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2019

Hill Country Memorial Hospital

Community Health Needs Assessment

- Gillespie, Blanco and Kendall Counties, Texas-

*Paper copies of this document may be obtained at: Hill Country Memorial Hospital
1020 S State Hwy 16, Fredericksburg TX 78624 or by phone 830-997-4353 or via the hospital website
<https://www.hillcountrymemorial.org>*

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Perspective / Overview

Creating a culture of health in the community



Action Cycle Source: the Robert Wood Johnson Foundation's County Health Rankings website: <http://www.Countyhealthrankings.org/roadmaps/action-center>

The Action Cycle shows how to create healthy communities. The rankings later in the document assist in understanding what makes a healthy community.

The Community Health Needs Assessment (CHNA) uses systematic, comprehensive data collection and analysis to define 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.

2019 Community Health Needs Assessment

This document is a hospital facility-specific Community Health Needs Assessment (CHNA) for Hill Country Memorial Hospital.

Hill Country Memorial Hospital as the sponsors of the assessment, engaged national leaders in community health needs assessments to assist in the project. Stratasan, a healthcare analytics and facilitation company based out of Nashville, Tennessee, provided the analysis of community health data, facilitated the focus groups, conducted the interviews and facilitated a community health summit to receive community input into the priorities and brainstorm goals and actions the community could take to improve health.

- ✓ Starting on October 1, 2019, this report is made widely available to the community via Hill Country Memorial Hospital's website <https://www.hillcountrymemorial.org> and paper copies are available free of charge at Hill Country Memorial Hospital, 1020 S State Hwy 16, Fredericksburg, TX 78624 or by phone 830-997-4353.
 - ✓ Hill Country Memorial Hospital's board of directors approved this assessment on October 1, 2019.
-

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 assist with resource allocation, informed decision-making and collective action that will improve health.
- 2 To continue a collaborative partnership between all stakeholders in the community by seeking input from persons who represent the broad interests of the community.
- 3 To support the existing infrastructure and utilize resources available in the community to instigate health improvement in the community.

“ We initiated the Community Health Needs Assessment with the goal to assess the health and needs of the community. This process is an affirmation of what we’ve been doing to improve health and has jumpstarted our next implementation plan,” said Jayne Pope, CEO Hill Country Memorial Hospital.

The information 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 the community to inform and support our implementation plans,” added John Phelps, Director of Wellness, Hill Country Memorial Hospital.

”

Community

Input and Collaboration

Data Collection and Timeline

In May 2019, Hill Country Memorial Hospital began a Community Health Needs Assessment for Gillespie, Blanco and Kendall Counties, and sought input from persons who represent the broad interests of the community using several methods:

- Information gathering, using secondary public health sources, occurred in June 2019.
- 38 community members, not-for-profit organizations representing medically underserved, low-income, minority populations, the elderly, health providers, education providers, and the health department participated in eight focus groups for their perspectives on community health needs and issues on August 1 through August 19, 2019.
- 410 community members participated in a random community survey conducted from July 1, 2019 through August 19, 2019.
- A Community Health Summit was conducted on August 28, 2019 with 91 community stakeholders. The audience consisted of healthcare providers, government representatives, schools, not-for-profit organizations, state and local health departments, employers and other community members.



Photo Credit: Hill Country Memorial Hospital: Gillespie County Fair & Festivals, Inc. Facebook page

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 the community's health needs.

Participants

Five hundred and twenty-eight individuals from thirty-six community and healthcare organizations collaborated to implement a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of Gillespie, Blanco and Kendall Counties. The three-month process centered on gathering and analyzing data as well as receiving input from persons who represented the broad interests of the community to provide direction for the community and hospital to create a plan to improve the health of the communities.

Participation by those Representing the Broad Interests of the Community

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

| Organization | Population Represented (kids, low income, minorities, those w/o access) | Participation |
|---|---|---------------------|
| Area Agency on Aging/ AACOG | Low Income seniors | Focus Group |
| Bethany Lutheran Church | Faith Community | Summit |
| Bethany Preschool | Community children | Focus Group |
| Blanco Independent School District | Kids | Summit |
| Boys and Girls Club - Fredericksburg | Community children | Focus Group, Summit |
| BVK | | Summit |
| Chamber | Businesses | Summit |
| Christian Job Corps of Gillespie County | Low skilled/income | Focus Group, Summit |
| City Health Department | Community | Summit |
| City of Fredericksburg | | Summit |
| City/County Emergency Management | All | Focus Group |
| Comfort Golden Age Center | Senior Community | Focus Group |
| Comfort Public Library | | Focus Group |
| Community Visioning | | Summit |
| Cornerstone Clinic | Primary Care | Summit |
| Councilwoman, Mason Cancer Benefit Board | | Focus Group |
| Dogologie | | Summit |
| FCUB | | Summit |
| Fellowship of Christian Athletics | Kids | Summit |
| First United Methodist Church | All | Focus Group, Summit |
| Fischer and Wieser Specialists Foundation | Low income, minorities, lack of access | Summit |
| FISD Community Education | Hill Country community | Focus Group |
| Fredericksburg Clinic | Healthcare, kids, low income | Summit |
| Fredericksburg Fire EMS | All | Focus Group, Summit |
| Fredericksburg Independent School District | FISD families, everyone | Focus Group, Summit |
| Fredericksburg Police Department | Youth, all | Summit |
| Frontera Healthcare Network | Mason County | Focus Group, Summit |
| Gable S Corp. | Community | Summit |
| Gillespie County Attorney | Gillespie County/ State of Texas | Summit |
| Gillespie County Health Division | All | Focus Group, Summit |
| Gillespie County Veterans Service Office | Veterans- 2,800 | Focus Group, Summit |
| Harper Volunteer Fire Department | | Focus Group, Summit |
| HCC Needs Council | Low income, minorities | Summit |
| HEB | Community | Summit |
| Hill Country Memorial | All | Focus Group, Summit |
| Hill Country Memorial Foundation | Community | Summit |
| Hill Country Memorial Home Care | Homebound seniors | Focus Group, Summit |
| Hill Country Memorial Hospice | End of life- primarily seniors | Focus Group, Summit |
| Hill Country Memorial Medical Group | Hospital | Summit |
| Hill Country University Center | Higher Education, healthcare | Summit |
| Hill Country Wellness Center | All | Summit |
| Holy Christ Church | Preschool; Elderly | Summit |
| JP/Court & Harper Volunteer Fire Department | All | Focus Group, Summit |
| Junction/Kimble Co EMS | | Focus Group |
| Kimble County School District | | Focus Group |

Participation by those Representing the Broad Interests of the Community

Continued.

| Organization | Population Represented (kids, low income, minorities, those w/o access) | Participation |
|---|---|---------------------|
| LPC, CASA, CNB, Frontera Board | | Focus Group |
| Mason County EMS | | Focus Group |
| Mason County Judge | | Focus Group |
| Methodist Healthcare | Healthcare | Summit |
| Methodist Healthcare Ministries | | Focus Group |
| OHOJ | 3 Kids | Summit |
| Pastoral Counselor | Community | Summit |
| Pedernales Cellars/Texas Economic Development Council | | Summit |
| Phyllis Browning Company | | Focus Group |
| Physician | Healthcare | Summit |
| Retired community member | | Focus Group |
| St. Barnabas Episcopal Church | | Summit |
| St. Mary's PTC | Kids, parents | Summit |
| Texas A&M AgriLife | Community, family, youth | Summit |
| Texas A&M AgriLife- Gillespie County | Community | Summit |
| Texas Department of State Health Services | All, low income, public health | Focus Group, Summit |
| Texas Economic Development Council | | Summit |
| Texas Health Care | | Summit |
| Texas Tech- Fredericksburg | College Students | Summit |
| The Golden Hub | Seniors | Focus Group |
| The Good Samaritan Center | Low income, underserved, uninsured | Summit |
| The Grace Center | Community | Summit |
| The Needs Council | | Summit |
| Votive Hospice | Seniors | Summit |
| Women, Infants & Children (WIC) | Women, infant, children | Focus Group, Summit |

In many cases, several representatives from each organization participated.

Input of the Medically Underserved, Low-Income, and Minority Populations

Input of medically underserved, low-income and minority populations was received during the focus groups, interviews, surveys, and the Community Health Summit. Agencies representing these population groups were intentionally invited to the focus groups and Summit. Additionally, the community survey was random and represented some low-income, medically underserved and minority populations. The community survey was representative of the whole community.

Input of those with Expertise in Public Health

The Texas Department of State Health Services and the Gillespie County Health Division participated in the focus groups and the summit.

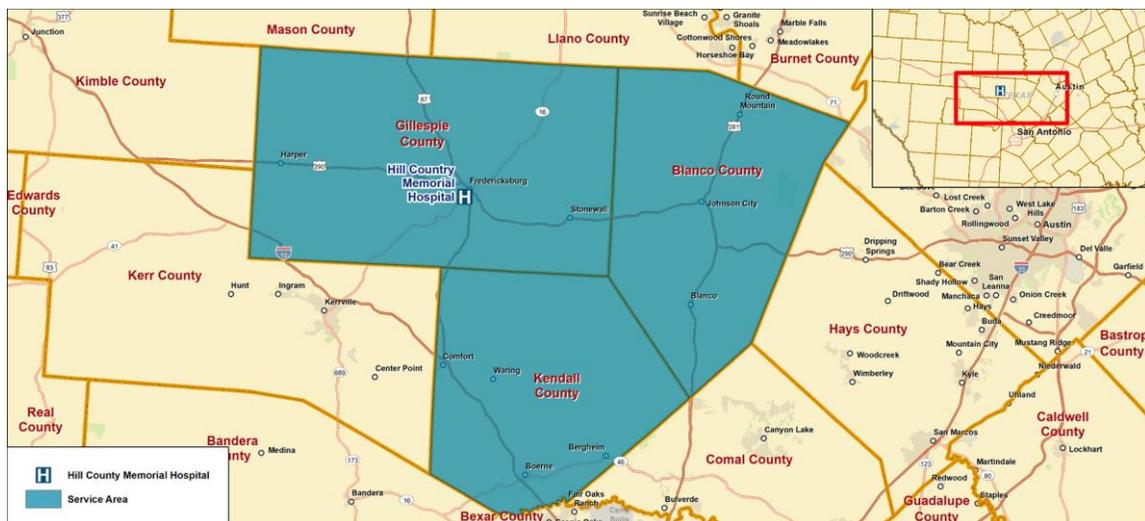
Community Engagement and Transparency

Many members of the community participated in the focus groups, individual interviews, and the Summit. We are pleased to share the results of the Community Health Needs Assessment with the rest of the community in hopes of attracting more advocates and volunteers to improve the health of Gillespie, Blanco and Kendall Counties. 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.

Community Selected for Assessment

Gillespie, Blanco and Kendall Counties were the primary focus of the CHNA due to the service area of Hill Country Memorial Hospital. Used as the study area, Gillespie, Blanco and Kendall Counties provided 63% of inpatient discharges. The community includes medically underserved, low-income and minority populations who live in the geographic areas from which Hill Country Memorial Hospital draws their patients. All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under Hill Country Memorial Hospital's Financial Assistance Policy.

Hill Country Memorial Hospital Study Area - 2019



Key Findings

Community Health Assessment

Results

Based on the primary and secondary data, interviews, focus groups and surveys the following needs were prioritized by attendees at the Community Health Summit. The remainder of the document outlines the process and data.

1. Access to care and insurance
2. Behavioral Health
3. Healthy Eating/Active Living
4. Substance use
5. Affordable housing
6. Child Care
7. Health Literacy
8. Senior Care

Process and Methods

Both primary and secondary data sources were used in the CHNA.

Primary methods included:

- Community focus groups
- Community landline, cell phone and online surveys
- Online survey of HCM employees
- Community Health Summit

Secondary methods included:

- Public health data – death statistics, County Health Rankings, cancer incidence
- Demographics and socioeconomic – population, poverty, uninsured, unemployment
- Psychographics – behavior measured by spending and media preferences



Photo Credit: Hill Country Memorial Hospital: Gillespie County Fair & Festivals, Inc. Facebook page

Demographics of the Community 2018-2023

Description of the Communities Served

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

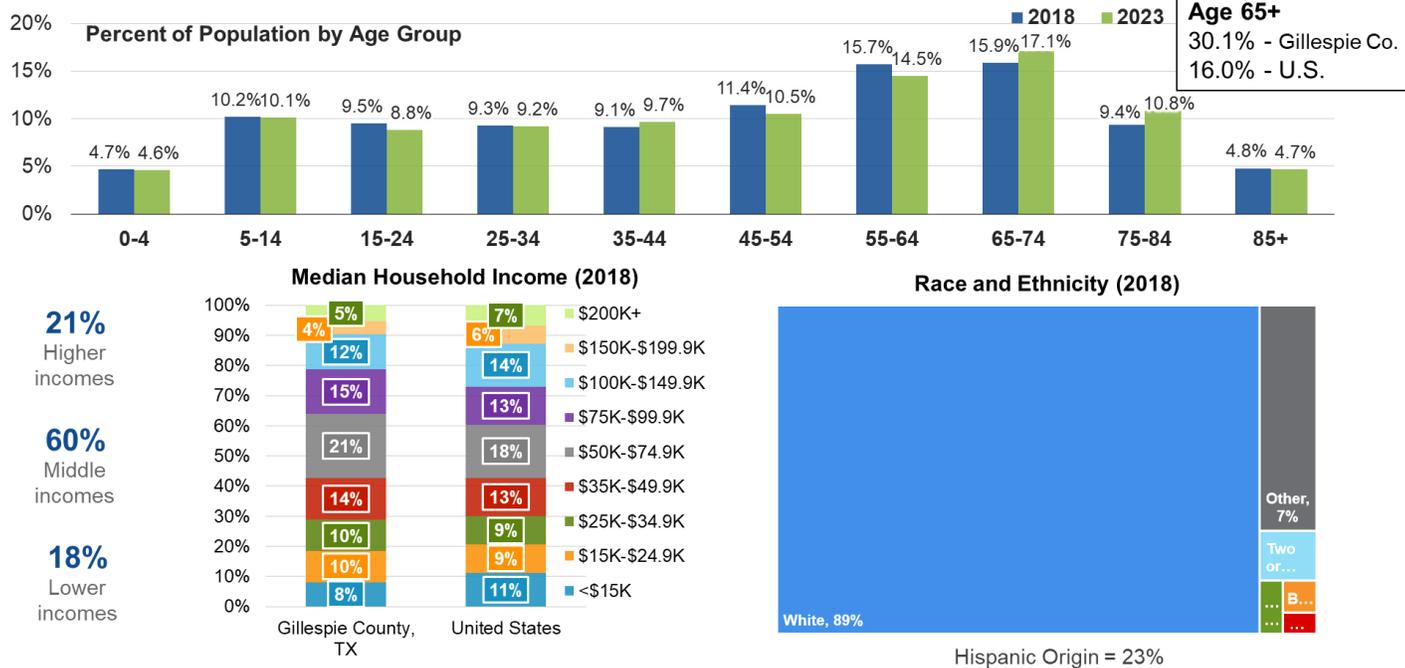
| | Gillespie County | Blanco County | Kendall County | Texas | USA |
|----------------------------------|------------------------|------------------|-------------------------|-----------------------------|------------------|
| Population | 27,464 | 11,527 | 44,830 | 28,954,616 | 330,088,686 |
| Median Age | 51.6 | 48.9 | 45.8 | 34.8 | 38.3 |
| Median Household Income | \$56,368 | \$53,608 | \$85,232 | \$57,286 | \$58,100 |
| Annual Pop. Growth (2018-2023) | 1.33% | 1.31% | 3.53% | 1.65% | 0.83% |
| Household Population | 11,687 | 4,743 | 16,994 | 10,211,287 | 124,110,001 |
| Dominant Tapestry | Midlife Constants (5E) | Exurbanites (1E) | The Great Outdoors (6C) | Up and Coming Families (7A) | Green Acres (6A) |
| Businesses | 1,541 | 509 | 1,866 | 887,900 | 11,539,737 |
| Employees | 11,736 | 3,900 | 14,554 | 11,557,213 | 151,173,763 |
| Medical Care Index* | 108 | 102 | 140 | 99 | 100 |
| Average Medical Expenditures | \$2,104 | \$1,980 | \$2,739 | \$1,928 | \$1,950 |
| Total Medical Expenditures | \$24.6 M | \$9.4 M | \$46.5 M | \$19.7 B | \$242.0 B |
| Racial and Ethnic Make-up | | | | | |
| White | 89% | 88% | 87% | 66% | 70% |
| Black | 1% | 1% | 1% | 19% | 13% |
| American Indian | 1% | 1% | 1% | 0% | 1% |
| Asian/Pacific Islander | 0% | 1% | 1% | 7% | 6% |
| Other | 7% | 7% | 8% | 4% | 7% |
| Mixed Race | 2% | 2% | 3% | 4% | 3% |
| Hispanic Origin | 23% | 19% | 29% | 10% | 18% |

Source: ESRI

*The Medical Care Index is household-based, and represents the amount spent out of pocket for medical services relative to a national index of 100.

The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.

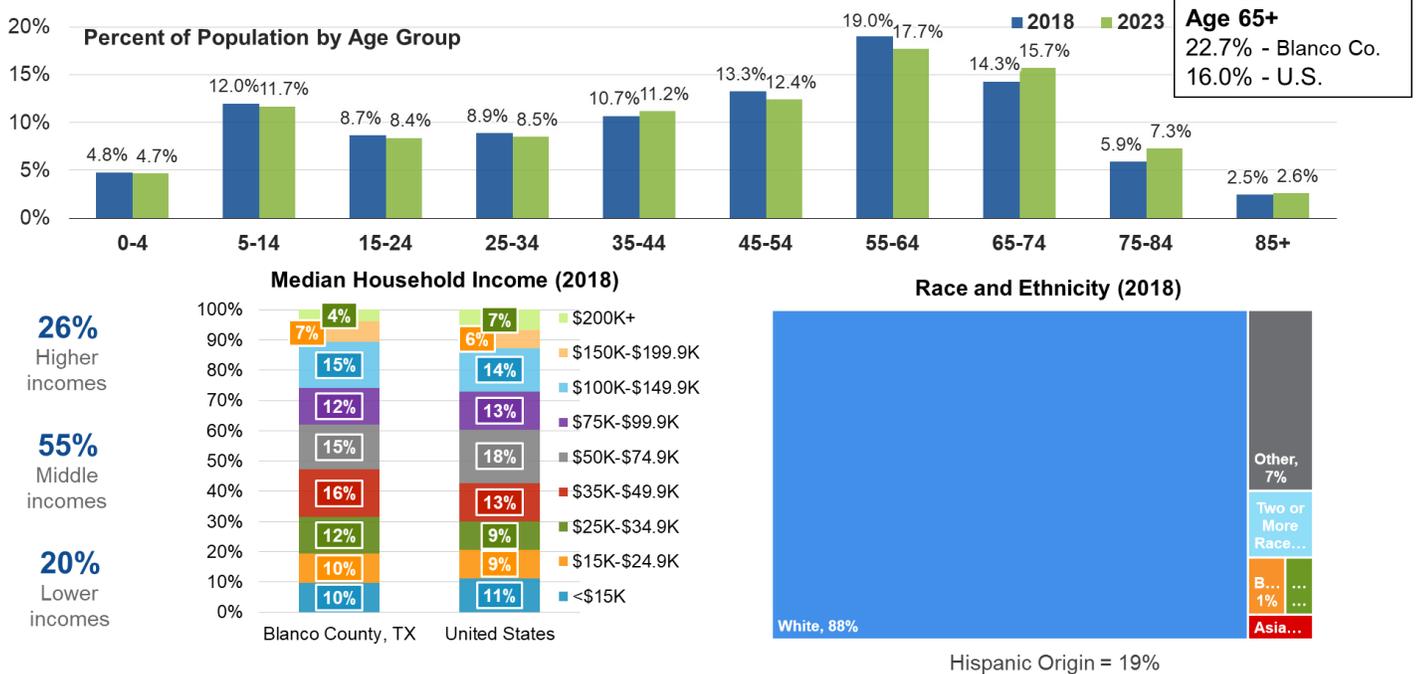
Gillespie County



Source: ESRI

- The population of Gillespie County is projected to increase from 2018 to 2023 (1.33% per year). Texas is projected to increase 1.65% per year. The U.S. is projected to increase 0.83% per year.
- Gillespie County had a higher median age (51.6 median age) than TX 34.8 and the U.S. 38.3. Gillespie County percentage of the population 65 and over was 30.1%, higher than the U.S. population 65 and over at 16%.
- Gillespie County had lower median household income at \$56,368 than TX (\$57,286) and the U.S. (\$58,100). The rate of poverty in Gillespie County was 10.9% which was lower than TX (14.7%) and the U.S. (13.4%).
- The household income distribution of Gillespie County was 21% higher income (over \$100,000), 60% middle income and 18% lower income (under \$24,999).
- The medical care index measures how much the populations spent out-of-pocket on medical care services. The U.S. index was 100. Gillespie County was 108, indicating 8% more spent out of pocket than the average U.S. household on medical care (doctor's office visits, prescriptions, hospital visits).
- The racial and ethnic make-up of Gillespie County was 89% White, 23% Hispanic Origin, 7% other, 1% Black, 2% mixed race, and 1% American Indian. *(These percentages total to over 100% because Hispanic is an ethnicity, not a race.)*

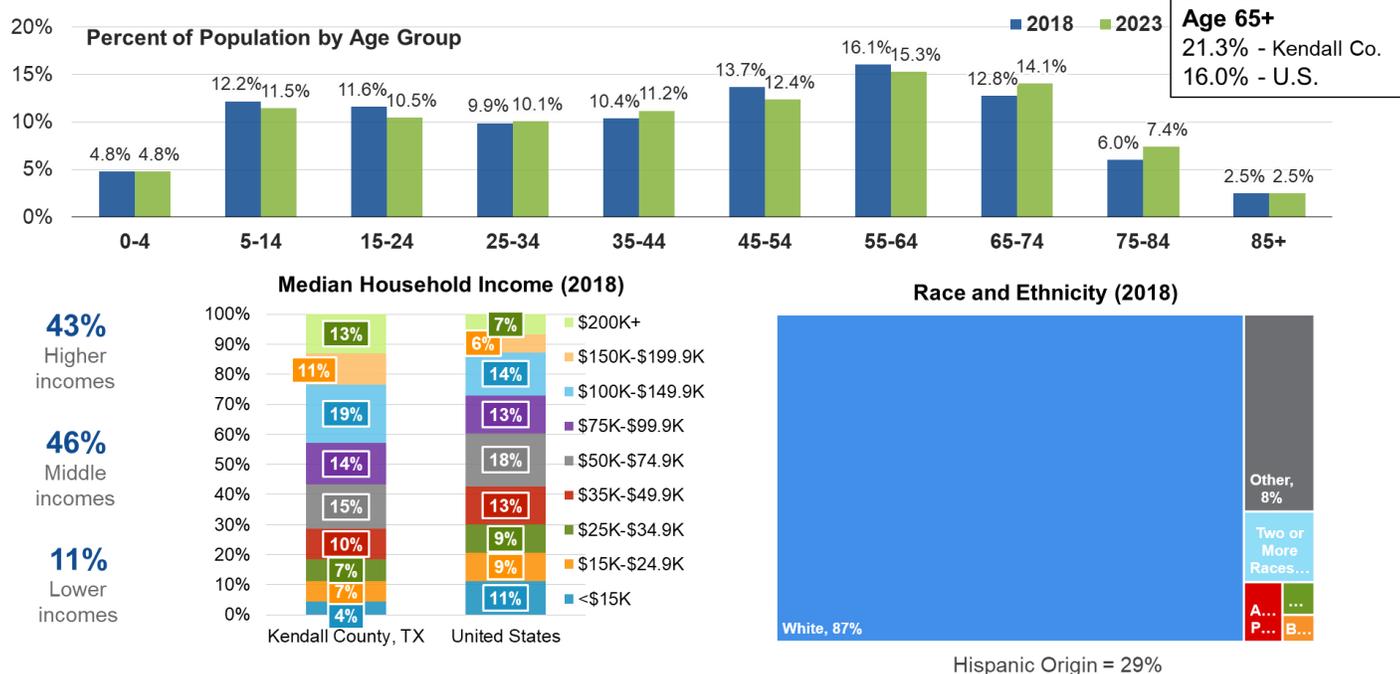
Blanco County



Source: ESRI

- The population of Blanco County is projected to increase from 2018 to 2023 (1.31% per year). Texas is projected to increase 1.65% per year. The U.S. is projected to increase 0.83% per year.
- Blanco County had a higher median age (48.9 median age) than TX 34.8 and the U.S. 38.3. Blanco County percentage of the population 65 and over was 22.7%, higher than the U.S. population 65 and over at 16%.
- Blanco County had lower median household income at \$53,608 than TX (\$57,286) and the U.S. (\$58,100). The rate of poverty in Blanco County was 10.6% which was lower than TX (14.7%) and the U.S. (13.4%).
- The household income distribution of Blanco County was 26% higher income (over \$100,000), 55% middle income and 20% lower income (under \$24,999).
- The medical care index measures how much the populations spent out-of-pocket on medical care services. The U.S. index was 100. Blanco County was 102, indicating 2% more spent out of pocket than the average U.S. household on medical care (doctor's office visits, prescriptions, hospital visits).
- The racial and ethnic make-up of Blanco County was 88% White, 19% Hispanic Origin, 7% other, 1% Black, 2% mixed race, 1% Asian/Pacific Islander, and 1% American Indian. (These percentages total to over 100% because Hispanic is an ethnicity, not a race.)

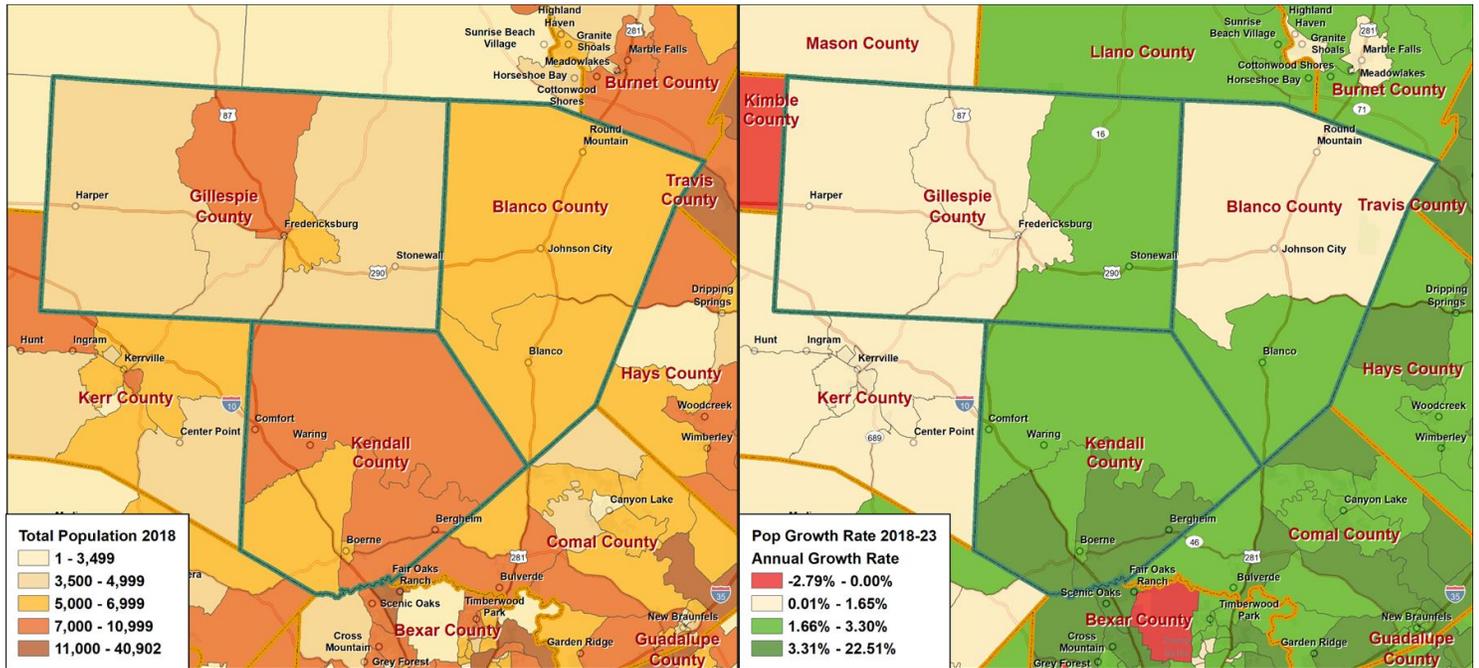
Kendall County



Source: ESRI

- The population of Kendall County is projected to increase from 2018 to 2023 (3.53% per year). Texas is projected to increase 1.65% per year. The U.S. is projected to increase 0.83% per year.
- Kendall County had a higher median age (45.8 median age) than TX 34.8 and the U.S. 38.3. Kendall County percentage of the population 65 and over was 21.3%, higher than the U.S. population 65 and over at 16%.
- Kendall County had higher median household income at \$85,232 than TX (\$57,286) and the U.S. (\$58,100). The rate of poverty in Kendall County was 7.3% which was lower than TX (14.7%) and the U.S. (13.4%).
- The household income distribution of Kendall County was 43% higher income (over \$100,000), 46% middle income and 11% lower income (under \$24,999).
- The medical care index measures how much the populations spent out-of-pocket on medical care services. The U.S. index was 100. Kendall County was 140, indicating 40% more spent out of pocket than the average U.S. household on medical care (doctor's office visits, prescriptions, hospital visits).
- The racial and ethnic make-up of Kendall County was 87% White, 29% Hispanic Origin, 8% other, 1% Black, 3% mixed race, 1% Asian/Pacific Islander, and 1% American Indian. (These percentages total to over 100% because Hispanic is an ethnicity, not a race.)

2018 Population by Census Tract and Change (2018-2023)



Yellow is positive up to the TX growth rate
 Green is greater than the TX growth rate
 Dark Green is twice the TX growth rate

Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people.

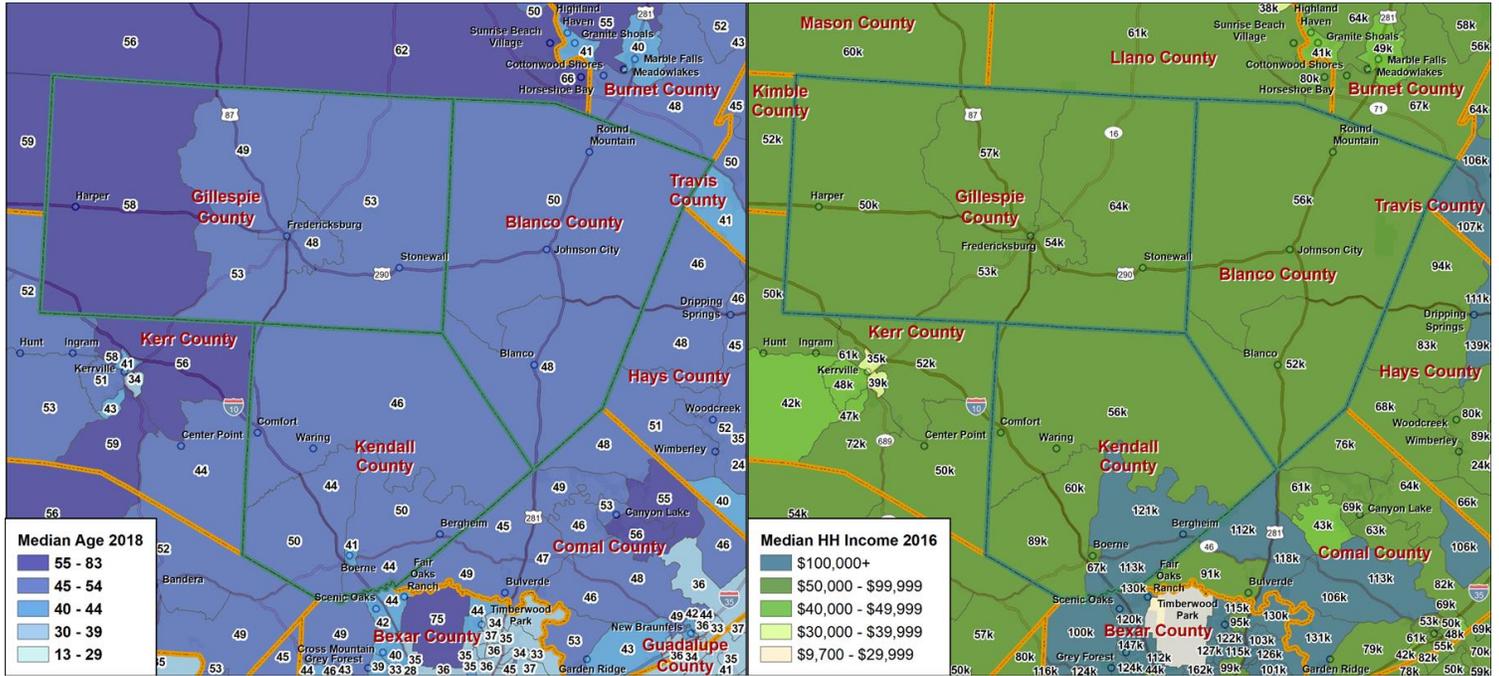
The census tract northwest of Fredericksburg in Gillespie County and the census tracts in northern and eastern Kendall County had the most population. The far western tract in Gillespie containing Harper and the eastern tract containing Stonewall are more rural with less than 4,999 population.

Gillespie County's population was projected to increase from 2018 to 2023, 1.33% per year. The census tract in the eastern part of the county were projected to increase more than the western census tracts.

Blanco County's population was projected to increase 1.31% per year. The census tract in the south was projected to grow more than the census tract in the northern part of the county.

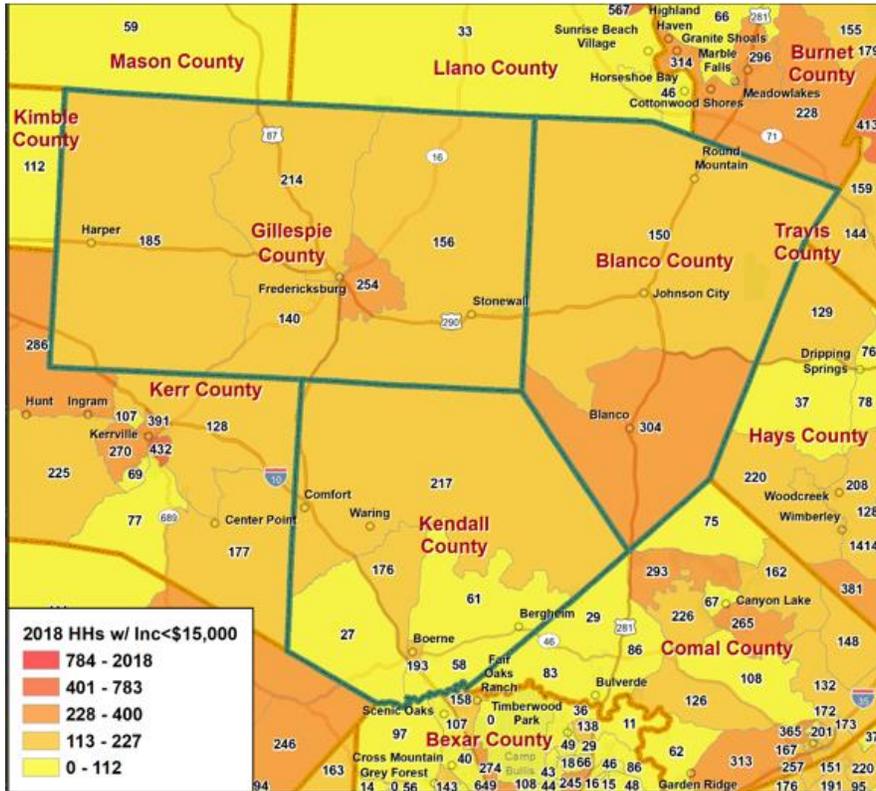
Kendall County's population was projected to grow rapidly at 3.53% per year, more than double that of the other counties, TX and the U.S. The census tracts in the southern portion of the county were projected to grow over 3.31% per year and the northern tracts were projected to grow from 1.66% to 3.30%.

2018 Median Age & Income



Source: ESRI

2018 Number of Households with Income Less than \$15,000



Source: ESRI

Demographics, cont.

These maps depict median age and median income by census tract. Looking at age and income by census tract is helpful to demonstrate all areas of a county are not the same. The health needs may be very different in the census tract including Harper with a median age of 58 and the census tract including Boerne with a median age of 41.

Looking at median household income by census tract also gives insight into health status. The lower income areas may have more health issues than the higher income tracts. These counties have very consistent median household incomes in their census tracts. The lower income census tracts are Harper in Gillespie County with \$50,000 median household income, lower than Gillespie County, TX and the U.S. The census tract including Blanco has the next lowest median household income at \$52,000, also lower than Blanco County, TX and the U.S. Southern Kendall County had very high incomes.

The lower map is the number of households making less than \$15,000 per year. Again further attempting to identify those areas within the counties that may have lower health status. The census tract east of Fredericksburg had 254 households making less than \$15,000 and Blanco census tract had 304 households making less than \$15,000.



Photo Credit: Enchanted Rock, <https://www.pinterest.com/texasparks/>

Demographics, cont.

Additionally, Gillespie County's March 2019 preliminary unemployment was 2.9%, Blanco County's unemployment was 2.8%, and Kendall County's unemployment was 3.1% compared to 3.8% for Texas and 3.9% for the U.S., which is a large decline in unemployment since 2014. These figures do not include those who have ceased looking for work and dropped out of the workforce. However, indications are these people have begun to reenter the workforce.

.....

Business Profiles

61.5% percent of employees in Gillespie County were employed in:

- Retail trade (19.6%)
- Health care and social assistance (15.6%)
- Accommodation & food services (14.3%)
- Educational services (6.3%)
- Manufacturing (5.7%)

59.3% percent of employees in Blanco County were employed in:

- Utilities (20.8%)
- Construction (11.9%)
- Public administration (10.2%)
- Educational services (8.2%)
- Accommodation & food services (8.2%)

56.4% percent of employees in Kendall County were employed in:

- Retail trade (15.9%)
- Health care and social assistance (14.8%)
- Accommodation & food services (9.7%)
- Educational services (8.3%)
- Construction (7.7%)

Source: ESRI Other Services: Establishments in this sector are primarily engaged in activities, such as equipment and machinery repairing, promoting or administering religious activities, grantmaking, advocacy, and providing dry-cleaning and laundry services, personal care services, death care services, pet care services, photofinishing services, temporary parking services, and dating services.

Demographics, cont.

Retail and accommodation and food service jobs offers health insurance at a lower rate than manufacturing, healthcare, public administration and educational services.

Gillespie County loses 141 net commuters per day commuting out of the county for work, with 1,840 commuting out of the county and 1,699 commuting into the county.

Blanco County loses 826 net commuters per day commuting out of the county for work, with 2,005 commuting out of the county and 1,179 commuting into the county.

Kendall County loses 2,181 net commuters per day commuting out of the county for work, with 7,884 commuting out of the county and 5,696 commuting into the county.

Source: US Census Bureau, American Community Survey (2009-2013)

Understanding the business profile of a community is essential to improving health. It is beneficial to contact people in groups to improve health. Data shows that there are three primary places people gather during the week - work, church and school, and these are three excellent places to reach people to create a culture of health.



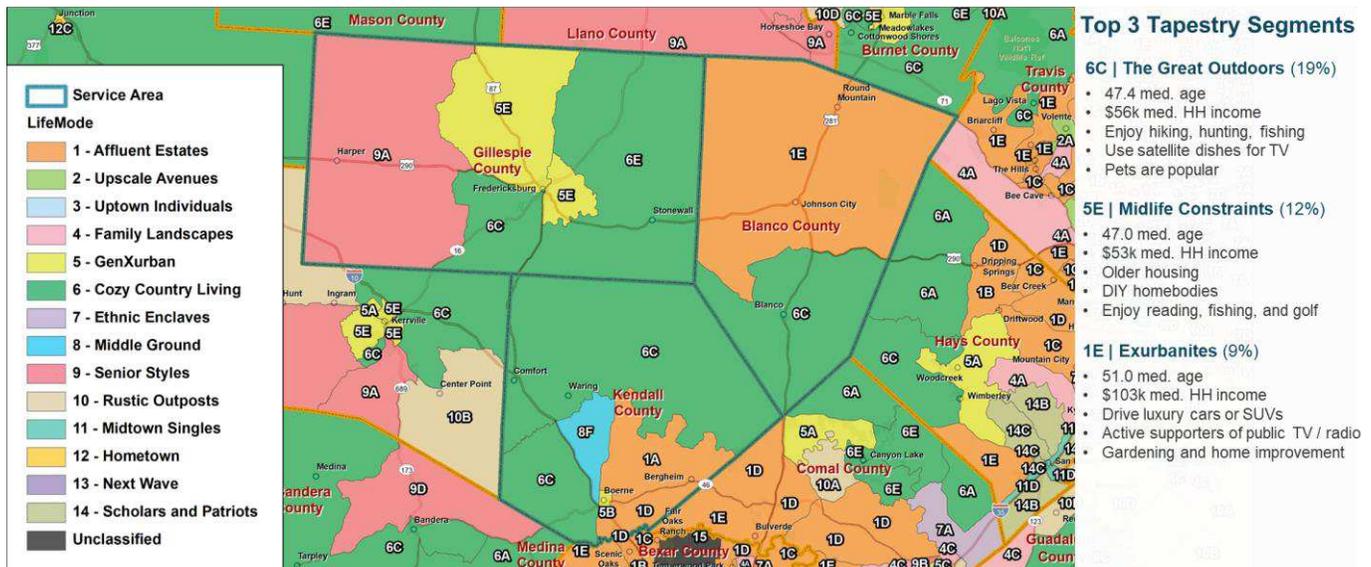
Photo Credit: Fourth of July Parade, thelocalplace.com

Tapestry Segmentation

Demographics are population, age, sex, race. Psychographics are adding behavior data in the form of spending habits and survey data on top of demographics. 40% of Gillespie, Blanco and Kendall Counties are included in three Tapestry Segments. The map below is color coded by LifeMode, which are groupings of Tapestry Segments that behave similarly.

The dominant Tapestry Segments in the county were The Great Outdoors (19%), Midlife Constraints (12%), and Exurbanites (9%). The map below demonstrates the dominant Tapestry Segment by census tract.

There is a very brief description of the segments on the right of the map. There is much more information on Tapestry Segments, at <http://doc.arcgis.com/en/esri-demographics/data/tapestry-segmentation.htm>. Studying the Tapestry Segments in the study area helps determine health habits and communication preferences of residents enabling more effective communication and implementation of solutions to improve health. Many spoke of meeting people where they are in the focus group and interviews. Studying their Tapestry Segment can help do that.



Source: ESRI

Tapestry Segmentation, cont.



LifeMode Group: Cozy Country Living

The Great Outdoors

6C

Households: 1,908,600

Average Household Size: 2.44

Median Age: 47.4

Median Household Income: \$56,400

WHO ARE WE?

These neighborhoods are found in pastoral settings throughout the United States. Consumers are educated empty nesters living an active but modest lifestyle. Their focus is land. They are more likely to invest in real estate or a vacation home than stocks. They are active gardeners and partial to homegrown and home-cooked meals. Although retirement beckons, most of these residents still work, with incomes slightly above the US level.

OUR NEIGHBORHOOD

- Over 55% of households are married-couple families; 36% are couples with no children living at home.
- Average household size is slightly smaller at 2.44.
- Typical of areas with rustic appeal, the housing inventory features single-family homes (77%) and mobile homes (15%); a significant inventory of seasonal housing is available (Index 397).
- Residents live in small towns and rural communities throughout the West, South, and Northeast regions of the country.
- More than half of all homes were constructed between 1970 and 2000.
- Most households have one or two vehicles; average travel time to work is slightly higher (28 minutes) despite a disproportionate number that work from home (Index 149).

SOCIOECONOMIC TRAITS

- 60% have attended college or hold a degree.
- Unemployment is lower at 4.8% (Index 88), but so is labor force participation at 60%.
- Typical of neighborhoods with older residents, income from retirement and Social Security is common, but residents also derive income from self-employment and investments.
- Residents are very do-it-yourself oriented and cost conscious.
- Many service their own autos, work on home improvement and remodeling projects, and maintain their own yards.
- They prefer domestic travel to trips abroad.



Note: The Index represents the ratio of the segment rate to the US rate multiplied by 100. Consumer preferences are estimated from data by GMR, LLC.



LifeMode Group: GenXurban

Midlife Constants

5E

Households: 3,068,400

Average Household Size: 2.31

Median Age: 47.0

Median Household Income: \$53,200

WHO ARE WE?

Midlife Constants residents are seniors, at or approaching retirement, with below average labor force participation and above average net worth. Although located in predominantly metropolitan areas, they live outside the central cities, in smaller communities. Their lifestyle is more country than urban. They are generous, but not spendthrifts.

OUR NEIGHBORHOOD

- Older homes (most built before 1980) found in the suburban periphery of smaller metropolitan markets.
- Primarily married couples, with a growing share of singles.
- Settled neighborhoods with slow rates of change and residents that have lived in the same house for years.
- Single-family homes, less than half still mortgaged, with a median home value of \$154,100 (Index 74).

SOCIOECONOMIC TRAITS

- Education: 63% have a high school diploma or some college.
- Unemployment is lower in this market at 4.7% (Index 86), but so is the labor force participation rate (Index 91).
- Almost 42% of households are receiving Social Security (Index 141); 27% also receive retirement income (Index 149).
- Traditional, not trendy; opt for convenience and comfort, not cutting-edge. Technology has its uses, but the bells and whistles are a bother.
- Attentive to price, but not at the expense of quality, they prefer to buy American and natural products.
- Radio and newspapers are the media of choice (after television).

Tapestry Segmentation, cont.



LifeMode Group: Affluent Estates
Exurbanites

1E

Households: 2,398,200
Average Household Size: 2.50
Median Age: 51.0
Median Household Income: \$103,400

WHO ARE WE?

Ten years later, *Exurbanites* residents are now approaching retirement but showing few signs of slowing down. They are active in their communities, generous in their donations, and seasoned travelers. They take advantage of their proximity to large metropolitan centers to support the arts, but prefer a more expansive home style in less crowded neighborhoods. They have cultivated a lifestyle that is both affluent and urbane.

OUR NEIGHBORHOOD

- Established neighborhoods (most built between 1970 and 1990) found in the suburban periphery of large metropolitan markets.
- A larger market of empty nesters, married couples with no children; average household size is 2.50.
- Primarily single-family homes with a high median value of \$423,400 (Index 204), most still carrying mortgages.
- Higher vacancy rate at 9%.

SOCIOECONOMIC TRAITS

- Residents are college educated; more than half have a bachelor's degree or higher; nearly 81% have some college education.
- This labor force is beginning to retire. 1 in 3 households currently receive Social Security or retirement income. Labor force participation has declined to less than 60% (Index 95).
- Unemployment remains low at 3.3% (Index 61); more of the residents prefer self-employment (Index 178) or working from home (Index 177).
- Consumers are more interested in quality than cost. They take pride in their homes and foster a sense of personal style.
- *Exurbanites* residents are well connected, using the Internet for everything from shopping to managing their finances.
- Sociable and hardworking, they still find time to stay physically fit.

Note: The Index represents the ratio of the segment rate to the US rate multiplied by 100. Consumer preferences are estimated from data by GIK MRI.



Source: ESRI

Focus Groups Results

Thirty-eight community stakeholders representing the broad interests of the community as well as representing low income, medically underserved and minority populations participated in eight focus groups from August 1 through August 19, 2019 for their input into the community's health. Community participation in the focus groups and interviews represented a broad range of interests and backgrounds. Below is a summary of the 90-minute focus group discussions.

1. How do you define health?

- Overall wellbeing – physical, mental, emotional, spiritual, financial
- Whole person, wellbeing in all aspects of life
- Being able to live independently
- Living a happy life
- To be able to do what you want without barriers
- Self-aware of their health status
- Good numbers – blood pressure, weight, cholesterol
- Physically and mentally able to perform life's desired activities
- Being of sound body and knowing it
- Able to utilize healthcare services to maintain a state of health

2. Generally, how would you describe the community's health?

- Gillespie County
 - Fair to poor
 - Average to above average
 - Not healthy
 - Depends on age – some are healthy
 - Depends on financial situation - more money better, access to doctors; poverty less healthy
 - Seniors are in poor health
- Blanco County
 - 2 or 3 out of 5
- Kendall County
 - Retired population 4 out of 5
 - Near poverty 2-3 out of 5

3. What are the most important health issues facing Gillespie, Blanco and Kendall Counties?

- Gillespie County
 - Access to care and insurance
 - Mental health
 - Substance misuse
 - Food and nutrition
 - Healthy lifestyles
 - Teen pregnancy
 - Distance to health services
 - Transportation to health services
 - No full-time EMS

Community Input: Focus Groups Results

3. What are the most important health issues facing Gillespie, Blanco and Kendall Counties? cont.

- Blanco County
 - Self-Maintenance awareness/education
 - Physicians that take Medicaid
 - Limited availability of fresh produce or nutrition options
- Kendall County
 - Obesity and nutritional education
 - Services for young families
 - Emergency services
 - Transportation to medical services
 - Affordable health insurance – Medicare v Medicare Advantage

4. What are the most important health issues facing medically-underserved, low-income and minority populations?

- Gillespie County
 - Affordable housing
 - Food/nutrition
 - Low-income/poverty/lack of living-wage jobs
 - Access to care and insurance
 - Chronic diseases
 - No local doctors
 - Language barriers
 - Distance to services/facilities
 - Minimum local food assistance program
 - Large working poor population/housing issues
- Blanco County
 - Nutritional education/affordability
 - Mental health services
 - Family fragmentation
- Kendall County
 - Translation services for Hispanic population
 - Health Literacy on available services – Hispanic population
 - Unaware of health status and not invested in their health
 - Access to care

5. What are the most important health issues facing children/adolescents?

- Gillespie County
 - Mental and behavioral health issues
 - Technology and screen time
 - Nutrition and activity
 - Lack of connection
 - Lack of daycares
 - Drugs, vaping, alcohol
 - Nutrition education
 - Mental health
 - Domestic abuse

Community Input: Focus Groups Results

5. What are the most important health issues facing children/adolescents cont.?

- Blanco County
 - Poverty or low standard of living
 - Affordable care, housing
 - Dental care
 - Preventative care not in school system
 - Meth drug use
- Kendall County
 - Abuse of screen time
 - Food for kids at school and after school

6. What are the most important health issues facing seniors?

- Gillespie County
 - Transportation
 - Isolation
 - Fixed Income
 - Cost of home health, assisted living
 - Safety – mental, physical, falls
 - Lack of services in their homes
 - Access to medications
- Blanco County
 - Lack of geriatric-focused healthcare services
 - Chronic care management education
 - Pain management
 - Mobility/transportation
 - Poverty or low standard of living
 - No support system
 - No long-term care or assisted living
- Kendall County
 - Affordable care in home
 - Orthopedic services
 - Only 1 nursing home
 - Use of 911 for falls or trips to healthcare facilities



Photo Credit: Blanco County, tourtexas.com

Community Input: Focus Groups Results

7. The community performed a CHNA in 2016 and identified priorities for health improvement

1. Mental health/substance abuse
2. Access to care and insurance
3. Lifestyle/wellness/education
4. Obesity
5. Socioeconomics
6. Chronic diseases
7. Children's issues

What has changed most related to health status in the last three years?

Better

- Exercise has improved, nutrition more aware
- Education out there, more programs
- Preventive health is better
- Nutrition classes, free membership to Wellness Center
- Larger employers and service industry starting to offer benefits, health insurance
- Care for seniors- veterans services increasing
- More senior programs, more specialist, physicians

Worse

- Childcare
- Vaping
- Substance misuse/drug addiction
- Lack of mental health services
- Kids mental health – screens, parenting
- Mental health: depression, anxiety
- Uninsured
- Housing
- Transportation
- Aging population
- More fragmentation based on income
- Diabetes
- Heart disease
- No choice of services – long distances
- Affordable housing
- Access to care/seniors
- Parkinson's

8. What behaviors have the most negative impact on health?

- Smoking
- Drug use
- Poor nutrition
- Lack of exercise
- German culture of pride and not asking for help
- Risk-taking behaviors
- Seniors hiding issues for fear of losing independence

Community Input: Focus Groups Results

9. What environmental factors have the most negative impact on health?

- Gillespie County
 - Good environment, nice, safe, clean air and water
 - Poor housing conditions – no plumbing or electricity, seniors
 - Drug deals going on all the time
 - Distance and isolation on large land
 - Lack of Internet and cell phone service
 - Long drive, 45 min., to healthcare services
- Blanco County
 - Increasing number of retirees
 - Absentee landholders
- Kendall County
 - Funding for healthcare facilities
 - County budget as Comfort is unincorporated

10. What do you think the barriers will be to improve health in the communities?

- Gillespie County
 - Education
 - Funding
 - People in the community not understanding or recognizing the issues
 - Cultural German work ethic – prejudice, if you're poor, you're not working hard enough
 - Not enough staff to help seniors
 - Pride in asking for help
 - Lack of translation services, people who speak Spanish
 - Future of rural healthcare
 - Coordination of primary care with emergency services
- Blanco County
 - Low wages
 - Low volume of services in rural areas

11. What community assets support health and wellbeing?

- Gillespie County
 - Supportive, invested, collaborative community
 - Philanthropy, giving
 - Wellness Center
 - Golden Hub
 - Park Systems
 - Good Samaritan Center
 - Hill Country Memorial
 - Schools – special education programs, athletic programs
 - Boys and Girls Club
 - Pregnancy Center
 - Grace Center
 - Mom's Center
 - Churches
- Ministerial Alliance
- Food Pantry
- Healthy You Program
- Rotary Clubs
- Hospice Foundation
- Area Agency on Aging
- WIC
- Literacy Club
- Medical Assistance Program
- Christian Job Corp
- Catholic food pantry
- EMS

Community Input: Focus Groups Results

11. What community assets support health and wellbeing? cont.

- Blanco County
 - Scott and White
 - Hill Country Memorial
 - Food banks
 - Schools
 - Methodist Healthcare Ministries
 - Community Resource Center
 - Summer feeding program for kids
 - Head Start
 - County Agent
- Kendall County
 - Senior Center
 - Food Bank
 - Community/Church
 - Library
 - Heritage Foundation
 - Comfort Area Foundation (visioning)

12. What priority health improvement actions should we focus on?

- Community garden
- More activities for youth
- Focus internally instead of trying to get more tourists, conference center
- More active events – fun runs
- Access to primary care – physician house calls, telehealth
- Transportation system – dependable, reliable, affordable
- Higher living wage jobs with benefits
- Affordable housing
- More mental health services
- Health education, health coaches
- Monthly events on health
- Food facility with kitchen, training ground for people who want to work in food service
- Full-service health department
- Trade school
- Regular check-ins with seniors and veterans
- Helicopter for distance care

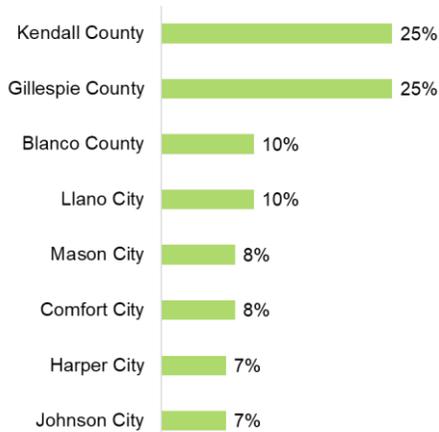
Community Input: Community Survey Results

Community Survey Results

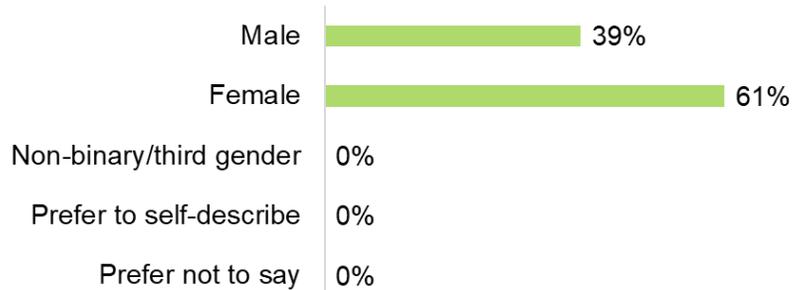
410 community members participated in a random community survey comprised of 251 landline phone calls, 106 cell phone calls, 43 web-based surveys, and 10 paper surveys. The surveys were conducted from July 1, 2019 through August 19, 2019. At 95% confidence, the margin of error is plus or minus 5% for the total sample size. Surveys were conducted in Gillespie, Blanco and Kendall Counties as well as two additional ZIP codes, one in Mason County and one in Llano County. Below are the summary results of the survey. This is the third community health survey performed in these communities and comparisons are indicated where appropriate.

Survey Demographics

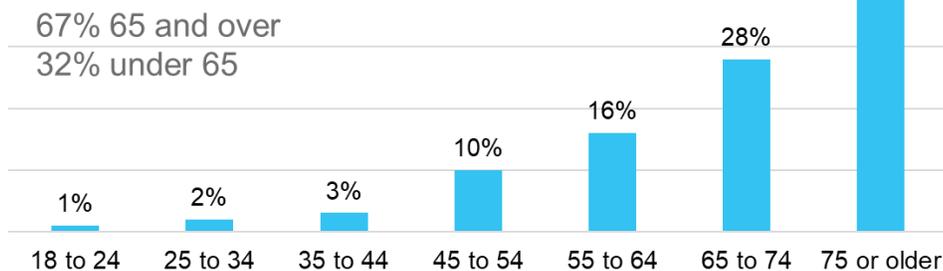
Area of ZIP code



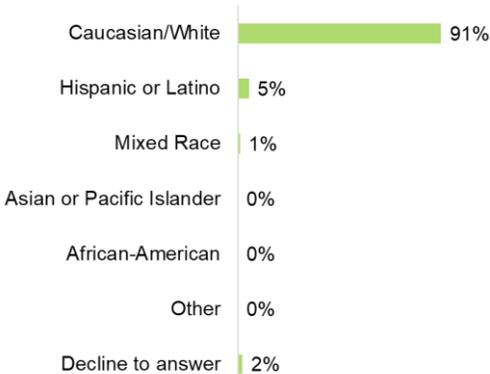
Gender



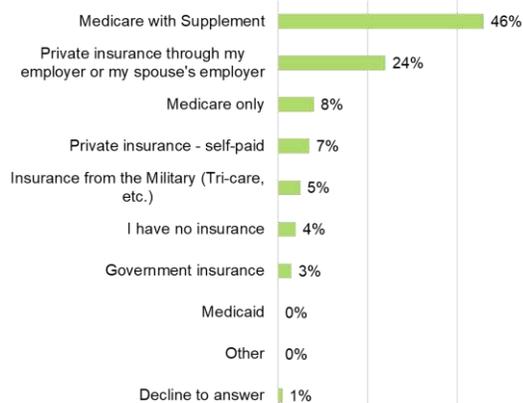
Age



Race or ethnic background



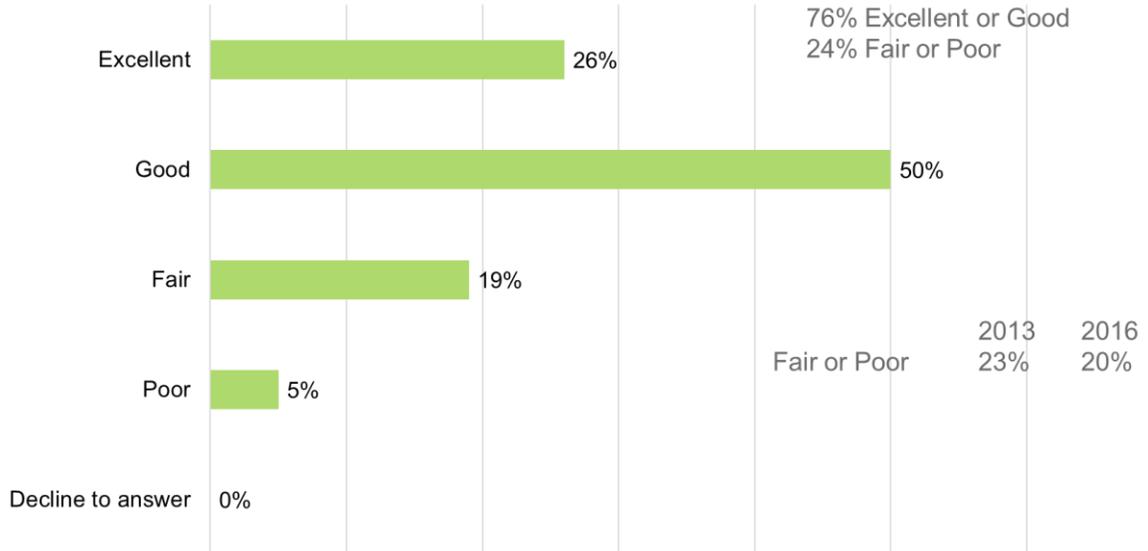
Which of the following best describes your health insurance situation?



Community Input: Community Survey Results

Health Status

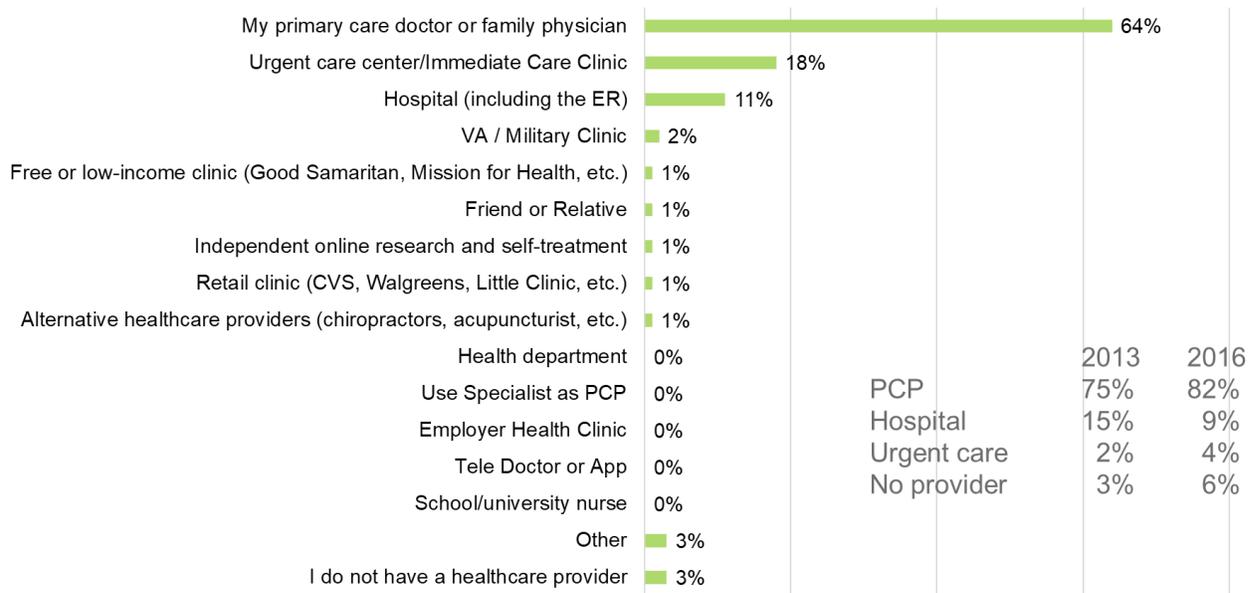
Generally, how would you describe your health?



24% believe their health is fair or poor, leaving 76% believing their health is excellent or good. The fair or poor percentage is slightly higher than in previous surveys.

Urgent Healthcare Needs

If you have one person or group you turn to for healthcare needs, where do you go most often when you have a non-emergency but urgent health care need?

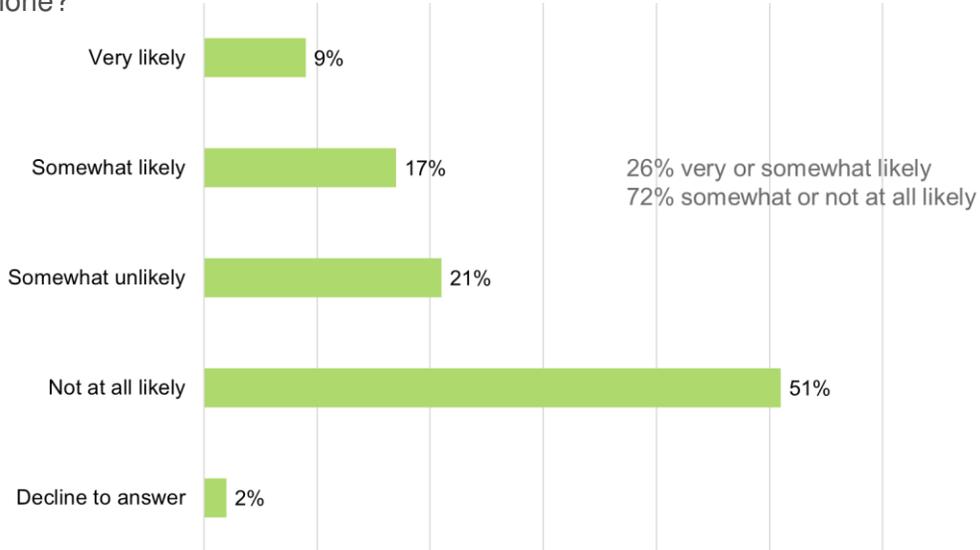


Their primary care doctor or family physician continued to have the highest percentage, however it declined significantly from the last survey and urgent care climbed to 18%.

Community Input: Community Survey Results

Virtual Physician Care

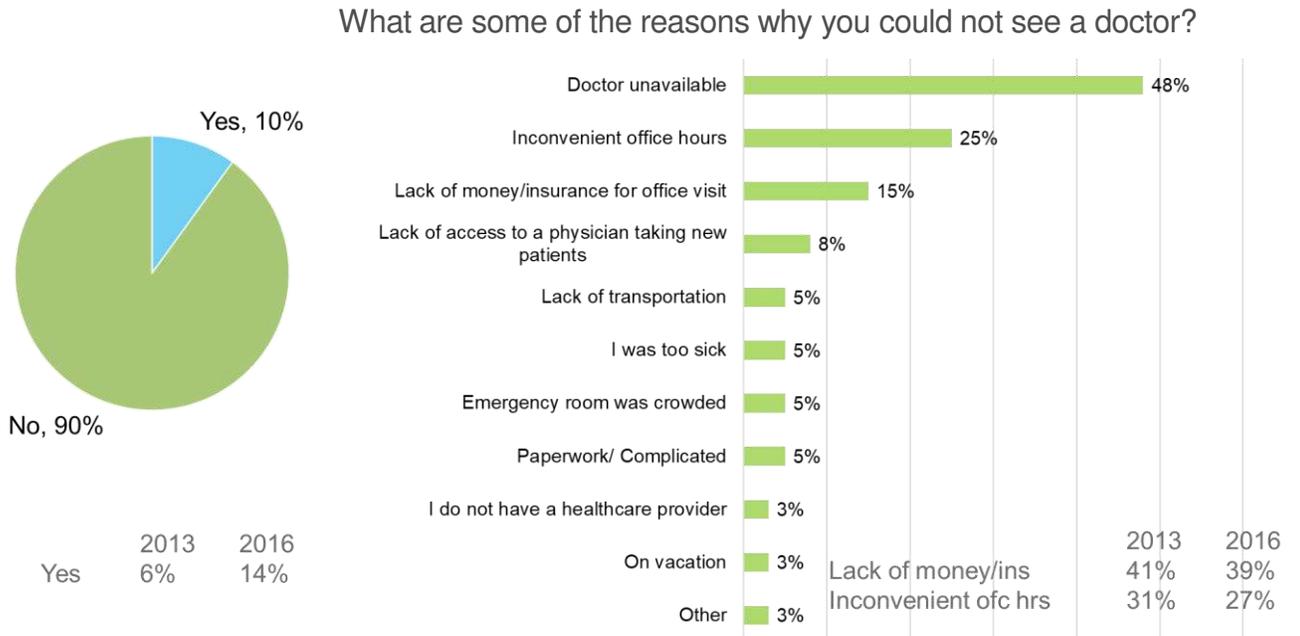
How likely are you to utilize virtual physician (or Tele Doc) care such as through the computer or your smart phone?



72% were somewhat or not at all likely to use a virtual physician and 26% were very or somewhat likely to use a virtual physician through a computer or smart phone.

Physician Access

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



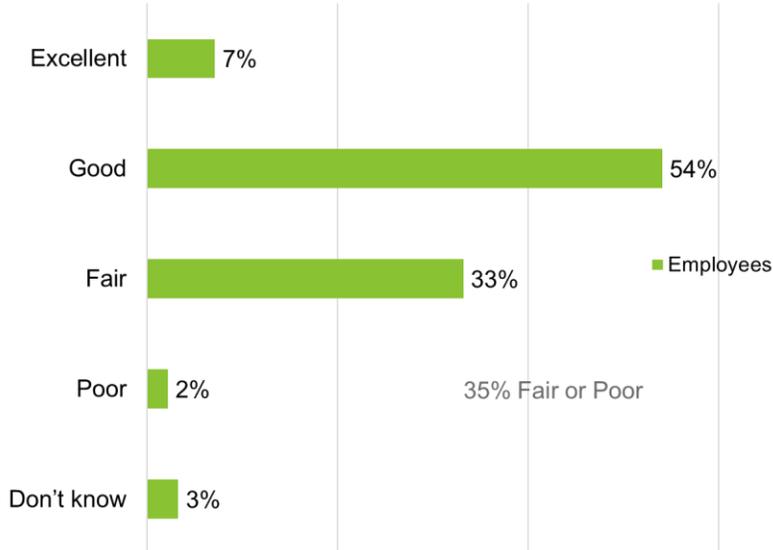
10% percent indicated yes, there was a time they needed to see a doctor but could not. This percentage is in line with previous surveys. The primary reason they could not see a doctor was doctor unavailable, followed by inconvenient office hours, then lack of money/insurance for office visit.

Community Input: HCM Employee Survey Results

411 HCM employees completed an online survey from June 16, 2019 through August 1, 2019. Hospital employees live in the community and have a perspective on community health.

Health Status of the Community

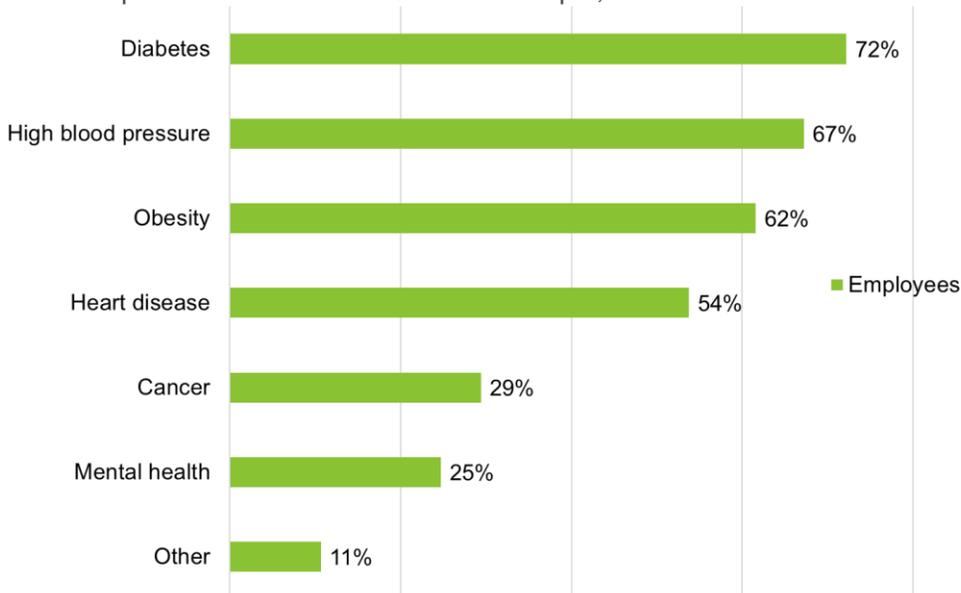
How would you describe the overall health status of the community you serve? Would you say it is...



35% indicated the community's health was fair or poor compared with the community survey where 24% indicated their health was fair or poor.

Chronic Diseases

What are the most prevalent chronic diseases in Gillespie, Blanco or Kendall Counties?

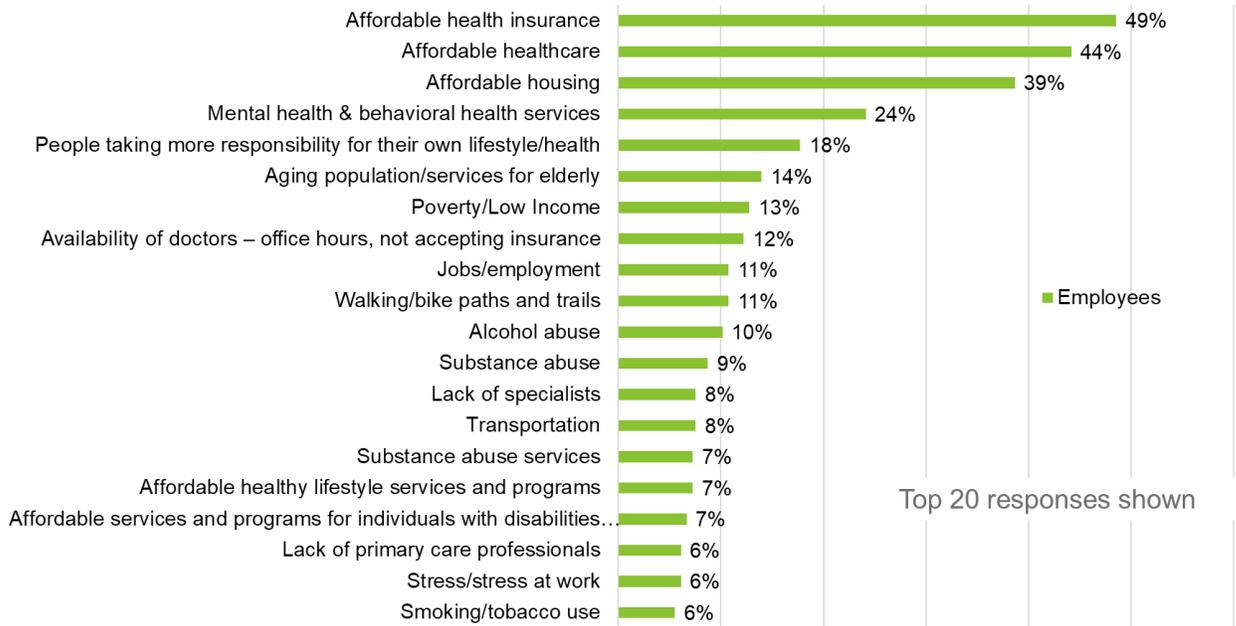


Diabetes, high blood pressure diabetes, obesity and heart disease were identified as the most prevalent chronic diseases in the three counties.

Community Input: HCM Employee Survey Results

Top Three Issues Impacting Health

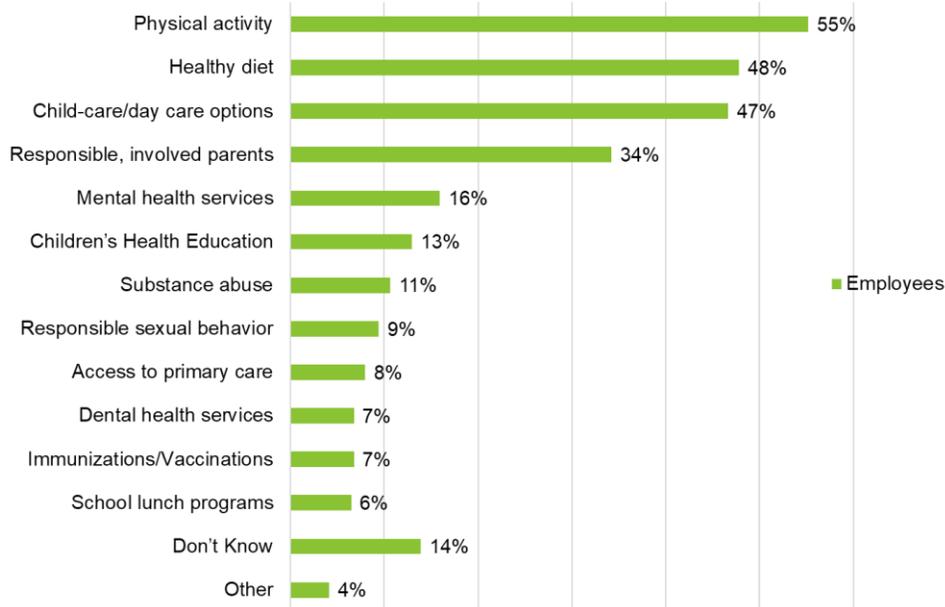
What are the top 3 issues in your community that impact people's health?



Affordable health insurance, affordable healthcare, affordable housing and mental health and behavioral health services were the top issues that impact people's health.

Top Health Issues for Children

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

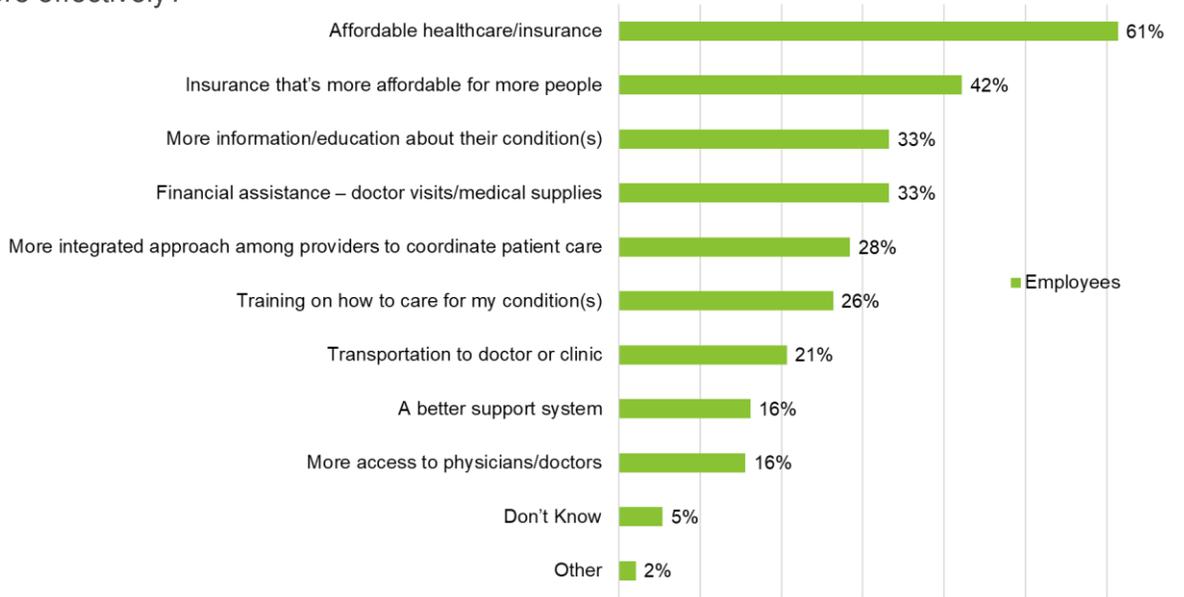


Physical activity, health diet, child-care/day care options, and responsible, involved parents were the top three health issues for children.

Community Input: HCM Employee Survey Results

What People Need to Manage their Health

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



Affordable healthcare/insurance, insurance that's more affordable, more information/education about their conditions, and financial assistance for doctor visits/medical supplies were the top needs in the community to manage health.



Photo Credit: Boerne Texas, tourtexas.com

Health Status Data

Based on the 2018 County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin², Gillespie County ranked 27th for health outcomes and 6th for health factors in Texas out of the 244 counties ranked (1= the healthiest; 244 = unhealthiest). Blanco County ranked 23rd for health outcomes and 36th for health factors. Kendall county ranked 9th for health outcomes and 2nd for health factors.

County Health Rankings suggest the areas to explore for improvement in Gillespie County were higher adult smoking and higher percentage of uninsured. The areas of strength were identified as higher food environment index, lower population to primary care physicians and dentists, low preventable hospital stays, higher percentage of mammography screening, higher percentage of flu vaccinations, higher percentage of high school graduation, lower percentage of unemployment, lower violent crime rate, and lower percentage of driving alone to work.

County Health Rankings suggest the areas to explore for improvement in Blanco County were higher adult smoking, higher percentage of adult obesity, higher percentage of alcohol-impaired driving deaths, higher rate of sexually transmitted infections, higher rate of injury deaths, and higher percentage of uninsured. The areas of strength were identified as higher food environment index, lower teen birth rate, lower preventable hospital stays, higher high school graduation percentage, lower unemployment, lower percentage of children in poverty, and lower percentage of children in single-parent households.

County Health Rankings suggest the areas to explore for improvement in Kendall County were higher adult smoking and higher percentage of alcohol-impaired driving deaths. The areas of strength were identified as higher food environment index, lower rate of sexually transmitted infections, lower teen birth rate, lower uninsured, lower population to primary care physicians, dentists and mental health providers, lower preventable hospital stays, higher mammography screening, higher high school graduation percentage, higher percentage of adults with some college, lower unemployment and lower income inequality.

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 Gillespie, Blanco or Kendall County's results were worse than TX and U.S., groups and individuals have an opportunity to act and improve these community measures. To become the healthiest communities in Texas and eventually the Nation, the three counties must close several lifestyle gaps. For additional perspective, Texas was ranked the 37th healthiest state out of the 50 states. (Source: 2018 America's Health Rankings) Texas strengths were high percentage of high school graduation, low drug death rate, low cancer death rate. Texas challenges were high percentage of uninsured population, high prevalence of diabetes and high prevalence of physical inactivity.

² 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 Texas's counties every year since 2003.

Comparisons of Health Status

Information from County Health Rankings and America's Health Rankings was analyzed in the CHNA in addition to the previously reviewed information and other public health data. Other data analyzed is referenced in the bullets below, such as: causes of death, demographics, socioeconomics, consumer health spending, focus groups, and surveys. If a measure was better than Texas, it was identified as a strength, and where an indicator was worse than Texas, it was indicated an opportunity for improvement. To prevent strengths from becoming opportunities for improvement, it's important to continually focus on them. Opportunities were denoted with red stop signs, and strengths were denoted with green stars for easier interpretation. The years displayed on the County Health Rankings graphs show the year the data was released. The actual years of the data are contained in the source notes below the graphs.

There are 255 counties in TX, but only 244 were included in County Health Rankings, so counties ranked are ranked out of 244.

In most of the following graphs, Gillespie County will be blue, Blanco County red, Kendall County gray, Texas (TX) will be orange dotted line, U.S. green and the 90th percentile of counties in the U.S. gold. * indicates a change in the BRFSS Survey calculations of results. 2016 forward cannot be compared to prior year results.



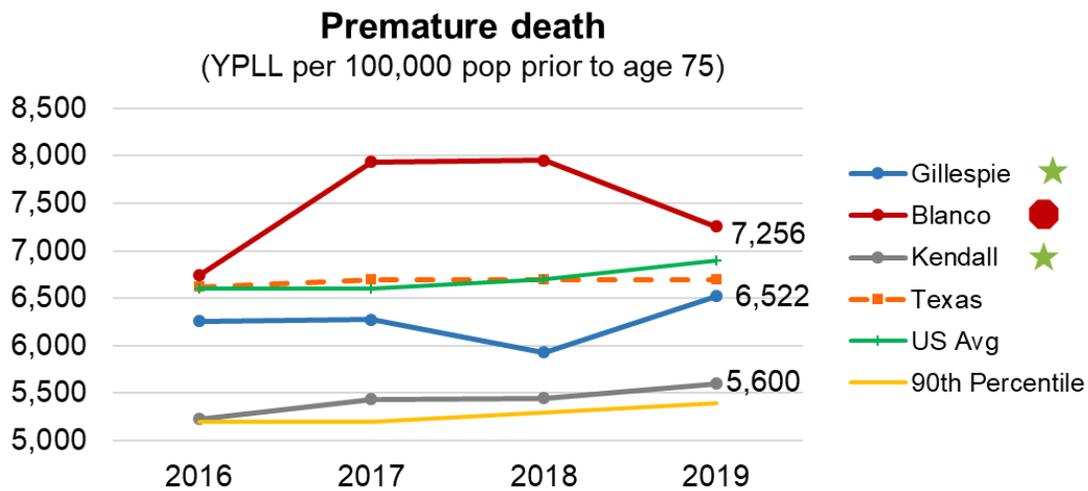
Photo Credit: HCM Wellness Center – World's Largest Swim Lesson

Health Outcomes (Length of Life and Quality of Life)

Health Outcomes are a combination of length of life (50%) and quality of life (50%) measures. Gillespie County ranked 27th, Blanco County ranked 23rd and Kendall County ranked 9th in Health Outcomes out of 244 Texas counties.

Length of Life

Length of life was measured by years of potential life lost per 100,000 population prior to age 75, lower is better. For example, if a 25-year-old is killed in an accident, that is 50 years of potential life lost prior to age 75. Gillespie County ranked 29th, Blanco County ranked 59th and Kendall County ranked 12th in length of life in TX. Gillespie County lost 6,522, Blanco County lost 7,256, and Kendall County lost 5,600 years of potential life per 100,000 population. Blanco County's YPLL were higher than TX and the U.S.



Source: County Health Rankings; National Center for Health Statistics – Mortality File 2015-2017



Photo Credit: Gillespie County Sheriff's Office Facebook page

Leading Causes of Death: Age-Adjusted Death Rates per 100,000

| Cause of Death | Gillespie County | Blanco County | Kendall County | Texas | US |
|---------------------------|------------------|---------------|----------------|-------|-------|
| Heart disease | 130.0 | 168.5 | 158.6 | 169.2 | 165.0 |
| Cancer | 141.6 | 153.8 | 136.0 | 146.5 | 152.5 |
| Accidents | 43.3 | 50.7 | 35.0 | 38.8 | 49.4 |
| Lower respiratory disease | 22.8 | 42.1 | 33.9 | 40.5 | 40.9 |
| Stroke | 27.5 | 30.7 | 25.0 | 41.3 | 37.6 |
| Alzheimer's Disease | 27.0 | 17.2 | 29.3 | 38.5 | 31.0 |
| Diabetes | 14.8 | 16.2 | 19.1 | 21.2 | 21.5 |
| Flu and pneumonia | 9.7 | *** | 6.9 | 11.2 | 14.3 |
| Suicide | 19.2 | 28.8 | 16.9 | 13.4 | 14.0 |
| Kidney disease | 8.2 | *** | 6.8 | 16.0 | 13.0 |

Source(s): Wonder CDC.gov (2017) Age-adjusted rates per 100,000 population. Gillespie, Blanco and Kendall Counties data from 2016, 2017 combined. TX, US data from 2017. *Rates that appear in red for a county denote a higher value compared to state data. Age Adjustment Uses 2000 Standard Population.

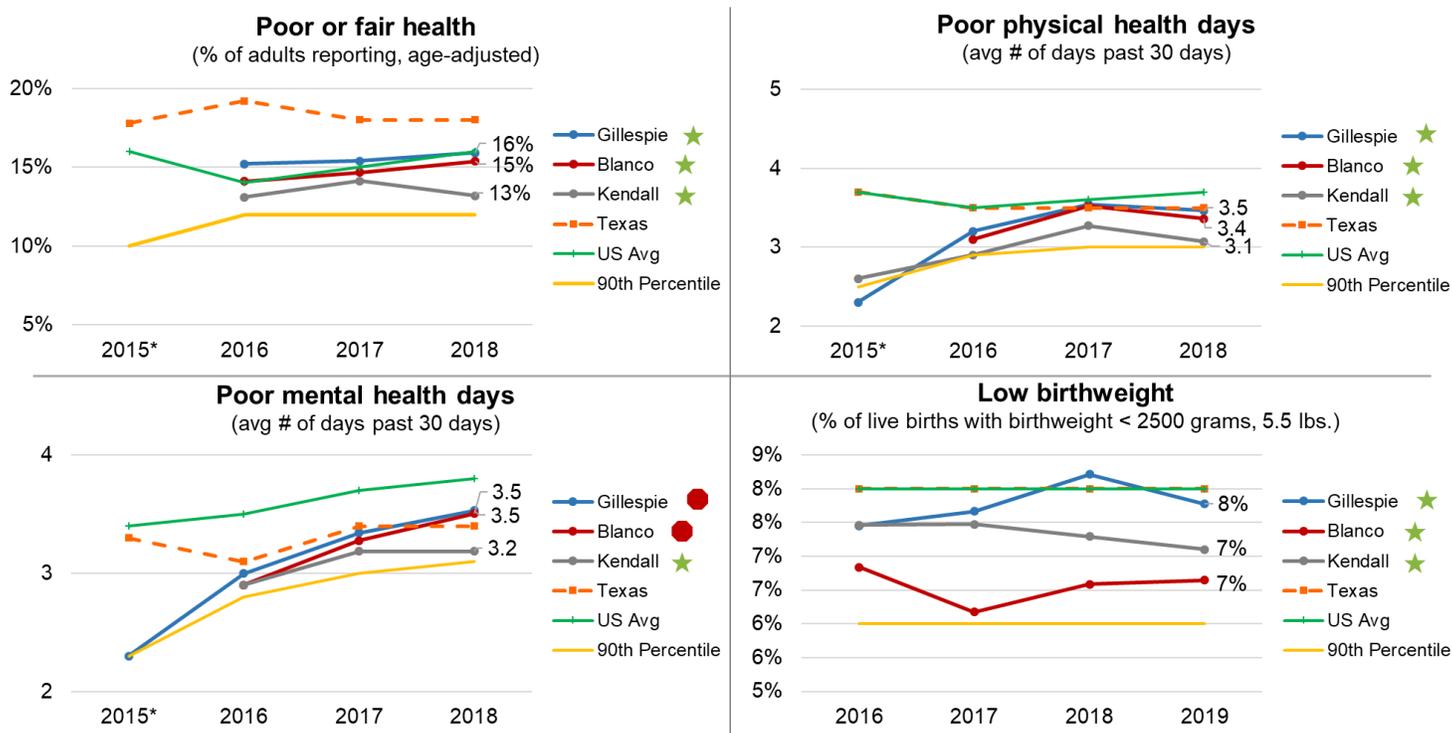
Numbers in red had higher death rates than TX. The leading causes of death in Gillespie County were cancer followed by heart disease. In Blanco and Kendall Counties the leading causes of death were heart disease followed by cancer. Gillespie had higher death rates for accidents and suicide than TX. Blanco County had higher death rates for cancer, accidents, lower respiratory disease, and suicide. Kendall County had a higher death rate in suicide.



Photo Credit:
Relay for Life of
Blanco County,
Facebook page

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, or 5.5 lbs. Gillespie County ranked 57th, Blanco County ranked 24th and Kendall County ranked 8th in Texas for quality of life.



Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2016 Source: County Health Rankings; National Center for Health Statistics – Natality files (2011-2017)

Quality of Life STRENGTHS

- Gillespie, Blanco and Kendall Counties had lower death rates for heart disease, stroke, Alzheimer’s Disease, and diabetes than TX. Gillespie and Kendall Counties had lower death rates for cancer, lower respiratory disease, flu and pneumonia and kidney disease than TX.
- Gillespie, Blanco and Kendall Counties had lower percentages of adults reporting poor or fair health than TX.
- Gillespie, Blanco and Kendall Counties had lower average numbers of poor physical health days in the past 30 days than TX and the U.S.
- Kendall County had a lower average number of poor mental health days in the past 30 days than TX and the U.S.
- Gillespie, Blanco and Kendall Counties had lower percentages of low birthweight babies than TX and the U.S.
- Gillespie and Kendall had lower years of potential life lost per 100,000 population prior to age 75 than TX and the U.S.

Quality of Life, cont.

Quality of Life **OPPORTUNITIES**

- Gillespie, Blanco, and Kendall Counties had higher death rates for suicide than TX and the U.S. Blanco County had higher death rates from cancer and lower respiratory disease than TX and the U.S. Gillespie and Blanco had higher death rates from accidents.
 - Blanco County had higher years of potential life lost prior to age 75 than TX and the U.S.
 - Gillespie and Blanco Counties had higher average number of poor mental health days than TX, but lower than the U.S.
-



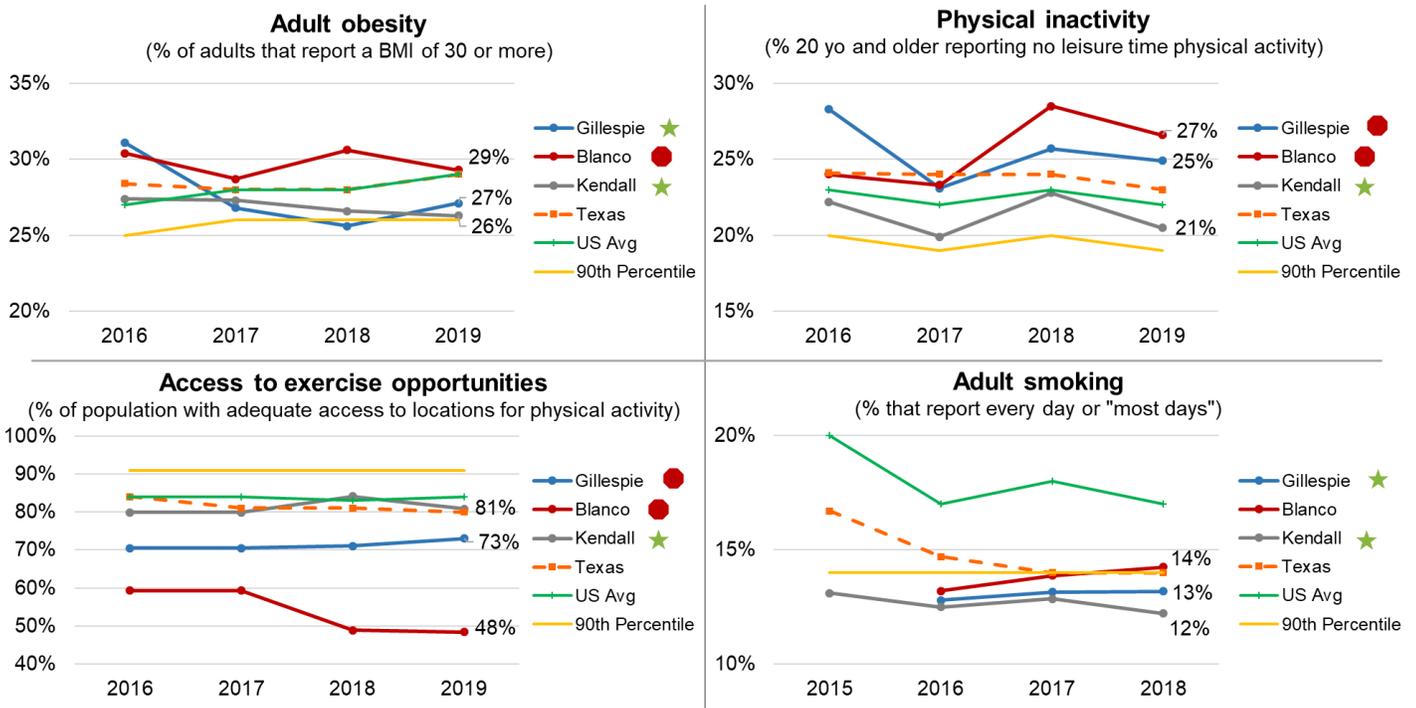
Photo Credit: Kendall County, tourtexas.com

Health Factors or Determinants

Health factors or determinants rankings are comprised of measures related to health behaviors (30%), clinical care (20%), social & economic factors (40%), and physical environment (10%). Gillespie County ranked 6th, Blanco County ranked 36th and Kendall County ranked 2nd out of 244 Texas counties for health factors.

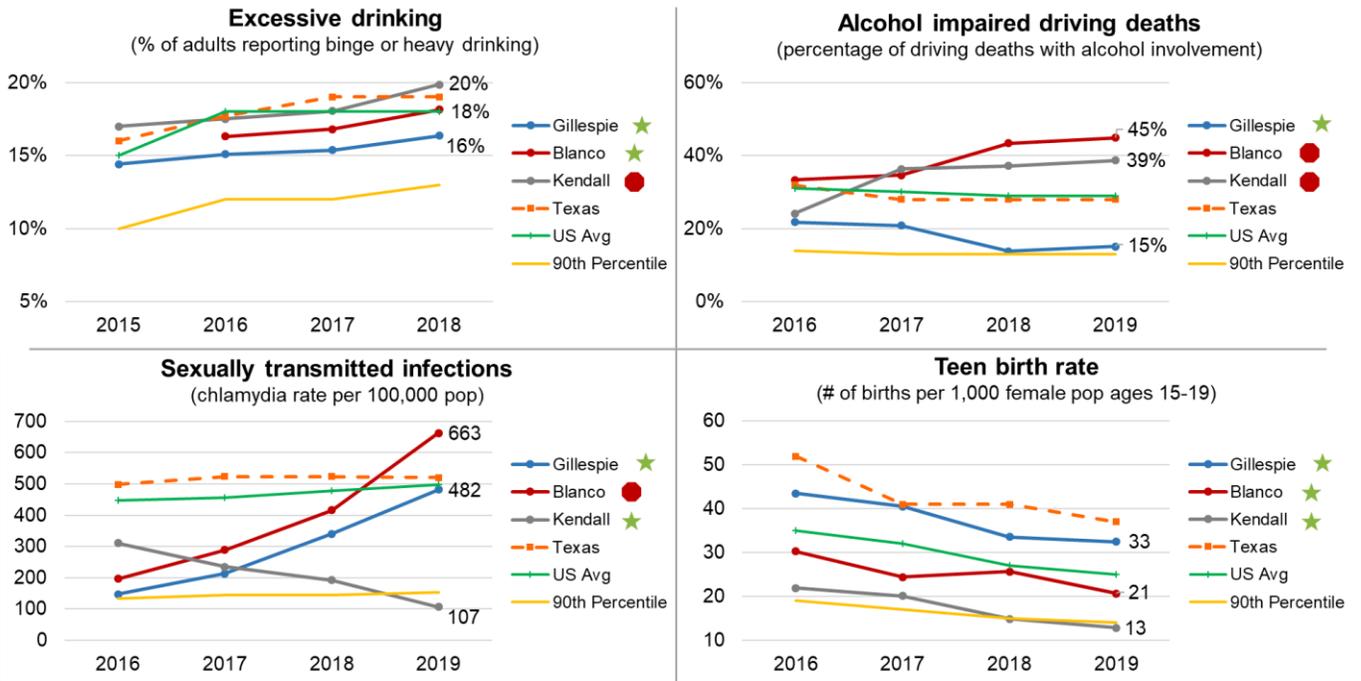
Health Behaviors

Health behaviors are made up of nine measures and account for 30% of the county rankings. Gillespie County ranked 10th, Blanco ranked 65th and Kendall ranked 1st out of 244 counties in Texas.



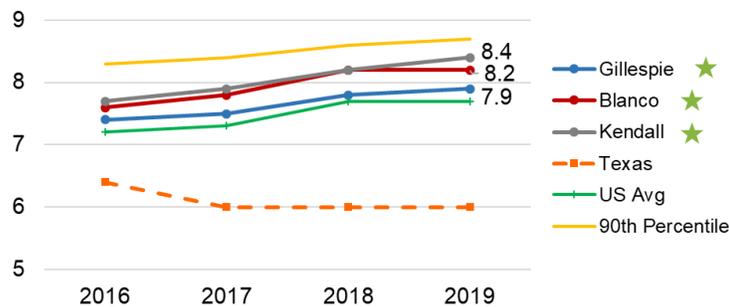
Source: Obesity, physical inactivity - County Health Rankings; CDC Diabetes Interactive Atlas based on responses to BRFSS and Census Bureau's population estimates program, 2015 Source: Access to exercise opportunities - County Health Rankings; ArcGIS Business Analyst, Delorme map data, Esri and U.S. Census Tigerline Files, 2010 and 2018. Measures the percentage of individuals in a County who live reasonably close to a location for physical activity, defined as parks or recreational facilities (local, state national parks, gyms, community centers, YMCAs, dance studios and pools based on SIC codes) Source: Smoking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS), 2016

Health Behaviors, cont.



Source: Excessive drinking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS), 2016 Source: Alcohol-impaired driving deaths - County Health Rankings; Fatality Analysis Reporting System, 2013-2017 Source: STIs - County Health Rankings; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2016 Source: Teen birth rate - County Health Rankings; National Center for Health Statistics - Natality files, 2011-2017

Food environment index (higher is better)



Source: Food environment: County Health Rankings; USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2015 & 2016

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, cont.

The Impact of E-Cigarettes on the Lung

Following excerpt taken from American Lung Association website, www.lung.org, “The Impact of E-Cigarettes on the Lung”

“In January 2018, the National Academies of Science, Engineering and Medicine¹ released a consensus study report that reviewed over 800 different studies.

That report made clear: using e-cigarettes causes health risks. It concluded that e-cigarettes both contain and emit a number of potentially toxic substances. The Academies' report also states there is moderate evidence that youth who use e-cigarettes are at increased risk for cough and wheezing and an increase in asthma exacerbations.

A study from the University of North Carolina found that the two primary ingredients found in e-cigarettes—propylene glycol and vegetable glycerin—are toxic to cells and that the more ingredients in an e-liquid, the greater the toxicity.²

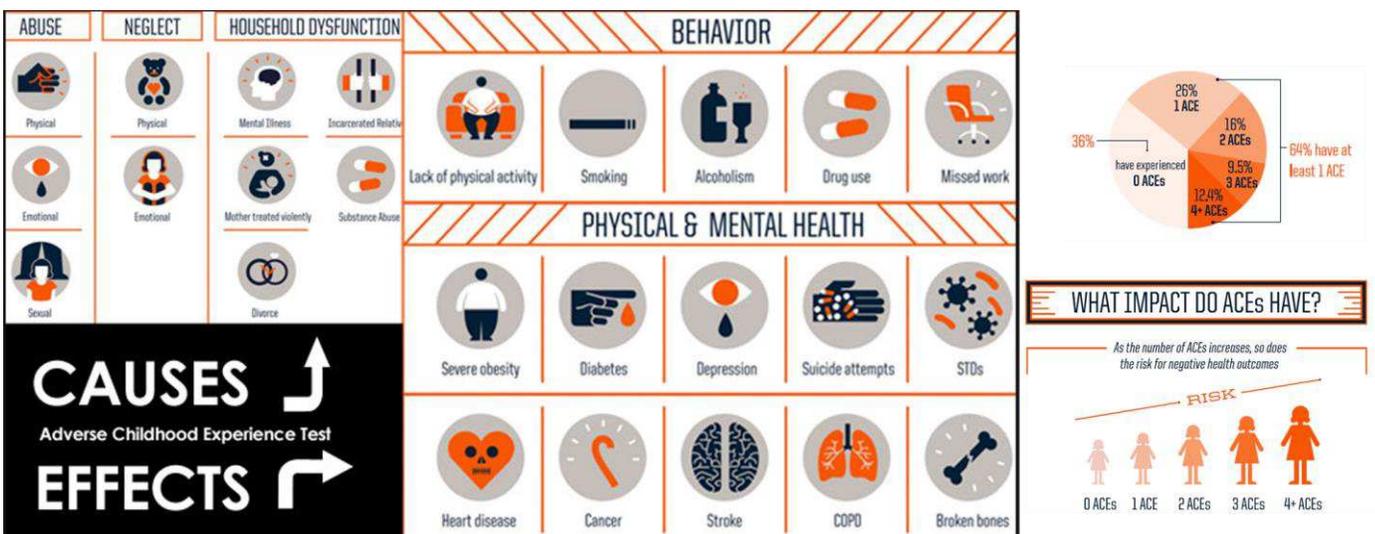
E-cigarettes produce a number of dangerous chemicals including acetaldehyde, acrolein, and formaldehyde. These aldehydes can cause lung disease, as well as cardiovascular (heart) disease.³

E-cigarettes also contain acrolein, a herbicide primarily used to kill weeds. It can cause acute lung injury and COPD and may cause asthma and lung cancer.⁴”

1. NAM Report - <https://www.nap.edu/resource/24952/012318ecigaretteConclusionsbyEvidence.pdf>
2. Sassano MF, Davis ES, Keating JE, Zorn BT, Kochar TK, Wolfgang MC, et al. (2018) Evaluation of e-liquid toxicity using an open-source high-throughput screening assay. PLoS Biol 16(3): e2003904. <https://doi.org/10.1371/journal.pbio.2003904>
3. Ogunwale, Mumiye A et al. (2017) Aldehyde Detection in Electronic Cigarette Aerosols. ACS omega 2(3): 1207-1214. doi: 10.1021/acsomega.6b00489].
4. Bein K, Leikauf GD. (2011) Acrolein - a pulmonary hazard. Mol Nutr Food Res 55(9):1342-60. doi: 10.1002/mnfr.201100279.

Adverse Childhood Experiences (ACEs)

Abuse, neglect and household dysfunction have the effect of poor health behaviors as well as poor physical and mental health. The more ACEs a child has the higher risk they are for poor outcomes.



Health Behaviors, cont.

Health Behaviors **STRENGTHS**

- Gillespie and Kendall Counties had lower percentages of adult obesity than TX and the U.S.
 - Gillespie and Kendall Counties had lower percentages of smoking than TX and the U.S. Blanco County's smoking rate was equal to TX at 14%. Texas' percentage of smoking was equal to the top 10% of all U.S. counties.
 - Kendall County 's percentage of physical inactivity was lower than TX and the U.S.
 - Kendall County had a higher percentage of the population with adequate access to locations for physical activity than TX, but lower than the U.S.
 - Gillespie and Blanco Counties had lower percentages of adults reporting binge or heavy drinking than TX.
 - Gillespie had a lower percentage of alcohol impaired driving deaths than TX and the U.S.
 - Gillespie and Kendall Counties had lower rates of chlamydia per 100,000 population.
 - Gillespie, Blanco and Kendall Counties had lower teen birth rates than TX.
 - Gillespie, Blanco and Kendall Counties had higher food environment index than TX and the U.S.
-

Health Behaviors **OPPORTUNITIES**

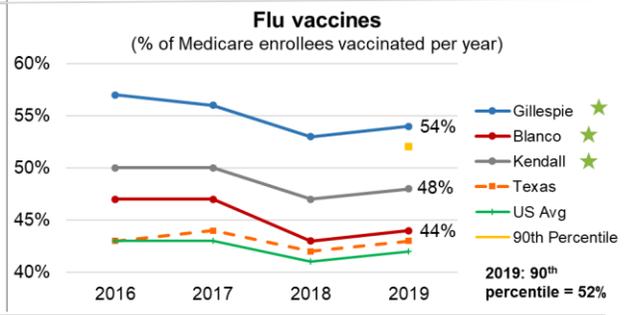
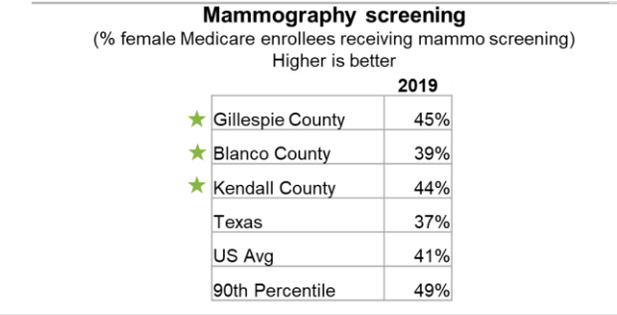
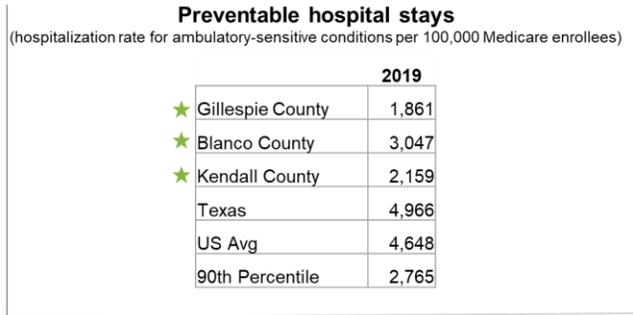
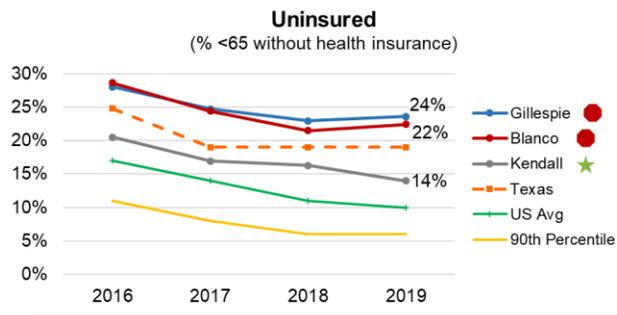
- Blanco County had higher percentage of obese adults than TX.
 - Gillespie and Blanco Counties had higher percentages of physical inactivity than TX and the U.S.
 - Gillespie and Blanco had lower percentages of population with adequate access to locations for physical activity.
 - Kendall County had higher percentages of adults reporting binge or heavy drinking than TX and the U.S.
 - Blanco and Kendall Counties had higher percentages of alcohol impaired driving deaths than TX and the U.S.
 - Blanco had a higher chlamydia rate per 100,000 population than TX and the U.S.
-



Photo Credit: Blanco ISD Facebook page

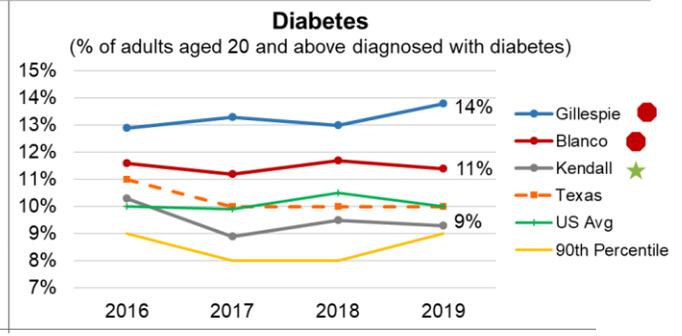
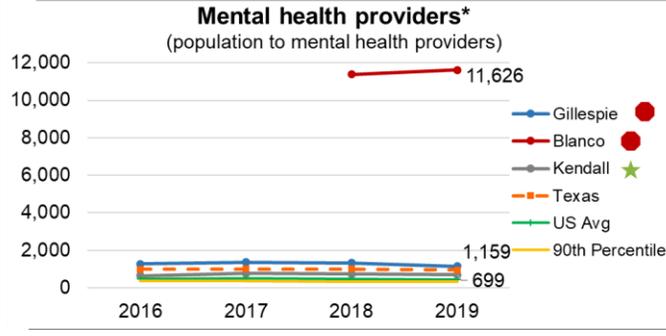
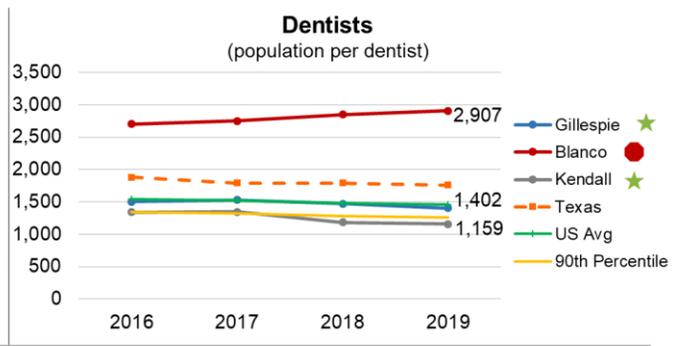
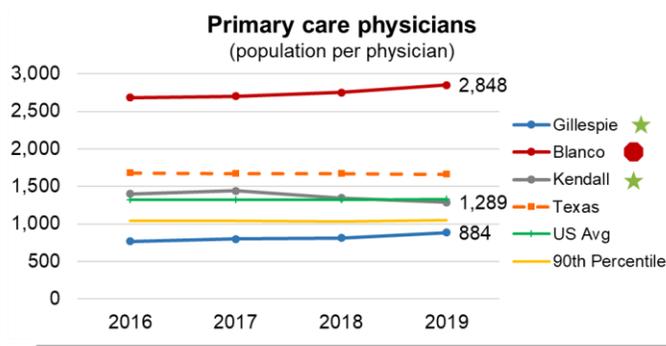
Clinical Care

Clinical care ranking is made up of seven indicators, and account for 20% of the county rankings. Gillespie County ranked 5th, Blanco County ranked 61st and Kendall County ranked 1st out of 244 Texas counties in clinical care.



Source: Uninsured - County Health Rankings; Small Area Health Insurance Estimates, 2016

Source: Preventable hospital stays, mammography screening, flu vaccines – County Health Rankings, CMS Mapping Medicare Disparities Tool, 2016

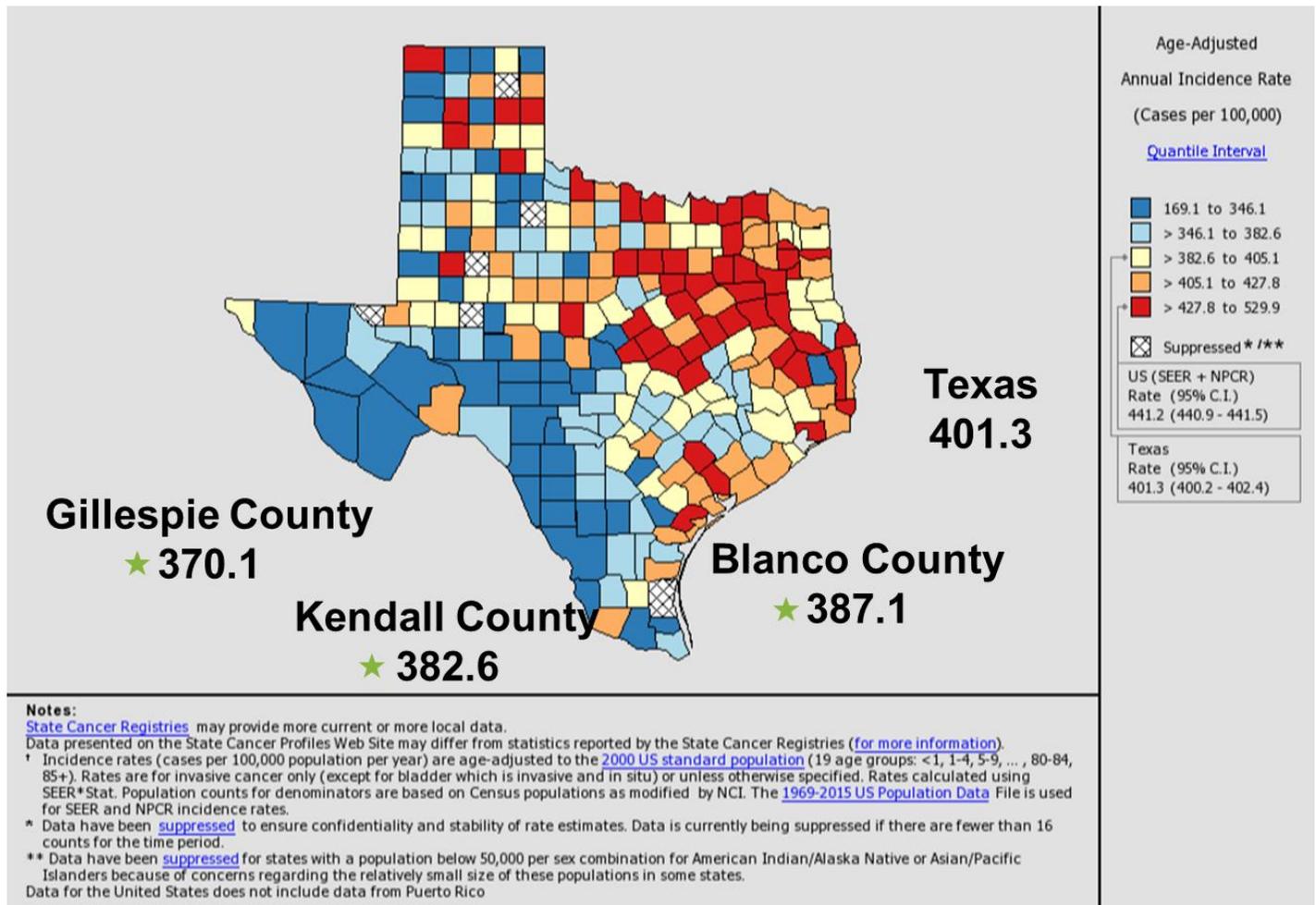


Source: Pop to PCP - County Health Rankings; Area Health Resource File/American Medical Association, 2016

Source: Pop to Dentists - County Health Rankings; Area Health Resource File/National Provider Identification file, 2017 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, 2018

Clinical Care, cont.

Cancer Incidence Rates – TX Counties



Source: State Cancer Registries; SEER; statecancerprofiles.cancer.gov

Clinical Care, cont.

Clinical Care **STRENGTHS**

- Kendall County had a lower percentage of uninsured than TX, but higher than the U.S.
 - Gillespie, Blanco, and Kendall Counties had lower preventable hospital stays than TX and the U.S.
 - Gillespie, Blanco, and Kendall Counties had higher percentages of mammography screening for Medicare enrollees than TX.
 - Gillespie, Blanco, and Kendall Counties had higher percentages flu vaccines for Medicare enrollees than TX and the U.S.
 - Gillespie and Kendall Counties have lower population per primary care physicians and dentists than TX.
 - Kendall County has lower population to mental health providers than TX.
 - Kendall County has a lower percentage of adults diagnosed with diabetes than TX and the U.S.
 - Gillespie, Blanco, and Kendall Counties had lower incidence rates for cancer than TX and the U.S.
-

Clinical Care **OPPORTUNITIES**

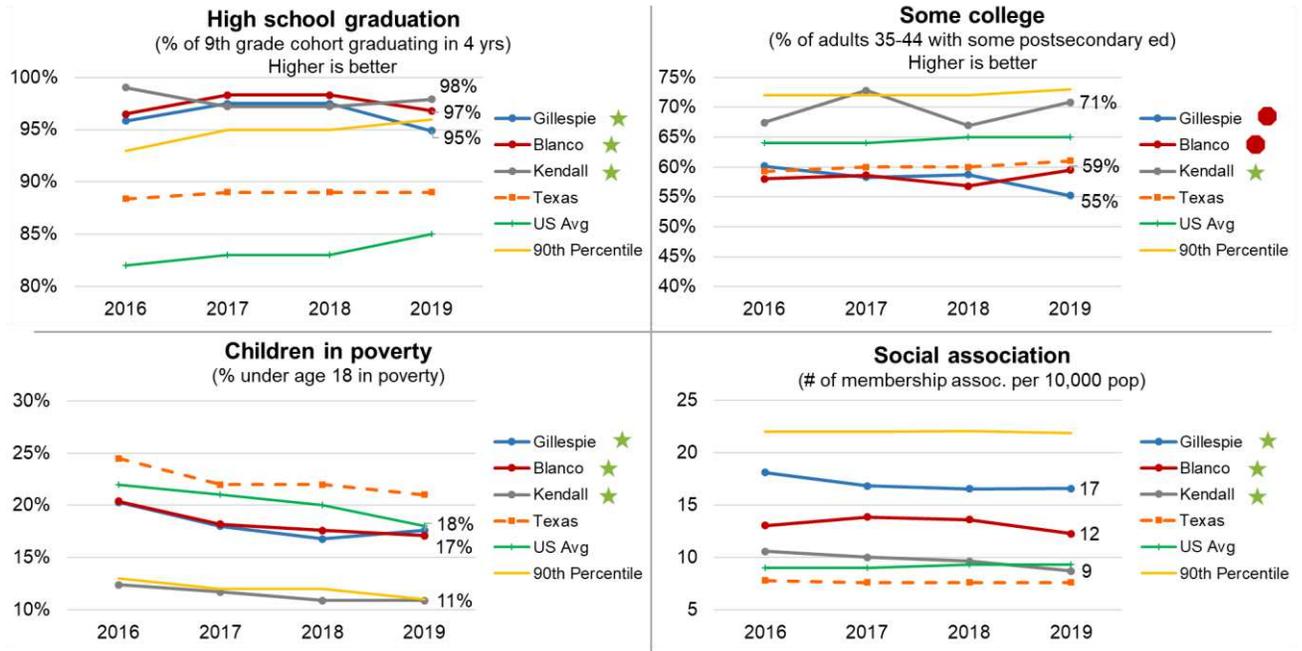
- The percentage of population under sixty-five without health insurance was higher in Gillespie and Blanco Counties than TX and the U.S.
 - The population to primary care physician and dentists were higher in Blanco County than TX and the U.S.
 - Gillespie and Blanco Counties had higher population to mental health providers than TX. Blanco County had 11,626 population to mental health provider which was extremely high.
 - The percentage of adults with diabetes in Gillespie and Blanco County was higher than TX and the U.S.
-



Photo Credit: City of Boerne, Parks & Recreation

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 21st, Blanco County ranked 24th and Kendall County ranked 6th out of 244 Texas counties.

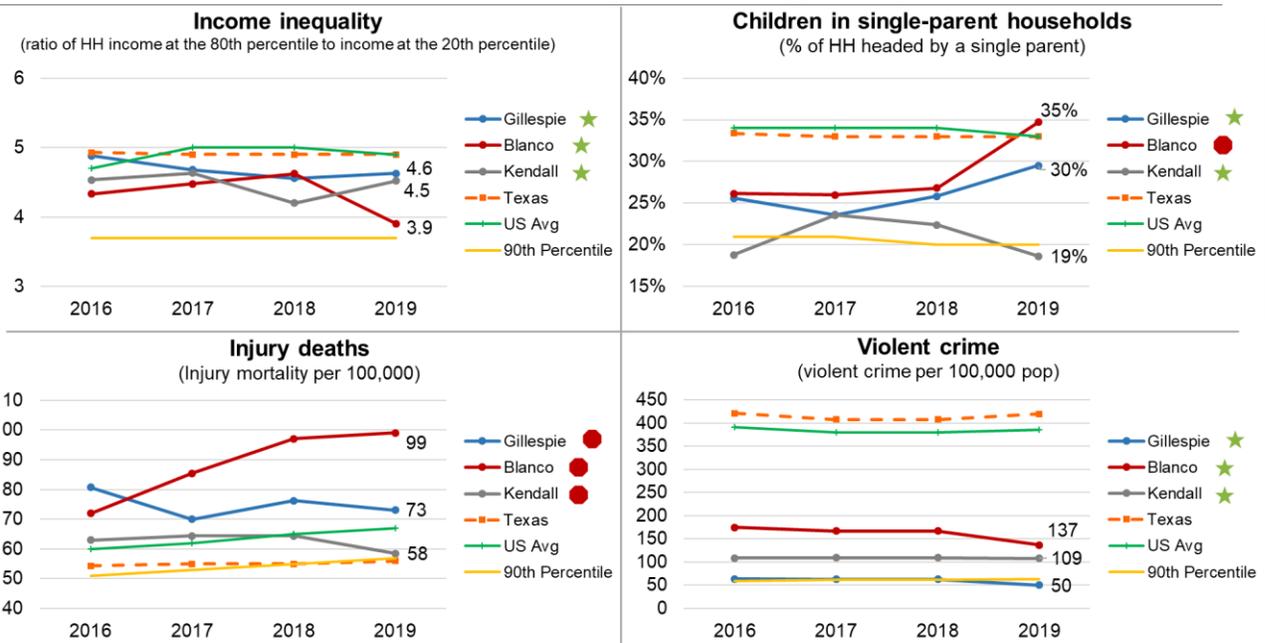


Source: High School graduation – County Health Rankings; TX Dept of Public Instruction, 2016-2017

Source: Some college - County Health Rankings; American Community Survey, 5-year estimates, 2013-2017.

Source: Children in poverty - County Health Rankings; U.S. Census, Small Area Income and Poverty

Estimates, 2017 Source: Social associations - County Health Rankings; County Business Patterns, 2016



Source: Income inequality and children in single-parent households - County Health Rankings; American Community Survey, 5-year estimates 2013-2017. Source: Injury deaths – County Health Rankings; CDC WONDER mortality data, 2013-2017. Source: Violent crime - County Health Rankings; Uniform Crime Reporting – FBI, 2014 & 2016

Social & Economic Factors, cont.

Social & Economic Factors **STRENGTHS**

- The high school graduation rate was higher in all three counties than TX and the U.S.
- 71% of Kendall County adults had some postsecondary education which was higher than the other two counties and TX (61%) and the U.S. (65%).
- The percentage of children in poverty was lower in all three counties than in TX and the U.S.
- Social associations were higher in all three counties than TX. Gillespie and Blanco were higher than 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.
- Income inequality represents the ratio of household income at the 80th percentile compared to income at the 20th percentile. Income inequality was lower (better) in all three counties than in TX and the U.S.
- The percentage of children in single parent households was lower in Gillespie and Kendall than TX and the U.S.
- The violent crime rates in all three counties were lower than TX and the U.S.
- The poverty estimates for 2017 were lower in all three counties than TX and the U.S.
- The median household income in Kendall County was higher than TX and the U.S.

Social & Economic Factors **OPPORTUNITIES**

- The percentage of adults that had some postsecondary education was lower in Gillespie and Blanco than TX (61%) and the U.S. (65%).
- The percentage of children in single-parent households was higher in Blanco County (35%) than TX and the U.S. both at 31%, and the trend increased.
- Injury deaths were higher in all three counties than TX and the U.S.
- The median household incomes in Gillespie and Blanco Counties were lower than TX and the U.S.
- The cost of living was higher in all three counties with Gillespie 10% higher than the U.S. Blanco County 16% higher and Kendall County 29% higher than the U.S. The cost of housing was the primary factor.

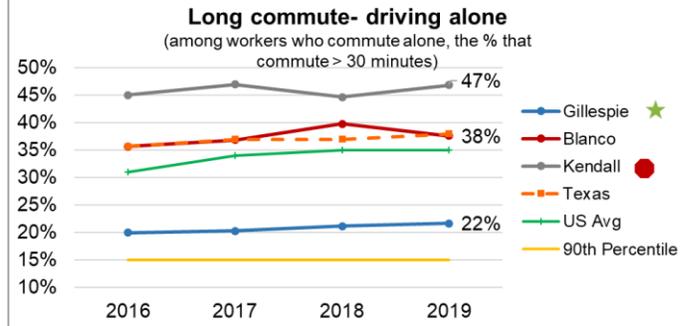
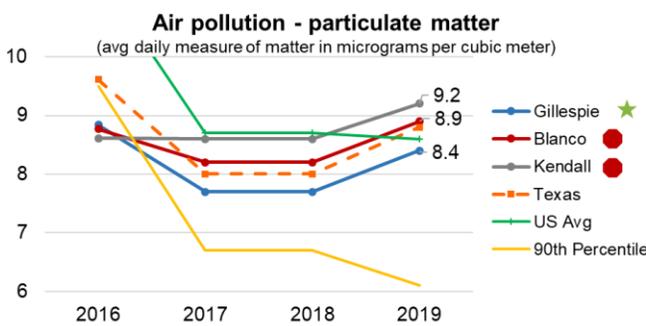
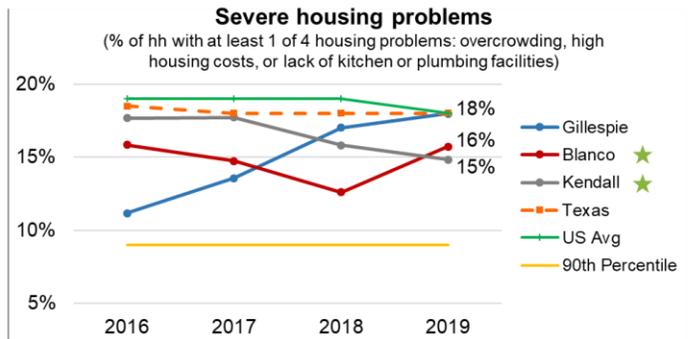


Photo Credit: Oktoberfest in Fredericksburg, texashighways.com

Physical Environment

Physical environment contains four measures in the category and accounts for 10% of the County rankings. Gillespie County ranked 106th, Blanco County ranked 154 and Kendall County ranked 165th out of 244 Texas counties in physical environment.

| | 2017 | 2018 | 2019 | |
|------------------|------|------|------|---|
| Gillespie County | Yes | Yes | Yes | ● |
| Blanco County | Yes | Yes | Yes | ● |
| Kendall County | Yes | Yes | Yes | ● |



Source: Drinking water violations – County Health Rankings; EPA, Safe Drinking Water Information System, 2017. Source: Severe housing problems – County Health Rankings; HUD Comprehensive Housing Affordability Strategy data, 2011-2015. Source: Driving alone to work and long commute – County Health Rankings: American Community Survey, 5-year estimates, 2013-2017. Source: Air pollution – County Health Rankings: CDC National Environmental Health Tracking Network, 2014

Physical Environment STRENGTHS

- Blanco and Kendall Counties had lower percentages and Gillespie County had the same percentage of severe housing problems as TX and the U.S. at 18%.
- The average daily measure of matter in micrograms per cubic meter of air pollution at 8.4 in Gillespie County was lower than TX and the U.S. both at 9.
- 22% of workers in Gillespie County who commute alone commute over 30 minutes which was lower than TX at 38% and the U.S. at 35%. Blanco County had the same percentage as TX.

Physical Environment OPPORTUNITIES

- All three counties had drinking water violations.
- The average daily measure of air pollution was higher in Blanco and Kendall Counties than in TX and the U.S.
- Kendall County had a higher percentage of workers who commute alone and more than 30 minutes than TX and the U.S.

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 towns, employers, churches, and community organizations to engender commitment to health improvement.
 - There is a direct relationship between health outcomes and affluence (income and education). Those with the lowest income and education generally have the poorest health outcomes.
 - While any given measure may show an overall good picture of community health, subgroups such as the lower income census tracts may experience lower health status measures.
 - It will take a partnership with a wide range of organizations and citizens pooling resources to meaningfully impact the health of the community. However, the three counties have many assets to improve health.
-



Photo Credit: Hill Country Memorial

Results of the CHNA: Community Health Summit Prioritized Health Needs, Brainstormed Goals and Actions

Prioritization of Health Needs



Photo Credits: Stratasan and Hill Country Memorial Hospital

Prioritization Criteria

At the Community Health Summit, the attendees reviewed the community health information and used the criteria below to prioritize the health needs in the community.

| | |
|--|--|
| <p>Magnitude / scale of the problem</p> | <p>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?</p> |
| <p>Seriousness of Consequences</p> | <p>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)?</p> |
| <p>Feasibility</p> | <p>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?</p> |

Most Significant Community Health Needs

The following needs were prioritized by attendees 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 many of the comments received on the sticky notes.

- 1. Access to Care and Insurance**
- 2. Behavioral Health**
- 3. Healthy Eating/Active Living**
- 4. Substance Use**
- 5. Affordable Housing**
- 6. Child Care**
- 7. Health Literacy**
- 8. Senior Care**

1. Access to Care and Insurance (58 sticky notes)

- Affordable healthcare (14)
- Access to affordable insurance (11)
- Access to healthcare for Harper (2)
- Affordability
- Affordability of care and prescriptions
- Healthcare access where you live- mobile clinics, telehealth
- Access to care (2)
- Access to preventative care
- Health costs prevent patients from accessing preventive care
- Ability to recruit/retain medical staff
- Long wait time to get into specialists
- Not enough doctors/specialist taking Medicaid
- Costs of specialists/hospice care
- Medical personnel
- Lack of nurses and medical support personnel
- Cheaper ER costs way to high
- Ensuring the hospital/doctors in Fredericksburg take the state insurance (BCBS) and provide health care for the ISD's (teachers & their families)
- Rural access to care and transportation
- Care/PCPs in rural areas (2)
- Transportation services to health care sites
- Senior care assistance
- Money for programs
- Affordable healthcare and insurance (2)
- Access to more health insurance, providers, more options
- Uninsured/under-insured (2)
- Lack of healthcare for non-insured residents
- Affordable insurance/care inducing integration with wellness. E.g. Wellness Center is not part of Humana's 60365 program
- Hypertension
- Chronic disease management
- Bilingual CPS and police

2. Behavioral Health (56 sticky notes)

- Mental health (21)
- Mental/behavioral health (4)
- Behavioral health (2)
- Coping- mental health
- Depression/mental health
- Mental health access (2)
- Behavioral health access
- Mental health services/providers (3)
- Lack of mental health services (2)
- Mental health/behavioral health services
- Mental health/substance abuse
- Mental health, drug and alcohol abuse and injury (MVA)
- Mental health- suicide
- Higher deaths by suicide/suicide rate (2)
- Youth mental health
- Mental health in all age groups but especially the younger population is under served
- Mental health- especially youth generations
- Mental health in aging population
- Mental health and substance abuse
- Mental health and follow up support
- Integrate behavioral health into primary care
- Mental health- providers, education, and access generally
- Mental health- no psychologist in area, surrounding area doesn't take Medicare
- Bilingual mental health providers
- Domestic violence
- Need a domestic violence treatment center
- Training in mental health services and substance abuse

Most Significant Community Health Needs, Cont.

3. Healthy Eating/Active Living (43 sticky notes)

- Obesity (18)
 - Diabetes
 - Obesity/diabetes
 - Inactivity- lack of exercise (2)
 - Physical activity (4)
 - Outdoor exercises for children
 - Personal accountability
 - Individuals do not take accountability for preventive health- obesity, exercise, seeking healthcare
 - Obesity/exercise/nutrition (3)
 - Nutrition education programs (2)
 - Nutrition (2)
 - Nutrition access and education
 - Nutrition education for seniors
 - Obesity- need community nutrition counseling
 - Community nutrition education- cooking classes
 - Nutrition services/ diabetes
 - Healthy lifestyle
 - Employers prioritizing employee health and wellness

4. Substance Use (28 sticky notes)

- Substance abuse (10)
- Substance abuse- it can't be a secret anymore
- Substance abuse esp. drugs, alcohol and vaping among teens
- Alcohol substance abuse
- Youth substance abuse
- Drug abuse
- Drug and alcohol abuse (2)
- Drugs/opioid
- Drug and tobacco abuse
- Smoking, cessation, education, programs
- Substance abuse education
- Alcohol education- prevention
- Lack of substance abuse treatment services
- Illegal drugs
- Unencumbered growth in DWIs due to new winery openings
- Alcohol impaired driving
- Vaping in young people
- Vaping

5. Affordable Housing (22 sticky notes)

- Affordable Housing (14)
- Housing opportunities
- Affordable housing/aging rental property
- Affordable housing so can have more money for healthcare and healthy food (3)

- Affordable housing (cost of living and loss of neighborhoods)
- Affordable housing- to attract and retain medical staff, to remove strain on household budget
- Water quality

6. Child Care (16 sticky notes)

- Childcare (3)
- Affordable childcare
- Quality childcare
- Lack of childcare (cost of living)
- Creative solutions to childcare access
- Daycare
- Childhood health
- Opportunities for youth health/fitness outside of school
- Young adult engagement
- Lack of vaccination
- Free vaccines for everyone
- High rate of conscientious exemptions for vaccinations
- Poor life skills, not taught to youth
- Early childhood trauma/mental health

7. Health Literacy (9 sticky notes)

- STDs/STIs (2)
- Communication- I think we have the resources, but stats show people don't know about them
- Parent involvement and education
- More parent education available and encouraged
- Poor health taught in school
- Public education at businesses and other busy locations
- Increased health education and awareness
- Lack of knowledge/how to get medical help

8. Senior Care (5 sticky notes)

- Senior health
- Lack of senior services for assistance to keep them independent
- Senior healthcare, forums to address needs healthcare
- Income contacts for senior healthcare
- Elder care- in home, Alzheimer's Disease/memory, hospice

Community Health Summit Brainstorming

Community Health Goals and Actions Brainstorming

Significant Health Need 1: Access to Care and Insurance

✓ **Goal 1 - Focus, develop, and implement healthcare resources and healthcare literacy for the underserved**

Action 1 - Have an action fair with insurance providers to provide information, improve literacy, and increase prevention- translate into multiple languages, include CHIP program, Medicare Advantage, etc.

Action 2 - Select a community expert/educator to provide community education on healthcare access, coverage, resources, etc.

✓ **Action 3** – Utilize Medicare Advantage community liaisons to help educate people on Medicare options

Action 4 – Write regular articles for the newspaper to improve health and health insurance literacy

Resources/Collaborators Needed: Newspaper, school district, Hill Country Memorial, educator/expert

Goal 2 – Increase access to healthcare outside the hospital

Action 1 - Develop a coalition for transportation with a focus on geriatric care and family support

Action 2 - Create a list of volunteers to bridge the gap of care and support to improve senior socialization

Resources/Collaborators Needed: Ministry alliance, needs council, Accountable Care Organization (ACO), housing development, transportation

Significant Health Need 2: Behavioral Health

✓ **Goal 1 - Increase the number of Behavioral Health providers**

Action 1 – Form relationships with established facilities in Austin, Kerrville, and San Antonio to provide possible services (Texas Advisory Council in San Antonio)

Action 2 - Explore tele-health options and education, including school counselors, jails, and other members of the community

Action 3 – Integrate Behavioral Health into primary care offices to increase access and decrease stigma

✓ **Action 4** – Provide mental health first aid in the community – police, schools, public

Resources/Collaborators Needed: Hill Country Memorial, other hospitals, providers, and treatment facilities

Goal 2 – Improve navigation of patients through the process (Med-Com, STRAC). Create agreements with other counties and organization to share information.

Action 1 – Review the current communication process and explore new opportunities for communication

Community Health Goals and Actions Brainstorming, Cont.

Action 2 - Find resources and make connections

Action 3 - Share the information and make one central facility/organization for referrals and navigation for providers and the public. Create a shared information center: “one call, that’s all”.

Resources/Collaborators Needed: All providers, Med-Com, STRAC, other social service organizations, local businesses

Significant Health Need 3: Healthy Eating/Active Living

- ✓ **Goal 1 – Increase nutrition education for the youth and families- educate 1,500 youth and families on nutrition, shopping, simple meals, etc.**

Action 1 - Invite major employers to create a health council

Action 2 - Catalog existing resources and work with MDs to create access to families with education sessions on healthy eating

Resources/Collaborators Needed: Employers, MDs

- ✓ **Goal 2 – Increase knowledge of the access and resources available. Create an exercise fair with new exercise opportunities across the community. Make a cultural change for physical activity.**

Action 1 - Create an online resource of all exercise groups/opportunities

Action 2 - Encourage employers to incentivize exercise in families

Action 3 - Encourage MDs to write prescriptions for exercise

Action 4 - Integrate with insurance plans for discounts

Resources/Collaborators Needed: MDs, employers, community leaders, chamber newspaper, Hill Country Memorial website, churches, Ag extension

Significant Health Need 4: Substance Abuse

- ✓ **Goal 1 – Increase education on vaping among youth within 3 years**

Action 1 - Increasing youth to youth education to reduce/prevent substance abuse/misuse by utilizing Healthy Texan Youth Ambassadors. Increase number of bilingual ambassadors

Action 2 - Encourage youth to educate community, parents, grandparents.

Resources/Collaborators Needed: Youth prevention programs, Healthy Texas Youth Ambassadors

- ✓ **Goal 2 – Reduce injury and poor health outcomes related to substance abuse among adults within 3 years**

Action 1 - Catalog available resources, explore grants, expand available resources, services, and donations

Action 2 - Collaborate with Behavioral Health providers, law enforcement, faith-based communities and medical providers. Linkage to treatment for the addicted

Resources/Collaborators Needed: Healthcare, law enforcement, mental health providers, existing resources, religious groups

Significant Health Need 5: Affordable Housing

- ✔ **Goal 1 – Reduce the percentage of employees that commute into the county to below the current percentage of 14%. Covert commuters to residents.**
 - Action 1** - “Create a live here, stay here” push.
 - Action 2** - Increase education and job-training programs
 - Resources/Collaborators Needed: Texas Tech University Departments, Communication Training Center Texas Tech, Chamber of Commerce, industry association, TWIGA/ Texas Winery and Grape Growers Association*
 - ✔ **Goal 2 – Increase percentage of housing stock that is affordable at 30% of the median household income.**
 - Action 1** - Create/focus on multi-family income-based housing
 - Action 2** - Recruit outside investments such as philanthropy, city development, construction groups to increase supply of appropriate lot types
 - Action 3** - Increase broadband supply and recruit alternative industries to increase job diversity
 - Resources/Collaborators Needed: City development, apartment real estate developers, Habitat for Humanity, Haus Verein, City development, construction groups*
 - ✔ **Goal 3 – Evaluate water quality needs across the counties.**
 - Action 1** - Identify areas that need support.
 - Resources/Collaborators Needed: City development, government, health department*
-

Significant Health Need 6: Childcare

- ✔ **Goal 1 – Decrease number of non-vaccinated children from 3.17% to the state average at 1.2%.**
 - Action 1** - Create social media campaign to educate and counter anti-vaccine scare
 - Action 2** - Coordinate with schools and pediatricians to educate and possibly require vaccination
 - Resources/Collaborators Needed: Parents, social media, data, narrative, state advocates, hospital, schools, Texas Health and Human Services*
 - ✔ **Goal 2 – Open more than 300 spaces in pre-schools/day cares.**
 - Action 1** - Obtain funding from state and foundations for childcare efforts
 - Action 2** - Partner with churches, businesses, and organizations for expanded and newly informed programs. Create incentives for employees
 - Resources/Collaborators Needed: City council, employers, pre-schools and day cares, businesses, churches*
-

Significant Health Need 7: Health Literacy



Goal 1 – Increase parental involvement in kids’ education.

Action 1 - Work with employers and business owners. Develop events and bring events to employers such as “how to become involved with kids”, business communication, and career tracks. Teach parents how to talk to kids and spend valuable time with kids.

Action 2 - Develop parental support groups via employers and business owners.

Resources/Collaborators Needed: Christian Job Corps., Chamber of Commerce, Business Association, Boys and Girls Club, rotary clubs



Goal 2 – Develop activities for kids involved in after school activities with adult mentors.

Action 1 – Increase after school activities at recreation center and gyms.

Action 2 - Partner with schools and churches- utilize church bulletins to announce information to the community.

Action 3 - Educate kids and parents about career tracks.

Resources/Collaborators Needed: Churches, school ISD, recreation center, gyms

Significant Health Need 8: Senior Care



Goal 1 – Establish a community liaison program to prevent isolation and perform wellness checks

Action 1 - Ask the local Mayor’s office to establish a grid system to create reps in each grid for communication

Action 2 - Hire a community liaison to coordinate programs and be the eyes and ears across the community.

Resources/Collaborators Needed: Local city officials, Mayor’s office, medical providers, community liaison



Goal 2 – Communication- non-tech ways to deliver healthcare information to seniors. Increase bilingual communication

Action 1 - Increase non-tech communication networks such radio, newspaper, HCM articles, utility bill insert

Action 2 - Create a phone number to call for recorded information, have volunteers call and reach out to seniors

Resources/Collaborators Needed: Newspaper, Hill Country Memorial media, writer for articles, volunteers

Impact of 2016 CHNA and Implementation Plan

Impact

ISSUE: Mental and Behavioral Health

- Identify and Document Existing Community Resources and Gaps for Behavioral Health Concerns
- Support existing resources and evaluate new opportunities to expand services
- Goal: Compile and disseminate behavioral health resource list, complete gap analysis and expand options for behavioral health services in the community
- 2017: MHDD rep joined Create a Healthy Community Council, MHDD resources disseminated to community reps and organizations
- 2018: Home Health nurse to call Medicare patients, added depression screenings for annual wellness visits, developed plan for integrated primary care
- 2019 Update: Document mental health resources in the area, evaluate mental health business and community opportunities and complete gap analysis through SBI or Create a Healthy Community Council
 - Issues is lack of resources that take Medicare
 - Home Health conducts mental health screenings on 100% of clients, share resources and provide information to local organizations
 - Determined opportunity to provide mental health first aid training/education through Wellness Center
 - Implemented utilization of Behavior Health Resource Guide

Impact of 2016 CHNA and Implementation Plan

Impact

ISSUE: Obesity

- Increase physical activity and improve nutrition
- Goal: Decrease obesity from 31% to 25% and reach 1500 community members through screening and education
- 2017
 - Create a Healthy Community Council selected 30x5 exercise program, Walk Across Texas, and 3x5 nutrition program
 - 150 participants in Walk Across Texas and 30x5 fitness program
 - 243 participated in 3x5 nutrition program
- 2018
 - 702 participants in 30x5 and Walk Across Texas
 - Developed Q3 SBI for Healthy U launch and served 103
 - 1209 participants in 3x5 nutrition program
- 2019 Update
 - Reach 500 individuals through 30x5 program and Walk Across Texas – Current 527
 - Provide Healthy U access to 200 or more individuals – Current 100 (February); August class 106 individuals
 - Educate 300 people on 3x3 nutrition program – Current 502

Impact of 2016 CHNA and Implementation Plan

Impact

ISSUE: Access to Primary Care, Health Education, and Chronic Disease Management Support

- Provide "Navigator" and personalized wellness education for "rising risk" populations identified in the hospital and physician patients
- Provide Chronic Care Management Services to at least 1000 individuals who are patients of the Fredericksburg Community ACO
- Increase Primary Care service opportunities in Gillespie and surrounding counties
- Provide community chronic disease screenings in collaboration with community partners for 1,000 individuals by end of 2019
- 2017
 - 200 Care Navigation patients served
 - 1300 Patients with 2 or more chronic comorbidities served through CCM telephonic program
 - Added Immediate Care Clinic in Llano and 1.5 new Primary Care doctors locally via employment
 - 242 Diabetes Screenings (HbgA1c)
 - 133 Other Chronic Disease Screenings
- 2018
 - 297 TCM visits received by ACO patients in last 12 months
 - 678 CCM patients in 2018
 - Dr. Gaytan added in Boerne
 - 764 DM screenings
 - Annual Wellness Visits
- 2019 Goals:
 - Ensure 200 or more of Medicare patients discharged from the Hospital receive TCM services – ACO
 - Ensure 1000 or more community members receive CCM services – ACO
 - Add 1 or more Primary Care Providers to Service area (net new) – HCMMG
 - Screen 400 community members for Chronic Diseases (obesity, PVD, HTN, DM) - Create a Healthy Community Council – Current 580

Impact of 2016 CHNA and Implementation Plan

Impact

2016-2019 CHNA Status

- Goal: Compile and disseminate behavioral health resource list, complete gap analysis and expand options for behavioral health services in the community
 - 2019 Update
 - Document mental health resources in the area, evaluate mental health business and community opportunities and complete gap analysis through SBI or Create a Healthy Community Council
 - Issues is lack of resources that take Medicare
 - Home Health conducts mental health screenings on 100% of clients, share resources and provide information to local organizations
 - Determined opportunity to provide mental health first aid training/education through Wellness Center
- Goal: Decrease obesity from 31% to 25% and reach 1500 community members through screening and education
 - 2019 Update
 - Reach 500 individuals through 30x5 program and Walk Across Texas – Current 481
 - Provide Healthy U access to 100 or more individuals – Current 100 (February)
 - Educate 300 people on 3x5 nutrition program – Current 486
- Goal: Increase Access to Primary Care, Health Education, and Chronic Disease Management Support
 - 2019 Update:
 - Ensure 200 or more of Medicare patients discharged from the Hospital receive TCM services – ACO
 - Ensure 1000 or more community members receive CCM services – ACO
 - Add 1 or more Primary Care Providers to Service area (net new) – HCMMG
 - Screen 400 community members for Chronic Diseases (obesity, PVD, HTN, DM) - Create a Healthy Community Council – Current 580

Community Asset Inventory

Community Asset Inventory

The separate document contains a 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 group also identified community resources to improve health, which are listed on page 27.



Community Health Needs Assessment for Gillespie, Blanco and Kendall Counties

Completed by Hill Country Memorial Hospital in partnership with:

Stratasan

