



## **2016 COMMUNITY HEALTH NEEDS ASSESSMENT**

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## 1. Executive Summary: The Community Health Needs Assessment Process

Central Texas Medical Center (CTMC) (The Hospital) is a healthcare provider serving a varied population in a rapidly growing geographical area. Located in San Marcos, Texas, Central Texas Medical Center is one of two hospitals in Hays County (the other is Seton Medical Center). The hospital's service area consists of Hays County, Caldwell County (the adjacent area to the east) and Comal County to the south. Caldwell County is also served by one critical access hospital; Comal County is served by two hospitals.

While the demographics of Hays and Caldwell counties are similar, the cities located in Central Texas Medical Center's primary service area (San Marcos, Kyle, Lockhart and Wimberley) are very diverse. Wide variations exist in the median household income, percentage of residents below the Federal Poverty Level, ethnicity and education.

Central Texas Medical Center (CTMC) participated in a joint Community Health Needs Assessment for much of the primary data collection. It then formed a CTMC-specific Community Health Needs Assessment Committee to create an Assessment specific to the hospital.

*See Section 7 for a description of the joint Needs assessment efforts.*

### Goals

In 2016, under the guidance of a Community Health Needs Assessment Committee, a community health needs assessment was conducted. Objective and subjective data was collected which defined the demographics and health profile of Central Texas Medical Center's primary and secondary service area populations. Further analysis and prioritization of this data revealed several focus areas to improve overall health status. The overall goals of the Community Health Needs Assessment were to:

- Engage public health and community stakeholders including low-income, minority and other underserved populations;
- Assess and understand the community's health issues and needs;
- Understand the health behaviors, risk factors and social determinants that impact health;
- Identify community resources and collaborate with community partners;
- Publish this Community Health Needs Assessment; and
- Use Assessment findings to develop and implement a 2016-2019 Community Health Plan (implementation strategy) based on the Hospital's prioritized issues.

### Methods for Engaging the Community in the Assessment

The 2016 Community Health Needs Assessment was built on input from people representing the broad community, as well as low-income, minority and other medically underserved populations. This input was solicited throughout 2016, and was gathered and considered in multiple ways:

1. The hospital formed a Community Health Needs Assessment Committee (CHNAC) that included representatives of the hospital and community with a special focus on underserved populations within the hospital community/service area. The Committee's role was to guide the Assessment process and select the priority issues for the hospital's community. Specific Committee functions include:
  - a. Review of all primary and secondary data
  - b. Prioritization of key issues identified in the Assessment
  - c. Selection of Priority Issues to be addressed by the hospital
  - d. Assistance with the development of a Community Asset Inventory

- e. Participation in community stakeholder surveys
  - f. Development of the Community Health Plan (implementation strategies) to address the Priority Issues identified in the Assessment.
2. A collaboration among St. David's Foundation, Seton Healthcare Family and Central Texas Medical Center to gather primary data for a joint Community Health Needs Assessment in Hays and Caldwell Counties.
    - a. Stakeholder interviews
    - b. Community surveys
    - c. Focus Group
  3. Public Health input and expertise
    - a. Membership on the Community Health Needs Assessment Committee
    - b. Reliance on Public Health input and expertise throughout the Assessment process
    - c. Use of Public Health data

### **Community Health Needs Assessment Committee (CHNAC)**

In order to assure broad community input, Central Texas Medical Center created a Community Health Needs Assessment Committee (CHNAC) to help guide the hospital through the Assessment process. The Community Health Needs Assessment Committee included representation not only from the hospital, public health and the broad community, but from low-income, minority and other underserved populations. Those members of the Committee who serve members of minority, low-income and other medically underserved populations are indicated in the listing in Section 6.

The Committee met four times in 2016. They reviewed the primary and secondary data, helped define the priority issues to be addressed by the hospital, and will help develop the Community Health Plan (implementation strategies) to address the Priority Issues.

### **Data**

Central Texas Medical Center collected both primary and secondary data. The primary data included stakeholder interviews, community surveys, community meetings, and internal hospital utilization data (inpatient and emergency department). This utilization data showed the top reasons for visits to Central Texas Medical Center over the past year.

Much of the secondary data report was compiled by Community Commons/chna.org. Overall, secondary data sources included publicly available from state and nationally recognized data sources.

### **Asset Inventory**

The next step was a Community Asset Inventory. This Inventory was designed to help Central Texas Medical Center and the Community Health Needs Assessment Committee (1) understand existing community efforts to address these particular issues and (2) prevent duplication of efforts as appropriate.

### **Selection Criteria**

Using the data findings and the Community Asset Inventory, the Community Health Needs Assessment Committee narrowed from a list of nine issues to six Priority Health and Health Behavior/Risk Factor Issues (determinants of health).

Next, the Committee used a Decision Tree tool that uses clearly defined criteria to select the top Health and Health Behavior/Risk Factor Issues. The Decision Tree criteria included:

- A. How **acute** is the need? (based on data and community concern)
- B. What is the **trend**? Is the need getting worse?
- C. Does the hospital **provide services** that relate to the priority?
- D. Is someone else – or multiple groups – in the community **already working** on this issue?
- E. If the hospital were to address this issue, are there opportunities to **work with community partners**?

### Priority Issues

The Central Texas Medical Center Committee selected six Priority Issues:

1. **Educating** the population to better understand the healthcare resources available to them through various channels including those provided by Central Texas Medical Center, Live Oak Health Partners and other entities and a commitment to helping them navigate those resources;
2. **Healthier management of lifestyle**/making good choices in the areas of nutrition, weight management and exercise;
3. Timely access (including afterhours care) to Healthcare Professionals, especially **primary care**; accessing care close to home when care is needed;
4. Prevalence and/or enhanced outpatient **management of heart disease/congestive heart failure (CHF) and related conditions**/risk factors such as hypertension;
5. Prevalence and/or enhanced **management of mental and behavioral healthcare** options;
6. Prevalence and/or enhanced outpatient **management of diabetes**; programs to address anticipated growth of diabetes and related conditions.

*See Sections 11, 12 and 13 for an explanation of the issues chosen and not chosen – and reasons why or why not.*

### Approvals

The Community Health Needs Assessment findings and selected Priority Issues were approved by the Central Texas Medical Center Hospital Board in Fall 2016. The final Needs Assessment was posted on the hospital's web site prior to December 31, 2016.

### Next Steps

Next, the Committee will work with Central Texas Medical Center to develop a measurable 2017-2019 Community Health Plan (implementation strategy) to address the priority issues. Through the Plan, Central Texas Medical Center will develop several desired or expected outcomes for each of the selected priorities, evaluate how current services could be expanded or improved to meet targeted outcomes and/or envision potential new projects that will address the identified needs. Projects will be vetted and finalized; quantifiable goals will be established along with tracking mechanisms to record progress and achievement of defined outcomes. The Plan will be completed and posted on the hospital's web site prior to May 15, 2017.

## 2. Hospital Description

Central Texas Medical Center is part of Adventist Health System (AHS), which has 44 hospitals in 10 states. AHS is a national leader in quality, safety and patient satisfaction. Although separated in geography, our facilities are united by the common values of Christian mission, community wellness, quality and service excellence, high ethical standards, compassion and cultural diversity. Our facilities practice the tradition of whole-person care in all we do.

Central Texas Medical Center is a 170-bed hospital providing a wide range of complex healthcare services. The Central Texas Medical Center staff of more than 700 employees works with more than 220 active and consulting

physicians. Services/departments include: emergency/trauma care, Women’s Center and Level II Neonatal Intensive Care Unit (NICU), surgical services, medical imaging, laboratory, rehabilitation services including physical, occupational and speech therapy, cardiac services inclusive of a certified chest pain center, outpatient wound care/hyperbaric oxygen treatment center, Home Health, Hospice, Sleep Improvement Center and the Institute for Healthy Living which offers a wide array of community education classes and programs.

### 3. Choosing the Community

Central Texas Medical Center defined its “community” as its Primary Service Area (PSA) from which 75-80% of its patients come.

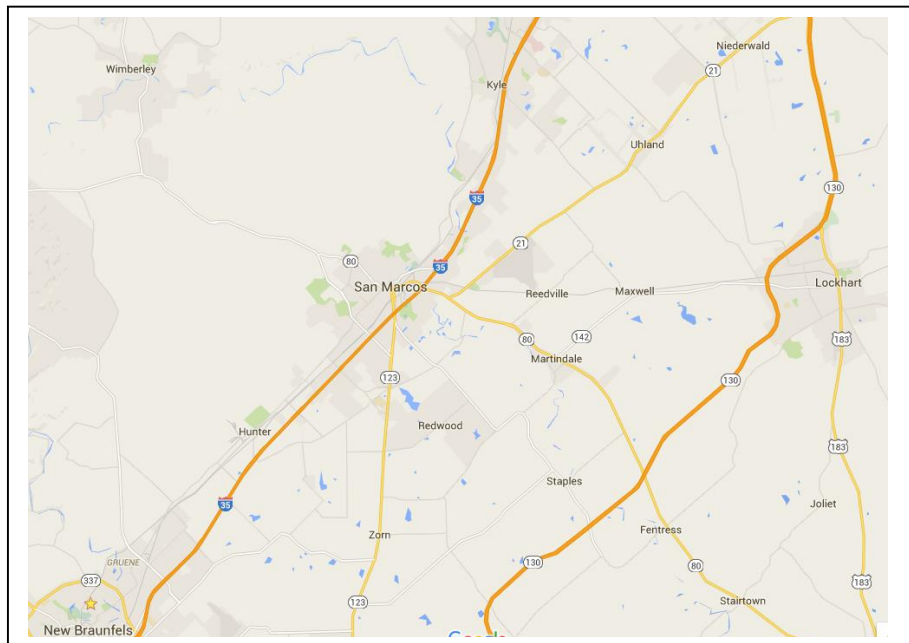
Central Texas Medical Center is located in the **City of San Marcos**. Our primary service area consists of San Marcos, the **City of Kyle**, which is located about 12 miles to the north of San Marcos, the **Wimberley** community which is approximately 20 miles to the northwest, parts of the City of New Braunfels which is approximately 10 miles to the south and the **City of Lockhart** which is about 15 miles to the east and located in Caldwell County.

Adjacent to one another, Hays and Caldwell Counties have a very good mix of both urban and rural areas. From a larger perspective, San Marcos is about 30 miles south of Austin and 50 miles north of San Antonio, Texas.

### 4. Community Description & Demographics

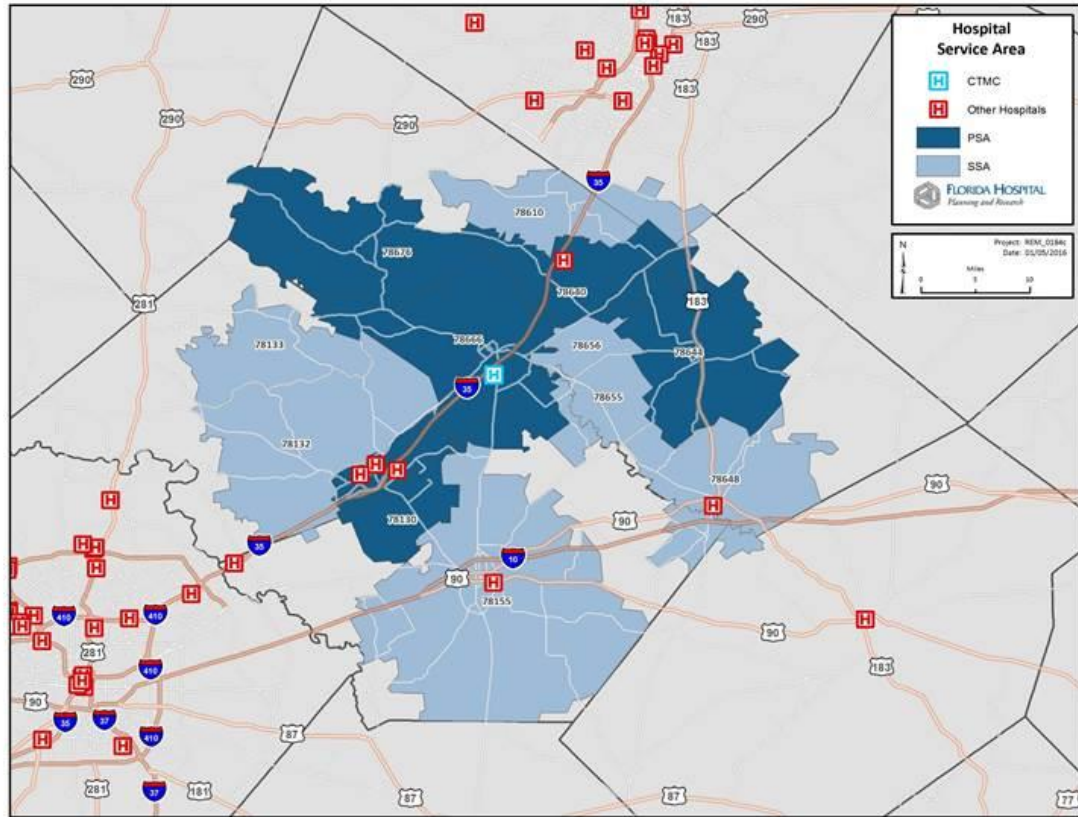
#### LOCATION

According to Community Commons®, the total population of the Central Texas Medical Center Service Area is approximately 111,700 with a total land area of 510 square miles. According to the 2015 US Census Data, the population of San Marcos is approximately 65,000 and has been identified as the fastest growing large city in the United States from 2013 to 2015. The city added 15,600 new residents between April 2010 and July 2015, an increase of 34.6%. The City of Kyle has a population of approximately 36,000, Lockhart is 13,500 and Wimberley is the smallest of the communities with a population just under 2,700. A full table of the population breakdown can be found in Appendix A.



Hays County is the fifth fastest growing cities in the United States and remains much larger than Caldwell County. Based on 2015 US Census data, the population of Hays County is 195,000 whereas Caldwell County’s population is just over 40,000.

## PRIMARY AND SECONDARY SERVICE AREA MAP



## GROWTH

Growth in the region is expected to continue to grow with the explosive population gains in both Austin (north) and San Antonio (south) expanding into Central Texas Medical Center's primary service area and surrounding regions.

Hays County is projected to be the fastest-growing county, by percentage, in all of Texas by 2050, according to county-level data released by the Texas Office of the State Demographer. Demographers project Hays County will grow by 464 percent by 2050, with more than 666,900 new residents swelling its population to 825,070 over the next 35 years. Caldwell County's projected growth of 11% over the next 35 years is significantly smaller.

## ETHNICITY

Central Texas Medical Center's primary service area has a significant Hispanic concentration and is almost evenly split between Males and Females. Specifically, the population is approximately 57% White, 37% Hispanic, 4% Black and 2% Asian.

Caldwell County has a majority Hispanic population according to 2015 Census data with 50.3% of citizens identifying themselves as such.

*See Appendix A for a breakdown of the ethnicity of Central Texas Medical Center's population.*

## INCOME

According to the secondary data sources (in Community Commons); 12.6% or approximately 13,000 individuals in the Central Texas Medical Center Service Area are living in households with income below the Federal Poverty Level (FPL). Hays County households on average have a median household income of \$58,878 and a per capital income of \$27,080. It's also notable that it has been locally reported that 70% of all of the students at San Marcos Consolidated Independent School District are on the free or reduced-fee lunch program.

Caldwell County has a higher concentration of poverty at 18.66%. Median household income is \$47,435 and per capital average income is \$20,368.

Specific cities within the Central Texas Medical Center Primary Service Area range greatly in terms of average income. For example, Kyle has a median household income of \$75,182 whereas San Marcos residents are at \$27,261.

*See Appendix A for more information.*

## 5. Community Health Needs Assessment Committee (CHNAC)

A Community Health Needs Assessment Committee (CHNAC) was formed to help Central Texas Medical Center conduct a comprehensive assessment of the community. The Committee included representation from the broad community, public health, and low-income, minority and other underserved populations.

Name	Entity/Agency Represented	Title	The Stakeholder represents:			
			Minority	Low-income	Public Health	Other Medically Under-served
Brad Russell	Central Texas Medical Center	Community Benefit Director				X
Regina Henderson	Live Oak Health Partners Community Clinic – physician practice that sees low-income and underserved patients	Administrator	X	X		X
Elsie Graves	Central Texas Medical Center	Chief Nursing Officer	x	x		X
Dr. Emilio Carranco	Student Health Center, Texas State University – college students of all ethnicity and income levels	Director	X	x		X
Bea Flores	San Marcos Consolidated Independent School District – public school system	Director, Student Services	X	X		X
Scott Gregson	San Marcos City Council – city government	City Councilman	X	X		X
Debbie Ingelsby	Hays County Commissioners Court – county government	County Commissioner	X	X	X	
Rev Esperanza Baltazar	El Buen Pastor Methodist Church – Hispanic and low-income population	Pastor	X	X		
Dr. Dawn Brunkenhoefer	Schieb Center – mental health services	Mental Health Clinical Director	X		X	



## 6. Public Health

Expertise in Public Health was represented on our Community Committee through the involvement of several members with public health and needs assessment expertise. These members included:

**Dr. Dawn Brunkenhoefer** is a Licensed Professional Counselor and Qualified Mental Health Professional with over 19 years of experience working in the mental health field. She has experience working with adults, children, and families in the community mental health, private practice, and school settings. She currently serves as the mental health clinic director for Hays and Blanco counties in San Marcos, TX at the Scheib Center. She is the Regional MH Director for the eastern counties served within Hill Country MHDD Centers. Dawn has experience presenting at the local, state, and national levels. She serves as member on the Trauma-Informed Care and Person-Centered Recovery Planning committee for Hill Country MHDD Centers and has spent many hours training staff and community members on trauma-informed care services. She is passionate about serving those in her community and developing working relationships which promotes additional supports and resources for persons with mental illness.

**Regina Henderson** is the Operations Manager for the Live Oak Health Partners Community Clinic that specifically services the low-income, uninsured and medically underserved population as well as Medicaid and Medicare beneficiaries. Services include prenatal care and primary care. The clinic serves as a medical home for those enrolled in the Hays County Indigent Program. Indigent health programs in Texas serve those at or below 21% of the FPL.

**Dr. Emilio Carranco** oversees the Texas State University Student Health Center. The Student Health Center provides primary, women's and psychiatric healthcare services to approximately 38,000 university students and features experienced healthcare providers, including physicians and nurse practitioners. Medical, laboratory, digital radiography and pharmacy services are available on-site. The Student Health Center is nationally accredited by the Accreditation Association for Ambulatory Health Care, Inc. (AAAHC).

## 7. Primary & Secondary Data Sources

### *Primary Data*

- a. Community Health Needs Assessment Committee
- b. Stakeholder interviews
- c. Community surveys (via focus groups and online survey)
- d. Hospital Utilization Data (Top 10 Inpatient and Emergency Department diagnoses by payer)

### *Secondary Data*

- a. Cardiac Arrest Registry to Enhance Survival (CARES), 2011-2012
- b. Centers for Disease Control & Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS)
- c. Centers for Disease Control & Prevention (CDC), National Center for Chronic Disease Prevention & Health Promotion, 2012
- d. Centers for Disease Control & Prevention (CDC), National Vital Statistics System
- e. Centers for Disease Control (CDC), Wide-Ranging Online Data for Epidemiologic Research, 2006-2010
- f. Dartmouth Atlas of Health Care, Clinical Practice, 2012
- g. Dartmouth College Institute for Health Policy
- h. Federal Bureau of Investigation (FBI), FBI Uniform Crime Reports with additional analysis by the National Archive of Criminal Justice Data

- i. Healthy People 2020
- j. National Institutes of Health (NIH); National Cancer Institute (NCI); Surveillance, Epidemiology and End Results Program; State Cancer Profiles; 2007-2011
- k. University of Wisconsin Population Health Institute, County Health Rankings, 2015
- l. US Census Bureau, American Community Survey (ACS), 2009-2013
- m. US Census Bureau, Small Area Health Insurance Estimates, 2013
- n. US Dept. of Agriculture (USDA), Economic Research Service, USDA Food Access Research Atlas, 2010
- o. US Dept. of Health & Human Services (HHS), Center for Medicare & Medicaid Services (CMS), Provider of Services File, Sept. 2015
- p. US Dept. of Health & Human Services (HHS), Health Indicators Warehouse
- q. US Dept. of Health & Human Services (HHS), Health Resources & Services Administration (HRSA), Area Health Resource File, 2013
- r. US Dept. of Labor (DOL), Bureau of Labor Statistics, Sept. 2015

## 8. Community Collaboration and Joint Community Health Needs Assessment

For primary data collection, St. David’s Foundation, Seton Healthcare Family and Central Texas Medical Center collaborated to conduct a Community Health Needs Assessment for Hays and Caldwell Counties. The purpose of the joint assessment was to identify and prioritize health needs so that these organizations can better serve their communities.

As part of the assessment, Nybeck Analytics gathered input from people who represent the broad interests of Hays and Caldwell Counties and who have special knowledge of or expertise in the community’s health issues. The key stakeholders included nonprofit leaders, health department authorities, public school leaders, healthcare providers or leaders, elected officials, researchers, people representing distinct geographic areas, and people representing certain ethnic/racial groups.

Consultants conducted **ten interviews and one focus group** between October 29, 2015 and January 28, 2016. After completing the interviews and focus group, we administered an **online survey** in early February 2016 to help prioritize needs previously identified in the assessment.

### Funders

St. David’s Foundation	The St. David’s Foundation reinvests proceeds from St. David’s HealthCare to help build the healthiest community in the world. The Foundation helps people in every corner of the community through signature programs and collaborations with more than 60 nonprofit partners. In 2016, the Foundation plans to invest more than \$75 million to connect thousands of low-income people to a full range of health services.
Seton Healthcare	The Seton Healthcare Family is a faith-based nonprofit health care system founded in 1902 by the Daughters of Charity. Called to be a sign of God’s unconditional love for all, Seton strives to expand access to high-quality, low-cost, person-centered care and services. Seton is a part of <u>Ascension</u> , the largest non-profit health system in the U.S. and the world’s largest Catholic health system.
Central Texas Medical Center	Central Texas Medical Center is a 170-bed hospital that originated in 1923 as Hays County Soldiers, Sailors and Marines Memorial Hospital, and opened at its current Wonder World Drive location in 1983. The Central Texas Medical Center staff of more

	<p>than 700 employees works with more than 220 active and consulting physicians to provide quality services to patients and their families. In 2015, the hospital was recognized by the independent Leapfrog group as the only two-time recipient of an “A” rating for patient safety in the I-35 corridor. In addition to interventional cardiac services, Central Texas Medical Center is a Certified Chest Pain Center and an accredited Primary Stroke Center. Central Texas Medical Center leads the region in da Vinci robotic-assisted surgery and offers a variety of specialty care services including medical imaging, rehabilitation, home health care, hospice, women’s services and more. For more information, follow Central Texas Medical Center on Facebook, Twitter, YouTube and Pinterest, and visit our website at <a href="http://www.ctmc.org">www.ctmc.org</a>.</p>
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## 9. Community Priorities Based on Primary Data

After assessing the needs that were identified as part of the primary data collection process and merging that with the hospital utilization data, the Community Committee identified the top nine health-related priorities in our community:

1. **Educating** the population to better understand the healthcare resources available to them through various channels including those provided by Central Texas Medical Center, Live Oak Health Partners and other entities and a commitment to helping them navigate those resources;
2. **Healthier management of lifestyle**/making good choices in the areas of nutrition, weight management, and exercise;
3. Education and information related to **alcohol, tobacco and substance abuse**;
4. Timely access (including afterhours care) to Healthcare Professionals, especially **primary care**; accessing care close to home when care is needed;
5. Prevalence and/or enhanced outpatient **management of heart disease/congestive heart failure (CHF) and related conditions**/risk factors such as hypertension;
6. Prevalence and/or enhanced **management of mental and behavioral healthcare** options
7. Prevalence and/or enhanced outpatient **management of diabetes**; programs to address anticipated growth of diabetes and related conditions.
8. Prevalence and/or enhanced outpatient management of **chronic respiratory diseases**; and
9. Providing additional **dental health** resources.

## 10. Asset Inventory

Next, we were charged with inventorying and assessing current programs that exist that map back to these priorities. As was the assessment in 2013, the committee determined that there were some significant holes and areas for improvement while there were also some significant programs that were already in place to address the community’s health needs. Diabetes, as one of the most acute needs, already had many programs in place, whereas mental and behavioral health were significantly lacking.

During our discussions, the following assets were identified:

- Primary Care
  - Live Oak Health Partners and two newly hired doctors located in San Marcos and Wimberley
  - Live Oak Health Partners Community Clinic providing primary care services on a sliding scale

- Several practices in the immediate areas providing primary care services
- Diabetes
  - CTMC Diabetes Educator
  - Live Oak Health Partners Community Clinic
  - CTMC Dietary Staff
  - Diabetes Dialogue Day event
- Healthy Lifestyle
  - San Marcos Community Activity Center and related programs
  - San Marcos and Hays County Parks Department
- Mental and behavioral healthcare
  - San Marcos CISD counseling staff
  - Dedicated mental health office at Texas State Student Health Center
  - Tele-Psych Programs
  - Dedicated San Marcos Police Officers
  - Oceans Behavioral Hospital
  - Schieb Center and related programs
  - Bluebonnet Trails Community Mental Health Mental Retardation Center
- Alcohol and substance abuse
  - Alcoholics Anonymous groups in Wimberley, San Marcos, Kyle, New Braunfels and Lockhart
  - Hays Caldwell Alcohol and Drug Council
  - Bluebonnet Trails Community Center
- Heart/Reparatory-related issues
  - CTMC Outpatient Cardiac Rehab program
  - AHA HeartHub Patient Information
  - CHF Chronic Care Management Program
  - Access to two local pulmonologists recently added to CTMC Med Staff
  - Smoking Cessation – no local area support
  - COPD – Seton Hays offers pulmonary rehabilitation and a free “Better Breathers” support group that meets in Buda. Program is developed by the American Lung Association.
  - Asthma – no local resources are available.

## 11. Data Summary & Priority Selection Report

For each of the nine focus areas listed above, the population demographics and Health Indicator data were merged with the findings outlined in the Asset Inventory. The totality of this data was compiled into a Priority Selection Report. The purpose of the PSR is to analyze the collected quantitative and qualitative data and prioritize the 9 focus areas based on prevalence and overall impact to the health status of the population. Under the guidance of the Community Health Needs Assessment (CHNAC) Committee, all the focus areas were independently prioritized based on a review of primary data, secondary data and internal hospital data respectively.

The five Tables that follow describe the Priority Section process:

**Table A:** primary data sources the identified the nine focus areas

**Table B:** Aggregated Priority Issues from Primary and Secondary Data

**Table C:** Priority Selection using a Decision Tree with defined criteria

**Table D:** Priority Issues that the Hospital Will Address – including the reasons why

**Table E:** Priority Issues that the Hospital Will Not Address – including the reasons why not



Appendix  
**2016 Priority Selection Report (PSR)**

Hospital Name: Central Texas Medical Center

Community Benefit Manager: Brad Russell

Date: July 25, 2016

**A. Primary & Secondary Data – high-level findings**

*The following set of tables can be customized to meet each facility's data sources. There is no limit to the number of data sources.*

List the 8-10 health priorities determined by <b>Primary</b> Data from <b>Community Interviews</b> (including the Hospital Community Health Needs Assessment Committee)			
1	<b>Resources and services supporting healthy lifestyles.</b>	6	<b>Resources and treatment for substance abuse</b>
2	<b>Diabetes</b>	7	<b>Patient navigation and education about available resources</b>
3	<b>Poverty</b>	8	<b>Reproductive health services and teen pregnancy prevention</b>
4	<b>Mental and behavioral healthcare</b>	9	<b>Dental care</b>
5	<b>Primary healthcare</b>	10	

List the 8-10 health priorities determined by <b>Primary</b> Data from <b>Hospital Utilization</b> data (ER & Inpatient by top to conditions by zip code by payer)			
1	<b>Heart-related issues</b>	6	<b>Stroke</b>
2	<b>Diabetes</b>	7	<b>Mental and behavioral health</b>
3	<b>GI/Respiratory issues (tied)</b>	8	<b>Pneumonia</b>
4	<b>UTI</b>	9	
5	<b>Neo-natal issues</b>	10	

List the 8-10 health priorities determined by <b>Secondary</b> Data from <b>Community Commons</b> (chna.org)			
1	<b>Uninsured population (Community Commons)</b>	6	<b>Heavy Alcohol Consumption</b>
2	<b>Obesity</b>	7	<b>Tobacco Usage</b>
3	<b>Suicide</b>	8	<b>Physical Inactivity</b>
4	<b>Primary Care Access</b>	9	<b>Asthma Prevalence</b>
5	<b>Preventable Hospital Events</b>	10	<b>Cervical Cancer Incidence</b>

## B. Primary & Secondary Data – Aggregated Priority Issues

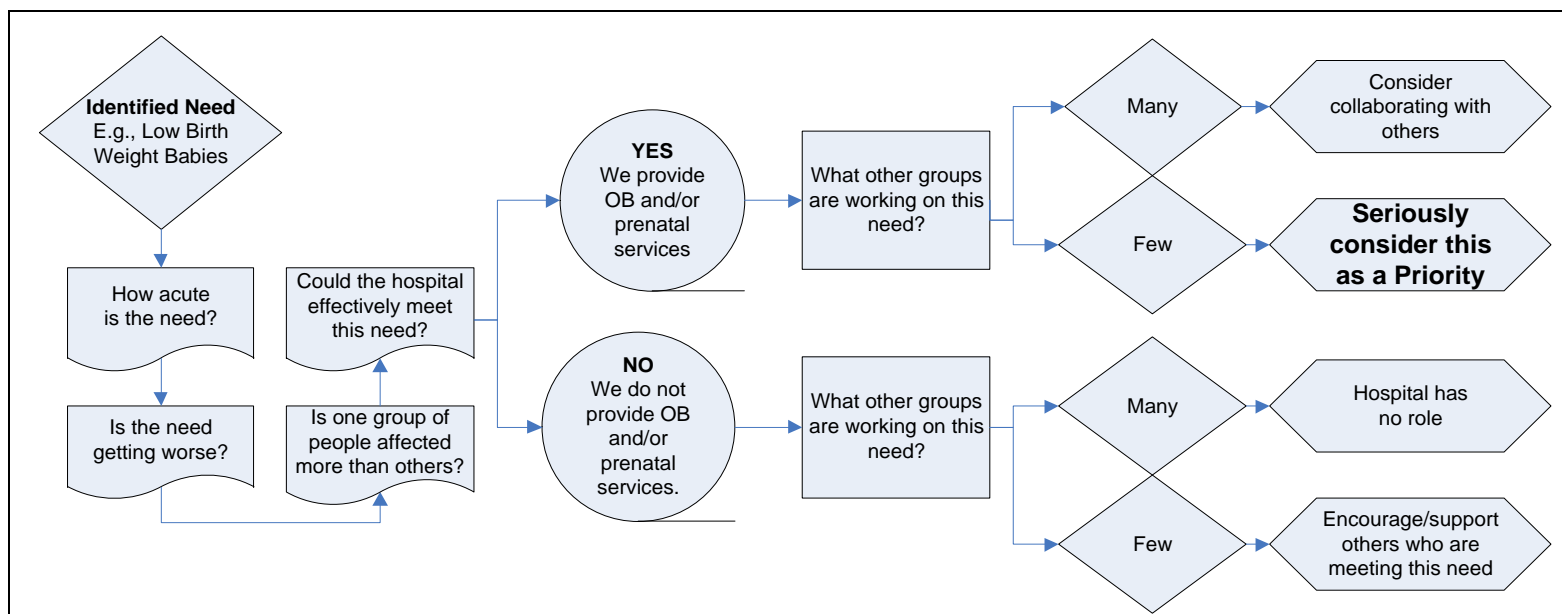
After cross-referencing the primary and secondary data, the Community Health Needs Assessment Committee narrowed the comprehensive list down to the top 9 aggregated priorities as listed below.

Priority Issues		Priority Issues	
1	Diabetes	6	Heart Issues
2	Healthy Lifestyle	7	Respiratory Issues
3	Mental and Behavioral Healthcare	8	Patient Navigation and Education
4	Alcohol, Tobacco and Substance Abuse	9	Primary Care Access
5	Dental Issues		

## C. Priority Selection using the Decision Tree

Utilizing the Decision Tree (below), the Committee utilized the following set of questions to prioritize the needs and narrow the focus of the list:

1. How **acute** is the need? (based on data and community concern)
2. What is the **trend**? Is the need getting worse?
3. Does the hospital **provide services** that relate to the priority?
4. Is someone else – or multiple groups – in the community **already working** on this issue?
5. If the hospital were to address this issue, are there opportunities to **work with community partners**?



**D. Community Priority Issues that the Hospital Will Address**

*Based on the Decision Tree exercise the hospital **will address** the following Priority Issues*

Name of Priority Issue	Rationale						
	Magnitude # or % of people impacted	Disparity Is one group of people affected more than another? If so, whom?	Acuity High, Medium or Low	Trend Is the Issue getting worse?	Hospital Services Does the hospital have the capacity to impact?	Duplication Is someone else leading out on the Issue?	Collaboration Is there opportunity to work with others?
Patient Navigation and Education	All	All	High	Yes	Yes	No	Yes
Diabetes	8.4%	Males, minorities	High	Yes	Yes	No	Yes
Mental and Behavioral Healthcare	14.3%	Non-Hispanic White Males	High	Steady	Not currently	No	Yes
Primary Care Access	25.5%	Hispanic or Latino	High	Yes	Yes	No	Yes
Healthy Lifestyle (includes Diabetes)	36.7%	Universal	High	Yes	Yes	Yes	Yes
Heart Issues	167.25	Non-Hispanic Black Males	High	Dropping	Yes	No	Yes

**E. Community Issues that the Hospital Will Not Address**

*Based on the Decision Tree criteria, hospital **will not** address the following issues.*

Name of Priority Issue	Rationale						
	Magnitude # or % of people impacted	Disparity Is one group of people affected more than another? If so, whom?	Acuity High, Medium or Low	Trend Is the Issue getting worse?	Hospital Services Does the hospital have the capacity to impact?	Duplication Is someone else leading out on the Issue?	Collaboration Is there opportunity to work with others?
Alcohol, Tobacco and Substance Abuse	20.2%	No Data	No Data	No Data	No	Yes	Yes
Dental Issues	12.8%	Non-Hispanic Black	No Data	No Data	No	No	No
Respiratory Issues	37.61	Non-Hispanic White	Medium	No Data	Yes	No	No

## 12. Priority Issues to be Addressed

### **Timely access (including after-hours care) to Healthcare Professionals, especially primary care; accessing care close to home when care is needed**

In Hays and Caldwell Counties, low-income, uninsured adult residents have limited or few options for accessing primary care services. When healthcare is inaccessible, many individuals are forced to forego care, delay care which can lead to avoidable complications, or access care via hospital emergency departments. This places a significant burden on hospital emergency departments within the County. Emergency departments (ED) become the only option for this targeted population to be treated by a physician and/or access care after hours. Patients that are medically screened and treated in an ED setting likely struggle with uncoordinated care and may not have the resources or funding to follow discharge instructions including access to prescriptions and appropriate follow-up/after care. Per Community Commons, Hays County has a significantly lower ratio of Primary Care Physicians per 100,000 population (46.7) than the State of Texas (58.5) or the United States (74.5). As a result, access to primary care physicians is challenging, especially for low-income residents. This is especially important for patients with complex medical needs that would benefit from more coordinated care under the supervision of a physician. Lacking a medical home, uninsured people tend to look for health care in the emergency room.

### **Healthier management of lifestyle/making good choices in the areas of nutrition, weight management, exercise, smoking and alcohol use**

Hays and Caldwell Counties exceed the averages for a number of key health indicators—most notably the lack of physical activity. In our report area, 19,826 or 23% of adults aged 20 and older self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health. Numerous community fitness programs, retail fitness centers, farmer's markets, county and city park/green space/playgrounds and access to school field/facilities are available however statistics suggest that there is still a need for education and programs that emphasize and support the value of adopting healthy living initiatives. Central Texas Medical Center believes a strong opportunity exists for collaboration with area organizations including churches, civic groups, schools etc., to develop programs built on the Adventist Health System (AHS) CREATION HEALTH principles and promote the ideals of healthy living. Developed by AHS, CREATION HEALTH is program that focuses on life-changing principles that can help individuals achieve optimal wellness.

### **Prevalence and/or enhanced outpatient management of heart disease/congestive heart failure (CHF) and related conditions/risk factors such as hypertension**

Within the report area the rate of death due to coronary heart disease per 100,000 population is 167.25. In Caldwell County, is 186.7 as compared to the state number of 175.7 and the national rate of 175. This indicator is relevant because heart disease is a leading cause of death in the United States. These statistics are especially revealing as many patients with cardiovascular disease generally have multiple chronic diseases including diabetes. There are increasing resources available for those with heart disease and related conditions—including significant technology investments at Central Texas Medical Center; however, the prevalence of heart-related issues is compounded due to inability of many patients to self-manage their care. Poor diet, inability to obtain and/or continue medications, weight management issues, lack of access to primary care services and/or efficient



outpatient case management lead to increased episodes of acute care and potentially preventable hospitalization.

**Prevalence and/or enhanced outpatient management of diabetes; programs to address anticipated growth of diabetes and related conditions.**

Research highlights that medical expenditures for people with diabetes is about 2.3 times higher than medical expenditures for those who are not diabetic. Projections by the Texas State Demographers Study indicate that diabetes in the Hispanic population will increase 77% by 2040 and will account for the majority of diabetes cases. It is clear that diabetes is a serious health threat. Programs that focus on education, weight control, blood sugar management, exercise and access to a medical home are critical to medically managing and/or reducing the number of diabetes cases. Expected population growth over the next several years is expected to exacerbate the prevalence of diabetes and associated complications, and consequently, the need for health care services and access to health care providers. It is projected, by 2040, 23.8% of Texans will have diabetes; 23.1% or 112,455 of Hays County residents and 25.2% or 12,436 of Caldwell County residents will be diagnosed with the disease.

**Educating the population to better understand the healthcare resources available to them through various channels including those provided by CTMC, Live Oak Health Partners and other entities and a commitment to helping them navigate those resources.**

According to participants in the primary data collection phase, a lack of education and economic inequalities lead to poor lifestyle decisions such as unhealthy diets and a lack of exercise. Diabetes is a significant health program party due to lack of access to healthy foods and lack of knowledge about healthy eating. Assessment participants stressed the need for community-based strategies and interventions at early ages that promote healthy behaviors. Many health problems are exacerbated by the challenges of finding providers, navigating the health care system and managing medication. Case manager and patient navigators, embedded into inpatient and outpatient care can help patients with these issues.

**Prevalence and/or enhanced management of mental and behavioral healthcare options**

There are very few mental and behavioral healthcare resources aimed at serving the mental health needs of the community, especially children, before emergencies develop. Assessment participants raised concerns about residents with very serious mental health problems who often require extensive treatment and case management. The County, the hospital emergency rooms, the police department and school counselors often have to respond to crises. Hays County specifically has a mental health professional shortage with 86 providers per 100,000 population as compared to the state average of 96.7 and the national average of 189.

**13. Issues that will Not Be Addressed**

**Prevalence and/or enhanced outpatient management of chronic respiratory diseases**

While this is an important initiative, beyond adding two pulmonologists to our medical staff in recent months, the committee determined that other needs were more acute and in need of additional focus and resources.

**Providing additional dental health resources**

While serious in nature, Central Texas Medical Center does not currently have the resources to materially impact this community need at this time.

### **Education and information related to alcohol, tobacco and substance abuse.**

The Committee believed that current programs available in the community were better suited to address the needs related to alcohol, tobacco and substance abuse.

## **14. Next Steps**

Through a Community Health Plan, Central Texas Medical Center will develop several desired or expected outcomes for each of the final priorities, evaluate how current services could be expanded or improved to meet targeted outcomes and/or envision potential new projects. These projects could be done independently and/or in collaboration with community partners to address the identified needs. Through the Community Health Plan, projects will be vetted and finalized; quantifiable goals will be established along with tracking mechanisms to record progress and achievement of defined outcomes.

As we transition from the Community Health Needs Assessment (CHNA) process to the Community Health Plan our next steps will be to review the Needs Assessment and priority selection reports (PSR) to:

- Develop several desired or expected indicators/outcomes for each of the selected priorities;
- Evaluate how current services could be expanded or improved to meet targeted indicators/outcomes;
- Envision and evaluate potential projects that could address targeted indicators/outcomes;
- Identify opportunities to collaborate with community partners/organizations;
- List 1 – 4 potential projects per priority;
- Prioritize projects based on likely outcomes and budgetary considerations;
- Recommend final projects;
- Establish quantifiable goals, outcome statement and measurement and tracking mechanisms for each selected project.

## **17. Written Comments on 2013 Needs Assessment**

We publicly posted our 2013 Community Health Needs Assessment on our website [www.ctmc.org](http://www.ctmc.org) prior to May 15, 2014, and have not received any written comments.

## **18. Review of the Strategies Undertaken in the 2013 Community Health Plan**

The Hospital conducts an annual Evaluation of the progress made on its Community Health Plan (Implementation Strategies). The Evaluation is reported to the IRS in the hospital's Form 990. The following narrative is a copy of the 2015 Community Health Plan Evaluation as noted in Form 990, Schedule H, Part V, Section B, Line 11.

Central Texas Medical Center (CTMC) is located in San Marcos, Texas. Because the State of Texas did not expand Medicaid, the San Marcos community and the rest of Texas still have high rates of uninsured patients. In addition, San Marcos is located in southern Texas, and has a large immigrant population.

As a result, access to affordable health care for the uninsured was identified as a community priority in CTMC's 2013 Community Health Needs Assessment. Many of CTMC's implementation strategies focus on access to care.

### **Priority: Accessing the right level of care, in the right setting, at the right time: rate of uninsured**

- Goal: Live Oaks Health Partners Community Clinic (LOHPCC) is CTMC's multi-specialty medical practice. It serves insured and uninsured patients at three locations. In 2015, the planned interventions included the expansion of services to uninsured patients. All goals were exceeded.
- Goal: increase primary care capacity for uninsured patients at LOHPCC by adding evening hours to increase patient encounters by at least 475. Actual: 500 additional patients.
- Goal: create physician access at LOHPCC for uninsured patients with complex medical conditions. Actual: 30-plus available appointments per week (from zero).
- Goal: increase the number of uninsured patients receiving prescription assistance at LOHPCC to at least 250 patients. Actual: 310 patients enrolled.
- Goal: add 150 discounted labs and radiology tests for uninsured patients at LOHPCC. Actual: 250.
- Goal: distribute at least 100 vouchers for free mammograms. Actual: 85-plus vouchers redeemed.
- Goal: recruit primary care physicians to establish practices in Hays and/or Caldwell Counties (Medically Underserved Areas that have challenges attracting new physicians). Actual: two recruited.
- Goal: collaborate with at least two area school counselors to increase participation (to at least 50 people) in the CTMC Hospital Grief Center's Camp HeartSong and Camp HeartSong Too. Actual: 70 participants.
- Goal: increase the number of support groups at the CTMC Hospital Grief Center from six to seven per year. Actual: 9 groups.

**Priority: Healthier management of lifestyle/making good choices in the areas of nutrition, weight management, exercise, smoking, alcohol use and sexually transmitted infections (STIs)**

CTMC interventions included efforts with community partners to promote lifestyle improvements:

- Goal: collaborate with churches, civic groups, schools and employers to offer CREATION Health workshops (based on principles of choice, rest, environment, activity, trust, interpersonal relationships, outlook and nutrition). Baseline: 0. Actual: 6 groups, 300 on-line assessments.
- Goal: increase CREATION Health Fitness Challenge participants from 16 to 32 by adding at least one Challenge and creating a children's component. Actual: 450 participants.
- Goal: collaborate with local community organizations to provide vouchers for free health screenings to residents of Hays and Caldwell Counties at CTMC's annual HealthCheck screening event. Baseline: 0. Actual: 200 vouchers distributed.

**Priority: Prevalence and/or enhanced outpatient management of heart disease/congestive heart failure (CHF) and related conditions/risk factors such as hypertension**

CTMC interventions include efforts to better manage uninsured CHF patients who come to CTMC:

- Goal: identify uninsured Congestive Health failure (CHF) patients at risk for preventable readmissions and provide contacts to help them manage their disease in outpatient and home settings. Actual: contacts provided for 95% of target population.
- Goal: initiate referrals to medical homes for at least 50 percent of unfunded CHF patients in Hays and Caldwell Counties. Actual: 75%.
- Goal: develop a "Better Breathers Club" in cooperation with the American Lung Association for residents of CTMC's service area who have CHF, COPD (Chronic Obstructive Pulmonary Disease) or related conditions. Actual: trainer certified but attendance was low.

**Priority: Prevalence and/or enhanced outpatient management of diabetes; programs to address anticipated growth of diabetes and related conditions.**

- CTMC interventions include community screenings and education for people with diabetes:
- Goal: monthly glucose screenings and Diabetes Risk Assessments to 30 residents of Hays and Caldwell Counties. Actual: 36.
- Goal: 25% of diabetes education participants will receive at least two follow-up visits over a 12-month period. Actual: 40%.

## **Priorities Considered in 2013 but Not Selected**

### **Prevalence of Respiratory Disorders including asthma and COPD and access to programs/services that reduce "rescue care"**

While this is an important initiative, CTMC does not currently have the infrastructure to support programs that focus on respiratory diseases. There are no engaged pulmonologists on the medical staff. Future programs could include pulmonary rehabilitation and education programs that focus on asthma and those with chronic obstructive pulmonary disease (COPD). CTMC is working with the Lung Association on the Better Breathers program.

### **Timely access to local Mental Health Services including treatment for substance abuse**

As noted in the Needs Assessment, limited resources are available for mental health services. Hill Country Mental Health and Mental Retardation (MHMR) operate the Schieb Center in San Marcos. This center offers a wide array of programs. Qualitative data suggests demand for these services outweighs access. At this time CTMC does not have the expertise or professional staff to address mental health services. Currently, all patients who present at CTMC with behavioral health conditions, including substance abuse, are transferred to another facility once medically stabilized. In 2012, almost 10% of all transfers from CTMC were due to mental health conditions.

### **Prevalence of some cancer-related conditions and timely access to screening services and treatment**

CTMC offers screening and related services specifically for breast cancer. We do not, however, offer clinical programs for the treatment of cancer including oncology and radiation services. Significant enhancements to our medical staff membership and service lines would need to be accomplished in order to effectively treat cancer and cancer-related conditions. We will continue to support community screening programs, especially breast cancer screening.

### **Limited transportation resources, especially transportation for healthcare and related services**

Unfortunately, Hays and Caldwell Counties have no mass transportation system. There is no bus system or light rail access. The CARTS (Capital Area Rural Transportation System) addresses some transportation challenges but services must be arranged ahead of time and the wait times can be significant. CTMC does not have the infrastructure to address transportation needs that are prevalent throughout the counties we serve. A future goal would be to design targeted health care services that are offered in satellite locations throughout the service area to make access to care closer to home and lessen reliance on transportation services.

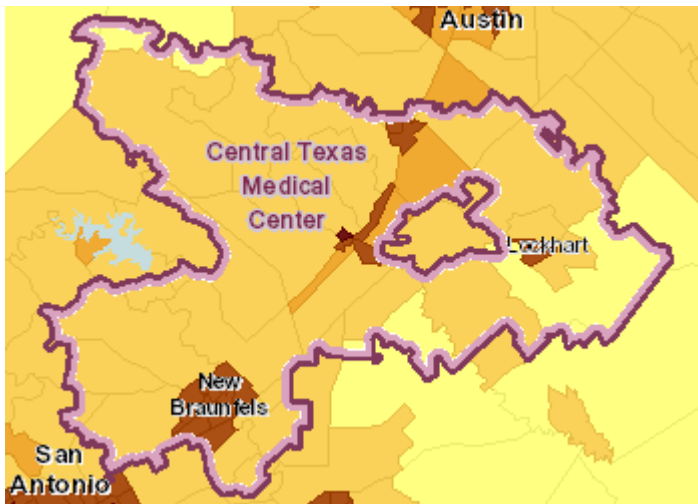
### **Reduced Teen Pregnancy Rates; support services including healthcare for pregnant teens**

CTMC has a very robust obstetrics program including a neonatal ICU. Teen mothers frequently access these services. CTMC also offers free childbirth education services including breastfeeding/lactation consultation. While we offer a reasonable array of obstetrical-related health care services CTMC is not in the best position to reduce teen pregnancy rates through education and birth control. Other community partners including the Health Departments are working on this issue. Therefore, this is not an identified CTMC priority at this time.

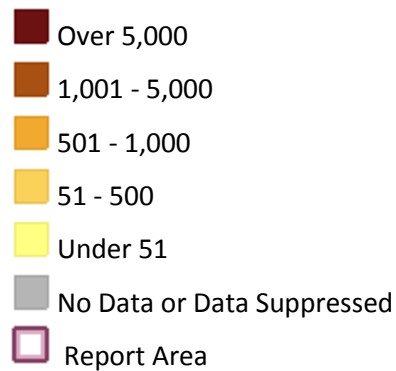
## APPENDIX: Population and Demographics

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
<b>Central Texas Medical Center (Service Area)</b>	<b>111,694</b>	<b>510</b>	<b>218.64</b>
<b>Blanco County, TX</b>	<b>10,562</b>	<b>709.06</b>	<b>14.9</b>
<b>Caldwell County, TX</b>	<b>38,465</b>	<b>545.11</b>	<b>70.56</b>
<b>Comal County, TX</b>	<b>112,083</b>	<b>559.33</b>	<b>200.39</b>
<b>Guadalupe County, TX</b>	<b>135,940</b>	<b>711.08</b>	<b>191.17</b>
<b>Texas</b>	<b>25,639,372</b>	<b>261,162.44</b>	<b>98.17</b>
<b>United States</b>	<b>311,536,591</b>	<b>3,530,997.6</b>	<b>88.23</b>

*Data Source: US Census Bureau, American Community Survey. 2009-13. Source geography: Tract*

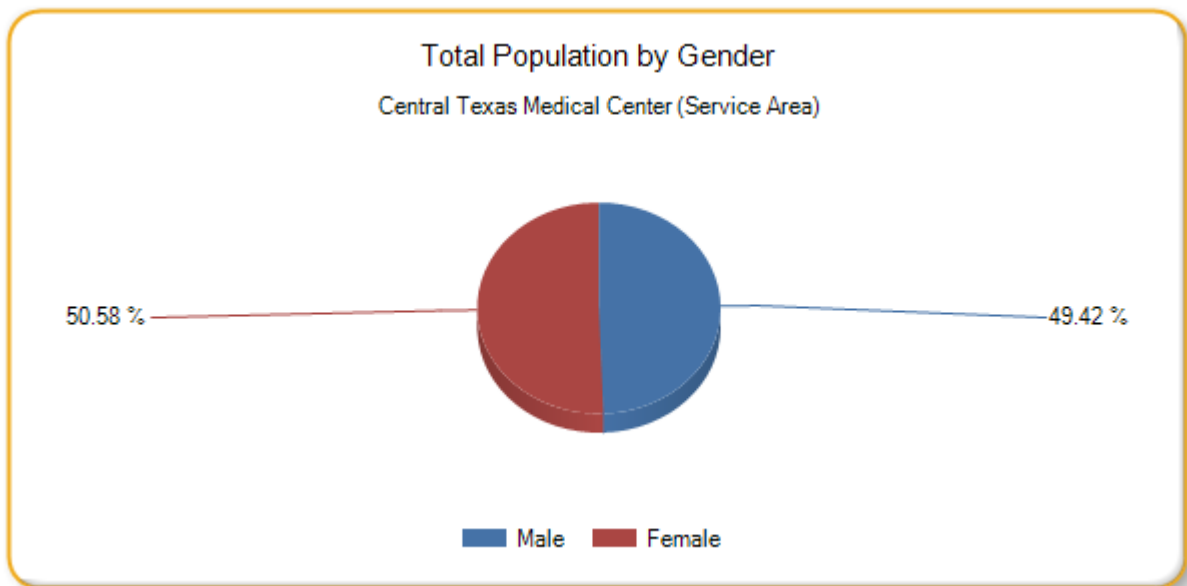


Population, Density (Persons per Sq. Mile) by Tract, ACS 2009-13



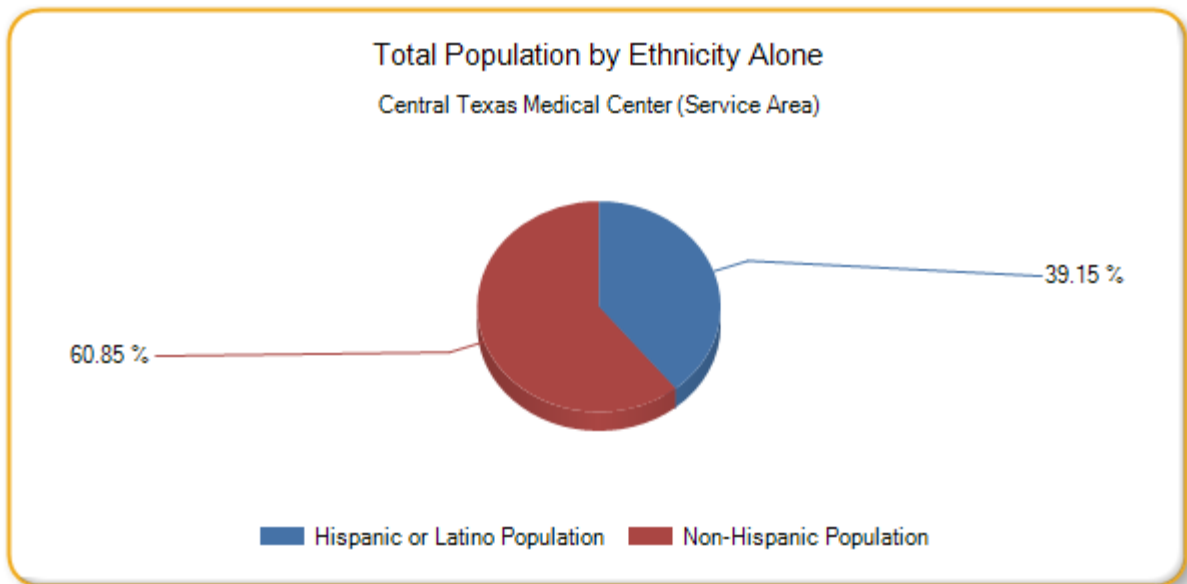
## Total Population by Gender

Report Area	Male	Female	Percent Male	Percent Female
Central Texas Medical Center (Service Area)	55,200	56,495	49.42%	50.58%
Blanco County, TX	5,354	5,208	50.69%	49.31%
Caldwell County, TX	19,360	19,105	50.33%	49.67%
Comal County, TX	55,076	57,007	49.14%	50.86%
Guadalupe County, TX	66,810	69,130	49.15%	50.85%
Texas	12,729,156	12,910,217	49.65%	50.35%
United States	153,247,408	158,289,184	49.19%	50.81%



## Total Population by Ethnicity Alone

Report Area	Total Population	Hispanic or Latino Population	Percent Population Hispanic or Latino	Non-Hispanic Population	Percent Population Non-Hispanic
<b>Central Texas Medical Center (Service Area)</b>	<b>111,694</b>	<b>43,729</b>	<b>39.15%</b>	<b>67,965</b>	<b>60.85%</b>
Blanco County, TX	10,562	2,006	18.99%	8,556	81.01%
Caldwell County, TX	38,465	18,386	47.8%	20,079	52.2%
Comal County, TX	112,083	28,555	25.48%	83,528	74.52%
Guadalupe County, TX	135,940	49,038	36.07%	86,902	63.93%
Texas	25,639,372	9,717,727	37.9%	15,921,646	62.1%
United States	311,536,608	51,786,592	16.62%	259,750,000	83.38%





## Total Population by Age Groups, Percent

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65
<b>Central Texas Medical Center (Service Area)</b>	6.57%	19.52%	8.72%	13.39%	13.45%	13.25%	12.29%	12.81%
<b>Blanco County, TX</b>	5.01%	16.18%	6.28%	8.04%	10.86%	16.94%	17.57%	19.13%
<b>Caldwell County, TX</b>	6.5%	19%	11.61%	12.32%	12.96%	13.73%	11.38%	12.5%
<b>Comal County, TX</b>	5.57%	17.86%	7.33%	10.26%	12.44%	15.64%	14.89%	16.01%
<b>Guadalupe County, TX</b>	6.78%	20.42%	8.73%	12.15%	14.11%	14.69%	11.09%	12.04%
<b>Texas</b>	7.55%	19.46%	10.27%	14.39%	13.69%	13.4%	10.56%	10.67%
<b>United States</b>	6.44%	17.28%	9.97%	13.39%	13.12%	14.29%	12.08%	13.43%