th healthiest counties in Texas. County Health Rankings suggest the areas to explore for improvement in Gillespie and Blanco Counties were: adult smoking, high adult obesity, and uninsured. The areas of improvement for Kendall County were: adult smoking and adult obesity.

The areas of strength for Gillespie County were lower sexually transmitted infections, lower ratio of population to primary care physicians and dentists, lower preventable hospital stays, higher mammography screening and high school graduation, lower unemployment, violent crime, air pollution and driving alone to work.

The areas of strength for Blanco County were: lower sexually transmitted infections, teen births, preventable hospital stays, higher high school graduation, lower unemployment, and lower air pollution.

The areas of strength for Kendall County were: lower food environment index, teen births, uninsured, lower population to primary care physician, dentist and mental health provider, preventable hospital stays and higher mammography screenings. Also included were higher high school graduation rate, percentage of adult population with some college, unemployment, children in poverty, children in single-parent households, and lower air pollution.

When analyzing the health status data, local results were compared to Texas, the U.S. (where available) and the top 10% of counties in the U.S. (the 90th percentile). Where the three county results were worse than the State and U.S., there is an opportunity for group and individual actions that would result in improved community ratings. There are several lifestyle gaps that need to be closed to move the three counties up the rankings to be the healthiest communities in Texas and eventually the Nation. For additional perspective, Texas was ranked the 34th healthiest state out of the 50 states. Source: America's Health Rankings (2015); America's Health Rankings is the result of a partnership between United Health Foundation, American Public Health Association, and Partnership for Prevention™.

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<sup>2</sup>The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Wisconsin's counties every year since 2003.



# Focus Groups, Interviews, Health Status Comparisons

## Focus Groups

Forty community stakeholders representing the broad interests of the community participated in focus groups and two interviews from September 7 through the 27, 2016 for their input into the community's health. There was broad community participation in the focus group representing a range of interests and backgrounds. Below are the dates and geographies of the focus groups and interviews.

- ✓ Gillespie County, Hispanic focus - 13 of attendees, September 22, 2016
- ✓ Gillespie County – 11 attendees, September 7, 2016
- ✓ Blanco County – 9 attendees, September 21, 2016
- ✓ Comfort – 6 attendees, September 8, 2016
- ✓ Comfort – 1 attendee, September 25, 2016
- ✓ Comfort – 1 attendee, September 27, 2016

Below is a summary of the focus groups.

### When asked to describe the community's health, the group responses varied:

#### Gillespie

- Average 5-7
- Poor

#### Blanco

- Average

#### Comfort

- Uninsured not in good health
- Bifurcated along socioeconomic lines
- Poor
- Medium

### We reviewed the priorities from 2013 and then discussed what changes occurred since 2013. The group mentioned:

#### Gillespie

- Medication expensive for uninsured and elderly
- Increase in crime – drugs, robbery, family violence
- Less access to insurance, more uninsured
- Substance abuse worse
- Obesity worse (including kids)
- Nutrition worse
- Salud for You positive changes

#### Blanco

- More older population and retirees

#### Comfort

- Nutrition worse, food insecurity, young kids w/o access
- Growing drug use
- Seniors – chronic diseases

## Focus Groups, continued

### The groups thought the most important health issues the three counties were:

#### Gillespie

- No affordable insurance
- Access to care
- Expensive medication
- Emergency clinics are too expensive
- More resources for food
- More mental health/substance abuse resources/AA/NA
- Dental services for kids and dentures
- Larger wellness center
- More programs like Salud for You
- Laundromats open late or 24 hours
- High deductibles
- Less access and insurance
- Fewer insured payers to pay doctors and hospital

#### Blanco

- Obesity – nutrition, diet

- Drug use and drug rehab
- More grievance counseling – Dementia, Alzheimer's
- Access to emergent care
- Transportation for seniors
- Healthcare for uninsured or underinsured – need a clinic for this population
- Need Care-givers Day Out program
- Specialists once a month
- Better water supply

#### Comfort

- Access
- Ability to have a healthy lifestyle – exercise and accessibility
- Need for education in Spanish
- Food pantry – food banks, how to prepare food
- Urgent care access outside business hours
- Diabetes, blood pressure

### The groups thought the most important health issues facing medically-underserved, low-income and minority populations or other groups were:

#### Gillespie

- Affordable food
- Nutrition
- Housing
- Daycare
- Stress
- Access to specialty care locally
- Mental health
- Rent and utilities assistance
- Substance abuse

#### Blanco

- Same as previous

#### Comfort

- Basic primary care
- Prevention
- Education
- Urgent care
- Care for non-citizens
- Transportation for seniors and Veterans

### The groups thought the most important health issues facing children were:

#### Gillespie

- Obesity
- Alcohol
- Drugs
- Dental care
- Nutrition
- Lack of exercise
- Device driven
- Incarcerated parents
- Foster home inspects
- Early childhood trauma

- Mental health counseling
- Stress and conflict management
- Health education
- Parental guidance and time
- Safe places for kids to go

#### Blanco

- Need a school nurse
- Obesity
- Sedentary lifestyle - organized sports are expensive
- Need screenings

### Focus Groups, continued

- Access to good nutrition
- More places to take children – park, skate park, boys and girls club
- More sidewalks

#### Comfort

- Obesity
- Parental personal responsibility
- Nutrition education
- Attitude of fatalism difficult to break the cycle
- Drug abuse in high schools
- Parental supervision
- Healthy nutrition
- Immunizations

### The groups believed the behaviors that have the most negative impact on health are:

#### Gillespie

- Drugs
- Alcohol/Drinking
- Smoking
- Family dynamics/separated families
- Balanced lifestyle – diet and exercise
- Abuse
- Stress
- Mental health and depression

#### Comfort

- Cultural behaviors
- Not going to the doctor
- Denial of poor health
- Alcohol and drug abuse/binge drinking
- Food preparation

### The groups believed the environmental factors that have the biggest impact on health were:

#### Gillespie

- Specialties available

#### Comfort

- Access to care
- Travel
- Safety – dangerous truck stop, I10 traffic
- Industrial waste and pollution
- No recycling here

- Burning garbage
- City water is bad
- Factory/Mill is hazardous to climate
- Socioeconomics
- Unincorporated town with few laws and guidance
- Cultural mix
- Transitional place – growth and lack of facilities



## Focus Groups, continued

**The groups listed the following as community assets to support health and well-being:**

### Gillespie

- The Good Samaritan Center
- Wellness Center
- Needs Council
- Food Bank
- St. Vincent DePaul
- Community Health Needs Assessment
- Agrilife
- Volunteers
- Boys and Girls Club
- Generosity of Community
- Safety of Community
- Hospital
- Caring Community

### Blanco

- Gem of the Hills Fitness Programs
- State Park – swimming, walking hiking
- High School track
- Swimming pool in JC
- New workout gym in JC

- Exercise classes at church
- Ministerial alliance
- Excellent assisted living facilities

### Comfort

- The Cornerstone Clinic
- Local pharmacy
- HC Mission for Health
- Pregnancy Center
- Food Bank
- Comfort Table
- Meals on Wheels
- Golden Age Center
- Health and wellness club
- Library programs
- Mobile clinic
- Rotary
- Churches
- County Government - EMS, Sheriff
- Health and Human Services

**When asked, where do members of the community turn for basic healthcare needs, the groups listed:**

### Gillespie

- Emergency Room
- The Good Samaritan Center
- Mental Health Development Disabilities
- Go Clinic
- EMS
- Ministry Alliance
- Jail
- Wellness Center and local gyms
- Medicaid and Medicare patients have problems finding a PCP

### Blanco

- Clinics
- EMS
- Out of town urgent care

- Out of town clinics with sliding scale
- Dept. of Health and Human Services
- Scott and White see uninsured
- HCM will work with you
- Good Samaritan Clinic
- Blanco Regional Clinic

### Comfort

- Cornerstone Clinic
- Clinics and urgent care in Boerne
- Sid Pete ER
- HCM ER
- San Antonio
- Their doctor – Comfort, Kerrville, Fredericksburg, San Antonio and Boerne

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## Focus Groups, continued

**When asked, what the community needs to manage health conditions or stay healthy, the groups mentioned:**

### Gillespie

- More free nutritional program education
- Salud for You
- Public wellness center that doesn't charge for the low income or elderly
- Emergency clinic that is not expensive and open 24 hours or at least until midnight
- Sidewalks
- Teen education
- Mental health services
- Funding for health education
- State funding for mental health

### Blanco

- Access to care or doctor appointment and insurance for the whole family
- Community needs a gym or a park
- Education for caregivers, education for prevention
- Education for healthy cooking and meal planning

### Comfort

- Urgent care/after-hours care
- Community gardens
- More doctors and specialty doctors

**When asked what priority health improvement action should Gillespie County focus on, the group listed:**

### Gillespie

- Kid's mental and physical health – losing kids to drugs and violence
  - Remove all the drugs
  - Early childhood intervention
  - County Health Board focusing on affordable housing
  - Reduce stress
  - Lower cost of living
  - Affordable housing
  - Mental Health
- Clinics
  - Visiting specialists
  - Better access to emergency care
  - Better selection of healthy foods/community garden/Good Samaritan pantry with healthier foods

### Comfort

- A hospital/bring back a hospital
- Urgent care – after hours, convenient care
- Free services
- Community health center to care for uninsured and provide education and outreach services
- Parenting classes
- Counseling for mental health issues
- Providing better access to convenient healthcare

### Blanco

- Build on and improve Gem of the Hills – activities for seniors, children, high schoolers, education classes
- Improve trails for walking
- Monthly screenings

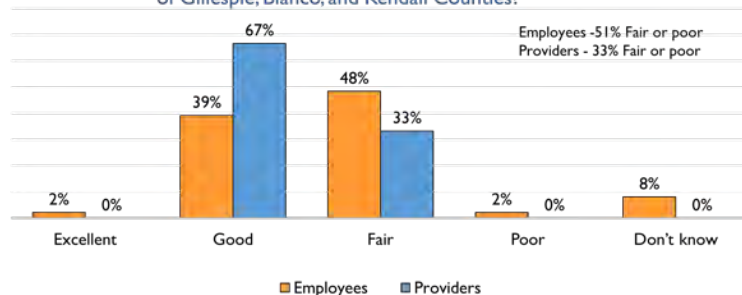
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## HCM Employees and Community Providers Electronic Surveys

186 HCM employees and 12 community providers were surveyed electronically regarding their perspectives on community health status and needs from September 1st through 30th 2016. The employees and providers are members of the local community and have unique insight into the health status of the community.

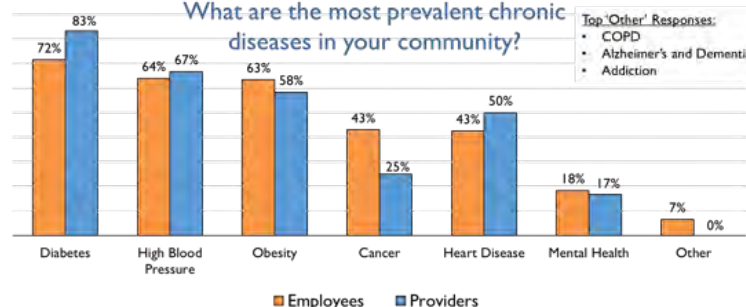
### Responses:

How would you describe the overall health status of the citizens of Gillespie, Blanco, and Kendall Counties?



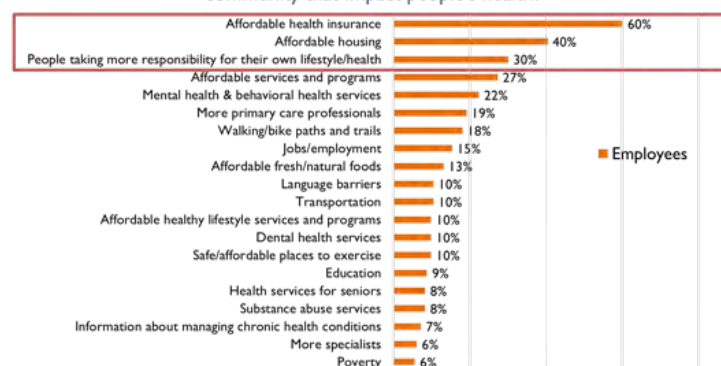
51% of employees and 33% of providers thought the health of the communities was fair or poor. 2% of employees responded excellent, 39% good and 2% poor. 67% of providers responded good.

What are the most prevalent chronic diseases in your community?



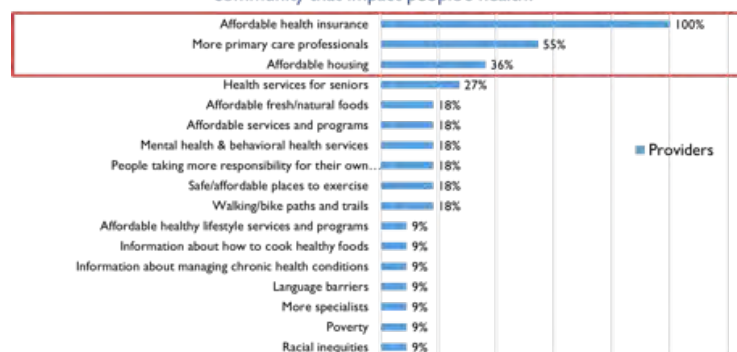
Both groups agreed that diabetes, high blood pressure and obesity were the most prevalent chronic conditions, followed by heart disease, cancer and mental health.

(Employees) What are the top 3 issues that need to be addressed in your community that impact people's health?



Employees mentioned affordable health insurance, affordable housing and people taking more responsibility for their own lifestyle/health as the top three issues that need to be addressed in the community.

(Providers) What are the top 3 issues that need to be addressed in your community that impact people's health?

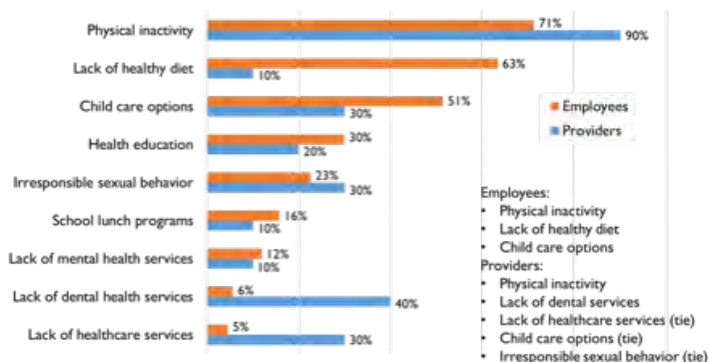


Providers listed affordable health insurance, more primary care professionals and affordable housing as the top three issues that need to be addressed in the community.



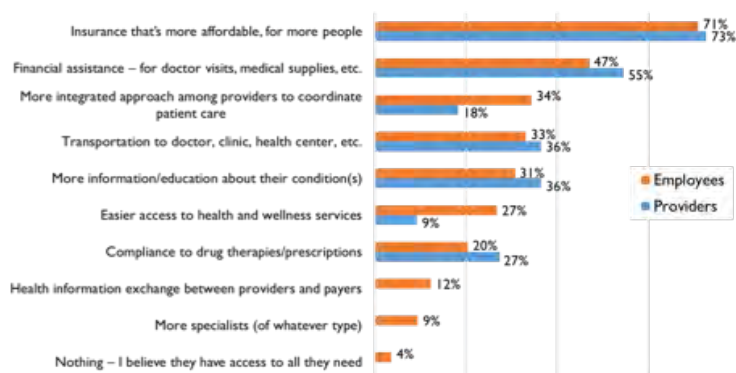
## HCM Employee and Community Providers Surveys, continued

What the top three health concerns for children in your community



Employees listed physical inactivity, lack of healthy diet and childcare options as the top three concerns for children. Providers listed Physical inactivity, lack of dental services, and tied for third, lack of healthcare services, child care options and irresponsible sexual behavior.

What, if anything, do you think the people in the county need in order to manage their health more effectively?



Insurance that's more affordable for more people and financial assistance for doctor visits, medical supplies, etc. were the top two items listed by both groups as what people need to manage their health more effectively. Employees then listed more integrated approach among providers to coordinate patient care and providers listed transportation to doctor, clinic health center, etc. and more information about their conditions.

## Community Telephone and Electronic Surveys

705 total surveys were conducted between September 7 through 30, 2016. 404 were conducted by telephone, 85 of which were cell phones. 301 were completed electronically, 19 of which were in Spanish. Using the whole sample at 95% confidence, the margin of error was +/- 4%. When possible, results were compared to the 2013 survey. The survey skewed female and slightly older, and less Hispanics than are in the community, but the other demographics, income, education and race, were reflective of the community as a whole.

### Responses:

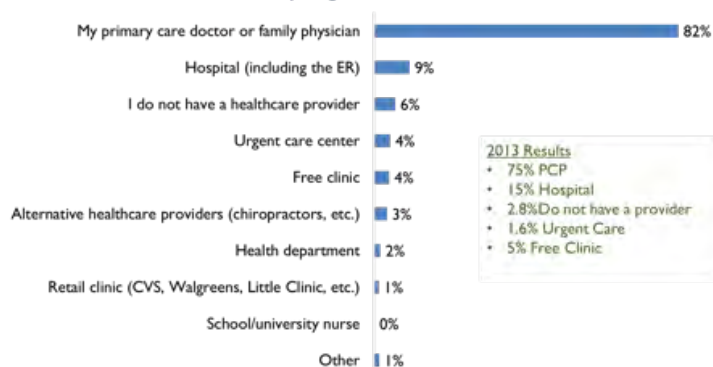
Generally, how would you describe your health?



The community described their health as excellent and good with 80%. However, 20% responded fair or poor. In 2013, 23% responded fair or poor.

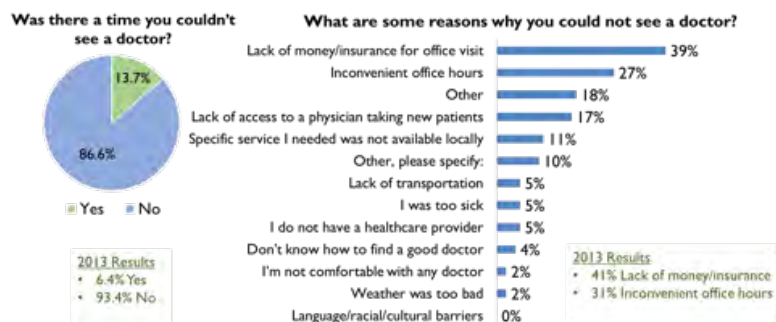
## Community Telephone and Electronic Surveys, continued

If you have one person or group you turn to for basic healthcare needs, where do you go most often?



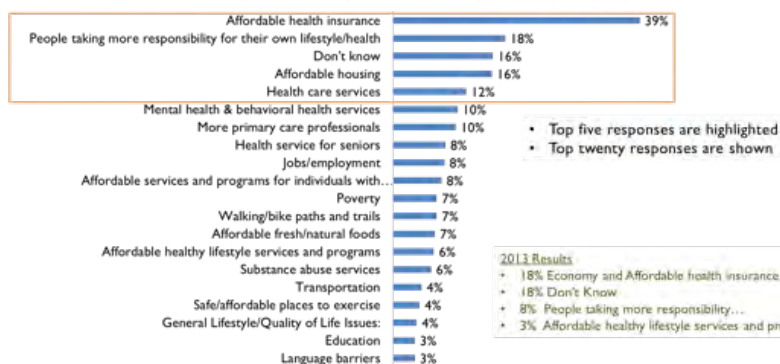
Most people, 82% rely on their primary care physician for their basic healthcare needs, followed by the hospital, including the ER with 9%. 6% do not have a provider and 4% rely on urgent care. 4% rely on the free clinic. More people in 2016 rely on urgent care and a higher percentage do not have a healthcare provider.

Was there a time in the past 12 months when you needed to see a doctor but could not?



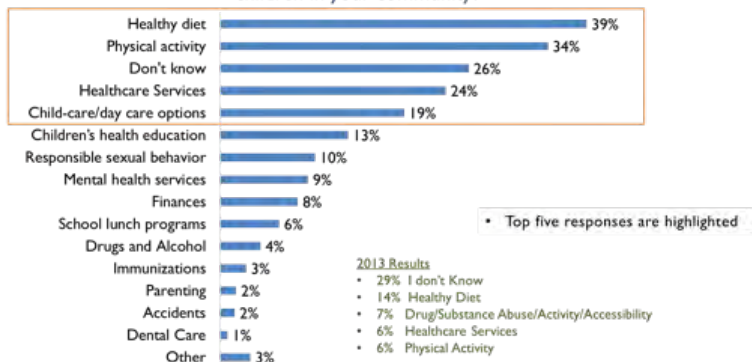
13.7% responded that yes, there was a time in the last 12 months when they needed to see a doctor but could not, an increase from 2013. The primary reasons were the same as 2013, lack of money/insurance for office visit and inconvenient office hours.

What are the top 3 issues in your community that impact people's health?



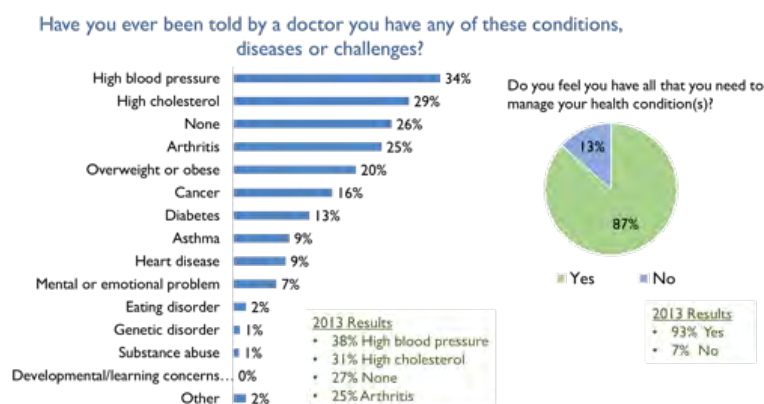
The top three issues that impact people's health were: affordable health insurance, people taking more responsibility for their own lifestyle/health, affordable housing and healthcare services.

In your opinion, what are the top 3 health concerns for children in your community?

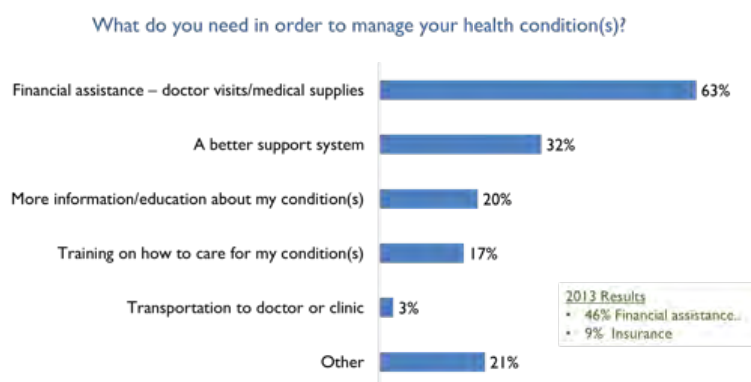


The top three concerns for children were healthy diet, physical activity, healthcare services and child-care/day care options

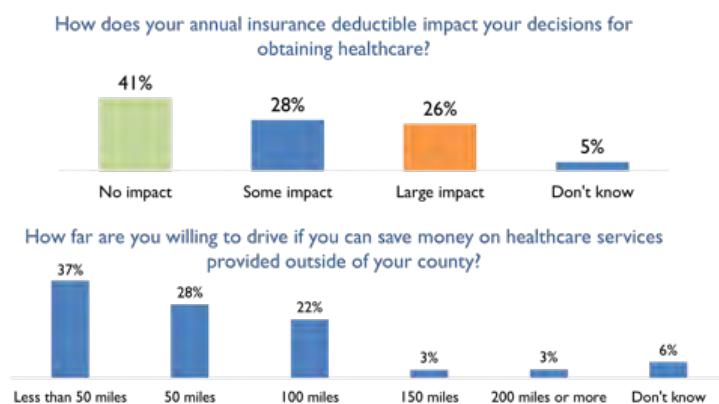
## Community Telephone and Electronic Surveys, continued



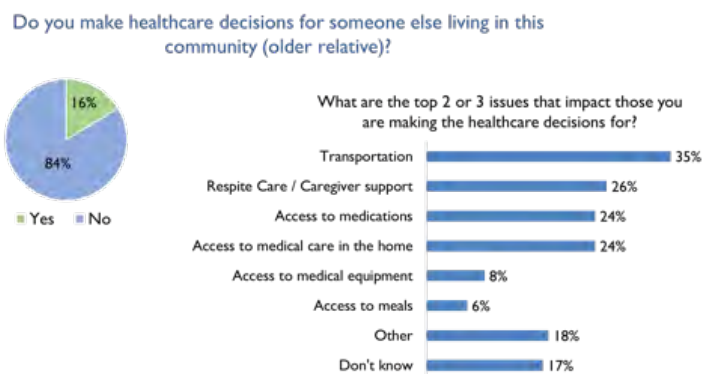
Like 2013, the top conditions, diseases or challenges were high blood pressure, high cholesterol, and arthritis. 13% responded they did not have all they needed to manage their conditions compared to 7% in 2013.



Of those who said they did not have all they needed, 63% needed financial assistance and 32% needed a better support system.



41% said their annual insurance deductible had no impact on their decision for obtaining healthcare, while 54% responded it had some or a large impact on healthcare decisions.



Most people were willing to travel over 50 miles to save money on healthcare services. 37% would travel less than 50 miles.

16% of respondents indicated they make healthcare decisions for someone else living in the community such as an older relative. The top issues that impact these decisions are transportation, respite care/caregiver support, access to medications and access to medical care in the home.



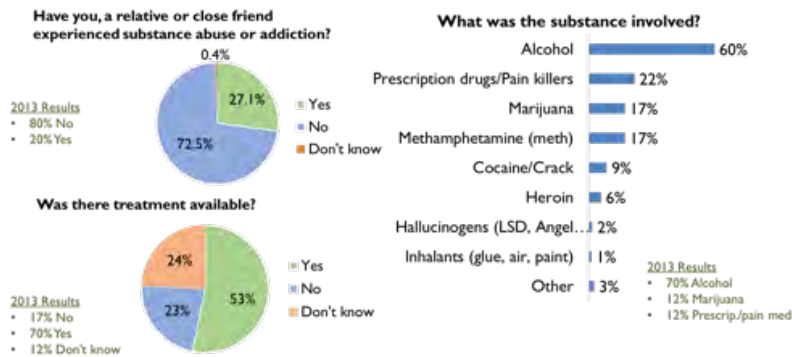
## Community Telephone and Electronic Surveys, continued

What healthcare, health education, or public health services or programs would you like to see offered in your community?



24% would like to see affordable insurance offered in the community, followed by healthcare resources for the uninsured or poor and senior services.

## Substance Abuse



The percentage of people who have experienced or know of someone who has experienced substance abuse or addiction increased from 2013 from 20% to 27%. Alcohol is still the leading substance, however, prescription drugs/pain killers moved into second place with 22% followed by Marijuana. More people responded that treatment wasn't available, 24% than in 2013 at 17%.

## Health Status Analysis and Comparisons

Information from County Health Rankings and America's Health Rankings was analyzed in the Community Health Needs Assessment in addition to the previously reviewed information and other public health data. Other data analyzed was: causes of death, demographics, socioeconomics, consumer health spending, focus groups and interviews, surveys of HCM employees and community physicians, and surveys of the community. When data was available for Texas, the U.S. or the top 10% of counties (90th percentile), they were used as comparisons. Strengths are important because the community can build on those strengths, and it's important to continue focus on strengths so they don't become opportunities for improvement. Opportunities were noted when the counties' measures were below those of TX and the U.S. The full data analysis can be seen in the CHNA PowerPoint. There were strengths and opportunities identified for measures and for the counties. Opportunities were denoted with red stars, and strengths were denoted using green stars.

### Leading Causes of Death: Age-adjusted deaths per 100,000

Cause of Death	Gillespie County	Blanco County	Kendall County	Texas	US
	2012-2014	2012-2014	2012-2014	2012-2014	2014
Heart Disease	285.3	256.5	206.2	151.4	169.8
Cancer	303.3	228.7	187.7	144.8	163.2
Chronic Lower Respiratory Disease	63.0	55.6	47.6	36.4	42.1
Accidents	55.3	52.5	49.3	35.5	39.4
Stroke	72.0	43.3	35.2	35.7	36.2
Alzheimer's Disease	52.7	27.8	35.2	21.6	23.5
Diabetes	33.4	12.4	30.0	19.8	21.2
Influenza and Pneumonia	24.4	18.5	10.6	12.3	15.9
Suicide	16.7	24.7	17.6	11.7	12.6
Liver Disease	24.4	27.8	22.0	27.2	10.2

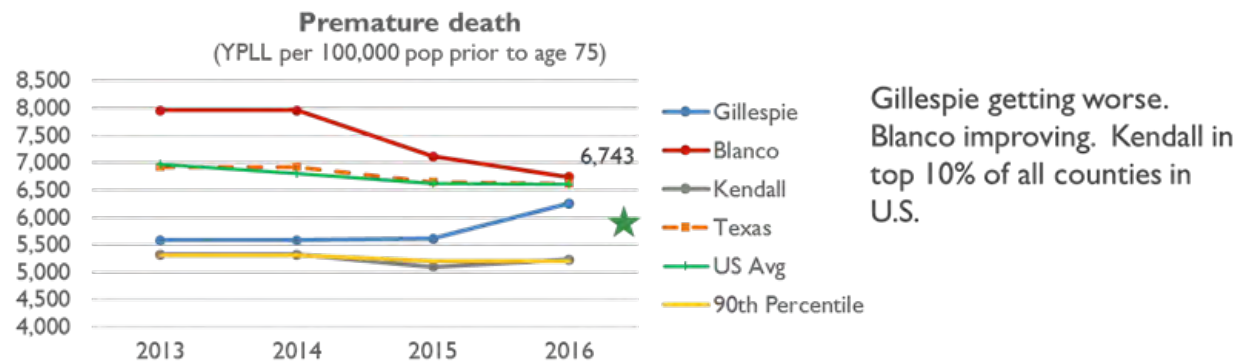
- Source: CDC/NCHS, National Vital Statistics System, Mortality 2013 (2014); Texas Department of State Health Services, [soupin.tdh.state.tx.us](http://soupin.tdh.state.tx.us) (2016)

Red areas had death rates higher than the state. The major causes of death in Gillespie County were cancer, followed by heart disease, stroke, chronic lower respiratory disease, accidents, Alzheimer's Disease, diabetes, influenza and pneumonia, and liver disease followed by suicide. In Blanco County, heart disease surpasses cancer as the leading cause of death (like the U.S.), followed by chronic lower respiratory disease, accidents, stroke, Alzheimer's Disease and liver disease, suicide, influenza and pneumonia, then diabetes. Like Blanco County, the leading cause of death in Kendall County was heart disease followed by cancer. Following behind were accidents, chronic lower respiratory disease, stroke, Alzheimer's and stroke, diabetes, liver disease, suicide and influenza and pneumonia. The years displayed on the County Health Rankings graphs show the year the data was released. The actual years of the data is included in the source notes below the graphs.

In the following graphs, Gillespie County will be blue, Blanco County red, Kendall County gray, Texas orange, U.S. green and the 90th percentile gold.

## Health Outcomes (Length of Life and Quality of Life)

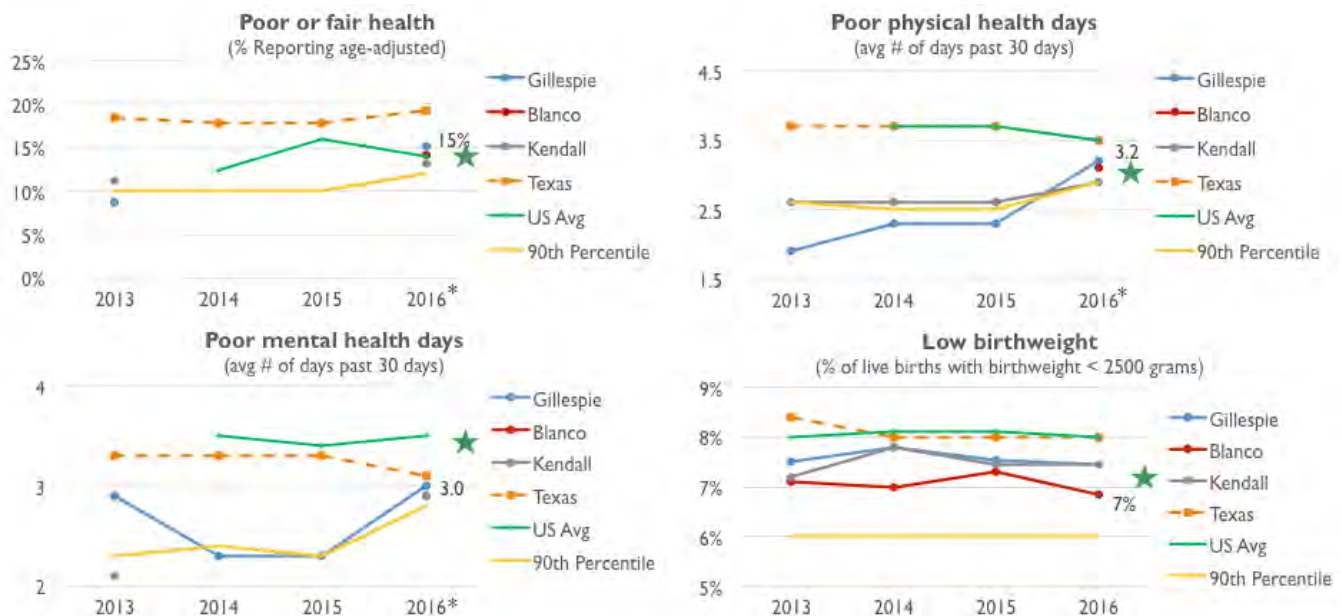
Health Outcomes are a combination of length of life and quality of life measures. Gillespie County ranked 27th, Blanco County ranked 23rd and Kendall County ranked 10th in Health Outcomes out of 241 Texas counties. Length of life was measured by years of potential life lost (YPLL) per 100,000 population prior to age 75. Gillespie County ranked 39th in length of life, Blanco County ranked 54th and Kendall County ranked 13th.



Source: County Health Rankings; National Center for Health Statistics – Mortality File, 2011-2013

## Quality of Life

Quality of life was measured by: % reporting fair or poor health, the average number of poor physical health days and poor mental health days in the past 30 days, and % of live births with birthweight less than 2500 grams (5lbs 8ozs). Gillespie County ranked 33rd, Blanco County ranked 12th and Kendall County ranked 14th out of 241 counties for quality of life.



Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2014

Source: County Health Rankings; National Center for Health Statistics – Natality files (2007-2013)

\*indicates a change in the Behavioral Risk Factor Surveillance System Survey calculations of results or changes in survey methodologies. 2016 cannot be compared to prior year results.



## Quality of Life **STRENGTHS**

- Years of potential life lost (YPLL) per 100,000 population prior to age 75, was lower in Gillespie County, 6,259 years, higher than Texas and the U.S, however the trend increased. Kendall County was in the top 10% of all counties in the country for this measure at 5,200 years.
- The percentage in fair or poor health (13%) was lower in Kendall County than TX and the U.S. Gillespie (15%) and Blanco (14%) Counties were lower than TX, but equal to the U.S. The community survey indicated 20% were in fair or poor health for the three counties.
- The number of poor physical days in the last 30 days was lower in Kendall than TX and the U.S. in the top 10% of U.S. counties. Gillespie and Blanco Counties were also less than TX and the U.S. at 3.2 poor physical health days in the past 30 days.
- The number of poor mental health days in the last 30 days was lower in Kendall and Gillespie Counties than TX and the U.S. at 2.9 and 3.0. Blanco did not have enough data to report.

## Quality of Life **OPPORTUNITIES**

- Gillespie County had higher cancer death rates than TX and the U.S. and cancer was the leading cause of death in the county whereas in the other counties, TX and the U.S. heart disease was the leading cause of death.
- According to the community survey, high blood pressure and high cholesterol affected 34% and 29% of the population respectively.



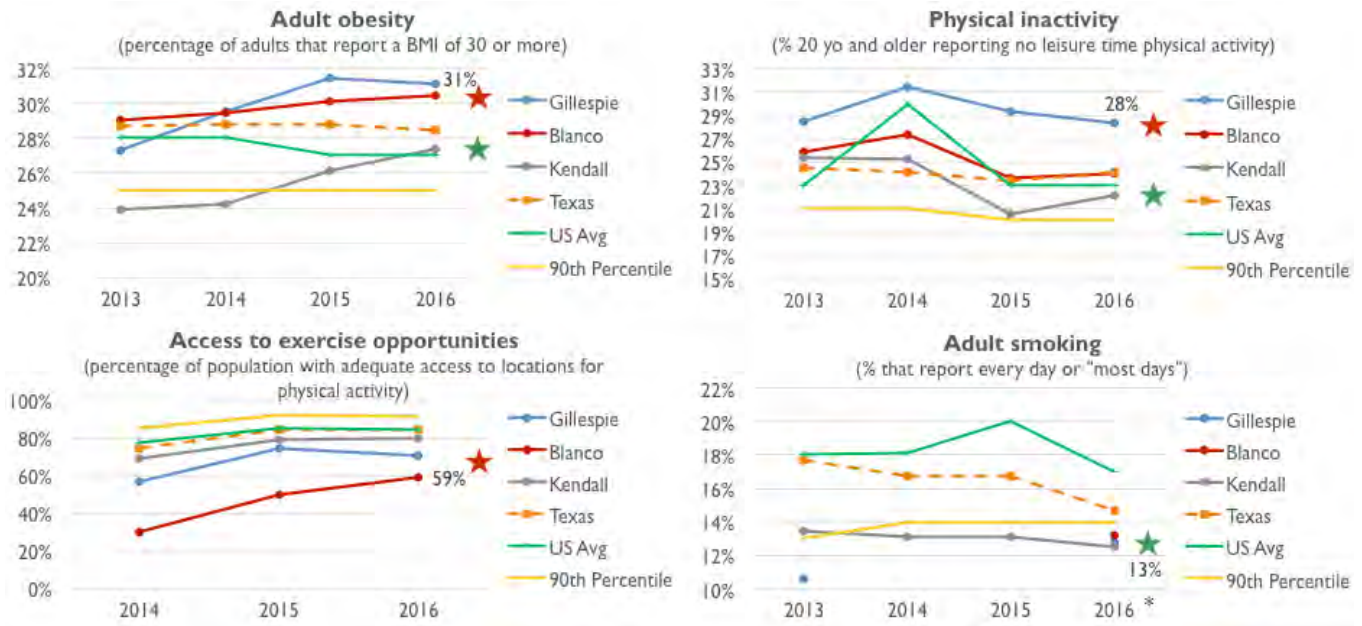
*Photo credit: Fredericksburg-lodging.com*

## Health Factors or Determinants

Health factors or determinants were comprised of measures of related to health behaviors, clinical care, social & economic factors, and physical environment. Gillespie County ranked 6th, Blanco County ranked 14th and Kendall County ranked 2nd in Texas for health factors.

### Health Behaviors

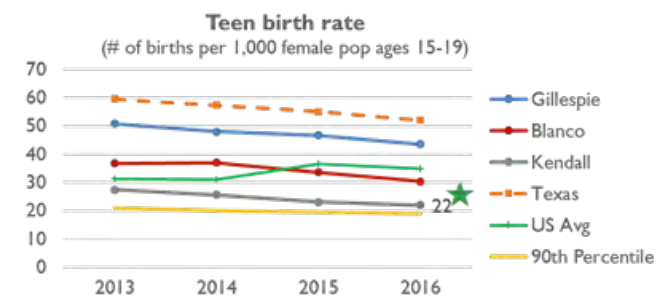
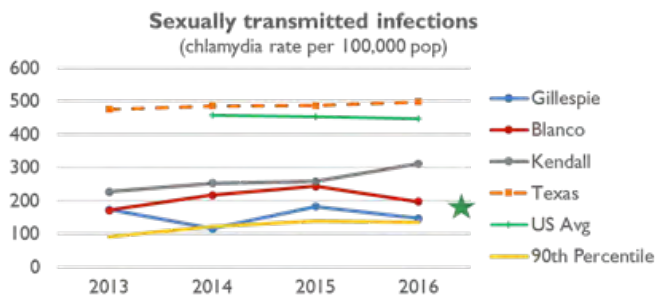
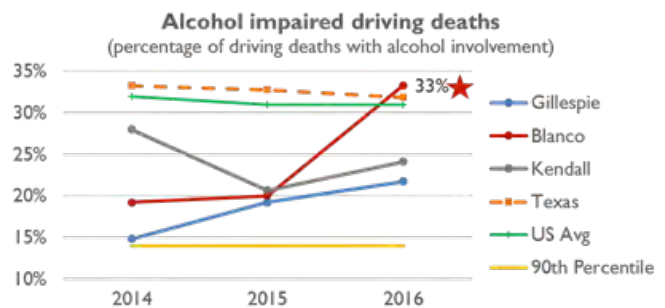
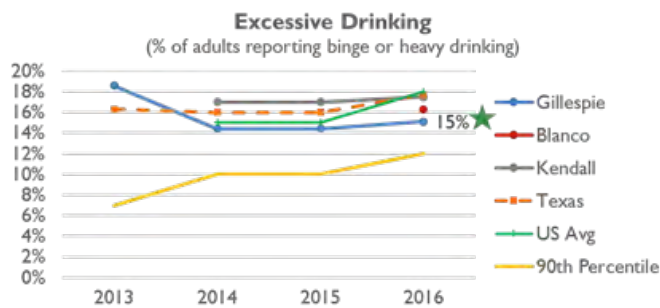
Health behaviors are made up of nine measures. Health behaviors account for 30% of the county rankings. Gillespie County ranked 14th, Blanco County ranked 17th and Kendall County ranked 5th out of 241 counties in Texas in health behaviors.



Source: Obesity, physical inactivity - County Health Rankings; CDC Diabetes Interactive Atlas, 2012

Source: Access to exercise opportunities - County Health Rankings; ArcGIS Business Analyst, Delorme map data, ESRI and US Census Tigerline Files, 2013

Source: Smoking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS)



Source: Excessive drinking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS), 2014

Source: Alcohol-impaired driving deaths - County Health Rankings; Fatality Analysis Reporting System, 2010-2014

Source: STDs - County Health Rankings; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2013

Source: Teen birth rate - County Health Rankings; National Center for Health Statistics - Natality files, 2007-2013



The food environment index is comprised of % of the population with limited access to healthy foods and % of the population with food insecurity. Limited access to foods estimates the % of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.

Source: County Health Rankings; USDA Food Environment Atlas, 2012-2013

Source: County Health Rankings; CDC WONDER mortality data, 2012-2014



## Health Behaviors **STRENGTHS**

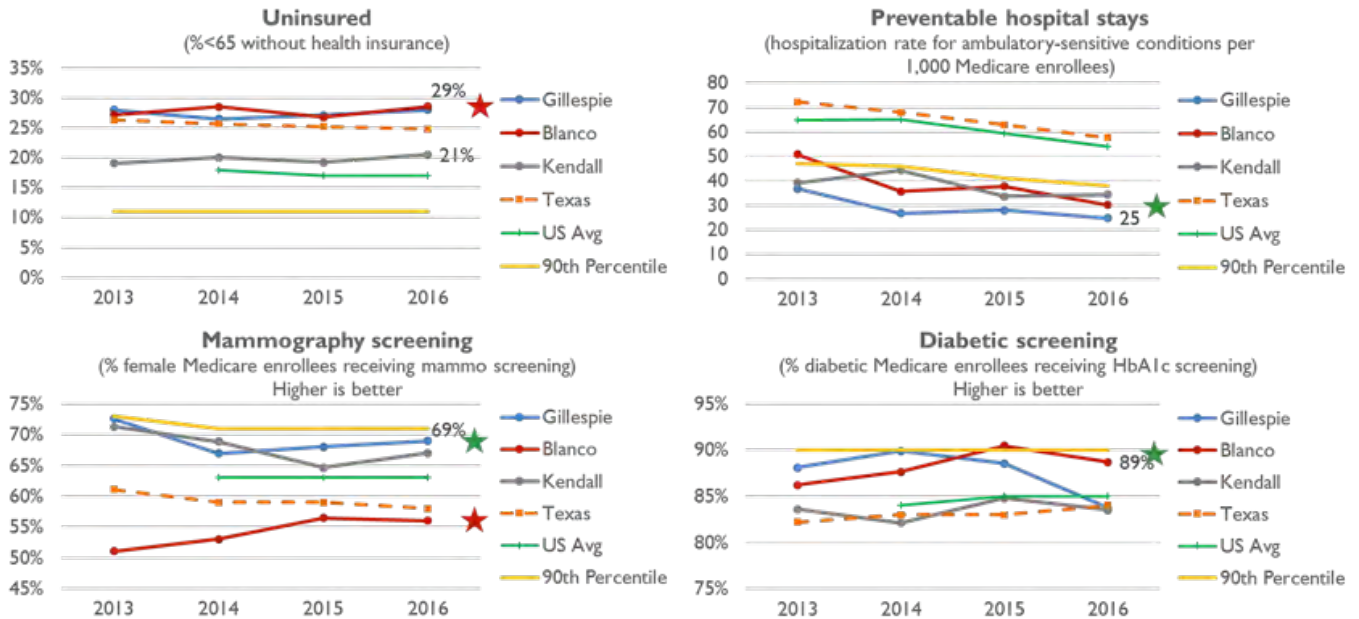
- Kendall County had a lower percentage of physical inactivity than TX and the U.S.
- All three counties had a lower percentage of adult smoking than TX and the U.S., lower than the top 10% of counties in the U.S. However, each year approximately 443,000 premature deaths can be attributed to smoking. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes. The Healthy People 2020 goal is 12%. Until smoking is eradicated, it cannot be ignored. Cancer is the leading cause of death in Gillespie County.
- The percentage of excessive drinking was lower in Gillespie County and Blanco County than TX and the U.S.
- The rate of sexually transmitted infections was lower in all three counties than TX and the U.S. Gillespie County approached the top 10% of counties in the U.S.
- The teen birth rate was lower in Blanco and Kendall Counties than TX and the U.S., Gillespie County was higher than the U.S., but lower than TX.
- The food environment index was higher in all three counties than TX and the U.S. The index is a blend of access to healthy food and food insecurity. The food environment index is comprised of % of the population with limited access to healthy foods and % of the population with food insecurity. Limited access to foods estimates the % of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.

## Health Behaviors **OPPORTUNITIES**

- Thirty-one percent of adults in Gillespie County and 30% of Blanco County were obese. Obesity puts people at increased risk of chronic diseases: diabetes, kidney disease, joint problems, hypertension and heart disease. Obesity can cause complications in surgery and with anesthesia. It has been implicated in Alzheimer's. It often leads to metabolic syndrome and type 2 diabetes. It is a factor in cancers, such as ovarian, endometrial, postmenopausal breast cancer, colorectal, prostate, and others.
  - Physical inactivity was higher in Gillespie County at 28% than TX and the U.S.
  - The percentage of the population with adequate access to locations for physical activity was lower in Blanco (59%) and Gillespie County (71%) than TX and the U.S., but the trend was positive.
  - Alcohol impaired driving deaths were higher in Blanco County with 33% of driving deaths with alcohol involved. The trend increased in Gillespie, but was still well below TX and the U.S.
  - 27% of the respondents to the community survey indicated they, a relative or a close friend experienced substance abuse or addiction, which represented an increase from 2013 of 7.1%. Prescription drugs/pain killers were the second highest substance involved with 22%. In 2013, prescription drugs/pain killers were at 12%.
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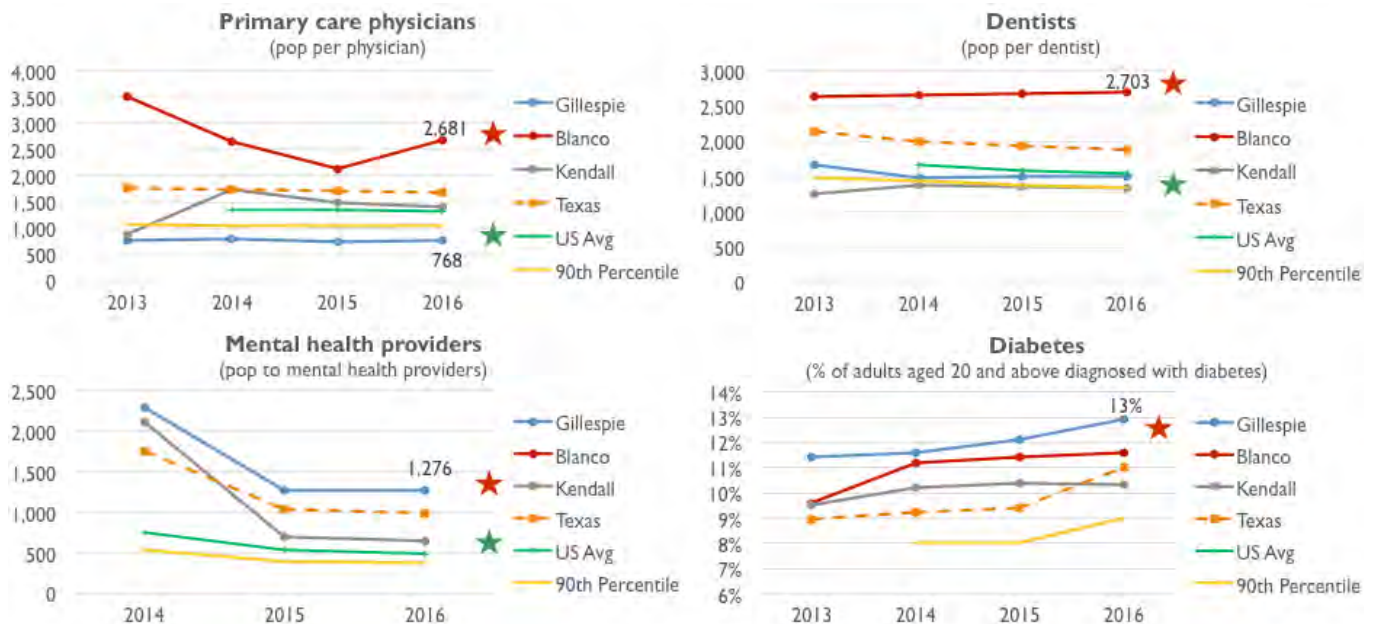
## Clinical Care

Clinical care ranking is made up of eight indicators, and they account for 20% of the county rankings. Gillespie County ranked 6th, Blanco County ranked 46th and Kendall County ranked 2nd out of 241 Texas counties in clinical care.



Source: Uninsured - County Health Rankings; Small Area Health Insurance Estimates, 2013

Source: Preventable hospital stays, mammography screening, diabetic screening - County Health Rankings; Dartmouth Atlas of Health Care, 2013



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Source: Pop to PCP - County Health Rankings; Area Health Resource File/American Medical Association, 2013

Source: Pop to Dentists - County Health Rankings; Area Health Resource File/National Provider Identification file, 2014

Source: Pop to mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health) County Health Rankings; CMS, National Provider Identification, 2014

Source: County Health Rankings; CDC Diabetes Interactive Atlas, 2013

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## Clinical Care **STRENGTHS**

- The hospitalization rate for ambulatory-sensitive conditions was lower for Gillespie, Blanco and Kendall Counties than TX and the U.S., all below the top 10% of counties in the U.S.
- The percent of diabetic Medicare enrollees receiving screening was higher in Blanco County than TX and the U.S.
- Mammography screening was higher in Gillespie and Kendall Counties than TX and the U.S.
- The population per primary care physician was lower in Gillespie than TX and the U.S. lower than the top 10% of counties in the U.S.
- The population per dentist was lower in Kendall County than TX and the U.S., at the top 10% of counties in the U.S.
- The population per mental health provider was lower in Kendall County than TX and the U.S.

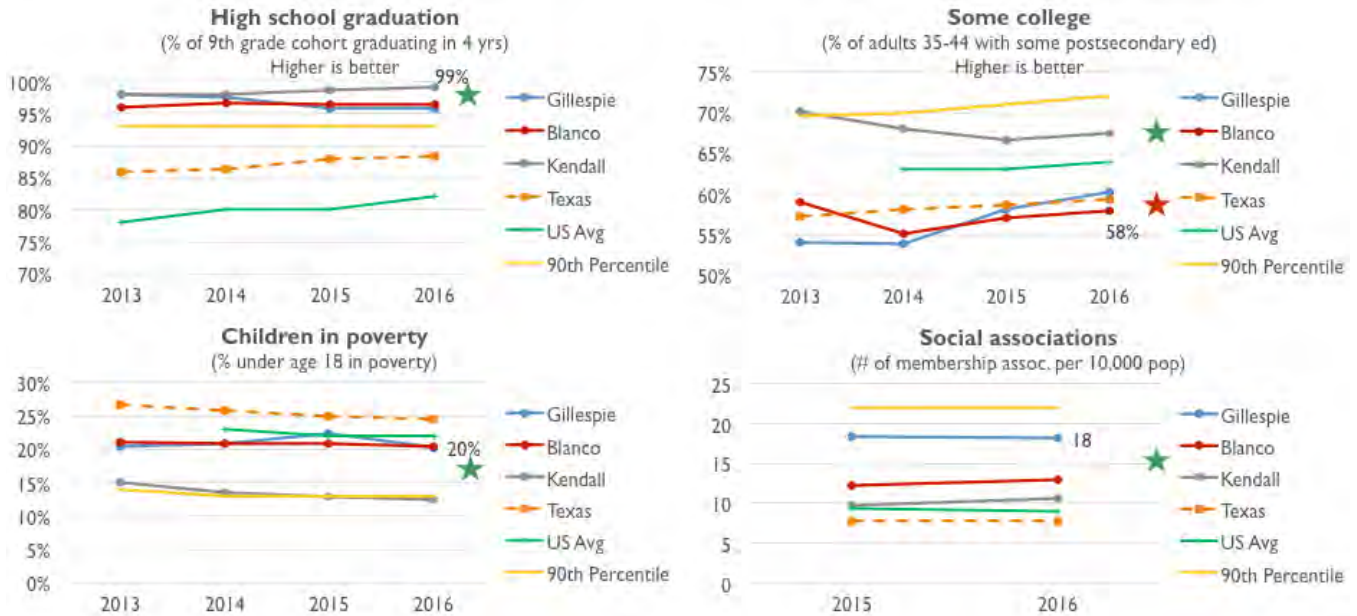
## Clinical Care **OPPORTUNITIES**

- The percent of population under sixty-five without health insurance was higher in Gillespie and Blanco Counties at 29% than TX and the U.S. (17%).
- The population per primary care physician was higher in Blanco County than TX and the U.S.
- The population per dentist was higher in Blanco County than TX and the U.S.
- The population per mental health provider was higher in Gillespie County than TX and the U.S.
- Thirteen percent of Gillespie County had diabetes and 12% of Blanco County had diabetes, which was higher than TX.
- Gillespie County is a designated health professional shortage area (HPSA) for mental health. Blanco County is a designated HPSA for mental health and primary care.

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## Social & Economic Factors

Social and economic factors account for 40% of the county rankings. There are eight measures in the social and economic factors category. Gillespie County ranked 16th, Blanco ranked 22nd and Kendall ranked 4th out of 241 Texas counties in social and economic factors.

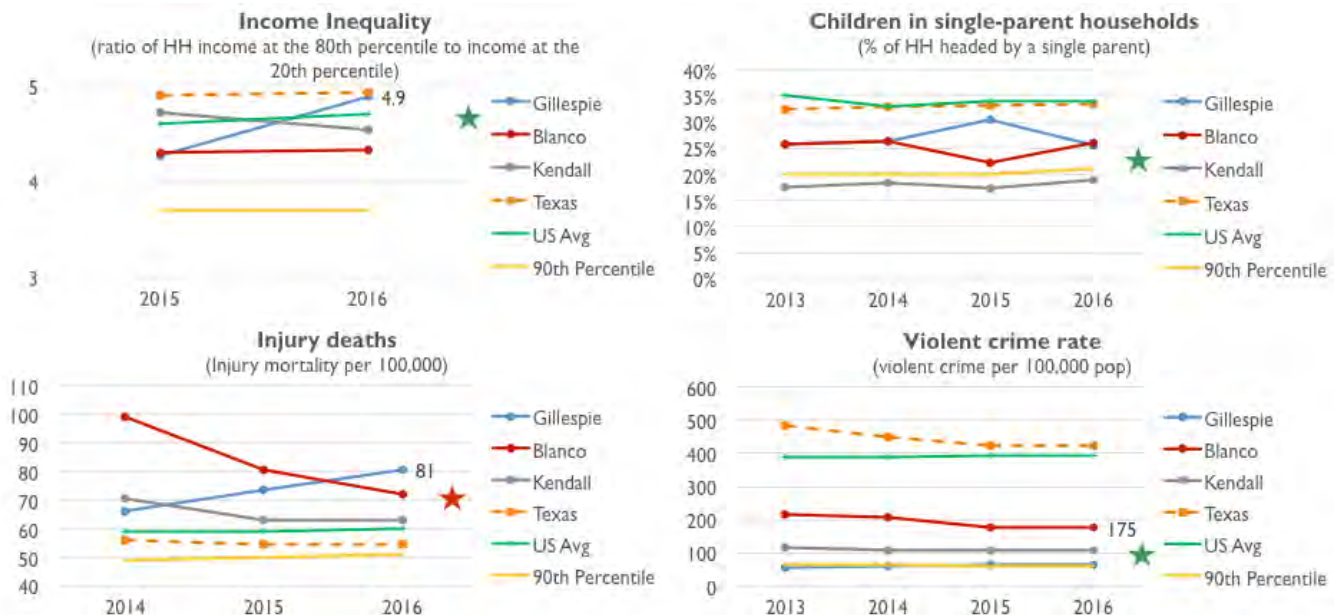


Source: High School graduation – County Health Rankings; States to the Federal Government via EDFacts, 2012-2013

Source: Some college - County Health Rankings; American Community Survey, 5-year estimates, 2010-2014

Source: Children in poverty - County Health Rankings; US Census, Small Area Income and Poverty Estimates, 2014

Source: Social associations - County Health Rankings; County Business Patterns, 2013





Source: Income inequality - County Health Rankings; American Community Survey, 5-year estimates 2010-2014

Source: Children in single parent households - County Health Rankings; American Community Survey, 5-year estimates, 2010-2014

Source: Injury deaths – County Health Rankings; CDC WONDER mortality data, 2009-2013

Source: Violent crime - County Health Rankings; Uniform Crime Reporting – FBI, 2011 - 2013

### Unemployment Rate by County



Source: Bureau of Labor Statistics

## Social & Economic Factors **STRENGTHS**

- High school graduation was higher in all three counties than TX and the U.S.
- The percent of adults 35-44 with some postsecondary education "Some College" was higher in Kendall than TX and the U.S.
- The percentage of children in poverty was significantly lower in Kendall County than TX and the U.S. Gillespie and Blanco Counties were slightly lower than TX and the U.S.
- Social associations were higher in Gillespie and Blanco Counties than TX and the U.S. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations. Poor family support, minimal contact with others, and limited involvement in community life are associated with increased morbidity and early mortality.
- Income inequality was lower in Blanco and Kendall Counties than TX and the U.S. Income inequality is the ratio of household income at the 80th percentile to that at the 20th percentile.
- Children in single-parent households was significantly lower in Kendall County than TX and the U.S., below the top 10% of counties in the U.S. Gillespie and Blanco were also lower than TX and the U.S.
- Violent crime rate per 100,000 population was lower in Gillespie County than in TX and the U.S. equal to the top 10% of counties in the U.S. Blanco and Kendall Counties were also lower than TX and the U.S.
- Gillespie County had higher median household income (\$54,869) as did Kendall County (\$79,239) than Texas and the U.S.
- Gillespie (12.5%), Blanco (12%) and Kendall (8.3%) Counties had lower poverty percentages than Texas (17.2%) and the U.S. (15.5%)
- Unemployment was lower in all three counties (Gillespie 2.9%, Blanco 3.2% and Kendall 3.4%) than TX 4.5% and the U.S. 4.9%

## Social & Economic OPPORTUNITIES

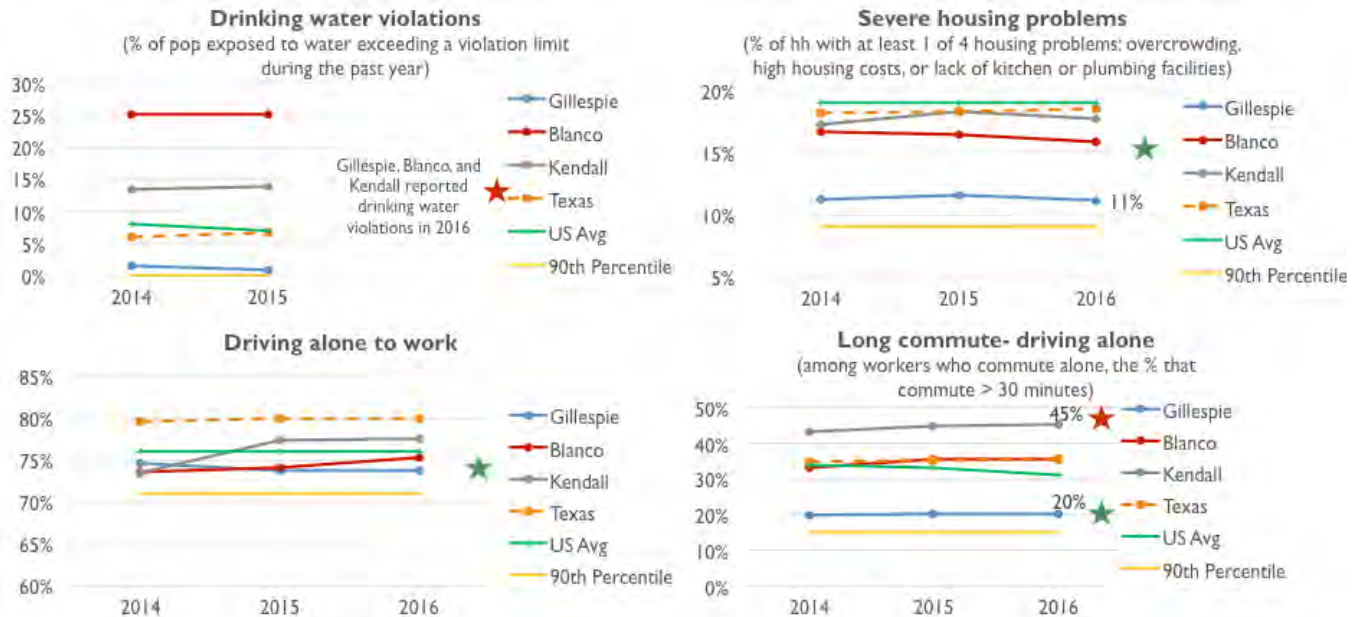
- The percent of adults 35-44 with some postsecondary education "Some College" was lower in Blanco than TX and the U.S. Gillespie County was slightly higher than TX, but lower than the U.S.
- Injury deaths were higher in Gillespie County at 81 per 100,000 population than TX and the U.S. and the trend is increasing. Blanco and Kendall were also higher than TX and the U.S.
- Blanco County had lower median household income (\$50,238) as did Comfort City (\$41,033) than Texas and the U.S.
- 13.7% of respondents to the community survey responded there was a time in the past 12 months when they needed to see a doctor but could not, an increase of 7.3% from 2013. The primary reasons were lack of money/insurance for the office visit and inconvenient office hours.



Photo Credit: Stratasan

## Physical Environment

Physical environment contains five measures in the category. Physical environment accounts for 10% of the county rankings. Cannon County ranked 15th out of 95 Tennessee counties in physical environment.



Source: Drinking water violations – County Health Rankings; EPA, FY 2013-2014

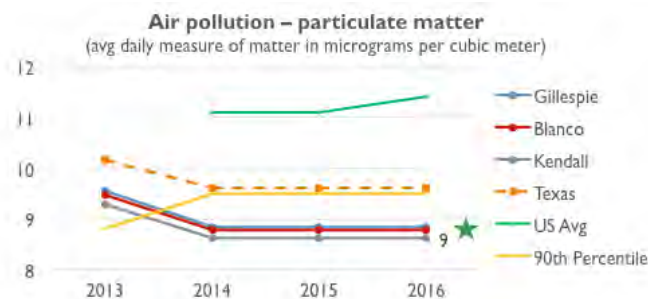
Source: Severe housing problems – County Health Rankings; HUD Comprehensive Housing Affordability Strategy data, 2008-2012

Source: Driving alone to work and long commute – County Health Rankings; American Community Survey, 5-year estimates, 2010-2013

Geography	Median Home Price	Index	Median HH Income	Ratio Median Home Price to Income
U.S.	\$170,100	100	\$54,149	3.1
Texas	\$138,000	81	\$54,075	2.6
Gillespie County	\$212,100	125	\$54,869	3.9
Fredericksburg	\$188,400	111		
Blanco County	\$162,800	96	\$50,238	3.2
Blanco	\$242,600	143		
Kendall County	\$279,200	164	\$79,239	3.5
Comfort	\$183,600	108		

This is the value of the years most recent home sales data. Its important to note that this is not the average (or arithmetic mean). The median home price is the middle value when you arrange all the sales prices of homes from lowest to highest. This is a better indicator than the average, because the median is not changed as much by a few unusually high or low values. Updated: June, 2014

Source: Sperling's Best Places (2014)



Source: Air pollution – County Health Rankings; CDC WONDER environmental data, 2010, Hamilton County Health Data Profile; CDC, TN Department of Health.

## Physical Environment STRENGTHS

- Gillespie County had a lower percentage of severe housing problems than TX and the U.S. There is an issue with affordable housing, but this indicator considers four measures – overcrowding, high housing costs and lack of kitchen and/or plumbing facilities. Blanco and Kendall Counties housing measures were also below TX and the U.S.
- Gillespie County did not have long commute times nearing the top 10% of counties. A 2012 study in the American Journal of Preventive Medicine found that the farther people commute by vehicle, the higher their blood pressure and body mass index. Also, the farther they commute, the less physical activity the individual participated in. Source: County Health Rankings: [1] Hoehner, Christine M., et al. "Commuting distance, cardiorespiratory fitness, and metabolic risk." American journal of preventive medicine 42.6 (2012): 571-578.
- Lower percentages of people drive alone to work in the three counties than in TX. Gillespie and Blanco are lower than both TX and the U.S.
- All three counties had fewer air particulate matter in micrograms per cubic meter than TX and the U.S., lower than the top 10% of all counties in the U.S.

## Physical Environment OPPORTUNITIES

- There were drinking water violations in all three counties in FY 2013-2014.
- Kendall County had long commute times with 45% commuting more than 30 minutes.
- Affordable housing was an issue in Gillespie County. The median home price is 25% more than the U.S. and 44% higher than TX. Considering its higher median household income, still reveals the ratio of median home price to income was 3.9, higher than all the other geographies.

The transportation choices that communities and individuals make have important impacts on health through active living, air quality, and traffic crashes. The choices for commuting to work can include walking, biking, taking public transit, or carpooling, the most damaging to the health of communities is individuals commuting alone. In most counties, this is the primary form of transportation to work. Source: County Health Rankings

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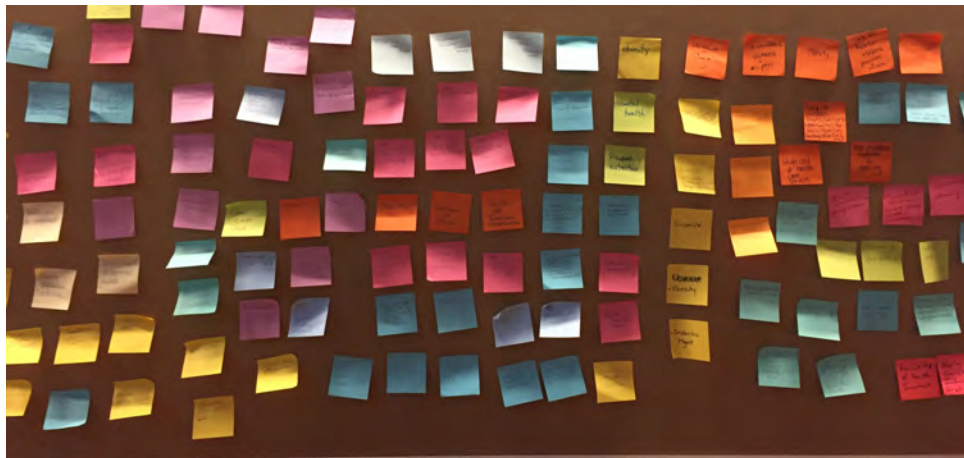
### There were Four Broad Themes that Emerged in this Process:

- Gillespie, Blanco and Kendall Counties need to create a "Culture of Health" which permeates throughout the cities, employers, churches, and community organizations to engender total commitment to health improvement. Comments regarding the 2013 CHNA indicate that other community organizations besides the hospital need to have greater ownership of health improvement.
- There is a direct relationship between health outcomes and affluence (income and education). Those with the lowest income and education generally had the poorest health outcomes. This is one reason HCM is concerned with Comfort. They have lower income than the other geographies.
- While any given measure may show an overall good picture of community health, there are significantly challenged subgroups such as the census tracts around Fredericksburg that have higher heavy smoking and lower consumer spending on healthcare.
- It will take a partnership with a wide range of organizations and citizens pooling resources to meaningfully impact the health of the community. Many assets exist in the counties to improve health.



# Results of the CHNA

## Prioritization of Health Needs



### Prioritization Criteria & Priority Health Needs

At the Community Health Summit, the attendees identified and prioritized the most significant health needs in the community for the next three-year period. The group used the criteria below to prioritize the health needs.

Magnitude / scale of the problem	How big is the problem? How many people does the problem affect, either actually or potentially? In terms of human impact, how does it compare to other health issues?
Seriousness of Consequences	What degree of disability or premature death occurs because of this problem? What would happen if the issue were not made a priority? What is the level of burden on the community (economic, social or other)?
Feasibility	Is the problem preventable? How much change can be made? What is the community's capacity to address it? Are there available resources to address it sustainably? What's already being done, and is it working? What are the community's intrinsic barriers and how big are they to overcome?

The following needs were prioritized at the Community Health Summit. Using a nominal group technique, each attendee received three sticky notes and selected their top three health needs and posted their ideas on paper at the front of the room. The results of the activity are below with higher numbers indicating the number of "votes" or priority by topic. The bullets below the health need are the comments received on the sticky notes.

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- 1 Obesity/Exercise & Nutrition (41)
- 2 Mental health/substance abuse (23)
- 3 Affordable healthcare and health insurance (22)
- 4 Education/self-care (17)
- 5 Affordable housing (16)
- 6 Access to care / seniors (13)
- 7 Diabetes / heart health (5)
- 8 Child care (4)
- 9 Miscellaneous

#### 1. Obesity/Exercise & Nutrition – 41

- Obesity (14)
- Obesity youth adults/childhood (3)
- Physical inactivity/lack of exercise (5)
- Healthy food choices/nutrition (7)
- Obesity/chronic diseases (2)
- Lack of exercise opportunities/Access to exercise (4)
- Obesity education (2)
- Fitness facilities- walking trails, bike trails, community swimming pool, sidewalks, soccer fields (5)

#### 2. Mental health/substance abuse – 23

- Mental health/ lack of resources/services (13)
- Lack of mental health professionals/access (3)
- Mental health for uninsured
- Mental health and drug abuse services for teens (2)
- Mental health/drug abuse
- Drug abuse STD related testing
- More rehab centers for drug addiction
- Affordable rehab centers

#### 3. Affordable healthcare and health insurance – 22

- Available and affordable health insurance (13)
- Care for the uninsured and low income (5)
- Affordable care (primary care, treatment) (4)

#### 4. Education/self-care – 17

- Education, awareness, activation
- Wellness, prevention education on screenings, colonoscopy, mammograms, cancer
- Lifestyle/habits/responsibility (5)
- More health screenings
- More programs like Salud for You

.....

- Education on lifestyle (2)
- Education to uninsured on resources
- More programs for people
- Coordinating resources with other groups that can influence community health
- Help with more events
- Local women's parenting education and women's issues education
- Activities age group specific

**5. Affordable Housing – 16**

- Affordable housing (13)
- Disparity of income/affordable housing
- Housing – safety, overcrowding
- Casas que no cuestrom muucho para poder vivir

**6. Access to care / Seniors – 13**

- Improve access to primary care (preventative and chronic care improvement) (2)
- Healthcare for Seniors (4)
- Access to after-hours care/urgent care (2)
- Access to care (3)
- Access to healthcare for uninsured
- Access to affordable dental and healthcare – rides, free screenings

**7. Diabetes/heart health – 5**

- Diabetes management (2)
- Heart health
- Preventive medicine – diabetes, heart health, wellness
- Screenings to identify – high blood pressure, diabetes, obesity

**8. Child care - 4**

- Evening child care
- After-school child care (2)
- Early childhood interventions for at-risk kids

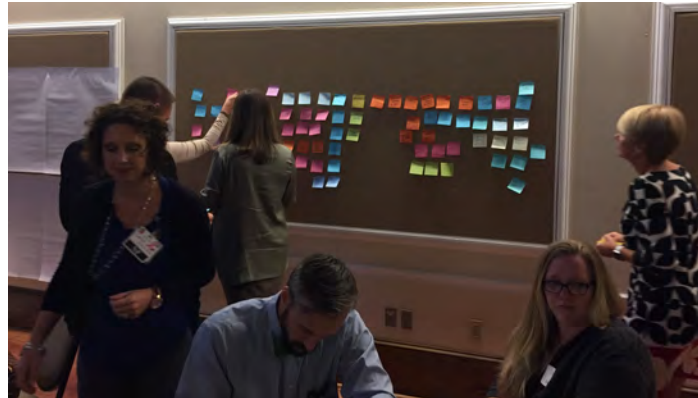
**9. Miscellaneous**

- Quality, end of life issues, Hospice
- Rape/violent crime/domestic abuse resources
- Overuse of antibiotics
- Rapid solutions in Hispanic community
- Preventive medicine for Hispanics
- Barriers to outreach in underserved or at risk communities (language/geography)
- Education on telemedicine – sounds scary and not helpful but may be the direction we need

.....

# Community Health Summit Brainstorming

## Focus Areas, Goals



*HCM Community Health Summit; Stratason, 2016*

The most significant health needs resulted in eight categories and table groups brainstormed goals and actions around the most important health needs listed above. These suggested goals and actions have been organized below.

## Significant Health Need 1: Obesity/ Exercise and Nutrition

### Goal 1 – Increase physical activity

Action 1 – Educate on ways to get exercise and existing resources

Action 2 – Motivate health behaviors, exercise, competition workplaces, schools, churches – e.g. freight scale team weigh-in

### Goal 2 – Improve nutrition – portion control awareness and knowledge

Action 1 – Educate people where they are, e.g. food bank truck, parent education during kids' school program, Salud

Action 2 – Basic, standard bilingual community education

### Goal 3 – Continue Salud for You

Action 1 – Childhood obesity program. Partner with boys & girls club, Head Start, Schools, Little Lambs, Sports

Action 2 – More 5K walks/runs

## Significant Health Need 2: Mental Health/Substance Abuse

### Goal 1 – Increase providers

Action 1 – Explore telemedicine for mental health

Action 2 – Create a mental health care alliance with care navigation (AA, mentors, volunteers)

### Goal 2 – Increase programs

Action 1 – Find volunteers with experience to train others and enhance support groups like AA, Al Anon and NA.



Action 2 – Partnering with school, law enforcement, Boys and Girls clubs

**Goal 3 – Increase resources**

Action 1 – Align with medical schools and allied health professionals

Action 2 – Explore grants

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## **Significant Health Need 3: Affordable healthcare and health insurance**

**Goal 1 – Provide/create a community resource directory**

Action 1 – Form a committee with “experts” that know the resources available

Action 2 – Maintain, update and market the directory

**Goal 2 – Add a Federally Qualified Health Center (FQHC) or other sliding scale model clinic**

Action 1 – Perform a feasibility study

**Goal 3 – Partner with community leaders and churches**

Action 1 – Create a focus group from organizations to identify wellness priorities

Action 2 – Collective impact – bring everyone in the same direction

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## **Significant Health Need 4: Education/self-care**

**Goal 1 – Improve self-ownership of health and lifestyle decisions**

Action 1 – Resources available – Ministry alliance, speakers' bureau

Action 2 – Executive leader service clubs – social media

**Goal 2 – County wide “create your own health” campaign**

Action 1 – Media campaign – news, radio, social media

Action 2 – Learn lifestyle changes through educational programs

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## **Significant Health Need 5: Affordable Housing**

**Goal 1 – Define what is affordable based on wages**

Action 1 – Survey and data collection – what is available in housing and land

Action 2 – Need assistance from developers, land owners, city, county, businesses

**Goal 2 – Educate the public about the impact of affordable housing**

Action 1 – Hold a community summit on affordable housing – developers, bankers, realtors, etc.

Action 2 – Educate why affordable housing is good for the community

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## **Significant Health Need 6 & 8: Access to care/senior health, Child Care**

### **Goal 1 – Increase urgent care opportunities for clinics in surrounding counties**

Action 1 – Conduct a feasibility study for clinic/location. Gain community support.

Action 2 – Offer affordable service at urgent care clinic

### **Goal 2 – Increase access to primary care**

Action 1 – Recruit new primary care providers to serve our communities (and beyond)

### **Goal 3 – Increase access to infant and after school/evening childcare**

Action 1 – Collaboration/assessment current childcare offerings

Action 2 – Centralized list of non-profit and private options for childcare.

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## **Significant Health Need 7: Diabetes/Heart Health**

### **Goal 1 – Free screenings/identify need (on a regular, consistent basis)**

Action 1 – Approach employers

Action 2 – Approach large venues where people frequent – grocery stores, etc.

*Resources Needed: staffing, supplies, marketing budget*

### **Goal 2 – Coordinate with food pantry to educate clientele**

Action 1 – Offer need-specific classes

Action 2 – Awards, incentives for education and participation

*Resources Needed: staffing, educational materials*

### **Goal 3 – Offer more physical activities for community & kids, assist SHAC committees at schools**

Action 1 – Approach churches, employers to sponsor events

Action 2 – Community challenges, multi-age group offerings and calendar coordination of activities

*Resources Needed: Places, sponsors, organizers, marketing budget*

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# 2013 Hill Country Memorial Implementation Plan/ Impact Evaluation

## Impact

Hill Country Memorial adopted an implementation plan in 2013. At the community health summit, Emily Padula, Chief Strategy Officer at HCM presented progress and impact from the previous plan.

The priority health needs from the 2013 community health needs assessment were:

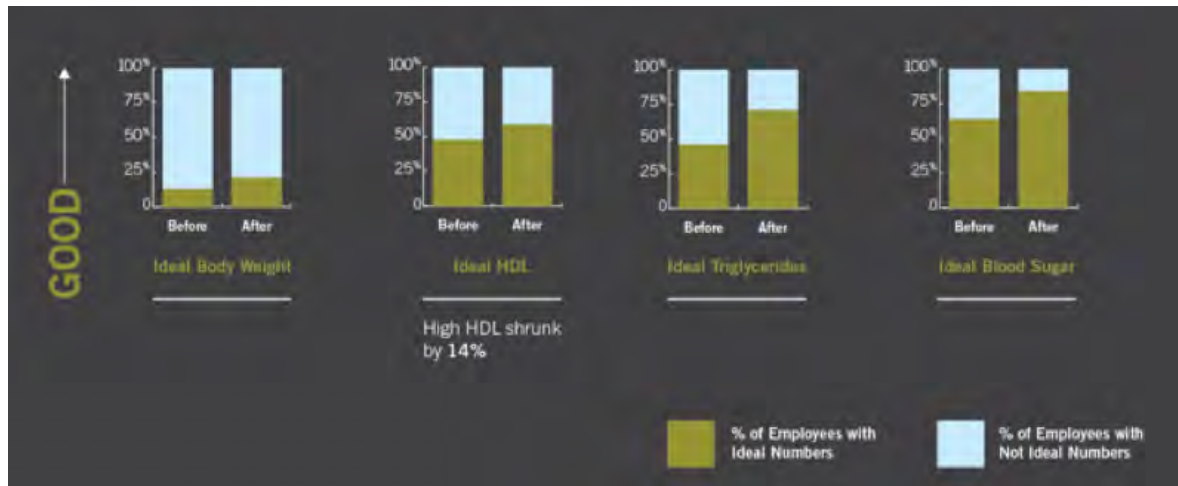
1. Activity levels/lifestyle, nutrition, and obesity
2. Uninsured/access to care
3. Chronic diseases: diabetes, high blood pressure, heart disease

### **HCM Community Health Actions:**

Red in Fred 2016 – three goals 1) prevent obesity and chronic disease, 2) healthcare for low-income families, 3) identify chronic disease early.

Actions and results:

- 1,500 screenings for diabetes and pre-diabetes; 400 people discovered they were at risk for diabetes
- 9 “Red in Fred” community heart health events with hundreds educated and screened for heart health
- 60 restaurant meals Por Vida healthy choice certified
- 600 low-income community members served in “Salud for You”
- 271 high-risk patients coached through HCM's new care navigation program
- 90 screened for cardiac risk assessment; 89 with low to moderate risk, but one female with abnormal EKG was directed to ER with physician follow-up
- Salud for You Screenings
  - Mammograms (age 50-74)
  - Screening to check for vascular disease
  - Diabetes
  - Blood pressure
  - Lab services: cholesterol, lipids, glucose, A1C, HIV
  - Alcohol use screening
  - Healthy lifestyle consult
  - BMI screening for obesity
- Salud for You Numbers
  - More than 10% of the uninsured people in Gillespie County have been served
  - Over 60% are members of the wellness center
  - More than 53% learned they were high risk for chronic disease
  - 1 woman found out she had breast cancer, now in remission
  - 100% of employers would recommend, have seen positive health changes in employees
  - Over 95% are low-income community members
- Employees of one business after a year in Salud for You results below:



## 2013 HCM CHNA and Implementation Plan Evaluation Written Comments

At the Summit, attendees were asked for written comments on the 2013 CHNA and implementation plan. Comments received are below:

- Good community partnerships and progress
- Good work – how do we reach a larger Hispanic population?
- The hospital addressed many of the concerns. They became aggressive with prediabetes screenings and teaching free classes. They created many heart events and screenings. They addressed bringing free screenings to uninsured and provided free access to exercise facility.
- I believe that the issues that were addressed were touched on by a small niche of the community. For it to be a community effort, many more businesses, organizations and individuals need to be involved to make a real difference in changing the health of the community as a whole. Great efforts from the hospital, but need a bigger reach to the whole community other than a small population.
- Need to be publicized better. Needs broader community support. Community nutrition has improved.
- The 2013 programs have reached a small part of the audience through the Salud program. However, a wider community outreach will be needed to have a healthy community overall.
- A specific population was targeted but feel the scope needs to be broader. Proud of the results that the Salud for You created. Feel the general public (businesses, industry, etc.) need to participate more and not rely completely on the hospital.
- Quite a few issues from 2013 same as 2016.
- Excellent plan and actions.
- The community was quite active in setting up programs and “taking action”, based on the plan and understood needs. The insurance issues have not been able to be helped and have gotten worse. Not sure we have control over this.
- Information was really good.
- Good start to address the issues identified! Overall, I feel the 2013 assessment was correct and I personally feel the community is headed in the right direction.
- Interesting to see the progress and areas that need improvement.
- Not involved, but the presentation of results was impressive.
- Info used to create Red in Fred
- Encouraging to see results of 2013 assessment being addressed – good job!
- Some of the findings have seen progress.
- We need local resources. These problems are here and are heartbreaking.



# Community Assets and Resources

## Community Asset Inventory



A separate document that includes list of community assets and resources that can help improve the health of the community and assist with implementation of the plan accompanies this document.

The focus groups also identified community resources to improve health, which are listed on page 21.

# Hill Country Memorial's Selected Initiatives and Implementation Plan 2016

## 2016 Implementation Plan

To successfully make our community healthier, it was necessary to have a collaborative venture which brought together all care providers, citizens, government, schools, churches, not-for-profit organizations, and business and industry around an effective plan of action. PRMC selected key elements of the assessment to address, as set forth in the Implementation Plan, and encouraged other organizations in the community to do the same.

Based on the results of this CHNA, HCM selected three (3) of the identified significant health needs to address.

### 1. Obesity Prevention through Exercise, Nutrition, and Self-Care

- a. The actions for this goal will be selected by the Create a Healthy Community Council, a multidisciplinary group that is part of HCM's shared governance structure. Participants include HCM clinical staff, community health organization partner representatives, and HCM Wellness Center staff. The anticipated impact is a decline in Gillespie County, Blanco County, and Comfort obesity levels in the long-term, and increased physical activity and knowledge of nutrition in the short term.
- b. The selected action items will be supported with monetary and human resources by HCM. Goals and planned actions are listed below.

#### Goal 1 – Increase physical activity

Action 1 – Create a Healthy Community Council (CAHC) to evaluate best practice physical activity programs/ideas and select a plan to motivate health behaviors, e.g. Educate on ways to get exercise and existing resources, media campaigns, workplace/school/church competitions like freight scale team weigh-ins, walks/runs, a resource describing local opportunities for fitness activities, etc.

Action 2 – By summer of 2017, the CAHC will implement the selected physical activity program(s), reaching at least 1500 individuals by the end of 2019.

Action 3 – HCM will continue the Salud for You program, offering and encouraging HCM Wellness Center membership to all participants

#### Goal 2 – Improve nutrition – focus on knowledge and self-care

Action 1 – The CAHC will select or develop standardized and bilingual community nutrition education

Action 2 – The standardized education will be implemented, reaching at least 1500 individuals by the end of 2019 (e.g. Educate people where they are: food bank truck, parent education during kids' school program, Red in Fred, mailers, Boys and Girls Club, Head Start, Little Lambs, Senior Day centers, sports, etc.)

Action 3 – HCM will continue the Salud for You program, providing DASH diet education to all participants and individualized behavioral dietary counseling with a dietitian to all identified as at-risk based on biometric indicators.

## **2016 Implementation Plan, continued**

### **2. Access to Primary Care, Health Education, and Chronic Disease Management support**

- a. The activities for this goal will be carried out by HCM leadership and in partnership with the local independent primary care physician practices participating in the Fredericksburg Community Care Transformation Network. The intended impacts are that, (1) our community will not cite lack of access to primary care as a barrier to their health, (2) chronic diseases will be identified early, and appropriately managed, (3) those with chronic disease will have lower illness burden as a result of their disease management.
- b. The selected action items will be supported with monetary and human resources by HCM and the primary care practices participating in the transformation network. Goals and planned actions are listed below.

#### **Goal 1 – Continue and Expand Care Management services**

Action 1 – Serve 500 people in HCM's free "Care Navigation" program

Action 2 – Provide Chronic Care Management services to at least 1000 individuals who are patients of the Primary Care Offices participating in the Fredericksburg Care Transformation Network

#### **Goal 2 – Expand Primary Care service offerings**

Action 1 – Recruit new primary care providers to serve our communities

Action 2 - Increase convenient primary care opportunities (e.g. clinics, FQHCs) in surrounding counties after conducting a feasibility study and determining community support.

Action 3 – Identify and act upon additional screening opportunities so that at least 1000 people are screened for chronic disease before the end of 2019. Continue Salud for You as a means of screening for chronic disease and providing actionable information.

### **3. Mental and Behavioral Health**

- a. The activities for this goal will be carried out by HCM leadership and in partnership with our local community partners. The intended impact is to develop a plan of action to address the gaps in mental and behavioral health services in our community. The long-term goal would be to reduce the impact of behavioral health issues on the quality of life of our community.
- b. Anticipated partners include local behavioral health providers, the Good Samaritan Center, MHDD, telemedicine, schools, law enforcement, Boys and Girls Clubs, and local FQHCs.

#### **Goal 1 – Identify and document existing community resources and gaps for behavioral health concerns**

Action 1 – Compile resource list and disseminate

Action 2 – Develop gap analysis of behavioral health services

#### **Goal 2 – Identify and Implement opportunities to expand services as appropriate**

Action 1 – Support existing resources, e.g. find volunteers with experience to train others and enhance support groups like AA, Al Anon and NA.

Action 2 – Evaluate telemedicine, medical schools, primary care integrated behavioral health, geriatric psychiatry, and allied health professionals as potential community resources

HCM does not intend to directly address the following significant health needs:

1. Affordable health insurance is important for our community, but not something that HCM can directly impact at this time. HCM will provide more access to affordable healthcare by recruiting more primary care doctors to expand access, continuing to offer its financial assistance program, and through the activities in the action plans above that are specifically targeted to our lower-income community members, like Salud for You.
2. Affordable housing – again, while this is important to our community, it is a difficult item for HCM to directly address. We will continue to partner with community leaders in seeking solutions to make affordable housing available.
3. Child Care – while we agree that this is a need in our community, we see others in the community better-positioned to fill the gap at this time. We will continue to offer children's programming during certain school holidays at our Wellness Center.

HCM will monitor the progress through the Hospital's Executive Team and the Create a Healthy Community Council and will annually report the progress to the Board of Trustees and the community.

The HCM board of trustees approved this assessment and the hospital's implementation plan on December 6, 2016.

Written comments on the 2016 CHNA and implementation plan will be received through the HCM website.



Photo credit: HCM



# Community Health Needs Assessment

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*completed by Hill Country Memorial in partnership with:*

Stratasan

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